

TITLE XIX REPORT OF EXPENDITURES
(BY CATEGORY OF SERVICE)
(FISCAL YTD TOTALS AS OF 02/28/17)

| CATEGORY OF SERVICE | RECIPIENTS SERVED | NUMBER OF CLAIMS | UNITS OF SERVICE | TOTAL PAYMENT |
|--------------------------------|-------------------|------------------|------------------|--------------------|
| INPATIENT | 34,700 | 13,049 | 74,511 | \$107,519,137.45 |
| OUTPATIENT | 325,321 | 120,579 | 7,845,679 | \$23,447,736.07 |
| 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 | 1,085 | 1,354 | 16,460 | \$3,451,256.78 |
| IHAWP IOWA PLAN LITE | 148,169 | 0 | 4,018- | \$6,137,834.29 |
| IHAWP IOWA PLAN FULL | 4 | 0 | 4- | \$1,148.55- |
| IHAWP HMO | 21,735 | 91 | 492- | \$1,779,455.08- |
| IHAWP PCP | 12 | 0 | 24- | \$87.00- |
| INTERMEDIATE CARE FACILITY | 4,503 | 8,212 | 221,881 | \$46,261,020.20 |
| INTER CARE MENTAL RETARDA | 217 | 367 | 10,051 | \$4,363,449.89 |
| NURSING FAC FOR MENTAL ILL | 70 | 35 | 635 | \$598,535.73 |
| HOME HEALTH | 20,214 | 14,222 | 3,644,300 | \$17,882,484.10 |
| LEAD INSPECTION AGENCY | 1 | 0 | 0 | \$0.00 |
| PHYSICIAN | 103,788 | 302,905 | 1,029,868 | \$46,203,277.01 |
| CLINIC SERVICES | 25,792 | 45,955 | 41,024 | \$13,358,817.56 |
| MEP CASE MANAGEMENT | 1 | 0 | 0 | \$1,515,752.77 |
| EHR INCENTIVE PAYMENTS | 1 | 0 | 0 | \$6,135,809.00 |
| LAB AND RADIOLOGICAL | 13,049 | 22,353 | 39,536 | \$945,324.10 |
| HABILITATION SERVICES | 1,116 | 8,708 | 48,643 | \$2,334,852.73 |
| BEHAVIORAL HLTH INTERVENTN SVC | 1,215 | 8,490 | 99,308 | \$2,011,607.73 |
| REHAB SUPPORT SERVICES | 56 | 67 | 1,059- | \$44,802.78- |
| AMBULANCE SERVICES | 5,222 | 6,557 | 6,265 | \$1,104,993.85 |
| LOCAL EDUCATION AGENCY | 4,849 | 217,484 | 2,481,386 | \$38,968,155.59 |
| INFANT TODDLER | 1,164 | 5,694 | 13,144 | \$173,649.96 |
| IHAWP WELLNESS EXAM BONUS | 0 | 0 | 0 | \$0.00 |
| ACO VIS PAYMENTS | 33,703 | 0 | 0 | \$684,310.00 |
| PRESCRIBED DRUGS | 40,490 | 196,124 | 163,735 | \$8,135,692.89 |
| IOWA-PLAN-PMIC | 0 | 0 | 0 | \$0.00 |
| DRUG CAPITATION | 1 | 0 | 0 | \$17.69- |
| NEMT SERVICES | 44,096 | 105,908 | 105,664 | \$232,472.52 |
| INDIAN HEALTH SERVICES | 0 | 0 | 0 | \$0.00 |
| FAMILY PLANNING SERVICES | 3,038 | 4,327 | 4,628 | \$331,259.56 |
| IOWA CARE MED HOME CAPITATION | 0 | 0 | 0 | \$0.00 |
| IOWA PLAN PROGRAM | 73 | 1 | 56- | \$6,476.20- |
| MANAGED SUBSTANCE ABUSE | 0 | 0 | 0 | \$0.00 |
| MENTAL HEALTH ACCESS PLAN | 0 | 0 | 0 | \$0.00 |
| EPSDT SCREENING | 31,158 | 32,310 | 32,095 | \$4,432,904.99 |
| HMO SERVICES | 54,122 | 213 | 182 | \$1,889,743.22 |
| PACE SERVICES | 401 | 2,736 | 2,724 | \$9,278,154.68 |
| PATIENT MANAGEMENT | 28 | 0 | 2- | \$4.00- |
| HEALTH INS PREMIUM PAYMENT | 3,978 | 61,746 | 61,746 | \$4,708,502.29 |
| MEDICAL SUPPLIES | 19,236 | 43,073 | 1,585,090 | \$3,762,557.63 |
| HEALTH HOME PROVIDER | 6,022 | 14,259 | 14,209 | \$1,535,517.14 |
| TCM PAYMENTS TO IOWAPLAN | 0 | 0 | 0 | \$0.00 |
| IHAWP QHP | 2 | 0 | 0 | \$16,757,928.51 |
| MCO | 665,205 | 4,578,807 | 4,574,336 | \$2,462,401,695.65 |
| OTHER PRACTITIONER | 41,601 | 112,261 | 258,106 | \$11,908,976.34 |

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)
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|--------------------------------|----------------------|-----------------------|---------------------|--------------------|
| 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 | 184,113 | 338,241 | 338,873 | \$48,420,824.24 |
| ACCOUNTABLE CARE ORGANIZATIONS | 8 | 0 | 17- | \$68.00- |
| OPTOMETRIST | 6,956 | 7,882 | 8,787 | \$467,067.01 |
| CHIROPRACTIC | 4,555 | 12,203 | 15,694 | \$355,204.33 |
| IOWA-PLAN-HAB | 0 | 0 | 0 | \$0.00 |
| PODIATRIC | 3,031 | 4,896 | 6,307 | \$249,699.25 |
| DELTA DENTAL | 253,125 | 1,112,791 | 1,112,051 | \$35,385,832.68 |
| PHYSICAL DISABILITIES SVCS | 46 | 109 | 24,141 | \$80,866.60 |
| BRAIN INJ WAIVER SERVICES | 728 | 2,261 | 109,419 | \$1,713,226.86 |
| PSYCHIATRIC | 10,468 | 24,575 | 30,874 | \$1,924,699.60 |
| RESIDENTIAL CARE FACILITY | 1,090 | 7,240 | 204,770 | \$1,661,671.84 |
| ID WAIVER SERVICE | 2,304 | 12,986 | 857,362 | \$16,650,799.69 |
| CHILDRENS MENTAL HEALTH SVC | 132 | 692 | 97,491 | \$363,156.35 |
| AIDS WAIVER SERVICES | 3 | 3 | 199 | \$1,343.85 |
| ELDERLY WAIVER SERVICES | 7,232 | 2,486 | 47,024 | \$128,953.43 |
| ILL & HANDICAPPED WAIVER SVCS | 562 | 3,747 | 325,040 | \$3,902,346.24 |
| COUNTY OFFICE REIMBURSEMENT | 0 | 0 | 0 | \$0.00 |
| MEP SERVICES | 10,118 | 12,147 | 43,071 | \$1,110,584.17 |
| UNASSIGNED | 2 | 0 | 0 | \$3,582,736.16 |
| * A L L C A T E G O R I E S * | 784,581 | 7,470,146 | 25,590,637 | \$2,962,640,363.23 |
| | | *** END OF REPORT *** | | |