

TITLE XIX REPORT OF EXPENDITURES
(BY CATEGORY OF SERVICE)
(FISCAL YTD TOTALS AS OF 09/30/19)

CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE	TOTAL PAYMENT
INPATIENT	3,354	3,307	19,884	\$39,801,087.74
OUTPATIENT	15,072	29,186	2,933,884	\$7,714,728.35
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	180	255	3,698	\$694,018.30
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	1,280	2,356	65,019	\$14,123,240.72
INTER CARE MENTAL RETARDA	50	142	4,025	\$1,786,600.10
NURSING FAC FOR MENTAL ILL	3	3	92	\$10,025.32-
HOME HEALTH	1,665	3,426	1,252,177	\$5,034,842.89
LEAD INSPECTION AGENCY	0	0	0	\$0.00
PHYSICIAN	21,485	69,477	176,580	\$2,875,330.40
CLINIC SERVICES	5,948	9,781	9,123	\$10,617,295.50
MEP CASE MANAGEMENT	0	0	0	\$0.00
EHR INCENTIVE PAYMENTS	1	0	0	\$736,667.00
LAB AND RADIOLOGICAL	3,418	6,455	14,694	\$369,058.95
HABILITATION SERVICES	61	459	3,415	\$310,866.35
BEHAVIORAL HLTH INTERVENTN SVC	261	891	8,081	\$73,551.78-
REHAB SUPPORT SERVICES	3	3	60	\$3,064.20
AMBULANCE SERVICES	1,264	1,641	1,617	\$179,352.27
LOCAL EDUCATION AGENCY	2,599	48,363	464,078	\$6,654,295.36
INFANT TODDLER	576	1,665	4,271	\$49,521.00
IHAWP WELLNESS EXAM BONUS	0	0	0	\$0.00
ACO VIS PAYMENTS	0	0	0	\$0.00
PRESCRIBED DRUGS	8,741	54,552	44,238	\$3,379,008.02
IOWA-PLAN-PMIC	0	0	0	\$0.00
DRUG CAPITATION	0	0	0	\$0.00
NEMT SERVICES	30,952	30,848	28,476	\$76,519.23
INDIAN HEALTH SERVICES	0	0	0	\$0.00
FAMILY PLANNING SERVICES	556	828	837	\$53,180.65
IOWA CARE MED HOME CAPITATION	0	0	0	\$0.00
IOWA PLAN PROGRAM	0	0	0	\$0.00
MANAGED SUBSTANCE ABUSE	1	0	0	\$328.30-
MENTAL HEALTH ACCESS PLAN	0	0	0	\$0.00
EPSDT SCREENING	8,151	8,367	8,322	\$780,805.60
HMO SERVICES	0	0	0	\$0.00
PACE SERVICES	593	1,692	1,685	\$6,392,356.90
PATIENT MANAGEMENT	0	0	0	\$0.00
HEALTH INS PREMIUM PAYMENT	2,466	15,355	15,355	\$1,539,723.21
MEDICAL SUPPLIES	2,919	7,810	377,745	\$596,448.68
HEALTH HOME PROVIDER	360	890	886	\$124,268.30
TCM PAYMENTS TO IOWAPLAN	0	0	0	\$0.00
IHAWP QHP	0	0	0	\$0.00
MCO	671,688	1,789,732	1,783,597	\$1,356,226,943.37
OTHER PRACTITIONER	8,678	31,821	79,109	\$3,733,731.53

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 09/30/19)

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	67,512	86,896	87,014	\$12,886,572.89
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0	\$0.00
OPTOMETRIST	1,243	1,450	1,672	\$77,703.87
CHIROPRACTIC	854	2,559	3,152	\$52,446.17
IOWA-PLAN-HAB	0	0	0	\$0.00
PODIATRIC	512	800	1,083	\$36,430.87
DELTA DENTAL	335,675	974,984	972,957	\$16,892,932.29
PHYSICAL DISABILITIES SVCS	9	33	6,329	\$18,183.33
BRAIN INJ WAIVER SERVICES	162	1,051	62,160	\$987,141.10
PSYCHIATRIC	2,346	4,635	5,942	\$352,005.92
RESIDENTIAL CARE FACILITY	629	1,844	51,139	\$429,556.81
ID WAIVER SERVICE	788	4,269	365,781	\$6,823,550.28
CHILDRENS MENTAL HEALTH SVC	60	249	45,408	\$174,163.64
AIDS WAIVER SERVICES	0	0	0	\$0.00
ELDERLY WAIVER SERVICES	23	168	4,227	\$61,198.49
ILL & HANDICAPPED WAIVER SVCS	359	1,242	98,174	\$1,432,219.82
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00
MEP SERVICES	769	2,759	17,745	\$1,145,888.32
UNASSIGNED	1	0	0	\$337,572.59-
* A L L C A T E G O R I E S *	696,150	3,202,244	9,023,731	\$1,504,801,470.43
		*** END OF REPORT ***		