Department of Health and Human Services
Health Care Financing Adminstration

Form Approved
OMB NO 0938-0067

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

State: Alabama

Quarter Ended: 01/2000

		Medical Assistance Payments		State and Local Administration	
		Total Computable	Federal Share	Total Computable	Federal Share
		(A)	(B)	(C)	(D)
Section A. Quarterly Status of Funding					
1	Awards Received During The Quarter For The Quarter Being Reported And Prior Quarters		1		7
2	Awards Received During The Quarter For Subsequent Quarters		2		8
3A	Interest: Received On Mediciad Recoveries		3		
3B	Interest: Assessed On Disallowances		4		9
4	Medicare Overpayment Collection Under Sec. 1914 and 42 CFR 447.30		5		10
5	Other		6		11
Section B. Expenditures Reported for Period					
6	Expenditures In This Quarter	-681,623	-694,177	125	117
7	Adjustments Increasing Claims For Prior Quarters	7,232	3,001	5,020	2,516
8	Other Expenditures	19,025	8,329	0	0
9A	Collections: Third Party Liability	0	0		
9B	Collections: Probate	0	0		
9C	Collections: Identified Through Fraud And Abuse Effort	0	0		

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State: Alabama

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		Medical Assistance Payments		State and Local Administration	
		Total Computable	Federal Share	Total Computable	Federal Share
		(A)	(B)	(C)	(D)
9D	Collections: Other	0	0	0	0
9E	Misc.	0	0	0	0
10A	Adjustments Decreasing Claims For Prior Quarters: Federal Audit	590	377	0	0
10B	Adjustments Decreasing Claims For Prior Quarters: Other	-800	-513	0	0
10C	Adjustments Decreasing Claims For Prior Quarters: Overpayment Adjustments (Attach 64.9o)	69	-540		
11	Net Expendtireus Reported In This Period (Sum of Items 6, 7 and 8 Less 9 and 10)	-655,507	-683,502	5,145	2,678

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

State: Alabama **Quarter Ended: 01/2000**

Medical Assistance Payments		Total Computable	Federal Share					Total Federal Share
			FMAP 45.00%	I.H.S Facility Services 100%	Family Planning Services 90%	25.00%	Federal Share	
		(A)	(B)	(C)	(D)	(E)		(F)
1A	Inpatient Hospital Services - Regular Payments	14	1	3	4	25.00%	1	9
1B	Inpatient Hospital Service - DSH Adjustment Payments	1,170	527	0	0	25.00%	0	527
2A	Mental Health Facility Services - Regular Payments	34	3	8	8	25.00%	3	22
2B	Mental Health Facility Services - DSH Adjustment Payments	5,670	2,552	0	0	25.00%	0	2,552
3	Nursing Facility Services	900	135	600	0	25.00%	0	735
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	1,200	270	0	540	25.00%	0	810
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	400	45	100	90	25.00%	25	260
5	Physicians' Services	0	0	0	0	25.00%	0	0
6	Outpatient Hospital Services	0	0	0	0	25.00%	0	0
7	Prescribed Drugs	0	0	0	0	25.00%	0	0
7A1	Drug Rebate - National Agreement	0	0	0	0	25.00%	0	0
7A2	Drug Rebate - State Sidebar Agreement	0	0	0	0	25.00%	0	0
8	Dental Services	0	0	0	0	25.00%	0	0
9	Other Practitoiners' Services	0	0	0	0	25.00%	0	0
10	Clinic Services	0	0	0	0	25.00%	0	0

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For The Medical Assistance Program
Expenditures In This Quarter

State: Alabama **Quarter Ended: 01/2000**

	Medical Assistance Payments	Total Computable	Federal Share					Total Federal Share
			FMAP 45.00%	I.H.S Facility Services 100%	Family Planning Services 90%	25.00%	Federal Share	
		(A)	(B)	(C)	(D)	(E)		(F)
11	Laboratory And Radiological Services	0	0	0	0	25.00%	0	0
12	Home Health	0	0	0	0	25.00%	0	0
13	Sterilizations	0	0	0	0	25.00%	0	0
14	Abortions	3,416	0	0		25.00%		1,939
15	EPSDT Screening Services	0	0	0	0	25.00%	0	0
16	Rural Health Clinic Screening	0	0	0	0	25.00%	0	0
17A	Medicare Health Insurance Payments - Part A Premiums	0	0	0	0	25.00%	0	0
17B	Medicare Health Insurance Payments - Part B Premiums	0	0	0	0	25.00%	0	0
17C1	120% - 134% Of Poverty	0	0	0	0	25.00%	0	0
17C2	135% - 175% Of Poverty	0	0	0	0	25.00%	0	0
17D	Coinsurance And Deductibles	0	0	0	0	25.00%	0	0
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	25.00%	0	0
18B	Medicaid Health Insurance Payments: Prepaid Health Plans	0	0	0	0	25.00%	0	0
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	25.00%	0	0
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles	0	0	0	0	25.00%	0	0

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For The Medical Assistance Program
Expenditures In This Quarter

State: Alabama **Quarter Ended: 01/2000**

	Medical Assistance Payments	Total Computable	Federal Share					Total Federal Share
			FMAP 45.00%	I.H.S Facility Services 100%	Family Planning Services 90%	25.00%	Federal Share	
		(A)	(B)	(C)	(D)	(E)		(F)
18E	Medicaid Health Insurance Payments: Other	0	0	0	0	25.00%	0	0
19	Home And Community-Based Services	0	0	0	0	25.00%	0	0
20	Home And Community-Based Care For Functionally Disabled Elderly	0	0	0	0	25.00%	0	0
21	Community Supported Living Services	0	0	0	0	25.00%	0	0
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	25.00%	0	0
23	Personal Care Services	0	0	0	0	25.00%	0	0
24	Targeted Case Management Services	0	0	0	0	25.00%	0	0
25	Primary Care Case Management Services	0	0	0	0	25.00%	0	0
26	Hospice Benefits	0	0	0	0	25.00%	0	0
27	Emergency Services Undocumented Aliens	0	0	0	0	25.00%	0	0
28	Federally-Qualified Health Center	0	0	0	0	25.00%	0	0
29	Other Care Services	0	0	0	0	25.00%	0	0
30	Total	12,804	3,533	711	642	25.00%	29	6,854

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

State: Alabama **Quarter Ended: 01/2000**

Medical Assistance Payments		Total Computable	Federal Share					Total Federal Share
Type of Waiver: 1115 Waiver Name: glenn Waiver Number: 11W00000/4-01			FMAP 45.00%	I.H.S Facility Services 100%	Family Planning Services 90%	0.00%	Federal Share	
		(A)	(B)	(C)	(D)	(E)		(F)
1A	Inpatient Hospital Services - Regular Payments	11	0	2	3	40.00%	2	7
1B	Inpatient Hospital Service - DSH Adjustment Payments	0	0	0	0	0.00%	0	0
2A	Mental Health Facility Services - Regular Payments	0	0	0	0	0.00%	0	0
2B	Mental Health Facility Services - DSH Adjustment Payments	0	0	0	0	0.00%	0	0
3	Nursing Facility Services	0	0	0	0	0.00%	0	0
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0.00%	0	0
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0.00%	0	0
5	Physicians' Services	0	0	0	0	0.00%	0	0
6	Outpatient Hospital Services	0	0	0	0	0.00%	0	0
7	Prescribed Drugs	0	0	0	0	0.00%	0	0
7A1	Drug Rebate - National Agreement	0	0	0	0	0.00%	0	0
7A2	Drug Rebate - State Sidebar Agreement	0	0	0	0	0.00%	0	0
8	Dental Services	0	0	0	0	0.00%	0	0
9	Other Practitoiners' Services	0	0	0	0	0.00%	0	0
10	Clinic Services	0	0	0	0	0.00%	0	0

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

State: Alabama **Quarter Ended: 01/2000**

Medical Assistance Payments		Total Computable	Federal Share					Total Federal Share
Type of Waiver: 1115 Waiver Name: glenn Waiver Number: 11W00000/4-01			FMAP 45.00%	I.H.S Facility Services 100%	Family Planning Services 90%	0.00%	Federal Share	
		(A)	(B)	(C)	(D)	(E)		(F)
11	Laboratory And Radiological Services	0	0	0	0	0.00%	0	0
12	Home Health	0	0	0	0	0.00%	0	0
13	Sterilizations	0	0	0	0	0.00%	0	0
14	Abortions	0	0	0		0.00%		
15	EPSDT Screening Services	0	0	0	0	0.00%	0	0
16	Rural Health Clinic Screening	0	0	0	0	0.00%	0	0
17A	Medicare Health Insurance Payments - Part A Premiums	0	0	0	0	0.00%	0	0
17B	Medicare Health Insurance Payments - Part B Premiums	0	0	0	0	0.00%	0	0
17C1	120% - 134% Of Poverty	0	0	0	0	0.00%	0	0
17C2	135% - 175% Of Poverty	0	0	0	0	0.00%	0	0
17D	Coinsurance And Deductibles	0	0	0	0	0.00%	0	0
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0.00%	0	0
18B	Medicaid Health Insurance Payments: Prepaid Health Plans	0	0	0	0	0.00%	0	0
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0.00%	0	0
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles	0	0	0	0	0.00%	0	0

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

State: Alabama **Quarter Ended: 01/2000**

Medical Assistance Payments		Total Computable	Federal Share					Total Federal Share
Type of Waiver: 1115 Waiver Name: glenn Waiver Number: 11W00000/4-01			FMAP 45.00%	I.H.S Facility Services 100%	Family Planning Services 90%	0.00%	Federal Share	
		(A)	(B)	(C)	(D)	(E)		(F)
18E	Medicaid Health Insurance Payments: Other	0	0	0	0	0.00%	0	0
19	Home And Community-Based Services	0	0	0	0	0.00%	0	0
20	Home And Community-Based Care For Functionally Disabled Elderly	0	0	0	0	0.00%	0	0
21	Community Supported Living Services	0	0	0	0	0.00%	0	0
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0.00%	0	0
23	Personal Care Services	0	0	0	0	0.00%	0	0
24	Targeted Case Management Services	0	0	0	0	0.00%	0	0
25	Primary Care Case Management Services	0	0	0	0	0.00%	0	0
26	Hospice Benefits	0	0	0	0	0.00%	0	0
27	Emergency Services Undocumented Aliens	0	0	0	0	0.00%	0	0
28	Federally-Qualified Health Center	0	0	0	0	0.00%	0	0
29	Other Care Services	0	0	0	0	0.00%	0	0
30	Total	11	0	2	3	0.00%	2	7

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

State: Alabama **Quarter Ended: 01/2000**

Medical Assistance Payments		Total Computable	Federal Share					Total Federal Share
Type of Waiver: 1115 Waiver Name: test2 Waiver Number: 11W00000/4-01			FMAP 45.00%	I.H.S Facility Services 100%	Family Planning Services 90%	0.00%	Federal Share	
		(A)	(B)	(C)	(D)	(E)		(F)
1A	Inpatient Hospital Services - Regular Payments	700	315	0	0	0.00%	0	315
1B	Inpatient Hospital Service - DSH Adjustment Payments	0	0	0	0	0.00%	0	0
2A	Mental Health Facility Services - Regular Payments	0	0	0	0	0.00%	0	0
2B	Mental Health Facility Services - DSH Adjustment Payments	0	0	0	0	0.00%	0	0
3	Nursing Facility Services	0	0	0	0	0.00%	0	0
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0.00%	0	0
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0.00%	0	0
5	Physicians' Services	0	0	0	0	0.00%	0	0
6	Outpatient Hospital Services	0	0	0	0	0.00%	0	0
7	Prescribed Drugs	0	0	0	0	0.00%	0	0
7A1	Drug Rebate - National Agreement	0	0	0	0	0.00%	0	0
7A2	Drug Rebate - State Sidebar Agreement	0	0	0	0	0.00%	0	0
8	Dental Services	0	0	0	0	0.00%	0	0
9	Other Practitoiners' Services	0	0	0	0	0.00%	0	0
10	Clinic Services	0	0	0	0	0.00%	0	0

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

State: Alabama **Quarter Ended: 01/2000**

Medical Assistance Payments		Total Computable	Federal Share					Total Federal Share
Type of Waiver: 1115 Waiver Name: test2 Waiver Number: 11W00000/4-01			FMAP 45.00%	I.H.S Facility Services 100%	Family Planning Services 90%	0.00%	Federal Share	
		(A)	(B)	(C)	(D)	(E)		(F)
11	Laboratory And Radiological Services	0	0	0	0	0.00%	0	0
12	Home Health	0	0	0	0	0.00%	0	0
13	Sterilizations	0	0	0	0	0.00%	0	0
14	Abortions	10,000	0	0		0.00%		4,750
15	EPSDT Screening Services	0	0	0	0	0.00%	0	0
16	Rural Health Clinic Screening	0	0	0	0	0.00%	0	0
17A	Medicare Health Insurance Payments - Part A Premiums	0	0	0	0	0.00%	0	0
17B	Medicare Health Insurance Payments - Part B Premiums	0	0	0	0	0.00%	0	0
17C1	120% - 134% Of Poverty	0	0	0	0	0.00%	0	0
17C2	135% - 175% Of Poverty	0	0	0	0	0.00%	0	0
17D	Coinsurance And Deductibles	0	0	0	0	0.00%	0	0
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0.00%	0	0
18B	Medicaid Health Insurance Payments: Prepaid Health Plans	0	0	0	0	0.00%	0	0
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0.00%	0	0
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles	0	0	0	0	0.00%	0	0

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

State: Alabama **Quarter Ended: 01/2000**

Medical Assistance Payments		Total Computable	Federal Share					Total Federal Share
Type of Waiver: 1115 Waiver Name: test2 Waiver Number: 11W00000/4-01			FMAP 45.00%	I.H.S Facility Services 100%	Family Planning Services 90%	0.00%	Federal Share	
		(A)	(B)	(C)	(D)	(E)		(F)
18E	Medicaid Health Insurance Payments: Other	0	0	0	0	0.00%	0	0
19	Home And Community-Based Services	0	0	0	0	0.00%	0	0
20	Home And Community-Based Care For Functionally Disabled Elderly	0	0	0	0	0.00%	0	0
21	Community Supported Living Services	0	0	0	0	0.00%	0	0
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0.00%	0	0
23	Personal Care Services	0	0	0	0	0.00%	0	0
24	Targeted Case Management Services	0	0	0	0	0.00%	0	0
25	Primary Care Case Management Services	0	0	0	0	0.00%	0	0
26	Hospice Benefits	0	0	0	0	0.00%	0	0
27	Emergency Services Undocumented Aliens	0	0	0	0	0.00%	0	0
28	Federally-Qualified Health Center	0	0	0	0	0.00%	0	0
29	Other Care Services	0	0	0	0	0.00%	0	0
30	Total	700	315	0	0	0.00%	0	315

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

State: Alabama **Quarter Ended: 01/2000**

Medical Assistance Payments		Total Computable	Federal Share					Total Federal Share
Type of Waiver: 1915B Waiver Name: test Waiver Number: 456465465465			FMAP 45.00%	I.H.S Facility Services 100%	Family Planning Services 90%	0.00%	Federal Share	
		(A)	(B)	(C)	(D)	(E)		(F)
1A	Inpatient Hospital Services - Regular Payments	0	0	0	0	0.00%	0	0
1B	Inpatient Hospital Service - DSH Adjustment Payments	0	0	0	0	0.00%	0	0
2A	Mental Health Facility Services - Regular Payments	0	0	0	0	0.00%	0	0
2B	Mental Health Facility Services - DSH Adjustment Payments	0	0	0	0	0.00%	0	0
3	Nursing Facility Services	0	0	0	0	0.00%	0	0
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0.00%	0	0
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0.00%	0	0
5	Physicians' Services	0	0	0	0	0.00%	0	0
6	Outpatient Hospital Services	0	0	0	0	0.00%	0	0
7	Prescribed Drugs	0	0	0	0	0.00%	0	0
7A1	Drug Rebate - National Agreement	0	0	0	0	0.00%	0	0
7A2	Drug Rebate - State Sidebar Agreement	0	0	0	0	0.00%	0	0
8	Dental Services	0	0	0	0	0.00%	0	0
9	Other Practitoiners' Services	0	0	0	0	0.00%	0	0
10	Clinic Services	0	0	0	0	0.00%	0	0

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

State: Alabama **Quarter Ended: 01/2000**

Medical Assistance Payments		Total Computable	Federal Share					Total Federal Share
Type of Waiver: 1915B Waiver Name: test Waiver Number: 456465465465			FMAP 45.00%	I.H.S Facility Services 100%	Family Planning Services 90%	0.00%	Federal Share	
		(A)	(B)	(C)	(D)	(E)		(F)
11	Laboratory And Radiological Services	0	0	0	0	0.00%	0	0
12	Home Health	0	0	0	0	0.00%	0	0
13	Sterilizations	0	0	0	0	0.00%	0	0
14	Abortions	1,550	0	0		0.00%		633
15	EPSDT Screening Services	0	0	0	0	0.00%	0	0
16	Rural Health Clinic Screening	0	0	0	0	0.00%	0	0
17A	Medicare Health Insurance Payments - Part A Premiums	0	0	0	0	0.00%	0	0
17B	Medicare Health Insurance Payments - Part B Premiums	0	0	0	0	0.00%	0	0
17C1	120% - 134% Of Poverty	0	0	0	0	0.00%	0	0
17C2	135% - 175% Of Poverty	0	0	0	0	0.00%	0	0
17D	Coinsurance And Deductibles	0	0	0	0	0.00%	0	0
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0.00%	0	0
18B	Medicaid Health Insurance Payments: Prepaid Health Plans	0	0	0	0	0.00%	0	0
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0.00%	0	0
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles	0	0	0	0	0.00%	0	0

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

State: Alabama **Quarter Ended: 01/2000**

Medical Assistance Payments		Total Computable	Federal Share					Total Federal Share
Type of Waiver: 1915B Waiver Name: test Waiver Number: 456465465465			FMAP 45.00%	I.H.S Facility Services 100%	Family Planning Services 90%	0.00%	Federal Share	
		(A)	(B)	(C)	(D)	(E)		(F)
18E	Medicaid Health Insurance Payments: Other	0	0	0	0	0.00%	0	0
19	Home And Community-Based Services	0	0	0	0	0.00%	0	0
20	Home And Community-Based Care For Functionally Disabled Elderly	0	0	0	0	0.00%	0	0
21	Community Supported Living Services	0	0	0	0	0.00%	0	0
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0.00%	0	0
23	Personal Care Services	0	0	0	0	0.00%	0	0
24	Targeted Case Management Services	0	0	0	0	0.00%	0	0
25	Primary Care Case Management Services	0	0	0	0	0.00%	0	0
26	Hospice Benefits	0	0	0	0	0.00%	0	0
27	Emergency Services Undocumented Aliens	0	0	0	0	0.00%	0	0
28	Federally-Qualified Health Center	0	0	0	0	0.00%	0	0
29	Other Care Services	0	0	0	0	0.00%	0	0
30	Total	1,550	0	0	0	0.00%	0	633

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Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Prior Period Adjustments In This Quarter

State: Alabama

Quarter Ended: 01/2000
Fiscal Year: 2000

Line #7									
	Medical Assistance Payments	Total Computable	Federal Share					Total Federal Share	Deferral Or C.I.N. Number
			FMAP 45.00%	I.H.S Facility Services 100%	Family Planning Services 90%	0.00%	Federal Share		
		(A)	(B)	(C)	(D)	(E)		(F)	(G)
1A	Inpatient Hospital Services: Regular Payments	11	0	2	3	40.00%	2	7	
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0.00%	0	0	
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0.00%	0	0	
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0.00%	0	0	
3	Nursing Facility Services	0	0	0	0	0.00%	0	0	
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0.00%	0	0	
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0.00%	0	0	
5	Physicians' Services	0	0	0	0	0.00%	0	0	
6	Outpatient Hospital Services	0	0	0	0	0.00%	0	0	
7	Prescribed Drugs	0	0	0	0	0.00%	0	0	
7A1	Drug Rebate Offset - National Agreement	0	0	0	0	0.00%	0	0	
7A2	Drug Rebate Offset - State Sidebar Agreement	0	0	0	0	0.00%	0	0	

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Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Prior Period Adjustments In This Quarter

State: Alabama

Quarter Ended: 01/2000
Fiscal Year: 2000

Line #7									
	Medical Assistance Payments	Total Computable	Federal Share					Total Federal Share	Deferral Or C.I.N. Number
			FMAP 45.00%	I.H.S Facility Services 100%	Family Planning Services 90%	0.00%	Federal Share		
		(A)	(B)	(C)	(D)	(E)		(F)	(G)
8	Dental Services	0	0	0	0	0.00%	0	0	
9	Other Practitioners' Services	0	0	0	0	0.00%	0	0	
10	Clinic Services	0	0	0	0	0.00%	0	0	
11	Laboratory And Radiological Services	0	0	0	0	0.00%	0	0	
12	Home Health Services	0	0	0	0	0.00%	0	0	
13	Sterilizations	0	0	0	0	0.00%	0	0	
14	Abortions	0	0	0		0.00%			
15	EPSDT Screening Services	0	0	0	0	0.00%	0	0	
16	Rural Health Clinic Services	0	0	0	0	0.00%	0	0	
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0.00%	0	0	
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0.00%	0	0	
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0.00%	0	0	

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State: Alabama

Quarter Ended: 01/2000
Fiscal Year: 2000

Line #7									
	Medical Assistance Payments	Total Computable	Federal Share					Total Federal Share	Deferral Or C.I.N. Number
			FMAP 45.00%	I.H.S Facility Services 100%	Family Planning Services 90%	0.00%	Federal Share		
		(A)	(B)	(C)	(D)	(E)		(F)	(G)
17C2	Medicare Health Insurance Payments: Qualifying Individuals/135% - 175% of Poverty	0	0	0	0	0.00%	0	0	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0.00%	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0.00%	0	0	
18B	Medicaid Health Insurance Payments: Prepaid Health Plans	0	0	0	0	0.00%	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0.00%	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0.00%	0	0	
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0.00%	0	0	
19	Home And Community-Based Services	0	0	0	0	0.00%	0	0	
20	Home And Community-Based Care For Functionally Disabled Elderly	0	0	0	0	0.00%	0	0	
21	Community Supported Living Services	0	0	0	0	0.00%	0	0	
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0.00%	0	0	
23	Personal Care Services	0	0	0	0	0.00%	0	0	

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State: Alabama

Quarter Ended: 01/2000
Fiscal Year: 2000

Line #7									
	Medical Assistance Payments	Total Computable	Federal Share					Total Federal Share	Deferral Or C.I.N. Number
			FMAP 45.00%	I.H.S Facility Services 100%	Family Planning Services 90%	0.00%	Federal Share		
		(A)	(B)	(C)	(D)	(E)		(F)	(G)
24	Targeted Case Management Services	0	0	0	0	0.00%	0	0	
25	Primary Care Case Management Services	0	0	0	0	0.00%	0	0	
26	Hospice Benefits	0	0	0	0	0.00%	0	0	
27	Emergency Services Undocumented Aliens	0	0	0	0	0.00%	0	0	
28	Federally-Qualified Health Center	0	0	0	0	0.00%	0	0	
29	Other Care Services	0	0	0	0	0.00%	0	0	
30	Total	11	0	2	3	0.00%	2	7	

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State: Alabama

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Fiscal Year: 1999

Line #7									
	Medical Assistance Payments	Total Computable	Federal Share					Total Federal Share	Deferral Or C.I.N. Number
			FMAP 56.66%	I.H.S Facility Services 100%	Family Planning Services 90%	0.00%	Federal Share		
		(A)	(B)	(C)	(D)	(E)		(F)	(G)
1A	Inpatient Hospital Services: Regular Payments	700	0	0	630	0.00%	0	630	1234567890
1B	Inpatient Hospital Services: DSH Adjustment Payments	500	283	0	0	0.00%	0	283	
2A	Mental Health Facility Services: Regular Payments	1,000	0	0	0	12.34%	123	123	
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0.00%	0	0	
3	Nursing Facility Services	0	0	0	0	0.00%	0	0	
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0.00%	0	0	
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0.00%	0	0	
5	Physicians' Services	0	0	0	0	0.00%	0	0	
6	Outpatient Hospital Services	0	0	0	0	0.00%	0	0	
7	Prescribed Drugs	0	0	0	0	0.00%	0	0	
7A1	Drug Rebate Offset - National Agreement	0	0	0	0	0.00%	0	0	
7A2	Drug Rebate Offset - State Sidebar Agreement	0	0	0	0	0.00%	0	0	

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State: Alabama

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Line #7									
	Medical Assistance Payments	Total Computable	Federal Share					Total Federal Share	Deferral Or C.I.N. Number
			FMAP 56.66%	I.H.S Facility Services 100%	Family Planning Services 90%	0.00%	Federal Share		
		(A)	(B)	(C)	(D)	(E)		(F)	(G)
8	Dental Services	0	0	0	0	0.00%	0	0	
9	Other Practitioners' Services	0	0	0	0	0.00%	0	0	
10	Clinic Services	0	0	0	0	0.00%	0	0	
11	Laboratory And Radiological Services	0	0	0	0	0.00%	0	0	
12	Home Health Services	0	0	0	0	0.00%	0	0	
13	Sterilizations	0	0	0	0	0.00%	0	0	
14	Abortions	5,000	0	0		0.00%		1,944	
15	EPSDT Screening Services	0	0	0	0	0.00%	0	0	
16	Rural Health Clinic Services	0	0	0	0	0.00%	0	0	
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0.00%	0	0	
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0.00%	0	0	
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0.00%	0	0	

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State: Alabama

Quarter Ended: 01/2000
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Line #7									
	Medical Assistance Payments	Total Computable	Federal Share					Total Federal Share	Deferral Or C.I.N. Number
			FMAP 56.66%	I.H.S Facility Services 100%	Family Planning Services 90%	0.00%	Federal Share		
		(A)	(B)	(C)	(D)	(E)		(F)	(G)
17C2	Medicare Health Insurance Payments: Qualifying Individuals/135% - 175% of Poverty	0	0	0	0	0.00%	0	0	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0.00%	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0.00%	0	0	
18B	Medicaid Health Insurance Payments: Prepaid Health Plans	0	0	0	0	0.00%	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0.00%	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0.00%	0	0	
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0.00%	0	0	
19	Home And Community-Based Services	0	0	0	0	0.00%	0	0	
20	Home And Community-Based Care For Functionally Disabled Elderly	0	0	0	0	0.00%	0	0	
21	Community Supported Living Services	0	0	0	0	0.00%	0	0	
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0.00%	0	0	
23	Personal Care Services	0	0	0	0	0.00%	0	0	

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Line #7									
	Medical Assistance Payments	Total Computable	Federal Share					Total Federal Share	Deferral Or C.I.N. Number
			FMAP 56.66%	I.H.S Facility Services 100%	Family Planning Services 90%	0.00%	Federal Share		
		(A)	(B)	(C)	(D)	(E)		(F)	(G)
24	Targeted Case Management Services	0	0	0	0	0.00%	0	0	
25	Primary Care Case Management Services	0	0	0	0	0.00%	0	0	
26	Hospice Benefits	0	0	0	0	0.00%	0	0	
27	Emergency Services Undocumented Aliens	0	0	0	0	0.00%	0	0	
28	Federally-Qualified Health Center	0	0	0	0	0.00%	0	0	
29	Other Care Services	0	0	0	0	0.00%	0	0	
30	Total	7,200	283	0	630	0.00%	123	2,980	

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Line #8									
	Medical Assistance Payments	Total Computable	Federal Share					Total Federal Share	Deferral Or C.I.N. Number
			FMAP 56.66%	I.H.S Facility Services 100%	Family Planning Services 90%	0.00%	Federal Share		
		(A)	(B)	(C)	(D)	(E)		(F)	(G)
1A	Inpatient Hospital Services: Regular Payments	600	57	100	360	25.00%	0	517	
1B	Inpatient Hospital Services: DSH Adjustment Payments	500	283	0	0	0.00%	0	283	
2A	Mental Health Facility Services: Regular Payments	355	31	0	0	10.00%	30	61	
2B	Mental Health Facility Services: DSH Adjustment Payments	598	0	0		0.00%		598	
3	Nursing Facility Services	0	0	0	0	0.00%	0	0	
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0.00%	0	0	
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0.00%	0	0	
5	Physicians' Services	0	0	0	0	0.00%	0	0	
6	Outpatient Hospital Services	0	0	0	0	0.00%	0	0	
7	Prescribed Drugs	0	0	0	0	0.00%	0	0	
7A1	Drug Rebate Offset - National Agreement	0	0	0	0	0.00%	0	0	
7A2	Drug Rebate Offset - State Sidebar Agreement	0	0	0	0	0.00%	0	0	

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State: Alabama

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Line #8									
	Medical Assistance Payments	Total Computable	Federal Share					Total Federal Share	Deferral Or C.I.N. Number
			FMAP 56.66%	I.H.S Facility Services 100%	Family Planning Services 90%	0.00%	Federal Share		
		(A)	(B)	(C)	(D)	(E)		(F)	(G)
8	Dental Services	0	0	0	0	0.00%	0	0	
9	Other Practitioners' Services	0	0	0	0	0.00%	0	0	
10	Clinic Services	0	0	0	0	0.00%	0	0	
11	Laboratory And Radiological Services	0	0	0	0	0.00%	0	0	
12	Home Health Services	0	0	0	0	0.00%	0	0	
13	Sterilizations	0	0	0	0	0.00%	0	0	
14	Abortions	0	0	0		0.00%			
15	EPSDT Screening Services	0	0	0	0	0.00%	0	0	
16	Rural Health Clinic Services	0	0	0	0	0.00%	0	0	
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0.00%	0	0	
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0.00%	0	0	
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0.00%	0	0	

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Line #8									
	Medical Assistance Payments	Total Computable	Federal Share					Total Federal Share	Deferral Or C.I.N. Number
			FMAP 56.66%	I.H.S Facility Services 100%	Family Planning Services 90%	0.00%	Federal Share		
		(A)	(B)	(C)	(D)	(E)		(F)	(G)
17C2	Medicare Health Insurance Payments: Qualifying Individuals/135% - 175% of Poverty	0	0	0	0	0.00%	0	0	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0.00%	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0.00%	0	0	
18B	Medicaid Health Insurance Payments: Prepaid Health Plans	0	0	0	0	0.00%	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0.00%	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0.00%	0	0	
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0.00%	0	0	
19	Home And Community-Based Services	0	0	0	0	0.00%	0	0	
20	Home And Community-Based Care For Functionally Disabled Elderly	0	0	0	0	0.00%	0	0	
21	Community Supported Living Services	0	0	0	0	0.00%	0	0	
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0.00%	0	0	
23	Personal Care Services	0	0	0	0	0.00%	0	0	

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Line #8									
	Medical Assistance Payments	Total Computable	Federal Share					Total Federal Share	Deferral Or C.I.N. Number
			FMAP 56.66%	I.H.S Facility Services 100%	Family Planning Services 90%	0.00%	Federal Share		
		(A)	(B)	(C)	(D)	(E)		(F)	(G)
24	Targeted Case Management Services	0	0	0	0	0.00%	0	0	
25	Primary Care Case Management Services	0	0	0	0	0.00%	0	0	
26	Hospice Benefits	0	0	0	0	0.00%	0	0	
27	Emergency Services Undocumented Aliens	0	0	0	0	0.00%	0	0	
28	Federally-Qualified Health Center	0	0	0	0	0.00%	0	0	
29	Other Care Services	0	0	0	0	0.00%	0	0	
30	Total	1,455	371	100	360	0.00%	30	861	

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Line #10B									
	Medical Assistance Payments	Total Computable	Federal Share					Total Federal Share	Deferral Or C.I.N. Number
			FMAP 64.10%	I.H.S Facility Services 100%	Family Planning Services 90%	0.00%	Federal Share		
		(A)	(B)	(C)	(D)	(E)		(F)	(G)
1A	Inpatient Hospital Services: Regular Payments	800	513	0	0	0.00%	0	513	
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0.00%	0	0	
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0.00%	0	0	
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0.00%	0	0	
3	Nursing Facility Services	0	0	0	0	0.00%	0	0	
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0.00%	0	0	
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0.00%	0	0	
5	Physicians' Services	0	0	0	0	0.00%	0	0	
6	Outpatient Hospital Services	0	0	0	0	0.00%	0	0	
7	Prescribed Drugs	0	0	0	0	0.00%	0	0	
7A1	Drug Rebate Offset - National Agreement	0	0	0	0	0.00%	0	0	
7A2	Drug Rebate Offset - State Sidebar Agreement	0	0	0	0	0.00%	0	0	

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Line #10B									
	Medical Assistance Payments	Total Computable	Federal Share					Total Federal Share	Deferral Or C.I.N. Number
			FMAP 64.10%	I.H.S Facility Services 100%	Family Planning Services 90%	0.00%	Federal Share		
		(A)	(B)	(C)	(D)	(E)		(F)	(G)
8	Dental Services	0	0	0	0	0.00%	0	0	
9	Other Practitioners' Services	0	0	0	0	0.00%	0	0	
10	Clinic Services	0	0	0	0	0.00%	0	0	
11	Laboratory And Radiological Services	0	0	0	0	0.00%	0	0	
12	Home Health Services	0	0	0	0	0.00%	0	0	
13	Sterilizations	0	0	0	0	0.00%	0	0	
14	Abortions	0	0	0		0.00%			
15	EPSDT Screening Services	0	0	0	0	0.00%	0	0	
16	Rural Health Clinic Services	0	0	0	0	0.00%	0	0	
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0.00%	0	0	
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0.00%	0	0	
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0.00%	0	0	

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Line #10B									
	Medical Assistance Payments	Total Computable	Federal Share					Total Federal Share	Deferral Or C.I.N. Number
			FMAP 64.10%	I.H.S Facility Services 100%	Family Planning Services 90%	0.00%	Federal Share		
		(A)	(B)	(C)	(D)	(E)		(F)	(G)
17C2	Medicare Health Insurance Payments: Qualifying Individuals/135% - 175% of Poverty	0	0	0	0	0.00%	0	0	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0.00%	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0.00%	0	0	
18B	Medicaid Health Insurance Payments: Prepaid Health Plans	0	0	0	0	0.00%	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0.00%	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0.00%	0	0	
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0.00%	0	0	
19	Home And Community-Based Services	0	0	0	0	0.00%	0	0	
20	Home And Community-Based Care For Functionally Disabled Elderly	0	0	0	0	0.00%	0	0	
21	Community Supported Living Services	0	0	0	0	0.00%	0	0	
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0.00%	0	0	
23	Personal Care Services	0	0	0	0	0.00%	0	0	

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Line #10B									
	Medical Assistance Payments	Total Computable	Federal Share					Total Federal Share	Deferral Or C.I.N. Number
			FMAP 64.10%	I.H.S Facility Services 100%	Family Planning Services 90%	0.00%	Federal Share		
		(A)	(B)	(C)	(D)	(E)		(F)	(G)
24	Targeted Case Management Services	0	0	0	0	0.00%	0	0	
25	Primary Care Case Management Services	0	0	0	0	0.00%	0	0	
26	Hospice Benefits	0	0	0	0	0.00%	0	0	
27	Emergency Services Undocumented Aliens	0	0	0	0	0.00%	0	0	
28	Federally-Qualified Health Center	0	0	0	0	0.00%	0	0	
29	Other Care Services	0	0	0	0	0.00%	0	0	
30	Total	800	513	0	0	0.00%	0	513	

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Medical Assistance Payments		Total Computable	Federal Share					Total Federal Share	Deferral Or C.I.N. Number
Type of Waiver: 1115 Waiver Name: glenn Waiver Number: 11W00000/4-01			FMAP 45.00%	I.H.S Facility Services 100%	Family Planning Services 90%	0.00%	Federal Share		
		(A)	(B)	(C)	(D)	(E)		(F)	(G)
1A	Inpatient Hospital Services: Regular Payments	11	0	2	3	10.00%	1	6	
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0.00%	0	0	
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0.00%	0	0	
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0.00%	0	0	
3	Nursing Facility Services	0	0	0	0	0.00%	0	0	
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0.00%	0	0	
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0.00%	0	0	
5	Physicians' Services	0	0	0	0	0.00%	0	0	
6	Outpatient Hospital Services	0	0	0	0	0.00%	0	0	
7	Prescribed Drugs	0	0	0	0	0.00%	0	0	
7A1	Drug Rebate - National Agreement	0	0	0	0	0.00%	0	0	
7A2	Drug Rebate - State Sidebar Agreement	0	0	0	0	0.00%	0	0	

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Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Prior Period Adjustments In This Quarter

State: Alabama

Quarter Ended: 01/2000
Fiscal Year: 2000

Line #7

Medical Assistance Payments		Total Computable	Federal Share					Total Federal Share	Deferral Or C.I.N. Number
Type of Waiver: 1115 Waiver Name: glenn Waiver Number: 11W00000/4-01			FMAP 45.00%	I.H.S Facility Services 100%	Family Planning Services 90%	0.00%	Federal Share		
		(A)	(B)	(C)	(D)	(E)		(F)	(G)
8	Dental Services	0	0	0	0	0.00%	0	0	
9	Other Practitioners' Services	0	0	0	0	0.00%	0	0	
10	Clinic Services	0	0	0	0	0.00%	0	0	
11	Laboratory And Radiological Services	0	0	0	0	0.00%	0	0	
12	Home Health Services	0	0	0	0	0.00%	0	0	
13	Sterilizations	0	0	0	0	0.00%	0	0	
14	Abortions	0	0	0		0.00%			
15	EPSDT Screening Services	0	0	0	0	0.00%	0	0	
16	Rural Health Clinic Services	0	0	0	0	0.00%	0	0	
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0.00%	0	0	
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0.00%	0	0	
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0.00%	0	0	

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For The Medical Assistance Program
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State: Alabama

Quarter Ended: 01/2000
Fiscal Year: 2000

Line #7

Medical Assistance Payments Type of Waiver: 1115 Waiver Name: glenn Waiver Number: 11W00000/4-01		Total Computable	Federal Share FMAP 45.00%	I.H.S Facility Services 100%	Family Planning Services 90%	0.00%	Federal Share	Total Federal Share	Deferral Or C.I.N. Number
		(A)	(B)	(C)	(D)	(E)		(F)	(G)
17C2	Medicare Health Insurance Payments: Qualifying Individuals/135% - 175% of Poverty	0	0	0	0	0.00%	0	0	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0.00%	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0.00%	0	0	
18B	Medicaid Health Insurance Payments: Prepaid Health Plans	0	0	0	0	0.00%	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0.00%	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0.00%	0	0	
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0.00%	0	0	
19	Home And Community-Based Services	0	0	0	0	0.00%	0	0	
20	Home And Community-Based Care For Functionally Disabled Elderly	0	0	0	0	0.00%	0	0	
21	Community Supported Living Services	0	0	0	0	0.00%	0	0	
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0.00%	0	0	
23	Personal Care Services	0	0	0	0	0.00%	0	0	

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Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
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State: Alabama

Quarter Ended: 01/2000
Fiscal Year: 2000

Line #7

Medical Assistance Payments		Total Computable	Federal Share					Total Federal Share	Deferral Or C.I.N. Number
Type of Waiver: 1115 Waiver Name: glenn Waiver Number: 11W00000/4-01			FMAP 45.00%	I.H.S Facility Services 100%	Family Planning Services 90%	0.00%	Federal Share		
		(A)	(B)	(C)	(D)	(E)		(F)	(G)
24	Targeted Case Management Services	0	0	0	0	0.00%	0	0	
25	Primary Care Case Management Services	0	0	0	0	0.00%	0	0	
26	Hospice Benefits	0	0	0	0	0.00%	0	0	
27	Emergency Services Undocumented Aliens	0	0	0	0	0.00%	0	0	
28	Federally-Qualified Health Center	0	0	0	0	0.00%	0	0	
29	Other Care Services	0	0	0	0	0.00%	0	0	
30	Total	11	0	2	3	0.00%	1	6	

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Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
Prior Period Adjustments In This Quarter

State: Alabama

Quarter Ended: 01/2000
Fiscal Year: 1999

Line #8

Medical Assistance Payments		Total Computable	Federal Share					Total Federal Share	Deferral Or C.I.N. Number
Type of Waiver: 1115 Waiver Name: Test #1 Waiver Number: 11W00000/4-01			FMAP 56.66%	I.H.S Facility Services 100%	Family Planning Services 90%	0.00%	Federal Share		
		(A)	(B)	(C)	(D)	(E)		(F)	(G)
1A	Inpatient Hospital Services: Regular Payments	0	0	0	0	0.00%	0	0	
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0.00%	0	0	
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0.00%	0	0	
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0.00%	0	0	
3	Nursing Facility Services	0	0	0	0	0.00%	0	0	
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0.00%	0	0	
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0.00%	0	0	
5	Physicians' Services	0	0	0	0	0.00%	0	0	
6	Outpatient Hospital Services	0	0	0	0	0.00%	0	0	
7	Prescribed Drugs	0	0	0	0	0.00%	0	0	
7A1	Drug Rebate - National Agreement	0	0	0	0	0.00%	0	0	
7A2	Drug Rebate - State Sidebar Agreement	0	0	0	0	0.00%	0	0	

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Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
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State: Alabama

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Fiscal Year: 1999

Line #8

Medical Assistance Payments		Total Computable	Federal Share					Total Federal Share	Deferral Or C.I.N. Number
Type of Waiver: 1115 Waiver Name: Test #1 Waiver Number: 11W00000/4-01			FMAP 56.66%	I.H.S Facility Services 100%	Family Planning Services 90%	0.00%	Federal Share		
		(A)	(B)	(C)	(D)	(E)		(F)	(G)
8	Dental Services	0	0	0	0	0.00%	0	0	
9	Other Practitioners' Services	0	0	0	0	0.00%	0	0	
10	Clinic Services	0	0	0	0	0.00%	0	0	
11	Laboratory And Radiological Services	0	0	0	0	0.00%	0	0	
12	Home Health Services	0	0	0	0	0.00%	0	0	
13	Sterilizations	0	0	0	0	0.00%	0	0	
14	Abortions	0	0	0		0.00%			
15	EPSDT Screening Services	0	0	0	0	0.00%	0	0	
16	Rural Health Clinic Services	0	0	0	0	0.00%	0	0	
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0.00%	0	0	
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0.00%	0	0	
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0.00%	0	0	

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State: Alabama

Quarter Ended: 01/2000
Fiscal Year: 1999

Line #8

Medical Assistance Payments Type of Waiver: 1115 Waiver Name: Test #1 Waiver Number: 11W00000/4-01		Total Computable	Federal Share FMAP 56.66%	I.H.S Facility Services 100%	Family Planning Services 90%	0.00%	Federal Share	Total Federal Share	Deferral Or C.I.N. Number
		(A)	(B)	(C)	(D)	(E)		(F)	(G)
17C2	Medicare Health Insurance Payments: Qualifying Individuals/135% - 175% of Poverty	0	0	0	0	0.00%	0	0	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0.00%	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0.00%	0	0	
18B	Medicaid Health Insurance Payments: Prepaid Health Plans	0	0	0	0	0.00%	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0.00%	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0.00%	0	0	
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0.00%	0	0	
19	Home And Community-Based Services	0	0	0	0	0.00%	0	0	
20	Home And Community-Based Care For Functionally Disabled Elderly	0	0	0	0	0.00%	0	0	
21	Community Supported Living Services	0	0	0	0	0.00%	0	0	
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0.00%	0	0	
23	Personal Care Services	0	0	0	0	0.00%	0	0	

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For The Medical Assistance Program
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State: Alabama

Quarter Ended: 01/2000
Fiscal Year: 1999

Line #8

Medical Assistance Payments		Total Computable	Federal Share					Total Federal Share	Deferral Or C.I.N. Number
Type of Waiver: 1115 Waiver Name: Test #1 Waiver Number: 11W00000/4-01			FMAP 56.66%	I.H.S Facility Services 100%	Family Planning Services 90%	0.00%	Federal Share		
		(A)	(B)	(C)	(D)	(E)		(F)	(G)
24	Targeted Case Management Services	0	0	0	0	0.00%	0	0	
25	Primary Care Case Management Services	0	0	0	0	0.00%	0	0	
26	Hospice Benefits	0	0	0	0	0.00%	0	0	
27	Emergency Services Undocumented Aliens	0	0	0	0	0.00%	0	0	
28	Federally-Qualified Health Center	0	0	0	0	0.00%	0	0	
29	Other Care Services	0	0	0	0	0.00%	0	0	
30	Total	0	0	0	0	0.00%	0	0	

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Medical Assistance Expenditures By Type Of Service
For The Medical Assistance Program
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State: Alabama

Quarter Ended: 01/2000
Fiscal Year: 1998

Line #10A

Medical Assistance Payments		Total Computable	Federal Share					Total Federal Share	Deferral Or C.I.N. Number
Type of Waiver: 1915C Waiver Name: Test #3 Waiver Number: None			FMAP 64.10%	I.H.S Facility Services 100%	Family Planning Services 90%	0.00%	Federal Share		
		(A)	(B)	(C)	(D)	(E)		(F)	(G)
1A	Inpatient Hospital Services: Regular Payments	0	0	0	0	0.00%	0	0	
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0.00%	0	0	
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0.00%	0	0	
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0.00%	0	0	
3	Nursing Facility Services	0	0	0	0	0.00%	0	0	
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0.00%	0	0	
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0.00%	0	0	
5	Physicians' Services	0	0	0	0	0.00%	0	0	
6	Outpatient Hospital Services	0	0	0	0	0.00%	0	0	
7	Prescribed Drugs	0	0	0	0	0.00%	0	0	
7A1	Drug Rebate - National Agreement	0	0	0	0	0.00%	0	0	
7A2	Drug Rebate - State Sidebar Agreement	0	0	0	0	0.00%	0	0	

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For The Medical Assistance Program
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State: Alabama

Quarter Ended: 01/2000
Fiscal Year: 1998

Line #10A

Medical Assistance Payments		Total Computable	Federal Share					Total Federal Share	Deferral Or C.I.N. Number
Type of Waiver: 1915C Waiver Name: Test #3 Waiver Number: None			FMAP 64.10%	I.H.S Facility Services 100%	Family Planning Services 90%	0.00%	Federal Share		
		(A)	(B)	(C)	(D)	(E)		(F)	(G)
8	Dental Services	0	0	0	0	0.00%	0	0	
9	Other Practitioners' Services	0	0	0	0	0.00%	0	0	
10	Clinic Services	0	0	0	0	0.00%	0	0	
11	Laboratory And Radiological Services	0	0	0	0	0.00%	0	0	
12	Home Health Services	0	0	0	0	0.00%	0	0	
13	Sterilizations	0	0	0	0	0.00%	0	0	
14	Abortions	0	0	0		0.00%			
15	EPSDT Screening Services	0	0	0	0	0.00%	0	0	
16	Rural Health Clinic Services	0	0	0	0	0.00%	0	0	
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0.00%	0	0	
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0.00%	0	0	
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0.00%	0	0	

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Prior Period Adjustments In This Quarter

State: Alabama

Quarter Ended: 01/2000
Fiscal Year: 1998

Line #10A

Medical Assistance Payments Type of Waiver: 1915C Waiver Name: Test #3 Waiver Number: None		Total Computable	Federal Share FMAP 64.10%	I.H.S Facility Services 100%	Family Planning Services 90%	0.00%	Federal Share	Total Federal Share	Deferral Or C.I.N. Number
		(A)	(B)	(C)	(D)	(E)		(F)	(G)
17C2	Medicare Health Insurance Payments: Qualifying Individuals/135% - 175% of Poverty	0	0	0	0	0.00%	0	0	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0.00%	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0.00%	0	0	
18B	Medicaid Health Insurance Payments: Prepaid Health Plans	0	0	0	0	0.00%	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0.00%	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0.00%	0	0	
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0.00%	0	0	
19	Home And Community-Based Services	0	0	0	0	0.00%	0	0	
20	Home And Community-Based Care For Functionally Disabled Elderly	0	0	0	0	0.00%	0	0	
21	Community Supported Living Services	0	0	0	0	0.00%	0	0	
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0.00%	0	0	
23	Personal Care Services	0	0	0	0	0.00%	0	0	

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Prior Period Adjustments In This Quarter

State: Alabama

Quarter Ended: 01/2000
Fiscal Year: 1998

Line #10A

Medical Assistance Payments Type of Waiver: 1915C Waiver Name: Test #3 Waiver Number: None		Total Computable	Federal Share FMAP 64.10%	I.H.S Facility Services 100%	Family Planning Services 90%	0.00%	Federal Share	Total Federal Share	Deferral Or C.I.N. Number
		(A)	(B)	(C)	(D)	(E)		(F)	(G)
24	Targeted Case Management Services	0	0	0	0	0.00%	0	0	
25	Primary Care Case Management Services	0	0	0	0	0.00%	0	0	
26	Hospice Benefits	0	0	0	0	0.00%	0	0	
27	Emergency Services Undocumented Aliens	0	0	0	0	0.00%	0	0	
28	Federally-Qualified Health Center	100	6	20	27	25.00%	10	63	A-4-1998-222
29	Other Care Services	1,000	64	200	270	50.00%	200	734	A-4-1998-333
30	Total	1,100	70	220	297	0.00%	210	797	

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Medicaid Overpayment Adjustment

State: Alabama

Quarter Ended: 01/2000

	Overpayment Activity	Total Computable	Federal Share				Total Fed Share
			FY 1997	FY 1998	FY 1999	FY 2000	
		(A)	(B)	(C)	(D)	(E)	(F)
1	Overpayments Not Collected Or Adjusted But Refunded Because Of The Expiration Of The 60-Day Time Lim	1	200	200	100	100	600
2	Decreasing Adjustments To Amounts Previously Reported On Line 1	-45	-20	-20	-20	0	-60
3	Subtotal	-44	180	180	80	100	540
4	Previously Reported Overpayments To Providers Certified This Quarter As Bankrupt Or Out Of Business	-25	0	0	0	0	0
5	Total Overpayment Adjustments This Quarter	-69	180	180	80	100	540

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Third Party Liability Collections
And Cost Avoidance

State: Alabama

Quarter Ended: 01/2000

		Total Computable	Federal Share
		(A)	(B)
A. Third Party Liability Collections			
A1A	Amount Of Third Liabilty Collections Made In This Quarter By Source: Medicare Title XVIII	1	2
A1B1	Other Collections: Health Insurance	3	4
A1B2	Other Collections: Casualty Insurance	10	6
A1C	Total Collections Under Cooperative Agreements Section 1903(p) And Assignment of Right Section 1912	20	
A1C1	Total Collections: Less Excess Paid To Individuals	0	
A1C2	Net Collections To Reimburse State Title XIX Medical Payments	20	0
A1C3	Less 15% Incentive Actually Paid Under Section 1903(p)(1)		0
A1C4	Net Federal Share Of Collections Reportable		0
A2	Total Third Party Liabilty Collections	34	12
B. Cost Avoidance			
B1	Medicare Title XVIII	500	200
B2	Health Insurance	350	150
B3	Other Cost Avoidance	555	122

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

State: Alabama **Quarter Ended: 01/2000**

		Total Computable	Federal Share				Total Federal Share
			FFP Rate	Federal Share	0.00%	Federal Share	
		(A)	(B)		(C)		(D)
1	Family Planning	5	90.00%	2	60.00%	2	4
2A	Design Development Or Installation Of MMIS: Cost of In-House Activities	20	90.00%	8	50.00%	5	13
2B	Design Development Or Installation Of MMIS: Cost of Private Sector Contractors	0	90.00%	0	0.00%	0	0
2C	Design Development Or Installation Of MMIS: Drug Claims System	0	90.00%	0	0.00%	0	0
3	Skilled Professional Medical Personnel	0	75.00%	0	0.00%	0	0
4A	Operation Of An Approved MMIS: Costs of In-House Activities Plus State Agencies And Institutions	0	75.00%	0	0.00%	0	0
4B	Operation Of An Approved MMIS: Cost of Private Sector Contractors	0	75.00%	0	0.00%	0	0
5A	Mechanized Systems, Not Approved Under MMIS Proceedures: Costs Of In-House Activities	0	50.00%	0	0.00%	0	0
5B	Mechanized Systems, Not Approved Under MMIS Proceedures: Cost Of Private Sector Contractors	0	50.00%	0	0.00%	0	0
6	Peer Review Organizations	0	75.00%	0	0.00%	0	0
7A	Third Party Liability: Recovery Proceedure - Billing Offset	0	50.00%	0	0.00%	0	0

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

State: Alabama **Quarter Ended: 01/2000**

		Total Computable	Federal Share				Total Federal Share
			FFP Rate	Federal Share	0.00%	Federal Share	
		(A)	(B)		(C)		(D)
7B	Third Party Liability: Assignment Of Rights - Billing Offset	0	50.00%	0	0.00%	0	0
8	Immigration Status Verification System Costs (100% FFP)	0	100.00%	0	0.00%	0	0
9	Nurse Aide Training Costs	0	50.00%	0	0.00%	0	0
10	Preadmission Screening Costs	0	75.00%	0	0.00%	0	0
11	Resident Review Activities Costs	0	75.00%	0	0.00%	0	0
12	Drug Use Review Program	0	50.00%	0	0.00%	0	0
13	Outstationed Eligibility Workers	0	50.00%	0	0.00%	0	0
14	TANF Base	0	90.00%	0	0.00%	0	0
15	TANF Secondary 90%	0	90.00%	0	0.00%	0	0
16	TANF Secondary 75%	0	75.00%	0	0.00%	0	0
17	External Review	0	75.00%	0	0.00%	0	0

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

State: Alabama **Quarter Ended: 01/2000**

		Total Computable	Federal Share				Total Federal Share
			FFP Rate	Federal Share	0.00%	Federal Share	
		(A)	(B)		(C)		(D)
18	Enrollment Brokers	0	50.00%	0	0.00%	0	0
19	Other Financial Participation	100	50.00%	100	0.00%	0	100
20	Total	125		110	0.00%	7	117

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

State: Alabama **Quarter Ended: 01/2000**

Type of Waiver: 1115
Waiver Name: glenn
Waiver Number: 11W00000/4-01

		Total Computable	Federal Share				Total Federal Share
			FFP Rate	Federal Share	0.00%	Federal Share	
		(A)	(B)		(C)		(D)
1	Family Planning	5	90.00%	1	20.00%	1	2
2A	Design Development Or Installation Of MMIS: Cost of In-House Activities	0	90.00%	0	0.00%	0	0
2B	Design Development Or Installation Of MMIS: Cost of Private Sector Contractors	0	90.00%	0	0.00%	0	0
2C	Design Development Or Installation Of MMIS: Drug Claims System	0	90.00%	0	0.00%	0	0
3	Skilled Professional Medical Personnel	0	75.00%	0	0.00%	0	0
4A	Operation Of An Approved MMIS: Costs of In-House Activities Plus State Agencies And Institutions	0	75.00%	0	0.00%	0	0
4B	Operation Of An Approved MMIS: Cost of Private Sector Contractors	0	75.00%	0	0.00%	0	0
5A	Mechanized Systems, Not Approved Under MMIS Proceedures: Costs Of In-House Activities	0	50.00%	0	0.00%	0	0
5B	Mechanized Systems, Not Approved Under MMIS Proceedures: Cost Of Private Sector Contractors	0	50.00%	0	0.00%	0	0
6	Peer Review Organizations	0	75.00%	0	0.00%	0	0
7A	Third Party Liability: Recovery Proceedure - Billing Offset	0	50.00%	0	0.00%	0	0

Department of Health and Human Services
Health Care Financing Adminstration

Form Approved
OMB NO 0938-0067

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

State: Alabama **Quarter Ended: 01/2000**

Type of Waiver: 1115 Waiver Name: glenn Waiver Number: 11W00000/4-01		Total Computable	Federal Share				Total Federal Share
			FFP Rate	Federal Share	0.00%	Federal Share	
		(A)	(B)		(C)		(D)
7B	Third Party Liability: Assignment Of Rights - Billing Offset	0	50.00%	0	0.00%	0	0
8	Immigration Status Verification System Costs (100% FFP)	0	100.00%	0	0.00%	0	0
9	Nurse Aide Training Costs	0	50.00%	0	0.00%	0	0
10	Preadmission Screening Costs	0	75.00%	0	0.00%	0	0
11	Resident Review Activities Costs	0	75.00%	0	0.00%	0	0
12	Drug Use Review Program	0	50.00%	0	0.00%	0	0
13	Outstationed Eligibility Workers	0	50.00%	0	0.00%	0	0
14	TANF Base	0	90.00%	0	0.00%	0	0
15	TANF Secondary 90%	0	90.00%	0	0.00%	0	0
16	TANF Secondary 75%	0	75.00%	0	0.00%	0	0
17	External Review	0	75.00%	0	0.00%	0	0

Department of Health and Human Services
Health Care Financing Adminstration

Form Approved
OMB NO 0938-0067

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

State: Alabama **Quarter Ended: 01/2000**

Type of Waiver: 1115 Waiver Name: glenn Waiver Number: 11W00000/4-01		Total Computable	Federal Share				Total Federal Share
			FFP Rate	Federal Share	0.00%	Federal Share	
		(A)	(B)		(C)		(D)
18	Enrollment Brokers	0	50.00%	0	0.00%	0	0
19	Other Financial Participation	0	50.00%	0	0.00%	0	0
20	Total	5		1	0.00%	1	2

Department of Health and Human Services
Health Care Financing Adminstration

Form Approved
OMB NO 0938-0067

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

State: Alabama

Quarter Ended: 01/2000
Prior Fiscal Year: 1999

Line #7								
			Federal Share					
		Total Computable	FFP Rate	Federal Share	0.00%	Federal Share	Total Federal Share	Deferral Or C.I.N. Number
		(A)	(B)		(C)		(D)	(E)
1	Family Planning	10	90.00%	5	50.00%	3	8	
2A	Desgin Development Or Installation Of MMIS: Costs Of In-House Activities	0	90.00%	0	0.00%	0	0	
2B	Desgin Development Or Installation Of MMIS: Costs Of Private Sector Contractors	0	90.00%	0	0.00%	0	0	
2C	Design Development Or Installation Of MMIS: Drug Claims System	0	90.00%	0	0.00%	0	0	
3	Skilled Professional Medical Personnel	0	75.00%	0	0.00%	0	0	
4A	Operation Of An Approved MMIS: Cost Of In-House Activities	0	75.00%	0	0.00%	0	0	
4B	Operation Of An Approved MMIS: Cost Of Private Sector Contractors	0	75.00%	0	0.00%	0	0	
5A	Mechanized Systems, not Approved Under MMIS Proceedures: Costs Of In-House Activities	0	50.00%	0	0.00%	0	0	
5B	Mechanized Systems, Not Approved Under MMIS Proceedures: Cost Of Private Sector Contractors	0	50.00%	0	0.00%	0	0	
6	Peer Review Organizations	0	75.00%	0	0.00%	0	0	
7A	Third Party Liability: Recovery Proceedure - Billing Offset	0	50.00%	0	0.00%	0	0	
7B	Third Party Liability: Assignment Of Rights - Billing Offset	0	50.00%	0	0.00%	0	0	
8	Immigration Status Verification sytem Costs (100% FFP)	0	100.00%	0	0.00%	0	0	
9	Nurse Aide Training	0	50.00%	0	0.00%	0	0	
10	Preadmission Screening Costs	0	75.00%	0	0.00%	0	0	

Department of Health and Human Services
Health Care Financing Adminstration

Form Approved
OMB NO 0938-0067

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

State: Alabama

Quarter Ended: 01/2000
Prior Fiscal Year: 1999

Line #7								
			Federal Share				Total Federal Share	Deferral Or C.I.N. Number
		Total Computable	FFP Rate	Federal Share	0.00%	Federal Share		
		(A)	(B)		(C)		(D)	(E)
11	Resident Review Activities Cost	0	75.00%	0	0.00%	0	0	
12	Drug Use Review Program	0	50.00%	0	0.00%	0	0	
13	Outstationed Eligibility Workers	0	50.00%	0	0.00%	0	0	
14	TANF Base	0	90.00%	0	0.00%	0	0	
15	TANF Secondary (90%)	0	90.00%	0	0.00%	0	0	
16	TANF Secondary (75%)	0	75.00%	0	0.00%	0	0	
17	External Review	0	75.00%	0	0.00%	0	0	
18	Enrollment Brokers	0	50.00%	0	0.00%	0	0	
19	Other Financial Participation	5,000	50.00%	2,500	0.00%	0	2,500	
20	Total	5,010		2,505	0.00%	3	2,508	

Department of Health and Human Services
Health Care Financing Adminstration

Form Approved
OMB NO 0938-0067

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

State: Alabama

Quarter Ended: 01/2000
Prior Fiscal Year: 2000

Line #7								
Type of Waiver: 1115 **Waiver Name:** glenn **Waiver Number:** 11W00000/4-01		**Total Computable**	**Federal Share**				**Total Federal Share**	**Deferral Or C.I.N. Number**
			FFP Rate	**Federal Share**	**0.00%**	**Federal Share**		
		(A)	(B)		(C)		(D)	(E)
1	Family Planning	10	90.00%	5	50.00%	3	8	
2A	Desgin Development Or Installation Of MMIS: Costs Of In-House Activities	0	90.00%	0	0.00%	0	0	
2B	Desgin Development Or Installation Of MMIS: Costs Of Private Sector Contractors	0	90.00%	0	0.00%	0	0	
2C	Design Development Or Installation Of MMIS: Drug Claims System	0	90.00%	0	0.00%	0	0	
3	Skilled Professional Medical Personnel	0	75.00%	0	0.00%	0	0	
4A	Operation Of An Approved MMIS: Cost Of In-House Activities	0	75.00%	0	0.00%	0	0	
4B	Operation Of An Approved MMIS: Cost Of Private Sector Contractors	0	75.00%	0	0.00%	0	0	
5A	Mechanized Systems, not Approved Under MMIS Proceedures: Costs Of In-House Activities	0	50.00%	0	0.00%	0	0	
5B	Mechanized Systems, Not Approved Under MMIS Proceedures: Cost Of Private Sector Contractors	0	50.00%	0	0.00%	0	0	
6	Peer Review Organizations	0	75.00%	0	0.00%	0	0	
7A	Third Party Liability: Recovery Proceedure - Billing Offset	0	50.00%	0	0.00%	0	0	
7B	Third Party Liability: Assignment Of Rights - Billing Offset	0	50.00%	0	0.00%	0	0	
8	Immigration Status Verification sytem Costs (100% FFP)	0	100.00%	0	0.00%	0	0	
9	Nurse Aide Training	0	50.00%	0	0.00%	0	0	
10	Preadmission Screening Costs	0	75.00%	0	0.00%	0	0	

Department of Health and Human Services
Health Care Financing Adminstration

Form Approved
OMB NO 0938-0067

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

State: Alabama

Quarter Ended: 01/2000
Prior Fiscal Year: 2000

Line #7								
Type of Waiver: 1115 **Waiver Name:** glenn **Waiver Number:** 11W00000/4-01		**Total Computable**	**Federal Share**				**Total Federal Share**	**Deferral Or C.I.N. Number**
			FFP Rate	**Federal Share**	**0.00%**	**Federal Share**		
		(A)	(B)		(C)		(D)	(E)
11	Resident Review Activities Cost	0	75.00%	0	0.00%	0	0	
12	Drug Use Review Program	0	50.00%	0	0.00%	0	0	
13	Outstationed Eligibility Workers	0	50.00%	0	0.00%	0	0	
14	TANF Base	0	90.00%	0	0.00%	0	0	
15	TANF Secondary (90%)	0	90.00%	0	0.00%	0	0	
16	TANF Secondary (75%)	0	75.00%	0	0.00%	0	0	
17	External Review	0	75.00%	0	0.00%	0	0	
18	Enrollment Brokers	0	50.00%	0	0.00%	0	0	
19	Other Financial Participation	0	50.00%	0	0.00%	0	0	
20	Total	10		5	0.00%	3	8	

Department of Health and Human Services
Health Care Financing Adminstration

Form Approved
OMB NO 0938-0067

Summary Total Of Receipts From Form HCFA 64.11A

State: Alabama

Quarter Ended: 01/2000

	Category	Total Receipts
	(A)	(B)
Donations		
1.	Donations-Permissible (Bona Fide)	1
1.A.	Donations-Permissible (Bona Fide) - SCHIP Related	600
2.	Donations-Impermissible	0
2.A.	Donations-Impermissible - SCHIP Related	300
3.	Donations-Outstationed Eligibility Workers	0
3.A.	Donations-Outstationed Eligibility Workers - SCHIP Related	0
Taxes		
4.	Taxes-Permissible	0
4.A.	Taxes-Permissible - SCHIP Related	0
5.	Taxes-Impermissible	0
5.A.	Taxes-Impermissible - SCHIP Related	0
Fees		
6.	Fees - Permissible	0
6.A.	Fees - Permissible - SCHIP Related	0
7.	Fees - Impermissible	0
7.A.	Fees Impermissible - SCHIP Related	0
Assessments		
8.	Assessments - Permissible	0
8.A.	Assessments - Permissible - SCHIP Related	0
9.	Assessments - Impermissible	0
9.A.	Assessments - Impermissible - SCHIP Related	0
Totals		
10.	Total Permissible Taxes, Fees, and Assessments (Lines 4+4.A.+6+6.A.+8+8.A.)	0
11.	Total Impermissible Taxes, Fees, and Assessments (Lines 5+5.A.+7+7.A.+9+9.A.)	0

Department of Health and Human Services
Health Care Financing Adminstration

Form Approved
OMB NO 0938-0067

Actual Receipts By Plan Name

State: Alabama **Quarter Ended: 01/2000**

CODES:

1.	Donations - Permissible (Bona Fide)	4.	Taxes - Permissible	7.	Fees - Impermissible
1.A.	Donations - Permissible (Bona Fide) - CHIP Related	4.A.	Taxes - Permissible - CHIP Related	7.A.	Fees - Impermissible - CHIP Related
2.	Donations - Impermissible	5.	Taxes - Impermissible	8.	Assessments - Permissible
2.A.	Donations - Impermissible - CHIP Related	5.A.	Taxes - Impermissible - CHIP Related	8.A.	Assessments - Permissible - CHIP Related
3.	Donations - Outstationed Eligibility Workers	6.	Fees - Permissible	9.	Assessments - Impermissible
3.A.	Donations - Outstationed Eligibility Workers - CHIP Related	6.A.	Fees - Permissible - CHIP Related	9.A.	Assessments - Impermissible - CHIP Related

Code (A)	Plan Name (B)	Receipts (C)

Department of Health and Human Services
Health Care Financing Adminstration

Form Approved
OMB NO 0938-0067

Actual Receipts By Plan Name

State: Alabama

Quarter Ended: 01/2000

CODES:

1.	**Donations - Permissible (Bona Fide)**	**4.**	**Taxes - Permissible**	**7.**	**Fees - Impermissible**
1.A.	**Donations - Permissible (Bona Fide) - CHIP Related**	**4.A.**	**Taxes - Permissible - CHIP Related**	**7.A.**	**Fees - Impermissible - CHIP Related**
2.	**Donations - Impermissible**	**5.**	**Taxes - Impermissible**	**8.**	**Assessments - Permissible**
2.A.	**Donations - Impermissible - CHIP Related**	**5.A.**	**Taxes - Impermissible - CHIP Related**	**8.A.**	**Assessments - Permissible - CHIP Related**
3.	**Donations - Outstationed Eligibility Workers**	**6.**	**Fees - Permissible**	**9.**	**Assessments - Impermissible**
3.A.	**Donations - Outstationed Eligibility Workers - CHIP Related**	**6.A.**	**Fees - Permissible - CHIP Related**	**9.A.**	**Assessments - Impermissible - CHIP Related**

Code (A)	**Plan Name** (B)	**Receipts** (C)
1.	glenn	1
1.A.	Test #2	600
2.A.	fjjfkdjfdklsfjlkdsjflksdfjkldsfjklsdfjspoiewrpoweirpowk fds fds;adfjkl;safjlkrewpriwpowefsjfk;jpoo	300

Form HCFA 64.11A

Report Date: Wednesday, February 23, 2000

Department of Health and Human Services
Health Care Financing Adminstration

Form Approved
OMB NO 0938-0067

Actual Receipts By Plan Name

State: Alabama **Quarter Ended: 01/2000**

CODES:

1.	Donations - Permissible (Bona Fide)	4.	Taxes - Permissible	7.	Fees - Impermissible
1.A.	Donations - Permissible (Bona Fide) - CHIP Related	4.A.	Taxes - Permissible - CHIP Related	7.A.	Fees - Impermissible - CHIP Related
2.	Donations - Impermissible	5.	Taxes - Impermissible	8.	Assessments - Permissible
2.A.	Donations - Impermissible - CHIP Related	5.A.	Taxes - Impermissible - CHIP Related	8.A.	Assessments - Permissible - CHIP Related
3.	Donations - Outstationed Eligibility Workers	6.	Fees - Permissible	9.	Assessments - Impermissible
3.A.	Donations - Outstationed Eligibility Workers - CHIP Related	6.A.	Fees - Permissible - CHIP Related	9.A.	Assessments - Impermissible - CHIP Related

Code (A)	Plan Name (B)	Receipts (C)

Department of Health and Human Services
Health Care Financing Adminstration

Form Approved
OMB NO 0938-0067

Medicaid Drug Rebate Schedule

State: Alabama

Quarter Ended: 01/2000

	Drug Rebate	Total Computable					Total
		Qtr. Ending 12/31/1999	Qtr. Ending 09/30/1999	Qtr. Ending 06/30/1999	Qtr. Ending 03/31/1999	Qtr. Ending 12/31/1998 and Prior	
		(A)	(B)	(C)	(D)	(E)	(F)
1	Balance Of The Beginning Of The Quarter		0	0	0	0	0
2	Adjustments To Previously Reported Rebates From Drug Labelers Included In Line 1		1	2	3	4	10
3	Rebates Invoiced In This Quarter	0					0
4	Subtotal	0	1	2	3	4	10
5	Rebates Reported On This Expenditure Report	0	0	0	0	0	0
6	Balance As Of The End Of The Quarter	0	1	2	3	4	10

Department of Health and Human Services
Health Care Financing Adminstration

Form Approved
OMB NO 0938-0067

Medicaid Drug Rebate Schedule

State: Alabama

Quarter Ended: 01/2000

Narrative
Testing '123'

Department of Health and Human Services
Health Care Financing Adminstration

Form Approved
OMB NO 0938-0067

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

State: Alabama **Quarter Ended: 01/2000**

Type of Eligible: PE		Total Computable	Federal Share			Total Federal Share
			FMAP 45.00%	I.H.S Facility Services 100%	Family Planning Services 90%	
		(A)	(B)	(C)	(D)	(E)
1A	Premiums: Up To 150% of Poverty Level - Gross Premiums Paid	10	1	3	5	9
1B	Premiums Up To 150% of Poverty Level: Cost Sharing Offsets	0	0	0	0	0
1C	Premiums Over 150% of Poverty Level - Gross Premiums Paid	0	0	0	0	0
1D	Premiums Over 150% of Poverty Level: Cost Sharing Offsets	0	0	0	0	0
2	Inpatient Hospital Services - Regular Payments	0	0	0	0	0
2A	Inpatient Hospital Services - DSH Adjustments Payments	0	0	0	0	0
3	Inpatient Mental Health Facility Services - Regular Payments	0	0	0	0	0
3A	Inpatient Mental Health Facility Services - DSH Adjustment Payments	0	0	0	0	0
4	Nursing Care Services	0	0	0	0	0
5	Physican And Surgical Services	0	0	0	0	0
6	Outpatient Hospital Services	0	0	0	0	0
7	Outpatient Mental Health Facility Services	0	0	0	0	0
8	Prescribed Drugs	0	0	0	0	0
8A1	Drug Rebate - National Agreement	0	0	0	0	0
8A2	Drug Rebate - State Sidebar Agreement	0	0	0	0	0

Department of Health and Human Services
Health Care Financing Adminstration

Form Approved
OMB NO 0938-0067

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

State: Alabama **Quarter Ended: 01/2000**

Type of Eligible: PE		Total Computable	Federal Share			Total Federal Share
			FMAP 45.00%	I.H.S Facility Services 100%	Family Planning Services 90%	
		(A)	(B)	(C)	(D)	(E)
9	Dental Services	0	0	0	0	0
10	Vision Services	0	0	0	0	0
11	Other Practitioners' Services	0	0	0	0	0
12	Clinic Services	0	0	0	0	0
13	Therapy Services	0	0	0	0	0
14	Laboratory And Radiological Services	0	0	0	0	0
15	Durable And Disposable Medical Equipment	0	0	0	0	0
16	Family Planning	0	0	0	0	0
17	Abortions	0	0	0	0	
18	Screening Services	0	0	0	0	0
19	Home Health	0	0	0	0	0
20	Medicare Payments	0	0	0	0	0
21	Home And Community-Based Services	0	0	0	0	0
22	Hospice	0	0	0	0	0
23	Medical Transportation	0	0	0	0	0

Department of Health and Human Services
Health Care Financing Adminstration

Form Approved
OMB NO 0938-0067

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

State: Alabama **Quarter Ended: 01/2000**

Type of Eligible: PE		Total Computable	Federal Share			Total Federal Share
			FMAP 45.00%	I.H.S Facility Services 100%	Family Planning Services 90%	
		(A)	(B)	(C)	(D)	(E)
24	Case Management	0	0	0	0	0
25	Other Services	0	0	0	0	0
26	Total	10	1	3	5	9

Department of Health and Human Services
Health Care Financing Adminstration

Form Approved
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Quarterly Medical Assistance Expenditures
By Children's Health Insurance Program Expenditure Categories
Prior Period Expenditures

State: Alabama

Quarter Ended: 01/2000
Fiscal Year: 1998

Line #10A							
Type Of Eligible: PE		Total Computable	Federal Share			Total Federal Share	Deferral Or C.I.N. Number
			FMAP 64.10%	I.H.S Facility Services 100%	Family Planning Services 90%		
		(A)	(B)	(C)	(D)	(E)	(F)
1A	Premiums Up To 150% Of Poverty Level - Gross Premiums Paid	10	3	2	3	8	A-4-1998-546465
1B	Premiums Up To 150% Of Poverty Level - Cost Sharing Offset	-600	-385	0	0	-385	A-4-1998-FDSFDS
1C	Premiums Over 150% Of Poverty Level - Gross Premiums Paid	0	0	0	0	0	
1D	Premiums Over 150% Of Poverty Level - Cost Sharing Offset	0	0	0	0	0	
2	Inpatient Hospital Services - Regular Payments	0	0	0	0	0	
2A	Inpatient Hospital Services - DSH Adjustments Payments	0	0	0	0	0	
3	Inpatient Mental Health Facility Services - Regular Payments	0	0	0	0	0	
3A	Inpatient Mental Health Facility Services - DSH Adjustments Payments	0	0	0	0	0	
4	Nursing Care Services	0	0	0	0	0	
5	Physician And Surgical Services	0	0	0	0	0	
6	Outpatient Hospital Services	0	0	0	0	0	
7	Outpatient Mental Health Facility Services	0	0	0	0	0	
8	Prescribed Drugs	0	0	0	0	0	
8A1	Drug Rebate - National Agreement	0	0	0	0	0	

Department of Health and Human Services
Health Care Financing Adminstration

Form Approved
OMB NO 0938-0067

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

State: Alabama

Quarter Ended: 01/2000
Fiscal Year: 1998

Line #10A							
Type Of Eligible: PE		Total Computable	Federal Share			Total Federal Share	Deferral Or C.I.N. Number
			FMAP 64.10%	I.H.S Facility Services 100%	Family Planning Services 90%		
		(A)	(B)	(C)	(D)	(E)	(F)
8A2	Drug Rebate - State Sidebar Agreement	0	0	0	0	0	
9	Dental Services	0	0	0	0	0	
10	Vision Services	0	0	0	0	0	
11	Other Practicioners' Services	0	0	0	0	0	
12	Clinic Services	0	0	0	0	0	
13	Therapy Services	0	0	0	0	0	
14	Laboratory And Radiological services	0	0	0	0	0	
15	Durable And Disposable Medical Equipment	0	0	0	0	0	
16	Family Planning	0	0	0	0	0	
17	Abortions	0	0	0	0		
18	Screening Services	0	0	0	0	0	
19	Home Health	0	0	0	0	0	
20	Medicare Payments	0	0	0	0	0	
21	Home And Community-Based Services	0	0	0	0	0	

Department of Health and Human Services
Health Care Financing Adminstration

Form Approved
OMB NO 0938-0067

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

State: Alabama

Quarter Ended: 01/2000
Fiscal Year: 1998

Line #10A							
	Type Of Eligible: PE	Total Computable	Federal Share			Total Federal Share	Deferral Or C.I.N. Number
			FMAP 64.10%	I.H.S Facility Services 100%	Family Planning Services 90%		
		(A)	(B)	(C)	(D)	(E)	(F)
22	Hospice	0	0	0	0	0	
23	Medical Transportation	0	0	0	0	0	
24	Case Management	0	0	0	0	0	
25	Other Services	0	0	0	0	0	
26	Balance	-590	-382	2	3	-377	
27	Collections	0	0	0	0	0	
28	Total	-590	-382	2	3	-377	

Department of Health and Human Services
Health Care Financing Adminstration

Form Approved
OMB NO 0938-0067

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

State: Alabama

Quarter Ended: 01/2000
Fiscal Year: 1998

Line #7							
Type Of Eligible: PE		Total Computable	Federal Share			Total Federal Share	Deferral Or C.I.N. Number
			FMAP 64.10%	I.H.S Facility Services 100%	Family Planning Services 90%		
		(A)	(B)	(C)	(D)	(E)	(F)
1A	Premiums Up To 150% Of Poverty Level - Gross Premiums Paid	800	513	0	0	513	
1B	Premiums Up To 150% Of Poverty Level - Cost Sharing Offset	0	0	0	0	0	
1C	Premiums Over 150% Of Poverty Level - Gross Premiums Paid	0	0	0	0	0	
1D	Premiums Over 150% Of Poverty Level - Cost Sharing Offset	0	0	0	0	0	
2	Inpatient Hospital Services - Regular Payments	0	0	0	0	0	
2A	Inpatient Hospital Services - DSH Adjustments Payments	0	0	0	0	0	
3	Inpatient Mental Health Facility Services - Regular Payments	0	0	0	0	0	
3A	Inpatient Mental Health Facility Services - DSH Adjustments Payments	0	0	0	0	0	
4	Nursing Care Services	0	0	0	0	0	
5	Physician And Surgical Services	0	0	0	0	0	
6	Outpatient Hospital Services	0	0	0	0	0	
7	Outpatient Mental Health Facility Services	0	0	0	0	0	
8	Prescribed Drugs	0	0	0	0	0	
8A1	Drug Rebate - National Agreement	0	0	0	0	0	

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

State: Alabama

Quarter Ended: 01/2000
Fiscal Year: 1998

Line #7							
Type Of Eligible: PE		Total Computable	Federal Share			Total Federal Share	Deferral Or C.I.N. Number
			FMAP 64.10%	I.H.S Facility Services 100%	Family Planning Services 90%		
		(A)	(B)	(C)	(D)	(E)	(F)
8A2	Drug Rebate - State Sidebar Agreement	0	0	0	0	0	
9	Dental Services	0	0	0	0	0	
10	Vision Services	0	0	0	0	0	
11	Other Practicioners' Services	0	0	0	0	0	
12	Clinic Services	0	0	0	0	0	
13	Therapy Services	0	0	0	0	0	
14	Laboratory And Radiological services	0	0	0	0	0	
15	Durable And Disposable Medical Equipment	0	0	0	0	0	
16	Family Planning	0	0	0	0	0	
17	Abortions	0	0	0	0		
18	Screening Services	0	0	0	0	0	
19	Home Health	0	0	0	0	0	
20	Medicare Payments	0	0	0	0	0	
21	Home And Community-Based Services	0	0	0	0	0	

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By Children's Health Insurance Program Expenditure Categories
Prior Period Expenditures

State: Alabama

Quarter Ended: 01/2000
Fiscal Year: 1998

Line #7							
Type Of Eligible: PE		Total Computable	Federal Share			Total Federal Share	Deferral Or C.I.N. Number
			FMAP 64.10%	I.H.S Facility Services 100%	Family Planning Services 90%		
		(A)	(B)	(C)	(D)	(E)	(F)
22	Hospice	0	0	0	0	0	
23	Medical Transportation	0	0	0	0	0	
24	Case Management	0	0	0	0	0	
25	Other Services	0	0	0	0	0	
26	Balance	800	513	0	0	513	
27	Collections	0	0	0	0	0	
28	Total	800	513	0	0	513	

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

State: Alabama **Quarter Ended: 01/2000**

Type of Eligible: PE		Total Computable	Federal Share			Total Federal Share
Type of Waiver: 1115 Waiver Name: GLENN Waiver Number: 11W00000/4-01			FMAP 45.00%	I.H.S Facility Services 100%	Family Planning Services 90%	
		(A)	(B)	(C)	(D)	(E)
1A	Premiums: Up To 150% of Poverty Level - Gross Premiums Paid	10	1	4	3	8
1B	Premiums Up To 150% of Poverty Level: Cost Sharing Offsets	0	0	0	0	0
1C	Premiums Over 150% of Poverty Level - Gross Premiums Paid	0	0	0	0	0
1D	Premiums Over 150% of Poverty Level: Cost Sharing Offsets	0	0	0	0	0
2	Inpatient Hospital Services - Regular Payments	0	0	0	0	0
2A	Inpatient Hospital Services - DSH Adjustments Payments	0	0	0	0	0
3	Inpatient Mental Health Facility Services - Regular Payments	0	0	0	0	0
3A	Inpatient Mental Health Facility Services - DSH Adjustment Payments	0	0	0	0	0
4	Nursing Care Services	0	0	0	0	0
5	Physican And Surgical Services	0	0	0	0	0
6	Outpatient Hospital Services	0	0	0	0	0
7	Outpatient Mental Health Facility Services	0	0	0	0	0
8	Prescribed Drugs	0	0	0	0	0
8A1	Drug Rebate - National Agreement	0	0	0	0	0
8A2	Drug Rebate - State Sidebar Agreement	0	0	0	0	0

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

State: Alabama **Quarter Ended: 01/2000**

Type of Eligible: PE		Total Computable	Federal Share			Total Federal Share
Type of Waiver: 1115 Waiver Name: GLENN Waiver Number: 11W00000/4-01			FMAP 45.00%	I.H.S Facility Services 100%	Family Planning Services 90%	
		(A)	(B)	(C)	(D)	(E)
9	Dental Services	0	0	0	0	0
10	Vision Services	0	0	0	0	0
11	Other Practitioners' Services	0	0	0	0	0
12	Clinic Services	0	0	0	0	0
13	Therapy Services	0	0	0	0	0
14	Laboratory And Radiological Services	0	0	0	0	0
15	Durable And Disposable Medical Equipment	0	0	0	0	0
16	Family Planning	0	0	0	0	0
17	Abortions	0	0	0	0	
18	Screening Services	0	0	0	0	0
19	Home Health	0	0	0	0	0
20	Medicare Payments	0	0	0	0	0
21	Home And Community-Based Services	0	0	0	0	0
22	Hospice	0	0	0	0	0
23	Medical Transportation	0	0	0	0	0

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

State: Alabama **Quarter Ended: 01/2000**

Type of Eligible: PE		Total Computable	Federal Share			Total Federal Share
Type of Waiver: 1115 Waiver Name: GLENN Waiver Number: 11W00000/4-01			FMAP 45.00%	I.H.S Facility Services 100%	Family Planning Services 90%	
		(A)	(B)	(C)	(D)	(E)
24	Case Management	0	0	0	0	0
25	Other Services	0	0	0	0	0
26	Total	10	1	4	3	8

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

State: Alabama

Quarter Ended: 01/2000
Fiscal Year: 2000

Line #7

Type Of Eligible: PE Type of Waiver: 1115 Waiver Name: glenn Waiver Number: 11W00000/4-01		Total Computable	Federal Share			Total Federal Share	Deferral Or C.I.N. Number
			FMAP 45.00%	I.H.S Facility Services 100%	Family Planning Services 90%		
		(A)	(B)	(C)	(D)	(E)	(F)
1A	Premiums Up To 150% Of Poverty Level - Gross Premiums Paid	10	0	1	7	8	
1B	Premiums Up To 150% Of Poverty Level - Cost Sharing Offset	0	0	0	0	0	
1C	Premiums Over 150% Of Poverty Level - Gross Premiums Paid	0	0	0	0	0	
1D	Premiums Over 150% Of Poverty Level - Cost Sharing Offset	0	0	0	0	0	
2	Inpatient Hospital Services - Regular Payments	0	0	0	0	0	
2A	Inpatient Hospital Services - DSH Adjustments Payments	0	0	0	0	0	
3	Inpatient Mental Health Facility Services - Regular Payments	0	0	0	0	0	
3A	Inpatient Mental Health Facility Services - DSH Adjustments Payments	0	0	0	0	0	
4	Nursing Care Services	0	0	0	0	0	
5	Physician And Surgical Services	0	0	0	0	0	
6	Outpatient Hospital Services	0	0	0	0	0	
7	Outpatient Mental Health Facility Services	0	0	0	0	0	
8	Prescribed Drugs	0	0	0	0	0	
8A1	Drug Rebate - National Agreement	0	0	0	0	0	

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

State: Alabama

Quarter Ended: 01/2000
Fiscal Year: 2000

Line #7

Type Of Eligible: PE Type of Waiver: 1115 Waiver Name: glenn Waiver Number: 11W00000/4-01		Total Computable	Federal Share			Total Federal Share	Deferral Or C.I.N. Number
			FMAP 45.00%	I.H.S Facility Services 100%	Family Planning Services 90%		
		(A)	(B)	(C)	(D)	(E)	(F)
8A2	Drug Rebate - State Sidebar Agreement	0	0	0	0	0	
9	Dental Services	0	0	0	0	0	
10	Vision Services	0	0	0	0	0	
11	Other Practicioners' Services	0	0	0	0	0	
12	Clinic Services	0	0	0	0	0	
13	Therapy Services	0	0	0	0	0	
14	Laboratory And Radiological services	0	0	0	0	0	
15	Durable And Disposable Medical Equipment	0	0	0	0	0	
16	Family Planning	0	0	0	0	0	
17	Abortions	0	0	0			
18	Screening Services	0	0	0	0	0	
19	Home Health	0	0	0	0	0	
20	Medicare Payments	0	0	0	0	0	
21	Home And Community-Based Services	0	0	0	0	0	

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

State: Alabama

Quarter Ended: 01/2000
Fiscal Year: 2000

Line #7

Type Of Eligible: PE Type of Waiver: 1115 Waiver Name: glenn Waiver Number: 11W00000/4-01		Total Computable	Federal Share			Total Federal Share	Deferral Or C.I.N. Number
			FMAP 45.00%	I.H.S Facility Services 100%	Family Planning Services 90%		
		(A)	(B)	(C)	(D)	(E)	(F)
22	Hospice	0	0	0	0	0	
23	Medical Transportation	0	0	0	0	0	
24	Case Management	0	0	0	0	0	
25	Other Services	0	0	0	0	0	
26	Balance	10	0	1	7	8	
27	Collections	0	0	0	0	0	
28	Total	10	0	1	7	8	

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

State: Alabama **Quarter Ended: 01/2000**

Type of Eligible: Both		Total Computable	Federal Share		Total Federal Share
			FMAP 45.00%	Enhanced FMAP 36.00%	
		(A)	(B)	(C)	(D)
1A	Premiums Up To 150% Of Poverty Level - Gross Premiums Paid	10	0	3	3
1B	Premiums Up To 150% Of Poverty Level - Cost Sharing Offsets	-900	-203	-162	-365
1C	Premiums Over 150% Of Poverty Level - Gross Premiums Paid	0	0	0	0
1D	Premiums Over 150% Of Poverty Level - Cost Sharing Offsets	0	0	0	0
2	Inpatient Hospital Services - Regular Payments	0	0	0	0
2A	Inpatient Hospital Services - DSH Adjustments Payments	-154	0	-55	-55
3	Inpatient Mental Health Facility Services - Regular Payments	0	0	0	0
3A	Inpatient Mental Health Facility Services - DSH Adjustment Payments	48,086	0	17,311	17,311
4	Nursing Care Services	0	0	0	0
5	Physician And Surgical Services	0	0	0	0
6	Outpatient Hospital Services	0	0	0	0
7	Outpatient Mental Health Facility Services	0	0	0	0
8	Prescribed Drugs	0	0	0	0
8A1	Drug Rebate - National Agreement	0	0	0	0
8A2	Drug Rebate - State Sidebar Agreement	0	0	0	0

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

State: Alabama **Quarter Ended: 01/2000**

Type of Eligible: Both		Total Computable	Federal Share		Total Federal Share
			FMAP 45.00%	Enhanced FMAP 36.00%	
		(A)	(B)	(C)	(D)
9	Dental Services	0	0	0	0
10	Vision Services	0	0	0	0
11	Other Practicioners' Services	0	0	0	0
12	Clinic Services	0	0	0	0
13	Therapy Services	0	0	0	0
14	Laboratory And Radiological Services	0	0	0	0
15	Durable And Disposable Medical Equipment	0	0	0	0
16	Family Planning	0	0	0	0
17	Abortions	-742,079	0	0	-718,150
18	Screening Services	0	0	0	0
19	Home Health	600	0	216	216
20	Medicare Payments	0	0	0	0
21	Home And Community-Based Services	0	0	0	0
22	Hospice	0	0	0	0
23	Medical Transportation	0	0	0	0

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

State: Alabama **Quarter Ended: 01/2000**

	Type of Eligible: Both	Total Computable	Federal Share		Total Federal Share
			FMAP 45.00%	Enhanced FMAP 36.00%	
		(A)	(B)	(C)	(D)
24	Case Management	0	0	0	0
25	Other Services	0	0	0	0
26	Total	-694,437	-203	17,313	-701,040

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

State: Alabama **Quarter Ended: 01/2000**

Type of Eligible: U2
Type of Waiver: 1915B
Waiver Name: Tesat
Waiver Number: Test

		Total Computable	Federal Share		Total Federal Share
			FMAP 45.00%	Enhanced FMAP 36.00%	
		(A)	(B)	(C)	(D)
1A	Premiums Up To 150% Of Poverty Level - Gross Premiums Paid	10	2	2	4
1B	Premiums Up To 150% Of Poverty Level - Cost Sharing Offsets	0	0	0	0
1C	Premiums Over 150% Of Poverty Level - Gross Premiums Paid	0	0	0	0
1D	Premiums Over 150% Of Poverty Level - Cost Sharing Offsets	0	0	0	0
2	Inpatient Hospital Services - Regular Payments	0	0	0	0
2A	Inpatient Hospital Services - DSH Adjustments Payments	0	0	0	0
3	Inpatient Mental Health Facility Services - Regular Payments	0	0	0	0
3A	Inpatient Mental Health Facility Services - DSH Adjustment Payments	0	0	0	0
4	Nursing Care Services	0	0	0	0
5	Physician And Surgical Services	0	0	0	0
6	Outpatient Hospital Services	0	0	0	0
7	Outpatient Mental Health Facility Services	0	0	0	0
8	Prescribed Drugs	0	0	0	0
8A1	Drug Rebate - National Agreement	0	0	0	0
8A2	Drug Rebate - State Sidebar Agreement	0	0	0	0

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

State: Alabama **Quarter Ended: 01/2000**

Type of Eligible: U2 **Type of Waiver:** 1915B **Waiver Name:** Tesat **Waiver Number:** Test		**Total Computable**	**Federal Share**		**Total Federal Share**
			FMAP 45.00%	**Enhanced FMAP 36.00%**	
		(A)	(B)	(C)	(D)
9	Dental Services	0	0	0	0
10	Vision Services	0	0	0	0
11	Other Practicioners' Services	0	0	0	0
12	Clinic Services	0	0	0	0
13	Therapy Services	0	0	0	0
14	Laboratory And Radiological Services	0	0	0	0
15	Durable And Disposable Medical Equipment	0	0	0	0
16	Family Planning	0	0	0	0
17	Abortions	0	0	0	
18	Screening Services	0	0	0	0
19	Home Health	0	0	0	0
20	Medicare Payments	0	0	0	0
21	Home And Community-Based Services	0	0	0	0
22	Hospice	0	0	0	0
23	Medical Transportation	0	0	0	0

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

State: Alabama **Quarter Ended: 01/2000**

Type of Eligible: U2 **Type of Waiver:** 1915B **Waiver Name:** Tesat **Waiver Number:** Test		**Total Computable**	**Federal Share**		**Total Federal Share**
			FMAP 45.00%	**Enhanced FMAP 36.00%**	
		(A)	(B)	(C)	(D)
24	Case Management	0	0	0	0
25	Other Services	0	0	0	0
26	Total	10	2	2	4

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

State: Alabama

Quarter Ended: 01/2000
Fiscal Year: 1999

Line #8

	Type of Eligible: U2	Total Computable	Federal Share		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 56.66%	Enhanced FMAP 23.00%		
		(A)	(B)	(C)	(D)	(E)
1A	Premiums Up To 150% Of Poverty Level - Gross Premiums Paid	0	0	0	0	
1B	Premiums Up To 150% Of Poverty Level - Cost Sharing Offsets	-600	0	-138	-138	456464565
1C	Premiums Over 150% Of Poverty Level - Gross Premiums Paid	0	0	0	0	
1D	Premiums Over 150% Of Poverty Level - Cost Sharing Offsets	0	0	0	0	
2	Inpatient Hospital Services - Regular Payments	0	0	0	0	
2A	Inpatient Hospital Services - DSH Adjustments Payments	800	0	184	184	4645613213
3	Inpatient Mental Health Facility Services - Regular Payments	0	0	0	0	
3A	Inpatient Mental Health Facility Services - DSH Adjustments Payments	0	0	0	0	
4	Nursing Care Services	0	0	0	0	
5	Physician And Surgical Services	0	0	0	0	
6	Outpatient Hospital Services	0	0	0	0	
7	Outpatient Mental Health Facility Services	0	0	0	0	
8	Prescribed Drugs	0	0	0	0	
8A1	Drug Rebate - National Agreement	0	0	0	0	

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

State: Alabama

Quarter Ended: 01/2000
Fiscal Year: 1999

Line #8						
			Federal Share			Deferral
	Type of Eligible: U2	**Total Computable**	**FMAP 56.66%**	**Enhanced FMAP 23.00%**	**Total Federal Share**	**Or C.I.N. Number**
		(A)	(B)	(C)	(D)	(E)
8A2	Drug Rebate - State Sidebar Agreement	0	0	0	0	
9	Dental Services	0	0	0	0	
10	Vision Services	0	0	0	0	
11	Other Practitioners' Services	0	0	0	0	
12	Clinic Services	0	0	0	0	
13	Therapy Services	0	0	0	0	
14	Laboratory And Radiological Services	0	0	0	0	
15	Durable And Disposable Medical Equipment	0	0	0	0	
16	Family Planning	0	0	0	0	
17	Abortions	0	0	0		
18	Screening Services	0	0	0	0	
19	Home Health	0	0	0	0	
20	Medicare Payments	0	0	0	0	
21	Home And Community-Based Services	0	0	0	0	

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

State: Alabama

Quarter Ended: 01/2000
Fiscal Year: 1999

Line #8

	Type of Eligible: U2	Total Computable	Federal Share		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 56.66%	Enhanced FMAP 23.00%		
		(A)	(B)	(C)	(D)	(E)
22	Hospice	0	0	0	0	
23	Medical Transportation	0	0	0	0	
24	Case Management	0	0	0	0	
25	Other Services	0	0	0	0	
26	Balance	200	0	46	46	
27	Collections	800	453	0	453	
28	Total	1,000	453	46	499	

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

State: Alabama

Quarter Ended: 01/2000
Fiscal Year: 2000

Line #8

Type of Eligible: U2
Type of Waiver: 1115
Waiver Name: Test
Waiver Number: 11W00000/4-01

		Total Computable	Federal Share		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 45.00%	Enhanced FMAP 36.00%		
		(A)	(B)	(C)	(D)	(E)
1A	Premiums Up To 150% Of Poverty Level - Gross Premiums Paid	376	155	12	167	
1B	Premiums Up To 150% Of Poverty Level - Cost Sharing Offsets	0	0	0	0	
1C	Premiums Over 150% Of Poverty Level - Gross Premiums Paid	157	55	12	67	
1D	Premiums Over 150% Of Poverty Level - Cost Sharing Offsets	0	0	0	0	
2	Inpatient Hospital Services - Regular Payments	355	146	11	157	
2A	Inpatient Hospital Services - DSH Adjustments Payments	324	0	117	117	
3	Inpatient Mental Health Facility Services - Regular Payments	367	146	15	161	
3A	Inpatient Mental Health Facility Services - DSH Adjustments Payments	435	0	157	157	
4	Nursing Care Services	774	194	123	317	
5	Physician And Surgical Services	688	294	12	306	
6	Outpatient Hospital Services	1,218	254	235	489	
7	Outpatient Mental Health Facility Services	832	374	0	374	
8	Prescribed Drugs	299	105	23	128	
8A1	Drug Rebate - National Agreement	0	0	0	0	

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By Children's Health Insurance Program Expenditure Categories
Prior Period Expenditures

State: Alabama

Quarter Ended: 01/2000
Fiscal Year: 2000

Line #8

Type of Eligible: U2
Type of Waiver: 1115
Waiver Name: Test
Waiver Number: 11W00000/4-01

		Total Computable	Federal Share		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 45.00%	Enhanced FMAP 36.00%		
		(A)	(B)	(C)	(D)	(E)
8A2	Drug Rebate - State Sidebar Agreement	0	0	0	0	
9	Dental Services	129	29	23	52	
10	Vision Services	628	254	23	277	
11	Other Practitioners' Services	86	14	19	33	
12	Clinic Services	77	15	15	30	
13	Therapy Services	4,612	2,055	16	2,071	
14	Laboratory And Radiological Services	575	244	12	256	
15	Durable And Disposable Medical Equipment	554	244	4	248	
16	Family Planning	0	0	0	0	
17	Abortions	1,200	0	0	301	
18	Screening Services	347	146	8	154	
19	Home Health	376	154	12	166	
20	Medicare Payments	721	294	24	318	
21	Home And Community-Based Services	633	246	31	277	

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By Children's Health Insurance Program Expenditure Categories
Prior Period Expenditures

State: Alabama

Quarter Ended: 01/2000
Fiscal Year: 2000

Line #8

Type of Eligible: U2
Type of Waiver: 1115
Waiver Name: Test
Waiver Number: 11W00000/4-01

		Total Computable	Federal Share		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 45.00%	Enhanced FMAP 36.00%		
		(A)	(B)	(C)	(D)	(E)
22	Hospice	165	34	32	66	
23	Medical Transportation	112	45	4	49	
24	Case Management	55	14	8	22	
25	Other Services	475	194	15	209	
26	Balance	16,570	5,705	963	6,969	
27	Collections	0	0	0	0	
28	Total	16,570	5,705	963	6,969	

Department of Health and Human Services
Health Care Financing Adminstration

Form Approved
OMB NO 0938-0067

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

State: Alabama

Quarter Ended: 01/2000

Section C	Medical Assistance Payments		Medicaid/CHIP		State and Local Administration	
Expenditures Reported for Period	Total Computable	Federal Share	Total Computable	Federal Share	Total Computable	Federal Share
By Form Number	(A)	(B)	(C)	(D)	(E)	(F)
6. Expenditures in this Quarter						
From Form HCFA-64.9/HCFA-64.10	12,804	6,854			125	117
From Form HCFA-64.21			10	9		
From Form HCFA-64.21U			-694,437	-701,040		
7. Adjustments Increasing Claims for Prior Quarters:						
From Form HCFA 64.9P/HCFA 64.10	7,222	2,993			5,020	2,516
From Form HCFA-64.21P			10	8		
From Form HCFA-64.21UP			0	0		
8. Other Expenditures						
From Form HCFA 64.9P/HCFA 64.10P	1,455	861			0	0
From Form HCFA-64.21P			0	0		
From Form HCFA-64.21UP			17,570	7,468		
9. Collections						
Collections From Form HCFA-64.9 Summary Sheet	0	0			0	0
10. Adjustments Decreasing Claims for Prior Quarters: **A. Federal Audit**						
From Form HCFA 64.9P/HCFA 64.10P	0	0			0	0
From Form HCFA 64.21P			590	377		
From Form HCFA 64.21UP			0	0		

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State: Alabama

Quarter Ended: 01/2000

Section C	Medical Assistance Payments		Medicaid/CHIP		State and Local Administration	
Expenditures Reported for Period	Total Computable	Federal Share	Total Computable	Federal Share	Total Computable	Federal Share
By Form Number	(A)	(B)	(C)	(D)	(E)	(F)
10. Adjustments Decreasing Claims for Prior Quarters: B. Other						
From Form HCFA 64.9P/HCFA 64.10P	-800	-513			0	0
From Form HCFA 64.21P			0	0		
From Form HCFA 64.21UP			0	0		
10.C. Adjustments Decreasing Claims for Prior Quarters:						
From Form HCFA-64.9O	69	-540				
11. Net Expenditures Reported in this Period:						
Net Expenditures Reported This Period	20,750	9,655	-676,257	-693,178	5,145	2,633