

TITLE XIX REPORT OF EXPENDITURES  
(BY CATEGORY OF SERVICE)  
(FISCAL YTD TOTALS AS OF 10/31/19)

CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE	TOTAL PAYMENT
INPATIENT	3,966	4,040	23,940	\$51,464,385.46
OUTPATIENT	17,231	36,561	3,902,958	\$9,685,186.93
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	212	307	4,485	\$898,438.00
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	1,408	2,834	78,478	\$17,836,681.26
INTER CARE MENTAL RETARDA	52	187	5,318	\$2,384,152.95
NURSING FAC FOR MENTAL ILL	3	3	92	\$10,025.32-
HOME HEALTH	1,895	4,451	1,453,153	\$6,480,087.55
LEAD INSPECTION AGENCY	0	0	0	\$0.00
PHYSICIAN	24,529	86,261	229,937	\$3,374,815.56
CLINIC SERVICES	7,202	12,331	11,606	\$14,147,826.78
MEP CASE MANAGEMENT	0	0	0	\$0.00
EHR INCENTIVE PAYMENTS	1	0	0	\$821,667.00
LAB AND RADIOLOGICAL	3,987	7,923	18,327	\$420,873.97
HABILITATION SERVICES	65	566	4,098	\$416,063.03
BEHAVIORAL HLTH INTERVENTN SVC	283	1,155	9,986	\$56,051.43-
REHAB SUPPORT SERVICES	5	14	265	\$13,533.55
AMBULANCE SERVICES	1,543	2,005	1,967	\$194,705.34
LOCAL EDUCATION AGENCY	3,347	80,606	715,376	\$10,760,665.68
INFANT TODDLER	668	2,055	5,209	\$60,633.63
IHAWP WELLNESS EXAM BONUS	0	0	0	\$0.00
ACO VIS PAYMENTS	0	0	0	\$0.00
PRESCRIBED DRUGS	9,776	69,170	56,149	\$4,294,161.03
IOWA-PLAN-PMIC	0	0	0	\$0.00
DRUG CAPITATION	0	0	0	\$0.00
NEMT SERVICES	31,798	40,290	37,913	\$99,262.40
INDIAN HEALTH SERVICES	0	0	0	\$0.00
FAMILY PLANNING SERVICES	664	1,048	1,056	\$69,923.35
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	11,175	11,801	11,748	\$1,003,778.90
HMO SERVICES	0	0	0	\$0.00
PACE SERVICES	602	2,259	2,251	\$8,527,894.76
PATIENT MANAGEMENT	0	0	0	\$0.00
HEALTH INS PREMIUM PAYMENT	2,505	20,977	20,977	\$2,121,457.00
MEDICAL SUPPLIES	3,382	10,139	487,494	\$754,336.78
HEALTH HOME PROVIDER	375	1,101	1,097	\$154,781.65
TCM PAYMENTS TO IOWAPLAN	0	0	0	\$0.00
IHAWP QHP	0	0	0	\$0.00
MCO	681,887	2,744,666	2,736,585	\$1,974,933,453.84
OTHER PRACTITIONER	10,388	44,682	101,108	\$4,987,365.60

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 10/31/19)

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	84,615	113,784	114,017	\$16,995,495.22
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0	\$0.00
OPTOMETRIST	1,561	1,840	2,122	\$98,165.64
CHIROPRACTIC	983	3,372	4,159	\$64,065.12
IOWA-PLAN-HAB	0	0	0	\$0.00
PODIATRIC	624	1,047	1,438	\$41,432.63
DELTA DENTAL	343,218	1,304,898	1,301,787	\$29,502,641.11
PHYSICAL DISABILITIES SVCS	9	43	8,026	\$24,453.83
BRAIN INJ WAIVER SERVICES	162	1,379	77,726	\$1,308,351.63
PSYCHIATRIC	2,668	5,825	7,394	\$434,357.51
RESIDENTIAL CARE FACILITY	642	2,344	64,674	\$532,819.19
ID WAIVER SERVICE	796	5,491	434,717	\$8,699,148.69
CHILDRENS MENTAL HEALTH SVC	63	299	54,789	\$212,209.00
AIDS WAIVER SERVICES	0	0	0	\$0.00
ELDERLY WAIVER SERVICES	23	221	5,460	\$77,828.27
ILL & HANDICAPPED WAIVER SVCS	361	1,611	122,850	\$1,886,167.38
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00
MEP SERVICES	772	3,632	23,444	\$1,514,043.72
UNASSIGNED	1	0	0	\$76,756.44
* A L L C A T E G O R I E S *	707,565	4,633,218	12,144,176	\$2,177,154,149.45
		*** END OF REPORT ***		