

TITLE XIX REPORT OF EXPENDITURES
(BY CATEGORY OF SERVICE)
(FISCAL YTD TOTALS AS OF 09/30/16)

CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE	TOTAL PAYMENT
INPATIENT	28,925	5,522	32,885	\$42,677,426.94
OUTPATIENT	36,113	50,115	1,383,048	\$13,369,736.71
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	682	666	7,581	\$1,911,029.13
IHAWP IOWA PLAN LITE	148,164	0	3,997-	\$6,138,207.06
IHAWP IOWA PLAN FULL	1	0	1-	\$244.38-
IHAWP HMO	58	91	91	\$26,673.91
IHAWP PCP	0	0	0	\$0.00
INTERMEDIATE CARE FACILITY	2,653	2,994	80,261	\$17,731,542.71
INTER CARE MENTAL RETARDA	122	130	3,397	\$1,325,704.37
NURSING FAC FOR MENTAL ILL	31	18	220	\$238,510.96
HOME HEALTH	18,041	5,940	2,631,684	\$7,497,042.62
LEAD INSPECTION AGENCY	0	0	0	\$0.00
PHYSICIAN	61,660	128,867	438,798	\$8,825,913.13
CLINIC SERVICES	14,031	23,016	20,827	\$5,039,014.16
MEP CASE MANAGEMENT	1	0	0	\$0.00
EHR INCENTIVE PAYMENTS	1	0	0	\$2,485,052.00
LAB AND RADIOLOGICAL	6,668	9,787	17,636	\$409,312.60
HABILITATION SERVICES	647	5,099	26,170	\$986,365.75
BEHAVIORAL HLTH INTERVENTN SVC	721	2,778	37,180	\$760,716.77
REHAB SUPPORT SERVICES	3	65	65	\$1,442.45
AMBULANCE SERVICES	2,599	2,886	2,727	\$493,728.94
LOCAL EDUCATION AGENCY	2,352	49,229	628,534	\$9,157,545.26
INFANT TODDLER	549	1,728	4,205	\$54,855.30
IHAWP WELLNESS EXAM BONUS	0	0	0	\$0.00
ACO VIS PAYMENTS	33,703	0	0	\$684,310.00
PRESCRIBED DRUGS	17,831	69,653	58,696	\$3,018,001.17
IOWA-PLAN-PMIC	0	0	0	\$0.00
DRUG CAPITATION	0	0	0	\$0.00
NEMT SERVICES	22,482	40,340	40,284	\$86,207.76
INDIAN HEALTH SERVICES	0	0	0	\$0.00
FAMILY PLANNING SERVICES	1,253	1,694	1,846	\$111,629.87
IOWA CARE MED HOME CAPITATION	0	0	0	\$0.00
IOWA PLAN PROGRAM	3	1	10-	\$271.11-
MANAGED SUBSTANCE ABUSE	0	0	0	\$0.00
MENTAL HEALTH ACCESS PLAN	0	0	0	\$0.00
EPSDT SCREENING	13,818	10,113	9,981	\$1,680,493.66
HMO SERVICES	19	2	2-	\$68,391.88
PACE SERVICES	355	1,000	994	\$3,374,773.05
PATIENT MANAGEMENT	1	0	2-	\$4.00-
HEALTH INS PREMIUM PAYMENT	3,602	23,778	23,778	\$1,799,036.98
MEDICAL SUPPLIES	12,930	18,550	588,000	\$1,568,672.56
HEALTH HOME PROVIDER	4,346	9,301	9,283	\$1,019,890.95
TCM PAYMENTS TO IOWAPLAN	0	0	0	\$0.00
IHAWP QHP	0	0	0	\$0.00
MCO	0	0	1,703,560	\$912,850,442.68
OTHER PRACTITIONER	20,734	44,964	100,310	\$4,577,114.45

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 09/30/16)

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	89,422	125,117	125,203	\$17,630,507.76
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0	\$0.00
OPTOMETRIST	3,223	3,368	3,733	\$186,804.93
CHIROPRACTIC	2,777	5,490	7,021	\$158,598.10
IOWA-PLAN-HAB	0	0	0	\$0.00
PODIATRIC	1,721	2,215	2,880	\$120,895.24
DELTA DENTAL	219,787	412,710	412,465	\$12,107,399.70
PHYSICAL DISABILITIES SVCS	31	49	11,083	\$41,006.74
BRAIN INJ WAIVER SERVICES	307	912	48,366	\$779,531.96
PSYCHIATRIC	5,475	10,765	13,453	\$752,363.83
RESIDENTIAL CARE FACILITY	935	3,182	89,830	\$738,331.95
ID WAIVER SERVICE	1,956	5,174	333,759	\$7,358,088.72
CHILDRENS MENTAL HEALTH SVC	87	286	42,058	\$149,905.79
AIDS WAIVER SERVICES	2	2	118	\$918.60
ELDERLY WAIVER SERVICES	2,351	793	38,841	\$167,069.69
ILL & HANDICAPPED WAIVER SVCS	492	1,399	130,833	\$1,523,348.32
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00
MEP SERVICES	2,063	4,981	19,933	\$1,080,743.72
UNASSIGNED	1	0	0	\$6,292,016.38
* A L L C A T E G O R I E S *	426,832	1,084,770	9,127,605	\$1,099,055,797.72
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