

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 | 94 | 575 | 865,360.45 | 0 | 0 | 0.00 | 88 | 618 | 115,682.41 |
| OUTPATIENT | 506 | 9492 | 370,406.12 | 0 | 0 | 0.00 | 1188 | 358567 | 255,237.59 |
| CHILD PART HOSP | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| CHILD DAY TREATMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ADULT PART HOSP | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ADULT DAY TREATMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| SKILLED NURSING FACILITY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 20 | 323 | 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 | 158 | 4678 | 1557,907.24 |
| 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 | 4 | 21 | 3,804.83 | 0 | 0 | 0.00 | 263 | 59678 | 18,113.86 |
| LEAD INSPECTION AGENCY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PHYSICIAN | 864 | 2045 | 208,020.33 | 0 | 0 | 0.00 | 1492 | 18150 | 148,428.34 |
| CLINIC SERVICES | 198 | 279 | 63,221.21 | 0 | 0 | 0.00 | 155 | 144 | 8,635.39 |
| MEP CASE MANAGEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| EHR INCENTIVE PAYMENTS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| LAB AND RADIOLOGICAL | 101 | 319 | 6,776.45 | 0 | 0 | 0.00 | 152 | 475 | 465.68 |

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 | 5 | 102 | 15,928.19 | 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 | 2 | 40 | 2,233.20 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| AMBULANCE SERVICES | 47 | 46 | 27,064.13 | 0 | 0 | 0.00 | 75 | 87 | 1,037.55 |
| LOCAL EDUCATION AGENCY | 2 | 175 | 1,524.67 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| INFANT TODDLER | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IHAWP WELLNESS EXAM BONUS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ACO VIS PAYMENTS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PRESCRIBED DRUGS | 1060 | 3484 | 295,333.53 | 0 | 0 | 0.00 | 7 | 11 | 117.43 |
| 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 | 2127 | 243 | 448.09 | 0 | 0 | 0.00 | 101 | 67 | 158.87 |
| INDIAN HEALTH SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| FAMILY PLANNING SERVICES | 7 | 8 | 1,066.33 | 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 | 1 | 5 | 10,202.68 |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

| CATEGORY OF SERVICE | FEDERAL ONLY | | | REFUGEE TXXI | | | AGED | | |
|--------------------------------|---------------|------------------|---------------|---------------|------------------|-------------|---------------|------------------|--------------|
| | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID |
| PATIENT MANAGEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HEALTH INS PREMIUM PAYMENT | 191 | 442 | 22,728.71 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| MEDICAL SUPPLIES | 76 | 1991 | 16,428.80 | 0 | 0 | 0.00 | 420 | 14054 | 19,049.88 |
| HEALTH HOME PROVIDER | 39 | 57 | 7,514.83 | 0 | 0 | 0.00 | 3 | 3 | 161.74 |
| 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 |
| MCO | 202576 | 206883 | 116839,149.30 | 0 | 0 | 0.00 | 12403 | 12532 | 17442,758.95 |
| OTHER PRACTITIONER | 298 | 741 | 50,489.16 | 0 | 0 | 0.00 | 319 | 2412 | 16,953.40 |
| 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 | 15 | 15 | 1,729.75 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ACCOUNTABLE CARE ORGANIZATIONS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| OPTOMETRIST | 49 | 50 | 5,940.57 | 0 | 0 | 0.00 | 55 | 81 | 3,321.26 |
| CHIROPRACTIC | 54 | 136 | 4,437.61 | 0 | 0 | 0.00 | 93 | 236 | 5,011.62 |
| IOWA-PLAN-HAB | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PODIATRIC | 15 | 14 | 1,373.91 | 0 | 0 | 0.00 | 66 | 132 | 2,485.29 |
| DELTA DENTAL | 203843 | 209270 | 3810,402.29 | 0 | 0 | 0.00 | 7979 | 8152 | 98,894.39 |
| 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 | 1 | 885 | 4,987.00 |

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 |
| PSYCHIATRIC | 144 | 315 | 23,553.17 | 0 | 0 | 0.00 | 43 | 72 | 1,789.77 |
| RESIDENTIAL CARE FACILITY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 57 | 1724 | 13,898.56 |
| ID WAIVER SERVICE | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| CHILDRENS MENTAL HEALTH SVC | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| AIDS WAIVER SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ELDERLY WAIVER SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 6 | 217 | 3,749.53 |
| 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 * | 207145 | 436743 | 122644,935.63 | 0 | 0 | 0.00 | 15073 | 483303 | 19729,048.43 |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

| CATEGORY OF SERVICE | BLIND | | | DISABLED | | | ADC - ADULT | | |
|----------------------------|---------------|------------------|-------------|---------------|------------------|-------------|---------------|------------------|-------------|
| | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID |
| INPATIENT | 0 | 0 | 0.00 | 85 | 439 | 155,077.97 | 56 | 159 | 323,098.99 |
| OUTPATIENT | 0 | 0 | 0.00 | 1050 | 317771 | 247,783.82 | 224 | 26231 | 131,295.93 |
| 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 | 14 | 303 | 175,345.73 | 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 | 12 | 494 | 144,846.99 | 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 | 256 | 373264 | 365,909.91 | 5 | 69 | 3,239.73 |
| LEAD INSPECTION AGENCY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PHYSICIAN | 0 | 0 | 0.00 | 1342 | 14536 | 124,001.73 | 422 | 956 | 125,310.23 |
| CLINIC SERVICES | 0 | 0 | 0.00 | 159 | 168 | 21,803.00 | 113 | 153 | 34,700.52 |
| 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 | 141 | 488 | 1,146.86 | 52 | 197 | 4,190.49 |

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 | 19 | 423 | 29,159.49 | 0 | 0 | 0.00 |
| BEHAVIORAL HLTH INTERVENTN SVC | 0 | 0 | 0.00 | 13 | 217 | 3,063.84 | 2 | 18 | 385.74 |
| REHAB SUPPORT SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 1 | 21 | 1,172.43 |
| AMBULANCE SERVICES | 0 | 0 | 0.00 | 67 | 85 | 4,062.18 | 9 | 9 | 7,130.80 |
| LOCAL EDUCATION AGENCY | 0 | 0 | 0.00 | 631 | 55896 | 1522,709.67 | 14 | 345 | 22,270.08 |
| INFANT TODDLER | 0 | 0 | 0.00 | 69 | 314 | 2,949.58 | 0 | 0 | 0.00 |
| IHAWP WELLNESS EXAM BONUS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ACO VIS PAYMENTS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PRESCRIBED DRUGS | 0 | 0 | 0.00 | 435 | 1887 | 194,852.30 | 487 | 1401 | 163,852.20 |
| 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 | 1382 | 712 | 1,664.96 | 1382 | 1344 | 3,234.75 |
| INDIAN HEALTH SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| FAMILY PLANNING SERVICES | 0 | 0 | 0.00 | 2 | 2 | 133.33 | 8 | 10 | 721.71 |
| 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 | 21 | 22 | 1,000.50 | 3 | 3 | 164.23 |
| HMO SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PACE SERVICES | 0 | 0 | 0.00 | 87 | 86 | 366,627.85 | 0 | 0 | 0.00 |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

| CATEGORY OF SERVICE | BLIND | | | DISABLED | | | ADC - ADULT | | |
|--------------------------------|---------------|------------------|-------------|---------------|------------------|--------------|---------------|------------------|--------------|
| | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID |
| PATIENT MANAGEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HEALTH INS PREMIUM PAYMENT | 0 | 0 | 0.00 | 389 | 764 | 124,193.39 | 57 | 113 | 6,329.42 |
| MEDICAL SUPPLIES | 0 | 0 | 0.00 | 492 | 42973 | 61,915.66 | 24 | 1300 | 3,833.05 |
| HEALTH HOME PROVIDER | 0 | 0 | 0.00 | 42 | 68 | 11,073.09 | 21 | 22 | 1,324.40 |
| 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 |
| MCO | 0 | 0 | 0.00 | 61414 | 61556 | 81879,117.96 | 71871 | 72789 | 36940,819.07 |
| OTHER PRACTITIONER | 0 | 0 | 0.00 | 863 | 10488 | 694,715.88 | 160 | 587 | 50,946.05 |
| FAMILY CENTERED PROGRAM | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| FAMILY PRESERVATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| TREATMENT FOSTER FAMILY CARE | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| GROUP TREATMENT THERAPY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| DENTAL | 0 | 0 | 0.00 | 529 | 590 | 74,418.98 | 70 | 74 | 14,391.01 |
| ACCOUNTABLE CARE ORGANIZATIONS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| OPTOMETRIST | 0 | 0 | 0.00 | 46 | 62 | 2,778.01 | 38 | 45 | 4,060.91 |
| CHIROPRACTIC | 0 | 0 | 0.00 | 61 | 132 | 2,814.67 | 35 | 78 | 2,644.02 |
| IOWA-PLAN-HAB | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PODIATRIC | 0 | 0 | 0.00 | 38 | 143 | 1,495.74 | 3 | 5 | 694.87 |
| DELTA DENTAL | 0 | 0 | 0.00 | 51829 | 52000 | 1073,979.85 | 71729 | 72874 | 1272,198.35 |
| PHYSICAL DISABILITIES SVCS | 0 | 0 | 0.00 | 4 | 2059 | 7,198.06 | 0 | 0 | 0.00 |
| BRAIN INJ WAIVER SERVICES | 0 | 0 | 0.00 | 24 | 1394 | 62,949.35 | 1 | 16 | 200.00 |

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 |
| PSYCHIATRIC | 0 | 0 | 0.00 | 181 | 349 | 13,818.54 | 44 | 67 | 5,711.60 |
| RESIDENTIAL CARE FACILITY | 0 | 0 | 0.00 | 337 | 11065 | 94,816.63 | 0 | 0 | 0.00 |
| ID WAIVER SERVICE | 0 | 0 | 0.00 | 2 | 45 | 15,274.17 | 1 | 9 | 1,328.54 |
| CHILDRENS MENTAL HEALTH SVC | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 3 | 445 | 1,472.95 |
| 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 | 265 | 24149 | 429,988.38 | 3 | 4 | 9,393.72 |
| COUNTY OFFICE REIMBURSEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| MEP SERVICES | 0 | 0 | 0.00 | 10 | 200 | 12,920.00 | 2 | 21 | 1,356.60 |
| 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 | 64444 | 975144 | 87925,608.07 | 72799 | 179365 | 39137,472.39 |

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 | 7 | 31 | 27,144.21 | 0 | 0 | 0.00 | 150 | 601 | 11528,326.33 |
| OUTPATIENT | 98 | 5720 | 26,972.75 | 3 | 8 | 453.31 | 456 | 15744 | 157,642.03 |
| 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 | 2 | 0 | 60,588.51- |
| INTER CARE MENTAL RETARDA | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| NURSING FAC FOR MENTAL ILL | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HOME HEALTH | 1 | 0 | 33.36- | 0 | 0 | 0.00 | 8 | 16450 | 65,414.85 |
| LEAD INSPECTION AGENCY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PHYSICIAN | 208 | 296 | 44,068.92 | 3 | 3 | 17.19- | 895 | 1576 | 143,134.15 |
| CLINIC SERVICES | 83 | 107 | 25,681.56 | 1 | 1 | 221.88 | 308 | 396 | 1271,890.93 |
| MEP CASE MANAGEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 1 | 0 | 0.00 |
| EHR INCENTIVE PAYMENTS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| LAB AND RADIOLOGICAL | 11 | 19 | 336.68 | 0 | 0 | 0.00 | 119 | 383 | 10,303.41 |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

| CATEGORY OF SERVICE | ADC - CHILD | | | CMAP | | | OTHER | | |
|--------------------------------|---------------|------------------|-------------|---------------|------------------|-------------|---------------|------------------|-------------|
| | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID |
| HABILITATION SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 1 | 31 | 9,765.00 |
| BEHAVIORAL HLTH INTERVENTN SVC | 25 | 528 | 11,453.19 | 1 | 12 | 937.92 | 10 | 123 | 2,264.94 |
| REHAB SUPPORT SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| AMBULANCE SERVICES | 2 | 2 | 1,946.11 | 0 | 0 | 0.00 | 22 | 21 | 18,540.01 |
| LOCAL EDUCATION AGENCY | 165 | 10936 | 223,247.89 | 1 | 16 | 612.48 | 140 | 9780 | 221,438.72 |
| INFANT TODDLER | 59 | 162 | 2,113.03 | 0 | 0 | 0.00 | 109 | 346 | 3,784.33 |
| IHAWP WELLNESS EXAM BONUS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ACO VIS PAYMENTS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PRESCRIBED DRUGS | 266 | 524 | 39,343.94 | 0 | 0 | 0.00 | 423 | 880 | 43,253.64 |
| 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 | 1709 | 1736 | 4,183.76 | 15 | 16 | 38.56 | 2022 | 2324 | 5,600.45 |
| INDIAN HEALTH SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| FAMILY PLANNING SERVICES | 1 | 1 | 1,013.09 | 0 | 0 | 0.00 | 5 | 4 | 5,276.67 |
| 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 | 380 | 390 | 28,820.07 | 0 | 0 | 0.00 | 305 | 294 | 37,511.59 |
| HMO SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PACE SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

| CATEGORY OF SERVICE | ADC - CHILD | | | CMAP | | | OTHER | | |
|--------------------------------|---------------|------------------|--------------|---------------|------------------|-------------|---------------|------------------|--------------|
| | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID |
| PATIENT MANAGEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HEALTH INS PREMIUM PAYMENT | 90 | 181 | 9,620.92 | 0 | 0 | 0.00 | 459 | 1016 | 52,038.84 |
| MEDICAL SUPPLIES | 15 | 758 | 21,027.92- | 0 | 0 | 0.00 | 34 | 869 | 8,570.25- |
| HEALTH HOME PROVIDER | 16 | 18 | 1,784.59 | 0 | 0 | 0.00 | 9 | 9 | 1,661.51 |
| 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 |
| MCO | 111458 | 112003 | 21459,420.22 | 173 | 149 | 71,209.15 | 146458 | 120570 | 39744,982.27 |
| OTHER PRACTITIONER | 582 | 6264 | 430,954.53 | 5 | 34 | 2,931.89 | 676 | 6537 | 445,645.02 |
| 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 | 7188 | 8079 | 1313,226.17 | 8 | 9 | 1,438.81 | 6091 | 6588 | 970,972.27 |
| ACCOUNTABLE CARE ORGANIZATIONS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| OPTOMETRIST | 36 | 37 | 3,707.25 | 0 | 0 | 0.00 | 29 | 28 | 3,315.54 |
| CHIROPRACTIC | 13 | 62 | 1,731.22 | 0 | 0 | 0.00 | 25 | 44 | 1,564.19 |
| IOWA-PLAN-HAB | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PODIATRIC | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 13 | 13 | 1,421.57 |
| DELTA DENTAL | 306 | 306 | 4,877.51 | 8 | 8 | 130.15 | 13777 | 14614 | 198,866.74 |
| 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 | 1 | 0 | 852.57- |

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 |
| PSYCHIATRIC | 49 | 104 | 9,652.03 | 0 | 0 | 0.00 | 50 | 99 | 6,808.49 |
| 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 | 1 | 0 | 128,855.58- |
| CHILDRENS MENTAL HEALTH SVC | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 3 | 107 | 728.15 |
| 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 | 3,662.30- |
| 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 | 1 | 0 | 478,922.46 |
| * A L L C A T E G O R I E S * | 113199 | 148264 | 23650,238.36 | 188 | 256 | 77,956.96 | 147647 | 199447 | 55228,544.89 |

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 |
| INPATIENT | 2 | 10 | 8,764.48 | 4 | 21 | 3,722.20 | 0 | 0 | 0.00 |
| OUTPATIENT | 26 | 2363 | 3,561.56 | 48 | 13581 | 14,777.75 | 7 | 3625 | 1,116.74 |
| 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 | 1 | 14 | 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 | 105 | 3193 | 1056,558.29 | 0 | 0 | 0.00 |
| INTER CARE MENTAL RETARDA | 1 | 31 | 19,678.52 | 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 | 4 | 65 | 4,377.66 | 25 | 37695 | 124,098.69 | 3 | 520 | 144.21 |
| LEAD INSPECTION AGENCY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PHYSICIAN | 60 | 77 | 7,675.80 | 55 | 210 | 2,163.66 | 10 | 18 | 476.75 |
| CLINIC SERVICES | 16 | 16 | 3,033.83 | 5 | 3 | 434.64 | 2 | 2 | 379.19 |
| 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 | 3 | 7 | 164.25 | 2 | 12 | 0.00 | 2 | 2 | 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 |
| HABILITATION SERVICES | 4 | 91 | 24,494.50 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| BEHAVIORAL HLTH INTERVENTN SVC | 23 | 403 | 11,438.19 | 1 | 22 | 295.96 | 0 | 0 | 0.00 |
| REHAB SUPPORT SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| AMBULANCE SERVICES | 2 | 3 | 355.95 | 4 | 7 | 223.45 | 0 | 0 | 0.00 |
| LOCAL EDUCATION AGENCY | 100 | 8756 | 195,689.13 | 70 | 7288 | 269,917.56 | 0 | 0 | 0.00 |
| INFANT TODDLER | 21 | 73 | 571.92 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IHAWP WELLNESS EXAM BONUS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ACO VIS PAYMENTS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PRESCRIBED DRUGS | 166 | 506 | 29,013.52 | 78 | 243 | 13,161.91 | 3 | 18 | 779.60 |
| 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 | 373 | 373 | 898.93 | 363 | 364 | 877.24 | 22 | 22 | 53.02 |
| 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 | 25 | 25 | 1,459.44 | 1 | 1 | 13.95 | 0 | 0 | 0.00 |
| HMO SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PACE SERVICES | 0 | 0 | 0.00 | 497 | 492 | 1770,055.46 | 0 | 0 | 0.00 |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

| CATEGORY OF SERVICE | FOSTER - PRESUB - SUB ADOPTS | | | INTERMEDIATE CARE FACILITY | | | MEDICALLY NEEDY NO SPEND DN | | |
|--------------------------------|------------------------------|------------------|-------------|----------------------------|------------------|--------------|-----------------------------|------------------|-------------|
| | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID |
| PATIENT MANAGEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HEALTH INS PREMIUM PAYMENT | 164 | 277 | 20,727.04 | 77 | 145 | 22,970.60 | 0 | 0 | 0.00 |
| MEDICAL SUPPLIES | 22 | 2450 | 7,781.51 | 42 | 8573 | 9,258.84 | 2 | 19 | 39.36 |
| HEALTH HOME PROVIDER | 18 | 22 | 4,536.58 | 0 | 0 | 0.00 | 1 | 4 | 1,121.56 |
| 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 |
| MCO | 12315 | 12344 | 4686,021.70 | 19898 | 14601 | 50067,039.44 | 0 | 0 | 0.00 |
| OTHER PRACTITIONER | 229 | 4017 | 312,594.09 | 107 | 498 | 16,941.29 | 2 | 2 | 73.37 |
| 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 | 974 | 1100 | 160,718.97 | 15 | 17 | 1,789.05 | 0 | 0 | 0.00 |
| ACCOUNTABLE CARE ORGANIZATIONS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| OPTOMETRIST | 11 | 14 | 1,120.73 | 2 | 2 | 105.22 | 1 | 3 | 148.96 |
| CHIROPRACTIC | 3 | 4 | 90.73 | 1 | 1 | 32.87 | 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 | 473 | 473 | 7,754.13 | 19263 | 19232 | 245,909.56 | 0 | 0 | 0.00 |
| PHYSICAL DISABILITIES SVCS | 0 | 0 | 0.00 | 4 | 353 | 2,787.78 | 0 | 0 | 0.00 |
| BRAIN INJ WAIVER SERVICES | 13 | 2012 | 42,937.56 | 80 | 5481 | 180,074.03 | 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 |
| PSYCHIATRIC | 23 | 44 | 3,264.05 | 3 | 9 | 707.81 | 0 | 0 | 0.00 |
| RESIDENTIAL CARE FACILITY | 3 | 63 | 613.13 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ID WAIVER SERVICE | 19 | 1378 | 59,505.18 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| CHILDRENS MENTAL HEALTH SVC | 14 | 4167 | 17,825.64 | 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 | 18 | 1615 | 26,913.11 | 0 | 0 | 0.00 |
| ILL & HANDICAPPED WAIVER SVCS | 4 | 202 | 9,036.74 | 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 | 21 | 240 | 15,504.00 | 10 | 77 | 4,974.20 | 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 * | 12518 | 41606 | 5661,209.46 | 15562 | 113750 | 53835,804.56 | 22 | 4235 | 4,332.76 |

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 | 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 | 6 | 21 | 12,790.08 | 15 | 37 | 57,442.23 | 0 | 0 | 0.00 |
| OUTPATIENT | 17 | 2855 | 35,967.86 | 49 | 4112 | 11,286.76 | 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 | 2 | 468 | 26.23 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| LEAD INSPECTION AGENCY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PHYSICIAN | 27 | 175 | 6,310.99 | 98 | 176 | 16,671.59 | 0 | 0 | 0.00 |
| CLINIC SERVICES | 1 | 1 | 18.41 | 28 | 27 | 5,719.80 | 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 | 6 | 8 | 193.42 | 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 |
| HABILITATION SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| BEHAVIORAL HLTH INTERVENTN SVC | 0 | 0 | 0.00 | 7 | 57 | 1,243.11 | 0 | 0 | 0.00 |
| REHAB SUPPORT SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| AMBULANCE SERVICES | 3 | 3 | 2,317.54 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| LOCAL EDUCATION AGENCY | 0 | 0 | 0.00 | 42 | 2197 | 56,057.80 | 0 | 0 | 0.00 |
| INFANT TODDLER | 0 | 0 | 0.00 | 2 | 1 | 62.99- | 0 | 0 | 0.00 |
| IHAWP WELLNESS EXAM BONUS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ACO VIS PAYMENTS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PRESCRIBED DRUGS | 3 | 0 | 22.28- | 116 | 161 | 10,462.82 | 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 | 8 | 8 | 19.28 | 268 | 280 | 674.80 | 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 | 229 | 229 | 24,716.67 | 0 | 0 | 0.00 |
| HMO SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PACE SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

| CATEGORY OF SERVICE | MEDICALLY NEEDY WI SPEND DN | | | OTHER TXXI | | | OTHER BREAST CERVICAL CANCER | | |
|--------------------------------|-----------------------------|------------------|-------------|---------------|------------------|-------------|------------------------------|------------------|-------------|
| | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID |
| PATIENT MANAGEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HEALTH INS PREMIUM PAYMENT | 0 | 0 | 0.00 | 11 | 18 | 1,002.48 | 0 | 0 | 0.00 |
| MEDICAL SUPPLIES | 2 | 5 | 239.98 | 5 | 28 | 1,927.48 | 0 | 0 | 0.00 |
| HEALTH HOME PROVIDER | 0 | 0 | 0.00 | 3 | 3 | 287.17 | 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 |
| MCO | 0 | 0 | 0.00 | 84088 | 46724 | 9064,060.85 | 156 | 158 | 341,947.32 |
| OTHER PRACTITIONER | 9 | 8 | 467.38 | 125 | 1074 | 83,454.04 | 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 | 3 | 5 | 1,217.98 | 3927 | 4262 | 756,254.09 | 0 | 0 | 0.00 |
| ACCOUNTABLE CARE ORGANIZATIONS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| OPTOMETRIST | 1 | 1 | 70.65 | 13 | 16 | 1,093.39 | 0 | 0 | 0.00 |
| CHIROPRACTIC | 0 | 0 | 0.00 | 8 | 8 | 117.47 | 0 | 0 | 0.00 |
| IOWA-PLAN-HAB | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PODIATRIC | 0 | 0 | 0.00 | 1 | 3 | 474.80 | 0 | 0 | 0.00 |
| DELTA DENTAL | 0 | 0 | 0.00 | 623 | 624 | 10,270.47 | 155 | 157 | 2,789.71 |
| 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 |

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 |
| PSYCHIATRIC | 2 | 4 | 55.70 | 17 | 31 | 2,310.22 | 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 |
| 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 * | 38 | 3554 | 59,479.80 | 18176 | 60076 | 10105,658.47 | 155 | 315 | 344,737.03 |

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 | 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 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 |
| IHAWP WELLNESS EXAM BONUS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ACO VIS PAYMENTS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PRESCRIBED DRUGS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IOWA-PLAN-PMIC | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| DRUG CAPITATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| NEMT SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| INDIAN HEALTH SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| FAMILY PLANNING SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IOWA CARE MED HOME CAPITATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IOWA PLAN PROGRAM | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| MANAGED SUBSTANCE ABUSE | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| MENTAL HEALTH ACCESS PLAN | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| EPSDT SCREENING | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HMO SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PACE SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

| CATEGORY OF SERVICE | OTHER ICARE ADULT 19-64 | | | OTHER ICARE ADULT OB | | | OTHER ICARE CHRN DSH | | |
|--------------------------------|-------------------------|------------------|-------------|----------------------|------------------|-------------|----------------------|------------------|-------------|
| | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID |
| PATIENT MANAGEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HEALTH INS PREMIUM PAYMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| MEDICAL SUPPLIES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HEALTH HOME PROVIDER | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| TCM PAYMENTS TO IOWAPLAN | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IHAWP QHP | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| MCO | 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 |

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 |
| 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 |
| 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 ICARE PMIC MHI 300% | | | OTHER ICARE MHI 300% | | | STATE ONLY | | |
|----------------------------|---------------------------|------------------|-------------|----------------------|------------------|-------------|---------------|------------------|-------------|
| | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID |
| INPATIENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| OUTPATIENT | 6 | 72 | 1,013.51 | 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 | 12 | 31 | 1,837.01 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| CLINIC SERVICES | 5 | 5 | 850.69 | 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 | 3 | 6 | 139.06 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

| CATEGORY OF SERVICE | OTHER ICARE PMIC MHI 300% | | | OTHER ICARE MHI 300% | | | STATE ONLY | | |
|--------------------------------|---------------------------|------------------|-------------|----------------------|------------------|-------------|---------------|------------------|-------------|
| | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID |
| HABILITATION SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| BEHAVIORAL HLTH INTERVENTN SVC | 11 | 185 | 353.30 | 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 | 49 | 1915 | 56,791.89 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| INFANT TODDLER | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IHAWP WELLNESS EXAM BONUS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ACO VIS PAYMENTS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PRESCRIBED DRUGS | 39 | 152 | 8,925.75 | 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 | 42 | 42 | 101.22 | 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 | 1 | 2 | 34.13 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HMO SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PACE SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

| CATEGORY OF SERVICE | OTHER ICARE PMIC MHI 300% | | | OTHER ICARE MHI 300% | | | STATE ONLY | | |
|--------------------------------|---------------------------|------------------|-------------|----------------------|------------------|-------------|---------------|------------------|-------------|
| | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID |
| PATIENT MANAGEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HEALTH INS PREMIUM PAYMENT | 26 | 51 | 5,703.97 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| MEDICAL SUPPLIES | 3 | 202 | 303.32 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HEALTH HOME PROVIDER | 17 | 27 | 5,991.53 | 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 |
| MCO | 918 | 909 | 1702,589.41 | 0 | 0 | 0.00 | 1 | 3- | 826.89- |
| OTHER PRACTITIONER | 96 | 1254 | 113,896.28 | 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 | 70 | 83 | 8,237.54 | 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 |

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 |
| PSYCHIATRIC | 8 | 17 | 1,083.29 | 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 |
| CHILDRENS MENTAL HEALTH SVC | 23 | 7715 | 29,832.57 | 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 * | 947 | 12668 | 1937,684.47 | 0 | 0 | 0.00 | 0 | 3- | 826.89- |

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

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

(BY CATEGORY OF SERVICE BY PROGRAM)

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

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

(BY CATEGORY OF SERVICE BY PROGRAM)

| CATEGORY OF SERVICE | OTHER BLE-ICARE-FAMP | | | OTHER BLE-ICARE-PME PREGW | | | OTHER BLE-ICARE-OBNB PME PREGW | | |
|--------------------------------|----------------------|------------------|-------------|---------------------------|------------------|-------------|--------------------------------|------------------|-------------|
| | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID |
| PATIENT MANAGEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HEALTH INS PREMIUM PAYMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| MEDICAL SUPPLIES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HEALTH HOME PROVIDER | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| TCM PAYMENTS TO IOWAPLAN | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IHAWP QHP | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| MCO | 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 |

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 |
| 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 |
| 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 |
| IHAWP WELLNESS EXAM BONUS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ACO VIS PAYMENTS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PRESCRIBED DRUGS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IOWA-PLAN-PMIC | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| DRUG CAPITATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| NEMT SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| INDIAN HEALTH SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| FAMILY PLANNING SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IOWA CARE MED HOME CAPITATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IOWA PLAN PROGRAM | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| MANAGED SUBSTANCE ABUSE | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| MENTAL HEALTH ACCESS PLAN | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| EPSDT SCREENING | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HMO SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PACE SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

| CATEGORY OF SERVICE | OTHER BLE-FAMP-PME PREGW | | | OTHER BLE-ICARE-PME BCCT | | | OTHER BLE-ICARE-OBNB PME-BCCT | | |
|--------------------------------|--------------------------|------------------|-------------|--------------------------|------------------|-------------|-------------------------------|------------------|-------------|
| | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID |
| PATIENT MANAGEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HEALTH INS PREMIUM PAYMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| MEDICAL SUPPLIES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HEALTH HOME PROVIDER | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| TCM PAYMENTS TO IOWAPLAN | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IHAWP QHP | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| MCO | 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 |

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 |
| 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 |
| 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 BCCT | | | STATE ONLY | | | FED CNTY - FED CNTY STATE | | |
|----------------------------|-------------------------|------------------|-------------|---------------|------------------|-------------|---------------------------|------------------|-------------|
| | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID |
| INPATIENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 1 | 4 | 0.00 |
| OUTPATIENT | 0 | 0 | 0.00 | 9 | 1799 | 426.46 | 89 | 11145 | 8,193.59 |
| CHILD PART HOSP | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| CHILD DAY TREATMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ADULT PART HOSP | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ADULT DAY TREATMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| SKILLED NURSING FACILITY | 0 | 0 | 0.00 | 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 | 33 | 1032 | 441,216.30 |
| 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 | 93 | 151270 | 771,326.84 |
| LEAD INSPECTION AGENCY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PHYSICIAN | 0 | 0 | 0.00 | 8 | 8 | 767.87 | 168 | 283 | 7,668.08 |
| CLINIC SERVICES | 0 | 0 | 0.00 | 1 | 1 | 259.51 | 13 | 15 | 2,101.20 |
| 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 | 27 | 72 | 2,318.24 | 9 | 38 | 321.19 |

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 | 3 | 7 | 375.82 |
| BEHAVIORAL HLTH INTERVENTN SVC | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 5 | 49 | 656.43 |
| 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 | 2 | 11 | 80.34- |
| LOCAL EDUCATION AGENCY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 522 | 42221 | 1331,061.29 |
| INFANT TODDLER | 0 | 0 | 0.00 | 1 | 2 | 30.00 | 1 | 2 | 30.00 |
| IHAWP WELLNESS EXAM BONUS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ACO VIS PAYMENTS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PRESCRIBED DRUGS | 0 | 0 | 0.00 | 29 | 28 | 2,909.27 | 487 | 1820 | 116,837.43 |
| 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 | 2 | 3 | 7.23 | 760 | 760 | 1,831.60 |
| INDIAN HEALTH SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| FAMILY PLANNING SERVICES | 0 | 0 | 0.00 | 190 | 234 | 15,212.14 | 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 | 1 | 1 | 43.84 |
| HMO SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PACE SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 1 | 1 | 4,355.95 |

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 | OTHER BLE-FAMP-PME BCCT | | | STATE ONLY | | | FED CNTY - FED CNTY STATE | | |
|--------------------------------|-------------------------|------------------|-------------|---------------|------------------|-------------|---------------------------|------------------|--------------|
| | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID |
| PATIENT MANAGEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HEALTH INS PREMIUM PAYMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 660 | 1303 | 177,494.34 |
| MEDICAL SUPPLIES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 173 | 38959 | 74,590.11 |
| HEALTH HOME PROVIDER | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 1 | 1 | 13.48 |
| 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 |
| MCO | 0 | 0 | 0.00 | 63 | 64 | 12,812.34 | 12419 | 12385 | 76988,087.09 |
| OTHER PRACTITIONER | 0 | 0 | 0.00 | 8 | 11 | 468.74 | 423 | 7560 | 569,782.26 |
| 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 | 5 | 6 | 922.22 | 170 | 182 | 17,374.14 |
| ACCOUNTABLE CARE ORGANIZATIONS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| OPTOMETRIST | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 15 | 16 | 825.34 |
| CHIROPRACTIC | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 5 | 8 | 168.79 |
| IOWA-PLAN-HAB | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PODIATRIC | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 7 | 9 | 395.33 |
| DELTA DENTAL | 0 | 0 | 0.00 | 2 | 2 | 31.89 | 10387 | 10380 | 187,046.69 |
| 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 | 25 | 1262 | 62,477.60 |

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-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 |
| PSYCHIATRIC | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 27 | 35 | 1,291.64 |
| 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 | 579 | 41399 | 2018,081.67 |
| 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 | 21 | 1795 | 41,945.59 |
| 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 | 641 | 4949 | 319,705.40 |
| 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 | 303 | 2230 | 36,165.91 | 13138 | 328902 | 83145,218.69 |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

| CATEGORY OF SERVICE | 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 | 1 | 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 | 2 | 5 | 527.96 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| CLINIC SERVICES | 1 | 1 | 261.34 | 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 | 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 | 1,048.53 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| LOCAL EDUCATION AGENCY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| INFANT TODDLER | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IHAWP WELLNESS EXAM BONUS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ACO VIS PAYMENTS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PRESCRIBED DRUGS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IOWA-PLAN-PMIC | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| DRUG CAPITATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| NEMT SERVICES | 1 | 1 | 2.41 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| INDIAN HEALTH SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| FAMILY PLANNING SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IOWA CARE MED HOME CAPITATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IOWA PLAN PROGRAM | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| MANAGED SUBSTANCE ABUSE | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| MENTAL HEALTH ACCESS PLAN | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| EPSDT SCREENING | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HMO SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PACE SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

| CATEGORY OF SERVICE | FEDERAL ONLY PRESUMPT(881/886) | | | FEDERAL MEDICAID ONLY AGED | | | FEDERAL MEDICAID ONLY BLIND | | |
|--------------------------------|--------------------------------|------------------|-------------|----------------------------|------------------|-------------|-----------------------------|------------------|-------------|
| | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID |
| PATIENT MANAGEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HEALTH INS PREMIUM PAYMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| MEDICAL SUPPLIES | 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 |
| MCO | 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 |

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 |
| PSYCHIATRIC | 1 | 1 | 121.57 | 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 |
| 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 | 9 | 1,961.81 | 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 |
| IHAWP WELLNESS EXAM BONUS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ACO VIS PAYMENTS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PRESCRIBED DRUGS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IOWA-PLAN-PMIC | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| DRUG CAPITATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| NEMT SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| INDIAN HEALTH SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| FAMILY PLANNING SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IOWA CARE MED HOME CAPITATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IOWA PLAN PROGRAM | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| MANAGED SUBSTANCE ABUSE | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| MENTAL HEALTH ACCESS PLAN | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| EPSDT SCREENING | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HMO SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PACE SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

| CATEGORY OF SERVICE | OTHER BLE-ICARE-FAMP-PME PRGW | | | OTHER BLE-ICARE-FAMP-PME BCCT | | | OTHER BLE-DSH PME PREGW | | |
|--------------------------------|-------------------------------|------------------|-------------|-------------------------------|------------------|-------------|-------------------------|------------------|-------------|
| | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID |
| PATIENT MANAGEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HEALTH INS PREMIUM PAYMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| MEDICAL SUPPLIES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HEALTH HOME PROVIDER | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| TCM PAYMENTS TO IOWAPLAN | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IHAWP QHP | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| MCO | 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 |

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 |
| 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 |
| 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 |
| IHAWP WELLNESS EXAM BONUS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ACO VIS PAYMENTS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PRESCRIBED DRUGS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IOWA-PLAN-PMIC | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| DRUG CAPITATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| NEMT SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| INDIAN HEALTH SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| FAMILY PLANNING SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IOWA CARE MED HOME CAPITATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IOWA PLAN PROGRAM | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| MANAGED SUBSTANCE ABUSE | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| MENTAL HEALTH ACCESS PLAN | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| EPSDT SCREENING | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HMO SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PACE SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

| CATEGORY OF SERVICE | OTHER BLE-DSH PME BCCT | | | OTHER BLE-DSH FP | | | OTHER BLE-DSH FP PME-PREGW | | |
|--------------------------------|------------------------|------------------|-------------|------------------|------------------|-------------|----------------------------|------------------|-------------|
| | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID |
| PATIENT MANAGEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HEALTH INS PREMIUM PAYMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| MEDICAL SUPPLIES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HEALTH HOME PROVIDER | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| TCM PAYMENTS TO IOWAPLAN | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IHAWP QHP | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| MCO | 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 |

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 |
| 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 |
| 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 | 0 | 0 | 0.00 | 1 | 0 | 0.00 |
| OUTPATIENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 1 | 8 | 33.34 |
| 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 | 5 | 7 | 2,206.25 |
| CLINIC SERVICES | 0 | 0 | 0.00 | 2 | 2 | 475.62 | 1 | 1 | 266.37 |
| 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 | 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 |
| 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 | 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 | 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 | 451 | 13,330.96 | 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 |
| IHAWP WELLNESS EXAM BONUS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ACO VIS PAYMENTS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PRESCRIBED DRUGS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 20 | 3,736.50 | 7 | 20 | 3,736.50 |
| IOWA-PLAN-PMIC | 0 | 0 | 0.00 | 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 | 0 | 0 | 0.00 |
| NEMT SERVICES | 0 | 0 | 0.00 | 0 | 11 | 26.51 | 0 | 20 | 40.40 | 123 | 20 | 40.40 |
| 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 | 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 | 0 | 0 | 0.00 |
| IOWA PLAN PROGRAM | 0 | 0 | 0.00 | 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 | 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 | 0 | 8 | 640.32 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HMO SERVICES | 0 | 0 | 0.00 | 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 | 0 | 0 | 0.00 |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

| CATEGORY OF SERVICE | OTHER BLE-DSH FP | | | PME-BCCT | | | LEGAL PERMANENT RESIDENT TXIX | | | FEDERAL ST, EX MIYA (375) | | |
|--------------------------------|------------------|------------------|-------------|---------------|------------------|-------------|-------------------------------|------------------|-------------|---------------------------|------------------|-------------|
| | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID |
| PATIENT MANAGEMENT | 0 | 0 | 0.00 | 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 | 2 | 4 | 431.80 |
| MEDICAL SUPPLIES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 1 | 0 | 399.90- | 0 | 0 | 0.00 |
| HEALTH HOME PROVIDER | 0 | 0 | 0.00 | 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 | 0 | 0 | 0.00 |
| IHAWP QHP | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| MCO | 0 | 0 | 0.00 | 6688 | 5293 | 1050,397.19 | 1029 | 999 | 328,423.09 | | | |
| OTHER PRACTITIONER | 0 | 0 | 0.00 | 4 | 52 | 7,334.03 | 1 | 3 | 185.21 | | | |
| 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 | 317 | 358 | 60,836.89 | 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 | 1 | 1 | 131.65 | | | |
| 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 | 299 | 299 | 4,794.75 | 1023 | 1022 | 16,254.69 | | | |
| 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 | | | |

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 |
| PSYCHIATRIC | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 2 | 9 | 1,008.28 |
| RESIDENTIAL CARE FACILITY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ID WAIVER SERVICE | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| CHILDRENS MENTAL HEALTH SVC | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| AIDS WAIVER SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ELDERLY WAIVER SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ILL & HANDICAPPED WAIVER SVCS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| COUNTY OFFICE REIMBURSEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| MEP SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| UNASSIGNED | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| * A L L C A T E G O R I E S * | 0 | 0 | 0.00 | 4693 | 6477 | 1137,436.37 | 1121 | 2094 | 352,717.58 |

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 | 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 | 510 | 2516 | 13097,409.35 | | | |
| OUTPATIENT | 0 | 0 | 0.00 | 3766 | 773093 | 1266,169.12 | | | |
| 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 | 35 | 640 | 175,345.73 | | | |
| IHAWP IOWA PLAN LITE | 0 | 0 | 0.00 | 0 | 0 | 0.00 | | | |
| IHAWP IOWA PLAN FULL | 0 | 0 | 0.00 | 0 | 0 | 0.00 | | | |
| IHAWP HMO | 0 | 0 | 0.00 | 0 | 0 | 0.00 | | | |
| IHAWP PCP | 0 | 0 | 0.00 | 0 | 0 | 0.00 | | | |
| INTERMEDIATE CARE FACILITY | 0 | 0 | 0.00 | 277 | 8365 | 2698,724.01 | | | |
| INTER CARE MENTAL RETARDA | 0 | 0 | 0.00 | 34 | 1063 | 460,894.82 | | | |
| NURSING FAC FOR MENTAL ILL | 0 | 0 | 0.00 | 0 | 0 | 0.00 | | | |
| HOME HEALTH | 0 | 0 | 0.00 | 662 | 639500 | 1356,423.45 | | | |
| LEAD INSPECTION AGENCY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | | | |
| PHYSICIAN | 0 | 0 | 0.00 | 5620 | 38552 | 839,252.47 | | | |
| CLINIC SERVICES | 0 | 0 | 0.00 | 1085 | 1322 | 1439,955.09 | | | |
| MEP CASE MANAGEMENT | 0 | 0 | 0.00 | 1 | 0 | 0.00 | | | |
| EHR INCENTIVE PAYMENTS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | | | |
| LAB AND RADIOLOGICAL | 0 | 0 | 0.00 | 628 | 2026 | 26,355.73 | | | |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

| CATEGORY OF SERVICE | 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 | 32 | 654 | 79,723.00 | | | |
| BEHAVIORAL HLTH INTERVENTN SVC | 0 | 0 | 0.00 | 90 | 1614 | 32,092.62 | | | |
| REHAB SUPPORT SERVICES | 0 | 0 | 0.00 | 3 | 61 | 3,405.63 | | | |
| AMBULANCE SERVICES | 0 | 0 | 0.00 | 234 | 275 | 63,645.91 | | | |
| LOCAL EDUCATION AGENCY | 0 | 0 | 0.00 | 1728 | 139976 | 3914,652.14 | | | |
| INFANT TODDLER | 0 | 0 | 0.00 | 254 | 900 | 9,415.87 | | | |
| IHAWP WELLNESS EXAM BONUS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | | | |
| ACO VIS PAYMENTS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | | | |
| PRESCRIBED DRUGS | 0 | 0 | 0.00 | 3545 | 11135 | 922,557.56 | | | |
| IOWA-PLAN-PMIC | 0 | 0 | 0.00 | 0 | 0 | 0.00 | | | |
| DRUG CAPITATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | | | |
| NEMT SERVICES | 0 | 0 | 0.00 | 10679 | 8326 | 19,862.08 | | | |
| INDIAN HEALTH SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | | | |
| FAMILY PLANNING SERVICES | 0 | 0 | 0.00 | 213 | 259 | 23,423.27 | | | |
| IOWA CARE MED HOME CAPITATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | | | |
| IOWA PLAN PROGRAM | 0 | 0 | 0.00 | 0 | 0 | 0.00 | | | |
| 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 | 974 | 978 | 94,404.74 | | | |
| HMO SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | | | |
| PACE SERVICES | 0 | 0 | 0.00 | 584 | 584 | 2151,241.94 | | | |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

| CATEGORY OF SERVICE | FEDERAL ST, PRESUMP(882) | | | TOTAL | | | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID |
|--------------------------------|--------------------------|------------------|-------------|---------------|------------------|---------------|---------------|------------------|-------------|
| | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | | | |
| PATIENT MANAGEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | | | |
| HEALTH INS PREMIUM PAYMENT | 0 | 0 | 0.00 | 2126 | 4314 | 443,241.51 | | | |
| MEDICAL SUPPLIES | 0 | 0 | 0.00 | 1308 | 112181 | 165,369.92 | | | |
| HEALTH HOME PROVIDER | 0 | 0 | 0.00 | 169 | 234 | 35,470.48 | | | |
| TCM PAYMENTS TO IOWAPLAN | 0 | 0 | 0.00 | 0 | 0 | 0.00 | | | |
| IHAWP QHP | 0 | 0 | 0.00 | 0 | 0 | 0.00 | | | |
| MCO | 0 | 0 | 0.00 | 668172 | 679956 | 458618,008.46 | | | |
| OTHER PRACTITIONER | 0 | 0 | 0.00 | 3856 | 41542 | 2797,832.62 | | | |
| 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 | 19115 | 21368 | 3383,527.87 | | | |
| ACCOUNTABLE CARE ORGANIZATIONS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | | | |
| OPTOMETRIST | 0 | 0 | 0.00 | 295 | 356 | 26,619.48 | | | |
| CHIROPRACTIC | 0 | 0 | 0.00 | 294 | 709 | 18,613.19 | | | |
| IOWA-PLAN-HAB | 0 | 0 | 0.00 | 0 | 0 | 0.00 | | | |
| PODIATRIC | 0 | 0 | 0.00 | 143 | 319 | 8,341.51 | | | |
| DELTA DENTAL | 0 | 0 | 0.00 | 381485 | 389413 | 6934,201.17 | | | |
| PHYSICAL DISABILITIES SVCS | 0 | 0 | 0.00 | 8 | 2412 | 9,985.84 | | | |
| BRAIN INJ WAIVER SERVICES | 0 | 0 | 0.00 | 145 | 11050 | 352,772.97 | | | |

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 | | | |
| PSYCHIATRIC | 0 | 0 | 0.00 | 583 | 1156 | 71,176.16 | | | |
| RESIDENTIAL CARE FACILITY | 0 | 0 | 0.00 | 396 | 12852 | 109,328.32 | | | |
| ID WAIVER SERVICE | 0 | 0 | 0.00 | 602 | 42831 | 1965,333.98 | | | |
| CHILDRENS MENTAL HEALTH SVC | 0 | 0 | 0.00 | 42 | 12434 | 49,859.31 | | | |
| AIDS WAIVER SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | | | |
| ELDERLY WAIVER SERVICES | 0 | 0 | 0.00 | 23 | 1832 | 27,000.34 | | | |
| ILL & HANDICAPPED WAIVER SVCS | 0 | 0 | 0.00 | 293 | 26150 | 490,364.43 | | | |
| COUNTY OFFICE REIMBURSEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | | | |
| MEP SERVICES | 0 | 0 | 0.00 | 684 | 5487 | 354,460.20 | | | |
| UNASSIGNED | 0 | 0 | 0.00 | 1 | 0 | 478,922.46 | | | |
| * A L L C A T E G O R I E S * | 0 | 0 | 0.00 | 687171 | 2998435 | 505015,384.75 | 0 | 0 | 0.00 |

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