

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 | 1602 | 6275 | 14089,330.54 | 0 | 0 | 0.00 | 650 | 2646 | 762,195.56 |
| OUTPATIENT | 27905 | 909493 | 17337,715.22 | 0 | 0 | 0.00 | 5811 | 233534 | 1143,475.20 |
| 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 | 43 | 18- | 60,688.70 | 0 | 0 | 0.00 | 609 | 3623 | 46,963.06 |
| IHAWP IOWA PLAN LITE | 149480 | 117672 | 5880,601.95 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IHAWP IOWA PLAN FULL | 19469 | 18243 | 3368,237.83 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IHAWP HMO | 16424 | 16739 | 5168,531.31 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IHAWP PCP | 53109 | 53054 | 159,160.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| INTERMEDIATE CARE FACILITY | 206 | 159 | 41,511.45 | 0 | 0 | 0.00 | 7664 | 177265 | 24627,616.19 |
| 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 | 21 | 695 | 169,761.46 |
| HOME HEALTH | 346 | 3764 | 355,386.98 | 0 | 0 | 0.00 | 3608 | 122904 | 2066,401.28 |
| LEAD INSPECTION AGENCY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PHYSICIAN | 39162 | 89772 | 9134,478.34 | 0 | 0 | 0.00 | 7984 | 70819 | 578,042.87 |
| CLINIC SERVICES | 9421 | 12129 | 2203,530.67 | 0 | 0 | 0.00 | 770 | 377 | 68,018.87 |
| 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 | 4904 | 17965 | 397,227.70 | 0 | 0 | 0.00 | 1010 | 258 | 2,925.44 |

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 | 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 | 1216 | 1293 | 235,458.96 | 0 | 0 | 0.00 | 502 | 645 | 83,444.73 |
| 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 |
| IHAWP WELLNESS EXAM BONUS | 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 | 64288 | 264128 | 15782,415.62 | 0 | 0 | 0.00 | 2648 | 4883 | 77,947.58 |
| 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 | 27963 | 28625 | 61,257.50 | 0 | 0 | 0.00 | 6399 | 6395 | 13,685.30 |
| INDIAN HEALTH SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| FAMILY PLANNING SERVICES | 1117 | 1249 | 90,949.31 | 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 | 8 | 10 | 329.01 | 0 | 0 | 0.00 | 6583 | 6871 | 73,679.34 |
| 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 | 11 | 9 | 568.59 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HMO SERVICES | 1 | 1 | 247.23 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PACE SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 3 | 3 | 8,756.09 |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

| CATEGORY OF SERVICE | 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 |
| PATIENT MANAGEMENT | 3 | 3 | 6.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HEALTH INS PREMIUM PAYMENT | 390 | 910 | 39,946.52 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| MEDICAL SUPPLIES | 7239 | 107746 | 1558,500.25 | 0 | 0 | 0.00 | 3685 | 267508 | 372,393.21 |
| HEALTH HOME PROVIDER | 2722 | 2777 | 414,253.58 | 0 | 0 | 0.00 | 621 | 651 | 62,914.36 |
| TCM PAYMENTS TO IOWAPLAN | 155 | 0 | 51,070.18 | 0 | 0 | 0.00 | 57 | 0 | 59,357.89 |
| IHAWP QHP | 6170 | 11503 | 6348,005.42 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| OTHER PRACTITIONER | 7738 | 13850 | 890,515.59 | 0 | 0 | 0.00 | 864 | 5407 | 48,218.76 |
| 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 | 315 | 384 | 60,946.83 | 0 | 0 | 0.00 | 574 | 706 | 121,676.29 |
| ACCOUNTABLE CARE ORGANIZATIONS | 34164 | 34144 | 136,576.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| OPTOMETRIST | 2887 | 3184 | 251,344.53 | 0 | 0 | 0.00 | 762 | 1268 | 32,657.14 |
| CHIROPRACTIC | 4131 | 9992 | 346,045.15 | 0 | 0 | 0.00 | 393 | 1015 | 7,534.36 |
| IOWA-PLAN-HAB | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PODIATRIC | 1195 | 1511 | 136,352.41 | 0 | 0 | 0.00 | 985 | 1599 | 18,938.99 |
| DELTA DENTAL | 134770 | 134480 | 3047,316.80 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PHYSICAL DISABILITIES SVCS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 1 | 161 | 671.80 |
| BRAIN INJ WAIVER SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 9 | 1105 | 17,491.25 |
| PSYCHIATRIC | 190 | 243 | 26,320.18 | 0 | 0 | 0.00 | 326 | 880 | 13,542.94 |

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 |
| RESIDENTIAL CARE FACILITY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 129 | 5341 | 40,777.91 |
| ID WAIVER SERVICE | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 66 | 7009 | 301,879.17 |
| 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 | 1 | 231 | 1,490.94 | 0 | 0 | 0.00 | 3417 | 438217 | 2806,694.10 |
| 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 | 24 | 291 | 14,909.27 | 0 | 0 | 0.00 | 58 | 375 | 21,037.76 |
| UNASSIGNED | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| *A L L C A T E G O R I E S * | 172605 | 1861811 | 87691,226.56 | 0 | 0 | 0.00 | 20425 | 1362160 | 33648,698.90 |

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 | 2123 | 9495 | 8996,008.88 | 842 | 2145 | 4561,249.11 |
| OUTPATIENT | 0 | 0 | 0.00 | 21820 | 783823 | 9140,952.25 | 11319 | 375610 | 6169,634.18 |
| 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 | 389 | 4981 | 2828,343.83 | 2 | 2 | 3,853.48 |
| 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 | 1063 | 23040 | 3636,946.54 | 22 | 134 | 22,713.19 |
| INTER CARE MENTAL RETARDA | 0 | 0 | 0.00 | 2 | 62 | 21,527.12 | 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 | 4386 | 203904 | 4287,792.55 | 76 | 2194 | 51,565.32 |
| LEAD INSPECTION AGENCY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PHYSICIAN | 0 | 0 | 0.00 | 30466 | 350822 | 5130,364.86 | 17368 | 35839 | 3540,086.16 |
| CLINIC SERVICES | 0 | 0 | 0.00 | 4421 | 5077 | 898,242.86 | 3928 | 5251 | 908,951.39 |
| 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 | 4194 | 8201 | 147,014.48 | 2873 | 9583 | 229,606.94 |

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 | 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 | 1585 | 1953 | 271,691.24 | 366 | 373 | 61,696.80 |
| LOCAL EDUCATION AGENCY | 0 | 0 | 0.00 | 220 | 80213 | 1115,066.09 | 1 | 128 | 1,173.70 |
| INFANT TODDLER | 0 | 0 | 0.00 | 23 | 141 | 1,779.50 | 0 | 0 | 0.00 |
| IHAWP WELLNESS EXAM BONUS | 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 | 23615 | 128112 | 12610,880.01 | 26601 | 85774 | 4518,317.11 |
| 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 | 59665 | 60651 | 129,793.14 | 51740 | 53258 | 113,972.12 |
| INDIAN HEALTH SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| FAMILY PLANNING SERVICES | 0 | 0 | 0.00 | 98 | 111 | 7,022.25 | 3055 | 3597 | 211,362.44 |
| IOWA CARE MED HOME CAPITATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IOWA PLAN PROGRAM | 0 | 0 | 0.00 | 59684 | 61287 | 10172,981.40 | 51675 | 54978 | 2421,160.01 |
| 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 | 124 | 133 | 6,894.13 | 12 | 13 | 1,174.78 |
| HMO SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 9126 | 9051 | 1980,420.39 |
| PACE SERVICES | 0 | 0 | 0.00 | 57 | 58 | 243,665.00 | 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 | 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 |
| PATIENT MANAGEMENT | 0 | 0 | 0.00 | 4 | 4 | 8.00 | 24503 | 24461 | 48,922.00 |
| HEALTH INS PREMIUM PAYMENT | 0 | 0 | 0.00 | 510 | 1094 | 113,454.77 | 109 | 250 | 10,048.91 |
| MEDICAL SUPPLIES | 0 | 0 | 0.00 | 12331 | 984164 | 2626,619.95 | 2193 | 26457 | 382,092.30 |
| HEALTH HOME PROVIDER | 0 | 0 | 0.00 | 12431 | 12719 | 2324,180.30 | 1942 | 2042 | 186,778.69 |
| TCM PAYMENTS TO IOWAPLAN | 0 | 0 | 0.00 | 2094 | 0 | 1614,843.81 | 30 | 0 | 12,441.98 |
| IHAWP QHP | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| OTHER PRACTITIONER | 0 | 0 | 0.00 | 5140 | 37897 | 1197,714.33 | 3549 | 5650 | 411,603.50 |
| 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 | 0 | 0 | 0.00 | 5343 | 6777 | 1082,729.91 | 4310 | 5809 | 976,911.44 |
| ACCOUNTABLE CARE ORGANIZATIONS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| OPTOMETRIST | 0 | 0 | 0.00 | 3175 | 4440 | 213,008.46 | 1659 | 2030 | 147,416.94 |
| CHIROPRACTIC | 0 | 0 | 0.00 | 2645 | 7004 | 103,820.36 | 1874 | 4305 | 144,428.38 |
| IOWA-PLAN-HAB | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PODIATRIC | 0 | 0 | 0.00 | 1726 | 2948 | 105,066.96 | 325 | 373 | 40,453.96 |
| DELTA DENTAL | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PHYSICAL DISABILITIES SVCS | 0 | 0 | 0.00 | 382 | 57434 | 206,330.12 | 0 | 0 | 0.00 |
| BRAIN INJ WAIVER SERVICES | 0 | 0 | 0.00 | 375 | 70127 | 944,303.20 | 1 | 1 | 58.01 |
| PSYCHIATRIC | 0 | 0 | 0.00 | 3218 | 6348 | 111,350.38 | 69 | 78 | 6,480.43 |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

| CATEGORY OF SERVICE | 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 |
| RESIDENTIAL CARE FACILITY | 0 | 0 | 0.00 | 678 | 24352 | 208,189.86 | 0 | 0 | 0.00 |
| ID WAIVER SERVICE | 0 | 0 | 0.00 | 893 | 123943 | 3501,960.61 | 1 | 3 | 1,796.24 |
| CHILDRENS MENTAL HEALTH SVC | 0 | 0 | 0.00 | 14 | 3271 | 15,534.12 | 1 | 515 | 1,845.09 |
| AIDS WAIVER SERVICES | 0 | 0 | 0.00 | 9 | 2193 | 7,711.43 | 0 | 0 | 0.00 |
| ELDERLY WAIVER SERVICES | 0 | 0 | 0.00 | 23 | 3191 | 23,786.56 | 1 | 1 | 37.03 |
| ILL & HANDICAPPED WAIVER SVCS | 0 | 0 | 0.00 | 1511 | 276361 | 1608,147.19 | 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 | 975 | 7948 | 417,780.77 | 3 | 33 | 1,733.82 |
| 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 | 63327 | 3354310 | 76081,044.56 | 54357 | 709938 | 27169,985.84 |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

| CATEGORY OF SERVICE | 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 | 263 | 949 | 1593,304.73 | 8 | 6 | 5,717.53- | 2157 | 9290 | 19466,974.70 |
| OUTPATIENT | 7676 | 127199 | 2482,922.04 | 49 | 1631 | 13,404.71 | 15799 | 285789 | 5514,072.98 |
| CHILD PART HOSP | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| CHILD DAY TREATMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ADULT PART HOSP | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ADULT DAY TREATMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| SKILLED NURSING FACILITY | 2 | 69 | 53,962.06 | 0 | 0 | 0.00 | 16 | 19 | 1,476.57- |
| IHAWP IOWA PLAN LITE | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 1 | 0 | 28,777.00 |
| 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 | 47 | 189 | 31,696.57 |
| INTER CARE MENTAL RETARDA | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 2 | 28 | 1405,614.07- |
| NURSING FAC FOR MENTAL ILL | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 3 | 72 | 28,814.58 |
| HOME HEALTH | 173 | 601 | 28,308.95 | 1 | 2 | 10.08 | 490 | 3589 | 672,963.89 |
| LEAD INSPECTION AGENCY | 2 | 2 | 700.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PHYSICIAN | 17244 | 25634 | 2092,591.76 | 164 | 113 | 14,135.02 | 34724 | 62946 | 5692,680.43 |
| CLINIC SERVICES | 3558 | 4025 | 707,325.68 | 21 | 16 | 1,264.91 | 7826 | 10126 | 3607,120.02 |
| 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 | 595,000.00 |
| LAB AND RADIOLOGICAL | 1195 | 3179 | 50,065.08 | 8 | 36 | 1,089.44 | 2992 | 9214 | 158,317.23 |

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 |
| HABILITATION SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 1 | 0 | 28,123.43- |
| 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 | 150 | 154 | 29,804.76 | 2 | 2 | 352.65- | 311 | 312 | 62,642.14 |
| LOCAL EDUCATION AGENCY | 97 | 11261 | 117,610.62 | 1 | 6 | 22.50 | 121 | 21937 | 167,213.92 |
| INFANT TODDLER | 26 | 149 | 1,647.50 | 1 | 0 | 197.71- | 30 | 190 | 1,994.34 |
| IHAWP WELLNESS EXAM BONUS | 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 | 20862 | 39686 | 2893,724.04 | 103 | 300 | 23,580.19 | 32837 | 60063 | 4014,682.30 |
| 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 | 85923 | 88386 | 189,146.04 | 138 | 139 | 297.46 | 131025 | 135406 | 289,768.84 |
| INDIAN HEALTH SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| FAMILY PLANNING SERVICES | 491 | 555 | 35,869.04 | 5 | 0 | 84.39 | 284 | 299 | 21,036.34 |
| IOWA CARE MED HOME CAPITATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IOWA PLAN PROGRAM | 86058 | 90770 | 2336,431.90 | 137 | 139 | 78,915.89 | 131673 | 141548 | 4819,553.33 |
| 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 | 1895 | 2039 | 265,377.43 | 1 | 0 | 129.52- | 4728 | 5098 | 1815,691.74 |
| HMO SERVICES | 12700 | 13247 | 1115,553.17 | 26 | 1 | 12,755.15- | 19892 | 19360 | 2727,427.22 |
| PACE SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

| CATEGORY OF SERVICE | ADC - CHILD | | | CMAP | | | OTHER | | |
|--------------------------------|---------------|------------------|-------------|---------------|------------------|-------------|---------------|------------------|-------------|
| | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID |
| PATIENT MANAGEMENT | 45285 | 45248 | 90,496.00 | 4 | 2 | 4.00 | 74935 | 74923 | 149,846.00 |
| HEALTH INS PREMIUM PAYMENT | 108 | 238 | 6,829.25 | 1 | 3 | 51.96 | 1087 | 2729 | 83,358.05 |
| MEDICAL SUPPLIES | 1067 | 17446 | 168,788.35 | 6 | 20 | 461.92 | 2293 | 33832 | 370,624.37 |
| HEALTH HOME PROVIDER | 4030 | 4135 | 464,597.06 | 46 | 46 | 6,195.11 | 3533 | 3641 | 407,205.18 |
| TCM PAYMENTS TO IOWAPLAN | 8 | 0 | 2,302.50 | 34 | 0 | 36,427.79 | 46 | 0 | 34,107.66 |
| IHAWP QHP | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| OTHER PRACTITIONER | 3793 | 10148 | 543,158.06 | 23 | 76 | 3,736.96 | 7600 | 16346 | 979,502.18 |
| FAMILY CENTERED PROGRAM | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| FAMILY PRESERVATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| TREATMENT FOSTER FAMILY CARE | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| GROUP TREATMENT THERAPY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| DENTAL | 9397 | 11014 | 1366,594.89 | 20 | 20 | 2,407.70 | 13914 | 16251 | 1913,284.84 |
| ACCOUNTABLE CARE ORGANIZATIONS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| OPTOMETRIST | 3342 | 3869 | 262,821.49 | 12 | 12 | 818.60 | 4558 | 5228 | 354,082.67 |
| CHIROPRACTIC | 1047 | 1822 | 55,627.89 | 4 | 9 | 362.73 | 2184 | 4208 | 128,155.31 |
| IOWA-PLAN-HAB | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PODIATRIC | 131 | 140 | 14,265.26 | 3 | 0 | 325.85 | 206 | 239 | 20,114.09 |
| 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 | 1 | 12 | 733.20 | 0 | 0 | 0.00 | 1 | 0 | 3,000.09- |
| PSYCHIATRIC | 51 | 53 | 6,408.30 | 5 | 0 | 19.68- | 138 | 203 | 512,987.38 |

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 |
| RESIDENTIAL CARE FACILITY | 0 | 0 | 0.00 | 1 | 1- | 29.66- | 2 | 1 | 42,258.71- |
| ID WAIVER SERVICE | 1 | 480 | 595.20 | 1 | 31 | 3,888.95 | 7 | 620 | 55,633.20- |
| CHILDRENS MENTAL HEALTH SVC | 6 | 1221 | 6,415.89 | 0 | 0 | 0.00 | 15 | 2819 | 13,510.85 |
| 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 | 5 | 358 | 78,254.05- |
| SICK & HANDICAPPED WAIVER SVCS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 1 | 18 | 141.30 |
| 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 | 12 | 188 | 9,612.31 |
| UNASSIGNED | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 1 | 0 | 5607,653.90 |
| *A L L C A T E G O R I E S * | 92286 | 503731 | 16983,978.14 | 298 | 2609 | 168,284.26 | 139379 | 927079 | 58686,253.54 |

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 | 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 | 35 | 238 | 283,560.52 | 668 | 2968 | 859,297.17 | 18 | 173 | 114,945.30 |
| OUTPATIENT | 1139 | 24838 | 401,706.45 | 5552 | 287278 | 1083,598.01 | 140 | 4284 | 54,515.20 |
| 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 | 113 | 94,262.62 | 978 | 7979 | 51,159.72 | 2 | 10 | 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 | 9753 | 124781 | 21783,810.86 | 2 | 31 | 3,544.83 |
| INTER CARE MENTAL RETARDA | 14 | 357 | 162,464.54 | 2 | 73 | 25,354.83 | 0 | 0 | 0.00 |
| NURSING FAC FOR MENTAL ILL | 0 | 0 | 0.00 | 70 | 2122 | 510,461.73 | 0 | 0 | 0.00 |
| HOME HEALTH | 58 | 8685 | 198,238.97 | 4077 | 132662 | 3227,441.01 | 16 | 216 | 1,840.74 |
| LEAD INSPECTION AGENCY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PHYSICIAN | 2608 | 4116 | 299,541.50 | 6949 | 66292 | 556,681.76 | 232 | 1800 | 22,804.27 |
| CLINIC SERVICES | 447 | 555 | 92,949.47 | 551 | 576 | 83,555.05 | 49 | 64 | 12,360.36 |
| 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 | 331 | 1390 | 24,312.57 | 976 | 480 | 5,096.39 | 28 | 51 | 860.64 |

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 | 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 | 23 | 24 | 5,172.99 | 625 | 851 | 92,902.35 | 6 | 12 | 1,168.96 |
| LOCAL EDUCATION AGENCY | 48 | 22605 | 223,555.23 | 12 | 3249 | 35,770.34 | 0 | 0 | 0.00 |
| INFANT TODDLER | 8 | 20 | 259.85 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IHAWP WELLNESS EXAM BONUS | 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 | 5173 | 15488 | 1470,728.21 | 7994 | 18899 | 491,262.14 | 168 | 671 | 27,054.03 |
| 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 | 11144 | 11199 | 23,965.86 | 20921 | 20653 | 44,197.42 | 409 | 421 | 900.94 |
| INDIAN HEALTH SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| FAMILY PLANNING SERVICES | 29 | 29 | 2,551.18 | 0 | 0 | 0.00 | 1 | 0 | 19.44 |
| IOWA CARE MED HOME CAPITATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IOWA PLAN PROGRAM | 11143 | 11377 | 5150,734.43 | 20972 | 21031 | 605,081.03 | 408 | 442 | 17,421.46 |
| 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 | 99 | 105 | 12,218.52 | 1 | 1 | 59.04 | 0 | 0 | 0.00 |
| HMO SERVICES | 7 | 7 | 725.06 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PACE SERVICES | 0 | 0 | 0.00 | 199 | 198 | 591,022.00 | 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 |
| PATIENT MANAGEMENT | 69 | 69 | 138.00 | 1 | 1 | 2.00 | 0 | 0 | 0.00 |
| HEALTH INS PREMIUM PAYMENT | 161 | 301 | 15,389.85 | 33 | 59 | 7,636.15 | 0 | 0 | 0.00 |
| MEDICAL SUPPLIES | 294 | 38547 | 111,586.62 | 5380 | 415713 | 754,627.01 | 60 | 1479 | 3,465.82 |
| HEALTH HOME PROVIDER | 1745 | 1764 | 226,511.55 | 494 | 508 | 38,284.12 | 51 | 54 | 7,162.47 |
| TCM PAYMENTS TO IOWAPLAN | 22 | 0 | 9,353.41 | 88 | 0 | 226,051.79 | 18 | 0 | 13,679.01 |
| IHAWP QHP | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| OTHER PRACTITIONER | 758 | 4200 | 185,897.63 | 955 | 7095 | 131,066.09 | 24 | 246 | 2,769.72 |
| 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 | 1496 | 1766 | 206,819.27 | 784 | 961 | 162,780.94 | 33 | 46 | 7,421.52 |
| ACCOUNTABLE CARE ORGANIZATIONS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| OPTOMETRIST | 701 | 820 | 52,259.43 | 706 | 1032 | 28,777.59 | 27 | 34 | 2,235.93 |
| CHIROPRACTIC | 221 | 384 | 11,665.69 | 207 | 589 | 4,964.66 | 11 | 36 | 685.12 |
| IOWA-PLAN-HAB | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PODIATRIC | 27 | 35 | 3,352.54 | 1257 | 2261 | 22,369.39 | 15 | 20 | 1,061.83 |
| DELTA DENTAL | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PHYSICAL DISABILITIES SVCS | 0 | 0 | 0.00 | 213 | 36646 | 119,717.98 | 0 | 0 | 0.00 |
| BRAIN INJ WAIVER SERVICES | 42 | 11714 | 77,273.15 | 517 | 75010 | 1242,289.13 | 0 | 0 | 0.00 |
| PSYCHIATRIC | 28 | 26 | 3,370.98 | 388 | 1191 | 16,104.22 | 11 | 18 | 486.14 |

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 |
| RESIDENTIAL CARE FACILITY | 0 | 0 | 0.00 | 6 | 187 | 2,271.95 | 0 | 0 | 0.00 |
| ID WAIVER SERVICE | 237 | 36989 | 431,387.23 | 11 | 839 | 39,819.04 | 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 | 15 | 4666 | 16,693.74 | 0 | 0 | 0.00 |
| ELDERLY WAIVER SERVICES | 0 | 0 | 0.00 | 5260 | 706531 | 4167,737.41 | 0 | 0 | 0.00 |
| ILL & HANDICAPPED WAIVER SVCS | 22 | 3009 | 31,654.98 | 6 | 1237 | 11,965.07 | 0 | 0 | 0.00 |
| COUNTY OFFICE REIMBURSEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| MEP SERVICES | 226 | 1722 | 94,132.03 | 126 | 969 | 48,314.36 | 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 * | 11161 | 202492 | 9907,740.33 | 14206 | 1945588 | 37088,223.49 | 440 | 10108 | 296,403.73 |

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 | 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 | 53 | 192 | 181,548.46 | 36 | 128 | 245,078.19 | 5 | 20 | 72,457.53 |
| OUTPATIENT | 104 | 4458 | 104,601.16 | 1251 | 29553 | 445,213.86 | 82 | 4310 | 96,497.65 |
| CHILD PART HOSP | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| CHILD DAY TREATMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ADULT PART HOSP | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ADULT DAY TREATMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| SKILLED NURSING FACILITY | 2 | 19 | 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 | 1 | 0 | 0.00 | 0 | 0 | 0.00 | 1 | 0 | 25.11- |
| INTER CARE MENTAL RETARDA | 0 | 0 | 0.00 | 1 | 8 | 2,774.08 | 0 | 0 | 0.00 |
| NURSING FAC FOR MENTAL ILL | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HOME HEALTH | 6 | 77 | 889.71 | 29 | 70 | 1,016.08 | 1 | 8 | 887.20 |
| LEAD INSPECTION AGENCY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PHYSICIAN | 228 | 1102 | 51,633.42 | 3222 | 4537 | 365,284.77 | 125 | 337 | 70,130.69 |
| CLINIC SERVICES | 13 | 28 | 1,879.51 | 695 | 789 | 138,802.97 | 13 | 15 | 3,903.39 |
| 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 | 10 | 10 | 110.75 | 190 | 554 | 8,541.99 | 24 | 69 | 3,890.33 |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

| CATEGORY OF SERVICE | 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 | 1 | 151 | 2,422.89 | 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 | 10 | 7 | 3,382.41 | 27 | 25 | 4,709.19 | 3 | 5 | 985.95 |
| LOCAL EDUCATION AGENCY | 0 | 0 | 0.00 | 24 | 3673 | 46,969.83 | 0 | 0 | 0.00 |
| INFANT TODDLER | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IHAWP WELLNESS EXAM BONUS | 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 | 27 | 97 | 1,450.43 | 4044 | 7682 | 728,172.66 | 158 | 776 | 77,493.70 |
| 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 | 31 | 31 | 66.34 | 15983 | 16326 | 34,937.64 | 181 | 195 | 417.30 |
| INDIAN HEALTH SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| FAMILY PLANNING SERVICES | 0 | 0 | 0.00 | 51 | 45 | 2,582.79 | 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 | 16017 | 16789 | 440,579.92 | 181 | 195 | 37,805.70 |
| 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 | 123 | 129 | 16,925.14 | 0 | 0 | 0.00 |
| HMO SERVICES | 0 | 0 | 0.00 | 1948 | 2001 | 152,154.33 | 0 | 0 | 0.00 |
| PACE SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

| CATEGORY OF SERVICE | MEDICALLY NEEDY WI SPEND DN | | | OTHER TXXI | | | OTHER BREAST CERVICAL CANCER | | |
|--------------------------------|-----------------------------|------------------|-------------|---------------|------------------|-------------|------------------------------|------------------|-------------|
| | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID |
| PATIENT MANAGEMENT | 0 | 0 | 0.00 | 9648 | 9648 | 19,296.00 | 0 | 0 | 0.00 |
| HEALTH INS PREMIUM PAYMENT | 0 | 0 | 0.00 | 1 | 4 | 66.48 | 0 | 0 | 0.00 |
| MEDICAL SUPPLIES | 13 | 58 | 1,088.29 | 168 | 2476 | 28,323.54 | 25 | 664 | 7,304.04 |
| HEALTH HOME PROVIDER | 0 | 0 | 0.00 | 490 | 513 | 50,857.83 | 20 | 21 | 896.00 |
| TCM PAYMENTS TO IOWAPLAN | 0 | 0 | 0.00 | 7 | 0 | 2,112.15 | 0 | 0 | 0.00 |
| IHAWP QHP | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| OTHER PRACTITIONER | 17 | 810 | 1,581.72 | 725 | 2081 | 109,530.06 | 25 | 35 | 2,783.60 |
| 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 | 9 | 15 | 2,775.69 | 2426 | 2854 | 349,037.76 | 15 | 20 | 4,305.73 |
| ACCOUNTABLE CARE ORGANIZATIONS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| OPTOMETRIST | 4 | 20 | 191.87 | 840 | 975 | 67,114.89 | 11 | 14 | 954.08 |
| CHIROPRACTIC | 1 | 0 | 4.37 | 342 | 549 | 17,761.30 | 14 | 62 | 1,864.57 |
| IOWA-PLAN-HAB | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PODIATRIC | 7 | 7 | 282.03 | 38 | 41 | 3,300.95 | 2 | 2 | 137.19 |
| 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 | 6 | 7 | 301.51 | 9 | 9 | 769.80 | 0 | 0 | 0.00 |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

| CATEGORY OF SERVICE | MEDICALLY NEEDY WI SPEND DN | | | OTHER TXXI | | | OTHER BREAST CERVICAL CANCER | | |
|-------------------------------|-----------------------------|------------------|-------------|---------------|------------------|-------------|------------------------------|------------------|-------------|
| | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID |
| RESIDENTIAL CARE FACILITY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ID WAIVER SERVICE | 0 | 0 | 0.00 | 1 | 1 | 847.00 | 0 | 0 | 0.00 |
| CHILDRENS MENTAL HEALTH SVC | 0 | 0 | 0.00 | 2 | 298 | 2,279.21 | 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 | 1 | 31 | 232.50 | 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 * | 194 | 7089 | 354,210.56 | 16113 | 101789 | 3285,272.91 | 178 | 6748 | 382,689.54 |

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 | 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 | 612.10 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| OUTPATIENT | 1 | 0 | 489.42 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| CHILD PART HOSP | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| CHILD DAY TREATMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ADULT PART HOSP | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ADULT DAY TREATMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| SKILLED NURSING FACILITY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IHAWP IOWA PLAN LITE | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IHAWP IOWA PLAN FULL | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IHAWP HMO | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IHAWP PCP | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| INTERMEDIATE CARE FACILITY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| INTER CARE MENTAL RETARDA | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| NURSING FAC FOR MENTAL ILL | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HOME HEALTH | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| LEAD INSPECTION AGENCY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PHYSICIAN | 9 | 0 | 11,678.77- | 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 65 | | | OTHER ICARE CHRN DSH | | |
|--------------------------------|-------------------------|------------------|-------------|----------------------|------------------|-------------|----------------------|------------------|-------------|
| | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID |
| 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 |
| IHAWP WELLNESS EXAM BONUS | 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 | 2 | 0 | 117.74- | 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 |
| MENTAL HEALTH 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 |

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 |
| PATIENT MANAGEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HEALTH INS PREMIUM PAYMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| 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 |

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 |
| RESIDENTIAL CARE FACILITY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ID WAIVER SERVICE | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| CHILDRENS MENTAL HEALTH SVC | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| AIDS WAIVER SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| 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 * | 5 | 0 | 10,694.99- | 0 | 0 | 0.00 | 0 | 0 | 0.00 |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

| CATEGORY OF SERVICE | OTHER ICARE PMIC MHI 300% | | | OTHER ICARE MHI 300% | | | STATE ONLY | | |
|----------------------------|---------------------------|------------------|-------------|----------------------|------------------|-------------|---------------|------------------|-------------|
| | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID |
| INPATIENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| OUTPATIENT | 117 | 1559 | 29,271.45 | 0 | 0 | 0.00 | 2 | 17 | 1,189.75 |
| CHILD PART HOSP | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| CHILD DAY TREATMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ADULT PART HOSP | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ADULT DAY TREATMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| SKILLED NURSING FACILITY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IHAWP IOWA PLAN LITE | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IHAWP IOWA PLAN FULL | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IHAWP HMO | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IHAWP PCP | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| INTERMEDIATE CARE FACILITY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| INTER CARE MENTAL RETARDA | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| NURSING FAC FOR MENTAL ILL | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HOME HEALTH | 1 | 3 | 135.24 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| LEAD INSPECTION AGENCY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PHYSICIAN | 186 | 308 | 17,593.62 | 0 | 0 | 0.00 | 2 | 0 | 268.47 |
| CLINIC SERVICES | 24 | 28 | 4,435.50 | 0 | 0 | 0.00 | 2 | 0 | 155.61- |
| 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 | 26 | 106 | 993.27 | 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 |
| HABILITATION SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| BEHAVIORAL HLTH INTERVENTN SVC | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| REHAB SUPPORT SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| AMBULANCE SERVICES | 2 | 2 | 200.66 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| LOCAL EDUCATION AGENCY | 16 | 5918 | 49,383.42 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| INFANT TODDLER | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IHAWP WELLNESS EXAM BONUS | 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 | 607 | 2738 | 267,248.22 | 0 | 0 | 0.00 | 2 | 1 | 68.68 |
| 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 | 722 | 729 | 1,560.06 | 0 | 0 | 0.00 | 1 | 1 | 2.14 |
| INDIAN HEALTH SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| FAMILY PLANNING SERVICES | 2 | 2 | 125.81 | 0 | 0 | 0.00 | 1 | 0 | 40.06 |
| IOWA CARE MED HOME CAPITATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IOWA PLAN PROGRAM | 722 | 729 | 455,686.04 | 0 | 0 | 0.00 | 1 | 1 | 624.64 |
| 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 | 7 | 12 | 741.94 | 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 |

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 |
| PATIENT MANAGEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HEALTH INS PREMIUM PAYMENT | 51 | 97 | 8,016.47 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| MEDICAL SUPPLIES | 33 | 3105 | 4,055.80 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HEALTH HOME PROVIDER | 692 | 699 | 233,725.41 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| TCM PAYMENTS TO IOWAPLAN | 348 | 0 | 327,403.35 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IHAWP QHP | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| OTHER PRACTITIONER | 81 | 683 | 36,866.15 | 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 | 98 | 105 | 14,723.07 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ACCOUNTABLE CARE ORGANIZATIONS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| OPTOMETRIST | 42 | 48 | 3,441.37 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| CHIROPRACTIC | 13 | 17 | 527.27 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IOWA-PLAN-HAB | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PODIATRIC | 3 | 3 | 772.03 | 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 | 11 | 11 | 1,352.29 | 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 |
| RESIDENTIAL CARE FACILITY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ID WAIVER SERVICE | 2 | 232 | 856.45 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| CHILDRENS MENTAL HEALTH SVC | 563 | 125364 | 577,219.78 | 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 | 1 | 10 | 39.40 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| COUNTY OFFICE REIMBURSEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| MEP SERVICES | 1 | 21 | 1,762.95 | 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 * | 663 | 142529 | 2038,137.02 | 0 | 0 | 0.00 | 7 | 20 | 2,038.13 |

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 |
| IHAWP WELLNESS EXAM BONUS | 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 |

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 |
| PATIENT MANAGEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HEALTH INS PREMIUM PAYMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| 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 |

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 |
| RESIDENTIAL CARE FACILITY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ID WAIVER SERVICE | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| CHILDRENS MENTAL HEALTH SVC | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| AIDS WAIVER SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| 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 |
| *ALL CATEGORIES* | 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 |
| IHAWP WELLNESS EXAM BONUS | 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 | 2 | 5 | 147.16 | 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 |

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 |
| PATIENT MANAGEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HEALTH INS PREMIUM PAYMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| 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 |

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 |
| RESIDENTIAL CARE FACILITY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ID WAIVER SERVICE | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| CHILDRENS MENTAL HEALTH SVC | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| AIDS WAIVER SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| 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 | 5 | 147.16 | 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 | 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 | 0 | 0 | 0.00 | 183 | 1172 | 475,853.46 |
| OUTPATIENT | 0 | 0 | 0.00 | 7 | 112 | 3,057.73 | 3442 | 120106 | 722,434.70 |
| 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 | 34 | 281 | 21,587.20 |
| IHAWP IOWA PLAN LITE | 0 | 0 | 0.00 | 9 | 4 | 261.82 | 0 | 0 | 0.00 |
| IHAWP IOWA PLAN FULL | 0 | 0 | 0.00 | 1 | 0 | 7.13- | 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 | 80 | 301 | 43,138.67 |
| INTER CARE MENTAL RETARDA | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 1799 | 54176 | 24424,461.07 |
| 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 | 1398 | 102879 | 3158,504.89 |
| LEAD INSPECTION AGENCY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PHYSICIAN | 0 | 0 | 0.00 | 43 | 13 | 4,453.35 | 5348 | 30447 | 495,803.75 |
| CLINIC SERVICES | 0 | 0 | 0.00 | 2 | 2 | 396.86 | 414 | 427 | 66,413.78 |
| 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 | 2 | 16 | 494.12 | 622 | 906 | 11,224.54 |

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 | OTHER BLE-FAMP-PME BCCT | | | STATE ONLY | | | FED CNTY - FED CNTY STATE | | |
|--------------------------------|-------------------------|------------------|-------------|---------------|------------------|-------------|---------------------------|------------------|-------------|
| | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID |
| HABILITATION SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 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 | 151 | 184 | 20,291.34 |
| LOCAL EDUCATION AGENCY | 0 | 0 | 0.00 | 1 | 116 | 3,010.92 | 212 | 83270 | 1107,725.76 |
| INFANT TODDLER | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 13 | 87 | 1,147.33 |
| IHAWP WELLNESS EXAM BONUS | 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 | 6 | 20 | 1,457.90 | 7036 | 28068 | 2367,802.25 |
| 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 | 30 | 18 | 38.52 | 13640 | 13707 | 29,332.98 |
| INDIAN HEALTH SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| FAMILY PLANNING SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 16 | 18 | 975.75 |
| IOWA CARE MED HOME CAPITATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IOWA PLAN PROGRAM | 0 | 0 | 0.00 | 29 | 32 | 10,473.94 | 13242 | 13328 | 1988,905.73 |
| MANAGED SUBSTANCE ABUSE | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| MENTAL HEALTH ACCESS PLAN | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| EPSDT SCREENING | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 32 | 93 | 5,978.21 |
| HMO SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PACE SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 1 | 1 | 3,102.00 |

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 |
| PATIENT MANAGEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HEALTH INS PREMIUM PAYMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 688 | 1376 | 167,297.77 |
| MEDICAL SUPPLIES | 0 | 0 | 0.00 | 3 | 7 | 260.59- | 3211 | 423291 | 754,511.41 |
| HEALTH HOME PROVIDER | 0 | 0 | 0.00 | 3 | 3 | 382.77 | 222 | 245 | 9,600.16 |
| TCM PAYMENTS TO IOWAPLAN | 0 | 0 | 0.00 | 3 | 0 | 3,011.10 | 52 | 0 | 84,262.60 |
| IHAWP QHP | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| OTHER PRACTITIONER | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 1267 | 12033 | 507,900.05 |
| 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 | 3 | 4 | 637.85 | 1890 | 2185 | 223,432.85 |
| ACCOUNTABLE CARE ORGANIZATIONS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| OPTOMETRIST | 0 | 0 | 0.00 | 4 | 2 | 40.15 | 865 | 1146 | 46,418.69 |
| CHIROPRACTIC | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 409 | 835 | 13,330.66 |
| IOWA-PLAN-HAB | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PODIATRIC | 0 | 0 | 0.00 | 1 | 0 | 38.56 | 777 | 1138 | 26,701.65 |
| DELTA DENTAL | 0 | 0 | 0.00 | 1 | 1 | 22.66 | 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 | 269 | 38905 | 644,076.50 |
| PSYCHIATRIC | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 610 | 1024 | 26,081.58 |

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 |
| RESIDENTIAL CARE FACILITY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 3 | 194 | 987.60 |
| ID WAIVER SERVICE | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 10646 | 1711254 | 39121,204.16 |
| 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 | 2 | 0 | 29.28- |
| SICK & HANDICAPPED WAIVER SVCS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 156 | 29657 | 225,227.74 |
| 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 | 9718 | 74007 | 3941,851.47 |
| 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 | 27 | 350 | 27,510.53 | 13603 | 2746741 | 80737,539.02 |

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 | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| OUTPATIENT | 13 | 65 | 5,395.24 | 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 | 13 | 18 | 1,493.76 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| CLINIC SERVICES | 3 | 2 | 48.25 | 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 | 1 | 1 | 14.02 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

| CATEGORY OF SERVICE | FEDERAL ONLY PRESUMPT(881/886) | | | FEDERAL MEDICAID ONLY AGED | | | FEDERAL MEDICAID ONLY BLIND | | |
|--------------------------------|--------------------------------|------------------|-------------|----------------------------|------------------|-------------|-----------------------------|------------------|-------------|
| | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID |
| HABILITATION SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| BEHAVIORAL HLTH INTERVENTN SVC | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| REHAB SUPPORT SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| AMBULANCE SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| LOCAL EDUCATION AGENCY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| INFANT TODDLER | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IHAWP WELLNESS EXAM BONUS | 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 | 480.70 | 1 | 1 | 1.65 | 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 | 10 | 10 | 21.40 | 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 | 1 | 1 | 103.02 | 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 |

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 |
| PATIENT MANAGEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HEALTH INS PREMIUM PAYMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| MEDICAL SUPPLIES | 3 | 3 | 220.95 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HEALTH HOME PROVIDER | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| TCM PAYMENTS TO IOWAPLAN | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IHAWP QHP | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| OTHER PRACTITIONER | 3 | 3 | 635.54 | 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 | 3 | 11 | 485.05 | 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 |
| RESIDENTIAL CARE FACILITY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ID WAIVER SERVICE | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| CHILDRENS MENTAL HEALTH SVC | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| AIDS WAIVER SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| 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 * | 16 | 126 | 8,897.93 | 1 | 1 | 1.65 | 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 |
| IHAWP WELLNESS EXAM BONUS | 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 |

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 |
| PATIENT MANAGEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HEALTH INS PREMIUM PAYMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| 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 |

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 |
| RESIDENTIAL CARE FACILITY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ID WAIVER SERVICE | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| CHILDRENS MENTAL HEALTH SVC | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| AIDS WAIVER SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| 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 |
| IHAWP WELLNESS EXAM BONUS | 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 |

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 |
| PATIENT MANAGEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HEALTH INS PREMIUM PAYMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| 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 |

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 |
| RESIDENTIAL CARE FACILITY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ID WAIVER SERVICE | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| CHILDRENS MENTAL HEALTH SVC | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| AIDS WAIVER SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ELDERLY WAIVER SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ILL & HANDICAPPED WAIVER SVCS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| COUNTY OFFICE REIMBURSEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| MEP SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| UNASSIGNED | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| *A L L C A T E G O R I E S * | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

| CATEGORY OF SERVICE | OTHER BLE-DSH FP | | | PME-BCCT | | | LEGAL PERMANENT RESIDENT TXIX | | | FEDERAL ST, EX MIYA (375) | | |
|----------------------------|------------------|------------------|-------------|---------------|------------------|-------------|-------------------------------|------------------|-------------|---------------------------|------------------|-------------|
| | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID |
| INPATIENT | 0 | 0 | 0.00 | 6 | 24 | 28,815.20 | 8 | 19 | 38,576.85 | | | |
| OUTPATIENT | 0 | 0 | 0.00 | 225 | 2195 | 86,469.19 | 123 | 3433 | 49,106.77 | | | |
| CHILD PART HOSP | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 | | | |
| CHILD DAY TREATMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 | | | |
| ADULT PART HOSP | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 | | | |
| ADULT DAY TREATMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 | | | |
| SKILLED NURSING FACILITY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 | | | |
| IHAWP IOWA PLAN LITE | 0 | 0 | 0.00 | 1 | 0 | 26.88 | 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 | 60 | 21,959.80 | 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 | 542 | 822 | 72,039.26 | 157 | 301 | 27,092.21 | | | |
| CLINIC SERVICES | 0 | 0 | 0.00 | 209 | 237 | 43,649.88 | 35 | 43 | 9,037.98 | | | |
| MEP CASE MANAGEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 | | | |
| EHR INCENTIVE PAYMENTS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 | | | |
| LAB AND RADIOLOGICAL | 0 | 0 | 0.00 | 98 | 549 | 9,884.14 | 26 | 81 | 1,892.69 | | | |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

| CATEGORY OF SERVICE | 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 |
| 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 | 8 | 9 | 2,526.17 | 2 | 2 | 355.30 |
| LOCAL EDUCATION AGENCY | 0 | 0 | 0.00 | 8 | 1614 | 12,993.91 | 0 | 0 | 0.00 |
| INFANT TODDLER | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IHAWP WELLNESS EXAM BONUS | 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 | 411 | 677 | 44,834.65 | 220 | 479 | 27,009.37 |
| 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 | 3873 | 3970 | 8,495.80 | 625 | 655 | 1,401.70 |
| INDIAN HEALTH SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| FAMILY PLANNING SERVICES | 0 | 0 | 0.00 | 5 | 5 | 571.14 | 11 | 9 | 434.41 |
| IOWA CARE MED HOME CAPITATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IOWA PLAN PROGRAM | 0 | 0 | 0.00 | 3877 | 4283 | 109,080.61 | 625 | 659 | 439,275.86 |
| 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 | 82 | 101 | 4,984.53 | 1 | 1 | 19.68 |
| HMO SERVICES | 0 | 0 | 0.00 | 798 | 794 | 65,489.58 | 0 | 0 | 0.00 |
| PACE SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

| CATEGORY OF SERVICE | OTHER BLE-DSH 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 |
| PATIENT MANAGEMENT | 0 | 0 | 0.00 | 1538 | 1533 | 3,066.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HEALTH INS PREMIUM PAYMENT | 0 | 0 | 0.00 | 5 | 16 | 243.22 | 2 | 4 | 230.80 | | | |
| MEDICAL SUPPLIES | 0 | 0 | 0.00 | 30 | 767 | 3,282.46 | 12 | 101 | 6,288.38 | | | |
| HEALTH HOME PROVIDER | 0 | 0 | 0.00 | 27 | 30 | 3,138.96 | 74 | 84 | 12,749.72 | | | |
| TCM PAYMENTS TO IOWAPLAN | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 2 | 0 | 788.53 | | | |
| IHAWP QHP | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 | | | |
| OTHER PRACTITIONER | 0 | 0 | 0.00 | 95 | 213 | 11,431.07 | 49 | 73 | 5,537.99 | | | |
| 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 | 513 | 634 | 99,261.91 | 26 | 35 | 3,551.99 | | | |
| ACCOUNTABLE CARE ORGANIZATIONS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 | | | |
| OPTOMETRIST | 0 | 0 | 0.00 | 84 | 107 | 7,309.61 | 22 | 23 | 1,601.20 | | | |
| CHIROPRACTIC | 0 | 0 | 0.00 | 1 | 2 | 49.98 | 15 | 30 | 1,038.78 | | | |
| IOWA-PLAN-HAB | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 | | | |
| PODIATRIC | 0 | 0 | 0.00 | 5 | 5 | 215.48 | 1 | 1 | 81.37 | | | |
| 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 | 2 | 7 | 378.42 | 2 | 3 | 200.40 | | | |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

| CATEGORY OF SERVICE | 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 |
| RESIDENTIAL CARE FACILITY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ID WAIVER SERVICE | 0 | 0 | 0.00 | 3 | 123 | 1,988.72 | 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 | 3 | 14 | 705.74 | 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 | 3859 | 18791 | 642,892.31 | 579 | 6036 | 626,271.98 |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

| CATEGORY OF SERVICE | 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 | 8591 | 35740 | 51764,090.77 | | | |
| OUTPATIENT | 0 | 0 | 0.00 | 101351 | 3199287 | 44885,723.16 | | | |
| 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 | 1990 | 17078 | 3159,344.10 | | | |
| IHAWP IOWA PLAN LITE | 0 | 0 | 0.00 | 149489 | 117676 | 5909,667.65 | | | |
| IHAWP IOWA PLAN FULL | 0 | 0 | 0.00 | 19470 | 18243 | 3368,230.70 | | | |
| IHAWP HMO | 0 | 0 | 0.00 | 16424 | 16739 | 5168,531.31 | | | |
| IHAWP PCP | 0 | 0 | 0.00 | 53109 | 53054 | 159,160.00 | | | |
| INTERMEDIATE CARE FACILITY | 0 | 0 | 0.00 | 17122 | 325900 | 50190,953.19 | | | |
| INTER CARE MENTAL RETARDA | 0 | 0 | 0.00 | 1819 | 54764 | 23252,927.37 | | | |
| NURSING FAC FOR MENTAL ILL | 0 | 0 | 0.00 | 91 | 2920 | 716,575.11 | | | |
| HOME HEALTH | 0 | 0 | 0.00 | 14515 | 581558 | 14051,382.89 | | | |
| LEAD INSPECTION AGENCY | 0 | 0 | 0.00 | 2 | 2 | 700.00 | | | |
| PHYSICIAN | 0 | 0 | 0.00 | 163627 | 746038 | 28155,521.50 | | | |
| CLINIC SERVICES | 0 | 0 | 0.00 | 32111 | 39767 | 8851,731.79 | | | |
| MEP CASE MANAGEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | | | |
| EHR INCENTIVE PAYMENTS | 0 | 0 | 0.00 | 1 | 0 | 595,000.00 | | | |
| LAB AND RADIOLOGICAL | 0 | 0 | 0.00 | 19380 | 52649 | 1053,561.76 | | | |

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 | 2 | 151 | 25,700.54- | | | |
| BEHAVIORAL HLTH INTERVENTN SVC | 0 | 0 | 0.00 | 0 | 0 | 0.00 | | | |
| REHAB SUPPORT SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | | | |
| AMBULANCE SERVICES | 0 | 0 | 0.00 | 4970 | 5853 | 876,081.30 | | | |
| LOCAL EDUCATION AGENCY | 0 | 0 | 0.00 | 748 | 233990 | 2880,496.24 | | | |
| INFANT TODDLER | 0 | 0 | 0.00 | 97 | 587 | 6,630.81 | | | |
| IHAWP WELLNESS EXAM BONUS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | | | |
| ACO VIS PAYMENTS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | | | |
| PRESCRIBED DRUGS | 0 | 0 | 0.00 | 194417 | 658560 | 45426,640.86 | | | |
| IOWA-PLAN-PMIC | 0 | 0 | 0.00 | 0 | 0 | 0.00 | | | |
| DRUG CAPITATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | | | |
| NEMT SERVICES | 0 | 0 | 0.00 | 429992 | 440775 | 943,258.50 | | | |
| INDIAN HEALTH SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | | | |
| FAMILY PLANNING SERVICES | 0 | 0 | 0.00 | 5133 | 5920 | 373,727.37 | | | |
| IOWA CARE MED HOME CAPITATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | | | |
| IOWA PLAN PROGRAM | 0 | 0 | 0.00 | 402272 | 424469 | 29158,720.24 | | | |
| 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 | 7100 | 7734 | 2130,504.21 | | | |
| HMO SERVICES | 0 | 0 | 0.00 | 44174 | 44462 | 6029,261.83 | | | |
| PACE SERVICES | 0 | 0 | 0.00 | 258 | 260 | 846,545.09 | | | |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

| CATEGORY OF SERVICE | 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 | | | |
| PATIENT MANAGEMENT | 0 | 0 | 0.00 | 155989 | 155892 | 311,784.00 | | | |
| HEALTH INS PREMIUM PAYMENT | 0 | 0 | 0.00 | 3146 | 7081 | 452,570.20 | | | |
| MEDICAL SUPPLIES | 0 | 0 | 0.00 | 37376 | 2323384 | 7153,974.08 | | | |
| HEALTH HOME PROVIDER | 0 | 0 | 0.00 | 29127 | 29932 | 4449,433.27 | | | |
| TCM PAYMENTS TO IOWAPLAN | 0 | 0 | 0.00 | 2921 | 0 | 2477,213.75 | | | |
| IHAWP QHP | 0 | 0 | 0.00 | 6170 | 11503 | 6348,005.42 | | | |
| OTHER PRACTITIONER | 0 | 0 | 0.00 | 32446 | 116846 | 5070,449.00 | | | |
| 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 | 41049 | 49586 | 6599,300.48 | | | |
| ACCOUNTABLE CARE ORGANIZATIONS | 0 | 0 | 0.00 | 34164 | 34144 | 136,576.00 | | | |
| OPTOMETRIST | 0 | 0 | 0.00 | 19667 | 24252 | 1472,494.64 | | | |
| CHIROPRACTIC | 0 | 0 | 0.00 | 13410 | 30859 | 837,866.58 | | | |
| IOWA-PLAN-HAB | 0 | 0 | 0.00 | 0 | 0 | 0.00 | | | |
| PODIATRIC | 0 | 0 | 0.00 | 6678 | 10323 | 393,830.54 | | | |
| DELTA DENTAL | 0 | 0 | 0.00 | 134771 | 134481 | 3047,339.46 | | | |
| PHYSICAL DISABILITIES SVCS | 0 | 0 | 0.00 | 594 | 94241 | 326,719.90 | | | |
| BRAIN INJ WAIVER SERVICES | 0 | 0 | 0.00 | 1174 | 196874 | 2923,224.35 | | | |
| PSYCHIATRIC | 0 | 0 | 0.00 | 5028 | 10112 | 726,600.32 | | | |

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 | | | |
| RESIDENTIAL CARE FACILITY | 0 | 0 | 0.00 | 818 | 30074 | 209,938.95 | | | |
| ID WAIVER SERVICE | 0 | 0 | 0.00 | 11816 | 1881524 | 43350,589.57 | | | |
| CHILDRENS MENTAL HEALTH SVC | 0 | 0 | 0.00 | 598 | 133488 | 616,804.94 | | | |
| AIDS WAIVER SERVICES | 0 | 0 | 0.00 | 24 | 6859 | 24,405.17 | | | |
| ELDERLY WAIVER SERVICES | 0 | 0 | 0.00 | 8335 | 1148529 | 6921,462.71 | | | |
| ILL & HANDICAPPED WAIVER SVCS | 0 | 0 | 0.00 | 1693 | 310323 | 1877,408.18 | | | |
| COUNTY OFFICE REIMBURSEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | | | |
| MEP SERVICES | 0 | 0 | 0.00 | 11137 | 85568 | 4551,840.48 | | | |
| UNASSIGNED | 0 | 0 | 0.00 | 1 | 0 | 5607,653.90 | | | |
| * A L L C A T E G O R I E S * | 0 | 0 | 0.00 | 603729 | 3910051 | 435816,753.10 | 0 | 0 | 0.00 |

* * * E N D O F R E P O R T * * *