

TITLE XIX REPORT OF EXPENDITURES  
(BY CATEGORY OF SERVICE)  
(FISCAL YTD TOTALS AS OF 12/31/17)

CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE	TOTAL PAYMENT
INPATIENT	7,004	8,050	43,692	\$67,483,169.16
OUTPATIENT	32,452	68,155	2,786,563	\$17,764,256.66
CHILD PART HOSP	1	0	0	\$28.80
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	638	720	9,723	\$1,532,067.66
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	3,533	6,053	166,347	\$35,389,603.29
INTER CARE MENTAL RETARDA	70	270	7,355	\$3,591,031.75
NURSING FAC FOR MENTAL ILL	14	5	143	\$1,408.47-
HOME HEALTH	2,727	6,666	3,412,504	\$12,957,872.43
LEAD INSPECTION AGENCY	0	0	0	\$0.00
PHYSICIAN	45,255	169,743	393,497	\$28,966,437.12
CLINIC SERVICES	12,498	22,733	23,314	\$13,182,733.21
MEP CASE MANAGEMENT	1	0	0	\$502,440.94
EHR INCENTIVE PAYMENTS	1	0	0	\$6,466,904.48
LAB AND RADIOLOGICAL	6,691	12,282	25,608	\$461,622.69
HABILITATION SERVICES	77	601	6,680	\$777,660.32
BEHAVIORAL HLTH INTERVENTN SVC	417	4,105	52,447	\$1,075,321.00
REHAB SUPPORT SERVICES	1	0	0	\$30.94-
AMBULANCE SERVICES	2,711	3,733	3,661	\$526,292.79
LOCAL EDUCATION AGENCY	4,222	151,723	1,661,828	\$25,124,353.16
INFANT TODDLER	878	3,676	8,621	\$111,630.23
IHAWP WELLNESS EXAM BONUS	0	0	0	\$0.00
ACO VIS PAYMENTS	0	0	0	\$0.00
PRESCRIBED DRUGS	42,460	244,487	123,298	\$7,001,098.53
IOWA-PLAN-PMIC	0	0	0	\$0.00
DRUG CAPITATION	0	0	0	\$0.00
NEMT SERVICES	40,943	83,714	81,326	\$196,331.57
INDIAN HEALTH SERVICES	0	0	0	\$0.00
FAMILY PLANNING SERVICES	1,197	2,178	2,499	\$144,323.76
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	18,212	20,045	19,990	\$2,419,554.21
HMO SERVICES	0	0	0	\$0.00
PACE SERVICES	464	2,465	2,446	\$9,119,573.58
PATIENT MANAGEMENT	278	266	266	\$486.00
HEALTH INS PREMIUM PAYMENT	3,606	43,115	43,115	\$3,686,824.69
MEDICAL SUPPLIES	7,758	22,514	915,979	\$1,669,586.87
HEALTH HOME PROVIDER	654	2,667	2,657	\$394,341.50
TCM PAYMENTS TO IOWAPLAN	0	0	0	\$0.00
IHAWP QHP	0	0	0	\$0.00
MCO	624,537	3,350,592	3,342,126	\$1,840,578,129.67
OTHER PRACTITIONER	17,317	74,522	276,448	\$8,258,697.30

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 12/31/17)

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	128,307	186,727	187,120	\$26,224,321.90
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0	\$0.00
OPTOMETRIST	3,575	4,349	4,921	\$263,577.61
CHIROPRACTIC	1,809	6,300	7,767	\$134,858.99
IOWA-PLAN-HAB	0	0	0	\$0.00
PODIATRIC	1,164	2,052	2,652	\$94,652.67
DELTA DENTAL	332,640	1,602,495	1,598,170	\$27,189,743.34
PHYSICAL DISABILITIES SVCS	8	60	14,170	\$45,258.08
BRAIN INJ WAIVER SERVICES	354	2,032	87,478	\$1,409,203.80
PSYCHIATRIC	4,844	12,024	14,397	\$1,045,916.14
RESIDENTIAL CARE FACILITY	869	4,226	118,190	\$929,614.26
ID WAIVER SERVICE	1,071	9,286	618,295	\$9,623,869.48
CHILDRENS MENTAL HEALTH SVC	89	495	74,921	\$307,158.40
AIDS WAIVER SERVICES	0	0	0	\$0.00
ELDERLY WAIVER SERVICES	2,819	254	8,026	\$80,291.05-
ILL & HANDICAPPED WAIVER SVCS	491	2,635	205,553	\$2,803,491.06
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00
MEP SERVICES	2,772	8,110	29,388	\$2,022,689.04
UNASSIGNED	2	0	0	\$8,916,054.86-
* A L L C A T E G O R I E S *	665,558	6,146,125	16,383,177	\$2,152,478,930.82
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