

TITLE XIX REPORT OF EXPENDITURES
(BY CATEGORY OF SERVICE)
(FISCAL YTD TOTALS AS OF 07/31/19)

CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE	TOTAL PAYMENT
INPATIENT	1,704	1,443	9,107	\$7,238,301.36
OUTPATIENT	8,419	12,241	1,095,456	\$3,180,790.37
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	96	99	1,439	\$213,918.16
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	872	1,097	30,111	\$5,640,544.03
INTER CARE MENTAL RETARDA	46	56	1,580	\$684,585.09
NURSING FAC FOR MENTAL ILL	1	3	92	\$15,083.56
HOME HEALTH	946	1,300	231,037	\$1,782,580.40
LEAD INSPECTION AGENCY	0	0	0	\$0.00
PHYSICIAN	12,336	29,599	68,234	\$1,888,303.08
CLINIC SERVICES	2,943	4,070	3,770	\$4,842,243.73
MEP CASE MANAGEMENT	0	0	0	\$0.00
EHR INCENTIVE PAYMENTS	0	0	0	\$0.00
LAB AND RADIOLOGICAL	1,653	2,796	6,085	\$185,155.21
HABILITATION SERVICES	39	132	847	\$97,145.57
BEHAVIORAL HLTH INTERVENTN SVC	169	389	2,897	\$25,583.68
REHAB SUPPORT SERVICES	3	3	60	\$3,064.20
AMBULANCE SERVICES	608	711	698	\$90,857.74
LOCAL EDUCATION AGENCY	1,587	22,802	175,588	\$2,757,919.62
INFANT TODDLER	306	543	1,656	\$16,267.03
IHAWP WELLNESS EXAM BONUS	0	0	0	\$0.00
ACO VIS PAYMENTS	0	0	0	\$0.00
PRESCRIBED DRUGS	5,911	21,724	17,501	\$1,437,587.99
IOWA-PLAN-PMIC	0	0	0	\$0.00
DRUG CAPITATION	0	0	0	\$0.00
NEMT SERVICES	11,826	11,917	11,902	\$28,683.82
INDIAN HEALTH SERVICES	0	0	0	\$0.00
FAMILY PLANNING SERVICES	260	306	307	\$19,723.85
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	2,755	2,760	2,720	\$324,443.20
HMO SERVICES	0	0	0	\$0.00
PACE SERVICES	555	572	568	\$2,146,450.22
PATIENT MANAGEMENT	0	0	0	\$0.00
HEALTH INS PREMIUM PAYMENT	2,381	5,966	5,966	\$606,227.20
MEDICAL SUPPLIES	1,774	2,952	148,188	\$241,581.18
HEALTH HOME PROVIDER	280	346	346	\$46,617.54
TCM PAYMENTS TO IOWAPLAN	0	0	0	\$0.00
IHAWP QHP	0	0	0	\$0.00
MCO	599,946	588,490	587,893	\$412,983,626.07
OTHER PRACTITIONER	4,430	11,509	31,865	\$1,435,259.83

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 07/31/19)

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	24,990	27,984	28,056	\$4,288,712.56
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0	\$0.00
OPTOMETRIST	506	560	638	\$31,110.24
CHIROPRACTIC	487	1,009	1,236	\$20,984.52
IOWA-PLAN-HAB	0	0	0	\$0.00
PODIATRIC	234	284	390	\$14,688.29
DELTA DENTAL	316,462	318,850	318,612	\$5,297,838.54
PHYSICAL DISABILITIES SVCS	7	14	2,194	\$7,164.37
BRAIN INJ WAIVER SERVICES	158	393	21,290	\$332,312.23
PSYCHIATRIC	1,146	1,862	2,512	\$164,777.04
RESIDENTIAL CARE FACILITY	517	670	18,156	\$145,572.30
ID WAIVER SERVICE	752	1,548	175,236	\$2,401,467.36
CHILDRENS MENTAL HEALTH SVC	46	73	12,646	\$46,447.81
AIDS WAIVER SERVICES	0	0	0	\$0.00
ELDERLY WAIVER SERVICES	19	62	1,798	\$25,513.57
ILL & HANDICAPPED WAIVER SVCS	337	461	36,041	\$510,751.51
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00
MEP SERVICES	745	952	6,141	\$396,269.92
UNASSIGNED	1	0	0	\$168,655.50-
* A L L C A T E G O R I E S *	622,779	1,078,548	3,060,859	\$461,447,498.49
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