

TITLE XIX REPORT OF EXPENDITURES  
(BY CATEGORY OF SERVICE)  
(FISCAL YTD TOTALS AS OF 01/31/20)

CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE	TOTAL PAYMENT
INPATIENT	5,764	6,409	36,719	\$97,340,358.39
OUTPATIENT	24,876	59,306	6,682,890	\$16,222,902.17
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	290	477	6,982	\$1,475,182.10
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	1,563	4,000	111,649	\$28,208,427.86
INTER CARE MENTAL RETARDA	55	318	8,896	\$4,001,387.04
NURSING FAC FOR MENTAL ILL	3	3	92	\$10,025.32-
HOME HEALTH	2,378	7,220	2,299,101	\$10,698,115.41
LEAD INSPECTION AGENCY	0	0	0	\$0.00
PHYSICIAN	31,882	137,599	375,580	\$14,029,362.53
CLINIC SERVICES	10,183	19,361	18,205	\$23,581,896.66
MEP CASE MANAGEMENT	0	0	0	\$0.00
EHR INCENTIVE PAYMENTS	1	0	0	\$821,293.00
LAB AND RADIOLOGICAL	5,598	11,753	26,585	\$514,207.88
HABILITATION SERVICES	75	998	6,338	\$656,080.72
BEHAVIORAL HLTH INTERVENTN SVC	328	2,087	16,629	\$89,268.75
REHAB SUPPORT SERVICES	7	51	428	\$23,609.64
AMBULANCE SERVICES	2,177	3,000	2,950	\$274,392.94
LOCAL EDUCATION AGENCY	4,935	230,917	2,156,432	\$34,370,633.22
INFANT TODDLER	969	4,491	10,510	\$133,144.95
IHAWP WELLNESS EXAM BONUS	0	0	0	\$0.00
ACO VIS PAYMENTS	0	0	0	\$0.00
PRESCRIBED DRUGS	12,667	116,418	94,133	\$7,206,487.63
IOWA-PLAN-PMIC	0	0	0	\$0.00
DRUG CAPITATION	0	0	0	\$0.00
NEMT SERVICES	34,355	69,081	63,513	\$163,132.56
INDIAN HEALTH SERVICES	0	0	0	\$0.00
FAMILY PLANNING SERVICES	1,017	1,941	1,963	\$134,127.91
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	19,844	22,217	22,145	\$1,691,672.15
HMO SERVICES	0	0	0	\$0.00
PACE SERVICES	643	3,978	3,969	\$15,025,233.10
PATIENT MANAGEMENT	0	0	0	\$0.00
HEALTH INS PREMIUM PAYMENT	2,643	35,652	35,652	\$3,615,579.33
MEDICAL SUPPLIES	4,533	17,228	834,496	\$1,091,485.79
HEALTH HOME PROVIDER	410	1,729	1,724	\$249,710.70
TCM PAYMENTS TO IOWAPLAN	0	0	0	\$0.00
IHAWP QHP	0	0	0	\$0.00
MCO	712,588	4,563,386	4,549,020	\$3,241,538,424.20
OTHER PRACTITIONER	15,802	103,186	206,644	\$11,281,965.49

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 01/31/20)

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	122,131	186,873	187,237	\$28,037,276.46
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0	\$0.00
OPTOMETRIST	2,353	2,949	3,456	\$159,369.53
CHIROPRACTIC	1,239	5,419	6,603	\$102,577.01
IOWA-PLAN-HAB	0	0	0	\$0.00
PODIATRIC	849	1,702	2,333	\$57,403.10
DELTA DENTAL	365,986	2,304,762	2,299,531	\$47,174,612.57
PHYSICAL DISABILITIES SVCS	9	80	13,255	\$43,371.58
BRAIN INJ WAIVER SERVICES	166	2,341	117,440	\$2,291,425.00
PSYCHIATRIC	3,490	9,431	11,919	\$667,117.56
RESIDENTIAL CARE FACILITY	720	4,046	111,182	\$910,795.72
ID WAIVER SERVICE	826	9,184	634,727	\$15,196,417.34
CHILDRENS MENTAL HEALTH SVC	64	489	89,677	\$350,188.59
AIDS WAIVER SERVICES	1	1	120	\$612.00
ELDERLY WAIVER SERVICES	46	368	9,802	\$126,431.94
ILL & HANDICAPPED WAIVER SVCS	382	2,713	195,749	\$3,259,503.98
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00
MEP SERVICES	792	6,243	41,909	\$2,706,882.72
UNASSIGNED	2	0	0	\$940,497.98
* A L L C A T E G O R I E S *	741,754	7,959,407	21,298,185	\$3,616,452,211.58
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