TITLE XIX REPORT OF EXPENDITURES
(BY CATEGORY OF SERVICE)
(FISCAL YTD TOTALS AS OF 02/28/19)

CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE	TOTAL PAYMENT
INPATIENT	9,496	11,146	68,157	$118,769,967.31
OUTPATIENT	56,850	101,326	10,331,079	$26,214,491.47
CHILD PART HOSP	1	0	0	$18.07-
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	497	963	13,761	$2,850,299.50
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	2,754	7,197	199,809	$41,730,254.40
INTER CARE MENTAL RETARDA	55	317	8,897	$3,678,462.84
NURSING FAC FOR MENTAL ILL	9	16	426	$77,217.22
HOME HEALTH	3,552	10,065	2,819,356	$16,381,914.94
LEAD INSPECTION AGENCY	0	0	0	$0.00
PHYSICIAN	57,254	239,040	509,682	$25,333,928.17
CLINIC SERVICES	18,044	35,075	35,583	$26,443,629.63
MEP CASE MANAGEMENT	0	0	0	$0.00
EHR INCENTIVE PAYMENTS	1	0	0	$563,262.49
LAB AND RADIOLOGICAL	9,048	17,982	41,830	$748,893.22
HABILITATION SERVICES	227	2,506	13,555	$1,087,436.54
BEHAVIORAL HLTH INTERVENTN SVC	441	4,768	60,998	$1,217,436.00
REHAB SUPPORT SERVICES	8	15	132	$6,858.06
AMBULANCE SERVICES	3,848	5,696	5,621	$690,017.24
LOCAL EDUCATION AGENCY	5,089	295,739	2,971,956	$45,174,397.36
INFANT TODDLER	855	3,693	9,615	$108,325.37
IHAWP WELLNESS EXAM BONUS	0	0	0	$0.00
ACO VIS PAYMENTS	0	0	0	$0.00
PRESCRIBED DRUGS	33,148	213,188	169,978	$10,072,708.03
IOWA-PLAN-PMIC	0	0	0	$0.00
DRUG CAPITATION	0	0	0	$0.00
NEMT SERVICES	68,822	124,425	120,262	$301,921.83
INDIAN HEALTH SERVICES	0	0	0	$0.00
FAMILY PLANNING SERVICES	1,302	2,641	2,640	$171,869.72
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	24,214	28,249	28,057	$3,479,929.10
HMO SERVICES	0	0	0	$0.00
PACE SERVICES	582	4,020	4,011	$13,714,096.21
PATIENT MANAGEMENT	1	0	0	$68.36-
HEALTH INS PREMIUM PAYMENT	2,961	46,663	46,663	$4,356,558.47
MEDICAL SUPPLIES	7,786	27,616	1,154,338	$2,136,074.03
HEALTH HOME PROVIDER	751	3,086	3,053	$411,142.97
TCM PAYMENTS TO IOWAPLAN	0	0	0	$0.00
IHAWP QHP	0	0	0	$0.00
MCO	801,990	4,590,074	4,574,673	$3,274,616,052.62
OTHER PRACTITIONER	24,197	142,889	309,781	$16,238,433.77

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 02/28/19)

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	131,903	212,526	212,976	$30,886,779.52
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0	$0.00
OPTOMETRIST	4,806	6,097	6,772	$386,360.25
CHIROPRACTIC	2,057	7,588	9,269	$183,406.36
IOWA-PLAN-HAB	0	0	0	$0.00
PODIATRIC	1,358	2,609	4,020	$121,716.36
DELTA DENTAL	360,611	2,486,188	2,479,364	$41,348,482.26
PHYSICAL DISABILITIES SVCS	14	104	19,643	$65,792.75
BRAIN INJ WAIVER SERVICES	237	2,775	205,663	$2,574,370.25
PSYCHIATRIC	6,206	17,592	22,097	$1,419,899.53
RESIDENTIAL CARE FACILITY	755	4,724	131,814	$1,047,757.01
ID WAIVER SERVICE	1,059	11,276	710,586	$11,730,728.68
CHILDRENS MENTAL HEALTH SVC	70	591	103,584	$405,590.58
AIDS WAIVER SERVICES	1	0	0	$0.00
ELDERLY WAIVER SERVICES	544	1,464	40,374	$652,396.37
ILL & HANDICAPPED WAIVER SVCS	444	3,318	254,090	$4,063,868.23
COUNTY OFFICE REIMBURSEMENT	0	0	0	$0.00
MEP SERVICES	1,318	9,338	55,900	$3,787,483.94
UNASSIGNED	3	0	0	$109,817.17
* A L L C A T E G O R I E S *	834,655	8,684,585	27,760,065	$3,735,359,941.34

*** END OF REPORT ***