

TITLE XIX REPORT OF EXPENDITURES
(BY CATEGORY OF SERVICE)
(FISCAL YTD TOTALS AS OF 07/31/13)

CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE	TOTAL PAYMENT
INPATIENT	7,091	6,593	28,323	\$37,573,243.90
OUTPATIENT	73,212	115,300	1,659,842	\$27,746,704.56
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	0	0	0	\$0.00
SKILLED NURSING FACILITY	986	1,247	17,100	\$2,486,422.56
INTERMEDIATE CARE FACILITY	11,808	12,711	357,587	\$45,810,332.12
INTER CARE MENTAL RETARDA	1,929	2,181	63,780	\$27,107,067.84
NURSING FAC FOR MENTAL ILL	80	82	2,300	\$690,900.37
HOME HEALTH	13,230	18,268	335,958	\$11,743,313.73
LEAD INSPECTION AGENCY	0	0	0	\$0.00
PHYSICIAN	162,712	280,219	547,793	\$22,606,398.45
CLINIC SERVICES	21,269	29,443	27,005	\$4,525,232.49
MEP CASE MANAGEMENT	0	0	0	\$0.00
EHR INCENTIVE PAYMENTS	1	0	0	\$615,400.00
LAB AND RADIOLOGICAL	13,920	20,588	33,234	\$622,874.40
HABILITATION SERVICES	4,346	14,166	127,614	\$5,766,967.52
BEHAVIORAL HLTH INTERVENTN SVC	386,621	412,152	411,482	\$4,811,762.92
REHAB SUPPORT SERVICES	0	0	0	\$0.00
AMBULANCE SERVICES	3,472	4,177	4,079	\$484,107.45
LOCAL EDUCATION AGENCY	1,489	31,532	262,443	\$3,551,646.49
INFANT TODDLER	28	52	97	\$604.24
PRESCRIBED DRUGS	129,209	456,801	391,599	\$22,612,952.32
IOWA-PLAN-PMIC	232,265	248,139	247,824	\$2,670,914.22
DRUG CAPITATION	0	0	0	\$0.00
NEMT SERVICES	386,385	401,851	401,027	\$808,339.48
INDIAN HEALTH SERVICES	0	0	0	\$0.00
FAMILY PLANNING SERVICES	6,216	7,001	6,988	\$621,237.28
IOWA CARE MED HOME CAPITATION	0	0	0	\$0.00
IOWA PLAN PROGRAM	386,499	412,139	411,275	\$11,343,821.41
MANAGED SUBSTANCE ABUSE	1	0	0	\$368,249.15-
MENTAL HEALTH ACCESS PLAN	0	0	0	\$0.00
EPSDT SCREENING	6,159	7,134	7,125	\$1,878,461.62
HMO SERVICES	29,126	29,693	29,668	\$5,175,880.56
PACE SERVICES	185	197	193	\$613,954.03
PATIENT MANAGEMENT	184,911	187,016	186,978	\$373,956.00
HEALTH INS PREMIUM PAYMENT	3,346	8,601	8,601	\$681,832.51
MEDICAL SUPPLIES	28,108	50,640	2,220,448	\$4,911,796.87
HEALTH HOME PROVIDER	16,431	17,253	16,449	\$2,108,643.40
OTHER PRACTITIONER	20,133	44,102	103,258	\$3,804,383.20
FAMILY CENTERED PROGRAM	0	0	0	\$0.00
FAMILY PRESERVATION	0	0	0	\$0.00
TREATMENT FOSTER FAMILY CARE	0	0	0	\$0.00
GROUP TREATMENT THERAPY	0	0	0	\$0.00
DENTAL	30,270	37,473	37,590	\$5,041,814.88
OPTOMETRIST	13,119	15,901	17,071	\$908,247.18
CHIROPRACTIC	9,133	17,138	20,511	\$482,156.86
IOWA-PLAN-HAB	382,852	382,852	380,333	\$6,976,271.38
PODIATRIC	5,337	6,569	8,505	\$243,362.23

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 07/31/13)

CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE	TOTAL PAYMENT
PHYSICAL DISABILITIES SVCS	819	1,120	32,831	\$422,942.49
BRAIN INJ WAIVER SERVICES	1,235	3,006	64,882	\$2,614,835.91
PSYCHIATRIC	4,688	7,866	8,309	\$202,643.24
RESIDENTIAL CARE FACILITY	1,200	1,408	39,790	\$321,479.97
ID WAIVER SERVICE	11,229	24,740	771,328	\$36,310,996.90
CHILDRENS MENTAL HEALTH SVC	815	1,270	42,577	\$796,962.65
AIDS WAIVER SERVICES	30	49	2,420	\$28,186.58
ELDERLY WAIVER SERVICES	9,008	30,087	528,601	\$7,127,487.96
ILL & HANDICAPPED WAIVER SVCS	2,097	3,292	101,163	\$1,907,759.27
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00
MEP SERVICES	12,491	17,485	101,699	\$4,990,692.99
UNASSIGNED	82	70	0	\$5,228,115.93
* A L L C A T E G O R I E S *	434,414	3,369,604	10,067,680	\$326,984,859.21
		*** END OF REPORT ***		