AS OF 08/31/06	MEDICAID MANAGEMENT INFORMATION SYSTEM			RUN DATE 08/27/06
		R E P O R T O F E X P (BY CATEGORY OF SERVICE AL YTD TOTALS AS OF 08/)	
CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE	TOTAL PAYMENT
INPATIENT	50,566	12,533	75,678	\$73,730,144.36
OUTPATIENT	221,016	151,859	7,474,573	\$29,784,468.08
CHILD PART HOSP	0	0	0	\$0.00
CHILD DAY TREATMENT	0	0	0	\$0.00
ADULT PART HOSP	0	0	0	\$0.00
ADULT DAY TREATMENT	1	2	46	\$709.32
SKILLED NURSING FACILITY	1,112	1,519	17,782	\$3,095,197.62
INTERMEDIATE CARE FACILITY	14,564	27,831	803,567	\$68,364,998.76
INTER CARE MENTAL RETARDA	2,192	4,378	129,602	\$41,110,886.80
NURSING FAC FOR MENTAL ILL	39	74	2,225	\$539,001.71
HOME HEALTH	13,108	23,612	408,413	\$15,516,359.87
LEAD INSPECTION AGENCY	29	30	31	\$12,749.83
PHYSICIAN	154,039	408,058	585,454	\$62,480,438.52
CLINIC SERVICES	28,443	47,775	41,786	\$5,476,920.18
MEP CASE MANAGEMENT	1	0	0	\$971.40

27,135

6.536

5,178

3,237

1.591

0

0

n

658,918

21,918

32,553

10.017

255,099

28,677

62.098

45,612

6,737

1,772

3,693

51,645

24,114

26,473

8.514

1,498

2,814

6,609

4,217

31,468

36,002

6,080

584

117

558,732

46,321

5,100

2.734

0

Π

117.074

397,202

588,915

21,925

32,500

10.017

28,677

610,164

58,657

8,261

66,795

52.261

25,232

32,874

10.340

38,633

76,066

7.832

118,614

11.691

690,274

203,117

6,445

1,252,888

255,071

3.027.275

558,732

59,757

2,755

4,315

1,084

141,236

14,484

32,336

136,195

5,349

5,725

25,778

15,480

2,528

1,194

38,983

19,778

11,137

6.759

574

694

3.786

2,100

9,108

8,538

2,201

227

44

606

276,983

472

0

0

1

IOWA DEPARTMENT OF HUMAN SERVICES

PAGE

1 DIM DATE OCIONIO

\$868,035.59

\$622,056.49

\$61,315.76

\$0.00

\$0.00

\$0.27-

\$177.13-

\$5,857,043.60

\$1,599,899.40

\$33,950,905.07

\$1,502,568.07

\$2,812,072.12

\$1,602,068.92

\$1,249,970.00

\$6,624,047.95

\$2,386,539.51

\$1,672,118.33

\$360,285.97

\$4,295,403.68

\$7,142,605.45

\$1,320,215.29

\$841,205.81

\$321,700.84

\$498,648.91

\$269,432,00

\$908,172.31

\$345,743,20

\$65,239.82

\$7,652,410.39

\$3,149,042,41

\$1,964,019.43

\$42,888,829.27

\$5,014.25

\$510,142.00

\$16,013,634.74

IAMM2200-R003 (MR-0-12)

LAB AND RADIOLOGICAL REHAB SUPPORT SERVICES

LOCAL EDUCATION AGENCY

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

ILL & HANDICAPPED WAIVER SVCS

FAMILY CENTERED PROGRAM

GROUP TREATMENT THERAPY

EARLY ACCESS SERVICES

AMBULANCE SERVICES

PRESCRIBED DRUGS

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

DRUG CAPITATION

IAMM2200-R003 (MR-0-12)	IOWA DEPARTMENT OF HUMAN SERVICE:	3
AS OF 08/31/06	MEDICAID MANAGEMENT INFORMATION SY	3 T

MEP SERVICES

* ALL CATEGORIES *

UNASSIGNED

MEDICAID MANAGEMENT INFORMATION SYSTEM

TITLE XIX REPORT OF EXPENDITURES

21,312

PAGE 2

RUN DATE 08/27/06

TOTAL PAYMENT

\$5,156,340.91

\$4,131,554.88

\$458,760,951.42

\$0.00

(BY CATEGORY OF SERVICE) (FISCAL YTD TOTALS AS OF 08/31/06)

20,475 O

2,627,786 17,922,158 *** END OF REPORT ***

CATEGORY OF SERVICE	RECIPIENTS	NUMBER OF	UNITS OF
	SERVED	CLAIMS	SERVICE
COUNTY OFFICE REIMBURSEMENT	0	0	0

9,864

2,266

379,252