

TITLE XIX REPORT OF EXPENDITURES  
(BY CATEGORY OF SERVICE)  
(FISCAL YTD TOTALS AS OF 01/31/19)

CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE	TOTAL PAYMENT
INPATIENT	8,296	9,660	58,998	\$101,581,152.91
OUTPATIENT	53,512	90,534	9,600,271	\$22,855,990.02
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	457	863	12,166	\$2,439,799.50
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	2,487	6,253	172,952	\$36,257,467.59
INTER CARE MENTAL RETARDA	54	279	7,786	\$3,150,654.93
NURSING FAC FOR MENTAL ILL	9	16	426	\$77,217.22
HOME HEALTH	3,274	8,982	1,586,298	\$13,697,765.20
LEAD INSPECTION AGENCY	0	0	0	\$0.00
PHYSICIAN	52,257	211,507	446,511	\$23,344,322.03
CLINIC SERVICES	16,389	31,119	31,841	\$21,773,085.06
MEP CASE MANAGEMENT	0	0	0	\$0.00
EHR INCENTIVE PAYMENTS	1	0	0	\$515,095.49
LAB AND RADIOLOGICAL	8,313	16,241	37,860	\$676,914.92
HABILITATION SERVICES	213	2,371	13,185	\$989,487.13
BEHAVIORAL HLTH INTERVENTN SVC	407	4,291	55,683	\$1,100,675.87
REHAB SUPPORT SERVICES	4	11	55	\$2,925.67
AMBULANCE SERVICES	3,517	5,140	5,084	\$622,059.53
LOCAL EDUCATION AGENCY	4,803	236,122	2,386,032	\$36,443,609.37
INFANT TODDLER	293	1,004	2,486	\$27,890.85
IHAWP WELLNESS EXAM BONUS	0	0	0	\$0.00
ACO VIS PAYMENTS	0	0	0	\$0.00
PRESCRIBED DRUGS	30,238	187,373	148,948	\$8,814,818.48
IOWA-PLAN-PMIC	0	0	0	\$0.00
DRUG CAPITATION	0	0	0	\$0.00
NEMT SERVICES	65,745	111,906	109,604	\$276,405.34
INDIAN HEALTH SERVICES	0	0	0	\$0.00
FAMILY PLANNING SERVICES	1,187	2,368	2,364	\$149,793.38
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	21,523	24,594	24,441	\$3,287,549.32
HMO SERVICES	0	0	0	\$0.00
PACE SERVICES	578	3,507	3,499	\$11,968,199.11
PATIENT MANAGEMENT	1	0	0	\$68.36-
HEALTH INS PREMIUM PAYMENT	2,930	41,527	41,527	\$3,897,266.30
MEDICAL SUPPLIES	7,206	24,534	1,015,344	\$1,857,795.43
HEALTH HOME PROVIDER	737	2,832	2,799	\$368,029.91
TCM PAYMENTS TO IOWAPLAN	0	0	0	\$0.00
IHAWP QHP	0	0	0	\$0.00
MCO	794,374	4,018,833	4,005,292	\$2,900,669,513.27
OTHER PRACTITIONER	21,355	115,956	259,101	\$12,981,091.76

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 01/31/19)

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	124,962	190,452	190,831	\$27,499,116.07
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0	\$0.00
OPTOMETRIST	4,370	5,534	6,146	\$344,991.57
CHIROPRACTIC	1,876	6,877	8,375	\$161,738.82
IOWA-PLAN-HAB	0	0	0	\$0.00
PODIATRIC	1,232	2,384	3,747	\$106,570.35
DELTA DENTAL	354,370	2,175,773	2,170,379	\$36,197,394.89
PHYSICAL DISABILITIES SVCS	14	87	15,982	\$53,906.62
BRAIN INJ WAIVER SERVICES	231	2,412	187,640	\$2,297,576.84
PSYCHIATRIC	5,659	15,766	19,774	\$1,227,773.86
RESIDENTIAL CARE FACILITY	739	4,179	117,160	\$923,564.56
ID WAIVER SERVICE	1,046	9,884	640,359	\$9,890,172.52
CHILDRENS MENTAL HEALTH SVC	69	526	93,156	\$365,153.89
AIDS WAIVER SERVICES	1	0	0	\$0.00
ELDERLY WAIVER SERVICES	542	1,402	38,331	\$622,684.49
ILL & HANDICAPPED WAIVER SVCS	440	2,892	224,527	\$3,558,016.92
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00
MEP SERVICES	1,308	8,360	49,058	\$3,338,848.24
UNASSIGNED	3	0	0	\$436,931.03-
* A L L C A T E G O R I E S *	826,731	7,584,351	23,796,018	\$3,295,977,067.77
		*** END OF REPORT ***		