

TITLE XIX REPORT OF EXPENDITURES
(BY CATEGORY OF SERVICE)
(FISCAL YTD TOTALS AS OF 12/31/20)

CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE	TOTAL PAYMENT
INPATIENT	3,231	3,599	19,381	\$72,622,835.66
OUTPATIENT	13,920	38,376	12,695,596	\$10,489,698.44
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	123	234	3,801	\$942,204.96
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	379	1,788	52,566	\$17,490,042.36
INTER CARE MENTAL RETARDA	45	242	6,975	\$3,328,189.74
NURSING FAC FOR MENTAL ILL	0	0	0	\$0.00
HOME HEALTH	1,964	4,949	2,334,996	\$7,622,110.02
LEAD INSPECTION AGENCY	0	0	0	\$0.00
PHYSICIAN	16,581	77,698	234,364	\$4,879,259.38
CLINIC SERVICES	4,518	9,374	8,531	\$13,537,718.27
MEP CASE MANAGEMENT	0	0	0	\$0.00
EHR INCENTIVE PAYMENTS	1	0	0	\$110,500.00
LAB AND RADIOLOGICAL	3,238	6,062	15,151	\$214,763.49
HABILITATION SERVICES	54	701	3,566	\$460,731.79
BEHAVIORAL HLTH INTERVENTN SVC	156	1,594	9,537	\$242,797.35
REHAB SUPPORT SERVICES	5	54	347	\$19,373.01
AMBULANCE SERVICES	1,255	1,678	1,609	\$313,633.75
LOCAL EDUCATION AGENCY	3,224	84,419	667,152	\$13,991,967.81
INFANT TODDLER	544	1,983	3,735	\$54,975.41
IHAWP WELLNESS EXAM BONUS	0	0	0	\$0.00
ACO VIS PAYMENTS	0	0	0	\$0.00
PRESCRIBED DRUGS	7,203	81,982	65,630	\$5,500,945.74
IOWA-PLAN-PMIC	0	0	0	\$0.00
DRUG CAPITATION	0	0	0	\$0.00
NEMT SERVICES	13,083	61,029	60,972	\$149,555.52
INDIAN HEALTH SERVICES	1	0	0	\$6.17-
FAMILY PLANNING SERVICES	693	1,377	1,374	\$84,183.21
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	4,542	4,619	4,563	\$560,830.09
HMO SERVICES	0	0	0	\$0.00
PACE SERVICES	689	3,745	3,707	\$14,021,330.56
PATIENT MANAGEMENT	0	0	0	\$0.00
HEALTH INS PREMIUM PAYMENT	2,289	28,405	28,404	\$2,974,867.82
MEDICAL SUPPLIES	3,345	12,806	598,602	\$764,325.56
HEALTH HOME PROVIDER	251	922	919	\$141,982.97
TCM PAYMENTS TO IOWAPLAN	0	0	0	\$0.00
IHAWP QHP	2	0	0	\$101.17-
MCO	672,957	3,906,995	3,895,947	\$2,774,813,454.46
OTHER PRACTITIONER	10,467	91,409	207,160	\$10,897,300.03

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 12/31/20)

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	101,575	133,557	133,862	\$21,402,282.75
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0	\$0.00
OPTOMETRIST	1,548	1,976	2,303	\$105,957.82
CHIROPRACTIC	787	3,425	4,094	\$57,519.82
IOWA-PLAN-HAB	0	0	0	\$0.00
PODIATRIC	535	1,230	2,027	\$39,645.79
DELTA DENTAL	382,262	2,216,239	2,212,872	\$39,080,097.00
PHYSICAL DISABILITIES SVCS	8	82	14,291	\$53,147.78
BRAIN INJ WAIVER SERVICES	163	1,893	75,545	\$2,433,887.90
PSYCHIATRIC	1,674	5,082	6,185	\$328,925.74
RESIDENTIAL CARE FACILITY	571	2,934	80,648	\$667,327.82
ID WAIVER SERVICE	724	5,687	295,304	\$10,085,047.51
CHILDRENS MENTAL HEALTH SVC	59	333	65,865	\$267,598.14
AIDS WAIVER SERVICES	0	0	0	\$0.00
ELDERLY WAIVER SERVICES	25	373	8,788	\$120,210.50
ILL & HANDICAPPED WAIVER SVCS	352	2,102	146,857	\$3,013,584.89
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00
MEP SERVICES	739	5,290	36,747	\$2,373,852.80
UNASSIGNED	1	0	0	\$49,905,577.50
* A L L C A T E G O R I E S *	699,774	6,806,243	24,009,973	\$3,086,164,051.19
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