TITLE XIX REPORT OF EXPENDITURES
(BY CATEGORY OF SERVICE)
(FISCAL YTD TOTALS AS OF 01/31/13)

CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE	TOTAL PAYMENT
INPATIENT	64,414	46,941	209,946	$263,118,251.77
OUTPATIENT	291,197	747,491	37,155,768	$178,407,609.32
CHILD PART HOSP	0	0	0	$0.00
CHILD DAY TREATMENT	0	0	0	$0.00
ADULT PART HOSP	0	0	0	$0.00
ADULT DAY TREATMENT	1	1	1	$16.25
SKILLED NURSING FACILITY	3,693	7,670	101,405	$18,807,939.70
INTERMEDIATE CARE FACILITY	15,589	87,644	2,523,503	$324,473,518.16
INTER CARE MENTAL RETARDA	2,111	13,293	393,514	$145,851,839.29
NURSING FAC FOR MENTAL ILL	83	483	13,998	$4,412,349.42
HOME HEALTH	31,362	122,745	2,199,163	$78,834,782.99
LEAD INSPECTION AGENCY	42	47	50	$17,970.34
PHYSICIAN	335,577	1,961,270	3,660,163	$125,103,894.93
CLINIC SERVICES	86,424	232,329	224,395	$33,519,970.80
MEP CASE MANAGEMENT	1	0	0	$84,595.96-
EHR INCENTIVE PAYMENTS	1	0	0	$24,983,394.00
LAB AND RADIOLOGICAL	73,211	158,777	273,603	$5,657,888.74
HABILITATION SERVICES	5,523	83,917	878,308	$47,092,136.09
BEHAVIORAL HLTH INTERVENTN SVC	464,338	2,904,029	2,879,142	$39,947,919.65
REHAB SUPPORT SERVICES	0	0	0	$0.00
AMBULANCE SERVICES	16,122	25,043	24,644	$2,912,035.42
LOCAL EDUCATION AGENCY	4,187	114,661	2,465,509	$28,303,343.62
INFANT TODDLER	1,470	6,021	12,706	$143,779.82
PRESCRIBED DRUGS	385,015	10,868,503	10,449,172	$163,711,833.22
IOWA-PLAN-PMIC	269,115	1,475,691	1,475,517	$15,842,469.83
DRUG CAPITATION	0	0	0	$0.00
NEMT SERVICES	462,981	2,810,923	2,808,958	$6,011,170.12
INDIAN HEALTH SERVICES	1	0	1-	$289.00-
FAMILY PLANNING SERVICES	26,894	58,952	59,166	$5,756,756.36
IOWA CARE MED HOME CAPITATION	0	0	0	$0.00
IOWA PLAN PROGRAM	462,906	2,904,026	2,901,498	$79,613,182.22
MANAGED SUBSTANCE ABUSE	1	0	0	$49,059.02-
MENTAL HEALTH ACCESS PLAN	0	0	0	$0.00
EPSDT SCREENING	40,669	50,693	51,812	$15,123,695.07
HMO SERVICES	16,158	59,453	59,448	$9,965,104.35
PACE SERVICES	199	1,204	1,170	$3,796,299.55
PATIENT MANAGEMENT	237,448	1,302,021	1,301,918	$2,634,566.56
HEALTH INS PREMIUM PAYMENT	4,044	53,854	53,854	$3,853,791.89
MEDICAL SUPPLIES	68,187	392,664	14,172,825	$29,880,224.16
HEALTH HOME PROVIDER	1,769	5,609	5,625	$127,341.12
OTHER PRACTITIONER	87,649	261,174	651,326	$23,440,055.61
FAMILY CENTERED PROGRAM	0	0	0	$0.00
FAMILY PRESERVATION	1	0	0	$7.37-
TREATMENT FOSTER FAMILY CARE	0	0	0	$0.00
GROUP TREATMENT THERAPY	0	0	0	$0.00
DENTAL	144,414	254,016	255,653	$35,131,301.19
OPTOMETRIST	75,715	111,112	117,130	$6,527,872.06
CHIROPRACTIC	27,333	119,131	142,213	$3,359,902.57
PODIATRIC	17,904	42,132	55,043	$1,679,319.66
PHYSICAL DISABILITIES SVCS	965	7,069	201,120	$2,600,115.13

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)

(FISCAL YTD TOTALS AS OF 01/31/13)

CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE	TOTAL PAYMENT
BRAIN INJ WAIVER SERVICES	1,490	19,130	283,016	$14,556,453.84
PSYCHIATRIC	10,967	50,001	61,418	$2,002,488.41
RESIDENTIAL CARE FACILITY	1,772	10,098	284,205	$2,244,755.99
ID WAIVER SERVICE	11,971	150,494	4,722,406	$224,819,849.14
CHILDRENS MENTAL HEALTH SVC	1,015	8,150	289,952	$5,184,380.64
AIDS WAIVER SERVICES	37	411	18,228	$198,410.20
ELDERLY WAIVER SERVICES	10,580	198,006	3,225,160	$45,212,987.34
ILL & HANDICAPPED WAIVER SVCS	2,677	23,150	692,826	$12,701,774.48
COUNTY OFFICE REIMBURSEMENT	0	0	0	$0.00
MEP SERVICES	14,796	88,925	536,272	$29,763,573.75
UNASSIGNED	33	0	0	$1,833,839.78
* A L L C A T E G O R I E S *	552,486	17,838,954	97,892,748	$2,069,028,203.20

*** END OF REPORT ***