

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

| 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 | 1 | 3 | 3,769.68 | 0 | 0 | 0.00 | 451 | 1904 | 475,264.54 |
| OUTPATIENT | 24 | 274 | 4,332.77 | 0 | 0 | 0.00 | 3465 | 49414 | 444,064.25 |
| CHILD PART HOSP | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| CHILD DAY TREATMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ADULT PART HOSP | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ADULT DAY TREATMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| SKILLED NURSING FACILITY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 134 | 1797 | 81,333.94 |
| INTERMEDIATE CARE FACILITY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 4150 | 125761 | 9709,838.95 |
| 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 | 3 | 70 | 10,350.29 |
| HOME HEALTH | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 1885 | 31898 | 1228,624.67 |
| LEAD INSPECTION AGENCY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PHYSICIAN | 34 | 55 | 6,547.17 | 0 | 0 | 0.00 | 6404 | 38050 | 385,994.19 |
| CLINIC SERVICES | 2 | 2 | 302.87 | 0 | 0 | 0.00 | 546 | 282 | 37,576.91 |
| MEP CASE MANAGEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| LAB AND RADIOLOGICAL | 4 | 37 | 807.19 | 0 | 0 | 0.00 | 455 | 213 | 2,713.43 |
| HABILITATION SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 33 | 973 | 52,284.82 |
| REMEDIAL SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| REHAB SUPPORT SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 3 | 258 | 13,484.96 |
| AMBULANCE SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 285 | 346 | 28,474.46 |
| LOCAL EDUCATION AGENCY | 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

REFUGEE TXXI

AGED

RECIPS
SERVEDUNITS OF
SERVICEAMOUNT
PAIDRECIPS
SERVEDUNITS OF
SERVICEAMOUNT
PAIDRECIPS
SERVEDUNITS OF
SERVICEAMOUNT
PAID

EARLY ACCESS SERVICES

0

0

0.00

0

0

0.00

0

0

0.00

PRESCRIBED DRUGS

28

70

1,017.37

0

0

0.00

2982

4098

64,172.16

DRUG CAPITATION

0

0

0.00

0

0

0.00

0

0

0.00

INDIAN HEALTH SERVICES

0

0

0.00

0

0

0.00

0

0

0.00

FAMILY PLANNING SERVICES

0

0

0.00

0

0

0.00

2

2

11.54

IOWA PLAN PROGRAM

91

115

2,837.67

0

0

0.00

2

2

107.30

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

PATIENT MANAGEMENT

75

75

150.00

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

1

1

6.85

0

0

0.00

2366

165522

226,954.42

OTHER PRACTITIONER

1

1

37.91

0

0

0.00

260

1033

11,653.64

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

20

25

2,674.21

0

0

0.00

416

501

84,983.00

OPTOMETRIST

2

3

153.68

0

0

0.00

633

953

20,216.25

CHIROPRACTIC

0

0

0.00

0

0

0.00

403

1172

8,238.18

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE

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 |
|-------------------------------|------------------|---------------------|----------------|------------------|---------------------|----------------|------------------|---------------------|----------------|
| PODIATRIC | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 765 | 1241 | 11,716.18 |
| 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 | 76 | 3,268.43 |
| PSYCHIATRIC | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 171 | 249 | 6,742.14 |
| RESIDENTIAL CARE FACILITY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 319 | 9848 | 73,807.58 |
| MR WAIVER SERVICE | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 79 | 6414 | 220,534.14 |
| 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 | 2875 | 128882 | 1708,232.33 |
| 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 | 95 | 98 | 23,160.80 |
| 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 * | 114 | 661 | 22,637.37 | 0 | 0 | 0.00 | 13776 | 571057 | 14933,803.50 |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

| CATEGORY OF SERVICE | 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 | 1492 | 8939 | 5716,366.96 | 517 | 2172 | 2391,385.91 |
| OUTPATIENT | 0 | 0 | 0.00 | 13922 | 245192 | 4860,968.91 | 7502 | 90217 | 3234,788.49 |
| 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 | 144 | 3460 | 1467,111.79 | 0 | 0 | 0.00 |
| INTERMEDIATE CARE FACILITY | 0 | 0 | 0.00 | 519 | 15269 | 1472,865.94 | 0 | 0 | 0.00 |
| INTER CARE MENTAL RETARDA | 0 | 0 | 0.00 | 17 | 599 | 183,911.78 | 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 | 2880 | 70747 | 2017,045.85 | 57 | 404 | 26,631.10 |
| LEAD INSPECTION AGENCY | 0 | 0 | 0.00 | 1 | 1 | 377.35 | 0 | 0 | 0.00 |
| PHYSICIAN | 0 | 0 | 0.00 | 23898 | 115315 | 3516,042.85 | 14320 | 28576 | 2465,864.43 |
| CLINIC SERVICES | 0 | 0 | 0.00 | 3098 | 3332 | 478,563.31 | 2270 | 2947 | 357,583.80 |
| MEP CASE MANAGEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| LAB AND RADIOLOGICAL | 0 | 0 | 0.00 | 1910 | 4335 | 62,441.25 | 2071 | 4581 | 97,968.75 |
| HABILITATION SERVICES | 0 | 0 | 0.00 | 1869 | 55404 | 2662,369.12 | 15 | 194 | 8,696.31 |
| REMEDIAL SERVICES | 0 | 0 | 0.00 | 326 | 15107 | 211,188.09 | 53 | 1843 | 25,682.05 |
| REHAB SUPPORT SERVICES | 0 | 0 | 0.00 | 134 | 2373 | 139,432.04 | 0 | 0 | 0.00 |
| AMBULANCE SERVICES | 0 | 0 | 0.00 | 739 | 894 | 102,965.63 | 176 | 176 | 28,285.44 |
| LOCAL EDUCATION AGENCY | 0 | 0 | 0.00 | 247 | 59473 | 320,653.30 | 2 | 224 | 3,261.46 |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

| CATEGORY OF SERVICE | 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 |
| EARLY ACCESS SERVICES | 0 | 0 | 0.00 | 49 | 181 | 4,287.34 | 0 | 0 | 0.00 |
| PRESCRIBED DRUGS | 0 | 0 | 0.00 | 22872 | 93108 | 6972,435.41 | 18615 | 50537 | 2559,703.16 |
| DRUG CAPITATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| INDIAN HEALTH SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| FAMILY PLANNING SERVICES | 0 | 0 | 0.00 | 115 | 142 | 9,878.64 | 4405 | 5027 | 381,830.44 |
| IOWA PLAN PROGRAM | 0 | 0 | 0.00 | 46552 | 48309 | 3335,395.91 | 35618 | 40552 | 1180,640.15 |
| 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 | 286 | 299 | 12,778.80 | 141 | 153 | 6,793.86 |
| HMO SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 920 | 966 | 230,456.52 |
| PATIENT MANAGEMENT | 0 | 0 | 0.00 | 6 | 6 | 12.00 | 21429 | 21429 | 42,858.00 |
| HEALTH INS PREMIUM PAYMENT | 0 | 0 | 0.00 | 627 | 1363 | 144,749.64 | 230 | 543 | 19,085.29 |
| MEDICAL SUPPLIES | 0 | 0 | 0.00 | 7811 | 651657 | 1502,324.60 | 798 | 31224 | 184,705.66 |
| OTHER PRACTITIONER | 0 | 0 | 0.00 | 1957 | 11175 | 298,597.15 | 1187 | 2775 | 152,933.92 |
| 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 | 3133 | 3901 | 607,926.30 | 2466 | 3178 | 524,162.98 |
| OPTOMETRIST | 0 | 0 | 0.00 | 2200 | 2890 | 140,222.00 | 1319 | 1545 | 115,708.09 |
| CHIROPRACTIC | 0 | 0 | 0.00 | 2061 | 5506 | 74,081.65 | 1470 | 3413 | 121,034.95 |

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 | 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 |
| PODIATRIC | 0 | 0 | 0.00 | 1180 | 2062 | 63,847.54 | 233 | 326 | 39,005.66 |
| PHYSICAL DISABILITIES SVCS | 0 | 0 | 0.00 | 373 | 15923 | 198,957.96 | 0 | 0 | 0.00 |
| BRAIN INJ WAIVER SERVICES | 0 | 0 | 0.00 | 269 | 15826 | 429,757.13 | 1 | 1 | 230.53 |
| PSYCHIATRIC | 0 | 0 | 0.00 | 2613 | 5605 | 159,140.80 | 18 | 39 | 2,322.14 |
| RESIDENTIAL CARE FACILITY | 0 | 0 | 0.00 | 1323 | 41456 | 334,270.58 | 0 | 0 | 0.00 |
| MR WAIVER SERVICE | 0 | 0 | 0.00 | 982 | 70316 | 2738,603.82 | 1 | 26 | 96.72 |
| CHILDRENS MENTAL HEALTH SVC | 0 | 0 | 0.00 | 37 | 1469 | 31,632.57 | 4 | 140 | 3,536.50 |
| AIDS WAIVER SERVICES | 0 | 0 | 0.00 | 10 | 502 | 6,838.23 | 0 | 0 | 0.00 |
| ELDERLY WAIVER SERVICES | 0 | 0 | 0.00 | 26 | 1525 | 22,546.01 | 0 | 0 | 0.00 |
| ILL & HANDICAPPED WAIVER SVCS | 0 | 0 | 0.00 | 1737 | 85942 | 1298,763.63 | 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 | 1238 | 1486 | 356,004.25 | 5 | 5 | 1,887.03 |
| UNASSIGNED | 0 | 0 | 0.00 | 2 | 0 | 0.00 | 1 | 0 | 0.00 |
| * A L L C A T E G O R I E S * | 0 | 0 | 0.00 | 50615 | 1661089 | 41955,356.13 | 45457 | 293213 | 14207,139.34 |

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 | 303 | 2151 | 2635,923.84 | 339 | 7251 | 1642,754.72 | 1540 | 8711 | 8040,984.70 |
| OUTPATIENT | 6391 | 35209 | 1392,792.45 | 1630 | 13822 | 446,010.06 | 10008 | 79130 | 2323,677.06 |
| CHILD PART HOSP | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| CHILD DAY TREATMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ADULT PART HOSP | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ADULT DAY TREATMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| SKILLED NURSING FACILITY | 1 | 24 | 9,972.96 | 0 | 0 | 0.00 | 4 | 52 | 344.00 |
| INTERMEDIATE CARE FACILITY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 1 | 41 | 3,384.11 |
| INTER CARE MENTAL RETARDA | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 1 | 0 | 2329,117.00- |
| NURSING FAC FOR MENTAL ILL | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HOME HEALTH | 274 | 961 | 52,181.33 | 44 | 651 | 7,992.54 | 479 | 1714 | 266,742.07 |
| LEAD INSPECTION AGENCY | 4 | 4 | 1,509.40 | 0 | 0 | 0.00 | 1 | 1 | 377.35 |
| PHYSICIAN | 19478 | 34023 | 2176,420.15 | 3858 | 7032 | 511,962.72 | 27559 | 51739 | 4257,496.74 |
| CLINIC SERVICES | 2995 | 3332 | 427,618.43 | 722 | 899 | 114,465.12 | 5218 | 6813 | 798,485.71 |
| MEP CASE MANAGEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| LAB AND RADIOLOGICAL | 808 | 1876 | 25,656.73 | 271 | 743 | 14,971.92 | 1836 | 4955 | 89,724.69 |
| HABILITATION SERVICES | 0 | 0 | 0.00 | 13 | 347 | 15,282.53 | 2 | 51 | 2,527.92 |
| REMEDIAL SERVICES | 876 | 30187 | 482,795.86 | 332 | 12111 | 192,287.32 | 711 | 24208 | 400,723.59 |
| REHAB SUPPORT SERVICES | 0 | 0 | 0.00 | 1 | 0 | 0.64- | 2 | 2 | 18,424.00- |
| AMBULANCE SERVICES | 88 | 93 | 17,063.63 | 41 | 41 | 5,744.91 | 129 | 132 | 24,967.39 |
| LOCAL EDUCATION AGENCY | 48 | 9092 | 40,910.41 | 19 | 2638 | 11,863.46 | 66 | 10925 | 49,983.68 |

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

| 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 |
| EARLY ACCESS SERVICES | 58 | 163 | 4,653.56 | 15 | 56 | 1,401.16 | 59 | 267 | 6,507.99 |
| PRESCRIBED DRUGS | 17840 | 31614 | 1695,729.13 | 4146 | 10008 | 589,392.43 | 24087 | 42299 | 2184,248.26 |
| DRUG CAPITATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 1 | 0 | 0.52 |
| INDIAN HEALTH SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| FAMILY PLANNING SERVICES | 731 | 798 | 61,373.77 | 122 | 141 | 11,726.70 | 224 | 247 | 23,194.10 |
| IOWA PLAN PROGRAM | 58682 | 65059 | 602,237.08 | 11411 | 12936 | 252,663.56 | 76328 | 87888 | 2020,896.51 |
| 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 | 3760 | 3943 | 310,002.76 | 724 | 739 | 66,277.98 | 5450 | 5747 | 569,929.29 |
| HMO SERVICES | 1558 | 1631 | 215,758.62 | 292 | 293 | 39,568.42 | 1537 | 1628 | 264,630.14 |
| PATIENT MANAGEMENT | 37336 | 37334 | 74,668.00 | 6655 | 6655 | 13,310.00 | 50616 | 50609 | 101,218.00 |
| HEALTH INS PREMIUM PAYMENT | 331 | 812 | 21,647.41 | 37 | 80 | 3,287.77 | 2325 | 6261 | 150,131.44 |
| MEDICAL SUPPLIES | 675 | 12188 | 95,552.60 | 131 | 2133 | 22,226.12 | 810 | 19714 | 121,425.43 |
| OTHER PRACTITIONER | 1699 | 3987 | 147,883.64 | 416 | 987 | 46,342.64 | 2610 | 6242 | 296,237.58 |
| 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 | 3490 | 4053 | 539,535.89 | 779 | 952 | 147,741.68 | 4731 | 5524 | 780,047.87 |
| OPTOMETRIST | 1344 | 1554 | 103,114.40 | 361 | 414 | 28,240.81 | 1771 | 2011 | 129,691.21 |
| CHIROPRACTIC | 748 | 1371 | 44,315.19 | 192 | 408 | 14,640.17 | 1246 | 2716 | 85,285.00 |

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 UNITS OF
SERVED SERVICEAMOUNT
PAIDRECIPS UNITS OF
SERVED SERVICEAMOUNT
PAIDRECIPS UNITS OF
SERVED SERVICEAMOUNT
PAID

| | | | | | | | | | |
|-------------------------------|-------|--------|--------------|-------|-------|-------------|-------|--------|--------------|
| PODIATRIC | 77 | 107 | 11,965.14 | 19 | 23 | 1,922.33 | 108 | 153 | 15,751.03 |
| PHYSICAL DISABILITIES SVCS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| BRAIN INJ WAIVER SERVICES | 1 | 1 | 174.91 | 1 | 4 | 897.16 | 2 | 2 | 470.53 |
| PSYCHIATRIC | 2 | 2 | 238.47 | 10 | 88 | 2,546.31 | 21 | 31 | 1,724.51 |
| RESIDENTIAL CARE FACILITY | 0 | 0 | 0.00 | 1 | 42 | 487.70 | 0 | 0 | 0.00 |
| MR WAIVER SERVICE | 2 | 14 | 379.46 | 0 | 0 | 0.00 | 3 | 36 | 17,272.58 |
| CHILDRENS MENTAL HEALTH SVC | 25 | 1043 | 22,368.73 | 52 | 2175 | 42,479.11 | 51 | 1998 | 44,112.75 |
| AIDS WAIVER SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ELDERLY WAIVER SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 3 | 2 | 4,795.00 |
| ILL & HANDICAPPED WAIVER SVCS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 1 | 0 | 135.00 |
| COUNTY OFFICE REIMBURSEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| MEP SERVICES | 36 | 59 | 17,888.54 | 60 | 80 | 29,039.86 | 63 | 82 | 27,497.75 |
| UNASSIGNED | 3 | 0 | 0.00 | 1 | 0 | 0.00 | 7 | 0 | 753,107.11 |
| * A L L C A T E G O R I E S * | 65670 | 282685 | 11232,332.49 | 12575 | 83749 | 4277,526.57 | 85020 | 421931 | 21465,781.41 |

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 | 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 | 35 | 353 | 157,080.82 | 621 | 2939 | 642,275.11 | 38 | 226 | 151,605.04 |
| OUTPATIENT | 655 | 6545 | 212,763.08 | 4691 | 83354 | 572,687.42 | 407 | 7027 | 220,478.71 |
| CHILD PART HOSP | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| CHILD DAY TREATMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ADULT PART HOSP | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ADULT DAY TREATMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| SKILLED NURSING FACILITY | 1 | 3 | 1,575.25 | 269 | 3469 | 9,469.59 | 2 | 20 | 0.00 |
| INTERMEDIATE CARE FACILITY | 0 | 0 | 0.00 | 7443 | 224454 | 21108,375.41 | 0 | 0 | 0.00 |
| INTER CARE MENTAL RETARDA | 11 | 385 | 130,322.49 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| NURSING FAC FOR MENTAL ILL | 0 | 0 | 0.00 | 18 | 619 | 115,866.40 | 0 | 0 | 0.00 |
| HOME HEALTH | 42 | 3262 | 96,133.85 | 2979 | 60455 | 2206,629.73 | 41 | 456 | 12,594.39 |
| LEAD INSPECTION AGENCY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PHYSICIAN | 2470 | 3983 | 235,362.71 | 7370 | 43711 | 483,009.40 | 752 | 2208 | 144,001.03 |
| CLINIC SERVICES | 444 | 520 | 60,531.25 | 575 | 221 | 45,355.12 | 110 | 155 | 21,003.54 |
| MEP CASE MANAGEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| LAB AND RADIOLOGICAL | 175 | 456 | 7,071.91 | 545 | 271 | 2,822.79 | 63 | 117 | 2,482.20 |
| HABILITATION SERVICES | 3 | 28 | 1,510.76 | 12 | 273 | 10,697.63 | 39 | 1310 | 93,746.45 |
| REMEDIAL SERVICES | 1479 | 113625 | 1214,771.23 | 2 | 47 | 975.29 | 5 | 82 | 989.52 |
| REHAB SUPPORT SERVICES | 0 | 0 | 0.00 | 3 | 42 | 2,740.48 | 2 | 30 | 1,281.20 |
| AMBULANCE SERVICES | 19 | 20 | 3,748.99 | 466 | 590 | 48,671.60 | 17 | 17 | 1,830.73 |
| LOCAL EDUCATION AGENCY | 55 | 16849 | 97,277.13 | 14 | 1919 | 12,263.80 | 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 |
| EARLY ACCESS SERVICES | 13 | 35 | 1,181.64 | 3 | 19 | 283.00 | 0 | 0 | 0.00 |
| PRESCRIBED DRUGS | 4616 | 12103 | 1051,763.16 | 9988 | 19770 | 357,811.59 | 860 | 2891 | 165,566.41 |
| DRUG CAPITATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| INDIAN HEALTH SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| FAMILY PLANNING SERVICES | 30 | 31 | 1,997.58 | 0 | 0 | 0.00 | 19 | 21 | 2,391.05 |
| IOWA PLAN PROGRAM | 9802 | 10252 | 945,659.26 | 2006 | 2093 | 130,781.59 | 1355 | 1530 | 52,739.71 |
| 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 | 257 | 267 | 13,876.43 | 5 | 5 | 78.05 | 11 | 11 | 344.86 |
| HMO SERVICES | 1 | 1 | 88.65 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PATIENT MANAGEMENT | 88 | 88 | 176.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HEALTH INS PREMIUM PAYMENT | 163 | 355 | 14,004.82 | 35 | 72 | 9,776.26 | 7 | 11 | 914.63 |
| MEDICAL SUPPLIES | 189 | 13787 | 68,398.05 | 3966 | 379100 | 493,035.63 | 113 | 6715 | 14,129.10 |
| OTHER PRACTITIONER | 426 | 1649 | 49,028.91 | 388 | 2104 | 37,078.05 | 46 | 133 | 7,964.75 |
| 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 | 897 | 1066 | 152,692.96 | 625 | 747 | 119,657.42 | 106 | 133 | 18,989.66 |
| OPTOMETRIST | 405 | 459 | 2,838.35 | 775 | 1007 | 24,352.02 | 83 | 109 | 6,402.30 |
| CHIROPRACTIC | 127 | 286 | 8,680.25 | 284 | 732 | 5,383.62 | 88 | 204 | 6,127.22 |

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

| 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 |
| PODIATRIC | 30 | 41 | 3,128.93 | 1443 | 2320 | 24,647.87 | 37 | 62 | 2,820.24 |
| PHYSICAL DISABILITIES SVCS | 0 | 0 | 0.00 | 169 | 7064 | 76,965.61 | 0 | 0 | 0.00 |
| BRAIN INJ WAIVER SERVICES | 30 | 1511 | 36,188.74 | 362 | 17243 | 544,024.29 | 0 | 0 | 0.00 |
| PSYCHIATRIC | 8 | 15 | 1,111.02 | 249 | 459 | 13,864.84 | 39 | 87 | 1,932.71 |
| RESIDENTIAL CARE FACILITY | 0 | 0 | 0.00 | 5 | 70 | 216.66 | 0 | 0 | 0.00 |
| MR WAIVER SERVICE | 184 | 7394 | 187,031.23 | 10 | 154 | 16,087.73 | 0 | 0 | 0.00 |
| CHILDRENS MENTAL HEALTH SVC | 1 | 37 | 816.21 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| AIDS WAIVER SERVICES | 0 | 0 | 0.00 | 32 | 3002 | 30,245.43 | 0 | 0 | 0.00 |
| ELDERLY WAIVER SERVICES | 0 | 0 | 0.00 | 6111 | 291358 | 3278,933.08 | 0 | 0 | 0.00 |
| ILL & HANDICAPPED WAIVER SVCS | 27 | 1287 | 29,853.06 | 4 | 63 | 674.24 | 0 | 0 | 0.00 |
| COUNTY OFFICE REIMBURSEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| MEP SERVICES | 187 | 223 | 53,796.16 | 117 | 124 | 30,162.16 | 3 | 3 | 704.93 |
| UNASSIGNED | 2 | 0 | 0.00 | 3 | 14- | 0.00 | 0 | 0 | 0.00 |
| * A L L C A T E G O R I E S * | 10002 | 196916 | 4865,460.88 | 15370 | 1149856 | 30455,898.91 | 1628 | 23558 | 931,040.38 |

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 | 110 | 597 | 752,279.10 | 57 | 359 | 265,621.54 | 3 | 25 | 22,418.86 |
| OUTPATIENT | 350 | 8405 | 200,733.90 | 979 | 7563 | 236,236.42 | 92 | 1381 | 83,821.76 |
| CHILD PART HOSP | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| CHILD DAY TREATMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ADULT PART HOSP | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ADULT DAY TREATMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| SKILLED NURSING FACILITY | 2 | 12 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| INTERMEDIATE CARE FACILITY | 1 | 31 | 2,452.02 | 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 | 22 | 1681 | 27,023.77 | 30 | 95 | 2,899.77 | 3 | 36 | 4,084.88 |
| LEAD INSPECTION AGENCY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PHYSICIAN | 647 | 2666 | 179,456.00 | 3178 | 5083 | 321,913.94 | 147 | 517 | 136,714.87 |
| CLINIC SERVICES | 57 | 59 | 7,402.86 | 531 | 589 | 70,264.11 | 15 | 15 | 2,450.05 |
| MEP CASE MANAGEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| LAB AND RADIOLOGICAL | 36 | 149 | 2,347.97 | 118 | 349 | 4,120.15 | 24 | 79 | 1,409.07 |
| HABILITATION SERVICES | 7 | 282 | 15,892.07 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| REMEDIAL SERVICES | 0 | 0 | 0.00 | 153 | 5410 | 86,772.89 | 0 | 0 | 0.00 |
| REHAB SUPPORT SERVICES | 3 | 13 | 842.81 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| AMBULANCE SERVICES | 26 | 27 | 3,091.21 | 12 | 11 | 2,094.20 | 1 | 2 | 3,782.06 |
| LOCAL EDUCATION AGENCY | 0 | 0 | 0.00 | 13 | 4547 | 19,331.31 | 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 UNITS OF
SERVED SERVICEAMOUNT
PAIDRECIPS UNITS OF
SERVED SERVICEAMOUNT
PAIDRECIPS UNITS OF
SERVED SERVICEAMOUNT
PAID

EARLY ACCESS SERVICES

0 0

0.00

2 13

335.00

0 0

0.00

PRESCRIBED DRUGS

230 830

81,416.48

3261 5770

375,284.27

162 603

36,989.95

DRUG CAPITATION

0 0

0.00

0 0

0.00

0 0

0.00

INDIAN HEALTH SERVICES

0 0

0.00

0 0

0.00

0 0

0.00

FAMILY PLANNING SERVICES

5 5

294.13

42 49

3,800.93

1 1

107.25

IOWA PLAN PROGRAM

0 0

0.00

11679 12855

128,796.18

201 207

20,377.35

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 1

898.66

436 441

29,845.60

0 0

0.00

HMO SERVICES

0 0

0.00

242 248

34,745.00

0 0

0.00

PATIENT MANAGEMENT

0 0

0.00

8302 8302

16,604.00

0 0

0.00

HEALTH INS PREMIUM PAYMENT

0 0

0.00

47 103

4,318.50

0 0

0.00

MEDICAL SUPPLIES

57 934

8,072.39

112 4985

15,955.49

24 423

6,044.35

OTHER PRACTITIONER

41 120

9,456.96

300 973

29,883.62

12 113

3,191.53

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

47 83

22,721.28

987 1132

176,973.45

14 19

2,860.85

OPTOMETRIST

31 38

2,851.22

431 495

30,998.29

7 9

790.39

CHIROPRACTIC

13 25

704.43

235 432

14,417.45

7 17

517.25

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE

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 |
|-------------------------------|------------------|---------------------|----------------|------------------|---------------------|----------------|------------------|---------------------|----------------|
| PODIATRIC | 8 | 20 | 523.24 | 26 | 34 | 3,535.54 | 7 | 7 | 294.87 |
| PHYSICAL DISABILITIES SVCS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| BRAIN INJ WAIVER SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PSYCHIATRIC | 23 | 72 | 3,389.58 | 2 | 2 | 249.84 | 0 | 0 | 0.00 |
| RESIDENTIAL CARE FACILITY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| MR WAIVER SERVICE | 0 | 0 | 0.00 | 3 | 44 | 688.37 | 0 | 0 | 0.00 |
| CHILDRENS MENTAL HEALTH SVC | 0 | 0 | 0.00 | 6 | 128 | 2,879.72 | 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 | 4 | 5 | 1,214.85 | 6 | 6 | 2,370.84 | 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 * | 762 | 16055 | 1323,064.93 | 11304 | 60018 | 1880,936.42 | 202 | 3454 | 325,855.34 |

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 | 1 | 18 | 283.90 | 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 |
| 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 | 1 | 0 | 426.08 | 2 | 2 | 934.48 | 0 | 0 | 0.00 |
| CLINIC SERVICES | 0 | 0 | 0.00 | 2 | 3 | 270.33 | 0 | 0 | 0.00 |
| MEP CASE MANAGEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| LAB AND RADIOLOGICAL | 0 | 0 | 0.00 | 3 | 5 | 106.77 | 0 | 0 | 0.00 |
| HABILITATION SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| REMEDIAL SERVICES | 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 |

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 |
| EARLY ACCESS SERVICES | 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 |
| DRUG CAPITATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| INDIAN HEALTH SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| FAMILY PLANNING SERVICES | 0 | 0 | 0.00 | 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 |
| 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 |
| 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 |
| 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 |

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 |
| PODIATRIC | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PHYSICAL DISABILITIES SVCS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| BRAIN INJ WAIVER SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PSYCHIATRIC | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| RESIDENTIAL CARE FACILITY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| MR 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 | 426.08 | 3 | 28 | 1,595.48 | 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

| CATEGORY OF SERVICE | OTHER ICARE PHIC 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 | 6 | 111 | 28,324.47 | 1 | 5 | 0.00 | 3 | 13 | 13,200.55 |
| OUTPATIENT | 26 | 226 | 6,243.98 | 7 | 76 | 800.73 | 40 | 420 | 11,951.16 |
| 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 |
| 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 | 3 | 109 | 541.42 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| LEAD INSPECTION AGENCY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PHYSICIAN | 80 | 135 | 6,836.39 | 10 | 29 | 397.33 | 74 | 160 | 10,200.50 |
| CLINIC SERVICES | 18 | 21 | 2,951.77 | 2 | 0 | 41.80 | 17 | 20 | 2,339.26 |
| MEP CASE MANAGEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| LAB AND RADIOLOGICAL | 4 | 17 | 284.62 | 0 | 0 | 0.00 | 10 | 30 | 495.73 |
| HABILITATION SERVICES | 0 | 0 | 0.00 | 2 | 9 | 782.29 | 6 | 129 | 5,832.52 |
| REMEDIAL SERVICES | 48 | 2511 | 32,463.02 | 0 | 0 | 0.00 | 5 | 172 | 3,360.42 |
| REHAB SUPPORT SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| AMBULANCE SERVICES | 1 | 1 | 81.93 | 0 | 0 | 0.00 | 1 | 1 | 286.82 |
| LOCAL EDUCATION AGENCY | 5 | 716 | 3,386.23 | 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 |
| EARLY ACCESS SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PRESCRIBED DRUGS | 210 | 710 | 63,854.81 | 3 | 4 | 27.74 | 74 | 171 | 10,485.87 |
| DRUG CAPITATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| INDIAN HEALTH SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| FAMILY PLANNING SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 4 | 4 | 247.17 |
| IOWA PLAN PROGRAM | 244 | 260 | 23,073.83 | 11 | 11 | 759.07 | 222 | 265 | 35,447.14 |
| MANAGED SUBSTANCE ABUSE | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| MENTAL HEALTH ACCESS PLAN | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| EPSDT SCREENING | 8 | 8 | 198.95 | 0 | 0 | 0.00 | 4 | 4 | 133.44 |
| HMO SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PATIENT MANAGEMENT | 9 | 9 | 18.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HEALTH INS PREMIUM PAYMENT | 21 | 45 | 4,385.42 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| MEDICAL SUPPLIES | 11 | 1853 | 1,675.36 | 0 | 0 | 0.00 | 3 | 122 | 96.38 |
| OTHER PRACTITIONER | 19 | 173 | 3,820.84 | 2 | 5 | 32.22 | 8 | 12 | 1,833.77 |
| FAMILY CENTERED PROGRAM | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| FAMILY PRESERVATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| TREATMENT FOSTER FAMILY CARE | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| GROUP TREATMENT THERAPY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| DENTAL | 15 | 16 | 1,238.46 | 3 | 3 | 569.59 | 5 | 6 | 944.73 |
| OPTOMETRIST | 6 | 7 | 391.73 | 1 | 2 | 75.27 | 7 | 8 | 432.11 |
| CHIROPRACTIC | 4 | 6 | 163.52 | 0 | 0 | 0.00 | 1 | 3 | 168.45 |

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 PHIC 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 |
| PODIATRIC | 1 | 1 | 32.36 | 1 | 1 | 7.12 | 0 | 0 | 0.00 |
| PHYSICAL DISABILITIES SVCS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| BRAIN INJ WAIVER SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PSYCHIATRIC | 0 | 0 | 0.00 | 1 | 1 | 23.90 | 0 | 0 | 0.00 |
| RESIDENTIAL CARE FACILITY | 0 | 0 | 0.00 | 3 | 18- | 32.18- | 0 | 0 | 0.00 |
| MR WAIVER SERVICE | 0 | 0 | 0.00 | 1 | 20 | 452.40 | 0 | 0 | 0.00 |
| CHILDRENS MENTAL HEALTH SVC | 190 | 7874 | 170,208.87 | 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 | 1 | 48 | 830.40 | 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 | 217 | 234 | 108,222.45 | 2 | 2 | 445.74 | 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 * | 215 | 15091 | 459,228.83 | 10 | 150 | 4,383.02 | 208 | 1540 | 97,456.02 |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE

| CATEGORY OF SERVICE | STATE ONLY | | | FED CNTY - FED CNTY STATE | | | FEDERAL MEDICAID ONLY AGED | | |
|----------------------------|---------------|------------------|-------------|---------------------------|------------------|--------------|----------------------------|------------------|-------------|
| | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID |
| INPATIENT | 25 | 288 | 250,379.74 | 134 | 539 | 301,152.07 | 0 | 0 | 0.00 |
| OUTPATIENT | 317 | 3511 | 148,691.70 | 2286 | 35278 | 413,712.28 | 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 | 4 | 73 | 13,251.26 | 0 | 0 | 0.00 |
| INTERMEDIATE CARE FACILITY | 0 | 0 | 0.00 | 7 | 180 | 17,369.45 | 0 | 0 | 0.00 |
| INTER CARE MENTAL RETARDA | 0 | 0 | 0.00 | 2118 | 64698 | 23446,924.11 | 0 | 0 | 0.00 |
| NURSING FAC FOR MENTAL ILL | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HOME HEALTH | 12 | 195 | 13,197.74 | 914 | 41339 | 927,153.78 | 0 | 0 | 0.00 |
| LEAD INSPECTION AGENCY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PHYSICIAN | 554 | 1186 | 95,848.68 | 4431 | 17687 | 340,885.71 | 0 | 0 | 0.00 |
| CLINIC SERVICES | 99 | 113 | 15,105.28 | 320 | 328 | 41,958.91 | 0 | 0 | 0.00 |
| MEP CASE MANAGEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| LAB AND RADIOLOGICAL | 63 | 175 | 2,840.14 | 267 | 396 | 4,819.01 | 0 | 0 | 0.00 |
| HABILITATION SERVICES | 5 | 78 | 3,534.33 | 9 | 212 | 8,989.84 | 0 | 0 | 0.00 |
| REMEDIAL SERVICES | 35 | 2159 | 23,234.10 | 55 | 1639 | 29,279.27 | 0 | 0 | 0.00 |
| REHAB SUPPORT SERVICES | 0 | 0 | 0.00 | 1 | 72 | 4,361.76 | 0 | 0 | 0.00 |
| AMBULANCE SERVICES | 8 | 8 | 1,070.53 | 100 | 127 | 13,383.42 | 0 | 0 | 0.00 |
| LOCAL EDUCATION AGENCY | 0 | 0 | 0.00 | 265 | 86676 | 523,008.38 | 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 | STATE ONLY | | | FED CNTY - FED CNTY STATE | | | FEDERAL MEDICAID ONLY AGED | | |
|------------------------------|---------------|------------------|-------------|---------------------------|------------------|-------------|----------------------------|------------------|-------------|
| | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID |
| EARLY ACCESS SERVICES | 1 | 3 | 150.00 | 24 | 209 | 3,841.81 | 0 | 0 | 0.00 |
| PRESCRIBED DRUGS | 874 | 3614 | 222,084.37 | 5699 | 17244 | 1340,777.41 | 0 | 0 | 0.00 |
| DRUG CAPITATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| INDIAN HEALTH SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| FAMILY PLANNING SERVICES | 4 | 5 | 305.40 | 21 | 21 | 601.33 | 0 | 0 | 0.00 |
| IOWA PLAN PROGRAM | 1461 | 1545 | 147,023.50 | 10320 | 10415 | 646,682.32 | 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 | 6 | 6 | 329.70 | 73 | 77 | 2,782.73 | 0 | 0 | 0.00 |
| HMO SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PATIENT MANAGEMENT | 1 | 1 | 2.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HEALTH INS PREMIUM PAYMENT | 2 | 4 | 488.86 | 534 | 1144 | 127,650.94 | 0 | 0 | 0.00 |
| MEDICAL SUPPLIES | 106 | 5333 | 33,707.10 | 1911 | 280136 | 466,141.31 | 0 | 0 | 0.00 |
| OTHER PRACTITIONER | 47 | 171 | 6,025.42 | 699 | 9262 | 239,416.68 | 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 | 101 | 130 | 18,373.95 | 1072 | 1186 | 106,062.22 | 0 | 0 | 0.00 |
| OPTOMETRIST | 59 | 71 | 5,525.57 | 568 | 680 | 28,253.67 | 0 | 0 | 0.00 |
| CHIROPRACTIC | 44 | 82 | 2,600.24 | 243 | 524 | 8,112.44 | 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

STATE ONLY

FED CNTY - FED CNTY STATE

FEDERAL MEDICAID ONLY AGED

| | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID |
|-------------------------------|------------------|---------------------|----------------|------------------|---------------------|----------------|------------------|---------------------|----------------|
| PODIATRIC | 24 | 29 | 3,294.71 | 484 | 723 | 15,279.59 | 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 | 227 | 12456 | 340,182.66 | 0 | 0 | 0.00 |
| PSYCHIATRIC | 4 | 6 | 583.14 | 449 | 743 | 20,338.78 | 0 | 0 | 0.00 |
| RESIDENTIAL CARE FACILITY | 0 | 0 | 0.00 | 15 | 296 | 1,280.95 | 0 | 0 | 0.00 |
| MR WAIVER SERVICE | 4 | 115 | 2,909.02 | 7944 | 581860 | 20723,761.61 | 0 | 0 | 0.00 |
| CHILDRENS MENTAL HEALTH SVC | 3 | 81 | 1,502.12 | 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 | 5 | 331 | 3,631.00 | 1 | 20 | 369.80 | 0 | 0 | 0.00 |
| ILL & HANDICAPPED WAIVER SVCS | 1 | 24 | 302.28 | 151 | 6846 | 118,643.07 | 0 | 0 | 0.00 |
| COUNTY OFFICE REIMBURSEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| MEP SERVICES | 8 | 6 | 2,771.58 | 7484 | 8514 | 2059,572.08 | 0 | 0 | 0.00 |
| UNASSIGNED | 1 | 0 | 0.00 | 1 | 0 | 0.00 | 0 | 0 | 0.00 |
| * A L L C A T E G O R I E S * | 1497 | 19270 | 1005,512.20 | 11081 | 1181600 | 52336,000.65 | 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 MEDICAID ONLY BLIND

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 | 5649 | 36586 | 23490,787.65 | | | |
| OUTPATIENT | 0 | 0 | 0.00 | 52750 | 667062 | 14815,039.03 | | | |
| 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 | 556 | 8910 | 1583,058.79 | | | |
| INTERMEDIATE CARE FACILITY | 0 | 0 | 0.00 | 12078 | 365736 | 32314,285.88 | | | |
| INTER CARE MENTAL RETARDA | 0 | 0 | 0.00 | 2142 | 65682 | 21432,041.38 | | | |
| NURSING FAC FOR MENTAL ILL | 0 | 0 | 0.00 | 21 | 689 | 126,216.69 | | | |
| HOME HEALTH | 0 | 0 | 0.00 | 9615 | 214003 | 6889,476.89 | | | |
| LEAD INSPECTION AGENCY | 0 | 0 | 0.00 | 6 | 6 | 2,264.10 | | | |
| PHYSICIAN | 0 | 0 | 0.00 | 113138 | 352157 | 15276,315.37 | | | |
| CLINIC SERVICES | 0 | 0 | 0.00 | 16833 | 19651 | 2484,270.43 | | | |
| MEP CASE MANAGEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | | | |
| LAB AND RADIOLOGICAL | 0 | 0 | 0.00 | 8634 | 18784 | 323,084.32 | | | |
| HABILITATION SERVICES | 0 | 0 | 0.00 | 2009 | 59290 | 2882,146.59 | | | |
| REMEDIAL SERVICES | 0 | 0 | 0.00 | 4018 | 209101 | 2704,522.65 | | | |
| REHAB SUPPORT SERVICES | 0 | 0 | 0.00 | 147 | 2790 | 143,718.61 | | | |
| AMBULANCE SERVICES | 0 | 0 | 0.00 | 2096 | 2486 | 285,542.95 | | | |
| LOCAL EDUCATION AGENCY | 0 | 0 | 0.00 | 729 | 193059 | 1081,939.16 | | | |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE

FEDERAL MEDICAID ONLY BLIND

TOTAL

| | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID |
|------------------------------|------------------|---------------------|----------------|------------------|---------------------|----------------|------------------|---------------------|----------------|
| EARLY ACCESS SERVICES | 0 | 0 | 0.00 | 217 | 946 | 22,641.50 | | | |
| PRESCRIBED DRUGS | 0 | 0 | 0.00 | 115323 | 295444 | 17772,759.98 | | | |
| DRUG CAPITATION | 0 | 0 | 0.00 | 1 | 0 | 0.52- | | | |
| INDIAN HEALTH SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | | | |
| FAMILY PLANNING SERVICES | 0 | 0 | 0.00 | 5716 | 6494 | 497,760.03 | | | |
| IOWA PLAN PROGRAM | 0 | 0 | 0.00 | 265077 | 294294 | 9526,118.13 | | | |
| 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 | 11099 | 11701 | 1014,271.11 | | | |
| HMO SERVICES | 0 | 0 | 0.00 | 4540 | 4767 | 785,247.35 | | | |
| PATIENT MANAGEMENT | 0 | 0 | 0.00 | 124517 | 124508 | 249,016.00 | | | |
| HEALTH INS PREMIUM PAYMENT | 0 | 0 | 0.00 | 4359 | 10793 | 500,440.98 | | | |
| MEDICAL SUPPLIES | 0 | 0 | 0.00 | 18773 | 1575827 | 3260,450.84 | | | |
| OTHER PRACTITIONER | 0 | 0 | 0.00 | 10033 | 40915 | 1341,419.23 | | | |
| 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 | 18834 | 22655 | 3308,156.50 | | | |
| OPTOMETRIST | 0 | 0 | 0.00 | 9984 | 12255 | 665,257.36 | | | |
| CHIROPRACTIC | 0 | 0 | 0.00 | 7125 | 16897 | 394,470.01 | | | |

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 MEDICAID ONLY BLIND

TOTAL

| | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID |
|-------------------------------|------------------|---------------------|----------------|------------------|---------------------|----------------|------------------|---------------------|----------------|
| PODIATRIC | 0 | 0 | 0.00 | 4433 | 7150 | 197,772.35 | | | |
| PHYSICAL DISABILITIES SVCS | 0 | 0 | 0.00 | 537 | 22987 | 275,923.57 | | | |
| BRAIN INJ WAIVER SERVICES | 0 | 0 | 0.00 | 884 | 47120 | 1355,194.38 | | | |
| PSYCHIATRIC | 0 | 0 | 0.00 | 3599 | 7399 | 214,208.18 | | | |
| RESIDENTIAL CARE FACILITY | 0 | 0 | 0.00 | 1658 | 51694 | 410,031.29 | | | |
| MR WAIVER SERVICE | 0 | 0 | 0.00 | 9157 | 666393 | 23873,271.92 | | | |
| CHILDRENS MENTAL HEALTH SVC | 0 | 0 | 0.00 | 369 | 14945 | 319,536.58 | | | |
| AIDS WAIVER SERVICES | 0 | 0 | 0.00 | 42 | 3504 | 37,083.66 | | | |
| ELDERLY WAIVER SERVICES | 0 | 0 | 0.00 | 8819 | 422118 | 5008,917.22 | | | |
| ILL & HANDICAPPED WAIVER SVCS | 0 | 0 | 0.00 | 1919 | 94210 | 1448,931.68 | | | |
| COUNTY OFFICE REIMBURSEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | | | |
| MEP SERVICES | 0 | 0 | 0.00 | 9493 | 10927 | 2714,739.02 | | | |
| UNASSIGNED | 0 | 0 | 0.00 | 21 | 14- | 753,107.11 | | | |
| * A L L C A T E G O R I E S * | 0 | 0 | 0.00 | 325509 | 5981921 | 201781,435.95 | 0 | 0 | 0.00 |

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