

TITLE XIX REPORT OF EXPENDITURES
(BY CATEGORY OF SERVICE)
(FISCAL YTD TOTALS AS OF 09/30/20)

CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE	TOTAL PAYMENT
INPATIENT	1,769	1,839	9,731	\$37,728,500.58
OUTPATIENT	10,230	19,290	9,551,856	\$6,458,668.40
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	73	102	1,602	\$462,061.49
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	314	885	26,261	\$8,693,675.78
INTER CARE MENTAL RETARDA	42	122	3,520	\$1,753,106.57
NURSING FAC FOR MENTAL ILL	0	0	0	\$0.00
HOME HEALTH	1,572	2,414	1,794,165	\$3,230,483.98
LEAD INSPECTION AGENCY	0	0	0	\$0.00
PHYSICIAN	11,213	38,659	119,143	\$2,402,714.83
CLINIC SERVICES	2,786	4,589	4,097	\$7,745,746.34
MEP CASE MANAGEMENT	0	0	0	\$0.00
EHR INCENTIVE PAYMENTS	1	0	0	\$110,500.00
LAB AND RADIOLOGICAL	1,937	3,058	7,936	\$121,941.18
HABILITATION SERVICES	43	454	2,410	\$272,423.14
BEHAVIORAL HLTH INTERVENTN SVC	126	797	4,616	\$122,710.82
REHAB SUPPORT SERVICES	4	8	177	\$9,881.91
AMBULANCE SERVICES	632	780	722	\$97,059.42
LOCAL EDUCATION AGENCY	1,480	22,691	324,667	\$4,792,273.02
INFANT TODDLER	355	952	1,750	\$23,656.63
IHAWP WELLNESS EXAM BONUS	0	0	0	\$0.00
ACO VIS PAYMENTS	0	0	0	\$0.00
PRESCRIBED DRUGS	5,241	41,584	33,151	\$2,606,974.22
IOWA-PLAN-PMIC	0	0	0	\$0.00
DRUG CAPITATION	0	0	0	\$0.00
NEMT SERVICES	10,647	28,852	28,827	\$70,713.53
INDIAN HEALTH SERVICES	1	0	0	\$6.17-
FAMILY PLANNING SERVICES	467	724	724	\$45,774.12
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	1,333	1,337	1,309	\$251,485.18
HMO SERVICES	0	0	0	\$0.00
PACE SERVICES	661	1,979	1,948	\$7,351,228.31
PATIENT MANAGEMENT	0	0	0	\$0.00
HEALTH INS PREMIUM PAYMENT	2,203	13,957	13,956	\$1,464,429.56
MEDICAL SUPPLIES	2,213	6,188	311,647	\$433,647.88
HEALTH HOME PROVIDER	220	483	482	\$76,794.20
TCM PAYMENTS TO IOWAPLAN	0	0	0	\$0.00
IHAWP QHP	0	0	0	\$0.00
MCO	640,965	1,923,232	1,917,693	\$1,406,005,721.03
OTHER PRACTITIONER	5,927	41,889	95,058	\$3,878,668.01

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 09/30/20)

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	65,364	67,316	67,478	\$10,370,353.91
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0	\$0.00
OPTOMETRIST	826	983	1,146	\$51,946.45
CHIROPRACTIC	537	1,735	2,064	\$28,175.78
IOWA-PLAN-HAB	0	0	0	\$0.00
PODIATRIC	348	579	968	\$17,809.92
DELTA DENTAL	361,496	1,090,883	1,088,091	\$19,220,686.34
PHYSICAL DISABILITIES SVCS	7	38	7,278	\$27,901.65
BRAIN INJ WAIVER SERVICES	161	929	44,897	\$1,314,091.22
PSYCHIATRIC	1,135	2,550	3,202	\$157,360.86
RESIDENTIAL CARE FACILITY	513	1,649	44,943	\$370,292.21
ID WAIVER SERVICE	678	2,958	169,064	\$4,082,222.36
CHILDRENS MENTAL HEALTH SVC	52	186	38,063	\$152,620.52
AIDS WAIVER SERVICES	0	0	0	\$0.00
ELDERLY WAIVER SERVICES	23	203	5,243	\$64,828.46
ILL & HANDICAPPED WAIVER SVCS	318	1,054	74,316	\$1,480,201.00
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00
MEP SERVICES	696	2,333	17,325	\$1,119,195.00
UNASSIGNED	1	0	0	\$23,932,402.48
* A L L C A T E G O R I E S *	664,254	3,330,261	15,821,526	\$1,558,600,839.49
		*** END OF REPORT ***		