

MBES CBES Category of Service Line Definitions for the 21 form

Line	Line - Form Display	Line - Definition
1A	Premiums - Up To 150%: Gross Premiums Paid	Line 1.A. Gross Premiums Paid.--Report on line 1.A. the amount of expenditures related to premiums paid for children whose family income is up to 150 percent of the Federal poverty level. Use the definition as contained in Part 2 Section 2500.2.E., lines 18.A. -18.E. (Medicaid Health Insurance Payments-Health Maintenance Organizations (HMO), Health Insuring Organization (HIO), Prepaid Health Plans (PHP), Group Health Plan Payments, and Other, respectively) of the State Medicaid Manual. Remember to report the total amount of the premiums. DO NOT NET THE OFFSETS WITH THE PREMIUMS. For example, it costs the State 500 per month per person and there are 100 people under this plan. Assume that the state receives \$20 from one of the individuals covered for his share of the cost. Report \$50,000 (500 x 100) on Line 1.A. and \$20 on Line 1.B.
1B	Premiums - Up To 150%: Cost Sharing Offset	Line 1.B. Cost Sharing Offsets.--Report any cost sharing offset amounts received with respect to the amounts reported on Line 1.A. for children whose family income is up to 150 percent of the Federal poverty level. As indicated above, for line 1.A, the cost sharing offset amounts relate to the expenditures reported on line 1.A. should be reported separately on line 1.B.
1C	Premiums - Over 150%: Gross Premiums Paid	Line 1.C. Gross Premiums Paid.--For children above 150% of poverty, premiums may be imposed on a sliding scale related to family income. Use the definition as contained in Part 2 Section 2500.2.E., lines 18.A. -.18.E (Medicaid Health Insurance Payments-Health Maintenance Organizations (HMO), Health Insuring Organization (HIO), Prepaid Health Plans (PHP), Group Health Plan Payments, and Other, respectively) of the State Medicaid Manual. DO NOT NET THE OFFSETS WITH THE PREMIUMS For an example see item 1.A.
1D	Premiums - Over 150%: Cost Sharing Offset	Line 1.D. Cost Sharing Offsets.--Report any cost sharing offset amounts received with respect to the amounts reported on line 1.C. for children whose family income is above 150 percent of the Federal poverty level. As indicated above for line 1.A, the cost sharing offset amounts related to the expenditures reported on line 1.A. should be reported separately on line 1.B. NOTE: Line items 1.A. - D. above relate to capitated payments on behalf of CHIP recipients in Managed Care Arrangements. Do not breakout out the amounts reported on lines 1.A.- 1.D. in lines 2 - 26 below, as they relate to expenditures for CHIP recipients in Fee-For-Service Plans.
2	Inpatient Hospital	Line 2. Inpatient Hospital Services - Regular Payments.--Use the definition as contained in Part 2 Section 2500.2.E., line 1.A. (Inpatient Hospital Services - Regular Payments) of the State Medicaid Manual.
3	Inpatient Mental Health	Line 3. Inpatient Mental Health Facility Services - Regular Payments.---Use the definition as contained in Part 2 Section 2500.2.E., line 2.A. (Mental Health Facility Services-Regular Payments) of the State Medicaid Manual.
4	Nursing Care Services	Line 4. Nursing Care Services. - (Other than services in an institution for mental diseases). ---Use the definition as contained in Part 2 Section 2500.2.E., line 29 paragraph g., (Other Care Services- nurse midwife services), of the State Medicaid Manual.
5	Physician/Surgical	Line 5. Physician and Surgical Services.--Use the definition as contained in Part 2 Section 2500.2.E., line 5. (Physicians' Services) of the State Medicaid Manual.

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6	Outpatient Hospital	Line 6. Outpatient Hospital Services. .-:-Use the definition as contained in Part 2 Section 2500.2.E., line 6. (Outpatient Hospital Services) of the State Medicaid Manual for services related to non-mental health facilities which are reported on line 7. below.
7	Outpatient Mental Health	Line 7. Outpatient Mental Health Facility Services. .---Use the definition as contained in Part 2 Section 2500.2.E., line 6 (Outpatient Hospital Services) of the State Medicaid Manual for services related to mental health facilities only.
8	Prescribed Drugs	Line 8. Prescribed Drugs.--Use the definition as contained in Part 2 Section 2500.2.E., line 7. (Prescribed Drugs) of the State Medicaid Manual.
8A	Drug Rebate	8.A.1. Drug Rebate Offset.--This is a refund from the manufacturer for single source drugs, innovator multiple source drugs, and non-innovator multiple source drugs.
9	Dental Services	Line 9. Dental Services.--Use the definition as contained in Part 2 Section 2500.2.E., lines 8 (Dental Services) and 29 paragraph e. (Other Care Services-Dentures) of the State Medicaid Manual
10	Vision Services	Line 10. Vision Services...--Use the definition as contained in Part 2 Section 2500.2.E., line 29. paragraph e., (Other Care Services-eyeglasses) of the State Medicaid Manual.
11	Other Practitioners	Line 11. Other Practitioners' Services...--Use the definition as contained in Part 2 Section 2500.2.E., lines 9. (Other Practitioners' Services) and 29 paragraph f. (Other Care Services--diagnostic, screening, rehabilitative, and preventive services) of the State Medicaid Manual.
12	Clinic Services	Line 12. Clinic Services.--Use the definition as contained in Part 2 Section 2500.2.E., lines 10.(Clinic Services) and 16. (Rural Health Clinic Services) of the State Medicaid Manual.
13	Therapy Services	Line 13. Therapy Services...--Use the definition as contained in Part 2 Section 2500.2.E., line 29 (Other Care Services) paragraphs b. (Physical Therapy), c. (Occupational Therapy), and d. (Services for individuals with speech, hearing, and language disorders) of the State Medicaid Manual.
14	Laboratory/Radiological	Line 14. Laboratory And Radiological Services.--Use the definition as contained in Part 2 Section 2500.2.E., line 11. (Laboratory and Radiological Services of the State Medicaid Manual.
15	Medical Equipment	Line 15. Durable and Disposable Medical Equipment.-Use the definition as contained in Part 2 Section 2500.2.E., line 29. paragraph e. (Other Care Services-prosthetic devices) of the State Medicaid Manual

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16	Family Planning	Line 16. Family Planning. --On the Form HCFA-64.21 series, the reporting on the family planning line 16 is blocked. This is because of the way family planning services are treated with respect to the available FMAP rate and the application of payments against the States' FY CHIP allotments (refer to SMM §2500.9.1.1. and .2).
17	Abortions	Line 17. Abortions. --Use the definition as contained in Part 2 Section 2500.2.E., line 14. (Abortions) of the State Medicaid Manual.
18	Screening Services	Line 18. Screening Services. --Use the definition as contained in Part 2 Section 2500.2.E., line 15. (EPSDT Screening Services) of the State Medicaid Manual.
19	Home Health	Line 19. Home Health Services. ---Use the definition as contained in Part 2 Section 2500.2.E., line 12. (Home Health Services) of the State Medicaid Manual.
20	Health Services Initiatives	Line 20. Health Services Initiatives States may use funds available under their 10 percent administrative cap to fund Health Service Initiatives (HSIs). An HSI is an activity that protects public health, protects the health of individuals, improves or promotes a state's capacity to deliver public health services, or strengthens the human and material resources necessary to accomplish public health goals relating to improving the health of children, including targeted low-income children and other low-income children. States are not limited in the number of different HSIs they may fund, as long as the state ensures that title XXI funding, within the state's 10 percent limit, is sufficient to continue the proper administration of the CHIP program. If such funds become less than sufficient, the state agrees to redirect title XXI funds from the support of HSIs to the administration of the CHIP program.
21	Home and Community	Line 21. Home and Community-Based Services. ---Use the definition as contained in Part 2 Section 2500.2.E., lines 19. (Home and Community-Based Services) and 23. (Personal Care Services) of the State Medicaid Manual.
22	Hospice	Line 22. Hospice Care Services. --Use the definition as contained in Part 2 Section 2500.2.E., line 26. (Hospice Benefits) of the State Medicaid Manual.
23	Medical Transportation	Line 23. Medical Transportation Services. --Use the definition as contained in Part 2 Section 2500.2.E., line 29. paragraph a. (Other Care Services-Transportation) of the State Medicaid Manual.
24	Case Management	Line 24. Case Management Services. --Use the definition as contained in Part 2 Section 2500.2.E., lines 24. (Targeted Case Management Services) and 25 (Primary Care Case Management Services). of the State Medicaid Manual.
25	Translation and Interpretation	Line 25. Translation and Interpretation (Section 201 CHIPRA) Translation may be allowable as an administrative activity if it is not included and paid for as part of a direct medical service and if it is necessary for the proper and efficient administration of the State plan. However, in order for translation to be claimable as administration, it must be provided either by separate units or separate employees performing solely translation activities and it must facilitate access

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31	Other Services	Line 31. Other Services
32	Outreach	Outreach Amounts reported on this line should NOT include any amounts reported on Lines 32A or 32B
32A	Increased Outreach and Enrollment of Indians	Line 32.A - Increased Outreach and Enrollment of Indians (Section 202 CHIPRA) --Enter in Column (a) the total computable amount of expenditures for the Increased Outreach and Enrollment of Indians The MBES will automatically calculate the Federal Share in Columns (b) and (e) at the CHIP rate. These expenditures are NOT applicable to the 10% limit on Outreach and Certain other expenditures. Amounts reported on this line should NOT include any amounts reported on Lines 32 or 32B
32B	Increase outreach and enrollment of children through premium subsidies	Line 32.B - Increase Outreach and Enrollment of children through premium subsidies Amounts reported on this line should NOT include any amounts reported on Lines 32 or 32A
33	Administration	Line 33. Administration. (section 2105(a)(2)(D) of the Act).--Enter the amount of other reasonable costs incurred by the State to administer the plan. NOTE: All of these administrative activities are subject to the 10 percent limit and must be entered in Column(c). See Section 2115 K above for a discussion of administrative costs and Section 2115 J above for a discussion of the 10 percent limit.
34	PERM Administration	Line 34 - PERM Administration - (Section 601 CHIPRA) --Enter in Column (a) the total computable amount of expenditures for the administration of PERM. The MBES will automatically enter in Columns (b) and (e) 90 percent of the amount reported in Column (a).
35	Citizenship Verification Technology CHIPRA	Line 35. Citizenship Verification Technology- (Section 211 CHIPRA)
35A	CVT Development	Line 35A. CVT Development: (Section 211 CHIPRA)--Enter in Column (a) the total computable amount of expenditures for the design, development, or installation of Citizenship Verification technology. The MBES will automatically enter in Columns (b) and (e) 90 percent of the amount reported in Column (a).
35B	CVT Operation	Line 35B. CVT Operation (Section 211 CHIPRA)--Enter in Column (a) the total computable amount of expenditures for the operation of Citizenship Verification technology. The MBES will automatically enter in Columns (b) and (e) 75 percent of the amount reported in Column (a).
48	Balance	Line 48 - Balance.--The CBES will generate and enter the subtotal of Lines 1 through 47 for Columns (a)-(e).

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49	Less: Collections	Line 49 - Collections.--Enter the total computable amount of refunds or collections attributable to the CHIP program, e.g., refunds for erroneous payments to providers, tort collections, any cost sharing amounts not included in Lines 1B or 1D, or any other refunds that offset allowable expenditures.
50	Total	Line 50. Total