

TITLE XIX REPORT OF EXPENDITURES
(BY CATEGORY OF SERVICE)
(FISCAL YTD TOTALS AS OF 02/29/20)

| CATEGORY OF SERVICE | RECIPIENTS SERVED | NUMBER OF CLAIMS | UNITS OF SERVICE | TOTAL PAYMENT |
|--------------------------------|-------------------|------------------|------------------|--------------------|
| INPATIENT | 6,289 | 7,094 | 39,598 | \$108,821,520.66 |
| OUTPATIENT | 26,406 | 66,279 | 7,545,000 | \$17,445,641.11 |
| 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 | 307 | 523 | 7,727 | \$1,687,352.12 |
| 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 | 1,591 | 4,329 | 121,208 | \$31,282,305.04 |
| INTER CARE MENTAL RETARDA | 56 | 358 | 10,089 | \$4,532,344.81 |
| NURSING FAC FOR MENTAL ILL | 3 | 3 | 92 | \$10,025.32- |
| HOME HEALTH | 2,489 | 8,031 | 2,988,975 | \$11,533,090.29 |
| LEAD INSPECTION AGENCY | 0 | 0 | 0 | \$0.00 |
| PHYSICIAN | 33,830 | 154,028 | 423,170 | \$15,049,371.85 |
| CLINIC SERVICES | 11,078 | 21,737 | 20,441 | \$27,103,416.64 |
| MEP CASE MANAGEMENT | 0 | 0 | 0 | \$0.00 |
| EHR INCENTIVE PAYMENTS | 1 | 0 | 0 | \$846,793.00 |
| LAB AND RADIOLOGICAL | 6,062 | 12,997 | 29,512 | \$558,909.33 |
| HABILITATION SERVICES | 77 | 1,116 | 7,564 | \$730,199.02 |
| BEHAVIORAL HLTH INTERVENTN SVC | 339 | 2,338 | 18,183 | \$126,838.56 |
| REHAB SUPPORT SERVICES | 9 | 77 | 569 | \$31,187.79 |
| AMBULANCE SERVICES | 2,338 | 3,281 | 3,226 | \$293,317.85 |
| LOCAL EDUCATION AGENCY | 5,223 | 291,838 | 2,602,748 | \$42,082,399.81 |
| INFANT TODDLER | 1,024 | 4,885 | 11,384 | \$145,490.34 |
| IHAWP WELLNESS EXAM BONUS | 1 | 0 | 0 | \$263.96- |
| ACO VIS PAYMENTS | 0 | 0 | 0 | \$0.00 |
| PRESCRIBED DRUGS | 13,626 | 133,261 | 107,754 | \$8,199,581.87 |
| IOWA-PLAN-PMIC | 0 | 0 | 0 | \$0.00 |
| DRUG CAPITATION | 0 | 0 | 0 | \$0.00 |
| NEMT SERVICES | 35,203 | 78,577 | 71,502 | \$183,482.21 |
| INDIAN HEALTH SERVICES | 0 | 0 | 0 | \$0.00 |
| FAMILY PLANNING SERVICES | 1,156 | 2,283 | 2,307 | \$157,968.28 |
| 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 | 23,177 | 26,690 | 26,601 | \$1,926,210.65 |
| HMO SERVICES | 0 | 0 | 0 | \$0.00 |
| PACE SERVICES | 661 | 4,566 | 4,557 | \$17,237,837.11 |
| PATIENT MANAGEMENT | 0 | 0 | 0 | \$0.00 |
| HEALTH INS PREMIUM PAYMENT | 2,671 | 39,823 | 39,823 | \$4,020,604.03 |
| MEDICAL SUPPLIES | 4,729 | 19,278 | 937,174 | \$1,271,404.23 |
| HEALTH HOME PROVIDER | 418 | 1,942 | 1,937 | \$283,245.94 |
| TCM PAYMENTS TO IOWAPLAN | 0 | 0 | 0 | \$0.00 |
| IHAWP QHP | 0 | 0 | 0 | \$0.00 |
| MCO | 721,980 | 5,162,543 | 5,147,171 | \$3,671,879,664.69 |
| OTHER PRACTITIONER | 17,013 | 121,872 | 239,740 | \$13,380,627.38 |

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 02/29/20)

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|--------------------------------|----------------------|-----------------------|---------------------|--------------------|
| 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 | 129,117 | 209,754 | 210,161 | \$31,493,812.25 |
| ACCOUNTABLE CARE ORGANIZATIONS | 0 | 0 | 0 | \$0.00 |
| OPTOMETRIST | 2,592 | 3,331 | 3,891 | \$185,843.43 |
| CHIROPRACTIC | 1,308 | 5,967 | 7,242 | \$119,157.74 |
| IOWA-PLAN-HAB | 0 | 0 | 0 | \$0.00 |
| PODIATRIC | 935 | 1,946 | 2,805 | \$74,961.96 |
| DELTA DENTAL | 373,058 | 2,637,068 | 2,631,225 | \$53,053,722.95 |
| PHYSICAL DISABILITIES SVCS | 9 | 90 | 14,955 | \$49,638.10 |
| BRAIN INJ WAIVER SERVICES | 168 | 2,647 | 127,257 | \$2,638,413.86 |
| PSYCHIATRIC | 3,742 | 10,498 | 13,226 | \$743,518.05 |
| RESIDENTIAL CARE FACILITY | 741 | 4,616 | 127,089 | \$1,045,619.52 |
| ID WAIVER SERVICE | 833 | 10,311 | 689,418 | \$17,246,995.99 |
| CHILDRENS MENTAL HEALTH SVC | 64 | 546 | 99,448 | \$390,781.32 |
| AIDS WAIVER SERVICES | 1 | 1 | 120 | \$612.00 |
| ELDERLY WAIVER SERVICES | 50 | 422 | 11,855 | \$147,747.80 |
| ILL & HANDICAPPED WAIVER SVCS | 386 | 3,052 | 213,829 | \$3,681,031.35 |
| COUNTY OFFICE REIMBURSEMENT | 0 | 0 | 0 | \$0.00 |
| MEP SERVICES | 799 | 6,886 | 47,403 | \$3,061,795.12 |
| UNASSIGNED | 2 | 0 | 0 | \$36,377.10- |
| * A L L C A T E G O R I E S * | 752,053 | 9,066,884 | 24,607,976 | \$4,094,697,461.37 |
| | | *** END OF REPORT *** | | |