

TITLE XIX REPORT OF EXPENDITURES
(BY CATEGORY OF SERVICE)
(FISCAL YTD TOTALS AS OF 11/30/18)

CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE	TOTAL PAYMENT
INPATIENT	6,280	7,035	41,823	\$73,140,932.93
OUTPATIENT	46,516	67,147	7,774,745	\$16,883,310.40
CHILD PART HOSP	1	0	0	\$18.07-
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	367	670	8,629	\$1,552,310.33
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	1,942	4,401	122,094	\$25,837,408.64
INTER CARE MENTAL RETARDA	49	194	5,410	\$2,184,331.73
NURSING FAC FOR MENTAL ILL	7	8	236	\$36,033.37
HOME HEALTH	2,647	6,536	1,034,872	\$9,702,641.55
LEAD INSPECTION AGENCY	0	0	0	\$0.00
PHYSICIAN	41,952	152,562	323,307	\$9,669,144.26
CLINIC SERVICES	12,460	22,482	23,477	\$16,247,035.67
MEP CASE MANAGEMENT	0	0	0	\$0.00
EHR INCENTIVE PAYMENTS	1	0	0	\$404,644.30
LAB AND RADIOLOGICAL	6,434	11,750	27,509	\$470,595.40
HABILITATION SERVICES	195	2,091	11,130	\$794,173.17
BEHAVIORAL HLTH INTERVENTN SVC	341	3,100	38,316	\$788,056.83
REHAB SUPPORT SERVICES	4	11	55	\$2,925.67
AMBULANCE SERVICES	2,615	3,703	3,647	\$447,839.88
LOCAL EDUCATION AGENCY	3,768	129,975	1,233,756	\$18,562,465.32
INFANT TODDLER	274	853	2,144	\$24,282.21
IHAWP WELLNESS EXAM BONUS	0	0	0	\$0.00
ACO VIS PAYMENTS	0	0	0	\$0.00
PRESCRIBED DRUGS	24,281	136,023	106,994	\$6,276,258.06
IOWA-PLAN-PMIC	0	0	0	\$0.00
DRUG CAPITATION	0	0	0	\$0.00
NEMT SERVICES	55,018	81,125	78,852	\$202,294.97
INDIAN HEALTH SERVICES	0	0	0	\$0.00
FAMILY PLANNING SERVICES	861	1,488	1,489	\$98,615.39
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	15,260	16,617	16,584	\$2,329,289.08
HMO SERVICES	0	0	0	\$0.00
PACE SERVICES	547	2,442	2,440	\$9,186,095.03
PATIENT MANAGEMENT	1	0	0	\$68.36-
HEALTH INS PREMIUM PAYMENT	2,839	29,630	29,630	\$2,735,738.03
MEDICAL SUPPLIES	5,904	17,831	743,314	\$1,356,948.63
HEALTH HOME PROVIDER	693	2,186	2,160	\$282,619.78
TCM PAYMENTS TO IOWAPLAN	0	0	0	\$0.00
IHAWP QHP	0	0	0	\$0.00
MCO	778,314	2,867,884	2,857,472	\$2,008,847,955.87
OTHER PRACTITIONER	16,030	73,955	171,489	\$8,113,115.43

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 11/30/18)

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	100,601	138,987	139,211	\$19,953,324.42
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0	\$0.00
OPTOMETRIST	3,316	4,062	4,522	\$253,824.21
CHIROPRACTIC	1,536	5,103	6,242	\$119,383.01
IOWA-PLAN-HAB	0	0	0	\$0.00
PODIATRIC	1,012	1,784	2,502	\$81,562.39
DELTA DENTAL	340,799	1,553,226	1,549,678	\$26,028,011.56
PHYSICAL DISABILITIES SVCS	14	65	12,513	\$42,074.82
BRAIN INJ WAIVER SERVICES	212	1,770	159,832	\$1,697,788.45
PSYCHIATRIC	4,514	11,536	14,470	\$886,954.58
RESIDENTIAL CARE FACILITY	682	2,959	83,687	\$670,574.40
ID WAIVER SERVICE	987	7,201	491,547	\$9,624,576.42
CHILDRENS MENTAL HEALTH SVC	65	391	69,450	\$272,505.89
AIDS WAIVER SERVICES	0	0	0	\$0.00
ELDERLY WAIVER SERVICES	504	1,276	34,204	\$564,801.75
ILL & HANDICAPPED WAIVER SVCS	419	2,125	173,119	\$2,609,345.73
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00
MEP SERVICES	1,268	5,235	33,635	\$2,359,397.74
UNASSIGNED	3	0	0	\$90,821.49-
* A L L C A T E G O R I E S *	809,212	5,377,419	17,436,186	\$2,281,250,279.38
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