

TITLE XIX REPORT OF EXPENDITURES
(BY CATEGORY OF SERVICE)
(FISCAL YTD TOTALS AS OF 11/30/16)

CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE	TOTAL PAYMENT
INPATIENT	31,438	8,745	49,801	\$69,077,137.10
OUTPATIENT	306,214	80,957	6,770,579	\$9,642,173.90
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	854	957	11,638	\$2,469,968.01
IHAWP IOWA PLAN LITE	148,165	0	4,000-	\$6,138,141.56
IHAWP IOWA PLAN FULL	1	0	1-	\$244.38-
IHAWP HMO	60	91	88	\$30,996.27
IHAWP PCP	1	0	1-	\$4.00-
INTERMEDIATE CARE FACILITY	3,463	4,848	128,303	\$26,501,389.19
INTER CARE MENTAL RETARDA	177	239	6,497	\$2,851,097.13
NURSING FAC FOR MENTAL ILL	36	31	586	\$284,659.38
HOME HEALTH	19,198	9,869	3,155,156	\$12,240,793.04
LEAD INSPECTION AGENCY	1	0	0	\$33.41-
PHYSICIAN	83,762	205,739	607,800	\$13,976,309.11
CLINIC SERVICES	19,803	33,276	29,782	\$6,951,337.23
MEP CASE MANAGEMENT	1	0	0	\$1,528,980.61
EHR INCENTIVE PAYMENTS	1	0	0	\$3,444,137.00
LAB AND RADIOLOGICAL	9,508	14,927	26,277	\$610,731.40
HABILITATION SERVICES	869	6,473	32,687	\$1,463,411.63
BEHAVIORAL HLTH INTERVENTN SVC	994	5,368	64,588	\$1,287,693.15
REHAB SUPPORT SERVICES	12	67	113-	\$5,808.41-
AMBULANCE SERVICES	3,800	4,516	4,300	\$766,186.47
LOCAL EDUCATION AGENCY	3,527	96,576	923,064	\$15,520,625.94
INFANT TODDLER	702	2,740	6,442	\$83,358.90
IHAWP WELLNESS EXAM BONUS	0	0	0	\$0.00
ACO VIS PAYMENTS	33,703	0	0	\$684,310.00
PRESCRIBED DRUGS	28,156	120,212	100,052	\$5,142,017.16
IOWA-PLAN-PMIC	0	0	0	\$0.00
DRUG CAPITATION	0	0	0	\$0.00
NEMT SERVICES	33,050	67,949	67,807	\$145,106.98
INDIAN HEALTH SERVICES	0	0	0	\$0.00
FAMILY PLANNING SERVICES	2,123	2,895	3,201	\$210,756.68
IOWA CARE MED HOME CAPITATION	0	0	0	\$0.00
IOWA PLAN PROGRAM	8	1	27-	\$873.12-
MANAGED SUBSTANCE ABUSE	0	0	0	\$0.00
MENTAL HEALTH ACCESS PLAN	0	0	0	\$0.00
EPSDT SCREENING	19,334	16,644	16,477	\$2,660,338.34
HMO SERVICES	27	2	2-	\$110,984.51
PACE SERVICES	370	1,690	1,679	\$5,700,523.89
PATIENT MANAGEMENT	1	0	2-	\$4.00-
HEALTH INS PREMIUM PAYMENT	3,742	39,258	39,258	\$2,958,617.36
MEDICAL SUPPLIES	16,208	29,223	981,808	\$2,431,227.56
HEALTH HOME PROVIDER	5,490	12,699	12,679	\$1,360,499.61
TCM PAYMENTS TO IOWAPLAN	0	0	0	\$0.00
IHAWP QHP	0	0	0	\$0.00
MCO	625,458	2,852,956	2,849,681	\$1,533,562,569.67
OTHER PRACTITIONER	30,621	69,318	150,223	\$6,694,551.26

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 11/30/16)

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	137,956	214,205	214,618	\$30,261,648.11
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0	\$0.00
OPTOMETRIST	5,163	5,459	6,062	\$305,440.17
CHIROPRACTIC	3,709	8,651	11,183	\$247,988.05
IOWA-PLAN-HAB	0	0	0	\$0.00
PODIATRIC	2,356	3,432	4,412	\$160,362.88
DELTA DENTAL	235,979	690,332	689,817	\$22,904,857.09
PHYSICAL DISABILITIES SVCS	41	84	18,230	\$61,945.78
BRAIN INJ WAIVER SERVICES	368	1,441	71,356	\$1,225,822.40
PSYCHIATRIC	7,518	16,122	19,982	\$1,128,558.32
RESIDENTIAL CARE FACILITY	1,016	4,932	139,555	\$1,135,279.22
ID WAIVER SERVICE	2,153	8,252	533,061	\$11,147,434.04
CHILDRENS MENTAL HEALTH SVC	101	429	60,987	\$218,467.44
AIDS WAIVER SERVICES	3	3	199	\$1,343.85
ELDERLY WAIVER SERVICES	3,452	1,088	51,916	\$201,170.13
ILL & HANDICAPPED WAIVER SVCS	523	2,255	205,678	\$2,474,830.06
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00
MEP SERVICES	4,164	6,904	27,428	\$1,280,539.98
UNASSIGNED	2	0	0	\$11,023,890.13
* A L L C A T E G O R I E S *	738,880	4,651,855	18,090,791	\$1,820,303,240.37
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