

TITLE XIX REPORT OF EXPENDITURES
(BY CATEGORY OF SERVICE)
(FISCAL YTD TOTALS AS OF 07/31/20)

CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE	TOTAL PAYMENT
INPATIENT	726	609	3,210	\$12,218,233.77
OUTPATIENT	6,618	6,260	7,591,587	\$3,101,418.20
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	32	26	342	\$171,834.84
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	288	294	8,570	\$2,872,628.37
INTER CARE MENTAL RETARDA	34	36	995	\$534,480.09
NURSING FAC FOR MENTAL ILL	0	0	0	\$0.00
HOME HEALTH	1,289	741	1,372,412	\$859,800.20
LEAD INSPECTION AGENCY	0	0	0	\$0.00
PHYSICIAN	5,582	12,022	36,329	\$686,397.83
CLINIC SERVICES	1,485	1,540	1,298	\$2,309,720.88
MEP CASE MANAGEMENT	0	0	0	\$0.00
EHR INCENTIVE PAYMENTS	1	0	0	\$102,000.00
LAB AND RADIOLOGICAL	762	1,023	2,701	\$47,951.15
HABILITATION SERVICES	37	181	807	\$86,768.86
BEHAVIORAL HLTH INTERVENTN SVC	80	202	1,317	\$34,915.02
REHAB SUPPORT SERVICES	4	3	66	\$3,684.78
AMBULANCE SERVICES	234	235	226	\$55,231.70
LOCAL EDUCATION AGENCY	277	9,137	92,685	\$1,434,168.00
INFANT TODDLER	76	155	329	\$3,862.61
IHAWP WELLNESS EXAM BONUS	0	0	0	\$0.00
ACO VIS PAYMENTS	0	0	0	\$0.00
PRESCRIBED DRUGS	3,346	12,896	10,308	\$793,979.76
IOWA-PLAN-PMIC	0	0	0	\$0.00
DRUG CAPITATION	0	0	0	\$0.00
NEMT SERVICES	9,538	9,566	9,560	\$23,039.60
INDIAN HEALTH SERVICES	1	0	0	\$6.17-
FAMILY PLANNING SERVICES	238	298	299	\$19,199.94
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	574	560	543	\$55,649.92
HMO SERVICES	0	0	0	\$0.00
PACE SERVICES	597	602	599	\$2,300,113.86
PATIENT MANAGEMENT	0	0	0	\$0.00
HEALTH INS PREMIUM PAYMENT	2,117	4,735	4,734	\$545,247.38
MEDICAL SUPPLIES	1,265	1,889	98,855	\$141,721.18
HEALTH HOME PROVIDER	133	158	157	\$25,662.20
TCM PAYMENTS TO IOWAPLAN	0	0	0	\$0.00
IHAWP QHP	0	0	0	\$0.00
MCO	616,069	631,611	630,238	\$444,154,639.97
OTHER PRACTITIONER	2,906	15,224	33,921	\$1,482,326.20

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 07/31/20)

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	1	0	0	\$82.63-
DENTAL	16,195	17,971	18,001	\$2,680,415.32
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0	\$0.00
OPTOMETRIST	314	338	394	\$17,418.61
CHIROPRACTIC	290	523	631	\$7,994.20
IOWA-PLAN-HAB	0	0	0	\$0.00
PODIATRIC	123	162	273	\$6,286.79
DELTA DENTAL	346,200	360,440	360,074	\$6,358,555.69
PHYSICAL DISABILITIES SVCS	7	10	1,124	\$4,882.80
BRAIN INJ WAIVER SERVICES	153	312	15,170	\$361,944.70
PSYCHIATRIC	492	752	952	\$34,172.49
RESIDENTIAL CARE FACILITY	456	653	18,547	\$146,397.16
ID WAIVER SERVICE	622	948	52,811	\$123,285.66
CHILDRENS MENTAL HEALTH SVC	36	66	14,260	\$56,135.86
AIDS WAIVER SERVICES	0	0	0	\$0.00
ELDERLY WAIVER SERVICES	18	57	1,272	\$18,306.83
ILL & HANDICAPPED WAIVER SVCS	282	334	20,447	\$454,252.56
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00
MEP SERVICES	672	865	6,644	\$429,202.40
UNASSIGNED	1	0	0	\$513,777.25-
* A L L C A T E G O R I E S *	635,878	1,093,434	10,412,688	\$484,250,061.33
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