GOVERNMENT OF GUAM



DEPARTMENT OF PUBLIC HEALTH & SOCIAL SERVICES DIPATTAMENTON SALLIT PUPBLEYO VAN SETTIGION GUGLATI

(DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT)

Post Office Box 2816 Hagatna, Guam 96932 123 Chalan Kareta, Route 10 Mangilao, Guam 96913



DIRECTOR

Kaleo S. Moylan LIEUTENANT GOVERNOR

DEC 28 2005

Senator Mike Cruz, MD Chairman, Committee on Health and Human Services I Mina'Bente Ocho Na Liheslaturan Guahan 155 Hesler St. Hagatna, Guam 96910

Dear Senator Cruz:

Hafa Adai. Submitted herewith is the statistical report on the Medically Indigent Program (MIP), as mandated. Demographics, patient utilization data, and comparison of benefits are included. We were not able to complete our validation of household income and household size data, and this information is not included in the report. We will transmit these data when our validation is completed.

My staff and I are prepared to answer questions.

Sincerely,

ARTHUR U. SAN AGUSTIN, MHR Acting Director

Enclosures

MEDICALLY INDIGENT PROGRAM ANNUAL REPORT FY 2005

I. INTRODUCTION

The Bureau of Health Care Financing (BHCF) is a bureau within the Division of Public Welfare that is tasked to administers three 100% locally funded programs namely:

A. Medically Indigent Program (MIP), P.L. 18-31/P.L. 25-163;

Medically Indigent Program (MIP), P.L. 18-31/P.L. 25-163. MIP is a 100% locally funded program to provide financial assistance with health care cost to individuals who meet the necessary income, resource and residency requirements.

B. Catastrophic Illness Assistance Program (CIAP), E.O. 89-2, P.L. 19-24;

Catastrophic Illness Assistance Program (CIAP), E.O. 89-2, P.L. 19-24. CIAP provides for care of victims of catastrophic illnesses whether such care is provided on island or off-island. The program is controlled through the requirement that \$30,000.00 of medical expenses must be incurred above any medical insurance. The maximum coverage per individual is at \$175,000.00.

C. MIP-Uninsured, Public Law 27-106, 100% Locally Funded.

MIP Un-insured. Public Law 27-106 appropriated \$4,000,000.00 to administer the Medically Uninsured Program. The intent of the program was to address the non-payment of services to Guam Memorial Hospital. GMH may invoice DPHSS for patients classified as self-pay for those services or billings which have gone through in-house and all other GMH-endorsed collections processes and have been transferred to the category of or officially deemed "bad debt."

II. ADMINISTRATION

A. GOALS

The goals of the program is to ensure that quality health care is available and accessible for MIP recipients seeking health care for either on-island or off-island services; process basic claims submitted by health care providers on a timely basis for services rendered to program recipients; continue to seek cost-cutting measures and other methods of cost

containment of the program; plan, organize, coordinate and implement changes to program operations, policies and procedures and claims processing system.

BHCF conducted in-service training to all bureau staff. In an effort to improve efficiency, in-service training was conducted to brief bureau staff of methods of reducing and or avoiding costs and expenditures through Third Party Liability (TPL), utilization review and other methods which will enhance productivity.

B ELIGIBILITY

In FY 2005, MIP enrollment increased by 6% from FY 2004. This is caused by a number of factors, such as the increasing numbers of persons without health insurance caused by declining rates of employer-sponsored health insurance, employees shifting to smaller service-oriented businesses who are less likely to offer health coverage, employers who do not offer health insurance due to the increasing health care costs and some employees who opt opt not to take coverage because they cannot afford health insurance.

The total number of enrollees under MIP for Fiscal Year 2005 is 10,346. Table 1 below provides an overview of the three highest ethnic groups enrolled under MIP.

Table 1 Number of MIP Enrollee by Ethnicity FY 2005

Ethnicity	Number	Pecentage
FSM	4,362	42%
Chamorro	2,930	28%
Filipino	2,337	23%
Other	727	7%
Total	10,346	100%

FSM ranked the highest enrollment under MIP, which is 42% of the total MIP enrollees and 3% of the total population of Guam. The total population of Guam as of June 2005 is 168,564. BHCF was not able to complete validation of data on household income and household size.

Attachment A to C reflects demographic data by ethnicity, village and gender.

C. PROGRAM UTILIZATION

MIP spending has increased and is expected to grow in the upcoming fiscal years. Most of the growth is accounted for by projected increases in enrollment, medical prices and greater use of services by the elderly and disabled.

Locally mandated and optional services are available to MIP program recipients. Some of these services are inpatient and outpatient hospital services, physician services, prescription drugs, eyeglasses, laboratory, etc. Below are the six (6) highest services utilized by MIP recipients:

Table 2 Services Utilized by MIP Recipients, FY 2005

SERVICES	Number
Inpatient Hospital	928
Physician	2901
ICF	79
Lab. & Radiology	3459
Outpatient Hospital	1294
Prescribed Drugs	1143

The total expenditures for Fiscal Year 2005 for MIP program was \$10,482,154.71. Other demographics of the MIP programs are as follows based on the three (3) highest utilizers to the programs:

Table 3
Breakdown of Paid Claims By Aid Category, FY 2005

		MIP		
GRANT/ DESCRIPTION	TOTAL PATIENTS	(%) PARTICIPANTS	TOTAL TO PAY	(%) EXPENDITURES
90 – Regular MIP	2,836	27%	\$7,515,041.74	72%
98 - FSM Citizens	1,253	12%	\$2,361,426.97	23%
91 - w/Liability	478	5%	\$647,075.27	6%

Table 4
Breakdown of Paid Claims By Village, FY 2005

	MIP											
VILLAGE	TOTAL PATIENTS	(%) PARTICIPANTS	TOTAL TO PAY	(%) EXPENDITURES								
Dededo	1,612	16%	\$3,286,665.20	31%								
Yigo	553	5%	\$1,384,976.02	13%								
Mangilao	447	4%	\$1,123,368.92	11%								

Table 5
Breakdown of Paid Claims By Age Group, FY 2005

MIP											
AGE GROUP	TOTAL PATIENTS	(%) PARTICIPANTS	TOTAL TO PAY	(%) EXPENDITURES							
16-20 yrs.	168	2%	\$168,123.00	2%							
21-54 yrs.	2,352	23%	\$5,994,517.42	57%							
> 64 yrs.	836	8%	\$2,521,739.62	24%							

Table 6 Breakdown of Paid Claims By Ethnicity Group, FY 2005

		MIP		
ETHNICITY	TOTAL PATIENTS	(%) PARTICIPANTS	TOTAL TO PAY	(%) EXPENDITURES
Chamorro	1,551	34%	\$5,490,943.05	52%
FSM	1,288	28%	\$2,615,308.056	25%
Filipino	1,246	27%	\$2,414,016.34	23%

Breakdown of Paid Claims By Gender Table Breakdown of Paid Claims By Gender Group, FY 2005

MIP										
GENDER	TOTAL PATIENTS	(%) PARTICIPANTS	TOTAL TO PAY	(%) EXPENDITURES						
Females	2,856	28%	\$6,659,806.29	64%						
Males	1,675	16%	\$4,970,550.14	47%						

A detailed summary of the above demographics are reflected on Attachments D to H

VI. PROGRAM BUDGET/GRANTS

The table below is appropriations for local programs administered under Bureau of Health Care Financing for the following programs:

PROGRAM	ORIGINAL	ADDITIONAL	EXPENDITURES
	APPROPRIATION	APPROPRIATION	
MIP	\$9,939,117.00	\$543,037.00	\$10,482,154.71
MIP Uninsured*	\$3,921,527.00		\$2,930,438.83
CIAP	\$500,000.00	-0-	\$35,749.93

- (a) 50% Federally Funded 50% Locally Funded Grant
- (b) 100% Federal Grant
- (c) 100% Federal Grant

Note:

^{*} To be transferred to GMHA in FY 2006

REPORT PARTICIPANTS BY ETHNICITY MIP participants eligible from October 1, 2004 to September 30, 2005

Ethnicity	Number of Participants	Percent of Participants
AA	3	0.03%
AI	3	0.03%
AN	1	0.01%
AU	1	0.01%
BL	12	0.12%
CA	34	0.33%
СВ	2	0.02%
CI	42	0.41%
CM	2930	28.32%
CN	5	0.05%
CU	3	0.03%
FO	2337	22.59%
GE	5	0.05%
HA	2	0.02%
HI	10	0.10%
HN	3	0.03%
JP	23	0.22%
KN	1	0.01%
KO	108	1.04%
KS	26	0.25%
MA	50	0.48%
NM	1	0.01%
OS	3	0.03%
OT	24	0.23%
PA	276	2.67%
PO	237	2.29%
RO	6	0.06%
SA	66	0.64%
SP	1	0.01%
TH	$\hat{2}$	0.02%
TI	2 2	0.02%
TR	3817	36.89%
VE	2	0.02%
VI	31	0.30%
WH	87	0.84%
YP	190	1.84%
TOTAL	10346	100.00%

REPORT PARTICIPANTS BY VILLAGE ATTACHMENT B MIP participants eligible from October 1, 2004 to September 30, 2005

Village	Number of Participants	Percent of Participants
ANDERSEN AFB	4	0.04%
AGANA	48	0.45%
AGANA HEIGHTS	143	1.33%
ANIGUA	37	0.35%
ASAN	42	0.39%
AGAT	339	3.16%
BARRIGADA	493	4.60%
CHALAN PAGO	225	2.10%
DEDEDO	3654	34.08%
HARMON	423	3.94%
INARAJAN	229	2.14%
MAITE	172	1.60%
MERIZO	102	0.95%
MAINA	22	0.21%
MALOJLOJ	1	0.01%
MONGMONG	167	1.56%
MANGILAO	1184	11.04%
NAVAL STATION	1	0.01%
ORDOT	71	0.66%
PITI	64	0.60%
SINAJANA	187	1.74%
SANTA RITA	131	1.22%
TAMUNING	577	5.38%
TALOFOFO	176	1.64%
ГОТО	189	1.76%
TUMON	157	1.46%
UMATAC	57	0.53%
YIGO	1524	14.21%
YONA	266	2.48%
JNKNOWN or INCORRECT	38	0.35%
ГОТАЬ	10723	100.00%

REPORT PARTICIPANTS BY GENDER
MIP participants eligible from October 1, 2005 to September 30, 2006

ATTACHMENT C

			_
Gender	Number of Participants	Percent of Participants	
F	4632	57.42%	
M	3440	42.64%	
TOTAL	8067	100.00%	

SUMMARY REPORT PAID CLAIMS BY ETHNICITY MIP claims in batches sent from October 1, 2004 to September 30, 2005

ATTACHMENT D

	UNKNOWN OR	ΥP	HW	VI	TR	T	TH	SA	RO	PO	PA	OT	ME	MA	KS	KO	JP	N	HI	HA	GE	FO	CU	CN	CM	Ω	CB	CA	BL	AI	Ethnicity
\$28,210,024.95	UNKNOWN OR INCORRECT\$830,345.97	\$255,219.90	\$528,389.52	\$15,874.63	\$4,143,335.21	\$269.07	\$8,185.60	\$368,838.48	\$12,564.75	\$108,904.89	\$372,385.73	\$43,853.64	\$128.83	\$30,055.74	\$30,450.68	\$421,000.00	\$55,605.34	\$224.32	\$32,165.69	\$3,407.29	\$516.56	\$7,926,241.69	\$514.60	\$37,592.76	\$12,809,807.12	\$37,766.38	\$937.41	\$95,116.18	\$16,730.09	\$23,596.88	Total Charged
100.00%	2.94%	0.90%	1.87%	0.06%	14.69%	0.00%	0.03%	1.31%	0.04%	0.39%	1.32%	0.16%	0.00%	0.11%	0.11%	1.49%	0.20%	0.00%	0.11%	0.01%	0.00%	28.10%	0.00%	0.13%	45.41%	0.13%	0.00%	0.34%	0.06%	0.08%	Percent
\$11,630,356.43	\$207,395.39	\$154,253.55	\$322,646.23	\$9,908.07	\$2,216,710.19	\$140.36	\$3,868.28	\$211,170.68	\$8,587.82	\$67,523.79	\$88,093.64	\$40,033.96	\$86.57	\$22,189.68	\$21,794.23	\$176,821.03	\$8,472.21	\$128.00	\$30,673.92	\$1,501.97	\$247.36	\$2,414,016.34	\$219.00	\$18,920.14	\$5,490,943.05	\$16,113.90	\$545.09	\$72,473.37	\$14,760.88	\$10,117.73	Total to Pay
\$83,725.53	\$0.00	\$0.00	\$0.00	\$0.00	\$16,758.42	\$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	\$8,636.40	\$0.00	\$336.56	\$57,732.53	\$261.62	\$0.00	\$0.00	\$0.00	\$0.00	Total Paid
28461	584	246	40.	7	524			4			•														11						Total Claims
		-	+-	9	9	2	∞	49	49	86	549	79	4	59	45	515	114		13	14	9	7759	S	_	654	101	10	80	49	34	ns
100.00%	2.05%																														Percent
100.00% 4531	2.05% 99	0.86%	1.42%	0.28%	18.44%	0.01%	0.03%	1.58%	0.17%	0.65%	2.28%	0.28%	0.01%	0.21%	0.16%	1.81%	0.40%	0.00%	0.05%	0.05%	0.03%	27.26%	0.02%	0.04%	40.95%	0.35%	0.04%	0.28%	0.17%	0.12%	

SUMMARY REPORT PAID CLAIMS BY VILLAGE MIP claims in batches sent from October 1, 2004 to September 30, 2005

TOTAL	UNKNOWN OR INCORRECT\$347,375.45	YONA (YO)	YIGO (YI)	UMATAC (UM)	TUMON (TU)	1010 (10)	TALOFOFO (TL)	TAMUNING (TA)	SANTA RITA (SR)	SINAJANA (SI)	PITI (PI)	ORDOT (OR)	MANGILAO (MO)	MONGMONG (MM)	MAINA (MI)	MERIZO (ME)	MAITE (MA)	INARAJAN (IN)	HARMON (HA)	DEDEDO (DE)	CHALAN PAGO (CP)	BARRIGADA (BA)	AGAT (AT)	ASAN (AS)	ANIGUA (AN)	AGANA HEIGHTS (AH)	AGANA (AG)	ANDERSEN AFB (AA)	Village
\$28,210,024.95	ECT\$347,375.45	\$865,188.99	\$2,952,527.02	\$238,030.58	\$285,831.29	\$336,188.13	\$288,770.52	\$1,330,159.38	\$440,930.73	\$573,354.39	\$357,462.08	\$640,626.97	\$2,325,500.02	\$200,290.53	\$17,396.58	\$175,444.22	\$443,671.06	\$925,217.50	\$637,108.44	\$9,755,057.48	\$1,299,291.72	\$1,955,199.01	\$1,310,207.05	\$140,436.81	\$6,818.71	\$306,251.54	\$55,453.20	\$235.55	Total Charged
100.00%	1.23%	3.07%	10.47%	0.84%	1.01%	1.19%	1.02%	4.72%	1.56%	2.03%	1.27%	2.27%	8.24%	0.71%	0.06%	0.62%	1.57%	3.28%	2.26%	34.58%	4.61%	6.93%	4.64%	0.50%	0.02%	1.09%	0.20%	0.00%	Percent
\$11,630,356.43	\$68,020.56	\$346,334.11	\$1,384,976.02	\$119,357.46	\$121,065.09	\$65,839.67	\$156,137.31	\$554,465.70	\$244,441.59	\$238,523.92	\$88,616.51	\$328,008.76	\$1,123,368.92	\$90,187.26	\$8,566.58	\$141,746.17	\$202,859.86	\$281,708.70	\$196,808.94	\$3,286,665.20	\$289,591.36	\$1,130,992.63	\$886,698.41	\$75,438.86	\$3,706.84	\$145,028.26	\$51,033.80	\$167.94	Total to Pay
\$83,725.53	\$0.00	\$13,830.40	\$11,742.85	\$0.00	\$261.62	\$188.64	\$3,634.17	\$0.00	\$0.00	\$18,109.11	\$0.00	\$0.00	\$0.00	\$367.78	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$15,791.46	\$7,863.90	\$11,892.04	\$43.56	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Total Paid
28461	217	729	3384	172	564	329	565	1585	365	566	417	301	2840	315	62	228	277	608	536	10259	732	1601	1149	92	39	445	82	2	Total Claims
100.00%	0.76%	2.56%	11.89%	0.60%	1.98%	1.16%	1.99%	5.57%	1.28%	1.99%	1.47%	1.06%	9.98%	1.11%	0.22%	0.80%	0.97%	2.14%	1.88%	36.05%	2.57%	5.63%	4.04%	0.32%	0.14%	1.56%	0.29%	0.01%	Percent T
4531	16	117	553	28	80	65	86	246	59	94	30	38	447	47	jerosi jerosi	57	64	108	133	1612	106	235	193	19	14	54	18	p-mat.	Percent Total Patients
100.00%	0.35%	2.58%	12.20%	0.62%	1.77%	1.43%	1.90%	5.43%	1.30%	2.07%	0.66%	0.84%	9.87%	1.04%	0.24%	1.26%	1.41%	2.38%	2.94%	35.58%	2.34%	5.19%	4.26%	0.42%	0.31%	1.19%	0.40%	0.02%	Percent

SUMMARY REPORT PAID CLAIMS BY AGE GROUP MIP claims in batches sent from October 1, 2004 to September 30, 2005

ATTACHMENT F

TOTAL	Unknown or Incorrect	> 64 yrs	55-64 yrs	21-54 yrs	16-20 yrs	12-15 yrs	8-11 yrs	6-7 yrs	4-5 yrs	2-3 yrs	1 yr	8-11 mon	5-7 mon	< 5 mon	Age Group
\$28,210,024.95	correct \$11.31	\$6,198,522.55	\$6,268,372.10	\$14,756,248.11	\$308,371.78	\$61,624.01	\$27,181.93	\$46,241.92	\$18,862.81	\$152,227.40	\$217,731.59	\$36,177.20	\$15,381.70	\$103,070.54	Total Charged Percent Charged
100.00%	0.00%	21.97%	22.22%	52.31%	1.09%	0.22%	0.10%	0.16%	0.07%	0.54%	0.77%	0.13%	0.05%	0.37%	ent Charged
\$11,630,356.43	\$2.09	\$2,521,739.62	\$2,622,228.72	\$5,994,517.42	\$168,123.00	\$45,226.41	\$14,570.50	\$32,485.39	\$11,272.34	\$35,785.53	\$59,180.31	\$34,324.03	\$10,144.38	\$80,756.69	Total to Pay
\$83,725.53	\$0.00	\$336.56	\$49,067.69	\$34,321.28	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Total Paid
28461		5892	6716	14140	575	228	187	104	114	183	162	39	43	77	Total Claims
100.00%	0.00%	20.70%	23.60%	49.68%	2.02%	0.80%	0.66%	0.37%	0.40%	0.64%	0.57%	0.14%	0.15%	0.27%	Percent Claims
453 ₁		836	630	2352	168	100		50	73	89	59	13	13	36	Total Patients Percent Patients
100.00%	0.02%	18.45%	13.90%	51.91%	3.71%	2.21%	2.45%	1.10%	1.61%	1.96%	1.30%	0.29%	0.29%	0.79%	Percent Patients

SUMMARY REPORT PAID CLAIMS BY GENDER MIP claims in batches sent from October 1, 2004 to September 30, 2005

ATTACHMENT -G

TOTAL \$28,210,024.95	FEMALE\$15,938,549.46 MALE \$12,271,475.49	Gender Total Charged
100.00% \$	56.50% 43.50%	Percent
100.00% \$11,630,356.43	\$6,659,806.29 \$4,970,550.14	Total to Pay
100.00%	57.26% 42.74%	Percent
\$83,725.53	\$35,243.48 \$48,482.05	Total Paid
100.00%	42.09% 57.91%	Percent
28461	17490 10971	Total Claims
100.00%	61.45% 38.55%	Percent
4531	2856 1675	Total Patients
100.00%	63.03% 36.97%	Fercent

SUMMARY REPORT PAID CLAIMS BY PROVIDER' SERVICE TYPE MIP claims in batches sent from October 1, 2004 to September 30, 2005

ATTACHMENT H

LABORATORY AND RADIOLOGY SERV.			CLINIC SERVICES	CECATACIES CEINE E				-	GUIFAIIENI HOSPITAL	OF THE A CHARLES OF THE CHARLES OF T			CARLE FRACILITIONER SERVICES				CENTAL VERVICES						PHYSICIAN SERVICES				UZE VERVICES						INPATIENT HOSPITAL SERVICES	Service Type Description
110			109						108				107				106						105				102					•	101	Code
90 90	98 98	91	90	Total	98	97	96 3	91	90	Total	98	91	90	Total	98	91	90	Total	98	97	96	91	90	Total	98	91	90	Total	98	97	95	91	90	Aid Category
854 1,098	114	108	627	1,350	420	5	,	108	816	74	12	ω	59	14	2	2	10	2,509	752	8	,	242	1,506	35	5	သ	27	803	355	2	1	64	381	Recipients
2,243 2,567	224	283	1,722	2,642	750	27	2	190	1,673	75	12	သ	60	17	4	2	11	7,343	1,893	36	2	610	4,802	47	6	ယ	38	955	385	ယ	_	76	490	Claims
\$70 6 ,949.95 \$406,701.89	\$3,317.85 \$104,280.03	\$76,274.44	\$523,077.63	\$3,996,104.45	\$1,001,291.80	\$209,292.00	\$286.75	\$263,070.00	\$2,522,163.90	\$12,180.17	\$1,842.00	\$411.17	\$9,927.00	\$3,129.60	\$696.20	\$93.00	\$2,340.40	\$2,515,567.52	\$790,703.97	\$22,889.83	\$182.24	\$179,817.31	\$1,521,974.17	\$579,909.96	\$50,964.18	\$46,375.40	\$482,570.38	\$7,140,492.28	\$1,802,734.99	\$28,625.47	\$18,370.25	\$704,284.60	\$4,586,476.97	Total Charged
\$290,575.81 \$244,708.81	\$989.57	\$13,462.52	\$225,880.84	\$1,756,308.72	\$600,653.93	\$28,514.37	\$157.85	\$56,887.66	\$1,070,094.91	\$8,093.21	\$1,276.00	\$195.21	\$6,622.00	\$1,858.54	\$365.44	\$42.40	\$1,450.70	\$1,168,078.49	\$380,251.84	\$1,610.19	\$56.10	\$51,293.60	\$734,866.76	\$299,243.89	\$43,967.76	\$3,284.54	\$251,991.59	\$3,290,158.23	\$1,012,814.74	\$1,897.25	\$61.88	\$177,313.15	\$2,098,071.21	Total Paid
\$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	\$0.00	\$0.00	\$0.00	\$83,725.53	\$16,758.42	\$0.00	\$0.00	\$8,738.89	\$58,228.22	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Total to Pay

SUMMARY REPORT PAID CLAIMS BY PROVIDER' SERVICE TYPE MIP claims in batches sent from October 1, 2004 to September 30, 2005

HEARING ALD	THE REPORT OF THE PARTY OF THE			CRIOMETRIC SERVICES						ICE SERVICES					OTHER CARE SERVICES				EPSDT SCREENING							PRESCRIBED DRUGS				HOME HEALTH SERVICES						Service Type Description
126				125						124					121				115							112				111						Code
90	Total	98	91	90	Total	98	95	92	91	90	Total	98	97	. 91	90	Total	98	91	90	Total	98	97	93	92	91	90	Total	98	91	90	Total	98	97	96	91	Aid Category
ω	121	24	12	85	76	_	47	2	4	22	796	229	12	68	487	27	8	4	15	1,855	388	4	ယ		148	1,311	59	12	3	44	1,732	520	5	2	107	Recipients
4	126	27	12	87	563	_	348	20	30	164	2,685	486	70	260	1,869	69	17	4	48	6,499	868	10	5		411	5,204	128	25	5	98	3,989	1,221	9	4	188	Claims
\$5,595.00	\$16,452.68	\$2,905.17	\$1,770.17	\$11,777.34	\$1,659,962.29	\$329.14	\$1,065,212.14	\$54,630.00	\$79,380.00	\$460,411.01	\$7,604,977.21	\$632,434.20	\$445,093.28	\$1,400,559.29	\$5,126,890.44	\$8,534.11	\$2,215.86	\$439.66	\$5,878.59	\$960,112.12	\$39,459.14	\$542.09	\$336,65	\$64.44	\$234,618.32	\$685,091.48	\$109,866.49	\$10,982.39	\$2,236.50	\$96,647.60	\$576,340.86	\$143,654.91	\$1,159.91	\$136.41	\$24,687.74	Total Charged
\$2,710.00	\$12,577.75	\$2,384.21	\$941.80	\$9,251.74	\$1,529,481.42	\$316.12	\$991,140.97	\$39,904.20	\$61,806.60	\$436,313.53	\$757,222.40	\$94,002.78	\$41,344.05	\$55,356.89	\$566,518.68	\$6,783.66	\$1,867.67	\$184.68	\$4,731.31	\$862,505.37	\$31,367.92	\$302.03	\$270.54	\$6.30	\$210,725.93	\$619,832.65	\$98,300.09	\$9,816.81	\$1,034.40	\$87,448.88	\$346,506.05	\$89,249.69	\$402.63	\$98.82	\$12,046.10	Total Paid
\$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	\$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	\$0.00	\$0.00	Total to Pay

SUMMARY REPORT PAID CLAIMS BY PROVIDER' SERVICE TYPE MIP claims in batches sent from October 1, 2004 to September 30, 2005

98 Total Total 5 Total 5 129 90 91 91 5 70tal 70tal 70tal 71 130 90 91 96 98 70tal 131 90 151 151 164 GRAND TOTAL 4,531	Service Type Description
98 Total 90 91 91 96 98 Total 90 91 4,5	Code
4,53	Aid Category Recipients
5 60 5 60 6 71 71 90 30 30 30 22 29 151 13	Recipients
2 6 800 11 40 851 109 35 2 32 178 44 44 1 1 45	Claims
	Total Charged
\$1,140.00 \$3,850.00 \$1,141,581.41 \$1,483.96 \$40,126.41 \$1,183,191.78 \$3,848.96 \$1,015.83 \$55.70 \$1,330.08 \$6,250.57 \$9,117.76 \$252.69 \$9,370.45 \$11,630,356.43	Total Paid
\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	Total to Pay