T I T L E X I X R E P O R T O F E X P E N D I T U R E S

(BY CATEGORY OF SERVICE)
(MONTHLY TOTALS AS OF 12/31/12)

CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE	TOTAL PAYMENT	* * * * * A V E R A G E S * * * * * * * COST PER UNIT OF SERVICE	COST PER ELIGIBLE RECIPIENT	UNITS PER RECIPIENT SERVED	COST PER RECIPIENT SERVED
INPATIENT	7,117	7,115	30,018	$42,884,814.91	$1,428.64	$83.65	4.2	$6,025.69
OUTPATIENT	76,722	115,406	1,487,428	$24,613,688.10	$16.55	$48.01	19.4	$320.82
CHILD PART HOSP	0	0	0	$0.00	$0.00	$0.00	.0	$0.00
CHILD DAY TREATMENT	0	0	0	$0.00	$0.00	$0.00	.0	$0.00
ADULT PART HOSP	0	0	0	$0.00	$0.00	$0.00	.0	$0.00
ADULT DAY TREATMENT	0	0	0	$0.00	$0.00	$0.00	.0	$0.00
SKILLED NURSING FACILITY	990	1,282	15,896	$2,581,230.40	$162.38	$5.03	16.1	$2,607.30
INTERMEDIATE CARE FACILITY	11,900	13,151	372,951	$49,352,717.14	$132.33	$96.26	31.3	$4,147.29
INTER CARE MENTAL RETARDA	1,863	2,627	77,156	$37,996,281.71	$492.46	$74.11	41.4	$20,395.21
NURSING FAC FOR MENTAL ILL	72	82	2,292	$763,821.03	$333.26	$2.84	31.8	$10,608.63
HOME HEALTH	14,057	18,481	299,381	$10,131,810.32	$33.84	$19.76	21.3	$720.77
LEAD INSPECTION AGENCY	11	11	14	$5,044.72	$360.34	$0.01	1.3	$458.61
PHYSICIAN	143,351	314,875	549,716	$19,933,135.64	$36.26	$38.88	3.8	$139.05
CLINIC SERVICES	27,011	37,882	36,706	$5,334,197.43	$145.32	$10.40	1.4	$197.48
MEP CASE MANAGEMENT	1	0	0	$28,198.66-	$0.00	$0.06-	.0	$28,198.66-
EHR INCENTIVE PAYMENTS	1	0	0	$9,057,383.00	$0.00	$17.67	.0	$0.00
LAB AND RADIOLOGICAL	16,457	23,870	47,168	$978,279.85	$20.74	$1.91	2.9	$59.44
HABILITATION SERVICES	3,982	12,093	128,430	$7,181,020.71	$55.91	$14.01	32.3	$1,803.37
BEHAVIORAL HLTH INTERVENTN SVC	387,738	412,186	412,183	$5,455,530.10	$13.24	$10.64	1.1	$14.07
REHAB SUPPORT SERVICES	0	0	0	$0.00	$0.00	$0.00	.0	$0.00
AMBULANCE SERVICES	3,391	4,050	3,964	$473,065.27	$119.34	$0.92	1.2	$139.51
LOCAL EDUCATION AGENCY	2,006	35,281	530,284	$6,414,233.12	$12.10	$12.51	264.3	$3,197.52
INFANT TODDLER	463	1,218	2,528	$28,359.58	$11.22	$0.06	5.5	$61.25
PRESCRIBED DRUGS	154,037	515,508	447,088	$27,507,253.61	$61.53	$54.15	2.9	$178.58
IOWA-PLAN-PMIC	232,649	247,986	247,973	$2,646,018.89	$10.67	$5.16	1.1	$11.37
DRUG CAPITATION	0	0	0	$0.00	$0.00	$0.00	.0	$0.00
NEMT SERVICES	386,708	400,839	400,682	$857,459.48	$2.14	$1.67	1.0	$2.22
INDIAN HEALTH SERVICES	0	0	0	$0.00	$0.00	$0.00	.0	$0.00
FAMILY PLANNING SERVICES	7,180	8,303	8,569	$754,371.58	$88.03	$1.47	1.2	$105.07
IOWA CARE MED HOME CAPITATION	0	0	0	$0.00	$0.00	$0.00	.0	$0.00
IOWA PLAN PROGRAM	386,872	412,184	411,988	$11,301,180.64	$27.43	$22.04	1.1	$29.21
MANAGED SUBSTANCE ABUSE	1	0	0	$49,059.02-	$0.00	$0.10-	.0	$49,059.02-
MENTAL HEALTH ACCESS PLAN	0	0	0	$0.00	$0.00	$0.00	.0	$0.00
EPSDT SCREENING	7,388	8,541	8,504	$1,998,477.38	$235.00	$7.45	1.2	$270.50
HMO SERVICES	14,676	12,526	12,523	$2,281,367.42	$182.17	$1,519.90	.9	$155.45
PACE SERVICES	172	172	172	$554,664.91	$3,224.80	$1.08	1.0	$3,224.80
PATIENT MANAGEMENT	189,262	191,353	191,352	$382,704.00	$2.00	$52.70	1.0	$2.02
HEALTH INS PREMIUM PAYMENT	3,143	7,045	7,045	$508,651.64	$72.20	$0.99	2.2	$161.84
MEDICAL SUPPLIES	28,593	52,646	2,293,269	$4,914,781.17	$2.14	$9.67	80.2	$171.89
HEALTH HOME PROVIDER	1,028	1,295	1,334	$32,385.97	$24.28	$0.06	1.3	$31.50
OTHER PRACTITIONER	24,058	48,672	104,395	$4,247,546.31	$40.69	$8.28	4.3	$176.55
FAMILY CENTERED PROGRAM	0	0	0	$0.00	$0.00	$0.00	.0	$0.00
FAMILY PRESERVATION	0	0	0	$0.00	$0.00	$0.00	.0	$0.00
TREATMENT FOSTER FAMILY CARE	0	0	0	$0.00	$0.00	$0.00	.0	$0.00
GROUP TREATMENT THERAPY	0	0	0	$0.00	$0.00	$0.00	.0	$0.00
DENTAL	31,874	40,279	40,504	$5,851,759.25	$144.47	$11.52	1.3	$183.59
OPTOMETRIST	14,729	17,968	18,938	$1,027,300.19	$54.25	$2.00	1.3	$69.75
CHIROPRACTIC	9,694	18,404	21,882	$515,723.42	$23.57	$1.02	2.3	$53.20
PODIATRIC	5,372	6,603	8,309	$270,168.28	$32.52	$0.53	1.5	$50.29

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(BY CATEGORY OF SERVICE)
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CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE	TOTAL PAYMENT	* * * * * A V E R A G E S * * * * * * * COST PER UNIT OF SERVICE	COST PER ELIGIBLE RECIPIENT	UNITS PER RECIPIENT SERVED	COST PER RECIPIENT SERVED
PHYSICAL DISABILITIES SVCS	795	1,130	30,220	$380,615.36	$12.59	$0.74	38.0	$478.76
BRAIN INJ WAIVER SERVICES	1,260	3,017	64,962	$2,402,995.54	$36.99	$4.69	51.6	$1,907.14
PSYCHIATRIC	4,561	7,837	7,395	$190,766.90	$25.80	$0.37	1.6	$41.83
RESIDENTIAL CARE FACILITY	1,307	1,638	44,342	$329,934.64	$7.44	$0.64	33.9	$252.44
ID WAIVER SERVICE	11,034	23,388	672,842	$32,105,682.27	$47.72	$2,734.26	61.0	$2,909.70
CHILDRENS MENTAL HEALTH SVC	723	1,214	45,505	$760,099.20	$16.70	$759.34	62.9	$1,051.31
AIDS WAIVER SERVICES	32	54	2,533	$25,875.59	$10.22	$784.11	79.2	$808.61
ELDERLY WAIVER SERVICES	8,989	29,499	482,352	$6,761,705.13	$14.02	$744.85	53.7	$752.22
ILL & HANDICAPPED WAIVER SVCS	2,230	3,580	102,791	$1,694,264.11	$16.48	$655.93	46.1	$759.76
COUNTY OFFICE REIMBURSEMENT	0	0	0	$0.00	$0.00	$0.00	.0	$0.00
MEP SERVICES	10,284	13,756	89,087	$3,883,612.96	$43.59	$7.57	8.7	$377.64
UNASSIGNED	1	0	0	$497,928.91	$0.00	$0.97	.0	$497,928.91
* A L L C A T E G O R I E S *	433,739	3,075,047	9,762,671	$337,792,650.10	$34.60	$658.86	22.5	$778.79

*** END OF REPORT ***