

T I T L E   X I X   M O N T H L Y   R E P O R T   O F   E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	FEDERAL ONLY			REFUGEE TXXI			AGED		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
INPATIENT	933	4404	8822,695.67	0	0	0.00	763	2616	639,562.23
OUTPATIENT	14504	219240	9969,717.86	0	0	0.00	5095	142443	1001,073.64
CHILD PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
ADULT PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
SKILLED NURSING FACILITY	1	11	8,080.71	0	0	0.00	311	4900	36,771.81
IHAWP IOWA PLAN LITE	58463	75984	2186,098.72	0	0	0.00	0	0	0.00
IHAWP IOWA PLAN FULL	3212	3205	539,687.63	0	0	0.00	0	0	0.00
IHAWP HMO	5154	5159	1451,932.37	0	0	0.00	0	0	0.00
IHAWP PCP	31792	31821	127,284.00	0	0	0.00	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	5014	144581	16050,563.26
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	16	454	80,428.93
HOME HEALTH	85	523	57,547.65	0	0	0.00	2931	65612	2407,933.34
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	20618	50626	4480,607.13	0	0	0.00	7331	63906	674,284.41
CLINIC SERVICES	4934	6791	1136,464.74	0	0	0.00	653	362	39,623.57
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
EHR INCENTIVE PAYMENTS	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	2202	8247	163,921.10	0	0	0.00	945	367	3,801.91

T I T L E    X I X    M O N T H L Y    R E P O R T    O F    E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	FEDERAL ONLY			REFUGEE TXXI			AGED		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
HABILITATION SERVICES	0	0	0.00	0	0	0.00	18	0	2,092.94
BEHAVIORAL HLTH INTERVENTN SVC	89	94	156.76	0	0	0.00	6211	6475	73.62
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	408	470	68,015.36	0	0	0.00	507	628	70,805.19
LOCAL EDUCATION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
INFANT TODDLER	0	0	0.00	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	28962	125954	5286,006.22	0	0	0.00	2699	5376	90,333.71
IOWA-PLAN-PMIC	0	0	0.00	0	0	0.00	0	0	0.00
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	4739	4898	10,481.72	0	0	0.00	6060	6059	12,966.26
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	596	677	67,861.33	0	0	0.00	0	0	0.00
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	89	94	2,496.40	0	0	0.00	6211	6475	22,427.21
MANAGED SUBSTANCE ABUSE	0	0	0.00	0	0	0.00	0	0	0.00
MENTAL HEALTH ACCESS PLAN	0	0	0.00	0	0	0.00	0	0	0.00
EPSDT SCREENING	0	0	0.00	0	0	0.00	0	0	0.00
HMO SERVICES	30	30	6,106.47	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	0	0	0.00	3	3	7,698.37
PATIENT MANAGEMENT	54	56	112.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	100	242	23,083.46	0	0	0.00	0	0	0.00

T I T L E   X I X   M O N T H L Y   R E P O R T   O F   E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	FEDERAL ONLY			REFUGEE TXXI			AGED		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
MEDICAL SUPPLIES	2908	31216	451,039.82	0	0	0.00	3734	232298	311,216.28
HEALTH HOME PROVIDER	51	53	4,317.46	0	0	0.00	382	446	29,991.03
TCM PAYMENTS TO IOWAPLAN	0	0	0.00	0	0	0.00	0	0	0.00
IHAWP QHP	12960	23143	10987,160.34	0	0	0.00	0	0	0.00
OTHER PRACTITIONER	2925	4994	344,910.63	0	0	0.00	615	6489	38,008.55
FAMILY CENTERED PROGRAM	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00
DENTAL	68	97	11,557.15	0	0	0.00	473	596	97,687.39
OPTOMETRIST	1800	1895	151,489.20	0	0	0.00	672	1135	38,166.40
CHIROPRACTIC	1325	4188	153,367.18	0	0	0.00	348	799	10,354.01
IOWA-PLAN-HAB	89	93	118.19	0	0	0.00	6213	6289	48,068.04
PODIATRIC	515	712	59,971.22	0	0	0.00	941	1446	31,021.39
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	0	0	0.00	3	214	10,337.81
PSYCHIATRIC	125	494	28,947.66	0	0	0.00	274	658	14,093.51
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	142	4059	24,394.32
ID WAIVER SERVICE	0	0	0.00	0	0	0.00	72	8527	304,634.71
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	0	0	0.00	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00

T I T L E   X I X   M O N T H L Y   R E P O R T   O F   E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	FEDERAL ONLY			REFUGEE TXXI			AGED		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
ELDERLY WAIVER SERVICES	1	263	1,686.72	0	0	0.00	3724	473657	2957,669.88
SICK & HANDICAPPED WAIVER SVCS	0	0	0.00	0	0	0.00	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	1	1	68.39	0	0	0.00	46	150	5,333.12
UNASSIGNED	0	0	0.00	0	0	0.00	0	0	0.00
* A L L C A T E G O R I E S *	76065	605675	46602,991.26	0	0	0.00	18093	1187020	25061,416.84

T I T L E    X I X    M O N T H L Y    R E P O R T    O F    E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	BLIND			DISABLED			ADC - ADULT		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
INPATIENT	0	0	0.00	2583	10861	10397,611.82	682	1794	3849,583.15
OUTPATIENT	0	0	0.00	21190	614259	8959,544.46	10283	208170	5723,457.53
CHILD PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
ADULT PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
SKILLED NURSING FACILITY	0	0	0.00	218	4965	2531,343.98	0	0	0.00
IHAWP IOWA PLAN LITE	0	0	0.00	0	0	0.00	0	0	0.00
IHAWP IOWA PLAN FULL	0	0	0.00	0	0	0.00	0	0	0.00
IHAWP HMO	0	0	0.00	0	0	0.00	0	0	0.00
IHAWP PCP	0	0	0.00	0	0	0.00	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	678	19072	2558,387.47	4	87	27,835.24
INTER CARE MENTAL RETARDA	0	0	0.00	2	0	355.88	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	1	5	1,226.70
HOME HEALTH	0	0	0.00	4431	187500	4249,233.37	61	1229	68,535.83
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	0	0	0.00	30845	230627	5384,353.13	17706	34675	3111,082.96
CLINIC SERVICES	0	0	0.00	4278	5211	788,910.78	3435	4813	796,027.54
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
EHR INCENTIVE PAYMENTS	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	1	3	184.41	4320	10205	165,919.85	3450	10021	283,494.68

T I T L E    X I X    M O N T H L Y    R E P O R T    O F    E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	BLIND			DISABLED			ADC - ADULT		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
HABILITATION SERVICES	0	0	0.00	699	136	59,149.23	5	0	686.95-
BEHAVIORAL HLTH INTERVENTN SVC	0	0	0.00	58091	59319	435,638.54	48550	54058	184,845.07
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	0	0	0.00	1438	1775	212,743.54	326	332	45,291.37
LOCAL EDUCATION AGENCY	0	0	0.00	937	215332	2852,953.17	13	3330	25,834.10
INFANT TODDLER	0	0	0.00	2	7	12.46-	0	0	0.00
PRESCRIBED DRUGS	0	0	0.00	23944	133797	10810,723.18	26230	84900	3802,601.20
IOWA-PLAN-PMIC	0	0	0.00	8337	8424	36,985.63	819	836	141,115.80
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	0	0	0.00	58051	58670	125,553.80	48581	51342	109,871.88
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	0	0	0.00	97	252	7,974.08	4025	4624	401,080.95
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	0	0	0.00	58091	59319	4323,609.11	48550	54058	1650,121.87
MANAGED SUBSTANCE ABUSE	0	0	0.00	0	0	0.00	0	0	0.00
MENTAL HEALTH ACCESS PLAN	0	0	0.00	0	0	0.00	0	0	0.00
EPSDT SCREENING	0	0	0.00	198	242	15,493.68	23	23	2,860.90
HMO SERVICES	0	0	0.00	0	0	0.00	9010	9383	2287,442.56
PACE SERVICES	0	0	0.00	58	56	222,656.00	0	0	0.00
PATIENT MANAGEMENT	0	0	0.00	1	1	2.00	27239	27524	55,048.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	573	1760	219,043.78	89	237	9,128.33

T I T L E    X I X    M O N T H L Y    R E P O R T    O F    E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	BLIND			DISABLED			ADC - ADULT		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
MEDICAL SUPPLIES	0	0	0.00	11935	907707	2518,771.06	1672	27572	273,553.54
HEALTH HOME PROVIDER	0	0	0.00	7445	8264	1106,006.19	1519	1805	156,558.04
TCM PAYMENTS TO IOWAPLAN	0	0	0.00	0	0	0.00	0	0	0.00
IHAWP QHP	0	0	0.00	0	0	0.00	0	0	0.00
OTHER PRACTITIONER	0	0	0.00	4652	37276	1676,266.33	3194	5359	356,505.11
FAMILY CENTERED PROGRAM	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00
DENTAL	0	0	0.00	5162	6820	1082,176.55	4167	6093	1058,692.92
OPTOMETRIST	0	0	0.00	3125	4513	231,748.51	2024	2489	181,074.11
CHIROPRACTIC	0	0	0.00	2404	6192	112,420.51	1720	4043	136,893.54
IOWA-PLAN-HAB	0	0	0.00	58123	59342	5584,074.32	48549	53957	68,965.83
PODIATRIC	0	0	0.00	1607	2703	96,955.94	260	367	46,142.59
PHYSICAL DISABILITIES SVCS	0	0	0.00	455	69966	247,347.54	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	390	66164	800,553.87	0	0	0.00
PSYCHIATRIC	0	0	0.00	3050	5860	165,073.41	41	49	3,211.19
RESIDENTIAL CARE FACILITY	0	0	0.00	835	21513	142,942.79	1	16	358.46
ID WAIVER SERVICE	0	0	0.00	930	135546	3409,727.70	1	118	1,063.18
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	15	5435	26,525.11	3	1095	4,110.33
AIDS WAIVER SERVICES	0	0	0.00	11	2481	9,253.73	0	0	0.00

T I T L E    X I X    M O N T H L Y    R E P O R T    O F    E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	BLIND			DISABLED			ADC - ADULT		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
ELDERLY WAIVER SERVICES	0	0	0.00	28	2971	18,133.42	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	1784	312583	1659,562.93	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	0	0	0.00	747	3385	193,418.01	3	0	149.46
UNASSIGNED	0	0	0.00	1	0	0.00	0	0	0.00
* A L L C A T E G O R I E S *	1	3	184.41	63931	3280511	73439,131.94	58686	654372	24862,360.09



## T I T L E   X I X   M O N T H L Y   R E P O R T   O F   E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	ADC - CHILD			CMAP			OTHER		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
INPATIENT	364	1750	2613,864.07	116	405	463,037.69	1943	8138	17004,272.87
OUTPATIENT	7896	93949	2570,741.68	2054	29327	670,124.42	15432	239372	7796,944.78
CHILD PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
ADULT PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
SKILLED NURSING FACILITY	0	0	0.00	0	0	0.00	7	51	73,298.08
IHAWP IOWA PLAN LITE	0	0	0.00	0	0	0.00	0	0	0.00
IHAWP IOWA PLAN FULL	0	0	0.00	0	0	0.00	0	0	0.00
IHAWP HMO	0	0	0.00	0	0	0.00	0	0	0.00
IHAWP PCP	0	0	0.00	0	0	0.00	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	1	29	3,342.88	7	125	186,509.05
INTER CARE MENTAL RETARDA	0	0	0.00	1	0	13.25	1	0	2890,138.00-
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	300	2394	62,150.20	60	200	14,119.96	774	7519	275,104.93
LEAD INSPECTION AGENCY	4	5	1,810.30	0	0	0.00	1	1	362.06
PHYSICIAN	22789	29660	2332,182.93	4651	6639	510,141.17	41133	71520	5508,402.18
CLINIC SERVICES	4017	5278	851,521.69	931	1232	198,559.07	7937	10993	3239,468.90
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	1	0	28,272.00-
EHR INCENTIVE PAYMENTS	0	0	0.00	0	0	0.00	1	0	1964,134.00
LAB AND RADIOLOGICAL	1400	2891	48,306.50	426	1347	26,366.40	3483	9910	183,339.86

T I T L E    X I X    M O N T H L Y    R E P O R T    O F    E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	ADC - CHILD			CMAP			OTHER		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
HABILITATION SERVICES	0	0	0.00	12	3	360.93	6	84	2,407.12-
BEHAVIORAL HLTH INTERVENTN SVC	77613	82535	1052,271.18	16030	16617	177,128.48	119670	130564	1536,054.10
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	152	157	24,767.31	73	78	11,040.15	312	307	45,681.21
LOCAL EDUCATION AGENCY	265	45997	388,649.93	88	13784	124,306.68	319	62741	540,435.30
INFANT TODDLER	2	8	43.31	0	0	0.00	3	12	70.56
PRESCRIBED DRUGS	22437	42746	2730,551.77	5466	13003	851,113.31	37162	67999	3671,522.41
IOWA-PLAN-PMIC	76404	81275	49,286.44	9532	9799	69,233.87	108757	117653	118,261.97
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	77336	80273	171,784.22	15881	16131	34,520.34	119329	124975	267,446.50
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	400	460	39,505.22	127	140	14,607.55	290	316	34,075.01
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	77611	82535	891,560.10	16029	16617	322,979.05	119664	130564	1657,033.65
MANAGED SUBSTANCE ABUSE	0	0	0.00	0	0	0.00	0	0	0.00
MENTAL HEALTH ACCESS PLAN	0	0	0.00	0	0	0.00	0	0	0.00
EPSDT SCREENING	2680	2773	458,641.24	336	359	60,754.44	4409	4433	1294,988.80
HMO SERVICES	13106	13583	1452,416.14	2508	2565	276,505.67	15432	16317	2523,439.17
PACE SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	49372	49678	99,356.00	9932	9964	19,928.00	82129	82471	164,942.00
HEALTH INS PREMIUM PAYMENT	104	361	10,465.86	33	112	4,143.18	1259	4293	134,753.86

## T I T L E   X I X   M O N T H L Y   R E P O R T   O F   E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	ADC - CHILD			CMAP			OTHER		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
MEDICAL SUPPLIES	1078	13320	137,715.58	269	2586	40,641.05	2102	27949	325,334.39
HEALTH HOME PROVIDER	2625	3186	402,633.33	937	1116	142,938.51	2934	3554	444,010.11
TCM PAYMENTS TO IOWAPLAN	0	0	0.00	0	0	0.00	0	0	0.00
IHAWP QHP	0	0	0.00	0	0	0.00	0	0	0.00
OTHER PRACTITIONER	3783	10831	605,957.29	846	2201	131,385.00	6630	16617	928,568.79
FAMILY CENTERED PROGRAM	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00
DENTAL	6955	8227	1024,155.31	1416	1774	272,150.90	11809	14008	1676,641.53
OPTOMETRIST	2036	2334	155,897.46	532	617	41,287.76	3137	3576	229,320.37
CHIROPRACTIC	861	1572	47,979.18	267	537	17,645.29	1818	3919	118,386.94
IOWA-PLAN-HAB	77611	82525	5,100.10	16029	16602	11,435.24	119667	130554	28,961.90
PODIATRIC	77	86	8,958.11	32	33	4,096.16	175	190	16,775.97
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	0	0	0.00	2	0	583.36-
PSYCHIATRIC	54	67	6,734.81	22	42	3,180.11	102	271	58,726.54
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
ID WAIVER SERVICE	0	0	0.00	2	74	667.68	8	1255	918,475.73
CHILDRENS MENTAL HEALTH SVC	14	4417	19,663.37	59	15033	70,250.49	30	8522	25,185.06
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00

T I T L E   X I X   M O N T H L Y   R E P O R T   O F   E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	ADC - CHILD			CMAP			OTHER		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
ELDERLY WAIVER SERVICES	0	0	0.00	0	0	0.00	1	0	5,514.25-
SICK & HANDICAPPED WAIVER SVCS	1	220	866.80	0	0	0.00	2	1	1,344.02
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	3	0	13.92	11	44	213.82	8	22	2,671.97
UNASSIGNED	2	0	0.00	0	0	0.00	2	0	588,143.56
* A L L C A T E G O R I E S *	84599	745093	18265,551.35	17524	179010	4588,218.50	131633	1300796	50656,173.40

T I T L E   X I X   M O N T H L Y   R E P O R T   O F   E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	FOSTER - PRESUB - SUB ADOPTS			INTERMEDIATE CARE FACILITY			MEDICALLY NEEDY NO SPEND DN		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
INPATIENT	47	244	365,663.09	939	3665	950,897.37	38	214	349,028.80
OUTPATIENT	1155	27588	390,737.64	5291	152827	1133,381.87	434	14242	259,219.55
CHILD PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
ADULT PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
SKILLED NURSING FACILITY	1	28	21,852.32	528	9296	134,262.69	4	128	0.00
IHAWP IOWA PLAN LITE	0	0	0.00	0	0	0.00	0	0	0.00
IHAWP IOWA PLAN FULL	0	0	0.00	0	0	0.00	0	0	0.00
IHAWP HMO	0	0	0.00	0	0	0.00	0	0	0.00
IHAWP PCP	0	0	0.00	0	0	0.00	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	6059	175927	23713,324.24	0	0	0.00
INTER CARE MENTAL RETARDA	20	548	201,869.81	2	26	8,675.63	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	69	1826	382,655.85	0	0	0.00
HOME HEALTH	93	16523	290,013.11	3560	89970	3502,040.79	28	412	16,089.40
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	3210	4232	286,469.27	7179	67452	727,557.16	682	1968	149,486.43
CLINIC SERVICES	532	680	107,185.48	534	433	56,281.84	115	145	23,380.42
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
EHR INCENTIVE PAYMENTS	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	358	2240	35,370.93	970	484	4,186.38	100	396	6,953.18

T I T L E    X I X    M O N T H L Y    R E P O R T    O F    E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	FOSTER - PRESUB - SUB ADOPTS			INTERMEDIATE CARE FACILITY			MEDICALLY NEEDY NO SPEND DN		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
HABILITATION SERVICES	5	3-	1,173.13-	23	59	6,550.52	4	92-	388.42-
BEHAVIORAL HLTH INTERVENTN SVC	10910	11157	1386,896.44	21232	21692	9,561.08	1380	1417	1,809.83
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	21	20	3,983.79	668	883	98,446.01	22	26	3,481.71
LOCAL EDUCATION AGENCY	187	51021	483,877.32	54	9964	217,523.01	0	0	0.00
INFANT TODDLER	2	11	64.68	1	4	23.52	0	0	0.00
PRESCRIBED DRUGS	5535	17155	1342,226.22	8155	20021	522,341.49	748	3327	153,369.97
IOWA-PLAN-PMIC	10897	11147	1979,188.02	154	154	262.66	6	6	2.20
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	10917	10993	23,525.02	21182	21258	45,492.12	1375	1394	2,983.16
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	41	39	4,273.75	0	0	0.00	11	14	1,092.17
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	10907	11157	1059,336.25	21232	21692	212,126.26	1380	1417	42,672.39
MANAGED SUBSTANCE ABUSE	0	0	0.00	0	0	0.00	0	0	0.00
MENTAL HEALTH ACCESS PLAN	0	0	0.00	0	0	0.00	0	0	0.00
EPSDT SCREENING	158	163	10,883.61	0	0	0.00	0	0	0.00
HMO SERVICES	2	2	249.54	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	160	160	493,123.66	0	0	0.00
PATIENT MANAGEMENT	76	77	154.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	197	549	33,496.51	40	113	19,386.77	1	3	52.98

## T I T L E   X I X   M O N T H L Y   R E P O R T   O F   E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	FOSTER - PRESUB - SUB ADOPTS			INTERMEDIATE CARE FACILITY			MEDICALLY NEEDY NO SPEND DN		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
MEDICAL SUPPLIES	287	34314	91,660.77	5525	407668	621,680.77	120	2172	15,205.41
HEALTH HOME PROVIDER	1648	1868	242,686.74	573	614	61,889.41	76	87	8,562.11
TCM PAYMENTS TO IOWAPLAN	0	0	0.00	0	0	0.00	0	0	0.00
IHAWP QHP	0	0	0.00	0	0	0.00	0	0	0.00
OTHER PRACTITIONER	795	5358	252,136.08	772	6129	190,652.02	128	559	16,274.62
FAMILY CENTERED PROGRAM	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00
DENTAL	1191	1354	148,725.40	903	1094	177,070.28	121	169	29,544.32
OPTOMETRIST	488	588	36,727.34	717	1123	41,378.58	66	84	5,315.79
CHIROPRACTIC	196	344	10,300.79	225	503	7,015.65	72	160	5,126.93
IOWA-PLAN-HAB	10905	8903	89,996.36	21286	21597	427,099.61	1382	1386	16,296.19
PODIATRIC	25	36	2,602.15	1307	1878	43,128.68	19	25	1,299.32
PHYSICAL DISABILITIES SVCS	0	0	0.00	289	42024	140,472.94	0	0	0.00
BRAIN INJ WAIVER SERVICES	45	11324	70,078.11	540	86379	1203,221.38	0	0	0.00
PSYCHIATRIC	44	56	4,049.21	372	997	18,416.37	17	47	1,287.58
RESIDENTIAL CARE FACILITY	1	0	612.00-	4	99	1,018.48	0	0	0.00
ID WAIVER SERVICE	218	23818	307,577.21	11	946	37,786.60	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	0	0	0.00	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	20	5242	18,582.06	0	0	0.00

T I T L E   X I X   M O N T H L Y   R E P O R T   O F   E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	FOSTER - PRESUB - SUB ADOPTS			INTERMEDIATE CARE FACILITY			MEDICALLY NEEDY NO SPEND DN		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
ELDERLY WAIVER SERVICES	0	0	0.00	5642	761220	4426,868.15	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	28	8688	57,059.45	5	722	3,295.92	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	148	686	42,835.56	93	469	32,037.18	0	0	0.00
UNASSIGNED	0	0	0.00	0	0	0.00	0	0	0.00
* A L L C A T E G O R I E S *	10742	262908	9381,966.84	13350	1936610	39689,715.00	1467	29706	1108,146.04



## T I T L E    X I X    M O N T H L Y    R E P O R T    O F    E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	MEDICALLY NEEDY WI SPEND DN			OTHER TXXI			OTHER BREAST CERVICAL CANCER		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
INPATIENT	115	745	942,869.08	32	70	187,276.17	4	11	46,124.65
OUTPATIENT	419	10794	273,625.82	1395	18647	441,242.62	135	3342	180,279.91
CHILD PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
ADULT PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
SKILLED NURSING FACILITY	1	47	23,583.66	0	0	0.00	0	0	0.00
IHAWP IOWA PLAN LITE	0	0	0.00	0	0	0.00	0	0	0.00
IHAWP IOWA PLAN FULL	0	0	0.00	0	0	0.00	0	0	0.00
IHAWP HMO	0	0	0.00	0	0	0.00	0	0	0.00
IHAWP PCP	0	0	0.00	0	0	0.00	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	13	70	1,380.86	52	115	4,702.15	2	5	392.80
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	487	4033	95,141.61	4305	4865	376,901.76	182	652	174,658.70
CLINIC SERVICES	39	61	8,711.08	761	914	146,363.76	23	24	7,710.94
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
EHR INCENTIVE PAYMENTS	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	16	50	1,056.66	184	641	11,018.62	34	100	10,257.41

T I T L E   X I X   M O N T H L Y   R E P O R T   O F   E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	MEDICALLY NEEDY WI SPEND DN			OTHER TXXI			OTHER BREAST CERVICAL CANCER		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
HABILITATION SERVICES	5	945	2,433.51	0	0	0.00	0	0	0.00
BEHAVIORAL HLTH INTERVENTN SVC	0	0	0.00	16777	18535	234,137.47	244	247	598.37
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	50	52	9,120.36	16	16	3,937.04	4	4	896.27
LOCAL EDUCATION AGENCY	0	0	0.00	75	15538	155,311.13	0	0	0.00
INFANT TODDLER	0	0	0.00	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	78	292	10,790.65	4840	9590	733,774.50	213	959	75,606.18
IOWA-PLAN-PMIC	0	0	0.00	16010	17646	18,760.27	0	0	0.00
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMT SERVICES	65	66	141.24	16720	17591	37,644.74	241	239	511.46
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	2	2	61.76	37	39	4,817.44	0	0	0.00
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	0	0	0.00	16777	18535	214,368.39	244	247	27,064.85
MANAGED SUBSTANCE ABUSE	0	0	0.00	0	0	0.00	0	0	0.00
MENTAL HEALTH ACCESS PLAN	0	0	0.00	0	0	0.00	0	0	0.00
EPSDT SCREENING	0	0	0.00	159	158	18,907.67	0	0	0.00
HMO SERVICES	0	0	0.00	1850	1937	151,032.52	0	0	0.00
PACE SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	0	0	0.00	11511	11535	23,070.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	11	19	1,783.80	0	0	0.00

T I T L E   X I X   M O N T H L Y   R E P O R T   O F   E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	MEDICALLY NEEDY WI SPEND DN			OTHER TXXI			OTHER BREAST CERVICAL CANCER		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
MEDICAL SUPPLIES	33	1100	12,400.61	174	4839	31,157.51	25	439	6,280.90
HEALTH HOME PROVIDER	0	0	0.00	681	801	100,350.08	19	25	1,419.35
TCM PAYMENTS TO IOWAPLAN	0	0	0.00	0	0	0.00	0	0	0.00
IHAWP QHP	0	0	0.00	0	0	0.00	0	0	0.00
OTHER PRACTITIONER	47	73	5,196.16	721	2104	131,356.28	32	49	3,967.73
FAMILY CENTERED PROGRAM	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00
DENTAL	17	22	4,309.04	2219	2636	344,355.47	20	31	4,361.56
OPTOMETRIST	6	8	452.12	710	830	54,906.32	18	24	1,599.02
CHIROPRACTIC	3	7	211.17	322	659	20,654.63	13	33	1,001.27
IOWA-PLAN-HAB	0	0	0.00	16779	18529	2,153.19	244	247	21,649.73
PODIATRIC	5	8	80.99	33	40	3,126.60	6	7	695.88
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PSYCHIATRIC	21	53	2,262.45	12	13	1,239.59	0	0	0.00
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
ID WAIVER SERVICE	0	0	0.00	3	142	540.32	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	5	727	4,046.73	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00

T I T L E   X I X   M O N T H L Y   R E P O R T   O F   E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	MEDICALLY NEEDY WI SPEND DN			OTHER TXXI			OTHER BREAST CERVICAL CANCER		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
ELDERLY WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	1	46	197.80	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	0	0	0.00	2	1	287.41	0	0	0.00
UNASSIGNED	0	0	0.00	0	0	0.00	0	0	0.00
* A L L C A T E G O R I E S *	553	18428	1393,828.83	16839	167758	3459,421.98	242	6685	565,076.98

T I T L E   X I X   M O N T H L Y   R E P O R T   O F   E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	OTHER ICARE ADULT 19-64			OTHER ICARE ADULT OB			OTHER ICARE CHRN DSH		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
INPATIENT	2	14	18,074.46	0	0	0.00	0	0	0.00
OUTPATIENT	6	12	3,948.69-	0	0	0.00	0	0	0.00
CHILD PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
ADULT PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
SKILLED NURSING FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
IHAWP IOWA PLAN LITE	0	0	0.00	0	0	0.00	0	0	0.00
IHAWP IOWA PLAN FULL	0	0	0.00	0	0	0.00	0	0	0.00
IHAWP HMO	0	0	0.00	0	0	0.00	0	0	0.00
IHAWP PCP	0	0	0.00	0	0	0.00	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	1	1	110.90	0	0	0.00	0	0	0.00
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	4	1	264.20	0	0	0.00	0	0	0.00
CLINIC SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
EHR INCENTIVE PAYMENTS	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	0	0	0.00	0	0	0.00	0	0	0.00

T I T L E   X I X   M O N T H L Y   R E P O R T   O F   E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	OTHER ICARE ADULT 19-64			OTHER ICARE ADULT OB			OTHER ICARE CHRN DSH		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
HABILITATION SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
BEHAVIORAL HLTH INTERVENTN SVC	0	0	0.00	0	0	0.00	0	0	0.00
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
LOCAL EDUCATION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
INFANT TODDLER	0	0	0.00	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	14	1	1,339.39-	0	0	0.00	0	0	0.00
IOWA-PLAN-PMIC	0	0	0.00	0	0	0.00	0	0	0.00
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	0	0	0.00	0	0	0.00	0	0	0.00
MANAGED SUBSTANCE ABUSE	0	0	0.00	0	0	0.00	0	0	0.00
MENTAL HEALTH ACCESS PLAN	0	0	0.00	0	0	0.00	0	0	0.00
EPSDT SCREENING	0	0	0.00	0	0	0.00	0	0	0.00
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	0	0	0.00	0	0	0.00

T I T L E   X I X   M O N T H L Y   R E P O R T   O F   E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	OTHER ICARE ADULT 19-64			OTHER ICARE ADULT OB			OTHER ICARE CHRN DSH		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
MEDICAL SUPPLIES	3	3	465.35	0	0	0.00	0	0	0.00
HEALTH HOME PROVIDER	0	0	0.00	0	0	0.00	0	0	0.00
TCM PAYMENTS TO IOWAPLAN	0	0	0.00	0	0	0.00	0	0	0.00
IHAWP QHP	0	0	0.00	0	0	0.00	0	0	0.00
OTHER PRACTITIONER	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY CENTERED PROGRAM	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00
DENTAL	0	0	0.00	0	0	0.00	0	0	0.00
OPTOMETRIST	0	0	0.00	0	0	0.00	0	0	0.00
CHIROPRACTIC	0	0	0.00	0	0	0.00	0	0	0.00
IOWA-PLAN-HAB	0	0	0.00	0	0	0.00	0	0	0.00
PODIATRIC	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PSYCHIATRIC	0	0	0.00	0	0	0.00	0	0	0.00
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
ID WAIVER SERVICE	0	0	0.00	0	0	0.00	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	0	0	0.00	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00

T I T L E   X I X   M O N T H L Y   R E P O R T   O F   E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	OTHER ICARE ADULT 19-64			OTHER ICARE ADULT OB			OTHER ICARE CHRN DSH		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
ELDERLY WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	0	0	0.00	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
UNASSIGNED	0	0	0.00	0	0	0.00	0	0	0.00
* A L L C A T E G O R I E S *	4	32	13,626.83	0	0	0.00	0	0	0.00



T I T L E    X I X    M O N T H L Y    R E P O R T    O F    E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	OTHER ICARE PMIC MHI 300%			OTHER ICARE MHI 300%			STATE ONLY		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
INPATIENT	1	1	1,390.37	0	0	0.00	9	28	37,813.22
OUTPATIENT	90	1480	21,497.75	0	0	0.00	76	1015	35,823.76
CHILD PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
ADULT PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
SKILLED NURSING FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
IHAWP IOWA PLAN LITE	0	0	0.00	0	0	0.00	0	0	0.00
IHAWP IOWA PLAN FULL	0	0	0.00	0	0	0.00	0	0	0.00
IHAWP HMO	0	0	0.00	0	0	0.00	0	0	0.00
IHAWP PCP	0	0	0.00	0	0	0.00	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	1	1	5.13	0	0	0.00	0	0	0.00
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	221	302	17,699.96	0	0	0.00	119	195	22,358.49
CLINIC SERVICES	34	51	7,260.04	0	0	0.00	19	24	4,306.72
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
EHR INCENTIVE PAYMENTS	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	16	93	1,427.40	0	0	0.00	18	60	1,624.19

T I T L E   X I X   M O N T H L Y   R E P O R T   O F   E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	OTHER ICARE PMIC MHI 300%			OTHER ICARE MHI 300%			STATE ONLY		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
HABILITATION SERVICES	1	0	514.36	0	0	0.00	0	0	0.00
BEHAVIORAL HLTH INTERVENTN SVC	691	701	115,269.42	0	0	0.00	280	298	52,064.98
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	0	0	0.00	0	0	0.00	4	4	581.24
LOCAL EDUCATION AGENCY	79	21587	144,873.16	0	0	0.00	0	0	0.00
INFANT TODDLER	0	0	0.00	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	624	2727	219,169.46	0	0	0.00	114	301	20,215.75
IOWA-PLAN-PMIC	690	701	159,517.12	0	0	0.00	280	298	78,158.60
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	694	702	1,502.28	0	0	0.00	280	294	629.16
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	2	2	436.75	0	0	0.00	6	7	318.41
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	690	701	84,712.07	0	0	0.00	280	298	40,606.00
MANAGED SUBSTANCE ABUSE	0	0	0.00	0	0	0.00	0	0	0.00
MENTAL HEALTH ACCESS PLAN	0	0	0.00	0	0	0.00	0	0	0.00
EPSDT SCREENING	16	20	1,721.43	0	0	0.00	1	0	28.28
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	76	232	20,625.18	0	0	0.00	0	0	0.00

T I T L E   X I X   M O N T H L Y   R E P O R T   O F   E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	OTHER ICARE PMIC MHI 300%			OTHER ICARE MHI 300%			STATE ONLY		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
MEDICAL SUPPLIES	32	2502	4,534.34	0	0	0.00	4	7	336.19
HEALTH HOME PROVIDER	339	383	93,872.78	0	0	0.00	33	38	4,666.16
TCM PAYMENTS TO IOWAPLAN	0	0	0.00	0	0	0.00	0	0	0.00
IHAWP QHP	0	0	0.00	0	0	0.00	0	0	0.00
OTHER PRACTITIONER	97	1475	83,321.04	0	0	0.00	28	34	3,151.54
FAMILY CENTERED PROGRAM	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00
DENTAL	72	80	10,268.59	0	0	0.00	16	16	2,955.78
OPTOMETRIST	28	30	1,559.53	0	0	0.00	10	12	875.73
CHIROPRACTIC	17	26	728.97	0	0	0.00	11	13	370.89
IOWA-PLAN-HAB	690	655	8,260.68	0	0	0.00	280	298	3,970.78
PODIATRIC	2	3	67.55	0	0	0.00	0	0	0.00
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PSYCHIATRIC	12	14	576.35	0	0	0.00	0	0	0.00
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
ID WAIVER SERVICE	1	294	1,610.80	0	0	0.00	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	610	126839	603,061.49	0	0	0.00	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00

T I T L E   X I X   M O N T H L Y   R E P O R T   O F   E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	OTHER ICARE PMIC MHI 300%			OTHER ICARE MHI 300%			STATE ONLY		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
ELDERLY WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
SICK & HANDICAPPED WAIVER SVCS	0	0	0.00	0	0	0.00	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	20	61	4,267.59	0	0	0.00	0	0	0.00
UNASSIGNED	0	0	0.00	0	0	0.00	0	0	0.00
* A L L C A T E G O R I E S *	656	161663	1609,751.59	0	0	0.00	295	3240	310,855.87

T I T L E   X I X   M O N T H L Y   R E P O R T   O F   E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	OTHER BLE-ICARE-FAMP			OTHER BLE-ICARE-PME PREGW			OTHER BLE-ICARE-OBNB PME PREGW		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
INPATIENT	0	0	0.00	0	0	0.00	0	0	0.00
OUTPATIENT	0	0	0.00	0	0	0.00	0	0	0.00
CHILD PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
ADULT PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
SKILLED NURSING FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
IHAWP IOWA PLAN LITE	0	0	0.00	0	0	0.00	0	0	0.00
IHAWP IOWA PLAN FULL	0	0	0.00	0	0	0.00	0	0	0.00
IHAWP HMO	0	0	0.00	0	0	0.00	0	0	0.00
IHAWP PCP	0	0	0.00	0	0	0.00	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	0	0	0.00	0	0	0.00	0	0	0.00
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	0	0	0.00	0	0	0.00	0	0	0.00
CLINIC SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
EHR INCENTIVE PAYMENTS	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	0	0	0.00	0	0	0.00	0	0	0.00

T I T L E   X I X   M O N T H L Y   R E P O R T   O F   E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	OTHER BLE-ICARE-FAMP			OTHER BLE-ICARE-PME PREGW			OTHER BLE-ICARE-OBNB PME PREGW		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
HABILITATION SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
BEHAVIORAL HLTH INTERVENTN SVC	0	0	0.00	0	0	0.00	0	0	0.00
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
LOCAL EDUCATION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
INFANT TODDLER	0	0	0.00	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	0	0	0.00	0	0	0.00	0	0	0.00
IOWA-PLAN-PMIC	0	0	0.00	0	0	0.00	0	0	0.00
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	0	0	0.00	0	0	0.00	0	0	0.00
MANAGED SUBSTANCE ABUSE	0	0	0.00	0	0	0.00	0	0	0.00
MENTAL HEALTH ACCESS PLAN	0	0	0.00	0	0	0.00	0	0	0.00
EPSDT SCREENING	0	0	0.00	0	0	0.00	0	0	0.00
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	0	0	0.00	0	0	0.00

T I T L E   X I X   M O N T H L Y   R E P O R T   O F   E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	OTHER BLE-ICARE-FAMP			OTHER BLE-ICARE-PME PREGW			OTHER BLE-ICARE-OBNB PME PREGW		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
MEDICAL SUPPLIES	0	0	0.00	0	0	0.00	0	0	0.00
HEALTH HOME PROVIDER	0	0	0.00	0	0	0.00	0	0	0.00
TCM PAYMENTS TO IOWAPLAN	0	0	0.00	0	0	0.00	0	0	0.00
IHAWP QHP	0	0	0.00	0	0	0.00	0	0	0.00
OTHER PRACTITIONER	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY CENTERED PROGRAM	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00
DENTAL	0	0	0.00	0	0	0.00	0	0	0.00
OPTOMETRIST	0	0	0.00	0	0	0.00	0	0	0.00
CHIROPRACTIC	0	0	0.00	0	0	0.00	0	0	0.00
IOWA-PLAN-HAB	0	0	0.00	0	0	0.00	0	0	0.00
PODIATRIC	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PSYCHIATRIC	0	0	0.00	0	0	0.00	0	0	0.00
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
ID WAIVER SERVICE	0	0	0.00	0	0	0.00	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	0	0	0.00	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00

T I T L E   X I X   M O N T H L Y   R E P O R T   O F   E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	OTHER BLE-ICARE-FAMP			OTHER BLE-ICARE-PME PREGW			OTHER BLE-ICARE-OBNB PME PREGW		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
ELDERLY WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
SICK & HANDICAPPED WAIVER SVCS	0	0	0.00	0	0	0.00	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
UNASSIGNED	0	0	0.00	0	0	0.00	0	0	0.00
* A L L C A T E G O R I E S *	0	0	0.00	0	0	0.00	0	0	0.00



T I T L E   X I X   M O N T H L Y   R E P O R T   O F   E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	OTHER BLE-FAMP-PME PREGW			OTHER BLE-ICARE-PME BCCT			OTHER BLE-ICARE-OBNB PME-BCCT		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
INPATIENT	0	0	0.00	0	0	0.00	0	0	0.00
OUTPATIENT	0	0	0.00	0	0	0.00	0	0	0.00
CHILD PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
ADULT PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
SKILLED NURSING FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
IHAWP IOWA PLAN LITE	0	0	0.00	0	0	0.00	0	0	0.00
IHAWP IOWA PLAN FULL	0	0	0.00	0	0	0.00	0	0	0.00
IHAWP HMO	0	0	0.00	0	0	0.00	0	0	0.00
IHAWP PCP	0	0	0.00	0	0	0.00	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	0	0	0.00	0	0	0.00	0	0	0.00
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	0	0	0.00	0	0	0.00	0	0	0.00
CLINIC SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
EHR INCENTIVE PAYMENTS	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	0	0	0.00	0	0	0.00	0	0	0.00

T I T L E   X I X   M O N T H L Y   R E P O R T   O F   E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	OTHER BLE-FAMP-PME PREGW			OTHER BLE-ICARE-PME BCCT			OTHER BLE-ICARE-OBNB PME-BCCT		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
HABILITATION SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
BEHAVIORAL HLTH INTERVENTN SVC	0	0	0.00	0	0	0.00	0	0	0.00
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
LOCAL EDUCATION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
INFANT TODDLER	0	0	0.00	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	4	4	57.40	0	0	0.00	0	0	0.00
IOWA-PLAN-PMIC	0	0	0.00	0	0	0.00	0	0	0.00
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	0	0	0.00	0	0	0.00	0	0	0.00
MANAGED SUBSTANCE ABUSE	0	0	0.00	0	0	0.00	0	0	0.00
MENTAL HEALTH ACCESS PLAN	0	0	0.00	0	0	0.00	0	0	0.00
EPSDT SCREENING	0	0	0.00	0	0	0.00	0	0	0.00
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	0	0	0.00	0	0	0.00

T I T L E   X I X   M O N T H L Y   R E P O R T   O F   E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	OTHER BLE-FAMP-PME PREGW			OTHER BLE-ICARE-PME BCCT			OTHER BLE-ICARE-OBNB PME-BCCT		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
MEDICAL SUPPLIES	0	0	0.00	0	0	0.00	0	0	0.00
HEALTH HOME PROVIDER	0	0	0.00	0	0	0.00	0	0	0.00
TCM PAYMENTS TO IOWAPLAN	0	0	0.00	0	0	0.00	0	0	0.00
IHAWP QHP	0	0	0.00	0	0	0.00	0	0	0.00
OTHER PRACTITIONER	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY CENTERED PROGRAM	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00
DENTAL	0	0	0.00	0	0	0.00	0	0	0.00
OPTOMETRIST	0	0	0.00	0	0	0.00	0	0	0.00
CHIROPRACTIC	0	0	0.00	0	0	0.00	0	0	0.00
IOWA-PLAN-HAB	0	0	0.00	0	0	0.00	0	0	0.00
PODIATRIC	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PSYCHIATRIC	0	0	0.00	0	0	0.00	0	0	0.00
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
ID WAIVER SERVICE	0	0	0.00	0	0	0.00	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	0	0	0.00	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00

T I T L E   X I X   M O N T H L Y   R E P O R T   O F   E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	OTHER BLE-FAMP-PME PREGW			OTHER BLE-ICARE-PME BCCT			OTHER BLE-ICARE-OBNB PME-BCCT		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
ELDERLY WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
SICK & HANDICAPPED WAIVER SVCS	0	0	0.00	0	0	0.00	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
UNASSIGNED	0	0	0.00	0	0	0.00	0	0	0.00
* A L L C A T E G O R I E S *	0	4	57.40	0	0	0.00	0	0	0.00

T I T L E   X I X   M O N T H L Y   R E P O R T   O F   E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	OTHER BLE-FAMP-PME BCCT			STATE ONLY			FED CNTY - FED CNTY STATE		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
INPATIENT	0	0	0.00	11	53-	203,570.68-	243	1103	516,531.77
OUTPATIENT	0	0	0.00	77	1030	16,473.01	3632	100523	737,617.19
CHILD PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
ADULT PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
SKILLED NURSING FACILITY	0	0	0.00	0	0	0.00	20	299	8,549.03
IHAWP IOWA PLAN LITE	0	0	0.00	6	10	216.42	0	0	0.00
IHAWP IOWA PLAN FULL	0	0	0.00	1	1	109.79	0	0	0.00
IHAWP HMO	0	0	0.00	1	1	401.05	0	0	0.00
IHAWP PCP	0	0	0.00	0	0	0.00	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	1	153	22,247.73	6	145	20,294.59
INTER CARE MENTAL RETARDA	0	0	0.00	1	28	9,897.72	1826	50719	19861,674.30
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	0	0	0.00	4	15	1,062.03	1357	102075	2610,016.75
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	0	0	0.00	174	193	4,467.30	6019	29059	557,863.17
CLINIC SERVICES	0	0	0.00	27	32	4,618.41	470	553	73,797.27
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
EHR INCENTIVE PAYMENTS	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	0	0	0.00	29	70	1,342.63	594	932	11,977.92

T I T L E   X I X   M O N T H L Y   R E P O R T   O F   E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	OTHER BLE-FAMP-PME BCCT			STATE ONLY			FED CNTY - FED CNTY STATE		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
HABILITATION SERVICES	0	0	0.00	1	0	92.30-	24	26	6,475.27
BEHAVIORAL HLTH INTERVENTN SVC	0	0	0.00	111	117	4,069.63	13076	13186	130,551.40
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	0	0	0.00	10	7	966.04	153	190	20,851.80
LOCAL EDUCATION AGENCY	0	0	0.00	3	553	3,850.58	914	266283	3856,018.99
INFANT TODDLER	0	0	0.00	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	0	0	0.00	68	258	18,056.40	7011	29365	2176,243.34
IOWA-PLAN-PMIC	0	0	0.00	34	35	5,146.57	2854	2882	4,991.09
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	0	0	0.00	117	119	254.66	13496	13585	29,071.90
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	0	0	0.00	0	0	0.00	16	16	1,428.14
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	0	0	0.00	111	117	10,971.49	13076	13186	836,524.03
MANAGED SUBSTANCE ABUSE	0	0	0.00	0	0	0.00	0	0	0.00
MENTAL HEALTH ACCESS PLAN	0	0	0.00	0	0	0.00	0	0	0.00
EPSDT SCREENING	0	0	0.00	3	3	209.90	44	72	3,237.94
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	0	0	0.00	2	2	10,027.00
PATIENT MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	0	0	0.00	743	2214	326,734.46

T I T L E   X I X   M O N T H L Y   R E P O R T   O F   E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	OTHER BLE-FAMP-PME BCCT			STATE ONLY			FED CNTY - FED CNTY STATE		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
MEDICAL SUPPLIES	0	0	0.00	24	780	4,732.90	2951	400721	712,105.96
HEALTH HOME PROVIDER	0	0	0.00	10	16	1,917.43	297	320	36,854.67
TCM PAYMENTS TO IOWAPLAN	0	0	0.00	0	0	0.00	0	0	0.00
IHAWP QHP	0	0	0.00	2	3	2,003.14	0	0	0.00
OTHER PRACTITIONER	0	0	0.00	24	97	4,304.12	1330	15734	699,843.74
FAMILY CENTERED PROGRAM	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00
DENTAL	0	0	0.00	14	17	6,340.33	1832	2126	214,009.86
OPTOMETRIST	0	0	0.00	13	13	769.35	806	1102	51,129.87
CHIROPRACTIC	0	0	0.00	4	5	161.75	391	885	18,143.21
IOWA-PLAN-HAB	0	0	0.00	111	113	7,774.06	13077	13183	1108,451.33
PODIATRIC	0	0	0.00	5	7	1,207.18	777	1100	33,315.09
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	1	1	30.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	1	6	3,497.92	281	42040	569,408.73
PSYCHIATRIC	0	0	0.00	3	6	193.80	581	908	33,657.90
RESIDENTIAL CARE FACILITY	0	0	0.00	2	87	467.92	6	216	1,640.79
ID WAIVER SERVICE	0	0	0.00	1	1120	2,732.60	10387	1579730	33294,483.45
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	3	976	4,513.92	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00

T I T L E   X I X   M O N T H L Y   R E P O R T   O F   E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	OTHER BLE-FAMP-PME BCCT			STATE ONLY			FED CNTY - FED CNTY STATE		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
ELDERLY WAIVER SERVICES	0	0	0.00	3	175	653.36	1	6	224.70
SICK & HANDICAPPED WAIVER SVCS	0	0	0.00	1	240	945.60	171	34457	235,553.23
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	0	0	0.00	0	0	0.00	5690	32124	2035,506.75
UNASSIGNED	0	0	0.00	1	0	0.00	1	0	0.00
* A L L C A T E G O R I E S *	0	0	0.00	150	6350	57,086.24-	13164	2751068	70844,836.63



T I T L E    X I X    M O N T H L Y    R E P O R T    O F    E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	FEDERAL ONLY PRESUMPT(881/886)			FEDERAL MEDICAID ONLY AGED			FEDERAL MEDICAID ONLY BLIND		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
INPATIENT	4	5	17,212.48	0	0	0.00	0	0	0.00
OUTPATIENT	14	113	7,599.08	0	0	0.00	0	0	0.00
CHILD PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
ADULT PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
SKILLED NURSING FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
IHAWP IOWA PLAN LITE	0	0	0.00	0	0	0.00	0	0	0.00
IHAWP IOWA PLAN FULL	0	0	0.00	0	0	0.00	0	0	0.00
IHAWP HMO	0	0	0.00	0	0	0.00	0	0	0.00
IHAWP PCP	0	0	0.00	0	0	0.00	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	0	0	0.00	0	0	0.00	0	0	0.00
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	14	42	3,167.29	0	0	0.00	0	0	0.00
CLINIC SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
EHR INCENTIVE PAYMENTS	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	0	0	0.00	0	0	0.00	0	0	0.00

T I T L E   X I X   M O N T H L Y   R E P O R T   O F   E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	FEDERAL ONLY PRESUMPT(881/886)			FEDERAL MEDICAID ONLY AGED			FEDERAL MEDICAID ONLY BLIND		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
HABILITATION SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
BEHAVIORAL HLTH INTERVENTN SVC	0	0	0.00	0	0	0.00	0	0	0.00
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
LOCAL EDUCATION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
INFANT TODDLER	0	0	0.00	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	6	21	758.57	0	0	0.00	0	0	0.00
IOWA-PLAN-PMIC	0	0	0.00	0	0	0.00	0	0	0.00
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	0	0	0.00	0	0	0.00	0	0	0.00
MANAGED SUBSTANCE ABUSE	0	0	0.00	0	0	0.00	0	0	0.00
MENTAL HEALTH ACCESS PLAN	0	0	0.00	0	0	0.00	0	0	0.00
EPSDT SCREENING	0	0	0.00	0	0	0.00	0	0	0.00
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	0	0	0.00	0	0	0.00

T I T L E   X I X   M O N T H L Y   R E P O R T   O F   E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	FEDERAL ONLY PRESUMPT(881/886)			FEDERAL MEDICAID ONLY AGED			FEDERAL MEDICAID ONLY BLIND		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
MEDICAL SUPPLIES	0	0	0.00	0	0	0.00	0	0	0.00
HEALTH HOME PROVIDER	0	0	0.00	0	0	0.00	0	0	0.00
TCM PAYMENTS TO IOWAPLAN	0	0	0.00	0	0	0.00	0	0	0.00
IHAWP QHP	0	0	0.00	0	0	0.00	0	0	0.00
OTHER PRACTITIONER	3	3	209.67	0	0	0.00	0	0	0.00
FAMILY CENTERED PROGRAM	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00
DENTAL	0	0	0.00	0	0	0.00	0	0	0.00
OPTOMETRIST	0	0	0.00	0	0	0.00	0	0	0.00
CHIROPRACTIC	0	0	0.00	0	0	0.00	0	0	0.00
IOWA-PLAN-HAB	0	0	0.00	0	0	0.00	0	0	0.00
PODIATRIC	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PSYCHIATRIC	2	5	411.23	0	0	0.00	0	0	0.00
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
ID WAIVER SERVICE	0	0	0.00	0	0	0.00	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	0	0	0.00	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00

T I T L E   X I X   M O N T H L Y   R E P O R T   O F   E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	FEDERAL ONLY PRESUMPT(881/886)			FEDERAL MEDICAID ONLY AGED			FEDERAL MEDICAID ONLY BLIND		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
ELDERLY WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
SICK & HANDICAPPED WAIVER SVCS	0	0	0.00	0	0	0.00	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
UNASSIGNED	0	0	0.00	0	0	0.00	0	0	0.00
* A L L C A T E G O R I E S *	10	189	29,358.32	0	0	0.00	0	0	0.00

T I T L E    X I X    M O N T H L Y    R E P O R T    O F    E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	OTHER BLE-ICARE-FAMP-PME PRGW			OTHER BLE-ICARE-FAMP-PME BCCT			OTHER BLE-DSH PME PREGW		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
INPATIENT	0	0	0.00	0	0	0.00	0	0	0.00
OUTPATIENT	0	0	0.00	0	0	0.00	0	0	0.00
CHILD PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
ADULT PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
SKILLED NURSING FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
IHAWP IOWA PLAN LITE	0	0	0.00	0	0	0.00	0	0	0.00
IHAWP IOWA PLAN FULL	0	0	0.00	0	0	0.00	0	0	0.00
IHAWP HMO	0	0	0.00	0	0	0.00	0	0	0.00
IHAWP PCP	0	0	0.00	0	0	0.00	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	0	0	0.00	0	0	0.00	0	0	0.00
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	0	0	0.00	0	0	0.00	0	0	0.00
CLINIC SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
EHR INCENTIVE PAYMENTS	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	0	0	0.00	0	0	0.00	0	0	0.00

T I T L E   X I X   M O N T H L Y   R E P O R T   O F   E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	OTHER BLE-ICARE-FAMP-PME PRGW			OTHER BLE-ICARE-FAMP-PME BCCT			OTHER BLE-DSH PME PREGW		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
HABILITATION SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
BEHAVIORAL HLTH INTERVENTN SVC	0	0	0.00	0	0	0.00	0	0	0.00
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
LOCAL EDUCATION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
INFANT TODDLER	0	0	0.00	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	0	0	0.00	0	0	0.00	0	0	0.00
IOWA-PLAN-PMIC	0	0	0.00	0	0	0.00	0	0	0.00
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	0	0	0.00	0	0	0.00	0	0	0.00
MANAGED SUBSTANCE ABUSE	0	0	0.00	0	0	0.00	0	0	0.00
MENTAL HEALTH ACCESS PLAN	0	0	0.00	0	0	0.00	0	0	0.00
EPSDT SCREENING	0	0	0.00	0	0	0.00	0	0	0.00
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	0	0	0.00	0	0	0.00

T I T L E   X I X   M O N T H L Y   R E P O R T   O F   E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	OTHER BLE-ICARE-FAMP-PME PRGW			OTHER BLE-ICARE-FAMP-PME BCCT			OTHER BLE-DSH PME PREGW		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
MEDICAL SUPPLIES	0	0	0.00	0	0	0.00	0	0	0.00
HEALTH HOME PROVIDER	0	0	0.00	0	0	0.00	0	0	0.00
TCM PAYMENTS TO IOWAPLAN	0	0	0.00	0	0	0.00	0	0	0.00
IHAWP QHP	0	0	0.00	0	0	0.00	0	0	0.00
OTHER PRACTITIONER	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY CENTERED PROGRAM	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00
DENTAL	0	0	0.00	0	0	0.00	0	0	0.00
OPTOMETRIST	0	0	0.00	0	0	0.00	0	0	0.00
CHIROPRACTIC	0	0	0.00	0	0	0.00	0	0	0.00
IOWA-PLAN-HAB	0	0	0.00	0	0	0.00	0	0	0.00
PODIATRIC	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PSYCHIATRIC	0	0	0.00	0	0	0.00	0	0	0.00
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
ID WAIVER SERVICE	0	0	0.00	0	0	0.00	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	0	0	0.00	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00

T I T L E   X I X   M O N T H L Y   R E P O R T   O F   E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	OTHER BLE-ICARE-FAMP-PME PRGW			OTHER BLE-ICARE-FAMP-PME BCCT			OTHER BLE-DSH PME PREGW		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
ELDERLY WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	0	0	0.00	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
UNASSIGNED	0	0	0.00	0	0	0.00	0	0	0.00
* A L L C A T E G O R I E S *	0	0	0.00	0	0	0.00	0	0	0.00



T I T L E   X I X   M O N T H L Y   R E P O R T   O F   E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	OTHER BLE-DSH PME BCCT			OTHER BLE-DSH FP			OTHER BLE-DSH FP PME-PREGW		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
INPATIENT	0	0	0.00	0	0	0.00	0	0	0.00
OUTPATIENT	0	0	0.00	0	0	0.00	0	0	0.00
CHILD PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
ADULT PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
SKILLED NURSING FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
IHAWP IOWA PLAN LITE	0	0	0.00	0	0	0.00	0	0	0.00
IHAWP IOWA PLAN FULL	0	0	0.00	0	0	0.00	0	0	0.00
IHAWP HMO	0	0	0.00	0	0	0.00	0	0	0.00
IHAWP PCP	0	0	0.00	0	0	0.00	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	0	0	0.00	0	0	0.00	0	0	0.00
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	0	0	0.00	0	0	0.00	0	0	0.00
CLINIC SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
EHR INCENTIVE PAYMENTS	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	0	0	0.00	0	0	0.00	0	0	0.00

T I T L E   X I X   M O N T H L Y   R E P O R T   O F   E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	OTHER BLE-DSH PME BCCT			OTHER BLE-DSH FP			OTHER BLE-DSH FP PME-PREGW		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
HABILITATION SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
BEHAVIORAL HLTH INTERVENTN SVC	0	0	0.00	0	0	0.00	0	0	0.00
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
LOCAL EDUCATION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
INFANT TODDLER	0	0	0.00	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	0	0	0.00	0	0	0.00	0	0	0.00
IOWA-PLAN-PMIC	0	0	0.00	0	0	0.00	0	0	0.00
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	0	0	0.00	0	0	0.00	0	0	0.00
MANAGED SUBSTANCE ABUSE	0	0	0.00	0	0	0.00	0	0	0.00
MENTAL HEALTH ACCESS PLAN	0	0	0.00	0	0	0.00	0	0	0.00
EPSDT SCREENING	0	0	0.00	0	0	0.00	0	0	0.00
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	0	0	0.00	0	0	0.00

T I T L E   X I X   M O N T H L Y   R E P O R T   O F   E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	OTHER BLE-DSH PME BCCT			OTHER BLE-DSH FP			OTHER BLE-DSH FP PME-PREGW		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
MEDICAL SUPPLIES	0	0	0.00	0	0	0.00	0	0	0.00
HEALTH HOME PROVIDER	0	0	0.00	0	0	0.00	0	0	0.00
TCM PAYMENTS TO IOWAPLAN	0	0	0.00	0	0	0.00	0	0	0.00
IHAWP QHP	0	0	0.00	0	0	0.00	0	0	0.00
OTHER PRACTITIONER	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY CENTERED PROGRAM	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00
DENTAL	0	0	0.00	0	0	0.00	0	0	0.00
OPTOMETRIST	0	0	0.00	0	0	0.00	0	0	0.00
CHIROPRACTIC	0	0	0.00	0	0	0.00	0	0	0.00
IOWA-PLAN-HAB	0	0	0.00	0	0	0.00	0	0	0.00
PODIATRIC	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PSYCHIATRIC	0	0	0.00	0	0	0.00	0	0	0.00
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
ID WAIVER SERVICE	0	0	0.00	0	0	0.00	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	0	0	0.00	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00

T I T L E   X I X   M O N T H L Y   R E P O R T   O F   E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	OTHER BLE-DSH PME BCCT			OTHER BLE-DSH FP			OTHER BLE-DSH FP PME-PREGW		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
ELDERLY WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
SICK & HANDICAPPED WAIVER SVCS	0	0	0.00	0	0	0.00	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
UNASSIGNED	0	0	0.00	0	0	0.00	0	0	0.00
* A L L C A T E G O R I E S *	0	0	0.00	0	0	0.00	0	0	0.00

T I T L E   X I X   M O N T H L Y   R E P O R T   O F   E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	OTHER BLE-DSH FP PME-BCCT			LEGAL PERMANENT RESIDENT TXIX			FEDERAL ST, EX MIYA (375)		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
INPATIENT	0	0	0.00	1	3	3,550.54	0	0	0.00
OUTPATIENT	0	0	0.00	60	1314	12,173.24	7	29	1,114.25
CHILD PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
ADULT PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
SKILLED NURSING FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
IHAWP IOWA PLAN LITE	0	0	0.00	1	1	30.82	0	0	0.00
IHAWP IOWA PLAN FULL	0	0	0.00	0	0	0.00	0	0	0.00
IHAWP HMO	0	0	0.00	0	0	0.00	0	0	0.00
IHAWP PCP	0	0	0.00	1	1	4.00	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	0	0	0.00	4	16	81.00	0	0	0.00
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	0	0	0.00	123	198	13,990.53	8	16	1,063.89
CLINIC SERVICES	0	0	0.00	45	55	9,406.36	2	3	465.17
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
EHR INCENTIVE PAYMENTS	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	0	0	0.00	37	217	3,075.27	1	3	20.30

T I T L E   X I X   M O N T H L Y   R E P O R T   O F   E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	OTHER BLE-DSH FP			PME-BCCT			LEGAL PERMANENT RESIDENT TXIX			FEDERAL ST, EX MIYA (375)		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
HABILITATION SERVICES	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00
BEHAVIORAL HLTH INTERVENTN SVC	0	0	0.00	524	668	8,335.12	13	24	3,566.53			
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00			
AMBULANCE SERVICES	0	0	0.00	3	3	280.89	0	0	0.00			
LOCAL EDUCATION AGENCY	0	0	0.00	3	491	10,244.84	0	0	0.00			
INFANT TODDLER	0	0	0.00	0	0	0.00	0	0	0.00			
PRESCRIBED DRUGS	0	0	0.00	77	127	3,044.98	15	45	1,824.80			
IOWA-PLAN-PMIC	0	0	0.00	470	601	1,262.66	12	21	5,495.99			
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00			
NEMENT SERVICES	0	0	0.00	520	536	1,147.04	13	21	44.94			
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00			
FAMILY PLANNING SERVICES	0	0	0.00	3	3	99.86	2	2	86.64			
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00			
IOWA PLAN PROGRAM	0	0	0.00	524	668	8,600.83	13	24	3,171.93			
MANAGED SUBSTANCE ABUSE	0	0	0.00	0	0	0.00	0	0	0.00			
MENTAL HEALTH ACCESS PLAN	0	0	0.00	0	0	0.00	0	0	0.00			
EPSDT SCREENING	0	0	0.00	26	24	1,213.00	0	0	0.00			
HMO SERVICES	0	0	0.00	72	73	5,526.61	0	0	0.00			
PACE SERVICES	0	0	0.00	0	0	0.00	0	0	0.00			
PATIENT MANAGEMENT	0	0	0.00	236	236	472.00	0	0	0.00			
HEALTH INS PREMIUM PAYMENT	0	0	0.00	3	15	97.05	0	0	0.00			

T I T L E   X I X   M O N T H L Y   R E P O R T   O F   E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	OTHER BLE-DSH FP			PME-BCCT			LEGAL PERMANENT RESIDENT TXIX			FEDERAL ST, EX MIYA (375)		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
MEDICAL SUPPLIES	0	0	0.00	3	559	561.84	0	0	0.00	0	0	0.00
HEALTH HOME PROVIDER	0	0	0.00	7	7	663.55	1	1	12.80	1	1	12.80
TCM PAYMENTS TO IOWAPLAN	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00
IHAWP QHP	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00
OTHER PRACTITIONER	0	0	0.00	15	256	9,717.50	0	0	0.00	0	0	0.00
FAMILY CENTERED PROGRAM	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00
DENTAL	0	0	0.00	75	96	11,335.11	1	1	98.34	1	1	98.34
OPTOMETRIST	0	0	0.00	17	18	1,333.41	2	2	167.33	2	2	167.33
CHIROPRACTIC	0	0	0.00	0	0	0.00	1	1	32.55	1	1	32.55
IOWA-PLAN-HAB	0	0	0.00	524	668	286.01	13	24	536.53	13	24	536.53
PODIATRIC	0	0	0.00	1	1	103.02	0	0	0.00	0	0	0.00
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00
PSYCHIATRIC	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00
ID WAIVER SERVICE	0	0	0.00	3	326	2,400.44	0	0	0.00	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00

T I T L E   X I X   M O N T H L Y   R E P O R T   O F   E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	OTHER BLE-DSH FP PME-BCCT			LEGAL PERMANENT RESIDENT TXIX			FEDERAL ST, EX MIYA (375)		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
ELDERLY WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	0	0	0.00	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	0	0	0.00	2	10	375.46	0	0	0.00
UNASSIGNED	0	0	0.00	0	0	0.00	0	0	0.00
* A L L C A T E G O R I E S *	0	0	0.00	540	7191	109,412.98	15	217	17,701.99



T I T L E   X I X   M O N T H L Y   R E P O R T   O F   E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	FEDERAL ST, PRESUMP (882)			TOTAL			RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID			
INPATIENT	1	2	4,980.95	8766	36020	47028,469.77			
OUTPATIENT	0	0	0.00	88248	1879716	40198,441.37			
CHILD PART HOSP	0	0	0.00	0	0	0.00			
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00			
ADULT PART HOSP	0	0	0.00	0	0	0.00			
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00			
SKILLED NURSING FACILITY	0	0	0.00	1078	19725	2837,742.28			
IHAWP IOWA PLAN LITE	0	0	0.00	58470	75995	2186,345.96			
IHAWP IOWA PLAN FULL	0	0	0.00	3213	3206	539,797.42			
IHAWP HMO	0	0	0.00	5155	5160	1452,333.42			
IHAWP PCP	0	0	0.00	31793	31822	127,288.00			
INTERMEDIATE CARE FACILITY	0	0	0.00	11694	340119	42582,504.46			
INTER CARE MENTAL RETARDA	0	0	0.00	1846	51321	17192,348.59			
NURSING FAC FOR MENTAL ILL	0	0	0.00	86	2285	464,311.48			
HOME HEALTH	0	0	0.00	13638	474180	13560,520.20			
LEAD INSPECTION AGENCY	0	0	0.00	5	6	2,172.36			
PHYSICIAN	1	1	141.69	164666	600862	24432,285.36			
CLINIC SERVICES	0	0	0.00	28632	37655	7500,063.78			
MEP CASE MANAGEMENT	0	0	0.00	1	0	28,272.00-			
EHR INCENTIVE PAYMENTS	0	0	0.00	1	0	1964,134.00			
LAB AND RADIOLOGICAL	0	0	0.00	18458	48277	963,645.60			

T I T L E   X I X   M O N T H L Y   R E P O R T   O F   E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	FEDERAL ST, PRESUMP (882)			TOTAL			RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID			
HABILITATION SERVICES	0	0	0.00	768	1158	72,828.84			
BEHAVIORAL HLTH INTERVENTN SVC	0	0	0.00	390750	417704	5333,028.02			
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00			
AMBULANCE SERVICES	0	0	0.00	4135	4952	620,889.28			
LOCAL EDUCATION AGENCY	0	0	0.00	2892	706621	8803,878.21			
INFANT TODDLER	0	0	0.00	10	42	189.61			
PRESCRIBED DRUGS	0	0	0.00	171880	557968	32518,992.12			
IOWA-PLAN-PMIC	0	0	0.00	234952	251478	2667,668.89			
DRUG CAPITATION	0	0	0.00	0	0	0.00			
NEMENT SERVICES	0	0	0.00	395129	409146	875,572.44			
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00			
FAMILY PLANNING SERVICES	0	0	0.00	5636	6593	577,719.06			
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00			
IOWA PLAN PROGRAM	0	0	0.00	390739	417704	11410,381.88			
MANAGED SUBSTANCE ABUSE	0	0	0.00	0	0	0.00			
MENTAL HEALTH ACCESS PLAN	0	0	0.00	0	0	0.00			
EPSDT SCREENING	0	0	0.00	8030	8270	1868,940.89			
HMO SERVICES	0	0	0.00	41988	43890	6702,718.68			
PACE SERVICES	0	0	0.00	219	221	733,505.03			
PATIENT MANAGEMENT	0	0	0.00	180525	181542	363,084.00			
HEALTH INS PREMIUM PAYMENT	0	0	0.00	3229	10150	802,795.22			

T I T L E   X I X   M O N T H L Y   R E P O R T   O F   E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	FEDERAL ST, PRESUMP (882)			TOTAL			RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID			
MEDICAL SUPPLIES	0	0	0.00	32205	2097752	5559,394.27			
HEALTH HOME PROVIDER	0	0	0.00	19457	22584	2839,349.75			
TCM PAYMENTS TO IOWAPLAN	0	0	0.00	0	0	0.00			
IHAWP QHP	0	0	0.00	12962	23146	10989,163.48			
OTHER PRACTITIONER	0	0	0.00	26426	115638	5481,732.20			
FAMILY CENTERED PROGRAM	0	0	0.00	0	0	0.00			
FAMILY PRESERVATION	0	0	0.00	0	0	0.00			
TREATMENT FOSTER FAMILY CARE	0	0	0.00	0	0	0.00			
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00			
DENTAL	0	0	0.00	36401	45257	6176,435.83			
OPTOMETRIST	0	0	0.00	16179	20393	1225,198.20			
CHIROPRACTIC	0	0	0.00	9920	23886	660,794.46			
IOWA-PLAN-HAB	0	0	0.00	390831	414965	7433,198.09			
PODIATRIC	0	0	0.00	5771	8642	349,547.84			
PHYSICAL DISABILITIES SVCS	0	0	0.00	738	111991	387,850.48			
BRAIN INJ WAIVER SERVICES	0	0	0.00	1215	206127	2656,514.46			
PSYCHIATRIC	0	0	0.00	4675	9540	342,061.71			
RESIDENTIAL CARE FACILITY	0	0	0.00	989	25958	169,493.84			
ID WAIVER SERVICE	0	0	0.00	11574	1751896	38281,700.42			
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	735	163044	757,356.50			
AIDS WAIVER SERVICES	0	0	0.00	29	7723	27,835.79			

T I T L E   X I X   M O N T H L Y   R E P O R T   O F   E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	FEDERAL ST, PRESUMP (882)			TOTAL			RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID			
ELDERLY WAIVER SERVICES	0	0	0.00	8959	1238292	7399,721.98			
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	1990	356957	1958,825.75			
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00			
MEP SERVICES	0	0	0.00	6530	36953	2317,178.64			
UNASSIGNED	0	0	0.00	7	0	588,143.56			
* A L L C A T E G O R I E S *	1	3	5,122.64	508560	3304532	371957,821.47	0	0	0.00
				* * * E N D O F R E P O R T * * *					