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

IOWA DEPARTMENT OF HUMAN SERVICES

MEDICAID MANAGEMENT INFORMATION SYSTEM

(FISCAL YTD TOTALS AS OF 05/31/08)

NUMBER OF

67

0

275.916

159,520

34.282

105.956

3,944

30.929

33.575

11,549

0

n

- 0

n

3,988,329

97.191

164.711

1,382,844

128.522

381,218

311,378

297,293

133,593

153.337

52,596

9,048

22,825

55,412

21,787

189.001

6.017

- 0

10

16

51,958

3,189,089

IINITS OF

67

0

3,677,337

259.086

279,761

3.091.420

3.502.411

3,603,145

19,883

97.742

164.534

1,382,616

18,418,735

300,603

141,763

191.191

69.063

270,497

554.976

64,793

611,163

6,871,551

171,114

43,491

51,954

128.522

582,558

541

- 0

3.5

186

3,187,424

Π

Π

639.521

63,907

31,202

PAGE

RUN DATE 05/24/08

TOTAL.

PAYMENT

\$290,226,085.29

\$174.127.621.43

\$22,721,418.38

\$399.997.110.36

\$233,687,634.00

\$3,184,276.61

\$98.340.961.72

\$177,097,183.16

\$33,440,376.06

\$5,026,872.39

\$29.913.461.56

\$37,969,485.05

\$3,207,813.07

\$3,735,044.02

\$7,534,272.87

\$98,152,245.30

\$13,252,640,17

\$7,961,258.48

\$2,765,150.37

\$6,207,473,37

\$40,606,310.36

\$15,978,862.03

\$42.849.462.31

\$7,914,641.92

\$4.907.495.97

\$2,165,883,48

\$3,304,086.30

\$2,134,936.65

\$4,691,139.20

\$3,754,943.64

\$446,346.42

\$261,029,958.03

\$15,574,600.35

\$17,641.76

\$1,416.37

\$6,946.98

\$0.00

\$427,717.50

\$19,896,936,79

\$205,441,187.85

\$26,372.66

\$0.00

sn.nn

\$63.14

\$0.00

\$0.00

\$50.93-

\$0.00

\$0.00

sn.nn

1

SERVED CLAIMS SERVICE TNPATTENT 50,152 72,508 425,092 OUTPATIENT 224,279 890,235 7.841.362 CHILD PART HOSP - 0 n Π CHILD DAY TREATMENT 1 0 0 4,053 8,509 113,534 18,518 144.656 4.142.632

ADULT PART HOSP ADULT DAY TREATMENT 2,286 23,430 693,378

RECIPIENTS

50 395 11,602

82,320

68,717

0

3,052

2,905

3.857

1,557

5

- 0

- 0

n

289,923

31,219

90,486

187,445

7,230

6.904

59,931

62,807

138,312

83,876

28.276

18,679

815

1,171

2,617

10,645

656

54

10.227

50

0

8

13

413,126

11.125

18,682

33.225 166,120 2,794,306

62 315,558 2,584,458

SKILLED NURSING FACILITY INTERMEDIATE CARE FACILITY INTER CARE MENTAL RETARDA NURSING FAC FOR MENTAL ILL

HOME HEALTH LEAD INSPECTION AGENCY PHYSICIAN

CLINIC SERVICES

IAMM2200-R003 (MR-0-12)

CATEGORY OF SERVICE

AS OF 05/31/08

MEP CASE MANAGEMENT

LAB AND RADIOLOGICAL

IOWA PLAN PROGRAM

EPSDT SCREENING

MEDICAL SUPPLIES

OTHER PRACTITIONER

FAMILY PRESERVATION

PATTENT MANAGEMENT

HMO SERVICES

DENTAL

OPTOMETRIST

PSYCHIATRIC

MR WAIVER SERVICE

AIDS WAIVER SERVICES

PODIATRIC

CHIROPRACTIC

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

HABILITATION SERVICES

REMEDIAL SERVICES REHAB SUPPORT SERVICES AMBULANCE SERVICES LOCAL EDUCATION AGENCY

EARLY ACCESS SERVICES PRESCRIBED DRUGS DRUG CAPITATION

INDIAN HEALTH SERVICES FAMILY PLANNING SERVICES

IAM	M22	00-R003	(MR-O-12)
AS	OF	05/31/08	

ILL & HANDICAPPED WAIVER SVCS

COUNTY OFFICE REIMBURSEMENT

MEP SERVICES

UNASSIGNED

IOWA DEPARTMENT OF HUMAN SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEM

PAGE 2 RUN DATE 05/24/08

> TOTAL PAYMENT \$58,826,981.30

\$18,112,491.21

\$29,698,547.27

\$2,388,926,645.58

\$2,563,343.36

\$0.00

TITLE XIX REPORT OF EXPENDITURES (BY CATEGORY OF SERVICE)

(FISCAL YTD TOTALS AS OF 05/31/08)

1,155,482

0

123,871

13-

35,245

117,537

3

. 0

CATEGORY OF SERVICE	RECIPIENTS	NUMBER OF	UNITS OF
	SERVED	CLAIMS	SERVICE
ELDERLY WAIVER SERVICES	11,894	289,408	4,572,230

2,720

12,171

409

. 0

* A L L C A T E G O R I E S * 487,780 15,625,386 70,346,268 *** END OF REPORT ***