

TITLE XIX REPORT OF EXPENDITURES
(BY CATEGORY OF SERVICE)
(FISCAL YTD TOTALS AS OF 06/30/18)

CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE	TOTAL PAYMENT
INPATIENT	14,603	18,324	103,470	\$176,186,497.66
OUTPATIENT	61,976	161,489	8,433,583	\$45,945,620.59
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	1,020	1,446	19,638	\$3,700,810.78
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	5,740	12,666	348,171	\$72,356,886.17
INTER CARE MENTAL RETARDA	308	1,176	32,977	\$13,066,427.88
NURSING FAC FOR MENTAL ILL	18	13	347	\$28,533.06
HOME HEALTH	5,250	17,032	6,520,872	\$27,124,228.16
LEAD INSPECTION AGENCY	0	0	0	\$0.00
PHYSICIAN	85,131	386,314	855,569	\$41,873,971.41
CLINIC SERVICES	24,428	49,768	51,828	\$27,173,651.55
MEP CASE MANAGEMENT	1	0	0	\$278,252.46
EHR INCENTIVE PAYMENTS	1	0	0	\$2,718,838.13
LAB AND RADIOLOGICAL	14,944	30,630	69,101	\$1,242,443.43
HABILITATION SERVICES	623	6,242	55,982	\$4,143,322.95
BEHAVIORAL HLTH INTERVENTN SVC	820	10,447	116,862	\$2,209,743.64
REHAB SUPPORT SERVICES	6	52	262	\$13,328.40
AMBULANCE SERVICES	5,591	8,140	7,995	\$1,015,045.13
LOCAL EDUCATION AGENCY	5,882	544,081	6,003,303	\$87,549,190.47
INFANT TODDLER	1,326	7,590	17,285	\$219,067.62
IHAWP WELLNESS EXAM BONUS	0	0	0	\$0.00
ACO VIS PAYMENTS	0	0	0	\$0.00
PRESCRIBED DRUGS	66,868	461,580	303,230	\$18,419,495.99
IOWA-PLAN-PMIC	0	0	0	\$0.00
DRUG CAPITATION	0	0	0	\$0.00
NEMT SERVICES	77,891	201,579	196,231	\$487,018.40
INDIAN HEALTH SERVICES	0	0	0	\$0.00
FAMILY PLANNING SERVICES	2,022	4,575	4,730	\$273,452.11
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	35,241	46,033	45,896	\$5,475,313.41
HMO SERVICES	1	0	6-	\$1,406.22-
PACE SERVICES	557	5,162	5,127	\$19,135,295.00
PATIENT MANAGEMENT	278	266	266	\$486.00
HEALTH INS PREMIUM PAYMENT	3,973	82,284	82,284	\$7,200,286.38
MEDICAL SUPPLIES	13,109	51,737	2,215,689	\$3,952,734.25
HEALTH HOME PROVIDER	2,810	8,521	8,500	\$1,167,149.89
TCM PAYMENTS TO IOWAPLAN	0	0	0	\$0.00
IHAWP QHP	0	0	0	\$0.00
MCO	837,123	6,725,500	6,706,221	\$4,129,617,437.63
OTHER PRACTITIONER	34,893	234,842	569,013	\$29,449,898.41

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 06/30/18)

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	175,120	343,645	344,231	\$47,496,476.59
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0	\$0.00
OPTOMETRIST	8,120	10,431	11,690	\$548,763.70
CHIROPRACTIC	3,682	14,503	17,536	\$342,964.96
IOWA-PLAN-HAB	0	0	0	\$0.00
PODIATRIC	2,386	4,684	6,067	\$213,964.18
DELTA DENTAL	378,654	3,418,925	3,408,033	\$57,909,565.42
PHYSICAL DISABILITIES SVCS	37	184	33,127	\$121,619.64
BRAIN INJ WAIVER SERVICES	467	4,515	218,230	\$2,831,202.87
PSYCHIATRIC	9,706	30,630	38,495	\$2,473,727.05
RESIDENTIAL CARE FACILITY	1,020	8,046	224,963	\$1,727,263.67
ID WAIVER SERVICE	2,281	24,087	1,482,982	\$33,604,937.11
CHILDRENS MENTAL HEALTH SVC	172	1,063	167,733	\$632,543.97
AIDS WAIVER SERVICES	6	6	105	\$748.65
ELDERLY WAIVER SERVICES	4,928	2,693	155,027	\$820,019.99
ILL & HANDICAPPED WAIVER SVCS	773	5,698	457,205	\$6,273,618.56
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00
MEP SERVICES	3,846	18,993	80,991	\$5,087,312.17
UNASSIGNED	4	0	0	\$9,404,066.10-
* A L L C A T E G O R I E S *	873,846	12,965,608	39,420,832	\$4,872,706,284.64
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