RUN DATE 05/21/05

TITLE XIX MONTHLY REPORT OF EXPENDITURES

CATEGORY OF SERVICE	<u>RECIPS</u> SERVED	<u>UNITS OF</u> SERVICE	<u>AMOUNT</u> PAID	<u>RECIPS</u> SERVED	UNITS OF SERVICE	<u>AMOUNT</u> <u>PAID</u>	<u>RECIPS</u> SERVED	UNITS OF SERVICE	<u>AMOUNT</u> PAID
INPATIENT	<u>SERVED</u> 0	<u>SERVICE</u> 0	\$0.00	<u>SERVED</u> 0	<u>SERVICE</u> 0	\$0.00	<u>3ERVED</u> 416	<u>3ERVICE</u> 1,580	\$227,049.25
OUTPATIENT	32	247	\$0.00 \$7,483.12	0	0	\$0.00	2,381	25,976	\$343,184.89
CHILD PART HOSP	0	0	\$0.00	0	0	\$0.00	2,301	25,970	\$0.00
CHILD DAY TREATMENT	0	0	\$0.00 \$0.00	0	0	\$0.00	0	0	\$0.00
ADULT PART HOSP	0	0	\$0.00 \$0.00	0	0	\$0.00	0	0	\$0.00
ADULT DAY TREATMENT	0	0	\$0.00 \$0.00	0	0	\$0.00	0	0	\$0.00
SKILLED NURSING FACILITY	0	0	\$0.00	0	0	\$0.00	52	641	\$94,133.93
INTERMEDIATE CARE FACILITY	0	0	\$0.00	0	0	\$0.00	3,114	94,436	\$6,521,521.20
INTER CARE MENTAL RETARDA	0	0	\$0.00	0	0	\$0.00	0	94,430 0	\$0.00
NURSING FAC FOR MENTAL ILL	0	0	\$0.00 \$0.00	0	0	\$0.00	2	60	\$0.00 \$10,761.60
HOME HEALTH	0	0	\$0.00 \$0.00	0	0	\$0.00	1,233	18,066	\$707,767.86
LEAD INSPECTION AGENCY	0	0	\$0.00 \$0.00	0	0	\$0.00	1,235	18,000	\$707,707.80
PHYSICIAN	57	105	\$7,960.33	0	0	\$0.00	4,898	25,226	\$365.158.43
CLINIC SERVICES	2	5	\$592.60	0	0	\$0.00	475	23,220	\$61,651.33
MEP CASE MANAGEMENT	0	0	\$0.00	0	0	\$0.00	475	235	\$0.00
LAB AND RADIOLOGICAL	0	0	\$0.00	0	0	\$0.00	70	193	\$2,338.16
REHAB SUPPORT SERVICES	0	0	\$0.00	0	0	\$0.00	36	799	\$42,131.38
AMBULANCE SERVICES	0	0	\$0.00 \$0.00	0	0	\$0.00	195	223	\$17,841.08
LOCAL EDUCATION AGENCY	0	0	\$0.00 \$0.00	0	0	\$0.00	0	223	\$17,841.08
EARLY ACCESS SERVICES	0	0	\$0.00 \$0.00	0	0	\$0.00	0	0	\$0.00
PRESCRIBED DRUGS	23	47	\$3.749.63	0	0	\$0.00	8,048	42,580	\$1,798,537.49
DRUG CAPITATION	20	47 0	\$0.00	0	0	\$0.00	0,040	42,500	\$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	2	3	\$210.54
IOWA PLAN PROGRAM	62	83	\$2.617.26	0	0	\$0.00	0	0	\$0.00
MANAGED SUBSTANCE ABUSE	02	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 \$0.00
HMO SERVICES	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00 \$0.00
PATIENT MANAGEMENT	47	47	\$94.00	0	0	\$0.00	0	0	\$0.00
HEALTH INS PREMIUM PAYMENT	2	4	\$150.97	0	0	\$0.00	0	0	\$0.00
MEDICAL SUPPLIES	0	4 0	\$0.00	0	0	\$0.00	1,823	126,769	\$187,953.70
OTHER PRACTITIONER	0	0	\$0.00	0	0	\$0.00	179	546	\$9,105.15
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 \$0.00
GROUP TREATMENT THERAPY	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
DENTAL	16	27	\$2.066.85	0	0	\$0.00	394	475	\$63,430.06
OPTOMETRIST	2	2	\$141.56	0	0	\$0.00	523	768	\$20,685.80
CHIROPRACTIC	0	0	\$0.00	0	0	\$0.00	346	802	\$6,994.94
PODIATRIC	0	0	\$0.00	0	0	\$0.00	588	888	\$13,027.13
PHYSICIAL DISABILITIES SVCS	0	0	\$0.00	0	0	\$0.00	0	000	\$0.00
THI SIGIAL DISADILITILS SV03	0	0	φ0.00	0	0	φ0.00	0	0	φ0.00

RUN DATE 05/21/05

TITLE XIX MONTHLY REPORT OF EXPENDITURES

	RECIPS	UNITS OF	AMOUNT	RECIPS	UNITS OF	AMOUNT	RECIPS	UNITS OF	AMOUNT
CATEGORY OF SERVICE	<u>SERVED</u>	SERVICE	PAID	<u>SERVED</u>	SERVICE	PAID	SERVED	SERVICE	PAID
BRAIN INJ WAIVER SERVICES	0	0	\$0.00	0	0	\$0.00	1	10	\$71.90
PSYCHIATRIC	0	0	\$0.00	0	0	\$0.00	135	253	\$8,157.33
RESIDENTIAL CARE FACILITY	0	0	\$0.00	0	0	\$0.00	397	11,603	\$75,046.68
MR WAIVER SERVICE	0	0	\$0.00	0	0	\$0.00	64	3,174	\$172,013.46
MR OBRA WAIVER SERVICES	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
AIDS WAIVER SERVICES	0	0	\$0.00	0	0	\$0.00	1	1	\$74.77
ELDERLY WAIVER SERVICES	0	0	\$0.00	0	0	\$0.00	1,561	70,429	\$805,762.26
ILL & HANDICAPPED WAIVER SVCS	0	0	\$0.00	0	0	\$0.00	2	172	\$1,280.82
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	124	112	\$19,580.32
UNASSIGNED	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
ALL CATEGORIES*	96	567	\$24,856.32	0	0	\$0.00	11,745	426,024	\$11,575,471.46

RUN DATE 05/21/05

TITLE XIX MONTHLY REPORT OF EXPENDITURES

DELIND DISALED ADC - ADULT OUTPATIENT 0 50.00 14.05 8.027 \$6.030 759.79 762.3 1.821 52.065,122.15 OUTPATIENT 0 0 50.00 12.577 114.9.42 \$4.099.4116.33 7.411 55.068 \$52.076,192.15 OLIL DAY TREATMENT 0 0 \$50.00 0 \$50.00 0 \$50.00 0 \$50.00 0 \$50.00 0 \$50.00 0 \$50.00 0 \$50.00 0 \$50.00 0 \$50.00 0 \$50.00 0 \$50.00 0 \$50.00 0 \$50.00 0 \$50.00 0 \$50.00 0 \$50.00 \$50.00 0 \$50.00 \$50.00 0 \$50.00	CATEGORY OF SERVICE	<u>RECIPS</u> SERVED	<u>UNITS OF</u> SERVICE	<u>AMOUNT</u> PAID	<u>RECIPS</u> SERVED	<u>UNITS OF</u> SERVICE	<u>AMOUNT</u> <u>PAID</u>		UNITS OF SERVICE	<u>AMOUNT</u> PAID
INPARTENT 0 0 50.00 14.05 86.037/56.79 623 18.24 \$2.065.12.15 CHILD PART HOSP 0 0 50.00 10 50.00 0 80.00 0 50.00 0 50.00 0 50.00 0 50.00 0 50.00 0 50.00 0 50.00 0 50.00 0 50.00 0	CATEGORT OF SERVICE	SERVED		PAID			FAID			FAID
OUTPATIENT 0	INPATIENT	0		\$0.00			\$6 030 759 79			\$2 055 132 15
CHLID PART HOSP 0		-	•		· · · · ·	,			,	
CHILD DAY TREATMENT 0		-	0							
ADULT PART HOSP 0 50.00 0 50.00 0 50.00 SMULT DAY TRREATMENT 0 0 50.00 121 3.403 \$1.242,40,64 2 16 \$50.00 SMULT DAY TRREATMENT 0 0 50.00 121 3.403 \$1.242,40,64 2 16 \$50.00 INTERMEDITE CARE FACULTY 0 0 50.00 0 50.00 0 50.00 INTERMEDITAL RETARDA 0 0 50.00 0 0 50.00 0 50.00 NURSING FAC FOR MENTAL ILL 0 0 50.00 0 0 50.00 0 0 50.00 NURSING FAC FOR MENTAL 1 2 375.49 22.216 94.037 19.39 22.759 \$23.28.714.42 14.309 24.255 \$27.444.00 LEAA NIRANGEMENT 0 0 0.00 2.721 \$32.85.714.22 11.43 37.78.569 31.041.635 AMBULANCE SERVICES 0 0 0.00 <t< td=""><td></td><td>0</td><td>0</td><td></td><td></td><td></td><td></td><td>0</td><td></td><td></td></t<>		0	0					0		
ADULT DAY TREATMENT 0 0 \$0.00 0 0 \$0.00 0 \$0.00 SKILLED NURSING FACILITY 0 0 \$0.00 455 13.083 \$1131.88.97 0 0 \$0.00 INTERCARE MENTAL RETARDA 0 0 \$0.00 20 \$0.00 0 \$0.00 UNRSING FACITY 0 0 \$0.00 20 \$0.00 0 \$0.00 UNRSING FACITY 0 0 \$0.00 20 \$0.00 0 \$0.00 HOME HEALTH 0 0 \$0.00 2.62 46.183 \$1.78.868.11 55 325 \$2.282.08.56 LEAD INSPECTION AGENCY 0 \$0.00 2.421 \$3.957.237 1.943 2.759 \$2.382.08.85 MEP CASE MANAGEMENT 0 \$0.00 2.481 2.757 \$3.956.63.1 1.88 1.75.25 \$10.01.41.43.03.03 MEP CASE MANAGEMENT 0 \$0.00 2.188 \$4.463 \$2.46.03.12.866.51 1.04.85.55 \$10.44.43.55.25		0	0		0	0		0	0	
SHILLED NURSING FACILITY 0 0 \$0.00 121 3.493 \$1.244.240.64 22 16 \$5.31.51.31 INTERMEDIATE CARE FACILITY 0 0 \$50.00 455 13.083 \$1.181.58.97 0 0 \$50.00 NURSING FAC FOR MENTAL ILL 0 0 \$50.00 0 \$50.00 0 \$50.00 0 \$0.00 0 \$50.00 NURSING FAC FOR MENTAL ILL 0 0 \$0.00 0 \$50.00 0 \$0.00 0 \$0.00 0 \$50.00 LEAD INSPECTION AGENCY 0 0 \$0.00 0 \$52.382.142.4 14.369 22.50 \$52.382.088.50 CLINIC SERVICES 0 0 \$50.00 2.178 \$54.282.80 \$1.140.53 \$1.408.31 BEHAB SUPPORT SERVICES 0 0 \$0.00 440 103.524 \$1.043.79.20 12 3.19 AMBULANCE SERVICES 0 0 \$0.00 440 103.524 \$1.040.533.16 0 \$0.00<	ADULT DAY TREATMENT	0	0	\$0.00	0	0		0	0	\$0.00
INTERCARE PACILITY 0 0 \$0.00 \$1.083 \$1.181,588.87 0 0 \$0.00 NURSING FAC FOR MENTAL ILL 0 0 \$0.00 0 \$0.00 0 \$0.00 NURSING FAC FOR MENTAL ILL 0 0 \$0.00 0 \$0.00 0 \$0.00 HOME HEALTH 0 0 \$0.00 0 \$0.00 0 \$0.00 PHYSICIAN 1 2 \$75.94 \$2.18 \$3.238.218.42 14.369 \$2.50 \$2.328.208.58 MEP CASE MANAGEMENT 0 0 \$0.00 2.481 \$2.71 \$39.167.78.58 \$1.06.35		0	0		121	3,493		2	16	
INTER CARE MENTAL RETARDA 0 0 \$0.00 21 448 \$13.459.23 0 0 \$0.00 NURSING FCOR MENTAL ILL 0 0 \$0.00 0 \$0.00 0 \$0.00 HOME HEALTH 0 0 \$0.00 0 \$0.00 0 \$0.00 LEAD INSPECTION AGENCY 0 0 \$0.00 0 \$0.00 0 \$0.00 PHYSICIAN 1 2 \$75.94 \$22,158 \$94.037 \$3.23.82,18.42 \$1.459 \$2.8,250,986,58 CLINIC SERVICES 0 0 \$0.00 0 \$0.00 0 \$0.00 LAB AND RADIOLOCICAL 0 0 \$0.00 2.188 \$54.258.96 1.914 \$52.55 \$10.06.35 REHAB SUPPORT SERVICES 0 0 \$0.00 440 \$13.838.16 0 0 \$2.177,04.73 DAVA ACCESS SERVICES 0 0 \$0.00 0 \$0.00 0 \$0.00 DRUG CASTITANON 0	INTERMEDIATE CARE FACILITY	0	0	•				0	0	
NURSING FAC FOR MENTAL ILL 0 0 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		0	0			-)		0	0	• • • •
HOME HEALTH00\$0.002,62446,183\$1,738,588.1155325\$27,464.00LEAD INSPECTION AGENCY000\$0.000\$0.000\$0.00PHYSICIAN12\$75.9422,15694,037\$3,238,216.4214,36928,250\$2,380,88,58CLINIC SERVICES00\$0.0000\$0.000\$0.00\$0.00\$0.00\$0.00\$0.00\$0.00\$0.00\$0.00\$0.00\$0.00\$0.00\$0.00\$0.00\$0.00\$0.00\$0.00\$0.00\$54,258,96\$1,914\$5,25\$16,146,31REHAB SUPPORT SERVICES00\$0.00645747\$89,69,31188187\$25,600,51LOCAL EDUCATION AGENCY00\$0.00101740\$13,383,1600\$0.00\$0.00PRESCRIBED DRUGS110\$65,7632,888176,838\$13,322,955,9916,96944,749\$2,175,045,73DRUG CAPITATION00\$0.000\$0.000\$0.00\$0.00\$0.00\$0.00INDIAN HEALTH SERVICES00\$0.00\$0.000\$0.00\$0.00\$0.00\$0.00\$0.00PAULY PLANNING SERVICES00\$0.00\$0.00\$0.00\$0.00\$0.00\$0.00\$0.00\$0.00PAULY PLANNING SERVICES00\$0.00\$0.00\$0.00\$0.00\$0.00\$0.00\$0.00\$0.00 <td< td=""><td></td><td>0</td><td>0</td><td></td><td></td><td>0</td><td>. ,</td><td>0</td><td>0</td><td></td></td<>		0	0			0	. ,	0	0	
LEAD INSPECTION AGENCY 0	HOME HEALTH	0	0	•	2.624	46.183		55	325	
PHYSICIAN12\$75.9422,15894,037\$3.238,218.4214,36922,250\$2.382,088.88CLINIC SERVICES00\$0.000\$0.000\$0.000\$0.00LAB AND RADIOLOGICAL00\$0.001.2584.096\$54,258.961.9145.25\$10.146.35RHAB SUPCRT SERVICES00\$0.002.198\$4.463\$2.860.812.861.6816208\$10.06.35ARHAB SUPCRT SERVICES00\$0.00645747\$89,696.311.88187\$25,680.51LOCAL EDUCATION AGENCY00\$0.00101740\$1.338.1600\$0.00PRESCRIBED DRUGS110\$656.7632,888\$176,838\$13,22,955.9916,96944,749\$2,750.45.73DRUG CAPITATION00\$0.000\$0.000\$0.000\$0.00\$0.00\$0.00INDIAN HEALTH SERVICES00\$0.00\$0.00\$0.00\$0.00\$0.00\$0.00\$0.00FAMILY PLANING SERVICES00\$0.00\$0.00\$0.00\$0.00\$0.00\$0.00\$0.00FAMILY PLANING SERVICES00\$0.00\$0.00\$0.00\$0.00\$0.00\$0.00\$0.00FAMILY PLANING SERVICES00\$0.00\$0.00\$0.00\$0.00\$0.00\$0.00\$0.00INVAN HEALTH ACCESS PLAN00\$0.00\$0.00\$0.00	LEAD INSPECTION AGENCY	0	0		,	,		0	0	
CLINC SERVICES00\$0.002,4812,721\$395,128.371,9432,759\$310,778.58MEP CASE MANAGEMENT00\$0.000\$0.00\$0.00\$0.00\$0.00\$0.00\$0.00LAB AND RADIOLOGICAL00\$0.001,2554,096\$54,255.961.914\$5,25\$106,146.31REHAB SUPPORT SERVICES00\$0.00645747\$89,696.31188187\$25,680.51LOCAL EDUCATION AGENCY00\$0.00440103,524\$1,004,379.20123,159\$23,708.75EARLY ACCESS SERVICES00\$0.00101740\$13,838.1600\$0.00PRESCRIBED DRUGS110\$656.7632,888\$13,322.955.9916,969\$4,749\$2,175,045.73DRUG CAPITATION00\$0.0000\$0.000\$0.00\$0.00INDIAN HEALT SERVICES00\$0.0093799\$47,261.643,644\$3,448\$178,963.96IOWA PLAN PROGRAM11\$77,5942,83044,043\$3,104,544.4337,34741,306\$1,034,476.17IOWA PLAN PROGRAM11\$77,5942,83040,00\$0.000\$0.00MENCAL SUBSTANCE ABUSE00\$0.000\$0.00\$0.00\$0.00\$0.00MENCALSUBSTANCE ABUSE00\$0.000\$0.00\$0.00\$0.00\$0.00\$0.00 <td></td> <td>1</td> <td>2</td> <td></td> <td>22,158</td> <td>94.037</td> <td></td> <td>14.369</td> <td>28.250</td> <td></td>		1	2		22,158	94.037		14.369	28.250	
MEP CASE MANAGEMENT 0 0 \$0.00 \$0.00 \$0.00 \$0.00 LAB AND RADIOLOGICAL 0 0 \$0.00 1,258 4,096 \$54,259.96 1,914 55,255 \$106,146.31 RHAB SUPPORT SERVICES 0 0 \$0.00 2,198 54,463 \$2,680,812.86 16 208 \$11,406.35 AMBULANCE SERVICES 0 0 \$0.00 6445 747 \$89,696.31 188 187 \$22,680,51 LOCAL EDUCATION AGENCY 0 0 \$0.00 11 740 \$13,332.950,9 16,969 4,749 \$2,175,045.73 DRUG CAPITATION 0 0 \$0.00 0 \$0.00 0 \$0.00	CLINIC SERVICES	0			,					
REHAB SUPPORT SERVICES 0 0 0.00 2.198 54.463 52.680.812.86 16 2.08 51.408.35 AMBULANCE SERVICES 0 0 \$0.00 645 747 \$89.696.31 188 147 \$25.680.51 LOCAL EDUCATION AGENCY 0 0 \$0.00 101 740 \$13.838.16 0 0 \$0.00 PRESCRIBED DRUCS 1 10 \$656.76 32.88 176.633 \$13.322.955.09 16.969 44.749 \$2.17.045.73 DRUG CAPITATION 0 0 \$0.00 0 \$0.00 0 \$0.00 0 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$1.75.93 \$42.830 44.043 \$3.14.433 37.347 41.306 \$1.3.94.963.96 IOWA PLAN PROGRAM 1 1 \$77.95 42.830 44.043 \$3.104.544.43 37.347 41.30 \$1.03.943.963.96 IOWA PLAN PROGRAM 1 1 \$77.95 42.830 44.043	MEP CASE MANAGEMENT	0	0			,		0	,	. ,
REHAB SUPPORT SERVICES 0 0 \$0.00 2,198 54,463 \$2,660,812.86 16 208 \$11,406.35 AMBULANCE SERVICES 0 0 \$0.00 645 747 \$89,696.31 188 137 \$25,680.51 LOCAL EDUCATION AGENCY 0 0 \$0.00 101 740 \$13,838.16 0 0 \$0.00 PRESCRIBED DRUGS 1 10 \$856.76 32,88 176,833 \$13,322,955.09 16,99 44,749 \$2,175,045.73 DRUG CAPITATION 0 0 \$0.00 0 \$6.00 0 \$13,322,955.09 16,99 44,749 \$2,175,045.73 DIND GARMAN PROGRAM 1 177,59 42,830 44,043 \$31,04,544.33 37,347 41,306 \$1,384,963.96 IOWA PLAN PROGRAM 1 175,759 42,830 44,043 \$31,04,544.33 37,347 41,306 \$1,034,476.13 IOWA PLAN PROGRAM 0 0 \$0.00 0 \$0.00 \$0.00 \$1,046.435	LAB AND RADIOLOGICAL	0	0	\$0.00	1.258	4.096	\$54.258.96	1.914	5.525	\$106,146,31
AMBULANCE SERVICES00\$0.00645747\$89,696.31188187\$25,680.51LOCAL EDUCATION AGENCY00\$0.00400103,524\$1,004,379.20123,159\$23,708.75EARLY ACCESS SERVICES00\$0.00101740\$13,838.1600\$0.00PRESCRIBED DRUGS110\$656.7632,888176,838\$13,322,955.0916,96944,749\$2,175,045.73DRUG CAPITATION00\$0.000\$0.000\$0.00\$0.00\$0.00FAMILY PLANNING SERVICES00\$0.00937989\$47,261.643,6643,848\$178,963.96IOWA PLAN PROGRAM11\$77.5942,83044,043\$3,104,544.4337,34741,306\$1,034,476.17MANAGED SUBSTANCE ABUSE00\$0.000\$0.000\$0.00\$0.00\$0.00\$0.00EPSDT SCREENING00\$0.000\$0.000\$0.00\$0.00\$0.00\$0.00\$0.00HMO SERVICES00\$0.000\$0.00\$0.00\$0.00\$0.00\$0.00\$0.00\$0.00EPSDT SCREENING00\$0.000\$0.00\$0.00\$0.00\$0.00\$0.00\$0.00\$1,33\$27,385.38HACTH MANAGEMENT00\$0.00675\$1,474\$15,634.95708\$1,514\$10,939.95FAMILY CENTERED PROGRAM0	REHAB SUPPORT SERVICES	0	0	•	,	,	. ,	,	,	. ,
LOCAL EDUCATION AGENCY00\$0.00440103,524\$1.004,379.20123,159\$23,708.75EARLY ACCESS SERVICES00\$0.00101740\$13,838.1600\$0.00PRESCRIGED DRUGS110\$66.7632,888\$13,322,955.0916,96944,749\$2,175,045.73DRUG CAPITATION00\$0.000\$0.000\$0.000\$0.00\$0.00INDIAN HEALTH SERVICES00\$0.000\$0.00\$0.00\$0.00\$0.00\$0.00\$0.00\$1,73,63,63,64FAMILY PLANNING SERVICES00\$0.00937899\$47,261,64364\$1,73,663,66\$1,73,663,66IOWA PLAN PROGRAM11\$77,5942,83044,043\$3,104,544,4337,34741,306\$1,034,476,17MANAGED SUBSTANCE ABUSE00\$0.000\$0.000\$0.00\$0.00\$0.00\$0.00EPSDT SCREENING00\$0.000\$0.00\$0.00\$0.00\$1,139\$275,385,38PATIENT MANAGEMENT00\$0.000\$0.00\$0.00\$1,139\$275,385,38PATIENT MANAGEMENT00\$0.00\$1,474\$155,673,72\$231,237\$35,297.62MEDICAL SUPPLIES12\$69,266,668\$47,680\$1,215,634,95708\$16,732\$36,39,95FAMILY PRESERVATION00\$0.001,177\$2,907	AMBULANCE SERVICES	0	0			,	. , ,	188	187	
EARLY ACCESS SERVICES00\$0.00101740\$13,838.1600\$0.00PRESCRIBED DRUGS110\$666.7632.888176.83\$13,322.955.0916.96944,749\$2,175,045.73DRUG CAPITATION00\$0.000\$0.000\$0.000\$0.000\$0.00INDIAN HEALTH SERVICES00\$0.000\$0.000\$0.000\$0.00FAMILY PLANNING SERVICES00\$0.00937989\$47,261.643,6643,848\$178,963.96IOWA PLAN PROGRAM11\$77.5942,83044,043\$3,104,544.4337,34741,306\$1,034,476.17MANAGED SUBSTANCE ABUSE00\$0.0000\$0.000\$0.00\$0.00MENTAL HEALTH ACCESS PLAN00\$0.00372432\$16,732.49170197\$6,382.70HMO SERVICES00\$0.0000\$0.0010\$0.00\$27,538.38\$1,237,538.38\$1,237\$23,81.44\$100,939.95PATIENT MANAGEMENT00\$0.006751,474\$155,673.72\$231,237\$35,297.62MEDICAL SUPPLIES12\$69,266,668\$47,680\$1,215,634.9570818,514\$100,939.95OTHER PRACTITIONER00\$0.001772,907\$81,613.0944867\$21,616.85 <tr<tr>FAMILY CENTERED PROGRAM0<</tr<tr>		0	0				. ,			
PRESCRIBED DRUGS110\$\$65.7632,888176,838\$13,322,955.0916,96944,749\$2,175,045.73DRUG CAPITATION00\$0.000\$0.000\$0.000\$0.00INDIAN HEALTH SERVICES00\$0.000\$0.000\$0.00\$0.00FAMILY PLANNING SERVICES00\$0.00937989\$47,261.643.6443.848\$178,963.96IOWA PLAN PROGRAM11\$77.5942,83044,043\$3,104,544.4337,34741,306\$1,034,476.17MANAGED SUBSTANCE ABUSE00\$0.000\$0.000\$0.000\$0.00MENTAL HEALTH ACCESS PLAN00\$0.000\$0.000\$0.00\$0.00HMO SERVICES00\$0.000\$0.001,0971,139\$275,385.38PATIENT MANAGEMENT00\$0.000\$0.00\$0.00\$0.00\$4,340\$46,880.00HEALTH INS PREMIUM PAYMENT0\$0.006751,474\$15,673.72\$231,237\$35,297.62MEDICAL SUPPLIES12\$69,266,668\$54,780\$1,215,634.9570818,514\$100,939.95OTHER PRACTITIONER0\$0.0011772,907\$81,613.0944867\$21,616.85FAMILY PRESERVATION0\$0.0011772,907\$81,613.0944867\$21,616.85GROUP TREATMENT THERAPY0 <td></td> <td>0</td> <td>0</td> <td></td> <td></td> <td>,</td> <td></td> <td></td> <td>,</td> <td>. ,</td>		0	0			,			,	. ,
DRUG CAPITATION 0 0 \$0.00 0 \$0.00 0 \$0.00 INDIAN HEALTH SERVICES 0 0 \$0.00 0 \$0.00 0 \$0.00 FAMILY PLANNING SERVICES 0 0 \$0.00 937 998 \$47.261.64 3.664 3.848 \$178,963.96 IOWA PLAN PROGRAM 1 1 \$77.59 42.830 44.043 \$3.104.544.43 37.347 41.306 \$1.034.476.17 MANAGED SUBSTANCE ABUSE 0 0 \$0.00 0 \$0.00 0 \$0.00 \$0.00 \$0.00 \$1.034.476.17 MANAGED SUBSTANCE ABUSE 0 0 \$0.00 0 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$4.023 \$1.673.72 \$1.737 \$275.385.38 PATIENT MANAGEMENT 0 0 \$0.00 \$1.474 \$155.673.72 \$523 \$1.237 \$35.297.62 MEDICAL SUPPLIES 1 2 \$69.26 \$6.68 \$47.680 </td <td></td> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>16.969</td> <td></td> <td></td>		1						16.969		
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IOWA PLAN PROGRAM11\$77.5942,83044,043\$3,104,544.4337,34741,306\$1,034,476.17MANAGED SUBSTANCE ABUSE00\$0.000\$0.000\$0.00<		0	0	•	937	989		3.664	3.848	
MANAGED SUBSTANCE ABUSE00\$0.000\$0.00\$0.000\$0.00MENTAL HEALTH ACCESS PLAN00\$0.000\$0.000\$0.00\$0.00\$0.00EPSDT SCREENING00\$0.00372432\$16,732.49170197\$6,382.70HMO SERVICES00\$0.000\$0.00\$0.001,0971,139\$275,385.38PATIENT MANAGEMENT00\$0.000\$0.0024,340\$48,680.00HEALTH INS PREMIUM PAYMENT00\$0.006751,474\$155,673.722231,237\$35,297.62MEDICAL SUPPLIES12\$69.266,668547,680\$1,215,634.9570818,514\$100,939.95OTHER PRACTITIONER00\$0.002,11012,969\$304,321.487791,758\$96,434.82FAMILY CENTERED PROGRAM00\$0.001772,907\$81,613.0944867\$21,616.85FAMILY PRESERVATION00\$0.00116\$671.200\$0.00\$0.00GROUP TREATMENT THERAPY00\$0.008250\$11,104.11258\$3,512.68DENTAL00\$0.00\$3,3154,089\$552,366.362,9293,905\$590,732.82OPTOMETRIST00\$0.001,9184,891\$77,952.581,6563,918\$126,437.62OPTOMETRIST00 </td <td>IOWA PLAN PROGRAM</td> <td>1</td> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td>,</td> <td>-</td> <td></td>	IOWA PLAN PROGRAM	1	1					,	-	
MENTAL HEALTH ACCESS PLAN00\$0.00\$0	MANAGED SUBSTANCE ABUSE	0	0	\$0.00	,	,		,	,	
EPSDT SCREENING00\$0.00\$0.00372432\$16,732.49170197\$6,382.70HMO SERVICES00\$0.000\$0.00\$0.00\$0.00\$0.00\$2,340\$275,385.38PATIENT MANAGEMENT00\$0.000\$0.00\$0.00\$24,340\$48,680.00HEALTH INS PREMIUM PAYMENT00\$0.006751,474\$155,673.725231,237\$35,297.62MEDICAL SUPPLIES12\$69.266,668\$47,680\$1,215,634.9570818,514\$100,939.95OTHER PRACTITIONER00\$0.002,11012,969\$304,321.487791,758\$96,434.82FAMILY CENTERED PROGRAM00\$0.0011772,907\$81,613.0944867\$21,616.85FAMILY PRESERVATION00\$0.00116\$671.200\$0.00\$0.00GROUP TREATMENT THERAPY00\$0.008250\$11,104.11258\$3,512.68DENTAL00\$0.003,3154,089\$552,396.362,9293,905\$590,732.82OPTOMETRIST00\$0.002,0382,584\$12,162.711,3471,665\$103,623.14CHIROPRACTIC00\$0.001,9184,891\$77,952.581,6563,918\$12,6437.62	MENTAL HEALTH ACCESS PLAN	0	0		0	0		0	0	
PATIENT MANAGEMENT00\$0.00\$0.000\$0.00\$4,340\$24,340\$24,340\$24,340\$48,680.00HEALTH INS PREMIUM PAYMENT00\$0.006751,474\$155,637.725231,237\$35,297.62MEDICAL SUPPLIES12\$69,266,668547,680\$1,215,634.9570818,514\$100,939.95OTHER PRACTITIONER00\$0.002,11012,969\$304,321.487791,758\$96,434.82FAMILY CENTERED PROGRAM00\$0.001772,907\$81,613.0944867\$21,616.85FAMILY PRESERVATION00\$0.000\$0.000\$0.00\$0.00TREATMENT FOSTER FAMILY CARE00\$0.00116\$671.200\$0.00GROUP TREATMENT THERAPY00\$0.00\$3,3154,089\$552,396.362,9293,905\$590,732.82DENTAL00\$0.002,0382,584\$121,621.711,3471,665\$103,623.14CHIROPRACTIC00\$0.001,9184,891\$77,952.581,6563,918\$126,437.62	EPSDT SCREENING	0	0		372	432		170	197	
HEALTH INS PREMIUM PAYMENT00\$0.00\$0.006751,474\$155,673.725231,237\$35,297.62MEDICAL SUPPLIES12\$69.266,668547,680\$1,215,634.9570818,514\$100,939.95OTHER PRACTITIONER00\$0.002,11012,969\$304,321.487791,758\$96,434.82FAMILY CENTERED PROGRAM00\$0.001772,907\$81,613.0944867\$21,616.85FAMILY PRESERVATION00\$0.000\$0.000\$0.00\$0.00\$0.00TREATMENT FOSTER FAMILY CARE00\$0.00116\$671.200\$0.00\$0.00GROUP TREATMENT THERAPY00\$0.008250\$11,104.11258\$3,512.68DENTAL00\$0.003,3154,089\$552,396.362,9293,905\$590,732.82OPTOMETRIST00\$0.002,0382,584\$121,621.711,3471,665\$103,623.14CHIROPRACTIC00\$0.001,9184,891\$77,952.581,6563,918\$126,437.62	HMO SERVICES	0	0	\$0.00	0	0	\$0.00	1,097	1,139	\$275,385.38
HEALTH INS PREMIUM PAYMENT00\$0.00\$0.006751,474\$155,673.725231,237\$35,297.62MEDICAL SUPPLIES12\$69.266,668547,680\$1,215,634.9570818,514\$100,939.95OTHER PRACTITIONER00\$0.002,11012,969\$304,321.487791,758\$96,434.82FAMILY CENTERED PROGRAM00\$0.001772,907\$81,613.0944867\$21,616.85FAMILY PRESERVATION00\$0.000\$0.000\$0.00\$0.00\$0.00TREATMENT FOSTER FAMILY CARE00\$0.00116\$671.200\$0.00\$0.00GROUP TREATMENT THERAPY00\$0.008250\$11,104.11258\$3,512.68DENTAL00\$0.003,3154,089\$552,396.362,9293,905\$590,732.82OPTOMETRIST00\$0.002,0382,584\$121,621.711,3471,665\$103,623.14CHIROPRACTIC00\$0.001,9184,891\$77,952.581,6563,918\$126,437.62	PATIENT MANAGEMENT	0	0	\$0.00	0	0	\$0.00	24,340	24,340	\$48,680.00
OTHER PRACTITIONER00\$0.002,11012,969\$304,321.487791,758\$96,434.82FAMILY CENTERED PROGRAM00\$0.001772,907\$81,613.0944867\$21,616.85FAMILY PRESERVATION00\$0.000\$0.000\$0.000\$0.00TREATMENT FOSTER FAMILY CARE00\$0.00116\$671.2000\$0.00GROUP TREATMENT THERAPY00\$0.008250\$11,104.11258\$3,512.68DENTAL00\$0.003,3154,089\$552,396.362,9293,905\$590,732.82OPTOMETRIST00\$0.002,0382,584\$121,621.711,3471,665\$103,623.14CHIROPRACTIC00\$0.001,9184,891\$77,952.581,6563,918\$126,437.62	HEALTH INS PREMIUM PAYMENT	0	0		675	1,474				
FAMILY CENTERED PROGRAM00\$0.00\$0.001772,907\$81,613.0944867\$21,616.85FAMILY PRESERVATION00\$0.000\$0.000\$0.00 <td>MEDICAL SUPPLIES</td> <td>1</td> <td>2</td> <td>\$69.26</td> <td>6,668</td> <td>547,680</td> <td>\$1,215,634.95</td> <td>708</td> <td>18,514</td> <td>\$100,939.95</td>	MEDICAL SUPPLIES	1	2	\$69.26	6,668	547,680	\$1,215,634.95	708	18,514	\$100,939.95
FAMILY CENTERED PROGRAM00\$0.00\$0.001772,907\$81,613.0944867\$21,616.85FAMILY PRESERVATION00\$0.000\$0.000\$0.00 <td>OTHER PRACTITIONER</td> <td>0</td> <td>0</td> <td>\$0.00</td> <td>2,110</td> <td>12,969</td> <td>\$304,321.48</td> <td>779</td> <td></td> <td>\$96,434.82</td>	OTHER PRACTITIONER	0	0	\$0.00	2,110	12,969	\$304,321.48	779		\$96,434.82
FAMILY PRESERVATION00\$0.00\$0.00\$0.00\$0.00\$0.00TREATMENT FOSTER FAMILY CARE00\$0.00116\$671.2000\$0.00GROUP TREATMENT THERAPY00\$0.008250\$11,104.11258\$3,512.68DENTAL00\$0.00\$0.003,3154,089\$552,396.362,9293,905\$590,732.82OPTOMETRIST00\$0.002,0382,584\$121,621.711,3471,665\$103,623.14CHIROPRACTIC00\$0.001,9184,891\$77,952.581,6563,918\$126,437.62	FAMILY CENTERED PROGRAM	0	0		177			44	-	
GROUP TREATMENT THERAPY00\$0.008250\$11,104.11258\$3,512.68DENTAL00\$0.003,3154,089\$552,396.362,9293,905\$590,732.82OPTOMETRIST00\$0.002,0382,584\$121,621.711,3471,665\$103,623.14CHIROPRACTIC00\$0.001,9184,891\$77,952.581,6563,918\$126,437.62	FAMILY PRESERVATION	0	0	\$0.00	0		\$0.00	0	0	\$0.00
GROUP TREATMENT THERAPY00\$0.008250\$11,104.11258\$3,512.68DENTAL00\$0.003,3154,089\$552,396.362,9293,905\$590,732.82OPTOMETRIST00\$0.002,0382,584\$121,621.711,3471,665\$103,623.14CHIROPRACTIC00\$0.001,9184,891\$77,952.581,6563,918\$126,437.62	TREATMENT FOSTER FAMILY CARE	0	0	\$0.00	1	16	\$671.20	0	0	\$0.00
OPTOMETRIST00\$0.002,0382,584\$121,621.711,3471,665\$103,623.14CHIROPRACTIC00\$0.001,9184,891\$77,952.581,6563,918\$126,437.62	GROUP TREATMENT THERAPY	0	0		8	250	\$11,104.11	2	58	\$3,512.68
OPTOMETRIST00\$0.002,0382,584\$121,621.711,3471,665\$103,623.14CHIROPRACTIC00\$0.001,9184,891\$77,952.581,6563,918\$126,437.62	DENTAL	0	0		3,315		. ,	2,929		
CHIROPRACTIC 0 0 \$0.00 1,918 4,891 \$77,952.58 1,656 3,918 \$126,437.62	OPTOMETRIST	0	0		,	,	. ,		,	. ,
		0	0		,	,		,	,	. ,
		0	0		,	1,757			-	\$33,836.66

RUN DATE 05/21/05

TITLE XIX MONTHLY REPORT OF EXPENDITURES

	RECIPS	UNITS OF	AMOUNT	RECIPS	UNITS OF	AMOUNT	RECIPS	UNITS OF	AMOUNT
CATEGORY OF SERVICE	SERVED	SERVICE	PAID	<u>SERVED</u>	SERVICE	PAID	SERVED	SERVICE	PAID
PHYSICIAL DISABILITIES SVCS	0	0	\$0.00	281	10,514	\$136,885.65	0	0	\$0.00
BRAIN INJ WAIVER SERVICES	0	0	\$0.00	124	7,740	\$197,045.69	0	0	\$0.00
PSYCHIATRIC	0	0	\$0.00	2,328	4,820	\$157,777.12	11	20	\$1,088.29
RESIDENTIAL CARE FACILITY	0	0	\$0.00	1,475	44,089	\$331,813.45	1	0	-\$129.24
MR WAIVER SERVICE	0	0	\$0.00	1,013	61,034	\$2,520,986.98	0	0	\$0.00
MR OBRA WAIVER SERVICES	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
AIDS WAIVER SERVICES	0	0	\$0.00	7	588	\$6,215.64	0	0	\$0.00
ELDERLY WAIVER SERVICES	0	0	\$0.00	89	3,300	\$49,463.36	0	0	\$0.00
ILL & HANDICAPPED WAIVER SVCS	0	0	\$0.00	1,372	62,351	\$1,003,812.70	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	1,973	1,471	\$193,532.15	10	13	\$2,967.39
UNASSIGNED	0	0	\$0.00	2	0	\$0.00	0	0	\$0.00
ALL CATEGORIES*	2	15	\$879.55	47,234	1,476,730	\$45,610,062.46	42,490	245,126	\$12,263,620.13

RUN DATE 05/21/05

TITLE XIX MONTHLY REPORT OF EXPENDITURES

CATEGORY OF SERVICE	<u>RECIPS</u> SERVED	UNITS OF SERVICE ADC - CHILD	AMOUNT PAID	<u>RECIPS</u> SERVED	UNITS OF SERVICE CMAP	<u>AMOUNT</u> <u>PAID</u>	<u>RECIPS</u> SERVED	UNITS OF SERVICE OTHER	AMOUNT PAID
INPATIENT	440	1,468	\$1,968,074.60	385	8,190	\$1,572,813.17	1,600	6,679	-\$5,635,751.47
OUTPATIENT	6,535	34,061	\$1,444,352.17	1,436	10,240	\$341,513.57	8,998	61,133	-\$3,408,598.07
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	5	\$1,689.85	3	8	\$672.50
INTERMEDIATE CARE FACILITY	0	0	\$0.00	0	0	\$0.00	6	75	-\$15,384.78
INTER CARE MENTAL RETARDA	0	0	\$0.00	0	0	\$0.00	1	0	-\$1,929,400.00
NURSING FAC FOR MENTAL ILL	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
HOME HEALTH	355	1,702	\$58,236.97	58	164	\$9,483.27	467	1,803	\$43,709.67
LEAD INSPECTION AGENCY	6	6	\$2,134.14	0	0	\$0.00	0	0	\$0.00
PHYSICIAN	18,506	31,223	\$2,015,592.38	3,069	5,422	\$413,162.16	23,208	42,282	\$3,169,424.93
CLINIC SERVICES	3,133	3,944	\$464,830.80	593	834	\$89,575.46	4,243	6,231	\$1,443,058.51
MEP CASE MANAGEMENT	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
LAB AND RADIOLOGICAL	882	1,923	\$24,918.91	294	927	\$15,621.47	1,959	5,222	\$84,614.40
REHAB SUPPORT SERVICES	0	0	\$0.00	15	487	\$17,618.05	4	30	\$1,273.27
AMBULANCE SERVICES	134	136	\$22,816.84	44	45	\$6,958.44	144	148	\$18,766.08
LOCAL EDUCATION AGENCY	176	24,751	\$214,016.85	27	3,285	\$20,159.32	107	19,799	\$184,237.78
EARLY ACCESS SERVICES	96	621	\$12,713.80	15	93	\$1,846.52	117	646	\$12,879.09
PRESCRIBED DRUGS	17,943	31,669	\$1,599,618.39	3,439	7,813	\$458,340.14	20,390	35,912	\$1,675,457.45
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	583	599	\$27,666.39	443	475	\$21,267.26	1,138	1,170	\$56,007.02
IOWA PLAN PROGRAM	61,997	66,876	\$735,270.43	9,699	10,837	\$224,957.61	68,163	76,046	\$931,797.94
MANAGED SUBSTANCE ABUSE	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
MENTAL HEALTH ACCESS PLAN	0	0	\$0.00	0	0	\$0.00	1	0	-\$60.00
EPSDT SCREENING	4,657	5,250	\$330,481.67	838	940	\$56,825.34	6,198	6,972	\$547,409.91
HMO SERVICES	1,909	1,981	\$204,752.79	279	280	\$36,855.26	1,676	1,750	\$249,338.01
PATIENT MANAGEMENT	42,324	42,324	\$84,648.00	5,830	5,830	\$11,660.00	46,617	46,617	\$93,234.00
HEALTH INS PREMIUM PAYMENT	813	1,963	\$47,196.78	47	101	\$4,316.86	3,044	8,421	\$210,649.02
MEDICAL SUPPLIES	872	9,428	\$89,470.81	140	3,288	\$18,124.02	905	15,182	\$101,840.03
OTHER PRACTITIONER	1,879	6,646	\$164,526.06	273	755	\$25,602.45	2,235	7,387	\$219,011.24
FAMILY CENTERED PROGRAM	688	10,188	\$294,218.10	277	3,781	\$119,009.32	430	7,442	\$217,320.52
FAMILY PRESERVATION	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
TREATMENT FOSTER FAMILY CARE	1	2	\$84.92	8	66	\$2,782.97	1	10	\$433.10
GROUP TREATMENT THERAPY	5	77	\$3,404.63	20	509	\$27,078.61	11	252	\$12,053.96
DENTAL	3,908	4,498	\$568,006.73	712	878	\$127,303.02	4,720	5,509	\$694,049.55
OPTOMETRIST	1,180	1,357	\$78,125.73	268	312	\$19,295.66	1,307	1,529	\$86,205.62
CHIROPRACTIC	891	1,659	\$51,250.11	165	373	\$12,200.65	1,097	2,255	\$64,944.32
PODIATRIC	60	76	\$8,498.56	25	34	\$3,393.96	70	89	\$9,516.96

RUN DATE 05/21/05

TITLE XIX MONTHLY REPORT OF EXPENDITURES

	RECIPS	UNITS OF	AMOUNT	RECIPS	UNITS OF	AMOUNT	RECIPS	UNITS OF	AMOUNT
CATEGORY OF SERVICE	SERVED	SERVICE	PAID	<u>SERVED</u>	SERVICE	PAID	<u>SERVED</u>	SERVICE	PAID
PHYSICIAL DISABILITIES SVCS	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
BRAIN INJ WAIVER SERVICES	0	0	\$0.00	0	0	\$0.00	1	0	-\$54.49
PSYCHIATRIC	2	5	\$295.99	10	26	\$1,604.74	17	25	\$1,278.21
RESIDENTIAL CARE FACILITY	0	0	\$0.00	0	0	\$0.00	3	-14	-\$1,062.17
MR WAIVER SERVICE	1	19	\$613.89	3	242	\$5,787.31	4	45	-\$42,906.37
MR OBRA WAIVER SERVICES	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	1	0	-\$531.41	3	10	\$153.71
ILL & HANDICAPPED WAIVER SVCS	0	0	\$0.00	0	0	\$0.00	3	135	\$1,555.12
COUNTY OFFICE REIMBURSEMENT	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
MEP SERVICES	2	2	\$376.36	6	1	-\$45.52	10	1	\$446,076.21
UNASSIGNED	0	0	\$0.00	0	0	\$0.00	1	0	\$575,995.23
ALL CATEGORIES*	68,545	284,454	\$10,516,193.80	10,641	66,233	\$3,666,269.53	75,694	360,801	\$119,746.01

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TITLE XIX MONTHLY REPORT OF EXPENDITURES

CATEGORY OF SERVICE	<u>RECIPS</u> SERVED	UNITS OF SERVICE	<u>AMOUNT</u> <u>PAID</u>	<u>RECIPS</u> SERVED	UNITS OF SERVICE	<u>AMOUNT</u> <u>PAID</u>	SERVED		AMOUNT PAID
		PRESUB - SL			ATE CARE FA			NEEDY NO S	
INPATIENT	39	686	\$174,818.19	733	2,643	\$573,972.13	51	178	\$204,478.25
OUTPATIENT	821	5,582	\$179,260.40	3,560	40,213	\$557,939.76	441	4,728	\$139,044.72
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	189	2,067	-\$25,333.62	2	5	\$0.00
INTERMEDIATE CARE FACILITY	0	0	\$0.00	9,955	289,123	\$24,087,897.17	5	31	\$2,142.40
INTER CARE MENTAL RETARDA	3	112	\$32,090.45	0	0	\$0.00	0	0	\$0.00
NURSING FAC FOR MENTAL ILL	0	0	\$0.00	17	511	\$94,476.77	0	0	\$0.00
HOME HEALTH	80	2,083	\$61,545.16	2,954	42,171	\$2,019,960.21	68	776	\$29,454.75
LEAD INSPECTION AGENCY	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
PHYSICIAN	2,361	3,668	\$200,784.44	7,280	35,426	\$490,488.50	883	2,578	\$136,772.92
CLINIC SERVICES	313	433	\$48,814.24	699	351	\$82,464.36	106	114	\$15,705.90
MEP CASE MANAGEMENT	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
LAB AND RADIOLOGICAL	172	466	\$6,272.10	97	257	\$2,647.75	78	190	\$3,290.98
REHAB SUPPORT SERVICES	2	90	\$4,278.60	10	212	\$8,166.65	37	1,046	\$64,847.27
AMBULANCE SERVICES	12	12	\$1,167.18	475	631	\$48,644.48	19	21	\$4,738.94
LOCAL EDUCATION AGENCY	90	21,959	\$158,322.84	6	1,784	\$20,392.59	0	0	\$0.00
EARLY ACCESS SERVICES	26	156	\$2,789.68	3	20	\$278.94	0	0	\$0.00
PRESCRIBED DRUGS	4,629	11,430	\$937,937.18	18,033	138,321	\$6,063,924.38	1,497	7,233	\$376,708.71
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	256	274	\$12,536.01	28	30	\$1,797.66	117	125	\$5,629.40
IOWA PLAN PROGRAM	9,508	9,926	\$830,797.96	1,748	1,800	\$99,186.83	1,573	1,799	\$53,604.39
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	281	309	\$14,486.37	3	3	\$30.72	20	20	\$661.81
HMO SERVICES	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
PATIENT MANAGEMENT	126	126	\$252.00	0	0	\$0.00	0	0	\$0.00
HEALTH INS PREMIUM PAYMENT	132	265	\$11,125.41	30	49	\$8,040.35	5	9	\$2,165.55
MEDICAL SUPPLIES	200	14,942	\$33,463.55	3,570	284,105	\$442,656.02	145	10,389	\$25,779.99
OTHER PRACTITIONER	495	2,676	\$74,523.70	379	1,179	\$23,324.80	52	176	\$8,562.35
FAMILY CENTERED PROGRAM	742	12,080	\$344,604.84	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	504	5,006	\$212.183.53	0	0	\$0.00	0	0	\$0.00
GROUP TREATMENT THERAPY	886	33,302	\$2,025,798.84	0	0	\$0.00	0	0	\$0.00
DENTAL	831	949	\$114,419.47	766	919	\$111,288.54	179	235	\$39,220.05
OPTOMETRIST	322	361	\$20,351.08	721	954	\$26,911.60	113	148	\$7,160.88
CHIROPRACTIC	107	209	\$6,429.81	216	517	\$4,477.09	115	255	\$6,783.72
PODIATRIC	28	33	\$2,566.87	1,371	1,861	\$28,833.43	41	57	\$2,955.44

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TITLE XIX MONTHLY REPORT OF EXPENDITURES

	RECIPS	UNITS OF	AMOUNT	RECIPS	UNITS OF	AMOUNT	RECIPS	UNITS OF	AMOUNT
CATEGORY OF SERVICE	SERVED	SERVICE	PAID	<u>SERVED</u>	SERVICE	PAID	SERVED	SERVICE	PAID
PHYSICIAL DISABILITIES SVCS	0	0	\$0.00	98	3,436	\$40,994.58	0	0	\$0.00
BRAIN INJ WAIVER SERVICES	18	1,746	\$32,849.19	217	11,589	\$352,792.45	0	0	\$0.00
PSYCHIATRIC	8	8	\$1,043.50	276	457	\$13,881.26	36	61	\$2,119.08
RESIDENTIAL CARE FACILITY	4	65	\$912.87	11	1	-\$2,624.18	1	30	\$252.65
MR WAIVER SERVICE	147	7,253	\$196,198.69	12	282	\$13,406.53	1	28	\$662.76
MR OBRA WAIVER SERVICES	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
AIDS WAIVER SERVICES	0	0	\$0.00	27	2,217	\$20,381.31	0	0	\$0.00
ELDERLY WAIVER SERVICES	0	0	\$0.00	5,105	217,170	\$2,345,084.55	0	0	\$0.00
ILL & HANDICAPPED WAIVER SVCS	19	650	\$9,576.68	24	1,309	\$15,542.49	0	0	\$0.00
COUNTY OFFICE REIMBURSEMENT	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
MEP SERVICES	153	149	\$26,340.85	133	75	\$8,199.18	16	6	\$969.05
UNASSIGNED	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
ALL CATEGORIES*	9,752	137,006	\$5,778,541.68	17,057	1,081,683	\$37,580,125.28	2,300	30,238	\$1,133,711.96

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TITLE XIX MONTHLY REPORT OF EXPENDITURES

CATEGORY OF SERVICE	RECIPS SERVED	UNITS OF SERVICE	<u>AMOUNT</u> <u>PAID</u>	<u>RECIPS</u> <u>SERVED</u>	UNITS OF SERVICE	<u>AMOUNT</u> <u>PAID</u>		<u>UNITS OF</u> SERVICE	<u>AMOUNT</u> <u>PAID</u>
	MEDICAL	LY NEEDY WI	SPEND DN	<u>01</u>	<u>FHER TXXI</u>		OTHER BREA	ST CERVICAL	<u>_ CANCER</u>
INPATIENT	244	1,208	\$1,097,054.09	43	385	\$175,673.27	4	14	\$11,689.82
OUTPATIENT	782	10,298	\$412,827.42	823	5,007	\$193,814.68	84	1,296	\$96,343.65
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	3	50	\$0.00	0	0	\$0.00	0	0	\$0.00
INTERMEDIATE CARE FACILITY	2	0	\$283.01	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	121	1,495	\$76,366.32	14	29	\$1,569.02	1	14	\$900.60
LEAD INSPECTION AGENCY	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
PHYSICIAN	1,451	7,442	\$321,266.50	2,412	3,595	\$208,867.64	134	468	\$97,756.95
CLINIC SERVICES	142	136	\$16,642.23	479	618	\$70,487.39	15	18	\$3,492.36
MEP CASE MANAGEMENT	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
LAB AND RADIOLOGICAL	52	152	\$2,190.99	122	315	\$4,774.67	24	74	\$895.63
REHAB SUPPORT SERVICES	45	1,035	\$60,481.62	0	0	\$0.00	0	0	\$0.00
AMBULANCE SERVICES	69	76	\$9,805.43	20	20	\$3,934.36	3	4	\$552.23
LOCAL EDUCATION AGENCY	0	0	\$0.00	29	3,335	\$34,545.14	0	0	\$0.00
EARLY ACCESS SERVICES	0	0	\$0.00	4	24	\$381.38	0	0	\$0.00
PRESCRIBED DRUGS	1,330	6,642	\$539,051.09	2,838	5,054	\$302,862.35	137	467	\$31,922.97
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	19	15	\$679.47	208	215	\$10,204.38	1	1	\$18.69
IOWA PLAN PROGRAM	0	0	\$0.00	10,504	11,318	\$133,563.30	180	187	\$14,509.33
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	2	3	\$75.76	454	480	\$24,416.03	0	0	\$0.00
HMO SERVICES	0	0	\$0.00	218	225	\$21,165.67	0	0	\$0.00
PATIENT MANAGEMENT	0	0	\$0.00	7,652	7,652	\$15,304.00	0	0	\$0.00
HEALTH INS PREMIUM PAYMENT	0	0	\$0.00	51	111	\$3,372.43	0	0	\$0.00
MEDICAL SUPPLIES	299	18,179	\$36,096.45	72	1,775	\$6,419.18	15	678	\$2,318.28
OTHER PRACTITIONER	66	333	\$10,153.23	307	1,504	\$31,863.36	13	21	\$1,428.74
FAMILY CENTERED PROGRAM	0	0	\$0.00	84	1,460	\$43,218.26	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	2	15	\$654.40	0	0	\$0.00
GROUP TREATMENT THERAPY	0	0	\$0.00	6	163	\$10,816.10	0	0	\$0.00
DENTAL	146	207	\$29,629.65	1,005	1,161	\$150,471.96	18	23	\$3,107.30
OPTOMETRIST	91	127	\$4,923.01	339	393	\$22,863.58	8	10	\$674.18
CHIROPRACTIC	65	146	\$2,453.16	202	356	\$11,300.51	16	50	\$1,474.23
PODIATRIC	45	69	\$1,887.94	20	30	\$3,721.93	6	7	\$344.76

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TITLE XIX MONTHLY REPORT OF EXPENDITURES

	RECIPS	UNITS OF	AMOUNT	RECIPS	UNITS OF	AMOUNT	RECIPS	UNITS OF	AMOUNT
CATEGORY OF SERVICE	<u>SERVED</u>	SERVICE	PAID	<u>SERVED</u>	SERVICE	PAID	SERVED	SERVICE	PAID
PHYSICIAL 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	103	210	\$7,754.48	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	1	24	\$617.16	0	0	\$0.00
MR OBRA WAIVER SERVICES	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	74	43	\$7,252.62	3	1	\$142.22	0	0	\$0.00
UNASSIGNED	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
ALL CATEGORIES*	2,151	47,866	\$2,636,874.47	10,124	45,265	\$1,487,024.37	179	3,332	\$267,429.72

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TITLE XIX MONTHLY REPORT OF EXPENDITURES

CATEGORY OF SERVICE	<u>RECIPS</u> SERVED	<u>UNITS OF</u> SERVICE	<u>AMOUNT</u> PAID	<u>RECIPS</u> SERVED	UNITS OF SERVICE	<u>AMOUNT</u> PAID		<u>UNITS OF</u> SERVICE	<u>AMOUNT</u> PAID
CATEGORY OF SERVICE	SERVED	STATE ONLY	PAID		- FED CNTY			EDICAID ONL	
INPATIENT	13	56	-\$14,774.26	137	524	\$218,269.32	0	0	\$0.00
OUTPATIENT	223	1,991	\$104,100.41	1,857	20,386	\$338,294.86	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	1	60	\$27,900.00	5	33	\$10,076.39	0	0	\$0.00
INTERMEDIATE CARE FACILITY	0	0	\$0.00	7	103	\$8,544.41	0	0	\$0.00
INTER CARE MENTAL RETARDA	0	0	\$0.00	1,541	47,160	\$12,677,487.20	0	0	\$0.00
NURSING FAC FOR MENTAL ILL	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
HOME HEALTH	10	115	\$8,546.56	731	20,866	\$728,867.79	0	0	\$0.00
LEAD INSPECTION AGENCY	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
PHYSICIAN	435	949	\$68,118.53	3,836	13,052	\$314,107.47	0	0	\$0.00
CLINIC SERVICES	66	87	\$10,852.74	275	257	\$29,572.50	0	0	\$0.00
MEP CASE MANAGEMENT	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
LAB AND RADIOLOGICAL	45	116	\$1,915.71	166	521	\$5,930.04	0	0	\$0.00
REHAB SUPPORT SERVICES	4	85	\$6,264.26	34	490	\$23,576.75	0	0	\$0.00
AMBULANCE SERVICES	6	6	\$1,064.42	74	89	\$9,108.32	0	0	\$0.00
LOCAL EDUCATION AGENCY	1	23	\$159.32	362	126,513	\$1,014,602.84	0	0	\$0.00
EARLY ACCESS SERVICES	0	0	\$0.00	25	161	\$2,582.19	0	0	\$0.00
PRESCRIBED DRUGS	728	2,829	\$172,016.33	7,156	32,175	\$2,545,037.12	2	14	\$946.10
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	17	17	\$707.93	464	491	\$23,507.51	0	0	\$0.00
IOWA PLAN PROGRAM	1,126	1,183	\$99,773.53	8,914	8,968	\$659,163.43	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	9	9	\$266.69	75	102	\$3,112.86	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	3	8	\$611.30	426	888	\$90,618.77	0	0	\$0.00
MEDICAL SUPPLIES	84	4,147	\$16,570.65	1,457	215,300	\$295,852.05	0	0	\$0.00
OTHER PRACTITIONER	29	78	\$3,993.80	1,076	9,616	\$229,991.89	0	0	\$0.00
FAMILY CENTERED PROGRAM	7	76	\$2,900.60	5	29	\$1,106.51	0	0	\$0.00
FAMILY PRESERVATION	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
TREATMENT FOSTER FAMILY CARE	4	43	\$1,881.52	0	0	\$0.00	0	0	\$0.00
GROUP TREATMENT THERAPY	7	248	\$15,585.34	0	0	\$0.00	0	0	\$0.00
DENTAL	76	94	\$14,679.10	1,054	1,170	\$101,617.94	0	0	\$0.00
OPTOMETRIST	42	54	\$3,390.93	397	460	\$19,076.67	0	0	\$0.00
CHIROPRACTIC	38	79	\$2,670.98	230	519	\$9,224.93	0	0	\$0.00
PODIATRIC	16	22	\$3,253.60	429	579	\$14,314.33	0	0	\$0.00

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TITLE XIX MONTHLY REPORT OF EXPENDITURES

	RECIPS	UNITS OF	AMOUNT	RECIPS	UNITS OF	AMOUNT	RECIPS	UNITS OF	AMOUNT
CATEGORY OF SERVICE	SERVED	SERVICE	PAID	<u>SERVED</u>	SERVICE	PAID	<u>SERVED</u>	SERVICE	PAID
PHYSICIAL DISABILITIES SVCS	0	0	\$0.00	3	256	\$3,188.01	0	0	\$0.00
BRAIN INJ WAIVER SERVICES	0	0	\$0.00	121	6,127	\$145,660.64	0	0	\$0.00
PSYCHIATRIC	1	1	\$126.04	344	537	\$19,469.29	0	0	\$0.00
RESIDENTIAL CARE FACILITY	1	30	\$92.10	16	335	\$3,004.40	0	0	\$0.00
MR WAIVER SERVICE	1	29	\$5,045.42	6,811	431,444	\$15,916,042.07	0	0	\$0.00
MR OBRA WAIVER SERVICES	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	1	62	\$622.17	8	240	\$5,164.20	0	0	\$0.00
ILL & HANDICAPPED WAIVER SVCS	1	12	\$453.72	143	6,218	\$101,254.62	0	0	\$0.00
COUNTY OFFICE REIMBURSEMENT	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
MEP SERVICES	1	1	\$215.00	5,919	6,061	\$1,040,628.81	0	0	\$0.00
UNASSIGNED	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
ALL CATEGORIES*	1,179	12,510	\$559,004.44	8,893	951,670	\$36,608,056.13	1	14	\$946.10

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TITLE XIX MONTHLY REPORT OF EXPENDITURES

RECIPS	UNITS OF	AMOUNT
SERVED	SERVICE	PAID

	RECIPS	UNITS OF	AMOUNT	RECIPS	UNITS OF	AMOUNT			
CATEGORY OF SERVICE	SERVED	SERVICE	PAID	SERVED	SERVICE	PAID			
CATEGORY OF SERVICE SERVICE PAID SERVICE FEDERAL MEDICAID ONLY BLIND TOTAL									
INPATIENT 0 0 \$0.00 6,110 33.459									
OUTPATIENT	0	0	\$0.00	47,500	424,566	\$8,659,258.30 \$7,324,580.44			
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	375	6,378	\$1,399,694.82			
INTERMEDIATE CARE FACILITY	0	0	\$0.00	13,451	396,851	\$31,786,592.38			
INTER CARE MENTAL RETARDA	0	0	\$0.00	1,561	47,720	\$10,913,636.88			
NURSING FAC FOR MENTAL ILL	0	0	\$0.00	19	571	\$105,238.37			
HOME HEALTH	0	0	\$0.00	8,725	135,792	\$5,512,460.29			
LEAD INSPECTION AGENCY	0	0	\$0.00	6	6	\$2,134.14			
PHYSICIAN	0	0	\$0.00	103,321	293,725	\$13,429,844.12			
CLINIC SERVICES	0	0	\$0.00	14,852	18,747	\$3,043,647.37			
MEP CASE MANAGEMENT	0	0	\$0.00	0	0	\$0.00			
LAB AND RADIOLOGICAL	0	0	\$0.00	7,094	19,977	\$315,816.08			
REHAB SUPPORT SERVICES	0	0	\$0.00	2,394	58,945	\$2,920,857.06			
AMBULANCE SERVICES	0	0	\$0.00	2,024	2,345	\$260,774.62			
LOCAL EDUCATION AGENCY	0	0	\$0.00	1,240	308,132	\$2,674,524.63			
EARLY ACCESS SERVICES	0	0	\$0.00	384	2,461	\$47,309.76			
PRESCRIBED DRUGS	0	0	\$0.00	132,732	543,783	\$32,004,766.91			
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	7,858	8,252	\$386,457.86			
IOWA PLAN PROGRAM	0	0	\$0.00	253,055	274,373	\$7,924,340.20			
MANAGED SUBSTANCE ABUSE	0	0	\$0.00	0	0	\$0.00			
MENTAL HEALTH ACCESS PLAN	0	0	\$0.00	1	0	-\$60.00			
EPSDT SCREENING	0	0	\$0.00	13,019	14,717	\$1,000,882.35			
HMO SERVICES	0	0	\$0.00	5,169	5,375	\$787,497.11			
PATIENT MANAGEMENT	0	0	\$0.00	126,936	126,936	\$253,872.00			
HEALTH INS PREMIUM PAYMENT	0	0	\$0.00	5,751	14,530	\$569,218.78			
MEDICAL SUPPLIES	0	0	\$0.00	16,633	1,270,378	\$2,573,188.89			
OTHER PRACTITIONER	0	0	\$0.00	9,805	45,644	\$1,202,843.07			
FAMILY CENTERED PROGRAM	0	0	\$0.00	2,414	38,830	\$1,125,608.09			
FAMILY PRESERVATION	0	0	\$0.00	0	0	\$0.00			
TREATMENT FOSTER FAMILY CARE	0	0	\$0.00	517	5,158	\$218,691.64			
GROUP TREATMENT THERAPY	0	0	\$0.00	940	34,859	\$2,109,354.27			
DENTAL	0	0	\$0.00	20,004	24,139	\$3,162,419.40			
OPTOMETRIST	0	0	\$0.00	8,684	10,724	\$535,051.15			
CHIROPRACTIC	0	0	\$0.00	7,016	16,029	\$384,594.65			
PODIATRIC	0	0	\$0.00	3,941	5,778	\$185,817.79			

RUN DATE 05/21/05

TITLE XIX MONTHLY REPORT OF EXPENDITURES

	RECIPS	UNITS OF	AMOUNT	RECIPS	UNITS OF	AMOUNT	RECIPS UNITS OF	AMOUNT
CATEGORY OF SERVICE	<u>SERVED</u>	SERVICE	PAID	<u>SERVED</u>	SERVICE	PAID	SERVED SERVICE	PAID
PHYSICIAL DISABILITIES SVCS	0	0	\$0.00	380	14,206	\$181,068.24		
BRAIN INJ WAIVER SERVICES	0	0	\$0.00	479	27,212	\$728,365.38		
PSYCHIATRIC	0	0	\$0.00	3,256	6,423	\$214,595.33		
RESIDENTIAL CARE FACILITY	0	0	\$0.00	1,899	56,139	\$407,306.56		
MR WAIVER SERVICE	0	0	\$0.00	8,009	503,574	\$18,788,467.90		
MR OBRA WAIVER SERVICES	0	0	\$0.00	0	0	\$0.00		
AIDS WAIVER SERVICES	0	0	\$0.00	35	2,806	\$26,671.72		
ELDERLY WAIVER SERVICES	0	0	\$0.00	6,669	291,211	\$3,205,718.84		
ILL & HANDICAPPED WAIVER SVCS	0	0	\$0.00	1,555	70,847	\$1,133,476.15		
COUNTY OFFICE REIMBURSEMENT	0	0	\$0.00	0	0	\$0.00		
MEP SERVICES	0	0	\$0.00	7,792	7,936	\$1,746,234.64		
UNASSIGNED	0	0	\$0.00	3	0	\$575,995.23		
ALL CATEGORIES*	0	0	\$0.00	308,083	5,169,534	\$169,828,813.41	0 0	\$0.00