

TITLE XIX REPORT OF EXPENDITURES  
(BY CATEGORY OF SERVICE)  
(FISCAL YTD TOTALS AS OF 05/31/18)

CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE	TOTAL PAYMENT
INPATIENT	13,513	16,999	96,201	\$161,639,199.27
OUTPATIENT	58,408	149,486	7,413,169	\$42,731,432.20
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	988	1,370	18,325	\$3,273,392.49
IHAWP IOWA PLAN LITE	4	0	8-	\$218.62-
IHAWP IOWA PLAN FULL	0	0	0	\$0.00
IHAWP HMO	3	0	6-	\$2,172.70-
IHAWP PCP	21	16	11	\$49.00
INTERMEDIATE CARE FACILITY	5,491	11,819	324,423	\$67,258,004.21
INTER CARE MENTAL RETARDA	304	1,138	31,866	\$12,666,959.85
NURSING FAC FOR MENTAL ILL	15	9	247	\$17,429.86
HOME HEALTH	4,983	15,709	5,746,406	\$25,590,789.33
LEAD INSPECTION AGENCY	0	0	0	\$0.00
PHYSICIAN	78,695	357,506	793,255	\$40,721,961.13
CLINIC SERVICES	22,633	46,110	47,784	\$24,557,685.56
MEP CASE MANAGEMENT	1	0	0	\$278,252.46
EHR INCENTIVE PAYMENTS	1	0	0	\$2,905,320.59
LAB AND RADIOLOGICAL	13,802	28,444	63,924	\$1,180,823.12
HABILITATION SERVICES	544	4,615	51,070	\$3,764,545.22
BEHAVIORAL HLTH INTERVENTN SVC	715	9,868	109,295	\$2,245,103.38
REHAB SUPPORT SERVICES	6	52	262	\$13,328.40
AMBULANCE SERVICES	5,181	7,541	7,405	\$950,237.03
LOCAL EDUCATION AGENCY	5,570	430,469	4,674,234	\$69,909,444.58
INFANT TODDLER	1,257	7,092	16,138	\$215,189.49
IHAWP WELLNESS EXAM BONUS	0	0	0	\$0.00
ACO VIS PAYMENTS	0	0	0	\$0.00
PRESCRIBED DRUGS	61,033	438,098	283,914	\$17,753,395.01
IOWA-PLAN-PMIC	0	0	0	\$0.00
DRUG CAPITATION	0	0	0	\$0.00
NEMT SERVICES	72,064	185,343	181,524	\$451,670.09
INDIAN HEALTH SERVICES	0	0	0	\$0.00
FAMILY PLANNING SERVICES	1,910	4,317	4,475	\$257,968.25
IOWA CARE MED HOME CAPITATION	0	0	0	\$0.00
IOWA PLAN PROGRAM	3	0	6-	\$175.19-
MANAGED SUBSTANCE ABUSE	0	0	0	\$0.00
MENTAL HEALTH ACCESS PLAN	0	0	0	\$0.00
EPSDT SCREENING	33,649	43,310	43,210	\$5,196,713.90
HMO SERVICES	1	0	6-	\$1,406.22-
PACE SERVICES	543	4,698	4,663	\$17,395,753.59
PATIENT MANAGEMENT	278	266	266	\$486.00
HEALTH INS PREMIUM PAYMENT	3,924	76,379	76,379	\$6,665,596.02
MEDICAL SUPPLIES	12,550	48,487	2,075,684	\$3,684,893.34
HEALTH HOME PROVIDER	2,016	8,032	8,013	\$1,274,391.46
TCM PAYMENTS TO IOWAPLAN	0	0	0	\$0.00
IHAWP QHP	0	0	0	\$0.00
MCO	829,792	6,154,334	6,136,041	\$3,793,074,764.17
OTHER PRACTITIONER	32,455	192,910	502,348	\$25,078,082.31

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 05/31/18)

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	167,551	320,259	320,858	\$44,965,038.16
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0	\$0.00
OPTOMETRIST	7,472	9,716	10,882	\$517,932.29
CHIROPRACTIC	3,428	13,507	16,307	\$328,028.33
IOWA-PLAN-HAB	0	0	0	\$0.00
PODIATRIC	2,258	4,389	5,682	\$204,938.50
DELTA DENTAL	372,298	3,109,880	3,101,115	\$52,708,695.39
PHYSICAL DISABILITIES SVCS	36	175	31,416	\$116,170.75
BRAIN INJ WAIVER SERVICES	458	4,203	203,005	\$2,633,438.54
PSYCHIATRIC	9,086	28,554	35,654	\$2,343,066.43
RESIDENTIAL CARE FACILITY	971	7,367	205,704	\$1,593,477.30
ID WAIVER SERVICE	2,245	22,795	1,408,524	\$31,947,186.12
CHILDRENS MENTAL HEALTH SVC	145	1,006	158,098	\$639,385.27
AIDS WAIVER SERVICES	6	6	105	\$748.65
ELDERLY WAIVER SERVICES	4,060	2,640	153,013	\$816,994.75
ILL & HANDICAPPED WAIVER SVCS	767	5,283	427,323	\$5,776,312.08
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00
MEP SERVICES	3,763	17,088	72,016	\$4,553,276.80
UNASSIGNED	4	0	0	\$9,252,179.04-
* A L L C A T E G O R I E S *	865,338	11,791,285	34,860,208	\$4,470,646,517.88
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