

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	RECIPS	UNITS OF	AMOUNT	RECIPS	UNITS OF	AMOUNT	RECIPS	UNITS OF	AMOUNT
	SERVED	SERVICE	PAID	SERVED	SERVICE	PAID	SERVED	SERVICE	PAID
	FEDERAL ONLY			REFUGEE TXXI			AGED		
INPATIENT	0	0	\$0.00	0	0	\$0.00	333	1,322	\$341,470.43
OUTPATIENT	17	132	\$4,455.70	0	0	\$0.00	2,223	28,324	\$398,121.68
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	40	613	\$113,721.11
INTERMEDIATE CARE FACILITY	0	0	\$0.00	0	0	\$0.00	3,262	107,875	\$7,602,373.95
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	1	61	\$16,446.17
HOME HEALTH	0	0	\$0.00	0	0	\$0.00	1,026	14,169	\$657,780.70
LEAD INSPECTION AGENCY	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
PHYSICIAN	23	37	\$3,018.31	0	0	\$0.00	4,927	26,358	\$337,661.78
CLINIC SERVICES	0	0	\$0.00	0	0	\$0.00	453	236	\$33,327.59
MEP CASE MANAGEMENT	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
LAB AND RADIOLOGICAL	0	0	\$0.00	0	0	\$0.00	96	275	\$3,362.13
REHAB SUPPORT SERVICES	0	0	\$0.00	0	0	\$0.00	45	1,005	\$53,634.37
AMBULANCE SERVICES	0	0	\$0.00	0	0	\$0.00	167	204	\$16,126.73
LOCAL EDUCATION AGENCY	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
EARLY ACCESS SERVICES	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
PRESCRIBED DRUGS	15	23	\$724.23	0	0	\$0.00	7,453	40,294	\$1,767,842.38
DRUG CAPITATION	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	3	3	\$96.43
IOWA PLAN PROGRAM	49	63	\$2,040.25	0	0	\$0.00	302	308	\$20,648.92
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	1	1	\$7.68
HMO SERVICES	18	18	\$3,679.79	0	0	\$0.00	0	0	\$0.00
PATIENT MANAGEMENT	24	24	\$48.00	0	0	\$0.00	0	0	\$0.00
HEALTH INS PREMIUM PAYMENT	1	2	\$128.37	0	0	\$0.00	4	4	\$1,478.20
MEDICAL SUPPLIES	1	3	\$120.61	0	0	\$0.00	1,880	133,694	\$213,007.90
OTHER PRACTITIONER	0	0	\$0.00	0	0	\$0.00	252	811	\$13,493.75
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	4	5	\$196.36	0	0	\$0.00	393	467	\$63,487.61
OPTOMETRIST	2	2	\$89.21	0	0	\$0.00	642	924	\$21,537.83
CHIROPRACTIC	0	0	\$0.00	0	0	\$0.00	331	804	\$5,518.17
PODIATRIC	0	0	\$0.00	0	0	\$0.00	673	1,079	\$11,242.27

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(BY CATEGORY OF SERVICE BY PROGRAM)

<u>CATEGORY OF SERVICE</u>	<u>RECIPS</u>	<u>UNITS OF</u>	<u>AMOUNT</u>	<u>RECIPS</u>	<u>UNITS OF</u>	<u>AMOUNT</u>	<u>RECIPS</u>	<u>UNITS OF</u>	<u>AMOUNT</u>
	<u>SERVED</u>	<u>SERVICE</u>	<u>PAID</u>	<u>SERVED</u>	<u>SERVICE</u>	<u>PAID</u>	<u>SERVED</u>	<u>SERVICE</u>	<u>PAID</u>
		<u>FEDERAL ONLY</u>			<u>REFUGEE TXXI</u>			<u>AGED</u>	
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	172	280	\$8,133.21
RESIDENTIAL CARE FACILITY	0	0	\$0.00	0	0	\$0.00	490	14,459	\$102,264.01
MR WAIVER SERVICE	0	0	\$0.00	0	0	\$0.00	37	2,121	\$93,284.88
MR OBRA WAIVER SERVICES	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	1,482	68,013	\$771,182.83
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	125	137	\$33,367.50
UNASSIGNED	0	0	\$0.00	0	0	\$0.00	1	-2	-\$92.77
ALL CATEGORIES*	68	309	\$14,500.83	0	0	\$0.00	11,351	443,839	\$12,700,527.44

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(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	RECIPS	UNITS OF	AMOUNT	RECIPS	UNITS OF	AMOUNT	RECIPS	UNITS OF	AMOUNT
	SERVED	SERVICE	PAID	SERVED	SERVICE	PAID	SERVED	SERVICE	PAID
		FEDERAL ONLY		REFUGEE TXXI			AGED		
	BLIND		DISABLED			ADC - ADULT			
INPATIENT	0	0	\$0.00	1,347	8,404	\$6,082,643.38	535	1,768	\$1,803,063.25
OUTPATIENT	0	0	\$0.00	11,469	161,962	\$3,858,317.40	5,690	46,647	\$1,917,084.12
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	119	2,819	\$913,777.48	1	1	\$807.33
INTERMEDIATE CARE FACILITY	0	0	\$0.00	301	8,392	\$662,828.39	1	-1	-\$353.41
INTER CARE MENTAL RETARDA	0	0	\$0.00	15	427	\$128,948.23	0	0	\$0.00
NURSING FAC FOR MENTAL ILL	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
HOME HEALTH	0	0	\$0.00	1,996	57,670	\$1,808,338.26	31	250	\$17,559.96
LEAD INSPECTION AGENCY	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
PHYSICIAN	2	3	\$160.33	20,844	79,426	\$2,534,038.75	11,531	20,793	\$1,807,016.35
CLINIC SERVICES	0	0	\$0.00	2,387	2,716	\$388,203.21	1,770	2,454	\$294,656.28
MEP CASE MANAGEMENT	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
LAB AND RADIOLOGICAL	0	0	\$0.00	1,158	3,894	\$51,702.75	1,218	3,540	\$64,411.82
REHAB SUPPORT SERVICES	0	0	\$0.00	2,307	49,192	\$2,460,348.32	14	214	\$9,048.81
AMBULANCE SERVICES	0	0	\$0.00	508	602	\$63,567.48	82	82	\$11,725.00
LOCAL EDUCATION AGENCY	0	0	\$0.00	100	15,909	\$171,150.22	2	428	\$5,038.00
EARLY ACCESS SERVICES	0	0	\$0.00	48	372	\$6,922.17	2	10	\$292.52
PRESCRIBED DRUGS	2	23	\$1,362.61	32,042	171,882	\$12,795,102.92	16,598	43,691	\$2,175,416.38
DRUG CAPITATION	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	911	973	\$38,681.40	3,446	3,616	\$147,334.32
IOWA PLAN PROGRAM	1	1	\$77.59	41,432	42,769	\$3,031,435.90	36,511	41,513	\$1,036,787.87
MANAGED SUBSTANCE ABUSE	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
MENTAL HEALTH ACCESS PLAN	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
EPSDT SCREENING	0	0	\$0.00	335	417	\$15,699.96	155	173	\$5,684.29
HMO SERVICES	0	0	\$0.00	0	0	\$0.00	8,091	8,441	\$1,927,066.38
PATIENT MANAGEMENT	0	0	\$0.00	1	1	\$2.00	19,242	19,242	\$38,484.00
HEALTH INS PREMIUM PAYMENT	0	0	\$0.00	694	1,795	\$205,525.69	532	1,553	\$45,034.23
MEDICAL SUPPLIES	2	174	\$153.46	6,432	567,836	\$1,197,943.25	588	14,791	\$87,200.05
OTHER PRACTITIONER	0	0	\$0.00	1,485	8,759	\$243,337.76	561	1,159	\$69,085.67
FAMILY CENTERED PROGRAM	0	0	\$0.00	208	4,202	\$123,398.34	46	1,385	\$32,313.77
FAMILY PRESERVATION	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
TREATMENT FOSTER FAMILY CARE	0	0	\$0.00	2	19	\$798.07	2	11	\$456.20
GROUP TREATMENT THERAPY	0	0	\$0.00	7	145	\$9,137.81	6	137	\$7,503.60
DENTAL	0	0	\$0.00	3,519	4,556	\$605,405.31	3,132	4,299	\$689,963.46
OPTOMETRIST	0	0	\$0.00	2,312	2,955	\$126,276.41	1,285	1,571	\$98,773.98
CHIROPRACTIC	0	0	\$0.00	1,795	4,731	\$71,060.38	1,464	3,322	\$107,478.75

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	<u>SERVED</u>	<u>SERVICE</u>	<u>PAID</u>	<u>SERVED</u>	<u>SERVICE</u>	<u>PAID</u>	<u>SERVED</u>	<u>SERVICE</u>	<u>PAID</u>
		<u>FEDERAL ONLY</u>			<u>REFUGEE TXXI</u>			<u>AGED</u>	
PODIATRIC	0	0	\$0.00	1,101	1,860	\$54,319.25	139	190	\$22,690.74
PHYSICAL DISABILITIES SVCS	0	0	\$0.00	248	8,197	\$122,352.44	0	0	\$0.00
BRAIN INJ WAIVER SERVICES	0	0	\$0.00	130	7,605	\$211,060.09	0	0	\$0.00
PSYCHIATRIC	0	0	\$0.00	2,455	5,275	\$158,679.01	9	13	\$735.86
RESIDENTIAL CARE FACILITY	0	0	\$0.00	1,779	51,886	\$386,267.68	0	0	\$0.00
MR WAIVER SERVICE	0	0	\$0.00	851	48,233	\$2,020,360.46	1	90	\$2,419.58
MR OBRA WAIVER SERVICES	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
AIDS WAIVER SERVICES	0	0	\$0.00	9	729	\$7,522.94	0	0	\$0.00
ELDERLY WAIVER SERVICES	0	0	\$0.00	78	2,740	\$36,447.38	0	0	\$0.00
ILL & HANDICAPPED WAIVER SVCS	0	0	\$0.00	1,374	63,866	\$1,019,620.99	0	0	\$0.00
COUNTY OFFICE REIMBURSEMENT	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
MEP SERVICES	0	0	\$0.00	2,253	1,815	\$462,231.74	13	3	\$1,034.81
UNASSIGNED	0	0	\$0.00	3	-4	-\$185.54	2	0	\$0.00
ALL CATEGORIES*	2	201	\$1,753.99	46,398	1,395,027	\$42,073,267.68	41,122	221,386	\$12,425,813.97

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CATEGORY OF SERVICE	RECIPS	UNITS OF	AMOUNT	RECIPS	UNITS OF	AMOUNT	RECIPS	UNITS OF	AMOUNT
	SERVED	SERVICE	PAID	SERVED	SERVICE	PAID	SERVED	SERVICE	PAID
	FEDERAL ONLY			REFUGEE TXXI			AGED		
	ADC - CHILD			CMAP			OTHER		
INPATIENT	229	1,566	\$1,438,918.42	317	7,528	\$1,374,485.50	1,177	4,989	\$5,269,333.92
OUTPATIENT	4,769	26,249	\$971,904.99	1,046	8,067	\$220,317.44	6,877	50,493	\$1,565,033.16
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	1	0	\$7,665.00
INTERMEDIATE CARE FACILITY	0	0	\$0.00	0	0	\$0.00	3	32	\$118,268.56
INTER CARE MENTAL RETARDA	1	0	\$0.00	1	26	\$7,977.44	1	0	-\$1,527,860.00
NURSING FAC FOR MENTAL ILL	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
HOME HEALTH	214	623	\$22,511.58	37	118	\$6,295.55	305	1,668	-\$170,848.94
LEAD INSPECTION AGENCY	10	9	\$5,535.52	1	1	\$355.69	3	3	\$1,061.38
PHYSICIAN	14,518	23,354	\$1,445,141.98	2,439	2,823	\$106,741.35	18,721	31,918	\$2,569,710.05
CLINIC SERVICES	2,821	3,573	\$447,441.52	516	712	\$87,127.71	3,878	5,588	\$712,176.14
MEP CASE MANAGEMENT	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
LAB AND RADIOLOGICAL	614	1,165	\$16,212.32	229	647	\$10,940.86	1,478	5,069	\$68,647.72
REHAB SUPPORT SERVICES	0	0	\$0.00	14	298	\$28,707.42	5	170	\$6,208.14
AMBULANCE SERVICES	60	54	\$8,007.44	16	16	\$12,942.46	91	84	\$10,802.91
LOCAL EDUCATION AGENCY	34	3,028	\$33,431.38	2	640	\$6,471.52	20	2,629	\$24,141.94
EARLY ACCESS SERVICES	37	278	\$6,049.02	4	31	\$784.30	38	303	\$5,913.59
PRESCRIBED DRUGS	17,736	31,472	\$1,583,766.77	3,086	7,421	\$460,347.90	19,560	33,704	\$1,425,861.46
DRUG CAPITATION	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	539	555	\$22,920.21	411	437	\$18,027.07	1,204	1,216	\$48,371.90
IOWA PLAN PROGRAM	61,104	67,826	\$743,981.52	8,533	9,747	\$214,142.16	65,934	75,018	\$925,509.02
MANAGED SUBSTANCE ABUSE	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
MENTAL HEALTH ACCESS PLAN	0	0	\$0.00	0	0	\$0.00	1	0	-\$30.25
EPSDT SCREENING	4,143	4,659	\$292,595.05	568	619	\$37,937.30	5,262	5,854	\$455,508.32
HMO SERVICES	13,008	13,618	\$1,405,058.20	1,630	1,685	\$212,634.24	11,364	11,879	\$1,625,316.23
PATIENT MANAGEMENT	33,917	33,917	\$67,834.00	4,442	4,442	\$8,884.00	38,122	38,122	\$76,244.00
HEALTH INS PREMIUM PAYMENT	846	2,422	\$56,647.43	26	63	\$2,812.10	3,203	10,404	\$243,888.80
MEDICAL SUPPLIES	558	7,893	\$63,139.65	83	1,417	-\$12,836.56	554	12,480	\$64,890.58
OTHER PRACTITIONER	960	2,739	\$83,980.01	133	289	\$14,340.38	1,155	3,046	\$121,407.03
FAMILY CENTERED PROGRAM	956	14,993	\$466,963.37	370	5,091	\$162,466.05	626	11,242	\$328,484.33
FAMILY PRESERVATION	3	3	\$6,835.73	0	0	\$0.00	0	0	\$0.00
TREATMENT FOSTER FAMILY CARE	2	17	\$723.26	14	170	\$7,249.18	4	42	\$1,757.76
GROUP TREATMENT THERAPY	12	278	\$21,353.59	30	635	\$34,496.03	14	362	\$18,672.47
DENTAL	4,633	5,478	\$632,889.01	674	862	\$131,573.34	5,174	6,161	\$721,771.43
OPTOMETRIST	1,323	1,512	\$86,601.94	283	322	\$18,776.57	1,562	1,811	\$103,921.36
CHIROPRACTIC	723	1,372	\$42,466.19	159	346	\$11,108.45	958	1,958	\$56,157.35

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	<u>SERVED</u>	<u>SERVICE</u>	<u>PAID</u>	<u>SERVED</u>	<u>SERVICE</u>	<u>PAID</u>	<u>SERVED</u>	<u>SERVICE</u>	<u>PAID</u>
		<u>FEDERAL ONLY</u>		<u>REFUGEE TXXI</u>				<u>AGED</u>	
PODIATRIC	47	57	\$6,516.83	17	17	\$1,739.41	68	89	\$8,202.01
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	1	\$169.52	5	33	\$938.24	19	45	\$1,923.53
RESIDENTIAL CARE FACILITY	0	0	\$0.00	2	229	\$3,820.40	0	0	\$0.00
MR WAIVER SERVICE	1	5	\$84.00	0	0	\$0.00	6	67	-\$2,049.80
MR OBRA WAIVER SERVICES	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	63	\$1,611.48
ILL & HANDICAPPED WAIVER SVCS	0	0	\$0.00	0	0	\$0.00	1	1	\$30.00
COUNTY OFFICE REIMBURSEMENT	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
MEP SERVICES	6	-2	-\$479.21	18	2	\$801.10	20	3	\$823.67
UNASSIGNED	0	0	\$0.00	0	0	\$0.00	3	0	\$606,238.88
ALL CATEGORIES*	66,746	248,714	\$9,979,201.24	9,532	54,734	\$3,192,404.60	72,886	316,513	\$15,494,765.13

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	SERVED	SERVICE	PAID	SERVED	SERVICE	PAID	SERVED	SERVICE	PAID
	FEDERAL ONLY			REFUGEE TXXI			AGED		
	FOSTER - PRESUB - SUB ADOPTS			INTERMEDIATE CARE FACILITY			MEDICALLY NEEDY NO SPEND DN		
INPATIENT	76	872	\$206,258.44	636	2,462	\$598,508.62	58	322	\$391,451.99
OUTPATIENT	823	5,918	\$167,645.53	3,321	45,588	\$493,038.22	452	5,212	\$138,332.61
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	151	1,896	\$73,995.22	2	23	\$0.00
INTERMEDIATE CARE FACILITY	0	0	\$0.00	10,226	290,890	\$24,613,808.08	5	91	\$7,048.09
INTER CARE MENTAL RETARDA	6	145	\$49,081.59	0	0	\$0.00	0	0	\$0.00
NURSING FAC FOR MENTAL ILL	0	0	\$0.00	20	983	\$307,888.79	0	0	\$0.00
HOME HEALTH	62	4,315	\$61,775.95	2,342	36,081	\$1,580,570.76	63	1,153	\$22,932.06
LEAD INSPECTION AGENCY	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
PHYSICIAN	2,288	3,387	\$196,750.15	7,042	35,432	\$418,305.28	899	2,943	\$131,604.20
CLINIC SERVICES	309	370	\$40,007.15	695	344	\$47,244.80	109	123	\$14,458.71
MEP CASE MANAGEMENT	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
LAB AND RADIOLOGICAL	216	501	\$6,371.94	114	391	\$3,792.98	67	184	\$3,508.72
REHAB SUPPORT SERVICES	3	0	\$135.79	14	-277	-\$7,851.63	31	762	\$53,143.67
AMBULANCE SERVICES	19	18	-\$3,582.50	388	495	\$35,323.55	16	16	\$1,180.76
LOCAL EDUCATION AGENCY	22	3,511	\$22,651.20	0	0	\$0.00	0	0	\$0.00
EARLY ACCESS SERVICES	12	64	\$1,449.07	0	0	\$0.00	0	0	\$0.00
PRESCRIBED DRUGS	4,457	10,671	\$847,307.97	17,931	134,464	\$6,002,990.53	1,515	7,383	\$408,764.15
DRUG CAPITATION	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	232	238	\$9,575.47	28	29	\$1,443.16	100	101	\$4,257.23
IOWA PLAN PROGRAM	9,222	9,683	\$822,869.27	1,790	1,841	\$102,220.57	1,467	1,710	\$52,707.40
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	291	303	\$17,315.68	7	8	\$130.60	15	16	\$448.51
HMO SERVICES	1	1	\$90.34	0	0	\$0.00	0	0	\$0.00
PATIENT MANAGEMENT	85	85	\$170.00	0	0	\$0.00	0	0	\$0.00
HEALTH INS PREMIUM PAYMENT	93	245	\$8,575.09	34	62	\$16,119.88	15	31	\$2,849.33
MEDICAL SUPPLIES	174	13,660	\$33,085.13	3,684	315,938	\$449,672.74	159	7,745	\$15,326.19
OTHER PRACTITIONER	260	1,595	\$49,460.03	420	1,517	\$31,996.83	56	111	\$4,782.72
FAMILY CENTERED PROGRAM	917	15,382	\$464,789.82	0	0	\$0.00	0	0	\$0.00
FAMILY PRESERVATION	1	1	\$627.40	0	0	\$0.00	0	0	\$0.00
TREATMENT FOSTER FAMILY CARE	619	7,055	\$298,259.59	0	0	\$0.00	0	0	\$0.00
GROUP TREATMENT THERAPY	1,033	37,962	\$2,457,118.73	0	0	\$0.00	0	0	\$0.00
DENTAL	972	1,130	\$127,402.18	758	941	\$125,458.98	171	244	\$35,223.16
OPTOMETRIST	402	454	\$25,933.08	704	911	\$20,460.53	128	162	\$7,314.55
CHIROPRACTIC	100	186	\$5,393.31	173	483	\$3,291.72	114	280	\$7,047.87

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

<u>CATEGORY OF SERVICE</u>	<u>RECIPS</u>	<u>UNITS OF</u>	<u>AMOUNT</u>	<u>RECIPS</u>	<u>UNITS OF</u>	<u>AMOUNT</u>	<u>RECIPS</u>	<u>UNITS OF</u>	<u>AMOUNT</u>
	<u>SERVED</u>	<u>SERVICE</u>	<u>PAID</u>	<u>SERVED</u>	<u>SERVICE</u>	<u>PAID</u>	<u>SERVED</u>	<u>SERVICE</u>	<u>PAID</u>
		<u>FEDERAL ONLY</u>			<u>REFUGEE TXXI</u>			<u>AGED</u>	
PODIATRIC	24	32	\$3,062.49	1,548	2,400	\$24,771.05	34	49	\$2,696.71
PHYSICAL DISABILITIES SVCS	0	0	\$0.00	87	2,740	\$31,615.89	0	0	\$0.00
BRAIN INJ WAIVER SERVICES	14	611	\$13,759.15	219	11,293	\$300,672.70	0	0	\$0.00
PSYCHIATRIC	13	19	\$853.06	280	554	\$16,142.55	44	82	\$2,237.82
RESIDENTIAL CARE FACILITY	0	0	\$0.00	10	201	\$2,713.19	2	56	\$267.00
MR WAIVER SERVICE	134	6,960	\$160,762.12	8	1,153	\$16,593.31	1	51	\$3,690.15
MR OBRA WAIVER SERVICES	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
AIDS WAIVER SERVICES	0	0	\$0.00	20	1,927	\$15,857.55	0	0	\$0.00
ELDERLY WAIVER SERVICES	0	0	\$0.00	4,726	196,472	\$2,063,526.38	2	19	\$913.46
ILL & HANDICAPPED WAIVER SVCS	21	924	\$15,793.23	5	323	\$2,493.66	0	0	\$0.00
COUNTY OFFICE REIMBURSEMENT	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
MEP SERVICES	167	109	\$28,979.29	121	44	\$13,965.14	26	17	\$6,091.91
UNASSIGNED	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
ALL CATEGORIES*	9,479	126,407	\$6,139,726.74	16,900	1,087,586	\$37,406,761.63	2,201	28,886	\$1,318,278.97



TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	RECIPS	UNITS OF	AMOUNT	RECIPS	UNITS OF	AMOUNT	RECIPS	UNITS OF	AMOUNT
	SERVED	SERVICE	PAID	SERVED	SERVICE	PAID	SERVED	SERVICE	PAID
	<u>FEDERAL ONLY</u>			<u>REFUGEE TXXI</u>			<u>AGED</u>		
	<u>MEDICALLY NEEDY WI SPEND DN</u>			<u>OTHER TXXI</u>			<u>OTHER BREAST CERVICAL CANCER</u>		
INPATIENT	244	975	\$915,877.93	35	189	\$133,648.55	6	12	\$23,204.97
OUTPATIENT	820	12,680	\$533,717.77	670	3,982	\$166,771.32	71	1,177	\$82,351.49
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	1	41	\$419.07	0	0	\$0.00	0	0	\$0.00
SKILLED NURSING FACILITY	4	21	\$2,580.50	0	0	\$0.00	0	0	\$0.00
INTERMEDIATE CARE FACILITY	3	-1	\$377.31	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	126	1,268	\$52,947.08	5	11	\$143.07	1	17	\$937.49
LEAD INSPECTION AGENCY	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
PHYSICIAN	1,502	7,314	\$297,819.46	2,025	2,978	\$182,850.26	113	434	\$100,559.92
CLINIC SERVICES	141	165	\$20,492.61	426	545	\$61,134.71	11	18	\$2,526.35
MEP CASE MANAGEMENT	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
LAB AND RADIOLOGICAL	46	117	\$2,229.65	78	154	\$2,602.69	19	61	\$1,102.95
REHAB SUPPORT SERVICES	67	1,293	\$82,496.34	0	0	\$0.00	0	0	\$0.00
AMBULANCE SERVICES	51	57	\$8,777.74	8	9	\$2,640.93	0	0	\$0.00
LOCAL EDUCATION AGENCY	0	0	\$0.00	10	1,048	\$10,950.96	0	0	\$0.00
EARLY ACCESS SERVICES	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
PRESCRIBED DRUGS	1,466	7,909	\$586,380.00	2,673	4,840	\$287,061.42	112	433	\$27,289.05
DRUG CAPITATION	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	10	10	\$383.32	189	196	\$8,366.54	2	2	\$369.96
IOWA PLAN PROGRAM	0	0	\$0.00	10,109	11,066	\$129,475.05	139	142	\$11,017.78
MANAGED SUBSTANCE ABUSE	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
MENTAL HEALTH ACCESS PLAN	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
EPSDT SCREENING	1	1	\$34.04	426	444	\$20,587.27	0	0	\$0.00
HMO SERVICES	0	0	\$0.00	1,603	1,653	\$162,722.49	0	0	\$0.00
PATIENT MANAGEMENT	0	0	\$0.00	6,462	6,462	\$12,924.00	0	0	\$0.00
HEALTH INS PREMIUM PAYMENT	0	0	\$0.00	54	141	\$5,074.09	0	0	\$0.00
MEDICAL SUPPLIES	350	20,137	\$48,926.15	49	1,124	\$6,071.89	17	378	\$2,682.83
OTHER PRACTITIONER	83	192	\$6,538.15	147	495	\$14,994.24	5	30	\$1,346.02
FAMILY CENTERED PROGRAM	0	0	\$0.00	162	2,675	\$83,325.40	0	0	\$0.00
FAMILY PRESERVATION	0	0	\$0.00	1	1	\$2,160.63	0	0	\$0.00
TREATMENT FOSTER FAMILY CARE	0	0	\$0.00	3	28	\$1,177.63	0	0	\$0.00
GROUP TREATMENT THERAPY	0	0	\$0.00	3	79	\$4,840.44	0	0	\$0.00
DENTAL	148	215	\$37,119.95	1,147	1,348	\$181,550.16	12	18	\$2,820.74
OPTOMETRIST	121	146	\$4,465.53	366	405	\$22,451.48	7	9	\$646.14
CHIROPRACTIC	69	145	\$2,513.08	210	347	\$10,726.76	8	18	\$530.88

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

<u>CATEGORY OF SERVICE</u>	<u>RECIPS</u>	<u>UNITS OF</u>	<u>AMOUNT</u>	<u>RECIPS</u>	<u>UNITS OF</u>	<u>AMOUNT</u>	<u>RECIPS</u>	<u>UNITS OF</u>	<u>AMOUNT</u>
	<u>SERVED</u>	<u>SERVICE</u>	<u>PAID</u>	<u>SERVED</u>	<u>SERVICE</u>	<u>PAID</u>	<u>SERVED</u>	<u>SERVICE</u>	<u>PAID</u>
		<u>FEDERAL ONLY</u>			<u>REFUGEE TXXI</u>			<u>AGED</u>	
PODIATRIC	74	130	\$1,930.19	25	26	\$3,238.20	2	4	\$185.84
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	118	274	\$11,104.10	0	0	\$0.00	0	0	\$0.00
RESIDENTIAL CARE FACILITY	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
MR WAIVER SERVICE	1	30	\$776.70	0	0	\$0.00	0	0	\$0.00
MR OBRA WAIVER SERVICES	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	3	\$55.47	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	123	63	\$23,645.18	2	-3	-\$550.70	0	0	\$0.00
UNASSIGNED	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
ALL CATEGORIES*	2,279	53,185	\$2,641,607.32	9,898	40,243	\$1,516,939.48	135	2,753	\$257,572.41

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	RECIPS	UNITS OF	AMOUNT	RECIPS	UNITS OF	AMOUNT	RECIPS	UNITS OF	AMOUNT
	SERVED	SERVICE	PAID	SERVED	SERVICE	PAID	SERVED	SERVICE	PAID
	FEDERAL ONLY			REFUGEE TXXI			AGED		
	STATE ONLY		FED CNTY - FED CNTY STATE				FEDERAL	MEDICAID ONLY	AGED
INPATIENT	18	39	\$175,409.42	91	378	\$316,395.05	0	0	\$0.00
OUTPATIENT	195	1,897	\$66,490.83	1,594	19,398	\$359,543.74	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	1	31	\$14,415.00	6	50	\$9,564.04	0	0	\$0.00
INTERMEDIATE CARE FACILITY	0	0	\$0.00	7	119	\$9,804.59	0	0	\$0.00
INTER CARE MENTAL RETARDA	0	0	\$0.00	1,758	52,235	\$15,300,798.00	0	0	\$0.00
NURSING FAC FOR MENTAL ILL	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
HOME HEALTH	8	27	\$2,087.96	609	22,287	\$736,222.53	0	0	\$0.00
LEAD INSPECTION AGENCY	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
PHYSICIAN	420	940	\$69,885.30	3,521	11,947	\$244,125.61	0	0	\$0.00
CLINIC SERVICES	66	102	\$12,904.60	251	211	\$24,060.21	0	0	\$0.00
MEP CASE MANAGEMENT	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
LAB AND RADIOLOGICAL	39	106	\$1,614.03	134	405	\$4,325.97	0	0	\$0.00
REHAB SUPPORT SERVICES	2	26	\$741.43	32	422	\$18,852.31	0	0	\$0.00
AMBULANCE SERVICES	7	7	\$876.51	66	82	\$7,208.68	0	0	\$0.00
LOCAL EDUCATION AGENCY	0	0	\$0.00	89	21,166	\$199,066.80	0	0	\$0.00
EARLY ACCESS SERVICES	0	0	\$0.00	8	76	\$1,425.66	0	0	\$0.00
PRESCRIBED DRUGS	679	2,663	\$151,873.44	6,675	29,160	\$2,278,189.64	2	8	\$139.53
DRUG CAPITATION	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	15	15	\$666.28	458	474	\$18,812.39	0	0	\$0.00
IOWA PLAN PROGRAM	1,074	1,149	\$96,455.97	8,443	8,505	\$628,083.24	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	9	9	\$1,305.17	84	100	\$3,036.78	0	0	\$0.00
HMO SERVICES	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
PATIENT MANAGEMENT	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
HEALTH INS PREMIUM PAYMENT	4	10	\$512.33	425	1,041	\$119,452.01	0	0	\$0.00
MEDICAL SUPPLIES	78	4,151	\$10,337.75	1,436	215,432	\$320,246.31	0	0	\$0.00
OTHER PRACTITIONER	33	182	\$5,997.88	578	6,998	\$160,909.69	0	0	\$0.00
FAMILY CENTERED PROGRAM	7	79	\$3,136.00	20	195	\$7,245.65	0	0	\$0.00
FAMILY PRESERVATION	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
TREATMENT FOSTER FAMILY CARE	1	4	\$176.00	1	12	\$524.86	0	0	\$0.00
GROUP TREATMENT THERAPY	8	274	\$16,659.70	0	0	\$0.00	0	0	\$0.00
DENTAL	77	114	\$26,743.33	1,098	1,221	\$89,707.28	0	0	\$0.00
OPTOMETRIST	60	70	\$4,143.50	476	595	\$23,254.09	0	0	\$0.00
CHIROPRACTIC	25	54	\$1,586.24	189	477	\$6,517.64	0	0	\$0.00

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

<u>CATEGORY OF SERVICE</u>	<u>RECIPS</u>	<u>UNITS OF</u>	<u>AMOUNT</u>	<u>RECIPS</u>	<u>UNITS OF</u>	<u>AMOUNT</u>	<u>RECIPS</u>	<u>UNITS OF</u>	<u>AMOUNT</u>
	<u>SERVED</u>	<u>SERVICE</u>	<u>PAID</u>	<u>SERVED</u>	<u>SERVICE</u>	<u>PAID</u>	<u>SERVED</u>	<u>SERVICE</u>	<u>PAID</u>
		<u>FEDERAL ONLY</u>			<u>REFUGEE TXXI</u>			<u>AGED</u>	
PODIATRIC	15	16	\$1,148.48	414	617	\$13,851.59	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	127	7,178	\$174,039.53	0	0	\$0.00
PSYCHIATRIC	1	1	\$104.10	410	732	\$23,998.50	0	0	\$0.00
RESIDENTIAL CARE FACILITY	1	30	\$102.00	12	397	\$3,088.44	0	0	\$0.00
MR WAIVER SERVICE	1	29	\$5,045.42	6,182	378,085	\$14,053,048.74	0	0	\$0.00
MR OBRA WAIVER SERVICES	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	60	\$540.00	2	19	\$744.15	0	0	\$0.00
ILL & HANDICAPPED WAIVER SVCS	0	0	\$0.00	141	7,937	\$115,323.63	0	0	\$0.00
COUNTY OFFICE REIMBURSEMENT	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
MEP SERVICES	2	2	\$465.38	6,633	5,996	\$1,568,714.16	0	0	\$0.00
UNASSIGNED	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
ALL CATEGORIES*	1,134	12,087	\$671,424.05	8,480	793,947	\$36,840,181.51	2	8	\$139.53

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

<u>CATEGORY OF SERVICE</u>	<u>RECIPS</u>	<u>UNITS OF</u>	<u>AMOUNT</u>	<u>RECIPS</u>	<u>UNITS OF</u>	<u>AMOUNT</u>	<u>RECIPS</u>	<u>UNITS OF</u>	<u>AMOUNT</u>
	<u>SERVED</u>	<u>SERVICE</u>	<u>PAID</u>	<u>SERVED</u>	<u>SERVICE</u>	<u>PAID</u>	<u>SERVED</u>	<u>SERVICE</u>	<u>PAID</u>
	<u>FEDERAL ONLY</u>			<u>REFUGEE TXXI</u>				<u>AGED</u>	
	<u>FEDERAL MEDICAID ONLY BLIND</u>			<u>TOTAL</u>					
INPATIENT	0	0	\$0.00	5,051	30,826	\$19,070,669.87			
OUTPATIENT	0	0	\$0.00	39,602	417,726	\$10,943,126.00			
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	1	41	\$419.07			
SKILLED NURSING FACILITY	0	0	\$0.00	323	5,454	\$1,136,525.68			
INTERMEDIATE CARE FACILITY	0	0	\$0.00	13,651	407,397	\$33,014,155.56			
INTER CARE MENTAL RETARDA	0	0	\$0.00	1,780	52,833	\$13,958,945.26			
NURSING FAC FOR MENTAL ILL	0	0	\$0.00	21	1,044	\$324,334.96			
HOME HEALTH	0	0	\$0.00	6,767	139,657	\$4,799,254.01			
LEAD INSPECTION AGENCY	0	0	\$0.00	14	13	\$6,952.59			
PHYSICIAN	0	0	\$0.00	89,203	250,087	\$10,445,389.08			
CLINIC SERVICES	0	0	\$0.00	13,719	17,157	\$2,185,761.59			
MEP CASE MANAGEMENT	0	0	\$0.00	0	0	\$0.00			
LAB AND RADIOLOGICAL	0	0	\$0.00	5,482	16,509	\$240,826.53			
REHAB SUPPORT SERVICES	0	0	\$0.00	2,495	53,105	\$2,705,464.97			
AMBULANCE SERVICES	0	0	\$0.00	1,471	1,726	\$175,597.69			
LOCAL EDUCATION AGENCY	0	0	\$0.00	277	48,359	\$472,902.02			
EARLY ACCESS SERVICES	0	0	\$0.00	148	1,134	\$22,836.33			
PRESCRIBED DRUGS	1	1	\$60.63	128,918	526,042	\$30,800,481.01			
DRUG CAPITATION	0	0	\$0.00	0	0	\$0.00			
INDIAN HEALTH SERVICES	0	0	\$0.00	0	0	\$0.00			
FAMILY PLANNING SERVICES	0	0	\$0.00	7,521	7,865	\$319,305.68			
IOWA PLAN PROGRAM	0	0	\$0.00	245,424	271,341	\$7,817,452.51			
MANAGED SUBSTANCE ABUSE	0	0	\$0.00	0	0	\$0.00			
MENTAL HEALTH ACCESS PLAN	0	0	\$0.00	1	0	-\$30.25			
EPSDT SCREENING	0	0	\$0.00	11,260	12,604	\$850,290.65			
HMO SERVICES	0	0	\$0.00	35,677	37,295	\$5,336,567.67			
PATIENT MANAGEMENT	0	0	\$0.00	102,295	102,295	\$204,590.00			
HEALTH INS PREMIUM PAYMENT	0	0	\$0.00	5,931	17,773	\$708,097.55			
MEDICAL SUPPLIES	0	0	\$0.00	15,758	1,316,853	\$2,499,967.93			
OTHER PRACTITIONER	0	0	\$0.00	6,085	27,923	\$821,670.16			
FAMILY CENTERED PROGRAM	0	0	\$0.00	3,224	55,244	\$1,672,122.73			
FAMILY PRESERVATION	0	0	\$0.00	5	5	\$9,623.76			
TREATMENT FOSTER FAMILY CARE	0	0	\$0.00	640	7,358	\$311,122.55			
GROUP TREATMENT THERAPY	0	0	\$0.00	1,104	39,872	\$2,569,782.37			
DENTAL	0	0	\$0.00	21,843	27,059	\$3,471,312.30			
OPTOMETRIST	0	0	\$0.00	9,656	11,849	\$564,646.20			
CHIROPRACTIC	0	0	\$0.00	6,286	14,523	\$331,396.79			

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

<u>CATEGORY OF SERVICE</u>	<u>RECIPS</u>	<u>UNITS OF</u>	<u>AMOUNT</u>	<u>RECIPS</u>	<u>UNITS OF</u>	<u>AMOUNT</u>	<u>RECIPS</u>	<u>UNITS OF</u>	<u>AMOUNT</u>
	<u>SERVED</u>	<u>SERVICE</u>	<u>PAID</u>	<u>SERVED</u>	<u>SERVICE</u>	<u>PAID</u>	<u>SERVED</u>	<u>SERVICE</u>	<u>PAID</u>
		<u>FEDERAL ONLY</u>			<u>REFUGEE TXXI</u>			<u>AGED</u>	
PODIATRIC	0	0	\$0.00	4,150	6,566	\$155,595.06			
PHYSICAL DISABILITIES SVCS	0	0	\$0.00	334	10,937	\$153,968.33			
BRAIN INJ WAIVER SERVICES	0	0	\$0.00	482	26,687	\$699,531.47			
PSYCHIATRIC	0	0	\$0.00	3,501	7,309	\$225,019.50			
RESIDENTIAL CARE FACILITY	0	0	\$0.00	2,286	67,258	\$498,522.72			
MR WAIVER SERVICE	0	0	\$0.00	7,172	436,824	\$16,354,015.56			
MR OBRA WAIVER SERVICES	0	0	\$0.00	0	0	\$0.00			
AIDS WAIVER SERVICES	0	0	\$0.00	29	2,656	\$23,380.49			
ELDERLY WAIVER SERVICES	0	0	\$0.00	6,183	267,389	\$2,875,021.15			
ILL & HANDICAPPED WAIVER SVCS	0	0	\$0.00	1,540	73,051	\$1,153,261.51			
COUNTY OFFICE REIMBURSEMENT	0	0	\$0.00	0	0	\$0.00			
MEP SERVICES	0	0	\$0.00	8,940	8,186	\$2,139,089.97			
UNASSIGNED	0	0	\$0.00	9	-6	\$605,960.57			
ALL CATEGORIES*	1	1	\$60.63	298,614	4,825,826	\$182,674,927.15	0	0	\$0.00