

TITLE XIX REPORT OF EXPENDITURES
(BY CATEGORY OF SERVICE)
(FISCAL YTD TOTALS AS OF 06/30/20)

CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE	TOTAL PAYMENT
INPATIENT	8,345	9,953	53,585	\$158,807,797.56
OUTPATIENT	30,783	92,193	13,141,290	\$23,561,968.07
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	369	708	10,650	\$2,862,154.14
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	1,703	5,658	159,184	\$43,218,010.24
INTER CARE MENTAL RETARDA	60	513	14,658	\$6,632,810.54
NURSING FAC FOR MENTAL ILL	3	3	92	\$10,025.32-
HOME HEALTH	2,913	11,190	3,913,540	\$16,084,859.30
LEAD INSPECTION AGENCY	0	0	0	\$0.00
PHYSICIAN	39,339	209,518	580,187	\$18,187,578.90
CLINIC SERVICES	13,447	29,805	28,217	\$43,338,413.58
MEP CASE MANAGEMENT	0	0	0	\$0.00
EHR INCENTIVE PAYMENTS	1	0	0	\$1,271,783.00
LAB AND RADIOLOGICAL	7,540	17,249	39,689	\$716,571.17
HABILITATION SERVICES	88	1,733	10,461	\$1,099,694.68
BEHAVIORAL HLTH INTERVENTN SVC	362	3,351	24,653	\$292,664.55
REHAB SUPPORT SERVICES	10	170	861	\$576,419.89-
AMBULANCE SERVICES	3,047	4,575	4,443	\$533,148.87
LOCAL EDUCATION AGENCY	5,806	437,379	3,544,863	\$62,465,691.00
INFANT TODDLER	1,268	7,277	16,741	\$219,177.37
IHAWP WELLNESS EXAM BONUS	1	0	0	\$263.96-
ACO VIS PAYMENTS	0	0	0	\$0.00
PRESCRIBED DRUGS	15,721	196,118	157,733	\$11,972,201.84
IOWA-PLAN-PMIC	0	0	0	\$0.00
DRUG CAPITATION	0	0	0	\$0.00
NEMT SERVICES	37,362	115,669	106,268	\$269,492.96
INDIAN HEALTH SERVICES	0	0	0	\$0.00
FAMILY PLANNING SERVICES	1,462	3,297	3,476	\$224,253.26
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	28,390	34,284	34,153	\$2,545,441.71
HMO SERVICES	0	0	0	\$0.00
PACE SERVICES	690	6,939	6,910	\$26,137,189.07
PATIENT MANAGEMENT	0	0	0	\$0.00
HEALTH INS PREMIUM PAYMENT	2,778	59,296	59,296	\$6,062,311.70
MEDICAL SUPPLIES	5,466	28,675	1,470,718	\$2,026,488.35
HEALTH HOME PROVIDER	455	2,739	2,734	\$400,179.60
TCM PAYMENTS TO IOWAPLAN	0	0	0	\$0.00
IHAWP QHP	0	0	0	\$0.00
MCO	759,215	7,642,556	7,619,772	\$5,439,320,314.10
OTHER PRACTITIONER	21,308	237,416	438,425	\$24,801,486.90

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 06/30/20)

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	140,129	257,046	257,472	\$38,974,429.90
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0	\$0.00
OPTOMETRIST	3,143	4,225	4,936	\$250,129.58
CHIROPRACTIC	1,555	8,200	9,788	\$160,470.90
IOWA-PLAN-HAB	0	0	0	\$0.00
PODIATRIC	1,152	2,771	4,023	\$110,754.78
DELTA DENTAL	400,060	4,018,719	4,010,960	\$77,490,973.55
PHYSICAL DISABILITIES SVCS	12	139	22,727	\$79,363.70
BRAIN INJ WAIVER SERVICES	175	3,893	172,729	\$3,784,202.29
PSYCHIATRIC	4,501	14,582	18,002	\$1,018,730.62
RESIDENTIAL CARE FACILITY	794	6,536	179,987	\$1,471,333.27
ID WAIVER SERVICE	846	14,233	873,653	\$23,009,898.02
CHILDRENS MENTAL HEALTH SVC	68	751	133,191	\$532,981.47
AIDS WAIVER SERVICES	1	1	120	\$612.00
ELDERLY WAIVER SERVICES	54	666	18,852	\$240,057.23
ILL & HANDICAPPED WAIVER SVCS	403	4,432	298,183	\$5,537,969.49
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00
MEP SERVICES	814	10,359	71,133	\$4,594,753.12
UNASSIGNED	2	0	0	\$2,755,487.16
* A L L C A T E G O R I E S *	790,840	13,504,817	37,518,355	\$6,052,476,792.07
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