TITLE	XIX	REPORT	0 F	EXPENDITURES
		(BY CATEGORY	OF S	ERVICE)

RECIPIENTS

SERVED

30.045

294,344

73.223

58,911

2.864

9.864

2,671

15,182

3.260

1,359

4

n

n

n

271,009

28,455

400,016

79.801

176,994

6.526

54,200

53,798

123,636

71,224

25.081

16.767

1,126

9.344

2,508

10,502

615

53

787

50

-0

8

13

6,802

54

0

IOWA DEPARTMENT OF HUMAN SERVICES

MEDICALD MANAGEMENT INFORMATION SYSTEM

(FISCAL YTD TOTALS AS OF 03/31/08)

NUMBER OF

CLAIMS

136,912

2,107,666

223,971

128,040

26.142

90.007

3,931

24,279

22.693

9,658

80.287

136.268

42,461

105.818

315,120

254,632

240,608

108,739

123.768

42.358

7,368

18.175

44,721

17,950

155,188

4.678

716

1,124,542

2.597.179

n

n

n

- 0

10

16

3,275,535

57

n

IINITS OF

SERVICE

2,239,811

3,009,737

209.381

225,654

490.994

64,273

24.537

16,481

80.835

2,597,158

136.107

1,124,473

15,364,847

105.818

461,659

243.352

115,093

154.504

55,986

220,779

447.078

52.352

501,581

5.661.738

132.877

35,309

541

n

3.5

186

42,461

Π

n

Π

2,530,492

2,406,615

2.952.929

57

- 0

PAGE

RUN DATE 03/29/08

TOTAL.

\$240,881,714.56 \$144,293,750.49 \$0.00 \$63.14 \$0.00 \$18,189,415.52 \$330,486,144.34 \$197.009,334.82

\$2,636,429.20

\$82.217.471.19

\$145,437,419.35

\$27,232,599,67

\$4,052,084.13

\$22,645,996.88

\$30,509,794.28

\$3,364,388.95

\$2,895,716.69

\$357,649.91

\$13,531,856,19

\$168,359,408.64

\$6,139,474.64

\$77.056.795.03

\$11,102,408,99

\$6,623,683.85

\$2,248,944.00

\$5.059.564.72

\$33,546,409.65

\$12,861,741.70

\$34,792,107.66

\$6,423,598.48

\$3,976,601.31

\$1,757,183,44

\$2,691,014.51

\$1,704,917.82

\$3,851,354.70

\$2,920,826,78

\$360,816.95

\$212,479,451.02

\$12.353.132.77

\$17,641.76

\$1,416.37

\$6,946.98

\$0.00

\$22,767.53

\$0.00

\$31.37-

\$0.00

\$0.00

sn.nn

1

IAMM2200-R003 (MR-0-12)

CATEGORY OF SERVICE

AS OF 03/31/08

HOME HEALTH

CLINIC SERVICES

MEP CASE MANAGEMENT

LAB AND RADIOLOGICAL

REMEDIAL SERVICES

AMBULANCE SERVICES

PRESCRIBED DRUGS

DRUG CAPITATION

EPSDT SCREENING

PATTENT MANAGEMENT

OTHER PRACTITIONER

FAMILY PRESERVATION

MEDICAL SUPPLIES

HMO SERVICES

DENTAL

OPTOMETRIST

PSYCHIATRIC

MR WAIVER SERVICE

AIDS WAIVER SERVICES

CHIROPRACTIC PODIATRIC

HABILITATION SERVICES

REHAB SUPPORT SERVICES

LOCAL EDUCATION AGENCY

EARLY ACCESS SERVICES

INDIAN HEALTH SERVICES

FAMILY PLANNING SERVICES IOWA PLAN PROGRAM

MANAGED SUBSTANCE ABUSE

MENTAL HEALTH ACCESS PLAN

HEALTH INS PREMIUM PAYMENT

TREATMENT FOSTER FAMILY CARE

PHYSICAL DISABILITIES SVCS

BRAIN INJ WAIVER SERVICES

RESIDENTIAL CARE FACILITY

CHILDRENS MENTAL HEALTH SVC

FAMILY CENTERED PROGRAM

GROUP TREATMENT THERAPY

PHYSICIAN

LEAD INSPECTION AGENCY

INPATIENT	43,102	60,413	354,265	
OUTPATIENT	203,376	730,886	6,448,380	
CHILD PART HOSP	0	0	0	
CHILD DAY TREATMENT	0	0	0	
ADULT PART HOSP	1	0	0	
ADULT DAY TREATMENT	0	0	0	
SKILLED NURSING FACILITY	3,474	6,902	89,044	
INTERMEDIATE CARE FACILITY	17,599	119,289	3,421,611	
INTER CARE MENTAL RETARDA	2,266	19,560	578,570	
NURSING FAC FOR MENTAL ILL	48	329	9,680	

IAM	M22	00-	R003	(MR-O-12)
AS	OF	03/	31/08	

IOWA DEPARTMENT OF HUMAN SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEM

PAGE 2 RUN DATE 03/29/08

TITLE XIX REPORT OF EXPENDITURES (BY CATEGORY OF SERVICE) (FISCAL YTD TOTALS AS OF 03/31/08)

CATEGORY OF SERVICE	RECIPIENTS	NUMBER OF	UNITS OF	TOTAL
	SERVED	CLAIMS	SERVICE	PAYMENT
ELDERLY WAIVER SERVICES	11,405	238,812	3,749,572	\$48,257,096.27
ILL & HANDICAPPED WAIVER SVCS	2,644	28,874	950,851	\$14,830,981.09
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00
MEP SERVICES	11,815	95,402	101,049	\$24,183,224.86
UNASSIGNED	312	3	13-	\$625,012.30
* ALL CATEGORIES *	471,744	12,770,041	57,408,739	\$1,959,996,321.76

471,744 12,770,041 57,408,739 *** END OF REPORT ***

CATEGORY OF SERVICE	RECIPIENTS	NUMBER OF	UNITS OF
	SERVED	CLAIMS	SERVICE
TINENTY HATUEN CENUTCEC	11 405	220 012	2 740 572