

TITLE XIX REPORT OF EXPENDITURES
(BY CATEGORY OF SERVICE)
(FISCAL YTD TOTALS AS OF 08/31/19)

CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE	TOTAL PAYMENT
INPATIENT	2,524	2,345	14,496	\$27,536,560.01
OUTPATIENT	11,809	20,030	1,871,577	\$5,209,480.04
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	147	182	2,576	\$485,970.38
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	1,098	1,760	48,476	\$10,030,576.85
INTER CARE MENTAL RETARDA	50	95	2,692	\$1,198,730.38
NURSING FAC FOR MENTAL ILL	2	3	92	\$13,474.68
HOME HEALTH	1,312	2,182	1,011,048	\$3,141,181.50
LEAD INSPECTION AGENCY	0	0	0	\$0.00
PHYSICIAN	17,055	48,202	120,164	\$2,647,198.68
CLINIC SERVICES	4,253	6,398	5,863	\$6,523,402.40
MEP CASE MANAGEMENT	0	0	0	\$0.00
EHR INCENTIVE PAYMENTS	1	0	0	\$575,167.00
LAB AND RADIOLOGICAL	2,471	4,417	9,931	\$256,832.00
HABILITATION SERVICES	51	299	2,283	\$168,287.15
BEHAVIORAL HLTH INTERVENTN SVC	192	637	5,691	\$73,906.53
REHAB SUPPORT SERVICES	3	3	60	\$3,064.20
AMBULANCE SERVICES	924	1,124	1,106	\$133,913.42
LOCAL EDUCATION AGENCY	2,040	30,280	348,813	\$5,031,388.49
INFANT TODDLER	418	1,020	2,720	\$31,008.93
IHAWP WELLNESS EXAM BONUS	0	0	0	\$0.00
ACO VIS PAYMENTS	0	0	0	\$0.00
PRESCRIBED DRUGS	7,349	36,509	29,532	\$2,309,946.88
IOWA-PLAN-PMIC	0	0	0	\$0.00
DRUG CAPITATION	0	0	0	\$0.00
NEMT SERVICES	30,159	21,450	19,097	\$52,628.06
INDIAN HEALTH SERVICES	0	0	0	\$0.00
FAMILY PLANNING SERVICES	364	504	503	\$30,099.62
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	4,666	4,696	4,655	\$536,527.98
HMO SERVICES	0	0	0	\$0.00
PACE SERVICES	576	1,123	1,117	\$4,234,871.90
PATIENT MANAGEMENT	0	0	0	\$0.00
HEALTH INS PREMIUM PAYMENT	2,432	10,991	10,991	\$1,123,282.09
MEDICAL SUPPLIES	2,424	5,179	253,553	\$417,726.62
HEALTH HOME PROVIDER	316	556	556	\$77,879.00
TCM PAYMENTS TO IOWAPLAN	0	0	0	\$0.00
IHAWP QHP	0	0	0	\$0.00
MCO	660,090	1,190,947	1,186,448	\$921,427,433.96
OTHER PRACTITIONER	6,400	18,636	54,932	\$2,365,458.67

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 08/31/19)

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	45,350	54,915	54,978	\$8,258,184.66
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0	\$0.00
OPTOMETRIST	858	978	1,123	\$53,365.14
CHIROPRACTIC	684	1,736	2,163	\$37,088.54
IOWA-PLAN-HAB	0	0	0	\$0.00
PODIATRIC	363	504	671	\$24,041.48
DELTA DENTAL	327,343	645,933	644,142	\$11,071,228.50
PHYSICAL DISABILITIES SVCS	7	25	4,709	\$14,882.33
BRAIN INJ WAIVER SERVICES	162	724	42,712	\$652,385.47
PSYCHIATRIC	1,710	3,198	4,168	\$264,060.29
RESIDENTIAL CARE FACILITY	598	1,234	34,278	\$283,554.57
ID WAIVER SERVICE	777	2,887	276,991	\$4,552,146.19
CHILDRENS MENTAL HEALTH SVC	59	144	24,642	\$97,026.08
AIDS WAIVER SERVICES	0	0	0	\$0.00
ELDERLY WAIVER SERVICES	21	113	3,026	\$46,134.04
ILL & HANDICAPPED WAIVER SVCS	349	839	66,946	\$978,845.35
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00
MEP SERVICES	762	1,870	11,914	\$769,205.72
UNASSIGNED	1	0	0	\$422,566.34
* A L L C A T E G O R I E S *	682,673	2,124,668	6,181,435	\$1,023,160,712.12
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