

TITLE XIX REPORT OF EXPENDITURES  
(BY CATEGORY OF SERVICE)  
(FISCAL YTD TOTALS AS OF 05/31/17)

| CATEGORY OF SERVICE            | RECIPIENTS SERVED | NUMBER OF CLAIMS | UNITS OF SERVICE | TOTAL PAYMENT      |
|--------------------------------|-------------------|------------------|------------------|--------------------|
| INPATIENT                      | 38,147            | 17,796           | 100,428          | \$150,084,929.37   |
| OUTPATIENT                     | 334,926           | 161,170          | 8,845,615        | \$35,774,510.40    |
| 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       | 1,316             | 1,813            | 22,830           | \$4,061,907.44     |
| IHAWP IOWA PLAN LITE           | 148,169           | 0                | 4,024-           | \$6,137,610.73     |
| IHAWP IOWA PLAN FULL           | 5                 | 0                | 5-               | \$1,444.32-        |
| IHAWP HMO                      | 21,735            | 91               | 492-             | \$2,198,498.96-    |
| IHAWP PCP                      | 12                | 0                | 24-              | \$87.00-           |
| INTERMEDIATE CARE FACILITY     | 5,596             | 11,512           | 309,851          | \$62,766,901.89    |
| INTER CARE MENTAL RETARDA      | 227               | 533              | 13,872           | \$6,252,491.89     |
| NURSING FAC FOR MENTAL ILL     | 72                | 40               | 761              | \$629,221.43       |
| HOME HEALTH                    | 21,057            | 18,188           | 4,936,597        | \$24,660,504.58    |
| LEAD INSPECTION AGENCY         | 1                 | 0                | 0                | \$0.00             |
| PHYSICIAN                      | 120,327           | 402,315          | 1,250,342        | \$52,936,746.92    |
| CLINIC SERVICES                | 30,784            | 57,630           | 51,575           | \$18,919,004.04    |
| MEP CASE MANAGEMENT            | 1                 | 0                | 0                | \$1,325,585.17     |
| EHR INCENTIVE PAYMENTS         | 1                 | 0                | 0                | \$7,709,726.00     |
| LAB AND RADIOLOGICAL           | 15,600            | 28,160           | 48,635           | \$1,192,416.77     |
| HABILITATION SERVICES          | 1,207             | 9,166            | 56,363           | \$2,767,241.72     |
| BEHAVIORAL HLTH INTERVENTN SVC | 1,407             | 11,284           | 133,274          | \$2,702,064.82     |
| REHAB SUPPORT SERVICES         | 56                | 67               | 1,059-           | \$44,802.78-       |
| AMBULANCE SERVICES             | 6,540             | 8,633            | 8,290            | \$1,435,416.57     |
| LOCAL EDUCATION AGENCY         | 5,632             | 424,049          | 4,982,882        | \$72,240,023.92    |
| INFANT TODDLER                 | 1,260             | 7,222            | 16,661           | \$220,141.79       |
| IHAWP WELLNESS EXAM BONUS      | 0                 | 0                | 0                | \$0.00             |
| ACO VIS PAYMENTS               | 33,703            | 0                | 0                | \$684,310.00       |
| PRESCRIBED DRUGS               | 48,248            | 270,426          | 225,740          | \$11,409,595.81    |
| IOWA-PLAN-PMIC                 | 0                 | 0                | 0                | \$0.00             |
| DRUG CAPITATION                | 1                 | 0                | 0                | \$17.69-           |
| NEMT SERVICES                  | 55,113            | 143,523          | 143,241          | \$324,692.71       |
| INDIAN HEALTH SERVICES         | 0                 | 0                | 0                | \$0.00             |
| FAMILY PLANNING SERVICES       | 3,919             | 5,667            | 5,970            | \$456,066.65       |
| IOWA CARE MED HOME CAPITATION  | 0                 | 0                | 0                | \$0.00             |
| IOWA PLAN PROGRAM              | 76                | 1                | 65-              | \$6,846.00-        |
| MANAGED SUBSTANCE ABUSE        | 0                 | 0                | 0                | \$0.00             |
| MENTAL HEALTH ACCESS PLAN      | 0                 | 0                | 0                | \$0.00             |
| EPSDT SCREENING                | 39,053            | 46,118           | 45,866           | \$5,912,915.61     |
| HMO SERVICES                   | 54,122            | 213              | 178              | \$1,887,201.47     |
| PACE SERVICES                  | 439               | 3,831            | 3,810            | \$14,349,030.26    |
| PATIENT MANAGEMENT             | 28                | 0                | 2-               | \$4.00-            |
| HEALTH INS PREMIUM PAYMENT     | 4,225             | 84,384           | 84,384           | \$6,578,065.16     |
| MEDICAL SUPPLIES               | 21,467            | 55,269           | 2,089,207        | \$4,821,703.56     |
| HEALTH HOME PROVIDER           | 6,174             | 15,153           | 15,101           | \$1,648,898.89     |
| TCM PAYMENTS TO IOWAPLAN       | 316               | 0                | 0                | \$1,287.25         |
| IHAWP QHP                      | 2                 | 0                | 0                | \$16,757,928.51    |
| MCO                            | 701,239           | 6,303,492        | 6,283,500        | \$3,398,714,381.59 |
| OTHER PRACTITIONER             | 49,462            | 213,514          | 428,244          | \$22,704,538.74    |

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 05/31/17)

| CATEGORY OF SERVICE            | RECIPIENTS<br>SERVED | NUMBER OF<br>CLAIMS   | UNITS OF<br>SERVICE | TOTAL<br>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                         | 214,918              | 471,557               | 472,461             | \$67,694,462.19    |
| ACCOUNTABLE CARE ORGANIZATIONS | 8                    | 0                     | 17-                 | \$68.00-           |
| OPTOMETRIST                    | 8,681                | 10,394                | 11,668              | \$626,528.59       |
| CHIROPRACTIC                   | 5,195                | 15,596                | 19,938              | \$442,328.75       |
| IOWA-PLAN-HAB                  | 0                    | 0                     | 0                   | \$0.00             |
| PODIATRIC                      | 3,486                | 6,159                 | 8,025               | \$312,602.58       |
| DELTA DENTAL                   | 269,643              | 1,541,358             | 1,537,110           | \$46,779,573.20    |
| PHYSICAL DISABILITIES SVCS     | 90                   | 128                   | 29,135              | \$71,237.60        |
| BRAIN INJ WAIVER SERVICES      | 994                  | 3,204                 | 150,387             | \$1,022,886.07     |
| PSYCHIATRIC                    | 14,487               | 32,289                | 40,944              | \$2,932,089.31     |
| RESIDENTIAL CARE FACILITY      | 1,175                | 9,619                 | 270,478             | \$2,127,398.64     |
| ID WAIVER SERVICE              | 4,531                | 17,496                | 1,106,846           | \$13,493,062.86    |
| CHILDRENS MENTAL HEALTH SVC    | 145                  | 902                   | 133,659             | \$502,955.74       |
| AIDS WAIVER SERVICES           | 3                    | 4                     | 255                 | \$1,797.45         |
| ELDERLY WAIVER SERVICES        | 8,524                | 2,838                 | 55,410              | \$9,610.14-        |
| ILL & HANDICAPPED WAIVER SVCS  | 834                  | 5,148                 | 431,565             | \$4,519,933.30     |
| COUNTY OFFICE REIMBURSEMENT    | 0                    | 0                     | 0                   | \$0.00             |
| MEP SERVICES                   | 11,662               | 16,324                | 58,008              | \$1,090,578.96     |
| UNASSIGNED                     | 2                    | 0                     | 0                   | \$8,910,796.53     |
| * A L L C A T E G O R I E S *  | 817,110              | 10,434,276            | 34,423,418          | \$4,086,333,914.54 |
|                                |                      | *** END OF REPORT *** |                     |                    |