

TITLE XIX REPORT OF EXPENDITURES
(BY CATEGORY OF SERVICE)
(FISCAL YTD TOTALS AS OF 08/31/20)

CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE	TOTAL PAYMENT
INPATIENT	1,317	1,284	6,673	\$24,312,995.39
OUTPATIENT	8,842	13,565	8,656,149	\$4,659,614.66
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	52	60	967	\$320,757.48
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	303	591	17,445	\$5,708,857.47
INTER CARE MENTAL RETARDA	36	72	2,030	\$1,106,464.89
NURSING FAC FOR MENTAL ILL	0	0	0	\$0.00
HOME HEALTH	1,472	1,700	1,599,866	\$2,148,620.82
LEAD INSPECTION AGENCY	0	0	0	\$0.00
PHYSICIAN	9,054	26,887	85,698	\$1,639,012.77
CLINIC SERVICES	2,196	3,174	2,766	\$5,080,645.41
MEP CASE MANAGEMENT	0	0	0	\$0.00
EHR INCENTIVE PAYMENTS	1	0	0	\$102,000.00
LAB AND RADIOLOGICAL	1,421	2,093	5,590	\$90,020.25
HABILITATION SERVICES	41	323	1,615	\$173,461.99
BEHAVIORAL HLTH INTERVENTN SVC	108	483	2,944	\$76,188.88
REHAB SUPPORT SERVICES	4	6	135	\$7,537.05
AMBULANCE SERVICES	485	574	527	\$92,161.95
LOCAL EDUCATION AGENCY	724	15,694	177,939	\$2,681,839.80
INFANT TODDLER	279	626	1,194	\$15,982.62
IHAWP WELLNESS EXAM BONUS	0	0	0	\$0.00
ACO VIS PAYMENTS	0	0	0	\$0.00
PRESCRIBED DRUGS	4,553	28,794	22,976	\$1,741,070.03
IOWA-PLAN-PMIC	0	0	0	\$0.00
DRUG CAPITATION	0	0	0	\$0.00
NEMT SERVICES	10,105	19,154	19,141	\$46,129.29
INDIAN HEALTH SERVICES	1	0	0	\$6.17-
FAMILY PLANNING SERVICES	376	541	539	\$32,446.11
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	837	825	805	\$175,227.44
HMO SERVICES	0	0	0	\$0.00
PACE SERVICES	638	1,325	1,315	\$4,957,278.13
PATIENT MANAGEMENT	0	0	0	\$0.00
HEALTH INS PREMIUM PAYMENT	2,167	8,836	8,835	\$956,334.02
MEDICAL SUPPLIES	1,879	4,307	225,870	\$320,246.62
HEALTH HOME PROVIDER	189	328	327	\$54,980.50
TCM PAYMENTS TO IOWAPLAN	0	0	0	\$0.00
IHAWP QHP	0	0	0	\$0.00
MCO	628,925	1,274,947	1,272,589	\$958,393,494.15
OTHER PRACTITIONER	4,500	24,774	65,035	\$2,555,548.02

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 08/31/20)

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	49,238	43,670	43,775	\$6,604,887.88
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0	\$0.00
OPTOMETRIST	586	671	788	\$35,126.69
CHIROPRACTIC	443	1,176	1,393	\$18,803.50
IOWA-PLAN-HAB	0	0	0	\$0.00
PODIATRIC	253	376	618	\$13,001.75
DELTA DENTAL	354,332	724,843	722,320	\$12,759,356.76
PHYSICAL DISABILITIES SVCS	7	26	4,702	\$17,792.70
BRAIN INJ WAIVER SERVICES	160	627	29,305	\$871,069.29
PSYCHIATRIC	835	1,703	2,123	\$89,954.93
RESIDENTIAL CARE FACILITY	496	1,182	32,633	\$273,818.54
ID WAIVER SERVICE	659	1,927	114,670	\$2,490,313.30
CHILDRENS MENTAL HEALTH SVC	48	137	29,328	\$116,894.72
AIDS WAIVER SERVICES	0	0	0	\$0.00
ELDERLY WAIVER SERVICES	20	113	2,654	\$36,605.65
ILL & HANDICAPPED WAIVER SVCS	301	660	42,989	\$932,438.51
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00
MEP SERVICES	690	1,673	12,338	\$797,034.80
UNASSIGNED	1	0	0	\$13,037,071.08
* A L L C A T E G O R I E S *	650,930	2,209,747	13,218,606	\$1,055,542,997.04
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