

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 | 926 | 3575 | 8889,135.15 | 0 | 0 | 0.00 | 524 | 1969 | 464,987.70 |
| OUTPATIENT | 14734 | 206099 | 8834,860.72 | 0 | 0 | 0.00 | 4669 | 111398 | 817,822.65 |
| 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 | 75 | 110,427.06 | 0 | 0 | 0.00 | 260 | 3068 | 19,126.29 |
| IHAWP IOWA PLAN LITE | 66207 | 83412 | 2408,961.57 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IHAWP IOWA PLAN FULL | 3649 | 3636 | 611,817.44 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IHAWP HMO | 6581 | 6575 | 1829,575.57 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IHAWP PCP | 37272 | 37085 | 148,340.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| INTERMEDIATE CARE FACILITY | 1 | 4 | 633.44 | 0 | 0 | 0.00 | 4916 | 152085 | 17578,140.96 |
| 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 | 17 | 468 | 85,463.22 |
| HOME HEALTH | 145 | 1195 | 151,135.09 | 0 | 0 | 0.00 | 2596 | 48874 | 1879,706.17 |
| LEAD INSPECTION AGENCY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PHYSICIAN | 18422 | 44096 | 4003,069.89 | 0 | 0 | 0.00 | 6916 | 40580 | 461,551.35 |
| CLINIC SERVICES | 4828 | 6305 | 1090,891.15 | 0 | 0 | 0.00 | 573 | 286 | 57,421.01 |
| 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 | 2202 | 9570 | 200,482.01 | 0 | 0 | 0.00 | 824 | 329 | 2,970.72 |

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 | 1 | 0 | 0.00 |
| BEHAVIORAL HLTH INTERVENTN SVC | 77 | 80 | 154.75 | 0 | 0 | 0.00 | 6286 | 6617 | 76.53 |
| REHAB SUPPORT SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| AMBULANCE SERVICES | 451 | 529 | 72,206.33 | 0 | 0 | 0.00 | 400 | 477 | 51,192.28 |
| LOCAL EDUCATION AGENCY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| INFANT TODDLER | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PRESCRIBED DRUGS | 31079 | 115902 | 5301,455.15 | 0 | 0 | 0.00 | 2102 | 3553 | 75,529.51 |
| IOWA-PLAN-PMIC | 1 | 2 | 0.60 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| DRUG CAPITATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| NMENT SERVICES | 5933 | 6185 | 13,235.90 | 0 | 0 | 0.00 | 6102 | 6114 | 13,083.96 |
| INDIAN HEALTH SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| FAMILY PLANNING SERVICES | 642 | 743 | 63,725.28 | 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 | 77 | 80 | 2,073.43 | 0 | 0 | 0.00 | 6286 | 6617 | 23,941.99 |
| 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 | 28 | 29 | 8,844.40 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PACE SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PATIENT MANAGEMENT | 53 | 53 | 106.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HEALTH INS PREMIUM PAYMENT | 109 | 210 | 13,587.69 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

| CATEGORY OF SERVICE | FEDERAL ONLY | | | REFUGEE TXXI | | | AGED | | |
|--------------------------------|---------------|------------------|-------------|---------------|------------------|-------------|---------------|------------------|-------------|
| | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID |
| MEDICAL SUPPLIES | 2919 | 33697 | 461,362.08 | 0 | 0 | 0.00 | 3320 | 191314 | 277,499.63 |
| HEALTH HOME PROVIDER | 208 | 208 | 21,111.96 | 0 | 0 | 0.00 | 491 | 512 | 34,255.87 |
| TCM PAYMENTS TO IOWAPLAN | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 101 | 0 | 70,659.36 |
| IHAWP QHP | 11 | 20 | 11,033.26 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| OTHER PRACTITIONER | 2900 | 5668 | 357,637.26 | 0 | 0 | 0.00 | 460 | 3984 | 25,713.77 |
| 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 | 1021 | 1252 | 127,990.06 | 0 | 0 | 0.00 | 537 | 632 | 84,250.90 |
| ACCOUNTABLE CARE ORGANIZATIONS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| OPTOMETRIST | 1470 | 1544 | 121,156.82 | 0 | 0 | 0.00 | 610 | 983 | 31,152.31 |
| CHIROPRACTIC | 1412 | 3799 | 135,780.51 | 0 | 0 | 0.00 | 346 | 845 | 9,093.64 |
| IOWA-PLAN-HAB | 77 | 78 | 97.65 | 0 | 0 | 0.00 | 6286 | 6392 | 48,702.13 |
| PODIATRIC | 468 | 617 | 48,468.91 | 0 | 0 | 0.00 | 899 | 1239 | 21,447.28 |
| 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 | 4 | 245 | 17,570.01 |
| PSYCHIATRIC | 120 | 273 | 17,851.87 | 0 | 0 | 0.00 | 254 | 485 | 8,359.07 |
| RESIDENTIAL CARE FACILITY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 132 | 4651 | 38,231.25 |
| ID WAIVER SERVICE | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 69 | 5870 | 274,592.84 |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

| CATEGORY OF SERVICE | FEDERAL ONLY | | | REFUGEE TXXI | | | AGED | | |
|-------------------------------|---------------|------------------|--------------|---------------|------------------|-------------|---------------|------------------|--------------|
| | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID |
| CHILDRENS MENTAL HEALTH SVC | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| AIDS WAIVER SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ELDERLY WAIVER SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 3690 | 442696 | 2739,905.91 |
| ILL & HANDICAPPED WAIVER SVCS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| COUNTY OFFICE REIMBURSEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| MEP SERVICES | 4 | 40 | 2,843.70 | 0 | 0 | 0.00 | 68 | 482 | 25,031.26 |
| 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 * | 74661 | 572596 | 35037,986.18 | 0 | 0 | 0.00 | 17598 | 1042765 | 25237,479.57 |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

| CATEGORY OF SERVICE | 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 | 1689 | 8065 | 6709,532.85 | 521 | 1604 | 3321,086.02 |
| OUTPATIENT | 0 | 0 | 0.00 | 19046 | 503152 | 7034,132.09 | 9019 | 159501 | 4332,948.27 |
| 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 | 186 | 4105 | 2155,075.29 | 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 | 681 | 20583 | 2798,590.30 | 1 | 18 | 2,954.88 |
| INTER CARE MENTAL RETARDA | 0 | 0 | 0.00 | 2 | 37 | 26,565.06 | 0 | 0 | 0.00 |
| NURSING FAC FOR MENTAL ILL | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 1 | 31 | 7,605.54 |
| HOME HEALTH | 0 | 0 | 0.00 | 4144 | 180680 | 3578,897.56 | 61 | 785 | 58,779.99 |
| LEAD INSPECTION AGENCY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PHYSICIAN | 0 | 0 | 0.00 | 26610 | 194267 | 3987,494.40 | 13374 | 27411 | 2448,261.43 |
| CLINIC SERVICES | 0 | 0 | 0.00 | 3857 | 6359 | 847,430.78 | 2977 | 3975 | 654,154.34 |
| 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 | 3535 | 9034 | 158,060.09 | 2495 | 8482 | 208,413.02 |

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 | 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 | 134 | 4154- | 279,635.17- | 0 | 0 | 0.00 |
| BEHAVIORAL HLTH INTERVENTN SVC | 0 | 0 | 0.00 | 58292 | 59991 | 436,882.12 | 49884 | 55904 | 195,222.96 |
| REHAB SUPPORT SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| AMBULANCE SERVICES | 0 | 0 | 0.00 | 1279 | 1561 | 187,451.54 | 222 | 237 | 31,802.93 |
| LOCAL EDUCATION AGENCY | 0 | 0 | 0.00 | 872 | 209169 | 2603,322.54 | 13 | 4264 | 36,617.79 |
| INFANT TODDLER | 0 | 0 | 0.00 | 3 | 4 | 97.99- | 0 | 0 | 0.00 |
| PRESCRIBED DRUGS | 0 | 0 | 0.00 | 22671 | 105960 | 8519,089.15 | 24325 | 68514 | 3057,021.48 |
| IOWA-PLAN-PMIC | 0 | 0 | 0.00 | 8379 | 8453 | 36,338.79 | 832 | 890 | 151,620.44 |
| DRUG CAPITATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| NEMENT SERVICES | 0 | 0 | 0.00 | 58297 | 59327 | 126,953.36 | 49955 | 53013 | 113,447.82 |
| INDIAN HEALTH SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| FAMILY PLANNING SERVICES | 0 | 0 | 0.00 | 89 | 99 | 9,582.20 | 3106 | 3659 | 299,001.33 |
| IOWA CARE MED HOME CAPITATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IOWA PLAN PROGRAM | 0 | 0 | 0.00 | 58292 | 59986 | 4361,365.98 | 49884 | 55904 | 1709,154.36 |
| 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 | 173 | 187 | 8,430.89 | 21 | 19 | 1,016.05 |
| HMO SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 9514 | 9985 | 2438,301.86 |
| PACE SERVICES | 0 | 0 | 0.00 | 57 | 57 | 232,374.00 | 0 | 0 | 0.00 |
| PATIENT MANAGEMENT | 0 | 0 | 0.00 | 3 | 3 | 6.00 | 27704 | 27677 | 55,354.00 |
| HEALTH INS PREMIUM PAYMENT | 0 | 0 | 0.00 | 473 | 826 | 85,157.79 | 57 | 98 | 4,225.25 |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

| CATEGORY OF SERVICE | BLIND | | | DISABLED | | | ADC - ADULT | | |
|--------------------------------|---------------|------------------|-------------|---------------|------------------|-------------|---------------|------------------|-------------|
| | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID |
| MEDICAL SUPPLIES | 0 | 0 | 0.00 | 10932 | 788488 | 1973,802.62 | 1510 | 24036 | 242,338.80 |
| HEALTH HOME PROVIDER | 0 | 0 | 0.00 | 10454 | 10595 | 1310,365.61 | 2285 | 2364 | 213,843.15 |
| TCM PAYMENTS TO IOWAPLAN | 0 | 0 | 0.00 | 4187 | 0 | 4294,567.82 | 51 | 0 | 38,963.26 |
| IHAWP QHP | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| OTHER PRACTITIONER | 0 | 0 | 0.00 | 3919 | 31417 | 1277,472.59 | 2434 | 4045 | 270,906.00 |
| 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 | 5062 | 6679 | 1036,812.69 | 4079 | 5840 | 980,363.77 |
| ACCOUNTABLE CARE ORGANIZATIONS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| OPTOMETRIST | 0 | 0 | 0.00 | 2582 | 3480 | 180,668.08 | 1627 | 1975 | 140,341.58 |
| CHIROPRACTIC | 0 | 0 | 0.00 | 2273 | 5433 | 87,727.39 | 1505 | 3374 | 115,011.65 |
| IOWA-PLAN-HAB | 0 | 0 | 0.00 | 58295 | 59972 | 5656,266.61 | 49882 | 55793 | 75,025.79 |
| PODIATRIC | 0 | 0 | 0.00 | 1385 | 2246 | 76,172.53 | 214 | 273 | 31,238.46 |
| DELTA DENTAL | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PHYSICAL DISABILITIES SVCS | 0 | 0 | 0.00 | 444 | 64004 | 222,441.56 | 0 | 0 | 0.00 |
| BRAIN INJ WAIVER SERVICES | 0 | 0 | 0.00 | 376 | 63904 | 880,976.62 | 0 | 0 | 0.00 |
| PSYCHIATRIC | 0 | 0 | 0.00 | 2982 | 4820 | 121,887.78 | 42 | 54 | 2,320.36 |
| RESIDENTIAL CARE FACILITY | 0 | 0 | 0.00 | 745 | 24359 | 206,323.34 | 0 | 0 | 0.00 |
| ID WAIVER SERVICE | 0 | 0 | 0.00 | 919 | 114166 | 3251,638.10 | 1 | 0 | 4,937.10 |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

| CATEGORY OF SERVICE | BLIND | | | DISABLED | | | ADC - ADULT | | |
|-------------------------------|---------------|------------------|-------------|---------------|------------------|--------------|---------------|------------------|--------------|
| | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID |
| CHILDRENS MENTAL HEALTH SVC | 0 | 0 | 0.00 | 15 | 3663 | 20,830.18 | 2 | 283 | 1,173.17 |
| AIDS WAIVER SERVICES | 0 | 0 | 0.00 | 10 | 2337 | 8,582.92 | 0 | 0 | 0.00 |
| ELDERLY WAIVER SERVICES | 0 | 0 | 0.00 | 28 | 4322 | 28,383.93 | 0 | 0 | 0.00 |
| ILL & HANDICAPPED WAIVER SVCS | 0 | 0 | 0.00 | 1758 | 274907 | 1557,489.01 | 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 | 1129 | 9657 | 525,415.55 | 2 | 31 | 2,203.79 |
| 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 | 63251 | 2902200 | 66340,824.55 | 57787 | 580039 | 21245,656.64 |

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 | 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 | 275 | 1409 | 1573,123.03 | 84 | 380 | 417,090.12 | 1446 | 5690 | 13128,513.96 |
| OUTPATIENT | 6991 | 70239 | 2007,397.30 | 1757 | 21747 | 563,812.06 | 13673 | 171123 | 5060,942.97 |
| 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 | 4 | 44 | 113.01 |
| 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 | 8 | 164 | 195,167.95 |
| INTER CARE MENTAL RETARDA | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 1 | 0 | 2,576.00- |
| NURSING FAC FOR MENTAL ILL | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HOME HEALTH | 353 | 2423 | 45,079.33 | 51 | 146 | 6,261.38 | 680 | 5631 | 475,985.19- |
| LEAD INSPECTION AGENCY | 3 | 3 | 1,086.18 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PHYSICIAN | 13552 | 21874 | 1727,002.93 | 2777 | 4315 | 343,614.26 | 26131 | 50900 | 4212,842.51 |
| CLINIC SERVICES | 3154 | 3903 | 638,016.88 | 648 | 797 | 129,659.07 | 6367 | 8385 | 1568,949.82 |
| MEP CASE MANAGEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 1 | 0 | 28,572.61- |
| EHR INCENTIVE PAYMENTS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 1 | 0 | 3453,133.00 |
| LAB AND RADIOLOGICAL | 957 | 2330 | 42,107.07 | 289 | 844 | 17,949.23 | 2468 | 7835 | 139,135.87 |

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 | 4 | 0 | 203.41 | 4 | 12 | 22,230.45 |
| BEHAVIORAL HLTH INTERVENTN SVC | 77955 | 84186 | 1075,599.07 | 15398 | 16205 | 167,783.69 | 121061 | 133496 | 1727,324.93 |
| REHAB SUPPORT SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| AMBULANCE SERVICES | 123 | 118 | 19,947.31 | 51 | 49 | 5,797.82 | 256 | 250 | 42,228.10 |
| LOCAL EDUCATION AGENCY | 197 | 42608 | 359,160.88 | 48 | 10124 | 87,792.23 | 214 | 46989 | 473,329.71 |
| INFANT TODDLER | 4 | 23 | 135.24 | 3 | 10 | 58.80 | 4 | 17 | 99.96 |
| PRESCRIBED DRUGS | 18954 | 33383 | 2040,445.10 | 4542 | 9690 | 628,081.87 | 29642 | 52774 | 2965,795.65 |
| IOWA-PLAN-PMIC | 76728 | 82912 | 53,755.92 | 9105 | 9305 | 64,295.31 | 109876 | 120025 | 127,477.76 |
| DRUG CAPITATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| NMENT SERVICES | 77700 | 81418 | 174,234.52 | 15337 | 16162 | 34,586.68 | 120749 | 127097 | 271,987.58 |
| INDIAN HEALTH SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| FAMILY PLANNING SERVICES | 391 | 500 | 42,965.42 | 110 | 125 | 7,955.14 | 250 | 282 | 27,793.00 |
| IOWA CARE MED HOME CAPITATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IOWA PLAN PROGRAM | 77953 | 84186 | 911,163.34 | 15398 | 16204 | 318,140.64 | 121058 | 133496 | 1701,701.02 |
| 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 | 0 | 0 | 0.00 |
| EPSDT SCREENING | 2857 | 3036 | 469,876.89 | 324 | 343 | 41,439.70 | 4306 | 4539 | 970,525.36 |
| HMO SERVICES | 13522 | 14177 | 1500,737.88 | 2514 | 2681 | 322,348.30 | 16137 | 17128 | 2734,045.41 |
| PACE SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PATIENT MANAGEMENT | 49286 | 49286 | 98,761.76 | 9540 | 9490 | 18,980.00 | 81720 | 81719 | 163,438.00 |
| HEALTH INS PREMIUM PAYMENT | 104 | 193 | 6,663.17 | 24 | 50 | 1,760.04 | 1104 | 2256 | 62,351.57 |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

| CATEGORY OF SERVICE | ADC - CHILD | | | CMAP | | | OTHER | | |
|--------------------------------|---------------|------------------|-------------|---------------|------------------|-------------|---------------|------------------|-------------|
| | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID |
| MEDICAL SUPPLIES | 851 | 12657 | 111,135.60 | 183 | 1721 | 23,584.06 | 1774 | 22908 | 248,473.73 |
| HEALTH HOME PROVIDER | 4224 | 4331 | 453,716.86 | 1213 | 1222 | 134,160.02 | 4674 | 4789 | 505,142.36 |
| TCM PAYMENTS TO IOWAPLAN | 21 | 0 | 43,618.27 | 128 | 0 | 185,413.25 | 76 | 0 | 114,903.31 |
| IHAWP QHP | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| OTHER PRACTITIONER | 2906 | 9411 | 442,449.92 | 586 | 1575 | 92,715.14 | 5142 | 12858 | 738,427.29 |
| 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 | 6386 | 7530 | 928,461.57 | 1232 | 1507 | 211,709.29 | 10609 | 12438 | 1508,903.38 |
| ACCOUNTABLE CARE ORGANIZATIONS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| OPTOMETRIST | 1694 | 1958 | 131,453.03 | 422 | 500 | 31,600.18 | 2731 | 3125 | 207,061.81 |
| CHIROPRACTIC | 775 | 1443 | 44,829.27 | 190 | 378 | 13,038.26 | 1582 | 3050 | 93,319.53 |
| IOWA-PLAN-HAB | 77959 | 84187 | 5,367.92 | 15398 | 16197 | 11,235.67 | 121061 | 133492 | 30,408.60 |
| PODIATRIC | 60 | 64 | 4,948.58 | 23 | 28 | 2,530.33 | 134 | 154 | 14,585.87 |
| 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 | 1 | 0 | 0.00 |
| BRAIN INJ WAIVER SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 1 | 0 | 1,296.62- |
| PSYCHIATRIC | 34 | 39 | 2,279.30 | 15 | 21 | 1,551.29 | 78 | 150 | 36,466.81 |
| RESIDENTIAL CARE FACILITY | 0 | 0 | 0.00 | 1 | 55 | 580.82 | 1 | 0 | 0.00 |
| ID WAIVER SERVICE | 2 | 238 | 951.48 | 1 | 93 | 758.88 | 5 | 414 | 1,972.91 |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

| CATEGORY OF SERVICE | ADC - CHILD | | | CMAP | | | OTHER | | |
|-------------------------------|---------------|------------------|--------------|---------------|------------------|-------------|---------------|------------------|--------------|
| | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID |
| CHILDRENS MENTAL HEALTH SVC | 14 | 3850 | 16,889.57 | 61 | 14213 | 64,851.27 | 33 | 8774 | 41,021.43 |
| 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 | 0 | 0.00 |
| ILL & HANDICAPPED WAIVER SVCS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 2 | 10 | 5,280.96 |
| COUNTY OFFICE REIMBURSEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| MEP SERVICES | 2 | 20 | 2,053.50 | 11 | 53 | 3,293.74 | 10 | 130 | 7,376.42 |
| UNASSIGNED | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 1 | 0 | 1562,572.76- |
| * A L L C A T E G O R I E S * | 83815 | 703935 | 14975,414.09 | 16546 | 156230 | 3954,631.95 | 130213 | 1172144 | 40531,468.82 |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

| CATEGORY OF SERVICE | FOSTER - PRESUB - SUB ADOPTS | | | INTERMEDIATE CARE FACILITY | | | MEDICALLY NEEDY NO SPEND DN | | |
|----------------------------|------------------------------|------------------|-------------|----------------------------|------------------|--------------|-----------------------------|------------------|-------------|
| | RECIPES SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPES SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPES SERVED | UNITS OF SERVICE | AMOUNT PAID |
| INPATIENT | 34 | 161 | 265,114.16 | 511 | 2388 | 668,591.25 | 28 | 206 | 609,681.34 |
| OUTPATIENT | 1042 | 14477 | 308,098.38 | 4834 | 125339 | 835,546.67 | 360 | 10127 | 211,908.65 |
| 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 | 62 | 65,068.56 | 426 | 5822 | 76,552.80 | 2 | 32 | 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 | 6014 | 184622 | 25269,533.82 | 1 | 4 | 660.48 |
| INTER CARE MENTAL RETARDA | 18 | 592 | 262,099.21 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| NURSING FAC FOR MENTAL ILL | 0 | 0 | 0.00 | 66 | 2038 | 433,542.37 | 0 | 0 | 0.00 |
| HOME HEALTH | 89 | 14922 | 186,332.17 | 3358 | 81756 | 2871,183.93 | 23 | 237 | 18,637.40 |
| LEAD INSPECTION AGENCY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PHYSICIAN | 2024 | 3126 | 248,882.50 | 6441 | 43054 | 460,670.18 | 504 | 1472 | 116,834.42 |
| CLINIC SERVICES | 424 | 526 | 83,197.02 | 448 | 345 | 64,607.80 | 82 | 98 | 14,143.37 |
| 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 | 247 | 1449 | 23,122.78 | 805 | 539 | 5,279.51 | 84 | 353 | 8,166.89 |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

| CATEGORY OF SERVICE | 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 | 1 | 0 | 2.72 | 4 | 1- | 16.06 | 1 | 0 | 117.92- |
| BEHAVIORAL HLTH INTERVENTN SVC | 11137 | 10822 | 1360,865.64 | 21229 | 21473 | 9,542.60 | 1261 | 1281 | 1,584.93 |
| REHAB SUPPORT SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| AMBULANCE SERVICES | 25 | 26 | 4,184.92 | 522 | 652 | 63,674.39 | 13 | 13 | 1,628.04 |
| LOCAL EDUCATION AGENCY | 147 | 40448 | 404,841.09 | 59 | 11092 | 259,886.54 | 0 | 0 | 0.00 |
| INFANT TODDLER | 1 | 8 | 47.04 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PRESCRIBED DRUGS | 5147 | 13603 | 1079,601.38 | 7739 | 16410 | 395,462.18 | 648 | 2525 | 142,964.09 |
| IOWA-PLAN-PMIC | 11128 | 10814 | 1942,736.70 | 154 | 155 | 261.95 | 5 | 5 | 1.80 |
| DRUG CAPITATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| NEMT SERVICES | 10920 | 10981 | 23,499.34 | 21190 | 21163 | 45,288.82 | 1261 | 1264 | 2,704.96 |
| INDIAN HEALTH SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| FAMILY PLANNING SERVICES | 35 | 47 | 4,539.57 | 0 | 0 | 0.00 | 17 | 19 | 3,264.64 |
| IOWA CARE MED HOME CAPITATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IOWA PLAN PROGRAM | 11136 | 10822 | 1038,637.27 | 21229 | 21473 | 209,453.78 | 1261 | 1281 | 36,966.23 |
| 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 | 160 | 179 | 13,492.97 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HMO SERVICES | 3 | 3 | 234.01 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PACE SERVICES | 0 | 0 | 0.00 | 161 | 157 | 473,316.81 | 0 | 0 | 0.00 |
| PATIENT MANAGEMENT | 80 | 80 | 160.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HEALTH INS PREMIUM PAYMENT | 152 | 243 | 11,409.38 | 32 | 54 | 7,094.67 | 2 | 4 | 461.91 |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

| CATEGORY OF SERVICE | FOSTER - PRESUB - SUB ADOPTS | | | INTERMEDIATE CARE FACILITY | | | MEDICALLY NEEDY NO SPEND DN | | |
|--------------------------------|------------------------------|------------------|-------------|----------------------------|------------------|-------------|-----------------------------|------------------|-------------|
| | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID |
| MEDICAL SUPPLIES | 262 | 27539 | 47,890.61 | 5133 | 353974 | 475,110.79 | 113 | 3929 | 18,481.85 |
| HEALTH HOME PROVIDER | 1523 | 1527 | 178,306.83 | 694 | 699 | 62,781.56 | 104 | 108 | 10,527.64 |
| TCM PAYMENTS TO IOWAPLAN | 51 | 0 | 48,953.41 | 107 | 0 | 110,699.64 | 40 | 0 | 28,202.05 |
| IHAWP QHP | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| OTHER PRACTITIONER | 669 | 5033 | 246,997.45 | 614 | 4270 | 94,628.52 | 91 | 204 | 12,307.47 |
| 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 | 1071 | 1219 | 144,288.13 | 982 | 1217 | 177,811.29 | 114 | 163 | 23,875.16 |
| ACCOUNTABLE CARE ORGANIZATIONS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| OPTOMETRIST | 419 | 478 | 29,498.63 | 636 | 910 | 30,834.87 | 55 | 72 | 4,736.30 |
| CHIROPRACTIC | 181 | 367 | 10,110.40 | 198 | 352 | 4,326.04 | 46 | 88 | 3,021.13 |
| IOWA-PLAN-HAB | 11039 | 8706 | 88,657.50 | 21253 | 21349 | 423,764.82 | 1260 | 1244 | 12,738.79 |
| PODIATRIC | 16 | 19 | 3,296.50 | 1141 | 1319 | 22,526.43 | 22 | 31 | 1,809.91 |
| DELTA DENTAL | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PHYSICAL DISABILITIES SVCS | 0 | 0 | 0.00 | 283 | 44010 | 144,642.55 | 0 | 0 | 0.00 |
| BRAIN INJ WAIVER SERVICES | 44 | 7940 | 57,790.86 | 527 | 71916 | 1180,981.60 | 0 | 0 | 0.00 |
| PSYCHIATRIC | 31 | 32 | 1,760.68 | 339 | 739 | 11,850.93 | 23 | 52 | 2,229.90 |
| RESIDENTIAL CARE FACILITY | 0 | 0 | 0.00 | 4 | 209 | 2,292.50 | 0 | 0 | 0.00 |
| ID WAIVER SERVICE | 233 | 20642 | 315,285.60 | 7 | 343 | 15,516.88 | 0 | 0 | 0.00 |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

| CATEGORY OF SERVICE | FOSTER - PRESUB - SUB ADOPTS | | | INTERMEDIATE CARE FACILITY | | | MEDICALLY NEEDY NO SPEND DN | | |
|-------------------------------|------------------------------|------------------|-------------|----------------------------|------------------|--------------|-----------------------------|------------------|-------------|
| | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID |
| CHILDRENS MENTAL HEALTH SVC | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| AIDS WAIVER SERVICES | 0 | 0 | 0.00 | 20 | 5692 | 20,400.68 | 0 | 0 | 0.00 |
| ELDERLY WAIVER SERVICES | 0 | 0 | 0.00 | 5594 | 731687 | 4199,297.07 | 0 | 0 | 0.00 |
| ILL & HANDICAPPED WAIVER SVCS | 27 | 2626 | 33,087.50 | 3 | 698 | 2,530.91 | 0 | 0 | 0.00 |
| COUNTY OFFICE REIMBURSEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| MEP SERVICES | 210 | 1732 | 101,475.32 | 142 | 1509 | 78,263.38 | 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 * | 11159 | 211251 | 8633,566.23 | 13433 | 1779424 | 39207,766.59 | 1351 | 24812 | 1287,421.43 |

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 | 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 | 70 | 149 | 32,557.11- | 25 | 73 | 166,943.55 | 3 | 9 | 18,329.69 |
| OUTPATIENT | 219 | 7090 | 226,115.07 | 1269 | 16737 | 386,336.75 | 100 | 2217 | 144,472.90 |
| 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 | 62 | 29,714.36 | 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 | 7 | 64 | 8,038.54 | 50 | 85 | 2,669.47 | 3 | 67 | 5,597.82 |
| LEAD INSPECTION AGENCY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PHYSICIAN | 299 | 2388 | 69,853.23 | 2604 | 3819 | 289,682.56 | 164 | 497 | 163,413.82 |
| CLINIC SERVICES | 18 | 48 | 6,463.78 | 598 | 712 | 114,765.83 | 13 | 15 | 2,934.27 |
| MEP CASE MANAGEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| EHR INCENTIVE PAYMENTS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| LAB AND RADIOLOGICAL | 20 | 65 | 1,083.84 | 174 | 630 | 9,983.66 | 19 | 74 | 1,333.85 |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

| CATEGORY OF SERVICE | MEDICALLY NEEDY WI SPEND DN | | | OTHER TXXI | | | OTHER BREAST CERVICAL CANCER | | |
|--------------------------------|-----------------------------|------------------|-------------|---------------|------------------|-------------|------------------------------|------------------|-------------|
| | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID |
| HABILITATION SERVICES | 2 | 31 | 481.87 | 1 | 0 | 90.96- | 0 | 0 | 0.00 |
| BEHAVIORAL HLTH INTERVENTN SVC | 0 | 0 | 0.00 | 17533 | 19931 | 249,333.00 | 234 | 235 | 570.58 |
| REHAB SUPPORT SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| AMBULANCE SERVICES | 26 | 26 | 2,551.68 | 14 | 16 | 2,067.62 | 0 | 0 | 0.00 |
| LOCAL EDUCATION AGENCY | 0 | 0 | 0.00 | 58 | 13276 | 117,522.17 | 0 | 0 | 0.00 |
| INFANT TODDLER | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PRESCRIBED DRUGS | 48 | 122 | 4,938.20 | 4413 | 8054 | 627,919.44 | 197 | 740 | 58,273.70 |
| IOWA-PLAN-PMIC | 0 | 0 | 0.00 | 16700 | 18957 | 16,567.35 | 0 | 0 | 0.00 |
| DRUG CAPITATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| NEMT SERVICES | 31 | 31 | 66.34 | 17468 | 18474 | 39,534.36 | 234 | 234 | 500.76 |
| INDIAN HEALTH SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| FAMILY PLANNING SERVICES | 1 | 1 | 126.26 | 48 | 50 | 6,761.90 | 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 | 17533 | 19931 | 229,344.84 | 234 | 235 | 25,794.17 |
| 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 | 143 | 145 | 13,276.66 | 0 | 0 | 0.00 |
| HMO SERVICES | 0 | 0 | 0.00 | 2050 | 2169 | 166,588.67 | 0 | 0 | 0.00 |
| PACE SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PATIENT MANAGEMENT | 0 | 0 | 0.00 | 11802 | 11802 | 23,604.00 | 0 | 0 | 0.00 |
| HEALTH INS PREMIUM PAYMENT | 0 | 0 | 0.00 | 8 | 17 | 1,176.28 | 0 | 0 | 0.00 |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

| CATEGORY OF SERVICE | MEDICALLY NEEDY WI SPEND DN | | | OTHER TXXI | | | OTHER BREAST CERVICAL CANCER | | |
|--------------------------------|-----------------------------|------------------|-------------|---------------|------------------|-------------|------------------------------|------------------|-------------|
| | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID |
| MEDICAL SUPPLIES | 16 | 258 | 3,320.41 | 157 | 2918 | 24,414.34 | 24 | 219 | 4,290.54 |
| HEALTH HOME PROVIDER | 0 | 0 | 0.00 | 1011 | 1028 | 109,011.38 | 16 | 17 | 985.49 |
| TCM PAYMENTS TO IOWAPLAN | 0 | 0 | 0.00 | 11 | 0 | 15,784.16 | 0 | 0 | 0.00 |
| IHAWP QHP | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| OTHER PRACTITIONER | 36 | 291 | 5,166.94 | 582 | 1835 | 104,078.16 | 23 | 23 | 1,622.13 |
| 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 | 5 | 9 | 813.84 | 2137 | 2519 | 304,568.21 | 21 | 28 | 3,394.54 |
| ACCOUNTABLE CARE ORGANIZATIONS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| OPTOMETRIST | 3 | 3 | 116.60 | 586 | 692 | 44,947.98 | 9 | 10 | 651.55 |
| CHIROPRACTIC | 2 | 12 | 370.80 | 299 | 537 | 16,990.04 | 12 | 22 | 712.01 |
| IOWA-PLAN-HAB | 0 | 0 | 0.00 | 17532 | 19924 | 2,138.62 | 234 | 235 | 20,695.79 |
| PODIATRIC | 2 | 2 | 120.51 | 30 | 34 | 4,070.51 | 3 | 5 | 976.35 |
| 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 | 17 | 63 | 1,270.49 | 22 | 25 | 1,630.12 | 0 | 0 | 0.00 |
| RESIDENTIAL CARE FACILITY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ID WAIVER SERVICE | 0 | 0 | 0.00 | 1 | 26 | 238.94 | 0 | 0 | 0.00 |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

| CATEGORY OF SERVICE | MEDICALLY NEEDY WI SPEND DN | | | OTHER TXXI | | | OTHER BREAST CERVICAL CANCER | | |
|-------------------------------|-----------------------------|------------------|-------------|---------------|------------------|-------------|------------------------------|------------------|-------------|
| | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID |
| CHILDRENS MENTAL HEALTH SVC | 0 | 0 | 0.00 | 5 | 725 | 5,101.71 | 0 | 0 | 0.00 |
| AIDS WAIVER SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ELDERLY WAIVER SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ILL & HANDICAPPED WAIVER SVCS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| COUNTY OFFICE REIMBURSEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| MEP SERVICES | 0 | 0 | 0.00 | 1 | 5 | 355.45 | 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 * | 344 | 10715 | 328,055.65 | 17640 | 165146 | 3097,316.77 | 232 | 4882 | 454,549.96 |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

| CATEGORY OF SERVICE | OTHER 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 | 1 | 2,629.78 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| OUTPATIENT | 3 | 38 | 1,678.77 | 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 | 2 | 2 | 197.16 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| CLINIC SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| MEP CASE MANAGEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| EHR INCENTIVE PAYMENTS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| LAB AND RADIOLOGICAL | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

| CATEGORY OF SERVICE | OTHER ICARE ADULT 19-64 | | | OTHER ICARE ADULT OB | | | OTHER ICARE CHRN DSH | | |
|--------------------------------|-------------------------|------------------|-------------|----------------------|------------------|-------------|----------------------|------------------|-------------|
| | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID |
| HABILITATION SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| BEHAVIORAL HLTH INTERVENTN SVC | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| REHAB SUPPORT SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| AMBULANCE SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| LOCAL EDUCATION AGENCY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| INFANT TODDLER | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PRESCRIBED DRUGS | 7 | 0 | 350.09- | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IOWA-PLAN-PMIC | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| DRUG CAPITATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| NEMENT SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| INDIAN HEALTH SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| FAMILY PLANNING SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IOWA CARE MED HOME CAPITATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IOWA PLAN PROGRAM | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| MANAGED SUBSTANCE ABUSE | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| MENTAL HEALTH ACCESS PLAN | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| EPSDT SCREENING | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HMO SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PACE SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PATIENT MANAGEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HEALTH INS PREMIUM PAYMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

| CATEGORY OF SERVICE | OTHER ICARE ADULT 19-64 | | | OTHER ICARE ADULT OB | | | OTHER ICARE CHRN DSH | | |
|--------------------------------|-------------------------|------------------|-------------|----------------------|------------------|-------------|----------------------|------------------|-------------|
| | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID |
| MEDICAL SUPPLIES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HEALTH HOME PROVIDER | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| TCM PAYMENTS TO IOWAPLAN | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IHAWP QHP | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| OTHER PRACTITIONER | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| FAMILY CENTERED PROGRAM | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| FAMILY PRESERVATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| TREATMENT FOSTER FAMILY CARE | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| GROUP TREATMENT THERAPY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| DENTAL | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ACCOUNTABLE CARE ORGANIZATIONS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| OPTOMETRIST | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| CHIROPRACTIC | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IOWA-PLAN-HAB | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PODIATRIC | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| DELTA DENTAL | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PHYSICAL DISABILITIES SVCS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| BRAIN INJ WAIVER SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PSYCHIATRIC | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| RESIDENTIAL CARE FACILITY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ID WAIVER SERVICE | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

| CATEGORY OF SERVICE | OTHER ICARE ADULT 19-64 | | | OTHER ICARE ADULT 65 | | | OTHER ICARE CHRN DSH | | |
|--------------------------------|-------------------------|------------------|-------------|----------------------|------------------|-------------|----------------------|------------------|-------------|
| | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID |
| CHILDRENS MENTAL HEALTH SVC | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| AIDS WAIVER SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ELDERLY WAIVER SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| SICK & HANDICAPPED WAIVER SVCS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| COUNTY OFFICE REIMBURSEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| MEP SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| UNASSIGNED | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| * A L L C A T E G O R I E S * | 3 | 41 | 4,155.62 | 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 | 1 | 1 | 0.00 | 0 | 0 | 0.00 | 6 | 7 | 5,304.73 |
| OUTPATIENT | 92 | 964 | 14,963.89 | 0 | 0 | 0.00 | 47 | 914 | 14,459.67 |
| 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 | 8 | 88 | 3,977.27 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| LEAD INSPECTION AGENCY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PHYSICIAN | 152 | 231 | 10,895.40 | 0 | 0 | 0.00 | 60 | 100 | 9,930.77 |
| CLINIC SERVICES | 23 | 26 | 4,068.23 | 0 | 0 | 0.00 | 13 | 16 | 2,583.92 |
| 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 | 15 | 65 | 754.54 | 0 | 0 | 0.00 | 10 | 18 | 613.42 |

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 | 703 | 720 | 118,297.32 | 0 | 0 | 0.00 | 257 | 267 | 46,555.67 |
| 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 | 3 | 3 | 274.85 |
| LOCAL EDUCATION AGENCY | 72 | 18958 | 143,298.64 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| INFANT TODDLER | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PRESCRIBED DRUGS | 590 | 2130 | 164,597.78 | 0 | 0 | 0.00 | 88 | 191 | 13,356.87 |
| IOWA-PLAN-PMIC | 703 | 720 | 162,059.33 | 0 | 0 | 0.00 | 257 | 267 | 70,017.97 |
| DRUG CAPITATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| NEMENT SERVICES | 702 | 710 | 1,519.40 | 0 | 0 | 0.00 | 257 | 267 | 571.38 |
| INDIAN HEALTH SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| FAMILY PLANNING SERVICES | 1 | 1 | 0.00 | 0 | 0 | 0.00 | 6 | 6 | 1,132.74 |
| IOWA CARE MED HOME CAPITATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IOWA PLAN PROGRAM | 703 | 720 | 86,132.83 | 0 | 0 | 0.00 | 257 | 267 | 36,364.14 |
| 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 | 4 | 8 | 599.27 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HMO SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PACE SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PATIENT MANAGEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HEALTH INS PREMIUM PAYMENT | 63 | 114 | 9,172.65 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

| CATEGORY OF SERVICE | OTHER ICARE PMIC MHI 300% | | | OTHER ICARE MHI 300% | | | STATE ONLY | | |
|--------------------------------|---------------------------|------------------|-------------|----------------------|------------------|-------------|---------------|------------------|-------------|
| | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID |
| MEDICAL SUPPLIES | 19 | 2778 | 2,564.28 | 0 | 0 | 0.00 | 2 | 2 | 72.43 |
| HEALTH HOME PROVIDER | 424 | 425 | 107,447.38 | 0 | 0 | 0.00 | 17 | 17 | 2,204.67 |
| TCM PAYMENTS TO IOWAPLAN | 735 | 0 | 1613,618.69 | 0 | 0 | 0.00 | 12 | 0 | 14,437.42 |
| IHAWP QHP | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| OTHER PRACTITIONER | 94 | 1258 | 82,977.73 | 0 | 0 | 0.00 | 12 | 14 | 1,195.48 |
| FAMILY CENTERED PROGRAM | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| FAMILY PRESERVATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| TREATMENT FOSTER FAMILY CARE | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| GROUP TREATMENT THERAPY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| DENTAL | 57 | 65 | 8,269.33 | 0 | 0 | 0.00 | 11 | 14 | 4,209.90 |
| ACCOUNTABLE CARE ORGANIZATIONS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| OPTOMETRIST | 33 | 38 | 2,180.24 | 0 | 0 | 0.00 | 6 | 8 | 530.94 |
| CHIROPRACTIC | 17 | 26 | 766.07 | 0 | 0 | 0.00 | 4 | 10 | 304.10 |
| IOWA-PLAN-HAB | 703 | 674 | 8,368.86 | 0 | 0 | 0.00 | 257 | 267 | 3,551.96 |
| 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 | 17 | 17 | 1,203.85 | 0 | 0 | 0.00 | 1 | 1 | 49.30 |
| RESIDENTIAL CARE FACILITY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ID WAIVER SERVICE | 2 | 488 | 2,134.70 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

| CATEGORY OF SERVICE | OTHER ICARE PMIC MHI 300% | | | OTHER ICARE MHI 300% | | | STATE ONLY | | |
|-------------------------------|---------------------------|------------------|-------------|----------------------|------------------|-------------|---------------|------------------|-------------|
| | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID |
| CHILDRENS MENTAL HEALTH SVC | 617 | 129208 | 620,375.43 | 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 | 14 | 13 | 915.15- | 0 | 0 | 0.00 | 1 | 3 | 213.27 |
| 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 * | 683 | 160446 | 3169,327.96 | 0 | 0 | 0.00 | 265 | 2659 | 227,935.60 |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

| CATEGORY OF SERVICE | OTHER BLE-ICARE-FAMP | | | OTHER BLE-ICARE-PME PREGW | | | OTHER BLE-ICARE-OBNB PME PREGW | | |
|----------------------------|----------------------|------------------|-------------|---------------------------|------------------|-------------|--------------------------------|------------------|-------------|
| | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID |
| INPATIENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| OUTPATIENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| CHILD PART HOSP | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| CHILD DAY TREATMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ADULT PART HOSP | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ADULT DAY TREATMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| SKILLED NURSING FACILITY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IHAWP IOWA PLAN LITE | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IHAWP IOWA PLAN FULL | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IHAWP HMO | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IHAWP PCP | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| INTERMEDIATE CARE FACILITY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| INTER CARE MENTAL RETARDA | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| NURSING FAC FOR MENTAL ILL | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HOME HEALTH | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| LEAD INSPECTION AGENCY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PHYSICIAN | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| CLINIC SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| MEP CASE MANAGEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| EHR INCENTIVE PAYMENTS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| LAB AND RADIOLOGICAL | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

| CATEGORY OF SERVICE | OTHER BLE-ICARE-FAMP | | | OTHER BLE-ICARE-PME PREGW | | | OTHER BLE-ICARE-OBNB PME PREGW | | |
|--------------------------------|----------------------|------------------|-------------|---------------------------|------------------|-------------|--------------------------------|------------------|-------------|
| | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID |
| HABILITATION SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| BEHAVIORAL HLTH INTERVENTN SVC | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| REHAB SUPPORT SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| AMBULANCE SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| LOCAL EDUCATION AGENCY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| INFANT TODDLER | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PRESCRIBED DRUGS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IOWA-PLAN-PMIC | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| DRUG CAPITATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| NEMT SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| INDIAN HEALTH SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| FAMILY PLANNING SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IOWA CARE MED HOME CAPITATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IOWA PLAN PROGRAM | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| MANAGED SUBSTANCE ABUSE | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| MENTAL HEALTH ACCESS PLAN | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| EPSDT SCREENING | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HMO SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PACE SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PATIENT MANAGEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HEALTH INS PREMIUM PAYMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

| CATEGORY OF SERVICE | OTHER BLE-ICARE-FAMP | | | OTHER BLE-ICARE-PME PREGW | | | OTHER BLE-ICARE-OBNB PME PREGW | | |
|--------------------------------|----------------------|------------------|-------------|---------------------------|------------------|-------------|--------------------------------|------------------|-------------|
| | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID |
| MEDICAL SUPPLIES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HEALTH HOME PROVIDER | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| TCM PAYMENTS TO IOWAPLAN | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IHAWP QHP | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| OTHER PRACTITIONER | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| FAMILY CENTERED PROGRAM | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| FAMILY PRESERVATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| TREATMENT FOSTER FAMILY CARE | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| GROUP TREATMENT THERAPY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| DENTAL | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ACCOUNTABLE CARE ORGANIZATIONS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| OPTOMETRIST | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| CHIROPRACTIC | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IOWA-PLAN-HAB | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PODIATRIC | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| DELTA DENTAL | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PHYSICAL DISABILITIES SVCS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| BRAIN INJ WAIVER SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PSYCHIATRIC | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| RESIDENTIAL CARE FACILITY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ID WAIVER SERVICE | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

| CATEGORY OF SERVICE | OTHER BLE-ICARE-FAMP | | | OTHER BLE-ICARE-PME PREGW | | | OTHER BLE-ICARE-OBNB PME PREGW | | |
|-------------------------------|----------------------|------------------|-------------|---------------------------|------------------|-------------|--------------------------------|------------------|-------------|
| | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID |
| CHILDRENS MENTAL HEALTH SVC | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| AIDS WAIVER SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ELDERLY WAIVER SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ILL & HANDICAPPED WAIVER SVCS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| COUNTY OFFICE REIMBURSEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| MEP SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| UNASSIGNED | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| * A L L C A T E G O R I E S * | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

| CATEGORY OF SERVICE | OTHER BLE-FAMP-PME PREGW | | | OTHER BLE-ICARE-PME BCCT | | | OTHER BLE-ICARE-OBNB PME-BCCT | | |
|----------------------------|--------------------------|------------------|-------------|--------------------------|------------------|-------------|-------------------------------|------------------|-------------|
| | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID |
| INPATIENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| OUTPATIENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| CHILD PART HOSP | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| CHILD DAY TREATMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ADULT PART HOSP | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ADULT DAY TREATMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| SKILLED NURSING FACILITY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IHAWP IOWA PLAN LITE | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IHAWP IOWA PLAN FULL | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IHAWP HMO | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IHAWP PCP | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| INTERMEDIATE CARE FACILITY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| INTER CARE MENTAL RETARDA | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| NURSING FAC FOR MENTAL ILL | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HOME HEALTH | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| LEAD INSPECTION AGENCY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PHYSICIAN | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| CLINIC SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| MEP CASE MANAGEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| EHR INCENTIVE PAYMENTS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| LAB AND RADIOLOGICAL | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

| CATEGORY OF SERVICE | OTHER BLE-FAMP-PME PREGW | | | OTHER BLE-ICARE-PME BCCT | | | OTHER BLE-ICARE-OBNB PME-BCCT | | |
|--------------------------------|--------------------------|------------------|-------------|--------------------------|------------------|-------------|-------------------------------|------------------|-------------|
| | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID |
| HABILITATION SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| BEHAVIORAL HLTH INTERVENTN SVC | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| REHAB SUPPORT SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| AMBULANCE SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| LOCAL EDUCATION AGENCY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| INFANT TODDLER | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PRESCRIBED DRUGS | 5 | 8 | 146.31 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IOWA-PLAN-PMIC | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| DRUG CAPITATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| NEMENT SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| INDIAN HEALTH SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| FAMILY PLANNING SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IOWA CARE MED HOME CAPITATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IOWA PLAN PROGRAM | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| MANAGED SUBSTANCE ABUSE | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| MENTAL HEALTH ACCESS PLAN | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| EPSDT SCREENING | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HMO SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PACE SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PATIENT MANAGEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HEALTH INS PREMIUM PAYMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

| CATEGORY OF SERVICE | OTHER BLE-FAMP-PME PREGW | | | OTHER BLE-ICARE-PME BCCT | | | OTHER BLE-ICARE-OBNB PME-BCCT | | |
|--------------------------------|--------------------------|------------------|-------------|--------------------------|------------------|-------------|-------------------------------|------------------|-------------|
| | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID |
| MEDICAL SUPPLIES | 1 | 1 | 52.76 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HEALTH HOME PROVIDER | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| TCM PAYMENTS TO IOWAPLAN | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IHAWP QHP | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| OTHER PRACTITIONER | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| FAMILY CENTERED PROGRAM | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| FAMILY PRESERVATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| TREATMENT FOSTER FAMILY CARE | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| GROUP TREATMENT THERAPY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| DENTAL | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ACCOUNTABLE CARE ORGANIZATIONS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| OPTOMETRIST | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| CHIROPRACTIC | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IOWA-PLAN-HAB | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PODIATRIC | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| DELTA DENTAL | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PHYSICAL DISABILITIES SVCS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| BRAIN INJ WAIVER SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PSYCHIATRIC | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| RESIDENTIAL CARE FACILITY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ID WAIVER SERVICE | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

| CATEGORY OF SERVICE | OTHER BLE-FAMP-PME PREGW | | | OTHER BLE-ICARE-PME BCCT | | | OTHER BLE-ICARE-OBNB PME-BCCT | | |
|-------------------------------|--------------------------|------------------|-------------|--------------------------|------------------|-------------|-------------------------------|------------------|-------------|
| | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID |
| CHILDRENS MENTAL HEALTH SVC | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| AIDS WAIVER SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ELDERLY WAIVER SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ILL & HANDICAPPED WAIVER SVCS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| COUNTY OFFICE REIMBURSEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| MEP SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| UNASSIGNED | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| * A L L C A T E G O R I E S * | 1 | 9 | 199.07 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

| CATEGORY OF SERVICE | OTHER BLE-FAMP-PME BCCT | | | STATE ONLY | | | FED CNTY - FED CNTY STATE | | |
|----------------------------|-------------------------|------------------|-------------|---------------|------------------|-------------|---------------------------|------------------|--------------|
| | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID |
| INPATIENT | 0 | 0 | 0.00 | 5 | 3 | 13,305.11 | 138 | 687 | 467,633.63 |
| OUTPATIENT | 0 | 0 | 0.00 | 54 | 808 | 18,885.00 | 3266 | 94258 | 574,091.22 |
| 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 | 20 | 288 | 24,735.86 |
| IHAWP IOWA PLAN LITE | 0 | 0 | 0.00 | 2 | 2 | 30.82 | 0 | 0 | 0.00 |
| IHAWP IOWA PLAN FULL | 0 | 0 | 0.00 | 1 | 1 | 109.79 | 0 | 0 | 0.00 |
| IHAWP HMO | 0 | 0 | 0.00 | 1 | 1 | 401.05 | 0 | 0 | 0.00 |
| IHAWP PCP | 0 | 0 | 0.00 | 1 | 1 | 4.00 | 0 | 0 | 0.00 |
| INTERMEDIATE CARE FACILITY | 0 | 0 | 0.00 | 1 | 7- | 985.32- | 13 | 154 | 20,601.02 |
| INTER CARE MENTAL RETARDA | 0 | 0 | 0.00 | 1 | 31 | 10,958.19 | 1941 | 63293 | 28544,571.29 |
| NURSING FAC FOR MENTAL ILL | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HOME HEALTH | 0 | 0 | 0.00 | 5 | 25 | 2,371.92 | 1335 | 112810 | 2651,420.33 |
| LEAD INSPECTION AGENCY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PHYSICIAN | 0 | 0 | 0.00 | 81 | 105 | 5,975.20 | 4719 | 24116 | 369,972.58 |
| CLINIC SERVICES | 0 | 0 | 0.00 | 12 | 20 | 2,972.06 | 389 | 450 | 67,272.95 |
| 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 | 5 | 27 | 496.29 | 519 | 936 | 11,727.85 |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

| CATEGORY OF SERVICE | 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 | 8 | 7 | 2,634.34- |
| BEHAVIORAL HLTH INTERVENTN SVC | 0 | 0 | 0.00 | 106 | 111 | 4,852.42 | 13104 | 13215 | 131,118.73 |
| REHAB SUPPORT SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| AMBULANCE SERVICES | 0 | 0 | 0.00 | 4 | 4 | 595.27 | 134 | 151 | 18,874.29 |
| LOCAL EDUCATION AGENCY | 0 | 0 | 0.00 | 4 | 1247 | 9,369.71 | 889 | 235517 | 3602,030.70 |
| INFANT TODDLER | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PRESCRIBED DRUGS | 0 | 0 | 0.00 | 58 | 186 | 9,710.06 | 6682 | 22837 | 1689,096.69 |
| IOWA-PLAN-PMIC | 0 | 0 | 0.00 | 33 | 36 | 5,943.54 | 2861 | 2896 | 5,014.63 |
| DRUG CAPITATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| NEMENT SERVICES | 0 | 0 | 0.00 | 113 | 116 | 248.24 | 13517 | 13612 | 29,129.68 |
| 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 | 9 | 12 | 1,336.07 |
| IOWA CARE MED HOME CAPITATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IOWA PLAN PROGRAM | 0 | 0 | 0.00 | 106 | 111 | 10,700.38 | 13104 | 13215 | 837,838.67 |
| MANAGED SUBSTANCE ABUSE | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| MENTAL HEALTH ACCESS PLAN | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| EPSDT SCREENING | 0 | 0 | 0.00 | 1 | 1 | 55.40 | 29 | 47 | 2,607.41 |
| HMO SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PACE SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 2 | 2 | 10,027.00 |
| PATIENT MANAGEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HEALTH INS PREMIUM PAYMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 609 | 1072 | 153,512.11 |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

| CATEGORY OF SERVICE | OTHER BLE-FAMP-PME BCCT | | | STATE ONLY | | | FED CNTY - FED CNTY STATE | | |
|--------------------------------|-------------------------|------------------|-------------|---------------|------------------|-------------|---------------------------|------------------|--------------|
| | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID |
| MEDICAL SUPPLIES | 0 | 0 | 0.00 | 23 | 500 | 3,571.40 | 2680 | 344478 | 582,860.27 |
| HEALTH HOME PROVIDER | 0 | 0 | 0.00 | 9 | 9 | 716.83 | 190 | 193 | 17,023.38 |
| TCM PAYMENTS TO IOWAPLAN | 0 | 0 | 0.00 | 11 | 0 | 12,070.96 | 39 | 0 | 47,345.40 |
| IHAWP QHP | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| OTHER PRACTITIONER | 0 | 0 | 0.00 | 20 | 214 | 4,180.92 | 1179 | 13538 | 606,687.35 |
| 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 | 21 | 23 | 2,987.38 | 1628 | 1891 | 178,485.89 |
| ACCOUNTABLE CARE ORGANIZATIONS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| OPTOMETRIST | 0 | 0 | 0.00 | 8 | 10 | 745.77 | 652 | 830 | 37,731.55 |
| CHIROPRACTIC | 0 | 0 | 0.00 | 7 | 15 | 467.45 | 331 | 603 | 11,371.84 |
| IOWA-PLAN-HAB | 0 | 0 | 0.00 | 106 | 110 | 7,142.63 | 13105 | 13215 | 1109,892.63 |
| PODIATRIC | 0 | 0 | 0.00 | 2 | 3 | 278.02 | 698 | 924 | 21,809.83 |
| 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 | 1 | 1 | 30.00 |
| BRAIN INJ WAIVER SERVICES | 0 | 0 | 0.00 | 1 | 3 | 3,324.13 | 283 | 40545 | 638,697.39 |
| PSYCHIATRIC | 0 | 0 | 0.00 | 3 | 3 | 83.73 | 527 | 758 | 19,702.33 |
| RESIDENTIAL CARE FACILITY | 0 | 0 | 0.00 | 2 | 62 | 321.91 | 3 | 31 | 532.62 |
| ID WAIVER SERVICE | 0 | 0 | 0.00 | 1 | 1046 | 3,534.24 | 10385 | 1431250 | 34392,838.61 |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

| CATEGORY OF SERVICE | OTHER BLE-FAMP-PME BCCT | | | STATE ONLY | | | FED CNTY - FED CNTY STATE | | |
|-------------------------------|-------------------------|------------------|-------------|---------------|------------------|-------------|---------------------------|------------------|--------------|
| | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID |
| CHILDRENS MENTAL HEALTH SVC | 0 | 0 | 0.00 | 3 | 846 | 4,299.06 | 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 | 2 | 471 | 2,666.33 | 1 | 99 | 589.80 |
| ILL & HANDICAPPED WAIVER SVCS | 0 | 0 | 0.00 | 1 | 240 | 945.60 | 158 | 30596 | 201,898.69 |
| COUNTY OFFICE REIMBURSEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| MEP SERVICES | 0 | 0 | 0.00 | 1 | 27 | 1,167.75 | 9369 | 70591 | 4012,355.55 |
| 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 | 125 | 6411 | 144,503.24 | 13406 | 2549118 | 81089,831.50 |

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 | 6 | 29 | 33,938.09 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| OUTPATIENT | 11 | 308 | 5,740.07 | 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 | 18 | 93 | 11,061.08 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| CLINIC SERVICES | 1 | 1 | 205.25 | 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 | 6 | 63.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

| CATEGORY OF SERVICE | FEDERAL ONLY PRESUMPT(881/886) | | | FEDERAL MEDICAID ONLY AGED | | | FEDERAL MEDICAID ONLY BLIND | | |
|--------------------------------|--------------------------------|------------------|-------------|----------------------------|------------------|-------------|-----------------------------|------------------|-------------|
| | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID |
| HABILITATION SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| BEHAVIORAL HLTH INTERVENTN SVC | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| REHAB SUPPORT SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| AMBULANCE SERVICES | 3 | 3 | 521.31 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| LOCAL EDUCATION AGENCY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| INFANT TODDLER | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PRESCRIBED DRUGS | 12 | 38 | 1,402.45 | 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 | 14 | 14 | 29.96 | 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 | 5 | 5 | 288.88 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IOWA CARE MED HOME CAPITATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IOWA PLAN PROGRAM | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| MANAGED SUBSTANCE ABUSE | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| MENTAL HEALTH ACCESS PLAN | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| EPSDT SCREENING | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HMO SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PACE SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PATIENT MANAGEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HEALTH INS PREMIUM PAYMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

| CATEGORY OF SERVICE | FEDERAL ONLY PRESUMPT(881/886) | | | FEDERAL MEDICAID ONLY AGED | | | FEDERAL MEDICAID ONLY BLIND | | |
|--------------------------------|--------------------------------|------------------|-------------|----------------------------|------------------|-------------|-----------------------------|------------------|-------------|
| | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID |
| MEDICAL SUPPLIES | 1 | 3 | 180.03 | 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 | 5 | 7 | 1,519.81 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| FAMILY CENTERED PROGRAM | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| FAMILY PRESERVATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| TREATMENT FOSTER FAMILY CARE | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| GROUP TREATMENT THERAPY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| DENTAL | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ACCOUNTABLE CARE ORGANIZATIONS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| OPTOMETRIST | 1 | 1 | 57.01 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| CHIROPRACTIC | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IOWA-PLAN-HAB | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PODIATRIC | 1 | 1 | 115.62 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| DELTA DENTAL | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PHYSICAL DISABILITIES SVCS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| BRAIN INJ WAIVER SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PSYCHIATRIC | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| RESIDENTIAL CARE FACILITY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ID WAIVER SERVICE | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

| CATEGORY OF SERVICE | FEDERAL ONLY PRESUMPT(881/886) | | | FEDERAL MEDICAID ONLY AGED | | | FEDERAL MEDICAID ONLY BLIND | | |
|-------------------------------|--------------------------------|------------------|-------------|----------------------------|------------------|-------------|-----------------------------|------------------|-------------|
| | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID |
| CHILDRENS MENTAL HEALTH SVC | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| AIDS WAIVER SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ELDERLY WAIVER SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ILL & HANDICAPPED WAIVER SVCS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| COUNTY OFFICE REIMBURSEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| MEP SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| UNASSIGNED | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| * A L L C A T E G O R I E S * | 17 | 509 | 55,122.56 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

| CATEGORY OF SERVICE | OTHER BLE-ICARE-FAMP-PME PRGW | | | OTHER BLE-ICARE-FAMP-PME BCCT | | | OTHER BLE-DSH PME PREGW | | |
|----------------------------|-------------------------------|------------------|-------------|-------------------------------|------------------|-------------|-------------------------|------------------|-------------|
| | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID |
| INPATIENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| OUTPATIENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| CHILD PART HOSP | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| CHILD DAY TREATMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ADULT PART HOSP | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ADULT DAY TREATMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| SKILLED NURSING FACILITY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IHAWP IOWA PLAN LITE | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IHAWP IOWA PLAN FULL | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IHAWP HMO | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IHAWP PCP | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| INTERMEDIATE CARE FACILITY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| INTER CARE MENTAL RETARDA | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| NURSING FAC FOR MENTAL ILL | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HOME HEALTH | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| LEAD INSPECTION AGENCY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PHYSICIAN | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| CLINIC SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| MEP CASE MANAGEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| EHR INCENTIVE PAYMENTS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| LAB AND RADIOLOGICAL | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

| CATEGORY OF SERVICE | OTHER BLE-ICARE-FAMP-PME PRGW | | | OTHER BLE-ICARE-FAMP-PME BCCT | | | OTHER BLE-DSH PME PREGW | | |
|--------------------------------|-------------------------------|------------------|-------------|-------------------------------|------------------|-------------|-------------------------|------------------|-------------|
| | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID |
| HABILITATION SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| BEHAVIORAL HLTH INTERVENTN SVC | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| REHAB SUPPORT SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| AMBULANCE SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| LOCAL EDUCATION AGENCY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| INFANT TODDLER | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PRESCRIBED DRUGS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IOWA-PLAN-PMIC | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| DRUG CAPITATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| NEMENT SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| INDIAN HEALTH SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| FAMILY PLANNING SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IOWA CARE MED HOME CAPITATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IOWA PLAN PROGRAM | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| MANAGED SUBSTANCE ABUSE | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| MENTAL HEALTH ACCESS PLAN | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| EPSDT SCREENING | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HMO SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PACE SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PATIENT MANAGEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HEALTH INS PREMIUM PAYMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

| CATEGORY OF SERVICE | OTHER BLE-ICARE-FAMP-PME PRGW | | | OTHER BLE-ICARE-FAMP-PME BCCT | | | OTHER BLE-DSH PME PREGW | | |
|--------------------------------|-------------------------------|------------------|-------------|-------------------------------|------------------|-------------|-------------------------|------------------|-------------|
| | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID |
| MEDICAL SUPPLIES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HEALTH HOME PROVIDER | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| TCM PAYMENTS TO IOWAPLAN | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IHAWP QHP | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| OTHER PRACTITIONER | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| FAMILY CENTERED PROGRAM | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| FAMILY PRESERVATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| TREATMENT FOSTER FAMILY CARE | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| GROUP TREATMENT THERAPY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| DENTAL | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ACCOUNTABLE CARE ORGANIZATIONS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| OPTOMETRIST | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| CHIROPRACTIC | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IOWA-PLAN-HAB | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PODIATRIC | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| DELTA DENTAL | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PHYSICAL DISABILITIES SVCS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| BRAIN INJ WAIVER SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PSYCHIATRIC | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| RESIDENTIAL CARE FACILITY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ID WAIVER SERVICE | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

| CATEGORY OF SERVICE | OTHER BLE-ICARE-FAMP-PME PRGW | | | OTHER BLE-ICARE-FAMP-PME BCCT | | | OTHER BLE-DSH PME PREGW | | |
|-------------------------------|-------------------------------|------------------|-------------|-------------------------------|------------------|-------------|-------------------------|------------------|-------------|
| | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID |
| CHILDRENS MENTAL HEALTH SVC | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| AIDS WAIVER SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ELDERLY WAIVER SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ILL & HANDICAPPED WAIVER SVCS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| COUNTY OFFICE REIMBURSEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| MEP SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| UNASSIGNED | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| * A L L C A T E G O R I E S * | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

| CATEGORY OF SERVICE | OTHER BLE-DSH PME BCCT | | | OTHER BLE-DSH FP | | | OTHER BLE-DSH FP PME-PREGW | | |
|----------------------------|------------------------|------------------|-------------|------------------|------------------|-------------|----------------------------|------------------|-------------|
| | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID |
| INPATIENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| OUTPATIENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| CHILD PART HOSP | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| CHILD DAY TREATMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ADULT PART HOSP | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ADULT DAY TREATMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| SKILLED NURSING FACILITY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IHAWP IOWA PLAN LITE | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IHAWP IOWA PLAN FULL | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IHAWP HMO | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IHAWP PCP | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| INTERMEDIATE CARE FACILITY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| INTER CARE MENTAL RETARDA | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| NURSING FAC FOR MENTAL ILL | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HOME HEALTH | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| LEAD INSPECTION AGENCY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PHYSICIAN | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| CLINIC SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| MEP CASE MANAGEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| EHR INCENTIVE PAYMENTS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| LAB AND RADIOLOGICAL | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

| CATEGORY OF SERVICE | OTHER BLE-DSH PME BCCT | | | OTHER BLE-DSH FP | | | OTHER BLE-DSH FP PME-PREGW | | |
|--------------------------------|------------------------|------------------|-------------|------------------|------------------|-------------|----------------------------|------------------|-------------|
| | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID |
| HABILITATION SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| BEHAVIORAL HLTH INTERVENTN SVC | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| REHAB SUPPORT SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| AMBULANCE SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| LOCAL EDUCATION AGENCY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| INFANT TODDLER | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PRESCRIBED DRUGS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IOWA-PLAN-PMIC | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| DRUG CAPITATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| NEMT SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| INDIAN HEALTH SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| FAMILY PLANNING SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IOWA CARE MED HOME CAPITATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IOWA PLAN PROGRAM | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| MANAGED SUBSTANCE ABUSE | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| MENTAL HEALTH ACCESS PLAN | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| EPSDT SCREENING | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HMO SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PACE SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PATIENT MANAGEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HEALTH INS PREMIUM PAYMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

| CATEGORY OF SERVICE | OTHER BLE-DSH PME BCCT | | | OTHER BLE-DSH FP | | | OTHER BLE-DSH FP PME-PREGW | | |
|--------------------------------|------------------------|------------------|-------------|------------------|------------------|-------------|----------------------------|------------------|-------------|
| | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID |
| MEDICAL SUPPLIES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HEALTH HOME PROVIDER | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| TCM PAYMENTS TO IOWAPLAN | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IHAWP QHP | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| OTHER PRACTITIONER | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| FAMILY CENTERED PROGRAM | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| FAMILY PRESERVATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| TREATMENT FOSTER FAMILY CARE | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| GROUP TREATMENT THERAPY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| DENTAL | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ACCOUNTABLE CARE ORGANIZATIONS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| OPTOMETRIST | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| CHIROPRACTIC | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IOWA-PLAN-HAB | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PODIATRIC | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| DELTA DENTAL | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PHYSICAL DISABILITIES SVCS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| BRAIN INJ WAIVER SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PSYCHIATRIC | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| RESIDENTIAL CARE FACILITY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ID WAIVER SERVICE | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

| CATEGORY OF SERVICE | OTHER BLE-DSH PME BCCT | | | OTHER BLE-DSH FP | | | OTHER BLE-DSH FP PME-PREGW | | |
|-------------------------------|------------------------|------------------|-------------|------------------|------------------|-------------|----------------------------|------------------|-------------|
| | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID |
| CHILDRENS MENTAL HEALTH SVC | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| AIDS WAIVER SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ELDERLY WAIVER SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ILL & HANDICAPPED WAIVER SVCS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| COUNTY OFFICE REIMBURSEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| MEP SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| UNASSIGNED | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| * A L L C A T E G O R I E S * | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

| CATEGORY OF SERVICE | OTHER BLE-DSH FP PME-BCCT | | | LEGAL PERMANENT RESIDENT TXIX | | | FEDERAL ST, EX MIYA (375) | | |
|----------------------------|---------------------------|------------------|-------------|-------------------------------|------------------|-------------|---------------------------|------------------|-------------|
| | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID |
| INPATIENT | 0 | 0 | 0.00 | 3 | 5 | 6,113.47 | 0 | 0 | 0.00 |
| OUTPATIENT | 0 | 0 | 0.00 | 47 | 585 | 12,690.52 | 11 | 88 | 4,301.13 |
| CHILD PART HOSP | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| CHILD DAY TREATMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ADULT PART HOSP | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ADULT DAY TREATMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| SKILLED NURSING FACILITY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IHAWP IOWA PLAN LITE | 0 | 0 | 0.00 | 1 | 1 | 30.82 | 0 | 0 | 0.00 |
| IHAWP IOWA PLAN FULL | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IHAWP HMO | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IHAWP PCP | 0 | 0 | 0.00 | 1 | 1 | 4.00 | 0 | 0 | 0.00 |
| INTERMEDIATE CARE FACILITY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| INTER CARE MENTAL RETARDA | 0 | 0 | 0.00 | 1 | 31 | 10,951.06 | 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 | 86 | 122 | 8,540.95 | 13 | 30 | 1,791.19 |
| CLINIC SERVICES | 0 | 0 | 0.00 | 39 | 45 | 7,231.46 | 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 | 46 | 208 | 3,851.16 | 2 | 9 | 175.23 |

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 | OTHER BLE-DSH FP | | | PME-BCCT | | | LEGAL PERMANENT RESIDENT TXIX | | | FEDERAL ST, EX MIYA (375) | | |
|--------------------------------|------------------|------------------|-------------|---------------|------------------|-------------|-------------------------------|------------------|-------------|---------------------------|------------------|-------------|
| | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID |
| HABILITATION SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| BEHAVIORAL HLTH INTERVENTN SVC | 0 | 0 | 0.00 | 645 | 861 | 10,569.31 | 58 | 103 | 15,803.30 | | | |
| REHAB SUPPORT SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| AMBULANCE SERVICES | 0 | 0 | 0.00 | 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 | 0 | 0 | 0.00 |
| INFANT TODDLER | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PRESCRIBED DRUGS | 0 | 0 | 0.00 | 77 | 142 | 4,670.73 | 26 | 42 | 1,619.28 | | | |
| IOWA-PLAN-PMIC | 0 | 0 | 0.00 | 577 | 763 | 1,315.86 | 54 | 94 | 24,585.50 | | | |
| DRUG CAPITATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| NEMENT SERVICES | 0 | 0 | 0.00 | 645 | 703 | 1,504.42 | 58 | 84 | 179.76 | | | |
| INDIAN HEALTH SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| FAMILY PLANNING SERVICES | 0 | 0 | 0.00 | 3 | 4 | 317.71 | 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 | 0 | 0 | 0.00 |
| IOWA PLAN PROGRAM | 0 | 0 | 0.00 | 645 | 861 | 11,232.83 | 58 | 103 | 13,606.01 | | | |
| MANAGED SUBSTANCE ABUSE | 0 | 0 | 0.00 | 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 | 0 | 0 | 0.00 |
| EPSDT SCREENING | 0 | 0 | 0.00 | 26 | 30 | 2,114.08 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HMO SERVICES | 0 | 0 | 0.00 | 125 | 131 | 10,026.60 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PACE SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PATIENT MANAGEMENT | 0 | 0 | 0.00 | 284 | 284 | 568.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HEALTH INS PREMIUM PAYMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

| CATEGORY OF SERVICE | OTHER BLE-DSH FP | | | PME-BCCT | | | LEGAL PERMANENT RESIDENT TXIX | | | FEDERAL ST, EX MIYA (375) | | |
|--------------------------------|------------------|------------------|-------------|---------------|------------------|-------------|-------------------------------|------------------|-------------|---------------------------|------------------|-------------|
| | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID |
| MEDICAL SUPPLIES | 0 | 0 | 0.00 | 6 | 149 | 179.95 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HEALTH HOME PROVIDER | 0 | 0 | 0.00 | 5 | 5 | 587.57 | 15 | 16 | 1,776.27 | | | |
| 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 | 10 | 63 | 2,709.48 | 2 | 4 | 148.11 | | | |
| 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 | 91 | 120 | 17,629.19 | 0 | 0 | 0.00 | | | |
| ACCOUNTABLE CARE ORGANIZATIONS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 | | | |
| OPTOMETRIST | 0 | 0 | 0.00 | 14 | 17 | 1,272.27 | 2 | 3 | 205.56 | | | |
| CHIROPRACTIC | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 | | | |
| IOWA-PLAN-HAB | 0 | 0 | 0.00 | 645 | 861 | 324.52 | 58 | 103 | 2,138.99 | | | |
| PODIATRIC | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 | | | |
| DELTA DENTAL | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 | | | |
| PHYSICAL DISABILITIES SVCS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 | | | |
| BRAIN INJ WAIVER SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 | | | |
| PSYCHIATRIC | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 | | | |
| RESIDENTIAL CARE FACILITY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 | | | |
| ID WAIVER SERVICE | 0 | 0 | 0.00 | 3 | 47 | 1,301.18 | 0 | 0 | 0.00 | | | |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

| CATEGORY OF SERVICE | OTHER BLE-DSH FP PME-BCCT | | | LEGAL PERMANENT RESIDENT TXIX | | | FEDERAL ST, EX MIYA (375) | | |
|-------------------------------|---------------------------|------------------|-------------|-------------------------------|------------------|-------------|---------------------------|------------------|-------------|
| | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID |
| CHILDRENS MENTAL HEALTH SVC | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| AIDS WAIVER SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ELDERLY WAIVER SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ILL & HANDICAPPED WAIVER SVCS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| COUNTY OFFICE REIMBURSEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| MEP SERVICES | 0 | 0 | 0.00 | 3 | 7 | 339.05 | 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 | 656 | 6046 | 116,076.19 | 52 | 679 | 66,330.33 |

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 | 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 | 6276 | 26411 | 36728,496.52 | | | |
| OUTPATIENT | 0 | 0 | 0.00 | 80432 | 1517209 | 31411,204.75 | | | |
| 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 | 888 | 13558 | 2480,813.23 | | | |
| IHAWP IOWA PLAN LITE | 0 | 0 | 0.00 | 66210 | 83415 | 2409,023.21 | | | |
| IHAWP IOWA PLAN FULL | 0 | 0 | 0.00 | 3650 | 3637 | 611,927.23 | | | |
| IHAWP HMO | 0 | 0 | 0.00 | 6582 | 6576 | 1829,976.62 | | | |
| IHAWP PCP | 0 | 0 | 0.00 | 37274 | 37087 | 148,348.00 | | | |
| INTERMEDIATE CARE FACILITY | 0 | 0 | 0.00 | 11557 | 357627 | 45865,297.53 | | | |
| INTER CARE MENTAL RETARDA | 0 | 0 | 0.00 | 1963 | 63984 | 28852,568.81 | | | |
| NURSING FAC FOR MENTAL ILL | 0 | 0 | 0.00 | 84 | 2537 | 526,611.13 | | | |
| HOME HEALTH | 0 | 0 | 0.00 | 12817 | 449788 | 10994,103.18 | | | |
| LEAD INSPECTION AGENCY | 0 | 0 | 0.00 | 3 | 3 | 1,086.18 | | | |
| PHYSICIAN | 1 | 9 | 681.45 | 123475 | 462607 | 18952,219.26 | | | |
| CLINIC SERVICES | 0 | 0 | 0.00 | 24355 | 32312 | 5356,968.99 | | | |
| MEP CASE MANAGEMENT | 0 | 0 | 0.00 | 1 | 0 | 28,572.61- | | | |
| EHR INCENTIVE PAYMENTS | 0 | 0 | 0.00 | 1 | 0 | 3453,133.00 | | | |
| LAB AND RADIOLOGICAL | 1 | 1 | 24.43 | 14644 | 42804 | 835,794.46 | | | |

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 | 150 | 4105- | 259,543.88- | | | |
| BEHAVIORAL HLTH INTERVENTN SVC | 0 | 0 | 0.00 | 394258 | 425498 | 5552,137.55 | | | |
| REHAB SUPPORT SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | | | |
| AMBULANCE SERVICES | 0 | 0 | 0.00 | 3514 | 4115 | 504,998.68 | | | |
| LOCAL EDUCATION AGENCY | 0 | 0 | 0.00 | 2533 | 633692 | 8097,172.00 | | | |
| INFANT TODDLER | 0 | 0 | 0.00 | 15 | 62 | 243.05 | | | |
| PRESCRIBED DRUGS | 0 | 0 | 0.00 | 157958 | 456804 | 26780,826.98 | | | |
| IOWA-PLAN-PMIC | 0 | 0 | 0.00 | 236988 | 256294 | 2661,993.45 | | | |
| DRUG CAPITATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | | | |
| NEMENT SERVICES | 0 | 0 | 0.00 | 399821 | 416969 | 892,307.24 | | | |
| INDIAN HEALTH SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | | | |
| FAMILY PLANNING SERVICES | 0 | 0 | 0.00 | 4691 | 5553 | 468,790.14 | | | |
| IOWA CARE MED HOME CAPITATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | | | |
| IOWA PLAN PROGRAM | 0 | 0 | 0.00 | 394253 | 425492 | 11563,611.91 | | | |
| 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 | 8028 | 8534 | 1523,434.68 | | | |
| HMO SERVICES | 0 | 0 | 0.00 | 43850 | 46303 | 7181,127.13 | | | |
| PACE SERVICES | 0 | 0 | 0.00 | 220 | 216 | 715,717.81 | | | |
| PATIENT MANAGEMENT | 0 | 0 | 0.00 | 180472 | 180394 | 360,977.76 | | | |
| HEALTH INS PREMIUM PAYMENT | 0 | 0 | 0.00 | 2737 | 5137 | 356,572.51 | | | |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

| CATEGORY OF SERVICE | FEDERAL ST, PRESUMP (882) | | | TOTAL | | | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID |
|--------------------------------|---------------------------|------------------|-------------|---------------|------------------|--------------|---------------|------------------|-------------|
| | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | | | |
| MEDICAL SUPPLIES | 0 | 0 | 0.00 | 29397 | 1811569 | 4501,186.18 | | | |
| HEALTH HOME PROVIDER | 0 | 0 | 0.00 | 27542 | 28065 | 3163,964.83 | | | |
| TCM PAYMENTS TO IOWAPLAN | 0 | 0 | 0.00 | 5467 | 0 | 6639,237.00 | | | |
| IHAWP QHP | 0 | 0 | 0.00 | 11 | 20- | 11,033.26- | | | |
| OTHER PRACTITIONER | 0 | 0 | 0.00 | 21578 | 95712 | 4369,541.52 | | | |
| 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 | 34962 | 43146 | 5744,824.52 | | | |
| ACCOUNTABLE CARE ORGANIZATIONS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | | | |
| OPTOMETRIST | 0 | 0 | 0.00 | 13539 | 16637 | 996,943.08 | | | |
| CHIROPRACTIC | 0 | 0 | 0.00 | 9123 | 20354 | 547,240.13 | | | |
| IOWA-PLAN-HAB | 0 | 0 | 0.00 | 394197 | 422799 | 7506,519.48 | | | |
| PODIATRIC | 0 | 0 | 0.00 | 5069 | 6959 | 254,395.64 | | | |
| DELTA DENTAL | 0 | 0 | 0.00 | 0 | 0 | 0.00 | | | |
| PHYSICAL DISABILITIES SVCS | 0 | 0 | 0.00 | 724 | 108015 | 367,114.11 | | | |
| BRAIN INJ WAIVER SERVICES | 0 | 0 | 0.00 | 1204 | 184553 | 2778,043.99 | | | |
| PSYCHIATRIC | 0 | 0 | 0.00 | 4493 | 7532 | 230,497.81 | | | |
| RESIDENTIAL CARE FACILITY | 0 | 0 | 0.00 | 884 | 29367 | 248,282.44 | | | |
| ID WAIVER SERVICE | 0 | 0 | 0.00 | 11591 | 1574623 | 38265,701.46 | | | |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

| CATEGORY OF SERVICE | FEDERAL ST, PRESUMP(882) | | | TOTAL | | | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID |
|-------------------------------|--------------------------|------------------|-------------|---|------------------|---------------|---------------|------------------|-------------|
| | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | | | |
| CHILDRENS MENTAL HEALTH SVC | 0 | 0 | 0.00 | 747 | 161562 | 774,541.82 | | | |
| AIDS WAIVER SERVICES | 0 | 0 | 0.00 | 30 | 8029 | 28,983.60 | | | |
| ELDERLY WAIVER SERVICES | 0 | 0 | 0.00 | 8880 | 1179275 | 6970,843.04 | | | |
| ILL & HANDICAPPED WAIVER SVCS | 0 | 0 | 0.00 | 1947 | 309077 | 1801,232.67 | | | |
| COUNTY OFFICE REIMBURSEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | | | |
| MEP SERVICES | 0 | 0 | 0.00 | 10888 | 84300 | 4761,472.58 | | | |
| UNASSIGNED | 0 | 0 | 0.00 | 1 | 0 | 1562,572.76- | | | |
| * A L L C A T E G O R I E S * | 1 | 10 | 705.88 | 503239 | 2052067 | 345206,326.38 | 0 | 0 | 0.00 |
| | | | | * * * E N D O F R E P O R T * * * | | | | | |