

Quarterly Medicaid Assistance Expenditures
For the Medical Assistance Program

State: Washington

Quarter Ended: 09/30/2011

Certification				
CMS 64 Summary Sheet	Medical Assistance Payments		State and Local Administration	
	Total	Federal Share	Total	Federal Share
	(A)	(B)	(C)	(D)
Net Expenditures Reported In This Period (Sum of Items 6, 7 and 8 Less 9 and 10)	1,897,692,868	974,035,192	149,652,542	92,983,973

I certify that:

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

Date: 2/6/2012 2:52:50 PM	Signature: Sharon Holler	Title: Accounting Chief
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User Performing Certification: H5AW

Footnotes:

The completed Budget, Expenditure and supporting forms are to be submitted via the on-line MBES/CBES system to the Centers for Medicare & Medicaid Services, Center for Medicaid and State Operations, Finance, Systems and Quality Group, Division of Financial Management, located at Mailstop S3-13-15, 7500 Security Blvd., Baltimore, Maryland 21244-1850.

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

State: Washington

Quarter Ended: 09/30/2011

		Medical Assistance Payments				State and Local Administration	
		Total Computable	Federal Share			Total Computable	Federal Share
			Medicaid	ARRA	Total		
		(A)	(B)	(C)	(D)	(E)	(F)
Section A. Quarterly Status of Funding							
1	Awards Received During The Quarter For The Quarter Being Reported And Prior Quarters				0		0
2	Awards Received During The Quarter For Subsequent Quarters				0		0
3A	Interest: Received On Medicaid Recoveries				0		
3B	Interest: Assessed On Disallowances				0		0
4	Medicare Overpayment Collection Under Sec. 1914 and 42 CFR 447.30				0		0
5	Other				0		0
Section B. Expenditures Reported for Period							
6	Expenditures In This Quarter	1,918,073,179	970,046,879	0	970,046,879	149,552,767	88,826,982
7	Adjustments Increasing Claims For Prior Quarters	675,687	340,652	70,664	411,316	16,528,135	12,371,172
8	Other Expenditures	426,079,110	231,265,697	46,834,314	278,100,011	0	0
9A	Collections: Third Party Liability	(116,940)	(59,170)	0	(59,170)		
9B	Collections: Probate	(1,733,904)	(871,064)	0	(871,064)		
9C1	Recoveries: Fraud, Waste and Abuse Efforts	0	0	0	0		
9C2	Recoveries: OIG Compliant False Claims Act	0	0	0	0		
9D	Collections: Other	(13,878,817)	(7,028,800)	0	(7,028,800)	0	0
9E	RAC Collections	0	0	0	0	0	0
9F	PERM Collections	0	0	0	0	0	0
10A	Adjustments Decreasing Claims For Prior Quarters: Federal Audit	(1,519,801)	(759,901)	0	(759,901)	0	0
10B	Adjustments Decreasing Claims For Prior Quarters: Other	(429,821,034)	(217,881,579)	(47,888,690)	(265,770,269)	(16,428,360)	(8,214,181)
10C	Adjustments Decreasing Claims For Prior Quarters: Overpayment Adjustments (Attach 64.90)	(64,612)	(33,810)	0	(33,810)		
10D	Adjustments/Decreasing Prior Qtrs - Perm	0	0	0	0	0	0
10E	Adjustments/Decreasing Prior Qtrs - RAC	0	0	0	0	0	0
10F	Adjustments/Decreasing Prior Qtrs - Fraud, Waste and Abuse Overpayments	0	0	0	0	0	0
11	Net Expenditures Reported In This Period (Sum of Items 6, 7 and 8 Less 9 and 10)	1,897,692,868	975,018,904	(983,712)	974,035,192	149,652,542	92,983,973

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

State: Washington

Quarter Ended: 09/30/2011

Medical Assistance Payments		Total Comp. (A)	Federal Share					Other & Prompt Pay		Total Federal Share (G)
			FMAP 50% Incr FMAP 50%	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other % (Oth) Prompt Pay (PP)	Federal Share		
			(B)	(C)	(D)	(E)			(F)	
1A	Inpatient Hospital Services - Regular Payments	193,056,708	96,122,991 0	0	0	526,973	* 0.00% # 50.00%	0 0	96,649,964	
1B	Inpatient Hospital Service - DSH Adjustment Payments	31,459,011	15,729,506 0	0	0	0	* 0.00% # 50.00%	0 0	15,729,506	
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
2A	Mental Health Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
2B	Mental Health Facility Services - DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
3A	Nursing Facility Services - Regular Payments	156,565,260	78,199,191 0	166,878	0	0	* 0.00% # 50.00%	0 0	78,366,069	
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	35,573,485	17,786,743 0	0	0	0	* 0.00% # 50.00%	0 0	17,786,743	
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	1,501,052	750,526 0	0	0	0	* 0.00% # 50.00%	0 0	750,526	
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
5A	Physician and Surgical Services - Regular Payments	50,532,003	21,674,146 0	6,382,208	112,460	439,756	* 0.00% # 50.00%	0 0	28,608,570	
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
6A	Outpatient Hospital Services - Regular Payments	72,491,633	35,258,020 0	0	153,288	1,173,427	* 0.00% # 50.00%	0 0	36,584,735	
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
7	Prescribed Drugs	80,124,699	38,707,932 0	55	916,916	1,098,491	* 0.00% # 50.00%	0 0	40,723,394	
7A1	Drug Rebate Offset - National Agreement	(45,815,154)	(22,430,904) 0	0	(260,629)	(431,443)	* 0.00% # 50.00%	0 0	(23,122,976)	
7A2	Drug Rebate Offset - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
7A5	Increased ACA OFFSET - Fee for Service - 100%	(1,263,000)	0	0	0	0	* 100.00% # 50.00%	(1,263,000) 0	(1,263,000)	
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00% # 50.00%	0 0	0	
8	Dental Services	32,945,362	15,978,018 0	987,391	0	1,258	* 0.00% # 50.00%	0 0	16,966,667	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 50% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011

Medical Assistance Payments		Total Comp. (A)	Federal Share					Other & Prompt Pay		Total Federal Share (G)
			FMAP 50% Incr FMAP 50% (B)	IHS Facility Services 100% (C)	Fam. Plan. Services 90% (D)	Optional Breast or Cerv. Cancer Services (E)	Other % (Oth) Prompt Pay (PP)	Federal Share (F)		
									#	
9A	Other Practitioners Services - Regular Payments	4,724,253	2,349,802 0	0	4,205	12,985	* 0.00% # 50.00%	0 0	2,366,992	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
10	Clinic Services	10,516,812	3,935,678 0	2,118,527	473,075	839	* 0.00% # 50.00%	0 0	6,528,119	
11	Laboratory And Radiological Services	3,168,623	1,546,696 0	0	9,409	42,105	* 0.00% # 50.00%	0 0	1,598,210	
12	Home Health Services	13,357,683	6,677,710 0	0	0	1,471	* 0.00% # 50.00%	0 0	6,679,181	
13	Sterilizations	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
14	Abortions No. 0	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
15	EPSDT Screening Services	1,148,674	573,752 0	1,171	0	0	* 0.00% # 50.00%	0 0	574,923	
16	Rural Health Clinic Screening	12,386,322	6,184,705 0	0	1,211	10,118	* 0.00% # 50.00%	0 0	6,196,034	
17A	Medicare Health Insurance Payments - Part A Premiums	27,441,741	13,720,871 0	0	0	0	* 0.00% # 50.00%	0 0	13,720,871	
17B	Medicare Health Insurance Payments - Part B Premiums	52,540,433	26,270,217 0	0	0	0	* 0.00% # 50.00%	0 0	26,270,217	
17C1	120% - 134% Of Poverty	2,729,844	0	0	0	0	* 100.00% # 50.00%	2,729,844 0	2,729,844	
17D	Coinsurance And Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations (MCO)	483,054,235	238,389,663 0	0	5,647,418	0	* 0.00% # 50.00%	0 0	244,037,081	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
18E	Medicaid Health Insurance Payments: Other	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
19A	Home and Community-Based Services - Regular Payment (Waiver)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
22	Programs Of All-Inclusive Care Elderly	3,311,017	1,655,509 0	0	0	0	* 0.00% # 50.00%	0 0	1,655,509	

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

State: Washington

Quarter Ended: 09/30/2011

Medical Assistance Payments		Total Comp. (A)	Federal Share					Other & Prompt Pay		Total Federal Share (G)
			FMAP 50% Incr FMAP 50% (B)	IHS Facility Services 100% (C)	Fam. Plan. Services 90% (D)	Optional Breast or Cerv. Cancer Services (E)	Other % (Oth)	Federal Share (F)		
							Prompt Pay (PP)			
23A	Personal Care Services - Regular Payment	101,524,463	50,762,232 0	0	0	0	* 0.00% # 50.00%	0 0	50,762,232	
23B	Personal Care Services - SDS 1915(j)	1,366	0	1,366	0	0	* 0.00% # 50.00%	0 0	1,366	
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
24B	Case Management - State Wide	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
26	Hospice Benefits	6,513,970	3,246,346 0	0	0	13,831	* 0.00% # 50.00%	0 0	3,260,177	
27	Emergency Services for Undocumented Aliens	14,044,243	7,022,122 0	0	0	0	* 0.00% # 50.00%	0 0	7,022,122	
28	Federally-Qualified Health Center	63,177,425	31,494,286 0	0	117,302	38,037	* 0.00% # 50.00%	0 0	31,649,625	
29	Non-Emergency Medical Transportation	14,852,761	7,426,381 0	0	0	0	* 0.00% # 50.00%	0 0	7,426,381	
30	Physical Therapy	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
31	Occupational Therapy	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
36	Emergency Hospital Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
37	Critical Access Hospitals	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
39	School Based Services	117,887	58,944 0	0	0	0	* 0.00% # 50.00%	0 0	58,944	
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
41	Private Duty Nursing	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
42	Freestanding Birth Center	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	

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For The Medical Assistance Program
Expenditures In This Quarter**

State: Washington

Quarter Ended: 09/30/2011

Medical Assistance Payments		Total Comp. (A)	Federal Share					Other & Prompt Pay		Total Federal Share (G)
			FMAP 50% Incr FMAP 50% (B)	IHS Facility Services 100% (C)	Fam. Plan. Services 90% (D)	Optional Breast or Cerv. Cancer Services (E)	Federal Share			
							Other % (Oth) Prompt Pay (PP) * #	Federal Share (F)		
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
49	Other Care Services	35,473,995	17,691,860 0	24,598	2,055	41,206	* 0.00% # 50.00%	0 0	17,759,719	
50	Total	1,457,256,806	716,782,943 0	9,682,194	7,176,710	2,969,054	* 0.00% # 50.00%	1,466,844 0	738,077,745	

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

State: Washington

Quarter Ended: 09/30/2011

Medical Assistance Payments Waiver Type: 1115 Waiver Number: 11W00134/0-12 Waiver Name: Family Planning - Take Charge		Total Comp. (A)	Federal Share						Total Federal Share (G)
			FMAP 50% Incr FMAP 50% (B)	IHS Facility Services 100% (C)	Fam. Plan. Services 90% (D)	Optional Breast or Cerv. Cancer Services (E)	Other & Prompt Pay		
							Other % (Oth)	Federal Share (F)	
							Prompt Pay (PP)		
1A	Inpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
1B	Inpatient Hospital Service - DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
2A	Mental Health Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
2B	Mental Health Facility Services - DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
5A	Physician and Surgical Services - Regular Payments	145,883	0	0	131,295	0	* 0.00% # 50.00%	0 0	131,295
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
6A	Outpatient Hospital Services - Regular Payments	263,098	0	0	236,788	0	* 0.00% # 50.00%	0 0	236,788
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
7	Prescribed Drugs	1,846,104	0	0	1,661,494	0	* 0.00% # 50.00%	0 0	1,661,494
7A1	Drug Rebate Offset - National Agreement	(160,575)	0	0	(144,518)	0	* 0.00% # 50.00%	0 0	(144,518)
7A2	Drug Rebate Offset - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00% # 50.00%	0 0	0
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00% # 50.00%	0 0	0
8	Dental Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0

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Medical Assistance Payments Waiver Type: 1115 Waiver Number: 11W00134/0-12 Waiver Name: Family Planning - Take Charge		Total Comp. (A)	Federal Share					Other & Prompt Pay		Total Federal Share (G)
			FMAP 50% Incr FMAP 50% (B)	IHS Facility Services 100% (C)	Fam. Plan. Services 90% (D)	Optional Breast or Cerv. Cancer Services (E)	Other & Prompt Pay			
							Other % (Oth) Prompt Pay (PP) (F)	Federal Share		
9A	Other Practitioners Services - Regular Payments	8,668	0	0	7,801	0	* 0.00% # 50.00%	0 0	7,801	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
10	Clinic Services	1,420,291	0	0	1,278,262	0	* 0.00% # 50.00%	0 0	1,278,262	
11	Laboratory And Radiological Services	199,221	0	0	179,299	0	* 0.00% # 50.00%	0 0	179,299	
12	Home Health Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
13	Sterilizations	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
14	Abortions No. 0	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
15	EPSDT Screening Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
16	Rural Health Clinic Screening	579	0	0	521	0	* 0.00% # 50.00%	0 0	521	
17A	Medicare Health Insurance Payments - Part A Premiums	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
17B	Medicare Health Insurance Payments - Part B Premiums	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
17C1	120% - 134% Of Poverty	0	0	0	0	0	* 100.00% # 50.00%	0 0	0	
17D	Coinsurance And Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations (MCO)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
18E	Medicaid Health Insurance Payments: Other	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
19A	Home and Community-Based Services - Regular Payment (Waiver)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 50% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011

Medical Assistance Payments Waiver Type: 1115 Waiver Number: 11W00134/0-12 Waiver Name: Family Planning - Take Charge		Total Comp. (A)	Federal Share					Other & Prompt Pay		Total Federal Share (G)
			FMAP 50% Incr FMAP 50%	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other % (Oth) Prompt Pay (PP)	Federal Share		
			(B)	(C)	(D)	(E)	(F)			
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
24B	Case Management - State Wide	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
26	Hospice Benefits	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
28	Federally-Qualified Health Center	14,914	0	0	13,423	0	* 0.00% # 50.00%	0 0	13,423	
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
30	Physical Therapy	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
31	Occupational Therapy	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
36	Emergency Hospital Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
37	Critical Access Hospitals	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
39	School Based Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
41	Private Duty Nursing	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
42	Freestanding Birth Center	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 50% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011

Medical Assistance Payments Waiver Type: 1115 Waiver Number: 11W00134/0-12 Waiver Name: Family Planning - Take Charge		Total Comp. (A)	Federal Share					Other & Prompt Pay		Total Federal Share (G)
			FMAP 50% Incr FMAP 50%	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other % (Oth) Prompt Pay (PP)	Federal Share		
			(B)	(C)	(D)	(E)	(F)			
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
49	Other Care Services	522	0	0	470	0	* 0.00% # 50.00%	0 0	470	
50	Total	3,738,705	0	0	3,364,835	0	* 0.00% # 50.00%	0 0	3,364,835	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 50% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011

Medical Assistance Payments Waiver Type: 1115 Waiver Number: 11W00254/0-11 Waiver Name: Transitional Bridge		Total Comp. (A)	Federal Share					Other & Prompt Pay		Total Federal Share (G)
			FMAP 50% Incr FMAP 50%	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other % (Oth)	Federal Share		
			(B)	(C)	(D)	(E)	Prompt Pay (PP)		(F)	
1A	Inpatient Hospital Services - Regular Payments	8,983,594	4,491,797 0	0	0	0	* 0.00% # 50.00%	0 0	4,491,797	
1B	Inpatient Hospital Service - DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
2A	Mental Health Facility Services - Regular Payments	89,475	44,738 0	0	0	0	* 0.00% # 50.00%	0 0	44,738	
2B	Mental Health Facility Services - DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
3A	Nursing Facility Services - Regular Payments	397,322	198,661 0	0	0	0	* 0.00% # 50.00%	0 0	198,661	
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
5A	Physician and Surgical Services - Regular Payments	1,490,817	724,193 0	40,970	1,315	0	* 0.00% # 50.00%	0 0	766,478	
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
6A	Outpatient Hospital Services - Regular Payments	8,208,894	4,101,461 0	0	5,375	0	* 0.00% # 50.00%	0 0	4,106,836	
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
7	Prescribed Drugs	1,715,354	852,248 0	0	9,772	0	* 0.00% # 50.00%	0 0	862,020	
7A1	Drug Rebate Offset - National Agreement	(506,425)	(251,714) 0	(2)	(2,696)	0	* 0.00% # 50.00%	0 0	(254,412)	
7A2	Drug Rebate Offset - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00% # 50.00%	0 0	0	
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00% # 50.00%	0 0	0	
8	Dental Services	58,655	29,034 0	588	0	0	* 0.00% # 50.00%	0 0	29,622	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 50% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011

Medical Assistance Payments Waiver Type: 1115 Waiver Number: 11W00254/0-11 Waiver Name: Transitional Bridge		Total Comp. (A)	Federal Share					Other & Prompt Pay		Total Federal Share (G)
			FMAP 50% Incr FMAP 50%	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other % (Oth)	Federal Share		
			(B)	(C)	(D)	(E)	Prompt Pay (PP)		(F)	
9A	Other Practitioners Services - Regular Payments	77,088	38,514 0	0	55	0	* 0.00% # 50.00%	0 0	38,569	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
10	Clinic Services	3,486,628	1,739,234 0	0	7,345	0	* 0.00% # 50.00%	0 0	1,746,579	
11	Laboratory And Radiological Services	129,551	64,216 0	0	1,008	0	* 0.00% # 50.00%	0 0	65,224	
12	Home Health Services	7,666	3,833 0	0	0	0	* 0.00% # 50.00%	0 0	3,833	
13	Sterilizations	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
14	Abortions No. 0	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
15	EPSDT Screening Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
16	Rural Health Clinic Screening	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
17A	Medicare Health Insurance Payments - Part A Premiums	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
17B	Medicare Health Insurance Payments - Part B Premiums	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
17C1	120% - 134% Of Poverty	0	0	0	0	0	* 100.00% # 50.00%	0 0	0	
17D	Coinsurance And Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations (MCO)	19,072,615	9,536,308 0	0	0	0	* 0.00% # 50.00%	0 0	9,536,308	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
18E	Medicaid Health Insurance Payments: Other	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
19A	Home and Community-Based Services - Regular Payment (Waiver)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 50% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011

Medical Assistance Payments Waiver Type: 1115 Waiver Number: 11W00254/0-11 Waiver Name: Transitional Bridge		Total Comp. (A)	Federal Share					Other & Prompt Pay		Total Federal Share (G)
			FMAP 50% Incr FMAP 50% (B)	IHS Facility Services 100% (C)	Fam. Plan. Services 90% (D)	Optional Breast or Cerv. Cancer Services (E)	Other % (Oth) Prompt Pay (PP)	Federal Share (F)		
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
24B	Case Management - State Wide	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
26	Hospice Benefits	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
28	Federally-Qualified Health Center	238,432	118,177 0	0	1,870	0	* 0.00% # 50.00%	0 0	120,047	
29	Non-Emergency Medical Transportation	349,179	174,590 0	0	0	0	* 0.00% # 50.00%	0 0	174,590	
30	Physical Therapy	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
31	Occupational Therapy	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
36	Emergency Hospital Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
37	Critical Access Hospitals	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
39	School Based Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
41	Private Duty Nursing	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
42	Freestanding Birth Center	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 50% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011

Medical Assistance Payments Waiver Type: 1115 Waiver Number: 11W00254/0-11 Waiver Name: Transitional Bridge		Total Comp. (A)	Federal Share					Other & Prompt Pay		Total Federal Share (G)
			FMAP 50% Incr FMAP 50% (B)	IHS Facility Services 100% (C)	Fam. Plan. Services 90% (D)	Optional Breast or Cerv. Cancer Services (E)	Other % (Oth) Prompt Pay (PP)	Federal Share (F)		
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
49	Other Care Services	368,490	183,272 0	1,946	0	0	* 0.00% # 50.00%	0 0	185,218	
50	Total	44,167,335	22,048,562 0	43,502	24,044	0	* 0.00% # 50.00%	0 0	22,116,108	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 50% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011

Medical Assistance Payments Waiver Type: 1915B Waiver Number: WA08.R03-01 Waiver Name: Int Com MH Disabled		Total Comp. (A)	Federal Share						Total Federal Share (G)
			FMAP 50% Incr FMAP 50%	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other & Prompt Pay		
							Other % (Oth) Prompt Pay (PP)	Federal Share	
			(B)	(C)	(D)	(E)	(F)		
1A	Inpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
1B	Inpatient Hospital Service - DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
2A	Mental Health Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
2B	Mental Health Facility Services - DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
5A	Physician and Surgical Services - Regular Payments	443,538	221,769 0	0	0	0	* 0.00% # 50.00%	0 0	221,769
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
7	Prescribed Drugs	25,397,342	12,698,671 0	0	0	0	* 0.00% # 50.00%	0 0	12,698,671
7A1	Drug Rebate Offset - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
7A2	Drug Rebate Offset - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00% # 50.00%	0 0	0
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00% # 50.00%	0 0	0
8	Dental Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 50% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011

Medical Assistance Payments Waiver Type: 1915B Waiver Number: WA08.R03-01 Waiver Name: Int Com MH Disabled Reporting Method: Date of Payment		Total Comp. (A)	Federal Share					Other & Prompt Pay		Total Federal Share (G)
			FMAP 50% Incr FMAP 50% (B)	IHS Facility Services 100% (C)	Fam. Plan. Services 90% (D)	Optional Breast or Cerv. Cancer Services (E)	Other % (Oth)	Federal Share (F)		
							Prompt Pay (PP)			
9A	Other Practitioners Services - Regular Payments	10,290	5,145 0	0	0	0	* 0.00% # 50.00%	0 0	5,145	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
10	Clinic Services	3,944,316	1,972,158 0	0	0	0	* 0.00% # 50.00%	0 0	1,972,158	
11	Laboratory And Radiological Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
12	Home Health Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
13	Sterilizations	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
14	Abortions No. 0	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
15	EPSDT Screening Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
16	Rural Health Clinic Screening	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
17A	Medicare Health Insurance Payments - Part A Premiums	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
17B	Medicare Health Insurance Payments - Part B Premiums	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
17C1	120% - 134% Of Poverty	0	0	0	0	0	* 100.00% # 50.00%	0 0	0	
17D	Coinsurance And Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations (MCO)	1,926,964	963,482 0	0	0	0	* 0.00% # 50.00%	0 0	963,482	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
18B2	Prepaid Inpatient Health Plan	68,463,196	34,231,598 0	0	0	0	* 0.00% # 50.00%	0 0	34,231,598	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
18E	Medicaid Health Insurance Payments: Other	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
19A	Home and Community-Based Services - Regular Payment (Waiver)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
22	Programs Of All-Inclusive Care Elderly	24	12 0	0	0	0	* 0.00% # 50.00%	0 0	12	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 50% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011

Medical Assistance Payments Waiver Type: 1915B Waiver Number: WA08.R03-01 Waiver Name: Int Com MH Disabled Reporting Method: Date of Payment		Total Comp. (A)	Federal Share					Other & Prompt Pay		Total Federal Share (G)
			FMAP 50% Incr FMAP 50% (B)	IHS Facility Services 100% (C)	Fam. Plan. Services 90% (D)	Optional Breast or Cerv. Cancer Services (E)	Other % (Oth)	Federal Share (F)		
							Prompt Pay (PP)			
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
24B	Case Management - State Wide	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
26	Hospice Benefits	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
28	Federally-Qualified Health Center	84,309	42,155 0	0	0	0	* 0.00% # 50.00%	0 0	42,155	
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
30	Physical Therapy	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
31	Occupational Therapy	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
36	Emergency Hospital Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
37	Critical Access Hospitals	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
39	School Based Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
41	Private Duty Nursing	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
42	Freestanding Birth Center	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 50% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011

Medical Assistance Payments Waiver Type: 1915B Waiver Number: WA08.R03-01 Waiver Name: Int Com MH Disabled Reporting Method: Date of Payment		Total Comp. (A)	Federal Share					Other & Prompt Pay		Total Federal Share (G)
			FMAP 50% Incr FMAP 50% (B)	IHS Facility Services 100% (C)	Fam. Plan. Services 90% (D)	Optional Breast or Cerv. Cancer Services (E)	Other % (Oth) Prompt Pay (PP)	Federal Share (F)		
							* 0.00% # 50.00%			
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
49	Other Care Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
50	Total	100,269,979	50,134,990 0	0	0	0	* 0.00% # 50.00%	0 0	50,134,990	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 50% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011

Medical Assistance Payments Waiver Type: 1915B Waiver Number: WA08.R03-01 Waiver Name: Int Com MH Non-Disabled Reporting Method: Date of Payment		Total Comp. (A)	Federal Share					Other & Prompt Pay		Total Federal Share (G)
			FMAP 50% Incr FMAP 50% (B)	IHS Facility Services 100% (C)	Fam. Plan. Services 90% (D)	Optional Breast or Cerv. Cancer Services (E)	Other % (Oth) Prompt Pay (PP) (F)	Federal Share		
							* 0.00% # 50.00%			
1A	Inpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	
1B	Inpatient Hospital Service - DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	
2A	Mental Health Facility Services - Regular Payments	6,708,282	3,354,141 0	0	0	0	* 0.00% # 50.00%	0	3,354,141	
2B	Mental Health Facility Services - DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00% # 50.00%	0	0	
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00% # 50.00%	0	0	
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	
5A	Physician and Surgical Services - Regular Payments	94,243	47,122 0	0	0	0	* 0.00% # 50.00%	0	47,122	
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	
7	Prescribed Drugs	5,393,854	2,696,927 0	0	0	0	* 0.00% # 50.00%	0	2,696,927	
7A1	Drug Rebate Offset - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0	0	
7A2	Drug Rebate Offset - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0	0	
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0	0	
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0	0	
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00% # 50.00%	0	0	
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00% # 50.00%	0	0	
8	Dental Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 50% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011

Medical Assistance Payments Waiver Type: 1915B Waiver Number: WA08.R03-01 Waiver Name: Int Com MH Non-Disabled Reporting Method: Date of Payment		Total Comp. (A)	Federal Share					Other & Prompt Pay		Total Federal Share (G)
			FMAP 50% Incr FMAP 50% (B)	IHS Facility Services 100% (C)	Fam. Plan. Services 90% (D)	Optional Breast or Cerv. Cancer Services (E)	Other % (Oth)	Federal Share (F)		
							Prompt Pay (PP)			
9A	Other Practitioners Services - Regular Payments	4,805	2,403 0	0	0	0	* 0.00% # 50.00%	0 0	2,403	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
10	Clinic Services	8,197,595	4,097,911 0	0	0	1,153	* 0.00% # 50.00%	0 0	4,099,064	
11	Laboratory And Radiological Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
12	Home Health Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
13	Sterilizations	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
14	Abortions No. 0	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
15	EPSDT Screening Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
16	Rural Health Clinic Screening	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
17A	Medicare Health Insurance Payments - Part A Premiums	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
17B	Medicare Health Insurance Payments - Part B Premiums	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
17C1	120% - 134% Of Poverty	0	0	0	0	0	* 100.00% # 50.00%	0 0	0	
17D	Coinsurance And Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations (MCO)	28,646	14,323 0	0	0	0	* 0.00% # 50.00%	0 0	14,323	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
18B2	Prepaid Inpatient Health Plan	27,769,281	13,884,641 0	0	0	0	* 0.00% # 50.00%	0 0	13,884,641	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
18E	Medicaid Health Insurance Payments: Other	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
19A	Home and Community-Based Services - Regular Payment (Waiver)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
22	Programs Of All-Inclusive Care Elderly	192	96 0	0	0	0	* 0.00% # 50.00%	0 0	96	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 50% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011

Medical Assistance Payments Waiver Type: 1915B Waiver Number: WA08.R03-01 Waiver Name: Int Com MH Non-Disabled Reporting Method: Date of Payment		Total Comp. (A)	Federal Share					Other & Prompt Pay		Total Federal Share (G)
			FMAP 50% Incr FMAP 50% (B)	IHS Facility Services 100% (C)	Fam. Plan. Services 90% (D)	Optional Breast or Cerv. Cancer Services (E)	Other % (Oth)	Federal Share (F)		
							Prompt Pay (PP)			
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
24B	Case Management - State Wide	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
26	Hospice Benefits	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
28	Federally-Qualified Health Center	178,348	89,174 0	0	0	0	* 0.00% # 50.00%	0 0	89,174	
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
30	Physical Therapy	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
31	Occupational Therapy	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
36	Emergency Hospital Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
37	Critical Access Hospitals	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
39	School Based Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
41	Private Duty Nursing	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
42	Freestanding Birth Center	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 50% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011

Medical Assistance Payments Waiver Type: 1915B Waiver Number: WA08.R03-01 Waiver Name: Int Com MH Non-Disabled Reporting Method: Date of Payment		Total Comp. (A)	Federal Share					Other & Prompt Pay		Total Federal Share (G)
			FMAP 50% Incr FMAP 50% (B)	IHS Facility Services 100% (C)	Fam. Plan. Services 90% (D)	Optional Breast or Cerv. Cancer Services (E)	Other % (Oth) Prompt Pay (PP)	Federal Share (F)		
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
49	Other Care Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
50	Total	48,375,246	24,186,738 0	0	0	1,153	* 0.00% # 50.00%	0 0	24,187,891	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 50% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011

Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0390.02 Waiver Name: ABD (Comm. Setting) Reporting Method:		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share
			FMAP 50% Incr FMAP 50%	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other % (Oth) Prompt Pay (PP)	Federal Share		
			(A)	(B)	(C)	(D)	(E)	(F)	(G)	
1A	Inpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
1B	Inpatient Hospital Service - DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
2A	Mental Health Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
2B	Mental Health Facility Services - DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
5A	Physician and Surgical Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
7	Prescribed Drugs	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
7A1	Drug Rebate Offset - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
7A2	Drug Rebate Offset - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00% # 50.00%	0 0	0	
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00% # 50.00%	0 0	0	
8	Dental Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 50% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011

Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0390.02 Waiver Name: ABD (Comm. Setting)		Total Comp. (A)	Federal Share					Other & Prompt Pay		Total Federal Share (G)
			FMAP 50% Incr FMAP 50% (B)	IHS Facility Services 100% (C)	Fam. Plan. Services 90% (D)	Optional Breast or Cerv. Cancer Services (E)	Other % (Oth)	Federal Share (F)		
							Prompt Pay (PP)			
9A	Other Practitioners Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
10	Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
11	Laboratory And Radiological Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
12	Home Health Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
13	Sterilizations	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
14	Abortions No. 0	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
15	EPSDT Screening Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
16	Rural Health Clinic Screening	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
17A	Medicare Health Insurance Payments - Part A Premiums	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
17B	Medicare Health Insurance Payments - Part B Premiums	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
17C1	120% - 134% Of Poverty	0	0	0	0	0	* 100.00% # 50.00%	0 0	0	
17D	Coinsurance And Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations (MCO)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
18E	Medicaid Health Insurance Payments: Other	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
19A	Home and Community-Based Services - Regular Payment (Waiver)	1,305,257	652,629 0	0	0	0	* 0.00% # 50.00%	0 0	652,629	
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 50% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011

Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0390.02 Waiver Name: ABD (Comm. Setting)		Total Comp. (A)	Federal Share					Other & Prompt Pay		Total Federal Share (G)
			FMAP 50% Incr FMAP 50%	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other % (Oth)	Federal Share		
			(B)	(C)	(D)	(E)	Prompt Pay (PP)		(F)	
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
24B	Case Management - State Wide	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
26	Hospice Benefits	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
30	Physical Therapy	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
31	Occupational Therapy	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
36	Emergency Hospital Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
37	Critical Access Hospitals	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
39	School Based Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
41	Private Duty Nursing	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
42	Freestanding Birth Center	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 50% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011

Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0390.02 Waiver Name: ABD (Comm. Setting)		Total Comp. (A)	Federal Share					Other & Prompt Pay		Total Federal Share (G)
			FMAP 50% Incr FMAP 50% (B)	IHS Facility Services 100% (C)	Fam. Plan. Services 90% (D)	Optional Breast or Cerv. Cancer Services (E)	Other % (Oth) Prompt Pay (PP)	Federal Share (F)		
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00%	0	0	
							# 50.00%	0		
49	Other Care Services	0	0	0	0	0	* 0.00%	0	0	
							# 50.00%	0		
50	Total	1,305,257	652,629	0	0	0	* 0.00%	0	652,629	
			0				# 50.00%	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 50% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011

Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0408 Waiver Name: Basic		Total Comp. (A)	Federal Share						Total Federal Share (G)
			FMAP 50% Incr FMAP 50% (B)	IHS Facility Services 100% (C)	Fam. Plan. Services 90% (D)	Optional Breast or Cerv. Cancer Services (E)	Other & Prompt Pay		
							Other % (Oth)	Federal Share	
							Prompt Pay (PP)		
				(F)					
1A	Inpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
1B	Inpatient Hospital Service - DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
2A	Mental Health Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
2B	Mental Health Facility Services - DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
5A	Physician and Surgical Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
7	Prescribed Drugs	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
7A1	Drug Rebate Offset - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
7A2	Drug Rebate Offset - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00% # 50.00%	0 0	0
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00% # 50.00%	0 0	0
8	Dental Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 50% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011

Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0408 Waiver Name: Basic		Total Comp. (A)	Federal Share					Other & Prompt Pay		Total Federal Share (G)
			FMAP 50% Incr FMAP 50% (B)	IHS Facility Services 100% (C)	Fam. Plan. Services 90% (D)	Optional Breast or Cerv. Cancer Services (E)	Other % (Oth)	Federal Share (F)		
							Prompt Pay (PP)			
9A	Other Practitioners Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
10	Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
11	Laboratory And Radiological Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
12	Home Health Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
13	Sterilizations	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
14	Abortions No. 0	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
15	EPSDT Screening Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
16	Rural Health Clinic Screening	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
17A	Medicare Health Insurance Payments - Part A Premiums	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
17B	Medicare Health Insurance Payments - Part B Premiums	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
17C1	120% - 134% Of Poverty	0	0	0	0	0	* 100.00% # 50.00%	0 0	0	
17D	Coinsurance And Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations (MCO)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
18E	Medicaid Health Insurance Payments: Other	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
19A	Home and Community-Based Services - Regular Payment (Waiver)	22,852,899	11,426,453 0	0	0	0	* 0.00% # 50.00%	0 0	11,426,453	
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 50% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011

Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0408 Waiver Name: Basic		Total Comp. (A)	Federal Share					Other & Prompt Pay		Total Federal Share (G)
			FMAP 50% Incr FMAP 50% (B)	IHS Facility Services 100% (C)	Fam. Plan. Services 90% (D)	Optional Breast or Cerv. Cancer Services (E)	Other % (Oth) Prompt Pay (PP) (F)	Federal Share (F)		
							* #			
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
24B	Case Management - State Wide	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
26	Hospice Benefits	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
30	Physical Therapy	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
31	Occupational Therapy	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
36	Emergency Hospital Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
37	Critical Access Hospitals	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
39	School Based Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
41	Private Duty Nursing	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
42	Freestanding Birth Center	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 50% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011

Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0408 Waiver Name: Basic		Total Comp. (A)	Federal Share					Other & Prompt Pay		Total Federal Share (G)
			FMAP 50% Incr FMAP 50% (B)	IHS Facility Services 100% (C)	Fam. Plan. Services 90% (D)	Optional Breast or Cerv. Cancer Services (E)	Other % (Oth) Prompt Pay (PP)	Federal Share (F)		
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
49	Other Care Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
50	Total	22,852,899	11,426,453 0	0	0	0	* 0.00% # 50.00%	0 0	11,426,453	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 50% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011

Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0409 Waiver Name: Basic Plus		Total Comp. (A)	Federal Share					Other & Prompt Pay		Total Federal Share (G)
			FMAP 50% Incr FMAP 50% (B)	IHS Facility Services 100% (C)	Fam. Plan. Services 90% (D)	Optional Breast or Cerv. Cancer Services (E)	Other % (Oth)	Federal Share (F)		
							Prompt Pay (PP)			
			#							
1A	Inpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
1B	Inpatient Hospital Service - DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
2A	Mental Health Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
2B	Mental Health Facility Services - DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
5A	Physician and Surgical Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
7	Prescribed Drugs	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
7A1	Drug Rebate Offset - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
7A2	Drug Rebate Offset - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00% # 50.00%	0 0	0	
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00% # 50.00%	0 0	0	
8	Dental Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 50% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011

Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0409 Waiver Name: Basic Plus		Total Comp. (A)	Federal Share					Other & Prompt Pay		Total Federal Share (G)
			FMAP 50% Incr FMAP 50% (B)	IHS Facility Services 100% (C)	Fam. Plan. Services 90% (D)	Optional Breast or Cerv. Cancer Services (E)	Other % (Oth)	Federal Share (F)		
							Prompt Pay (PP)			
9A	Other Practitioners Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
10	Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
11	Laboratory And Radiological Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
12	Home Health Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
13	Sterilizations	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
14	Abortions No. 0	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
15	EPSDT Screening Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
16	Rural Health Clinic Screening	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
17A	Medicare Health Insurance Payments - Part A Premiums	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
17B	Medicare Health Insurance Payments - Part B Premiums	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
17C1	120% - 134% Of Poverty	0	0	0	0	0	* 100.00% # 50.00%	0 0	0	
17D	Coinsurance And Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations (MCO)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
18E	Medicaid Health Insurance Payments: Other	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
19A	Home and Community-Based Services - Regular Payment (Waiver)	17,821,550	8,910,775 0	0	0	0	* 0.00% # 50.00%	0 0	8,910,775	
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 50% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011

Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0409 Waiver Name: Basic Plus		Total Comp. (A)	Federal Share					Other & Prompt Pay		Total Federal Share (G)
			FMAP 50% Incr FMAP 50%	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other % (Oth)	Federal Share		
			(B)	(C)	(D)	(E)	Prompt Pay (PP)		(F)	
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
24B	Case Management - State Wide	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
26	Hospice Benefits	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
30	Physical Therapy	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
31	Occupational Therapy	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
36	Emergency Hospital Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
37	Critical Access Hospitals	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
39	School Based Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
41	Private Duty Nursing	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
42	Freestanding Birth Center	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 50% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011

Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0409 Waiver Name: Basic Plus		Total Comp. (A)	Federal Share					Other & Prompt Pay		Total Federal Share (G)
			FMAP 50% Incr FMAP 50% (B)	IHS Facility Services 100% (C)	Fam. Plan. Services 90% (D)	Optional Breast or Cerv. Cancer Services (E)	Other % (Oth) Prompt Pay (PP)	Federal Share (F)		
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
49	Other Care Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
50	Total	17,821,550	8,910,775 0	0	0	0	* 0.00% # 50.00%	0 0	8,910,775	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 50% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011

Medical Assistance Payments Waiver Type: 1915C Waiver Number: 40669.R00 Waiver Name: CIIBS		Total Comp. (A)	Federal Share						Total Federal Share (G)
			FMAP 50% Incr FMAP 50% (B)	IHS Facility Services 100% (C)	Fam. Plan. Services 90% (D)	Optional Breast or Cerv. Cancer Services (E)	Other & Prompt Pay		
							Other % (Oth) Prompt Pay (PP) # 50.00% (F)	Federal Share (F)	
			(A)	(B)	(C)	(D)	(E)	(F)	
1A	Inpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
1B	Inpatient Hospital Service - DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
2A	Mental Health Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
2B	Mental Health Facility Services - DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
5A	Physician and Surgical Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
7	Prescribed Drugs	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
7A1	Drug Rebate Offset - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
7A2	Drug Rebate Offset - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00% # 50.00%	0 0	0
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00% # 50.00%	0 0	0
8	Dental Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 50% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011

Medical Assistance Payments Waiver Type: 1915C Waiver Number: 40669.R00 Waiver Name: CIIBS		Total Comp. (A)	Federal Share					Other & Prompt Pay		Total Federal Share (G)
			FMAP 50% Incr FMAP 50% (B)	IHS Facility Services 100% (C)	Fam. Plan. Services 90% (D)	Optional Breast or Cerv. Cancer Services (E)	Other % (Oth) Prompt Pay (PP)	Federal Share (F)		
									* #	
9A	Other Practitioners Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
10	Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
11	Laboratory And Radiological Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
12	Home Health Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
13	Sterilizations	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
14	Abortions No. 0	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
15	EPSDT Screening Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
16	Rural Health Clinic Screening	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
17A	Medicare Health Insurance Payments - Part A Premiums	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
17B	Medicare Health Insurance Payments - Part B Premiums	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
17C1	120% - 134% Of Poverty	0	0	0	0	0	* 100.00% # 50.00%	0 0	0	
17D	Coinsurance And Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations (MCO)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
18E	Medicaid Health Insurance Payments: Other	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
19A	Home and Community-Based Services - Regular Payment (Waiver)	922,523	461,263 0	0	0	0	* 0.00% # 50.00%	0 0	461,263	
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 50% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011

Medical Assistance Payments Waiver Type: 1915C Waiver Number: 40669.R00 Waiver Name: CIIBS		Total Comp. (A)	Federal Share					Other & Prompt Pay		Total Federal Share (G)
			FMAP 50% Incr FMAP 50%	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other % (Oth)	Federal Share		
			(B)	(C)	(D)	(E)	Prompt Pay (PP)		(F)	
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
24B	Case Management - State Wide	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
26	Hospice Benefits	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
30	Physical Therapy	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
31	Occupational Therapy	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
36	Emergency Hospital Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
37	Critical Access Hospitals	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
39	School Based Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
41	Private Duty Nursing	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
42	Freestanding Birth Center	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 50% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011

Medical Assistance Payments Waiver Type: 1915C Waiver Number: 40669.R00 Waiver Name: CIIBS		Total Comp. (A)	Federal Share					Other & Prompt Pay		Total Federal Share (G)
			FMAP 50% Incr FMAP 50% (B)	IHS Facility Services 100% (C)	Fam. Plan. Services 90% (D)	Optional Breast or Cerv. Cancer Services (E)	Other % (Oth) Prompt Pay (PP)	Federal Share (F)		
							* 0.00% # 50.00%	0 0		
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
49	Other Care Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
50	Total	922,523	461,263 0	0	0	0	* 0.00% # 50.00%	0 0	461,263	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 50% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011

Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0049.92 Waiver Name: COPES		Total Comp. (A)	Federal Share						Total Federal Share (G)
			FMAP 50% Incr FMAP 50% (B)	IHS Facility Services 100% (C)	Fam. Plan. Services 90% (D)	Optional Breast or Cerv. Cancer Services (E)	Other & Prompt Pay		
							Other % (Oth) Prompt Pay (PP) # 50.00% (F)	Federal Share (F)	
1A	Inpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
1B	Inpatient Hospital Service - DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
2A	Mental Health Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
2B	Mental Health Facility Services - DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
5A	Physician and Surgical Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
7	Prescribed Drugs	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
7A1	Drug Rebate Offset - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
7A2	Drug Rebate Offset - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00% # 50.00%	0 0	0
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00% # 50.00%	0 0	0
8	Dental Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 50% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011

Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0049.92 Waiver Name: COPES		Total Comp. (A)	Federal Share					Other & Prompt Pay		Total Federal Share (G)
			FMAP 50% Incr FMAP 50% (B)	IHS Facility Services 100% (C)	Fam. Plan. Services 90% (D)	Optional Breast or Cerv. Cancer Services (E)	Other % (Oth) Prompt Pay (PP)	Federal Share (F)		
									* 0.00% # 50.00%	
9A	Other Practitioners Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
10	Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
11	Laboratory And Radiological Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
12	Home Health Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
13	Sterilizations	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
14	Abortions No. 0	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
15	EPSDT Screening Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
16	Rural Health Clinic Screening	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
17A	Medicare Health Insurance Payments - Part A Premiums	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
17B	Medicare Health Insurance Payments - Part B Premiums	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
17C1	120% - 134% Of Poverty	0	0	0	0	0	* 100.00% # 50.00%	0 0	0	
17D	Coinsurance And Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations (MCO)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
18E	Medicaid Health Insurance Payments: Other	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
19A	Home and Community-Based Services - Regular Payment (Waiver)	125,610,095	62,805,048 0	0	0	0	* 0.00% # 50.00%	0 0	62,805,048	
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 50% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011

Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0049.92 Waiver Name: COPEs		Total Comp. (A)	Federal Share					Other & Prompt Pay		Total Federal Share (G)
			FMAP 50% Incr FMAP 50%	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other % (Oth)	Federal Share		
			(B)	(C)	(D)	(E)	Prompt Pay (PP)		(F)	
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
24B	Case Management - State Wide	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
26	Hospice Benefits	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
30	Physical Therapy	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
31	Occupational Therapy	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
36	Emergency Hospital Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
37	Critical Access Hospitals	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
39	School Based Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
41	Private Duty Nursing	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
42	Freestanding Birth Center	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 50% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011

Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0049.92 Waiver Name: COPES		Total Comp. (A)	Federal Share					Other & Prompt Pay		Total Federal Share (G)
			FMAP 50% Incr FMAP 50% (B)	IHS Facility Services 100% (C)	Fam. Plan. Services 90% (D)	Optional Breast or Cerv. Cancer Services (E)	Other % (Oth) Prompt Pay (PP)	Federal Share (F)		
							* 0.00% # 50.00%			
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
49	Other Care Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
50	Total	125,610,095	62,805,048 0	0	0	0	* 0.00% # 50.00%	0 0	62,805,048	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 50% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011

Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0410 Waiver Name: Core		Total Comp. (A)	Federal Share						Total Federal Share (G)
			FMAP 50% Incr FMAP 50% (B)	IHS Facility Services 100% (C)	Fam. Plan. Services 90% (D)	Optional Breast or Cerv. Cancer Services (E)	Other & Prompt Pay		
							Other % (Oth) Prompt Pay (PP) # 50.00% (F)	Federal Share (F)	
1A	Inpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
1B	Inpatient Hospital Service - DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
2A	Mental Health Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
2B	Mental Health Facility Services - DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
5A	Physician and Surgical Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
7	Prescribed Drugs	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
7A1	Drug Rebate Offset - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
7A2	Drug Rebate Offset - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00% # 50.00%	0 0	0
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00% # 50.00%	0 0	0
8	Dental Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 50% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011

Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0410 Waiver Name: Core		Total Comp. (A)	Federal Share					Other & Prompt Pay		Total Federal Share (G)
			FMAP 50% Incr FMAP 50% (B)	IHS Facility Services 100% (C)	Fam. Plan. Services 90% (D)	Optional Breast or Cerv. Cancer Services (E)	Other % (Oth)	Federal Share (F)		
							Prompt Pay (PP)			
9A	Other Practitioners Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
10	Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
11	Laboratory And Radiological Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
12	Home Health Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
13	Sterilizations	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
14	Abortions No. 0	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
15	EPSDT Screening Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
16	Rural Health Clinic Screening	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
17A	Medicare Health Insurance Payments - Part A Premiums	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
17B	Medicare Health Insurance Payments - Part B Premiums	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
17C1	120% - 134% Of Poverty	0	0	0	0	0	* 100.00% # 50.00%	0 0	0	
17D	Coinsurance And Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations (MCO)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
18E	Medicaid Health Insurance Payments: Other	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
19A	Home and Community-Based Services - Regular Payment (Waiver)	79,387,338	39,693,672	0	0	0	* 0.00% # 50.00%	0 0	39,693,672	
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 50% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011

Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0410 Waiver Name: Core		Total Comp. (A)	Federal Share						Total Federal Share (G)
			FMAP 50% Incr FMAP 50%	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other & Prompt Pay		
							Other % (Oth) Prompt Pay (PP)	Federal Share	
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
24B	Case Management - State Wide	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
26	Hospice Benefits	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
30	Physical Therapy	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
31	Occupational Therapy	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
36	Emergency Hospital Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
37	Critical Access Hospitals	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
39	School Based Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
41	Private Duty Nursing	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
42	Freestanding Birth Center	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00% # 50.00%	0 0	0

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 50% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011

Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0410 Waiver Name: Core		Total Comp. (A)	Federal Share					Other & Prompt Pay		Total Federal Share (G)
			FMAP 50% Incr FMAP 50% (B)	IHS Facility Services 100% (C)	Fam. Plan. Services 90% (D)	Optional Breast or Cerv. Cancer Services (E)	Other % (Oth) Prompt Pay (PP)	Federal Share (F)		
							* 0.00% # 50.00%			
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
49	Other Care Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
50	Total	79,387,338	39,693,672 0	0	0	0	* 0.00% # 50.00%	0 0	39,693,672	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 50% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011

Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0419.01 Waiver Name: Medically Needy In Home		Total Comp. (A)	Federal Share						Total Federal Share (G)
			FMAP 50% Incr FMAP 50%	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other & Prompt Pay		
							Other % (Oth) Prompt Pay (PP)	Federal Share	
			(B)	(C)	(D)	(E)	(F)		
1A	Inpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
1B	Inpatient Hospital Service - DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
2A	Mental Health Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
2B	Mental Health Facility Services - DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
5A	Physician and Surgical Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
7	Prescribed Drugs	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
7A1	Drug Rebate Offset - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
7A2	Drug Rebate Offset - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00% # 50.00%	0 0	0
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00% # 50.00%	0 0	0
8	Dental Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 50% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011

Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0419.01 Waiver Name: Medically Needy In Home		Total Comp. (A)	Federal Share					Other & Prompt Pay		Total Federal Share (G)
			FMAP 50% Incr FMAP 50% (B)	IHS Facility Services 100% (C)	Fam. Plan. Services 90% (D)	Optional Breast or Cerv. Cancer Services (E)	Other % (Oth)	Federal Share (F)		
							Prompt Pay (PP)			
9A	Other Practitioners Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
10	Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
11	Laboratory And Radiological Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
12	Home Health Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
13	Sterilizations	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
14	Abortions No. 0	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
15	EPSDT Screening Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
16	Rural Health Clinic Screening	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
17A	Medicare Health Insurance Payments - Part A Premiums	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
17B	Medicare Health Insurance Payments - Part B Premiums	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
17C1	120% - 134% Of Poverty	0	0	0	0	0	* 100.00% # 50.00%	0 0	0	
17D	Coinsurance And Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations (MCO)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
18E	Medicaid Health Insurance Payments: Other	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
19A	Home and Community-Based Services - Regular Payment (Waiver)	347,909	173,955 0	0	0	0	* 0.00% # 50.00%	0 0	173,955	
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 50% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011

Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0419.01 Waiver Name: Medically Needy In Home		Total Comp. (A)	Federal Share						Total Federal Share (G)
			FMAP 50% Incr FMAP 50%	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other & Prompt Pay		
							Other % (Oth) Prompt Pay (PP)	Federal Share	
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
24B	Case Management - State Wide	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
26	Hospice Benefits	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
30	Physical Therapy	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
31	Occupational Therapy	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
36	Emergency Hospital Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
37	Critical Access Hospitals	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
39	School Based Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
41	Private Duty Nursing	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
42	Freestanding Birth Center	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00% # 50.00%	0 0	0

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 50% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011

Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0419.01 Waiver Name: Medically Needy In Home		Total Comp. (A)	Federal Share					Other & Prompt Pay		Total Federal Share (G)
			FMAP 50% Incr FMAP 50% (B)	IHS Facility Services 100% (C)	Fam. Plan. Services 90% (D)	Optional Breast or Cerv. Cancer Services (E)	Other % (Oth) Prompt Pay (PP)	Federal Share (F)		
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
49	Other Care Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
50	Total	347,909	173,955 0	0	0	0	* 0.00% # 50.00%	0 0	173,955	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 50% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011

Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0449 Waiver Name: New Freedom		Total Comp. (A)	Federal Share						Total Federal Share (G)
			FMAP 50% Incr FMAP 50%	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other & Prompt Pay		
							Other % (Oth) Prompt Pay (PP)	Federal Share	
			(B)	(C)	(D)	(E)	(F)		
1A	Inpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
1B	Inpatient Hospital Service - DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
2A	Mental Health Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
2B	Mental Health Facility Services - DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
5A	Physician and Surgical Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
7	Prescribed Drugs	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
7A1	Drug Rebate Offset - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
7A2	Drug Rebate Offset - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00% # 50.00%	0 0	0
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00% # 50.00%	0 0	0
8	Dental Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 50% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011

Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0449 Waiver Name: New Freedom		Total Comp. (A)	Federal Share					Other & Prompt Pay		Total Federal Share (G)
			FMAP 50% Incr FMAP 50% (B)	IHS Facility Services 100% (C)	Fam. Plan. Services 90% (D)	Optional Breast or Cerv. Cancer Services (E)	Other % (Oth)	Federal Share (F)		
							Prompt Pay (PP)			
9A	Other Practitioners Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
10	Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
11	Laboratory And Radiological Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
12	Home Health Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
13	Sterilizations	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
14	Abortions No. 0	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
15	EPSDT Screening Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
16	Rural Health Clinic Screening	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
17A	Medicare Health Insurance Payments - Part A Premiums	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
17B	Medicare Health Insurance Payments - Part B Premiums	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
17C1	120% - 134% Of Poverty	0	0	0	0	0	* 100.00% # 50.00%	0 0	0	
17D	Coinsurance And Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations (MCO)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
18E	Medicaid Health Insurance Payments: Other	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
19A	Home and Community-Based Services - Regular Payment (Waiver)	2,504,820	1,252,411 0	0	0	0	* 0.00% # 50.00%	0 0	1,252,411	
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 50% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011

Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0449 Waiver Name: New Freedom		Total Comp. (A)	Federal Share						Total Federal Share (G)
			FMAP 50% Incr FMAP 50%	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other & Prompt Pay		
							Other % (Oth) Prompt Pay (PP)	Federal Share	
(B)	(C)	(D)	(E)	(F)		(G)			
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
24B	Case Management - State Wide	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
26	Hospice Benefits	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
30	Physical Therapy	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
31	Occupational Therapy	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
36	Emergency Hospital Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
37	Critical Access Hospitals	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
39	School Based Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
41	Private Duty Nursing	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
42	Freestanding Birth Center	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00% # 50.00%	0 0	0

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 50% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011

Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0449 Waiver Name: New Freedom		Total Comp. (A)	Federal Share					Other & Prompt Pay		Total Federal Share (G)
			FMAP 50% Incr FMAP 50% (B)	IHS Facility Services 100% (C)	Fam. Plan. Services 90% (D)	Optional Breast or Cerv. Cancer Services (E)	Other % (Oth) Prompt Pay (PP)	Federal Share (F)		
							* 0.00% # 50.00%	0 0		
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
49	Other Care Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
50	Total	2,504,820	1,252,411 0	0	0	0	* 0.00% # 50.00%	0 0	1,252,411	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 50% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011

Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0411 Waiver Name: Public Safety		Total Comp. (A)	Federal Share					Other & Prompt Pay		Total Federal Share (G)
			FMAP 50% Incr FMAP 50% (B)	IHS Facility Services 100% (C)	Fam. Plan. Services 90% (D)	Optional Breast or Cerv. Cancer Services (E)	Other % (Oth)	Federal Share (F)		
							Prompt Pay (PP)			
			#	#						
1A	Inpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
1B	Inpatient Hospital Service - DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
2A	Mental Health Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
2B	Mental Health Facility Services - DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
5A	Physician and Surgical Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
7	Prescribed Drugs	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
7A1	Drug Rebate Offset - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
7A2	Drug Rebate Offset - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00% # 50.00%	0 0	0	
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00% # 50.00%	0 0	0	
8	Dental Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 50% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011

Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0411 Waiver Name: Public Safety		Total Comp. (A)	Federal Share					Other & Prompt Pay		Total Federal Share (G)
			FMAP 50% Incr FMAP 50% (B)	IHS Facility Services 100% (C)	Fam. Plan. Services 90% (D)	Optional Breast or Cerv. Cancer Services (E)	Other % (Oth)	Federal Share (F)		
							Prompt Pay (PP)			
9A	Other Practitioners Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
10	Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
11	Laboratory And Radiological Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
12	Home Health Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
13	Sterilizations	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
14	Abortions No. 0	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
15	EPSDT Screening Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
16	Rural Health Clinic Screening	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
17A	Medicare Health Insurance Payments - Part A Premiums	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
17B	Medicare Health Insurance Payments - Part B Premiums	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
17C1	120% - 134% Of Poverty	0	0	0	0	0	* 100.00% # 50.00%	0 0	0	
17D	Coinsurance And Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations (MCO)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
18E	Medicaid Health Insurance Payments: Other	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
19A	Home and Community-Based Services - Regular Payment (Waiver)	13,294,428	6,647,216 0	0	0	0	* 0.00% # 50.00%	0 0	6,647,216	
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 50% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011

Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0411 Waiver Name: Public Safety		Total Comp. (A)	Federal Share						Total Federal Share (G)
			FMAP 50% Incr FMAP 50%	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other & Prompt Pay		
							Other % (Oth) Prompt Pay (PP)	Federal Share	
(B)	(C)	(D)	(E)	(F)		(G)			
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
24B	Case Management - State Wide	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
26	Hospice Benefits	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
30	Physical Therapy	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
31	Occupational Therapy	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
36	Emergency Hospital Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
37	Critical Access Hospitals	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
39	School Based Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
41	Private Duty Nursing	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
42	Freestanding Birth Center	0	0	0	0	0	* 0.00% # 50.00%	0 0	0
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00% # 50.00%	0 0	0

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 50% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011

Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0411 Waiver Name: Public Safety		Total Comp. (A)	Federal Share					Other & Prompt Pay		Total Federal Share (G)
			FMAP 50% Incr FMAP 50% (B)	IHS Facility Services 100% (C)	Fam. Plan. Services 90% (D)	Optional Breast or Cerv. Cancer Services (E)	Other % (Oth) Prompt Pay (PP)	Federal Share (F)		
							* 0.00% # 50.00%			
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
49	Other Care Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0	
50	Total	13,294,428	6,647,216 0	0	0	0	* 0.00% # 50.00%	0 0	6,647,216	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 50% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 3/2011

Line # 10B											
Medical Assistance Payments		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 58.23%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
1A	Inpatient Hospital Services: Regular Payments	3,642,982	1,808,303 297,647	0	0	17,144	* 0.00% # 50.00%	0 0	2,123,094		
1B	Inpatient Hospital Services: DSH Adjustment Payments	3,638	1,819 0	0	0	0	* 0.00% # 50.00%	0 0	1,819		
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
3A	Nursing Facility Services - Regular Payments	100,084	50,042 8,237	0	0	0	* 0.00% # 50.00%	0 0	58,279		
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	108,842	54,421 8,958	0	0	0	* 0.00% # 50.00%	0 0	63,379		
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
5A	Physician and Surgical Services - Regular Payments	1,804,848	878,987 144,681	6,500	215	26,088	* 0.00% # 50.00%	0 0	1,056,471		
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
6A	Outpatient Hospital Services - Regular Payments	1,372,932	670,651 110,389	0	0	20,560	* 0.00% # 50.00%	0 0	801,600		
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7	Prescribed Drugs	1,092,804	542,726 89,333	0	262	4,589	* 0.00% # 50.00%	0 0	636,910		
7A1	Drug Rebate Offset - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A2	Drug Rebate Offset - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00% # 50.00%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 58.23% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 3/2011

Line # 10B											
Medical Assistance Payments		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 58.23%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00% # 50.00%	0	0	0	
8	Dental Services	10,654,552	5,084,893 836,973	376	0	314,854	* 0.00% # 50.00%	0	0	6,237,096	
9A	Other Practitioners Services - Regular Payments	518,116	251,941 41,470	0	0	9,251	* 0.00% # 50.00%	0	0	302,662	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
10	Clinic Services	55,762	27,215 4,480	0	580	447	* 0.00% # 50.00%	0	0	32,722	
11	Laboratory And Radiological Services	31,986	15,356 2,528	0	331	589	* 0.00% # 50.00%	0	0	18,804	
12	Home Health Services	451,838	225,919 37,186	0	0	0	* 0.00% # 50.00%	0	0	263,105	
13	Sterilizations	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
14	Abortions 0	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
15	EPSDT Screening Services	197,262	93,286 15,355	0	0	6,949	* 0.00% # 50.00%	0	0	115,590	
16	Rural Health Clinic Services	2,163,623	1,064,539 175,223	0	0	22,454	* 0.00% # 50.00%	0	0	1,262,216	
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00% # 50.00%	0	0	0	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations	31,217,817	15,020,667 2,472,402	0	0	764,713	* 0.00% # 50.00%	0	0	18,257,782	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18E	Medicaid Health Insurance Program: Other	188,852	94,426 15,543	0	0	0	* 0.00% # 50.00%	0	0	109,969	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 58.23% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 3/2011

Line # 10B											
Medical Assistance Payments		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 58.23%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
19A	Home and Community-Based Services - Regular Payment (Waiver)	0	0	0	0	0	* 0.00% # 50.00%	0	0		
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0	0		
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0	0		
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00% # 50.00%	0	0		
23A	Personal Care Services - Regular Payment	140,891	70,446 11,595	0	0	0	* 0.00% # 50.00%	0	82,041		
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00% # 50.00%	0	0		
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00% # 50.00%	0	0		
24B	Case Management - State Wide	0	0	0	0	0	* 0.00% # 50.00%	0	0		
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00% # 50.00%	0	0		
26	Hospice Benefits	12,559	6,279 1,034	0	0	0	* 0.00% # 50.00%	0	7,313		
27	Emergency Services for Undocumented Aliens	1,384	651 107	0	0	53	* 0.00% # 50.00%	0	811		
28	Federally-Qualified Health Center	8,147,866	3,743,532 616,185	0	2	429,521	* 0.00% # 50.00%	0	4,789,240		
29	Non-Emergency Medical Transportation	52,235	26,117 4,299	0	0	0	* 0.00% # 50.00%	0	30,416		
30	Physical Therapy	0	0	0	0	0	* 0.00% # 50.00%	0	0		
31	Occupational Therapy	0	0	0	0	0	* 0.00% # 50.00%	0	0		
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00% # 50.00%	0	0		
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00% # 50.00%	0	0		
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00% # 50.00%	0	0		
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00% # 50.00%	0	0		
36	Emergency Hospital Services	0	0	0	0	0	* 0.00% # 50.00%	0	0		
37	Critical Access Hospitals	0	0	0	0	0	* 0.00% # 50.00%	0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 58.23% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 3/2011

Line # 10B										
Medical Assistance Payments		Federal Share						Total Federal Share	Deferral Or C.I.N. Number	
		Total Comp.	FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other & Prompt Pay			
			Incr Fmap 58.23%				Other % (Oth)			Federal Share
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)		
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	
39	School Based Services	63,644	31,517 5,188	0	0	397	* 0.00% # 50.00%	0	37,102	
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00% # 50.00%	0	0	
41	Private Duty Nursing	0	0	0	0	0	* 0.00% # 50.00%	0	0	
42	Freestanding Birth Center	0	0	0	0	0	* 0.00% # 50.00%	0	0	
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00% # 50.00%	0	0	
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00% # 50.00%	0	0	
49	Other Care Services	1,214,286	593,392 97,672	0	0	17,876	* 0.00% # 50.00%	0	708,940	
50	Total	63,238,803	30,357,125 4,996,485	6,876	1,390	1,635,485	* 0.00% # 50.00%	0	36,997,361	

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** Lines are calculated at the increased FMAP rate of 58.23% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 3/2011

		Line # 7								
Medical Assistance Payments		Federal Share						Total Federal Share	Deferral Or C.I.N. Number	
		Total Comp.	FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other & Prompt Pay			
			Incr Fmap 58.23%				Other % (Oth)			Federal Share
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)		
1A	Inpatient Hospital Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00% # 50.00%	0	0	
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00% # 50.00%	0	0	
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	
5A	Physician and Surgical Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	
7	Prescribed Drugs	0	0	0	0	0	* 0.00% # 50.00%	0	0	
7A1	Drug Rebate Offset - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0	0	
7A2	Drug Rebate Offset - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0	0	
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0	0	
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0	0	
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00% # 50.00%	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 58.23% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 3/2011

Line # 7											
Medical Assistance Payments		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 58.23%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)				
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00% # 50.00%	0	0		
8	Dental Services	0	0	0	0	0	* 0.00% # 50.00%	0	0		
9A	Other Practitioners Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0		
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0		
10	Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0	0		
11	Laboratory And Radiological Services	0	0	0	0	0	* 0.00% # 50.00%	0	0		
12	Home Health Services	0	0	0	0	0	* 0.00% # 50.00%	0	0		
13	Sterilizations	0	0	0	0	0	* 0.00% # 50.00%	0	0		
14	Abortions 0	0	0	0	0	0	* 0.00% # 50.00%	0	0		
15	EPSDT Screening Services	0	0	0	0	0	* 0.00% # 50.00%	0	0		
16	Rural Health Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0	0		
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0		
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0		
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00% # 50.00%	0	0		
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0		
18A	Medicaid Health Insurance Payments: Managed Care Organizations	19,621	9,810 1,615	0	0	0	* 0.00% # 50.00%	0	11,425		
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0	0		
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0	0		
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0		
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0		
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0	* 0.00% # 50.00%	0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 58.23% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 3/2011

		Line # 7									
Medical Assistance Payments		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 58.23%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
19A	Home and Community-Based Services - Regular Payment (Waiver)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
23A	Personal Care Services - Regular Payment	165,874	82,937 13,651	0	0	0	* 0.00% # 50.00%	0 0	96,588		
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
24B	Case Management - State Wide	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
26	Hospice Benefits	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
29	Non-Emergency Medical Transportation	31	15 3	0	0	0	* 0.00% # 50.00%	0 0	18		
30	Physical Therapy	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
31	Occupational Therapy	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
36	Emergency Hospital Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
37	Critical Access Hospitals	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 58.23% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 3/2011

Line # 7											
Medical Assistance Payments		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 58.23%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)				
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
39	School Based Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
41	Private Duty Nursing	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
42	Freestanding Birth Center	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
49	Other Care Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
50	Total	185,526	92,762 15,269	0	0	0	* 0.00% # 50.00%	0 0	108,031		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 58.23% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 3/2011

Line # 8											
Medical Assistance Payments		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 58.23%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)				
1A	Inpatient Hospital Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
5A	Physician and Surgical Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
7	Prescribed Drugs	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
7A1	Drug Rebate Offset - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
7A2	Drug Rebate Offset - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00% # 50.00%	0	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 58.23% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 3/2011

		Line # 8							
Medical Assistance Payments		Federal Share						Total Federal Share	Deferral Or C.I.N. Number
		Total Comp.	FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other & Prompt Pay		
			Incr Fmap 58.23%				Other % (Oth) Prompt Pay (PP)		
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)	
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00% # 50.00%	0	0
8	Dental Services	0	0	0	0	0	* 0.00% # 50.00%	0	0
9A	Other Practitioners Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0
10	Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0	0
11	Laboratory And Radiological Services	0	0	0	0	0	* 0.00% # 50.00%	0	0
12	Home Health Services	0	0	0	0	0	* 0.00% # 50.00%	0	0
13	Sterilizations	0	0	0	0	0	* 0.00% # 50.00%	0	0
14	Abortions 0	0	0	0	0	0	* 0.00% # 50.00%	0	0
15	EPSDT Screening Services	0	0	0	0	0	* 0.00% # 50.00%	0	0
16	Rural Health Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0	0
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00% # 50.00%	0	0
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0	* 0.00% # 50.00%	0	0
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0	0
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0	0
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0	* 0.00% # 50.00%	0	0

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 58.23% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 3/2011

		Line # 8									
Medical Assistance Payments		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 58.23%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)				
19A	Home and Community-Based Services - Regular Payment (Waiver)	0	0	0	0	0	* 0.00% # 50.00%	0	0		
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0	0		
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0	0		
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00% # 50.00%	0	0		
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00% # 50.00%	0	0		
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00% # 50.00%	0	0		
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00% # 50.00%	0	0		
24B	Case Management - State Wide	0	0	0	0	0	* 0.00% # 50.00%	0	0		
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00% # 50.00%	0	0		
26	Hospice Benefits	0	0	0	0	0	* 0.00% # 50.00%	0	0		
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00% # 50.00%	0	0		
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00% # 50.00%	0	0		
29	Non-Emergency Medical Transportation	9,397,966	0	0	8,458,169	0	* 0.00% # 50.00%	0	8,458,169		
30	Physical Therapy	0	0	0	0	0	* 0.00% # 50.00%	0	0		
31	Occupational Therapy	0	0	0	0	0	* 0.00% # 50.00%	0	0		
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00% # 50.00%	0	0		
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00% # 50.00%	0	0		
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00% # 50.00%	0	0		
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00% # 50.00%	0	0		
36	Emergency Hospital Services	0	0	0	0	0	* 0.00% # 50.00%	0	0		
37	Critical Access Hospitals	0	0	0	0	0	* 0.00% # 50.00%	0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 58.23% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 3/2011

		Line # 8								
Medical Assistance Payments		Federal Share						Total Federal Share	Deferral Or C.I.N. Number	
		Total Comp.	FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other & Prompt Pay			
			Incr Fmap 58.23%				Other % (Oth)			Federal Share
(A)	(B)	(C)	(D)	(E)	Prompt Pay (PP)	(F)	(G)	(H)		
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	
39	School Based Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00% # 50.00%	0	0	
41	Private Duty Nursing	0	0	0	0	0	* 0.00% # 50.00%	0	0	
42	Freestanding Birth Center	0	0	0	0	0	* 0.00% # 50.00%	0	0	
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00% # 50.00%	0	0	
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00% # 50.00%	0	0	
49	Other Care Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	
50	Total	9,397,966	0	0	8,458,169	0	* 0.00% # 50.00%	0	8,458,169	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 58.23% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 2/2011

Line # 10B											
Medical Assistance Payments		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 60.11%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
1A	Inpatient Hospital Services: Regular Payments	3,622,683	1,811,342 366,253	0	0	0	* 0.00% # 50.00%	0 0	2,177,595		
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
3A	Nursing Facility Services - Regular Payments	79,571	39,785 8,045	0	0	0	* 0.00% # 50.00%	0 0	47,830		
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	234,545	117,273 23,712	0	0	0	* 0.00% # 50.00%	0 0	140,985		
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
5A	Physician and Surgical Services - Regular Payments	1,587,129	793,564 160,459	0	0	0	* 0.00% # 50.00%	0 0	954,023		
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
6A	Outpatient Hospital Services - Regular Payments	1,098,735	549,368 111,082	0	0	0	* 0.00% # 50.00%	0 0	660,450		
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7	Prescribed Drugs	1,343,160	671,580 135,793	0	0	0	* 0.00% # 50.00%	0 0	807,373		
7A1	Drug Rebate Offset - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A2	Drug Rebate Offset - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00% # 50.00%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 60.11% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 2/2011

Line # 10B											
Medical Assistance Payments		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 60.11%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00% # 50.00%	0	0	0	
8	Dental Services	8,764,974	4,382,487 886,139	0	0	0	* 0.00% # 50.00%	0	0	5,268,626	
9A	Other Practitioners Services - Regular Payments	383,329	191,664 38,755	0	0	0	* 0.00% # 50.00%	0	0	230,419	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
10	Clinic Services	73,968	36,984 7,478	0	0	0	* 0.00% # 50.00%	0	0	44,462	
11	Laboratory And Radiological Services	26,720	13,360 2,701	0	0	0	* 0.00% # 50.00%	0	0	16,061	
12	Home Health Services	333,688	166,844 33,736	0	0	0	* 0.00% # 50.00%	0	0	200,580	
13	Sterilizations	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
14	Abortions 0	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
15	EPSDT Screening Services	178,134	89,067 18,009	0	0	0	* 0.00% # 50.00%	0	0	107,076	
16	Rural Health Clinic Services	1,992,641	985,784 199,326	0	0	13,697	* 0.00% # 50.00%	0	0	1,198,807	
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00% # 50.00%	0	0	0	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations	44,082,897	21,267,421 4,300,273	0	0	1,006,235	* 0.00% # 50.00%	0	0	26,573,929	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18E	Medicaid Health Insurance Program: Other	10,863	5,432 1,098	0	0	0	* 0.00% # 50.00%	0	0	6,530	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 60.11% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 2/2011

Line # 10B											
Medical Assistance Payments		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 60.11%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
19A	Home and Community-Based Services - Regular Payment (Waiver)	0	0	0	0	0	* 0.00% # 50.00%	0	0		
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0	0		
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0	0		
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00% # 50.00%	0	0		
23A	Personal Care Services - Regular Payment	556,972	278,486 56,310	0	0	0	* 0.00% # 50.00%	0	334,796		
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00% # 50.00%	0	0		
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00% # 50.00%	0	0		
24B	Case Management - State Wide	0	0	0	0	0	* 0.00% # 50.00%	0	0		
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00% # 50.00%	0	0		
26	Hospice Benefits	16,465	8,232 1,665	0	0	0	* 0.00% # 50.00%	0	9,897		
27	Emergency Services for Undocumented Aliens	1,224	612 124	0	0	0	* 0.00% # 50.00%	0	736		
28	Federally-Qualified Health Center	8,469,490	4,081,470 825,273	0	0	199,258	* 0.00% # 50.00%	0	5,106,001		
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00% # 50.00%	0	0		
30	Physical Therapy	0	0	0	0	0	* 0.00% # 50.00%	0	0		
31	Occupational Therapy	0	0	0	0	0	* 0.00% # 50.00%	0	0		
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00% # 50.00%	0	0		
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00% # 50.00%	0	0		
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00% # 50.00%	0	0		
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00% # 50.00%	0	0		
36	Emergency Hospital Services	0	0	0	0	0	* 0.00% # 50.00%	0	0		
37	Critical Access Hospitals	0	0	0	0	0	* 0.00% # 50.00%	0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 60.11% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 2/2011

Line # 10B											
Medical Assistance Payments		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 60.11%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
39	School Based Services	916,538	458,269 92,662	0	0	0	* 0.00% # 50.00%	0 0	550,931		
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
41	Private Duty Nursing	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
42	Freestanding Birth Center	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
49	Other Care Services	1,029,442	514,721 104,077	0	0	0	* 0.00% # 50.00%	0 0	618,798		
50	Total	74,803,168	36,463,745 7,372,970	0	0	1,219,190	* 0.00% # 50.00%	0 0	45,055,905		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 60.11% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 2/2011

Line # 7											
Medical Assistance Payments		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 60.11%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
1A	Inpatient Hospital Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
5A	Physician and Surgical Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7	Prescribed Drugs	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A1	Drug Rebate Offset - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A2	Drug Rebate Offset - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00% # 50.00%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 60.11% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 2/2011

		Line # 7							
Medical Assistance Payments		Federal Share						Total Federal Share	Deferral Or C.I.N. Number
		Total Comp.	FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other & Prompt Pay		
			Incr Fmap 60.11%				Other % (Oth) Prompt Pay (PP)		
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)	
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00% # 50.00%	0	0
8	Dental Services	0	0	0	0	0	* 0.00% # 50.00%	0	0
9A	Other Practitioners Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0
10	Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0	0
11	Laboratory And Radiological Services	0	0	0	0	0	* 0.00% # 50.00%	0	0
12	Home Health Services	0	0	0	0	0	* 0.00% # 50.00%	0	0
13	Sterilizations	0	0	0	0	0	* 0.00% # 50.00%	0	0
14	Abortions 0	0	0	0	0	0	* 0.00% # 50.00%	0	0
15	EPSDT Screening Services	0	0	0	0	0	* 0.00% # 50.00%	0	0
16	Rural Health Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0	0
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00% # 50.00%	0	0
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0
18A	Medicaid Health Insurance Payments: Managed Care Organizations	8,662	4,331 876	0	0	0	* 0.00% # 50.00%	0	5,207
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0	0
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0	0
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0	* 0.00% # 50.00%	0	0

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 60.11% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 2/2011

Line # 7											
Medical Assistance Payments		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 60.11%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
19A	Home and Community-Based Services - Regular Payment (Waiver)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
23A	Personal Care Services - Regular Payment	62,017	31,008 6,270	0	0	0	* 0.00% # 50.00%	0 0	37,278		
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
24B	Case Management - State Wide	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
26	Hospice Benefits	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
29	Non-Emergency Medical Transportation	91	46 9	0	0	0	* 0.00% # 50.00%	0 0	55		
30	Physical Therapy	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
31	Occupational Therapy	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
36	Emergency Hospital Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
37	Critical Access Hospitals	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 60.11% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 2/2011

		Line # 7								
Medical Assistance Payments		Federal Share						Total Federal Share	Deferral Or C.I.N. Number	
		Total Comp.	FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other & Prompt Pay			
			Incr Fmap 60.11%				Other % (Oth)			Federal Share
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)		
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	
39	School Based Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00% # 50.00%	0	0	
41	Private Duty Nursing	0	0	0	0	0	* 0.00% # 50.00%	0	0	
42	Freestanding Birth Center	0	0	0	0	0	* 0.00% # 50.00%	0	0	
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00% # 50.00%	0	0	
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00% # 50.00%	0	0	
49	Other Care Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	
50	Total	70,770	35,385 7,155	0	0	0	* 0.00% # 50.00%	0	42,540	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 60.11% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 1/2011

Line # 10B											
Medical Assistance Payments		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
1A	Inpatient Hospital Services: Regular Payments	4,780,807	2,390,404 618,636	0	0	0	* 0.00% # 50.00%	0 0	3,009,040		
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
3A	Nursing Facility Services - Regular Payments	164,362	82,181 21,268	0	0	0	* 0.00% # 50.00%	0 0	103,449		
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	164,635	82,317 21,304	0	0	0	* 0.00% # 50.00%	0 0	103,621		
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
5A	Physician and Surgical Services - Regular Payments	1,886,819	942,474 243,912	0	0	1,217	* 0.00% # 50.00%	0 0	1,187,603		
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
6A	Outpatient Hospital Services - Regular Payments	1,290,781	645,391 167,027	0	0	0	* 0.00% # 50.00%	0 0	812,418		
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7	Prescribed Drugs	2,121,640	1,060,820 274,540	0	0	0	* 0.00% # 50.00%	0 0	1,335,360		
7A1	Drug Rebate Offset - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A2	Drug Rebate Offset - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00% # 50.00%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 1/2011

Line # 10B											
Medical Assistance Payments		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00% # 50.00%	0	0	0	
8	Dental Services	12,597,589	6,298,795 1,630,128	0	0	0	* 0.00% # 50.00%	0	7,928,923		
9A	Other Practitioners Services - Regular Payments	459,569	229,785 59,468	0	0	0	* 0.00% # 50.00%	0	289,253		
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0		
10	Clinic Services	89,629	44,814 11,598	0	0	0	* 0.00% # 50.00%	0	56,412		
11	Laboratory And Radiological Services	42,259	21,130 5,468	0	0	0	* 0.00% # 50.00%	0	26,598		
12	Home Health Services	389,664	194,832 50,423	0	0	0	* 0.00% # 50.00%	0	245,255		
13	Sterilizations	0	0	0	0	0	* 0.00% # 50.00%	0	0		
14	Abortions 0	0	0	0	0	0	* 0.00% # 50.00%	0	0		
15	EPSDT Screening Services	222,231	111,115 28,757	0	0	0	* 0.00% # 50.00%	0	139,872		
16	Rural Health Clinic Services	2,241,182	1,113,561 288,190	0	0	9,138	* 0.00% # 50.00%	0	1,410,889		
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0		
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0		
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00% # 50.00%	0	0		
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0		
18A	Medicaid Health Insurance Payments: Managed Care Organizations	53,724,899	26,209,771 6,783,089	0	0	848,481	* 0.00% # 50.00%	0	33,841,341		
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0	0		
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0	0		
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0		
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0		
18E	Medicaid Health Insurance Program: Other	370	185 48	0	0	0	* 0.00% # 50.00%	0	233		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 1/2011

Line # 10B											
Medical Assistance Payments		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
19A	Home and Community-Based Services - Regular Payment (Waiver)	0	0	0	0	0	* 0.00% # 50.00%	0	0		
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0	0		
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0	0		
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00% # 50.00%	0	0		
23A	Personal Care Services - Regular Payment	657,414	328,707 85,069	0	0	0	* 0.00% # 50.00%	0	413,776		
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00% # 50.00%	0	0		
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00% # 50.00%	0	0		
24B	Case Management - State Wide	0	0	0	0	0	* 0.00% # 50.00%	0	0		
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00% # 50.00%	0	0		
26	Hospice Benefits	21,284	10,642 2,754	0	0	0	* 0.00% # 50.00%	0	13,396		
27	Emergency Services for Undocumented Aliens	8,139	4,070 1,053	0	0	0	* 0.00% # 50.00%	0	5,123		
28	Federally-Qualified Health Center	9,251,369	4,510,957 1,167,436	0	0	149,145	* 0.00% # 50.00%	0	5,827,538		
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00% # 50.00%	0	0		
30	Physical Therapy	0	0	0	0	0	* 0.00% # 50.00%	0	0		
31	Occupational Therapy	0	0	0	0	0	* 0.00% # 50.00%	0	0		
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00% # 50.00%	0	0		
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00% # 50.00%	0	0		
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00% # 50.00%	0	0		
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00% # 50.00%	0	0		
36	Emergency Hospital Services	0	0	0	0	0	* 0.00% # 50.00%	0	0		
37	Critical Access Hospitals	0	0	0	0	0	* 0.00% # 50.00%	0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 1/2011

Line # 10B											
Medical Assistance Payments		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)				
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
39	School Based Services	586,991	293,495 75,957	0	0	0	* 0.00% # 50.00%	0 0	369,452		
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
41	Private Duty Nursing	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
42	Freestanding Birth Center	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
49	Other Care Services	1,442,205	721,103 186,621	0	0	0	* 0.00% # 50.00%	0 0	907,724		
50	Total	92,143,838	45,296,549 11,722,746	0	0	1,007,981	* 0.00% # 50.00%	0 0	58,027,276		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 1/2011

Line # 7											
Medical Assistance Payments		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
1A	Inpatient Hospital Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
5A	Physician and Surgical Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7	Prescribed Drugs	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A1	Drug Rebate Offset - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A2	Drug Rebate Offset - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00% # 50.00%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 1/2011

Line # 7											
Medical Assistance Payments		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)				
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00% # 50.00%	0	0	0	
8	Dental Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
9A	Other Practitioners Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
10	Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
11	Laboratory And Radiological Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
12	Home Health Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
13	Sterilizations	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
14	Abortions 0	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
15	EPSDT Screening Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
16	Rural Health Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00% # 50.00%	0	0	0	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 1/2011

Line # 7											
Medical Assistance Payments		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
19A	Home and Community-Based Services - Regular Payment (Waiver)	0	0	0	0	0	* 0.00% # 50.00%	0	0		
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0	0		
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0	0		
22	Programs Of All-Inclusive Care Elderly	1,462	731 189	0	0	0	* 0.00% # 50.00%	0	920		
23A	Personal Care Services - Regular Payment	9,518	4,759 1,232	0	0	0	* 0.00% # 50.00%	0	5,991		
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00% # 50.00%	0	0		
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00% # 50.00%	0	0		
24B	Case Management - State Wide	0	0	0	0	0	* 0.00% # 50.00%	0	0		
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00% # 50.00%	0	0		
26	Hospice Benefits	0	0	0	0	0	* 0.00% # 50.00%	0	0		
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00% # 50.00%	0	0		
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00% # 50.00%	0	0		
29	Non-Emergency Medical Transportation	60	30 8	0	0	0	* 0.00% # 50.00%	0	38		
30	Physical Therapy	0	0	0	0	0	* 0.00% # 50.00%	0	0		
31	Occupational Therapy	0	0	0	0	0	* 0.00% # 50.00%	0	0		
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00% # 50.00%	0	0		
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00% # 50.00%	0	0		
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00% # 50.00%	0	0		
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00% # 50.00%	0	0		
36	Emergency Hospital Services	0	0	0	0	0	* 0.00% # 50.00%	0	0		
37	Critical Access Hospitals	0	0	0	0	0	* 0.00% # 50.00%	0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 1/2011

		Line # 7								
Medical Assistance Payments		Federal Share						Total Federal Share	Deferral Or C.I.N. Number	
		Total Comp.	FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other & Prompt Pay			
			Incr Fmap 62.94%				Other % (Oth)			Federal Share
(A)	(B)	(C)	(D)	(E)	Prompt Pay (PP)	(F)	(G)	(H)		
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	
39	School Based Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00% # 50.00%	0	0	
41	Private Duty Nursing	0	0	0	0	0	* 0.00% # 50.00%	0	0	
42	Freestanding Birth Center	0	0	0	0	0	* 0.00% # 50.00%	0	0	
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00% # 50.00%	0	0	
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00% # 50.00%	0	0	
49	Other Care Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	
50	Total	11,040	5,520 1,429	0	0	0	* 0.00% # 50.00%	0	6,949	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.08% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2010

Line # 10B											
Medical Assistance Payments		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.12%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
1A	Inpatient Hospital Services: Regular Payments	174,479	87,449 22,368	0	0	0	* 0.00% # 50.12%	0 0	109,817		
1B	Inpatient Hospital Services: DSH Adjustment Payments	48,273	24,194 0	0	0	0	* 0.00% # 50.12%	0 0	24,194		
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
3A	Nursing Facility Services - Regular Payments	50,366	25,243 6,457	0	0	0	* 0.00% # 50.12%	0 0	31,700		
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	169,010	84,708 21,667	0	0	0	* 0.00% # 50.12%	0 0	106,375		
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
5A	Physician and Surgical Services - Regular Payments	88,989	42,349 10,832	13	206	2,768	* 0.00% # 50.12%	0 0	56,168		
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
6A	Outpatient Hospital Services - Regular Payments	113,208	56,733 14,511	0	0	10	* 0.00% # 50.12%	0 0	71,254		
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
7	Prescribed Drugs	49,502	24,029 6,146	0	1,403	0	* 0.00% # 50.12%	0 0	31,578		
7A1	Drug Rebate Offset - National Agreement	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
7A2	Drug Rebate Offset - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00% # 50.12%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.08% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.12%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2010

Line # 10B											
Medical Assistance Payments		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.12%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00% # 50.12%	0	0	0	
8	Dental Services	24,818	12,438 3,182	0	0	0	* 0.00% # 50.12%	0	0	15,620	
9A	Other Practitioners Services - Regular Payments	14,559	7,297 1,866	0	0	0	* 0.00% # 50.12%	0	0	9,163	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
10	Clinic Services	1,173	168 43	754	76	0	* 0.00% # 50.12%	0	0	1,041	
11	Laboratory And Radiological Services	2,338	1,006 257	0	298	0	* 0.00% # 50.12%	0	0	1,561	
12	Home Health Services	11,527	5,777 1,478	0	0	0	* 0.00% # 50.12%	0	0	7,255	
13	Sterilizations	32	0	0	29	0	* 0.00% # 50.12%	0	0	29	
14	Abortions 0	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
15	EPSDT Screening Services	1,997	1,001 256	0	0	0	* 0.00% # 50.12%	0	0	1,257	
16	Rural Health Clinic Services	4,227,970	2,099,861 537,115	0	0	24,928	* 0.00% # 50.12%	0	0	2,661,904	
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00% # 50.12%	0	0	0	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations	118,592,328	57,576,294 14,727,217	0	0	2,418,010	* 0.00% # 50.12%	0	0	74,721,521	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
18E	Medicaid Health Insurance Program: Other	34	17 4	0	0	0	* 0.00% # 50.12%	0	0	21	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.08% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.12%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2010

Line # 10B											
Medical Assistance Payments		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.12%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
19A	Home and Community-Based Services - Regular Payment (Waiver)	0	0	0	0	0	* 0.00% # 50.12%	0	0		
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00% # 50.12%	0	0		
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.12%	0	0		
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00% # 50.12%	0	0		
23A	Personal Care Services - Regular Payment	1,853,211	928,829 237,582	0	0	0	* 0.00% # 50.12%	0	1,166,411		
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00% # 50.12%	0	0		
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00% # 50.12%	0	0		
24B	Case Management - State Wide	0	0	0	0	0	* 0.00% # 50.12%	0	0		
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00% # 50.12%	0	0		
26	Hospice Benefits	21,230	10,640 2,722	0	0	0	* 0.00% # 50.12%	0	13,362		
27	Emergency Services for Undocumented Aliens	337	169 43	0	0	0	* 0.00% # 50.12%	0	212		
28	Federally-Qualified Health Center	6,589,720	3,013,571 770,830	0	4	375,514	* 0.00% # 50.12%	0	4,159,919		
29	Non-Emergency Medical Transportation	5,859	2,937 751	0	0	0	* 0.00% # 50.12%	0	3,688		
30	Physical Therapy	0	0	0	0	0	* 0.00% # 50.12%	0	0		
31	Occupational Therapy	0	0	0	0	0	* 0.00% # 50.12%	0	0		
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00% # 50.12%	0	0		
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00% # 50.12%	0	0		
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00% # 50.12%	0	0		
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00% # 50.12%	0	0		
36	Emergency Hospital Services	0	0	0	0	0	* 0.00% # 50.12%	0	0		
37	Critical Access Hospitals	0	0	0	0	0	* 0.00% # 50.12%	0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.08% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.12%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2010

Line # 10B											
Medical Assistance Payments		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.12%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
39	School Based Services	1,189	596 152	0	0	0	* 0.00% # 50.12%	0 0	748		
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
41	Private Duty Nursing	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
42	Freestanding Birth Center	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
49	Other Care Services	74,423	37,301 9,541	0	0	0	* 0.00% # 50.12%	0 0	46,842		
50	Total	132,116,572	64,042,607 16,375,020	767	2,016	2,821,230	* 0.00% # 50.12%	0 0	83,241,640		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.08% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.12%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2010

Line # 7											
Medical Assistance Payments		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.12%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
1A	Inpatient Hospital Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
5A	Physician and Surgical Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
7	Prescribed Drugs	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
7A1	Drug Rebate Offset - National Agreement	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
7A2	Drug Rebate Offset - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00% # 50.12%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.08% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.12%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2010

		Line # 7								
Medical Assistance Payments		Federal Share						Total Federal Share	Deferral Or C.I.N. Number	
		Total Comp.	FMAP 50.12%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other & Prompt Pay			
			Incr Fmap 62.94%				Other % (Oth)			Federal Share
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)		
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00% # 50.12%	0	0	
8	Dental Services	6,271	3,143 804	0	0	0	* 0.00% # 50.12%	0	3,947	
9A	Other Practitioners Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.12%	0	0	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.12%	0	0	
10	Clinic Services	0	0	0	0	0	* 0.00% # 50.12%	0	0	
11	Laboratory And Radiological Services	0	0	0	0	0	* 0.00% # 50.12%	0	0	
12	Home Health Services	0	0	0	0	0	* 0.00% # 50.12%	0	0	
13	Sterilizations	0	0	0	0	0	* 0.00% # 50.12%	0	0	
14	Abortions 0	0	0	0	0	0	* 0.00% # 50.12%	0	0	
15	EPSDT Screening Services	0	0	0	0	0	* 0.00% # 50.12%	0	0	
16	Rural Health Clinic Services	0	0	0	0	0	* 0.00% # 50.12%	0	0	
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00% # 50.12%	0	0	
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00% # 50.12%	0	0	
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00% # 50.12%	0	0	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.12%	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0	* 0.00% # 50.12%	0	0	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00% # 50.12%	0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00% # 50.12%	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00% # 50.12%	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.12%	0	0	
18E	Medicaid Health Insurance Program: Other	1,114	558 143	0	0	0	* 0.00% # 50.12%	0	701	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.08% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.12%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2010

		Line # 7									
Medical Assistance Payments		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.12%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
19A	Home and Community-Based Services - Regular Payment (Waiver)	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
24B	Case Management - State Wide	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
26	Hospice Benefits	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
30	Physical Therapy	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
31	Occupational Therapy	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
36	Emergency Hospital Services	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
37	Critical Access Hospitals	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.08% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.12%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2010

		Line # 7								
Medical Assistance Payments		Federal Share						Total Federal Share	Deferral Or C.I.N. Number	
		Total Comp.	FMAP 50.12%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other & Prompt Pay			
			Incr Fmap 62.94%				Other % (Oth)			Prompt Pay (PP)
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)		
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00% # 50.12%	0 0	0	
39	School Based Services	0	0	0	0	0	* 0.00% # 50.12%	0 0	0	
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00% # 50.12%	0 0	0	
41	Private Duty Nursing	0	0	0	0	0	* 0.00% # 50.12%	0 0	0	
42	Freestanding Birth Center	0	0	0	0	0	* 0.00% # 50.12%	0 0	0	
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00% # 50.12%	0 0	0	
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00% # 50.12%	0 0	0	
49	Other Care Services	24,674	12,367 3,163	0	0	0	* 0.00% # 50.12%	0 0	15,530	
50	Total	32,059	16,068 4,110	0	0	0	* 0.00% # 50.12%	0 0	20,178	

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** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.12%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2010

Line # 8											
Medical Assistance Payments		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.12%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
1A	Inpatient Hospital Services: Regular Payments	9,130,697	4,576,306 1,170,555	0	0	0	* 0.00% # 50.12%	0 0	5,746,861		
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
5A	Physician and Surgical Services - Regular Payments	2,692,379	1,349,420 345,163	0	0	0	* 0.00% # 50.12%	0 0	1,694,583		
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
6A	Outpatient Hospital Services - Regular Payments	2,652,489	1,329,428 340,049	0	0	0	* 0.00% # 50.12%	0 0	1,669,477		
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
7	Prescribed Drugs	17,676,766	8,859,596 2,266,161	0	0	0	* 0.00% # 50.12%	0 0	11,125,757		
7A1	Drug Rebate Offset - National Agreement	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
7A2	Drug Rebate Offset - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00% # 50.12%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.08% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.12%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2010

		Line # 8								
Medical Assistance Payments		Federal Share						Total Federal Share	Deferral Or C.I.N. Number	
		Total Comp.	FMAP 50.12%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other & Prompt Pay			
			Incr Fmap 62.94%				Other % (Oth)			Federal Share
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)		
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00% # 50.12%	0	0	
8	Dental Services	10,512,107	5,268,668 1,347,652	0	0	0	* 0.00% # 50.12%	0	6,616,320	
9A	Other Practitioners Services - Regular Payments	1,122,934	562,815 143,960	0	0	0	* 0.00% # 50.12%	0	706,775	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.12%	0	0	
10	Clinic Services	48,027	24,071 6,157	0	0	0	* 0.00% # 50.12%	0	30,228	
11	Laboratory And Radiological Services	72,954	36,564 9,353	0	0	0	* 0.00% # 50.12%	0	45,917	
12	Home Health Services	1,710,623	857,364 219,302	0	0	0	* 0.00% # 50.12%	0	1,076,666	
13	Sterilizations	0	0	0	0	0	* 0.00% # 50.12%	0	0	
14	Abortions 0	0	0	0	0	0	* 0.00% # 50.12%	0	0	
15	EPSDT Screening Services	176,729	88,576 22,657	0	0	0	* 0.00% # 50.12%	0	111,233	
16	Rural Health Clinic Services	0	0	0	0	0	* 0.00% # 50.12%	0	0	
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00% # 50.12%	0	0	
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00% # 50.12%	0	0	
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00% # 50.12%	0	0	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.12%	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0	* 0.00% # 50.12%	0	0	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00% # 50.12%	0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00% # 50.12%	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00% # 50.12%	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.12%	0	0	
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0	* 0.00% # 50.12%	0	0	

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** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.12%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2010

		Line # 8									
Medical Assistance Payments		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.12%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
		(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)	
19A	Home and Community-Based Services - Regular Payment (Waiver)	0	0	0	0	0	* 0.00% # 50.12%	0	0		
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00% # 50.12%	0	0		
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.12%	0	0		
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00% # 50.12%	0	0		
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00% # 50.12%	0	0		
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00% # 50.12%	0	0		
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00% # 50.12%	0	0		
24B	Case Management - State Wide	0	0	0	0	0	* 0.00% # 50.12%	0	0		
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00% # 50.12%	0	0		
26	Hospice Benefits	27,514	13,790 3,527	0	0	0	* 0.00% # 50.12%	0	17,317		
27	Emergency Services for Undocumented Aliens	21,565	10,808 2,765	0	0	0	* 0.00% # 50.12%	0	13,573		
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00% # 50.12%	0	0		
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00% # 50.12%	0	0		
30	Physical Therapy	0	0	0	0	0	* 0.00% # 50.12%	0	0		
31	Occupational Therapy	0	0	0	0	0	* 0.00% # 50.12%	0	0		
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00% # 50.12%	0	0		
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00% # 50.12%	0	0		
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00% # 50.12%	0	0		
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00% # 50.12%	0	0		
36	Emergency Hospital Services	0	0	0	0	0	* 0.00% # 50.12%	0	0		
37	Critical Access Hospitals	0	0	0	0	0	* 0.00% # 50.12%	0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.08% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.12%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2010

Line # 8											
Medical Assistance Payments		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.12%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
39	School Based Services	1,786,822	895,555 229,071	0	0	0	* 0.00% # 50.12%	0 0	1,124,626		
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
41	Private Duty Nursing	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
42	Freestanding Birth Center	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
49	Other Care Services	5,000,835	2,506,419 641,107	0	0	0	* 0.00% # 50.12%	0 0	3,147,526		
50	Total	52,632,441	26,379,380 6,747,479	0	0	0	* 0.00% # 50.12%	0 0	33,126,859		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.66% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.12%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2009

Line # 10B											
Medical Assistance Payments		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.94%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
1A	Inpatient Hospital Services: Regular Payments	15,911	8,105 1,909	0	0	0	* 0.00% # 50.94%	0 0	10,014		
1B	Inpatient Hospital Services: DSH Adjustment Payments	3,189	1,624 0	0	0	0	* 0.00% # 50.94%	0 0	1,624		
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
3A	Nursing Facility Services - Regular Payments	87,635	44,641 10,516	0	0	0	* 0.00% # 50.94%	0 0	55,157		
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	1,142,098	581,784 137,052	0	0	0	* 0.00% # 50.94%	0 0	718,836		
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
5A	Physician and Surgical Services - Regular Payments	30,482	15,527 3,658	0	0	0	* 0.00% # 50.94%	0 0	19,185		
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
6A	Outpatient Hospital Services - Regular Payments	47,062	23,948 5,641	0	0	33	* 0.00% # 50.94%	0 0	29,622		
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
7	Prescribed Drugs	48,706	24,768 5,835	0	75	0	* 0.00% # 50.94%	0 0	30,678		
7A1	Drug Rebate Offset - National Agreement	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
7A2	Drug Rebate Offset - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00% # 50.94%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.66% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.94%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2009

Line # 10B											
Medical Assistance Payments		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.94%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00% # 50.94%	0	0	0	
8	Dental Services	2,789	1,420 335	0	0	0	* 0.00% # 50.94%	0	0	1,755	
9A	Other Practitioners Services - Regular Payments	4,153	2,116 498	0	0	0	* 0.00% # 50.94%	0	0	2,614	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
10	Clinic Services	140,176	71,153 16,761	315	164	0	* 0.00% # 50.94%	0	0	88,393	
11	Laboratory And Radiological Services	589	300 71	0	0	0	* 0.00% # 50.94%	0	0	371	
12	Home Health Services	3,555	1,811 427	0	0	0	* 0.00% # 50.94%	0	0	2,238	
13	Sterilizations	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
14	Abortions 0	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
15	EPSDT Screening Services	207	105 25	0	0	0	* 0.00% # 50.94%	0	0	130	
16	Rural Health Clinic Services	549	280 66	0	0	0	* 0.00% # 50.94%	0	0	346	
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00% # 50.94%	0	0	0	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations	1,147	584 138	0	0	0	* 0.00% # 50.94%	0	0	722	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	

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* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2009

Line # 10B											
Medical Assistance Payments		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.94%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
19A	Home and Community-Based Services - Regular Payment (Waiver)	0	0	0	0	0	* 0.00% # 50.94%	0	0		
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00% # 50.94%	0	0		
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.94%	0	0		
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00% # 50.94%	0	0		
23A	Personal Care Services - Regular Payment	1,204,535	613,590 144,544	0	0	0	* 0.00% # 50.94%	0	758,134		
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00% # 50.94%	0	0		
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00% # 50.94%	0	0		
24B	Case Management - State Wide	0	0	0	0	0	* 0.00% # 50.94%	0	0		
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00% # 50.94%	0	0		
26	Hospice Benefits	6,067	3,091 728	0	0	0	* 0.00% # 50.94%	0	3,819		
27	Emergency Services for Undocumented Aliens	36	19 4	0	0	0	* 0.00% # 50.94%	0	23		
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00% # 50.94%	0	0		
29	Non-Emergency Medical Transportation	43,414	22,115 5,210	0	0	0	* 0.00% # 50.94%	0	27,325		
30	Physical Therapy	0	0	0	0	0	* 0.00% # 50.94%	0	0		
31	Occupational Therapy	0	0	0	0	0	* 0.00% # 50.94%	0	0		
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00% # 50.94%	0	0		
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00% # 50.94%	0	0		
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00% # 50.94%	0	0		
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00% # 50.94%	0	0		
36	Emergency Hospital Services	0	0	0	0	0	* 0.00% # 50.94%	0	0		
37	Critical Access Hospitals	0	0	0	0	0	* 0.00% # 50.94%	0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.66% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.94%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2009

Line # 10B											
Medical Assistance Payments		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.94%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
39	School Based Services	108	55 13	0	0	0	* 0.00% # 50.94%	0 0	68		
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
41	Private Duty Nursing	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
42	Freestanding Birth Center	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
49	Other Care Services	23,395	11,918 2,807	0	0	0	* 0.00% # 50.94%	0 0	14,725		
50	Total	2,805,803	1,428,954 336,238	315	239	33	* 0.00% # 50.94%	0 0	1,765,779		

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* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2009

Line # 7											
Medical Assistance Payments		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.94%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
1A	Inpatient Hospital Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00% # 50.94%	0	0		
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00% # 50.94%	0	0		
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
5A	Physician and Surgical Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
7	Prescribed Drugs	289,357	147,398 34,723	0	0	0	* 0.00% # 50.94%	0	182,121		
7A1	Drug Rebate Offset - National Agreement	0	0	0	0	0	* 0.00% # 50.94%	0	0		
7A2	Drug Rebate Offset - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.94%	0	0		
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00% # 50.94%	0	0		
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.94%	0	0		
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00% # 50.94%	0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.66% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.94%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2009

Line # 7											
Medical Assistance Payments		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.94%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00% # 50.94%	0	0		
8	Dental Services	0	0	0	0	0	* 0.00% # 50.94%	0	0		
9A	Other Practitioners Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
10	Clinic Services	0	0	0	0	0	* 0.00% # 50.94%	0	0		
11	Laboratory And Radiological Services	0	0	0	0	0	* 0.00% # 50.94%	0	0		
12	Home Health Services	0	0	0	0	0	* 0.00% # 50.94%	0	0		
13	Sterilizations	0	0	0	0	0	* 0.00% # 50.94%	0	0		
14	Abortions 0	0	0	0	0	0	* 0.00% # 50.94%	0	0		
15	EPSDT Screening Services	0	0	0	0	0	* 0.00% # 50.94%	0	0		
16	Rural Health Clinic Services	0	0	0	0	0	* 0.00% # 50.94%	0	0		
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00% # 50.94%	0	0		
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00% # 50.94%	0	0		
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00% # 50.94%	0	0		
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.94%	0	0		
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0	* 0.00% # 50.94%	0	0		
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00% # 50.94%	0	0		
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00% # 50.94%	0	0		
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.94%	0	0		
18E	Medicaid Health Insurance Program: Other	288	146 35	0	0	0	* 0.00% # 50.94%	0	181		

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* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2009

Line # 7											
Medical Assistance Payments		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.94%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
19A	Home and Community-Based Services - Regular Payment (Waiver)	0	0	0	0	0	* 0.00% # 50.94%	0	0		
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00% # 50.94%	0	0		
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.94%	0	0		
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00% # 50.94%	0	0		
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00% # 50.94%	0	0		
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00% # 50.94%	0	0		
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00% # 50.94%	0	0		
24B	Case Management - State Wide	0	0	0	0	0	* 0.00% # 50.94%	0	0		
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00% # 50.94%	0	0		
26	Hospice Benefits	0	0	0	0	0	* 0.00% # 50.94%	0	0		
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00% # 50.94%	0	0		
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00% # 50.94%	0	0		
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00% # 50.94%	0	0		
30	Physical Therapy	0	0	0	0	0	* 0.00% # 50.94%	0	0		
31	Occupational Therapy	0	0	0	0	0	* 0.00% # 50.94%	0	0		
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00% # 50.94%	0	0		
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00% # 50.94%	0	0		
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00% # 50.94%	0	0		
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00% # 50.94%	0	0		
36	Emergency Hospital Services	0	0	0	0	0	* 0.00% # 50.94%	0	0		
37	Critical Access Hospitals	0	0	0	0	0	* 0.00% # 50.94%	0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.66% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.94%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2009

		Line # 7								
Medical Assistance Payments		Federal Share						Total Federal Share	Deferral Or C.I.N. Number	
		Total Comp.	FMAP 50.94%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other & Prompt Pay			
			Incr Fmap 62.94%				Other % (Oth)			Federal Share
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)		
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00% # 50.94%	0 0	0	
39	School Based Services	0	0	0	0	0	* 0.00% # 50.94%	0 0	0	
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00% # 50.94%	0 0	0	
41	Private Duty Nursing	0	0	0	0	0	* 0.00% # 50.94%	0 0	0	
42	Freestanding Birth Center	0	0	0	0	0	* 0.00% # 50.94%	0 0	0	
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00% # 50.94%	0 0	0	
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00% # 50.94%	0 0	0	
49	Other Care Services	0	0	0	0	0	* 0.00% # 50.94%	0 0	0	
50	Total	289,645	147,544 34,758	0	0	0	* 0.00% # 50.94%	0 0	182,302	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.66% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.94%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 2/2009

Line # 10B											
Medical Assistance Payments		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.94%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 60.22%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
1A	Inpatient Hospital Services: Regular Payments	18,123	9,232 1,682	0	0	0	* 0.00% # 50.94%	0 0	10,914		
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
3A	Nursing Facility Services - Regular Payments	8,442	4,301 783	0	0	0	* 0.00% # 50.94%	0 0	5,084		
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	815	415 76	0	0	0	* 0.00% # 50.94%	0 0	491		
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
5A	Physician and Surgical Services - Regular Payments	27,005	13,756 2,506	0	0	0	* 0.00% # 50.94%	0 0	16,262		
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
6A	Outpatient Hospital Services - Regular Payments	36,362	18,523 3,374	0	0	0	* 0.00% # 50.94%	0 0	21,897		
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
7	Prescribed Drugs	112,970	57,547 10,484	0	0	0	* 0.00% # 50.94%	0 0	68,031		
7A1	Drug Rebate Offset - National Agreement	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
7A2	Drug Rebate Offset - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00% # 50.94%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.66% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 60.22% with exception of DSH which is calculated at the regular FMAP rate of 50.94%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 2/2009

Line # 10B											
Medical Assistance Payments		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.94%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 60.22%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00% # 50.94%	0	0	0	
8	Dental Services	528	269 49	0	0	0	* 0.00% # 50.94%	0	0	318	
9A	Other Practitioners Services - Regular Payments	4,860	2,476 451	0	0	0	* 0.00% # 50.94%	0	0	2,927	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
10	Clinic Services	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
11	Laboratory And Radiological Services	676	344 63	0	0	0	* 0.00% # 50.94%	0	0	407	
12	Home Health Services	1,928	982 179	0	0	0	* 0.00% # 50.94%	0	0	1,161	
13	Sterilizations	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
14	Abortions 0	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
15	EPSDT Screening Services	102	52 9	0	0	0	* 0.00% # 50.94%	0	0	61	
16	Rural Health Clinic Services	933	475 87	0	0	0	* 0.00% # 50.94%	0	0	562	
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00% # 50.94%	0	0	0	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations	52,389	26,687 4,862	0	0	0	* 0.00% # 50.94%	0	0	31,549	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.66% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 60.22% with exception of DSH which is calculated at the regular FMAP rate of 50.94%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 2/2009

Line # 10B											
Medical Assistance Payments		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.94%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 60.22%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
19A	Home and Community-Based Services - Regular Payment (Waiver)	0	0	0	0	0	* 0.00% # 50.94%	0	0		
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00% # 50.94%	0	0		
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.94%	0	0		
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00% # 50.94%	0	0		
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00% # 50.94%	0	0		
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00% # 50.94%	0	0		
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00% # 50.94%	0	0		
24B	Case Management - State Wide	0	0	0	0	0	* 0.00% # 50.94%	0	0		
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00% # 50.94%	0	0		
26	Hospice Benefits	0	0	0	0	0	* 0.00% # 50.94%	0	0		
27	Emergency Services for Undocumented Aliens	1,702	867 158	0	0	0	* 0.00% # 50.94%	0	1,025		
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00% # 50.94%	0	0		
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00% # 50.94%	0	0		
30	Physical Therapy	0	0	0	0	0	* 0.00% # 50.94%	0	0		
31	Occupational Therapy	0	0	0	0	0	* 0.00% # 50.94%	0	0		
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00% # 50.94%	0	0		
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00% # 50.94%	0	0		
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00% # 50.94%	0	0		
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00% # 50.94%	0	0		
36	Emergency Hospital Services	0	0	0	0	0	* 0.00% # 50.94%	0	0		
37	Critical Access Hospitals	0	0	0	0	0	* 0.00% # 50.94%	0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.66% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 60.22% with exception of DSH which is calculated at the regular FMAP rate of 50.94%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 2/2009

Line # 10B											
Medical Assistance Payments		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.94%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 60.22%				Prompt Pay (PP)				
		(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)	
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00%	0	0		
							# 50.94%	0			
39	School Based Services	0	0	0	0	0	* 0.00%	0	0		
							# 50.94%	0			
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00%	0	0		
							# 50.94%	0			
41	Private Duty Nursing	0	0	0	0	0	* 0.00%	0	0		
							# 50.94%	0			
42	Freestanding Birth Center	0	0	0	0	0	* 0.00%	0	0		
							# 50.94%	0			
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00%	0	0		
							# 50.94%	0			
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00%	0	0		
							# 50.94%	0			
49	Other Care Services	24,105	12,279 2,237	0	0	0	* 0.00%	0	14,516		
							# 50.94%	0			
50	Total	290,940	148,205 27,000	0	0	0	* 0.00%	0	175,205		
							# 50.94%	0			

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* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 2/2009

Line # 7											
Medical Assistance Payments		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.94%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 60.22%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
1A	Inpatient Hospital Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
5A	Physician and Surgical Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
7	Prescribed Drugs	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
7A1	Drug Rebate Offset - National Agreement	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
7A2	Drug Rebate Offset - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00% # 50.94%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.66% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 60.22% with exception of DSH which is calculated at the regular FMAP rate of 50.94%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 2/2009

Line # 7											
Medical Assistance Payments		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.94%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 60.22%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00% # 50.94%	0	0	0	
8	Dental Services	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
9A	Other Practitioners Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
10	Clinic Services	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
11	Laboratory And Radiological Services	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
12	Home Health Services	5,044	2,569 468	0	0	0	* 0.00% # 50.94%	0	3,037	0	
13	Sterilizations	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
14	Abortions 0	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
15	EPSDT Screening Services	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
16	Rural Health Clinic Services	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00% # 50.94%	0	0	0	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.66% and/or the IHS Services rate of 100%

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* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 2/2009

Line # 7											
Medical Assistance Payments		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.94%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 60.22%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
19A	Home and Community-Based Services - Regular Payment (Waiver)	0	0	0	0	0	* 0.00% # 50.94%	0	0		
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00% # 50.94%	0	0		
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.94%	0	0		
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00% # 50.94%	0	0		
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00% # 50.94%	0	0		
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00% # 50.94%	0	0		
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00% # 50.94%	0	0		
24B	Case Management - State Wide	0	0	0	0	0	* 0.00% # 50.94%	0	0		
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00% # 50.94%	0	0		
26	Hospice Benefits	0	0	0	0	0	* 0.00% # 50.94%	0	0		
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00% # 50.94%	0	0		
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00% # 50.94%	0	0		
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00% # 50.94%	0	0		
30	Physical Therapy	0	0	0	0	0	* 0.00% # 50.94%	0	0		
31	Occupational Therapy	0	0	0	0	0	* 0.00% # 50.94%	0	0		
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00% # 50.94%	0	0		
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00% # 50.94%	0	0		
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00% # 50.94%	0	0		
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00% # 50.94%	0	0		
36	Emergency Hospital Services	0	0	0	0	0	* 0.00% # 50.94%	0	0		
37	Critical Access Hospitals	0	0	0	0	0	* 0.00% # 50.94%	0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.66% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 60.22% with exception of DSH which is calculated at the regular FMAP rate of 50.94%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 2/2009

		Line # 7								
Medical Assistance Payments		Federal Share						Total Federal Share	Deferral Or C.I.N. Number	
		Total Comp.	FMAP 50.94%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other & Prompt Pay			
			Incr Fmap 60.22%				Other % (Oth)			Federal Share
(A)	(B)	(C)	(D)	(E)	Prompt Pay (PP)	(F)	(G)	(H)		
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00% # 50.94%	0	0	
39	School Based Services	0	0	0	0	0	* 0.00% # 50.94%	0	0	
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00% # 50.94%	0	0	
41	Private Duty Nursing	0	0	0	0	0	* 0.00% # 50.94%	0	0	
42	Freestanding Birth Center	0	0	0	0	0	* 0.00% # 50.94%	0	0	
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00% # 50.94%	0	0	
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00% # 50.94%	0	0	
49	Other Care Services	0	0	0	0	0	* 0.00% # 50.94%	0	0	
50	Total	5,044	2,569 468	0	0	0	* 0.00% # 50.94%	0	3,037	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.66% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 60.22% with exception of DSH which is calculated at the regular FMAP rate of 50.94%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 2/2009

Line # 8											
Medical Assistance Payments		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.94%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 60.22%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
1A	Inpatient Hospital Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
5A	Physician and Surgical Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
7	Prescribed Drugs	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
7A1	Drug Rebate Offset - National Agreement	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
7A2	Drug Rebate Offset - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00% # 50.94%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.66% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 60.22% with exception of DSH which is calculated at the regular FMAP rate of 50.94%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 2/2009

Line # 8											
Medical Assistance Payments		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.94%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 60.22%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00% # 50.94%	0	0		
8	Dental Services	0	0	0	0	0	* 0.00% # 50.94%	0	0		
9A	Other Practitioners Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
10	Clinic Services	0	0	0	0	0	* 0.00% # 50.94%	0	0		
11	Laboratory And Radiological Services	0	0	0	0	0	* 0.00% # 50.94%	0	0		
12	Home Health Services	0	0	0	0	0	* 0.00% # 50.94%	0	0		
13	Sterilizations	0	0	0	0	0	* 0.00% # 50.94%	0	0		
14	Abortions 0	0	0	0	0	0	* 0.00% # 50.94%	0	0		
15	EPSDT Screening Services	0	0	0	0	0	* 0.00% # 50.94%	0	0		
16	Rural Health Clinic Services	0	0	0	0	0	* 0.00% # 50.94%	0	0		
17A	Medicare Health Insurance Payments: Part A Premiums	52,389	26,687 4,862	0	0	0	* 0.00% # 50.94%	0	31,549		
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00% # 50.94%	0	0		
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00% # 50.94%	0	0		
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.94%	0	0		
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0	* 0.00% # 50.94%	0	0		
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00% # 50.94%	0	0		
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00% # 50.94%	0	0		
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.94%	0	0		
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0	* 0.00% # 50.94%	0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.66% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 60.22% with exception of DSH which is calculated at the regular FMAP rate of 50.94%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 2/2009

		Line # 8									
Medical Assistance Payments		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.94%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 60.22%				Prompt Pay (PP)				
		(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)	
19A	Home and Community-Based Services - Regular Payment (Waiver)	0	0	0	0	0	* 0.00% # 50.94%	0	0		
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00% # 50.94%	0	0		
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.94%	0	0		
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00% # 50.94%	0	0		
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00% # 50.94%	0	0		
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00% # 50.94%	0	0		
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00% # 50.94%	0	0		
24B	Case Management - State Wide	0	0	0	0	0	* 0.00% # 50.94%	0	0		
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00% # 50.94%	0	0		
26	Hospice Benefits	0	0	0	0	0	* 0.00% # 50.94%	0	0		
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00% # 50.94%	0	0		
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00% # 50.94%	0	0		
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00% # 50.94%	0	0		
30	Physical Therapy	0	0	0	0	0	* 0.00% # 50.94%	0	0		
31	Occupational Therapy	0	0	0	0	0	* 0.00% # 50.94%	0	0		
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00% # 50.94%	0	0		
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00% # 50.94%	0	0		
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00% # 50.94%	0	0		
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00% # 50.94%	0	0		
36	Emergency Hospital Services	0	0	0	0	0	* 0.00% # 50.94%	0	0		
37	Critical Access Hospitals	0	0	0	0	0	* 0.00% # 50.94%	0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.66% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 60.22% with exception of DSH which is calculated at the regular FMAP rate of 50.94%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 2/2009

		Line # 8								
Medical Assistance Payments		Federal Share						Total Federal Share	Deferral Or C.I.N. Number	
		Total Comp.	FMAP 50.94%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other & Prompt Pay			
			Incr Fmap 60.22%				Other % (Oth)			Federal Share
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)		
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00% # 50.94%	0 0	0	
39	School Based Services	0	0	0	0	0	* 0.00% # 50.94%	0 0	0	
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00% # 50.94%	0 0	0	
41	Private Duty Nursing	0	0	0	0	0	* 0.00% # 50.94%	0 0	0	
42	Freestanding Birth Center	0	0	0	0	0	* 0.00% # 50.94%	0 0	0	
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00% # 50.94%	0 0	0	
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00% # 50.94%	0 0	0	
49	Other Care Services	0	0	0	0	0	* 0.00% # 50.94%	0 0	0	
50	Total	52,389	26,687 4,862	0	0	0	* 0.00% # 50.94%	0 0	31,549	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 66.06% and/or the IHS Services rate of 100%

* = Other

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

State: Washington

Quarter Ended: 09/30/2011
Fiscal Year: 2008

Line # 10B										
Medical Assistance Payments		Total Comp.	Federal Share					Federal Share	Total Federal Share	Deferral Or C.I.N. Number
			FMAP 51.52%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth) Prompt Pay (PP)			
			(B)	(C)	(D)	(E)	(F)			
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)			
1A	Inpatient Hospital Services: Regular Payments	139,977	72,116	0	0	0	* 0.00%	0	72,116	
1B	Inpatient Hospital Services: DSH Adjustment Payments	14,465	7,452	0	0	0	* 0.00%	0	7,452	
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00%	0	0	
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00%	0	0	
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00%	0	0	
3A	Nursing Facility Services - Regular Payments	50,134	25,829	0	0	0	* 0.00%	0	25,829	
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00%	0	0	
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00%	0	0	
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
5A	Physician and Surgical Services - Regular Payments	22,260	11,468	0	0	0	* 0.00%	0	11,468	
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
6A	Outpatient Hospital Services - Regular Payments	38,568	19,870	0	0	0	* 0.00%	0	19,870	
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
7	Prescribed Drugs	121,618	62,658	0	0	0	* 0.00%	0	62,658	
7A1	Drug Rebate Offset - National Agreement	0	0	0	0	0	* 0.00%	0	0	
7A2	Drug Rebate Offset - State Sidebar Agreement	0	0	0	0	0	* 0.00%	0	0	
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00%	0	0	
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00%	0	0	
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00 %	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 66.06% and/or the IHS Services rate of 100%

* = Other

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

State: Washington

Quarter Ended: 09/30/2011
Fiscal Year: 2008

Line # 10B										
Medical Assistance Payments		Federal Share						Total Federal Share	Deferral Or C.I.N. Number	
		Total Comp.	FMAP 51.52%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth) Prompt Pay (PP)			Federal Share
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00 %	0	0	
8	Dental Services	2,044	1,053	0	0	0	* 0.00%	0	1,053	
9A	Other Practitioners Services - Regular Payments	6,731	3,468	0	0	0	* 0.00%	0	3,468	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
10	Clinic Services	2,787	1,363	0	127	0	* 0.00%	0	1,490	
11	Laboratory And Radiological Services	407	210	0	0	0	* 0.00%	0	210	
12	Home Health Services	7,043	3,629	0	0	0	* 0.00%	0	3,629	
13	Sterilizations	0	0	0	0	0	* 0.00%	0	0	
14	Abortions 0	0	0	0	0	0	* 0.00%	0	0	
15	EPSDT Screening Services	121	62	0	0	0	* 0.00%	0	62	
16	Rural Health Clinic Services	160	82	0	0	0	* 0.00%	0	82	
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00%	0	0	
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00%	0	0	
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00 %	0	0	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00%	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0	* 0.00%	0	0	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00%	0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00%	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00%	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00%	0	0	
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0	* 0.00%	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 66.06% and/or the IHS Services rate of 100%

* = Other

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

State: Washington

Quarter Ended: 09/30/2011
Fiscal Year: 2008

Line # 10B										
Medical Assistance Payments		Total Comp.	Federal Share					Federal Share	Total Federal Share	Deferral Or C.I.N. Number
			FMAP 51.52%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth) Prompt Pay (PP)			
			(B)	(C)	(D)	(E)	(F)			
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)			
19A	Home and Community-Based Services - Regular Payment (Waiver)	0	0	0	0	0	* 0.00%	0	0	
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00%	0	0	
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00%	0	0	
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00%	0	0	
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00%	0	0	
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00%	0	0	
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00%	0	0	
24B	Case Management - State Wide	0	0	0	0	0	* 0.00%	0	0	
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00%	0	0	
26	Hospice Benefits	0	0	0	0	0	* 0.00%	0	0	
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00%	0	0	
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00%	0	0	
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00%	0	0	
30	Physical Therapy	0	0	0	0	0	* 0.00%	0	0	
31	Occupational Therapy	0	0	0	0	0	* 0.00%	0	0	
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00%	0	0	
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00%	0	0	
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00%	0	0	
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00%	0	0	
36	Emergency Hospital Services	0	0	0	0	0	* 0.00%	0	0	
37	Critical Access Hospitals	0	0	0	0	0	* 0.00%	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 66.06% and/or the IHS Services rate of 100%

* = Other

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

State: Washington

Quarter Ended: 09/30/2011
Fiscal Year: 2008

Line # 10B										
Medical Assistance Payments		Federal Share						Total Federal Share	Deferral Or C.I.N. Number	
		Total Comp.	FMAP 51.52%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth) Prompt Pay (PP)			Federal Share
		(A)	(B)	(C)	(D)	(E)	(F)			(G)
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00%	0	0	
39	School Based Services	710	366	0	0	0	* 0.00%	0	366	
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00%	0	0	
41	Private Duty Nursing	0	0	0	0	0	* 0.00%	0	0	
42	Freestanding Birth Center	0	0	0	0	0	* 0.00%	0	0	
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00%	0	0	
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00%	0	0	
49	Other Care Services	39,867	20,539	0	0	0	* 0.00%	0	20,539	
50	Total	446,892	230,165	0	127	0	* 0.00%	0	230,292	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.08% and/or the IHS Services rate of 100%

* = Other

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

State: Washington

Quarter Ended: 09/30/2011
Fiscal Year: 2007

Line # 10B										
Medical Assistance Payments		Total Comp.	Federal Share					Federal Share	Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.12%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth) Prompt Pay (PP)			
			(B)	(C)	(D)	(E)	(F)			
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)			
1A	Inpatient Hospital Services: Regular Payments	205,305	102,899	0	0	0	* 0.00%	0	102,899	
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00%	0	0	
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00%	0	0	
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00%	0	0	
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00%	0	0	
3A	Nursing Facility Services - Regular Payments	20,851	10,451	0	0	0	* 0.00%	0	10,451	
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00%	0	0	
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00%	0	0	
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
5A	Physician and Surgical Services - Regular Payments	18,752	9,324	0	134	0	* 0.00%	0	9,458	
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
6A	Outpatient Hospital Services - Regular Payments	16,445	8,242	0	0	0	* 0.00%	0	8,242	
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
7	Prescribed Drugs	754,042	377,926	0	0	0	* 0.00%	0	377,926	
7A1	Drug Rebate Offset - National Agreement	0	0	0	0	0	* 0.00%	0	0	
7A2	Drug Rebate Offset - State Sidebar Agreement	0	0	0	0	0	* 0.00%	0	0	
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00%	0	0	
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00%	0	0	
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00 %	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.08% and/or the IHS Services rate of 100%

* = Other

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

State: Washington

Quarter Ended: 09/30/2011
Fiscal Year: 2007

Line # 10B										
Medical Assistance Payments		Total Comp.	Federal Share					Federal Share	Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.12%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth) Prompt Pay (PP)			
			(B)	(C)	(D)	(E)	(F)			
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)			
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00 %	0	0	
8	Dental Services	184,688	92,566	0	0	0	* 0.00%	0	92,566	
9A	Other Practitioners Services - Regular Payments	2,521	1,264	0	0	0	* 0.00%	0	1,264	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
10	Clinic Services	176	0	176	0	0	* 0.00%	0	176	
11	Laboratory And Radiological Services	566	279	0	8	0	* 0.00%	0	287	
12	Home Health Services	0	0	0	0	0	* 0.00%	0	0	
13	Sterilizations	0	0	0	0	0	* 0.00%	0	0	
14	Abortions 0	0	0	0	0	0	* 0.00%	0	0	
15	EPSDT Screening Services	0	0	0	0	0	* 0.00%	0	0	
16	Rural Health Clinic Services	304	152	0	0	0	* 0.00%	0	152	
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00%	0	0	
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00%	0	0	
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00 %	0	0	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00%	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0	* 0.00%	0	0	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00%	0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00%	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00%	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00%	0	0	
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0	* 0.00%	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.08% and/or the IHS Services rate of 100%

* = Other

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

State: Washington

Quarter Ended: 09/30/2011
Fiscal Year: 2007

Line # 10B										
Medical Assistance Payments		Total Comp.	Federal Share					Federal Share	Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.12%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth) Prompt Pay (PP)			
			(B)	(C)	(D)	(E)	(F)			
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)			
19A	Home and Community-Based Services - Regular Payment (Waiver)	0	0	0	0	0	* 0.00%	0	0	
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00%	0	0	
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00%	0	0	
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00%	0	0	
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00%	0	0	
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00%	0	0	
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00%	0	0	
24B	Case Management - State Wide	0	0	0	0	0	* 0.00%	0	0	
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00%	0	0	
26	Hospice Benefits	0	0	0	0	0	* 0.00%	0	0	
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00%	0	0	
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00%	0	0	
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00%	0	0	
30	Physical Therapy	0	0	0	0	0	* 0.00%	0	0	
31	Occupational Therapy	0	0	0	0	0	* 0.00%	0	0	
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00%	0	0	
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00%	0	0	
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00%	0	0	
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00%	0	0	
36	Emergency Hospital Services	0	0	0	0	0	* 0.00%	0	0	
37	Critical Access Hospitals	0	0	0	0	0	* 0.00%	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.08% and/or the IHS Services rate of 100%

* = Other

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

State: Washington

Quarter Ended: 09/30/2011
Fiscal Year: 2007

Line # 10B										
Medical Assistance Payments		Federal Share						Total Federal Share	Deferral Or C.I.N. Number	
		Total Comp.	FMAP 50.12%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth) Prompt Pay (PP)			Federal Share
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00%	0	0	
39	School Based Services	0	0	0	0	0	* 0.00%	0	0	
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00%	0	0	
41	Private Duty Nursing	0	0	0	0	0	* 0.00%	0	0	
42	Freestanding Birth Center	0	0	0	0	0	* 0.00%	0	0	
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00%	0	0	
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00%	0	0	
49	Other Care Services	21,330	10,691	0	0	0	* 0.00%	0	10,691	
50	Total	1,224,980	613,794	176	142	0	* 0.00%	0	614,112	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

* = Other

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

State: Washington

Quarter Ended: 09/30/2011
Fiscal Year: 2006

Line # 10A										
Medical Assistance Payments		Total Comp.	Federal Share					Federal Share	Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth) Prompt Pay (PP)			
			(B)	(C)	(D)	(E)	(F)			
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)			
1A	Inpatient Hospital Services: Regular Payments	0	0	0	0	0	* 0.00%	0	0	
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00%	0	0	
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00%	0	0	
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00%	0	0	
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00%	0	0	
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00%	0	0	
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00%	0	0	
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00%	0	0	
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
5A	Physician and Surgical Services - Regular Payments	0	0	0	0	0	* 0.00%	0	0	
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00%	0	0	
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
7	Prescribed Drugs	0	0	0	0	0	* 0.00%	0	0	
7A1	Drug Rebate Offset - National Agreement	0	0	0	0	0	* 0.00%	0	0	
7A2	Drug Rebate Offset - State Sidebar Agreement	0	0	0	0	0	* 0.00%	0	0	
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00%	0	0	
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00%	0	0	
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00 %	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

* = Other

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

State: Washington

Quarter Ended: 09/30/2011
Fiscal Year: 2006

Line # 10A										
Medical Assistance Payments		Total Comp.	Federal Share					Federal Share	Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth) Prompt Pay (PP)			
			(B)	(C)	(D)	(E)	(F)			
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)			
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00 %	0	0	
8	Dental Services	0	0	0	0	0	* 0.00%	0	0	
9A	Other Practitioners Services - Regular Payments	0	0	0	0	0	* 0.00%	0	0	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
10	Clinic Services	0	0	0	0	0	* 0.00%	0	0	
11	Laboratory And Radiological Services	0	0	0	0	0	* 0.00%	0	0	
12	Home Health Services	0	0	0	0	0	* 0.00%	0	0	
13	Sterilizations	0	0	0	0	0	* 0.00%	0	0	
14	Abortions 0	0	0	0	0	0	* 0.00%	0	0	
15	EPSDT Screening Services	0	0	0	0	0	* 0.00%	0	0	
16	Rural Health Clinic Services	0	0	0	0	0	* 0.00%	0	0	
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00%	0	0	
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00%	0	0	
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00 %	0	0	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00%	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0	* 0.00%	0	0	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00%	0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00%	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00%	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00%	0	0	
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0	* 0.00%	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

* = Other

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

State: Washington

Quarter Ended: 09/30/2011
Fiscal Year: 2006

Line # 10A										
Medical Assistance Payments		Total Comp.	Federal Share					Federal Share	Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth) Prompt Pay (PP)			
			(B)	(C)	(D)	(E)	(F)			
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)			
19A	Home and Community-Based Services - Regular Payment (Waiver)	0	0	0	0	0	* 0.00%	0	0	
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00%	0	0	
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00%	0	0	
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00%	0	0	
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00%	0	0	
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00%	0	0	
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00%	0	0	
24B	Case Management - State Wide	0	0	0	0	0	* 0.00%	0	0	
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00%	0	0	
26	Hospice Benefits	0	0	0	0	0	* 0.00%	0	0	
27	Emergency Services for Undocumented Aliens	1,519,801	759,901	0	0	0	* 0.00%	0	759,901	A-09-09-00039
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00%	0	0	
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00%	0	0	
30	Physical Therapy	0	0	0	0	0	* 0.00%	0	0	
31	Occupational Therapy	0	0	0	0	0	* 0.00%	0	0	
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00%	0	0	
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00%	0	0	
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00%	0	0	
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00%	0	0	
36	Emergency Hospital Services	0	0	0	0	0	* 0.00%	0	0	
37	Critical Access Hospitals	0	0	0	0	0	* 0.00%	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

* = Other

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

State: Washington

Quarter Ended: 09/30/2011
Fiscal Year: 2006

Line # 10A										
Medical Assistance Payments		Federal Share						Total Federal Share	Deferral Or C.I.N. Number	
		Total Comp.	FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth) Prompt Pay (PP)			Federal Share
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00%	0	0	
39	School Based Services	0	0	0	0	0	* 0.00%	0	0	
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00%	0	0	
41	Private Duty Nursing	0	0	0	0	0	* 0.00%	0	0	
42	Freestanding Birth Center	0	0	0	0	0	* 0.00%	0	0	
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00%	0	0	
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00%	0	0	
49	Other Care Services	0	0	0	0	0	* 0.00%	0	0	A-10-07-88006
50	Total	1,519,801	759,901	0	0	0	* 0.00%	0	759,901	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

* = Other

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

State: Washington

Quarter Ended: 09/30/2011
Fiscal Year: 2006

Line # 10B										
Medical Assistance Payments		Total Comp.	Federal Share					Federal Share	Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth) Prompt Pay (PP)			
			(B)	(C)	(D)	(E)	(F)			
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)			
1A	Inpatient Hospital Services: Regular Payments	971,582	485,791	0	0	0	* 0.00%	0	485,791	
1B	Inpatient Hospital Services: DSH Adjustment Payments	2,013,525	1,006,763	0	0	0	* 0.00%	0	1,006,763	
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00%	0	0	
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00%	0	0	
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00%	0	0	
3A	Nursing Facility Services - Regular Payments	3,623	1,812	0	0	0	* 0.00%	0	1,812	
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00%	0	0	
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00%	0	0	
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
5A	Physician and Surgical Services - Regular Payments	7,567	3,497	0	517	0	* 0.00%	0	4,014	
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
6A	Outpatient Hospital Services - Regular Payments	5,798	2,899	0	0	0	* 0.00%	0	2,899	
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
7	Prescribed Drugs	745,409	372,705	0	0	0	* 0.00%	0	372,705	
7A1	Drug Rebate Offset - National Agreement	0	0	0	0	0	* 0.00%	0	0	
7A2	Drug Rebate Offset - State Sidebar Agreement	0	0	0	0	0	* 0.00%	0	0	
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00%	0	0	
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00%	0	0	
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00 %	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

* = Other

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

State: Washington

Quarter Ended: 09/30/2011
Fiscal Year: 2006

Line # 10B										
Medical Assistance Payments		Total Comp.	Federal Share					Federal Share	Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth) Prompt Pay (PP)			
			(B)	(C)	(D)	(E)	(F)			
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)			
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00 %	0	0	
8	Dental Services	3,461,789	1,730,895	0	0	0	* 0.00%	0	1,730,895	
9A	Other Practitioners Services - Regular Payments	335	168	0	0	0	* 0.00%	0	168	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
10	Clinic Services	0	0	0	0	0	* 0.00%	0	0	
11	Laboratory And Radiological Services	76	25	0	24	0	* 0.00%	0	49	
12	Home Health Services	0	0	0	0	0	* 0.00%	0	0	
13	Sterilizations	0	0	0	0	0	* 0.00%	0	0	
14	Abortions 0	0	0	0	0	0	* 0.00%	0	0	
15	EPSDT Screening Services	0	0	0	0	0	* 0.00%	0	0	
16	Rural Health Clinic Services	79	40	0	0	0	* 0.00%	0	40	
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00%	0	0	
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00%	0	0	
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00 %	0	0	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00%	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations	4	2	0	0	0	* 0.00%	0	2	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00%	0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00%	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00%	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00%	0	0	
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0	* 0.00%	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

* = Other

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

State: Washington

Quarter Ended: 09/30/2011
Fiscal Year: 2006

Line # 10B										
Medical Assistance Payments		Total Comp.	Federal Share					Federal Share	Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth) Prompt Pay (PP)			
			(B)	(C)	(D)	(E)	(F)			
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)			
19A	Home and Community-Based Services - Regular Payment (Waiver)	0	0	0	0	0	* 0.00%	0	0	
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00%	0	0	
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00%	0	0	
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00%	0	0	
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00%	0	0	
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00%	0	0	
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00%	0	0	
24B	Case Management - State Wide	0	0	0	0	0	* 0.00%	0	0	
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00%	0	0	
26	Hospice Benefits	0	0	0	0	0	* 0.00%	0	0	
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00%	0	0	
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00%	0	0	
29	Non-Emergency Medical Transportation	631	316	0	0	0	* 0.00%	0	316	
30	Physical Therapy	0	0	0	0	0	* 0.00%	0	0	
31	Occupational Therapy	0	0	0	0	0	* 0.00%	0	0	
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00%	0	0	
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00%	0	0	
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00%	0	0	
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00%	0	0	
36	Emergency Hospital Services	0	0	0	0	0	* 0.00%	0	0	
37	Critical Access Hospitals	0	0	0	0	0	* 0.00%	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

* = Other

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

State: Washington

Quarter Ended: 09/30/2011
Fiscal Year: 2006

Line # 10B										
Medical Assistance Payments		Federal Share						Total Federal Share	Deferral Or C.I.N. Number	
		Total Comp.	FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth) Prompt Pay (PP)			Federal Share
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00%	0	0	
39	School Based Services	0	0	0	0	0	* 0.00%	0	0	
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00%	0	0	
41	Private Duty Nursing	0	0	0	0	0	* 0.00%	0	0	
42	Freestanding Birth Center	0	0	0	0	0	* 0.00%	0	0	
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00%	0	0	
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00%	0	0	
49	Other Care Services	15,985	7,993	0	0	0	* 0.00%	0	7,993	
50	Total	7,226,403	3,612,906	0	541	0	* 0.00%	0	3,613,447	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

* = Other

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

State: Washington

Quarter Ended: 09/30/2011
Fiscal Year: 2006

Line # 8										
Medical Assistance Payments		Total Comp.	Federal Share					Federal Share	Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth) Prompt Pay (PP)			
			(B)	(C)	(D)	(E)	(F)			
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)			
1A	Inpatient Hospital Services: Regular Payments	0	0	0	0	0	* 0.00%	0	0	
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00%	0	0	
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00%	0	0	
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00%	0	0	
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00%	0	0	
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00%	0	0	
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00%	0	0	
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00%	0	0	
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
5A	Physician and Surgical Services - Regular Payments	0	0	0	0	0	* 0.00%	0	0	
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00%	0	0	
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
7	Prescribed Drugs	0	0	0	0	0	* 0.00%	0	0	
7A1	Drug Rebate Offset - National Agreement	0	0	0	0	0	* 0.00%	0	0	
7A2	Drug Rebate Offset - State Sidebar Agreement	0	0	0	0	0	* 0.00%	0	0	
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00%	0	0	
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00%	0	0	
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00 %	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

* = Other

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

State: Washington

Quarter Ended: 09/30/2011
Fiscal Year: 2006

		Line # 8								
Medical Assistance Payments		Federal Share						Total Federal Share	Deferral Or C.I.N. Number	
		Total Comp.	FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth) Prompt Pay (PP)			Federal Share
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00 %	0	0	
8	Dental Services	0	0	0	0	0	* 0.00%	0	0	
9A	Other Practitioners Services - Regular Payments	0	0	0	0	0	* 0.00%	0	0	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
10	Clinic Services	0	0	0	0	0	* 0.00%	0	0	
11	Laboratory And Radiological Services	0	0	0	0	0	* 0.00%	0	0	
12	Home Health Services	0	0	0	0	0	* 0.00%	0	0	
13	Sterilizations	0	0	0	0	0	* 0.00%	0	0	
14	Abortions 0	0	0	0	0	0	* 0.00%	0	0	
15	EPSDT Screening Services	0	0	0	0	0	* 0.00%	0	0	
16	Rural Health Clinic Services	0	0	0	0	0	* 0.00%	0	0	
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00%	0	0	
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00%	0	0	
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00 %	0	0	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00%	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0	* 0.00%	0	0	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00%	0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00%	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00%	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00%	0	0	
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0	* 0.00%	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

* = Other

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

State: Washington

Quarter Ended: 09/30/2011
Fiscal Year: 2006

		Line # 8								
Medical Assistance Payments		Federal Share						Total Federal Share	Deferral Or C.I.N. Number	
		Total Comp.	FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth) Prompt Pay (PP)			Federal Share
		(A)	(B)	(C)	(D)	(E)	(F)			(G)
19A	Home and Community-Based Services - Regular Payment (Waiver)	0	0	0	0	0	* 0.00%	0	0	
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00%	0	0	
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00%	0	0	
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00%	0	0	
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00%	0	0	
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00%	0	0	
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00%	0	0	
24B	Case Management - State Wide	0	0	0	0	0	* 0.00%	0	0	
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00%	0	0	
26	Hospice Benefits	0	0	0	0	0	* 0.00%	0	0	
27	Emergency Services for Undocumented Aliens	1,519,801	759,901	0	0	0	* 0.00%	0	759,901	
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00%	0	0	
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00%	0	0	
30	Physical Therapy	0	0	0	0	0	* 0.00%	0	0	
31	Occupational Therapy	0	0	0	0	0	* 0.00%	0	0	
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00%	0	0	
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00%	0	0	
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00%	0	0	
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00%	0	0	
36	Emergency Hospital Services	0	0	0	0	0	* 0.00%	0	0	
37	Critical Access Hospitals	0	0	0	0	0	* 0.00%	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

* = Other

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

State: Washington

Quarter Ended: 09/30/2011
Fiscal Year: 2006

Line # 8										
Medical Assistance Payments		Federal Share						Total Federal Share	Deferral Or C.I.N. Number	
		Total Comp.	FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth) Prompt Pay (PP)			Federal Share
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00%	0	0	
39	School Based Services	0	0	0	0	0	* 0.00%	0	0	
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00%	0	0	
41	Private Duty Nursing	0	0	0	0	0	* 0.00%	0	0	
42	Freestanding Birth Center	0	0	0	0	0	* 0.00%	0	0	
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00%	0	0	
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00%	0	0	
49	Other Care Services	0	0	0	0	0	* 0.00%	0	0	
50	Total	1,519,801	759,901	0	0	0	* 0.00%	0	759,901	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

* = Other

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 3/2011

Line # 10B												
Medical Assistance Payments Waiver Type: 1115 Waiver Number: 11W00134/0-12 Waiver Name: Family Planning - Take Charge		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number	
			FMAP 50% Incr Fmap 58.23%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share	Prompt Pay (PP)			
												(A)
			(A)	(B)	(C)	(D)	(E)	(F)	(G)			(H)
1A	Inpatient Hospital Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0		
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0		
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0		
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0		
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0		
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0		
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0		
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0		
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00% # 50.00%	0	0	0		
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00% # 50.00%	0	0	0		
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0		
5A	Physician and Surgical Services - Regular Payments	388	0	0	349	0	* 0.00% # 50.00%	0	0	349		
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0		
6A	Outpatient Hospital Services - Regular Payments	85	0	0	77	0	* 0.00% # 50.00%	0	0	77		
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0		
7	Prescribed Drugs	6,159	0	0	5,543	0	* 0.00% # 50.00%	0	0	5,543		
7A1	Drug Rebate - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0	0	0		
7A2	Drug Rebate - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0	0	0		
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0	0	0		
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0	0	0		
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00% # 50.00%	0	0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 58.23% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 3/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1115 Waiver Number: 11W00134/0-12 Waiver Name: Family Planning - Take Charge		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50% Incr Fmap 58.23%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
							Prompt Pay (PP)				
							(A)		(B)		
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00% # 50.00%	0	0	0	
8	Dental Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
9A	Other Practitioners Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
10	Clinic Services	300	0	0	270	0	* 0.00% # 50.00%	0	270	0	
11	Laboratory And Radiological Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
12	Home Health	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
13	Sterilizations	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
14	Abortions 0	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
15	EPSDT Screening Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
16	Rural Health Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00% # 50.00%	0	0	0	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 58.23% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 3/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1115 Waiver Number: 11W00134/0-12 Waiver Name: Family Planning - Take Charge		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 58.23%				Prompt Pay (PP)				
			(A)	(B)	(C)	(D)	(E)	(F)	(G)		
19A	Home and Community-Based Services - Regular Payment (Waiver)	0	0	0	0	0	* 0.00% # 50.00%	0	0		
19B	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0	0		
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0	0		
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00% # 50.00%	0	0		
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00% # 50.00%	0	0		
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00% # 50.00%	0	0		
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00% # 50.00%	0	0		
24B	Case Management - State Wide	0	0	0	0	0	* 0.00% # 50.00%	0	0		
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00% # 50.00%	0	0		
26	Hospice Benefits	0	0	0	0	0	* 0.00% # 50.00%	0	0		
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00% # 50.00%	0	0		
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00% # 50.00%	0	0		
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00% # 50.00%	0	0		
30	Physical Therapy	0	0	0	0	0	* 0.00% # 50.00%	0	0		
31	Occupational Therapy	0	0	0	0	0	* 0.00% # 50.00%	0	0		
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00% # 50.00%	0	0		
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00% # 50.00%	0	0		
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00% # 50.00%	0	0		
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00% # 50.00%	0	0		
36	Emergency Hospital Services	0	0	0	0	0	* 0.00% # 50.00%	0	0		
37	Critical Access Hospitals	0	0	0	0	0	* 0.00% # 50.00%	0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 58.23% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 3/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1115 Waiver Number: 11W00134/0-12 Waiver Name: Family Planning - Take Charge		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 58.23%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
39	School Based Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
41	Private Duty Nursing	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
42	Freestanding Birth Center	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
49	Other Care Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
50	Total	6,932	0 0	0	6,239	0	* 0.00% # 50.00%	0 0	6,239		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 58.23% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 3/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1115 Waiver Number: 11W00254/0-11 Waiver Name: Transitional Bridge		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50% Incr Fmap 58.23%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
							Prompt Pay (PP)				
							(A)		(B)		
1A	Inpatient Hospital Services: Regular Payments	83,522	41,761 6,874	0	0	0	* 0.00% # 50.00%	0 0	48,635		
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
5A	Physician and Surgical Services - Regular Payments	7,497	3,736 615	0	23	0	* 0.00% # 50.00%	0 0	4,374		
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
6A	Outpatient Hospital Services - Regular Payments	44,882	22,441 3,694	0	0	0	* 0.00% # 50.00%	0 0	26,135		
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7	Prescribed Drugs	9,225	4,501 741	0	201	0	* 0.00% # 50.00%	0 0	5,443		
7A1	Drug Rebate - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A2	Drug Rebate - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00% # 50.00%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 58.23% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 3/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1115 Waiver Number: 11W00254/0-11 Waiver Name: Transitional Bridge		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 58.23%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00% # 50.00%	0	0	0	
8	Dental Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
9A	Other Practitioners Services - Regular Payments	583	291 48	0	0	0	* 0.00% # 50.00%	0	0	339	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
10	Clinic Services	57	28 5	0	0	0	* 0.00% # 50.00%	0	0	33	
11	Laboratory And Radiological Services	208	57 9	0	85	0	* 0.00% # 50.00%	0	0	151	
12	Home Health	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
13	Sterilizations	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
14	Abortions 0	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
15	EPSDT Screening Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
16	Rural Health Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00% # 50.00%	0	0	0	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations	209,121	104,560 17,211	0	0	0	* 0.00% # 50.00%	0	0	121,771	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 58.23% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 3/2011

Line # 10B												
Medical Assistance Payments Waiver Type: 1115 Waiver Number: 11W00254/0-11 Waiver Name: Transitional Bridge		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number	
			FMAP 50% Incr Fmap 58.23%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share	Prompt Pay (PP)			
							0					0
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)				
19A	Home and Community-Based Services - Regular Payment (Waiver)	0	0	0	0	0	* 0.00% # 50.00%	0	0	0		
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0	0	0		
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0	0	0		
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00% # 50.00%	0	0	0		
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00% # 50.00%	0	0	0		
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00% # 50.00%	0	0	0		
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00% # 50.00%	0	0	0		
24B	Case Management - State Wide	0	0	0	0	0	* 0.00% # 50.00%	0	0	0		
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0		
26	Hospice Benefits	0	0	0	0	0	* 0.00% # 50.00%	0	0	0		
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00% # 50.00%	0	0	0		
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00% # 50.00%	0	0	0		
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00% # 50.00%	0	0	0		
30	Physical Therapy	0	0	0	0	0	* 0.00% # 50.00%	0	0	0		
31	Occupational Therapy	0	0	0	0	0	* 0.00% # 50.00%	0	0	0		
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00% # 50.00%	0	0	0		
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00% # 50.00%	0	0	0		
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0		
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00% # 50.00%	0	0	0		
36	Emergency Hospital Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0		
37	Critical Access Hospitals	0	0	0	0	0	* 0.00% # 50.00%	0	0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 58.23% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 3/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1115 Waiver Number: 11W00254/0-11 Waiver Name: Transitional Bridge		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 58.23%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
39	School Based Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
41	Private Duty Nursing	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
42	Freestanding Birth Center	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
49	Other Care Services	10,010	5,005 824	0	0	0	* 0.00% # 50.00%	0 0	5,829		
50	Total	365,105	182,380 30,021	0	309	0	* 0.00% # 50.00%	0 0	212,710		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 58.23% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 3/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915B Waiver Number: WA08.R03-01 Waiver Name: Int Com MH Disabled		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 58.23%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
1A	Inpatient Hospital Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
5A	Physician and Surgical Services - Regular Payments	30,401	15,201 2,502	0	0	0	* 0.00% # 50.00%	0 0	17,703		
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7	Prescribed Drugs	34,808	17,404 2,865	0	0	0	* 0.00% # 50.00%	0 0	20,269		
7A1	Drug Rebate - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A2	Drug Rebate - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00% # 50.00%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 58.23% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 3/2011

Line # 10B										
Medical Assistance Payments Waiver Type: 1915B Waiver Number: WA08.R03-01 Waiver Name: Int Com MH Disabled Reporting Method: Date of Payment		Federal Share						Total Federal Share	Deferral Or C.I.N. Number	
		Total Comp.	FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other & Prompt Pay			
			Incr Fmap 58.23%				Other % (Oth)			Federal Share
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)		
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00% # 50.00%	0	0	
8	Dental Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	
9A	Other Practitioners Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	
10	Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	
11	Laboratory And Radiological Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	
12	Home Health	0	0	0	0	0	* 0.00% # 50.00%	0	0	
13	Sterilizations	0	0	0	0	0	* 0.00% # 50.00%	0	0	
14	Abortions 0	0	0	0	0	0	* 0.00% # 50.00%	0	0	
15	EPSDT Screening Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	
16	Rural Health Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0	
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0	
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00% # 50.00%	0	0	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0	* 0.00% # 50.00%	0	0	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0	0	
18B2	Prepaid Inpatient Health Plan	255	127 21	0	0	0	* 0.00% # 50.00%	0	148	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0	
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0	* 0.00% # 50.00%	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 58.23% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 3/2011

Line # 10B										
Medical Assistance Payments Waiver Type: 1915B Waiver Number: WA08.R03-01 Waiver Name: Int Com MH Disabled Reporting Method: Date of Payment		Federal Share						Total Federal Share	Deferral Or C.I.N. Number	
		Total Comp.	FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other & Prompt Pay			
			Incr Fmap 58.23%				Other % (Oth)			Federal Share
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)		
19A	Home and Community-Based Services - Regular Payment (Waiver)	0	0	0	0	0	* 0.00% # 50.00%	0	0	
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0	0	
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0	0	
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00% # 50.00%	0	0	
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00% # 50.00%	0	0	
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00% # 50.00%	0	0	
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00% # 50.00%	0	0	
24B	Case Management - State Wide	0	0	0	0	0	* 0.00% # 50.00%	0	0	
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	
26	Hospice Benefits	0	0	0	0	0	* 0.00% # 50.00%	0	0	
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00% # 50.00%	0	0	
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00% # 50.00%	0	0	
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00% # 50.00%	0	0	
30	Physical Therapy	0	0	0	0	0	* 0.00% # 50.00%	0	0	
31	Occupational Therapy	0	0	0	0	0	* 0.00% # 50.00%	0	0	
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00% # 50.00%	0	0	
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00% # 50.00%	0	0	
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00% # 50.00%	0	0	
36	Emergency Hospital Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	
37	Critical Access Hospitals	0	0	0	0	0	* 0.00% # 50.00%	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 58.23% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 3/2011

Line # 10B										
Medical Assistance Payments Waiver Type: 1915B Waiver Number: WA08.R03-01 Waiver Name: Int Com MH Disabled Reporting Method: Date of Payment		Federal Share						Total Federal Share	Deferral Or C.I.N. Number	
		Total Comp.	FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other & Prompt Pay			
			Incr Fmap 58.23%				Other % (Oth)			Prompt Pay (PP)
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)		
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	
39	School Based Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00% # 50.00%	0	0	
41	Private Duty Nursing	0	0	0	0	0	* 0.00% # 50.00%	0	0	
42	Freestanding Birth Center	0	0	0	0	0	* 0.00% # 50.00%	0	0	
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00% # 50.00%	0	0	
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00% # 50.00%	0	0	
49	Other Care Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	
50	Total	65,464	32,732 5,388	0	0	0	* 0.00% # 50.00%	0	38,120	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 58.23% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 3/2011

Line # 10B										
Medical Assistance Payments Waiver Type: 1915B Waiver Number: WA08.R03-01 Waiver Name: Int Com MH Non-Disabled Reporting Method: Date of Payment		Federal Share						Total Federal Share	Deferral Or C.I.N. Number	
		Total Comp.	FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other & Prompt Pay			
			Incr Fmap 58.23%				Other % (Oth)			Federal Share
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)		
1A	Inpatient Hospital Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00% # 50.00%	0	0	
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00% # 50.00%	0	0	
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	
5A	Physician and Surgical Services - Regular Payments	36,779	18,389 3,027	0	0	0	* 0.00% # 50.00%	0	21,416	
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	
7	Prescribed Drugs	3,795	1,898 312	0	0	0	* 0.00% # 50.00%	0	2,210	
7A1	Drug Rebate - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0	0	
7A2	Drug Rebate - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0	0	
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0	0	
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0	0	
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00% # 50.00%	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 58.23% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 3/2011

Line # 10B										
Medical Assistance Payments Waiver Type: 1915B Waiver Number: WA08.R03-01 Waiver Name: Int Com MH Non-Disabled Reporting Method: Date of Payment		Federal Share						Total Federal Share	Deferral Or C.I.N. Number	
		Total Comp.	FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other & Prompt Pay			
			Incr Fmap 58.23%				Other % (Oth)			Federal Share
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)		
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00% # 50.00%	0	0	
8	Dental Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	
9A	Other Practitioners Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	
10	Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	
11	Laboratory And Radiological Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	
12	Home Health	0	0	0	0	0	* 0.00% # 50.00%	0	0	
13	Sterilizations	0	0	0	0	0	* 0.00% # 50.00%	0	0	
14	Abortions 0	0	0	0	0	0	* 0.00% # 50.00%	0	0	
15	EPSDT Screening Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	
16	Rural Health Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0	
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0	
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00% # 50.00%	0	0	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0	* 0.00% # 50.00%	0	0	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0	0	
18B2	Prepaid Inpatient Health Plan	10,347	5,173 852	0	0	0	* 0.00% # 50.00%	0	6,025	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0	
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0	* 0.00% # 50.00%	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 58.23% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 3/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915B Waiver Number: WA08.R03-01 Waiver Name: Int Com MH Non-Disabled Reporting Method: Date of Payment		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 58.23%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
19A	Home and Community-Based Services - Regular Payment (Waiver)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
24B	Case Management - State Wide	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
26	Hospice Benefits	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
30	Physical Therapy	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
31	Occupational Therapy	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
36	Emergency Hospital Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
37	Critical Access Hospitals	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 58.23% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 3/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915B Waiver Number: WA08.R03-01 Waiver Name: Int Com MH Non-Disabled Reporting Method: Date of Payment		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 58.23%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
39	School Based Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
41	Private Duty Nursing	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
42	Freestanding Birth Center	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
49	Other Care Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
50	Total	50,921	25,460 4,191	0	0	0	* 0.00% # 50.00%	0 0	29,651		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 58.23% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 3/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0390.02 Waiver Name: ABD (Comm. Setting) Reporting Method:		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 58.23%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
1A	Inpatient Hospital Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
5A	Physician and Surgical Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7	Prescribed Drugs	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A1	Drug Rebate - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A2	Drug Rebate - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00% # 50.00%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 58.23% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 3/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0390.02 Waiver Name: ABD (Comm. Setting)		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 58.23%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00% # 50.00%	0	0	0	
8	Dental Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
9A	Other Practitioners Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
10	Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
11	Laboratory And Radiological Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
12	Home Health	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
13	Sterilizations	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
14	Abortions 0	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
15	EPSDT Screening Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
16	Rural Health Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00% # 50.00%	0	0	0	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 58.23% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 3/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0390.02 Waiver Name: ABD (Comm. Setting)		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50% Incr Fmap 58.23%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share	Prompt Pay (PP)		
			(A)	(B)	(C)	(D)	(E)	(F)	(G)		
19A	Home and Community-Based Services - Regular Payment (Waiver)	5,798	2,899 477	0	0	0	* 0.00% # 50.00%	0	0	3,376	
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
24B	Case Management - State Wide	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
26	Hospice Benefits	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
30	Physical Therapy	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
31	Occupational Therapy	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
36	Emergency Hospital Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
37	Critical Access Hospitals	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 58.23% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 3/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0390.02 Waiver Name: ABD (Comm. Setting)		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50% Incr Fmap 58.23%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share	Prompt Pay (PP)		
			(A)	(B)	(C)	(D)	(E)	(F)	(G)		
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0 0		
39	School Based Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0 0		
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0 0		
41	Private Duty Nursing	0	0	0	0	0	* 0.00% # 50.00%	0 0	0 0		
42	Freestanding Birth Center	0	0	0	0	0	* 0.00% # 50.00%	0 0	0 0		
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00% # 50.00%	0 0	0 0		
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00% # 50.00%	0 0	0 0		
49	Other Care Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0 0		
50	Total	5,798	2,899 477	0	0	0	* 0.00% # 50.00%	0 0	3,376		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 58.23% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 3/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0408 Waiver Name: Basic		Total Comp. (A)	Federal Share					Other & Prompt Pay		Total Federal Share (G)	Deferral Or C.I.N. Number (H)
			FMAP 50% Incr Fmap 58.23% (B)	IHS Facility Services 100% (C)	Fam. Plan Services 90% (D)	Optional Breast or Cerv. Cancer Services * (E)	Other % (Oth)	Federal Share (F)	Prompt Pay (PP)		
							* 0.00%				
							# 50.00%				
1A	Inpatient Hospital Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0		
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0		
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0		
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0		
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0		
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0		
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0		
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0		
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00% # 50.00%	0	0		
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00% # 50.00%	0	0		
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0		
5A	Physician and Surgical Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0		
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0		
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0		
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0		
7	Prescribed Drugs	0	0	0	0	0	* 0.00% # 50.00%	0	0		
7A1	Drug Rebate - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0	0		
7A2	Drug Rebate - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0	0		
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0	0		
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0	0		
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00% # 50.00%	0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 58.23% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 3/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0408 Waiver Name: Basic		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 58.23%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00% # 50.00%	0	0	0	
8	Dental Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
9A	Other Practitioners Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
10	Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
11	Laboratory And Radiological Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
12	Home Health	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
13	Sterilizations	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
14	Abortions 0	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
15	EPSDT Screening Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
16	Rural Health Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00% # 50.00%	0	0	0	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 58.23% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 3/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0408 Waiver Name: Basic		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 58.23%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
19A	Home and Community-Based Services - Regular Payment (Waiver)	4,632	2,316 381	0	0	0	* 0.00% # 50.00%	0 0	2,697		
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
24B	Case Management - State Wide	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
26	Hospice Benefits	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
30	Physical Therapy	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
31	Occupational Therapy	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
36	Emergency Hospital Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
37	Critical Access Hospitals	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 58.23% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 3/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0408 Waiver Name: Basic		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50% Incr Fmap 58.23%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
							Prompt Pay (PP)				
			(A)	(B)	(C)	(D)	(E)	(F)	(G)		
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
39	School Based Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
41	Private Duty Nursing	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
42	Freestanding Birth Center	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
49	Other Care Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
50	Total	4,632	2,316 381	0	0	0	* 0.00% # 50.00%	0 0	2,697		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 58.23% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 3/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0409 Waiver Name: Basic Plus		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 58.23%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
1A	Inpatient Hospital Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
5A	Physician and Surgical Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7	Prescribed Drugs	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A1	Drug Rebate - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A2	Drug Rebate - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00% # 50.00%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 58.23% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 3/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0409 Waiver Name: Basic Plus		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 58.23%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00% # 50.00%	0	0	0	
8	Dental Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
9A	Other Practitioners Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
10	Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
11	Laboratory And Radiological Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
12	Home Health	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
13	Sterilizations	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
14	Abortions 0	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
15	EPSDT Screening Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
16	Rural Health Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00% # 50.00%	0	0	0	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 58.23% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 3/2011

Line # 10B												
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0409 Waiver Name: Basic Plus		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number	
			FMAP 50% Incr Fmap 58.23%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share	Prompt Pay (PP)			
												(A)
			(A)	(B)	(C)	(D)	(E)	(F)	(G)			(H)
19A	Home and Community-Based Services - Regular Payment (Waiver)	8,375	4,188 689	0	0	0	* 0.00% # 50.00%	0	4,877			
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0	0			
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0	0			
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00% # 50.00%	0	0			
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00% # 50.00%	0	0			
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00% # 50.00%	0	0			
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00% # 50.00%	0	0			
24B	Case Management - State Wide	0	0	0	0	0	* 0.00% # 50.00%	0	0			
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00% # 50.00%	0	0			
26	Hospice Benefits	0	0	0	0	0	* 0.00% # 50.00%	0	0			
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00% # 50.00%	0	0			
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00% # 50.00%	0	0			
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00% # 50.00%	0	0			
30	Physical Therapy	0	0	0	0	0	* 0.00% # 50.00%	0	0			
31	Occupational Therapy	0	0	0	0	0	* 0.00% # 50.00%	0	0			
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00% # 50.00%	0	0			
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00% # 50.00%	0	0			
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00% # 50.00%	0	0			
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00% # 50.00%	0	0			
36	Emergency Hospital Services	0	0	0	0	0	* 0.00% # 50.00%	0	0			
37	Critical Access Hospitals	0	0	0	0	0	* 0.00% # 50.00%	0	0			

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 58.23% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 3/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0409 Waiver Name: Basic Plus		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 58.23%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
39	School Based Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
41	Private Duty Nursing	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
42	Freestanding Birth Center	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
49	Other Care Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
50	Total	8,375	4,188 689	0	0	0	* 0.00% # 50.00%	0 0	4,877		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 58.23% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 3/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0049.92 Waiver Name: COPEs		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 58.23%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
1A	Inpatient Hospital Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
5A	Physician and Surgical Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7	Prescribed Drugs	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A1	Drug Rebate - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A2	Drug Rebate - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00% # 50.00%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 58.23% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 3/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0049.92 Waiver Name: COPEs		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 58.23%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00% # 50.00%	0	0	0	
8	Dental Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
9A	Other Practitioners Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
10	Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
11	Laboratory And Radiological Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
12	Home Health	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
13	Sterilizations	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
14	Abortions 0	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
15	EPSDT Screening Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
16	Rural Health Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00% # 50.00%	0	0	0	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 58.23% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 3/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0049.92 Waiver Name: COPEs		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50% Incr Fmap 58.23%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
							Prompt Pay (PP)				
							(A)		(B)		
19A	Home and Community-Based Services - Regular Payment (Waiver)	135,205	67,603 11,127	0	0	0	* 0.00% # 50.00%	0	78,730		
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0	0		
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0	0		
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00% # 50.00%	0	0		
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00% # 50.00%	0	0		
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00% # 50.00%	0	0		
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00% # 50.00%	0	0		
24B	Case Management - State Wide	0	0	0	0	0	* 0.00% # 50.00%	0	0		
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00% # 50.00%	0	0		
26	Hospice Benefits	0	0	0	0	0	* 0.00% # 50.00%	0	0		
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00% # 50.00%	0	0		
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00% # 50.00%	0	0		
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00% # 50.00%	0	0		
30	Physical Therapy	0	0	0	0	0	* 0.00% # 50.00%	0	0		
31	Occupational Therapy	0	0	0	0	0	* 0.00% # 50.00%	0	0		
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00% # 50.00%	0	0		
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00% # 50.00%	0	0		
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00% # 50.00%	0	0		
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00% # 50.00%	0	0		
36	Emergency Hospital Services	0	0	0	0	0	* 0.00% # 50.00%	0	0		
37	Critical Access Hospitals	0	0	0	0	0	* 0.00% # 50.00%	0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 58.23% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 3/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0049.92 Waiver Name: COPEs		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 58.23%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
39	School Based Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
41	Private Duty Nursing	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
42	Freestanding Birth Center	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
49	Other Care Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
50	Total	135,205	67,603 11,127	0	0	0	* 0.00% # 50.00%	0 0	78,730		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 58.23% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 3/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0410 Waiver Name: Core		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50% Incr Fmap 58.23%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
							Prompt Pay (PP)				
			(A)	(B)	(C)	(D)	(E)	(F)	(G)		
1A	Inpatient Hospital Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
5A	Physician and Surgical Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
7	Prescribed Drugs	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
7A1	Drug Rebate - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
7A2	Drug Rebate - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00% # 50.00%	0	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 58.23% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 3/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0410 Waiver Name: Core		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 58.23%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00% # 50.00%	0	0	0	
8	Dental Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
9A	Other Practitioners Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
10	Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
11	Laboratory And Radiological Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
12	Home Health	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
13	Sterilizations	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
14	Abortions 0	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
15	EPSDT Screening Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
16	Rural Health Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00% # 50.00%	0	0	0	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 58.23% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 3/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0410 Waiver Name: Core		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50% Incr Fmap 58.23%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
							Prompt Pay (PP)				
			(A)	(B)	(C)	(D)	(E)	(F)	(G)		
19A	Home and Community-Based Services - Regular Payment (Waiver)	35,168	17,585 2,894	0	0	0	* 0.00% # 50.00%	0 0	20,479		
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
24B	Case Management - State Wide	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
26	Hospice Benefits	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
30	Physical Therapy	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
31	Occupational Therapy	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
36	Emergency Hospital Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
37	Critical Access Hospitals	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 58.23% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 3/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0410 Waiver Name: Core		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 58.23%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
39	School Based Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
41	Private Duty Nursing	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
42	Freestanding Birth Center	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
49	Other Care Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
50	Total	35,168	17,585 2,894	0	0	0	* 0.00% # 50.00%	0 0	20,479		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 58.23% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 3/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0419.01 Waiver Name: Medically Needy In Home		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 58.23%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
1A	Inpatient Hospital Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
5A	Physician and Surgical Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7	Prescribed Drugs	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A1	Drug Rebate - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A2	Drug Rebate - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00% # 50.00%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 58.23% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 3/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0419.01 Waiver Name: Medically Needy In Home		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 58.23%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00% # 50.00%	0	0	0	
8	Dental Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
9A	Other Practitioners Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
10	Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
11	Laboratory And Radiological Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
12	Home Health	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
13	Sterilizations	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
14	Abortions 0	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
15	EPSDT Screening Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
16	Rural Health Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00% # 50.00%	0	0	0	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 58.23% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 3/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0419.01 Waiver Name: Medically Needy In Home		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 58.23%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
19A	Home and Community-Based Services - Regular Payment (Waiver)	55	27 5	0	0	0	* 0.00% # 50.00%	0 0	32		
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
24B	Case Management - State Wide	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
26	Hospice Benefits	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
30	Physical Therapy	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
31	Occupational Therapy	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
36	Emergency Hospital Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
37	Critical Access Hospitals	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 58.23% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 3/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0419.01 Waiver Name: Medically Needy In Home		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 58.23%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
39	School Based Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
41	Private Duty Nursing	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
42	Freestanding Birth Center	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
49	Other Care Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
50	Total	55	27 5	0	0	0	* 0.00% # 50.00%	0 0	32		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 58.23% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 3/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0449 Waiver Name: New Freedom		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 58.23%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
1A	Inpatient Hospital Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
5A	Physician and Surgical Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7	Prescribed Drugs	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A1	Drug Rebate - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A2	Drug Rebate - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00% # 50.00%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 58.23% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 3/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0449 Waiver Name: New Freedom		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 58.23%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00% # 50.00%	0	0	0	
8	Dental Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
9A	Other Practitioners Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
10	Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
11	Laboratory And Radiological Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
12	Home Health	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
13	Sterilizations	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
14	Abortions 0	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
15	EPSDT Screening Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
16	Rural Health Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00% # 50.00%	0	0	0	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 58.23% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 3/2011

Line # 10B												
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0449 Waiver Name: New Freedom		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number	
			FMAP 50% Incr Fmap 58.23%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share	Prompt Pay (PP)			
												(A)
			19A	Home and Community-Based Services - Regular Payment (Waiver)	11,011	5,506 906	0	0	0			* 0.00% # 50.00%
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0	0	0		
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0	0	0		
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00% # 50.00%	0	0	0		
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00% # 50.00%	0	0	0		
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00% # 50.00%	0	0	0		
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00% # 50.00%	0	0	0		
24B	Case Management - State Wide	0	0	0	0	0	* 0.00% # 50.00%	0	0	0		
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0		
26	Hospice Benefits	0	0	0	0	0	* 0.00% # 50.00%	0	0	0		
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00% # 50.00%	0	0	0		
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00% # 50.00%	0	0	0		
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00% # 50.00%	0	0	0		
30	Physical Therapy	0	0	0	0	0	* 0.00% # 50.00%	0	0	0		
31	Occupational Therapy	0	0	0	0	0	* 0.00% # 50.00%	0	0	0		
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00% # 50.00%	0	0	0		
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00% # 50.00%	0	0	0		
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0		
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00% # 50.00%	0	0	0		
36	Emergency Hospital Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0		
37	Critical Access Hospitals	0	0	0	0	0	* 0.00% # 50.00%	0	0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 58.23% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 3/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0449 Waiver Name: New Freedom		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 58.23%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
39	School Based Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
41	Private Duty Nursing	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
42	Freestanding Birth Center	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
49	Other Care Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
50	Total	11,011	5,506 906	0	0	0	* 0.00% # 50.00%	0 0	6,412		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 58.23% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 3/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0411 Waiver Name: Public Safety		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 58.23%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
1A	Inpatient Hospital Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
5A	Physician and Surgical Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7	Prescribed Drugs	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A1	Drug Rebate - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A2	Drug Rebate - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00% # 50.00%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 58.23% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 3/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0411 Waiver Name: Public Safety		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 58.23%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00% # 50.00%	0	0	0	
8	Dental Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
9A	Other Practitioners Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
10	Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
11	Laboratory And Radiological Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
12	Home Health	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
13	Sterilizations	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
14	Abortions 0	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
15	EPSDT Screening Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
16	Rural Health Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00% # 50.00%	0	0	0	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 58.23% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 3/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0411 Waiver Name: Public Safety		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50% Incr Fmap 58.23%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share	Prompt Pay (PP)		
							(A)	(B)	(C)		
19A	Home and Community-Based Services - Regular Payment (Waiver)	270	135 22	0	0	0	* 0.00% # 50.00%	0 0	157		
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
24B	Case Management - State Wide	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
26	Hospice Benefits	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
30	Physical Therapy	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
31	Occupational Therapy	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
36	Emergency Hospital Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
37	Critical Access Hospitals	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 58.23% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 3/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0411 Waiver Name: Public Safety		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 58.23%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
39	School Based Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
41	Private Duty Nursing	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
42	Freestanding Birth Center	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
49	Other Care Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
50	Total	270	135 22	0	0	0	* 0.00% # 50.00%	0 0	157		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 58.23% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 3/2011

Line # 7											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0390.02 Waiver Name: ABD (Comm. Setting)		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 58.23%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
1A	Inpatient Hospital Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
5A	Physician and Surgical Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7	Prescribed Drugs	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A1	Drug Rebate - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A2	Drug Rebate - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00% # 50.00%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 58.23% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 3/2011

Line # 7											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0390.02 Waiver Name: ABD (Comm. Setting)		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 58.23%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00% # 50.00%	0	0	0	
8	Dental Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
9A	Other Practitioners Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
10	Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
11	Laboratory And Radiological Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
12	Home Health	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
13	Sterilizations	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
14	Abortions 0	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
15	EPSDT Screening Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
16	Rural Health Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00% # 50.00%	0	0	0	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 58.23% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 3/2011

Line # 7												
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0390.02 Waiver Name: ABD (Comm. Setting)		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number	
			FMAP 50% Incr Fmap 58.23%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share	Prompt Pay (PP)			
												(A)
			19A	Home and Community-Based Services - Regular Payment (Waiver)	5,495	2,748 452	0	0	0			* 0.00% # 50.00%
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0	0	0		
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0	0	0		
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00% # 50.00%	0	0	0		
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00% # 50.00%	0	0	0		
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00% # 50.00%	0	0	0		
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00% # 50.00%	0	0	0		
24B	Case Management - State Wide	0	0	0	0	0	* 0.00% # 50.00%	0	0	0		
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0		
26	Hospice Benefits	0	0	0	0	0	* 0.00% # 50.00%	0	0	0		
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00% # 50.00%	0	0	0		
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00% # 50.00%	0	0	0		
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00% # 50.00%	0	0	0		
30	Physical Therapy	0	0	0	0	0	* 0.00% # 50.00%	0	0	0		
31	Occupational Therapy	0	0	0	0	0	* 0.00% # 50.00%	0	0	0		
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00% # 50.00%	0	0	0		
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00% # 50.00%	0	0	0		
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0		
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00% # 50.00%	0	0	0		
36	Emergency Hospital Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0		
37	Critical Access Hospitals	0	0	0	0	0	* 0.00% # 50.00%	0	0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 58.23% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 3/2011

Line # 7											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0390.02 Waiver Name: ABD (Comm. Setting)		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 58.23%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
39	School Based Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
41	Private Duty Nursing	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
42	Freestanding Birth Center	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
49	Other Care Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
50	Total	5,495	2,748 452	0	0	0	* 0.00% # 50.00%	0 0	3,200		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 58.23% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 3/2011

Line # 7											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0049.92 Waiver Name: COPEs		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 58.23%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
1A	Inpatient Hospital Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
5A	Physician and Surgical Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7	Prescribed Drugs	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A1	Drug Rebate - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A2	Drug Rebate - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00% # 50.00%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 58.23% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 3/2011

Line # 7											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0049.92 Waiver Name: COPEs		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 58.23%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00% # 50.00%	0	0	0	
8	Dental Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
9A	Other Practitioners Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
10	Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
11	Laboratory And Radiological Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
12	Home Health	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
13	Sterilizations	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
14	Abortions 0	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
15	EPSDT Screening Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
16	Rural Health Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00% # 50.00%	0	0	0	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 58.23% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 3/2011

Line # 7											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0049.92 Waiver Name: COPEs		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50% Incr Fmap 58.23%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
							Prompt Pay (PP)				
							(A)		(B)		
19A	Home and Community-Based Services - Regular Payment (Waiver)	42,219	21,109 3,475	0	0	0	* 0.00% # 50.00%	0	24,584		
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0	0		
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0	0		
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00% # 50.00%	0	0		
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00% # 50.00%	0	0		
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00% # 50.00%	0	0		
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00% # 50.00%	0	0		
24B	Case Management - State Wide	0	0	0	0	0	* 0.00% # 50.00%	0	0		
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00% # 50.00%	0	0		
26	Hospice Benefits	0	0	0	0	0	* 0.00% # 50.00%	0	0		
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00% # 50.00%	0	0		
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00% # 50.00%	0	0		
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00% # 50.00%	0	0		
30	Physical Therapy	0	0	0	0	0	* 0.00% # 50.00%	0	0		
31	Occupational Therapy	0	0	0	0	0	* 0.00% # 50.00%	0	0		
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00% # 50.00%	0	0		
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00% # 50.00%	0	0		
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00% # 50.00%	0	0		
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00% # 50.00%	0	0		
36	Emergency Hospital Services	0	0	0	0	0	* 0.00% # 50.00%	0	0		
37	Critical Access Hospitals	0	0	0	0	0	* 0.00% # 50.00%	0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 58.23% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 3/2011

Line # 7											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0049.92 Waiver Name: COPEs		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 58.23%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
39	School Based Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
41	Private Duty Nursing	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
42	Freestanding Birth Center	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
49	Other Care Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
50	Total	42,219	21,109 3,475	0	0	0	* 0.00% # 50.00%	0 0	24,584		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 58.23% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 3/2011

Line # 7											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0419.01 Waiver Name: Medically Needy In Home		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 58.23%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
1A	Inpatient Hospital Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
5A	Physician and Surgical Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7	Prescribed Drugs	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A1	Drug Rebate - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A2	Drug Rebate - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00% # 50.00%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 58.23% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 3/2011

Line # 7											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0419.01 Waiver Name: Medically Needy In Home		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 58.23%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)				
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00% # 50.00%	0	0	0	
8	Dental Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
9A	Other Practitioners Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
10	Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
11	Laboratory And Radiological Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
12	Home Health	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
13	Sterilizations	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
14	Abortions 0	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
15	EPSDT Screening Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
16	Rural Health Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00% # 50.00%	0	0	0	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 58.23% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 3/2011

Line # 7											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0419.01 Waiver Name: Medically Needy In Home		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 58.23%				Prompt Pay (PP)				
			(A)	(B)	(C)	(D)	(E)	(F)	(G)		
19A	Home and Community-Based Services - Regular Payment (Waiver)	803	402 66	0	0	0	* 0.00% # 50.00%	0 0	468		
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
24B	Case Management - State Wide	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
26	Hospice Benefits	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
30	Physical Therapy	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
31	Occupational Therapy	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
36	Emergency Hospital Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
37	Critical Access Hospitals	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 58.23% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 3/2011

Line # 7											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0419.01 Waiver Name: Medically Needy In Home		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 58.23%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
39	School Based Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
41	Private Duty Nursing	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
42	Freestanding Birth Center	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
49	Other Care Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
50	Total	803	402 66	0	0	0	* 0.00% # 50.00%	0 0	468		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 58.23% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 2/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915B Waiver Number: WA08.R03-01 Waiver Name: Int Com MH Disabled		Total Comp. (A)	Federal Share					Other & Prompt Pay		Total Federal Share (G)	Deferral Or C.I.N. Number (H)
			FMAP 50% Incr Fmap 60.11% (B)	IHS Facility Services 100% (C)	Fam. Plan Services 90% (D)	Optional Breast or Cerv. Cancer Services * (E)	Other % (Oth) (F)	Federal Share	Prompt Pay (PP)		
1A	Inpatient Hospital Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
5A	Physician and Surgical Services - Regular Payments	792	396 80	0	0	0	* 0.00% # 50.00%	0 0	476		
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7	Prescribed Drugs	6,433	3,217 650	0	0	0	* 0.00% # 50.00%	0 0	3,867		
7A1	Drug Rebate - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A2	Drug Rebate - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00% # 50.00%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 60.11% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 2/2011

Line # 10B										
Medical Assistance Payments Waiver Type: 1915B Waiver Number: WA08.R03-01 Waiver Name: Int Com MH Disabled Reporting Method: Date of Payment		Federal Share						Total Federal Share	Deferral Or C.I.N. Number	
		Total Comp.	FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other & Prompt Pay			
			Incr Fmap 60.11%				Other % (Oth)			Federal Share
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)		
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00% # 50.00%	0	0	
8	Dental Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	
9A	Other Practitioners Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	
10	Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	
11	Laboratory And Radiological Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	
12	Home Health	0	0	0	0	0	* 0.00% # 50.00%	0	0	
13	Sterilizations	0	0	0	0	0	* 0.00% # 50.00%	0	0	
14	Abortions 0	0	0	0	0	0	* 0.00% # 50.00%	0	0	
15	EPSDT Screening Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	
16	Rural Health Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0	
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0	
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00% # 50.00%	0	0	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0	* 0.00% # 50.00%	0	0	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0	0	
18B2	Prepaid Inpatient Health Plan	1,857	928 188	0	0	0	* 0.00% # 50.00%	0	1,116	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0	
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0	* 0.00% # 50.00%	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 60.11% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 2/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915B Waiver Number: WA08.R03-01 Waiver Name: Int Com MH Disabled Reporting Method: Date of Payment		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50% Incr Fmap 60.11%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
							Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
19A	Home and Community-Based Services - Regular Payment (Waiver)	0	0	0	0	0	* 0.00% # 50.00%	0	0		
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0	0		
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0	0		
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00% # 50.00%	0	0		
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00% # 50.00%	0	0		
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00% # 50.00%	0	0		
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00% # 50.00%	0	0		
24B	Case Management - State Wide	0	0	0	0	0	* 0.00% # 50.00%	0	0		
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00% # 50.00%	0	0		
26	Hospice Benefits	0	0	0	0	0	* 0.00% # 50.00%	0	0		
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00% # 50.00%	0	0		
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00% # 50.00%	0	0		
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00% # 50.00%	0	0		
30	Physical Therapy	0	0	0	0	0	* 0.00% # 50.00%	0	0		
31	Occupational Therapy	0	0	0	0	0	* 0.00% # 50.00%	0	0		
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00% # 50.00%	0	0		
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00% # 50.00%	0	0		
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00% # 50.00%	0	0		
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00% # 50.00%	0	0		
36	Emergency Hospital Services	0	0	0	0	0	* 0.00% # 50.00%	0	0		
37	Critical Access Hospitals	0	0	0	0	0	* 0.00% # 50.00%	0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 60.11% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 2/2011

Line # 10B										
Medical Assistance Payments Waiver Type: 1915B Waiver Number: WA08.R03-01 Waiver Name: Int Com MH Disabled Reporting Method: Date of Payment		Federal Share						Total Federal Share	Deferral Or C.I.N. Number	
		Total Comp.	FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other & Prompt Pay			
			Incr Fmap 60.11%				Other % (Oth)			Federal Share
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)		
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	
39	School Based Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00% # 50.00%	0	0	
41	Private Duty Nursing	0	0	0	0	0	* 0.00% # 50.00%	0	0	
42	Freestanding Birth Center	0	0	0	0	0	* 0.00% # 50.00%	0	0	
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00% # 50.00%	0	0	
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00% # 50.00%	0	0	
49	Other Care Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	
50	Total	9,082	4,541 918	0	0	0	* 0.00% # 50.00%	0	5,459	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 60.11% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 2/2011

Line # 10B										
Medical Assistance Payments Waiver Type: 1915B Waiver Number: WA08.R03-01 Waiver Name: Int Com MH Non-Disabled Reporting Method: Date of Payment		Federal Share						Total Federal Share	Deferral Or C.I.N. Number	
		Total Comp.	FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other & Prompt Pay			
			Incr Fmap 60.11%				Other % (Oth)			Prompt Pay (PP)
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)		
1A	Inpatient Hospital Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00% # 50.00%	0	0	
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00% # 50.00%	0	0	
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	
5A	Physician and Surgical Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	
7	Prescribed Drugs	997	498 101	0	0	0	* 0.00% # 50.00%	0	599	
7A1	Drug Rebate - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0	0	
7A2	Drug Rebate - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0	0	
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0	0	
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0	0	
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00% # 50.00%	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 60.11% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 2/2011

Line # 10B										
Medical Assistance Payments Waiver Type: 1915B Waiver Number: WA08.R03-01 Waiver Name: Int Com MH Non-Disabled Reporting Method: Date of Payment		Federal Share						Total Federal Share	Deferral Or C.I.N. Number	
		Total Comp.	FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other & Prompt Pay			
			Incr Fmap 60.11%				Other % (Oth)			Federal Share
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)		
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00% # 50.00%	0	0	
8	Dental Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	
9A	Other Practitioners Services - Regular Payments	4	2 0	0	0	0	* 0.00% # 50.00%	0	2	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	
10	Clinic Services	69	34 7	0	0	0	* 0.00% # 50.00%	0	41	
11	Laboratory And Radiological Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	
12	Home Health	0	0	0	0	0	* 0.00% # 50.00%	0	0	
13	Sterilizations	0	0	0	0	0	* 0.00% # 50.00%	0	0	
14	Abortions 0	0	0	0	0	0	* 0.00% # 50.00%	0	0	
15	EPSDT Screening Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	
16	Rural Health Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0	
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0	
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00% # 50.00%	0	0	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0	* 0.00% # 50.00%	0	0	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0	0	
18B2	Prepaid Inpatient Health Plan	185,933	92,966 18,798	0	0	0	* 0.00% # 50.00%	0	111,764	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0	
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0	* 0.00% # 50.00%	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 60.11% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 2/2011

Line # 10B										
Medical Assistance Payments Waiver Type: 1915B Waiver Number: WA08.R03-01 Waiver Name: Int Com MH Non-Disabled Reporting Method: Date of Payment		Federal Share						Total Federal Share	Deferral Or C.I.N. Number	
		Total Comp.	FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other & Prompt Pay			
			Incr Fmap 60.11%				Other % (Oth)			Federal Share
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)		
19A	Home and Community-Based Services - Regular Payment (Waiver)	0	0	0	0	0	* 0.00% # 50.00%	0	0	
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0	0	
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0	0	
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00% # 50.00%	0	0	
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00% # 50.00%	0	0	
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00% # 50.00%	0	0	
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00% # 50.00%	0	0	
24B	Case Management - State Wide	0	0	0	0	0	* 0.00% # 50.00%	0	0	
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	
26	Hospice Benefits	0	0	0	0	0	* 0.00% # 50.00%	0	0	
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00% # 50.00%	0	0	
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00% # 50.00%	0	0	
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00% # 50.00%	0	0	
30	Physical Therapy	0	0	0	0	0	* 0.00% # 50.00%	0	0	
31	Occupational Therapy	0	0	0	0	0	* 0.00% # 50.00%	0	0	
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00% # 50.00%	0	0	
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00% # 50.00%	0	0	
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00% # 50.00%	0	0	
36	Emergency Hospital Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	
37	Critical Access Hospitals	0	0	0	0	0	* 0.00% # 50.00%	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 60.11% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 2/2011

Line # 10B										
Medical Assistance Payments Waiver Type: 1915B Waiver Number: WA08.R03-01 Waiver Name: Int Com MH Non-Disabled Reporting Method: Date of Payment		Federal Share						Total Federal Share	Deferral Or C.I.N. Number	
		Total Comp.	FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other & Prompt Pay			
			Incr Fmap 60.11%				Other % (Oth)			Federal Share
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)		
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	
39	School Based Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00% # 50.00%	0	0	
41	Private Duty Nursing	0	0	0	0	0	* 0.00% # 50.00%	0	0	
42	Freestanding Birth Center	0	0	0	0	0	* 0.00% # 50.00%	0	0	
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00% # 50.00%	0	0	
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00% # 50.00%	0	0	
49	Other Care Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	
50	Total	187,003	93,500 18,906	0	0	0	* 0.00% # 50.00%	0	112,406	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 60.11% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 2/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0390.02 Waiver Name: ABD (Comm. Setting) Reporting Method:		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 60.11%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
1A	Inpatient Hospital Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
5A	Physician and Surgical Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7	Prescribed Drugs	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A1	Drug Rebate - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A2	Drug Rebate - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00% # 50.00%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 60.11% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 2/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0390.02 Waiver Name: ABD (Comm. Setting)		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 60.11%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00% # 50.00%	0	0	0	
8	Dental Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
9A	Other Practitioners Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
10	Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
11	Laboratory And Radiological Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
12	Home Health	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
13	Sterilizations	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
14	Abortions 0	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
15	EPSDT Screening Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
16	Rural Health Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00% # 50.00%	0	0	0	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 60.11% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 2/2011

Line # 10B												
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0390.02 Waiver Name: ABD (Comm. Setting)		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number	
			FMAP 50% Incr Fmap 60.11%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share	Prompt Pay (PP)			
												(A)
			(A)	(B)	(C)	(D)	(E)	(F)	(G)			(H)
19A	Home and Community-Based Services - Regular Payment (Waiver)	10,259	5,130 1,037	0	0	0	* 0.00% # 50.00%	0	6,167			
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0	0			
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0	0			
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00% # 50.00%	0	0			
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00% # 50.00%	0	0			
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00% # 50.00%	0	0			
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00% # 50.00%	0	0			
24B	Case Management - State Wide	0	0	0	0	0	* 0.00% # 50.00%	0	0			
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00% # 50.00%	0	0			
26	Hospice Benefits	0	0	0	0	0	* 0.00% # 50.00%	0	0			
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00% # 50.00%	0	0			
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00% # 50.00%	0	0			
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00% # 50.00%	0	0			
30	Physical Therapy	0	0	0	0	0	* 0.00% # 50.00%	0	0			
31	Occupational Therapy	0	0	0	0	0	* 0.00% # 50.00%	0	0			
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00% # 50.00%	0	0			
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00% # 50.00%	0	0			
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00% # 50.00%	0	0			
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00% # 50.00%	0	0			
36	Emergency Hospital Services	0	0	0	0	0	* 0.00% # 50.00%	0	0			
37	Critical Access Hospitals	0	0	0	0	0	* 0.00% # 50.00%	0	0			

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 60.11% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 2/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0390.02 Waiver Name: ABD (Comm. Setting)		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 60.11%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
39	School Based Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
41	Private Duty Nursing	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
42	Freestanding Birth Center	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
49	Other Care Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
50	Total	10,259	5,130 1,037	0	0	0	* 0.00% # 50.00%	0 0	6,167		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 60.11% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 2/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0408 Waiver Name: Basic		Total Comp. (A)	Federal Share					Other & Prompt Pay		Total Federal Share (G)	Deferral Or C.I.N. Number (H)
			FMAP 50% Incr Fmap 60.11% (B)	IHS Facility Services 100% (C)	Fam. Plan Services 90% (D)	Optional Breast or Cerv. Cancer Services * (E)	Other % (Oth) Prompt Pay (PP) (F)	Federal Share			
1A	Inpatient Hospital Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
5A	Physician and Surgical Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7	Prescribed Drugs	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A1	Drug Rebate - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A2	Drug Rebate - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00% # 50.00%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 60.11% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 2/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0408 Waiver Name: Basic		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 60.11%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00% # 50.00%	0	0	0	
8	Dental Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
9A	Other Practitioners Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
10	Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
11	Laboratory And Radiological Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
12	Home Health	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
13	Sterilizations	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
14	Abortions 0	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
15	EPSDT Screening Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
16	Rural Health Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00% # 50.00%	0	0	0	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 60.11% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 2/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0408 Waiver Name: Basic		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 60.11%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
19A	Home and Community-Based Services - Regular Payment (Waiver)	23,072	11,536 2,333	0	0	0	* 0.00% # 50.00%	0 0	13,869		
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
24B	Case Management - State Wide	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
26	Hospice Benefits	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
30	Physical Therapy	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
31	Occupational Therapy	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
36	Emergency Hospital Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
37	Critical Access Hospitals	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 60.11% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 2/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0408 Waiver Name: Basic		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 60.11%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
39	School Based Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
41	Private Duty Nursing	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
42	Freestanding Birth Center	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
49	Other Care Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
50	Total	23,072	11,536 2,333	0	0	0	* 0.00% # 50.00%	0 0	13,869		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 60.11% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 2/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0409 Waiver Name: Basic Plus		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 60.11%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
1A	Inpatient Hospital Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
5A	Physician and Surgical Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7	Prescribed Drugs	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A1	Drug Rebate - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A2	Drug Rebate - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00% # 50.00%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 60.11% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 2/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0409 Waiver Name: Basic Plus		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 60.11%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00% # 50.00%	0	0	0	
8	Dental Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
9A	Other Practitioners Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
10	Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
11	Laboratory And Radiological Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
12	Home Health	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
13	Sterilizations	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
14	Abortions 0	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
15	EPSDT Screening Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
16	Rural Health Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00% # 50.00%	0	0	0	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 60.11% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 2/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0409 Waiver Name: Basic Plus		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50% Incr Fmap 60.11%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share	Prompt Pay (PP)		
							(A)	(B)	(C)		
19A	Home and Community-Based Services - Regular Payment (Waiver)	10,076	5,038 1,019	0	0	0	* 0.00% # 50.00%	0 0	6,057		
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
24B	Case Management - State Wide	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
26	Hospice Benefits	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
30	Physical Therapy	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
31	Occupational Therapy	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
36	Emergency Hospital Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
37	Critical Access Hospitals	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 60.11% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 2/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0409 Waiver Name: Basic Plus		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 60.11%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
39	School Based Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
41	Private Duty Nursing	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
42	Freestanding Birth Center	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
49	Other Care Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
50	Total	10,076	5,038 1,019	0	0	0	* 0.00% # 50.00%	0 0	6,057		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 60.11% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 2/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 40669.R00 Waiver Name: CIIBS		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 60.11%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
1A	Inpatient Hospital Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
5A	Physician and Surgical Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7	Prescribed Drugs	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A1	Drug Rebate - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A2	Drug Rebate - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00% # 50.00%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 60.11% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 2/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 40669.R00 Waiver Name: CIIBS		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 60.11%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00% # 50.00%	0	0	0	
8	Dental Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
9A	Other Practitioners Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
10	Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
11	Laboratory And Radiological Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
12	Home Health	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
13	Sterilizations	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
14	Abortions 0	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
15	EPSDT Screening Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
16	Rural Health Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00% # 50.00%	0	0	0	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 60.11% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 2/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 40669.R00 Waiver Name: CIIBS		Total Comp. (A)	Federal Share					Other & Prompt Pay		Total Federal Share (G)	Deferral Or C.I.N. Number (H)
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share (F)			
			Incr Fmap 60.11%				Prompt Pay (PP)				
			(B)	(C)	(D)	(E)					
19A	Home and Community-Based Services - Regular Payment (Waiver)	15,092	7,545 1,526	0	0	0	* 0.00% # 50.00%	0 0	9,071		
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
24B	Case Management - State Wide	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
26	Hospice Benefits	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
30	Physical Therapy	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
31	Occupational Therapy	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
36	Emergency Hospital Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
37	Critical Access Hospitals	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 60.11% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 2/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 40669.R00 Waiver Name: CIIBS		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 60.11%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
39	School Based Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
41	Private Duty Nursing	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
42	Freestanding Birth Center	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
49	Other Care Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
50	Total	15,092	7,545 1,526	0	0	0	* 0.00% # 50.00%	0 0	9,071		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 60.11% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 2/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0049.92 Waiver Name: COPEs		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 60.11%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
1A	Inpatient Hospital Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
5A	Physician and Surgical Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7	Prescribed Drugs	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A1	Drug Rebate - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A2	Drug Rebate - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00% # 50.00%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 60.11% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 2/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0049.92 Waiver Name: COPEs		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 60.11%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00% # 50.00%	0	0	0	
8	Dental Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
9A	Other Practitioners Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
10	Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
11	Laboratory And Radiological Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
12	Home Health	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
13	Sterilizations	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
14	Abortions 0	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
15	EPSDT Screening Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
16	Rural Health Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00% # 50.00%	0	0	0	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 60.11% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 2/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0049.92 Waiver Name: COPEs		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50% Incr Fmap 60.11%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share	Prompt Pay (PP)		
							* 0.00%				
							# 50.00%				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
19A	Home and Community-Based Services - Regular Payment (Waiver)	152,890	76,445 15,457	0	0	0	* 0.00% # 50.00%	0	0	91,902	
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
24B	Case Management - State Wide	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
26	Hospice Benefits	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
30	Physical Therapy	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
31	Occupational Therapy	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
36	Emergency Hospital Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
37	Critical Access Hospitals	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 60.11% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 2/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0049.92 Waiver Name: COPEs		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 60.11%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0 0		
39	School Based Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0 0		
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0 0		
41	Private Duty Nursing	0	0	0	0	0	* 0.00% # 50.00%	0 0	0 0		
42	Freestanding Birth Center	0	0	0	0	0	* 0.00% # 50.00%	0 0	0 0		
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00% # 50.00%	0 0	0 0		
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00% # 50.00%	0 0	0 0		
49	Other Care Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0 0		
50	Total	152,890	76,445 15,457	0	0	0	* 0.00% # 50.00%	0 0	91,902		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 60.11% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 2/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0410 Waiver Name: Core		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 60.11%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
1A	Inpatient Hospital Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
5A	Physician and Surgical Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7	Prescribed Drugs	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A1	Drug Rebate - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A2	Drug Rebate - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00% # 50.00%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 60.11% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 2/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0410 Waiver Name: Core		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 60.11%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00% # 50.00%	0	0	0	
8	Dental Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
9A	Other Practitioners Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
10	Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
11	Laboratory And Radiological Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
12	Home Health	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
13	Sterilizations	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
14	Abortions 0	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
15	EPSDT Screening Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
16	Rural Health Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00% # 50.00%	0	0	0	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 60.11% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 2/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0410 Waiver Name: Core		Total Comp. (A)	Federal Share					Other & Prompt Pay		Total Federal Share (G)	Deferral Or C.I.N. Number (H)
			FMAP 50% Incr Fmap 60.11% (B)	IHS Facility Services 100% (C)	Fam. Plan Services 90% (D)	Optional Breast or Cerv. Cancer Services * (E)	Other % (Oth) Prompt Pay (PP) (F)	Federal Share (F)			
19A	Home and Community-Based Services - Regular Payment (Waiver)	28,035	14,018 2,834	0	0	0	* 0.00% # 50.00%	0 0	16,852		
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
24B	Case Management - State Wide	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
26	Hospice Benefits	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
30	Physical Therapy	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
31	Occupational Therapy	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
36	Emergency Hospital Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
37	Critical Access Hospitals	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 60.11% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 2/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0410 Waiver Name: Core		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 60.11%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
39	School Based Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
41	Private Duty Nursing	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
42	Freestanding Birth Center	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
49	Other Care Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
50	Total	28,035	14,018 2,834	0	0	0	* 0.00% # 50.00%	0 0	16,852		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 60.11% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 2/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0419.01 Waiver Name: Medically Needy In Home		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 60.11%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
1A	Inpatient Hospital Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
5A	Physician and Surgical Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7	Prescribed Drugs	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A1	Drug Rebate - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A2	Drug Rebate - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00% # 50.00%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 60.11% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 2/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0419.01 Waiver Name: Medically Needy In Home		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 60.11%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00% # 50.00%	0	0	0	
8	Dental Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
9A	Other Practitioners Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
10	Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
11	Laboratory And Radiological Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
12	Home Health	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
13	Sterilizations	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
14	Abortions 0	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
15	EPSDT Screening Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
16	Rural Health Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00% # 50.00%	0	0	0	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 60.11% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 2/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0419.01 Waiver Name: Medically Needy In Home		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 60.11%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
19A	Home and Community-Based Services - Regular Payment (Waiver)	461	230 47	0	0	0	* 0.00% # 50.00%	0 0	277		
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
24B	Case Management - State Wide	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
26	Hospice Benefits	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
30	Physical Therapy	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
31	Occupational Therapy	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
36	Emergency Hospital Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
37	Critical Access Hospitals	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 60.11% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 2/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0419.01 Waiver Name: Medically Needy In Home		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50% Incr Fmap 60.11%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
							Prompt Pay (PP)				
			(A)	(B)	(C)	(D)	(E)	(F)	(G)		
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0 0		
39	School Based Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0 0		
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0 0		
41	Private Duty Nursing	0	0	0	0	0	* 0.00% # 50.00%	0 0	0 0		
42	Freestanding Birth Center	0	0	0	0	0	* 0.00% # 50.00%	0 0	0 0		
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00% # 50.00%	0 0	0 0		
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00% # 50.00%	0 0	0 0		
49	Other Care Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0 0		
50	Total	461	230 47	0	0	0	* 0.00% # 50.00%	0 0	277 0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 60.11% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 2/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0449 Waiver Name: New Freedom		Total Comp. (A)	Federal Share					Other & Prompt Pay		Total Federal Share (G)	Deferral Or C.I.N. Number (H)
			FMAP 50% Incr Fmap 60.11% (B)	IHS Facility Services 100% (C)	Fam. Plan Services 90% (D)	Optional Breast or Cerv. Cancer Services * (E)	Other % (Oth) Prompt Pay (PP) (F)	Federal Share (F)			
1A	Inpatient Hospital Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
5A	Physician and Surgical Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7	Prescribed Drugs	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A1	Drug Rebate - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A2	Drug Rebate - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00% # 50.00%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 60.11% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 2/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0449 Waiver Name: New Freedom		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 60.11%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00% # 50.00%	0	0	0	
8	Dental Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
9A	Other Practitioners Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
10	Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
11	Laboratory And Radiological Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
12	Home Health	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
13	Sterilizations	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
14	Abortions 0	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
15	EPSDT Screening Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
16	Rural Health Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00% # 50.00%	0	0	0	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 60.11% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 2/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0449 Waiver Name: New Freedom		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 60.11%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
19A	Home and Community-Based Services - Regular Payment (Waiver)	17,267	8,633 1,746	0	0	0	* 0.00% # 50.00%	0 0	10,379		
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
24B	Case Management - State Wide	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
26	Hospice Benefits	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
30	Physical Therapy	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
31	Occupational Therapy	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
36	Emergency Hospital Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
37	Critical Access Hospitals	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 60.11% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 2/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0449 Waiver Name: New Freedom		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 60.11%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
39	School Based Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
41	Private Duty Nursing	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
42	Freestanding Birth Center	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
49	Other Care Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
50	Total	17,267	8,633 1,746	0	0	0	* 0.00% # 50.00%	0 0	10,379		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 60.11% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 2/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0411 Waiver Name: Public Safety		Total Comp. (A)	Federal Share					Other & Prompt Pay		Total Federal Share (G)	Deferral Or C.I.N. Number (H)
			FMAP 50% Incr Fmap 60.11% (B)	IHS Facility Services 100% (C)	Fam. Plan Services 90% (D)	Optional Breast or Cerv. Cancer Services * (E)	Other % (Oth) Prompt Pay (PP) (F)	Federal Share			
1A	Inpatient Hospital Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0 0		
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0 0		
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0 0		
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0 0		
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0 0		
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0 0		
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0 0		
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0 0		
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0 0		
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0 0		
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0 0		
5A	Physician and Surgical Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0 0		
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0 0		
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0 0		
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0 0		
7	Prescribed Drugs	0	0	0	0	0	* 0.00% # 50.00%	0 0	0 0		
7A1	Drug Rebate - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0 0		
7A2	Drug Rebate - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0 0		
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0 0		
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0 0		
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00% # 50.00%	0 0	0 0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 60.11% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 2/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0411 Waiver Name: Public Safety		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 60.11%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00% # 50.00%	0	0	0	
8	Dental Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
9A	Other Practitioners Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
10	Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
11	Laboratory And Radiological Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
12	Home Health	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
13	Sterilizations	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
14	Abortions 0	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
15	EPSDT Screening Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
16	Rural Health Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00% # 50.00%	0	0	0	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 60.11% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 2/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0411 Waiver Name: Public Safety		Total Comp. (A)	Federal Share					Other & Prompt Pay		Total Federal Share (G)	Deferral Or C.I.N. Number (H)
			FMAP 50% Incr Fmap 60.11% (B)	IHS Facility Services 100% (C)	Fam. Plan Services 90% (D)	Optional Breast or Cerv. Cancer Services * (E)	Other % (Oth) Prompt Pay (PP) (F)	Federal Share			
19A	Home and Community-Based Services - Regular Payment (Waiver)	4,344	2,172 439	0	0	0	* 0.00% # 50.00%	0 0	2,611		
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
24B	Case Management - State Wide	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
26	Hospice Benefits	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
30	Physical Therapy	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
31	Occupational Therapy	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
36	Emergency Hospital Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
37	Critical Access Hospitals	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 60.11% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 2/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0411 Waiver Name: Public Safety		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 60.11%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
39	School Based Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
41	Private Duty Nursing	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
42	Freestanding Birth Center	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
49	Other Care Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
50	Total	4,344	2,172 439	0	0	0	* 0.00% # 50.00%	0 0	2,611		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 60.11% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 2/2011

Line # 7											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0390.02 Waiver Name: ABD (Comm. Setting)		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 60.11%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
1A	Inpatient Hospital Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
5A	Physician and Surgical Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7	Prescribed Drugs	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A1	Drug Rebate - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A2	Drug Rebate - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00% # 50.00%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 60.11% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 2/2011

Line # 7											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0390.02 Waiver Name: ABD (Comm. Setting)		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 60.11%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00% # 50.00%	0	0	0	
8	Dental Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
9A	Other Practitioners Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
10	Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
11	Laboratory And Radiological Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
12	Home Health	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
13	Sterilizations	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
14	Abortions 0	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
15	EPSDT Screening Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
16	Rural Health Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00% # 50.00%	0	0	0	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 60.11% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 2/2011

Line # 7											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0390.02 Waiver Name: ABD (Comm. Setting)		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50% Incr Fmap 60.11%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
							Prompt Pay (PP)				
			(A)	(B)	(C)	(D)	(E)	(F)	(G)		
19A	Home and Community-Based Services - Regular Payment (Waiver)	3,143	1,571 318	0	0	0	* 0.00% # 50.00%	0 0	1,889		
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
24B	Case Management - State Wide	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
26	Hospice Benefits	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
30	Physical Therapy	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
31	Occupational Therapy	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
36	Emergency Hospital Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
37	Critical Access Hospitals	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 60.11% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 2/2011

Line # 7											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0390.02 Waiver Name: ABD (Comm. Setting)		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 60.11%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0 0		
39	School Based Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0 0		
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0 0		
41	Private Duty Nursing	0	0	0	0	0	* 0.00% # 50.00%	0 0	0 0		
42	Freestanding Birth Center	0	0	0	0	0	* 0.00% # 50.00%	0 0	0 0		
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00% # 50.00%	0 0	0 0		
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00% # 50.00%	0 0	0 0		
49	Other Care Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0 0		
50	Total	3,143	1,571 318	0	0	0	* 0.00% # 50.00%	0 0	1,889 0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 60.11% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 2/2011

Line # 7											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0049.92 Waiver Name: COPEs		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 60.11%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
1A	Inpatient Hospital Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
5A	Physician and Surgical Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7	Prescribed Drugs	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A1	Drug Rebate - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A2	Drug Rebate - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00% # 50.00%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 60.11% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 2/2011

Line # 7											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0049.92 Waiver Name: COPEs		Total Comp. (A)	Federal Share					Other & Prompt Pay		Total Federal Share (G)	Deferral Or C.I.N. Number (H)
			FMAP 50% Incr Fmap 60.11% (B)	IHS Facility Services 100% (C)	Fam. Plan Services 90% (D)	Optional Breast or Cerv. Cancer Services * (E)	Other % (Oth) Prompt Pay (PP) (F)	Federal Share (F)			
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00% # 50.00%	0	0	0	
8	Dental Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
9A	Other Practitioners Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
10	Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
11	Laboratory And Radiological Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
12	Home Health	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
13	Sterilizations	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
14	Abortions 0	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
15	EPSDT Screening Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
16	Rural Health Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00% # 50.00%	0	0	0	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 60.11% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 2/2011

Line # 7											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0049.92 Waiver Name: COPEs		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 60.11%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
19A	Home and Community-Based Services - Regular Payment (Waiver)	25,030	12,515 2,531	0	0	0	* 0.00% # 50.00%	0 0	15,046		
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
24B	Case Management - State Wide	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
26	Hospice Benefits	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
30	Physical Therapy	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
31	Occupational Therapy	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
36	Emergency Hospital Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
37	Critical Access Hospitals	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 60.11% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 2/2011

Line # 7											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0049.92 Waiver Name: COPEs		Total Comp. (A)	Federal Share					Other & Prompt Pay		Total Federal Share (G)	Deferral Or C.I.N. Number (H)
			FMAP 50% Incr Fmap 60.11% (B)	IHS Facility Services 100% (C)	Fam. Plan Services 90% (D)	Optional Breast or Cerv. Cancer Services * (E)	Other % (Oth) Prompt Pay (PP)	Federal Share (F)			
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
39	School Based Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
41	Private Duty Nursing	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
42	Freestanding Birth Center	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
49	Other Care Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
50	Total	25,030	12,515 2,531	0	0	0	* 0.00% # 50.00%	0 0	15,046		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 60.11% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 1/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915B Waiver Number: WA08.R03-01 Waiver Name: Int Com MH Disabled		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
1A	Inpatient Hospital Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
5A	Physician and Surgical Services - Regular Payments	188	94 24	0	0	0	* 0.00% # 50.00%	0 0	118		
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7	Prescribed Drugs	791	396 102	0	0	0	* 0.00% # 50.00%	0 0	498		
7A1	Drug Rebate - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A2	Drug Rebate - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00% # 50.00%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 1/2011

Line # 10B										
Medical Assistance Payments Waiver Type: 1915B Waiver Number: WA08.R03-01 Waiver Name: Int Com MH Disabled Reporting Method: Date of Payment		Federal Share						Total Federal Share	Deferral Or C.I.N. Number	
		Total Comp.	FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other & Prompt Pay			
			Incr Fmap 62.94%				Other % (Oth)			Federal Share
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)		
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00% # 50.00%	0	0	
8	Dental Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	
9A	Other Practitioners Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	
10	Clinic Services	742	371 96	0	0	0	* 0.00% # 50.00%	0	467	
11	Laboratory And Radiological Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	
12	Home Health	0	0	0	0	0	* 0.00% # 50.00%	0	0	
13	Sterilizations	0	0	0	0	0	* 0.00% # 50.00%	0	0	
14	Abortions 0	0	0	0	0	0	* 0.00% # 50.00%	0	0	
15	EPSDT Screening Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	
16	Rural Health Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0	
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0	
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00% # 50.00%	0	0	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0	* 0.00% # 50.00%	0	0	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0	
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0	* 0.00% # 50.00%	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 1/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915B Waiver Number: WA08.R03-01 Waiver Name: Int Com MH Disabled Reporting Method: Date of Payment		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
19A	Home and Community-Based Services - Regular Payment (Waiver)	0	0	0	0	0	* 0.00% # 50.00%	0	0		
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0	0		
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0	0		
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00% # 50.00%	0	0		
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00% # 50.00%	0	0		
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00% # 50.00%	0	0		
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00% # 50.00%	0	0		
24B	Case Management - State Wide	0	0	0	0	0	* 0.00% # 50.00%	0	0		
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00% # 50.00%	0	0		
26	Hospice Benefits	0	0	0	0	0	* 0.00% # 50.00%	0	0		
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00% # 50.00%	0	0		
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00% # 50.00%	0	0		
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00% # 50.00%	0	0		
30	Physical Therapy	0	0	0	0	0	* 0.00% # 50.00%	0	0		
31	Occupational Therapy	0	0	0	0	0	* 0.00% # 50.00%	0	0		
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00% # 50.00%	0	0		
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00% # 50.00%	0	0		
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00% # 50.00%	0	0		
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00% # 50.00%	0	0		
36	Emergency Hospital Services	0	0	0	0	0	* 0.00% # 50.00%	0	0		
37	Critical Access Hospitals	0	0	0	0	0	* 0.00% # 50.00%	0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 1/2011

Line # 10B										
Medical Assistance Payments Waiver Type: 1915B Waiver Number: WA08.R03-01 Waiver Name: Int Com MH Disabled Reporting Method: Date of Payment		Federal Share						Total Federal Share	Deferral Or C.I.N. Number	
		Total Comp.	FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other & Prompt Pay			
			Incr Fmap 62.94%				Other % (Oth)			Federal Share
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)		
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	
39	School Based Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00% # 50.00%	0	0	
41	Private Duty Nursing	0	0	0	0	0	* 0.00% # 50.00%	0	0	
42	Freestanding Birth Center	0	0	0	0	0	* 0.00% # 50.00%	0	0	
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00% # 50.00%	0	0	
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00% # 50.00%	0	0	
49	Other Care Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	
50	Total	1,721	861 222	0	0	0	* 0.00% # 50.00%	0	1,083	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 1/2011

Line # 10B										
Medical Assistance Payments Waiver Type: 1915B Waiver Number: WA08.R03-01 Waiver Name: Int Com MH Non-Disabled Reporting Method: Date of Payment		Federal Share						Total Federal Share	Deferral Or C.I.N. Number	
		Total Comp.	FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other & Prompt Pay			
			Incr Fmap 62.94%				Other % (Oth)			Prompt Pay (PP)
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)		
1A	Inpatient Hospital Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00% # 50.00%	0	0	
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00% # 50.00%	0	0	
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	
5A	Physician and Surgical Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	
7	Prescribed Drugs	503	252 65	0	0	0	* 0.00% # 50.00%	0	317	
7A1	Drug Rebate - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0	0	
7A2	Drug Rebate - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0	0	
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0	0	
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0	0	
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00% # 50.00%	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 1/2011

Line # 10B										
Medical Assistance Payments Waiver Type: 1915B Waiver Number: WA08.R03-01 Waiver Name: Int Com MH Non-Disabled Reporting Method: Date of Payment		Federal Share						Total Federal Share	Deferral Or C.I.N. Number	
		Total Comp.	FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other & Prompt Pay			
			Incr Fmap 62.94%				Other % (Oth)			Federal Share
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)		
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00% # 50.00%	0	0	
8	Dental Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	
9A	Other Practitioners Services - Regular Payments	5	2 1	0	0	0	* 0.00% # 50.00%	0	3	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	
10	Clinic Services	2,372	1,186 307	0	0	0	* 0.00% # 50.00%	0	1,493	
11	Laboratory And Radiological Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	
12	Home Health	0	0	0	0	0	* 0.00% # 50.00%	0	0	
13	Sterilizations	0	0	0	0	0	* 0.00% # 50.00%	0	0	
14	Abortions 0	0	0	0	0	0	* 0.00% # 50.00%	0	0	
15	EPSDT Screening Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	
16	Rural Health Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0	
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0	
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00% # 50.00%	0	0	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0	* 0.00% # 50.00%	0	0	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0	
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0	* 0.00% # 50.00%	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 1/2011

Line # 10B										
Medical Assistance Payments Waiver Type: 1915B Waiver Number: WA08.R03-01 Waiver Name: Int Com MH Non-Disabled Reporting Method: Date of Payment		Federal Share						Total Federal Share	Deferral Or C.I.N. Number	
		Total Comp.	FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other & Prompt Pay			
			Incr Fmap 62.94%				Other % (Oth)			Federal Share
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)		
19A	Home and Community-Based Services - Regular Payment (Waiver)	0	0	0	0	0	* 0.00% # 50.00%	0	0	
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0	0	
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0	0	
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00% # 50.00%	0	0	
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00% # 50.00%	0	0	
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00% # 50.00%	0	0	
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00% # 50.00%	0	0	
24B	Case Management - State Wide	0	0	0	0	0	* 0.00% # 50.00%	0	0	
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	
26	Hospice Benefits	0	0	0	0	0	* 0.00% # 50.00%	0	0	
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00% # 50.00%	0	0	
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00% # 50.00%	0	0	
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00% # 50.00%	0	0	
30	Physical Therapy	0	0	0	0	0	* 0.00% # 50.00%	0	0	
31	Occupational Therapy	0	0	0	0	0	* 0.00% # 50.00%	0	0	
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00% # 50.00%	0	0	
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00% # 50.00%	0	0	
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00% # 50.00%	0	0	
36	Emergency Hospital Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	
37	Critical Access Hospitals	0	0	0	0	0	* 0.00% # 50.00%	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 1/2011

Line # 10B										
Medical Assistance Payments Waiver Type: 1915B Waiver Number: WA08.R03-01 Waiver Name: Int Com MH Non-Disabled Reporting Method: Date of Payment		Federal Share						Total Federal Share	Deferral Or C.I.N. Number	
		Total Comp.	FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other & Prompt Pay			
			Incr Fmap 62.94%				Other % (Oth)			Federal Share
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)		
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	
39	School Based Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00% # 50.00%	0	0	
41	Private Duty Nursing	0	0	0	0	0	* 0.00% # 50.00%	0	0	
42	Freestanding Birth Center	0	0	0	0	0	* 0.00% # 50.00%	0	0	
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00% # 50.00%	0	0	
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00% # 50.00%	0	0	
49	Other Care Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	
50	Total	2,880	1,440 373	0	0	0	* 0.00% # 50.00%	0	1,813	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 1/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0390.02 Waiver Name: ABD (Comm. Setting) Reporting Method:		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
1A	Inpatient Hospital Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
5A	Physician and Surgical Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7	Prescribed Drugs	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A1	Drug Rebate - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A2	Drug Rebate - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00% # 50.00%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 1/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0390.02 Waiver Name: ABD (Comm. Setting)		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00% # 50.00%	0	0	0	
8	Dental Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
9A	Other Practitioners Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
10	Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
11	Laboratory And Radiological Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
12	Home Health	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
13	Sterilizations	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
14	Abortions 0	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
15	EPSDT Screening Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
16	Rural Health Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00% # 50.00%	0	0	0	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 1/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0390.02 Waiver Name: ABD (Comm. Setting)		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
19A	Home and Community-Based Services - Regular Payment (Waiver)	853	427 110	0	0	0	* 0.00% # 50.00%	0 0	537		
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
24B	Case Management - State Wide	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
26	Hospice Benefits	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
30	Physical Therapy	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
31	Occupational Therapy	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
36	Emergency Hospital Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
37	Critical Access Hospitals	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 1/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0390.02 Waiver Name: ABD (Comm. Setting)		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
39	School Based Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
41	Private Duty Nursing	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
42	Freestanding Birth Center	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
49	Other Care Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
50	Total	853	427 110	0	0	0	* 0.00% # 50.00%	0 0	537		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 1/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0408 Waiver Name: Basic		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
1A	Inpatient Hospital Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
5A	Physician and Surgical Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7	Prescribed Drugs	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A1	Drug Rebate - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A2	Drug Rebate - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00% # 50.00%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 1/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0408 Waiver Name: Basic		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00% # 50.00%	0	0	0	
8	Dental Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
9A	Other Practitioners Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
10	Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
11	Laboratory And Radiological Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
12	Home Health	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
13	Sterilizations	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
14	Abortions 0	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
15	EPSDT Screening Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
16	Rural Health Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00% # 50.00%	0	0	0	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 1/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0408 Waiver Name: Basic		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50% Incr Fmap 62.94%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share	Prompt Pay (PP)		
			(A)	(B)	(C)	(D)	(E)	(F)			
19A	Home and Community-Based Services - Regular Payment (Waiver)	46,233	23,116 5,983	0	0	0	* 0.00% # 50.00%	0 0	29,099		
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
24B	Case Management - State Wide	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
26	Hospice Benefits	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
30	Physical Therapy	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
31	Occupational Therapy	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
36	Emergency Hospital Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
37	Critical Access Hospitals	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 1/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0408 Waiver Name: Basic		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0 0		
39	School Based Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0 0		
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0 0		
41	Private Duty Nursing	0	0	0	0	0	* 0.00% # 50.00%	0 0	0 0		
42	Freestanding Birth Center	0	0	0	0	0	* 0.00% # 50.00%	0 0	0 0		
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00% # 50.00%	0 0	0 0		
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00% # 50.00%	0 0	0 0		
49	Other Care Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0 0		
50	Total	46,233	23,116 5,983	0	0	0	* 0.00% # 50.00%	0 0	29,099		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 1/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0409 Waiver Name: Basic Plus		Total Comp. (A)	Federal Share					Other & Prompt Pay		Total Federal Share (G)	Deferral Or C.I.N. Number (H)
			FMAP 50% Incr Fmap 62.94% (B)	IHS Facility Services 100% (C)	Fam. Plan Services 90% (D)	Optional Breast or Cerv. Cancer Services * (E)	Other % (Oth) Prompt Pay (PP) (F)	Federal Share (F)			
1A	Inpatient Hospital Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
5A	Physician and Surgical Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7	Prescribed Drugs	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A1	Drug Rebate - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A2	Drug Rebate - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00% # 50.00%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 1/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0409 Waiver Name: Basic Plus		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00% # 50.00%	0	0	0	
8	Dental Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
9A	Other Practitioners Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
10	Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
11	Laboratory And Radiological Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
12	Home Health	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
13	Sterilizations	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
14	Abortions 0	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
15	EPSDT Screening Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
16	Rural Health Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00% # 50.00%	0	0	0	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 1/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0409 Waiver Name: Basic Plus		Total Comp. (A)	Federal Share					Other & Prompt Pay		Total Federal Share (G)	Deferral Or C.I.N. Number (H)
			FMAP 50% Incr Fmap 62.94% (B)	IHS Facility Services 100% (C)	Fam. Plan Services 90% (D)	Optional Breast or Cerv. Cancer Services * (E)	Other % (Oth) (F)	Federal Share			
									Prompt Pay (PP)		
							* 0.00% # 50.00%				
19A	Home and Community-Based Services - Regular Payment (Waiver)	5,432	2,716 703	0	0	0	* 0.00% # 50.00%	0 0	3,419		
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
24B	Case Management - State Wide	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
26	Hospice Benefits	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
30	Physical Therapy	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
31	Occupational Therapy	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
36	Emergency Hospital Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
37	Critical Access Hospitals	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 1/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0409 Waiver Name: Basic Plus		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
39	School Based Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
41	Private Duty Nursing	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
42	Freestanding Birth Center	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
49	Other Care Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
50	Total	5,432	2,716 703	0	0	0	* 0.00% # 50.00%	0 0	3,419		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 1/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 40669.R00 Waiver Name: CIIBS		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
1A	Inpatient Hospital Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
5A	Physician and Surgical Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7	Prescribed Drugs	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A1	Drug Rebate - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A2	Drug Rebate - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00% # 50.00%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 1/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 40669.R00 Waiver Name: CIIBS		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00% # 50.00%	0	0	0	
8	Dental Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
9A	Other Practitioners Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
10	Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
11	Laboratory And Radiological Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
12	Home Health	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
13	Sterilizations	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
14	Abortions 0	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
15	EPSDT Screening Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
16	Rural Health Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00% # 50.00%	0	0	0	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 1/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 40669.R00 Waiver Name: CIIBS		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50% Incr Fmap 62.94%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
							Prompt Pay (PP)				
							(A)		(B)		
19A	Home and Community-Based Services - Regular Payment (Waiver)	59,195	29,597 7,660	0	0	0	* 0.00% # 50.00%	0	0	37,257	
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
24B	Case Management - State Wide	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
26	Hospice Benefits	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
30	Physical Therapy	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
31	Occupational Therapy	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
36	Emergency Hospital Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
37	Critical Access Hospitals	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 1/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 40669.R00 Waiver Name: CIIBS		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
39	School Based Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
41	Private Duty Nursing	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
42	Freestanding Birth Center	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
49	Other Care Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
50	Total	59,195	29,597 7,660	0	0	0	* 0.00% # 50.00%	0 0	37,257		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 1/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0049.92 Waiver Name: COPEs		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
1A	Inpatient Hospital Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
5A	Physician and Surgical Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7	Prescribed Drugs	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A1	Drug Rebate - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A2	Drug Rebate - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00% # 50.00%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 1/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0049.92 Waiver Name: COPEs		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00% # 50.00%	0	0	0	
8	Dental Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
9A	Other Practitioners Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
10	Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
11	Laboratory And Radiological Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
12	Home Health	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
13	Sterilizations	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
14	Abortions 0	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
15	EPSDT Screening Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
16	Rural Health Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00% # 50.00%	0	0	0	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 1/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0049.92 Waiver Name: COPEs		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50% Incr Fmap 62.94%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share	Prompt Pay (PP)		
							(A)	(B)	(C)		
19A	Home and Community-Based Services - Regular Payment (Waiver)	82,054	41,027 10,618	0	0	0	* 0.00% # 50.00%	0	0	51,645	
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
24B	Case Management - State Wide	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
26	Hospice Benefits	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
30	Physical Therapy	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
31	Occupational Therapy	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
36	Emergency Hospital Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
37	Critical Access Hospitals	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 1/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0049.92 Waiver Name: COPEs		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
39	School Based Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
41	Private Duty Nursing	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
42	Freestanding Birth Center	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
49	Other Care Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
50	Total	82,054	41,027 10,618	0	0	0	* 0.00% # 50.00%	0 0	51,645		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 1/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0410 Waiver Name: Core		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
1A	Inpatient Hospital Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
5A	Physician and Surgical Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7	Prescribed Drugs	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A1	Drug Rebate - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A2	Drug Rebate - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00% # 50.00%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 1/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0410 Waiver Name: Core		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00% # 50.00%	0	0	0	
8	Dental Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
9A	Other Practitioners Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
10	Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
11	Laboratory And Radiological Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
12	Home Health	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
13	Sterilizations	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
14	Abortions 0	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
15	EPSDT Screening Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
16	Rural Health Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00% # 50.00%	0	0	0	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 1/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0410 Waiver Name: Core		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
19A	Home and Community-Based Services - Regular Payment (Waiver)	64,863	32,433 8,393	0	0	0	* 0.00% # 50.00%	0 0	40,826		
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
24B	Case Management - State Wide	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
26	Hospice Benefits	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
30	Physical Therapy	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
31	Occupational Therapy	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
36	Emergency Hospital Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
37	Critical Access Hospitals	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 1/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0410 Waiver Name: Core		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
39	School Based Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
41	Private Duty Nursing	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
42	Freestanding Birth Center	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
49	Other Care Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
50	Total	64,863	32,433 8,393	0	0	0	* 0.00% # 50.00%	0 0	40,826		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 1/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0419.01 Waiver Name: Medically Needy In Home		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
1A	Inpatient Hospital Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
5A	Physician and Surgical Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7	Prescribed Drugs	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A1	Drug Rebate - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A2	Drug Rebate - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00% # 50.00%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 1/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0419.01 Waiver Name: Medically Needy In Home		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00% # 50.00%	0	0	0	
8	Dental Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
9A	Other Practitioners Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
10	Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
11	Laboratory And Radiological Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
12	Home Health	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
13	Sterilizations	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
14	Abortions 0	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
15	EPSDT Screening Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
16	Rural Health Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00% # 50.00%	0	0	0	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 1/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0419.01 Waiver Name: Medically Needy In Home		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
19A	Home and Community-Based Services - Regular Payment (Waiver)	147	73 19	0	0	0	* 0.00% # 50.00%	0 0	92		
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
24B	Case Management - State Wide	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
26	Hospice Benefits	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
30	Physical Therapy	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
31	Occupational Therapy	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
36	Emergency Hospital Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
37	Critical Access Hospitals	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 1/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0419.01 Waiver Name: Medically Needy In Home		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
39	School Based Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
41	Private Duty Nursing	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
42	Freestanding Birth Center	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
49	Other Care Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
50	Total	147	73 19	0	0	0	* 0.00% # 50.00%	0 0	92		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 1/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0449 Waiver Name: New Freedom		Total Comp. (A)	Federal Share					Other & Prompt Pay		Total Federal Share (G)	Deferral Or C.I.N. Number (H)
			FMAP 50% Incr Fmap 62.94% (B)	IHS Facility Services 100% (C)	Fam. Plan Services 90% (D)	Optional Breast or Cerv. Cancer Services * (E)	Other % (Oth) Prompt Pay (PP) (F)	Federal Share			
1A	Inpatient Hospital Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
5A	Physician and Surgical Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7	Prescribed Drugs	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A1	Drug Rebate - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A2	Drug Rebate - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00% # 50.00%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 1/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0449 Waiver Name: New Freedom		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00% # 50.00%	0	0	0	
8	Dental Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
9A	Other Practitioners Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
10	Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
11	Laboratory And Radiological Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
12	Home Health	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
13	Sterilizations	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
14	Abortions 0	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
15	EPSDT Screening Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
16	Rural Health Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00% # 50.00%	0	0	0	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 1/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0449 Waiver Name: New Freedom		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			Incr Fmap 62.94%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
							Prompt Pay (PP)				
							(A)		(B)		
19A	Home and Community-Based Services - Regular Payment (Waiver)	5,916	2,958 766	0	0	0	* 0.00% # 50.00%	0	0	3,724	
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
24B	Case Management - State Wide	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
26	Hospice Benefits	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
30	Physical Therapy	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
31	Occupational Therapy	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
36	Emergency Hospital Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
37	Critical Access Hospitals	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 1/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0449 Waiver Name: New Freedom		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
39	School Based Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
41	Private Duty Nursing	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
42	Freestanding Birth Center	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
49	Other Care Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
50	Total	5,916	2,958 766	0	0	0	* 0.00% # 50.00%	0 0	3,724		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 1/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0411 Waiver Name: Public Safety		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
1A	Inpatient Hospital Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
5A	Physician and Surgical Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7	Prescribed Drugs	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A1	Drug Rebate - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A2	Drug Rebate - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00% # 50.00%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 1/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0411 Waiver Name: Public Safety		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00% # 50.00%	0	0	0	
8	Dental Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
9A	Other Practitioners Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
10	Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
11	Laboratory And Radiological Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
12	Home Health	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
13	Sterilizations	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
14	Abortions 0	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
15	EPSDT Screening Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
16	Rural Health Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00% # 50.00%	0	0	0	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 1/2011

Line # 10B												
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0411 Waiver Name: Public Safety		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number	
			FMAP 50% Incr Fmap 62.94%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share	Prompt Pay (PP)			
												(A)
			19A	Home and Community-Based Services - Regular Payment (Waiver)	11,433	5,717 1,479	0	0	0			* 0.00% # 50.00%
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0	0			
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0	0			
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00% # 50.00%	0	0			
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00% # 50.00%	0	0			
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00% # 50.00%	0	0			
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00% # 50.00%	0	0			
24B	Case Management - State Wide	0	0	0	0	0	* 0.00% # 50.00%	0	0			
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00% # 50.00%	0	0			
26	Hospice Benefits	0	0	0	0	0	* 0.00% # 50.00%	0	0			
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00% # 50.00%	0	0			
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00% # 50.00%	0	0			
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00% # 50.00%	0	0			
30	Physical Therapy	0	0	0	0	0	* 0.00% # 50.00%	0	0			
31	Occupational Therapy	0	0	0	0	0	* 0.00% # 50.00%	0	0			
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00% # 50.00%	0	0			
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00% # 50.00%	0	0			
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00% # 50.00%	0	0			
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00% # 50.00%	0	0			
36	Emergency Hospital Services	0	0	0	0	0	* 0.00% # 50.00%	0	0			
37	Critical Access Hospitals	0	0	0	0	0	* 0.00% # 50.00%	0	0			

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 1/2011

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0411 Waiver Name: Public Safety		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
39	School Based Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
41	Private Duty Nursing	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
42	Freestanding Birth Center	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
49	Other Care Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
50	Total	11,433	5,717 1,479	0	0	0	* 0.00% # 50.00%	0 0	7,196		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 1/2011

Line # 7											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0390.02 Waiver Name: ABD (Comm. Setting)		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
1A	Inpatient Hospital Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
5A	Physician and Surgical Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7	Prescribed Drugs	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A1	Drug Rebate - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A2	Drug Rebate - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00% # 50.00%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 1/2011

Line # 7											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0390.02 Waiver Name: ABD (Comm. Setting)		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00% # 50.00%	0	0	0	
8	Dental Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
9A	Other Practitioners Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
10	Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
11	Laboratory And Radiological Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
12	Home Health	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
13	Sterilizations	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
14	Abortions 0	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
15	EPSDT Screening Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
16	Rural Health Clinic Services	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00% # 50.00%	0	0	0	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0	* 0.00% # 50.00%	0	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 1/2011

Line # 7											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0390.02 Waiver Name: ABD (Comm. Setting)		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
19A	Home and Community-Based Services - Regular Payment (Waiver)	3,288	1,644 425	0	0	0	* 0.00% # 50.00%	0 0	2,069		
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
24B	Case Management - State Wide	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
26	Hospice Benefits	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
30	Physical Therapy	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
31	Occupational Therapy	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
36	Emergency Hospital Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
37	Critical Access Hospitals	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 1/2011

Line # 7											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0390.02 Waiver Name: ABD (Comm. Setting)		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
39	School Based Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
41	Private Duty Nursing	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
42	Freestanding Birth Center	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
49	Other Care Services	0	0	0	0	0	* 0.00% # 50.00%	0 0	0		
50	Total	3,288	1,644 425	0	0	0	* 0.00% # 50.00%	0 0	2,069		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.08% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2010

Line # 10B											
Medical Assistance Payments Waiver Type: 1115 Waiver Number: 11W00134/0-11 Waiver Name: Family Planning - Take Charge		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.12%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
			(A)	(B)	(C)	(D)	(E)	(F)	(G)		
1A	Inpatient Hospital Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
5A	Physician and Surgical Services - Regular Payments	212	83 21	0	41	0	* 0.00% # 50.12%	0 0	145		
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
6A	Outpatient Hospital Services - Regular Payments	8,121	4,070 1,041	0	0	0	* 0.00% # 50.12%	0 0	5,111		
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
7	Prescribed Drugs	436	204 52	0	27	0	* 0.00% # 50.12%	0 0	283		
7A1	Drug Rebate - National Agreement	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
7A2	Drug Rebate - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00% # 50.12%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.08% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.12%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2010

Line # 10B											
Medical Assistance Payments Waiver Type: 1115 Waiver Number: 11W00134/0-11 Waiver Name: Family Planning - Take Charge		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.12%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
			(A)	(B)	(C)	(D)	(E)	(F)	(G)		
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00% # 50.12%	0	0	0	
8	Dental Services	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
9A	Other Practitioners Services - Regular Payments	469	231 59	0	7	0	* 0.00% # 50.12%	0	0	297	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
10	Clinic Services	62,416	427 109	0	55,409	0	* 0.00% # 50.12%	0	0	55,945	
11	Laboratory And Radiological Services	201	0	0	181	0	* 0.00% # 50.12%	0	0	181	
12	Home Health	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
13	Sterilizations	45	0	0	41	0	* 0.00% # 50.12%	0	0	41	
14	Abortions 0	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
15	EPSDT Screening Services	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
16	Rural Health Clinic Services	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00% # 50.12%	0	0	0	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.08% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.12%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2010

Line # 10B											
Medical Assistance Payments Waiver Type: 1115 Waiver Number: 11W00134/0-11 Waiver Name: Family Planning - Take Charge		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.12%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
			(A)				(B)		(C)		
19A	Home and Community-Based Services - Regular Payment (Waiver)	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
24B	Case Management - State Wide	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
26	Hospice Benefits	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
30	Physical Therapy	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
31	Occupational Therapy	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
36	Emergency Hospital Services	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
37	Critical Access Hospitals	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.08% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.12%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2010

Line # 10B											
Medical Assistance Payments Waiver Type: 1115 Waiver Number: 11W00134/0-11 Waiver Name: Family Planning - Take Charge		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.12%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
			(A)	(B)	(C)	(D)	(E)	(F)	(G)		
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
39	School Based Services	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
41	Private Duty Nursing	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
42	Freestanding Birth Center	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
49	Other Care Services	65	11 3	0	38	0	* 0.00% # 50.12%	0 0	52		
50	Total	71,965	5,026 1,285	0	55,744	0	* 0.00% # 50.12%	0 0	62,055		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.08% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.12%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2010

Line # 10B											
Medical Assistance Payments Waiver Type: 1915B Waiver Number: WA08.R03-01 Waiver Name: Int Com MH Disabled		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.12%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
			(A)				(B)		(C)		
1A	Inpatient Hospital Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
5A	Physician and Surgical Services - Regular Payments	335	168 43	0	0	0	* 0.00% # 50.12%	0	211	0	
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
7	Prescribed Drugs	12,091	6,060 1,550	0	0	0	* 0.00% # 50.12%	0	7,610	0	
7A1	Drug Rebate - National Agreement	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
7A2	Drug Rebate - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00% # 50.12%	0	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.08% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.12%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2010

Line # 10B										
Medical Assistance Payments Waiver Type: 1915B Waiver Number: WA08.R03-01 Waiver Name: Int Com MH Disabled Reporting Method: Date of Payment		Federal Share						Total Federal Share	Deferral Or C.I.N. Number	
		Total Comp.	FMAP 50.12%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other & Prompt Pay			
			Incr Fmap 62.94%				Other % (Oth)			Federal Share
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)		
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00% # 50.12%	0	0	
8	Dental Services	0	0	0	0	0	* 0.00% # 50.12%	0	0	
9A	Other Practitioners Services - Regular Payments	736	369 94	0	0	0	* 0.00% # 50.12%	0	463	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.12%	0	0	
10	Clinic Services	0	0	0	0	0	* 0.00% # 50.12%	0	0	
11	Laboratory And Radiological Services	0	0	0	0	0	* 0.00% # 50.12%	0	0	
12	Home Health	0	0	0	0	0	* 0.00% # 50.12%	0	0	
13	Sterilizations	0	0	0	0	0	* 0.00% # 50.12%	0	0	
14	Abortions 0	0	0	0	0	0	* 0.00% # 50.12%	0	0	
15	EPSDT Screening Services	0	0	0	0	0	* 0.00% # 50.12%	0	0	
16	Rural Health Clinic Services	0	0	0	0	0	* 0.00% # 50.12%	0	0	
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00% # 50.12%	0	0	
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00% # 50.12%	0	0	
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00% # 50.12%	0	0	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.12%	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0	* 0.00% # 50.12%	0	0	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00% # 50.12%	0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00% # 50.12%	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00% # 50.12%	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.12%	0	0	
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0	* 0.00% # 50.12%	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.08% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.12%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2010

Line # 10B											
Medical Assistance Payments Waiver Type: 1915B Waiver Number: WA08.R03-01 Waiver Name: Int Com MH Disabled Reporting Method: Date of Payment		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.12%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
19A	Home and Community-Based Services - Regular Payment (Waiver)	0	0	0	0	0	* 0.00% # 50.12%	0	0		
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00% # 50.12%	0	0		
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.12%	0	0		
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00% # 50.12%	0	0		
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00% # 50.12%	0	0		
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00% # 50.12%	0	0		
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00% # 50.12%	0	0		
24B	Case Management - State Wide	0	0	0	0	0	* 0.00% # 50.12%	0	0		
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00% # 50.12%	0	0		
26	Hospice Benefits	0	0	0	0	0	* 0.00% # 50.12%	0	0		
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00% # 50.12%	0	0		
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00% # 50.12%	0	0		
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00% # 50.12%	0	0		
30	Physical Therapy	0	0	0	0	0	* 0.00% # 50.12%	0	0		
31	Occupational Therapy	0	0	0	0	0	* 0.00% # 50.12%	0	0		
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00% # 50.12%	0	0		
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00% # 50.12%	0	0		
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00% # 50.12%	0	0		
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00% # 50.12%	0	0		
36	Emergency Hospital Services	0	0	0	0	0	* 0.00% # 50.12%	0	0		
37	Critical Access Hospitals	0	0	0	0	0	* 0.00% # 50.12%	0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.08% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.12%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2010

Line # 10B										
Medical Assistance Payments Waiver Type: 1915B Waiver Number: WA08.R03-01 Waiver Name: Int Com MH Disabled Reporting Method: Date of Payment		Federal Share						Total Federal Share	Deferral Or C.I.N. Number	
		Total Comp.	FMAP 50.12%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other & Prompt Pay			
			Incr Fmap 62.94%				Other % (Oth)			Prompt Pay (PP)
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)		
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00% # 50.12%	0 0	0	
39	School Based Services	0	0	0	0	0	* 0.00% # 50.12%	0 0	0	
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00% # 50.12%	0 0	0	
41	Private Duty Nursing	0	0	0	0	0	* 0.00% # 50.12%	0 0	0	
42	Freestanding Birth Center	0	0	0	0	0	* 0.00% # 50.12%	0 0	0	
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00% # 50.12%	0 0	0	
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00% # 50.12%	0 0	0	
49	Other Care Services	0	0	0	0	0	* 0.00% # 50.12%	0 0	0	
50	Total	13,162	6,597 1,687	0	0	0	* 0.00% # 50.12%	0 0	8,284	

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** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.12%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2010

Line # 10B											
Medical Assistance Payments		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.12%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
Reporting Method: Date of Payment		(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)	
1A	Inpatient Hospital Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
2A	Mental Health Facility Services: Regular Payments	3,417	1,713 438	0	0	0	* 0.00% # 50.12%	0 0	2,151		
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
5A	Physician and Surgical Services - Regular Payments	803	402 103	0	0	0	* 0.00% # 50.12%	0 0	505		
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
7	Prescribed Drugs	8,972	4,497 1,150	0	0	0	* 0.00% # 50.12%	0 0	5,647		
7A1	Drug Rebate - National Agreement	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
7A2	Drug Rebate - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00% # 50.12%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.08% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.12%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2010

Line # 10B											
Medical Assistance Payments Waiver Type: 1915B Waiver Number: WA08.R03-01 Waiver Name: Int Com MH Non-Disabled Reporting Method: Date of Payment		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.12%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
		(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)	
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00% # 50.12%	0	0	0	
8	Dental Services	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
9A	Other Practitioners Services - Regular Payments	11	6 1	0	0	0	* 0.00% # 50.12%	0	0	7	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
10	Clinic Services	927	464 119	0	0	0	* 0.00% # 50.12%	0	0	583	
11	Laboratory And Radiological Services	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
12	Home Health	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
13	Sterilizations	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
14	Abortions 0	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
15	EPSDT Screening Services	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
16	Rural Health Clinic Services	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00% # 50.12%	0	0	0	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.08% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.12%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2010

Line # 10B										
Medical Assistance Payments Waiver Type: 1915B Waiver Number: WA08.R03-01 Waiver Name: Int Com MH Non-Disabled Reporting Method: Date of Payment		Federal Share						Total Federal Share	Deferral Or C.I.N. Number	
		Total Comp.	FMAP 50.12%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other & Prompt Pay			
			Incr Fmap 62.94%				Other % (Oth)			Federal Share
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)		
19A	Home and Community-Based Services - Regular Payment (Waiver)	0	0	0	0	0	* 0.00% # 50.12%	0	0	
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00% # 50.12%	0	0	
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.12%	0	0	
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00% # 50.12%	0	0	
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00% # 50.12%	0	0	
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00% # 50.12%	0	0	
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00% # 50.12%	0	0	
24B	Case Management - State Wide	0	0	0	0	0	* 0.00% # 50.12%	0	0	
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00% # 50.12%	0	0	
26	Hospice Benefits	0	0	0	0	0	* 0.00% # 50.12%	0	0	
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00% # 50.12%	0	0	
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00% # 50.12%	0	0	
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00% # 50.12%	0	0	
30	Physical Therapy	0	0	0	0	0	* 0.00% # 50.12%	0	0	
31	Occupational Therapy	0	0	0	0	0	* 0.00% # 50.12%	0	0	
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00% # 50.12%	0	0	
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00% # 50.12%	0	0	
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00% # 50.12%	0	0	
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00% # 50.12%	0	0	
36	Emergency Hospital Services	0	0	0	0	0	* 0.00% # 50.12%	0	0	
37	Critical Access Hospitals	0	0	0	0	0	* 0.00% # 50.12%	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.08% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.12%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2010

Line # 10B										
Medical Assistance Payments Waiver Type: 1915B Waiver Number: WA08.R03-01 Waiver Name: Int Com MH Non-Disabled Reporting Method: Date of Payment		Federal Share						Total Federal Share	Deferral Or C.I.N. Number	
		Total Comp.	FMAP 50.12%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other & Prompt Pay			
			Incr Fmap 62.94%				Other % (Oth)			Federal Share
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)		
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00% # 50.12%	0 0	0	
39	School Based Services	0	0	0	0	0	* 0.00% # 50.12%	0 0	0	
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00% # 50.12%	0 0	0	
41	Private Duty Nursing	0	0	0	0	0	* 0.00% # 50.12%	0 0	0	
42	Freestanding Birth Center	0	0	0	0	0	* 0.00% # 50.12%	0 0	0	
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00% # 50.12%	0 0	0	
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00% # 50.12%	0 0	0	
49	Other Care Services	0	0	0	0	0	* 0.00% # 50.12%	0 0	0	
50	Total	14,130	7,082 1,811	0	0	0	* 0.00% # 50.12%	0 0	8,893	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.08% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.12%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2010

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0390.02 Waiver Name: ABD (Comm. Setting) Reporting Method:		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.12%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
		(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)	
1A	Inpatient Hospital Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
5A	Physician and Surgical Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
7	Prescribed Drugs	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
7A1	Drug Rebate - National Agreement	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
7A2	Drug Rebate - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00% # 50.12%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.08% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.12%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2010

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0390.02 Waiver Name: ABD (Comm. Setting)		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.12%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00% # 50.12%	0	0	0	
8	Dental Services	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
9A	Other Practitioners Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
10	Clinic Services	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
11	Laboratory And Radiological Services	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
12	Home Health	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
13	Sterilizations	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
14	Abortions 0	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
15	EPSDT Screening Services	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
16	Rural Health Clinic Services	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00% # 50.12%	0	0	0	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.08% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.12%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2010

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0390.02 Waiver Name: ABD (Comm. Setting)		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.12%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%						Prompt Pay (PP)		
			(A)								
19A	Home and Community-Based Services - Regular Payment (Waiver)	1,619	811 208	0	0	0	* 0.00% # 50.12%	0 0	1,019		
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
24B	Case Management - State Wide	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
26	Hospice Benefits	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
30	Physical Therapy	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
31	Occupational Therapy	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
36	Emergency Hospital Services	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
37	Critical Access Hospitals	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.08% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.12%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2010

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0390.02 Waiver Name: ABD (Comm. Setting)		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.12%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
							Prompt Pay (PP)				
			Incr Fmap 62.94%	(A)	(B)	(C)	(D)	(E)	(F)		
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
39	School Based Services	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
41	Private Duty Nursing	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
42	Freestanding Birth Center	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
49	Other Care Services	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
50	Total	1,619	811 208	0	0	0	* 0.00% # 50.12%	0 0	1,019		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.08% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.12%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2010

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0408 Waiver Name: Basic		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.12%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
1A	Inpatient Hospital Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
5A	Physician and Surgical Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
7	Prescribed Drugs	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
7A1	Drug Rebate - National Agreement	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
7A2	Drug Rebate - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00% # 50.12%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.08% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.12%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2010

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0408 Waiver Name: Basic		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.12%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00% # 50.12%	0	0	0	
8	Dental Services	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
9A	Other Practitioners Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
10	Clinic Services	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
11	Laboratory And Radiological Services	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
12	Home Health	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
13	Sterilizations	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
14	Abortions 0	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
15	EPSDT Screening Services	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
16	Rural Health Clinic Services	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00% # 50.12%	0	0	0	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.08% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.12%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2010

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0408 Waiver Name: Basic		Total Comp. (A)	Federal Share					Other & Prompt Pay		Total Federal Share (G)	Deferral Or C.I.N. Number (H)
			FMAP 50.12%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share (F)			
			Incr Fmap 62.94%				Prompt Pay (PP)				
			(B)				(C)		(D)		
19A	Home and Community-Based Services - Regular Payment (Waiver)	29,813	14,942 3,822	0	0	0	* 0.00% # 50.12%	0 0	18,764		
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
24B	Case Management - State Wide	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
26	Hospice Benefits	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
30	Physical Therapy	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
31	Occupational Therapy	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
36	Emergency Hospital Services	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
37	Critical Access Hospitals	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.08% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.12%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2010

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0408 Waiver Name: Basic		Total Comp. (A)	Federal Share					Other & Prompt Pay		Total Federal Share (G)	Deferral Or C.I.N. Number (H)
			FMAP 50.12%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share (F)			
			Incr Fmap 62.94%				Prompt Pay (PP)				
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
39	School Based Services	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
41	Private Duty Nursing	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
42	Freestanding Birth Center	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
49	Other Care Services	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
50	Total	29,813	14,942 3,822	0	0	0	* 0.00% # 50.12%	0 0	18,764		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.08% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.12%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2010

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0409 Waiver Name: Basic Plus		Total Comp. (A)	Federal Share					Other & Prompt Pay		Total Federal Share (G)	Deferral Or C.I.N. Number (H)
			FMAP 50.12%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share (F)			
			Incr Fmap 62.94%				Prompt Pay (PP)				
1A	Inpatient Hospital Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
5A	Physician and Surgical Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
7	Prescribed Drugs	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
7A1	Drug Rebate - National Agreement	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
7A2	Drug Rebate - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00% # 50.12%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.08% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.12%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2010

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0409 Waiver Name: Basic Plus		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.12%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00% # 50.12%	0	0	0	
8	Dental Services	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
9A	Other Practitioners Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
10	Clinic Services	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
11	Laboratory And Radiological Services	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
12	Home Health	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
13	Sterilizations	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
14	Abortions 0	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
15	EPSDT Screening Services	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
16	Rural Health Clinic Services	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00% # 50.12%	0	0	0	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.08% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.12%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2010

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0409 Waiver Name: Basic Plus		Total Comp. (A)	Federal Share					Other & Prompt Pay		Total Federal Share (G)	Deferral Or C.I.N. Number (H)
			FMAP 50.12%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth) Prompt Pay (PP)	Federal Share (F)			
			Incr Fmap 62.94%								
			(B)						(C)		
19A	Home and Community-Based Services - Regular Payment (Waiver)	2,840	1,423 364	0	0	0	* 0.00% # 50.12%	0 0	1,787		
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
24B	Case Management - State Wide	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
26	Hospice Benefits	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
30	Physical Therapy	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
31	Occupational Therapy	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
36	Emergency Hospital Services	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
37	Critical Access Hospitals	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.08% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.12%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2010

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0409 Waiver Name: Basic Plus		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.12%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
							Prompt Pay (PP)				
			Incr Fmap 62.94%	(A)	(B)	(C)	(D)	(E)	(F)		
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00% # 50.12%	0 0	0 0		
39	School Based Services	0	0	0	0	0	* 0.00% # 50.12%	0 0	0 0		
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00% # 50.12%	0 0	0 0		
41	Private Duty Nursing	0	0	0	0	0	* 0.00% # 50.12%	0 0	0 0		
42	Freestanding Birth Center	0	0	0	0	0	* 0.00% # 50.12%	0 0	0 0		
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00% # 50.12%	0 0	0 0		
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00% # 50.12%	0 0	0 0		
49	Other Care Services	0	0	0	0	0	* 0.00% # 50.12%	0 0	0 0		
50	Total	2,840	1,423 364	0	0	0	* 0.00% # 50.12%	0 0	1,787		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.08% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.12%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2010

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 40669.R00 Waiver Name: CIIBS		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.12%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
1A	Inpatient Hospital Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
5A	Physician and Surgical Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
7	Prescribed Drugs	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
7A1	Drug Rebate - National Agreement	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
7A2	Drug Rebate - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00% # 50.12%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.08% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.12%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2010

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 40669.R00 Waiver Name: CIIBS		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.12%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00% # 50.12%	0	0	0	
8	Dental Services	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
9A	Other Practitioners Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
10	Clinic Services	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
11	Laboratory And Radiological Services	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
12	Home Health	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
13	Sterilizations	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
14	Abortions 0	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
15	EPSDT Screening Services	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
16	Rural Health Clinic Services	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00% # 50.12%	0	0	0	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.08% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.12%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2010

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 40669.R00 Waiver Name: CIIBS		Total Comp. (A)	Federal Share					Other & Prompt Pay		Total Federal Share (G)	Deferral Or C.I.N. Number (H)
			FMAP 50.12%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share (F)			
			Incr Fmap 62.94%				Prompt Pay (PP)				
			(B)				(C)		(D)		
19A	Home and Community-Based Services - Regular Payment (Waiver)	200,227	100,354 25,669	0	0	0	* 0.00% # 50.12%	0 0	126,023		
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
24B	Case Management - State Wide	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
26	Hospice Benefits	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
30	Physical Therapy	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
31	Occupational Therapy	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
36	Emergency Hospital Services	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
37	Critical Access Hospitals	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.08% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.12%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2010

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 40669.R00 Waiver Name: CIIBS		Total Comp. (A)	Federal Share					Other & Prompt Pay		Total Federal Share (G)	Deferral Or C.I.N. Number (H)
			FMAP 50.12%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share (F)			
			Incr Fmap 62.94%				Prompt Pay (PP)				
			(B)				(C)		(D)		
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
39	School Based Services	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
41	Private Duty Nursing	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
42	Freestanding Birth Center	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
49	Other Care Services	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
50	Total	200,227	100,354 25,669	0	0	0	* 0.00% # 50.12%	0 0	126,023		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.08% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.12%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2010

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0049.92 Waiver Name: COPEs		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.12%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
1A	Inpatient Hospital Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
5A	Physician and Surgical Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
7	Prescribed Drugs	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
7A1	Drug Rebate - National Agreement	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
7A2	Drug Rebate - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00% # 50.12%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.08% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.12%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2010

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0049.92 Waiver Name: COPEs		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.12%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00% # 50.12%	0	0	0	
8	Dental Services	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
9A	Other Practitioners Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
10	Clinic Services	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
11	Laboratory And Radiological Services	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
12	Home Health	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
13	Sterilizations	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
14	Abortions 0	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
15	EPSDT Screening Services	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
16	Rural Health Clinic Services	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00% # 50.12%	0	0	0	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.08% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.12%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2010

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0049.92 Waiver Name: COPEs		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.12%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
			(A)	(B)	(C)	(D)	(E)	(F)	(G)		
19A	Home and Community-Based Services - Regular Payment (Waiver)	370,702	185,796 47,524	0	0	0	* 0.00% # 50.12%	0 0	233,320		
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
24B	Case Management - State Wide	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
26	Hospice Benefits	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
30	Physical Therapy	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
31	Occupational Therapy	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
36	Emergency Hospital Services	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
37	Critical Access Hospitals	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.08% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.12%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2010

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0049.92 Waiver Name: COPEs		Total Comp. (A)	Federal Share					Other & Prompt Pay		Total Federal Share (G)	Deferral Or C.I.N. Number (H)
			FMAP 50.12%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share (F)			
			Incr Fmap 62.94%				Prompt Pay (PP)				
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
39	School Based Services	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
41	Private Duty Nursing	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
42	Freestanding Birth Center	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
49	Other Care Services	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
50	Total	370,702	185,796 47,524	0	0	0	* 0.00% # 50.12%	0 0	233,320		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.08% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.12%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2010

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0410 Waiver Name: Core		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.12%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
1A	Inpatient Hospital Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
5A	Physician and Surgical Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
7	Prescribed Drugs	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
7A1	Drug Rebate - National Agreement	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
7A2	Drug Rebate - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00% # 50.12%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.08% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.12%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2010

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0410 Waiver Name: Core		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.12%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00% # 50.12%	0	0	0	
8	Dental Services	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
9A	Other Practitioners Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
10	Clinic Services	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
11	Laboratory And Radiological Services	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
12	Home Health	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
13	Sterilizations	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
14	Abortions 0	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
15	EPSDT Screening Services	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
16	Rural Health Clinic Services	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00% # 50.12%	0	0	0	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.08% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.12%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2010

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0410 Waiver Name: Core		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.12%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%						Prompt Pay (PP)		
			(A)				(B)	(C)	(D)		
19A	Home and Community-Based Services - Regular Payment (Waiver)	356,409	178,631 45,692	0	0	0	* 0.00% # 50.12%	0 0	224,323		
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
24B	Case Management - State Wide	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
26	Hospice Benefits	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
30	Physical Therapy	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
31	Occupational Therapy	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
36	Emergency Hospital Services	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
37	Critical Access Hospitals	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.08% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.12%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2010

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0410 Waiver Name: Core		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.12%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
							Prompt Pay (PP)				
			(A)	Incr Fmap 62.94%	(C)	(D)	(E)	(F)	(G)		
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
39	School Based Services	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
41	Private Duty Nursing	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
42	Freestanding Birth Center	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
49	Other Care Services	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
50	Total	356,409	178,631 45,692	0	0	0	* 0.00% # 50.12%	0 0	224,323		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.08% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.12%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2010

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0449 Waiver Name: New Freedom		Total Comp. (A)	Federal Share					Other & Prompt Pay		Total Federal Share (G)	Deferral Or C.I.N. Number (H)
			FMAP 50.12%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share (F)			
			Incr Fmap 62.94%				Prompt Pay (PP)				
1A	Inpatient Hospital Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
5A	Physician and Surgical Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
7	Prescribed Drugs	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
7A1	Drug Rebate - National Agreement	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
7A2	Drug Rebate - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00% # 50.12%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.08% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.12%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2010

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0449 Waiver Name: New Freedom		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.12%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00% # 50.12%	0	0	0	
8	Dental Services	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
9A	Other Practitioners Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
10	Clinic Services	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
11	Laboratory And Radiological Services	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
12	Home Health	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
13	Sterilizations	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
14	Abortions 0	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
15	EPSDT Screening Services	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
16	Rural Health Clinic Services	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00% # 50.12%	0	0	0	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.08% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.12%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2010

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0449 Waiver Name: New Freedom		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.12%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share	Prompt Pay (PP)		
							(A)	(B)	(C)		
19A	Home and Community-Based Services - Regular Payment (Waiver)	1,460	732 187	0	0	0	* 0.00% # 50.12%	0 0	919		
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
24B	Case Management - State Wide	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
26	Hospice Benefits	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
30	Physical Therapy	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
31	Occupational Therapy	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
36	Emergency Hospital Services	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
37	Critical Access Hospitals	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.08% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.12%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2010

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0449 Waiver Name: New Freedom		Total Comp. (A)	Federal Share					Other & Prompt Pay		Total Federal Share (G)	Deferral Or C.I.N. Number (H)
			FMAP 50.12%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share (F)			
			Incr Fmap 62.94%				Prompt Pay (PP)				
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
39	School Based Services	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
41	Private Duty Nursing	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
42	Freestanding Birth Center	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
49	Other Care Services	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
50	Total	1,460	732 187	0	0	0	* 0.00% # 50.12%	0 0	919		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.08% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.12%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2010

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0411 Waiver Name: Public Safety		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.12%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
							Prompt Pay (PP)				
			Incr Fmap 62.94%	(A)	(B)	(C)	(D)	(E)	(F)		
1A	Inpatient Hospital Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
5A	Physician and Surgical Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
7	Prescribed Drugs	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
7A1	Drug Rebate - National Agreement	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
7A2	Drug Rebate - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00% # 50.12%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.08% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.12%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2010

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0411 Waiver Name: Public Safety		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.12%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00% # 50.12%	0	0	0	
8	Dental Services	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
9A	Other Practitioners Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
10	Clinic Services	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
11	Laboratory And Radiological Services	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
12	Home Health	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
13	Sterilizations	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
14	Abortions 0	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
15	EPSDT Screening Services	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
16	Rural Health Clinic Services	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00% # 50.12%	0	0	0	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.08% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.12%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2010

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0411 Waiver Name: Public Safety		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.12%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
			(A)	(B)	(C)	(D)	(E)	(F)	(G)		
19A	Home and Community-Based Services - Regular Payment (Waiver)	930	466 119	0	0	0	* 0.00% # 50.12%	0 0	585		
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
24B	Case Management - State Wide	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
26	Hospice Benefits	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
30	Physical Therapy	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
31	Occupational Therapy	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
36	Emergency Hospital Services	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
37	Critical Access Hospitals	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.08% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.12%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2010

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0411 Waiver Name: Public Safety		Total Comp. (A)	Federal Share					Other & Prompt Pay		Total Federal Share (G)	Deferral Or C.I.N. Number (H)
			FMAP 50.12%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share (F)			
			Incr Fmap 62.94%				Prompt Pay (PP)				
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
39	School Based Services	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
41	Private Duty Nursing	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
42	Freestanding Birth Center	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
49	Other Care Services	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
50	Total	930	466 119	0	0	0	* 0.00% # 50.12%	0 0	585		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.08% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.12%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2010

Line # 7											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0390.02 Waiver Name: ABD (Comm. Setting)		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.12%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%						Prompt Pay (PP)		
			(A)				(B)	(C)	(D)		
1A	Inpatient Hospital Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
5A	Physician and Surgical Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
7	Prescribed Drugs	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
7A1	Drug Rebate - National Agreement	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
7A2	Drug Rebate - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00% # 50.12%	0	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.08% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.12%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2010

Line # 7											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0390.02 Waiver Name: ABD (Comm. Setting)		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.12%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00% # 50.12%	0	0	0	
8	Dental Services	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
9A	Other Practitioners Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
10	Clinic Services	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
11	Laboratory And Radiological Services	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
12	Home Health	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
13	Sterilizations	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
14	Abortions 0	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
15	EPSDT Screening Services	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
16	Rural Health Clinic Services	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00% # 50.12%	0	0	0	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0	* 0.00% # 50.12%	0	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.08% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.12%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2010

Line # 7											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0390.02 Waiver Name: ABD (Comm. Setting)		Total Comp. (A)	Federal Share					Other & Prompt Pay		Total Federal Share (G)	Deferral Or C.I.N. Number (H)
			FMAP 50.12%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth) Prompt Pay (PP)	Federal Share (F)			
			Incr Fmap 62.94%								
			(B)						(C)		
19A	Home and Community-Based Services - Regular Payment (Waiver)	1,625	815 208	0	0	0	* 0.00% # 50.12%	0 0	1,023		
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
24B	Case Management - State Wide	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
26	Hospice Benefits	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
30	Physical Therapy	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
31	Occupational Therapy	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
36	Emergency Hospital Services	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		
37	Critical Access Hospitals	0	0	0	0	0	* 0.00% # 50.12%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.08% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.12%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2010

Line # 7											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0390.02 Waiver Name: ABD (Comm. Setting)		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.12%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
							Prompt Pay (PP)				
			(A)	(B)	(C)	(D)	(E)	(F)	(G)		
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00% # 50.12%	0 0	0 0		
39	School Based Services	0	0	0	0	0	* 0.00% # 50.12%	0 0	0 0		
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00% # 50.12%	0 0	0 0		
41	Private Duty Nursing	0	0	0	0	0	* 0.00% # 50.12%	0 0	0 0		
42	Freestanding Birth Center	0	0	0	0	0	* 0.00% # 50.12%	0 0	0 0		
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00% # 50.12%	0 0	0 0		
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00% # 50.12%	0 0	0 0		
49	Other Care Services	0	0	0	0	0	* 0.00% # 50.12%	0 0	0 0		
50	Total	1,625	815 208	0	0	0	* 0.00% # 50.12%	0 0	1,023		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.66% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.12%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2009

Line # 10B											
Medical Assistance Payments Waiver Type: 1115 Waiver Number: 11W00134/0-10 Waiver Name: Family Planning - Take Charge		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.94%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
			(A)				(B)		(C)		
1A	Inpatient Hospital Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
5A	Physician and Surgical Services - Regular Payments	26	0	0	23	0	* 0.00% # 50.94%	0	23	0	
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
7	Prescribed Drugs	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
7A1	Drug Rebate - National Agreement	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
7A2	Drug Rebate - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00% # 50.94%	0	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.66% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.94%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2009

Line # 10B											
Medical Assistance Payments Waiver Type: 1115 Waiver Number: 11W00134/0-10 Waiver Name: Family Planning - Take Charge		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.94%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
			(A)				(B)		(C)		
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00% # 50.94%	0	0	0	
8	Dental Services	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
9A	Other Practitioners Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
10	Clinic Services	17,481	48 12	0	15,647	0	* 0.00% # 50.94%	0	15,707	0	
11	Laboratory And Radiological Services	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
12	Home Health	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
13	Sterilizations	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
14	Abortions 0	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
15	EPSDT Screening Services	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
16	Rural Health Clinic Services	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00% # 50.94%	0	0	0	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.66% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.94%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2009

Line # 10B											
Medical Assistance Payments Waiver Type: 1115 Waiver Number: 11W00134/0-10 Waiver Name: Family Planning - Take Charge		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.94%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
			(A)	(B)	(C)	(D)	(E)	(F)	(G)		
19A	Home and Community-Based Services - Regular Payment (Waiver)	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
24B	Case Management - State Wide	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
26	Hospice Benefits	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
30	Physical Therapy	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
31	Occupational Therapy	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
36	Emergency Hospital Services	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
37	Critical Access Hospitals	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.66% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.94%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2009

Line # 10B											
Medical Assistance Payments Waiver Type: 1115 Waiver Number: 11W00134/0-10 Waiver Name: Family Planning - Take Charge		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.94%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
			(A)	(B)	(C)	(D)	(E)	(F)	(G)		
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
39	School Based Services	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
41	Private Duty Nursing	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
42	Freestanding Birth Center	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
49	Other Care Services	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
50	Total	17,507	48 12	0	15,670	0	* 0.00% # 50.94%	0 0	15,730		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.66% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.94%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2009

Line # 10B											
Medical Assistance Payments Waiver Type: 1915B Waiver Number: WA08.R03-01 Waiver Name: Int Com MH Disabled		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.94%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
1A	Inpatient Hospital Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
5A	Physician and Surgical Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
7	Prescribed Drugs	7,902	4,026 948	0	0	0	* 0.00% # 50.94%	0 0	4,974		
7A1	Drug Rebate - National Agreement	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
7A2	Drug Rebate - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00% # 50.94%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.66% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.94%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2009

Line # 10B										
Medical Assistance Payments Waiver Type: 1915B Waiver Number: WA08.R03-01 Waiver Name: Int Com MH Disabled Reporting Method: Date of Payment		Federal Share						Total Federal Share	Deferral Or C.I.N. Number	
		Total Comp.	FMAP 50.94%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other & Prompt Pay			
			Incr Fmap 62.94%				Other % (Oth)			Federal Share
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)		
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00% # 50.94%	0	0	
8	Dental Services	0	0	0	0	0	* 0.00% # 50.94%	0	0	
9A	Other Practitioners Services - Regular Payments	207	105 25	0	0	0	* 0.00% # 50.94%	0	130	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0	
10	Clinic Services	0	0	0	0	0	* 0.00% # 50.94%	0	0	
11	Laboratory And Radiological Services	0	0	0	0	0	* 0.00% # 50.94%	0	0	
12	Home Health	0	0	0	0	0	* 0.00% # 50.94%	0	0	
13	Sterilizations	0	0	0	0	0	* 0.00% # 50.94%	0	0	
14	Abortions 0	0	0	0	0	0	* 0.00% # 50.94%	0	0	
15	EPSDT Screening Services	0	0	0	0	0	* 0.00% # 50.94%	0	0	
16	Rural Health Clinic Services	0	0	0	0	0	* 0.00% # 50.94%	0	0	
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00% # 50.94%	0	0	
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00% # 50.94%	0	0	
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00% # 50.94%	0	0	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.94%	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0	* 0.00% # 50.94%	0	0	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00% # 50.94%	0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00% # 50.94%	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.94%	0	0	
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0	* 0.00% # 50.94%	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.66% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.94%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2009

Line # 10B											
Medical Assistance Payments Waiver Type: 1915B Waiver Number: WA08.R03-01 Waiver Name: Int Com MH Disabled Reporting Method: Date of Payment		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.94%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
		(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)	
19A	Home and Community-Based Services - Regular Payment (Waiver)	0	0	0	0	0	* 0.00% # 50.94%	0	0		
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00% # 50.94%	0	0		
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.94%	0	0		
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00% # 50.94%	0	0		
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00% # 50.94%	0	0		
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00% # 50.94%	0	0		
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00% # 50.94%	0	0		
24B	Case Management - State Wide	0	0	0	0	0	* 0.00% # 50.94%	0	0		
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00% # 50.94%	0	0		
26	Hospice Benefits	0	0	0	0	0	* 0.00% # 50.94%	0	0		
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00% # 50.94%	0	0		
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00% # 50.94%	0	0		
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00% # 50.94%	0	0		
30	Physical Therapy	0	0	0	0	0	* 0.00% # 50.94%	0	0		
31	Occupational Therapy	0	0	0	0	0	* 0.00% # 50.94%	0	0		
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00% # 50.94%	0	0		
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00% # 50.94%	0	0		
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00% # 50.94%	0	0		
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00% # 50.94%	0	0		
36	Emergency Hospital Services	0	0	0	0	0	* 0.00% # 50.94%	0	0		
37	Critical Access Hospitals	0	0	0	0	0	* 0.00% # 50.94%	0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.66% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.94%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2009

Line # 10B											
Medical Assistance Payments Waiver Type: 1915B Waiver Number: WA08.R03-01 Waiver Name: Int Com MH Disabled Reporting Method: Date of Payment		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.94%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
39	School Based Services	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
41	Private Duty Nursing	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
42	Freestanding Birth Center	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
49	Other Care Services	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
50	Total	8,109	4,131 973	0	0	0	* 0.00% # 50.94%	0 0	5,104		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.66% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.94%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2009

Line # 10B										
Medical Assistance Payments Waiver Type: 1915B Waiver Number: WA08.R03-01 Waiver Name: Int Com MH Non-Disabled Reporting Method: Date of Payment		Federal Share						Total Federal Share	Deferral Or C.I.N. Number	
		Total Comp.	FMAP 50.94%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other & Prompt Pay			
			Incr Fmap 62.94%				Other % (Oth)			Prompt Pay (PP)
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)		
1A	Inpatient Hospital Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0	
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0	
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0	
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0	
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0	
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0	
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0	
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0	
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00% # 50.94%	0	0	
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00% # 50.94%	0	0	
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0	
5A	Physician and Surgical Services - Regular Payments	890	453 107	0	0	0	* 0.00% # 50.94%	0	560	
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0	
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0	
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0	
7	Prescribed Drugs	4,081	2,079 490	0	0	0	* 0.00% # 50.94%	0	2,569	
7A1	Drug Rebate - National Agreement	0	0	0	0	0	* 0.00% # 50.94%	0	0	
7A2	Drug Rebate - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.94%	0	0	
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00% # 50.94%	0	0	
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.94%	0	0	
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00% # 50.94%	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.66% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.94%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2009

Line # 10B										
Medical Assistance Payments Waiver Type: 1915B Waiver Number: WA08.R03-01 Waiver Name: Int Com MH Non-Disabled Reporting Method: Date of Payment		Federal Share						Total Federal Share	Deferral Or C.I.N. Number	
		Total Comp.	FMAP 50.94%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other & Prompt Pay			
			Incr Fmap 62.94%				Other % (Oth)			Federal Share
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)		
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00% # 50.94%	0	0	
8	Dental Services	0	0	0	0	0	* 0.00% # 50.94%	0	0	
9A	Other Practitioners Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0	
10	Clinic Services	150	76 18	0	0	0	* 0.00% # 50.94%	0	94	
11	Laboratory And Radiological Services	0	0	0	0	0	* 0.00% # 50.94%	0	0	
12	Home Health	0	0	0	0	0	* 0.00% # 50.94%	0	0	
13	Sterilizations	0	0	0	0	0	* 0.00% # 50.94%	0	0	
14	Abortions 0	0	0	0	0	0	* 0.00% # 50.94%	0	0	
15	EPSDT Screening Services	0	0	0	0	0	* 0.00% # 50.94%	0	0	
16	Rural Health Clinic Services	0	0	0	0	0	* 0.00% # 50.94%	0	0	
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00% # 50.94%	0	0	
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00% # 50.94%	0	0	
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00% # 50.94%	0	0	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.94%	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0	* 0.00% # 50.94%	0	0	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00% # 50.94%	0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00% # 50.94%	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.94%	0	0	
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0	* 0.00% # 50.94%	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.66% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.94%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2009

Line # 10B										
Medical Assistance Payments Waiver Type: 1915B Waiver Number: WA08.R03-01 Waiver Name: Int Com MH Non-Disabled Reporting Method: Date of Payment		Federal Share						Total Federal Share	Deferral Or C.I.N. Number	
		Total Comp.	FMAP 50.94%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other & Prompt Pay			
			Incr Fmap 62.94%				Other % (Oth)			Federal Share
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)		
19A	Home and Community-Based Services - Regular Payment (Waiver)	0	0	0	0	0	* 0.00% # 50.94%	0	0	
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00% # 50.94%	0	0	
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.94%	0	0	
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00% # 50.94%	0	0	
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00% # 50.94%	0	0	
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00% # 50.94%	0	0	
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00% # 50.94%	0	0	
24B	Case Management - State Wide	0	0	0	0	0	* 0.00% # 50.94%	0	0	
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00% # 50.94%	0	0	
26	Hospice Benefits	0	0	0	0	0	* 0.00% # 50.94%	0	0	
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00% # 50.94%	0	0	
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00% # 50.94%	0	0	
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00% # 50.94%	0	0	
30	Physical Therapy	0	0	0	0	0	* 0.00% # 50.94%	0	0	
31	Occupational Therapy	0	0	0	0	0	* 0.00% # 50.94%	0	0	
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00% # 50.94%	0	0	
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00% # 50.94%	0	0	
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00% # 50.94%	0	0	
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00% # 50.94%	0	0	
36	Emergency Hospital Services	0	0	0	0	0	* 0.00% # 50.94%	0	0	
37	Critical Access Hospitals	0	0	0	0	0	* 0.00% # 50.94%	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.66% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.94%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2009

Line # 10B										
Medical Assistance Payments Waiver Type: 1915B Waiver Number: WA08.R03-01 Waiver Name: Int Com MH Non-Disabled Reporting Method: Date of Payment		Federal Share						Total Federal Share	Deferral Or C.I.N. Number	
		Total Comp.	FMAP 50.94%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other & Prompt Pay			
			Incr Fmap 62.94%				Other % (Oth)			Federal Share
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)		
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00% # 50.94%	0 0	0	
39	School Based Services	0	0	0	0	0	* 0.00% # 50.94%	0 0	0	
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00% # 50.94%	0 0	0	
41	Private Duty Nursing	0	0	0	0	0	* 0.00% # 50.94%	0 0	0	
42	Freestanding Birth Center	0	0	0	0	0	* 0.00% # 50.94%	0 0	0	
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00% # 50.94%	0 0	0	
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00% # 50.94%	0 0	0	
49	Other Care Services	0	0	0	0	0	* 0.00% # 50.94%	0 0	0	
50	Total	5,121	2,608 615	0	0	0	* 0.00% # 50.94%	0 0	3,223	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.66% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.94%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2009

Line # 10B											
Medical Assistance Payments		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.94%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
Reporting Method:		(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)	
1A	Inpatient Hospital Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00% # 50.94%	0	0		
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00% # 50.94%	0	0		
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
5A	Physician and Surgical Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
7	Prescribed Drugs	0	0	0	0	0	* 0.00% # 50.94%	0	0		
7A1	Drug Rebate - National Agreement	0	0	0	0	0	* 0.00% # 50.94%	0	0		
7A2	Drug Rebate - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.94%	0	0		
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00% # 50.94%	0	0		
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.94%	0	0		
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00% # 50.94%	0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.66% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.94%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2009

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0408 Waiver Name: Basic		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.94%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
			(A)	(B)	(C)	(D)	(E)	(F)	(G)		
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00% # 50.94%	0	0	0	
8	Dental Services	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
9A	Other Practitioners Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
10	Clinic Services	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
11	Laboratory And Radiological Services	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
12	Home Health	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
13	Sterilizations	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
14	Abortions 0	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
15	EPSDT Screening Services	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
16	Rural Health Clinic Services	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00% # 50.94%	0	0	0	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.66% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.94%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2009

Line # 10B												
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0408 Waiver Name: Basic		Total Comp. (A)	Federal Share					Other & Prompt Pay		Total Federal Share (G)	Deferral Or C.I.N. Number (H)	
			FMAP 50.94% Incr Fmap 62.94% (B)	IHS Facility Services 100% (C)	Fam. Plan Services 90% (D)	Optional Breast or Cerv. Cancer Services *	Other % (Oth) Prompt Pay (PP)	Federal Share (F)				
									Other & Prompt Pay			
19A	Home and Community-Based Services - Regular Payment (Waiver)	15,875	8,087 1,905	0	0	0	* 0.00% # 50.94%	0 0	9,992			
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00% # 50.94%	0 0	0			
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.94%	0 0	0			
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00% # 50.94%	0 0	0			
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00% # 50.94%	0 0	0			
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00% # 50.94%	0 0	0			
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00% # 50.94%	0 0	0			
24B	Case Management - State Wide	0	0	0	0	0	* 0.00% # 50.94%	0 0	0			
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00% # 50.94%	0 0	0			
26	Hospice Benefits	0	0	0	0	0	* 0.00% # 50.94%	0 0	0			
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00% # 50.94%	0 0	0			
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00% # 50.94%	0 0	0			
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00% # 50.94%	0 0	0			
30	Physical Therapy	0	0	0	0	0	* 0.00% # 50.94%	0 0	0			
31	Occupational Therapy	0	0	0	0	0	* 0.00% # 50.94%	0 0	0			
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00% # 50.94%	0 0	0			
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00% # 50.94%	0 0	0			
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00% # 50.94%	0 0	0			
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00% # 50.94%	0 0	0			
36	Emergency Hospital Services	0	0	0	0	0	* 0.00% # 50.94%	0 0	0			
37	Critical Access Hospitals	0	0	0	0	0	* 0.00% # 50.94%	0 0	0			

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.66% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.94%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2009

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0408 Waiver Name: Basic		Total Comp. (A)	Federal Share					Other & Prompt Pay		Total Federal Share (G)	Deferral Or C.I.N. Number (H)
			FMAP 50.94%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share (F)			
			Incr Fmap 62.94%				Prompt Pay (PP)				
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
39	School Based Services	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
41	Private Duty Nursing	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
42	Freestanding Birth Center	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
49	Other Care Services	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
50	Total	15,875	8,087 1,905	0	0	0	* 0.00% # 50.94%	0 0	9,992		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.66% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.94%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2009

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0409 Waiver Name: Basic Plus		Total Comp. (A)	Federal Share					Other & Prompt Pay		Total Federal Share (G)	Deferral Or C.I.N. Number (H)
			FMAP 50.94%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share (F)			
			Incr Fmap 62.94%				Prompt Pay (PP)				
1A	Inpatient Hospital Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00% # 50.94%	0	0		
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00% # 50.94%	0	0		
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
5A	Physician and Surgical Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
7	Prescribed Drugs	0	0	0	0	0	* 0.00% # 50.94%	0	0		
7A1	Drug Rebate - National Agreement	0	0	0	0	0	* 0.00% # 50.94%	0	0		
7A2	Drug Rebate - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.94%	0	0		
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00% # 50.94%	0	0		
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.94%	0	0		
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00% # 50.94%	0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.66% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.94%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2009

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0409 Waiver Name: Basic Plus		Total Comp. (A)	Federal Share					Other & Prompt Pay		Total Federal Share (G)	Deferral Or C.I.N. Number (H)
			FMAP 50.94%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share (F)			
			Incr Fmap 62.94%				Prompt Pay (PP)				
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00% # 50.94%	0	0		
8	Dental Services	0	0	0	0	0	* 0.00% # 50.94%	0	0		
9A	Other Practitioners Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
10	Clinic Services	0	0	0	0	0	* 0.00% # 50.94%	0	0		
11	Laboratory And Radiological Services	0	0	0	0	0	* 0.00% # 50.94%	0	0		
12	Home Health	0	0	0	0	0	* 0.00% # 50.94%	0	0		
13	Sterilizations	0	0	0	0	0	* 0.00% # 50.94%	0	0		
14	Abortions 0	0	0	0	0	0	* 0.00% # 50.94%	0	0		
15	EPSDT Screening Services	0	0	0	0	0	* 0.00% # 50.94%	0	0		
16	Rural Health Clinic Services	0	0	0	0	0	* 0.00% # 50.94%	0	0		
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00% # 50.94%	0	0		
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00% # 50.94%	0	0		
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00% # 50.94%	0	0		
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.94%	0	0		
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0	* 0.00% # 50.94%	0	0		
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00% # 50.94%	0	0		
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00% # 50.94%	0	0		
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.94%	0	0		
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0	* 0.00% # 50.94%	0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.66% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.94%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2009

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0409 Waiver Name: Basic Plus		Total Comp. (A)	Federal Share					Other & Prompt Pay		Total Federal Share (G)	Deferral Or C.I.N. Number (H)
			FMAP 50.94%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share (F)			
			Incr Fmap 62.94%				Prompt Pay (PP)				
19A	Home and Community-Based Services - Regular Payment (Waiver)	283	144 34	0	0	0	* 0.00% # 50.94%	0 0	178		
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
24B	Case Management - State Wide	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
26	Hospice Benefits	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
30	Physical Therapy	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
31	Occupational Therapy	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
36	Emergency Hospital Services	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
37	Critical Access Hospitals	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.66% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.94%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2009

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0409 Waiver Name: Basic Plus		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.94%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
39	School Based Services	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
41	Private Duty Nursing	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
42	Freestanding Birth Center	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
49	Other Care Services	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
50	Total	283	144 34	0	0	0	* 0.00% # 50.94%	0 0	178		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.66% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.94%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2009

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 40669.R00 Waiver Name: CIIBS		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.94%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
1A	Inpatient Hospital Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00% # 50.94%	0	0		
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00% # 50.94%	0	0		
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
5A	Physician and Surgical Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
7	Prescribed Drugs	0	0	0	0	0	* 0.00% # 50.94%	0	0		
7A1	Drug Rebate - National Agreement	0	0	0	0	0	* 0.00% # 50.94%	0	0		
7A2	Drug Rebate - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.94%	0	0		
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00% # 50.94%	0	0		
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.94%	0	0		
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00% # 50.94%	0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.66% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.94%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2009

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 40669.R00 Waiver Name: CIIBS		Total Comp. (A)	Federal Share					Other & Prompt Pay		Total Federal Share (G)	Deferral Or C.I.N. Number (H)
			FMAP 50.94%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share (F)			
			Incr Fmap 62.94%				Prompt Pay (PP)				
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00% # 50.94%	0	0		
8	Dental Services	0	0	0	0	0	* 0.00% # 50.94%	0	0		
9A	Other Practitioners Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
10	Clinic Services	0	0	0	0	0	* 0.00% # 50.94%	0	0		
11	Laboratory And Radiological Services	0	0	0	0	0	* 0.00% # 50.94%	0	0		
12	Home Health	0	0	0	0	0	* 0.00% # 50.94%	0	0		
13	Sterilizations	0	0	0	0	0	* 0.00% # 50.94%	0	0		
14	Abortions 0	0	0	0	0	0	* 0.00% # 50.94%	0	0		
15	EPSDT Screening Services	0	0	0	0	0	* 0.00% # 50.94%	0	0		
16	Rural Health Clinic Services	0	0	0	0	0	* 0.00% # 50.94%	0	0		
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00% # 50.94%	0	0		
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00% # 50.94%	0	0		
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00% # 50.94%	0	0		
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.94%	0	0		
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0	* 0.00% # 50.94%	0	0		
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00% # 50.94%	0	0		
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00% # 50.94%	0	0		
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.94%	0	0		
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0	* 0.00% # 50.94%	0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.66% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.94%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2009

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 40669.R00 Waiver Name: CIIBS		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.94%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%						Prompt Pay (PP)		
			(A)				(B)	(C)	(D)		
19A	Home and Community-Based Services - Regular Payment (Waiver)	1,577	804 189	0	0	0	* 0.00% # 50.94%	0 0	993		
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
24B	Case Management - State Wide	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
26	Hospice Benefits	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
30	Physical Therapy	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
31	Occupational Therapy	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
36	Emergency Hospital Services	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
37	Critical Access Hospitals	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.66% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.94%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2009

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 40669.R00 Waiver Name: CIIBS		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.94%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
39	School Based Services	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
41	Private Duty Nursing	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
42	Freestanding Birth Center	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
49	Other Care Services	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
50	Total	1,577	804 189	0	0	0	* 0.00% # 50.94%	0 0	993		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.66% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.94%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2009

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0049.92 Waiver Name: COPEs		Total Comp. (A)	Federal Share					Other & Prompt Pay		Total Federal Share (G)	Deferral Or C.I.N. Number (H)
			FMAP 50.94%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share (F)			
			Incr Fmap 62.94%				Prompt Pay (PP)				
1A	Inpatient Hospital Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
5A	Physician and Surgical Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
7	Prescribed Drugs	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
7A1	Drug Rebate - National Agreement	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
7A2	Drug Rebate - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00% # 50.94%	0	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.66% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.94%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2009

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0049.92 Waiver Name: COPEs		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.94%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00% # 50.94%	0	0	0	
8	Dental Services	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
9A	Other Practitioners Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
10	Clinic Services	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
11	Laboratory And Radiological Services	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
12	Home Health	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
13	Sterilizations	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
14	Abortions 0	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
15	EPSDT Screening Services	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
16	Rural Health Clinic Services	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00% # 50.94%	0	0	0	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.66% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.94%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2009

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0049.92 Waiver Name: COPEs		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.94%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
							Prompt Pay (PP)				
			(A)	Incr Fmap 62.94%	(C)	(D)	(E)	(F)	(G)		
19A	Home and Community-Based Services - Regular Payment (Waiver)	272,533	138,828 32,704	0	0	0	* 0.00% # 50.94%	0 0	171,532		
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
24B	Case Management - State Wide	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
26	Hospice Benefits	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
30	Physical Therapy	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
31	Occupational Therapy	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
36	Emergency Hospital Services	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
37	Critical Access Hospitals	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.66% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.94%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2009

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0049.92 Waiver Name: COPEs		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.94%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
39	School Based Services	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
41	Private Duty Nursing	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
42	Freestanding Birth Center	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
49	Other Care Services	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
50	Total	272,533	138,828 32,704	0	0	0	* 0.00% # 50.94%	0 0	171,532		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.66% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.94%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2009

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0410 Waiver Name: Core		Total Comp. (A)	Federal Share					Other & Prompt Pay		Total Federal Share (G)	Deferral Or C.I.N. Number (H)
			FMAP 50.94%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share (F)			
			Incr Fmap 62.94%				Prompt Pay (PP)				
1A	Inpatient Hospital Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00% # 50.94%	0	0		
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00% # 50.94%	0	0		
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
5A	Physician and Surgical Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
7	Prescribed Drugs	0	0	0	0	0	* 0.00% # 50.94%	0	0		
7A1	Drug Rebate - National Agreement	0	0	0	0	0	* 0.00% # 50.94%	0	0		
7A2	Drug Rebate - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.94%	0	0		
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00% # 50.94%	0	0		
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.94%	0	0		
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00% # 50.94%	0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.66% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.94%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2009

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0410 Waiver Name: Core		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.94%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00% # 50.94%	0	0	0	
8	Dental Services	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
9A	Other Practitioners Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
10	Clinic Services	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
11	Laboratory And Radiological Services	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
12	Home Health	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
13	Sterilizations	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
14	Abortions 0	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
15	EPSDT Screening Services	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
16	Rural Health Clinic Services	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00% # 50.94%	0	0	0	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0	* 0.00% # 50.94%	0	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.66% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.94%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2009

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0410 Waiver Name: Core		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.94%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share	Prompt Pay (PP)		
			(A)	(B)	(C)	(D)	(E)	(F)	(G)		
19A	Home and Community-Based Services - Regular Payment (Waiver)	50,612	25,782 6,073	0	0	0	* 0.00% # 50.94%	0 0	31,855		
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
24B	Case Management - State Wide	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
26	Hospice Benefits	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
30	Physical Therapy	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
31	Occupational Therapy	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
36	Emergency Hospital Services	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
37	Critical Access Hospitals	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.66% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.94%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 4/2009

Line # 10B											
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0410 Waiver Name: Core		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.94%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 62.94%				Prompt Pay (PP)				
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)			
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
39	School Based Services	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
41	Private Duty Nursing	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
42	Freestanding Birth Center	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
49	Other Care Services	0	0	0	0	0	* 0.00% # 50.94%	0 0	0		
50	Total	50,612	25,782 6,073	0	0	0	* 0.00% # 50.94%	0 0	31,855		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.66% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 62.94% with exception of DSH which is calculated at the regular FMAP rate of 50.94%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 2/2009

Line # 10B											
Medical Assistance Payments Waiver Type: 1915B Waiver Number: WA08.R03-01 Waiver Name: Int Com MH Disabled		Total Comp. (A)	Federal Share					Other & Prompt Pay		Total Federal Share (G)	Deferral Or C.I.N. Number (H)
			FMAP 50.94%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share (F)			
			Incr Fmap 60.22%				Prompt Pay (PP)				
			(B)				(C)		(D)		
1A	Inpatient Hospital Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00% # 50.94%	0	0		
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00% # 50.94%	0	0		
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
5A	Physician and Surgical Services - Regular Payments	156	80 14	0	0	0	* 0.00% # 50.94%	0	94		
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
7	Prescribed Drugs	11,528	5,872 1,070	0	0	0	* 0.00% # 50.94%	0	6,942		
7A1	Drug Rebate - National Agreement	0	0	0	0	0	* 0.00% # 50.94%	0	0		
7A2	Drug Rebate - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.94%	0	0		
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00% # 50.94%	0	0		
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.94%	0	0		
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00% # 50.94%	0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.66% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 60.22% with exception of DSH which is calculated at the regular FMAP rate of 50.94%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 2/2009

Line # 10B										
Medical Assistance Payments Waiver Type: 1915B Waiver Number: WA08.R03-01 Waiver Name: Int Com MH Disabled Reporting Method: Date of Payment		Federal Share						Total Federal Share	Deferral Or C.I.N. Number	
		Total Comp.	FMAP 50.94%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other & Prompt Pay			
			Incr Fmap 60.22%				Other % (Oth)			Federal Share
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)		
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00% # 50.94%	0	0	
8	Dental Services	0	0	0	0	0	* 0.00% # 50.94%	0	0	
9A	Other Practitioners Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0	
10	Clinic Services	295	151 27	0	0	0	* 0.00% # 50.94%	0	178	
11	Laboratory And Radiological Services	0	0	0	0	0	* 0.00% # 50.94%	0	0	
12	Home Health	0	0	0	0	0	* 0.00% # 50.94%	0	0	
13	Sterilizations	0	0	0	0	0	* 0.00% # 50.94%	0	0	
14	Abortions 0	0	0	0	0	0	* 0.00% # 50.94%	0	0	
15	EPSDT Screening Services	0	0	0	0	0	* 0.00% # 50.94%	0	0	
16	Rural Health Clinic Services	0	0	0	0	0	* 0.00% # 50.94%	0	0	
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00% # 50.94%	0	0	
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00% # 50.94%	0	0	
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00% # 50.94%	0	0	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.94%	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0	* 0.00% # 50.94%	0	0	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00% # 50.94%	0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00% # 50.94%	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.94%	0	0	
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0	* 0.00% # 50.94%	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.66% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 60.22% with exception of DSH which is calculated at the regular FMAP rate of 50.94%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 2/2009

Line # 10B											
Medical Assistance Payments Waiver Type: 1915B Waiver Number: WA08.R03-01 Waiver Name: Int Com MH Disabled Reporting Method: Date of Payment		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.94%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 60.22%				Prompt Pay (PP)				
		(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)	
19A	Home and Community-Based Services - Regular Payment (Waiver)	0	0	0	0	0	* 0.00% # 50.94%	0	0		
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00% # 50.94%	0	0		
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.94%	0	0		
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00% # 50.94%	0	0		
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00% # 50.94%	0	0		
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00% # 50.94%	0	0		
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00% # 50.94%	0	0		
24B	Case Management - State Wide	0	0	0	0	0	* 0.00% # 50.94%	0	0		
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00% # 50.94%	0	0		
26	Hospice Benefits	0	0	0	0	0	* 0.00% # 50.94%	0	0		
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00% # 50.94%	0	0		
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00% # 50.94%	0	0		
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00% # 50.94%	0	0		
30	Physical Therapy	0	0	0	0	0	* 0.00% # 50.94%	0	0		
31	Occupational Therapy	0	0	0	0	0	* 0.00% # 50.94%	0	0		
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00% # 50.94%	0	0		
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00% # 50.94%	0	0		
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00% # 50.94%	0	0		
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00% # 50.94%	0	0		
36	Emergency Hospital Services	0	0	0	0	0	* 0.00% # 50.94%	0	0		
37	Critical Access Hospitals	0	0	0	0	0	* 0.00% # 50.94%	0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.66% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 60.22% with exception of DSH which is calculated at the regular FMAP rate of 50.94%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 2/2009

Line # 10B										
Medical Assistance Payments Waiver Type: 1915B Waiver Number: WA08.R03-01 Waiver Name: Int Com MH Disabled Reporting Method: Date of Payment		Federal Share						Total Federal Share	Deferral Or C.I.N. Number	
		Total Comp.	FMAP 50.94%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other & Prompt Pay			
			Incr Fmap 60.22%				Other % (Oth)			Federal Share
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)		
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00% # 50.94%	0	0	
39	School Based Services	0	0	0	0	0	* 0.00% # 50.94%	0	0	
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00% # 50.94%	0	0	
41	Private Duty Nursing	0	0	0	0	0	* 0.00% # 50.94%	0	0	
42	Freestanding Birth Center	0	0	0	0	0	* 0.00% # 50.94%	0	0	
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00% # 50.94%	0	0	
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00% # 50.94%	0	0	
49	Other Care Services	0	0	0	0	0	* 0.00% # 50.94%	0	0	
50	Total	11,979	6,103 1,111	0	0	0	* 0.00% # 50.94%	0	7,214	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.66% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 60.22% with exception of DSH which is calculated at the regular FMAP rate of 50.94%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 2/2009

Line # 10B										
Medical Assistance Payments Waiver Type: 1915B Waiver Number: WA08.R03-01 Waiver Name: Int Com MH Non-Disabled Reporting Method: Date of Payment		Federal Share						Total Federal Share	Deferral Or C.I.N. Number	
		Total Comp.	FMAP 50.94%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other & Prompt Pay			
			Incr Fmap 60.22%				Other % (Oth)			Prompt Pay (PP)
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)		
1A	Inpatient Hospital Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0	
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0	
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0	
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0	
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0	
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0	
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0	
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0	
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00% # 50.94%	0	0	
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00% # 50.94%	0	0	
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0	
5A	Physician and Surgical Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0	
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0	
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0	
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0	
7	Prescribed Drugs	855	436 79	0	0	0	* 0.00% # 50.94%	0	515	
7A1	Drug Rebate - National Agreement	0	0	0	0	0	* 0.00% # 50.94%	0	0	
7A2	Drug Rebate - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.94%	0	0	
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00% # 50.94%	0	0	
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00% # 50.94%	0	0	
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00% # 50.94%	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.66% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 60.22% with exception of DSH which is calculated at the regular FMAP rate of 50.94%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 2/2009

Line # 10B											
Medical Assistance Payments Waiver Type: 1915B Waiver Number: WA08.R03-01 Waiver Name: Int Com MH Non-Disabled Reporting Method: Date of Payment		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.94%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 60.22%				Prompt Pay (PP)				
		(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)	
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00% # 50.94%	0	0		
8	Dental Services	0	0	0	0	0	* 0.00% # 50.94%	0	0		
9A	Other Practitioners Services - Regular Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
10	Clinic Services	0	0	0	0	0	* 0.00% # 50.94%	0	0		
11	Laboratory And Radiological Services	0	0	0	0	0	* 0.00% # 50.94%	0	0		
12	Home Health	0	0	0	0	0	* 0.00% # 50.94%	0	0		
13	Sterilizations	0	0	0	0	0	* 0.00% # 50.94%	0	0		
14	Abortions 0	0	0	0	0	0	* 0.00% # 50.94%	0	0		
15	EPSDT Screening Services	0	0	0	0	0	* 0.00% # 50.94%	0	0		
16	Rural Health Clinic Services	0	0	0	0	0	* 0.00% # 50.94%	0	0		
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00% # 50.94%	0	0		
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00% # 50.94%	0	0		
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00% # 50.94%	0	0		
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.94%	0	0		
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0	* 0.00% # 50.94%	0	0		
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00% # 50.94%	0	0		
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00% # 50.94%	0	0		
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00% # 50.94%	0	0		
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00% # 50.94%	0	0		
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0	* 0.00% # 50.94%	0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.66% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 60.22% with exception of DSH which is calculated at the regular FMAP rate of 50.94%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 2/2009

Line # 10B											
Medical Assistance Payments Waiver Type: 1915B Waiver Number: WA08.R03-01 Waiver Name: Int Com MH Non-Disabled Reporting Method: Date of Payment		Total Comp.	Federal Share					Other & Prompt Pay		Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.94%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth)	Federal Share			
			Incr Fmap 60.22%				Prompt Pay (PP)				
		(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)	
19A	Home and Community-Based Services - Regular Payment (Waiver)	0	0	0	0	0	* 0.00% # 50.94%	0	0		
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00% # 50.94%	0	0		
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00% # 50.94%	0	0		
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00% # 50.94%	0	0		
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00% # 50.94%	0	0		
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00% # 50.94%	0	0		
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00% # 50.94%	0	0		
24B	Case Management - State Wide	0	0	0	0	0	* 0.00% # 50.94%	0	0		
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00% # 50.94%	0	0		
26	Hospice Benefits	0	0	0	0	0	* 0.00% # 50.94%	0	0		
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00% # 50.94%	0	0		
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00% # 50.94%	0	0		
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00% # 50.94%	0	0		
30	Physical Therapy	0	0	0	0	0	* 0.00% # 50.94%	0	0		
31	Occupational Therapy	0	0	0	0	0	* 0.00% # 50.94%	0	0		
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00% # 50.94%	0	0		
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00% # 50.94%	0	0		
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00% # 50.94%	0	0		
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00% # 50.94%	0	0		
36	Emergency Hospital Services	0	0	0	0	0	* 0.00% # 50.94%	0	0		
37	Critical Access Hospitals	0	0	0	0	0	* 0.00% # 50.94%	0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.66% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 60.22% with exception of DSH which is calculated at the regular FMAP rate of 50.94%

* = Other , # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011
Prior Qtr/Fiscal Year: 2/2009

Line # 10B										
Medical Assistance Payments Waiver Type: 1915B Waiver Number: WA08.R03-01 Waiver Name: Int Com MH Non-Disabled Reporting Method: Date of Payment		Federal Share						Total Federal Share	Deferral Or C.I.N. Number	
		Total Comp.	FMAP 50.94%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other & Prompt Pay			
			Incr Fmap 60.22%				Other % (Oth)			Federal Share
(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)		
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00% # 50.94%	0	0	
39	School Based Services	0	0	0	0	0	* 0.00% # 50.94%	0	0	
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00% # 50.94%	0	0	
41	Private Duty Nursing	0	0	0	0	0	* 0.00% # 50.94%	0	0	
42	Freestanding Birth Center	0	0	0	0	0	* 0.00% # 50.94%	0	0	
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00% # 50.94%	0	0	
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00% # 50.94%	0	0	
49	Other Care Services	0	0	0	0	0	* 0.00% # 50.94%	0	0	
50	Total	855	436 79	0	0	0	* 0.00% # 50.94%	0	515	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 66.06% and/or the IHS Services rate of 100%

* = Other

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

State: Washington

Quarter Ended: 09/30/2011
Fiscal Year: 2008

Line # 10B										
Medical Assistance Payments Waiver Type: 1115 Waiver Number: 11W00134/0-09 Waiver Name: Family Planning - Take Charge Reporting Method:		Federal Share						Total Federal Share	Deferral Or C.I.N. Number	
		Total Comp.	FMAP 51.52%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth) Prompt Pay (PP)			Federal Share
1A	Inpatient Hospital Services: Regular Payments	0	0	0	0	0	* 0.00%	0	0	
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00%	0	0	
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00%	0	0	
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00%	0	0	
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00%	0	0	
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00%	0	0	
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00%	0	0	
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00%	0	0	
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
5A	Physician and Surgical Services - Regular Payments	0	0	0	0	0	* 0.00%	0	0	
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00%	0	0	
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
7	Prescribed Drugs	0	0	0	0	0	* 0.00%	0	0	
7A1	Drug Rebate - National Agreement	0	0	0	0	0	* 0.00%	0	0	
7A2	Drug Rebate - State Sidebar Agreement	0	0	0	0	0	* 0.00%	0	0	
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00%	0	0	
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00%	0	0	
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00 %	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 66.06% and/or the IHS Services rate of 100%

* = Other

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

State: Washington

Quarter Ended: 09/30/2011
Fiscal Year: 2008

Line # 10B										
Medical Assistance Payments Waiver Type: 1115 Waiver Number: 11W00134/0-09 Waiver Name: Family Planning - Take Charge		Total Comp.	Federal Share					Federal Share	Total Federal Share	Deferral Or C.I.N. Number
			FMAP 51.52%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth) Prompt Pay (PP)			
			(B)	(C)	(D)	(E)	(F)			
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)			
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00 %	0	0	
8	Dental Services	0	0	0	0	0	* 0.00%	0	0	
9A	Other Practitioners Services - Regular Payments	0	0	0	0	0	* 0.00%	0	0	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
10	Clinic Services	86	0	0	77	0	* 0.00%	0	77	
11	Laboratory And Radiological Services	21	0	0	19	0	* 0.00%	0	19	
12	Home Health	0	0	0	0	0	* 0.00%	0	0	
13	Sterilizations	0	0	0	0	0	* 0.00%	0	0	
14	Abortions 0	0	0	0	0	0	* 0.00%	0	0	
15	EPSDT Screening Services	0	0	0	0	0	* 0.00%	0	0	
16	Rural Health Clinic Services	0	0	0	0	0	* 0.00%	0	0	
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00%	0	0	
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00%	0	0	
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00 %	0	0	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00%	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0	* 0.00%	0	0	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00%	0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00%	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00%	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00%	0	0	
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0	* 0.00%	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 66.06% and/or the IHS Services rate of 100%

* = Other

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

State: Washington

Quarter Ended: 09/30/2011
Fiscal Year: 2008

Line # 10B										
Medical Assistance Payments Waiver Type: 1115 Waiver Number: 11W00134/0-09 Waiver Name: Family Planning - Take Charge		Total Comp.	Federal Share					Federal Share	Total Federal Share	Deferral Or C.I.N. Number
			FMAP 51.52%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth) Prompt Pay (PP)			
			(B)	(C)	(D)	(E)	(F)			
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)			
19A	Home and Community-Based Services - Regular Payment (Waiver)	0	0	0	0	0	* 0.00%	0	0	
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00%	0	0	
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00%	0	0	
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00%	0	0	
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00%	0	0	
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00%	0	0	
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00%	0	0	
24B	Case Management - State Wide	0	0	0	0	0	* 0.00%	0	0	
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00%	0	0	
26	Hospice Benefits	0	0	0	0	0	* 0.00%	0	0	
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00%	0	0	
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00%	0	0	
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00%	0	0	
30	Physical Therapy	0	0	0	0	0	* 0.00%	0	0	
31	Occupational Therapy	0	0	0	0	0	* 0.00%	0	0	
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00%	0	0	
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00%	0	0	
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00%	0	0	
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00%	0	0	
36	Emergency Hospital Services	0	0	0	0	0	* 0.00%	0	0	
37	Critical Access Hospitals	0	0	0	0	0	* 0.00%	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 66.06% and/or the IHS Services rate of 100%

* = Other

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

State: Washington

Quarter Ended: 09/30/2011
Fiscal Year: 2008

Line # 10B										
Medical Assistance Payments Waiver Type: 1115 Waiver Number: 11W00134/0-09 Waiver Name: Family Planning - Take Charge		Total Comp.	Federal Share					Federal Share	Total Federal Share	Deferral Or C.I.N. Number
			FMAP 51.52%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth) Prompt Pay (PP)			
			(B)	(C)	(D)	(E)	(F)			
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)			
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00%	0	0	
39	School Based Services	0	0	0	0	0	* 0.00%	0	0	
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00%	0	0	
41	Private Duty Nursing	0	0	0	0	0	* 0.00%	0	0	
42	Freestanding Birth Center	0	0	0	0	0	* 0.00%	0	0	
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00%	0	0	
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00%	0	0	
49	Other Care Services	0	0	0	0	0	* 0.00%	0	0	
50	Total	107	0	0	96	0	* 0.00%	0	96	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 66.06% and/or the IHS Services rate of 100%

* = Other

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

State: Washington

Quarter Ended: 09/30/2011
Fiscal Year: 2008

Line # 10B										
Medical Assistance Payments Waiver Type: 1915B Waiver Number: WA08.R03-01 Waiver Name: Int Com MH Disabled		Total Comp.	Federal Share					Federal Share	Total Federal Share	Deferral Or C.I.N. Number
			FMAP 51.52%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth) Prompt Pay (PP)			
			(A)	(B)	(C)	(D)	(E)			
1A	Inpatient Hospital Services: Regular Payments	0	0	0	0	0	* 0.00%	0	0	
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00%	0	0	
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00%	0	0	
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00%	0	0	
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00%	0	0	
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00%	0	0	
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00%	0	0	
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00%	0	0	
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
5A	Physician and Surgical Services - Regular Payments	8	4	0	0	0	* 0.00%	0	4	
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00%	0	0	
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
7	Prescribed Drugs	6,487	3,342	0	0	0	* 0.00%	0	3,342	
7A1	Drug Rebate - National Agreement	0	0	0	0	0	* 0.00%	0	0	
7A2	Drug Rebate - State Sidebar Agreement	0	0	0	0	0	* 0.00%	0	0	
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00%	0	0	
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00%	0	0	
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00 %	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 66.06% and/or the IHS Services rate of 100%

* = Other

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

State: Washington

Quarter Ended: 09/30/2011
Fiscal Year: 2008

Line # 10B										
Medical Assistance Payments		Total Comp.	Federal Share					Federal Share	Total Federal Share	Deferral Or C.I.N. Number
			FMAP 51.52%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth) Prompt Pay (PP)			
Waiver Type: 1915B		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	
Waiver Number: WA08.R03-01										
Waiver Name: Int Com MH Disabled										
Reporting Method: Date of Payment										
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00 %	0	0	
8	Dental Services	0	0	0	0	0	* 0.00%	0	0	
9A	Other Practitioners Services - Regular Payments	0	0	0	0	0	* 0.00%	0	0	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
10	Clinic Services	311	160	0	0	0	* 0.00%	0	160	
11	Laboratory And Radiological Services	0	0	0	0	0	* 0.00%	0	0	
12	Home Health	0	0	0	0	0	* 0.00%	0	0	
13	Sterilizations	0	0	0	0	0	* 0.00%	0	0	
14	Abortions 0	0	0	0	0	0	* 0.00%	0	0	
15	EPSDT Screening Services	0	0	0	0	0	* 0.00%	0	0	
16	Rural Health Clinic Services	0	0	0	0	0	* 0.00%	0	0	
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00%	0	0	
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00%	0	0	
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00 %	0	0	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00%	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0	* 0.00%	0	0	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00%	0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00%	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00%	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00%	0	0	
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0	* 0.00%	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 66.06% and/or the IHS Services rate of 100%

* = Other

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

State: Washington

Quarter Ended: 09/30/2011
Fiscal Year: 2008

Line # 10B										
Medical Assistance Payments Waiver Type: 1915B Waiver Number: WA08.R03-01 Waiver Name: Int Com MH Disabled Reporting Method: Date of Payment		Federal Share						Total Federal Share	Deferral Or C.I.N. Number	
		Total Comp.	FMAP 51.52%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth) Prompt Pay (PP)			Federal Share
19A	Home and Community-Based Services - Regular Payment (Waiver)	0	0	0	0	0	* 0.00%	0	0	
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00%	0	0	
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00%	0	0	
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00%	0	0	
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00%	0	0	
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00%	0	0	
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00%	0	0	
24B	Case Management - State Wide	0	0	0	0	0	* 0.00%	0	0	
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00%	0	0	
26	Hospice Benefits	0	0	0	0	0	* 0.00%	0	0	
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00%	0	0	
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00%	0	0	
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00%	0	0	
30	Physical Therapy	0	0	0	0	0	* 0.00%	0	0	
31	Occupational Therapy	0	0	0	0	0	* 0.00%	0	0	
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00%	0	0	
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00%	0	0	
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00%	0	0	
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00%	0	0	
36	Emergency Hospital Services	0	0	0	0	0	* 0.00%	0	0	
37	Critical Access Hospitals	0	0	0	0	0	* 0.00%	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 66.06% and/or the IHS Services rate of 100%

* = Other

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

State: Washington

Quarter Ended: 09/30/2011
Fiscal Year: 2008

Line # 10B										
Medical Assistance Payments		Total Comp.	Federal Share					Federal Share	Total Federal Share	Deferral Or C.I.N. Number
			FMAP 51.52%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth) Prompt Pay (PP)			
Reporting Method: Date of Payment		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00%	0	0	
39	School Based Services	0	0	0	0	0	* 0.00%	0	0	
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00%	0	0	
41	Private Duty Nursing	0	0	0	0	0	* 0.00%	0	0	
42	Freestanding Birth Center	0	0	0	0	0	* 0.00%	0	0	
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00%	0	0	
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00%	0	0	
49	Other Care Services	0	0	0	0	0	* 0.00%	0	0	
50	Total	6,806	3,506	0	0	0	* 0.00%	0	3,506	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 66.06% and/or the IHS Services rate of 100%

* = Other

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

State: Washington

Quarter Ended: 09/30/2011
Fiscal Year: 2008

Line # 10B										
Medical Assistance Payments		Total Comp.	Federal Share					Federal Share	Total Federal Share	Deferral Or C.I.N. Number
			FMAP 51.52%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth) Prompt Pay (PP)			
Waiver Type: 1915B		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	
Waiver Number: WA08.R03-01										
Waiver Name: Int Com MH Non-Disabled										
Reporting Method: Date of Payment										
1A	Inpatient Hospital Services: Regular Payments	0	0	0	0	0	* 0.00%	0	0	
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00%	0	0	
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00%	0	0	
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00%	0	0	
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00%	0	0	
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00%	0	0	
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00%	0	0	
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00%	0	0	
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
5A	Physician and Surgical Services - Regular Payments	0	0	0	0	0	* 0.00%	0	0	
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00%	0	0	
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
7	Prescribed Drugs	1,070	551	0	0	0	* 0.00%	0	551	
7A1	Drug Rebate - National Agreement	0	0	0	0	0	* 0.00%	0	0	
7A2	Drug Rebate - State Sidebar Agreement	0	0	0	0	0	* 0.00%	0	0	
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00%	0	0	
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00%	0	0	
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00 %	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 66.06% and/or the IHS Services rate of 100%

* = Other

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

State: Washington

Quarter Ended: 09/30/2011
Fiscal Year: 2008

Line # 10B										
Medical Assistance Payments		Total Comp.	Federal Share					Federal Share	Total Federal Share	Deferral Or C.I.N. Number
			FMAP 51.52%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth) Prompt Pay (PP)			
Waiver Type: 1915B		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	
Waiver Number: WA08.R03-01										
Waiver Name: Int Com MH Non-Disabled										
Reporting Method: Date of Payment										
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00 %	0	0	
8	Dental Services	0	0	0	0	0	* 0.00%	0	0	
9A	Other Practitioners Services - Regular Payments	0	0	0	0	0	* 0.00%	0	0	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
10	Clinic Services	0	0	0	0	0	* 0.00%	0	0	
11	Laboratory And Radiological Services	0	0	0	0	0	* 0.00%	0	0	
12	Home Health	0	0	0	0	0	* 0.00%	0	0	
13	Sterilizations	0	0	0	0	0	* 0.00%	0	0	
14	Abortions 0	0	0	0	0	0	* 0.00%	0	0	
15	EPSDT Screening Services	0	0	0	0	0	* 0.00%	0	0	
16	Rural Health Clinic Services	0	0	0	0	0	* 0.00%	0	0	
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00%	0	0	
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00%	0	0	
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00 %	0	0	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00%	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0	* 0.00%	0	0	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00%	0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00%	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00%	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00%	0	0	
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0	* 0.00%	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 66.06% and/or the IHS Services rate of 100%

* = Other

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

State: Washington

Quarter Ended: 09/30/2011
Fiscal Year: 2008

Line # 10B										
Medical Assistance Payments		Total Comp.	Federal Share					Federal Share	Total Federal Share	Deferral Or C.I.N. Number
			FMAP 51.52%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth) Prompt Pay (PP)			
Waiver Type: 1915B Waiver Number: WA08.R03-01 Waiver Name: Int Com MH Non-Disabled		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	
Reporting Method: Date of Payment		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	
19A	Home and Community-Based Services - Regular Payment (Waiver)	0	0	0	0	0	* 0.00%	0	0	
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00%	0	0	
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00%	0	0	
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00%	0	0	
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00%	0	0	
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00%	0	0	
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00%	0	0	
24B	Case Management - State Wide	0	0	0	0	0	* 0.00%	0	0	
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00%	0	0	
26	Hospice Benefits	0	0	0	0	0	* 0.00%	0	0	
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00%	0	0	
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00%	0	0	
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00%	0	0	
30	Physical Therapy	0	0	0	0	0	* 0.00%	0	0	
31	Occupational Therapy	0	0	0	0	0	* 0.00%	0	0	
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00%	0	0	
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00%	0	0	
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00%	0	0	
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00%	0	0	
36	Emergency Hospital Services	0	0	0	0	0	* 0.00%	0	0	
37	Critical Access Hospitals	0	0	0	0	0	* 0.00%	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 66.06% and/or the IHS Services rate of 100%

* = Other

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

State: Washington

Quarter Ended: 09/30/2011
Fiscal Year: 2008

Line # 10B										
Medical Assistance Payments Waiver Type: 1915B Waiver Number: WA08.R03-01 Waiver Name: Int Com MH Non-Disabled Reporting Method: Date of Payment		Federal Share						Total Federal Share	Deferral Or C.I.N. Number	
		Total Comp.	FMAP 51.52%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth) Prompt Pay (PP)			Federal Share
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00%	0	0	
39	School Based Services	0	0	0	0	0	* 0.00%	0	0	
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00%	0	0	
41	Private Duty Nursing	0	0	0	0	0	* 0.00%	0	0	
42	Freestanding Birth Center	0	0	0	0	0	* 0.00%	0	0	
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00%	0	0	
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00%	0	0	
49	Other Care Services	0	0	0	0	0	* 0.00%	0	0	
50	Total	1,070	551	0	0	0	* 0.00%	0	551	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.08% and/or the IHS Services rate of 100%

* = Other

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

State: Washington

Quarter Ended: 09/30/2011
Fiscal Year: 2007

Line # 10B										
Medical Assistance Payments Waiver Type: 1115 Waiver Number: 11W00134/0-08 Waiver Name: Family Planning - Take Charge Reporting Method:		Total Comp.	Federal Share					Federal Share	Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.12%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth) Prompt Pay (PP)			
			(B)	(C)	(D)	(E)	(F)			
1A	Inpatient Hospital Services: Regular Payments	0	0	0	0	0	* 0.00%	0	0	
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00%	0	0	
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00%	0	0	
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00%	0	0	
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00%	0	0	
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00%	0	0	
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00%	0	0	
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00%	0	0	
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
5A	Physician and Surgical Services - Regular Payments	0	0	0	0	0	* 0.00%	0	0	
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00%	0	0	
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
7	Prescribed Drugs	0	0	0	0	0	* 0.00%	0	0	
7A1	Drug Rebate - National Agreement	0	0	0	0	0	* 0.00%	0	0	
7A2	Drug Rebate - State Sidebar Agreement	0	0	0	0	0	* 0.00%	0	0	
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00%	0	0	
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00%	0	0	
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00 %	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.08% and/or the IHS Services rate of 100%

* = Other

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

State: Washington

Quarter Ended: 09/30/2011
Fiscal Year: 2007

Line # 10B										
Medical Assistance Payments Waiver Type: 1115 Waiver Number: 11W00134/0-08 Waiver Name: Family Planning - Take Charge		Total Comp.	Federal Share					Federal Share	Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.12%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth) Prompt Pay (PP)			
			(A)	(B)	(C)	(D)	(E)			
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00%	0	0	
8	Dental Services	0	0	0	0	0	* 0.00%	0	0	
9A	Other Practitioners Services - Regular Payments	0	0	0	0	0	* 0.00%	0	0	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
10	Clinic Services	0	0	0	0	0	* 0.00%	0	0	
11	Laboratory And Radiological Services	0	0	0	0	0	* 0.00%	0	0	
12	Home Health	0	0	0	0	0	* 0.00%	0	0	
13	Sterilizations	0	0	0	0	0	* 0.00%	0	0	
14	Abortions 0	0	0	0	0	0	* 0.00%	0	0	
15	EPSDT Screening Services	0	0	0	0	0	* 0.00%	0	0	
16	Rural Health Clinic Services	0	0	0	0	0	* 0.00%	0	0	
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00%	0	0	
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00%	0	0	
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00%	0	0	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00%	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0	* 0.00%	0	0	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00%	0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00%	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00%	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00%	0	0	
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0	* 0.00%	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.08% and/or the IHS Services rate of 100%

* = Other

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

State: Washington

Quarter Ended: 09/30/2011
Fiscal Year: 2007

Line # 10B										
Medical Assistance Payments Waiver Type: 1115 Waiver Number: 11W00134/0-08 Waiver Name: Family Planning - Take Charge		Total Comp.	Federal Share					Federal Share	Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.12%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth) Prompt Pay (PP)			
			(A)	(B)	(C)	(D)	(E)			
19A	Home and Community-Based Services - Regular Payment (Waiver)	0	0	0	0	0	* 0.00%	0	0	
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00%	0	0	
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00%	0	0	
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00%	0	0	
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00%	0	0	
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00%	0	0	
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00%	0	0	
24B	Case Management - State Wide	0	0	0	0	0	* 0.00%	0	0	
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00%	0	0	
26	Hospice Benefits	0	0	0	0	0	* 0.00%	0	0	
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00%	0	0	
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00%	0	0	
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00%	0	0	
30	Physical Therapy	0	0	0	0	0	* 0.00%	0	0	
31	Occupational Therapy	0	0	0	0	0	* 0.00%	0	0	
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00%	0	0	
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00%	0	0	
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00%	0	0	
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00%	0	0	
36	Emergency Hospital Services	0	0	0	0	0	* 0.00%	0	0	
37	Critical Access Hospitals	0	0	0	0	0	* 0.00%	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.08% and/or the IHS Services rate of 100%

* = Other

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

State: Washington

Quarter Ended: 09/30/2011
Fiscal Year: 2007

Line # 10B										
Medical Assistance Payments Waiver Type: 1115 Waiver Number: 11W00134/0-08 Waiver Name: Family Planning - Take Charge		Total Comp.	Federal Share					Federal Share	Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.12%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth) Prompt Pay (PP)			
			(A)	(B)	(C)	(D)	(E)			
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00%	0	0	
39	School Based Services	0	0	0	0	0	* 0.00%	0	0	
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00%	0	0	
41	Private Duty Nursing	0	0	0	0	0	* 0.00%	0	0	
42	Freestanding Birth Center	0	0	0	0	0	* 0.00%	0	0	
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00%	0	0	
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00%	0	0	
49	Other Care Services	266	14	0	215	0	* 0.00%	0	229	
50	Total	266	14	0	215	0	* 0.00%	0	229	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.08% and/or the IHS Services rate of 100%

* = Other

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

State: Washington

Quarter Ended: 09/30/2011
Fiscal Year: 2007

Line # 10B										
Medical Assistance Payments Waiver Type: 1915B Waiver Number: WA08.R03-01 Waiver Name: Int Com MH Disabled		Total Comp.	Federal Share					Federal Share	Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.12%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth) Prompt Pay (PP)			
			(B)	(C)	(D)	(E)	(F)			
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)			
1A	Inpatient Hospital Services: Regular Payments	0	0	0	0	0	* 0.00%	0	0	
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00%	0	0	
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00%	0	0	
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00%	0	0	
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00%	0	0	
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00%	0	0	
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00%	0	0	
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00%	0	0	
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
5A	Physician and Surgical Services - Regular Payments	44	22	0	0	0	* 0.00%	0	22	
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00%	0	0	
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
7	Prescribed Drugs	4,346	2,178	0	0	0	* 0.00%	0	2,178	
7A1	Drug Rebate - National Agreement	0	0	0	0	0	* 0.00%	0	0	
7A2	Drug Rebate - State Sidebar Agreement	0	0	0	0	0	* 0.00%	0	0	
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00%	0	0	
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00%	0	0	
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00 %	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.08% and/or the IHS Services rate of 100%

* = Other

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

State: Washington

Quarter Ended: 09/30/2011
Fiscal Year: 2007

Line # 10B										
Medical Assistance Payments Waiver Type: 1915B Waiver Number: WA08.R03-01 Waiver Name: Int Com MH Disabled Reporting Method: Date of Payment		Federal Share						Total Federal Share	Deferral Or C.I.N. Number	
		Total Comp.	FMAP 50.12%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth) Prompt Pay (PP)			Federal Share
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00 %	0	0	
8	Dental Services	0	0	0	0	0	* 0.00%	0	0	
9A	Other Practitioners Services - Regular Payments	0	0	0	0	0	* 0.00%	0	0	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
10	Clinic Services	0	0	0	0	0	* 0.00%	0	0	
11	Laboratory And Radiological Services	0	0	0	0	0	* 0.00%	0	0	
12	Home Health	0	0	0	0	0	* 0.00%	0	0	
13	Sterilizations	0	0	0	0	0	* 0.00%	0	0	
14	Abortions 0	0	0	0	0	0	* 0.00%	0	0	
15	EPSDT Screening Services	0	0	0	0	0	* 0.00%	0	0	
16	Rural Health Clinic Services	0	0	0	0	0	* 0.00%	0	0	
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00%	0	0	
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00%	0	0	
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00 %	0	0	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00%	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0	* 0.00%	0	0	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00%	0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00%	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00%	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00%	0	0	
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0	* 0.00%	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.08% and/or the IHS Services rate of 100%

* = Other

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

State: Washington

Quarter Ended: 09/30/2011
Fiscal Year: 2007

Line # 10B										
Medical Assistance Payments Waiver Type: 1915B Waiver Number: WA08.R03-01 Waiver Name: Int Com MH Disabled Reporting Method: Date of Payment		Federal Share						Total Federal Share	Deferral Or C.I.N. Number	
		Total Comp.	FMAP 50.12%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth) Prompt Pay (PP)			Federal Share
19A	Home and Community-Based Services - Regular Payment (Waiver)	0	0	0	0	0	* 0.00%	0	0	
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00%	0	0	
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00%	0	0	
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00%	0	0	
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00%	0	0	
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00%	0	0	
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00%	0	0	
24B	Case Management - State Wide	0	0	0	0	0	* 0.00%	0	0	
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00%	0	0	
26	Hospice Benefits	0	0	0	0	0	* 0.00%	0	0	
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00%	0	0	
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00%	0	0	
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00%	0	0	
30	Physical Therapy	0	0	0	0	0	* 0.00%	0	0	
31	Occupational Therapy	0	0	0	0	0	* 0.00%	0	0	
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00%	0	0	
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00%	0	0	
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00%	0	0	
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00%	0	0	
36	Emergency Hospital Services	0	0	0	0	0	* 0.00%	0	0	
37	Critical Access Hospitals	0	0	0	0	0	* 0.00%	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.08% and/or the IHS Services rate of 100%

* = Other

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

State: Washington

Quarter Ended: 09/30/2011
Fiscal Year: 2007

Line # 10B										
Medical Assistance Payments		Total Comp.	Federal Share					Federal Share	Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.12%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth) Prompt Pay (PP)			
Reporting Method: Date of Payment		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00%	0	0	
39	School Based Services	0	0	0	0	0	* 0.00%	0	0	
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00%	0	0	
41	Private Duty Nursing	0	0	0	0	0	* 0.00%	0	0	
42	Freestanding Birth Center	0	0	0	0	0	* 0.00%	0	0	
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00%	0	0	
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00%	0	0	
49	Other Care Services	0	0	0	0	0	* 0.00%	0	0	
50	Total	4,390	2,200	0	0	0	* 0.00%	0	2,200	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.08% and/or the IHS Services rate of 100%

* = Other

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

State: Washington

Quarter Ended: 09/30/2011
Fiscal Year: 2007

Line # 10B										
Medical Assistance Payments Waiver Type: 1915B Waiver Number: WA08.R03-01 Waiver Name: Int Com MH Non-Disabled Reporting Method: Date of Payment		Federal Share						Total Federal Share	Deferral Or C.I.N. Number	
		Total Comp.	FMAP 50.12%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth) Prompt Pay (PP)			Federal Share
1A	Inpatient Hospital Services: Regular Payments	0	0	0	0	0	* 0.00%	0	0	
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00%	0	0	
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00%	0	0	
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00%	0	0	
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00%	0	0	
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00%	0	0	
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00%	0	0	
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00%	0	0	
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
5A	Physician and Surgical Services - Regular Payments	0	0	0	0	0	* 0.00%	0	0	
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00%	0	0	
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
7	Prescribed Drugs	194	97	0	0	0	* 0.00%	0	97	
7A1	Drug Rebate - National Agreement	0	0	0	0	0	* 0.00%	0	0	
7A2	Drug Rebate - State Sidebar Agreement	0	0	0	0	0	* 0.00%	0	0	
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00%	0	0	
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00%	0	0	
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00 %	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.08% and/or the IHS Services rate of 100%

* = Other

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

State: Washington

Quarter Ended: 09/30/2011
Fiscal Year: 2007

Line # 10B										
Medical Assistance Payments Waiver Type: 1915B Waiver Number: WA08.R03-01 Waiver Name: Int Com MH Non-Disabled Reporting Method: Date of Payment		Federal Share						Total Federal Share	Deferral Or C.I.N. Number	
		Total Comp.	FMAP 50.12%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth) Prompt Pay (PP)			Federal Share
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00 %	0	0	
8	Dental Services	0	0	0	0	0	* 0.00%	0	0	
9A	Other Practitioners Services - Regular Payments	0	0	0	0	0	* 0.00%	0	0	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
10	Clinic Services	0	0	0	0	0	* 0.00%	0	0	
11	Laboratory And Radiological Services	0	0	0	0	0	* 0.00%	0	0	
12	Home Health	0	0	0	0	0	* 0.00%	0	0	
13	Sterilizations	0	0	0	0	0	* 0.00%	0	0	
14	Abortions 0	0	0	0	0	0	* 0.00%	0	0	
15	EPSDT Screening Services	0	0	0	0	0	* 0.00%	0	0	
16	Rural Health Clinic Services	0	0	0	0	0	* 0.00%	0	0	
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00%	0	0	
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00%	0	0	
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00 %	0	0	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00%	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0	* 0.00%	0	0	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00%	0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00%	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00%	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00%	0	0	
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0	* 0.00%	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.08% and/or the IHS Services rate of 100%

* = Other

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

State: Washington

Quarter Ended: 09/30/2011
Fiscal Year: 2007

Line # 10B										
Medical Assistance Payments Waiver Type: 1915B Waiver Number: WA08.R03-01 Waiver Name: Int Com MH Non-Disabled Reporting Method: Date of Payment		Federal Share						Total Federal Share	Deferral Or C.I.N. Number	
		Total Comp.	FMAP 50.12%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth) Prompt Pay (PP)			Federal Share
19A	Home and Community-Based Services - Regular Payment (Waiver)	0	0	0	0	0 * 0.00%	0	0		
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0 * 0.00%	0	0		
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0 * 0.00%	0	0		
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0 * 0.00%	0	0		
23A	Personal Care Services - Regular Payment	0	0	0	0	0 * 0.00%	0	0		
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0 * 0.00%	0	0		
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0 * 0.00%	0	0		
24B	Case Management - State Wide	0	0	0	0	0 * 0.00%	0	0		
25	Primary Care Case Management Services	0	0	0	0	0 * 0.00%	0	0		
26	Hospice Benefits	0	0	0	0	0 * 0.00%	0	0		
27	Emergency Services for Undocumented Aliens	0	0	0	0	0 * 0.00%	0	0		
28	Federally-Qualified Health Center	0	0	0	0	0 * 0.00%	0	0		
29	Non-Emergency Medical Transportation	0	0	0	0	0 * 0.00%	0	0		
30	Physical Therapy	0	0	0	0	0 * 0.00%	0	0		
31	Occupational Therapy	0	0	0	0	0 * 0.00%	0	0		
32	Services for Speech, Hearing and Language	0	0	0	0	0 * 0.00%	0	0		
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0 * 0.00%	0	0		
34	Diagnostic Screening & Preventive Services	0	0	0	0	0 * 0.00%	0	0		
35	Nurse Mid-Wife	0	0	0	0	0 * 0.00%	0	0		
36	Emergency Hospital Services	0	0	0	0	0 * 0.00%	0	0		
37	Critical Access Hospitals	0	0	0	0	0 * 0.00%	0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.08% and/or the IHS Services rate of 100%

* = Other

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

State: Washington

Quarter Ended: 09/30/2011
Fiscal Year: 2007

Line # 10B										
Medical Assistance Payments		Total Comp.	Federal Share					Federal Share	Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.12%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth) Prompt Pay (PP)			
Reporting Method: Date of Payment		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00%	0	0	
39	School Based Services	0	0	0	0	0	* 0.00%	0	0	
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00%	0	0	
41	Private Duty Nursing	0	0	0	0	0	* 0.00%	0	0	
42	Freestanding Birth Center	0	0	0	0	0	* 0.00%	0	0	
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00%	0	0	
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00%	0	0	
49	Other Care Services	0	0	0	0	0	* 0.00%	0	0	
50	Total	194	97	0	0	0	* 0.00%	0	97	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.08% and/or the IHS Services rate of 100%

* = Other

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

State: Washington

Quarter Ended: 09/30/2011
Fiscal Year: 2007

Line # 10B										
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0049.92 Waiver Name: COPEs Reporting Method:		Total Comp.	Federal Share					Federal Share	Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.12%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth) Prompt Pay (PP)			
			(A)	(B)	(C)	(D)	(E)			
1A	Inpatient Hospital Services: Regular Payments	0	0	0	0	0	* 0.00%	0	0	
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00%	0	0	
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00%	0	0	
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00%	0	0	
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00%	0	0	
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00%	0	0	
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00%	0	0	
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00%	0	0	
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
5A	Physician and Surgical Services - Regular Payments	0	0	0	0	0	* 0.00%	0	0	
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00%	0	0	
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
7	Prescribed Drugs	0	0	0	0	0	* 0.00%	0	0	
7A1	Drug Rebate - National Agreement	0	0	0	0	0	* 0.00%	0	0	
7A2	Drug Rebate - State Sidebar Agreement	0	0	0	0	0	* 0.00%	0	0	
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00%	0	0	
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00%	0	0	
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00 %	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.08% and/or the IHS Services rate of 100%

* = Other

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

State: Washington

Quarter Ended: 09/30/2011
Fiscal Year: 2007

Line # 10B										
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0049.92 Waiver Name: COPEs		Total Comp.	Federal Share					Federal Share	Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.12%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth) Prompt Pay (PP)			
			(B)	(C)	(D)	(E)	(F)			
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)			
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00 %	0	0	
8	Dental Services	0	0	0	0	0	* 0.00%	0	0	
9A	Other Practitioners Services - Regular Payments	0	0	0	0	0	* 0.00%	0	0	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
10	Clinic Services	0	0	0	0	0	* 0.00%	0	0	
11	Laboratory And Radiological Services	0	0	0	0	0	* 0.00%	0	0	
12	Home Health	0	0	0	0	0	* 0.00%	0	0	
13	Sterilizations	0	0	0	0	0	* 0.00%	0	0	
14	Abortions 0	0	0	0	0	0	* 0.00%	0	0	
15	EPSDT Screening Services	0	0	0	0	0	* 0.00%	0	0	
16	Rural Health Clinic Services	0	0	0	0	0	* 0.00%	0	0	
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00%	0	0	
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00%	0	0	
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00 %	0	0	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00%	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0	* 0.00%	0	0	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00%	0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00%	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00%	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00%	0	0	
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0	* 0.00%	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.08% and/or the IHS Services rate of 100%

* = Other

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

State: Washington

Quarter Ended: 09/30/2011
Fiscal Year: 2007

Line # 10B										
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0049.92 Waiver Name: COPEs		Total Comp.	Federal Share					Federal Share	Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.12%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth) Prompt Pay (PP)			
			(A)	(B)	(C)	(D)	(E)			
19A	Home and Community-Based Services - Regular Payment (Waiver)	226	113	0	0	0	* 0.00%	0	113	
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00%	0	0	
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00%	0	0	
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00%	0	0	
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00%	0	0	
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00%	0	0	
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00%	0	0	
24B	Case Management - State Wide	0	0	0	0	0	* 0.00%	0	0	
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00%	0	0	
26	Hospice Benefits	0	0	0	0	0	* 0.00%	0	0	
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00%	0	0	
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00%	0	0	
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00%	0	0	
30	Physical Therapy	0	0	0	0	0	* 0.00%	0	0	
31	Occupational Therapy	0	0	0	0	0	* 0.00%	0	0	
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00%	0	0	
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00%	0	0	
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00%	0	0	
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00%	0	0	
36	Emergency Hospital Services	0	0	0	0	0	* 0.00%	0	0	
37	Critical Access Hospitals	0	0	0	0	0	* 0.00%	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65.08% and/or the IHS Services rate of 100%

* = Other

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

State: Washington

Quarter Ended: 09/30/2011
Fiscal Year: 2007

Line # 10B										
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0049.92 Waiver Name: COPEs		Total Comp.	Federal Share					Federal Share	Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50.12%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth) Prompt Pay (PP)			
			(B)	(C)	(D)	(E)	(F)			
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)			
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00%	0	0	
39	School Based Services	0	0	0	0	0	* 0.00%	0	0	
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00%	0	0	
41	Private Duty Nursing	0	0	0	0	0	* 0.00%	0	0	
42	Freestanding Birth Center	0	0	0	0	0	* 0.00%	0	0	
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00%	0	0	
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00%	0	0	
49	Other Care Services	0	0	0	0	0	* 0.00%	0	0	
50	Total	226	113	0	0	0	* 0.00%	0	113	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

* = Other

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

State: Washington

Quarter Ended: 09/30/2011
Fiscal Year: 2006

Line # 10B										
Medical Assistance Payments		Total Comp.	Federal Share					Federal Share	Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth) Prompt Pay (PP)			
			(A)	(B)	(C)	(D)	(E)			
1A	Inpatient Hospital Services: Regular Payments	0	0	0	0	0	* 0.00%	0	0	
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00%	0	0	
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00%	0	0	
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00%	0	0	
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00%	0	0	
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00%	0	0	
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00%	0	0	
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00%	0	0	
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
5A	Physician and Surgical Services - Regular Payments	0	0	0	0	0	* 0.00%	0	0	
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00%	0	0	
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
7	Prescribed Drugs	0	0	0	0	0	* 0.00%	0	0	
7A1	Drug Rebate - National Agreement	0	0	0	0	0	* 0.00%	0	0	
7A2	Drug Rebate - State Sidebar Agreement	0	0	0	0	0	* 0.00%	0	0	
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00%	0	0	
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00%	0	0	
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00 %	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

* = Other

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

State: Washington

Quarter Ended: 09/30/2011
Fiscal Year: 2006

Line # 10B										
Medical Assistance Payments Waiver Type: 1115 Waiver Number: 11W00134/0-07 Waiver Name: Family Planning - Take Charge		Total Comp.	Federal Share					Federal Share	Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth) Prompt Pay (PP)			
			(A)	(B)	(C)	(D)	(E)			
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00 %	0	0	
8	Dental Services	0	0	0	0	0	* 0.00%	0	0	
9A	Other Practitioners Services - Regular Payments	0	0	0	0	0	* 0.00%	0	0	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
10	Clinic Services	0	0	0	0	0	* 0.00%	0	0	
11	Laboratory And Radiological Services	0	0	0	0	0	* 0.00%	0	0	
12	Home Health	0	0	0	0	0	* 0.00%	0	0	
13	Sterilizations	0	0	0	0	0	* 0.00%	0	0	
14	Abortions 0	0	0	0	0	0	* 0.00%	0	0	
15	EPSDT Screening Services	0	0	0	0	0	* 0.00%	0	0	
16	Rural Health Clinic Services	0	0	0	0	0	* 0.00%	0	0	
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00%	0	0	
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00%	0	0	
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00 %	0	0	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00%	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0	* 0.00%	0	0	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00%	0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00%	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00%	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00%	0	0	
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0	* 0.00%	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

* = Other

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

State: Washington

Quarter Ended: 09/30/2011
Fiscal Year: 2006

Line # 10B										
Medical Assistance Payments Waiver Type: 1115 Waiver Number: 11W00134/0-07 Waiver Name: Family Planning - Take Charge		Total Comp.	Federal Share					Federal Share	Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth) Prompt Pay (PP)			
			(A)	(B)	(C)	(D)	(E)			
19A	Home and Community-Based Services - Regular Payment (Waiver)	0	0	0	0	0	* 0.00%	0	0	
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00%	0	0	
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00%	0	0	
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00%	0	0	
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00%	0	0	
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00%	0	0	
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00%	0	0	
24B	Case Management - State Wide	0	0	0	0	0	* 0.00%	0	0	
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00%	0	0	
26	Hospice Benefits	0	0	0	0	0	* 0.00%	0	0	
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00%	0	0	
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00%	0	0	
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00%	0	0	
30	Physical Therapy	0	0	0	0	0	* 0.00%	0	0	
31	Occupational Therapy	0	0	0	0	0	* 0.00%	0	0	
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00%	0	0	
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00%	0	0	
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00%	0	0	
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00%	0	0	
36	Emergency Hospital Services	0	0	0	0	0	* 0.00%	0	0	
37	Critical Access Hospitals	0	0	0	0	0	* 0.00%	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

* = Other

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

State: Washington

Quarter Ended: 09/30/2011
Fiscal Year: 2006

Line # 10B										
Medical Assistance Payments Waiver Type: 1115 Waiver Number: 11W00134/0-07 Waiver Name: Family Planning - Take Charge		Total Comp.	Federal Share					Federal Share	Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth) Prompt Pay (PP)			
			(B)	(C)	(D)	(E)	(F)			
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)			
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00%	0	0	
39	School Based Services	0	0	0	0	0	* 0.00%	0	0	
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00%	0	0	
41	Private Duty Nursing	0	0	0	0	0	* 0.00%	0	0	
42	Freestanding Birth Center	0	0	0	0	0	* 0.00%	0	0	
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00%	0	0	
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00%	0	0	
49	Other Care Services	543	87	0	332	0	* 0.00%	0	419	
50	Total	543	87	0	332	0	* 0.00%	0	419	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

* = Other

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

State: Washington

Quarter Ended: 09/30/2011
Fiscal Year: 2006

Line # 10B										
Medical Assistance Payments Waiver Type: 1915B Waiver Number: WA08.R03-01 Waiver Name: Int Com MH Disabled		Total Comp.	Federal Share					Federal Share	Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth) Prompt Pay (PP)			
			(B)	(C)	(D)	(E)	(F)			
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)			
1A	Inpatient Hospital Services: Regular Payments	0	0	0	0	0	* 0.00%	0	0	
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00%	0	0	
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00%	0	0	
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00%	0	0	
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00%	0	0	
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00%	0	0	
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00%	0	0	
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00%	0	0	
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
5A	Physician and Surgical Services - Regular Payments	232	116	0	0	0	* 0.00%	0	116	
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00%	0	0	
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
7	Prescribed Drugs	753	377	0	0	0	* 0.00%	0	377	
7A1	Drug Rebate - National Agreement	0	0	0	0	0	* 0.00%	0	0	
7A2	Drug Rebate - State Sidebar Agreement	0	0	0	0	0	* 0.00%	0	0	
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00%	0	0	
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00%	0	0	
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00 %	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

* = Other

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

State: Washington

Quarter Ended: 09/30/2011
Fiscal Year: 2006

Line # 10B										
Medical Assistance Payments		Total Comp.	Federal Share					Federal Share	Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth) Prompt Pay (PP)			
Waiver Type: 1915B Waiver Number: WA08.R03-01 Waiver Name: Int Com MH Disabled		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	
Reporting Method: Date of Payment		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00 %	0	0	
8	Dental Services	0	0	0	0	0	* 0.00%	0	0	
9A	Other Practitioners Services - Regular Payments	0	0	0	0	0	* 0.00%	0	0	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
10	Clinic Services	0	0	0	0	0	* 0.00%	0	0	
11	Laboratory And Radiological Services	0	0	0	0	0	* 0.00%	0	0	
12	Home Health	0	0	0	0	0	* 0.00%	0	0	
13	Sterilizations	0	0	0	0	0	* 0.00%	0	0	
14	Abortions 0	0	0	0	0	0	* 0.00%	0	0	
15	EPSDT Screening Services	0	0	0	0	0	* 0.00%	0	0	
16	Rural Health Clinic Services	0	0	0	0	0	* 0.00%	0	0	
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00%	0	0	
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00%	0	0	
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00 %	0	0	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00%	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0	* 0.00%	0	0	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00%	0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00%	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00%	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00%	0	0	
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0	* 0.00%	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

* = Other

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

State: Washington

Quarter Ended: 09/30/2011
Fiscal Year: 2006

Line # 10B										
Medical Assistance Payments Waiver Type: 1915B Waiver Number: WA08.R03-01 Waiver Name: Int Com MH Disabled Reporting Method: Date of Payment		Federal Share						Total Federal Share	Deferral Or C.I.N. Number	
		Total Comp.	FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth) Prompt Pay (PP)			Federal Share
19A	Home and Community-Based Services - Regular Payment (Waiver)	0	0	0	0	0	* 0.00%	0	0	
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00%	0	0	
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00%	0	0	
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00%	0	0	
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00%	0	0	
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00%	0	0	
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00%	0	0	
24B	Case Management - State Wide	0	0	0	0	0	* 0.00%	0	0	
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00%	0	0	
26	Hospice Benefits	0	0	0	0	0	* 0.00%	0	0	
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00%	0	0	
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00%	0	0	
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00%	0	0	
30	Physical Therapy	0	0	0	0	0	* 0.00%	0	0	
31	Occupational Therapy	0	0	0	0	0	* 0.00%	0	0	
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00%	0	0	
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00%	0	0	
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00%	0	0	
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00%	0	0	
36	Emergency Hospital Services	0	0	0	0	0	* 0.00%	0	0	
37	Critical Access Hospitals	0	0	0	0	0	* 0.00%	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

* = Other

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

State: Washington

Quarter Ended: 09/30/2011
Fiscal Year: 2006

Line # 10B										
Medical Assistance Payments		Total Comp.	Federal Share					Federal Share	Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth) Prompt Pay (PP)			
Reporting Method: Date of Payment		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00%	0	0	
39	School Based Services	0	0	0	0	0	* 0.00%	0	0	
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00%	0	0	
41	Private Duty Nursing	0	0	0	0	0	* 0.00%	0	0	
42	Freestanding Birth Center	0	0	0	0	0	* 0.00%	0	0	
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00%	0	0	
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00%	0	0	
49	Other Care Services	0	0	0	0	0	* 0.00%	0	0	
50	Total	985	493	0	0	0	* 0.00%	0	493	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

* = Other

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

State: Washington

Quarter Ended: 09/30/2011
Fiscal Year: 2006

Line # 10B										
Medical Assistance Payments		Total Comp.	Federal Share					Federal Share	Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth) Prompt Pay (PP)			
Waiver Type: 1915B Waiver Number: WA08.R03-01 Waiver Name: Int Com MH Non-Disabled		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	
Reporting Method: Date of Payment		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	
1A	Inpatient Hospital Services: Regular Payments	0	0	0	0	0	* 0.00%	0	0	
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00%	0	0	
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00%	0	0	
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00%	0	0	
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00%	0	0	
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00%	0	0	
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00%	0	0	
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00%	0	0	
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
5A	Physician and Surgical Services - Regular Payments	0	0	0	0	0	* 0.00%	0	0	
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00%	0	0	
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
7	Prescribed Drugs	23	12	0	0	0	* 0.00%	0	12	
7A1	Drug Rebate - National Agreement	0	0	0	0	0	* 0.00%	0	0	
7A2	Drug Rebate - State Sidebar Agreement	0	0	0	0	0	* 0.00%	0	0	
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00%	0	0	
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00%	0	0	
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00 %	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

* = Other

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

State: Washington

Quarter Ended: 09/30/2011
Fiscal Year: 2006

Line # 10B										
Medical Assistance Payments		Total Comp.	Federal Share					Federal Share	Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth) Prompt Pay (PP)			
Waiver Type: 1915B Waiver Number: WA08.R03-01 Waiver Name: Int Com MH Non-Disabled Reporting Method: Date of Payment		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00 %	0	0	
8	Dental Services	0	0	0	0	0	* 0.00%	0	0	
9A	Other Practitioners Services - Regular Payments	0	0	0	0	0	* 0.00%	0	0	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
10	Clinic Services	0	0	0	0	0	* 0.00%	0	0	
11	Laboratory And Radiological Services	0	0	0	0	0	* 0.00%	0	0	
12	Home Health	0	0	0	0	0	* 0.00%	0	0	
13	Sterilizations	0	0	0	0	0	* 0.00%	0	0	
14	Abortions 0	0	0	0	0	0	* 0.00%	0	0	
15	EPSDT Screening Services	0	0	0	0	0	* 0.00%	0	0	
16	Rural Health Clinic Services	0	0	0	0	0	* 0.00%	0	0	
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00%	0	0	
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00%	0	0	
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00 %	0	0	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00%	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0	* 0.00%	0	0	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00%	0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00%	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00%	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00%	0	0	
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0	* 0.00%	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

* = Other

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

State: Washington

Quarter Ended: 09/30/2011
Fiscal Year: 2006

Line # 10B										
Medical Assistance Payments Waiver Type: 1915B Waiver Number: WA08.R03-01 Waiver Name: Int Com MH Non-Disabled Reporting Method: Date of Payment		Federal Share						Total Federal Share	Deferral Or C.I.N. Number	
		Total Comp.	FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth) Prompt Pay (PP)			Federal Share
19A	Home and Community-Based Services - Regular Payment (Waiver)	0	0	0	0	0 * 0.00%	0	0		
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0 * 0.00%	0	0		
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0 * 0.00%	0	0		
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0 * 0.00%	0	0		
23A	Personal Care Services - Regular Payment	0	0	0	0	0 * 0.00%	0	0		
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0 * 0.00%	0	0		
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0 * 0.00%	0	0		
24B	Case Management - State Wide	0	0	0	0	0 * 0.00%	0	0		
25	Primary Care Case Management Services	0	0	0	0	0 * 0.00%	0	0		
26	Hospice Benefits	0	0	0	0	0 * 0.00%	0	0		
27	Emergency Services for Undocumented Aliens	0	0	0	0	0 * 0.00%	0	0		
28	Federally-Qualified Health Center	0	0	0	0	0 * 0.00%	0	0		
29	Non-Emergency Medical Transportation	0	0	0	0	0 * 0.00%	0	0		
30	Physical Therapy	0	0	0	0	0 * 0.00%	0	0		
31	Occupational Therapy	0	0	0	0	0 * 0.00%	0	0		
32	Services for Speech, Hearing and Language	0	0	0	0	0 * 0.00%	0	0		
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0 * 0.00%	0	0		
34	Diagnostic Screening & Preventive Services	0	0	0	0	0 * 0.00%	0	0		
35	Nurse Mid-Wife	0	0	0	0	0 * 0.00%	0	0		
36	Emergency Hospital Services	0	0	0	0	0 * 0.00%	0	0		
37	Critical Access Hospitals	0	0	0	0	0 * 0.00%	0	0		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

* = Other

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

State: Washington

Quarter Ended: 09/30/2011
Fiscal Year: 2006

Line # 10B										
Medical Assistance Payments		Total Comp.	Federal Share					Federal Share	Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth) Prompt Pay (PP)			
Waiver Type: 1915B		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	
Waiver Number: WA08.R03-01										
Waiver Name: Int Com MH Non-Disabled										
Reporting Method: Date of Payment										
38	Nurse Practitioner Services	0	0	0	0	0	* 0.00%	0	0	
39	School Based Services	0	0	0	0	0	* 0.00%	0	0	
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	* 0.00%	0	0	
41	Private Duty Nursing	0	0	0	0	0	* 0.00%	0	0	
42	Freestanding Birth Center	0	0	0	0	0	* 0.00%	0	0	
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	* 0.00%	0	0	
44	Tobacco Cessation for Preg Women	0	0	0	0	0	* 0.00%	0	0	
49	Other Care Services	0	0	0	0	0	* 0.00%	0	0	
50	Total	23	12	0	0	0	* 0.00%	0	12	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

* = Other

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

State: Washington

Quarter Ended: 09/30/2011
Fiscal Year: 2006

Line # 10B										
Medical Assistance Payments		Total Comp.	Federal Share					Federal Share	Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth) Prompt Pay (PP)			
			(A)	(B)	(C)	(D)	(E)			
1A	Inpatient Hospital Services: Regular Payments	0	0	0	0	0	* 0.00%	0	0	
1B	Inpatient Hospital Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00%	0	0	
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	* 0.00%	0	0	
2A	Mental Health Facility Services: Regular Payments	0	0	0	0	0	* 0.00%	0	0	
2B	Mental Health Facility Services: DSH Adjustment Payments	0	0	0	0	0	* 0.00%	0	0	
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	* 0.00%	0	0	
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	* 0.00%	0	0	
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	* 0.00%	0	0	
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
5A	Physician and Surgical Services - Regular Payments	0	0	0	0	0	* 0.00%	0	0	
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	* 0.00%	0	0	
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
7	Prescribed Drugs	0	0	0	0	0	* 0.00%	0	0	
7A1	Drug Rebate - National Agreement	0	0	0	0	0	* 0.00%	0	0	
7A2	Drug Rebate - State Sidebar Agreement	0	0	0	0	0	* 0.00%	0	0	
7A3	MCO - National Agreement	0	0	0	0	0	* 0.00%	0	0	
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	* 0.00%	0	0	
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	* 100.00 %	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

* = Other

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

State: Washington

Quarter Ended: 09/30/2011
Fiscal Year: 2006

Line # 10B										
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0049.92 Waiver Name: COPEs		Total Comp.	Federal Share					Federal Share	Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth) Prompt Pay (PP)			
			(A)	(B)	(C)	(D)	(E)			
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	* 100.00 %	0	0	
8	Dental Services	0	0	0	0	0	* 0.00%	0	0	
9A	Other Practitioners Services - Regular Payments	0	0	0	0	0	* 0.00%	0	0	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	* 0.00%	0	0	
10	Clinic Services	0	0	0	0	0	* 0.00%	0	0	
11	Laboratory And Radiological Services	0	0	0	0	0	* 0.00%	0	0	
12	Home Health	0	0	0	0	0	* 0.00%	0	0	
13	Sterilizations	0	0	0	0	0	* 0.00%	0	0	
14	Abortions 0	0	0	0	0	0	* 0.00%	0	0	
15	EPSDT Screening Services	0	0	0	0	0	* 0.00%	0	0	
16	Rural Health Clinic Services	0	0	0	0	0	* 0.00%	0	0	
17A	Medicare Health Insurance Payments: Part A Premiums	0	0	0	0	0	* 0.00%	0	0	
17B	Medicare Health Insurance Payments: Part B Premiums	0	0	0	0	0	* 0.00%	0	0	
17C1	Medicare Health Insurance Payments: Qualifying Individuals/120% - 134% of Poverty	0	0	0	0	0	* 100.00 %	0	0	
17D	Medicare Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00%	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations	0	0	0	0	0	* 0.00%	0	0	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	* 0.00%	0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	* 0.00%	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	* 0.00%	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance and Deductibles	0	0	0	0	0	* 0.00%	0	0	
18E	Medicaid Health Insurance Program: Other	0	0	0	0	0	* 0.00%	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

* = Other

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

State: Washington

Quarter Ended: 09/30/2011
Fiscal Year: 2006

Line # 10B										
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0049.92 Waiver Name: COPEs		Total Comp.	Federal Share					Federal Share	Total Federal Share	Deferral Or C.I.N. Number
			FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth) Prompt Pay (PP)			
			(A)	(B)	(C)	(D)	(E)			
19A	Home and Community-Based Services - Regular Payment (Waiver)	1,632	816	0	0	0	* 0.00%	0	816	
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	* 0.00%	0	0	
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	* 0.00%	0	0	
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	* 0.00%	0	0	
23A	Personal Care Services - Regular Payment	0	0	0	0	0	* 0.00%	0	0	
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	* 0.00%	0	0	
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	* 0.00%	0	0	
24B	Case Management - State Wide	0	0	0	0	0	* 0.00%	0	0	
25	Primary Care Case Management Services	0	0	0	0	0	* 0.00%	0	0	
26	Hospice Benefits	0	0	0	0	0	* 0.00%	0	0	
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	* 0.00%	0	0	
28	Federally-Qualified Health Center	0	0	0	0	0	* 0.00%	0	0	
29	Non-Emergency Medical Transportation	0	0	0	0	0	* 0.00%	0	0	
30	Physical Therapy	0	0	0	0	0	* 0.00%	0	0	
31	Occupational Therapy	0	0	0	0	0	* 0.00%	0	0	
32	Services for Speech, Hearing and Language	0	0	0	0	0	* 0.00%	0	0	
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	* 0.00%	0	0	
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	* 0.00%	0	0	
35	Nurse Mid-Wife	0	0	0	0	0	* 0.00%	0	0	
36	Emergency Hospital Services	0	0	0	0	0	* 0.00%	0	0	
37	Critical Access Hospitals	0	0	0	0	0	* 0.00%	0	0	

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

* = Other

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

State: Washington

Quarter Ended: 09/30/2011
Fiscal Year: 2006

Line # 10B										
Medical Assistance Payments Waiver Type: 1915C Waiver Number: 0049.92 Waiver Name: COPEs		Federal Share						Total Federal Share	Deferral Or C.I.N. Number	
		Total Comp.	FMAP 50%	IHS Facility Services 100%	Fam. Plan Services 90%	Optional Breast or Cerv. Cancer Services *	Other % (Oth) Prompt Pay (PP)			Federal Share
38	Nurse Practitioner Services	0	0	0	0	0 * 0.00%	0	0		
39	School Based Services	0	0	0	0	0 * 0.00%	0	0		
40	Rehabilitative Services (non-school-based)	0	0	0	0	0 * 0.00%	0	0		
41	Private Duty Nursing	0	0	0	0	0 * 0.00%	0	0		
42	Freestanding Birth Center	0	0	0	0	0 * 0.00%	0	0		
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0 * 0.00%	0	0		
44	Tobacco Cessation for Preg Women	0	0	0	0	0 * 0.00%	0	0		
49	Other Care Services	0	0	0	0	0 * 0.00%	0	0		
50	Total	1,632	816	0	0	0 * 0.00%	0	816		

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

* = Other

Medicaid Overpayment Adjustment

State: Washington

Quarter Ended: 09/30/2011

Overpayment Activity	Total Computable	Federal Share				Total Federal
		FY 2008	FY 2009	FY 2010	FY 2011	
	(A)	(B)	(C)	(D)	(E)	(F)
1 Overpayments Not Collected Or Adjusted But Refunded Because Of The Expiration Of The 1 Year Time Limit	414,992	67,117	68,614	56,434	17,658	209,823
			ARRA: 0	ARRA: 0	ARRA: 0	ARRA: 0
2 Decreasing Adjustments To Amounts Previously Reported On Line 1	(34,924)	(3,243)	(12,310)	(2,242)	0	(17,795)
			ARRA: 0	ARRA: 0	ARRA: 0	ARRA: 0
3 Subtotal	380,068	63,874	56,304	54,192	17,658	192,028
			ARRA: 0	ARRA: 0	ARRA: 0	ARRA: 0
4 Previously Reported Overpayments To Providers Certified This Quarter As Bankrupt Or Out Of Business	(315,456)	(11,649)	(170)	0	(146,399)	(158,218)
			ARRA: 0	ARRA: 0	ARRA: 0	ARRA: 0
5 Total Overpayment Adjustments This Quarter	64,612	52,225	56,134	54,192	(128,741)	33,810
			ARRA: 0	ARRA: 0	ARRA: 0	ARRA: 0

Third Party Liability Collections And Cost Avoidance

State: Washington

Quarter Ended: 09/30/2011

	Total Computable	Medicaid FS	ARRA FS	Federal Share
	(A)	(B)	(C)	(D)
A. Third Party Liability Collections				
1.a. Medicare Collections	0	0	0	0
b.1. Other Collection - Health Insurance	116,940	59,170	0	59,170
2. Other Collections - Casualty Insurance	0	0	0	0
c. Total Collections - Cooperative Agreements & Assign of Rights	0			
1. Less: Excess Paid to Individuals	0			
2. Net Collections To Reimburse State Title XIX Medical Payments	0	0	0	0
3. Less 15% Incentive Actually Paid Under Section 1903(p)(1)		0	0	0
4. Net Federal Share		0	0	0
2. Total TPL Collections	116,940	59,170	0	59,170
B. Cost Avoidance				
1. Medicare Title XVIII	0	0	0	0
2. Health Insurance	0	0	0	0
3. Other Cost Avoidance	0	0	0	0

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

State: Washington

Quarter Ended: 09/30/2011

		Total Computable	Federal Share			Total Federal Share	
			FFP Rate	Federal Share	0.00%		Federal Share
			(A)	(B)	(C)		(D)
1	Family Planning	9,971	90.00%	8,974	0	8,974	
2A	Design Development Or Installation Of MMIS: Cost of In-House Activities	0	90.00%	0	0	0	
2B	Design Development Or Installation Of MMIS: Cost of Private Sector Contractors	8,494,432	90.00%	7,644,989	0	7,644,989	
3A	Skilled Professional Medical Personnel-Single State Agency	1,529,093	75.00%	1,146,820	0	1,146,820	
3B	Skilled Professional Medical Personnel - Other Agency	0	75.00%	0	0	0	
4A	Operation Of An Approved MMIS: Costs of In-House Activities Plus State Agencies And Institutions	13,734,716	75.00%	10,301,037	0	10,301,037	
4B	Operation Of An Approved MMIS: Cost of Private Sector Contractors	23,301,689	75.00%	17,476,267	0	17,476,267	
5A	Mechanized Systems, Not Approved Under MMIS Procedures: Costs Of In-House Activities	0	50.00%	0	0	0	
5B	Mechanized Systems, Not Approved Under MMIS Procedures: Cost Of Private Sector Contractors	104	50.00%	52	0	52	
5C	Mechanized Systems - Not Approved under MMIS Procedures: Interagency	0	50.00%	0	0	0	
6	Quality Improvement Organizations	0	75.00%	0	0	0	
7A	Third Party Liability: Recovery Procedure - Billing Offset	0	50.00%	0	0	0	
7B	Third Party Liability: Assignment Of Rights - Billing Offset	0	50.00%	0	0	0	
8	Immigration Status Verification System Costs (100% FFP)	0	100.00%	0	0	0	
9	Nurse Aide Training Costs	146,054	50.00%	73,027	0	73,027	
10	Preadmission Screening Costs	199,896	75.00%	149,922	0	149,922	
11	Resident Review Activities Costs	0	75.00%	0	0	0	
12	Drug Use Review Program	0	50.00%	0	0	0	
13	Outstationed Eligibility Workers	975,681	50.00%	487,841	0	487,841	
14	TANF Base	0	90.00%	0	0	0	
15	TANF Secondary 90%	0	90.00%	0	0	0	
16	TANF Secondary 75%	0	75.00%	0	0	0	
17	External Review	425,556	75.00%	319,167	0	319,167	
18	Enrollment Brokers	0	50.00%	0	0	0	
19	School Based Administration	0	50.00%	0	0	0	

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

State: Washington

Quarter Ended: 09/30/2011

		Total Computable	Federal Share				Total Federal Share
			FFP Rate	Federal Share	0.00%	Federal Share	
			(A)	(B)	(C)		
20	Program Integrity/Fraud, Waste, and Abuse Activities	0	50.00%	0		0	0
21	County/Local ADM Costs	0	50.00%	0		0	0
22	Interagency Costs (State Level)	0	50.00%	0		0	0
23	Translation and Interpretation	1,375,156	75.00%	1,031,367		0	1,031,367
24	Health Information Technology Administration						
24A	HIT: Planning: Cost of In-house Activities	49,802	90.00%	44,822		0	44,822
24B	HIT: Planning: Cost of Private Contractors	7,553	90.00%	6,798		0	6,798
24C	HIT: Implementation and Operation: Cost of In-house Activities	122,818	90.00%	110,536		0	110,536
24D	HIT: Implementation and Operation: Cost of Private Contractors	718,000	90.00%	646,200		0	646,200
24E	HIT Incentive Payments - Eligible Professionals	0	100.00%	0		0	0
24F	HIT Incentive Payments - Eligible Hospitals	148,750	100.00%	148,750		0	148,750
25	Citizenship Verification Technology - CHIPRA						
25A	CVT Development - CHIPRA	0	90.00%	0		0	0
25B	CVT Operation - CHIPRA	0	75.00%	0		0	0
26	Planning for Health Homes for Enrollees with Chronic Conditions	0	50.00%	0		0	0
27	Recovery Audit Contractors State Administration	0	50.00%	0		0	0
28A	Design Development/Installation of Medicaid Elig. Determ. Sys. – Cost of In-house Activities	0	90.00%	0		0	0
28B	Design Development/Installation of Medicaid Elig. Determ. Sys. – Cost of Private Sec. Contractors	0	90.00%	0		0	0
28C	Operation of an Approved Medicaid Eligibility Determination Systems – Cost of In-house Activities	0	75.00%	0		0	0
28D	Operation of an Approved Medicaid Eligibility Determination Sys. – Cost of Private Sec. Contractors	0	75.00%	0		0	0
29	Other Financial Participation	64,077,485	50.00%	32,038,743		0	32,038,743
30	Total	115,316,756		71,635,312		0	71,635,312

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

State: Washington

Quarter Ended: 09/30/2011

Waiver Type: 1115 Waiver Name: Family Planning - Take Waiver Number: 11W00134/0-09		Total Computable (A)	Federal Share				Total Federal Share (D)
			FFP Rate	Federal Share	0.00%	Federal Share	
1	Family Planning	0	90.00%	0		0	0
2A	Design Development Or Installation Of MMIS: Cost of In-House Activities	0	90.00%	0		0	0
2B	Design Development Or Installation Of MMIS: Cost of Private Sector Contractors	0	90.00%	0		0	0
3A	Skilled Professional Medical Personnel-Single State Agency	0	75.00%	0		0	0
3B	Skilled Professional Medical Personnel - Other Agency	0	75.00%	0		0	0
4A	Operation Of An Approved MMIS: Costs of In-House Activities Plus State Agencies And Institutions	0	75.00%	0		0	0
4B	Operation Of An Approved MMIS: Cost of Private Sector Contractors	0	75.00%	0		0	0
5A	Mechanized Systems, Not Approved Under MMIS Procedures: Costs Of In-House Activities	0	50.00%	0		0	0
5B	Mechanized Systems, Not Approved Under MMIS Procedures: Cost Of Private Sector Contractors	0	50.00%	0		0	0
5C	Mechanized Systems - Not Approved under MMIS Procedures: Interagency	0	50.00%	0		0	0
6	Quality Improvement Organizations	0	75.00%	0		0	0
7A	Third Party Liability: Recovery Procedure - Billing Offset	0	50.00%	0		0	0
7B	Third Party Liability: Assignment Of Rights - Billing Offset	0	50.00%	0		0	0
8	Immigration Status Verification System Costs (100% FFP)	0	100.00%	0		0	0
9	Nurse Aide Training Costs	0	50.00%	0		0	0
10	Preadmission Screening Costs	0	75.00%	0		0	0
11	Resident Review Activities Costs	0	75.00%	0		0	0
12	Drug Use Review Program	0	50.00%	0		0	0
13	Outstationed Eligibility Workers	0	50.00%	0		0	0
14	TANF Base	0	90.00%	0		0	0
15	TANF Secondary 90%	0	90.00%	0		0	0
16	TANF Secondary 75%	0	75.00%	0		0	0
17	External Review	0	75.00%	0		0	0
18	Enrollment Brokers	0	50.00%	0		0	0
19	School Based Administration	0	50.00%	0		0	0

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

State: Washington

Quarter Ended: 09/30/2011

Waiver Type: 1115 Waiver Name: Family Planning - Take Waiver Number: 11W00134/0-09		Total Computable (A)	Federal Share				Total Federal Share (D)
			FFP Rate	Federal Share	0.00%	Federal Share	
20	Program Integrity/Fraud, Waste, and Abuse Activities	0	50.00%	0		0	0
21	County/Local ADM Costs	0	50.00%	0		0	0
22	Interagency Costs	0	50.00%	0		0	0
23	Translation and Interpretation	0	75.00%	0		0	0
24	Health Information Technology Administration						
24A	HIT: Planning: Cost of In-house Activities	0	90.00%	0		0	0
24B	HIT: Planning: Cost of Private Contractors	0	90.00%	0		0	0
24C	HIT: Implementation and Operation: Cost of In-house Activities	0	90.00%	0		0	0
24D	HIT: Implementation and Operation: Cost of Private Contractors	0	90.00%	0		0	0
24E	HIT Incentive Payments - Eligible Professionals	0	100.00%	0		0	0
24F	HIT Incentive Payments - Eligible Hospitals	0	100.00%	0		0	0
25	Citizenship Verification Technology - CHIPRA						
25A	CVT Development - CHIPRA	0	90.00%	0		0	0
25B	CVT Operation - CHIPRA	0	75.00%	0		0	0
26	Planning for Health Homes for Enrollees with Chronic Conditions	0	50.00%	0		0	0
27	Recovery Audit Contractors State Administration	0	50.00%	0		0	0
28A	Design Development/Installation of Medicaid Elig. Determ. Sys. – Cost of In-house Activities	0	90.00%	0		0	0
28B	Design Development/Installation of Medicaid Elig. Determ. Sys. – Cost of Private Sec. Contractors	0	90.00%	0		0	0
28C	Operation of an Approved Medicaid Eligibility Determination Systems – Cost of In-house Activities	0	75.00%	0		0	0
28D	Operation of an Approved Medicaid Eligibility Determination Sys. – Cost of Private Sec. Contractors	0	75.00%	0		0	0
29	Other Financial Participation	14	50.00%	7		0	7
30	Total	14		7		0	7

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

State: Washington

Quarter Ended: 09/30/2011

Waiver Type: 1115 Waiver Name: Family Planning - Take Waiver Number: 11W00134/0-12		Total Computable (A)	Federal Share				Total Federal Share (D)
			FFP Rate	Federal Share	0.00%	Federal Share	
1	Family Planning	184,150	90.00%	165,735		0	165,735
2A	Design Development Or Installation Of MMIS: Cost of In-House Activities	0	90.00%	0		0	0
2B	Design Development Or Installation Of MMIS: Cost of Private Sector Contractors	0	90.00%	0		0	0
3A	Skilled Professional Medical Personnel-Single State Agency	0	75.00%	0		0	0
3B	Skilled Professional Medical Personnel - Other Agency	0	75.00%	0		0	0
4A	Operation Of An Approved MMIS: Costs of In-House Activities Plus State Agencies And Institutions	0	75.00%	0		0	0
4B	Operation Of An Approved MMIS: Cost of Private Sector Contractors	0	75.00%	0		0	0
5A	Mechanized Systems, Not Approved Under MMIS Procedures: Costs Of In-House Activities	0	50.00%	0		0	0
5B	Mechanized Systems, Not Approved Under MMIS Procedures: Cost Of Private Sector Contractors	0	50.00%	0		0	0
5C	Mechanized Systems - Not Approved under MMIS Procedures: Interagency	0	50.00%	0		0	0
6	Quality Improvement Organizations	0	75.00%	0		0	0
7A	Third Party Liability: Recovery Procedure - Billing Offset	0	50.00%	0		0	0
7B	Third Party Liability: Assignment Of Rights - Billing Offset	0	50.00%	0		0	0
8	Immigration Status Verification System Costs (100% FFP)	0	100.00%	0		0	0
9	Nurse Aide Training Costs	0	50.00%	0		0	0
10	Preadmission Screening Costs	0	75.00%	0		0	0
11	Resident Review Activities Costs	0	75.00%	0		0	0
12	Drug Use Review Program	0	50.00%	0		0	0
13	Outstationed Eligibility Workers	0	50.00%	0		0	0
14	TANF Base	0	90.00%	0		0	0
15	TANF Secondary 90%	0	90.00%	0		0	0
16	TANF Secondary 75%	0	75.00%	0		0	0
17	External Review	0	75.00%	0		0	0
18	Enrollment Brokers	0	50.00%	0		0	0
19	School Based Administration	0	50.00%	0		0	0

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

State: Washington

Quarter Ended: 09/30/2011

Waiver Type: 1115 Waiver Name: Family Planning - Take Waiver Number: 11W00134/0-12		Total Computable (A)	Federal Share				Total Federal Share (D)
			FFP Rate	Federal Share	0.00%	Federal Share	
20	Program Integrity/Fraud, Waste, and Abuse Activities	0	50.00%	0		0	0
21	County/Local ADM Costs	0	50.00%	0		0	0
22	Interagency Costs	0	50.00%	0		0	0
23	Translation and Interpretation	0	75.00%	0		0	0
24	Health Information Technology Administration						
24A	HIT: Planning: Cost of In-house Activities	0	90.00%	0		0	0
24B	HIT: Planning: Cost of Private Contractors	0	90.00%	0		0	0
24C	HIT: Implementation and Operation: Cost of In-house Activities	0	90.00%	0		0	0
24D	HIT: Implementation and Operation: Cost of Private Contractors	0	90.00%	0		0	0
24E	HIT Incentive Payments - Eligible Professionals	0	100.00%	0		0	0
24F	HIT Incentive Payments - Eligible Hospitals	0	100.00%	0		0	0
25	Citizenship Verification Technology - CHIPRA						
25A	CVT Development - CHIPRA	0	90.00%	0		0	0
25B	CVT Operation - CHIPRA	0	75.00%	0		0	0
26	Planning for Health Homes for Enrollees with Chronic Conditions	0	50.00%	0		0	0
27	Recovery Audit Contractors State Administration	0	50.00%	0		0	0
28A	Design Development/Installation of Medicaid Elig. Determ. Sys. – Cost of In-house Activities	0	90.00%	0		0	0
28B	Design Development/Installation of Medicaid Elig. Determ. Sys. – Cost of Private Sec. Contractors	0	90.00%	0		0	0
28C	Operation of an Approved Medicaid Eligibility Determination Systems – Cost of In-house Activities	0	75.00%	0		0	0
28D	Operation of an Approved Medicaid Eligibility Determination Sys. – Cost of Private Sec. Contractors	0	75.00%	0		0	0
29	Other Financial Participation	9,949	50.00%	4,975		0	4,975
30	Total	194,099		170,710		0	170,710

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

State: Washington

Quarter Ended: 09/30/2011

Waiver Type: 1115 Waiver Name: Transitional Bridge Waiver Number: 11W00254/0-11		Total Computable	Federal Share				Total Federal Share
			FFP Rate	Federal Share	0.00%	Federal Share	
			(A)	(B)	(C)		
1	Family Planning	0	90.00%	0		0	0
2A	Design Development Or Installation Of MMIS: Cost of In-House Activities	0	90.00%	0		0	0
2B	Design Development Or Installation Of MMIS: Cost of Private Sector Contractors	0	90.00%	0		0	0
3A	Skilled Professional Medical Personnel-Single State Agency	0	75.00%	0		0	0
3B	Skilled Professional Medical Personnel - Other Agency	0	75.00%	0		0	0
4A	Operation Of An Approved MMIS: Costs of In-House Activities Plus State Agencies And Institutions	0	75.00%	0		0	0
4B	Operation Of An Approved MMIS: Cost of Private Sector Contractors	0	75.00%	0		0	0
5A	Mechanized Systems, Not Approved Under MMIS Procedures: Costs Of In-House Activities	0	50.00%	0		0	0
5B	Mechanized Systems, Not Approved Under MMIS Procedures: Cost Of Private Sector Contractors	0	50.00%	0		0	0
5C	Mechanized Systems - Not Approved under MMIS Procedures: Interagency	0	50.00%	0		0	0
6	Quality Improvement Organizations	0	75.00%	0		0	0
7A	Third Party Liability: Recovery Procedure - Billing Offset	0	50.00%	0		0	0
7B	Third Party Liability: Assignment Of Rights - Billing Offset	0	50.00%	0		0	0
8	Immigration Status Verification System Costs (100% FFP)	0	100.00%	0		0	0
9	Nurse Aide Training Costs	0	50.00%	0		0	0
10	Preadmission Screening Costs	0	75.00%	0		0	0
11	Resident Review Activities Costs	0	75.00%	0		0	0
12	Drug Use Review Program	0	50.00%	0		0	0
13	Outstationed Eligibility Workers	0	50.00%	0		0	0
14	TANF Base	0	90.00%	0		0	0
15	TANF Secondary 90%	0	90.00%	0		0	0
16	TANF Secondary 75%	0	75.00%	0		0	0
17	External Review	0	75.00%	0		0	0
18	Enrollment Brokers	0	50.00%	0		0	0
19	School Based Administration	0	50.00%	0		0	0

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

State: Washington

Quarter Ended: 09/30/2011

Waiver Type: 1115 Waiver Name: Transitional Bridge Waiver Number: 11W00254/0-11		Total Computable (A)	Federal Share				Total Federal Share (D)
			FFP Rate	Federal Share	0.00%	Federal Share	
			(B)		(C)		
20	Program Integrity/Fraud, Waste, and Abuse Activities	0	50.00%	0		0	0
21	County/Local ADM Costs	0	50.00%	0		0	0
22	Interagency Costs	0	50.00%	0		0	0
23	Translation and Interpretation	0	75.00%	0		0	0
24	Health Information Technology Administration						
24A	HIT: Planning: Cost of In-house Activities	0	90.00%	0		0	0
24B	HIT: Planning: Cost of Private Contractors	0	90.00%	0		0	0
24C	HIT: Implementation and Operation: Cost of In-house Activities	0	90.00%	0		0	0
24D	HIT: Implementation and Operation: Cost of Private Contractors	0	90.00%	0		0	0
24E	HIT Incentive Payments - Eligible Professionals	0	100.00%	0		0	0
24F	HIT Incentive Payments - Eligible Hospitals	0	100.00%	0		0	0
25	Citizenship Verification Technology - CHIPRA						
25A	CVT Development - CHIPRA	0	90.00%	0		0	0
25B	CVT Operation - CHIPRA	0	75.00%	0		0	0
26	Planning for Health Homes for Enrollees with Chronic Conditions	0	50.00%	0		0	0
27	Recovery Audit Contractors State Administration	0	50.00%	0		0	0
28A	Design Development/Installation of Medicaid Elig. Determ. Sys. – Cost of In-house Activities	0	90.00%	0		0	0
28B	Design Development/Installation of Medicaid Elig. Determ. Sys. – Cost of Private Sec. Contractors	0	90.00%	0		0	0
28C	Operation of an Approved Medicaid Eligibility Determination Systems – Cost of In-house Activities	0	75.00%	0		0	0
28D	Operation of an Approved Medicaid Eligibility Determination Sys. – Cost of Private Sec. Contractors	0	75.00%	0		0	0
29	Other Financial Participation	4,715	50.00%	2,358		0	2,358
30	Total	4,715		2,358		0	2,358

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

State: Washington

Quarter Ended: 09/30/2011

Waiver Type: 1915C Waiver Name: ABD (Comm. Setting) Waiver Number: 0390.02		Total Computable	Federal Share				Total Federal Share
			FFP Rate	Federal Share	0.00%	Federal Share	
			(A)	(B)	(C)		
1	Family Planning	0	90.00%	0		0	0
2A	Design Development Or Installation Of MMIS: Cost of In-House Activities	0	90.00%	0		0	0
2B	Design Development Or Installation Of MMIS: Cost of Private Sector Contractors	0	90.00%	0		0	0
3A	Skilled Professional Medical Personnel-Single State Agency	0	75.00%	0		0	0
3B	Skilled Professional Medical Personnel - Other Agency	0	75.00%	0		0	0
4A	Operation Of An Approved MMIS: Costs of In-House Activities Plus State Agencies And Institutions	0	75.00%	0		0	0
4B	Operation Of An Approved MMIS: Cost of Private Sector Contractors	0	75.00%	0		0	0
5A	Mechanized Systems, Not Approved Under MMIS Procedures: Costs Of In-House Activities	0	50.00%	0		0	0
5B	Mechanized Systems, Not Approved Under MMIS Procedures: Cost Of Private Sector Contractors	0	50.00%	0		0	0
5C	Mechanized Systems - Not Approved under MMIS Procedures: Interagency	0	50.00%	0		0	0
6	Quality Improvement Organizations	0	75.00%	0		0	0
7A	Third Party Liability: Recovery Procedure - Billing Offset	0	50.00%	0		0	0
7B	Third Party Liability: Assignment Of Rights - Billing Offset	0	50.00%	0		0	0
8	Immigration Status Verification System Costs (100% FFP)	0	100.00%	0		0	0
9	Nurse Aide Training Costs	0	50.00%	0		0	0
10	Preadmission Screening Costs	0	75.00%	0		0	0
11	Resident Review Activities Costs	0	75.00%	0		0	0
12	Drug Use Review Program	0	50.00%	0		0	0
13	Outstationed Eligibility Workers	0	50.00%	0		0	0
14	TANF Base	0	90.00%	0		0	0
15	TANF Secondary 90%	0	90.00%	0		0	0
16	TANF Secondary 75%	0	75.00%	0		0	0
17	External Review	0	75.00%	0		0	0
18	Enrollment Brokers	0	50.00%	0		0	0
19	School Based Administration	0	50.00%	0		0	0

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

State: Washington

Quarter Ended: 09/30/2011

Waiver Type: 1915C Waiver Name: ABD (Comm. Setting) Waiver Number: 0390.02		Total Computable (A)	Federal Share				Total Federal Share (D)
			FFP Rate	Federal Share	0.00%	Federal Share	
20	Program Integrity/Fraud, Waste, and Abuse Activities	0	50.00%	0		0	0
21	County/Local ADM Costs	0	50.00%	0		0	0
22	Interagency Costs	0	50.00%	0		0	0
23	Translation and Interpretation	0	75.00%	0		0	0
24	Health Information Technology Administration						
24A	HIT: Planning: Cost of In-house Activities	0	90.00%	0		0	0
24B	HIT: Planning: Cost of Private Contractors	0	90.00%	0		0	0
24C	HIT: Implementation and Operation: Cost of In-house Activities	0	90.00%	0		0	0
24D	HIT: Implementation and Operation: Cost of Private Contractors	0	90.00%	0		0	0
24E	HIT Incentive Payments - Eligible Professionals	0	100.00%	0		0	0
24F	HIT Incentive Payments - Eligible Hospitals	0	100.00%	0		0	0
25	Citizenship Verification Technology - CHIPRA						
25A	CVT Development - CHIPRA	0	90.00%	0		0	0
25B	CVT Operation - CHIPRA	0	75.00%	0		0	0
26	Planning for Health Homes for Enrollees with Chronic Conditions	0	50.00%	0		0	0
27	Recovery Audit Contractors State Administration	0	50.00%	0		0	0
28A	Design Development/Installation of Medicaid Elig. Determ. Sys. – Cost of In-house Activities	0	90.00%	0		0	0
28B	Design Development/Installation of Medicaid Elig. Determ. Sys. – Cost of Private Sec. Contractors	0	90.00%	0		0	0
28C	Operation of an Approved Medicaid Eligibility Determination Systems – Cost of In-house Activities	0	75.00%	0		0	0
28D	Operation of an Approved Medicaid Eligibility Determination Sys. – Cost of Private Sec. Contractors	0	75.00%	0		0	0
29	Other Financial Participation	574,875	50.00%	287,438		0	287,438
30	Total	574,875		287,438		0	287,438

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

State: Washington

Quarter Ended: 09/30/2011

Waiver Type: 1915C Waiver Name: Basic Waiver Number: 0408		Total Computable (A)	Federal Share				Total Federal Share (D)
			FFP Rate	Federal Share	0.00%	Federal Share	
1	Family Planning	0	90.00%	0		0	0
2A	Design Development Or Installation Of MMIS: Cost of In-House Activities	0	90.00%	0		0	0
2B	Design Development Or Installation Of MMIS: Cost of Private Sector Contractors	0	90.00%	0		0	0
3A	Skilled Professional Medical Personnel-Single State Agency	0	75.00%	0		0	0
3B	Skilled Professional Medical Personnel - Other Agency	0	75.00%	0		0	0
4A	Operation Of An Approved MMIS: Costs of In-House Activities Plus State Agencies And Institutions	0	75.00%	0		0	0
4B	Operation Of An Approved MMIS: Cost of Private Sector Contractors	0	75.00%	0		0	0
5A	Mechanized Systems, Not Approved Under MMIS Procedures: Costs Of In-House Activities	0	50.00%	0		0	0
5B	Mechanized Systems, Not Approved Under MMIS Procedures: Cost Of Private Sector Contractors	0	50.00%	0		0	0
5C	Mechanized Systems - Not Approved under MMIS Procedures: Interagency	0	50.00%	0		0	0
6	Quality Improvement Organizations	0	75.00%	0		0	0
7A	Third Party Liability: Recovery Procedure - Billing Offset	0	50.00%	0		0	0
7B	Third Party Liability: Assignment Of Rights - Billing Offset	0	50.00%	0		0	0
8	Immigration Status Verification System Costs (100% FFP)	0	100.00%	0		0	0
9	Nurse Aide Training Costs	0	50.00%	0		0	0
10	Preadmission Screening Costs	0	75.00%	0		0	0
11	Resident Review Activities Costs	0	75.00%	0		0	0
12	Drug Use Review Program	0	50.00%	0		0	0
13	Outstationed Eligibility Workers	0	50.00%	0		0	0
14	TANF Base	0	90.00%	0		0	0
15	TANF Secondary 90%	0	90.00%	0		0	0
16	TANF Secondary 75%	0	75.00%	0		0	0
17	External Review	0	75.00%	0		0	0
18	Enrollment Brokers	0	50.00%	0		0	0
19	School Based Administration	0	50.00%	0		0	0

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

State: Washington

Quarter Ended: 09/30/2011

Waiver Type: 1915C Waiver Name: Basic Waiver Number: 0408		Total Computable (A)	Federal Share				Total Federal Share (D)
			FFP Rate	Federal Share	0.00%	Federal Share	
20	Program Integrity/Fraud, Waste, and Abuse Activities	0	50.00%	0		0	0
21	County/Local ADM Costs	0	50.00%	0		0	0
22	Interagency Costs	0	50.00%	0		0	0
23	Translation and Interpretation	0	75.00%	0		0	0
24	Health Information Technology Administration						
24A	HIT: Planning: Cost of In-house Activities	0	90.00%	0		0	0
24B	HIT: Planning: Cost of Private Contractors	0	90.00%	0		0	0
24C	HIT: Implementation and Operation: Cost of In-house Activities	0	90.00%	0		0	0
24D	HIT: Implementation and Operation: Cost of Private Contractors	0	90.00%	0		0	0
24E	HIT Incentive Payments - Eligible Professionals	0	100.00%	0		0	0
24F	HIT Incentive Payments - Eligible Hospitals	0	100.00%	0		0	0
25	Citizenship Verification Technology - CHIPRA						
25A	CVT Development - CHIPRA	0	90.00%	0		0	0
25B	CVT Operation - CHIPRA	0	75.00%	0		0	0
26	Planning for Health Homes for Enrollees with Chronic Conditions	0	50.00%	0		0	0
27	Recovery Audit Contractors State Administration	0	50.00%	0		0	0
28A	Design Development/Installation of Medicaid Elig. Determ. Sys. – Cost of In-house Activities	0	90.00%	0		0	0
28B	Design Development/Installation of Medicaid Elig. Determ. Sys. – Cost of Private Sec. Contractors	0	90.00%	0		0	0
28C	Operation of an Approved Medicaid Eligibility Determination Systems – Cost of In-house Activities	0	75.00%	0		0	0
28D	Operation of an Approved Medicaid Eligibility Determination Sys. – Cost of Private Sec. Contractors	0	75.00%	0		0	0
29	Other Financial Participation	3,065,233	50.00%	1,532,617		0	1,532,617
30	Total	3,065,233		1,532,617		0	1,532,617

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

State: Washington

Quarter Ended: 09/30/2011

Waiver Type: 1915C Waiver Name: Basic Plus Waiver Number: 0409		Total Computable	Federal Share				Total Federal Share
			FFP Rate	Federal Share	0.00%	Federal Share	
			(A)	(B)	(C)		
1	Family Planning	0	90.00%	0		0	0
2A	Design Development Or Installation Of MMIS: Cost of In-House Activities	0	90.00%	0		0	0
2B	Design Development Or Installation Of MMIS: Cost of Private Sector Contractors	0	90.00%	0		0	0
3A	Skilled Professional Medical Personnel-Single State Agency	0	75.00%	0		0	0
3B	Skilled Professional Medical Personnel - Other Agency	0	75.00%	0		0	0
4A	Operation Of An Approved MMIS: Costs of In-House Activities Plus State Agencies And Institutions	0	75.00%	0		0	0
4B	Operation Of An Approved MMIS: Cost of Private Sector Contractors	0	75.00%	0		0	0
5A	Mechanized Systems, Not Approved Under MMIS Procedures: Costs Of In-House Activities	0	50.00%	0		0	0
5B	Mechanized Systems, Not Approved Under MMIS Procedures: Cost Of Private Sector Contractors	0	50.00%	0		0	0
5C	Mechanized Systems - Not Approved under MMIS Procedures: Interagency	0	50.00%	0		0	0
6	Quality Improvement Organizations	0	75.00%	0		0	0
7A	Third Party Liability: Recovery Procedure - Billing Offset	0	50.00%	0		0	0
7B	Third Party Liability: Assignment Of Rights - Billing Offset	0	50.00%	0		0	0
8	Immigration Status Verification System Costs (100% FFP)	0	100.00%	0		0	0
9	Nurse Aide Training Costs	0	50.00%	0		0	0
10	Preadmission Screening Costs	0	75.00%	0		0	0
11	Resident Review Activities Costs	0	75.00%	0		0	0
12	Drug Use Review Program	0	50.00%	0		0	0
13	Outstationed Eligibility Workers	0	50.00%	0		0	0
14	TANF Base	0	90.00%	0		0	0
15	TANF Secondary 90%	0	90.00%	0		0	0
16	TANF Secondary 75%	0	75.00%	0		0	0
17	External Review	0	75.00%	0		0	0
18	Enrollment Brokers	0	50.00%	0		0	0
19	School Based Administration	0	50.00%	0		0	0

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

State: Washington

Quarter Ended: 09/30/2011

Waiver Type: 1915C Waiver Name: Basic Plus Waiver Number: 0409		Total Computable (A)	Federal Share				Total Federal Share (D)
			FFP Rate	Federal Share	0.00%	Federal Share	
20	Program Integrity/Fraud, Waste, and Abuse Activities	0	50.00%	0		0	0
21	County/Local ADM Costs	0	50.00%	0		0	0
22	Interagency Costs	0	50.00%	0		0	0
23	Translation and Interpretation	0	75.00%	0		0	0
24	Health Information Technology Administration						
24A	HIT: Planning: Cost of In-house Activities	0	90.00%	0		0	0
24B	HIT: Planning: Cost of Private Contractors	0	90.00%	0		0	0
24C	HIT: Implementation and Operation: Cost of In-house Activities	0	90.00%	0		0	0
24D	HIT: Implementation and Operation: Cost of Private Contractors	0	90.00%	0		0	0
24E	HIT Incentive Payments - Eligible Professionals	0	100.00%	0		0	0
24F	HIT Incentive Payments - Eligible Hospitals	0	100.00%	0		0	0
25	Citizenship Verification Technology - CHIPRA						
25A	CVT Development - CHIPRA	0	90.00%	0		0	0
25B	CVT Operation - CHIPRA	0	75.00%	0		0	0
26	Planning for Health Homes for Enrollees with Chronic Conditions	0	50.00%	0		0	0
27	Recovery Audit Contractors State Administration	0	50.00%	0		0	0
28A	Design Development/Installation of Medicaid Elig. Determ. Sys. – Cost of In-house Activities	0	90.00%	0		0	0
28B	Design Development/Installation of Medicaid Elig. Determ. Sys. – Cost of Private Sec. Contractors	0	90.00%	0		0	0
28C	Operation of an Approved Medicaid Eligibility Determination Systems – Cost of In-house Activities	0	75.00%	0		0	0
28D	Operation of an Approved Medicaid Eligibility Determination Sys. – Cost of Private Sec. Contractors	0	75.00%	0		0	0
29	Other Financial Participation	1,735,883	50.00%	867,942		0	867,942
30	Total	1,735,883		867,942		0	867,942

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

State: Washington

Quarter Ended: 09/30/2011

Waiver Type: 1915C Waiver Name: CIIBS Waiver Number: 40669.R00		Total Computable (A)	Federal Share				Total Federal Share (D)
			FFP Rate	Federal Share	0.00%	Federal Share	
1	Family Planning	0	90.00%	0		0	0
2A	Design Development Or Installation Of MMIS: Cost of In-House Activities	0	90.00%	0		0	0
2B	Design Development Or Installation Of MMIS: Cost of Private Sector Contractors	0	90.00%	0		0	0
3A	Skilled Professional Medical Personnel-Single State Agency	0	75.00%	0		0	0
3B	Skilled Professional Medical Personnel - Other Agency	0	75.00%	0		0	0
4A	Operation Of An Approved MMIS: Costs of In-House Activities Plus State Agencies And Institutions	0	75.00%	0		0	0
4B	Operation Of An Approved MMIS: Cost of Private Sector Contractors	0	75.00%	0		0	0
5A	Mechanized Systems, Not Approved Under MMIS Procedures: Costs Of In-House Activities	0	50.00%	0		0	0
5B	Mechanized Systems, Not Approved Under MMIS Procedures: Cost Of Private Sector Contractors	0	50.00%	0		0	0
5C	Mechanized Systems - Not Approved under MMIS Procedures: Interagency	0	50.00%	0		0	0
6	Quality Improvement Organizations	0	75.00%	0		0	0
7A	Third Party Liability: Recovery Procedure - Billing Offset	0	50.00%	0		0	0
7B	Third Party Liability: Assignment Of Rights - Billing Offset	0	50.00%	0		0	0
8	Immigration Status Verification System Costs (100% FFP)	0	100.00%	0		0	0
9	Nurse Aide Training Costs	0	50.00%	0		0	0
10	Preadmission Screening Costs	0	75.00%	0		0	0
11	Resident Review Activities Costs	0	75.00%	0		0	0
12	Drug Use Review Program	0	50.00%	0		0	0
13	Outstationed Eligibility Workers	0	50.00%	0		0	0
14	TANF Base	0	90.00%	0		0	0
15	TANF Secondary 90%	0	90.00%	0		0	0
16	TANF Secondary 75%	0	75.00%	0		0	0
17	External Review	0	75.00%	0		0	0
18	Enrollment Brokers	0	50.00%	0		0	0
19	School Based Administration	0	50.00%	0		0	0

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

State: Washington

Quarter Ended: 09/30/2011

Waiver Type: 1915C Waiver Name: CIIBS Waiver Number: 40669.R00		Total Computable (A)	Federal Share				Total Federal Share (D)
			FFP Rate	Federal Share	0.00%	Federal Share	
20	Program Integrity/Fraud, Waste, and Abuse Activities	0	50.00%	0		0	0
21	County/Local ADM Costs	0	50.00%	0		0	0
22	Interagency Costs	0	50.00%	0		0	0
23	Translation and Interpretation	0	75.00%	0		0	0
24	Health Information Technology Administration						
24A	HIT: Planning: Cost of In-house Activities	0	90.00%	0		0	0
24B	HIT: Planning: Cost of Private Contractors	0	90.00%	0		0	0
24C	HIT: Implementation and Operation: Cost of In-house Activities	0	90.00%	0		0	0
24D	HIT: Implementation and Operation: Cost of Private Contractors	0	90.00%	0		0	0
24E	HIT Incentive Payments - Eligible Professionals	0	100.00%	0		0	0
24F	HIT Incentive Payments - Eligible Hospitals	0	100.00%	0		0	0
25	Citizenship Verification Technology - CHIPRA						
25A	CVT Development - CHIPRA	0	90.00%	0		0	0
25B	CVT Operation - CHIPRA	0	75.00%	0		0	0
26	Planning for Health Homes for Enrollees with Chronic Conditions	0	50.00%	0		0	0
27	Recovery Audit Contractors State Administration	0	50.00%	0		0	0
28A	Design Development/Installation of Medicaid Elig. Determ. Sys. – Cost of In-house Activities	0	90.00%	0		0	0
28B	Design Development/Installation of Medicaid Elig. Determ. Sys. – Cost of Private Sec. Contractors	0	90.00%	0		0	0
28C	Operation of an Approved Medicaid Eligibility Determination Systems – Cost of In-house Activities	0	75.00%	0		0	0
28D	Operation of an Approved Medicaid Eligibility Determination Sys. – Cost of Private Sec. Contractors	0	75.00%	0		0	0
29	Other Financial Participation	35,715	50.00%	17,858		0	17,858
30	Total	35,715		17,858		0	17,858

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

State: Washington

Quarter Ended: 09/30/2011

Waiver Type: 1915C Waiver Name: COPEs Waiver Number: 0049.92		Total Computable	Federal Share				Total Federal Share
			FFP Rate	Federal Share	0.00%	Federal Share	
			(A)	(B)	(C)		
1	Family Planning	0	90.00%	0		0	0
2A	Design Development Or Installation Of MMIS: Cost of In-House Activities	0	90.00%	0		0	0
2B	Design Development Or Installation Of MMIS: Cost of Private Sector Contractors	0	90.00%	0		0	0
3A	Skilled Professional Medical Personnel-Single State Agency	0	75.00%	0		0	0
3B	Skilled Professional Medical Personnel - Other Agency	0	75.00%	0		0	0
4A	Operation Of An Approved MMIS: Costs of In-House Activities Plus State Agencies And Institutions	0	75.00%	0		0	0
4B	Operation Of An Approved MMIS: Cost of Private Sector Contractors	0	75.00%	0		0	0
5A	Mechanized Systems, Not Approved Under MMIS Procedures: Costs Of In-House Activities	0	50.00%	0		0	0
5B	Mechanized Systems, Not Approved Under MMIS Procedures: Cost Of Private Sector Contractors	0	50.00%	0		0	0
5C	Mechanized Systems - Not Approved under MMIS Procedures: Interagency	0	50.00%	0		0	0
6	Quality Improvement Organizations	0	75.00%	0		0	0
7A	Third Party Liability: Recovery Procedure - Billing Offset	0	50.00%	0		0	0
7B	Third Party Liability: Assignment Of Rights - Billing Offset	0	50.00%	0		0	0
8	Immigration Status Verification System Costs (100% FFP)	0	100.00%	0		0	0
9	Nurse Aide Training Costs	0	50.00%	0		0	0
10	Preadmission Screening Costs	0	75.00%	0		0	0
11	Resident Review Activities Costs	0	75.00%	0		0	0
12	Drug Use Review Program	0	50.00%	0		0	0
13	Outstationed Eligibility Workers	0	50.00%	0		0	0
14	TANF Base	0	90.00%	0		0	0
15	TANF Secondary 90%	0	90.00%	0		0	0
16	TANF Secondary 75%	0	75.00%	0		0	0
17	External Review	0	75.00%	0		0	0
18	Enrollment Brokers	0	50.00%	0		0	0
19	School Based Administration	0	50.00%	0		0	0

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

State: Washington

Quarter Ended: 09/30/2011

Waiver Type: 1915C Waiver Name: COPEs Waiver Number: 0049.92		Total Computable (A)	Federal Share				Total Federal Share (D)
			FFP Rate	Federal Share	0.00%	Federal Share	
20	Program Integrity/Fraud, Waste, and Abuse Activities	0	50.00%	0		0	0
21	County/Local ADM Costs	0	50.00%	0		0	0
22	Interagency Costs	0	50.00%	0		0	0
23	Translation and Interpretation	0	75.00%	0		0	0
24	Health Information Technology Administration						
24A	HIT: Planning: Cost of In-house Activities	0	90.00%	0		0	0
24B	HIT: Planning: Cost of Private Contractors	0	90.00%	0		0	0
24C	HIT: Implementation and Operation: Cost of In-house Activities	0	90.00%	0		0	0
24D	HIT: Implementation and Operation: Cost of Private Contractors	0	90.00%	0		0	0
24E	HIT Incentive Payments - Eligible Professionals	0	100.00%	0		0	0
24F	HIT Incentive Payments - Eligible Hospitals	0	100.00%	0		0	0
25	Citizenship Verification Technology - CHIPRA						
25A	CVT Development - CHIPRA	0	90.00%	0		0	0
25B	CVT Operation - CHIPRA	0	75.00%	0		0	0
26	Planning for Health Homes for Enrollees with Chronic Conditions	0	50.00%	0		0	0
27	Recovery Audit Contractors State Administration	0	50.00%	0		0	0
28A	Design Development/Installation of Medicaid Elig. Determ. Sys. – Cost of In-house Activities	0	90.00%	0		0	0
28B	Design Development/Installation of Medicaid Elig. Determ. Sys. – Cost of Private Sec. Contractors	0	90.00%	0		0	0
28C	Operation of an Approved Medicaid Eligibility Determination Systems – Cost of In-house Activities	0	75.00%	0		0	0
28D	Operation of an Approved Medicaid Eligibility Determination Sys. – Cost of Private Sec. Contractors	0	75.00%	0		0	0
29	Other Financial Participation	24,056,433	50.00%	12,028,217		0	12,028,217
30	Total	24,056,433		12,028,217		0	12,028,217

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

State: Washington

Quarter Ended: 09/30/2011

Waiver Type: 1915C Waiver Name: Core Waiver Number: 0410		Total Computable	Federal Share				Total Federal Share
			FFP Rate	Federal Share	0.00%	Federal Share	
			(A)	(B)	(C)	(D)	
1	Family Planning	0	90.00%	0		0	0
2A	Design Development Or Installation Of MMIS: Cost of In-House Activities	0	90.00%	0		0	0
2B	Design Development Or Installation Of MMIS: Cost of Private Sector Contractors	0	90.00%	0		0	0
3A	Skilled Professional Medical Personnel-Single State Agency	0	75.00%	0		0	0
3B	Skilled Professional Medical Personnel - Other Agency	0	75.00%	0		0	0
4A	Operation Of An Approved MMIS: Costs of In-House Activities Plus State Agencies And Institutions	0	75.00%	0		0	0
4B	Operation Of An Approved MMIS: Cost of Private Sector Contractors	0	75.00%	0		0	0
5A	Mechanized Systems, Not Approved Under MMIS Procedures: Costs Of In-House Activities	0	50.00%	0		0	0
5B	Mechanized Systems, Not Approved Under MMIS Procedures: Cost Of Private Sector Contractors	0	50.00%	0		0	0
5C	Mechanized Systems - Not Approved under MMIS Procedures: Interagency	0	50.00%	0		0	0
6	Quality Improvement Organizations	0	75.00%	0		0	0
7A	Third Party Liability: Recovery Procedure - Billing Offset	0	50.00%	0		0	0
7B	Third Party Liability: Assignment Of Rights - Billing Offset	0	50.00%	0		0	0
8	Immigration Status Verification System Costs (100% FFP)	0	100.00%	0		0	0
9	Nurse Aide Training Costs	0	50.00%	0		0	0
10	Preadmission Screening Costs	0	75.00%	0		0	0
11	Resident Review Activities Costs	0	75.00%	0		0	0
12	Drug Use Review Program	0	50.00%	0		0	0
13	Outstationed Eligibility Workers	0	50.00%	0		0	0
14	TANF Base	0	90.00%	0		0	0
15	TANF Secondary 90%	0	90.00%	0		0	0
16	TANF Secondary 75%	0	75.00%	0		0	0
17	External Review	0	75.00%	0		0	0
18	Enrollment Brokers	0	50.00%	0		0	0
19	School Based Administration	0	50.00%	0		0	0

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

State: Washington

Quarter Ended: 09/30/2011

Waiver Type: 1915C Waiver Name: Core Waiver Number: 0410		Total Computable (A)	Federal Share				Total Federal Share (D)
			FFP Rate	Federal Share	0.00%	Federal Share	
20	Program Integrity/Fraud, Waste, and Abuse Activities	0	50.00%	0		0	0
21	County/Local ADM Costs	0	50.00%	0		0	0
22	Interagency Costs	0	50.00%	0		0	0
23	Translation and Interpretation	0	75.00%	0		0	0
24	Health Information Technology Administration						
24A	HIT: Planning: Cost of In-house Activities	0	90.00%	0		0	0
24B	HIT: Planning: Cost of Private Contractors	0	90.00%	0		0	0
24C	HIT: Implementation and Operation: Cost of In-house Activities	0	90.00%	0		0	0
24D	HIT: Implementation and Operation: Cost of Private Contractors	0	90.00%	0		0	0
24E	HIT Incentive Payments - Eligible Professionals	0	100.00%	0		0	0
24F	HIT Incentive Payments - Eligible Hospitals	0	100.00%	0		0	0
25	Citizenship Verification Technology - CHIPRA						
25A	CVT Development - CHIPRA	0	90.00%	0		0	0
25B	CVT Operation - CHIPRA	0	75.00%	0		0	0
26	Planning for Health Homes for Enrollees with Chronic Conditions	0	50.00%	0		0	0
27	Recovery Audit Contractors State Administration	0	50.00%	0		0	0
28A	Design Development/Installation of Medicaid Elig. Determ. Sys. – Cost of In-house Activities	0	90.00%	0		0	0
28B	Design Development/Installation of Medicaid Elig. Determ. Sys. – Cost of Private Sec. Contractors	0	90.00%	0		0	0
28C	Operation of an Approved Medicaid Eligibility Determination Systems – Cost of In-house Activities	0	75.00%	0		0	0
28D	Operation of an Approved Medicaid Eligibility Determination Sys. – Cost of Private Sec. Contractors	0	75.00%	0		0	0
29	Other Financial Participation	3,364,629	50.00%	1,682,315		0	1,682,315
30	Total	3,364,629		1,682,315		0	1,682,315

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

State: Washington

Quarter Ended: 09/30/2011

Waiver Type: 1915C Waiver Name: Medically Needy In Home Waiver Number: 0419.01		Total Computable (A)	Federal Share				Total Federal Share (D)
			FFP Rate	Federal Share	0.00%	Federal Share	
1	Family Planning	0	90.00%	0		0	0
2A	Design Development Or Installation Of MMIS: Cost of In-House Activities	0	90.00%	0		0	0
2B	Design Development Or Installation Of MMIS: Cost of Private Sector Contractors	0	90.00%	0		0	0
3A	Skilled Professional Medical Personnel-Single State Agency	0	75.00%	0		0	0
3B	Skilled Professional Medical Personnel - Other Agency	0	75.00%	0		0	0
4A	Operation Of An Approved MMIS: Costs of In-House Activities Plus State Agencies And Institutions	0	75.00%	0		0	0
4B	Operation Of An Approved MMIS: Cost of Private Sector Contractors	0	75.00%	0		0	0
5A	Mechanized Systems, Not Approved Under MMIS Procedures: Costs Of In-House Activities	0	50.00%	0		0	0
5B	Mechanized Systems, Not Approved Under MMIS Procedures: Cost Of Private Sector Contractors	0	50.00%	0		0	0
5C	Mechanized Systems - Not Approved under MMIS Procedures: Interagency	0	50.00%	0		0	0
6	Quality Improvement Organizations	0	75.00%	0		0	0
7A	Third Party Liability: Recovery Procedure - Billing Offset	0	50.00%	0		0	0
7B	Third Party Liability: Assignment Of Rights - Billing Offset	0	50.00%	0		0	0
8	Immigration Status Verification System Costs (100% FFP)	0	100.00%	0		0	0
9	Nurse Aide Training Costs	0	50.00%	0		0	0
10	Preadmission Screening Costs	0	75.00%	0		0	0
11	Resident Review Activities Costs	0	75.00%	0		0	0
12	Drug Use Review Program	0	50.00%	0		0	0
13	Outstationed Eligibility Workers	0	50.00%	0		0	0
14	TANF Base	0	90.00%	0		0	0
15	TANF Secondary 90%	0	90.00%	0		0	0
16	TANF Secondary 75%	0	75.00%	0		0	0
17	External Review	0	75.00%	0		0	0
18	Enrollment Brokers	0	50.00%	0		0	0
19	School Based Administration	0	50.00%	0		0	0

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

State: Washington

Quarter Ended: 09/30/2011

Waiver Type: 1915C Waiver Name: Medically Needy In Home Waiver Number: 0419.01		Total Computable (A)	Federal Share				Total Federal Share (D)
			FFP Rate	Federal Share	0.00%	Federal Share	
20	Program Integrity/Fraud, Waste, and Abuse Activities	0	50.00%	0		0	0
21	County/Local ADM Costs	0	50.00%	0		0	0
22	Interagency Costs	0	50.00%	0		0	0
23	Translation and Interpretation	0	75.00%	0		0	0
24	Health Information Technology Administration						
24A	HIT: Planning: Cost of In-house Activities	0	90.00%	0		0	0
24B	HIT: Planning: Cost of Private Contractors	0	90.00%	0		0	0
24C	HIT: Implementation and Operation: Cost of In-house Activities	0	90.00%	0		0	0
24D	HIT: Implementation and Operation: Cost of Private Contractors	0	90.00%	0		0	0
24E	HIT Incentive Payments - Eligible Professionals	0	100.00%	0		0	0
24F	HIT Incentive Payments - Eligible Hospitals	0	100.00%	0		0	0
25	Citizenship Verification Technology - CHIPRA						
25A	CVT Development - CHIPRA	0	90.00%	0		0	0
25B	CVT Operation - CHIPRA	0	75.00%	0		0	0
26	Planning for Health Homes for Enrollees with Chronic Conditions	0	50.00%	0		0	0
27	Recovery Audit Contractors State Administration	0	50.00%	0		0	0
28A	Design Development/Installation of Medicaid Elig. Determ. Sys. – Cost of In-house Activities	0	90.00%	0		0	0
28B	Design Development/Installation of Medicaid Elig. Determ. Sys. – Cost of Private Sec. Contractors	0	90.00%	0		0	0
28C	Operation of an Approved Medicaid Eligibility Determination Systems – Cost of In-house Activities	0	75.00%	0		0	0
28D	Operation of an Approved Medicaid Eligibility Determination Sys. – Cost of Private Sec. Contractors	0	75.00%	0		0	0
29	Other Financial Participation	198,580	50.00%	99,290		0	99,290
30	Total	198,580		99,290		0	99,290

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

State: Washington

Quarter Ended: 09/30/2011

Waiver Type: 1915C Waiver Name: New Freedom Waiver Number: 0449		Total Computable (A)	Federal Share				Total Federal Share (D)
			FFP Rate	Federal Share	0.00%	Federal Share	
1	Family Planning	0	90.00%	0		0	0
2A	Design Development Or Installation Of MMIS: Cost of In-House Activities	0	90.00%	0		0	0
2B	Design Development Or Installation Of MMIS: Cost of Private Sector Contractors	0	90.00%	0		0	0
3A	Skilled Professional Medical Personnel-Single State Agency	0	75.00%	0		0	0
3B	Skilled Professional Medical Personnel - Other Agency	0	75.00%	0		0	0
4A	Operation Of An Approved MMIS: Costs of In-House Activities Plus State Agencies And Institutions	0	75.00%	0		0	0
4B	Operation Of An Approved MMIS: Cost of Private Sector Contractors	0	75.00%	0		0	0
5A	Mechanized Systems, Not Approved Under MMIS Procedures: Costs Of In-House Activities	0	50.00%	0		0	0
5B	Mechanized Systems, Not Approved Under MMIS Procedures: Cost Of Private Sector Contractors	0	50.00%	0		0	0
5C	Mechanized Systems - Not Approved under MMIS Procedures: Interagency	0	50.00%	0		0	0
6	Quality Improvement Organizations	0	75.00%	0		0	0
7A	Third Party Liability: Recovery Procedure - Billing Offset	0	50.00%	0		0	0
7B	Third Party Liability: Assignment Of Rights - Billing Offset	0	50.00%	0		0	0
8	Immigration Status Verification System Costs (100% FFP)	0	100.00%	0		0	0
9	Nurse Aide Training Costs	0	50.00%	0		0	0
10	Preadmission Screening Costs	0	75.00%	0		0	0
11	Resident Review Activities Costs	0	75.00%	0		0	0
12	Drug Use Review Program	0	50.00%	0		0	0
13	Outstationed Eligibility Workers	0	50.00%	0		0	0
14	TANF Base	0	90.00%	0		0	0
15	TANF Secondary 90%	0	90.00%	0		0	0
16	TANF Secondary 75%	0	75.00%	0		0	0
17	External Review	0	75.00%	0		0	0
18	Enrollment Brokers	0	50.00%	0		0	0
19	School Based Administration	0	50.00%	0		0	0

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

State: Washington

Quarter Ended: 09/30/2011

Waiver Type: 1915C Waiver Name: New Freedom Waiver Number: 0449		Total Computable (A)	Federal Share				Total Federal Share (D)
			FFP Rate	Federal Share	0.00%	Federal Share	
20	Program Integrity/Fraud, Waste, and Abuse Activities	0	50.00%	0		0	0
21	County/Local ADM Costs	0	50.00%	0		0	0
22	Interagency Costs	0	50.00%	0		0	0
23	Translation and Interpretation	0	75.00%	0		0	0
24	Health Information Technology Administration						
24A	HIT: Planning: Cost of In-house Activities	0	90.00%	0		0	0
24B	HIT: Planning: Cost of Private Contractors	0	90.00%	0		0	0
24C	HIT: Implementation and Operation: Cost of In-house Activities	0	90.00%	0		0	0
24D	HIT: Implementation and Operation: Cost of Private Contractors	0	90.00%	0		0	0
24E	HIT Incentive Payments - Eligible Professionals	0	100.00%	0		0	0
24F	HIT Incentive Payments - Eligible Hospitals	0	100.00%	0		0	0
25	Citizenship Verification Technology - CHIPRA						
25A	CVT Development - CHIPRA	0	90.00%	0		0	0
25B	CVT Operation - CHIPRA	0	75.00%	0		0	0
26	Planning for Health Homes for Enrollees with Chronic Conditions	0	50.00%	0		0	0
27	Recovery Audit Contractors State Administration	0	50.00%	0		0	0
28A	Design Development/Installation of Medicaid Elig. Determ. Sys. – Cost of In-house Activities	0	90.00%	0		0	0
28B	Design Development/Installation of Medicaid Elig. Determ. Sys. – Cost of Private Sec. Contractors	0	90.00%	0		0	0
28C	Operation of an Approved Medicaid Eligibility Determination Systems – Cost of In-house Activities	0	75.00%	0		0	0
28D	Operation of an Approved Medicaid Eligibility Determination Sys. – Cost of Private Sec. Contractors	0	75.00%	0		0	0
29	Other Financial Participation	606,268	50.00%	303,134		0	303,134
30	Total	606,268		303,134		0	303,134

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

State: Washington

Quarter Ended: 09/30/2011

Waiver Type: 1915C Waiver Name: Public Safety Waiver Number: 0411		Total Computable (A)	Federal Share				Total Federal Share (D)
			FFP Rate	Federal Share	0.00%	Federal Share	
1	Family Planning	0	90.00%	0		0	0
2A	Design Development Or Installation Of MMIS: Cost of In-House Activities	0	90.00%	0		0	0
2B	Design Development Or Installation Of MMIS: Cost of Private Sector Contractors	0	90.00%	0		0	0
3A	Skilled Professional Medical Personnel-Single State Agency	0	75.00%	0		0	0
3B	Skilled Professional Medical Personnel - Other Agency	0	75.00%	0		0	0
4A	Operation Of An Approved MMIS: Costs of In-House Activities Plus State Agencies And Institutions	0	75.00%	0		0	0
4B	Operation Of An Approved MMIS: Cost of Private Sector Contractors	0	75.00%	0		0	0
5A	Mechanized Systems, Not Approved Under MMIS Procedures: Costs Of In-House Activities	0	50.00%	0		0	0
5B	Mechanized Systems, Not Approved Under MMIS Procedures: Cost Of Private Sector Contractors	0	50.00%	0		0	0
5C	Mechanized Systems - Not Approved under MMIS Procedures: Interagency	0	50.00%	0		0	0
6	Quality Improvement Organizations	0	75.00%	0		0	0
7A	Third Party Liability: Recovery Procedure - Billing Offset	0	50.00%	0		0	0
7B	Third Party Liability: Assignment Of Rights - Billing Offset	0	50.00%	0		0	0
8	Immigration Status Verification System Costs (100% FFP)	0	100.00%	0		0	0
9	Nurse Aide Training Costs	0	50.00%	0		0	0
10	Preadmission Screening Costs	0	75.00%	0		0	0
11	Resident Review Activities Costs	0	75.00%	0		0	0
12	Drug Use Review Program	0	50.00%	0		0	0
13	Outstationed Eligibility Workers	0	50.00%	0		0	0
14	TANF Base	0	90.00%	0		0	0
15	TANF Secondary 90%	0	90.00%	0		0	0
16	TANF Secondary 75%	0	75.00%	0		0	0
17	External Review	0	75.00%	0		0	0
18	Enrollment Brokers	0	50.00%	0		0	0
19	School Based Administration	0	50.00%	0		0	0

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

State: Washington

Quarter Ended: 09/30/2011

Waiver Type: 1915C Waiver Name: Public Safety Waiver Number: 0411		Total Computable (A)	Federal Share				Total Federal Share (D)
			FFP Rate	Federal Share	0.00%	Federal Share	
			(B)		(C)		
20	Program Integrity/Fraud, Waste, and Abuse Activities	0	50.00%	0		0	0
21	County/Local ADM Costs	0	50.00%	0		0	0
22	Interagency Costs	0	50.00%	0		0	0
23	Translation and Interpretation	0	75.00%	0		0	0
24	Health Information Technology Administration						
24A	HIT: Planning: Cost of In-house Activities	0	90.00%	0		0	0
24B	HIT: Planning: Cost of Private Contractors	0	90.00%	0		0	0
24C	HIT: Implementation and Operation: Cost of In-house Activities	0	90.00%	0		0	0
24D	HIT: Implementation and Operation: Cost of Private Contractors	0	90.00%	0		0	0
24E	HIT Incentive Payments - Eligible Professionals	0	100.00%	0		0	0
24F	HIT Incentive Payments - Eligible Hospitals	0	100.00%	0		0	0
25	Citizenship Verification Technology - CHIPRA						
25A	CVT Development - CHIPRA	0	90.00%	0		0	0
25B	CVT Operation - CHIPRA	0	75.00%	0		0	0
26	Planning for Health Homes for Enrollees with Chronic Conditions	0	50.00%	0		0	0
27	Recovery Audit Contractors State Administration	0	50.00%	0		0	0
28A	Design Development/Installation of Medicaid Elig. Determ. Sys. – Cost of In-house Activities	0	90.00%	0		0	0
28B	Design Development/Installation of Medicaid Elig. Determ. Sys. – Cost of Private Sec. Contractors	0	90.00%	0		0	0
28C	Operation of an Approved Medicaid Eligibility Determination Systems – Cost of In-house Activities	0	75.00%	0		0	0
28D	Operation of an Approved Medicaid Eligibility Determination Sys. – Cost of Private Sec. Contractors	0	75.00%	0		0	0
29	Other Financial Participation	399,567	50.00%	199,784		0	199,784
30	Total	399,567		199,784		0	199,784

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

State: Washington

Quarter Ended: 09/30/2011
Prior Fiscal Year: 2011

Line # 7								
		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)
1	Family Planning	0	90.00%	0		0		
2A	Design Development Or Installation Of MMIS: Costs Of In-House Activities	0	90.00%	0		0		
2B	Design Development Or Installation Of MMIS: Costs Of Private Sector Contractors	0	90.00%	0		0		
3A	Skilled Professional Medical Personnel-Single State Agency	0	75.00%	0		0		
3B	Skilled Professional Medical Personnel - Other Agency	0	75.00%	0		0		
4A	Operation Of An Approved MMIS: Cost Of In-House Activities	0	75.00%	0		0		
4B	Operation Of An Approved MMIS: Cost Of Private Sector Contractors	0	75.00%	0		0		
5A	Mechanized Systems, not Approved Under MMIS Procedures: Costs Of In-House Activities	0	50.00%	0		0		
5B	Mechanized Systems, Not Approved Under MMIS Procedures: Cost Of Private Sector Contractors	0	50.00%	0		0		
5C	Mechanized Systems - Not Approved under MMIS Procedures: Interagency	0	50.00%	0		0		
6	Quality Improvement Organizations	0	75.00%	0		0		
7A	Third Party Liability: Recovery Procedure - Billing Offset	0	50.00%	0		0		
7B	Third Party Liability: Assignment Of Rights - Billing Offset	0	50.00%	0		0		
8	Immigration Status Verification System Costs (100% FFP)	0	100.00%	0		0		
9	Nurse Aide Training	0	50.00%	0		0		
10	Preadmission Screening Costs	0	75.00%	0		0		
11	Resident Review Activities Cost	0	75.00%	0		0		
12	Drug Use Review Program	0	50.00%	0		0		
13	Outstationed Eligibility Workers	0	50.00%	0		0		
14	TANF Base	0	90.00%	0		0		
15	TANF Secondary (90%)	0	90.00%	0		0		

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

State: Washington

Quarter Ended: 09/30/2011
Prior Fiscal Year: 2011

Line # 7								
		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)		
16	TANF Secondary (75%)	0	75.00%	0		0		
17	External Review	0	75.00%	0		0		
18	Enrollment Brokers	0	50.00%	0		0		
19	School Based Administration	0	50.00%	0		0		
20	Program Integrity/Fraud, Waste, and Abuse Activities	0	50.00%	0		0		
21	County/Local ADM Costs	0	50.00%	0		0		
22	Interagency Costs	0	50.00%	0		0		
23	Translation and Interpretation	0	75.00%	0		0		
24	Health Information Technology Administration							
24A	HIT: Planning: Cost of In-house Activities	0	90.00%	0		0		
24B	HIT: Planning: Cost of Private Contractors	0	90.00%	0		0		
24C	HIT: Implementation and Operation: Cost of In-house Activities	0	90.00%	0		0		
24D	HIT: Implementation and Operation: Cost of Private Contractors	0	90.00%	0		0		
24E	HIT Incentive Payments - Eligible Professionals	0	100.00%	0		0		
24F	HIT Incentive Payments - Eligible Hospitals	0	100.00%	0		0		
25	Citizenship Verification Technology - CHIPRA							
25A	CVT Development - CHIPRA	0	90.00%	0		0		
25B	CVT Operation - CHIPRA	0	75.00%	0		0		
26	Planning for Health Homes for Enrollees with Chronic Conditions	0	50.00%	0		0		
27	Recovery Audit Contractors State Administration	0	50.00%	0		0		
28A	Design Development/Installation of Medicaid Elig. Determ. Sys. - Cost of In-house Activities	0	90.00%	0		0		

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

State: Washington

Quarter Ended: 09/30/2011
Prior Fiscal Year: 2011

Line # 7								
		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)
28B	Design Development/Installation of Medicaid Elig. Determ. Sys. – Cost of Private Sec. Contractors	0	90.00%	0		0		
28C	Operation of an Approved Medicaid Eligibility Determination Systems – Cost of In-house Activities	0	75.00%	0		0		
28D	Operation of an Approved Medicaid Eligibility Determination Sys. – Cost of Private Sec. Contractors	0	75.00%	0		0		
29	Other Financial Participation	99,719	50.00%	49,860		49,860		
30	Total	99,719		49,860		49,860		

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

State: Washington

Quarter Ended: 09/30/2011
Prior Fiscal Year: 2010

Line # 10B								
		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)
1	Family Planning	0	90.00%	0	0	0		
2A	Design Development Or Installation Of MMIS: Costs Of In-House Activities	0	90.00%	0	0	0		
2B	Design Development Or Installation Of MMIS: Costs Of Private Sector Contractors	0	90.00%	0	0	0		
3A	Skilled Professional Medical Personnel-Single State Agency	0	75.00%	0	0	0		
3B	Skilled Professional Medical Personnel - Other Agency	0	75.00%	0	0	0		
4A	Operation Of An Approved MMIS: Cost Of In-House Activities	0	75.00%	0	0	0		
4B	Operation Of An Approved MMIS: Cost Of Private Sector Contractors	0	75.00%	0	0	0		
5A	Mechanized Systems, not Approved Under MMIS Procedures: Costs Of In-House Activities	0	50.00%	0	0	0		
5B	Mechanized Systems, Not Approved Under MMIS Procedures: Cost Of Private Sector Contractors	0	50.00%	0	0	0		
5C	Mechanized Systems - Not Approved under MMIS Procedures: Interagency	0	50.00%	0	0	0		
6	Quality Improvement Organizations	0	75.00%	0	0	0		
7A	Third Party Liability: Recovery Procedure - Billing Offset	0	50.00%	0	0	0		
7B	Third Party Liability: Assignment Of Rights - Billing Offset	0	50.00%	0	0	0		
8	Immigration Status Verification System Costs (100% FFP)	0	100.00%	0	0	0		
9	Nurse Aide Training	0	50.00%	0	0	0		
10	Preadmission Screening Costs	0	75.00%	0	0	0		
11	Resident Review Activities Cost	0	75.00%	0	0	0		
12	Drug Use Review Program	0	50.00%	0	0	0		
13	Outstationed Eligibility Workers	0	50.00%	0	0	0		
14	TANF Base	0	90.00%	0	0	0		
15	TANF Secondary (90%)	0	90.00%	0	0	0		

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

State: Washington

Quarter Ended: 09/30/2011
Prior Fiscal Year: 2010

Line # 10B								
		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)		
16	TANF Secondary (75%)	0	75.00%	0		0	0	
17	External Review	0	75.00%	0		0	0	
18	Enrollment Brokers	0	50.00%	0		0	0	
19	School Based Administration	0	50.00%	0		0	0	
20	Program Integrity/Fraud, Waste, and Abuse Activities	0	50.00%	0		0	0	
21	County/Local ADM Costs	0	50.00%	0		0	0	
22	Interagency Costs	0	50.00%	0		0	0	
23	Translation and Interpretation	0	75.00%	0		0	0	
24	Health Information Technology Administration							
24A	HIT: Planning: Cost of In-house Activities	0	90.00%	0		0	0	
24B	HIT: Planning: Cost of Private Contractors	0	90.00%	0		0	0	
24C	HIT: Implementation and Operation: Cost of In-house Activities	0	90.00%	0		0	0	
24D	HIT: Implementation and Operation: Cost of Private Contractors	0	90.00%	0		0	0	
24E	HIT Incentive Payments - Eligible Professionals	0	100.00%	0		0	0	
24F	HIT Incentive Payments - Eligible Hospitals	0	100.00%	0		0	0	
25	Citizenship Verification Technology - CHIPRA							
25A	CVT Development - CHIPRA	0	90.00%	0		0	0	
25B	CVT Operation - CHIPRA	0	75.00%	0		0	0	
26	Planning for Health Homes for Enrollees with Chronic Conditions	0	50.12%	0		0	0	
27	Recovery Audit Contractors State Administration	0	50.00%	0		0	0	
28A	Design Development/Installation of Medicaid Elig. Determ. Sys. - Cost of In-house Activities	0	90.00%	0		0	0	

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

State: Washington

Quarter Ended: 09/30/2011
Prior Fiscal Year: 2010

Line # 10B								
		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)
28B	Design Development/Installation of Medicaid Elig. Determ. Sys. – Cost of Private Sec. Contractors	0	90.00%	0		0		
28C	Operation of an Approved Medicaid Eligibility Determination Systems – Cost of In-house Activities	0	75.00%	0		0		
28D	Operation of an Approved Medicaid Eligibility Determination Sys. – Cost of Private Sec. Contractors	0	75.00%	0		0		
29	Other Financial Participation	13,614,111	50.00%	6,807,056		6,807,056		
30	Total	13,614,111		6,807,056		6,807,056		

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

State: Washington

Quarter Ended: 09/30/2011
Prior Fiscal Year: 2010

Line # 7								
		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)
1	Family Planning	0	90.00%	0		0		
2A	Design Development Or Installation Of MMIS: Costs Of In-House Activities	0	90.00%	0		0		
2B	Design Development Or Installation Of MMIS: Costs Of Private Sector Contractors	0	90.00%	0		0		
3A	Skilled Professional Medical Personnel-Single State Agency	0	75.00%	0		0		
3B	Skilled Professional Medical Personnel - Other Agency	0	75.00%	0		0		
4A	Operation Of An Approved MMIS: Cost Of In-House Activities	5,317,646	75.00%	3,988,235		3,988,235		
4B	Operation Of An Approved MMIS: Cost Of Private Sector Contractors	8,296,652	75.00%	6,222,489		6,222,489		
5A	Mechanized Systems, not Approved Under MMIS Procedures: Costs Of In-House Activities	0	50.00%	0		0		
5B	Mechanized Systems, Not Approved Under MMIS Procedures: Cost Of Private Sector Contractors	0	50.00%	0		0		
5C	Mechanized Systems - Not Approved under MMIS Procedures: Interagency	0	50.00%	0		0		
6	Quality Improvement Organizations	0	75.00%	0		0		
7A	Third Party Liability: Recovery Procedure - Billing Offset	0	50.00%	0		0		
7B	Third Party Liability: Assignment Of Rights - Billing Offset	0	50.00%	0		0		
8	Immigration Status Verification System Costs (100% FFP)	0	100.00%	0		0		
9	Nurse Aide Training	0	50.00%	0		0		
10	Preadmission Screening Costs	0	75.00%	0		0		
11	Resident Review Activities Cost	0	75.00%	0		0		
12	Drug Use Review Program	0	50.00%	0		0		
13	Outstationed Eligibility Workers	0	50.00%	0		0		
14	TANF Base	0	90.00%	0		0		
15	TANF Secondary (90%)	0	90.00%	0		0		

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

State: Washington

Quarter Ended: 09/30/2011
Prior Fiscal Year: 2010

Line # 7								
		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)		
16	TANF Secondary (75%)	0	75.00%	0		0	0	
17	External Review	0	75.00%	0		0	0	
18	Enrollment Brokers	0	50.00%	0		0	0	
19	School Based Administration	0	50.00%	0		0	0	
20	Program Integrity/Fraud, Waste, and Abuse Activities	0	50.00%	0		0	0	
21	County/Local ADM Costs	0	50.00%	0		0	0	
22	Interagency Costs	0	50.00%	0		0	0	
23	Translation and Interpretation	0	75.00%	0		0	0	
24	Health Information Technology Administration							
24A	HIT: Planning: Cost of In-house Activities	0	90.00%	0		0	0	
24B	HIT: Planning: Cost of Private Contractors	0	90.00%	0		0	0	
24C	HIT: Implementation and Operation: Cost of In-house Activities	0	90.00%	0		0	0	
24D	HIT: Implementation and Operation: Cost of Private Contractors	0	90.00%	0		0	0	
24E	HIT Incentive Payments - Eligible Professionals	0	100.00%	0		0	0	
24F	HIT Incentive Payments - Eligible Hospitals	0	100.00%	0		0	0	
25	Citizenship Verification Technology - CHIPRA							
25A	CVT Development - CHIPRA	0	90.00%	0		0	0	
25B	CVT Operation - CHIPRA	0	75.00%	0		0	0	
26	Planning for Health Homes for Enrollees with Chronic Conditions	0	50.12%	0		0	0	
27	Recovery Audit Contractors State Administration	0	50.00%	0		0	0	
28A	Design Development/Installation of Medicaid Elig. Determ. Sys. – Cost of In-house Activities	0	90.00%	0		0	0	

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

State: Washington

Quarter Ended: 09/30/2011
Prior Fiscal Year: 2010

Line # 7								
		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)
28B	Design Development/Installation of Medicaid Elig. Determ. Sys. – Cost of Private Sec. Contractors	0	90.00%	0		0		
28C	Operation of an Approved Medicaid Eligibility Determination Systems – Cost of In-house Activities	0	75.00%	0		0		
28D	Operation of an Approved Medicaid Eligibility Determination Sys. – Cost of Private Sec. Contractors	0	75.00%	0		0		
29	Other Financial Participation	0	50.00%	0		0		
30	Total	13,614,298		10,210,724		0	10,210,724	

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

State: Washington

Quarter Ended: 09/30/2011
Prior Fiscal Year: 2009

Line # 10B								
		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)
1	Family Planning	0	90.00%	0		0		
2A	Design Development Or Installation Of MMIS: Costs Of In-House Activities	0	90.00%	0		0		
2B	Design Development Or Installation Of MMIS: Costs Of Private Sector Contractors	0	90.00%	0		0		
3A	Skilled Professional Medical Personnel-Single State Agency	0	75.00%	0		0		
3B	Skilled Professional Medical Personnel - Other Agency	0	75.00%	0		0		
4A	Operation Of An Approved MMIS: Cost Of In-House Activities	0	75.00%	0		0		
4B	Operation Of An Approved MMIS: Cost Of Private Sector Contractors	0	75.00%	0		0		
5A	Mechanized Systems, not Approved Under MMIS Procedures: Costs Of In-House Activities	0	50.00%	0		0		
5B	Mechanized Systems, Not Approved Under MMIS Procedures: Cost Of Private Sector Contractors	0	50.00%	0		0		
5C	Mechanized Systems - Not Approved under MMIS Procedures: Interagency	0	50.00%	0		0		
6	Quality Improvement Organizations	0	75.00%	0		0		
7A	Third Party Liability: Recovery Procedure - Billing Offset	0	50.00%	0		0		
7B	Third Party Liability: Assignment Of Rights - Billing Offset	0	50.00%	0		0		
8	Immigration Status Verification System Costs (100% FFP)	0	100.00%	0		0		
9	Nurse Aide Training	0	50.00%	0		0		
10	Preadmission Screening Costs	0	75.00%	0		0		
11	Resident Review Activities Cost	0	75.00%	0		0		
12	Drug Use Review Program	0	50.00%	0		0		
13	Outstationed Eligibility Workers	0	50.00%	0		0		
14	TANF Base	0	90.00%	0		0		
15	TANF Secondary (90%)	0	90.00%	0		0		

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

State: Washington

Quarter Ended: 09/30/2011
Prior Fiscal Year: 2009

Line # 10B								
		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)		
16	TANF Secondary (75%)	0	75.00%	0		0		
17	External Review	0	75.00%	0		0		
18	Enrollment Brokers	0	50.00%	0		0		
19	School Based Administration	0	50.00%	0		0		
20	Program Integrity/Fraud, Waste, and Abuse Activities	0	50.00%	0		0		
21	County/Local ADM Costs	0	50.00%	0		0		
22	Interagency Costs	0	50.00%	0		0		
23	Translation and Interpretation	0	75.00%	0		0		
24	Health Information Technology Administration							
24A	HIT: Planning: Cost of In-house Activities	0	90.00%	0		0		
24B	HIT: Planning: Cost of Private Contractors	0	90.00%	0		0		
24C	HIT: Implementation and Operation: Cost of In-house Activities	0	90.00%	0		0		
24D	HIT: Implementation and Operation: Cost of Private Contractors	0	90.00%	0		0		
24E	HIT Incentive Payments - Eligible Professionals	0	100.00%	0		0		
24F	HIT Incentive Payments - Eligible Hospitals	0	100.00%	0		0		
25	Citizenship Verification Technology - CHIPRA							
25A	CVT Development - CHIPRA	0	90.00%	0		0		
25B	CVT Operation - CHIPRA	0	75.00%	0		0		
26	Planning for Health Homes for Enrollees with Chronic Conditions	0	50.94%	0		0		
27	Recovery Audit Contractors State Administration	0	50.00%	0		0		
28A	Design Development/Installation of Medicaid Elig. Determ. Sys. – Cost of In-house Activities	0	90.00%	0		0		

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

State: Washington

Quarter Ended: 09/30/2011
Prior Fiscal Year: 2009

Line # 10B								
		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)
28B	Design Development/Installation of Medicaid Elig. Determ. Sys. – Cost of Private Sec. Contractors	0	90.00%	0		0		
28C	Operation of an Approved Medicaid Eligibility Determination Systems – Cost of In-house Activities	0	75.00%	0		0		
28D	Operation of an Approved Medicaid Eligibility Determination Sys. – Cost of Private Sec. Contractors	0	75.00%	0		0		
29	Other Financial Participation	2,814,118	50.00%	1,407,059		1,407,059		
30	Total	2,814,118		1,407,059		1,407,059		

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

State: Washington

Quarter Ended: 09/30/2011
Prior Fiscal Year: 2009

Line # 7								
		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)
1	Family Planning	0	90.00%	0	0	0		
2A	Design Development Or Installation Of MMIS: Costs Of In-House Activities	0	90.00%	0	0	0		
2B	Design Development Or Installation Of MMIS: Costs Of Private Sector Contractors	0	90.00%	0	0	0		
3A	Skilled Professional Medical Personnel-Single State Agency	0	75.00%	0	0	0		
3B	Skilled Professional Medical Personnel - Other Agency	0	75.00%	0	0	0		
4A	Operation Of An Approved MMIS: Cost Of In-House Activities	363,959	75.00%	272,969	0	272,969		
4B	Operation Of An Approved MMIS: Cost Of Private Sector Contractors	2,450,159	75.00%	1,837,619	0	1,837,619		
5A	Mechanized Systems, not Approved Under MMIS Procedures: Costs Of In-House Activities	0	50.00%	0	0	0		
5B	Mechanized Systems, Not Approved Under MMIS Procedures: Cost Of Private Sector Contractors	0	50.00%	0	0	0		
5C	Mechanized Systems - Not Approved under MMIS Procedures: Interagency	0	50.00%	0	0	0		
6	Quality Improvement Organizations	0	75.00%	0	0	0		
7A	Third Party Liability: Recovery Procedure - Billing Offset	0	50.00%	0	0	0		
7B	Third Party Liability: Assignment Of Rights - Billing Offset	0	50.00%	0	0	0		
8	Immigration Status Verification System Costs (100% FFP)	0	100.00%	0	0	0		
9	Nurse Aide Training	0	50.00%	0	0	0		
10	Preadmission Screening Costs	0	75.00%	0	0	0		
11	Resident Review Activities Cost	0	75.00%	0	0	0		
12	Drug Use Review Program	0	50.00%	0	0	0		
13	Outstationed Eligibility Workers	0	50.00%	0	0	0		
14	TANF Base	0	90.00%	0	0	0		
15	TANF Secondary (90%)	0	90.00%	0	0	0		

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

State: Washington

Quarter Ended: 09/30/2011
Prior Fiscal Year: 2009

Line # 7								
		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)		
16	TANF Secondary (75%)	0	75.00%	0		0		
17	External Review	0	75.00%	0		0		
18	Enrollment Brokers	0	50.00%	0		0		
19	School Based Administration	0	50.00%	0		0		
20	Program Integrity/Fraud, Waste, and Abuse Activities	0	50.00%	0		0		
21	County/Local ADM Costs	0	50.00%	0		0		
22	Interagency Costs	0	50.00%	0		0		
23	Translation and Interpretation	0	75.00%	0		0		
24	Health Information Technology Administration							
24A	HIT: Planning: Cost of In-house Activities	0	90.00%	0		0		
24B	HIT: Planning: Cost of Private Contractors	0	90.00%	0		0		
24C	HIT: Implementation and Operation: Cost of In-house Activities	0	90.00%	0		0		
24D	HIT: Implementation and Operation: Cost of Private Contractors	0	90.00%	0		0		
24E	HIT Incentive Payments - Eligible Professionals	0	100.00%	0		0		
24F	HIT Incentive Payments - Eligible Hospitals	0	100.00%	0		0		
25	Citizenship Verification Technology - CHIPRA							
25A	CVT Development - CHIPRA	0	90.00%	0		0		
25B	CVT Operation - CHIPRA	0	75.00%	0		0		
26	Planning for Health Homes for Enrollees with Chronic Conditions	0	50.94%	0		0		
27	Recovery Audit Contractors State Administration	0	50.00%	0		0		
28A	Design Development/Installation of Medicaid Elig. Determ. Sys. – Cost of In-house Activities	0	90.00%	0		0		

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

State: Washington

Quarter Ended: 09/30/2011
Prior Fiscal Year: 2009

Line # 7								
		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)
28B	Design Development/Installation of Medicaid Elig. Determ. Sys. – Cost of Private Sec. Contractors	0	90.00%	0		0		
28C	Operation of an Approved Medicaid Eligibility Determination Systems – Cost of In-house Activities	0	75.00%	0		0		
28D	Operation of an Approved Medicaid Eligibility Determination Sys. – Cost of Private Sec. Contractors	0	75.00%	0		0		
29	Other Financial Participation	0	50.00%	0		0		
30	Total	2,814,118		2,110,588		0	2,110,588	

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

State: Washington

Quarter Ended: 09/30/2011
Prior Fiscal Year: 2007

Line # 10B								
		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)
1	Family Planning	0	90.00%	0		0		
2A	Design Development Or Installation Of MMIS: Costs Of In-House Activities	0	90.00%	0		0		
2B	Design Development Or Installation Of MMIS: Costs Of Private Sector Contractors	0	90.00%	0		0		
3A	Skilled Professional Medical Personnel-Single State Agency	0	75.00%	0		0		
3B	Skilled Professional Medical Personnel - Other Agency	0	75.00%	0		0		
4A	Operation Of An Approved MMIS: Cost Of In-House Activities	0	75.00%	0		0		
4B	Operation Of An Approved MMIS: Cost Of Private Sector Contractors	0	75.00%	0		0		
5A	Mechanized Systems, not Approved Under MMIS Procedures: Costs Of In-House Activities	0	50.00%	0		0		
5B	Mechanized Systems, Not Approved Under MMIS Procedures: Cost Of Private Sector Contractors	0	50.00%	0		0		
5C	Mechanized Systems - Not Approved under MMIS Procedures: Interagency	0	50.00%	0		0		
6	Quality Improvement Organizations	0	75.00%	0		0		
7A	Third Party Liability: Recovery Procedure - Billing Offset	0	50.00%	0		0		
7B	Third Party Liability: Assignment Of Rights - Billing Offset	0	50.00%	0		0		
8	Immigration Status Verification System Costs (100% FFP)	0	100.00%	0		0		
9	Nurse Aide Training	0	50.00%	0		0		
10	Preadmission Screening Costs	0	75.00%	0		0		
11	Resident Review Activities Cost	0	75.00%	0		0		
12	Drug Use Review Program	0	50.00%	0		0		
13	Outstationed Eligibility Workers	0	50.00%	0		0		
14	TANF Base	0	90.00%	0		0		
15	TANF Secondary (90%)	0	90.00%	0		0		

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

State: Washington

Quarter Ended: 09/30/2011
Prior Fiscal Year: 2007

Line # 10B								
		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)		
16	TANF Secondary (75%)	0	75.00%	0		0		
17	External Review	0	75.00%	0		0		
18	Enrollment Brokers	0	50.00%	0		0		
19	School Based Administration	0	50.00%	0		0		
20	Program Integrity/Fraud, Waste, and Abuse Activities	0	50.00%	0		0		
21	County/Local ADM Costs	0	50.00%	0		0		
22	Interagency Costs	0	50.00%	0		0		
23	Translation and Interpretation	0	75.00%	0		0		
24	Health Information Technology Administration							
24A	HIT: Planning: Cost of In-house Activities	0	90.00%	0		0		
24B	HIT: Planning: Cost of Private Contractors	0	90.00%	0		0		
24C	HIT: Implementation and Operation: Cost of In-house Activities	0	90.00%	0		0		
24D	HIT: Implementation and Operation: Cost of Private Contractors	0	90.00%	0		0		
24E	HIT Incentive Payments - Eligible Professionals	0	100.00%	0		0		
24F	HIT Incentive Payments - Eligible Hospitals	0	100.00%	0		0		
25	Citizenship Verification Technology - CHIPRA							
25A	CVT Development - CHIPRA	0	90.00%	0		0		
25B	CVT Operation - CHIPRA	0	75.00%	0		0		
26	Planning for Health Homes for Enrollees with Chronic Conditions	0	50.12%	0		0		
27	Recovery Audit Contractors State Administration	0	50.00%	0		0		
28A	Design Development/Installation of Medicaid Elig. Determ. Sys. - Cost of In-house Activities	0	90.00%	0		0		

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

State: Washington

Quarter Ended: 09/30/2011
Prior Fiscal Year: 2007

Line # 10B								
		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)
28B	Design Development/Installation of Medicaid Elig. Determ. Sys. – Cost of Private Sec. Contractors	0	90.00%	0		0		
28C	Operation of an Approved Medicaid Eligibility Determination Systems – Cost of In-house Activities	0	75.00%	0		0		
28D	Operation of an Approved Medicaid Eligibility Determination Sys. – Cost of Private Sec. Contractors	0	75.00%	0		0		
29	Other Financial Participation	90	50.00%	45		0	45	
30	Total	90		45		0	45	

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

State: Washington

Quarter Ended: 09/30/2011
Prior Fiscal Year: 2006

Line # 10B								
		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)
1	Family Planning	0	90.00%	0	0	0		
2A	Design Development Or Installation Of MMIS: Costs Of In-House Activities	0	90.00%	0	0	0		
2B	Design Development Or Installation Of MMIS: Costs Of Private Sector Contractors	0	90.00%	0	0	0		
3A	Skilled Professional Medical Personnel-Single State Agency	0	75.00%	0	0	0		
3B	Skilled Professional Medical Personnel - Other Agency	0	75.00%	0	0	0		
4A	Operation Of An Approved MMIS: Cost Of In-House Activities	0	75.00%	0	0	0		
4B	Operation Of An Approved MMIS: Cost Of Private Sector Contractors	0	75.00%	0	0	0		
5A	Mechanized Systems, not Approved Under MMIS Procedures: Costs Of In-House Activities	0	50.00%	0	0	0		
5B	Mechanized Systems, Not Approved Under MMIS Procedures: Cost Of Private Sector Contractors	0	50.00%	0	0	0		
5C	Mechanized Systems - Not Approved under MMIS Procedures: Interagency	0	50.00%	0	0	0		
6	Quality Improvement Organizations	0	75.00%	0	0	0		
7A	Third Party Liability: Recovery Procedure - Billing Offset	0	50.00%	0	0	0		
7B	Third Party Liability: Assignment Of Rights - Billing Offset	0	50.00%	0	0	0		
8	Immigration Status Verification System Costs (100% FFP)	0	100.00%	0	0	0		
9	Nurse Aide Training	0	50.00%	0	0	0		
10	Preadmission Screening Costs	0	75.00%	0	0	0		
11	Resident Review Activities Cost	0	75.00%	0	0	0		
12	Drug Use Review Program	0	50.00%	0	0	0		
13	Outstationed Eligibility Workers	0	50.00%	0	0	0		
14	TANF Base	0	90.00%	0	0	0		
15	TANF Secondary (90%)	0	90.00%	0	0	0		

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

State: Washington

Quarter Ended: 09/30/2011
Prior Fiscal Year: 2006

Line # 10B								
		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)		
16	TANF Secondary (75%)	0	75.00%	0		0		
17	External Review	0	75.00%	0		0		
18	Enrollment Brokers	0	50.00%	0		0		
19	School Based Administration	0	50.00%	0		0		
20	Program Integrity/Fraud, Waste, and Abuse Activities	0	50.00%	0		0		
21	County/Local ADM Costs	0	50.00%	0		0		
22	Interagency Costs	0	50.00%	0		0		
23	Translation and Interpretation	0	75.00%	0		0		
24	Health Information Technology Administration							
24A	HIT: Planning: Cost of In-house Activities	0	90.00%	0		0		
24B	HIT: Planning: Cost of Private Contractors	0	90.00%	0		0		
24C	HIT: Implementation and Operation: Cost of In-house Activities	0	90.00%	0		0		
24D	HIT: Implementation and Operation: Cost of Private Contractors	0	90.00%	0		0		
24E	HIT Incentive Payments - Eligible Professionals	0	100.00%	0		0		
24F	HIT Incentive Payments - Eligible Hospitals	0	100.00%	0		0		
25	Citizenship Verification Technology - CHIPRA							
25A	CVT Development - CHIPRA	0	90.00%	0		0		
25B	CVT Operation - CHIPRA	0	75.00%	0		0		
26	Planning for Health Homes for Enrollees with Chronic Conditions	0	50.00%	0		0		
27	Recovery Audit Contractors State Administration	0	50.00%	0		0		
28A	Design Development/Installation of Medicaid Elig. Determ. Sys. - Cost of In-house Activities	0	90.00%	0		0		

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

State: Washington

Quarter Ended: 09/30/2011
Prior Fiscal Year: 2006

Line # 10B								
		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)
28B	Design Development/Installation of Medicaid Elig. Determ. Sys. – Cost of Private Sec. Contractors	0	90.00%	0		0		
28C	Operation of an Approved Medicaid Eligibility Determination Systems – Cost of In-house Activities	0	75.00%	0		0		
28D	Operation of an Approved Medicaid Eligibility Determination Sys. – Cost of Private Sec. Contractors	0	75.00%	0		0		
29	Other Financial Participation	41	50.00%	21		21		
30	Total	41		21		21		

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

Summary Total Of Receipts From Form CMS 64.11 A

State: Washington

Quarter Ended: 09/30/2011

Plan Name		Receipts
(A)		(B)
Donations		
1.	Donations - Medicaid	37,750
1.A.	Donations - CHIP	0
2.	Donations- Outstationed Eligibility Workers - Medicaid	0
2.A.	Donations - Outstationed Eligibility Workers - CHIP	0
Taxes		
3.	Taxes	2,007,250
Fees		
4.	Fees	7,436,000
Assessments		
5.	Assessments	92,250
Totals		
6.	Total Donations (Lines 1+1.A.+2+2.A)	37,750
7.	Total Taxes, Fees, and Assessments (Lines 3+4+5)	9,535,500

Allocation of Disproportionate Share Hospital
Payment Adjustments to Applicable FFYs

State: Washington

Quarter Ended: 09/30/2011

		Inpatient Hospital		Mental Health Facility Services		Total	
		Total Computable	Federal Share	Total Computable	Federal Share	Total Computable	Federal Share
		(A)	(B)	(C)	(D)	(E)	(F)
FFY 2007 (10/01/2006 - 09/30/2007)							
1	FFY 2007 Allotment			114,733,073	57,504,216	347,675,978	174,255,200
2	Amount Previously Reported - Title XIX	182,953,643	91,696,365	114,733,073	57,504,216	297,686,716	149,200,581
2A	Amount Previously Reported - CHIP Related - PE	0	0	0	0	0	0
3	Line 6 - Title XIX	0	0	0	0	0	0
3A	Line 6 - CHIP Related - PE	0	0	0	0	0	0
4	Line 7 - Title XIX	0	0	0	0	0	0
4A	Line 7 - CHIP Related - PE	0	0	0	0	0	0
5	Line 8 - Title XIX	0	0	0	0	0	0
5A	Line 8 - CHIP Related - PE	0	0	0	0	0	0
6	Line 10 - Title XIX	0	0	0	0	0	0
6A	Line 10 - CHIP Related - PE	0	0	0	0	0	0
7	Subtotal - Title XIX	0	0	0	0	0	0
7A	Subtotal - CHIP Related - PE	0	0	0	0	0	0
8	Total To Date - Title XIX	182,953,643	91,696,365	114,733,073	57,504,216	297,686,716	149,200,581
8A	Total - CHIP Related - PE	0	0	0	0	0	0
9	Unused FFY 2007 Allotment			0	0	49,989,262	25,054,619
10	Excess Expenditures			0	0	0	0
FFY 2008 (10/01/2007 - 09/30/2008)							
1	FFY 2008 Allotment			111,615,326	57,504,216	338,228,261	174,255,200
2	Amount Previously Reported - Title XIX	210,949,764	108,681,317	110,763,960	57,065,592	321,713,724	165,746,909
2A	Amount Previously Reported - CHIP Related - PE	0	0	0	0	0	0
3	Line 6 - Title XIX	0	0	0	0	0	0
3A	Line 6 - CHIP Related - PE	0	0	0	0	0	0
4	Line 7 - Title XIX	0	0	0	0	0	0
4A	Line 7 - CHIP Related - PE	0	0	0	0	0	0
5	Line 8 - Title XIX	0	0	0	0	0	0
5A	Line 8 - CHIP Related - PE	0	0	0	0	0	0
6	Line 10 - Title XIX	(14,465)	(7,452)	0	0	(14,465)	(7,452)
6A	Line 10 - CHIP Related - PE	0	0	0	0	0	0
7	Subtotal - Title XIX	(14,465)	(7,452)	0	0	(14,465)	(7,452)
7A	Subtotal - CHIP Related - PE	0	0	0	0	0	0
8	Total To Date - Title XIX	210,935,299	108,673,865	110,763,960	57,065,592	321,699,259	165,739,457
8A	Total - CHIP Related - PE	0	0	0	0	0	0
9	Unused FFY 2008 Allotment			851,366	438,624	16,529,002	8,515,743
10	Excess Expenditures			0	0	0	0

Allocation of Disproportionate Share Hospital
Payment Adjustments to Applicable FFYs

State: Washington

Quarter Ended: 09/30/2011

		Inpatient Hospital		Mental Health Facility Services		Total	
		Total Computable	Federal Share	Total Computable	Federal Share	Total Computable	Federal Share
		(A)	(B)	(C)	(D)	(E)	(F)
FFY 2009 (10/01/2008 - 09/30/2009)							
1	FFY 2009 Allotment			117,853,165	60,034,402	357,130,799	181,922,429
2	Amount Previously Reported - Title XIX	219,205,795	111,663,431	120,336,661	61,299,495	339,542,456	172,962,926
2A	Amount Previously Reported - CHIP Related - PE	0	0	0	0	0	0
3	Line 6 - Title XIX	0	0	0	0	0	0
3A	Line 6 - CHIP Related - PE	0	0	0	0	0	0
4	Line 7 - Title XIX	0	0	0	0	0	0
4A	Line 7 - CHIP Related - PE	0	0	0	0	0	0
5	Line 8 - Title XIX	0	0	0	0	0	0
5A	Line 8 - CHIP Related - PE	0	0	0	0	0	0
6	Line 10 - Title XIX	(3,189)	(1,624)	0	0	(3,189)	(1,624)
6A	Line 10 - CHIP Related - PE	0	0	0	0	0	0
7	Subtotal - Title XIX	(3,189)	(1,624)	0	0	(3,189)	(1,624)
7A	Subtotal - CHIP Related - PE	0	0	0	0	0	0
8	Total To Date - Title XIX	219,202,606	111,661,807	120,336,661	61,299,495	339,539,267	172,961,302
8A	Total - CHIP Related - PE	0	0	0	0	0	0
9	Unused FFY 2009 Allotment			0	0	17,591,532	8,961,127
10	Amount Over FFY 2009 Allotment			2,483,496	1,265,093	0	0
11	Additional Increased FFY 2009 DSH Allotment			2,946,329	1,500,860	8,928,271	4,548,061
12	Amount Previously Reported - Inc Allotment			2,483,496	1,265,093	0	0
13	Increased Amount Applied to Allotment (roll frwd)			0	0	0	0
14	Reduction to Increased Allotment (roll back)			0	0	0	0
15	Unused FFY 2009 Increased Allotment			462,833	235,767	8,928,271	4,548,061
16	Excess Expenditures			0	0	0	0

Allocation of Disproportionate Share Hospital
Payment Adjustments to Applicable FFYs

State: Washington

Quarter Ended: 09/30/2011

		Inpatient Hospital		Mental Health Facility Services		Total	
		Total Computable	Federal Share	Total Computable	Federal Share	Total Computable	Federal Share
		(A)	(B)	(C)	(D)	(E)	(F)
FFY 2010 (10/01/2009 - 09/30/2010)							
1	FFY 2010 Allotment			119,781,329	60,034,402	362,973,721	181,922,429
2	Amount Previously Reported - Title XIX	250,237,065	125,418,815	125,845,257	63,073,643	376,082,322	188,492,458
2A	Amount Previously Reported - CHIP Related - PE	0	0	0	0	0	0
3	Line 6 - Title XIX	0	0	0	0	0	0
3A	Line 6 - CHIP Related - PE	0	0	0	0	0	0
4	Line 7 - Title XIX	0	0	0	0	0	0
4A	Line 7 - CHIP Related - PE	0	0	0	0	0	0
5	Line 8 - Title XIX	0	0	0	0	0	0
5A	Line 8 - CHIP Related - PE	0	0	0	0	0	0
6	Line 10 - Title XIX	(48,273)	(24,194)	0	0	(48,273)	(24,194)
6A	Line 10 - CHIP Related - PE	0	0	0	0	0	0
7	Subtotal - Title XIX	(48,273)	(24,194)	0	0	(48,273)	(24,194)
7A	Subtotal - CHIP Related - PE	0	0	0	0	0	0
8	Total To Date - Title XIX	250,188,792	125,394,621	125,845,257	63,073,643	376,034,049	188,468,264
8A	Total - CHIP Related - PE	0	0	0	0	0	0
9	Unused FFY 2010 Allotment			0	0	0	0
10	Amount Over FFY 2010 Allotment			6,063,928	3,039,241	13,060,328	6,545,835
11	Additional Increased FFY 2010 DSH Allotment			6,063,929	3,039,241	18,375,545	9,209,823
12	Amount Previously Reported - Inc Allotment			6,063,928	3,039,241	13,108,601	6,570,029
13	Increased Amount Applied to Allotment (roll frwd)			0	0	0	0
14	Reduction to Increased Allotment (roll back)			0	0	(48,273)	(24,194)
15	Unused FFY 2010 Increased Allotment			1	0	5,315,217	2,663,988
16	Excess Expenditures			0	0	0	0
FFY 2011 (10/01/2010 - 09/30/2011)							
1	FFY 2011 Allotment			122,109,972	61,054,986	370,030,220	185,015,110
2	Amount Previously Reported - Title XIX	189,714,268	94,857,135	122,109,972	61,054,986	311,824,240	155,912,121
2A	Amount Previously Reported - CHIP Related - PE	0	0	0	0	0	0
3	Line 6 - Title XIX	31,459,011	15,729,506	0	0	31,459,011	15,729,506
3A	Line 6 - CHIP Related - PE	0	0	0	0	0	0
4	Line 7 - Title XIX	0	0	0	0	0	0
4A	Line 7 - CHIP Related - PE	0	0	0	0	0	0
5	Line 8 - Title XIX	0	0	0	0	0	0
5A	Line 8 - CHIP Related - PE	0	0	0	0	0	0
6	Line 10 - Title XIX	(3,638)	(1,819)	0	0	(3,638)	(1,819)
6A	Line 10 - CHIP Related - PE	0	0	0	0	0	0
7	Subtotal - Title XIX	31,455,373	15,727,687	0	0	31,455,373	15,727,687
7A	Subtotal - CHIP Related - PE	0	0	0	0	0	0
8	Total To Date - Title XIX	221,169,641	110,584,822	122,109,972	61,054,986	343,279,613	171,639,808
8A	Total - CHIP Related - PE	0	0	0	0	0	0
9	Unused FFY 2011 Allotment			0	0	26,750,607	13,375,303
10	Excess Expenditures			0	0	0	0

Medicaid Drug Rebate Schedule

State: Washington

Quarter Ended: 09/30/2011

Drug Rebate		Total Computable					Total
		Qtr. Ending 09/30/2011	Qtr. Ending 06/30/2011	Qtr. Ending 03/31/2011	Qtr. Ending 12/31/2010	Qtr. Ending 09/30/2010 and Prior	
		(A)	(B)	(C)	(D)	(E)	
1	Balance Of The Beginning Of The Quarter		49,295,866	935,003	731,134	16,337,910	67,299,913
2	Adjustments To Previously Reported Rebates From Drug Labelers Included In Line 1	0	(43,204,574)	41,314,991	4,955,122	(14,004,563)	(10,939,024)
3	Rebates Invoiced In This Quarter	51,618,612					51,618,612
4	Subtotal	51,618,612	6,091,292	42,249,994	5,686,256	2,333,347	107,979,501
5	Rebates Reported On This Expenditure Report	0	(295,661)	(41,104,863)	(4,848,960)	(1,495,670)	(47,745,154)
6	Balance As Of The End Of The Quarter	51,618,612	5,795,631	1,145,131	837,296	837,677	60,234,347

FOOTNOTE:

A Narrative does not exist for specified State Code and Submission Date.

Medicaid Program Expenditure Report
Other Narrative Explanations

State: Washington

Quarter Ended: 09/30/2011

Narrative

Audit finding #A10-07-88006, M06-12 was reported on the CMS 64 QE 6/30/2011 incorrectly and it is being corrected on this quarter.

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

State: Washington

Quarter Ended: 09/30/2011

Type of Eligible: U2		Total Computable	Federal Share		Total Federal Share
			FMAP 50% Incr FMAP 50%	Enhanced FMAP 65%	
			(A)	(B)	
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	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	210,488	0	136,817	136,817
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
8A3	MCO - National Agreement	0	0	0	0
8A4	MCO - State Sidebar Agreement	0	0	0	0
8A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0
8A6	Increased ACA OFFSET - MCO - 100%	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

** Lines are calculated at the increased FMAP rate of 50% with exception of DSH which is calculated at the regular FMAP rate of 50%

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

State: Washington

Quarter Ended: 09/30/2011

Type of Eligible: U2		Total Computable	Federal Share		Total Federal Share
			FMAP 50% Incr FMAP 50%	Enhanced FMAP 65%	
			(A)	(B)	
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	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
24	Case Management	0	0	0	0
25	Other Services	0	0	0	0
26	Total	210,488	0 0	136,817	136,817

** Lines are calculated at the increased FMAP rate of 50% with exception of DSH which is calculated at the regular FMAP rate of 50%

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

Quarter Ended: 09/30/2011
Qtr/Fiscal Year: 3/2011

State: Washington

Line # 8						
Type of Eligible: U2		Total Computable	Federal Share		Total Federal Share	Deferral or C.I.N. Number
			FMAP 50% Incr FMAP 58.23%	Enhanced FMAP 65%		
			(A)	(B)		
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	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	59,607	0	38,745	38,745	
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 Adjustments Payments	0	0	0	0	
4	Nursing Care Services	0	0	0	0	
5	Physician And Surgical Services	95,882	0	62,323	62,323	
6	Outpatient Hospital Services	72,486	0	47,116	47,116	
7	Outpatient Mental Health Facility Services	0	0	0	0	
8	Prescribed Drugs	22,447	0	14,591	14,591	
8A1	Drug Rebate - National Agreement	0	0	0	0	
8A2	Drug Rebate - State Sidebar Agreement	0	0	0	0	
8A3	MCO - National Agreement	0	0	0	0	
8A4	MCO - State Sidebar Agreement	0	0	0	0	
8A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	
8A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	
9	Dental Services	1,274,429	0	828,379	828,379	
10	Vision Services	0	0	0	0	
11	Other Practitioners' Services	32,441	0	21,087	21,087	
12	Clinic Services	1,200,372	0	780,242	780,242	

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

Quarter Ended: 09/30/2011
Qtr/Fiscal Year: 3/2011

State: Washington

Line # 8						
Type of Eligible: U2		Total Computable	Federal Share		Total Federal Share	Deferral or C.I.N. Number
			FMAP 50% Incr FMAP 58.23%	Enhanced FMAP 65%		
			(A)	(B)		
13	Therapy Services	0	0	0	0	
14	Laboratory And Radiological Services	3,627	0	2,358	2,358	
15	Durable And Disposable Medical Equipment	0	0	0	0	
16	Family Planning	0	0	0	0	
17	Abortions	0	0	0	0	
18	Screening Services	23,979	0	15,586	15,586	
19	Home Health	0	0	0	0	
20	Medicare Payments	0	0	0	0	
21	Home And Community-Based Services	14,011	0	9,107	9,107	
22	Hospice	0	0	0	0	
23	Medical Transportation	0	0	0	0	
24	Case Management	0	0	0	0	
25	Other Services	1,275,911	0	829,342	829,342	
26	Balance	4,075,192	0	2,648,876	2,648,876	
27	Collections	0	0	0	0	
28	Total	4,075,192	0	2,648,876	2,648,876	

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

Quarter Ended: 09/30/2011
Qtr/Fiscal Year: 2/2011

State: Washington

Line # 8						
Type of Eligible: U2		Total Computable	Federal Share		Total Federal Share	Deferral or C.I.N. Number
			FMAP 50% Incr FMAP 60.11%	Enhanced FMAP 65%		
			(A)	(B)		
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	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 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	
8A2	Drug Rebate - State Sidebar Agreement	0	0	0	0	
8A3	MCO - National Agreement	0	0	0	0	
8A4	MCO - State Sidebar Agreement	0	0	0	0	
8A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	
8A6	Increased ACA OFFSET - MCO - 100%	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	327,623	0	212,955	212,955	

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

Quarter Ended: 09/30/2011
Qtr/Fiscal Year: 2/2011

State: Washington

Line # 8						
Type of Eligible: U2		Total Computable	Federal Share		Total Federal Share	Deferral or C.I.N. Number
			FMAP 50% Incr FMAP 60.11%	Enhanced FMAP 65%		
			(A)	(B)		
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	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	
24	Case Management	0	0	0	0	
25	Other Services	1,548,054	0	1,006,235	1,006,235	
26	Balance	1,875,677	0 0	1,219,190	1,219,190	
27	Collections	0	0	0	0	
28	Total	1,875,677	0 0	1,219,190	1,219,190	

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

Quarter Ended: 09/30/2011
Qtr/Fiscal Year: 1/2011

State: Washington

Line # 8						
Type of Eligible: U2		Total Computable	Federal Share		Total Federal Share	Deferral or C.I.N. Number
			FMAP 50% Incr FMAP 62.94%	Enhanced FMAP 65%		
			(A)	(B)		
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	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 Adjustments Payments	0	0	0	0	
4	Nursing Care Services	0	0	0	0	
5	Physician And Surgical Services	1,872	0	1,217	1,217	
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	
8A3	MCO - National Agreement	0	0	0	0	
8A4	MCO - State Sidebar Agreement	0	0	0	0	
8A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	
8A6	Increased ACA OFFSET - MCO - 100%	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	243,513	0	158,283	158,283	

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

Quarter Ended: 09/30/2011
Qtr/Fiscal Year: 1/2011

State: Washington

Line # 8						
Type of Eligible: U2		Total Computable	Federal Share		Total Federal Share	Deferral or C.I.N. Number
			FMAP 50% Incr FMAP 62.94%	Enhanced FMAP 65%		
			(A)	(B)		
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	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	
24	Case Management	0	0	0	0	
25	Other Services	1,305,356	0	848,481	848,481	
26	Balance	1,550,741	0	1,007,981	1,007,981	
27	Collections	0	0	0	0	
28	Total	1,550,741	0	1,007,981	1,007,981	

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

Quarter Ended: 09/30/2011
Qtr/Fiscal Year: 4/2010

State: Washington

Line # 8						
Type of Eligible: U2		Total Computable	Federal Share		Total Federal Share	Deferral or C.I.N. Number
			FMAP 50.12% Incr FMAP 62.94%	Enhanced FMAP 65.08%		
		(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	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 Adjustments Payments	0	0	0	0	
4	Nursing Care Services	0	0	0	0	
5	Physician And Surgical Services	4,214	0	2,742	2,742	
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	
8A3	MCO - National Agreement	0	0	0	0	
8A4	MCO - State Sidebar Agreement	0	0	0	0	
8A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	
8A6	Increased ACA OFFSET - MCO - 100%	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	615,308	0	400,442	400,442	

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

Quarter Ended: 09/30/2011
Qtr/Fiscal Year: 4/2010

State: Washington

Line # 8						
Type of Eligible: U2		Total Computable	Federal Share		Total Federal Share	Deferral or C.I.N. Number
			FMAP 50.12% Incr FMAP 62.94%	Enhanced FMAP 65.08%		
		(A)	(B)	(C)	(D)	(E)
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	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	
24	Case Management	0	0	0	0	
25	Other Services	3,715,443	0	2,418,010	2,418,010	
26	Balance	4,334,965	0	2,821,194	2,821,194	
27	Collections	0	0	0	0	
28	Total	4,334,965	0	2,821,194	2,821,194	

Quarterly Medical Assistance Expenditures
For the Medical Assistance Program
Summary Sheet

State: Washington

Quarter Ended: 09/30/2011

Section C Expenditures Reported for Period By Form Number	Medicaid Assist. Payments		Medicaid/CHIP			State and Local Admin.	
	Total Comp.	Fed. Share	Total Comp.	Fed. Share	20% Fed Shr	Total Comp.	Federal Share
	(A)	(B)	(C)	(D)	(E)	(F)	(G)
6. Expenditures In This Quarter							
From Form CMS-64.9/CMS-64.10	1,917,854,890	969,904,991				149,552,767	88,826,982
From Form CMS-64.9T	7,801	3,901			1,170		
From Form CMS-64.9E/CMS-64.9PE	0	0	0	0	0	0	0
From Form CMS-64.21			0	0			
From Form CMS-64.21U	0	0	210,488	136,817			
7. Adjustments Increasing Claims For Prior Quarters:							
From Form CMS 64.9P/CMS 64.10	675,687	411,316				16,528,135	12,371,172
From Form CMS-64.9TP	0	0			0		
From Form CMS-64.9EP/CMS-64.9PEP	0	0	0	0	0	0	0
From Form CMS-64.21P			0	0			
From Form CMS-64.21UP	0	0	0	0			
8. Other Expenditures							
From Form CMS 64.9P/CMS 64.10P	63,602,597	42,376,478				0	0
From Form CMS-64.9TP	350,639,938	215,566,804			12,459,488		
From Form CMS-64.9EP/CMS-64.9PEP	0	0	0	0	0	0	0
From Form CMS-64.21P			0	0			
From Form CMS-64.21UP	0	0	11,836,575	7,697,241			
9. Collections							
From Form CMS-64.9 Summary	(15,729,661)	(7,959,034)				0	0
10. Adjustments Decreasing Claims For Prior Quarters: A. Federal Audit							
From Form CMS 64.9P/CMS 64.10P	(1,519,801)	(759,901)				0	0
From Form CMS-64.9TP	0	0			0		
From Form CMS-64.9EP/CMS-64.9PEP	0	0	0	0	0	0	0
From Form CMS 64.21P			0	0			
From Form CMS 64.21UP	0	0	0	0			
10. Adjustments Decreasing Claims For Prior Quarters: B. Other							
From Form CMS 64.9P/CMS 64.10P	(377,188,593)	(231,517,078)				(16,428,360)	(8,214,181)
From Form CMS-64.9TP	(52,632,441)	(33,126,859)			(1,126,332)		
From Form CMS-64.9EP/CMS-64.9PEP	0	0	0	0	0	0	0
From Form CMS 64.21P			0	0			

Quarterly Medical Assistance Expenditures
For the Medical Assistance Program
Summary Sheet

State: Washington

Quarter Ended: 09/30/2011

Section C Expenditures Reported for Period By Form Number	Medicaid Assist. Payments		Medicaid/CHIP			State and Local Admin.	
	Total Comp.	Fed. Share	Total Comp.	Fed. Share	20% Fed Shr	Total Comp.	Federal Share
	(A)	(B)	(C)	(D)	(E)	(F)	(G)
From Form CMS 64.21UP	0	0	0	0			
10. Adjustments Decreasing Claims For Prior Quarters: C. State and MIC Overpayment Adjustments							
From Form CMS-64.90/64.90 ARRA	(64,612)	(33,810)					
10. Adjustments Decreasing Claims For Prior Quarters: D. PERM-Identified Overpayments							
From Form CMS-64.90Perm	0	0					
10. Adjustments Decreasing Claims For Prior Quarters: E. RAC-Identified Overpayments							
From Form CMS-64.90RAC	0	0					
10. Adjustments Decreasing Claims For Prior Quarters: F. Fraud, Waste, and Abuse Overpayments							
From Form CMS-64.90FWA	0	0					
11. Net Expenditures Reported In This Period:							
Net Expenditures Reported This Period	1,885,645,805	954,866,808	12,047,063	7,834,058	11,334,326	149,652,542	92,983,973

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

State: Washington

Quarter Ended: 09/30/2011

Medical Assistance Payments Special Issue Reporting Program: MFP		Total Comp. (A)	Federal Share					Federal Share (F)	Total Federal Share (G)
			FMAP 50% Incr FMAP 50% (B)	IHS Facility Services 100% (C)	Fam. Plan. Services 90% (D)	Optional Breast or Cerv. Cancer Services (E)	Other % (Oth)		
1A	Inpatient Hospital Services - Regular Payments	0	0	0	0	0	0.00%	0	0
1B	Inpatient Hospital Service - DSH Adjustment Payments	0	0	0	0	0	0.00%	0	0
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	0.00%	0	0
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	0.00%	0	0
2A	Mental Health Facility Services - Regular Payments	0	0	0	0	0	0.00%	0	0
2B	Mental Health Facility Services - DSH Adjustment Payments	0	0	0	0	0	0.00%	0	0
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	0.00%	0	0
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	0.00%	0	0
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	0.00%	0	0
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	0.00%	0	0
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	0.00%	0	0
5A	Physician and Surgical Services - Regular Payments	0	0	0	0	0	0.00%	0	0
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	0.00%	0	0
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	0.00%	0	0
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	0.00%	0	0
7	Prescribed Drugs	0	0	0	0	0	0.00%	0	0
7A1	Drug Rebate Offset - National Agreement	0	0	0	0	0	0.00%	0	0
7A2	Drug Rebate Offset - State Sidebar Agreement	0	0	0	0	0	0.00%	0	0
7A3	MCO - National Agreement	0	0	0	0	0	0.00%	0	0
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	0.00%	0	0
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	100.00%	0	0
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	100.00%	0	0
8	Dental Services	0	0	0	0	0	0.00%	0	0

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 50% with exception of DSH which is calculated at the regular FMAP rate of 50%

, # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011

Medical Assistance Payments Special Issue Reporting Program: MFP		Total Comp. (A)	Federal Share					Federal Share (F)	Total Federal Share (G)
			FMAP 50% Incr FMAP 50% (B)	IHS Facility Services 100% (C)	Fam. Plan. Services 90% (D)	Optional Breast or Cerv. Cancer Services (E)	Other % (Oth)		
9A	Other Practitioners Services - Regular Payments	0	0	0	0	0	0.00%	0	0
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	0.00%	0	0
10	Clinic Services	0	0	0	0	0	0.00%	0	0
11	Laboratory And Radiological Services	0	0	0	0	0	0.00%	0	0
12	Home Health Services	0	0	0	0	0	0.00%	0	0
13	Sterilizations	0	0	0	0	0	0.00%	0	0
14	Abortions No. 0	0	0	0	0	0	0.00%	0	0
15	EPSDT Screening Services	0	0	0	0	0	0.00%	0	0
16	Rural Health Clinic Screening	0	0	0	0	0	0.00%	0	0
17A	Medicare Health Insurance Payments - Part A Premiums	0	0	0	0	0	0.00%	0	0
17B	Medicare Health Insurance Payments - Part B Premiums	0	0	0	0	0	0.00%	0	0
17C1	120% - 134% Of Poverty	0	0	0	0	0	0.00%	0	0
17D	Coinsurance And Deductibles	0	0	0	0	0	0.00%	0	0
18A	Medicaid Health Insurance Payments: Managed Care Organizations (MCO)	0	0	0	0	0	0.00%	0	0
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	0.00%	0	0
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	0.00%	0	0
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	0.00%	0	0
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles	0	0	0	0	0	0.00%	0	0
18E	Medicaid Health Insurance Payments: Other	0	0	0	0	0	0.00%	0	0
19A	Home and Community-Based Services - Regular Payment (Waiver)	0	0	0	0	0	0.00%	0	0
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	0.00%	0	0
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	0.00%	0	0
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	0.00%	0	0

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 50% with exception of DSH which is calculated at the regular FMAP rate of 50%

, # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011

Medical Assistance Payments Special Issue Reporting Program: MFP		Total Comp. (A)	Federal Share					Federal Share (F)	Total Federal Share (G)
			FMAP 50% Incr FMAP 50%	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other % (Oth)		
			(B)	(C)	(D)	(E)	(F)		
23A	Personal Care Services - Regular Payment	0	0	0	0	0	0.00%	0	0
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	0.00%	0	0
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	0.00%	0	0
24B	Case Management - State Wide	0	0	0	0	0	0.00%	0	0
25	Primary Care Case Management Services	0	0	0	0	0	0.00%	0	0
26	Hospice Benefits	0	0	0	0	0	0.00%	0	0
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	0.00%	0	0
28	Federally-Qualified Health Center	0	0	0	0	0	0.00%	0	0
29	Non-Emergency Medical Transportation	0	0	0	0	0	0.00%	0	0
30	Physical Therapy	0	0	0	0	0	0.00%	0	0
31	Occupational Therapy	0	0	0	0	0	0.00%	0	0
32	Services for Speech, Hearing and Language	0	0	0	0	0	0.00%	0	0
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	0.00%	0	0
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	0.00%	0	0
35	Nurse Mid-Wife	0	0	0	0	0	0.00%	0	0
36	Emergency Hospital Services	0	0	0	0	0	0.00%	0	0
37	Critical Access Hospitals	0	0	0	0	0	0.00%	0	0
38	Nurse Practitioner Services	0	0	0	0	0	0.00%	0	0
39	School Based Services	0	0	0	0	0	0.00%	0	0
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	0.00%	0	0
41	Private Duty Nursing	0	0	0	0	0	0.00%	0	0
42	Freestanding Birth Center	0	0	0	0	0	0.00%	0	0
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	0.00%	0	0

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 50% with exception of DSH which is calculated at the regular FMAP rate of 50%

, # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011

Medical Assistance Payments Special Issue Reporting Program: MFP		Total Comp. (A)	Federal Share					Federal Share (F)	Total Federal Share (G)
			FMAP 50% Incr FMAP 50%	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other % (Oth)		
			(B)	(C)	(D)	(E)	(F)		
44	Tobacco Cessation for Preg Women	0	0	0	0	0	0.00%	0	0
49	Other Care Services	0	0	0	0	0	0.00%	0	0
50	Total	0	0	0	0	0	0.00%	0	0

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 50% with exception of DSH which is calculated at the regular FMAP rate of 50%

, # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011

Medical Assistance Payments Special Issue Reporting Program: MFP-State Plan Services		Total Comp. (A)	Federal Share					Federal Share (F)	Total Federal Share (G)
			FMAP 50% Incr FMAP 50%	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other % (Oth)		
			(B)	(C)	(D)	(E)	(F)		
1A	Inpatient Hospital Services - Regular Payments	0	0	0	0	0	0.00%	0	0
1B	Inpatient Hospital Service - DSH Adjustment Payments	0	0	0	0	0	0.00%	0	0
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	0.00%	0	0
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	0.00%	0	0
2A	Mental Health Facility Services - Regular Payments	0	0	0	0	0	0.00%	0	0
2B	Mental Health Facility Services - DSH Adjustment Payments	0	0	0	0	0	0.00%	0	0
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	0.00%	0	0
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	0.00%	0	0
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	0.00%	0	0
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	0.00%	0	0
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	0.00%	0	0
5A	Physician and Surgical Services - Regular Payments	0	0	0	0	0	0.00%	0	0
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	0.00%	0	0
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	0.00%	0	0
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	0.00%	0	0
7	Prescribed Drugs	0	0	0	0	0	0.00%	0	0
7A1	Drug Rebate Offset - National Agreement	0	0	0	0	0	0.00%	0	0
7A2	Drug Rebate Offset - State Sidebar Agreement	0	0	0	0	0	0.00%	0	0
7A3	MCO - National Agreement	0	0	0	0	0	0.00%	0	0
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	0.00%	0	0
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	100.00%	0	0
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	100.00%	0	0
8	Dental Services	0	0	0	0	0	0.00%	0	0

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 50% with exception of DSH which is calculated at the regular FMAP rate of 50%

, # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011

Medical Assistance Payments Special Issue Reporting Program: MFP-State Plan Services		Total Comp. (A)	Federal Share					Federal Share (F)	Total Federal Share (G)
			FMAP 50% Incr FMAP 50%	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other % (Oth)		
			(B)	(C)	(D)	(E)	(F)		
9A	Other Practitioners Services - Regular Payments	0	0	0	0	0	0.00%	0	0
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	0.00%	0	0
10	Clinic Services	0	0	0	0	0	0.00%	0	0
11	Laboratory And Radiological Services	0	0	0	0	0	0.00%	0	0
12	Home Health Services	0	0	0	0	0	0.00%	0	0
13	Sterilizations	0	0	0	0	0	0.00%	0	0
14	Abortions No. 0	0	0	0	0	0	0.00%	0	0
15	EPSDT Screening Services	0	0	0	0	0	0.00%	0	0
16	Rural Health Clinic Screening	0	0	0	0	0	0.00%	0	0
17A	Medicare Health Insurance Payments - Part A Premiums	0	0	0	0	0	0.00%	0	0
17B	Medicare Health Insurance Payments - Part B Premiums	0	0	0	0	0	0.00%	0	0
17C1	120% - 134% Of Poverty	0	0	0	0	0	0.00%	0	0
17D	Coinsurance And Deductibles	0	0	0	0	0	0.00%	0	0
18A	Medicaid Health Insurance Payments: Managed Care Organizations (MCO)	0	0	0	0	0	0.00%	0	0
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	0.00%	0	0
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	0.00%	0	0
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	0.00%	0	0
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles	0	0	0	0	0	0.00%	0	0
18E	Medicaid Health Insurance Payments: Other	0	0	0	0	0	0.00%	0	0
19A	Home and Community-Based Services - Regular Payment (Waiver)	0	0	0	0	0	0.00%	0	0
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	0.00%	0	0
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	0.00%	0	0
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	0.00%	0	0

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 50% with exception of DSH which is calculated at the regular FMAP rate of 50%

, # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011

Medical Assistance Payments Special Issue Reporting Program: MFP-State Plan Services		Total Comp. (A)	Federal Share					Federal Share (F)	Total Federal Share (G)
			FMAP 50% Incr FMAP 50%	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other % (Oth)		
			(B)	(C)	(D)	(E)	(F)		
23A	Personal Care Services - Regular Payment	0	0	0	0	0	0.00%	0	0
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	0.00%	0	0
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	0.00%	0	0
24B	Case Management - State Wide	0	0	0	0	0	0.00%	0	0
25	Primary Care Case Management Services	0	0	0	0	0	0.00%	0	0
26	Hospice Benefits	0	0	0	0	0	0.00%	0	0
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	0.00%	0	0
28	Federally-Qualified Health Center	0	0	0	0	0	0.00%	0	0
29	Non-Emergency Medical Transportation	0	0	0	0	0	0.00%	0	0
30	Physical Therapy	0	0	0	0	0	0.00%	0	0
31	Occupational Therapy	0	0	0	0	0	0.00%	0	0
32	Services for Speech, Hearing and Language	0	0	0	0	0	0.00%	0	0
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	0.00%	0	0
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	0.00%	0	0
35	Nurse Mid-Wife	0	0	0	0	0	0.00%	0	0
36	Emergency Hospital Services	0	0	0	0	0	0.00%	0	0
37	Critical Access Hospitals	0	0	0	0	0	0.00%	0	0
38	Nurse Practitioner Services	0	0	0	0	0	0.00%	0	0
39	School Based Services	0	0	0	0	0	0.00%	0	0
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	0.00%	0	0
41	Private Duty Nursing	0	0	0	0	0	0.00%	0	0
42	Freestanding Birth Center	0	0	0	0	0	0.00%	0	0
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	0.00%	0	0

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 50% with exception of DSH which is calculated at the regular FMAP rate of 50%

, # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011

Medical Assistance Payments Special Issue Reporting Program: MFP-State Plan Services		Total Comp. (A)	Federal Share					Federal Share (F)	Total Federal Share (G)
			FMAP 50% Incr FMAP 50%	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other % (Oth)		
			(B)	(C)	(D)	(E)	(F)		
44	Tobacco Cessation for Preg Women	0	0	0	0	0	0.00%	0	0
49	Other Care Services	0	0	0	0	0	0.00%	0	0
50	Total	0	0	0	0	0	0.00%	0	0

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 50% with exception of DSH which is calculated at the regular FMAP rate of 50%

, # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011

Medical Assistance Payments Special Issue Reporting Program: MFP-Waiver Services		Total Comp. (A)	Federal Share					Federal Share (F)	Total Federal Share (G)
			FMAP 50% Incr FMAP 50%	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other % (Oth)		
			(B)	(C)	(D)	(E)	(F)		
1A	Inpatient Hospital Services - Regular Payments	0	0	0	0	0	0.00%	0	0
1B	Inpatient Hospital Service - DSH Adjustment Payments	0	0	0	0	0	0.00%	0	0
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	0.00%	0	0
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	0.00%	0	0
2A	Mental Health Facility Services - Regular Payments	0	0	0	0	0	0.00%	0	0
2B	Mental Health Facility Services - DSH Adjustment Payments	0	0	0	0	0	0.00%	0	0
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	0.00%	0	0
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	0.00%	0	0
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	0.00%	0	0
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	0.00%	0	0
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	0.00%	0	0
5A	Physician and Surgical Services - Regular Payments	0	0	0	0	0	0.00%	0	0
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	0.00%	0	0
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	0.00%	0	0
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	0.00%	0	0
7	Prescribed Drugs	0	0	0	0	0	0.00%	0	0
7A1	Drug Rebate Offset - National Agreement	0	0	0	0	0	0.00%	0	0
7A2	Drug Rebate Offset - State Sidebar Agreement	0	0	0	0	0	0.00%	0	0
7A3	MCO - National Agreement	0	0	0	0	0	0.00%	0	0
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	0.00%	0	0
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	100.00%	0	0
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	100.00%	0	0
8	Dental Services	0	0	0	0	0	0.00%	0	0

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 50% with exception of DSH which is calculated at the regular FMAP rate of 50%

, # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011

Medical Assistance Payments Special Issue Reporting Program: MFP-Waiver Services		Total Comp. (A)	Federal Share					Federal Share (F)	Total Federal Share (G)
			FMAP 50% Incr FMAP 50%	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other % (Oth)		
			(B)	(C)	(D)	(E)	(F)		
9A	Other Practitioners Services - Regular Payments	0	0	0	0	0	0.00%	0	0
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	0.00%	0	0
10	Clinic Services	0	0	0	0	0	0.00%	0	0
11	Laboratory And Radiological Services	0	0	0	0	0	0.00%	0	0
12	Home Health Services	0	0	0	0	0	0.00%	0	0
13	Sterilizations	0	0	0	0	0	0.00%	0	0
14	Abortions No. 0	0	0	0	0	0	0.00%	0	0
15	EPSDT Screening Services	0	0	0	0	0	0.00%	0	0
16	Rural Health Clinic Screening	0	0	0	0	0	0.00%	0	0
17A	Medicare Health Insurance Payments - Part A Premiums	0	0	0	0	0	0.00%	0	0
17B	Medicare Health Insurance Payments - Part B Premiums	0	0	0	0	0	0.00%	0	0
17C1	120% - 134% Of Poverty	0	0	0	0	0	0.00%	0	0
17D	Coinsurance And Deductibles	0	0	0	0	0	0.00%	0	0
18A	Medicaid Health Insurance Payments: Managed Care Organizations (MCO)	0	0	0	0	0	0.00%	0	0
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	0.00%	0	0
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	0.00%	0	0
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	0.00%	0	0
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles	0	0	0	0	0	0.00%	0	0
18E	Medicaid Health Insurance Payments: Other	0	0	0	0	0	0.00%	0	0
19A	Home and Community-Based Services - Regular Payment (Waiver)	0	0	0	0	0	0.00%	0	0
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	0.00%	0	0
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	0.00%	0	0
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	0.00%	0	0

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 50% with exception of DSH which is calculated at the regular FMAP rate of 50%

, # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011

Medical Assistance Payments Special Issue Reporting Program: MFP-Waiver Services		Total Comp. (A)	Federal Share					Federal Share (F)	Total Federal Share (G)
			FMAP 50% Incr FMAP 50%	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other % (Oth)		
			(B)	(C)	(D)	(E)			
23A	Personal Care Services - Regular Payment	4,404,537	2,202,269 0	0	0	0	0.00%	0	2,202,269
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	0.00%	0	0
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	0.00%	0	0
24B	Case Management - State Wide	0	0	0	0	0	0.00%	0	0
25	Primary Care Case Management Services	0	0	0	0	0	0.00%	0	0
26	Hospice Benefits	0	0	0	0	0	0.00%	0	0
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	0.00%	0	0
28	Federally-Qualified Health Center	0	0	0	0	0	0.00%	0	0
29	Non-Emergency Medical Transportation	0	0	0	0	0	0.00%	0	0
30	Physical Therapy	0	0	0	0	0	0.00%	0	0
31	Occupational Therapy	0	0	0	0	0	0.00%	0	0
32	Services for Speech, Hearing and Language	0	0	0	0	0	0.00%	0	0
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	0.00%	0	0
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	0.00%	0	0
35	Nurse Mid-Wife	0	0	0	0	0	0.00%	0	0
36	Emergency Hospital Services	0	0	0	0	0	0.00%	0	0
37	Critical Access Hospitals	0	0	0	0	0	0.00%	0	0
38	Nurse Practitioner Services	0	0	0	0	0	0.00%	0	0
39	School Based Services	0	0	0	0	0	0.00%	0	0
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	0.00%	0	0
41	Private Duty Nursing	0	0	0	0	0	0.00%	0	0
42	Freestanding Birth Center	0	0	0	0	0	0.00%	0	0
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	0.00%	0	0

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 50% with exception of DSH which is calculated at the regular FMAP rate of 50%

, # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011

Medical Assistance Payments Special Issue Reporting Program: MFP-Waiver Services		Total Comp. (A)	Federal Share					Federal Share (F)	Total Federal Share (G)
			FMAP 50% Incr FMAP 50%	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other % (Oth)		
			(B)	(C)	(D)	(E)	(F)		
44	Tobacco Cessation for Preg Women	0	0	0	0	0	0.00%	0	0
49	Other Care Services	0	0	0	0	0	0.00%	0	0
50	Total	4,404,537	2,202,269 0	0	0	0	0.00%	0	2,202,269

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 50% with exception of DSH which is calculated at the regular FMAP rate of 50%

, # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011

Medical Assistance Payments Special Issue Reporting Program: MIPCD		Total Comp. (A)	Federal Share					Federal Share (F)	Total Federal Share (G)
			FMAP 50% Incr FMAP 50%	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other % (Oth)		
			(B)	(C)	(D)	(E)	(F)		
1A	Inpatient Hospital Services - Regular Payments	0	0	0	0	0	0.00%	0	0
1B	Inpatient Hospital Service - DSH Adjustment Payments	0	0	0	0	0	0.00%	0	0
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	0.00%	0	0
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	0.00%	0	0
2A	Mental Health Facility Services - Regular Payments	0	0	0	0	0	0.00%	0	0
2B	Mental Health Facility Services - DSH Adjustment Payments	0	0	0	0	0	0.00%	0	0
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	0.00%	0	0
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	0.00%	0	0
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	0.00%	0	0
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	0.00%	0	0
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	0.00%	0	0
5A	Physician and Surgical Services - Regular Payments	0	0	0	0	0	0.00%	0	0
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	0.00%	0	0
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	0.00%	0	0
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	0.00%	0	0
7	Prescribed Drugs	0	0	0	0	0	0.00%	0	0
7A1	Drug Rebate Offset - National Agreement	0	0	0	0	0	0.00%	0	0
7A2	Drug Rebate Offset - State Sidebar Agreement	0	0	0	0	0	0.00%	0	0
7A3	MCO - National Agreement	0	0	0	0	0	0.00%	0	0
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	0.00%	0	0
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	100.00%	0	0
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	100.00%	0	0
8	Dental Services	0	0	0	0	0	0.00%	0	0

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 50% with exception of DSH which is calculated at the regular FMAP rate of 50%

, # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011

Medical Assistance Payments Special Issue Reporting Program: MIPCD		Total Comp. (A)	Federal Share					Federal Share (F)	Total Federal Share (G)
			FMAP 50% Incr FMAP 50% (B)	IHS Facility Services 100% (C)	Fam. Plan. Services 90% (D)	Optional Breast or Cerv. Cancer Services (E)	Other % (Oth)		
9A	Other Practitioners Services - Regular Payments	0	0	0	0	0	0.00%	0	0
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	0.00%	0	0
10	Clinic Services	0	0	0	0	0	0.00%	0	0
11	Laboratory And Radiological Services	0	0	0	0	0	0.00%	0	0
12	Home Health Services	0	0	0	0	0	0.00%	0	0
13	Sterilizations	0	0	0	0	0	0.00%	0	0
14	Abortions No. 0	0	0	0	0	0	0.00%	0	0
15	EPSDT Screening Services	0	0	0	0	0	0.00%	0	0
16	Rural Health Clinic Screening	0	0	0	0	0	0.00%	0	0
17A	Medicare Health Insurance Payments - Part A Premiums	0	0	0	0	0	0.00%	0	0
17B	Medicare Health Insurance Payments - Part B Premiums	0	0	0	0	0	0.00%	0	0
17C1	120% - 134% Of Poverty	0	0	0	0	0	0.00%	0	0
17D	Coinsurance And Deductibles	0	0	0	0	0	0.00%	0	0
18A	Medicaid Health Insurance Payments: Managed Care Organizations (MCO)	0	0	0	0	0	0.00%	0	0
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	0.00%	0	0
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	0.00%	0	0
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	0.00%	0	0
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles	0	0	0	0	0	0.00%	0	0
18E	Medicaid Health Insurance Payments: Other	0	0	0	0	0	0.00%	0	0
19A	Home and Community-Based Services - Regular Payment (Waiver)	0	0	0	0	0	0.00%	0	0
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	0.00%	0	0
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	0.00%	0	0
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	0.00%	0	0

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 50% with exception of DSH which is calculated at the regular FMAP rate of 50%

, # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011

Medical Assistance Payments Special Issue Reporting Program: MIPCD		Total Comp. (A)	Federal Share					Federal Share (F)	Total Federal Share (G)
			FMAP 50% Incr FMAP 50%	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other % (Oth)		
			(B)	(C)	(D)	(E)			
23A	Personal Care Services - Regular Payment	0	0	0	0	0	0.00%	0	0
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	0.00%	0	0
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	0.00%	0	0
24B	Case Management - State Wide	0	0	0	0	0	0.00%	0	0
25	Primary Care Case Management Services	0	0	0	0	0	0.00%	0	0
26	Hospice Benefits	0	0	0	0	0	0.00%	0	0
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	0.00%	0	0
28	Federally-Qualified Health Center	0	0	0	0	0	0.00%	0	0
29	Non-Emergency Medical Transportation	0	0	0	0	0	0.00%	0	0
30	Physical Therapy	0	0	0	0	0	0.00%	0	0
31	Occupational Therapy	0	0	0	0	0	0.00%	0	0
32	Services for Speech, Hearing and Language	0	0	0	0	0	0.00%	0	0
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	0.00%	0	0
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	0.00%	0	0
35	Nurse Mid-Wife	0	0	0	0	0	0.00%	0	0
36	Emergency Hospital Services	0	0	0	0	0	0.00%	0	0
37	Critical Access Hospitals	0	0	0	0	0	0.00%	0	0
38	Nurse Practitioner Services	0	0	0	0	0	0.00%	0	0
39	School Based Services	0	0	0	0	0	0.00%	0	0
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	0.00%	0	0
41	Private Duty Nursing	0	0	0	0	0	0.00%	0	0
42	Freestanding Birth Center	0	0	0	0	0	0.00%	0	0
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	0.00%	0	0

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 50% with exception of DSH which is calculated at the regular FMAP rate of 50%

, # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011

Medical Assistance Payments Special Issue Reporting Program: MIPCD		Total Comp. (A)	Federal Share					Federal Share (F)	Total Federal Share (G)
			FMAP 50% Incr FMAP 50%	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other % (Oth)		
			(B)	(C)	(D)	(E)	(F)		
44	Tobacco Cessation for Preg Women	0	0	0	0	0	0.00%	0	0
49	Other Care Services	0	0	0	0	0	0.00%	0	0
50	Total	0	0	0	0	0	0.00%	0	0

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 50% with exception of DSH which is calculated at the regular FMAP rate of 50%

, # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011

Medical Assistance Payments Special Issue Reporting Program: PRTF		Total Comp. (A)	Federal Share					Federal Share (F)	Total Federal Share (G)
			FMAP 50% Incr FMAP 50%	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other % (Oth)		
			(B)	(C)	(D)	(E)	(F)		
1A	Inpatient Hospital Services - Regular Payments	0	0	0	0	0	0.00%	0	0
1B	Inpatient Hospital Service - DSH Adjustment Payments	0	0	0	0	0	0.00%	0	0
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	0	0.00%	0	0
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	0	0.00%	0	0
2A	Mental Health Facility Services - Regular Payments	0	0	0	0	0	0.00%	0	0
2B	Mental Health Facility Services - DSH Adjustment Payments	0	0	0	0	0	0.00%	0	0
3A	Nursing Facility Services - Regular Payments	0	0	0	0	0	0.00%	0	0
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	0	0.00%	0	0
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	0	0.00%	0	0
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	0	0.00%	0	0
4C	Intermediate Care Facility Services - Mentally Retarded: Supplemental Payments	0	0	0	0	0	0.00%	0	0
5A	Physician and Surgical Services - Regular Payments	0	0	0	0	0	0.00%	0	0
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	0	0.00%	0	0
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	0	0.00%	0	0
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	0	0.00%	0	0
7	Prescribed Drugs	0	0	0	0	0	0.00%	0	0
7A1	Drug Rebate Offset - National Agreement	0	0	0	0	0	0.00%	0	0
7A2	Drug Rebate Offset - State Sidebar Agreement	0	0	0	0	0	0.00%	0	0
7A3	MCO - National Agreement	0	0	0	0	0	0.00%	0	0
7A4	MCO - State Sidebar Agreement	0	0	0	0	0	0.00%	0	0
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	0	100.00%	0	0
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	0	100.00%	0	0
8	Dental Services	0	0	0	0	0	0.00%	0	0

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 50% with exception of DSH which is calculated at the regular FMAP rate of 50%

, # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011

Medical Assistance Payments Special Issue Reporting Program: PRTF		Total Comp. (A)	Federal Share					Federal Share (F)	Total Federal Share (G)
			FMAP 50% Incr FMAP 50%	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other % (Oth)		
			(B)	(C)	(D)	(E)	(F)		
9A	Other Practitioners Services - Regular Payments	0	0	0	0	0	0.00%	0	0
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	0	0.00%	0	0
10	Clinic Services	0	0	0	0	0	0.00%	0	0
11	Laboratory And Radiological Services	0	0	0	0	0	0.00%	0	0
12	Home Health Services	0	0	0	0	0	0.00%	0	0
13	Sterilizations	0	0	0	0	0	0.00%	0	0
14	Abortions No. 0	0	0	0	0	0	0.00%	0	0
15	EPSDT Screening Services	0	0	0	0	0	0.00%	0	0
16	Rural Health Clinic Screening	0	0	0	0	0	0.00%	0	0
17A	Medicare Health Insurance Payments - Part A Premiums	0	0	0	0	0	0.00%	0	0
17B	Medicare Health Insurance Payments - Part B Premiums	0	0	0	0	0	0.00%	0	0
17C1	120% - 134% Of Poverty	0	0	0	0	0	0.00%	0	0
17D	Coinsurance And Deductibles	0	0	0	0	0	0.00%	0	0
18A	Medicaid Health Insurance Payments: Managed Care Organizations (MCO)	0	0	0	0	0	0.00%	0	0
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	0	0.00%	0	0
18B2	Prepaid Inpatient Health Plan	0	0	0	0	0	0.00%	0	0
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	0	0.00%	0	0
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles	0	0	0	0	0	0.00%	0	0
18E	Medicaid Health Insurance Payments: Other	0	0	0	0	0	0.00%	0	0
19A	Home and Community-Based Services - Regular Payment (Waiver)	0	0	0	0	0	0.00%	0	0
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	0	0.00%	0	0
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	0	0.00%	0	0
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	0	0.00%	0	0

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 50% with exception of DSH which is calculated at the regular FMAP rate of 50%

, # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011

Medical Assistance Payments Special Issue Reporting Program: PRTF		Total Comp. (A)	Federal Share					Federal Share (F)	Total Federal Share (G)
			FMAP 50% Incr FMAP 50% (B)	IHS Facility Services 100% (C)	Fam. Plan. Services 90% (D)	Optional Breast or Cerv. Cancer Services (E)	Other % (Oth)		
23A	Personal Care Services - Regular Payment	0	0	0	0	0	0.00%	0	0
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	0	0.00%	0	0
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	0	0.00%	0	0
24B	Case Management - State Wide	0	0	0	0	0	0.00%	0	0
25	Primary Care Case Management Services	0	0	0	0	0	0.00%	0	0
26	Hospice Benefits	0	0	0	0	0	0.00%	0	0
27	Emergency Services for Undocumented Aliens	0	0	0	0	0	0.00%	0	0
28	Federally-Qualified Health Center	0	0	0	0	0	0.00%	0	0
29	Non-Emergency Medical Transportation	0	0	0	0	0	0.00%	0	0
30	Physical Therapy	0	0	0	0	0	0.00%	0	0
31	Occupational Therapy	0	0	0	0	0	0.00%	0	0
32	Services for Speech, Hearing and Language	0	0	0	0	0	0.00%	0	0
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	0	0.00%	0	0
34	Diagnostic Screening & Preventive Services	0	0	0	0	0	0.00%	0	0
35	Nurse Mid-Wife	0	0	0	0	0	0.00%	0	0
36	Emergency Hospital Services	0	0	0	0	0	0.00%	0	0
37	Critical Access Hospitals	0	0	0	0	0	0.00%	0	0
38	Nurse Practitioner Services	0	0	0	0	0	0.00%	0	0
39	School Based Services	0	0	0	0	0	0.00%	0	0
40	Rehabilitative Services (non-school-based)	0	0	0	0	0	0.00%	0	0
41	Private Duty Nursing	0	0	0	0	0	0.00%	0	0
42	Freestanding Birth Center	0	0	0	0	0	0.00%	0	0
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	0	0.00%	0	0

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 50% with exception of DSH which is calculated at the regular FMAP rate of 50%

, # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011

Medical Assistance Payments Special Issue Reporting Program: PRTF		Total Comp. (A)	Federal Share					Federal Share (F)	Total Federal Share (G)
			FMAP 50% Incr FMAP 50%	IHS Facility Services 100%	Fam. Plan. Services 90%	Optional Breast or Cerv. Cancer Services	Other % (Oth)		
			(B)	(C)	(D)	(E)	(F)		
44	Tobacco Cessation for Preg Women	0	0	0	0	0	0.00%	0	0
49	Other Care Services	0	0	0	0	0	0.00%	0	0
50	Total	0	0	0	0	0	0.00%	0	0

* Optional Breast & Cervical Cancer Services calculated at an Enhanced FMAP rate of 65% and/or the IHS Services rate of 100%

** Lines are calculated at the increased FMAP rate of 50% with exception of DSH which is calculated at the regular FMAP rate of 50%

, # = Prompt Pay

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

State: Washington

Quarter Ended: 09/30/2011

Administration Special Issue Reporting Program: § 1935 (a) & (b)		Total Computable (A)	Federal Share				Total Federal Share (D)
			FFP Rate	Federal Share	0.00%	Federal Share	
1	Family Planning	0	90.00%	0		0	0
2A	Design Development Or Installation Of MMIS: Cost of In-House Activities	0	90.00%	0		0	0
2B	Design Development Or Installation Of MMIS: Cost of Private Sector Contractors	0	90.00%	0		0	0
3A	Skilled Professional Medical Personnel-Single State Agency	0	75.00%	0		0	0
3B	Skilled Professional Medical Personnel - Other Agency	0	75.00%	0		0	0
4A	Operation Of An Approved MMIS: Costs of In-House Activities Plus State Agencies And Institutions	0	75.00%	0		0	0
4B	Operation Of An Approved MMIS: Cost of Private Sector Contractors	0	75.00%	0		0	0
5A	Mechanized Systems, Not Approved Under MMIS Procedures: Costs Of In-House Activities	0	50.00%	0		0	0
5B	Mechanized Systems, Not Approved Under MMIS Procedures: Cost Of Private Sector Contractors	0	50.00%	0		0	0
5C	Mechanized Systems - Not Approved under MMIS Procedures: Interagency	0	50.00%	0		0	0
6	Quality Improvement Organizations	0	75.00%	0		0	0
7A	Third Party Liability: Recovery Procedure - Billing Offset	0	50.00%	0		0	0
7B	Third Party Liability: Assignment Of Rights - Billing Offset	0	50.00%	0		0	0
8	Immigration Status Verification System Costs (100% FFP)	0	100.00%	0		0	0
9	Nurse Aide Training Costs	0	50.00%	0		0	0
10	Preadmission Screening Costs	0	75.00%	0		0	0
11	Resident Review Activities Costs	0	75.00%	0		0	0
12	Drug Use Review Program	0	50.00%	0		0	0
13	Outstationed Eligibility Workers	0	50.00%	0		0	0
14	TANF Base	0	90.00%	0		0	0
15	TANF Secondary 90%	0	90.00%	0		0	0
16	TANF Secondary 75%	0	75.00%	0		0	0
17	External Review	0	75.00%	0		0	0
18	Enrollment Brokers	0	50.00%	0		0	0
19	School Based Administration	0	50.00%	0		0	0

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

State: Washington

Quarter Ended: 09/30/2011

Administration Special Issue Reporting Program: § 1935 (a) & (b)		Total Computable (A)	Federal Share				Total Federal Share (D)
			FFP Rate	Federal Share	0.00%	Federal Share	
20	Program Integrity/Fraud, Waste, and Abuse Activities	0	50.00%	0		0	0
21	County/Local ADM Costs	0	50.00%	0		0	0
22	Interagency Costs	0	50.00%	0		0	0
23	Translation and Interpretation	0	75.00%	0		0	0
24	Health Information Technology Administration						
24A	HIT: Planning: Cost of In-house Activities	0	90.00%	0		0	0
24B	HIT: Planning: Cost of Private Contractors	0	90.00%	0		0	0
24C	HIT: Implementation and Operation: Cost of In-house Activities	0	90.00%	0		0	0
24D	HIT: Implementation and Operation: Cost of Private Contractors	0	90.00%	0		0	0
24E	HIT Incentive Payments - Eligible Professionals	0	100.00%	0		0	0
24F	HIT Incentive Payments - Eligible Hospitals	0	100.00%	0		0	0
25	Citizenship Verification Technology - CHIPRA						
25A	CVT Development - CHIPRA	0	90.00%	0		0	0
25B	CVT Operation - CHIPRA	0	75.00%	0		0	0
26	Planning for Health Homes for Enrollees with Chronic Conditions	0	50.00%	0		0	0
27	Recovery Audit Contractors State Administration	0	50.00%	0		0	0
28A	Design Development/Installation of Medicaid Elig. Determ. Sys. – Cost of In-house Activities	0	90.00%	0		0	0
28B	Design Development/Installation of Medicaid Elig. Determ. Sys. – Cost of Private Sec. Contractors	0	90.00%	0		0	0
28C	Operation of an Approved Medicaid Eligibility Determination Systems – Cost of In-house Activities	0	75.00%	0		0	0
28D	Operation of an Approved Medicaid Eligibility Determination Sys. – Cost of Private Sec. Contractors	0	75.00%	0		0	0
29	Other Financial Participation	0	50.00%	0		0	0
30	Total	0		0		0	0

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

State: Washington

Quarter Ended: 09/30/2011

Administration Special Issue Reporting Program: MFP		Total Computable (A)	Federal Share				Total Federal Share (D)
			FFP Rate	Federal Share	0.00%	Federal Share	
1	Family Planning	0	90.00%	0		0	0
2A	Design Development Or Installation Of MMIS: Cost of In-House Activities	0	90.00%	0		0	0
2B	Design Development Or Installation Of MMIS: Cost of Private Sector Contractors	0	90.00%	0		0	0
3A	Skilled Professional Medical Personnel-Single State Agency	0	75.00%	0		0	0
3B	Skilled Professional Medical Personnel - Other Agency	0	75.00%	0		0	0
4A	Operation Of An Approved MMIS: Costs of In-House Activities Plus State Agencies And Institutions	0	75.00%	0		0	0
4B	Operation Of An Approved MMIS: Cost of Private Sector Contractors	0	75.00%	0		0	0
5A	Mechanized Systems, Not Approved Under MMIS Procedures: Costs Of In-House Activities	0	50.00%	0		0	0
5B	Mechanized Systems, Not Approved Under MMIS Procedures: Cost Of Private Sector Contractors	0	50.00%	0		0	0
5C	Mechanized Systems - Not Approved under MMIS Procedures: Interagency	0	50.00%	0		0	0
6	Quality Improvement Organizations	0	75.00%	0		0	0
7A	Third Party Liability: Recovery Procedure - Billing Offset	0	50.00%	0		0	0
7B	Third Party Liability: Assignment Of Rights - Billing Offset	0	50.00%	0		0	0
8	Immigration Status Verification System Costs (100% FFP)	0	100.00%	0		0	0
9	Nurse Aide Training Costs	0	50.00%	0		0	0
10	Preadmission Screening Costs	0	75.00%	0		0	0
11	Resident Review Activities Costs	0	75.00%	0		0	0
12	Drug Use Review Program	0	50.00%	0		0	0
13	Outstationed Eligibility Workers	0	50.00%	0		0	0
14	TANF Base	0	90.00%	0		0	0
15	TANF Secondary 90%	0	90.00%	0		0	0
16	TANF Secondary 75%	0	75.00%	0		0	0
17	External Review	0	75.00%	0		0	0
18	Enrollment Brokers	0	50.00%	0		0	0
19	School Based Administration	0	50.00%	0		0	0

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

State: Washington

Quarter Ended: 09/30/2011

Administration Special Issue Reporting Program: MFP		Total Computable (A)	Federal Share				Total Federal Share (D)
			FFP Rate	Federal Share	0.00%	Federal Share	
20	Program Integrity/Fraud, Waste, and Abuse Activities	0	50.00%	0		0	0
21	County/Local ADM Costs	0	50.00%	0		0	0
22	Interagency Costs	0	50.00%	0		0	0
23	Translation and Interpretation	0	75.00%	0		0	0
24	Health Information Technology Administration						
24A	HIT: Planning: Cost of In-house Activities	0	90.00%	0		0	0
24B	HIT: Planning: Cost of Private Contractors	0	90.00%	0		0	0
24C	HIT: Implementation and Operation: Cost of In-house Activities	0	90.00%	0		0	0
24D	HIT: Implementation and Operation: Cost of Private Contractors	0	90.00%	0		0	0
24E	HIT Incentive Payments - Eligible Professionals	0	100.00%	0		0	0
24F	HIT Incentive Payments - Eligible Hospitals	0	100.00%	0		0	0
25	Citizenship Verification Technology - CHIPRA						
25A	CVT Development - CHIPRA	0	90.00%	0		0	0
25B	CVT Operation - CHIPRA	0	75.00%	0		0	0
26	Planning for Health Homes for Enrollees with Chronic Conditions	0	50.00%	0		0	0
27	Recovery Audit Contractors State Administration	0	50.00%	0		0	0
28A	Design Development/Installation of Medicaid Elig. Determ. Sys. – Cost of In-house Activities	0	90.00%	0		0	0
28B	Design Development/Installation of Medicaid Elig. Determ. Sys. – Cost of Private Sec. Contractors	0	90.00%	0		0	0
28C	Operation of an Approved Medicaid Eligibility Determination Systems – Cost of In-house Activities	0	75.00%	0		0	0
28D	Operation of an Approved Medicaid Eligibility Determination Sys. – Cost of Private Sec. Contractors	0	75.00%	0		0	0
29	Other Financial Participation	0	50.00%	0		0	0
30	Total	0		0		0	0

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

State: Washington

Quarter Ended: 09/30/2011

Administration Special Issue Reporting Program: MFP-Administrative Services		Total Computable	Federal Share				Total Federal Share
			FFP Rate	Federal Share	0.00%	Federal Share	
			(A)	(B)	(C)		
1	Family Planning	0	90.00%	0		0	0
2A	Design Development Or Installation Of MMIS: Cost of In-House Activities	0	90.00%	0		0	0
2B	Design Development Or Installation Of MMIS: Cost of Private Sector Contractors	0	90.00%	0		0	0
3A	Skilled Professional Medical Personnel-Single State Agency	0	75.00%	0		0	0
3B	Skilled Professional Medical Personnel - Other Agency	0	75.00%	0		0	0
4A	Operation Of An Approved MMIS: Costs of In-House Activities Plus State Agencies And Institutions	0	75.00%	0		0	0
4B	Operation Of An Approved MMIS: Cost of Private Sector Contractors	0	75.00%	0		0	0
5A	Mechanized Systems, Not Approved Under MMIS Procedures: Costs Of In-House Activities	0	50.00%	0		0	0
5B	Mechanized Systems, Not Approved Under MMIS Procedures: Cost Of Private Sector Contractors	0	50.00%	0		0	0
5C	Mechanized Systems - Not Approved under MMIS Procedures: Interagency	0	50.00%	0		0	0
6	Quality Improvement Organizations	0	75.00%	0		0	0
7A	Third Party Liability: Recovery Procedure - Billing Offset	0	50.00%	0		0	0
7B	Third Party Liability: Assignment Of Rights - Billing Offset	0	50.00%	0		0	0
8	Immigration Status Verification System Costs (100% FFP)	0	100.00%	0		0	0
9	Nurse Aide Training Costs	0	50.00%	0		0	0
10	Preadmission Screening Costs	0	75.00%	0		0	0
11	Resident Review Activities Costs	0	75.00%	0		0	0
12	Drug Use Review Program	0	50.00%	0		0	0
13	Outstationed Eligibility Workers	0	50.00%	0		0	0
14	TANF Base	0	90.00%	0		0	0
15	TANF Secondary 90%	0	90.00%	0		0	0
16	TANF Secondary 75%	0	75.00%	0		0	0
17	External Review	0	75.00%	0		0	0
18	Enrollment Brokers	0	50.00%	0		0	0
19	School Based Administration	0	50.00%	0		0	0

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

State: Washington

Quarter Ended: 09/30/2011

Administration Special Issue Reporting Program: MFP-Administrative Services		Total Computable (A)	Federal Share				Total Federal Share (D)
			FFP Rate	Federal Share	0.00%	Federal Share	
20	Program Integrity/Fraud, Waste, and Abuse Activities	0	50.00%	0		0	0
21	County/Local ADM Costs	0	50.00%	0		0	0
22	Interagency Costs	0	50.00%	0		0	0
23	Translation and Interpretation	0	75.00%	0		0	0
24	Health Information Technology Administration						
24A	HIT: Planning: Cost of In-house Activities	0	90.00%	0		0	0
24B	HIT: Planning: Cost of Private Contractors	0	90.00%	0		0	0
24C	HIT: Implementation and Operation: Cost of In-house Activities	0	90.00%	0		0	0
24D	HIT: Implementation and Operation: Cost of Private Contractors	0	90.00%	0		0	0
24E	HIT Incentive Payments - Eligible Professionals	0	100.00%	0		0	0
24F	HIT Incentive Payments - Eligible Hospitals	0	100.00%	0		0	0
25	Citizenship Verification Technology - CHIPRA						
25A	CVT Development - CHIPRA	0	90.00%	0		0	0
25B	CVT Operation - CHIPRA	0	75.00%	0		0	0
26	Planning for Health Homes for Enrollees with Chronic Conditions	0	50.00%	0		0	0
27	Recovery Audit Contractors State Administration	0	50.00%	0		0	0
28A	Design Development/Installation of Medicaid Elig. Determ. Sys. – Cost of In-house Activities	0	90.00%	0		0	0
28B	Design Development/Installation of Medicaid Elig. Determ. Sys. – Cost of Private Sec. Contractors	0	90.00%	0		0	0
28C	Operation of an Approved Medicaid Eligibility Determination Systems – Cost of In-house Activities	0	75.00%	0		0	0
28D	Operation of an Approved Medicaid Eligibility Determination Sys. – Cost of Private Sec. Contractors	0	75.00%	0		0	0
29	Other Financial Participation	1,574,812	50.00%	787,406		0	787,406
30	Total	1,574,812		787,406		0	787,406

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

State: Washington

Quarter Ended: 09/30/2011

Administration Special Issue Reporting Program: MIPCD		Total Computable (A)	Federal Share				Total Federal Share (D)
			FFP Rate	Federal Share	0.00%	Federal Share	
1	Family Planning	0	90.00%	0		0	0
2A	Design Development Or Installation Of MMIS: Cost of In-House Activities	0	90.00%	0		0	0
2B	Design Development Or Installation Of MMIS: Cost of Private Sector Contractors	0	90.00%	0		0	0
3A	Skilled Professional Medical Personnel-Single State Agency	0	75.00%	0		0	0
3B	Skilled Professional Medical Personnel - Other Agency	0	75.00%	0		0	0
4A	Operation Of An Approved MMIS: Costs of In-House Activities Plus State Agencies And Institutions	0	75.00%	0		0	0
4B	Operation Of An Approved MMIS: Cost of Private Sector Contractors	0	75.00%	0		0	0
5A	Mechanized Systems, Not Approved Under MMIS Procedures: Costs Of In-House Activities	0	50.00%	0		0	0
5B	Mechanized Systems, Not Approved Under MMIS Procedures: Cost Of Private Sector Contractors	0	50.00%	0		0	0
5C	Mechanized Systems - Not Approved under MMIS Procedures: Interagency	0	50.00%	0		0	0
6	Quality Improvement Organizations	0	75.00%	0		0	0
7A	Third Party Liability: Recovery Procedure - Billing Offset	0	50.00%	0		0	0
7B	Third Party Liability: Assignment Of Rights - Billing Offset	0	50.00%	0		0	0
8	Immigration Status Verification System Costs (100% FFP)	0	100.00%	0		0	0
9	Nurse Aide Training Costs	0	50.00%	0		0	0
10	Preadmission Screening Costs	0	75.00%	0		0	0
11	Resident Review Activities Costs	0	75.00%	0		0	0
12	Drug Use Review Program	0	50.00%	0		0	0
13	Outstationed Eligibility Workers	0	50.00%	0		0	0
14	TANF Base	0	90.00%	0		0	0
15	TANF Secondary 90%	0	90.00%	0		0	0
16	TANF Secondary 75%	0	75.00%	0		0	0
17	External Review	0	75.00%	0		0	0
18	Enrollment Brokers	0	50.00%	0		0	0
19	School Based Administration	0	50.00%	0		0	0

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

State: Washington

Quarter Ended: 09/30/2011

Administration Special Issue Reporting Program: MIPCD		Total Computable (A)	Federal Share				Total Federal Share (D)
			FFP Rate	Federal Share	0.00%	Federal Share	
			(B)		(C)		
20	Program Integrity/Fraud, Waste, and Abuse Activities	0	50.00%	0		0	0
21	County/Local ADM Costs	0	50.00%	0		0	0
22	Interagency Costs	0	50.00%	0		0	0
23	Translation and Interpretation	0	75.00%	0		0	0
24	Health Information Technology Administration						
24A	HIT: Planning: Cost of In-house Activities	0	90.00%	0		0	0
24B	HIT: Planning: Cost of Private Contractors	0	90.00%	0		0	0
24C	HIT: Implementation and Operation: Cost of In-house Activities	0	90.00%	0		0	0
24D	HIT: Implementation and Operation: Cost of Private Contractors	0	90.00%	0		0	0
24E	HIT Incentive Payments - Eligible Professionals	0	100.00%	0		0	0
24F	HIT Incentive Payments - Eligible Hospitals	0	100.00%	0		0	0
25	Citizenship Verification Technology - CHIPRA						
25A	CVT Development - CHIPRA	0	90.00%	0		0	0
25B	CVT Operation - CHIPRA	0	75.00%	0		0	0
26	Planning for Health Homes for Enrollees with Chronic Conditions	0	50.00%	0		0	0
27	Recovery Audit Contractors State Administration	0	50.00%	0		0	0
28A	Design Development/Installation of Medicaid Elig. Determ. Sys. – Cost of In-house Activities	0	90.00%	0		0	0
28B	Design Development/Installation of Medicaid Elig. Determ. Sys. – Cost of Private Sec. Contractors	0	90.00%	0		0	0
28C	Operation of an Approved Medicaid Eligibility Determination Systems – Cost of In-house Activities	0	75.00%	0		0	0
28D	Operation of an Approved Medicaid Eligibility Determination Sys. – Cost of Private Sec. Contractors	0	75.00%	0		0	0
29	Other Financial Participation	0	50.00%	0		0	0
30	Total	0		0		0	0

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

State: Washington

Quarter Ended: 09/30/2011

Administration Special Issue Reporting Program: PRTF		Total Computable	Federal Share				Total Federal Share
			FFP Rate	Federal Share	0.00%	Federal Share	
			(A)	(B)	(C)		
1	Family Planning	0	90.00%	0		0	0
2A	Design Development Or Installation Of MMIS: Cost of In-House Activities	0	90.00%	0		0	0
2B	Design Development Or Installation Of MMIS: Cost of Private Sector Contractors	0	90.00%	0		0	0
3A	Skilled Professional Medical Personnel-Single State Agency	0	75.00%	0		0	0
3B	Skilled Professional Medical Personnel - Other Agency	0	75.00%	0		0	0
4A	Operation Of An Approved MMIS: Costs of In-House Activities Plus State Agencies And Institutions	0	75.00%	0		0	0
4B	Operation Of An Approved MMIS: Cost of Private Sector Contractors	0	75.00%	0		0	0
5A	Mechanized Systems, Not Approved Under MMIS Procedures: Costs Of In-House Activities	0	50.00%	0		0	0
5B	Mechanized Systems, Not Approved Under MMIS Procedures: Cost Of Private Sector Contractors	0	50.00%	0		0	0
5C	Mechanized Systems - Not Approved under MMIS Procedures: Interagency	0	50.00%	0		0	0
6	Quality Improvement Organizations	0	75.00%	0		0	0
7A	Third Party Liability: Recovery Procedure - Billing Offset	0	50.00%	0		0	0
7B	Third Party Liability: Assignment Of Rights - Billing Offset	0	50.00%	0		0	0
8	Immigration Status Verification System Costs (100% FFP)	0	100.00%	0		0	0
9	Nurse Aide Training Costs	0	50.00%	0		0	0
10	Preadmission Screening Costs	0	75.00%	0		0	0
11	Resident Review Activities Costs	0	75.00%	0		0	0
12	Drug Use Review Program	0	50.00%	0		0	0
13	Outstationed Eligibility Workers	0	50.00%	0		0	0
14	TANF Base	0	90.00%	0		0	0
15	TANF Secondary 90%	0	90.00%	0		0	0
16	TANF Secondary 75%	0	75.00%	0		0	0
17	External Review	0	75.00%	0		0	0
18	Enrollment Brokers	0	50.00%	0		0	0
19	School Based Administration	0	50.00%	0		0	0

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

State: Washington

Quarter Ended: 09/30/2011

Administration Special Issue Reporting Program: PRTF		Total Computable	Federal Share				Total Federal Share
			FFP Rate	Federal Share	0.00%	Federal Share	
			(A)	(B)	(C)	(D)	
20	Program Integrity/Fraud, Waste, and Abuse Activities	0	50.00%	0		0	0
21	County/Local ADM Costs	0	50.00%	0		0	0
22	Interagency Costs	0	50.00%	0		0	0
23	Translation and Interpretation	0	75.00%	0		0	0
24	Health Information Technology Administration						
24A	HIT: Planning: Cost of In-house Activities	0	90.00%	0		0	0
24B	HIT: Planning: Cost of Private Contractors	0	90.00%	0		0	0
24C	HIT: Implementation and Operation: Cost of In-house Activities	0	90.00%	0		0	0
24D	HIT: Implementation and Operation: Cost of Private Contractors	0	90.00%	0		0	0
24E	HIT Incentive Payments - Eligible Professionals	0	100.00%	0		0	0
24F	HIT Incentive Payments - Eligible Hospitals	0	100.00%	0		0	0
25	Citizenship Verification Technology - CHIPRA						
25A	CVT Development - CHIPRA	0	90.00%	0		0	0
25B	CVT Operation - CHIPRA	0	75.00%	0		0	0
26	Planning for Health Homes for Enrollees with Chronic Conditions	0	50.00%	0		0	0
27	Recovery Audit Contractors State Administration	0	50.00%	0		0	0
28A	Design Development/Installation of Medicaid Elig. Determ. Sys. – Cost of In-house Activities	0	90.00%	0		0	0
28B	Design Development/Installation of Medicaid Elig. Determ. Sys. – Cost of Private Sec. Contractors	0	90.00%	0		0	0
28C	Operation of an Approved Medicaid Eligibility Determination Systems – Cost of In-house Activities	0	75.00%	0		0	0
28D	Operation of an Approved Medicaid Eligibility Determination Sys. – Cost of Private Sec. Contractors	0	75.00%	0		0	0
29	Other Financial Participation	0	50.00%	0		0	0
30	Total	0		0		0	0

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

State: Washington

Quarter Ended: 09/30/2011

Medical Assistance Payments		Total Computable	Federal Share		
			Medicaid and CHIP	Medicaid FMAP	Applied Against the 20% Limit
			Enhanced FMAP 65%	FMAP 50%	CHIP Amount
			(A)	(B)	(C)
1A	Inpatient Hospital Services - Regular Payments	0	0	0	0
1B	Inpatient Hospital Service - DSH Adjustment Payments	0	0	0	0
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0
1D	Inpatient Hospital Services - GME Payments	0	0	0	0
2A	Mental Health Facility Services - Regular Payments	0	0	0	0
2B	Mental Health Facility Services - DSH Adjustment Payments	0	0	0	0
3A	Nursing Facility Services - Regular Payments	0	0	0	0
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0
4C	Intermediate Care Facility Services - Supplemental Payments	0	0	0	0
5A	Physician and Surgical Services - Regular Payments	0	0	0	0
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0
7	Prescribed Drugs	0	0	0	0
7A1	Drug Rebate Offset - National Agreement	0	0	0	0
7A2	Drug Rebate Offset - State Sidebar Agreement	0	0	0	0
7A3	MCO - National Agreement	0	0	0	0
7A4	MCO - State Sidebar Agreement	0	0	0	0
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0
8	Dental Services	0	0	0	0

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

State: Washington

Quarter Ended: 09/30/2011

Medical Assistance Payments		Total Computable	Federal Share		
			Medicaid and CHIP	Medicaid FMAP	Applied Against the 20% Limit
			Enhanced FMAP 65%	FMAP 50%	CHIP Amount
			(A)	(B)	(C)
9A	Other Practitioners Services - Regular Payments	0	0	0	0
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0
10	Clinic Services	0	0	0	0
11	Laboratory And Radiological Services	0	0	0	0
12	Home Health Services	0	0	0	0
13	Sterilizations	0	0	0	0
14	Abortions No.	0	0	0	0
15	EPSDT Screening Services	0	0	0	0
16	Rural Health Clinic Screening	0	0	0	0
17A	Medicare Health Insurance Payments - Part A Premiums	0	0	0	0
17B	Medicare Health Insurance Payments - Part B Premiums	0	0	0	0
17C1	120% - 134% Of Poverty	0	0	0	0
17D	Coinsurance And Deductibles	0	0	0	0
18A	Medicaid Health Insurance Payments: Managed Care Organizations (MCO)	0	0	0	0
18B1	Prepaid Ambulatory Health Plan	0	0	0	0
18B2	Prepaid Inpatient Health Plan	0	0	0	0
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles	0	0	0	0
18E	Medicaid Health Insurance Payments: Other	0	0	0	0
19A	Home and Community-Based Services - Regular Payment (Waiver)	0	0	0	0
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0
22	Programs Of All-Inclusive Care Elderly	0	0	0	0

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

State: Washington

Quarter Ended: 09/30/2011

Medical Assistance Payments		Total Computable	Federal Share		
			Medicaid and CHIP	Medicaid FMAP	Applied Against the 20% Limit
			Enhanced FMAP 65%	FMAP 50%	CHIP Amount
			(A)	(B)	(C)
23A	Personal Care Services - Regular Payment	7,801	5,071	3,901	1,170
23B	Personal Care Services - SDS 1915(j)	0	0	0	0
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0
24B	Case Management - State Wide	0	0	0	0
25	Primary Care Case Management Services	0	0	0	0
26	Hospice Benefits	0	0	0	0
27	Emergency Services for Undocumented Aliens	0	0	0	0
28	Federally-Qualified Health Center	0	0	0	0
29	Non-Emergency Medical Transportation	0	0	0	0
30	Physical Therapy	0	0	0	0
31	Occupational Therapy	0	0	0	0
32	Services for Speech, Hearing and Language	0	0	0	0
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0
34	Diagnostic Screening & Preventive Services	0	0	0	0
35	Nurse Mid-Wife	0	0	0	0
36	Emergency Hospital Services	0	0	0	0
37	Critical Access Hospitals	0	0	0	0
38	Nurse Practitioner Services	0	0	0	0
39	School Based Services	0	0	0	0
40	Rehabilitative Services (non-school-based)	0	0	0	0
41	Private Duty Nursing	0	0	0	0
42	Freestanding Birth Center	0	0	0	0
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0

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

State: Washington

Quarter Ended: 09/30/2011

Medical Assistance Payments		Total Computable	Federal Share		
			Medicaid and CHIP	Medicaid FMAP	Applied Against the 20% Limit
			Enhanced FMAP 65%	FMAP 50%	CHIP Amount
			(A)	(B)	(C)
44	Tobacco Cessation for Preg Women	0	0	0	0
49	Other Care Services	0	0	0	0
50	Total	7,801	5,071	3,901	1,170

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

Quarter Ended: 09/30/2011
Fiscal Year: 3/2011

State: Washington

		Line # 8				
Medical Assistance Payments		Total Computable	Federal Share			Deferral or C.I.N. Number
			Medicaid and CHIP	Medicaid FMAP	Applied Against the 20% Limit	
			Enhanced FMAP 65%	FMAP 50% Incr. FMAP 58.23%	CHIP Amount	
			(A)	(B)	(C)	
1A	Inpatient Hospital Services - Regular Payments	3,394,956	2,206,721	1,697,478 279,405	229,838	
1B	Inpatient Hospital Service - DSH Adjustment Payments	0	0	0	0	
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	
2A	Mental Health Facility Services - Regular Payments	0	0	0	0	
2B	Mental Health Facility Services - DSH Adjustment Payments	0	0	0	0	
3A	Nursing Facility Services - Regular Payments	0	0	0	0	
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	
4C	Intermediate Care Facility Services - Supplemental Payments	0	0	0	0	
5A	Physician and Surgical Services - Regular Payments	1,722,916	1,119,895	861,458 141,796	116,641	
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	
6A	Outpatient Hospital Services - Regular Payments	1,274,718	828,567	637,359 104,909	86,299	
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	
7	Prescribed Drugs	1,077,620	700,453	538,810 88,688	72,955	
7A1	Drug Rebate Offset - National Agreement	0	0	0	0	
7A2	Drug Rebate Offset - State Sidebar Agreement	0	0	0	0	
7A3	MCO - National Agreement	0	0	0	0	
7A4	MCO - State Sidebar Agreement	0	0	0	0	
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	
8	Dental Services	10,169,454	6,610,145	5,084,727 836,946	688,472	

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

Quarter Ended: 09/30/2011
Fiscal Year: 3/2011

State: Washington

		Line # 8				
Medical Assistance Payments		Total Computable	Federal Share			Deferral or C.I.N. Number
			Medicaid and CHIP	Medicaid FMAP	Applied Against the 20% Limit	
			Enhanced FMAP 65%	FMAP 50% Incr. FMAP 58.23%	CHIP Amount	
			(A)	(B)	(C)	
9A	Other Practitioners Services - Regular Payments	502,412	326,568	251,206 41,349	34,013	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	
10	Clinic Services	54,094	35,161	27,047 4,452	3,662	
11	Laboratory And Radiological Services	30,218	19,642	15,109 2,487	2,046	
12	Home Health Services	451,838	293,695	225,919 37,186	30,590	
13	Sterilizations	0	0	0	0	
14	Abortions No.	0	0	0	0	
15	EPSDT Screening Services	186,572	121,272	93,286 15,355	12,631	
16	Rural Health Clinic Screening	3,889,796	2,528,367	1,944,898 320,130	263,339	
17A	Medicare Health Insurance Payments - Part A Premiums	0	0	0	0	
17B	Medicare Health Insurance Payments - Part B Premiums	0	0	0	0	
17C1	120% - 134% Of Poverty	0	0	0	0	
17D	Coinsurance And Deductibles	0	0	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations (MCO)	30,020,672	19,513,437	15,010,336 2,470,701	2,032,400	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles	0	0	0	0	
18E	Medicaid Health Insurance Payments: Other	0	0	0	0	
19A	Home and Community-Based Services - Regular Payment (Waiver)	0	0	0	0	
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	

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

Quarter Ended: 09/30/2011
Fiscal Year: 3/2011

State: Washington

Line # 8						
Medical Assistance Payments		Total Computable	Federal Share			Deferral or C.I.N. Number
			Medicaid and CHIP	Medicaid FMAP	Applied Against the 20% Limit	
			Enhanced FMAP 65%	FMAP 50% Incr. FMAP 58.23%	CHIP Amount	
		(A)	(B)	(C)	(D)	(E)
23A	Personal Care Services - Regular Payment	4,269	2,775	2,135 351	289	
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	
24B	Case Management - State Wide	0	0	0	0	
25	Primary Care Case Management Services	0	0	0	0	
26	Hospice Benefits	5,548	3,606	2,774 457	375	
27	Emergency Services for Undocumented Aliens	1,302	846	651 107	88	
28	Federally-Qualified Health Center	12,178,240	7,915,856	6,089,120 1,002,269	824,467	
29	Non-Emergency Medical Transportation	0	0	0	0	
30	Physical Therapy	0	0	0	0	
31	Occupational Therapy	0	0	0	0	
32	Services for Speech, Hearing and Language	0	0	0	0	
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	
34	Diagnostic Screening & Preventive Services	0	0	0	0	
35	Nurse Mid-Wife	0	0	0	0	
36	Emergency Hospital Services	0	0	0	0	
37	Critical Access Hospitals	0	0	0	0	
38	Nurse Practitioner Services	0	0	0	0	
39	School Based Services	63,034	40,972	31,517 5,188	4,267	
40	Rehabilitative Services (non-school-based)	0	0	0	0	
41	Private Duty Nursing	0	0	0	0	
42	Freestanding Birth Center	0	0	0	0	
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	

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

**Quarter Ended: 09/30/2011
Fiscal Year: 3/2011**

State: Washington

Line # 8						
Medical Assistance Payments		Total Computable	Federal Share			Deferral or C.I.N. Number
			Medicaid and CHIP	Medicaid FMAP	Applied Against the 20% Limit	
		Enhanced FMAP 65%	FMAP 50% Incr. FMAP 58.23%	CHIP Amount		
		(A)	(B)	(C)	(D)	(E)
44	Tobacco Cessation for Preg Women	0	0	0	0	
49	Other Care Services	1,058,674	688,138	529,337 87,129	71,672	
50	Total	66,086,333	42,956,116	33,043,167 5,438,905	4,474,044	

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

Quarter Ended: 09/30/2011
Fiscal Year: 2/2011

State: Washington

Line # 8						
Medical Assistance Payments		Total Computable	Federal Share			Deferral or C.I.N. Number
			Medicaid and CHIP	Medicaid FMAP	Applied Against the 20% Limit	
			Enhanced FMAP 65%	FMAP 50% Incr. FMAP 60.11%	CHIP Amount	
			(A)	(B)	(C)	
1A	Inpatient Hospital Services - Regular Payments	3,587,049	2,331,582	1,793,524 362,651	175,407	
1B	Inpatient Hospital Service - DSH Adjustment Payments	0	0	0	0	
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	
2A	Mental Health Facility Services - Regular Payments	0	0	0	0	
2B	Mental Health Facility Services - DSH Adjustment Payments	0	0	0	0	
3A	Nursing Facility Services - Regular Payments	0	0	0	0	
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	
4C	Intermediate Care Facility Services - Supplemental Payments	0	0	0	0	
5A	Physician and Surgical Services - Regular Payments	1,532,231	995,950	766,115 154,909	74,926	
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	
6A	Outpatient Hospital Services - Regular Payments	1,045,737	679,729	522,869 105,724	51,136	
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	
7	Prescribed Drugs	1,298,927	844,303	649,463 131,322	63,518	
7A1	Drug Rebate Offset - National Agreement	0	0	0	0	
7A2	Drug Rebate Offset - State Sidebar Agreement	0	0	0	0	
7A3	MCO - National Agreement	0	0	0	0	
7A4	MCO - State Sidebar Agreement	0	0	0	0	
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	
8	Dental Services	9,789,517	6,363,186	4,894,759 989,720	478,707	

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

Quarter Ended: 09/30/2011
Fiscal Year: 2/2011

State: Washington

Line # 8						
Medical Assistance Payments		Total Computable	Federal Share			Deferral or C.I.N. Number
			Medicaid and CHIP	Medicaid FMAP	Applied Against the 20% Limit	
			Enhanced FMAP 65%	FMAP 50% Incr. FMAP 60.11%	CHIP Amount	
			(A)	(B)	(C)	
9A	Other Practitioners Services - Regular Payments	367,301	238,746	183,651 37,134	17,961	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	
10	Clinic Services	71,373	46,392	35,686 7,216	3,490	
11	Laboratory And Radiological Services	24,585	15,980	12,292 2,486	1,202	
12	Home Health Services	333,306	216,649	166,653 33,697	16,299	
13	Sterilizations	0	0	0	0	
14	Abortions No.	0	0	0	0	
15	EPSDT Screening Services	172,543	112,153	86,272 17,444	8,437	
16	Rural Health Clinic Screening	208,774	135,703	104,387 21,107	10,209	
17A	Medicare Health Insurance Payments - Part A Premiums	0	0	0	0	
17B	Medicare Health Insurance Payments - Part B Premiums	0	0	0	0	
17C1	120% - 134% Of Poverty	0	0	0	0	
17D	Coinsurance And Deductibles	0	0	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations (MCO)	42,498,122	27,623,779	21,249,061 4,296,560	2,078,158	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles	0	0	0	0	
18E	Medicaid Health Insurance Payments: Other	0	0	0	0	
19A	Home and Community-Based Services - Regular Payment (Waiver)	0	0	0	0	
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	

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

Quarter Ended: 09/30/2011
Fiscal Year: 2/2011

State: Washington

Line # 8						
Medical Assistance Payments		Total Computable	Federal Share			Deferral or C.I.N. Number
			Medicaid and CHIP	Medicaid FMAP	Applied Against the 20% Limit	
			Enhanced FMAP 65%	FMAP 50% Incr. FMAP 60.11%	CHIP Amount	
		(A)	(B)	(C)	(D)	(E)
23A	Personal Care Services - Regular Payment	469,741	305,332	234,870 47,491	22,971	
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	
24B	Case Management - State Wide	0	0	0	0	
25	Primary Care Case Management Services	0	0	0	0	
26	Hospice Benefits	2,289	1,488	1,145 231	112	
27	Emergency Services for Undocumented Aliens	0	0	0	0	
28	Federally-Qualified Health Center	7,850,033	5,102,521	3,925,017 793,638	383,866	
29	Non-Emergency Medical Transportation	0	0	0	0	
30	Physical Therapy	0	0	0	0	
31	Occupational Therapy	0	0	0	0	
32	Services for Speech, Hearing and Language	0	0	0	0	
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	
34	Diagnostic Screening & Preventive Services	0	0	0	0	
35	Nurse Mid-Wife	0	0	0	0	
36	Emergency Hospital Services	0	0	0	0	
37	Critical Access Hospitals	0	0	0	0	
38	Nurse Practitioner Services	0	0	0	0	
39	School Based Services	902,370	586,541	451,185 91,230	44,126	
40	Rehabilitative Services (non-school-based)	0	0	0	0	
41	Private Duty Nursing	0	0	0	0	
42	Freestanding Birth Center	0	0	0	0	
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	

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

**Quarter Ended: 09/30/2011
Fiscal Year: 2/2011**

State: Washington

Line # 8						
Medical Assistance Payments		Total Computable	Federal Share			Deferral or C.I.N. Number
			Medicaid and CHIP	Medicaid FMAP	Applied Against the 20% Limit	
			Enhanced FMAP 65%	FMAP 50% Incr. FMAP 60.11%	CHIP Amount	
		(A)	(B)	(C)	(D)	(E)
44	Tobacco Cessation for Preg Women	0	0	0	0	
49	Other Care Services	987,760	642,044	493,880 99,863	48,301	
50	Total	71,141,658	46,242,078	35,570,829 7,192,423	3,478,826	

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

Quarter Ended: 09/30/2011
Fiscal Year: 1/2011

State: Washington

		Line # 8				
Medical Assistance Payments		Total Computable	Federal Share			Deferral or C.I.N. Number
			Medicaid and CHIP	Medicaid FMAP	Applied Against the 20% Limit	
			Enhanced FMAP 65%	FMAP 50% Incr. FMAP 62.94%	CHIP Amount	
			(A)	(B)	(C)	
1A	Inpatient Hospital Services - Regular Payments	4,718,162	3,066,805	2,359,081 610,530	97,194	
1B	Inpatient Hospital Service - DSH Adjustment Payments	0	0	0	0	
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	
2A	Mental Health Facility Services - Regular Payments	0	0	0	0	
2B	Mental Health Facility Services - DSH Adjustment Payments	0	0	0	0	
3A	Nursing Facility Services - Regular Payments	0	0	0	0	
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	
4C	Intermediate Care Facility Services - Supplemental Payments	0	0	0	0	
5A	Physician and Surgical Services - Regular Payments	1,815,768	1,180,249	907,884 234,960	37,405	
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	
6A	Outpatient Hospital Services - Regular Payments	1,248,581	811,578	624,291 161,566	25,721	
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	
7	Prescribed Drugs	2,105,483	1,368,564	1,052,741 272,450	43,373	
7A1	Drug Rebate Offset - National Agreement	0	0	0	0	
7A2	Drug Rebate Offset - State Sidebar Agreement	0	0	0	0	
7A3	MCO - National Agreement	0	0	0	0	
7A4	MCO - State Sidebar Agreement	0	0	0	0	
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	
8	Dental Services	12,242,561	7,957,665	6,121,281 1,584,187	252,197	

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

Quarter Ended: 09/30/2011
Fiscal Year: 1/2011

State: Washington

Line # 8						
Medical Assistance Payments		Total Computable	Federal Share			Deferral or C.I.N. Number
			Medicaid and CHIP	Medicaid FMAP	Applied Against the 20% Limit	
			Enhanced FMAP 65%	FMAP 50% Incr. FMAP 62.94%	CHIP Amount	
		(A)	(B)	(C)	(D)	(E)
9A	Other Practitioners Services - Regular Payments	439,102	285,416	219,551 56,820	9,045	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	
10	Clinic Services	86,982	56,538	43,491 11,255	1,792	
11	Laboratory And Radiological Services	40,872	26,567	20,436 5,289	842	
12	Home Health Services	389,664	253,282	194,832 50,423	8,027	
13	Sterilizations	0	0	0	0	
14	Abortions No.	0	0	0	0	
15	EPSDT Screening Services	214,264	139,272	107,132 27,726	4,414	
16	Rural Health Clinic Screening	2,223,546	1,445,305	1,111,773 287,727	45,805	
17A	Medicare Health Insurance Payments - Part A Premiums	0	0	0	0	
17B	Medicare Health Insurance Payments - Part B Premiums	0	0	0	0	
17C1	120% - 134% Of Poverty	0	0	0	0	
17D	Coinsurance And Deductibles	0	0	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations (MCO)	52,386,840	34,051,446	26,193,420 6,778,857	1,079,169	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles	0	0	0	0	
18E	Medicaid Health Insurance Payments: Other	0	0	0	0	
19A	Home and Community-Based Services - Regular Payment (Waiver)	0	0	0	0	
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	

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

Quarter Ended: 09/30/2011
Fiscal Year: 1/2011

State: Washington

Line # 8						
Medical Assistance Payments		Total Computable	Federal Share			Deferral or C.I.N. Number
			Medicaid and CHIP	Medicaid FMAP	Applied Against the 20% Limit	
			Enhanced FMAP 65%	FMAP 50% Incr. FMAP 62.94%	CHIP Amount	
		(A)	(B)	(C)	(D)	(E)
23A	Personal Care Services - Regular Payment	676,887	439,977	338,444 87,589	13,944	
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	
24B	Case Management - State Wide	0	0	0	0	
25	Primary Care Case Management Services	0	0	0	0	
26	Hospice Benefits	20,228	13,148	10,114 2,618	416	
27	Emergency Services for Undocumented Aliens	8,139	5,290	4,070 1,053	167	
28	Federally-Qualified Health Center	4,133,558	2,686,813	2,066,779 534,882	85,152	
29	Non-Emergency Medical Transportation	0	0	0	0	
30	Physical Therapy	0	0	0	0	
31	Occupational Therapy	0	0	0	0	
32	Services for Speech, Hearing and Language	0	0	0	0	
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	
34	Diagnostic Screening & Preventive Services	0	0	0	0	
35	Nurse Mid-Wife	0	0	0	0	
36	Emergency Hospital Services	0	0	0	0	
37	Critical Access Hospitals	0	0	0	0	
38	Nurse Practitioner Services	0	0	0	0	
39	School Based Services	581,424	377,926	290,712 75,236	11,978	
40	Rehabilitative Services (non-school-based)	0	0	0	0	
41	Private Duty Nursing	0	0	0	0	
42	Freestanding Birth Center	0	0	0	0	
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	

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

**Quarter Ended: 09/30/2011
Fiscal Year: 1/2011**

State: Washington

Line # 8						
Medical Assistance Payments		Total Computable	Federal Share			Deferral or C.I.N. Number
			Medicaid and CHIP	Medicaid FMAP	Applied Against the 20% Limit	
			Enhanced FMAP 65%	FMAP 50% Incr. FMAP 62.94%	CHIP Amount	
		(A)	(B)	(C)	(D)	(E)
44	Tobacco Cessation for Preg Women	0	0	0	0	
49	Other Care Services	1,394,845	906,649	697,422 180,493	28,734	
50	Total	84,726,906	55,072,490	42,363,454 10,963,661	1,745,375	

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

Quarter Ended: 09/30/2011
Fiscal Year: 4/2010

State: Washington

		Line # 10B				
Medical Assistance Payments		Total Computable	Federal Share			Deferral or C.I.N. Number
			Medicaid and CHIP	Medicaid FMAP	Applied Against the 20% Limit	
			Enhanced FMAP 65.08%	FMAP 50.12% Incr. FMAP 62.94%	CHIP Amount	
			(A)	(B)	(C)	
1A	Inpatient Hospital Services - Regular Payments	9,130,697	5,942,258	4,576,306 1,170,555	195,397	
1B	Inpatient Hospital Service - DSH Adjustment Payments	0	0	0	0	
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	
2A	Mental Health Facility Services - Regular Payments	0	0	0	0	
2B	Mental Health Facility Services - DSH Adjustment Payments	0	0	0	0	
3A	Nursing Facility Services - Regular Payments	0	0	0	0	
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	
4C	Intermediate Care Facility Services - Supplemental Payments	0	0	0	0	
5A	Physician and Surgical Services - Regular Payments	2,692,379	1,752,200	1,349,420 345,163	57,617	
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	
6A	Outpatient Hospital Services - Regular Payments	2,652,489	1,726,240	1,329,428 340,049	56,763	
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	
7	Prescribed Drugs	17,676,766	11,504,039	8,859,596 2,266,161	378,282	
7A1	Drug Rebate Offset - National Agreement	0	0	0	0	
7A2	Drug Rebate Offset - State Sidebar Agreement	0	0	0	0	
7A3	MCO - National Agreement	0	0	0	0	
7A4	MCO - State Sidebar Agreement	0	0	0	0	
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	
8	Dental Services	10,512,107	6,841,279	5,268,668 1,347,652	224,959	

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

Quarter Ended: 09/30/2011
Fiscal Year: 4/2010

State: Washington

Line # 10B						
Medical Assistance Payments		Total Computable	Federal Share			Deferral or C.I.N. Number
			Medicaid and CHIP	Medicaid FMAP	Applied Against the 20% Limit	
			Enhanced FMAP 65.08%	FMAP 50.12% Incr. FMAP 62.94%	CHIP Amount	
		(A)	(B)	(C)	(D)	(E)
9A	Other Practitioners Services - Regular Payments	1,122,934	730,805	562,815 143,960	24,030	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	
10	Clinic Services	48,027	31,256	24,071 6,157	1,028	
11	Laboratory And Radiological Services	72,954	47,478	36,564 9,353	1,561	
12	Home Health Services	1,710,623	1,113,273	857,364 219,302	36,607	
13	Sterilizations	0	0	0	0	
14	Abortions No.	0	0	0	0	
15	EPSDT Screening Services	176,729	115,015	88,576 22,657	3,782	
16	Rural Health Clinic Screening	0	0	0	0	
17A	Medicare Health Insurance Payments - Part A Premiums	0	0	0	0	
17B	Medicare Health Insurance Payments - Part B Premiums	0	0	0	0	
17C1	120% - 134% Of Poverty	0	0	0	0	
17D	Coinsurance And Deductibles	0	0	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations (MCO)	0	0	0	0	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles	0	0	0	0	
18E	Medicaid Health Insurance Payments: Other	0	0	0	0	
19A	Home and Community-Based Services - Regular Payment (Waiver)	0	0	0	0	
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	

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

**Quarter Ended: 09/30/2011
Fiscal Year: 4/2010**

State: Washington

		Line # 10B				
Medical Assistance Payments		Total Computable	Federal Share			Deferral or C.I.N. Number
			Medicaid and CHIP	Medicaid FMAP	Applied Against the 20% Limit	
			Enhanced FMAP 65.08%	FMAP 50.12% Incr. FMAP 62.94%	CHIP Amount	
			(A)	(B)	(C)	
23A	Personal Care Services - Regular Payment	0	0	0	0	
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	
24B	Case Management - State Wide	0	0	0	0	
25	Primary Care Case Management Services	0	0	0	0	
26	Hospice Benefits	27,514	17,906	13,790 3,527	589	
27	Emergency Services for Undocumented Aliens	21,565	14,035	10,808 2,765	462	
28	Federally-Qualified Health Center	0	0	0	0	
29	Non-Emergency Medical Transportation	0	0	0	0	
30	Physical Therapy	0	0	0	0	
31	Occupational Therapy	0	0	0	0	
32	Services for Speech, Hearing and Language	0	0	0	0	
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	
34	Diagnostic Screening & Preventive Services	0	0	0	0	
35	Nurse Mid-Wife	0	0	0	0	
36	Emergency Hospital Services	0	0	0	0	
37	Critical Access Hospitals	0	0	0	0	
38	Nurse Practitioner Services	0	0	0	0	
39	School Based Services	1,786,822	1,162,864	895,555 229,071	38,238	
40	Rehabilitative Services (non-school-based)	0	0	0	0	
41	Private Duty Nursing	0	0	0	0	
42	Freestanding Birth Center	0	0	0	0	
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	

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

**Quarter Ended: 09/30/2011
Fiscal Year: 4/2010**

State: Washington

Line # 10B						
Medical Assistance Payments		Total Computable	Federal Share			Deferral or C.I.N. Number
			Medicaid and CHIP	Medicaid FMAP	Applied Against the 20% Limit	
			Enhanced FMAP 65.08%	FMAP 50.12% Incr. FMAP 62.94%	CHIP Amount	
		(A)	(B)	(C)	(D)	(E)
44	Tobacco Cessation for Preg Women	0	0	0	0	
49	Other Care Services	5,000,835	3,254,543	2,506,419 641,107	107,017	
50	Total	52,632,441	34,253,191	26,379,380 6,747,479	1,126,332	

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

Quarter Ended: 09/30/2011
Fiscal Year: 4/2010

State: Washington

		Line # 8				
Medical Assistance Payments		Total Computable	Federal Share			Deferral or C.I.N. Number
			Medicaid and CHIP	Medicaid FMAP	Applied Against the 20% Limit	
			Enhanced FMAP 65.08%	FMAP 50.12% Incr. FMAP 62.94%	CHIP Amount	
			(A)	(B)	(C)	
1A	Inpatient Hospital Services - Regular Payments	0	0	0	0	
1B	Inpatient Hospital Service - DSH Adjustment Payments	0	0	0	0	
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	
2A	Mental Health Facility Services - Regular Payments	0	0	0	0	
2B	Mental Health Facility Services - DSH Adjustment Payments	0	0	0	0	
3A	Nursing Facility Services - Regular Payments	0	0	0	0	
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	
4C	Intermediate Care Facility Services - Supplemental Payments	0	0	0	0	
5A	Physician and Surgical Services - Regular Payments	0	0	0	0	
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	
7	Prescribed Drugs	0	0	0	0	
7A1	Drug Rebate Offset - National Agreement	0	0	0	0	
7A2	Drug Rebate Offset - State Sidebar Agreement	0	0	0	0	
7A3	MCO - National Agreement	0	0	0	0	
7A4	MCO - State Sidebar Agreement	0	0	0	0	
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	
8	Dental Services	0	0	0	0	

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

Quarter Ended: 09/30/2011
Fiscal Year: 4/2010

State: Washington

		Line # 8				
Medical Assistance Payments		Total Computable	Federal Share			Deferral or C.I.N. Number
			Medicaid and CHIP	Medicaid FMAP	Applied Against the 20% Limit	
			Enhanced FMAP 65.08%	FMAP 50.12% Incr. FMAP 62.94%	CHIP Amount	
			(A)	(B)	(C)	
9A	Other Practitioners Services - Regular Payments	0	0	0	0	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	
10	Clinic Services	0	0	0	0	
11	Laboratory And Radiological Services	0	0	0	0	
12	Home Health Services	0	0	0	0	
13	Sterilizations	0	0	0	0	
14	Abortions No.	0	0	0	0	
15	EPSDT Screening Services	0	0	0	0	
16	Rural Health Clinic Screening	4,188,070	2,725,596	2,099,060 536,911	89,625	
17A	Medicare Health Insurance Payments - Part A Premiums	0	0	0	0	
17B	Medicare Health Insurance Payments - Part B Premiums	0	0	0	0	
17C1	120% - 134% Of Poverty	0	0	0	0	
17D	Coinsurance And Deductibles	0	0	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations (MCO)	114,836,647	74,735,690	57,556,128 14,722,058	2,457,504	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles	0	0	0	0	
18E	Medicaid Health Insurance Payments: Other	0	0	0	0	
19A	Home and Community-Based Services - Regular Payment (Waiver)	0	0	0	0	
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	

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

Quarter Ended: 09/30/2011
Fiscal Year: 4/2010

State: Washington

Line # 8						
Medical Assistance Payments		Total Computable	Federal Share			Deferral or C.I.N. Number
			Medicaid and CHIP	Medicaid FMAP	Applied Against the 20% Limit	
			Enhanced FMAP 65.08%	FMAP 50.12% Incr. FMAP 62.94%	CHIP Amount	
		(A)	(B)	(C)	(D)	(E)
23A	Personal Care Services - Regular Payment	2,380,028	1,548,922	1,192,870 305,120	50,932	
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	
24B	Case Management - State Wide	0	0	0	0	
25	Primary Care Case Management Services	0	0	0	0	
26	Hospice Benefits	0	0	0	0	
27	Emergency Services for Undocumented Aliens	0	0	0	0	
28	Federally-Qualified Health Center	6,007,204	3,909,488	3,010,810 770,124	128,554	
29	Non-Emergency Medical Transportation	0	0	0	0	
30	Physical Therapy	0	0	0	0	
31	Occupational Therapy	0	0	0	0	
32	Services for Speech, Hearing and Language	0	0	0	0	
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	
34	Diagnostic Screening & Preventive Services	0	0	0	0	
35	Nurse Mid-Wife	0	0	0	0	
36	Emergency Hospital Services	0	0	0	0	
37	Critical Access Hospitals	0	0	0	0	
38	Nurse Practitioner Services	0	0	0	0	
39	School Based Services	0	0	0	0	
40	Rehabilitative Services (non-school-based)	0	0	0	0	
41	Private Duty Nursing	0	0	0	0	
42	Freestanding Birth Center	0	0	0	0	
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	

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

**Quarter Ended: 09/30/2011
Fiscal Year: 4/2010**

State: Washington

Line # 8						
Medical Assistance Payments		Total Computable	Federal Share			Deferral or C.I.N. Number
			Medicaid and CHIP	Medicaid FMAP	Applied Against the 20% Limit	
			Enhanced FMAP 65.08%	FMAP 50.12% Incr. FMAP 62.94%	CHIP Amount	
		(A)	(B)	(C)	(D)	(E)
44	Tobacco Cessation for Preg Women	0	0	0	0	
49	Other Care Services	0	0	0	0	
50	Total	127,411,949	82,919,696	63,858,868 16,334,213	2,726,615	

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

Quarter Ended: 09/30/2011
Fiscal Year: 4/2009

State: Washington

		Line # 8				
Medical Assistance Payments		Total Computable	Federal Share			Deferral or C.I.N. Number
			Medicaid and CHIP	Medicaid FMAP	Applied Against the 20% Limit	
			Enhanced FMAP 65.66%	FMAP 50.94% Incr. FMAP 62.94%	CHIP Amount	
			(A)	(B)	(C)	
1A	Inpatient Hospital Services - Regular Payments	0	0	0	0	
1B	Inpatient Hospital Service - DSH Adjustment Payments	0	0	0	0	
1C	Inpatient Hospital Services - Supplemental Payments	0	0	0	0	
1D	Inpatient Hospital Services - GME Payments	0	0	0	0	
2A	Mental Health Facility Services - Regular Payments	0	0	0	0	
2B	Mental Health Facility Services - DSH Adjustment Payments	0	0	0	0	
3A	Nursing Facility Services - Regular Payments	0	0	0	0	
3B	Nursing Facility Services - Supplemental Payments	0	0	0	0	
4A	Intermediate Care Facility Services - Mentally Retarded: Public Providers	0	0	0	0	
4B	Intermediate Care Facility Services - Mentally Retarded: Private Providers	0	0	0	0	
4C	Intermediate Care Facility Services - Supplemental Payments	0	0	0	0	
5A	Physician and Surgical Services - Regular Payments	0	0	0	0	
5B	Physician and Surgical Services - Supplemental Payments	0	0	0	0	
6A	Outpatient Hospital Services - Regular Payments	0	0	0	0	
6B	Outpatient Hospital Services - Supplemental Payments	0	0	0	0	
7	Prescribed Drugs	0	0	0	0	
7A1	Drug Rebate Offset - National Agreement	0	0	0	0	
7A2	Drug Rebate Offset - State Sidebar Agreement	0	0	0	0	
7A3	MCO - National Agreement	0	0	0	0	
7A4	MCO - State Sidebar Agreement	0	0	0	0	
7A5	Increased ACA OFFSET - Fee for Service - 100%	0	0	0	0	
7A6	Increased ACA OFFSET - MCO - 100%	0	0	0	0	
8	Dental Services	0	0	0	0	

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

Quarter Ended: 09/30/2011
Fiscal Year: 4/2009

State: Washington

		Line # 8				
Medical Assistance Payments		Total Computable	Federal Share			Deferral or C.I.N. Number
			Medicaid and CHIP	Medicaid FMAP	Applied Against the 20% Limit	
			Enhanced FMAP 65.66%	FMAP 50.94% Incr. FMAP 62.94%	CHIP Amount	
			(A)	(B)	(C)	
9A	Other Practitioners Services - Regular Payments	0	0	0	0	
9B	Other Practitioners Services - Supplemental Payments	0	0	0	0	
10	Clinic Services	0	0	0	0	
11	Laboratory And Radiological Services	0	0	0	0	
12	Home Health Services	0	0	0	0	
13	Sterilizations	0	0	0	0	
14	Abortions No.	0	0	0	0	
15	EPSDT Screening Services	0	0	0	0	
16	Rural Health Clinic Screening	0	0	0	0	
17A	Medicare Health Insurance Payments - Part A Premiums	0	0	0	0	
17B	Medicare Health Insurance Payments - Part B Premiums	0	0	0	0	
17C1	120% - 134% Of Poverty	0	0	0	0	
17D	Coinsurance And Deductibles	0	0	0	0	
18A	Medicaid Health Insurance Payments: Managed Care Organizations (MCO)	0	0	0	0	
18B1	Prepaid Ambulatory Health Plan	0	0	0	0	
18B2	Prepaid Inpatient Health Plan	0	0	0	0	
18C	Medicaid Health Insurance Payments: Group Health Plan Payments	0	0	0	0	
18D	Medicaid Health Insurance Payments: Coinsurance And Deductibles	0	0	0	0	
18E	Medicaid Health Insurance Payments: Other	0	0	0	0	
19A	Home and Community-Based Services - Regular Payment (Waiver)	0	0	0	0	
19B	Home and Community-Based Services - State Plan 1915(i) Only Payment	0	0	0	0	
19C	Home and Community-Based Services - State Plan 1915(j) Only Payment	0	0	0	0	
22	Programs Of All-Inclusive Care Elderly	0	0	0	0	

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

**Quarter Ended: 09/30/2011
Fiscal Year: 4/2009**

State: Washington

		Line # 8				
Medical Assistance Payments		Total Computable	Federal Share			Deferral or C.I.N. Number
			Medicaid and CHIP	Medicaid FMAP	Applied Against the 20% Limit	
			Enhanced FMAP 65.66%	FMAP 50.94% Incr. FMAP 62.94%	CHIP Amount	
		(A)	(B)	(C)	(D)	(E)
23A	Personal Care Services - Regular Payment	1,273,092	835,912	648,513 152,771	34,628	
23B	Personal Care Services - SDS 1915(j)	0	0	0	0	
24A	Targeted Case Management Services - Community Case-Management	0	0	0	0	
24B	Case Management - State Wide	0	0	0	0	
25	Primary Care Case Management Services	0	0	0	0	
26	Hospice Benefits	0	0	0	0	
27	Emergency Services for Undocumented Aliens	0	0	0	0	
28	Federally-Qualified Health Center	0	0	0	0	
29	Non-Emergency Medical Transportation	0	0	0	0	
30	Physical Therapy	0	0	0	0	
31	Occupational Therapy	0	0	0	0	
32	Services for Speech, Hearing and Language	0	0	0	0	
33	Prosthetic Devices, Dentures, Eyeglasses	0	0	0	0	
34	Diagnostic Screening & Preventive Services	0	0	0	0	
35	Nurse Mid-Wife	0	0	0	0	
36	Emergency Hospital Services	0	0	0	0	
37	Critical Access Hospitals	0	0	0	0	
38	Nurse Practitioner Services	0	0	0	0	
39	School Based Services	0	0	0	0	
40	Rehabilitative Services (non-school-based)	0	0	0	0	
41	Private Duty Nursing	0	0	0	0	
42	Freestanding Birth Center	0	0	0	0	
43	Health Home for Enrollees w Chronic Conditions	0	0	0	0	

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

**Quarter Ended: 09/30/2011
Fiscal Year: 4/2009**

State: Washington

Line # 8						
Medical Assistance Payments		Total Computable	Federal Share			Deferral or C.I.N. Number
			Medicaid and CHIP	Medicaid FMAP	Applied Against the 20% Limit	
			Enhanced FMAP 65.66%	FMAP 50.94% Incr. FMAP 62.94%	CHIP Amount	
		(A)	(B)	(C)	(D)	(E)
44	Tobacco Cessation for Preg Women	0	0	0	0	
49	Other Care Services	0	0	0	0	
50	Total	1,273,092	835,912	648,513 152,771	34,628	

Allocation of Qualified Individual Part B (QIB) Benefits.
Payment Adjustments to Applicable FFYs

State: Washington

Quarter Ended: 09/30/2011

		Total Computable	Federal Share
		(A)	(B)
FFY 2010 (10/01/2009 - 09/30/2010)			
1	FFY 2010 Allotment	9,238,640	9,238,640
2	Amount Previously Reported - Title XIX	7,833,184	7,833,184
3	Line 6 - Title XIX	0	0
4	Line 7 - Title XIX	0	0
5	Line 8 - Title XIX	0	0
6	Line 10 - Title XIX	0	0
7	Subtotal - Title XIX	0	0
8	Total To Date - Title XIX	7,833,184	7,833,184
9	Unused FFY 2010 Allotment	1,405,456	1,405,456
FFY 2011 (10/01/2010 - 09/30/2011)			
1	FFY 2011 Allotment	12,329,846	12,329,846
2	Amount Previously Reported - Title XIX	6,968,065	6,968,065
3	Line 6 - Title XIX	2,729,844	2,729,844
4	Line 7 - Title XIX	0	0
5	Line 8 - Title XIX	0	0
6	Line 10 - Title XIX	0	0
7	Subtotal - Title XIX	2,729,844	2,729,844
8	Total To Date - Title XIX	9,697,909	9,697,909
9	Unused FFY 2011 Allotment	2,631,937	2,631,937

Children's Health Insurance Program Expenditures
For the Title XXI Program
Calculation of 10% Limit

State: Washington

Quarter Ended: 09/30/2011

		Total Computable	Federal Share
		(A)	(B)
1A	Previously Claimed Expenditures - Section 2105(a)(1)(C)	51,624,592	0
1B	Previously Claimed Expenditures - Section 2105(a)(1)(A)	231,035	0
2A	Expenditures Claimed In The Current Quarter - Section 2105(a)(1)(C)	33,050,096	0
2B	Expenditures Claimed In The Current Quarter - Sections 2105(a)(1)(A)	12,047,063	0
3	Total Of Column (a) Lines 1A & B And 2A & B	96,952,786	0
4	10% Limit (Divide Line 3 Column (a) By 9)	10,772,532	0
5	Total Computable - Allotment (Allotment Divided By The Enhanced FMAP)	222,587,461	0
6	10% Of The Allotment - Total Computable (10% Times Line 5)	22,258,746	0
7	10% Limit (Lesser Of Lines 4 Column (a) Or 6 Column (a))	10,772,532	0
8A	Expenditures Previously Claimed Under Section 2105(a)(2)	(212,918)	0
8B	Expenditures Currently Claimed Under Section 2105(a)(2)	657,761	0
9	Total Of Lines 8A And 8B	444,843	0
9A	Expenditures Previously Claimed for Outreach to Children (Line 32B of 21)	0	0
9B	Expenditures Currently claimed for Outreach to Children (Line 32B of 21)	0	0
9C	Total of lines 9A and 9B	0	0
9D	Outreach and enrollment for children 1.25% of 10% limit of allotment (Line 6)	278,234	0
9E	Expenditures for children outreach (9C) minus Outreach allotment (9D)	0	0
9F	Total of lines 8A, 8B and 9E	444,843	0
10	Amount Under/(Over) Limit (Line 7 Minus 9F)	10,327,689	6,712,998

Allocation of Title XIX and Title XXI Expenditures
To CHIP Fiscal Year Allotment

State: Washington

Quarter Ended: 09/30/2011

		Federal Share Expenditures Only					Balance		Unused	
		Title XIX			Title XXI					
		Qualifying State	1905(u)(2)(3)	PE	2105(a)(1)(C)	2105(a)(1)(D)				Total
		(A)	(B)	(C)	(D)	(E)				(F)
FFY 2007 (10/01/2006 - 09/30/2007)										
1	FFY 2004 Redistributed Allotment						0	0	0	
2	FFY 2005 Redistributed Allotment						0	0	0	
3	FFY 2007 Shortfall						0	0	0	
4	Negative Adjustment FFY 2005 Allotment						(20,000,000)	(20,000,000)	0	
5	Unused FFY 2005 Allotment						64,705,479	44,705,479	7,896,607	
6	Unused FFY 2006 Allotment						64,705,479	109,410,958	64,705,479	
7	FFY 2007 Allotment						79,883,308	189,294,266	79,883,308	
8	Excess Previously Claimed in Prior Years	0	0	0	0	0	0	189,294,266		
9	First Quarter 2007	0	0	0	6,495,260	100,555	6,595,815	182,698,451		
10	Second Quarter 2007	8,761,956	0	0	6,791,052	146,284	15,699,292	166,999,159		
11	Third Quarter 2007	2,164,409	0	0	5,590,808	145,933	7,901,150	159,098,009		
12	Fourth Quarter 2007	0	0	0	6,510,957	101,658	6,612,615	152,485,394		
13	Excess 10% Limit					0	0	152,485,394		
14	Unused Allotment							152,485,394		
15	Excess Expenditures							0		
16	FFY 2005 Allotment added to Redistribution Pool							7,896,607		
FFY 2008 (10/01/2007 - 09/30/2008)										
1	FFY 2005 Redistributed Allotment						0	0	0	
2	Unused FFY 2006 Allotment						64,705,479	64,705,479	23,219,625	
3	Unused FFY 2007 Allotment						79,883,308	144,588,787	78,001,432	
4	FFY 2008 Allotment						79,883,308	224,472,095	79,883,308	
5	FFY 2008 Shortfall						0	224,472,095	0	
6	Excess Previously Claimed in Prior Years	0	0	0	0	0	0	224,472,095		
7	First Quarter 2008	0	0	0	7,363,621	148,221	7,511,842	216,960,253		
8	Second Quarter 2008	1,989,335	0	0	3,760,736	115,819	5,865,890	211,094,363		
9	Third Quarter 2008	12,940,479	0	0	9,726,976	77,736	22,745,191	188,349,172		
10	Fourth Quarter 2008	(106,842)	0	0	7,212,441	139,208	7,244,807	181,104,365		
11	Excess 10% Limit					0	0	181,104,365		
12	Unused Allotment							181,104,365		
13	Excess Expenditures							0		
14	FFY 2006 Allotment added to Redistribution Pool							23,219,625		

Allocation of Title XIX and Title XXI Expenditures
To CHIP Fiscal Year Allotment

State: Washington

Quarter Ended: 09/30/2011

		Federal Share Expenditures Only					Balance		Unused	
		Title XIX			Title XXI					
		Qualifying State	1905(u)(2)(3)	PE	2105(a)(1)(C)	2105(a)(1)(D)				Total
		(A)	(B)	(C)	(D)	(E)				(F)
FFY 2009 (10/01/2008 - 09/30/2009)										
1	FFY 2006 and prior Redistributed Allotment						0	0	0	
2	Unused FFY 2007 Allotment						78,001,432	78,001,432	44,471,443	
3	Unused FFY 2008 Allotment						79,883,308	157,884,740	79,883,308	
4	FFY 2009 Allotment						0	157,884,740	0	
5	FFY 2009 Shortfall						0	157,884,740	0	
6	FFY 2009 CHIPRA (Issued 4/1/2009)						94,285,111	252,169,851	94,285,111	
7	Excess Previously Claimed in Prior Years	0	0	0	0	0	0	252,169,851		
8	First Quarter 2009	0	0	0	7,360,235	189,703	7,549,938	244,619,913		
9	Second Quarter 2009	0	0	0	7,318,209	120,455	7,438,664	237,181,249		
10	Third Quarter 2009	2,403,516	0	0	7,762,905	436,206	10,602,627	226,578,622		
11	Fourth Quarter 2009	2,702,567	0	0	5,109,425	126,768	7,938,760	218,639,862		
12	Excess 10% Limit					0	0	218,639,862		
13	Unused Allotment							218,639,862		
14	Excess Expenditures							0		
15	FFY 2007 Allotment added to Redistribution Pool							44,471,443		
FFY 2010 (10/01/2009 - 09/30/2010)										
1	FFY 2007 and prior Redistributed Allotment						0	0	0	
2	Unused FFY 2008 Allotment						79,883,308	79,883,308	43,812,261	
3	Unused FFY 2009 Allotment						0	79,883,308	0	
4	Unused FFY CHIPRA (2009)						94,285,111	174,168,419	87,642,179	
5	FFY 2010 Allotment						99,438,161	273,606,580	99,438,161	
6	Excess Previously Claimed in Prior Years						0	273,606,580	0	
7	First Quarter 2010	0	0	0	9,906,568	244,765	10,151,333	263,455,247		
8	Second Quarter 2010	2,013,761	0	0	5,476,867	311,494	7,802,122	255,653,125		
9	Third Quarter 2010	914,969	0	0	8,302,138	2,027,252	11,244,359	244,408,766		
10	Fourth Quarter 2010	6,826,359	1,321,817	0	4,665,304	702,685	13,516,165	230,892,601		
11	Excess 10% Limit					0	0	230,892,601		
12	Unused Allotment							230,892,601		
13	Excess Expenditures							0		
14	FFY 2008 Allotment added to Redistribution Pool							43,812,261		
15	FFY 2009 Allotment added to Redistribution Pool							87,642,179		

Allocation of Title XIX and Title XXI Expenditures
To CHIP Fiscal Year Allotment

State: Washington

Quarter Ended: 09/30/2011

		Federal Share Expenditures Only					Balance		Unused
		Title XIX			Title XXI				
		Qualifying State	1905(u)(2)(3)	PE	2105(a)(1)(C)	2105(a)(1)(D)			
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)		
FFY 2011 (10/01/2010 - 09/30/2011)									
1	FFY 2008 and prior Redistributed Allotment						0	0	0
2	FFY 2009 Redistributed Allotment						0	0	0
3	Unused FFY 2010 Allotment						99,438,161	99,438,161	24,796,817
4	FFY 2011 Allotment						45,365,924	144,804,085	45,365,924
5	Excess Previously Claimed in Prior Years						0	144,804,085	0
6	First Quarter 2011	0	0	0	16,007,819	1,824,798	17,832,617	126,971,468	
7	Second Quarter 2011	0	0	0	8,994,146	(3,295,632)	5,698,514	121,272,954	
8	Third Quarter 2011	0	150,364	0	8,502,613	1,375,131	10,028,108	111,244,846	
9	Fourth Quarter 2011	11,334,326	7,834,058	0	21,483,682	430,039	41,082,105	70,162,741	
10	Excess 10% Limit					0	0	70,162,741	
11	Unused Allotment							70,162,741	
12	Excess Expenditures							0	
13	FFY 2010 Allotment added to Redistribution Pool							24,796,817	