Form CMS 64 Summary - Quarterly Medicaid Statement of Expenditures

For the Medical Assistance Program

Summary Sheet

State:

		Total	Medicaid	ARRA Federal	BIPP Federal		Total	
		Computable	Federal Share	Share	Share	Federal Share	Computable	Federal Share
	Awards Received During The Quarter For The							
1	Quarter Being Reported And Prior Quarters							
	Awards Received During The Quarter For							
2	Subsequent Quarters							
3.A.	Interest: Received On Medicaid Recoveries							
3.B.	Interest: Assessed On Disallowances							
	Medicare Overpayment Collection Under Sec.							
4	1914 and 42 CFR 447.30							
5	Other							
6	Expenditures In This Quarter							
	Adjustments Increasing Claims For Prior							
7	Quarters							
8	Other Expenditures							
9.A.	Collections: Third Party Liability							
9.B.	Collections: Probate							
9.C.1.	Recoveries: Fraud, Waste and Abuse Efforts							
	Recoveries: OIG Compliant False Claims Act							
9.D.	Collections: Other							
	RAC Collections							
9.F.	PERM Collections							
9G	MEQC Collections							
	Adjustments Decreasing Claims For Prior							
10.A.	Quarters: Federal Audit							
	Adjustments Decreasing Claims For Prior							
10.B.	Quarters: Other							

Form CMS 64 Summary - Quarterly Medicaid Statement of Expenditures

For the Medical Assistance Program

Summary Sheet

State:

		Total Computable	Medicaid Federal Share	ARRA Federal Share	BIPP Federal Share	Federal Share	Total Computable	Federal Share
	Adjustments Decreasing Claims For Prior	computable	rederal Share	Share	Share	rederal Share	computable	rederar Share
	Quarters: Overpayment Adjustments (Attach							
10.C.	64.90)							
10.D.	Adjustments/Decreasing Prior Qtrs - Perm							
	Adjustments/Decreasing Prior Qtrs - RAC							
	Adjustments/Decreasing Prior Qtrs - Fraud,							
10.F.	Waste and Abuse Overpayments							
10G	Adjustments/Decreasing Prior Qtrs - OMEQC							
	Net Expenditures Reported In This Period (Sum							
11	of Items 6, 7 and 8 Less 9 and 10)							

For the Medical Assistance Program

Expenditures in This Quarter

State:

						Opt. Breast or	Opt. Breast or				
					Family	Cervical	Cervical				
		Total			Planning	Cancer Srvcs	Cancer Srvcs			Prompt	Total Federal
		Computable	FMAP	I.H.S. Services	-	(ENH Rate)	(IHS Rate)	Other %	Federal Share		Share
						((
1A	Inpatient Hospital Services - Regular Payments										
	Inpatient Hospital Service - DSH Adjustment										
1B	Payments										
	Inpatient Hospital Services - Supplemental										
1C	Payments										
4.5											
1D	Inpatient Hospital Services - GME Payments										
24	Mental Health Facility Services - Regular										
2A	Payments Mental Health Facility Services - DSH										
2B	Adjustment Payments										
20	Certified Community Behavior Health Clinic										
2C	Payments										
20											
3A	Nursing Facility Services - Regular Payments										
	Nursing Facility Services - Supplemental										
3B	Payments										
	Intermediate Care Facility Services - Ind. with										
4A	Intellectual Disabilities: Public Providers										
	Intermediate Care Facility Services - Ind. with										
4B	Intellectual Disabilities: Private Providers										
	Intermediate Care Facility Convices and with										
4C	Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Supplemental Payments										
4C	Physician and Surgical Services - Regular										
5A	Payments										
0.11	Physician and Surgical Services - Supplemental										
5B	Payments										
	Physician & Surgical Services - Evaluation and										
5C	Management										
5D	Physician & Surgical Services - Vaccine codes										-
	Outpatient Hospital Services - Regular										
6A	Payments										
Ch	Outpatient Hospital Services - Supplemental										
6b	Payments				<u> </u>					<u> </u>	

For the Medical Assistance Program

Expenditures in This Quarter

State:

					Opt. Breast or	Opt. Breast or				
				Family	Cervical	Cervical				
		Total		Planning	Cancer Srvcs	Cancer Srvcs			Prompt	Total Federal
		Computable	FMAP	Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Payment	Share
7	Prescribed Drugs				. ,	. ,				
	Drug Rebate Offset - National Agreement									
	Drug Rebate Offset - State Sidebar Agreement									
	MCO - National Agreement									
7A4	MCO - State Sidebar Agreement									
7A5	Increased ACA OFFSET - Fee for Service - 100%									
7A6	Increased ACA OFFSET - MCO - 100%									
8	Dental Services									
9A	Other Practitioners Services - Regular Payments									
	Other Practitioners Services - Supplemental									
9B	Payments									
10	Clinic Services									
11	Laboratory And Radiological Services									
12	Home Health Services									
13	Sterilizations									
14	Abortions No.									
15	EPSDT Screening Services									
16	Rural Health Clinic Screening									
	Medicare Health Insurance Payments - Part A									
17A	Premiums									
	Medicare Health Insurance Payments - Part B									
17B	Premiums									
17C1	120% - 134% Of Poverty									
	Coinsurance And Deductibles									
	Medicaid Health Insurance Payments: Managed									
18A	Care Organizations (MCO)									
18A1	Medicaid MCO - Evaluation and Management									
18A2	Medicaid MCO - Vaccine codes									
18A3	Medicaid MCO - Community First Choice									
	Medicaid MCO - Preventive Services Grade A									
18A4	OR B, ACIP Vaccines and their Admin									
	Medicaid MCO - Certified Community Behavior									
18A5	Health Clinic Payments									
18B1	Prepaid Ambulatory Health Plan									

For the Medical Assistance Program

Expenditures in This Quarter

State:

						Opt. Breast or	Opt. Breast or				
					Family	Cervical	Cervical				
		Total			Planning	Cancer Srvcs	Cancer Srvcs			Prompt	Total Federal
		Computable	FMAP	I.H.S. Services	-	(ENH Rate)	(IHS Rate)	Other %	Federal Share		Share
18B1a	MCO PAHP - Evaluation and Management					((,	
	MCO PAHP - Vaccine codes										
	MCO PAHP - Community First Choice										
	MCO PAHP - Preventive Services Grade A OR B,										
18B1d	ACIP Vaccines and their Admin										
	Medicaid PAHP - Certified Community Behavior										
18B1e	Health Clinic Payments										
18B2	Prepaid Inpatient Health Plan										
18B2a	MCO PIHP - Evaluation and Management										
	MCO PIHP - Vaccine codes										
18B2c	MCO PIHP - Community First Choice										
	MCO PIHP - Preventive Services Grade A OR B,										
18B2d	ACIP Vaccines and their Admin										
	Medicaid PIHP - Certified Community Behavior										
18B2e	Health Clinic Payments										
	Medicaid Health Insurance Payments: Group										
18C	Health Plan Payments										
	Medicaid Health Insurance Payments:										
18D	Coinsurance And Deductibles										
	Medicaid Health Insurance Payments: Other										
	Home and Community-Based Services - Regular										
	Payment (Waiver)										
	Home and Community-Based Services - State										
	Plan 1915(i) Only Payment										
	Home and Community-Based Services - State										
19C	Plan 1915(j) Only Payment										
	Home and Community Based Services State										
	Plan 1915(k) Community First Choice										
	Programs Of All-Inclusive Care Elderly		-					-		-	
	Personal Care Services - Regular Payment								-		
23B	Personal Care Services - SDS 1915(j)										├
244	Targeted Case Management Services -										
	Community Case-Management										
	Case Management - State Wide										
	Primary Care Case Management Services										
26	Hospice Benefits										

For the Medical Assistance Program

Expenditures in This Quarter

State:

					Family	Opt. Breast or Cervical	Opt. Breast or Cervical				
		Total			Planning		Cancer Srvcs			Prompt	Total Federal
		Computable	FMAP	I.H.S. Services	-			Other %	Federal Share		Share
		computable			50, 11005	(Litin nate)	(ino nate)	other /s	reactar share	i uyincin	Share
27	Emergency Services for Undocumented Aliens										
28	Federally-Qualified Health Center										
29	Non-Emergency Medical Transportation										
30	Physical Therapy										
31	Occupational Therapy										
32	Services for Speech, Hearing and Language										
33	Prosthetic Devices, Dentures, Eyeglasses										
	Diagnostic Screening & Preventive Services										
	Preventive Services Grade A OR B, ACIP										
34A	Vaccines and their Admin										
	Nurse Mid-Wife										
	Emergency Hospital Services										
	Critical Access Hospitals										
	Nurse Practitioner Services										
39	School Based Services										
	Rehabilitative Services (non-school-based)										
	Private Duty Nursing										
	Freestanding Birth Center										
	Health Home for Enrollees w Chronic										
	Conditions										
	Tobacco Cessation for Preg Women										
	Health Home for Enrollees w Substance-Use-										
	Disorder										
	Other Care Services										
50	Total										

Form CMS 64.9 WAIVER - Medical Assistance Expenditures by Type of Service

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 9/30/2019

Waiver Type:

Waiver Number:

	er Name:		1								
		Total Computable	FMAP	I.H.S. Services	Family Planning Services	Cervical Cancer Srvcs	Opt. Breast or Cervical Cancer Srvcs (IHS Rate)	Other %	Federal Share	Prompt Payment	Total Federal Share
1A	Inpatient Hospital Services - Regular Payments										
	Inpatient Hospital Service - DSH Adjustment										
1B	Payments										
	Inpatient Hospital Services - Supplemental										
1C	Payments										
1D	Inpatient Hospital Services - GME Payments										
	Mental Health Facility Services - Regular										
2A	Payments										
	Mental Health Facility Services - DSH										
2B	Adjustment Payments										
	Certified Community Behavior Health Clinic										
2C	Payments										
3A	Nursing Facility Services - Regular Payments										
	Nursing Facility Services - Supplemental										
3B	Payments										
	Intermediate Care Facility Services - Ind. with										
4A	Intellectual Disabilities: Public Providers										
	Intermediate Care Facility Services - Ind. with										
4B	Intellectual Disabilities: Private Providers										
	Intermediate Care Facility Services - Ind. with										
4C	Intellectual Disabilities: Supplemental Payments										
	Physician and Surgical Services - Regular										
5A	Payments										
	Physician and Surgical Services - Supplemental										
5B	Payments										
	Physician & Surgical Services - Evaluation and										
5C	Management										
5D	Physician & Surgical Services - Vaccine codes										

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 9/30/2019

Waiver Type:

Waiver Number:

	i Naille.		1				1	1	1		
		Total Computable	FMAP	I.H.S. Services	Family Planning Services	Opt. Breast or Cervical Cancer Srvcs (ENH Rate)	Opt. Breast or Cervical Cancer Srvcs (IHS Rate)	Other %	Federal Share	Prompt Payment	Total Federal Share
	Outpatient Hospital Services - Regular	compatible				((0
6A	Payments										
0/1	Outpatient Hospital Services - Supplemental										
6b	Payments										
7	Prescribed Drugs										
, 7A1	Drug Rebate Offset - National Agreement										
781	Brug Rebute Onset Wational Agreement										
	Drug Rebate Offset - State Sidebar Agreement										
7A3	MCO - National Agreement										
7A4	MCO - State Sidebar Agreement										
7A5	Increased ACA OFFSET - Fee for Service - 100%										
7A6	Increased ACA OFFSET - MCO - 100%										
8	Dental Services										
9A	Other Practitioners Services - Regular Payments										
	Other Practitioners Services - Supplemental										
9B	Payments										
10	Clinic Services										
11	Laboratory And Radiological Services										
12	Home Health Services										
13	Sterilizations										
14	Abortions No.										
15	EPSDT Screening Services										
16	Rural Health Clinic Screening										
	Medicare Health Insurance Payments - Part A										
17A	Premiums										
	Medicare Health Insurance Payments - Part B										
17B	Premiums										
17C1	120% - 134% Of Poverty										
17D	Coinsurance And Deductibles										
	Medicaid Health Insurance Payments: Managed										
18A	Care Organizations (MCO)										
			T			1		T			1
	Medicaid MCO - Evaluation and Management										
18A2	Medicaid MCO - Vaccine codes		L								

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 9/30/2019

Waiver Type:

Waiver Number:

vvalve	r Name:					 				
		Total Computable	FMAP	I.H.S. Services	Family Planning Services	 Opt. Breast or Cervical Cancer Srvcs (IHS Rate)	Other %	Federal Share	Prompt Payment	Total Federal Share
18A3	Medicaid MCO - Community First Choice									
	Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
18A5	Medicaid MCO - Certified Community Behavior Health Clinic Payments									
18B1	Prepaid Ambulatory Health Plan									
18B1a	MCO PAHP - Evaluation and Management									
18B1b	MCO PAHP - Vaccine codes									
18B1c	MCO PAHP - Community First Choice									
	MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
	Medicaid PAHP - Certified Community Behavior Health Clinic Payments									
18B2	Prepaid Inpatient Health Plan									
18B2a	MCO PIHP - Evaluation and Management									
18B2b	MCO PIHP - Vaccine codes									
18B2c	MCO PIHP - Community First Choice									
	MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
	Medicaid PIHP - Certified Community Behavior Health Clinic Payments									
	Medicaid Health Insurance Payments: Group Health Plan Payments									
	Medicaid Health Insurance Payments: Coinsurance And Deductibles									
18E	Medicaid Health Insurance Payments: Other									
	Home and Community-Based Services - Regular Payment (Waiver)									
	Home and Community-Based Services - State Plan 1915(i) Only Payment									
	Home and Community-Based Services - State Plan 1915(j) Only Payment									

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 9/30/2019

Waiver Type:

Waiver Number:

waive	i Naille.		r		r	I		1	1		
		Total Computable	FMAP	I.H.S. Services	Family Planning Services	Cancer Srvcs	Opt. Breast or Cervical Cancer Srvcs (IHS Rate)	Other %	Federal Share	Prompt Payment	Total Federal Share
	Home and Community Based Services State										
19D	Plan 1915(k) Community First Choice										
22	Programs Of All-Inclusive Care Elderly										
23A	Personal Care Services - Regular Payment										
23B	Personal Care Services - SDS 1915(j)										
	Targeted Case Management Services -										
24A	Community Case-Management										
24B	Case Management - State Wide										
25	Primary Care Case Management Services										
26	Hospice Benefits										
27	Emergency Services for Undocumented Aliens										
28	Federally-Qualified Health Center										
	Non-Emergency Medical Transportation										
	Physical Therapy										
	Occupational Therapy										
-											
32	Services for Speech, Hearing and Language										
-	Prosthetic Devices, Dentures, Eyeglasses										
34	Diagnostic Screening & Preventive Services										
51	Preventive Services Grade A OR B, ACIP										
34A	Vaccines and their Admin										
-	Nurse Mid-Wife										
36	Emergency Hospital Services										
	Critical Access Hospitals										
_	Nurse Practitioner Services										
	School Based Services										
55											
40	Rehabilitative Services (non-school-based)										
	Private Duty Nursing										1
	Freestanding Birth Center										1
42	Health Home for Enrollees w Chronic					-		-	-		1
43	Conditions										
43 44		}		+		+		+	+		
44	Tobacco Cessation for Preg Women	Ļ			l	I	l	I	I	l	

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 9/30/2019

Waiver Type:

Waiver Number:

						Opt. Breast or	Opt. Breast or				
					Family	Cervical	Cervical				
		Total			Planning	Cancer Srvcs	Cancer Srvcs			Prompt	Total Federal
		Computable	FMAP	I.H.S. Services	Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Payment	Share
	Health Home for Enrollees w Substance-Use-										
45	Disorder										
49	Other Care Services										
50	Total										

For the Medical Assistance Program

Prior Period Adjustments in This Quarter

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

							Opt. Breast or					
					Family	Cervical	Cervical					
		Total Computable	EN AND		Planning Services	Cancer Srvcs (ENH Rate)	Cancer Srvcs (IHS Rate)	Others 9/	Federal Share	Prompt	Total Federal Share	Deferral or CIN Number
		Computable	FMAP	I.H.S. Services	Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Payment	Snare	Number
1A	Inpatient Hospital Services: Regular Payments											
	Inpatient Hospital Services: DSH Adjustment											
1B	Payments											
	Inpatient Hospital Services - Supplemental											
1C	Payments											
1D	Inpatient Hospital Services - GME Payments											
	Mental Health Facility Services: Regular											
2A	Payments											
	Mental Health Facility Services: DSH											
2B	Adjustment Payments											_
	Certified Community Behavior Health Clinic											
2C	Payments											
2.4	Nursing English Convisor Degular Developte											
3A	Nursing Facility Services - Regular Payments Nursing Facility Services - Supplemental											+
3B												
30	Payments											+
	Intermediate Care Facility Services - Ind. with											
4A	Intellectual Disabilities: Public Providers											
-77	Intellectual Disabilities. Fubile Fronders											
	Intermediate Care Facility Services - Ind. with											
4B	Intellectual Disabilities: Private Providers											
	Intermediate Care Facility Services - Ind. with											
4C	Intellectual Disabilities: Supplemental Payments											
	Physician and Surgical Services - Regular											
5A	Payments											
	Physician and Surgical Services - Supplemental											
5B	Payments											
	Physician & Surgical Services - Evaluation and	T	T	T	I	1	I	T	T	T	T	
5C	Management				1							
5D	Physician & Surgical Services - Vaccine codes											
	Outpatient Hospital Services - Regular											
6A	Payments											
	Outpatient Hospital Services - Supplemental											
6b	Payments					ļ						
7	Prescribed Drugs	ļ	ļ	ļ	ļ		ļ	ļ	ļ	ļ	ļ	
7A1	Drug Rebate Offset - National Agreement											

For the Medical Assistance Program

Prior Period Adjustments in This Quarter

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

						Opt. Breast or	Opt. Breast or					
					Family	Cervical	Cervical					
		Total			Planning	Cancer Srvcs	Cancer Srvcs			Prompt	Total Federal	Deferral or CIN
		Computable	FMAP	I.H.S. Services	Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share		Share	Number
		•										
7A2	Drug Rebate Offset - State Sidebar Agreement											
	MCO - National Agreement											
7A4	MCO - State Sidebar Agreement											
7A5	Increased ACA OFFSET - Fee for Service - 100%											
7A6	Increased ACA OFFSET - MCO - 100%											
8	Dental Services											
9A	Other Practitioners Services - Regular Payments											
	Other Practitioners Services - Supplemental											
9B	Payments											
	Clinic Services											
11	Laboratory And Radiological Services											
12	Home Health Services											
13	Sterilizations											
14	Abortions											
15	EPSDT Screening Services											
16	Rural Health Clinic Services											
	Medicare Health Insurance Payments: Part A											
17A	Premiums											
	Medicare Health Insurance Payments: Part B											
17B	Premiums											
	Medicare Health Insurance Payments:											
17C1	Qualifying Individuals/120% - 134% of Poverty											
	Medicare Health Insurance Payments:											
17D	Coinsurance and Deductibles											
	Medicaid Health Insurance Payments: Managed											
18A	Care Organizations											
18A1	Medicaid MCO - Evaluation and Management											
	Medicaid MCO - Vaccine codes											
18A3	Medicaid MCO - Community First Choice											
	Medicaid MCO - Preventive Services Grade A											
	OR B, ACIP Vaccines and their Admin											
	Medicaid MCO - Certified Community Behavior											
	Health Clinic Payments											
	Prepaid Ambulatory Health Plan											
18B1a	MCO PAHP - Evaluation and Management											

For the Medical Assistance Program

Prior Period Adjustments in This Quarter

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

							Opt. Breast or					
					Family	Cervical	Cervical					
		Total			Planning	Cancer Srvcs	Cancer Srvcs			Prompt	Total Federal	Deferral or CIN
		Computable	FMAP	I.H.S. Services	Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Payment	Share	Number
18B1b	MCO PAHP - Vaccine codes											
18B1c	MCO PAHP - Community First Choice											
	MCO PAHP - Preventive Services Grade A OR B,											
18B1d	ACIP Vaccines and their Admin											
	Medicaid PAHP - Certified Community Behavior											
18B1e	Health Clinic Payments											
18B2	Prepaid Inpatient Health Plan											
18B2a	MCO PIHP - Evaluation and Management											
18B2b	MCO PIHP - Vaccine codes											
18B2c	MCO PIHP - Community First Choice											
	MCO PIHP - Preventive Services Grade A OR B,											
	ACIP Vaccines and their Admin											
	Medicaid PIHP - Certified Community Behavior											
18B2e	Health Clinic Payments											
	Medicaid Health Insurance Payments: Group											
18C	Health Plan Payments											
	Medicaid Health Insurance Payments:											
18D	Coinsurance and Deductibles											
18E	Medicaid Health Insurance Program: Other											
	Home and Community-Based Services - Regular											
19A	Payment (Waiver)											
	Home and Community-Based Services - State											
19B	Plan 1915(i) Only Payment											
	Home and Community-Based Services - State											
19C	Plan 1915(j) Only Payment											
	Home and Community Based Services State											
19D	Plan 1915(k) Community First Choice											
22	Programs Of All-Inclusive Care Elderly											
23A	Personal Care Services - Regular Payment											
23B	Personal Care Services - SDS 1915(j)											
	Targeted Case Management Services -											
24A	Community Case-Management											
24B	Case Management - State Wide											
25	Primary Care Case Management Services											
26	Hospice Benefits											
27	Emergency Services for Undocumented Aliens											
28	Federally-Qualified Health Center											
29	Non-Emergency Medical Transportation											

For the Medical Assistance Program

Prior Period Adjustments in This Quarter

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

						Opt. Breast or	Opt. Breast or					
					Family	Cervical	Cervical					
		Total			Planning	Cancer Srvcs	Cancer Srvcs			Prompt	Total Federal	Deferral or CIN
		Computable	FMAP	I.H.S. Services	Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Payment	Share	Number
30	Physical Therapy											
31	Occupational Therapy											
32	Services for Speech, Hearing and Language											
33	Prosthetic Devices, Dentures, Eyeglasses											
34	Diagnostic Screening & Preventive Services											
	Preventive Services Grade A OR B, ACIP											
34A	Vaccines and their Admin											
35	Nurse Mid-Wife											
36	Emergency Hospital Services											
37	Critical Access Hospitals											
38	Nurse Practitioner Services											
39	School Based Services											
40	Rehabilitative Services (non-school-based)											
41	Private Duty Nursing											
42	Freestanding Birth Center											
	Health Home for Enrollees w Chronic											
43	Conditions											
44	Tobacco Cessation for Preg Women											
	Health Home for Enrollees w Substance-Use-											
45	Disorder											
49	Other Care Services											
50	Total											

For the Medical Assistance Program

Prior Period Adjustments in This Quarter

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

Line:

Waiver Type:

Waiver Number:

						Opt. Breast or	Opt. Breast or					
					Family	Cervical	Cervical					
		Total			Planning	Cancer Srvcs	Cancer Srvcs			Prompt	Total Federal	Deferral or CIN
		Computable	FMAP	I.H.S. Services	Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Payment	Share	Number
1A	Inpatient Hospital Services: Regular Payments											
	Inpatient Hospital Services: DSH Adjustment											
1B	Payments											
	Inpatient Hospital Services - Supplemental											
1C	Payments		-	-		-						
1D	Inpatient Hospital Services - GME Payments											
10	Mental Health Facility Services: Regular											
2A	Payments											
2/1	Mental Health Facility Services: DSH		1	1	1	1		1	1	1	1	
2B	Adjustment Payments											
	Certified Community Behavior Health Clinic		1	1					1			
2C	Payments											
3A	Nursing Facility Services - Regular Payments											
	Nursing Facility Services - Supplemental											
3B	Payments											
	Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Public Providers											
4A												
	Intermediate Care Facility Services - Ind. with											
4B	Intellectual Disabilities: Private Providers											
	Intermediate Care Facility Services - Ind. with											
4C	Intellectual Disabilities: Supplemental Payments											
	Physician and Surgical Services - Regular											
5A	Payments											
	Physician and Surgical Services - Supplemental											
5B	Payments											
	Physician & Surgical Services - Evaluation and											
5C	Management					+					+	
5D	Physician & Surgical Services - Vaccine codes Outpatient Hospital Services - Regular											
6A	Payments											
0A	rayments				1	1	1	1		1		

For the Medical Assistance Program

Prior Period Adjustments in This Quarter

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

Line:

Waiver Type:

Waiver Number:

						Opt. Breast or	Ont Breast or					1
					Family.	Cervical	Cervical					
					Family						L	
		Total			Planning	Cancer Srvcs	Cancer Srvcs			Prompt		Deferral or CIN
		Computable	FMAP	I.H.S. Services	Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Payment	Share	Number
	Outpatient Hospital Services - Supplemental											
6b	Payments											
7	Prescribed Drugs											
7A1	Drug Rebate - National Agreement											
7A2	Drug Rebate - State Sidebar Agreement											
7A3	MCO - National Agreement											
7A4	MCO - State Sidebar Agreement											
7A5	Increased ACA OFFSET - Fee for Service - 100%											
7A6	Increased ACA OFFSET - MCO - 100%											
8	Dental Services											
9A	Other Practitioners Services - Regular Payments											
	Other Practitioners Services - Supplemental											
9B	Payments											
10	Clinic Services											
11	Laboratory And Radiological Services											
12	Home Health											
13	Sterilizations											
14	Abortions											
15	EPSDT Screening Services											
16	Rural Health Clinic Services											
	Medicare Health Insurance Payments: Part A											
17A	Premiums											
	Medicare Health Insurance Payments: Part B											
17B	Premiums											
	Medicare Health Insurance Payments:											
17C1	Qualifying Individuals/120% - 134% of Poverty											
	Medicare Health Insurance Payments:											
17D	Coinsurance and Deductibles											
	Medicaid Health Insurance Payments: Managed											
18A	Care Organizations											
					1		1			1		
18A1	Medicaid MCO - Evaluation and Management											
18A2	Medicaid MCO - Vaccine codes				1		1			1		
	Medicaid MCO - Community First Choice				1		1			1		
1043	inculture inco community mat choice	l	I	I	1		I	I	1	I	1	L

For the Medical Assistance Program

Prior Period Adjustments in This Quarter

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

Line:

Waiver Type:

Waiver Number:

						Opt. Breast or	Opt. Breast or					
					Family	Cervical	Cervical					
		Total			Planning	Cancer Srvcs	Cancer Srvcs			Prompt	Total Federal	Deferral or CIN
		Computable	FMAP	I.H.S. Services	-	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Payment	Share	Number
		-				,	(
	Medicaid MCO - Preventive Services Grade A											
18A4	OR B, ACIP Vaccines and their Admin											
	Medicaid MCO - Certified Community Behavior											
18A5	Health Clinic Payments											
	Prepaid Ambulatory Health Plan											
	MCO PAHP - Evaluation and Management											
18B1b	MCO PAHP - Vaccine codes											
18B1c	MCO PAHP - Community First Choice											
	MCO PAHP - Preventive Services Grade A OR B,											
18B1d	ACIP Vaccines and their Admin											
	Medicaid PAHP - Certified Community Behavior											
18B1e	Health Clinic Payments											
18B2	Prepaid Inpatient Health Plan											
18B2a	MCO PIHP - Evaluation and Management											
	MCO PIHP - Vaccine codes											
18B2c	MCO PIHP - Community First Choice											
	MCO PIHP - Preventive Services Grade A OR B,											
18B2d	ACIP Vaccines and their Admin											
	Medicaid PIHP - Certified Community Behavior											
18B2e	Health Clinic Payments											
	Medicaid Health Insurance Payments: Group											
18C	Health Plan Payments											
	Medicaid Health Insurance Payments:											
18D	Coinsurance and Deductibles											
18E	Medicaid Health Insurance Program: Other											
	Home and Community-Based Services - Regular											
19A	Payment (Waiver)											
	Home and Community-Based Services - State											
19B	Plan 1915(i) Only Payment											
	Home and Community-Based Services - State											
19C	Plan 1915(j) Only Payment											
	Home and Community Based Services State											
19D	Plan 1915(k) Community First Choice											
22	Programs Of All-Inclusive Care Elderly											
23A	Personal Care Services - Regular Payment											

For the Medical Assistance Program

Prior Period Adjustments in This Quarter

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

Line:

Waiver Type:

Waiver Number:

		Total Computable	FMAP	Family Planning Services	Cancer Srvcs	Opt. Breast or Cervical Cancer Srvcs (IHS Rate)	Other %	Federal Share	Prompt Payment	Total Federal Share	Deferral or CIN Number
23B	Personal Care Services - SDS 1915(j)			 	((
_	Targeted Case Management Services -										
24A	Community Case-Management										
	Case Management - State Wide										
25	Primary Care Case Management Services										
	Hospice Benefits										
27	Emergency Services for Undocumented Aliens										
28	Federally-Qualified Health Center										
29	Non-Emergency Medical Transportation										
30	Physical Therapy										
31	Occupational Therapy										
32	Services for Speech, Hearing and Language										
33	Prosthetic Devices, Dentures, Eyeglasses										
34	Diagnostic Screening & Preventive Services										
	Preventive Services Grade A OR B, ACIP										
34A	Vaccines and their Admin										
35	Nurse Mid-Wife										
36	Emergency Hospital Services										
37	Critical Access Hospitals										
38	Nurse Practitioner Services										
39	School Based Services										
40	Rehabilitative Services (non-school-based)										
41	Private Duty Nursing										
42	Freestanding Birth Center										
	Health Home for Enrollees w Chronic										
43	Conditions										
44	Tobacco Cessation for Preg Women										
	Health Home for Enrollees w Substance-Use-										
45	Disorder										
49	Other Care Services										
50	Total										

State:

Medicaid Overpayment Adjustment

Quarter Ended:

		Total		Federa	al Share		Total	
		Computable	FY	FY	FY	FY	Federal	
	Overpayment Activity	(A)	(B)	(C)	(D)	(E)	(F)	
1	Overpayments Not Collected Or Adjusted But Refunded Because Of The Expiration Of The 1 Year Time Limit		VIII:	VIII:	VIII:	VIII:	VIII:	22
2	Decreasing Adjustments To Amounts Previously Reported On Line 1		VIII:	VIII:	VIII:	VIII:	VIII:	0
3	Subtotal		VIII:	VIII:	VIII:	VIII:	VIII:	22
4	Previously Reported Overpayments To Providers Certified This Quarter As Bankrupt Or Out Of Business		VIII:	VIII:	VIII:	VIII:	VIII:	0
5	Total Overpayment Adjustments This Quarter		VIII:	VIII:	VIII:	VIII:	VIII:	22

Fraud, Waste & Abuse Amounts Overpayments - Federal Credit Due

From Medicaid Program Integrity Activities

State:

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

Medicaid Eligibility Quality Control Collections and Overpayment

State:

Quarter Ended:

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

State:

Quarter Ended:

Medicaid Overpayment Adjustment

olulo.					Quarter E	nucu.	
			Federa	al Share			
	Total		PERM-identifie	d Overpayments	S _.	Total	
	Computable	FY	FY	FY	FY	Federa	al
PERM Activity	(A)	(B)	(C)	(D)	(E)	(F)	
1 Overpayments Not Collected Or Adjusted But Refunded Because Of The Expiration Of The 1 Year Time Limit		VIII:	VIII:	VIII:	VIII:		
2 Decreasing Adjustments To Amounts	5					VIII:	800
Previously Reported On Line 1							
		VIII:	VIII:	VIII:	VIII:	VIII:	(
3 Subtotal							
		VIII:	VIII:	VIII:	VIII:	VIII:	800
4 Previously Reported Overpayments To Providers Certified This Quarter As Bankrupt Or Out Of Business							
		VIII:	VIII:	VIII:	VIII:	VIII:	(
5 Total Overpayment Adjustments This Quarter	5						
		VIII:	VIII:	VIII:	VIII:	VIII:	800
L						4	

Medicaid Overpayment Adjustment

State:

Quarter Ended:

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

Form CMS 64.9A - Third Party Liability Collections and Cost Avoidance

State:

		Total Computable	 Group Federal	ARRA Federal Share	BIPP Federal Share	Federal Share
	Amount Of Third Liabilty Collections Made In					
1.a.	This Quarter By Source: Medicare Title XVIII					
	Other Collections: Health Insurance					
2	Other Collections: Casualty Insurance					
с.	Total Collections Under Cooperative Agreements Section 1903(p) And Assignment of Right Section 1912					
1	Total Collections: Less Excess Paid To Individuals					
2	Net Collections To Reimburse State Title XIX Medical Payments					
3	Less 15% Incentive Actually Paid Under Section 1903(p)(1)					
4	Net Federal Share Of Collections Reportable					
2	Total Third Party Liabilty Collections					
1	Medicare Title XVIII					
2	Health Insurance					
3	Other Cost Avoidance					

For the Medical Assistance Program

Expenditures in This Quarter

State:

						Ont Breast or	Opt. Breast or				
					Family	Cervical	Cervical				
		Total			Planning	Cancer Srvcs	Cancer Srvcs			Prompt	Total Federal
		Computable	FMAP	I.H.S. Services	-	(ENH Rate)	(IHS Rate)	Other %	Federal Share	•	Share
-		Computable	FIVIAP	I.H.S. Services	Services	(ENH Kate)	(IIIS Kate)	Other %	reueral Share	Payment	Share
1A	Inpatient Hospital Services - Regular Payments										
17,	Inpatient Hospital Service - DSH Adjustment										
1B	Payments										
	Inpatient Hospital Services - Supplemental										
1C	Payments										
1D	Inpatient Hospital Services - GME Payments										
	Mental Health Facility Services - Regular										
2A	Payments										
	Mental Health Facility Services - DSH										
2B	Adjustment Payments										
	Certified Community Behavior Health Clinic										
2C	Payments										
2.4											
3A	Nursing Facility Services - Regular Payments										
20	Nursing Facility Services - Supplemental										
3B	Payments										
	Intermediate Care Facility Services - Ind. with										
4A	Intellectual Disabilities: Public Providers										
-77											
	Intermediate Care Facility Services - Ind. with										
4B	Intellectual Disabilities: Private Providers										
	Intermediate Care Facility Services - Ind. with										
4C	Intellectual Disabilities: Supplemental Payments										
	Physician and Surgical Services - Regular										
5A	Payments										
	Physician and Surgical Services - Supplemental										
5B	Payments					ļ					
	Physician & Surgical Services - Evaluation and										
5C	Management										
5D	Physician & Surgical Sorvices Massing codes										
עכ	Physician & Surgical Services - Vaccine codes Outpatient Hospital Services - Regular					1	-				<u> </u>
6A	Payments										
54	Outpatient Hospital Services - Supplemental										
6b	Payments										
55		ł	ļ	1		1	1	Į	I		ļ

For the Medical Assistance Program

Expenditures in This Quarter

State:

					Opt. Breast or	Opt. Breast or				
				Family	Cervical	Cervical				
		Total		Planning	Cancer Srvcs	Cancer Srvcs			Prompt	Total Federal
		Computable	FMAP	Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Payment	Share
7	Prescribed Drugs				. ,	. ,				
	Drug Rebate Offset - National Agreement									
	Drug Rebate Offset - State Sidebar Agreement									
	MCO - National Agreement									
7A4	MCO - State Sidebar Agreement									
7A5	Increased ACA OFFSET - Fee for Service - 100%									
7A6	Increased ACA OFFSET - MCO - 100%									
8	Dental Services									
9A	Other Practitioners Services - Regular Payments									
	Other Practitioners Services - Supplemental									
9B	Payments									
10	Clinic Services									
11	Laboratory And Radiological Services									
12	Home Health Services									
13	Sterilizations									
14	Abortions No.									
15	EPSDT Screening Services									
16	Rural Health Clinic Screening									
	Medicare Health Insurance Payments - Part A									
17A	Premiums									
	Medicare Health Insurance Payments - Part B									
17B	Premiums									
17C1	120% - 134% Of Poverty									
	Coinsurance And Deductibles									
	Medicaid Health Insurance Payments: Managed									
18A	Care Organizations (MCO)									
18A1	Medicaid MCO - Evaluation and Management									
18A2	Medicaid MCO - Vaccine codes									
18A3	Medicaid MCO - Community First Choice									
	Medicaid MCO - Preventive Services Grade A									
18A4	OR B, ACIP Vaccines and their Admin									
	Medicaid MCO - Certified Community Behavior									
18A5	Health Clinic Payments									
18B1	Prepaid Ambulatory Health Plan									

For the Medical Assistance Program

Expenditures in This Quarter

State:

						Opt. Breast or	Opt. Breast or				
					Family	Cervical	Cervical				
		Total			Planning	Cancer Srvcs	Cancer Srvcs			Prompt	Total Federal
		Computable	FMAP	I.H.S. Services	Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Payment	Share
18B1a	MCO PAHP - Evaluation and Management										
18B1b	MCO PAHP - Vaccine codes										
18B1c	MCO PAHP - Community First Choice										
	MCO PAHP - Preventive Services Grade A OR B,										
18B1d	ACIP Vaccines and their Admin										
	Medicaid PAHP - Certified Community Behavior										
18B1e	Health Clinic Payments										
	Prepaid Inpatient Health Plan										
18B2a	MCO PIHP - Evaluation and Management										
18B2b	MCO PIHP - Vaccine codes										
	MCO PIHP - Community First Choice										
	MCO PIHP - Preventive Services Grade A OR B,										
	ACIP Vaccines and their Admin										
	Medicaid PIHP - Certified Community Behavior										
	Health Clinic Payments										
	Medicaid Health Insurance Payments: Group										
	Health Plan Payments										
	Medicaid Health Insurance Payments:										
18D	Coinsurance And Deductibles										
	Medicaid Health Insurance Payments: Other										
	Home and Community-Based Services - Regular										
	Payment (Waiver)										
	Home and Community-Based Services - State										
	Plan 1915(i) Only Payment										
	Home and Community-Based Services - State										
19C	Plan 1915(j) Only Payment										
	Home and Community Based Services State										
	Plan 1915(k) Community First Choice										
	Programs Of All-Inclusive Care Elderly			ļ		ļ					
	Personal Care Services - Regular Payment			ļ		ļ					
23B	Personal Care Services - SDS 1915(j)								-		
	Targeted Case Management Services -										
	Community Case-Management								-		
	Case Management - State Wide			 		 					
	Primary Care Case Management Services										
26	Hospice Benefits										

For the Medical Assistance Program

Expenditures in This Quarter

State:

					Family	Opt. Breast or Cervical	Opt. Breast or Cervical				
		Total			Planning		Cancer Srvcs			Dromet	Total Federal
			FMAP	I.H.S. Services	-			Other %		Prompt	Share
		Computable	FIVIAP	I.H.S. Services	Services	(ENH Kate)	(IHS Rate)	Other %	rederal Share	Payment	Snare
27	Emergency Services for Undocumented Aliens										
	Federally-Qualified Health Center										
	Non-Emergency Medical Transportation										
	Physical Therapy										
	Occupational Therapy										
01											
32	Services for Speech, Hearing and Language										
	Prosthetic Devices, Dentures, Eyeglasses										
34	Diagnostic Screening & Preventive Services										
	Preventive Services Grade A OR B, ACIP										
34A	Vaccines and their Admin										
35	Nurse Mid-Wife										
36	Emergency Hospital Services										
37	Critical Access Hospitals										
38	Nurse Practitioner Services										
39	School Based Services										
40	Rehabilitative Services (non-school-based)										
41	Private Duty Nursing										
42	Freestanding Birth Center										
	Health Home for Enrollees w Chronic										
	Conditions										
44	Tobacco Cessation for Preg Women										
	Health Home for Enrollees w Substance-Use-										
45	Disorder										
49	Other Care Services										
50	Total										

For the Medical Assistance Program

Prior Period Adjustments in This Quarter

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

						Opt. Breast or	Opt. Breast or					
					Family	Cervical	Cervical					
		Total			Planning	Cancer Srvcs	Cancer Srvcs			Prompt	Total Federal	Deferral or CIN
		Computable	FMAP	I.H.S. Services	Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share		Share	Number
						,	(
1A	Inpatient Hospital Services: Regular Payments											
	Inpatient Hospital Services: DSH Adjustment											
1B	Payments											
	Inpatient Hospital Services - Supplemental											
1C	Payments											
1D	Inpatient Hospital Services - GME Payments											
	Mental Health Facility Services: Regular											
2A	Payments											
	Mental Health Facility Services: DSH											
2B	Adjustment Payments											
	Certified Community Behavior Health Clinic											
2C	Payments											
3A	Nursing Facility Services - Regular Payments											
	Nursing Facility Services - Supplemental											
3B	Payments											
	Intermediate Care Facility Services - Ind. with											
4A	Intellectual Disabilities: Public Providers											
	Intermediate Care Facility Services - Ind. with											
4B	Intellectual Disabilities: Private Providers											
	Intermediate Care Facility Services - Ind. with											
4C	Intellectual Disabilities: Supplemental Payments											
	Physician and Surgical Services - Regular											
5A	Payments											
	Physician and Surgical Services - Supplemental											
5B	Payments											
	Physician & Surgical Services - Evaluation and											
5C	Management											
5D	Physician & Surgical Services - Vaccine codes											
	Outpatient Hospital Services - Regular				1							1
6A	Payments											
	Outpatient Hospital Services - Supplemental											
6b	Payments											
7	Prescribed Drugs											
7A1	Drug Rebate Offset - National Agreement											

For the Medical Assistance Program

Prior Period Adjustments in This Quarter

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

Line:

E

						Opt. Breast or	Opt. Breast or					
					Family	Cervical	Cervical					
		Total			Planning	Cancer Srvcs	Cancer Srvcs			Prompt	Total Federal	Deferral or CIN
		Computable	FMAP	I.H.S. Services	Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Payment	Share	Number
7A2	Drug Rebate Offset - State Sidebar Agreement											
7A3	MCO - National Agreement											
7A4	MCO - State Sidebar Agreement											
7A5	Increased ACA OFFSET - Fee for Service - 100%											
7A6	Increased ACA OFFSET - MCO - 100%											
8	Dental Services											
9A	Other Practitioners Services - Regular Payments											
	Other Practitioners Services - Supplemental											
9B	Payments											
10	Clinic Services											
11	Laboratory And Radiological Services											
12	Home Health Services											
13	Sterilizations											
14	Abortions											
15	EPSDT Screening Services											
16	Rural Health Clinic Services											
	Medicare Health Insurance Payments: Part A											
17A	Premiums											
	Medicare Health Insurance Payments: Part B											
17B	Premiums											
	Medicare Health Insurance Payments:											
17C1	Qualifying Individuals/120% - 134% of Poverty											
	Medicare Health Insurance Payments:											
17D	Coinsurance and Deductibles											
	Medicaid Health Insurance Payments: Managed											
18A	Care Organizations											
	Medicaid MCO - Evaluation and Management											
	Medicaid MCO - Vaccine codes											
18A3	Medicaid MCO - Community First Choice											
	Medicaid MCO - Preventive Services Grade A											
18A4	OR B, ACIP Vaccines and their Admin											
	Medicaid MCO - Certified Community Behavior											
18A5	Health Clinic Payments											
18B1	Prepaid Ambulatory Health Plan											
18B1a	MCO PAHP - Evaluation and Management											

For the Medical Assistance Program

Prior Period Adjustments in This Quarter

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

						Opt. Breast or	Opt. Breast or					
					Family	Cervical	Cervical					
		Total			Planning	Cancer Srvcs	Cancer Srvcs			Prompt	Total Federal	Deferral or CIN
		Computable	FMAP	I.H.S. Services	Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Payment	Share	Number
	MCO PAHP - Vaccine codes											
18B1c	MCO PAHP - Community First Choice											
	MCO PAHP - Preventive Services Grade A OR B,											
18B1d	ACIP Vaccines and their Admin											
	Medicaid PAHP - Certified Community Behavior											
	Health Clinic Payments											
18B2	Prepaid Inpatient Health Plan											
	MCO PIHP - Evaluation and Management											
18B2b	MCO PIHP - Vaccine codes											
18B2c	MCO PIHP - Community First Choice											
	MCO PIHP - Preventive Services Grade A OR B,											
18B2d	ACIP Vaccines and their Admin											
	Medicaid PIHP - Certified Community Behavior											
18B2e	Health Clinic Payments											
	Medicaid Health Insurance Payments: Group											
18C	Health Plan Payments											
	Medicaid Health Insurance Payments:											
18D	Coinsurance and Deductibles											
18E	Medicaid Health Insurance Program: Other											
	Home and Community-Based Services - Regular											
19A	Payment (Waiver)											
	Home and Community-Based Services - State											
	Plan 1915(i) Only Payment											
	Home and Community-Based Services - State											
19C	Plan 1915(j) Only Payment											
												-
	Home and Community Based Services State											
19D	Plan 1915(k) Community First Choice											
	Programs Of All-Inclusive Care Elderly											-
-	Personal Care Services - Regular Payment											
	Personal Care Services - SDS 1915(j)		1	1		1	ł	ł			1	1 1
100	Targeted Case Management Services -		1	1		1	ł	ł			1	1 1
24A	Community Case-Management											
-	Case Management - State Wide		1	1		1	1	1				1
25	Primary Care Case Management Services		1	1		1	ł	ł			1	1
26	Hospice Benefits		1	1		1	1	1			1	1
			1	1		1	ł	ł			1	1
27	Emergency Services for Undocumented Aliens											
-	Federally-Qualified Health Center			1		1	1	1			1	
_	Non-Emergency Medical Transportation											
23	Non Energency Medical Hansportation		1	1	L		1	1		L		

For the Medical Assistance Program

Prior Period Adjustments in This Quarter

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

						Opt. Breast or	Opt. Breast or					
					Family	Cervical	Cervical					
		Total			Planning	Cancer Srvcs	Cancer Srvcs			Prompt	Total Federal	Deferral or CIN
		Computable	FMAP	I.H.S. Services	Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Payment	Share	Number
30	Physical Therapy											
31	Occupational Therapy											
32	Services for Speech, Hearing and Language											
33	Prosthetic Devices, Dentures, Eyeglasses											
34	Diagnostic Screening & Preventive Services											
	Preventive Services Grade A OR B, ACIP											
34A	Vaccines and their Admin											
35	Nurse Mid-Wife											
36	Emergency Hospital Services											
37	Critical Access Hospitals											
38	Nurse Practitioner Services											
39	School Based Services											
40	Rehabilitative Services (non-school-based)											
41	Private Duty Nursing											
42	Freestanding Birth Center											
	Health Home for Enrollees w Chronic											
43	Conditions											
44	Tobacco Cessation for Preg Women											
	Health Home for Enrollees w Substance-Use-											
45	Disorder											
49	Other Care Services											
50	Total											

Form CMS 64.10 BASE - Expenditures for State and Local Administration

For the Medical Assistance Program

Expenditures in This Quarter

State:

		Total	FFP Federal			Total Federal
		Computable	Share	Other %	Federal Share	Share
1	Family Planning					
	Design Development Or Installation Of MMIS:					
2A	Cost of In-House Activities					
	Design Development Or Installation Of MMIS:					
2B	Cost of Private Sector Contractors					
	Skilled Professional Medical Personnel-Single					
3A	State Agency					
	Skilled Professional Medical Personnel - Other					
3B	Agency					
	Operation Of An Approved MMIS: Costs of In-					
	House Activities Plus State Agencies And					
4A	Institutions					
	Operation Of An Approved MMIS: Cost of					
4B	Private Sector Contractors					
	Mechanized Systems, Not Approved Under					
5A	MMIS Procedures: Costs Of In-House Activities			_		
	Mechanized Systems, Not Approved Under					
	MMIS Procedures: Cost Of Private Sector					
5B	Contractors					
	Mechanized Systems - Not Approved under					
5C	MMIS Procedures: Interagency					
6	Quality Improvement Organizations					
	Third Party Liability: Recovery Procedure -					
7A	Billing Offset					
	Third Party Liability: Assignment Of Rights -					
7B	Billing Offset					

Form CMS 64.10 BASE - Expenditures for State and Local Administration

For the Medical Assistance Program

Expenditures in This Quarter

State:

		Total	FFP Federal			Total Federal
		Computable	Share	Other %	Federal Share	Share
	Immigration Status Verification System Costs					
8	(100% FFP)					
9	Nurse Aide Training Costs					
10	Preadmission Screening Costs					
11	Resident Review Activities Costs					
12	Drug Use Review Program					
13	Outstationed Eligibility Workers					
14	TANF Base					
15	TANF Secondary 90%					
16	TANF Secondary 75%					
17	External Review					
18	Enrollment Brokers					
19	School Based Administration					
	Program Integrity/Fraud, Waste, and Abuse					
20	Activities					
21	County/Local ADM Costs					
22	Interagency Costs (State Level)					
23	Translation and Interpretation					
24	Health Information Technology Administration					
24A	HIT: Planning: Cost of In-house Activities					
24B	HIT: Planning: Cost of Private Contractors					
	HIT: Implementation and Operation: Cost of In-					
24C	house Activities					
	HIT: Implementation and Operation: Cost of					
24D	Private Contractors					

Form CMS 64.10 BASE - Expenditures for State and Local Administration

For the Medical Assistance Program

Expenditures in This Quarter

State:

		Total	FFP Federal			Total Federal
		Computable	Share	Other %	Federal Share	Share
24E	HIT Incentive Payments - Eligible Professionals					
24F	HIT Incentive Payments - Eligible Hospitals					
25	Citizenship Verification Technology - CHIPRA					
25A	CVT Development - CHIPRA					
25B	CVT Operation - CHIPRA					
26	Planning for Health Homes for Enrollees with Chronic Conditions					
	Recovery Audit Contractors State					
27	Administration					
28A	Design Development/Installation of Medicaid Elig. Determ. Sys. – Cost of In-house Activities					
	Design Development/Installation of Medicaid Elig. Determ. Sys. – Cost of Private Sec.					
28B	Contractors					
	Operation of an Approved Medicaid Eligibility Determination Systems – Cost of In-house					
28C	Activities					
	Operation of an Approved Medicaid Eligibility Determination Sys. – Cost of Private Sec.					
28D	Contractors					
28E	Eligibility Determination Staff – Cost of In- house Activities					

Centers for Medicare & Medicaid Services

Form CMS 64.10 BASE - Expenditures for State and Local Administration

For the Medical Assistance Program

Expenditures in This Quarter

State:

		Total	FFP Federal			Total Federal
		Computable	Share	Other %	Federal Share	Share
	Eligibility Determination Staff – Cost of Private					
28F	Sector Contractors					
	Eligibility Determination Staff – Cost of In-					
28G	house Activities – 50% FFP					
	Eligibility Determination Staff – Cost of Private					
28H	Sector Contractors – 50% FFP					
29	Non-Emergency Medical Transportation					
30	Design Development/Implementation of Prescription Drug Monitoring Program Systems					
49	Other Financial Participation					
50	Total					

Centers for Medicare & Medicaid Services

Form CMS 64.10 WAIVER - Expenditures for State and Local Administration

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 9/30/2019

Waiver Type:

Waiver Number:

		Total	FFP Federal			Total Federal
		Computable	Share	Other %	Federal Share	Share
1	Family Planning					
	Design Development Or Installation Of MMIS:					
2A	Cost of In-House Activities					
	Design Development Or Installation Of MMIS:					
2B	Cost of Private Sector Contractors					
	Skilled Professional Medical Personnel-Single					
3A	State Agency					
	Skilled Professional Medical Personnel - Other					
3B	Agency					
	Operation Of An Approved MMIS: Costs of In-					
	House Activities Plus State Agencies And					
4A	Institutions					
	Operation Of An Approved MMIS: Cost of					
4B	Private Sector Contractors			_		
	Mechanized Systems, Not Approved Under					
5A	MMIS Procedures: Costs Of In-House Activities					
	Mechanized Systems, Not Approved Under					
	MMIS Procedures: Cost Of Private Sector					
5B	Contractors					
	Mechanized Systems - Not Approved under					
5C	MMIS Procedures: Interagency					
6	Quality Improvement Organizations					

Centers for Medicare & Medicaid Services

Form CMS 64.10 WAIVER - Expenditures for State and Local Administration

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 9/30/2019

Waiver Type:

Waiver Number:

		Total	FFP Federal			Total Federal
		Computable	Share	Other %	Federal Share	Share
	Third Party Liability: Recovery Procedure -					
7A	Billing Offset					
	Third Party Liability: Assignment Of Rights -					
7B	Billing Offset					
	Immigration Status Verification System Costs					
8	(100% FFP)					
9	Nurse Aide Training Costs					
10	Preadmission Screening Costs					
11	Resident Review Activities Costs					
12	Drug Use Review Program					
13	Outstationed Eligibility Workers					
14	TANF Base					
15	TANF Secondary 90%					
16	TANF Secondary 75%					
17	External Review					
18	Enrollment Brokers					
19	School Based Administration					
	Program Integrity/Fraud, Waste, and Abuse					
20	Activities					
21	County/Local ADM Costs					
22	Interagency Costs					
23	Translation and Interpretation					
24	Health Information Technology Administration					

Centers for Medicare & Medicaid Services

Form CMS 64.10 WAIVER - Expenditures for State and Local Administration

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 9/30/2019

Waiver Type:

Waiver Number:

		Total	FFP Federal			Total Federal
		Computable	Share	Other %	Federal Share	Share
24A	HIT: Planning: Cost of In-house Activities					
24B	HIT: Planning: Cost of Private Contractors					
	HIT: Implementation and Operation: Cost of In-					
24C	house Activities					
	HIT: Implementation and Operation: Cost of					
24D	Private Contractors					
24E	HIT Incentive Payments - Eligible Professionals					
24F	HIT Incentive Payments - Eligible Hospitals					
25	Citizenship Verification Technology - CHIPRA					
25A	CVT Development - CHIPRA					
25B	CVT Operation - CHIPRA					
	Planning for Health Homes for Enrollees with					
26	Chronic Conditions					
	Recovery Audit Contractors State					
27	Administration					
	Design Development/Installation of Medicaid					
28A	Elig. Determ. Sys. – Cost of In-house Activities					
	Design Development/Installation of Medicaid					
	Elig. Determ. Sys. – Cost of Private Sec.					
28B	Contractors					

Centers for Medicare & Medicaid Services

Form CMS 64.10 WAIVER - Expenditures for State and Local Administration

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 9/30/2019

Waiver Type:

Waiver Number:

		Total	FFP Federal			Total Federal
		Computable	Share	Other %	Federal Share	Share
	Operation of an Approved Medicaid Eligibility					
	Determination Systems – Cost of In-house					
28C	Activities					
	Operation of an Approved Medicaid Eligibility					
	Determination Sys. – Cost of Private Sec.					
28D	Contractors					
	Eligibility Determination Staff – Cost of In-					
28E	house Activities					
	Eligibility Determination Staff – Cost of Private					
28F	Sector Contractors					
	Eligibility Determination Staff – Cost of In-					
28G	house Activities – 50% FFP					
	Eligibility Determination Staff – Cost of Private					
28H	Sector Contractors – 50% FFP					
29	Non-Emergency Medical Transportation					
	Design Development/Implementation of					
30	Prescription Drug Monitoring Program Systems					
49	Other Financial Participation					
50	Total					

Centers for Medicare & Medicaid Services

Form CMS 64.10P - Expenditures for State and Local Administration

For the Medical Assistance Program

Prior Period Adjustments

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

		Total	FFP Federal			Total Federal	Deferral or
		Computable	Share	Other %	Federal Share	Share	CIN Number
1	Family Planning						
	Design Development Or Installation Of MMIS:						
2A	Costs Of In-House Activities						
	Design Development Or Installation Of MMIS:						
2B	Costs Of Private Sector Contractors						
	Skilled Professional Medical Personnel-Single						
3A	State Agency						
	Skilled Professional Medical Personnel - Other						
3B	Agency						
	Operation Of An Approved MMIS: Cost Of In-						
4A	House Activities						
	Operation Of An Approved MMIS: Cost Of						
4B	Private Sector Contractors			_			
	Mechanized Systems, not Approved Under						
5A	MMIS Procedures: Costs Of In-House Activities						
5/1	Mechanized Systems, Not Approved Under						
	MMIS Procedures: Cost Of Private Sector						
5B	Contractors						
	Mechanized Systems - Not Approved under	1	1				
5C	MMIS Procedures: Interagency						
6	Quality Improvement Organizations					1	
	Third Party Liability: Recovery Procedure -					1	
7A	Billing Offset						

Centers for Medicare & Medicaid Services

Form CMS 64.10P - Expenditures for State and Local Administration

For the Medical Assistance Program

Prior Period Adjustments

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

		Total	FFP Federal			Total Federal	Deferral or
		Computable	Share	Other %	Federal Share	Share	CIN Number
	Third Party Liability: Assignment Of Rights -						
7B	Billing Offset						
	Immigration Status Verification System Costs						
8	(100% FFP)						
9	Nurse Aide Training						
10	Preadmission Screening Costs						
11	Resident Review Activities Cost						
12	Drug Use Review Program						
13	Outstationed Eligibility Workers						
14	TANF Base						
15	TANF Secondary (90%)						
16	TANF Secondary (75%)						
17	External Review						
18	Enrollment Brokers						
19	School Based Administration						
	Program Integrity/Fraud, Waste, and Abuse						
20	Activities						
21	County/Local ADM Costs						
22	Interagency Costs						
23	Translation and Interpretation						
24	Health Information Technology Administration						
24A	HIT: Planning: Cost of In-house Activities						
24B	HIT: Planning: Cost of Private Contractors						

Centers for Medicare & Medicaid Services

Form CMS 64.10P - Expenditures for State and Local Administration

For the Medical Assistance Program

Prior Period Adjustments

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

		Total	FFP Federal			Total Federal	Deferral or
		Computable	Share	Other %	Federal Share	Share	CIN Number
	HIT: Implementation and Operation: Cost of In-						
24C	house Activities						
	HIT: Implementation and Operation: Cost of						
24D	Private Contractors						
24E	HIT Incentive Payments - Eligible Professionals						
24F	HIT Incentive Payments - Eligible Hospitals						
25	Citizenship Verification Technology - CHIPRA						
25A	CVT Development - CHIPRA						
25B	CVT Operation - CHIPRA						
	Planning for Health Homes for Enrollees with						
26	Chronic Conditions						
	Recovery Audit Contractors State						
27	Administration						
	Design Development/Installation of Medicaid						
28A	Elig. Determ. Sys. – Cost of In-house Activities						
	Design Development/Installation of Medicaid						
	Elig. Determ. Sys. – Cost of Private Sec.						
28B	Contractors						
	Operation of an Approved Medicaid Eligibility						
	Determination Systems – Cost of In-house						
28C	Activities						

Centers for Medicare & Medicaid Services

Form CMS 64.10P - Expenditures for State and Local Administration

For the Medical Assistance Program

Prior Period Adjustments

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

		Total	FFP Federal			Total Federal	Deferral or
		Computable	Share	Other %	Federal Share	Share	CIN Number
	Operation of an Approved Medicaid Eligibility						
	Determination Sys. – Cost of Private Sec.						
28D	Contractors						
	Eligibility Determination Staff – Cost of In-						
28E	house Activities						
	Eligibility Determination Staff – Cost of Private						
28F	Sector Contractors						
	Eligibility Determination Staff – Cost of In-						
28G	house Activities – 50% FFP						
	Eligibility Determination Staff – Cost of Private						
28H	Sector Contractors – 50% FFP						
29	Non-Emergency Medical Transportation						
	Design Development/Implementation of						
30	Prescription Drug Monitoring Program Systems						
49	Other Financial Participation						
50	Total						

Form CMS 64.10P Waiver - Expenditures for State and Local Administration

For the Medical Assistance Program

Prior Period Adjustments

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

Line:

Waiver Type:

Waiver Number:

		Total	FFP Federal			Total Federal	Deferral or
		Computable	Share	Other %	Federal Share	Share	CIN Number
1	Family Planning						
	Design Development Or Installation Of MMIS:						
2A	Costs Of In-House Activities						
	Design Development Or Installation Of MMIS:						
2B	Costs Of Private Sector Contractors						
	Skilled Professional Medical Personnel-Single						
3A	State Agency						
	Skilled Professional Medical Personnel - Other						
3B	Agency						
	Operation Of An Approved MMIS: Cost Of In-						
4A	House Activities						
	Operation Of An Approved MMIS: Cost Of						
4B	Private Sector Contractors						
	Mechanized Systems, not Approved Under						
5A	MMIS Procedures: Costs Of In-House Activities						
	Mechanized Systems, Not Approved Under						
	MMIS Procedures: Cost Of Private Sector						
5B	Contractors						
	Mechanized Systems - Not Approved under						
5C	MMIS Procedures: Interagency						
6	Quality Improvement Organizations						

Centers for Medicare & Medicaid Services

Form CMS 64.10P Waiver - Expenditures for State and Local Administration

For the Medical Assistance Program

Prior Period Adjustments

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

Line:

Waiver Type:

Waiver Number:

		Total	FFP Federal			Total Federal	Deferral or
		Computable	Share	Other %	Federal Share	Share	CIN Number
	Third Party Liability: Recovery Procedure -						
7A	Billing Offset						
	Third Party Liability: Assignment Of Rights -						
7B	Billing Offset						
	Immigration Status Verification System Costs						
8	(100% FFP)						
9	Nurse Aide Training						
10	Preadmission Screening Costs						
11	Resident Review Activities Cost						
12	Drug Use Review Program						
13	Outstationed Eligibility Workers						
14	TANF Base						
15	TANF Secondary (90%)						
16	TANF Secondary (75%)						
17	External Review						
18	Enrollment Brokers						
19	School Based Administration						
	Program Integrity/Fraud, Waste, and Abuse						
20	Activities						
21	County/Local ADM Costs						
22	Interagency Costs						
23	Translation and Interpretation						

Centers for Medicare & Medicaid Services

Form CMS 64.10P Waiver - Expenditures for State and Local Administration

For the Medical Assistance Program

Prior Period Adjustments

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

Line:

Waiver Type:

Waiver Number:

		Total	FFP Federal			Total Federal	Deferral or
		Computable	Share	Other %	Federal Share	Share	CIN Number
24	Health Information Technology Administration						
24A	HIT: Planning: Cost of In-house Activities						
24B	HIT: Planning: Cost of Private Contractors						
	HIT: Implementation and Operation: Cost of In-						
24C	house Activities						
	HIT: Implementation and Operation: Cost of						
24D	Private Contractors						
24E	HIT Incentive Payments - Eligible Professionals						
24F	HIT Incentive Payments - Eligible Hospitals						
25	Citizenship Verification Technology - CHIPRA						
25A	CVT Development - CHIPRA						
25B	CVT Operation - CHIPRA						
	Planning for Health Homes for Enrollees with						
26	Chronic Conditions						
	Recovery Audit Contractors State						
27	Administration						

Centers for Medicare & Medicaid Services

Form CMS 64.10P Waiver - Expenditures for State and Local Administration

For the Medical Assistance Program

Prior Period Adjustments

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

Line:

Waiver Type:

Waiver Number:

		Total	FFP Federal			Total Federal	Deferral or
		Computable	Share	Other %	Federal Share	Share	CIN Number
	Design Development/Installation of Medicaid						
28A	Elig. Determ. Sys. – Cost of In-house Activities						
	Design Development/Installation of Medicaid						
	Elig. Determ. Sys. – Cost of Private Sec.						
28B	Contractors						
	Operation of an Approved Medicaid Eligibility						
	Determination Systems – Cost of In-house						
28C	Activities						
	Operation of an Approved Medicaid Eligibility						
	Determination Sys. – Cost of Private Sec.						
28D	Contractors						
	Eligibility Determination Staff – Cost of In-						
28E	house Activities						
	Eligibility Determination Staff – Cost of Private						
28F	Sector Contractors						
	Eligibility Determination Staff – Cost of In-						
28G	house Activities – 50% FFP						
	Eligibility Determination Staff – Cost of Private						
28H	Sector Contractors – 50% FFP						
29	Non-Emergency Medical Transportation						

Centers for Medicare & Medicaid Services

Form CMS 64.10P Waiver - Expenditures for State and Local Administration

For the Medical Assistance Program

Prior Period Adjustments

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

Line:

Waiver Type:

Waiver Number:

		Total	FFP Federal			Total Federal	Deferral or
		Computable	Share	Other %	Federal Share	Share	CIN Number
	Design Development/Implementation of						
30	Prescription Drug Monitoring Program Systems						
49	Other Financial Participation						
50	Total						

Centers for Medicare & Medicaid Services

Form CMS 64.11 - Summary Total of Receipts from Form CMS 64.11 A

State:

		Total Receipts
	Donations	
1	Donations - Medicaid	111
1.A.	Donations - CHIP	0
	Donations- Outstationed Eligibility Workers -	
2	Medicaid	0
	Donations - Outstationed Eligibility Workers -	
2.A.	СНІР	0
	Taxes	
3	Taxes	0
	Fees	
4	Fees	0
	Assessments	
5	Assessments	0
	Totals	
6	Total Donations (Lines 1+1.A.+2+2.A)	111
	Total Taxes, Fees, and Assessments (Lines	
7	3+4+5)	0

Centers for Medicare & Medicaid Services

Form CMS 64.11A - Actual Receipts by Plan Name

State:

Code	Plan Name	Receipts
1	111	111

Form CMS 64.9D - Allocation of Disproportionate Share Hospital Payment Adjusments to Applicable FFYs

State:

		Total		Total		Total		Total	
		Computable	Federal Share						
Fiscal Y	/ear: 2015								
1	FFY Allotment								
2	Amount Previously Reported								
2.A.	Amount Previously Reported - CHIP Related - PE								
-	Line 6								
3.A.	Line 6 - CHIP Related - PE								
	Line 7								
4.A.	Line 7 - CHIP Related - PE								
5	Line 8								
5.A.	Line 8 - CHIP Related - PE								
	Line 10								
6.A.	Line 10 - CHIP Related - PE								
	Unused FFY Allotment								
7.A.	Subtotal - CHIP Related - PE								
8	Total To Date - Title XIX								
	Total - CHIP Related - PE								
9	Unused FFY Allotment								
10	Amount Over FFY Allotment								
	/ear: 2016								
1	FFY Allotment								
2	Amount Previously Reported								
2.A.	Amount Previously Reported - CHIP Related - PE								
3	Line 6								
3.A.	Line 6 - CHIP Related - PE								
4	Line 7								
4.A.	Line 7 - CHIP Related - PE								
5	Line 8								
5.A.	Line 8 - CHIP Related - PE								
6	Line 10								
6.A.	Line 10 - CHIP Related - PE								
7	Unused FFY Allotment								

Form CMS 64.9D - Allocation of Disproportionate Share Hospital Payment Adjusments to Applicable FFYs

State:

		Total	Total Total		Total		Total		
		Computable	Federal Share						
7.A.	Subtotal - CHIP Related - PE								
8	Total To Date - Title XIX								
8.A.	Total - CHIP Related - PE								
9	Unused FFY Allotment								
10	Amount Over FFY Allotment								
Fiscal Y	'ear: 2017								
1	FFY Allotment								
2	Amount Previously Reported								
2.A.	Amount Previously Reported - CHIP Related - PE								
3	Line 6								
3.A.	Line 6 - CHIP Related - PE								
4	Line 7								
4.A.	Line 7 - CHIP Related - PE								
5	Line 8								
5.A.	Line 8 - CHIP Related - PE								
6	Line 10								
6.A.	Line 10 - CHIP Related - PE								
7	Unused FFY Allotment								
7.A.	Subtotal - CHIP Related - PE								
8	Total To Date - Title XIX								
8.A.	Total - CHIP Related - PE								
9	Unused FFY Allotment								
10	Amount Over FFY Allotment								
Fiscal Y	'ear: 2018								
1	FFY Allotment								
2	Amount Previously Reported								
2.A.	Amount Previously Reported - CHIP Related - PE								
	Line 6								
3.A.	Line 6 - CHIP Related - PE								
4	Line 7								
4.A.	Line 7 - CHIP Related - PE								

Form CMS 64.9D - Allocation of Disproportionate Share Hospital Payment Adjusments to Applicable FFYs

State:

		Total		Total		Total		Total	
		Computable	Federal Share						
5	Line 8								
5.A.	Line 8 - CHIP Related - PE								
6	Line 10								
6.A.	Line 10 - CHIP Related - PE								
7	Unused FFY Allotment								
7.A.	Subtotal - CHIP Related - PE								
8	Total To Date - Title XIX								
8.A.	Total - CHIP Related - PE								
9	Unused FFY Allotment								
10	Amount Over FFY Allotment								
	Year: 2019								
1	FFY Allotment								
2	Amount Previously Reported								
2.A.	Amount Previously Reported - CHIP Related - PE								
3	Line 6								
3.A.	Line 6 - CHIP Related - PE								
4	Line 7								
4.A.	Line 7 - CHIP Related - PE								
5	Line 8								
5.A.	Line 8 - CHIP Related - PE								
6	Line 10								
6.A.	Line 10 - CHIP Related - PE								
7	Unused FFY Allotment								
7.A.	Subtotal - CHIP Related - PE								
8	Total To Date - Title XIX								
8.A.	Total - CHIP Related - PE								
9	Unused FFY Allotment								
10	Amount Over FFY Allotment								

Form CMS 64.9R - Medicaid Drug Rebate Schedule

State:

		Qtr. Ending 09/30/2019	Qtr. Ending 06/30/2019	Qtr. Ending 03/31/2019	Qtr. Ending 12/31/2018	Qtr. Ending 09/30/2018 And Prior	Total
1	Balance Of The Beginning Of The Quarter						
2	Adjustments To Previously Reported Rebates From Drug Labelers Included In Line 1 Rebates Invoiced In This Quarter						
4	Subtotal						
5	Rebates Reported On This Expenditure Report Balance As Of The End Of The Quarter						

Form CMS 64.21 - Quarterly Medical Assistance Expenditures

By Children's Health Insurance Program

Expenditure Categories

State:

					Family		
		Total		I.H.S. Facility	Planning		Total Federal
		Computable	FMAP Percent	Services	Services	Prompt Pay	Share
	Premiums: Up To 150% of Poverty Level - Gross						
1A	Premiums Paid						
	Premiums Up To 150% of Poverty Level: Cost						
1B	Sharing Offsets						
	Premiums Over 150% of Poverty Level - Gross						
1C	Premiums Paid						
	Premiums Over 150% of Poverty Level: Cost						
1D	Sharing Offsets						
2	Inpatient Hospital Services - Regular Payments						
	Inpatient Hospital Services - DSH Adjustments						
2A	Payments						
	Inpatient Mental Health Facility Services -						
3	Regular Payments						
	Inpatient Mental Health Facility Services - DSH						
3A	Adjustment Payments						
	Certified Community Behavior Health Clinic						
3B	Payments						
4	Nursing Care Services						
5	Physician And Surgical Services						
6	Outpatient Hospital Services						
7	Outpatient Mental Health Facility Services						
8	Prescribed Drugs						
8A1	Drug Rebate - National Agreement						
8A2	Drug Rebate - State Sidebar Agreement						

Form CMS 64.21 - Quarterly Medical Assistance Expenditures

By Children's Health Insurance Program

Expenditure Categories

State:

					Family		
		Total		I.H.S. Facility	Planning		Total Federal
		Computable	FMAP Percent		Services	Prompt Pay	Share
8A3	MCO - National Agreement						
8A4	MCO - State Sidebar Agreement						
8A5	Increased ACA OFFSET - Fee for Service - 100%						
8A6	Increased ACA OFFSET - MCO - 100%						
9	Dental Services						
10	Vision Services						
11	Other Practitioners' Services						
12	Clinic Services						
13	Therapy Services						
14	Laboratory And Radiological Services						
15	Durable And Disposable Medical Equipment						
16	Family Planning						
17	Abortions						
18	Screening Services						
19	Home Health						
20	Medicare Payments						
21	Home And Community-Based Services						
	Home and Community-Based Services - Regular						
21A	Payment (WAIVER)						
22	Hospice						
23	Medical Transportation						
24	Case Management						
25	Other Services						
26	Total						

Form CMS 64.21P - Quarterly Medical Assistance Expenditures By Children's Health Insurance Program Expenditure Categories

Prior Period Expenditures

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

								Deferral
		Total			Family		Total Federal	Disallowance
		Computable	FMAP Percent	I.H.S. Services	Planning	Prompt Pay	Share	C.I.N. No.
	Premiums Up To 150% Of Poverty Level - Gross							
1A	Premiums Paid							
	Premiums Up To 150% Of Poverty Level - Cost							
1B	Sharing Offset							
	Premiums Over 150% Of Poverty Level - Gross							
1C	Premiums Paid							
	Premiums Over 150% Of Poverty Level - Cost							
1D	Sharing Offset							
2	Inpatient Hospital Services - Regular Payments							
	Inpatient Hospital Services - DSH Adjustments							
2A	Payments							
	Inpatient Mental Health Facility Services -							
3	Regular Payments							
	Inpatient Mental Health Facility Services - DSH							
3A	Adjustments Payments							
	Certified Community Behavior Health Clinic							
3B	Payments							
4	Nursing Care Services							
5	Physician And Surgical Services							
6	Outpatient Hospital Services							
7	Outpatient Mental Health Facility Services							
8	Prescribed Drugs	1	1				1	
8A1	Drug Rebate - National Agreement	I						
8A2	Drug Rebate - State Sidebar Agreement	Ī						
8A3	MCO - National Agreement							
8A4	MCO - State Sidebar Agreement	1					1	

Form CMS 64.21P - Quarterly Medical Assistance Expenditures By Children's Health Insurance Program Expenditure Categories

Prior Period Expenditures

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

		Total			Family	Prompt Pay	Total Federal Share	Deferral Disallowance C.I.N. No.
		Computable	FMAP Percent	I.I.S. Services	Planning	Prompt Pay	Share	C.I.N. NO.
8A5	Increased ACA OFFSET - Fee for Service - 100%							
8A6	Increased ACA OFFSET - MCO - 100%							
9	Dental Services							
10	Vision Services							
11	Other Practitioners' Services							
12	Clinic Services							
13	Therapy Services							
14	Laboratory And Radiological services							
15	Durable And Disposable Medical Equipment							
16	Family Planning							
17	Abortions							
18	Screening Services							
19	Home Health							
20	Medicare Payments							
21	Home And Community-Based Services							
21A	Home and Community-Based Services - Regular Payment (WAIVER)							
22	Hospice							
23	Medical Transportation							
24	Case Management							
25	Other Services							
28	Total							

Form CMS 64.21 Waiver - Quarterly Medical Assistance Expenditures

By Children's Health Insurance Program

Expenditure Categories

State:

Quarter Ended: 9/30/2019

Waiver Type:

Waiver Number:

					Family		
		Total		I.H.S. Facility	Planning		Total Federal
		Computable	FMAP Percent	Services	Services	Prompt Pay	Share
	Premiums: Up To 150% of Poverty Level - Gross						
1A	Premiums Paid						
	Premiums Up To 150% of Poverty Level: Cost						
1B	Sharing Offsets						
	Premiums Over 150% of Poverty Level - Gross						
1C	Premiums Paid						
	Premiums Over 150% of Poverty Level: Cost						
1D	Sharing Offsets						
2	Inpatient Hospital Services - Regular Payments						
	Inpatient Hospital Services - DSH Adjustments						
2A	Payments						
	Inpatient Mental Health Facility Services -						
3	Regular Payments						
	Inpatient Mental Health Facility Services - DSH						
3A	Adjustment Payments						
	Certified Community Behavior Health Clinic						
3B	Payments						
4	Nursing Care Services						
5	Physician And Surgical Services						
6	Outpatient Hospital Services						
7	Outpatient Mental Health Facility Services						

Centers for Medicare & Medicaid Services

Form CMS 64.21 Waiver - Quarterly Medical Assistance Expenditures

By Children's Health Insurance Program

Expenditure Categories

State:

Quarter Ended: 9/30/2019

Waiver Type:

Waiver Number:

					Family		
		Total		I.H.S. Facility	Planning		Total Federal
		Computable	FMAP Percent	Services	Services	Prompt Pay	Share
8	Prescribed Drugs						
8A1	Drug Rebate - National Agreement						
8A2	Drug Rebate - State Sidebar Agreement						
8A3	MCO - National Agreement						
8A4	MCO - State Sidebar Agreement						
8A5	Increased ACA OFFSET - Fee for Service - 100%						
8A6	Increased ACA OFFSET - MCO - 100%						
9	Dental Services						
10	Vision Services						
11	Other Practitioners' Services						
12	Clinic Services						
13	Therapy Services						
14	Laboratory And Radiological Services						
15	Durable And Disposable Medical Equipment						
16	Family Planning						
17	Abortions						
18	Screening Services						
19	Home Health						
20	Medicare Payments						
21	Home And Community-Based Services						

Centers for Medicare & Medicaid Services

Form CMS 64.21 Waiver - Quarterly Medical Assistance Expenditures

By Children's Health Insurance Program

Expenditure Categories

State:

Quarter Ended: 9/30/2019

Waiver Type:

Waiver Number:

					Family		
		Total		I.H.S. Facility	Planning		Total Federal
		Computable	FMAP Percent	Services	Services	Prompt Pay	Share
	Home and Community-Based Services - Regular						
21A	Payment (WAIVER)						
22	Hospice						
23	Medical Transportation						
24	Case Management						
25	Other Services						
26	Total						

Form CMS 64.21P Waiver - Quarterly Medical Assistance Expenditures

By Children's Health Insurance Program Expenditure Categories

Prior Period Expenditures

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

Line:

Waiver Type:

Waiver Number:

								Deferral
		Total			Family		Total Federal	Disallowance
		Computable	FMAP Percent	I.H.S. Services	Planning	Prompt Pay	Share	C.I.N. No.
	Premiums Up To 150% Of Poverty Level - Gross							
1A	Premiums Paid							
	Premiums Up To 150% Of Poverty Level - Cost							
1B	Sharing Offset							
	Premiums Over 150% Of Poverty Level - Gross							
1C	Premiums Paid							
	Premiums Over 150% Of Poverty Level - Cost							
1D	Sharing Offset							
2	Inpatient Hospital Services - Regular Payments							
	Inpatient Hospital Services - DSH Adjustments							
2A	Payments							
	Inpatient Mental Health Facility Services -							
3	Regular Payments							
	Inpatient Mental Health Facility Services - DSH							
3A	Adjustments Payments							
	Certified Community Behavior Health Clinic							
3B	Payments							
4	Nursing Care Services							
5	Physician And Surgical Services							
6	Outpatient Hospital Services							
7	Outpatient Mental Health Facility Services							
8	Prescribed Drugs							
8A1	Drug Rebate - National Agreement							

Form CMS 64.21P Waiver - Quarterly Medical Assistance Expenditures

By Children's Health Insurance Program Expenditure Categories

Prior Period Expenditures

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

Line:

Waiver Type:

Waiver Number:

		_						Deferral
		Total			Family		Total Federal	Disallowance
		Computable	FMAP Percent	I.H.S. Services	Planning	Prompt Pay	Share	C.I.N. No.
	Drug Rebate - State Sidebar Agreement							
	MCO - National Agreement							
8A4	MCO - State Sidebar Agreement							
8A5	Increased ACA OFFSET - Fee for Service - 100%							
8A6	Increased ACA OFFSET - MCO - 100%							
9	Dental Services							
10	Vision Services							
11	Other Practitioners' Services							
12	Clinic Services							
13	Therapy Services							
14	Laboratory And Radiological services							
15	Durable And Disposable Medical Equipment							
16	Family Planning							
17	Abortions							
18	Screening Services							
19	Home Health							
20	Medicare Payments							
21	Home And Community-Based Services							
	Home and Community-Based Services - Regular							
21A	Payment (WAIVER)							
22	Hospice							
23	Medical Transportation							
24	Case Management							

Form CMS 64.21P Waiver - Quarterly Medical Assistance Expenditures By Children's Health Insurance Program Expenditure Categories Prior Period Expenditures State: Quarter Ended: 9/30/2019 Prior Qtr/FYR: Line:

Line.

Waiver Type:

Waiver Number:

								Deferral
		Total			Family		Total Federal	Disallowance
		Computable	FMAP Percent	I.H.S. Services	Planning	Prompt Pay	Share	C.I.N. No.
25	Other Services							
28	Total							

Form CMS 64.21U - Quarterly Medical Assistance Expenditures

By Children's Health Insurance Program

Expenditure Categories

State:

Quarter Ended: 9/30/2019

		Total			Total Federal
		Computable	FMAP Percent	СНІР	Share
	Premiums Up To 150% Of Poverty Level - Gross				
1A	Premiums Paid				
	Premiums Up To 150% Of Poverty Level - Cost				
1B	Sharing Offsets				
	Premiums Over 150% Of Poverty Level - Gross				
1C	Premiums Paid				
	Premiums Over 150% Of Poverty Level - Cost				
1D	Sharing Offsets				
2	Inpatient Hospital Services - Regular Payments				
	Inpatient Hospital Services - DSH Adjustments				
2A	Payments				
	Inpatient Mental Health Facility Services -				
3	Regular Payments				
	Inpatient Mental Health Facility Services - DSH				
3A	Adjustment Payments				
	Certified Community Behavior Health Clinic				
3B	Payments				
4	Nursing Care Services				
5	Physician And Surgical Services				
6	Outpatient Hospital Services				
7	Outpatient Mental Health Facility Services				
8	Prescribed Drugs				
8A1	Drug Rebate - National Agreement				
8A2	Drug Rebate - State Sidebar Agreement				

Form CMS 64.21U - Quarterly Medical Assistance Expenditures

By Children's Health Insurance Program

Expenditure Categories

State:

Quarter Ended: 9/30/2019

		Total			Total Federal
		Computable	FMAP Percent	СНІР	Share
8A3	MCO - National Agreement				
8A4	MCO - State Sidebar Agreement				
8A5	Increased ACA OFFSET - Fee for Service - 100%				
8A6	Increased ACA OFFSET - MCO - 100%				
9	Dental Services				
10	Vision Services				
11	Other Practitioners' Services				
12	Clinic Services				
13	Therapy Services				
14	Laboratory And Radiological Services				
15	Durable And Disposable Medical Equipment				
16 17	Family Planning Abortions				
17	Screening Services				
19	Home Health				
20	Medicare Payments				
21	Home And Community-Based Services				
	Home and Community-Based Services - Regular				
21A	Payment (WAIVER)				
22	Hospice				
23	Medical Transportation				
24	Case Management				
25	Other Services				
26	Total				

Centers for Medicare & Medicaid Services

Form CMS 64.21U Waiver- Quarterly Medical Assistance Expenditures

By Children's Health Insurance Program

Expenditure Categories

State:

Quarter Ended: 9/30/2019

Waiver Type:

Waiver Number:

Waiver Name:

		Total			Total Federal
		Computable	FMAP Percent	СНІР	Share
	Premiums Up To 150% Of Poverty Level - Gross				
1A	Premiums Paid				
	Premiums Up To 150% Of Poverty Level - Cost				
1B	Sharing Offsets				
	Premiums Over 150% Of Poverty Level - Gross				
1C	Premiums Paid				
	Premiums Over 150% Of Poverty Level - Cost				
1D	Sharing Offsets				
2	Inpatient Hospital Services - Regular Payments				
	Inpatient Hospital Services - DSH Adjustments				
2A	Payments				
	Inpatient Mental Health Facility Services -				
3	Regular Payments				
	Inpatient Mental Health Facility Services - DSH				
3A	Adjustment Payments				
	Certified Community Behavior Health Clinic				
3B	Payments				
4	Nursing Care Services				
5	Physician And Surgical Services				
6	Outpatient Hospital Services				
7	Outpatient Mental Health Facility Services				

Centers for Medicare & Medicaid Services

Form CMS 64.21U Waiver- Quarterly Medical Assistance Expenditures

By Children's Health Insurance Program

Expenditure Categories

State:

Quarter Ended: 9/30/2019

Waiver Type:

Waiver Number:

Waiver Name:

		Total			Total Federal
		Computable	FMAP Percent	СНІР	Share
8	Prescribed Drugs				
8A1	Drug Rebate - National Agreement				
8A2	Drug Rebate - State Sidebar Agreement				
8A3	MCO - National Agreement				
8A4	MCO - State Sidebar Agreement				
8A5	Increased ACA OFFSET - Fee for Service - 100%				
8A6	Increased ACA OFFSET - MCO - 100%				
9	Dental Services				
10	Vision Services				
11	Other Practitioners' Services				
12	Clinic Services				
13	Therapy Services				
14	Laboratory And Radiological Services				
15	Durable And Disposable Medical Equipment				
16	Family Planning				
17	Abortions				
18	Screening Services				
19	Home Health				
20	Medicare Payments				
21	Home And Community-Based Services				

Centers for Medicare & Medicaid Services

Form CMS 64.21U Waiver- Quarterly Medical Assistance Expenditures

By Children's Health Insurance Program

Expenditure Categories

State:

Quarter Ended: 9/30/2019

Waiver Type:

Waiver Number:

Waiver Name:

		Total			Total Federal
		Computable	FMAP Percent	СНІР	Share
	Home and Community-Based Services - Regular				
21A	Payment (WAIVER)				
22	Hospice				
23	Medical Transportation				
24	Case Management				
25	Other Services				
26	Total				

Centers for Medicare & Medicaid Services

Form CMS 64.21UP - Quarterly Medical Assistance Expenditures

By Children's Health Insurance Program Expenditure Categories

Prior Period Expenditures

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

Line:

		Total			Total Federal	Deferral Disallowance
		Computable	FMAP	СНІР	Share	C.I.N. No.
	Premiums Up To 150% Of Poverty Level - Gross					
1A	Premiums Paid					
	Premiums Up To 150% Of Poverty Level - Cost					
1B	Sharing Offsets					
	Premiums Over 150% Of Poverty Level - Gross					
1C	Premiums Paid					
	Premiums Over 150% Of Poverty Level - Cost					
1D	Sharing Offsets					
2	Inpatient Hospital Services - Regular Payments					
	Inpatient Hospital Services - DSH Adjustments					
2A	Payments					
	Inpatient Mental Health Facility Services -					
3	Regular Payments					
	Inpatient Mental Health Facility Services - DSH					
3A	Adjustments Payments					
	Certified Community Behavior Health Clinic					
3B	Payments					
4	Nursing Care Services					
5	Physician And Surgical Services					
6	Outpatient Hospital Services					
7	Outpatient Mental Health Facility Services					

Centers for Medicare & Medicaid Services

Form CMS 64.21UP - Quarterly Medical Assistance Expenditures By Children's Health Insurance Program Expenditure Categories

Prior Period Expenditures

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

Line:

						Deferral
		Total			Total Federal	Disallowance
		Computable	FMAP	СНІР	Share	C.I.N. No.
8	Prescribed Drugs					
8A1	Drug Rebate - National Agreement					
8A2	Drug Rebate - State Sidebar Agreement					
8A3	MCO - National Agreement					
8A4	MCO - State Sidebar Agreement					
8A5	Increased ACA OFFSET - Fee for Service - 100%					
8A6	Increased ACA OFFSET - MCO - 100%					
9	Dental Services					
10	Vision Services					
11	Other Practitioners' Services					
12	Clinic Services					
13	Therapy Services					
14	Laboratory And Radiological Services					
15	Durable And Disposable Medical Equipment					
16	Family Planning					
17	Abortions					
18	Screening Services					
19	Home Health					
20	Medicare Payments					
21	Home And Community-Based Services					

Centers for Medicare & Medicaid Services

Form CMS 64.21UP - Quarterly Medical Assistance Expenditures

By Children's Health Insurance Program Expenditure Categories

Prior Period Expenditures

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

Line:

						Deferral
		Total			Total Federal	Disallowance
		Computable	FMAP	СНІР	Share	C.I.N. No.
	Home and Community-Based Services - Regular					
21A	Payment (WAIVER)					
22	Hospice					
23	Medical Transportation					
24	Case Management					
25	Other Services					
26	Balance					
27	Collections					
28	Total					

Centers for Medicare & Medicaid Services

Form CMS 64.21UP WAIVER - Quarterly Medical Assistance Expenditures

By Children's Health Insurance Program Expenditure Categories

Prior Period Expenditures

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

Line:

Waiver Type:

Waiver Number:

Waiver Name:

						Deferral
		Total			Total Federal	Disallowance
		Computable	FMAP	СНІР	Share	C.I.N. No.
	Premiums Up To 150% Of Poverty Level - Gross					
1A	Premiums Paid					
	Premiums Up To 150% Of Poverty Level - Cost					
1B	Sharing Offsets					
	Premiums Over 150% Of Poverty Level - Gross					
1C	Premiums Paid					
	Premiums Over 150% Of Poverty Level - Cost					
1D	Sharing Offsets					
2	Inpatient Hospital Services - Regular Payments					
	Inpatient Hospital Services - DSH Adjustments					
2A	Payments					
	Inpatient Mental Health Facility Services -					
3	Regular Payments					
	Inpatient Mental Health Facility Services - DSH					
3A	Adjustments Payments					
	Certified Community Behavior Health Clinic					
3B	Payments					
4	Nursing Care Services					
5	Physician And Surgical Services					

Centers for Medicare & Medicaid Services

Form CMS 64.21UP WAIVER - Quarterly Medical Assistance Expenditures

By Children's Health Insurance Program Expenditure Categories

Prior Period Expenditures

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

Line:

Waiver Type:

Waiver Number:

Waiver Name:

						Deferral
		Total			Total Federal	Disallowance
		Computable	FMAP	СНІР	Share	C.I.N. No.
6	Outpatient Hospital Services					
7	Outpatient Mental Health Facility Services					
8	Prescribed Drugs					
8A1	Drug Rebate - National Agreement					
8A2	Drug Rebate - State Sidebar Agreement					
8A3	MCO - National Agreement					
8A4	MCO - State Sidebar Agreement					
8A5	Increased ACA OFFSET - Fee for Service - 100%					
8A6	Increased ACA OFFSET - MCO - 100%					
9	Dental Services					
10	Vision Services					
11	Other Practitioners' Services					
12	Clinic Services					
13	Therapy Services					
14	Laboratory And Radiological Services					
15	Durable And Disposable Medical Equipment					
16	Family Planning					

Centers for Medicare & Medicaid Services

Form CMS 64.21UP WAIVER - Quarterly Medical Assistance Expenditures

By Children's Health Insurance Program Expenditure Categories

Prior Period Expenditures

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

Line:

Waiver Type:

Waiver Number:

Waiver Name:

						Deferral
		Total			Total Federal	Disallowance
		Computable	FMAP	СНІР	Share	C.I.N. No.
17	Abortions					
18	Screening Services					
19	Home Health					
20	Medicare Payments					
21	Home And Community-Based Services					
	Home and Community-Based Services - Regular					
21A	Payment (WAIVER)					
22	Hospice					
23	Medical Transportation					
24	Case Management					
25	Other Services					
26	Balance					
27	Collections					
28	Total					

Form CMS 64.F - Quarterly Medical Assistance Expenditures

For the Medical Assistance Program

Summary Sheet

State:

		Total		Total		20% Federal	Total	
		Computable	Federal Share	Computable	Federal Share	Share	Computable	Federal Share
6.A.	From Form CMS-64.9/CMS-64.10							
6.A.1.	From Form CMS-64.9T							
6.A.2.	From Form CMS-64.9E/CMS-64.9PE							
6.A.3.	From Form CMS-64.9VIII NEWLY							
6.A.4.	From Form CMS-64.9VIII NOT NEWLY							
6.B.	From Form CMS-64.21							
6.C.	From Form CMS-64.21U							
7.A.	From Form CMS 64.9P/CMS 64.10							
7.A.1.	From Form CMS-64.9TP							
7.A.2.	From Form CMS-64.9EP/CMS-64.9PEP							
	From Form CMS-64.9VIII NEWLY							
7.A.4.	From Form CMS-64.9VIII NOT NEWLY							
7.B.	From Form CMS-64.21P							
7.C.	From Form CMS-64.21UP							
	From Form CMS 64.9P/CMS 64.10P							
8.A.1.	From Form CMS-64.9TP							
8.A.2.	From Form CMS-64.9EP/CMS-64.9PEP							
	From Form CMS-64.9VIII NEWLY							
9.A.4.	From Form CMS-64.9VIII NOT NEWLY							
8.B.	From Form CMS-64.21P							
8.C.	From Form CMS-64.21UP							
9	From Form CMS-64.9 Summary							
10.A.1	From Form CMS 64.9P/CMS 64.10P							
	From Form CMS-64.9TP							
	From Form CMS-64.9EP/CMS-64.9PEP							
10.A.1	From Form CMS-64.9VIII NEWLY							
10.A.1	From Form CMS-64.9VIII NOT NEWLY							
	From Form CMS 64.21P							
10.A.3	From Form CMS 64.21UP							
	From Form CMS 64.9P/CMS 64.10P							
10.B.1.	From Form CMS-64.9TP							

Form CMS 64.F - Quarterly Medical Assistance Expenditures

For the Medical Assistance Program

Summary Sheet

State:

		Total		Total		20% Federal	Total	
		Computable	Federal Share	Computable	Federal Share	Share	Computable	Federal Share
10.B.1.	From Form CMS-64.9EP/CMS-64.9PEP							
10.B.1.	From Form CMS-64.9VIII NEWLY							
10.B.1.	From Form CMS-64.9VIII NOT NEWLY							
10.B.2.	From Form CMS 64.21P							
10.B.3.	From Form CMS 64.21UP							
10.C.	From Form CMS-64.90/64.90 ARRA							
10.D.	From Form CMS-64.90Perm							
10.E.	From Form CMS-64.9ORAC							
10.F.	From Form CMS-64.90FWA							
10.G.	From Form CMS-64.MEQC							
11	Net Expenditures Reported This Period							

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 9/30/2019

						Opt. Breast or	Opt. Breast or			
					Family	Cervical	Cervical			
		Total			Planning	Cancer Srvcs	Cancer Srvcs			Total Federal
		Computable	FMAP	I.H.S. Services	Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Share
	Inpatient Hospital Services - Regular Payments									
	Inpatient Hospital Service - DSH Adjustment									
_	Payments									
	Inpatient Hospital Services - Supplemental									
1C	Payments									
-	Inpatient Hospital Services - GME Payments									
	Mental Health Facility Services - Regular									
	Payments									
	Mental Health Facility Services - DSH									
	Adjustment Payments									
	Certified Community Behavior Health Clinic									
2C	Payments									
	Nursing Facility Services - Regular Payments									
	Nursing Facility Services - Supplemental									
3B	Payments									
	Intermediate Care Facility Services - Ind. with									
	Intellectual Disabilities: Public Providers									
4A	intellectual Disabilities. Fublic Floviders									
	Intermediate Care Facility Services - Ind. with									
	Intellectual Disabilities: Private Providers									
40	intellectual Disabilities. I fivate i foviders									
	Intermediate Care Facility Services - Ind. with									
	Intellectual Disabilities: Supplemental Payments									
	Physician and Surgical Services - Regular	1	1		1					
	Payments									
	Physician and Surgical Services - Supplemental									
	Payments									
	Physician & Surgical Services - Evaluation and									
	Management									
		T	T		T					
5D	Physician & Surgical Services - Vaccine codes									

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 9/30/2019

					Family	Opt. Breast or Cervical	Opt. Breast or Cervical			
		Total			Planning	Cancer Srvcs	Cancer Srvcs			Total Federal
		Computable	FMAP	I.H.S. Services	-	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Share
						(,	(
6A	Outpatient Hospital Services - Regular Payments									
	Outpatient Hospital Services - Supplemental									
6b	Payments									
7	Prescribed Drugs									
7A1	Drug Rebate Offset - National Agreement									
	Drug Rebate Offset - State Sidebar Agreement									
	MCO - National Agreement									
7A4	MCO - State Sidebar Agreement									
	Increased ACA OFFSET - Fee for Service - 100%									
7A6	Increased ACA OFFSET - MCO - 100%									
8	Dental Services					-				
9A	Other Practitioners Services - Regular Payments									
	Other Practitioners Services - Supplemental									
	Payments									
	Clinic Services									
11	Laboratory And Radiological Services									
12	Home Health Services									
13	Sterilizations									
	Abortions No.									
	EPSDT Screening Services									
16	Rural Health Clinic Screening									
	Medicare Health Insurance Payments - Part A									
	Premiums									
	Medicare Health Insurance Payments - Part B									
	Premiums									
	120% - 134% Of Poverty									
17D	Coinsurance And Deductibles									
18A	Medicaid Health Insurance Payments: Managed Care Organizations (MCO)									
18A1	Medicaid MCO - Evaluation and Management									

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 9/30/2019

						Opt. Breast or	-			
					Family	Cervical	Cervical			
		Total			Planning	Cancer Srvcs	Cancer Srvcs			Total Federal
		Computable	FMAP	I.H.S. Services	Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Share
	Medicaid MCO - Vaccine codes									
18A3	Medicaid MCO - Community First Choice									
	Medicaid MCO - Preventive Services Grade A OR									
	B, ACIP Vaccines and their Admin									
	Medicaid MCO - Certified Community Behavior									
_	Health Clinic Payments									
	Prepaid Ambulatory Health Plan									
_	MCO PAHP - Evaluation and Management									
	MCO PAHP - Vaccine codes									
	MCO PAHP - Community First Choice									
	MCO PAHP - Preventive Services Grade A OR B,									
	ACIP Vaccines and their Admin									
	Medicaid PAHP - Certified Community Behavior									
	Health Clinic Payments									
18B2	Prepaid Inpatient Health Plan									
	MCO PIHP - Evaluation and Management									
18B2b	MCO PIHP - Vaccine codes									
	MCO PIHP - Community First Choice									
	MCO PIHP - Preventive Services Grade A OR B,									
18B2d	ACIP Vaccines and their Admin									
	Medicaid PIHP - Certified Community Behavior									
18B2e	Health Clinic Payments									
	Medicaid Health Insurance Payments: Group									
18C	Health Plan Payments									
	Medicaid Health Insurance Payments:									
18D	Coinsurance And Deductibles									
	Medicaid Health Insurance Payments: Other									
	Home and Community-Based Services - Regular									
19A	Payment (Waiver)									
	Home and Community-Based Services - State									
	Plan 1915(i) Only Payment									
	Home and Community-Based Services - State									
19C	Plan 1915(j) Only Payment									

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 9/30/2019

						Opt. Breast or	Opt. Breast or			
					Family	Cervical	Cervical			
		Total			Planning	Cancer Srvcs	Cancer Srvcs			Total Federal
		Computable	FMAP	I.H.S. Services	-	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Share
						r i	, ,			
	Home and Community Based Services State									
19D	Plan 1915(k) Community First Choice									
22	Programs Of All-Inclusive Care Elderly									
23A	Personal Care Services - Regular Payment									
23B	Personal Care Services - SDS 1915(j)									
	Targeted Case Management Services -									
24A	Community Case-Management									
24B	Case Management - State Wide									
25	Primary Care Case Management Services									
26	Hospice Benefits									
27	Emergency Services for Undocumented Aliens									
28	Federally-Qualified Health Center									
29	Non-Emergency Medical Transportation									
30	Physical Therapy									
31	Occupational Therapy									
32	Services for Speech, Hearing and Language									
33	Prosthetic Devices, Dentures, Eyeglasses									
34	Diagnostic Screening & Preventive Services									
	Preventive Services Grade A OR B, ACIP									
34A	Vaccines and their Admin									
35	Nurse Mid-Wife									
	Emergency Hospital Services									
37	Critical Access Hospitals									
38	Nurse Practitioner Services									
39	School Based Services									
	Rehabilitative Services (non-school-based)									
41	Private Duty Nursing									
42	Freestanding Birth Center									
43	Health Home for Enrollees w Chronic Conditions									

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 9/30/2019

					Family	Opt. Breast or Cervical	Opt. Breast or Cervical			
		Total			,	Cancer Srvcs	Cancer Srvcs			Total Federal
		Computable	FMAP	I.H.S. Services	Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Share
44	Tobacco Cessation for Preg Women									
	Health Home for Enrollees w Substance-Use-									
45	Disorder									
49	Other Care Services									
50	Total									

For the Medical Assistance Program

Prior Period Adjustments in This Quarter

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

Line:

						Opt. Breast or	Opt. Breast or				
					Family	Cervical	Cervical				
		Total			Planning	Cancer Srvcs	Cancer Srvcs			Total Federal	Deferral or
		Computable	FMAP	I.H.S. Services	-	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Share	CIN Number
						(,	(
1A	Inpatient Hospital Services: Regular Payments										
	Inpatient Hospital Services: DSH Adjustment										
1B	Payments										
	Inpatient Hospital Services - Supplemental										
1C	Payments										
1D	Inpatient Hospital Services - GME Payments										
	Mental Health Facility Services: Regular										
2A	Payments										
	Mental Health Facility Services: DSH										
2B	Adjustment Payments										
	Certified Community Behavior Health Clinic										
2C	Payments										
3A	Nursing Facility Services - Regular Payments										
	Nursing Facility Services - Supplemental										
3B	Payments										
	Intermediate Care Facility Services - Ind. with										
4A	Intellectual Disabilities: Public Providers										
	Intermediate Care Facility Services - Ind. with										
4B	Intellectual Disabilities: Private Providers	-		-		-			-		
	Intermediate Care Facility Services - Ind. with										
4C	Intellectual Disabilities: Supplemental Payments										
-	Physician and Surgical Services - Regular										
5A	Payments										
5.0	Physician and Surgical Services - Supplemental										
5B	Payments										
50	Physician & Surgical Services - Evaluation and										
5C	Management										
	Physician & Surgical Convisor Vaccine ander										
5D	Physician & Surgical Services - Vaccine codes										

For the Medical Assistance Program

Prior Period Adjustments in This Quarter

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

Line:

						Opt. Breast or	Opt. Breast or				
					Family	Cervical	Cervical				
		Total			Planning	Cancer Srvcs	Cancer Srvcs			Total Federal	Deferral or
		Computable	FMAP	I.H.S. Services	Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Share	CIN Number
	Outpatient Hospital Services - Regular										
6A	Payments										
	Outpatient Hospital Services - Supplemental										
6b	Payments										
7	Prescribed Drugs										
7A1	Drug Rebate Offset - National Agreement										
	Drug Rebate Offset - State Sidebar Agreement										
	MCO - National Agreement										
7A4	MCO - State Sidebar Agreement										
7A5	Increased ACA OFFSET - Fee for Service - 100%										
7A6	Increased ACA OFFSET - MCO - 100%										
8	Dental Services										
9A	Other Practitioners Services - Regular Payments										
	Other Practitioners Services - Supplemental										
9B	Payments										
10	Clinic Services										
11	Laboratory And Radiological Services										
12	Home Health Services										
13	Sterilizations										
	Abortions										
15	EPSDT Screening Services										
16	Rural Health Clinic Services										
	Medicare Health Insurance Payments: Part A										
	Premiums										
	Medicare Health Insurance Payments: Part B										
17B	Premiums										
	Medicare Health Insurance Payments:										
	Qualifying Individuals/120% - 134% of Poverty										
	Medicare Health Insurance Payments:										
	Coinsurance and Deductibles										
	Medicaid Health Insurance Payments: Managed										
18A	Care Organizations										

For the Medical Assistance Program

Prior Period Adjustments in This Quarter

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

Line:

						Opt. Breast or	Opt. Breast or				
					Family	Cervical	Cervical				
		Total			Planning	Cancer Srvcs	Cancer Srvcs			Total Federal	Deferral or
		Computable	FMAP	I.H.S. Services	-	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Share	CIN Number
						, ,	, ,				
18A1	Medicaid MCO - Evaluation and Management										
18A2	Medicaid MCO - Vaccine codes										
18A3	Medicaid MCO - Community First Choice										
	Medicaid MCO - Preventive Services Grade A										
18A4	OR B, ACIP Vaccines and their Admin										
	Medicaid MCO - Certified Community Behavior										
18A5	Health Clinic Payments										
18B1	Prepaid Ambulatory Health Plan										
18B1a	MCO PAHP - Evaluation and Management										
18B1b	MCO PAHP - Vaccine codes										
18B1c	MCO PAHP - Community First Choice										
	MCO PAHP - Preventive Services Grade A OR B,										
18B1d	ACIP Vaccines and their Admin										
	Medicaid PAHP - Certified Community Behavior										
18B1e	Health Clinic Payments										
18B2	Prepaid Inpatient Health Plan										
18B2a	MCO PIHP - Evaluation and Management										
18B2b	MCO PIHP - Vaccine codes										
18B2c	MCO PIHP - Community First Choice										
	MCO PIHP - Preventive Services Grade A OR B,										
18B2d	ACIP Vaccines and their Admin										
	Medicaid PIHP - Certified Community Behavior										
	Health Clinic Payments										
	Medicaid Health Insurance Payments: Group										
18C	Health Plan Payments										
	Medicaid Health Insurance Payments:										
18D	Coinsurance and Deductibles										
	Medicaid Health Insurance Program: Other										
	Home and Community-Based Services - Regular										
19A	Payment (Waiver)										
	Home and Community-Based Services - State										
19B	Plan 1915(i) Only Payment										

For the Medical Assistance Program

Prior Period Adjustments in This Quarter

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

Line:

						Opt. Breast or	Opt. Breast or				
					Family	Cervical	Cervical				
		Total			Planning	Cancer Srvcs	Cancer Srvcs			Total Federal	Deferral or
		Computable	FMAP	I.H.S. Services	Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Share	CIN Number
	Home and Community-Based Services - State										
19C	Plan 1915(j) Only Payment										
	Home and Community Based Services State										
19D	Plan 1915(k) Community First Choice										
22	Programs Of All-Inclusive Care Elderly										
23A	Personal Care Services - Regular Payment										
23B	Personal Care Services - SDS 1915(j)										
	Targeted Case Management Services -										
24A	Community Case-Management										
24B	Case Management - State Wide										
25	Primary Care Case Management Services										
26	Hospice Benefits										
27	Emergency Services for Undocumented Aliens										
28	Federally-Qualified Health Center										
29	Non-Emergency Medical Transportation										
30	Physical Therapy										
31	Occupational Therapy										
	Services for Speech, Hearing and Language										
33	Prosthetic Devices, Dentures, Eyeglasses										
	Diagnostic Screening & Preventive Services										
	Preventive Services Grade A OR B, ACIP										
_	Vaccines and their Admin										
	Nurse Mid-Wife										
	Emergency Hospital Services										
	Critical Access Hospitals										
	Nurse Practitioner Services										
39	School Based Services										
	Rehabilitative Services (non-school-based)										
	Private Duty Nursing										
42	Freestanding Birth Center										

For the Medical Assistance Program

Prior Period Adjustments in This Quarter

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

Line:

						-	Opt. Breast or				
					Family	Cervical	Cervical				
		Total			Planning	Cancer Srvcs	Cancer Srvcs			Total Federal	Deferral or
		Computable	FMAP	I.H.S. Services	Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Share	CIN Number
	Health Home for Enrollees w Chronic										
43	Conditions										
44	Tobacco Cessation for Preg Women										
	Health Home for Enrollees w Substance-Use-										
45	Disorder										
49	Other Care Services										
50	Total										

Form CMS 64.10I - Expenditures for State and Local Administration

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 9/30/2019

		Total	FFP Federal			Total Federal
		Computable	Share	Other %	Federal Share	Share
1	Family Planning					
	Design Development Or Installation Of MMIS:					
2A	Cost of In-House Activities					
	Design Development Or Installation Of MMIS:					
2B	Cost of Private Sector Contractors					
	Skilled Professional Medical Personnel-Single					
3A	State Agency					
	Skilled Professional Medical Personnel - Other					
3B	Agency					
	Operation Of An Approved MMIS: Costs of In-					
	House Activities Plus State Agencies And					
4A	Institutions					
	Operation Of An Approved MMIS: Cost of					
4B	Private Sector Contractors					
	Mechanized Systems, Not Approved Under					
5A	MMIS Procedures: Costs Of In-House Activities					
	Mechanized Systems, Not Approved Under					
	MMIS Procedures: Cost Of Private Sector					
5B	Contractors					
	Mechanized Systems - Not Approved under					
5C	MMIS Procedures: Interagency					
6	Quality Improvement Organizations					
	Third Party Liability: Recovery Procedure -					
7A	Billing Offset					

Form CMS 64.10I - Expenditures for State and Local Administration

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 9/30/2019

		Total	FFP Federal			Total Federal
		Computable	Share	Other %	Federal Share	Share
	Third Party Liability: Assignment Of Rights -					
7B	Billing Offset					
	Immigration Status Verification System Costs					
8	(100% FFP)					
9	Nurse Aide Training Costs					
10	Preadmission Screening Costs					
11	Resident Review Activities Costs					
12	Drug Use Review Program					
13	Outstationed Eligibility Workers					
14	TANF Base					
15	TANF Secondary 90%					
16	TANF Secondary 75%					
17	External Review					
18	Enrollment Brokers					
19	School Based Administration					
	Program Integrity/Fraud, Waste, and Abuse					
20	Activities					
21	County/Local ADM Costs					
22	Interagency Costs					
23	Translation and Interpretation					
24	Health Information Technology Administration					
24A	HIT: Planning: Cost of In-house Activities					
24B	HIT: Planning: Cost of Private Contractors					
	HIT: Implementation and Operation: Cost of In-					
24C	house Activities					

Form CMS 64.10I - Expenditures for State and Local Administration

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 9/30/2019

		Total	FFP Federal			Total Federal
		Computable	Share	Other %	Federal Share	Share
	HIT: Implementation and Operation: Cost of					
24D	Private Contractors					
24E	HIT Incentive Payments - Eligible Professionals					
24F	HIT Incentive Payments - Eligible Hospitals					
25	Citizenship Verification Technology - CHIPRA					
25A	CVT Development - CHIPRA					
25B	CVT Operation - CHIPRA					
	Planning for Health Homes for Enrollees with					
26	Chronic Conditions					
	Recovery Audit Contractors State					
27	Administration					
	Design Development/Installation of Medicaid					
28A	Elig. Determ. Sys. – Cost of In-house Activities					
	Design Development/Installation of Medicaid					
	Elig. Determ. Sys. – Cost of Private Sec.					
28B	Contractors					
	Operation of an Approved Medicaid Eligibility					
	Determination Systems – Cost of In-house					
28C	Activities					
	Operation of an Approved Medicaid Eligibility					
	Determination Sys. – Cost of Private Sec.					
28D	Contractors					

Form CMS 64.10I - Expenditures for State and Local Administration

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 9/30/2019

		Total	FFP Federal			Total Federal
		Computable	Share	Other %	Federal Share	Share
	Eligibility Determination Staff – Cost of In-					
28E	house Activities					
	Eligibility Determination Staff – Cost of Private					
28F	Sector Contractors					
	Eligibility Determination Staff – Cost of In-					
28G	house Activities – 50% FFP					
	Eligibility Determination Staff – Cost of Private					
28H	Sector Contractors – 50% FFP					
29	Non-Emergency Medical Transportation					
	Design Development/Implementation of					
30	Prescription Drug Monitoring Program Systems					
49	Other Financial Participation					
50	Total					

Centers for Medicare & Medicaid Services

Form CMS 64.10PI - Expenditures for State and Local Administration

For the Medical Assistance Program

Prior Period Adjustments

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

Line:

		Total	FFP Federal			Total Federal	Deferral or
		Computable	Share	Other %	Federal Share	Share	CIN Number
1	Family Planning						
	Design Development Or Installation Of MMIS:						
2A	Costs Of In-House Activities						
	Design Development Or Installation Of MMIS:						
2B	Costs Of Private Sector Contractors						
	Skilled Professional Medical Personnel-Single						
3A	State Agency						
	Skilled Professional Medical Personnel - Other						
3B	Agency						
	Operation Of An Approved MMIS: Cost Of In-						
4A	House Activities						
	Operation Of An Approved MMIS: Cost Of						
4B	Private Sector Contractors						
	Mechanized Systems, not Approved Under						
5A	MMIS Procedures: Costs Of In-House Activities						
	Mechanized Systems, Not Approved Under						
	MMIS Procedures: Cost Of Private Sector						
5B	Contractors						
	Mechanized Systems - Not Approved under						
5C	MMIS Procedures: Interagency						
6	Quality Improvement Organizations						
	Third Party Liability: Recovery Procedure -						
7A	Billing Offset						

Centers for Medicare & Medicaid Services

Form CMS 64.10PI - Expenditures for State and Local Administration

For the Medical Assistance Program

Prior Period Adjustments

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

Line:

		Total	FFP Federal			Total Federal	Deferral or
		Computable	Share	Other %	Federal Share	Share	CIN Number
	Third Party Liability: Assignment Of Rights -						
7B	Billing Offset						
	Immigration Status Verification System Costs						
8	(100% FFP)						
9	Nurse Aide Training						
10	Preadmission Screening Costs						
11	Resident Review Activities Cost						
12	Drug Use Review Program						
13	Outstationed Eligibility Workers						
14	TANF Base						
15	TANF Secondary (90%)						
16	TANF Secondary (75%)						
17	External Review						
18	Enrollment Brokers						
19	School Based Administration						
	Program Integrity/Fraud, Waste, and Abuse						
20	Activities						
21	County/Local ADM Costs						
22	Interagency Costs						
23	Translation and Interpretation						
24	Health Information Technology Administration						
24A	HIT: Planning: Cost of In-house Activities						
24B	HIT: Planning: Cost of Private Contractors						

Centers for Medicare & Medicaid Services

Form CMS 64.10PI - Expenditures for State and Local Administration

For the Medical Assistance Program

Prior Period Adjustments

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

Line:

		Total	FFP Federal			Total Federal	Deferral or
		Computable	Share	Other %	Federal Share	Share	CIN Number
	HIT: Implementation and Operation: Cost of In-						
24C	house Activities						
	HIT: Implementation and Operation: Cost of						
24D	Private Contractors						
24E	HIT Incentive Payments - Eligible Professionals						
24F	HIT Incentive Payments - Eligible Hospitals						
25	Citizenship Verification Technology - CHIPRA						
25A	CVT Development - CHIPRA						
25B	CVT Operation - CHIPRA						
26	Planning for Health Homes for Enrollees with Chronic Conditions						
	Recovery Audit Contractors State						
27	Administration						
	Design Development/Installation of Medicaid						
28A	Elig. Determ. Sys. – Cost of In-house Activities						
	Design Development/Installation of Medicaid						
	Elig. Determ. Sys. – Cost of Private Sec.						
28B	Contractors						

Centers for Medicare & Medicaid Services

Form CMS 64.10PI - Expenditures for State and Local Administration

For the Medical Assistance Program

Prior Period Adjustments

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

Line:

		Total	FFP Federal			Total Federal	Deferral or
		Computable	Share	Other %	Federal Share	Share	CIN Number
	Operation of an Approved Medicaid Eligibility						
	Determination Systems – Cost of In-house						
28C	Activities						
	Operation of an Approved Medicaid Eligibility						
	Determination Sys. – Cost of Private Sec.						
28D	Contractors						
	Eligibility Determination Staff – Cost of In-						
28E	house Activities						
	Eligibility Determination Staff – Cost of Private						
28F	Sector Contractors						
	Eligibility Determination Staff – Cost of In-						
28G	house Activities – 50% FFP						
	Eligibility Determination Staff – Cost of Private						
28H	Sector Contractors – 50% FFP						
29	Non-Emergency Medical Transportation						
	Design Development/Implementation of						
30	Prescription Drug Monitoring Program Systems						
49	Other Financial Participation						
50	Total						

Form CMS 64.9T - Medical Assistance Expenditures by Type of Service

For the Medical Assistance Program

Expenditures in This Quarter

State:

		Total		Increased	
		Computable	CHIP Rate	FMAP Rate	CHIP Amount
1 ^	Innational Hospital Convisors - Degular Devenants				
1A	Inpatient Hospital Services - Regular Payments				
1B	Inpatient Hospital Service - DSH Adjustment Payments				
ID	Inpatient Hospital Services - Supplemental				
1C	Payments				
1D	Inpatient Hospital Services - GME Payments				
	Mental Health Facility Services - Regular				
2A	Payments				
	Mental Health Facility Services - DSH				
2B	Adjustment Payments				
	Certified Community Behavior Health Clinic				
2C	Payments				
3A	Nursing Facility Services - Regular Payments				
	Nursing Facility Services - Supplemental				
3B	Payments				
	Intermediate Care Facility Services - Ind. with				
4A	Intellectual Disabilities: Public Providers			_	
	Intermediate Care Facility Services - Ind. with				
4B	Intellectual Disabilities: Private Providers				
	Intermediate Care Facility Services -				
4C	Supplemental Payments				

Form CMS 64.9T - Medical Assistance Expenditures by Type of Service

For the Medical Assistance Program

Expenditures in This Quarter

State:

		Total		Increased	
		Computable	CHIP Rate	FMAP Rate	CHIP Amount
	Physician and Surgical Services - Regular				
5A	Payments				
	Physician and Surgical Services - Supplemental				
5B	Payments				
	Physician & Surgical Services - Evaluation and				
5C	Management				
5D	Physician & Surgical Services - Vaccine codes				
	Outpatient Hospital Services - Regular				
6A	Payments				
	Outpatient Hospital Services - Supplemental				
6b	Payments				
7	Prescribed Drugs				
7A1	Drug Rebate Offset - National Agreement				
7A2	Drug Rebate Offset - State Sidebar Agreement				
7A3	MCO - National Agreement				
7A4	MCO - State Sidebar Agreement				
7A5	Increased ACA OFFSET - Fee for Service - 100%				
7A6	Increased ACA OFFSET - MCO - 100%				
8	Dental Services				
9A	Other Practitioners Services - Regular Payments	;			
	Other Practitioners Services - Supplemental				
9B	Payments				
10	Clinic Services				

Form CMS 64.9T - Medical Assistance Expenditures by Type of Service

For the Medical Assistance Program

Expenditures in This Quarter

State:

		Total		Increased	
		Computable	CHIP Rate	FMAP Rate	CHIP Amount
11	Laboratory And Radiological Services				
12	Home Health Services				
13	Sterilizations				
14	Abortions No.				
15	EPSDT Screening Services				
16	Rural Health Clinic Screening				
	Medicare Health Insurance Payments - Part A				
17A	Premiums				
	Medicare Health Insurance Payments - Part B				
17B	Premiums				
17C1	120% - 134% Of Poverty				
17D	Coinsurance And Deductibles				
	Medicaid Health Insurance Payments: Managed				
18A	Care Organizations (MCO)				
18A1	Medicaid MCO - Evaluation and Management				
18A2	Medicaid MCO - Vaccine codes				
18A3	Medicaid MCO - Community First Choice				
18A4	Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin				
	Medicaid MCO - Certified Community Behavior				
	Health Clinic Payments	ļ			
	Prepaid Ambulatory Health Plan	ļ			
	MCO PAHP - Evaluation and Management				_
	MCO PAHP - Vaccine codes				
18B1c	MCO PAHP - Community First Choice				

Centers for Medicare & Medicaid Services

Form CMS 64.9T - Medical Assistance Expenditures by Type of Service

For the Medical Assistance Program

Expenditures in This Quarter

State:

		Total		Increased	
		Computable	CHIP Rate	FMAP Rate	CHIP Amount
	MCO PAHP - Preventive Services Grade A OR B,				
18B1d	ACIP Vaccines and their Admin				
	Medicaid PAHP - Certified Community Behavior				
18B1e	Health Clinic Payments				
18B2	Prepaid Inpatient Health Plan				
18B2a	MCO PIHP - Evaluation and Management				
18B2b	MCO PIHP - Vaccine codes				
18B2c	MCO PIHP - Community First Choice				
	MCO PIHP - Preventive Services Grade A OR B,				
18B2d	ACIP Vaccines and their Admin				
	Medicaid PIHP - Certified Community Behavior				
18B2e	Health Clinic Payments				
	Medicaid Health Insurance Payments: Group				
18C	Health Plan Payments				
	Medicaid Health Insurance Payments:				
18D	Coinsurance And Deductibles				
18E	Medicaid Health Insurance Payments: Other				
	Home and Community-Based Services - Regular				
19A	Payment (Waiver)				
	Home and Community-Based Services - State				
19B	Plan 1915(i) Only Payment				
	Home and Community-Based Services - State				
19C	Plan 1915(j) Only Payment				
	Home and Community Based Services State				
19D	Plan 1915(k) Community First Choice				

Form CMS 64.9T - Medical Assistance Expenditures by Type of Service

For the Medical Assistance Program

Expenditures in This Quarter

State:

		Total		Increased	
		Computable	CHIP Rate	FMAP Rate	CHIP Amount
22	Programs Of All-Inclusive Care Elderly				
23A	Personal Care Services - Regular Payment				
23B	Personal Care Services - SDS 1915(j)				
	Targeted Case Management Services -				
24A	Community Case-Management				
24B	Case Management - State Wide				
25	Primary Care Case Management Services				
26	Hospice Benefits				
27	Emergency Services for Undocumented Aliens				
28	Federally-Qualified Health Center				
29	Non-Emergency Medical Transportation				
30	Physical Therapy				
31	Occupational Therapy				
32	Services for Speech, Hearing and Language				
33	Prosthetic Devices, Dentures, Eyeglasses				
34	Diagnostic Screening & Preventive Services				
	Preventive Services Grade A OR B, ACIP				
34A	Vaccines and their Admin				
35	Nurse Mid-Wife				
36	Emergency Hospital Services				
37	Critical Access Hospitals				
38	Nurse Practitioner Services				
39	School Based Services				

Form CMS 64.9T - Medical Assistance Expenditures by Type of Service

For the Medical Assistance Program

Expenditures in This Quarter

State:

		Total		Increased	
		Computable	CHIP Rate	FMAP Rate	CHIP Amount
40	Rehabilitative Services (non-school-based)				
41	Private Duty Nursing				
42	Freestanding Birth Center				
	Health Home for Enrollees w Chronic				
43	Conditions				
44	Tobacco Cessation for Preg Women				
	Health Home for Enrollees w Substance-Use-				
45	Disorder				
49	Other Care Services				
50	Total				

Centers for Medicare & Medicaid Services

Form CMS 64.9TP - Medical Assistance Expenditures by Type of Service

For the Medical Assistance Program

Prior Period Adjustments in This Quarter

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

		Total		Increased		Deferral or
		Computable	CHIP Rate	FMAP Rate	CHIP Amount	CIN Number
1 A	Innational Hospital Convisors - Degular Dovements					
1A	Inpatient Hospital Services - Regular Payments					
	Inpatient Hospital Service - DSH Adjustment					
1B	Payments					
	Inpatient Hospital Services - Supplemental					
1C	Payments				_	
1D	Inpatient Hospital Services - GME Payments					
	Mental Health Facility Services - Regular					
2A	Payments					
	Mental Health Facility Services - DSH					
2B	Adjustment Payments					
	Certified Community Behavior Health Clinic					
2C	Payments					
3A	Nursing Facility Services - Regular Payments					
	Nursing Facility Services - Supplemental					
3B	Payments					
	Intermediate Care Facility Services and with					
4.4	Intermediate Care Facility Services - Ind. with					
4A	Intellectual Disabilities: Public Providers					
	Intermediate Care Facility Services - Ind. with					
4B	Intellectual Disabilities: Private Providers					

Centers for Medicare & Medicaid Services

Form CMS 64.9TP - Medical Assistance Expenditures by Type of Service

For the Medical Assistance Program

Prior Period Adjustments in This Quarter

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

		Total		Increased		Deferral or
		Computable	CHIP Rate	FMAP Rate	CHIP Amount	CIN Number
	Intermediate Care Facility Services -					
4C	Supplemental Payments					
	Physician and Surgical Services - Regular					
5A	Payments					
	Physician and Surgical Services - Supplemental					
5B	Payments					
	Physician & Surgical Services - Evaluation and					
5C	Management					
5D	Physician & Surgical Services - Vaccine codes					
	Outpatient Hospital Services - Regular					
6A	Payments					
	Outpatient Hospital Services - Supplemental					
6b	Payments					
7	Prescribed Drugs					
7A1	Drug Rebate Offset - National Agreement					
7A2	Drug Rebate Offset - State Sidebar Agreement					
7A3	MCO - National Agreement					
7A4	MCO - State Sidebar Agreement					
7A5	Increased ACA OFFSET - Fee for Service - 100%					
7A6	Increased ACA OFFSET - MCO - 100%					
8	Dental Services					

Centers for Medicare & Medicaid Services

Form CMS 64.9TP - Medical Assistance Expenditures by Type of Service

For the Medical Assistance Program

Prior Period Adjustments in This Quarter

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

		Total		Increased		Deferral or
		Computable	CHIP Rate	FMAP Rate	CHIP Amount	CIN Number
9A	Other Practitioners Services - Regular Payments					
	Other Practitioners Services - Supplemental					
9B	Payments					
10	Clinic Services					
11	Laboratory And Radiological Services					
12	Home Health Services					
13	Sterilizations					
14	Abortions No.					
15	EPSDT Screening Services					
16	Rural Health Clinic Screening					
	Medicare Health Insurance Payments - Part A					
17A	Premiums					
	Medicare Health Insurance Payments - Part B					
17B	Premiums					
17C1	120% - 134% Of Poverty					
17D	Coinsurance And Deductibles					
	Medicaid Health Insurance Payments: Managed					
18A	Care Organizations (MCO)			_	_	
18A1	Medicaid MCO - Evaluation and Management					
18A2	Medicaid MCO - Vaccine codes					
18A3	Medicaid MCO - Community First Choice					

Centers for Medicare & Medicaid Services

Form CMS 64.9TP - Medical Assistance Expenditures by Type of Service

For the Medical Assistance Program

Prior Period Adjustments in This Quarter

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

		Total		Increased		Deferral or
		Computable	CHIP Rate	FMAP Rate	CHIP Amount	CIN Number
	Medicaid MCO - Preventive Services Grade A					
18A4	OR B, ACIP Vaccines and their Admin					
	Medicaid MCO - Certified Community Behavior					
18A5	Health Clinic Payments					
18B1	Prepaid Ambulatory Health Plan					
18B1a	MCO PAHP - Evaluation and Management					
18B1b	MCO PAHP - Vaccine codes					
18B1c	MCO PAHP - Community First Choice					
	MCO PAHP - Preventive Services Grade A OR B,					
18B1d	ACIP Vaccines and their Admin					
	Medicaid PAHP - Certified Community Behavior					
18B1e	Health Clinic Payments					
18B2	Prepaid Inpatient Health Plan					
18B2a	MCO PIHP - Evaluation and Management					
18B2b	MCO PIHP - Vaccine codes					
18B2c	MCO PIHP - Community First Choice					
	MCO PIHP - Preventive Services Grade A OR B,					
18B2d	ACIP Vaccines and their Admin					
	Medicaid PIHP - Certified Community Behavior					
18B2e	Health Clinic Payments					
	Medicaid Health Insurance Payments: Group					
18C	Health Plan Payments					
	Medicaid Health Insurance Payments:					
18D	Coinsurance And Deductibles					

Centers for Medicare & Medicaid Services

Form CMS 64.9TP - Medical Assistance Expenditures by Type of Service

For the Medical Assistance Program

Prior Period Adjustments in This Quarter

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

		Total		Increased		Deferral or
		Computable	CHIP Rate	FMAP Rate	CHIP Amount	CIN Number
18E	Medicaid Health Insurance Payments: Other					
	Home and Community-Based Services - Regular					
19A	Payment (Waiver)					
	Home and Community-Based Services - State					
19B	Plan 1915(i) Only Payment					
	Home and Community-Based Services - State					
19C	Plan 1915(j) Only Payment					
	Home and Community Based Services State					
19D	Plan 1915(k) Community First Choice					
22	Programs Of All-Inclusive Care Elderly					
23A	Personal Care Services - Regular Payment					
23B	Personal Care Services - SDS 1915(j)					
	Targeted Case Management Services -					
24A	Community Case-Management					
24B	Case Management - State Wide					
25	Primary Care Case Management Services					
26	Hospice Benefits					
27	Emergency Services for Undocumented Aliens					
28	Federally-Qualified Health Center					
29	Non-Emergency Medical Transportation					
30	Physical Therapy					
31	Occupational Therapy					

Centers for Medicare & Medicaid Services

Form CMS 64.9TP - Medical Assistance Expenditures by Type of Service

For the Medical Assistance Program

Prior Period Adjustments in This Quarter

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

Line:

		Total		Increased		Deferral or
		Computable	CHIP Rate	FMAP Rate	CHIP Amount	CIN Number
32	Services for Speech, Hearing and Language					
33	Prosthetic Devices, Dentures, Eyeglasses					
34	Diagnostic Screening & Preventive Services					
	Preventive Services Grade A OR B, ACIP					
34A	Vaccines and their Admin					
35	Nurse Mid-Wife					
36	Emergency Hospital Services					
37	Critical Access Hospitals					
38	Nurse Practitioner Services					
39	School Based Services					
40	Rehabilitative Services (non-school-based)					
41	Private Duty Nursing					
42	Freestanding Birth Center					
	Health Home for Enrollees w Chronic					
43	Conditions					
44	Tobacco Cessation for Preg Women					
	Health Home for Enrollees w Substance-Use-					
45	Disorder					
49	Other Care Services					
50	Total					

Centers for Medicare & Medicaid Services

Form CMS 64.9TP Waiver - Medical Assistance Expenditures by Type of Service

For the Medical Assistance Program

Prior Period Adjustments in This Quarter

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

Line:

Waiver Type:

Waiver Number:

		Total		Increased		Deferral or
		Computable	CHIP Rate	FMAP Rate	CHIP Amount	CIN Number
1A	Inpatient Hospital Services - Regular Payments					
	Inpatient Hospital Service - DSH Adjustment					
1B	Payments					
	Inpatient Hospital Services - Supplemental					
1C	Payments					
1D	Inpatient Hospital Services - GME Payments					
	Mental Health Facility Services - Regular					
2A	Payments					
	Mental Health Facility Services - DSH					
2B	Adjustment Payments					
	Certified Community Behavior Health Clinic					
2C	Payments					
3A	Nursing Facility Services - Regular Payments					
	Nursing Facility Services - Supplemental					
3B	Payments					
	Intermediate Care Facility Services - Ind. with					
ΛΔ	-					
4A	Intellectual Disabilities: Public Providers					

Centers for Medicare & Medicaid Services

Form CMS 64.9TP Waiver - Medical Assistance Expenditures by Type of Service

For the Medical Assistance Program

Prior Period Adjustments in This Quarter

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

Line:

Waiver Type:

Waiver Number:

-		Total		Increased		Deferral or
		Computable	CHIP Rate	FMAP Rate	CHIP Amount	CIN Number
	Intermediate Care Facility Services - Ind. with					
4B	Intellectual Disabilities: Private Providers					
	Intermediate Care Facility Services -					
4C	Supplemental Payments					
	Physician and Surgical Services - Regular					
5A	Payments					
	Physician and Surgical Services - Supplemental					
5B	Payments					
	Physician & Surgical Services - Evaluation and					
5C	Management					
5D	Physician & Surgical Services - Vaccine codes					
	Outpatient Hospital Services - Regular					
6A	Payments					
	Outpatient Hospital Services - Supplemental					
6b	Payments					
7	Prescribed Drugs					
7A1	Drug Rebate Offset - National Agreement					
7A2	Drug Rebate Offset - State Sidebar Agreement					
7A3	MCO - National Agreement					

Centers for Medicare & Medicaid Services

Form CMS 64.9TP Waiver - Medical Assistance Expenditures by Type of Service

For the Medical Assistance Program

Prior Period Adjustments in This Quarter

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

Line:

Waiver Type:

Waiver Number:

		Total		Increased		Deferral or
		Computable	CHIP Rate	FMAP Rate	CHIP Amount	CIN Number
7A4	MCO - State Sidebar Agreement					
745	Increased ACA OFFSET - Fee for Service - 100%					
7A5						
7A6	Increased ACA OFFSET - MCO - 100%					
8	Dental Services				_	
9A	Other Practitioners Services - Regular Payments					
	Other Practitioners Services - Supplemental					
9B	Payments					
10	Clinic Services					
11	Laboratory And Radiological Services					
12	Home Health Services					
13	Sterilizations					
14	Abortions No.					
15	EPSDT Screening Services					
16	Rural Health Clinic Screening					
	Medicare Health Insurance Payments - Part A					
17A	Premiums					
	Medicare Health Insurance Payments - Part B					
17B	Premiums					
17C1	120% - 134% Of Poverty					
17D	Coinsurance And Deductibles					

Centers for Medicare & Medicaid Services

Form CMS 64.9TP Waiver - Medical Assistance Expenditures by Type of Service

For the Medical Assistance Program

Prior Period Adjustments in This Quarter

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

Line:

Waiver Type:

Waiver Number:

		Total		Increased		Deferral or
		Computable	CHIP Rate	FMAP Rate	CHIP Amount	CIN Number
	Medicaid Health Insurance Payments: Managed					
18A	Care Organizations (MCO)					
18A1	Medicaid MCO - Evaluation and Management					
18A2	Medicaid MCO - Vaccine codes					
18A3	Medicaid MCO - Community First Choice					
18A4	Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin					
	Medicaid MCO - Certified Community Behavior Health Clinic Payments					
	Prepaid Ambulatory Health Plan					
18B1a	MCO PAHP - Evaluation and Management					
18B1b	MCO PAHP - Vaccine codes					
18B1c	MCO PAHP - Community First Choice					
18B1d	MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin					
	Medicaid PAHP - Certified Community Behavior					
18B1e	Health Clinic Payments					
18B2	Prepaid Inpatient Health Plan					
18B2a	MCO PIHP - Evaluation and Management					
18B2b	MCO PIHP - Vaccine codes					

Centers for Medicare & Medicaid Services

Form CMS 64.9TP Waiver - Medical Assistance Expenditures by Type of Service

For the Medical Assistance Program

Prior Period Adjustments in This Quarter

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

Line:

Waiver Type:

Waiver Number:

		Total		Increased		Deferral or
		Computable	CHIP Rate	FMAP Rate	CHIP Amount	CIN Number
18B2c	MCO PIHP - Community First Choice					
	MCO PIHP - Preventive Services Grade A OR B,					
18B2d	ACIP Vaccines and their Admin					
	Medicaid PIHP - Certified Community Behavior					
18B2e	Health Clinic Payments					
	Medicaid Health Insurance Payments: Group					
18C	Health Plan Payments					
	Medicaid Health Insurance Payments:					
18D	Coinsurance And Deductibles					
18E	Medicaid Health Insurance Payments: Other					
	Home and Community-Based Services - Regular					
19A	Payment (Waiver)					
	Home and Community-Based Services - State					
19B	Plan 1915(i) Only Payment					
	Home and Community-Based Services - State					
19C	Plan 1915(j) Only Payment					
	Home and Community Based Services State					
19D	Plan 1915(k) Community First Choice					
22	Programs Of All-Inclusive Care Elderly					
23A	Personal Care Services - Regular Payment					

Centers for Medicare & Medicaid Services

Form CMS 64.9TP Waiver - Medical Assistance Expenditures by Type of Service

For the Medical Assistance Program

Prior Period Adjustments in This Quarter

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

Line:

Waiver Type:

Waiver Number:

		Total		Increased		Deferral or
		Computable	CHIP Rate	FMAP Rate	CHIP Amount	CIN Number
23B	Personal Care Services - SDS 1915(j)					
	Targeted Case Management Services -					
24A	Community Case-Management					
24B	Case Management - State Wide					
25	Primary Care Case Management Services					
26	Hospice Benefits					
27	Emergency Services for Undocumented Aliens					
28	Federally-Qualified Health Center					
29	Non-Emergency Medical Transportation					
30	Physical Therapy					
31	Occupational Therapy					
32	Services for Speech, Hearing and Language					
33	Prosthetic Devices, Dentures, Eyeglasses					
34	Diagnostic Screening & Preventive Services					
	Preventive Services Grade A OR B, ACIP					
34A	Vaccines and their Admin					
35	Nurse Mid-Wife					
36	Emergency Hospital Services					
37	Critical Access Hospitals					

Centers for Medicare & Medicaid Services

Form CMS 64.9TP Waiver - Medical Assistance Expenditures by Type of Service

For the Medical Assistance Program

Prior Period Adjustments in This Quarter

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

Line:

Waiver Type:

Waiver Number:

		Total		Increased		Deferral or
		Computable	CHIP Rate	FMAP Rate	CHIP Amount	CIN Number
38	Nurse Practitioner Services					
39	School Based Services					
40	Rehabilitative Services (non-school-based)					
41	Private Duty Nursing					
42	Freestanding Birth Center					
	Health Home for Enrollees w Chronic					
43	Conditions					
44	Tobacco Cessation for Preg Women					
	Health Home for Enrollees w Substance-Use-					
45	Disorder					
49	Other Care Services					
50	Total					

Centers for Medicare & Medicaid Services

Form CMS 64.9T Waiver - Medical Assistance Expenditures by Type of Service

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 9/30/2019

Waiver Type:

Waiver Number:

		Total		Increased	
		Computable	CHIP Rate	FMAP Rate	CHIP Amount
1A	Inpatient Hospital Services - Regular Payments				
	Inpatient Hospital Service - DSH Adjustment				
1B	Payments				
	Inpatient Hospital Services - Supplemental				
1C	Payments				
1D	Inpatient Hospital Services - GME Payments				
	Mental Health Facility Services - Regular				
2A	Payments				
	Mental Health Facility Services - DSH				
2B	Adjustment Payments				
	Certified Community Behavior Health Clinic				
2C	Payments				
3A	Nursing Facility Services - Regular Payments				
	Nursing Facility Services - Supplemental				
3B	Payments				
	Intermediate Care Facility Services - Ind. with				
4A	Intellectual Disabilities: Public Providers				
4A					
	Intermediate Care Facility Services - Ind. with				
4B	Intellectual Disabilities: Private Providers				

Centers for Medicare & Medicaid Services

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 9/30/2019

Waiver Type:

Waiver Number:

		Total		Increased	
		Computable	CHIP Rate	FMAP Rate	CHIP Amount
	Intermediate Care Facility Services -				
4C	Supplemental Payments				
	Physician and Surgical Services - Regular				
5A	Payments				
	Physician and Surgical Services - Supplemental				
5B	Payments				
	Physician & Surgical Services - Evaluation and				
5C	Management				
5D	Physician & Surgical Services - Vaccine codes				
	Outpatient Hospital Services - Regular				
6A	Payments				
	Outpatient Hospital Services - Supplemental				
6b	Payments				
7	Prescribed Drugs				
7A1	Drug Rebate Offset - National Agreement				
7A2	Drug Rebate Offset - State Sidebar Agreement				
7A3	MCO - National Agreement				
7A4	MCO - State Sidebar Agreement				
7A5	Increased ACA OFFSET - Fee for Service - 100%				
7A6	Increased ACA OFFSET - MCO - 100%				
8	Dental Services				

Centers for Medicare & Medicaid Services

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 9/30/2019

Waiver Type:

Waiver Number:

		Total		Increased	
		Computable	CHIP Rate	FMAP Rate	CHIP Amount
9A	Other Practitioners Services - Regular Payments				
	Other Practitioners Services - Supplemental				
9B	Payments				
10	Clinic Services				
11	Laboratory And Radiological Services				
12	Home Health Services				
13	Sterilizations				
14	Abortions No.				
15	EPSDT Screening Services				
16	Rural Health Clinic Screening				
	Medicare Health Insurance Payments - Part A				
17A	Premiums				
	Medicare Health Insurance Payments - Part B				
17B	Premiums				
17C1	120% - 134% Of Poverty				
17D	Coinsurance And Deductibles				
	Medicaid Health Insurance Payments: Managed				
18A	Care Organizations (MCO)				
18A1	Medicaid MCO - Evaluation and Management				
18A2	Medicaid MCO - Vaccine codes				
18A3	Medicaid MCO - Community First Choice				

Centers for Medicare & Medicaid Services

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 9/30/2019

Waiver Type:

Waiver Number:

		Total		Increased	
		Computable	CHIP Rate	FMAP Rate	CHIP Amount
	Medicaid MCO - Preventive Services Grade A				
18A4	OR B, ACIP Vaccines and their Admin				
	Medicaid MCO - Certified Community Behavior				
18A5	Health Clinic Payments				
18B1	Prepaid Ambulatory Health Plan				
18B1a	MCO PAHP - Evaluation and Management				
18B1b	MCO PAHP - Vaccine codes				
18B1c	MCO PAHP - Community First Choice				
	MCO PAHP - Preventive Services Grade A OR B,				
18B1d	ACIP Vaccines and their Admin				
	Medicaid PAHP - Certified Community Behavior				
18B1e	Health Clinic Payments				
18B2	Prepaid Inpatient Health Plan				
18B2a	MCO PIHP - Evaluation and Management				
18B2b	MCO PIHP - Vaccine codes				
18B2c	MCO PIHP - Community First Choice				
	MCO PIHP - Preventive Services Grade A OR B,				
18B2d	ACIP Vaccines and their Admin				
	Medicaid PIHP - Certified Community Behavior				
18B2e	Health Clinic Payments				
	Medicaid Health Insurance Payments: Group				
18C	Health Plan Payments				

Centers for Medicare & Medicaid Services

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 9/30/2019

Waiver Type:

Waiver Number:

		Total		Increased	
		Computable	CHIP Rate	FMAP Rate	CHIP Amount
	Medicaid Health Insurance Payments:				
18D	Coinsurance And Deductibles				
18E	Medicaid Health Insurance Payments: Other				
	Home and Community-Based Services - Regular				
19A	Payment (Waiver)				
	Home and Community-Based Services - State				
19B	Plan 1915(i) Only Payment				
	Home and Community-Based Services - State				
19C	Plan 1915(j) Only Payment				
	Home and Community Based Services State				
19D	Plan 1915(k) Community First Choice				
22	Programs Of All-Inclusive Care Elderly				
23A	Personal Care Services - Regular Payment				
23B	Personal Care Services - SDS 1915(j)				
	Targeted Case Management Services -				
24A	Community Case-Management				
24B	Case Management - State Wide				
25	Primary Care Case Management Services				
26	Hospice Benefits				
27	Emergency Services for Undocumented Aliens				
28	Federally-Qualified Health Center				

Centers for Medicare & Medicaid Services

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 9/30/2019

Waiver Type:

Waiver Number:

		Total		Increased	
		Computable	CHIP Rate	FMAP Rate	CHIP Amount
29	Non-Emergency Medical Transportation				
30	Physical Therapy				
31	Occupational Therapy				
32	Services for Speech, Hearing and Language				
33	Prosthetic Devices, Dentures, Eyeglasses				
34	Diagnostic Screening & Preventive Services				
	Preventive Services Grade A OR B, ACIP				
34A	Vaccines and their Admin				
35	Nurse Mid-Wife				
36	Emergency Hospital Services				
37	Critical Access Hospitals				
38	Nurse Practitioner Services				
39	School Based Services				
40	Rehabilitative Services (non-school-based)				
41	Private Duty Nursing				
42	Freestanding Birth Center				
	Health Home for Enrollees w Chronic				
43	Conditions				
44	Tobacco Cessation for Preg Women				
	Health Home for Enrollees w Substance-Use-				
45	Disorder				

Centers for Medicare & Medicaid Services

Form CMS 64.9T Waiver - Medical Assistance Expenditures by Type of Service

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 9/30/2019

Waiver Type:

Waiver Number:

		Total		Increased	
		Computable	CHIP Rate	FMAP Rate	CHIP Amount
49	Other Care Services				
50	Total				

Form CMS 64.9C1 - Fraud, Waste & Abuse Amounts Credited

From Medicaid Program Integrity Activities

State:

		Total	Medicaid (Non- VIII Group)		ARRA Federal	BIPP Federal	
		Computable	Federal Share	-	Share		Federal Share
1	Amounts Identified from State PI activities						
1A	Data mining activities						
1B	PI Provider audits						
1C	Other						
2	MFCU Investigations						
3	Settlements/Judgments						
4	Civil Monetary Penalties						
E	CMS Madicaid Integrity Contractors (MICs)						
5	CMS Medicaid Integrity Contractors (MICs)						
6	Other						
/	Sub-Total						
	Decreasing Adjustments to Amounts Previously						
8	Reported on Line 7						
50	Total						

Form CMS 64.9C2 - RECOVERIES FROM OIG STATE COMPLIANT FCA

State:

		Total Computable	-	Group Federal	ARRA Federal Share	BIPP Federal Share	Total Federal Share
1	Recoveries from OIG Certified Compliant FCA						
1A	Total Recovery						
1B	10% Reduction FMAP Rate (to be used in the grant award computation)						
1C	Recovery after 10% FMAP reduction to any amounts recovered under a State action brought under an OIG approved State law						

Form CMS 64.9QI - Allocation of Qualified Individual Part B (QIB) Benefits

Payment Adjustments to Applicable FFYs

State:

		Total	
		Computable	Federal Share
	al Year: 2010		
1	FFY 2010 Allotment		
2	Amount Previously Reported - Title XIX		
3	Line 6 - Title XIX		
4	Line 7 - Title XIX		
5	Line 8 - Title XIX		
6	Line 10 - Title XIX		
7	Subtotal - Title XIX		
8	Total To Date - Title XIX		
9	Unused FFY 2010 Allotment		
Fisca	al Year: 2011		
1	FFY 2011 Allotment		
2	Amount Previously Reported - Title XIX		
3	Line 6 - Title XIX		
4	Line 7 - Title XIX		
5	Line 8 - Title XIX		
6	Line 10 - Title XIX		
7	Subtotal - Title XIX		
8	Total To Date - Title XIX		
9	Unused FFY 2011 Allotment		
Fisca	al Year: 2012		
1	FFY 2012 Allotment		
2	Amount Previously Reported - Title XIX		
3	Line 6 - Title XIX		
4	Line 7 - Title XIX		

Form CMS 64.9QI - Allocation of Qualified Individual Part B (QIB) Benefits

Payment Adjustments to Applicable FFYs

State:

		Total			
		Computable	Federal Share		
5	Line 8 - Title XIX				
6	Line 10 - Title XIX				
7	Subtotal - Title XIX				
8	Total To Date - Title XIX				
9	Unused FFY 2012 Allotment				
Fisc	al Year: 2013				
1	FFY 2013 Allotment				
2	Amount Previously Reported - Title XIX				
3	Line 6 - Title XIX				
4	Line 7 - Title XIX				
5	Line 8 - Title XIX				
6	Line 10 - Title XIX				
7	Subtotal - Title XIX				
8	Total To Date - Title XIX				
9	Unused FFY 2013 Allotment				
Fisc	al Year: 2014				
1	FFY 2014 Allotment				
2	Amount Previously Reported - Title XIX				
3	Line 6 - Title XIX				
4	Line 7 - Title XIX				
5	Line 8 - Title XIX				
6	Line 10 - Title XIX				
7	Subtotal - Title XIX				
8	Total To Date - Title XIX				
9	Unused FFY 2014 Allotment				

Form CMS 64.9QI - Allocation of Qualified Individual Part B (QIB) Benefits

Payment Adjustments to Applicable FFYs

State:

		Total	
		Computable	Federal Share
Fisca	al Year: 2015		
1	FFY/CY 2015 Allotment		
2	Amount Previously Reported - Title XIX		
3	Line 6 - Title XIX		
4	Line 7 - Title XIX		
5	Line 8 - Title XIX		
6	Line 10 - Title XIX		
7	Subtotal - Title XIX		
8	Total To Date - Title XIX		
9	Unused FFY/CY 2015 Allotment		
Fisca	al Year: 2016		
1	CY 2016 Allotment		
2	Amount Previously Reported - Title XIX		
3	Line 6 - Title XIX		
4	Line 7 - Title XIX		
5	Line 8 - Title XIX		
6	Line 10 - Title XIX		
7	Subtotal - Title XIX		
8	Total To Date - Title XIX		
9	Unused CY 2016 Allotment		
	l Year: 2017		
1	CY 2017 Allotment		
2	Amount Previously Reported - Title XIX		
3	Line 6 - Title XIX		
4	Line 7 - Title XIX		
5	Line 8 - Title XIX		

Form CMS 64.9QI - Allocation of Qualified Individual Part B (QIB) Benefits

Payment Adjustments to Applicable FFYs

State:

		Total	
		Computable	Federal Share
6	Line 10 - Title XIX		
7	Subtotal - Title XIX		
8	Total To Date - Title XIX		
9	Unused CY 2017 Allotment		
Fisca	al Year: 2018		
1	CY 2018 Allotment		
2	Amount Previously Reported - Title XIX		
3	Line 6 - Title XIX		
4	Line 7 - Title XIX		
5	Line 8 - Title XIX		
6	Line 10 - Title XIX		
7	Subtotal - Title XIX		
8	Total To Date - Title XIX		
9	Unused CY 2018 Allotment		
Fisca	al Year: 2019		
1	CY 2019 Allotment		
2	Amount Previously Reported - Title XIX		
3	Line 6 - Title XIX		
4	Line 7 - Title XIX		
5	Line 8 - Title XIX		
6	Line 10 - Title XIX		
7	Subtotal - Title XIX		
8	Total To Date - Title XIX		
9	Unused CY 2019 Allotment		

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 9/30/2019

						Opt. Breast or	Opt. Breast or			
					Family	Cervical	Cervical			
		Total			Planning	Cancer Srvcs	Cancer Srvcs			Total Federal
		Computable	FMAP	I.H.S. Services	Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Share
	Inpatient Hospital Services - Regular Payments									
	Inpatient Hospital Service - DSH Adjustment									
	Payments									
	Inpatient Hospital Services - Supplemental									
1C	Payments									
	Inpatient Hospital Services - GME Payments				-					
	Mental Health Facility Services - Regular									
	Payments									
	Mental Health Facility Services - DSH									
	Adjustment Payments									
	Certified Community Behavior Health Clinic									
2C	Payments									
3A	Nursing Facility Services - Regular Payments									
	Nursing Facility Services - Supplemental									
	Payments									
00										
	Intermediate Care Facility Services - Ind. with									
	Intellectual Disabilities: Public Providers									
	Intermediate Care Facility Services - Ind. with									
	Intellectual Disabilities: Private Providers									
	Intermediate Care Facility Services - Ind. with									
4C	Intellectual Disabilities: Supplemental Payments									
	Physician and Surgical Services - Regular									
	Payments									
	Physician and Surgical Services - Supplemental									
	Payments									
	Physician & Surgical Services - Evaluation and									
5C	Management		ļ							
5D	Physician & Surgical Services - Vaccine codes									

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 9/30/2019

						Opt. Breast or	Opt. Breast or			
					Family	Cervical	Cervical			
		Total			Planning	Cancer Srvcs	Cancer Srvcs			Total Federal
		Computable	FMAP	I.H.S. Services	-	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Share
-		computable			Scivices	(Livii nute)				Share
6A	Outpatient Hospital Services - Regular Payments									
	Outpatient Hospital Services - Supplemental									
6b	Payments									
7	Prescribed Drugs									
7A1	Drug Rebate Offset - National Agreement									
7A2	Drug Rebate Offset - State Sidebar Agreement									
7A3	MCO - National Agreement									
7A4	MCO - State Sidebar Agreement									
7A5	Increased ACA OFFSET - Fee for Service - 100%									
7A6	Increased ACA OFFSET - MCO - 100%									
8	Dental Services									
9A	Other Practitioners Services - Regular Payments									
	Other Practitioners Services - Supplemental									
	Payments									
	Clinic Services									
	Laboratory And Radiological Services									
	Home Health Services									
13	Sterilizations									
14	Abortions No.									
15	EPSDT Screening Services									
-	Rural Health Clinic Screening									
	Medicare Health Insurance Payments - Part A									
	Premiums									
	Medicare Health Insurance Payments - Part B									
	Premiums									
-	120% - 134% Of Poverty				ļ					ļ
17D	Coinsurance And Deductibles									
	Medicaid Health Insurance Payments: Managed									
18A	Care Organizations (MCO)									
18A1	Medicaid MCO - Evaluation and Management									

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 9/30/2019

						Opt. Breast or	Opt. Breast or			
					Family	Cervical	Cervical			
		Total			Planning	Cancer Srvcs	Cancer Srvcs			Total Federal
		Computable	FMAP	I.H.S. Services	•	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Share
18A2	Medicaid MCO - Vaccine codes						, ,			
18A3	Medicaid MCO - Community First Choice									
	Medicaid MCO - Preventive Services Grade A OR									
18A4	B, ACIP Vaccines and their Admin									
	Medicaid MCO - Certified Community Behavior									
18A5	Health Clinic Payments									
18B1	Prepaid Ambulatory Health Plan									
18B1a	MCO PAHP - Evaluation and Management									
18B1b	MCO PAHP - Vaccine codes									
18B1c	MCO PAHP - Community First Choice									
	MCO PAHP - Preventive Services Grade A OR B,									
18B1d	ACIP Vaccines and their Admin									
	Medicaid PAHP - Certified Community Behavior									
18B1e	Health Clinic Payments									
18B2	Prepaid Inpatient Health Plan									
18B2a	MCO PIHP - Evaluation and Management									
18B2b	MCO PIHP - Vaccine codes									
18B2c	MCO PIHP - Community First Choice									
	MCO PIHP - Preventive Services Grade A OR B,									
18B2d	ACIP Vaccines and their Admin									
	Medicaid PIHP - Certified Community Behavior									
18B2e	Health Clinic Payments									
	Medicaid Health Insurance Payments: Group									
	Health Plan Payments									
	Medicaid Health Insurance Payments:									
18D	Coinsurance And Deductibles									
	Medicaid Health Insurance Payments: Other									
	Home and Community-Based Services - Regular									
	Payment (Waiver)									
	Home and Community-Based Services - State									
	Plan 1915(i) Only Payment									
	Home and Community-Based Services - State									
19C	Plan 1915(j) Only Payment		ļ				L			

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 9/30/2019

Computable FMAP LH.S. Services Services (HR Rate) Other % Federal Share Share 100 Plan 1915(k) Community First Choice						Family	Opt. Breast or Cervical	Opt. Breast or Cervical			
Home and Community Based Services State Image: Community First Choice 190 Plan 1915(b) Community First Choice Image: Community First Choice 22 Programs Of All-Inclusive Care Elderly Image: Community First Choice 23 Personal Care Services - Sop 1915(j) Image: Community Care Care Management Services - 244 Community Case-Management Services - Image: Community Case-Management Services - 244 Case Management Services - Image: Community Case-Management Services - 25 Primary Care Case Management Services - Image: Community Case-Management Services - 244 Case Management Services - Image: Community Case-Management Services - 25 Primary Care Case Management Services - Image: Community Case-Management Services - 27 Emergency Services for Undocumented Allens Image: Community Case-Management Services - 28 Federally Qualified Health Center Image: Community Case-Management Services - 29 Non-Emergency Medical Transportation Image: Community Case-Management Services - 30 Prysical Therapy Image: Community Case-Management Services - Image: Community Case-Management Services - 31 Occupational Therapy Image: Community Case-Management Services - <			Total			Planning	Cancer Srvcs	Cancer Srvcs			Total Federal
190 Plan 1915k/ Community First Choice Image: Community First Choice Image: Community First Choice 22 Program Of All-inclusive Care Elder/y Image: Community Case Services - Regular Payment Image: Community Case Services - SOS 1915(1) Image: Community Case Management Services - Community Case Management Services - Community Case Management Services - Community Case Management Services Image: Community Case Management Services - Community Case Management Services Image: Community Case Management Services - Community Case Management Services Image: Community Case Management Services - Community Case Management Services - Community Case Management Services Image: Community Case Management Services - Community Case Manadem			Computable	FMAP	I.H.S. Services	Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Share
190 Plan 1915k/ Community First Choice Image: Community First Choice Image: Community First Choice 22 Program Of All-inclusive Care Elder/y Image: Community Case Services - Regular Payment Image: Community Case Services - SOS 1915(1) Image: Community Case Management Services - Community Case Management Services - Community Case Management Services - Community Case Management Services Image: Community Case Management Services - Community Case Management Services Image: Community Case Management Services - Community Case Management Services Image: Community Case Management Services - Community Case Management Services - Community Case Management Services Image: Community Case Management Services - Community Case Manadem											
22 Programs Of All-Inclusive Care Elderly <td></td>											
23A Personal Care Services - Regular Payment <td></td>											
238 Personal Care Services - SOS 1915()) Image of the services - SOS 1915() Image of the services - SOS 1915() 248 Community Case-Management Services - Sos 1915() Image of the services - SOS 1915() Image of the services - SOS 1915() 248 Case Management - State Wide Image of the services - Sos 1915() Image of the services - SOS 1915() Image of the services - SOS 1915() 249 Management - State Wide Image of the services - Sos 1915() Image of the service - Sos 1915() Image of the service - Sos 1915() 26 Hospice Benefits Image of the services - Sos 1915() Image of the service - Sos 1915()											
Targeted Case Management Services -											
24A Community Case-Management Imagement Image	23B	Personal Care Services - SDS 1915(j)									
248 Case Management - State Wide Image of the state Wide Im		Targeted Case Management Services -									
25 Primary Care Case Management Services	24A	Community Case-Management									
26 Hospice Benefits Image: Constraint of the second s	24B	Case Management - State Wide									
27 Emergency Services for Undocumented Aliens	25	Primary Care Case Management Services									
28 Federally-Qualified Health Center Image: Control of the second s	26	Hospice Benefits									
28 Federally-Qualified Health Center Image: Control of the second s											
29 Non-Emergency Medical Transportation Image: Constraint of the spectrum of the	27	Emergency Services for Undocumented Aliens									
30 Physical Therapy Image: Services for Speech, Hearing and Language Image: Services for Services for Speech, Hearing and Language Image: Services for Se	28	Federally-Qualified Health Center									
31 Occupational Therapy Image: Comparison of the comparison	29	Non-Emergency Medical Transportation									
32 Services for Speech, Hearing and Language Image: Construct of the services of	30	Physical Therapy									
33 Prosthetic Devices, Dentures, Eyeglasses Image: Constraint of the services of	31	Occupational Therapy									
33Prosthetic Devices, Dentures, EyeglassesImage: Constraint of the services											
33Prosthetic Devices, Dentures, EyeglassesImage: Constraint of the services	32	Services for Speech, Hearing and Language									
Preventive Services Grade A OR B, ACIPImage: Constraint of the image: C											
Preventive Services Grade A OR B, ACIPImage: Constraint of the services of the servic											
Preventive Services Grade A OR B, ACIPImage: Constraint of the services of the servic	34	Diagnostic Screening & Preventive Services									
35 Nurse Mid-Wife Image: Services of the services		Preventive Services Grade A OR B, ACIP									
36 Emergency Hospital Services Image: constraint of the services	34A	Vaccines and their Admin									
37 Critical Access Hospitals Image: constraint of the services of	35	Nurse Mid-Wife									
37 Critical Access Hospitals Image: constraint of the services of	36	Emergency Hospital Services									
39 School Based Services Image: Construction of the services (non-school-based) Image: Construction of the non-services (non-school-based)	-										
39 School Based Services Image: Construct of the services (non-school-based) Image: Construct of the services (non-schon-based) Image: Construct o	38										
40 Rehabilitative Services (non-school-based) <td></td> <td></td> <td></td> <td></td> <td></td> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td></td>						1					
41 Private Duty Nursing Image: Constraint of the second seco			1								
41 Private Duty Nursing Image: Constraint of the second seco	40	Rehabilitative Services (non-school-based)									
42 Freestanding Birth Center			1								
			1								
43 Health Home for Enrollees w Chronic Conditions		, , , , , , , , , , , , , , , , , , ,	1								
	43	Health Home for Enrollees w Chronic Conditions	5								

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 9/30/2019

						Opt. Breast or	Opt. Breast or			
					Family	Cervical	Cervical			
		Total			Planning	Cancer Srvcs	Cancer Srvcs			Total Federal
		Computable	FMAP	I.H.S. Services	Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Share
44	Tobacco Cessation for Preg Women									
	Health Home for Enrollees w Substance-Use-									
45	Disorder									
49	Other Care Services									
50	Total									

Form CMS 64.9PEP - Medical Assistance Expenditures by Type of Service For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

Line:

Type	of Eligible:	1	1		1	1	1	1	1	1
		Total Computable	FMAP	I.H.S. Services	Family Planning Services	Opt. Breast or Cervical Cancer Srvcs (ENH Rate)	Opt. Breast or Cervical Cancer Srvcs (IHS Rate)	Other %	Federal Share	Total Federal Share
1A	Inpatient Hospital Services - Regular Payments									
1B	Inpatient Hospital Service - DSH Adjustment Payments									
1C	Inpatient Hospital Services - Supplemental Payments									
1D	Inpatient Hospital Services - GME Payments									
2A	Mental Health Facility Services - Regular Payments									
	Mental Health Facility Services - DSH Adjustment Payments									
	Certified Community Behavior Health Clinic									
2C	Payments									
3A	Nursing Facility Services - Regular Payments Nursing Facility Services - Supplemental									
3B	Payments									
4A	Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Public Providers									
4B	Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Private Providers									
	Intermediate Care Facility Services - Ind. with									
4C	Intellectual Disabilities: Supplemental Payments									
5A	Physician and Surgical Services - Regular Payments									
5B	Physician and Surgical Services - Supplemental Payments									
5C	Physician & Surgical Services - Evaluation and Management									

Form CMS 64.9PEP - Medical Assistance Expenditures by Type of Service For the Medical Assistance Program Expenditures in This Quarter

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

Line:

Type	of Eligible:	1	1		1		1	1	r	
		Total Computable	FMAP	I.H.S. Services	Family Planning Services	Opt. Breast or Cervical Cancer Srvcs (ENH Rate)	Cervical Cancer Srvcs	Other %	Federal Share	Total Federal Share
5D	Physician & Surgical Services - Vaccine codes									
6A	Outpatient Hospital Services - Regular Payments									
6b	Outpatient Hospital Services - Supplemental Payments									
7	Prescribed Drugs									
7A1	Drug Rebate Offset - National Agreement									
7A2	Drug Rebate Offset - State Sidebar Agreement									
7A3	MCO - National Agreement									
7A4	MCO - State Sidebar Agreement									
7A5	Increased ACA OFFSET - Fee for Service - 100%									
7A6	Increased ACA OFFSET - MCO - 100%									
8	Dental Services									
9A	Other Practitioners Services - Regular Payments									
9B	Other Practitioners Services - Supplemental Payments									
10	Clinic Services									
11	Laboratory And Radiological Services									
12	Home Health Services									
13	Sterilizations									
14	Abortions No.									
15	EPSDT Screening Services									
16	Rural Health Clinic Screening									
	Medicare Health Insurance Payments - Part A									
17A	Premiums									
	Medicare Health Insurance Payments - Part B									
17B	Premiums									
17C1	120% - 134% Of Poverty									
17D	Coinsurance And Deductibles									

Form CMS 64.9PEP - Medical Assistance Expenditures by Type of Service For the Medical Assistance Program Expenditures in This Quarter State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

Line:

.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1	1	1	1	1	1	1	1	T1
		Total Computable	FMAP	I.H.S. Services	Family Planning Services	Opt. Breast or Cervical Cancer Srvcs (ENH Rate)	Cervical Cancer Srvcs	Other %	Federal Share	Total Federal Share
	Medicaid Health Insurance Payments: Managed									
18A	Care Organizations (MCO)									
18A1	Medicaid MCO - Evaluation and Management									
18A2	Medicaid MCO - Vaccine codes									
18A3	Medicaid MCO - Community First Choice									
18A4	Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin Medicaid MCO - Certified Community Behavior									
	Health Clinic Payments									
	Prepaid Ambulatory Health Plan									
	MCO PAHP - Evaluation and Management						-			
	MCO PAHP - Evaluation and Management MCO PAHP - Vaccine codes									
	MCO PAHP - Vaccine codes MCO PAHP - Community First Choice									
-	MCO PAHP - Community First Choice MCO PAHP - Preventive Services Grade A OR B,									
	ACIP Vaccines and their Admin									
10010							-			
1001.	Medicaid PAHP - Certified Community Behavior Health Clinic Payments									
	Prepaid Inpatient Health Plan									
	MCO PIHP - Evaluation and Management MCO PIHP - Vaccine codes									
	MCO PIHP - Vaccine codes MCO PIHP - Community First Choice									
18820	MCO PIHP - Community First Choice MCO PIHP - Preventive Services Grade A OR B,									
10024	,									
18820	ACIP Vaccines and their Admin									
10020	Medicaid PIHP - Certified Community Behavior									
18826	Health Clinic Payments									
190	Medicaid Health Insurance Payments: Group									
18C	Health Plan Payments									
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles									
18E	Medicaid Health Insurance Payments: Other									

For the Medical Assistance Program Expenditures in This Quarter

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

Line:

		Total Computable	FMAP	I.H.S. Services	Family Planning Services	Opt. Breast or Cervical Cancer Srvcs (ENH Rate)	Opt. Breast or Cervical Cancer Srvcs (IHS Rate)	Other %	Federal Share	Total Federal Share
	Home and Community-Based Services - Regular									
19A	Payment (Waiver)									
	Home and Community-Based Services - State									
19B	Plan 1915(i) Only Payment									
	Home and Community-Based Services - State									
19C	Plan 1915(j) Only Payment									
19D 22	Home and Community Based Services State Plan 1915(k) Community First Choice Programs Of All-Inclusive Care Elderly									
23A	Personal Care Services - Regular Payment									
23B	Personal Care Services - SDS 1915(j)									
	Targeted Case Management Services -									
24A	Community Case-Management									
24B	Case Management - State Wide									
25	Primary Care Case Management Services									
26	Hospice Benefits									
27 28	Emergency Services for Undocumented Aliens Federally-Qualified Health Center									
29	Non-Emergency Medical Transportation									
30	Physical Therapy									
31	Occupational Therapy									
32	Services for Speech, Hearing and Language									
33	Prosthetic Devices, Dentures, Eyeglasses									
34	Diagnostic Screening & Preventive Services									
244	Preventive Services Grade A OR B, ACIP									
34A	Vaccines and their Admin Nurse Mid-Wife									
35										
36	Emergency Hospital Services									
37	Critical Access Hospitals									

For the Medical Assistance Program Expenditures in This Quarter

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

Line:

					Family	Opt. Breast or Cervical	Opt. Breast or Cervical			
		Total			Planning	Cancer Srvcs	Cancer Srvcs			Total Federal
		Computable	FMAP	I.H.S. Services	•			Other %	Federal Share	Share
38	Nurse Practitioner Services									
39	School Based Services									
40	Rehabilitative Services (non-school-based)									
41	Private Duty Nursing									
42	Freestanding Birth Center									
43	Health Home for Enrollees w Chronic Conditions									
44	Tobacco Cessation for Preg Women									
	Health Home for Enrollees w Substance-Use-									
45	Disorder									
49	Other Care Services									
50	Total									

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

Line:

Waiver Type:

Waiver Number:

Waiver Name:

						Opt. Breast or	Opt. Breast or			
					Family	Cervical	Cervical			
		Total			Planning	Cancer Srvcs	Cancer Srvcs			Total Federal
		Computable	FMAP	I.H.S. Services	Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Share
1A	Inpatient Hospital Services - Regular Payments									
	Inpatient Hospital Service - DSH Adjustment									
1B	Payments									
	Inpatient Hospital Services - Supplemental									
1C	Payments									
1D	Inpatient Hospital Services - GME Payments									
	Mental Health Facility Services - Regular									
2A	Payments									
	Mental Health Facility Services - DSH									
2B	Adjustment Payments									
	Certified Community Behavior Health Clinic									
2C	Payments									
3A	Nursing Facility Services - Regular Payments									
	Nursing Facility Services - Supplemental									
3B	Payments								[!]	
	Internedicto Core Facility Convices and with									
	Intermediate Care Facility Services - Ind. with									
4A	Intellectual Disabilities: Public Providers									
	Intermediate Care Facility Services - Ind. with									
4B	Intellectual Disabilities: Private Providers									
40										├ ────┤
1	Intermediate Care Facility Services - Ind. with									
4C	Intellectual Disabilities: Supplemental Payments									
+0	Physician and Surgical Services - Regular									
5A	Payments									
57	l' dynichts							l	L	

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

Line:

Waiver Type:

Waiver Number:

Waiver Name:

						Opt. Breast or	Opt. Breast or			
					Family	Cervical	Cervical			
		Total			Planning	Cancer Srvcs	Cancer Srvcs			Total Federal
		Computable	FMAP	I.H.S. Services	Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Share
	Physician and Surgical Services - Supplemental									
5B	Payments									
	Physician & Surgical Services - Evaluation and									
5C	Management									
5D	Physician & Surgical Services - Vaccine codes									
6A	Outpatient Hospital Services - Regular Payments									
	Outpatient Hospital Services - Supplemental									
6b	Payments									
7	Prescribed Drugs									
7A1	Drug Rebate Offset - National Agreement									
	Drug Rebate Offset - State Sidebar Agreement									
	MCO - National Agreement									
7A4	MCO - State Sidebar Agreement									
7A5	Increased ACA OFFSET - Fee for Service - 100%									
7A6	Increased ACA OFFSET - MCO - 100%									
8	Dental Services									
9A	Other Practitioners Services - Regular Payments									
	Other Practitioners Services - Supplemental									
9B	Payments									
10	Clinic Services									
11	Laboratory And Radiological Services									
12	Home Health Services									
13	Sterilizations									
14	Abortions No.									
15	EPSDT Screening Services									

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

Line:

Waiver Type:

Waiver Number:

Waiver Name:

						•	Opt. Breast or			
					Family	Cervical	Cervical			
		Total			Planning	Cancer Srvcs	Cancer Srvcs			Total Federal
		Computable	FMAP	I.H.S. Services	Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Share
	Rural Health Clinic Screening									
	Medicare Health Insurance Payments - Part A									
	Premiums									
	Medicare Health Insurance Payments - Part B									
	Premiums									
	120% - 134% Of Poverty									
17D	Coinsurance And Deductibles									
	Medicaid Health Insurance Payments: Managed									
18A	Care Organizations (MCO)									
18A1	Medicaid MCO - Evaluation and Management									
18A2	Medicaid MCO - Vaccine codes									
18A3	Medicaid MCO - Community First Choice									
	Medicaid MCO - Preventive Services Grade A OR									
18A4	B, ACIP Vaccines and their Admin									
	Medicaid MCO - Certified Community Behavior									
18A5	Health Clinic Payments									
18B1	Prepaid Ambulatory Health Plan									
18B1a	MCO PAHP - Evaluation and Management									
18B1b	MCO PAHP - Vaccine codes									
18B1c	MCO PAHP - Community First Choice									
	MCO PAHP - Preventive Services Grade A OR B,									
18B1d	ACIP Vaccines and their Admin									
	Medicaid PAHP - Certified Community Behavior									
18B1e	Health Clinic Payments									
18B2	Prepaid Inpatient Health Plan									
	MCO PIHP - Evaluation and Management									
18B2b	MCO PIHP - Vaccine codes									
18B2c	MCO PIHP - Community First Choice									

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

Line:

Waiver Type:

Waiver Number:

Waiver Name:

						Opt. Breast or	Opt. Breast or			
					Family	Cervical	Cervical			
		T - 4 - 1			•					Total Contained
		Total			Planning	Cancer Srvcs	Cancer Srvcs			Total Federal
		Computable	FMAP	I.H.S. Services	Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Share
	MCO PIHP - Preventive Services Grade A OR B,									
18B2d	ACIP Vaccines and their Admin									
	Medicaid PIHP - Certified Community Behavior									
18B2e	Health Clinic Payments									
	Medicaid Health Insurance Payments: Group									
18C	Health Plan Payments									
	Medicaid Health Insurance Payments:									
18D	Coinsurance And Deductibles									
18E	Medicaid Health Insurance Payments: Other									
	Home and Community-Based Services - Regular									
19A	Payment (Waiver)									
	Home and Community-Based Services - State									
19B	Plan 1915(i) Only Payment									
	Home and Community-Based Services - State									
19C	Plan 1915(j) Only Payment									
	Home and Community Based Services State									
19D	Plan 1915(k) Community First Choice									
22	Programs Of All-Inclusive Care Elderly									
23A	Personal Care Services - Regular Payment									
23B	Personal Care Services - SDS 1915(j)									
	Targeted Case Management Services -									
24A	Community Case-Management									
24B	Case Management - State Wide									
25	Primary Care Case Management Services									
26	Hospice Benefits									
27	Emergency Services for Undocumented Aliens									
28	Federally-Qualified Health Center									

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

Line:

Waiver Type:

Waiver Number:

Waiver Name:

						Opt. Breast or	Opt. Breast or			
					Family	Cervical	Cervical			
		Total			Planning	Cancer Srvcs	Cancer Srvcs			Total Federal
		Computable	FMAP	I.H.S. Services	Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Share
29	Non-Emergency Medical Transportation									
30	Physical Therapy									
31	Occupational Therapy									
32	Services for Speech, Hearing and Language									
33	Prosthetic Devices, Dentures, Eyeglasses									
34	Diagnostic Screening & Preventive Services									
	Preventive Services Grade A OR B, ACIP									
34A	Vaccines and their Admin									
35	Nurse Mid-Wife									
36	Emergency Hospital Services									
37	Critical Access Hospitals									
38	Nurse Practitioner Services									
39	School Based Services									
40	Rehabilitative Services (non-school-based)									
41	Private Duty Nursing									
42	Freestanding Birth Center									
43	Health Home for Enrollees w Chronic Conditions									
44	Tobacco Cessation for Preg Women									
	Health Home for Enrollees w Substance-Use-									
45	Disorder									
49	Other Care Services									
50	Total									

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 9/30/2019

Waiver Type:

Waiver Number:

Waiver Name:

						Opt. Breast or	Opt. Breast or			
		Total			Family Planning	Cervical Cancer Srvcs	Cervical Cancer Srvcs			Total Federal
		Computable	FMAP	I.H.S. Services	Services	(ENH Rate)		Other %	Federal Share	
-		Computable	FIVIAP	I.H.S. Services	Services	(ENH Kale)		Other %	rederal Share	Share
1A	Inpatient Hospital Services - Regular Payments									
	Inpatient Hospital Service - DSH Adjustment									
1B	Payments									
	Inpatient Hospital Services - Supplemental									
1C	Payments									
1D	Inpatient Hospital Services - GME Payments									
-	Mental Health Facility Services - Regular									
2A	Payments									
	Mental Health Facility Services - DSH									
2B	Adjustment Payments									
	Certified Community Behavior Health Clinic									
2C	Payments									
3A	Nursing Facility Services - Regular Payments									
	Nursing Facility Services - Supplemental									
3B	Payments									
	Intermediate Care Facility Services - Ind. with									
4A	Intellectual Disabilities: Public Providers									
-1/1										
	Intermediate Care Facility Services - Ind. with									
4B	Intellectual Disabilities: Private Providers									
	Intermediate Care Facility Services - Ind. with									
4C	Intellectual Disabilities: Supplemental Payments									
	Physician and Surgical Services - Regular									
5A	Payments									
	Physician and Surgical Services - Supplemental									
5B	Payments									

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 9/30/2019

Waiver Type:

Waiver Number:

Waiver Name:

						Opt. Breast or	Opt. Breast or			
					Family	Cervical	Cervical			
		Total			Planning	Cancer Srvcs	Cancer Srvcs			Total Federal
		Computable	FMAP	I.H.S. Services	Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Share
	Physician & Surgical Services - Evaluation and									
5C	Management									
5D	Physician & Surgical Services - Vaccine codes									
6A	Outpatient Hospital Services - Regular Payments									
	Outpatient Hospital Services - Supplemental									
6b	Payments									
7	Prescribed Drugs									
7A1	Drug Rebate Offset - National Agreement									
7A2	Drug Rebate Offset - State Sidebar Agreement									
7A3	MCO - National Agreement									
7A4	MCO - State Sidebar Agreement									
7A5	Increased ACA OFFSET - Fee for Service - 100%									
7A6	Increased ACA OFFSET - MCO - 100%									
8	Dental Services									
9A	Other Practitioners Services - Regular Payments									
	Other Practitioners Services - Supplemental									
9B	Payments									
10	Clinic Services									
11	Laboratory And Radiological Services									
12	Home Health Services									
13	Sterilizations									
14	Abortions No.									
15	EPSDT Screening Services									
16	Rural Health Clinic Screening									
	Medicare Health Insurance Payments - Part A									
17A	Premiums									

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 9/30/2019

Waiver Type:

Waiver Number:

Waiver Name:

						Opt. Breast or	Opt. Breast or			
					Family	Cervical	Cervical			
		Total			Planning	Cancer Srvcs	Cancer Srvcs			Total Federal
		Computable	FMAP	I.H.S. Services	Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Share
	Medicare Health Insurance Payments - Part B									
17B	Premiums									
17C1	120% - 134% Of Poverty									
17D	Coinsurance And Deductibles									
	Medicaid Health Insurance Payments: Managed									
18A	Care Organizations (MCO)									
18A1	Medicaid MCO - Evaluation and Management									
18A2	Medicaid MCO - Vaccine codes									
18A3	Medicaid MCO - Community First Choice									
	Medicaid MCO - Preventive Services Grade A OR									
18A4	B, ACIP Vaccines and their Admin									
	Medicaid MCO - Certified Community Behavior									
18A5	Health Clinic Payments									
18B1	Prepaid Ambulatory Health Plan									
18B1a	MCO PAHP - Evaluation and Management									
18B1b	MCO PAHP - Vaccine codes									
18B1c	MCO PAHP - Community First Choice									
	MCO PAHP - Preventive Services Grade A OR B,									
18B1d	ACIP Vaccines and their Admin									
	Medicaid PAHP - Certified Community Behavior									
18B1e	Health Clinic Payments									
18B2	Prepaid Inpatient Health Plan									
18B2a	MCO PIHP - Evaluation and Management									
18B2b	MCO PIHP - Vaccine codes									
18B2c	MCO PIHP - Community First Choice									
	MCO PIHP - Preventive Services Grade A OR B,									
18B2d	ACIP Vaccines and their Admin									
	Medicaid PIHP - Certified Community Behavior									
18B2e	Health Clinic Payments									

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 9/30/2019

Waiver Type:

Waiver Number:

Waiver Name:

						Opt. Breast or	Opt. Breast or			
					Family	Cervical	Cervical			
		Total			Planning	Cancer Srvcs	Cancer Srvcs			Total Federal
		Computable	FMAP	I.H.S. Services	Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Share
	Medicaid Health Insurance Payments: Group									
18C	Health Plan Payments									
	Medicaid Health Insurance Payments:									
18D	Coinsurance And Deductibles									
18E	Medicaid Health Insurance Payments: Other									
	Home and Community-Based Services - Regular									
19A	Payment (Waiver)									
	Home and Community-Based Services - State									
19B	Plan 1915(i) Only Payment									
	Home and Community-Based Services - State									
19C	Plan 1915(j) Only Payment									
	Home and Community Based Services State									
19D	Plan 1915(k) Community First Choice									
22	Programs Of All-Inclusive Care Elderly									
23A	Personal Care Services - Regular Payment									
23B	Personal Care Services - SDS 1915(j)									
	Targeted Case Management Services -									
24A	Community Case-Management									
24B	Case Management - State Wide									
25	Primary Care Case Management Services									
26	Hospice Benefits									
27	Emergency Services for Undocumented Aliens									
28	Federally-Qualified Health Center									
29	Non-Emergency Medical Transportation									
30	Physical Therapy									
31	Occupational Therapy									
22	Sonvices for Speech, Hearing and Language									
32	Services for Speech, Hearing and Language									
33	Prosthetic Devices, Dentures, Eyeglasses									

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 9/30/2019

Waiver Type:

Waiver Number:

Waiver Name:

						Opt. Breast or	Opt. Breast or			
					Family	Cervical	Cervical			
		Total			Planning	Cancer Srvcs	Cancer Srvcs			Total Federal
		Computable	FMAP	I.H.S. Services	Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Share
34	Diagnostic Screening & Preventive Services									
	Preventive Services Grade A OR B, ACIP									
34A	Vaccines and their Admin									
35	Nurse Mid-Wife									
36	Emergency Hospital Services									
37	Critical Access Hospitals									
38	Nurse Practitioner Services									
39	School Based Services									
40	Rehabilitative Services (non-school-based)									
41	Private Duty Nursing									
42	Freestanding Birth Center									
43	Health Home for Enrollees w Chronic Conditions									
44	Tobacco Cessation for Preg Women									
	Health Home for Enrollees w Substance-Use-									
45	Disorder									
49	Other Care Services									
50	Total									

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 9/30/2019

							-	Opt. Breast or			
Image:						Family	Cervical	Cervical			
1A Inpatient Hospital Service - Regular Payments						•					Total Federal
Inpatient Hospital Service - DSH Adjustment IB Payments IC Payments Mental Health Facility Services - Regular Adjustment Payments Certified Community Behavior Health Clinic Certified Community Beha			Computable	FMAP	I.H.S. Services	Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Share
Inpatient Hospital Service - DSH Adjustment IB Payments IC Payments Mental Health Facility Services - Regular Adjustment Payments Certified Community Behavior Health Clinic CC Payments Adjustment Payments Adjustment Payments Adjustment Payments IC Payments I	1 A	Innationt Hospital Services - Regular Payments									
1B Payments Impatient Hospital Services - Supplemental Impatient Hospital Services - Supplemental Impatient Hospital Services - GME Payments 1D Inpatient Hospital Services - GME Payments Impatient Hospital Services - Regular Impatient Hospital Services - Regular Impatient Hospital Services - Regular 2A Payments Impatient Payments Impatient Payments Impatient Payments Certified Community Behavior Health Clinic Impatient Payments Impatient Payments Impatient Payments 2A Adjustment Payments Impatient Payments Impatient Payments Impatient Payments 2C Payments Impatient Payments Impatient Payments Impatient Payments Impatient Payments 3A Nursing Facility Services - Regular Payments Impatient Payments <td>IA</td> <td></td>	IA										
Inpatient Hospital Services - Supplemental Impatient Hospital Services - GME Payments Impatient Hospital Services - GME Payments 1D Inpatient Hospital Services - Regular Impatient Hospital Services - Regular Impatient Hospital Services - Regular 2A Payments Impatient Payments Impatient Payments Impatient Payments 2B Adjustment Payments Impatient Payments Impatient Payments Impatient Payments 2C Payments Impatient Payments Impatient Payments Impatient Payments 3A Nursing Facility Services - Regular Payments Impatient Payments Impatient Payments 3A Nursing Facility Services - Regular Payments Impatient Payments Impatient Payments 3B Payments Impatient Payments Impatient Payments Impatient Payments Intermediate Care Facility Services - Ind. with Impatient Payments Impatient Payments Impatient Payments Intermediate Care Facility Services - Ind. with Impatient Payments Impatient Payments Impatient Payments Intermediate Care Facility Services - Ind. with Impatient Payments Impatient Payments Impatient Payments Physician and Surgical Services - Regular Impatient Payments	1B										
1C Payments Image: Construct of the second sec	10										
1D Inpatient Hospital Services - GME Payments Mental Health Facility Services - Regular	10										
Mental Health Facility Services - Regular	10										
Mental Health Facility Services - Regular	1D	Inpatient Hospital Services - GME Payments									
Mental Health Facility Services - DSH Adjustment Payments Image: Certified Community Behavior Health Clinic 2C Payments Image: Certified Community Behavior Health Clinic Image: Certified Community Behavior Health Clinic 3A Nursing Facility Services - Regular Payments Image: Certified Community Behavior Health Clinic Image: Certified Community Behavior Health Clinic 3A Nursing Facility Services - Regular Payments Image: Certified Community Behavior Health Clinic Image: Certified Community Behavior Health Clinic 3B Payments Image: Certified Community Behavior Health Clinic Image: Certified Community Behavior Health Clinic Image: Certified Community Behavior Health Clinic 3B Payments Image: Certified Community Behavior Health Clinic Image: Certified Community Behavior Health Clinic Image: Certified Community Behavior Health Clinic 4A Intermediate Care Facility Services - Ind. with Image: Certified Community Behavior Health Clinic Image: Certified Com		Mental Health Facility Services - Regular									
28 Adjustment Payments Image: Community Behavior Health Clinic 2C Payments Image: Community Behavior Health Clinic 3A Nursing Facility Services - Regular Payments Image: Community Behavior Health Clinic 3A Nursing Facility Services - Supplemental Image: Community Behavior Health Clinic 3B Payments Image: Community Behavior Health Clinic Intermediate Care Facility Services - Supplemental Image: Community Behavior Health Clinic Intermediate Care Facility Services - Ind. with Image: Community Behavior Health Clinic Intermediate Care Facility Services - Ind. with Image: Community Behavior Health Clinic Intermediate Care Facility Services - Ind. with Image: Community Behavior Health Clinic Intermediate Care Facility Services - Ind. with Image: Community Behavior Health Clinic Intermediate Care Facility Services - Ind. with Image: Community Behavior Health Clinic Intermediate Care Facility Services - Ind. with Image: Community Behavior Health Clinic Intermediate Care Facility Services - Ind. with Image: Community Behavior Health Clinic Intermediate Care Facility Services - Ind. with Image: Community Behavior Health Clinic Intermediate Care Facility Services - Supplemental Payments Image: Community Behavior Health Clinic	2A	Payments									
Certified Community Behavior Health Clinic		Mental Health Facility Services - DSH									
2C Payments Image: Constraint of the second se	2B										
3A Nursing Facility Services - Regular Payments Image: Constraint of the service		Certified Community Behavior Health Clinic									
Nursing Facility Services - Supplemental Intermediate Care Facility Services - Ind. with Intermediate Care Facility Services - Ind. with Intermediate Care Facility Services - Ind. with Intermediate Care Facility Services - Ind. with Intermediate Care Facility Services - Ind. with Intermediate Care Facility Services - Ind. with Intermediate Care Facility Services - Ind. with Intermediate Care Facility Services - Ind. with Intermediate Care Facility Services - Ind. with Interlectual Disabilities: Supplemental Payments Interlectual Disabilities: Supplemental Payments Physician and Surgical Services - Supplemental Physician and Surgical Services - Supplemental Intermediate Services - Evaluation and Physician & Surgical Services - Evaluation and Intermediate Services - Evaluation and Intermediate Services - Evaluation and	2C	Payments									
Nursing Facility Services - Supplemental Intermediate Care Facility Services - Ind. with Intermediate Care Facility Services - Ind. with Intermediate Care Facility Services - Ind. with Intermediate Care Facility Services - Ind. with Intermediate Care Facility Services - Ind. with Intermediate Care Facility Services - Ind. with Intermediate Care Facility Services - Ind. with Intermediate Care Facility Services - Ind. with Intermediate Care Facility Services - Ind. with Interlectual Disabilities: Supplemental Payments Interlectual Disabilities: Supplemental Payments Physician and Surgical Services - Supplemental Physician and Surgical Services - Supplemental Intermediate Services - Evaluation and Physician & Surgical Services - Evaluation and Intermediate Services - Evaluation and Intermediate Services - Evaluation and											
3B Payments Intermediate Care Facility Services - Ind. with 4A Intermediate Care Facility Services - Ind. with Intermediate Care Facility Services - Ind. with 4B Intermediate Care Facility Services - Ind. with Intermediate Care Facility Services - Ind. with 4B Intellectual Disabilities: Private Providers Intermediate Care Facility Services - Ind. with 4B Intellectual Disabilities: Supplemental Payments Intermediate Care Facility Services - Ind. with 4C Intellectual Disabilities: Supplemental Payments Intermediate Care Facility Services - Ind. with 4C Intellectual Disabilities: Supplemental Payments Intermediate Care Facility Services - Ind. with 4D Physician and Surgical Services - Regular Intermediate Care Facility Services - Regular 5A Payments Intermediate Surgical Services - Supplemental 5B Payments Intermediate Surgical Services - Evaluation and 5B Payments Intermediate Surgical Services - Evaluation and	3A										
A Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Public Providers Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Private Providers 4B Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Private Providers Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Supplemental Payments 4C Intellectual Disabilities: Supplemental Payments Intermediate Care Facility Services - Regular 5A Payments Physician and Surgical Services - Supplemental Physician & Surgical Services - Supplemental Physician & Surgical Services - Evaluation and Intermediate Care Facility Services - Ind. with Intermediate Care Facility Services - Regular Services - Regular Intermediate Care Facility Services - Regular 5A Payments Intermediate Care - Supplemental Physician & Surgical Services - Supplemental Physician & Surgical Services - Evaluation and Intermediate Care - Regular											
4A Intellectual Disabilities: Public Providers Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Private Providers Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Private Providers Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Supplemental Payments Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Supplemental Payments Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Supplemental Payments Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Supplemental Payments Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Supplemental Payments Intermediate Care Facility Services - Supplemental Payments Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Supplemental Payments Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Supplemental Payments Intermediate Care Facility Services -	3B	Payments									
4A Intellectual Disabilities: Public Providers Intermediate Care Facility Services - Ind. with 4B Intellectual Disabilities: Private Providers Image: Care Facility Services - Ind. with 4B Intermediate Care Facility Services - Ind. with Image: Care Facility Services - Ind. with 4C Intermediate Care Facility Services - Ind. with Image: Care Facility Services - Ind. with 4C Intellectual Disabilities: Supplemental Payments Image: Care Facility Services - Regular Physician and Surgical Services - Regular Image: Care Facility Services - Supplemental Payments 5A Payments Image: Care Facility Services - Supplemental Paymental 5B Payments Image: Care Facility Services - Supplemental Paymental 5B Payments Image: Care Facility Services - Supplemental Figure Physician and Surgical Services - Evaluation and Image: Care Facility Services - Supplemental Figure Physician & Surgical Services - Evaluation and Image: Care Facility Services - Supplemental											
4B Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Private Providers Intermediate Care Facility Services - Ind. with Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Supplemental Payments Intermediate Care Facility Services - Ind. with Physician and Surgical Services - Regular Intellectual Disabilities: Supplemental Payments Intellectual Disabilities: Supplemental Payments 5A Payments Physician and Surgical Services - Supplemental SB Payments Intellectual Services - Supplemental Physician & Surgical Services - Evaluation and Intellectual Disabilities: Supplemental SB Intellectual Disabilities: Supplemental SB Intellectual Surgical Services - Evaluation and Intellectual Disabilities: Supplemental SB Intellectual Surgical Services - Evaluation and Intellectual Disabilities: Supplemental SB Intellectual Surgical Services - Evaluation and Intellectual Disabilities: Supplemental SB Intellectual Surgical Services - Evaluation and Intellectual Disabilities: Supplemental Services - Evaluation and Intellectual Disabilities: Services - Evaluation and		-									
4B Intellectual Disabilities: Private Providers Image: Services - Ind. with intellectual Disabilities: Supplemental Payments Image: Services - Ind. with intellectual Disabilities: Supplemental Payments Image: Services - Ind. with intellectual Disabilities: Supplemental Payments Image: Services - Ind. with intellectual Disabilities: Supplemental Payments Image: Services - Ind. with intellectual Disabilities: Supplemental Payments Image: Services - Ind. with intellectual Disabilities: Supplemental Payments Image: Services - Ind. with intellectual Disabilities: Supplemental Payments Image: Services - Ind. with intellectual Disabilities: Supplemental Payments Image: Services - Ind. with intellectual Disabilities: Supplemental Payments Image: Services - Ind. with intellectual Disabilities: Supplemental Payments Image: Services - Ind. with intellectual Disabilities: Services - Supplemental Payments Image: Services - Ind. with intellectual Disabilities: Services - Supplemental Payments Image: Services - Ind. with intellectual Disabilities: Services - Supplemental Payments Image: Services - Ind. with intellectual Disabilities: Services - Supplemental Payments Image: Services - Ind. with intellectual Disabilities: Services - Supplemental Payments Image: Services - Ind. with intellectual Disabilities: Services - Supplemental Payments Image: Services - Ind. with intellectual Disabilities: Services - Supplemental Payments Image: Services - Ind. with intellectual Disabilities: Services - Ind. with intellectual Disabilities: Services - Supplemental Payments Image: Services - Ind. with intellectual Disabilities: Services - Ind. with intellectual Disabilitis: Services - Ind. with intellectual Disabilit	4A	Intellectual Disabilities: Public Providers									
4B Intellectual Disabilities: Private Providers Image: Services - Ind. with intellectual Disabilities: Supplemental Payments Image: Services - Ind. with intellectual Disabilities: Supplemental Payments Image: Services - Ind. with intellectual Disabilities: Supplemental Payments Image: Services - Ind. with intellectual Disabilities: Supplemental Payments Image: Services - Ind. with intellectual Disabilities: Supplemental Payments Image: Services - Ind. with intellectual Disabilities: Supplemental Payments Image: Services - Ind. with intellectual Disabilities: Supplemental Payments Image: Services - Ind. with intellectual Disabilities: Supplemental Payments Image: Services - Ind. with intellectual Disabilities: Supplemental Payments Image: Services - Ind. with intellectual Disabilities: Supplemental Payments Image: Services - Ind. with intellectual Disabilities: Services - Supplemental Payments Image: Services - Ind. with intellectual Disabilities: Services - Supplemental Payments Image: Services - Ind. with intellectual Disabilities: Services - Supplemental Payments Image: Services - Ind. with intellectual Disabilities: Services - Supplemental Payments Image: Services - Ind. with intellectual Disabilities: Services - Supplemental Payments Image: Services - Ind. with intellectual Disabilities: Services - Supplemental Payments Image: Services - Ind. with intellectual Disabilities: Services - Supplemental Payments Image: Services - Ind. with intellectual Disabilities: Services - Ind. with intellectual Disabilities: Services - Supplemental Payments Image: Services - Ind. with intellectual Disabilities: Services - Ind. with intellectual Disabilitis: Services - Ind. with intellectual Disabilit											
Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Supplemental Payments 4C Intellectual Disabilities: Supplemental Payments Physician and Surgical Services - Regular Image: Complemental Payments 5A Payments Physician and Surgical Services - Supplemental Image: Complemental Paymental 5B Payments Physician & Surgical Services - Evaluation and Image: Complemental Paymental	4.5										
4C Intellectual Disabilities: Supplemental Payments Image: Construct of the second secon	4B	Intellectual Disabilities: Private Providers									
4C Intellectual Disabilities: Supplemental Payments Image: Construct on the supplemental Payme		Intermediate Care Eacility Services Ind with									
Physician and Surgical Services - Regular Image: Constraint of the services - Regular Image: Constrain Image: Constraint of the services - Re	10										
5A Payments Image: Constraint of the second se	40										
Physician and Surgical Services - Supplemental Physician and Surgical Services - Supplemental Physician & Physician & Surgical Services - Evaluation and Physician & Surgica	54										
5B Payments Image: Constraint of the system	54										
Physician & Surgical Services - Evaluation and	5B										
	50	,			1						
	5C										
5D Physician & Surgical Services - Vaccine codes	5D	Physician & Surgical Services - Vaccine codes									

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 9/30/2019

							-			
					Family	Cervical	Cervical			
		Total			Planning	Cancer Srvcs	Cancer Srvcs			Total Federal
		Computable	FMAP	I.H.S. Services	Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Share
	Outpatient Hospital Services - Regular Payments									
	Outpatient Hospital Services - Supplemental									
	Payments									
	Prescribed Drugs									
7A1	Drug Rebate Offset - National Agreement									
7A2	Drug Rebate Offset - State Sidebar Agreement									
	MCO - National Agreement									
	MCO - State Sidebar Agreement									
7A4	MCO - State Sidebar Agreement									
7A5	Increased ACA OFFSET - Fee for Service - 100%									
	Increased ACA OFFSET - MCO - 100%									
	Dental Services									
0										
9A	Other Practitioners Services - Regular Payments									
	Other Practitioners Services - Supplemental									
9B	Payments									
-	Clinic Services									
	Laboratory And Radiological Services									
-	Home Health Services									
13	Sterilizations									
14	Abortions No.									
15	EPSDT Screening Services									
16	Rural Health Clinic Screening									
	Medicare Health Insurance Payments - Part A									
17A	Premiums									
	Medicare Health Insurance Payments - Part B									
	Premiums									
17C1	120% - 134% Of Poverty									
17D	Coinsurance And Deductibles									
	Medicaid Health Insurance Payments: Managed									
18A	Care Organizations (MCO)									
18A1	Medicaid MCO - Evaluation and Management									

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 9/30/2019

						Opt. Breast or	Opt. Breast or			
					Family	Cervical	Cervical			
		Total			Planning	Cancer Srvcs	Cancer Srvcs			Total Federal
		Computable	FMAP	I.H.S. Services	Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Share
18A2	Medicaid MCO - Vaccine codes					()	(
18A3	Medicaid MCO - Community First Choice									
	·····									
	Medicaid MCO - Preventive Services Grade A OR									
18A4	B, ACIP Vaccines and their Admin									
	Medicaid MCO - Certified Community Behavior									
18A5	Health Clinic Payments									
18B1	Prepaid Ambulatory Health Plan									
18B1a	MCO PAHP - Evaluation and Management									
18B1b	MCO PAHP - Vaccine codes									
18B1c	MCO PAHP - Community First Choice									
	MCO PAHP - Preventive Services Grade A OR B,									
18B1d	ACIP Vaccines and their Admin									
	Medicaid PAHP - Certified Community Behavior									
18B1e	Health Clinic Payments									
18B2	Prepaid Inpatient Health Plan									
18B2a	MCO PIHP - Evaluation and Management									
18B2b	MCO PIHP - Vaccine codes									
18B2c	MCO PIHP - Community First Choice									
	MCO PIHP - Preventive Services Grade A OR B,									
18B2d	ACIP Vaccines and their Admin									
	Medicaid PIHP - Certified Community Behavior									
18B2e	Health Clinic Payments									
	Medicaid Health Insurance Payments: Group									
-	Health Plan Payments									
	Medicaid Health Insurance Payments:									
18D	Coinsurance And Deductibles									
	Medicaid Health Insurance Payments: Other									
	Home and Community-Based Services - Regular									
	Payment (Waiver)									
	Home and Community-Based Services - State									
	Plan 1915(i) Only Payment									
	Home and Community-Based Services - State									
19C	Plan 1915(j) Only Payment	ļ	<u> </u>	ļ			<u> </u>			

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 9/30/2019

						Opt. Breast or	Opt. Breast or			
					Family	Cervical	Cervical			
		Total			Planning	Cancer Srvcs	Cancer Srvcs			Total Federal
		Computable	FMAP	I.H.S. Services	Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Share
	Home and Community Based Services State									
19D	Plan 1915(k) Community First Choice									
22	Programs Of All-Inclusive Care Elderly									
23A	Personal Care Services - Regular Payment									
23B	Personal Care Services - SDS 1915(j)									
	Targeted Case Management Services -									
24A	Community Case-Management									
24B	Case Management - State Wide									
25	Primary Care Case Management Services									
26	Hospice Benefits									
27	Emergency Services for Undocumented Aliens									
28	Federally-Qualified Health Center									
29	Non-Emergency Medical Transportation									
30	Physical Therapy									
31	Occupational Therapy									
32	Services for Speech, Hearing and Language									
33	Prosthetic Devices, Dentures, Eyeglasses									
34	Diagnostic Screening & Preventive Services									
	Preventive Services Grade A OR B, ACIP									
34A	Vaccines and their Admin									
35	Nurse Mid-Wife									
36	Emergency Hospital Services									
37	Critical Access Hospitals									
38	Nurse Practitioner Services	1								
39	School Based Services									
40	Rehabilitative Services (non-school-based)									
41	Private Duty Nursing	1								
42	Freestanding Birth Center	1								1
		1								1
43	Health Home for Enrollees w Chronic Conditions									
.5	freatar fishie for Enfonces w enfonce conditions	<u>'i</u>	I	 	I		I	l	ļ	ļ

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 9/30/2019

						Opt. Breast or	Opt. Breast or			
					Family	Cervical	Cervical			
		Total			Planning	Cancer Srvcs	Cancer Srvcs			Total Federal
		Computable	FMAP	I.H.S. Services	Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Share
44	Tobacco Cessation for Preg Women									
	Health Home for Enrollees w Substance-Use-									
45	Disorder									
49	Other Care Services									
50	Total									

Form CMS 64.9EP - Medical Assistance Expenditures by Type of Service For the Medical Assistance Program Expenditures in This Quarter State: Quarter Ended: 9/30/2019

Prior Qtr/FYR:

Line:

		Total			Family Planning	Cervical Cancer Srvcs	Opt. Breast or Cervical Cancer Srvcs			Total Federal
		Computable	FMAP	I.H.S. Services	Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Share
1A	Inpatient Hospital Services - Regular Payments									
	Inpatient Hospital Service - DSH Adjustment									
1B	Payments									
	Inpatient Hospital Services - Supplemental									
1C	Payments									
1D	Inpatient Hospital Services - GME Payments									
	Mental Health Facility Services - Regular									
	Payments									
	Mental Health Facility Services - DSH									
2B	Adjustment Payments									
	Certified Community Behavior Health Clinic									
2C	Payments									
3A	Nursing Encility Convices - Degular Developts									
зА	Nursing Facility Services - Regular Payments Nursing Facility Services - Supplemental									
3B	Payments									
30										
	Intermediate Care Facility Services - Ind. with									
4A	Intellectual Disabilities: Public Providers									
-77										
	Intermediate Care Facility Services - Ind. with									
4B	Intellectual Disabilities: Private Providers									
	Intermediate Care Facility Services - Ind. with									
4C	Intellectual Disabilities: Supplemental Payments									
	Physician and Surgical Services - Regular									
5A	Payments									
	Physician and Surgical Services - Supplemental									
5B	Payments									
	Physician & Surgical Services - Evaluation and									
5C	Management									

Form CMS 64.9EP - Medical Assistance Expenditures by Type of Service For the Medical Assistance Program Expenditures in This Quarter State: Quarter Ended: 9/30/2019 Prior Qtr/FYR:

Line:

Type o	f Eligible:									
		Total Computable	FMAP	I.H.S. Services	Family Planning Services	Opt. Breast or Cervical Cancer Srvcs (ENH Rate)	Opt. Breast or Cervical Cancer Srvcs (IHS Rate)	Other %	Federal Share	Total Federal Share
5D	Physician & Surgical Services - Vaccine codes									
6A	Outpatient Hospital Services - Regular Payments									
6b	Outpatient Hospital Services - Supplemental Payments									
	Prescribed Drugs Drug Rebate Offset - National Agreement									
7A2	Drug Rebate Offset - State Sidebar Agreement									
	MCO - National Agreement MCO - State Sidebar Agreement									
7A5	Increased ACA OFFSET - Fee for Service - 100%									
	Increased ACA OFFSET - MCO - 100% Dental Services									
	Other Practitioners Services - Regular Payments Other Practitioners Services - Supplemental Payments									
10	Clinic Services									
11 12	Laboratory And Radiological Services Home Health Services									
13 14	Sterilizations Abortions No.									
15 16	EPSDT Screening Services Rural Health Clinic Screening									
17A	Medicare Health Insurance Payments - Part A Premiums Medicare Health Insurance Payments - Part B Premiums									
	120% - 134% Of Poverty									<u> </u>
17D	Coinsurance And Deductibles									

Form CMS 64.9EP - Medical Assistance Expenditures by Type of Service For the Medical Assistance Program Expenditures in This Quarter State: Quarter Ended: 9/30/2019 Prior Qtr/FYR:

Line:

		Total Computable	FMAP	I.H.S. Services	Family Planning Services	Opt. Breast or Cervical Cancer Srvcs (ENH Rate)	Cervical Cancer Srvcs	Other %	Federal Share	Total Federal Share
	Medicaid Health Insurance Payments: Managed	computable				(Littinate)	(ino hate)		i cuci di olidi c	Share
18A	Care Organizations (MCO)									
18A1	Medicaid MCO - Evaluation and Management									
	Medicaid MCO - Vaccine codes									
	Medicaid MCO - Community First Choice									
18A4	Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin									
	Medicaid MCO - Certified Community Behavior									
	Health Clinic Payments									
	Prepaid Ambulatory Health Plan									
-	MCO PAHP - Evaluation and Management									
	MCO PAHP - Vaccine codes									
18B1c	MCO PAHP - Community First Choice									
	MCO PAHP - Preventive Services Grade A OR B,									
18B1d	ACIP Vaccines and their Admin									
	Medicaid PAHP - Certified Community Behavior									
	Health Clinic Payments									
	Prepaid Inpatient Health Plan									
	MCO PIHP - Evaluation and Management									
	MCO PIHP - Vaccine codes									
18B2c	MCO PIHP - Community First Choice									
	MCO PIHP - Preventive Services Grade A OR B,									
18B2d	ACIP Vaccines and their Admin									
	Medicaid PIHP - Certified Community Behavior									
18B2e	Health Clinic Payments									
	Medicaid Health Insurance Payments: Group									
18C	Health Plan Payments									
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles									
18E	Medicaid Health Insurance Payments: Other									

Form CMS 64.9EP - Medical Assistance Expenditures by Type of Service For the Medical Assistance Program Expenditures in This Quarter State: Quarter Ended: 9/30/2019

Prior Qtr/FYR:

Line:

						Opt. Breast or	Opt. Breast or			
					Family	Cervical	Cervical			
		Total			Planning	Cancer Srvcs	Cancer Srvcs			Total Federal
		Computable	FMAP	I.H.S. Services	Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Share
	Home and Community-Based Services - Regular									
19A	Payment (Waiver)									
	Home and Community-Based Services - State									
19B	Plan 1915(i) Only Payment									
	Home and Community-Based Services - State									
19C	Plan 1915(j) Only Payment									
	Home and Community Based Services State									
	Plan 1915(k) Community First Choice									
	Programs Of All-Inclusive Care Elderly									
23A	Personal Care Services - Regular Payment									
23B	Personal Care Services - SDS 1915(j)									
	Targeted Case Management Services -									
24A	Community Case-Management									
24B	Case Management - State Wide									
25	Primary Care Case Management Services									
26	Hospice Benefits									
27	Emergency Services for Undocumented Aliens									
28	Federally-Qualified Health Center									
29	Non-Emergency Medical Transportation									
30	Physical Therapy									
31	Occupational Therapy									
32	Services for Speech, Hearing and Language									
33	Prosthetic Devices, Dentures, Eyeglasses									
34	Diagnostic Screening & Preventive Services									
	Preventive Services Grade A OR B, ACIP									
	Vaccines and their Admin									
35	Nurse Mid-Wife									
36	Emergency Hospital Services									
37	Critical Access Hospitals									

Form CMS 64.9EP - Medical Assistance Expenditures by Type of Service For the Medical Assistance Program Expenditures in This Quarter State: Quarter Ended: 9/30/2019 Prior Qtr/FYR: Line:

		Total Computable	FMAP	Family Planning Services	Cervical Cancer Srvcs	Opt. Breast or Cervical Cancer Srvcs (IHS Rate)	Other %	Federal Share	Total Federal Share
38	Nurse Practitioner Services								
39	School Based Services								
40 41 42	Rehabilitative Services (non-school-based) Private Duty Nursing Freestanding Birth Center								
43	Health Home for Enrollees w Chronic Conditions								
44	Tobacco Cessation for Preg Women								
	Health Home for Enrollees w Substance-Use-								
45	Disorder								
49	Other Care Services								
50	Total								

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

Line:

Waiver Type:

Waiver Number:

Waiver Name:

						Opt. Breast or	Opt. Breast or			
					Family	Cervical	Cervical			
		Total			Planning	Cancer Srvcs	Cancer Srvcs			Total Federal
		Computable	FMAP	I.H.S. Services	Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Share
-	Inpatient Hospital Services - Regular Payments									
	Inpatient Hospital Service - DSH Adjustment									
1B	Payments									
	Inpatient Hospital Services - Supplemental									
1C	Payments									
1D	Inpatient Hospital Services - GME Payments									
	Mental Health Facility Services - Regular									
2A	Payments									
	Mental Health Facility Services - DSH									
2B	Adjustment Payments									
	Certified Community Behavior Health Clinic									
2C	Payments									
3A	Nursing Facility Services - Regular Payments									
	Nursing Facility Services - Supplemental									
3B	Payments									
	Intermediate Care Facility Services - Ind. with									
4A	Intellectual Disabilities: Public Providers									
	Intermediate Care Facility Services - Ind. with									
4B	Intellectual Disabilities: Private Providers					ļ	 			
	Intermediate Care Facility Services - Ind. with									
_	Intellectual Disabilities: Supplemental Payments									
	Physician and Surgical Services - Regular									
5A	Payments									

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

Line:

Waiver Type:

Waiver Number:

Waiver Name:

						Opt. Breast or	Opt. Breast or			
					Family	Cervical	Cervical			
		Total			Planning	Cancer Srvcs	Cancer Srvcs			Total Federal
		Computable	FMAP	I.H.S. Services	Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Share
	Physician and Surgical Services - Supplemental									
5B	Payments									
	Physician & Surgical Services - Evaluation and									
5C	Management									
5D	Physician & Surgical Services - Vaccine codes									
6A	Outpatient Hospital Services - Regular Payments									
	Outpatient Hospital Services - Supplemental									
6b	Payments									
7	Prescribed Drugs									
7A1	Drug Rebate Offset - National Agreement									
7A2	Drug Rebate Offset - State Sidebar Agreement									
7A3	MCO - National Agreement									
7A4	MCO - State Sidebar Agreement									
7A5	Increased ACA OFFSET - Fee for Service - 100%									
7A6	Increased ACA OFFSET - MCO - 100%									
8	Dental Services									
9A	Other Practitioners Services - Regular Payments									
	Other Practitioners Services - Supplemental									
9B	Payments									
10	Clinic Services									
11	Laboratory And Radiological Services									
12	Home Health Services									
13	Sterilizations									
14	Abortions No.									
15	EPSDT Screening Services									

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

Line:

Waiver Type:

Waiver Number:

Waiver Name:

						Opt. Breast or	•			
					Family	Cervical	Cervical			
		Total			Planning	Cancer Srvcs	Cancer Srvcs			Total Federal
		Computable	FMAP	I.H.S. Services	Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Share
16	Rural Health Clinic Screening									
	Medicare Health Insurance Payments - Part A									
-	Premiums									
	Medicare Health Insurance Payments - Part B									
17B	Premiums									
17C1	120% - 134% Of Poverty									
17D	Coinsurance And Deductibles									
	Medicaid Health Insurance Payments: Managed									
18A	Care Organizations (MCO)									
18A1	Medicaid MCO - Evaluation and Management									
18A2	Medicaid MCO - Vaccine codes									
18A3	Medicaid MCO - Community First Choice									
	Medicaid MCO - Preventive Services Grade A OR									
	B, ACIP Vaccines and their Admin									
	Medicaid MCO - Certified Community Behavior									
	Health Clinic Payments									
	Prepaid Ambulatory Health Plan									
-	MCO PAHP - Evaluation and Management									
	MCO PAHP - Vaccine codes									
	MCO PAHP - Community First Choice									
	MCO PAHP - Preventive Services Grade A OR B,									
	ACIP Vaccines and their Admin									
	Medicaid PAHP - Certified Community Behavior									
18B1e	Health Clinic Payments									
-	Prepaid Inpatient Health Plan									
	MCO PIHP - Evaluation and Management									
18B2b	MCO PIHP - Vaccine codes									
18B2c	MCO PIHP - Community First Choice									

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

Line:

Waiver Type:

Waiver Number:

Waiver Name:

11						Opt. Breast or	Opt. Breast or			
					Family	•	Cervical			
		Tatal				Cancer Srvcs	Cancer Srvcs			Total Federal
		Total			Planning					
		Computable	FMAP	I.H.S. Services	Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Share
	MCO PIHP - Preventive Services Grade A OR B,									
18B2d	ACIP Vaccines and their Admin									
	Medicaid PIHP - Certified Community Behavior									
18B2e	Health Clinic Payments									
	Medicaid Health Insurance Payments: Group									
18C	Health Plan Payments									
	Medicaid Health Insurance Payments:									
18D	Coinsurance And Deductibles									
18E	Medicaid Health Insurance Payments: Other									
	Home and Community-Based Services - Regular									
19A	Payment (Waiver)									
	Home and Community-Based Services - State									
19B	Plan 1915(i) Only Payment									
	Home and Community-Based Services - State									
19C	Plan 1915(j) Only Payment									
	Home and Community Based Services State									
19D	Plan 1915(k) Community First Choice									
22	Programs Of All-Inclusive Care Elderly									
	Personal Care Services - Regular Payment									
	Personal Care Services - SDS 1915(j)									
	Targeted Case Management Services -									
24A	Community Case-Management									
24B	Case Management - State Wide			1						
25	Primary Care Case Management Services									
26	Hospice Benefits			1						
20				+						
27	Emergency Services for Undocumented Aliens									
27	Federally-Qualified Health Center									
20	reactany Quannea nearth Center	L	ļ	1	L	1			l	ļ

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

Line:

Waiver Type:

Waiver Number:

Waiver Name:

						Opt. Breast or	Opt. Breast or			
					Family	Cervical	Cervical			
		Total			Planning	Cancer Srvcs	Cancer Srvcs			Total Federal
		Computable	FMAP	I.H.S. Services	Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Share
29	Non-Emergency Medical Transportation									
30	Physical Therapy									
31	Occupational Therapy									
32	Services for Speech, Hearing and Language									
33	Prosthetic Devices, Dentures, Eyeglasses									
34	Diagnostic Screening & Preventive Services									
	Preventive Services Grade A OR B, ACIP									
34A	Vaccines and their Admin									
35	Nurse Mid-Wife									
36	Emergency Hospital Services									
37	Critical Access Hospitals									
38	Nurse Practitioner Services									
39	School Based Services									
40	Rehabilitative Services (non-school-based)									
41	Private Duty Nursing									
42	Freestanding Birth Center									
43	Health Home for Enrollees w Chronic Conditions									
44	Tobacco Cessation for Preg Women									
	Health Home for Enrollees w Substance-Use-									
45	Disorder									
49	Other Care Services									
50	Total									

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 9/30/2019

Waiver Type:

Waiver Number:

Waiver Name:

						Opt. Breast or	Opt. Breast or			
		Total			Family Planning	Cervical Cancer Srvcs	Cervical Cancer Srvcs			Total Federal
		Computable	FMAP	I.H.S. Services	Services	(ENH Rate)		Other %	Federal Share	
-		Computable	FIVIAP	I.H.S. Services	Services	(ENH Kale)		Other %	rederal Share	Share
1A	Inpatient Hospital Services - Regular Payments									
	Inpatient Hospital Service - DSH Adjustment									
1B	Payments									
	Inpatient Hospital Services - Supplemental									
1C	Payments									
1D	Inpatient Hospital Services - GME Payments									
-	Mental Health Facility Services - Regular									
2A	Payments									
	Mental Health Facility Services - DSH									
2B	Adjustment Payments									
	Certified Community Behavior Health Clinic									
2C	Payments									
3A	Nursing Facility Services - Regular Payments									
	Nursing Facility Services - Supplemental									
3B	Payments									
	Intermediate Care Facility Services - Ind. with									
4A	Intellectual Disabilities: Public Providers									
-1/1										
	Intermediate Care Facility Services - Ind. with									
4B	Intellectual Disabilities: Private Providers									
	Intermediate Care Facility Services - Ind. with									
4C	Intellectual Disabilities: Supplemental Payments									
	Physician and Surgical Services - Regular									
5A	Payments									
	Physician and Surgical Services - Supplemental									
5B	Payments									

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 9/30/2019

Waiver Type:

Waiver Number:

Waiver Name:

						Opt. Breast or	Opt. Breast or			
					Family	Cervical	Cervical			
		Total			Planning	Cancer Srvcs	Cancer Srvcs			Total Federal
		Computable	FMAP	I.H.S. Services	Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Share
	Physician & Surgical Services - Evaluation and									
5C	Management									
5D	Physician & Surgical Services - Vaccine codes									
6A	Outpatient Hospital Services - Regular Payments									
	Outpatient Hospital Services - Supplemental									
6b	Payments									
7	Prescribed Drugs									
7A1	Drug Rebate Offset - National Agreement									
7A2	Drug Rebate Offset - State Sidebar Agreement									
7A3	MCO - National Agreement									
7A4	MCO - State Sidebar Agreement									
7A5	Increased ACA OFFSET - Fee for Service - 100%									
7A6	Increased ACA OFFSET - MCO - 100%									
8	Dental Services									
9A	Other Practitioners Services - Regular Payments									
	Other Practitioners Services - Supplemental									
9B	Payments									
10	Clinic Services									
11	Laboratory And Radiological Services									
12	Home Health Services									
13	Sterilizations									
14	Abortions No.									
15	EPSDT Screening Services									
16	Rural Health Clinic Screening									
	Medicare Health Insurance Payments - Part A									
17A	Premiums									
		1	1	1	1	1		1	1	

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 9/30/2019

Waiver Type:

Waiver Number:

Waiver Name:

						Opt. Breast or	Opt. Breast or			
					Family	Cervical	Cervical			
		Total			Planning	Cancer Srvcs	Cancer Srvcs			Total Federal
		Computable	FMAP	I.H.S. Services	Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Share
	Medicare Health Insurance Payments - Part B									
17B	Premiums									
17C1	120% - 134% Of Poverty									
17D	Coinsurance And Deductibles									
	Medicaid Health Insurance Payments: Managed									
18A	Care Organizations (MCO)									
18A1	Medicaid MCO - Evaluation and Management									
18A2	Medicaid MCO - Vaccine codes									
18A3	Medicaid MCO - Community First Choice									
	Medicaid MCO - Preventive Services Grade A OR									
18A4	B, ACIP Vaccines and their Admin									
	Medicaid MCO - Certified Community Behavior									
18A5	Health Clinic Payments									
18B1	Prepaid Ambulatory Health Plan									
18B1a	MCO PAHP - Evaluation and Management									
18B1b	MCO PAHP - Vaccine codes									
18B1c	MCO PAHP - Community First Choice									
	MCO PAHP - Preventive Services Grade A OR B,									
18B1d	ACIP Vaccines and their Admin									
	Medicaid PAHP - Certified Community Behavior									
18B1e	Health Clinic Payments									
18B2	Prepaid Inpatient Health Plan									
18B2a	MCO PIHP - Evaluation and Management									
18B2b	MCO PIHP - Vaccine codes									
18B2c	MCO PIHP - Community First Choice									
	MCO PIHP - Preventive Services Grade A OR B,									
18B2d	ACIP Vaccines and their Admin									
	Medicaid PIHP - Certified Community Behavior									
18B2e	Health Clinic Payments									

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 9/30/2019

Waiver Type:

Waiver Number:

Waiver Name:

							Opt. Breast or			
					Family	Cervical	Cervical			
		Total			Planning	Cancer Srvcs	Cancer Srvcs			Total Federal
		Computable	FMAP	I.H.S. Services	Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Share
	Medicaid Health Insurance Payments: Group									
	Health Plan Payments									
	Medicaid Health Insurance Payments:									
18D	Coinsurance And Deductibles									
18E	Medicaid Health Insurance Payments: Other									
	Home and Community-Based Services - Regular									
19A	Payment (Waiver)									
	Home and Community-Based Services - State									
19B	Plan 1915(i) Only Payment									
	Home and Community-Based Services - State									
19C	Plan 1915(j) Only Payment									
	Home and Community Based Services State									
19D	Plan 1915(k) Community First Choice									
22	Programs Of All-Inclusive Care Elderly									
	Personal Care Services - Regular Payment									
23B	Personal Care Services - SDS 1915(j)									
	Targeted Case Management Services -									
24A	Community Case-Management									
24B	Case Management - State Wide									
25	Primary Care Case Management Services									
26	Hospice Benefits									
27	Emergency Services for Undocumented Aliens									
28	Federally-Qualified Health Center									
29	Non-Emergency Medical Transportation									
30	Physical Therapy									
31	Occupational Therapy									
32	Services for Speech, Hearing and Language									
33	Prosthetic Devices, Dentures, Eyeglasses									

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 9/30/2019

Waiver Type:

Waiver Number:

Waiver Name:

						Opt. Breast or	Opt. Breast or			
					Family	Cervical	Cervical			
		Total			Planning	Cancer Srvcs	Cancer Srvcs			Total Federal
		Computable	FMAP	I.H.S. Services	Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Share
34	Diagnostic Screening & Preventive Services									
	Preventive Services Grade A OR B, ACIP									
34A	Vaccines and their Admin									
35	Nurse Mid-Wife									
36	Emergency Hospital Services									
37	Critical Access Hospitals									
38	Nurse Practitioner Services									
39	School Based Services									
40	Rehabilitative Services (non-school-based)									
41	Private Duty Nursing									
42	Freestanding Birth Center									
43	Health Home for Enrollees w Chronic Conditions									
44	Tobacco Cessation for Preg Women									
	Health Home for Enrollees w Substance-Use-									
45	Disorder									
49	Other Care Services									
50	Total									

CMS-64.S9RAC - RAC Collection

State:

Quarter Ended: 9/30/2019

		Total Computable	Medicaid (Non VIII Group) Federal Share	Group Federal	BIPP Federal Share	Federal Share
	Collections Not Previously Reported on CMS-					
1	64.90RAC					
	Collections on Overpayment previously					
2	reported on CMS-64.9ORAC					
3	Total Collections					
	RAC CONTINGENCY FEES DEDUCTED FROM					
4	COLLECTIONS					
5	COLLECTIONS LESS FEES					
	LESS PREVIOUSLY REPORTED ON 64.90RAC.					
6	(Line 2)					
7	NET COLLECTIONS					

Centers for Medicare & Medicaid Services

Form CMS 64.1108CAP - Territory Cap Tracking

State:

Quarter Ended: 9/30/2019

		MAP Federal	ADM Federal
		Share	Share
1	FY YYYY CAP		
2	Amount Previously reported		
6	Expenditures in this Quarter		
6.A.	From Form CMS-64.9/CMS-64.10		
6.A.1.	From Form CMS-64.9T		
6.A.2.	From Form CMS-64.9E/CMS-64.9PE		
6.B.	From Form CMS-64.21		
6.C.	From Form CMS-64.21U		
6.D.	From Form CMS-64.9VIII		
	Adjustments Increasing Claims for Prior		
7	Quarters		
7.A.	From Form CMS 64.9P/CMS 64.10		
7.A.1.	From Form CMS-64.9TP		
7.A.2.	From Form CMS-64.9EP/CMS-64.9PEP		
7.B.	From Form CMS-64.21P		
7.C.	From Form CMS-64.21UP		
7.D.	From Form CMS-64.9VIIIP		
8	Other Expenditures		
8.A.	From Form CMS 64.9P/CMS 64.10P		
8.A.1.	From Form CMS-64.9TP		
8.A.2.	From Form CMS-64.9EP/CMS-64.9PEP		
8.B.	From Form CMS-64.21P		
8.C.	From Form CMS-64.21UP		
8.D.	From Form CMS-64.9VIIIP		
	Adjustments Decreasing Claims for Prior		
10A.	Quarters:		
Α.	Federal Audit		
10.A.1	From Form CMS 64.9P/CMS 64.10P		
10.A.1	From Form CMS-64.9TP		

Centers for Medicare & Medicaid Services

Form CMS 64.1108CAP - Territory Cap Tracking

State:

Quarter Ended: 9/30/2019

		MAP Federal	ADM Federal
		Share	Share
10.A.1	From Form CMS-64.9EP/CMS-64.9PEP		
10.A.2	From Form CMS 64.21P		
10.A.3	From Form CMS 64.21UP		
10.A.4	From Form CMS-64.9VIIIP		
	Adjustments Decreasing Claims for Prior		
10B.	Quarters:		
В.	Federal Audit		
10.B.1	From Form CMS 64.9P/CMS 64.10P		
10.B.1	From Form CMS-64.9TP		
10.B.1	From Form CMS-64.9EP/CMS-64.9PEP		
10.B.2	From Form CMS 64.21P		
10.B.3	From Form CMS 64.21UP		
10.B.4	From Form CMS-64.9VIIIP		
11	Net Expenditures Reported This Period		
12	Unused CAP		

For the Medical Assistance Program Expenditures in This Quarter

State:

Quarter Ended: 9/30/2019

	of Eligible. Newly	1	1	1												1	1	
		Total Computable	FMAP	I.H.S. Services	Family Planning	Opt. Breast or Cervical Cancer Srvcs (ENH Rate)	Opt. Breast or Cervical Cancer Srvcs (IHS Rate)	Other %	Federal Share	Total Newly Federal Share	Resource Test Applied from	Resource Test	Total Comp Applied from Not Newly Enrollment Cap	Enrollment Cap applied	Total Computable Applied from Not Newly Special Circumstances	Federal Share Special Circumstances applied COL L X Newly		Sum of Federal Shares Column (G) + (I) + (K) + (M)
1A	Inpatient Hospital Services - Regular Payments																	
	Inpatient Hospital Service - DSH Adjustment																	
1B	Payments																	
	Inpatient Hospital Services - Supplemental																	
1C	Payments																	
1D	Inpatient Hospital Services - GME Payments																	
	Mental Health Facility Services - Regular																	
2A	Payments																	
	Mental Health Facility Services - DSH																	
2B	Adjustment Payments																	
20	Certified Community Behavior Health Clinic																	
2C	Payments																	
20	i ujineneo																	
3A	Nursing Facility Services - Regular Payments																	
5/1	Nursing Facility Services - Supplemental										-				-			
3B	Payments																	
50	rayments																	
	Intermediate Care Facility Services - Ind. with																	
4A	Intellectual Disabilities: Public Providers																	
4A	Intellectual Disabilities. Public Providers																	
	Intermediate Care Facility Services - Ind. with																	
4B	Intellectual Disabilities: Private Providers																	
4D	Internediate Care Facility Services - Ind. with																	
4C	Intellectual Disabilities: Supplemental Payments																	
4C	Physician and Surgical Services - Regular																	
F A	Payments																	
5A	Physician and Surgical Services - Supplemental								-		-		-					
5B	Payments																	
30	Physician & Surgical Services - Evaluation and																	
5C	Management																	
30	Wallagement																	+
5D	Physician & Surgical Services - Vaccine codes																	
50	Outpatient Hospital Services - Vaccine codes																	
6A	Payments										1				1			
UA.	Outpatient Hospital Services - Supplemental										ł				<u> </u>			+
6B	Payments																	
7	Prescribed Drugs										ł				<u> </u>			+
, 7A1	Drug Rebate Offset - National Agreement										ł				<u> </u>			+
//11	stag nesate onset inational Agreement																	+
7A2	Drug Rebate Offset - State Sidebar Agreement																	
7A2	MCO - National Agreement																	+
7A3	MCO - State Sidebar Agreement																	+
	nico state sidebal Agreement																	+
7A5	Increased ACA OFFSET - Fee for Service - 100%										1				1			
7A6	Increased ACA OFFSET - MCO - 100%																	+
8	Dental Services																	+
	Other Practitioners Services - Regular																	+
9A	Payments																	
517	Other Practitioners Services - Supplemental																	+
9B	Payments										1				1			
10	Clinic Services		1	1														+
10	Laboratory And Radiological Services																	+
L++	cases atory And Nationogical Services		1	1					1		1		1		1			

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 9/30/2019

						Opt. Breast or Cervical	Opt. Breast or Cervical				Federal Share Resource Test		Federal Share Enrollment	Applied from		Sum of Total Computable	Sum of Federal Shares
		Total Computable	FMAP	I.H.S. Services	Planning	Cancer Srvcs	Cancer Srvcs	Other %	Federal Share	Applied from	Applied COL H X Newly		Cap applied	Special Circumstances	applied COL L	Column (A) + (H) + (J)+ (L)	Column (G) +
12	Home Health Services																
13	Sterilizations																
14	Abortions No.																
15	EPSDT Screening Services																
16	Rural Health Clinic Screening																
	Medicare Health Insurance Payments - Part A																
17A	Premiums																
170	Medicare Health Insurance Payments - Part B																
17B	Premiums 120% - 134% Of Poverty																
17C1 17D	Coinsurance And Deductibles																
170	Medicaid Health Insurance Payments:																
18A	Managed Care Organizations (MCO)																
104	Wanaged care organizations (Web)																
18A1	Medicaid MCO - Evaluation and Management																
18A2	Medicaid MCO - Vaccine codes																
	Medicaid MCO - Community First Choice																
	Medicaid MCO - Preventive Services Grade A																
18A4	OR B, ACIP Vaccines and their Admin																
	Medicaid MCO - Certified Community Behavior																
18A5	Health Clinic Payments																
18B1	Prepaid Ambulatory Health Plan																
18B1a	MCO PAHP - Evaluation and Management																
18B1t	MCO PAHP - Vaccine codes																
18B1c	MCO PAHP - Community First Choice																
	MCO PAHP - Preventive Services Grade A OR B,																
18B1c	ACIP Vaccines and their Admin																
	Medicaid PAHP - Certified Community Behavior																
	Health Clinic Payments																
18B2	Prepaid Inpatient Health Plan																
	MCO PIHP - Evaluation and Management																
	MCO PIHP - Vaccine codes																
18B2c	MCO PIHP - Community First Choice																
	MCO PIHP - Preventive Services Grade A OR B,																
18B20	ACIP Vaccines and their Admin																
1007-	Medicaid PIHP - Certified Community Behavior Health Clinic Payments												1				
10826	Medicaid Health Insurance Payments: Group												ł				<u> </u>
18C	Health Plan Payments												1				
100	Medicaid Health Insurance Payments:																
18D	Coinsurance And Deductibles												1				
100					İ			İ		İ	İ		1				
18E	Medicaid Health Insurance Payments: Other												1				
	Home and Community-Based Services - Regular	ĺ	ĺ	ĺ	İ	İ		İ		İ	İ	ĺ	1				
19A	Payment (Waiver)												1				
	Home and Community-Based Services - State												1				
19B	Plan 1915(i) Only Payment																
	Home and Community-Based Services - State																
19C	Plan 1915(j) Only Payment																
	Home and Community Based Services State												1				
19D	Plan 1915(k) Community First Choice																
22	Programs Of All-Inclusive Care Elderly																

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 9/30/2019 Type of Eligible: Newly

Total Total Total Comp Computable Federal Share Sum of Federal Share Applied from Federal Opt. Breast or Opt. Breast or Computable Federal Share Applied from Special Sum of Total Family Cervical Resource Test Resource Test Not Newly Enrollment Not Newly Circumstances Computable Cervical Shares Applied COL H Enrollment Column (A) + Total Planning Cancer Srvcs Cancer Srvcs Total Newly Applied from Cap applied Special applied COL L Column (G) + Computable FMAP I.H.S. Services Services (ENH Rate) (IHS Rate) Federal Share Federal Share COL J X Newly Circumstances X Newly (H) + (J)+ (L) (I) + (K) + (M) Other % Not Newly X Newly Cap 23A Personal Care Services - Regular Payment 23B Personal Care Services - SDS 1915(j) Targeted Case Management Services -24A Community Case-Management 24B Case Management - State Wide 25 Primary Care Case Management Services 26 Hospice Benefits 27 Emergency Services for Undocumented Aliens 28 29 Federally-Qualified Health Center Non-Emergency Medical Transportation 30 Physical Therapy 31 Occupational Therapy 32 Services for Speech, Hearing and Language 33 Prosthetic Devices, Dentures, Eyeglasses 34 Diagnostic Screening & Preventive Services Preventive Services Grade A OR B. ACIP 34A Vaccines and their Admin 35 Nurse Mid-Wife 36 Emergency Hospital Services 37 Critical Access Hospitals 38 Nurse Practitioner Services 39 School Based Services 40 Rehabilitative Services (non-school-based) 41 Private Duty Nursing 42 Freestanding Birth Center Health Home for Enrollees w Chronic 43 Conditions 44 Tobacco Cessation for Preg Women Health Home for Enrollees w Substance-Use-45 Disorder 49 Other Care Services 50 Total

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 9/30/2019

	I LIIgible. Not Newly						1								T
		Total Computable	FMAP	I.H.S. Services	Family Planning	Opt. Breast or Cervical Cancer Srvcs (ENH Rate)	Cervical Cancer Srvcs	Other %	Resource Test	Col B NoT	Total Comp Enroll Cap Applied to Newly Col H X	Col G minus Enrollment	Total Comp Special Circumstances Applied to Newly COL J	Adjusted Total Comp from COL B minus Resource Test COL G Minus Enrollment CAP COL I minus Special Circumstance COL K	Total Federal Share
1A	Inpatient Hospital Services - Regular Payments														
	Inpatient Hospital Service - DSH Adjustment														
1B	Payments														
	Inpatient Hospital Services - Supplemental														
1C	Payments														
1D	Inpatient Hospital Services - GME Payments														
	Mental Health Facility Services - Regular														
2A	Payments														
	Mental Health Facility Services - DSH														
2B	Adjustment Payments														
	Certified Community Behavior Health Clinic														
2C	Payments														
3A	Nursing Facility Services - Regular Payments														
	Nursing Facility Services - Supplemental														
3B	Payments														
	Intermediate Care Facility Services - Ind. with														
4A	Intellectual Disabilities: Public Providers														
40	Intermediate Care Facility Services - Ind. with														
4B	Intellectual Disabilities: Private Providers	+			ł									ł	╂────┤
	Intermediate Care Facility Services - Ind. with														
4C	Intellectual Disabilities: Supplemental Payments														
	Physician and Surgical Services - Regular	1		1	1	1			1			1		1	<u> </u>
5A	Payments														
	Physician and Surgical Services - Supplemental	1		1	1	1			1			1		1	<u> </u>
5B	Payments														
-	Physician & Surgical Services - Evaluation and														
5C	Management														
5D	Physician & Surgical Services - Vaccine codes														\downarrow
6A	Outpatient Hospital Services - Regular Payments														
	Outpatient Hospital Services - Supplemental														
6B	Payments														
7	Prescribed Drugs														
7A1	Drug Rebate Offset - National Agreement														
		•							•						

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 9/30/2019

		Total Computable	FMAP	I.H.S. Services	Family Planning Services	Opt. Breast or Cervical Cancer Srvcs (ENH Rate)	Cervical Cancer Srvcs	Other %	Federal Share	Resource Test	Adjusted Total Comp from Col B NoT Newly	Total Comp Enroll Cap	Col G minus Enrollment	Total Comp Special Circumstances Applied to Newly COL J	Adjusted Total Comp from COL B minus Resource Test COL G Minus Enrollment CAP COL I minus Special Circumstance COL K	
7A2	Drug Rebate Offset - State Sidebar Agreement															
	MCO - National Agreement															
	MCO - State Sidebar Agreement															
	-															
7A5	Increased ACA OFFSET - Fee for Service - 100%															
7A6	Increased ACA OFFSET - MCO - 100%															
8	Dental Services															
	Other Practitioners Services - Regular Payments															
	Other Practitioners Services - Supplemental															
	Payments															
	Clinic Services															
11	Laboratory And Radiological Services															
	Home Health Services															
	Sterilizations															
	Abortions No.															
	EPSDT Screening Services															
	Rural Health Clinic Screening														-	
	Medicare Health Insurance Payments - Part A															
17A	Premiums															
17B	Medicare Health Insurance Payments - Part B Premiums															
	120% - 134% Of Poverty															
-	Coinsurance And Deductibles															
	Medicaid Health Insurance Payments: Managed	ł	1												1	<u> </u>
	Care Organizations (MCO)															
	0	1	1	1					l						1	
18A1	Medicaid MCO - Evaluation and Management															
	Medicaid MCO - Vaccine codes														1	
	Medicaid MCO - Community First Choice	T													1	
	Medicaid MCO - Preventive Services Grade A															
	OR B, ACIP Vaccines and their Admin															
	Medicaid MCO - Certified Community Behavior															
	Health Clinic Payments	ļ														
	Prepaid Ambulatory Health Plan															
	MCO PAHP - Evaluation and Management															
	MCO PAHP - Vaccine codes															
18B1c	MCO PAHP - Community First Choice	L	↓	ļ	ļ]		ļ]]		ļ	ļ		ļ	

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 9/30/2019

		1							1			1				
															Adjusted Total	
															Comp from	
															COL B minus	
													Adjusted Total		Resource Test	
													Comp from		COL G Minus	
													-	Total Comp	Enrollment	
						Opt. Breast or	Ont Broast or			Total Comp	Adjusted Total	Total Comp		Special	CAP COL I	
					F									-		
					Family	Cervical	Cervical				-	Enroll Cap	Col G minus	Circumstances		
		Total			Planning	Cancer Srvcs	Cancer Srvcs				Col B NoT	Applied to	Enrollment	Applied to		Total Federal
		Computable	FMAP	I.H.S. Services	Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Newly Col B X	Newly	Newly Col H X	Cap COL I	Newly COL J	COL K	Share
	MCO PAHP - Preventive Services Grade A OR B,															
18B1c	ACIP Vaccines and their Admin															
	Medicaid PAHP - Certified Community Behavior															
	Health Clinic Payments															
	Prepaid Inpatient Health Plan															
18B2a	MCO PIHP - Evaluation and Management															
18B2b	MCO PIHP - Vaccine codes															
18B2c	MCO PIHP - Community First Choice															
	MCO PIHP - Preventive Services Grade A OR B,															
18B2c	ACIP Vaccines and their Admin															
	Medicaid PIHP - Certified Community Behavior															
18B2e	Health Clinic Payments															
	Medicaid Health Insurance Payments: Group															
18C	Health Plan Payments															
	Medicaid Health Insurance Payments:															
18D	Coinsurance And Deductibles															
18E	Medicaid Health Insurance Payments: Other															
	Home and Community-Based Services - Regular															
19A	Payment (Waiver)															
	Home and Community-Based Services - State															
19B	Plan 1915(i) Only Payment															
_	Home and Community-Based Services - State															
19C	Plan 1915(j) Only Payment															
	Home and Community Based Services State	1														1
19D	Plan 1915(k) Community First Choice	1														1
22	Programs Of All-Inclusive Care Elderly		l			1									1	
23A	Personal Care Services - Regular Payment		l			İ									İ	
23B	Personal Care Services - SDS 1915(j)	1	1	1	1	1									1	
	Targeted Case Management Services -	1	1	1	1	1									1	
24A	Community Case-Management	1														1
24B	Case Management - State Wide	1	1													
25	Primary Care Case Management Services	1	1													
26	Hospice Benefits	1	İ	1	1											
		1	1													
27	Emergency Services for Undocumented Aliens	1														1
28	Federally-Qualified Health Center	1	1													
29	Non-Emergency Medical Transportation	1	1													
30	Physical Therapy	1	1													
31	Occupational Therapy	1		1	1											
31		1		l	l				L	I		L	I			L

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 9/30/2019

		Total Computable	FMAP	I.H.S. Services	Family Planning	Cancer Srvcs	Cervical Cancer Srvcs	Other %	Resource Test Applied to	Col B NoT	Total Comp Enroll Cap Applied to Newly Col H X	Resource Test Col G minus Enrollment	Total Comp Special Circumstances Applied to	Circumstance	
32	Services for Speech, Hearing and Language	-			-								-	-	
33	Prosthetic Devices, Dentures, Eyeglasses														
24															
34	Diagnostic Screening & Preventive Services														
	Preventive Services Grade A OR B, ACIP														
34A	Vaccines and their Admin														
35	Nurse Mid-Wife														
36	Emergency Hospital Services				-										
37	Critical Access Hospitals				-										
38	Nurse Practitioner Services				-										
39	School Based Services														├ ───┤
40	Rehabilitative Services (non-school-based)														
41	Private Duty Nursing														
42	Freestanding Birth Center														
43	Health Home for Enrollees w Chronic Conditions														
44	Tobacco Cessation for Preg Women														
	Health Home for Enrollees w Substance-Use-														
45	Disorder														
49	Other Care Services														
50	Total														

For the Medical Assistance Program

Prior Period Expenditures

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

Line:

Type c	f Eligible: Newly					1										1		1	
		Total Computable	FMAP	I.H.S. Services	Family Planning Services	Opt. Breast or Cervical Cancer Srvcs (ENH Rate)	Opt. Breast or Cervical Cancer Srvcs (IHS Rate)	Other %	Federal Share	Total Newly Federal Share	Applied from	Federal Share Resource Test Applied COL H X Newly	Total Comp Applied from Not Newly Enrollment Cap	Federal Share Enrollment Cap applied COL J X Newly	Total Computable Applied from Not Newly Special Circumstances	Circumstances applied COL L			Deferral or CIN Number
1A	Inpatient Hospital Services - Regular Payments																		
	Inpatient Hospital Service - DSH Adjustment																		
1B	Payments																		
	Inpatient Hospital Services - Supplemental																		
10	Payments																		
1D	In a thread Upper the Line of the CME Development																		
ID	Inpatient Hospital Services - GME Payments Mental Health Facility Services - Regular																		
2A	Payments																		
24	Mental Health Facility Services - DSH																		
2B	Adjustment Payments	1				1								1	1		1	1	
20	Certified Community Behavior Health Clinic																		
2C	Payments	1				1								1	1		1	1	
	.,	1	1	1		1	1	1	1	1	1	1	1	1	1	1	1	1	
3A	Nursing Facility Services - Regular Payments	1				1								1	1		1	1	
	Nursing Facility Services - Supplemental	1	1	1		l	1				1			l	1		1	l	
3B	Payments		1																
	Intermediate Care Facility Services - Ind. with																		
4A	Intellectual Disabilities: Public Providers																		
	Intermediate Care Facility Services - Ind. with																		
4B	Intellectual Disabilities: Private Providers																		
	Intermediate Care Facility Services - Ind. with																		
	Intellectual Disabilities: Supplemental																		
4C	Payments																		
	Physician and Surgical Services - Regular																		
5A	Payments																		
	Physician and Surgical Services - Supplemental																		
5B	Payments																		
50	Physician & Surgical Services - Evaluation and Management																		
5C	Management																		
5D	Physician & Surgical Services - Vaccine codes		1															1	
	Outpatient Hospital Services - Regular	1	1	1		1	1				1	1	1	1	1	1	1	1	
6A	Payments	1				1								1	1		1	1	
	Outpatient Hospital Services - Supplemental																		
6B	Payments		I																
7	Prescribed Drugs																		
7A1	Drug Rebate Offset - National Agreement																		
		1				1								1	1		1	1	
	Drug Rebate Offset - State Sidebar Agreement																		
7A3	MCO - National Agreement	L				L								L	L		L	ļ	
7A4	MCO - State Sidebar Agreement	l				l								l	l		l	l	
745		1				1								1	1		1	1	
7A5 7A6	Increased ACA OFFSET - Fee for Service - 100% Increased ACA OFFSET - MCO - 100%		ł																
7A0 9	Increased ACA OFFSET - MCO - 100% Dental Services	ł	1		-	ł								ł	ł	1	ł	ł	
0	Dentar Services					1								1				1	
9A	Other Practitioners Services - Regular Payments		1																
	Other Practitioners Services - Supplemental	1	1	1		1	1				1	1	1	1	1	1	1	1	
9B	Payments	1				1								1	1		1	1	
10	Clinic Services																		
11	Laboratory And Radiological Services																		

For the Medical Assistance Program

Prior Period Expenditures

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

Line:

Type of Lingible. Newly	1	-	1	1	1	1	1			r		1		1	1		r	1
				Form the	Opt. Breast or	Opt. Breast or Cervical					Federal Share		Federal Share Enrollment			Sum of Total	Sum of	
				Family	Cervical						Resource Test			Not Newly	Circumstances		Federal Shares	
	Total			Planning	Cancer Srvcs	Cancer Srvcs			Total Newly		Applied COL H		Cap applied	Special	applied COL L			Deferral or
	Computable	FMAP	I.H.S. Services	Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Federal Share	Not Newly	X Newly	Сар	COL J X Newly	Circumstances	X Newly	(H) + (J)+ (L)	(I) + (K) + (M)	CIN Number
12 Home Health Services																		
13 Sterilizations																		
14 Abortions No.																		
15 EPSDT Screening Services																		
16 Rural Health Clinic Screening																		
Medicare Health Insurance Payments - Part A																		
17A Premiums																		
Medicare Health Insurance Payments - Part B																		
17B Premiums																		
17C1 120% - 134% Of Poverty																		
17D Coinsurance And Deductibles																		
Medicaid Health Insurance Payments:																		
18A Managed Care Organizations (MCO)																		
18A1 Medicaid MCO - Evaluation and Management																		
18A2 Medicaid MCO - Vaccine codes																		
18A3 Medicaid MCO - Community First Choice																		
Medicaid MCO - Preventive Services Grade A																		
18A4 OR B, ACIP Vaccines and their Admin																		
Medicaid MCO - Certified Community Behavior																		
18A5 Health Clinic Payments																		
18B1 Prepaid Ambulatory Health Plan																		
18B1a MCO PAHP - Evaluation and Management																		
18B1b MCO PAHP - Vaccine codes																		
18B1c MCO PAHP - Community First Choice																		
MCO PAHP - Preventive Services Grade A OR B,																		
18B1d ACIP Vaccines and their Admin																		
Medicaid PAHP - Certified Community Behavior																		
18B1e Health Clinic Payments																		
18B2 Prepaid Inpatient Health Plan																		
18B2a MCO PIHP - Evaluation and Management																		
18B2b MCO PIHP - Vaccine codes																		
18B2c MCO PIHP - Community First Choice																		
MCO PIHP - Preventive Services Grade A OR B,																		
18B2d ACIP Vaccines and their Admin																		
Medicaid PIHP - Certified Community Behavior	1	1			1							1		1				H
18B2e Health Clinic Payments			1			1				1			1	1	1		1	
		1																
Medicaid Health Insurance Payments: Group			1			1				1			1	1	1		1	
18C Health Plan Payments	1																	<u> </u>
Medicaid Health Insurance Payments:					1		1					1		1				
18D Coinsurance And Deductibles	ļ	+	L	ļ		L				L	ļ		L	1	L		L	↓]
			1	1		1				1	1		1	1	1		1	
18E Medicaid Health Insurance Payments: Other																		ļl
Home and Community-Based Services - Regular	·																	
19A Payment (Waiver)																		
Home and Community-Based Services - State																		
19B Plan 1915(i) Only Payment	I				1							1		1				
Home and Community-Based Services - State																		
19C Plan 1915(j) Only Payment																		
	1				1		1					1		1		1		
Home and Community Based Services State					1		1					1		1				
19D Plan 1915(k) Community First Choice			1			1				1			1	1	1		1	
22 Programs Of All-Inclusive Care Elderly		1			1							1		1				<u> </u>
23A Personal Care Services - Regular Payment	1		1	1	1	1	1			1	1	1		1	1		1	<u>├────</u>
23A Personal Care Services - Regular Payment	1			1							1			1				1

For the Medical Assistance Program

Prior Period Expenditures

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

Line:

						Opt. Breast or	Ont Broast or				Total Computable	Federal Share	Total Comp		Total Computable	Federal Share Special	Sum of Total	Sum of	
		Total Computable	FMAP	I.H.S. Services	Family Planning	Cervical Cancer Srvcs	Cervical Cancer Srvcs	Other %	Federal Share	Total Newly	Resource Test Applied from		Not Newly Enrollment	Enrollment	Not Newly Special	Circumstances applied COL L	Computable Column (A) +	Federal Shares Column (G) + (I) + (K) + (M)	Deferral or
23B	Personal Care Services - SDS 1915(j)																		
	Targeted Case Management Services -																		
24A	Community Case-Management								1										
24B	Case Management - State Wide																		
	Primary Care Case Management Services								1										
26	Hospice Benefits																		
	Emergency Services for Undocumented Aliens																		
	Federally-Qualified Health Center																		
	Non-Emergency Medical Transportation																		
	Physical Therapy																		
31	Occupational Therapy																		
	Services for Speech, Hearing and Language																		
33	Prosthetic Devices, Dentures, Eyeglasses																		
	Diagnostic Screening & Preventive Services																		
	Preventive Services Grade A OR B, ACIP																		
34A	Vaccines and their Admin								1										
35	Nurse Mid-Wife																		
	Emergency Hospital Services																		
	Critical Access Hospitals																		
	Nurse Practitioner Services																		
39	School Based Services			ļ	ļ]										
	Rehabilitative Services (non-school-based)																		
	Private Duty Nursing			ļ	ļ]										
	Freestanding Birth Center																		
	Health Home for Enrollees w Chronic Conditions																		
44	Tobacco Cessation for Preg Women																		
	Health Home for Enrollees w Substance-Use-																		
45	Disorder																		
49	Other Care Services																		
50	Total																		

For the Medical Assistance Program

Prior Period Expenditures

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

Line:

		Total Computable	FMAP	1.H.S. Services	Family Planning Services	Opt. Breast or Cervical Cancer Srvcs (ENH Rate)	Opt. Breast or Cervical Cancer Srvcs (IHS Rate)	Other %	Total Comp Resource Test Applied to Newly Col B X	Col B NoT	Total Comp Enroll Cap Applied to Newly Col H X	Resource Test Col G minus Enrollment	Total Comp Special Circumstances Applied to Newly COL J	Adjusted Total Comp from COL B minus Resource Test COL G Minus Enrollment CAP COL I minus Special Circumstance COL K	Deferral or CIN Number
	lanation llandel Consider Develop Develop														
1A	Inpatient Hospital Services - Regular Payments Inpatient Hospital Service - DSH Adjustment														
1B	Payments														
<u> </u>	Inpatient Hospital Services - Supplemental	1		l			1			l			-		
1C	Payments														1
1D	Inpatient Hospital Services - GME Payments]
24	Mental Health Facility Services - Regular														1
2A	Payments Mental Health Facility Services - DSH														
2B	Adjustment Payments														
	Certified Community Behavior Health Clinic														
2C	Payments														
3A	Nursing Facility Services - Regular Payments														
20	Nursing Facility Services - Supplemental														i l
3B	Payments														
4A	Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Public Providers														
	Intermediate Care Facility Services - Ind. with														
4B	Intellectual Disabilities: Private Providers														
	Intermediate Care Facility Services - Ind. with														1
10	Intellectual Disabilities: Supplemental														í I
4C	Payments Physician and Surgical Services - Regular														I
5A	Payments														1
	Physician and Surgical Services - Supplemental														
5B	Payments														<u> </u>
5C	Physician & Surgical Services - Evaluation and Management														
5D	Physician & Surgical Services - Vaccine codes								 						
	Outpatient Hospital Services - Vaccine coues	1		1	ł					1				1	
6A	Payments														<u> </u>
	Outpatient Hospital Services - Supplemental														
6B 7	Payments Prescribed Drugs														
	Drug Rebate Offset - National Agreement														
//11	Brag header Onset HationarAgreement														
7A2	Drug Rebate Offset - State Sidebar Agreement														

For the Medical Assistance Program

Prior Period Expenditures

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

Line:

	Total Computable	FMAP	I.H.S. Services	Family Planning	Opt. Breast or Cervical Cancer Srvcs (ENH Rate)	Cervical Cancer Srvcs	Other %	Federal Share	Resource Test	Col B NoT	Total Comp Enroll Cap Applied to Newly Col H X	Resource Test Col G minus Enrollment	Total Comp Special Circumstances Applied to	Circumstance	Deferral or CIN Number
7A3 MCO - National Agreement															
7A4 MCO - State Sidebar Agreement															
7A5 Increased ACA OFFSET - Fee for Service - 100% 7A6 Increased ACA OFFSET - MCO - 100% 8 Dental Services															
Other Practitioners Services - Regular 9A Payments															
Other Practitioners Services - Supplemental 9B Payments															
10 Clinic Services															
11 Laboratory And Radiological Services															
12 Home Health Services															
13 Sterilizations															
14 Abortions No.															
15 EPSDT Screening Services															
16 Rural Health Clinic Screening															
Medicare Health Insurance Payments - Part A															
17A Premiums															
Medicare Health Insurance Payments - Part B 17B Premiums															
17C1 120% - 134% Of Poverty															
17D Coinsurance And Deductibles															
Medicaid Health Insurance Payments:															
18A Managed Care Organizations (MCO)															
18A1 Medicaid MCO - Evaluation and Management															
18A2 Medicaid MCO - Vaccine codes															
18A3 Medicaid MCO - Community First Choice															
Medicaid MCO - Preventive Services Grade A 18A4 OR B, ACIP Vaccines and their Admin															
Medicaid MCO - Certified Community Behavior 18A5 Health Clinic Payments	1														
18B1 Prepaid Ambulatory Health Plan															
18B1 Prepaid Ambulatory Health Plan 18B1a MCO PAHP - Evaluation and Management	1														
18B1b MCO PAHP - Evaluation and Management 18B1b MCO PAHP - Vaccine codes															
18B1c MCO PAHP - Community First Choice															
MCO PAHP - Preventive Services Grade A OR B,	1														1
18B1d ACIP Vaccines and their Admin															
Medicaid PAHP - Certified Community Behavior 18B1e Health Clinic Payments															
18B2 Prepaid Inpatient Health Plan															

For the Medical Assistance Program

Prior Period Expenditures

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

Line:

		Total Computable	FMAP	I.H.S. Services	Family Planning	Opt. Breast or Cervical Cancer Srvcs (ENH Rate)	Cervical Cancer Srvcs	Other %	Resource Test	Col B NoT	Total Comp Enroll Cap Applied to Newly Col H X	Resource Test Col G minus Enrollment	Special Circumstances Applied to		Total Federal Share	Deferral or CIN Number
18B2a	MCO PIHP - Evaluation and Management									- 1						
	MCO PIHP - Vaccine codes															
	MCO PIHP - Community First Choice															
	MCO PIHP - Preventive Services Grade A OR B,															
18B2d	ACIP Vaccines and their Admin															
	Medicaid PIHP - Certified Community Behavior															
18B2e	Health Clinic Payments															
	Medicaid Health Insurance Payments: Group															
18C	Health Plan Payments															
	Medicaid Health Insurance Payments:															
18D	Coinsurance And Deductibles															
18E	Medicaid Health Insurance Payments: Other															
	Home and Community-Based Services - Regular															
19A	Payment (Waiver)															
	Home and Community-Based Services - State															
19B	Plan 1915(i) Only Payment															
	Home and Community-Based Services - State															
19C	Plan 1915(j) Only Payment															
19D	Home and Community Based Services State Plan 1915(k) Community First Choice															
22	Programs Of All-Inclusive Care Elderly															
23A	Personal Care Services - Regular Payment															
23B	Personal Care Services - SDS 1915(j)															
	Targeted Case Management Services -															
24A	Community Case-Management															
24B	Case Management - State Wide								 							
25	Primary Care Case Management Services															
26	Hospice Benefits															
27	Emergency Services for Undocumented Aliens															
28	Federally-Qualified Health Center								 							
29	Non-Emergency Medical Transportation															
30 31	Physical Therapy															
31	Occupational Therapy								 							
32	Services for Speech, Hearing and Language															
33	Prosthetic Devices, Dentures, Eyeglasses															
55	riostilette Devices, Delitures, Lyegidsses															
34	Diagnostic Screening & Preventive Services															
244	Preventive Services Grade A OR B, ACIP															
34A	Vaccines and their Admin	L		l				I				1	L	1		

For the Medical Assistance Program

Prior Period Expenditures

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

Line:

															Adjusted Total	i	
															Comp from	i	
															COL B minus	i	
													Adjusted Total		Resource Test	1	
													Comp from		COL G Minus	1	
															Enrollment	1	
						Opt. Breast or Cervical	Opt. Breast or Cervical				Adjusted Total		Resource Test Col G minus		CAP COL I	1	
		Total					Cancer Srvcs			Resource Test Applied to		•		Circumstances Applied to	Circumstance		Deferral or
			FMAP	I.H.S. Services	•			Other %	Federal Share			Newly Col H X					CIN Number
35	Nurse Mid-Wife	computable		IIII.S. Services	Scivices	(Entrinate)	(ins nate)	other /	reactar share	Newly corb x	licity	Newly contra	cup corr	newly corr	COLK	Share	Cirt Humber
36	Emergency Hospital Services															1	
37	Critical Access Hospitals															ſ	
38	Nurse Practitioner Services																
39	School Based Services																
																1	
40	Rehabilitative Services (non-school-based)																
41	Private Duty Nursing															 	
42	Freestanding Birth Center															 	
	Health Home for Enrollees w Chronic															1	
43	Conditions															 	
44	Tobacco Cessation for Preg Women										ļ			ļ		 	
	Health Home for Enrollees w Substance-Use-															i i	
45	Disorder															 	┥────┤
49	Other Care Services															 	┥────┤
50	Total															<u> </u>	

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 9/30/2019

Waiver Type:

Waiver Number:

Waiver Name:

Image And Headin Facility Services - Registry And	Type e	i cligible. Newly																
Import Negrit Stords				FMAP	I.H.S. Services	Planning	Cervical Cancer Srvcs	Cervical Cancer Srvcs	Other %		Computable Resource Test Applied from	Federal Share Resource Test Applied COL H	Applied from Not Newly Enrollment	Enrollment Cap applied	Computable Applied from Not Newly Special	Special Circumstances applied COL L	Computable Column (A) +	Federal Shares Column (G) +
Import Negrit Stords																		
10 moder <t< td=""><td>1A</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	1A																	
Image Image <th< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></th<>																		
No. Normathy </td <td>1B</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	1B																	
10 Inclusion Payments 1																		
Mark Automit Mark Frank Standing Strating Stra	1C	Payments																
A Merindian Conf. Sociel -	1D																	
Main Name Name Name Name Main Name Name Name Main Name Name Name Main Name Name Name Main Name Name Main Name Name Main Name	2.4																	
A A <td>ZA</td> <td></td> <td></td> <td></td> <td>-</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	ZA				-													
Distribution Distribution<	20				1													
20 sparsist image	28									 								╉────┤
A Numar Facility Services - Regular Payments Image of the services - Supplemental Image of the ser					1													
Network Network <t< td=""><td>2C</td><td>Payments</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	2C	Payments																
Network Network <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>																		
9 9	3A																	
Intermediate Care Facility Services - Ind, with intellectual Disabilities: rived revokeds Image: Service - Source - Ind, with intellectual Disabilities: rived revokeds Image: Service - Source - Ind, with intellectual Disabilities: rived revokeds Image: Service - Source - Ind, with intellectual Disabilities: rived revokeds Image: Service - Source - Ind, with intellectual Disabilities: rived revokeds Image: Service - Source - Ind, with intellectual Disabilities: rived revokeds Image: Service - Source - Ind, with intellectual Disabilities: rived revokeds Image: Service - Source - Ind, with intellectual Disabilities: rived revokeds Image: Service - Source - Ind, with intellectual Disabilities: rived revokeds Image: Service - Source - Ind, with intellectual Disabilities: rived revokeds Image: Service - Source -																		
All Inclucial disabilies-public providers Image Imag	3B	Payments																
All Inclucial disabilies-public providers Image Imag																		
Intermediate Care Facility Services -Ind, with intermediate Care Facility Services - Supplemental Payments Intermediate Care Facility Services - Suppl																		
41 Interlectual Disabilities, Private Providers (1)	4A	Intellectual Disabilities: Public Providers																
41 Interlectual Disabilities, Private Providers (1)																		
Intermediate Care Failury Services - Industry Image and Supplications Supplemental Intellectual Disabilities: Supplemental Payments Image and Supplemental Payments		Intermediate Care Facility Services - Ind. with																
Intelectual Disabilies: Supplemental Registrand Surgical Services - Regular Registrand Surgical Services - Regular Registrand Surgical Services - Supplemental Registrand Surgical Services - Registrand Registrand Registrand Surgical Services - Registrand Registrand Registrand Registrand Registrand Registrand Registrand Registrand Registrand Registrand Registrand Registrand Registrand Registran	4B	Intellectual Disabilities: Private Providers																
4 9yments 9yments 9		Intermediate Care Facility Services - Ind. with																
4 9yments 9yments 9		Intellectual Disabilities: Supplemental																
Physician and Surgical Services - Supplemental By parents Image: Surgical Services - Supplemental Physician as Surgical Services - Supplemental By Parents Image: Surgical Services - Supplemental Physician & Surgical Services - Supplemental By Parents Image: Surgical Services - Supplemental Physician & Su	4C																	
A Pyments C <thc< th=""> <thc< th=""> C <thc< th=""> C</thc<></thc<></thc<>																		
hysician and surgical Services - Supplemental C Response	5A																	
A Pymont M <th< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></th<>																		
Physicia & Surgical Services - Valuation and Management CM <thcm< th=""> CM CM</thcm<>	5B																	
Sc Maagement <	55																	
D Price Pri	50																	
Outpatient Hospital Services - Regular Image: Services - Service	50	management			<u> </u>													<u>├</u> ───┤
Outpatient Hospital Services - Regular Image: Services - Service	5D	Physician & Surgical Services - Vaccine codes			1													
6A Pyments C <thc< th=""> C <thc< th=""> C C <thc< td="" th<=""><td></td><td></td><td>1</td><td>1</td><td>1</td><td></td><td></td><td></td><td></td><td></td><td>1</td><td></td><td>1</td><td>1</td><td>1</td><td>1</td><td></td><td><u> </u></td></thc<></thc<></thc<>			1	1	1						1		1	1	1	1		<u> </u>
Obstand Obstand					1													
68 payments 69 69 69 60																		1 1
7 Precribed Drugs 1					1													
And Drug Rebate Offset - National Agreement Image offset - National Agreement	7																	┼───┤
A2 Drug Rebate Offset - State Sidebar Agreement Image of State Si	7 1				ł						1							┼───┤
AX3 MCO - National Agreement Image: Constraint of the system of the	741	Drug Repare Offset - National Agreement			ł					 								┥───┤
AX3 MCO - National Agreement Image: Constraint of the system of the	742	Davis Bakata Officat, Chata Cidahaa (1													
7A4 MCO - State Sidebar Agreement Image: State Sideba										 								<u> </u>
As Increased ACA OFFSET - Fee for Service - 100% Cm					l													<u> </u>
7A6 Increased ACA OFFSET - MCO - 100% Image: Marcine Services - Regular Image: Marcine Services - Regore Services - Regular	/A4	IVICU - State Sidebar Agreement																┥───┤
7A6 Increased ACA OFFSET - MCO - 100% Image: Marcine Services - Regular Image: Marcine Services - Regore Services - Regular					1													
8 Dental Services Regular Image: Constraint of the services Regular Image: Constraint of the services Regular Image: Constraint of the services Regular Image: Constraint of the services Regular Image: Constraint of the services Regular Image: Constraint of the services Regular Image: Constraint of the services Regular Image: Constraint of the services Regular Image: Constraint of the services Regular <thregular< th=""> <thregular< th=""> Regular</thregular<></thregular<>					ļ					 								┥───┤
Other Practitioners Services - Regular Other R	7A6				ļ					 								<u> </u>
	8																	4
9A Payments					1													
	9A	Payments																

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 9/30/2019

Waiver Type:

Waiver Number:

Waiver Name:

Type of	f Eligible: Newly																	
		Total Computable	FMAP	I.H.S. Services	Family Planning	Opt. Breast or Cervical Cancer Srvcs (ENH Rate)	Opt. Breast or Cervical Cancer Srvcs (IHS Rate)	Other %	Federal Share	Total Newly Federal Share	Applied from	Federal Share Resource Test Applied COL H X Newly	Not Newly Enrollment	Enrollment Cap applied	Total Computable Applied from Not Newly Special Circumstances	Circumstances applied COL L	Sum of Total Computable Column (A) + (H) + (J)+ (L)	Sum of Federal Shares Column (G) + (I) + (K) + (M)
	Other Practitioners Services - Supplemental																	
9B	Payments																	
10	Clinic Services																	
11	Laboratory And Radiological Services																	
12	Home Health Services																	
13	Sterilizations																	
14	Abortions No.																	
15	EPSDT Screening Services																	
16	Rural Health Clinic Screening																	
	Medicare Health Insurance Payments - Part A																	
17A	Premiums	1		1							1							
	Medicare Health Insurance Payments - Part B																	
17B	Premiums																	
17C1	120% - 134% Of Poverty																	
17D	Coinsurance And Deductibles																	
	Medicaid Health Insurance Payments:																	
18A	Managed Care Organizations (MCO)																	
1841	Medicaid MCO - Evaluation and Management																	
	Medicaid MCO - Vaccine codes																	
	Medicaid MCO - Community First Choice																	
1043	Wedicald WCO - Community Tirst Choice																	
	Medicaid MCO - Preventive Services Grade A																	
18A4	OR B, ACIP Vaccines and their Admin																	
10/4	Medicaid MCO - Certified Community Behavior								-									+
1045	Health Clinic Payments																	
	Prepaid Ambulatory Health Plan	-		-							-							
	MCO PAHP - Evaluation and Management	-		-							-							
	MCO PAHP - Evaluation and Management MCO PAHP - Vaccine codes																	
	MCO PAHP - Vaccine codes MCO PAHP - Community First Choice	-		-							-							
18810	MCO PAHP - Community First Choice MCO PAHP - Preventive Services Grade A OR B,								-									+
1001-	ACIP Vaccines and their Admin																	
18810																		
1001	Medicaid PAHP - Certified Community Behavior Health Clinic Payments	1		1							1							
	Prepaid Inpatient Health Plan	<u> </u>		<u> </u>							<u> </u>							╉────┤
																		╉────┤
	MCO PIHP - Evaluation and Management MCO PIHP - Vaccine codes																	
																		┥───┤
18820	MCO PIHP - Community First Choice																	╉────┤
1000	MCO PIHP - Preventive Services Grade A OR B,	1		1							1							
18B2d	ACIP Vaccines and their Admin	<u> </u>		<u> </u>							<u> </u>							↓]
4000	Medicaid PIHP - Certified Community Behavior	1		1							1							
18B76	Health Clinic Payments	l		l							l							↓]
100	Medicaid Health Insurance Payments: Group	1		1							1							
18C	Health Plan Payments	<u> </u>		<u> </u>							<u> </u>							┥───┤
	Medicaid Health Insurance Payments:	1		1							1							1
18D	Coinsurance And Deductibles	<u> </u>		<u> </u>							<u> </u>							↓
105	Madia da Dania da Cara da Cara	1		1							1							
18E	Medicaid Health Insurance Payments: Other	<u> </u>		<u> </u>							<u> </u>							↓]
	Home and Community-Based Services - Regular	1		1							1							
19A	Payment (Waiver)	I		I				1			I							

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 9/30/2019

Waiver Type:

Waiver Number:

Waiver Name:

		Total Computable	FMAP	I.H.S. Services	Family Planning	Opt. Breast or Cervical Cancer Srvcs (ENH Rate)	Cervical Cancer Srvcs	Other %	Federal Share	Total Newly Federal Share	Resource Test Applied from	Federal Share Resource Test Applied COL H X Newly	Not Newly	Enrollment Cap applied	Total Computable Applied from Not Newly Special Circumstances		Sum of Total Computable Column (A) + (H) + (J)+ (L)	Sum of Federal Shares Column (G) + (I) + (K) + (M)
	Home and Community-Based Services - State																	
19B	Plan 1915(i) Only Payment Home and Community-Based Services - State																	
100	Plan 1915(j) Only Payment																	
190																		
	Home and Community Based Services State																	
19D	Plan 1915(k) Community First Choice																	
22	Programs Of All-Inclusive Care Elderly																	
23A	Personal Care Services - Regular Payment																	
23B	Personal Care Services - SDS 1915(j)		1															
	Targeted Case Management Services -	1	1	1										1	1		1	
24A	Community Case-Management																	
24B	Case Management - State Wide																	
25	Primary Care Case Management Services																	
26	Hospice Benefits																	
27	Emergency Services for Undocumented Aliens																	
28	Federally-Qualified Health Center																	
29	Non-Emergency Medical Transportation	-	-	-										-	-		-	
30	Physical Therapy																	
31	Occupational Therapy																	
32	Services for Speech, Hearing and Language																	
33	Prosthetic Devices, Dentures, Eyeglasses																	
34	Diagnostic Screening & Preventive Services																	
	Preventive Services Grade A OR B, ACIP																	
34A 35	Vaccines and their Admin Nurse Mid-Wife																	
35	Emergency Hospital Services																	
37	Critical Access Hospitals																	<u>├</u>
38	Nurse Practitioner Services	1	1	1		1	1					1		1	1		1	<u>├</u> ───┤
39	School Based Services	ł	ł	ł	1						1		1	ł	ł	1	1	
		1	1	1										1	1		1	
40	Rehabilitative Services (non-school-based)	1	1	1										1	1		1	
41	Private Duty Nursing	1	1	1										1	1		1	
42	Freestanding Birth Center																	
	Health Home for Enrollees w Chronic																	
43	Conditions	ļ	ļ	ļ										ļ	ļ		ļ	
44	Tobacco Cessation for Preg Women																	
	Health Home for Enrollees w Substance-Use-	1	1	1										1	1		1	
45	Disorder	ļ	ļ	ļ											ļ			
49	Other Care Services	l	ł	l										l	l		l	┥───┤
50	Total	l		l								1		l	l		l	

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 9/30/2019

Waiver Type:

Waiver Number:

Waiver Name:

		Total Computable	FMAP	I.H.S. Services	Family Planning	Cancer Srvcs	Cervical Cancer Srvcs	Other %	Federal Share	Col B NoT	Total Comp Enroll Cap Applied to Newly Col H X	Resource Test Col G minus Enrollment	Total Comp Special Circumstances Applied to Newly COL J	Circumstance	Total Federal Share
1A	Inpatient Hospital Services - Regular Payments														
	Inpatient Hospital Service - DSH Adjustment														
	Payments														
	Inpatient Hospital Services - Supplemental Payments														
10	, ayincho											1			<u>├</u>
1D	Inpatient Hospital Services - GME Payments														
	Mental Health Facility Services - Regular														
	Payments														
	Mental Health Facility Services - DSH														
	Adjustment Payments														
	Certified Community Behavior Health Clinic														
2C	Payments														<u> </u>
3A	Nursing Facility Services - Regular Payments														
	Nursing Facility Services - Supplemental														
	Payments														
	Intermediate Care Facility Services - Ind. with														
4A	Intellectual Disabilities: Public Providers														
	Intermediate Care Facility Services - Ind. with														
4B	Intellectual Disabilities: Private Providers														╂────┤
	Intermediate Care Facility Services - Ind. with														
	Intellectual Disabilities: Supplemental Payments														
	Physician and Surgical Services - Regular														
	Payments														
	Physician and Surgical Services - Supplemental														
	Payments														
	Physician & Surgical Services - Evaluation and														
5C	Management														┝────┤
5D	Physician & Surgical Services - Vaccine codes														
5D	r nysician & Surgical Services - vaccine Coues														┣━━━━┫
6A	Outpatient Hospital Services - Regular Payments														

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 9/30/2019

Waiver Type:

Waiver Number:

Waiver Name:

		T	T			T								T	
		Total Computable	FMAP	I.H.S. Services	Family Planning	Opt. Breast or Cervical Cancer Srvcs (ENH Rate)	Cervical Cancer Srvcs	Other %	Applied to	Col B NoT	Total Comp Enroll Cap Applied to Newly Col H X	Resource Test Col G minus Enrollment	Total Comp Special Circumstances Applied to	Circumstance	Total Federal Share
	Outpatient Hospital Services - Supplemental														
6B	Payments														ļ
7	Prescribed Drugs														L
7A1	Drug Rebate Offset - National Agreement														↓]
7A2	Drug Rebate Offset - State Sidebar Agreement														├ ────
7A3	MCO - National Agreement														├───
7A4	MCO - State Sidebar Agreement														├───
7A5 7A6	Increased ACA OFFSET - Fee for Service - 100% Increased ACA OFFSET - MCO - 100%														
746	Dental Services				-										
8	Dental Services				-										├ ────┤
0.4	Other Practitioners Convices Pequilar Dovments														
9A	Other Practitioners Services - Regular Payments Other Practitioners Services - Supplemental														<u> </u>
9B	Payments														
10	Clinic Services														<u> </u>
11	Laboratory And Radiological Services														
12	Home Health Services														
13	Sterilizations														
14	Abortions No.														
15	EPSDT Screening Services														
16	Rural Health Clinic Screening														
-	Medicare Health Insurance Payments - Part A														
17A	Premiums														1
	Medicare Health Insurance Payments - Part B														
17B	Premiums														1
17C1	120% - 134% Of Poverty														
17D	Coinsurance And Deductibles														
	Medicaid Health Insurance Payments: Managed														
18A	Care Organizations (MCO)														
18A1															
18A2	Medicaid MCO - Vaccine codes														
18A3	Medicaid MCO - Community First Choice														
18A4	Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin														

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 9/30/2019

Waiver Type:

Waiver Number:

Waiver Name:

Medicaid MCO - Certified Community Behavior	Total Computable	FMAP	I.H.S. Services	Family Planning	Opt. Breast or Cervical Cancer Srvcs (ENH Rate)	Opt. Breast or Cervical Cancer Srvcs (IHS Rate)	Other %	Federal Share	Total Comp Resource Test Applied to Newly Col B X	Col B NoT	Total Comp Enroll Cap Applied to Newly Col H X	Resource Test Col G minus Enrollment	Total Comp	Circumstance	Total Federal Share
18A5 Health Clinic Payments															
18B1 Prepaid Ambulatory Health Plan			1									1			
18B1a MCO PAHP - Evaluation and Management			ł									-		-	├ ────┤
18B1b MCO PAHP - Evaluation and Management 18B1b MCO PAHP - Vaccine codes			-												<u> </u>
18B10 MCO PAHP - Vaccine codes 18B1c MCO PAHP - Community First Choice			-												<u> </u>
MCO PAHP - Preventive Services Grade A OR B,			1									1			<u> </u>
18B1d ACIP Vaccines and their Admin															
Medicaid PAHP - Certified Community Behavior			1									1			<u> </u>
18B1e Health Clinic Payments															
18B2 Prepaid Inpatient Health Plan			1									1			<u> </u>
18B2a MCO PIHP - Evaluation and Management															<u> </u>
18B2b MCO PIHP - Vaccine codes															
18B2c MCO PIHP - Community First Choice															
MCO PIHP - Preventive Services Grade A OR B,															<u> </u>
18B2d ACIP Vaccines and their Admin															
Medicaid PIHP - Certified Community Behavior															
18B2e Health Clinic Payments															
Medicaid Health Insurance Payments: Group															
18C Health Plan Payments															
Medicaid Health Insurance Payments:			1									1			
18D Coinsurance And Deductibles															
18E Medicaid Health Insurance Payments: Other															
Home and Community-Based Services - Regular															
19A Payment (Waiver)															
Home and Community-Based Services - State															
19B Plan 1915(i) Only Payment															1
Home and Community-Based Services - State															
19C Plan 1915(j) Only Payment															
Home and Community Based Services State															1
19D Plan 1915(k) Community First Choice															
22 Programs Of All-Inclusive Care Elderly															
23A Personal Care Services - Regular Payment															
23B Personal Care Services - SDS 1915(j)															
Targeted Case Management Services -															
24A Community Case-Management															

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 9/30/2019

Waiver Type:

Waiver Number:

Waiver Name:

		Total Computable	FMAP	Family Planning	Cervical Cancer Srvcs	Other %	Resource Test Applied to	Col B NoT	Total Comp Enroll Cap	Resource Test Col G minus Enrollment	Circumstances Applied to	Circumstance	Total Federal Share
24B	Case Management - State Wide												
25	Primary Care Case Management Services												
26	Hospice Benefits												
27	Emergency Services for Undocumented Aliens												
28	Federally-Qualified Health Center												
29	Non-Emergency Medical Transportation									<u> </u>			<u> </u>
30	Physical Therapy	1								ł			1
31	Occupational Therapy	1								ł			1
32	Services for Speech, Hearing and Language												
33	Prosthetic Devices, Dentures, Eyeglasses												
34	Diagnostic Screening & Preventive Services Preventive Services Grade A OR B, ACIP												
34A	Vaccines and their Admin												
35	Nurse Mid-Wife												
36	Emergency Hospital Services												
37	Critical Access Hospitals												
38	Nurse Practitioner Services												
39	School Based Services												
40 41	Rehabilitative Services (non-school-based) Private Duty Nursing												
42	Freestanding Birth Center			 	 		 						<u> </u>
43	Health Home for Enrollees w Chronic Conditions												
44	Tobacco Cessation for Preg Women												
	Health Home for Enrollees w Substance-Use-												
45	Disorder			 	 		 						
49	Other Care Services			 	 		 						
50	Total												

For the Medical Assistance Program

Prior Period Expenditures

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

Line:

Waiver Type:

Waiver Number:

Waiver Name:

															Total				
											Total		Total Comp		Computable	Federal Share			
						Opt. Breast or Cervical	Opt. Breast or Cervical				Computable Resource Test	Federal Share		Federal Share Enrollment		Special Circumstances	Sum of Total	Sum of Federal Shares	
		Total			Family Planning	Cervical Cancer Srvcs	Cervical Cancer Srvcs			Total Newly	Applied from	Resource Test Applied COL H		Cap applied	Not Newly Special		Column (A) +		Deferral or
			FMAP	I.H.S. Services		(ENH Rate)	(IHS Rate)	Other %	Federal Share		Not Newly	X Newly	Cap		Circumstances		(H) + (J)+ (L)		CIN Number
			1			· · ·												., ., . ,	
1A	Inpatient Hospital Services - Regular Payments																		
	Inpatient Hospital Service - DSH Adjustment																		
1B	Payments																		
1C	Inpatient Hospital Services - Supplemental Payments																		
ic	rayments																		
1D	Inpatient Hospital Services - GME Payments																		
	Mental Health Facility Services - Regular																		
2A	Payments																		
1	Mental Health Facility Services - DSH													1	1			1	
2B	Adjustment Payments						L							<u> </u>	<u> </u>			<u> </u>	├────┤
2C	Certified Community Behavior Health Clinic Payments													1	1			1	
20	rayments																		
3A	Nursing Facility Services - Regular Payments																		
<u> </u>	Nursing Facility Services - Supplemental														1			1	
3B	Payments																		
	Intermediate Care Facility Services - Ind. with																		
4A	Intellectual Disabilities: Public Providers						-							-	-			-	
	Intermediate Care Facility Services - Ind. with																		
4B	Intellectual Disabilities: Private Providers																		
	Intermediate Care Facility Services - Ind. with																		
	Intellectual Disabilities: Supplemental																		
4C	Payments																		
	Physician and Surgical Services - Regular																		
5A	Payments																		
5.0	Physician and Surgical Services - Supplemental																		
5B	Payments Physician & Surgical Services - Evaluation and																		
5C	Management																		
		1							İ		İ							1	
5D	Physician & Surgical Services - Vaccine codes																		
	Outpatient Hospital Services - Regular																		
6A	Payments																		
C.D.	Outpatient Hospital Services - Supplemental																		
6B 7	Payments Prescribed Drugs													<u> </u>	<u> </u>			ł	
'	Drug Rebate Offset - National Agreement	1																	
		1							İ		İ							1	
7A2	Drug Rebate Offset - State Sidebar Agreement																		
	MCO - National Agreement																		
7A4	MCO - State Sidebar Agreement																		
7A5 7A6	Increased ACA OFFSET - Fee for Service - 100% Increased ACA OFFSET - MCO - 100%	-												-	-				
7A6 8	Dental Services	<u> </u>	ł						1		1			<u> </u>	<u> </u>	ł		ł	├
0	Senter Services													<u> </u>	<u> </u>			<u> </u>	
9A	Other Practitioners Services - Regular Payments	ŝ																	

For the Medical Assistance Program

Prior Period Expenditures

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

Line:

Waiver Type:

Waiver Number:

Waiver Name:

Type of Eligible: Newly

		Total			Family Planning	Opt. Breast or Cervical Cancer Srvcs	Opt. Breast or Cervical Cancer Srvcs				Resource Test		Total Comp Applied from Not Newly Enrollment	Federal Share Enrollment Cap applied	Applied from Not Newly	Federal Share Special Circumstances applied COL L	Computable	Sum of Federal Shares Column (G) +	
		Computable	FMAP	I.H.S. Services		(ENH Rate)		Other %	Federal Share			X Newly	Сар		Circumstances			(I) + (K) + (M)	
	Other Practitioners Services - Supplemental													, í		,			
9B	Payments																		1
10	Clinic Services																		
11	Laboratory And Radiological Services																		i
12	Home Health Services																		i
13	Sterilizations																		i
14	Abortions No.																		1
15	EPSDT Screening Services																		
16	Rural Health Clinic Screening																		1
	Medicare Health Insurance Payments - Part A																		1
17A	Premiums																		1
	Medicare Health Insurance Payments - Part B																		I
17B	Premiums																		1
17C1	120% - 134% Of Poverty																		
17D	Coinsurance And Deductibles																		
	Medicaid Health Insurance Payments:																		í l
18A	Managed Care Organizations (MCO)																		1
18A1	Medicaid MCO - Evaluation and Management																		1
	Medicaid MCO - Vaccine codes																		í
	Medicaid MCO - Community First Choice																		
	,																		í
	Medicaid MCO - Preventive Services Grade A																		1
18A4																			1
	Medicaid MCO - Certified Community Behavior																		
18A5																			1
18B1																			
	MCO PAHP - Evaluation and Management																		
	MCO PAHP - Vaccine codes																		
	MCO PAHP - Community First Choice																		
	MCO PAHP - Preventive Services Grade A OR B,																		
18B1	ACIP Vaccines and their Admin																		1
	Medicaid PAHP - Certified Community Behavior	İ	1	İ															I
18B1	Health Clinic Payments		1																ı
18B2		1	1	1	1			1	1								1		
	a MCO PIHP - Evaluation and Management	1	1	1	1			1	1								1		
	b MCO PIHP - Vaccine codes	1	1	1	1			1	1								1		
	c MCO PIHP - Community First Choice	İ	1	İ		1													l
	MCO PIHP - Preventive Services Grade A OR B,	İ	1	İ		i				İ								İ	
18B2	d ACIP Vaccines and their Admin																		ı I
	Medicaid PIHP - Certified Community Behavior	İ	1	İ		1													
18B2	Health Clinic Payments		1																ı
1002	Medicaid Health Insurance Payments: Group		1																I
18C			1																ı
100	Medicaid Health Insurance Payments:		1																I
18D	Coinsurance And Deductibles																		, I
100	constraince And Deddetibles		1																I
18E	Medicaid Health Insurance Payments: Other																		ı 1
105	Home and Community-Based Services - Regular		1																I
19A	Payment (Waiver)		1																ı
154	Home and Community-Based Services - State		1																I
19B	Plan 1915(i) Only Payment																		1 1
_		•		•															

For the Medical Assistance Program

Prior Period Expenditures

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

Line:

Waiver Type:

Waiver Number:

Waiver Name:

															Total				
											Total		Total Comp		Computable	Federal Share			
						Opt. Breast or	Ont Breast or				Computable	Federal Share		Federal Share	Applied from		Sum of Total	Sum of	
							Cervical					Resource Test		Enrollment		Circumstances		Federal Shares	
		Total					Cancer Srvcs			Total Newly	Applied from	Applied COL H				applied COL L			Deferral or
			FMAP	I.H.S. Services			(IHS Rate)	Other %	Federal Share			X Newly	Cap		Circumstances			(I) + (K) + (M)	
	Home and Community-Based Services - State	computable			Jervices	(2.11111010)	(ino nate)	ouler /o	reactar bilare	- cuciai bilai c	norneniy	Antenia	cup	corriterity	encumstances	, includy	(, . (.). ()	(1) - (13) - (11)	chi i i i i i i i i i i i i i i i i i i
	Plan 1915(j) Only Payment																		
	Home and Community Based Services State																		
19D	Plan 1915(k) Community First Choice																		
22	Programs Of All-Inclusive Care Elderly																		
	Personal Care Services - Regular Payment																		
	Personal Care Services - SDS 1915(j)																		
	Targeted Case Management Services -		1	İ	İ			İ			İ		1		İ	İ			
	Community Case-Management												1						1
	Case Management - State Wide		1	İ	İ			İ			İ		1		İ	İ			
	Primary Care Case Management Services		1	İ	İ			İ			İ		1		İ	İ			
26	Hospice Benefits																		
27	Emergency Services for Undocumented Aliens																		
	Federally-Qualified Health Center																		
	Non-Emergency Medical Transportation																		
	Physical Therapy																		
	Occupational Therapy																		
32	Services for Speech, Hearing and Language																		
	Prosthetic Devices, Dentures, Eyeglasses																		
34	Diagnostic Screening & Preventive Services																		
	Preventive Services Grade A OR B, ACIP																		
34A	Vaccines and their Admin																		
35	Nurse Mid-Wife																		
36	Emergency Hospital Services																		
37	Critical Access Hospitals																		
38	Nurse Practitioner Services																		
39	School Based Services																		
	Rehabilitative Services (non-school-based)																		
	Private Duty Nursing																		
42	Freestanding Birth Center																		
	Health Home for Enrollees w Chronic												1						1
43	Conditions																		
44	Tobacco Cessation for Preg Women																		
	Health Home for Enrollees w Substance-Use-																		1
45	Disorder																		
49	Other Care Services																		
50	Total																		

For the Medical Assistance Program

Prior Period Expenditures

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

Line:

Line.

Waiver Type:

Waiver Number:

Waiver Name:

		Total Computable	FMAP	I.H.S. Services	Family Planning Services	Opt. Breast or Cervical Cancer Srvcs (ENH Rate)	Opt. Breast or Cervical Cancer Srvcs (IHS Rate)	Other %	Federal Share	Resource Test	Col B NoT	Total Comp Enroll Cap Applied to Newly Col H X	Resource Test Col G minus Enrollment	Total Comp Special Circumstances Applied to		Total Federal Share	Deferral or CIN Number
1A	Inpatient Hospital Services - Regular Payments																
	Inpatient Hospital Service - DSH Adjustment																
	Payments																
	Inpatient Hospital Services - Supplemental																
1C	Payments																
	Inpatient Hospital Services - GME Payments Mental Health Facility Services - Regular																<u> </u>
	Payments																
27	Mental Health Facility Services - DSH																<u> </u>
	Adjustment Payments																
	Certified Community Behavior Health Clinic																
2C	Payments																
	Nursing Facility Services - Regular Payments																
	Nursing Facility Services - Supplemental																
3B	Payments																
	Intermediate Care Facility Services - Ind. with																
4A	Intellectual Disabilities: Public Providers	-	-						-		-				-		łł
	Intermediate Care Facility Services - Ind. with																
	Intellectual Disabilities: Private Providers												-				
	Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Supplemental																
	Payments																
	Physician and Surgical Services - Regular	1	-	l		l			-	l			1		-		
	Payments																
	Physician and Surgical Services - Supplemental																
	Payments																
	Physician & Surgical Services - Evaluation and Management																
	Physician & Surgical Services - Vaccine codes																───┤
	Outpatient Hospital Services - Regular Payments																
	Outpatient Hospital Services - Supplemental																
6B	Payments																
	Prescribed Drugs																

For the Medical Assistance Program

Prior Period Expenditures

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

Line:

Waiver Type:

Waiver Number:

Waiver Name:

7A1	Drug Rebate Offset - National Agreement	Total Computable	FMAP	I.H.S. Services	Family Planning Services	Opt. Breast or Cervical Cancer Srvcs (ENH Rate)	Cervical Cancer Srvcs	Other %	Federal Share	Resource Test Applied to	Col B NoT	Total Comp Enroll Cap Applied to Newly Col H X	Resource Test Col G minus Enrollment	Total Comp Special Circumstances	Circumstance	Deferral or CIN Number
741	Drug Rebate Onset - National Agreement															
7A2	Drug Rebate Offset - State Sidebar Agreement															
7A3	MCO - National Agreement															
7A4	MCO - State Sidebar Agreement															
																1
7A5	Increased ACA OFFSET - Fee for Service - 100%															 L
7A6	Increased ACA OFFSET - MCO - 100%															 L
8	Dental Services		-	-		-					-				-	↓
	Other Practitioners Services - Regular															
9A	Payments Other Prostitioners Convince Cumplemental															 <u> </u>
OP	Other Practitioners Services - Supplemental Payments															
3D 10	Clinic Services			1		1									1	<u> </u>
11	Laboratory And Radiological Services															<u> </u>
12	Home Health Services															
13	Sterilizations		1													
9B 10 11 12 13 14 15	Abortions No.															
15	EPSDT Screening Services															
16	Rural Health Clinic Screening															
	Medicare Health Insurance Payments - Part A															
17A	Premiums															
	Medicare Health Insurance Payments - Part B															
17B	Premiums															
	120% - 134% Of Poverty															
17D	Coinsurance And Deductibles															
	Medicaid Health Insurance Payments:															1
18A	Managed Care Organizations (MCO)		-	-		-					-				-	↓
	Medicaid MCO - Evaluation and Management															
	Medicaid MCO - Vaccine codes															
18A3	Medicaid MCO - Community First Choice															
18A4	Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin															
18A5	Medicaid MCO - Certified Community Behavior Health Clinic Payments															
	Prepaid Ambulatory Health Plan	1	1	1		1					1				1	
	MCO PAHP - Evaluation and Management															
	MCO PAHP - Vaccine codes															

For the Medical Assistance Program

Prior Period Expenditures

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

Line:

Line.

Waiver Type:

Waiver Number:

Waiver Name:

Type	I LIIGIDIC. NOT NEWLY																
		Total Computable	FMAP	I.H.S. Services	Family Planning Services	Opt. Breast or Cervical Cancer Srvcs (ENH Rate)	Opt. Breast or Cervical Cancer Srvcs (IHS Rate)	Other %	Federal Share	Resource Test Applied to	Col B NoT	Total Comp Enroll Cap Applied to Newly Col H X	Adjusted Total Comp from Col B minus Resource Test Col G minus Enrollment Cap COL I	Total Comp Special Circumstances Applied to		Total Federal Share	Deferral or CIN Number
18B1c	MCO PAHP - Community First Choice																
	MCO PAHP - Preventive Services Grade A OR B,						1				1				1		
1001																	
18810	ACIP Vaccines and their Admin																
	Medicaid PAHP - Certified Community Behavior																
18B1e	Health Clinic Payments																
18B2	Prepaid Inpatient Health Plan																
18B2a	MCO PIHP - Evaluation and Management																
18B2b	MCO PIHP - Vaccine codes																
18B2c	MCO PIHP - Community First Choice																
	MCO PIHP - Preventive Services Grade A OR B,																
18B2d	ACIP Vaccines and their Admin																
10020	Medicaid PIHP - Certified Community Behavior																
10020	Health Clinic Payments																
TOPSE																	
	Medicaid Health Insurance Payments: Group																
18C	Health Plan Payments																
	Medicaid Health Insurance Payments:																
18D	Coinsurance And Deductibles																
18E	Medicaid Health Insurance Payments: Other																
	Home and Community-Based Services - Regular																
19A	Payment (Waiver)																
	Home and Community-Based Services - State																
19B	Plan 1915(i) Only Payment																
	Home and Community-Based Services - State																
19C	Plan 1915(j) Only Payment																
	Home and Community Based Services State																
19D	Plan 1915(k) Community First Choice																
22	Programs Of All-Inclusive Care Elderly			1													<u> </u>
23A	Personal Care Services - Regular Payment			1							t				t		<u>+</u>
23A 23B	Personal Care Services - SDS 1915(j)		1	1		1	ł				<u> </u>				<u> </u>		<u>+−−−−</u> 1
230		1	1	+	1	ł	ł	ł	-	ł	ł	ł		ł	ł	1	┥───┤
244	Targeted Case Management Services -										1				1		
24A	Community Case-Management						<u> </u>										<u> </u>
24B	Case Management - State Wide						<u> </u>				l				l		↓
25	Primary Care Case Management Services						ļ										<u> </u>]
26	Hospice Benefits						ļ				ļ				ļ		l
							1				1				1		
27	Emergency Services for Undocumented Aliens																
28	Federally-Qualified Health Center																
29	Non-Emergency Medical Transportation																

For the Medical Assistance Program

Prior Period Expenditures

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

Line:

Waiver Type:

Waiver Number:

waiver Number:

Waiver Name:

	of Englisher Not Nettrij		r		r	r		r	r	r	r					r	
		Total Computable	FMAP	I.H.S. Services	Family Planning	Cancer Srvcs	Cervical Cancer Srvcs	Other %		Resource Test	Col B NoT	Total Comp Enroll Cap	Resource Test Col G minus Enrollment	Total Comp Special Circumstances Applied to	Circumstance		Deferral or CIN Number
20	Physical Therapy					(/	(
30																	
31	Occupational Therapy	+															────
32	Services for Speech, Hearing and Language																
33	Prosthetic Devices, Dentures, Eyeglasses																
34	Diagnostic Screening & Preventive Services																
5.	Preventive Services Grade A OR B, ACIP																
34A	Vaccines and their Admin																
35	Nurse Mid-Wife																
35 36	Emergency Hospital Services																
37	Critical Access Hospitals																
38	Nurse Practitioner Services																
39	School Based Services																
40	Rehabilitative Services (non-school-based)																
41	Private Duty Nursing																
42	Freestanding Birth Center																
	Health Home for Enrollees w Chronic	I															
43	Conditions																
44	Tobacco Cessation for Preg Women																
45	Health Home for Enrollees w Substance-Use- Disorder																
49	Other Care Services																
50	Total	1															
- 0		1	l	I	l	l				l							<u> </u>

Form CMS 64.10 200K - Expenditures for State and Local Administration - 200K

For the Medical Assistance Program

Expenditures in This Quarter

State:

		Total	FFP Federal			Total Federal
		Computable	Share	Other %	Federal Share	Share
1	Family Planning					
	Design Development Or Installation Of MMIS:					
2A	Cost of In-House Activities					
	Design Development Or Installation Of MMIS:					
2B	Cost of Private Sector Contractors					
	Skilled Professional Medical Personnel-Single					
3A	State Agency					
	Skilled Professional Medical Personnel - Other					
3B	Agency					
	Operation Of An Approved MMIS: Costs of In-					
	House Activities Plus State Agencies And					
4A	Institutions					
	Operation Of An Approved MMIS: Cost of					
4B	Private Sector Contractors					
	Mechanized Systems, Not Approved Under					
5A	MMIS Procedures: Costs Of In-House Activities					
	Mechanized Systems, Not Approved Under					
	MMIS Procedures: Cost Of Private Sector					
5B	Contractors					
	Mechanized Systems - Not Approved under					
5C	MMIS Procedures: Interagency					
6	Quality Improvement Organizations					
	Third Party Liability: Recovery Procedure -					
7A	Billing Offset					
	Third Party Liability: Assignment Of Rights -					
7B	Billing Offset					

Form CMS 64.10 200K - Expenditures for State and Local Administration - 200K

For the Medical Assistance Program

Expenditures in This Quarter

State:

		Total	FFP Federal			Total Federal
		Computable	Share	Other %	Federal Share	Share
	Immigration Status Verification System Costs					
8	(100% FFP)					
9	Nurse Aide Training Costs					
10	Preadmission Screening Costs					
11	Resident Review Activities Costs					
12	Drug Use Review Program					
13	Outstationed Eligibility Workers					
14	TANF Base					
15	TANF Secondary 90%					
16	TANF Secondary 75%					
17	External Review					
18	Enrollment Brokers					
19	School Based Administration					
	Program Integrity/Fraud, Waste, and Abuse					
20	Activities					
21	County/Local ADM Costs					
22	Interagency Costs (State Level)					
23	Translation and Interpretation					
24	Health Information Technology Administration					
24A	HIT: Planning: Cost of In-house Activities					
24B	HIT: Planning: Cost of Private Contractors					
	HIT: Implementation and Operation: Cost of In-					
24C	house Activities					
	HIT: Implementation and Operation: Cost of					
24D	Private Contractors					

Form CMS 64.10 200K - Expenditures for State and Local Administration - 200K

For the Medical Assistance Program

Expenditures in This Quarter

State:

		Total	FFP Federal			Total Federal
		Computable	Share	Other %	Federal Share	Share
24E	HIT Incentive Payments - Eligible Professionals					
24F	HIT Incentive Payments - Eligible Hospitals					
25	Citizenship Verification Technology - CHIPRA					
25A	CVT Development - CHIPRA					
25B	CVT Operation - CHIPRA					
	Planning for Health Homes for Enrollees with					
26	Chronic Conditions					
	Recovery Audit Contractors State					
27	Administration					
	Design Development/Installation of Medicaid					
28A	Elig. Determ. Sys. – Cost of In-house Activities					
	Design Development/Installation of Medicaid					
	Elig. Determ. Sys. – Cost of Private Sec.					
28B	Contractors					
	Operation of an Approved Medicaid Eligibility					
	Determination Systems – Cost of In-house					
28C	Activities					
	Operation of an Approved Medicaid Eligibility					
	Determination Sys. – Cost of Private Sec.					
28D	Contractors					
	Eligibility Determination Staff – Cost of In-					
28E	house Activities					

Form CMS 64.10 200K - Expenditures for State and Local Administration - 200K

For the Medical Assistance Program

Expenditures in This Quarter

State:

		Total	FFP Federal			Total Federal
		Computable	Share	Other %	Federal Share	Share
	Eligibility Determination Staff – Cost of Private					
28F	Sector Contractors					
	Eligibility Determination Staff – Cost of In-					
28G	house Activities – 50% FFP					
	Eligibility Determination Staff – Cost of Private					
28H	Sector Contractors – 50% FFP					
29	Non-Emergency Medical Transportation					
30	Design Development/Implementation of Prescription Drug Monitoring Program Systems					
49	Other Financial Participation					
50	Total					

Centers for Medicare & Medicaid Services

Form CMS 64.10P 200K - Expenditures for State and Local Administration - 200K

For the Medical Assistance Program

Prior Period Adjustments

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

		Total	FFP Federal			Total Federal	Deferral or
		Computable	Share	Other %	Federal Share	Share	CIN Number
1	Family Planning						
	Design Development Or Installation Of MMIS:						
2A	Costs Of In-House Activities						
	Design Development Or Installation Of MMIS:						
2B	Costs Of Private Sector Contractors						
	Skilled Professional Medical Personnel-Single						
3A	State Agency						
	Skilled Professional Medical Personnel - Other						
3B	Agency						
	Operation Of An Approved MMIS: Cost Of In-						
4A	House Activities						
	Operation Of An Approved MMIS: Cost Of						
4B	Private Sector Contractors						
	Mechanized Systems, not Approved Under						
5A	MMIS Procedures: Costs Of In-House Activities						
	Mechanized Systems, Not Approved Under						
	MMIS Procedures: Cost Of Private Sector						
5B	Contractors						
	Mechanized Systems - Not Approved under						
5C	MMIS Procedures: Interagency						
6	Quality Improvement Organizations						
	Third Party Liability: Recovery Procedure -						
7A	Billing Offset						

Centers for Medicare & Medicaid Services

Form CMS 64.10P 200K - Expenditures for State and Local Administration - 200K

For the Medical Assistance Program

Prior Period Adjustments

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

		Total	FFP Federal			Total Federal	Deferral or
		Computable	Share	Other %	Federal Share	Share	CIN Number
	Third Party Liability: Assignment Of Rights -						
7B	Billing Offset						
	Immigration Status Verification System Costs						
8	(100% FFP)						
9	Nurse Aide Training						
10	Preadmission Screening Costs						
11	Resident Review Activities Cost						
12	Drug Use Review Program						
13	Outstationed Eligibility Workers						
14	TANF Base						
15	TANF Secondary (90%)						
16	TANF Secondary (75%)						
17	External Review						
18	Enrollment Brokers						
19	School Based Administration						
	Program Integrity/Fraud, Waste, and Abuse						
20	Activities						
21	County/Local ADM Costs						
22	Interagency Costs						
23	Translation and Interpretation						
24	Health Information Technology Administration						
24A	HIT: Planning: Cost of In-house Activities						
24B	HIT: Planning: Cost of Private Contractors						

Centers for Medicare & Medicaid Services

Form CMS 64.10P 200K - Expenditures for State and Local Administration - 200K

For the Medical Assistance Program

Prior Period Adjustments

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

		Total	FFP Federal			Total Federal	Deferral or
		Computable	Share	Other %	Federal Share	Share	CIN Number
	HIT: Implementation and Operation: Cost of In-						
24C	house Activities						
	HIT: Implementation and Operation: Cost of						
24D	Private Contractors						
24E	HIT Incentive Payments - Eligible Professionals						
24F	HIT Incentive Payments - Eligible Hospitals						
25	Citizenship Verification Technology - CHIPRA						
25A	CVT Development - CHIPRA						
25B	CVT Operation - CHIPRA						
	Planning for Health Homes for Enrollees with						
26	Chronic Conditions						
	Recovery Audit Contractors State						
27	Administration						
	Design Development/Installation of Medicaid						
28A	Elig. Determ. Sys. – Cost of In-house Activities						
	Design Development/Installation of Medicaid						
	Elig. Determ. Sys. – Cost of Private Sec.						
28B	Contractors						
	Operation of an Approved Medicaid Eligibility						
	Determination Systems – Cost of In-house						
28C	Activities						

Centers for Medicare & Medicaid Services

Form CMS 64.10P 200K - Expenditures for State and Local Administration - 200K

For the Medical Assistance Program

Prior Period Adjustments

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

		Total	FFP Federal			Total Federal	Deferral or
		Computable	Share	Other %	Federal Share	Share	CIN Number
	Operation of an Approved Medicaid Eligibility						
	Determination Sys. – Cost of Private Sec.						
28D	Contractors						
	Eligibility Determination Staff – Cost of In-						
28E	house Activities						
	Eligibility Determination Staff – Cost of Private						
28F	Sector Contractors						
	Eligibility Determination Staff – Cost of In-						
28G	house Activities – 50% FFP						
	Eligibility Determination Staff – Cost of Private						
28H	Sector Contractors – 50% FFP						
29	Non-Emergency Medical Transportation						
	Design Development/Implementation of						
30	Prescription Drug Monitoring Program Systems						
49	Other Financial Participation						
50	Total						

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 9/30/2019

Waiver Type:

Waiver Number:

Waiver Name:

						Opt. Breast or	Opt. Breast or				
					Family	Cervical	Cervical				
		Total			Planning	Cancer Srvcs	Cancer Srvcs			Prompt	Total Federal
		Computable	FMAP	I.H.S. Services	-	(ENH Rate)		Other %	Federal Share		Share
						((
1A	Inpatient Hospital Services - Regular Payments										
	Inpatient Hospital Service - DSH Adjustment										
1B	Payments										
	Inpatient Hospital Services - Supplemental										
1C	Payments										
1D	Inpatient Hospital Services - GME Payments										
	Mental Health Facility Services - Regular										
	Payments										
	Mental Health Facility Services - DSH										
2B	Adjustment Payments										
	Certified Community Behavior Health Clinic										
2C	Payments										
3A	Nursing Facility Services - Regular Payments										
	Nursing Facility Services - Supplemental										
3B	Payments										
	Intermediate Care Facility Services - Ind. with										
4A	Intellectual Disabilities: Public Providers										
	Intermediate Care Facility Services - Ind. with										
4B	Intellectual Disabilities: Private Providers										
	Intermediate Care Facility Services - Ind. with										
	Intellectual Disabilities: Supplemental Payments										
	Physician and Surgical Services - Regular										
	Payments										
	Physician and Surgical Services - Supplemental										
5B	Payments										
	Physician & Surgical Services - Evaluation and										
5C	Management					-					
5D	Physician & Surgical Services - Vaccine codes		<u> </u>			L	ļ	<u> </u>	<u> </u>		ļ

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 9/30/2019

Waiver Type:

Waiver Number:

Waiver Name:

						Opt. Breast or	Opt. Breast or				
					Family	Cervical	Cervical				
		Total			Planning	Cancer Srvcs	Cancer Srvcs			Prompt	Total Federal
			FMAP	I.H.S. Services	-	(ENH Rate)		Other %	Federal Share	Payment	Share
	Outpatient Hospital Services - Regular										
6A	Payments										
	Outpatient Hospital Services - Supplemental										
6b	Payments										
7	Prescribed Drugs										
7A1	Drug Rebate Offset - National Agreement										
7A2	Drug Rebate Offset - State Sidebar Agreement										
	MCO - National Agreement										
7A4	MCO - State Sidebar Agreement										
	Increased ACA OFFSET - Fee for Service - 100%										
7A6	Increased ACA OFFSET - MCO - 100%										
8	Dental Services										
	Other Practitioners Services - Regular Payments										
	Other Practitioners Services - Supplemental										
	Payments										
	Clinic Services										
	Laboratory And Radiological Services										
	Home Health Services										
	Sterilizations										
	Abortions No.										
	EPSDT Screening Services										
	Rural Health Clinic Screening										
	Medicare Health Insurance Payments - Part A										
	Premiums										
	Medicare Health Insurance Payments - Part B										
	Premiums										
	120% - 134% Of Poverty										
	Coinsurance And Deductibles										
	Medicaid Health Insurance Payments: Managed										
18A	Care Organizations (MCO)										
18A1	Medicaid MCO - Evaluation and Management										

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 9/30/2019

Waiver Type:

Waiver Number:

Waiver Name:

DSITA			-	1				1		1
		Total Computable	FMAP	I.H.S. Services	Family Planning Services	Opt. Breast or Cervical Cancer Srvcs (IHS Rate)	Other %	Federal Share	Prompt Payment	Total Federal Share
18A2	Medicaid MCO - Vaccine codes								-	
18A3	Medicaid MCO - Community First Choice									
18A4	Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin Medicaid MCO - Certified Community Behavior									
1945	Health Clinic Payments									
	Prepaid Ambulatory Health Plan		-							
			-							
	MCO PAHP - Evaluation and Management									
	MCO PAHP - Vaccine codes					 				
	MCO PAHP - Community First Choice									
	MCO PAHP - Preventive Services Grade A OR B,									
	ACIP Vaccines and their Admin		-							
	Medicaid PAHP - Certified Community Behavior									
	Health Clinic Payments									
	Prepaid Inpatient Health Plan									
	MCO PIHP - Evaluation and Management									
	MCO PIHP - Vaccine codes									
-	MCO PIHP - Community First Choice									
	MCO PIHP - Preventive Services Grade A OR B,									
18B2d	ACIP Vaccines and their Admin									
	Medicaid PIHP - Certified Community Behavior									
18B2e	Health Clinic Payments									
	Medicaid Health Insurance Payments: Group									
18C	Health Plan Payments									
	Medicaid Health Insurance Payments:									
18D	Coinsurance And Deductibles									
-	Medicaid Health Insurance Payments: Other Home and Community-Based Services - Regular									
	Payment (Waiver)									
	Home and Community-Based Services - State		}	+				+		
-	Plan 1915(i) Only Payment Home and Community-Based Services - State									
19C	Plan 1915(j) Only Payment	l	ļ							

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 9/30/2019

Waiver Type:

Waiver Number:

Waiver Name:

						Opt. Breast or					
		Tabal			Family	Cervical Cancer Srvcs	Cervical			Durant	Total Fadanal
		Total Computable	FMAP	I.H.S. Services	Planning		Cancer Srvcs (IHS Rate)	Other %	Federal Share	Prompt Payment	Total Federal Share
		computable	FIVIAP	I.H.S. Services	Services	(ENH Kale)	(ITS Kate)	Other %	receral Share	Payment	Share
	Home and Community Based Services State										
19D	Plan 1915(k) Community First Choice										
	Programs Of All-Inclusive Care Elderly										
	Personal Care Services - Regular Payment										
-	Personal Care Services - SDS 1915(j)										
_	Targeted Case Management Services -										
24A	Community Case-Management										
-	Case Management - State Wide										
	Primary Care Case Management Services										
	Hospice Benefits										
27	Emergency Services for Undocumented Aliens										
	Federally-Qualified Health Center										
29	Non-Emergency Medical Transportation										
30	Physical Therapy										
31	Occupational Therapy										
32	Services for Speech, Hearing and Language										
33	Prosthetic Devices, Dentures, Eyeglasses										
34	Diagnostic Screening & Preventive Services										
	Preventive Services Grade A OR B, ACIP										
34A	Vaccines and their Admin										
35	Nurse Mid-Wife										
36	Emergency Hospital Services										
37	Critical Access Hospitals										
38	Nurse Practitioner Services										
39	School Based Services										
-	Rehabilitative Services (non-school-based)										
-	Private Duty Nursing										
42	Freestanding Birth Center										
	Health Home for Enrollees w Chronic										
43	Conditions										

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 9/30/2019

Waiver Type:

Waiver Number:

Waiver Name:

_		Tatal			Family		Opt. Breast or Cervical Cancer Srvcs			Ducanat	Total Federal
		Total			Planning	Cancer Srvcs	Cancer Srvcs			Prompt	Total Federal
		Computable	FMAP	I.H.S. Services	Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Payment	Share
44	Tobacco Cessation for Preg Women										
	Health Home for Enrollees w Substance-Use-										
45	Disorder										
49	Other Care Services										
50	Total										

For the Medical Assistance Program

Prior Period Adjustments in This Quarter

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

Line:

Waiver Type:

Waiver Number:

Waiver Name:

						Opt. Breast or	Opt. Breast or					
					Family	Cervical	Cervical					
		Total			Planning	Cancer Srvcs	Cancer Srvcs			Prompt	Total Federal	Deferral or CIN
		Computable	FMAP	I.H.S. Services	-	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Payment	Share	Number
1A	Inpatient Hospital Services: Regular Payments											
	Inpatient Hospital Services: DSH Adjustment											
1B	Payments											
	Inpatient Hospital Services - Supplemental											
1C	Payments											
1D	Inpatient Hospital Services - GME Payments											
10	Mental Health Facility Services: Regular											
2A	Payments											
	Mental Health Facility Services: DSH											
2B	Adjustment Payments											
	Certified Community Behavior Health Clinic											
2C	Payments											
3A	Nursing Facility Services - Regular Payments											
	Nursing Facility Services - Supplemental											
3B	Payments											
	Intermediate Care Facility Services - Ind. with											
4A	Intellectual Disabilities: Public Providers											
44												
	Intermediate Care Facility Services - Ind. with											
4B	Intellectual Disabilities: Private Providers											
	Intermediate Care Facility Services - Ind. with											
4C	Intellectual Disabilities: Supplemental Payments											
	Physician and Surgical Services - Regular											
5A	Payments											
	Physician and Surgical Services - Supplemental											
5B	Payments											
	Physician & Surgical Services - Evaluation and											
5C	Management				+	-		+		+		↓
ED	Developer & Surgical Convices Vaccine codes											
5D	Physician & Surgical Services - Vaccine codes Outpatient Hospital Services - Regular				+		-	+	-	+		╂────┤
6A	Payments											
UA	rayments		1	1	L	1	1	L	1	L	1	

For the Medical Assistance Program

Prior Period Adjustments in This Quarter

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

Line:

Waiver Type:

Waiver Number:

Waiver Name:

						Opt. Breast or	Opt. Breast or					
					Family	Cervical	Cervical					
		Total			Planning	Cancer Srvcs	Cancer Srvcs			Prompt	Total Federal	Deferral or CIN
		Computable	FMAP	I.H.S. Services	Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Payment	Share	Number
	Outpatient Hospital Services - Supplemental											
6b	Payments											
7	Prescribed Drugs											
7A1	Drug Rebate - National Agreement											
7A2	Drug Rebate - State Sidebar Agreement											
7A3	MCO - National Agreement											
7A4	MCO - State Sidebar Agreement											
7A5	Increased ACA OFFSET - Fee for Service - 100%											
7A6	Increased ACA OFFSET - MCO - 100%											
8	Dental Services											
9A	Other Practitioners Services - Regular Payments											
	Other Practitioners Services - Supplemental											
9B	Payments											
10	Clinic Services											
11	Laboratory And Radiological Services											
12	Home Health											
13	Sterilizations											
14	Abortions											
15	EPSDT Screening Services											
16	Rural Health Clinic Services											
	Medicare Health Insurance Payments: Part A											
17A	Premiums											
	Medicare Health Insurance Payments: Part B											
17B	Premiums											
	Medicare Health Insurance Payments:											
17C1	Qualifying Individuals/120% - 134% of Poverty											
	Medicare Health Insurance Payments:											
17D	Coinsurance and Deductibles											
	Medicaid Health Insurance Payments: Managed											
18A	Care Organizations											
18A1	Medicaid MCO - Evaluation and Management											
18A2	Medicaid MCO - Vaccine codes											
18A3	Medicaid MCO - Community First Choice											

For the Medical Assistance Program

Prior Period Adjustments in This Quarter

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

Line:

Waiver Type:

Waiver Number:

Waiver Name:

						Opt. Breast or	Opt. Breast or					
					Family	Cervical	Cervical					
		Total			Planning	Cancer Srvcs	Cancer Srvcs			Prompt	Total Federal	Deferral or CIN
		Computable	FMAP	I.H.S. Services	-	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Payment	Share	Number
		· ·				· · ·				· ·		
	Medicaid MCO - Preventive Services Grade A											
18A4	OR B, ACIP Vaccines and their Admin											
	Medicaid MCO - Certified Community Behavior											
18A5	Health Clinic Payments											
18B1	Prepaid Ambulatory Health Plan											
18B1a	MCO PAHP - Evaluation and Management											
18B1b	MCO PAHP - Vaccine codes											
18B1c	MCO PAHP - Community First Choice											
	MCO PAHP - Preventive Services Grade A OR B,											
18B1d	ACIP Vaccines and their Admin											
	Medicaid PAHP - Certified Community Behavior											
18B1e	Health Clinic Payments											
18B2	Prepaid Inpatient Health Plan											
18B2a	MCO PIHP - Evaluation and Management											
18B2b	MCO PIHP - Vaccine codes											
18B2c	MCO PIHP - Community First Choice											
	MCO PIHP - Preventive Services Grade A OR B,											
18B2d	ACIP Vaccines and their Admin											
	Medicaid PIHP - Certified Community Behavior											
18B2e	Health Clinic Payments											
	Medicaid Health Insurance Payments: Group											
18C	Health Plan Payments											
	Medicaid Health Insurance Payments:											
18D	Coinsurance and Deductibles											
	Medicaid Health Insurance Program: Other											
	Home and Community-Based Services - Regular											
	Payment (Waiver)											
	Home and Community-Based Services - State											
	Plan 1915(i) Only Payment											
	Home and Community-Based Services - State											
19C	Plan 1915(j) Only Payment											
	Home and Community Based Services State											
19D	Plan 1915(k) Community First Choice											
22	Programs Of All-Inclusive Care Elderly											

For the Medical Assistance Program

Prior Period Adjustments in This Quarter

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

Line:

Waiver Type:

Waiver Number:

Waiver Name:

						Opt. Breast or	Opt. Breast or					
					Family	Cervical	Cervical					
		Total			Planning	Cancer Srvcs	Cancer Srvcs			Prompt	Total Federal	Deferral or CIN
		Computable	FMAP	I.H.S. Services	Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Payment	Share	Number
23A	Personal Care Services - Regular Payment											
23B	Personal Care Services - SDS 1915(j)											
	Targeted Case Management Services -											
24A	Community Case-Management											
24B	Case Management - State Wide											
25	Primary Care Case Management Services											
26	Hospice Benefits											
27	Emergency Services for Undocumented Aliens											
28	Federally-Qualified Health Center											
29	Non-Emergency Medical Transportation											
30	Physical Therapy											
31	Occupational Therapy											
32	Services for Speech, Hearing and Language											
33	Prosthetic Devices, Dentures, Eyeglasses											
34	Diagnostic Screening & Preventive Services											
	Preventive Services Grade A OR B, ACIP											
34A	Vaccines and their Admin											
35	Nurse Mid-Wife											
36	Emergency Hospital Services											
37	Critical Access Hospitals											
38	Nurse Practitioner Services											
39	School Based Services											
40	Rehabilitative Services (non-school-based)											
41	Private Duty Nursing											
42	Freestanding Birth Center											
	Health Home for Enrollees w Chronic											
43	Conditions											
44	Tobacco Cessation for Preg Women											
	Health Home for Enrollees w Substance-Use-											
45	Disorder											
49	Other Care Services											
50	Total											

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 9/30/2019

Waiver Type:

Waiver Number:

Waiver Name:

					Family	Opt. Breast or Cervical	Opt. Breast or Cervical			
		Total			Planning	Cancer Srvcs	Cancer Srvcs			Total Federal
		Computable	FMAP	I.H.S. Services	Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Share
1A	Inpatient Hospital Services - Regular Payments									
	Inpatient Hospital Service - DSH Adjustment									
1B	Payments									
	Inpatient Hospital Services - Supplemental									
1C	Payments									
1D	Inpatient Hospital Services - GME Payments									
	Mental Health Facility Services - Regular									
2A	Payments									
	Mental Health Facility Services - DSH									
2B	Adjustment Payments									
	Certified Community Behavior Health Clinic									
2C	Payments									
	Nursing Facility Services - Regular Payments					_				
	Nursing Facility Services - Supplemental									
3B	Payments									
	Intermediate Care Facility Services - Ind. with									
	Intellectual Disabilities: Public Providers									
4A	Intellectual Disabilities: Public Providers	-								
	Intermediate Care Facility Services - Ind. with									
4B	Intellectual Disabilities: Private Providers									
+0										
	Intermediate Care Facility Services - Ind. with									
4C	Intellectual Disabilities: Supplemental Payments									
-	Physician and Surgical Services - Regular									
5A	Payments									
	Physician and Surgical Services - Supplemental									
5B	Payments									

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 9/30/2019

Waiver Type:

Waiver Number:

Waiver Name:

					Family	Opt. Breast or Cervical	Opt. Breast or Cervical			
		Total			Planning	Cancer Srvcs	Cancer Srvcs			Total Federal
		Computable	FMAP	I.H.S. Services	Services	(ENH Rate)		Other %	Federal Share	
	Physician & Surgical Services - Evaluation and					, ,	, ,			
5C	Management									
5D	Physician & Surgical Services - Vaccine codes									
6A	Outpatient Hospital Services - Regular Payments									
	Outpatient Hospital Services - Supplemental									
	Payments									
	Prescribed Drugs									
7A1	Drug Rebate Offset - National Agreement									
	Drug Rebate Offset - State Sidebar Agreement									
	MCO - National Agreement									
7A4	MCO - State Sidebar Agreement									
-	Increased ACA OFFSET - Fee for Service - 100%									
	Increased ACA OFFSET - MCO - 100%									
8	Dental Services									
9A	Other Practitioners Services - Regular Payments									
	Other Practitioners Services - Supplemental									
	Payments	-						-		
	Clinic Services	-						-		
	Laboratory And Radiological Services	-						-		
	Home Health Services									
13	Sterilizations									
	Abortions No.									
	EPSDT Screening Services									<u> </u>
	Rural Health Clinic Screening									
	Medicare Health Insurance Payments - Part A									
17A	Premiums									

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 9/30/2019

Waiver Type:

Waiver Number:

Waiver Name:

					Family	Opt. Breast or Cervical	Opt. Breast or Cervical			
		Total			Planning	Cancer Srvcs	Cancer Srvcs			Total Federal
		Computable	FMAP	I.H.S. Services	•	(ENH Rate)		Other %	Federal Share	
	Medicare Health Insurance Payments - Part B					(,	(
	Premiums									
17C1	120% - 134% Of Poverty									
17D	Coinsurance And Deductibles									
	Medicaid Health Insurance Payments: Managed									
18A	Care Organizations (MCO)									
18A1	Medicaid MCO - Evaluation and Management									
-	Medicaid MCO - Vaccine codes									
18A3	Medicaid MCO - Community First Choice									
	Medicaid MCO - Preventive Services Grade A OR									
	B, ACIP Vaccines and their Admin									
	Medicaid MCO - Certified Community Behavior									
18A5	Health Clinic Payments									
18B1	Prepaid Ambulatory Health Plan									
18B1a	MCO PAHP - Evaluation and Management									
18B1b	MCO PAHP - Vaccine codes									
18B1c	MCO PAHP - Community First Choice									
	MCO PAHP - Preventive Services Grade A OR B,									
18B1d	ACIP Vaccines and their Admin									
	Medicaid PAHP - Certified Community Behavior									
18B1e	Health Clinic Payments									
18B2	Prepaid Inpatient Health Plan									
18B2a	MCO PIHP - Evaluation and Management									
18B2b	MCO PIHP - Vaccine codes									
18B2c	MCO PIHP - Community First Choice									
	MCO PIHP - Preventive Services Grade A OR B,									
18B2d	ACIP Vaccines and their Admin									
	Medicaid PIHP - Certified Community Behavior									
18B2e	Health Clinic Payments									

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 9/30/2019

Waiver Type:

Waiver Number:

Waiver Name:

							a . a .			1
		Total Computable	FMAP	I.H.S. Services	Family Planning Services	Opt. Breast or Cervical Cancer Srvcs (ENH Rate)	Opt. Breast or Cervical Cancer Srvcs (IHS Rate)	Other %	Federal Share	Total Federal
	Madiatid Uselth Income and December Concern	Computable	FIVIAP	I.H.S. Services	Services	(ENH Kate)	(IHS Rate)	Other %	Federal Share	Share
100	Medicaid Health Insurance Payments: Group									
18C	Health Plan Payments									
	Medicaid Health Insurance Payments:									
18D	Coinsurance And Deductibles		-							
105	Medicaid Health Insurance Payments: Other									
18E	,									
	Home and Community-Based Services - Regular									
19A	Payment (Waiver)									
	Home and Community-Based Services - State									
19B	Plan 1915(i) Only Payment			-						
	Home and Community-Based Services - State									
19C	Plan 1915(j) Only Payment									
	Home and Community Based Services State									
-	Plan 1915(k) Community First Choice									
22	Programs Of All-Inclusive Care Elderly									
-	Personal Care Services - Regular Payment									
23B	Personal Care Services - SDS 1915(j)									
	Targeted Case Management Services -									
	Community Case-Management									
24B	Case Management - State Wide									
25	Primary Care Case Management Services									
26	Hospice Benefits									
27	Emergency Services for Undocumented Aliens									
28	Federally-Qualified Health Center									
29	Non-Emergency Medical Transportation									
30	Physical Therapy									
31	Occupational Therapy									
32	Services for Speech, Hearing and Language									
33	Prosthetic Devices, Dentures, Eyeglasses									

For the Medical Assistance Program

Expenditures in This Quarter

State:

Quarter Ended: 9/30/2019

Waiver Type:

Waiver Number:

Waiver Name:

						Opt. Breast or	Opt. Breast or			
					Family	Cervical	Cervical			
		Total			Planning	Cancer Srvcs	Cancer Srvcs			Total Federal
		Computable	FMAP	I.H.S. Services	Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Share
34	Diagnostic Screening & Preventive Services									
	Preventive Services Grade A OR B, ACIP									
34A	Vaccines and their Admin									
35	Nurse Mid-Wife									
36	Emergency Hospital Services									
37	Critical Access Hospitals									
38	Nurse Practitioner Services									
39	School Based Services									
40	Rehabilitative Services (non-school-based)									
41	Private Duty Nursing									
42	Freestanding Birth Center									
43	Health Home for Enrollees w Chronic Conditions									
44	Tobacco Cessation for Preg Women									
	Health Home for Enrollees w Substance-Use-									
45	Disorder									
49	Other Care Services									
50	Total									

For the Medical Assistance Program

Prior Period Adjustments in This Quarter

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

Line:

Waiver Type:

Waiver Number:

Waiver Name:

		Total Computable	FMAP	I.H.S. Services	Family Planning Services	Cervical Cancer Srvcs	Opt. Breast or Cervical Cancer Srvcs (IHS Rate)	Other %	Federal Share	Total Federal Share
1A	Inpatient Hospital Services: Regular Payments									
17	Inpatient Hospital Services: DSH Adjustment									
1B	Payments									
10	Inpatient Hospital Services - Supplemental									
1C	Payments									
1D	Inpatient Hospital Services - GME Payments									
-	Mental Health Facility Services: Regular									
2A	Payments									
	Mental Health Facility Services: DSH Adjustment									
2B	Payments									
	Certified Community Behavior Health Clinic									
2C	Payments									
-	Nursing Facility Services - Regular Payments									
	Nursing Facility Services - Supplemental									
3B	Payments									
	Intermediate Care Facility Services - Ind. with									
	Intellectual Disabilities: Public Providers									
47	intellectual Disabilities. Fabile Fronders									
	Intermediate Care Facility Services - Ind. with									
	Intellectual Disabilities: Private Providers									
						1				
	Intermediate Care Facility Services - Ind. with									
	Intellectual Disabilities: Supplemental Payments									
	Physician and Surgical Services - Regular									
5A	Payments									

For the Medical Assistance Program

Prior Period Adjustments in This Quarter

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

Line:

Waiver Type:

Waiver Number:

Waiver Name:

		Total Computable	FMAP	I.H.S. Services	Family Planning Services	Opt. Breast or Cervical Cancer Srvcs (ENH Rate)	Opt. Breast or Cervical Cancer Srvcs (IHS Rate)	Other %	Federal Share	Total Federal Share
	Physician and Surgical Services - Supplemental									
	Payments									
	Physician & Surgical Services - Evaluation and									
5C	Management									
5D	Physician & Surgical Services - Vaccine codes									
6A	Outpatient Hospital Services - Regular Payments									
	Outpatient Hospital Services - Supplemental									
6b	Payments									
7	Prescribed Drugs									
7A1	Drug Rebate Offset - National Agreement									
7A2	Drug Rebate Offset - State Sidebar Agreement									
7A3	MCO - National Agreement									
7A4	MCO - State Sidebar Agreement									
7A5	Increased ACA OFFSET - Fee for Service - 100%									
7A6	Increased ACA OFFSET - MCO - 100%									
8	Dental Services									
	Other Practitioners Services - Regular Payments									
	Other Practitioners Services - Supplemental									
	Payments									
	Clinic Services						ļ			
	Laboratory And Radiological Services									
	Home Health Services						ļ			
	Sterilizations						ļ			
	Abortions									
15	EPSDT Screening Services									

For the Medical Assistance Program

Prior Period Adjustments in This Quarter

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

Line:

Waiver Type:

Waiver Number:

Waiver Name:

						Opt. Breast or	Opt. Breast or			
					Family	Cervical	Cervical			
		Total			Planning	Cancer Srvcs	Cancer Srvcs			Total Federal
		Computable	FMAP	I.H.S. Services	Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Share
16	Rural Health Clinic Services									
	Medicare Health Insurance Payments: Part A									
17A	Premiums									
	Medicare Health Insurance Payments: Part B									
17B	Premiums									
	Medicare Health Insurance Payments:									
17C1	Qualifying Individuals/120% - 134% of Poverty									
	Medicare Health Insurance Payments:									
17D	Coinsurance and Deductibles									
	Medicaid Health Insurance Payments: Managed									
18A	Care Organizations									
18A1	Medicaid MCO - Evaluation and Management									
18A2	Medicaid MCO - Vaccine codes									
18A3	Medicaid MCO - Community First Choice									
	Medicaid MCO - Preventive Services Grade A OR									
18A4	B, ACIP Vaccines and their Admin									
	Medicaid MCO - Certified Community Behavior									
-	Health Clinic Payments									
	Prepaid Ambulatory Health Plan									
18B1a	MCO PAHP - Evaluation and Management									
18B1b	MCO PAHP - Vaccine codes									
	MCO PAHP - Community First Choice									
	MCO PAHP - Preventive Services Grade A OR B,									
	ACIP Vaccines and their Admin									
	Medicaid PAHP - Certified Community Behavior									
-	Health Clinic Payments									
18B2	Prepaid Inpatient Health Plan									

For the Medical Assistance Program

Prior Period Adjustments in This Quarter

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

Line:

Waiver Type:

Waiver Number:

Waiver Name:

					Formille	Opt. Breast or Cervical	Opt. Breast or Cervical			
		Total			Family Planning	Cervical Cancer Srvcs	Cervical Cancer Srvcs			Total Federal
			FMAP		Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Share
18B2a	MCO PIHP - Evaluation and Management	Computable	FIVIAP	I.H.S. Services	Services			Other %	rederal Share	Share
	MCO PIHP - Vaccine codes									
-	MCO PIHP - Community First Choice									
	MCO PIHP - Preventive Services Grade A OR B.									
	ACIP Vaccines and their Admin									
_	Medicaid PIHP - Certified Community Behavior									
18B2e	Health Clinic Payments									
	Medicaid Health Insurance Payments: Group									
	Health Plan Payments									
	Medicaid Health Insurance Payments:									
18D	Coinsurance and Deductibles									
18E	Medicaid Health Insurance Program: Other									
	Home and Community-Based Services - Regular									
19A	Payment (Waiver)									
	Home and Community-Based Services - State									
19B	Plan 1915(i) Only Payment									
	Home and Community-Based Services - State									
19C	Plan 1915(j) Only Payment									
	Home and Community Based Services State									
	Plan 1915(k) Community First Choice									
	Programs Of All-Inclusive Care Elderly									
	Personal Care Services - Regular Payment									
23B	Personal Care Services - SDS 1915(j)									
	Targeted Case Management Services -									
	Community Case-Management									
-	Case Management - State Wide									
	Primary Care Case Management Services									
26	Hospice Benefits				<u> </u>					

For the Medical Assistance Program

Prior Period Adjustments in This Quarter

State:

Quarter Ended: 9/30/2019

Prior Qtr/FYR:

Line:

Waiver Type:

Waiver Number:

Waiver Name:

					Family	Opt. Breast or Cervical	Opt. Breast or Cervical			
		Total			Planning	Cancer Srvcs	Cancer Srvcs			Total Federal
		Computable	FMAP	I.H.S. Services	Services	(ENH Rate)	(IHS Rate)	Other %	Federal Share	Share
	Emergency Services for Undocumented Aliens									
28	Federally-Qualified Health Center									
29	Non-Emergency Medical Transportation									
	Physical Therapy									
31	Occupational Therapy									
32	Services for Speech, Hearing and Language									
33	Prosthetic Devices, Dentures, Eyeglasses									
34	Diagnostic Screening & Preventive Services									
	Preventive Services Grade A OR B, ACIP									
34A	Vaccines and their Admin									
35	Nurse Mid-Wife									
36	Emergency Hospital Services									
37	Critical Access Hospitals									
38	Nurse Practitioner Services									
39	School Based Services									
40	Rehabilitative Services (non-school-based)									
41	Private Duty Nursing									
42	Freestanding Birth Center									
43	Health Home for Enrollees w Chronic Conditions									
44	Tobacco Cessation for Preg Women									
	Health Home for Enrollees w Substance-Use-									
45	Disorder									
49	Other Care Services									
50	Total									

Medicaid Enrollees State:

Quarter Ended: 9/30/2019

Quai	ter Ended: 9/30/2019													
		October	November	December	January	February	March	April	May	June	July	August	September	
		CY 2018	CY 2018	CY 2018	CY 2019	CY 2019	CY 2019	CY 2019	CY 2019	CY 2019	CY 2019	CY 2019	CY 2019	Total
1A	Parent/Caretaker Relatives													
1B	Childless Adults													
1C	Total Newly Eligible													
2A	Parent/Caretaker Relatives													
2B	Disabled Person Non-Institutionalized													ļ
2C	Disabled Person, Institutionalized													
2D	Children Age 19 to 20													
2E	Childless Adults													
2F	Other													
2G	Total Not Newly Eligible													
3	VIII Group Total Eligibles													
4	Aged													
5	Blind or Disabled													
6	Children													
7A	Pregnancy Benefit Adults													
7B	All Other Adults not included above													l
7C	Total Other Adults													
8	Total Eligibles													