

TITLE XIX REPORT OF EXPENDITURES  
(BY CATEGORY OF SERVICE)  
(FISCAL YTD TOTALS AS OF 11/30/20)

CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE	TOTAL PAYMENT
INPATIENT	2,807	3,084	16,524	\$61,994,394.84
OUTPATIENT	12,834	32,473	11,785,772	\$9,216,996.98
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	109	198	3,123	\$812,737.07
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	361	1,474	43,731	\$14,533,157.98
INTER CARE MENTAL RETARDA	44	202	5,823	\$2,769,491.53
NURSING FAC FOR MENTAL ILL	0	0	0	\$0.00
HOME HEALTH	1,861	4,170	2,169,957	\$6,291,352.01
LEAD INSPECTION AGENCY	0	0	0	\$0.00
PHYSICIAN	15,215	66,257	202,758	\$4,244,252.01
CLINIC SERVICES	3,934	7,738	6,954	\$10,415,536.95
MEP CASE MANAGEMENT	0	0	0	\$0.00
EHR INCENTIVE PAYMENTS	1	0	0	\$110,500.00
LAB AND RADIOLOGICAL	2,889	5,214	13,106	\$186,838.61
HABILITATION SERVICES	54	631	3,043	\$412,529.13
BEHAVIORAL HLTH INTERVENTN SVC	147	1,341	7,903	\$204,016.96
REHAB SUPPORT SERVICES	5	33	286	\$15,967.38
AMBULANCE SERVICES	1,065	1,436	1,369	\$357,230.80
LOCAL EDUCATION AGENCY	2,665	59,153	510,921	\$9,768,034.32
INFANT TODDLER	508	1,723	3,272	\$46,683.40
IHAWP WELLNESS EXAM BONUS	0	0	0	\$0.00
ACO VIS PAYMENTS	0	0	0	\$0.00
PRESCRIBED DRUGS	6,766	69,526	55,589	\$4,510,700.17
IOWA-PLAN-PMIC	0	0	0	\$0.00
DRUG CAPITATION	0	0	0	\$0.00
NEMT SERVICES	11,884	48,740	48,689	\$119,839.09
INDIAN HEALTH SERVICES	1	0	0	\$6.17-
FAMILY PLANNING SERVICES	641	1,197	1,195	\$72,221.62
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	3,415	3,439	3,389	\$432,318.28
HMO SERVICES	0	0	0	\$0.00
PACE SERVICES	676	3,150	3,117	\$11,808,777.78
PATIENT MANAGEMENT	0	0	0	\$0.00
HEALTH INS PREMIUM PAYMENT	2,255	22,850	22,849	\$2,397,358.87
MEDICAL SUPPLIES	3,091	10,883	516,843	\$619,238.28
HEALTH HOME PROVIDER	243	780	777	\$117,380.59
TCM PAYMENTS TO IOWAPLAN	0	0	0	\$0.00
IHAWP QHP	2	0	0	\$101.17-
MCO	663,123	3,241,133	3,231,092	\$2,322,240,045.51
OTHER PRACTITIONER	9,355	72,036	161,530	\$7,872,143.24

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 11/30/20)

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	92,840	112,379	112,633	\$17,942,000.82
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0	\$0.00
OPTOMETRIST	1,339	1,669	1,928	\$89,636.04
CHIROPRACTIC	737	2,942	3,539	\$49,683.98
IOWA-PLAN-HAB	0	0	0	\$0.00
PODIATRIC	491	1,047	1,720	\$32,163.29
DELTA DENTAL	375,738	1,837,604	1,834,597	\$32,399,120.99
PHYSICAL DISABILITIES SVCS	8	60	9,525	\$37,303.67
BRAIN INJ WAIVER SERVICES	162	1,564	68,202	\$2,069,733.94
PSYCHIATRIC	1,525	4,257	5,213	\$275,189.67
RESIDENTIAL CARE FACILITY	560	2,583	70,895	\$593,064.84
ID WAIVER SERVICE	700	4,822	260,158	\$8,101,795.16
CHILDRENS MENTAL HEALTH SVC	59	295	58,126	\$235,881.84
AIDS WAIVER SERVICES	0	0	0	\$0.00
ELDERLY WAIVER SERVICES	25	323	7,558	\$101,302.84
ILL & HANDICAPPED WAIVER SVCS	334	1,778	129,538	\$2,568,940.00
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00
MEP SERVICES	736	4,409	31,201	\$2,015,581.20
UNASSIGNED	1	0	0	\$24,636,982.83
* A L L C A T E G O R I E S *	688,755	5,634,593	21,414,445	\$2,562,717,934.54
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