

TITLE XIX REPORT OF EXPENDITURES
(BY CATEGORY OF SERVICE)
(FISCAL YTD TOTALS AS OF 12/31/19)

CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE	TOTAL PAYMENT
INPATIENT	5,294	5,779	33,751	\$79,527,792.92
OUTPATIENT	23,320	52,951	5,922,851	\$14,457,026.90
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	275	426	6,289	\$1,310,397.26
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	1,509	3,591	100,009	\$24,520,770.44
INTER CARE MENTAL RETARDA	55	277	7,737	\$3,460,814.95
NURSING FAC FOR MENTAL ILL	3	3	92	\$10,025.32-
HOME HEALTH	2,274	6,457	2,153,640	\$9,786,437.53
LEAD INSPECTION AGENCY	0	0	0	\$0.00
PHYSICIAN	29,888	121,782	335,172	\$13,141,994.19
CLINIC SERVICES	9,361	17,194	16,174	\$20,994,119.09
MEP CASE MANAGEMENT	0	0	0	\$0.00
EHR INCENTIVE PAYMENTS	1	0	0	\$821,293.00
LAB AND RADIOLOGICAL	5,145	10,669	23,920	\$477,759.81
HABILITATION SERVICES	70	807	5,493	\$560,247.89
BEHAVIORAL HLTH INTERVENTN SVC	322	1,837	14,853	\$48,357.51
REHAB SUPPORT SERVICES	7	29	346	\$19,031.58
AMBULANCE SERVICES	2,000	2,713	2,664	\$251,000.10
LOCAL EDUCATION AGENCY	4,629	189,406	1,679,573	\$27,091,339.80
INFANT TODDLER	773	2,796	6,633	\$78,617.44
IHAWP WELLNESS EXAM BONUS	0	0	0	\$0.00
ACO VIS PAYMENTS	0	0	0	\$0.00
PRESCRIBED DRUGS	11,662	100,433	81,262	\$6,253,907.62
IOWA-PLAN-PMIC	0	0	0	\$0.00
DRUG CAPITATION	0	0	0	\$0.00
NEMT SERVICES	33,518	59,488	53,938	\$140,057.07
INDIAN HEALTH SERVICES	0	0	0	\$0.00
FAMILY PLANNING SERVICES	923	1,651	1,668	\$113,787.55
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	17,654	19,180	19,110	\$1,515,741.22
HMO SERVICES	0	0	0	\$0.00
PACE SERVICES	628	3,398	3,390	\$12,836,278.40
PATIENT MANAGEMENT	0	0	0	\$0.00
HEALTH INS PREMIUM PAYMENT	2,582	30,711	30,711	\$3,068,492.49
MEDICAL SUPPLIES	4,276	15,143	725,715	\$953,179.70
HEALTH HOME PROVIDER	397	1,535	1,530	\$216,223.65
TCM PAYMENTS TO IOWAPLAN	0	0	0	\$0.00
IHAWP QHP	0	0	0	\$0.00
MCO	702,065	3,958,289	3,945,493	\$2,853,587,779.88
OTHER PRACTITIONER	13,885	83,060	166,088	\$8,969,759.88

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 12/31/19)

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	114,012	165,973	166,309	\$24,888,139.99
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0	\$0.00
OPTOMETRIST	2,135	2,628	3,072	\$140,952.54
CHIROPRACTIC	1,158	4,811	5,847	\$89,859.96
IOWA-PLAN-HAB	0	0	0	\$0.00
PODIATRIC	787	1,501	2,061	\$52,110.36
DELTA DENTAL	358,202	1,970,160	1,965,284	\$41,249,541.89
PHYSICAL DISABILITIES SVCS	9	67	10,982	\$35,057.32
BRAIN INJ WAIVER SERVICES	166	1,984	103,149	\$1,961,321.85
PSYCHIATRIC	3,269	8,432	10,631	\$603,898.41
RESIDENTIAL CARE FACILITY	700	3,532	96,828	\$787,417.65
ID WAIVER SERVICE	819	7,929	567,381	\$13,012,878.17
CHILDRENS MENTAL HEALTH SVC	64	446	80,173	\$313,248.09
AIDS WAIVER SERVICES	1	1	120	\$612.00
ELDERLY WAIVER SERVICES	44	310	7,679	\$99,770.49
SICK & HANDICAPPED WAIVER SVCS	377	2,289	167,667	\$2,773,741.43
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00
MEP SERVICES	779	5,362	35,966	\$2,322,964.92
UNASSIGNED	2	0	0	\$63,985.46-
* A L L C A T E G O R I E S *	730,475	6,865,030	18,561,251	\$3,172,459,383.86
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