

TITLE XIX REPORT OF EXPENDITURES  
(BY CATEGORY OF SERVICE)  
(FISCAL YTD TOTALS AS OF 08/31/21)

CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE	TOTAL PAYMENT
INPATIENT	1,079	1,111	6,042	\$14,345,286.66
OUTPATIENT	8,947	12,808	1,681,152	\$3,008,618.61
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	63	90	1,495	\$516,226.07
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	327	494	14,196	\$6,951,905.80
INTER CARE MENTAL RETARDA	38	85	2,511	\$1,184,883.84
NURSING FAC FOR MENTAL ILL	1	2	61	\$8,489.75
HOME HEALTH	958	1,806	336,246	\$3,029,865.29
LEAD INSPECTION AGENCY	0	0	0	\$0.00
PHYSICIAN	8,965	26,438	80,622	\$1,663,532.08
CLINIC SERVICES	2,168	3,475	3,769	\$5,312,659.62
MEP CASE MANAGEMENT	0	0	0	\$0.00
EHR INCENTIVE PAYMENTS	1	0	0	\$25,500.00
LAB AND RADIOLOGICAL	1,265	2,064	5,542	\$63,423.45
HABILITATION SERVICES	43	142	1,434	\$211,301.70
BEHAVIORAL HLTH INTERVENTN SVC	102	589	3,675	\$111,664.60
REHAB SUPPORT SERVICES	4	5	110	\$6,141.30
AMBULANCE SERVICES	460	623	620	\$164,856.66
LOCAL EDUCATION AGENCY	962	15,785	115,626	\$2,569,469.88
INFANT TODDLER	318	669	1,307	\$18,322.03
IHAWP WELLNESS EXAM BONUS	0	0	0	\$0.00
ACO VIS PAYMENTS	0	0	0	\$0.00
PRESCRIBED DRUGS	4,552	28,275	22,649	\$2,146,328.83
IOWA-PLAN-PMIC	0	0	0	\$0.00
DRUG CAPITATION	0	0	0	\$0.00
NEMT SERVICES	11,624	22,257	19,292	\$47,801.52
INDIAN HEALTH SERVICES	0	0	0	\$0.00
FAMILY PLANNING SERVICES	228	326	326	\$21,002.11
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	1,446	1,462	1,453	\$187,747.64
HMO SERVICES	0	0	0	\$0.00
PACE SERVICES	613	1,207	1,204	\$4,831,005.83
PATIENT MANAGEMENT	0	0	0	\$0.00
HEALTH INS PREMIUM PAYMENT	2,185	9,423	9,423	\$987,425.36
MEDICAL SUPPLIES	2,213	4,608	201,608	\$315,178.16
HEALTH HOME PROVIDER	219	394	394	\$55,824.81
TCM PAYMENTS TO IOWAPLAN	0	0	0	\$0.00
IHAWP QHP	0	0	0	\$0.00
MCO	700,579	1,412,934	1,410,374	\$993,038,540.44
OTHER PRACTITIONER	4,799	26,628	70,932	\$3,053,442.68

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 08/31/21)

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	11,166	11,981	12,032	\$2,206,847.14
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0	\$0.00
OPTOMETRIST	510	586	667	\$29,431.63
CHIROPRACTIC	454	1,153	1,296	\$21,527.42
IOWA-PLAN-HAB	0	0	0	\$0.00
PODIATRIC	340	520	734	\$22,402.06
DELTA DENTAL	731,769	1,419,419	1,415,053	\$15,719,977.18
PHYSICAL DISABILITIES SVCS	8	28	5,798	\$19,831.82
BRAIN INJ WAIVER SERVICES	153	595	20,882	\$770,408.81
PSYCHIATRIC	849	1,747	2,071	\$111,925.57
RESIDENTIAL CARE FACILITY	445	931	25,539	\$204,436.26
ID WAIVER SERVICE	654	2,040	117,672	\$3,822,979.96
CHILDRENS MENTAL HEALTH SVC	41	87	11,978	\$52,400.91
AIDS WAIVER SERVICES	0	0	0	\$0.00
ELDERLY WAIVER SERVICES	19	96	2,370	\$42,167.39
ILL & HANDICAPPED WAIVER SVCS	319	736	50,747	\$1,070,293.57
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00
MEP SERVICES	681	1,464	11,245	\$726,427.00
UNASSIGNED	1	0	0	\$1,409,123.79
* A L L C A T E G O R I E S *	745,256	3,015,083	5,670,147	\$1,070,106,625.23
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