

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Alabama

FMR M-CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| C-Premiums: Up To 150% - Gross Premiums Paid | 0 | 0 | 0 |
| C-Premiums: Up To 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Premiums: Over 150% - Gross Premiums Paid | 0 | 0 | 0 |
| C-Premiums: Over 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Inpatient Hospital Services - Reg. Payments | 19,991,664 | 19,991,664 | 0 |
| C-Inpatient Hospital Services - DSH | 0 | 0 | 0 |
| C-Inpatient Mental Health - Reg. Payment | 5,299,863 | 5,299,863 | 0 |
| C-Inpatient Mental Health - DSH | 0 | 0 | 0 |
| C-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| C-Nursing Care Services | 0 | 0 | 0 |
| C-Physician/Surgical | 21,298,968 | 21,298,968 | 0 |
| C-Outpatient Hospital Services | 11,360,394 | 11,360,394 | 0 |
| C-Outpatient Mental Health | 0 | 0 | 0 |
| C-Prescribed Drugs | 53,692,780 | 53,692,780 | 0 |
| C-Drug Rebate - National | (30,348,805) | (30,348,805) | 0 |
| C-Drug Rebate - State | (2,238,269) | (2,238,269) | 0 |
| C-MCO - National | 0 | 0 | 0 |
| C-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| C-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| C-Increased ACA OFFSET - MCO - 100% | 0 | 0 | 0 |
| C-Dental Services | 18,544,928 | 18,544,928 | 0 |
| C-Vision Sevices | 0 | 0 | 0 |
| C-Other Practitioners | 5,019,773 | 5,019,773 | 0 |
| C-Clinic Services | 2,599,661 | 2,599,661 | 0 |
| C-Therapy Services | 2,034,825 | 2,034,825 | 0 |
| C-Laboratory/Radiological Services | 5,630,771 | 5,630,771 | 0 |
| C-Medical Equipment | 0 | 0 | 0 |
| C-Family Planning | 0 | 0 | 0 |
| C-Abortions | 0 | 0 | 0 |
| C-Screening Services | 6,092,716 | 6,092,716 | 0 |
| C-Home Health | 2,234,357 | 2,234,357 | 0 |
| C-Medicare Payments | 0 | 0 | 0 |
| C-Home And Community | 0 | 0 | 0 |
| C-Home and Community-Based Services - Regular Payment (WAIVER) | 0 | 0 | 0 |
| C-Hospice | 984 | 984 | 0 |
| C-Medical Transport | 0 | 0 | 0 |
| C-Case Management | 3,760,408 | 3,760,408 | 0 |
| C-Other Services | 23,483,760 | 23,483,760 | 0 |
| C-Balance | 148,458,778 | 148,458,778 | 0 |
| C-Collections | 0 | 0 | 0 |
| C-Total Net | 148,458,778 | 148,458,778 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Alaska

FMR M-CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| C-Premiums: Up To 150% - Gross Premiums Paid | 0 | 0 | 0 |
| C-Premiums: Up To 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Premiums: Over 150% - Gross Premiums Paid | 0 | 0 | 0 |
| C-Premiums: Over 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Inpatient Hospital Services - Reg. Payments | 2,663,676 | 2,344,034 | 319,642 |
| C-Inpatient Hospital Services - DSH | 0 | 0 | 0 |
| C-Inpatient Mental Health - Reg. Payment | 1,382,819 | 1,216,880 | 165,939 |
| C-Inpatient Mental Health - DSH | 0 | 0 | 0 |
| C-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| C-Nursing Care Services | 2,727,970 | 2,400,615 | 327,355 |
| C-Physician/Surgical | 5,009,070 | 4,408,745 | 600,325 |
| C-Outpatient Hospital Services | 3,280,919 | 2,887,213 | 393,706 |
| C-Outpatient Mental Health | 5,415,283 | 4,767,956 | 647,327 |
| C-Prescribed Drugs | 3,957,377 | 3,482,492 | 474,885 |
| C-Drug Rebate - National | (2,724,418) | (2,397,487) | (326,931) |
| C-Drug Rebate - State | 0 | 0 | 0 |
| C-MCO - National | 0 | 0 | 0 |
| C-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| C-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| C-Increased ACA OFFSET - MCO - 100% | 0 | 0 | 0 |
| C-Dental Services | 5,973,056 | 5,256,290 | 716,766 |
| C-Vision Sevices | 621,066 | 546,538 | 74,528 |
| C-Other Practitioners | 370,709 | 326,224 | 44,485 |
| C-Clinic Services | 1,309,331 | 1,152,212 | 157,119 |
| C-Therapy Services | 2,010,620 | 1,769,344 | 241,276 |
| C-Laboratory/Radiological Services | 73,769 | 64,916 | 8,853 |
| C-Medical Equipment | 294,943 | 259,550 | 35,393 |
| C-Family Planning | 0 | 0 | 0 |
| C-Abortions | 0 | 0 | 0 |
| C-Screening Services | 0 | 0 | 0 |
| C-Home Health | 0 | 0 | 0 |
| C-Medicare Payments | 0 | 0 | 0 |
| C-Home And Community | 26,725 | 23,519 | 3,206 |
| C-Home and Community-Based Services - Regular Payment (WAIVER) | 0 | 0 | 0 |
| C-Hospice | 45,878 | 40,372 | 5,506 |
| C-Medical Transport | 753,935 | 663,861 | 90,074 |
| C-Case Management | 3,900 | 3,432 | 468 |
| C-Other Services | 73,265 | 64,473 | 8,792 |
| C-Balance | 33,269,893 | 29,281,179 | 3,988,714 |
| C-Collections | 0 | 0 | 0 |
| C-Total Net | 33,269,893 | 29,281,179 | 3,988,714 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Amer. Samoa

FMR M-CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| C-Premiums: Up To 150% - Gross Premiums Paid | 0 | 0 | 0 |
| C-Premiums: Up To 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Premiums: Over 150% - Gross Premiums Paid | 0 | 0 | 0 |
| C-Premiums: Over 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Inpatient Hospital Services - Reg. Payments | 1,368,867 | 1,363,659 | 5,208 |
| C-Inpatient Hospital Services - DSH | 0 | 0 | 0 |
| C-Inpatient Mental Health - Reg. Payment | 0 | 0 | 0 |
| C-Inpatient Mental Health - DSH | 0 | 0 | 0 |
| C-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| C-Nursing Care Services | 0 | 0 | 0 |
| C-Physician/Surgical | 0 | 0 | 0 |
| C-Outpatient Hospital Services | 1,045,347 | 1,045,347 | 0 |
| C-Outpatient Mental Health | 0 | 0 | 0 |
| C-Prescribed Drugs | 0 | 0 | 0 |
| C-Drug Rebate - National | 0 | 0 | 0 |
| C-Drug Rebate - State | 0 | 0 | 0 |
| C-MCO - National | 0 | 0 | 0 |
| C-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| C-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| C-Increased ACA OFFSET - MCO - 100% | 0 | 0 | 0 |
| C-Dental Services | 0 | 0 | 0 |
| C-Vision Sevices | 0 | 0 | 0 |
| C-Other Practitioners | 0 | 0 | 0 |
| C-Clinic Services | 0 | 0 | 0 |
| C-Therapy Services | 0 | 0 | 0 |
| C-Laboratory/Radiological Services | 0 | 0 | 0 |
| C-Medical Equipment | 0 | 0 | 0 |
| C-Family Planning | 0 | 0 | 0 |
| C-Abortions | 0 | 0 | 0 |
| C-Screening Services | 0 | 0 | 0 |
| C-Home Health | 0 | 0 | 0 |
| C-Medicare Payments | 0 | 0 | 0 |
| C-Home And Community | 0 | 0 | 0 |
| C-Home and Community-Based Services - Regular Payment (WAIVER) | 0 | 0 | 0 |
| C-Hospice | 0 | 0 | 0 |
| C-Medical Transport | 5,180 | 4,740 | 440 |
| C-Case Management | 0 | 0 | 0 |
| C-Other Services | 71,766 | 65,666 | 6,100 |
| C-Balance | 2,491,160 | 2,479,412 | 11,748 |
| C-Collections | 0 | 0 | 0 |
| C-Total Net | 2,491,160 | 2,479,412 | 11,748 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Arizona

FMR M-CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| C-Premiums: Up To 150% - Gross Premiums Paid | 155,137,562 | 155,137,569 | (7) |
| C-Premiums: Up To 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Premiums: Over 150% - Gross Premiums Paid | 3,731 | 3,731 | 0 |
| C-Premiums: Over 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Inpatient Hospital Services - Reg. Payments | 877,378 | 877,378 | 0 |
| C-Inpatient Hospital Services - DSH | 0 | 0 | 0 |
| C-Inpatient Mental Health - Reg. Payment | 279,810 | 279,810 | 0 |
| C-Inpatient Mental Health - DSH | 0 | 0 | 0 |
| C-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| C-Nursing Care Services | 21,999 | 21,999 | 0 |
| C-Physician/Surgical | 273,410 | 273,410 | 0 |
| C-Outpatient Hospital Services | 8,957,157 | 8,957,157 | 0 |
| C-Outpatient Mental Health | 202,364 | 202,364 | 0 |
| C-Prescribed Drugs | 155,710 | 155,710 | 0 |
| C-Drug Rebate - National | (89,471) | (89,471) | 0 |
| C-Drug Rebate - State | (4,149) | (4,149) | 0 |
| C-MCO - National | (11,749,588) | (11,749,588) | 0 |
| C-MCO - State Sidebar Agreement | (1,081,052) | (1,081,052) | 0 |
| C-Increased ACA OFFSET - Fee for Service | (6,153) | (6,153) | 0 |
| C-Increased ACA OFFSET - MCO - 100% | (568,043) | (568,043) | 0 |
| C-Dental Services | 278,959 | 278,959 | 0 |
| C-Vision Sevices | 41,482 | 41,482 | 0 |
| C-Other Practitioners | 331,063 | 331,063 | 0 |
| C-Clinic Services | 1,853,143 | 1,853,143 | 0 |
| C-Therapy Services | 415,552 | 415,552 | 0 |
| C-Laboratory/Radiological Services | 32,125 | 32,125 | 0 |
| C-Medical Equipment | 90,208 | 90,208 | 0 |
| C-Family Planning | 3,242 | 3,242 | 0 |
| C-Abortions | 0 | 0 | 0 |
| C-Screening Services | 52,192 | 52,202 | (10) |
| C-Home Health | 2,436 | 2,436 | 0 |
| C-Medicare Payments | 0 | 0 | 0 |
| C-Home And Community | 0 | 0 | 0 |
| C-Home and Community-Based Services - Regular Payment (WAIVER) | 0 | 0 | 0 |
| C-Hospice | (30,782) | (30,782) | 0 |
| C-Medical Transport | 1,021,690 | 1,021,690 | 0 |
| C-Case Management | 0 | 0 | 0 |
| C-Other Services | 2,037,005 | 2,037,005 | 0 |
| C-Balance | 158,538,980 | 158,538,997 | (17) |
| C-Collections | 0 | 0 | 0 |
| C-Total Net | 158,538,980 | 158,538,997 | (17) |

Medicaid Financial Management Report - Net CHIP Expenditures

**FY 2019
National
Arkansas**

FMR M-CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| C-Premiums: Up To 150% - Gross Premiums Paid | 19,072,420 | 19,072,420 | 0 |
| C-Premiums: Up To 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Premiums: Over 150% - Gross Premiums Paid | 0 | 0 | 0 |
| C-Premiums: Over 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Inpatient Hospital Services - Reg. Payments | 491,330 | 491,330 | 0 |
| C-Inpatient Hospital Services - DSH | 0 | 0 | 0 |
| C-Inpatient Mental Health - Reg. Payment | 4,008,507 | 4,008,507 | 0 |
| C-Inpatient Mental Health - DSH | 0 | 0 | 0 |
| C-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| C-Nursing Care Services | 399 | 399 | 0 |
| C-Physician/Surgical | 6,571,239 | 6,571,320 | (81) |
| C-Outpatient Hospital Services | 3,118,641 | 3,118,723 | (82) |
| C-Outpatient Mental Health | 0 | 0 | 0 |
| C-Prescribed Drugs | 13,367,484 | 13,367,484 | 0 |
| C-Drug Rebate - National | (11,467,114) | (11,467,114) | 0 |
| C-Drug Rebate - State | 0 | 0 | 0 |
| C-MCO - National | 0 | 0 | 0 |
| C-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| C-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| C-Increased ACA OFFSET - MCO - 100% | 0 | 0 | 0 |
| C-Dental Services | 10,534,312 | 10,534,312 | 0 |
| C-Vision Sevices | 221,167 | 221,171 | (4) |
| C-Other Practitioners | 1,999,921 | 1,999,921 | 0 |
| C-Clinic Services | 6,082,295 | 6,082,574 | (279) |
| C-Therapy Services | 3,012,233 | 3,012,233 | 0 |
| C-Laboratory/Radiological Services | 697,648 | 697,660 | (12) |
| C-Medical Equipment | 19,745 | 19,745 | 0 |
| C-Family Planning | 176,970 | 176,990 | (20) |
| C-Abortions | 0 | 0 | 0 |
| C-Screening Services | 1,317,664 | 1,317,666 | (2) |
| C-Home Health | 537,085 | 537,085 | 0 |
| C-Medicare Payments | 0 | 0 | 0 |
| C-Home And Community | 0 | 0 | 0 |
| C-Home and Community-Based Services - Regular Payment (WAIVER) | 0 | 0 | 0 |
| C-Hospice | 0 | 0 | 0 |
| C-Medical Transport | 1,295,529 | 1,295,529 | 0 |
| C-Case Management | 817,079 | 817,079 | 0 |
| C-Other Services | 1,960,687 | 1,960,687 | 0 |
| C-Balance | 63,835,241 | 63,835,721 | (480) |
| C-Collections | 0 | 0 | 0 |
| C-Total Net | 63,835,241 | 63,835,721 | (480) |

Medicaid Financial Management Report - Net CHIP Expenditures

**FY 2019
National
California**

FMR M-CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| C-Premiums: Up To 150% - Gross Premiums Paid | 2,332,277,591 | 2,051,791,823 | 280,485,768 |
| C-Premiums: Up To 150% - Cost Sharing Offset | (47,127,846) | (41,472,504) | (5,655,342) |
| C-Premiums: Over 150% - Gross Premiums Paid | 0 | 0 | 0 |
| C-Premiums: Over 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Inpatient Hospital Services - Reg. Payments | 167,900,571 | 147,748,298 | 20,152,273 |
| C-Inpatient Hospital Services - DSH | 0 | 0 | 0 |
| C-Inpatient Mental Health - Reg. Payment | 22,002,581 | 19,361,122 | 2,641,459 |
| C-Inpatient Mental Health - DSH | 0 | 0 | 0 |
| C-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| C-Nursing Care Services | 5,841,861 | 5,140,837 | 701,024 |
| C-Physician/Surgical | 41,787,024 | 36,754,889 | 5,032,135 |
| C-Outpatient Hospital Services | 89,191,030 | 78,508,323 | 10,682,707 |
| C-Outpatient Mental Health | 0 | 0 | 0 |
| C-Prescribed Drugs | 189,652,024 | 167,824,009 | 21,828,015 |
| C-Drug Rebate - National | (248,077,274) | (218,308,002) | (29,769,272) |
| C-Drug Rebate - State | (7,264,692) | (6,392,929) | (871,763) |
| C-MCO - National | 0 | 0 | 0 |
| C-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| C-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| C-Increased ACA OFFSET - MCO - 100% | 0 | 0 | 0 |
| C-Dental Services | 205,351,299 | 180,702,276 | 24,649,023 |
| C-Vision Sevices | 0 | 0 | 0 |
| C-Other Practitioners | 7,049,652 | 6,202,404 | 847,248 |
| C-Clinic Services | 312,330,123 | 274,850,509 | 37,479,614 |
| C-Therapy Services | 87,587 | 77,076 | 10,511 |
| C-Laboratory/Radiological Services | 1,972,034 | 1,734,570 | 237,464 |
| C-Medical Equipment | 0 | 0 | 0 |
| C-Family Planning | (1,582) | (1,392) | (190) |
| C-Abortions | 0 | 0 | 0 |
| C-Screening Services | 45,973 | 40,458 | 5,515 |
| C-Home Health | 13,160,586 | 11,581,316 | 1,579,270 |
| C-Medicare Payments | 0 | 0 | 0 |
| C-Home And Community | 109,223 | 96,148 | 13,075 |
| C-Home and Community-Based Services - Regular Payment (WAIVER) | 0 | 0 | 0 |
| C-Hospice | 201,595 | 177,402 | 24,193 |
| C-Medical Transport | 1,186,251 | 1,049,108 | 137,143 |
| C-Case Management | 17,476,280 | 15,359,170 | 2,117,110 |
| C-Other Services | 369,212,298 | 324,451,599 | 44,760,699 |
| C-Balance | 3,474,364,189 | 3,057,276,510 | 417,087,679 |
| C-Collections | 0 | 0 | 0 |
| C-Total Net | 3,474,364,189 | 3,057,276,510 | 417,087,679 |

Medicaid Financial Management Report - Net CHIP Expenditures

**FY 2019
National
Colorado**

FMR M-CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| C-Premiums: Up To 150% - Gross Premiums Paid | 4,216,466 | 3,710,490 | 505,976 |
| C-Premiums: Up To 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Premiums: Over 150% - Gross Premiums Paid | 15,031,345 | 13,217,204 | 1,814,141 |
| C-Premiums: Over 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Inpatient Hospital Services - Reg. Payments | 7,014,129 | 6,199,628 | 814,501 |
| C-Inpatient Hospital Services - DSH | 0 | 0 | 0 |
| C-Inpatient Mental Health - Reg. Payment | 8,403,027 | 4,199,696 | 4,203,331 |
| C-Inpatient Mental Health - DSH | 0 | 0 | 0 |
| C-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| C-Nursing Care Services | 0 | 0 | 0 |
| C-Physician/Surgical | 13,531,213 | 11,902,605 | 1,628,608 |
| C-Outpatient Hospital Services | 23,876,693 | 21,019,787 | 2,856,906 |
| C-Outpatient Mental Health | 0 | 0 | 0 |
| C-Prescribed Drugs | 26,064,463 | 22,934,421 | 3,130,042 |
| C-Drug Rebate - National | (17,292,439) | (15,206,126) | (2,086,313) |
| C-Drug Rebate - State | (1,391,116) | (1,224,077) | (167,039) |
| C-MCO - National | (67,297) | (58,924) | (8,373) |
| C-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| C-Increased ACA OFFSET - Fee for Service | (640,853) | (640,853) | 0 |
| C-Increased ACA OFFSET - MCO - 100% | (2,367) | (2,367) | 0 |
| C-Dental Services | 23,466,751 | 20,650,764 | 2,815,987 |
| C-Vision Sevices | 0 | 0 | 0 |
| C-Other Practitioners | 0 | 0 | 0 |
| C-Clinic Services | 17,920,694 | 15,773,150 | 2,147,544 |
| C-Therapy Services | 0 | 0 | 0 |
| C-Laboratory/Radiological Services | 1,002,227 | 879,779 | 122,448 |
| C-Medical Equipment | 0 | 0 | 0 |
| C-Family Planning | 0 | 0 | 0 |
| C-Abortions | 0 | 0 | 0 |
| C-Screening Services | 4,312,124 | 3,792,696 | 519,428 |
| C-Home Health | 5,825,660 | 5,128,605 | 697,055 |
| C-Medicare Payments | 0 | 0 | 0 |
| C-Home And Community | 0 | 0 | 0 |
| C-Home and Community-Based Services - Regular Payment (WAIVER) | 0 | 0 | 0 |
| C-Hospice | 0 | 0 | 0 |
| C-Medical Transport | 0 | 0 | 0 |
| C-Case Management | 7,614,818 | 6,636,443 | 978,375 |
| C-Other Services | 4,987,011 | 4,400,498 | 586,513 |
| C-Balance | 143,872,549 | 123,313,419 | 20,559,130 |
| C-Collections | 0 | 0 | 0 |
| C-Total Net | 143,872,549 | 123,313,419 | 20,559,130 |

Medicaid Financial Management Report - Net CHIP Expenditures

**FY 2019
National
Connecticut**

FMR M-CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| C-Premiums: Up To 150% - Gross Premiums Paid | 0 | 0 | 0 |
| C-Premiums: Up To 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Premiums: Over 150% - Gross Premiums Paid | 0 | 0 | 0 |
| C-Premiums: Over 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Inpatient Hospital Services - Reg. Payments | 0 | 0 | 0 |
| C-Inpatient Hospital Services - DSH | 0 | 0 | 0 |
| C-Inpatient Mental Health - Reg. Payment | 0 | 0 | 0 |
| C-Inpatient Mental Health - DSH | 0 | 0 | 0 |
| C-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| C-Nursing Care Services | 0 | 0 | 0 |
| C-Physician/Surgical | 0 | 0 | 0 |
| C-Outpatient Hospital Services | 0 | 0 | 0 |
| C-Outpatient Mental Health | 0 | 0 | 0 |
| C-Prescribed Drugs | 0 | 0 | 0 |
| C-Drug Rebate - National | 0 | 0 | 0 |
| C-Drug Rebate - State | 0 | 0 | 0 |
| C-MCO - National | 0 | 0 | 0 |
| C-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| C-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| C-Increased ACA OFFSET - MCO - 100% | 0 | 0 | 0 |
| C-Dental Services | 0 | 0 | 0 |
| C-Vision Sevices | 0 | 0 | 0 |
| C-Other Practitioners | 0 | 0 | 0 |
| C-Clinic Services | 0 | 0 | 0 |
| C-Therapy Services | 0 | 0 | 0 |
| C-Laboratory/Radiological Services | 0 | 0 | 0 |
| C-Medical Equipment | 0 | 0 | 0 |
| C-Family Planning | 0 | 0 | 0 |
| C-Abortions | 0 | 0 | 0 |
| C-Screening Services | 0 | 0 | 0 |
| C-Home Health | 0 | 0 | 0 |
| C-Medicare Payments | 0 | 0 | 0 |
| C-Home And Community | 0 | 0 | 0 |
| C-Home and Community-Based Services - Regular Payment (WAIVER) | 0 | 0 | 0 |
| C-Hospice | 0 | 0 | 0 |
| C-Medical Transport | 0 | 0 | 0 |
| C-Case Management | 0 | 0 | 0 |
| C-Other Services | 0 | 0 | 0 |
| C-Balance | 0 | 0 | 0 |
| C-Collections | 0 | 0 | 0 |
| C-Total Net | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

**FY 2019
National
Delaware**

FMR M-CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| C-Premiums: Up To 150% - Gross Premiums Paid | 4,088,541 | 3,821,126 | 267,415 |
| C-Premiums: Up To 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Premiums: Over 150% - Gross Premiums Paid | 1,171,296 | 1,092,724 | 78,572 |
| C-Premiums: Over 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Inpatient Hospital Services - Reg. Payments | 10,361 | 9,667 | 694 |
| C-Inpatient Hospital Services - DSH | 0 | 0 | 0 |
| C-Inpatient Mental Health - Reg. Payment | 0 | 0 | 0 |
| C-Inpatient Mental Health - DSH | 0 | 0 | 0 |
| C-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| C-Nursing Care Services | 476 | 444 | 32 |
| C-Physician/Surgical | 21,075 | 19,716 | 1,359 |
| C-Outpatient Hospital Services | 133,677 | 124,748 | 8,929 |
| C-Outpatient Mental Health | 4,686 | 4,372 | 314 |
| C-Prescribed Drugs | 1,528 | 1,426 | 102 |
| C-Drug Rebate - National | (2,456) | (2,509) | 53 |
| C-Drug Rebate - State | 3,431 | 2,343 | 1,088 |
| C-MCO - National | (182,722) | (168,856) | (13,866) |
| C-MCO - State Sidebar Agreement | (5,959) | (5,556) | (403) |
| C-Increased ACA OFFSET - Fee for Service | (32) | (32) | 0 |
| C-Increased ACA OFFSET - MCO - 100% | (6,486) | (6,486) | 0 |
| C-Dental Services | 441,823 | 412,259 | 29,564 |
| C-Vision Sevices | 0 | 0 | 0 |
| C-Other Practitioners | 4,686 | 4,374 | 312 |
| C-Clinic Services | 1,793 | 1,675 | 118 |
| C-Therapy Services | 15,293 | 14,284 | 1,009 |
| C-Laboratory/Radiological Services | 221 | 207 | 14 |
| C-Medical Equipment | 0 | 0 | 0 |
| C-Family Planning | 0 | 0 | 0 |
| C-Abortions | 0 | 0 | 0 |
| C-Screening Services | 52,345 | 48,855 | 3,490 |
| C-Home Health | 1,656 | 1,545 | 111 |
| C-Medicare Payments | 0 | 0 | 0 |
| C-Home And Community | 0 | 0 | 0 |
| C-Home and Community-Based Services - Regular Payment (WAIVER) | 0 | 0 | 0 |
| C-Hospice | 0 | 0 | 0 |
| C-Medical Transport | 2,101 | 1,960 | 141 |
| C-Case Management | 0 | 0 | 0 |
| C-Other Services | 15,610 | 14,564 | 1,046 |
| C-Balance | 5,772,944 | 5,392,850 | 380,094 |
| C-Collections | 0 | 0 | 0 |
| C-Total Net | 5,772,944 | 5,392,850 | 380,094 |

Medicaid Financial Management Report - Net CHIP Expenditures

**FY 2019
National
Dist. Of Col.**

FMR M-CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| C-Premiums: Up To 150% - Gross Premiums Paid | 0 | 0 | 0 |
| C-Premiums: Up To 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Premiums: Over 150% - Gross Premiums Paid | 45,604,193 | 45,604,193 | 0 |
| C-Premiums: Over 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Inpatient Hospital Services - Reg. Payments | 353,806 | 353,806 | 0 |
| C-Inpatient Hospital Services - DSH | 0 | 0 | 0 |
| C-Inpatient Mental Health - Reg. Payment | 63,112 | 63,112 | 0 |
| C-Inpatient Mental Health - DSH | 0 | 0 | 0 |
| C-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| C-Nursing Care Services | 0 | 0 | 0 |
| C-Physician/Surgical | 99,845 | 99,845 | 0 |
| C-Outpatient Hospital Services | 251,912 | 251,912 | 0 |
| C-Outpatient Mental Health | 1,172,109 | 1,172,109 | 0 |
| C-Prescribed Drugs | 334,621 | 334,621 | 0 |
| C-Drug Rebate - National | (84,644) | (84,644) | 0 |
| C-Drug Rebate - State | 0 | 0 | 0 |
| C-MCO - National | (1,656,916) | (1,656,916) | 0 |
| C-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| C-Increased ACA OFFSET - Fee for Service | (7,995) | (7,995) | 0 |
| C-Increased ACA OFFSET - MCO - 100% | (18,142) | (18,142) | 0 |
| C-Dental Services | 115,960 | 115,960 | 0 |
| C-Vision Sevices | 6,639 | 6,639 | 0 |
| C-Other Practitioners | 6,298 | 6,298 | 0 |
| C-Clinic Services | 3,618,226 | 3,618,226 | 0 |
| C-Therapy Services | 2,856 | 2,856 | 0 |
| C-Laboratory/Radiological Services | 58,241 | 58,241 | 0 |
| C-Medical Equipment | 6,539 | 6,539 | 0 |
| C-Family Planning | 0 | 0 | 0 |
| C-Abortions | 0 | 0 | 0 |
| C-Screening Services | 19,900 | 19,900 | 0 |
| C-Home Health | 38,010 | 38,010 | 0 |
| C-Medicare Payments | 0 | 0 | 0 |
| C-Home And Community | 0 | 0 | 0 |
| C-Home and Community-Based Services - Regular Payment (WAIVER) | 0 | 0 | 0 |
| C-Hospice | 0 | 0 | 0 |
| C-Medical Transport | 172,009 | 172,009 | 0 |
| C-Case Management | 0 | 0 | 0 |
| C-Other Services | 3,336,146 | 3,336,146 | 0 |
| C-Balance | 53,492,725 | 53,492,725 | 0 |
| C-Collections | 0 | 0 | 0 |
| C-Total Net | 53,492,725 | 53,492,725 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Florida

FMR M-CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| C-Premiums: Up To 150% - Gross Premiums Paid | 249,475,268 | 238,523,304 | 10,951,964 |
| C-Premiums: Up To 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Premiums: Over 150% - Gross Premiums Paid | 0 | 0 | 0 |
| C-Premiums: Over 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Inpatient Hospital Services - Reg. Payments | 3,890,982 | 3,720,169 | 170,813 |
| C-Inpatient Hospital Services - DSH | 0 | 0 | 0 |
| C-Inpatient Mental Health - Reg. Payment | 0 | 0 | 0 |
| C-Inpatient Mental Health - DSH | 0 | 0 | 0 |
| C-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| C-Nursing Care Services | 420,824 | 402,349 | 18,475 |
| C-Physician/Surgical | 817,948 | 782,041 | 35,907 |
| C-Outpatient Hospital Services | 832,350 | 795,810 | 36,540 |
| C-Outpatient Mental Health | 14,637,934 | 13,995,328 | 642,606 |
| C-Prescribed Drugs | 3,203,899 | 3,063,248 | 140,651 |
| C-Drug Rebate - National | (13,832,622) | (13,286,324) | (546,298) |
| C-Drug Rebate - State | 0 | 0 | 0 |
| C-MCO - National | 0 | 0 | 0 |
| C-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| C-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| C-Increased ACA OFFSET - MCO - 100% | 0 | 0 | 0 |
| C-Dental Services | 12,708,319 | 12,150,424 | 557,895 |
| C-Vision Sevices | 13,853 | 13,245 | 608 |
| C-Other Practitioners | 5,731 | 5,480 | 251 |
| C-Clinic Services | 103,680 | 99,129 | 4,551 |
| C-Therapy Services | 881,118 | 842,437 | 38,681 |
| C-Laboratory/Radiological Services | 89,152 | 85,238 | 3,914 |
| C-Medical Equipment | 0 | 0 | 0 |
| C-Family Planning | 5,474 | 5,234 | 240 |
| C-Abortions | 0 | 0 | 0 |
| C-Screening Services | 95,611 | 91,414 | 4,197 |
| C-Home Health | 184,246 | 176,158 | 8,088 |
| C-Medicare Payments | 0 | 0 | 0 |
| C-Home And Community | 512,519 | 490,020 | 22,499 |
| C-Home and Community-Based Services - Regular Payment (WAIVER) | 0 | 0 | 0 |
| C-Hospice | 0 | 0 | 0 |
| C-Medical Transport | 288,133 | 275,484 | 12,649 |
| C-Case Management | 31,790 | 30,394 | 1,396 |
| C-Other Services | 10,483,519 | 10,024,162 | 459,357 |
| C-Balance | 284,849,728 | 272,284,744 | 12,564,984 |
| C-Collections | 0 | 0 | 0 |
| C-Total Net | 284,849,728 | 272,284,744 | 12,564,984 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Georgia

FMR M-CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| C-Premiums: Up To 150% - Gross Premiums Paid | 127,775,093 | 127,775,093 | 0 |
| C-Premiums: Up To 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Premiums: Over 150% - Gross Premiums Paid | 0 | 0 | 0 |
| C-Premiums: Over 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Inpatient Hospital Services - Reg. Payments | 1,754,468 | 1,754,468 | 0 |
| C-Inpatient Hospital Services - DSH | 0 | 0 | 0 |
| C-Inpatient Mental Health - Reg. Payment | 0 | 0 | 0 |
| C-Inpatient Mental Health - DSH | 0 | 0 | 0 |
| C-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| C-Nursing Care Services | 46,231 | 46,231 | 0 |
| C-Physician/Surgical | 425,374 | 425,385 | (11) |
| C-Outpatient Hospital Services | 1,176,356 | 1,176,356 | 0 |
| C-Outpatient Mental Health | 0 | 0 | 0 |
| C-Prescribed Drugs | 1,638,153 | 1,638,153 | 0 |
| C-Drug Rebate - National | (2,457,309) | (2,457,309) | 0 |
| C-Drug Rebate - State | (149,936) | (149,936) | 0 |
| C-MCO - National | (973,744) | (973,744) | 0 |
| C-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| C-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| C-Increased ACA OFFSET - MCO - 100% | 0 | 0 | 0 |
| C-Dental Services | 69,433 | 69,433 | 0 |
| C-Vision Sevices | 5,655 | 5,655 | 0 |
| C-Other Practitioners | 36,692 | 36,692 | 0 |
| C-Clinic Services | 62,082 | 62,082 | 0 |
| C-Therapy Services | 106,359 | 106,359 | 0 |
| C-Laboratory/Radiological Services | 32,086 | 32,086 | 0 |
| C-Medical Equipment | 127,545 | 127,545 | 0 |
| C-Family Planning | 201 | 201 | 0 |
| C-Abortions | 0 | 0 | 0 |
| C-Screening Services | 27,691 | 27,691 | 0 |
| C-Home Health | 287,587 | 287,587 | 0 |
| C-Medicare Payments | 0 | 0 | 0 |
| C-Home And Community | 0 | 0 | 0 |
| C-Home and Community-Based Services - Regular Payment (WAIVER) | 1,214 | 1,214 | 0 |
| C-Hospice | 0 | 0 | 0 |
| C-Medical Transport | 4,155,252 | 4,155,252 | 0 |
| C-Case Management | 882,398 | 882,398 | 0 |
| C-Other Services | 24,539 | 24,539 | 0 |
| C-Balance | 135,053,420 | 135,053,431 | (11) |
| C-Collections | 0 | 0 | 0 |
| C-Total Net | 135,053,420 | 135,053,431 | (11) |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Guam

FMR M-CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| C-Premiums: Up To 150% - Gross Premiums Paid | 0 | 0 | 0 |
| C-Premiums: Up To 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Premiums: Over 150% - Gross Premiums Paid | 0 | 0 | 0 |
| C-Premiums: Over 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Inpatient Hospital Services - Reg. Payments | 8,427,771 | 7,740,205 | 687,566 |
| C-Inpatient Hospital Services - DSH | 0 | 0 | 0 |
| C-Inpatient Mental Health - Reg. Payment | 0 | 0 | 0 |
| C-Inpatient Mental Health - DSH | 0 | 0 | 0 |
| C-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| C-Nursing Care Services | 0 | 0 | 0 |
| C-Physician/Surgical | 2,815,302 | 2,589,167 | 226,135 |
| C-Outpatient Hospital Services | 2,966,736 | 2,739,343 | 227,393 |
| C-Outpatient Mental Health | 0 | 0 | 0 |
| C-Prescribed Drugs | 2,746,272 | 2,520,782 | 225,490 |
| C-Drug Rebate - National | 0 | 0 | 0 |
| C-Drug Rebate - State | 0 | 0 | 0 |
| C-MCO - National | 0 | 0 | 0 |
| C-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| C-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| C-Increased ACA OFFSET - MCO - 100% | 0 | 0 | 0 |
| C-Dental Services | 12,556 | 11,696 | 860 |
| C-Vision Sevices | 38 | 35 | 3 |
| C-Other Practitioners | 47,858 | 43,790 | 4,068 |
| C-Clinic Services | 50,198 | 46,056 | 4,142 |
| C-Therapy Services | 0 | 0 | 0 |
| C-Laboratory/Radiological Services | 279,360 | 256,912 | 22,448 |
| C-Medical Equipment | 0 | 0 | 0 |
| C-Family Planning | 144 | 132 | 12 |
| C-Abortions | 0 | 0 | 0 |
| C-Screening Services | 9,940,846 | 9,145,022 | 795,824 |
| C-Home Health | 21,287 | 20,153 | 1,134 |
| C-Medicare Payments | 0 | 0 | 0 |
| C-Home And Community | 0 | 0 | 0 |
| C-Home and Community-Based Services - Regular Payment (WAIVER) | 0 | 0 | 0 |
| C-Hospice | 0 | 0 | 0 |
| C-Medical Transport | 0 | 0 | 0 |
| C-Case Management | 0 | 0 | 0 |
| C-Other Services | 7,284,273 | 6,738,975 | 545,298 |
| C-Balance | 34,592,641 | 31,852,268 | 2,740,373 |
| C-Collections | 0 | 0 | 0 |
| C-Total Net | 34,592,641 | 31,852,268 | 2,740,373 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Hawaii

FMR M-CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| C-Premiums: Up To 150% - Gross Premiums Paid | 13,324,296 | 12,108,574 | 1,215,722 |
| C-Premiums: Up To 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Premiums: Over 150% - Gross Premiums Paid | 36,765,114 | 33,434,490 | 3,330,624 |
| C-Premiums: Over 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Inpatient Hospital Services - Reg. Payments | 0 | 0 | 0 |
| C-Inpatient Hospital Services - DSH | 0 | 0 | 0 |
| C-Inpatient Mental Health - Reg. Payment | 0 | 0 | 0 |
| C-Inpatient Mental Health - DSH | 0 | 0 | 0 |
| C-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| C-Nursing Care Services | 0 | 0 | 0 |
| C-Physician/Surgical | 2,219 | 2,014 | 205 |
| C-Outpatient Hospital Services | 1,828 | 1,659 | 169 |
| C-Outpatient Mental Health | 0 | 0 | 0 |
| C-Prescribed Drugs | 15,204 | 13,796 | 1,408 |
| C-Drug Rebate - National | (5,807) | (5,283) | (524) |
| C-Drug Rebate - State | 0 | 0 | 0 |
| C-MCO - National | (2,904,176) | (2,646,862) | (257,314) |
| C-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| C-Increased ACA OFFSET - Fee for Service | (514) | (514) | 0 |
| C-Increased ACA OFFSET - MCO - 100% | (144,083) | (144,083) | 0 |
| C-Dental Services | 6,605,517 | 5,993,832 | 611,685 |
| C-Vision Sevices | 0 | 0 | 0 |
| C-Other Practitioners | 0 | 0 | 0 |
| C-Clinic Services | 557,574 | 512,223 | 45,351 |
| C-Therapy Services | 0 | 0 | 0 |
| C-Laboratory/Radiological Services | 159 | 144 | 15 |
| C-Medical Equipment | 0 | 0 | 0 |
| C-Family Planning | 0 | 0 | 0 |
| C-Abortions | 0 | 0 | 0 |
| C-Screening Services | 33 | 30 | 3 |
| C-Home Health | 0 | 0 | 0 |
| C-Medicare Payments | 0 | 0 | 0 |
| C-Home And Community | 611,941 | 555,272 | 56,669 |
| C-Home and Community-Based Services - Regular Payment (WAIVER) | 0 | 0 | 0 |
| C-Hospice | 0 | 0 | 0 |
| C-Medical Transport | 0 | 0 | 0 |
| C-Case Management | 6,787 | 6,159 | 628 |
| C-Other Services | 348,501 | 316,880 | 31,621 |
| C-Balance | 55,184,593 | 50,148,331 | 5,036,262 |
| C-Collections | 0 | 0 | 0 |
| C-Total Net | 55,184,593 | 50,148,331 | 5,036,262 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Idaho

FMR M-CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| C-Premiums: Up To 150% - Gross Premiums Paid | 2,652,409 | 2,652,409 | 0 |
| C-Premiums: Up To 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Premiums: Over 150% - Gross Premiums Paid | 0 | 0 | 0 |
| C-Premiums: Over 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Inpatient Hospital Services - Reg. Payments | 1,689,527 | 1,689,527 | 0 |
| C-Inpatient Hospital Services - DSH | 0 | 0 | 0 |
| C-Inpatient Mental Health - Reg. Payment | 0 | 0 | 0 |
| C-Inpatient Mental Health - DSH | 0 | 0 | 0 |
| C-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| C-Nursing Care Services | 0 | 0 | 0 |
| C-Physician/Surgical | 1,817,529 | 1,817,529 | 0 |
| C-Outpatient Hospital Services | 2,580,967 | 2,580,967 | 0 |
| C-Outpatient Mental Health | 0 | 0 | 0 |
| C-Prescribed Drugs | 1,924,191 | 1,924,191 | 0 |
| C-Drug Rebate - National | (6,511,953) | (6,511,953) | 0 |
| C-Drug Rebate - State | 0 | 0 | 0 |
| C-MCO - National | 0 | 0 | 0 |
| C-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| C-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| C-Increased ACA OFFSET - MCO - 100% | 0 | 0 | 0 |
| C-Dental Services | 0 | 0 | 0 |
| C-Vision Sevices | 0 | 0 | 0 |
| C-Other Practitioners | 1,117,530 | 1,117,530 | 0 |
| C-Clinic Services | 0 | 0 | 0 |
| C-Therapy Services | 0 | 0 | 0 |
| C-Laboratory/Radiological Services | 124,287 | 124,287 | 0 |
| C-Medical Equipment | 0 | 0 | 0 |
| C-Family Planning | 41,317 | 41,317 | 0 |
| C-Abortions | 0 | 0 | 0 |
| C-Screening Services | 39,899 | 39,899 | 0 |
| C-Home Health | 6,523 | 6,523 | 0 |
| C-Medicare Payments | 0 | 0 | 0 |
| C-Home And Community | 417,666 | 417,666 | 0 |
| C-Home and Community-Based Services - Regular Payment (WAIVER) | 0 | 0 | 0 |
| C-Hospice | 0 | 0 | 0 |
| C-Medical Transport | 465,356 | 465,356 | 0 |
| C-Case Management | 58,868 | 58,868 | 0 |
| C-Other Services | 581,959 | 581,959 | 0 |
| C-Balance | 7,006,075 | 7,006,075 | 0 |
| C-Collections | 0 | 0 | 0 |
| C-Total Net | 7,006,075 | 7,006,075 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Illinois

FMR M-CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| C-Premiums: Up To 150% - Gross Premiums Paid | 127,643,539 | 112,600,935 | 15,042,604 |
| C-Premiums: Up To 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Premiums: Over 150% - Gross Premiums Paid | 0 | 0 | 0 |
| C-Premiums: Over 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Inpatient Hospital Services - Reg. Payments | 6,888,616 | 5,826,880 | 1,061,736 |
| C-Inpatient Hospital Services - DSH | 195 | 98 | 97 |
| C-Inpatient Mental Health - Reg. Payment | 2,155,801 | 1,798,100 | 357,701 |
| C-Inpatient Mental Health - DSH | 0 | 0 | 0 |
| C-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| C-Nursing Care Services | 392 | 261 | 131 |
| C-Physician/Surgical | 1,491,189 | 1,147,114 | 344,075 |
| C-Outpatient Hospital Services | 2,977,349 | 2,360,083 | 617,266 |
| C-Outpatient Mental Health | 120,497 | 96,932 | 23,565 |
| C-Prescribed Drugs | 6,130,687 | 5,212,721 | 917,966 |
| C-Drug Rebate - National | (4,256,940) | (3,625,878) | (631,062) |
| C-Drug Rebate - State | (225,608) | (192,191) | (33,417) |
| C-MCO - National | (20,347,365) | (17,950,444) | (2,396,921) |
| C-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| C-Increased ACA OFFSET - Fee for Service | (182,773) | (182,773) | 0 |
| C-Increased ACA OFFSET - MCO - 100% | (741,512) | (741,512) | 0 |
| C-Dental Services | 563,433 | 450,755 | 112,678 |
| C-Vision Sevices | 48,500 | 37,425 | 11,075 |
| C-Other Practitioners | 9,050,830 | 7,842,160 | 1,208,670 |
| C-Clinic Services | 255,144 | 200,729 | 54,415 |
| C-Therapy Services | 6,595,630 | 5,751,922 | 843,708 |
| C-Laboratory/Radiological Services | 270,416 | 200,280 | 70,136 |
| C-Medical Equipment | 1,185,040 | 1,028,545 | 156,495 |
| C-Family Planning | 0 | 0 | 0 |
| C-Abortions | 0 | 0 | 0 |
| C-Screening Services | 677,684 | 511,587 | 166,097 |
| C-Home Health | 6,681 | 5,757 | 924 |
| C-Medicare Payments | 0 | 0 | 0 |
| C-Home And Community | 0 | 0 | 0 |
| C-Home and Community-Based Services - Regular Payment (WAIVER) | 562,155 | 500,086 | 62,069 |
| C-Hospice | 0 | 0 | 0 |
| C-Medical Transport | 2,126,647 | 1,851,586 | 275,061 |
| C-Case Management | 138,954 | 115,392 | 23,562 |
| C-Other Services | 1,467,258 | 1,121,786 | 345,472 |
| C-Balance | 144,602,439 | 125,968,336 | 18,634,103 |
| C-Collections | 0 | 0 | 0 |
| C-Total Net | 144,602,439 | 125,968,336 | 18,634,103 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Indiana

FMR M-CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| C-Premiums: Up To 150% - Gross Premiums Paid | 133,335,271 | 132,255,577 | 1,079,694 |
| C-Premiums: Up To 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Premiums: Over 150% - Gross Premiums Paid | 0 | 0 | 0 |
| C-Premiums: Over 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Inpatient Hospital Services - Reg. Payments | 1,917,865 | 1,901,968 | 15,897 |
| C-Inpatient Hospital Services - DSH | 0 | 0 | 0 |
| C-Inpatient Mental Health - Reg. Payment | 1,678,611 | 1,664,776 | 13,835 |
| C-Inpatient Mental Health - DSH | 0 | 0 | 0 |
| C-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| C-Nursing Care Services | 90,584 | 89,833 | 751 |
| C-Physician/Surgical | 913,957 | 906,381 | 7,576 |
| C-Outpatient Hospital Services | 1,025,494 | 1,017,128 | 8,366 |
| C-Outpatient Mental Health | 923,293 | 915,638 | 7,655 |
| C-Prescribed Drugs | 9,706,686 | 9,626,078 | 80,608 |
| C-Drug Rebate - National | (5,488,626) | (5,442,080) | (46,546) |
| C-Drug Rebate - State | (229,828) | (227,917) | (1,911) |
| C-MCO - National | 0 | 0 | 0 |
| C-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| C-Increased ACA OFFSET - Fee for Service | (521,888) | (521,888) | 0 |
| C-Increased ACA OFFSET - MCO - 100% | 0 | 0 | 0 |
| C-Dental Services | 186,721 | 185,170 | 1,551 |
| C-Vision Sevices | 24,179 | 23,978 | 201 |
| C-Other Practitioners | 7,751 | 7,686 | 65 |
| C-Clinic Services | 14,842,822 | 14,719,780 | 123,042 |
| C-Therapy Services | 43,703 | 43,341 | 362 |
| C-Laboratory/Radiological Services | 57,486 | 57,008 | 478 |
| C-Medical Equipment | 663,821 | 658,311 | 5,510 |
| C-Family Planning | 0 | 0 | 0 |
| C-Abortions | 0 | 0 | 0 |
| C-Screening Services | 98,275 | 97,461 | 814 |
| C-Home Health | 259,360 | 257,208 | 2,152 |
| C-Medicare Payments | 0 | 0 | 0 |
| C-Home And Community | 1,545,781 | 1,532,952 | 12,829 |
| C-Home and Community-Based Services - Regular Payment (WAIVER) | 0 | 0 | 0 |
| C-Hospice | 19,061 | 18,903 | 158 |
| C-Medical Transport | 87,314 | 86,570 | 744 |
| C-Case Management | 1,165 | 1,155 | 10 |
| C-Other Services | 2,624,693 | 2,602,907 | 21,786 |
| C-Balance | 163,813,551 | 162,477,924 | 1,335,627 |
| C-Collections | 0 | 0 | 0 |
| C-Total Net | 163,813,551 | 162,477,924 | 1,335,627 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Iowa

FMR M-CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| C-Premiums: Up To 150% - Gross Premiums Paid | 34,370,184 | 32,634,118 | 1,736,066 |
| C-Premiums: Up To 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Premiums: Over 150% - Gross Premiums Paid | 0 | 0 | 0 |
| C-Premiums: Over 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Inpatient Hospital Services - Reg. Payments | 356,656 | 339,671 | 16,985 |
| C-Inpatient Hospital Services - DSH | 0 | 0 | 0 |
| C-Inpatient Mental Health - Reg. Payment | 704,303 | 668,736 | 35,567 |
| C-Inpatient Mental Health - DSH | 0 | 0 | 0 |
| C-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| C-Nursing Care Services | 28,143 | 26,737 | 1,406 |
| C-Physician/Surgical | 301,677 | 286,555 | 15,122 |
| C-Outpatient Hospital Services | 269,352 | 255,784 | 13,568 |
| C-Outpatient Mental Health | 0 | 0 | 0 |
| C-Prescribed Drugs | 123,686 | 117,439 | 6,247 |
| C-Drug Rebate - National | (2,469,704) | (2,344,985) | (124,719) |
| C-Drug Rebate - State | (169,211) | (160,666) | (8,545) |
| C-MCO - National | (3,091,729) | (2,935,597) | (156,132) |
| C-MCO - State Sidebar Agreement | (148,175) | (140,692) | (7,483) |
| C-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| C-Increased ACA OFFSET - MCO - 100% | (215,269) | (215,269) | 0 |
| C-Dental Services | 3,504,509 | 3,327,560 | 176,949 |
| C-Vision Sevices | 11,552 | 10,969 | 583 |
| C-Other Practitioners | 1,467,550 | 1,393,728 | 73,822 |
| C-Clinic Services | 95,465 | 90,674 | 4,791 |
| C-Therapy Services | 31,316 | 29,735 | 1,581 |
| C-Laboratory/Radiological Services | 4,322 | 4,105 | 217 |
| C-Medical Equipment | 9,929 | 9,427 | 502 |
| C-Family Planning | 0 | 0 | 0 |
| C-Abortions | 0 | 0 | 0 |
| C-Screening Services | 231,734 | 220,135 | 11,599 |
| C-Home Health | 9,910 | 9,410 | 500 |
| C-Medicare Payments | 0 | 0 | 0 |
| C-Home And Community | 0 | 0 | 0 |
| C-Home and Community-Based Services - Regular Payment (WAIVER) | 0 | 0 | 0 |
| C-Hospice | 0 | 0 | 0 |
| C-Medical Transport | 7,309 | 6,939 | 370 |
| C-Case Management | 6,430 | 6,105 | 325 |
| C-Other Services | 2,747,931 | 2,609,162 | 138,769 |
| C-Balance | 38,187,870 | 36,249,780 | 1,938,090 |
| C-Collections | 0 | 0 | 0 |
| C-Total Net | 38,187,870 | 36,249,780 | 1,938,090 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Kansas

FMR M-CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| C-Premiums: Up To 150% - Gross Premiums Paid | 31,262,056 | 28,740,796 | 2,521,260 |
| C-Premiums: Up To 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Premiums: Over 150% - Gross Premiums Paid | 0 | 0 | 0 |
| C-Premiums: Over 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Inpatient Hospital Services - Reg. Payments | 22,412 | 20,938 | 1,474 |
| C-Inpatient Hospital Services - DSH | 0 | 0 | 0 |
| C-Inpatient Mental Health - Reg. Payment | 0 | 0 | 0 |
| C-Inpatient Mental Health - DSH | 0 | 0 | 0 |
| C-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| C-Nursing Care Services | 0 | 0 | 0 |
| C-Physician/Surgical | 12,041 | 11,193 | 848 |
| C-Outpatient Hospital Services | 8,299 | 7,716 | 583 |
| C-Outpatient Mental Health | 0 | 0 | 0 |
| C-Prescribed Drugs | 4,225 | 3,928 | 297 |
| C-Drug Rebate - National | 0 | 0 | 0 |
| C-Drug Rebate - State | 0 | 0 | 0 |
| C-MCO - National | 0 | 0 | 0 |
| C-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| C-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| C-Increased ACA OFFSET - MCO - 100% | 0 | 0 | 0 |
| C-Dental Services | 591 | 550 | 41 |
| C-Vision Sevices | 0 | 0 | 0 |
| C-Other Practitioners | 1,891 | 1,757 | 134 |
| C-Clinic Services | 2,084 | 1,937 | 147 |
| C-Therapy Services | 0 | 0 | 0 |
| C-Laboratory/Radiological Services | 2,432 | 2,262 | 170 |
| C-Medical Equipment | 0 | 0 | 0 |
| C-Family Planning | 0 | 0 | 0 |
| C-Abortions | 0 | 0 | 0 |
| C-Screening Services | 0 | 0 | 0 |
| C-Home Health | 1,036 | 963 | 73 |
| C-Medicare Payments | 0 | 0 | 0 |
| C-Home And Community | 0 | 0 | 0 |
| C-Home and Community-Based Services - Regular Payment (WAIVER) | 0 | 0 | 0 |
| C-Hospice | 0 | 0 | 0 |
| C-Medical Transport | 0 | 0 | 0 |
| C-Case Management | 238 | 221 | 17 |
| C-Other Services | 626,024 | 578,367 | 47,657 |
| C-Balance | 31,943,329 | 29,370,628 | 2,572,701 |
| C-Collections | 0 | 0 | 0 |
| C-Total Net | 31,943,329 | 29,370,628 | 2,572,701 |

Medicaid Financial Management Report - Net CHIP Expenditures

**FY 2019
National
Kentucky**

FMR M-CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| C-Premiums: Up To 150% - Gross Premiums Paid | 148,346,998 | 148,346,998 | 0 |
| C-Premiums: Up To 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Premiums: Over 150% - Gross Premiums Paid | 0 | 0 | 0 |
| C-Premiums: Over 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Inpatient Hospital Services - Reg. Payments | 61,341 | 61,341 | 0 |
| C-Inpatient Hospital Services - DSH | 0 | 0 | 0 |
| C-Inpatient Mental Health - Reg. Payment | 0 | 0 | 0 |
| C-Inpatient Mental Health - DSH | 0 | 0 | 0 |
| C-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| C-Nursing Care Services | 0 | 0 | 0 |
| C-Physician/Surgical | 15,085 | 15,085 | 0 |
| C-Outpatient Hospital Services | 69,068 | 69,068 | 0 |
| C-Outpatient Mental Health | 0 | 0 | 0 |
| C-Prescribed Drugs | 0 | 0 | 0 |
| C-Drug Rebate - National | 31,403 | 24,915 | 6,488 |
| C-Drug Rebate - State | (4,019) | (3,183) | (836) |
| C-MCO - National | (22,124,560) | (22,176,322) | 51,762 |
| C-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| C-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| C-Increased ACA OFFSET - MCO - 100% | (931,503) | (931,503) | 0 |
| C-Dental Services | 3,692 | 3,692 | 0 |
| C-Vision Sevices | 0 | 0 | 0 |
| C-Other Practitioners | 2,925 | 2,925 | 0 |
| C-Clinic Services | 2,820,200 | 2,820,200 | 0 |
| C-Therapy Services | 3,606 | 3,606 | 0 |
| C-Laboratory/Radiological Services | 242 | 242 | 0 |
| C-Medical Equipment | 0 | 0 | 0 |
| C-Family Planning | 0 | 0 | 0 |
| C-Abortions | 0 | 0 | 0 |
| C-Screening Services | 667,272 | 667,272 | 0 |
| C-Home Health | 178,292 | 178,292 | 0 |
| C-Medicare Payments | 0 | 0 | 0 |
| C-Home And Community | 652 | 652 | 0 |
| C-Home and Community-Based Services - Regular Payment (WAIVER) | 0 | 0 | 0 |
| C-Hospice | 0 | 0 | 0 |
| C-Medical Transport | 0 | 0 | 0 |
| C-Case Management | 117,390 | 117,390 | 0 |
| C-Other Services | 5,651,638 | 5,651,638 | 0 |
| C-Balance | 134,909,722 | 134,852,308 | 57,414 |
| C-Collections | 0 | 0 | 0 |
| C-Total Net | 134,909,722 | 134,852,308 | 57,414 |

Medicaid Financial Management Report - Net CHIP Expenditures

**FY 2019
National
Louisiana**

FMR M-CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| C-Premiums: Up To 150% - Gross Premiums Paid | 0 | 0 | 0 |
| C-Premiums: Up To 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Premiums: Over 150% - Gross Premiums Paid | 0 | 0 | 0 |
| C-Premiums: Over 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Inpatient Hospital Services - Reg. Payments | 532,911 | 524,918 | 7,993 |
| C-Inpatient Hospital Services - DSH | 6,711 | 6,610 | 101 |
| C-Inpatient Mental Health - Reg. Payment | 0 | 0 | 0 |
| C-Inpatient Mental Health - DSH | 0 | 0 | 0 |
| C-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| C-Nursing Care Services | 0 | 0 | 0 |
| C-Physician/Surgical | 210,522 | 207,364 | 3,158 |
| C-Outpatient Hospital Services | 251,468 | 247,695 | 3,773 |
| C-Outpatient Mental Health | 0 | 0 | 0 |
| C-Prescribed Drugs | 1,178,733 | 1,161,052 | 17,681 |
| C-Drug Rebate - National | (533,139) | (525,141) | (7,998) |
| C-Drug Rebate - State | (17,106) | (16,849) | (257) |
| C-MCO - National | (19,965,261) | (19,665,782) | (299,479) |
| C-MCO - State Sidebar Agreement | (605) | (596) | (9) |
| C-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| C-Increased ACA OFFSET - MCO - 100% | 0 | 0 | 0 |
| C-Dental Services | 21,491,039 | 21,168,676 | 322,363 |
| C-Vision Sevices | 0 | 0 | 0 |
| C-Other Practitioners | 0 | 0 | 0 |
| C-Clinic Services | 4,458 | 4,392 | 66 |
| C-Therapy Services | 0 | 0 | 0 |
| C-Laboratory/Radiological Services | 23,514 | 23,161 | 353 |
| C-Medical Equipment | 0 | 0 | 0 |
| C-Family Planning | 0 | 0 | 0 |
| C-Abortions | 0 | 0 | 0 |
| C-Screening Services | 2,963,972 | 2,919,512 | 44,460 |
| C-Home Health | 123,609 | 121,756 | 1,853 |
| C-Medicare Payments | 0 | 0 | 0 |
| C-Home And Community | 0 | 0 | 0 |
| C-Home and Community-Based Services - Regular Payment (WAIVER) | 0 | 0 | 0 |
| C-Hospice | 1,803 | 1,776 | 27 |
| C-Medical Transport | 0 | 0 | 0 |
| C-Case Management | 365,697 | 360,212 | 5,485 |
| C-Other Services | 308,109,938 | 303,487,663 | 4,622,275 |
| C-Balance | 314,748,264 | 310,026,419 | 4,721,845 |
| C-Collections | 0 | 0 | 0 |
| C-Total Net | 314,748,264 | 310,026,419 | 4,721,845 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Maine

FMR M-CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| C-Premiums: Up To 150% - Gross Premiums Paid | 0 | 0 | 0 |
| C-Premiums: Up To 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Premiums: Over 150% - Gross Premiums Paid | 0 | 0 | 0 |
| C-Premiums: Over 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Inpatient Hospital Services - Reg. Payments | 843,633 | 828,110 | 15,523 |
| C-Inpatient Hospital Services - DSH | 0 | 0 | 0 |
| C-Inpatient Mental Health - Reg. Payment | 1,530,341 | 1,502,182 | 28,159 |
| C-Inpatient Mental Health - DSH | 0 | 0 | 0 |
| C-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| C-Nursing Care Services | 373,818 | 366,943 | 6,875 |
| C-Physician/Surgical | 1,309,700 | 1,285,669 | 24,031 |
| C-Outpatient Hospital Services | 3,354,720 | 3,293,097 | 61,623 |
| C-Outpatient Mental Health | 70,606 | 69,307 | 1,299 |
| C-Prescribed Drugs | 3,290,761 | 3,230,253 | 60,508 |
| C-Drug Rebate - National | (3,730,621) | (3,661,977) | (68,644) |
| C-Drug Rebate - State | (332,333) | (326,218) | (6,115) |
| C-MCO - National | 0 | 0 | 0 |
| C-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| C-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| C-Increased ACA OFFSET - MCO - 100% | 0 | 0 | 0 |
| C-Dental Services | 1,376,612 | 1,351,356 | 25,256 |
| C-Vision Sevices | 23,954 | 23,513 | 441 |
| C-Other Practitioners | 360,584 | 353,950 | 6,634 |
| C-Clinic Services | 541,967 | 531,997 | 9,970 |
| C-Therapy Services | 506,223 | 496,914 | 9,309 |
| C-Laboratory/Radiological Services | 61,767 | 60,630 | 1,137 |
| C-Medical Equipment | 329,247 | 323,189 | 6,058 |
| C-Family Planning | 88,767 | 87,133 | 1,634 |
| C-Abortions | 0 | 0 | 0 |
| C-Screening Services | 0 | 0 | 0 |
| C-Home Health | 44,789 | 43,965 | 824 |
| C-Medicare Payments | 0 | 0 | 0 |
| C-Home And Community | 2,906,565 | 2,853,133 | 53,432 |
| C-Home and Community-Based Services - Regular Payment (WAIVER) | 0 | 0 | 0 |
| C-Hospice | 0 | 0 | 0 |
| C-Medical Transport | 192,490 | 188,948 | 3,542 |
| C-Case Management | 432,563 | 424,609 | 7,954 |
| C-Other Services | 4,109,716 | 4,034,150 | 75,566 |
| C-Balance | 17,685,869 | 17,360,853 | 325,016 |
| C-Collections | 0 | 0 | 0 |
| C-Total Net | 17,685,869 | 17,360,853 | 325,016 |

Medicaid Financial Management Report - Net CHIP Expenditures

**FY 2019
National
Maryland**

FMR M-CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| C-Premiums: Up To 150% - Gross Premiums Paid | 194,842,348 | 171,461,265 | 23,381,083 |
| C-Premiums: Up To 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Premiums: Over 150% - Gross Premiums Paid | 62,039,563 | 54,594,816 | 7,444,747 |
| C-Premiums: Over 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Inpatient Hospital Services - Reg. Payments | 15,039,846 | 13,235,065 | 1,804,781 |
| C-Inpatient Hospital Services - DSH | 0 | 0 | 0 |
| C-Inpatient Mental Health - Reg. Payment | 8,028,922 | 7,065,451 | 963,471 |
| C-Inpatient Mental Health - DSH | 0 | 0 | 0 |
| C-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| C-Nursing Care Services | 0 | 0 | 0 |
| C-Physician/Surgical | 3,175,023 | 2,794,020 | 381,003 |
| C-Outpatient Hospital Services | 20,996,355 | 18,476,793 | 2,519,562 |
| C-Outpatient Mental Health | 0 | 0 | 0 |
| C-Prescribed Drugs | 27,630,876 | 24,315,171 | 3,315,705 |
| C-Drug Rebate - National | (36,650,773) | (32,252,680) | (4,398,093) |
| C-Drug Rebate - State | (4,505,969) | (3,965,252) | (540,717) |
| C-MCO - National | (42,164,189) | (37,104,486) | (5,059,703) |
| C-MCO - State Sidebar Agreement | (111,452) | (98,078) | (13,374) |
| C-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| C-Increased ACA OFFSET - MCO - 100% | 0 | 0 | 0 |
| C-Dental Services | 52,189,762 | 45,926,991 | 6,262,771 |
| C-Vision Sevices | 0 | 0 | 0 |
| C-Other Practitioners | 9,337,786 | 8,217,252 | 1,120,534 |
| C-Clinic Services | 26,511,081 | 23,329,751 | 3,181,330 |
| C-Therapy Services | 72,197 | 63,533 | 8,664 |
| C-Laboratory/Radiological Services | 504,157 | 443,658 | 60,499 |
| C-Medical Equipment | 0 | 0 | 0 |
| C-Family Planning | 0 | 0 | 0 |
| C-Abortions | 0 | 0 | 0 |
| C-Screening Services | 208,336 | 183,336 | 25,000 |
| C-Home Health | 1,705,283 | 1,500,650 | 204,633 |
| C-Medicare Payments | 0 | 0 | 0 |
| C-Home And Community | 8,013 | 7,051 | 962 |
| C-Home and Community-Based Services - Regular Payment (WAIVER) | 301,584 | 265,394 | 36,190 |
| C-Hospice | 220,223 | 193,796 | 26,427 |
| C-Medical Transport | 0 | 0 | 0 |
| C-Case Management | 1,870,440 | 1,645,987 | 224,453 |
| C-Other Services | 46,052,609 | 40,526,296 | 5,526,313 |
| C-Balance | 387,302,021 | 340,825,780 | 46,476,241 |
| C-Collections | 0 | 0 | 0 |
| C-Total Net | 387,302,021 | 340,825,780 | 46,476,241 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Massachusetts

FMR M-CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| C-Premiums: Up To 150% - Gross Premiums Paid | 154,991,085 | 136,392,154 | 18,598,931 |
| C-Premiums: Up To 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Premiums: Over 150% - Gross Premiums Paid | 0 | 0 | 0 |
| C-Premiums: Over 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Inpatient Hospital Services - Reg. Payments | 10,775,814 | 9,484,908 | 1,290,906 |
| C-Inpatient Hospital Services - DSH | 0 | 0 | 0 |
| C-Inpatient Mental Health - Reg. Payment | 2,956,431 | 2,563,895 | 392,536 |
| C-Inpatient Mental Health - DSH | 0 | 0 | 0 |
| C-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| C-Nursing Care Services | 300,533 | 264,468 | 36,065 |
| C-Physician/Surgical | 8,182,622 | 7,200,741 | 981,881 |
| C-Outpatient Hospital Services | 19,787,494 | 17,413,046 | 2,374,448 |
| C-Outpatient Mental Health | 1,059 | 932 | 127 |
| C-Prescribed Drugs | 14,356,594 | 12,633,781 | 1,722,813 |
| C-Drug Rebate - National | (5,835,647) | (5,135,369) | (700,278) |
| C-Drug Rebate - State | 0 | 0 | 0 |
| C-MCO - National | (5,464,972) | (4,809,175) | (655,797) |
| C-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| C-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| C-Increased ACA OFFSET - MCO - 100% | 0 | 0 | 0 |
| C-Dental Services | 35,633,097 | 31,358,814 | 4,274,283 |
| C-Vision Sevices | 668,931 | 588,659 | 80,272 |
| C-Other Practitioners | 714,191 | 628,488 | 85,703 |
| C-Clinic Services | 4,557,963 | 4,010,798 | 547,165 |
| C-Therapy Services | 0 | 0 | 0 |
| C-Laboratory/Radiological Services | 440,568 | 387,698 | 52,870 |
| C-Medical Equipment | 1,785,972 | 1,571,657 | 214,315 |
| C-Family Planning | 4,075 | 3,587 | 488 |
| C-Abortions | 0 | 0 | 0 |
| C-Screening Services | 3,660,549 | 3,221,250 | 439,299 |
| C-Home Health | 0 | 0 | 0 |
| C-Medicare Payments | 0 | 0 | 0 |
| C-Home And Community | 5,743,743 | 5,054,498 | 689,245 |
| C-Home and Community-Based Services - Regular Payment (WAIVER) | 0 | 0 | 0 |
| C-Hospice | 53,594 | 47,162 | 6,432 |
| C-Medical Transport | 696,248 | 612,699 | 83,549 |
| C-Case Management | 703,687 | 619,205 | 84,482 |
| C-Other Services | 14,470,469 | 12,779,808 | 1,690,661 |
| C-Balance | 269,184,100 | 236,893,704 | 32,290,396 |
| C-Collections | 0 | 0 | 0 |
| C-Total Net | 269,184,100 | 236,893,704 | 32,290,396 |

Medicaid Financial Management Report - Net CHIP Expenditures

**FY 2019
National
Michigan**

FMR M-CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| C-Premiums: Up To 150% - Gross Premiums Paid | 235,907,290 | 231,491,861 | 4,415,429 |
| C-Premiums: Up To 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Premiums: Over 150% - Gross Premiums Paid | 0 | 0 | 0 |
| C-Premiums: Over 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Inpatient Hospital Services - Reg. Payments | 1,341,705 | 1,316,482 | 25,223 |
| C-Inpatient Hospital Services - DSH | 0 | 0 | 0 |
| C-Inpatient Mental Health - Reg. Payment | 0 | 0 | 0 |
| C-Inpatient Mental Health - DSH | 0 | 0 | 0 |
| C-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| C-Nursing Care Services | 426,346 | 418,332 | 8,014 |
| C-Physician/Surgical | 2,378,716 | 2,333,998 | 44,718 |
| C-Outpatient Hospital Services | 3,771,395 | 3,700,492 | 70,903 |
| C-Outpatient Mental Health | 0 | 0 | 0 |
| C-Prescribed Drugs | 19,305,509 | 18,942,565 | 362,944 |
| C-Drug Rebate - National | (10,257,164) | (10,064,329) | (192,835) |
| C-Drug Rebate - State | (790,609) | (775,746) | (14,863) |
| C-MCO - National | 0 | 0 | 0 |
| C-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| C-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| C-Increased ACA OFFSET - MCO - 100% | 0 | 0 | 0 |
| C-Dental Services | 7,584,715 | 7,422,491 | 162,224 |
| C-Vision Sevices | 61,137 | 59,988 | 1,149 |
| C-Other Practitioners | 169,000 | 165,825 | 3,175 |
| C-Clinic Services | 3,435,146 | 3,372,049 | 63,097 |
| C-Therapy Services | 43,111 | 42,301 | 810 |
| C-Laboratory/Radiological Services | 68,121 | 66,841 | 1,280 |
| C-Medical Equipment | 316,298 | 310,351 | 5,947 |
| C-Family Planning | 0 | 0 | 0 |
| C-Abortions | 0 | 0 | 0 |
| C-Screening Services | 326,352 | 320,217 | 6,135 |
| C-Home Health | 327,197 | 321,046 | 6,151 |
| C-Medicare Payments | 0 | 0 | 0 |
| C-Home And Community | 36,931 | 36,237 | 694 |
| C-Home and Community-Based Services - Regular Payment (WAIVER) | 42,238 | 41,443 | 795 |
| C-Hospice | 3,544 | 3,477 | 67 |
| C-Medical Transport | 1,120,300 | 1,099,238 | 21,062 |
| C-Case Management | 605 | 593 | 12 |
| C-Other Services | 3,013,522 | 2,956,841 | 56,681 |
| C-Balance | 268,631,405 | 263,582,593 | 5,048,812 |
| C-Collections | 0 | 0 | 0 |
| C-Total Net | 268,631,405 | 263,582,593 | 5,048,812 |

Medicaid Financial Management Report - Net CHIP Expenditures

**FY 2019
National
Minnesota**

FMR M-CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| C-Premiums: Up To 150% - Gross Premiums Paid | 462,705 | 407,180 | 55,525 |
| C-Premiums: Up To 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Premiums: Over 150% - Gross Premiums Paid | 621,216 | 546,671 | 74,545 |
| C-Premiums: Over 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Inpatient Hospital Services - Reg. Payments | 11,505 | 10,125 | 1,380 |
| C-Inpatient Hospital Services - DSH | 0 | 0 | 0 |
| C-Inpatient Mental Health - Reg. Payment | 0 | 0 | 0 |
| C-Inpatient Mental Health - DSH | 0 | 0 | 0 |
| C-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| C-Nursing Care Services | 0 | 0 | 0 |
| C-Physician/Surgical | 20,797 | 18,302 | 2,495 |
| C-Outpatient Hospital Services | 23,891 | 21,024 | 2,867 |
| C-Outpatient Mental Health | 0 | 0 | 0 |
| C-Prescribed Drugs | 2,145 | 1,887 | 258 |
| C-Drug Rebate - National | 0 | 0 | 0 |
| C-Drug Rebate - State | 0 | 0 | 0 |
| C-MCO - National | 0 | 0 | 0 |
| C-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| C-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| C-Increased ACA OFFSET - MCO - 100% | 0 | 0 | 0 |
| C-Dental Services | 156 | 137 | 19 |
| C-Vision Sevices | 78 | 69 | 9 |
| C-Other Practitioners | 16,019 | 14,096 | 1,923 |
| C-Clinic Services | 17,312 | 15,021 | 2,291 |
| C-Therapy Services | 4,132 | 3,637 | 495 |
| C-Laboratory/Radiological Services | 298 | 262 | 36 |
| C-Medical Equipment | 0 | 0 | 0 |
| C-Family Planning | 0 | 0 | 0 |
| C-Abortions | 0 | 0 | 0 |
| C-Screening Services | 39,336 | 34,564 | 4,772 |
| C-Home Health | 8,614 | 7,581 | 1,033 |
| C-Medicare Payments | 0 | 0 | 0 |
| C-Home And Community | 0 | 0 | 0 |
| C-Home and Community-Based Services - Regular Payment (WAIVER) | 0 | 0 | 0 |
| C-Hospice | 0 | 0 | 0 |
| C-Medical Transport | 0 | 0 | 0 |
| C-Case Management | 1,949 | 1,715 | 234 |
| C-Other Services | 86,778 | 76,364 | 10,414 |
| C-Balance | 1,316,931 | 1,158,635 | 158,296 |
| C-Collections | 0 | 0 | 0 |
| C-Total Net | 1,316,931 | 1,158,635 | 158,296 |

Medicaid Financial Management Report - Net CHIP Expenditures

**FY 2019
National
Mississippi**

FMR M-CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| C-Premiums: Up To 150% - Gross Premiums Paid | 92,427,884 | 92,427,884 | 0 |
| C-Premiums: Up To 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Premiums: Over 150% - Gross Premiums Paid | 0 | 0 | 0 |
| C-Premiums: Over 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Inpatient Hospital Services - Reg. Payments | 455,748 | 455,748 | 0 |
| C-Inpatient Hospital Services - DSH | 0 | 0 | 0 |
| C-Inpatient Mental Health - Reg. Payment | 449,741 | 449,741 | 0 |
| C-Inpatient Mental Health - DSH | 0 | 0 | 0 |
| C-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| C-Nursing Care Services | 205,483 | 205,483 | 0 |
| C-Physician/Surgical | 479,296 | 479,296 | 0 |
| C-Outpatient Hospital Services | 924,621 | 924,621 | 0 |
| C-Outpatient Mental Health | 0 | 0 | 0 |
| C-Prescribed Drugs | 641,778 | 641,778 | 0 |
| C-Drug Rebate - National | 0 | 0 | 0 |
| C-Drug Rebate - State | 0 | 0 | 0 |
| C-MCO - National | 0 | 0 | 0 |
| C-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| C-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| C-Increased ACA OFFSET - MCO - 100% | 0 | 0 | 0 |
| C-Dental Services | 0 | 0 | 0 |
| C-Vision Sevices | 0 | 0 | 0 |
| C-Other Practitioners | 64,269 | 64,269 | 0 |
| C-Clinic Services | 365,028 | 365,028 | 0 |
| C-Therapy Services | 32,157 | 32,157 | 0 |
| C-Laboratory/Radiological Services | 34,285 | 34,285 | 0 |
| C-Medical Equipment | 65,176 | 65,176 | 0 |
| C-Family Planning | 0 | 0 | 0 |
| C-Abortions | 0 | 0 | 0 |
| C-Screening Services | 961,049 | 961,049 | 0 |
| C-Home Health | 0 | 0 | 0 |
| C-Medicare Payments | 0 | 0 | 0 |
| C-Home And Community | 34,513 | 34,513 | 0 |
| C-Home and Community-Based Services - Regular Payment (WAIVER) | 0 | 0 | 0 |
| C-Hospice | 0 | 0 | 0 |
| C-Medical Transport | 0 | 0 | 0 |
| C-Case Management | 0 | 0 | 0 |
| C-Other Services | 367,458 | 367,458 | 0 |
| C-Balance | 97,508,486 | 97,508,486 | 0 |
| C-Collections | 0 | 0 | 0 |
| C-Total Net | 97,508,486 | 97,508,486 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Missouri

FMR M-CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| C-Premiums: Up To 150% - Gross Premiums Paid | 90,888,392 | 89,779,630 | 1,108,762 |
| C-Premiums: Up To 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Premiums: Over 150% - Gross Premiums Paid | 0 | 0 | 0 |
| C-Premiums: Over 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Inpatient Hospital Services - Reg. Payments | 4,277,635 | 4,225,447 | 52,188 |
| C-Inpatient Hospital Services - DSH | 0 | 0 | 0 |
| C-Inpatient Mental Health - Reg. Payment | 150 | 147 | 3 |
| C-Inpatient Mental Health - DSH | 0 | 0 | 0 |
| C-Certified Community Behavior Health Clinic Payments | 6,746,184 | 6,663,881 | 82,303 |
| C-Nursing Care Services | 0 | 0 | 0 |
| C-Physician/Surgical | 19,680 | 19,440 | 240 |
| C-Outpatient Hospital Services | 4,644,458 | 4,587,796 | 56,662 |
| C-Outpatient Mental Health | 2,392,454 | 2,363,268 | 29,186 |
| C-Prescribed Drugs | 36,617,205 | 36,170,476 | 446,729 |
| C-Drug Rebate - National | (8,848,033) | (8,740,086) | (107,947) |
| C-Drug Rebate - State | (1,258,996) | (1,243,635) | (15,361) |
| C-MCO - National | 0 | 0 | 0 |
| C-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| C-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| C-Increased ACA OFFSET - MCO - 100% | 0 | 0 | 0 |
| C-Dental Services | 63,557 | 62,782 | 775 |
| C-Vision Sevices | 17,814 | 17,596 | 218 |
| C-Other Practitioners | 3,781 | 3,738 | 43 |
| C-Clinic Services | 1,223,394 | 1,208,468 | 14,926 |
| C-Therapy Services | 22,857 | 22,563 | 294 |
| C-Laboratory/Radiological Services | 58,011 | 57,304 | 707 |
| C-Medical Equipment | 247,214 | 244,198 | 3,016 |
| C-Family Planning | 0 | 0 | 0 |
| C-Abortions | 0 | 0 | 0 |
| C-Screening Services | 4,399,636 | 4,345,888 | 53,748 |
| C-Home Health | 1,741 | 1,719 | 22 |
| C-Medicare Payments | 0 | 0 | 0 |
| C-Home And Community | 1,117,834 | 1,104,197 | 13,637 |
| C-Home and Community-Based Services - Regular Payment (WAIVER) | 0 | 0 | 0 |
| C-Hospice | 43,241 | 42,715 | 526 |
| C-Medical Transport | 365,173 | 360,719 | 4,454 |
| C-Case Management | 1,249,106 | 1,233,859 | 15,247 |
| C-Other Services | 1,096,895 | 1,083,516 | 13,379 |
| C-Balance | 145,389,383 | 143,615,626 | 1,773,757 |
| C-Collections | 0 | 0 | 0 |
| C-Total Net | 145,389,383 | 143,615,626 | 1,773,757 |

Medicaid Financial Management Report - Net CHIP Expenditures

**FY 2019
National
Montana**

FMR M-CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| C-Premiums: Up To 150% - Gross Premiums Paid | 2,270,785 | 2,245,351 | 25,434 |
| C-Premiums: Up To 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Premiums: Over 150% - Gross Premiums Paid | 0 | 0 | 0 |
| C-Premiums: Over 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Inpatient Hospital Services - Reg. Payments | 2,234,535 | 2,157,518 | 77,017 |
| C-Inpatient Hospital Services - DSH | 0 | 0 | 0 |
| C-Inpatient Mental Health - Reg. Payment | 1,016,580 | 1,000,766 | 15,814 |
| C-Inpatient Mental Health - DSH | 0 | 0 | 0 |
| C-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| C-Nursing Care Services | 0 | 0 | 0 |
| C-Physician/Surgical | 2,033,608 | 2,000,403 | 33,205 |
| C-Outpatient Hospital Services | 3,806,072 | 3,755,205 | 50,867 |
| C-Outpatient Mental Health | 0 | 0 | 0 |
| C-Prescribed Drugs | 6,653,302 | 6,577,077 | 76,225 |
| C-Drug Rebate - National | (3,350,569) | (3,313,044) | (37,525) |
| C-Drug Rebate - State | 0 | 0 | 0 |
| C-MCO - National | 0 | 0 | 0 |
| C-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| C-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| C-Increased ACA OFFSET - MCO - 100% | 0 | 0 | 0 |
| C-Dental Services | 4,186,157 | 4,136,202 | 49,955 |
| C-Vision Sevices | 59,702 | 59,013 | 689 |
| C-Other Practitioners | 2,886,574 | 2,850,501 | 36,073 |
| C-Clinic Services | 628,100 | 619,585 | 8,515 |
| C-Therapy Services | 340,512 | 336,604 | 3,908 |
| C-Laboratory/Radiological Services | 86,208 | 85,170 | 1,038 |
| C-Medical Equipment | 408,857 | 404,155 | 4,702 |
| C-Family Planning | 215,821 | 213,348 | 2,473 |
| C-Abortions | 0 | 0 | 0 |
| C-Screening Services | 941,162 | 928,982 | 12,180 |
| C-Home Health | 458 | 453 | 5 |
| C-Medicare Payments | 0 | 0 | 0 |
| C-Home And Community | 0 | 0 | 0 |
| C-Home and Community-Based Services - Regular Payment (WAIVER) | 0 | 0 | 0 |
| C-Hospice | 0 | 0 | 0 |
| C-Medical Transport | 160,981 | 156,015 | 4,966 |
| C-Case Management | 526,434 | 520,330 | 6,104 |
| C-Other Services | 5,344,400 | 5,279,613 | 64,787 |
| C-Balance | 30,449,679 | 30,013,247 | 436,432 |
| C-Collections | 0 | 0 | 0 |
| C-Total Net | 30,449,679 | 30,013,247 | 436,432 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

N. Mariana Islands

FMR M-CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| C-Premiums: Up To 150% - Gross Premiums Paid | 0 | 0 | 0 |
| C-Premiums: Up To 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Premiums: Over 150% - Gross Premiums Paid | 0 | 0 | 0 |
| C-Premiums: Over 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Inpatient Hospital Services - Reg. Payments | 2,657,485 | 2,543,618 | 113,867 |
| C-Inpatient Hospital Services - DSH | 0 | 0 | 0 |
| C-Inpatient Mental Health - Reg. Payment | 0 | 0 | 0 |
| C-Inpatient Mental Health - DSH | 0 | 0 | 0 |
| C-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| C-Nursing Care Services | 0 | 0 | 0 |
| C-Physician/Surgical | 0 | 0 | 0 |
| C-Outpatient Hospital Services | 521,972 | 481,590 | 40,382 |
| C-Outpatient Mental Health | 0 | 0 | 0 |
| C-Prescribed Drugs | 266,562 | 257,193 | 9,369 |
| C-Drug Rebate - National | 0 | 0 | 0 |
| C-Drug Rebate - State | 0 | 0 | 0 |
| C-MCO - National | 0 | 0 | 0 |
| C-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| C-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| C-Increased ACA OFFSET - MCO - 100% | 0 | 0 | 0 |
| C-Dental Services | 1,602,265 | 1,498,935 | 103,330 |
| C-Vision Sevices | 184,532 | 177,819 | 6,713 |
| C-Other Practitioners | 0 | 0 | 0 |
| C-Clinic Services | 503,062 | 480,200 | 22,862 |
| C-Therapy Services | 15,109 | 14,324 | 785 |
| C-Laboratory/Radiological Services | 49,392 | 47,595 | 1,797 |
| C-Medical Equipment | 0 | 0 | 0 |
| C-Family Planning | 0 | 0 | 0 |
| C-Abortions | 0 | 0 | 0 |
| C-Screening Services | 0 | 0 | 0 |
| C-Home Health | 48,073 | 45,534 | 2,539 |
| C-Medicare Payments | 0 | 0 | 0 |
| C-Home And Community | 0 | 0 | 0 |
| C-Home and Community-Based Services - Regular Payment (WAIVER) | 0 | 0 | 0 |
| C-Hospice | 0 | 0 | 0 |
| C-Medical Transport | 0 | 0 | 0 |
| C-Case Management | 0 | 0 | 0 |
| C-Other Services | 74,883 | 73,046 | 1,837 |
| C-Balance | 5,923,335 | 5,619,854 | 303,481 |
| C-Collections | 0 | 0 | 0 |
| C-Total Net | 5,923,335 | 5,619,854 | 303,481 |

Medicaid Financial Management Report - Net CHIP Expenditures

**FY 2019
National
Nebraska**

FMR M-CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| C-Premiums: Up To 150% - Gross Premiums Paid | 93,951,285 | 84,377,649 | 9,573,636 |
| C-Premiums: Up To 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Premiums: Over 150% - Gross Premiums Paid | 0 | 0 | 0 |
| C-Premiums: Over 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Inpatient Hospital Services - Reg. Payments | 54,351 | 48,812 | 5,539 |
| C-Inpatient Hospital Services - DSH | 4,147 | 3,724 | 423 |
| C-Inpatient Mental Health - Reg. Payment | 0 | 0 | 0 |
| C-Inpatient Mental Health - DSH | 0 | 0 | 0 |
| C-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| C-Nursing Care Services | 344,464 | 309,364 | 35,100 |
| C-Physician/Surgical | 24,633 | 22,122 | 2,511 |
| C-Outpatient Hospital Services | 11,803 | 10,601 | 1,202 |
| C-Outpatient Mental Health | 0 | 0 | 0 |
| C-Prescribed Drugs | 8,377 | 7,524 | 853 |
| C-Drug Rebate - National | (150,620) | (135,251) | (15,369) |
| C-Drug Rebate - State | 64,288 | 57,724 | 6,564 |
| C-MCO - National | (7,485,023) | (6,722,298) | (762,725) |
| C-MCO - State Sidebar Agreement | (544,274) | (488,812) | (55,462) |
| C-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| C-Increased ACA OFFSET - MCO - 100% | (408,565) | (408,565) | 0 |
| C-Dental Services | 2,342 | 2,103 | 239 |
| C-Vision Sevices | 0 | 0 | 0 |
| C-Other Practitioners | 1,689 | 1,516 | 173 |
| C-Clinic Services | 804 | 722 | 82 |
| C-Therapy Services | 0 | 0 | 0 |
| C-Laboratory/Radiological Services | 598 | 538 | 60 |
| C-Medical Equipment | 65 | 58 | 7 |
| C-Family Planning | 0 | 0 | 0 |
| C-Abortions | 0 | 0 | 0 |
| C-Screening Services | 2,500 | 2,245 | 255 |
| C-Home Health | 0 | 0 | 0 |
| C-Medicare Payments | 0 | 0 | 0 |
| C-Home And Community | 0 | 0 | 0 |
| C-Home and Community-Based Services - Regular Payment (WAIVER) | 0 | 0 | 0 |
| C-Hospice | 0 | 0 | 0 |
| C-Medical Transport | 804 | 722 | 82 |
| C-Case Management | 0 | 0 | 0 |
| C-Other Services | (5,119,178) | (4,534,396) | (584,782) |
| C-Balance | 80,764,490 | 72,556,102 | 8,208,388 |
| C-Collections | 0 | 0 | 0 |
| C-Total Net | 80,764,490 | 72,556,102 | 8,208,388 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Nevada

FMR M-CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| C-Premiums: Up To 150% - Gross Premiums Paid | 18,404,564 | 18,112,260 | 292,304 |
| C-Premiums: Up To 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Premiums: Over 150% - Gross Premiums Paid | 0 | 0 | 0 |
| C-Premiums: Over 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Inpatient Hospital Services - Reg. Payments | 256,371 | 252,294 | 4,077 |
| C-Inpatient Hospital Services - DSH | 0 | 0 | 0 |
| C-Inpatient Mental Health - Reg. Payment | 616,256 | 606,459 | 9,797 |
| C-Inpatient Mental Health - DSH | 0 | 0 | 0 |
| C-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| C-Nursing Care Services | 0 | 0 | 0 |
| C-Physician/Surgical | 483,962 | 476,273 | 7,689 |
| C-Outpatient Hospital Services | 235,510 | 231,766 | 3,744 |
| C-Outpatient Mental Health | 298,829 | 294,078 | 4,751 |
| C-Prescribed Drugs | 386,059 | 379,921 | 6,138 |
| C-Drug Rebate - National | (213,828) | (210,428) | (3,400) |
| C-Drug Rebate - State | (11,755) | (11,568) | (187) |
| C-MCO - National | (1,080,659) | (1,063,477) | (17,182) |
| C-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| C-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| C-Increased ACA OFFSET - MCO - 100% | 0 | 0 | 0 |
| C-Dental Services | 1,356,585 | 1,335,083 | 21,502 |
| C-Vision Sevices | 183,096 | 180,185 | 2,911 |
| C-Other Practitioners | 698,548 | 687,442 | 11,106 |
| C-Clinic Services | 625,846 | 615,896 | 9,950 |
| C-Therapy Services | 28,453 | 28,000 | 453 |
| C-Laboratory/Radiological Services | 13,826 | 13,607 | 219 |
| C-Medical Equipment | 16,474 | 16,213 | 261 |
| C-Family Planning | 0 | 0 | 0 |
| C-Abortions | 0 | 0 | 0 |
| C-Screening Services | 0 | 0 | 0 |
| C-Home Health | 0 | 0 | 0 |
| C-Medicare Payments | 0 | 0 | 0 |
| C-Home And Community | 0 | 0 | 0 |
| C-Home and Community-Based Services - Regular Payment (WAIVER) | 0 | 0 | 0 |
| C-Hospice | 0 | 0 | 0 |
| C-Medical Transport | 434,913 | 428,003 | 6,910 |
| C-Case Management | 207,800 | 204,499 | 3,301 |
| C-Other Services | 470,860 | 463,376 | 7,484 |
| C-Balance | 23,411,710 | 23,039,882 | 371,828 |
| C-Collections | 0 | 0 | 0 |
| C-Total Net | 23,411,710 | 23,039,882 | 371,828 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

New Hampshire

FMR M-CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| C-Premiums: Up To 150% - Gross Premiums Paid | 0 | 0 | 0 |
| C-Premiums: Up To 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Premiums: Over 150% - Gross Premiums Paid | 31,025,182 | 27,302,160 | 3,723,022 |
| C-Premiums: Over 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Inpatient Hospital Services - Reg. Payments | 211,226 | 185,879 | 25,347 |
| C-Inpatient Hospital Services - DSH | 0 | 0 | 0 |
| C-Inpatient Mental Health - Reg. Payment | 48,936 | 43,064 | 5,872 |
| C-Inpatient Mental Health - DSH | 0 | 0 | 0 |
| C-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| C-Nursing Care Services | 0 | 0 | 0 |
| C-Physician/Surgical | 114,138 | 100,441 | 13,697 |
| C-Outpatient Hospital Services | 162,937 | 143,384 | 19,553 |
| C-Outpatient Mental Health | 43,430 | 38,219 | 5,211 |
| C-Prescribed Drugs | 902,173 | 793,912 | 108,261 |
| C-Drug Rebate - National | (258,003) | (227,043) | (30,960) |
| C-Drug Rebate - State | (7,233) | (6,364) | (869) |
| C-MCO - National | (4,650,913) | (4,092,804) | (558,109) |
| C-MCO - State Sidebar Agreement | 558 | 491 | 67 |
| C-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| C-Increased ACA OFFSET - MCO - 100% | 0 | 0 | 0 |
| C-Dental Services | 4,036,371 | 3,552,006 | 484,365 |
| C-Vision Sevices | 3,730 | 3,283 | 447 |
| C-Other Practitioners | 30,972 | 27,256 | 3,716 |
| C-Clinic Services | 466,139 | 410,202 | 55,937 |
| C-Therapy Services | 6,632 | 5,836 | 796 |
| C-Laboratory/Radiological Services | 961 | 846 | 115 |
| C-Medical Equipment | 16,671 | 14,670 | 2,001 |
| C-Family Planning | 0 | 0 | 0 |
| C-Abortions | 0 | 0 | 0 |
| C-Screening Services | 32,596 | 28,684 | 3,912 |
| C-Home Health | 311 | 274 | 37 |
| C-Medicare Payments | 0 | 0 | 0 |
| C-Home And Community | 0 | 0 | 0 |
| C-Home and Community-Based Services - Regular Payment (WAIVER) | 0 | 0 | 0 |
| C-Hospice | 0 | 0 | 0 |
| C-Medical Transport | 56,608 | 49,815 | 6,793 |
| C-Case Management | 585,888 | 515,582 | 70,306 |
| C-Other Services | 1,106,239 | 973,490 | 132,749 |
| C-Balance | 33,935,549 | 29,863,283 | 4,072,266 |
| C-Collections | 0 | 0 | 0 |
| C-Total Net | 33,935,549 | 29,863,283 | 4,072,266 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

New Jersey

FMR M-CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| C-Premiums: Up To 150% - Gross Premiums Paid | 194,380,086 | 171,054,476 | 23,325,610 |
| C-Premiums: Up To 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Premiums: Over 150% - Gross Premiums Paid | 0 | 0 | 0 |
| C-Premiums: Over 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Inpatient Hospital Services - Reg. Payments | 3,028,130 | 2,664,754 | 363,376 |
| C-Inpatient Hospital Services - DSH | 0 | 0 | 0 |
| C-Inpatient Mental Health - Reg. Payment | 6,327,048 | 5,567,802 | 759,246 |
| C-Inpatient Mental Health - DSH | 0 | 0 | 0 |
| C-Certified Community Behavior Health Clinic Payments | 931,553 | 819,766 | 111,787 |
| C-Nursing Care Services | 808 | 711 | 97 |
| C-Physician/Surgical | 756,967 | 666,131 | 90,836 |
| C-Outpatient Hospital Services | 5,412,332 | 4,762,852 | 649,480 |
| C-Outpatient Mental Health | 565,932 | 498,021 | 67,911 |
| C-Prescribed Drugs | 224,253 | 197,343 | 26,910 |
| C-Drug Rebate - National | (114,422) | (100,691) | (13,731) |
| C-Drug Rebate - State | 0 | 0 | 0 |
| C-MCO - National | 0 | 0 | 0 |
| C-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| C-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| C-Increased ACA OFFSET - MCO - 100% | 0 | 0 | 0 |
| C-Dental Services | 265,673 | 233,793 | 31,880 |
| C-Vision Services | 0 | 0 | 0 |
| C-Other Practitioners | 307,180 | 270,318 | 36,862 |
| C-Clinic Services | 4,539,408 | 3,994,680 | 544,728 |
| C-Therapy Services | 0 | 0 | 0 |
| C-Laboratory/Radiological Services | 407,302 | 358,425 | 48,877 |
| C-Medical Equipment | 17,290 | 15,216 | 2,074 |
| C-Family Planning | 0 | 0 | 0 |
| C-Abortions | 0 | 0 | 0 |
| C-Screening Services | 47,447 | 41,754 | 5,693 |
| C-Home Health | 1,458 | 1,283 | 175 |
| C-Medicare Payments | 0 | 0 | 0 |
| C-Home And Community | 381 | 335 | 46 |
| C-Home and Community-Based Services - Regular Payment (WAIVER) | 0 | 0 | 0 |
| C-Hospice | 0 | 0 | 0 |
| C-Medical Transport | 9,638,642 | 8,482,005 | 1,156,637 |
| C-Case Management | 4,880 | 4,294 | 586 |
| C-Other Services | 37,186,545 | 32,724,159 | 4,462,386 |
| C-Balance | 263,928,893 | 232,257,427 | 31,671,466 |
| C-Collections | 0 | 0 | 0 |
| C-Total Net | 263,928,893 | 232,257,427 | 31,671,466 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

New Mexico

FMR M-CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| C-Premiums: Up To 150% - Gross Premiums Paid | 0 | 0 | 0 |
| C-Premiums: Up To 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Premiums: Over 150% - Gross Premiums Paid | 96,282,172 | 96,282,172 | 0 |
| C-Premiums: Over 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Inpatient Hospital Services - Reg. Payments | 718,341 | 718,341 | 0 |
| C-Inpatient Hospital Services - DSH | 0 | 0 | 0 |
| C-Inpatient Mental Health - Reg. Payment | 91,618 | 91,618 | 0 |
| C-Inpatient Mental Health - DSH | 0 | 0 | 0 |
| C-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| C-Nursing Care Services | 0 | 0 | 0 |
| C-Physician/Surgical | 279,940 | 279,940 | 0 |
| C-Outpatient Hospital Services | 655,448 | 655,448 | 0 |
| C-Outpatient Mental Health | 0 | 0 | 0 |
| C-Prescribed Drugs | 318,250 | 318,250 | 0 |
| C-Drug Rebate - National | (364,332) | (360,246) | (4,086) |
| C-Drug Rebate - State | 0 | 0 | 0 |
| C-MCO - National | (2,617,760) | (2,675,770) | 58,010 |
| C-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| C-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| C-Increased ACA OFFSET - MCO - 100% | 0 | 0 | 0 |
| C-Dental Services | 793,210 | 793,210 | 0 |
| C-Vision Sevices | 102,417 | 102,417 | 0 |
| C-Other Practitioners | 149,530 | 149,530 | 0 |
| C-Clinic Services | 88,097 | 88,097 | 0 |
| C-Therapy Services | 1,236,550 | 1,236,550 | 0 |
| C-Laboratory/Radiological Services | 40,122 | 40,122 | 0 |
| C-Medical Equipment | 20,168 | 20,168 | 0 |
| C-Family Planning | 0 | 0 | 0 |
| C-Abortions | 0 | 0 | 0 |
| C-Screening Services | 70,730 | 70,730 | 0 |
| C-Home Health | 0 | 0 | 0 |
| C-Medicare Payments | 276 | 276 | 0 |
| C-Home And Community | 0 | 0 | 0 |
| C-Home and Community-Based Services - Regular Payment (WAIVER) | 0 | 0 | 0 |
| C-Hospice | 0 | 0 | 0 |
| C-Medical Transport | 78,886 | 78,886 | 0 |
| C-Case Management | 9,067 | 9,067 | 0 |
| C-Other Services | 2,288,547 | 2,288,547 | 0 |
| C-Balance | 100,241,277 | 100,187,353 | 53,924 |
| C-Collections | 0 | 0 | 0 |
| C-Total Net | 100,241,277 | 100,187,353 | 53,924 |

Medicaid Financial Management Report - Net CHIP Expenditures

**FY 2019
National
New York**

FMR M-CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| C-Premiums: Up To 150% - Gross Premiums Paid | 707,978,146 | 623,020,768 | 84,957,378 |
| C-Premiums: Up To 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Premiums: Over 150% - Gross Premiums Paid | 0 | 0 | 0 |
| C-Premiums: Over 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Inpatient Hospital Services - Reg. Payments | 0 | 0 | 0 |
| C-Inpatient Hospital Services - DSH | 0 | 0 | 0 |
| C-Inpatient Mental Health - Reg. Payment | 9,961,251 | 8,765,901 | 1,195,350 |
| C-Inpatient Mental Health - DSH | 0 | 0 | 0 |
| C-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| C-Nursing Care Services | 341,729 | 300,722 | 41,007 |
| C-Physician/Surgical | 1,393,633 | 1,226,397 | 167,236 |
| C-Outpatient Hospital Services | 14,811,087 | 13,033,757 | 1,777,330 |
| C-Outpatient Mental Health | 0 | 0 | 0 |
| C-Prescribed Drugs | 2,399,200 | 2,111,297 | 287,903 |
| C-Drug Rebate - National | 0 | 0 | 0 |
| C-Drug Rebate - State | 0 | 0 | 0 |
| C-MCO - National | 0 | 0 | 0 |
| C-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| C-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| C-Increased ACA OFFSET - MCO - 100% | 0 | 0 | 0 |
| C-Dental Services | 706,858 | 622,036 | 84,822 |
| C-Vision Sevices | 0 | 0 | 0 |
| C-Other Practitioners | 424,482 | 373,544 | 50,938 |
| C-Clinic Services | 34,529,483 | 30,385,946 | 4,143,537 |
| C-Therapy Services | 0 | 0 | 0 |
| C-Laboratory/Radiological Services | 292,994 | 257,836 | 35,158 |
| C-Medical Equipment | 0 | 0 | 0 |
| C-Family Planning | 0 | 0 | 0 |
| C-Abortions | 0 | 0 | 0 |
| C-Screening Services | 207,109 | 182,256 | 24,853 |
| C-Home Health | 2,212,869 | 1,947,324 | 265,545 |
| C-Medicare Payments | 0 | 0 | 0 |
| C-Home And Community | 0 | 0 | 0 |
| C-Home and Community-Based Services - Regular Payment (WAIVER) | 6,219,056 | 5,472,768 | 746,288 |
| C-Hospice | 0 | 0 | 0 |
| C-Medical Transport | 0 | 0 | 0 |
| C-Case Management | 266,258 | 234,307 | 31,951 |
| C-Other Services | 32,888,145 | 28,941,568 | 3,946,577 |
| C-Balance | 814,632,300 | 716,876,427 | 97,755,873 |
| C-Collections | 0 | 0 | 0 |
| C-Total Net | 814,632,300 | 716,876,427 | 97,755,873 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

North Carolina

FMR M-CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| C-Premiums: Up To 150% - Gross Premiums Paid | 61,058,315 | 61,058,558 | (243) |
| C-Premiums: Up To 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Premiums: Over 150% - Gross Premiums Paid | 0 | 0 | 0 |
| C-Premiums: Over 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Inpatient Hospital Services - Reg. Payments | 11,378,487 | 11,382,611 | (4,124) |
| C-Inpatient Hospital Services - DSH | 0 | 0 | 0 |
| C-Inpatient Mental Health - Reg. Payment | 3,485 | 3,485 | 0 |
| C-Inpatient Mental Health - DSH | 0 | 0 | 0 |
| C-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| C-Nursing Care Services | 874,503 | 874,572 | (69) |
| C-Physician/Surgical | 56,507,625 | 56,514,490 | (6,865) |
| C-Outpatient Hospital Services | 36,230,147 | 36,234,209 | (4,062) |
| C-Outpatient Mental Health | 0 | 0 | 0 |
| C-Prescribed Drugs | 73,894,942 | 73,894,968 | (26) |
| C-Drug Rebate - National | (41,732,778) | (41,732,778) | 0 |
| C-Drug Rebate - State | 0 | 0 | 0 |
| C-MCO - National | 0 | 0 | 0 |
| C-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| C-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| C-Increased ACA OFFSET - MCO - 100% | 0 | 0 | 0 |
| C-Dental Services | 41,280,334 | 41,282,639 | (2,305) |
| C-Vision Sevices | 0 | 0 | 0 |
| C-Other Practitioners | 3,302,319 | 3,302,511 | (192) |
| C-Clinic Services | 3,882,206 | 3,882,266 | (60) |
| C-Therapy Services | 0 | 0 | 0 |
| C-Laboratory/Radiological Services | 2,487,707 | 2,487,855 | (148) |
| C-Medical Equipment | 6,133,658 | 6,133,860 | (202) |
| C-Family Planning | 1,691,974 | 1,692,009 | (35) |
| C-Abortions | 375 | 375 | 0 |
| C-Screening Services | 10,424,612 | 10,425,888 | (1,276) |
| C-Home Health | 118,829 | 118,829 | 0 |
| C-Medicare Payments | 0 | 0 | 0 |
| C-Home And Community | 42,486 | 42,486 | 0 |
| C-Home and Community-Based Services - Regular Payment (WAIVER) | 0 | 0 | 0 |
| C-Hospice | 0 | 0 | 0 |
| C-Medical Transport | 697,518 | 697,572 | (54) |
| C-Case Management | 2,358,762 | 2,358,762 | 0 |
| C-Other Services | 35,917,401 | 35,918,502 | (1,101) |
| C-Balance | 306,552,907 | 306,573,669 | (20,762) |
| C-Collections | 0 | 0 | 0 |
| C-Total Net | 306,552,907 | 306,573,669 | (20,762) |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

North Dakota

FMR M-CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| C-Premiums: Up To 150% - Gross Premiums Paid | 0 | 0 | 0 |
| C-Premiums: Up To 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Premiums: Over 150% - Gross Premiums Paid | 0 | 0 | 0 |
| C-Premiums: Over 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Inpatient Hospital Services - Reg. Payments | 0 | 0 | 0 |
| C-Inpatient Hospital Services - DSH | 0 | 0 | 0 |
| C-Inpatient Mental Health - Reg. Payment | 0 | 0 | 0 |
| C-Inpatient Mental Health - DSH | 0 | 0 | 0 |
| C-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| C-Nursing Care Services | 0 | 0 | 0 |
| C-Physician/Surgical | 0 | 0 | 0 |
| C-Outpatient Hospital Services | 0 | 0 | 0 |
| C-Outpatient Mental Health | 0 | 0 | 0 |
| C-Prescribed Drugs | 0 | 0 | 0 |
| C-Drug Rebate - National | (549,602) | (483,650) | (65,952) |
| C-Drug Rebate - State | (32,576) | (28,667) | (3,909) |
| C-MCO - National | 0 | 0 | 0 |
| C-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| C-Increased ACA OFFSET - Fee for Service | (22,672) | (22,672) | 0 |
| C-Increased ACA OFFSET - MCO - 100% | 0 | 0 | 0 |
| C-Dental Services | 0 | 0 | 0 |
| C-Vision Sevices | 0 | 0 | 0 |
| C-Other Practitioners | 0 | 0 | 0 |
| C-Clinic Services | 0 | 0 | 0 |
| C-Therapy Services | 0 | 0 | 0 |
| C-Laboratory/Radiological Services | 0 | 0 | 0 |
| C-Medical Equipment | 0 | 0 | 0 |
| C-Family Planning | 0 | 0 | 0 |
| C-Abortions | 0 | 0 | 0 |
| C-Screening Services | 0 | 0 | 0 |
| C-Home Health | 0 | 0 | 0 |
| C-Medicare Payments | 0 | 0 | 0 |
| C-Home And Community | 0 | 0 | 0 |
| C-Home and Community-Based Services - Regular Payment (WAIVER) | 0 | 0 | 0 |
| C-Hospice | 0 | 0 | 0 |
| C-Medical Transport | 0 | 0 | 0 |
| C-Case Management | 0 | 0 | 0 |
| C-Other Services | 19,662,877 | 17,303,332 | 2,359,545 |
| C-Balance | 19,058,027 | 16,768,343 | 2,289,684 |
| C-Collections | 0 | 0 | 0 |
| C-Total Net | 19,058,027 | 16,768,343 | 2,289,684 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Ohio

FMR M-CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| C-Premiums: Up To 150% - Gross Premiums Paid | 270,391,040 | 262,711,933 | 7,679,107 |
| C-Premiums: Up To 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Premiums: Over 150% - Gross Premiums Paid | 228,398,454 | 221,911,937 | 6,486,517 |
| C-Premiums: Over 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Inpatient Hospital Services - Reg. Payments | 9,882,989 | 9,602,312 | 280,677 |
| C-Inpatient Hospital Services - DSH | 0 | 0 | 0 |
| C-Inpatient Mental Health - Reg. Payment | 332,618 | 323,172 | 9,446 |
| C-Inpatient Mental Health - DSH | 0 | 0 | 0 |
| C-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| C-Nursing Care Services | 22,955 | 22,302 | 653 |
| C-Physician/Surgical | 4,349,595 | 4,226,067 | 123,528 |
| C-Outpatient Hospital Services | 1,514,813 | 1,471,792 | 43,021 |
| C-Outpatient Mental Health | 0 | 0 | 0 |
| C-Prescribed Drugs | 1,857,371 | 1,804,622 | 52,749 |
| C-Drug Rebate - National | (1,305,609) | (1,267,795) | (37,814) |
| C-Drug Rebate - State | (35,869) | (34,827) | (1,042) |
| C-MCO - National | (66,085,811) | (64,154,845) | (1,930,966) |
| C-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| C-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| C-Increased ACA OFFSET - MCO - 100% | 0 | 0 | 0 |
| C-Dental Services | 1,432,426 | 1,391,745 | 40,681 |
| C-Vision Sevices | 0 | 0 | 0 |
| C-Other Practitioners | 702,216 | 682,273 | 19,943 |
| C-Clinic Services | 2,943,705 | 2,859,415 | 84,290 |
| C-Therapy Services | 0 | 0 | 0 |
| C-Laboratory/Radiological Services | 20,757 | 20,167 | 590 |
| C-Medical Equipment | 0 | 0 | 0 |
| C-Family Planning | 0 | 0 | 0 |
| C-Abortions | 0 | 0 | 0 |
| C-Screening Services | 0 | 0 | 0 |
| C-Home Health | 2,329,299 | 2,263,155 | 66,144 |
| C-Medicare Payments | 0 | 0 | 0 |
| C-Home And Community | 0 | 0 | 0 |
| C-Home and Community-Based Services - Regular Payment (WAIVER) | 2,485,185 | 2,414,604 | 70,581 |
| C-Hospice | 53,513 | 51,993 | 1,520 |
| C-Medical Transport | 0 | 0 | 0 |
| C-Case Management | 817,898 | 823,456 | (5,558) |
| C-Other Services | 37,740,980 | 35,816,164 | 1,924,816 |
| C-Balance | 497,848,525 | 482,939,642 | 14,908,883 |
| C-Collections | 0 | 0 | 0 |
| C-Total Net | 497,848,525 | 482,939,642 | 14,908,883 |

Medicaid Financial Management Report - Net CHIP Expenditures

**FY 2019
National
Oklahoma**

FMR M-CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| C-Premiums: Up To 150% - Gross Premiums Paid | 2,464,410 | 2,382,345 | 82,065 |
| C-Premiums: Up To 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Premiums: Over 150% - Gross Premiums Paid | 2,278,167 | 2,202,305 | 75,862 |
| C-Premiums: Over 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Inpatient Hospital Services - Reg. Payments | 15,473,259 | 14,957,817 | 515,442 |
| C-Inpatient Hospital Services - DSH | 0 | 0 | 0 |
| C-Inpatient Mental Health - Reg. Payment | 10,292,404 | 9,949,368 | 343,036 |
| C-Inpatient Mental Health - DSH | 0 | 0 | 0 |
| C-Certified Community Behavior Health Clinic Payments | 8,811,164 | 8,517,736 | 293,428 |
| C-Nursing Care Services | 0 | 0 | 0 |
| C-Physician/Surgical | 44,096,127 | 42,625,320 | 1,470,807 |
| C-Outpatient Hospital Services | 28,366,090 | 27,421,269 | 944,821 |
| C-Outpatient Mental Health | 378 | 366 | 12 |
| C-Prescribed Drugs | 78,448,571 | 75,836,232 | 2,612,339 |
| C-Drug Rebate - National | (30,930,203) | (29,900,227) | (1,029,976) |
| C-Drug Rebate - State | (4,292,942) | (4,149,987) | (142,955) |
| C-MCO - National | 0 | 0 | 0 |
| C-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| C-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| C-Increased ACA OFFSET - MCO - 100% | 0 | 0 | 0 |
| C-Dental Services | 35,321,300 | 34,145,099 | 1,176,201 |
| C-Vision Sevices | 6,737,136 | 6,512,788 | 224,348 |
| C-Other Practitioners | 3,809,055 | 3,682,165 | 126,890 |
| C-Clinic Services | 36,765,306 | 35,539,128 | 1,226,178 |
| C-Therapy Services | 138,839 | 134,215 | 4,624 |
| C-Laboratory/Radiological Services | 5,567,356 | 5,381,865 | 185,491 |
| C-Medical Equipment | 3,386,663 | 3,273,883 | 112,780 |
| C-Family Planning | 0 | 0 | 0 |
| C-Abortions | 0 | 0 | 0 |
| C-Screening Services | 5,909,133 | 5,712,359 | 196,774 |
| C-Home Health | 1,290,784 | 1,247,801 | 42,983 |
| C-Medicare Payments | 0 | 0 | 0 |
| C-Home And Community | 16,539 | 15,983 | 556 |
| C-Home and Community-Based Services - Regular Payment (WAIVER) | 0 | 0 | 0 |
| C-Hospice | 0 | 0 | 0 |
| C-Medical Transport | 1,465,105 | 1,416,201 | 48,904 |
| C-Case Management | 533,057 | 515,305 | 17,752 |
| C-Other Services | 9,258,459 | 8,950,144 | 308,315 |
| C-Balance | 265,206,157 | 256,369,480 | 8,836,677 |
| C-Collections | 0 | 0 | 0 |
| C-Total Net | 265,206,157 | 256,369,480 | 8,836,677 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Oregon

FMR M-CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| C-Premiums: Up To 150% - Gross Premiums Paid | 108,016,023 | 104,501,015 | 3,515,008 |
| C-Premiums: Up To 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Premiums: Over 150% - Gross Premiums Paid | 0 | 0 | 0 |
| C-Premiums: Over 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Inpatient Hospital Services - Reg. Payments | 425,005 | 411,851 | 13,154 |
| C-Inpatient Hospital Services - DSH | 0 | 0 | 0 |
| C-Inpatient Mental Health - Reg. Payment | 68,313 | 66,120 | 2,193 |
| C-Inpatient Mental Health - DSH | 0 | 0 | 0 |
| C-Certified Community Behavior Health Clinic Payments | 2,227,291 | 2,155,796 | 71,495 |
| C-Nursing Care Services | 0 | 0 | 0 |
| C-Physician/Surgical | 163,606 | 158,233 | 5,373 |
| C-Outpatient Hospital Services | 1,863,857 | 1,804,448 | 59,409 |
| C-Outpatient Mental Health | 0 | 0 | 0 |
| C-Prescribed Drugs | 1,212,352 | 1,180,673 | 31,679 |
| C-Drug Rebate - National | (658,673) | (639,283) | (19,390) |
| C-Drug Rebate - State | (19,919) | (19,332) | (587) |
| C-MCO - National | 0 | 0 | 0 |
| C-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| C-Increased ACA OFFSET - Fee for Service | 421 | 421 | 0 |
| C-Increased ACA OFFSET - MCO - 100% | 0 | 0 | 0 |
| C-Dental Services | 76,924 | 74,455 | 2,469 |
| C-Vision Sevices | 49,822 | 48,224 | 1,598 |
| C-Other Practitioners | 170,211 | 164,728 | 5,483 |
| C-Clinic Services | 1,165,670 | 1,131,932 | 33,738 |
| C-Therapy Services | 0 | 0 | 0 |
| C-Laboratory/Radiological Services | 47,388 | 45,865 | 1,523 |
| C-Medical Equipment | (100) | (98) | (2) |
| C-Family Planning | 0 | 0 | 0 |
| C-Abortions | 0 | 0 | 0 |
| C-Screening Services | 419,123 | 405,631 | 13,492 |
| C-Home Health | 166,712 | 161,361 | 5,351 |
| C-Medicare Payments | 0 | 0 | 0 |
| C-Home And Community | 32,669 | 31,615 | 1,054 |
| C-Home and Community-Based Services - Regular Payment (WAIVER) | 0 | 0 | 0 |
| C-Hospice | 3,145 | 3,044 | 101 |
| C-Medical Transport | 140,925 | 136,397 | 4,528 |
| C-Case Management | 93,110 | 90,198 | 2,912 |
| C-Other Services | 5,174,009 | 5,007,643 | 166,366 |
| C-Balance | 120,837,884 | 116,920,937 | 3,916,947 |
| C-Collections | 0 | 0 | 0 |
| C-Total Net | 120,837,884 | 116,920,937 | 3,916,947 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Pennsylvania

FMR M-CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| C-Premiums: Up To 150% - Gross Premiums Paid | 330,355,457 | 295,934,405 | 34,421,052 |
| C-Premiums: Up To 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Premiums: Over 150% - Gross Premiums Paid | 0 | 0 | 0 |
| C-Premiums: Over 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Inpatient Hospital Services - Reg. Payments | 584,718 | 523,792 | 60,926 |
| C-Inpatient Hospital Services - DSH | 0 | 0 | 0 |
| C-Inpatient Mental Health - Reg. Payment | 227,375 | 203,767 | 23,608 |
| C-Inpatient Mental Health - DSH | 0 | 0 | 0 |
| C-Certified Community Behavior Health Clinic Payments | 855,799 | 765,524 | 90,275 |
| C-Nursing Care Services | 0 | 0 | 0 |
| C-Physician/Surgical | 265,433 | 237,775 | 27,658 |
| C-Outpatient Hospital Services | 299,240 | 268,059 | 31,181 |
| C-Outpatient Mental Health | 49,708 | 44,528 | 5,180 |
| C-Prescribed Drugs | 706,523 | 632,736 | 73,787 |
| C-Drug Rebate - National | (480,977) | (430,858) | (50,119) |
| C-Drug Rebate - State | (19,965) | (17,885) | (2,080) |
| C-MCO - National | (17,882,719) | (16,019,340) | (1,863,379) |
| C-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| C-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| C-Increased ACA OFFSET - MCO - 100% | 0 | 0 | 0 |
| C-Dental Services | 259,349 | 232,325 | 27,024 |
| C-Vision Sevices | 3,182 | 2,851 | 331 |
| C-Other Practitioners | 8,025 | 7,189 | 836 |
| C-Clinic Services | 192,526 | 172,465 | 20,061 |
| C-Therapy Services | 10,734 | 9,615 | 1,119 |
| C-Laboratory/Radiological Services | 10,632 | 9,523 | 1,109 |
| C-Medical Equipment | 13,138 | 11,771 | 1,367 |
| C-Family Planning | 0 | 0 | 0 |
| C-Abortions | 0 | 0 | 0 |
| C-Screening Services | 75,694 | 67,806 | 7,888 |
| C-Home Health | 212,576 | 190,425 | 22,151 |
| C-Medicare Payments | 0 | 0 | 0 |
| C-Home And Community | 36,361 | 32,573 | 3,788 |
| C-Home and Community-Based Services - Regular Payment (WAIVER) | 0 | 0 | 0 |
| C-Hospice | 1,797 | 1,610 | 187 |
| C-Medical Transport | 1,299,691 | 1,164,264 | 135,427 |
| C-Case Management | 197,120 | 176,580 | 20,540 |
| C-Other Services | 279,673 | 250,531 | 29,142 |
| C-Balance | 317,561,090 | 284,472,031 | 33,089,059 |
| C-Collections | 0 | 0 | 0 |
| C-Total Net | 317,561,090 | 284,472,031 | 33,089,059 |

Medicaid Financial Management Report - Net CHIP Expenditures

**FY 2019
National
Puerto Rico**

FMR M-CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| C-Premiums: Up To 150% - Gross Premiums Paid | 101,735,027 | 94,287,868 | 7,447,159 |
| C-Premiums: Up To 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Premiums: Over 150% - Gross Premiums Paid | 0 | 0 | 0 |
| C-Premiums: Over 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Inpatient Hospital Services - Reg. Payments | 0 | 0 | 0 |
| C-Inpatient Hospital Services - DSH | 0 | 0 | 0 |
| C-Inpatient Mental Health - Reg. Payment | 0 | 0 | 0 |
| C-Inpatient Mental Health - DSH | 0 | 0 | 0 |
| C-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| C-Nursing Care Services | 0 | 0 | 0 |
| C-Physician/Surgical | 0 | 0 | 0 |
| C-Outpatient Hospital Services | 0 | 0 | 0 |
| C-Outpatient Mental Health | 0 | 0 | 0 |
| C-Prescribed Drugs | 0 | 0 | 0 |
| C-Drug Rebate - National | 0 | 0 | 0 |
| C-Drug Rebate - State | 0 | 0 | 0 |
| C-MCO - National | 0 | 0 | 0 |
| C-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| C-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| C-Increased ACA OFFSET - MCO - 100% | 0 | 0 | 0 |
| C-Dental Services | 0 | 0 | 0 |
| C-Vision Sevices | 0 | 0 | 0 |
| C-Other Practitioners | 0 | 0 | 0 |
| C-Clinic Services | 0 | 0 | 0 |
| C-Therapy Services | 0 | 0 | 0 |
| C-Laboratory/Radiological Services | 0 | 0 | 0 |
| C-Medical Equipment | 0 | 0 | 0 |
| C-Family Planning | 0 | 0 | 0 |
| C-Abortions | 0 | 0 | 0 |
| C-Screening Services | 0 | 0 | 0 |
| C-Home Health | 0 | 0 | 0 |
| C-Medicare Payments | 0 | 0 | 0 |
| C-Home And Community | 0 | 0 | 0 |
| C-Home and Community-Based Services - Regular Payment (WAIVER) | 0 | 0 | 0 |
| C-Hospice | 0 | 0 | 0 |
| C-Medical Transport | 0 | 0 | 0 |
| C-Case Management | 0 | 0 | 0 |
| C-Other Services | 0 | 0 | 0 |
| C-Balance | 101,735,027 | 94,287,868 | 7,447,159 |
| C-Collections | 0 | 0 | 0 |
| C-Total Net | 101,735,027 | 94,287,868 | 7,447,159 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Rhode Island

FMR M-CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| C-Premiums: Up To 150% - Gross Premiums Paid | 112,257,311 | 100,701,478 | 11,555,833 |
| C-Premiums: Up To 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Premiums: Over 150% - Gross Premiums Paid | 0 | 0 | 0 |
| C-Premiums: Over 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Inpatient Hospital Services - Reg. Payments | 0 | 0 | 0 |
| C-Inpatient Hospital Services - DSH | 0 | 0 | 0 |
| C-Inpatient Mental Health - Reg. Payment | 0 | 0 | 0 |
| C-Inpatient Mental Health - DSH | 0 | 0 | 0 |
| C-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| C-Nursing Care Services | 0 | 0 | 0 |
| C-Physician/Surgical | 0 | 0 | 0 |
| C-Outpatient Hospital Services | 0 | 0 | 0 |
| C-Outpatient Mental Health | 0 | 0 | 0 |
| C-Prescribed Drugs | 0 | 0 | 0 |
| C-Drug Rebate - National | 0 | 0 | 0 |
| C-Drug Rebate - State | 0 | 0 | 0 |
| C-MCO - National | (3,442,711) | (3,091,555) | (351,156) |
| C-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| C-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| C-Increased ACA OFFSET - MCO - 100% | (140,862) | (140,862) | 0 |
| C-Dental Services | 0 | 0 | 0 |
| C-Vision Sevices | 0 | 0 | 0 |
| C-Other Practitioners | 0 | 0 | 0 |
| C-Clinic Services | 0 | 0 | 0 |
| C-Therapy Services | 0 | 0 | 0 |
| C-Laboratory/Radiological Services | 0 | 0 | 0 |
| C-Medical Equipment | 0 | 0 | 0 |
| C-Family Planning | 0 | 0 | 0 |
| C-Abortions | 0 | 0 | 0 |
| C-Screening Services | 0 | 0 | 0 |
| C-Home Health | 0 | 0 | 0 |
| C-Medicare Payments | 0 | 0 | 0 |
| C-Home And Community | 0 | 0 | 0 |
| C-Home and Community-Based Services - Regular Payment (WAIVER) | 0 | 0 | 0 |
| C-Hospice | 0 | 0 | 0 |
| C-Medical Transport | 0 | 0 | 0 |
| C-Case Management | 0 | 0 | 0 |
| C-Other Services | 0 | 0 | 0 |
| C-Balance | 108,673,738 | 97,469,061 | 11,204,677 |
| C-Collections | 0 | 0 | 0 |
| C-Total Net | 108,673,738 | 97,469,061 | 11,204,677 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

South Carolina

FMR M-CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| C-Premiums: Up To 150% - Gross Premiums Paid | 152,160,572 | 152,160,572 | 0 |
| C-Premiums: Up To 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Premiums: Over 150% - Gross Premiums Paid | 0 | 0 | 0 |
| C-Premiums: Over 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Inpatient Hospital Services - Reg. Payments | 2,462,765 | 2,462,765 | 0 |
| C-Inpatient Hospital Services - DSH | 0 | 0 | 0 |
| C-Inpatient Mental Health - Reg. Payment | 396,162 | 396,162 | 0 |
| C-Inpatient Mental Health - DSH | 0 | 0 | 0 |
| C-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| C-Nursing Care Services | 1,246 | 1,246 | 0 |
| C-Physician/Surgical | 1,427,828 | 1,427,828 | 0 |
| C-Outpatient Hospital Services | 1,643,111 | 1,643,111 | 0 |
| C-Outpatient Mental Health | 0 | 0 | 0 |
| C-Prescribed Drugs | 1,231,971 | 1,231,971 | 0 |
| C-Drug Rebate - National | (2,933,890) | (2,933,890) | 0 |
| C-Drug Rebate - State | 0 | 0 | 0 |
| C-MCO - National | 0 | 0 | 0 |
| C-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| C-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| C-Increased ACA OFFSET - MCO - 100% | 0 | 0 | 0 |
| C-Dental Services | 20,478,985 | 20,478,985 | 0 |
| C-Vision Sevices | 0 | 0 | 0 |
| C-Other Practitioners | 306,117 | 306,117 | 0 |
| C-Clinic Services | 6,509,048 | 6,509,048 | 0 |
| C-Therapy Services | 248,705 | 248,705 | 0 |
| C-Laboratory/Radiological Services | 320,736 | 320,736 | 0 |
| C-Medical Equipment | 329,359 | 329,359 | 0 |
| C-Family Planning | 0 | 0 | 0 |
| C-Abortions | 0 | 0 | 0 |
| C-Screening Services | 292,189 | 292,189 | 0 |
| C-Home Health | 21,308 | 21,308 | 0 |
| C-Medicare Payments | 134 | 134 | 0 |
| C-Home And Community | 609,240 | 609,240 | 0 |
| C-Home and Community-Based Services - Regular Payment (WAIVER) | 0 | 0 | 0 |
| C-Hospice | 115,314 | 115,314 | 0 |
| C-Medical Transport | 0 | 0 | 0 |
| C-Case Management | 461,682 | 461,682 | 0 |
| C-Other Services | 3,230,653 | 3,230,653 | 0 |
| C-Balance | 189,313,235 | 189,313,235 | 0 |
| C-Collections | 0 | 0 | 0 |
| C-Total Net | 189,313,235 | 189,313,235 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

South Dakota

FMR M-CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| C-Premiums: Up To 150% - Gross Premiums Paid | (36,874) | (34,182) | (2,692) |
| C-Premiums: Up To 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Premiums: Over 150% - Gross Premiums Paid | 0 | 0 | 0 |
| C-Premiums: Over 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Inpatient Hospital Services - Reg. Payments | 3,976,798 | 3,689,845 | 286,953 |
| C-Inpatient Hospital Services - DSH | 0 | 0 | 0 |
| C-Inpatient Mental Health - Reg. Payment | 0 | 0 | 0 |
| C-Inpatient Mental Health - DSH | 0 | 0 | 0 |
| C-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| C-Nursing Care Services | 0 | 0 | 0 |
| C-Physician/Surgical | 4,318,423 | 4,003,179 | 315,244 |
| C-Outpatient Hospital Services | 4,561,851 | 4,228,836 | 333,015 |
| C-Outpatient Mental Health | 0 | 0 | 0 |
| C-Prescribed Drugs | 3,944,233 | 3,656,304 | 287,929 |
| C-Drug Rebate - National | (2,093,279) | (1,923,288) | (169,991) |
| C-Drug Rebate - State | (266,929) | (247,443) | (19,486) |
| C-MCO - National | 0 | 0 | 0 |
| C-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| C-Increased ACA OFFSET - Fee for Service | (102,587) | (102,587) | 0 |
| C-Increased ACA OFFSET - MCO - 100% | 0 | 0 | 0 |
| C-Dental Services | 3,795,194 | 3,518,145 | 277,049 |
| C-Vision Sevices | 83,976 | 77,845 | 6,131 |
| C-Other Practitioners | 2,766,680 | 2,564,713 | 201,967 |
| C-Clinic Services | 516,417 | 478,718 | 37,699 |
| C-Therapy Services | 0 | 0 | 0 |
| C-Laboratory/Radiological Services | 392,505 | 363,852 | 28,653 |
| C-Medical Equipment | 32,161 | 29,814 | 2,347 |
| C-Family Planning | 0 | 0 | 0 |
| C-Abortions | 0 | 0 | 0 |
| C-Screening Services | 47,624 | 44,147 | 3,477 |
| C-Home Health | 357,237 | 331,179 | 26,058 |
| C-Medicare Payments | 0 | 0 | 0 |
| C-Home And Community | 0 | 0 | 0 |
| C-Home and Community-Based Services - Regular Payment (WAIVER) | 0 | 0 | 0 |
| C-Hospice | 0 | 0 | 0 |
| C-Medical Transport | 165,980 | 153,864 | 12,116 |
| C-Case Management | (821) | (753) | (68) |
| C-Other Services | 567,350 | 526,296 | 41,054 |
| C-Balance | 23,025,939 | 21,358,484 | 1,667,455 |
| C-Collections | 0 | 0 | 0 |
| C-Total Net | 23,025,939 | 21,358,484 | 1,667,455 |

Medicaid Financial Management Report - Net CHIP Expenditures

**FY 2019
National
Tennessee**

FMR M-CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| C-Premiums: Up To 150% - Gross Premiums Paid | 60,693,255 | 60,153,099 | 540,156 |
| C-Premiums: Up To 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Premiums: Over 150% - Gross Premiums Paid | 0 | 0 | 0 |
| C-Premiums: Over 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Inpatient Hospital Services - Reg. Payments | 0 | 0 | 0 |
| C-Inpatient Hospital Services - DSH | 0 | 0 | 0 |
| C-Inpatient Mental Health - Reg. Payment | 0 | 0 | 0 |
| C-Inpatient Mental Health - DSH | 0 | 0 | 0 |
| C-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| C-Nursing Care Services | 0 | 0 | 0 |
| C-Physician/Surgical | 0 | 0 | 0 |
| C-Outpatient Hospital Services | 0 | 0 | 0 |
| C-Outpatient Mental Health | 0 | 0 | 0 |
| C-Prescribed Drugs | 12,046,909 | 11,939,691 | 107,218 |
| C-Drug Rebate - National | 0 | 0 | 0 |
| C-Drug Rebate - State | 0 | 0 | 0 |
| C-MCO - National | 0 | 0 | 0 |
| C-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| C-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| C-Increased ACA OFFSET - MCO - 100% | 0 | 0 | 0 |
| C-Dental Services | 6,115,271 | 6,060,844 | 54,427 |
| C-Vision Sevices | 0 | 0 | 0 |
| C-Other Practitioners | 0 | 0 | 0 |
| C-Clinic Services | 0 | 0 | 0 |
| C-Therapy Services | 0 | 0 | 0 |
| C-Laboratory/Radiological Services | 0 | 0 | 0 |
| C-Medical Equipment | 0 | 0 | 0 |
| C-Family Planning | 0 | 0 | 0 |
| C-Abortions | 0 | 0 | 0 |
| C-Screening Services | 0 | 0 | 0 |
| C-Home Health | 0 | 0 | 0 |
| C-Medicare Payments | 0 | 0 | 0 |
| C-Home And Community | 0 | 0 | 0 |
| C-Home and Community-Based Services - Regular Payment (WAIVER) | 0 | 0 | 0 |
| C-Hospice | 0 | 0 | 0 |
| C-Medical Transport | 0 | 0 | 0 |
| C-Case Management | 0 | 0 | 0 |
| C-Other Services | 0 | 0 | 0 |
| C-Balance | 78,855,435 | 78,153,634 | 701,801 |
| C-Collections | 0 | 0 | 0 |
| C-Total Net | 78,855,435 | 78,153,634 | 701,801 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Texas

FMR M-CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| C-Premiums: Up To 150% - Gross Premiums Paid | 554,468,118 | 519,703,576 | 34,764,542 |
| C-Premiums: Up To 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Premiums: Over 150% - Gross Premiums Paid | 28,840,225 | 27,031,943 | 1,808,282 |
| C-Premiums: Over 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Inpatient Hospital Services - Reg. Payments | 9,463,170 | 8,868,542 | 594,628 |
| C-Inpatient Hospital Services - DSH | 0 | 0 | 0 |
| C-Inpatient Mental Health - Reg. Payment | 21,809 | 20,442 | 1,367 |
| C-Inpatient Mental Health - DSH | 0 | 0 | 0 |
| C-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| C-Nursing Care Services | 420 | 392 | 28 |
| C-Physician/Surgical | 1,281,616 | 1,200,898 | 80,718 |
| C-Outpatient Hospital Services | 3,495,226 | 3,275,727 | 219,499 |
| C-Outpatient Mental Health | 0 | 0 | 0 |
| C-Prescribed Drugs | 2,943,936 | 2,759,352 | 184,584 |
| C-Drug Rebate - National | (1,497,217) | (1,404,668) | (92,549) |
| C-Drug Rebate - State | (136,897) | (128,312) | (8,585) |
| C-MCO - National | (53,838,435) | (50,464,145) | (3,374,290) |
| C-MCO - State Sidebar Agreement | (6,149,941) | (5,764,180) | (385,761) |
| C-Increased ACA OFFSET - Fee for Service | (36,641) | (36,641) | 0 |
| C-Increased ACA OFFSET - MCO - 100% | (1,232,406) | (1,232,406) | 0 |
| C-Dental Services | 7,054,589 | 6,612,183 | 442,406 |
| C-Vision Sevices | 0 | 0 | 0 |
| C-Other Practitioners | 1,836,756 | 1,721,512 | 115,244 |
| C-Clinic Services | 3,643 | 3,409 | 234 |
| C-Therapy Services | 0 | 0 | 0 |
| C-Laboratory/Radiological Services | 591,903 | 554,761 | 37,142 |
| C-Medical Equipment | 168,593 | 158,023 | 10,570 |
| C-Family Planning | 0 | 0 | 0 |
| C-Abortions | 0 | 0 | 0 |
| C-Screening Services | 1,855,922 | 1,739,527 | 116,395 |
| C-Home Health | 35,359 | 33,142 | 2,217 |
| C-Medicare Payments | 0 | 0 | 0 |
| C-Home And Community | 194,574 | 182,374 | 12,200 |
| C-Home and Community-Based Services - Regular Payment (WAIVER) | 252,242 | 236,276 | 15,966 |
| C-Hospice | 0 | 0 | 0 |
| C-Medical Transport | 0 | 0 | 0 |
| C-Case Management | 64,106 | 60,020 | 4,086 |
| C-Other Services | 13,216,003 | 12,373,272 | 842,731 |
| C-Balance | 562,896,673 | 527,505,019 | 35,391,654 |
| C-Collections | 0 | 0 | 0 |
| C-Total Net | 562,896,673 | 527,505,019 | 35,391,654 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Utah

FMR M-CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| C-Premiums: Up To 150% - Gross Premiums Paid | 61,782,130 | 61,782,130 | 0 |
| C-Premiums: Up To 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Premiums: Over 150% - Gross Premiums Paid | 0 | 0 | 0 |
| C-Premiums: Over 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Inpatient Hospital Services - Reg. Payments | 6,315,658 | 5,795,062 | 520,596 |
| C-Inpatient Hospital Services - DSH | 0 | 0 | 0 |
| C-Inpatient Mental Health - Reg. Payment | 1,454,669 | 1,454,669 | 0 |
| C-Inpatient Mental Health - DSH | 0 | 0 | 0 |
| C-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| C-Nursing Care Services | 734,986 | 734,986 | 0 |
| C-Physician/Surgical | 1,962,112 | 1,861,597 | 100,515 |
| C-Outpatient Hospital Services | 873,441 | 844,623 | 28,818 |
| C-Outpatient Mental Health | 1,714,784 | 1,714,553 | 231 |
| C-Prescribed Drugs | 4,294,519 | 4,291,297 | 3,222 |
| C-Drug Rebate - National | (2,363,343) | (2,361,551) | (1,792) |
| C-Drug Rebate - State | (209,707) | (209,549) | (158) |
| C-MCO - National | (3,096,117) | (3,095,449) | (668) |
| C-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| C-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| C-Increased ACA OFFSET - MCO - 100% | 0 | 0 | 0 |
| C-Dental Services | 1,449,055 | 1,446,700 | 2,355 |
| C-Vision Sevices | 75,095 | 75,036 | 59 |
| C-Other Practitioners | 164,489 | 161,928 | 2,561 |
| C-Clinic Services | 375,852 | 375,527 | 325 |
| C-Therapy Services | 14,906 | 14,881 | 25 |
| C-Laboratory/Radiological Services | 41,620 | 40,732 | 888 |
| C-Medical Equipment | 1,348 | 1,348 | 0 |
| C-Family Planning | 0 | 0 | 0 |
| C-Abortions | 0 | 0 | 0 |
| C-Screening Services | 2,344,114 | 2,344,114 | 0 |
| C-Home Health | 315,862 | 314,007 | 1,855 |
| C-Medicare Payments | 0 | 0 | 0 |
| C-Home And Community | 0 | 0 | 0 |
| C-Home and Community-Based Services - Regular Payment (WAIVER) | 2,497,295 | 2,497,295 | 0 |
| C-Hospice | 20,945 | 20,945 | 0 |
| C-Medical Transport | 557,244 | 557,244 | 0 |
| C-Case Management | 24,306 | 24,306 | 0 |
| C-Other Services | 4,580,268 | 4,510,096 | 70,172 |
| C-Balance | 85,925,531 | 85,196,527 | 729,004 |
| C-Collections | 0 | 0 | 0 |
| C-Total Net | 85,925,531 | 85,196,527 | 729,004 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Vermont

FMR M-CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| C-Premiums: Up To 150% - Gross Premiums Paid | 0 | 0 | 0 |
| C-Premiums: Up To 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Premiums: Over 150% - Gross Premiums Paid | 0 | 0 | 0 |
| C-Premiums: Over 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Inpatient Hospital Services - Reg. Payments | 1,534,859 | 1,392,424 | 142,435 |
| C-Inpatient Hospital Services - DSH | 0 | 0 | 0 |
| C-Inpatient Mental Health - Reg. Payment | 0 | 0 | 0 |
| C-Inpatient Mental Health - DSH | 0 | 0 | 0 |
| C-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| C-Nursing Care Services | 0 | 0 | 0 |
| C-Physician/Surgical | 498,028 | 451,811 | 46,217 |
| C-Outpatient Hospital Services | 928,424 | 842,267 | 86,157 |
| C-Outpatient Mental Health | 0 | 0 | 0 |
| C-Prescribed Drugs | 2,145,762 | 1,946,636 | 199,126 |
| C-Drug Rebate - National | (1,285,709) | (1,166,511) | (119,198) |
| C-Drug Rebate - State | 0 | 0 | 0 |
| C-MCO - National | 0 | 0 | 0 |
| C-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| C-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| C-Increased ACA OFFSET - MCO - 100% | 0 | 0 | 0 |
| C-Dental Services | 1,221,283 | 1,107,948 | 113,335 |
| C-Vision Sevices | 9,907 | 8,987 | 920 |
| C-Other Practitioners | 797,317 | 723,326 | 73,991 |
| C-Clinic Services | 1,440,253 | 1,306,598 | 133,655 |
| C-Therapy Services | 91,437 | 82,951 | 8,486 |
| C-Laboratory/Radiological Services | 90,181 | 81,811 | 8,370 |
| C-Medical Equipment | 188,579 | 171,078 | 17,501 |
| C-Family Planning | 56,827 | 51,554 | 5,273 |
| C-Abortions | 0 | 0 | 0 |
| C-Screening Services | 833,721 | 756,351 | 77,370 |
| C-Home Health | 40,235 | 36,501 | 3,734 |
| C-Medicare Payments | 0 | 0 | 0 |
| C-Home And Community | 137,072 | 124,351 | 12,721 |
| C-Home and Community-Based Services - Regular Payment (WAIVER) | 0 | 0 | 0 |
| C-Hospice | 39,896 | 36,194 | 3,702 |
| C-Medical Transport | 34,510 | 31,308 | 3,202 |
| C-Case Management | 579,736 | 525,936 | 53,800 |
| C-Other Services | 4,671,147 | 4,237,664 | 433,483 |
| C-Balance | 14,053,465 | 12,749,185 | 1,304,280 |
| C-Collections | 0 | 0 | 0 |
| C-Total Net | 14,053,465 | 12,749,185 | 1,304,280 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Virgin Islands

FMR M-CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| C-Premiums: Up To 150% - Gross Premiums Paid | 0 | 0 | 0 |
| C-Premiums: Up To 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Premiums: Over 150% - Gross Premiums Paid | 0 | 0 | 0 |
| C-Premiums: Over 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Inpatient Hospital Services - Reg. Payments | 6,597,088 | 6,036,336 | 560,752 |
| C-Inpatient Hospital Services - DSH | 0 | 0 | 0 |
| C-Inpatient Mental Health - Reg. Payment | 0 | 0 | 0 |
| C-Inpatient Mental Health - DSH | 0 | 0 | 0 |
| C-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| C-Nursing Care Services | 222,851 | 203,908 | 18,943 |
| C-Physician/Surgical | 1,788,983 | 1,636,919 | 152,064 |
| C-Outpatient Hospital Services | 1,947,787 | 1,782,226 | 165,561 |
| C-Outpatient Mental Health | 0 | 0 | 0 |
| C-Prescribed Drugs | 442,279 | 404,685 | 37,594 |
| C-Drug Rebate - National | 0 | 0 | 0 |
| C-Drug Rebate - State | 0 | 0 | 0 |
| C-MCO - National | 0 | 0 | 0 |
| C-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| C-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| C-Increased ACA OFFSET - MCO - 100% | 0 | 0 | 0 |
| C-Dental Services | 1,978,841 | 1,810,640 | 168,201 |
| C-Vision Sevices | 0 | 0 | 0 |
| C-Other Practitioners | 156,376 | 143,084 | 13,292 |
| C-Clinic Services | 0 | 0 | 0 |
| C-Therapy Services | 12,491 | 11,430 | 1,061 |
| C-Laboratory/Radiological Services | 57,600 | 52,704 | 4,896 |
| C-Medical Equipment | 161,554 | 147,822 | 13,732 |
| C-Family Planning | 0 | 0 | 0 |
| C-Abortions | 0 | 0 | 0 |
| C-Screening Services | 951,899 | 870,987 | 80,912 |
| C-Home Health | 10,343 | 9,464 | 879 |
| C-Medicare Payments | 0 | 0 | 0 |
| C-Home And Community | 0 | 0 | 0 |
| C-Home and Community-Based Services - Regular Payment (WAIVER) | 0 | 0 | 0 |
| C-Hospice | 0 | 0 | 0 |
| C-Medical Transport | 923,954 | 845,417 | 78,537 |
| C-Case Management | 0 | 0 | 0 |
| C-Other Services | 0 | 0 | 0 |
| C-Balance | 15,252,046 | 13,955,622 | 1,296,424 |
| C-Collections | 0 | 0 | 0 |
| C-Total Net | 15,252,046 | 13,955,622 | 1,296,424 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Virginia

FMR M-CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| C-Premiums: Up To 150% - Gross Premiums Paid | 168,720,419 | 148,473,970 | 20,246,449 |
| C-Premiums: Up To 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Premiums: Over 150% - Gross Premiums Paid | 0 | 0 | 0 |
| C-Premiums: Over 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Inpatient Hospital Services - Reg. Payments | 875,653 | 770,781 | 104,872 |
| C-Inpatient Hospital Services - DSH | 0 | 0 | 0 |
| C-Inpatient Mental Health - Reg. Payment | 2,468,683 | 2,172,442 | 296,241 |
| C-Inpatient Mental Health - DSH | 0 | 0 | 0 |
| C-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| C-Nursing Care Services | 0 | 0 | 0 |
| C-Physician/Surgical | 522,525 | 459,833 | 62,692 |
| C-Outpatient Hospital Services | 621,349 | 546,787 | 74,562 |
| C-Outpatient Mental Health | 1,063,355 | 935,751 | 127,604 |
| C-Prescribed Drugs | 501,177 | 441,037 | 60,140 |
| C-Drug Rebate - National | (2,267,026) | (1,994,982) | (272,044) |
| C-Drug Rebate - State | (49,464) | (43,527) | (5,937) |
| C-MCO - National | (11,014,590) | (9,692,839) | (1,321,751) |
| C-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| C-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| C-Increased ACA OFFSET - MCO - 100% | 0 | 0 | 0 |
| C-Dental Services | 23,042,566 | 20,277,458 | 2,765,108 |
| C-Vision Sevices | 20,762 | 18,270 | 2,492 |
| C-Other Practitioners | 119,857 | 105,474 | 14,383 |
| C-Clinic Services | 44,697 | 39,333 | 5,364 |
| C-Therapy Services | 9,558 | 8,412 | 1,146 |
| C-Laboratory/Radiological Services | 38,574 | 33,945 | 4,629 |
| C-Medical Equipment | 163,799 | 144,143 | 19,656 |
| C-Family Planning | 0 | 0 | 0 |
| C-Abortions | 0 | 0 | 0 |
| C-Screening Services | 61,744 | 54,336 | 7,408 |
| C-Home Health | 368 | 324 | 44 |
| C-Medicare Payments | 0 | 0 | 0 |
| C-Home And Community | 144,707 | 127,342 | 17,365 |
| C-Home and Community-Based Services - Regular Payment (WAIVER) | 193,946 | 170,672 | 23,274 |
| C-Hospice | (151) | (98) | (53) |
| C-Medical Transport | 60,480 | 53,264 | 7,216 |
| C-Case Management | 16,308 | 14,351 | 1,957 |
| C-Other Services | 13,922,053 | 12,251,611 | 1,670,442 |
| C-Balance | 199,281,349 | 175,368,090 | 23,913,259 |
| C-Collections | 0 | 0 | 0 |
| C-Total Net | 199,281,349 | 175,368,090 | 23,913,259 |

Medicaid Financial Management Report - Net CHIP Expenditures

**FY 2019
National
Washington**

FMR M-CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| C-Premiums: Up To 150% - Gross Premiums Paid | 18,730,761 | 16,483,068 | 2,247,693 |
| C-Premiums: Up To 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Premiums: Over 150% - Gross Premiums Paid | 0 | 0 | 0 |
| C-Premiums: Over 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Inpatient Hospital Services - Reg. Payments | 16,169 | 14,229 | 1,940 |
| C-Inpatient Hospital Services - DSH | 0 | 0 | 0 |
| C-Inpatient Mental Health - Reg. Payment | 630,100 | 554,489 | 75,611 |
| C-Inpatient Mental Health - DSH | 0 | 0 | 0 |
| C-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| C-Nursing Care Services | 0 | 0 | 0 |
| C-Physician/Surgical | 138,044 | 121,499 | 16,545 |
| C-Outpatient Hospital Services | 57,364 | 50,545 | 6,819 |
| C-Outpatient Mental Health | 0 | 0 | 0 |
| C-Prescribed Drugs | 27,394 | 24,107 | 3,287 |
| C-Drug Rebate - National | (28,609) | (25,176) | (3,433) |
| C-Drug Rebate - State | 0 | 0 | 0 |
| C-MCO - National | (445,639) | (392,162) | (53,477) |
| C-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| C-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| C-Increased ACA OFFSET - MCO - 100% | 0 | 0 | 0 |
| C-Dental Services | 1,757,223 | 1,546,485 | 210,738 |
| C-Vision Sevices | 37,073 | 32,624 | 4,449 |
| C-Other Practitioners | 8,091 | 7,120 | 971 |
| C-Clinic Services | 60,664 | 53,384 | 7,280 |
| C-Therapy Services | 0 | 0 | 0 |
| C-Laboratory/Radiological Services | 779 | 686 | 93 |
| C-Medical Equipment | 539 | 474 | 65 |
| C-Family Planning | 693 | 609 | 84 |
| C-Abortions | 0 | 0 | 0 |
| C-Screening Services | 1,163 | 1,023 | 140 |
| C-Home Health | 0 | 0 | 0 |
| C-Medicare Payments | 0 | 0 | 0 |
| C-Home And Community | 44,981 | 39,584 | 5,397 |
| C-Home and Community-Based Services - Regular Payment (WAIVER) | 0 | 0 | 0 |
| C-Hospice | 0 | 0 | 0 |
| C-Medical Transport | 0 | 0 | 0 |
| C-Case Management | 94,635 | 83,278 | 11,357 |
| C-Other Services | 4,963,570 | 4,367,965 | 595,605 |
| C-Balance | 26,094,995 | 22,963,831 | 3,131,164 |
| C-Collections | 0 | 0 | 0 |
| C-Total Net | 26,094,995 | 22,963,831 | 3,131,164 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

West Virginia

FMR M-CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| C-Premiums: Up To 150% - Gross Premiums Paid | 18,361,226 | 18,361,226 | 0 |
| C-Premiums: Up To 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Premiums: Over 150% - Gross Premiums Paid | 0 | 0 | 0 |
| C-Premiums: Over 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Inpatient Hospital Services - Reg. Payments | 137,221 | 137,221 | 0 |
| C-Inpatient Hospital Services - DSH | 0 | 0 | 0 |
| C-Inpatient Mental Health - Reg. Payment | 124,029 | 124,029 | 0 |
| C-Inpatient Mental Health - DSH | 0 | 0 | 0 |
| C-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| C-Nursing Care Services | 0 | 0 | 0 |
| C-Physician/Surgical | 115,252 | 115,252 | 0 |
| C-Outpatient Hospital Services | 102,077 | 102,077 | 0 |
| C-Outpatient Mental Health | 35,216 | 35,216 | 0 |
| C-Prescribed Drugs | 8,070,089 | 8,070,089 | 0 |
| C-Drug Rebate - National | (4,643,622) | (4,643,622) | 0 |
| C-Drug Rebate - State | (390,279) | (390,279) | 0 |
| C-MCO - National | (35,931) | (35,931) | 0 |
| C-MCO - State Sidebar Agreement | 1,285 | 1,285 | 0 |
| C-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| C-Increased ACA OFFSET - MCO - 100% | 0 | 0 | 0 |
| C-Dental Services | 162,156 | 162,156 | 0 |
| C-Vision Sevices | 1,114 | 1,114 | 0 |
| C-Other Practitioners | 41,148 | 41,148 | 0 |
| C-Clinic Services | 4,056 | 4,056 | 0 |
| C-Therapy Services | 22,805 | 22,805 | 0 |
| C-Laboratory/Radiological Services | 15,522 | 15,522 | 0 |
| C-Medical Equipment | 10,417 | 10,417 | 0 |
| C-Family Planning | 0 | 0 | 0 |
| C-Abortions | 0 | 0 | 0 |
| C-Screening Services | 14,213 | 14,213 | 0 |
| C-Home Health | 69,345 | 69,345 | 0 |
| C-Medicare Payments | 5,924 | 5,924 | 0 |
| C-Home And Community | 30,839 | 30,839 | 0 |
| C-Home and Community-Based Services - Regular Payment (WAIVER) | 0 | 0 | 0 |
| C-Hospice | 0 | 0 | 0 |
| C-Medical Transport | 752,752 | 752,752 | 0 |
| C-Case Management | 23,967 | 23,967 | 0 |
| C-Other Services | 284,563 | 284,563 | 0 |
| C-Balance | 23,315,384 | 23,315,384 | 0 |
| C-Collections | 0 | 0 | 0 |
| C-Total Net | 23,315,384 | 23,315,384 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

**FY 2019
National
Wisconsin**

FMR M-CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| C-Premiums: Up To 150% - Gross Premiums Paid | 68,751,555 | 65,038,787 | 3,712,768 |
| C-Premiums: Up To 150% - Cost Sharing Offset | (6,163) | (5,827) | (336) |
| C-Premiums: Over 150% - Gross Premiums Paid | (301) | (283) | (18) |
| C-Premiums: Over 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Inpatient Hospital Services - Reg. Payments | 692,046 | 658,040 | 34,006 |
| C-Inpatient Hospital Services - DSH | 0 | 0 | 0 |
| C-Inpatient Mental Health - Reg. Payment | 263,330 | 249,874 | 13,456 |
| C-Inpatient Mental Health - DSH | 0 | 0 | 0 |
| C-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| C-Nursing Care Services | (21,260) | (19,994) | (1,266) |
| C-Physician/Surgical | 176,022 | 166,762 | 9,260 |
| C-Outpatient Hospital Services | 1,627,928 | 1,542,318 | 85,610 |
| C-Outpatient Mental Health | 98,176 | 92,933 | 5,243 |
| C-Prescribed Drugs | 22,064,952 | 20,872,366 | 1,192,586 |
| C-Drug Rebate - National | (16,805,685) | (15,842,605) | (963,080) |
| C-Drug Rebate - State | (1,562,903) | (1,474,853) | (88,050) |
| C-MCO - National | 0 | 0 | 0 |
| C-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| C-Increased ACA OFFSET - Fee for Service | (352,300) | (352,300) | 0 |
| C-Increased ACA OFFSET - MCO - 100% | 0 | 0 | 0 |
| C-Dental Services | 7,223,755 | 6,833,707 | 390,048 |
| C-Vision Sevices | 16,662 | 15,766 | 896 |
| C-Other Practitioners | 793,970 | 751,128 | 42,842 |
| C-Clinic Services | 772,381 | 731,093 | 41,288 |
| C-Therapy Services | 55,558 | 52,651 | 2,907 |
| C-Laboratory/Radiological Services | 131,305 | 124,515 | 6,790 |
| C-Medical Equipment | 337,078 | 319,074 | 18,004 |
| C-Family Planning | 0 | 0 | 0 |
| C-Abortions | 0 | 0 | 0 |
| C-Screening Services | 350,118 | 331,692 | 18,426 |
| C-Home Health | 2,677 | 2,608 | 69 |
| C-Medicare Payments | 1,514 | 1,431 | 83 |
| C-Home And Community | (129,877) | (121,738) | (8,139) |
| C-Home and Community-Based Services - Regular Payment (WAIVER) | 0 | 0 | 0 |
| C-Hospice | 8,639 | 8,169 | 470 |
| C-Medical Transport | 932,782 | 882,028 | 50,754 |
| C-Case Management | 162,161 | 152,907 | 9,254 |
| C-Other Services | 11,338,558 | 10,711,873 | 626,685 |
| C-Balance | 96,922,678 | 91,722,122 | 5,200,556 |
| C-Collections | 0 | 0 | 0 |
| C-Total Net | 96,922,678 | 91,722,122 | 5,200,556 |

Medicaid Financial Management Report - Net CHIP Expenditures

**FY 2019
National
Wyoming**

FMR M-CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| C-Premiums: Up To 150% - Gross Premiums Paid | 0 | 0 | 0 |
| C-Premiums: Up To 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Premiums: Over 150% - Gross Premiums Paid | 0 | 0 | 0 |
| C-Premiums: Over 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Inpatient Hospital Services - Reg. Payments | 361,736 | 318,327 | 43,409 |
| C-Inpatient Hospital Services - DSH | 0 | 0 | 0 |
| C-Inpatient Mental Health - Reg. Payment | 170,297 | 149,862 | 20,435 |
| C-Inpatient Mental Health - DSH | 0 | 0 | 0 |
| C-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| C-Nursing Care Services | 0 | 0 | 0 |
| C-Physician/Surgical | 327,057 | 287,811 | 39,246 |
| C-Outpatient Hospital Services | 173,564 | 152,736 | 20,828 |
| C-Outpatient Mental Health | 0 | 0 | 0 |
| C-Prescribed Drugs | 495,362 | 435,919 | 59,443 |
| C-Drug Rebate - National | (256,110) | (225,376) | (30,734) |
| C-Drug Rebate - State | (18,709) | (16,466) | (2,243) |
| C-MCO - National | 0 | 0 | 0 |
| C-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| C-Increased ACA OFFSET - Fee for Service | (12,533) | (12,533) | 0 |
| C-Increased ACA OFFSET - MCO - 100% | 0 | 0 | 0 |
| C-Dental Services | 357,372 | 314,487 | 42,885 |
| C-Vision Sevices | 0 | 0 | 0 |
| C-Other Practitioners | 220,815 | 194,317 | 26,498 |
| C-Clinic Services | 165,103 | 145,290 | 19,813 |
| C-Therapy Services | 57,718 | 50,791 | 6,927 |
| C-Laboratory/Radiological Services | 31,458 | 27,682 | 3,776 |
| C-Medical Equipment | 65,721 | 57,834 | 7,887 |
| C-Family Planning | 0 | 0 | 0 |
| C-Abortions | 0 | 0 | 0 |
| C-Screening Services | 27,983 | 24,626 | 3,357 |
| C-Home Health | 12,853 | 11,310 | 1,543 |
| C-Medicare Payments | 0 | 0 | 0 |
| C-Home And Community | 0 | 0 | 0 |
| C-Home and Community-Based Services - Regular Payment (WAIVER) | 0 | 0 | 0 |
| C-Hospice | 0 | 0 | 0 |
| C-Medical Transport | 0 | 0 | 0 |
| C-Case Management | 11,543 | 10,158 | 1,385 |
| C-Other Services | 183,466 | 161,451 | 22,015 |
| C-Balance | 2,374,696 | 2,088,226 | 286,470 |
| C-Collections | 0 | 0 | 0 |
| C-Total Net | 2,374,696 | 2,088,226 | 286,470 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

National Totals

FMR M-CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| C-Premiums: Up To 150% - Gross Premiums Paid | 7,259,391,009 | 6,653,641,558 | 605,749,451 |
| C-Premiums: Up To 150% - Cost Sharing Offset | (47,134,009) | (41,478,331) | (5,655,678) |
| C-Premiums: Over 150% - Gross Premiums Paid | 548,060,357 | 523,224,063 | 24,836,294 |
| C-Premiums: Over 150% - Cost Sharing Offset | 0 | 0 | 0 |
| C-Inpatient Hospital Services - Reg. Payments | 338,298,277 | 308,108,605 | 30,189,672 |
| C-Inpatient Hospital Services - DSH | 11,053 | 10,432 | 621 |
| C-Inpatient Mental Health - Reg. Payment | 93,458,982 | 81,885,509 | 11,573,473 |
| C-Inpatient Mental Health - DSH | 0 | 0 | 0 |
| C-Certified Community Behavior Health Clinic Payments | 19,571,991 | 18,922,703 | 649,288 |
| C-Nursing Care Services | 13,007,761 | 11,813,140 | 1,194,621 |
| C-Physician/Surgical | 236,005,678 | 223,917,773 | 12,087,905 |
| C-Outpatient Hospital Services | 316,801,401 | 292,227,715 | 24,573,686 |
| C-Outpatient Mental Health | 28,810,093 | 27,241,871 | 1,568,222 |
| C-Prescribed Drugs | 641,229,109 | 603,075,444 | 38,153,665 |
| C-Drug Rebate - National | (525,217,662) | (483,255,600) | (41,962,062) |
| C-Drug Rebate - State | (25,569,269) | (23,640,009) | (1,929,260) |
| C-MCO - National | (302,368,827) | (283,397,311) | (18,971,516) |
| C-MCO - State Sidebar Agreement | (8,039,615) | (7,577,190) | (462,425) |
| C-Increased ACA OFFSET - Fee for Service | (1,886,520) | (1,886,520) | 0 |
| C-Increased ACA OFFSET - MCO - 100% | (4,409,238) | (4,409,238) | 0 |
| C-Dental Services | 572,656,881 | 525,449,476 | 47,207,405 |
| C-Vision Sevices | 9,334,251 | 8,913,184 | 421,067 |
| C-Other Practitioners | 56,888,907 | 52,708,263 | 4,180,644 |
| C-Clinic Services | 497,383,330 | 447,148,454 | 50,234,876 |
| C-Therapy Services | 18,211,382 | 17,022,445 | 1,188,937 |
| C-Laboratory/Radiological Services | 22,255,125 | 21,301,032 | 954,093 |
| C-Medical Equipment | 16,613,709 | 15,973,723 | 639,986 |
| C-Family Planning | 2,283,923 | 2,273,964 | 9,959 |
| C-Abortions | 375 | 375 | 0 |
| C-Screening Services | 61,141,985 | 58,490,360 | 2,651,625 |
| C-Home Health | 32,212,901 | 29,267,749 | 2,945,152 |
| C-Medicare Payments | 7,848 | 7,765 | 83 |
| C-Home And Community | 14,232,078 | 13,320,842 | 911,236 |
| C-Home and Community-Based Services - Regular Payment (WAIVER) | 12,554,915 | 11,599,752 | 955,163 |
| C-Hospice | 802,239 | 732,976 | 69,263 |
| C-Medical Transport | 31,342,692 | 29,197,445 | 2,145,247 |
| C-Case Management | 42,578,449 | 38,889,026 | 3,689,423 |
| C-Other Services | 1,053,556,739 | 977,488,032 | 76,068,707 |
| C-Balance | 11,024,078,300 | 10,148,209,477 | 875,868,823 |
| C-Collections | 0 | 0 | 0 |
| C-Total Net | 11,024,078,300 | 10,148,209,477 | 875,868,823 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Alabama

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Inpatient Hospital - Reg. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital - DSH | 0 | 0 | 0 |
| T-Inpatient Hospital - Sup. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital – GME Sup. Payments | 0 | 0 | 0 |
| T-Mental Health Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Mental Health Facility - DSH | 0 | 0 | 0 |
| T-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Sup. Payments | 0 | 0 | 0 |
| T-Intermediate Care Facility - Public | 0 | 0 | 0 |
| T-Intermediate Care - Private | 0 | 0 | 0 |
| T-Intermediate Care Facility - Individuals with Intellectual Disabilities (ICF/IID): Supplemental Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Reg. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Sup. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Evaluation and Management | 0 | 0 | 0 |
| T-Physician & Surgical Services - Vaccine codes | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Reg. Payments | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Sup. Payments | 0 | 0 | 0 |
| T-Prescribed Drugs | 0 | 0 | 0 |
| T-Drug Rebate Offset - National | 0 | 0 | 0 |
| T-Drug Rebate Offset - State Sidebar Agreement | 0 | 0 | 0 |
| T-MCO - National Agreement | 0 | 0 | 0 |
| T-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| T-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| T-Increased ACA OFFSET - MCO | 0 | 0 | 0 |
| T-Dental Services | 0 | 0 | 0 |
| T-Other Practitioners Services - Reg. Payments | 0 | 0 | 0 |
| T-Other Practitioners Services - Sup. Payments | 0 | 0 | 0 |
| T-Clinic Services | 0 | 0 | 0 |
| T-Laboratory/Radiological | 0 | 0 | 0 |
| T-Home Health Services | 0 | 0 | 0 |
| T-Sterilizations | 0 | 0 | 0 |
| T-Abortions | 0 | 0 | 0 |
| T-EPSTD Screening | 0 | 0 | 0 |
| T-Rural Health | 0 | 0 | 0 |
| T-Medicare - Part A | 0 | 0 | 0 |
| T-Medicare - Part B | 0 | 0 | 0 |
| T-120% - 134% Of Poverty | 0 | 0 | 0 |
| T-Coinsurance | 0 | 0 | 0 |
| T-Medicaid - MCO | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Alabama

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Medicaid MCO - Evaluation and Management | 0 | 0 | 0 |
| T-Medicaid MCO - Vaccine codes | 0 | 0 | 0 |
| T-Medicaid MCO - Community First Choice | 0 | 0 | 0 |
| T-Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid MCO - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Ambulatory Health Plan | 0 | 0 | 0 |
| T-MCO PAHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PAHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PAHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PAHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Inpatient Health Plan | 0 | 0 | 0 |
| T-MCO PIHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PIHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PIHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PIHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Medicaid - Group Health | 0 | 0 | 0 |
| T-Medicaid - Coinsurance | 0 | 0 | 0 |
| T-Medicaid - Other | 0 | 0 | 0 |
| T-Home & Community-Based Services - Regular Payment (1915(c) Waiver) | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(i) Only Pay. | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(j) Only Pay. | 0 | 0 | 0 |
| T-Home & Community Based Services State Plan 1915(k) Community First Choice | 0 | 0 | 0 |
| T-All-Inclusive Care Elderly | 0 | 0 | 0 |
| T-Personal Care Services - Reg. Payments | 0 | 0 | 0 |
| T-Personal Care Services - SDS 1915(j) | 0 | 0 | 0 |
| T-Targeted Case Management Services - Com. Case-Man. | 0 | 0 | 0 |
| T-Case Management - State Wide | 0 | 0 | 0 |
| T-Primary Care Case Management | 0 | 0 | 0 |
| T-Hospice Benefits | 0 | 0 | 0 |
| T-Emergency | 0 | 0 | 0 |
| T-Federally-Qualified Health Center | 0 | 0 | 0 |
| T-Non-Emergency Medical Transportation | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Alabama

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Physical Therapy | 0 | 0 | 0 |
| T-Occupational Therapy | 0 | 0 | 0 |
| T-Services for Speech, Hearing & Language | 0 | 0 | 0 |
| T-Prosthetic Devices, Dentures, Eyeglasses | 0 | 0 | 0 |
| T-Diagnostic Screening & Preventive Services | 0 | 0 | 0 |
| T-Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Nurse Mid-Wife | 0 | 0 | 0 |
| T-Emergency Hospital Services | 0 | 0 | 0 |
| T-Critical Access Hospitals | 0 | 0 | 0 |
| T-Nurse Practitioner Services | 0 | 0 | 0 |
| T-School Based Services | 0 | 0 | 0 |
| T-Rehabilitative Services (non-school-based) | 0 | 0 | 0 |
| T-Private Duty Nursing | 0 | 0 | 0 |
| T-Freestanding Birth Center | 0 | 0 | 0 |
| T-Health Home w Chronic Conditions | 0 | 0 | 0 |
| T-Tobacco Cessation for Preg Women | 0 | 0 | 0 |
| T-Health Home w Substance-Use-Disorder | 0 | 0 | 0 |
| T-Other Care Services | 0 | 0 | 0 |
| T-Total Net Expenditures | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Alaska

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Inpatient Hospital - Reg. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital - DSH | 0 | 0 | 0 |
| T-Inpatient Hospital - Sup. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital – GME Sup. Payments | 0 | 0 | 0 |
| T-Mental Health Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Mental Health Facility - DSH | 0 | 0 | 0 |
| T-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Sup. Payments | 0 | 0 | 0 |
| T-Intermediate Care Facility - Public | 0 | 0 | 0 |
| T-Intermediate Care - Private | 0 | 0 | 0 |
| T-Intermediate Care Facility - Individuals with Intellectual Disabilities (ICF/IID): Supplemental Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Reg. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Sup. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Evaluation and Management | 0 | 0 | 0 |
| T-Physician & Surgical Services - Vaccine codes | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Reg. Payments | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Sup. Payments | 0 | 0 | 0 |
| T-Prescribed Drugs | 0 | 0 | 0 |
| T-Drug Rebate Offset - National | 0 | 0 | 0 |
| T-Drug Rebate Offset - State Sidebar Agreement | 0 | 0 | 0 |
| T-MCO - National Agreement | 0 | 0 | 0 |
| T-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| T-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| T-Increased ACA OFFSET - MCO | 0 | 0 | 0 |
| T-Dental Services | 0 | 0 | 0 |
| T-Other Practitioners Services - Reg. Payments | 0 | 0 | 0 |
| T-Other Practitioners Services - Sup. Payments | 0 | 0 | 0 |
| T-Clinic Services | 0 | 0 | 0 |
| T-Laboratory/Radiological | 0 | 0 | 0 |
| T-Home Health Services | 0 | 0 | 0 |
| T-Sterilizations | 0 | 0 | 0 |
| T-Abortions | 0 | 0 | 0 |
| T-EPSTD Screening | 0 | 0 | 0 |
| T-Rural Health | 0 | 0 | 0 |
| T-Medicare - Part A | 0 | 0 | 0 |
| T-Medicare - Part B | 0 | 0 | 0 |
| T-120% - 134% Of Poverty | 0 | 0 | 0 |
| T-Coinsurance | 0 | 0 | 0 |
| T-Medicaid - MCO | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Alaska

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Medicaid MCO - Evaluation and Management | 0 | 0 | 0 |
| T-Medicaid MCO - Vaccine codes | 0 | 0 | 0 |
| T-Medicaid MCO - Community First Choice | 0 | 0 | 0 |
| T-Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid MCO - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Ambulatory Health Plan | 0 | 0 | 0 |
| T-MCO PAHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PAHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PAHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PAHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Inpatient Health Plan | 0 | 0 | 0 |
| T-MCO PIHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PIHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PIHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PIHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Medicaid - Group Health | 0 | 0 | 0 |
| T-Medicaid - Coinsurance | 0 | 0 | 0 |
| T-Medicaid - Other | 0 | 0 | 0 |
| T-Home & Community-Based Services - Regular Payment (1915(c) Waiver) | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(i) Only Pay. | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(j) Only Pay. | 0 | 0 | 0 |
| T-Home & Community Based Services State Plan 1915(k) Community First Choice | 0 | 0 | 0 |
| T-All-Inclusive Care Elderly | 0 | 0 | 0 |
| T-Personal Care Services - Reg. Payments | 0 | 0 | 0 |
| T-Personal Care Services - SDS 1915(j) | 0 | 0 | 0 |
| T-Targeted Case Management Services - Com. Case-Man. | 0 | 0 | 0 |
| T-Case Management - State Wide | 0 | 0 | 0 |
| T-Primary Care Case Management | 0 | 0 | 0 |
| T-Hospice Benefits | 0 | 0 | 0 |
| T-Emergency | 0 | 0 | 0 |
| T-Federally-Qualified Health Center | 0 | 0 | 0 |
| T-Non-Emergency Medical Transportation | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Alaska

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Physical Therapy | 0 | 0 | 0 |
| T-Occupational Therapy | 0 | 0 | 0 |
| T-Services for Speech, Hearing & Language | 0 | 0 | 0 |
| T-Prosthetic Devices, Dentures, Eyeglasses | 0 | 0 | 0 |
| T-Diagnostic Screening & Preventive Services | 0 | 0 | 0 |
| T-Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Nurse Mid-Wife | 0 | 0 | 0 |
| T-Emergency Hospital Services | 0 | 0 | 0 |
| T-Critical Access Hospitals | 0 | 0 | 0 |
| T-Nurse Practitioner Services | 0 | 0 | 0 |
| T-School Based Services | 0 | 0 | 0 |
| T-Rehabilitative Services (non-school-based) | 0 | 0 | 0 |
| T-Private Duty Nursing | 0 | 0 | 0 |
| T-Freestanding Birth Center | 0 | 0 | 0 |
| T-Health Home w Chronic Conditions | 0 | 0 | 0 |
| T-Tobacco Cessation for Preg Women | 0 | 0 | 0 |
| T-Health Home w Substance-Use-Disorder | 0 | 0 | 0 |
| T-Other Care Services | 0 | 0 | 0 |
| T-Total Net Expenditures | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Amer. Samoa

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Inpatient Hospital - Reg. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital - DSH | 0 | 0 | 0 |
| T-Inpatient Hospital - Sup. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital – GME Sup. Payments | 0 | 0 | 0 |
| T-Mental Health Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Mental Health Facility - DSH | 0 | 0 | 0 |
| T-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Sup. Payments | 0 | 0 | 0 |
| T-Intermediate Care Facility - Public | 0 | 0 | 0 |
| T-Intermediate Care - Private | 0 | 0 | 0 |
| T-Intermediate Care Facility - Individuals with Intellectual Disabilities (ICF/IID): Supplemental Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Reg. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Sup. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Evaluation and Management | 0 | 0 | 0 |
| T-Physician & Surgical Services - Vaccine codes | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Reg. Payments | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Sup. Payments | 0 | 0 | 0 |
| T-Prescribed Drugs | 0 | 0 | 0 |
| T-Drug Rebate Offset - National | 0 | 0 | 0 |
| T-Drug Rebate Offset - State Sidebar Agreement | 0 | 0 | 0 |
| T-MCO - National Agreement | 0 | 0 | 0 |
| T-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| T-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| T-Increased ACA OFFSET - MCO | 0 | 0 | 0 |
| T-Dental Services | 0 | 0 | 0 |
| T-Other Practitioners Services - Reg. Payments | 0 | 0 | 0 |
| T-Other Practitioners Services - Sup. Payments | 0 | 0 | 0 |
| T-Clinic Services | 0 | 0 | 0 |
| T-Laboratory/Radiological | 0 | 0 | 0 |
| T-Home Health Services | 0 | 0 | 0 |
| T-Sterilizations | 0 | 0 | 0 |
| T-Abortions | 0 | 0 | 0 |
| T-EPSTD Screening | 0 | 0 | 0 |
| T-Rural Health | 0 | 0 | 0 |
| T-Medicare - Part A | 0 | 0 | 0 |
| T-Medicare - Part B | 0 | 0 | 0 |
| T-120% - 134% Of Poverty | 0 | 0 | 0 |
| T-Coinsurance | 0 | 0 | 0 |
| T-Medicaid - MCO | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Amer. Samoa

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Medicaid MCO - Evaluation and Management | 0 | 0 | 0 |
| T-Medicaid MCO - Vaccine codes | 0 | 0 | 0 |
| T-Medicaid MCO - Community First Choice | 0 | 0 | 0 |
| T-Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid MCO - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Ambulatory Health Plan | 0 | 0 | 0 |
| T-MCO PAHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PAHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PAHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PAHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Inpatient Health Plan | 0 | 0 | 0 |
| T-MCO PIHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PIHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PIHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PIHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Medicaid - Group Health | 0 | 0 | 0 |
| T-Medicaid - Coinsurance | 0 | 0 | 0 |
| T-Medicaid - Other | 0 | 0 | 0 |
| T-Home & Community-Based Services - Regular Payment (1915(c) Waiver) | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(i) Only Pay. | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(j) Only Pay. | 0 | 0 | 0 |
| T-Home & Community Based Services State Plan 1915(k) Community First Choice | 0 | 0 | 0 |
| T-All-Inclusive Care Elderly | 0 | 0 | 0 |
| T-Personal Care Services - Reg. Payments | 0 | 0 | 0 |
| T-Personal Care Services - SDS 1915(j) | 0 | 0 | 0 |
| T-Targeted Case Management Services - Com. Case-Man. | 0 | 0 | 0 |
| T-Case Management - State Wide | 0 | 0 | 0 |
| T-Primary Care Case Management | 0 | 0 | 0 |
| T-Hospice Benefits | 0 | 0 | 0 |
| T-Emergency | 0 | 0 | 0 |
| T-Federally-Qualified Health Center | 0 | 0 | 0 |
| T-Non-Emergency Medical Transportation | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Amer. Samoa

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Physical Therapy | 0 | 0 | 0 |
| T-Occupational Therapy | 0 | 0 | 0 |
| T-Services for Speech, Hearing & Language | 0 | 0 | 0 |
| T-Prosthetic Devices, Dentures, Eyeglasses | 0 | 0 | 0 |
| T-Diagnostic Screening & Preventive Services | 0 | 0 | 0 |
| T-Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Nurse Mid-Wife | 0 | 0 | 0 |
| T-Emergency Hospital Services | 0 | 0 | 0 |
| T-Critical Access Hospitals | 0 | 0 | 0 |
| T-Nurse Practitioner Services | 0 | 0 | 0 |
| T-School Based Services | 0 | 0 | 0 |
| T-Rehabilitative Services (non-school-based) | 0 | 0 | 0 |
| T-Private Duty Nursing | 0 | 0 | 0 |
| T-Freestanding Birth Center | 0 | 0 | 0 |
| T-Health Home w Chronic Conditions | 0 | 0 | 0 |
| T-Tobacco Cessation for Preg Women | 0 | 0 | 0 |
| T-Health Home w Substance-Use-Disorder | 0 | 0 | 0 |
| T-Other Care Services | 0 | 0 | 0 |
| T-Total Net Expenditures | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Arizona

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Inpatient Hospital - Reg. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital - DSH | 0 | 0 | 0 |
| T-Inpatient Hospital - Sup. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital – GME Sup. Payments | 0 | 0 | 0 |
| T-Mental Health Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Mental Health Facility - DSH | 0 | 0 | 0 |
| T-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Sup. Payments | 0 | 0 | 0 |
| T-Intermediate Care Facility - Public | 0 | 0 | 0 |
| T-Intermediate Care - Private | 0 | 0 | 0 |
| T-Intermediate Care Facility - Individuals with Intellectual Disabilities (ICF/IID): Supplemental Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Reg. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Sup. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Evaluation and Management | 0 | 0 | 0 |
| T-Physician & Surgical Services - Vaccine codes | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Reg. Payments | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Sup. Payments | 0 | 0 | 0 |
| T-Prescribed Drugs | 0 | 0 | 0 |
| T-Drug Rebate Offset - National | 0 | 0 | 0 |
| T-Drug Rebate Offset - State Sidebar Agreement | 0 | 0 | 0 |
| T-MCO - National Agreement | 0 | 0 | 0 |
| T-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| T-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| T-Increased ACA OFFSET - MCO | 0 | 0 | 0 |
| T-Dental Services | 0 | 0 | 0 |
| T-Other Practitioners Services - Reg. Payments | 0 | 0 | 0 |
| T-Other Practitioners Services - Sup. Payments | 0 | 0 | 0 |
| T-Clinic Services | 0 | 0 | 0 |
| T-Laboratory/Radiological | 0 | 0 | 0 |
| T-Home Health Services | 0 | 0 | 0 |
| T-Sterilizations | 0 | 0 | 0 |
| T-Abortions | 0 | 0 | 0 |
| T-EPSTD Screening | 0 | 0 | 0 |
| T-Rural Health | 0 | 0 | 0 |
| T-Medicare - Part A | 0 | 0 | 0 |
| T-Medicare - Part B | 0 | 0 | 0 |
| T-120% - 134% Of Poverty | 0 | 0 | 0 |
| T-Coinsurance | 0 | 0 | 0 |
| T-Medicaid - MCO | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Arizona

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Medicaid MCO - Evaluation and Management | 0 | 0 | 0 |
| T-Medicaid MCO - Vaccine codes | 0 | 0 | 0 |
| T-Medicaid MCO - Community First Choice | 0 | 0 | 0 |
| T-Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid MCO - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Ambulatory Health Plan | 0 | 0 | 0 |
| T-MCO PAHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PAHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PAHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PAHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Inpatient Health Plan | 0 | 0 | 0 |
| T-MCO PIHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PIHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PIHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PIHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Medicaid - Group Health | 0 | 0 | 0 |
| T-Medicaid - Coinsurance | 0 | 0 | 0 |
| T-Medicaid - Other | 0 | 0 | 0 |
| T-Home & Community-Based Services - Regular Payment (1915(c) Waiver) | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(i) Only Pay. | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(j) Only Pay. | 0 | 0 | 0 |
| T-Home & Community Based Services State Plan 1915(k) Community First Choice | 0 | 0 | 0 |
| T-All-Inclusive Care Elderly | 0 | 0 | 0 |
| T-Personal Care Services - Reg. Payments | 0 | 0 | 0 |
| T-Personal Care Services - SDS 1915(j) | 0 | 0 | 0 |
| T-Targeted Case Management Services - Com. Case-Man. | 0 | 0 | 0 |
| T-Case Management - State Wide | 0 | 0 | 0 |
| T-Primary Care Case Management | 0 | 0 | 0 |
| T-Hospice Benefits | 0 | 0 | 0 |
| T-Emergency | 0 | 0 | 0 |
| T-Federally-Qualified Health Center | 0 | 0 | 0 |
| T-Non-Emergency Medical Transportation | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Arizona

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Physical Therapy | 0 | 0 | 0 |
| T-Occupational Therapy | 0 | 0 | 0 |
| T-Services for Speech, Hearing & Language | 0 | 0 | 0 |
| T-Prosthetic Devices, Dentures, Eyeglasses | 0 | 0 | 0 |
| T-Diagnostic Screening & Preventive Services | 0 | 0 | 0 |
| T-Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Nurse Mid-Wife | 0 | 0 | 0 |
| T-Emergency Hospital Services | 0 | 0 | 0 |
| T-Critical Access Hospitals | 0 | 0 | 0 |
| T-Nurse Practitioner Services | 0 | 0 | 0 |
| T-School Based Services | 0 | 0 | 0 |
| T-Rehabilitative Services (non-school-based) | 0 | 0 | 0 |
| T-Private Duty Nursing | 0 | 0 | 0 |
| T-Freestanding Birth Center | 0 | 0 | 0 |
| T-Health Home w Chronic Conditions | 0 | 0 | 0 |
| T-Tobacco Cessation for Preg Women | 0 | 0 | 0 |
| T-Health Home w Substance-Use-Disorder | 0 | 0 | 0 |
| T-Other Care Services | 0 | 0 | 0 |
| T-Total Net Expenditures | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Arkansas

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Inpatient Hospital - Reg. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital - DSH | 0 | 0 | 0 |
| T-Inpatient Hospital - Sup. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital – GME Sup. Payments | 0 | 0 | 0 |
| T-Mental Health Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Mental Health Facility - DSH | 0 | 0 | 0 |
| T-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Sup. Payments | 0 | 0 | 0 |
| T-Intermediate Care Facility - Public | 0 | 0 | 0 |
| T-Intermediate Care - Private | 0 | 0 | 0 |
| T-Intermediate Care Facility - Individuals with Intellectual Disabilities (ICF/IID): Supplemental Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Reg. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Sup. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Evaluation and Management | 0 | 0 | 0 |
| T-Physician & Surgical Services - Vaccine codes | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Reg. Payments | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Sup. Payments | 0 | 0 | 0 |
| T-Prescribed Drugs | 0 | 0 | 0 |
| T-Drug Rebate Offset - National | 0 | 0 | 0 |
| T-Drug Rebate Offset - State Sidebar Agreement | 0 | 0 | 0 |
| T-MCO - National Agreement | 0 | 0 | 0 |
| T-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| T-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| T-Increased ACA OFFSET - MCO | 0 | 0 | 0 |
| T-Dental Services | 0 | 0 | 0 |
| T-Other Practitioners Services - Reg. Payments | 0 | 0 | 0 |
| T-Other Practitioners Services - Sup. Payments | 0 | 0 | 0 |
| T-Clinic Services | 0 | 0 | 0 |
| T-Laboratory/Radiological | 0 | 0 | 0 |
| T-Home Health Services | 0 | 0 | 0 |
| T-Sterilizations | 0 | 0 | 0 |
| T-Abortions | 0 | 0 | 0 |
| T-EPSTD Screening | 0 | 0 | 0 |
| T-Rural Health | 0 | 0 | 0 |
| T-Medicare - Part A | 0 | 0 | 0 |
| T-Medicare - Part B | 0 | 0 | 0 |
| T-120% - 134% Of Poverty | 0 | 0 | 0 |
| T-Coinsurance | 0 | 0 | 0 |
| T-Medicaid - MCO | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

**FY 2019
National
Arkansas**

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Medicaid MCO - Evaluation and Management | 0 | 0 | 0 |
| T-Medicaid MCO - Vaccine codes | 0 | 0 | 0 |
| T-Medicaid MCO - Community First Choice | 0 | 0 | 0 |
| T-Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid MCO - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Ambulatory Health Plan | 0 | 0 | 0 |
| T-MCO PAHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PAHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PAHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PAHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Inpatient Health Plan | 0 | 0 | 0 |
| T-MCO PIHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PIHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PIHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PIHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Medicaid - Group Health | 0 | 0 | 0 |
| T-Medicaid - Coinsurance | 0 | 0 | 0 |
| T-Medicaid - Other | 0 | 0 | 0 |
| T-Home & Community-Based Services - Regular Payment (1915(c) Waiver) | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(i) Only Pay. | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(j) Only Pay. | 0 | 0 | 0 |
| T-Home & Community Based Services State Plan 1915(k) Community First Choice | 0 | 0 | 0 |
| T-All-Inclusive Care Elderly | 0 | 0 | 0 |
| T-Personal Care Services - Reg. Payments | 0 | 0 | 0 |
| T-Personal Care Services - SDS 1915(j) | 0 | 0 | 0 |
| T-Targeted Case Management Services - Com. Case-Man. | 0 | 0 | 0 |
| T-Case Management - State Wide | 0 | 0 | 0 |
| T-Primary Care Case Management | 0 | 0 | 0 |
| T-Hospice Benefits | 0 | 0 | 0 |
| T-Emergency | 0 | 0 | 0 |
| T-Federally-Qualified Health Center | 0 | 0 | 0 |
| T-Non-Emergency Medical Transportation | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Arkansas

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Physical Therapy | 0 | 0 | 0 |
| T-Occupational Therapy | 0 | 0 | 0 |
| T-Services for Speech, Hearing & Language | 0 | 0 | 0 |
| T-Prosthetic Devices, Dentures, Eyeglasses | 0 | 0 | 0 |
| T-Diagnostic Screening & Preventive Services | 0 | 0 | 0 |
| T-Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Nurse Mid-Wife | 0 | 0 | 0 |
| T-Emergency Hospital Services | 0 | 0 | 0 |
| T-Critical Access Hospitals | 0 | 0 | 0 |
| T-Nurse Practitioner Services | 0 | 0 | 0 |
| T-School Based Services | 0 | 0 | 0 |
| T-Rehabilitative Services (non-school-based) | 0 | 0 | 0 |
| T-Private Duty Nursing | 0 | 0 | 0 |
| T-Freestanding Birth Center | 0 | 0 | 0 |
| T-Health Home w Chronic Conditions | 0 | 0 | 0 |
| T-Tobacco Cessation for Preg Women | 0 | 0 | 0 |
| T-Health Home w Substance-Use-Disorder | 0 | 0 | 0 |
| T-Other Care Services | 0 | 0 | 0 |
| T-Total Net Expenditures | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

**FY 2019
National
California**

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Inpatient Hospital - Reg. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital - DSH | 0 | 0 | 0 |
| T-Inpatient Hospital - Sup. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital – GME Sup. Payments | 0 | 0 | 0 |
| T-Mental Health Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Mental Health Facility - DSH | 0 | 0 | 0 |
| T-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Sup. Payments | 0 | 0 | 0 |
| T-Intermediate Care Facility - Public | 0 | 0 | 0 |
| T-Intermediate Care - Private | 0 | 0 | 0 |
| T-Intermediate Care Facility - Individuals with Intellectual Disabilities (ICF/IID): Supplemental Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Reg. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Sup. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Evaluation and Management | 0 | 0 | 0 |
| T-Physician & Surgical Services - Vaccine codes | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Reg. Payments | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Sup. Payments | 0 | 0 | 0 |
| T-Prescribed Drugs | 0 | 0 | 0 |
| T-Drug Rebate Offset - National | 0 | 0 | 0 |
| T-Drug Rebate Offset - State Sidebar Agreement | 0 | 0 | 0 |
| T-MCO - National Agreement | 0 | 0 | 0 |
| T-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| T-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| T-Increased ACA OFFSET - MCO | 0 | 0 | 0 |
| T-Dental Services | 0 | 0 | 0 |
| T-Other Practitioners Services - Reg. Payments | 0 | 0 | 0 |
| T-Other Practitioners Services - Sup. Payments | 0 | 0 | 0 |
| T-Clinic Services | 0 | 0 | 0 |
| T-Laboratory/Radiological | 0 | 0 | 0 |
| T-Home Health Services | 0 | 0 | 0 |
| T-Sterilizations | 0 | 0 | 0 |
| T-Abortions | 0 | 0 | 0 |
| T-EPSTD Screening | 0 | 0 | 0 |
| T-Rural Health | 0 | 0 | 0 |
| T-Medicare - Part A | 0 | 0 | 0 |
| T-Medicare - Part B | 0 | 0 | 0 |
| T-120% - 134% Of Poverty | 0 | 0 | 0 |
| T-Coinsurance | 0 | 0 | 0 |
| T-Medicaid - MCO | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

**FY 2019
National
California**

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Medicaid MCO - Evaluation and Management | 0 | 0 | 0 |
| T-Medicaid MCO - Vaccine codes | 0 | 0 | 0 |
| T-Medicaid MCO - Community First Choice | 0 | 0 | 0 |
| T-Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid MCO - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Ambulatory Health Plan | 0 | 0 | 0 |
| T-MCO PAHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PAHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PAHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PAHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Inpatient Health Plan | 0 | 0 | 0 |
| T-MCO PIHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PIHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PIHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PIHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Medicaid - Group Health | 0 | 0 | 0 |
| T-Medicaid - Coinsurance | 0 | 0 | 0 |
| T-Medicaid - Other | 0 | 0 | 0 |
| T-Home & Community-Based Services - Regular Payment (1915(c) Waiver) | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(i) Only Pay. | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(j) Only Pay. | 0 | 0 | 0 |
| T-Home & Community Based Services State Plan 1915(k) Community First Choice | 0 | 0 | 0 |
| T-All-Inclusive Care Elderly | 0 | 0 | 0 |
| T-Personal Care Services - Reg. Payments | 0 | 0 | 0 |
| T-Personal Care Services - SDS 1915(j) | 0 | 0 | 0 |
| T-Targeted Case Management Services - Com. Case-Man. | 0 | 0 | 0 |
| T-Case Management - State Wide | 0 | 0 | 0 |
| T-Primary Care Case Management | 0 | 0 | 0 |
| T-Hospice Benefits | 0 | 0 | 0 |
| T-Emergency | 0 | 0 | 0 |
| T-Federally-Qualified Health Center | 0 | 0 | 0 |
| T-Non-Emergency Medical Transportation | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

California

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Physical Therapy | 0 | 0 | 0 |
| T-Occupational Therapy | 0 | 0 | 0 |
| T-Services for Speech, Hearing & Language | 0 | 0 | 0 |
| T-Prosthetic Devices, Dentures, Eyeglasses | 0 | 0 | 0 |
| T-Diagnostic Screening & Preventive Services | 0 | 0 | 0 |
| T-Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Nurse Mid-Wife | 0 | 0 | 0 |
| T-Emergency Hospital Services | 0 | 0 | 0 |
| T-Critical Access Hospitals | 0 | 0 | 0 |
| T-Nurse Practitioner Services | 0 | 0 | 0 |
| T-School Based Services | 0 | 0 | 0 |
| T-Rehabilitative Services (non-school-based) | 0 | 0 | 0 |
| T-Private Duty Nursing | 0 | 0 | 0 |
| T-Freestanding Birth Center | 0 | 0 | 0 |
| T-Health Home w Chronic Conditions | 0 | 0 | 0 |
| T-Tobacco Cessation for Preg Women | 0 | 0 | 0 |
| T-Health Home w Substance-Use-Disorder | 0 | 0 | 0 |
| T-Other Care Services | 0 | 0 | 0 |
| T-Total Net Expenditures | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Colorado

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Inpatient Hospital - Reg. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital - DSH | 0 | 0 | 0 |
| T-Inpatient Hospital - Sup. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital – GME Sup. Payments | 0 | 0 | 0 |
| T-Mental Health Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Mental Health Facility - DSH | 0 | 0 | 0 |
| T-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Sup. Payments | 0 | 0 | 0 |
| T-Intermediate Care Facility - Public | 0 | 0 | 0 |
| T-Intermediate Care - Private | 0 | 0 | 0 |
| T-Intermediate Care Facility - Individuals with Intellectual Disabilities (ICF/IID): Supplemental Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Reg. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Sup. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Evaluation and Management | 0 | 0 | 0 |
| T-Physician & Surgical Services - Vaccine codes | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Reg. Payments | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Sup. Payments | 0 | 0 | 0 |
| T-Prescribed Drugs | 0 | 0 | 0 |
| T-Drug Rebate Offset - National | 0 | 0 | 0 |
| T-Drug Rebate Offset - State Sidebar Agreement | 0 | 0 | 0 |
| T-MCO - National Agreement | 0 | 0 | 0 |
| T-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| T-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| T-Increased ACA OFFSET - MCO | 0 | 0 | 0 |
| T-Dental Services | 0 | 0 | 0 |
| T-Other Practitioners Services - Reg. Payments | 0 | 0 | 0 |
| T-Other Practitioners Services - Sup. Payments | 0 | 0 | 0 |
| T-Clinic Services | 0 | 0 | 0 |
| T-Laboratory/Radiological | 0 | 0 | 0 |
| T-Home Health Services | 0 | 0 | 0 |
| T-Sterilizations | 0 | 0 | 0 |
| T-Abortions | 0 | 0 | 0 |
| T-EPSTD Screening | 0 | 0 | 0 |
| T-Rural Health | 0 | 0 | 0 |
| T-Medicare - Part A | 0 | 0 | 0 |
| T-Medicare - Part B | 0 | 0 | 0 |
| T-120% - 134% Of Poverty | 0 | 0 | 0 |
| T-Coinsurance | 0 | 0 | 0 |
| T-Medicaid - MCO | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

**FY 2019
National
Colorado**

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Medicaid MCO - Evaluation and Management | 0 | 0 | 0 |
| T-Medicaid MCO - Vaccine codes | 0 | 0 | 0 |
| T-Medicaid MCO - Community First Choice | 0 | 0 | 0 |
| T-Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid MCO - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Ambulatory Health Plan | 0 | 0 | 0 |
| T-MCO PAHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PAHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PAHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PAHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Inpatient Health Plan | 0 | 0 | 0 |
| T-MCO PIHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PIHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PIHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PIHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Medicaid - Group Health | 0 | 0 | 0 |
| T-Medicaid - Coinsurance | 0 | 0 | 0 |
| T-Medicaid - Other | 0 | 0 | 0 |
| T-Home & Community-Based Services - Regular Payment (1915(c) Waiver) | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(i) Only Pay. | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(j) Only Pay. | 0 | 0 | 0 |
| T-Home & Community Based Services State Plan 1915(k) Community First Choice | 0 | 0 | 0 |
| T-All-Inclusive Care Elderly | 0 | 0 | 0 |
| T-Personal Care Services - Reg. Payments | 0 | 0 | 0 |
| T-Personal Care Services - SDS 1915(j) | 0 | 0 | 0 |
| T-Targeted Case Management Services - Com. Case-Man. | 0 | 0 | 0 |
| T-Case Management - State Wide | 0 | 0 | 0 |
| T-Primary Care Case Management | 0 | 0 | 0 |
| T-Hospice Benefits | 0 | 0 | 0 |
| T-Emergency | 0 | 0 | 0 |
| T-Federally-Qualified Health Center | 0 | 0 | 0 |
| T-Non-Emergency Medical Transportation | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Colorado

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Physical Therapy | 0 | 0 | 0 |
| T-Occupational Therapy | 0 | 0 | 0 |
| T-Services for Speech, Hearing & Language | 0 | 0 | 0 |
| T-Prosthetic Devices, Dentures, Eyeglasses | 0 | 0 | 0 |
| T-Diagnostic Screening & Preventive Services | 0 | 0 | 0 |
| T-Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Nurse Mid-Wife | 0 | 0 | 0 |
| T-Emergency Hospital Services | 0 | 0 | 0 |
| T-Critical Access Hospitals | 0 | 0 | 0 |
| T-Nurse Practitioner Services | 0 | 0 | 0 |
| T-School Based Services | 0 | 0 | 0 |
| T-Rehabilitative Services (non-school-based) | 0 | 0 | 0 |
| T-Private Duty Nursing | 0 | 0 | 0 |
| T-Freestanding Birth Center | 0 | 0 | 0 |
| T-Health Home w Chronic Conditions | 0 | 0 | 0 |
| T-Tobacco Cessation for Preg Women | 0 | 0 | 0 |
| T-Health Home w Substance-Use-Disorder | 0 | 0 | 0 |
| T-Other Care Services | 0 | 0 | 0 |
| T-Total Net Expenditures | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

**FY 2019
National
Connecticut**

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Inpatient Hospital - Reg. Payments | 0 | 4,864,385 | (4,864,385) |
| T-Inpatient Hospital - DSH | 0 | 0 | 0 |
| T-Inpatient Hospital - Sup. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital – GME Sup. Payments | 0 | 0 | 0 |
| T-Mental Health Facility Services - Reg. Payments | 0 | 3,625,438 | (3,625,438) |
| T-Mental Health Facility - DSH | 0 | 0 | 0 |
| T-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Sup. Payments | 0 | 0 | 0 |
| T-Intermediate Care Facility - Public | 0 | 0 | 0 |
| T-Intermediate Care - Private | 0 | 0 | 0 |
| T-Intermediate Care Facility - Individuals with Intellectual Disabilities (ICF/IID): Supplemental Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Reg. Payments | 0 | 6,525,948 | (6,525,948) |
| T-Physician & Surgical Services - Sup. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Evaluation and Management | 0 | 0 | 0 |
| T-Physician & Surgical Services - Vaccine codes | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Reg. Payments | 0 | 8,692,963 | (8,692,963) |
| T-Outpatient Hospital Services - Sup. Payments | 0 | 0 | 0 |
| T-Prescribed Drugs | 0 | 12,453,573 | (12,453,573) |
| T-Drug Rebate Offset - National | 0 | (7,447,467) | 7,447,467 |
| T-Drug Rebate Offset - State Sidebar Agreement | 0 | (526,770) | 526,770 |
| T-MCO - National Agreement | 0 | 0 | 0 |
| T-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| T-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| T-Increased ACA OFFSET - MCO | 0 | 0 | 0 |
| T-Dental Services | 0 | 6,929,226 | (6,929,226) |
| T-Other Practitioners Services - Reg. Payments | 0 | 8,620,836 | (8,620,836) |
| T-Other Practitioners Services - Sup. Payments | 0 | 0 | 0 |
| T-Clinic Services | 0 | 4,897,926 | (4,897,926) |
| T-Laboratory/Radiological | 0 | 246,229 | (246,229) |
| T-Home Health Services | 0 | 936,472 | (936,472) |
| T-Sterilizations | 0 | 0 | 0 |
| T-Abortions | 0 | 0 | 0 |
| T-EPSTD Screening | 0 | 1,842,374 | (1,842,374) |
| T-Rural Health | 0 | 0 | 0 |
| T-Medicare - Part A | 0 | 0 | 0 |
| T-Medicare - Part B | 0 | 0 | 0 |
| T-120% - 134% Of Poverty | 0 | 0 | 0 |
| T-Coinsurance | 0 | 10,702 | (10,702) |
| T-Medicaid - MCO | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

**FY 2019
National
Connecticut**

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Medicaid MCO - Evaluation and Management | 0 | 0 | 0 |
| T-Medicaid MCO - Vaccine codes | 0 | 0 | 0 |
| T-Medicaid MCO - Community First Choice | 0 | 0 | 0 |
| T-Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid MCO - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Ambulatory Health Plan | 0 | 0 | 0 |
| T-MCO PAHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PAHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PAHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PAHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Inpatient Health Plan | 0 | 0 | 0 |
| T-MCO PIHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PIHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PIHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PIHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Medicaid - Group Health | 0 | 0 | 0 |
| T-Medicaid - Coinsurance | 0 | 0 | 0 |
| T-Medicaid - Other | 0 | 0 | 0 |
| T-Home & Community-Based Services - Regular Payment (1915(c) Waiver) | 0 | 124,571 | (124,571) |
| T-Home & Community-Based Services - St. Plan 1915(i) Only Pay. | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(j) Only Pay. | 0 | 0 | 0 |
| T-Home & Community Based Services State Plan 1915(k) Community First Choice | 0 | 0 | 0 |
| T-All-Inclusive Care Elderly | 0 | 0 | 0 |
| T-Personal Care Services - Reg. Payments | 0 | 0 | 0 |
| T-Personal Care Services - SDS 1915(j) | 0 | 0 | 0 |
| T-Targeted Case Management Services - Com. Case-Man. | 0 | 200,643 | (200,643) |
| T-Case Management - State Wide | 0 | 0 | 0 |
| T-Primary Care Case Management | 0 | 0 | 0 |
| T-Hospice Benefits | 0 | 13,903 | (13,903) |
| T-Emergency | 0 | 0 | 0 |
| T-Federally-Qualified Health Center | 0 | 0 | 0 |
| T-Non-Emergency Medical Transportation | 0 | 30,560 | (30,560) |

Medicaid Financial Management Report - Net CHIP Expenditures

**FY 2019
National
Connecticut**

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Physical Therapy | 0 | 0 | 0 |
| T-Occupational Therapy | 0 | 0 | 0 |
| T-Services for Speech, Hearing & Language | 0 | 0 | 0 |
| T-Prosthetic Devices, Dentures, Eyeglasses | 0 | 0 | 0 |
| T-Diagnostic Screening & Preventive Services | 0 | 1,168,640 | (1,168,640) |
| T-Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Nurse Mid-Wife | 0 | 0 | 0 |
| T-Emergency Hospital Services | 0 | 0 | 0 |
| T-Critical Access Hospitals | 0 | 0 | 0 |
| T-Nurse Practitioner Services | 0 | 0 | 0 |
| T-School Based Services | 0 | 0 | 0 |
| T-Rehabilitative Services (non-school-based) | 0 | 0 | 0 |
| T-Private Duty Nursing | 0 | 0 | 0 |
| T-Freestanding Birth Center | 0 | 0 | 0 |
| T-Health Home w Chronic Conditions | 0 | 0 | 0 |
| T-Tobacco Cessation for Preg Women | 0 | 0 | 0 |
| T-Health Home w Substance-Use-Disorder | 0 | 0 | 0 |
| T-Other Care Services | 0 | 4,197,313 | (4,197,313) |
| T-Total Net Expenditures | 0 | 57,407,465 | (57,407,465) |

Medicaid Financial Management Report - Net CHIP Expenditures

**FY 2019
National
Delaware**

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Inpatient Hospital - Reg. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital - DSH | 0 | 0 | 0 |
| T-Inpatient Hospital - Sup. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital – GME Sup. Payments | 0 | 0 | 0 |
| T-Mental Health Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Mental Health Facility - DSH | 0 | 0 | 0 |
| T-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Sup. Payments | 0 | 0 | 0 |
| T-Intermediate Care Facility - Public | 0 | 0 | 0 |
| T-Intermediate Care - Private | 0 | 0 | 0 |
| T-Intermediate Care Facility - Individuals with Intellectual Disabilities (ICF/IID): Supplemental Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Reg. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Sup. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Evaluation and Management | 0 | 0 | 0 |
| T-Physician & Surgical Services - Vaccine codes | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Reg. Payments | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Sup. Payments | 0 | 0 | 0 |
| T-Prescribed Drugs | 0 | 0 | 0 |
| T-Drug Rebate Offset - National | 0 | 0 | 0 |
| T-Drug Rebate Offset - State Sidebar Agreement | 0 | 0 | 0 |
| T-MCO - National Agreement | 0 | 0 | 0 |
| T-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| T-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| T-Increased ACA OFFSET - MCO | 0 | 0 | 0 |
| T-Dental Services | 0 | 0 | 0 |
| T-Other Practitioners Services - Reg. Payments | 0 | 0 | 0 |
| T-Other Practitioners Services - Sup. Payments | 0 | 0 | 0 |
| T-Clinic Services | 0 | 0 | 0 |
| T-Laboratory/Radiological | 0 | 0 | 0 |
| T-Home Health Services | 0 | 0 | 0 |
| T-Sterilizations | 0 | 0 | 0 |
| T-Abortions | 0 | 0 | 0 |
| T-EPSTD Screening | 0 | 0 | 0 |
| T-Rural Health | 0 | 0 | 0 |
| T-Medicare - Part A | 0 | 0 | 0 |
| T-Medicare - Part B | 0 | 0 | 0 |
| T-120% - 134% Of Poverty | 0 | 0 | 0 |
| T-Coinsurance | 0 | 0 | 0 |
| T-Medicaid - MCO | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

**FY 2019
National
Delaware**

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Medicaid MCO - Evaluation and Management | 0 | 0 | 0 |
| T-Medicaid MCO - Vaccine codes | 0 | 0 | 0 |
| T-Medicaid MCO - Community First Choice | 0 | 0 | 0 |
| T-Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid MCO - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Ambulatory Health Plan | 0 | 0 | 0 |
| T-MCO PAHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PAHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PAHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PAHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Inpatient Health Plan | 0 | 0 | 0 |
| T-MCO PIHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PIHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PIHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PIHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Medicaid - Group Health | 0 | 0 | 0 |
| T-Medicaid - Coinsurance | 0 | 0 | 0 |
| T-Medicaid - Other | 0 | 0 | 0 |
| T-Home & Community-Based Services - Regular Payment (1915(c) Waiver) | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(i) Only Pay. | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(j) Only Pay. | 0 | 0 | 0 |
| T-Home & Community Based Services State Plan 1915(k) Community First Choice | 0 | 0 | 0 |
| T-All-Inclusive Care Elderly | 0 | 0 | 0 |
| T-Personal Care Services - Reg. Payments | 0 | 0 | 0 |
| T-Personal Care Services - SDS 1915(j) | 0 | 0 | 0 |
| T-Targeted Case Management Services - Com. Case-Man. | 0 | 0 | 0 |
| T-Case Management - State Wide | 0 | 0 | 0 |
| T-Primary Care Case Management | 0 | 0 | 0 |
| T-Hospice Benefits | 0 | 0 | 0 |
| T-Emergency | 0 | 0 | 0 |
| T-Federally-Qualified Health Center | 0 | 0 | 0 |
| T-Non-Emergency Medical Transportation | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Delaware

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Physical Therapy | 0 | 0 | 0 |
| T-Occupational Therapy | 0 | 0 | 0 |
| T-Services for Speech, Hearing & Language | 0 | 0 | 0 |
| T-Prosthetic Devices, Dentures, Eyeglasses | 0 | 0 | 0 |
| T-Diagnostic Screening & Preventive Services | 0 | 0 | 0 |
| T-Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Nurse Mid-Wife | 0 | 0 | 0 |
| T-Emergency Hospital Services | 0 | 0 | 0 |
| T-Critical Access Hospitals | 0 | 0 | 0 |
| T-Nurse Practitioner Services | 0 | 0 | 0 |
| T-School Based Services | 0 | 0 | 0 |
| T-Rehabilitative Services (non-school-based) | 0 | 0 | 0 |
| T-Private Duty Nursing | 0 | 0 | 0 |
| T-Freestanding Birth Center | 0 | 0 | 0 |
| T-Health Home w Chronic Conditions | 0 | 0 | 0 |
| T-Tobacco Cessation for Preg Women | 0 | 0 | 0 |
| T-Health Home w Substance-Use-Disorder | 0 | 0 | 0 |
| T-Other Care Services | 0 | 0 | 0 |
| T-Total Net Expenditures | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Dist. Of Col.

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Inpatient Hospital - Reg. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital - DSH | 0 | 0 | 0 |
| T-Inpatient Hospital - Sup. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital – GME Sup. Payments | 0 | 0 | 0 |
| T-Mental Health Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Mental Health Facility - DSH | 0 | 0 | 0 |
| T-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Sup. Payments | 0 | 0 | 0 |
| T-Intermediate Care Facility - Public | 0 | 0 | 0 |
| T-Intermediate Care - Private | 0 | 0 | 0 |
| T-Intermediate Care Facility - Individuals with Intellectual Disabilities (ICF/IID): Supplemental Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Reg. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Sup. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Evaluation and Management | 0 | 0 | 0 |
| T-Physician & Surgical Services - Vaccine codes | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Reg. Payments | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Sup. Payments | 0 | 0 | 0 |
| T-Prescribed Drugs | 0 | 0 | 0 |
| T-Drug Rebate Offset - National | 0 | 0 | 0 |
| T-Drug Rebate Offset - State Sidebar Agreement | 0 | 0 | 0 |
| T-MCO - National Agreement | 0 | 0 | 0 |
| T-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| T-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| T-Increased ACA OFFSET - MCO | 0 | 0 | 0 |
| T-Dental Services | 0 | 0 | 0 |
| T-Other Practitioners Services - Reg. Payments | 0 | 0 | 0 |
| T-Other Practitioners Services - Sup. Payments | 0 | 0 | 0 |
| T-Clinic Services | 0 | 0 | 0 |
| T-Laboratory/Radiological | 0 | 0 | 0 |
| T-Home Health Services | 0 | 0 | 0 |
| T-Sterilizations | 0 | 0 | 0 |
| T-Abortions | 0 | 0 | 0 |
| T-EPSTD Screening | 0 | 0 | 0 |
| T-Rural Health | 0 | 0 | 0 |
| T-Medicare - Part A | 0 | 0 | 0 |
| T-Medicare - Part B | 0 | 0 | 0 |
| T-120% - 134% Of Poverty | 0 | 0 | 0 |
| T-Coinsurance | 0 | 0 | 0 |
| T-Medicaid - MCO | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Dist. Of Col.

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Medicaid MCO - Evaluation and Management | 0 | 0 | 0 |
| T-Medicaid MCO - Vaccine codes | 0 | 0 | 0 |
| T-Medicaid MCO - Community First Choice | 0 | 0 | 0 |
| T-Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid MCO - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Ambulatory Health Plan | 0 | 0 | 0 |
| T-MCO PAHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PAHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PAHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PAHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Inpatient Health Plan | 0 | 0 | 0 |
| T-MCO PIHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PIHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PIHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PIHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Medicaid - Group Health | 0 | 0 | 0 |
| T-Medicaid - Coinsurance | 0 | 0 | 0 |
| T-Medicaid - Other | 0 | 0 | 0 |
| T-Home & Community-Based Services - Regular Payment (1915(c) Waiver) | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(i) Only Pay. | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(j) Only Pay. | 0 | 0 | 0 |
| T-Home & Community Based Services State Plan 1915(k) Community First Choice | 0 | 0 | 0 |
| T-All-Inclusive Care Elderly | 0 | 0 | 0 |
| T-Personal Care Services - Reg. Payments | 0 | 0 | 0 |
| T-Personal Care Services - SDS 1915(j) | 0 | 0 | 0 |
| T-Targeted Case Management Services - Com. Case-Man. | 0 | 0 | 0 |
| T-Case Management - State Wide | 0 | 0 | 0 |
| T-Primary Care Case Management | 0 | 0 | 0 |
| T-Hospice Benefits | 0 | 0 | 0 |
| T-Emergency | 0 | 0 | 0 |
| T-Federally-Qualified Health Center | 0 | 0 | 0 |
| T-Non-Emergency Medical Transportation | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Dist. Of Col.

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Physical Therapy | 0 | 0 | 0 |
| T-Occupational Therapy | 0 | 0 | 0 |
| T-Services for Speech, Hearing & Language | 0 | 0 | 0 |
| T-Prosthetic Devices, Dentures, Eyeglasses | 0 | 0 | 0 |
| T-Diagnostic Screening & Preventive Services | 0 | 0 | 0 |
| T-Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Nurse Mid-Wife | 0 | 0 | 0 |
| T-Emergency Hospital Services | 0 | 0 | 0 |
| T-Critical Access Hospitals | 0 | 0 | 0 |
| T-Nurse Practitioner Services | 0 | 0 | 0 |
| T-School Based Services | 0 | 0 | 0 |
| T-Rehabilitative Services (non-school-based) | 0 | 0 | 0 |
| T-Private Duty Nursing | 0 | 0 | 0 |
| T-Freestanding Birth Center | 0 | 0 | 0 |
| T-Health Home w Chronic Conditions | 0 | 0 | 0 |
| T-Tobacco Cessation for Preg Women | 0 | 0 | 0 |
| T-Health Home w Substance-Use-Disorder | 0 | 0 | 0 |
| T-Other Care Services | 0 | 0 | 0 |
| T-Total Net Expenditures | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Florida

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Inpatient Hospital - Reg. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital - DSH | 0 | 0 | 0 |
| T-Inpatient Hospital - Sup. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital – GME Sup. Payments | 0 | 0 | 0 |
| T-Mental Health Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Mental Health Facility - DSH | 0 | 0 | 0 |
| T-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Sup. Payments | 0 | 0 | 0 |
| T-Intermediate Care Facility - Public | 0 | 0 | 0 |
| T-Intermediate Care - Private | 0 | 0 | 0 |
| T-Intermediate Care Facility - Individuals with Intellectual Disabilities (ICF/IID): Supplemental Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Reg. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Sup. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Evaluation and Management | 0 | 0 | 0 |
| T-Physician & Surgical Services - Vaccine codes | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Reg. Payments | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Sup. Payments | 0 | 0 | 0 |
| T-Prescribed Drugs | 0 | 0 | 0 |
| T-Drug Rebate Offset - National | 0 | 0 | 0 |
| T-Drug Rebate Offset - State Sidebar Agreement | 0 | 0 | 0 |
| T-MCO - National Agreement | 0 | 0 | 0 |
| T-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| T-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| T-Increased ACA OFFSET - MCO | 0 | 0 | 0 |
| T-Dental Services | 0 | 0 | 0 |
| T-Other Practitioners Services - Reg. Payments | 0 | 0 | 0 |
| T-Other Practitioners Services - Sup. Payments | 0 | 0 | 0 |
| T-Clinic Services | 0 | 0 | 0 |
| T-Laboratory/Radiological | 0 | 0 | 0 |
| T-Home Health Services | 0 | 0 | 0 |
| T-Sterilizations | 0 | 0 | 0 |
| T-Abortions | 0 | 0 | 0 |
| T-EPSTD Screening | 0 | 0 | 0 |
| T-Rural Health | 0 | 0 | 0 |
| T-Medicare - Part A | 0 | 0 | 0 |
| T-Medicare - Part B | 0 | 0 | 0 |
| T-120% - 134% Of Poverty | 0 | 0 | 0 |
| T-Coinsurance | 0 | 0 | 0 |
| T-Medicaid - MCO | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Florida

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Medicaid MCO - Evaluation and Management | 0 | 0 | 0 |
| T-Medicaid MCO - Vaccine codes | 0 | 0 | 0 |
| T-Medicaid MCO - Community First Choice | 0 | 0 | 0 |
| T-Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid MCO - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Ambulatory Health Plan | 0 | 0 | 0 |
| T-MCO PAHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PAHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PAHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PAHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Inpatient Health Plan | 0 | 0 | 0 |
| T-MCO PIHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PIHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PIHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PIHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Medicaid - Group Health | 0 | 0 | 0 |
| T-Medicaid - Coinsurance | 0 | 0 | 0 |
| T-Medicaid - Other | 0 | 0 | 0 |
| T-Home & Community-Based Services - Regular Payment (1915(c) Waiver) | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(i) Only Pay. | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(j) Only Pay. | 0 | 0 | 0 |
| T-Home & Community Based Services State Plan 1915(k) Community First Choice | 0 | 0 | 0 |
| T-All-Inclusive Care Elderly | 0 | 0 | 0 |
| T-Personal Care Services - Reg. Payments | 0 | 0 | 0 |
| T-Personal Care Services - SDS 1915(j) | 0 | 0 | 0 |
| T-Targeted Case Management Services - Com. Case-Man. | 0 | 0 | 0 |
| T-Case Management - State Wide | 0 | 0 | 0 |
| T-Primary Care Case Management | 0 | 0 | 0 |
| T-Hospice Benefits | 0 | 0 | 0 |
| T-Emergency | 0 | 0 | 0 |
| T-Federally-Qualified Health Center | 0 | 0 | 0 |
| T-Non-Emergency Medical Transportation | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Florida

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Physical Therapy | 0 | 0 | 0 |
| T-Occupational Therapy | 0 | 0 | 0 |
| T-Services for Speech, Hearing & Language | 0 | 0 | 0 |
| T-Prosthetic Devices, Dentures, Eyeglasses | 0 | 0 | 0 |
| T-Diagnostic Screening & Preventive Services | 0 | 0 | 0 |
| T-Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Nurse Mid-Wife | 0 | 0 | 0 |
| T-Emergency Hospital Services | 0 | 0 | 0 |
| T-Critical Access Hospitals | 0 | 0 | 0 |
| T-Nurse Practitioner Services | 0 | 0 | 0 |
| T-School Based Services | 0 | 0 | 0 |
| T-Rehabilitative Services (non-school-based) | 0 | 0 | 0 |
| T-Private Duty Nursing | 0 | 0 | 0 |
| T-Freestanding Birth Center | 0 | 0 | 0 |
| T-Health Home w Chronic Conditions | 0 | 0 | 0 |
| T-Tobacco Cessation for Preg Women | 0 | 0 | 0 |
| T-Health Home w Substance-Use-Disorder | 0 | 0 | 0 |
| T-Other Care Services | 0 | 0 | 0 |
| T-Total Net Expenditures | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Georgia

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Inpatient Hospital - Reg. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital - DSH | 0 | 0 | 0 |
| T-Inpatient Hospital - Sup. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital – GME Sup. Payments | 0 | 0 | 0 |
| T-Mental Health Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Mental Health Facility - DSH | 0 | 0 | 0 |
| T-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Sup. Payments | 0 | 0 | 0 |
| T-Intermediate Care Facility - Public | 0 | 0 | 0 |
| T-Intermediate Care - Private | 0 | 0 | 0 |
| T-Intermediate Care Facility - Individuals with Intellectual Disabilities (ICF/IID): Supplemental Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Reg. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Sup. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Evaluation and Management | 0 | 0 | 0 |
| T-Physician & Surgical Services - Vaccine codes | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Reg. Payments | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Sup. Payments | 0 | 0 | 0 |
| T-Prescribed Drugs | 0 | 0 | 0 |
| T-Drug Rebate Offset - National | 0 | 0 | 0 |
| T-Drug Rebate Offset - State Sidebar Agreement | 0 | 0 | 0 |
| T-MCO - National Agreement | 0 | 0 | 0 |
| T-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| T-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| T-Increased ACA OFFSET - MCO | 0 | 0 | 0 |
| T-Dental Services | 0 | 0 | 0 |
| T-Other Practitioners Services - Reg. Payments | 0 | 0 | 0 |
| T-Other Practitioners Services - Sup. Payments | 0 | 0 | 0 |
| T-Clinic Services | 0 | 0 | 0 |
| T-Laboratory/Radiological | 0 | 0 | 0 |
| T-Home Health Services | 0 | 0 | 0 |
| T-Sterilizations | 0 | 0 | 0 |
| T-Abortions | 0 | 0 | 0 |
| T-EPSTD Screening | 0 | 0 | 0 |
| T-Rural Health | 0 | 0 | 0 |
| T-Medicare - Part A | 0 | 0 | 0 |
| T-Medicare - Part B | 0 | 0 | 0 |
| T-120% - 134% Of Poverty | 0 | 0 | 0 |
| T-Coinsurance | 0 | 0 | 0 |
| T-Medicaid - MCO | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Georgia

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Medicaid MCO - Evaluation and Management | 0 | 0 | 0 |
| T-Medicaid MCO - Vaccine codes | 0 | 0 | 0 |
| T-Medicaid MCO - Community First Choice | 0 | 0 | 0 |
| T-Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid MCO - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Ambulatory Health Plan | 0 | 0 | 0 |
| T-MCO PAHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PAHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PAHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PAHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Inpatient Health Plan | 0 | 0 | 0 |
| T-MCO PIHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PIHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PIHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PIHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Medicaid - Group Health | 0 | 0 | 0 |
| T-Medicaid - Coinsurance | 0 | 0 | 0 |
| T-Medicaid - Other | 0 | 0 | 0 |
| T-Home & Community-Based Services - Regular Payment (1915(c) Waiver) | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(i) Only Pay. | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(j) Only Pay. | 0 | 0 | 0 |
| T-Home & Community Based Services State Plan 1915(k) Community First Choice | 0 | 0 | 0 |
| T-All-Inclusive Care Elderly | 0 | 0 | 0 |
| T-Personal Care Services - Reg. Payments | 0 | 0 | 0 |
| T-Personal Care Services - SDS 1915(j) | 0 | 0 | 0 |
| T-Targeted Case Management Services - Com. Case-Man. | 0 | 0 | 0 |
| T-Case Management - State Wide | 0 | 0 | 0 |
| T-Primary Care Case Management | 0 | 0 | 0 |
| T-Hospice Benefits | 0 | 0 | 0 |
| T-Emergency | 0 | 0 | 0 |
| T-Federally-Qualified Health Center | 0 | 0 | 0 |
| T-Non-Emergency Medical Transportation | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Georgia

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Physical Therapy | 0 | 0 | 0 |
| T-Occupational Therapy | 0 | 0 | 0 |
| T-Services for Speech, Hearing & Language | 0 | 0 | 0 |
| T-Prosthetic Devices, Dentures, Eyeglasses | 0 | 0 | 0 |
| T-Diagnostic Screening & Preventive Services | 0 | 0 | 0 |
| T-Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Nurse Mid-Wife | 0 | 0 | 0 |
| T-Emergency Hospital Services | 0 | 0 | 0 |
| T-Critical Access Hospitals | 0 | 0 | 0 |
| T-Nurse Practitioner Services | 0 | 0 | 0 |
| T-School Based Services | 0 | 0 | 0 |
| T-Rehabilitative Services (non-school-based) | 0 | 0 | 0 |
| T-Private Duty Nursing | 0 | 0 | 0 |
| T-Freestanding Birth Center | 0 | 0 | 0 |
| T-Health Home w Chronic Conditions | 0 | 0 | 0 |
| T-Tobacco Cessation for Preg Women | 0 | 0 | 0 |
| T-Health Home w Substance-Use-Disorder | 0 | 0 | 0 |
| T-Other Care Services | 0 | 0 | 0 |
| T-Total Net Expenditures | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Guam

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Inpatient Hospital - Reg. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital - DSH | 0 | 0 | 0 |
| T-Inpatient Hospital - Sup. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital – GME Sup. Payments | 0 | 0 | 0 |
| T-Mental Health Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Mental Health Facility - DSH | 0 | 0 | 0 |
| T-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Sup. Payments | 0 | 0 | 0 |
| T-Intermediate Care Facility - Public | 0 | 0 | 0 |
| T-Intermediate Care - Private | 0 | 0 | 0 |
| T-Intermediate Care Facility - Individuals with Intellectual Disabilities (ICF/IID): Supplemental Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Reg. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Sup. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Evaluation and Management | 0 | 0 | 0 |
| T-Physician & Surgical Services - Vaccine codes | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Reg. Payments | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Sup. Payments | 0 | 0 | 0 |
| T-Prescribed Drugs | 0 | 0 | 0 |
| T-Drug Rebate Offset - National | 0 | 0 | 0 |
| T-Drug Rebate Offset - State Sidebar Agreement | 0 | 0 | 0 |
| T-MCO - National Agreement | 0 | 0 | 0 |
| T-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| T-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| T-Increased ACA OFFSET - MCO | 0 | 0 | 0 |
| T-Dental Services | 0 | 0 | 0 |
| T-Other Practitioners Services - Reg. Payments | 0 | 0 | 0 |
| T-Other Practitioners Services - Sup. Payments | 0 | 0 | 0 |
| T-Clinic Services | 0 | 0 | 0 |
| T-Laboratory/Radiological | 0 | 0 | 0 |
| T-Home Health Services | 0 | 0 | 0 |
| T-Sterilizations | 0 | 0 | 0 |
| T-Abortions | 0 | 0 | 0 |
| T-EPSTD Screening | 0 | 0 | 0 |
| T-Rural Health | 0 | 0 | 0 |
| T-Medicare - Part A | 0 | 0 | 0 |
| T-Medicare - Part B | 0 | 0 | 0 |
| T-120% - 134% Of Poverty | 0 | 0 | 0 |
| T-Coinsurance | 0 | 0 | 0 |
| T-Medicaid - MCO | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Guam

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Medicaid MCO - Evaluation and Management | 0 | 0 | 0 |
| T-Medicaid MCO - Vaccine codes | 0 | 0 | 0 |
| T-Medicaid MCO - Community First Choice | 0 | 0 | 0 |
| T-Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid MCO - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Ambulatory Health Plan | 0 | 0 | 0 |
| T-MCO PAHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PAHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PAHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PAHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Inpatient Health Plan | 0 | 0 | 0 |
| T-MCO PIHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PIHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PIHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PIHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Medicaid - Group Health | 0 | 0 | 0 |
| T-Medicaid - Coinsurance | 0 | 0 | 0 |
| T-Medicaid - Other | 0 | 0 | 0 |
| T-Home & Community-Based Services - Regular Payment (1915(c) Waiver) | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(i) Only Pay. | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(j) Only Pay. | 0 | 0 | 0 |
| T-Home & Community Based Services State Plan 1915(k) Community First Choice | 0 | 0 | 0 |
| T-All-Inclusive Care Elderly | 0 | 0 | 0 |
| T-Personal Care Services - Reg. Payments | 0 | 0 | 0 |
| T-Personal Care Services - SDS 1915(j) | 0 | 0 | 0 |
| T-Targeted Case Management Services - Com. Case-Man. | 0 | 0 | 0 |
| T-Case Management - State Wide | 0 | 0 | 0 |
| T-Primary Care Case Management | 0 | 0 | 0 |
| T-Hospice Benefits | 0 | 0 | 0 |
| T-Emergency | 0 | 0 | 0 |
| T-Federally-Qualified Health Center | 0 | 0 | 0 |
| T-Non-Emergency Medical Transportation | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Guam

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Physical Therapy | 0 | 0 | 0 |
| T-Occupational Therapy | 0 | 0 | 0 |
| T-Services for Speech, Hearing & Language | 0 | 0 | 0 |
| T-Prosthetic Devices, Dentures, Eyeglasses | 0 | 0 | 0 |
| T-Diagnostic Screening & Preventive Services | 0 | 0 | 0 |
| T-Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Nurse Mid-Wife | 0 | 0 | 0 |
| T-Emergency Hospital Services | 0 | 0 | 0 |
| T-Critical Access Hospitals | 0 | 0 | 0 |
| T-Nurse Practitioner Services | 0 | 0 | 0 |
| T-School Based Services | 0 | 0 | 0 |
| T-Rehabilitative Services (non-school-based) | 0 | 0 | 0 |
| T-Private Duty Nursing | 0 | 0 | 0 |
| T-Freestanding Birth Center | 0 | 0 | 0 |
| T-Health Home w Chronic Conditions | 0 | 0 | 0 |
| T-Tobacco Cessation for Preg Women | 0 | 0 | 0 |
| T-Health Home w Substance-Use-Disorder | 0 | 0 | 0 |
| T-Other Care Services | 0 | 0 | 0 |
| T-Total Net Expenditures | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Hawaii

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Inpatient Hospital - Reg. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital - DSH | 0 | 0 | 0 |
| T-Inpatient Hospital - Sup. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital – GME Sup. Payments | 0 | 0 | 0 |
| T-Mental Health Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Mental Health Facility - DSH | 0 | 0 | 0 |
| T-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Sup. Payments | 0 | 0 | 0 |
| T-Intermediate Care Facility - Public | 0 | 0 | 0 |
| T-Intermediate Care - Private | 0 | 0 | 0 |
| T-Intermediate Care Facility - Individuals with Intellectual Disabilities (ICF/IID): Supplemental Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Reg. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Sup. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Evaluation and Management | 0 | 0 | 0 |
| T-Physician & Surgical Services - Vaccine codes | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Reg. Payments | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Sup. Payments | 0 | 0 | 0 |
| T-Prescribed Drugs | 0 | 0 | 0 |
| T-Drug Rebate Offset - National | 0 | 0 | 0 |
| T-Drug Rebate Offset - State Sidebar Agreement | 0 | 0 | 0 |
| T-MCO - National Agreement | 0 | 0 | 0 |
| T-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| T-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| T-Increased ACA OFFSET - MCO | 0 | 0 | 0 |
| T-Dental Services | 0 | 0 | 0 |
| T-Other Practitioners Services - Reg. Payments | 0 | 0 | 0 |
| T-Other Practitioners Services - Sup. Payments | 0 | 0 | 0 |
| T-Clinic Services | 0 | 0 | 0 |
| T-Laboratory/Radiological | 0 | 0 | 0 |
| T-Home Health Services | 0 | 0 | 0 |
| T-Sterilizations | 0 | 0 | 0 |
| T-Abortions | 0 | 0 | 0 |
| T-EPSTD Screening | 0 | 0 | 0 |
| T-Rural Health | 0 | 0 | 0 |
| T-Medicare - Part A | 0 | 0 | 0 |
| T-Medicare - Part B | 0 | 0 | 0 |
| T-120% - 134% Of Poverty | 0 | 0 | 0 |
| T-Coinsurance | 0 | 0 | 0 |
| T-Medicaid - MCO | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Hawaii

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Medicaid MCO - Evaluation and Management | 0 | 0 | 0 |
| T-Medicaid MCO - Vaccine codes | 0 | 0 | 0 |
| T-Medicaid MCO - Community First Choice | 0 | 0 | 0 |
| T-Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid MCO - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Ambulatory Health Plan | 0 | 0 | 0 |
| T-MCO PAHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PAHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PAHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PAHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Inpatient Health Plan | 0 | 0 | 0 |
| T-MCO PIHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PIHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PIHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PIHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Medicaid - Group Health | 0 | 0 | 0 |
| T-Medicaid - Coinsurance | 0 | 0 | 0 |
| T-Medicaid - Other | 0 | 0 | 0 |
| T-Home & Community-Based Services - Regular Payment (1915(c) Waiver) | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(i) Only Pay. | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(j) Only Pay. | 0 | 0 | 0 |
| T-Home & Community Based Services State Plan 1915(k) Community First Choice | 0 | 0 | 0 |
| T-All-Inclusive Care Elderly | 0 | 0 | 0 |
| T-Personal Care Services - Reg. Payments | 0 | 0 | 0 |
| T-Personal Care Services - SDS 1915(j) | 0 | 0 | 0 |
| T-Targeted Case Management Services - Com. Case-Man. | 0 | 0 | 0 |
| T-Case Management - State Wide | 0 | 0 | 0 |
| T-Primary Care Case Management | 0 | 0 | 0 |
| T-Hospice Benefits | 0 | 0 | 0 |
| T-Emergency | 0 | 0 | 0 |
| T-Federally-Qualified Health Center | 0 | 0 | 0 |
| T-Non-Emergency Medical Transportation | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Hawaii

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Physical Therapy | 0 | 0 | 0 |
| T-Occupational Therapy | 0 | 0 | 0 |
| T-Services for Speech, Hearing & Language | 0 | 0 | 0 |
| T-Prosthetic Devices, Dentures, Eyeglasses | 0 | 0 | 0 |
| T-Diagnostic Screening & Preventive Services | 0 | 0 | 0 |
| T-Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Nurse Mid-Wife | 0 | 0 | 0 |
| T-Emergency Hospital Services | 0 | 0 | 0 |
| T-Critical Access Hospitals | 0 | 0 | 0 |
| T-Nurse Practitioner Services | 0 | 0 | 0 |
| T-School Based Services | 0 | 0 | 0 |
| T-Rehabilitative Services (non-school-based) | 0 | 0 | 0 |
| T-Private Duty Nursing | 0 | 0 | 0 |
| T-Freestanding Birth Center | 0 | 0 | 0 |
| T-Health Home w Chronic Conditions | 0 | 0 | 0 |
| T-Tobacco Cessation for Preg Women | 0 | 0 | 0 |
| T-Health Home w Substance-Use-Disorder | 0 | 0 | 0 |
| T-Other Care Services | 0 | 0 | 0 |
| T-Total Net Expenditures | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Idaho

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Inpatient Hospital - Reg. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital - DSH | 0 | 0 | 0 |
| T-Inpatient Hospital - Sup. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital – GME Sup. Payments | 0 | 0 | 0 |
| T-Mental Health Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Mental Health Facility - DSH | 0 | 0 | 0 |
| T-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Sup. Payments | 0 | 0 | 0 |
| T-Intermediate Care Facility - Public | 0 | 0 | 0 |
| T-Intermediate Care - Private | 0 | 0 | 0 |
| T-Intermediate Care Facility - Individuals with Intellectual Disabilities (ICF/IID): Supplemental Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Reg. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Sup. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Evaluation and Management | 0 | 0 | 0 |
| T-Physician & Surgical Services - Vaccine codes | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Reg. Payments | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Sup. Payments | 0 | 0 | 0 |
| T-Prescribed Drugs | 0 | 0 | 0 |
| T-Drug Rebate Offset - National | 0 | 0 | 0 |
| T-Drug Rebate Offset - State Sidebar Agreement | 0 | 0 | 0 |
| T-MCO - National Agreement | 0 | 0 | 0 |
| T-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| T-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| T-Increased ACA OFFSET - MCO | 0 | 0 | 0 |
| T-Dental Services | 0 | 0 | 0 |
| T-Other Practitioners Services - Reg. Payments | 0 | 0 | 0 |
| T-Other Practitioners Services - Sup. Payments | 0 | 0 | 0 |
| T-Clinic Services | 0 | 0 | 0 |
| T-Laboratory/Radiological | 0 | 0 | 0 |
| T-Home Health Services | 0 | 0 | 0 |
| T-Sterilizations | 0 | 0 | 0 |
| T-Abortions | 0 | 0 | 0 |
| T-EPSTD Screening | 0 | 0 | 0 |
| T-Rural Health | 0 | 0 | 0 |
| T-Medicare - Part A | 0 | 0 | 0 |
| T-Medicare - Part B | 0 | 0 | 0 |
| T-120% - 134% Of Poverty | 0 | 0 | 0 |
| T-Coinsurance | 0 | 0 | 0 |
| T-Medicaid - MCO | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Idaho

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Medicaid MCO - Evaluation and Management | 0 | 0 | 0 |
| T-Medicaid MCO - Vaccine codes | 0 | 0 | 0 |
| T-Medicaid MCO - Community First Choice | 0 | 0 | 0 |
| T-Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid MCO - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Ambulatory Health Plan | 0 | 0 | 0 |
| T-MCO PAHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PAHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PAHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PAHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Inpatient Health Plan | 0 | 0 | 0 |
| T-MCO PIHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PIHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PIHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PIHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Medicaid - Group Health | 0 | 0 | 0 |
| T-Medicaid - Coinsurance | 0 | 0 | 0 |
| T-Medicaid - Other | 0 | 0 | 0 |
| T-Home & Community-Based Services - Regular Payment (1915(c) Waiver) | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(i) Only Pay. | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(j) Only Pay. | 0 | 0 | 0 |
| T-Home & Community Based Services State Plan 1915(k) Community First Choice | 0 | 0 | 0 |
| T-All-Inclusive Care Elderly | 0 | 0 | 0 |
| T-Personal Care Services - Reg. Payments | 0 | 0 | 0 |
| T-Personal Care Services - SDS 1915(j) | 0 | 0 | 0 |
| T-Targeted Case Management Services - Com. Case-Man. | 0 | 0 | 0 |
| T-Case Management - State Wide | 0 | 0 | 0 |
| T-Primary Care Case Management | 0 | 0 | 0 |
| T-Hospice Benefits | 0 | 0 | 0 |
| T-Emergency | 0 | 0 | 0 |
| T-Federally-Qualified Health Center | 0 | 0 | 0 |
| T-Non-Emergency Medical Transportation | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Idaho

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Physical Therapy | 0 | 0 | 0 |
| T-Occupational Therapy | 0 | 0 | 0 |
| T-Services for Speech, Hearing & Language | 0 | 0 | 0 |
| T-Prosthetic Devices, Dentures, Eyeglasses | 0 | 0 | 0 |
| T-Diagnostic Screening & Preventive Services | 0 | 0 | 0 |
| T-Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Nurse Mid-Wife | 0 | 0 | 0 |
| T-Emergency Hospital Services | 0 | 0 | 0 |
| T-Critical Access Hospitals | 0 | 0 | 0 |
| T-Nurse Practitioner Services | 0 | 0 | 0 |
| T-School Based Services | 0 | 0 | 0 |
| T-Rehabilitative Services (non-school-based) | 0 | 0 | 0 |
| T-Private Duty Nursing | 0 | 0 | 0 |
| T-Freestanding Birth Center | 0 | 0 | 0 |
| T-Health Home w Chronic Conditions | 0 | 0 | 0 |
| T-Tobacco Cessation for Preg Women | 0 | 0 | 0 |
| T-Health Home w Substance-Use-Disorder | 0 | 0 | 0 |
| T-Other Care Services | 0 | 0 | 0 |
| T-Total Net Expenditures | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Illinois

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Inpatient Hospital - Reg. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital - DSH | 0 | 0 | 0 |
| T-Inpatient Hospital - Sup. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital – GME Sup. Payments | 0 | 0 | 0 |
| T-Mental Health Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Mental Health Facility - DSH | 0 | 0 | 0 |
| T-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Sup. Payments | 0 | 0 | 0 |
| T-Intermediate Care Facility - Public | 0 | 0 | 0 |
| T-Intermediate Care - Private | 0 | 0 | 0 |
| T-Intermediate Care Facility - Individuals with Intellectual Disabilities (ICF/IID): Supplemental Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Reg. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Sup. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Evaluation and Management | 0 | 0 | 0 |
| T-Physician & Surgical Services - Vaccine codes | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Reg. Payments | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Sup. Payments | 0 | 0 | 0 |
| T-Prescribed Drugs | 0 | 0 | 0 |
| T-Drug Rebate Offset - National | 0 | 0 | 0 |
| T-Drug Rebate Offset - State Sidebar Agreement | 0 | 0 | 0 |
| T-MCO - National Agreement | 0 | 0 | 0 |
| T-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| T-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| T-Increased ACA OFFSET - MCO | 0 | 0 | 0 |
| T-Dental Services | 0 | 0 | 0 |
| T-Other Practitioners Services - Reg. Payments | 0 | 0 | 0 |
| T-Other Practitioners Services - Sup. Payments | 0 | 0 | 0 |
| T-Clinic Services | 0 | 0 | 0 |
| T-Laboratory/Radiological | 0 | 0 | 0 |
| T-Home Health Services | 0 | 0 | 0 |
| T-Sterilizations | 0 | 0 | 0 |
| T-Abortions | 0 | 0 | 0 |
| T-EPSTD Screening | 0 | 0 | 0 |
| T-Rural Health | 0 | 0 | 0 |
| T-Medicare - Part A | 0 | 0 | 0 |
| T-Medicare - Part B | 0 | 0 | 0 |
| T-120% - 134% Of Poverty | 0 | 0 | 0 |
| T-Coinsurance | 0 | 0 | 0 |
| T-Medicaid - MCO | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Illinois

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Medicaid MCO - Evaluation and Management | 0 | 0 | 0 |
| T-Medicaid MCO - Vaccine codes | 0 | 0 | 0 |
| T-Medicaid MCO - Community First Choice | 0 | 0 | 0 |
| T-Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid MCO - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Ambulatory Health Plan | 0 | 0 | 0 |
| T-MCO PAHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PAHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PAHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PAHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Inpatient Health Plan | 0 | 0 | 0 |
| T-MCO PIHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PIHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PIHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PIHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Medicaid - Group Health | 0 | 0 | 0 |
| T-Medicaid - Coinsurance | 0 | 0 | 0 |
| T-Medicaid - Other | 0 | 0 | 0 |
| T-Home & Community-Based Services - Regular Payment (1915(c) Waiver) | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(i) Only Pay. | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(j) Only Pay. | 0 | 0 | 0 |
| T-Home & Community Based Services State Plan 1915(k) Community First Choice | 0 | 0 | 0 |
| T-All-Inclusive Care Elderly | 0 | 0 | 0 |
| T-Personal Care Services - Reg. Payments | 0 | 0 | 0 |
| T-Personal Care Services - SDS 1915(j) | 0 | 0 | 0 |
| T-Targeted Case Management Services - Com. Case-Man. | 0 | 0 | 0 |
| T-Case Management - State Wide | 0 | 0 | 0 |
| T-Primary Care Case Management | 0 | 0 | 0 |
| T-Hospice Benefits | 0 | 0 | 0 |
| T-Emergency | 0 | 0 | 0 |
| T-Federally-Qualified Health Center | 0 | 0 | 0 |
| T-Non-Emergency Medical Transportation | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Illinois

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Physical Therapy | 0 | 0 | 0 |
| T-Occupational Therapy | 0 | 0 | 0 |
| T-Services for Speech, Hearing & Language | 0 | 0 | 0 |
| T-Prosthetic Devices, Dentures, Eyeglasses | 0 | 0 | 0 |
| T-Diagnostic Screening & Preventive Services | 0 | 0 | 0 |
| T-Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Nurse Mid-Wife | 0 | 0 | 0 |
| T-Emergency Hospital Services | 0 | 0 | 0 |
| T-Critical Access Hospitals | 0 | 0 | 0 |
| T-Nurse Practitioner Services | 0 | 0 | 0 |
| T-School Based Services | 0 | 0 | 0 |
| T-Rehabilitative Services (non-school-based) | 0 | 0 | 0 |
| T-Private Duty Nursing | 0 | 0 | 0 |
| T-Freestanding Birth Center | 0 | 0 | 0 |
| T-Health Home w Chronic Conditions | 0 | 0 | 0 |
| T-Tobacco Cessation for Preg Women | 0 | 0 | 0 |
| T-Health Home w Substance-Use-Disorder | 0 | 0 | 0 |
| T-Other Care Services | 0 | 0 | 0 |
| T-Total Net Expenditures | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Indiana

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Inpatient Hospital - Reg. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital - DSH | 0 | 0 | 0 |
| T-Inpatient Hospital - Sup. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital – GME Sup. Payments | 0 | 0 | 0 |
| T-Mental Health Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Mental Health Facility - DSH | 0 | 0 | 0 |
| T-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Sup. Payments | 0 | 0 | 0 |
| T-Intermediate Care Facility - Public | 0 | 0 | 0 |
| T-Intermediate Care - Private | 0 | 0 | 0 |
| T-Intermediate Care Facility - Individuals with Intellectual Disabilities (ICF/IID): Supplemental Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Reg. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Sup. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Evaluation and Management | 0 | 0 | 0 |
| T-Physician & Surgical Services - Vaccine codes | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Reg. Payments | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Sup. Payments | 0 | 0 | 0 |
| T-Prescribed Drugs | 0 | 0 | 0 |
| T-Drug Rebate Offset - National | 0 | 0 | 0 |
| T-Drug Rebate Offset - State Sidebar Agreement | 0 | 0 | 0 |
| T-MCO - National Agreement | 0 | 0 | 0 |
| T-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| T-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| T-Increased ACA OFFSET - MCO | 0 | 0 | 0 |
| T-Dental Services | 0 | 0 | 0 |
| T-Other Practitioners Services - Reg. Payments | 0 | 0 | 0 |
| T-Other Practitioners Services - Sup. Payments | 0 | 0 | 0 |
| T-Clinic Services | 0 | 0 | 0 |
| T-Laboratory/Radiological | 0 | 0 | 0 |
| T-Home Health Services | 0 | 0 | 0 |
| T-Sterilizations | 0 | 0 | 0 |
| T-Abortions | 0 | 0 | 0 |
| T-EPSTD Screening | 0 | 0 | 0 |
| T-Rural Health | 0 | 0 | 0 |
| T-Medicare - Part A | 0 | 0 | 0 |
| T-Medicare - Part B | 0 | 0 | 0 |
| T-120% - 134% Of Poverty | 0 | 0 | 0 |
| T-Coinsurance | 0 | 0 | 0 |
| T-Medicaid - MCO | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Indiana

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Medicaid MCO - Evaluation and Management | 0 | 0 | 0 |
| T-Medicaid MCO - Vaccine codes | 0 | 0 | 0 |
| T-Medicaid MCO - Community First Choice | 0 | 0 | 0 |
| T-Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid MCO - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Ambulatory Health Plan | 0 | 0 | 0 |
| T-MCO PAHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PAHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PAHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PAHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Inpatient Health Plan | 0 | 0 | 0 |
| T-MCO PIHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PIHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PIHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PIHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Medicaid - Group Health | 0 | 0 | 0 |
| T-Medicaid - Coinsurance | 0 | 0 | 0 |
| T-Medicaid - Other | 0 | 0 | 0 |
| T-Home & Community-Based Services - Regular Payment (1915(c) Waiver) | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(i) Only Pay. | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(j) Only Pay. | 0 | 0 | 0 |
| T-Home & Community Based Services State Plan 1915(k) Community First Choice | 0 | 0 | 0 |
| T-All-Inclusive Care Elderly | 0 | 0 | 0 |
| T-Personal Care Services - Reg. Payments | 0 | 0 | 0 |
| T-Personal Care Services - SDS 1915(j) | 0 | 0 | 0 |
| T-Targeted Case Management Services - Com. Case-Man. | 0 | 0 | 0 |
| T-Case Management - State Wide | 0 | 0 | 0 |
| T-Primary Care Case Management | 0 | 0 | 0 |
| T-Hospice Benefits | 0 | 0 | 0 |
| T-Emergency | 0 | 0 | 0 |
| T-Federally-Qualified Health Center | 0 | 0 | 0 |
| T-Non-Emergency Medical Transportation | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Indiana

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Physical Therapy | 0 | 0 | 0 |
| T-Occupational Therapy | 0 | 0 | 0 |
| T-Services for Speech, Hearing & Language | 0 | 0 | 0 |
| T-Prosthetic Devices, Dentures, Eyeglasses | 0 | 0 | 0 |
| T-Diagnostic Screening & Preventive Services | 0 | 0 | 0 |
| T-Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Nurse Mid-Wife | 0 | 0 | 0 |
| T-Emergency Hospital Services | 0 | 0 | 0 |
| T-Critical Access Hospitals | 0 | 0 | 0 |
| T-Nurse Practitioner Services | 0 | 0 | 0 |
| T-School Based Services | 0 | 0 | 0 |
| T-Rehabilitative Services (non-school-based) | 0 | 0 | 0 |
| T-Private Duty Nursing | 0 | 0 | 0 |
| T-Freestanding Birth Center | 0 | 0 | 0 |
| T-Health Home w Chronic Conditions | 0 | 0 | 0 |
| T-Tobacco Cessation for Preg Women | 0 | 0 | 0 |
| T-Health Home w Substance-Use-Disorder | 0 | 0 | 0 |
| T-Other Care Services | 0 | 0 | 0 |
| T-Total Net Expenditures | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Iowa

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Inpatient Hospital - Reg. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital - DSH | 0 | 0 | 0 |
| T-Inpatient Hospital - Sup. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital – GME Sup. Payments | 0 | 0 | 0 |
| T-Mental Health Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Mental Health Facility - DSH | 0 | 0 | 0 |
| T-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Sup. Payments | 0 | 0 | 0 |
| T-Intermediate Care Facility - Public | 0 | 0 | 0 |
| T-Intermediate Care - Private | 0 | 0 | 0 |
| T-Intermediate Care Facility - Individuals with Intellectual Disabilities (ICF/IID): Supplemental Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Reg. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Sup. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Evaluation and Management | 0 | 0 | 0 |
| T-Physician & Surgical Services - Vaccine codes | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Reg. Payments | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Sup. Payments | 0 | 0 | 0 |
| T-Prescribed Drugs | 0 | 0 | 0 |
| T-Drug Rebate Offset - National | 0 | 0 | 0 |
| T-Drug Rebate Offset - State Sidebar Agreement | 0 | 0 | 0 |
| T-MCO - National Agreement | 0 | 0 | 0 |
| T-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| T-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| T-Increased ACA OFFSET - MCO | 0 | 0 | 0 |
| T-Dental Services | 0 | 0 | 0 |
| T-Other Practitioners Services - Reg. Payments | 0 | 0 | 0 |
| T-Other Practitioners Services - Sup. Payments | 0 | 0 | 0 |
| T-Clinic Services | 0 | 0 | 0 |
| T-Laboratory/Radiological | 0 | 0 | 0 |
| T-Home Health Services | 0 | 0 | 0 |
| T-Sterilizations | 0 | 0 | 0 |
| T-Abortions | 0 | 0 | 0 |
| T-EPSTD Screening | 0 | 0 | 0 |
| T-Rural Health | 0 | 0 | 0 |
| T-Medicare - Part A | 0 | 0 | 0 |
| T-Medicare - Part B | 0 | 0 | 0 |
| T-120% - 134% Of Poverty | 0 | 0 | 0 |
| T-Coinsurance | 0 | 0 | 0 |
| T-Medicaid - MCO | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Iowa

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Medicaid MCO - Evaluation and Management | 0 | 0 | 0 |
| T-Medicaid MCO - Vaccine codes | 0 | 0 | 0 |
| T-Medicaid MCO - Community First Choice | 0 | 0 | 0 |
| T-Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid MCO - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Ambulatory Health Plan | 0 | 0 | 0 |
| T-MCO PAHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PAHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PAHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PAHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Inpatient Health Plan | 0 | 0 | 0 |
| T-MCO PIHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PIHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PIHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PIHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Medicaid - Group Health | 0 | 0 | 0 |
| T-Medicaid - Coinsurance | 0 | 0 | 0 |
| T-Medicaid - Other | 0 | 0 | 0 |
| T-Home & Community-Based Services - Regular Payment (1915(c) Waiver) | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(i) Only Pay. | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(j) Only Pay. | 0 | 0 | 0 |
| T-Home & Community Based Services State Plan 1915(k) Community First Choice | 0 | 0 | 0 |
| T-All-Inclusive Care Elderly | 0 | 0 | 0 |
| T-Personal Care Services - Reg. Payments | 0 | 0 | 0 |
| T-Personal Care Services - SDS 1915(j) | 0 | 0 | 0 |
| T-Targeted Case Management Services - Com. Case-Man. | 0 | 0 | 0 |
| T-Case Management - State Wide | 0 | 0 | 0 |
| T-Primary Care Case Management | 0 | 0 | 0 |
| T-Hospice Benefits | 0 | 0 | 0 |
| T-Emergency | 0 | 0 | 0 |
| T-Federally-Qualified Health Center | 0 | 0 | 0 |
| T-Non-Emergency Medical Transportation | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Iowa

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Physical Therapy | 0 | 0 | 0 |
| T-Occupational Therapy | 0 | 0 | 0 |
| T-Services for Speech, Hearing & Language | 0 | 0 | 0 |
| T-Prosthetic Devices, Dentures, Eyeglasses | 0 | 0 | 0 |
| T-Diagnostic Screening & Preventive Services | 0 | 0 | 0 |
| T-Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Nurse Mid-Wife | 0 | 0 | 0 |
| T-Emergency Hospital Services | 0 | 0 | 0 |
| T-Critical Access Hospitals | 0 | 0 | 0 |
| T-Nurse Practitioner Services | 0 | 0 | 0 |
| T-School Based Services | 0 | 0 | 0 |
| T-Rehabilitative Services (non-school-based) | 0 | 0 | 0 |
| T-Private Duty Nursing | 0 | 0 | 0 |
| T-Freestanding Birth Center | 0 | 0 | 0 |
| T-Health Home w Chronic Conditions | 0 | 0 | 0 |
| T-Tobacco Cessation for Preg Women | 0 | 0 | 0 |
| T-Health Home w Substance-Use-Disorder | 0 | 0 | 0 |
| T-Other Care Services | 0 | 0 | 0 |
| T-Total Net Expenditures | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Kansas

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Inpatient Hospital - Reg. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital - DSH | 0 | 0 | 0 |
| T-Inpatient Hospital - Sup. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital – GME Sup. Payments | 0 | 0 | 0 |
| T-Mental Health Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Mental Health Facility - DSH | 0 | 0 | 0 |
| T-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Sup. Payments | 0 | 0 | 0 |
| T-Intermediate Care Facility - Public | 0 | 0 | 0 |
| T-Intermediate Care - Private | 0 | 0 | 0 |
| T-Intermediate Care Facility - Individuals with Intellectual Disabilities (ICF/IID): Supplemental Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Reg. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Sup. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Evaluation and Management | 0 | 0 | 0 |
| T-Physician & Surgical Services - Vaccine codes | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Reg. Payments | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Sup. Payments | 0 | 0 | 0 |
| T-Prescribed Drugs | 0 | 0 | 0 |
| T-Drug Rebate Offset - National | 0 | 0 | 0 |
| T-Drug Rebate Offset - State Sidebar Agreement | 0 | 0 | 0 |
| T-MCO - National Agreement | 0 | 0 | 0 |
| T-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| T-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| T-Increased ACA OFFSET - MCO | 0 | 0 | 0 |
| T-Dental Services | 0 | 0 | 0 |
| T-Other Practitioners Services - Reg. Payments | 0 | 0 | 0 |
| T-Other Practitioners Services - Sup. Payments | 0 | 0 | 0 |
| T-Clinic Services | 0 | 0 | 0 |
| T-Laboratory/Radiological | 0 | 0 | 0 |
| T-Home Health Services | 0 | 0 | 0 |
| T-Sterilizations | 0 | 0 | 0 |
| T-Abortions | 0 | 0 | 0 |
| T-EPSTD Screening | 0 | 0 | 0 |
| T-Rural Health | 0 | 0 | 0 |
| T-Medicare - Part A | 0 | 0 | 0 |
| T-Medicare - Part B | 0 | 0 | 0 |
| T-120% - 134% Of Poverty | 0 | 0 | 0 |
| T-Coinsurance | 0 | 0 | 0 |
| T-Medicaid - MCO | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Kansas

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Medicaid MCO - Evaluation and Management | 0 | 0 | 0 |
| T-Medicaid MCO - Vaccine codes | 0 | 0 | 0 |
| T-Medicaid MCO - Community First Choice | 0 | 0 | 0 |
| T-Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid MCO - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Ambulatory Health Plan | 0 | 0 | 0 |
| T-MCO PAHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PAHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PAHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PAHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Inpatient Health Plan | 0 | 0 | 0 |
| T-MCO PIHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PIHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PIHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PIHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Medicaid - Group Health | 0 | 0 | 0 |
| T-Medicaid - Coinsurance | 0 | 0 | 0 |
| T-Medicaid - Other | 0 | 0 | 0 |
| T-Home & Community-Based Services - Regular Payment (1915(c) Waiver) | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(i) Only Pay. | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(j) Only Pay. | 0 | 0 | 0 |
| T-Home & Community Based Services State Plan 1915(k) Community First Choice | 0 | 0 | 0 |
| T-All-Inclusive Care Elderly | 0 | 0 | 0 |
| T-Personal Care Services - Reg. Payments | 0 | 0 | 0 |
| T-Personal Care Services - SDS 1915(j) | 0 | 0 | 0 |
| T-Targeted Case Management Services - Com. Case-Man. | 0 | 0 | 0 |
| T-Case Management - State Wide | 0 | 0 | 0 |
| T-Primary Care Case Management | 0 | 0 | 0 |
| T-Hospice Benefits | 0 | 0 | 0 |
| T-Emergency | 0 | 0 | 0 |
| T-Federally-Qualified Health Center | 0 | 0 | 0 |
| T-Non-Emergency Medical Transportation | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Kansas

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Physical Therapy | 0 | 0 | 0 |
| T-Occupational Therapy | 0 | 0 | 0 |
| T-Services for Speech, Hearing & Language | 0 | 0 | 0 |
| T-Prosthetic Devices, Dentures, Eyeglasses | 0 | 0 | 0 |
| T-Diagnostic Screening & Preventive Services | 0 | 0 | 0 |
| T-Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Nurse Mid-Wife | 0 | 0 | 0 |
| T-Emergency Hospital Services | 0 | 0 | 0 |
| T-Critical Access Hospitals | 0 | 0 | 0 |
| T-Nurse Practitioner Services | 0 | 0 | 0 |
| T-School Based Services | 0 | 0 | 0 |
| T-Rehabilitative Services (non-school-based) | 0 | 0 | 0 |
| T-Private Duty Nursing | 0 | 0 | 0 |
| T-Freestanding Birth Center | 0 | 0 | 0 |
| T-Health Home w Chronic Conditions | 0 | 0 | 0 |
| T-Tobacco Cessation for Preg Women | 0 | 0 | 0 |
| T-Health Home w Substance-Use-Disorder | 0 | 0 | 0 |
| T-Other Care Services | 0 | 0 | 0 |
| T-Total Net Expenditures | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

**FY 2019
National
Kentucky**

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Inpatient Hospital - Reg. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital - DSH | 0 | 0 | 0 |
| T-Inpatient Hospital - Sup. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital – GME Sup. Payments | 0 | 0 | 0 |
| T-Mental Health Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Mental Health Facility - DSH | 0 | 0 | 0 |
| T-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Sup. Payments | 0 | 0 | 0 |
| T-Intermediate Care Facility - Public | 0 | 0 | 0 |
| T-Intermediate Care - Private | 0 | 0 | 0 |
| T-Intermediate Care Facility - Individuals with Intellectual Disabilities (ICF/IID): Supplemental Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Reg. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Sup. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Evaluation and Management | 0 | 0 | 0 |
| T-Physician & Surgical Services - Vaccine codes | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Reg. Payments | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Sup. Payments | 0 | 0 | 0 |
| T-Prescribed Drugs | 0 | 0 | 0 |
| T-Drug Rebate Offset - National | 0 | 0 | 0 |
| T-Drug Rebate Offset - State Sidebar Agreement | 0 | 0 | 0 |
| T-MCO - National Agreement | 0 | 0 | 0 |
| T-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| T-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| T-Increased ACA OFFSET - MCO | 0 | 0 | 0 |
| T-Dental Services | 0 | 0 | 0 |
| T-Other Practitioners Services - Reg. Payments | 0 | 0 | 0 |
| T-Other Practitioners Services - Sup. Payments | 0 | 0 | 0 |
| T-Clinic Services | 0 | 0 | 0 |
| T-Laboratory/Radiological | 0 | 0 | 0 |
| T-Home Health Services | 0 | 0 | 0 |
| T-Sterilizations | 0 | 0 | 0 |
| T-Abortions | 0 | 0 | 0 |
| T-EPSTD Screening | 0 | 0 | 0 |
| T-Rural Health | 0 | 0 | 0 |
| T-Medicare - Part A | 0 | 0 | 0 |
| T-Medicare - Part B | 0 | 0 | 0 |
| T-120% - 134% Of Poverty | 0 | 0 | 0 |
| T-Coinsurance | 0 | 0 | 0 |
| T-Medicaid - MCO | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

**FY 2019
National
Kentucky**

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Medicaid MCO - Evaluation and Management | 0 | 0 | 0 |
| T-Medicaid MCO - Vaccine codes | 0 | 0 | 0 |
| T-Medicaid MCO - Community First Choice | 0 | 0 | 0 |
| T-Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid MCO - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Ambulatory Health Plan | 0 | 0 | 0 |
| T-MCO PAHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PAHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PAHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PAHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Inpatient Health Plan | 0 | 0 | 0 |
| T-MCO PIHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PIHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PIHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PIHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Medicaid - Group Health | 0 | 0 | 0 |
| T-Medicaid - Coinsurance | 0 | 0 | 0 |
| T-Medicaid - Other | 0 | 0 | 0 |
| T-Home & Community-Based Services - Regular Payment (1915(c) Waiver) | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(i) Only Pay. | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(j) Only Pay. | 0 | 0 | 0 |
| T-Home & Community Based Services State Plan 1915(k) Community First Choice | 0 | 0 | 0 |
| T-All-Inclusive Care Elderly | 0 | 0 | 0 |
| T-Personal Care Services - Reg. Payments | 0 | 0 | 0 |
| T-Personal Care Services - SDS 1915(j) | 0 | 0 | 0 |
| T-Targeted Case Management Services - Com. Case-Man. | 0 | 0 | 0 |
| T-Case Management - State Wide | 0 | 0 | 0 |
| T-Primary Care Case Management | 0 | 0 | 0 |
| T-Hospice Benefits | 0 | 0 | 0 |
| T-Emergency | 0 | 0 | 0 |
| T-Federally-Qualified Health Center | 0 | 0 | 0 |
| T-Non-Emergency Medical Transportation | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Kentucky

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Physical Therapy | 0 | 0 | 0 |
| T-Occupational Therapy | 0 | 0 | 0 |
| T-Services for Speech, Hearing & Language | 0 | 0 | 0 |
| T-Prosthetic Devices, Dentures, Eyeglasses | 0 | 0 | 0 |
| T-Diagnostic Screening & Preventive Services | 0 | 0 | 0 |
| T-Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Nurse Mid-Wife | 0 | 0 | 0 |
| T-Emergency Hospital Services | 0 | 0 | 0 |
| T-Critical Access Hospitals | 0 | 0 | 0 |
| T-Nurse Practitioner Services | 0 | 0 | 0 |
| T-School Based Services | 0 | 0 | 0 |
| T-Rehabilitative Services (non-school-based) | 0 | 0 | 0 |
| T-Private Duty Nursing | 0 | 0 | 0 |
| T-Freestanding Birth Center | 0 | 0 | 0 |
| T-Health Home w Chronic Conditions | 0 | 0 | 0 |
| T-Tobacco Cessation for Preg Women | 0 | 0 | 0 |
| T-Health Home w Substance-Use-Disorder | 0 | 0 | 0 |
| T-Other Care Services | 0 | 0 | 0 |
| T-Total Net Expenditures | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

**FY 2019
National
Louisiana**

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Inpatient Hospital - Reg. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital - DSH | 0 | 0 | 0 |
| T-Inpatient Hospital - Sup. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital – GME Sup. Payments | 0 | 0 | 0 |
| T-Mental Health Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Mental Health Facility - DSH | 0 | 0 | 0 |
| T-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Sup. Payments | 0 | 0 | 0 |
| T-Intermediate Care Facility - Public | 0 | 0 | 0 |
| T-Intermediate Care - Private | 0 | 0 | 0 |
| T-Intermediate Care Facility - Individuals with Intellectual Disabilities (ICF/IID): Supplemental Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Reg. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Sup. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Evaluation and Management | 0 | 0 | 0 |
| T-Physician & Surgical Services - Vaccine codes | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Reg. Payments | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Sup. Payments | 0 | 0 | 0 |
| T-Prescribed Drugs | 0 | 0 | 0 |
| T-Drug Rebate Offset - National | 0 | 0 | 0 |
| T-Drug Rebate Offset - State Sidebar Agreement | 0 | 0 | 0 |
| T-MCO - National Agreement | 0 | 0 | 0 |
| T-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| T-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| T-Increased ACA OFFSET - MCO | 0 | 0 | 0 |
| T-Dental Services | 0 | 0 | 0 |
| T-Other Practitioners Services - Reg. Payments | 0 | 0 | 0 |
| T-Other Practitioners Services - Sup. Payments | 0 | 0 | 0 |
| T-Clinic Services | 0 | 0 | 0 |
| T-Laboratory/Radiological | 0 | 0 | 0 |
| T-Home Health Services | 0 | 0 | 0 |
| T-Sterilizations | 0 | 0 | 0 |
| T-Abortions | 0 | 0 | 0 |
| T-EPSTD Screening | 0 | 0 | 0 |
| T-Rural Health | 0 | 0 | 0 |
| T-Medicare - Part A | 0 | 0 | 0 |
| T-Medicare - Part B | 0 | 0 | 0 |
| T-120% - 134% Of Poverty | 0 | 0 | 0 |
| T-Coinsurance | 0 | 0 | 0 |
| T-Medicaid - MCO | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

**FY 2019
National
Louisiana**

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Medicaid MCO - Evaluation and Management | 0 | 0 | 0 |
| T-Medicaid MCO - Vaccine codes | 0 | 0 | 0 |
| T-Medicaid MCO - Community First Choice | 0 | 0 | 0 |
| T-Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid MCO - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Ambulatory Health Plan | 0 | 0 | 0 |
| T-MCO PAHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PAHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PAHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PAHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Inpatient Health Plan | 0 | 0 | 0 |
| T-MCO PIHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PIHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PIHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PIHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Medicaid - Group Health | 0 | 0 | 0 |
| T-Medicaid - Coinsurance | 0 | 0 | 0 |
| T-Medicaid - Other | 0 | 0 | 0 |
| T-Home & Community-Based Services - Regular Payment (1915(c) Waiver) | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(i) Only Pay. | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(j) Only Pay. | 0 | 0 | 0 |
| T-Home & Community Based Services State Plan 1915(k) Community First Choice | 0 | 0 | 0 |
| T-All-Inclusive Care Elderly | 0 | 0 | 0 |
| T-Personal Care Services - Reg. Payments | 0 | 0 | 0 |
| T-Personal Care Services - SDS 1915(j) | 0 | 0 | 0 |
| T-Targeted Case Management Services - Com. Case-Man. | 0 | 0 | 0 |
| T-Case Management - State Wide | 0 | 0 | 0 |
| T-Primary Care Case Management | 0 | 0 | 0 |
| T-Hospice Benefits | 0 | 0 | 0 |
| T-Emergency | 0 | 0 | 0 |
| T-Federally-Qualified Health Center | 0 | 0 | 0 |
| T-Non-Emergency Medical Transportation | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Louisiana

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Physical Therapy | 0 | 0 | 0 |
| T-Occupational Therapy | 0 | 0 | 0 |
| T-Services for Speech, Hearing & Language | 0 | 0 | 0 |
| T-Prosthetic Devices, Dentures, Eyeglasses | 0 | 0 | 0 |
| T-Diagnostic Screening & Preventive Services | 0 | 0 | 0 |
| T-Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Nurse Mid-Wife | 0 | 0 | 0 |
| T-Emergency Hospital Services | 0 | 0 | 0 |
| T-Critical Access Hospitals | 0 | 0 | 0 |
| T-Nurse Practitioner Services | 0 | 0 | 0 |
| T-School Based Services | 0 | 0 | 0 |
| T-Rehabilitative Services (non-school-based) | 0 | 0 | 0 |
| T-Private Duty Nursing | 0 | 0 | 0 |
| T-Freestanding Birth Center | 0 | 0 | 0 |
| T-Health Home w Chronic Conditions | 0 | 0 | 0 |
| T-Tobacco Cessation for Preg Women | 0 | 0 | 0 |
| T-Health Home w Substance-Use-Disorder | 0 | 0 | 0 |
| T-Other Care Services | 0 | 0 | 0 |
| T-Total Net Expenditures | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Maine

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Inpatient Hospital - Reg. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital - DSH | 0 | 0 | 0 |
| T-Inpatient Hospital - Sup. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital – GME Sup. Payments | 0 | 0 | 0 |
| T-Mental Health Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Mental Health Facility - DSH | 0 | 0 | 0 |
| T-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Sup. Payments | 0 | 0 | 0 |
| T-Intermediate Care Facility - Public | 0 | 0 | 0 |
| T-Intermediate Care - Private | 0 | 0 | 0 |
| T-Intermediate Care Facility - Individuals with Intellectual Disabilities (ICF/IID): Supplemental Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Reg. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Sup. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Evaluation and Management | 0 | 0 | 0 |
| T-Physician & Surgical Services - Vaccine codes | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Reg. Payments | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Sup. Payments | 0 | 0 | 0 |
| T-Prescribed Drugs | 0 | 0 | 0 |
| T-Drug Rebate Offset - National | 0 | 0 | 0 |
| T-Drug Rebate Offset - State Sidebar Agreement | 0 | 0 | 0 |
| T-MCO - National Agreement | 0 | 0 | 0 |
| T-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| T-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| T-Increased ACA OFFSET - MCO | 0 | 0 | 0 |
| T-Dental Services | 0 | 0 | 0 |
| T-Other Practitioners Services - Reg. Payments | 0 | 0 | 0 |
| T-Other Practitioners Services - Sup. Payments | 0 | 0 | 0 |
| T-Clinic Services | 0 | 0 | 0 |
| T-Laboratory/Radiological | 0 | 0 | 0 |
| T-Home Health Services | 0 | 0 | 0 |
| T-Sterilizations | 0 | 0 | 0 |
| T-Abortions | 0 | 0 | 0 |
| T-EPSTD Screening | 0 | 0 | 0 |
| T-Rural Health | 0 | 0 | 0 |
| T-Medicare - Part A | 0 | 0 | 0 |
| T-Medicare - Part B | 0 | 0 | 0 |
| T-120% - 134% Of Poverty | 0 | 0 | 0 |
| T-Coinsurance | 0 | 0 | 0 |
| T-Medicaid - MCO | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Maine

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Medicaid MCO - Evaluation and Management | 0 | 0 | 0 |
| T-Medicaid MCO - Vaccine codes | 0 | 0 | 0 |
| T-Medicaid MCO - Community First Choice | 0 | 0 | 0 |
| T-Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid MCO - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Ambulatory Health Plan | 0 | 0 | 0 |
| T-MCO PAHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PAHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PAHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PAHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Inpatient Health Plan | 0 | 0 | 0 |
| T-MCO PIHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PIHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PIHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PIHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Medicaid - Group Health | 0 | 0 | 0 |
| T-Medicaid - Coinsurance | 0 | 0 | 0 |
| T-Medicaid - Other | 0 | 0 | 0 |
| T-Home & Community-Based Services - Regular Payment (1915(c) Waiver) | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(i) Only Pay. | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(j) Only Pay. | 0 | 0 | 0 |
| T-Home & Community Based Services State Plan 1915(k) Community First Choice | 0 | 0 | 0 |
| T-All-Inclusive Care Elderly | 0 | 0 | 0 |
| T-Personal Care Services - Reg. Payments | 0 | 0 | 0 |
| T-Personal Care Services - SDS 1915(j) | 0 | 0 | 0 |
| T-Targeted Case Management Services - Com. Case-Man. | 0 | 0 | 0 |
| T-Case Management - State Wide | 0 | 0 | 0 |
| T-Primary Care Case Management | 0 | 0 | 0 |
| T-Hospice Benefits | 0 | 0 | 0 |
| T-Emergency | 0 | 0 | 0 |
| T-Federally-Qualified Health Center | 0 | 0 | 0 |
| T-Non-Emergency Medical Transportation | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Maine

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Physical Therapy | 0 | 0 | 0 |
| T-Occupational Therapy | 0 | 0 | 0 |
| T-Services for Speech, Hearing & Language | 0 | 0 | 0 |
| T-Prosthetic Devices, Dentures, Eyeglasses | 0 | 0 | 0 |
| T-Diagnostic Screening & Preventive Services | 0 | 0 | 0 |
| T-Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Nurse Mid-Wife | 0 | 0 | 0 |
| T-Emergency Hospital Services | 0 | 0 | 0 |
| T-Critical Access Hospitals | 0 | 0 | 0 |
| T-Nurse Practitioner Services | 0 | 0 | 0 |
| T-School Based Services | 0 | 0 | 0 |
| T-Rehabilitative Services (non-school-based) | 0 | 0 | 0 |
| T-Private Duty Nursing | 0 | 0 | 0 |
| T-Freestanding Birth Center | 0 | 0 | 0 |
| T-Health Home w Chronic Conditions | 0 | 0 | 0 |
| T-Tobacco Cessation for Preg Women | 0 | 0 | 0 |
| T-Health Home w Substance-Use-Disorder | 0 | 0 | 0 |
| T-Other Care Services | 0 | 0 | 0 |
| T-Total Net Expenditures | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Maryland

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Inpatient Hospital - Reg. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital - DSH | 0 | 0 | 0 |
| T-Inpatient Hospital - Sup. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital – GME Sup. Payments | 0 | 0 | 0 |
| T-Mental Health Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Mental Health Facility - DSH | 0 | 0 | 0 |
| T-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Sup. Payments | 0 | 0 | 0 |
| T-Intermediate Care Facility - Public | 0 | 0 | 0 |
| T-Intermediate Care - Private | 0 | 0 | 0 |
| T-Intermediate Care Facility - Individuals with Intellectual Disabilities (ICF/IID): Supplemental Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Reg. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Sup. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Evaluation and Management | 0 | 0 | 0 |
| T-Physician & Surgical Services - Vaccine codes | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Reg. Payments | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Sup. Payments | 0 | 0 | 0 |
| T-Prescribed Drugs | 0 | 0 | 0 |
| T-Drug Rebate Offset - National | 0 | 0 | 0 |
| T-Drug Rebate Offset - State Sidebar Agreement | 0 | 0 | 0 |
| T-MCO - National Agreement | 0 | 0 | 0 |
| T-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| T-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| T-Increased ACA OFFSET - MCO | 0 | 0 | 0 |
| T-Dental Services | 0 | 0 | 0 |
| T-Other Practitioners Services - Reg. Payments | 0 | 0 | 0 |
| T-Other Practitioners Services - Sup. Payments | 0 | 0 | 0 |
| T-Clinic Services | 0 | 0 | 0 |
| T-Laboratory/Radiological | 0 | 0 | 0 |
| T-Home Health Services | 0 | 0 | 0 |
| T-Sterilizations | 0 | 0 | 0 |
| T-Abortions | 0 | 0 | 0 |
| T-EPSTD Screening | 0 | 0 | 0 |
| T-Rural Health | 0 | 0 | 0 |
| T-Medicare - Part A | 0 | 0 | 0 |
| T-Medicare - Part B | 0 | 0 | 0 |
| T-120% - 134% Of Poverty | 0 | 0 | 0 |
| T-Coinsurance | 0 | 0 | 0 |
| T-Medicaid - MCO | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

**FY 2019
National
Maryland**

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Medicaid MCO - Evaluation and Management | 0 | 0 | 0 |
| T-Medicaid MCO - Vaccine codes | 0 | 0 | 0 |
| T-Medicaid MCO - Community First Choice | 0 | 0 | 0 |
| T-Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid MCO - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Ambulatory Health Plan | 0 | 0 | 0 |
| T-MCO PAHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PAHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PAHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PAHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Inpatient Health Plan | 0 | 0 | 0 |
| T-MCO PIHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PIHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PIHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PIHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Medicaid - Group Health | 0 | 0 | 0 |
| T-Medicaid - Coinsurance | 0 | 0 | 0 |
| T-Medicaid - Other | 0 | 0 | 0 |
| T-Home & Community-Based Services - Regular Payment (1915(c) Waiver) | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(i) Only Pay. | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(j) Only Pay. | 0 | 0 | 0 |
| T-Home & Community Based Services State Plan 1915(k) Community First Choice | 0 | 0 | 0 |
| T-All-Inclusive Care Elderly | 0 | 0 | 0 |
| T-Personal Care Services - Reg. Payments | 0 | 0 | 0 |
| T-Personal Care Services - SDS 1915(j) | 0 | 0 | 0 |
| T-Targeted Case Management Services - Com. Case-Man. | 0 | 0 | 0 |
| T-Case Management - State Wide | 0 | 0 | 0 |
| T-Primary Care Case Management | 0 | 0 | 0 |
| T-Hospice Benefits | 0 | 0 | 0 |
| T-Emergency | 0 | 0 | 0 |
| T-Federally-Qualified Health Center | 0 | 0 | 0 |
| T-Non-Emergency Medical Transportation | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Maryland

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Physical Therapy | 0 | 0 | 0 |
| T-Occupational Therapy | 0 | 0 | 0 |
| T-Services for Speech, Hearing & Language | 0 | 0 | 0 |
| T-Prosthetic Devices, Dentures, Eyeglasses | 0 | 0 | 0 |
| T-Diagnostic Screening & Preventive Services | 0 | 0 | 0 |
| T-Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Nurse Mid-Wife | 0 | 0 | 0 |
| T-Emergency Hospital Services | 0 | 0 | 0 |
| T-Critical Access Hospitals | 0 | 0 | 0 |
| T-Nurse Practitioner Services | 0 | 0 | 0 |
| T-School Based Services | 0 | 0 | 0 |
| T-Rehabilitative Services (non-school-based) | 0 | 0 | 0 |
| T-Private Duty Nursing | 0 | 0 | 0 |
| T-Freestanding Birth Center | 0 | 0 | 0 |
| T-Health Home w Chronic Conditions | 0 | 0 | 0 |
| T-Tobacco Cessation for Preg Women | 0 | 0 | 0 |
| T-Health Home w Substance-Use-Disorder | 0 | 0 | 0 |
| T-Other Care Services | 0 | 0 | 0 |
| T-Total Net Expenditures | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Massachusetts

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Inpatient Hospital - Reg. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital - DSH | 0 | 0 | 0 |
| T-Inpatient Hospital - Sup. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital – GME Sup. Payments | 0 | 0 | 0 |
| T-Mental Health Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Mental Health Facility - DSH | 0 | 0 | 0 |
| T-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Sup. Payments | 0 | 0 | 0 |
| T-Intermediate Care Facility - Public | 0 | 0 | 0 |
| T-Intermediate Care - Private | 0 | 0 | 0 |
| T-Intermediate Care Facility - Individuals with Intellectual Disabilities (ICF/IID): Supplemental Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Reg. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Sup. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Evaluation and Management | 0 | 0 | 0 |
| T-Physician & Surgical Services - Vaccine codes | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Reg. Payments | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Sup. Payments | 0 | 0 | 0 |
| T-Prescribed Drugs | 0 | 0 | 0 |
| T-Drug Rebate Offset - National | 0 | 0 | 0 |
| T-Drug Rebate Offset - State Sidebar Agreement | 0 | 0 | 0 |
| T-MCO - National Agreement | 0 | 0 | 0 |
| T-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| T-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| T-Increased ACA OFFSET - MCO | 0 | 0 | 0 |
| T-Dental Services | 0 | 0 | 0 |
| T-Other Practitioners Services - Reg. Payments | 0 | 0 | 0 |
| T-Other Practitioners Services - Sup. Payments | 0 | 0 | 0 |
| T-Clinic Services | 0 | 0 | 0 |
| T-Laboratory/Radiological | 0 | 0 | 0 |
| T-Home Health Services | 0 | 0 | 0 |
| T-Sterilizations | 0 | 0 | 0 |
| T-Abortions | 0 | 0 | 0 |
| T-EPSTD Screening | 0 | 0 | 0 |
| T-Rural Health | 0 | 0 | 0 |
| T-Medicare - Part A | 0 | 0 | 0 |
| T-Medicare - Part B | 0 | 0 | 0 |
| T-120% - 134% Of Poverty | 0 | 0 | 0 |
| T-Coinsurance | 0 | 0 | 0 |
| T-Medicaid - MCO | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Massachusetts

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Medicaid MCO - Evaluation and Management | 0 | 0 | 0 |
| T-Medicaid MCO - Vaccine codes | 0 | 0 | 0 |
| T-Medicaid MCO - Community First Choice | 0 | 0 | 0 |
| T-Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid MCO - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Ambulatory Health Plan | 0 | 0 | 0 |
| T-MCO PAHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PAHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PAHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PAHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Inpatient Health Plan | 0 | 0 | 0 |
| T-MCO PIHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PIHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PIHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PIHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Medicaid - Group Health | 0 | 0 | 0 |
| T-Medicaid - Coinsurance | 0 | 0 | 0 |
| T-Medicaid - Other | 0 | 0 | 0 |
| T-Home & Community-Based Services - Regular Payment (1915(c) Waiver) | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(i) Only Pay. | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(j) Only Pay. | 0 | 0 | 0 |
| T-Home & Community Based Services State Plan 1915(k) Community First Choice | 0 | 0 | 0 |
| T-All-Inclusive Care Elderly | 0 | 0 | 0 |
| T-Personal Care Services - Reg. Payments | 0 | 0 | 0 |
| T-Personal Care Services - SDS 1915(j) | 0 | 0 | 0 |
| T-Targeted Case Management Services - Com. Case-Man. | 0 | 0 | 0 |
| T-Case Management - State Wide | 0 | 0 | 0 |
| T-Primary Care Case Management | 0 | 0 | 0 |
| T-Hospice Benefits | 0 | 0 | 0 |
| T-Emergency | 0 | 0 | 0 |
| T-Federally-Qualified Health Center | 0 | 0 | 0 |
| T-Non-Emergency Medical Transportation | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Massachusetts

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Physical Therapy | 0 | 0 | 0 |
| T-Occupational Therapy | 0 | 0 | 0 |
| T-Services for Speech, Hearing & Language | 0 | 0 | 0 |
| T-Prosthetic Devices, Dentures, Eyeglasses | 0 | 0 | 0 |
| T-Diagnostic Screening & Preventive Services | 0 | 0 | 0 |
| T-Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Nurse Mid-Wife | 0 | 0 | 0 |
| T-Emergency Hospital Services | 0 | 0 | 0 |
| T-Critical Access Hospitals | 0 | 0 | 0 |
| T-Nurse Practitioner Services | 0 | 0 | 0 |
| T-School Based Services | 0 | 0 | 0 |
| T-Rehabilitative Services (non-school-based) | 0 | 0 | 0 |
| T-Private Duty Nursing | 0 | 0 | 0 |
| T-Freestanding Birth Center | 0 | 0 | 0 |
| T-Health Home w Chronic Conditions | 0 | 0 | 0 |
| T-Tobacco Cessation for Preg Women | 0 | 0 | 0 |
| T-Health Home w Substance-Use-Disorder | 0 | 0 | 0 |
| T-Other Care Services | 0 | 0 | 0 |
| T-Total Net Expenditures | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

**FY 2019
National
Michigan**

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Inpatient Hospital - Reg. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital - DSH | 0 | 0 | 0 |
| T-Inpatient Hospital - Sup. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital – GME Sup. Payments | 0 | 0 | 0 |
| T-Mental Health Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Mental Health Facility - DSH | 0 | 0 | 0 |
| T-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Sup. Payments | 0 | 0 | 0 |
| T-Intermediate Care Facility - Public | 0 | 0 | 0 |
| T-Intermediate Care - Private | 0 | 0 | 0 |
| T-Intermediate Care Facility - Individuals with Intellectual Disabilities (ICF/IID): Supplemental Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Reg. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Sup. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Evaluation and Management | 0 | 0 | 0 |
| T-Physician & Surgical Services - Vaccine codes | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Reg. Payments | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Sup. Payments | 0 | 0 | 0 |
| T-Prescribed Drugs | 0 | 0 | 0 |
| T-Drug Rebate Offset - National | 0 | 0 | 0 |
| T-Drug Rebate Offset - State Sidebar Agreement | 0 | 0 | 0 |
| T-MCO - National Agreement | 0 | 0 | 0 |
| T-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| T-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| T-Increased ACA OFFSET - MCO | 0 | 0 | 0 |
| T-Dental Services | 0 | 0 | 0 |
| T-Other Practitioners Services - Reg. Payments | 0 | 0 | 0 |
| T-Other Practitioners Services - Sup. Payments | 0 | 0 | 0 |
| T-Clinic Services | 0 | 0 | 0 |
| T-Laboratory/Radiological | 0 | 0 | 0 |
| T-Home Health Services | 0 | 0 | 0 |
| T-Sterilizations | 0 | 0 | 0 |
| T-Abortions | 0 | 0 | 0 |
| T-EPSTD Screening | 0 | 0 | 0 |
| T-Rural Health | 0 | 0 | 0 |
| T-Medicare - Part A | 0 | 0 | 0 |
| T-Medicare - Part B | 0 | 0 | 0 |
| T-120% - 134% Of Poverty | 0 | 0 | 0 |
| T-Coinsurance | 0 | 0 | 0 |
| T-Medicaid - MCO | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

**FY 2019
National
Michigan**

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Medicaid MCO - Evaluation and Management | 0 | 0 | 0 |
| T-Medicaid MCO - Vaccine codes | 0 | 0 | 0 |
| T-Medicaid MCO - Community First Choice | 0 | 0 | 0 |
| T-Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid MCO - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Ambulatory Health Plan | 0 | 0 | 0 |
| T-MCO PAHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PAHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PAHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PAHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Inpatient Health Plan | 0 | 0 | 0 |
| T-MCO PIHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PIHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PIHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PIHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Medicaid - Group Health | 0 | 0 | 0 |
| T-Medicaid - Coinsurance | 0 | 0 | 0 |
| T-Medicaid - Other | 0 | 0 | 0 |
| T-Home & Community-Based Services - Regular Payment (1915(c) Waiver) | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(i) Only Pay. | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(j) Only Pay. | 0 | 0 | 0 |
| T-Home & Community Based Services State Plan 1915(k) Community First Choice | 0 | 0 | 0 |
| T-All-Inclusive Care Elderly | 0 | 0 | 0 |
| T-Personal Care Services - Reg. Payments | 0 | 0 | 0 |
| T-Personal Care Services - SDS 1915(j) | 0 | 0 | 0 |
| T-Targeted Case Management Services - Com. Case-Man. | 0 | 0 | 0 |
| T-Case Management - State Wide | 0 | 0 | 0 |
| T-Primary Care Case Management | 0 | 0 | 0 |
| T-Hospice Benefits | 0 | 0 | 0 |
| T-Emergency | 0 | 0 | 0 |
| T-Federally-Qualified Health Center | 0 | 0 | 0 |
| T-Non-Emergency Medical Transportation | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Michigan

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Physical Therapy | 0 | 0 | 0 |
| T-Occupational Therapy | 0 | 0 | 0 |
| T-Services for Speech, Hearing & Language | 0 | 0 | 0 |
| T-Prosthetic Devices, Dentures, Eyeglasses | 0 | 0 | 0 |
| T-Diagnostic Screening & Preventive Services | 0 | 0 | 0 |
| T-Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Nurse Mid-Wife | 0 | 0 | 0 |
| T-Emergency Hospital Services | 0 | 0 | 0 |
| T-Critical Access Hospitals | 0 | 0 | 0 |
| T-Nurse Practitioner Services | 0 | 0 | 0 |
| T-School Based Services | 0 | 0 | 0 |
| T-Rehabilitative Services (non-school-based) | 0 | 0 | 0 |
| T-Private Duty Nursing | 0 | 0 | 0 |
| T-Freestanding Birth Center | 0 | 0 | 0 |
| T-Health Home w Chronic Conditions | 0 | 0 | 0 |
| T-Tobacco Cessation for Preg Women | 0 | 0 | 0 |
| T-Health Home w Substance-Use-Disorder | 0 | 0 | 0 |
| T-Other Care Services | 0 | 0 | 0 |
| T-Total Net Expenditures | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

**FY 2019
National
Minnesota**

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Inpatient Hospital - Reg. Payments | 0 | 2,564,842 | (2,564,842) |
| T-Inpatient Hospital - DSH | 0 | 0 | 0 |
| T-Inpatient Hospital - Sup. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital – GME Sup. Payments | 0 | 0 | 0 |
| T-Mental Health Facility Services - Reg. Payments | 0 | 267,980 | (267,980) |
| T-Mental Health Facility - DSH | 0 | 0 | 0 |
| T-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Reg. Payments | 0 | 2,206 | (2,206) |
| T-Nursing Facility Services - Sup. Payments | 0 | 0 | 0 |
| T-Intermediate Care Facility - Public | 0 | 0 | 0 |
| T-Intermediate Care - Private | 0 | 0 | 0 |
| T-Intermediate Care Facility - Individuals with Intellectual Disabilities (ICF/IID): Supplemental Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Reg. Payments | 0 | 1,432,112 | (1,432,112) |
| T-Physician & Surgical Services - Sup. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Evaluation and Management | 0 | 0 | 0 |
| T-Physician & Surgical Services - Vaccine codes | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Reg. Payments | 0 | 1,217,178 | (1,217,178) |
| T-Outpatient Hospital Services - Sup. Payments | 0 | 0 | 0 |
| T-Prescribed Drugs | 0 | 1,649,028 | (1,649,028) |
| T-Drug Rebate Offset - National | 0 | 0 | 0 |
| T-Drug Rebate Offset - State Sidebar Agreement | 0 | 0 | 0 |
| T-MCO - National Agreement | 0 | 0 | 0 |
| T-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| T-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| T-Increased ACA OFFSET - MCO | 0 | 0 | 0 |
| T-Dental Services | 0 | 515,020 | (515,020) |
| T-Other Practitioners Services - Reg. Payments | 0 | 2,754,169 | (2,754,169) |
| T-Other Practitioners Services - Sup. Payments | 0 | 0 | 0 |
| T-Clinic Services | 0 | 90,991 | (90,991) |
| T-Laboratory/Radiological | 0 | 53,246 | (53,246) |
| T-Home Health Services | 0 | 514,376 | (514,376) |
| T-Sterilizations | 0 | 0 | 0 |
| T-Abortions | 0 | 0 | 0 |
| T-EPSTD Screening | 0 | 591,750 | (591,750) |
| T-Rural Health | 0 | 1,415,740 | (1,415,740) |
| T-Medicare - Part A | 0 | 0 | 0 |
| T-Medicare - Part B | 0 | 0 | 0 |
| T-120% - 134% Of Poverty | 0 | 0 | 0 |
| T-Coinsurance | 0 | 0 | 0 |
| T-Medicaid - MCO | 0 | 83,979,120 | (83,979,120) |

Medicaid Financial Management Report - Net CHIP Expenditures

**FY 2019
National
Minnesota**

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Medicaid MCO - Evaluation and Management | 0 | 0 | 0 |
| T-Medicaid MCO - Vaccine codes | 0 | 0 | 0 |
| T-Medicaid MCO - Community First Choice | 0 | 0 | 0 |
| T-Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid MCO - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Ambulatory Health Plan | 0 | 0 | 0 |
| T-MCO PAHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PAHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PAHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PAHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Inpatient Health Plan | 0 | 0 | 0 |
| T-MCO PIHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PIHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PIHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PIHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Medicaid - Group Health | 0 | 0 | 0 |
| T-Medicaid - Coinsurance | 0 | 0 | 0 |
| T-Medicaid - Other | 0 | 3,999,792 | (3,999,792) |
| T-Home & Community-Based Services - Regular Payment (1915(c) Waiver) | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(i) Only Pay. | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(j) Only Pay. | 0 | 0 | 0 |
| T-Home & Community Based Services State Plan 1915(k) Community First Choice | 0 | 0 | 0 |
| T-All-Inclusive Care Elderly | 0 | 0 | 0 |
| T-Personal Care Services - Reg. Payments | 0 | 3,650,327 | (3,650,327) |
| T-Personal Care Services - SDS 1915(j) | 0 | 0 | 0 |
| T-Targeted Case Management Services - Com. Case-Man. | 0 | 0 | 0 |
| T-Case Management - State Wide | 0 | 2,438,628 | (2,438,628) |
| T-Primary Care Case Management | 0 | 0 | 0 |
| T-Hospice Benefits | 0 | 26,041 | (26,041) |
| T-Emergency | 0 | 0 | 0 |
| T-Federally-Qualified Health Center | 0 | 1,703,305 | (1,703,305) |
| T-Non-Emergency Medical Transportation | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Minnesota

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Physical Therapy | 0 | 45,507 | (45,507) |
| T-Occupational Therapy | 0 | 204,183 | (204,183) |
| T-Services for Speech, Hearing & Language | 0 | 170,610 | (170,610) |
| T-Prosthetic Devices, Dentures, Eyeglasses | 0 | 122,889 | (122,889) |
| T-Diagnostic Screening & Preventive Services | 0 | 0 | 0 |
| T-Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Nurse Mid-Wife | 0 | 5,021 | (5,021) |
| T-Emergency Hospital Services | 0 | 331,855 | (331,855) |
| T-Critical Access Hospitals | 0 | 289,714 | (289,714) |
| T-Nurse Practitioner Services | 0 | 173,043 | (173,043) |
| T-School Based Services | 0 | 4,174,486 | (4,174,486) |
| T-Rehabilitative Services (non-school-based) | 0 | 0 | 0 |
| T-Private Duty Nursing | 0 | 702,626 | (702,626) |
| T-Freestanding Birth Center | 0 | 804 | (804) |
| T-Health Home w Chronic Conditions | 0 | 0 | 0 |
| T-Tobacco Cessation for Preg Women | 0 | 0 | 0 |
| T-Health Home w Substance-Use-Disorder | 0 | 0 | 0 |
| T-Other Care Services | 0 | 57,712 | (57,712) |
| T-Total Net Expenditures | 0 | 115,144,301 | (115,144,301) |

Medicaid Financial Management Report - Net CHIP Expenditures

**FY 2019
National
Mississippi**

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Inpatient Hospital - Reg. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital - DSH | 0 | 0 | 0 |
| T-Inpatient Hospital - Sup. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital – GME Sup. Payments | 0 | 0 | 0 |
| T-Mental Health Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Mental Health Facility - DSH | 0 | 0 | 0 |
| T-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Sup. Payments | 0 | 0 | 0 |
| T-Intermediate Care Facility - Public | 0 | 0 | 0 |
| T-Intermediate Care - Private | 0 | 0 | 0 |
| T-Intermediate Care Facility - Individuals with Intellectual Disabilities (ICF/IID): Supplemental Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Reg. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Sup. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Evaluation and Management | 0 | 0 | 0 |
| T-Physician & Surgical Services - Vaccine codes | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Reg. Payments | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Sup. Payments | 0 | 0 | 0 |
| T-Prescribed Drugs | 0 | 0 | 0 |
| T-Drug Rebate Offset - National | 0 | 0 | 0 |
| T-Drug Rebate Offset - State Sidebar Agreement | 0 | 0 | 0 |
| T-MCO - National Agreement | 0 | 0 | 0 |
| T-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| T-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| T-Increased ACA OFFSET - MCO | 0 | 0 | 0 |
| T-Dental Services | 0 | 0 | 0 |
| T-Other Practitioners Services - Reg. Payments | 0 | 0 | 0 |
| T-Other Practitioners Services - Sup. Payments | 0 | 0 | 0 |
| T-Clinic Services | 0 | 0 | 0 |
| T-Laboratory/Radiological | 0 | 0 | 0 |
| T-Home Health Services | 0 | 0 | 0 |
| T-Sterilizations | 0 | 0 | 0 |
| T-Abortions | 0 | 0 | 0 |
| T-EPSTD Screening | 0 | 0 | 0 |
| T-Rural Health | 0 | 0 | 0 |
| T-Medicare - Part A | 0 | 0 | 0 |
| T-Medicare - Part B | 0 | 0 | 0 |
| T-120% - 134% Of Poverty | 0 | 0 | 0 |
| T-Coinsurance | 0 | 0 | 0 |
| T-Medicaid - MCO | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

**FY 2019
National
Mississippi**

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Medicaid MCO - Evaluation and Management | 0 | 0 | 0 |
| T-Medicaid MCO - Vaccine codes | 0 | 0 | 0 |
| T-Medicaid MCO - Community First Choice | 0 | 0 | 0 |
| T-Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid MCO - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Ambulatory Health Plan | 0 | 0 | 0 |
| T-MCO PAHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PAHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PAHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PAHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Inpatient Health Plan | 0 | 0 | 0 |
| T-MCO PIHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PIHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PIHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PIHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Medicaid - Group Health | 0 | 0 | 0 |
| T-Medicaid - Coinsurance | 0 | 0 | 0 |
| T-Medicaid - Other | 0 | 0 | 0 |
| T-Home & Community-Based Services - Regular Payment (1915(c) Waiver) | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(i) Only Pay. | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(j) Only Pay. | 0 | 0 | 0 |
| T-Home & Community Based Services State Plan 1915(k) Community First Choice | 0 | 0 | 0 |
| T-All-Inclusive Care Elderly | 0 | 0 | 0 |
| T-Personal Care Services - Reg. Payments | 0 | 0 | 0 |
| T-Personal Care Services - SDS 1915(j) | 0 | 0 | 0 |
| T-Targeted Case Management Services - Com. Case-Man. | 0 | 0 | 0 |
| T-Case Management - State Wide | 0 | 0 | 0 |
| T-Primary Care Case Management | 0 | 0 | 0 |
| T-Hospice Benefits | 0 | 0 | 0 |
| T-Emergency | 0 | 0 | 0 |
| T-Federally-Qualified Health Center | 0 | 0 | 0 |
| T-Non-Emergency Medical Transportation | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Mississippi

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Physical Therapy | 0 | 0 | 0 |
| T-Occupational Therapy | 0 | 0 | 0 |
| T-Services for Speech, Hearing & Language | 0 | 0 | 0 |
| T-Prosthetic Devices, Dentures, Eyeglasses | 0 | 0 | 0 |
| T-Diagnostic Screening & Preventive Services | 0 | 0 | 0 |
| T-Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Nurse Mid-Wife | 0 | 0 | 0 |
| T-Emergency Hospital Services | 0 | 0 | 0 |
| T-Critical Access Hospitals | 0 | 0 | 0 |
| T-Nurse Practitioner Services | 0 | 0 | 0 |
| T-School Based Services | 0 | 0 | 0 |
| T-Rehabilitative Services (non-school-based) | 0 | 0 | 0 |
| T-Private Duty Nursing | 0 | 0 | 0 |
| T-Freestanding Birth Center | 0 | 0 | 0 |
| T-Health Home w Chronic Conditions | 0 | 0 | 0 |
| T-Tobacco Cessation for Preg Women | 0 | 0 | 0 |
| T-Health Home w Substance-Use-Disorder | 0 | 0 | 0 |
| T-Other Care Services | 0 | 0 | 0 |
| T-Total Net Expenditures | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Missouri

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Inpatient Hospital - Reg. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital - DSH | 0 | 0 | 0 |
| T-Inpatient Hospital - Sup. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital – GME Sup. Payments | 0 | 0 | 0 |
| T-Mental Health Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Mental Health Facility - DSH | 0 | 0 | 0 |
| T-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Sup. Payments | 0 | 0 | 0 |
| T-Intermediate Care Facility - Public | 0 | 0 | 0 |
| T-Intermediate Care - Private | 0 | 0 | 0 |
| T-Intermediate Care Facility - Individuals with Intellectual Disabilities (ICF/IID): Supplemental Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Reg. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Sup. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Evaluation and Management | 0 | 0 | 0 |
| T-Physician & Surgical Services - Vaccine codes | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Reg. Payments | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Sup. Payments | 0 | 0 | 0 |
| T-Prescribed Drugs | 0 | 0 | 0 |
| T-Drug Rebate Offset - National | 0 | 0 | 0 |
| T-Drug Rebate Offset - State Sidebar Agreement | 0 | 0 | 0 |
| T-MCO - National Agreement | 0 | 0 | 0 |
| T-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| T-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| T-Increased ACA OFFSET - MCO | 0 | 0 | 0 |
| T-Dental Services | 0 | 0 | 0 |
| T-Other Practitioners Services - Reg. Payments | 0 | 0 | 0 |
| T-Other Practitioners Services - Sup. Payments | 0 | 0 | 0 |
| T-Clinic Services | 0 | 0 | 0 |
| T-Laboratory/Radiological | 0 | 0 | 0 |
| T-Home Health Services | 0 | 0 | 0 |
| T-Sterilizations | 0 | 0 | 0 |
| T-Abortions | 0 | 0 | 0 |
| T-EPSTD Screening | 0 | 0 | 0 |
| T-Rural Health | 0 | 0 | 0 |
| T-Medicare - Part A | 0 | 0 | 0 |
| T-Medicare - Part B | 0 | 0 | 0 |
| T-120% - 134% Of Poverty | 0 | 0 | 0 |
| T-Coinsurance | 0 | 0 | 0 |
| T-Medicaid - MCO | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Missouri

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Medicaid MCO - Evaluation and Management | 0 | 0 | 0 |
| T-Medicaid MCO - Vaccine codes | 0 | 0 | 0 |
| T-Medicaid MCO - Community First Choice | 0 | 0 | 0 |
| T-Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid MCO - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Ambulatory Health Plan | 0 | 0 | 0 |
| T-MCO PAHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PAHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PAHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PAHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Inpatient Health Plan | 0 | 0 | 0 |
| T-MCO PIHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PIHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PIHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PIHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Medicaid - Group Health | 0 | 0 | 0 |
| T-Medicaid - Coinsurance | 0 | 0 | 0 |
| T-Medicaid - Other | 0 | 0 | 0 |
| T-Home & Community-Based Services - Regular Payment (1915(c) Waiver) | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(i) Only Pay. | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(j) Only Pay. | 0 | 0 | 0 |
| T-Home & Community Based Services State Plan 1915(k) Community First Choice | 0 | 0 | 0 |
| T-All-Inclusive Care Elderly | 0 | 0 | 0 |
| T-Personal Care Services - Reg. Payments | 0 | 0 | 0 |
| T-Personal Care Services - SDS 1915(j) | 0 | 0 | 0 |
| T-Targeted Case Management Services - Com. Case-Man. | 0 | 0 | 0 |
| T-Case Management - State Wide | 0 | 0 | 0 |
| T-Primary Care Case Management | 0 | 0 | 0 |
| T-Hospice Benefits | 0 | 0 | 0 |
| T-Emergency | 0 | 0 | 0 |
| T-Federally-Qualified Health Center | 0 | 0 | 0 |
| T-Non-Emergency Medical Transportation | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Missouri

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Physical Therapy | 0 | 0 | 0 |
| T-Occupational Therapy | 0 | 0 | 0 |
| T-Services for Speech, Hearing & Language | 0 | 0 | 0 |
| T-Prosthetic Devices, Dentures, Eyeglasses | 0 | 0 | 0 |
| T-Diagnostic Screening & Preventive Services | 0 | 0 | 0 |
| T-Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Nurse Mid-Wife | 0 | 0 | 0 |
| T-Emergency Hospital Services | 0 | 0 | 0 |
| T-Critical Access Hospitals | 0 | 0 | 0 |
| T-Nurse Practitioner Services | 0 | 0 | 0 |
| T-School Based Services | 0 | 0 | 0 |
| T-Rehabilitative Services (non-school-based) | 0 | 0 | 0 |
| T-Private Duty Nursing | 0 | 0 | 0 |
| T-Freestanding Birth Center | 0 | 0 | 0 |
| T-Health Home w Chronic Conditions | 0 | 0 | 0 |
| T-Tobacco Cessation for Preg Women | 0 | 0 | 0 |
| T-Health Home w Substance-Use-Disorder | 0 | 0 | 0 |
| T-Other Care Services | 0 | 0 | 0 |
| T-Total Net Expenditures | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

**FY 2019
National
Montana**

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Inpatient Hospital - Reg. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital - DSH | 0 | 0 | 0 |
| T-Inpatient Hospital - Sup. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital – GME Sup. Payments | 0 | 0 | 0 |
| T-Mental Health Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Mental Health Facility - DSH | 0 | 0 | 0 |
| T-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Sup. Payments | 0 | 0 | 0 |
| T-Intermediate Care Facility - Public | 0 | 0 | 0 |
| T-Intermediate Care - Private | 0 | 0 | 0 |
| T-Intermediate Care Facility - Individuals with Intellectual Disabilities (ICF/IID): Supplemental Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Reg. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Sup. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Evaluation and Management | 0 | 0 | 0 |
| T-Physician & Surgical Services - Vaccine codes | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Reg. Payments | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Sup. Payments | 0 | 0 | 0 |
| T-Prescribed Drugs | 0 | 0 | 0 |
| T-Drug Rebate Offset - National | 0 | 0 | 0 |
| T-Drug Rebate Offset - State Sidebar Agreement | 0 | 0 | 0 |
| T-MCO - National Agreement | 0 | 0 | 0 |
| T-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| T-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| T-Increased ACA OFFSET - MCO | 0 | 0 | 0 |
| T-Dental Services | 0 | 0 | 0 |
| T-Other Practitioners Services - Reg. Payments | 0 | 0 | 0 |
| T-Other Practitioners Services - Sup. Payments | 0 | 0 | 0 |
| T-Clinic Services | 0 | 0 | 0 |
| T-Laboratory/Radiological | 0 | 0 | 0 |
| T-Home Health Services | 0 | 0 | 0 |
| T-Sterilizations | 0 | 0 | 0 |
| T-Abortions | 0 | 0 | 0 |
| T-EPSTD Screening | 0 | 0 | 0 |
| T-Rural Health | 0 | 0 | 0 |
| T-Medicare - Part A | 0 | 0 | 0 |
| T-Medicare - Part B | 0 | 0 | 0 |
| T-120% - 134% Of Poverty | 0 | 0 | 0 |
| T-Coinsurance | 0 | 0 | 0 |
| T-Medicaid - MCO | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

**FY 2019
National
Montana**

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Medicaid MCO - Evaluation and Management | 0 | 0 | 0 |
| T-Medicaid MCO - Vaccine codes | 0 | 0 | 0 |
| T-Medicaid MCO - Community First Choice | 0 | 0 | 0 |
| T-Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid MCO - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Ambulatory Health Plan | 0 | 0 | 0 |
| T-MCO PAHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PAHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PAHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PAHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Inpatient Health Plan | 0 | 0 | 0 |
| T-MCO PIHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PIHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PIHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PIHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Medicaid - Group Health | 0 | 0 | 0 |
| T-Medicaid - Coinsurance | 0 | 0 | 0 |
| T-Medicaid - Other | 0 | 0 | 0 |
| T-Home & Community-Based Services - Regular Payment (1915(c) Waiver) | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(i) Only Pay. | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(j) Only Pay. | 0 | 0 | 0 |
| T-Home & Community Based Services State Plan 1915(k) Community First Choice | 0 | 0 | 0 |
| T-All-Inclusive Care Elderly | 0 | 0 | 0 |
| T-Personal Care Services - Reg. Payments | 0 | 0 | 0 |
| T-Personal Care Services - SDS 1915(j) | 0 | 0 | 0 |
| T-Targeted Case Management Services - Com. Case-Man. | 0 | 0 | 0 |
| T-Case Management - State Wide | 0 | 0 | 0 |
| T-Primary Care Case Management | 0 | 0 | 0 |
| T-Hospice Benefits | 0 | 0 | 0 |
| T-Emergency | 0 | 0 | 0 |
| T-Federally-Qualified Health Center | 0 | 0 | 0 |
| T-Non-Emergency Medical Transportation | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Montana

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Physical Therapy | 0 | 0 | 0 |
| T-Occupational Therapy | 0 | 0 | 0 |
| T-Services for Speech, Hearing & Language | 0 | 0 | 0 |
| T-Prosthetic Devices, Dentures, Eyeglasses | 0 | 0 | 0 |
| T-Diagnostic Screening & Preventive Services | 0 | 0 | 0 |
| T-Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Nurse Mid-Wife | 0 | 0 | 0 |
| T-Emergency Hospital Services | 0 | 0 | 0 |
| T-Critical Access Hospitals | 0 | 0 | 0 |
| T-Nurse Practitioner Services | 0 | 0 | 0 |
| T-School Based Services | 0 | 0 | 0 |
| T-Rehabilitative Services (non-school-based) | 0 | 0 | 0 |
| T-Private Duty Nursing | 0 | 0 | 0 |
| T-Freestanding Birth Center | 0 | 0 | 0 |
| T-Health Home w Chronic Conditions | 0 | 0 | 0 |
| T-Tobacco Cessation for Preg Women | 0 | 0 | 0 |
| T-Health Home w Substance-Use-Disorder | 0 | 0 | 0 |
| T-Other Care Services | 0 | 0 | 0 |
| T-Total Net Expenditures | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

N. Mariana Islands

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Inpatient Hospital - Reg. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital - DSH | 0 | 0 | 0 |
| T-Inpatient Hospital - Sup. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital – GME Sup. Payments | 0 | 0 | 0 |
| T-Mental Health Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Mental Health Facility - DSH | 0 | 0 | 0 |
| T-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Sup. Payments | 0 | 0 | 0 |
| T-Intermediate Care Facility - Public | 0 | 0 | 0 |
| T-Intermediate Care - Private | 0 | 0 | 0 |
| T-Intermediate Care Facility - Individuals with Intellectual Disabilities (ICF/IID): Supplemental Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Reg. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Sup. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Evaluation and Management | 0 | 0 | 0 |
| T-Physician & Surgical Services - Vaccine codes | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Reg. Payments | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Sup. Payments | 0 | 0 | 0 |
| T-Prescribed Drugs | 0 | 0 | 0 |
| T-Drug Rebate Offset - National | 0 | 0 | 0 |
| T-Drug Rebate Offset - State Sidebar Agreement | 0 | 0 | 0 |
| T-MCO - National Agreement | 0 | 0 | 0 |
| T-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| T-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| T-Increased ACA OFFSET - MCO | 0 | 0 | 0 |
| T-Dental Services | 0 | 0 | 0 |
| T-Other Practitioners Services - Reg. Payments | 0 | 0 | 0 |
| T-Other Practitioners Services - Sup. Payments | 0 | 0 | 0 |
| T-Clinic Services | 0 | 0 | 0 |
| T-Laboratory/Radiological | 0 | 0 | 0 |
| T-Home Health Services | 0 | 0 | 0 |
| T-Sterilizations | 0 | 0 | 0 |
| T-Abortions | 0 | 0 | 0 |
| T-EPSTD Screening | 0 | 0 | 0 |
| T-Rural Health | 0 | 0 | 0 |
| T-Medicare - Part A | 0 | 0 | 0 |
| T-Medicare - Part B | 0 | 0 | 0 |
| T-120% - 134% Of Poverty | 0 | 0 | 0 |
| T-Coinsurance | 0 | 0 | 0 |
| T-Medicaid - MCO | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

N. Mariana Islands

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Medicaid MCO - Evaluation and Management | 0 | 0 | 0 |
| T-Medicaid MCO - Vaccine codes | 0 | 0 | 0 |
| T-Medicaid MCO - Community First Choice | 0 | 0 | 0 |
| T-Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid MCO - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Ambulatory Health Plan | 0 | 0 | 0 |
| T-MCO PAHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PAHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PAHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PAHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Inpatient Health Plan | 0 | 0 | 0 |
| T-MCO PIHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PIHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PIHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PIHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Medicaid - Group Health | 0 | 0 | 0 |
| T-Medicaid - Coinsurance | 0 | 0 | 0 |
| T-Medicaid - Other | 0 | 0 | 0 |
| T-Home & Community-Based Services - Regular Payment (1915(c) Waiver) | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(i) Only Pay. | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(j) Only Pay. | 0 | 0 | 0 |
| T-Home & Community Based Services State Plan 1915(k) Community First Choice | 0 | 0 | 0 |
| T-All-Inclusive Care Elderly | 0 | 0 | 0 |
| T-Personal Care Services - Reg. Payments | 0 | 0 | 0 |
| T-Personal Care Services - SDS 1915(j) | 0 | 0 | 0 |
| T-Targeted Case Management Services - Com. Case-Man. | 0 | 0 | 0 |
| T-Case Management - State Wide | 0 | 0 | 0 |
| T-Primary Care Case Management | 0 | 0 | 0 |
| T-Hospice Benefits | 0 | 0 | 0 |
| T-Emergency | 0 | 0 | 0 |
| T-Federally-Qualified Health Center | 0 | 0 | 0 |
| T-Non-Emergency Medical Transportation | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

N. Mariana Islands

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Physical Therapy | 0 | 0 | 0 |
| T-Occupational Therapy | 0 | 0 | 0 |
| T-Services for Speech, Hearing & Language | 0 | 0 | 0 |
| T-Prosthetic Devices, Dentures, Eyeglasses | 0 | 0 | 0 |
| T-Diagnostic Screening & Preventive Services | 0 | 0 | 0 |
| T-Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Nurse Mid-Wife | 0 | 0 | 0 |
| T-Emergency Hospital Services | 0 | 0 | 0 |
| T-Critical Access Hospitals | 0 | 0 | 0 |
| T-Nurse Practitioner Services | 0 | 0 | 0 |
| T-School Based Services | 0 | 0 | 0 |
| T-Rehabilitative Services (non-school-based) | 0 | 0 | 0 |
| T-Private Duty Nursing | 0 | 0 | 0 |
| T-Freestanding Birth Center | 0 | 0 | 0 |
| T-Health Home w Chronic Conditions | 0 | 0 | 0 |
| T-Tobacco Cessation for Preg Women | 0 | 0 | 0 |
| T-Health Home w Substance-Use-Disorder | 0 | 0 | 0 |
| T-Other Care Services | 0 | 0 | 0 |
| T-Total Net Expenditures | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Nebraska

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Inpatient Hospital - Reg. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital - DSH | 0 | 0 | 0 |
| T-Inpatient Hospital - Sup. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital – GME Sup. Payments | 0 | 0 | 0 |
| T-Mental Health Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Mental Health Facility - DSH | 0 | 0 | 0 |
| T-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Sup. Payments | 0 | 0 | 0 |
| T-Intermediate Care Facility - Public | 0 | 0 | 0 |
| T-Intermediate Care - Private | 0 | 0 | 0 |
| T-Intermediate Care Facility - Individuals with Intellectual Disabilities (ICF/IID): Supplemental Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Reg. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Sup. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Evaluation and Management | 0 | 0 | 0 |
| T-Physician & Surgical Services - Vaccine codes | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Reg. Payments | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Sup. Payments | 0 | 0 | 0 |
| T-Prescribed Drugs | 0 | 0 | 0 |
| T-Drug Rebate Offset - National | 0 | 0 | 0 |
| T-Drug Rebate Offset - State Sidebar Agreement | 0 | 0 | 0 |
| T-MCO - National Agreement | 0 | 0 | 0 |
| T-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| T-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| T-Increased ACA OFFSET - MCO | 0 | 0 | 0 |
| T-Dental Services | 0 | 0 | 0 |
| T-Other Practitioners Services - Reg. Payments | 0 | 0 | 0 |
| T-Other Practitioners Services - Sup. Payments | 0 | 0 | 0 |
| T-Clinic Services | 0 | 0 | 0 |
| T-Laboratory/Radiological | 0 | 0 | 0 |
| T-Home Health Services | 0 | 0 | 0 |
| T-Sterilizations | 0 | 0 | 0 |
| T-Abortions | 0 | 0 | 0 |
| T-EPSTD Screening | 0 | 0 | 0 |
| T-Rural Health | 0 | 0 | 0 |
| T-Medicare - Part A | 0 | 0 | 0 |
| T-Medicare - Part B | 0 | 0 | 0 |
| T-120% - 134% Of Poverty | 0 | 0 | 0 |
| T-Coinsurance | 0 | 0 | 0 |
| T-Medicaid - MCO | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

**FY 2019
National
Nebraska**

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Medicaid MCO - Evaluation and Management | 0 | 0 | 0 |
| T-Medicaid MCO - Vaccine codes | 0 | 0 | 0 |
| T-Medicaid MCO - Community First Choice | 0 | 0 | 0 |
| T-Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid MCO - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Ambulatory Health Plan | 0 | 0 | 0 |
| T-MCO PAHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PAHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PAHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PAHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Inpatient Health Plan | 0 | 0 | 0 |
| T-MCO PIHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PIHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PIHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PIHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Medicaid - Group Health | 0 | 0 | 0 |
| T-Medicaid - Coinsurance | 0 | 0 | 0 |
| T-Medicaid - Other | 0 | 0 | 0 |
| T-Home & Community-Based Services - Regular Payment (1915(c) Waiver) | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(i) Only Pay. | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(j) Only Pay. | 0 | 0 | 0 |
| T-Home & Community Based Services State Plan 1915(k) Community First Choice | 0 | 0 | 0 |
| T-All-Inclusive Care Elderly | 0 | 0 | 0 |
| T-Personal Care Services - Reg. Payments | 0 | 0 | 0 |
| T-Personal Care Services - SDS 1915(j) | 0 | 0 | 0 |
| T-Targeted Case Management Services - Com. Case-Man. | 0 | 0 | 0 |
| T-Case Management - State Wide | 0 | 0 | 0 |
| T-Primary Care Case Management | 0 | 0 | 0 |
| T-Hospice Benefits | 0 | 0 | 0 |
| T-Emergency | 0 | 0 | 0 |
| T-Federally-Qualified Health Center | 0 | 0 | 0 |
| T-Non-Emergency Medical Transportation | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Nebraska

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Physical Therapy | 0 | 0 | 0 |
| T-Occupational Therapy | 0 | 0 | 0 |
| T-Services for Speech, Hearing & Language | 0 | 0 | 0 |
| T-Prosthetic Devices, Dentures, Eyeglasses | 0 | 0 | 0 |
| T-Diagnostic Screening & Preventive Services | 0 | 0 | 0 |
| T-Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Nurse Mid-Wife | 0 | 0 | 0 |
| T-Emergency Hospital Services | 0 | 0 | 0 |
| T-Critical Access Hospitals | 0 | 0 | 0 |
| T-Nurse Practitioner Services | 0 | 0 | 0 |
| T-School Based Services | 0 | 0 | 0 |
| T-Rehabilitative Services (non-school-based) | 0 | 0 | 0 |
| T-Private Duty Nursing | 0 | 0 | 0 |
| T-Freestanding Birth Center | 0 | 0 | 0 |
| T-Health Home w Chronic Conditions | 0 | 0 | 0 |
| T-Tobacco Cessation for Preg Women | 0 | 0 | 0 |
| T-Health Home w Substance-Use-Disorder | 0 | 0 | 0 |
| T-Other Care Services | 0 | 0 | 0 |
| T-Total Net Expenditures | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Nevada

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Inpatient Hospital - Reg. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital - DSH | 0 | 0 | 0 |
| T-Inpatient Hospital - Sup. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital – GME Sup. Payments | 0 | 0 | 0 |
| T-Mental Health Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Mental Health Facility - DSH | 0 | 0 | 0 |
| T-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Sup. Payments | 0 | 0 | 0 |
| T-Intermediate Care Facility - Public | 0 | 0 | 0 |
| T-Intermediate Care - Private | 0 | 0 | 0 |
| T-Intermediate Care Facility - Individuals with Intellectual Disabilities (ICF/IID): Supplemental Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Reg. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Sup. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Evaluation and Management | 0 | 0 | 0 |
| T-Physician & Surgical Services - Vaccine codes | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Reg. Payments | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Sup. Payments | 0 | 0 | 0 |
| T-Prescribed Drugs | 0 | 0 | 0 |
| T-Drug Rebate Offset - National | 0 | 0 | 0 |
| T-Drug Rebate Offset - State Sidebar Agreement | 0 | 0 | 0 |
| T-MCO - National Agreement | 0 | 0 | 0 |
| T-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| T-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| T-Increased ACA OFFSET - MCO | 0 | 0 | 0 |
| T-Dental Services | 0 | 0 | 0 |
| T-Other Practitioners Services - Reg. Payments | 0 | 0 | 0 |
| T-Other Practitioners Services - Sup. Payments | 0 | 0 | 0 |
| T-Clinic Services | 0 | 0 | 0 |
| T-Laboratory/Radiological | 0 | 0 | 0 |
| T-Home Health Services | 0 | 0 | 0 |
| T-Sterilizations | 0 | 0 | 0 |
| T-Abortions | 0 | 0 | 0 |
| T-EPSTD Screening | 0 | 0 | 0 |
| T-Rural Health | 0 | 0 | 0 |
| T-Medicare - Part A | 0 | 0 | 0 |
| T-Medicare - Part B | 0 | 0 | 0 |
| T-120% - 134% Of Poverty | 0 | 0 | 0 |
| T-Coinsurance | 0 | 0 | 0 |
| T-Medicaid - MCO | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Nevada

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Medicaid MCO - Evaluation and Management | 0 | 0 | 0 |
| T-Medicaid MCO - Vaccine codes | 0 | 0 | 0 |
| T-Medicaid MCO - Community First Choice | 0 | 0 | 0 |
| T-Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid MCO - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Ambulatory Health Plan | 0 | 0 | 0 |
| T-MCO PAHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PAHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PAHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PAHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Inpatient Health Plan | 0 | 0 | 0 |
| T-MCO PIHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PIHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PIHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PIHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Medicaid - Group Health | 0 | 0 | 0 |
| T-Medicaid - Coinsurance | 0 | 0 | 0 |
| T-Medicaid - Other | 0 | 0 | 0 |
| T-Home & Community-Based Services - Regular Payment (1915(c) Waiver) | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(i) Only Pay. | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(j) Only Pay. | 0 | 0 | 0 |
| T-Home & Community Based Services State Plan 1915(k) Community First Choice | 0 | 0 | 0 |
| T-All-Inclusive Care Elderly | 0 | 0 | 0 |
| T-Personal Care Services - Reg. Payments | 0 | 0 | 0 |
| T-Personal Care Services - SDS 1915(j) | 0 | 0 | 0 |
| T-Targeted Case Management Services - Com. Case-Man. | 0 | 0 | 0 |
| T-Case Management - State Wide | 0 | 0 | 0 |
| T-Primary Care Case Management | 0 | 0 | 0 |
| T-Hospice Benefits | 0 | 0 | 0 |
| T-Emergency | 0 | 0 | 0 |
| T-Federally-Qualified Health Center | 0 | 0 | 0 |
| T-Non-Emergency Medical Transportation | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Nevada

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Physical Therapy | 0 | 0 | 0 |
| T-Occupational Therapy | 0 | 0 | 0 |
| T-Services for Speech, Hearing & Language | 0 | 0 | 0 |
| T-Prosthetic Devices, Dentures, Eyeglasses | 0 | 0 | 0 |
| T-Diagnostic Screening & Preventive Services | 0 | 0 | 0 |
| T-Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Nurse Mid-Wife | 0 | 0 | 0 |
| T-Emergency Hospital Services | 0 | 0 | 0 |
| T-Critical Access Hospitals | 0 | 0 | 0 |
| T-Nurse Practitioner Services | 0 | 0 | 0 |
| T-School Based Services | 0 | 0 | 0 |
| T-Rehabilitative Services (non-school-based) | 0 | 0 | 0 |
| T-Private Duty Nursing | 0 | 0 | 0 |
| T-Freestanding Birth Center | 0 | 0 | 0 |
| T-Health Home w Chronic Conditions | 0 | 0 | 0 |
| T-Tobacco Cessation for Preg Women | 0 | 0 | 0 |
| T-Health Home w Substance-Use-Disorder | 0 | 0 | 0 |
| T-Other Care Services | 0 | 0 | 0 |
| T-Total Net Expenditures | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

New Hampshire

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Inpatient Hospital - Reg. Payments | 0 | 123,929 | (123,929) |
| T-Inpatient Hospital - DSH | 0 | 0 | 0 |
| T-Inpatient Hospital - Sup. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital – GME Sup. Payments | 0 | 0 | 0 |
| T-Mental Health Facility Services - Reg. Payments | 0 | 11,253 | (11,253) |
| T-Mental Health Facility - DSH | 0 | 0 | 0 |
| T-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Sup. Payments | 0 | 0 | 0 |
| T-Intermediate Care Facility - Public | 0 | 0 | 0 |
| T-Intermediate Care - Private | 0 | 0 | 0 |
| T-Intermediate Care Facility - Individuals with Intellectual Disabilities (ICF/IID): Supplemental Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Reg. Payments | 0 | 45,788 | (45,788) |
| T-Physician & Surgical Services - Sup. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Evaluation and Management | 0 | 0 | 0 |
| T-Physician & Surgical Services - Vaccine codes | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Reg. Payments | 0 | 58,621 | (58,621) |
| T-Outpatient Hospital Services - Sup. Payments | 0 | 0 | 0 |
| T-Prescribed Drugs | 0 | 658,571 | (658,571) |
| T-Drug Rebate Offset - National | 0 | (433,014) | 433,014 |
| T-Drug Rebate Offset - State Sidebar Agreement | 0 | (22,965) | 22,965 |
| T-MCO - National Agreement | 0 | 0 | 0 |
| T-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| T-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| T-Increased ACA OFFSET - MCO | 0 | 0 | 0 |
| T-Dental Services | 0 | 1,372,509 | (1,372,509) |
| T-Other Practitioners Services - Reg. Payments | 0 | 9,881 | (9,881) |
| T-Other Practitioners Services - Sup. Payments | 0 | 0 | 0 |
| T-Clinic Services | 0 | 250,290 | (250,290) |
| T-Laboratory/Radiological | 0 | 245 | (245) |
| T-Home Health Services | 0 | 731 | (731) |
| T-Sterilizations | 0 | 0 | 0 |
| T-Abortions | 0 | 0 | 0 |
| T-EPSTD Screening | 0 | 0 | 0 |
| T-Rural Health | 0 | 7,930 | (7,930) |
| T-Medicare - Part A | 0 | 0 | 0 |
| T-Medicare - Part B | 0 | 0 | 0 |
| T-120% - 134% Of Poverty | 0 | 0 | 0 |
| T-Coinsurance | 0 | 0 | 0 |
| T-Medicaid - MCO | 0 | 12,539,641 | (12,539,641) |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

New Hampshire

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Medicaid MCO - Evaluation and Management | 0 | 0 | 0 |
| T-Medicaid MCO - Vaccine codes | 0 | 0 | 0 |
| T-Medicaid MCO - Community First Choice | 0 | 0 | 0 |
| T-Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid MCO - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Ambulatory Health Plan | 0 | 0 | 0 |
| T-MCO PAHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PAHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PAHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PAHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Inpatient Health Plan | 0 | 0 | 0 |
| T-MCO PIHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PIHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PIHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PIHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Medicaid - Group Health | 0 | 11,472 | (11,472) |
| T-Medicaid - Coinsurance | 0 | 0 | 0 |
| T-Medicaid - Other | 0 | 0 | 0 |
| T-Home & Community-Based Services - Regular Payment (1915(c) Waiver) | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(i) Only Pay. | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(j) Only Pay. | 0 | 0 | 0 |
| T-Home & Community Based Services State Plan 1915(k) Community First Choice | 0 | 0 | 0 |
| T-All-Inclusive Care Elderly | 0 | 0 | 0 |
| T-Personal Care Services - Reg. Payments | 0 | 0 | 0 |
| T-Personal Care Services - SDS 1915(j) | 0 | 0 | 0 |
| T-Targeted Case Management Services - Com. Case-Man. | 0 | 48,292 | (48,292) |
| T-Case Management - State Wide | 0 | 0 | 0 |
| T-Primary Care Case Management | 0 | 0 | 0 |
| T-Hospice Benefits | 0 | 0 | 0 |
| T-Emergency | 0 | 0 | 0 |
| T-Federally-Qualified Health Center | 0 | 0 | 0 |
| T-Non-Emergency Medical Transportation | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

New Hampshire

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Physical Therapy | 0 | 0 | 0 |
| T-Occupational Therapy | 0 | 0 | 0 |
| T-Services for Speech, Hearing & Language | 0 | 0 | 0 |
| T-Prosthetic Devices, Dentures, Eyeglasses | 0 | 0 | 0 |
| T-Diagnostic Screening & Preventive Services | 0 | 0 | 0 |
| T-Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Nurse Mid-Wife | 0 | 0 | 0 |
| T-Emergency Hospital Services | 0 | 0 | 0 |
| T-Critical Access Hospitals | 0 | 0 | 0 |
| T-Nurse Practitioner Services | 0 | 0 | 0 |
| T-School Based Services | 0 | 0 | 0 |
| T-Rehabilitative Services (non-school-based) | 0 | 256,455 | (256,455) |
| T-Private Duty Nursing | 0 | 0 | 0 |
| T-Freestanding Birth Center | 0 | 0 | 0 |
| T-Health Home w Chronic Conditions | 0 | 0 | 0 |
| T-Tobacco Cessation for Preg Women | 0 | 0 | 0 |
| T-Health Home w Substance-Use-Disorder | 0 | 0 | 0 |
| T-Other Care Services | 0 | 639,714 | (639,714) |
| T-Total Net Expenditures | 0 | 15,579,343 | (15,579,343) |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

New Jersey

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Inpatient Hospital - Reg. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital - DSH | 0 | 0 | 0 |
| T-Inpatient Hospital - Sup. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital – GME Sup. Payments | 0 | 0 | 0 |
| T-Mental Health Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Mental Health Facility - DSH | 0 | 0 | 0 |
| T-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Sup. Payments | 0 | 0 | 0 |
| T-Intermediate Care Facility - Public | 0 | 0 | 0 |
| T-Intermediate Care - Private | 0 | 0 | 0 |
| T-Intermediate Care Facility - Individuals with Intellectual Disabilities (ICF/IID): Supplemental Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Reg. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Sup. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Evaluation and Management | 0 | 0 | 0 |
| T-Physician & Surgical Services - Vaccine codes | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Reg. Payments | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Sup. Payments | 0 | 0 | 0 |
| T-Prescribed Drugs | 0 | 0 | 0 |
| T-Drug Rebate Offset - National | 0 | 0 | 0 |
| T-Drug Rebate Offset - State Sidebar Agreement | 0 | 0 | 0 |
| T-MCO - National Agreement | 0 | 0 | 0 |
| T-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| T-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| T-Increased ACA OFFSET - MCO | 0 | 0 | 0 |
| T-Dental Services | 0 | 0 | 0 |
| T-Other Practitioners Services - Reg. Payments | 0 | 0 | 0 |
| T-Other Practitioners Services - Sup. Payments | 0 | 0 | 0 |
| T-Clinic Services | 0 | 0 | 0 |
| T-Laboratory/Radiological | 0 | 0 | 0 |
| T-Home Health Services | 0 | 0 | 0 |
| T-Sterilizations | 0 | 0 | 0 |
| T-Abortions | 0 | 0 | 0 |
| T-EPSTD Screening | 0 | 0 | 0 |
| T-Rural Health | 0 | 0 | 0 |
| T-Medicare - Part A | 0 | 0 | 0 |
| T-Medicare - Part B | 0 | 0 | 0 |
| T-120% - 134% Of Poverty | 0 | 0 | 0 |
| T-Coinsurance | 0 | 0 | 0 |
| T-Medicaid - MCO | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

New Jersey

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Medicaid MCO - Evaluation and Management | 0 | 0 | 0 |
| T-Medicaid MCO - Vaccine codes | 0 | 0 | 0 |
| T-Medicaid MCO - Community First Choice | 0 | 0 | 0 |
| T-Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid MCO - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Ambulatory Health Plan | 0 | 0 | 0 |
| T-MCO PAHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PAHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PAHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PAHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Inpatient Health Plan | 0 | 0 | 0 |
| T-MCO PIHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PIHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PIHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PIHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Medicaid - Group Health | 0 | 0 | 0 |
| T-Medicaid - Coinsurance | 0 | 0 | 0 |
| T-Medicaid - Other | 0 | 0 | 0 |
| T-Home & Community-Based Services - Regular Payment (1915(c) Waiver) | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(i) Only Pay. | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(j) Only Pay. | 0 | 0 | 0 |
| T-Home & Community Based Services State Plan 1915(k) Community First Choice | 0 | 0 | 0 |
| T-All-Inclusive Care Elderly | 0 | 0 | 0 |
| T-Personal Care Services - Reg. Payments | 0 | 0 | 0 |
| T-Personal Care Services - SDS 1915(j) | 0 | 0 | 0 |
| T-Targeted Case Management Services - Com. Case-Man. | 0 | 0 | 0 |
| T-Case Management - State Wide | 0 | 0 | 0 |
| T-Primary Care Case Management | 0 | 0 | 0 |
| T-Hospice Benefits | 0 | 0 | 0 |
| T-Emergency | 0 | 0 | 0 |
| T-Federally-Qualified Health Center | 0 | 0 | 0 |
| T-Non-Emergency Medical Transportation | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

New Jersey

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Physical Therapy | 0 | 0 | 0 |
| T-Occupational Therapy | 0 | 0 | 0 |
| T-Services for Speech, Hearing & Language | 0 | 0 | 0 |
| T-Prosthetic Devices, Dentures, Eyeglasses | 0 | 0 | 0 |
| T-Diagnostic Screening & Preventive Services | 0 | 0 | 0 |
| T-Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Nurse Mid-Wife | 0 | 0 | 0 |
| T-Emergency Hospital Services | 0 | 0 | 0 |
| T-Critical Access Hospitals | 0 | 0 | 0 |
| T-Nurse Practitioner Services | 0 | 0 | 0 |
| T-School Based Services | 0 | 0 | 0 |
| T-Rehabilitative Services (non-school-based) | 0 | 0 | 0 |
| T-Private Duty Nursing | 0 | 0 | 0 |
| T-Freestanding Birth Center | 0 | 0 | 0 |
| T-Health Home w Chronic Conditions | 0 | 0 | 0 |
| T-Tobacco Cessation for Preg Women | 0 | 0 | 0 |
| T-Health Home w Substance-Use-Disorder | 0 | 0 | 0 |
| T-Other Care Services | 0 | 0 | 0 |
| T-Total Net Expenditures | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

New Mexico

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Inpatient Hospital - Reg. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital - DSH | 0 | 0 | 0 |
| T-Inpatient Hospital - Sup. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital – GME Sup. Payments | 0 | 0 | 0 |
| T-Mental Health Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Mental Health Facility - DSH | 0 | 0 | 0 |
| T-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Sup. Payments | 0 | 0 | 0 |
| T-Intermediate Care Facility - Public | 0 | 0 | 0 |
| T-Intermediate Care - Private | 0 | 0 | 0 |
| T-Intermediate Care Facility - Individuals with Intellectual Disabilities (ICF/IID): Supplemental Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Reg. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Sup. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Evaluation and Management | 0 | 0 | 0 |
| T-Physician & Surgical Services - Vaccine codes | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Reg. Payments | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Sup. Payments | 0 | 0 | 0 |
| T-Prescribed Drugs | 0 | 0 | 0 |
| T-Drug Rebate Offset - National | 0 | 0 | 0 |
| T-Drug Rebate Offset - State Sidebar Agreement | 0 | 0 | 0 |
| T-MCO - National Agreement | 0 | 0 | 0 |
| T-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| T-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| T-Increased ACA OFFSET - MCO | 0 | 0 | 0 |
| T-Dental Services | 0 | 0 | 0 |
| T-Other Practitioners Services - Reg. Payments | 0 | 0 | 0 |
| T-Other Practitioners Services - Sup. Payments | 0 | 0 | 0 |
| T-Clinic Services | 0 | 0 | 0 |
| T-Laboratory/Radiological | 0 | 0 | 0 |
| T-Home Health Services | 0 | 0 | 0 |
| T-Sterilizations | 0 | 0 | 0 |
| T-Abortions | 0 | 0 | 0 |
| T-EPSTD Screening | 0 | 0 | 0 |
| T-Rural Health | 0 | 0 | 0 |
| T-Medicare - Part A | 0 | 0 | 0 |
| T-Medicare - Part B | 0 | 0 | 0 |
| T-120% - 134% Of Poverty | 0 | 0 | 0 |
| T-Coinsurance | 0 | 0 | 0 |
| T-Medicaid - MCO | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

**FY 2019
National
New Mexico**

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Medicaid MCO - Evaluation and Management | 0 | 0 | 0 |
| T-Medicaid MCO - Vaccine codes | 0 | 0 | 0 |
| T-Medicaid MCO - Community First Choice | 0 | 0 | 0 |
| T-Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid MCO - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Ambulatory Health Plan | 0 | 0 | 0 |
| T-MCO PAHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PAHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PAHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PAHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Inpatient Health Plan | 0 | 0 | 0 |
| T-MCO PIHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PIHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PIHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PIHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Medicaid - Group Health | 0 | 0 | 0 |
| T-Medicaid - Coinsurance | 0 | 0 | 0 |
| T-Medicaid - Other | 0 | 0 | 0 |
| T-Home & Community-Based Services - Regular Payment (1915(c) Waiver) | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(i) Only Pay. | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(j) Only Pay. | 0 | 0 | 0 |
| T-Home & Community Based Services State Plan 1915(k) Community First Choice | 0 | 0 | 0 |
| T-All-Inclusive Care Elderly | 0 | 0 | 0 |
| T-Personal Care Services - Reg. Payments | 0 | 0 | 0 |
| T-Personal Care Services - SDS 1915(j) | 0 | 0 | 0 |
| T-Targeted Case Management Services - Com. Case-Man. | 0 | 0 | 0 |
| T-Case Management - State Wide | 0 | 0 | 0 |
| T-Primary Care Case Management | 0 | 0 | 0 |
| T-Hospice Benefits | 0 | 0 | 0 |
| T-Emergency | 0 | 0 | 0 |
| T-Federally-Qualified Health Center | 0 | 0 | 0 |
| T-Non-Emergency Medical Transportation | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

New Mexico

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Physical Therapy | 0 | 0 | 0 |
| T-Occupational Therapy | 0 | 0 | 0 |
| T-Services for Speech, Hearing & Language | 0 | 0 | 0 |
| T-Prosthetic Devices, Dentures, Eyeglasses | 0 | 0 | 0 |
| T-Diagnostic Screening & Preventive Services | 0 | 0 | 0 |
| T-Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Nurse Mid-Wife | 0 | 0 | 0 |
| T-Emergency Hospital Services | 0 | 0 | 0 |
| T-Critical Access Hospitals | 0 | 0 | 0 |
| T-Nurse Practitioner Services | 0 | 0 | 0 |
| T-School Based Services | 0 | 0 | 0 |
| T-Rehabilitative Services (non-school-based) | 0 | 0 | 0 |
| T-Private Duty Nursing | 0 | 0 | 0 |
| T-Freestanding Birth Center | 0 | 0 | 0 |
| T-Health Home w Chronic Conditions | 0 | 0 | 0 |
| T-Tobacco Cessation for Preg Women | 0 | 0 | 0 |
| T-Health Home w Substance-Use-Disorder | 0 | 0 | 0 |
| T-Other Care Services | 0 | 0 | 0 |
| T-Total Net Expenditures | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

**FY 2019
National
New York**

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Inpatient Hospital - Reg. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital - DSH | 0 | 0 | 0 |
| T-Inpatient Hospital - Sup. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital – GME Sup. Payments | 0 | 0 | 0 |
| T-Mental Health Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Mental Health Facility - DSH | 0 | 0 | 0 |
| T-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Sup. Payments | 0 | 0 | 0 |
| T-Intermediate Care Facility - Public | 0 | 0 | 0 |
| T-Intermediate Care - Private | 0 | 0 | 0 |
| T-Intermediate Care Facility - Individuals with Intellectual Disabilities (ICF/IID): Supplemental Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Reg. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Sup. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Evaluation and Management | 0 | 0 | 0 |
| T-Physician & Surgical Services - Vaccine codes | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Reg. Payments | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Sup. Payments | 0 | 0 | 0 |
| T-Prescribed Drugs | 0 | 0 | 0 |
| T-Drug Rebate Offset - National | 0 | 0 | 0 |
| T-Drug Rebate Offset - State Sidebar Agreement | 0 | 0 | 0 |
| T-MCO - National Agreement | 0 | 0 | 0 |
| T-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| T-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| T-Increased ACA OFFSET - MCO | 0 | 0 | 0 |
| T-Dental Services | 0 | 0 | 0 |
| T-Other Practitioners Services - Reg. Payments | 0 | 0 | 0 |
| T-Other Practitioners Services - Sup. Payments | 0 | 0 | 0 |
| T-Clinic Services | 0 | 0 | 0 |
| T-Laboratory/Radiological | 0 | 0 | 0 |
| T-Home Health Services | 0 | 0 | 0 |
| T-Sterilizations | 0 | 0 | 0 |
| T-Abortions | 0 | 0 | 0 |
| T-EPSTD Screening | 0 | 0 | 0 |
| T-Rural Health | 0 | 0 | 0 |
| T-Medicare - Part A | 0 | 0 | 0 |
| T-Medicare - Part B | 0 | 0 | 0 |
| T-120% - 134% Of Poverty | 0 | 0 | 0 |
| T-Coinsurance | 0 | 0 | 0 |
| T-Medicaid - MCO | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

**FY 2019
National
New York**

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Medicaid MCO - Evaluation and Management | 0 | 0 | 0 |
| T-Medicaid MCO - Vaccine codes | 0 | 0 | 0 |
| T-Medicaid MCO - Community First Choice | 0 | 0 | 0 |
| T-Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid MCO - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Ambulatory Health Plan | 0 | 0 | 0 |
| T-MCO PAHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PAHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PAHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PAHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Inpatient Health Plan | 0 | 0 | 0 |
| T-MCO PIHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PIHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PIHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PIHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Medicaid - Group Health | 0 | 0 | 0 |
| T-Medicaid - Coinsurance | 0 | 0 | 0 |
| T-Medicaid - Other | 0 | 0 | 0 |
| T-Home & Community-Based Services - Regular Payment (1915(c) Waiver) | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(i) Only Pay. | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(j) Only Pay. | 0 | 0 | 0 |
| T-Home & Community Based Services State Plan 1915(k) Community First Choice | 0 | 0 | 0 |
| T-All-Inclusive Care Elderly | 0 | 0 | 0 |
| T-Personal Care Services - Reg. Payments | 0 | 0 | 0 |
| T-Personal Care Services - SDS 1915(j) | 0 | 0 | 0 |
| T-Targeted Case Management Services - Com. Case-Man. | 0 | 0 | 0 |
| T-Case Management - State Wide | 0 | 0 | 0 |
| T-Primary Care Case Management | 0 | 0 | 0 |
| T-Hospice Benefits | 0 | 0 | 0 |
| T-Emergency | 0 | 0 | 0 |
| T-Federally-Qualified Health Center | 0 | 0 | 0 |
| T-Non-Emergency Medical Transportation | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

New York

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Physical Therapy | 0 | 0 | 0 |
| T-Occupational Therapy | 0 | 0 | 0 |
| T-Services for Speech, Hearing & Language | 0 | 0 | 0 |
| T-Prosthetic Devices, Dentures, Eyeglasses | 0 | 0 | 0 |
| T-Diagnostic Screening & Preventive Services | 0 | 0 | 0 |
| T-Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Nurse Mid-Wife | 0 | 0 | 0 |
| T-Emergency Hospital Services | 0 | 0 | 0 |
| T-Critical Access Hospitals | 0 | 0 | 0 |
| T-Nurse Practitioner Services | 0 | 0 | 0 |
| T-School Based Services | 0 | 0 | 0 |
| T-Rehabilitative Services (non-school-based) | 0 | 0 | 0 |
| T-Private Duty Nursing | 0 | 0 | 0 |
| T-Freestanding Birth Center | 0 | 0 | 0 |
| T-Health Home w Chronic Conditions | 0 | 0 | 0 |
| T-Tobacco Cessation for Preg Women | 0 | 0 | 0 |
| T-Health Home w Substance-Use-Disorder | 0 | 0 | 0 |
| T-Other Care Services | 0 | 0 | 0 |
| T-Total Net Expenditures | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

North Carolina

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Inpatient Hospital - Reg. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital - DSH | 0 | 0 | 0 |
| T-Inpatient Hospital - Sup. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital – GME Sup. Payments | 0 | 0 | 0 |
| T-Mental Health Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Mental Health Facility - DSH | 0 | 0 | 0 |
| T-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Sup. Payments | 0 | 0 | 0 |
| T-Intermediate Care Facility - Public | 0 | 0 | 0 |
| T-Intermediate Care - Private | 0 | 0 | 0 |
| T-Intermediate Care Facility - Individuals with Intellectual Disabilities (ICF/IID): Supplemental Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Reg. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Sup. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Evaluation and Management | 0 | 0 | 0 |
| T-Physician & Surgical Services - Vaccine codes | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Reg. Payments | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Sup. Payments | 0 | 0 | 0 |
| T-Prescribed Drugs | 0 | 0 | 0 |
| T-Drug Rebate Offset - National | 0 | 0 | 0 |
| T-Drug Rebate Offset - State Sidebar Agreement | 0 | 0 | 0 |
| T-MCO - National Agreement | 0 | 0 | 0 |
| T-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| T-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| T-Increased ACA OFFSET - MCO | 0 | 0 | 0 |
| T-Dental Services | 0 | 0 | 0 |
| T-Other Practitioners Services - Reg. Payments | 0 | 0 | 0 |
| T-Other Practitioners Services - Sup. Payments | 0 | 0 | 0 |
| T-Clinic Services | 0 | 0 | 0 |
| T-Laboratory/Radiological | 0 | 0 | 0 |
| T-Home Health Services | 0 | 0 | 0 |
| T-Sterilizations | 0 | 0 | 0 |
| T-Abortions | 0 | 0 | 0 |
| T-EPSTD Screening | 0 | 0 | 0 |
| T-Rural Health | 0 | 0 | 0 |
| T-Medicare - Part A | 0 | 0 | 0 |
| T-Medicare - Part B | 0 | 0 | 0 |
| T-120% - 134% Of Poverty | 0 | 0 | 0 |
| T-Coinsurance | 0 | 0 | 0 |
| T-Medicaid - MCO | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

North Carolina

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Medicaid MCO - Evaluation and Management | 0 | 0 | 0 |
| T-Medicaid MCO - Vaccine codes | 0 | 0 | 0 |
| T-Medicaid MCO - Community First Choice | 0 | 0 | 0 |
| T-Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid MCO - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Ambulatory Health Plan | 0 | 0 | 0 |
| T-MCO PAHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PAHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PAHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PAHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Inpatient Health Plan | 0 | 0 | 0 |
| T-MCO PIHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PIHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PIHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PIHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Medicaid - Group Health | 0 | 0 | 0 |
| T-Medicaid - Coinsurance | 0 | 0 | 0 |
| T-Medicaid - Other | 0 | 0 | 0 |
| T-Home & Community-Based Services - Regular Payment (1915(c) Waiver) | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(i) Only Pay. | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(j) Only Pay. | 0 | 0 | 0 |
| T-Home & Community Based Services State Plan 1915(k) Community First Choice | 0 | 0 | 0 |
| T-All-Inclusive Care Elderly | 0 | 0 | 0 |
| T-Personal Care Services - Reg. Payments | 0 | 0 | 0 |
| T-Personal Care Services - SDS 1915(j) | 0 | 0 | 0 |
| T-Targeted Case Management Services - Com. Case-Man. | 0 | 0 | 0 |
| T-Case Management - State Wide | 0 | 0 | 0 |
| T-Primary Care Case Management | 0 | 0 | 0 |
| T-Hospice Benefits | 0 | 0 | 0 |
| T-Emergency | 0 | 0 | 0 |
| T-Federally-Qualified Health Center | 0 | 0 | 0 |
| T-Non-Emergency Medical Transportation | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

North Carolina

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Physical Therapy | 0 | 0 | 0 |
| T-Occupational Therapy | 0 | 0 | 0 |
| T-Services for Speech, Hearing & Language | 0 | 0 | 0 |
| T-Prosthetic Devices, Dentures, Eyeglasses | 0 | 0 | 0 |
| T-Diagnostic Screening & Preventive Services | 0 | 0 | 0 |
| T-Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Nurse Mid-Wife | 0 | 0 | 0 |
| T-Emergency Hospital Services | 0 | 0 | 0 |
| T-Critical Access Hospitals | 0 | 0 | 0 |
| T-Nurse Practitioner Services | 0 | 0 | 0 |
| T-School Based Services | 0 | 0 | 0 |
| T-Rehabilitative Services (non-school-based) | 0 | 0 | 0 |
| T-Private Duty Nursing | 0 | 0 | 0 |
| T-Freestanding Birth Center | 0 | 0 | 0 |
| T-Health Home w Chronic Conditions | 0 | 0 | 0 |
| T-Tobacco Cessation for Preg Women | 0 | 0 | 0 |
| T-Health Home w Substance-Use-Disorder | 0 | 0 | 0 |
| T-Other Care Services | 0 | 0 | 0 |
| T-Total Net Expenditures | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

North Dakota

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Inpatient Hospital - Reg. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital - DSH | 0 | 0 | 0 |
| T-Inpatient Hospital - Sup. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital – GME Sup. Payments | 0 | 0 | 0 |
| T-Mental Health Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Mental Health Facility - DSH | 0 | 0 | 0 |
| T-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Sup. Payments | 0 | 0 | 0 |
| T-Intermediate Care Facility - Public | 0 | 0 | 0 |
| T-Intermediate Care - Private | 0 | 0 | 0 |
| T-Intermediate Care Facility - Individuals with Intellectual Disabilities (ICF/IID): Supplemental Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Reg. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Sup. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Evaluation and Management | 0 | 0 | 0 |
| T-Physician & Surgical Services - Vaccine codes | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Reg. Payments | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Sup. Payments | 0 | 0 | 0 |
| T-Prescribed Drugs | 0 | 0 | 0 |
| T-Drug Rebate Offset - National | 0 | 0 | 0 |
| T-Drug Rebate Offset - State Sidebar Agreement | 0 | 0 | 0 |
| T-MCO - National Agreement | 0 | 0 | 0 |
| T-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| T-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| T-Increased ACA OFFSET - MCO | 0 | 0 | 0 |
| T-Dental Services | 0 | 0 | 0 |
| T-Other Practitioners Services - Reg. Payments | 0 | 0 | 0 |
| T-Other Practitioners Services - Sup. Payments | 0 | 0 | 0 |
| T-Clinic Services | 0 | 0 | 0 |
| T-Laboratory/Radiological | 0 | 0 | 0 |
| T-Home Health Services | 0 | 0 | 0 |
| T-Sterilizations | 0 | 0 | 0 |
| T-Abortions | 0 | 0 | 0 |
| T-EPSTD Screening | 0 | 0 | 0 |
| T-Rural Health | 0 | 0 | 0 |
| T-Medicare - Part A | 0 | 0 | 0 |
| T-Medicare - Part B | 0 | 0 | 0 |
| T-120% - 134% Of Poverty | 0 | 0 | 0 |
| T-Coinsurance | 0 | 0 | 0 |
| T-Medicaid - MCO | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

North Dakota

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Medicaid MCO - Evaluation and Management | 0 | 0 | 0 |
| T-Medicaid MCO - Vaccine codes | 0 | 0 | 0 |
| T-Medicaid MCO - Community First Choice | 0 | 0 | 0 |
| T-Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid MCO - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Ambulatory Health Plan | 0 | 0 | 0 |
| T-MCO PAHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PAHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PAHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PAHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Inpatient Health Plan | 0 | 0 | 0 |
| T-MCO PIHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PIHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PIHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PIHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Medicaid - Group Health | 0 | 0 | 0 |
| T-Medicaid - Coinsurance | 0 | 0 | 0 |
| T-Medicaid - Other | 0 | 0 | 0 |
| T-Home & Community-Based Services - Regular Payment (1915(c) Waiver) | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(i) Only Pay. | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(j) Only Pay. | 0 | 0 | 0 |
| T-Home & Community Based Services State Plan 1915(k) Community First Choice | 0 | 0 | 0 |
| T-All-Inclusive Care Elderly | 0 | 0 | 0 |
| T-Personal Care Services - Reg. Payments | 0 | 0 | 0 |
| T-Personal Care Services - SDS 1915(j) | 0 | 0 | 0 |
| T-Targeted Case Management Services - Com. Case-Man. | 0 | 0 | 0 |
| T-Case Management - State Wide | 0 | 0 | 0 |
| T-Primary Care Case Management | 0 | 0 | 0 |
| T-Hospice Benefits | 0 | 0 | 0 |
| T-Emergency | 0 | 0 | 0 |
| T-Federally-Qualified Health Center | 0 | 0 | 0 |
| T-Non-Emergency Medical Transportation | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

North Dakota

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Physical Therapy | 0 | 0 | 0 |
| T-Occupational Therapy | 0 | 0 | 0 |
| T-Services for Speech, Hearing & Language | 0 | 0 | 0 |
| T-Prosthetic Devices, Dentures, Eyeglasses | 0 | 0 | 0 |
| T-Diagnostic Screening & Preventive Services | 0 | 0 | 0 |
| T-Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Nurse Mid-Wife | 0 | 0 | 0 |
| T-Emergency Hospital Services | 0 | 0 | 0 |
| T-Critical Access Hospitals | 0 | 0 | 0 |
| T-Nurse Practitioner Services | 0 | 0 | 0 |
| T-School Based Services | 0 | 0 | 0 |
| T-Rehabilitative Services (non-school-based) | 0 | 0 | 0 |
| T-Private Duty Nursing | 0 | 0 | 0 |
| T-Freestanding Birth Center | 0 | 0 | 0 |
| T-Health Home w Chronic Conditions | 0 | 0 | 0 |
| T-Tobacco Cessation for Preg Women | 0 | 0 | 0 |
| T-Health Home w Substance-Use-Disorder | 0 | 0 | 0 |
| T-Other Care Services | 0 | 0 | 0 |
| T-Total Net Expenditures | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Ohio

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Inpatient Hospital - Reg. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital - DSH | 0 | 0 | 0 |
| T-Inpatient Hospital - Sup. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital – GME Sup. Payments | 0 | 0 | 0 |
| T-Mental Health Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Mental Health Facility - DSH | 0 | 0 | 0 |
| T-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Sup. Payments | 0 | 0 | 0 |
| T-Intermediate Care Facility - Public | 0 | 0 | 0 |
| T-Intermediate Care - Private | 0 | 0 | 0 |
| T-Intermediate Care Facility - Individuals with Intellectual Disabilities (ICF/IID): Supplemental Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Reg. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Sup. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Evaluation and Management | 0 | 0 | 0 |
| T-Physician & Surgical Services - Vaccine codes | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Reg. Payments | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Sup. Payments | 0 | 0 | 0 |
| T-Prescribed Drugs | 0 | 0 | 0 |
| T-Drug Rebate Offset - National | 0 | 0 | 0 |
| T-Drug Rebate Offset - State Sidebar Agreement | 0 | 0 | 0 |
| T-MCO - National Agreement | 0 | 0 | 0 |
| T-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| T-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| T-Increased ACA OFFSET - MCO | 0 | 0 | 0 |
| T-Dental Services | 0 | 0 | 0 |
| T-Other Practitioners Services - Reg. Payments | 0 | 0 | 0 |
| T-Other Practitioners Services - Sup. Payments | 0 | 0 | 0 |
| T-Clinic Services | 0 | 0 | 0 |
| T-Laboratory/Radiological | 0 | 0 | 0 |
| T-Home Health Services | 0 | 0 | 0 |
| T-Sterilizations | 0 | 0 | 0 |
| T-Abortions | 0 | 0 | 0 |
| T-EPSTD Screening | 0 | 0 | 0 |
| T-Rural Health | 0 | 0 | 0 |
| T-Medicare - Part A | 0 | 0 | 0 |
| T-Medicare - Part B | 0 | 0 | 0 |
| T-120% - 134% Of Poverty | 0 | 0 | 0 |
| T-Coinsurance | 0 | 0 | 0 |
| T-Medicaid - MCO | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Ohio

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Medicaid MCO - Evaluation and Management | 0 | 0 | 0 |
| T-Medicaid MCO - Vaccine codes | 0 | 0 | 0 |
| T-Medicaid MCO - Community First Choice | 0 | 0 | 0 |
| T-Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid MCO - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Ambulatory Health Plan | 0 | 0 | 0 |
| T-MCO PAHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PAHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PAHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PAHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Inpatient Health Plan | 0 | 0 | 0 |
| T-MCO PIHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PIHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PIHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PIHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Medicaid - Group Health | 0 | 0 | 0 |
| T-Medicaid - Coinsurance | 0 | 0 | 0 |
| T-Medicaid - Other | 0 | 0 | 0 |
| T-Home & Community-Based Services - Regular Payment (1915(c) Waiver) | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(i) Only Pay. | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(j) Only Pay. | 0 | 0 | 0 |
| T-Home & Community Based Services State Plan 1915(k) Community First Choice | 0 | 0 | 0 |
| T-All-Inclusive Care Elderly | 0 | 0 | 0 |
| T-Personal Care Services - Reg. Payments | 0 | 0 | 0 |
| T-Personal Care Services - SDS 1915(j) | 0 | 0 | 0 |
| T-Targeted Case Management Services - Com. Case-Man. | 0 | 0 | 0 |
| T-Case Management - State Wide | 0 | 0 | 0 |
| T-Primary Care Case Management | 0 | 0 | 0 |
| T-Hospice Benefits | 0 | 0 | 0 |
| T-Emergency | 0 | 0 | 0 |
| T-Federally-Qualified Health Center | 0 | 0 | 0 |
| T-Non-Emergency Medical Transportation | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Ohio

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Physical Therapy | 0 | 0 | 0 |
| T-Occupational Therapy | 0 | 0 | 0 |
| T-Services for Speech, Hearing & Language | 0 | 0 | 0 |
| T-Prosthetic Devices, Dentures, Eyeglasses | 0 | 0 | 0 |
| T-Diagnostic Screening & Preventive Services | 0 | 0 | 0 |
| T-Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Nurse Mid-Wife | 0 | 0 | 0 |
| T-Emergency Hospital Services | 0 | 0 | 0 |
| T-Critical Access Hospitals | 0 | 0 | 0 |
| T-Nurse Practitioner Services | 0 | 0 | 0 |
| T-School Based Services | 0 | 0 | 0 |
| T-Rehabilitative Services (non-school-based) | 0 | 0 | 0 |
| T-Private Duty Nursing | 0 | 0 | 0 |
| T-Freestanding Birth Center | 0 | 0 | 0 |
| T-Health Home w Chronic Conditions | 0 | 0 | 0 |
| T-Tobacco Cessation for Preg Women | 0 | 0 | 0 |
| T-Health Home w Substance-Use-Disorder | 0 | 0 | 0 |
| T-Other Care Services | 0 | 0 | 0 |
| T-Total Net Expenditures | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

**FY 2019
National
Oklahoma**

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Inpatient Hospital - Reg. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital - DSH | 0 | 0 | 0 |
| T-Inpatient Hospital - Sup. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital – GME Sup. Payments | 0 | 0 | 0 |
| T-Mental Health Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Mental Health Facility - DSH | 0 | 0 | 0 |
| T-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Sup. Payments | 0 | 0 | 0 |
| T-Intermediate Care Facility - Public | 0 | 0 | 0 |
| T-Intermediate Care - Private | 0 | 0 | 0 |
| T-Intermediate Care Facility - Individuals with Intellectual Disabilities (ICF/IID): Supplemental Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Reg. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Sup. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Evaluation and Management | 0 | 0 | 0 |
| T-Physician & Surgical Services - Vaccine codes | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Reg. Payments | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Sup. Payments | 0 | 0 | 0 |
| T-Prescribed Drugs | 0 | 0 | 0 |
| T-Drug Rebate Offset - National | 0 | 0 | 0 |
| T-Drug Rebate Offset - State Sidebar Agreement | 0 | 0 | 0 |
| T-MCO - National Agreement | 0 | 0 | 0 |
| T-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| T-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| T-Increased ACA OFFSET - MCO | 0 | 0 | 0 |
| T-Dental Services | 0 | 0 | 0 |
| T-Other Practitioners Services - Reg. Payments | 0 | 0 | 0 |
| T-Other Practitioners Services - Sup. Payments | 0 | 0 | 0 |
| T-Clinic Services | 0 | 0 | 0 |
| T-Laboratory/Radiological | 0 | 0 | 0 |
| T-Home Health Services | 0 | 0 | 0 |
| T-Sterilizations | 0 | 0 | 0 |
| T-Abortions | 0 | 0 | 0 |
| T-EPSTD Screening | 0 | 0 | 0 |
| T-Rural Health | 0 | 0 | 0 |
| T-Medicare - Part A | 0 | 0 | 0 |
| T-Medicare - Part B | 0 | 0 | 0 |
| T-120% - 134% Of Poverty | 0 | 0 | 0 |
| T-Coinsurance | 0 | 0 | 0 |
| T-Medicaid - MCO | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

**FY 2019
National
Oklahoma**

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Medicaid MCO - Evaluation and Management | 0 | 0 | 0 |
| T-Medicaid MCO - Vaccine codes | 0 | 0 | 0 |
| T-Medicaid MCO - Community First Choice | 0 | 0 | 0 |
| T-Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid MCO - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Ambulatory Health Plan | 0 | 0 | 0 |
| T-MCO PAHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PAHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PAHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PAHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Inpatient Health Plan | 0 | 0 | 0 |
| T-MCO PIHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PIHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PIHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PIHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Medicaid - Group Health | 0 | 0 | 0 |
| T-Medicaid - Coinsurance | 0 | 0 | 0 |
| T-Medicaid - Other | 0 | 0 | 0 |
| T-Home & Community-Based Services - Regular Payment (1915(c) Waiver) | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(i) Only Pay. | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(j) Only Pay. | 0 | 0 | 0 |
| T-Home & Community Based Services State Plan 1915(k) Community First Choice | 0 | 0 | 0 |
| T-All-Inclusive Care Elderly | 0 | 0 | 0 |
| T-Personal Care Services - Reg. Payments | 0 | 0 | 0 |
| T-Personal Care Services - SDS 1915(j) | 0 | 0 | 0 |
| T-Targeted Case Management Services - Com. Case-Man. | 0 | 0 | 0 |
| T-Case Management - State Wide | 0 | 0 | 0 |
| T-Primary Care Case Management | 0 | 0 | 0 |
| T-Hospice Benefits | 0 | 0 | 0 |
| T-Emergency | 0 | 0 | 0 |
| T-Federally-Qualified Health Center | 0 | 0 | 0 |
| T-Non-Emergency Medical Transportation | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

**FY 2019
National
Oklahoma**

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Physical Therapy | 0 | 0 | 0 |
| T-Occupational Therapy | 0 | 0 | 0 |
| T-Services for Speech, Hearing & Language | 0 | 0 | 0 |
| T-Prosthetic Devices, Dentures, Eyeglasses | 0 | 0 | 0 |
| T-Diagnostic Screening & Preventive Services | 0 | 0 | 0 |
| T-Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Nurse Mid-Wife | 0 | 0 | 0 |
| T-Emergency Hospital Services | 0 | 0 | 0 |
| T-Critical Access Hospitals | 0 | 0 | 0 |
| T-Nurse Practitioner Services | 0 | 0 | 0 |
| T-School Based Services | 0 | 0 | 0 |
| T-Rehabilitative Services (non-school-based) | 0 | 0 | 0 |
| T-Private Duty Nursing | 0 | 0 | 0 |
| T-Freestanding Birth Center | 0 | 0 | 0 |
| T-Health Home w Chronic Conditions | 0 | 0 | 0 |
| T-Tobacco Cessation for Preg Women | 0 | 0 | 0 |
| T-Health Home w Substance-Use-Disorder | 0 | 0 | 0 |
| T-Other Care Services | 0 | 0 | 0 |
| T-Total Net Expenditures | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Oregon

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Inpatient Hospital - Reg. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital - DSH | 0 | 0 | 0 |
| T-Inpatient Hospital - Sup. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital – GME Sup. Payments | 0 | 0 | 0 |
| T-Mental Health Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Mental Health Facility - DSH | 0 | 0 | 0 |
| T-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Sup. Payments | 0 | 0 | 0 |
| T-Intermediate Care Facility - Public | 0 | 0 | 0 |
| T-Intermediate Care - Private | 0 | 0 | 0 |
| T-Intermediate Care Facility - Individuals with Intellectual Disabilities (ICF/IID): Supplemental Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Reg. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Sup. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Evaluation and Management | 0 | 0 | 0 |
| T-Physician & Surgical Services - Vaccine codes | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Reg. Payments | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Sup. Payments | 0 | 0 | 0 |
| T-Prescribed Drugs | 0 | 0 | 0 |
| T-Drug Rebate Offset - National | 0 | 0 | 0 |
| T-Drug Rebate Offset - State Sidebar Agreement | 0 | 0 | 0 |
| T-MCO - National Agreement | 0 | 0 | 0 |
| T-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| T-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| T-Increased ACA OFFSET - MCO | 0 | 0 | 0 |
| T-Dental Services | 0 | 0 | 0 |
| T-Other Practitioners Services - Reg. Payments | 0 | 0 | 0 |
| T-Other Practitioners Services - Sup. Payments | 0 | 0 | 0 |
| T-Clinic Services | 0 | 0 | 0 |
| T-Laboratory/Radiological | 0 | 0 | 0 |
| T-Home Health Services | 0 | 0 | 0 |
| T-Sterilizations | 0 | 0 | 0 |
| T-Abortions | 0 | 0 | 0 |
| T-EPSTD Screening | 0 | 0 | 0 |
| T-Rural Health | 0 | 0 | 0 |
| T-Medicare - Part A | 0 | 0 | 0 |
| T-Medicare - Part B | 0 | 0 | 0 |
| T-120% - 134% Of Poverty | 0 | 0 | 0 |
| T-Coinsurance | 0 | 0 | 0 |
| T-Medicaid - MCO | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Oregon

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Medicaid MCO - Evaluation and Management | 0 | 0 | 0 |
| T-Medicaid MCO - Vaccine codes | 0 | 0 | 0 |
| T-Medicaid MCO - Community First Choice | 0 | 0 | 0 |
| T-Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid MCO - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Ambulatory Health Plan | 0 | 0 | 0 |
| T-MCO PAHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PAHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PAHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PAHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Inpatient Health Plan | 0 | 0 | 0 |
| T-MCO PIHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PIHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PIHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PIHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Medicaid - Group Health | 0 | 0 | 0 |
| T-Medicaid - Coinsurance | 0 | 0 | 0 |
| T-Medicaid - Other | 0 | 0 | 0 |
| T-Home & Community-Based Services - Regular Payment (1915(c) Waiver) | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(i) Only Pay. | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(j) Only Pay. | 0 | 0 | 0 |
| T-Home & Community Based Services State Plan 1915(k) Community First Choice | 0 | 0 | 0 |
| T-All-Inclusive Care Elderly | 0 | 0 | 0 |
| T-Personal Care Services - Reg. Payments | 0 | 0 | 0 |
| T-Personal Care Services - SDS 1915(j) | 0 | 0 | 0 |
| T-Targeted Case Management Services - Com. Case-Man. | 0 | 0 | 0 |
| T-Case Management - State Wide | 0 | 0 | 0 |
| T-Primary Care Case Management | 0 | 0 | 0 |
| T-Hospice Benefits | 0 | 0 | 0 |
| T-Emergency | 0 | 0 | 0 |
| T-Federally-Qualified Health Center | 0 | 0 | 0 |
| T-Non-Emergency Medical Transportation | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Oregon

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Physical Therapy | 0 | 0 | 0 |
| T-Occupational Therapy | 0 | 0 | 0 |
| T-Services for Speech, Hearing & Language | 0 | 0 | 0 |
| T-Prosthetic Devices, Dentures, Eyeglasses | 0 | 0 | 0 |
| T-Diagnostic Screening & Preventive Services | 0 | 0 | 0 |
| T-Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Nurse Mid-Wife | 0 | 0 | 0 |
| T-Emergency Hospital Services | 0 | 0 | 0 |
| T-Critical Access Hospitals | 0 | 0 | 0 |
| T-Nurse Practitioner Services | 0 | 0 | 0 |
| T-School Based Services | 0 | 0 | 0 |
| T-Rehabilitative Services (non-school-based) | 0 | 0 | 0 |
| T-Private Duty Nursing | 0 | 0 | 0 |
| T-Freestanding Birth Center | 0 | 0 | 0 |
| T-Health Home w Chronic Conditions | 0 | 0 | 0 |
| T-Tobacco Cessation for Preg Women | 0 | 0 | 0 |
| T-Health Home w Substance-Use-Disorder | 0 | 0 | 0 |
| T-Other Care Services | 0 | 0 | 0 |
| T-Total Net Expenditures | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Pennsylvania

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Inpatient Hospital - Reg. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital - DSH | 0 | 0 | 0 |
| T-Inpatient Hospital - Sup. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital – GME Sup. Payments | 0 | 0 | 0 |
| T-Mental Health Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Mental Health Facility - DSH | 0 | 0 | 0 |
| T-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Sup. Payments | 0 | 0 | 0 |
| T-Intermediate Care Facility - Public | 0 | 0 | 0 |
| T-Intermediate Care - Private | 0 | 0 | 0 |
| T-Intermediate Care Facility - Individuals with Intellectual Disabilities (ICF/IID): Supplemental Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Reg. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Sup. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Evaluation and Management | 0 | 0 | 0 |
| T-Physician & Surgical Services - Vaccine codes | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Reg. Payments | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Sup. Payments | 0 | 0 | 0 |
| T-Prescribed Drugs | 0 | 0 | 0 |
| T-Drug Rebate Offset - National | 0 | 0 | 0 |
| T-Drug Rebate Offset - State Sidebar Agreement | 0 | 0 | 0 |
| T-MCO - National Agreement | 0 | 0 | 0 |
| T-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| T-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| T-Increased ACA OFFSET - MCO | 0 | 0 | 0 |
| T-Dental Services | 0 | 0 | 0 |
| T-Other Practitioners Services - Reg. Payments | 0 | 0 | 0 |
| T-Other Practitioners Services - Sup. Payments | 0 | 0 | 0 |
| T-Clinic Services | 0 | 0 | 0 |
| T-Laboratory/Radiological | 0 | 0 | 0 |
| T-Home Health Services | 0 | 0 | 0 |
| T-Sterilizations | 0 | 0 | 0 |
| T-Abortions | 0 | 0 | 0 |
| T-EPSTD Screening | 0 | 0 | 0 |
| T-Rural Health | 0 | 0 | 0 |
| T-Medicare - Part A | 0 | 0 | 0 |
| T-Medicare - Part B | 0 | 0 | 0 |
| T-120% - 134% Of Poverty | 0 | 0 | 0 |
| T-Coinsurance | 0 | 0 | 0 |
| T-Medicaid - MCO | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Pennsylvania

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Medicaid MCO - Evaluation and Management | 0 | 0 | 0 |
| T-Medicaid MCO - Vaccine codes | 0 | 0 | 0 |
| T-Medicaid MCO - Community First Choice | 0 | 0 | 0 |
| T-Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid MCO - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Ambulatory Health Plan | 0 | 0 | 0 |
| T-MCO PAHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PAHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PAHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PAHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Inpatient Health Plan | 0 | 0 | 0 |
| T-MCO PIHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PIHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PIHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PIHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Medicaid - Group Health | 0 | 0 | 0 |
| T-Medicaid - Coinsurance | 0 | 0 | 0 |
| T-Medicaid - Other | 0 | 0 | 0 |
| T-Home & Community-Based Services - Regular Payment (1915(c) Waiver) | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(i) Only Pay. | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(j) Only Pay. | 0 | 0 | 0 |
| T-Home & Community Based Services State Plan 1915(k) Community First Choice | 0 | 0 | 0 |
| T-All-Inclusive Care Elderly | 0 | 0 | 0 |
| T-Personal Care Services - Reg. Payments | 0 | 0 | 0 |
| T-Personal Care Services - SDS 1915(j) | 0 | 0 | 0 |
| T-Targeted Case Management Services - Com. Case-Man. | 0 | 0 | 0 |
| T-Case Management - State Wide | 0 | 0 | 0 |
| T-Primary Care Case Management | 0 | 0 | 0 |
| T-Hospice Benefits | 0 | 0 | 0 |
| T-Emergency | 0 | 0 | 0 |
| T-Federally-Qualified Health Center | 0 | 0 | 0 |
| T-Non-Emergency Medical Transportation | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Pennsylvania

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Physical Therapy | 0 | 0 | 0 |
| T-Occupational Therapy | 0 | 0 | 0 |
| T-Services for Speech, Hearing & Language | 0 | 0 | 0 |
| T-Prosthetic Devices, Dentures, Eyeglasses | 0 | 0 | 0 |
| T-Diagnostic Screening & Preventive Services | 0 | 0 | 0 |
| T-Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Nurse Mid-Wife | 0 | 0 | 0 |
| T-Emergency Hospital Services | 0 | 0 | 0 |
| T-Critical Access Hospitals | 0 | 0 | 0 |
| T-Nurse Practitioner Services | 0 | 0 | 0 |
| T-School Based Services | 0 | 0 | 0 |
| T-Rehabilitative Services (non-school-based) | 0 | 0 | 0 |
| T-Private Duty Nursing | 0 | 0 | 0 |
| T-Freestanding Birth Center | 0 | 0 | 0 |
| T-Health Home w Chronic Conditions | 0 | 0 | 0 |
| T-Tobacco Cessation for Preg Women | 0 | 0 | 0 |
| T-Health Home w Substance-Use-Disorder | 0 | 0 | 0 |
| T-Other Care Services | 0 | 0 | 0 |
| T-Total Net Expenditures | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Puerto Rico

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Inpatient Hospital - Reg. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital - DSH | 0 | 0 | 0 |
| T-Inpatient Hospital - Sup. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital – GME Sup. Payments | 0 | 0 | 0 |
| T-Mental Health Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Mental Health Facility - DSH | 0 | 0 | 0 |
| T-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Sup. Payments | 0 | 0 | 0 |
| T-Intermediate Care Facility - Public | 0 | 0 | 0 |
| T-Intermediate Care - Private | 0 | 0 | 0 |
| T-Intermediate Care Facility - Individuals with Intellectual Disabilities (ICF/IID): Supplemental Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Reg. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Sup. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Evaluation and Management | 0 | 0 | 0 |
| T-Physician & Surgical Services - Vaccine codes | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Reg. Payments | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Sup. Payments | 0 | 0 | 0 |
| T-Prescribed Drugs | 0 | 0 | 0 |
| T-Drug Rebate Offset - National | 0 | 0 | 0 |
| T-Drug Rebate Offset - State Sidebar Agreement | 0 | 0 | 0 |
| T-MCO - National Agreement | 0 | 0 | 0 |
| T-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| T-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| T-Increased ACA OFFSET - MCO | 0 | 0 | 0 |
| T-Dental Services | 0 | 0 | 0 |
| T-Other Practitioners Services - Reg. Payments | 0 | 0 | 0 |
| T-Other Practitioners Services - Sup. Payments | 0 | 0 | 0 |
| T-Clinic Services | 0 | 0 | 0 |
| T-Laboratory/Radiological | 0 | 0 | 0 |
| T-Home Health Services | 0 | 0 | 0 |
| T-Sterilizations | 0 | 0 | 0 |
| T-Abortions | 0 | 0 | 0 |
| T-EPSTD Screening | 0 | 0 | 0 |
| T-Rural Health | 0 | 0 | 0 |
| T-Medicare - Part A | 0 | 0 | 0 |
| T-Medicare - Part B | 0 | 0 | 0 |
| T-120% - 134% Of Poverty | 0 | 0 | 0 |
| T-Coinsurance | 0 | 0 | 0 |
| T-Medicaid - MCO | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Puerto Rico

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Medicaid MCO - Evaluation and Management | 0 | 0 | 0 |
| T-Medicaid MCO - Vaccine codes | 0 | 0 | 0 |
| T-Medicaid MCO - Community First Choice | 0 | 0 | 0 |
| T-Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid MCO - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Ambulatory Health Plan | 0 | 0 | 0 |
| T-MCO PAHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PAHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PAHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PAHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Inpatient Health Plan | 0 | 0 | 0 |
| T-MCO PIHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PIHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PIHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PIHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Medicaid - Group Health | 0 | 0 | 0 |
| T-Medicaid - Coinsurance | 0 | 0 | 0 |
| T-Medicaid - Other | 0 | 0 | 0 |
| T-Home & Community-Based Services - Regular Payment (1915(c) Waiver) | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(i) Only Pay. | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(j) Only Pay. | 0 | 0 | 0 |
| T-Home & Community Based Services State Plan 1915(k) Community First Choice | 0 | 0 | 0 |
| T-All-Inclusive Care Elderly | 0 | 0 | 0 |
| T-Personal Care Services - Reg. Payments | 0 | 0 | 0 |
| T-Personal Care Services - SDS 1915(j) | 0 | 0 | 0 |
| T-Targeted Case Management Services - Com. Case-Man. | 0 | 0 | 0 |
| T-Case Management - State Wide | 0 | 0 | 0 |
| T-Primary Care Case Management | 0 | 0 | 0 |
| T-Hospice Benefits | 0 | 0 | 0 |
| T-Emergency | 0 | 0 | 0 |
| T-Federally-Qualified Health Center | 0 | 0 | 0 |
| T-Non-Emergency Medical Transportation | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Puerto Rico

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Physical Therapy | 0 | 0 | 0 |
| T-Occupational Therapy | 0 | 0 | 0 |
| T-Services for Speech, Hearing & Language | 0 | 0 | 0 |
| T-Prosthetic Devices, Dentures, Eyeglasses | 0 | 0 | 0 |
| T-Diagnostic Screening & Preventive Services | 0 | 0 | 0 |
| T-Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Nurse Mid-Wife | 0 | 0 | 0 |
| T-Emergency Hospital Services | 0 | 0 | 0 |
| T-Critical Access Hospitals | 0 | 0 | 0 |
| T-Nurse Practitioner Services | 0 | 0 | 0 |
| T-School Based Services | 0 | 0 | 0 |
| T-Rehabilitative Services (non-school-based) | 0 | 0 | 0 |
| T-Private Duty Nursing | 0 | 0 | 0 |
| T-Freestanding Birth Center | 0 | 0 | 0 |
| T-Health Home w Chronic Conditions | 0 | 0 | 0 |
| T-Tobacco Cessation for Preg Women | 0 | 0 | 0 |
| T-Health Home w Substance-Use-Disorder | 0 | 0 | 0 |
| T-Other Care Services | 0 | 0 | 0 |
| T-Total Net Expenditures | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Rhode Island

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Inpatient Hospital - Reg. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital - DSH | 0 | 0 | 0 |
| T-Inpatient Hospital - Sup. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital – GME Sup. Payments | 0 | 0 | 0 |
| T-Mental Health Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Mental Health Facility - DSH | 0 | 0 | 0 |
| T-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Sup. Payments | 0 | 0 | 0 |
| T-Intermediate Care Facility - Public | 0 | 0 | 0 |
| T-Intermediate Care - Private | 0 | 0 | 0 |
| T-Intermediate Care Facility - Individuals with Intellectual Disabilities (ICF/IID): Supplemental Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Reg. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Sup. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Evaluation and Management | 0 | 0 | 0 |
| T-Physician & Surgical Services - Vaccine codes | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Reg. Payments | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Sup. Payments | 0 | 0 | 0 |
| T-Prescribed Drugs | 0 | 0 | 0 |
| T-Drug Rebate Offset - National | 0 | 0 | 0 |
| T-Drug Rebate Offset - State Sidebar Agreement | 0 | 0 | 0 |
| T-MCO - National Agreement | 0 | 0 | 0 |
| T-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| T-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| T-Increased ACA OFFSET - MCO | 0 | 0 | 0 |
| T-Dental Services | 0 | 0 | 0 |
| T-Other Practitioners Services - Reg. Payments | 0 | 0 | 0 |
| T-Other Practitioners Services - Sup. Payments | 0 | 0 | 0 |
| T-Clinic Services | 0 | 0 | 0 |
| T-Laboratory/Radiological | 0 | 0 | 0 |
| T-Home Health Services | 0 | 0 | 0 |
| T-Sterilizations | 0 | 0 | 0 |
| T-Abortions | 0 | 0 | 0 |
| T-EPSTD Screening | 0 | 0 | 0 |
| T-Rural Health | 0 | 0 | 0 |
| T-Medicare - Part A | 0 | 0 | 0 |
| T-Medicare - Part B | 0 | 0 | 0 |
| T-120% - 134% Of Poverty | 0 | 0 | 0 |
| T-Coinsurance | 0 | 0 | 0 |
| T-Medicaid - MCO | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Rhode Island

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Medicaid MCO - Evaluation and Management | 0 | 0 | 0 |
| T-Medicaid MCO - Vaccine codes | 0 | 0 | 0 |
| T-Medicaid MCO - Community First Choice | 0 | 0 | 0 |
| T-Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid MCO - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Ambulatory Health Plan | 0 | 0 | 0 |
| T-MCO PAHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PAHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PAHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PAHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Inpatient Health Plan | 0 | 0 | 0 |
| T-MCO PIHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PIHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PIHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PIHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Medicaid - Group Health | 0 | 0 | 0 |
| T-Medicaid - Coinsurance | 0 | 0 | 0 |
| T-Medicaid - Other | 0 | 0 | 0 |
| T-Home & Community-Based Services - Regular Payment (1915(c) Waiver) | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(i) Only Pay. | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(j) Only Pay. | 0 | 0 | 0 |
| T-Home & Community Based Services State Plan 1915(k) Community First Choice | 0 | 0 | 0 |
| T-All-Inclusive Care Elderly | 0 | 0 | 0 |
| T-Personal Care Services - Reg. Payments | 0 | 0 | 0 |
| T-Personal Care Services - SDS 1915(j) | 0 | 0 | 0 |
| T-Targeted Case Management Services - Com. Case-Man. | 0 | 0 | 0 |
| T-Case Management - State Wide | 0 | 0 | 0 |
| T-Primary Care Case Management | 0 | 0 | 0 |
| T-Hospice Benefits | 0 | 0 | 0 |
| T-Emergency | 0 | 0 | 0 |
| T-Federally-Qualified Health Center | 0 | 0 | 0 |
| T-Non-Emergency Medical Transportation | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Rhode Island

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Physical Therapy | 0 | 0 | 0 |
| T-Occupational Therapy | 0 | 0 | 0 |
| T-Services for Speech, Hearing & Language | 0 | 0 | 0 |
| T-Prosthetic Devices, Dentures, Eyeglasses | 0 | 0 | 0 |
| T-Diagnostic Screening & Preventive Services | 0 | 0 | 0 |
| T-Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Nurse Mid-Wife | 0 | 0 | 0 |
| T-Emergency Hospital Services | 0 | 0 | 0 |
| T-Critical Access Hospitals | 0 | 0 | 0 |
| T-Nurse Practitioner Services | 0 | 0 | 0 |
| T-School Based Services | 0 | 0 | 0 |
| T-Rehabilitative Services (non-school-based) | 0 | 0 | 0 |
| T-Private Duty Nursing | 0 | 0 | 0 |
| T-Freestanding Birth Center | 0 | 0 | 0 |
| T-Health Home w Chronic Conditions | 0 | 0 | 0 |
| T-Tobacco Cessation for Preg Women | 0 | 0 | 0 |
| T-Health Home w Substance-Use-Disorder | 0 | 0 | 0 |
| T-Other Care Services | 0 | 0 | 0 |
| T-Total Net Expenditures | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

South Carolina

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Inpatient Hospital - Reg. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital - DSH | 0 | 0 | 0 |
| T-Inpatient Hospital - Sup. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital – GME Sup. Payments | 0 | 0 | 0 |
| T-Mental Health Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Mental Health Facility - DSH | 0 | 0 | 0 |
| T-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Sup. Payments | 0 | 0 | 0 |
| T-Intermediate Care Facility - Public | 0 | 0 | 0 |
| T-Intermediate Care - Private | 0 | 0 | 0 |
| T-Intermediate Care Facility - Individuals with Intellectual Disabilities (ICF/IID): Supplemental Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Reg. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Sup. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Evaluation and Management | 0 | 0 | 0 |
| T-Physician & Surgical Services - Vaccine codes | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Reg. Payments | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Sup. Payments | 0 | 0 | 0 |
| T-Prescribed Drugs | 0 | 0 | 0 |
| T-Drug Rebate Offset - National | 0 | 0 | 0 |
| T-Drug Rebate Offset - State Sidebar Agreement | 0 | 0 | 0 |
| T-MCO - National Agreement | 0 | 0 | 0 |
| T-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| T-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| T-Increased ACA OFFSET - MCO | 0 | 0 | 0 |
| T-Dental Services | 0 | 0 | 0 |
| T-Other Practitioners Services - Reg. Payments | 0 | 0 | 0 |
| T-Other Practitioners Services - Sup. Payments | 0 | 0 | 0 |
| T-Clinic Services | 0 | 0 | 0 |
| T-Laboratory/Radiological | 0 | 0 | 0 |
| T-Home Health Services | 0 | 0 | 0 |
| T-Sterilizations | 0 | 0 | 0 |
| T-Abortions | 0 | 0 | 0 |
| T-EPSTD Screening | 0 | 0 | 0 |
| T-Rural Health | 0 | 0 | 0 |
| T-Medicare - Part A | 0 | 0 | 0 |
| T-Medicare - Part B | 0 | 0 | 0 |
| T-120% - 134% Of Poverty | 0 | 0 | 0 |
| T-Coinsurance | 0 | 0 | 0 |
| T-Medicaid - MCO | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

South Carolina

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Medicaid MCO - Evaluation and Management | 0 | 0 | 0 |
| T-Medicaid MCO - Vaccine codes | 0 | 0 | 0 |
| T-Medicaid MCO - Community First Choice | 0 | 0 | 0 |
| T-Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid MCO - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Ambulatory Health Plan | 0 | 0 | 0 |
| T-MCO PAHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PAHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PAHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PAHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Inpatient Health Plan | 0 | 0 | 0 |
| T-MCO PIHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PIHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PIHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PIHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Medicaid - Group Health | 0 | 0 | 0 |
| T-Medicaid - Coinsurance | 0 | 0 | 0 |
| T-Medicaid - Other | 0 | 0 | 0 |
| T-Home & Community-Based Services - Regular Payment (1915(c) Waiver) | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(i) Only Pay. | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(j) Only Pay. | 0 | 0 | 0 |
| T-Home & Community Based Services State Plan 1915(k) Community First Choice | 0 | 0 | 0 |
| T-All-Inclusive Care Elderly | 0 | 0 | 0 |
| T-Personal Care Services - Reg. Payments | 0 | 0 | 0 |
| T-Personal Care Services - SDS 1915(j) | 0 | 0 | 0 |
| T-Targeted Case Management Services - Com. Case-Man. | 0 | 0 | 0 |
| T-Case Management - State Wide | 0 | 0 | 0 |
| T-Primary Care Case Management | 0 | 0 | 0 |
| T-Hospice Benefits | 0 | 0 | 0 |
| T-Emergency | 0 | 0 | 0 |
| T-Federally-Qualified Health Center | 0 | 0 | 0 |
| T-Non-Emergency Medical Transportation | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

South Carolina

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Physical Therapy | 0 | 0 | 0 |
| T-Occupational Therapy | 0 | 0 | 0 |
| T-Services for Speech, Hearing & Language | 0 | 0 | 0 |
| T-Prosthetic Devices, Dentures, Eyeglasses | 0 | 0 | 0 |
| T-Diagnostic Screening & Preventive Services | 0 | 0 | 0 |
| T-Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Nurse Mid-Wife | 0 | 0 | 0 |
| T-Emergency Hospital Services | 0 | 0 | 0 |
| T-Critical Access Hospitals | 0 | 0 | 0 |
| T-Nurse Practitioner Services | 0 | 0 | 0 |
| T-School Based Services | 0 | 0 | 0 |
| T-Rehabilitative Services (non-school-based) | 0 | 0 | 0 |
| T-Private Duty Nursing | 0 | 0 | 0 |
| T-Freestanding Birth Center | 0 | 0 | 0 |
| T-Health Home w Chronic Conditions | 0 | 0 | 0 |
| T-Tobacco Cessation for Preg Women | 0 | 0 | 0 |
| T-Health Home w Substance-Use-Disorder | 0 | 0 | 0 |
| T-Other Care Services | 0 | 0 | 0 |
| T-Total Net Expenditures | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

South Dakota

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Inpatient Hospital - Reg. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital - DSH | 0 | 0 | 0 |
| T-Inpatient Hospital - Sup. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital – GME Sup. Payments | 0 | 0 | 0 |
| T-Mental Health Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Mental Health Facility - DSH | 0 | 0 | 0 |
| T-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Sup. Payments | 0 | 0 | 0 |
| T-Intermediate Care Facility - Public | 0 | 0 | 0 |
| T-Intermediate Care - Private | 0 | 0 | 0 |
| T-Intermediate Care Facility - Individuals with Intellectual Disabilities (ICF/IID): Supplemental Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Reg. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Sup. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Evaluation and Management | 0 | 0 | 0 |
| T-Physician & Surgical Services - Vaccine codes | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Reg. Payments | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Sup. Payments | 0 | 0 | 0 |
| T-Prescribed Drugs | 0 | 0 | 0 |
| T-Drug Rebate Offset - National | 0 | 0 | 0 |
| T-Drug Rebate Offset - State Sidebar Agreement | 0 | 0 | 0 |
| T-MCO - National Agreement | 0 | 0 | 0 |
| T-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| T-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| T-Increased ACA OFFSET - MCO | 0 | 0 | 0 |
| T-Dental Services | 0 | 0 | 0 |
| T-Other Practitioners Services - Reg. Payments | 0 | 0 | 0 |
| T-Other Practitioners Services - Sup. Payments | 0 | 0 | 0 |
| T-Clinic Services | 0 | 0 | 0 |
| T-Laboratory/Radiological | 0 | 0 | 0 |
| T-Home Health Services | 0 | 0 | 0 |
| T-Sterilizations | 0 | 0 | 0 |
| T-Abortions | 0 | 0 | 0 |
| T-EPSTD Screening | 0 | 0 | 0 |
| T-Rural Health | 0 | 0 | 0 |
| T-Medicare - Part A | 0 | 0 | 0 |
| T-Medicare - Part B | 0 | 0 | 0 |
| T-120% - 134% Of Poverty | 0 | 0 | 0 |
| T-Coinsurance | 0 | 0 | 0 |
| T-Medicaid - MCO | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

South Dakota

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Medicaid MCO - Evaluation and Management | 0 | 0 | 0 |
| T-Medicaid MCO - Vaccine codes | 0 | 0 | 0 |
| T-Medicaid MCO - Community First Choice | 0 | 0 | 0 |
| T-Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid MCO - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Ambulatory Health Plan | 0 | 0 | 0 |
| T-MCO PAHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PAHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PAHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PAHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Inpatient Health Plan | 0 | 0 | 0 |
| T-MCO PIHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PIHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PIHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PIHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Medicaid - Group Health | 0 | 0 | 0 |
| T-Medicaid - Coinsurance | 0 | 0 | 0 |
| T-Medicaid - Other | 0 | 0 | 0 |
| T-Home & Community-Based Services - Regular Payment (1915(c) Waiver) | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(i) Only Pay. | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(j) Only Pay. | 0 | 0 | 0 |
| T-Home & Community Based Services State Plan 1915(k) Community First Choice | 0 | 0 | 0 |
| T-All-Inclusive Care Elderly | 0 | 0 | 0 |
| T-Personal Care Services - Reg. Payments | 0 | 0 | 0 |
| T-Personal Care Services - SDS 1915(j) | 0 | 0 | 0 |
| T-Targeted Case Management Services - Com. Case-Man. | 0 | 0 | 0 |
| T-Case Management - State Wide | 0 | 0 | 0 |
| T-Primary Care Case Management | 0 | 0 | 0 |
| T-Hospice Benefits | 0 | 0 | 0 |
| T-Emergency | 0 | 0 | 0 |
| T-Federally-Qualified Health Center | 0 | 0 | 0 |
| T-Non-Emergency Medical Transportation | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

South Dakota

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Physical Therapy | 0 | 0 | 0 |
| T-Occupational Therapy | 0 | 0 | 0 |
| T-Services for Speech, Hearing & Language | 0 | 0 | 0 |
| T-Prosthetic Devices, Dentures, Eyeglasses | 0 | 0 | 0 |
| T-Diagnostic Screening & Preventive Services | 0 | 0 | 0 |
| T-Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Nurse Mid-Wife | 0 | 0 | 0 |
| T-Emergency Hospital Services | 0 | 0 | 0 |
| T-Critical Access Hospitals | 0 | 0 | 0 |
| T-Nurse Practitioner Services | 0 | 0 | 0 |
| T-School Based Services | 0 | 0 | 0 |
| T-Rehabilitative Services (non-school-based) | 0 | 0 | 0 |
| T-Private Duty Nursing | 0 | 0 | 0 |
| T-Freestanding Birth Center | 0 | 0 | 0 |
| T-Health Home w Chronic Conditions | 0 | 0 | 0 |
| T-Tobacco Cessation for Preg Women | 0 | 0 | 0 |
| T-Health Home w Substance-Use-Disorder | 0 | 0 | 0 |
| T-Other Care Services | 0 | 0 | 0 |
| T-Total Net Expenditures | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

**FY 2019
National
Tennessee**

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Inpatient Hospital - Reg. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital - DSH | 0 | 0 | 0 |
| T-Inpatient Hospital - Sup. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital – GME Sup. Payments | 0 | 0 | 0 |
| T-Mental Health Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Mental Health Facility - DSH | 0 | 0 | 0 |
| T-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Sup. Payments | 0 | 0 | 0 |
| T-Intermediate Care Facility - Public | 0 | 0 | 0 |
| T-Intermediate Care - Private | 0 | 0 | 0 |
| T-Intermediate Care Facility - Individuals with Intellectual Disabilities (ICF/IID): Supplemental Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Reg. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Sup. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Evaluation and Management | 0 | 0 | 0 |
| T-Physician & Surgical Services - Vaccine codes | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Reg. Payments | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Sup. Payments | 0 | 0 | 0 |
| T-Prescribed Drugs | 0 | 0 | 0 |
| T-Drug Rebate Offset - National | 0 | 0 | 0 |
| T-Drug Rebate Offset - State Sidebar Agreement | 0 | 0 | 0 |
| T-MCO - National Agreement | 0 | 0 | 0 |
| T-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| T-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| T-Increased ACA OFFSET - MCO | 0 | 0 | 0 |
| T-Dental Services | 0 | 0 | 0 |
| T-Other Practitioners Services - Reg. Payments | 0 | 0 | 0 |
| T-Other Practitioners Services - Sup. Payments | 0 | 0 | 0 |
| T-Clinic Services | 0 | 0 | 0 |
| T-Laboratory/Radiological | 0 | 0 | 0 |
| T-Home Health Services | 0 | 0 | 0 |
| T-Sterilizations | 0 | 0 | 0 |
| T-Abortions | 0 | 0 | 0 |
| T-EPSTD Screening | 0 | 0 | 0 |
| T-Rural Health | 0 | 0 | 0 |
| T-Medicare - Part A | 0 | 0 | 0 |
| T-Medicare - Part B | 0 | 0 | 0 |
| T-120% - 134% Of Poverty | 0 | 0 | 0 |
| T-Coinsurance | 0 | 0 | 0 |
| T-Medicaid - MCO | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

**FY 2019
National
Tennessee**

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Medicaid MCO - Evaluation and Management | 0 | 0 | 0 |
| T-Medicaid MCO - Vaccine codes | 0 | 0 | 0 |
| T-Medicaid MCO - Community First Choice | 0 | 0 | 0 |
| T-Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid MCO - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Ambulatory Health Plan | 0 | 0 | 0 |
| T-MCO PAHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PAHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PAHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PAHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Inpatient Health Plan | 0 | 0 | 0 |
| T-MCO PIHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PIHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PIHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PIHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Medicaid - Group Health | 0 | 0 | 0 |
| T-Medicaid - Coinsurance | 0 | 0 | 0 |
| T-Medicaid - Other | 0 | 0 | 0 |
| T-Home & Community-Based Services - Regular Payment (1915(c) Waiver) | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(i) Only Pay. | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(j) Only Pay. | 0 | 0 | 0 |
| T-Home & Community Based Services State Plan 1915(k) Community First Choice | 0 | 0 | 0 |
| T-All-Inclusive Care Elderly | 0 | 0 | 0 |
| T-Personal Care Services - Reg. Payments | 0 | 0 | 0 |
| T-Personal Care Services - SDS 1915(j) | 0 | 0 | 0 |
| T-Targeted Case Management Services - Com. Case-Man. | 0 | 0 | 0 |
| T-Case Management - State Wide | 0 | 0 | 0 |
| T-Primary Care Case Management | 0 | 0 | 0 |
| T-Hospice Benefits | 0 | 0 | 0 |
| T-Emergency | 0 | 0 | 0 |
| T-Federally-Qualified Health Center | 0 | 0 | 0 |
| T-Non-Emergency Medical Transportation | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Tennessee

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Physical Therapy | 0 | 0 | 0 |
| T-Occupational Therapy | 0 | 0 | 0 |
| T-Services for Speech, Hearing & Language | 0 | 0 | 0 |
| T-Prosthetic Devices, Dentures, Eyeglasses | 0 | 0 | 0 |
| T-Diagnostic Screening & Preventive Services | 0 | 0 | 0 |
| T-Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Nurse Mid-Wife | 0 | 0 | 0 |
| T-Emergency Hospital Services | 0 | 0 | 0 |
| T-Critical Access Hospitals | 0 | 0 | 0 |
| T-Nurse Practitioner Services | 0 | 0 | 0 |
| T-School Based Services | 0 | 0 | 0 |
| T-Rehabilitative Services (non-school-based) | 0 | 0 | 0 |
| T-Private Duty Nursing | 0 | 0 | 0 |
| T-Freestanding Birth Center | 0 | 0 | 0 |
| T-Health Home w Chronic Conditions | 0 | 0 | 0 |
| T-Tobacco Cessation for Preg Women | 0 | 0 | 0 |
| T-Health Home w Substance-Use-Disorder | 0 | 0 | 0 |
| T-Other Care Services | 0 | 0 | 0 |
| T-Total Net Expenditures | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Texas

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Inpatient Hospital - Reg. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital - DSH | 0 | 0 | 0 |
| T-Inpatient Hospital - Sup. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital – GME Sup. Payments | 0 | 0 | 0 |
| T-Mental Health Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Mental Health Facility - DSH | 0 | 0 | 0 |
| T-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Sup. Payments | 0 | 0 | 0 |
| T-Intermediate Care Facility - Public | 0 | 0 | 0 |
| T-Intermediate Care - Private | 0 | 0 | 0 |
| T-Intermediate Care Facility - Individuals with Intellectual Disabilities (ICF/IID): Supplemental Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Reg. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Sup. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Evaluation and Management | 0 | 0 | 0 |
| T-Physician & Surgical Services - Vaccine codes | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Reg. Payments | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Sup. Payments | 0 | 0 | 0 |
| T-Prescribed Drugs | 0 | 0 | 0 |
| T-Drug Rebate Offset - National | 0 | 0 | 0 |
| T-Drug Rebate Offset - State Sidebar Agreement | 0 | 0 | 0 |
| T-MCO - National Agreement | 0 | 0 | 0 |
| T-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| T-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| T-Increased ACA OFFSET - MCO | 0 | 0 | 0 |
| T-Dental Services | 0 | 0 | 0 |
| T-Other Practitioners Services - Reg. Payments | 0 | 0 | 0 |
| T-Other Practitioners Services - Sup. Payments | 0 | 0 | 0 |
| T-Clinic Services | 0 | 0 | 0 |
| T-Laboratory/Radiological | 0 | 0 | 0 |
| T-Home Health Services | 0 | 0 | 0 |
| T-Sterilizations | 0 | 0 | 0 |
| T-Abortions | 0 | 0 | 0 |
| T-EPSTD Screening | 0 | 0 | 0 |
| T-Rural Health | 0 | 0 | 0 |
| T-Medicare - Part A | 0 | 0 | 0 |
| T-Medicare - Part B | 0 | 0 | 0 |
| T-120% - 134% Of Poverty | 0 | 0 | 0 |
| T-Coinsurance | 0 | 0 | 0 |
| T-Medicaid - MCO | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Texas

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Medicaid MCO - Evaluation and Management | 0 | 0 | 0 |
| T-Medicaid MCO - Vaccine codes | 0 | 0 | 0 |
| T-Medicaid MCO - Community First Choice | 0 | 0 | 0 |
| T-Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid MCO - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Ambulatory Health Plan | 0 | 0 | 0 |
| T-MCO PAHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PAHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PAHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PAHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Inpatient Health Plan | 0 | 0 | 0 |
| T-MCO PIHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PIHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PIHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PIHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Medicaid - Group Health | 0 | 0 | 0 |
| T-Medicaid - Coinsurance | 0 | 0 | 0 |
| T-Medicaid - Other | 0 | 0 | 0 |
| T-Home & Community-Based Services - Regular Payment (1915(c) Waiver) | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(i) Only Pay. | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(j) Only Pay. | 0 | 0 | 0 |
| T-Home & Community Based Services State Plan 1915(k) Community First Choice | 0 | 0 | 0 |
| T-All-Inclusive Care Elderly | 0 | 0 | 0 |
| T-Personal Care Services - Reg. Payments | 0 | 0 | 0 |
| T-Personal Care Services - SDS 1915(j) | 0 | 0 | 0 |
| T-Targeted Case Management Services - Com. Case-Man. | 0 | 0 | 0 |
| T-Case Management - State Wide | 0 | 0 | 0 |
| T-Primary Care Case Management | 0 | 0 | 0 |
| T-Hospice Benefits | 0 | 0 | 0 |
| T-Emergency | 0 | 0 | 0 |
| T-Federally-Qualified Health Center | 0 | 0 | 0 |
| T-Non-Emergency Medical Transportation | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Texas

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Physical Therapy | 0 | 0 | 0 |
| T-Occupational Therapy | 0 | 0 | 0 |
| T-Services for Speech, Hearing & Language | 0 | 0 | 0 |
| T-Prosthetic Devices, Dentures, Eyeglasses | 0 | 0 | 0 |
| T-Diagnostic Screening & Preventive Services | 0 | 0 | 0 |
| T-Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Nurse Mid-Wife | 0 | 0 | 0 |
| T-Emergency Hospital Services | 0 | 0 | 0 |
| T-Critical Access Hospitals | 0 | 0 | 0 |
| T-Nurse Practitioner Services | 0 | 0 | 0 |
| T-School Based Services | 0 | 0 | 0 |
| T-Rehabilitative Services (non-school-based) | 0 | 0 | 0 |
| T-Private Duty Nursing | 0 | 0 | 0 |
| T-Freestanding Birth Center | 0 | 0 | 0 |
| T-Health Home w Chronic Conditions | 0 | 0 | 0 |
| T-Tobacco Cessation for Preg Women | 0 | 0 | 0 |
| T-Health Home w Substance-Use-Disorder | 0 | 0 | 0 |
| T-Other Care Services | 0 | 0 | 0 |
| T-Total Net Expenditures | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Utah

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Inpatient Hospital - Reg. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital - DSH | 0 | 0 | 0 |
| T-Inpatient Hospital - Sup. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital – GME Sup. Payments | 0 | 0 | 0 |
| T-Mental Health Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Mental Health Facility - DSH | 0 | 0 | 0 |
| T-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Sup. Payments | 0 | 0 | 0 |
| T-Intermediate Care Facility - Public | 0 | 0 | 0 |
| T-Intermediate Care - Private | 0 | 0 | 0 |
| T-Intermediate Care Facility - Individuals with Intellectual Disabilities (ICF/IID): Supplemental Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Reg. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Sup. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Evaluation and Management | 0 | 0 | 0 |
| T-Physician & Surgical Services - Vaccine codes | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Reg. Payments | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Sup. Payments | 0 | 0 | 0 |
| T-Prescribed Drugs | 0 | 0 | 0 |
| T-Drug Rebate Offset - National | 0 | 0 | 0 |
| T-Drug Rebate Offset - State Sidebar Agreement | 0 | 0 | 0 |
| T-MCO - National Agreement | 0 | 0 | 0 |
| T-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| T-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| T-Increased ACA OFFSET - MCO | 0 | 0 | 0 |
| T-Dental Services | 0 | 0 | 0 |
| T-Other Practitioners Services - Reg. Payments | 0 | 0 | 0 |
| T-Other Practitioners Services - Sup. Payments | 0 | 0 | 0 |
| T-Clinic Services | 0 | 0 | 0 |
| T-Laboratory/Radiological | 0 | 0 | 0 |
| T-Home Health Services | 0 | 0 | 0 |
| T-Sterilizations | 0 | 0 | 0 |
| T-Abortions | 0 | 0 | 0 |
| T-EPSTD Screening | 0 | 0 | 0 |
| T-Rural Health | 0 | 0 | 0 |
| T-Medicare - Part A | 0 | 0 | 0 |
| T-Medicare - Part B | 0 | 0 | 0 |
| T-120% - 134% Of Poverty | 0 | 0 | 0 |
| T-Coinsurance | 0 | 0 | 0 |
| T-Medicaid - MCO | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Utah

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Medicaid MCO - Evaluation and Management | 0 | 0 | 0 |
| T-Medicaid MCO - Vaccine codes | 0 | 0 | 0 |
| T-Medicaid MCO - Community First Choice | 0 | 0 | 0 |
| T-Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid MCO - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Ambulatory Health Plan | 0 | 0 | 0 |
| T-MCO PAHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PAHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PAHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PAHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Inpatient Health Plan | 0 | 0 | 0 |
| T-MCO PIHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PIHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PIHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PIHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Medicaid - Group Health | 0 | 0 | 0 |
| T-Medicaid - Coinsurance | 0 | 0 | 0 |
| T-Medicaid - Other | 0 | 0 | 0 |
| T-Home & Community-Based Services - Regular Payment (1915(c) Waiver) | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(i) Only Pay. | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(j) Only Pay. | 0 | 0 | 0 |
| T-Home & Community Based Services State Plan 1915(k) Community First Choice | 0 | 0 | 0 |
| T-All-Inclusive Care Elderly | 0 | 0 | 0 |
| T-Personal Care Services - Reg. Payments | 0 | 0 | 0 |
| T-Personal Care Services - SDS 1915(j) | 0 | 0 | 0 |
| T-Targeted Case Management Services - Com. Case-Man. | 0 | 0 | 0 |
| T-Case Management - State Wide | 0 | 0 | 0 |
| T-Primary Care Case Management | 0 | 0 | 0 |
| T-Hospice Benefits | 0 | 0 | 0 |
| T-Emergency | 0 | 0 | 0 |
| T-Federally-Qualified Health Center | 0 | 0 | 0 |
| T-Non-Emergency Medical Transportation | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Utah

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Physical Therapy | 0 | 0 | 0 |
| T-Occupational Therapy | 0 | 0 | 0 |
| T-Services for Speech, Hearing & Language | 0 | 0 | 0 |
| T-Prosthetic Devices, Dentures, Eyeglasses | 0 | 0 | 0 |
| T-Diagnostic Screening & Preventive Services | 0 | 0 | 0 |
| T-Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Nurse Mid-Wife | 0 | 0 | 0 |
| T-Emergency Hospital Services | 0 | 0 | 0 |
| T-Critical Access Hospitals | 0 | 0 | 0 |
| T-Nurse Practitioner Services | 0 | 0 | 0 |
| T-School Based Services | 0 | 0 | 0 |
| T-Rehabilitative Services (non-school-based) | 0 | 0 | 0 |
| T-Private Duty Nursing | 0 | 0 | 0 |
| T-Freestanding Birth Center | 0 | 0 | 0 |
| T-Health Home w Chronic Conditions | 0 | 0 | 0 |
| T-Tobacco Cessation for Preg Women | 0 | 0 | 0 |
| T-Health Home w Substance-Use-Disorder | 0 | 0 | 0 |
| T-Other Care Services | 0 | 0 | 0 |
| T-Total Net Expenditures | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Vermont

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Inpatient Hospital - Reg. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital - DSH | 0 | 0 | 0 |
| T-Inpatient Hospital - Sup. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital – GME Sup. Payments | 0 | 0 | 0 |
| T-Mental Health Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Mental Health Facility - DSH | 0 | 0 | 0 |
| T-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Sup. Payments | 0 | 0 | 0 |
| T-Intermediate Care Facility - Public | 0 | 0 | 0 |
| T-Intermediate Care - Private | 0 | 0 | 0 |
| T-Intermediate Care Facility - Individuals with Intellectual Disabilities (ICF/IID): Supplemental Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Reg. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Sup. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Evaluation and Management | 0 | 0 | 0 |
| T-Physician & Surgical Services - Vaccine codes | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Reg. Payments | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Sup. Payments | 0 | 0 | 0 |
| T-Prescribed Drugs | 0 | 0 | 0 |
| T-Drug Rebate Offset - National | 0 | 0 | 0 |
| T-Drug Rebate Offset - State Sidebar Agreement | 0 | 0 | 0 |
| T-MCO - National Agreement | 0 | 0 | 0 |
| T-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| T-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| T-Increased ACA OFFSET - MCO | 0 | 0 | 0 |
| T-Dental Services | 0 | 0 | 0 |
| T-Other Practitioners Services - Reg. Payments | 0 | 0 | 0 |
| T-Other Practitioners Services - Sup. Payments | 0 | 0 | 0 |
| T-Clinic Services | 0 | 0 | 0 |
| T-Laboratory/Radiological | 0 | 0 | 0 |
| T-Home Health Services | 0 | 0 | 0 |
| T-Sterilizations | 0 | 0 | 0 |
| T-Abortions | 0 | 0 | 0 |
| T-EPSTD Screening | 0 | 0 | 0 |
| T-Rural Health | 0 | 0 | 0 |
| T-Medicare - Part A | 0 | 0 | 0 |
| T-Medicare - Part B | 0 | 0 | 0 |
| T-120% - 134% Of Poverty | 0 | 0 | 0 |
| T-Coinsurance | 0 | 0 | 0 |
| T-Medicaid - MCO | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Vermont

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Medicaid MCO - Evaluation and Management | 0 | 0 | 0 |
| T-Medicaid MCO - Vaccine codes | 0 | 0 | 0 |
| T-Medicaid MCO - Community First Choice | 0 | 0 | 0 |
| T-Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid MCO - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Ambulatory Health Plan | 0 | 0 | 0 |
| T-MCO PAHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PAHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PAHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PAHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Inpatient Health Plan | 0 | 0 | 0 |
| T-MCO PIHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PIHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PIHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PIHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Medicaid - Group Health | 0 | 0 | 0 |
| T-Medicaid - Coinsurance | 0 | 0 | 0 |
| T-Medicaid - Other | 0 | 0 | 0 |
| T-Home & Community-Based Services - Regular Payment (1915(c) Waiver) | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(i) Only Pay. | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(j) Only Pay. | 0 | 0 | 0 |
| T-Home & Community Based Services State Plan 1915(k) Community First Choice | 0 | 0 | 0 |
| T-All-Inclusive Care Elderly | 0 | 0 | 0 |
| T-Personal Care Services - Reg. Payments | 0 | 0 | 0 |
| T-Personal Care Services - SDS 1915(j) | 0 | 0 | 0 |
| T-Targeted Case Management Services - Com. Case-Man. | 0 | 0 | 0 |
| T-Case Management - State Wide | 0 | 0 | 0 |
| T-Primary Care Case Management | 0 | 0 | 0 |
| T-Hospice Benefits | 0 | 0 | 0 |
| T-Emergency | 0 | 0 | 0 |
| T-Federally-Qualified Health Center | 0 | 0 | 0 |
| T-Non-Emergency Medical Transportation | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Vermont

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Physical Therapy | 0 | 0 | 0 |
| T-Occupational Therapy | 0 | 0 | 0 |
| T-Services for Speech, Hearing & Language | 0 | 0 | 0 |
| T-Prosthetic Devices, Dentures, Eyeglasses | 0 | 0 | 0 |
| T-Diagnostic Screening & Preventive Services | 0 | 0 | 0 |
| T-Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Nurse Mid-Wife | 0 | 0 | 0 |
| T-Emergency Hospital Services | 0 | 0 | 0 |
| T-Critical Access Hospitals | 0 | 0 | 0 |
| T-Nurse Practitioner Services | 0 | 0 | 0 |
| T-School Based Services | 0 | 0 | 0 |
| T-Rehabilitative Services (non-school-based) | 0 | 0 | 0 |
| T-Private Duty Nursing | 0 | 0 | 0 |
| T-Freestanding Birth Center | 0 | 0 | 0 |
| T-Health Home w Chronic Conditions | 0 | 0 | 0 |
| T-Tobacco Cessation for Preg Women | 0 | 0 | 0 |
| T-Health Home w Substance-Use-Disorder | 0 | 0 | 0 |
| T-Other Care Services | 0 | 15,385,250 | (15,385,250) |
| T-Total Net Expenditures | 0 | 15,385,250 | (15,385,250) |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Virgin Islands

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Inpatient Hospital - Reg. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital - DSH | 0 | 0 | 0 |
| T-Inpatient Hospital - Sup. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital – GME Sup. Payments | 0 | 0 | 0 |
| T-Mental Health Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Mental Health Facility - DSH | 0 | 0 | 0 |
| T-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Sup. Payments | 0 | 0 | 0 |
| T-Intermediate Care Facility - Public | 0 | 0 | 0 |
| T-Intermediate Care - Private | 0 | 0 | 0 |
| T-Intermediate Care Facility - Individuals with Intellectual Disabilities (ICF/IID): Supplemental Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Reg. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Sup. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Evaluation and Management | 0 | 0 | 0 |
| T-Physician & Surgical Services - Vaccine codes | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Reg. Payments | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Sup. Payments | 0 | 0 | 0 |
| T-Prescribed Drugs | 0 | 0 | 0 |
| T-Drug Rebate Offset - National | 0 | 0 | 0 |
| T-Drug Rebate Offset - State Sidebar Agreement | 0 | 0 | 0 |
| T-MCO - National Agreement | 0 | 0 | 0 |
| T-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| T-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| T-Increased ACA OFFSET - MCO | 0 | 0 | 0 |
| T-Dental Services | 0 | 0 | 0 |
| T-Other Practitioners Services - Reg. Payments | 0 | 0 | 0 |
| T-Other Practitioners Services - Sup. Payments | 0 | 0 | 0 |
| T-Clinic Services | 0 | 0 | 0 |
| T-Laboratory/Radiological | 0 | 0 | 0 |
| T-Home Health Services | 0 | 0 | 0 |
| T-Sterilizations | 0 | 0 | 0 |
| T-Abortions | 0 | 0 | 0 |
| T-EPSTD Screening | 0 | 0 | 0 |
| T-Rural Health | 0 | 0 | 0 |
| T-Medicare - Part A | 0 | 0 | 0 |
| T-Medicare - Part B | 0 | 0 | 0 |
| T-120% - 134% Of Poverty | 0 | 0 | 0 |
| T-Coinsurance | 0 | 0 | 0 |
| T-Medicaid - MCO | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Virgin Islands

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Medicaid MCO - Evaluation and Management | 0 | 0 | 0 |
| T-Medicaid MCO - Vaccine codes | 0 | 0 | 0 |
| T-Medicaid MCO - Community First Choice | 0 | 0 | 0 |
| T-Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid MCO - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Ambulatory Health Plan | 0 | 0 | 0 |
| T-MCO PAHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PAHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PAHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PAHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Inpatient Health Plan | 0 | 0 | 0 |
| T-MCO PIHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PIHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PIHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PIHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Medicaid - Group Health | 0 | 0 | 0 |
| T-Medicaid - Coinsurance | 0 | 0 | 0 |
| T-Medicaid - Other | 0 | 0 | 0 |
| T-Home & Community-Based Services - Regular Payment (1915(c) Waiver) | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(i) Only Pay. | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(j) Only Pay. | 0 | 0 | 0 |
| T-Home & Community Based Services State Plan 1915(k) Community First Choice | 0 | 0 | 0 |
| T-All-Inclusive Care Elderly | 0 | 0 | 0 |
| T-Personal Care Services - Reg. Payments | 0 | 0 | 0 |
| T-Personal Care Services - SDS 1915(j) | 0 | 0 | 0 |
| T-Targeted Case Management Services - Com. Case-Man. | 0 | 0 | 0 |
| T-Case Management - State Wide | 0 | 0 | 0 |
| T-Primary Care Case Management | 0 | 0 | 0 |
| T-Hospice Benefits | 0 | 0 | 0 |
| T-Emergency | 0 | 0 | 0 |
| T-Federally-Qualified Health Center | 0 | 0 | 0 |
| T-Non-Emergency Medical Transportation | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Virgin Islands

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Physical Therapy | 0 | 0 | 0 |
| T-Occupational Therapy | 0 | 0 | 0 |
| T-Services for Speech, Hearing & Language | 0 | 0 | 0 |
| T-Prosthetic Devices, Dentures, Eyeglasses | 0 | 0 | 0 |
| T-Diagnostic Screening & Preventive Services | 0 | 0 | 0 |
| T-Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Nurse Mid-Wife | 0 | 0 | 0 |
| T-Emergency Hospital Services | 0 | 0 | 0 |
| T-Critical Access Hospitals | 0 | 0 | 0 |
| T-Nurse Practitioner Services | 0 | 0 | 0 |
| T-School Based Services | 0 | 0 | 0 |
| T-Rehabilitative Services (non-school-based) | 0 | 0 | 0 |
| T-Private Duty Nursing | 0 | 0 | 0 |
| T-Freestanding Birth Center | 0 | 0 | 0 |
| T-Health Home w Chronic Conditions | 0 | 0 | 0 |
| T-Tobacco Cessation for Preg Women | 0 | 0 | 0 |
| T-Health Home w Substance-Use-Disorder | 0 | 0 | 0 |
| T-Other Care Services | 0 | 0 | 0 |
| T-Total Net Expenditures | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Virginia

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Inpatient Hospital - Reg. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital - DSH | 0 | 0 | 0 |
| T-Inpatient Hospital - Sup. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital – GME Sup. Payments | 0 | 0 | 0 |
| T-Mental Health Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Mental Health Facility - DSH | 0 | 0 | 0 |
| T-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Sup. Payments | 0 | 0 | 0 |
| T-Intermediate Care Facility - Public | 0 | 0 | 0 |
| T-Intermediate Care - Private | 0 | 0 | 0 |
| T-Intermediate Care Facility - Individuals with Intellectual Disabilities (ICF/IID): Supplemental Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Reg. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Sup. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Evaluation and Management | 0 | 0 | 0 |
| T-Physician & Surgical Services - Vaccine codes | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Reg. Payments | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Sup. Payments | 0 | 0 | 0 |
| T-Prescribed Drugs | 0 | 0 | 0 |
| T-Drug Rebate Offset - National | 0 | 0 | 0 |
| T-Drug Rebate Offset - State Sidebar Agreement | 0 | 0 | 0 |
| T-MCO - National Agreement | 0 | 0 | 0 |
| T-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| T-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| T-Increased ACA OFFSET - MCO | 0 | 0 | 0 |
| T-Dental Services | 0 | 0 | 0 |
| T-Other Practitioners Services - Reg. Payments | 0 | 0 | 0 |
| T-Other Practitioners Services - Sup. Payments | 0 | 0 | 0 |
| T-Clinic Services | 0 | 0 | 0 |
| T-Laboratory/Radiological | 0 | 0 | 0 |
| T-Home Health Services | 0 | 0 | 0 |
| T-Sterilizations | 0 | 0 | 0 |
| T-Abortions | 0 | 0 | 0 |
| T-EPSTD Screening | 0 | 0 | 0 |
| T-Rural Health | 0 | 0 | 0 |
| T-Medicare - Part A | 0 | 0 | 0 |
| T-Medicare - Part B | 0 | 0 | 0 |
| T-120% - 134% Of Poverty | 0 | 0 | 0 |
| T-Coinsurance | 0 | 0 | 0 |
| T-Medicaid - MCO | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Virginia

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Medicaid MCO - Evaluation and Management | 0 | 0 | 0 |
| T-Medicaid MCO - Vaccine codes | 0 | 0 | 0 |
| T-Medicaid MCO - Community First Choice | 0 | 0 | 0 |
| T-Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid MCO - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Ambulatory Health Plan | 0 | 0 | 0 |
| T-MCO PAHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PAHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PAHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PAHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Inpatient Health Plan | 0 | 0 | 0 |
| T-MCO PIHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PIHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PIHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PIHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Medicaid - Group Health | 0 | 0 | 0 |
| T-Medicaid - Coinsurance | 0 | 0 | 0 |
| T-Medicaid - Other | 0 | 0 | 0 |
| T-Home & Community-Based Services - Regular Payment (1915(c) Waiver) | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(i) Only Pay. | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(j) Only Pay. | 0 | 0 | 0 |
| T-Home & Community Based Services State Plan 1915(k) Community First Choice | 0 | 0 | 0 |
| T-All-Inclusive Care Elderly | 0 | 0 | 0 |
| T-Personal Care Services - Reg. Payments | 0 | 0 | 0 |
| T-Personal Care Services - SDS 1915(j) | 0 | 0 | 0 |
| T-Targeted Case Management Services - Com. Case-Man. | 0 | 0 | 0 |
| T-Case Management - State Wide | 0 | 0 | 0 |
| T-Primary Care Case Management | 0 | 0 | 0 |
| T-Hospice Benefits | 0 | 0 | 0 |
| T-Emergency | 0 | 0 | 0 |
| T-Federally-Qualified Health Center | 0 | 0 | 0 |
| T-Non-Emergency Medical Transportation | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Virginia

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Physical Therapy | 0 | 0 | 0 |
| T-Occupational Therapy | 0 | 0 | 0 |
| T-Services for Speech, Hearing & Language | 0 | 0 | 0 |
| T-Prosthetic Devices, Dentures, Eyeglasses | 0 | 0 | 0 |
| T-Diagnostic Screening & Preventive Services | 0 | 0 | 0 |
| T-Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Nurse Mid-Wife | 0 | 0 | 0 |
| T-Emergency Hospital Services | 0 | 0 | 0 |
| T-Critical Access Hospitals | 0 | 0 | 0 |
| T-Nurse Practitioner Services | 0 | 0 | 0 |
| T-School Based Services | 0 | 0 | 0 |
| T-Rehabilitative Services (non-school-based) | 0 | 0 | 0 |
| T-Private Duty Nursing | 0 | 0 | 0 |
| T-Freestanding Birth Center | 0 | 0 | 0 |
| T-Health Home w Chronic Conditions | 0 | 0 | 0 |
| T-Tobacco Cessation for Preg Women | 0 | 0 | 0 |
| T-Health Home w Substance-Use-Disorder | 0 | 0 | 0 |
| T-Other Care Services | 0 | 0 | 0 |
| T-Total Net Expenditures | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

**FY 2019
National
Washington**

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Inpatient Hospital - Reg. Payments | 0 | 241,836 | (241,836) |
| T-Inpatient Hospital - DSH | 0 | 0 | 0 |
| T-Inpatient Hospital - Sup. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital – GME Sup. Payments | 0 | 0 | 0 |
| T-Mental Health Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Mental Health Facility - DSH | 0 | 0 | 0 |
| T-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Reg. Payments | 0 | 49,832 | (49,832) |
| T-Nursing Facility Services - Sup. Payments | 0 | 0 | 0 |
| T-Intermediate Care Facility - Public | 0 | 0 | 0 |
| T-Intermediate Care - Private | 0 | 0 | 0 |
| T-Intermediate Care Facility - Individuals with Intellectual Disabilities (ICF/IID): Supplemental Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Reg. Payments | 0 | 699,394 | (699,394) |
| T-Physician & Surgical Services - Sup. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Evaluation and Management | 0 | 0 | 0 |
| T-Physician & Surgical Services - Vaccine codes | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Reg. Payments | 0 | 418,710 | (418,710) |
| T-Outpatient Hospital Services - Sup. Payments | 0 | 0 | 0 |
| T-Prescribed Drugs | 0 | 1,187,548 | (1,187,548) |
| T-Drug Rebate Offset - National | 0 | (1,595,393) | 1,595,393 |
| T-Drug Rebate Offset - State Sidebar Agreement | 0 | (556) | 556 |
| T-MCO - National Agreement | 0 | (3,178,299) | 3,178,299 |
| T-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| T-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| T-Increased ACA OFFSET - MCO | 0 | 0 | 0 |
| T-Dental Services | 0 | 8,355,571 | (8,355,571) |
| T-Other Practitioners Services - Reg. Payments | 0 | 73,044 | (73,044) |
| T-Other Practitioners Services - Sup. Payments | 0 | 0 | 0 |
| T-Clinic Services | 0 | 18,867 | (18,867) |
| T-Laboratory/Radiological | 0 | 5,910 | (5,910) |
| T-Home Health Services | 0 | 219,252 | (219,252) |
| T-Sterilizations | 0 | 0 | 0 |
| T-Abortions | 0 | 0 | 0 |
| T-EPSTD Screening | 0 | 30,777 | (30,777) |
| T-Rural Health | 0 | 1,089,005 | (1,089,005) |
| T-Medicare - Part A | 0 | 0 | 0 |
| T-Medicare - Part B | 0 | 0 | 0 |
| T-120% - 134% Of Poverty | 0 | 0 | 0 |
| T-Coinsurance | 0 | 0 | 0 |
| T-Medicaid - MCO | 0 | 55,446,512 | (55,446,512) |

Medicaid Financial Management Report - Net CHIP Expenditures

**FY 2019
National
Washington**

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Medicaid MCO - Evaluation and Management | 0 | 0 | 0 |
| T-Medicaid MCO - Vaccine codes | 0 | 0 | 0 |
| T-Medicaid MCO - Community First Choice | 0 | 0 | 0 |
| T-Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid MCO - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Ambulatory Health Plan | 0 | 0 | 0 |
| T-MCO PAHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PAHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PAHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PAHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Inpatient Health Plan | 0 | 6,125,907 | (6,125,907) |
| T-MCO PIHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PIHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PIHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PIHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Medicaid - Group Health | 0 | 0 | 0 |
| T-Medicaid - Coinsurance | 0 | 0 | 0 |
| T-Medicaid - Other | 0 | 283,123 | (283,123) |
| T-Home & Community-Based Services - Regular Payment (1915(c) Waiver) | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(i) Only Pay. | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(j) Only Pay. | 0 | 0 | 0 |
| T-Home & Community Based Services State Plan 1915(k) Community First Choice | 0 | 165,632 | (165,632) |
| T-All-Inclusive Care Elderly | 0 | 0 | 0 |
| T-Personal Care Services - Reg. Payments | 0 | 27,677 | (27,677) |
| T-Personal Care Services - SDS 1915(j) | 0 | 0 | 0 |
| T-Targeted Case Management Services - Com. Case-Man. | 0 | 385 | (385) |
| T-Case Management - State Wide | 0 | 954 | (954) |
| T-Primary Care Case Management | 0 | 0 | 0 |
| T-Hospice Benefits | 0 | 68 | (68) |
| T-Emergency | 0 | 0 | 0 |
| T-Federally-Qualified Health Center | 0 | 9,556,887 | (9,556,887) |
| T-Non-Emergency Medical Transportation | 0 | 148,167 | (148,167) |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Washington

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Physical Therapy | 0 | 0 | 0 |
| T-Occupational Therapy | 0 | 0 | 0 |
| T-Services for Speech, Hearing & Language | 0 | 0 | 0 |
| T-Prosthetic Devices, Dentures, Eyeglasses | 0 | 266,993 | (266,993) |
| T-Diagnostic Screening & Preventive Services | 0 | 0 | 0 |
| T-Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Nurse Mid-Wife | 0 | 0 | 0 |
| T-Emergency Hospital Services | 0 | 0 | 0 |
| T-Critical Access Hospitals | 0 | 0 | 0 |
| T-Nurse Practitioner Services | 0 | 0 | 0 |
| T-School Based Services | 0 | 340,095 | (340,095) |
| T-Rehabilitative Services (non-school-based) | 0 | 0 | 0 |
| T-Private Duty Nursing | 0 | 0 | 0 |
| T-Freestanding Birth Center | 0 | 0 | 0 |
| T-Health Home w Chronic Conditions | 0 | 0 | 0 |
| T-Tobacco Cessation for Preg Women | 0 | 0 | 0 |
| T-Health Home w Substance-Use-Disorder | 0 | 0 | 0 |
| T-Other Care Services | 0 | 275,591 | (275,591) |
| T-Total Net Expenditures | 0 | 80,253,489 | (80,253,489) |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

West Virginia

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Inpatient Hospital - Reg. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital - DSH | 0 | 0 | 0 |
| T-Inpatient Hospital - Sup. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital – GME Sup. Payments | 0 | 0 | 0 |
| T-Mental Health Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Mental Health Facility - DSH | 0 | 0 | 0 |
| T-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Sup. Payments | 0 | 0 | 0 |
| T-Intermediate Care Facility - Public | 0 | 0 | 0 |
| T-Intermediate Care - Private | 0 | 0 | 0 |
| T-Intermediate Care Facility - Individuals with Intellectual Disabilities (ICF/IID): Supplemental Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Reg. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Sup. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Evaluation and Management | 0 | 0 | 0 |
| T-Physician & Surgical Services - Vaccine codes | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Reg. Payments | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Sup. Payments | 0 | 0 | 0 |
| T-Prescribed Drugs | 0 | 0 | 0 |
| T-Drug Rebate Offset - National | 0 | 0 | 0 |
| T-Drug Rebate Offset - State Sidebar Agreement | 0 | 0 | 0 |
| T-MCO - National Agreement | 0 | 0 | 0 |
| T-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| T-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| T-Increased ACA OFFSET - MCO | 0 | 0 | 0 |
| T-Dental Services | 0 | 0 | 0 |
| T-Other Practitioners Services - Reg. Payments | 0 | 0 | 0 |
| T-Other Practitioners Services - Sup. Payments | 0 | 0 | 0 |
| T-Clinic Services | 0 | 0 | 0 |
| T-Laboratory/Radiological | 0 | 0 | 0 |
| T-Home Health Services | 0 | 0 | 0 |
| T-Sterilizations | 0 | 0 | 0 |
| T-Abortions | 0 | 0 | 0 |
| T-EPSTD Screening | 0 | 0 | 0 |
| T-Rural Health | 0 | 0 | 0 |
| T-Medicare - Part A | 0 | 0 | 0 |
| T-Medicare - Part B | 0 | 0 | 0 |
| T-120% - 134% Of Poverty | 0 | 0 | 0 |
| T-Coinsurance | 0 | 0 | 0 |
| T-Medicaid - MCO | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

West Virginia

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Medicaid MCO - Evaluation and Management | 0 | 0 | 0 |
| T-Medicaid MCO - Vaccine codes | 0 | 0 | 0 |
| T-Medicaid MCO - Community First Choice | 0 | 0 | 0 |
| T-Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid MCO - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Ambulatory Health Plan | 0 | 0 | 0 |
| T-MCO PAHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PAHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PAHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PAHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Inpatient Health Plan | 0 | 0 | 0 |
| T-MCO PIHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PIHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PIHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PIHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Medicaid - Group Health | 0 | 0 | 0 |
| T-Medicaid - Coinsurance | 0 | 0 | 0 |
| T-Medicaid - Other | 0 | 0 | 0 |
| T-Home & Community-Based Services - Regular Payment (1915(c) Waiver) | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(i) Only Pay. | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(j) Only Pay. | 0 | 0 | 0 |
| T-Home & Community Based Services State Plan 1915(k) Community First Choice | 0 | 0 | 0 |
| T-All-Inclusive Care Elderly | 0 | 0 | 0 |
| T-Personal Care Services - Reg. Payments | 0 | 0 | 0 |
| T-Personal Care Services - SDS 1915(j) | 0 | 0 | 0 |
| T-Targeted Case Management Services - Com. Case-Man. | 0 | 0 | 0 |
| T-Case Management - State Wide | 0 | 0 | 0 |
| T-Primary Care Case Management | 0 | 0 | 0 |
| T-Hospice Benefits | 0 | 0 | 0 |
| T-Emergency | 0 | 0 | 0 |
| T-Federally-Qualified Health Center | 0 | 0 | 0 |
| T-Non-Emergency Medical Transportation | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

West Virginia

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Physical Therapy | 0 | 0 | 0 |
| T-Occupational Therapy | 0 | 0 | 0 |
| T-Services for Speech, Hearing & Language | 0 | 0 | 0 |
| T-Prosthetic Devices, Dentures, Eyeglasses | 0 | 0 | 0 |
| T-Diagnostic Screening & Preventive Services | 0 | 0 | 0 |
| T-Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Nurse Mid-Wife | 0 | 0 | 0 |
| T-Emergency Hospital Services | 0 | 0 | 0 |
| T-Critical Access Hospitals | 0 | 0 | 0 |
| T-Nurse Practitioner Services | 0 | 0 | 0 |
| T-School Based Services | 0 | 0 | 0 |
| T-Rehabilitative Services (non-school-based) | 0 | 0 | 0 |
| T-Private Duty Nursing | 0 | 0 | 0 |
| T-Freestanding Birth Center | 0 | 0 | 0 |
| T-Health Home w Chronic Conditions | 0 | 0 | 0 |
| T-Tobacco Cessation for Preg Women | 0 | 0 | 0 |
| T-Health Home w Substance-Use-Disorder | 0 | 0 | 0 |
| T-Other Care Services | 0 | 0 | 0 |
| T-Total Net Expenditures | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

**FY 2019
National
Wisconsin**

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Inpatient Hospital - Reg. Payments | 0 | 4,734,049 | (4,734,049) |
| T-Inpatient Hospital - DSH | 0 | 0 | 0 |
| T-Inpatient Hospital - Sup. Payments | 0 | 33,366 | (33,366) |
| T-Inpatient Hospital – GME Sup. Payments | 0 | 0 | 0 |
| T-Mental Health Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Mental Health Facility - DSH | 0 | 0 | 0 |
| T-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Sup. Payments | 0 | 0 | 0 |
| T-Intermediate Care Facility - Public | 0 | 0 | 0 |
| T-Intermediate Care - Private | 0 | 0 | 0 |
| T-Intermediate Care Facility - Individuals with Intellectual Disabilities (ICF/IID): Supplemental Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Reg. Payments | 0 | 230,051 | (230,051) |
| T-Physician & Surgical Services - Sup. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Evaluation and Management | 0 | 0 | 0 |
| T-Physician & Surgical Services - Vaccine codes | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Reg. Payments | 0 | 682,936 | (682,936) |
| T-Outpatient Hospital Services - Sup. Payments | 0 | 0 | 0 |
| T-Prescribed Drugs | 0 | 1,588,297 | (1,588,297) |
| T-Drug Rebate Offset - National | 0 | (712,314) | 712,314 |
| T-Drug Rebate Offset - State Sidebar Agreement | 0 | (23,075) | 23,075 |
| T-MCO - National Agreement | 0 | 0 | 0 |
| T-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| T-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| T-Increased ACA OFFSET - MCO | 0 | 0 | 0 |
| T-Dental Services | 0 | 742,312 | (742,312) |
| T-Other Practitioners Services - Reg. Payments | 0 | 124,066 | (124,066) |
| T-Other Practitioners Services - Sup. Payments | 0 | 0 | 0 |
| T-Clinic Services | 0 | 443,863 | (443,863) |
| T-Laboratory/Radiological | 0 | 37,437 | (37,437) |
| T-Home Health Services | 0 | 96,538 | (96,538) |
| T-Sterilizations | 0 | 0 | 0 |
| T-Abortions | 0 | 0 | 0 |
| T-EPSTD Screening | 0 | 837,177 | (837,177) |
| T-Rural Health | 0 | 7,414 | (7,414) |
| T-Medicare - Part A | 0 | 0 | 0 |
| T-Medicare - Part B | 0 | 0 | 0 |
| T-120% - 134% Of Poverty | 0 | 0 | 0 |
| T-Coinsurance | 0 | 2,066 | (2,066) |
| T-Medicaid - MCO | 0 | 20,311,431 | (20,311,431) |

Medicaid Financial Management Report - Net CHIP Expenditures

**FY 2019
National
Wisconsin**

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Medicaid MCO - Evaluation and Management | 0 | 0 | 0 |
| T-Medicaid MCO - Vaccine codes | 0 | 0 | 0 |
| T-Medicaid MCO - Community First Choice | 0 | 0 | 0 |
| T-Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid MCO - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Ambulatory Health Plan | 0 | 0 | 0 |
| T-MCO PAHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PAHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PAHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PAHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Inpatient Health Plan | 0 | 14,600 | (14,600) |
| T-MCO PIHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PIHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PIHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PIHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Medicaid - Group Health | 0 | 382 | (382) |
| T-Medicaid - Coinsurance | 0 | 0 | 0 |
| T-Medicaid - Other | 0 | 0 | 0 |
| T-Home & Community-Based Services - Regular Payment (1915(c) Waiver) | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(i) Only Pay. | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(j) Only Pay. | 0 | 0 | 0 |
| T-Home & Community Based Services State Plan 1915(k) Community First Choice | 0 | 0 | 0 |
| T-All-Inclusive Care Elderly | 0 | 0 | 0 |
| T-Personal Care Services - Reg. Payments | 0 | 0 | 0 |
| T-Personal Care Services - SDS 1915(j) | 0 | 0 | 0 |
| T-Targeted Case Management Services - Com. Case-Man. | 0 | 0 | 0 |
| T-Case Management - State Wide | 0 | 325,812 | (325,812) |
| T-Primary Care Case Management | 0 | 0 | 0 |
| T-Hospice Benefits | 0 | 2,524 | (2,524) |
| T-Emergency | 0 | 0 | 0 |
| T-Federally-Qualified Health Center | 0 | 89,583 | (89,583) |
| T-Non-Emergency Medical Transportation | 0 | 172,501 | (172,501) |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Wisconsin

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|---------------------|
| T-Physical Therapy | 0 | 36,551 | (36,551) |
| T-Occupational Therapy | 0 | 37,017 | (37,017) |
| T-Services for Speech, Hearing & Language | 0 | 58,919 | (58,919) |
| T-Prosthetic Devices, Dentures, Eyeglasses | 0 | 9,066 | (9,066) |
| T-Diagnostic Screening & Preventive Services | 0 | 0 | 0 |
| T-Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Nurse Mid-Wife | 0 | 0 | 0 |
| T-Emergency Hospital Services | 0 | 0 | 0 |
| T-Critical Access Hospitals | 0 | 0 | 0 |
| T-Nurse Practitioner Services | 0 | 1,208 | (1,208) |
| T-School Based Services | 0 | 498,661 | (498,661) |
| T-Rehabilitative Services (non-school-based) | 0 | 54,826 | (54,826) |
| T-Private Duty Nursing | 0 | 84,778 | (84,778) |
| T-Freestanding Birth Center | 0 | 0 | 0 |
| T-Health Home w Chronic Conditions | 0 | 0 | 0 |
| T-Tobacco Cessation for Preg Women | 0 | 0 | 0 |
| T-Health Home w Substance-Use-Disorder | 0 | 0 | 0 |
| T-Other Care Services | 0 | 36,084 | (36,084) |
| T-Total Net Expenditures | 0 | 30,558,126 | (30,558,126) |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Wyoming

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Inpatient Hospital - Reg. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital - DSH | 0 | 0 | 0 |
| T-Inpatient Hospital - Sup. Payments | 0 | 0 | 0 |
| T-Inpatient Hospital – GME Sup. Payments | 0 | 0 | 0 |
| T-Mental Health Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Mental Health Facility - DSH | 0 | 0 | 0 |
| T-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Reg. Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Sup. Payments | 0 | 0 | 0 |
| T-Intermediate Care Facility - Public | 0 | 0 | 0 |
| T-Intermediate Care - Private | 0 | 0 | 0 |
| T-Intermediate Care Facility - Individuals with Intellectual Disabilities (ICF/IID): Supplemental Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Reg. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Sup. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Evaluation and Management | 0 | 0 | 0 |
| T-Physician & Surgical Services - Vaccine codes | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Reg. Payments | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Sup. Payments | 0 | 0 | 0 |
| T-Prescribed Drugs | 0 | 0 | 0 |
| T-Drug Rebate Offset - National | 0 | 0 | 0 |
| T-Drug Rebate Offset - State Sidebar Agreement | 0 | 0 | 0 |
| T-MCO - National Agreement | 0 | 0 | 0 |
| T-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| T-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| T-Increased ACA OFFSET - MCO | 0 | 0 | 0 |
| T-Dental Services | 0 | 0 | 0 |
| T-Other Practitioners Services - Reg. Payments | 0 | 0 | 0 |
| T-Other Practitioners Services - Sup. Payments | 0 | 0 | 0 |
| T-Clinic Services | 0 | 0 | 0 |
| T-Laboratory/Radiological | 0 | 0 | 0 |
| T-Home Health Services | 0 | 0 | 0 |
| T-Sterilizations | 0 | 0 | 0 |
| T-Abortions | 0 | 0 | 0 |
| T-EPSTD Screening | 0 | 0 | 0 |
| T-Rural Health | 0 | 0 | 0 |
| T-Medicare - Part A | 0 | 0 | 0 |
| T-Medicare - Part B | 0 | 0 | 0 |
| T-120% - 134% Of Poverty | 0 | 0 | 0 |
| T-Coinsurance | 0 | 0 | 0 |
| T-Medicaid - MCO | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

**FY 2019
National
Wyoming**

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Medicaid MCO - Evaluation and Management | 0 | 0 | 0 |
| T-Medicaid MCO - Vaccine codes | 0 | 0 | 0 |
| T-Medicaid MCO - Community First Choice | 0 | 0 | 0 |
| T-Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid MCO - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Ambulatory Health Plan | 0 | 0 | 0 |
| T-MCO PAHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PAHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PAHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PAHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Inpatient Health Plan | 0 | 0 | 0 |
| T-MCO PIHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PIHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PIHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PIHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Medicaid - Group Health | 0 | 0 | 0 |
| T-Medicaid - Coinsurance | 0 | 0 | 0 |
| T-Medicaid - Other | 0 | 0 | 0 |
| T-Home & Community-Based Services - Regular Payment (1915(c) Waiver) | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(i) Only Pay. | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(j) Only Pay. | 0 | 0 | 0 |
| T-Home & Community Based Services State Plan 1915(k) Community First Choice | 0 | 0 | 0 |
| T-All-Inclusive Care Elderly | 0 | 0 | 0 |
| T-Personal Care Services - Reg. Payments | 0 | 0 | 0 |
| T-Personal Care Services - SDS 1915(j) | 0 | 0 | 0 |
| T-Targeted Case Management Services - Com. Case-Man. | 0 | 0 | 0 |
| T-Case Management - State Wide | 0 | 0 | 0 |
| T-Primary Care Case Management | 0 | 0 | 0 |
| T-Hospice Benefits | 0 | 0 | 0 |
| T-Emergency | 0 | 0 | 0 |
| T-Federally-Qualified Health Center | 0 | 0 | 0 |
| T-Non-Emergency Medical Transportation | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Wyoming

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Physical Therapy | 0 | 0 | 0 |
| T-Occupational Therapy | 0 | 0 | 0 |
| T-Services for Speech, Hearing & Language | 0 | 0 | 0 |
| T-Prosthetic Devices, Dentures, Eyeglasses | 0 | 0 | 0 |
| T-Diagnostic Screening & Preventive Services | 0 | 0 | 0 |
| T-Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Nurse Mid-Wife | 0 | 0 | 0 |
| T-Emergency Hospital Services | 0 | 0 | 0 |
| T-Critical Access Hospitals | 0 | 0 | 0 |
| T-Nurse Practitioner Services | 0 | 0 | 0 |
| T-School Based Services | 0 | 0 | 0 |
| T-Rehabilitative Services (non-school-based) | 0 | 0 | 0 |
| T-Private Duty Nursing | 0 | 0 | 0 |
| T-Freestanding Birth Center | 0 | 0 | 0 |
| T-Health Home w Chronic Conditions | 0 | 0 | 0 |
| T-Tobacco Cessation for Preg Women | 0 | 0 | 0 |
| T-Health Home w Substance-Use-Disorder | 0 | 0 | 0 |
| T-Other Care Services | 0 | 0 | 0 |
| T-Total Net Expenditures | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

National Totals

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Inpatient Hospital - Reg. Payments | 0 | 12,529,041 | (12,529,041) |
| T-Inpatient Hospital - DSH | 0 | 0 | 0 |
| T-Inpatient Hospital - Sup. Payments | 0 | 33,366 | (33,366) |
| T-Inpatient Hospital – GME Sup. Payments | 0 | 0 | 0 |
| T-Mental Health Facility Services - Reg. Payments | 0 | 3,904,671 | (3,904,671) |
| T-Mental Health Facility - DSH | 0 | 0 | 0 |
| T-Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Nursing Facility Services - Reg. Payments | 0 | 52,038 | (52,038) |
| T-Nursing Facility Services - Sup. Payments | 0 | 0 | 0 |
| T-Intermediate Care Facility - Public | 0 | 0 | 0 |
| T-Intermediate Care - Private | 0 | 0 | 0 |
| T-Intermediate Care Facility - Individuals with Intellectual Disabilities (ICF/IID): Supplemental Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Reg. Payments | 0 | 8,933,293 | (8,933,293) |
| T-Physician & Surgical Services - Sup. Payments | 0 | 0 | 0 |
| T-Physician & Surgical Services - Evaluation and Management | 0 | 0 | 0 |
| T-Physician & Surgical Services - Vaccine codes | 0 | 0 | 0 |
| T-Outpatient Hospital Services - Reg. Payments | 0 | 11,070,408 | (11,070,408) |
| T-Outpatient Hospital Services - Sup. Payments | 0 | 0 | 0 |
| T-Prescribed Drugs | 0 | 17,537,017 | (17,537,017) |
| T-Drug Rebate Offset - National | 0 | (10,188,188) | 10,188,188 |
| T-Drug Rebate Offset - State Sidebar Agreement | 0 | (573,366) | 573,366 |
| T-MCO - National Agreement | 0 | (3,178,299) | 3,178,299 |
| T-MCO - State Sidebar Agreement | 0 | 0 | 0 |
| T-Increased ACA OFFSET - Fee for Service | 0 | 0 | 0 |
| T-Increased ACA OFFSET - MCO | 0 | 0 | 0 |
| T-Dental Services | 0 | 17,914,638 | (17,914,638) |
| T-Other Practitioners Services - Reg. Payments | 0 | 11,581,996 | (11,581,996) |
| T-Other Practitioners Services - Sup. Payments | 0 | 0 | 0 |
| T-Clinic Services | 0 | 5,701,937 | (5,701,937) |
| T-Laboratory/Radiological | 0 | 343,067 | (343,067) |
| T-Home Health Services | 0 | 1,767,369 | (1,767,369) |
| T-Sterilizations | 0 | 0 | 0 |
| T-Abortions | 0 | 0 | 0 |
| T-EPSTD Screening | 0 | 3,302,078 | (3,302,078) |
| T-Rural Health | 0 | 2,520,089 | (2,520,089) |
| T-Medicare - Part A | 0 | 0 | 0 |
| T-Medicare - Part B | 0 | 0 | 0 |
| T-120% - 134% Of Poverty | 0 | 0 | 0 |
| T-Coinsurance | 0 | 12,768 | (12,768) |
| T-Medicaid - MCO | 0 | 172,276,704 | (172,276,704) |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

National Totals

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| T-Medicaid MCO - Evaluation and Management | 0 | 0 | 0 |
| T-Medicaid MCO - Vaccine codes | 0 | 0 | 0 |
| T-Medicaid MCO - Community First Choice | 0 | 0 | 0 |
| T-Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid MCO - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Ambulatory Health Plan | 0 | 0 | 0 |
| T-MCO PAHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PAHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PAHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PAHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Prepaid Inpatient Health Plan | 0 | 6,140,507 | (6,140,507) |
| T-MCO PIHP - Evaluation and Management | 0 | 0 | 0 |
| T-MCO PIHP - Vaccine codes | 0 | 0 | 0 |
| T-MCO PIHP - Community First Choice | 0 | 0 | 0 |
| T-MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Medicaid PIHP - Certified Community Behavior Health Clinic Payments | 0 | 0 | 0 |
| T-Medicaid - Group Health | 0 | 11,854 | (11,854) |
| T-Medicaid - Coinsurance | 0 | 0 | 0 |
| T-Medicaid - Other | 0 | 4,282,915 | (4,282,915) |
| T-Home & Community-Based Services - Regular Payment (1915(c) Waiver) | 0 | 124,571 | (124,571) |
| T-Home & Community-Based Services - St. Plan 1915(i) Only Pay. | 0 | 0 | 0 |
| T-Home & Community-Based Services - St. Plan 1915(j) Only Pay. | 0 | 0 | 0 |
| T-Home & Community Based Services State Plan 1915(k) Community First Choice | 0 | 165,632 | (165,632) |
| T-All-Inclusive Care Elderly | 0 | 0 | 0 |
| T-Personal Care Services - Reg. Payments | 0 | 3,678,004 | (3,678,004) |
| T-Personal Care Services - SDS 1915(j) | 0 | 0 | 0 |
| T-Targeted Case Management Services - Com. Case-Man. | 0 | 249,320 | (249,320) |
| T-Case Management - State Wide | 0 | 2,765,394 | (2,765,394) |
| T-Primary Care Case Management | 0 | 0 | 0 |
| T-Hospice Benefits | 0 | 42,536 | (42,536) |
| T-Emergency | 0 | 0 | 0 |
| T-Federally-Qualified Health Center | 0 | 11,349,775 | (11,349,775) |
| T-Non-Emergency Medical Transportation | 0 | 351,228 | (351,228) |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

National Totals

FMR M-CHIP 20%

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|----------------------|
| T-Physical Therapy | 0 | 82,058 | (82,058) |
| T-Occupational Therapy | 0 | 241,200 | (241,200) |
| T-Services for Speech, Hearing & Language | 0 | 229,529 | (229,529) |
| T-Prosthetic Devices, Dentures, Eyeglasses | 0 | 398,948 | (398,948) |
| T-Diagnostic Screening & Preventive Services | 0 | 1,168,640 | (1,168,640) |
| T-Preventive Services Grade A OR B, ACIP Vaccines and their Admin | 0 | 0 | 0 |
| T-Nurse Mid-Wife | 0 | 5,021 | (5,021) |
| T-Emergency Hospital Services | 0 | 331,855 | (331,855) |
| T-Critical Access Hospitals | 0 | 289,714 | (289,714) |
| T-Nurse Practitioner Services | 0 | 174,251 | (174,251) |
| T-School Based Services | 0 | 5,013,242 | (5,013,242) |
| T-Rehabilitative Services (non-school-based) | 0 | 311,281 | (311,281) |
| T-Private Duty Nursing | 0 | 787,404 | (787,404) |
| T-Freestanding Birth Center | 0 | 804 | (804) |
| T-Health Home w Chronic Conditions | 0 | 0 | 0 |
| T-Tobacco Cessation for Preg Women | 0 | 0 | 0 |
| T-Health Home w Substance-Use-Disorder | 0 | 0 | 0 |
| T-Other Care Services | 0 | 20,591,664 | (20,591,664) |
| T-Total Net Expenditures | 0 | 314,327,974 | (314,327,974) |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Alabama

FMR CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| Premiums - Up To 150%: Gross Premiums Paid | 0 | 0 | 0 |
| Premiums - Up To 150%: Cost Sharing Offset | (404,586) | (404,586) | 0 |
| Premiums - Over 150%: Gross Premiums Paid | 0 | 0 | 0 |
| Premiums - Over 150%: Cost Sharing Offset | (5,855,722) | (5,855,722) | 0 |
| Inpatient Hospital | 46,813,526 | 46,813,526 | 0 |
| Inpatient Mental Health | 2,523,405 | 2,523,405 | 0 |
| Nursing Care Services | 0 | 0 | 0 |
| Physician/Surgical | 62,345,673 | 62,345,673 | 0 |
| Outpatient Hospital | 27,489,619 | 27,489,619 | 0 |
| Outpatient Mental Health | 7,032,086 | 7,032,086 | 0 |
| Prescribed Drugs | 38,884,916 | 38,884,916 | 0 |
| Drug Rebate | (7,901,269) | (7,901,269) | 0 |
| Dental Services | 21,559,326 | 21,559,326 | 0 |
| Vision Services | 2,188,041 | 2,188,041 | 0 |
| Other Practitioners | 0 | 0 | 0 |
| Clinic Services | 346,069 | 346,069 | 0 |
| Therapy Services | 3,544,394 | 3,544,394 | 0 |
| Laboratory/Radiological | 12,435,661 | 12,435,661 | 0 |
| Medical Equipment | 3,633,757 | 3,633,757 | 0 |
| Family Planning | 0 | 0 | 0 |
| Abortions | 0 | 0 | 0 |
| Screening Services | 0 | 0 | 0 |
| Home Health | 1,012,487 | 1,012,487 | 0 |
| Health Services Initiatives | 0 | 0 | 0 |
| Home and Community | 0 | 0 | 0 |
| Hospice | 22,559 | 22,559 | 0 |
| Medical Transportation | 1,798,271 | 1,798,271 | 0 |
| Case Management | 0 | 0 | 0 |
| Translation and Interpretation | 0 | 0 | 0 |
| Other Services | 13,791,102 | 13,791,102 | 0 |
| Outreach | 257,633 | 257,633 | 0 |
| Increased Outreach and Enrollment of Indians | 0 | 0 | 0 |
| Increase Outreach and Enrollment of children through premium subsidies | 0 | 0 | 0 |
| Administration | 11,391,121 | 11,391,121 | 0 |
| PERM Administration | 0 | 0 | 0 |
| Citizenship Verification Technology CHIPRA | 0 | 0 | 0 |
| CVT Development | 0 | 0 | 0 |
| CVT Operation | 0 | 0 | 0 |
| Balance | 242,908,069 | 242,908,069 | 0 |
| Less: Collection | 0 | 0 | 0 |
| Total | 242,908,069 | 242,908,069 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Alaska

FMR CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| Premiums - Up To 150%: Gross Premiums Paid | 0 | 0 | 0 |
| Premiums - Up To 150%: Cost Sharing Offset | 0 | 0 | 0 |
| Premiums - Over 150%: Gross Premiums Paid | 0 | 0 | 0 |
| Premiums - Over 150%: Cost Sharing Offset | 0 | 0 | 0 |
| Inpatient Hospital | 0 | 0 | 0 |
| Inpatient Mental Health | 0 | 0 | 0 |
| Nursing Care Services | 0 | 0 | 0 |
| Physician/Surgical | 0 | 0 | 0 |
| Outpatient Hospital | 0 | 0 | 0 |
| Outpatient Mental Health | 0 | 0 | 0 |
| Prescribed Drugs | 0 | 0 | 0 |
| Drug Rebate | 0 | 0 | 0 |
| Dental Services | 0 | 0 | 0 |
| Vision Services | 0 | 0 | 0 |
| Other Practitioners | 0 | 0 | 0 |
| Clinic Services | 0 | 0 | 0 |
| Therapy Services | 0 | 0 | 0 |
| Laboratory/Radiological | 0 | 0 | 0 |
| Medical Equipment | 0 | 0 | 0 |
| Family Planning | 0 | 0 | 0 |
| Abortions | 0 | 0 | 0 |
| Screening Services | 0 | 0 | 0 |
| Home Health | 0 | 0 | 0 |
| Health Services Initiatives | 0 | 0 | 0 |
| Home and Community | 0 | 0 | 0 |
| Hospice | 0 | 0 | 0 |
| Medical Transportation | 0 | 0 | 0 |
| Case Management | 0 | 0 | 0 |
| Translation and Interpretation | 0 | 0 | 0 |
| Other Services | 0 | 0 | 0 |
| Outreach | 0 | 0 | 0 |
| Increased Outreach and Enrollment of Indians | 0 | 0 | 0 |
| Increase Outreach and Enrollment of children through premium subsidies | 0 | 0 | 0 |
| Administration | 3,696,655 | 3,253,056 | 443,599 |
| PERM Administration | 0 | 0 | 0 |
| Citizenship Verification Technology CHIPRA | 0 | 0 | 0 |
| CVT Development | 0 | 0 | 0 |
| CVT Operation | 0 | 0 | 0 |
| Balance | 3,696,655 | 3,253,056 | 443,599 |
| Less: Collection | 0 | 0 | 0 |
| Total | 3,696,655 | 3,253,056 | 443,599 |

Medicaid Financial Management Report - Net CHIP Expenditures

**FY 2019
National
Amer. Samoa**

FMR CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| Premiums - Up To 150%: Gross Premiums Paid | 0 | 0 | 0 |
| Premiums - Up To 150%: Cost Sharing Offset | 0 | 0 | 0 |
| Premiums - Over 150%: Gross Premiums Paid | 0 | 0 | 0 |
| Premiums - Over 150%: Cost Sharing Offset | 0 | 0 | 0 |
| Inpatient Hospital | 0 | 0 | 0 |
| Inpatient Mental Health | 0 | 0 | 0 |
| Nursing Care Services | 0 | 0 | 0 |
| Physician/Surgical | 0 | 0 | 0 |
| Outpatient Hospital | 0 | 0 | 0 |
| Outpatient Mental Health | 0 | 0 | 0 |
| Prescribed Drugs | 0 | 0 | 0 |
| Drug Rebate | 0 | 0 | 0 |
| Dental Services | 0 | 0 | 0 |
| Vision Services | 0 | 0 | 0 |
| Other Practitioners | 0 | 0 | 0 |
| Clinic Services | 0 | 0 | 0 |
| Therapy Services | 0 | 0 | 0 |
| Laboratory/Radiological | 0 | 0 | 0 |
| Medical Equipment | 0 | 0 | 0 |
| Family Planning | 0 | 0 | 0 |
| Abortions | 0 | 0 | 0 |
| Screening Services | 0 | 0 | 0 |
| Home Health | 0 | 0 | 0 |
| Health Services Initiatives | 0 | 0 | 0 |
| Home and Community | 0 | 0 | 0 |
| Hospice | 0 | 0 | 0 |
| Medical Transportation | 0 | 0 | 0 |
| Case Management | 0 | 0 | 0 |
| Translation and Interpretation | 0 | 0 | 0 |
| Other Services | 0 | 0 | 0 |
| Outreach | 0 | 0 | 0 |
| Increased Outreach and Enrollment of Indians | 0 | 0 | 0 |
| Increase Outreach and Enrollment of children through premium subsidies | 0 | 0 | 0 |
| Administration | 0 | 0 | 0 |
| PERM Administration | 0 | 0 | 0 |
| Citizenship Verification Technology CHIPRA | 0 | 0 | 0 |
| CVT Development | 0 | 0 | 0 |
| CVT Operation | 0 | 0 | 0 |
| Balance | 0 | 0 | 0 |
| Less: Collection | 0 | 0 | 0 |
| Total | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Arizona

FMR CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| Premiums - Up To 150%: Gross Premiums Paid | 71,402,031 | 71,402,031 | 0 |
| Premiums - Up To 150%: Cost Sharing Offset | (930) | (930) | 0 |
| Premiums - Over 150%: Gross Premiums Paid | (67,447) | (67,447) | 0 |
| Premiums - Over 150%: Cost Sharing Offset | (8,982,633) | (8,982,633) | 0 |
| Inpatient Hospital | 207,927 | 207,927 | 0 |
| Inpatient Mental Health | 139,997 | 139,997 | 0 |
| Nursing Care Services | 30,339 | 30,339 | 0 |
| Physician/Surgical | 172,884 | 172,884 | 0 |
| Outpatient Hospital | 291,226 | 291,226 | 0 |
| Outpatient Mental Health | 25,457 | 25,457 | 0 |
| Prescribed Drugs | 120,956 | 120,956 | 0 |
| Drug Rebate | 0 | 0 | 0 |
| Dental Services | 225,385 | 225,385 | 0 |
| Vision Services | 40,730 | 40,730 | 0 |
| Other Practitioners | 17,241 | 17,241 | 0 |
| Clinic Services | 205,830 | 205,830 | 0 |
| Therapy Services | 5,834 | 5,834 | 0 |
| Laboratory/Radiological | 28,493 | 28,493 | 0 |
| Medical Equipment | 35,551 | 35,551 | 0 |
| Family Planning | 3,289 | 3,289 | 0 |
| Abortions | 0 | 0 | 0 |
| Screening Services | 32,899 | 32,899 | 0 |
| Home Health | 0 | 0 | 0 |
| Health Services Initiatives | 0 | 0 | 0 |
| Home and Community | 0 | 0 | 0 |
| Hospice | 0 | 0 | 0 |
| Medical Transportation | 246,408 | 246,408 | 0 |
| Case Management | 23 | 23 | 0 |
| Translation and Interpretation | 0 | 0 | 0 |
| Other Services | 949,549 | 949,549 | 0 |
| Outreach | 0 | 0 | 0 |
| Increased Outreach and Enrollment of Indians | 0 | 0 | 0 |
| Increase Outreach and Enrollment of children through premium subsidies | 0 | 0 | 0 |
| Administration | 11,322,811 | 11,322,811 | 0 |
| PERM Administration | 0 | 0 | 0 |
| Citizenship Verification Technology CHIPRA | 0 | 0 | 0 |
| CVT Development | 0 | 0 | 0 |
| CVT Operation | 0 | 0 | 0 |
| Balance | 76,453,850 | 76,453,850 | 0 |
| Less: Collection | (600,296) | (597,862) | (2,434) |
| Total | 75,853,554 | 75,855,988 | (2,434) |

Medicaid Financial Management Report - Net CHIP Expenditures

**FY 2019
National
Arkansas**

FMR CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| Premiums - Up To 150%: Gross Premiums Paid | 23,771,402 | 23,771,402 | 0 |
| Premiums - Up To 150%: Cost Sharing Offset | 0 | 0 | 0 |
| Premiums - Over 150%: Gross Premiums Paid | 0 | 0 | 0 |
| Premiums - Over 150%: Cost Sharing Offset | 0 | 0 | 0 |
| Inpatient Hospital | 12,700,986 | 12,700,986 | 0 |
| Inpatient Mental Health | 4,161,584 | 4,161,584 | 0 |
| Nursing Care Services | 20,152 | 20,152 | 0 |
| Physician/Surgical | 15,136,075 | 15,136,495 | (420) |
| Outpatient Hospital | 6,481,865 | 6,481,941 | (76) |
| Outpatient Mental Health | 0 | 0 | 0 |
| Prescribed Drugs | 15,969,077 | 15,969,077 | 0 |
| Drug Rebate | 0 | 0 | 0 |
| Dental Services | 16,876,246 | 16,876,276 | (30) |
| Vision Services | 276,513 | 276,513 | 0 |
| Other Practitioners | 2,356,416 | 2,356,416 | 0 |
| Clinic Services | 6,848,697 | 6,849,270 | (573) |
| Therapy Services | 6,733,487 | 6,733,487 | 0 |
| Laboratory/Radiological | 1,440,631 | 1,440,671 | (40) |
| Medical Equipment | 0 | 0 | 0 |
| Family Planning | 315,432 | 315,444 | (12) |
| Abortions | 0 | 0 | 0 |
| Screening Services | 112,278 | 112,278 | 0 |
| Home Health | 270,970 | 270,970 | 0 |
| Health Services Initiatives | 2,437,709 | 2,437,709 | 0 |
| Home and Community | 0 | 0 | 0 |
| Hospice | 0 | 0 | 0 |
| Medical Transportation | 39,736 | 39,736 | 0 |
| Case Management | 1,506,720 | 1,506,720 | 0 |
| Translation and Interpretation | 0 | 0 | 0 |
| Other Services | 6,614,981 | 6,614,981 | 0 |
| Outreach | 0 | 0 | 0 |
| Increased Outreach and Enrollment of Indians | 0 | 0 | 0 |
| Increase Outreach and Enrollment of children through premium subsidies | 0 | 0 | 0 |
| Administration | 1,570,079 | 1,570,079 | 0 |
| PERM Administration | 0 | 0 | 0 |
| Citizenship Verification Technology CHIPRA | 0 | 0 | 0 |
| CVT Development | 0 | 0 | 0 |
| CVT Operation | 0 | 0 | 0 |
| Balance | 125,641,036 | 125,642,187 | (1,151) |
| Less: Collection | 0 | 0 | 0 |
| Total | 125,641,036 | 125,642,187 | (1,151) |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

California

FMR CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| Premiums - Up To 150%: Gross Premiums Paid | 0 | 0 | 0 |
| Premiums - Up To 150%: Cost Sharing Offset | 0 | 0 | 0 |
| Premiums - Over 150%: Gross Premiums Paid | 13,248,637 | 11,658,800 | 1,589,837 |
| Premiums - Over 150%: Cost Sharing Offset | 0 | 0 | 0 |
| Inpatient Hospital | 450,593 | 403,923 | 46,670 |
| Inpatient Mental Health | 0 | 0 | 0 |
| Nursing Care Services | 0 | 0 | 0 |
| Physician/Surgical | 18,699,850 | 16,480,657 | 2,219,193 |
| Outpatient Hospital | 4,298,217 | 3,791,337 | 506,880 |
| Outpatient Mental Health | 1,029,488 | 679,360 | 350,128 |
| Prescribed Drugs | 2,216,719 | 1,951,697 | 265,022 |
| Drug Rebate | (73,685) | (64,842) | (8,843) |
| Dental Services | 807,914 | 710,964 | 96,950 |
| Vision Services | 0 | 0 | 0 |
| Other Practitioners | 174,377 | 153,536 | 20,841 |
| Clinic Services | 3,242,840 | 2,861,865 | 380,975 |
| Therapy Services | 0 | 0 | 0 |
| Laboratory/Radiological | 3,331,328 | 2,932,349 | 398,979 |
| Medical Equipment | 21,662 | 19,100 | 2,562 |
| Family Planning | 0 | 0 | 0 |
| Abortions | 0 | 0 | 0 |
| Screening Services | 0 | 0 | 0 |
| Home Health | 382 | 336 | 46 |
| Health Services Initiatives | 0 | 0 | 0 |
| Home and Community | 0 | 0 | 0 |
| Hospice | 0 | 0 | 0 |
| Medical Transportation | 166 | 146 | 20 |
| Case Management | 0 | 0 | 0 |
| Translation and Interpretation | 0 | 0 | 0 |
| Other Services | 78,410,322 | 69,176,967 | 9,233,355 |
| Outreach | 0 | 0 | 0 |
| Increased Outreach and Enrollment of Indians | 0 | 0 | 0 |
| Increase Outreach and Enrollment of children through premium subsidies | 0 | 0 | 0 |
| Administration | 50,161,192 | 44,169,196 | 5,991,996 |
| PERM Administration | 199,520 | 179,568 | 19,952 |
| Citizenship Verification Technology CHIPRA | 0 | 0 | 0 |
| CVT Development | 0 | 0 | 0 |
| CVT Operation | 0 | 0 | 0 |
| Balance | 176,219,522 | 155,104,959 | 21,114,563 |
| Less: Collection | (20) | (18) | (2) |
| Total | 176,219,502 | 155,104,941 | 21,114,561 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Colorado

FMR CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| Premiums - Up To 150%: Gross Premiums Paid | 28,581,859 | 25,151,901 | 3,429,958 |
| Premiums - Up To 150%: Cost Sharing Offset | 0 | 0 | 0 |
| Premiums - Over 150%: Gross Premiums Paid | 165,431,963 | 145,579,817 | 19,852,146 |
| Premiums - Over 150%: Cost Sharing Offset | (1,270,454) | (1,117,998) | (152,456) |
| Inpatient Hospital | 7,610,847 | 6,697,542 | 913,305 |
| Inpatient Mental Health | 0 | 0 | 0 |
| Nursing Care Services | 0 | 0 | 0 |
| Physician/Surgical | 4,490,742 | 3,955,076 | 535,666 |
| Outpatient Hospital | 3,406,453 | 2,997,681 | 408,772 |
| Outpatient Mental Health | 0 | 0 | 0 |
| Prescribed Drugs | 843,032 | 741,868 | 101,164 |
| Drug Rebate | 62,359 | 55,049 | 7,310 |
| Dental Services | 320,837 | 282,336 | 38,501 |
| Vision Services | 0 | 0 | 0 |
| Other Practitioners | 0 | 0 | 0 |
| Clinic Services | 2,352,739 | 2,070,624 | 282,115 |
| Therapy Services | 0 | 0 | 0 |
| Laboratory/Radiological | 683,311 | 601,332 | 81,979 |
| Medical Equipment | 0 | 0 | 0 |
| Family Planning | 0 | 0 | 0 |
| Abortions | 0 | 0 | 0 |
| Screening Services | 468 | 411 | 57 |
| Home Health | 54,339 | 47,819 | 6,520 |
| Health Services Initiatives | 0 | 0 | 0 |
| Home and Community | 0 | 0 | 0 |
| Hospice | 0 | 0 | 0 |
| Medical Transportation | (2,772) | (2,439) | (333) |
| Case Management | 240,210 | 211,385 | 28,825 |
| Translation and Interpretation | 0 | 0 | 0 |
| Other Services | 60,738 | 53,451 | 7,287 |
| Outreach | 535,406 | 471,158 | 64,248 |
| Increased Outreach and Enrollment of Indians | 0 | 0 | 0 |
| Increase Outreach and Enrollment of children through premium subsidies | 0 | 0 | 0 |
| Administration | 11,487,080 | 10,108,641 | 1,378,439 |
| PERM Administration | 0 | 0 | 0 |
| Citizenship Verification Technology CHIPRA | 0 | 0 | 0 |
| CVT Development | 0 | 0 | 0 |
| CVT Operation | 0 | 0 | 0 |
| Balance | 224,889,157 | 197,905,654 | 26,983,503 |
| Less: Collection | (125,192) | (110,795) | (14,397) |
| Total | 224,763,965 | 197,794,859 | 26,969,106 |

Medicaid Financial Management Report - Net CHIP Expenditures

**FY 2019
National
Connecticut**

FMR CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| Premiums - Up To 150%: Gross Premiums Paid | 0 | 0 | 0 |
| Premiums - Up To 150%: Cost Sharing Offset | 0 | 0 | 0 |
| Premiums - Over 150%: Gross Premiums Paid | 0 | 0 | 0 |
| Premiums - Over 150%: Cost Sharing Offset | 0 | 0 | 0 |
| Inpatient Hospital | 3,444,384 | 3,031,058 | 413,326 |
| Inpatient Mental Health | 1,696,424 | 1,492,854 | 203,570 |
| Nursing Care Services | 0 | 0 | 0 |
| Physician/Surgical | 5,546,617 | 4,881,022 | 665,595 |
| Outpatient Hospital | 7,940,763 | 6,987,872 | 952,891 |
| Outpatient Mental Health | 0 | 0 | 0 |
| Prescribed Drugs | 8,951,102 | 7,876,970 | 1,074,132 |
| Drug Rebate | (530,931) | (467,219) | (63,712) |
| Dental Services | 4,733,834 | 4,165,774 | 568,060 |
| Vision Services | 0 | 0 | 0 |
| Other Practitioners | 3,848,831 | 3,386,971 | 461,860 |
| Clinic Services | 3,081,469 | 2,711,693 | 369,776 |
| Therapy Services | 0 | 0 | 0 |
| Laboratory/Radiological | 249,944 | 219,951 | 29,993 |
| Medical Equipment | 0 | 0 | 0 |
| Family Planning | 0 | 0 | 0 |
| Abortions | 0 | 0 | 0 |
| Screening Services | 1,927,866 | 1,696,522 | 231,344 |
| Home Health | 70,544 | 62,079 | 8,465 |
| Health Services Initiatives | 0 | 0 | 0 |
| Home and Community | (19,094) | (16,802) | (2,292) |
| Hospice | 0 | 0 | 0 |
| Medical Transportation | 18,834 | 16,573 | 2,261 |
| Case Management | 122,135 | 107,478 | 14,657 |
| Translation and Interpretation | 0 | 0 | 0 |
| Other Services | 4,835,549 | 4,255,284 | 580,265 |
| Outreach | 0 | 0 | 0 |
| Increased Outreach and Enrollment of Indians | 0 | 0 | 0 |
| Increase Outreach and Enrollment of children through premium subsidies | 0 | 0 | 0 |
| Administration | 4,794,968 | 4,219,572 | 575,396 |
| PERM Administration | 0 | 0 | 0 |
| Citizenship Verification Technology CHIPRA | 0 | 0 | 0 |
| CVT Development | 0 | 0 | 0 |
| CVT Operation | 0 | 0 | 0 |
| Balance | 50,713,239 | 44,627,652 | 6,085,587 |
| Less: Collection | (2,763,563) | (2,431,935) | (331,628) |
| Total | 47,949,676 | 42,195,717 | 5,753,959 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Delaware

FMR CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| Premiums - Up To 150%: Gross Premiums Paid | 10,268,288 | 9,598,064 | 670,224 |
| Premiums - Up To 150%: Cost Sharing Offset | (294,720) | (274,944) | (19,776) |
| Premiums - Over 150%: Gross Premiums Paid | 18,611,471 | 17,394,403 | 1,217,068 |
| Premiums - Over 150%: Cost Sharing Offset | (480,136) | (447,919) | (32,217) |
| Inpatient Hospital | 0 | 0 | 0 |
| Inpatient Mental Health | 638,323 | 595,492 | 42,831 |
| Nursing Care Services | 0 | 0 | 0 |
| Physician/Surgical | 14,470 | 13,584 | 886 |
| Outpatient Hospital | 276,515 | 257,983 | 18,532 |
| Outpatient Mental Health | 940,578 | 877,468 | 63,110 |
| Prescribed Drugs | 0 | 0 | 0 |
| Drug Rebate | 2,362 | 1,592 | 770 |
| Dental Services | 4,978,666 | 4,644,827 | 333,839 |
| Vision Services | 0 | 0 | 0 |
| Other Practitioners | 98,627 | 92,040 | 6,587 |
| Clinic Services | 0 | 0 | 0 |
| Therapy Services | 143,664 | 134,237 | 9,427 |
| Laboratory/Radiological | (5) | (3) | (2) |
| Medical Equipment | 0 | 0 | 0 |
| Family Planning | 0 | 0 | 0 |
| Abortions | 0 | 0 | 0 |
| Screening Services | 0 | 0 | 0 |
| Home Health | 0 | 0 | 0 |
| Health Services Initiatives | 43,554 | 40,632 | 2,922 |
| Home and Community | 0 | 0 | 0 |
| Hospice | 0 | 0 | 0 |
| Medical Transportation | 20,960 | 19,553 | 1,407 |
| Case Management | 0 | 0 | 0 |
| Translation and Interpretation | 0 | 0 | 0 |
| Other Services | 2,093 | 1,955 | 138 |
| Outreach | 0 | 0 | 0 |
| Increased Outreach and Enrollment of Indians | 0 | 0 | 0 |
| Increase Outreach and Enrollment of children through premium subsidies | (43,211) | (40,312) | (2,899) |
| Administration | 1,186,834 | 1,107,197 | 79,637 |
| PERM Administration | 0 | 0 | 0 |
| Citizenship Verification Technology CHIPRA | 0 | 0 | 0 |
| CVT Development | 0 | 0 | 0 |
| CVT Operation | 0 | 0 | 0 |
| Balance | 36,408,333 | 34,015,849 | 2,392,484 |
| Less: Collection | (28,099) | (26,075) | (2,024) |
| Total | 36,380,234 | 33,989,774 | 2,390,460 |

Medicaid Financial Management Report - Net CHIP Expenditures

**FY 2019
National
Dist. Of Col.**

FMR CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| Premiums - Up To 150%: Gross Premiums Paid | 0 | 0 | 0 |
| Premiums - Up To 150%: Cost Sharing Offset | 0 | 0 | 0 |
| Premiums - Over 150%: Gross Premiums Paid | 0 | 0 | 0 |
| Premiums - Over 150%: Cost Sharing Offset | 0 | 0 | 0 |
| Inpatient Hospital | 0 | 0 | 0 |
| Inpatient Mental Health | 0 | 0 | 0 |
| Nursing Care Services | 0 | 0 | 0 |
| Physician/Surgical | 0 | 0 | 0 |
| Outpatient Hospital | 0 | 0 | 0 |
| Outpatient Mental Health | 0 | 0 | 0 |
| Prescribed Drugs | 0 | 0 | 0 |
| Drug Rebate | 0 | 0 | 0 |
| Dental Services | 0 | 0 | 0 |
| Vision Services | 0 | 0 | 0 |
| Other Practitioners | 0 | 0 | 0 |
| Clinic Services | 0 | 0 | 0 |
| Therapy Services | 0 | 0 | 0 |
| Laboratory/Radiological | 0 | 0 | 0 |
| Medical Equipment | 0 | 0 | 0 |
| Family Planning | 0 | 0 | 0 |
| Abortions | 0 | 0 | 0 |
| Screening Services | 0 | 0 | 0 |
| Home Health | 0 | 0 | 0 |
| Health Services Initiatives | 0 | 0 | 0 |
| Home and Community | 0 | 0 | 0 |
| Hospice | 0 | 0 | 0 |
| Medical Transportation | 0 | 0 | 0 |
| Case Management | 0 | 0 | 0 |
| Translation and Interpretation | 0 | 0 | 0 |
| Other Services | 0 | 0 | 0 |
| Outreach | 0 | 0 | 0 |
| Increased Outreach and Enrollment of Indians | 0 | 0 | 0 |
| Increase Outreach and Enrollment of children through premium subsidies | 0 | 0 | 0 |
| Administration | 1,775,242 | 1,775,242 | 0 |
| PERM Administration | 0 | 0 | 0 |
| Citizenship Verification Technology CHIPRA | 0 | 0 | 0 |
| CVT Development | 0 | 0 | 0 |
| CVT Operation | 0 | 0 | 0 |
| Balance | 1,775,242 | 1,775,242 | 0 |
| Less: Collection | 0 | 0 | 0 |
| Total | 1,775,242 | 1,775,242 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Florida

FMR CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| Premiums - Up To 150%: Gross Premiums Paid | 108,514,796 | 103,750,996 | 4,763,800 |
| Premiums - Up To 150%: Cost Sharing Offset | (7,562,610) | (7,230,612) | (331,998) |
| Premiums - Over 150%: Gross Premiums Paid | 209,242,698 | 200,056,943 | 9,185,755 |
| Premiums - Over 150%: Cost Sharing Offset | (19,296,455) | (18,449,341) | (847,114) |
| Inpatient Hospital | 74,782 | 71,499 | 3,283 |
| Inpatient Mental Health | 0 | 0 | 0 |
| Nursing Care Services | 8,655 | 8,276 | 379 |
| Physician/Surgical | 172,922,527 | 165,427,219 | 7,495,308 |
| Outpatient Hospital | 6,345 | 6,068 | 277 |
| Outpatient Mental Health | 0 | 0 | 0 |
| Prescribed Drugs | 14,492 | 13,856 | 636 |
| Drug Rebate | 0 | 0 | 0 |
| Dental Services | 959 | 917 | 42 |
| Vision Services | 99 | 95 | 4 |
| Other Practitioners | 211,594 | 202,306 | 9,288 |
| Clinic Services | 3,024 | 2,891 | 133 |
| Therapy Services | 84,897 | 81,170 | 3,727 |
| Laboratory/Radiological | 1,371 | 1,311 | 60 |
| Medical Equipment | 0 | 0 | 0 |
| Family Planning | 0 | 0 | 0 |
| Abortions | 0 | 0 | 0 |
| Screening Services | 0 | 0 | 0 |
| Home Health | 0 | 0 | 0 |
| Health Services Initiatives | 0 | 0 | 0 |
| Home and Community | 0 | 0 | 0 |
| Hospice | 0 | 0 | 0 |
| Medical Transportation | 12,469 | 11,922 | 547 |
| Case Management | 81,706 | 78,119 | 3,587 |
| Translation and Interpretation | 0 | 0 | 0 |
| Other Services | 53,263,541 | 50,925,272 | 2,338,269 |
| Outreach | 0 | 0 | 0 |
| Increased Outreach and Enrollment of Indians | 0 | 0 | 0 |
| Increase Outreach and Enrollment of children through premium subsidies | 0 | 0 | 0 |
| Administration | 39,030,255 | 37,340,294 | 1,689,961 |
| PERM Administration | 0 | 0 | 0 |
| Citizenship Verification Technology CHIPRA | 0 | 0 | 0 |
| CVT Development | 0 | 0 | 0 |
| CVT Operation | 0 | 0 | 0 |
| Balance | 556,615,145 | 532,299,201 | 24,315,944 |
| Less: Collection | 0 | 0 | 0 |
| Total | 556,615,145 | 532,299,201 | 24,315,944 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Georgia

FMR CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| Premiums - Up To 150%: Gross Premiums Paid | 0 | 0 | 0 |
| Premiums - Up To 150%: Cost Sharing Offset | 0 | 0 | 0 |
| Premiums - Over 150%: Gross Premiums Paid | 295,679,794 | 295,690,124 | (10,330) |
| Premiums - Over 150%: Cost Sharing Offset | (23,894,808) | (23,894,808) | 0 |
| Inpatient Hospital | 4,334,050 | 4,334,050 | 0 |
| Inpatient Mental Health | 0 | 0 | 0 |
| Nursing Care Services | 186,617 | 186,617 | 0 |
| Physician/Surgical | 1,388,220 | 1,388,257 | (37) |
| Outpatient Hospital | 1,989,012 | 1,988,946 | 66 |
| Outpatient Mental Health | 0 | 0 | 0 |
| Prescribed Drugs | 2,662,311 | 2,662,311 | 0 |
| Drug Rebate | (8,245,080) | (8,245,080) | 0 |
| Dental Services | 192,703 | 192,703 | 0 |
| Vision Services | 13,237 | 13,237 | 0 |
| Other Practitioners | 139,384 | 139,409 | (25) |
| Clinic Services | 123,008 | 123,008 | 0 |
| Therapy Services | 13,688 | 13,688 | 0 |
| Laboratory/Radiological | 43,774 | 43,774 | 0 |
| Medical Equipment | 400,562 | 400,562 | 0 |
| Family Planning | 2,043 | 2,043 | 0 |
| Abortions | 0 | 0 | 0 |
| Screening Services | 166,363 | 166,363 | 0 |
| Home Health | 5,643 | 5,643 | 0 |
| Health Services Initiatives | 0 | 0 | 0 |
| Home and Community | 0 | 0 | 0 |
| Hospice | 2,131 | 2,131 | 0 |
| Medical Transportation | 95,575 | 95,575 | 0 |
| Case Management | 3,991,647 | 3,991,952 | (305) |
| Translation and Interpretation | 0 | 0 | 0 |
| Other Services | 23,403 | 24,065 | (662) |
| Outreach | 0 | 0 | 0 |
| Increased Outreach and Enrollment of Indians | 0 | 0 | 0 |
| Increase Outreach and Enrollment of children through premium subsidies | 0 | 0 | 0 |
| Administration | 20,509,721 | 20,509,721 | 0 |
| PERM Administration | 0 | 0 | 0 |
| Citizenship Verification Technology CHIPRA | 0 | 0 | 0 |
| CVT Development | 0 | 0 | 0 |
| CVT Operation | 0 | 0 | 0 |
| Balance | 299,822,998 | 299,834,291 | (11,293) |
| Less: Collection | (281,956) | (264,330) | (17,626) |
| Total | 299,541,042 | 299,569,961 | (28,919) |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Guam

FMR CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| Premiums - Up To 150%: Gross Premiums Paid | 0 | 0 | 0 |
| Premiums - Up To 150%: Cost Sharing Offset | 0 | 0 | 0 |
| Premiums - Over 150%: Gross Premiums Paid | 0 | 0 | 0 |
| Premiums - Over 150%: Cost Sharing Offset | 0 | 0 | 0 |
| Inpatient Hospital | 0 | 0 | 0 |
| Inpatient Mental Health | 0 | 0 | 0 |
| Nursing Care Services | 0 | 0 | 0 |
| Physician/Surgical | 0 | 0 | 0 |
| Outpatient Hospital | 0 | 0 | 0 |
| Outpatient Mental Health | 0 | 0 | 0 |
| Prescribed Drugs | 0 | 0 | 0 |
| Drug Rebate | 0 | 0 | 0 |
| Dental Services | 0 | 0 | 0 |
| Vision Services | 0 | 0 | 0 |
| Other Practitioners | 0 | 0 | 0 |
| Clinic Services | 0 | 0 | 0 |
| Therapy Services | 0 | 0 | 0 |
| Laboratory/Radiological | 0 | 0 | 0 |
| Medical Equipment | 0 | 0 | 0 |
| Family Planning | 0 | 0 | 0 |
| Abortions | 0 | 0 | 0 |
| Screening Services | 0 | 0 | 0 |
| Home Health | 0 | 0 | 0 |
| Health Services Initiatives | 0 | 0 | 0 |
| Home and Community | 0 | 0 | 0 |
| Hospice | 0 | 0 | 0 |
| Medical Transportation | 0 | 0 | 0 |
| Case Management | 0 | 0 | 0 |
| Translation and Interpretation | 0 | 0 | 0 |
| Other Services | 0 | 0 | 0 |
| Outreach | 0 | 0 | 0 |
| Increased Outreach and Enrollment of Indians | 0 | 0 | 0 |
| Increase Outreach and Enrollment of children through premium subsidies | 0 | 0 | 0 |
| Administration | 0 | 0 | 0 |
| PERM Administration | 0 | 0 | 0 |
| Citizenship Verification Technology CHIPRA | 0 | 0 | 0 |
| CVT Development | 0 | 0 | 0 |
| CVT Operation | 0 | 0 | 0 |
| Balance | 0 | 0 | 0 |
| Less: Collection | 0 | 0 | 0 |
| Total | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Hawaii

FMR CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| Premiums - Up To 150%: Gross Premiums Paid | 0 | 0 | 0 |
| Premiums - Up To 150%: Cost Sharing Offset | 0 | 0 | 0 |
| Premiums - Over 150%: Gross Premiums Paid | 0 | 0 | 0 |
| Premiums - Over 150%: Cost Sharing Offset | 0 | 0 | 0 |
| Inpatient Hospital | 0 | 0 | 0 |
| Inpatient Mental Health | 0 | 0 | 0 |
| Nursing Care Services | 0 | 0 | 0 |
| Physician/Surgical | 0 | 0 | 0 |
| Outpatient Hospital | 0 | 0 | 0 |
| Outpatient Mental Health | 0 | 0 | 0 |
| Prescribed Drugs | 0 | 0 | 0 |
| Drug Rebate | 0 | 0 | 0 |
| Dental Services | 0 | 0 | 0 |
| Vision Services | 0 | 0 | 0 |
| Other Practitioners | 0 | 0 | 0 |
| Clinic Services | 0 | 0 | 0 |
| Therapy Services | 0 | 0 | 0 |
| Laboratory/Radiological | 0 | 0 | 0 |
| Medical Equipment | 0 | 0 | 0 |
| Family Planning | 0 | 0 | 0 |
| Abortions | 0 | 0 | 0 |
| Screening Services | 0 | 0 | 0 |
| Home Health | 0 | 0 | 0 |
| Health Services Initiatives | 0 | 0 | 0 |
| Home and Community | 0 | 0 | 0 |
| Hospice | 0 | 0 | 0 |
| Medical Transportation | 0 | 0 | 0 |
| Case Management | 0 | 0 | 0 |
| Translation and Interpretation | 0 | 0 | 0 |
| Other Services | 0 | 0 | 0 |
| Outreach | 0 | 0 | 0 |
| Increased Outreach and Enrollment of Indians | 0 | 0 | 0 |
| Increase Outreach and Enrollment of children through premium subsidies | 0 | 0 | 0 |
| Administration | 3,423,194 | 3,106,207 | 316,987 |
| PERM Administration | 0 | 0 | 0 |
| Citizenship Verification Technology CHIPRA | 0 | 0 | 0 |
| CVT Development | 0 | 0 | 0 |
| CVT Operation | 0 | 0 | 0 |
| Balance | 3,423,194 | 3,106,207 | 316,987 |
| Less: Collection | (1,553) | (1,420) | (133) |
| Total | 3,421,641 | 3,104,787 | 316,854 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Idaho

FMR CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| Premiums - Up To 150%: Gross Premiums Paid | 6,274,698 | 6,274,698 | 0 |
| Premiums - Up To 150%: Cost Sharing Offset | (183,338) | (183,338) | 0 |
| Premiums - Over 150%: Gross Premiums Paid | 10,172,488 | 10,172,488 | 0 |
| Premiums - Over 150%: Cost Sharing Offset | (828,202) | (828,202) | 0 |
| Inpatient Hospital | 13,291,695 | 13,291,695 | 0 |
| Inpatient Mental Health | 0 | 0 | 0 |
| Nursing Care Services | 0 | 0 | 0 |
| Physician/Surgical | 11,086,686 | 11,086,686 | 0 |
| Outpatient Hospital | 10,055,489 | 10,055,489 | 0 |
| Outpatient Mental Health | 0 | 0 | 0 |
| Prescribed Drugs | 10,079,433 | 10,079,433 | 0 |
| Drug Rebate | 0 | 0 | 0 |
| Dental Services | 0 | 0 | 0 |
| Vision Services | 0 | 0 | 0 |
| Other Practitioners | 4,768,162 | 4,768,162 | 0 |
| Clinic Services | 0 | 0 | 0 |
| Therapy Services | 0 | 0 | 0 |
| Laboratory/Radiological | 289,852 | 289,852 | 0 |
| Medical Equipment | 0 | 0 | 0 |
| Family Planning | 122,442 | 122,442 | 0 |
| Abortions | 0 | 0 | 0 |
| Screening Services | 128,733 | 128,733 | 0 |
| Home Health | 46,513 | 46,513 | 0 |
| Health Services Initiatives | 966,837 | 966,837 | 0 |
| Home and Community | 2,145,162 | 2,145,162 | 0 |
| Hospice | 0 | 0 | 0 |
| Medical Transportation | 2,718,569 | 2,718,569 | 0 |
| Case Management | 37,065 | 37,065 | 0 |
| Translation and Interpretation | 0 | 0 | 0 |
| Other Services | 6,405,068 | 6,405,068 | 0 |
| Outreach | 0 | 0 | 0 |
| Increased Outreach and Enrollment of Indians | 0 | 0 | 0 |
| Increase Outreach and Enrollment of children through premium subsidies | 0 | 0 | 0 |
| Administration | 2,563,922 | 2,563,922 | 0 |
| PERM Administration | 0 | 0 | 0 |
| Citizenship Verification Technology CHIPRA | 0 | 0 | 0 |
| CVT Development | 0 | 0 | 0 |
| CVT Operation | 0 | 0 | 0 |
| Balance | 80,141,274 | 80,141,274 | 0 |
| Less: Collection | 0 | 0 | 0 |
| Total | 80,141,274 | 80,141,274 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Illinois

FMR CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| Premiums - Up To 150%: Gross Premiums Paid | 62,551,739 | 55,178,476 | 7,373,263 |
| Premiums - Up To 150%: Cost Sharing Offset | 0 | 0 | 0 |
| Premiums - Over 150%: Gross Premiums Paid | 102,724,690 | 90,618,667 | 12,106,023 |
| Premiums - Over 150%: Cost Sharing Offset | (29,895,300) | (26,373,634) | (3,521,666) |
| Inpatient Hospital | 16,505,966 | 14,561,467 | 1,944,499 |
| Inpatient Mental Health | 2,871,335 | 2,533,073 | 338,262 |
| Nursing Care Services | 114,513 | 101,023 | 13,490 |
| Physician/Surgical | 11,164,167 | 9,849,033 | 1,315,134 |
| Outpatient Hospital | 17,270,795 | 15,236,290 | 2,034,505 |
| Outpatient Mental Health | 512,290 | 451,941 | 60,349 |
| Prescribed Drugs | 25,787,683 | 22,749,751 | 3,037,932 |
| Drug Rebate | 0 | 0 | 0 |
| Dental Services | 2,477,398 | 2,187,958 | 289,440 |
| Vision Services | 219,712 | 193,829 | 25,883 |
| Other Practitioners | 15,752,417 | 13,904,520 | 1,847,897 |
| Clinic Services | 2,206,057 | 1,946,182 | 259,875 |
| Therapy Services | 13,011,666 | 11,490,571 | 1,521,095 |
| Laboratory/Radiological | 2,800,619 | 2,470,704 | 329,915 |
| Medical Equipment | 2,950,918 | 2,603,304 | 347,614 |
| Family Planning | 0 | 0 | 0 |
| Abortions | 0 | 0 | 0 |
| Screening Services | 6,570,796 | 5,796,884 | 773,912 |
| Home Health | 27,397 | 24,170 | 3,227 |
| Health Services Initiatives | 0 | 0 | 0 |
| Home and Community | 0 | 0 | 0 |
| Hospice | 14,135 | 12,470 | 1,665 |
| Medical Transportation | 3,633,615 | 3,216,410 | 417,205 |
| Case Management | 781,434 | 689,392 | 92,042 |
| Translation and Interpretation | 308,453 | 231,341 | 77,112 |
| Other Services | 8,701,287 | 7,682,692 | 1,018,595 |
| Outreach | 0 | 0 | 0 |
| Increased Outreach and Enrollment of Indians | 0 | 0 | 0 |
| Increase Outreach and Enrollment of children through premium subsidies | 0 | 0 | 0 |
| Administration | 22,503,876 | 19,851,724 | 2,652,152 |
| PERM Administration | 0 | 0 | 0 |
| Citizenship Verification Technology CHIPRA | 0 | 0 | 0 |
| CVT Development | 0 | 0 | 0 |
| CVT Operation | 0 | 0 | 0 |
| Balance | 291,567,658 | 257,208,238 | 34,359,420 |
| Less: Collection | (1,651,097) | (1,290,975) | (360,122) |
| Total | 289,916,561 | 255,917,263 | 33,999,298 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Indiana

FMR CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| Premiums - Up To 150%: Gross Premiums Paid | 0 | 0 | 0 |
| Premiums - Up To 150%: Cost Sharing Offset | 0 | 0 | 0 |
| Premiums - Over 150%: Gross Premiums Paid | 57,636,844 | 57,164,842 | 472,002 |
| Premiums - Over 150%: Cost Sharing Offset | (9,907,506) | (9,825,273) | (82,233) |
| Inpatient Hospital | 891,756 | 884,362 | 7,394 |
| Inpatient Mental Health | 890,008 | 882,629 | 7,379 |
| Nursing Care Services | 0 | 0 | 0 |
| Physician/Surgical | 369,797 | 366,765 | 3,032 |
| Outpatient Hospital | 1,261,145 | 1,250,673 | 10,472 |
| Outpatient Mental Health | 223,579 | 221,750 | 1,829 |
| Prescribed Drugs | 3,548,433 | 3,518,980 | 29,453 |
| Drug Rebate | 0 | 0 | 0 |
| Dental Services | 74,994 | 74,371 | 623 |
| Vision Services | 7,930 | 7,863 | 67 |
| Other Practitioners | 2,148 | 2,130 | 18 |
| Clinic Services | 2,056,103 | 2,039,073 | 17,030 |
| Therapy Services | 6,623 | 6,581 | 42 |
| Laboratory/Radiological | 28,140 | 27,906 | 234 |
| Medical Equipment | 224,593 | 222,730 | 1,863 |
| Family Planning | 0 | 0 | 0 |
| Abortions | 0 | 0 | 0 |
| Screening Services | 83,173 | 82,516 | 657 |
| Home Health | 242 | 240 | 2 |
| Health Services Initiatives | 0 | 0 | 0 |
| Home and Community | 0 | 0 | 0 |
| Hospice | 6,565 | 6,511 | 54 |
| Medical Transportation | 21,522 | 21,344 | 178 |
| Case Management | 0 | 0 | 0 |
| Translation and Interpretation | 0 | 0 | 0 |
| Other Services | 1,514,288 | 1,501,721 | 12,567 |
| Outreach | 2,437,777 | 2,415,080 | 22,697 |
| Increased Outreach and Enrollment of Indians | 0 | 0 | 0 |
| Increase Outreach and Enrollment of children through premium subsidies | 0 | 0 | 0 |
| Administration | 10,665,009 | 10,576,498 | 88,511 |
| PERM Administration | 0 | 0 | 0 |
| Citizenship Verification Technology CHIPRA | 0 | 0 | 0 |
| CVT Development | 0 | 0 | 0 |
| CVT Operation | 0 | 0 | 0 |
| Balance | 72,043,163 | 71,449,292 | 593,871 |
| Less: Collection | (146,273) | (112,049) | (34,224) |
| Total | 71,896,890 | 71,337,243 | 559,647 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Iowa

FMR CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| Premiums - Up To 150%: Gross Premiums Paid | 0 | 0 | 0 |
| Premiums - Up To 150%: Cost Sharing Offset | 0 | 0 | 0 |
| Premiums - Over 150%: Gross Premiums Paid | 99,582,755 | 94,596,902 | 4,985,853 |
| Premiums - Over 150%: Cost Sharing Offset | (4,171,055) | (3,960,417) | (210,638) |
| Inpatient Hospital | 0 | 0 | 0 |
| Inpatient Mental Health | 0 | 0 | 0 |
| Nursing Care Services | 0 | 0 | 0 |
| Physician/Surgical | 0 | 0 | 0 |
| Outpatient Hospital | 0 | 0 | 0 |
| Outpatient Mental Health | 0 | 0 | 0 |
| Prescribed Drugs | 0 | 0 | 0 |
| Drug Rebate | 0 | 0 | 0 |
| Dental Services | 0 | 0 | 0 |
| Vision Services | 0 | 0 | 0 |
| Other Practitioners | 0 | 0 | 0 |
| Clinic Services | 0 | 0 | 0 |
| Therapy Services | 0 | 0 | 0 |
| Laboratory/Radiological | 0 | 0 | 0 |
| Medical Equipment | 0 | 0 | 0 |
| Family Planning | 0 | 0 | 0 |
| Abortions | 0 | 0 | 0 |
| Screening Services | 0 | 0 | 0 |
| Home Health | 0 | 0 | 0 |
| Health Services Initiatives | 1,160,304 | 1,101,709 | 58,595 |
| Home and Community | 0 | 0 | 0 |
| Hospice | 0 | 0 | 0 |
| Medical Transportation | 0 | 0 | 0 |
| Case Management | 0 | 0 | 0 |
| Translation and Interpretation | 0 | 0 | 0 |
| Other Services | 0 | 0 | 0 |
| Outreach | 984,597 | 930,989 | 53,608 |
| Increased Outreach and Enrollment of Indians | 0 | 0 | 0 |
| Increase Outreach and Enrollment of children through premium subsidies | (384,716) | (361,402) | (23,314) |
| Administration | 9,721,296 | 9,234,047 | 487,249 |
| PERM Administration | 0 | 0 | 0 |
| Citizenship Verification Technology CHIPRA | 0 | 0 | 0 |
| CVT Development | 0 | 0 | 0 |
| CVT Operation | 0 | 0 | 0 |
| Balance | 106,893,181 | 101,541,828 | 5,351,353 |
| Less: Collection | (436,251) | (414,220) | (22,031) |
| Total | 106,456,930 | 101,127,608 | 5,329,322 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Kansas

FMR CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| Premiums - Up To 150%: Gross Premiums Paid | 30,799,778 | 28,638,683 | 2,161,095 |
| Premiums - Up To 150%: Cost Sharing Offset | 0 | 0 | 0 |
| Premiums - Over 150%: Gross Premiums Paid | 79,465,811 | 73,881,730 | 5,584,081 |
| Premiums - Over 150%: Cost Sharing Offset | (4,001,944) | (3,720,607) | (281,337) |
| Inpatient Hospital | 0 | 0 | 0 |
| Inpatient Mental Health | 0 | 0 | 0 |
| Nursing Care Services | 0 | 0 | 0 |
| Physician/Surgical | 0 | 0 | 0 |
| Outpatient Hospital | 0 | 0 | 0 |
| Outpatient Mental Health | 0 | 0 | 0 |
| Prescribed Drugs | 2,601,952 | 2,409,071 | 192,881 |
| Drug Rebate | 0 | 0 | 0 |
| Dental Services | 0 | 0 | 0 |
| Vision Services | 0 | 0 | 0 |
| Other Practitioners | 0 | 0 | 0 |
| Clinic Services | 0 | 0 | 0 |
| Therapy Services | 0 | 0 | 0 |
| Laboratory/Radiological | 0 | 0 | 0 |
| Medical Equipment | 0 | 0 | 0 |
| Family Planning | 0 | 0 | 0 |
| Abortions | 0 | 0 | 0 |
| Screening Services | 0 | 0 | 0 |
| Home Health | 0 | 0 | 0 |
| Health Services Initiatives | 0 | 0 | 0 |
| Home and Community | 0 | 0 | 0 |
| Hospice | 0 | 0 | 0 |
| Medical Transportation | 0 | 0 | 0 |
| Case Management | 0 | 0 | 0 |
| Translation and Interpretation | 0 | 0 | 0 |
| Other Services | 0 | 0 | 0 |
| Outreach | 0 | 0 | 0 |
| Increased Outreach and Enrollment of Indians | 0 | 0 | 0 |
| Increase Outreach and Enrollment of children through premium subsidies | 0 | 0 | 0 |
| Administration | 10,915,814 | 10,148,432 | 767,382 |
| PERM Administration | 2,288 | 2,059 | 229 |
| Citizenship Verification Technology CHIPRA | 0 | 0 | 0 |
| CVT Development | 0 | 0 | 0 |
| CVT Operation | 0 | 0 | 0 |
| Balance | 119,783,699 | 111,359,368 | 8,424,331 |
| Less: Collection | 0 | 0 | 0 |
| Total | 119,783,699 | 111,359,368 | 8,424,331 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Kentucky

FMR CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| Premiums - Up To 150%: Gross Premiums Paid | 0 | 0 | 0 |
| Premiums - Up To 150%: Cost Sharing Offset | 0 | 0 | 0 |
| Premiums - Over 150%: Gross Premiums Paid | 83,193,383 | 83,193,383 | 0 |
| Premiums - Over 150%: Cost Sharing Offset | 0 | 0 | 0 |
| Inpatient Hospital | 48,370 | 48,370 | 0 |
| Inpatient Mental Health | 0 | 0 | 0 |
| Nursing Care Services | 0 | 0 | 0 |
| Physician/Surgical | 13,326 | 13,326 | 0 |
| Outpatient Hospital | 36,719 | 36,719 | 0 |
| Outpatient Mental Health | 0 | 0 | 0 |
| Prescribed Drugs | 0 | 0 | 0 |
| Drug Rebate | 0 | 0 | 0 |
| Dental Services | 378 | 378 | 0 |
| Vision Services | 383 | 383 | 0 |
| Other Practitioners | 1,441 | 1,441 | 0 |
| Clinic Services | 1,867,117 | 1,867,117 | 0 |
| Therapy Services | 630 | 630 | 0 |
| Laboratory/Radiological | 19 | 19 | 0 |
| Medical Equipment | 492,223 | 492,223 | 0 |
| Family Planning | 0 | 0 | 0 |
| Abortions | 0 | 0 | 0 |
| Screening Services | 0 | 0 | 0 |
| Home Health | 1,064 | 1,064 | 0 |
| Health Services Initiatives | 0 | 0 | 0 |
| Home and Community | 29,574 | 29,574 | 0 |
| Hospice | 0 | 0 | 0 |
| Medical Transportation | 0 | 0 | 0 |
| Case Management | 308,310 | 308,310 | 0 |
| Translation and Interpretation | 0 | 0 | 0 |
| Other Services | 3,447,548 | 3,447,548 | 0 |
| Outreach | 0 | 0 | 0 |
| Increased Outreach and Enrollment of Indians | 0 | 0 | 0 |
| Increase Outreach and Enrollment of children through premium subsidies | 0 | 0 | 0 |
| Administration | 3,758,049 | 3,758,049 | 0 |
| PERM Administration | 0 | 0 | 0 |
| Citizenship Verification Technology CHIPRA | 0 | 0 | 0 |
| CVT Development | 0 | 0 | 0 |
| CVT Operation | 0 | 0 | 0 |
| Balance | 93,198,534 | 93,198,534 | 0 |
| Less: Collection | (44,517) | (43,717) | (800) |
| Total | 93,154,017 | 93,154,817 | (800) |

Medicaid Financial Management Report - Net CHIP Expenditures

**FY 2019
National
Louisiana**

FMR CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| Premiums - Up To 150%: Gross Premiums Paid | 0 | 0 | 0 |
| Premiums - Up To 150%: Cost Sharing Offset | 0 | 0 | 0 |
| Premiums - Over 150%: Gross Premiums Paid | 0 | 0 | 0 |
| Premiums - Over 150%: Cost Sharing Offset | (986,014) | (971,224) | (14,790) |
| Inpatient Hospital | 402,483 | 396,445 | 6,038 |
| Inpatient Mental Health | 0 | 0 | 0 |
| Nursing Care Services | 0 | 0 | 0 |
| Physician/Surgical | 114,311 | 112,596 | 1,715 |
| Outpatient Hospital | 90,373 | 89,018 | 1,355 |
| Outpatient Mental Health | 0 | 0 | 0 |
| Prescribed Drugs | 19,661 | 19,367 | 294 |
| Drug Rebate | (1,253,879) | (1,235,071) | (18,808) |
| Dental Services | 682,361 | 672,126 | 10,235 |
| Vision Services | 0 | 0 | 0 |
| Other Practitioners | 0 | 0 | 0 |
| Clinic Services | 0 | 0 | 0 |
| Therapy Services | 0 | 0 | 0 |
| Laboratory/Radiological | 21,301 | 20,981 | 320 |
| Medical Equipment | 0 | 0 | 0 |
| Family Planning | 0 | 0 | 0 |
| Abortions | 0 | 0 | 0 |
| Screening Services | 87,066 | 85,760 | 1,306 |
| Home Health | 7,550 | 7,437 | 113 |
| Health Services Initiatives | 0 | 0 | 0 |
| Home and Community | 0 | 0 | 0 |
| Hospice | 0 | 0 | 0 |
| Medical Transportation | 15,486 | 15,254 | 232 |
| Case Management | 1,773 | 1,746 | 27 |
| Translation and Interpretation | 43,485 | 35,006 | 8,479 |
| Other Services | 72,837,444 | 71,745,393 | 1,092,051 |
| Outreach | 0 | 0 | 0 |
| Increased Outreach and Enrollment of Indians | 0 | 0 | 0 |
| Increase Outreach and Enrollment of children through premium subsidies | 0 | 0 | 0 |
| Administration | 15,484,753 | 15,252,482 | 232,271 |
| PERM Administration | 0 | 0 | 0 |
| Citizenship Verification Technology CHIPRA | 0 | 0 | 0 |
| CVT Development | 0 | 0 | 0 |
| CVT Operation | 0 | 0 | 0 |
| Balance | 87,568,154 | 86,247,316 | 1,320,838 |
| Less: Collection | (884,218) | (867,821) | (16,397) |
| Total | 86,683,936 | 85,379,495 | 1,304,441 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Maine

FMR CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| Premiums - Up To 150%: Gross Premiums Paid | 0 | 0 | 0 |
| Premiums - Up To 150%: Cost Sharing Offset | 0 | 0 | 0 |
| Premiums - Over 150%: Gross Premiums Paid | 0 | 0 | 0 |
| Premiums - Over 150%: Cost Sharing Offset | 0 | 0 | 0 |
| Inpatient Hospital | 930,903 | 913,774 | 17,129 |
| Inpatient Mental Health | 976,974 | 958,999 | 17,975 |
| Nursing Care Services | 456,862 | 448,458 | 8,404 |
| Physician/Surgical | 962,862 | 945,155 | 17,707 |
| Outpatient Hospital | 2,952,053 | 2,897,804 | 54,249 |
| Outpatient Mental Health | 57,161 | 56,109 | 1,052 |
| Prescribed Drugs | 2,748,059 | 2,697,510 | 50,549 |
| Drug Rebate | 0 | 0 | 0 |
| Dental Services | 916,035 | 899,190 | 16,845 |
| Vision Services | 15,563 | 15,276 | 287 |
| Other Practitioners | 268,813 | 263,866 | 4,947 |
| Clinic Services | 533,670 | 523,888 | 9,782 |
| Therapy Services | 388,740 | 381,641 | 7,099 |
| Laboratory/Radiological | 155,016 | 152,164 | 2,852 |
| Medical Equipment | 316,523 | 310,700 | 5,823 |
| Family Planning | 70,494 | 69,199 | 1,295 |
| Abortions | 0 | 0 | 0 |
| Screening Services | 0 | 0 | 0 |
| Home Health | 44,041 | 43,232 | 809 |
| Health Services Initiatives | 0 | 0 | 0 |
| Home and Community | 1,833,057 | 1,799,356 | 33,701 |
| Hospice | 0 | 0 | 0 |
| Medical Transportation | 253,202 | 248,543 | 4,659 |
| Case Management | 320,064 | 314,182 | 5,882 |
| Translation and Interpretation | 18,516 | 14,843 | 3,673 |
| Other Services | 3,739,697 | 3,670,920 | 68,777 |
| Outreach | 0 | 0 | 0 |
| Increased Outreach and Enrollment of Indians | 0 | 0 | 0 |
| Increase Outreach and Enrollment of children through premium subsidies | 0 | 0 | 0 |
| Administration | 1,888,806 | 1,853,781 | 35,025 |
| PERM Administration | 27,237 | 24,514 | 2,723 |
| Citizenship Verification Technology CHIPRA | 0 | 0 | 0 |
| CVT Development | 0 | 0 | 0 |
| CVT Operation | 0 | 0 | 0 |
| Balance | 19,874,348 | 19,503,104 | 371,244 |
| Less: Collection | (771,489) | (771,173) | (316) |
| Total | 19,102,859 | 18,731,931 | 370,928 |

Medicaid Financial Management Report - Net CHIP Expenditures

**FY 2019
National
Maryland**

FMR CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| Premiums - Up To 150%: Gross Premiums Paid | 0 | 0 | 0 |
| Premiums - Up To 150%: Cost Sharing Offset | 0 | 0 | 0 |
| Premiums - Over 150%: Gross Premiums Paid | 0 | 0 | 0 |
| Premiums - Over 150%: Cost Sharing Offset | 0 | 0 | 0 |
| Inpatient Hospital | 0 | 0 | 0 |
| Inpatient Mental Health | 0 | 0 | 0 |
| Nursing Care Services | 0 | 0 | 0 |
| Physician/Surgical | 0 | 0 | 0 |
| Outpatient Hospital | 0 | 0 | 0 |
| Outpatient Mental Health | 0 | 0 | 0 |
| Prescribed Drugs | 0 | 0 | 0 |
| Drug Rebate | 0 | 0 | 0 |
| Dental Services | 0 | 0 | 0 |
| Vision Services | 0 | 0 | 0 |
| Other Practitioners | 0 | 0 | 0 |
| Clinic Services | 0 | 0 | 0 |
| Therapy Services | 0 | 0 | 0 |
| Laboratory/Radiological | 0 | 0 | 0 |
| Medical Equipment | 0 | 0 | 0 |
| Family Planning | 0 | 0 | 0 |
| Abortions | 0 | 0 | 0 |
| Screening Services | 0 | 0 | 0 |
| Home Health | 0 | 0 | 0 |
| Health Services Initiatives | 2,454,361 | 2,159,836 | 294,525 |
| Home and Community | 0 | 0 | 0 |
| Hospice | 0 | 0 | 0 |
| Medical Transportation | 0 | 0 | 0 |
| Case Management | 0 | 0 | 0 |
| Translation and Interpretation | 0 | 0 | 0 |
| Other Services | 0 | 0 | 0 |
| Outreach | 2,943,583 | 2,590,355 | 353,228 |
| Increased Outreach and Enrollment of Indians | 0 | 0 | 0 |
| Increase Outreach and Enrollment of children through premium subsidies | 0 | 0 | 0 |
| Administration | 21,034,088 | 18,509,996 | 2,524,092 |
| PERM Administration | 36,345 | 32,710 | 3,635 |
| Citizenship Verification Technology CHIPRA | 0 | 0 | 0 |
| CVT Development | 0 | 0 | 0 |
| CVT Operation | 0 | 0 | 0 |
| Balance | 26,468,377 | 23,292,897 | 3,175,480 |
| Less: Collection | (29,179,209) | (25,677,704) | (3,501,505) |
| Total | (2,710,832) | (2,384,807) | (326,025) |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Massachusetts

FMR CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| Premiums - Up To 150%: Gross Premiums Paid | 0 | 0 | 0 |
| Premiums - Up To 150%: Cost Sharing Offset | 0 | 0 | 0 |
| Premiums - Over 150%: Gross Premiums Paid | 269,830,190 | 237,450,566 | 32,379,624 |
| Premiums - Over 150%: Cost Sharing Offset | 0 | 0 | 0 |
| Inpatient Hospital | 34,622,943 | 30,477,207 | 4,145,736 |
| Inpatient Mental Health | 441,063 | 388,135 | 52,928 |
| Nursing Care Services | 1,170,364 | 1,029,920 | 140,444 |
| Physician/Surgical | 17,347,282 | 15,265,789 | 2,081,493 |
| Outpatient Hospital | 31,697,789 | 27,894,230 | 3,803,559 |
| Outpatient Mental Health | 2,302 | 2,026 | 276 |
| Prescribed Drugs | 21,282,507 | 18,728,611 | 2,553,896 |
| Drug Rebate | (16,868,653) | (14,844,415) | (2,024,238) |
| Dental Services | 37,419,434 | 32,931,239 | 4,488,195 |
| Vision Services | 668,001 | 587,839 | 80,162 |
| Other Practitioners | 1,234,478 | 1,086,340 | 148,138 |
| Clinic Services | 6,606,087 | 5,813,600 | 792,487 |
| Therapy Services | 0 | 0 | 0 |
| Laboratory/Radiological | 937,945 | 825,391 | 112,554 |
| Medical Equipment | 2,488,593 | 2,190,031 | 298,562 |
| Family Planning | 2,057,064 | 1,810,218 | 246,846 |
| Abortions | 0 | 0 | 0 |
| Screening Services | 75,024 | 66,021 | 9,003 |
| Home Health | 0 | 0 | 0 |
| Health Services Initiatives | 49,090,614 | 43,199,740 | 5,890,874 |
| Home and Community | 4,060,027 | 3,572,824 | 487,203 |
| Hospice | 0 | 0 | 0 |
| Medical Transportation | 675,326 | 594,290 | 81,036 |
| Case Management | 292,266 | 257,196 | 35,070 |
| Translation and Interpretation | 0 | 0 | 0 |
| Other Services | 26,649,771 | 23,454,611 | 3,195,160 |
| Outreach | (11,482) | (10,105) | (1,377) |
| Increased Outreach and Enrollment of Indians | 0 | 0 | 0 |
| Increase Outreach and Enrollment of children through premium subsidies | 0 | 0 | 0 |
| Administration | 29,001,085 | 25,520,954 | 3,480,131 |
| PERM Administration | 0 | 0 | 0 |
| Citizenship Verification Technology CHIPRA | 0 | 0 | 0 |
| CVT Development | 0 | 0 | 0 |
| CVT Operation | 0 | 0 | 0 |
| Balance | 520,770,020 | 458,292,258 | 62,477,762 |
| Less: Collection | (9,150,870) | (8,017,182) | (1,133,688) |
| Total | 511,619,150 | 450,275,076 | 61,344,074 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Michigan

FMR CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| Premiums - Up To 150%: Gross Premiums Paid | 0 | 0 | 0 |
| Premiums - Up To 150%: Cost Sharing Offset | 0 | 0 | 0 |
| Premiums - Over 150%: Gross Premiums Paid | (1,823,626) | (1,793,536) | (30,090) |
| Premiums - Over 150%: Cost Sharing Offset | 0 | 0 | 0 |
| Inpatient Hospital | 6,750,008 | 6,623,108 | 126,900 |
| Inpatient Mental Health | 0 | 0 | 0 |
| Nursing Care Services | 49,826 | 48,889 | 937 |
| Physician/Surgical | 3,205,196 | 3,144,939 | 60,257 |
| Outpatient Hospital | 1,408,846 | 1,382,359 | 26,487 |
| Outpatient Mental Health | 0 | 0 | 0 |
| Prescribed Drugs | 664,604 | 652,910 | 11,694 |
| Drug Rebate | 0 | 0 | 0 |
| Dental Services | 0 | 0 | 0 |
| Vision Services | 0 | 0 | 0 |
| Other Practitioners | 245,046 | 240,439 | 4,607 |
| Clinic Services | 608,310 | 596,804 | 11,506 |
| Therapy Services | 0 | 0 | 0 |
| Laboratory/Radiological | 332,849 | 326,592 | 6,257 |
| Medical Equipment | 74,492 | 73,091 | 1,401 |
| Family Planning | 0 | 0 | 0 |
| Abortions | 0 | 0 | 0 |
| Screening Services | 0 | 0 | 0 |
| Home Health | 0 | 0 | 0 |
| Health Services Initiatives | 17,322,492 | 17,005,334 | 317,158 |
| Home and Community | 0 | 0 | 0 |
| Hospice | 0 | 0 | 0 |
| Medical Transportation | 21,123 | 20,725 | 398 |
| Case Management | 0 | 0 | 0 |
| Translation and Interpretation | 869,292 | 696,476 | 172,816 |
| Other Services | 1,712,556 | 1,680,360 | 32,196 |
| Outreach | 0 | 0 | 0 |
| Increased Outreach and Enrollment of Indians | 0 | 0 | 0 |
| Increase Outreach and Enrollment of children through premium subsidies | 0 | 0 | 0 |
| Administration | 5,956,728 | 5,852,035 | 104,693 |
| PERM Administration | 0 | 0 | 0 |
| Citizenship Verification Technology CHIPRA | 0 | 0 | 0 |
| CVT Development | 0 | 0 | 0 |
| CVT Operation | 0 | 0 | 0 |
| Balance | 37,397,742 | 36,550,525 | 847,217 |
| Less: Collection | (2,566,940) | (2,292,778) | (274,162) |
| Total | 34,830,802 | 34,257,747 | 573,055 |

Medicaid Financial Management Report - Net CHIP Expenditures

**FY 2019
National
Minnesota**

FMR CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| Premiums - Up To 150%: Gross Premiums Paid | 0 | 0 | 0 |
| Premiums - Up To 150%: Cost Sharing Offset | 0 | 0 | 0 |
| Premiums - Over 150%: Gross Premiums Paid | 8,165,699 | 7,185,816 | 979,883 |
| Premiums - Over 150%: Cost Sharing Offset | 0 | 0 | 0 |
| Inpatient Hospital | 1,016,820 | 894,801 | 122,019 |
| Inpatient Mental Health | 0 | 0 | 0 |
| Nursing Care Services | 0 | 0 | 0 |
| Physician/Surgical | 720,276 | 633,855 | 86,421 |
| Outpatient Hospital | 1,231,768 | 1,084,031 | 147,737 |
| Outpatient Mental Health | 0 | 0 | 0 |
| Prescribed Drugs | 61,204 | 53,860 | 7,344 |
| Drug Rebate | (221,142) | (194,604) | (26,538) |
| Dental Services | 18,164 | 15,984 | 2,180 |
| Vision Services | 411 | 360 | 51 |
| Other Practitioners | 134,863 | 118,679 | 16,184 |
| Clinic Services | 1,916,151 | 1,685,804 | 230,347 |
| Therapy Services | 1,694 | 1,492 | 202 |
| Laboratory/Radiological | 85,859 | 75,556 | 10,303 |
| Medical Equipment | 0 | 0 | 0 |
| Family Planning | 0 | 0 | 0 |
| Abortions | 0 | 0 | 0 |
| Screening Services | 18,056 | 15,889 | 2,167 |
| Home Health | 30,144 | 26,526 | 3,618 |
| Health Services Initiatives | 101,740 | 89,532 | 12,208 |
| Home and Community | 0 | 0 | 0 |
| Hospice | 0 | 0 | 0 |
| Medical Transportation | 0 | 0 | 0 |
| Case Management | 1,791 | 1,576 | 215 |
| Translation and Interpretation | 69,552 | 52,164 | 17,388 |
| Other Services | 35,353 | 30,984 | 4,369 |
| Outreach | 0 | 0 | 0 |
| Increased Outreach and Enrollment of Indians | 0 | 0 | 0 |
| Increase Outreach and Enrollment of children through premium subsidies | 0 | 0 | 0 |
| Administration | 1,436,053 | 1,263,727 | 172,326 |
| PERM Administration | 112,362 | 101,127 | 11,235 |
| Citizenship Verification Technology CHIPRA | 0 | 0 | 0 |
| CVT Development | 0 | 0 | 0 |
| CVT Operation | 0 | 0 | 0 |
| Balance | 14,936,818 | 13,137,159 | 1,799,659 |
| Less: Collection | (67,934) | (47,950) | (19,984) |
| Total | 14,868,884 | 13,089,209 | 1,779,675 |

Medicaid Financial Management Report - Net CHIP Expenditures

**FY 2019
National
Mississippi**

FMR CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| Premiums - Up To 150%: Gross Premiums Paid | 10,472,629 | 10,472,629 | 0 |
| Premiums - Up To 150%: Cost Sharing Offset | 0 | 0 | 0 |
| Premiums - Over 150%: Gross Premiums Paid | 149,411,452 | 149,411,452 | 0 |
| Premiums - Over 150%: Cost Sharing Offset | 0 | 0 | 0 |
| Inpatient Hospital | 0 | 0 | 0 |
| Inpatient Mental Health | 0 | 0 | 0 |
| Nursing Care Services | 0 | 0 | 0 |
| Physician/Surgical | 0 | 0 | 0 |
| Outpatient Hospital | 0 | 0 | 0 |
| Outpatient Mental Health | 0 | 0 | 0 |
| Prescribed Drugs | 0 | 0 | 0 |
| Drug Rebate | 0 | 0 | 0 |
| Dental Services | 0 | 0 | 0 |
| Vision Services | 0 | 0 | 0 |
| Other Practitioners | 0 | 0 | 0 |
| Clinic Services | 0 | 0 | 0 |
| Therapy Services | 0 | 0 | 0 |
| Laboratory/Radiological | 0 | 0 | 0 |
| Medical Equipment | 0 | 0 | 0 |
| Family Planning | 0 | 0 | 0 |
| Abortions | 0 | 0 | 0 |
| Screening Services | 0 | 0 | 0 |
| Home Health | 0 | 0 | 0 |
| Health Services Initiatives | 0 | 0 | 0 |
| Home and Community | 0 | 0 | 0 |
| Hospice | 0 | 0 | 0 |
| Medical Transportation | 0 | 0 | 0 |
| Case Management | 0 | 0 | 0 |
| Translation and Interpretation | 0 | 0 | 0 |
| Other Services | 3,620,370 | 3,620,370 | 0 |
| Outreach | 0 | 0 | 0 |
| Increased Outreach and Enrollment of Indians | 0 | 0 | 0 |
| Increase Outreach and Enrollment of children through premium subsidies | 0 | 0 | 0 |
| Administration | 3,534,348 | 3,534,348 | 0 |
| PERM Administration | 0 | 0 | 0 |
| Citizenship Verification Technology CHIPRA | 0 | 0 | 0 |
| CVT Development | 0 | 0 | 0 |
| CVT Operation | 0 | 0 | 0 |
| Balance | 167,038,799 | 167,038,799 | 0 |
| Less: Collection | 0 | 0 | 0 |
| Total | 167,038,799 | 167,038,799 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Missouri

FMR CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| Premiums - Up To 150%: Gross Premiums Paid | 0 | 0 | 0 |
| Premiums - Up To 150%: Cost Sharing Offset | 0 | 0 | 0 |
| Premiums - Over 150%: Gross Premiums Paid | 101,092,031 | 99,856,243 | 1,235,788 |
| Premiums - Over 150%: Cost Sharing Offset | (11,339,301) | (11,200,962) | (138,339) |
| Inpatient Hospital | 2,385,621 | 2,357,259 | 28,362 |
| Inpatient Mental Health | 42,258 | 41,577 | 681 |
| Nursing Care Services | 0 | 0 | 0 |
| Physician/Surgical | 120,589 | 118,969 | 1,620 |
| Outpatient Hospital | 4,587,340 | 4,531,313 | 56,027 |
| Outpatient Mental Health | 2,920,723 | 2,885,091 | 35,632 |
| Prescribed Drugs | 26,005,392 | 25,688,250 | 317,142 |
| Drug Rebate | (7,096,136) | (7,009,563) | (86,573) |
| Dental Services | 60,896 | 60,153 | 743 |
| Vision Services | 13,721 | 13,553 | 168 |
| Other Practitioners | 36,785 | 36,337 | 448 |
| Clinic Services | 1,100,141 | 1,086,855 | 13,286 |
| Therapy Services | 168,512 | 166,208 | 2,304 |
| Laboratory/Radiological | 184,824 | 182,376 | 2,448 |
| Medical Equipment | 86,670 | 85,613 | 1,057 |
| Family Planning | 0 | 0 | 0 |
| Abortions | 0 | 0 | 0 |
| Screening Services | 2,082,018 | 2,056,334 | 25,684 |
| Home Health | (152) | (149) | (3) |
| Health Services Initiatives | 7,507,255 | 7,385,980 | 121,275 |
| Home and Community | 530,725 | 523,960 | 6,765 |
| Hospice | 0 | 0 | 0 |
| Medical Transportation | 83,405 | 82,395 | 1,010 |
| Case Management | 674,094 | 665,738 | 8,356 |
| Translation and Interpretation | 0 | 0 | 0 |
| Other Services | 5,015,207 | 4,942,661 | 72,546 |
| Outreach | 0 | 0 | 0 |
| Increased Outreach and Enrollment of Indians | 0 | 0 | 0 |
| Increase Outreach and Enrollment of children through premium subsidies | 0 | 0 | 0 |
| Administration | 5,382,208 | 5,320,369 | 61,839 |
| PERM Administration | 0 | 0 | 0 |
| Citizenship Verification Technology CHIPRA | 0 | 0 | 0 |
| CVT Development | 0 | 0 | 0 |
| CVT Operation | 0 | 0 | 0 |
| Balance | 141,644,826 | 139,876,560 | 1,768,266 |
| Less: Collection | 0 | 0 | 0 |
| Total | 141,644,826 | 139,876,560 | 1,768,266 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Montana

FMR CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| Premiums - Up To 150%: Gross Premiums Paid | 0 | 0 | 0 |
| Premiums - Up To 150%: Cost Sharing Offset | 0 | 0 | 0 |
| Premiums - Over 150%: Gross Premiums Paid | 0 | 0 | 0 |
| Premiums - Over 150%: Cost Sharing Offset | 0 | 0 | 0 |
| Inpatient Hospital | 13,619,702 | 13,467,162 | 152,540 |
| Inpatient Mental Health | 3,775,362 | 3,733,078 | 42,284 |
| Nursing Care Services | 2,318 | 2,292 | 26 |
| Physician/Surgical | 625,058 | 618,057 | 7,001 |
| Outpatient Hospital | 16,108,435 | 15,928,021 | 180,414 |
| Outpatient Mental Health | 3,289,254 | 3,252,414 | 36,840 |
| Prescribed Drugs | 10,588,201 | 10,469,614 | 118,587 |
| Drug Rebate | (5,094) | (5,038) | (56) |
| Dental Services | 8,051,867 | 7,961,687 | 90,180 |
| Vision Services | 878,165 | 868,330 | 9,835 |
| Other Practitioners | 12,987,941 | 12,842,476 | 145,465 |
| Clinic Services | 4,201,638 | 4,154,580 | 47,058 |
| Therapy Services | 1,294,660 | 1,280,159 | 14,501 |
| Laboratory/Radiological | 831,593 | 822,279 | 9,314 |
| Medical Equipment | 182 | 180 | 2 |
| Family Planning | 210,905 | 208,542 | 2,363 |
| Abortions | 0 | 0 | 0 |
| Screening Services | 1,842,703 | 1,822,065 | 20,638 |
| Home Health | 0 | 0 | 0 |
| Health Services Initiatives | 0 | 0 | 0 |
| Home and Community | 18,344 | 18,139 | 205 |
| Hospice | 876 | 866 | 10 |
| Medical Transportation | 266,879 | 263,889 | 2,990 |
| Case Management | 861,498 | 851,850 | 9,648 |
| Translation and Interpretation | 0 | 0 | 0 |
| Other Services | 14,477 | 14,315 | 162 |
| Outreach | 0 | 0 | 0 |
| Increased Outreach and Enrollment of Indians | 0 | 0 | 0 |
| Increase Outreach and Enrollment of children through premium subsidies | 0 | 0 | 0 |
| Administration | 5,091,469 | 5,034,090 | 57,379 |
| PERM Administration | 0 | 0 | 0 |
| Citizenship Verification Technology CHIPRA | 0 | 0 | 0 |
| CVT Development | 0 | 0 | 0 |
| CVT Operation | 0 | 0 | 0 |
| Balance | 84,556,433 | 83,609,047 | 947,386 |
| Less: Collection | (2,650) | (2,620) | (30) |
| Total | 84,553,783 | 83,606,427 | 947,356 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

N. Mariana Islands

FMR CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| Premiums - Up To 150%: Gross Premiums Paid | 0 | 0 | 0 |
| Premiums - Up To 150%: Cost Sharing Offset | 0 | 0 | 0 |
| Premiums - Over 150%: Gross Premiums Paid | 0 | 0 | 0 |
| Premiums - Over 150%: Cost Sharing Offset | 0 | 0 | 0 |
| Inpatient Hospital | 0 | 0 | 0 |
| Inpatient Mental Health | 0 | 0 | 0 |
| Nursing Care Services | 0 | 0 | 0 |
| Physician/Surgical | 0 | 0 | 0 |
| Outpatient Hospital | 0 | 0 | 0 |
| Outpatient Mental Health | 0 | 0 | 0 |
| Prescribed Drugs | 0 | 0 | 0 |
| Drug Rebate | 0 | 0 | 0 |
| Dental Services | 0 | 0 | 0 |
| Vision Services | 0 | 0 | 0 |
| Other Practitioners | 0 | 0 | 0 |
| Clinic Services | 0 | 0 | 0 |
| Therapy Services | 0 | 0 | 0 |
| Laboratory/Radiological | 0 | 0 | 0 |
| Medical Equipment | 0 | 0 | 0 |
| Family Planning | 0 | 0 | 0 |
| Abortions | 0 | 0 | 0 |
| Screening Services | 0 | 0 | 0 |
| Home Health | 0 | 0 | 0 |
| Health Services Initiatives | 0 | 0 | 0 |
| Home and Community | 0 | 0 | 0 |
| Hospice | 0 | 0 | 0 |
| Medical Transportation | 0 | 0 | 0 |
| Case Management | 0 | 0 | 0 |
| Translation and Interpretation | 0 | 0 | 0 |
| Other Services | 0 | 0 | 0 |
| Outreach | 0 | 0 | 0 |
| Increased Outreach and Enrollment of Indians | 0 | 0 | 0 |
| Increase Outreach and Enrollment of children through premium subsidies | 0 | 0 | 0 |
| Administration | 0 | 0 | 0 |
| PERM Administration | 0 | 0 | 0 |
| Citizenship Verification Technology CHIPRA | 0 | 0 | 0 |
| CVT Development | 0 | 0 | 0 |
| CVT Operation | 0 | 0 | 0 |
| Balance | 0 | 0 | 0 |
| Less: Collection | 0 | 0 | 0 |
| Total | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Nebraska

FMR CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| Premiums - Up To 150%: Gross Premiums Paid | 9,025,345 | 8,105,663 | 919,682 |
| Premiums - Up To 150%: Cost Sharing Offset | 0 | 0 | 0 |
| Premiums - Over 150%: Gross Premiums Paid | 0 | 0 | 0 |
| Premiums - Over 150%: Cost Sharing Offset | 0 | 0 | 0 |
| Inpatient Hospital | 20,682 | 18,574 | 2,108 |
| Inpatient Mental Health | 0 | 0 | 0 |
| Nursing Care Services | 0 | 0 | 0 |
| Physician/Surgical | 7,796 | 7,001 | 795 |
| Outpatient Hospital | 1,042 | 936 | 106 |
| Outpatient Mental Health | 0 | 0 | 0 |
| Prescribed Drugs | 147 | 132 | 15 |
| Drug Rebate | (189,644) | (170,319) | (19,325) |
| Dental Services | 0 | 0 | 0 |
| Vision Services | 0 | 0 | 0 |
| Other Practitioners | 0 | 0 | 0 |
| Clinic Services | 1,915 | 1,719 | 196 |
| Therapy Services | 0 | 0 | 0 |
| Laboratory/Radiological | 135 | 122 | 13 |
| Medical Equipment | 0 | 0 | 0 |
| Family Planning | 0 | 0 | 0 |
| Abortions | 0 | 0 | 0 |
| Screening Services | 0 | 0 | 0 |
| Home Health | 0 | 0 | 0 |
| Health Services Initiatives | 2,453,386 | 2,203,386 | 250,000 |
| Home and Community | 0 | 0 | 0 |
| Hospice | 0 | 0 | 0 |
| Medical Transportation | 0 | 0 | 0 |
| Case Management | 0 | 0 | 0 |
| Translation and Interpretation | 0 | 0 | 0 |
| Other Services | 23 | 21 | 2 |
| Outreach | 0 | 0 | 0 |
| Increased Outreach and Enrollment of Indians | 0 | 0 | 0 |
| Increase Outreach and Enrollment of children through premium subsidies | 0 | 0 | 0 |
| Administration | 2,376,981 | 2,167,824 | 209,157 |
| PERM Administration | 0 | 0 | 0 |
| Citizenship Verification Technology CHIPRA | 0 | 0 | 0 |
| CVT Development | 0 | 0 | 0 |
| CVT Operation | 0 | 0 | 0 |
| Balance | 13,697,808 | 12,335,059 | 1,362,749 |
| Less: Collection | (387,026) | (347,588) | (39,438) |
| Total | 13,310,782 | 11,987,471 | 1,323,311 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Nevada

FMR CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| Premiums - Up To 150%: Gross Premiums Paid | 13,600,892 | 13,384,638 | 216,254 |
| Premiums - Up To 150%: Cost Sharing Offset | (634,661) | (624,570) | (10,091) |
| Premiums - Over 150%: Gross Premiums Paid | 23,070,509 | 22,703,688 | 366,821 |
| Premiums - Over 150%: Cost Sharing Offset | (2,042,142) | (2,009,672) | (32,470) |
| Inpatient Hospital | 440,943 | 433,933 | 7,010 |
| Inpatient Mental Health | 959,721 | 944,462 | 15,259 |
| Nursing Care Services | 76,681 | 75,462 | 1,219 |
| Physician/Surgical | 700,003 | 688,873 | 11,130 |
| Outpatient Hospital | 371,540 | 365,632 | 5,908 |
| Outpatient Mental Health | 242,574 | 238,717 | 3,857 |
| Prescribed Drugs | 904,631 | 890,247 | 14,384 |
| Drug Rebate | 0 | 0 | 0 |
| Dental Services | 5,982,793 | 5,887,667 | 95,126 |
| Vision Services | 396,087 | 389,789 | 6,298 |
| Other Practitioners | 231,580 | 227,898 | 3,682 |
| Clinic Services | 1,650,855 | 1,624,607 | 26,248 |
| Therapy Services | 19,033 | 18,731 | 302 |
| Laboratory/Radiological | 23,278 | 22,907 | 371 |
| Medical Equipment | 55,685 | 54,800 | 885 |
| Family Planning | 53,453 | 52,603 | 850 |
| Abortions | 0 | 0 | 0 |
| Screening Services | 2,922,025 | 2,875,566 | 46,459 |
| Home Health | 36,829 | 36,243 | 586 |
| Health Services Initiatives | 3,115,413 | 3,065,878 | 49,535 |
| Home and Community | 17,132 | 16,860 | 272 |
| Hospice | 59,104 | 58,165 | 939 |
| Medical Transportation | 45,318 | 44,597 | 721 |
| Case Management | 439,148 | 432,165 | 6,983 |
| Translation and Interpretation | 68,393 | 54,995 | 13,398 |
| Other Services | 1,276,859 | 1,256,557 | 20,302 |
| Outreach | 0 | 0 | 0 |
| Increased Outreach and Enrollment of Indians | 0 | 0 | 0 |
| Increase Outreach and Enrollment of children through premium subsidies | (609,280) | (598,739) | (10,541) |
| Administration | 4,301,031 | 4,231,792 | 69,239 |
| PERM Administration | 0 | 0 | 0 |
| Citizenship Verification Technology CHIPRA | 0 | 0 | 0 |
| CVT Development | 0 | 0 | 0 |
| CVT Operation | 0 | 0 | 0 |
| Balance | 57,775,427 | 56,844,491 | 930,936 |
| Less: Collection | (3,135) | (2,034) | (1,101) |
| Total | 57,772,292 | 56,842,457 | 929,835 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

New Hampshire

FMR CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| Premiums - Up To 150%: Gross Premiums Paid | 0 | 0 | 0 |
| Premiums - Up To 150%: Cost Sharing Offset | 0 | 0 | 0 |
| Premiums - Over 150%: Gross Premiums Paid | 0 | 0 | 0 |
| Premiums - Over 150%: Cost Sharing Offset | 0 | 0 | 0 |
| Inpatient Hospital | 0 | 0 | 0 |
| Inpatient Mental Health | 0 | 0 | 0 |
| Nursing Care Services | 0 | 0 | 0 |
| Physician/Surgical | 0 | 0 | 0 |
| Outpatient Hospital | 0 | 0 | 0 |
| Outpatient Mental Health | 0 | 0 | 0 |
| Prescribed Drugs | 0 | 0 | 0 |
| Drug Rebate | 0 | 0 | 0 |
| Dental Services | 0 | 0 | 0 |
| Vision Services | 0 | 0 | 0 |
| Other Practitioners | 0 | 0 | 0 |
| Clinic Services | 0 | 0 | 0 |
| Therapy Services | 0 | 0 | 0 |
| Laboratory/Radiological | 0 | 0 | 0 |
| Medical Equipment | 0 | 0 | 0 |
| Family Planning | 0 | 0 | 0 |
| Abortions | 0 | 0 | 0 |
| Screening Services | 0 | 0 | 0 |
| Home Health | 0 | 0 | 0 |
| Health Services Initiatives | 0 | 0 | 0 |
| Home and Community | 0 | 0 | 0 |
| Hospice | 0 | 0 | 0 |
| Medical Transportation | 0 | 0 | 0 |
| Case Management | 0 | 0 | 0 |
| Translation and Interpretation | 21 | 15 | 6 |
| Other Services | 0 | 0 | 0 |
| Outreach | 0 | 0 | 0 |
| Increased Outreach and Enrollment of Indians | 0 | 0 | 0 |
| Increase Outreach and Enrollment of children through premium subsidies | 0 | 0 | 0 |
| Administration | 13,314 | 11,717 | 1,597 |
| PERM Administration | 0 | 0 | 0 |
| Citizenship Verification Technology CHIPRA | 0 | 0 | 0 |
| CVT Development | 0 | 0 | 0 |
| CVT Operation | 0 | 0 | 0 |
| Balance | 13,335 | 11,732 | 1,603 |
| Less: Collection | 0 | 0 | 0 |
| Total | 13,335 | 11,732 | 1,603 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

New Jersey

FMR CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| Premiums - Up To 150%: Gross Premiums Paid | 11,774,175 | 10,361,275 | 1,412,900 |
| Premiums - Up To 150%: Cost Sharing Offset | 0 | 0 | 0 |
| Premiums - Over 150%: Gross Premiums Paid | 261,380,237 | 230,014,609 | 31,365,628 |
| Premiums - Over 150%: Cost Sharing Offset | (27,212,908) | (23,947,359) | (3,265,549) |
| Inpatient Hospital | 1,464,210 | 1,288,504 | 175,706 |
| Inpatient Mental Health | 4,621,724 | 4,067,116 | 554,608 |
| Nursing Care Services | 619 | 545 | 74 |
| Physician/Surgical | 550,558 | 484,491 | 66,067 |
| Outpatient Hospital | 4,766,495 | 4,194,516 | 571,979 |
| Outpatient Mental Health | 407,946 | 358,992 | 48,954 |
| Prescribed Drugs | 148,284 | 130,490 | 17,794 |
| Drug Rebate | 0 | 0 | 0 |
| Dental Services | 18,892 | 16,626 | 2,266 |
| Vision Services | 0 | 0 | 0 |
| Other Practitioners | 356,274 | 313,521 | 42,753 |
| Clinic Services | 6,163,714 | 5,424,068 | 739,646 |
| Therapy Services | 0 | 0 | 0 |
| Laboratory/Radiological | 278,808 | 245,352 | 33,456 |
| Medical Equipment | 2,872 | 2,527 | 345 |
| Family Planning | 112,038 | 98,594 | 13,444 |
| Abortions | 0 | 0 | 0 |
| Screening Services | 23,405 | 20,596 | 2,809 |
| Home Health | 620 | 546 | 74 |
| Health Services Initiatives | 44,266,796 | 38,954,780 | 5,312,016 |
| Home and Community | 0 | 0 | 0 |
| Hospice | 0 | 0 | 0 |
| Medical Transportation | 12,785,423 | 11,251,172 | 1,534,251 |
| Case Management | 6,176 | 5,434 | 742 |
| Translation and Interpretation | 2,646,135 | 1,984,601 | 661,534 |
| Other Services | 17,610,640 | 15,497,364 | 2,113,276 |
| Outreach | 0 | 0 | 0 |
| Increased Outreach and Enrollment of Indians | 0 | 0 | 0 |
| Increase Outreach and Enrollment of children through premium subsidies | 0 | 0 | 0 |
| Administration | 17,874,041 | 15,729,158 | 2,144,883 |
| PERM Administration | 0 | 0 | 0 |
| Citizenship Verification Technology CHIPRA | 0 | 0 | 0 |
| CVT Development | 0 | 0 | 0 |
| CVT Operation | 0 | 0 | 0 |
| Balance | 360,047,174 | 316,497,518 | 43,549,656 |
| Less: Collection | (2,567,694) | (2,255,220) | (312,474) |
| Total | 357,479,480 | 314,242,298 | 43,237,182 |

Medicaid Financial Management Report - Net CHIP Expenditures

**FY 2019
National
New Mexico**

FMR CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| Premiums - Up To 150%: Gross Premiums Paid | 0 | 0 | 0 |
| Premiums - Up To 150%: Cost Sharing Offset | 0 | 0 | 0 |
| Premiums - Over 150%: Gross Premiums Paid | 0 | 0 | 0 |
| Premiums - Over 150%: Cost Sharing Offset | 0 | 0 | 0 |
| Inpatient Hospital | 0 | 0 | 0 |
| Inpatient Mental Health | 0 | 0 | 0 |
| Nursing Care Services | 0 | 0 | 0 |
| Physician/Surgical | 0 | 0 | 0 |
| Outpatient Hospital | 0 | 0 | 0 |
| Outpatient Mental Health | 0 | 0 | 0 |
| Prescribed Drugs | 0 | 0 | 0 |
| Drug Rebate | 0 | 0 | 0 |
| Dental Services | 0 | 0 | 0 |
| Vision Services | 0 | 0 | 0 |
| Other Practitioners | 0 | 0 | 0 |
| Clinic Services | 0 | 0 | 0 |
| Therapy Services | 0 | 0 | 0 |
| Laboratory/Radiological | 0 | 0 | 0 |
| Medical Equipment | 0 | 0 | 0 |
| Family Planning | 0 | 0 | 0 |
| Abortions | 0 | 0 | 0 |
| Screening Services | 0 | 0 | 0 |
| Home Health | 0 | 0 | 0 |
| Health Services Initiatives | 0 | 0 | 0 |
| Home and Community | 0 | 0 | 0 |
| Hospice | 0 | 0 | 0 |
| Medical Transportation | 0 | 0 | 0 |
| Case Management | 0 | 0 | 0 |
| Translation and Interpretation | 0 | 0 | 0 |
| Other Services | 0 | 0 | 0 |
| Outreach | 0 | 0 | 0 |
| Increased Outreach and Enrollment of Indians | 0 | 0 | 0 |
| Increase Outreach and Enrollment of children through premium subsidies | 0 | 0 | 0 |
| Administration | 2,187,044 | 2,187,044 | 0 |
| PERM Administration | 0 | 0 | 0 |
| Citizenship Verification Technology CHIPRA | 0 | 0 | 0 |
| CVT Development | 0 | 0 | 0 |
| CVT Operation | 0 | 0 | 0 |
| Balance | 2,187,044 | 2,187,044 | 0 |
| Less: Collection | 0 | 0 | 0 |
| Total | 2,187,044 | 2,187,044 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

New York

FMR CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| Premiums - Up To 150%: Gross Premiums Paid | (2,831,390) | (2,491,623) | (339,767) |
| Premiums - Up To 150%: Cost Sharing Offset | 0 | 0 | 0 |
| Premiums - Over 150%: Gross Premiums Paid | 939,915,407 | 827,125,559 | 112,789,848 |
| Premiums - Over 150%: Cost Sharing Offset | (163,346,073) | (143,744,543) | (19,601,530) |
| Inpatient Hospital | 0 | 0 | 0 |
| Inpatient Mental Health | 0 | 0 | 0 |
| Nursing Care Services | 0 | 0 | 0 |
| Physician/Surgical | 0 | 0 | 0 |
| Outpatient Hospital | 0 | 0 | 0 |
| Outpatient Mental Health | 0 | 0 | 0 |
| Prescribed Drugs | 0 | 0 | 0 |
| Drug Rebate | 0 | 0 | 0 |
| Dental Services | 0 | 0 | 0 |
| Vision Services | 0 | 0 | 0 |
| Other Practitioners | 0 | 0 | 0 |
| Clinic Services | 14,142,656 | 12,445,538 | 1,697,118 |
| Therapy Services | 0 | 0 | 0 |
| Laboratory/Radiological | 0 | 0 | 0 |
| Medical Equipment | 0 | 0 | 0 |
| Family Planning | 0 | 0 | 0 |
| Abortions | 0 | 0 | 0 |
| Screening Services | 0 | 0 | 0 |
| Home Health | 0 | 0 | 0 |
| Health Services Initiatives | 10,059,179 | 8,852,077 | 1,207,102 |
| Home and Community | 0 | 0 | 0 |
| Hospice | 0 | 0 | 0 |
| Medical Transportation | 0 | 0 | 0 |
| Case Management | 0 | 0 | 0 |
| Translation and Interpretation | 0 | 0 | 0 |
| Other Services | 0 | 0 | 0 |
| Outreach | 1,868,682 | 1,644,484 | 224,198 |
| Increased Outreach and Enrollment of Indians | 0 | 0 | 0 |
| Increase Outreach and Enrollment of children through premium subsidies | 0 | 0 | 0 |
| Administration | 41,150,754 | 36,212,974 | 4,937,780 |
| PERM Administration | 14,266 | 12,839 | 1,427 |
| Citizenship Verification Technology CHIPRA | 0 | 0 | 0 |
| CVT Development | 0 | 0 | 0 |
| CVT Operation | 0 | 0 | 0 |
| Balance | 840,973,481 | 740,057,305 | 100,916,176 |
| Less: Collection | 0 | 0 | 0 |
| Total | 840,973,481 | 740,057,305 | 100,916,176 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

North Carolina

FMR CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| Premiums - Up To 150%: Gross Premiums Paid | 0 | 0 | 0 |
| Premiums - Up To 150%: Cost Sharing Offset | 0 | 0 | 0 |
| Premiums - Over 150%: Gross Premiums Paid | 0 | 0 | 0 |
| Premiums - Over 150%: Cost Sharing Offset | 0 | 0 | 0 |
| Inpatient Hospital | 9,938,778 | 9,954,085 | (15,307) |
| Inpatient Mental Health | 6,330,923 | 6,331,018 | (95) |
| Nursing Care Services | 5,460,367 | 5,461,883 | (1,516) |
| Physician/Surgical | 38,519,150 | 38,524,123 | (4,973) |
| Outpatient Hospital | 26,348,956 | 26,356,728 | (7,772) |
| Outpatient Mental Health | 0 | 0 | 0 |
| Prescribed Drugs | 75,412,755 | 75,413,316 | (561) |
| Drug Rebate | (435,825) | (435,825) | 0 |
| Dental Services | 26,444,442 | 26,444,747 | (305) |
| Vision Services | 3,074,125 | 3,074,155 | (30) |
| Other Practitioners | 304,034 | 304,060 | (26) |
| Clinic Services | 8,606,331 | 8,523,517 | 82,814 |
| Therapy Services | 189,168 | 189,168 | 0 |
| Laboratory/Radiological | 1,852,419 | 1,852,690 | (271) |
| Medical Equipment | 5,840,618 | 5,840,738 | (120) |
| Family Planning | 1,249,458 | 1,249,458 | 0 |
| Abortions | 0 | 0 | 0 |
| Screening Services | 5,560,050 | 5,560,473 | (423) |
| Home Health | 57,424 | 57,425 | (1) |
| Health Services Initiatives | 0 | 0 | 0 |
| Home and Community | 0 | 0 | 0 |
| Hospice | 0 | 0 | 0 |
| Medical Transportation | 260,317 | 260,361 | (44) |
| Case Management | 1,836 | 1,836 | 0 |
| Translation and Interpretation | 0 | 0 | 0 |
| Other Services | 26,352,345 | 26,352,623 | (278) |
| Outreach | 0 | 0 | 0 |
| Increased Outreach and Enrollment of Indians | 0 | 0 | 0 |
| Increase Outreach and Enrollment of children through premium subsidies | 0 | 0 | 0 |
| Administration | 15,644,588 | 15,644,588 | 0 |
| PERM Administration | 0 | 0 | 0 |
| Citizenship Verification Technology CHIPRA | 0 | 0 | 0 |
| CVT Development | 0 | 0 | 0 |
| CVT Operation | 0 | 0 | 0 |
| Balance | 257,012,259 | 256,961,167 | 51,092 |
| Less: Collection | (4,659,597) | (4,645,471) | (14,126) |
| Total | 252,352,662 | 252,315,696 | 36,966 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

North Dakota

FMR CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| Premiums - Up To 150%: Gross Premiums Paid | 3,902,873 | 3,434,529 | 468,344 |
| Premiums - Up To 150%: Cost Sharing Offset | 0 | 0 | 0 |
| Premiums - Over 150%: Gross Premiums Paid | 4,337,333 | 3,816,853 | 520,480 |
| Premiums - Over 150%: Cost Sharing Offset | 0 | 0 | 0 |
| Inpatient Hospital | 0 | 0 | 0 |
| Inpatient Mental Health | 0 | 0 | 0 |
| Nursing Care Services | 0 | 0 | 0 |
| Physician/Surgical | 0 | 0 | 0 |
| Outpatient Hospital | 0 | 0 | 0 |
| Outpatient Mental Health | 0 | 0 | 0 |
| Prescribed Drugs | 0 | 0 | 0 |
| Drug Rebate | 0 | 0 | 0 |
| Dental Services | 0 | 0 | 0 |
| Vision Services | 0 | 0 | 0 |
| Other Practitioners | 0 | 0 | 0 |
| Clinic Services | 0 | 0 | 0 |
| Therapy Services | 0 | 0 | 0 |
| Laboratory/Radiological | 0 | 0 | 0 |
| Medical Equipment | 0 | 0 | 0 |
| Family Planning | 0 | 0 | 0 |
| Abortions | 0 | 0 | 0 |
| Screening Services | 0 | 0 | 0 |
| Home Health | 0 | 0 | 0 |
| Health Services Initiatives | 0 | 0 | 0 |
| Home and Community | 0 | 0 | 0 |
| Hospice | 0 | 0 | 0 |
| Medical Transportation | 0 | 0 | 0 |
| Case Management | 0 | 0 | 0 |
| Translation and Interpretation | 0 | 0 | 0 |
| Other Services | 0 | 0 | 0 |
| Outreach | 0 | 0 | 0 |
| Increased Outreach and Enrollment of Indians | 0 | 0 | 0 |
| Increase Outreach and Enrollment of children through premium subsidies | 0 | 0 | 0 |
| Administration | 2,110,602 | 1,858,199 | 252,403 |
| PERM Administration | 0 | 0 | 0 |
| Citizenship Verification Technology CHIPRA | 0 | 0 | 0 |
| CVT Development | 0 | 0 | 0 |
| CVT Operation | 0 | 0 | 0 |
| Balance | 10,350,808 | 9,109,581 | 1,241,227 |
| Less: Collection | (181,418) | (159,657) | (21,761) |
| Total | 10,169,390 | 8,949,924 | 1,219,466 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Ohio

FMR CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| Premiums - Up To 150%: Gross Premiums Paid | 0 | 0 | 0 |
| Premiums - Up To 150%: Cost Sharing Offset | 0 | 0 | 0 |
| Premiums - Over 150%: Gross Premiums Paid | 0 | 0 | 0 |
| Premiums - Over 150%: Cost Sharing Offset | 0 | 0 | 0 |
| Inpatient Hospital | 0 | 0 | 0 |
| Inpatient Mental Health | 0 | 0 | 0 |
| Nursing Care Services | 0 | 0 | 0 |
| Physician/Surgical | 0 | 0 | 0 |
| Outpatient Hospital | 0 | 0 | 0 |
| Outpatient Mental Health | 0 | 0 | 0 |
| Prescribed Drugs | 0 | 0 | 0 |
| Drug Rebate | 0 | 0 | 0 |
| Dental Services | 0 | 0 | 0 |
| Vision Services | 0 | 0 | 0 |
| Other Practitioners | 0 | 0 | 0 |
| Clinic Services | 0 | 0 | 0 |
| Therapy Services | 0 | 0 | 0 |
| Laboratory/Radiological | 0 | 0 | 0 |
| Medical Equipment | 0 | 0 | 0 |
| Family Planning | 0 | 0 | 0 |
| Abortions | 0 | 0 | 0 |
| Screening Services | 0 | 0 | 0 |
| Home Health | 0 | 0 | 0 |
| Health Services Initiatives | 6,468,612 | 6,284,904 | 183,708 |
| Home and Community | 0 | 0 | 0 |
| Hospice | 0 | 0 | 0 |
| Medical Transportation | 0 | 0 | 0 |
| Case Management | 0 | 0 | 0 |
| Translation and Interpretation | 0 | 0 | 0 |
| Other Services | 0 | 0 | 0 |
| Outreach | 0 | 0 | 0 |
| Increased Outreach and Enrollment of Indians | 0 | 0 | 0 |
| Increase Outreach and Enrollment of children through premium subsidies | 0 | 0 | 0 |
| Administration | 35,590,032 | 34,579,255 | 1,010,777 |
| PERM Administration | 0 | 0 | 0 |
| Citizenship Verification Technology CHIPRA | 0 | 0 | 0 |
| CVT Development | 0 | 0 | 0 |
| CVT Operation | 0 | 0 | 0 |
| Balance | 42,058,644 | 40,864,159 | 1,194,485 |
| Less: Collection | 0 | 0 | 0 |
| Total | 42,058,644 | 40,864,159 | 1,194,485 |

Medicaid Financial Management Report - Net CHIP Expenditures

**FY 2019
National
Oklahoma**

FMR CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| Premiums - Up To 150%: Gross Premiums Paid | 0 | 0 | 0 |
| Premiums - Up To 150%: Cost Sharing Offset | 0 | 0 | 0 |
| Premiums - Over 150%: Gross Premiums Paid | 0 | 0 | 0 |
| Premiums - Over 150%: Cost Sharing Offset | 0 | 0 | 0 |
| Inpatient Hospital | 2,588,258 | 2,502,071 | 86,187 |
| Inpatient Mental Health | 0 | 0 | 0 |
| Nursing Care Services | 0 | 0 | 0 |
| Physician/Surgical | 5,994,790 | 5,795,162 | 199,628 |
| Outpatient Hospital | 616,591 | 596,060 | 20,531 |
| Outpatient Mental Health | 0 | 0 | 0 |
| Prescribed Drugs | 2,539,931 | 2,455,350 | 84,581 |
| Drug Rebate | 0 | 0 | 0 |
| Dental Services | 0 | 0 | 0 |
| Vision Services | 0 | 0 | 0 |
| Other Practitioners | 0 | 0 | 0 |
| Clinic Services | 119,446 | 115,469 | 3,977 |
| Therapy Services | 0 | 0 | 0 |
| Laboratory/Radiological | 1,872,860 | 1,810,496 | 62,364 |
| Medical Equipment | 204,837 | 198,016 | 6,821 |
| Family Planning | 0 | 0 | 0 |
| Abortions | 0 | 0 | 0 |
| Screening Services | 0 | 0 | 0 |
| Home Health | 0 | 0 | 0 |
| Health Services Initiatives | 1,488,886 | 1,439,305 | 49,581 |
| Home and Community | 0 | 0 | 0 |
| Hospice | 0 | 0 | 0 |
| Medical Transportation | 34,697 | 33,541 | 1,156 |
| Case Management | 12,583 | 12,164 | 419 |
| Translation and Interpretation | 0 | 0 | 0 |
| Other Services | 2,020,792 | 1,953,500 | 67,292 |
| Outreach | 0 | 0 | 0 |
| Increased Outreach and Enrollment of Indians | 0 | 0 | 0 |
| Increase Outreach and Enrollment of children through premium subsidies | 0 | 0 | 0 |
| Administration | 8,899,802 | 8,602,431 | 297,371 |
| PERM Administration | 4,227 | 3,805 | 422 |
| Citizenship Verification Technology CHIPRA | 0 | 0 | 0 |
| CVT Development | 0 | 0 | 0 |
| CVT Operation | 0 | 0 | 0 |
| Balance | 26,397,700 | 25,517,370 | 880,330 |
| Less: Collection | (33,577,776) | (32,420,999) | (1,156,777) |
| Total | (7,180,076) | (6,903,629) | (276,447) |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Oregon

FMR CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| Premiums - Up To 150%: Gross Premiums Paid | 243,907,637 | 236,178,404 | 7,729,233 |
| Premiums - Up To 150%: Cost Sharing Offset | 0 | 0 | 0 |
| Premiums - Over 150%: Gross Premiums Paid | 0 | 0 | 0 |
| Premiums - Over 150%: Cost Sharing Offset | 0 | 0 | 0 |
| Inpatient Hospital | 23,385,871 | 22,634,753 | 751,118 |
| Inpatient Mental Health | 114,673 | 110,993 | 3,680 |
| Nursing Care Services | 0 | 0 | 0 |
| Physician/Surgical | 9,655,173 | 9,372,212 | 282,961 |
| Outpatient Hospital | 4,807,403 | 4,653,334 | 154,069 |
| Outpatient Mental Health | 0 | 0 | 0 |
| Prescribed Drugs | 2,387,373 | 2,311,546 | 75,827 |
| Drug Rebate | 0 | 0 | 0 |
| Dental Services | 890,518 | 862,163 | 28,355 |
| Vision Services | 104,397 | 101,061 | 3,336 |
| Other Practitioners | 2,106,206 | 2,038,448 | 67,758 |
| Clinic Services | 10,266,060 | 9,936,446 | 329,614 |
| Therapy Services | 0 | 0 | 0 |
| Laboratory/Radiological | 1,297,396 | 1,255,801 | 41,595 |
| Medical Equipment | 0 | 0 | 0 |
| Family Planning | 0 | 0 | 0 |
| Abortions | 0 | 0 | 0 |
| Screening Services | 2,345,856 | 2,270,997 | 74,859 |
| Home Health | 0 | 0 | 0 |
| Health Services Initiatives | 0 | 0 | 0 |
| Home and Community | 11,233 | 10,845 | 388 |
| Hospice | 0 | 0 | 0 |
| Medical Transportation | 301,454 | 291,769 | 9,685 |
| Case Management | 411,994 | 398,831 | 13,163 |
| Translation and Interpretation | 3,705 | 2,919 | 786 |
| Other Services | 12,179,508 | 11,785,289 | 394,219 |
| Outreach | 366,999 | 355,219 | 11,780 |
| Increased Outreach and Enrollment of Indians | 69,169 | 66,949 | 2,220 |
| Increase Outreach and Enrollment of children through premium subsidies | 0 | 0 | 0 |
| Administration | 14,778,033 | 14,303,716 | 474,317 |
| PERM Administration | 0 | 0 | 0 |
| Citizenship Verification Technology CHIPRA | 0 | 0 | 0 |
| CVT Development | 0 | 0 | 0 |
| CVT Operation | 0 | 0 | 0 |
| Balance | 329,390,658 | 318,941,695 | 10,448,963 |
| Less: Collection | (1,735,553) | (1,684,603) | (50,950) |
| Total | 327,655,105 | 317,257,092 | 10,398,013 |

Medicaid Financial Management Report - Net CHIP Expenditures

**FY 2019
National
Pennsylvania**

FMR CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| Premiums - Up To 150%: Gross Premiums Paid | 0 | 0 | 0 |
| Premiums - Up To 150%: Cost Sharing Offset | 0 | 0 | 0 |
| Premiums - Over 150%: Gross Premiums Paid | 431,733,971 | 386,747,292 | 44,986,679 |
| Premiums - Over 150%: Cost Sharing Offset | 0 | 0 | 0 |
| Inpatient Hospital | 0 | 0 | 0 |
| Inpatient Mental Health | 0 | 0 | 0 |
| Nursing Care Services | 0 | 0 | 0 |
| Physician/Surgical | 0 | 0 | 0 |
| Outpatient Hospital | 0 | 0 | 0 |
| Outpatient Mental Health | 0 | 0 | 0 |
| Prescribed Drugs | 0 | 0 | 0 |
| Drug Rebate | 0 | 0 | 0 |
| Dental Services | 0 | 0 | 0 |
| Vision Services | 0 | 0 | 0 |
| Other Practitioners | 0 | 0 | 0 |
| Clinic Services | 0 | 0 | 0 |
| Therapy Services | 0 | 0 | 0 |
| Laboratory/Radiological | 0 | 0 | 0 |
| Medical Equipment | 0 | 0 | 0 |
| Family Planning | 0 | 0 | 0 |
| Abortions | 0 | 0 | 0 |
| Screening Services | 0 | 0 | 0 |
| Home Health | 0 | 0 | 0 |
| Health Services Initiatives | 0 | 0 | 0 |
| Home and Community | 0 | 0 | 0 |
| Hospice | 0 | 0 | 0 |
| Medical Transportation | 0 | 0 | 0 |
| Case Management | 0 | 0 | 0 |
| Translation and Interpretation | 4,864 | 3,648 | 1,216 |
| Other Services | 0 | 0 | 0 |
| Outreach | 3,159,466 | 2,830,112 | 329,354 |
| Increased Outreach and Enrollment of Indians | 0 | 0 | 0 |
| Increase Outreach and Enrollment of children through premium subsidies | 0 | 0 | 0 |
| Administration | 15,356,699 | 13,756,069 | 1,600,630 |
| PERM Administration | 0 | 0 | 0 |
| Citizenship Verification Technology CHIPRA | 0 | 0 | 0 |
| CVT Development | 0 | 0 | 0 |
| CVT Operation | 0 | 0 | 0 |
| Balance | 450,255,000 | 403,337,121 | 46,917,879 |
| Less: Collection | 0 | 0 | 0 |
| Total | 450,255,000 | 403,337,121 | 46,917,879 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Puerto Rico

FMR CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| Premiums - Up To 150%: Gross Premiums Paid | 0 | 0 | 0 |
| Premiums - Up To 150%: Cost Sharing Offset | 0 | 0 | 0 |
| Premiums - Over 150%: Gross Premiums Paid | 0 | 0 | 0 |
| Premiums - Over 150%: Cost Sharing Offset | 0 | 0 | 0 |
| Inpatient Hospital | 0 | 0 | 0 |
| Inpatient Mental Health | 0 | 0 | 0 |
| Nursing Care Services | 0 | 0 | 0 |
| Physician/Surgical | 0 | 0 | 0 |
| Outpatient Hospital | 0 | 0 | 0 |
| Outpatient Mental Health | 0 | 0 | 0 |
| Prescribed Drugs | 0 | 0 | 0 |
| Drug Rebate | 0 | 0 | 0 |
| Dental Services | 0 | 0 | 0 |
| Vision Services | 0 | 0 | 0 |
| Other Practitioners | 0 | 0 | 0 |
| Clinic Services | 0 | 0 | 0 |
| Therapy Services | 0 | 0 | 0 |
| Laboratory/Radiological | 0 | 0 | 0 |
| Medical Equipment | 0 | 0 | 0 |
| Family Planning | 0 | 0 | 0 |
| Abortions | 0 | 0 | 0 |
| Screening Services | 0 | 0 | 0 |
| Home Health | 0 | 0 | 0 |
| Health Services Initiatives | 0 | 0 | 0 |
| Home and Community | 0 | 0 | 0 |
| Hospice | 0 | 0 | 0 |
| Medical Transportation | 0 | 0 | 0 |
| Case Management | 0 | 0 | 0 |
| Translation and Interpretation | 0 | 0 | 0 |
| Other Services | 0 | 0 | 0 |
| Outreach | 0 | 0 | 0 |
| Increased Outreach and Enrollment of Indians | 0 | 0 | 0 |
| Increase Outreach and Enrollment of children through premium subsidies | 0 | 0 | 0 |
| Administration | 0 | 0 | 0 |
| PERM Administration | 0 | 0 | 0 |
| Citizenship Verification Technology CHIPRA | 0 | 0 | 0 |
| CVT Development | 0 | 0 | 0 |
| CVT Operation | 0 | 0 | 0 |
| Balance | 0 | 0 | 0 |
| Less: Collection | 0 | 0 | 0 |
| Total | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

**FY 2019
National
Rhode Island**

FMR CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| Premiums - Up To 150%: Gross Premiums Paid | 0 | 0 | 0 |
| Premiums - Up To 150%: Cost Sharing Offset | 0 | 0 | 0 |
| Premiums - Over 150%: Gross Premiums Paid | 0 | 0 | 0 |
| Premiums - Over 150%: Cost Sharing Offset | 0 | 0 | 0 |
| Inpatient Hospital | 0 | 0 | 0 |
| Inpatient Mental Health | 0 | 0 | 0 |
| Nursing Care Services | 0 | 0 | 0 |
| Physician/Surgical | 0 | 0 | 0 |
| Outpatient Hospital | 0 | 0 | 0 |
| Outpatient Mental Health | 0 | 0 | 0 |
| Prescribed Drugs | 0 | 0 | 0 |
| Drug Rebate | 0 | 0 | 0 |
| Dental Services | 0 | 0 | 0 |
| Vision Services | 0 | 0 | 0 |
| Other Practitioners | 0 | 0 | 0 |
| Clinic Services | 0 | 0 | 0 |
| Therapy Services | 0 | 0 | 0 |
| Laboratory/Radiological | 0 | 0 | 0 |
| Medical Equipment | 0 | 0 | 0 |
| Family Planning | 0 | 0 | 0 |
| Abortions | 0 | 0 | 0 |
| Screening Services | 0 | 0 | 0 |
| Home Health | 0 | 0 | 0 |
| Health Services Initiatives | 0 | 0 | 0 |
| Home and Community | 0 | 0 | 0 |
| Hospice | 0 | 0 | 0 |
| Medical Transportation | 0 | 0 | 0 |
| Case Management | 0 | 0 | 0 |
| Translation and Interpretation | 0 | 0 | 0 |
| Other Services | 0 | 0 | 0 |
| Outreach | 0 | 0 | 0 |
| Increased Outreach and Enrollment of Indians | 0 | 0 | 0 |
| Increase Outreach and Enrollment of children through premium subsidies | 0 | 0 | 0 |
| Administration | 5,010,442 | 4,499,378 | 511,064 |
| PERM Administration | 0 | 0 | 0 |
| Citizenship Verification Technology CHIPRA | 0 | 0 | 0 |
| CVT Development | 0 | 0 | 0 |
| CVT Operation | 0 | 0 | 0 |
| Balance | 5,010,442 | 4,499,378 | 511,064 |
| Less: Collection | 0 | 0 | 0 |
| Total | 5,010,442 | 4,499,378 | 511,064 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

South Carolina

FMR CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| Premiums - Up To 150%: Gross Premiums Paid | 0 | 0 | 0 |
| Premiums - Up To 150%: Cost Sharing Offset | 0 | 0 | 0 |
| Premiums - Over 150%: Gross Premiums Paid | 0 | 0 | 0 |
| Premiums - Over 150%: Cost Sharing Offset | 0 | 0 | 0 |
| Inpatient Hospital | 0 | 0 | 0 |
| Inpatient Mental Health | 0 | 0 | 0 |
| Nursing Care Services | 0 | 0 | 0 |
| Physician/Surgical | 0 | 0 | 0 |
| Outpatient Hospital | 0 | 0 | 0 |
| Outpatient Mental Health | 0 | 0 | 0 |
| Prescribed Drugs | 0 | 0 | 0 |
| Drug Rebate | 0 | 0 | 0 |
| Dental Services | 0 | 0 | 0 |
| Vision Services | 0 | 0 | 0 |
| Other Practitioners | 0 | 0 | 0 |
| Clinic Services | 0 | 0 | 0 |
| Therapy Services | 0 | 0 | 0 |
| Laboratory/Radiological | 0 | 0 | 0 |
| Medical Equipment | 0 | 0 | 0 |
| Family Planning | 0 | 0 | 0 |
| Abortions | 0 | 0 | 0 |
| Screening Services | 0 | 0 | 0 |
| Home Health | 0 | 0 | 0 |
| Health Services Initiatives | 0 | 0 | 0 |
| Home and Community | 0 | 0 | 0 |
| Hospice | 0 | 0 | 0 |
| Medical Transportation | 0 | 0 | 0 |
| Case Management | 0 | 0 | 0 |
| Translation and Interpretation | 0 | 0 | 0 |
| Other Services | 0 | 0 | 0 |
| Outreach | 0 | 0 | 0 |
| Increased Outreach and Enrollment of Indians | 0 | 0 | 0 |
| Increase Outreach and Enrollment of children through premium subsidies | 0 | 0 | 0 |
| Administration | 14,345,913 | 14,345,913 | 0 |
| PERM Administration | 0 | 0 | 0 |
| Citizenship Verification Technology CHIPRA | 0 | 0 | 0 |
| CVT Development | 0 | 0 | 0 |
| CVT Operation | 0 | 0 | 0 |
| Balance | 14,345,913 | 14,345,913 | 0 |
| Less: Collection | (419,641) | (419,641) | 0 |
| Total | 13,926,272 | 13,926,272 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

South Dakota

FMR CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| Premiums - Up To 150%: Gross Premiums Paid | 0 | 0 | 0 |
| Premiums - Up To 150%: Cost Sharing Offset | 0 | 0 | 0 |
| Premiums - Over 150%: Gross Premiums Paid | 0 | 0 | 0 |
| Premiums - Over 150%: Cost Sharing Offset | 0 | 0 | 0 |
| Inpatient Hospital | 2,180,312 | 2,022,327 | 157,985 |
| Inpatient Mental Health | 0 | 0 | 0 |
| Nursing Care Services | 0 | 0 | 0 |
| Physician/Surgical | 1,908,374 | 1,769,062 | 139,312 |
| Outpatient Hospital | 1,804,273 | 1,672,561 | 131,712 |
| Outpatient Mental Health | 0 | 0 | 0 |
| Prescribed Drugs | 1,202,348 | 1,114,577 | 87,771 |
| Drug Rebate | 0 | 0 | 0 |
| Dental Services | 0 | 0 | 0 |
| Vision Services | 19,854 | 18,405 | 1,449 |
| Other Practitioners | 932,923 | 864,820 | 68,103 |
| Clinic Services | 439,059 | 407,007 | 32,052 |
| Therapy Services | 0 | 0 | 0 |
| Laboratory/Radiological | 162,812 | 150,927 | 11,885 |
| Medical Equipment | 12,778 | 11,845 | 933 |
| Family Planning | 35,498 | 32,906 | 2,592 |
| Abortions | 0 | 0 | 0 |
| Screening Services | 12,265 | 11,369 | 896 |
| Home Health | 136,407 | 126,449 | 9,958 |
| Health Services Initiatives | 0 | 0 | 0 |
| Home and Community | 0 | 0 | 0 |
| Hospice | 0 | 0 | 0 |
| Medical Transportation | 68,016 | 63,051 | 4,965 |
| Case Management | 0 | 0 | 0 |
| Translation and Interpretation | 0 | 0 | 0 |
| Other Services | 470,503 | 436,206 | 34,297 |
| Outreach | 0 | 0 | 0 |
| Increased Outreach and Enrollment of Indians | 0 | 0 | 0 |
| Increase Outreach and Enrollment of children through premium subsidies | 0 | 0 | 0 |
| Administration | 476,042 | 441,292 | 34,750 |
| PERM Administration | 0 | 0 | 0 |
| Citizenship Verification Technology CHIPRA | 0 | 0 | 0 |
| CVT Development | 0 | 0 | 0 |
| CVT Operation | 0 | 0 | 0 |
| Balance | 9,861,464 | 9,142,804 | 718,660 |
| Less: Collection | (4,768) | (4,361) | (407) |
| Total | 9,856,696 | 9,138,443 | 718,253 |

Medicaid Financial Management Report - Net CHIP Expenditures

**FY 2019
National
Tennessee**

FMR CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| Premiums - Up To 150%: Gross Premiums Paid | 5,028,100 | 4,983,349 | 44,751 |
| Premiums - Up To 150%: Cost Sharing Offset | 0 | 0 | 0 |
| Premiums - Over 150%: Gross Premiums Paid | 11,780,389 | 11,675,544 | 104,845 |
| Premiums - Over 150%: Cost Sharing Offset | 0 | 0 | 0 |
| Inpatient Hospital | 24,607,916 | 24,388,940 | 218,976 |
| Inpatient Mental Health | 2,764,748 | 2,740,141 | 24,607 |
| Nursing Care Services | 1,255,619 | 1,244,444 | 11,175 |
| Physician/Surgical | 26,406,087 | 26,171,072 | 235,015 |
| Outpatient Hospital | 9,121,924 | 9,040,738 | 81,186 |
| Outpatient Mental Health | 352,171 | 349,037 | 3,134 |
| Prescribed Drugs | 17,336,675 | 17,182,378 | 154,297 |
| Drug Rebate | (4,936,315) | (4,892,381) | (43,934) |
| Dental Services | 159,621 | 158,200 | 1,421 |
| Vision Services | 1,959,729 | 1,942,287 | 17,442 |
| Other Practitioners | 1,071,799 | 1,062,260 | 9,539 |
| Clinic Services | 101,782 | 100,876 | 906 |
| Therapy Services | 1,190,815 | 1,180,217 | 10,598 |
| Laboratory/Radiological | 5,196,468 | 5,150,219 | 46,249 |
| Medical Equipment | 1,363,213 | 1,351,080 | 12,133 |
| Family Planning | 0 | 0 | 0 |
| Abortions | 0 | 0 | 0 |
| Screening Services | 5,663,340 | 5,612,936 | 50,404 |
| Home Health | 71,733 | 71,095 | 638 |
| Health Services Initiatives | 0 | 0 | 0 |
| Home and Community | 0 | 0 | 0 |
| Hospice | 11,001 | 10,903 | 98 |
| Medical Transportation | 171,800 | 170,271 | 1,529 |
| Case Management | 477,595 | 473,344 | 4,251 |
| Translation and Interpretation | 0 | 0 | 0 |
| Other Services | 7,543,320 | 7,476,185 | 67,135 |
| Outreach | 0 | 0 | 0 |
| Increased Outreach and Enrollment of Indians | 0 | 0 | 0 |
| Increase Outreach and Enrollment of children through premium subsidies | 0 | 0 | 0 |
| Administration | 13,023,560 | 12,906,538 | 117,022 |
| PERM Administration | 0 | 0 | 0 |
| Citizenship Verification Technology CHIPRA | 0 | 0 | 0 |
| CVT Development | 0 | 0 | 0 |
| CVT Operation | 1,770 | 1,347 | 423 |
| Balance | 131,724,860 | 130,551,020 | 1,173,840 |
| Less: Collection | 0 | 0 | 0 |
| Total | 131,724,860 | 130,551,020 | 1,173,840 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Texas

FMR CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| Premiums - Up To 150%: Gross Premiums Paid | 496,692,880 | 465,550,236 | 31,142,644 |
| Premiums - Up To 150%: Cost Sharing Offset | (2,213) | (2,072) | (141) |
| Premiums - Over 150%: Gross Premiums Paid | 436,544,623 | 409,173,275 | 27,371,348 |
| Premiums - Over 150%: Cost Sharing Offset | (5,215,322) | (4,885,051) | (330,271) |
| Inpatient Hospital | 0 | 0 | 0 |
| Inpatient Mental Health | 0 | 0 | 0 |
| Nursing Care Services | 0 | 0 | 0 |
| Physician/Surgical | 0 | 0 | 0 |
| Outpatient Hospital | 0 | 0 | 0 |
| Outpatient Mental Health | 0 | 0 | 0 |
| Prescribed Drugs | 0 | 0 | 0 |
| Drug Rebate | (25,522,228) | (23,921,984) | (1,600,244) |
| Dental Services | 0 | 0 | 0 |
| Vision Services | 0 | 0 | 0 |
| Other Practitioners | 0 | 0 | 0 |
| Clinic Services | 0 | 0 | 0 |
| Therapy Services | 0 | 0 | 0 |
| Laboratory/Radiological | 0 | 0 | 0 |
| Medical Equipment | 0 | 0 | 0 |
| Family Planning | 0 | 0 | 0 |
| Abortions | 0 | 0 | 0 |
| Screening Services | 7,954 | 7,426 | 528 |
| Home Health | 0 | 0 | 0 |
| Health Services Initiatives | 0 | 0 | 0 |
| Home and Community | 0 | 0 | 0 |
| Hospice | 0 | 0 | 0 |
| Medical Transportation | 0 | 0 | 0 |
| Case Management | 0 | 0 | 0 |
| Translation and Interpretation | 242,992 | 184,018 | 58,974 |
| Other Services | 32,385,967 | 30,355,367 | 2,030,600 |
| Outreach | 0 | 0 | 0 |
| Increased Outreach and Enrollment of Indians | 0 | 0 | 0 |
| Increase Outreach and Enrollment of children through premium subsidies | 0 | 0 | 0 |
| Administration | 57,569,191 | 53,953,956 | 3,615,235 |
| PERM Administration | 0 | 0 | 0 |
| Citizenship Verification Technology CHIPRA | 0 | 0 | 0 |
| CVT Development | 0 | 0 | 0 |
| CVT Operation | 0 | 0 | 0 |
| Balance | 992,703,844 | 930,415,171 | 62,288,673 |
| Less: Collection | (5,666,585) | (5,281,122) | (385,463) |
| Total | 987,037,259 | 925,134,049 | 61,903,210 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Utah

FMR CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| Premiums - Up To 150%: Gross Premiums Paid | 8,558,164 | 8,558,164 | 0 |
| Premiums - Up To 150%: Cost Sharing Offset | (230,240) | (230,240) | 0 |
| Premiums - Over 150%: Gross Premiums Paid | 28,917,080 | 28,917,080 | 0 |
| Premiums - Over 150%: Cost Sharing Offset | (1,785,128) | (1,785,128) | 0 |
| Inpatient Hospital | 0 | 0 | 0 |
| Inpatient Mental Health | 0 | 0 | 0 |
| Nursing Care Services | 0 | 0 | 0 |
| Physician/Surgical | 0 | 0 | 0 |
| Outpatient Hospital | 0 | 0 | 0 |
| Outpatient Mental Health | 0 | 0 | 0 |
| Prescribed Drugs | 0 | 0 | 0 |
| Drug Rebate | 0 | 0 | 0 |
| Dental Services | 0 | 0 | 0 |
| Vision Services | 0 | 0 | 0 |
| Other Practitioners | 0 | 0 | 0 |
| Clinic Services | 609,289 | 615,589 | (6,300) |
| Therapy Services | 0 | 0 | 0 |
| Laboratory/Radiological | 0 | 0 | 0 |
| Medical Equipment | 0 | 0 | 0 |
| Family Planning | 0 | 0 | 0 |
| Abortions | 0 | 0 | 0 |
| Screening Services | 0 | 0 | 0 |
| Home Health | 0 | 0 | 0 |
| Health Services Initiatives | 0 | 0 | 0 |
| Home and Community | 0 | 0 | 0 |
| Hospice | 0 | 0 | 0 |
| Medical Transportation | 0 | 0 | 0 |
| Case Management | 0 | 0 | 0 |
| Translation and Interpretation | 0 | 0 | 0 |
| Other Services | 1,682,774 | 1,682,774 | 0 |
| Outreach | 0 | 0 | 0 |
| Increased Outreach and Enrollment of Indians | 0 | 0 | 0 |
| Increase Outreach and Enrollment of children through premium subsidies | 0 | 0 | 0 |
| Administration | 6,967,378 | 6,967,378 | 0 |
| PERM Administration | 0 | 0 | 0 |
| Citizenship Verification Technology CHIPRA | 0 | 0 | 0 |
| CVT Development | 0 | 0 | 0 |
| CVT Operation | 0 | 0 | 0 |
| Balance | 44,719,317 | 44,725,617 | (6,300) |
| Less: Collection | 0 | 0 | 0 |
| Total | 44,719,317 | 44,725,617 | (6,300) |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Vermont

FMR CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| Premiums - Up To 150%: Gross Premiums Paid | 0 | 0 | 0 |
| Premiums - Up To 150%: Cost Sharing Offset | 0 | 0 | 0 |
| Premiums - Over 150%: Gross Premiums Paid | 0 | 0 | 0 |
| Premiums - Over 150%: Cost Sharing Offset | 0 | 0 | 0 |
| Inpatient Hospital | 0 | 0 | 0 |
| Inpatient Mental Health | 0 | 0 | 0 |
| Nursing Care Services | 0 | 0 | 0 |
| Physician/Surgical | 0 | 0 | 0 |
| Outpatient Hospital | 0 | 0 | 0 |
| Outpatient Mental Health | 0 | 0 | 0 |
| Prescribed Drugs | 0 | 0 | 0 |
| Drug Rebate | 0 | 0 | 0 |
| Dental Services | 0 | 0 | 0 |
| Vision Services | 0 | 0 | 0 |
| Other Practitioners | 0 | 0 | 0 |
| Clinic Services | 0 | 0 | 0 |
| Therapy Services | 0 | 0 | 0 |
| Laboratory/Radiological | 0 | 0 | 0 |
| Medical Equipment | 0 | 0 | 0 |
| Family Planning | 0 | 0 | 0 |
| Abortions | 0 | 0 | 0 |
| Screening Services | 0 | 0 | 0 |
| Home Health | 0 | 0 | 0 |
| Health Services Initiatives | 0 | 0 | 0 |
| Home and Community | 0 | 0 | 0 |
| Hospice | 0 | 0 | 0 |
| Medical Transportation | 0 | 0 | 0 |
| Case Management | 0 | 0 | 0 |
| Translation and Interpretation | 0 | 0 | 0 |
| Other Services | 0 | 0 | 0 |
| Outreach | 265,828 | 241,159 | 24,669 |
| Increased Outreach and Enrollment of Indians | 0 | 0 | 0 |
| Increase Outreach and Enrollment of children through premium subsidies | 0 | 0 | 0 |
| Administration | 1,118,527 | 1,014,736 | 103,791 |
| PERM Administration | 0 | 0 | 0 |
| Citizenship Verification Technology CHIPRA | 0 | 0 | 0 |
| CVT Development | 0 | 0 | 0 |
| CVT Operation | 0 | 0 | 0 |
| Balance | 1,384,355 | 1,255,895 | 128,460 |
| Less: Collection | (1,594,267) | (1,446,318) | (147,949) |
| Total | (209,912) | (190,423) | (19,489) |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Virgin Islands

FMR CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| Premiums - Up To 150%: Gross Premiums Paid | 0 | 0 | 0 |
| Premiums - Up To 150%: Cost Sharing Offset | 0 | 0 | 0 |
| Premiums - Over 150%: Gross Premiums Paid | 0 | 0 | 0 |
| Premiums - Over 150%: Cost Sharing Offset | 0 | 0 | 0 |
| Inpatient Hospital | 0 | 0 | 0 |
| Inpatient Mental Health | 0 | 0 | 0 |
| Nursing Care Services | 0 | 0 | 0 |
| Physician/Surgical | 0 | 0 | 0 |
| Outpatient Hospital | 0 | 0 | 0 |
| Outpatient Mental Health | 0 | 0 | 0 |
| Prescribed Drugs | 0 | 0 | 0 |
| Drug Rebate | 0 | 0 | 0 |
| Dental Services | 0 | 0 | 0 |
| Vision Services | 0 | 0 | 0 |
| Other Practitioners | 0 | 0 | 0 |
| Clinic Services | 0 | 0 | 0 |
| Therapy Services | 0 | 0 | 0 |
| Laboratory/Radiological | 0 | 0 | 0 |
| Medical Equipment | 0 | 0 | 0 |
| Family Planning | 0 | 0 | 0 |
| Abortions | 0 | 0 | 0 |
| Screening Services | 0 | 0 | 0 |
| Home Health | 0 | 0 | 0 |
| Health Services Initiatives | 0 | 0 | 0 |
| Home and Community | 0 | 0 | 0 |
| Hospice | 0 | 0 | 0 |
| Medical Transportation | 0 | 0 | 0 |
| Case Management | 0 | 0 | 0 |
| Translation and Interpretation | 0 | 0 | 0 |
| Other Services | 0 | 0 | 0 |
| Outreach | 0 | 0 | 0 |
| Increased Outreach and Enrollment of Indians | 0 | 0 | 0 |
| Increase Outreach and Enrollment of children through premium subsidies | 0 | 0 | 0 |
| Administration | 0 | 0 | 0 |
| PERM Administration | 0 | 0 | 0 |
| Citizenship Verification Technology CHIPRA | 0 | 0 | 0 |
| CVT Development | 0 | 0 | 0 |
| CVT Operation | 0 | 0 | 0 |
| Balance | 0 | 0 | 0 |
| Less: Collection | 0 | 0 | 0 |
| Total | 0 | 0 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

Virginia

FMR CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| Premiums - Up To 150%: Gross Premiums Paid | 11,319,029 | 9,960,742 | 1,358,287 |
| Premiums - Up To 150%: Cost Sharing Offset | 0 | 0 | 0 |
| Premiums - Over 150%: Gross Premiums Paid | 153,096,214 | 134,724,670 | 18,371,544 |
| Premiums - Over 150%: Cost Sharing Offset | 0 | 0 | 0 |
| Inpatient Hospital | 4,842,065 | 4,261,020 | 581,045 |
| Inpatient Mental Health | 0 | 0 | 0 |
| Nursing Care Services | 1,328 | 1,169 | 159 |
| Physician/Surgical | 1,932,848 | 1,700,908 | 231,940 |
| Outpatient Hospital | 1,583,283 | 1,393,287 | 189,996 |
| Outpatient Mental Health | 626,095 | 550,964 | 75,131 |
| Prescribed Drugs | 409,285 | 360,171 | 49,114 |
| Drug Rebate | 0 | 0 | 0 |
| Dental Services | 22,524,482 | 19,821,545 | 2,702,937 |
| Vision Services | 218,465 | 192,249 | 26,216 |
| Other Practitioners | 336,910 | 296,481 | 40,429 |
| Clinic Services | 2,048,353 | 1,802,551 | 245,802 |
| Therapy Services | 17,531 | 15,428 | 2,103 |
| Laboratory/Radiological | 330,894 | 291,184 | 39,710 |
| Medical Equipment | 322,263 | 283,592 | 38,671 |
| Family Planning | 0 | 0 | 0 |
| Abortions | 0 | 0 | 0 |
| Screening Services | 469,095 | 412,804 | 56,291 |
| Home Health | 4,347 | 3,825 | 522 |
| Health Services Initiatives | 0 | 0 | 0 |
| Home and Community | 2,237,577 | 1,969,068 | 268,509 |
| Hospice | 0 | 0 | 0 |
| Medical Transportation | 45,839 | 40,338 | 5,501 |
| Case Management | 30,066 | 26,460 | 3,606 |
| Translation and Interpretation | 0 | 0 | 0 |
| Other Services | 4,919,007 | 4,328,727 | 590,280 |
| Outreach | 931,192 | 819,449 | 111,743 |
| Increased Outreach and Enrollment of Indians | 0 | 0 | 0 |
| Increase Outreach and Enrollment of children through premium subsidies | 0 | 0 | 0 |
| Administration | 21,486,718 | 18,908,309 | 2,578,409 |
| PERM Administration | 13,518 | 12,166 | 1,352 |
| Citizenship Verification Technology CHIPRA | 0 | 0 | 0 |
| CVT Development | 0 | 0 | 0 |
| CVT Operation | 0 | 0 | 0 |
| Balance | 229,746,404 | 202,177,107 | 27,569,297 |
| Less: Collection | (43,776) | (32,705) | (11,071) |
| Total | 229,702,628 | 202,144,402 | 27,558,226 |

Medicaid Financial Management Report - Net CHIP Expenditures

**FY 2019
National
Washington**

FMR CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| Premiums - Up To 150%: Gross Premiums Paid | 0 | 0 | 0 |
| Premiums - Up To 150%: Cost Sharing Offset | 0 | 0 | 0 |
| Premiums - Over 150%: Gross Premiums Paid | 132,421,244 | 116,530,777 | 15,890,467 |
| Premiums - Over 150%: Cost Sharing Offset | (13,500,465) | (11,880,410) | (1,620,055) |
| Inpatient Hospital | 1,318,568 | 1,162,484 | 156,084 |
| Inpatient Mental Health | 7,464 | 6,568 | 896 |
| Nursing Care Services | 33,681 | 29,639 | 4,042 |
| Physician/Surgical | 7,925,708 | 6,975,810 | 949,898 |
| Outpatient Hospital | 5,654,586 | 4,977,542 | 677,044 |
| Outpatient Mental Health | 388,236 | 341,648 | 46,588 |
| Prescribed Drugs | 2,291,917 | 2,018,444 | 273,473 |
| Drug Rebate | 0 | 0 | 0 |
| Dental Services | 11,775,036 | 10,363,569 | 1,411,467 |
| Vision Services | 479,329 | 421,811 | 57,518 |
| Other Practitioners | 342,920 | 301,804 | 41,116 |
| Clinic Services | 2,159,784 | 1,900,629 | 259,155 |
| Therapy Services | 0 | 0 | 0 |
| Laboratory/Radiological | 1,630,810 | 1,435,122 | 195,688 |
| Medical Equipment | 228,243 | 201,384 | 26,859 |
| Family Planning | 51,150 | 45,011 | 6,139 |
| Abortions | 0 | 0 | 0 |
| Screening Services | 195,971 | 172,586 | 23,385 |
| Home Health | 0 | 0 | 0 |
| Health Services Initiatives | 1,794,013 | 1,578,732 | 215,281 |
| Home and Community | 482,859 | 424,916 | 57,943 |
| Hospice | 39,444 | 34,711 | 4,733 |
| Medical Transportation | 532,879 | 469,016 | 63,863 |
| Case Management | (120,208) | (105,778) | (14,430) |
| Translation and Interpretation | 1,495,683 | 1,121,762 | 373,921 |
| Other Services | 30,540,475 | 27,155,555 | 3,384,920 |
| Outreach | 0 | 0 | 0 |
| Increased Outreach and Enrollment of Indians | 0 | 0 | 0 |
| Increase Outreach and Enrollment of children through premium subsidies | 0 | 0 | 0 |
| Administration | 4,659,178 | 4,100,075 | 559,103 |
| PERM Administration | 0 | 0 | 0 |
| Citizenship Verification Technology CHIPRA | 0 | 0 | 0 |
| CVT Development | 0 | 0 | 0 |
| CVT Operation | 0 | 0 | 0 |
| Balance | 192,828,505 | 169,783,407 | 23,045,098 |
| Less: Collection | 0 | 0 | 0 |
| Total | 192,828,505 | 169,783,407 | 23,045,098 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

West Virginia

FMR CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| Premiums - Up To 150%: Gross Premiums Paid | 0 | 0 | 0 |
| Premiums - Up To 150%: Cost Sharing Offset | 0 | 0 | 0 |
| Premiums - Over 150%: Gross Premiums Paid | 0 | 0 | 0 |
| Premiums - Over 150%: Cost Sharing Offset | 0 | 0 | 0 |
| Inpatient Hospital | 4,005,645 | 4,005,645 | 0 |
| Inpatient Mental Health | 591,746 | 591,746 | 0 |
| Nursing Care Services | 0 | 0 | 0 |
| Physician/Surgical | 8,921,485 | 8,921,485 | 0 |
| Outpatient Hospital | 8,775,732 | 8,775,732 | 0 |
| Outpatient Mental Health | 392,600 | 392,600 | 0 |
| Prescribed Drugs | 10,118,866 | 10,118,866 | 0 |
| Drug Rebate | (2,048,011) | (2,048,011) | 0 |
| Dental Services | 7,702,804 | 7,702,804 | 0 |
| Vision Services | 661,430 | 661,430 | 0 |
| Other Practitioners | 1,961,545 | 1,961,545 | 0 |
| Clinic Services | 597,018 | 597,018 | 0 |
| Therapy Services | 2,172,991 | 2,172,991 | 0 |
| Laboratory/Radiological | 897,169 | 897,169 | 0 |
| Medical Equipment | 412,555 | 412,555 | 0 |
| Family Planning | 0 | 0 | 0 |
| Abortions | 0 | 0 | 0 |
| Screening Services | 0 | 0 | 0 |
| Home Health | 1,279,454 | 1,279,454 | 0 |
| Health Services Initiatives | 0 | 0 | 0 |
| Home and Community | 0 | 0 | 0 |
| Hospice | 0 | 0 | 0 |
| Medical Transportation | 476,939 | 476,939 | 0 |
| Case Management | 0 | 0 | 0 |
| Translation and Interpretation | 0 | 0 | 0 |
| Other Services | 3,147,672 | 3,147,672 | 0 |
| Outreach | 0 | 0 | 0 |
| Increased Outreach and Enrollment of Indians | 0 | 0 | 0 |
| Increase Outreach and Enrollment of children through premium subsidies | 0 | 0 | 0 |
| Administration | 3,832,965 | 3,832,965 | 0 |
| PERM Administration | 0 | 0 | 0 |
| Citizenship Verification Technology CHIPRA | 0 | 0 | 0 |
| CVT Development | 0 | 0 | 0 |
| CVT Operation | 0 | 0 | 0 |
| Balance | 53,900,605 | 53,900,605 | 0 |
| Less: Collection | (1,790,468) | (1,790,468) | 0 |
| Total | 52,110,137 | 52,110,137 | 0 |

Medicaid Financial Management Report - Net CHIP Expenditures

**FY 2019
National
Wisconsin**

FMR CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| Premiums - Up To 150%: Gross Premiums Paid | 0 | 0 | 0 |
| Premiums - Up To 150%: Cost Sharing Offset | 0 | 0 | 0 |
| Premiums - Over 150%: Gross Premiums Paid | 50,259,229 | 47,586,954 | 2,672,275 |
| Premiums - Over 150%: Cost Sharing Offset | (6,035,882) | (5,707,511) | (328,371) |
| Inpatient Hospital | 13,403,792 | 12,686,109 | 717,683 |
| Inpatient Mental Health | 341,463 | 323,136 | 18,327 |
| Nursing Care Services | (131,498) | (123,628) | (7,870) |
| Physician/Surgical | 852,175 | 805,939 | 46,236 |
| Outpatient Hospital | 6,456,399 | 6,113,606 | 342,793 |
| Outpatient Mental Health | 147,148 | 139,224 | 7,924 |
| Prescribed Drugs | 23,650,590 | 22,369,673 | 1,280,917 |
| Drug Rebate | (22,604,731) | (21,311,190) | (1,293,541) |
| Dental Services | 7,066,314 | 6,684,007 | 382,307 |
| Vision Services | 25,395 | 24,022 | 1,373 |
| Other Practitioners | 1,048,050 | 991,794 | 56,256 |
| Clinic Services | 3,138,439 | 2,969,550 | 168,889 |
| Therapy Services | 263,928 | 249,810 | 14,118 |
| Laboratory/Radiological | 1,215,338 | 1,150,767 | 64,571 |
| Medical Equipment | 529,269 | 501,187 | 28,082 |
| Family Planning | 472,806 | 447,159 | 25,647 |
| Abortions | 0 | 0 | 0 |
| Screening Services | 1,180,174 | 1,117,368 | 62,806 |
| Home Health | 20,220 | 19,206 | 1,014 |
| Health Services Initiatives | 1,672,785 | 1,581,785 | 91,000 |
| Home and Community | 808 | 1,621 | (813) |
| Hospice | 0 | 0 | 0 |
| Medical Transportation | 949,379 | 897,715 | 51,664 |
| Case Management | 532,056 | 501,788 | 30,268 |
| Translation and Interpretation | 0 | 0 | 0 |
| Other Services | 19,664,487 | 18,568,505 | 1,095,982 |
| Outreach | 0 | 0 | 0 |
| Increased Outreach and Enrollment of Indians | 0 | 0 | 0 |
| Increase Outreach and Enrollment of children through premium subsidies | 0 | 0 | 0 |
| Administration | 12,013,847 | 11,354,131 | 659,716 |
| PERM Administration | 0 | 0 | 0 |
| Citizenship Verification Technology CHIPRA | 0 | 0 | 0 |
| CVT Development | 0 | 0 | 0 |
| CVT Operation | 0 | 0 | 0 |
| Balance | 116,131,980 | 109,942,727 | 6,189,253 |
| Less: Collection | (1,685,451) | (1,589,754) | (95,697) |
| Total | 114,446,529 | 108,352,973 | 6,093,556 |

Medicaid Financial Management Report - Net CHIP Expenditures

**FY 2019
National
Wyoming**

FMR CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| Premiums - Up To 150%: Gross Premiums Paid | 2,297,194 | 2,021,532 | 275,662 |
| Premiums - Up To 150%: Cost Sharing Offset | 0 | 0 | 0 |
| Premiums - Over 150%: Gross Premiums Paid | 9,041,895 | 7,956,868 | 1,085,027 |
| Premiums - Over 150%: Cost Sharing Offset | 0 | 0 | 0 |
| Inpatient Hospital | 0 | 0 | 0 |
| Inpatient Mental Health | 0 | 0 | 0 |
| Nursing Care Services | 0 | 0 | 0 |
| Physician/Surgical | 0 | 0 | 0 |
| Outpatient Hospital | 0 | 0 | 0 |
| Outpatient Mental Health | 0 | 0 | 0 |
| Prescribed Drugs | 0 | 0 | 0 |
| Drug Rebate | 0 | 0 | 0 |
| Dental Services | 0 | 0 | 0 |
| Vision Services | 0 | 0 | 0 |
| Other Practitioners | 0 | 0 | 0 |
| Clinic Services | 71,602 | 63,009 | 8,593 |
| Therapy Services | 0 | 0 | 0 |
| Laboratory/Radiological | 0 | 0 | 0 |
| Medical Equipment | 0 | 0 | 0 |
| Family Planning | 0 | 0 | 0 |
| Abortions | 0 | 0 | 0 |
| Screening Services | 0 | 0 | 0 |
| Home Health | 0 | 0 | 0 |
| Health Services Initiatives | 0 | 0 | 0 |
| Home and Community | 0 | 0 | 0 |
| Hospice | 0 | 0 | 0 |
| Medical Transportation | 0 | 0 | 0 |
| Case Management | 0 | 0 | 0 |
| Translation and Interpretation | 0 | 0 | 0 |
| Other Services | 433,744 | 381,696 | 52,048 |
| Outreach | 44,494 | 39,155 | 5,339 |
| Increased Outreach and Enrollment of Indians | 0 | 0 | 0 |
| Increase Outreach and Enrollment of children through premium subsidies | 0 | 0 | 0 |
| Administration | 470,198 | 413,773 | 56,425 |
| PERM Administration | 0 | 0 | 0 |
| Citizenship Verification Technology CHIPRA | 0 | 0 | 0 |
| CVT Development | 0 | 0 | 0 |
| CVT Operation | 0 | 0 | 0 |
| Balance | 12,359,127 | 10,876,033 | 1,483,094 |
| Less: Collection | 0 | 0 | 0 |
| Total | 12,359,127 | 10,876,033 | 1,483,094 |

Medicaid Financial Management Report - Net CHIP Expenditures

FY 2019

National

National Totals

FMR CHIP

| Service Category | Total Computable | Federal Share | State Share |
|--|-------------------------|----------------------|--------------------|
| Premiums - Up To 150%: Gross Premiums Paid | 1,155,912,119 | 1,094,285,789 | 61,626,330 |
| Premiums - Up To 150%: Cost Sharing Offset | (9,313,298) | (8,951,292) | (362,006) |
| Premiums - Over 150%: Gross Premiums Paid | 4,144,096,964 | 3,799,024,362 | 345,072,602 |
| Premiums - Over 150%: Cost Sharing Offset | (340,047,450) | (309,588,414) | (30,459,036) |
| Inpatient Hospital | 254,300,402 | 243,534,606 | 10,765,796 |
| Inpatient Mental Health | 33,889,195 | 32,566,003 | 1,323,192 |
| Nursing Care Services | 8,736,443 | 8,565,480 | 170,963 |
| Physician/Surgical | 429,820,755 | 413,172,175 | 16,648,580 |
| Outpatient Hospital | 209,188,991 | 198,819,292 | 10,369,699 |
| Outpatient Mental Health | 18,589,688 | 17,854,884 | 734,804 |
| Prescribed Drugs | 309,452,536 | 299,654,198 | 9,798,338 |
| Drug Rebate | (97,867,902) | (92,690,170) | (5,177,732) |
| Dental Services | 181,962,299 | 171,402,922 | 10,559,377 |
| Vision Services | 11,261,317 | 11,031,258 | 230,059 |
| Other Practitioners | 50,970,805 | 47,974,940 | 2,995,865 |
| Clinic Services | 87,415,253 | 81,412,746 | 6,002,507 |
| Therapy Services | 29,251,955 | 27,666,437 | 1,585,518 |
| Laboratory/Radiological | 38,640,912 | 37,160,115 | 1,480,797 |
| Medical Equipment | 19,698,059 | 18,924,566 | 773,493 |
| Family Planning | 4,756,072 | 4,456,908 | 299,164 |
| Abortions | 0 | 0 | 0 |
| Screening Services | 31,507,578 | 30,124,796 | 1,382,782 |
| Home Health | 3,178,198 | 3,142,610 | 35,588 |
| Health Services Initiatives | 152,403,936 | 138,348,156 | 14,055,780 |
| Home and Community | 11,347,404 | 10,495,523 | 851,881 |
| Hospice | 155,815 | 148,316 | 7,499 |
| Medical Transportation | 25,590,835 | 23,405,934 | 2,184,901 |
| Case Management | 11,011,982 | 10,768,976 | 243,006 |
| Translation and Interpretation | 5,771,091 | 4,381,788 | 1,389,303 |
| Other Services | 451,872,460 | 424,367,310 | 27,505,150 |
| Outreach | 13,784,175 | 12,584,688 | 1,199,487 |
| Increased Outreach and Enrollment of Indians | 69,169 | 66,949 | 2,220 |
| Increase Outreach and Enrollment of children through premium subsidies | (1,037,207) | (1,000,453) | (36,754) |
| Administration | 610,543,536 | 570,170,802 | 40,372,734 |
| PERM Administration | 409,763 | 368,788 | 40,975 |
| Citizenship Verification Technology CHIPRA | 0 | 0 | 0 |
| CVT Development | 0 | 0 | 0 |
| CVT Operation | 1,770 | 1,347 | 423 |
| Balance | 7,857,325,620 | 7,323,652,335 | 533,673,285 |
| Less: Collection | (103,019,282) | (95,050,565) | (7,968,717) |
| Total | 7,754,306,338 | 7,228,601,770 | 525,704,568 |