

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(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
INPATIENT	0	0	0.00	0	0	0.00	564	1610	424,241.24
OUTPATIENT	76	1835	4,690.34	0	0	0.00	3953	53949	383,620.01
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	136	1395	116,714.37
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	4312	123558	9785,696.12
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	118	36,693.78
HOME HEALTH	1	1	5.10	0	0	0.00	2098	31592	1166,522.92
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	105	56	5,136.12	0	0	0.00	7438	25939	368,630.37
CLINIC SERVICES	5	5	655.04	0	0	0.00	678	225	37,066.79
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	4	55	721.43	0	0	0.00	360	222	2,683.93
REHABILITATION 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	30	680	53,256.30
AMBULANCE SERVICES	2	0	6.24	0	0	0.00	358	223	22,483.62
LOCAL EDUCATION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(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
HEARLY ACCESS SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	71	34	1,013.53	0	0	0.00	8121	5352	87,920.87
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	2	0	6.41	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	38	50	1,129.22	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	4	0	2.10	0	0	0.00	0	0	0.00
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	35	35	70.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	1	1	9.06	0	0	0.00	0	0	0.00
MEDICAL SUPPLIES	3	0	15.92	0	0	0.00	4163	406230	497,242.86
OTHER PRACTITIONER	1	0	2.16	0	0	0.00	662	640	9,062.20
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	39	15	1,744.71	0	0	0.00	2688	1422	233,640.59
OPTOMETRIST	12	2	130.11	0	0	0.00	2222	829	32,768.23
CHIROPRACTIC	1	0	8.88	0	0	0.00	425	521	7,748.13

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	1	0	2.49	0	0	0.00	1123	398	16,382.89
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	1	1	32.00
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	183	170	6,094.93
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	367	10677	61,403.16
MR WAIVER SERVICE	0	0	0.00	0	0	0.00	87	4709	214,475.70
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	2578	110420	1480,389.51
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	0	0	0.00	1	49	454.23
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	110	130	31,246.23
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 *	121	2089	15,348.86	0	0	0.00	15270	781059	15076,470.98

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(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	1559	8322	5967,737.88	606	2117	2615,655.24
OUTPATIENT	0	0	0.00	22914	781439	3931,313.08	23584	580913	2647,872.29
CHILD PART HOSP	0	0	0.00	0	0	0.00	1	0	22.65-
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	165	3601	1392,165.88	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	558	16596	1735,447.63	4	67	7,111.10
INTER CARE MENTAL RETARDA	0	0	0.00	11	298	97,737.43	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	3180	70032	2156,132.55	51	178	11,523.78
LEAD INSPECTION AGENCY	0	0	0.00	2	1	377.35	0	0	0.00
PHYSICIAN	0	0	0.00	33898	99042	4030,967.57	36697	25972	2881,835.21
CLINIC SERVICES	0	0	0.00	3275	3400	498,973.09	3280	3329	398,931.42
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	0	0	0.00	1930	4686	64,795.99	2757	5994	118,636.76
REHABILITATION SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
REMEDIAL SERVICES	0	0	0.00	154	6863	87,752.01	34	1372	17,543.01
REHAB SUPPORT SERVICES	0	0	0.00	1920	48648	2424,702.57	19	256	10,472.06
AMBULANCE SERVICES	0	0	0.00	2266	864	119,825.50	1174	261	42,500.49
LOCAL EDUCATION AGENCY	0	0	0.00	433	93207	510,303.67	11	3960	10,478.43

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(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
HEARLY ACCESS SERVICES	0	0	0.00	78	405	7,068.65	0	0	0.00
PRESCRIBED DRUGS	0	0	0.00	34845	95207	7766,327.70	40959	49701	2797,197.00
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	456	150	9,608.06	20013	5530	486,956.19
IOWA PLAN PROGRAM	0	0	0.00	45342	46820	3213,078.31	34213	38164	1025,169.49
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	1747	386	17,002.00	953	148	5,053.04
HMO SERVICES	0	0	0.00	0	0	0.00	913	953	239,119.15
PATIENT MANAGEMENT	0	0	0.00	4	4	8.00	21323	21313	42,626.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	640	1452	166,214.28	362	844	28,479.34
MEDICAL SUPPLIES	0	0	0.00	13381	682202	1722,489.36	3299	26829	176,268.46
OTHER PRACTITIONER	0	0	0.00	4623	17397	267,445.12	4179	2013	128,580.80
FAMILY CENTERED PROGRAM	0	0	0.00	10	78	2,769.49	3	63	1,640.56
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	2	45	3,672.87	1	30	1,050.00
DENTAL	0	0	0.00	16873	4248	746,758.08	14374	3513	682,681.74
OPTOMETRIST	0	0	0.00	11324	2807	164,955.31	8951	1945	136,195.35
CHIROPRACTIC	0	0	0.00	3552	4672	104,104.18	5590	4092	165,444.31

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	2618	1689	71,910.49	804	244	31,954.55
PHYSICAL DISABILITIES SVCS	0	0	0.00	393	14630	167,444.25	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	237	13966	397,236.21	0	0	0.00
PSYCHIATRIC	0	0	0.00	2392	4136	137,492.20	58	36	4,975.95
RESIDENTIAL CARE FACILITY	0	0	0.00	1449	41374	258,276.06	0	0	0.00
MR WAIVER SERVICE	0	0	0.00	1016	61820	2449,813.40	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	32	677	19,291.24	3	32	1,798.38
AIDS WAIVER SERVICES	0	0	0.00	15	1519	16,141.00	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	24	1179	20,434.28	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	1716	81504	1235,678.40	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	1483	1805	440,608.74	6	7	2,652.78
UNASSIGNED	0	0	0.00	11	0	130.60	4	0	0.00
* A L L C A T E G O R I E S *	0	0	0.00	51764	2217171	42424,190.48	67558	779876	14720,380.23

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	ADC - CHILD		CHAP			OTHER			
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
INPATIENT	367	1692	1726,705.04	376	7920	1974,776.11	1622	7326	13421,247.84
OUTPATIENT	24326	252463	1505,444.27	5719	94641	619,583.01	33604	525418	2821,420.80
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	1	179	106,465.49	2	0	17,469.62-
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	3	54	54,863.91-
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	1	0	1305,320.00-
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	2	74-	15,329.74-
HOME HEALTH	520	2598	68,662.93	62	253	16,908.25	713	2748	887,585.67-
LEAD INSPECTION AGENCY	27	0	285.74	2	0	32.97	9	1	487.25
PHYSICIAN	54271	29649	2370,819.49	11174	6353	575,794.53	76282	47320	4627,160.25
CLINIC SERVICES	4089	4562	560,029.00	1081	1033	118,178.35	8795	8389	1319,826.31
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	1231	2588	36,963.69	351	931	16,666.07	2321	5912	105,828.58
REHABILITATION SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
REMEDIAL SERVICES	423	13253	196,184.06	194	7371	104,480.87	327	11418	161,859.81
REHAB SUPPORT SERVICES	1	8	221.60	9	195	8,197.71	4	30	1,314.99
AMBULANCE SERVICES	712	124	20,481.86	248	50	8,729.99	938	206	42,191.15
LOCAL EDUCATION AGENCY	112	2801	43,440.34	28	2965	17,402.97	115	17542	92,293.69

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

CHAP

OTHER

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

YEARLY ACCESS SERVICES

66

264

6,470.54

15

68

1,539.65

76

284

6,417.15

PRESCRIBED DRUGS

51965

28759

1852,303.35

11255

9131

614,021.24

71111

38847

2092,256.93

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

3501

917

83,613.28

693

192

16,114.61

1566

364

29,831.95

IOWA PLAN PROGRAM

56667

61876

593,642.12

11040

12499

237,767.63

73453

83601

965,784.02

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

127.39

EPSDT SCREENING

20870

4960

363,412.63

4538

892

70,856.68

29760

6991

663,785.36

HMO SERVICES

1579

1650

184,076.90

292

301

33,868.65

1512

1581

222,240.68

PATIENT MANAGEMENT

37070

37058

74,116.00

6483

6475

12,950.00

49205

49188

98,376.00

HEALTH INS PREMIUM PAYMENT

590

1439

38,482.42

47

119

5,804.35

2463

6814

176,398.76

MEDICAL SUPPLIES

3473

12269

137,917.58

625

4759

25,633.40

4026

23849

140,407.31

OTHER PRACTITIONER

6764

5886

171,757.69

1457

1815

43,056.32

8724

7758

285,845.65

FAMILY CENTERED PROGRAM

34

538

14,673.73

22

321

9,256.76

50

436

13,939.31

FAMILY PRESERVATION

0

0

0.00

0

0

0.00

0

0

0.00

TREATMENT FOSTER FAMILY CARE

0

0

0.00

1

2

107.82

0

0

0.00

GROUP TREATMENT THERAPY

0

0

0.00

5

100

7,727.26

1

46

3,409.52

DENTAL

23060

4229

664,271.89

4758

1016

190,103.02

30374

5974

900,162.70

OPTOMETRIST

8893

1722

112,295.17

2400

475

33,621.86

12176

2136

142,804.79

CHIROPRACTIC

2969

1627

60,796.78

802

424

17,590.26

4828

2779

96,205.44

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		AMOUNT PAID	CHAP		AMOUNT PAID	OTHER		AMOUNT PAID
	RECIPS SERVED	UNITS OF SERVICE		RECIPS SERVED	UNITS OF SERVICE		RECIPS SERVED	UNITS OF SERVICE	
PODIATRIC	335	63	7,748.97	92	25	2,822.95	444	114	12,505.21
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	0	3,545.58
PSYCHIATRIC	25	20	1,441.18	21	5	511.54	59	46	2,690.04
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	1	0	1,332.36
MR WAIVER SERVICE	2	7	206.12	1	28	2,090.20	6	96	288,285.14
CHILDRENS MENTAL HEALTH SVC	32	740	22,532.58	23	998	19,929.30	33	1129	28,678.13
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	3	1,196.30
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	0	0	0.00	2	72	350.56
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	30	36	16,863.39	35	45	19,541.43	43	60	27,897.64
UNASSIGNED	6	0	0.00	2	0	0.00	12	0	719,310.74
* A L L C A T E G O R I E S *	81186	473798	10935,860.34	14404	161581	4932,131.25	93284	858458	26649,564.33

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(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	58	524	198,417.12	705	2605	776,735.50	57	301	351,091.38
OUTPATIENT	3110	46123	291,543.53	5215	95927	570,450.29	1106	26257	138,286.36
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	327	3368	75,625.59	2	11	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	8006	229770	21794,751.43	3	25	3,817.63
INTER CARE MENTAL RETARDA	5	114	33,626.74	1	0	40.00	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	32	1001	253,378.85	0	0	0.00
HOME HEALTH	99	3651	93,102.24	3520	60942	2438,854.99	49	975	16,030.54
LEAD INSPECTION AGENCY	2	0	10.99	0	0	0.00	0	0	0.00
PHYSICIAN	7512	4690	336,494.98	9004	35299	516,626.24	1968	2061	151,268.36
CLINIC SERVICES	611	681	79,080.62	806	322	42,123.83	177	191	22,262.99
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	200	570	9,303.75	496	265	3,081.68	86	196	4,114.36
REHABILITATION SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
REMEDIAL SERVICES	1275	136867	1190,074.09	0	0	0.00	0	0	0.00
REHAB SUPPORT SERVICES	1	10	323.40	23	575	26,076.41	41	1248	95,614.70
AMBULANCE SERVICES	100	21	3,445.06	607	396	41,594.33	59	13	2,768.55
LOCAL EDUCATION AGENCY	82	15756	94,745.99	10	2606	10,537.07	0	0	0.00

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(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
HEARLY ACCESS SERVICES	28	97	2,597.72	3	22	816.96	0	0	0.00
PRESCRIBED DRUGS	9034	12129	1192,601.66	14121	21516	337,740.52	2160	3068	160,993.98
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	164	36	3,219.37	0	0	0.00	146	38	3,298.97
IOWA PLAN PROGRAM	9498	10000	937,593.67	1919	2002	123,479.00	1399	1578	51,989.88
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	1402	388	18,187.22	24	3	25.16	105	11	347.76
HMO SERVICES	3	3	321.80	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	82	82	164.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	153	364	16,717.75	32	70	9,655.75	7	15	666.37
MEDICAL SUPPLIES	599	18505	67,910.70	6861	92481	311,859.26	343	3493	18,567.72
OTHER PRACTITIONER	1497	4076	66,954.20	960	1664	24,593.92	222	116	9,207.87
FAMILY CENTERED PROGRAM	52	656	18,838.12	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	47	426	19,092.61	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	52	1360	88,316.20	0	0	0.00	0	0	0.00
DENTAL	5068	1168	167,685.10	4009	363-	31,333.45-	832	200	37,414.63
OPTOMETRIST	2443	459	31,778.28	2716	328	13,562.55	549	105	7,463.92
CHIROPRACTIC	460	321	11,271.68	312	160	3,416.63	327	198	7,537.88

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	112	31	4,775.37	1936	840	24,688.86	93	27	2,104.17
PHYSICAL DISABILITIES SVCS	0	0	0.00	146	6501	79,530.50	0	0	0.00
BRAIN INJ WAIVER SERVICES	25	1584	30,020.94	297	13525	430,867.64	0	0	0.00
PSYCHIATRIC	40	6	1,027.20	308	355	12,708.73	52	69	2,937.27
RESIDENTIAL CARE FACILITY	0	0	0.00	6	179	2,578.83	0	0	0.00
MR WAIVER SERVICE	160	6848	155,239.17	9	168	5,062.08	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	2	71	1,960.00	0	0	0.00	0	0	0.00
AIDS WAIVER SERVICES	1	27	472.50	27	3253	29,424.59	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	5584	238121	2839,928.89	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	33	1566	24,196.99	4	147	1,431.77	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	163	200	49,856.42	99	107	26,747.34	4	8	1,959.47
UNASSIGNED	0	0	0.00	0	0	0.00	1	0	0.00
* A L L C A T E G O R I E S *	9760	269410	5240,967.18	16032	814155	30796,581.74	2067	40204	1089,744.76

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	MEDICALLY NEEDY W/ 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	188	640	926,760.54	56	477	242,587.53	5	9	25,134.50
OUTPATIENT	1183	43266	327,015.14	3744	40565	239,464.14	196	14102	121,815.55
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	0	0.00	0	0	0.00	0	0	0.00
INTERMEDIATE CARE FACILITY	2	68	3,297.04	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	36	521	31,450.71	58	666	4,253.60	2	34	4,022.80
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	1835	3225	244,160.97	10826	4419	349,666.73	228	481	108,853.99
CLINIC SERVICES	78	154	17,982.53	771	843	91,550.65	27	25	3,029.72
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	35	120	2,074.44	162	506	7,617.44	26	63	2,055.81
REHABILITATION SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
REMEDIAL SERVICES	1	20	457.80	83	4738	60,251.12	0	0	0.00
REHAB SUPPORT SERVICES	11	368	29,873.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	139	45	7,775.97	111	16	3,074.58	3	0	33.21
LOCAL EDUCATION AGENCY	0	0	0.00	33	4032	22,718.52	0	0	0.00

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	MEDICALLY NEEDY W/ 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
HEARLY ACCESS SERVICES	0	0	0.00	2	4	49.20	0	0	0.00
PRESCRIBED DRUGS	1514	146	67,903.04	11399	6182	470,404.09	222	557	39,456.11
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	48	35	2,654.37	256	60	4,853.42	6	1	82.59
IOWA PLAN PROGRAM	0	0	0.00	11989	13049	134,837.02	195	198	19,900.98
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	2	674.61	2930	535	29,893.46	0	0	0.00
HMO SERVICES	0	0	0.00	239	250	33,238.64	0	0	0.00
PATIENT MANAGEMENT	0	0	0.00	8760	8752	17,504.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	51	131	6,764.74	0	0	0.00
MEDICAL SUPPLIES	239	5838	31,521.55	490	3264	21,327.95	60	359	2,594.81
OTHER PRACTITIONER	150	124	7,604.51	1192	1076	26,574.70	39	613	1,341.97
FAMILY CENTERED PROGRAM	0	0	0.00	6	35	1,372.93	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	296	85	24,749.28	6980	1370	245,154.89	66	23	3,812.42
OPTOMETRIST	182	45	3,462.54	2863	532	34,899.78	43	6	656.21
CHIROPRACTIC	86	43	1,739.07	997	510	19,328.99	24	15	672.39

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 W/ 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	36	23	961.38	108	28	3,220.97	10	3	226.85
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	106	88	6,333.56	5	1	132.02	0	0	0.00
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
MR WAIVER SERVICE	1	65	1,069.22	1	38	1,020.95	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	5	259	5,885.04	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	8	21	5,879.75	5	4	2,362.20	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 *	1671	54942	1745,401.02	10808	92342	2080,009.30	198	16489	333,689.91

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(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	2	4	3,506.34	0	0	0.00
OUTPATIENT	4	0	624.83	3	37	245.78	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	3	0	155.38-	9	1	1,465.72	0	0	0.00
CLINIC SERVICES	0	0	0.00	2	3	148.29	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	0	0	0.00	0	0	0.00
REHABILITATION 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

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(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
HEARLY 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	1	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	0	469.45	9	45	5,366.13	0	0	0.00

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(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
INPATIENT	2	48	7,444.63	4	10	2,663.56	1	4	3,598.49
OUTPATIENT	43	557	2,545.16	8	101	420.01	45	1470	2,309.69
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	2	59	2,347.53	2	18	15.80	0	0	0.00
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	78	51	3,837.23	13	75	1,399.12	91	56	4,517.54
CLINIC SERVICES	6	9	920.42	3	0	158.20	8	6	589.50
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	3	21	92.32	1	0	0.00	3	6	133.25
REHABILITATION SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
REMEDIAL SERVICES	4	156	1,939.62	0	0	0.00	2	66	1,230.84
REHAB SUPPORT SERVICES	0	0	0.00	1	21	2,852.22	4	45	3,861.75
AMBULANCE SERVICES	1	0	5.01	0	0	0.00	6	1	526.76
LOCAL EDUCATION AGENCY	4	789	3,179.70	0	0	0.00	0	0	0.00

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(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
HEALTHY ACCESS SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	121	288	22,227.78	33	8	100.67	90	87	4,713.17
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	2	0	6.82	1	1	50.00	11	4	325.35
IOWA PLAN PROGRAM	89	91	9,079.87	13	16	974.17	106	114	15,097.92
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	21	2	64.00	0	0	0.00	9	5	711.38
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	9	20	1,158.28	0	0	0.00	0	0	0.00
MEDICAL SUPPLIES	11	713	687.77	2	2	132.90	7	1	56.34
OTHER PRACTITIONER	18	14	377.95	1	0	0.00	12	4	337.45
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	44	9	1,037.09	4	0	4.02	19	7	860.33
OPTOMETRIST	28	3	107.30	3	1	5.08	16	6	274.09
CHIROPRACTIC	6	3	56.31	0	0	0.00	7	3	108.51

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
PODIATRIC	2	1	211.39	1	1	38.75	2	1-	40.65-
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	1	0	1.41	6	9	460.42	2	1	190.88
RESIDENTIAL CARE FACILITY	0	0	0.00	3	78	251.85	0	0	0.00
MR WAIVER SERVICE	0	0	0.00	0	0	0.00	1	57	142.50
CHILDRENS MENTAL HEALTH SVC	84	2596	67,940.19	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	82	95	53,080.14	0	0	0.00	1	2	495.00
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 *	64	5526	178,349.92	4	341	9,526.77	48	1944	40,040.09

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(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	26	369	147,256.79	165	751	325,199.35	0	0	0.00
OUTPATIENT	879	24469	133,004.08	3946	76873	407,872.79	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	9	166	54,092.88	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	6	306	34,057.61	0	0	0.00
INTER CARE MENTAL RETARDA	1	14	4,497.92	1796	49643	16147,776.76	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	15	148	9,277.81	912	26775	901,465.93	0	0	0.00
LEAD INSPECTION AGENCY	1	0	10.99	0	0	0.00	0	0	0.00
PHYSICIAN	1664	1476	142,208.87	6803	11939	389,511.15	0	0	0.00
CLINIC SERVICES	153	194	26,384.07	420	360	49,595.85	0	0	0.00
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	79	264	4,467.93	278	620	7,590.76	0	0	0.00
REHABILITATION SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
REMEDIAL SERVICES	115	15439	130,778.29	12	333	6,407.92	0	0	0.00
REHAB SUPPORT SERVICES	5	56	3,039.51	31	584	36,538.22	0	0	0.00
AMBULANCE SERVICES	78	12	1,479.77	194	75	7,742.13	0	0	0.00
LOCAL EDUCATION AGENCY	1	48	2,291.04	400	121286	653,023.22	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
HEARLY ACCESS SERVICES	3	7	245.00	27	119	1,798.22	0	0	0.00
PRESCRIBED DRUGS	1871	3976	271,149.25	7563	17703	1345,351.78	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	33	6	398.23	50	12	1,068.55	0	0	0.00
IOWA PLAN PROGRAM	1756	1857	174,736.52	9966	10050	618,475.27	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	182	42	1,972.93	461	64	2,227.98	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	7	16	977.98	511	1143	134,597.52	0	0	0.00
MEDICAL SUPPLIES	319	6597	26,449.12	3258	293460	491,484.08	0	0	0.00
OTHER PRACTITIONER	269	218	9,748.38	1503	14972	187,101.48	0	0	0.00
FAMILY CENTERED PROGRAM	6	83	2,341.85	2	29	1,110.64	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	7	215	14,789.21	0	0	0.00	0	0	0.00
DENTAL	728	163	35,507.22	6215	1295	135,999.00	0	0	0.00
OPTOMETRIST	515	92	7,315.27	2812	592	31,862.59	0	0	0.00
CHIROPRACTIC	151	161	6,135.89	451	581	13,388.78	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	98	29	3,166.05	1105	704	24,704.44	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	193	11377	264,902.34	0	0	0.00
PSYCHIATRIC	13	7	656.84	543	502	20,260.51	0	0	0.00
RESIDENTIAL CARE FACILITY	0	0	0.00	26	608	3,980.06	0	0	0.00
MR WAIVER SERVICE	3	144	3,692.34	7612	495169	17611,532.48	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	1	16	596.32	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	255	3,238.64	3	190	2,552.82	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	2	73	906.02	157	8177	133,745.34	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	6	6	2,636.80	7338	8827	2146,993.52	0	0	0.00
UNASSIGNED	2	0	0.00	0	0	0.00	0	0	0.00
* A L L C A T E G O R I E S *	1673	56452	1171,356.93	10344	1155285	42194,011.97	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	6338	34729	29140,759.08			
OUTPATIENT	0	0	0.00	128463	2660405	14149,541.15			
CHILD PART HOSP	0	0	0.00	1	0	22.65-			
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	638	8720	1727,594.59			
INTERMEDIATE CARE FACILITY	0	0	0.00	12822	370444	33309,314.65			
INTER CARE MENTAL RETARDA	0	0	0.00	1813	50069	14978,278.85			
NURSING FAC FOR MENTAL ILL	0	0	0.00	36	1045	274,742.89			
HOME HEALTH	0	0	0.00	11259	201191	6032,991.81			
LEAD INSPECTION AGENCY	0	0	0.00	43	2	1,205.29			
PHYSICIAN	0	0	0.00	241029	298104	17110,199.06			
CLINIC SERVICES	0	0	0.00	23888	23731	3267,486.67			
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00			
LAB AND RADIOLOGICAL	0	0	0.00	10277	23019	386,828.19			
REHABILITATION SERVICES	0	0	0.00	0	0	0.00			
REMEDIAL SERVICES	0	0	0.00	2572	197896	1958,959.44			
REHAB SUPPORT SERVICES	0	0	0.00	2085	52724	2696,344.44			
AMBULANCE SERVICES	0	0	0.00	6923	2307	324,664.22			
LOCAL EDUCATION AGENCY	0	0	0.00	1213	264992	1460,414.64			

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	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	292	1270	27,003.09			
PRESCRIBED DRUGS	0	0	0.00	244036	292691	19123,682.67			
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	26227	7346	642,088.17			
IOWA PLAN PROGRAM	0	0	0.00	256969	281965	8122,735.09			
MANAGED SUBSTANCE ABUSE	0	0	0.00	0	0	0.00			
MENTAL HEALTH ACCESS PLAN	0	0	0.00	1	0	127.39-			
EPSDT SCREENING	0	0	0.00	60920	14429	1174,216.31			
HMO SERVICES	0	0	0.00	4528	4738	712,865.82			
PATIENT MANAGEMENT	0	0	0.00	122961	122908	245,816.00			
HEALTH INS PREMIUM PAYMENT	0	0	0.00	4873	12428	585,926.60			
MEDICAL SUPPLIES	0	0	0.00	39043	1580851	3672,567.09			
OTHER PRACTITIONER	0	0	0.00	31261	58386	1239,592.37			
FAMILY CENTERED PROGRAM	0	0	0.00	180	2239	65,943.39			
FAMILY PRESERVATION	0	0	0.00	0	0	0.00			
TREATMENT FOSTER FAMILY CARE	0	0	0.00	48	428	19,200.43			
GROUP TREATMENT THERAPY	0	0	0.00	68	1796	118,965.06			
DENTAL	0	0	0.00	112433	24374	4040,253.26			
OPTOMETRIST	0	0	0.00	57327	12085	754,158.43			
CHIROPRACTIC	0	0	0.00	20117	16110	515,554.11			

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(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	8754	4219	207,385.13			
PHYSICAL DISABILITIES SVCS	0	0	0.00	537	21132	247,006.75			
BRAIN INJ WAIVER SERVICES	0	0	0.00	739	40452	1119,481.55			
PSYCHIATRIC	0	0	0.00	3775	5451	197,914.68			
RESIDENTIAL CARE FACILITY	0	0	0.00	1842	52916	325,157.60			
MR WAIVER SERVICE	0	0	0.00	8839	569149	20156,059.02			
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	213	6518	168,611.18			
AIDS WAIVER SERVICES	0	0	0.00	42	4799	46,038.09			
ELDERLY WAIVER SERVICES	0	0	0.00	8071	350168	4347,740.44			
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	1910	91588	1396,062.19			
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00			
MEP SERVICES	0	0	0.00	9335	11353	2828,820.85			
UNASSIGNED	0	0	0.00	42	0	719,441.34			
* A L L C A T E G O R I E S *	0	0	0.00	376268	7781167	199639,461.64	0	0	0.00

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