

TITLE XIX REPORT OF EXPENDITURES
(BY CATEGORY OF SERVICE)
(FISCAL YTD TOTALS AS OF 04/30/18)

CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE	TOTAL PAYMENT
INPATIENT	12,478	15,573	88,299	\$148,920,990.04
OUTPATIENT	54,689	136,655	6,664,195	\$39,155,103.32
CHILD PART HOSP	2	0	0	\$5,118.98
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	948	1,274	16,724	\$3,027,201.47
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	5,199	10,879	298,777	\$61,821,782.10
INTER CARE MENTAL RETARDA	301	1,099	30,929	\$12,285,548.54
NURSING FAC FOR MENTAL ILL	15	9	247	\$17,429.86
HOME HEALTH	4,671	14,174	4,487,417	\$23,349,818.53
LEAD INSPECTION AGENCY	0	0	0	\$0.00
PHYSICIAN	73,798	328,261	730,787	\$39,163,129.11
CLINIC SERVICES	20,984	42,123	43,269	\$22,169,400.14
MEP CASE MANAGEMENT	1	0	0	\$322,040.24
EHR INCENTIVE PAYMENTS	1	0	0	\$3,640,155.70
LAB AND RADIOLOGICAL	12,728	26,128	58,603	\$1,094,921.63
HABILITATION SERVICES	534	4,471	50,021	\$3,671,006.60
BEHAVIORAL HLTH INTERVENTN SVC	689	9,229	103,083	\$2,109,057.32
REHAB SUPPORT SERVICES	6	48	241	\$12,255.93
AMBULANCE SERVICES	4,813	6,951	6,831	\$888,298.11
LOCAL EDUCATION AGENCY	5,407	361,174	4,037,117	\$60,064,538.74
INFANT TODDLER	1,203	6,557	14,995	\$199,228.32
IHAWP WELLNESS EXAM BONUS	0	0	0	\$0.00
ACO VIS PAYMENTS	0	0	0	\$0.00
PRESCRIBED DRUGS	58,498	413,079	263,797	\$16,690,862.20
IOWA-PLAN-PMIC	0	0	0	\$0.00
DRUG CAPITATION	0	0	0	\$0.00
NEMT SERVICES	66,303	169,499	165,688	\$413,504.92
INDIAN HEALTH SERVICES	0	0	0	\$0.00
FAMILY PLANNING SERVICES	1,767	3,927	4,091	\$239,853.13
IOWA CARE MED HOME CAPITATION	0	0	0	\$0.00
IOWA PLAN PROGRAM	1	0	0	\$10.95
MANAGED SUBSTANCE ABUSE	0	0	0	\$0.00
MENTAL HEALTH ACCESS PLAN	0	0	0	\$0.00
EPSDT SCREENING	31,335	39,246	39,146	\$4,694,107.00
HMO SERVICES	0	0	0	\$0.00
PACE SERVICES	532	4,238	4,203	\$15,672,867.80
PATIENT MANAGEMENT	278	266	266	\$486.00
HEALTH INS PREMIUM PAYMENT	3,891	69,546	69,546	\$6,086,303.51
MEDICAL SUPPLIES	12,034	45,052	1,934,296	\$3,421,181.65
HEALTH HOME PROVIDER	1,976	7,369	7,350	\$1,175,207.68
TCM PAYMENTS TO IOWAPLAN	0	0	0	\$0.00
IHAWP QHP	0	0	0	\$0.00
MCO	818,787	5,583,274	5,566,571	\$3,371,165,005.07
OTHER PRACTITIONER	30,346	169,654	465,871	\$22,735,630.79

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 04/30/18)

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	161,343	294,243	294,796	\$41,162,295.13
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0	\$0.00
OPTOMETRIST	6,898	8,902	9,978	\$563,342.80
CHIROPRACTIC	3,230	12,536	15,127	\$305,908.48
IOWA-PLAN-HAB	0	0	0	\$0.00
PODIATRIC	2,122	4,035	5,223	\$187,913.43
DELTA DENTAL	365,890	2,803,242	2,794,901	\$47,507,466.44
PHYSICAL DISABILITIES SVCS	35	163	29,356	\$109,846.73
BRAIN INJ WAIVER SERVICES	456	3,871	186,581	\$2,414,318.50
PSYCHIATRIC	8,577	26,283	32,962	\$2,177,990.81
RESIDENTIAL CARE FACILITY	960	6,815	190,270	\$1,480,403.79
ID WAIVER SERVICE	2,229	21,226	1,315,753	\$29,691,899.50
CHILDRENS MENTAL HEALTH SVC	143	941	147,916	\$599,020.47
AIDS WAIVER SERVICES	6	6	105	\$748.65
ELDERLY WAIVER SERVICES	4,004	2,495	147,353	\$757,571.09
ILL & HANDICAPPED WAIVER SVCS	751	4,838	395,935	\$5,232,774.90
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00
MEP SERVICES	3,741	15,595	64,037	\$4,055,975.92
UNASSIGNED	4	0	0	\$9,572,160.93-
* A L L C A T E G O R I E S *	854,293	10,674,962	30,782,664	\$3,990,887,410.09
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