

TITLE XIX REPORT OF EXPENDITURES
(BY CATEGORY OF SERVICE)
(FISCAL YTD TOTALS AS OF 09/30/17)

CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE	TOTAL PAYMENT
INPATIENT	3,873	4,083	21,049	\$33,967,602.79
OUTPATIENT	19,293	34,530	1,100,810	\$9,598,639.04
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	470	399	5,077	\$728,938.23
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	2	0	2-	\$6.00-
INTERMEDIATE CARE FACILITY	2,482	3,152	86,136	\$18,467,164.54
INTER CARE MENTAL RETARDA	58	137	3,508	\$1,741,072.96
NURSING FAC FOR MENTAL ILL	11	1	30	\$16,757.53-
HOME HEALTH	1,679	3,078	774,806	\$5,000,750.67
LEAD INSPECTION AGENCY	0	0	0	\$0.00
PHYSICIAN	27,097	83,186	195,084	\$5,597,969.20
CLINIC SERVICES	6,498	10,473	10,589	\$7,749,360.10
MEP CASE MANAGEMENT	1	0	0	\$738,804.28
EHR INCENTIVE PAYMENTS	1	0	0	\$2,074,004.00
LAB AND RADIOLOGICAL	3,762	6,199	11,088	\$234,177.05
HABILITATION SERVICES	52	372	4,612	\$487,202.25
BEHAVIORAL HLTH INTERVENTN SVC	247	2,044	27,335	\$558,939.10
REHAB SUPPORT SERVICES	1	0	0	\$30.94-
AMBULANCE SERVICES	1,393	1,807	1,776	\$299,873.58
LOCAL EDUCATION AGENCY	2,192	41,637	521,329	\$6,779,631.01
INFANT TODDLER	442	1,373	3,599	\$45,300.10
IHAWP WELLNESS EXAM BONUS	0	0	0	\$0.00
ACO VIS PAYMENTS	0	0	0	\$0.00
PRESCRIBED DRUGS	30,797	162,853	54,650	\$3,135,466.41
IOWA-PLAN-PMIC	0	0	0	\$0.00
DRUG CAPITATION	0	0	0	\$0.00
NEMT SERVICES	19,388	36,489	36,463	\$87,876.25
INDIAN HEALTH SERVICES	0	0	0	\$0.00
FAMILY PLANNING SERVICES	689	888	889	\$71,006.91
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	9,830	10,173	10,140	\$1,232,308.27
HMO SERVICES	0	0	0	\$0.00
PACE SERVICES	420	1,212	1,207	\$4,510,855.81
PATIENT MANAGEMENT	12	0	0	\$46.00-
HEALTH INS PREMIUM PAYMENT	3,414	21,696	21,696	\$1,839,874.91
MEDICAL SUPPLIES	5,566	12,414	483,684	\$799,021.86
HEALTH HOME PROVIDER	519	1,550	1,540	\$233,814.91
TCM PAYMENTS TO IOWAPLAN	0	0	0	\$0.00
IHAWP QHP	0	0	0	\$0.00
MCO	581,737	1,679,787	1,675,717	\$925,974,659.86
OTHER PRACTITIONER	9,234	26,587	78,793	\$3,358,260.37

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 09/30/17)

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	76,444	100,588	100,741	\$14,276,047.63
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0	\$0.00
OPTOMETRIST	1,662	1,971	2,241	\$123,659.60
CHIROPRACTIC	975	2,881	3,614	\$63,778.47
IOWA-PLAN-HAB	0	0	0	\$0.00
PODIATRIC	705	1,012	1,346	\$50,646.39
DELTA DENTAL	305,974	730,591	729,025	\$12,436,166.27
PHYSICAL DISABILITIES SVCS	6	25	5,109	\$17,215.67
BRAIN INJ WAIVER SERVICES	248	866	46,386	\$662,248.69
PSYCHIATRIC	2,896	6,087	7,484	\$614,687.90
RESIDENTIAL CARE FACILITY	739	2,181	61,708	\$495,954.11
ID WAIVER SERVICE	918	4,680	344,066	\$3,100,159.11
CHILDRENS MENTAL HEALTH SVC	68	260	43,238	\$174,879.88
AIDS WAIVER SERVICES	0	0	0	\$0.00
ELDERLY WAIVER SERVICES	164	102	3,153	\$2,052.40-
ILL & HANDICAPPED WAIVER SVCS	408	1,299	108,723	\$1,421,900.97
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00
MEP SERVICES	1,118	3,633	13,100	\$751,690.86
UNASSIGNED	1	0	0	\$7,660,053.13-
* A L L C A T E G O R I E S *	617,515	3,002,296	6,601,539	\$1,061,822,664.01
		*** END OF REPORT ***		