

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	852	4298	8657,956.70	0	0	0.00	501	1988	433,073.23
OUTPATIENT	15562	219136	10261,202.77	0	0	0.00	5044	145801	847,430.58
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	2	13	23,189.56	0	0	0.00	880	2799	13,676.14
IHAWP IOWA PLAN LITE	74137	93756	2714,459.47	0	0	0.00	0	0	0.00
IHAWP IOWA PLAN FULL	4177	4174	702,930.53	0	0	0.00	0	0	0.00
IHAWP HMO	8270	8276	2261,346.96	0	0	0.00	0	0	0.00
IHAWP PCP	41530	41502	166,008.00	0	0	0.00	0	0	0.00
INTERMEDIATE CARE FACILITY	3	103	17,157.72	0	0	0.00	6167	166165	27566,487.28
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	15	433	79,899.00
HOME HEALTH	187	1682	180,755.10	0	0	0.00	2727	63978	1876,421.85
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	20225	46712	4152,128.26	0	0	0.00	7198	57867	518,113.49
CLINIC SERVICES	5089	6922	1200,745.94	0	0	0.00	594	1095	63,229.60
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	2069	8133	173,777.64	0	0	0.00	809	289	2,688.01

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	19	0	2,808.95-
BEHAVIORAL HLTH INTERVENTN SVC	31	33	53.56	0	0	0.00	6269	6600	70.46
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	436	508	68,848.37	0	0	0.00	367	440	47,709.12
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	34287	128427	5676,093.95	0	0	0.00	2190	3639	67,679.22
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	7458	8125	17,387.50	0	0	0.00	6079	6107	13,068.98
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	679	746	59,995.97	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	31	33	829.55	0	0	0.00	6269	6600	23,118.71
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	10	11	1,916.40	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	0	0	0.00	1	1	3,218.00
PATIENT MANAGEMENT	47	47	94.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	176	422	27,639.38	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	3276	38240	569,725.21	0	0	0.00	3408	206021	308,917.04
HEALTH HOME PROVIDER	353	398	37,968.51	0	0	0.00	501	566	37,880.45
TCM PAYMENTS TO IOWAPLAN	0	0	0.00	0	0	0.00	0	0	0.00
IHAWP QHP	15259	15237	7060,446.12	0	0	0.00	0	0	0.00
OTHER PRACTITIONER	3190	6331	435,265.12	0	0	0.00	549	3990	33,241.61
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	1081	1286	181,525.63	0	0	0.00	501	616	87,550.24
ACCOUNTABLE CARE ORGANIZATIONS	17175	17175	68,700.00	0	0	0.00	0	0	0.00
OPTOMETRIST	1676	1782	142,840.41	0	0	0.00	693	1164	33,223.45
CHIROPRACTIC	1655	4630	165,145.44	0	0	0.00	374	896	8,351.23
IOWA-PLAN-HAB	31	32	44.56	0	0	0.00	6269	6394	48,634.92
PODIATRIC	591	773	64,907.63	0	0	0.00	815	1212	17,515.87
DELTA DENTAL	92383	92383	2093,398.78	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	4	325	17,502.54
PSYCHIATRIC	73	129	7,453.89	0	0	0.00	258	565	8,513.17
RESIDENTIAL CARE FACILITY	1	31	298.46	0	0	0.00	166	6281	49,247.86
ID WAIVER SERVICE	0	0	0.00	0	0	0.00	68	5448	250,648.57

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
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
ELDERLY WAIVER SERVICES	0	0	0.00	0	0	0.00	3633	431336	2706,545.95
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	3	25	1,665.89	0	0	0.00	70	325	18,540.23
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 *	95434	751511	47193,902.98	0	0	0.00	18763	1128941	35179,387.85

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	1666	8612	7486,888.88	564	1542	3060,004.16
OUTPATIENT	0	0	0.00	19176	486972	7427,622.56	9029	164316	4940,053.34
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	487	3236	2720,116.39	2	0	2,355.10
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	889	20583	3758,363.02	7	62	13,301.56
INTER CARE MENTAL RETARDA	0	0	0.00	3	0	398.91	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	4439	182529	4150,544.20	72	586	47,321.19
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	0	0	0.00	27275	190697	3988,939.50	13497	25351	2351,021.64
CLINIC SERVICES	0	0	0.00	3766	5409	819,533.65	2984	4351	729,132.28
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	3302	7436	136,506.06	2537	7923	214,806.41

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	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	579	55	96,904.48-	5	20	864.04
BEHAVIORAL HLTH INTERVENTN SVC	0	0	0.00	58314	59790	441,639.54	51475	57369	187,605.09
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	0	0	0.00	1136	1328	179,280.74	260	253	34,225.78
LOCAL EDUCATION AGENCY	0	0	0.00	931	181504	3039,627.65	10	2527	21,160.47
INFANT TODDLER	0	0	0.00	16	269	3,073.85	1	1	5.88
PRESCRIBED DRUGS	0	0	0.00	22767	106953	8564,980.33	24709	69911	3223,722.94
IOWA-PLAN-PMIC	0	0	0.00	8436	8542	39,058.04	820	821	137,211.03
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	0	0	0.00	58313	59094	126,461.16	51515	54425	116,469.50
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	0	0	0.00	101	254	6,808.90	3223	3448	238,642.89
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	0	0	0.00	58314	59795	4344,060.43	51475	57369	1747,124.73
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	144	178	8,973.35	24	26	968.44
HMO SERVICES	0	0	0.00	0	0	0.00	9889	10373	2532,411.55
PACE SERVICES	0	0	0.00	56	56	233,807.00	0	0	0.00
PATIENT MANAGEMENT	0	0	0.00	2	2	4.00	26801	26784	53,568.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	560	1269	154,660.87	81	161	7,473.58

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	11072	844699	1931,473.19	1663	33402	220,225.32
HEALTH HOME PROVIDER	0	0	0.00	11097	11933	1394,805.52	2617	2870	239,534.89
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	4065	33509	1255,135.00	2424	4737	290,943.18
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	4500	5801	928,334.28	3770	5197	886,975.69
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0.00	0	0	0.00	0	0	0.00
OPTOMETRIST	0	0	0.00	2774	3936	189,397.51	1584	1930	139,048.13
CHIROPRACTIC	0	0	0.00	2214	5302	82,849.10	1477	3636	123,807.82
IOWA-PLAN-HAB	0	0	0.00	58325	59812	5625,883.04	51473	57278	77,016.17
PODIATRIC	0	0	0.00	1447	2452	81,187.25	245	319	29,383.25
DELTA DENTAL	0	0	0.00	33	33	747.78	75	75	1,699.50
PHYSICAL DISABILITIES SVCS	0	0	0.00	423	63024	225,235.43	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	368	54948	713,826.88	0	0	0.00
PSYCHIATRIC	0	0	0.00	2888	5493	123,415.20	48	67	4,312.47
RESIDENTIAL CARE FACILITY	0	0	0.00	847	28736	227,851.00	0	0	0.00
ID WAIVER SERVICE	0	0	0.00	934	132030	3500,663.03	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
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	15	2979	14,820.97	3	685	2,465.62
AIDS WAIVER SERVICES	0	0	0.00	10	1808	7,230.71	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	33	4549	49,084.50	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	1574	234601	1448,337.96	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	1070	6901	367,324.69	4	61	2,803.76
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	63529	2887109	65702,047.59	58795	597876	21677,665.40

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	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	251	1355	1974,544.15	80	183	303,311.25	1438	5637	12776,606.97
OUTPATIENT	6472	77375	2118,444.30	1439	25182	520,546.78	12813	167391	4257,727.04
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	9	7,023.96	1	0	9,606.84	16	47	21,476.38
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	30	191	39,343.59
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	2	31	1486,438.54
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	274	1733	44,457.21	53	192	8,586.55	566	4338	1317,899.41
LEAD INSPECTION AGENCY	2	2	700.00	0	0	0.00	0	0	0.00
PHYSICIAN	13037	21422	1617,804.51	2546	3876	309,733.13	25193	48816	3972,236.82
CLINIC SERVICES	2946	4015	693,027.22	615	844	143,362.85	6022	8179	1429,582.50
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	1	0	1,000.96
EHR INCENTIVE PAYMENTS	0	0	0.00	0	0	0.00	1	0	1510,070.00
LAB AND RADIOLOGICAL	933	2539	39,866.75	280	821	18,404.36	2546	7520	135,029.20

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	10	0	3,211.39-	9	138	137,738.29-
BEHAVIORAL HLTH INTERVENTN SVC	78755	84650	1081,410.81	13831	14029	153,013.00	123577	136064	1564,611.03
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	1	0	19,586.60-
AMBULANCE SERVICES	134	105	13,975.37	51	44	5,331.43	228	214	30,045.75
LOCAL EDUCATION AGENCY	197	44316	429,265.92	49	7867	101,869.63	218	43651	477,010.15
INFANT TODDLER	25	194	2,419.26	7	84	1,059.24	35	305	3,163.54
PRESCRIBED DRUGS	19126	33291	2017,896.68	4184	8612	525,709.84	30181	52874	3005,840.69
IOWA-PLAN-PMIC	77501	83389	53,585.61	8251	8432	60,371.21	112029	122155	125,940.63
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NMENT SERVICES	78499	81955	175,383.70	13812	13929	29,808.06	123275	129418	276,954.52
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	402	443	32,048.84	117	115	10,575.03	281	289	24,682.60
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	78754	84700	916,833.31	13830	14030	271,253.01	123577	136064	2734,827.74
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	1	0	1,000.96
EPSDT SCREENING	2457	2606	387,555.17	283	300	47,265.94	3775	3985	1120,862.04
HMO SERVICES	13821	14485	1622,111.68	2302	2331	285,774.61	16957	17973	2877,752.19
PACE SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	46571	46567	93,134.00	8277	8272	16,544.00	78936	78930	157,860.00
HEALTH INS PREMIUM PAYMENT	117	266	8,381.88	26	62	2,847.16	1228	3171	99,962.27

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	1053	18143	120,714.61	219	4196	27,784.50	1907	20868	255,539.90
HEALTH HOME PROVIDER	4117	4268	429,672.23	1092	1115	117,725.74	4569	4716	475,745.40
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	2588	8290	480,163.67	540	1928	125,639.44	4879	13348	784,580.85
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	5893	6859	826,009.68	1018	1224	184,822.14	9593	11203	1392,370.02
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0.00	0	0	0.00	0	0	0.00
OPTOMETRIST	1630	1887	124,978.30	362	416	26,784.13	2571	2959	192,734.01
CHIROPRACTIC	757	1442	43,632.99	168	315	10,325.56	1498	3156	95,432.54
IOWA-PLAN-HAB	78761	84707	5,312.75	13822	14023	9,650.65	123580	136067	30,150.36
PODIATRIC	76	92	9,186.32	25	32	4,118.79	161	184	16,425.72
DELTA DENTAL	0	0	0.00	0	0	0.00	135	135	3,059.10
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	1	0	17,760.05-
PSYCHIATRIC	56	65	3,629.81	17	18	777.31	65	83	155,532.32
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	2	0	34,773.53-
ID WAIVER SERVICE	2	65	1,146.89	1	4	22.60	8	378	368,487.29

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
CHILDRENS MENTAL HEALTH SVC	12	3308	13,549.30	56	13808	63,386.26	31	7233	25,651.28
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	0	0	0.00	3	215	18,632.40-
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	0	0	0.00	1	0	2,048.91-
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	4	49	2,274.62	6	48	2,965.50	13	160	8,234.89
UNASSIGNED	0	0	0.00	0	0	0.00	1	0	2499,312.98
* A L L C A T E G O R I E S *	84095	714592	15390,141.50	14956	146332	3395,765.15	131727	1168024	39909,964.58

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	31	112	118,419.17	501	2463	679,547.40	32	176	239,782.16
OUTPATIENT	971	17544	281,462.12	5054	156787	890,816.49	327	12010	130,451.44
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	2	30	25,725.48	1493	6351	65,093.54	7	75-	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	1	0	87.91	7847	156865	31572,058.38	1	0	32.00-
INTER CARE MENTAL RETARDA	18	496	204,921.41	3	14	3,976.61	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	69	1941	409,310.02	0	0	0.00
HOME HEALTH	68	12468	287,233.05	3311	82276	3175,273.86	25	597	4,836.06
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	2061	3159	208,772.49	6472	154113	502,733.44	473	1744	109,952.81
CLINIC SERVICES	388	513	81,454.47	443	369	60,727.13	83	106	19,371.10
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	239	1302	21,565.68	807	366	4,967.81	57	159	3,278.43

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	16	0	1,622.68-	23	0	3,349.24	6	0	2,431.86-
BEHAVIORAL HLTH INTERVENTN SVC	11023	11828	1440,804.50	21236	21880	9,497.18	1185	1230	1,461.50
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	24	25	2,832.17	460	568	61,319.83	18	19	3,007.52
LOCAL EDUCATION AGENCY	167	40956	512,287.88	51	8480	228,253.14	0	0	0.00
INFANT TODDLER	13	120	1,341.12	1	12	168.84	0	0	0.00
PRESCRIBED DRUGS	5070	13450	1032,317.79	7816	16746	413,010.60	616	2341	115,552.55
IOWA-PLAN-PMIC	11000	11247	1986,599.51	153	153	258.72	5	5	1.80
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMT SERVICES	11006	11059	23,666.26	21223	21417	45,832.38	1187	1213	2,595.82
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	44	42	3,318.25	1	1	69.87	20	18	1,234.64
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	11009	11256	1064,123.55	21236	21880	213,300.37	1185	1230	35,519.63
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	136	149	12,659.56	2	2	79.24	0	0	0.00
HMO SERVICES	10	10	774.24	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	158	155	480,220.81	0	0	0.00
PATIENT MANAGEMENT	55	55	110.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	188	391	24,645.69	40	81	12,946.24	2	3	461.91

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	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	267	26782	85,547.82	5250	380646	527,994.51	116	5262	17,018.98
HEALTH HOME PROVIDER	1487	1512	171,965.63	728	783	67,893.49	104	118	11,284.94
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	652	5465	269,557.11	679	5156	147,835.46	81	182	8,124.07
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	961	1098	127,789.31	909	1120	168,446.74	87	119	17,624.52
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0.00	0	0	0.00	0	0	0.00
OPTOMETRIST	402	463	28,425.91	684	1060	30,716.19	61	69	4,018.02
CHIROPRACTIC	135	259	7,003.67	201	444	4,305.45	48	103	3,136.25
IOWA-PLAN-HAB	10996	8966	90,435.32	21268	21798	431,348.81	1184	1189	15,154.72
PODIATRIC	25	36	2,408.98	1095	1595	23,717.37	20	26	1,384.51-
DELTA DENTAL	0	0	0.00	1	1	22.66	1	1	22.66
PHYSICAL DISABILITIES SVCS	0	0	0.00	281	38748	135,921.48	0	0	0.00
BRAIN INJ WAIVER SERVICES	42	5219	44,886.98	519	70806	1283,114.34	0	0	0.00
PSYCHIATRIC	28	30	1,355.06	357	870	12,301.40	27	54	1,518.59
RESIDENTIAL CARE FACILITY	1	116	986.22	5	110	698.46	0	0	0.00
ID WAIVER SERVICE	211	16985	264,229.74	10	751	25,908.16	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
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	0	0	0.00	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	19	5478	19,076.74	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	5522	706275	4070,940.56	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	24	3663	64,446.00	3	251	1,076.17	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	226	1288	74,243.71	129	956	43,201.91	1	0	149.16-
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 *	11006	208094	8566,781.08	13957	1889768	45827,331.04	1240	27899	741,412.59

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	62	409	457,659.14	24	185	347,930.78	5	14	29,834.95
OUTPATIENT	171	3249	108,473.80	1288	21058	452,355.41	109	2417	154,144.08
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	6	15-	13,339.84	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	10	65	4,200.09	32	113	5,335.46	3	43	4,069.38
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	259	756	58,212.65	2581	3917	293,452.07	149	891	125,791.98
CLINIC SERVICES	19	69	9,691.35	645	811	135,452.36	16	21	3,913.54
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	6	38	734.62	150	473	7,833.57	23	50	3,967.10

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	2	157	3,910.45	2	0	0.56	0	0	0.00
BEHAVIORAL HLTH INTERVENTN SVC	0	0	0.00	17644	19517	244,259.34	229	235	571.52
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	14	12	2,514.02	15	12	1,610.44	0	0	0.00
LOCAL EDUCATION AGENCY	2	17	2,956.21	59	15209	136,314.67	0	0	0.00
INFANT TODDLER	0	0	0.00	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	47	137	3,643.79	4357	7753	578,178.13	186	721	72,276.94
IOWA-PLAN-PMIC	0	0	0.00	16786	18552	15,651.27	0	0	0.00
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NMENT SERVICES	24	24	51.36	17469	18251	39,057.14	228	228	487.92
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	0	0	0.00	46	43	3,358.47	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	17644	19517	224,385.89	229	235	25,848.03
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	106	111	11,435.35	0	0	0.00
HMO SERVICES	0	0	0.00	2113	2237	167,742.80	0	0	0.00
PACE SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	0	0	0.00	11512	11512	23,024.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	7	14	1,497.18	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	23	247	4,882.14	162	3925	27,842.47	33	381	5,524.74
HEALTH HOME PROVIDER	0	0	0.00	983	1018	104,808.34	26	29	985.59
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	20	32	6,012.90	546	1623	102,020.74	23	30	1,904.80
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	7	13	4,687.85	1903	2178	273,397.60	19	24	3,475.50
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0.00	0	0	0.00	0	0	0.00
OPTOMETRIST	5	5	161.99	530	638	41,343.00	5	7	403.39
CHIROPRACTIC	1	1	61.55	317	656	20,929.12	13	33	1,101.51
IOWA-PLAN-HAB	0	0	0.00	17645	19511	2,129.19	229	235	20,677.21
PODIATRIC	5	3	815.34	33	47	4,325.55	3	4	409.27
DELTA DENTAL	0	0	0.00	0	0	0.00	1	1	22.66
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	10	57	1,605.19	23	27	1,032.05	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

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
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	2	586	2,696.96	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
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	1	16	1,137.44	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 *	262	5276	681,983.60	17341	169510	3270,537.35	226	5599	455,410.11

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	0	5,802.48	0	0	0.00	0	0	0.00
OUTPATIENT	7	0	4,605.88-	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	9	0	939.28	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	1	0	78.20	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	0	6,934.01-	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	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
ACCOUNTABLE CARE ORGANIZATIONS	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
DELTA DENTAL	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

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 65			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
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
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 *	5	0	4,719.93-	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	0	0	0.00	0	0	0.00	3	0	1,249.75-
OUTPATIENT	87	993	5,648.22	0	0	0.00	53	2851	18,182.76
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	2	45	2,202.57	0	0	0.00	0	0	0.00
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	150	211	8,107.14	0	0	0.00	74	122	9,727.55
CLINIC SERVICES	28	49	6,942.62	0	0	0.00	12	14	1,940.54
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	20	130	1,823.43	0	0	0.00	6	13	337.88

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	0	0	0.00	0	0	0.00	5	0	7,895.06-
BEHAVIORAL HLTH INTERVENTN SVC	689	693	116,471.49	0	0	0.00	238	247	43,295.47
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	1	1	0.00	0	0	0.00	3	0	132.21-
LOCAL EDUCATION AGENCY	55	22562	164,971.00	0	0	0.00	0	0	0.00
INFANT TODDLER	0	0	0.00	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	600	2175	166,959.15	0	0	0.00	74	143	12,925.11
IOWA-PLAN-PMIC	689	693	159,356.98	0	0	0.00	238	247	64,797.65
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	689	693	1,483.02	0	0	0.00	238	246	526.44
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	1	1	325.00	0	0	0.00	3	3	624.96
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	689	693	84,635.88	0	0	0.00	238	247	33,683.50
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	11	17	1,169.99	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	1	1	2.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	74	162	14,812.45	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	29	2006	3,090.82	0	0	0.00	2	2	53.41
HEALTH HOME PROVIDER	420	422	109,683.26	0	0	0.00	9	9	1,217.55
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	103	1775	129,312.36	0	0	0.00	21	41	3,532.85
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	43	49	5,074.40	0	0	0.00	14	19	2,163.07
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0.00	0	0	0.00	0	0	0.00
OPTOMETRIST	26	30	1,749.77	0	0	0.00	11	12	707.66
CHIROPRACTIC	17	25	738.32	0	0	0.00	4	8	310.69
IOWA-PLAN-HAB	688	649	8,300.14	0	0	0.00	238	247	3,299.92
PODIATRIC	3	3	491.60	0	0	0.00	0	0	0.00
DELTA DENTAL	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	14	39	1,108.69	0	0	0.00	1	18	195.48
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
ID WAIVER SERVICE	2	395	2,008.45	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
CHILDRENS MENTAL HEALTH SVC	605	120211	568,693.62	0	0	0.00	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
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	4	0	84.79	0	0	0.00	1	10	710.90
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 *	679	154723	1565,247.16	0	0	0.00	248	4499	188,956.37

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
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 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
ACCOUNTABLE CARE ORGANIZATIONS	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
DELTA DENTAL	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

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
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
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	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-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
ACCOUNTABLE CARE ORGANIZATIONS	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
DELTA DENTAL	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

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
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
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-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	5	9	9,843.54	155	894	562,006.15
OUTPATIENT	0	0	0.00	49	729	19,417.02	3140	80195	582,889.99
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	63	263	101,040.60
IHAWP IOWA PLAN LITE	0	0	0.00	2	2	30.82	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	1	1	4.00	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	1	0	998.67	44	297	54,560.19
INTER CARE MENTAL RETARDA	0	0	0.00	1	30	10,604.70	1958	57204	25430,272.13
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	0	0	0.00	8	138	3,565.04	1366	97128	2508,467.62
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	0	0	0.00	91	221	13,458.09	4946	33147	386,243.74
CLINIC SERVICES	0	0	0.00	13	22	3,582.68	383	728	65,912.98
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	10	24	510.59	477	628	7,827.68

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	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	0	0	0.00	48	1	19,497.01
BEHAVIORAL HLTH INTERVENTN SVC	0	0	0.00	111	172	9,980.75	13145	13260	132,127.04
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	0	0	0.00	7	3	977.51	139	151	16,703.80
LOCAL EDUCATION AGENCY	0	0	0.00	2	395	3,070.30	920	228476	3761,022.84
INFANT TODDLER	0	0	0.00	0	0	0.00	4	154	1,765.58
PRESCRIBED DRUGS	0	0	0.00	67	213	9,728.00	6639	22240	1643,082.05
IOWA-PLAN-PMIC	0	0	0.00	34	41	6,562.86	2876	2916	5,061.81
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	0	0	0.00	121	120	256.80	13559	13649	29,208.86
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	0	0	0.00	2	1	104.25	13	19	2,242.86
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	0	0	0.00	110	113	10,736.05	13145	13260	841,146.58
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	1	1	28.92	28	60	4,047.79
HMO SERVICES	0	0	0.00	2	4	466.04	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	735	1613	212,267.08

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	21	556	2,998.61	2742	338751	591,464.39
HEALTH HOME PROVIDER	0	0	0.00	9	10	742.43	240	280	20,338.33
TCM PAYMENTS TO IOWAPLAN	0	0	0.00	0	0	0.00	0	0	0.00
IHAWP QHP	0	0	0.00	2	2	1,277.00	0	0	0.00
OTHER PRACTITIONER	0	0	0.00	13	19	1,772.59	1228	15148	577,511.96
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	11	13	2,285.54	1549	1753	189,446.50
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0.00	1	1	4.00	0	0	0.00
OPTOMETRIST	0	0	0.00	5	7	262.01	700	938	41,453.23
CHIROPRACTIC	0	0	0.00	2	3	63.10	342	684	11,318.65
IOWA-PLAN-HAB	0	0	0.00	109	113	6,955.97	13148	13260	1111,435.24
PODIATRIC	0	0	0.00	3	2	144.23	716	957	22,544.74
DELTA DENTAL	0	0	0.00	5	5	113.30	0	0	0.00
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	1	1	30.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	1	5	3,442.94	276	35553	589,368.61
PSYCHIATRIC	0	0	0.00	3	7	233.96	551	916	18,280.31
RESIDENTIAL CARE FACILITY	0	0	0.00	2	60	262.59	6	117	1,159.60
ID WAIVER SERVICE	0	0	0.00	1	1103	3,145.39	10122	1412662	34463,838.35

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
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	3	799	3,989.15	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	3	396	1,958.20	1	219	1,596.53
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	1	240	945.60	131	19300	157,560.83
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	0	0	0.00	1	9	389.25	9596	54030	2969,885.04
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	143	5591	135,423.33	13453	2460854	77144,653.69

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	24	45,953.49	0	0	0.00	0	0	0.00
OUTPATIENT	9	30	3,269.97	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	19	72	6,215.19	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	2	3	222.90	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	10	24	1,352.06	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	15	15	32.10	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	4	4	304.10	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	1	2	169.94	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	2	2	44.03	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
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0.00	0	0	0.00	0	0	0.00
OPTOMETRIST	1	1	95.92	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
DELTA DENTAL	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	1	1	81.61	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

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
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
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 *	17	178	57,741.31	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
ACCOUNTABLE CARE ORGANIZATIONS	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
DELTA DENTAL	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

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
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
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
ACCOUNTABLE CARE ORGANIZATIONS	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
DELTA DENTAL	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

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
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
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 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
INPATIENT	0	0	0.00	2	5	12,676.19	0	0	0.00	0	0	0.00
OUTPATIENT	0	0	0.00	38	247	8,260.64	13	209	3,262.11			
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	2	114	44,361.33	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	1	1	5.10	0	0	0.00			
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00			
PHYSICIAN	0	0	0.00	94	131	12,606.57	18	23	1,628.38			
CLINIC SERVICES	0	0	0.00	65	74	12,518.98	2	2	238.09			
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	55	257	4,715.69	2	6	173.93			

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)		
	RECIPES SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPES SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPES SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPES 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	788	1057	12,718.86	84	114	18,102.77			
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	1	264	7,278.44	1	344	2,311.68			
INFANT TODDLER	0	0	0.00	0	0	0.00	0	0	0.00			
PRESCRIBED DRUGS	0	0	0.00	106	167	4,364.21	23	41	1,034.99			
IOWA-PLAN-PMIC	0	0	0.00	706	945	1,112.51	77	103	27,023.43			
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00			
NEMENT SERVICES	0	0	0.00	790	837	1,791.18	85	104	222.56			
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00			
FAMILY PLANNING SERVICES	0	0	0.00	1	1	21.07	1	1	83.77			
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00			
IOWA PLAN PROGRAM	0	0	0.00	788	1057	13,340.95	84	114	15,237.32			
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	18	21	1,034.02	2	2	53.50			
HMO SERVICES	0	0	0.00	167	179	13,715.73	0	0	0.00			
PACE SERVICES	0	0	0.00	0	0	0.00	0	0	0.00			
PATIENT MANAGEMENT	0	0	0.00	314	314	628.00	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 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	12	243	398.63	1	200	8.48			
HEALTH HOME PROVIDER	0	0	0.00	5	7	498.38	11	11	1,087.18			
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	28	111	5,197.12	4	6	273.88			
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	86	106	15,854.68	0	0	0.00			
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0.00	1	1	4.00	0	0	0.00			
OPTOMETRIST	0	0	0.00	5	5	412.74	1	1	118.05			
CHIROPRACTIC	0	0	0.00	1	1	32.55	3	17	599.64			
IOWA-PLAN-HAB	0	0	0.00	788	1057	334.50	84	114	2,394.40			
PODIATRIC	0	0	0.00	1	1	31.05	0	0	0.00			
DELTA DENTAL	0	0	0.00	1	1	22.66	1	1	22.66			
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	2	2	1,123.88	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
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
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	3	8	338.87	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	803	7216	175,433.35	77	1413	73,876.82

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	0	0	0.00	6162	27906	37200,591.04			
OUTPATIENT	0	0	0.00	80185	1584492	33027,055.54			
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	2790	12658	3002,643.83			
IHAWP IOWA PLAN LITE	0	0	0.00	74140	93759	2714,521.11			
IHAWP IOWA PLAN FULL	0	0	0.00	4178	4175	703,040.32			
IHAWP HMO	0	0	0.00	8271	8277	2261,748.01			
IHAWP PCP	0	0	0.00	41532	41504	166,016.00			
INTERMEDIATE CARE FACILITY	0	0	0.00	14093	344266	63022,326.32			
INTER CARE MENTAL RETARDA	0	0	0.00	1979	57827	24208,096.55			
NURSING FAC FOR MENTAL ILL	0	0	0.00	84	2374	489,209.02			
HOME HEALTH	0	0	0.00	12983	447912	10985,374.92			
LEAD INSPECTION AGENCY	0	0	0.00	2	2	700.00			
PHYSICIAN	0	0	0.00	124789	593248	18647,818.73			
CLINIC SERVICES	0	0	0.00	23952	33593	5480,359.88			
MEP CASE MANAGEMENT	0	0	0.00	1	0	1,000.96-			
EHR INCENTIVE PAYMENTS	0	0	0.00	1	0	1510,070.00			
LAB AND RADIOLOGICAL	0	0	0.00	14261	38107	778,814.84			

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	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	688	371	224,991.41-			
BEHAVIORAL HLTH INTERVENTN SVC	0	0	0.00	397434	428768	5457,693.91			
REHAB SUPPORT SERVICES	0	0	0.00	1	0	19,586.60-			
AMBULANCE SERVICES	0	0	0.00	3282	3686	468,550.74			
LOCAL EDUCATION AGENCY	0	0	0.00	2639	596568	8887,399.98			
INFANT TODDLER	0	0	0.00	93	1139	12,997.31			
PRESCRIBED DRUGS	0	0	0.00	161529	469858	27129,415.01			
IOWA-PLAN-PMIC	0	0	0.00	238934	258241	2682,593.06			
DRUG CAPITATION	0	0	0.00	0	0	0.00			
NEMENT SERVICES	0	0	0.00	404837	420909	900,745.26			
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00			
FAMILY PLANNING SERVICES	0	0	0.00	4911	5429	384,441.47			
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00			
IOWA PLAN PROGRAM	0	0	0.00	397424	428193	12600,005.23			
MANAGED SUBSTANCE ABUSE	0	0	0.00	0	0	0.00			
MENTAL HEALTH ACCESS PLAN	0	0	0.00	1	0	1,000.96			
EPSDT SCREENING	0	0	0.00	6980	7458	1596,133.31			
HMO SERVICES	0	0	0.00	45202	47603	7502,665.24			
PACE SERVICES	0	0	0.00	216	214	727,272.81			
PATIENT MANAGEMENT	0	0	0.00	172516	172484	344,968.00			
HEALTH INS PREMIUM PAYMENT	0	0	0.00	3234	7615	567,595.69			

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	30648	1924572	4701,374.71			
HEALTH HOME PROVIDER	0	0	0.00	28346	30065	3223,837.86			
TCM PAYMENTS TO IOWAPLAN	0	0	0.00	0	0	0.00			
IHAWP QHP	0	0	0.00	15261	15239	7061,723.12			
OTHER PRACTITIONER	0	0	0.00	21506	101723	4658,068.74			
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	31859	38678	5297,833.39			
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0.00	17177	17177	68,708.00			
OPTOMETRIST	0	0	0.00	13714	17310	998,873.82			
CHIROPRACTIC	0	0	0.00	9178	21611	579,145.18			
IOWA-PLAN-HAB	0	0	0.00	397466	425452	7489,157.87			
PODIATRIC	0	0	0.00	5248	7738	274,597.77			
DELTA DENTAL	0	0	0.00	92636	92636	2099,131.76			
PHYSICAL DISABILITIES SVCS	0	0	0.00	703	101773	361,186.91			
BRAIN INJ WAIVER SERVICES	0	0	0.00	1186	166856	2634,382.24			
PSYCHIATRIC	0	0	0.00	4399	8439	341,346.51			
RESIDENTIAL CARE FACILITY	0	0	0.00	1023	35451	245,730.66			
ID WAIVER SERVICE	0	0	0.00	11312	1569823	38881,222.35			

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			
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	726	149609	695,253.16			
AIDS WAIVER SERVICES	0	0	0.00	29	7286	26,307.45			
ELDERLY WAIVER SERVICES	0	0	0.00	8798	1142990	6811,493.34			
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	1732	258055	1670,317.65			
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00			
MEP SERVICES	0	0	0.00	11091	63886	3493,652.33			
UNASSIGNED	0	0	0.00	1	0	2499,312.98			
* A L L C A T E G O R I E S *	0	0	0.00	526756	2335005	367328,942.92	0	0	0.00
* * * E N D O F R E P O R T * * *									