

TITLE XIX REPORT OF EXPENDITURES
(BY CATEGORY OF SERVICE)
(FISCAL YTD TOTALS AS OF 10/31/17)

CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE	TOTAL PAYMENT
INPATIENT	5,207	5,714	30,455	\$47,037,704.21
OUTPATIENT	24,669	47,570	1,813,669	\$12,805,165.95
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	545	539	6,947	\$898,279.67
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	4	0	4-	\$12.00-
INTERMEDIATE CARE FACILITY	2,957	4,257	116,180	\$24,476,592.14
INTER CARE MENTAL RETARDA	62	183	4,898	\$2,457,581.73
NURSING FAC FOR MENTAL ILL	11	1	30	\$16,757.53-
HOME HEALTH	2,229	4,565	2,822,253	\$9,631,918.19
LEAD INSPECTION AGENCY	0	0	0	\$0.00
PHYSICIAN	34,173	117,170	271,399	\$7,795,491.44
CLINIC SERVICES	8,699	14,928	14,403	\$9,535,121.36
MEP CASE MANAGEMENT	1	0	0	\$685,016.50
EHR INCENTIVE PAYMENTS	1	0	0	\$2,074,004.00
LAB AND RADIOLOGICAL	4,836	8,433	16,214	\$312,258.56
HABILITATION SERVICES	65	472	5,589	\$609,503.30
BEHAVIORAL HLTH INTERVENTN SVC	283	2,844	37,301	\$761,436.22
REHAB SUPPORT SERVICES	1	0	0	\$30.94-
AMBULANCE SERVICES	1,890	2,519	2,465	\$384,092.97
LOCAL EDUCATION AGENCY	3,128	75,352	802,687	\$11,614,238.92
INFANT TODDLER	447	1,395	3,635	\$45,688.16
IHAWP WELLNESS EXAM BONUS	0	0	0	\$0.00
ACO VIS PAYMENTS	0	0	0	\$0.00
PRESCRIBED DRUGS	33,741	188,092	75,638	\$4,266,945.50
IOWA-PLAN-PMIC	0	0	0	\$0.00
DRUG CAPITATION	0	0	0	\$0.00
NEMT SERVICES	22,750	48,338	48,303	\$116,410.65
INDIAN HEALTH SERVICES	0	0	0	\$0.00
FAMILY PLANNING SERVICES	915	1,384	1,399	\$101,880.62
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	12,998	13,937	13,900	\$1,716,696.45
HMO SERVICES	0	0	0	\$0.00
PACE SERVICES	437	1,635	1,617	\$6,037,898.55
PATIENT MANAGEMENT	12	0	0	\$46.00-
HEALTH INS PREMIUM PAYMENT	3,481	29,484	29,484	\$2,507,000.06
MEDICAL SUPPLIES	6,354	16,501	654,780	\$1,156,121.24
HEALTH HOME PROVIDER	558	2,069	2,059	\$313,962.93
TCM PAYMENTS TO IOWAPLAN	0	0	0	\$0.00
IHAWP QHP	0	0	0	\$0.00
MCO	599,211	2,240,389	2,234,928	\$1,234,735,421.08
OTHER PRACTITIONER	11,867	39,580	107,938	\$4,709,269.48

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 10/31/17)

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	98,925	135,949	136,180	\$19,108,006.17
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0	\$0.00
OPTOMETRIST	2,321	2,828	3,208	\$173,901.50
CHIROPRACTIC	1,233	3,992	5,018	\$86,260.85
IOWA-PLAN-HAB	0	0	0	\$0.00
PODIATRIC	855	1,386	1,822	\$67,395.39
DELTA DENTAL	316,321	1,019,907	1,018,122	\$17,348,256.90
PHYSICAL DISABILITIES SVCS	6	36	7,872	\$26,313.74
BRAIN INJ WAIVER SERVICES	313	1,277	63,086	\$984,070.74
PSYCHIATRIC	3,569	8,365	10,197	\$781,453.92
RESIDENTIAL CARE FACILITY	798	2,867	79,606	\$621,989.40
ID WAIVER SERVICE	956	6,431	455,148	\$5,355,255.96
CHILDRENS MENTAL HEALTH SVC	71	327	54,353	\$221,338.68
AIDS WAIVER SERVICES	0	0	0	\$0.00
ELDERLY WAIVER SERVICES	842	138	5,760	\$121,095.37-
ILL & HANDICAPPED WAIVER SVCS	423	1,814	153,267	\$1,964,985.67
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00
MEP SERVICES	2,457	5,509	20,309	\$1,624,314.83
UNASSIGNED	1	0	0	\$7,370,423.48-
* A L L C A T E G O R I E S *	636,719	4,058,177	11,132,115	\$1,427,640,878.31
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