

TITLE XIX REPORT OF EXPENDITURES
(BY CATEGORY OF SERVICE)
(FISCAL YTD TOTALS AS OF 06/30/17)

CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE	TOTAL PAYMENT
INPATIENT	39,056	19,071	108,203	\$162,981,598.63
OUTPATIENT	337,612	172,851	9,123,739	\$39,088,585.36
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	1,410	1,934	24,399	\$4,361,414.32
IHAWP IOWA PLAN LITE	148,170	0	4,024-	\$6,380,889.06
IHAWP IOWA PLAN FULL	6	0	5-	\$244.38-
IHAWP HMO	21,735	91	492-	\$2,198,498.96-
IHAWP PCP	12	0	24-	\$87.00-
INTERMEDIATE CARE FACILITY	6,011	12,542	337,454	\$68,409,343.45
INTER CARE MENTAL RETARDA	228	584	15,370	\$6,936,784.18
NURSING FAC FOR MENTAL ILL	73	44	882	\$655,990.72
HOME HEALTH	21,257	19,360	5,180,428	\$26,267,765.24
LEAD INSPECTION AGENCY	1	0	0	\$0.00
PHYSICIAN	124,755	430,390	1,314,033	\$55,180,966.89
CLINIC SERVICES	32,279	61,389	55,560	\$20,239,671.84
MEP CASE MANAGEMENT	1	0	0	\$1,273,297.39
EHR INCENTIVE PAYMENTS	1	0	0	\$8,833,143.00
LAB AND RADIOLOGICAL	16,511	30,445	52,417	\$1,289,391.74
HABILITATION SERVICES	1,212	9,261	60,018	\$3,019,685.40
BEHAVIORAL HLTH INTERVENTN SVC	1,428	12,021	142,155	\$2,891,000.81
REHAB SUPPORT SERVICES	56	67	1,059-	\$44,802.78-
AMBULANCE SERVICES	6,925	9,251	8,902	\$1,532,620.96
LOCAL EDUCATION AGENCY	5,906	550,205	6,339,290	\$91,860,944.97
INFANT TODDLER	1,278	7,731	17,901	\$237,146.92
IHAWP WELLNESS EXAM BONUS	0	0	0	\$0.00
ACO VIS PAYMENTS	33,703	0	0	\$684,310.00
PRESCRIBED DRUGS	50,125	291,796	242,673	\$12,337,885.81
IOWA-PLAN-PMIC	0	0	0	\$0.00
DRUG CAPITATION	1	0	0	\$17.69-
NEMT SERVICES	58,159	155,259	154,963	\$354,486.51
INDIAN HEALTH SERVICES	0	0	0	\$0.00
FAMILY PLANNING SERVICES	4,162	6,053	6,360	\$490,750.16
IOWA CARE MED HOME CAPITATION	0	0	0	\$0.00
IOWA PLAN PROGRAM	78	1	66-	\$948,641.96
MANAGED SUBSTANCE ABUSE	0	0	0	\$0.00
MENTAL HEALTH ACCESS PLAN	0	0	0	\$0.00
EPSDT SCREENING	40,758	49,930	49,675	\$6,321,932.83
HMO SERVICES	54,122	213	178	\$1,887,201.47
PACE SERVICES	455	4,205	4,184	\$15,739,153.86
PATIENT MANAGEMENT	28	0	2-	\$4.00-
HEALTH INS PREMIUM PAYMENT	4,309	91,855	91,855	\$7,234,276.00
MEDICAL SUPPLIES	22,053	58,770	2,236,989	\$5,103,707.03
HEALTH HOME PROVIDER	6,218	15,571	15,510	\$1,706,080.75
TCM PAYMENTS TO IOWAPLAN	316	0	0	\$1,287.25
IHAWP QHP	2	0	0	\$16,757,928.51
MCO	711,319	6,878,199	6,856,721	\$3,710,925,751.43
OTHER PRACTITIONER	51,120	257,159	494,428	\$27,268,912.23

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 06/30/17)

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	222,644	508,663	509,630	\$73,183,620.80
ACCOUNTABLE CARE ORGANIZATIONS	8	0	17-	\$68.00-
OPTOMETRIST	9,068	10,995	12,376	\$666,696.29
CHIROPRACTIC	5,330	16,465	21,013	\$460,675.20
IOWA-PLAN-HAB	0	0	0	\$0.00
PODIATRIC	3,595	6,454	8,401	\$322,855.78
DELTA DENTAL	274,012	1,684,827	1,677,919	\$50,553,257.36
PHYSICAL DISABILITIES SVCS	91	138	31,732	\$79,187.67
BRAIN INJ WAIVER SERVICES	1,087	3,444	159,236	\$1,120,010.30
PSYCHIATRIC	14,936	34,081	43,104	\$3,733,033.38
RESIDENTIAL CARE FACILITY	1,190	10,271	288,858	\$2,272,691.84
ID WAIVER SERVICE	4,541	18,893	1,182,794	\$15,338,214.46
CHILDRENS MENTAL HEALTH SVC	146	987	145,829	\$553,640.26
AIDS WAIVER SERVICES	3	4	255	\$1,797.45
ELDERLY WAIVER SERVICES	10,690	2,872	55,428	\$164,460.92-
ILL & HANDICAPPED WAIVER SVCS	837	5,549	452,155	\$4,972,396.93
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00
MEP SERVICES	12,923	17,405	60,874	\$550,463.60
UNASSIGNED	2	0	0	\$8,088,758.16
* A L L C A T E G O R I E S *	826,165	11,467,296	37,578,202	\$4,468,691,662.43
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