

TITLE XIX REPORT OF EXPENDITURES  
(BY CATEGORY OF SERVICE)  
(FISCAL YTD TOTALS AS OF 11/30/17)

CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE	TOTAL PAYMENT
INPATIENT	6,034	6,792	36,669	\$55,762,626.65
OUTPATIENT	28,288	57,848	2,396,124	\$14,866,394.48
CHILD PART HOSP	1	0	0	\$28.80
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	592	632	8,433	\$1,173,330.23
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	4	0	4-	\$12.00-
INTERMEDIATE CARE FACILITY	3,240	5,182	142,072	\$30,085,141.44
INTER CARE MENTAL RETARDA	68	227	6,174	\$3,052,778.87
NURSING FAC FOR MENTAL ILL	13	2	61	\$13,239.16-
HOME HEALTH	2,455	5,590	3,251,757	\$11,398,497.18
LEAD INSPECTION AGENCY	0	0	0	\$0.00
PHYSICIAN	39,290	143,378	334,741	\$9,330,011.13
CLINIC SERVICES	10,349	18,557	18,898	\$11,757,755.70
MEP CASE MANAGEMENT	1	0	0	\$556,228.72
EHR INCENTIVE PAYMENTS	1	0	0	\$5,115,340.80
LAB AND RADIOLOGICAL	5,694	10,296	20,530	\$375,556.56
HABILITATION SERVICES	68	540	6,126	\$708,470.48
BEHAVIORAL HLTH INTERVENTN SVC	307	3,421	45,684	\$920,918.07
REHAB SUPPORT SERVICES	1	0	0	\$30.94-
AMBULANCE SERVICES	2,270	3,063	2,999	\$442,634.32
LOCAL EDUCATION AGENCY	3,706	107,860	1,146,125	\$17,107,829.86
INFANT TODDLER	780	3,148	7,425	\$95,915.02
IHAWP WELLNESS EXAM BONUS	0	0	0	\$0.00
ACO VIS PAYMENTS	0	0	0	\$0.00
PRESCRIBED DRUGS	35,913	207,429	91,868	\$5,216,803.89
IOWA-PLAN-PMIC	0	0	0	\$0.00
DRUG CAPITATION	0	0	0	\$0.00
NEMT SERVICES	26,949	60,582	58,195	\$140,585.86
INDIAN HEALTH SERVICES	0	0	0	\$0.00
FAMILY PLANNING SERVICES	1,080	1,805	1,824	\$125,778.61
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	15,653	17,060	17,015	\$2,054,775.26
HMO SERVICES	0	0	0	\$0.00
PACE SERVICES	452	2,051	2,032	\$7,577,561.57
PATIENT MANAGEMENT	249	237	237	\$428.00
HEALTH INS PREMIUM PAYMENT	3,535	36,662	36,662	\$3,146,786.85
MEDICAL SUPPLIES	6,916	19,304	778,322	\$1,372,862.19
HEALTH HOME PROVIDER	585	2,347	2,337	\$347,984.92
TCM PAYMENTS TO IOWAPLAN	0	0	0	\$0.00
IHAWP QHP	0	0	0	\$0.00
MCO	613,448	2,802,718	2,795,454	\$1,546,961,287.33
OTHER PRACTITIONER	14,520	57,081	240,924	\$6,290,485.95

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 11/30/17)

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	113,832	160,660	160,947	\$22,457,149.24
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0	\$0.00
OPTOMETRIST	2,831	3,487	3,979	\$210,413.76
CHIROPRACTIC	1,450	5,173	6,390	\$109,436.90
IOWA-PLAN-HAB	0	0	0	\$0.00
PODIATRIC	966	1,674	2,188	\$78,098.83
DELTA DENTAL	325,537	1,310,900	1,306,658	\$22,234,105.27
PHYSICAL DISABILITIES SVCS	8	51	11,785	\$37,498.13
BRAIN INJ WAIVER SERVICES	316	1,693	73,814	\$1,232,377.01
PSYCHIATRIC	4,166	9,995	12,140	\$895,496.11
RESIDENTIAL CARE FACILITY	841	3,552	99,421	\$785,851.67
ID WAIVER SERVICE	966	7,791	531,402	\$7,329,043.67
CHILDRENS MENTAL HEALTH SVC	73	388	64,441	\$260,524.60
AIDS WAIVER SERVICES	0	0	0	\$0.00
ELDERLY WAIVER SERVICES	992	169	7,100	\$115,752.19
ILL & HANDICAPPED WAIVER SVCS	447	2,224	178,963	\$2,426,504.99
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00
MEP SERVICES	2,574	6,861	25,414	\$1,902,623.81
UNASSIGNED	1	0	0	\$8,158,135.12
* A L L C A T E G O R I E S *	652,056	5,088,430	13,933,326	\$1,787,656,753.32
		*** END OF REPORT ***		