## Quarterly Medicaid Statement of Expenditures For the Medical Assistance Program

State: Quarter Ended:

	Certificati	on		
CMS 64 Summary Sheet	Medical Assista	ance Payments	State and Local	Administration
	Total Computable	Federal Share	Total Computable	Federal Share
	(A)	(B)	(C)	(D)
Net Expenditures Reported In This Period (Sum of Items 6, 7 and 8 Less 9 and 10)				

I certify that:

- 1. I am the executive officer of the state agency or his/her designate authorized by the state to submit this form.
- 2. This report only includes expenditures under the Medicaid program under title XIX of the Social Security Act (the Act), and as applicable, under the State Children's Health Insurance Program (SCHIP) under Title XXI of the Act, that are allowable in accordance with applicable implementing federal, state, and local statutes, regulations, policies, and the state plan approved by the Secretary and in effect during the Quarter Ended indicated above under Title XIX of the Act for the Medicaid program, and as applicable, under Title XXI of the Act for the SCHIP.
- 3. The expenditures included in this report are based on the state's accounting of actual recorded expenditures, and are not based on estimates.
- 4. The required amount of state and/or local funds were available and used to match the state's allowable expenditures included in this report, and such state and/or local funds were in accordance with all applicable federal requirements for the non-federal share match of expenditures.
- 5. Federal matching funds are not being claimed on this report to match any expenditure under any Medicaid and/or SCHIP state plan amendment that was submitted after January 2, 2001, and that has not been approved by the Secretary effective for the Quarter Ended indicated above.
- 6. The information shown above and on the Form CMS-64 Summary Sheet and the Supporting Schedules is correct to the best of my knowledge and belief.

Date:	Signature:	Title:
User Performing C	ertification:	
Forward completed	d Quarterly Statement of Expenditures (Summary Sheet) with supporting computation	form(s) and schedule(s) to the

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

Stat	<u> </u>		T		Fastanal (	Ol	<del>-</del>	i Liidea.	
					Federal				
Ме	dical Assistance Payments	Total	FMAP 70.45%	IHS Facility Services 100%	Fam. Plan. Services	Optional Breast or Cerv. Cancer Services	0.00%	Federal Share	Total Federal Share
	-	Comp.			90%		0.00 /6		
1A	Inpatient Hospital Services - Regular	(A)	(B)	(C)	(D)	(E)		(F)	(G)
17.	Payments								
1B	Inpatient Hospital Service - DSH Adjustment Payments								
2A	Mental Health Facility Services - Regular Payments								
2B	Mental Health Facility Services - DSH Adjustment Payments								
3	Nursing Facility Services								
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers								
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers								
5	Physicians' Services								
6	Outpatient Hospital Services								
7	Prescribed Drugs								
7A1	Drug Rebate Offset - National Agreement								
7A2	Drug Rebate Offset - State Sidebar Agreement								
8	Dental Services								
9	Other Practitioners' Services								
10	Clinic Services								
11	Laboratory And Radiological Services								
12	Home Health Services								
13	Sterilizations								
14	Abortions No. 0								
15	EPSDT Screening Services								
16	Rural Health Clinic Screening								
17A	Medicare Health Insurance Payments - Part A Premiums								
17B	Medicare Health Insurance Payments - Part B Premiums								
	120% - 134% Of Poverty								
17C2	135% - 175% Of Poverty								
17D	Coinsurance And Deductibles								
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### Medical Assistance Expenditures By Type Of Service For The Medical Assistance Program Expenditures In This Quarter

				Federal Share									
		<b>-</b>		IHS Facility		Optional Breast or			Total				
Me	dical Assistance Payments	Total	FMAP	Services	Services	Cerv. Cancer		Federal	Federal				
		Comp.	70.45%	100%	90%	Services	0.00%	Share	Share				
		(A)	(B)	(C)	(D)	(E)		(F)	(G)				
18A	Medicaid Health Insurance Payments: Managed Care Organizations (MCO)												
18B	Medicaid Health Insurance Payments: Prepaid Health Plans (PHP)												
18C	Medicaid Health Insurance Payments: Group Health Plan Payments												
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles												
18E	Medicaid Health Insurance Payments: Other												
19	Home And Community-Based Services												
20	Home And Community-Based Care For Functionally Disabled Elderly												
21	Community Supported Living Services												
22	Programs Of All-Inclusive Care Elderly												
23	Personal Care Services												
24	Targeted Case Management Services												
25	Primary Care Case Management Services												
26	Hospice Benefits												
27	Emergency Services Undocumented Aliens												
28	Federally-Qualified Health Center												
29	Other Care Services												
30	Total												

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

				Federa	I Share		Total
		Total	FFP	Federal		Federal	Federal
		Computable	Rate	Share	0.00%	Share	Share
		(A)		(B)		(C)	(D)
	Family Planning						
2A	Design Development Or Installation Of MMIS: Cost of In-House Activities						
B	Design Development Or Installation Of MMIS: Cost of Private Sector Contractors						
С	Design Development Or Installation Of MMIS: Drug Claims System						
}	Skilled Professional Medical Personnel						
·A	Operation Of An Approved MMIS: Costs of In-House Activities Plus State Agencies And Institutions						
В	Operation Of An Approved MMIS: Cost of Private Sector Contractors						
A	Mechanized Systems, Not Approved Under MMIS Procedures: Costs Of In-House Activities						
iΒ	Mechanized Systems, Not Approved Under MMIS Procedures: Cost Of Private Sector Contractors						
;	Peer Review Organizations						
Α	Third Party Liability: Recovery Procedure - Billing Offset						
'B	Third Party Liability: Assignment Of Rights - Billing Offset						
3	Immigration Status Verification System Costs (100% FFP)						
)	Nurse Aide Training Costs						
0	Preadmission Screening Costs						
1	Resident Review Activities Costs						
2	Drug Use Review Program						
3	Outstationed Eligibility Workers						
4	TANF Base						
5	TANF Secondary 90%						
6	TANF Secondary 75%						
7	External Review						
8	Enrollment Brokers						
9	Other Financial Participation						
20	Total						

State: **Quarter Ended:** Mental Health Fac. Serv. Total **Inpatient Hospital** Federal **Total** Total Total **Federal Federal** Computable **Share** Computable **Share** Computable Share (A) (B) (C) (D) (F) (E) FFY 1992 (10/01/1991 - 09/30/1992) Line 6 Line 7 Line 8 3 Line 10 (10/01/1992 - 09/30/1993) FFY 1993 FFY 1993 Allotment Amount Previously Reported - Title XIX Line 6 Line 7 5 Line 8 Line 10 Unused FFY 1993 Allotment FFY 1994 (10/01/1993 - 09/30/1994) FFY 1994 Allotment Amount Previously Reported - Title XIX Line 6 Line 7 Line 8 Line 10 Unused FFY 1994 Allotment FFY 1995 (10/01/1994 - 09/30/1995) FFY 1995 Allotment Amount Previously Reported - Title XIX Line 6 Line 7 Line 8 Line 10 Unused FFY 1995 Allotment FFY 1996 (10/01/1995 - 09/30/1996) FFY 1996 Allotment Amount Previously Reported - Title XIX Line 6 Line 7 Line 8 Line 10 Unused FFY 1996 Allotment

State: **Quarter Ended:** Mental Health Fac. Serv. Total **Inpatient Hospital Total Federal** Total **Federal Total Federal** Computable **Share** Computable **Share** Computable Share (B) (A) (C) (D) (E) (F) FFY 1997 (10/01/1996 - 09/30/1997) FFY 1997 Allotment Amount Previously Reported - Title XIX Line 6 Line 7 Line 8 Line 10 Unused FFY 1997 Allotment FFY 1998 (10/01/1997 - 09/30/1998) FFY 1998 Allotment Amount Previously Reported - Title XIX Amount Previously Reported - CHIP Related - PE Line 6 - Title XIX Line 6 - CHIP Related - PE Line 7 - Title XIX Line 7 - CHIP Related - PE 4A Line 8 - Title XIX Line 8 - CHIP Related - PE 5A Line 10 - Title XIX 6A Line 10 - CHIP Related - PE Subtotal - Title XIX Subtotal - CHIP Related - PE 7A Total To Date - Title XIX 8A Total - CHIP Related - PE Unused FFY 1998 Allotment (10/01/1998 - 09/30/1999) FFY 1999 FFY 1999 Allotment Amount Previously Reported - Title XIX Amount Previously Reported - CHIP Related - PE 2A Line 6 - Title XIX ЗА Line 6 - CHIP Related - PE Line 7 - Title XIX 4A Line 7 - CHIP Related - PE Line 8 - Title XIX 5A Line 8 - CHIP Related - PE Line 10 - Title XIX 6A Line 10 - CHIP Related - PE Subtotal - Title XIX Subtotal - CHIP Related - PE Total To Date - Title XIX Total - CHIP Related - PE Unused FFY 1999 Allotment

state:			_		Quarter Ende		
	Inpatient	Hospital	Mental Health	n Fac. Serv.	Total		
	Total	Federal	Total	Federal	Total	Federal	
	Computable	Share	Computable	Share	Computable	Share	
	(A)	(B)	(C)	(D)	(E)	(F)	
FFY 2000 (10/01/1999 - 09/30/2000)							
FFY 2000 Allotment							
Amount Previously Reported - Title XIX							
A Amount Previously Reported - CHIP Related - PE							
Line 6 - Title XIX							
A Line 6 - CHIP Related - PE							
Line 7 - Title XIX							
A Line 7 - CHIP Related - PE							
Line 8 - Title XIX							
A Line 8 - CHIP Related - PE							
Line 10 - Title XIX							
A Line 10 - CHIP Related - PE							
Subtotal - Title XIX							
A Subtotal - CHIP Related - PE							
Total To Date - Title XIX							
A Total - CHIP Related - PE							
Unused FFY 2000 Allotment							
FY 2001 (10/01/2000 - 09/30/2001)							
FFY 2001 Allotment							
Amount Previously Reported - Title XIX			1				
A Amount Previously Reported - CHIP Related - PE							
Line 6 - Title XIX							
A Line 6 - CHIP Related - PE							
Line 7 - Title XIX			1				
A Line 7 - CHIP Related - PE			1				
Line 8 - Title XIX	1		1				
A Line 8 - CHIP Related - PE	+		1				
Line 10 - Title XIX			1				
A Line 10 - CHIP Related - PE	+		+ +				
Subtotal - Title XIX	+		+ +				
A Subtotal - CHIP Related - PE	+		+ +				
Total To Date - Title XIX	+		+				
A Total - CHIP Related - PE			+				
A Protai - Orite Netateu - FE	1 1						

<u> </u>					-, u. u u	<del></del>
	Inpatient	Hospital	Mental Healt	h Fac. Serv.	Tot	al
	Total	Federal	Total	Federal	Total	Federal
	Computable	Share	Computable	Share	Computable	Share
	(A)	(B)	(C)	(D)	(E)	(F)
FFY 2002 (10/01/2001 - 09/30/2002)			•			
1 FFY 2002 Allotment						
2 Amount Previously Reported - Title XIX						
2A Amount Previously Reported - CHIP Related - PE			1			
3 Line 6 - Title XIX			1			
3A Line 6 - CHIP Related - PE			1			
4 Line 7 - Title XIX			1			
4A Line 7 - CHIP Related - PE			1			
5 Line 8 - Title XIX						
5A Line 8 - CHIP Related - PE						
6 Line 10 - Title XIX						
6A Line 10 - CHIP Related - PE						
7 Subtotal - Title XIX						
7A Subtotal - CHIP Related - PE			1			
8 Total To Date - Title XIX			1			
8A Total - CHIP Related - PE			1			
9 Unused FFY 2002 Allotment						

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

Section C	Medical Assi	st. Payments	Medicai	id/CHIP	State and Lo	ocal Admin.
Expenditures Reported for Period	Total Comp.	Fed. Share	Total Comp.	Fed. Share	Total Comp.	Fed. Share
By Form Number	(A)	(B)	(C)	(D)	(E)	(F)
6. Expenditures In This Quarter	<b>'</b>					
From Form CMS-64.9/CMS-64.10						
From Form CMS-64.21						
From Form CMS-64.21U						
7. Adjustments Increasing Claims For Prior	Quarters:					
From Form CMS 64.9P/CMS 64.10						
From Form CMS-64.21P						
From Form CMS-64.21UP						
8. Other Expenditures	•					
From Form CMS 64.9P/CMS 64.10P						
From Form CMS-64.21P						
From Form CMS-64.21UP						
9. Collections	•					
Collections From Form CMS-64.9 Summary Sheet						
10. Adjustments Decreasing Claims For Price A. Federal Audit	or Quarters:					
From Form CMS 64.9P/CMS 64.10P						
From Form CMS 64.21P						
From Form CMS 64.21UP						
10. Adjustments Decreasing Claims For Price B. Other	or Quarters:					
From Form CMS 64.9P/CMS 64.10P						
From Form CMS 64.21P						
From Form CMS 64.21UP						
10.C. Adjustments Decreasing Claims For P	rior Quarters:					
From Form CMS-64.9O						
11. Net Expenditures Reported In This Perio	d:					
Net Expenditures Reported This Period						

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

State	e:						Quarte	er Ended:	
M	edical Assistance Payments				Federal Sh				
				IHS Facility	Family Plan.				Total
Туре	of Waiver:	Total	FMAP	Services	Services	& Cerv.		<b>Federal</b>	Federal
Waiv	er Name:	Comp		100%	90%	Cancer	0.00%	Share	Share
Waiv	er Number:	(A)	(B)	(C)	(D)	(E)		(F)	(G)
1A	Inpatient Hospital Services - Regular Payments								
1B	Inpatient Hospital Service - DSH Adjustment Payments								
2A	Mental Health Facility Services - Regular Payments								
2B	Mental Health Facility Services - DSH Adjustment								
3	Payments Nursing Facility Services								
4A	Intermediate Care Facility Services - Mentally								
4B	Retarded: Public Providers Intermediate Care Facility Services - Mentally								
5	Retarded: Private Providers Physicians' Services								
6	Outpatient Hospital Services								
7	Prescribed Drugs								
7A1	Drug Rebate Offset - National Agreement			+					
7A2	Drug Rebate Offset - State Sidebar Agreement			+					
8	Dental Services			1					
9	Other Practitioners' Services								
10	Clinic Services								
11	Laboratory And Radiological Services				<u> </u>				
12	Home Health Services				<u> </u>				
13	Sterilizations				<u> </u>				
14	Abortions No.								
15	EPSDT Screening Services								
16	Rural Health Clinic Screening			+					
	Medicare Health Insurance Payments - Part A			+					
17B	Premiums Medicare Health Insurance Payments - Part B			+					
	Premiums 120% - 134% Of Poverty								
	135% - 175% Of Poverty				1				
17D	Coinsurance And Deductibles				<u> </u>				
18A	Medicaid Health Insurance Payments: Managed Care								
	Organizations (MCO)  Medicaid Health Insurance Payments: Prepaid Health								
	Plans (PHP) Medicaid Health Insurance Payments: Group Health			-					
	Plan Payments  Medicaid Health Insurance Payments: Coinsurance			ļ					
	And Deductibles  Medicaid Health Insurance Payments: Other			ļ					
19	Home And Community-Based Services			-					
20	Home And Community-Based Services  Home And Community-Based Care For Functionally			-			$\vdash \vdash \vdash$		
	Disabled Elderly Community Supported Living Services			1			$\vdash \vdash$		
21									
22	Programs Of All-Inclusive Care Elderly								
23	Personal Care Services								
24	Targeted Case Management Services						$\sqcup \sqcup$		
25	Primary Care Case Management Services								
26	Hospice Benefits								
27	Emergency Services Undocumented Aliens								
28	Federally-Qualified Health Center						I		
29	Other Care Services								
30	Total								

		Line #								
					Federa	I Share				Deferral
M	edical Assistance Payments	Total Comp.	FMAP	I.H.S Fac. Services 100%	l	Opt. Brst or Cerv. Cancer Services	0.00%	Federal Share	Total Federal Share	Or C.I.N. Number
1A	Inpatient Hospital Services: Regular Payments	( )	· · · ·	(-)		( )			(-)	
1B	Inpatient Hospital Services: DSH Adjustment Payments									
2A	Mental Health Facility Services: Regular Payments									
2B	Mental Health Facility Services: DSH Adjustment Payments									
3	Nursing Facility Services									
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers									
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers									
5	Physicians' Services									
6	Outpatient Hospital Services									
7	Prescribed Drugs									
7A1	Drug Rebate Offset - National Agreement									
7A2	Drug Rebate Offset - State Sidebar Agreement									
8	Dental Services									
9	Other Practitioners' Services									
10	Clinic Services									
11	Laboratory And Radiological Services									
12	Home Health Services									
13	Sterilizations									
14	Abortions									
15	EPSDT Screening Services									
16	Rural Health Clinic Services									
17A	Medicare Health Insurance Payments: Part A Premiums									
17B	Medicare Health Insurance Payments: Part B Premiums									
	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poyerty									
17C2	Medicare Health Insurance Payments: Qualifying Individuals/135% - 175% of Poverty									

Line #											
					Federa	I Share				Deferral	
M	edical Assistance Payments	Total Comp.	FMAP	I.H.S Fac. Services 100%	Fam. Pln. Services 90%	Opt. Brst or Cerv. Cancer Services	0.00%	Federal Share	Total Federal Share	Or C.I.N. Number	
		(A)	(B)	(C)	(D)	(E)		(F)	(G)	(H)	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles										
18A	Medicaid Health Insurance Payments: Managed Care Organizations										
18B	Medicaid Health Insurance Payments: Prepaid Health Plans										
18C	Medicaid Health Insurance Payments: Group Health Plan Payments										
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles										
18E	Medicaid Health Insurance Program: Other										
19	Home And Community-Based Services										
20	Home And Community-Based Care For Functionally Disabled Elderly										
21	Community Supported Living Services										
22	Programs Of All-Inclusive Care Elderly										
23	Personal Care Services										
24	Targeted Case Management Services										
25	Primary Care Case Management Services										
26	Hospice Benefits										
27	Emergency Services Undocumented Aliens										
28	Federally-Qualified Health Center										
29	Other Care Services										
30	Total										

	Line #									
	Medical Assistance				Federa	I Share				Deferral
L		_		1		Opt. Brst & Cerv.			Total	Or
	e of Waiver: ver Name:	Total Comp.	FMAP	Services 100%	Services 90%	Cancer Services	0.00%	Federal Share	Federal Share	C.I.N. Number
	rer Number:	(A)	(B)	(C)	(D)	(E)	0.0070	(F)	(G)	(H)
1A	Inpatient Hospital Services: Regular Payments	(* ')	(2)	(0)	(2)	(=)		(. )		(1.7)
1B	Inpatient Hospital Services: DSH Adjustment Payments									
2A	Mental Health Facility Services: Regular Payments									
2B	Mental Health Facility Services: DSH Adjustment Payments									
3	Nursing Facility Services									
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers									
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers									
5	Physicians' Services									
6	Outpatient Hospital Services									
7	Prescribed Drugs									
7A1	Drug Rebate - National Agreement									
7A2	Drug Rebate - State Sidebar Agreement									
8	Dental Services									
9	Other Practitioners' Services									
10	Clinic Services									
11	Laboratory And Radiological Services									
12	Home Health									
13	Sterilizations									
14	Abortions									
15	EPSDT Screening Services									
16	Rural Health Clinic Services									
17A	Medicare Health Insurance Payments: Part A Premiums									
17B	Medicare Health Insurance Payments: Part B Premiums									
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty									
17C2	Medicare Health Insurance Payments: Qualifying Individuals/135% - 175% of Poverty									

FISCAL TEAL.									
			L	.ine #					
Medical Assistance					Deferral				
of Waiver	Total	FMAD	1		Cerv.		Federal	Total	Or C.I.N.
		' ''''	1 1		Cancer	0.00%			Number
		/D)				0.0070			(H)
	(A)	(D)	(C)	(D)	(=)		<u>(F)</u>	(G)	(□)
Payments: Coinsurance and Deductibles									
Payments: Managed Care									
Medicaid Health Insurance Payments: Prepaid Health Plans									
Medicaid Health Insurance Payments: Group Health Plan									
Medicaid Health Insurance Payments: Coinsurance and Deductibles									
Medicaid Health Insurance Program: Other									
Home And Community-Based Services									
Home And Community-Based Care For Functionally Disabled Elderly									
Community Supported Living Services									
Programs Of All-Inclusive Care Elderly									
Personal Care Services									
Targeted Case Management Services									
Primary Care Case Management Services									
Hospice Benefits									
Emergency Services Undocumented Aliens									
Federally-Qualified Health Center									
Other Care Services									
Total									
	rer Name: rer Number: Medicare Health Insurance Payments: Coinsurance and Deductibles Medicaid Health Insurance Payments: Managed Care Organizations Medicaid Health Insurance Payments: Prepaid Health Plans Medicaid Health Insurance Payments: Group Health Plan Payments: Group Health Plan Payments: Coinsurance and Deductibles Medicaid Health Insurance Payments: Coinsurance and Deductibles Medicaid Health Insurance Program: Other Home And Community-Based Services Home And Community-Based Care For Functionally Disabled Elderly Community Supported Living Services  Programs Of All-Inclusive Care Elderly Personal Care Services  Targeted Case Management Services  Primary Care Case Management Services  Hospice Benefits  Emergency Services Undocumented Aliens Federally-Qualified Health Center	rer Name: rer Name: rer Number:  Medicare Health Insurance Payments: Coinsurance and Deductibles Medicaid Health Insurance Payments: Managed Care Organizations Medicaid Health Insurance Payments: Prepaid Health Plans Medicaid Health Insurance Payments: Group Health Plan Payments: Group Health Plan Payments: Coinsurance and Deductibles Medicaid Health Insurance Payments: Coinsurance Program: Other Home And Community-Based Services Home And Community-Based Care For Functionally Disabled Elderly Community Supported Living Services  Programs Of All-Inclusive Care Elderly  Personal Care Services  Targeted Case Management Services  Primary Care Case Management Services  Hospice Benefits  Emergency Services Undocumented Aliens Federally-Qualified Health Center	rer Name: rer Number: (A)  Medicare Health Insurance Payments: Coinsurance and Deductibles Medicaid Health Insurance Payments: Prepaid Health Plans Medicaid Health Insurance Payments: Group Health Plan Medicaid Health Insurance Payments: Group Health Plan Payments: Group Health Plan Payments: Oinsurance and Deductibles Medicaid Health Insurance Payments: Coinsurance and Deductibles Medicaid Health Insurance Payments: Medicaid Health Insurance Payments: Health Plan Payments Medicaid Health Insurance Program: Other  Home And Community-Based Care For Functionally Disabled Elderly  Community Supported Living Services  Programs Of All-Inclusive Care Elderly  Personal Care Services  Targeted Case Management Services  Primary Care Case Management Services  Hospice Benefits  Emergency Services Undocumented Aliens  Federally-Qualified Health Center  Other Care Services	Medical Assistance of Waiver: for Name: for Number:  (A)  (B)  (C)  Medicare Health Insurance Payments: Coinsurance and Daductibles Medicaid Health Insurance Payments: Managed Care Organizations Medicaid Health Insurance Payments: Group Health Plans Medicaid Health Insurance Payments: Coinsurance and Daductibles Medicaid Health Insurance Payments: Group Health Plan Payments Medicaid Health Insurance Payments: Coinsurance and Daductibles Medicaid Health Insurance Payments: Coinsurance and Daductibles Medicaid Health Insurance Payments: Other  Home And Community-Based Care For Functionally Disabled Elderly  Community Supported Living Services  Programs Of All-Inclusive Care Elderly  Personal Care Services  Targeted Case Management Services  Primary Care Case Management Services  Hospice Benefits  Emergency Services Undocumented Aliens  Federally-Qualified Health Center  Other Care Services	Total Comp.  I.H.S Fac. Fam. Plan. Services 100% 90%  (A) (B) (C) (D)  Medicare Health Insurance Payments: Coinsurance and Deductibles Medical Health Insurance Payments: Managed Care Organizations Medical Health Insurance Payments: Group Health Plan Payments: Coinsurance and Deductibles Medical Health Insurance Payments: Group Health Plan Payments: Group Health Pl	Total comp.   Federal Share   Federal Share	Medical Assistance   Total   Comp.   I.H.S Fac.   Fam. Plan.   Opt. Brst & Cancer   Services   Services   Services   On the services   O	Medical Assistance of Waiver: rer Name: (A) (B) (C) (D) (E) (F)  Federal Share  Cerv. Cancer. Services 100% Services 100% Services 100% Services (A) (B) (C) (D) (E) (F)  Federal Share  Cerv. Cancer. Services 0,00% Share  Federal Core. Cerv. Cancer. Services 0,00% Share  Federal Share  Federal Share  Federal Share Feder	Medical Assistance  Total Comp.  (A) (B) (C) (D) (E) (F) (G)  Medicare Health Insurance Payments: Gonsurance and Destruction Business Managed Care Organizations  Medicare Health Insurance Payments: Managed Care Organizations  Medicare Health Insurance Payments  Medicare Health Insurance Program: Other  Cher Care Services  Medicare Health Insurance Program: Other  Cher Care Services  Medicare Health Insurance Program: Other  Personal Care Services  Programs of All-Inclusive Care Elebrity  Personal Care Services  Targeted Case Management Services  Face Individual Health Center  Other Care Services  Medicare Health Insurance Program: Other Care Services  Targeted Case Management Services  Targeted Case Management Services  Targeted Case Management Services  Targeted Case Management Services  Medicare Health Insurance Program: Other Care Services Services  Medicare Health Insurance Program: Other Care Services Services  Medicare Health Insurance Program: Other Care Services  Medicare Health Insurance Program: Other Care Services  Medicare Health Insurance Program: Other Servi

### **Medicaid Overpayment Adjustment**

		Total		Federal Share						
	Overpayment Activity	Computable	FY 1999	FY 2000	FY 2001	FY 2002	Share			
		(A)	(B)	(C)	(D)	(E)	(F)			
1	Overpayments Not Collected Or Adjusted But Refunded Because Of The Expiration Of The 60-Day Time Limit									
2	Decreasing Adjustments To Amounts Previously Reported On Line 1									
3	Subtotal									
4	Previously Reported Overpayments To Providers Certified This Quarter As Bankrupt Or Out Of Business									
5	Total Overpayment Adjustments This Quarter									

## Third Party Liability Collections And Cost Avoidance

Stat	e:		Quarter Ended:
		Total Computable	Federal Share
		(A)	(B)
A. T	hird Party Liability Collections		
A1A	Amount Of Third Liabilty Collections Made In This Quarter By Source: Medicare Title XVIII		
A1B1	Other Collections: Health Insurance		
A1B2	Other Collections: Casualty Insurance		
A1C	Total Collections Under Cooperative Agreements Section 1903(p) And Assignment of Right Section 1912		
A1C1	Total Collections: Less Excess Paid To Individuals		
A1C2	Net Collections To Reimburse State Title XIX Medical Payments		
A1C3	Less 15% Incentive Actually Paid Under Section 1903(p)(1)		
A1C4	Net Federal Share Of Collections Reportable		
A2	Total Third Party Liabilty Collections		
B. C	ost Avoidance		
B1	Medicare Title XVIII		
B2	Health Insurance		
ВЗ	Other Cost Avoidance		

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

State: Quarter Ended: Federal Share Tot							
<b>T.</b>	a of Maineau	Tatal	FED		ai Snare	Fadanal	Total
Type of Waiver:		Total	FFP	Federal	0.000/	Federal	Federal
	ver Name:	Computable	Rate	Share	0.00%	Share	Share
	ver Number:	(A)		(B)		(C)	(D)
1	Family Planning						
2A	Design Development Or Installation Of MMIS: Cost of In-House Activities						
2B	Design Development Or Installation Of MMIS: Cost of Private Sector Contractors						
2C	Design Development Or Installation Of MMIS: Drug Claims System						
3	Skilled Professional Medical Personnel						
4A	Operation Of An Approved MMIS: Costs of In-House Activities Plus State Agencies And Institutions						
4B	Operation Of An Approved MMIS: Cost of Private Sector Contractors						
5A	Mechanized Systems, Not Approved Under MMIS Procedures: Costs Of In-House Activities						
5B	Mechanized Systems, Not Approved Under MMIS Procedures: Cost Of Private Sector Contractors						
6	Peer Review Organizations						
7A	Third Party Liability: Recovery Procedure - Billing Offset						
7B	Third Party Liability: Assignment Of Rights - Billing Offset						
8	Immigration Status Verification System Costs (100% FFP)						
9	Nurse Aide Training Costs						
10	Preadmission Screening Costs						
11	Resident Review Activities Costs						
12	Drug Use Review Program						
13	Outstationed Eligibility Workers						
14	TANF Base						
15	TANF Secondary 90%						
16	TANF Secondary 75%						
17	External Review						
18	Enrollment Brokers						
19	Other Financial Participation						
20	Total						

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

Total Computable Rate Share Share C.I.N. Number (A) (B) (B) (C) (D) (E) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C			Line #					iscar rear.		
Computable   Rate   Share   0.00%   Share   Share   Number			Federal Share				Total	Deferral Or		
(A) (B) (C) (D) (E)  1 Family Planning  (A) (B) (C) (D) (E)  2 Family Planning  A Design Development Or Installation Of MMIS: Costs Of Inflower Administration of Installation Of MMIS: Costs Of Inflower Administration Of MMIS: Costs Of Private Design Development Of Installation Of MMIS: Drug Claims System  3 Skilled Professional Medical Personnel  4 Coperation Of An Approved MMIS: Cost Of Inflower Administration Of An Approved MMIS: Cost Of Inflower Administration Of An Approved MMIS: Cost Of Inflower Administration Of An Approved MMIS: Cost Of Provide Sector Contractors  5 Methanized Systems, and Approved MMIS: Provide Sector Contractors  6 Procedures Costs Of Inflower Administration Of MMIS: Procedures Costs Of Inflower Administration Of An Approved MMIS: Approximate Costs Of Inflower Administration Of An Approved MMIS Procedures Costs Of Inflower Administration Of An Approved MMIS Procedures Costs Of Inflower Administration Of An Approved MMIS Procedures Costs Of Inflower Administration Of An Approved MMIS Procedures Costs Of Inflower Administration Of An Approved MMIS Procedures Costs Of Inflower Administration Of An Approved MMIS Procedures Costs Of Inflower Administration Of An Approved MMIS Procedures Costs Of Inflower Administration Of An Approved MMIS Procedures Costs Of Inflower Administration Of An Approved MMIS Procedures Costs Of Inflower Administration Of An Approved MMIS Procedures Costs Of Inflower Administration Of An Approved MMIS Procedures Costs Of Inflower Administration Of America Costs Of			Total	FFP	Federal		Federal	Federal	C.I.N.	
Family Planning   Family Pla			Computable	Rate	Share	0.00%	Share	Share	Number	
A Design Development Or Installation Of MMIS: Costs Of In-House Activities  Begin Development Or Installation Of MMIS: Costs Of Private Sector Contractors  Column System  Stilled Profussional Medical Personnel  Stilled Profussional Medical Personnel  An Operation Of An Approved MMIS: Cost Of In-House Activities  Activities  Activities  Begin Development of National Mission of MMIS: Drug Column System  Contractors  Contractors  Contractors  An Extractical Systems, not Approved Under MMIS Procedures Costs Of In-House Activities  Medicanted Systems, not Approved Under MMIS Procedures Costs Of In-House Activities  Medicanted Systems, not Approved Under MMIS Procedures Costs Of In-House Activities  Third Party Liability: Recovery Procedure - Billing Offset  Third Party Liability: Recovery Procedure - Billing Offset  Third Party Liability: Recovery Procedure - Billing Offset  Imagination Status Verification System Costs (100% FPP)  Nurso Aido Training  Nurso Aido Training  Nurso Aido Training  Third Party Liability: Recovery Procedure - Billing Offset  Third Party Liability:			(A)		(B)		(C)	(D)	(E)	
In House Activities  B Design Development Of Installation Of MMIS: Costs Of Private Sector Contractors  China: Signation  Stilled Professional Medical Personnel  China: Signation Of An Approved MMIS: Cost Of In-House Activities  Activities  Activities  Activities  Procedure: Costs Of In-House Activities  B Mechanized Systems, not Approved Index MMIS Procedure: Costs Of In-House Activities  B Mechanized Systems, not Approved Index MMIS Procedure: Costs Of In-House Activities  B Mechanized Systems, Not Approved Under MMIS Procedure: Costs Of In-House Activities  Procedure: Costs Of In-House Activities Activities Costs  Interpretation Status Verification System Costs (100% FFP)  Interpretation Status Verification System Costs (100% FPP)  Interpretation Status Veri	1	Family Planning								
In-House Activities B Design Development Of Installation Of MMIS: Costs Of Private Sactor Contractors College Development Of Installation Of MMIS: Drug Claims System Skilled Professional Medical Parsonnel Skilled Professional Medical Parsonnel Development Of An Approved MMIS: Cost Of In-House Activities Activities Development Of An Approved MMIS: Cost Of In-House Activities Development Of An Approved MMIS: Cost Of In-House Activities Development Of An Approved MMIS: Cost Of Private Sector Contractors Development Of An Approved Index MMIS Procedures: Costs Of In-House Activities Development Of An Approved Index MMIS Procedures: Costs Of In-House Activities Development Of Private Sector Contractors Development Of Private Sector Contract	24	Design Development Or Installation Of MMIS: Costs Of								
Private Sector Contractors  California System  Silider Professional Medical Personnel  Althorises  Degration Of An Approved MMIS: Out of In-House Activities  Activities  Activities  Approved The System State Systems, not Approved MMIS: Cost of In-House Activities  Degration Of An Approved MMIS: Cost of Private Sector Contractors  Contractors Costs of In-House Activities  Procedures: Costs of In-House Activities  B Mechanized Systems, not Approved Under MMIS Procedures: Costs of In-House Activities  Third Party Liability: Recovery Procedure - Billing Offset  Third Party Liability: Recovery Procedure - Billing Offset  Immigration Status Verification System Costs (100% FFP)  Immigration Status Verification System Costs (100% FFP)  Nurse Acide Training  Preadmission Screening Costs  Third Review Activities Cost  Third Party Liability: Recovery Procedure - Billing Offset  Third Party Liabilit	24	In-House Activities								
Claims System   Claims   System   Claims   Cla	2B	Design Development Or Installation Of MMIS: Costs Of Private Sector Contractors								
AA Operation Of An Approved MMIS: Cost Of In-House Activities  4B Operation Of An Approved MMIS: Cost Of Private Sector Contractors  5A Mechanized Systems, not Approved Under MMIS Procedures: Costs Of In-House Activities  5B Mechanized Systems, Not Approved Under MMIS Procedures: Cost Of Private Sector Contractors  6 Peer Review Organizations  7A Third Party Liability: Recovery Procedure - Billing Offset  8 Immigration Status Verification System Costs (100% FFF)  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%)  17 External Review  18 Enrollment Brokers	2C	Design Development Or Installation Of MMIS: Drug Claims System								
Activities	3	Skilled Professional Medical Personnel								
Contractors  A Mechanized Systems, not Approved Under MMIS Procedures: Costs Of In-House Activities  B Mechanized Systems, Not Approved Under MMIS Procedures: Cost of Private Sector Contractors  Peer Review Organizations  A Third Party Liability: Recovery Procedure - Billing Offset  Immigration Status Verification System Costs (100% FFF)  Nurse Aide Training  Nurse Aide Training  Preadmission Screening Costs  Resident Review Activities Cost  Tan Fund Unstationed Eligibility Workers  A TANF Secondary (90%)  TANF Secondary (75%)  TANF Secondary (75%)  Other Financial Participation  Other Financial Participation	4A	Operation Of An Approved MMIS: Cost Of In-House Activities								
Season	4B	Operation Of An Approved MMIS: Cost Of Private Sector Contractors								
6 Peer Review Organizations 7A Third Party Liability: Recovery Procedure - Billing Offset 7B Third Party Liability: Assignment Of Rights - Billing Offset 8 Immigration Status Verification System Costs (100% FFP) 9 Nurse Aide Training 10 Preadmission Screening Costs 11 Resident Review Activities Cost 12 Drug Use Review Program 13 Outstationed Eligibility Workers 14 TANF Base 15 TANF Secondary (90%) 16 TANF Secondary (75%) 17 External Review 18 Enrollment Brokers 19 Other Financial Participation	5A									
Third Party Liability: Recovery Procedure - Billing Offset  7B Third Party Liability: Assignment Of Rights - Billing Offset  8 Immigration Status Verification System Costs (100% FFP)  9 Nurse Aide Training  10 Preadmission Screening Costs  11 Resident Review Activities Cost  12 Drug Use Review Program  13 Outstationed Eligibility Workers  14 TANF Base  15 TANF Secondary (90%)  16 TANF Secondary (75%)  17 External Review  18 Enrollment Brokers  19 Other Financial Participation	5B	Mechanized Systems, Not Approved Under MMIS Procedures: Cost Of Private Sector Contractors								
Third Party Liability: Assignment Of Rights - Billing Offset  Immigration Status Verification System Costs (100% FFP)  Nurse Aide Training  Nurse Aide Training  Preadmission Screening Costs  In Resident Review Activities Cost  Cutstationed Eligibility Workers  Author Tank Base  Tank Secondary (90%)  Tank Secondary (75%)  External Review  Other Financial Participation	6	Peer Review Organizations								
8 Immigration Status Verification System Costs (100% FFP) 9 Nurse Aide Training 10 Preadmission Screening Costs 11 Resident Review Activities Cost 12 Drug Use Review Program 13 Outstationed Eligibility Workers 14 TANF Base 15 TANF Secondary (90%) 16 TANF Secondary (75%) 17 External Review 18 Enrollment Brokers 19 Other Financial Participation	7A	Third Party Liability: Recovery Procedure - Billing Offset								
FFF) 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 Other Financial Participation	7B	Third Party Liability: Assignment Of Rights - Billing Offset								
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 Other Financial Participation	8	Immigration Status Verification System Costs (100% FFP)								
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 Other Financial Participation	9	Nurse Aide Training								
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 Other Financial Participation	10	Preadmission Screening Costs								
13 Outstationed Eligibility Workers  14 TANF Base  15 TANF Secondary (90%)  16 TANF Secondary (75%)  17 External Review  18 Enrollment Brokers  19 Other Financial Participation	11	Resident Review Activities Cost								
14 TANF Base 15 TANF Secondary (90%) 16 TANF Secondary (75%) 17 External Review 18 Enrollment Brokers 19 Other Financial Participation	12	Drug Use Review Program								
15 TANF Secondary (90%)  16 TANF Secondary (75%)  17 External Review  18 Enrollment Brokers  19 Other Financial Participation	13	Outstationed Eligibility Workers								
16 TANF Secondary (75%)  17 External Review  18 Enrollment Brokers  19 Other Financial Participation	14									
17 External Review  18 Enrollment Brokers  19 Other Financial Participation	15									
18 Enrollment Brokers  19 Other Financial Participation	16									
19 Other Financial Participation	17									
	18									
20 Total	19	Other Financial Participation								
	20	Total								

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

Line #								
				Federa	al Share		Total	Deferral Or
Type of Waiver:		Total	FFP	Federal		Federal	Federal	C.I.N.
	ver Name:	Computable	Rate	Share	0.00%	Share	Share	Number
	ver Number:	(A)		(B)		(C)	(D)	(E)
1	Family Planning					,	. ,	
2A	Design Development Or Installation Of MMIS: Costs Of In-House Activities							
2B	Design Development Or Installation Of MMIS: Costs Of Private Sector Contractors							
2C	Design Development Or Installation Of MMIS: Drug Claims System							
3	Skilled Professional Medical Personnel							
4A	Operation Of An Approved MMIS: Cost Of In-House Activities							
4B	Operation Of An Approved MMIS: Cost Of Private Sector Contractors							
5A	Mechanized Systems, not Approved Under MMIS Procedures: Costs Of In-House Activities							
5B	Mechanized Systems, Not Approved Under MMIS Procedures: Cost Of Private Sector Contractors							
6	Peer Review Organizations							
7A	Third Party Liability: Recovery Procedure - Billing Offset							
7B	Third Party Liability: Assignment Of Rights - Billing Offset							
8	Immigration Status Verification System Costs (100% FFP)							
9	Nurse Aide Training							
10	Preadmission Screening Costs							
11	Resident Review Activities Cost							
12	Drug Use Review Program							
13	Outstationed Eligibility Workers							
14	TANF Base							
15	TANF Secondary (90%)							
16	TANF Secondary (75%)							
17	External Review							
18	Enrollment Brokers							
19	Other Financial Participation							
20	Total							

Form Approved OMB NO 0938-0067

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

### **Summary Total Of Receipts From Form HCFA 64.11A**

	Category	Total Receipts
	(A)	(B)
Dona	tions	<b>.</b>
ı. [	Donations-Permissible (Bona Fide)	
.A. [	Donations-Permissible (Bona Fide) - SCHIP Related	
2.	Donations-Impermissible	
2.A. [	Donations-Impermissible - SCHIP Related	
3.	Oonations-Outstationed Eligibility Workers	
3.A. [	Oonations-Outstationed Eligibility Workers - SCHIP Related	
Taxes	5	
i.	Taxes-Permissible	
I.A.	Taxes-Permissible - SCHIP Related	
5.	Taxes-Impermissible	
5.A	Taxes-Impermissible - SCHIP Related	
Fees		•
6. I	Fees - Permissible	
	Fees - Permissible - SCHIP Related	
7. I	Fees - Impermissible	
7.A. I	Fees Impermissible - SCHIP Related	
Asse	ssments	
3.	Assessments - Permissible	
3.A. /	Assessments - Permissible - SCHIP Related	
9. /	Assessments - Impermissible	
).A. /	Assessments - Impermissible - SCHIP Related	
Total	s	•
0.	Total Permissible Taxes, Fees, and Assessments (Lines 4+4.A.+6+6.A.+8+8.A.)	
11.	Total Impermissible Taxes, Fees, and Assessments (Lines 5+5.A.+7+7.A.+9+9.A.)	

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

Form Approved OMB NO 0938-0067

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

### **Actual Receipts By Plan Name**

State:	Quarter Ended:
--------	----------------

					-,	
COD	DES:					
1.	Donations - Permissible (Bona Fide)	4.	Taxes - Permissible	7.	Fees - Impermissible	
1.A.	Donations - Permissible (Bona Fide) - SCHIP Related	4.A.	Taxes - Permissible - SCHIP Related	7.A.	Fees - Impermissible - SCHIP Related	
2.	Donations - Impermissible	5.	Taxes - Impermissible	8.	Assessments - Permissible	
2.A.	A. Donations - Impermissible - SCHIP Related		5.A. Taxes - Impermissible - SCHIP Related 8.A		Assessments - Permissible - SCHIP Related	
3.	Donations - Outstationed Eligibility Workers	6.	Fees - Permissible	9.	Assessments - Impermissible	
3.A.	Donations - Outstationed Eligibility Workers - SCHIP	6.A.	Fees - Permissible - SCHIP Related	9.A.	Assessments - Impermissible - SCHIP Related	
Co	de	Plan N	lame		Receipts	
(A	A)	(B)	)		(C)	

### **Medicaid Drug Rebate Schedule**

State: Quarter Ended:

			Total Computable					
		Qtr. Ending	Qtr. Ending	Qtr. Ending	Qtr. Ending	Qtr. Ending	Total	
	Drug Rebate	06/30/2002	03/31/2002	12/31/2001	09/30/2001	06/30/2001 and Prior		
		(A)	(B)	(C)	(D)	(E)	(F)	
1	Balance Of The Beginning Of The Quarter							
2	Adjustments To Previously Reported Rebates From Drug Labelers Included In Line 1							
3	Rebates Invoiced In This Quarter	0						
4	Subtotal	0						
5	Rebates Reported On This Expenditure Report	0						
6	Balance As Of The End Of The Quarter	0						

FOOTNOTE:

Form Approved OMB NO 0938-0067

## Medicaid Program Expenditure Report Other Narrative Explainations

State:	Quarter Ended:
	Narrative

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

				Federal Share		
				IHS Facility	Fam. Plan.	Total
	Type of Eligible:	Total	FMAP	Services	Services	Federal
		Comp.	0.00%	100%	90%	Share
		(A)	(B)	(C)	(D)	(E)
1A	Premiums: Up To 150% of Poverty Level - Gross Premiums Paid					
1B	Premiums Up To 150% of Poverty Level: Cost Sharing Offsets					
1C	Premiums Over 150% of Poverty Level - Gross Premiums Paid		1			
1D	Premiums Over 150% of Poverty Level: Cost Sharing Offsets		1			
2	Inpatient Hospital Services - Regular Payments		1			
2A	Inpatient Hospital Services - DSH Adjustments Payments					
3	Inpatient Mental Health Facility Services - Regular Payments					
ЗА	Inpatient Mental Health Facility Services - DSH Adjustment Payments					
4	Nursing Care Services					
5	Physican And Surgical Services					
6	Outpatient Hospital Services					
7	Outpatient Mental Health Facility Services					
8	Prescribed Drugs		1			
8A1	Drug Rebate - National Agreement		1			
8A2	Drug Rebate - State Sidebar Agreement					
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					
22	Hospice					
23	Medical Transportation					
24	Case Management					
25	Other Services					
26	Total					

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

		Liı	Line #							
		<u> </u>	10 11	Federal Share	<del></del>		Deferral			
				I.H.S Facility	Fam. Plan.	Total	Or			
	Type Of Eligible:	Total	<b>FMAP</b>	Services	Services	Federal	C.I.N.			
		Computable	0.00%	100%	90%	Share	Number			
		(A)	(B)	(C)	(D)	(E)	(F)			
1A	Premiums Up To 150% Of Poverty Level - Gross Premiums Paid									
1B	Premiums Up To 150% Of Poverty Level - Cost Sharing Offset									
1C	Premiums Over 150% Of Poverty Level - Gross Premiums Paid									
1D	Premiums Over 150% Of Poverty Level - Cost Sharing Offset									
2	Inpatient Hospital Services - Regular Payments									
2A	Inpatient Hospital Services - DSH Adjustments Payments									
3	Inpatient Mental Health Facility Services - Regular Payments									
ЗА	Inpatient Mental Health Facility Services - DSH Adjustments Payments									
4	Nursing Care Services									
5	Physician And Surgical Services									
6	Outpatient Hospital Services									
7	Outpatient Mental Health Facility Services									
8	Prescribed Drugs									
8A1	Drug Rebate - National Agreement									
8A2	Drug Rebate - State Sidebar Agreement									
9	Dental Services									
10	Vision Services									
11	Other Practicioners' 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									
22	Hospice									
23	Medical Transportation									
24	Case Management									
25	Other Services									
26	Balance									
27	Collections									
28	Total									
20	Total									

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

Туре	of Eligible:			Federal Share	<b>!</b>	
	3 ***			I.H.S Facility	Fam. Plan.	Total
Type	of Waiver:	Total	FMAP	Services	Services	Federal
	er Name:	Computable	0.00%	100%	90%	Share
Waiv	er Number:	(A)	(B)	(C)	(D)	(E)
1A	Premiums: Up To 150% of Poverty Level - Gross Premiums Paid		( )		,	. ,
1B	Premiums Up To 150% of Poverty Level: Cost Sharing Offsets					
1C	Premiums Over 150% of Poverty Level - Gross Premiums Paid					
1D	Premiums Over 150% of Poverty Level: Cost Sharing Offsets					
2	Inpatient Hospital Services - Regular Payments					
2A	Inpatient Hospital Services - DSH Adjustments Payments					
3	Inpatient Mental Health Facility Services - Regular Payments					
ЗА	Inpatient Mental Health Facility Services - DSH Adjustment Payments					
4	Nursing Care Services					
5	Physican And Surgical Services					
6	Outpatient Hospital Services					
l I	Outpatient Mental Health Facility Services					
8	Prescribed Drugs					
8A1	Drug Rebate - National Agreement					
8A2	Drug Rebate - State Sidebar Agreement					
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					
	Abortions					
	Screening Services					
l 1	Home Health					
l I	Medicare Payments					
	Home And Community-Based Services					
l 1	Hospice					
l I	Medical Transportation					
	Case Management					
	Other Services					
26	Total					

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

		Line #							
Тур	e Of Eligible:			Federal Share	<del></del>		Deferral		
''	ŭ			I.H.S Facility	Fam. Plan.	Total	Or		
Тур	e of Waiver:	Total	<b>FMAP</b>	Services	Services	Federal	C.I.N.		
Wai	ver Name:	Computable	0.00%	100%	90%	Share	Number		
Wai	ver Number:	(A)	(B)	(C)	(D)	(E)	(F)		
1A	Premiums Up To 150% Of Poverty Level - Gross Premiums Paid								
1B	Premiums Up To 150% Of Poverty Level - Cost Sharing Offset								
1C	Premiums Over 150% Of Poverty Level - Gross Premiums Paid								
1D	Premiums Over 150% Of Poverty Level - Cost Sharing Offset								
2	Inpatient Hospital Services - Regular Payments								
2A	Inpatient Hospital Services - DSH Adjustments Payments								
3	Inpatient Mental Health Facility Services - Regular Payments								
ЗА	Inpatient Mental Health Facility Services - DSH Adjustments Payments								
4	Nursing Care Services								
5	Physician And Surgical Services								
6	Outpatient Hospital Services								
7	Outpatient Mental Health Facility Services								
8	Prescribed Drugs								
8A1	Drug Rebate - National Agreement								
8A2	Drug Rebate - State Sidebar Agreement								
9	Dental Services								
10	Vision Services								
11	Other Practicioners' 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								
22	Hospice								
23	Medical Transportation								
24	Case Management								
25	Other Services								
26	Balance								
27	Collections								
28	Total								
20	Total								

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

Stai	ic.				Quarter	
			Federa	al Share		
				Enhanced	Total	
	Type of Eligibles	Total	EMAD	FMAP	Federal	
	Type of Eligible:		FMAP			
		Comp.	0.00%	0.00%	Share	
		(A)	(B)	(C)	(D)	
Α	Premiums Up To 150% Of Poverty Level - Gross Premiums Paid			1	` '	
В	Premiums Up To 150% Of Poverty Level - Cost Sharing Offsets					
IC	Premiums Over 150% Of Poverty Level - Gross Premiums Paid	+				
1D	Premiums Over 150% Of Poverty Level - Cost Sharing Offsets					
2	Inpatient Hospital Services - Regular Payments					
2A	Inpatient Hospital Services - DSH Adjustments Payments	_				
3	Inpatient Mental Health Facility Services - Regular Payments					
3A	Inpatient Mental Health Facility Services - DSH Adjustment Payments					
1	Nursing Care Services					
5	Physician And Surgical Services					
6	Outpatient Hospital Services					
,	Outpatient Mental Health Facility Services					
3	Prescribed Drugs					
A1	Drug Rebate - National Agreement					
3A2	Drug Rebate - State Sidebar Agreement					
)	Dental Services					
0	Vision Services					
11	Other Practicioners' 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					
22	Hospice					
23	Medical Transportation					
24	Case Management					
25	Other Services					
26	Total					

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

Тур	e of Eligible:		Feder	al Share	
Тур	e of Waiver: ver Name:	Total Comp.	FMAP 0.00%	Enhanced FMAP 0.00%	Total Federal Share
	ver Number:	(A)	(B)	(C)	(D)
1A	Premiums Up To 150% Of Poverty Level - Gross Premiums Paid	(71)	(5)	(0)	(B)
1B	Premiums Up To 150% Of Poverty Level - Cost Sharing Offsets				
1C	Premiums Over 150% Of Poverty Level - Gross Premiums Paid				
1D	Premiums Over 150% Of Poverty Level - Cost Sharing Offsets				
2	Inpatient Hospital Services - Regular Payments				
2A	Inpatient Hospital Services - DSH Adjustments Payments				
3	Inpatient Mental Health Facility Services - Regular Payments				
3A	Inpatient Mental Health Facility Services - DSH Adjustment Payments				
4	Nursing Care Services				
5	Physician And Surgical Services				
6	Outpatient Hospital Services				
7	Outpatient Mental Health Facility Services				
8	Prescribed Drugs				
8A1	Drug Rebate - National Agreement				
8A2	Drug Rebate - State Sidebar Agreement				
9	Dental Services				
10	Vision Services				
11	Other Practicioners' 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				
22	Hospice				
23	Medical Transportation				
24	Case Management				
25	Other Services				
26	Total				

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

			Line #			
			Federa	al Share		Deferral
				Enhanced	Total	Or
Ty	pe of Eligible:	Total	FMAP	FMAP	Federal	C.I.N.
		Comp.	0.00%	0.00%	Share	Number
		(A)	(B)	(C)	(D)	(E)
1A	Premiums Up To 150% Of Poverty Level - Gross Premiums Paid					
1B	Premiums Up To 150% Of Poverty Level - Cost Sharing Offsets					
1C	Premiums Over 150% Of Poverty Level - Gross Premiums Paid					
1D	Premiums Over 150% Of Poverty Level - Cost Sharing					
2	Offsets Inpatient Hospital Services - Regular Payments					
2A	Inpatient Hospital Services - DSH Adjustments Payments					
3	Inpatient Mental Health Facility Services - Regular Payments					
ЗА	Inpatient Mental Health Facility Services - DSH Adjustments Payments					
4	Nursing Care Services					
5	Physician And Surgical Services					
6	Outpatient Hospital Services					
7	Outpatient Mental Health Facility Services					
8	Prescribed Drugs					
8A1	Drug Rebate - National Agreement					
8A2	Drug Rebate - State Sidebar Agreement					
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					
22	Hospice					
23	Medical Transportation					
24	Case Management					
25	Other Services					
26	Balance					
27	Collections					
28	Total					

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

State: Alabama Quarter Ended: 06/30/2002 Fiscal Year:

			Line #			
Гур	e of Eligible:		Federa	al Share		Deferral
				Enhanced	Total	Or
Тур	e of Waiver:	Total	FMAP	FMAP	<b>Federal</b>	C.I.N.
Wai	ver Name:	Comp.	0.00%	0.00%	Share	Number
Wai	ver Number:	(A)	(B)	(C)	(D)	(E)
1A	Premiums Up To 150% Of Poverty Level - Gross		, ,	ì	<u>, , , , , , , , , , , , , , , , , , , </u>	
1B	Premiums Paid Premiums Up To 150% Of Poverty Level - Cost Sharing					
1C	Offsets Premiums Over 150% Of Poverty Level - Gross					
1D	Premiums Paid Premiums Over 150% Of Poverty Level - Cost Sharing					
2	Offsets Inpatient Hospital Services - Regular Payments					
2A	Inpatient Hospital Services - DSH Adjustments Payments					
3	Inpatient Mental Health Facility Services - Regular Payments					
3А	Inpatient Mental Health Facility Services - DSH Adjustments Payments					
4	Nursing Care Services					
5	Physician And Surgical Services					
6	Outpatient Hospital Services					
7	Outpatient Mental Health Facility Services					
3	Prescribed Drugs					
3A1	Drug Rebate - National Agreement					
8A2	Drug Rebate - State Sidebar Agreement					
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					
22	Hospice					
23	Medical Transportation					
24	Case Management					
25	Other Services					
26	Balance					
27	Collections					
28	Total					

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

Stat	I		I		Federal	Sharo	Quarte	er Ended:	
	ical Assistance Payments			IHS Facility		Optional			Total
-	cial Issue Reporting gram:	Total Comp.	FMAP 70.45%	Services 100%	Services 90%	Breast or Cerv. Cancer Services	0.00%	Federal Share	Federal Share
		(A)	(B)	(C)	(D)	(E)		(F)	(G)
1A	Inpatient Hospital Services - Regular Payments	. ,							` '
1B	Inpatient Hospital Service - DSH Adjustment Payments								
2A	Mental Health Facility Services - Regular Payments								
2B	Mental Health Facility Services - DSH Adjustment Payments								
3	Nursing Facility Services								
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers								
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers								
5	Physicians' Services								
6	Outpatient Hospital Services								
7	Prescribed Drugs								
7A1	Drug Rebate Offset - National Agreement								
7A2	Drug Rebate Offset - State Sidebar Agreement								
8	Dental Services								
9	Other Practitioners' Services								
10	Clinic Services								
11	Laboratory And Radiological Services								
12	Home Health Services								
13	Sterilizations								
14	Abortions No. 0								
15	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								
17C2	135% - 175% Of Poverty								
17D	Coinsurance And Deductibles								

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

Med	lical Assistance Payments				Federal S	Share			
Spe	cial Issue Reporting gram:	Total Comp.	FMAP 70.45%	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	0.00%	Federal Share	Total Federal Share
		(A)	(B)	(C)	(D)	(E)	0.0070	(F)	(G)
18A	Medicaid Health Insurance Payments: Managed Care Organizations (MCO)	( )	,		,				( )
18B	Medicaid Health Insurance Payments: Prepaid Health Plans (PHP)								
18C	Medicaid Health Insurance Payments: Group Health Plan Payments								
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles								
18E	Medicaid Health Insurance Payments: Other								
19	Home And Community-Based Services								
20	Home And Community-Based Care For Functionally Disabled Elderly								
21	Community Supported Living Services								
22	Programs Of All-Inclusive Care Elderly								
23	Personal Care Services								
24	Targeted Case Management Services								
25	Primary Care Case Management Services								
26	Hospice Benefits								
27	Emergency Services Undocumented Aliens								
28	Federally-Qualified Health Center								
29	Other Care Services								
30	Total								

		Fiscal Year:									
				Li	ne #						
Med	ical Assistance Payments				Federa	I Share				Deferral	
-	cial Issue Reporting gram:	Total Comp.	FMAP 70.45% (B)	I.H.S Fac. Services 100%	Fam. Pln. Services 90% (D)	Opt. Brst or Cerv. Cancer Services	0.00%	Federal Share	Total Federal Share (G)	Or C.I.N. Number	
1A	Inpatient Hospital Services: Regular Payments	(A)	(6)	(0)	(5)	(L)		(1)	(6)	(11)	
1B	Inpatient Hospital Services: DSH Adjustment Payments										
2A	Mental Health Facility Services: Regular Payments										
2B	Mental Health Facility Services: DSH Adjustment Payments										
3	Nursing Facility Services										
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers										
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers										
5	Physicians' Services										
6	Outpatient Hospital Services										
7	Prescribed Drugs										
7A1	Drug Rebate Offset - National Agreement										
7A2	Drug Rebate Offset - State Sidebar Agreement										
8	Dental Services										
9	Other Practitioners' Services										
10	Clinic Services										
11	Laboratory And Radiological Services										
12	Home Health Services										
13	Sterilizations										
14	Abortions 0										
15	EPSDT Screening Services										
16	Rural Health Clinic Services			1							
17A	Medicare Health Insurance Payments: Part A Premiums			1							
17B	Medicare Health Insurance Payments: Part B Premiums			1							
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty										
17C2	Medicare Health Insurance Payments: Qualifying Individuals/135% - 175% of Poverty										

				Li	ne #					
Med	lical Assistance Payments					Deferral				
-	ecial Issue Reporting	Total	FMAP	I.H.S Fac. Services		Opt. Brst or Cerv.		Federal	Total Federal	Or C.I.N.
PIO	gram:	Comp.	70.45%	100%	90%	Cancer Services	0.00%		Share	Number
		(A)	(B)	(C)	(D)	(E)	0.0070	(F)	(G)	(H)
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	. ,								. ,
18A	Medicaid Health Insurance Payments: Managed Care Organizations									
18B	Medicaid Health Insurance Payments: Prepaid Health Plans									
18C	Medicaid Health Insurance Payments: Group Health Plan Payments									
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles									
18E	Medicaid Health Insurance Program: Other									
19	Home And Community-Based Services									
20	Home And Community-Based Care For Functionally Disabled Elderly									
21	Community Supported Living Services									
22	Programs Of All-Inclusive Care Elderly									
23	Personal Care Services									
24	Targeted Case Management Services									
25	Primary Care Case Management Services									
26	Hospice Benefits									
27	Emergency Services Undocumented Aliens									
28	Federally-Qualified Health Center									
29	Other Care Services									
30	Total									

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

State: Quarter Ended:									
Adn	ninistration			Federa	I Share		Total		
	cial Issue Reporting	Total	FFP	Federal		Federal	Federal		
_	gram:	Computable	Rate	Share	0.00%	Share	Share		
,		(A)		(B)		(C)	(D)		
1	Family Planning								
2A	Design Development Or Installation Of MMIS: Cost of In-House Activities								
2B	Design Development Or Installation Of MMIS: Cost of Private Sector Contractors								
2C	Design Development Or Installation Of MMIS: Drug Claims System								
3	Skilled Professional Medical Personnel								
4A	Operation Of An Approved MMIS: Costs of In-House Activities Plus State Agencies And Institutions								
4B	Operation Of An Approved MMIS: Cost of Private Sector Contractors								
5A	Mechanized Systems, Not Approved Under MMIS Procedures: Costs Of In-House Activities								
5B	Mechanized Systems, Not Approved Under MMIS Procedures: Cost Of Private Sector Contractors								
6	Peer Review Organizations								
7A	Third Party Liability: Recovery Procedure - Billing Offset								
7B	Third Party Liability: Assignment Of Rights - Billing Offset								
8	Immigration Status Verification System Costs (100% FFP)								
9	Nurse Aide Training Costs								
10	Preadmission Screening Costs								
11	Resident Review Activities Costs								
12	Drug Use Review Program								
13	Outstationed Eligibility Workers								
14	TANF Base								
15	TANF Secondary 90%								
16	TANF Secondary 75%								
17	External Review								
18	Enrollment Brokers								
19	Other Financial Participation								
20	Total								
	l								

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

Special Issue Reporting  Total FFP Federal Federal C Program:  Total FFP Federal O.00% Share Share Nu			Line #	iscai rear.				
Program:  Computable Rate Share 0.00% Share Share Number of Programs (A) (B) (C) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D	dministration						Total	Deferral Or
Program:    Computable   Rate   Share   0.00%   Share   Share   Number   Number   Share   Number   Share   Number   Share   Number   Share   Number   Share   Sh	pecial Issue Reporting	Total	FFP	Federal			Federal	C.I.N.
(A) (B) (C) (D)   1	·	Computable	Rate	Share	0.00%	Share	Share	Number
Family Planning   Family Pla	"3"	<del> </del>						(E)
In-House Activities	Family Planning	,				<b>\</b> /		
In-House Activities	Design Development Or Installation Of MMIS: Costs Of							
Private Sector Contractors Design Pervisoryment of Installation Of MMIS: Drug Claims System Skilled Professional Medical Personnel Pervisoryment of An Approved MMIS: Cost Of In-House Activities Activities Deparation Of An Approved MMIS: Cost Of In-House Activities Pervisoryment of An Approved MMIS: Cost Of In-House Activities Activities Activities Deparation Of An Approved MMIS: Cost Of Private Sector Contractors Activities Deparation Of An Approved Under MMIS Procedures Costs of In-House Activities Deparation of An Approved Under MMIS Procedures Costs of In-House Activities Deparation Of An Approved Under MMIS Procedures Costs of In-House Activities Deparation Of An Approved Under MMIS Procedures Costs of In-House Activities Deparation Of An Approved Under MMIS Procedures Costs Of In-House Activities Deparation Of An Approved Under MMIS Procedures Costs Of In-House Activities Deparation Of An Approved Under MMIS Procedures Costs Of In-House Activities Deparation Of An Approved Under MMIS Procedures Costs Of In-House Activities Deparation Of An Approved Under MMIS Procedure Scots Of In-House Activities Costs Of In-House Activities Of In-House Acti								
Claims System	Design Development Or Installation Of MMIS: Costs Of Private Sector Contractors							
A	Design Development Or Installation Of MMIS: Drug Claims System							
Activities Contractors	Skilled Professional Medical Personnel							
Contractors	Operation Of An Approved MMIS: Cost Of In-House Activities							
Mechanized Systems, Not Approved Under MMIS Procedures: Cost Of Private Sector Contractors  Review Organizations  Review Organizations  Rivid Party Liability: Recovery Procedure - Billing Offset Intird Party Liability: Assignment Of Rights - Billing Offset Intird Party Liability: Assignment Offset Intird Pa	Operation Of An Approved MMIS: Cost Of Private Sector Contractors							
6 Peer Review Organizations 7 Third Party Liability: Recovery Procedure - Billing Offset 8 Immigration Status Verification System Costs (100% FFP) 9 Nurse Aide Training 10 Preadmission Screening Costs 11 Resident Review Activities Cost 12 Drug Use Review Program 13 Outstationed Eligibility Workers 14 TANF Base 15 TANF Secondary (90%) 16 TANF Secondary (75%) 17 External Review 18 Enrollment Brokers 19 Other Financial Participation	Mechanized Systems, not Approved Under MMIS Procedures: Costs Of In-House Activities							
7A Third Party Liability: Recovery Procedure - Billing Offset	Mechanized Systems, Not Approved Under MMIS Procedures: Cost Of Private Sector Contractors							
Third Party Liability: Assignment Of Rights - Billing Offset    Third Party Liability: Assignment Of Rights - Billing Offset	Peer Review Organizations							
8 Immigration Status Verification System Costs (100% FFP) 9 Nurse Aide Training 10 Preadmission Screening Costs 11 Resident Review Activities Cost 12 Drug Use Review Program 13 Outstationed Eligibility Workers 14 TANF Base 15 TANF Secondary (90%) 16 TANF Secondary (75%) 17 External Review 19 Other Financial Participation	Third Party Liability: Recovery Procedure - Billing Offset							
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 Other Financial Participation	Third Party Liability: Assignment Of Rights - Billing Offset							
Preadmission Screening Costs								
Resident Review Activities Cost	Nurse Aide Training							
Drug Use Review Program	Preadmission Screening Costs							
13   Outstationed Eligibility Workers	Resident Review Activities Cost							
14       TANF Base	Drug Use Review Program							
TANF Secondary (90%)								
TANF Secondary (75%)								
External Review  Enrollment Brokers  Other Financial Participation  External Review  Other Financial Participation								
Enrollment Brokers  Other Financial Participation  Description  Descri								
19 Other Financial Participation								
20 Total Superior Total Superior Superi	·							
	Total							