

TITLE XIX REPORT OF EXPENDITURES
(BY CATEGORY OF SERVICE)
(FISCAL YTD TOTALS AS OF 06/30/19)

CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE	TOTAL PAYMENT
INPATIENT	14,172	17,240	101,149	\$206,479,746.52
OUTPATIENT	71,125	152,116	14,263,794	\$40,985,971.28
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	659	1,317	19,762	\$4,085,216.11
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	3,815	11,121	307,894	\$63,040,726.25
INTER CARE MENTAL RETARDA	67	500	14,072	\$6,019,933.96
NURSING FAC FOR MENTAL ILL	11	23	638	\$124,738.66
HOME HEALTH	4,443	14,596	3,702,646	\$23,259,396.40
LEAD INSPECTION AGENCY	1	0	0	\$97.20-
PHYSICIAN	76,596	360,726	780,164	\$33,267,634.82
CLINIC SERVICES	25,592	53,207	53,454	\$36,105,356.05
MEP CASE MANAGEMENT	0	0	0	\$0.00
EHR INCENTIVE PAYMENTS	1	0	0	\$2,308,900.22
LAB AND RADIOLOGICAL	13,003	27,603	64,521	\$1,138,872.94
HABILITATION SERVICES	303	3,190	18,814	\$1,626,697.10
BEHAVIORAL HLTH INTERVENTN SVC	542	6,734	82,040	\$1,669,502.36
REHAB SUPPORT SERVICES	21	75	829	\$42,453.85
AMBULANCE SERVICES	5,619	8,548	8,436	\$1,000,486.40
LOCAL EDUCATION AGENCY	5,974	617,081	6,331,099	\$95,562,780.94
INFANT TODDLER	1,165	6,698	17,013	\$200,521.29
IHAWP WELLNESS EXAM BONUS	0	0	0	\$0.00
ACO VIS PAYMENTS	0	0	0	\$0.00
PRESCRIBED DRUGS	44,475	318,303	255,358	\$15,788,796.48
IOWA-PLAN-PMIC	0	0	0	\$0.00
DRUG CAPITATION	0	0	0	\$0.00
NEMT SERVICES	94,426	195,941	189,952	\$475,846.38
INDIAN HEALTH SERVICES	0	0	0	\$0.00
FAMILY PLANNING SERVICES	1,736	3,811	3,834	\$261,628.32
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	34,719	45,633	45,484	\$5,869,489.95
HMO SERVICES	0	0	0	\$0.00
PACE SERVICES	655	6,187	6,176	\$21,092,661.10
PATIENT MANAGEMENT	1	0	0	\$68.36-
HEALTH INS PREMIUM PAYMENT	3,121	67,898	67,898	\$6,435,619.14
MEDICAL SUPPLIES	9,590	39,582	1,710,368	\$3,129,876.08
HEALTH HOME PROVIDER	826	4,240	4,207	\$577,524.03
TCM PAYMENTS TO IOWAPLAN	0	0	0	\$0.00
IHAWP QHP	0	0	0	\$0.00
MCO	830,066	6,546,520	6,524,585	\$4,673,214,791.63
OTHER PRACTITIONER	33,952	272,863	565,765	\$30,727,827.58

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 06/30/19)

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	157,558	320,952	321,712	\$47,065,199.58
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0	\$0.00
OPTOMETRIST	6,781	8,920	9,962	\$569,425.81
CHIROPRACTIC	2,849	11,366	14,053	\$255,069.12
IOWA-PLAN-HAB	0	0	0	\$0.00
PODIATRIC	1,862	3,907	5,884	\$189,328.87
DELTA DENTAL	388,215	3,751,639	3,743,189	\$62,412,614.11
PHYSICAL DISABILITIES SVCS	14	150	28,382	\$94,836.46
BRAIN INJ WAIVER SERVICES	242	4,089	192,493	\$3,609,662.45
PSYCHIATRIC	8,309	25,996	32,710	\$2,121,599.16
RESIDENTIAL CARE FACILITY	865	7,203	199,019	\$1,577,276.15
ID WAIVER SERVICE	1,126	16,441	989,775	\$20,079,340.55
CHILDRENS MENTAL HEALTH SVC	76	872	157,005	\$609,634.75
AIDS WAIVER SERVICES	1	0	0	\$0.00
ELDERLY WAIVER SERVICES	554	1,722	47,978	\$771,579.78
ILL & HANDICAPPED WAIVER SVCS	466	4,832	347,827	\$5,872,072.67
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00
MEP SERVICES	1,337	13,137	82,563	\$5,518,517.89
UNASSIGNED	3	0	0	\$299,067.90-
* A L L C A T E G O R I E S *	870,901	12,952,979	41,312,504	\$5,424,939,901.66
		*** END OF REPORT ***		