

TITLE XIX REPORT OF EXPENDITURES
(BY CATEGORY OF SERVICE)
(FISCAL YTD TOTALS AS OF 10/31/21)

CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE	TOTAL PAYMENT
INPATIENT	1,917	2,129	11,634	\$36,629,205.17
OUTPATIENT	11,967	24,477	3,387,673	\$5,395,957.76
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	89	173	2,845	\$1,117,642.01
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	353	975	28,133	\$11,968,808.69
INTER CARE MENTAL RETARDA	39	155	4,556	\$2,141,730.54
NURSING FAC FOR MENTAL ILL	1	3	92	\$12,907.70
HOME HEALTH	1,292	3,409	771,723	\$5,631,775.35
LEAD INSPECTION AGENCY	0	0	0	\$0.00
PHYSICIAN	13,237	49,144	146,867	\$2,545,106.83
CLINIC SERVICES	3,472	6,700	6,806	\$12,465,199.15
MEP CASE MANAGEMENT	0	0	0	\$0.00
EHR INCENTIVE PAYMENTS	1	0	0	\$87,834.00
LAB AND RADIOLOGICAL	2,082	3,794	9,855	\$118,082.88
HABILITATION SERVICES	50	260	2,702	\$428,011.92
BEHAVIORAL HLTH INTERVENTN SVC	117	900	6,317	\$171,001.68
REHAB SUPPORT SERVICES	4	11	242	\$16,297.44
AMBULANCE SERVICES	928	1,323	1,304	\$657,127.53
LOCAL EDUCATION AGENCY	1,875	40,599	190,290	\$5,485,540.40
INFANT TODDLER	467	1,522	2,959	\$43,855.25
IHAWP WELLNESS EXAM BONUS	0	0	0	\$0.00
ACO VIS PAYMENTS	0	0	0	\$0.00
PRESCRIBED DRUGS	5,833	52,968	42,300	\$4,055,887.21
IOWA-PLAN-PMIC	0	0	0	\$0.00
DRUG CAPITATION	0	0	0	\$0.00
NEMT SERVICES	13,296	44,912	39,563	\$96,532.69
INDIAN HEALTH SERVICES	0	0	0	\$0.00
FAMILY PLANNING SERVICES	340	641	640	\$38,500.25
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	1,664	1,688	1,677	\$299,288.59
HMO SERVICES	0	0	0	\$0.00
PACE SERVICES	632	2,426	2,413	\$9,684,087.32
PATIENT MANAGEMENT	0	0	0	\$0.00
HEALTH INS PREMIUM PAYMENT	2,254	18,304	18,304	\$1,912,071.94
MEDICAL SUPPLIES	3,017	8,599	643,863	\$584,318.55
HEALTH HOME PROVIDER	240	685	685	\$102,215.04
TCM PAYMENTS TO IOWAPLAN	0	0	0	\$0.00
IHAWP QHP	0	0	0	\$0.00
MCO	720,531	2,845,099	2,839,185	\$1,952,687,495.97
OTHER PRACTITIONER	8,194	44,664	128,535	\$5,315,084.72

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 10/31/21)

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	12,490	13,642	13,697	\$2,446,720.30
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0	\$0.00
OPTOMETRIST	930	1,077	1,231	\$53,602.76
CHIROPRACTIC	625	2,229	2,572	\$42,291.13
IOWA-PLAN-HAB	0	0	0	\$0.00
PODIATRIC	491	919	1,279	\$34,991.43
DELTA DENTAL	752,591	2,864,544	2,857,435	\$34,258,981.09
PHYSICAL DISABILITIES SVCS	8	54	11,474	\$39,317.76
BRAIN INJ WAIVER SERVICES	155	1,231	42,062	\$1,592,757.45
PSYCHIATRIC	1,309	3,341	3,929	\$217,714.78
RESIDENTIAL CARE FACILITY	476	1,788	49,819	\$401,221.31
ID WAIVER SERVICE	668	4,003	214,321	\$7,074,776.70
CHILDRENS MENTAL HEALTH SVC	47	176	26,908	\$117,100.79
AIDS WAIVER SERVICES	0	0	0	\$0.00
ELDERLY WAIVER SERVICES	19	171	4,179	\$93,532.12
ILL & HANDICAPPED WAIVER SVCS	337	1,432	89,629	\$2,058,880.58
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00
MEP SERVICES	685	2,949	23,240	\$1,501,304.00
UNASSIGNED	1	0	0	\$750,848.12
* A L L C A T E G O R I E S *	768,308	6,053,116	11,632,938	\$2,110,375,606.90
		*** END OF REPORT ***		