

DATE PREPARED - 03/10/2003

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
MONTHLY STATISTICAL REPORT ON MEDICAL CARE
PART I

SB2-232-QQ

STATE - NORTH DAKOTA

REPORT FOR MONTH OF FEBRUARY, 2003

SECTION A. TOTAL AMOUNT OF MEDICAL PAYMENTS BY FORM OF PAYMENT AND PROGRAM

PROGRAM	TOTAL	DIRECTLY TO VENDOR OR THROUGH FISCAL AGENT	FORM OF PAYMENT			
			PREMIUM OR PER CAPITA PAYMENTS INTO/TO:			
			SSA SYSTEM FOR AGED RECIPIENT	DISABLED RECIPIENT	HEALTH INSURANCE PLAN	H M O QUALIFIED PROVISIONAL
1. TITLE XIX	\$39,518,866	\$39,159,985	\$86,193	\$272,688		
2. GENERAL ASSISTANCE	\$43,250	\$0	\$7,514	\$35,737		

SECTION B. DISTRIBUTION OF MEDICAL VENDOR PAYMENTS BY TYPE OF SERVICE AND PROGRAM

PROGRAM	TOTAL	INPATIENT HOSPITAL	INPATIENT MENTAL HEALTH FACILITY SERVICES				I C F	
			MENTAL HOSPITAL FOR THE AGED	SNF/ICF FOR THE AGED	INPATIENT PSYCH FACILITY AGE 21 AND UNDER	MENTALLY RETARDED	ALL OTHER	
1. TITLE XIX	\$39,391,730	\$1,615,117	\$60,764	\$0	\$176,585	\$4,637,272	\$318,235	
2. STATE MED ASSISTANCE	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
3. OTHER NON TITLE XIX	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
4. UNASSIGNED PROGRAM	\$0	\$0	\$0	\$0	\$0	\$0	\$0	

PROGRAM	TOTAL	S N F	PHYSICIAN	DENTAL	OTHER PRACTITIONER	OUTPATIENT HOSPITAL	CLINIC	HOME HEALTH
2. STATE MED ASSISTANCE	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
3. OTHER NON TITLE XIX	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
4. UNASSIGNED PROGRAM	\$0	\$0	\$0	\$0	\$0	\$0	\$0	

PROGRAM	TOTAL	FAMILY PLANNING	LAB AND X-RAY	PRESCRIBED DRUGS	E P S D T	RURAL HEALTH CLINIC	STERILIZATION	OTHER CARE
2. STATE MED ASSISTANCE	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
3. OTHER NON TITLE XIX	\$0	\$0	\$0	\$0	\$0	\$0	\$0	

4. UNASSIGNED PROGRAM \$0 \$0 \$0 \$0 \$0 \$0 \$0

UNASSIGNED
TYPE OF SERVICE

1. TITLE XIX \$1,866,650
2. STATE MED ASSISTANCE \$0
3. OTHER NON TITLE XIX \$0
4. UNASSIGNED PROGRAM \$0

ADJUSTMENT PAYMENTS EXCLUDED FROM PART I, SECTION B DUE TO UNASSIGNED TYPE OF SERVICE - \$231,745.25-

ADJUSTMENT PAYMENTS INCLUDED IN PART I, SECTION B- \$404,897.47-

* INCLUDES MONIES FOR COMM-BASE CARE WAIVER\$4,082,036.72