

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	1	2	4,317.10	0	0	0.00	618	2140	455,547.63
OUTPATIENT	12	44	591.16	0	0	0.00	4981	81048	479,019.14
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	170	1962	67,690.40
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	4413	128296	10423,020.36
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	2	91	29,954.50
HOME HEALTH	0	0	0.00	0	0	0.00	2480	49497	1527,322.49
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	23	37	2,774.06	0	0	0.00	6903	36032	314,171.60
CLINIC SERVICES	2	2	330.90	0	0	0.00	578	148	35,067.73
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	1	2	32.69	0	0	0.00	432	224	2,282.62
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	31	677	42,560.50
AMBULANCE SERVICES	1	1	75.17	0	0	0.00	425	401	23,480.91
LOCAL EDUCATION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
EARLY ACCESS SERVICES	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
PRESCRIBED DRUGS	17	34	1,214.49	0	0	0.00	3519	6363	83,683.92
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	2	11.88
IOWA PLAN PROGRAM	45	51	1,132.17	0	0	0.00	5	5	364.79
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	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	43	43	86.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	1	2	90.20	0	0	0.00	1	1	752.80
MEDICAL SUPPLIES	1	2	71.40	0	0	0.00	2453	177658	258,156.06
OTHER PRACTITIONER	0	0	0.00	0	0	0.00	265	736	11,080.13
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	4	0	762.28-	0	0	0.00	490	605	89,421.81
OPTOMETRIST	3	3	142.11	0	0	0.00	668	945	19,542.28
CHIROPRACTIC	1	4	127.72	0	0	0.00	438	1158	7,860.49
PODIATRIC	0	0	0.00	0	0	0.00	919	1265	10,289.44

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	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
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	162	253	5,429.58
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	396	11852	81,759.29
MR WAIVER SERVICE	0	0	0.00	0	0	0.00	88	4293	205,094.14
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	0	0	0.00	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	0	0	0.00	2545	111645	1439,567.52
SICK & 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	139	152	43,693.69
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 *	67	227	10,222.89	0	0	0.00	13999	617449	15656,825.70

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	1592	8968	7226,879.48	630	2194	2670,814.91
OUTPATIENT	0	0	0.00	14142	245353	4105,272.20	7276	83523	2587,221.64
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	165	3487	1339,085.40	4	35	13,232.95
INTERMEDIATE CARE FACILITY	0	0	0.00	554	15565	1538,905.74	2	59	6,124.15
INTER CARE MENTAL RETARDA	0	0	0.00	16	465	154,679.75	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	3482	81645	2654,269.80	57	374	31,521.51
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	0	0	0.00	22235	99112	3748,120.70	14135	27962	2707,893.67
CLINIC SERVICES	0	0	0.00	2833	3388	542,149.41	2218	3145	374,397.13
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	0	0	0.00	1801	4154	61,147.65	3059	6624	133,752.02
REMEDIAL SERVICES	0	0	0.00	18	994	11,259.42	2	64	1,242.40
REHAB SUPPORT SERVICES	0	0	0.00	2029	50900	2630,014.10	19	316	15,465.66
AMBULANCE SERVICES	0	0	0.00	998	1180	147,360.84	275	285	40,483.55
LOCAL EDUCATION AGENCY	0	0	0.00	357	103225	444,931.75	12	4474	11,982.00
EARLY ACCESS SERVICES	0	0	0.00	132	1097	18,819.52	3	17	499.09

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
PRESCRIBED DRUGS	0	0	0.00	22901	97218	7968,205.13	18214	49681	2761,742.31
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	121	141	8,200.25	6398	7664	553,641.16
IOWA PLAN PROGRAM	0	0	0.00	45116	46577	3219,611.04	34805	38929	1044,613.82
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	366	426	15,522.76	152	160	5,499.37
HMO SERVICES	0	0	0.00	0	0	0.00	944	987	245,331.54
PATIENT MANAGEMENT	0	0	0.00	0	0	0.00	21692	21694	43,388.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	663	1454	160,536.90	404	945	29,998.67
MEDICAL SUPPLIES	0	0	0.00	7409	653410	1516,465.35	836	25513	151,131.75
OTHER PRACTITIONER	0	0	0.00	2573	16519	345,170.36	1063	2261	125,358.82
FAMILY CENTERED PROGRAM	0	0	0.00	92	1608	38,985.33	18	272	7,360.67
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	2	21	955.50	1	20	1,006.30
GROUP TREATMENT THERAPY	0	0	0.00	4	102	7,149.93	0	0	0.00
DENTAL	0	0	0.00	3708	4781	659,803.60	2993	4048	625,549.73
OPTOMETRIST	0	0	0.00	2114	2743	126,764.24	1208	1431	100,350.84
CHIROPRACTIC	0	0	0.00	1956	5266	77,720.47	1527	3643	125,060.25
PODIATRIC	0	0	0.00	1101	1730	61,920.08	197	284	31,969.50

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	BLIND			DISABLED			ADC - ADULT		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
PHYSICAL DISABILITIES SVCS	0	0	0.00	390	15867	205,532.78	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	231	14091	377,212.06	0	0	0.00
PSYCHIATRIC	0	0	0.00	2312	4535	135,496.25	14	20	1,237.19
RESIDENTIAL CARE FACILITY	0	0	0.00	1505	42787	328,631.43	1	83	1,479.55
MR WAIVER SERVICE	0	0	0.00	1049	57803	2523,336.86	1	1	21.41
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	34	764	25,325.95	3	104	2,558.56
AIDS WAIVER SERVICES	0	0	0.00	12	1066	12,624.05	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	23	1043	18,560.35	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	1750	83260	1251,944.97	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	1861	1899	458,195.81	14	9	3,322.60
UNASSIGNED	0	0	0.00	6	0	0.00	4	0	0.00
* A L L C A T E G O R I E S *	0	0	0.00	49571	1674644	44166,767.21	46849	286821	14455,252.72

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(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

INPATIENT	278	1394	1409,478.32	376	7642	1818,152.45	1570	7468	8129,631.38
OUTPATIENT	5754	35265	1274,577.95	1460	12559	340,487.77	9329	77064	2267,810.15
CHILD PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
ADULT PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
SKILLED NURSING FACILITY	1	26	3,313.61	0	0	0.00	7	55	8,609.39
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	5	63	144,968.73-
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	2	30	1303,014.90-
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	1	30	6,255.30
HOME HEALTH	405	1333	59,536.12	79	287	15,482.30	548	1751	7,699.29
LEAD INSPECTION AGENCY	1	1	366.36	0	0	0.00	2	3	1,099.08
PHYSICIAN	17997	31129	2020,443.83	3490	6420	471,271.11	25733	47470	4166,566.80
CLINIC SERVICES	3530	4661	557,966.27	702	1004	115,371.62	5619	8417	842,454.74
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	1442	2817	41,828.37	454	1178	21,626.79	3006	8048	143,215.95
REMEDIAL SERVICES	25	743	8,669.50	4	321	2,560.06	11	362	5,423.38
REHAB SUPPORT SERVICES	1	94	3,056.88	12	209	12,457.74	3	87	3,893.20
AMBULANCE SERVICES	176	175	29,403.39	70	69	9,346.26	244	235	36,007.83
LOCAL EDUCATION AGENCY	135	9524	32,546.67	44	2979	14,049.70	109	14962	67,853.34
EARLY ACCESS SERVICES	148	867	19,065.48	17	81	2,037.14	132	786	17,246.40

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	
PRESCRIBED DRUGS	17243	30842	1757,790.16	3830	9045	596,077.51	22452	40024	2166,729.79
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	1074	1320	98,718.81	166	188	10,833.95	340	387	26,324.26
IOWA PLAN PROGRAM	57725	63430	607,176.44	10726	12200	227,562.13	72336	82166	942,910.40
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	4679	5388	326,724.41	985	1146	72,398.66	6561	7565	604,221.77
HMO SERVICES	1626	1708	179,577.54	269	275	33,103.16	1467	1539	212,069.63
PATIENT MANAGEMENT	37728	37728	75,456.00	6335	6335	12,670.00	47919	47920	95,840.00
HEALTH INS PREMIUM PAYMENT	628	1486	39,417.23	43	97	4,651.67	2551	6888	167,007.62
MEDICAL SUPPLIES	723	7215	98,494.33	127	3312	18,208.32	862	23473	145,320.33
OTHER PRACTITIONER	2511	10483	214,196.32	448	1643	46,851.38	3230	13022	311,500.30
FAMILY CENTERED PROGRAM	263	3461	106,951.66	148	1860	55,210.02	185	3557	96,403.55
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	1	6	275.70	1	2	90.92	1	6	252.90
GROUP TREATMENT THERAPY	3	61	5,437.06	18	488	28,623.49	2	41	1,774.79
DENTAL	4028	4723	595,459.17	947	1191	144,476.93	5300	6286	784,787.13
OPTOMETRIST	1325	1488	91,506.23	355	400	26,297.05	1828	2070	128,401.30
CHIROPRACTIC	890	2828	91,553.41	202	579	19,388.37	1333	3029	89,138.60
PODIATRIC	66	88	10,891.86	23	30	2,538.75	88	104	10,770.77

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 SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
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	1	5,650.00
PSYCHIATRIC	7	11	331.21	4	5	231.92	24	87	4,934.10
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	1	0	392.20-
MR WAIVER SERVICE	0	0	0.00	1	39	228.15	5	77	2,889.51-
CHILDRENS MENTAL HEALTH SVC	31	667	25,024.87	27	1292	23,102.93	34	1094	32,579.02
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	4	182	1,074.60
SICK & 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	31	39	18,224.20	34	62	18,401.96	60	71	30,232.76
UNASSIGNED	0	0	0.00	0	0	0.00	2	0	1992,271.06-
* A L L C A T E G O R I E S *	65391	261001	9803,459.36	12013	72938	4163,790.21	80541	406420	18118,153.45

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	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	41	774	229,921.55	810	3334	858,770.09	43	272	158,925.81
OUTPATIENT	779	6433	184,929.56	5936	114467	664,056.00	484	7647	205,905.05
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	1	30	8,962.10	359	3756	18,306.33	5	43	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	8162	235624	22167,746.45	2	17	2,089.96
INTER CARE MENTAL RETARDA	5	164	44,578.95	0	0	0.00	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	31	1011	301,045.71	0	0	0.00
HOME HEALTH	72	3620	120,333.72	3709	74104	2879,766.31	72	645	17,590.15
LEAD INSPECTION AGENCY	1	1	366.36	0	0	0.00	0	0	0.00
PHYSICIAN	2271	3573	205,041.47	6989	36880	378,522.17	869	3124	138,247.86
CLINIC SERVICES	414	536	56,726.64	616	192	40,851.61	144	176	20,713.51
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	196	482	7,733.09	506	238	2,668.43	80	208	3,597.25
REMEDIAL SERVICES	142	15298	141,500.82	0	0	0.00	0	0	0.00
REHAB SUPPORT SERVICES	2	10	520.20	18	452	19,682.35	42	1090	65,986.29
AMBULANCE SERVICES	27	25	3,743.80	580	635	49,341.03	19	16	1,749.93
LOCAL EDUCATION AGENCY	75	28499	103,637.18	7	3281	12,365.77	0	0	0.00
EARLY ACCESS SERVICES	44	243	4,526.41	8	62	850.21	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
PREScribed DRUGS	4586	11998	1239,864.33	10064	22208	377,446.66	947	3038	175,774.42
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	49	56	3,498.84	0	0	0.00	46	50	2,688.57
IOWA PLAN PROGRAM	9376	9746	916,586.27	1887	1944	119,261.75	1371	1574	52,604.85
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	258	292	9,561.55	6	6	163.97	19	19	543.73
HMO SERVICES	1	1	91.62	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	61	61	122.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	148	327	14,881.76	29	59	7,370.12	4	6	669.23
MEDICAL SUPPLIES	171	19806	52,415.23	3961	364232	540,966.18	128	8587	20,292.73
OTHER PRACTITIONER	598	3244	68,563.70	353	1399	29,318.71	61	159	7,525.53
FAMILY CENTERED PROGRAM	280	4023	124,684.49	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	287	2497	113,365.25	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	454	15081	1010,066.88	0	0	0.00	0	0	0.00
DENTAL	828	973	114,256.92	753	945	147,118.06	163	241	34,944.18
OPTOMETRIST	384	426	26,343.38	727	971	20,358.52	102	116	6,621.71
CHIROPRACTIC	133	296	8,328.97	298	707	4,903.97	104	279	5,586.26
PODIATRIC	25	31	4,203.95	1420	1834	18,048.15	38	58	3,528.82

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
PHYSICAL DISABILITIES SVCS	0	0	0.00	141	5325	60,080.27	0	0	0.00
BRAIN INJ WAIVER SERVICES	25	1418	30,783.20	285	12280	389,562.77	0	0	0.00
PSYCHIATRIC	8	30	487.44	245	357	9,741.69	39	51	1,375.47
RESIDENTIAL CARE FACILITY	1	30	264.50	5	211	1,917.13	0	0	0.00
MR WAIVER SERVICE	166	7143	179,045.67	7	216	12,337.51	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	2	91	2,684.46	0	0	0.00	0	0	0.00
AIDS WAIVER SERVICES	1	212	3,155.60	26	3271	33,095.60	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	5512	248746	2799,116.55	0	0	0.00
SICK & HANDICAPPED WAIVER SVCS	31	1613	25,275.95	7	177	2,306.86	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	194	189	46,888.81	115	110	26,826.38	14	7	2,045.67
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 *	9606	139272	5107,942.62	15293	1139034	31993,913.31	1811	27423	929,006.98

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	174	785	811,067.63	41	350	111,282.36	2	4	3,583.49
OUTPATIENT	428	10019	261,758.72	943	6949	241,488.31	86	1936	5,073.12
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	110.00-	0	0	0.00	0	0	0.00
INTERMEDIATE CARE FACILITY	1	7-	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	45	668	38,638.00	38	101	3,707.07	1	45	1,279.56
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	806	4272	249,579.98	2980	4673	291,197.81	132	468	97,348.34
CLINIC SERVICES	73	102	12,746.00	661	802	92,595.14	15	21	3,274.52
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	36	129	2,243.18	153	462	7,703.15	19	64	1,078.15
REMEDIAL SERVICES	0	0	0.00	3	237	2,630.36	0	0	0.00
REHAB SUPPORT SERVICES	2	228	8,956.44	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	48	43	7,924.79	27	26	3,571.80	2	2	318.84
LOCAL EDUCATION AGENCY	0	0	0.00	28	1675	8,368.00	0	0	0.00
EARLY ACCESS SERVICES	0	0	0.00	2	6	88.08	0	0	0.00

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(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
PRESCRIBED DRUGS	264	1084	47,933.64	3426	6303	456,904.77	148	516	34,017.94
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	8	8	297.69	58	66	4,373.93	2	2	127.19
IOWA PLAN PROGRAM	0	0	0.00	11832	13013	135,392.32	197	202	20,259.34
MANAGED SUBSTANCE ABUSE	0	0	0.00	0	0	0.00	0	0	0.00
MENTAL HEALTH ACCESS PLAN	0	0	0.00	0	0	0.00	0	0	0.00
EPSDT SCREENING	1	1	114.14	558	612	28,877.39	0	0	0.00
HMO SERVICES	0	0	0.00	222	237	29,732.18	0	0	0.00
PATIENT MANAGEMENT	0	0	0.00	8475	8475	16,950.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	45	103	5,165.05	0	0	0.00
MEDICAL SUPPLIES	89	3420	21,237.24	94	3712	17,965.90	16	246	3,210.38
OTHER PRACTITIONER	64	156	10,360.63	486	2307	41,487.14	16	22	1,935.41
FAMILY CENTERED PROGRAM	0	0	0.00	47	565	16,885.15	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	2	67	4,952.64	0	0	0.00
DENTAL	66	102	26,332.70	1218	1460	209,640.75	12	17	2,013.18
OPTOMETRIST	28	30	1,350.94	434	499	31,856.74	10	10	679.25
CHIROPRACTIC	20	62	1,412.68	253	457	14,339.84	9	27	932.60
PODIATRIC	22	28	1,510.96	24	34	5,736.53	1	1	503.86

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
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	1	2	536.62	0	0	0.00
PSYCHIATRIC	43	81	4,209.42	1	2	134.26	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	2	7	201.39	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	4	250	5,690.55	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ELDERLY WAIVER SERVICES	1	1	26.75	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	17	9	2,729.52	7	5	2,355.15	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 *	937	21221	1510,321.05	11692	53457	1791,810.38	190	3583	175,635.17

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	1	0	6,412.29-	0	0	0.00
OUTPATIENT	1	21	4,203.58	1	13	83.19	0	0	0.00
CHILD PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
ADULT PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
SKILLED NURSING FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	0	0	0.00	0	0	0.00	0	0	0.00
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	1	21	2,434.62	5	7	299.61	0	0	0.00
CLINIC SERVICES	0	0	0.00	1	1	20.94	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	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
EARLY ACCESS SERVICES	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
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	1	4	278.62	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
PODIATRIC	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
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 *	1	46	6,916.82	6	21	6,008.55-	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	1	30	4,680.90	2	10	1,428.00	4	49	57,959.07
OUTPATIENT	8	107	2,350.01	8	122	511.24	11	114	2,391.41
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	119	4,715.76	1	1	26.80	0	0	0.00
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	23	30	2,026.64	9	44	542.60	22	75	5,170.80
CLINIC SERVICES	6	6	615.43	1	0	19.56	5	7	584.71
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	5	21	230.64	0	0	0.00	3	11	241.23
REMEDIAL SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
REHAB SUPPORT SERVICES	0	0	0.00	1	5	161.70	2	9	388.21
AMBULANCE SERVICES	0	0	0.00	0	0	0.00	3	5	1,212.76
LOCAL EDUCATION AGENCY	1	960	278.40	0	0	0.00	0	0	0.00
EARLY ACCESS SERVICES	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 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
PRESCRIBED DRUGS	72	278	32,001.43	6	8	89.03	33	84	5,050.50
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	2	69.35	0	0	0.00	2	2	74.71
IOWA PLAN PROGRAM	87	89	9,056.31	8	9	506.55	99	110	14,377.31
MANAGED SUBSTANCE ABUSE	0	0	0.00	0	0	0.00	0	0	0.00
MENTAL HEALTH ACCESS PLAN	0	0	0.00	0	0	0.00	0	0	0.00
EPSDT SCREENING	1	1	25.62	0	0	0.00	2	2	70.12
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	6	10	663.65	0	0	0.00	0	0	0.00
MEDICAL SUPPLIES	3	280	317.33	1	7	67.25	2	104	155.80
OTHER PRACTITIONER	9	27	1,158.75	1	12	15.21	1	1	125.48
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	491.59	2	2	136.87	2	5	3,526.85
OPTOMETRIST	4	4	184.21	3	0	56.27	2	2	79.62
CHIROPRACTIC	2	5	101.46	1	2	13.90	3	12	386.72
PODIATRIC	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 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
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	4	13	194.61	1	4	0.00
RESIDENTIAL CARE FACILITY	0	0	0.00	4	15	126.26	0	0	0.00
MR WAIVER SERVICE	0	0	0.00	0	0	0.00	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	81	2665	81,049.69	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
SICK & 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	83	94	52,898.24	1	1	214.82	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 *	76	4736	192,917.41	3	251	3,819.03	85	596	91,795.30

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	37	531	286,235.67	127	491	247,115.75	0	0	0.00
OUTPATIENT	296	4571	99,158.54	2278	35752	359,368.37	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	8	48	14,779.45	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	2	81	8,199.70	0	0	0.00
INTER CARE MENTAL RETARDA	1	30	9,567.00	2155	63161	21917,523.46	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	16	410	18,831.25	974	36212	1072,389.81	0	0	0.00
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	683	1567	114,976.49	3942	10232	264,917.78	0	0	0.00
CLINIC SERVICES	125	194	21,974.59	305	267	41,040.87	0	0	0.00
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	68	177	3,041.19	253	483	6,477.78	0	0	0.00
REMEDIAL SERVICES	10	1468	13,713.37	0	0	0.00	0	0	0.00
REHAB SUPPORT SERVICES	3	69	5,115.74	37	601	29,279.21	0	0	0.00
AMBULANCE SERVICES	24	24	2,935.69	122	157	15,504.48	0	0	0.00
LOCAL EDUCATION AGENCY	1	23	1,741.50	348	129452	631,150.44	0	0	0.00
EARLY ACCESS SERVICES	6	40	696.54	31	255	4,316.17	0	0	0.00

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
PRESCRIBED DRUGS	1001	3949	273,403.88	5415	17785	1533,566.02	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	8	10	624.16	24	24	845.04	0	0	0.00
IOWA PLAN PROGRAM	1721	1994	190,302.72	9782	9896	609,127.26	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	42	59	2,687.12	78	99	3,374.99	0	0	0.00
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	9	9	18.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	4	7	479.35	495	1055	134,484.95	0	0	0.00
MEDICAL SUPPLIES	117	7593	22,847.89	1759	248760	417,358.32	0	0	0.00
OTHER PRACTITIONER	65	195	6,856.97	1222	17013	227,740.41	0	0	0.00
FAMILY CENTERED PROGRAM	29	779	19,445.80	6	88	3,432.65	0	0	0.00
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	4	41	1,947.22	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	64	1884	129,642.36	1	23	2,325.99	0	0	0.00
DENTAL	164	205	33,528.59	1301	1443	111,901.98	0	0	0.00
OPTOMETRIST	73	92	6,015.35	567	731	26,654.16	0	0	0.00
CHIROPRACTIC	46	123	3,574.91	266	567	8,438.05	0	0	0.00
PODIATRIC	29	28	2,828.77	503	689	14,813.60	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 SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS SERVICE	AMOUNT PAID
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	174	9883	253,055.64	0	0	0.00
PSYCHIATRIC	1	2	60.20	401	661	21,085.45	0	0	0.00
RESIDENTIAL CARE FACILITY	0	0	0.00	27	625	5,425.70	0	0	0.00
MR WAIVER SERVICE	2	78	1,642.36	7558	471509	17852,650.00	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	3	42	1,342.61	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	4	334	4,749.86	2	84	1,093.39	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	1	41	527.40	171	8481	136,646.73	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	8	18	5,168.87	7319	7714	1893,248.14	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 *	1762	26587	1285,681.96	10353	1074322	47869,331.74	0	0	0.00

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	FEDERAL MEDICAID ONLY BLIND			TOTAL			RECIPTS UNITS OF SERVICE	AMOUNT PAID
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID		
INPATIENT	0	0	0.00	6325	36438	24479,379.30		
OUTPATIENT	0	0	0.00	53784	723007	13086,257.11		
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	714	9442	1473,869.63		
INTERMEDIATE CARE FACILITY	0	0	0.00	13063	379698	34001,117.63		
INTER CARE MENTAL RETARDA	0	0	0.00	2176	63850	20823,334.26		
NURSING FAC FOR MENTAL ILL	0	0	0.00	34	1132	337,255.51		
HOME HEALTH	0	0	0.00	11895	250812	8453,109.94		
LEAD INSPECTION AGENCY	0	0	0.00	4	5	1,831.80		
PHYSICIAN	0	0	0.00	107347	313128	15181,547.94		
CLINIC SERVICES	0	0	0.00	17703	23069	2758,862.20		
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00		
LAB AND RADIOLOGICAL	0	0	0.00	11440	25322	438,900.18		
REMEDIAL SERVICES	0	0	0.00	215	19487	186,999.31		
REHAB SUPPORT SERVICES	0	0	0.00	2193	54747	2837,538.22		
AMBULANCE SERVICES	0	0	0.00	3020	3279	372,461.07		
LOCAL EDUCATION AGENCY	0	0	0.00	1108	299054	1328,904.75		
EARLY ACCESS SERVICES	0	0	0.00	508	3454	68,145.04		

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	FEDERAL MEDICAID ONLY BLIND			TOTAL			RECIPTS UNITS OF SERVICE	AMOUNT PAID
	RECIPTS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPTS SERVED	UNITS OF SERVICE	AMOUNT PAID		
PRESCRIBED DRUGS	0	0	0.00	112850	300458	19511,495.93		
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	8272	9922	710,329.79		
IOWA PLAN PROGRAM	0	0	0.00	256478	281935	8110,845.47		
MANAGED SUBSTANCE ABUSE	0	0	0.00	0	0	0.00		
MENTAL HEALTH ACCESS PLAN	0	0	0.00	0	0	0.00		
EPSDT SCREENING	0	0	0.00	13642	15776	1069,785.60		
HMO SERVICES	0	0	0.00	4523	4747	699,905.67		
PATIENT MANAGEMENT	0	0	0.00	122263	122266	244,532.00		
HEALTH INS PREMIUM PAYMENT	0	0	0.00	5022	12440	566,169.20		
MEDICAL SUPPLIES	0	0	0.00	18432	1547334	3284,960.41		
OTHER PRACTITIONER	0	0	0.00	12786	69199	1449,245.25		
FAMILY CENTERED PROGRAM	0	0	0.00	1049	16213	469,359.32		
FAMILY PRESERVATION	0	0	0.00	0	0	0.00		
TREATMENT FOSTER FAMILY CARE	0	0	0.00	297	2593	117,893.79		
GROUP TREATMENT THERAPY	0	0	0.00	548	17747	1189,973.14		
DENTAL	0	0	0.00	21903	27034	3582,627.76		
OPTOMETRIST	0	0	0.00	9818	11961	613,204.20		
CHIROPRACTIC	0	0	0.00	7428	19044	458,868.67		
PODIATRIC	0	0	0.00	4443	6204	179,555.04		

