

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

| | | | | | | | | | |
|----------------------------|----|----|----------|---|---|------|------|--------|-------------|
| INPATIENT | 1 | 16 | 0.00 | 0 | 0 | 0.00 | 491 | 1945 | 513,802.59 |
| OUTPATIENT | 8 | 47 | 7,078.01 | 0 | 0 | 0.00 | 3828 | 63060 | 428,408.22 |
| 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 | 137 | 1403 | 38,214.85 |
| INTERMEDIATE CARE FACILITY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 4342 | 125441 | 9856,610.38 |
| 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 | 4 | 107 | 29,658.65 |
| HOME HEALTH | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 2009 | 49090 | 1266,399.33 |
| LEAD INSPECTION AGENCY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PHYSICIAN | 26 | 43 | 4,803.26 | 0 | 0 | 0.00 | 6007 | 36662 | 423,454.29 |
| CLINIC SERVICES | 1 | 1 | 319.99 | 0 | 0 | 0.00 | 583 | 441 | 36,407.16 |
| MEP CASE MANAGEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| LAB AND RADIOLOGICAL | 9 | 37 | 600.49 | 0 | 0 | 0.00 | 388 | 161 | 2,113.02 |
| 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 | 40 | 924 | 49,735.32 |
| AMBULANCE SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 250 | 283 | 23,659.21 |
| 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 UNITS OF
SERVED SERVICEAMOUNT
PAIDRECIPS UNITS OF
SERVED SERVICEAMOUNT
PAIDRECIPS UNITS OF
SERVED SERVICEAMOUNT
PAID

EARLY ACCESS SERVICES

0

0

0.00

0

0

0.00

0

0

0.00

PRESCRIBED DRUGS

25

68

1,063.54

0

0

0.00

3032

5515

67,575.77

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

1

10

138.93

IOWA PLAN PROGRAM

34

44

1,008.50

0

0

0.00

3

3

304.41

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

34

34

68.00

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

2438

152936

242,632.05

OTHER PRACTITIONER

0

0

0.00

0

0

0.00

275

4739

12,168.56

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

10

11

2,171.70

0

0

0.00

426

503

70,030.53

OPTOMETRIST

0

0

0.00

0

0

0.00

597

873

23,862.56

CHIROPRACTIC

0

0

0.00

0

0

0.00

375

1007

9,348.75

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 | 540 | 824 | 11,985.83 |
| 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 | 129 | 211 | 6,090.17 |
| RESIDENTIAL CARE FACILITY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 372 | 10837 | 74,858.18 |
| MR WAIVER SERVICE | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 84 | 4841 | 221,248.01 |
| 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 | 2722 | 118250 | 1570,249.27 |
| 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 | 107 | 116 | 27,598.28 |
| UNASSIGNED | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 2 | 0 | 0.00 |
| * A L L C A T E G O R I E S * | 63 | 301 | 17,113.49 | 0 | 0 | 0.00 | 13687 | 580182 | 15006,554.32 |

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 | 1567 | 8929 | 6040,537.31 | 572 | 2238 | 2502,446.56 |
| OUTPATIENT | 0 | 0 | 0.00 | 13646 | 232873 | 4034,644.55 | 7021 | 82133 | 2558,238.77 |
| 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 | 172 | 3587 | 1525,472.01 | 2 | 10 | 3,572.25 |
| INTERMEDIATE CARE FACILITY | 0 | 0 | 0.00 | 563 | 16489 | 1669,059.88 | 1 | 39 | 4,715.21 |
| INTER CARE MENTAL RETARDA | 0 | 0 | 0.00 | 14 | 365 | 116,823.02 | 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 | 3253 | 78137 | 2180,608.90 | 40 | 350 | 22,830.94 |
| LEAD INSPECTION AGENCY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PHYSICIAN | 0 | 0 | 0.00 | 21928 | 100865 | 3732,167.26 | 13162 | 26573 | 2454,301.60 |
| CLINIC SERVICES | 0 | 0 | 0.00 | 2706 | 4751 | 412,693.84 | 2083 | 3311 | 354,789.08 |
| MEP CASE MANAGEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| LAB AND RADIOLOGICAL | 0 | 0 | 0.00 | 1856 | 4009 | 56,836.14 | 1979 | 4866 | 102,229.20 |
| HABILITATION SERVICES | 0 | 0 | 0.00 | 10 | 46 | 1,180.48 | 0 | 0 | 0.00 |
| REMEDIAL SERVICES | 0 | 0 | 0.00 | 218 | 10652 | 144,607.34 | 42 | 2076 | 25,290.33 |
| REHAB SUPPORT SERVICES | 0 | 0 | 0.00 | 2084 | 45531 | 2814,009.94 | 22 | 254 | 12,095.95 |
| AMBULANCE SERVICES | 0 | 0 | 0.00 | 759 | 828 | 100,138.95 | 204 | 207 | 29,817.41 |
| LOCAL EDUCATION AGENCY | 0 | 0 | 0.00 | 538 | 126450 | 663,041.12 | 14 | 4403 | 18,639.75 |

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 | 79 | 419 | 7,774.21 | 0 | 0 | 0.00 |
| PRESCRIBED DRUGS | 0 | 0 | 0.00 | 22465 | 94475 | 7475,295.59 | 17906 | 48731 | 2602,865.13 |
| 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 | 88 | 98 | 5,727.49 | 4569 | 5164 | 390,196.54 |
| IOWA PLAN PROGRAM | 0 | 0 | 0.00 | 45630 | 46987 | 3235,027.19 | 34042 | 38153 | 1029,045.06 |
| 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 | 295 | 374 | 13,938.26 | 133 | 145 | 6,870.15 |
| HMO SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 892 | 944 | 234,514.04 |
| PATIENT MANAGEMENT | 0 | 0 | 0.00 | 1 | 1 | 2.00 | 21162 | 21158 | 42,316.00 |
| HEALTH INS PREMIUM PAYMENT | 0 | 0 | 0.00 | 636 | 1560 | 172,643.88 | 312 | 819 | 25,292.24 |
| MEDICAL SUPPLIES | 0 | 0 | 0.00 | 7718 | 625343 | 1355,975.86 | 785 | 25114 | 139,964.34 |
| OTHER PRACTITIONER | 0 | 0 | 0.00 | 2735 | 264800 | 342,372.94 | 1321 | 7405 | 142,627.15 |
| FAMILY CENTERED PROGRAM | 0 | 0 | 0.00 | 2 | 6 | 222.18 | 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 | 3605 | 4595 | 689,357.15 | 2779 | 3757 | 620,913.53 |
| OPTOMETRIST | 0 | 0 | 0.00 | 2010 | 2584 | 134,416.67 | 1267 | 1508 | 111,280.63 |
| CHIROPRACTIC | 0 | 0 | 0.00 | 2020 | 4765 | 83,532.87 | 1654 | 3809 | 132,569.52 |

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 | 954 | 1504 | 64,389.51 | 220 | 332 | 36,541.40 |
| PHYSICAL DISABILITIES SVCS | 0 | 0 | 0.00 | 388 | 15480 | 182,693.44 | 0 | 0 | 0.00 |
| BRAIN INJ WAIVER SERVICES | 0 | 0 | 0.00 | 246 | 15227 | 362,532.93 | 0 | 0 | 0.00 |
| PSYCHIATRIC | 0 | 0 | 0.00 | 2117 | 4190 | 131,986.82 | 20 | 48 | 4,120.41 |
| RESIDENTIAL CARE FACILITY | 0 | 0 | 0.00 | 1412 | 40094 | 259,293.28 | 0 | 0 | 0.00 |
| MR WAIVER SERVICE | 0 | 0 | 0.00 | 991 | 61089 | 2494,983.94 | 0 | 0 | 0.00 |
| CHILDRENS MENTAL HEALTH SVC | 0 | 0 | 0.00 | 34 | 1247 | 25,713.30 | 3 | 116 | 3,169.43 |
| AIDS WAIVER SERVICES | 0 | 0 | 0.00 | 8 | 481 | 6,890.56 | 0 | 0 | 0.00 |
| ELDERLY WAIVER SERVICES | 0 | 0 | 0.00 | 25 | 1184 | 19,141.73 | 0 | 0 | 0.00 |
| ILL & HANDICAPPED WAIVER SVCS | 0 | 0 | 0.00 | 1756 | 85242 | 1302,365.11 | 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 | 1351 | 1611 | 372,113.93 | 5 | 4 | 2,235.02 |
| UNASSIGNED | 0 | 0 | 0.00 | 8 | 0 | 0.00 | 3 | 0 | 0.00 |
| * A L L C A T E G O R I E S * | 0 | 0 | 0.00 | 49966 | 1906868 | 42230,211.58 | 43816 | 283667 | 13613,487.64 |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE

| 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 | 266 | 957 | 1135,702.56 | 392 | 8114 | 1751,550.29 | 1461 | 6683 | 7146,018.20 |
| OUTPATIENT | 5430 | 32917 | 1304,716.79 | 1534 | 12960 | 371,311.03 | 9467 | 75292 | 1876,847.51 |
| 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 | 3 | 0 | 66,865.29 |
| INTERMEDIATE CARE FACILITY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 5 | 58 | 183,350.56 |
| INTER CARE MENTAL RETARDA | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 1 | 0 | 1458,844.00 |
| NURSING FAC FOR MENTAL ILL | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HOME HEALTH | 403 | 1715 | 55,006.80 | 55 | 363 | 9,804.98 | 646 | 1889 | 73,068.54 |
| LEAD INSPECTION AGENCY | 0 | 0 | 0.00 | 1 | 1 | 350.00 | 2 | 1 | 743.71 |
| PHYSICIAN | 15651 | 25921 | 1773,855.07 | 3377 | 5828 | 477,118.75 | 24192 | 43476 | 3679,476.31 |
| CLINIC SERVICES | 2883 | 3661 | 432,795.64 | 628 | 881 | 91,840.21 | 4857 | 7263 | 812,472.76 |
| MEP CASE MANAGEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| LAB AND RADIOLOGICAL | 1028 | 1970 | 27,566.51 | 284 | 802 | 15,235.95 | 2296 | 6005 | 114,138.70 |
| HABILITATION SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| REMEDIAL SERVICES | 598 | 22754 | 317,690.60 | 250 | 8833 | 132,149.79 | 497 | 18767 | 250,576.72 |
| REHAB SUPPORT SERVICES | 0 | 0 | 0.00 | 17 | 135 | 10,963.48 | 8 | 21 | 17,780.72 |
| AMBULANCE SERVICES | 117 | 115 | 13,923.81 | 45 | 45 | 23,471.92 | 168 | 159 | 24,927.28 |
| LOCAL EDUCATION AGENCY | 186 | 25025 | 137,201.45 | 46 | 5887 | 27,670.73 | 167 | 26820 | 150,650.97 |

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

| | 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 | 90 | 352 | 6,827.41 | 10 | 36 | 711.58 | 100 | 415 | 9,243.13 |
| PRESCRIBED DRUGS | 14731 | 25611 | 1689,033.06 | 3790 | 8758 | 595,689.95 | 21011 | 37154 | 2088,175.97 |
| 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 | 740 | 862 | 64,114.78 | 99 | 116 | 8,117.17 | 215 | 252 | 20,737.77 |
| IOWA PLAN PROGRAM | 56270 | 61769 | 593,115.24 | 11171 | 12419 | 237,029.47 | 75930 | 85990 | 994,466.89 |
| 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 | 1 | 0 | 3,573.87- |
| EPSDT SCREENING | 4074 | 4639 | 291,515.38 | 861 | 968 | 62,844.70 | 6207 | 6991 | 579,074.58 |
| HMO SERVICES | 1570 | 1648 | 185,885.18 | 298 | 306 | 35,537.10 | 1531 | 1578 | 224,891.30 |
| PATIENT MANAGEMENT | 36713 | 36702 | 73,404.00 | 6711 | 6711 | 13,422.00 | 50871 | 50858 | 101,716.00 |
| HEALTH INS PREMIUM PAYMENT | 490 | 1314 | 29,909.47 | 41 | 116 | 4,970.64 | 2489 | 7647 | 182,124.28 |
| MEDICAL SUPPLIES | 801 | 11065 | 104,319.90 | 134 | 5174 | 21,644.92 | 945 | 22853 | 118,768.88 |
| OTHER PRACTITIONER | 2104 | 100845 | 168,619.78 | 450 | 2796 | 40,078.61 | 2989 | 77833 | 258,936.90 |
| FAMILY CENTERED PROGRAM | 8 | 32 | 1,356.00 | 6 | 59 | 2,117.91 | 4 | 58 | 1,736.85 |
| FAMILY PRESERVATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| TREATMENT FOSTER FAMILY CARE | 0 | 0 | 0.00 | 1 | 4 | 180.16 | 0 | 0 | 0.00 |
| GROUP TREATMENT THERAPY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| DENTAL | 3535 | 4096 | 536,256.15 | 878 | 1038 | 173,358.89 | 5107 | 6030 | 777,448.79 |
| OPTOMETRIST | 1117 | 1274 | 84,839.91 | 314 | 370 | 24,331.29 | 1615 | 1881 | 121,468.08 |
| CHIROPRACTIC | 883 | 1564 | 49,703.56 | 197 | 380 | 12,757.22 | 1307 | 2659 | 79,858.64 |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE

ADC - CHILD

CMAP

OTHER

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

| | | | | | | | | | |
|-------------------------------|-------|--------|-------------|-------|-------|-------------|-------|--------|--------------|
| PODIATRIC | 74 | 102 | 10,822.40 | 17 | 23 | 3,344.45 | 98 | 114 | 11,173.55 |
| PHYSICAL DISABILITIES SVCS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| BRAIN INJ WAIVER SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PSYCHIATRIC | 6 | 9 | 829.88 | 7 | 15 | 1,040.80 | 20 | 57 | 3,421.62 |
| RESIDENTIAL CARE FACILITY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 1 | 0 | 0.00 |
| MR WAIVER SERVICE | 2 | 6 | 106.98 | 0 | 0 | 0.00 | 6 | 64 | 688.04 |
| CHILDRENS MENTAL HEALTH SVC | 24 | 701 | 22,950.21 | 26 | 1092 | 22,011.27 | 36 | 1256 | 31,564.77 |
| AIDS WAIVER SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ELDERLY WAIVER SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 2 | 0 | 1,940.37 |
| ILL & HANDICAPPED WAIVER SVCS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 4 | 161 | 1,773.62 |
| COUNTY OFFICE REIMBURSEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| MEP SERVICES | 32 | 54 | 18,811.04 | 28 | 58 | 17,608.31 | 45 | 68 | 26,127.94 |
| UNASSIGNED | 3 | 0 | 0.00 | 2 | 0 | 0.00 | 6 | 0 | 506,135.40 |
| * A L L C A T E G O R I E S * | 63378 | 367680 | 9130,879.56 | 12335 | 84288 | 4188,263.57 | 84261 | 490353 | 18393,842.55 |

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 | 38 | 370 | 109,146.41 | 562 | 2492 | 652,933.15 | 54 | 261 | 207,183.99 |
| OUTPATIENT | 764 | 6306 | 169,411.86 | 4578 | 84179 | 524,526.73 | 416 | 10658 | 171,954.61 |
| CHILD PART HOSP | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| CHILD DAY TREATMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ADULT PART HOSP | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ADULT DAY TREATMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| SKILLED NURSING FACILITY | 0 | 0 | 0.00 | 256 | 2875 | 18,335.94 | 1 | 4 | 0.00 |
| INTERMEDIATE CARE FACILITY | 0 | 0 | 0.00 | 7870 | 230361 | 21463,232.96 | 0 | 0 | 0.00 |
| INTER CARE MENTAL RETARDA | 4 | 120 | 33,024.60 | 1 | 0 | 0.00 | 0 | 0 | 0.00 |
| NURSING FAC FOR MENTAL ILL | 0 | 0 | 0.00 | 27 | 793 | 200,853.13 | 0 | 0 | 0.00 |
| HOME HEALTH | 76 | 2018 | 63,212.16 | 3225 | 69291 | 2352,057.23 | 47 | 969 | 11,257.19 |
| LEAD INSPECTION AGENCY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PHYSICIAN | 2096 | 3214 | 191,710.18 | 6951 | 34930 | 424,026.74 | 782 | 2130 | 148,529.48 |
| CLINIC SERVICES | 445 | 596 | 71,334.40 | 534 | 222 | 40,198.04 | 125 | 157 | 22,872.15 |
| MEP CASE MANAGEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| LAB AND RADIOLOGICAL | 194 | 493 | 7,171.07 | 505 | 228 | 2,606.86 | 74 | 365 | 7,328.32 |
| HABILITATION SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| REMEDIAL SERVICES | 1439 | 138334 | 1308,492.09 | 0 | 0 | 0.00 | 2 | 72 | 1,028.00 |
| REHAB SUPPORT SERVICES | 4 | 11 | 1,063.91 | 32 | 734 | 39,794.78 | 56 | 1366 | 103,214.61 |
| AMBULANCE SERVICES | 19 | 18 | 2,207.32 | 403 | 517 | 43,899.63 | 18 | 19 | 4,141.88 |
| LOCAL EDUCATION AGENCY | 95 | 15964 | 90,826.09 | 14 | 4064 | 24,515.15 | 1 | 20 | 233.80 |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

| CATEGORY OF SERVICE | 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 | 23 | 67 | 1,278.22 | 2 | 8 | 96.16 | 0 | 0 | 0.00 |
| PRESCRIBED DRUGS | 4627 | 12038 | 1238,324.42 | 9750 | 21782 | 336,429.36 | 902 | 3169 | 179,053.17 |
| 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 | 22 | 29 | 2,188.57 | 1 | 1 | 10.28 | 29 | 33 | 2,331.26 |
| IOWA PLAN PROGRAM | 9647 | 10118 | 956,019.68 | 1952 | 2030 | 124,825.98 | 1420 | 1588 | 52,289.71 |
| 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 | 264 | 308 | 14,824.90 | 6 | 6 | 94.18 | 14 | 14 | 617.86 |
| HMO SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PATIENT MANAGEMENT | 76 | 76 | 152.00 | 1 | 1 | 2.00 | 0 | 0 | 0.00 |
| HEALTH INS PREMIUM PAYMENT | 166 | 400 | 20,062.25 | 34 | 83 | 9,349.20 | 7 | 17 | 691.94 |
| MEDICAL SUPPLIES | 195 | 16755 | 48,652.64 | 4011 | 321742 | 509,624.63 | 132 | 7694 | 14,285.22 |
| OTHER PRACTITIONER | 547 | 28779 | 56,379.50 | 410 | 8321 | 40,153.88 | 53 | 337 | 6,043.49 |
| FAMILY CENTERED PROGRAM | 10 | 106 | 3,829.27 | 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 | 4 | 26 | 1,164.65 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| GROUP TREATMENT THERAPY | 7 | 231 | 16,646.67 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| DENTAL | 901 | 1055 | 134,813.23 | 757 | 911 | 146,384.49 | 140 | 199 | 30,851.47 |
| OPTOMETRIST | 359 | 412 | 26,755.70 | 725 | 988 | 28,913.05 | 92 | 108 | 6,544.32 |
| CHIROPRACTIC | 145 | 266 | 8,416.30 | 257 | 578 | 4,757.95 | 92 | 210 | 6,373.53 |

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 |
| PODIATRIC | 29 | 50 | 5,876.42 | 1005 | 1593 | 21,053.51 | 32 | 54 | 4,394.21 |
| PHYSICAL DISABILITIES SVCS | 0 | 0 | 0.00 | 145 | 6576 | 66,341.69 | 0 | 0 | 0.00 |
| BRAIN INJ WAIVER SERVICES | 27 | 1871 | 38,023.43 | 309 | 15093 | 442,513.20 | 0 | 0 | 0.00 |
| PSYCHIATRIC | 7 | 15 | 497.80 | 221 | 388 | 12,584.97 | 34 | 52 | 2,102.22 |
| RESIDENTIAL CARE FACILITY | 0 | 0 | 0.00 | 11 | 300 | 1,269.64 | 1 | 90 | 512.85 |
| MR WAIVER SERVICE | 160 | 6169 | 160,953.49 | 6 | 293 | 22,910.69 | 0 | 0 | 0.00 |
| CHILDRENS MENTAL HEALTH SVC | 3 | 98 | 1,324.56 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| AIDS WAIVER SERVICES | 1 | 153 | 2,677.50 | 28 | 2493 | 24,753.26 | 0 | 0 | 0.00 |
| ELDERLY WAIVER SERVICES | 0 | 0 | 0.00 | 5847 | 255020 | 2932,860.34 | 1 | 1 | 18.00 |
| ILL & HANDICAPPED WAIVER SVCS | 35 | 1972 | 30,284.46 | 5 | 70 | 969.85 | 0 | 0 | 0.00 |
| COUNTY OFFICE REIMBURSEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| MEP SERVICES | 168 | 185 | 44,836.56 | 99 | 105 | 26,231.21 | 4 | 5 | 1,274.36 |
| UNASSIGNED | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| * A L L C A T E G O R I E S * | 9832 | 248623 | 4861,582.31 | 15208 | 1069068 | 30539,109.86 | 1727 | 29592 | 985,127.84 |

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 | 164 | 677 | 805,068.42 | 47 | 277 | 138,108.27 | 5 | 10 | 22,628.07 |
| OUTPATIENT | 427 | 9106 | 251,536.61 | 860 | 4853 | 197,000.51 | 89 | 2558 | 72,445.05 |
| CHILD PART HOSP | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| CHILD DAY TREATMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ADULT PART HOSP | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ADULT DAY TREATMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| SKILLED NURSING FACILITY | 4 | 21 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| INTERMEDIATE CARE FACILITY | 1 | 30 | 2,780.34 | 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 | 31 | 731 | 15,416.19 | 71 | 436 | 7,413.39 | 7 | 64 | 2,850.65 |
| LEAD INSPECTION AGENCY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PHYSICIAN | 777 | 3566 | 330,382.73 | 2591 | 3980 | 276,414.62 | 141 | 509 | 115,325.54 |
| CLINIC SERVICES | 62 | 85 | 10,685.30 | 526 | 689 | 69,561.20 | 18 | 22 | 3,904.85 |
| MEP CASE MANAGEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| LAB AND RADIOLOGICAL | 42 | 145 | 2,357.95 | 110 | 286 | 4,871.25 | 23 | 78 | 1,480.04 |
| HABILITATION SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| REMEDIAL SERVICES | 0 | 0 | 0.00 | 96 | 4116 | 56,549.56 | 0 | 0 | 0.00 |
| REHAB SUPPORT SERVICES | 14 | 154 | 9,621.21 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| AMBULANCE SERVICES | 25 | 23 | 5,120.08 | 13 | 14 | 2,475.00 | 0 | 0 | 0.00 |
| LOCAL EDUCATION AGENCY | 0 | 0 | 0.00 | 43 | 5896 | 28,315.08 | 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 |
| EARLY ACCESS SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PRESCRIBED DRUGS | 226 | 941 | 89,126.83 | 2950 | 5085 | 386,547.16 | 153 | 551 | 33,196.25 |
| 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 | 6 | 6 | 241.78 | 30 | 30 | 3,231.86 | 3 | 3 | 155.27 |
| IOWA PLAN PROGRAM | 0 | 0 | 0.00 | 11003 | 11901 | 123,411.84 | 203 | 205 | 20,611.27 |
| 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 | 3 | 3 | 858.76 | 502 | 545 | 25,920.81 | 0 | 0 | 0.00 |
| HMO SERVICES | 0 | 0 | 0.00 | 218 | 228 | 28,216.40 | 0 | 0 | 0.00 |
| PATIENT MANAGEMENT | 0 | 0 | 0.00 | 7968 | 7966 | 15,932.00 | 0 | 0 | 0.00 |
| HEALTH INS PREMIUM PAYMENT | 0 | 0 | 0.00 | 52 | 154 | 6,413.55 | 0 | 0 | 0.00 |
| MEDICAL SUPPLIES | 85 | 2713 | 19,258.24 | 124 | 2201 | 11,632.74 | 21 | 1335 | 7,560.93 |
| OTHER PRACTITIONER | 48 | 195 | 4,724.75 | 428 | 2184 | 36,695.43 | 11 | 2654 | 1,504.34 |
| FAMILY CENTERED PROGRAM | 0 | 0 | 0.00 | 1 | 2 | 88.08 | 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 | 48 | 65 | 10,937.91 | 1065 | 1228 | 193,231.77 | 17 | 26 | 2,423.72 |
| OPTOMETRIST | 26 | 28 | 1,731.52 | 320 | 366 | 24,094.05 | 15 | 15 | 1,131.57 |
| CHIROPRACTIC | 19 | 50 | 1,447.26 | 254 | 471 | 15,293.04 | 6 | 19 | 568.52 |

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 | 10 | 572.59 | 29 | 34 | 4,963.00 | 2 | 3 | 84.37 |
| 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 | 43 | 84 | 4,549.47 | 0 | 0 | 0.00 | 1 | 1 | 23.90 |
| RESIDENTIAL CARE FACILITY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| MR WAIVER SERVICE | 1 | 0 | 0.00 | 2 | 1 | 43.32 | 0 | 0 | 0.00 |
| CHILDRENS MENTAL HEALTH SVC | 0 | 0 | 0.00 | 6 | 330 | 8,439.82 | 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 | 1 | 1 | 284.36 | 9 | 10 | 5,630.09 | 0 | 0 | 0.00 |
| UNASSIGNED | 0 | 0 | 0.00 | 1 | 0 | 0.00 | 0 | 0 | 0.00 |
| * A L L C A T E G O R I E S * | 884 | 18634 | 1566,702.30 | 10812 | 53283 | 1670,493.84 | 204 | 8053 | 285,894.34 |

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

| | | | | | | | | | |
|----------------------------|---|---|---------|---|---|----------|---|---|------|
| INPATIENT | 0 | 0 | 0.00 | 1 | 5 | 3,883.93 | 0 | 0 | 0.00 |
| OUTPATIENT | 1 | 0 | 163.95- | 2 | 4 | 202.43 | 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 | 1 | 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 | 6 | 299.02 | 4 | 8 | 2,790.02 | 0 | 0 | 0.00 |
| CLINIC SERVICES | 0 | 0 | 0.00 | 2 | 2 | 129.94 | 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 | 1 | 1 | 6.64 | 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 | 1 | 1 | 21.43 | 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 * | 3 | 7 | 156.50 | 7 | 20 | 7,012.96 | 0 | 0 | 0.00 |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE

| 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 | 2 | 60 | 8,802.55 | 4 | 44 | 4,148.00 | 3 | 11 | 10,493.15 |
| OUTPATIENT | 11 | 58 | 2,220.30 | 6 | 40 | 152.60 | 16 | 84 | 2,244.60 |
| 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 | 1 | 12 | 120.00 | 0 | 0 | 0.00 |
| LEAD INSPECTION AGENCY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PHYSICIAN | 22 | 31 | 1,297.58 | 12 | 137 | 3,038.04 | 29 | 41 | 4,303.26 |
| CLINIC SERVICES | 6 | 6 | 547.03 | 0 | 0 | 0.00 | 3 | 4 | 392.62 |
| MEP CASE MANAGEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| LAB AND RADIOLOGICAL | 3 | 11 | 23.43 | 1 | 0 | 0.00 | 4 | 9 | 301.33 |
| HABILITATION SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| REMEDIAL SERVICES | 8 | 374 | 4,814.64 | 0 | 0 | 0.00 | 1 | 79 | 1,512.06 |
| REHAB SUPPORT SERVICES | 0 | 0 | 0.00 | 7 | 7 | 551.89 | 5 | 13 | 1,228.53 |
| AMBULANCE SERVICES | 1 | 1 | 122.57 | 1 | 1 | 151.52 | 0 | 0 | 0.00 |
| LOCAL EDUCATION AGENCY | 10 | 3609 | 19,761.15 | 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 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 |
| EARLY ACCESS SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PRESCRIBED DRUGS | 71 | 253 | 21,703.44 | 9 | 11 | 134.51 | 46 | 129 | 8,448.81 |
| 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 | 3 | 4 | 353.77 |
| IOWA PLAN PROGRAM | 94 | 100 | 10,612.87 | 14 | 14 | 790.30 | 114 | 122 | 16,385.79 |
| 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 | 5 | 5 | 179.79 | 0 | 0 | 0.00 | 1 | 1 | 8.15 |
| HMO SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PATIENT MANAGEMENT | 2 | 2 | 4.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HEALTH INS PREMIUM PAYMENT | 10 | 26 | 1,278.70 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| MEDICAL SUPPLIES | 5 | 569 | 436.16 | 2 | 3 | 142.32 | 1 | 1 | 22.03 |
| OTHER PRACTITIONER | 3 | 88 | 421.72 | 0 | 0 | 0.00 | 3 | 6 | 323.73 |
| 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 | 7 | 7 | 456.04 | 0 | 0 | 0.00 | 9 | 11 | 1,303.04 |
| OPTOMETRIST | 5 | 6 | 504.32 | 1 | 3 | 97.42 | 2 | 3 | 225.68 |
| CHIROPRACTIC | 1 | 1 | 25.79 | 1 | 2 | 12.70 | 1 | 1 | 33.92 |

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 | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 1 | 1 | 52.90 |
| PHYSICAL DISABILITIES SVCS | 0 | 0 | 0.00 | 1 | 1 | 28.00 | 0 | 0 | 0.00 |
| BRAIN INJ WAIVER SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PSYCHIATRIC | 1 | 1 | 0.00 | 3 | 4 | 119.50 | 0 | 0 | 0.00 |
| RESIDENTIAL CARE FACILITY | 0 | 0 | 0.00 | 4 | 91 | 340.51 | 0 | 0 | 0.00 |
| MR WAIVER SERVICE | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| CHILDRENS MENTAL HEALTH SVC | 81 | 2602 | 68,974.04 | 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 | 81 | 116 | 54,240.14 | 2 | 7 | 1,204.20 | 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 * | 85 | 7926 | 196,426.26 | 10 | 377 | 11,031.51 | 105 | 520 | 47,633.37 |

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 |
|----------------------------|------------------|---------------------|----------------|------------------|---------------------|----------------|------------------|---------------------|----------------|
| INPATIENT | 25 | 414 | 168,852.12 | 157 | 718 | 453,430.60 | 0 | 0 | 0.00 |
| OUTPATIENT | 289 | 2828 | 131,591.96 | 2206 | 30382 | 348,441.41 | 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 | 6 | 125 | 12,947.80 | 0 | 0 | 0.00 |
| INTERMEDIATE CARE FACILITY | 0 | 0 | 0.00 | 3 | 32 | 3,297.91 | 0 | 0 | 0.00 |
| INTER CARE MENTAL RETARDA | 0 | 0 | 0.00 | 2123 | 62700 | 22158,125.95 | 0 | 0 | 0.00 |
| NURSING FAC FOR MENTAL ILL | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HOME HEALTH | 12 | 244 | 13,715.08 | 942 | 32265 | 968,367.62 | 0 | 0 | 0.00 |
| LEAD INSPECTION AGENCY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PHYSICIAN | 539 | 1567 | 89,444.72 | 3947 | 12522 | 318,250.28 | 0 | 0 | 0.00 |
| CLINIC SERVICES | 116 | 155 | 19,888.92 | 322 | 452 | 39,403.66 | 0 | 0 | 0.00 |
| MEP CASE MANAGEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| LAB AND RADIOLOGICAL | 61 | 188 | 2,840.74 | 270 | 479 | 5,321.79 | 0 | 0 | 0.00 |
| HABILITATION SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| REMEDIAL SERVICES | 90 | 8354 | 78,663.13 | 14 | 587 | 11,529.84 | 0 | 0 | 0.00 |
| REHAB SUPPORT SERVICES | 6 | 52 | 2,487.83 | 44 | 680 | 42,299.21 | 0 | 0 | 0.00 |
| AMBULANCE SERVICES | 8 | 8 | 952.19 | 88 | 93 | 8,949.48 | 0 | 0 | 0.00 |
| LOCAL EDUCATION AGENCY | 5 | 769 | 4,413.86 | 490 | 161132 | 857,946.59 | 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 | 4 | 8 | 289.99 | 30 | 191 | 3,807.08 | 0 | 0 | 0.00 |
| PRESCRIBED DRUGS | 952 | 3766 | 253,800.52 | 5347 | 16876 | 1275,432.66 | 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 | 6 | 6 | 496.12 | 20 | 21 | 1,247.79 | 0 | 0 | 0.00 |
| IOWA PLAN PROGRAM | 1646 | 1720 | 163,307.06 | 10067 | 10152 | 624,332.27 | 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 | 14 | 18 | 823.02 | 77 | 86 | 2,674.09 | 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 | 5 | 7 | 582.15 | 525 | 1277 | 146,461.31 | 0 | 0 | 0.00 |
| MEDICAL SUPPLIES | 128 | 6531 | 30,213.88 | 1881 | 252851 | 414,135.91 | 0 | 0 | 0.00 |
| OTHER PRACTITIONER | 83 | 1075 | 13,531.85 | 1150 | 329364 | 249,614.55 | 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 | 1 | 8 | 329.12 | 0 | 0 | 0.00 |
| DENTAL | 133 | 176 | 29,685.41 | 1252 | 1417 | 127,966.65 | 0 | 0 | 0.00 |
| OPTOMETRIST | 71 | 81 | 6,459.76 | 531 | 623 | 27,226.63 | 0 | 0 | 0.00 |
| CHIROPRACTIC | 60 | 142 | 4,959.40 | 257 | 484 | 8,445.86 | 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 | 30 | 44 | 2,748.54 | 391 | 566 | 18,209.04 | 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 | 212 | 13052 | 303,750.30 | 0 | 0 | 0.00 |
| PSYCHIATRIC | 3 | 5 | 227.39 | 408 | 591 | 20,514.12 | 0 | 0 | 0.00 |
| RESIDENTIAL CARE FACILITY | 0 | 0 | 0.00 | 35 | 1196 | 11,080.78 | 0 | 0 | 0.00 |
| MR WAIVER SERVICE | 4 | 228 | 5,006.24 | 7841 | 514602 | 19614,035.67 | 0 | 0 | 0.00 |
| CHILDRENS MENTAL HEALTH SVC | 3 | 46 | 1,270.68 | 1 | 45 | 669.25 | 0 | 0 | 0.00 |
| AIDS WAIVER SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ELDERLY WAIVER SERVICES | 4 | 244 | 2,627.90 | 1 | 3 | 2,174.00 | 0 | 0 | 0.00 |
| ILL & HANDICAPPED WAIVER SVCS | 1 | 6 | 73.44 | 162 | 8316 | 130,248.25 | 0 | 0 | 0.00 |
| COUNTY OFFICE REIMBURSEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| MEP SERVICES | 6 | 4 | 1,726.04 | 6959 | 7584 | 1814,621.98 | 0 | 0 | 0.00 |
| UNASSIGNED | 1 | 0 | 0.00 | 3 | 0 | 0.00 | 0 | 0 | 0.00 |
| * A L L C A T E G O R I E S * | 1704 | 28687 | 1030,681.94 | 10819 | 1461472 | 50025,289.45 | 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 | 5793 | 34221 | 21674,736.17 | | | |
| OUTPATIENT | 0 | 0 | 0.00 | 50139 | 650338 | 12452,809.60 | | | |
| 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 | 576 | 8025 | 1531,677.56 | | | |
| INTERMEDIATE CARE FACILITY | 0 | 0 | 0.00 | 12752 | 372450 | 32816,346.12 | | | |
| INTER CARE MENTAL RETARDA | 0 | 0 | 0.00 | 2141 | 63185 | 20849,129.57 | | | |
| NURSING FAC FOR MENTAL ILL | 0 | 0 | 0.00 | 31 | 900 | 230,511.78 | | | |
| HOME HEALTH | 0 | 0 | 0.00 | 10755 | 237574 | 6895,991.92 | | | |
| LEAD INSPECTION AGENCY | 0 | 0 | 0.00 | 3 | 2 | 1,093.71 | | | |
| PHYSICIAN | 0 | 0 | 0.00 | 100584 | 302009 | 14450,988.75 | | | |
| CLINIC SERVICES | 0 | 0 | 0.00 | 15780 | 22699 | 2420,236.79 | | | |
| MEP CASE MANAGEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | | | |
| LAB AND RADIOLOGICAL | 0 | 0 | 0.00 | 9102 | 20133 | 353,029.43 | | | |
| HABILITATION SERVICES | 0 | 0 | 0.00 | 10 | 46 | 1,180.48 | | | |
| REMEDIAL SERVICES | 0 | 0 | 0.00 | 3201 | 214998 | 2332,904.10 | | | |
| REHAB SUPPORT SERVICES | 0 | 0 | 0.00 | 2276 | 49882 | 3069,286.14 | | | |
| AMBULANCE SERVICES | 0 | 0 | 0.00 | 2112 | 2331 | 283,958.25 | | | |
| LOCAL EDUCATION AGENCY | 0 | 0 | 0.00 | 1588 | 380039 | 2023,215.74 | | | |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE

FEDERAL MEDICAID ONLY BLIND

TOTAL

| | RECIPIS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPIS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPIS SERVED | UNITS OF SERVICE | AMOUNT PAID |
|------------------------------|-------------------|---------------------|----------------|-------------------|---------------------|----------------|-------------------|---------------------|----------------|
| EARLY ACCESS SERVICES | 0 | 0 | 0.00 | 330 | 1496 | 30,027.78 | | | |
| PRESCRIBED DRUGS | 0 | 0 | 0.00 | 106872 | 284913 | 18341,896.14 | | | |
| DRUG CAPITATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | | | |
| INDIAN HEALTH SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | | | |
| FAMILY PLANNING SERVICES | 0 | 0 | 0.00 | 5825 | 6635 | 499,289.38 | | | |
| IOWA PLAN PROGRAM | 0 | 0 | 0.00 | 258522 | 283315 | 8182,583.53 | | | |
| MANAGED SUBSTANCE ABUSE | 0 | 0 | 0.00 | 0 | 0 | 0.00 | | | |
| MENTAL HEALTH ACCESS PLAN | 0 | 0 | 0.00 | 1 | 0 | 3,573.87- | | | |
| EPSDT SCREENING | 0 | 0 | 0.00 | 12412 | 14103 | 1000,244.63 | | | |
| HMO SERVICES | 0 | 0 | 0.00 | 4495 | 4704 | 709,044.02 | | | |
| PATIENT MANAGEMENT | 0 | 0 | 0.00 | 123539 | 123510 | 247,020.00 | | | |
| HEALTH INS PREMIUM PAYMENT | 0 | 0 | 0.00 | 4768 | 13421 | 599,801.04 | | | |
| MEDICAL SUPPLIES | 0 | 0 | 0.00 | 19069 | 1454880 | 3039,270.65 | | | |
| OTHER PRACTITIONER | 0 | 0 | 0.00 | 12465 | 831421 | 1374,197.18 | | | |
| FAMILY CENTERED PROGRAM | 0 | 0 | 0.00 | 31 | 263 | 9,350.29 | | | |
| FAMILY PRESERVATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | | | |
| TREATMENT FOSTER FAMILY CARE | 0 | 0 | 0.00 | 5 | 30 | 1,344.81 | | | |
| GROUP TREATMENT THERAPY | 0 | 0 | 0.00 | 8 | 239 | 16,975.79 | | | |
| DENTAL | 0 | 0 | 0.00 | 20612 | 25125 | 3547,590.47 | | | |
| OPTOMETRIST | 0 | 0 | 0.00 | 9058 | 11123 | 623,883.16 | | | |
| CHIROPRACTIC | 0 | 0 | 0.00 | 7476 | 16408 | 418,104.83 | | | |

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 | 3422 | 5254 | 196,211.72 | | | |
| PHYSICAL DISABILITIES SVCS | 0 | 0 | 0.00 | 532 | 22057 | 249,063.13 | | | |
| BRAIN INJ WAIVER SERVICES | 0 | 0 | 0.00 | 783 | 45243 | 1146,819.86 | | | |
| PSYCHIATRIC | 0 | 0 | 0.00 | 3000 | 5671 | 188,109.07 | | | |
| RESIDENTIAL CARE FACILITY | 0 | 0 | 0.00 | 1829 | 52608 | 347,355.24 | | | |
| MR WAIVER SERVICE | 0 | 0 | 0.00 | 9055 | 587293 | 22519,976.38 | | | |
| CHILDRENS MENTAL HEALTH SVC | 0 | 0 | 0.00 | 215 | 7533 | 186,087.33 | | | |
| AIDS WAIVER SERVICES | 0 | 0 | 0.00 | 37 | 3127 | 34,321.32 | | | |
| ELDERLY WAIVER SERVICES | 0 | 0 | 0.00 | 8399 | 374702 | 4529,011.61 | | | |
| SICK & HANDICAPPED WAIVER SVCS | 0 | 0 | 0.00 | 1961 | 95767 | 1465,714.73 | | | |
| COUNTY OFFICE REIMBURSEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | | | |
| MEP SERVICES | 0 | 0 | 0.00 | 8869 | 9928 | 2414,543.46 | | | |
| UNASSIGNED | 0 | 0 | 0.00 | 29 | 0 | 506,135.40 | | | |
| * A L L C A T E G O R I E S * | 0 | 0 | 0.00 | 318906 | 6639601 | 193807,495.19 | 0 | 0 | 0.00 |
| | | | | * * * | E N D O F R E P O R T | * * * | | | |