

TITLE XIX REPORT OF EXPENDITURES
(BY CATEGORY OF SERVICE)
(FISCAL YTD TOTALS AS OF 03/31/18)

CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE	TOTAL PAYMENT
INPATIENT	11,057	13,618	75,720	\$116,330,929.85
OUTPATIENT	49,606	119,688	5,619,940	\$32,414,416.09
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	871	1,121	14,345	\$2,759,535.75
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	21	16	11	\$49.00
INTERMEDIATE CARE FACILITY	4,871	9,917	272,242	\$55,496,581.31
INTER CARE MENTAL RETARDA	296	1,053	29,734	\$11,718,796.94
NURSING FAC FOR MENTAL ILL	15	9	247	\$17,429.86
HOME HEALTH	4,342	12,501	4,223,254	\$20,589,718.65
LEAD INSPECTION AGENCY	0	0	0	\$0.00
PHYSICIAN	67,255	287,544	639,533	\$36,519,234.05
CLINIC SERVICES	18,839	36,795	37,856	\$19,487,016.47
MEP CASE MANAGEMENT	1	0	0	\$453,403.58
EHR INCENTIVE PAYMENTS	1	0	0	\$7,463,387.00
LAB AND RADIOLOGICAL	11,471	22,963	51,287	\$956,993.77
HABILITATION SERVICES	485	3,963	43,026	\$3,272,244.07
BEHAVIORAL HLTH INTERVENTN SVC	642	8,282	92,427	\$1,900,923.79
REHAB SUPPORT SERVICES	2	0	0	\$51.94
AMBULANCE SERVICES	4,250	6,025	5,917	\$792,145.36
LOCAL EDUCATION AGENCY	5,127	296,372	3,213,108	\$48,107,975.98
INFANT TODDLER	1,097	5,373	12,185	\$159,870.53
IHAWP WELLNESS EXAM BONUS	0	0	0	\$0.00
ACO VIS PAYMENTS	0	0	0	\$0.00
PRESCRIBED DRUGS	55,172	381,845	238,019	\$15,272,268.18
IOWA-PLAN-PMIC	0	0	0	\$0.00
DRUG CAPITATION	0	0	0	\$0.00
NEMT SERVICES	60,904	154,241	150,452	\$371,085.01
INDIAN HEALTH SERVICES	0	0	0	\$0.00
FAMILY PLANNING SERVICES	1,608	3,415	3,744	\$215,084.39
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	28,585	34,322	34,227	\$4,075,960.94
HMO SERVICES	0	0	0	\$0.00
PACE SERVICES	510	3,758	3,732	\$13,902,148.45
PATIENT MANAGEMENT	278	266	266	\$486.00
HEALTH INS PREMIUM PAYMENT	3,816	63,855	63,855	\$5,533,219.77
MEDICAL SUPPLIES	11,304	40,155	1,685,402	\$2,999,925.02
HEALTH HOME PROVIDER	1,904	6,382	6,366	\$1,038,313.40
TCM PAYMENTS TO IOWAPLAN	0	0	0	\$0.00
IHAWP QHP	0	0	0	\$0.00
MCO	799,334	5,013,460	4,998,870	\$2,923,835,235.27
OTHER PRACTITIONER	27,399	143,354	404,373	\$18,151,573.87

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 03/31/18)

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	153,131	261,972	262,468	\$36,717,727.82
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0	\$0.00
OPTOMETRIST	6,186	7,905	8,835	\$498,215.01
CHIROPRACTIC	2,923	11,141	13,578	\$277,842.42
IOWA-PLAN-HAB	0	0	0	\$0.00
PODIATRIC	1,948	3,595	4,652	\$169,598.50
DELTA DENTAL	358,082	2,497,487	2,489,393	\$42,316,107.51
PHYSICAL DISABILITIES SVCS	30	145	25,956	\$91,910.06
BRAIN INJ WAIVER SERVICES	443	3,515	167,875	\$2,145,195.84
PSYCHIATRIC	7,742	22,980	28,825	\$1,920,806.38
RESIDENTIAL CARE FACILITY	946	6,218	173,277	\$1,341,969.00
ID WAIVER SERVICE	2,171	19,297	1,197,352	\$27,098,760.00
CHILDRENS MENTAL HEALTH SVC	140	857	131,807	\$537,382.94
AIDS WAIVER SERVICES	6	5	88	\$624.70
ELDERLY WAIVER SERVICES	3,822	2,179	140,104	\$639,185.14
ILL & HANDICAPPED WAIVER SVCS	707	4,325	349,342	\$4,573,134.28
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00
MEP SERVICES	3,716	13,808	55,603	\$3,366,459.62
UNASSIGNED	4	0	0	\$9,158,589.88-
* A L L C A T E G O R I E S *	835,798	9,525,722	26,969,293	\$3,456,372,258.55
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