

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 | 4 | 3,478.05 | 0 | 0 | 0.00 | 516 | 2297 | 438,057.44 |
| OUTPATIENT | 132 | 2746 | 3,470.87 | 0 | 0 | 0.00 | 11568 | 529980 | 416,896.98 |
| 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 | 216 | 2159 | 129,109.86 |
| INTERMEDIATE CARE FACILITY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 4491 | 133222 | 10103,015.47 |
| 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 | 6 | 232 | 56,619.42 |
| HOME HEALTH | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 1634 | 27894 | 1205,898.33 |
| LEAD INSPECTION AGENCY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PHYSICIAN | 36 | 56 | 4,546.58 | 0 | 0 | 0.00 | 7152 | 40048 | 369,402.40 |
| CLINIC SERVICES | 6 | 13 | 1,871.66 | 0 | 0 | 0.00 | 992 | 196 | 91,469.71 |
| MEP CASE MANAGEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| LAB AND RADIOLOGICAL | 4 | 33 | 557.17 | 0 | 0 | 0.00 | 441 | 226 | 2,678.77 |
| REHAB SUPPORT SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 29 | 837 | 40,371.86 |
| AMBULANCE SERVICES | 1 | 1 | 118.99 | 0 | 0 | 0.00 | 315 | 387 | 29,694.29 |
| 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 |
| PRESCRIBED DRUGS | 22 | 51 | 1,413.28 | 0 | 0 | 0.00 | 3012 | 5353 | 80,101.73 |

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 |
| 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 | 62 | 95 | 2,276.40 | 0 | 0 | 0.00 | 3 | 3 | 288.84 |
| 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 | 6 | 109.67 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HMO SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PATIENT MANAGEMENT | 39 | 39 | 78.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HEALTH INS PREMIUM PAYMENT | 1 | 1 | 110.15 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| MEDICAL SUPPLIES | 1 | 203 | 151.16 | 0 | 0 | 0.00 | 2077 | 145718 | 213,494.86 |
| OTHER PRACTITIONER | 1 | 3 | 3.24 | 0 | 0 | 0.00 | 288 | 1011 | 16,700.75 |
| 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 | 12 | 18 | 1,755.37 | 0 | 0 | 0.00 | 335 | 417 | 66,218.27 |
| OPTOMETRIST | 2 | 2 | 125.18 | 0 | 0 | 0.00 | 706 | 1004 | 20,555.07 |
| CHIROPRACTIC | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 430 | 1062 | 7,100.68 |
| PODIATRIC | 1 | 1 | 56.92 | 0 | 0 | 0.00 | 879 | 1312 | 13,295.56 |
| PHYSICAL DISABILITIES SVCS | 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 SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID |
| 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 | 134 | 182 | 4,662.81 |
| RESIDENTIAL CARE FACILITY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 389 | 12172 | 94,635.06 |
| MR WAIVER SERVICE | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 83 | 3868 | 177,810.93 |
| 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 | 2400 | 104071 | 1274,599.14 |
| 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 | 122 | 149 | 31,707.45 |
| 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 * | 153 | 3272 | 20,122.69 | 0 | 0 | 0.00 | 16291 | 1013800 | 14884,385.68 |

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 | 1439 | 8755 | 6127,679.86 | 606 | 1773 | 2247,743.99 |
| OUTPATIENT | 1 | 7 | 41.21- | 39262 | 2579149 | 2371,588.11 | 37064 | 902563 | 3486,546.80 |
| 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 | 160 | 3439 | 1251,247.71 | 0 | 0 | 0.00 |
| INTERMEDIATE CARE FACILITY | 0 | 0 | 0.00 | 549 | 16145 | 1535,404.49 | 0 | 0 | 0.00 |
| INTER CARE MENTAL RETARDA | 0 | 0 | 0.00 | 13 | 365 | 122,836.52 | 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 | 2283 | 49715 | 1908,345.45 | 51 | 446 | 41,487.05 |
| LEAD INSPECTION AGENCY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PHYSICIAN | 0 | 0 | 0.00 | 21140 | 96268 | 3194,575.06 | 13482 | 25257 | 2299,247.17 |
| CLINIC SERVICES | 0 | 0 | 0.00 | 2882 | 2844 | 445,120.55 | 1827 | 2573 | 304,794.94 |
| MEP CASE MANAGEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| LAB AND RADIOLOGICAL | 0 | 0 | 0.00 | 1872 | 4148 | 57,588.19 | 2251 | 5163 | 104,897.13 |
| REHAB SUPPORT SERVICES | 0 | 0 | 0.00 | 2039 | 53318 | 2666,229.36 | 21 | 324 | 24,275.29 |
| AMBULANCE SERVICES | 0 | 0 | 0.00 | 814 | 908 | 107,333.57 | 311 | 325 | 47,193.56 |
| LOCAL EDUCATION AGENCY | 0 | 0 | 0.00 | 190 | 64284 | 286,952.26 | 2 | 97 | 153.45 |
| EARLY ACCESS SERVICES | 0 | 0 | 0.00 | 34 | 219 | 3,568.48 | 0 | 0 | 0.00 |
| PRESCRIBED DRUGS | 0 | 0 | 0.00 | 21757 | 88666 | 6801,777.91 | 17890 | 47812 | 2781,651.80 |

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 |
| 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 | 126 | 145 | 7,546.20 | 5457 | 6193 | 428,570.36 |
| IOWA PLAN PROGRAM | 0 | 0 | 0.00 | 44473 | 45715 | 3162,575.61 | 35544 | 38750 | 1036,305.79 |
| 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 | 336 | 390 | 13,352.36 | 183 | 180 | 9,145.07 |
| HMO SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 973 | 1004 | 247,895.79 |
| PATIENT MANAGEMENT | 0 | 0 | 0.00 | 1 | 1 | 2.00 | 23055 | 23055 | 46,110.00 |
| HEALTH INS PREMIUM PAYMENT | 0 | 0 | 0.00 | 646 | 1703 | 167,941.15 | 453 | 1152 | 38,230.65 |
| MEDICAL SUPPLIES | 0 | 0 | 0.00 | 6765 | 551483 | 1209,069.07 | 897 | 27876 | 148,183.79 |
| OTHER PRACTITIONER | 0 | 0 | 0.00 | 1500 | 106348 | 268,490.19 | 963 | 2563 | 138,886.96 |
| FAMILY CENTERED PROGRAM | 0 | 0 | 0.00 | 141 | 2892 | 70,689.21 | 27 | 493 | 10,865.71 |
| FAMILY PRESERVATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| TREATMENT FOSTER FAMILY CARE | 0 | 0 | 0.00 | 1 | 23 | 997.61 | 0 | 0 | 0.00 |
| GROUP TREATMENT THERAPY | 0 | 0 | 0.00 | 12 | 266 | 15,218.96 | 2 | 68 | 5,103.14 |
| DENTAL | 0 | 0 | 0.00 | 3079 | 3836 | 567,207.79 | 2713 | 3528 | 562,795.95 |
| OPTOMETRIST | 0 | 0 | 0.00 | 2052 | 2619 | 123,783.58 | 1320 | 1568 | 106,453.36 |
| CHIROPRACTIC | 0 | 0 | 0.00 | 1849 | 4533 | 73,271.41 | 1542 | 3625 | 124,028.94 |
| PODIATRIC | 0 | 0 | 0.00 | 1045 | 1661 | 55,065.09 | 171 | 216 | 22,814.86 |
| PHYSICAL DISABILITIES SVCS | 0 | 0 | 0.00 | 372 | 14197 | 185,199.80 | 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 | 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 |
| BRAIN INJ WAIVER SERVICES | 0 | 0 | 0.00 | 203 | 12678 | 336,245.70 | 0 | 0 | 0.00 |
| PSYCHIATRIC | 0 | 0 | 0.00 | 1897 | 3335 | 111,175.49 | 7 | 18 | 1,019.76 |
| RESIDENTIAL CARE FACILITY | 0 | 0 | 0.00 | 1481 | 47059 | 370,699.24 | 0 | 0 | 0.00 |
| MR WAIVER SERVICE | 0 | 0 | 0.00 | 1012 | 58933 | 2448,461.85 | 1 | 7 | 189.35 |
| CHILDRENS MENTAL HEALTH SVC | 0 | 0 | 0.00 | 33 | 793 | 21,480.25 | 3 | 6 | 425.94 |
| AIDS WAIVER SERVICES | 0 | 0 | 0.00 | 12 | 771 | 9,664.44 | 0 | 0 | 0.00 |
| ELDERLY WAIVER SERVICES | 0 | 0 | 0.00 | 25 | 1231 | 23,719.78 | 0 | 0 | 0.00 |
| ILL & HANDICAPPED WAIVER SVCS | 0 | 0 | 0.00 | 1633 | 88402 | 1330,557.73 | 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 | 1488 | 1863 | 436,153.53 | 7 | 11 | 6,229.67 |
| UNASSIGNED | 0 | 0 | 0.00 | 4 | 0 | 0.00 | 3 | 0 | 0.00 |
| * A L L C A T E G O R I E S * | 1 | 7 | 41.21- | 52356 | 3919100 | 37888,815.56 | 56895 | 1096646 | 14271,246.27 |

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 | 276 | 1727 | 1960,691.13 | 386 | 8710 | 1859,928.58 | 1553 | 7275 | 8364,830.51 |
| OUTPATIENT | 42393 | 410718 | 2319,844.68 | 9622 | 146883 | 491,801.68 | 56798 | 845562 | 3009,145.66 |
| 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 | 28 | 0.00 | 3 | 14 | 105,776.43 |
| INTERMEDIATE CARE FACILITY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 1 | 0 | 375,407.25 |
| INTER CARE MENTAL RETARDA | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 1 | 0 | 1332,233.00 |
| NURSING FAC FOR MENTAL ILL | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HOME HEALTH | 274 | 1163 | 44,363.04 | 42 | 137 | 9,669.94 | 413 | 2397 | 125,888.27 |
| LEAD INSPECTION AGENCY | 12 | 14 | 5,129.04 | 1 | 1 | 366.36 | 8 | 9 | 4,477.68 |
| PHYSICIAN | 15370 | 24864 | 1715,795.58 | 3138 | 5410 | 431,036.28 | 21970 | 38217 | 3502,143.42 |
| CLINIC SERVICES | 2566 | 3118 | 390,498.00 | 535 | 734 | 78,639.99 | 4297 | 6179 | 601,306.33 |
| MEP CASE MANAGEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| LAB AND RADIOLOGICAL | 1681 | 2678 | 39,611.49 | 368 | 876 | 16,092.53 | 2799 | 5816 | 98,356.75 |
| REHAB SUPPORT SERVICES | 1 | 31 | 2,542.93 | 8 | 228 | 12,751.86 | 4 | 31 | 210.09 |
| AMBULANCE SERVICES | 165 | 156 | 23,387.50 | 79 | 80 | 11,102.97 | 242 | 252 | 39,396.78 |
| LOCAL EDUCATION AGENCY | 93 | 16880 | 65,099.82 | 18 | 3861 | 12,531.87 | 44 | 5776 | 28,047.63 |
| EARLY ACCESS SERVICES | 27 | 122 | 2,759.18 | 2 | 2 | 100.00 | 28 | 149 | 3,004.09 |
| PRESCRIBED DRUGS | 13657 | 23239 | 1316,206.87 | 3414 | 8012 | 514,143.54 | 17428 | 30299 | 1470,864.76 |

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 |
| 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 | 886 | 994 | 65,604.89 | 150 | 173 | 9,999.65 | 270 | 292 | 17,984.99 |
| IOWA PLAN PROGRAM | 58837 | 63387 | 607,208.74 | 10578 | 11475 | 224,181.43 | 70597 | 77524 | 896,691.92 |
| 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 | 7291 | 5404 | 470,738.24 | 1246 | 937 | 85,621.71 | 12186 | 7068 | 907,473.50 |
| HMO SERVICES | 1709 | 1766 | 207,700.92 | 269 | 276 | 37,939.45 | 1547 | 1624 | 231,689.07 |
| PATIENT MANAGEMENT | 39826 | 39826 | 79,652.00 | 6557 | 6557 | 13,114.00 | 48543 | 48543 | 97,086.00 |
| HEALTH INS PREMIUM PAYMENT | 656 | 1770 | 45,070.12 | 52 | 122 | 6,944.32 | 2761 | 8758 | 212,627.16 |
| MEDICAL SUPPLIES | 672 | 15499 | 83,608.25 | 122 | 5144 | 14,642.97 | 813 | 21582 | 108,658.48 |
| OTHER PRACTITIONER | 1037 | 44678 | 112,195.64 | 238 | 599 | 28,336.05 | 1563 | 23448 | 180,557.00 |
| FAMILY CENTERED PROGRAM | 528 | 8820 | 245,945.90 | 253 | 3399 | 107,551.02 | 361 | 5455 | 148,189.42 |
| FAMILY PRESERVATION | 1 | 1 | 2,258.63 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| TREATMENT FOSTER FAMILY CARE | 2 | 34 | 1,422.80 | 5 | 35 | 1,623.20 | 1 | 2 | 86.78 |
| GROUP TREATMENT THERAPY | 6 | 87 | 5,762.11 | 25 | 585 | 34,303.84 | 5 | 74 | 4,852.68 |
| DENTAL | 4367 | 5085 | 643,141.02 | 848 | 1025 | 170,201.25 | 5369 | 6284 | 759,736.75 |
| OPTOMETRIST | 1322 | 1493 | 89,120.84 | 324 | 379 | 25,028.38 | 1900 | 2157 | 129,916.22 |
| CHIROPRACTIC | 714 | 1259 | 39,036.50 | 196 | 414 | 14,369.49 | 1185 | 2430 | 67,658.09 |
| PODIATRIC | 60 | 72 | 8,288.03 | 13 | 11 | 1,060.03 | 83 | 99 | 4,224.73 |
| PHYSICAL DISABILITIES SVCS | 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 | 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 |
| BRAIN INJ WAIVER SERVICES | 1 | 19 | 472.50 | 0 | 0 | 0.00 | 1 | 1 | 268.31 |
| PSYCHIATRIC | 5 | 5 | 406.38 | 2 | 2 | 209.72 | 10 | 34 | 1,571.59 |
| RESIDENTIAL CARE FACILITY | 1 | 31 | 290.35 | 1 | 31 | 287.17 | 1 | 0 | 70.50- |
| MR WAIVER SERVICE | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 4 | 14 | 2,198.14- |
| CHILDRENS MENTAL HEALTH SVC | 33 | 700 | 24,512.13 | 31 | 1170 | 23,605.11 | 31 | 1032 | 26,458.57 |
| 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 | 2 | 1,314.07 |
| ILL & HANDICAPPED WAIVER SVCS | 1 | 273 | 4,441.71 | 0 | 0 | 0.00 | 2 | 29 | 990.00 |
| COUNTY OFFICE REIMBURSEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| MEP SERVICES | 32 | 36 | 23,221.16 | 45 | 68 | 29,589.32 | 43 | 54 | 34,070.67 |
| UNASSIGNED | 1 | 0 | 0.00 | 0 | 0 | 0.00 | 7 | 0 | 3135,217.84 |
| * A L L C A T E G O R I E S * | 77868 | 675949 | 10646,028.12 | 13838 | 207364 | 4266,773.71 | 88439 | 1148482 | 23150,124.99 |

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 | 48 | 652 | 220,565.14 | 678 | 3048 | 1171,725.73 | 43 | 126 | 172,061.23 |
| OUTPATIENT | 5641 | 81506 | 382,643.62 | 12186 | 601065 | 615,228.50 | 2369 | 76961 | 192,931.80 |
| 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 | 351 | 3653 | 43,559.49 | 3 | 35 | 0.00 |
| INTERMEDIATE CARE FACILITY | 0 | 0 | 0.00 | 8388 | 249950 | 22455,407.00 | 1 | 31 | 3,105.58 |
| INTER CARE MENTAL RETARDA | 4 | 116 | 39,469.98 | 1 | 17 | 5,367.24 | 0 | 0 | 0.00 |
| NURSING FAC FOR MENTAL ILL | 0 | 0 | 0.00 | 33 | 1363 | 365,651.87 | 0 | 0 | 0.00 |
| HOME HEALTH | 47 | 3126 | 75,583.52 | 2663 | 54485 | 2280,143.13 | 40 | 382 | 25,967.14 |
| LEAD INSPECTION AGENCY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PHYSICIAN | 2128 | 3172 | 195,036.25 | 8200 | 42915 | 430,822.19 | 863 | 2549 | 118,702.95 |
| CLINIC SERVICES | 311 | 386 | 40,370.73 | 1075 | 551 | 112,664.86 | 130 | 121 | 17,921.73 |
| MEP CASE MANAGEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| LAB AND RADIOLOGICAL | 228 | 531 | 7,747.75 | 565 | 278 | 2,791.84 | 99 | 245 | 4,878.88 |
| REHAB SUPPORT SERVICES | 3 | 48 | 2,539.08 | 19 | 314 | 11,810.38 | 36 | 1323 | 70,261.21 |
| AMBULANCE SERVICES | 19 | 21 | 2,626.45 | 499 | 642 | 53,153.17 | 21 | 24 | 2,084.09 |
| LOCAL EDUCATION AGENCY | 38 | 9558 | 42,887.81 | 2 | 1095 | 4,423.90 | 0 | 0 | 0.00 |
| EARLY ACCESS SERVICES | 13 | 68 | 1,357.72 | 2 | 21 | 327.00 | 0 | 0 | 0.00 |
| PRESCRIBED DRUGS | 4275 | 10723 | 1082,021.05 | 9857 | 21164 | 361,478.61 | 917 | 2956 | 87,600.25 |

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 |
| 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 | 43 | 49 | 2,982.32 | 0 | 0 | 0.00 | 35 | 40 | 2,672.12 |
| IOWA PLAN PROGRAM | 9642 | 9921 | 929,685.85 | 1882 | 1932 | 119,545.43 | 1460 | 1606 | 53,103.96 |
| 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 | 297 | 360 | 18,837.13 | 5 | 5 | 41.51 | 15 | 14 | 395.53 |
| HMO SERVICES | 0 | 0 | 0.00 | 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 | 151 | 396 | 15,257.00 | 27 | 67 | 8,160.92 | 6 | 10 | 1,435.86 |
| MEDICAL SUPPLIES | 177 | 17248 | 50,509.22 | 3770 | 326969 | 497,201.86 | 96 | 4500 | 11,618.76 |
| OTHER PRACTITIONER | 344 | 11337 | 42,799.18 | 370 | 1999 | 33,407.09 | 59 | 146 | 6,771.62 |
| FAMILY CENTERED PROGRAM | 514 | 7457 | 239,993.14 | 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 | 451 | 4425 | 193,366.47 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| GROUP TREATMENT THERAPY | 854 | 31525 | 2016,371.30 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| DENTAL | 1021 | 1202 | 147,353.47 | 676 | 778 | 113,883.19 | 162 | 198 | 26,042.39 |
| OPTOMETRIST | 391 | 427 | 25,745.43 | 822 | 1062 | 25,632.68 | 111 | 140 | 6,478.91 |
| CHIROPRACTIC | 129 | 264 | 7,969.91 | 287 | 593 | 4,123.77 | 115 | 251 | 7,058.00 |
| PODIATRIC | 29 | 36 | 4,458.23 | 1323 | 1774 | 20,669.93 | 36 | 52 | 934.24 |
| PHYSICAL DISABILITIES SVCS | 0 | 0 | 0.00 | 136 | 5185 | 64,857.87 | 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 | 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 |
| BRAIN INJ WAIVER SERVICES | 21 | 1645 | 26,153.20 | 267 | 13033 | 414,945.16 | 0 | 0 | 0.00 |
| PSYCHIATRIC | 4 | 5 | 466.30 | 209 | 316 | 9,193.38 | 27 | 46 | 1,355.48 |
| RESIDENTIAL CARE FACILITY | 2 | 2- | 459.30 | 6 | 156 | 2,539.42 | 1 | 31 | 25.85 |
| MR WAIVER SERVICE | 159 | 11066 | 206,985.36 | 6 | 175 | 11,983.65 | 1 | 23 | 136.85 |
| CHILDRENS MENTAL HEALTH SVC | 1 | 44 | 1,531.84 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| AIDS WAIVER SERVICES | 0 | 0 | 0.00 | 28 | 2448 | 22,070.15 | 0 | 0 | 0.00 |
| ELDERLY WAIVER SERVICES | 0 | 0 | 0.00 | 5258 | 217700 | 2395,969.01 | 0 | 0 | 0.00 |
| ILL & HANDICAPPED WAIVER SVCS | 28 | 1797 | 32,949.47 | 6 | 110 | 1,188.04 | 0 | 0 | 0.00 |
| COUNTY OFFICE REIMBURSEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| MEP SERVICES | 147 | 174 | 47,568.32 | 90 | 97 | 22,879.44 | 10 | 13 | 3,372.07 |
| UNASSIGNED | 1 | 0 | 0.00 | 1 | 0 | 91.20 | 0 | 0 | 0.00 |
| * A L L C A T E G O R I E S * | 9733 | 209365 | 6104,455.54 | 15689 | 1554960 | 31682,938.61 | 2267 | 91823 | 816,916.50 |

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 | 146 | 674 | 897,491.45 | 53 | 435 | 309,500.89 | 5 | 25 | 40,237.67 |
| OUTPATIENT | 3454 | 147175 | 104,873.61 | 6676 | 71649 | 277,688.45 | 223 | 17134 | 24,261.95 |
| 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 | 25 | 11,624.34 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| INTERMEDIATE CARE FACILITY | 1 | 31 | 2,661.45 | 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 | 29 | 446 | 32,189.52 | 27 | 65 | 2,182.26 | 3 | 119 | 11,430.07 |
| LEAD INSPECTION AGENCY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PHYSICIAN | 823 | 3153 | 175,192.93 | 2362 | 3557 | 262,190.31 | 119 | 434 | 89,688.53 |
| CLINIC SERVICES | 92 | 79 | 9,673.15 | 431 | 556 | 60,506.67 | 13 | 20 | 2,935.37 |
| MEP CASE MANAGEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| LAB AND RADIOLOGICAL | 30 | 81 | 1,867.76 | 121 | 345 | 4,899.61 | 21 | 68 | 1,182.68 |
| REHAB SUPPORT SERVICES | 10 | 621 | 27,575.82 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| AMBULANCE SERVICES | 61 | 70 | 10,115.85 | 21 | 20 | 2,584.60 | 4 | 4 | 497.55 |
| LOCAL EDUCATION AGENCY | 0 | 0 | 0.00 | 12 | 1537 | 6,650.04 | 0 | 0 | 0.00 |
| EARLY ACCESS SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PRESCRIBED DRUGS | 305 | 1257 | 12,027.20 | 2712 | 4848 | 327,097.22 | 154 | 525 | 49,941.60 |

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 |
| 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 | 432.67 | 51 | 54 | 2,980.17 | 0 | 0 | 0.00 |
| IOWA PLAN PROGRAM | 0 | 0 | 0.00 | 11401 | 12043 | 125,041.38 | 189 | 189 | 19,082.79 |
| 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 | 14 | 1 | 1,037.32 | 688 | 580 | 37,631.78 | 0 | 0 | 0.00 |
| HMO SERVICES | 0 | 0 | 0.00 | 223 | 225 | 26,559.20 | 0 | 0 | 0.00 |
| PATIENT MANAGEMENT | 0 | 0 | 0.00 | 8668 | 8668 | 17,336.00 | 0 | 0 | 0.00 |
| HEALTH INS PREMIUM PAYMENT | 0 | 0 | 0.00 | 50 | 143 | 5,041.50 | 0 | 0 | 0.00 |
| MEDICAL SUPPLIES | 83 | 5916 | 18,921.93 | 95 | 3715 | 15,419.02 | 17 | 214 | 2,222.80 |
| OTHER PRACTITIONER | 54 | 115 | 9,583.21 | 185 | 450 | 17,187.22 | 12 | 95 | 3,007.13 |
| FAMILY CENTERED PROGRAM | 0 | 0 | 0.00 | 83 | 1572 | 39,367.00 | 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 | 1 | 2 | 81.84 | 0 | 0 | 0.00 |
| GROUP TREATMENT THERAPY | 0 | 0 | 0.00 | 8 | 314 | 22,232.50 | 0 | 0 | 0.00 |
| DENTAL | 67 | 85 | 13,541.42 | 1281 | 1497 | 212,982.97 | 11 | 12 | 3,427.05 |
| OPTOMETRIST | 34 | 41 | 2,461.47 | 421 | 471 | 28,754.68 | 5 | 6 | 442.88 |
| CHIROPRACTIC | 16 | 38 | 996.67 | 206 | 374 | 12,157.15 | 9 | 19 | 658.97 |
| PODIATRIC | 13 | 17 | 296.27 | 24 | 20 | 1,769.96 | 2 | 2 | 127.44 |
| PHYSICAL DISABILITIES SVCS | 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 | 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 |
| BRAIN INJ WAIVER SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PSYCHIATRIC | 41 | 108 | 6,143.13 | 0 | 0 | 0.00 | 1 | 1 | 182.92 |
| RESIDENTIAL CARE FACILITY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| MR WAIVER SERVICE | 1 | 0 | 181.26 | 1 | 12 | 185.64 | 0 | 0 | 0.00 |
| CHILDRENS MENTAL HEALTH SVC | 0 | 0 | 0.00 | 3 | 193 | 2,718.64 | 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 | 11 | 13 | 2,545.30 | 5 | 14 | 10,170.29 | 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 * | 2052 | 159952 | 1340,841.19 | 11028 | 113359 | 1830,916.99 | 186 | 18867 | 249,327.40 |

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 CHR N 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 | 3 | 3,587.57 | 0 | 0 | 0.00 |
| OUTPATIENT | 6 | 32 | 461.54- | 15 | 161 | 161.40 | 1 | 8 | 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 | 1 | 18.51 | 3 | 5 | 57.25 | 1 | 2 | 66.17 |
| CLINIC SERVICES | 0 | 0 | 0.00 | 1 | 2 | 31.94 | 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 | 2 | 6 | 161.07 | 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 |
| PRESCRIBED DRUGS | 1 | 12 | 502.61 | 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 |
| 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 | 4 | 0 | 173.95 | 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 |
| 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 |

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 |
| 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 | 45 | 59.58 | 16 | 177 | 4,173.18 | 0 | 10 | 66.17 |

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 | 43 | 6,709.29 | 3 | 14 | 1,696.94 | 0 | 0 | 0.00 |
| OUTPATIENT | 35 | 420 | 3,607.41 | 27 | 1101 | 2,156.33 | 6 | 28 | 2,145.83 |
| 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 | 17 | 25 | 1,554.96 | 18 | 93 | 967.90 | 6 | 7 | 296.92 |
| CLINIC SERVICES | 1 | 2 | 106.58 | 0 | 0 | 0.00 | 1 | 1 | 77.60 |
| MEP CASE MANAGEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| LAB AND RADIOLOGICAL | 3 | 10 | 96.41 | 0 | 0 | 0.00 | 1 | 5 | 34.71 |
| REHAB SUPPORT SERVICES | 0 | 0 | 0.00 | 3 | 32 | 2,630.75 | 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 |
| PRESCRIBED DRUGS | 70 | 223 | 28,283.55 | 7 | 33 | 1,418.67 | 20 | 51 | 3,146.45 |

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 |
| 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 | 80 | 83 | 7,823.81 | 16 | 18 | 1,024.05 | 27 | 27 | 3,088.37 |
| 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 | 7 | 106.54 | 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 | 6 | 13 | 731.92 | 0 | 0 | 0.00 | 1 | 2 | 44.70 |
| MEDICAL SUPPLIES | 3 | 190 | 350.93 | 1 | 145 | 30.49 | 1 | 102 | 82.40 |
| OTHER PRACTITIONER | 2 | 3 | 136.52 | 0 | 0 | 0.00 | 2 | 3 | 275.60 |
| 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 | 6 | 7 | 585.52 | 0 | 0 | 0.00 | 2 | 2 | 173.86 |
| OPTOMETRIST | 3 | 3 | 256.86 | 1 | 2 | 67.95 | 2 | 2 | 108.50 |
| CHIROPRACTIC | 4 | 4 | 68.66 | 1 | 1 | 6.95 | 3 | 4 | 112.93 |
| 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 |

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 |
| 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 | 3 | 31 | 139.63 | 0 | 0 | 0.00 |
| MR WAIVER SERVICE | 0 | 0 | 0.00 | 1 | 30 | 3,498.78 | 0 | 0 | 0.00 |
| CHILDRENS MENTAL HEALTH SVC | 71 | 1690 | 49,818.42 | 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 | 91 | 54,954.11 | 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 * | 43 | 2814 | 155,191.49 | 6 | 1500 | 13,638.44 | 8 | 234 | 9,587.87 |

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 | 20 | 70 | 90,970.22 | 121 | 715 | 382,764.03 | 0 | 0 | 0.00 |
| OUTPATIENT | 1112 | 34378 | 157,929.17 | 6886 | 304544 | 493,189.00 | 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 | 94 | 9,150.93 | 0 | 0 | 0.00 |
| INTERMEDIATE CARE FACILITY | 0 | 0 | 0.00 | 4 | 132 | 12,281.36 | 0 | 0 | 0.00 |
| INTER CARE MENTAL RETARDA | 0 | 0 | 0.00 | 2148 | 65256 | 22049,201.80 | 0 | 0 | 0.00 |
| NURSING FAC FOR MENTAL ILL | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HOME HEALTH | 13 | 101 | 8,769.99 | 679 | 26831 | 737,448.31 | 0 | 0 | 0.00 |
| LEAD INSPECTION AGENCY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PHYSICIAN | 490 | 1102 | 87,696.48 | 3566 | 11038 | 255,014.18 | 0 | 0 | 0.00 |
| CLINIC SERVICES | 76 | 99 | 12,198.14 | 332 | 408 | 33,660.55 | 0 | 0 | 0.00 |
| MEP CASE MANAGEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| LAB AND RADIOLOGICAL | 72 | 228 | 3,725.34 | 236 | 440 | 4,551.75 | 0 | 0 | 0.00 |
| REHAB SUPPORT SERVICES | 4 | 82 | 6,159.24 | 39 | 797 | 42,170.44 | 0 | 0 | 0.00 |
| AMBULANCE SERVICES | 9 | 12 | 1,760.18 | 95 | 107 | 12,410.37 | 0 | 0 | 0.00 |
| LOCAL EDUCATION AGENCY | 1 | 286 | 2,076.36 | 170 | 87880 | 318,343.12 | 0 | 0 | 0.00 |
| EARLY ACCESS SERVICES | 0 | 0 | 0.00 | 8 | 59 | 1,025.08 | 0 | 0 | 0.00 |
| PRESCRIBED DRUGS | 776 | 3245 | 207,256.07 | 4974 | 15677 | 1328,124.71 | 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 |
| 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 | 3 | 3 | 170.31 | 10 | 13 | 549.30 | 0 | 0 | 0.00 |
| IOWA PLAN PROGRAM | 1261 | 1413 | 134,233.25 | 9503 | 9582 | 591,478.03 | 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 | 33 | 34 | 2,694.13 | 64 | 79 | 2,153.50 | 0 | 0 | 0.00 |
| HMO SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PATIENT MANAGEMENT | 10 | 10 | 20.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HEALTH INS PREMIUM PAYMENT | 3 | 8 | 650.25 | 471 | 1176 | 127,045.41 | 0 | 0 | 0.00 |
| MEDICAL SUPPLIES | 100 | 4904 | 16,468.71 | 1662 | 252507 | 377,446.26 | 0 | 0 | 0.00 |
| OTHER PRACTITIONER | 46 | 88 | 4,633.35 | 408 | 153018 | 159,390.79 | 0 | 0 | 0.00 |
| FAMILY CENTERED PROGRAM | 20 | 271 | 6,865.56 | 10 | 107 | 4,107.29 | 0 | 0 | 0.00 |
| FAMILY PRESERVATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| TREATMENT FOSTER FAMILY CARE | 2 | 10 | 451.27 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| GROUP TREATMENT THERAPY | 27 | 939 | 64,276.96 | 1 | 23 | 2,258.14 | 0 | 0 | 0.00 |
| DENTAL | 99 | 127 | 26,355.92 | 996 | 1121 | 98,646.77 | 0 | 0 | 0.00 |
| OPTOMETRIST | 67 | 76 | 5,419.51 | 600 | 719 | 32,547.31 | 0 | 0 | 0.00 |
| CHIROPRACTIC | 52 | 108 | 3,609.79 | 232 | 547 | 7,629.78 | 0 | 0 | 0.00 |
| PODIATRIC | 27 | 30 | 2,056.20 | 420 | 574 | 14,825.06 | 0 | 0 | 0.00 |
| PHYSICAL DISABILITIES SVCS | 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 | 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 |
| BRAIN INJ WAIVER SERVICES | 0 | 0 | 0.00 | 164 | 8652 | 242,903.57 | 0 | 0 | 0.00 |
| PSYCHIATRIC | 1 | 5 | 155.80 | 312 | 426 | 15,409.51 | 0 | 0 | 0.00 |
| RESIDENTIAL CARE FACILITY | 0 | 0 | 0.00 | 30 | 775 | 7,440.56 | 0 | 0 | 0.00 |
| MR WAIVER SERVICE | 4 | 261 | 8,158.88 | 7357 | 489935 | 17980,107.78 | 0 | 0 | 0.00 |
| CHILDRENS MENTAL HEALTH SVC | 3 | 27 | 1,059.98 | 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 | 2 | 135 | 1,254.05 | 3 | 42 | 6,655.26 | 0 | 0 | 0.00 |
| ILL & HANDICAPPED WAIVER SVCS | 2 | 206 | 3,258.69 | 155 | 8555 | 146,289.11 | 0 | 0 | 0.00 |
| COUNTY OFFICE REIMBURSEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| MEP SERVICES | 9 | 18 | 10,412.82 | 6539 | 7292 | 1680,871.34 | 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 * | 1383 | 48276 | 870,746.62 | 10006 | 1449121 | 47177,090.40 | 0 | 0 | 0.00 |

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 |
| INPATIENT | 0 | 0 | 0.00 | 5875 | 36346 | 24299,719.72 | | | |
| OUTPATIENT | 0 | 0 | 0.00 | 218634 | 6753770 | 14355,609.10 | | | |
| 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 | 739 | 9447 | 1338,915.90 | | | |
| INTERMEDIATE CARE FACILITY | 0 | 0 | 0.00 | 13367 | 399511 | 34487,282.60 | | | |
| INTER CARE MENTAL RETARDA | 0 | 0 | 0.00 | 2166 | 65754 | 20884,642.54 | | | |
| NURSING FAC FOR MENTAL ILL | 0 | 0 | 0.00 | 38 | 1595 | 422,271.29 | | | |
| HOME HEALTH | 0 | 0 | 0.00 | 8148 | 167307 | 6509,366.02 | | | |
| LEAD INSPECTION AGENCY | 0 | 0 | 0.00 | 21 | 24 | 9,973.08 | | | |
| PHYSICIAN | 0 | 0 | 0.00 | 99117 | 298173 | 13134,052.02 | | | |
| CLINIC SERVICES | 0 | 0 | 0.00 | 15462 | 17882 | 2203,848.50 | | | |
| MEP CASE MANAGEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | | | |
| LAB AND RADIOLOGICAL | 0 | 0 | 0.00 | 10742 | 21177 | 351,719.83 | | | |
| REHAB SUPPORT SERVICES | 0 | 0 | 0.00 | 2202 | 57986 | 2909,528.31 | | | |
| AMBULANCE SERVICES | 0 | 0 | 0.00 | 2636 | 3009 | 343,459.92 | | | |
| LOCAL EDUCATION AGENCY | 0 | 0 | 0.00 | 560 | 191254 | 767,166.26 | | | |
| EARLY ACCESS SERVICES | 0 | 0 | 0.00 | 111 | 640 | 12,141.55 | | | |
| PRESCRIBED DRUGS | 0 | 0 | 0.00 | 100333 | 264146 | 16455,057.88 | | | |

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 | | |
| 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 | 7027 | 7962 | 539,492.98 | | |
| IOWA PLAN PROGRAM | 0 | 0 | 0.00 | 255086 | 273763 | 7913,635.65 | | |
| 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 | 21853 | 15065 | 1549,511.94 | | |
| HMO SERVICES | 0 | 0 | 0.00 | 4719 | 4895 | 751,784.43 | | |
| PATIENT MANAGEMENT | 0 | 0 | 0.00 | 126781 | 126781 | 253,562.00 | | |
| HEALTH INS PREMIUM PAYMENT | 0 | 0 | 0.00 | 5284 | 15321 | 629,291.11 | | |
| MEDICAL SUPPLIES | 0 | 0 | 0.00 | 17047 | 1383915 | 2768,080.96 | | |
| OTHER PRACTITIONER | 0 | 0 | 0.00 | 7026 | 345904 | 1022,361.54 | | |
| FAMILY CENTERED PROGRAM | 0 | 0 | 0.00 | 1889 | 30466 | 873,574.25 | | |
| FAMILY PRESERVATION | 0 | 0 | 0.00 | 1 | 1 | 2,258.63 | | |
| TREATMENT FOSTER FAMILY CARE | 0 | 0 | 0.00 | 461 | 4531 | 198,029.97 | | |
| GROUP TREATMENT THERAPY | 0 | 0 | 0.00 | 936 | 33881 | 2170,379.63 | | |
| DENTAL | 0 | 0 | 0.00 | 20989 | 25222 | 3414,048.96 | | |
| OPTOMETRIST | 0 | 0 | 0.00 | 10065 | 12171 | 622,898.81 | | |
| CHIROPRACTIC | 0 | 0 | 0.00 | 6904 | 15526 | 369,857.69 | | |
| PODIATRIC | 0 | 0 | 0.00 | 4108 | 5877 | 149,350.01 | | |
| PHYSICAL DISABILITIES SVCS | 0 | 0 | 0.00 | 506 | 19382 | 250,057.67 | | |

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 |
|-------------------------------|------------------|---------------------|----------------|------------------|---------------------|----------------|------------------|---------------------|----------------|
| BRAIN INJ WAIVER SERVICES | 0 | 0 | 0.00 | 650 | 36028 | 1020,988.44 | | | |
| PSYCHIATRIC | 0 | 0 | 0.00 | 2643 | 4483 | 151,952.27 | | | |
| RESIDENTIAL CARE FACILITY | 0 | 0 | 0.00 | 1904 | 60284 | 476,446.08 | | | |
| MR WAIVER SERVICE | 0 | 0 | 0.00 | 8586 | 564324 | 20835,502.19 | | | |
| CHILDRENS MENTAL HEALTH SVC | 0 | 0 | 0.00 | 197 | 5655 | 151,610.88 | | | |
| AIDS WAIVER SERVICES | 0 | 0 | 0.00 | 40 | 3219 | 31,734.59 | | | |
| ELDERLY WAIVER SERVICES | 0 | 0 | 0.00 | 7579 | 323181 | 3703,511.31 | | | |
| ILL & HANDICAPPED WAIVER SVCS | 0 | 0 | 0.00 | 1823 | 99372 | 1519,674.75 | | | |
| COUNTY OFFICE REIMBURSEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | | | |
| MEP SERVICES | 0 | 0 | 0.00 | 8599 | 9893 | 2393,745.49 | | | |
| UNASSIGNED | 0 | 0 | 0.00 | 19 | 0 | 3135,309.04 | | | |
| * A L L C A T E G O R I E S * | 0 | 0 | 0.00 | 358259 | 1715123 | 195383,405.79 | 0 | 0 | 0.00 |

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