

TITLE XIX REPORT OF EXPENDITURES
(BY CATEGORY OF SERVICE)
(FISCAL YTD TOTALS AS OF 03/31/20)

CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE	TOTAL PAYMENT
INPATIENT	6,959	8,006	44,365	\$122,046,960.34
OUTPATIENT	28,073	75,255	8,869,265	\$19,266,151.93
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	334	593	8,481	\$2,038,961.93
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	1,631	4,692	130,844	\$33,835,310.32
INTER CARE MENTAL RETARDA	57	399	11,257	\$5,056,242.04
NURSING FAC FOR MENTAL ILL	3	3	92	\$10,025.32-
HOME HEALTH	2,647	8,989	3,194,029	\$13,006,374.43
LEAD INSPECTION AGENCY	0	0	0	\$0.00
PHYSICIAN	36,030	173,255	475,351	\$16,147,442.50
CLINIC SERVICES	12,020	24,500	23,113	\$32,460,841.81
MEP CASE MANAGEMENT	0	0	0	\$0.00
EHR INCENTIVE PAYMENTS	1	0	0	\$1,169,783.00
LAB AND RADIOLOGICAL	6,603	14,435	33,036	\$609,010.14
HABILITATION SERVICES	82	1,337	8,788	\$873,891.99
BEHAVIORAL HLTH INTERVENTN SVC	349	2,646	20,099	\$171,246.11
REHAB SUPPORT SERVICES	9	98	628	\$589,428.28-
AMBULANCE SERVICES	2,627	3,757	3,692	\$326,709.56
LOCAL EDUCATION AGENCY	5,450	352,561	2,934,921	\$49,616,547.11
INFANT TODDLER	1,042	4,996	11,684	\$148,207.17
IHAWP WELLNESS EXAM BONUS	1	0	0	\$263.96-
ACO VIS PAYMENTS	0	0	0	\$0.00
PRESCRIBED DRUGS	14,573	153,690	124,346	\$9,419,804.69
IOWA-PLAN-PMIC	0	0	0	\$0.00
DRUG CAPITATION	0	0	0	\$0.00
NEMT SERVICES	35,945	87,990	80,913	\$206,162.72
INDIAN HEALTH SERVICES	0	0	0	\$0.00
FAMILY PLANNING SERVICES	1,261	2,628	2,653	\$182,131.74
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	25,607	30,427	30,336	\$2,177,343.14
HMO SERVICES	0	0	0	\$0.00
PACE SERVICES	668	5,159	5,136	\$19,435,985.77
PATIENT MANAGEMENT	0	0	0	\$0.00
HEALTH INS PREMIUM PAYMENT	2,704	45,136	45,136	\$4,540,154.92
MEDICAL SUPPLIES	4,994	22,243	1,099,064	\$1,525,233.66
HEALTH HOME PROVIDER	434	2,193	2,188	\$316,536.76
TCM PAYMENTS TO IOWAPLAN	0	0	0	\$0.00
IHAWP QHP	0	0	0	\$0.00
MCO	731,917	5,767,755	5,751,253	\$4,107,199,618.03
OTHER PRACTITIONER	18,230	138,084	271,782	\$15,256,633.76

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 03/31/20)

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	135,201	232,406	232,782	\$34,935,321.22
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0	\$0.00
OPTOMETRIST	2,835	3,712	4,329	\$208,568.68
CHIROPRACTIC	1,383	6,712	8,031	\$132,065.64
IOWA-PLAN-HAB	0	0	0	\$0.00
PODIATRIC	1,023	2,267	3,264	\$92,845.60
DELTA DENTAL	380,216	2,972,517	2,965,970	\$58,979,158.11
PHYSICAL DISABILITIES SVCS	9	102	15,897	\$53,074.16
BRAIN INJ WAIVER SERVICES	169	2,973	140,655	\$2,976,404.21
PSYCHIATRIC	4,094	12,084	15,110	\$851,478.21
RESIDENTIAL CARE FACILITY	752	5,110	139,667	\$1,133,142.18
ID WAIVER SERVICE	837	11,564	751,681	\$18,160,086.14
CHILDRENS MENTAL HEALTH SVC	66	621	111,932	\$443,639.33
AIDS WAIVER SERVICES	1	1	120	\$612.00
ELDERLY WAIVER SERVICES	52	470	13,894	\$166,317.76
ILL & HANDICAPPED WAIVER SVCS	389	3,461	238,943	\$4,157,416.84
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00
MEP SERVICES	804	7,720	53,476	\$3,454,110.92
UNASSIGNED	2	0	0	\$954,205.73
* A L L C A T E G O R I E S *	762,689	10,192,547	27,878,203	\$4,583,131,686.44
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