TITLE XIX REPORT OF EXPENDITURES (BY CATEGORY OF SERVICE) (FISCAL YTD TOTALS AS OF 03/31/07)							
CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE	TOTAL PAYMENT			
INPATIENT	74,450	55,855	326,653	\$242,403,959.86			
OUTPATIENT	279,416	667,436	14,184,548	\$122,736,989.59			
CHILD PART HOSP	3	0	0	\$505.67-			
CHILD DAY TREATMENT	0	0	0	\$0.00			
ADULT PART HOSP	1	0	0	\$318.09-			
ADULT DAY TREATMENT	1	2	46	\$709.32			
SKILLED NURSING FACILITY	3,345	6,713	81,566	\$15,163,291.63			
INTERMEDIATE CARE FACILITY	18,458	123,404	3,533,869	\$323,099,034.31			
INTER CARE MENTAL RETARDA	2,299	19,364	570,488	\$182,219,496.70			
NURSING FAC FOR MENTAL ILL	46	310	9,109	\$2,236,968.27			
HOME HEALTH	27,584	118,749	1,998,733	\$68,133,372.17			

2,083,126

222.092

124,733

26,035

29,915

25,668

21,575

8,965

82,720

n

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0

5,322,642

2,529,377

137,581

43,771

121,580

294,519

248,400

20,063

5,430

11.511

233,094

108,429

126,699

46,187

6,876

13.787

43,286

18,492

144.973

174,101

2,695

549

2

1,116,929

n

80

Π

2,987,436

204,930

206,136

526,895

534,353

24,884

15,902

83,178

137.368

43,769

1,116,759

14,079,266

1,404,294

176,513

24,654

207,949

235,715

113,980

161.061

56,170

182,868

361.222

52,262

57,553

32,299

518,962

5,354,194

3,132,459

121.580

2.529.377

- 0

-0

2.143.411

2,832,299

74

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296,275

73,834

89,393

3.149

3,605

16,659

3.092

1,357

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0

3

258,507

28,868

338,411

80.074

7,057

7.716

52,632

50,832

3.518

783

1.612

120,500

70,815

25.793

18,731

723

9,059

2,598

10.028

10.478

313

51

842

176,274

IOWA DEPARTMENT OF HUMAN SERVICES

MEDICAID MANAGEMENT INFORMATION SYSTEM

PAGE

RUN DATE 03/26/07

\$32,455.68

\$3,368.77

\$175,141,090.12

\$25,633,258,74

\$3,604,129.53

\$5,256,487,37

\$28,258,917.93

\$2,892,773.31

\$10,328,236,54

\$171,211,679.43

\$5,929,963.97

\$73,581,030.81

\$10,714,886,78

\$6,749,470.30

\$2,233,396.08

\$5,396,085.79

\$31,248,117.16

\$11,456,769.10

\$5,099,043.84

\$1,096,445.95

\$13,443,708.08

\$32,926,691.63

\$6,122,061.94

\$4,075,507.93

\$1,704,784.39

\$2,283,829.63

\$9,494,455.23

\$1,714,180.27

\$3,944,618.34

\$329,279.38

\$36,246,009,27

\$193,802,093.51 \$1,572,155.44

\$5,014.25

\$336,204.67

\$0.00

\$0.00

\$3.51-

\$6,592.29-

1

IAMM2200-R003 (MR-0-12)

LEAD INSPECTION AGENCY

MEP CASE MANAGEMENT

REMEDIAL SERVICES

AMBULANCE SERVICES

PRESCRIBED DRUGS

DRUG CAPITATION

IOWA PLAN PROGRAM

EPSDT SCREENING

PATIENT MANAGEMENT

OTHER PRACTITIONER

FAMILY PRESERVATION

MEDICAL SUPPLIES

HMO SERVICES

DENTAL

OPTOMETRIST

PSYCHIATRIC

MR WAIVER SERVICE

AIDS WAIVER SERVICES

ELDERLY WAIVER SERVICES

PODIATRIC

CHIROPRACTIC

LAB AND RADIOLOGICAL

REHAB SUPPORT SERVICES

LOCAL EDUCATION AGENCY

EARLY ACCESS SERVICES

INDIAN HEALTH SERVICES

FAMILY PLANNING SERVICES

MANAGED SUBSTANCE ABUSE

MENTAL HEALTH ACCESS PLAN

HEALTH INS PREMIUM PAYMENT

TREATMENT FOSTER FAMILY CARE

PHYSICAL DISABILITIES SVCS

BRAIN INJ WAIVER SERVICES

RESIDENTIAL CARE FACILITY

CHILDRENS MENTAL HEALTH SVC

FAMILY CENTERED PROGRAM

GROUP TREATMENT THERAPY

PHYSICIAN CLINIC SERVICES

AS OF 03/31/07

IAN	IM22	:00-E	R003	(MR-O-12)
AS	OF	03/3	1/07	

COUNTY OFFICE REIMBURSEMENT

* ALL CATEGORIES *

MEP SERVICES UNASSIGNED

IOWA DEPARTMENT OF HUMAN SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEM

0

93,588

61,339,383

0

PAGE 2

RUN DATE 03/26/07

TOTAL PAYMENT \$13,664,273.43

\$23,456,745.10

\$1,877,926,288.57

\$950,666.59

\$0.00

TITLE XIX REPORT OF EXPENDITURES (BY CATEGORY OF SERVICE) (FISCAL YTD TOTALS AS OF 03/31/07)

0

90,063

0

14,505,597

*** END OF REPORT ***

CATEGORY OF SERVICE	RECIPIENTS	NUMBER OF	UNITS OF
	SERVED	CLAIMS	SERVICE
ILL & HANDICAPPED WAIVER SVCS	2,628	27,820	881,003

0

11,784

2,406

447,188