

TITLE XIX REPORT OF EXPENDITURES
(BY CATEGORY OF SERVICE)
(FISCAL YTD TOTALS AS OF 01/31/18)

CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE	TOTAL PAYMENT
INPATIENT	8,228	9,767	53,927	\$80,323,962.03
OUTPATIENT	38,536	84,339	3,534,217	\$22,292,391.27
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	711	849	10,542	\$1,108,502.36
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	4,166	7,438	205,930	\$42,919,788.19
INTER CARE MENTAL RETARDA	281	517	14,657	\$6,317,655.32
NURSING FAC FOR MENTAL ILL	14	6	174	\$3,851.60
HOME HEALTH	3,313	8,243	3,571,873	\$15,275,403.43
LEAD INSPECTION AGENCY	0	0	0	\$0.00
PHYSICIAN	53,581	209,018	482,033	\$31,353,567.60
CLINIC SERVICES	14,760	27,712	29,074	\$15,353,694.98
MEP CASE MANAGEMENT	1	0	0	\$448,653.16
EHR INCENTIVE PAYMENTS	1	0	0	\$6,492,404.48
LAB AND RADIOLOGICAL	8,256	15,719	33,908	\$625,413.94
HABILITATION SERVICES	266	1,273	13,458	\$1,261,172.76
BEHAVIORAL HLTH INTERVENTN SVC	535	5,488	66,211	\$1,361,016.50
REHAB SUPPORT SERVICES	1	0	0	\$30.94-
AMBULANCE SERVICES	3,239	4,495	4,417	\$619,573.00
LOCAL EDUCATION AGENCY	4,541	192,583	2,106,409	\$31,701,160.74
INFANT TODDLER	936	4,217	9,804	\$127,969.14
IHAWP WELLNESS EXAM BONUS	0	0	0	\$0.00
ACO VIS PAYMENTS	0	0	0	\$0.00
PRESCRIBED DRUGS	47,953	301,863	171,514	\$10,791,703.22
IOWA-PLAN-PMIC	0	0	0	\$0.00
DRUG CAPITATION	0	0	0	\$0.00
NEMT SERVICES	47,544	110,415	108,013	\$260,646.98
INDIAN HEALTH SERVICES	0	0	0	\$0.00
FAMILY PLANNING SERVICES	1,329	2,640	2,962	\$168,328.65
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	21,847	24,529	24,470	\$2,939,492.25
HMO SERVICES	0	0	0	\$0.00
PACE SERVICES	478	2,884	2,864	\$10,676,770.06
PATIENT MANAGEMENT	278	266	266	\$486.00
HEALTH INS PREMIUM PAYMENT	3,691	51,219	51,219	\$4,389,772.10
MEDICAL SUPPLIES	9,138	27,966	1,131,362	\$2,089,883.30
HEALTH HOME PROVIDER	1,333	3,894	3,880	\$602,879.96
TCM PAYMENTS TO IOWAPLAN	0	0	0	\$0.00
IHAWP QHP	0	0	0	\$0.00
MCO	635,471	3,898,793	3,889,683	\$2,189,113,185.14
OTHER PRACTITIONER	20,797	94,529	313,740	\$10,545,701.86

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 01/31/18)

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	138,737	212,710	213,122	\$29,721,452.52
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0	\$0.00
OPTOMETRIST	4,559	5,616	6,324	\$347,489.98
CHIROPRACTIC	2,257	8,092	9,918	\$183,552.55
IOWA-PLAN-HAB	0	0	0	\$0.00
PODIATRIC	1,471	2,635	3,396	\$118,696.67
DELTA DENTAL	341,955	1,897,979	1,893,193	\$32,201,298.86
PHYSICAL DISABILITIES SVCS	21	85	18,256	\$62,113.08
BRAIN INJ WAIVER SERVICES	421	2,553	113,110	\$1,726,832.21
PSYCHIATRIC	6,025	15,724	18,926	\$1,350,017.92
RESIDENTIAL CARE FACILITY	909	4,895	136,418	\$1,072,307.31
ID WAIVER SERVICE	1,878	12,293	765,854	\$14,249,925.80
CHILDRENS MENTAL HEALTH SVC	120	601	91,050	\$372,667.97
AIDS WAIVER SERVICES	1	1	25	\$187.50
ELDERLY WAIVER SERVICES	3,008	622	36,649	\$66,534.29
ILL & HANDICAPPED WAIVER SVCS	575	3,245	259,739	\$3,473,518.35
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00
MEP SERVICES	3,406	9,873	36,740	\$2,392,764.50
UNASSIGNED	2	0	0	\$8,365,114.50-
* A L L C A T E G O R I E S *	680,299	7,267,586	19,439,323	\$2,568,139,260.89
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