

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                  | 997           | 4653             | 9773,896.77  | 0             | 0                | 0.00        | 541           | 2310             | 509,990.56   |
| OUTPATIENT                 | 17701         | 334701           | 11861,158.86 | 0             | 0                | 0.00        | 5019          | 119688           | 888,935.45   |
| 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   | 13            | 218              | 194,763.68   | 0             | 0                | 0.00        | 251           | 3114             | 64,238.52    |
| IHAWP IOWA PLAN LITE       | 77508         | 88928            | 2594,078.74  | 0             | 0                | 0.00        | 0             | 0                | 0.00         |
| IHAWP IOWA PLAN FULL       | 11748         | 12154            | 2046,786.76  | 0             | 0                | 0.00        | 0             | 0                | 0.00         |
| IHAWP HMO                  | 13418         | 13476            | 3531,086.29  | 0             | 0                | 0.00        | 0             | 0                | 0.00         |
| IHAWP PCP                  | 47793         | 46657            | 186,628.00   | 0             | 0                | 0.00        | 0             | 0                | 0.00         |
| INTERMEDIATE CARE FACILITY | 35            | 809              | 130,746.55   | 0             | 0                | 0.00        | 5076          | 157834           | 19735,667.02 |
| 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        | 19            | 534              | 103,090.95   |
| HOME HEALTH                | 250           | 1987             | 213,343.55   | 0             | 0                | 0.00        | 2754          | 49331            | 2185,265.71  |
| LEAD INSPECTION AGENCY     | 0             | 0                | 0.00         | 0             | 0                | 0.00        | 0             | 0                | 0.00         |
| PHYSICIAN                  | 28726         | 65171            | 6472,597.14  | 0             | 0                | 0.00        | 7480          | 60375            | 495,482.01   |
| CLINIC SERVICES            | 6184          | 8174             | 1425,536.58  | 0             | 0                | 0.00        | 593           | 424              | 47,024.91    |
| 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       | 3361          | 13621            | 291,437.14   | 0             | 0                | 0.00        | 819           | 221              | 2,261.17     |

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        | 26            | 0                | 1,938.45-   |
| 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             | 1732          | 688              | 142,617.46  | 0             | 0                | 0.00        | 412           | 502              | 63,753.89   |
| 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        |
| ACO VIS PAYMENTS               | 0             | 0                | 0.00        | 0             | 0                | 0.00        | 0             | 0                | 0.00        |
| PRESCRIBED DRUGS               | 43149         | 157604           | 8368,772.30 | 0             | 0                | 0.00        | 2649          | 4510             | 62,773.13   |
| 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                  | 19334         | 20155            | 43,131.70   | 0             | 0                | 0.00        | 6198          | 6209             | 13,287.26   |
| INDIAN HEALTH SERVICES         | 0             | 0                | 0.00        | 0             | 0                | 0.00        | 0             | 0                | 0.00        |
| FAMILY PLANNING SERVICES       | 749           | 837              | 59,926.94   | 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              | 11            | 11               | 365.54      | 0             | 0                | 0.00        | 6408          | 6772             | 72,421.38   |
| 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                | 3             | 3                | 1,285.05    | 0             | 0                | 0.00        | 0             | 0                | 0.00        |
| HMO SERVICES                   | 1             | 1                | 140.45      | 0             | 0                | 0.00        | 0             | 0                | 0.00        |
| PACE SERVICES                  | 0             | 0                | 0.00        | 0             | 0                | 0.00        | 2             | 2                | 3,351.46    |
| PATIENT MANAGEMENT             | 21            | 17               | 34.00       | 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 |
| HEALTH INS PREMIUM PAYMENT     | 339           | 720              | 36,358.75   | 0             | 0                | 0.00        | 0             | 0                | 0.00        |
| MEDICAL SUPPLIES               | 4371          | 59715            | 834,627.72  | 0             | 0                | 0.00        | 3871          | 189530           | 317,518.25  |
| HEALTH HOME PROVIDER           | 1681          | 1809             | 226,456.76  | 0             | 0                | 0.00        | 507           | 613              | 47,793.39   |
| TCM PAYMENTS TO IOWAPLAN       | 0             | 0                | 0.00        | 0             | 0                | 0.00        | 0             | 0                | 0.00        |
| IHAWP QHP                      | 20252         | 20120            | 8808,855.13 | 0             | 0                | 0.00        | 0             | 0                | 0.00        |
| OTHER PRACTITIONER             | 4247          | 8262             | 565,460.93  | 0             | 0                | 0.00        | 611           | 6686             | 32,989.85   |
| 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            | 43               | 7,581.21    | 0             | 0                | 0.00        | 601           | 719              | 106,116.54  |
| ACCOUNTABLE CARE ORGANIZATIONS | 31417         | 30916            | 123,664.00  | 0             | 0                | 0.00        | 0             | 0                | 0.00        |
| OPTOMETRIST                    | 1805          | 1998             | 155,843.83  | 0             | 0                | 0.00        | 744           | 1208             | 30,148.34   |
| CHIROPRACTIC                   | 2237          | 5378             | 186,148.94  | 0             | 0                | 0.00        | 406           | 992              | 7,831.35    |
| IOWA-PLAN-HAB                  | 0             | 0                | 0.00        | 0             | 0                | 0.00        | 0             | 0                | 0.00        |
| PODIATRIC                      | 724           | 995              | 109,200.21  | 0             | 0                | 0.00        | 849           | 1329             | 15,878.38   |
| DELTA DENTAL                   | 111487        | 158159           | 3583,882.94 | 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        | 6             | 218              | 17,325.07   |
| PSYCHIATRIC                    | 144           | 269              | 19,183.67   | 0             | 0                | 0.00        | 210           | 419              | 5,806.79    |
| RESIDENTIAL CARE FACILITY      | 0             | 0                | 0.00        | 0             | 0                | 0.00        | 156           | 5034             | 37,864.73   |

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  |
| ID WAIVER SERVICE             | 0             | 0                | 0.00         | 0             | 0                | 0.00        | 69            | 6310             | 300,235.68   |
| 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        | 3658          | 443534           | 2744,281.04  |
| 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                  | 11            | 175              | 9,194.99     | 0             | 0                | 0.00        | 74            | 375              | 21,968.92    |
| 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 * | 120296        | 1058424          | 62004,792.58 | 0             | 0                | 0.00        | 18194         | 1068793          | 27931,363.30 |

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        | 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        | 1724          | 8331             | 6704,753.58 | 643           | 1719             | 3403,445.46 |
| OUTPATIENT                 | 0             | 0                | 0.00        | 19091         | 503329           | 7295,806.30 | 9133          | 195038           | 5042,334.66 |
| 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        | 185           | 4118             | 1981,914.36 | 1             | 2                | 1,145.10    |
| 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        | 662           | 20778            | 3050,309.89 | 3             | 89               | 12,842.51   |
| INTER CARE MENTAL RETARDA  | 0             | 0                | 0.00        | 3             | 79               | 57,050.30   | 0             | 0                | 0.00        |
| NURSING FAC FOR MENTAL ILL | 0             | 0                | 0.00        | 1             | 31               | 7,537.34    | 0             | 0                | 0.00        |
| HOME HEALTH                | 0             | 0                | 0.00        | 4257          | 190382           | 4136,530.81 | 89            | 573              | 51,726.77   |
| LEAD INSPECTION AGENCY     | 0             | 0                | 0.00        | 0             | 0                | 0.00        | 0             | 0                | 0.00        |
| PHYSICIAN                  | 0             | 0                | 0.00        | 29485         | 207769           | 4658,505.06 | 16641         | 32835            | 2969,252.84 |
| CLINIC SERVICES            | 0             | 0                | 0.00        | 3842          | 4559             | 727,043.88  | 3163          | 4282             | 721,119.75  |
| 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        | 3616          | 8760             | 143,933.49  | 2696          | 9022             | 248,958.20  |

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            | 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        | 900           | 3923-            | 106,522.62- | 8             | 0                | 8.12-       |
| 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        | 1962          | 1308             | 202,060.30  | 641           | 261              | 52,202.89   |
| LOCAL EDUCATION AGENCY         | 0             | 0                | 0.00        | 685           | 115452           | 1881,067.50 | 7             | 4571             | 27,081.28   |
| INFANT TODDLER                 | 0             | 0                | 0.00        | 219           | 2715             | 34,651.47   | 2             | 6                | 74.04       |
| ACO VIS PAYMENTS               | 0             | 0                | 0.00        | 0             | 0                | 0.00        | 0             | 0                | 0.00        |
| PRESCRIBED DRUGS               | 0             | 0                | 0.00        | 22451         | 104611           | 9016,652.57 | 25598         | 72029            | 3518,021.48 |
| 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        | 58143         | 58992            | 126,242.88  | 52319         | 54872            | 117,426.08  |
| INDIAN HEALTH SERVICES         | 0             | 0                | 0.00        | 0             | 0                | 0.00        | 0             | 0                | 0.00        |
| FAMILY PLANNING SERVICES       | 0             | 0                | 0.00        | 103           | 275              | 9,119.04    | 3052          | 3791             | 267,110.42  |
| IOWA CARE MED HOME CAPITATION  | 0             | 0                | 0.00        | 0             | 0                | 0.00        | 0             | 0                | 0.00        |
| IOWA PLAN PROGRAM              | 0             | 0                | 0.00        | 58180         | 59809            | 9919,640.34 | 52260         | 57512            | 2508,881.30 |
| 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        | 129           | 167              | 8,703.48    | 11            | 11               | 475.15      |
| HMO SERVICES                   | 0             | 0                | 0.00        | 1             | 1                | 153.47      | 11475         | 11969            | 2968,102.72 |
| PACE SERVICES                  | 0             | 0                | 0.00        | 64            | 63               | 263,357.00  | 0             | 0                | 0.00        |
| PATIENT MANAGEMENT             | 0             | 0                | 0.00        | 3             | 3                | 6.00        | 25665         | 25799            | 51,598.00   |

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 |
| HEALTH INS PREMIUM PAYMENT     | 0             | 0                | 0.00        | 530           | 1053             | 106,415.86  | 94            | 189              | 6,326.75    |
| MEDICAL SUPPLIES               | 0             | 0                | 0.00        | 11747         | 807802           | 2132,670.07 | 1630          | 22116            | 263,177.60  |
| HEALTH HOME PROVIDER           | 0             | 0                | 0.00        | 10631         | 11307            | 1884,288.02 | 1662          | 1763             | 157,046.67  |
| 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        | 4192          | 36380            | 890,832.64  | 2693          | 5628             | 325,165.48  |
| 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        | 4994          | 6390             | 1015,694.28 | 4106          | 5584             | 932,020.73  |
| ACCOUNTABLE CARE ORGANIZATIONS | 0             | 0                | 0.00        | 0             | 0                | 0.00        | 0             | 0                | 0.00        |
| OPTOMETRIST                    | 0             | 0                | 0.00        | 2795          | 3982             | 187,523.42  | 1499          | 1808             | 130,829.00  |
| CHIROPRACTIC                   | 0             | 0                | 0.00        | 2305          | 5463             | 80,537.53   | 1621          | 4066             | 129,027.24  |
| IOWA-PLAN-HAB                  | 0             | 0                | 0.00        | 0             | 0                | 0.00        | 0             | 0                | 0.00        |
| PODIATRIC                      | 0             | 0                | 0.00        | 1498          | 2498             | 82,976.80   | 254           | 358              | 32,509.59   |
| DELTA DENTAL                   | 0             | 0                | 0.00        | 0             | 0                | 0.00        | 0             | 0                | 0.00        |
| PHYSICAL DISABILITIES SVCS     | 0             | 0                | 0.00        | 402           | 60116            | 210,753.71  | 0             | 0                | 0.00        |
| BRAIN INJ WAIVER SERVICES      | 0             | 0                | 0.00        | 399           | 57744            | 886,383.62  | 1             | 116              | 39,673.28   |
| PSYCHIATRIC                    | 0             | 0                | 0.00        | 2571          | 4491             | 73,029.39   | 53            | 75               | 3,786.37    |
| RESIDENTIAL CARE FACILITY      | 0             | 0                | 0.00        | 755           | 24514            | 194,393.83  | 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  |
| ID WAIVER SERVICE             | 0             | 0                | 0.00        | 909           | 131365           | 3440,480.74  | 1             | 28               | 249.76       |
| CHILDRENS MENTAL HEALTH SVC   | 0             | 0                | 0.00        | 14            | 1940             | 11,138.55    | 2             | 664              | 2,348.50     |
| AIDS WAIVER SERVICES          | 0             | 0                | 0.00        | 9             | 2069             | 7,618.59     | 0             | 0                | 0.00         |
| ELDERLY WAIVER SERVICES       | 0             | 0                | 0.00        | 33            | 4958             | 28,117.04    | 0             | 0                | 0.00         |
| ILL & HANDICAPPED WAIVER SVCS | 0             | 0                | 0.00        | 1623          | 252966           | 1437,178.96  | 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        | 1235          | 10661            | 582,264.22   | 7             | 121              | 7,177.73     |
| UNASSIGNED                    | 0             | 0                | 0.00        | 0             | 0                | 0.00         | 1             | 0                | 0.00         |
| * A L L C A T E G O R I E S * | 0             | 0                | 0.00        | 63677         | 2713308          | 63370,813.71 | 58962         | 516897           | 23991,129.23 |



## 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                  | 232           | 1058             | 1743,489.09 | 37            | 39               | 62,264.40   | 1526          | 6049             | 19047,619.47 |
| OUTPATIENT                 | 6839          | 81261            | 2073,630.67 | 460           | 7926             | 113,264.31  | 14056         | 214502           | 4681,527.80  |
| 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             | 13               | 21,840.00   | 0             | 0                | 0.00        | 3             | 169              | 248,010.89   |
| 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        | 4             | 118              | 27,034.06-   |
| INTER CARE MENTAL RETARDA  | 0             | 0                | 0.00        | 0             | 0                | 0.00        | 1             | 0                | 1392,691.00- |
| NURSING FAC FOR MENTAL ILL | 0             | 0                | 0.00        | 0             | 0                | 0.00        | 1             | 0                | 600.00-      |
| HOME HEALTH                | 338           | 1623             | 38,049.29   | 8             | 13               | 860.45      | 698           | 3580             | 387,675.24   |
| LEAD INSPECTION AGENCY     | 0             | 0                | 0.00        | 0             | 0                | 0.00        | 2             | 2                | 735.10       |
| PHYSICIAN                  | 18099         | 28275            | 2134,458.66 | 1299          | 1674             | 120,294.45  | 35771         | 64234            | 5114,769.30  |
| CLINIC SERVICES            | 3458          | 4115             | 687,893.03  | 196           | 201              | 30,789.87   | 7120          | 9069             | 2398,181.03  |
| 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        | 1             | 0                | 961,650.00   |
| LAB AND RADIOLOGICAL       | 1153          | 2801             | 48,433.58   | 124           | 420              | 9,310.94    | 2629          | 7619             | 135,037.60   |

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            | 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        | 17            | 86-              | 3,842.23-   | 11            | 7-               | 35,266.45-  |
| BEHAVIORAL HLTH INTERVENTN SVC | 0             | 0                | 0.00        | 0             | 0                | 0.00        | 1             | 0                | 17,872.59-  |
| REHAB SUPPORT SERVICES         | 0             | 0                | 0.00        | 0             | 0                | 0.00        | 0             | 0                | 0.00        |
| AMBULANCE SERVICES             | 285           | 107              | 20,062.51   | 46            | 17               | 3,850.50    | 552           | 219              | 61,598.41   |
| LOCAL EDUCATION AGENCY         | 142           | 29218            | 275,958.72  | 18            | 4016             | 37,606.91   | 184           | 36674            | 362,537.22  |
| INFANT TODDLER                 | 294           | 1760             | 21,725.48   | 49            | 350              | 4,119.22    | 390           | 2612             | 31,691.93   |
| ACO VIS PAYMENTS               | 0             | 0                | 0.00        | 0             | 0                | 0.00        | 0             | 0                | 0.00        |
| PRESCRIBED DRUGS               | 20060         | 35004            | 2086,150.69 | 1039          | 2119             | 134,989.50  | 34709         | 59529            | 3498,316.59 |
| 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                  | 77135         | 81115            | 173,586.10  | 2418          | 2369             | 5,069.66    | 131498        | 139134           | 297,746.76  |
| INDIAN HEALTH SERVICES         | 0             | 0                | 0.00        | 0             | 0                | 0.00        | 0             | 0                | 0.00        |
| FAMILY PLANNING SERVICES       | 385           | 459              | 33,674.50   | 38            | 34               | 927.83      | 288           | 314              | 21,108.97   |
| IOWA CARE MED HOME CAPITATION  | 0             | 0                | 0.00        | 0             | 0                | 0.00        | 0             | 0                | 0.00        |
| IOWA PLAN PROGRAM              | 77353         | 84623            | 2186,492.77 | 2423          | 2381             | 187,261.11  | 131864        | 148332           | 4083,399.34 |
| 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                | 1684          | 1808             | 309,194.77  | 65            | 59               | 5,871.99    | 3011          | 3094             | 1226,560.61 |
| HMO SERVICES                   | 15194         | 16003            | 1597,710.50 | 422           | 406              | 42,924.71   | 21584         | 23242            | 3531,134.35 |
| PACE SERVICES                  | 0             | 0                | 0.00        | 0             | 0                | 0.00        | 0             | 0                | 0.00        |
| PATIENT MANAGEMENT             | 42316         | 42587            | 85,174.00   | 1600          | 1580             | 3,160.00    | 77549         | 77890            | 155,780.00  |

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 |
| HEALTH INS PREMIUM PAYMENT     | 108           | 233              | 5,971.60    | 9             | 19               | 630.70      | 1268          | 2922             | 94,165.39   |
| MEDICAL SUPPLIES               | 944           | 12644            | 131,999.68  | 56            | 745              | 11,465.25   | 1970          | 28653            | 309,514.01  |
| HEALTH HOME PROVIDER           | 2709          | 2803             | 314,905.01  | 215           | 208              | 30,600.20   | 3318          | 3431             | 384,553.55  |
| 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             | 3436          | 8885             | 421,496.14  | 260           | 596              | 30,107.94   | 6486          | 14975            | 863,982.94  |
| 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                         | 6913          | 8034             | 991,678.19  | 285           | 315              | 36,829.75   | 12064         | 14123            | 1637,258.29 |
| ACCOUNTABLE CARE ORGANIZATIONS | 0             | 0                | 0.00        | 0             | 0                | 0.00        | 0             | 0                | 0.00        |
| OPTOMETRIST                    | 1951          | 2248             | 149,550.22  | 88            | 87               | 5,371.98    | 3318          | 3729             | 249,542.34  |
| CHIROPRACTIC                   | 703           | 1417             | 43,500.79   | 52            | 122              | 4,048.82    | 1669          | 3319             | 98,465.43   |
| IOWA-PLAN-HAB                  | 0             | 0                | 0.00        | 0             | 0                | 0.00        | 0             | 0                | 0.00        |
| PODIATRIC                      | 85            | 106              | 11,252.31   | 6             | 6                | 236.19      | 201           | 244              | 20,291.41   |
| DELTA DENTAL                   | 0             | 0                | 0.00        | 0             | 0                | 0.00        | 707           | 1120             | 25,379.20   |
| PHYSICAL DISABILITIES SVCS     | 0             | 0                | 0.00        | 0             | 0                | 0.00        | 0             | 0                | 0.00        |
| BRAIN INJ WAIVER SERVICES      | 1             | 0                | 15.40       | 1             | 0                | 13.20       | 3             | 13-              | 12,144.72-  |
| PSYCHIATRIC                    | 28            | 35               | 3,886.04    | 2             | 2                | 74.59       | 73            | 161              | 10,161.97   |
| RESIDENTIAL CARE FACILITY      | 0             | 0                | 0.00        | 0             | 0                | 0.00        | 1             | 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  |
| ID WAIVER SERVICE              | 6             | 137              | 7,493.90     | 1             | 32               | 100.80      | 13            | 845              | 11,423.19-   |
| CHILDRENS MENTAL HEALTH SVC    | 13            | 4018             | 17,313.51    | 36            | 9945             | 44,165.76   | 25            | 6605             | 29,136.10    |
| 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             | 188              | 1,896.22     |
| SICK & HANDICAPPED WAIVER SVCS | 0             | 0                | 0.00         | 0             | 0                | 0.00        | 1             | 87               | 565.50       |
| COUNTY OFFICE REIMBURSEMENT    | 0             | 0                | 0.00         | 0             | 0                | 0.00        | 0             | 0                | 0.00         |
| MEP SERVICES                   | 8             | 71               | 4,238.63     | 9             | 108              | 5,445.65    | 28            | 257              | 13,652.05    |
| UNASSIGNED                     | 0             | 0                | 0.00         | 0             | 0                | 0.00        | 1             | 0                | 153,811.52   |
| * A L L C A T E G O R I E S *  | 83994         | 452461           | 15640,825.78 | 3695          | 35703            | 927,814.45  | 141251        | 877021           | 48640,424.52 |

## 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                  | 33                           | 128              | 190,301.93  | 530                        | 2291             | 754,710.20   | 11                          | 46               | 24,617.98   |
| OUTPATIENT                 | 1009                         | 21238            | 295,390.40  | 4734                       | 122791           | 808,509.92   | 218                         | 3722             | 149,406.79  |
| 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   | 4                            | 185              | 195,662.54  | 336                        | 4265             | 18,273.48    | 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        | 6040                       | 187175           | 27116,618.65 | 0                           | 0                | 0.00        |
| INTER CARE MENTAL RETARDA  | 24                           | 634              | 247,836.72  | 1                          | 25               | 7,619.75     | 0                           | 0                | 0.00        |
| NURSING FAC FOR MENTAL ILL | 0                            | 0                | 0.00        | 78                         | 2392             | 581,835.76   | 0                           | 0                | 0.00        |
| HOME HEALTH                | 90                           | 10852            | 302,633.19  | 3269                       | 74822            | 2980,225.57  | 19                          | 313              | 6,372.00    |
| LEAD INSPECTION AGENCY     | 0                            | 0                | 0.00        | 0                          | 0                | 0.00         | 0                           | 0                | 0.00        |
| PHYSICIAN                  | 2796                         | 4522             | 292,896.87  | 6558                       | 55300            | 487,527.12   | 380                         | 2533             | 65,007.68   |
| CLINIC SERVICES            | 441                          | 537              | 87,405.31   | 429                        | 473              | 51,615.90    | 48                          | 41               | 7,126.56    |
| 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       | 289                          | 1696             | 20,975.06   | 794                        | 413              | 4,594.30     | 40                          | 124              | 2,434.77    |

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          | 19                           | 7                | 451.22      | 28                         | 13               | 1,883.81    | 14                          | 0                | 4,247.34-   |
| BEHAVIORAL HLTH INTERVENTN SVC | 2                            | 0                | 1,869.37-   | 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             | 51                           | 25               | 4,351.69    | 534                        | 583              | 65,784.24   | 21                          | 8                | 1,386.31    |
| LOCAL EDUCATION AGENCY         | 139                          | 23975            | 311,355.02  | 40                         | 4160             | 133,624.47  | 0                           | 0                | 0.00        |
| INFANT TODDLER                 | 103                          | 603              | 7,671.14    | 4                          | 79               | 957.02      | 0                           | 0                | 0.00        |
| ACO VIS PAYMENTS               | 0                            | 0                | 0.00        | 0                          | 0                | 0.00        | 0                           | 0                | 0.00        |
| PRESCRIBED DRUGS               | 5094                         | 13093            | 1058,133.37 | 7489                       | 16151            | 427,938.18  | 369                         | 1354             | 60,991.15   |
| 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                  | 10943                        | 11020            | 23,582.80   | 21386                      | 21457            | 45,917.98   | 679                         | 698              | 1,493.72    |
| INDIAN HEALTH SERVICES         | 0                            | 0                | 0.00        | 0                          | 0                | 0.00        | 0                           | 0                | 0.00        |
| FAMILY PLANNING SERVICES       | 21                           | 20               | 1,749.45    | 0                          | 0                | 0.00        | 6                           | 6                | 844.51      |
| IOWA CARE MED HOME CAPITATION  | 0                            | 0                | 0.00        | 0                          | 0                | 0.00        | 0                           | 0                | 0.00        |
| IOWA PLAN PROGRAM              | 10938                        | 11222            | 5055,951.15 | 21493                      | 21947            | 614,044.94  | 680                         | 714              | 30,510.28   |
| 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                | 118                          | 132              | 7,206.37    | 1                          | 1                | 49.07       | 0                           | 0                | 0.00        |
| HMO SERVICES                   | 5                            | 5                | 2,283.42    | 0                          | 0                | 0.00        | 0                           | 0                | 0.00        |
| PACE SERVICES                  | 0                            | 0                | 0.00        | 189                        | 190              | 571,343.98  | 0                           | 0                | 0.00        |
| PATIENT MANAGEMENT             | 57                           | 57               | 114.00      | 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            | 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 |
| HEALTH INS PREMIUM PAYMENT     | 154                          | 262              | 15,472.46   | 39                         | 67               | 10,128.68   | 2                           | 3                | 461.91      |
| MEDICAL SUPPLIES               | 291                          | 39635            | 70,925.37   | 5140                       | 341406           | 547,013.52  | 78                          | 2429             | 7,999.81    |
| HEALTH HOME PROVIDER           | 1367                         | 1380             | 174,534.79  | 418                        | 452              | 34,282.29   | 69                          | 79               | 11,520.31   |
| 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             | 796                          | 4070             | 180,001.66  | 693                        | 6903             | 2,823.23-   | 47                          | 78               | 4,851.50    |
| 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                         | 1144                         | 1331             | 165,804.34  | 834                        | 1030             | 137,030.57  | 53                          | 76               | 13,249.96   |
| ACCOUNTABLE CARE ORGANIZATIONS | 0                            | 0                | 0.00        | 0                          | 0                | 0.00        | 0                           | 0                | 0.00        |
| OPTOMETRIST                    | 429                          | 478              | 29,734.78   | 720                        | 1081             | 28,279.88   | 43                          | 59               | 2,850.64    |
| CHIROPRACTIC                   | 187                          | 341              | 9,250.15    | 227                        | 549              | 5,488.62    | 29                          | 77               | 2,366.54    |
| IOWA-PLAN-HAB                  | 0                            | 0                | 0.00        | 0                          | 0                | 0.00        | 0                           | 0                | 0.00        |
| PODIATRIC                      | 30                           | 36               | 3,170.08    | 1019                       | 1602             | 18,949.72   | 8                           | 12               | 279.69      |
| DELTA DENTAL                   | 0                            | 0                | 0.00        | 0                          | 0                | 0.00        | 0                           | 0                | 0.00        |
| PHYSICAL DISABILITIES SVCS     | 0                            | 0                | 0.00        | 257                        | 40838            | 135,707.65  | 0                           | 0                | 0.00        |
| BRAIN INJ WAIVER SERVICES      | 42                           | 6908             | 55,892.07   | 546                        | 77133            | 1289,673.64 | 0                           | 0                | 0.00        |
| PSYCHIATRIC                    | 20                           | 25               | 2,210.39    | 295                        | 753              | 10,802.87   | 11                          | 16               | 579.16      |
| RESIDENTIAL CARE FACILITY      | 1                            | 30-              | 247.00-     | 9                          | 266              | 2,390.50    | 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 |
| ID WAIVER SERVICE             | 237                          | 21762            | 321,142.59  | 3                          | 880              | 8,751.54     | 0                           | 0                | 0.00        |
| CHILDRENS MENTAL HEALTH SVC   | 1                            | 367              | 1,425.99    | 0                          | 0                | 0.00         | 0                           | 0                | 0.00        |
| AIDS WAIVER SERVICES          | 0                            | 0                | 0.00        | 18                         | 5506             | 19,382.59    | 0                           | 0                | 0.00        |
| ELDERLY WAIVER SERVICES       | 0                            | 0                | 0.00        | 5421                       | 710297           | 4080,738.85  | 0                           | 0                | 0.00        |
| ILL & HANDICAPPED WAIVER SVCS | 29                           | 5180             | 53,768.87   | 7                          | 1046             | 5,306.40     | 0                           | 0                | 0.00        |
| COUNTY OFFICE REIMBURSEMENT   | 0                            | 0                | 0.00        | 0                          | 0                | 0.00         | 0                           | 0                | 0.00        |
| MEP SERVICES                  | 247                          | 2143             | 116,855.68  | 156                        | 1346             | 72,193.08    | 1                           | 3                | 141.87      |
| 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 * | 10983                        | 183839           | 9304,024.50 | 13333                      | 1705683          | 41076,371.51 | 759                         | 12391            | 390,245.80  |



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                  | 52                          | 123              | 199,836.24  | 33            | 74               | 193,435.61  | 3                            | 7                | 6,607.01    |
| OUTPATIENT                 | 83                          | 2419             | 119,129.00  | 1360          | 23897            | 477,253.55  | 87                           | 2538             | 152,983.99  |
| 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        | 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                          | 64               | 40,526.42-  | 91            | 135              | 3,850.07    | 3                            | 33               | 8,245.16    |
| LEAD INSPECTION AGENCY     | 0                           | 0                | 0.00        | 0             | 0                | 0.00        | 0                            | 0                | 0.00        |
| PHYSICIAN                  | 194                         | 546              | 48,729.83   | 3931          | 5699             | 379,805.26  | 168                          | 447              | 157,477.14  |
| CLINIC SERVICES            | 13                          | 15               | 2,091.74    | 732           | 860              | 148,145.51  | 9                            | 11               | 1,865.51    |
| 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       | 7                           | 8                | 215.95      | 215           | 679              | 11,442.90   | 27                           | 85               | 3,167.54    |

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                           | 212              | 2,923.87    | 1             | 0                | 1,460.82-   | 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             | 9                           | 6                | 3,284.67    | 58            | 21               | 2,997.06    | 3                            | 1                | 132.33      |
| LOCAL EDUCATION AGENCY         | 0                           | 0                | 0.00        | 39            | 10565            | 91,003.61   | 0                            | 0                | 0.00        |
| INFANT TODDLER                 | 1                           | 7                | 66.29       | 13            | 77               | 1,021.07    | 0                            | 0                | 0.00        |
| ACO VIS PAYMENTS               | 0                           | 0                | 0.00        | 0             | 0                | 0.00        | 0                            | 0                | 0.00        |
| PRESCRIBED DRUGS               | 23                          | 55               | 7,569.02    | 4780          | 8494             | 647,140.63  | 170                          | 624              | 60,060.72   |
| 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                  | 16                          | 16               | 34.24       | 18465         | 19397            | 41,509.58   | 209                          | 209              | 447.26      |
| INDIAN HEALTH SERVICES         | 0                           | 0                | 0.00        | 0             | 0                | 0.00        | 0                            | 0                | 0.00        |
| FAMILY PLANNING SERVICES       | 1                           | 2                | 109.89      | 32            | 36               | 2,695.07    | 2                            | 2                | 210.43      |
| IOWA CARE MED HOME CAPITATION  | 0                           | 0                | 0.00        | 0             | 0                | 0.00        | 0                            | 0                | 0.00        |
| IOWA PLAN PROGRAM              | 0                           | 0                | 0.00        | 18524         | 20272            | 528,547.72  | 209                          | 212              | 40,919.65   |
| 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                | 1                           | 1                | 1,031.31    | 91            | 94               | 12,229.52   | 0                            | 0                | 0.00        |
| HMO SERVICES                   | 0                           | 0                | 0.00        | 2719          | 2879             | 222,709.39  | 0                            | 0                | 0.00        |
| PACE SERVICES                  | 0                           | 0                | 0.00        | 0             | 0                | 0.00        | 0                            | 0                | 0.00        |
| PATIENT MANAGEMENT             | 0                           | 0                | 0.00        | 11086         | 11125            | 22,250.00   | 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 |
| HEALTH INS PREMIUM PAYMENT     | 0                           | 0                | 0.00        | 5             | 11               | 1,043.94    | 0                            | 0                | 0.00        |
| MEDICAL SUPPLIES               | 10                          | 1153             | 562.69      | 182           | 5399             | 37,604.89   | 28                           | 863              | 6,492.42    |
| HEALTH HOME PROVIDER           | 0                           | 0                | 0.00        | 624           | 653              | 70,350.28   | 28                           | 38               | 1,663.96    |
| 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             | 14                          | 149              | 1,247.95    | 803           | 1659             | 85,471.14   | 21                           | 41               | 2,177.89    |
| 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                         | 11                          | 22               | 5,365.73    | 2346          | 2773             | 325,684.93  | 25                           | 35               | 6,739.10    |
| ACCOUNTABLE CARE ORGANIZATIONS | 0                           | 0                | 0.00        | 0             | 0                | 0.00        | 0                            | 0                | 0.00        |
| OPTOMETRIST                    | 2                           | 2                | 45.60       | 738           | 849              | 56,893.96   | 13                           | 14               | 1,324.29    |
| CHIROPRACTIC                   | 1                           | 1                | 4.37        | 331           | 600              | 19,419.81   | 6                            | 16               | 588.71      |
| IOWA-PLAN-HAB                  | 0                           | 0                | 0.00        | 0             | 0                | 0.00        | 0                            | 0                | 0.00        |
| PODIATRIC                      | 4                           | 7                | 273.36      | 34            | 40               | 5,562.63    | 1                            | 1                | 30.36       |
| 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                    | 9                           | 13               | 507.57      | 6             | 7                | 1,058.49    | 0                            | 0                | 0.00        |
| RESIDENTIAL CARE FACILITY      | 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 |
| ID WAIVER SERVICE             | 0                           | 0                | 0.00        | 2             | 20               | 194.29      | 0                            | 0                | 0.00        |
| CHILDRENS MENTAL HEALTH SVC   | 0                           | 0                | 0.00        | 4             | 562              | 4,710.90    | 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        | 2             | 74               | 3,814.36    | 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 * | 180                         | 4821             | 352,502.90  | 18377         | 116951           | 3396,385.35 | 224                          | 5177             | 451,133.47  |

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                  | 1                       | 0                | 3,432.67-   | 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                  | 4                       | 0                | 1,459.77-   | 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                | 82.74       | 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        |
| ACO VIS PAYMENTS               | 0                       | 0                | 0.00        | 0                    | 0                | 0.00        | 0                    | 0                | 0.00        |
| PRESCRIBED DRUGS               | 5                       | 0                | 363.69-     | 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        |

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 |
| HEALTH INS PREMIUM PAYMENT     | 0                       | 0                | 0.00        | 0                    | 0                | 0.00        | 0                    | 0                | 0.00        |
| 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                         | 1                       | 0                | 36.38       | 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        |

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 |
| 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        |
| 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 * | 2                       | 0                | 5,137.01-   | 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                  | 2                         | 0                | 2,657.98-   | 0                    | 0                | 0.00        | 1             | 3                | 6,558.85    |
| OUTPATIENT                 | 72                        | 1118             | 12,308.80   | 0                    | 0                | 0.00        | 21            | 160              | 8,683.95    |
| 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                | 5                         | 12               | 356.38      | 0                    | 0                | 0.00        | 0             | 0                | 0.00        |
| LEAD INSPECTION AGENCY     | 0                         | 0                | 0.00        | 0                    | 0                | 0.00        | 0             | 0                | 0.00        |
| PHYSICIAN                  | 191                       | 290              | 13,975.58   | 0                    | 0                | 0.00        | 55            | 70               | 5,484.88    |
| CLINIC SERVICES            | 31                        | 36               | 5,862.75    | 0                    | 0                | 0.00        | 7             | 7                | 1,159.67    |
| 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       | 13                        | 144              | 1,728.92    | 0                    | 0                | 0.00        | 8             | 21               | 635.89      |

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          | 6                         | 0                | 11.52       | 0                    | 0                | 0.00        | 3             | 0                | 59.40-      |
| 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             | 3                         | 2                | 254.93      | 0                    | 0                | 0.00        | 7             | 3                | 498.94      |
| LOCAL EDUCATION AGENCY         | 53                        | 13246            | 119,123.64  | 0                    | 0                | 0.00        | 0             | 0                | 0.00        |
| INFANT TODDLER                 | 0                         | 0                | 0.00        | 0                    | 0                | 0.00        | 0             | 0                | 0.00        |
| ACO VIS PAYMENTS               | 0                         | 0                | 0.00        | 0                    | 0                | 0.00        | 0             | 0                | 0.00        |
| PRESCRIBED DRUGS               | 566                       | 2018             | 154,979.46  | 0                    | 0                | 0.00        | 32            | 48               | 2,136.59    |
| 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                  | 677                       | 681              | 1,457.34    | 0                    | 0                | 0.00        | 88            | 72               | 154.08      |
| INDIAN HEALTH SERVICES         | 0                         | 0                | 0.00        | 0                    | 0                | 0.00        | 0             | 0                | 0.00        |
| FAMILY PLANNING SERVICES       | 1                         | 1                | 30.91       | 0                    | 0                | 0.00        | 3             | 3                | 153.14      |
| IOWA CARE MED HOME CAPITATION  | 0                         | 0                | 0.00        | 0                    | 0                | 0.00        | 0             | 0                | 0.00        |
| IOWA PLAN PROGRAM              | 677                       | 682              | 423,121.39  | 0                    | 0                | 0.00        | 89            | 73               | 48,165.97   |
| 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                | 10                        | 11               | 688.90      | 0                    | 0                | 0.00        | 1             | 5                | 121.75      |
| 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        |

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 |
| HEALTH INS PREMIUM PAYMENT     | 61                        | 123              | 10,377.76   | 0                    | 0                | 0.00        | 0             | 0                | 0.00        |
| MEDICAL SUPPLIES               | 31                        | 2841             | 5,229.07    | 0                    | 0                | 0.00        | 2             | 3                | 101.38      |
| HEALTH HOME PROVIDER           | 563                       | 567              | 171,758.34  | 0                    | 0                | 0.00        | 5             | 2                | 347.95      |
| 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             | 75                        | 721              | 9,340.19    | 0                    | 0                | 0.00        | 5             | 6                | 392.92      |
| 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                         | 63                        | 67               | 5,808.18    | 0                    | 0                | 0.00        | 1             | 1                | 13.37       |
| ACCOUNTABLE CARE ORGANIZATIONS | 0                         | 0                | 0.00        | 0                    | 0                | 0.00        | 0             | 0                | 0.00        |
| OPTOMETRIST                    | 30                        | 29               | 1,674.44    | 0                    | 0                | 0.00        | 4             | 5                | 440.88      |
| CHIROPRACTIC                   | 21                        | 45               | 1,410.24    | 0                    | 0                | 0.00        | 2             | 2                | 2.74        |
| IOWA-PLAN-HAB                  | 0                         | 0                | 0.00        | 0                    | 0                | 0.00        | 0             | 0                | 0.00        |
| PODIATRIC                      | 1                         | 1                | 31.36       | 0                    | 0                | 0.00        | 1             | 1                | 109.98      |
| 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                    | 2                         | 2                | 123.02      | 0                    | 0                | 0.00        | 0             | 0                | 0.00        |
| RESIDENTIAL CARE FACILITY      | 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 |
| ID WAIVER SERVICE             | 1                         | 249              | 9,390.32    | 0                    | 0                | 0.00        | 0             | 0                | 0.00        |
| CHILDRENS MENTAL HEALTH SVC   | 562                       | 127004           | 582,469.60  | 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                  | 39                        | 52               | 192.36      | 0                    | 0                | 0.00        | 2             | 12               | 683.95      |
| 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 * | 653                       | 149942           | 1529,047.42 | 0                    | 0                | 0.00        | 120           | 497              | 75,787.48   |

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        |
| ACO VIS PAYMENTS               | 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        |

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 |
| HEALTH INS PREMIUM PAYMENT     | 0                    | 0                | 0.00        | 0                         | 0                | 0.00        | 0                              | 0                | 0.00        |
| 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        |

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 |
| 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        |
| 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        |
| ACO VIS PAYMENTS               | 0                        | 0                | 0.00        | 0                        | 0                | 0.00        | 0                             | 0                | 0.00        |
| PRESCRIBED DRUGS               | 8                        | 12               | 213.39      | 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        |
| 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        |

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 |
| HEALTH INS PREMIUM PAYMENT     | 0                        | 0                | 0.00        | 0                        | 0                | 0.00        | 0                             | 0                | 0.00        |
| MEDICAL SUPPLIES               | 1                        | 2                | 152.94      | 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             | 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        |

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 |
| 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        |
| 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 *  | 2                        | 14               | 366.33      | 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        | 7             | 7                | 3,173.55    | 155                       | 758              | 479,807.82   |
| OUTPATIENT                 | 0                       | 0                | 0.00        | 26            | 257              | 8,077.11    | 3206                      | 80302            | 720,664.34   |
| 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        | 0             | 0                | 0.00        | 9                         | 156              | 23,499.60    |
| IHAWP IOWA PLAN LITE       | 0                       | 0                | 0.00        | 2             | 2                | 30.82       | 0                         | 0                | 0.00         |
| IHAWP IOWA PLAN FULL       | 0                       | 0                | 0.00        | 0             | 0                | 0.00        | 0                         | 0                | 0.00         |
| IHAWP HMO                  | 0                       | 0                | 0.00        | 2             | 2                | 897.75      | 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        | 13                        | 256              | 34,620.69    |
| INTER CARE MENTAL RETARDA  | 0                       | 0                | 0.00        | 1             | 31               | 11,013.06   | 1893                      | 58118            | 25466,973.64 |
| NURSING FAC FOR MENTAL ILL | 0                       | 0                | 0.00        | 0             | 0                | 0.00        | 0                         | 0                | 0.00         |
| HOME HEALTH                | 0                       | 0                | 0.00        | 4             | 35               | 3,211.78    | 1376                      | 119618           | 2643,834.63  |
| LEAD INSPECTION AGENCY     | 0                       | 0                | 0.00        | 0             | 0                | 0.00        | 0                         | 0                | 0.00         |
| PHYSICIAN                  | 0                       | 0                | 0.00        | 58            | 84               | 6,624.76    | 5454                      | 27557            | 415,024.47   |
| CLINIC SERVICES            | 0                       | 0                | 0.00        | 7             | 6                | 1,062.47    | 375                       | 533              | 59,238.54    |
| 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       | 0                       | 0                | 0.00        | 7             | 41               | 615.56      | 481                       | 606              | 7,913.58     |

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            | 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                | 61.00-      | 31                        | 0                | 7,127.93    |
| 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        | 168                       | 125              | 17,000.92   |
| LOCAL EDUCATION AGENCY         | 0                       | 0                | 0.00        | 2             | 727              | 1,656.93    | 746                       | 162956           | 2412,339.85 |
| INFANT TODDLER                 | 0                       | 0                | 0.00        | 0             | 0                | 0.00        | 50                        | 572              | 7,458.25    |
| ACO VIS PAYMENTS               | 0                       | 0                | 0.00        | 0             | 0                | 0.00        | 0                         | 0                | 0.00        |
| PRESCRIBED DRUGS               | 0                       | 0                | 0.00        | 43            | 128              | 7,904.57    | 6703                      | 22334            | 1649,619.69 |
| 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        | 73            | 73               | 156.22      | 13741                     | 13831            | 29,598.34   |
| 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        | 13                        | 15               | 1,324.38    |
| IOWA CARE MED HOME CAPITATION  | 0                       | 0                | 0.00        | 0             | 0                | 0.00        | 0                         | 0                | 0.00        |
| IOWA PLAN PROGRAM              | 0                       | 0                | 0.00        | 63            | 63               | 20,278.82   | 13336                     | 13473            | 2006,914.04 |
| 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                | 20.42       | 24                        | 50               | 3,754.49    |
| HMO SERVICES                   | 0                       | 0                | 0.00        | 1             | 1                | 223.03      | 0                         | 0                | 0.00        |
| PACE SERVICES                  | 0                       | 0                | 0.00        | 0             | 0                | 0.00        | 1                         | 1                | 3,102.00    |
| PATIENT MANAGEMENT             | 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 |
| HEALTH INS PREMIUM PAYMENT     | 0                       | 0                | 0.00        | 0             | 0                | 0.00        | 684                       | 1299             | 160,436.12  |
| MEDICAL SUPPLIES               | 0                       | 0                | 0.00        | 9             | 177              | 1,053.85    | 3228                      | 413138           | 641,576.49  |
| HEALTH HOME PROVIDER           | 0                       | 0                | 0.00        | 8             | 8                | 897.54      | 216                       | 230              | 14,270.53   |
| 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        | 8             | 20               | 1,483.25    | 1269                      | 13572            | 453,423.92  |
| 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        | 12            | 14               | 2,792.18    | 1795                      | 2063             | 209,667.05  |
| ACCOUNTABLE CARE ORGANIZATIONS | 0                       | 0                | 0.00        | 0             | 0                | 0.00        | 0                         | 0                | 0.00        |
| OPTOMETRIST                    | 0                       | 0                | 0.00        | 2             | 1                | 0.00        | 722                       | 935              | 38,216.62   |
| CHIROPRACTIC                   | 0                       | 0                | 0.00        | 0             | 0                | 0.00        | 369                       | 779              | 11,996.62   |
| IOWA-PLAN-HAB                  | 0                       | 0                | 0.00        | 0             | 0                | 0.00        | 0                         | 0                | 0.00        |
| PODIATRIC                      | 0                       | 0                | 0.00        | 0             | 0                | 0.00        | 704                       | 987              | 20,550.22   |
| DELTA DENTAL                   | 0                       | 0                | 0.00        | 6             | 6                | 135.96      | 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        | 2             | 10               | 3,514.44    | 284                       | 33873            | 660,648.39  |
| PSYCHIATRIC                    | 0                       | 0                | 0.00        | 0             | 0                | 0.00        | 442                       | 682              | 15,346.77   |
| RESIDENTIAL CARE FACILITY      | 0                       | 0                | 0.00        | 1             | 31               | 278.45      | 6                         | 190              | 2,012.96    |

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  |
| ID WAIVER SERVICE             | 0                       | 0                | 0.00        | 1             | 716              | 2,378.74    | 10547                     | 1576976          | 37581,022.96 |
| CHILDRENS MENTAL HEALTH SVC   | 0                       | 0                | 0.00        | 3             | 822              | 4,068.18    | 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        | 4             | 735              | 3,715.55    | 0                         | 0                | 0.00         |
| ILL & HANDICAPPED WAIVER SVCS | 0                       | 0                | 0.00        | 1             | 466              | 1,836.04    | 153                       | 28335            | 197,410.53   |
| COUNTY OFFICE REIMBURSEMENT   | 0                       | 0                | 0.00        | 0             | 0                | 0.00        | 0                         | 0                | 0.00         |
| MEP SERVICES                  | 0                       | 0                | 0.00        | 4             | 6                | 155.52      | 9977                      | 92009            | 5019,727.42  |
| 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        | 87            | 4472             | 88,472.55   | 13488                     | 2666329          | 81016,123.80 |



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                  | 1                              | 5                | 3,806.25    | 0                          | 0                | 0.00        | 0                           | 0                | 0.00        |
| OUTPATIENT                 | 21                             | 597              | 29,668.37   | 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                  | 33                             | 80               | 6,850.53    | 0                          | 0                | 0.00        | 0                           | 0                | 0.00        |
| CLINIC SERVICES            | 2                              | 2                | 321.58      | 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       | 2                              | 5                | 113.16      | 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             | 6                              | 3                | 423.19      | 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        |
| ACO VIS PAYMENTS               | 0                              | 0                | 0.00        | 0                          | 0                | 0.00        | 0                           | 0                | 0.00        |
| PRESCRIBED DRUGS               | 14                             | 29               | 405.65      | 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                  | 25                             | 25               | 53.50       | 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       | 2                              | 3                | 167.60      | 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        |

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 |
| HEALTH INS PREMIUM PAYMENT     | 0                              | 0                | 0.00        | 0                          | 0                | 0.00        | 0                           | 0                | 0.00        |
| 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             | 4                              | 4                | 594.51      | 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                         | 1                              | 2                | 509.69      | 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                      | 1                              | 3                | 958.73      | 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                              | 5                | 343.95      | 0                          | 0                | 0.00        | 0                           | 0                | 0.00        |
| RESIDENTIAL CARE FACILITY      | 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 |
| 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        |
| 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 *  | 36                             | 763              | 44,216.71   | 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        |
| ACO VIS PAYMENTS               | 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        |

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 |
| HEALTH INS PREMIUM PAYMENT     | 0                             | 0                | 0.00        | 0                             | 0                | 0.00        | 0                       | 0                | 0.00        |
| 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        |

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 |
| 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        |
| 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 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        |
| ACO VIS PAYMENTS               | 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        |

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 |
| HEALTH INS PREMIUM PAYMENT     | 0                      | 0                | 0.00        | 0                | 0                | 0.00        | 0                          | 0                | 0.00        |
| 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        |

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 |
| 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        |
| 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                             | 0                | 0.00        | 5                         | 8                | 10,342.65   |
| OUTPATIENT                 | 0                         | 0                | 0.00        | 103                           | 1491             | 31,167.37   | 56                        | 3305             | 32,575.10   |
| 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        | 2                             | 61               | 22,280.43   | 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                             | 3                | 15.18       | 0                         | 0                | 0.00        |
| LEAD INSPECTION AGENCY     | 0                         | 0                | 0.00        | 0                             | 0                | 0.00        | 0                         | 0                | 0.00        |
| PHYSICIAN                  | 0                         | 0                | 0.00        | 226                           | 311              | 25,744.44   | 81                        | 144              | 11,940.10   |
| CLINIC SERVICES            | 0                         | 0                | 0.00        | 102                           | 109              | 18,344.21   | 13                        | 19               | 3,389.88    |
| 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        | 58                            | 266              | 4,904.59    | 18                        | 51               | 1,224.81    |

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        | 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        | 0                         | 0                | 0.00        |
| AMBULANCE SERVICES             | 0                | 0                | 0.00        | 6             | 1                | 159.51      | 5                             | 1                | 123.81      |                           |                  |             |
| LOCAL EDUCATION AGENCY         | 0                | 0                | 0.00        | 1             | 36               | 455.23-     | 0                             | 0                | 0.00        |                           |                  |             |
| INFANT TODDLER                 | 0                | 0                | 0.00        | 0             | 0                | 0.00        | 0                             | 0                | 0.00        |                           |                  |             |
| ACO VIS PAYMENTS               | 0                | 0                | 0.00        | 0             | 0                | 0.00        | 0                             | 0                | 0.00        |                           |                  |             |
| PRESCRIBED DRUGS               | 0                | 0                | 0.00        | 225           | 348              | 17,382.27   | 85                            | 188              | 7,283.85    |                           |                  |             |
| 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        | 1632          | 1710             | 3,659.40    | 331                           | 365              | 781.10      |                           |                  |             |
| INDIAN HEALTH SERVICES         | 0                | 0                | 0.00        | 0             | 0                | 0.00        | 0                             | 0                | 0.00        |                           |                  |             |
| FAMILY PLANNING SERVICES       | 0                | 0                | 0.00        | 3             | 3                | 168.99      | 2                             | 2                | 154.13      |                           |                  |             |
| IOWA CARE MED HOME CAPITATION  | 0                | 0                | 0.00        | 0             | 0                | 0.00        | 0                             | 0                | 0.00        |                           |                  |             |
| IOWA PLAN PROGRAM              | 0                | 0                | 0.00        | 1638          | 2023             | 53,144.58   | 332                           | 374              | 243,561.86  |                           |                  |             |
| 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        | 47            | 52               | 2,503.80    | 0                             | 0                | 0.00        |                           |                  |             |
| HMO SERVICES                   | 0                | 0                | 0.00        | 444           | 464              | 37,500.03   | 0                             | 0                | 0.00        |                           |                  |             |
| PACE SERVICES                  | 0                | 0                | 0.00        | 0             | 0                | 0.00        | 0                             | 0                | 0.00        |                           |                  |             |
| PATIENT MANAGEMENT             | 0                | 0                | 0.00        | 652           | 652              | 1,304.00    | 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 |
| HEALTH INS PREMIUM PAYMENT     | 0                | 0                | 0.00        | 0             | 0                | 0.00        | 1                             | 3                | 139.86      |                           |                  |             |
| MEDICAL SUPPLIES               | 0                | 0                | 0.00        | 15            | 347              | 1,391.76    | 5                             | 5                | 200.56      |                           |                  |             |
| HEALTH HOME PROVIDER           | 0                | 0                | 0.00        | 7             | 7                | 893.13      | 30                            | 31               | 4,523.92    |                           |                  |             |
| 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        | 56            | 140              | 6,258.77    | 22                            | 38               | 1,872.21    |                           |                  |             |
| 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        | 252           | 327              | 50,525.95   | 11                            | 13               | 3,015.81    |                           |                  |             |
| ACCOUNTABLE CARE ORGANIZATIONS | 0                | 0                | 0.00        | 0             | 0                | 0.00        | 0                             | 0                | 0.00        |                           |                  |             |
| OPTOMETRIST                    | 0                | 0                | 0.00        | 24            | 27               | 2,119.17    | 7                             | 8                | 388.25      |                           |                  |             |
| CHIROPRACTIC                   | 0                | 0                | 0.00        | 1             | 2                | 65.74       | 6                             | 13               | 542.94      |                           |                  |             |
| IOWA-PLAN-HAB                  | 0                | 0                | 0.00        | 0             | 0                | 0.00        | 0                             | 0                | 0.00        |                           |                  |             |
| PODIATRIC                      | 0                | 0                | 0.00        | 1             | 1                | 23.90       | 1                             | 1                | 32.07       |                           |                  |             |
| 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        |                           |                  |             |

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 |
| ID WAIVER SERVICE             | 0                         | 0                | 0.00        | 3                             | 75               | 1,549.98    | 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        |
| 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                             | 32               | 1,566.40    | 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        | 1633                          | 8488             | 282,218.37  | 296                       | 4569             | 322,092.91  |



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 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        | 6515          | 27609            | 43112,566.77 |               |                  |             |
| OUTPATIENT                 | 0                         | 0                | 0.00        | 82661         | 1720280          | 34802,476.74 |               |                  |             |
| 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        | 796           | 12240            | 2749,348.17  |               |                  |             |
| IHAMP IOWA PLAN LITE       | 0                         | 0                | 0.00        | 77510         | 88930            | 2594,109.56  |               |                  |             |
| IHAMP IOWA PLAN FULL       | 0                         | 0                | 0.00        | 11748         | 12154            | 2046,786.76  |               |                  |             |
| IHAMP HMO                  | 0                         | 0                | 0.00        | 13420         | 13478            | 3531,984.04  |               |                  |             |
| IHAMP PCP                  | 0                         | 0                | 0.00        | 47793         | 46657            | 186,628.00   |               |                  |             |
| INTERMEDIATE CARE FACILITY | 0                         | 0                | 0.00        | 11714         | 367059           | 50053,771.25 |               |                  |             |
| INTER CARE MENTAL RETARDA  | 0                         | 0                | 0.00        | 1922          | 58948            | 24420,082.90 |               |                  |             |
| NURSING FAC FOR MENTAL ILL | 0                         | 0                | 0.00        | 98            | 2957             | 691,864.05   |               |                  |             |
| HOME HEALTH                | 0                         | 0                | 0.00        | 13180         | 453376           | 12921,669.36 |               |                  |             |
| LEAD INSPECTION AGENCY     | 0                         | 0                | 0.00        | 2             | 2                | 735.10       |               |                  |             |
| PHYSICIAN                  | 2                         | 1                | 101.24      | 154566        | 557917           | 23881,089.59 |               |                  |             |
| CLINIC SERVICES            | 0                         | 0                | 0.00        | 26597         | 33473            | 6425,218.68  |               |                  |             |
| MEP CASE MANAGEMENT        | 0                         | 0                | 0.00        | 0             | 0                | 0.00         |               |                  |             |
| EHR INCENTIVE PAYMENTS     | 0                         | 0                | 0.00        | 1             | 0                | 961,650.00   |               |                  |             |
| LAB AND RADIOLOGICAL       | 0                         | 0                | 0.00        | 16273         | 46603            | 939,339.15   |               |                  |             |

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        | 1025          | 3784-            | 141,008.08-  |               |                  |             |
| BEHAVIORAL HLTH INTERVENTN SVC | 0                        | 0                | 0.00        | 3             | 0                | 19,741.96-   |               |                  |             |
| REHAB SUPPORT SERVICES         | 0                        | 0                | 0.00        | 0             | 0                | 0.00         |               |                  |             |
| AMBULANCE SERVICES             | 0                        | 0                | 0.00        | 6445          | 3881             | 642,626.30   |               |                  |             |
| LOCAL EDUCATION AGENCY         | 0                        | 0                | 0.00        | 2033          | 405596           | 5652,899.92  |               |                  |             |
| INFANT TODDLER                 | 0                        | 0                | 0.00        | 1034          | 8781             | 109,435.91   |               |                  |             |
| ACO VIS PAYMENTS               | 0                        | 0                | 0.00        | 0             | 0                | 0.00         |               |                  |             |
| PRESCRIBED DRUGS               | 0                        | 0                | 0.00        | 173162        | 500282           | 30787,071.11 |               |                  |             |
| IOWA-PLAN-PMIC                 | 0                        | 0                | 0.00        | 0             | 0                | 0.00         |               |                  |             |
| DRUG CAPITATION                | 0                        | 0                | 0.00        | 0             | 0                | 0.00         |               |                  |             |
| NEMT SERVICES                  | 1                        | 1                | 2.14        | 414733        | 432401           | 925,338.14   |               |                  |             |
| INDIAN HEALTH SERVICES         | 0                        | 0                | 0.00        | 0             | 0                | 0.00         |               |                  |             |
| FAMILY PLANNING SERVICES       | 0                        | 0                | 0.00        | 4673          | 5803             | 399,476.20   |               |                  |             |
| IOWA CARE MED HOME CAPITATION  | 0                        | 0                | 0.00        | 0             | 0                | 0.00         |               |                  |             |
| IOWA PLAN PROGRAM              | 0                        | 0                | 0.00        | 395502        | 430495           | 28023,622.18 |               |                  |             |
| 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        | 5181          | 5489             | 1579,696.68  |               |                  |             |
| HMO SERVICES                   | 0                        | 0                | 0.00        | 51807         | 54971            | 8402,882.07  |               |                  |             |
| PACE SERVICES                  | 0                        | 0                | 0.00        | 253           | 256              | 841,154.44   |               |                  |             |
| PATIENT MANAGEMENT             | 0                        | 0                | 0.00        | 158934        | 159710           | 319,420.00   |               |                  |             |

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 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 |               |                  |             |
| HEALTH INS PREMIUM PAYMENT     | 0                         | 0                | 0.00        | 3294          | 6904             | 447,929.78  |               |                  |             |
| MEDICAL SUPPLIES               | 0                         | 0                | 0.00        | 33107         | 1928603          | 5321,277.33 |               |                  |             |
| HEALTH HOME PROVIDER           | 0                         | 0                | 0.00        | 24038         | 25381            | 3530,686.64 |               |                  |             |
| TCM PAYMENTS TO IOWAPLAN       | 0                         | 0                | 0.00        | 0             | 0                | 0.00        |               |                  |             |
| IHAWP QHP                      | 0                         | 0                | 0.00        | 20254         | 20122            | 8810,132.13 |               |                  |             |
| OTHER PRACTITIONER             | 0                         | 0                | 0.00        | 25497         | 108813           | 3874,328.60 |               |                  |             |
| 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        | 35426         | 42962            | 5653,422.23 |               |                  |             |
| ACCOUNTABLE CARE ORGANIZATIONS | 0                         | 0                | 0.00        | 31417         | 30916            | 123,664.00  |               |                  |             |
| OPTOMETRIST                    | 0                         | 0                | 0.00        | 14913         | 18548            | 1070,777.64 |               |                  |             |
| CHIROPRACTIC                   | 0                         | 0                | 0.00        | 10095         | 23182            | 600,696.58  |               |                  |             |
| IOWA-PLAN-HAB                  | 0                         | 0                | 0.00        | 0             | 0                | 0.00        |               |                  |             |
| PODIATRIC                      | 0                         | 0                | 0.00        | 5400          | 8228             | 322,316.99  |               |                  |             |
| DELTA DENTAL                   | 0                         | 0                | 0.00        | 112108        | 159285           | 3609,398.10 |               |                  |             |
| PHYSICAL DISABILITIES SVCS     | 0                         | 0                | 0.00        | 657           | 100954           | 346,461.36  |               |                  |             |
| BRAIN INJ WAIVER SERVICES      | 0                         | 0                | 0.00        | 1213          | 175989           | 2940,994.39 |               |                  |             |
| PSYCHIATRIC                    | 0                         | 0                | 0.00        | 3859          | 6955             | 146,901.04  |               |                  |             |
| RESIDENTIAL CARE FACILITY      | 0                         | 0                | 0.00        | 924           | 30005            | 236,693.47  |               |                  |             |

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   |               |                  |             |
| ID WAIVER SERVICE                         | 0                        | 0                | 0.00        | 11751         | 1739395          | 41661,568.11  |               |                  |             |
| CHILDRENS MENTAL HEALTH SVC               | 0                        | 0                | 0.00        | 660           | 151927           | 696,777.09    |               |                  |             |
| AIDS WAIVER SERVICES                      | 0                        | 0                | 0.00        | 27            | 7575             | 27,001.18     |               |                  |             |
| ELDERLY WAIVER SERVICES                   | 0                        | 0                | 0.00        | 8756          | 1159712          | 6858,748.70   |               |                  |             |
| ILL & HANDICAPPED WAIVER SVCS             | 0                        | 0                | 0.00        | 1810          | 288080           | 1696,066.30   |               |                  |             |
| COUNTY OFFICE REIMBURSEMENT               | 0                        | 0                | 0.00        | 0             | 0                | 0.00          |               |                  |             |
| MEP SERVICES                              | 0                        | 0                | 0.00        | 11556         | 107445           | 5859,272.83   |               |                  |             |
| UNASSIGNED                                | 0                        | 0                | 0.00        | 2             | 0                | 153,811.52    |               |                  |             |
| * A L L C A T E G O R I E S *             | 1                        | 2                | 103.38      | 550243        | 1586545          | 380831,119.04 | 0             | 0                | 0.00        |
| * * *   E N D   O F   R E P O R T   * * * |                          |                  |             |               |                  |               |               |                  |             |