

TITLE XIX REPORT OF EXPENDITURES
(BY CATEGORY OF SERVICE)
(FISCAL YTD TOTALS AS OF 11/30/19)

CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE	TOTAL PAYMENT
INPATIENT	4,626	4,900	28,550	\$67,290,596.59
OUTPATIENT	19,459	44,670	4,975,440	\$11,956,359.28
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	225	341	5,010	\$1,130,474.96
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	1,463	3,220	89,691	\$21,340,541.04
INTER CARE MENTAL RETARDA	54	225	6,372	\$2,851,599.72
NURSING FAC FOR MENTAL ILL	3	3	92	\$10,025.32-
HOME HEALTH	2,072	5,367	1,699,502	\$8,047,049.72
LEAD INSPECTION AGENCY	0	0	0	\$0.00
PHYSICIAN	27,258	103,467	281,667	\$4,079,715.35
CLINIC SERVICES	8,340	14,802	13,958	\$17,312,855.04
MEP CASE MANAGEMENT	0	0	0	\$0.00
EHR INCENTIVE PAYMENTS	1	0	0	\$821,293.00
LAB AND RADIOLOGICAL	4,641	9,322	20,782	\$440,260.32
HABILITATION SERVICES	68	689	5,009	\$496,078.41
BEHAVIORAL HLTH INTERVENTN SVC	295	1,446	11,883	\$22,782.96-
REHAB SUPPORT SERVICES	5	14	265	\$13,533.55
AMBULANCE SERVICES	1,779	2,353	2,308	\$221,635.87
LOCAL EDUCATION AGENCY	4,119	126,885	1,096,141	\$17,764,056.66
INFANT TODDLER	731	2,371	5,696	\$67,195.35
IHAWP WELLNESS EXAM BONUS	0	0	0	\$0.00
ACO VIS PAYMENTS	0	0	0	\$0.00
PRESCRIBED DRUGS	10,689	83,544	67,656	\$5,118,193.47
IOWA-PLAN-PMIC	0	0	0	\$0.00
DRUG CAPITATION	0	0	0	\$0.00
NEMT SERVICES	32,707	49,958	47,067	\$122,497.70
INDIAN HEALTH SERVICES	0	0	0	\$0.00
FAMILY PLANNING SERVICES	765	1,274	1,280	\$88,134.01
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	13,925	14,854	14,787	\$1,209,999.55
HMO SERVICES	0	0	0	\$0.00
PACE SERVICES	615	2,823	2,815	\$10,653,888.85
PATIENT MANAGEMENT	0	0	0	\$0.00
HEALTH INS PREMIUM PAYMENT	2,540	25,239	25,239	\$2,531,077.14
MEDICAL SUPPLIES	3,911	12,600	590,584	\$885,370.63
HEALTH HOME PROVIDER	386	1,296	1,291	\$184,226.84
TCM PAYMENTS TO IOWAPLAN	0	0	0	\$0.00
IHAWP QHP	0	0	0	\$0.00
MCO	692,536	3,350,169	3,339,022	\$2,414,514,241.60
OTHER PRACTITIONER	11,820	60,467	126,362	\$6,512,492.15

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 11/30/19)

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	99,890	139,722	140,013	\$20,882,515.15
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0	\$0.00
OPTOMETRIST	1,867	2,252	2,631	\$119,770.92
CHIROPRACTIC	1,058	4,045	4,947	\$75,881.82
IOWA-PLAN-HAB	0	0	0	\$0.00
PODIATRIC	714	1,278	1,745	\$46,376.81
DELTA DENTAL	351,033	1,639,577	1,636,195	\$35,425,179.45
PHYSICAL DISABILITIES SVCS	9	56	9,270	\$28,705.32
BRAIN INJ WAIVER SERVICES	164	1,677	90,649	\$1,628,891.90
PSYCHIATRIC	2,936	6,948	8,765	\$502,055.85
RESIDENTIAL CARE FACILITY	682	3,038	84,491	\$695,893.74
ID WAIVER SERVICE	814	6,734	507,806	\$11,095,389.97
CHILDRENS MENTAL HEALTH SVC	63	349	65,757	\$255,059.52
AIDS WAIVER SERVICES	1	1	120	\$612.00
ELDERLY WAIVER SERVICES	40	263	6,343	\$82,694.92
ILL & HANDICAPPED WAIVER SVCS	373	1,946	143,854	\$2,302,837.96
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00
MEP SERVICES	774	4,319	28,738	\$1,856,036.12
UNASSIGNED	2	0	0	\$285,145.02
* A L L C A T E G O R I E S *	719,302	5,734,504	15,189,793	\$2,670,903,276.69
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