

TITLE XIX REPORT OF EXPENDITURES  
(BY CATEGORY OF SERVICE)  
(FISCAL YTD TOTALS AS OF 10/31/20)

CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE	TOTAL PAYMENT
INPATIENT	2,262	2,414	13,086	\$50,756,152.41
OUTPATIENT	11,446	24,989	10,547,083	\$7,494,142.18
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	87	148	2,394	\$666,114.01
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	332	1,177	34,785	\$11,493,955.49
INTER CARE MENTAL RETARDA	43	157	4,565	\$2,222,575.61
NURSING FAC FOR MENTAL ILL	0	0	0	\$0.00
HOME HEALTH	1,713	3,162	1,957,635	\$4,917,838.92
LEAD INSPECTION AGENCY	0	0	0	\$0.00
PHYSICIAN	13,146	50,883	157,200	\$3,202,631.35
CLINIC SERVICES	3,347	5,967	5,371	\$8,622,961.08
MEP CASE MANAGEMENT	0	0	0	\$0.00
EHR INCENTIVE PAYMENTS	1	0	0	\$110,500.00
LAB AND RADIOLOGICAL	2,408	4,080	10,412	\$151,844.00
HABILITATION SERVICES	43	532	2,976	\$341,652.19
BEHAVIORAL HLTH INTERVENTN SVC	134	1,043	6,110	\$161,069.54
REHAB SUPPORT SERVICES	4	10	221	\$12,338.43
AMBULANCE SERVICES	859	1,102	1,037	\$252,916.41
LOCAL EDUCATION AGENCY	2,007	35,906	389,097	\$6,404,564.98
INFANT TODDLER	388	1,089	1,966	\$27,694.67
IHAWP WELLNESS EXAM BONUS	0	0	0	\$0.00
ACO VIS PAYMENTS	0	0	0	\$0.00
PRESCRIBED DRUGS	5,985	54,212	43,323	\$3,496,977.91
IOWA-PLAN-PMIC	0	0	0	\$0.00
DRUG CAPITATION	0	0	0	\$0.00
NEMT SERVICES	11,302	38,721	38,672	\$95,698.12
INDIAN HEALTH SERVICES	1	0	0	\$6.17-
FAMILY PLANNING SERVICES	537	892	892	\$55,538.09
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	2,476	2,490	2,455	\$359,915.07
HMO SERVICES	0	0	0	\$0.00
PACE SERVICES	668	2,563	2,530	\$9,541,288.10
PATIENT MANAGEMENT	0	0	0	\$0.00
HEALTH INS PREMIUM PAYMENT	2,241	18,822	18,821	\$2,006,971.53
MEDICAL SUPPLIES	2,544	8,143	405,521	\$560,635.63
HEALTH HOME PROVIDER	227	575	574	\$89,074.32
TCM PAYMENTS TO IOWAPLAN	0	0	0	\$0.00
IHAWP QHP	2	0	0	\$101.17-
MCO	651,870	2,578,356	2,570,478	\$1,867,556,443.67
OTHER PRACTITIONER	7,183	54,895	119,294	\$5,266,730.69

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 10/31/20)

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	79,661	89,794	90,015	\$13,825,446.32
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0	\$0.00
OPTOMETRIST	1,038	1,273	1,487	\$67,919.32
CHIROPRACTIC	631	2,346	2,788	\$40,577.51
IOWA-PLAN-HAB	0	0	0	\$0.00
PODIATRIC	416	804	1,322	\$23,344.57
DELTA DENTAL	368,520	1,461,433	1,458,524	\$25,761,676.79
PHYSICAL DISABILITIES SVCS	7	51	8,291	\$31,627.61
BRAIN INJ WAIVER SERVICES	161	1,256	54,485	\$1,714,930.30
PSYCHIATRIC	1,312	3,306	4,060	\$215,112.00
RESIDENTIAL CARE FACILITY	534	2,165	58,936	\$483,973.18
ID WAIVER SERVICE	689	3,829	212,517	\$5,973,046.20
CHILDRENS MENTAL HEALTH SVC	52	231	45,960	\$185,474.45
AIDS WAIVER SERVICES	0	0	0	\$0.00
ELDERLY WAIVER SERVICES	25	275	6,539	\$81,917.09
ILL & HANDICAPPED WAIVER SVCS	327	1,394	100,559	\$2,033,380.58
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00
MEP SERVICES	701	3,334	23,677	\$1,529,534.20
UNASSIGNED	1	0	0	\$25,027,789.70
* A L L C A T E G O R I E S *	676,240	4,463,819	18,405,658	\$2,062,863,784.25
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