

TITLE XIX REPORT OF EXPENDITURES
(BY CATEGORY OF SERVICE)
(FISCAL YTD TOTALS AS OF 09/30/21)

CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE	TOTAL PAYMENT
INPATIENT	1,526	1,651	9,221	\$30,026,426.20
OUTPATIENT	10,616	18,713	2,458,401	\$4,176,175.24
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	74	121	2,041	\$712,873.53
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	340	735	21,378	\$9,597,152.00
INTER CARE MENTAL RETARDA	39	115	3,389	\$1,560,209.74
NURSING FAC FOR MENTAL ILL	1	3	92	\$12,907.70
HOME HEALTH	1,150	2,606	545,122	\$4,537,986.20
LEAD INSPECTION AGENCY	0	0	0	\$0.00
PHYSICIAN	11,467	37,483	112,063	\$2,251,826.67
CLINIC SERVICES	2,841	4,982	5,108	\$9,345,537.58
MEP CASE MANAGEMENT	0	0	0	\$0.00
EHR INCENTIVE PAYMENTS	1	0	0	\$59,500.00
LAB AND RADIOLOGICAL	1,674	2,906	7,545	\$90,495.94
HABILITATION SERVICES	47	210	2,198	\$318,108.16
BEHAVIORAL HLTH INTERVENTN SVC	110	735	5,134	\$143,835.83
REHAB SUPPORT SERVICES	4	5	110	\$8,927.88
AMBULANCE SERVICES	612	864	855	\$175,036.27
LOCAL EDUCATION AGENCY	1,354	22,889	139,408	\$3,454,131.30
INFANT TODDLER	387	1,037	2,023	\$29,517.03
IHAWP WELLNESS EXAM BONUS	0	0	0	\$0.00
ACO VIS PAYMENTS	0	0	0	\$0.00
PRESCRIBED DRUGS	5,284	40,842	32,654	\$3,141,007.65
IOWA-PLAN-PMIC	0	0	0	\$0.00
DRUG CAPITATION	0	0	0	\$0.00
NEMT SERVICES	12,597	33,737	29,438	\$72,183.18
INDIAN HEALTH SERVICES	0	0	0	\$0.00
FAMILY PLANNING SERVICES	294	473	473	\$30,401.76
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	1,591	1,628	1,618	\$233,157.51
HMO SERVICES	0	0	0	\$0.00
PACE SERVICES	623	1,813	1,810	\$7,269,970.46
PATIENT MANAGEMENT	0	0	0	\$0.00
HEALTH INS PREMIUM PAYMENT	2,209	14,091	14,091	\$1,483,743.45
MEDICAL SUPPLIES	2,554	6,480	469,828	\$467,877.34
HEALTH HOME PROVIDER	229	525	525	\$79,812.80
TCM PAYMENTS TO IOWAPLAN	0	0	0	\$0.00
IHAWP QHP	0	0	0	\$0.00
MCO	711,369	2,127,848	2,123,250	\$1,472,658,488.78
OTHER PRACTITIONER	6,070	33,446	92,717	\$3,961,688.41

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 09/30/21)

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	11,922	12,963	13,014	\$2,353,791.44
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0	\$0.00
OPTOMETRIST	756	857	969	\$43,482.52
CHIROPRACTIC	554	1,709	1,967	\$32,839.77
IOWA-PLAN-HAB	0	0	0	\$0.00
PODIATRIC	414	702	963	\$28,921.84
DELTA DENTAL	742,970	2,139,955	2,134,074	\$24,968,891.57
PHYSICAL DISABILITIES SVCS	8	41	8,657	\$29,429.09
BRAIN INJ WAIVER SERVICES	154	941	33,190	\$1,206,967.28
PSYCHIATRIC	1,086	2,533	2,977	\$167,822.07
RESIDENTIAL CARE FACILITY	463	1,366	37,857	\$308,057.80
ID WAIVER SERVICE	661	3,095	170,621	\$5,407,397.08
CHILDRENS MENTAL HEALTH SVC	44	128	20,468	\$88,524.90
AIDS WAIVER SERVICES	0	0	0	\$0.00
ELDERLY WAIVER SERVICES	19	135	3,295	\$78,849.29
ILL & HANDICAPPED WAIVER SVCS	328	1,089	71,930	\$1,573,522.13
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00
MEP SERVICES	684	2,246	17,512	\$1,131,275.20
UNASSIGNED	1	0	0	\$1,180,898.43
* A L L C A T E G O R I E S *	757,734	4,523,698	8,597,986	\$1,594,499,649.02
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