

TITLE XIX REPORT OF EXPENDITURES
(BY CATEGORY OF SERVICE)
(FISCAL YTD TOTALS AS OF 07/31/17)

CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE	TOTAL PAYMENT
INPATIENT	1,690	1,546	8,295	\$12,130,743.02
OUTPATIENT	9,537	13,887	410,390	\$3,850,440.83
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	133	174	2,238	\$225,618.50
IHAWP IOWA PLAN LITE	0	0	0	\$0.00
IHAWP IOWA PLAN FULL	0	0	0	\$0.00
IHAWP HMO	0	0	0	\$0.00
IHAWP PCP	0	0	0	\$0.00
INTERMEDIATE CARE FACILITY	816	1,071	28,641	\$5,779,867.63
INTER CARE MENTAL RETARDA	40	45	1,259	\$560,866.01
NURSING FAC FOR MENTAL ILL	11	0	0	\$22,686.13-
HOME HEALTH	1,032	1,287	587,607	\$1,714,853.30
LEAD INSPECTION AGENCY	0	0	0	\$0.00
PHYSICIAN	14,070	32,492	79,321	\$2,104,167.77
CLINIC SERVICES	2,743	3,859	3,770	\$3,021,986.55
MEP CASE MANAGEMENT	1	0	0	\$1,008,520.77
EHR INCENTIVE PAYMENTS	1	0	0	\$481,667.00
LAB AND RADIOLOGICAL	1,552	2,229	3,831	\$87,744.88
HABILITATION SERVICES	27	88	1,839	\$96,750.95
BEHAVIORAL HLTH INTERVENTN SVC	175	582	5,856	\$130,589.70
REHAB SUPPORT SERVICES	1	0	0	\$30.94-
AMBULANCE SERVICES	606	713	698	\$122,632.44
LOCAL EDUCATION AGENCY	985	26,845	249,213	\$3,252,187.04
INFANT TODDLER	276	620	1,643	\$22,055.47
IHAWP WELLNESS EXAM BONUS	0	0	0	\$0.00
ACO VIS PAYMENTS	0	0	0	\$0.00
PRESCRIBED DRUGS	26,087	122,645	21,252	\$1,155,066.10
IOWA-PLAN-PMIC	0	0	0	\$0.00
DRUG CAPITATION	0	0	0	\$0.00
NEMT SERVICES	11,685	12,038	12,029	\$28,989.90
INDIAN HEALTH SERVICES	0	0	0	\$0.00
FAMILY PLANNING SERVICES	315	377	377	\$37,302.43
IOWA CARE MED HOME CAPITATION	0	0	0	\$0.00
IOWA PLAN PROGRAM	0	0	0	\$0.00
MANAGED SUBSTANCE ABUSE	0	0	0	\$0.00
MENTAL HEALTH ACCESS PLAN	0	0	0	\$0.00
EPSDT SCREENING	4,003	4,061	4,042	\$464,103.84
HMO SERVICES	0	0	0	\$0.00
PACE SERVICES	396	414	410	\$1,538,739.44
PATIENT MANAGEMENT	12	0	0	\$46.00-
HEALTH INS PREMIUM PAYMENT	3,143	6,653	6,653	\$586,302.19
MEDICAL SUPPLIES	3,573	5,914	180,861	\$308,586.36
HEALTH HOME PROVIDER	368	782	785	\$122,597.85
TCM PAYMENTS TO IOWAPLAN	0	0	0	\$0.00
IHAWP QHP	0	0	0	\$0.00
MCO	543,374	562,318	560,978	\$308,854,835.76
OTHER PRACTITIONER	4,656	12,354	31,439	\$1,066,249.63

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 07/31/17)

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	35,964	43,292	43,352	\$6,506,573.05
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0	\$0.00
OPTOMETRIST	652	724	820	\$46,852.71
CHIROPRACTIC	533	1,094	1,318	\$24,171.83
IOWA-PLAN-HAB	0	0	0	\$0.00
PODIATRIC	339	421	559	\$20,912.15
DELTA DENTAL	152,970	154,914	154,782	\$2,691,663.74
PHYSICAL DISABILITIES SVCS	4	8	1,762	\$5,879.47
BRAIN INJ WAIVER SERVICES	235	366	18,173	\$291,166.69
PSYCHIATRIC	1,356	2,309	2,810	\$196,925.55
RESIDENTIAL CARE FACILITY	660	810	22,739	\$173,312.12
ID WAIVER SERVICE	845	1,646	126,337	\$638,241.59-
CHILDRENS MENTAL HEALTH SVC	56	85	15,187	\$59,334.21
AIDS WAIVER SERVICES	0	0	0	\$0.00
ELDERLY WAIVER SERVICES	96	42	1,678	\$9,420.83-
ILL & HANDICAPPED WAIVER SVCS	380	500	46,549	\$518,938.73
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00
MEP SERVICES	965	1,387	6,048	\$389,528.74
UNASSIGNED	1	0	0	\$6,857,140.62-
* A L L C A T E G O R I E S *	573,830	1,020,592	2,645,541	\$352,151,158.24
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