

TITLE XIX REPORT OF EXPENDITURES
(BY CATEGORY OF SERVICE)
(FISCAL YTD TOTALS AS OF 05/31/14)

CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE	TOTAL PAYMENT
INPATIENT	57,024	66,258	294,600	\$392,785,668.27
OUTPATIENT	319,998	1,189,677	18,204,160	\$296,179,983.92
CHILD PART HOSP	1	0	0	\$29.30
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	4,868	11,471	153,482	\$27,063,469.44
IHAWP IOWA PLAN LITE	87,664	355,550	355,097	\$10,217,880.17
IHAWP IOWA PLAN FULL	4,454	15,222	15,201	\$2,557,910.26
IHAWP HMO	9,779	27,776	27,755	\$7,729,998.44
IHAWP PCP	45,246	138,666	138,426	\$553,704.00
INTERMEDIATE CARE FACILITY	17,118	136,055	3,898,770	\$516,614,828.87
INTER CARE MENTAL RETARDA	2,128	22,474	654,686	\$268,412,854.55
NURSING FAC FOR MENTAL ILL	129	1,007	28,995	\$6,692,123.19
HOME HEALTH	36,716	184,998	5,350,181	\$130,299,712.04
LEAD INSPECTION AGENCY	26	27	27	\$9,691.20
PHYSICIAN	414,235	2,932,932	5,645,334	\$207,040,049.25
CLINIC SERVICES	104,228	330,910	413,717	\$54,513,060.90
MEP CASE MANAGEMENT	1	0	0	\$57,845.57-
EHR INCENTIVE PAYMENTS	1	0	0	\$24,026,386.00
LAB AND RADIOLOGICAL	89,276	214,822	378,007	\$7,689,931.81
HABILITATION SERVICES	5,688	17,932	144,630	\$6,953,595.19
BEHAVIORAL HLTH INTERVENTN SVC	501,889	4,623,101	4,618,268	\$58,289,971.77
REHAB SUPPORT SERVICES	2	0	0	\$1,440,073.63-
AMBULANCE SERVICES	24,144	40,970	40,593	\$4,918,509.60
LOCAL EDUCATION AGENCY	5,570	386,861	4,835,886	\$62,122,383.63
INFANT TODDLER	223	950	2,176	\$16,189.40
PRESCRIBED DRUGS	365,060	6,063,466	4,518,495	\$265,247,579.61
IOWA-PLAN-PMIC	296,580	2,786,664	2,785,478	\$29,498,604.52
DRUG CAPITATION	0	0	0	\$0.00
NEMT SERVICES	509,025	4,506,272	4,500,339	\$9,630,700.04
INDIAN HEALTH SERVICES	0	0	0	\$0.00
FAMILY PLANNING SERVICES	27,435	71,612	72,299	\$6,192,465.82
IOWA CARE MED HOME CAPITATION	0	0	0	\$0.00
IOWA PLAN PROGRAM	501,761	4,622,940	4,617,166	\$127,612,192.90
MANAGED SUBSTANCE ABUSE	1	0	0	\$368,249.15-
MENTAL HEALTH ACCESS PLAN	1	0	0	\$1,000.96
EPSDT SCREENING	50,173	75,495	75,219	\$18,641,436.78
HMO SERVICES	62,985	437,294	437,153	\$73,819,463.18
PACE SERVICES	266	2,270	2,241	\$7,278,982.29
PATIENT MANAGEMENT	256,802	1,996,067	1,993,671	\$3,987,531.76
HEALTH INS PREMIUM PAYMENT	4,731	85,471	85,471	\$6,304,206.64
MEDICAL SUPPLIES	87,814	539,878	21,382,832	\$49,272,437.35
HEALTH HOME PROVIDER	44,203	223,307	223,642	\$28,465,443.48
TCM PAYMENTS TO IOWAPLAN	5,673	0	0	\$9,732,010.66
IHAWP QHP	16,433	58,705	54,789	\$22,055,576.70
OTHER PRACTITIONER	124,013	461,114	1,020,330	\$41,581,734.46
FAMILY CENTERED PROGRAM	0	0	0	\$0.00
FAMILY PRESERVATION	0	0	0	\$0.00
TREATMENT FOSTER FAMILY CARE	0	0	0	\$0.00

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 05/31/14)

CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE	TOTAL PAYMENT
GROUP TREATMENT THERAPY	0	0	0	\$0.00
DENTAL	197,807	431,324	433,539	\$59,526,666.52
ACCOUNTABLE CARE ORGANIZATIONS	17,177	17,177	17,177	\$68,708.00
OPTOMETRIST	110,432	175,726	185,999	\$10,573,617.57
CHIROPRACTIC	34,019	171,871	206,781	\$5,137,652.73
IOWA-PLAN-HAB	500,964	4,585,771	4,551,428	\$82,112,851.61
PODIATRIC	22,869	65,401	83,405	\$2,712,374.71
DELTA DENTAL	92,636	92,636	92,636	\$2,099,131.76
PHYSICAL DISABILITIES SVCS	983	11,333	1,142,795	\$4,210,270.14
BRAIN INJ WAIVER SERVICES	1,519	30,618	1,899,735	\$28,407,100.74
PSYCHIATRIC	13,784	76,502	86,486	\$2,712,638.89
RESIDENTIAL CARE FACILITY	1,772	14,151	396,430	\$3,219,874.31
ID WAIVER SERVICE	12,960	263,126	16,386,634	\$403,596,935.34
CHILDRENS MENTAL HEALTH SVC	1,031	13,863	1,671,231	\$8,540,911.15
AIDS WAIVER SERVICES	41	557	79,023	\$304,207.81
ELDERLY WAIVER SERVICES	11,369	303,740	12,212,163	\$74,881,652.76
ILL & HANDICAPPED WAIVER SVCS	2,542	33,550	3,211,211	\$18,865,110.49
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00
MEP SERVICES	15,636	145,690	672,246	\$34,400,127.57
UNASSIGNED	139	70	0	\$9,896,303.25
* A L L C A T E G O R I E S *	653,443	39,061,320	130,298,035	\$3,533,409,265.35
		*** END OF REPORT ***		