

TITLE XIX REPORT OF EXPENDITURES
(BY CATEGORY OF SERVICE)
(FISCAL YTD TOTALS AS OF 08/31/16)

CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE	TOTAL PAYMENT
INPATIENT	4,336	4,039	25,093	\$34,205,718.24
OUTPATIENT	29,147	36,535	956,501	\$8,889,243.98
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	586	561	6,467	\$1,619,735.58
IHAWP IOWA PLAN LITE	148,164	0	3,997-	\$6,138,207.06
IHAWP IOWA PLAN FULL	1	0	1-	\$244.38-
IHAWP HMO	56	90	90	\$20,433.85
IHAWP PCP	0	0	0	\$0.00
INTERMEDIATE CARE FACILITY	2,169	2,007	53,493	\$12,272,837.86
INTER CARE MENTAL RETARDA	106	88	2,434	\$886,952.79
NURSING FAC FOR MENTAL ILL	30	14	121	\$229,863.35
HOME HEALTH	17,238	4,185	1,810,878	\$5,438,505.94
LEAD INSPECTION AGENCY	0	0	0	\$0.00
PHYSICIAN	49,898	95,498	272,701	\$6,647,862.78
CLINIC SERVICES	7,953	11,348	9,721	\$2,943,260.96
MEP CASE MANAGEMENT	1	0	0	\$0.00
EHR INCENTIVE PAYMENTS	1	0	0	\$2,249,885.00
LAB AND RADIOLOGICAL	4,966	6,780	11,833	\$280,232.64
HABILITATION SERVICES	294	1,594	11,043	\$736,860.16
BEHAVIORAL HLTH INTERVENTN SVC	625	2,165	26,885	\$552,574.71
REHAB SUPPORT SERVICES	2	42	42	\$1,092.63
AMBULANCE SERVICES	2,003	2,177	2,042	\$373,764.42
LOCAL EDUCATION AGENCY	1,957	41,425	494,915	\$7,589,278.80
INFANT TODDLER	64	137	278	\$2,163.84
IHAWP WELLNESS EXAM BONUS	0	0	0	\$0.00
ACO VIS PAYMENTS	33,703	0	0	\$684,310.00
PRESCRIBED DRUGS	13,825	48,536	40,939	\$2,057,160.90
IOWA-PLAN-PMIC	0	0	0	\$0.00
DRUG CAPITATION	0	0	0	\$0.00
NEMT SERVICES	17,224	26,597	26,551	\$56,819.14
INDIAN HEALTH SERVICES	0	0	0	\$0.00
FAMILY PLANNING SERVICES	1,014	1,388	1,538	\$84,942.35
IOWA CARE MED HOME CAPITATION	0	0	0	\$0.00
IOWA PLAN PROGRAM	2	1	9-	\$103.10-
MANAGED SUBSTANCE ABUSE	0	0	0	\$0.00
MENTAL HEALTH ACCESS PLAN	0	0	0	\$0.00
EPSDT SCREENING	7,735	7,957	7,922	\$1,074,135.24
HMO SERVICES	15	2	2	\$52,345.41
PACE SERVICES	343	664	658	\$2,240,662.65
PATIENT MANAGEMENT	1	0	2-	\$4.00-
HEALTH INS PREMIUM PAYMENT	3,520	15,978	15,978	\$1,199,145.86
MEDICAL SUPPLIES	7,583	13,560	523,278	\$1,314,165.12
HEALTH HOME PROVIDER	4,186	8,043	8,028	\$835,633.30
TCM PAYMENTS TO IOWAPLAN	0	0	0	\$0.00
IHAWP QHP	0	0	0	\$0.00
MCO	0	0	1,131,763	\$608,069,254.62
OTHER PRACTITIONER	16,243	34,850	77,265	\$4,319,629.34

TITLE XIX REPORT OF EXPENDITURES
(BY CATEGORY OF SERVICE)
(FISCAL YTD TOTALS AS OF 08/31/16)

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	66,213	87,079	87,033	\$12,260,789.74
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0	\$0.00
OPTOMETRIST	2,386	2,442	2,713	\$133,594.02
CHIROPRACTIC	2,076	3,995	5,578	\$129,870.81
IOWA-PLAN-HAB	0	0	0	\$0.00
PODIATRIC	1,354	1,659	2,162	\$85,818.69
DELTA DENTAL	144,490	276,304	276,076	\$6,255,882.16
PHYSICAL DISABILITIES SVCS	17	33	6,750	\$25,620.91
BRAIN INJ WAIVER SERVICES	257	566	30,810	\$541,109.72
PSYCHIATRIC	4,373	8,078	10,498	\$550,134.44
RESIDENTIAL CARE FACILITY	899	2,510	71,179	\$585,553.18
ID WAIVER SERVICE	1,630	3,579	240,798	\$4,897,869.02
CHILDRENS MENTAL HEALTH SVC	82	202	29,683	\$99,786.41
AIDS WAIVER SERVICES	2	2	118	\$918.60
ELDERLY WAIVER SERVICES	2,171	674	35,504	\$131,418.53
ILL & HANDICAPPED WAIVER SVCS	435	961	98,894	\$1,063,752.72
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00
MEP SERVICES	1,683	3,937	11,851	\$586,827.76
UNASSIGNED	1	0	0	\$977,400.75
* ALL CATEGORIES *	366,753	758,282	6,424,097	\$741,392,674.50
		*** END OF REPORT ***		