

TITLE XIX REPORT OF EXPENDITURES  
(BY CATEGORY OF SERVICE)  
(FISCAL YTD TOTALS AS OF 05/31/19)

CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE	TOTAL PAYMENT
INPATIENT	13,281	16,063	94,334	\$190,997,087.29
OUTPATIENT	68,166	141,006	13,055,821	\$37,814,280.39
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	620	1,235	18,310	\$4,005,213.74
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	3,523	10,010	276,651	\$57,019,826.99
INTER CARE MENTAL RETARDA	64	457	12,814	\$5,467,916.68
NURSING FAC FOR MENTAL ILL	11	23	638	\$124,738.66
HOME HEALTH	4,234	13,547	3,498,981	\$21,667,175.43
LEAD INSPECTION AGENCY	1	0	0	\$97.20-
PHYSICIAN	72,595	333,596	717,056	\$31,560,419.99
CLINIC SERVICES	24,032	49,374	49,907	\$34,749,296.80
MEP CASE MANAGEMENT	0	0	0	\$0.00
EHR INCENTIVE PAYMENTS	1	0	0	\$2,308,900.22
LAB AND RADIOLOGICAL	12,128	25,278	59,328	\$1,057,423.34
HABILITATION SERVICES	301	3,078	17,990	\$1,526,360.68
BEHAVIORAL HLTH INTERVENTN SVC	523	6,382	79,472	\$1,600,064.75
REHAB SUPPORT SERVICES	19	66	630	\$32,290.92
AMBULANCE SERVICES	5,293	8,008	7,900	\$941,745.61
LOCAL EDUCATION AGENCY	5,734	494,894	5,047,466	\$76,262,038.76
INFANT TODDLER	1,091	6,021	14,917	\$176,523.68
IHAWP WELLNESS EXAM BONUS	0	0	0	\$0.00
ACO VIS PAYMENTS	0	0	0	\$0.00
PRESCRIBED DRUGS	42,004	294,459	235,856	\$14,352,199.86
IOWA-PLAN-PMIC	0	0	0	\$0.00
DRUG CAPITATION	0	0	0	\$0.00
NEMT SERVICES	87,275	174,145	168,160	\$423,327.66
INDIAN HEALTH SERVICES	0	0	0	\$0.00
FAMILY PLANNING SERVICES	1,597	3,478	3,486	\$236,750.05
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	32,651	41,632	41,615	\$5,417,689.02
HMO SERVICES	0	0	0	\$0.00
PACE SERVICES	638	5,638	5,629	\$19,233,511.68
PATIENT MANAGEMENT	1	0	0	\$68.36-
HEALTH INS PREMIUM PAYMENT	3,096	63,312	63,312	\$6,015,434.43
MEDICAL SUPPLIES	9,221	36,973	1,586,168	\$2,941,974.67
HEALTH HOME PROVIDER	817	4,037	4,004	\$544,251.65
TCM PAYMENTS TO IOWAPLAN	0	0	0	\$0.00
IHAWP QHP	0	0	0	\$0.00
MCO	829,306	6,337,828	6,316,615	\$4,535,722,956.46
OTHER PRACTITIONER	31,713	225,667	466,455	\$25,555,382.79

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 05/31/19)

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	152,439	297,072	297,765	\$43,239,197.50
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0	\$0.00
OPTOMETRIST	6,415	8,344	9,290	\$537,334.96
CHIROPRACTIC	2,696	10,555	12,987	\$233,156.30
IOWA-PLAN-HAB	0	0	0	\$0.00
PODIATRIC	1,708	3,564	5,458	\$169,929.03
DELTA DENTAL	382,040	3,434,062	3,425,686	\$57,124,775.59
PHYSICAL DISABILITIES SVCS	14	140	26,510	\$88,367.23
BRAIN INJ WAIVER SERVICES	241	3,772	181,085	\$3,294,126.88
PSYCHIATRIC	7,849	24,106	30,342	\$1,975,878.36
RESIDENTIAL CARE FACILITY	836	6,558	181,259	\$1,423,526.26
ID WAIVER SERVICE	1,113	15,208	915,125	\$17,809,676.54
CHILDRENS MENTAL HEALTH SVC	75	809	143,736	\$559,434.01
AIDS WAIVER SERVICES	1	0	0	\$0.00
ELDERLY WAIVER SERVICES	553	1,657	46,206	\$744,238.45
ILL & HANDICAPPED WAIVER SVCS	464	4,476	330,150	\$5,447,284.31
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00
MEP SERVICES	1,331	12,223	75,973	\$5,086,903.49
UNASSIGNED	3	0	0	\$334,775.54
* A L L C A T E G O R I E S *	863,988	12,118,753	37,525,087	\$5,215,823,203.02
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