

TITLE XIX REPORT OF EXPENDITURES
(BY CATEGORY OF SERVICE)
(FISCAL YTD TOTALS AS OF 07/31/21)

CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE	TOTAL PAYMENT
INPATIENT	467	460	2,827	\$6,432,790.92
OUTPATIENT	3,844	5,572	835,764	\$1,388,403.45
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	27	31	552	\$346,067.55
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	250	258	7,379	\$2,688,411.84
INTER CARE MENTAL RETARDA	37	43	1,263	\$700,541.62
NURSING FAC FOR MENTAL ILL	1	1	30	\$4,188.68
HOME HEALTH	632	826	177,390	\$1,734,911.02
LEAD INSPECTION AGENCY	0	0	0	\$0.00
PHYSICIAN	5,550	12,096	36,701	\$831,950.15
CLINIC SERVICES	1,158	1,542	1,784	\$2,564,258.59
MEP CASE MANAGEMENT	0	0	0	\$0.00
EHR INCENTIVE PAYMENTS	1	0	0	\$25,500.00
LAB AND RADIOLOGICAL	577	802	2,095	\$24,206.68
HABILITATION SERVICES	30	61	631	\$90,653.02
BEHAVIORAL HLTH INTERVENTN SVC	78	387	1,905	\$62,904.06
REHAB SUPPORT SERVICES	3	3	66	\$3,684.78
AMBULANCE SERVICES	250	320	319	\$149,710.70
LOCAL EDUCATION AGENCY	535	7,835	63,049	\$1,489,238.86
INFANT TODDLER	140	193	410	\$4,608.81
IHAWP WELLNESS EXAM BONUS	0	0	0	\$0.00
ACO VIS PAYMENTS	0	0	0	\$0.00
PRESCRIBED DRUGS	3,349	12,760	10,254	\$933,444.18
IOWA-PLAN-PMIC	0	0	0	\$0.00
DRUG CAPITATION	0	0	0	\$0.00
NEMT SERVICES	10,938	11,123	9,401	\$22,573.21
INDIAN HEALTH SERVICES	0	0	0	\$0.00
FAMILY PLANNING SERVICES	138	156	156	\$10,410.27
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	1,058	1,058	1,053	\$80,507.42
HMO SERVICES	0	0	0	\$0.00
PACE SERVICES	598	598	598	\$2,298,987.77
PATIENT MANAGEMENT	0	0	0	\$0.00
HEALTH INS PREMIUM PAYMENT	2,140	4,723	4,723	\$530,443.86
MEDICAL SUPPLIES	1,435	2,039	78,850	\$132,548.15
HEALTH HOME PROVIDER	125	141	141	\$23,543.70
TCM PAYMENTS TO IOWAPLAN	0	0	0	\$0.00
IHAWP QHP	0	0	0	\$0.00
MCO	690,445	703,527	701,919	\$467,256,486.07
OTHER PRACTITIONER	2,743	16,033	37,465	\$1,505,790.24

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 07/31/21)

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	9,482	10,083	10,121	\$1,929,609.90
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0	\$0.00
OPTOMETRIST	232	253	287	\$12,366.73
CHIROPRACTIC	296	502	557	\$8,706.95
IOWA-PLAN-HAB	0	0	0	\$0.00
PODIATRIC	180	257	373	\$13,042.74
DELTA DENTAL	721,150	704,627	701,907	\$7,821,672.34
PHYSICAL DISABILITIES SVCS	7	14	2,996	\$10,394.87
BRAIN INJ WAIVER SERVICES	150	311	9,334	\$393,179.45
PSYCHIATRIC	478	733	947	\$51,966.67
RESIDENTIAL CARE FACILITY	391	493	13,715	\$106,916.28
ID WAIVER SERVICE	633	1,047	57,466	\$1,578,329.01
CHILDRENS MENTAL HEALTH SVC	31	42	5,284	\$23,457.70
AIDS WAIVER SERVICES	0	0	0	\$0.00
ELDERLY WAIVER SERVICES	18	49	1,267	\$22,989.08
ILL & HANDICAPPED WAIVER SVCS	304	395	28,560	\$548,645.00
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00
MEP SERVICES	660	814	6,107	\$394,512.20
UNASSIGNED	1	0	0	\$1,671,963.25
* A L L C A T E G O R I E S *	731,722	1,502,208	2,815,646	\$505,924,517.77
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