

## 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	964	4276	9146,783.04	0	0	0.00	496	2225	480,220.98
OUTPATIENT	16502	296306	10947,630.92	0	0	0.00	4698	116925	859,138.99
CHILD PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
ADULT PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
SKILLED NURSING FACILITY	10	208	261,918.25	0	0	0.00	315	2447	34,839.16
IHAMP IOWA PLAN LITE	78336	89152	2588,460.98	0	0	0.00	0	0	0.00
IHAMP IOWA PLAN FULL	9385	9618	1627,495.85	0	0	0.00	0	0	0.00
IHAMP HMO	10613	10533	2803,008.90	0	0	0.00	0	0	0.00
IHAMP PCP	46559	45638	182,552.00	0	0	0.00	0	0	0.00
INTERMEDIATE CARE FACILITY	13	273	46,412.68	0	0	0.00	5069	154028	19643,488.64
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	20	701	170,178.70
HOME HEALTH	189	2133	171,438.75	0	0	0.00	2598	48153	2049,131.36
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	23224	52132	5227,816.18	0	0	0.00	7088	154929	470,438.24
CLINIC SERVICES	5929	7728	1361,194.01	0	0	0.00	603	290	41,212.06
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	2511	11071	240,380.15	0	0	0.00	754	198	1,984.76

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	FEDERAL 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	7	0	2,828.38-
BEHAVIORAL HLTH INTERVENTN SVC	217	897-	1,588.41-	0	0	0.00	9937	57707-	642.73-
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	790	918	141,605.49	0	0	0.00	420	528	66,235.70
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	39283	143847	7143,642.72	0	0	0.00	2305	3769	53,673.58
IOWA-PLAN-PMIC	7	9-	3.00-	0	0	0.00	0	0	0.00
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMT SERVICES	15145	15817	33,848.38	0	0	0.00	6176	6168	13,199.52
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	567	630	47,464.04	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	226	25	6,546.87	0	0	0.00	18044	81581	1238,096.93
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	6	6	1,327.20	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	0	0	0.00	2	2	6,387.95
PATIENT MANAGEMENT	9	9	18.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	272	612	32,621.65	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	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	3998	52776	680,885.44	0	0	0.00	3409	187730	303,321.57
HEALTH HOME PROVIDER	1687	1697	203,925.40	0	0	0.00	481	513	45,881.76
TCM PAYMENTS TO IOWAPLAN	0	0	0.00	0	0	0.00	0	0	0.00
IHAWP QHP	18370	18287	8209,100.30	0	0	0.00	0	0	0.00
OTHER PRACTITIONER	3622	7099	456,387.53	0	0	0.00	576	5591	38,028.22
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	1195	1296	122,021.48	0	0	0.00	476	567	90,976.87
ACCOUNTABLE CARE ORGANIZATIONS	26888	26769	107,076.00	0	0	0.00	0	0	0.00
OPTOMETRIST	1576	1713	137,670.00	0	0	0.00	612	954	23,598.48
CHIROPRACTIC	1891	4773	168,504.12	0	0	0.00	401	895	7,063.39
IOWA-PLAN-HAB	217	879-	1,117.11-	0	0	0.00	9938	55989-	429,513.72-
PODIATRIC	646	855	81,447.01	0	0	0.00	850	1631	20,381.52
DELTA DENTAL	105296	111457	2525,615.62	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	213	14,744.55
PSYCHIATRIC	132	247	13,319.08	0	0	0.00	234	583	8,166.96
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	137	4797	36,337.29
ID WAIVER SERVICE	0	0	0.00	0	0	0.00	69	6093	276,534.95

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	3603	447182	2813,873.39
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	1	4	284.36	0	0	0.00	46	178	9,618.18
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 *	112169	916120	54715,693.88	0	0	0.00	20667	1115175	28383,768.87

## 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	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	1720	8314	6392,704.95	605	1560	3139,398.40
OUTPATIENT	0	0	0.00	18368	485975	7589,661.20	8816	176504	4855,202.96
CHILD PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
ADULT PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
SKILLED NURSING FACILITY	0	0	0.00	256	4806	2530,275.44	1	5	2,150.55
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	679	20108	2958,783.02	7	135	37,935.56
INTER CARE MENTAL RETARDA	0	0	0.00	2	27	9,108.84	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	1	31	7,537.34	1	0	611.00
HOME HEALTH	0	0	0.00	3958	164825	4017,689.52	52	408	37,094.29
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	0	0	0.00	26562	215946	3963,274.51	13329	28634	2572,824.09
CLINIC SERVICES	0	0	0.00	3752	3882	645,323.18	3274	4042	683,113.03
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
EHR INCENTIVE PAYMENTS	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	0	0	0.00	3544	8138	152,799.93	2370	8454	220,753.72

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	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	446	1120	34,185.79	3	0	80.52-
BEHAVIORAL HLTH INTERVENTN SVC	1	3-	7.32-	65097	532696-	3936,297.73-	69583	473937-	1657,602.84-
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	0	0	0.00	1328	1533	206,518.65	294	269	37,658.80
LOCAL EDUCATION AGENCY	0	0	0.00	232	31840	463,459.42	0	0	0.00
INFANT TODDLER	0	0	0.00	79	1089	13,225.18	0	0	0.00
PRESCRIBED DRUGS	0	0	0.00	22255	103928	8803,894.46	24287	67880	3214,467.55
IOWA-PLAN-PMIC	0	0	0.00	9592	76016-	347,240.99-	1427	7738-	1286,139.61-
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	0	0	0.00	58309	59143	126,566.02	50945	53446	114,374.44
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	0	0	0.00	83	80	4,044.03	2429	2939	184,164.74
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	1	0	250.92	66973	64593	60455,144.02	73925	55721	8678,140.79
MANAGED SUBSTANCE ABUSE	0	0	0.00	0	0	0.00	0	0	0.00
MENTAL HEALTH ACCESS PLAN	0	0	0.00	1	0	121.32	0	0	0.00
EPSDT SCREENING	0	0	0.00	108	117	5,512.73	5	5	229.11
HMO SERVICES	0	0	0.00	0	0	0.00	10311	10725	3087,189.01
PACE SERVICES	0	0	0.00	62	62	256,848.00	0	0	0.00
PATIENT MANAGEMENT	0	0	0.00	2	2	4.00	25655	25606	51,212.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	551	1155	128,675.68	81	174	8,090.58

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	BLIND			DISABLED			ADC - ADULT		
	RECIPES SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPES SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPES SERVED	UNITS OF SERVICE	AMOUNT PAID
MEDICAL SUPPLIES	0	0	0.00	10827	829760	2269,092.31	1522	20882	205,206.72
HEALTH HOME PROVIDER	0	0	0.00	12161	12377	1766,562.16	2546	2688	245,404.96
TCM PAYMENTS TO IOWAPLAN	0	0	0.00	0	0	0.00	0	0	0.00
IHAWP QHP	0	0	0.00	0	0	0.00	0	0	0.00
OTHER PRACTITIONER	0	0	0.00	3700	27352	703,006.31	2519	4100	278,815.24
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	4281	5320	817,981.15	3292	4316	681,863.23
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0.00	0	0	0.00	0	0	0.00
OPTOMETRIST	0	0	0.00	2524	3592	168,856.40	1326	1593	115,899.71
CHIROPRACTIC	0	0	0.00	2233	5164	73,508.91	1458	3219	109,887.55
IOWA-PLAN-HAB	1	3-	263.49-	65097	532682-	50047,502.03-	69584	472979-	599,920.43-
PODIATRIC	0	0	0.00	1442	2409	79,298.66	240	293	30,703.20
DELTA DENTAL	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICAL DISABILITIES SVCS	0	0	0.00	414	55288	200,966.45	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	360	66054	799,380.30	0	0	0.00
PSYCHIATRIC	0	0	0.00	2702	4560	75,311.44	39	55	4,345.94
RESIDENTIAL CARE FACILITY	0	0	0.00	815	26576	233,111.84	0	0	0.00
ID WAIVER SERVICE	0	0	0.00	910	114520	3422,416.23	0	0	0.00

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	BLIND			DISABLED			ADC - ADULT		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	15	2423	15,041.70	3	860	3,237.08
AIDS WAIVER SERVICES	0	0	0.00	9	1601	5,996.95	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	23	3510	7,804.43-	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	1652	279475	1559,209.79	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	685	4910	260,531.02	1	2	164.36
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	6-	19.89-	68336	1480157	56858,565.99	71818	480139-	25055,173.21



## 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	205	913	1272,252.01	61	150	236,628.62	1384	5547	13590,051.14
OUTPATIENT	5818	78089	1891,640.02	829	13733	281,860.37	12024	196206	4705,795.28
CHILD PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
ADULT PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
SKILLED NURSING FACILITY	4	0	34.32	0	0	0.00	12	133	155,657.24
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	9	116	89,466.38-
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	2	29	1416,539.31-
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	212	646	24,641.81	17	59	3,289.71	518	5927	106,997.05
LEAD INSPECTION AGENCY	1	1	350.00	0	0	0.00	0	0	0.00
PHYSICIAN	12163	18268	1523,477.98	1462	2129	177,374.01	25391	48937	4171,909.74
CLINIC SERVICES	2978	3228	546,935.28	334	343	55,742.42	6568	8175	1718,823.36
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
EHR INCENTIVE PAYMENTS	0	0	0.00	0	0	0.00	1	0	345,354.00
LAB AND RADIOLOGICAL	840	1962	34,402.26	141	512	10,803.56	2415	7486	146,462.26

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	5	0	609.80	2	0	208,734.86-
BEHAVIORAL HLTH INTERVENTN SVC	105683	740744-	9460,504.56-	23703	148349-	1562,393.31-	180496	1180275-	14215,084.80-
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	167	124	18,971.86	45	23	3,275.93	270	236	38,293.33
LOCAL EDUCATION AGENCY	39	2984	39,268.54	10	1579	12,867.08	31	2608	33,577.17
INFANT TODDLER	81	650	7,700.54	14	143	1,626.54	125	1313	15,913.94
PRESCRIBED DRUGS	16314	28623	1789,464.16	1974	4215	269,367.50	28687	49362	2733,422.24
IOWA-PLAN-PMIC	104205	730029-	455,273.05-	13503	85754-	610,800.84-	158328	1063935-	1081,692.70-
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	75582	79323	169,751.22	6528	6489	13,886.46	124334	131664	281,760.96
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	306	349	27,167.85	52	50	2,982.80	210	218	17,352.62
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	111435	81167	13166,873.11	23861	6274	3215,253.60	194764	137630	21623,284.05
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	1962	2117	379,755.25	76	83	17,389.70	3477	3673	1223,277.20
HMO SERVICES	13902	14593	1561,340.00	1110	1105	168,858.40	18638	19811	4429,605.09
PACE SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	43185	43183	86,366.00	4061	4043	8,086.00	76472	76466	152,932.00
HEALTH INS PREMIUM PAYMENT	114	271	7,226.37	18	42	1,395.79	1289	3106	98,489.81

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	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	723	14978	129,545.39	92	1067	14,284.66	1646	21063	236,326.94
HEALTH HOME PROVIDER	4232	4380	459,111.43	662	658	76,314.90	5778	5996	625,724.63
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	2631	5868	313,645.87	349	662	40,115.75	5099	11320	636,031.22
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	6235	7230	886,027.62	588	691	95,818.96	11175	13060	1546,516.45
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0.00	0	0	0.00	0	0	0.00
OPTOMETRIST	2019	2325	159,196.63	250	296	21,081.82	3403	3867	263,709.23
CHIROPRACTIC	709	1338	42,223.50	113	236	7,944.50	1510	2745	85,070.04
IOWA-PLAN-HAB	105687	740709-	45,524.34-	23702	148231-	104,145.19-	180504	1180213-	252,697.56-
PODIATRIC	62	67	7,727.20	15	16	2,967.54	135	151	14,431.10
DELTA DENTAL	0	0	0.00	0	0	0.00	367	595	13,482.70
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	1	76	391.40
BRAIN INJ WAIVER SERVICES	0	0	0.00	0	0	0.00	1	0	16,283.99-
PSYCHIATRIC	23	43	4,991.84	3	3	221.49	62	161	9,043.85
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
ID WAIVER SERVICE	1	4	17.52	0	0	0.00	1594	906	3332,531.23-

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	ADC - CHILD			CMAP			OTHER		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
CHILDRENS MENTAL HEALTH SVC	13	3542	15,246.94	45	10626	51,343.85	31	6458	27,920.97
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	0	0	0.00	2	185	1,276.20
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	0	0	0.00	2	28	23,598.70-
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	2	1	221.49	2	21	1,417.17	11	54	3,086.88
UNASSIGNED	0	0	0.00	0	0	0.00	1	0	925,327.90-
* A L L C A T E G O R I E S *	110832	1815215-	14604,272.06	16942	327086-	2515,469.59	156170	2659115-	37490,012.66

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	FOSTER - PRESUB - SUB ADOPTS			INTERMEDIATE CARE FACILITY			MEDICALLY NEEDY NO SPEND DN		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
INPATIENT	28	125	188,800.93	532	2645	874,760.92	27	98	167,517.33
OUTPATIENT	893	20836	292,281.27	4613	125589	870,071.65	246	5993	112,973.97
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	3	56	43,972.78	444	4912	62,816.16	1	14	6,021.54
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	6202	187029	27593,718.24	0	0	0.00
INTER CARE MENTAL RETARDA	17	479	217,416.24	2	38	12,395.30	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	77	2937	875,373.45	0	0	0.00
HOME HEALTH	61	9112	173,019.66	3268	75766	3290,764.72	15	382	3,181.09
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	2006	3028	231,216.20	6396	165981	445,554.20	379	1060	76,041.60
CLINIC SERVICES	424	460	71,747.68	438	394	61,400.00	76	72	10,723.32
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	213	1495	22,750.63	763	342	3,651.76	54	121	2,382.48

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	FOSTER - PRESUB - SUB ADOPTS			INTERMEDIATE CARE FACILITY			MEDICALLY NEEDY NO SPEND DN		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
HABILITATION SERVICES	0	0	0.00	9	0	696.02	5	0	1,181.71-
BEHAVIORAL HLTH INTERVENTN SVC	13116	98633-	12265,085.56-	26280	195316-	86,054.23-	2172	13236-	16,852.86-
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	23	22	4,041.28	547	731	97,113.83	12	11	1,593.37
LOCAL EDUCATION AGENCY	26	2887	30,627.38	6	7-	2,598.16	0	0	0.00
INFANT TODDLER	43	323	4,089.00	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	4804	12658	1044,806.57	7623	16011	400,263.50	466	1703	84,513.98
IOWA-PLAN-PMIC	13104	98550-	17443,206.56-	164	1392-	2,355.03-	12	46-	18.63-
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMT SERVICES	10937	11005	23,550.70	21461	21341	45,669.74	890	904	1,934.56
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	19	15	2,081.97	0	0	0.00	12	10	523.90
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	13796	13482	41183,354.61	27382	57692-	2860,815.61	2213	736	222,352.17
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	99	100	12,930.44	0	0	0.00	0	0	0.00
HMO SERVICES	1	1	53.17	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	181	177	544,607.78	0	0	0.00
PATIENT MANAGEMENT	52	52	104.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	183	346	19,137.82	40	73	10,898.75	2	3	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	231	35650	85,385.35	4966	345480	544,662.45	79	3048	17,190.39
HEALTH HOME PROVIDER	1933	1943	226,114.08	913	930	86,535.13	101	104	12,975.92
TCM PAYMENTS TO IOWAPLAN	0	0	0.00	0	0	0.00	0	0	0.00
IHAWP QHP	0	0	0.00	0	0	0.00	0	0	0.00
OTHER PRACTITIONER	581	3350	128,854.29	637	5552	119,397.03	72	265	6,130.47
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	1141	1313	147,449.50	743	915	151,523.79	60	77	13,176.27
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0.00	0	0	0.00	0	0	0.00
OPTOMETRIST	542	620	41,549.27	669	977	27,054.25	45	53	2,790.10
CHIROPRACTIC	160	262	7,558.99	229	546	5,387.55	37	69	1,994.51
IOWA-PLAN-HAB	13136	78497-	793,147.91-	26281	194506-	3859,787.30-	2177	12910-	139,117.28-
PODIATRIC	26	32	2,196.95	1225	2542	30,515.46	23	35	1,249.12
DELTA DENTAL	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICAL DISABILITIES SVCS	0	0	0.00	276	39712	134,846.62	0	0	0.00
BRAIN INJ WAIVER SERVICES	44	8753	59,839.89	514	77371	1140,820.90	0	0	0.00
PSYCHIATRIC	15	24	2,109.58	301	861	11,756.30	16	20	493.12
RESIDENTIAL CARE FACILITY	1	31	298.46	6	85	618.63	0	0	0.00
ID WAIVER SERVICE	230	31390	373,512.36	9	203	769.01	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	19	5721	20,367.47	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	5537	719872	4157,176.21	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	25	2877	33,869.00	4	894	3,248.32	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	144	1096	53,364.29	103	767	34,035.32	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 *	10353	111857-	14226,644.31	14063	1357481	40573,687.67	1310	11414-	589,050.64



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	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	41	226	171,847.98	24	97	55,056.38	4	15	41,947.61
OUTPATIENT	98	4571	131,004.79	1036	13729	409,089.24	94	2369	97,845.25
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	10	21,385.00	0	0	0.00	0	0	0.00
IHAWP IOWA PLAN LITE	0	0	0.00	0	0	0.00	0	0	0.00
IHAWP IOWA PLAN FULL	0	0	0.00	0	0	0.00	0	0	0.00
IHAWP HMO	0	0	0.00	0	0	0.00	0	0	0.00
IHAWP PCP	0	0	0.00	0	0	0.00	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	5	58	3,579.04	31	95	4,444.14	4	57	4,431.82
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	169	13339	47,363.52	2596	3771	311,554.57	143	535	133,216.96
CLINIC SERVICES	26	14	521.56	683	737	130,793.04	28	30	6,252.03
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
EHR INCENTIVE PAYMENTS	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	7	57	1,119.46	116	494	8,175.92	27	100	2,357.18

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	3	1	389.82-	0	0	0.00	0	0	0.00
BEHAVIORAL HLTH INTERVENTN SVC	0	0	0.00	28286	161750-	2052,561.35-	278	1900-	4,611.79-
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	15	15	2,605.16	24	18	2,917.46	4	4	650.80
LOCAL EDUCATION AGENCY	0	0	0.00	8	553	4,942.08	0	0	0.00
INFANT TODDLER	0	0	0.00	6	20	246.34	0	0	0.00
PRESCRIBED DRUGS	16	66	5,233.66	4062	7385	623,835.61	176	744	70,557.03
IOWA-PLAN-PMIC	0	0	0.00	26987	154179-	169,226.76-	0	0	0.00
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMT SERVICES	12	12	25.68	17006	17917	38,342.38	223	224	479.36
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	0	0	0.00	35	40	4,429.68	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	31347	18643	2999,439.11	283	217	200,968.17
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	111	111	14,401.13	0	0	0.00
HMO SERVICES	0	0	0.00	2223	2337	178,047.20	0	0	0.00
PACE SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	0	0	0.00	10542	10539	21,078.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	7	11	1,870.95	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	8	262	959.76	154	4043	30,287.09	17	389	8,062.03
HEALTH HOME PROVIDER	0	0	0.00	1144	1179	122,729.59	31	32	1,625.56
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	42	338	48,405.78	550	1082	58,852.93	23	48	4,357.46
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	6	9	1,922.85	2147	2515	326,292.55	18	19	2,697.90
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0.00	0	0	0.00	0	0	0.00
OPTOMETRIST	4	7	261.59	735	834	57,982.69	9	13	855.20
CHIROPRACTIC	1	3	12.81	300	556	18,261.38	12	29	927.16
IOWA-PLAN-HAB	0	0	0.00	28288	161677-	19,024.09-	278	1900-	166,962.67-
PODIATRIC	4	9	260.85	28	32	4,667.18	1	1	36.55
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	8	28	1,607.29	8	8	611.57	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	1	1,646.96	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	1	231	1,653.26	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	12	654.48	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 *	164	19025	437,726.96	14088	390616-	3191,490.71	251	1026	405,693.61

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 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	0	0	0.00	0	0	0.00	0	0	0.00
OUTPATIENT	3	0	483.61	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	2	0	3,575.33-	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	0	141.33-	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	4	0	239.52-	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 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 *	6	0	3,472.57-	0	0	0.00	0	0	0.00



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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	OTHER ICARE PMIC MHI 300%			OTHER ICARE MHI 300%			STATE ONLY		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
INPATIENT	0	0	0.00	0	0	0.00	2	1	5,623.34
OUTPATIENT	68	782	39,797.79	0	0	0.00	38	984	12,452.12
CHILD PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
ADULT PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
SKILLED NURSING FACILITY	0	0	0.00	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	2	3	44.49	0	0	0.00	0	0	0.00
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	141	187	8,112.15	0	0	0.00	51	95	6,509.70
CLINIC SERVICES	30	35	4,649.94	0	0	0.00	8	8	1,091.43
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	14	86	1,162.63	0	0	0.00	9	26	569.74

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	3	0	596.84-	0	0	0.00	0	0	0.00
BEHAVIORAL HLTH INTERVENTN SVC	840	6495-	1069,296.04-	0	0	0.00	431	2785-	487,232.81-
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	2	1	116.94	0	0	0.00	5	3	408.28
LOCAL EDUCATION AGENCY	4	4302	34,612.64	0	0	0.00	0	0	0.00
INFANT TODDLER	0	0	0.00	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	569	2059	153,178.72	0	0	0.00	47	113	5,428.09
IOWA-PLAN-PMIC	840	6495-	1467,242.18-	0	0	0.00	430	2781-	729,537.79-
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	675	681	1,457.34	0	0	0.00	161	161	344.54
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	1	1	438.09	0	0	0.00	2	1	18.99-
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	855	706	3533,199.12	0	0	0.00	431	153	1615,490.68
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	2	3	140.02	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	69	146	12,671.88	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	22	1760	2,568.91	0	0	0.00	6	10	871.66
HEALTH HOME PROVIDER	637	638	147,215.58	0	0	0.00	15	15	1,963.11
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	42	323	16,656.46	0	0	0.00	12	19	714.77
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	54	57	7,321.12	0	0	0.00	7	9	1,055.11
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0.00	0	0	0.00	0	0	0.00
OPTOMETRIST	45	53	3,392.51	0	0	0.00	4	5	417.55
CHIROPRACTIC	19	24	619.08	0	0	0.00	6	8	271.85
IOWA-PLAN-HAB	840	6074-	75,648.42-	0	0	0.00	431	2785-	37,564.88-
PODIATRIC	2	2	300.15	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	6	5	252.86	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	3	731	9,918.69	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	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	575	136600	637,425.68	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	5	10	584.81	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 *	595	130131	2003,054.12	0	0	0.00	313	6740-	398,857.50

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	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	3	4	55.46	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-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	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-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 *	0	4	55.46	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	6	3	2,299.22	147	732	439,974.96
OUTPATIENT	0	0	0.00	31	2483	25,735.03	3035	72251	615,884.17
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	22	179	2,955.60
IHAWP IOWA PLAN LITE	0	0	0.00	3	3	46.23	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	1	1	394.10	0	0	0.00
IHAWP PCP	0	0	0.00	2	2	8.00	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	1	0	323.62	15	266	39,444.71
INTER CARE MENTAL RETARDA	0	0	0.00	1	31	11,013.06	1911	57946	24878,250.50
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	0	0	0.00	4	14	738.29-	1284	85942	2397,054.13
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	0	0	0.00	55	97	9,208.43	4710	23114	352,097.58
CLINIC SERVICES	0	0	0.00	22	8	1,434.74	397	407	64,382.02
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
EHR INCENTIVE PAYMENTS	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	0	0	0.00	9	51	649.36	465	694	10,343.05

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	2	0	868.71-	32	0	16,405.44-
BEHAVIORAL HLTH INTERVENTN SVC	0	0	0.00	1880	6152-	229,009.64-	13940	118525-	1177,987.85-
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	0	0	0.00	4	0	90.08-	138	151	17,389.45
LOCAL EDUCATION AGENCY	0	0	0.00	0	0	0.00	186	36966	462,687.24
INFANT TODDLER	0	0	0.00	0	0	0.00	15	216	2,920.36
PRESCRIBED DRUGS	0	0	0.00	50	178	10,103.99	6548	21830	1567,356.62
IOWA-PLAN-PMIC	0	0	0.00	450	1643-	302,415.59-	3234	26018-	45,070.48-
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	0	0	0.00	108	110	235.40	13662	13730	29,382.20
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	11	537.48
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	0	0	0.00	1894	327-	821,460.15	14143	13275	12220,784.72
MANAGED SUBSTANCE ABUSE	0	0	0.00	0	0	0.00	0	0	0.00
MENTAL HEALTH ACCESS PLAN	0	0	0.00	0	0	0.00	0	0	0.00
EPSDT SCREENING	0	0	0.00	1	1	63.90	22	48	3,481.79
HMO SERVICES	0	0	0.00	2	2	503.34	0	0	0.00
PACE SERVICES	0	0	0.00	0	0	0.00	1	1	3,102.00
PATIENT MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	0	0	0.00	698	1436	183,435.70

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	11	370	2,580.13	2652	325839	628,964.01
HEALTH HOME PROVIDER	0	0	0.00	17	17	1,509.99	276	281	20,462.15
TCM PAYMENTS TO IOWAPLAN	0	0	0.00	0	0	0.00	0	0	0.00
IHAWP QHP	0	0	0.00	2	2	1,277.00	0	0	0.00
OTHER PRACTITIONER	0	0	0.00	12	17	790.11	1080	12198	395,256.78
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	8	10	1,745.07	1470	1675	179,207.46
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0.00	1	1	4.00	0	0	0.00
OPTOMETRIST	0	0	0.00	10	15	720.50	667	870	35,172.34
CHIROPRACTIC	0	0	0.00	5	11	288.69	338	659	9,629.57
IOWA-PLAN-HAB	0	0	0.00	1880	6008	432,079.18	13941	118518	9957,921.26
PODIATRIC	0	0	0.00	4	5	342.11	678	900	18,191.58
DELTA DENTAL	0	0	0.00	5	5	113.30	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	1	4	3,370.87	258	34411	570,213.38
PSYCHIATRIC	0	0	0.00	1	2	11.85	492	737	16,859.70
RESIDENTIAL CARE FACILITY	0	0	0.00	1	0	0.00	5	143	1,197.98
ID WAIVER SERVICE	0	0	0.00	1	233	370.47	10296	1524665	35466,816.54

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	OTHER BLE-FAMP-PME BCCT			STATE ONLY			FED CNTY - FED CNTY STATE		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	3	412	2,223.28	1	28-	684.99-
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	4	981	4,304.70	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	0	0	0.00	151	24898	119,892.66
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	0	0	0.00	1	1	48.95	6429	43501	2181,095.39
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	210	9060-	62,021.90-	11966	2036883	71736,353.80



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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	FEDERAL ONLY PRESUMPT(881/886)			FEDERAL MEDICAID ONLY AGED			FEDERAL MEDICAID ONLY BLIND		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
INPATIENT	3	8	8,873.45	0	0	0.00	0	0	0.00
OUTPATIENT	19	78	10,677.56	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	23	46	3,885.85	0	0	0.00	0	0	0.00
CLINIC SERVICES	1	1	160.75	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	2	90.96	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	1	1	81.71	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	13	43	1,540.42	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	19	19	40.66	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	4	4	236.47	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	2	2	189.88	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	6	6	366.18	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	2	3	1,056.24	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	1	6	376.35	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 *	16	219	27,576.48	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
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-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	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
INPATIENT	0	0	0.00	3	6	13,716.31	1	2	6,829.10			
OUTPATIENT	0	0	0.00	59	540	12,397.39	47	496	18,732.87			
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	2	62	21,935.29	0	0	0.00			
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00			
HOME HEALTH	0	0	0.00	1	1	5.13	0	0	0.00			
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00			
PHYSICIAN	0	0	0.00	124	180	18,120.58	45	72	5,287.03			
CLINIC SERVICES	0	0	0.00	68	75	13,147.09	14	19	2,555.28			
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	49	194	3,486.39	9	25	728.44			

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	OTHER BLE-DSH FP PME-BCCT			LEGAL PERMANENT RESIDENT TXIX			FEDERAL ST, EX MIYA (375)		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
HABILITATION SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
BEHAVIORAL HLTH INTERVENTN SVC	0	0	0.00	1084	5781-	72,425.76-	125	394-	61,777.34-
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	0	0	0.00	2	3	218.09	2	2	209.06
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	115	174	8,007.46	72	151	5,277.27
IOWA-PLAN-PMIC	0	0	0.00	960	5144-	10,988.21-	115	354-	92,828.94-
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	0	0	0.00	1147	1186	2,538.04	221	254	543.56
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	0	0	0.00	3	3	254.43	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	1403	1401	135,356.42	236	263	365,970.85
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	22	27	1,394.85	0	0	0.00
HMO SERVICES	0	0	0.00	279	283	22,148.50	0	0	0.00
PACE SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	0	0	0.00	459	459	918.00	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 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	10	510	1,092.48	0	0	0.00	0	0	0.00
HEALTH HOME PROVIDER	0	0	0.00	15	17	1,967.51	25	29	3,156.53			
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	34	123	4,827.13	11	11	1,094.17			
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	130	166	25,845.63	5	5	570.04			
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0.00	1	1	4.00	0	0	0.00			
OPTOMETRIST	0	0	0.00	22	24	1,843.45	5	5	385.83			
CHIROPRACTIC	0	0	0.00	2	2	65.74	8	20	731.27			
IOWA-PLAN-HAB	0	0	0.00	1084	5781-	2,583.65-	125	394-	8,457.06-			
PODIATRIC	0	0	0.00	1	1	57.82	0	0	0.00			
DELTA DENTAL	0	0	0.00	1	1	22.66	0	0	0.00			
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00			
BRAIN INJ WAIVER SERVICES	0	0	0.00	0	0	0.00	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	4	1,813.66	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	11	512.79	1	5	272.70
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	941	11250-	205,734.04	34	217	249,280.66



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	6227	26943	36235,286.67			
OUTPATIENT	0	0	0.00	76789	1614439	33780,356.45			
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	1042	12770	3118,450.71			
IHAMP IOWA PLAN LITE	0	0	0.00	78340	89156	2588,538.03			
IHAMP IOWA PLAN FULL	0	0	0.00	9385	9618	1627,495.85			
IHAMP HMO	0	0	0.00	10614	10534	2803,403.00			
IHAMP PCP	0	0	0.00	46562	45641	182,564.00			
INTERMEDIATE CARE FACILITY	0	0	0.00	11906	361955	50230,640.09			
INTER CARE MENTAL RETARDA	0	0	0.00	1935	58558	23715,362.24			
NURSING FAC FOR MENTAL ILL	0	0	0.00	99	3669	1052,478.49			
HOME HEALTH	0	0	0.00	12139	393581	12286,068.42			
LEAD INSPECTION AGENCY	0	0	0.00	1	1	350.00			
PHYSICIAN	0	0	0.00	124606	732480	19755,141.79			
CLINIC SERVICES	0	0	0.00	25502	29948	5421,202.22			
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00			
EHR INCENTIVE PAYMENTS	0	0	0.00	1	0	345,354.00			
LAB AND RADIOLOGICAL	0	0	0.00	14237	41508	865,054.64			

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	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	498	1121	195,594.67-			
BEHAVIORAL HLTH INTERVENTN SVC	0	0	0.00	481958	3745575-	48357,016.93-			
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00			
AMBULANCE SERVICES	0	0	0.00	4074	4593	639,815.11			
LOCAL EDUCATION AGENCY	0	0	0.00	530	83712	1084,639.71			
INFANT TODDLER	0	0	0.00	333	3754	45,721.90			
PRESCRIBED DRUGS	0	0	0.00	158026	464743	27987,851.07			
IOWA-PLAN-PMIC	0	0	0.00	286210	2260083-	24044,040.36-			
DRUG CAPITATION	0	0	0.00	0	0	0.00			
NEMENT SERVICES	0	0	0.00	402931	419594	897,931.16			
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00			
FAMILY PLANNING SERVICES	0	0	0.00	3716	4351	291,659.11			
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00			
IOWA PLAN PROGRAM	0	0	0.00	499048	417848	174542,781.90			
MANAGED SUBSTANCE ABUSE	0	0	0.00	0	0	0.00			
MENTAL HEALTH ACCESS PLAN	0	0	0.00	1	0	121.32			
EPSDT SCREENING	0	0	0.00	5877	6285	1658,576.12			
HMO SERVICES	0	0	0.00	46397	48863	9449,071.91			
PACE SERVICES	0	0	0.00	244	242	810,945.73			
PATIENT MANAGEMENT	0	0	0.00	160436	160359	320,718.00			
HEALTH INS PREMIUM PAYMENT	0	0	0.00	3324	7375	504,976.89			

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	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	29915	1845619	5161,477.17			
HEALTH HOME PROVIDER	0	0	0.00	32623	33494	4049,180.39			
TCM PAYMENTS TO IOWAPLAN	0	0	0.00	0	0	0.00			
IHAWP QHP	0	0	0.00	18372	18289	8210,377.30			
OTHER PRACTITIONER	0	0	0.00	21438	85324	3251,733.70			
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	32918	39253	5101,069.29			
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0.00	26890	26771	107,084.00			
OPTOMETRIST	0	0	0.00	14449	17816	1062,437.55			
CHIROPRACTIC	0	0	0.00	9371	20559	539,950.61			
IOWA-PLAN-HAB	0	0	0.00	481983	3720735-	66972,977.57-			
PODIATRIC	0	0	0.00	5366	8981	294,774.00			
DELTA DENTAL	0	0	0.00	105665	112058	2539,234.28			
PHYSICAL DISABILITIES SVCS	0	0	0.00	687	95076	336,204.47			
BRAIN INJ WAIVER SERVICES	0	0	0.00	1162	186806	2572,085.90			
PSYCHIATRIC	0	0	0.00	4032	7343	149,479.22			
RESIDENTIAL CARE FACILITY	0	0	0.00	960	31632	271,564.20			
ID WAIVER SERVICE	0	0	0.00	12031	1678750	36221,285.16			

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	684	161124	753,407.77			
AIDS WAIVER SERVICES	0	0	0.00	28	7322	26,364.42			
ELDERLY WAIVER SERVICES	0	0	0.00	8799	1171730	6968,826.07			
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	1831	308172	1692,621.07			
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00			
MEP SERVICES	0	0	0.00	7416	50573	2545,892.19			
UNASSIGNED	0	0	0.00	1	0	925,327.90-			
* A L L C A T E G O R I E S *	0	0	0.00	611245	1233940	353602,647.86	0	0	0.00
* * *   E N D   O F   R E P O R T   * * *									