

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	RECIPS	UNITS OF	AMOUNT	RECIPS	UNITS OF	AMOUNT	RECIPS	UNITS OF	AMOUNT
	SERVED	SERVICE	PAID	SERVED	SERVICE	PAID	SERVED	SERVICE	PAID
		FEDERAL ONLY			REFUGEE TXXI			AGED	
INPATIENT	0	0	\$0.00	0	0	\$0.00	313	1,160	\$366,562.38
OUTPATIENT	44	487	\$8,351.47	0	0	\$0.00	1,885	18,383	\$271,329.52
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	31	349	\$27,286.32
INTERMEDIATE CARE FACILITY	0	0	\$0.00	0	0	\$0.00	3,182	98,281	\$6,827,799.65
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	3	70	\$17,002.34
HOME HEALTH	0	0	\$0.00	0	0	\$0.00	990	13,392	\$593,773.42
LEAD INSPECTION AGENCY	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
PHYSICIAN	48	84	\$6,077.56	0	0	\$0.00	4,272	19,287	\$295,698.40
CLINIC SERVICES	0	0	\$0.00	0	0	\$0.00	469	269	\$48,667.33
MEP CASE MANAGEMENT	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
LAB AND RADIOLOGICAL	0	0	\$0.00	0	0	\$0.00	70	164	\$2,116.16
REHAB SUPPORT SERVICES	0	0	\$0.00	0	0	\$0.00	42	1,181	\$62,143.79
AMBULANCE SERVICES	0	0	\$0.00	0	0	\$0.00	138	160	\$12,673.16
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	25	51	\$2,965.77	0	0	\$0.00	7,033	37,640	\$1,582,009.45
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	2	2	\$145.48	0	0	\$0.00	1	1	\$50.94
IOWA PLAN PROGRAM	61	90	\$2,901.47	0	0	\$0.00	14	13	\$788.88
MANAGED SUBSTANCE ABUSE	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
MENTAL HEALTH ACCESS PLAN	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
EPSDT SCREENING	0	0	\$0.00	0	0	\$0.00	1	1	\$9.90
HMO SERVICES	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
PATIENT MANAGEMENT	52	52	\$104.00	0	0	\$0.00	0	0	\$0.00
HEALTH INS PREMIUM PAYMENT	2	5	\$229.82	0	0	\$0.00	3	3	\$783.60
MEDICAL SUPPLIES	0	0	\$0.00	0	0	\$0.00	1,621	97,292	\$168,596.44
OTHER PRACTITIONER	1	1	\$38.35	0	0	\$0.00	203	842	\$10,128.63
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	11	\$796.26	0	0	\$0.00	340	402	\$59,177.16
OPTOMETRIST	3	3	\$293.95	0	0	\$0.00	449	622	\$19,179.65
CHIROPRACTIC	0	0	\$0.00	0	0	\$0.00	271	552	\$5,217.87
PODIATRIC	0	0	\$0.00	0	0	\$0.00	455	660	\$12,185.92

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(BY CATEGORY OF SERVICE BY PROGRAM)

<u>CATEGORY OF SERVICE</u>	<u>RECIPS SERVED</u>	<u>UNITS OF SERVICE</u>	<u>AMOUNT PAID</u>	<u>RECIPS SERVED</u>	<u>UNITS OF SERVICE</u>	<u>AMOUNT PAID</u>	<u>RECIPS SERVED</u>	<u>UNITS OF SERVICE</u>	<u>AMOUNT PAID</u>
PHYSICAL DISABILITIES SVCS	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
BRAIN INJ WAIVER SERVICES	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
PSYCHIATRIC	0	0	\$0.00	0	0	\$0.00	110	162	\$5,057.15
RESIDENTIAL CARE FACILITY	0	0	\$0.00	0	0	\$0.00	437	13,922	\$105,023.21
MR WAIVER SERVICE	0	0	\$0.00	0	0	\$0.00	66	3,345	\$157,671.90
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	1,507	64,400	\$752,085.44
ILL & HANDICAPPED WAIVER SVCS	0	0	\$0.00	0	0	\$0.00	2	76	\$899.85
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	95	116	\$25,068.48
UNASSIGNED	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
<u>ALL CATEGORIES *</u>	<u>93</u>	<u>786</u>	<u>\$21,904.13</u>	<u>0</u>	<u>0</u>	<u>\$0.00</u>	<u>10,719</u>	<u>372,745</u>	<u>\$11,428,986.94</u>

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

<u>CATEGORY OF SERVICE</u>	<u>RECIPS SERVED</u>	<u>UNITS OF SERVICE</u> <u>BLIND</u>	<u>AMOUNT PAID</u>	<u>RECIPS SERVED</u>	<u>UNITS OF SERVICE</u> <u>DISABLED</u>	<u>AMOUNT PAID</u>	<u>RECIPS SERVED</u>	<u>UNITS OF SERVICE</u> <u>ADC - ADULT</u>	<u>AMOUNT PAID</u>
INPATIENT	0	0	\$0.00	1,252	7,032	\$5,217,563.63	601	2,061	\$2,045,910.18
OUTPATIENT	0	0	\$0.00	10,810	119,449	\$3,703,544.46	7,498	62,026	\$2,778,062.11
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	111	3,259	\$1,140,376.06	2	5	\$1,691.26
INTERMEDIATE CARE FACILITY	0	0	\$0.00	469	13,891	\$1,232,779.12	1	3	\$375.24
INTER CARE MENTAL RETARDA	0	0	\$0.00	16	441	\$132,857.04	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	2,079	35,259	\$1,521,896.42	44	242	\$20,281.36
LEAD INSPECTION AGENCY	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
PHYSICIAN	1	1	\$1.81	20,543	75,339	\$2,991,368.51	14,228	27,800	\$2,393,590.21
CLINIC SERVICES	0	0	\$0.00	2,471	2,962	\$403,512.92	1,929	2,776	\$304,812.30
MEP CASE MANAGEMENT	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
LAB AND RADIOLOGICAL	0	0	\$0.00	1,058	3,428	\$42,444.71	1,458	3,820	\$79,012.60
REHAB SUPPORT SERVICES	0	0	\$0.00	2,442	59,311	\$3,131,699.44	21	244	\$15,592.03
AMBULANCE SERVICES	0	0	\$0.00	390	453	\$42,442.76	50	45	\$5,195.16
LOCAL EDUCATION AGENCY	0	0	\$0.00	385	100,924	\$896,211.28	8	2,230	\$23,443.19
EARLY ACCESS SERVICES	0	0	\$0.00	95	884	\$16,053.87	1	18	\$415.88
PRESCRIBED DRUGS	1	9	\$559.44	33,291	177,323	\$13,309,310.65	16,579	43,462	\$2,080,770.04
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	930	968	\$44,765.43	3,582	3,734	\$172,263.56
IOWA PLAN PROGRAM	1	1	\$77.59	42,957	44,598	\$3,144,406.80	37,854	42,409	\$1,065,164.47
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	295	364	\$10,814.24	195	237	\$6,872.90
HMO SERVICES	0	0	\$0.00	0	0	\$0.00	1,113	1,158	\$279,108.80
PATIENT MANAGEMENT	0	0	\$0.00	2	2	\$4.00	24,339	24,327	\$48,654.00
HEALTH INS PREMIUM PAYMENT	0	0	\$0.00	667	1,473	\$165,373.77	498	1,193	\$35,360.47
MEDICAL SUPPLIES	1	2	\$69.26	6,184	525,826	\$1,176,279.51	676	18,400	\$124,871.17
OTHER PRACTITIONER	0	0	\$0.00	2,138	12,982	\$303,320.76	814	1,700	\$106,296.33
FAMILY CENTERED PROGRAM	0	0	\$0.00	195	3,210	\$91,373.18	37	791	\$20,184.43
FAMILY PRESERVATION	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
TREATMENT FOSTER FAMILY CARE	0	0	\$0.00	2	27	\$1,096.53	0	0	\$0.00
GROUP TREATMENT THERAPY	0	0	\$0.00	5	171	\$7,562.20	1	31	\$1,967.26
DENTAL	0	0	\$0.00	3,511	4,413	\$614,146.63	3,240	4,365	\$706,396.07
OPTOMETRIST	0	0	\$0.00	2,095	2,668	\$130,357.97	1,543	1,898	\$115,807.63
CHIROPRACTIC	0	0	\$0.00	1,737	4,024	\$74,442.16	1,717	4,278	\$142,807.77
PODIATRIC	0	0	\$0.00	816	1,223	\$49,814.23	165	208	\$23,013.74

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PHYSICAL DISABILITIES SVCS	0	0	\$0.00	261	9,277	\$117,367.51	0	0	\$0.00
BRAIN INJ WAIVER SERVICES	0	0	\$0.00	126	9,450	\$206,425.69	0	0	\$0.00
PSYCHIATRIC	0	0	\$0.00	1,874	3,223	\$117,086.20	8	24	\$1,090.42
RESIDENTIAL CARE FACILITY	0	0	\$0.00	1,782	57,941	\$448,355.47	0	0	\$0.00
MR WAIVER SERVICE	0	0	\$0.00	977	65,579	\$2,388,240.13	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	485	\$4,753.39	0	0	\$0.00
ELDERLY WAIVER SERVICES	0	0	\$0.00	84	3,701	\$42,168.30	0	0	\$0.00
ILL & HANDICAPPED WAIVER SVCS	0	0	\$0.00	1,385	59,438	\$951,298.20	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	1,322	1,486	\$308,728.48	4	11	\$2,213.57
UNASSIGNED	0	0	\$0.00	1	0	\$0.00	1	0	-\$23.00
<u>ALL CATEGORIES *</u>	<u>2</u>	<u>13</u>	<u>\$708.10</u>	<u>47,167</u>	<u>1,412,484</u>	<u>\$44,180,241.65</u>	<u>42,343</u>	<u>249,496</u>	<u>\$12,601,201.15</u>

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(BY CATEGORY OF SERVICE BY PROGRAM)

<u>CATEGORY OF SERVICE</u>	<u>RECIPS SERVED</u>	<u>UNITS OF SERVICE</u> <u>ADC - CHILD</u>	<u>AMOUNT PAID</u>	<u>RECIPS SERVED</u>	<u>UNITS OF SERVICE</u> <u>CMAP</u>	<u>AMOUNT PAID</u>	<u>RECIPS SERVED</u>	<u>UNITS OF SERVICE</u> <u>OTHER</u>	<u>AMOUNT PAID</u>
INPATIENT	410	2,143	\$1,618,784.96	349	7,317	\$1,443,527.00	1,486	7,023	\$19,650,346.96
OUTPATIENT	6,619	36,224	\$1,456,413.33	1,483	10,627	\$399,605.07	9,154	60,292	\$7,954,578.42
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	3	115	\$63,901.46
INTERMEDIATE CARE FACILITY	0	0	\$0.00	0	0	\$0.00	6	88	-\$86,671.86
INTER CARE MENTAL RETARDA	0	0	\$0.00	0	0	\$0.00	1	0	-\$1,500,377.00
NURSING FAC FOR MENTAL ILL	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
HOME HEALTH	410	1,192	\$39,143.17	54	176	\$7,206.00	525	2,474	\$69,758.48
LEAD INSPECTION AGENCY	2	3	\$1,067.07	0	0	\$0.00	2	2	\$711.38
PHYSICIAN	19,170	32,499	\$1,992,841.34	3,184	5,519	\$427,543.94	24,042	43,688	\$3,230,730.65
CLINIC SERVICES	2,775	3,615	\$439,304.95	463	680	\$80,175.11	4,018	5,992	\$662,124.49
MEP CASE MANAGEMENT	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
LAB AND RADIOLOGICAL	1,136	2,059	\$29,165.26	272	696	\$12,563.00	2,085	5,134	\$80,798.50
REHAB SUPPORT SERVICES	0	0	\$0.00	20	513	\$23,063.57	5	4	\$91.90
AMBULANCE SERVICES	31	27	\$3,354.21	14	12	\$1,442.14	59	51	\$5,972.07
LOCAL EDUCATION AGENCY	153	22,353	\$130,023.69	15	3,551	\$19,696.91	107	20,702	\$142,414.22
EARLY ACCESS SERVICES	103	527	\$12,564.31	13	88	\$2,005.66	107	689	\$14,482.61
PRESCRIBED DRUGS	18,017	32,160	\$1,775,095.48	3,327	7,723	\$477,917.81	20,813	36,334	\$1,825,293.59
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	558	584	\$24,789.24	446	470	\$20,996.76	1,142	1,109	\$53,652.62
IOWA PLAN PROGRAM	62,803	68,415	\$751,675.40	9,607	10,923	\$231,612.65	68,385	77,230	\$946,745.59
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	4,481	5,254	\$307,255.88	695	819	\$52,526.43	6,051	7,099	\$515,136.73
HMO SERVICES	1,918	1,983	\$216,187.91	292	297	\$35,375.66	1,638	1,709	\$253,646.18
PATIENT MANAGEMENT	42,264	42,244	\$84,488.00	5,704	5,698	\$11,396.00	46,375	46,355	\$92,710.00
HEALTH INS PREMIUM PAYMENT	795	2,022	\$46,503.75	40	91	\$4,009.83	2,968	8,178	\$201,038.29
MEDICAL SUPPLIES	797	9,966	\$93,785.25	129	2,715	\$15,090.70	848	20,642	\$125,597.83
OTHER PRACTITIONER	2,011	7,614	\$182,542.52	279	790	\$29,391.66	2,390	7,931	\$244,135.24
FAMILY CENTERED PROGRAM	733	10,940	\$335,745.97	276	3,682	\$127,605.71	410	7,018	\$207,103.32
FAMILY PRESERVATION	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
TREATMENT FOSTER FAMILY CARE	0	0	\$0.00	6	56	\$2,385.17	0	0	\$0.00
GROUP TREATMENT THERAPY	4	79	\$4,524.02	15	384	\$21,040.69	7	193	\$7,816.43
DENTAL	4,499	5,292	\$660,466.84	774	942	\$155,278.14	5,335	6,300	\$760,817.62
OPTOMETRIST	1,448	1,665	\$96,142.48	292	326	\$20,119.13	1,643	1,912	\$109,419.72
CHIROPRACTIC	868	1,660	\$50,814.09	178	409	\$14,133.24	1,163	2,401	\$70,526.42
PODIATRIC	58	61	\$8,962.61	23	32	\$3,286.89	76	91	\$6,641.26

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PHYSICAL DISABILITIES SVCS	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
BRAIN INJ WAIVER SERVICES	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
PSYCHIATRIC	2	3	\$204.69	7	21	\$894.37	15	20	\$2,277.40
RESIDENTIAL CARE FACILITY	0	0	\$0.00	1	114	\$1,118.00	4	102	-\$7,078.50
MR WAIVER SERVICE	0	0	\$0.00	1	46	\$1,056.62	4	59	-\$21,564.22
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	3	200	\$2,343.68
COUNTY OFFICE REIMBURSEMENT	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
MEP SERVICES	1	1	\$215.00	1	2	\$391.72	2	3	\$619.30
UNASSIGNED	0	0	\$0.00	0	0	\$0.00	3	0	\$90,955.48
<u>ALL CATEGORIES *</u>	<u>68,701</u>	<u>290,585</u>	<u>\$10,362,061.42</u>	<u>10,524</u>	<u>64,719</u>	<u>\$3,642,455.58</u>	<u>75,462</u>	<u>371,140</u>	<u>\$35,776,636.26</u>

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CATEGORY OF SERVICE	RECIPS	UNITS OF	AMOUNT	RECIPS	UNITS OF	AMOUNT	RECIPS	UNITS OF	AMOUNT
	SERVED	SERVICE	PAID	SERVED	SERVICE	PAID	SERVED	SERVICE	NO SPEND DN
	<u>FOSTER - PRESUB - SUB ADOPTS</u>			<u>INTERMEDIATE CARE FACILITY</u>			<u>MEDICALLY NEEDY NO SPEND DN</u>		
INPATIENT	45	344	\$139,409.02	531	2,196	\$769,592.89	56	234	\$233,936.24
OUTPATIENT	910	5,653	\$185,136.48	2,810	29,427	\$430,705.57	462	3,741	\$154,955.50
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	106	1,149	\$16,604.35	1	0	-\$0.26
INTERMEDIATE CARE FACILITY	0	0	\$0.00	10,005	298,141	\$24,960,257.33	1	28	\$1,708.11
INTER CARE MENTAL RETARDA	4	66	\$22,568.83	1	31	\$8,866.00	0	0	\$0.00
NURSING FAC FOR MENTAL ILL	0	0	\$0.00	17	527	\$96,907.70	0	0	\$0.00
HOME HEALTH	56	804	\$27,845.34	2,419	31,861	\$1,801,000.04	58	685	\$25,176.65
LEAD INSPECTION AGENCY	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
PHYSICIAN	2,487	3,996	\$234,812.58	6,410	27,730	\$435,663.81	899	2,290	\$139,480.87
CLINIC SERVICES	333	424	\$49,070.28	683	454	\$71,277.65	129	151	\$17,124.38
MEP CASE MANAGEMENT	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
LAB AND RADIOLOGICAL	197	478	\$6,744.82	101	297	\$3,164.97	77	251	\$4,921.93
REHAB SUPPORT SERVICES	5	21	\$1,958.03	22	19	\$6,620.82	41	1,027	\$58,757.95
AMBULANCE SERVICES	6	6	\$607.96	355	426	\$19,740.22	9	10	\$1,275.81
LOCAL EDUCATION AGENCY	87	16,769	\$121,602.83	4	1,914	\$4,053.26	0	0	\$0.00
EARLY ACCESS SERVICES	47	287	\$6,077.13	3	9	\$206.26	0	0	\$0.00
PRESCRIBED DRUGS	4,611	11,226	\$924,599.53	18,049	137,581	\$5,888,976.61	1,456	6,952	\$371,860.42
DRUG CAPITATION	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
INDIAN HEALTH SERVICES	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
FAMILY PLANNING SERVICES	233	250	\$11,237.48	25	28	\$1,600.08	123	131	\$5,957.97
IOWA PLAN PROGRAM	9,551	10,107	\$842,165.35	1,757	1,817	\$99,823.43	1,569	1,831	\$54,293.63
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	242	275	\$11,746.20	4	6	\$115.49	26	26	\$837.73
HMO SERVICES	1	1	\$81.66	0	0	\$0.00	0	0	\$0.00
PATIENT MANAGEMENT	144	144	\$288.00	0	0	\$0.00	0	0	\$0.00
HEALTH INS PREMIUM PAYMENT	122	268	\$10,141.54	32	52	\$11,677.43	7	14	\$1,162.97
MEDICAL SUPPLIES	180	11,859	\$35,702.62	3,491	243,286	\$401,489.09	132	7,998	\$15,381.66
OTHER PRACTITIONER	509	3,023	\$84,559.94	370	1,320	\$29,921.09	51	145	\$6,644.83
FAMILY CENTERED PROGRAM	744	10,486	\$324,502.13	0	0	\$0.00	0	0	\$0.00
FAMILY PRESERVATION	1	1	\$2,160.63	0	0	\$0.00	0	0	\$0.00
TREATMENT FOSTER FAMILY CARE	522	5,271	\$222,997.78	0	0	\$0.00	0	0	\$0.00
GROUP TREATMENT THERAPY	844	30,079	\$1,879,099.37	0	0	\$0.00	0	0	\$0.00
DENTAL	957	1,128	\$136,944.87	700	854	\$129,573.28	215	287	\$43,066.32
OPTOMETRIST	378	427	\$23,809.20	622	826	\$24,320.93	104	137	\$7,892.48
CHIROPRACTIC	119	266	\$8,014.48	164	300	\$2,491.27	113	384	\$10,853.01
PODIATRIC	16	21	\$1,266.40	1,033	1,390	\$25,837.21	36	50	\$2,487.09

IOWA DEPARTMENT OF HUMAN SERVICES
MEDICAID MANAGEMENT INFORMATION SYSTEM

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

<u>CATEGORY OF SERVICE</u>	<u>RECIPS SERVED</u>	<u>UNITS OF SERVICE</u>	<u>AMOUNT PAID</u>	<u>RECIPS SERVED</u>	<u>UNITS OF SERVICE</u>	<u>AMOUNT PAID</u>	<u>RECIPS SERVED</u>	<u>UNITS OF SERVICE</u>	<u>AMOUNT PAID</u>
PHYSICAL DISABILITIES SVCS	0	0	\$0.00	94	3,280	\$47,371.53	1	30	\$330.00
BRAIN INJ WAIVER SERVICES	16	1,385	\$23,189.61	214	11,513	\$310,089.91	0	0	\$0.00
PSYCHIATRIC	6	8	\$992.80	169	222	\$7,916.40	37	58	\$2,773.64
RESIDENTIAL CARE FACILITY	0	0	\$0.00	6	276	\$2,768.02	2	92	\$209.40
MR WAIVER SERVICE	131	6,258	\$154,667.14	9	353	\$7,442.88	1	-11	-\$77.00
MR OBRA WAIVER SERVICES	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
AIDS WAIVER SERVICES	0	0	\$0.00	25	2,058	\$19,367.14	0	0	\$0.00
ELDERLY WAIVER SERVICES	1	24	\$106.80	4,941	200,662	\$2,198,519.96	0	0	\$0.00
ILL & HANDICAPPED WAIVER SVCS	22	1,066	\$17,105.20	18	929	\$12,149.55	0	0	\$0.00
COUNTY OFFICE REIMBURSEMENT	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
MEP SERVICES	99	112	\$22,602.57	53	59	\$11,924.81	6	6	\$1,355.82
UNASSIGNED	1	0	\$0.00	0	0	\$0.00	0	0	\$0.00
<u>ALL CATEGORIES *</u>	<u>9,734</u>	<u>122,533</u>	<u>\$5,533,814.60</u>	<u>16,866</u>	<u>1,000,993</u>	<u>\$37,858,036.98</u>	<u>2,302</u>	<u>26,547</u>	<u>\$1,162,367.15</u>

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

<u>CATEGORY OF SERVICE</u>	<u>RECIPS</u>	<u>UNITS OF</u>	<u>AMOUNT</u>	<u>RECIPS</u>	<u>UNITS OF</u>	<u>AMOUNT</u>	<u>RECIPS</u>	<u>UNITS OF</u>	<u>AMOUNT</u>
	<u>SERVED</u>	<u>SERVICE</u>	<u>PAID</u>	<u>SERVED</u>	<u>SERVICE</u>	<u>PAID</u>	<u>SERVED</u>	<u>SERVICE</u>	<u>PAID</u>
	<u>MEDICALLY NEEDY WI SPEND DN</u>			<u>OTHER TXXI</u>			<u>OTHER BREAST CERVICAL CANCER</u>		
INPATIENT	213	895	\$1,088,325.48	37	290	\$131,151.38	2	6	\$5,439.92
OUTPATIENT	758	8,912	\$553,302.82	826	4,812	\$203,251.76	93	1,451	\$124,905.27
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	16	\$4,055.64	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	103	1,242	\$73,878.97	26	53	\$1,063.39	3	15	\$886.78
LEAD INSPECTION AGENCY	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
PHYSICIAN	1,391	5,964	\$337,872.07	2,447	3,638	\$227,728.96	136	652	\$121,088.65
CLINIC SERVICES	123	128	\$14,597.60	426	545	\$57,957.11	11	14	\$2,463.26
MEP CASE MANAGEMENT	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
LAB AND RADIOLOGICAL	31	93	\$1,146.09	110	278	\$4,914.45	25	61	\$1,050.51
REHAB SUPPORT SERVICES	66	1,288	\$90,031.36	0	0	\$0.00	0	0	\$0.00
AMBULANCE SERVICES	37	40	\$4,821.99	5	4	\$799.20	0	0	\$0.00
LOCAL EDUCATION AGENCY	0	0	\$0.00	24	3,634	\$25,392.92	0	0	\$0.00
EARLY ACCESS SERVICES	0	0	\$0.00	4	43	\$663.81	0	0	\$0.00
PRESCRIBED DRUGS	1,349	6,962	\$508,283.17	2,765	4,827	\$295,252.36	140	483	\$32,865.23
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	21	21	\$1,523.85	210	214	\$9,804.44	0	0	\$0.00
IOWA PLAN PROGRAM	1	0	-\$51,777.19	10,356	11,319	\$132,829.90	180	188	\$14,586.92
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	1	1	\$533.69	400	434	\$19,124.62	0	0	\$0.00
HMO SERVICES	0	0	\$0.00	223	226	\$21,305.90	0	0	\$0.00
PATIENT MANAGEMENT	0	0	\$0.00	7,620	7,620	\$15,240.00	0	0	\$0.00
HEALTH INS PREMIUM PAYMENT	0	0	\$0.00	41	93	\$3,650.39	0	0	\$0.00
MEDICAL SUPPLIES	297	17,856	\$35,072.05	73	1,720	\$10,539.34	19	568	\$2,555.57
OTHER PRACTITIONER	76	264	\$10,999.17	326	1,513	\$31,990.83	5	25	\$1,207.53
FAMILY CENTERED PROGRAM	0	0	\$0.00	101	1,439	\$43,492.81	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	9	\$392.22	0	0	\$0.00
GROUP TREATMENT THERAPY	0	0	\$0.00	5	152	\$10,663.07	0	0	\$0.00
DENTAL	147	201	\$28,821.18	1,147	1,324	\$176,475.99	10	10	\$1,103.41
OPTOMETRIST	94	126	\$4,493.10	357	413	\$22,920.87	13	16	\$1,176.43
CHIROPRACTIC	43	92	\$1,702.24	216	393	\$12,260.48	12	24	\$790.81
PODIATRIC	35	53	\$775.24	25	27	\$2,337.96	1	2	\$158.29

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

<u>CATEGORY OF SERVICE</u>	<u>RECIPS SERVED</u>	<u>UNITS OF SERVICE</u>	<u>AMOUNT PAID</u>	<u>RECIPS SERVED</u>	<u>UNITS OF SERVICE</u>	<u>AMOUNT PAID</u>	<u>RECIPS SERVED</u>	<u>UNITS OF SERVICE</u>	<u>AMOUNT PAID</u>
PHYSICAL DISABILITIES SVCS	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
BRAIN INJ WAIVER SERVICES	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
PSYCHIATRIC	81	200	\$10,237.87	0	0	\$0.00	0	0	\$0.00
RESIDENTIAL CARE FACILITY	1	31	\$179.17	0	0	\$0.00	0	0	\$0.00
MR WAIVER SERVICE	0	0	\$0.00	1	81	\$1,503.36	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	2	53	\$663.64	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	36	49	\$10,850.66	1	2	\$391.72	0	0	\$0.00
UNASSIGNED	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
<u>ALL CATEGORIES *</u>	<u>2,176</u>	<u>44,487</u>	<u>\$2,730,389.86</u>	<u>10,050</u>	<u>45,103</u>	<u>\$1,463,099.24</u>	<u>167</u>	<u>3,515</u>	<u>\$310,278.58</u>

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

<u>CATEGORY OF SERVICE</u>	<u>RECIPS</u>	<u>UNITS OF</u>	<u>AMOUNT</u>	<u>RECIPS</u>	<u>UNITS OF</u>	<u>AMOUNT</u>	<u>RECIPS</u>	<u>UNITS OF</u>	<u>AMOUNT</u>
	<u>SERVED</u>	<u>SERVICE</u>	<u>PAID</u>	<u>SERVED</u>	<u>SERVICE</u>	<u>PAID</u>	<u>SERVED</u>	<u>SERVICE</u>	<u>PAID</u>
		<u>STATE ONLY</u>		<u>FED CNTY - FED CNTY STATE</u>			<u>FEDERAL MEDICAID ONLY AGED</u>		
INPATIENT	17	139	\$120,827.63	120	528	\$373,556.25	0	0	\$0.00
OUTPATIENT	230	2,050	\$88,026.66	1,647	15,625	\$353,254.04	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	31	\$14,415.00	4	62	\$14,693.16	0	0	\$0.00
INTERMEDIATE CARE FACILITY	0	0	\$0.00	7	128	\$11,936.58	0	0	\$0.00
INTER CARE MENTAL RETARDA	1	57	\$27,279.92	2,144	93,614	\$33,362,216.79	0	0	\$0.00
NURSING FAC FOR MENTAL ILL	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
HOME HEALTH	14	139	\$6,339.17	573	19,590	\$549,477.60	0	0	\$0.00
LEAD INSPECTION AGENCY	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
PHYSICIAN	433	917	\$67,156.26	3,598	11,333	\$292,478.87	0	0	\$0.00
CLINIC SERVICES	72	91	\$11,499.11	302	236	\$28,891.23	0	0	\$0.00
MEP CASE MANAGEMENT	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
LAB AND RADIOLOGICAL	27	90	\$1,418.27	129	448	\$4,608.16	0	0	\$0.00
REHAB SUPPORT SERVICES	5	57	\$4,955.75	45	464	\$26,227.08	0	0	\$0.00
AMBULANCE SERVICES	1	0	\$117.65	40	39	\$3,104.74	0	0	\$0.00
LOCAL EDUCATION AGENCY	2	1,063	\$2,777.27	299	89,086	\$794,152.10	0	0	\$0.00
EARLY ACCESS SERVICES	1	9	\$206.68	28	195	\$3,045.30	0	0	\$0.00
PRESCRIBED DRUGS	695	2,878	\$175,942.46	7,066	31,182	\$2,484,084.97	2	11	\$901.43
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	20	21	\$976.17	504	534	\$25,873.99	0	0	\$0.00
IOWA PLAN PROGRAM	1,119	1,201	\$100,178.32	8,889	8,951	\$658,657.62	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	10	10	\$221.55	59	93	\$2,227.90	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	2	6	\$336.72	434	901	\$105,399.92	0	0	\$0.00
MEDICAL SUPPLIES	78	2,994	\$15,227.32	1,338	189,632	\$298,140.18	0	0	\$0.00
OTHER PRACTITIONER	27	66	\$1,775.96	1,078	9,137	\$219,996.70	0	0	\$0.00
FAMILY CENTERED PROGRAM	6	73	\$2,662.47	8	44	\$1,636.68	0	0	\$0.00
FAMILY PRESERVATION	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
TREATMENT FOSTER FAMILY CARE	4	43	\$1,867.76	0	0	\$0.00	0	0	\$0.00
GROUP TREATMENT THERAPY	6	197	\$11,770.51	0	0	\$0.00	0	0	\$0.00
DENTAL	65	79	\$14,118.58	1,126	1,294	\$120,103.14	0	0	\$0.00
OPTOMETRIST	60	74	\$4,780.46	458	506	\$24,175.97	0	0	\$0.00
CHIROPRACTIC	39	77	\$2,488.75	212	436	\$8,813.62	0	0	\$0.00
PODIATRIC	17	21	\$2,949.26	420	549	\$18,052.46	0	0	\$0.00

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

<u>CATEGORY OF SERVICE</u>	<u>RECIPS SERVED</u>	<u>UNITS OF SERVICE</u>	<u>AMOUNT PAID</u>	<u>RECIPS SERVED</u>	<u>UNITS OF SERVICE</u>	<u>AMOUNT PAID</u>	<u>RECIPS SERVED</u>	<u>UNITS OF SERVICE</u>	<u>AMOUNT PAID</u>
PHYSICAL DISABILITIES SVCS	0	0	\$0.00	3	263	\$3,274.32	0	0	\$0.00
BRAIN INJ WAIVER SERVICES	0	0	\$0.00	121	7,948	\$183,630.85	0	0	\$0.00
PSYCHIATRIC	0	0	\$0.00	282	377	\$16,664.04	0	0	\$0.00
RESIDENTIAL CARE FACILITY	1	27	\$117.17	65	2,334	\$15,594.09	0	0	\$0.00
MR WAIVER SERVICE	1	26	\$4,523.48	6,685	456,934	\$15,531,054.24	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	61	\$575.95	9	1,091	\$2,239.07	0	0	\$0.00
ILL & HANDICAPPED WAIVER SVCS	1	12	\$453.72	145	7,370	\$115,876.74	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	4,958	5,326	\$1,097,321.52	0	0	\$0.00
UNASSIGNED	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
<u>ALL CATEGORIES *</u>	<u>1,165</u>	<u>12,510</u>	<u>\$686,200.98</u>	<u>9,571</u>	<u>956,250</u>	<u>\$56,750,459.92</u>	<u>2</u>	<u>11</u>	<u>\$901.43</u>

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

<u>CATEGORY OF SERVICE</u>	<u>RECIPS</u>	<u>UNITS OF</u>	<u>AMOUNT</u>	<u>RECIPS</u>	<u>UNITS OF</u>	<u>AMOUNT</u>	<u>RECIPS</u>	<u>UNITS OF</u>	<u>AMOUNT</u>
	<u>SERVED</u>	<u>SERVICE</u>	<u>PAID</u>	<u>SERVED</u>	<u>SERVICE</u>	<u>PAID</u>	<u>SERVED</u>	<u>SERVICE</u>	<u>PAID</u>
	<u>FEDERAL MEDICAID ONLY BLIND</u>				<u>TOTAL</u>				
INPATIENT	0	0	\$0.00	5,413	31,368	\$33,204,933.92			
OUTPATIENT	0	0	\$0.00	44,805	379,159	\$18,665,422.48			
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	259	4,986	\$1,283,022.99			
INTERMEDIATE CARE FACILITY	0	0	\$0.00	13,579	410,560	\$32,948,184.17			
INTER CARE MENTAL RETARDA	0	0	\$0.00	2,162	94,209	\$32,053,411.58			
NURSING FAC FOR MENTAL ILL	0	0	\$0.00	20	597	\$113,910.04			
HOME HEALTH	0	0	\$0.00	7,307	107,124	\$4,737,726.79			
LEAD INSPECTION AGENCY	0	0	\$0.00	4	5	\$1,778.45			
PHYSICIAN	0	0	\$0.00	101,548	260,737	\$13,194,134.49			
CLINIC SERVICES	0	0	\$0.00	14,116	18,337	\$2,191,477.72			
MEP CASE MANAGEMENT	0	0	\$0.00	0	0	\$0.00			
LAB AND RADIOLOGICAL	0	0	\$0.00	6,744	17,297	\$274,069.43			
REHAB SUPPORT SERVICES	0	0	\$0.00	2,647	64,129	\$3,421,141.72			
AMBULANCE SERVICES	0	0	\$0.00	1,131	1,273	\$101,547.07			
LOCAL EDUCATION AGENCY	0	0	\$0.00	1,075	262,226	\$2,159,767.67			
EARLY ACCESS SERVICES	0	0	\$0.00	396	2,749	\$55,721.51			
PRESCRIBED DRUGS	0	0	\$0.00	132,323	536,804	\$31,736,688.41			
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	7,767	8,067	\$373,638.01			
IOWA PLAN PROGRAM	0	0	\$0.00	254,454	279,093	\$7,994,130.83			
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	12,410	14,619	\$927,423.26			
HMO SERVICES	0	0	\$0.00	5,183	5,374	\$805,706.11			
PATIENT MANAGEMENT	0	0	\$0.00	126,500	126,442	\$252,884.00			
HEALTH INS PREMIUM PAYMENT	0	0	\$0.00	5,611	14,299	\$585,668.50			
MEDICAL SUPPLIES	0	0	\$0.00	15,626	1,150,756	\$2,518,397.99			
OTHER PRACTITIONER	0	0	\$0.00	10,184	47,353	\$1,262,949.54			
FAMILY CENTERED PROGRAM	0	0	\$0.00	2,472	37,683	\$1,154,306.70			
FAMILY PRESERVATION	0	0	\$0.00	1	1	\$2,160.63			
TREATMENT FOSTER FAMILY CARE	0	0	\$0.00	533	5,406	\$228,739.46			
GROUP TREATMENT THERAPY	0	0	\$0.00	883	31,286	\$1,944,443.55			
DENTAL	0	0	\$0.00	22,007	26,902	\$3,607,285.49			
OPTOMETRIST	0	0	\$0.00	9,550	11,619	\$604,889.97			
CHIROPRACTIC	0	0	\$0.00	6,813	15,296	\$405,356.21			
PODIATRIC	0	0	\$0.00	3,168	4,388	\$157,768.56			

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

<u>CATEGORY OF SERVICE</u>	<u>RECIPS SERVED</u>	<u>UNITS OF SERVICE</u>	<u>AMOUNT PAID</u>	<u>RECIPS SERVED</u>	<u>UNITS OF SERVICE</u>	<u>AMOUNT PAID</u>	<u>RECIPS SERVED</u>	<u>UNITS OF SERVICE</u>	<u>AMOUNT PAID</u>
PHYSICAL DISABILITIES SVCS	0	0	\$0.00	357	12,850	\$168,343.36			
BRAIN INJ WAIVER SERVICES	0	0	\$0.00	473	30,296	\$723,336.06			
PSYCHIATRIC	0	0	\$0.00	2,580	4,318	\$165,194.98			
RESIDENTIAL CARE FACILITY	0	0	\$0.00	2,269	74,839	\$566,286.03			
MR WAIVER SERVICE	0	0	\$0.00	7,841	532,670	\$18,224,518.53			
MR OBRA WAIVER SERVICES	0	0	\$0.00	0	0	\$0.00			
AIDS WAIVER SERVICES	0	0	\$0.00	32	2,543	\$24,120.53			
ELDERLY WAIVER SERVICES	0	0	\$0.00	6,460	269,992	\$2,996,359.16			
ILL & HANDICAPPED WAIVER SVCS	0	0	\$0.00	1,570	69,091	\$1,100,126.94			
COUNTY OFFICE REIMBURSEMENT	0	0	\$0.00	0	0	\$0.00			
MEP SERVICES	0	0	\$0.00	6,554	7,174	\$1,481,898.65			
UNASSIGNED	0	0	\$0.00	6	0	\$90,932.48			
<u>ALL CATEGORIES *</u>	<u>0</u>	<u>0</u>	<u>\$0.00</u>	<u>307,044</u>	<u>4,973,917</u>	<u>\$224,509,743.97</u>	<u>0</u>	<u>0</u>	<u>\$0.00</u>