

TITLE XIX REPORT OF EXPENDITURES
(BY CATEGORY OF SERVICE)
(FISCAL YTD TOTALS AS OF 08/31/17)

CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE	TOTAL PAYMENT
INPATIENT	2,775	2,767	13,896	\$22,594,109.22
OUTPATIENT	14,930	24,691	704,608	\$6,854,560.64
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	422	316	3,927	\$474,774.54
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	0	0	0	\$0.00
INTERMEDIATE CARE FACILITY	2,115	2,191	59,607	\$12,853,869.29
INTER CARE MENTAL RETARDA	48	89	2,332	\$1,111,605.56
NURSING FAC FOR MENTAL ILL	11	1	30	\$16,364.53-
HOME HEALTH	1,468	2,370	683,742	\$3,340,597.43
LEAD INSPECTION AGENCY	0	0	0	\$0.00
PHYSICIAN	21,294	58,876	143,095	\$3,989,493.63
CLINIC SERVICES	4,734	7,391	7,737	\$5,156,319.79
MEP CASE MANAGEMENT	1	0	0	\$964,732.99
EHR INCENTIVE PAYMENTS	1	0	0	\$773,500.00
LAB AND RADIOLOGICAL	2,805	4,367	7,261	\$162,633.22
HABILITATION SERVICES	35	162	2,986	\$205,796.72
BEHAVIORAL HLTH INTERVENTN SVC	203	1,060	10,387	\$238,801.56
REHAB SUPPORT SERVICES	1	0	0	\$30.94-
AMBULANCE SERVICES	1,049	1,328	1,307	\$230,206.35
LOCAL EDUCATION AGENCY	1,699	35,023	429,178	\$5,629,479.71
INFANT TODDLER	337	949	2,389	\$29,062.98
IHAWP WELLNESS EXAM BONUS	0	0	0	\$0.00
ACO VIS PAYMENTS	0	0	0	\$0.00
PRESCRIBED DRUGS	28,311	142,049	37,414	\$2,079,751.93
IOWA-PLAN-PMIC	0	0	0	\$0.00
DRUG CAPITATION	0	0	0	\$0.00
NEMT SERVICES	14,927	23,600	23,584	\$56,837.32
INDIAN HEALTH SERVICES	0	0	0	\$0.00
FAMILY PLANNING SERVICES	439	519	517	\$48,094.35
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	6,914	7,055	7,026	\$844,055.60
HMO SERVICES	0	0	0	\$0.00
PACE SERVICES	409	813	808	\$3,026,437.19
PATIENT MANAGEMENT	12	0	0	\$46.00-
HEALTH INS PREMIUM PAYMENT	3,330	15,169	15,169	\$1,311,659.23
MEDICAL SUPPLIES	4,785	9,337	349,149	\$524,783.05
HEALTH HOME PROVIDER	466	1,187	1,192	\$184,414.45
TCM PAYMENTS TO IOWAPLAN	0	0	0	\$0.00
IHAWP QHP	0	0	0	\$0.00
MCO	563,976	1,119,040	1,116,536	\$616,130,849.25
OTHER PRACTITIONER	7,051	19,661	59,611	\$2,543,248.09

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 08/31/17)

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	58,343	74,245	74,354	\$10,729,950.61
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0	\$0.00
OPTOMETRIST	1,170	1,361	1,568	\$85,073.41
CHIROPRACTIC	791	2,101	2,594	\$45,800.57
IOWA-PLAN-HAB	0	0	0	\$0.00
PODIATRIC	557	736	995	\$37,416.21
DELTA DENTAL	292,603	440,897	440,756	\$7,549,085.96
PHYSICAL DISABILITIES SVCS	4	16	3,524	\$11,758.94
BRAIN INJ WAIVER SERVICES	241	570	31,714	\$453,243.53
PSYCHIATRIC	2,275	4,263	5,252	\$478,683.75
RESIDENTIAL CARE FACILITY	707	1,454	40,720	\$322,267.78
ID WAIVER SERVICE	883	3,059	238,530	\$1,283,410.97
CHILDRENS MENTAL HEALTH SVC	63	169	29,175	\$112,435.94
AIDS WAIVER SERVICES	0	0	0	\$0.00
ELDERLY WAIVER SERVICES	161	78	2,190	\$6,839.49-
ILL & HANDICAPPED WAIVER SVCS	396	871	74,643	\$945,007.18
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00
MEP SERVICES	1,087	2,381	8,730	\$525,878.60
UNASSIGNED	1	0	0	\$5,901,935.77-
* A L L C A T E G O R I E S *	596,977	2,012,212	4,638,233	\$708,014,470.81
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