

TITLE XIX REPORT OF EXPENDITURES  
(BY CATEGORY OF SERVICE)  
(FISCAL YTD TOTALS AS OF 07/31/16)

CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE	TOTAL PAYMENT
INPATIENT	2,176	1,989	13,001	\$18,106,206.62
OUTPATIENT	16,169	17,157	427,805	\$4,674,501.81
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	228	254	3,304	\$1,011,712.19
IHAWP IOWA PLAN LITE	2	0	4-	\$86.12-
IHAWP IOWA PLAN FULL	1	0	1-	\$244.38-
IHAWP HMO	56	90	90	\$20,433.85
IHAWP PCP	0	0	0	\$0.00
INTERMEDIATE CARE FACILITY	1,039	991	25,833	\$5,404,924.94
INTER CARE MENTAL RETARDA	60	50	1,366	\$632,562.99
NURSING FAC FOR MENTAL ILL	15	3	197-	\$34,577.59-
HOME HEALTH	16,526	2,138	1,674,728	\$2,828,699.52
LEAD INSPECTION AGENCY	0	0	0	\$0.00
PHYSICIAN	28,845	46,018	88,042	\$3,470,499.94
CLINIC SERVICES	4,249	5,755	5,170	\$878,787.38
MEP CASE MANAGEMENT	0	0	0	\$0.00
EHR INCENTIVE PAYMENTS	1	0	0	\$986,217.00
LAB AND RADIOLOGICAL	2,389	3,064	5,002	\$106,999.77
HABILITATION SERVICES	137	834	5,570	\$394,165.27
BEHAVIORAL HLTH INTERVENTN SVC	483	1,296	16,154	\$374,244.46
REHAB SUPPORT SERVICES	0	0	0	\$0.00
AMBULANCE SERVICES	1,035	1,073	1,025	\$178,180.16
LOCAL EDUCATION AGENCY	1,408	31,169	338,307	\$5,420,083.74
INFANT TODDLER	10	11	27	\$603.93-
IHAWP WELLNESS EXAM BONUS	0	0	0	\$0.00
ACO VIS PAYMENTS	26,417	0	0	\$332,685.00
PRESCRIBED DRUGS	8,060	21,389	18,067	\$933,035.86
IOWA-PLAN-PMIC	0	0	0	\$0.00
DRUG CAPITATION	0	0	0	\$0.00
NEMT SERVICES	12,674	13,643	13,603	\$29,110.42
INDIAN HEALTH SERVICES	0	0	0	\$0.00
FAMILY PLANNING SERVICES	632	855	856	\$46,632.87
IOWA CARE MED HOME CAPITATION	0	0	0	\$0.00
IOWA PLAN PROGRAM	2	1	9-	\$103.10-
MANAGED SUBSTANCE ABUSE	0	0	0	\$0.00
MENTAL HEALTH ACCESS PLAN	0	0	0	\$0.00
EPSDT SCREENING	3,951	4,106	4,093	\$530,550.93
HMO SERVICES	13	2	2	\$46,624.82
PACE SERVICES	324	324	324	\$1,087,350.23
PATIENT MANAGEMENT	1	0	2-	\$4.00-
HEALTH INS PREMIUM PAYMENT	3,306	7,270	7,270	\$566,210.29
MEDICAL SUPPLIES	4,694	6,655	242,054	\$611,395.01
HEALTH HOME PROVIDER	1,784	1,920	1,911	\$280,548.65
TCM PAYMENTS TO IOWAPLAN	0	0	0	\$0.00
IHAWP QHP	0	0	0	\$0.00
MCO	0	0	566,290	\$305,990,888.26
OTHER PRACTITIONER	9,772	20,766	41,127	\$2,462,945.65

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 07/31/16)

CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE	TOTAL PAYMENT
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	30,413	35,938	35,932	\$5,304,910.26
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0	\$0.00
OPTOMETRIST	1,253	1,239	1,356	\$67,742.91
CHIROPRACTIC	1,213	2,024	3,021	\$75,059.29
IOWA-PLAN-HAB	0	0	0	\$0.00
PODIATRIC	691	751	958	\$38,559.59
DELTA DENTAL	140,973	140,871	140,716	\$3,188,624.56
PHYSICAL DISABILITIES SVCS	10	15	3,583	\$14,122.92
BRAIN INJ WAIVER SERVICES	186	244	13,737	\$221,915.46
PSYCHIATRIC	2,306	3,394	4,164	\$238,665.99
RESIDENTIAL CARE FACILITY	740	1,156	32,857	\$263,854.56
ID WAIVER SERVICE	1,168	1,678	116,924	\$2,331,613.75
CHILDRENS MENTAL HEALTH SVC	70	101	14,467	\$62,396.10
AIDS WAIVER SERVICES	2	2	118	\$918.60
ELDERLY WAIVER SERVICES	2,020	410	22,307	\$26,944.60
ILL & HANDICAPPED WAIVER SVCS	357	430	42,731	\$480,809.79
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00
MEP SERVICES	1,425	2,850	7,994	\$382,590.34
UNASSIGNED	1	0	0	\$147,176.42
* A L L C A T E G O R I E S *	254,776	379,926	3,941,673	\$370,216,483.65
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