

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	179	648	\$330,279.51
OUTPATIENT	17	321	\$3,348.29	0	0	\$0.00	1,173	11,896	\$212,963.01
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	17	563	\$335,711.53
INTERMEDIATE CARE FACILITY	0	0	\$0.00	0	0	\$0.00	30	564	\$48,416.17
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	550	5,205	\$285,018.95
LEAD INSPECTION AGENCY	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
PHYSICIAN	34	59	\$6,345.77	0	0	\$0.00	2,983	11,377	\$213,635.23
CLINIC SERVICES	0	0	\$0.00	0	0	\$0.00	342	194	\$27,916.89
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	45	131	\$1,809.19
REHAB SUPPORT SERVICES	0	0	\$0.00	0	0	\$0.00	42	1,031	\$45,775.00
AMBULANCE SERVICES	1	1	\$87.83	0	0	\$0.00	72	84	\$6,314.46
LOCAL EDUCATION AGENCY	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
EARLY ACCESS SERVICES	1	-3	-\$46.26	0	0	\$0.00	0	0	\$0.00
PRESCRIBED DRUGS	16	27	\$1,159.47	0	0	\$0.00	4,473	24,307	\$1,147,134.05
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	1	1	\$15.87	0	0	\$0.00	4	5	\$232.26
IOWA PLAN PROGRAM	51	70	\$2,190.50	0	0	\$0.00	309	311	\$21,256.72
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	\$496.61
HMO SERVICES	14	14	\$2,177.70	0	0	\$0.00	0	0	\$0.00
PATIENT MANAGEMENT	25	25	\$50.00	0	0	\$0.00	0	0	\$0.00
HEALTH INS PREMIUM PAYMENT	1	3	\$30.00	0	0	\$0.00	2	2	\$603.80
MEDICAL SUPPLIES	1	2	\$539.65	0	0	\$0.00	1,060	75,033	\$102,814.99
OTHER PRACTITIONER	1	3	\$59.94	0	0	\$0.00	141	410	\$6,913.94
FAMILY CENTERED PROGRAM	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
FAMILY PRESERVATION	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
TREATMENT FOSTER FAMILY CARE	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
GROUP TREATMENT THERAPY	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
DENTAL	9	11	\$1,318.21	0	0	\$0.00	228	283	\$39,651.63
OPTOMETRIST	3	3	\$147.99	0	0	\$0.00	448	563	\$15,427.51
CHIROPRACTIC	0	0	\$0.00	0	0	\$0.00	201	589	\$4,123.68
PODIATRIC	0	0	\$0.00	0	0	\$0.00	233	389	\$4,791.56
PHYSICAL DISABILITIES SVCS	0	0	\$0.00	0	0	\$0.00	1	1	\$32.00

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(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
BRAIN INJ WAIVER SERVICES	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
PSYCHIATRIC	1	2	\$100.92	0	0	\$0.00	86	122	\$3,680.73
RESIDENTIAL CARE FACILITY	0	0	\$0.00	0	0	\$0.00	490	15,050	\$114,670.44
MR WAIVER SERVICE	0	0	\$0.00	0	0	\$0.00	16	1,146	\$35,688.25
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	348	17,438	\$184,522.13
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	88	64	\$11,341.82
UNASSIGNED	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
ALL CATEGORIES *	72	539	\$17,525.88	0	0	\$0.00	6,309	167,407	\$3,201,222.06

	BLIND		DISABLED			ADC - ADULT			
INPATIENT	1	4	\$3,957.63	1,072	6,865	\$4,935,912.44	460	1,795	\$1,646,522.29
OUTPATIENT	0	0	\$0.00	9,539	115,389	\$3,180,361.41	5,018	43,297	\$1,676,035.59
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	108	3,886	\$1,257,579.19	3	15	\$5,018.66
INTERMEDIATE CARE FACILITY	0	0	\$0.00	200	5,539	\$567,106.93	0	0	\$0.00
INTER CARE MENTAL RETARDA	0	0	\$0.00	16	485	\$137,569.12	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	2,409	54,412	\$2,129,026.93	24	179	\$13,418.82
LEAD INSPECTION AGENCY	0	0	\$0.00	2	2	\$711.38	0	0	\$0.00
PHYSICIAN	3	10	\$409.77	18,240	61,976	\$2,703,043.31	9,327	17,274	\$1,478,193.58
CLINIC SERVICES	0	0	\$0.00	1,943	2,112	\$265,489.17	1,333	1,905	\$197,678.81
MEP CASE MANAGEMENT	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
LAB AND RADIOLOGICAL	0	0	\$0.00	1,019	3,609	\$43,366.85	914	2,199	\$45,632.78
REHAB SUPPORT SERVICES	0	0	\$0.00	2,138	48,189	\$2,318,681.59	10	89	\$2,401.30
AMBULANCE SERVICES	0	0	\$0.00	408	450	\$48,088.87	77	79	\$10,965.02
LOCAL EDUCATION AGENCY	0	0	\$0.00	413	129,436	\$937,177.82	5	435	\$3,009.62
EARLY ACCESS SERVICES	0	0	\$0.00	387	-1,983	-\$21,896.03	6	-58	-\$739.94
PRESCRIBED DRUGS	4	27	\$1,555.17	30,381	158,294	\$11,616,780.82	14,881	37,664	\$1,907,689.07
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	942	1,082	\$40,431.86	3,296	3,567	\$138,288.12
IOWA PLAN PROGRAM	2	2	\$155.18	40,867	41,959	\$2,977,696.32	35,052	38,993	\$970,333.64
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	0	0	\$0.00	279	393	\$11,020.56	148	177	\$6,468.15
HMO SERVICES	0	0	\$0.00	0	0	\$0.00	11,526	11,930	\$2,719,689.05

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PATIENT MANAGEMENT	0	0	\$0.00	1	1	\$2.00	17,931	17,931	\$35,862.00
HEALTH INS PREMIUM PAYMENT	0	0	\$0.00	645	1,611	\$148,554.63	463	1,200	\$34,601.40
MEDICAL SUPPLIES	2	80	\$85.10	5,502	458,381	\$989,660.40	470	13,277	\$62,521.24
OTHER PRACTITIONER	0	0	\$0.00	1,927	15,101	\$388,979.13	493	1,050	\$57,683.17
FAMILY CENTERED PROGRAM	0	0	\$0.00	198	3,584	\$104,322.92	41	677	\$18,467.95
FAMILY PRESERVATION	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
TREATMENT FOSTER FAMILY CARE	0	0	\$0.00	1	5	\$219.65	2	5	\$239.18
GROUP TREATMENT THERAPY	0	0	\$0.00	5	235	\$15,342.01	1	24	\$1,320.30
DENTAL	0	0	\$0.00	2,856	3,502	\$496,078.07	2,508	3,230	\$532,486.16
OPTOMETRIST	0	0	\$0.00	1,887	2,310	\$102,924.91	951	1,164	\$71,959.55
CHIROPRACTIC	0	0	\$0.00	1,423	3,361	\$62,751.40	1,406	3,248	\$108,092.04
PODIATRIC	0	0	\$0.00	897	1,400	\$50,171.45	109	130	\$16,174.25
PHYSICAL DISABILITIES SVCS	0	0	\$0.00	239	8,639	\$108,479.77	0	0	\$0.00
BRAIN INJ WAIVER SERVICES	0	0	\$0.00	107	5,937	\$134,707.90	0	0	\$0.00
PSYCHIATRIC	0	0	\$0.00	1,765	3,529	\$116,490.61	12	20	\$1,031.89
RESIDENTIAL CARE FACILITY	0	0	\$0.00	1,863	56,659	\$450,736.95	0	0	\$0.00
MR WAIVER SERVICE	0	0	\$0.00	546	32,835	\$1,163,658.39	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	3	275	\$2,804.25	0	0	\$0.00
ELDERLY WAIVER SERVICES	0	0	\$0.00	52	1,631	\$16,759.48	0	0	\$0.00
ILL & HANDICAPPED WAIVER SVCS	0	0	\$0.00	1,429	65,506	\$1,086,886.38	0	0	\$0.00
COUNTY OFFICE REIMBURSEMENT	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
MEP SERVICES	0	0	\$0.00	1,749	1,565	\$282,868.56	7	12	\$2,483.98
UNASSIGNED	0	0	\$0.00	3	-420	-\$236.04	0	0	\$0.00
ALL CATEGORIES *	4	123	\$6,162.85	45,132	1,297,742	\$38,870,311.36	39,605	201,508	\$11,763,527.67

	ADC - CHILD			CMAP			OTHER		
INPATIENT	202	1,240	\$750,406.18	377	9,852	\$1,877,983.92	1,017	5,662	\$6,146,526.30
OUTPATIENT	4,458	22,526	\$847,972.52	1,009	7,278	\$248,237.98	6,620	46,884	\$1,819,492.96
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	\$525.00
INTERMEDIATE CARE FACILITY	0	0	\$0.00	0	0	\$0.00	4	73	-\$42,120.40
INTER CARE MENTAL RETARDA	0	0	\$0.00	0	0	\$0.00	1	0	-\$703,141.81
NURSING FAC FOR MENTAL ILL	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
HOME HEALTH	408	1,398	\$36,052.51	70	224	\$6,896.16	521	1,718	\$38,053.30
LEAD INSPECTION AGENCY	16	14	\$6,030.54	1	1	\$355.69	4	4	\$1,417.07
PHYSICIAN	11,107	17,960	\$1,152,732.84	2,012	3,741	\$301,779.72	15,884	28,554	\$2,245,469.25
CLINIC SERVICES	1,988	2,380	\$272,403.08	336	517	\$55,499.44	3,109	4,669	\$1,308,031.10
MEP CASE MANAGEMENT	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
LAB AND RADIOLOGICAL	511	565	\$8,708.07	180	441	\$8,684.20	1,179	2,508	\$47,356.05

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REHAB SUPPORT SERVICES	1	7	\$671.58	8	196	\$8,599.26	4	60	\$5,343.87
AMBULANCE SERVICES	54	55	\$7,868.43	27	29	\$4,214.16	96	98	\$17,037.91
LOCAL EDUCATION AGENCY	170	24,957	\$208,507.50	29	10,882	\$20,503.70	117	19,911	\$173,684.35
EARLY ACCESS SERVICES	376	-912	-\$4,091.22	27	-12	\$614.68	392	-1,219	-\$9,043.19
PRESCRIBED DRUGS	13,517	22,681	\$1,074,684.99	2,677	6,462	\$422,197.52	16,261	26,739	\$1,068,342.18
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	521	596	\$21,891.54	396	416	\$17,448.27	1,101	1,142	\$45,023.64
IOWA PLAN PROGRAM	58,397	63,510	\$694,434.96	8,346	9,250	\$207,674.45	64,677	72,074	\$885,021.95
MANAGED SUBSTANCE ABUSE	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
MENTAL HEALTH ACCESS PLAN	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
EPSDT SCREENING	3,441	3,883	\$194,634.67	500	557	\$26,536.57	4,531	4,945	\$320,442.53
HMO SERVICES	19,121	19,884	\$2,046,575.89	2,254	2,302	\$274,671.42	17,041	17,666	\$2,246,476.43
PATIENT MANAGEMENT	31,148	31,148	\$62,296.00	4,026	4,026	\$8,052.00	35,634	35,631	\$71,262.00
HEALTH INS PREMIUM PAYMENT	757	1,985	\$46,178.07	31	78	\$3,163.05	3,111	9,796	\$228,760.23
MEDICAL SUPPLIES	547	6,196	\$66,179.56	86	1,492	\$10,485.05	619	12,163	\$70,371.70
OTHER PRACTITIONER	1,583	10,807	\$233,745.99	193	885	\$24,097.54	1,851	10,725	\$272,365.00
FAMILY CENTERED PROGRAM	785	11,128	\$346,966.03	292	3,733	\$116,050.09	530	10,067	\$280,583.96
FAMILY PRESERVATION	0	0	\$0.00	1	1	\$2,360.32	0	0	\$0.00
TREATMENT FOSTER FAMILY CARE	2	11	\$461.83	2	20	\$875.34	4	17	\$715.71
GROUP TREATMENT THERAPY	6	161	\$11,248.89	21	612	\$32,345.48	9	282	\$13,676.14
DENTAL	3,408	3,881	\$520,346.87	612	742	\$118,901.66	4,056	4,672	\$575,261.09
OPTOMETRIST	818	930	\$49,705.19	189	217	\$12,866.61	1,079	1,230	\$68,865.58
CHIROPRACTIC	650	1,270	\$39,608.48	145	307	\$9,466.95	978	2,059	\$58,694.90
PODIATRIC	45	51	\$5,726.13	17	20	\$2,796.73	66	81	\$6,944.46
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	3	\$373.89	9	63	\$3,726.89	27	65	\$3,301.28
RESIDENTIAL CARE FACILITY	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
MR WAIVER SERVICE	0	0	\$0.00	1	33	\$648.72	3	6	-\$2,906.05
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	3	24	\$145.30
ILL & HANDICAPPED WAIVER SVCS	0	0	\$0.00	0	0	\$0.00	2	110	\$360.00
COUNTY OFFICE REIMBURSEMENT	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
MEP SERVICES	0	0	\$0.00	7	9	\$2,032.91	11	4	\$171,565.32
UNASSIGNED	1	0	-\$104.10	0	0	\$0.00	2	1	-\$113,394.58
ALL CATEGORIES*	64,192	248,315	\$8,702,216.91	9,240	64,374	\$3,829,766.48	71,191	318,421	\$17,320,510.53

	FOSTER - PRESUB - SUB ADOPTS			INTERMEDIATE CARE FACILITY			MEDICALLY NEEDY NO SPEND DN		
INPATIENT	50	530	\$85,146.87	521	1,605	\$542,475.36	56	209	\$224,329.90
OUTPATIENT	898	7,603	\$173,711.98	2,971	38,406	\$416,395.42	463	5,257	\$157,094.20
CHILD PART HOSP	0	0	\$0.00	1	0	-\$45.50	0	0	\$0.00

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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	165	2,055	\$34,567.56	0	0	\$0.00
INTERMEDIATE CARE FACILITY	0	0	\$0.00	13,349	409,356	\$32,526,017.33	5	32	\$3,220.34
INTER CARE MENTAL RETARDA	2	60	\$17,433.96	0	0	\$0.00	0	0	\$0.00
NURSING FAC FOR MENTAL ILL	0	0	\$0.00	33	1,160	\$267,160.78	0	0	\$0.00
HOME HEALTH	76	3,768	\$72,549.86	3,222	49,293	\$2,628,683.97	69	1,222	\$34,970.88
LEAD INSPECTION AGENCY	1	1	\$355.69	0	0	\$0.00	0	0	\$0.00
PHYSICIAN	2,232	3,593	\$206,093.37	6,899	25,479	\$377,712.85	818	2,784	\$129,342.98
CLINIC SERVICES	337	440	\$44,705.76	795	253	\$52,687.89	116	124	\$13,308.13
MEP CASE MANAGEMENT	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
LAB AND RADIOLOGICAL	149	367	\$6,163.33	116	408	\$3,835.77	45	117	\$2,489.35
REHAB SUPPORT SERVICES	2	41	\$1,868.79	14	235	\$8,523.90	26	485	\$32,745.39
AMBULANCE SERVICES	15	14	\$1,417.49	332	396	\$28,991.55	22	22	\$3,474.39
LOCAL EDUCATION AGENCY	91	26,741	\$189,290.82	6	2,378	\$11,817.52	1	30	\$95.04
EARLY ACCESS SERVICES	101	-198	-\$563.00	11	-26	-\$75.25	0	0	\$0.00
PRESCRIBED DRUGS	4,165	10,149	\$795,286.89	18,081	142,150	\$6,241,064.16	1,500	7,257	\$379,399.65
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	215	237	\$8,648.28	30	34	\$1,849.30	120	133	\$5,088.23
IOWA PLAN PROGRAM	9,363	9,784	\$843,349.16	1,772	1,842	\$102,975.16	1,534	1,715	\$53,054.66
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	311	380	\$14,854.48	3	3	\$53.76	19	21	\$504.13
HMO SERVICES	2	2	\$371.82	0	0	\$0.00	0	0	\$0.00
PATIENT MANAGEMENT	82	82	\$164.00	0	0	\$0.00	0	0	\$0.00
HEALTH INS PREMIUM PAYMENT	79	185	\$7,138.80	28	52	\$10,877.98	10	17	\$2,052.57
MEDICAL SUPPLIES	182	18,577	\$46,359.86	3,589	275,868	\$470,074.14	155	8,248	\$19,243.98
OTHER PRACTITIONER	398	3,525	\$98,324.88	392	1,966	\$39,360.78	43	74	\$3,252.92
FAMILY CENTERED PROGRAM	810	13,108	\$389,308.44	0	0	\$0.00	0	0	\$0.00
FAMILY PRESERVATION	2	2	\$2,988.65	0	0	\$0.00	0	0	\$0.00
TREATMENT FOSTER FAMILY CARE	446	4,129	\$174,346.19	0	0	\$0.00	0	0	\$0.00
GROUP TREATMENT THERAPY	807	27,620	\$1,764,342.96	0	0	\$0.00	0	0	\$0.00
DENTAL	846	932	\$123,776.00	694	819	\$118,690.52	155	207	\$33,947.62
OPTOMETRIST	362	411	\$22,564.96	713	870	\$22,842.08	113	149	\$7,273.83
CHIROPRACTIC	123	235	\$6,852.45	142	300	\$2,882.66	81	197	\$5,463.63
PODIATRIC	21	23	\$1,839.66	1,130	1,475	\$20,403.62	41	53	\$2,572.14
PHYSICAL DISABILITIES SVCS	0	0	\$0.00	106	3,312	\$39,013.52	0	0	\$0.00
BRAIN INJ WAIVER SERVICES	14	961	\$20,238.26	230	15,427	\$325,374.96	0	0	\$0.00
PSYCHIATRIC	23	52	\$2,805.63	242	500	\$12,443.01	33	65	\$2,736.05
RESIDENTIAL CARE FACILITY	2	26	\$650.00	5	130	\$689.99	3	92	\$0.00
MR WAIVER SERVICE	128	6,243	\$153,450.92	5	1,026	\$10,007.22	0	0	\$0.00

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
MR OBRA WAIVER SERVICES	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
AIDS WAIVER SERVICES	0	0	\$0.00	29	2,022	\$18,545.98	0	0	\$0.00
ELDERLY WAIVER SERVICES	0	0	\$0.00	5,573	242,432	\$2,606,928.56	1	0	-\$334.10
ILL & HANDICAPPED WAIVER SVCS	22	1,360	\$24,251.21	4	33	\$185.90	0	0	\$0.00
COUNTY OFFICE REIMBURSEMENT	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
MEP SERVICES	112	135	\$27,909.73	95	68	\$11,531.94	25	17	\$2,957.01
UNASSIGNED	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
ALL CATEGORIES*	9,571	141,118	\$5,327,998.15	21,229	1,221,327	\$46,954,544.39	2,262	28,527	\$1,118,282.92

	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	262	1,315	\$1,244,346.74	22	189	\$51,893.18	7	20	\$37,948.21
OUTPATIENT	807	12,890	\$431,246.46	615	3,545	\$129,301.32	47	689	\$38,049.11
CHILD PART HOSP	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
CHILD DAY TREATMENT	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
ADULT PART HOSP	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
ADULT DAY TREATMENT	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
SKILLED NURSING FACILITY	3	71	\$8,569.20	0	0	\$0.00	0	0	\$0.00
INTERMEDIATE CARE FACILITY	2	31	\$2,430.46	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	144	1,646	\$77,015.44	14	27	\$763.68	2	6	\$472.66
LEAD INSPECTION AGENCY	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
PHYSICIAN	1,424	6,305	\$322,476.42	1,474	2,241	\$142,091.13	74	590	\$85,790.80
CLINIC SERVICES	127	109	\$13,546.49	313	349	\$39,184.63	8	8	\$1,010.78
MEP CASE MANAGEMENT	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
LAB AND RADIOLOGICAL	50	185	\$2,376.13	50	115	\$1,817.84	11	36	\$631.18
REHAB SUPPORT SERVICES	60	1,457	\$88,088.91	0	0	\$0.00	0	0	\$0.00
AMBULANCE SERVICES	47	50	\$7,025.00	11	8	\$1,911.45	2	2	\$260.74
LOCAL EDUCATION AGENCY	0	0	\$0.00	25	2,465	\$23,543.63	0	0	\$0.00
EARLY ACCESS SERVICES	0	0	\$0.00	48	-270	-\$3,479.31	0	0	\$0.00
PRESCRIBED DRUGS	1,648	8,205	\$665,963.50	2,121	3,747	\$230,780.73	86	293	\$17,891.42
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	17	\$680.20	185	197	\$7,823.26	1	1	\$18.69
IOWA PLAN PROGRAM	0	0	\$0.00	9,850	10,602	\$125,115.31	120	123	\$9,543.57
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	349	363	\$13,727.91	0	0	\$0.00
HMO SERVICES	0	0	\$0.00	2,542	2,593	\$248,232.35	0	0	\$0.00
PATIENT MANAGEMENT	0	0	\$0.00	6,010	6,009	\$12,018.00	0	0	\$0.00
HEALTH INS PREMIUM PAYMENT	0	0	\$0.00	45	120	\$5,610.50	0	0	\$0.00
MEDICAL SUPPLIES	292	17,946	\$59,910.60	51	867	\$5,393.47	9	231	\$1,282.33
OTHER PRACTITIONER	65	231	\$12,075.09	271	1,908	\$37,748.49	7	12	\$1,057.75

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
FAMILY CENTERED PROGRAM	0	0	\$0.00	140	2,367	\$68,992.35	0	0	\$0.00
FAMILY PRESERVATION	0	0	\$0.00	1	1	\$2,360.32	0	0	\$0.00
TREATMENT FOSTER FAMILY CARE	0	0	\$0.00	2	8	\$357.84	0	0	\$0.00
GROUP TREATMENT THERAPY	0	0	\$0.00	5	155	\$10,700.33	0	0	\$0.00
DENTAL	144	193	\$29,040.76	900	1,051	\$157,623.51	11	18	\$3,047.79
OPTOMETRIST	122	152	\$6,692.99	246	292	\$17,162.28	4	5	\$319.62
CHIROPRACTIC	61	122	\$1,721.79	191	353	\$10,707.85	7	13	\$437.42
PODIATRIC	54	77	\$2,129.82	17	21	\$2,421.56	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	130	458	\$16,177.24	0	0	\$0.00	0	0	\$0.00
RESIDENTIAL CARE FACILITY	2	57	\$898.00	0	0	\$0.00	0	0	\$0.00
MR WAIVER SERVICE	0	0	\$0.00	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	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	62	56	\$12,453.17	2	3	\$548.11	0	0	\$0.00
UNASSIGNED	2	520	-\$406.80	0	0	\$0.00	0	0	\$0.00
ALL CATEGORIES*	2,458	52,093	\$3,004,457.61	9,730	39,326	\$1,344,351.72	118	2,047	\$197,762.07

	STATE ONLY			FED CNTY - FED CNTY STATE			FEDERAL MEDICAID ONLY AGED		
INPATIENT	15	112	\$126,288.23	86	737	\$333,536.51	0	0	\$0.00
OUTPATIENT	221	1,759	\$80,486.50	1,334	15,281	\$282,639.10	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	1	4	\$47.90	0	0	\$0.00	0	0	\$0.00
SKILLED NURSING FACILITY	0	0	\$0.00	1	31	\$9,184.37	0	0	\$0.00
INTERMEDIATE CARE FACILITY	0	0	\$0.00	7	228	\$18,459.81	0	0	\$0.00
INTER CARE MENTAL RETARDA	0	0	\$0.00	1,503	45,469	\$11,549,894.04	0	0	\$0.00
NURSING FAC FOR MENTAL ILL	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
HOME HEALTH	12	95	\$6,404.61	641	22,643	\$801,435.52	0	0	\$0.00
LEAD INSPECTION AGENCY	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
PHYSICIAN	406	911	\$76,605.35	2,916	8,766	\$222,507.74	0	0	\$0.00
CLINIC SERVICES	61	88	\$10,665.83	213	171	\$4,309.05	0	0	\$0.00
MEP CASE MANAGEMENT	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
LAB AND RADIOLOGICAL	36	99	\$1,569.78	136	494	\$6,317.66	0	0	\$0.00
REHAB SUPPORT SERVICES	4	57	\$2,515.44	29	199	\$15,984.25	0	0	\$0.00
AMBULANCE SERVICES	5	6	\$783.48	46	50	\$4,523.46	0	0	\$0.00
LOCAL EDUCATION AGENCY	1	264	\$6,505.04	300	138,842	\$1,053,772.62	0	0	\$0.00
EARLY ACCESS SERVICES	1	-1	-\$8.00	222	-1,381	-\$18,763.65	0	0	\$0.00

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
PRESCRIBED DRUGS	665	2,462	\$140,766.59	6,181	26,443	\$1,929,424.81	1	-1	-\$91.54
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	21	22	\$1,071.02	410	442	\$16,374.95	0	0	\$0.00
IOWA PLAN PROGRAM	1,022	1,075	\$91,522.67	7,969	8,036	\$596,177.70	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	11	13	\$189.84	71	82	\$2,220.02	0	0	\$0.00
HMO SERVICES	14	14	\$2,048.62	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	3	8	\$147.84	399	924	\$101,530.99	0	0	\$0.00
MEDICAL SUPPLIES	77	2,358	\$8,893.31	1,252	192,658	\$279,868.10	0	0	\$0.00
OTHER PRACTITIONER	27	111	\$3,982.33	979	10,200	\$274,653.59	0	0	\$0.00
FAMILY CENTERED PROGRAM	7	46	\$1,719.13	13	128	\$4,842.57	0	0	\$0.00
FAMILY PRESERVATION	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
TREATMENT FOSTER FAMILY CARE	4	30	\$1,289.53	0	0	\$0.00	0	0	\$0.00
GROUP TREATMENT THERAPY	6	201	\$12,197.98	0	0	\$0.00	0	0	\$0.00
DENTAL	80	98	\$19,958.48	905	1,008	\$87,476.63	0	0	\$0.00
OPTOMETRIST	45	56	\$3,229.66	415	477	\$19,300.84	0	0	\$0.00
CHIROPRACTIC	31	54	\$1,561.60	158	332	\$4,989.84	0	0	\$0.00
PODIATRIC	19	25	\$3,447.04	395	533	\$14,898.42	0	0	\$0.00
PHYSICAL DISABILITIES SVCS	0	0	\$0.00	1	1	\$25.00	0	0	\$0.00
BRAIN INJ WAIVER SERVICES	0	0	\$0.00	119	9,725	\$173,986.36	0	0	\$0.00
PSYCHIATRIC	2	7	\$527.67	247	399	\$15,423.56	0	0	\$0.00
RESIDENTIAL CARE FACILITY	1	31	\$241.00	4	106	\$833.45	0	0	\$0.00
MR WAIVER SERVICE	1	30	\$6,999.00	5,909	346,737	\$13,190,226.37	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	0	0	\$0.00	0	0	\$0.00
ILL & HANDICAPPED WAIVER SVCS	0	0	\$0.00	133	6,876	\$132,428.27	0	0	\$0.00
COUNTY OFFICE REIMBURSEMENT	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
MEP SERVICES	1	2	\$538.80	4,939	5,426	\$1,073,390.65	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 *	1,121	10,097	\$612,736.27	8,130	842,063	\$32,201,872.60	0	-1	-\$91.54

FEDERAL MEDICAID ONLY BLIND

TOTAL

INPATIENT	0	0	\$0.00	4,307	30,783	\$18,337,553.27
OUTPATIENT	0	0	\$0.00	34,866	333,021	\$9,697,335.85
CHILD PART HOSP	0	0	\$0.00	1	0	-\$45.50
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	4	\$47.90
SKILLED NURSING FACILITY	0	0	\$0.00	298	6,621	\$1,651,155.51

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
INTERMEDIATE CARE FACILITY	0	0	\$0.00	13,571	415,823	\$33,123,530.64			
INTER CARE MENTAL RETARDA	0	0	\$0.00	1,520	46,014	\$11,001,755.31			
NURSING FAC FOR MENTAL ILL	0	0	\$0.00	33	1,160	\$267,160.78			
HOME HEALTH	0	0	\$0.00	8,095	141,836	\$6,130,763.29			
LEAD INSPECTION AGENCY	0	0	\$0.00	24	22	\$8,870.37			
PHYSICIAN	0	0	\$0.00	74,544	191,620	\$9,664,230.11			
CLINIC SERVICES	0	0	\$0.00	10,935	13,319	\$2,306,437.05			
MEP CASE MANAGEMENT	0	0	\$0.00	0	0	\$0.00			
LAB AND RADIOLOGICAL	0	0	\$0.00	4,421	11,274	\$180,758.18			
REHAB SUPPORT SERVICES	0	0	\$0.00	2,331	52,046	\$2,531,199.28			
AMBULANCE SERVICES	0	0	\$0.00	1,211	1,344	\$142,964.24			
LOCAL EDUCATION AGENCY	0	0	\$0.00	1,136	356,341	\$2,627,907.66			
EARLY ACCESS SERVICES	0	0	\$0.00	1,535	-6,063	-\$58,091.17			
PRESCRIBED DRUGS	1	5	\$102.88	116,103	476,911	\$27,640,132.36			
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	7,237	7,892	\$304,885.49			
IOWA PLAN PROGRAM	0	0	\$0.00	238,815	259,346	\$7,580,501.95			
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	9,624	10,818	\$591,149.23			
HMO SERVICES	0	0	\$0.00	52,444	54,405	\$7,540,243.28			
PATIENT MANAGEMENT	0	0	\$0.00	94,857	94,853	\$189,706.00			
HEALTH INS PREMIUM PAYMENT	0	0	\$0.00	5,574	15,981	\$589,249.86			
MEDICAL SUPPLIES	0	0	\$0.00	13,782	1,083,377	\$2,193,683.48			
OTHER PRACTITIONER	0	0	\$0.00	8,140	57,008	\$1,454,300.54			
FAMILY CENTERED PROGRAM	0	0	\$0.00	2,764	44,838	\$1,331,253.44			
FAMILY PRESERVATION	0	0	\$0.00	4	4	\$7,709.29			
TREATMENT FOSTER FAMILY CARE	0	0	\$0.00	459	4,225	\$178,505.27			
GROUP TREATMENT THERAPY	0	0	\$0.00	856	29,290	\$1,861,174.09			
DENTAL	0	0	\$0.00	17,366	20,647	\$2,857,605.00			
OPTOMETRIST	0	0	\$0.00	7,382	8,829	\$421,283.60			
CHIROPRACTIC	0	0	\$0.00	5,552	12,440	\$317,354.69			
PODIATRIC	0	0	\$0.00	3,030	4,278	\$134,316.84			
PHYSICAL DISABILITIES SVCS	0	0	\$0.00	346	11,953	\$147,550.29			
BRAIN INJ WAIVER SERVICES	0	0	\$0.00	463	32,050	\$654,307.48			
PSYCHIATRIC	0	0	\$0.00	2,566	5,285	\$178,819.37			
RESIDENTIAL CARE FACILITY	0	0	\$0.00	2,363	72,151	\$568,719.83			
MR WAIVER SERVICE	0	0	\$0.00	6,581	388,056	\$14,557,772.82			
MR OBRA WAIVER SERVICES	0	0	\$0.00	0	0	\$0.00			
AIDS WAIVER SERVICES	0	0	\$0.00	32	2,297	\$21,350.23			
ELDERLY WAIVER SERVICES	0	0	\$0.00	5,945	261,585	\$2,808,561.37			
ILL & HANDICAPPED WAIVER SVCS	0	0	\$0.00	1,588	73,885	\$1,244,111.76			

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
COUNTY OFFICE REIMBURSEMENT	0	0	\$0.00	0	0	\$0.00			
MEP SERVICES	0	0	\$0.00	6,803	7,361	\$1,599,622.00			
UNASSIGNED	0	0	\$0.00	6	101	-\$114,141.52			
ALL CATEGORIES *	1	5	\$102.88	290,365	4,635,031	\$174,473,260.81	0	0	\$0.00