

TITLE XIX REPORT OF EXPENDITURES
(BY CATEGORY OF SERVICE)
(FISCAL YTD TOTALS AS OF 09/30/18)

CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE	TOTAL PAYMENT
INPATIENT	3,884	4,122	25,134	\$42,256,641.13
OUTPATIENT	37,957	39,208	5,444,684	\$9,677,171.27
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	265	451	4,955	\$754,074.36
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	1,374	2,639	73,164	\$15,596,230.01
INTER CARE MENTAL RETARDA	43	121	3,289	\$1,342,679.27
NURSING FAC FOR MENTAL ILL	5	4	113	\$16,825.05
HOME HEALTH	1,934	3,915	605,378	\$6,237,182.95
LEAD INSPECTION AGENCY	0	0	0	\$0.00
PHYSICIAN	29,081	89,680	198,321	\$5,613,285.10
CLINIC SERVICES	7,850	12,947	12,787	\$9,045,927.44
MEP CASE MANAGEMENT	0	0	0	\$0.00
EHR INCENTIVE PAYMENTS	1	0	0	\$421,644.30
LAB AND RADIOLOGICAL	4,019	6,768	16,459	\$277,485.44
HABILITATION SERVICES	176	1,829	8,861	\$580,858.99
BEHAVIORAL HLTH INTERVENTN SVC	277	1,796	19,235	\$430,955.36
REHAB SUPPORT SERVICES	4	11	55	\$2,925.67
AMBULANCE SERVICES	1,627	2,262	2,237	\$269,659.23
LOCAL EDUCATION AGENCY	2,117	55,106	652,211	\$8,659,594.59
INFANT TODDLER	159	430	1,069	\$12,743.97
IHAWP WELLNESS EXAM BONUS	0	0	0	\$0.00
ACO VIS PAYMENTS	0	0	0	\$0.00
PRESCRIBED DRUGS	17,634	82,187	62,955	\$3,609,359.17
IOWA-PLAN-PMIC	0	0	0	\$0.00
DRUG CAPITATION	0	0	0	\$0.00
NEMT SERVICES	27,633	49,319	48,387	\$116,554.51
INDIAN HEALTH SERVICES	0	0	0	\$0.00
FAMILY PLANNING SERVICES	541	835	838	\$51,152.25
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	8,945	9,515	9,500	\$1,324,083.80
HMO SERVICES	0	0	0	\$0.00
PACE SERVICES	507	1,434	1,432	\$5,387,579.91
PATIENT MANAGEMENT	1	0	0	\$68.36
HEALTH INS PREMIUM PAYMENT	2,769	17,780	17,780	\$1,632,775.38
MEDICAL SUPPLIES	3,938	10,045	437,033	\$794,133.04
HEALTH HOME PROVIDER	612	1,359	1,347	\$169,613.75
TCM PAYMENTS TO IOWAPLAN	0	0	0	\$0.00
IHAWP QHP	0	0	0	\$0.00
MCO	754,860	1,713,589	1,707,198	\$1,205,834,926.61
OTHER PRACTITIONER	10,454	31,997	96,811	\$3,828,187.23

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 09/30/18)

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	64,557	81,158	81,254	\$11,655,091.64
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0	\$0.00
OPTOMETRIST	2,103	2,472	2,735	\$156,103.94
CHIROPRACTIC	1,108	3,040	3,753	\$71,131.43
IOWA-PLAN-HAB	0	0	0	\$0.00
PODIATRIC	719	1,098	1,592	\$52,815.41
DELTA DENTAL	325,072	928,617	926,703	\$15,639,462.83
PHYSICAL DISABILITIES SVCS	13	39	8,605	\$28,523.71
BRAIN INJ WAIVER SERVICES	183	1,065	127,227	\$1,049,432.15
PSYCHIATRIC	3,023	6,661	8,202	\$497,217.89
RESIDENTIAL CARE FACILITY	622	1,802	51,947	\$421,024.93
ID WAIVER SERVICE	910	4,478	318,879	\$5,695,180.96
CHILDRENS MENTAL HEALTH SVC	64	252	47,712	\$184,636.05
AIDS WAIVER SERVICES	0	0	0	\$0.00
ELDERLY WAIVER SERVICES	466	1,086	29,866	\$497,733.10
ILL & HANDICAPPED WAIVER SVCS	408	1,292	107,200	\$1,590,859.36
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00
MEP SERVICES	1,013	3,136	21,343	\$1,420,626.15
UNASSIGNED	1	0	0	\$31,493.90
* A L L C A T E G O R I E S *	783,170	3,175,545	11,188,251	\$1,362,935,514.87
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