

TITLE XIX REPORT OF EXPENDITURES
(BY CATEGORY OF SERVICE)
(FISCAL YTD TOTALS AS OF 07/31/18)

CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE	TOTAL PAYMENT
INPATIENT	1,560	1,557	9,290	\$15,029,150.96
OUTPATIENT	10,430	15,321	1,335,160	\$4,246,691.14
CHILD PART HOSP	0	0	0	\$0.00
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	164	263	1,979	\$206,237.83
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	0	0	0	\$0.00
INTERMEDIATE CARE FACILITY	809	975	26,513	\$5,514,472.18
INTER CARE MENTAL RETARDA	34	39	916	\$385,429.26
NURSING FAC FOR MENTAL ILL	3	3	90	\$11,861.87
HOME HEALTH	1,107	1,603	242,136	\$2,288,473.86
LEAD INSPECTION AGENCY	0	0	0	\$0.00
PHYSICIAN	14,891	34,322	75,143	\$2,094,526.57
CLINIC SERVICES	3,468	4,834	4,644	\$1,788,053.58
MEP CASE MANAGEMENT	0	0	0	\$0.00
EHR INCENTIVE PAYMENTS	1	0	0	\$278,324.12
LAB AND RADIOLOGICAL	1,732	2,486	5,857	\$94,409.04
HABILITATION SERVICES	143	1,610	6,286	\$458,773.55
BEHAVIORAL HLTH INTERVENTN SVC	185	743	8,523	\$184,711.96
REHAB SUPPORT SERVICES	3	8	40	\$2,159.62
AMBULANCE SERVICES	564	689	679	\$71,633.86
LOCAL EDUCATION AGENCY	1,410	41,446	320,422	\$4,578,944.97
INFANT TODDLER	65	124	320	\$3,908.15
IHAWP WELLNESS EXAM BONUS	0	0	0	\$0.00
ACO VIS PAYMENTS	0	0	0	\$0.00
PRESCRIBED DRUGS	7,709	29,210	23,905	\$1,320,931.33
IOWA-PLAN-PMIC	0	0	0	\$0.00
DRUG CAPITATION	0	0	0	\$0.00
NEMT SERVICES	14,848	16,311	16,310	\$39,307.10
INDIAN HEALTH SERVICES	0	0	0	\$0.00
FAMILY PLANNING SERVICES	286	362	363	\$22,423.13
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	4,360	4,481	4,477	\$535,996.80
HMO SERVICES	0	0	0	\$0.00
PACE SERVICES	464	463	462	\$1,733,673.77
PATIENT MANAGEMENT	0	0	0	\$0.00
HEALTH INS PREMIUM PAYMENT	2,663	6,804	6,804	\$626,594.07
MEDICAL SUPPLIES	2,283	3,915	174,061	\$336,564.04
HEALTH HOME PROVIDER	419	490	486	\$62,607.17
TCM PAYMENTS TO IOWAPLAN	0	0	0	\$0.00
IHAWP QHP	0	0	0	\$0.00
MCO	726,229	567,410	565,267	\$422,736,637.25
OTHER PRACTITIONER	5,156	16,799	45,965	\$2,207,032.41

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 07/31/18)

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	24,183	27,926	27,945	\$4,176,192.38
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0	\$0.00
OPTOMETRIST	809	911	1,011	\$56,408.01
CHIROPRACTIC	617	1,183	1,401	\$26,005.46
IOWA-PLAN-HAB	0	0	0	\$0.00
PODIATRIC	347	431	694	\$18,195.72
DELTA DENTAL	305,369	307,786	307,580	\$5,220,704.55
PHYSICAL DISABILITIES SVCS	8	12	2,451	\$7,870.41
BRAIN INJ WAIVER SERVICES	153	329	15,918	\$287,949.92
PSYCHIATRIC	1,483	2,549	3,032	\$180,063.65
RESIDENTIAL CARE FACILITY	536	615	17,477	\$133,611.27
ID WAIVER SERVICE	806	1,531	102,943	\$2,018,485.23
CHILDRENS MENTAL HEALTH SVC	56	90	16,050	\$62,118.72
AIDS WAIVER SERVICES	0	0	0	\$0.00
ELDERLY WAIVER SERVICES	441	838	25,545	\$422,240.59
ILL & HANDICAPPED WAIVER SVCS	346	427	34,695	\$538,644.91
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00
MEP SERVICES	745	1,153	6,589	\$410,466.23
UNASSIGNED	1	0	0	\$246,841.42
* A L L C A T E G O R I E S *	748,286	1,098,049	3,439,429	\$480,665,328.06
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