TITLE XIX REPORT OF EXPENDITURES (BY CATEGORY OF SERVICE) (FISCAL YTO TOTALS AS OF 07/31/06)								
CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE	TOTAL PAYMENT				
INPATIENT	47,023	6,542	39,332	\$49,430,424.64				
OUTPATIENT	54,829	78,617	720,803	\$15,428,858.98				
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	580	690	8,335	\$1,756,281.72				
INTERMEDIATE CARE FACILITY	13,701	14,217	404,056	\$33,877,716.16				
INTER CARE MENTAL RETARDA	2,177	2,189	63,848	\$20,226,244.26				
NURSING FAC FOR MENTAL ILL	21	21	630	\$116,730.42				

13,759

206,263

26,800

13,146

3,260

2,134

1,731

1,264

0

0

n

364,713

13,956

17,467

5.122

128,318

13,356

33,735

32,637

3,183

1,806

26,755

12,647

13,926

3.779

1,450

2.699

2,108

316

57

16,753

19,514

3,241

770

1

803

284,969

n

241,106

287,281

23,904

25,144

59.088

2,091

2.094

13,963

284,969

17,435

5,122

128,290

13,356

264,260

28,191

3,730

32,914

27,039

13,061

17,348

4.463

19,251

40,038

3.349

58,330

688,564

6.036

3,226

367,093

103,745

1,643,360

205,948

324,769

Π

0

Π

10,409

105,458

18.334

53,935

2.401

1,934

112,870

10,666

262,348

15,097

128,340

4,905

5,320

19,022

10,172

1,805

1

421

942

22.172

11,004

7,552

3,301

517

661

1,883

1,926

8,798

8,075

2,009

204

41

738

387

0

0

1

9

1

IOWA DEPARTMENT OF HUMAN SERVICES

MEDICAID MANAGEMENT INFORMATION SYSTEM

PAGE

RUN DATE 07/29/06

\$9,006,993.85

\$49,346,386.50

\$3,273,071.68

\$516,315.76

\$2,947,515,29

\$278,596.57

\$832,733.14

\$49,174.21

\$963,075.09

\$8,099,999.09

\$1,262,560.18

\$850,284,49

\$256,580.00

\$620,678.89

\$3,855,966.99

\$1,364,177.97

\$798,544.08

\$162,256.00

\$2,125,024.05

\$3,728,556.49

\$697,316.48

\$471,348.12

\$172,350.83

\$248,591.24

\$943,030.99

\$117,479,73

\$431,726.23

\$194,132,32

\$33,505.23

\$3,948,899.08

\$1,629,367.66

\$22,053,327.08

\$2,755.62

\$0.00

\$0.00

\$0.27-

\$177.13-

\$17,495,847.19

\$2,776.75

\$971.40

1

IAMM2200-R003 (MR-0-12)

AS OF 07/31/06

HOME HEALTH

PHYSICIAN CLINIC SERVICES

LEAD INSPECTION AGENCY

MEP CASE MANAGEMENT

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

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

IAI	M22	:00-	R003	(MR-O-12)
AS	OF	07/	31/06	

\* ALL CATEGORIES \*

UNASSIGNED

IOWA DEPARTMENT OF HUMAN SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEM

RUN DATE 07/29/06

\$0.00

TOTAL PAYMENT

\$2,762,595.42

\$263,377,545.63

\$996,245.84

PAGE 2

TITLE XIX REPORT OF EXPENDITURES
(BY CATEGORY OF SERVICE)
(FISCAL YTD TOTALS AS OF 07/31/06)

п

1,385,803 \*\*\* END OF REPORT \*\*\* 0

6,207,035

CATEGORY OF SERVICE	RECIPIENTS	NUMBER OF	UNITS OF
	SERVED	CLAIMS	SERVICE
COUNTY OFFICE REIMBURSEMENT	0	0	0
MEP SERVICES	9,136	11,080	11,419

2,249

344,156