

TITLE XIX REPORT OF EXPENDITURES  
(BY CATEGORY OF SERVICE)  
(FISCAL YTD TOTALS AS OF 11/30/21)

CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE	TOTAL PAYMENT
INPATIENT	2,371	2,733	15,096	\$44,192,874.75
OUTPATIENT	13,502	32,207	4,475,206	\$7,046,048.59
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	118	238	3,802	\$1,309,223.16
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	368	1,217	35,167	\$14,450,610.44
INTER CARE MENTAL RETARDA	39	191	5,638	\$2,603,614.65
NURSING FAC FOR MENTAL ILL	1	3	0	\$0.00
HOME HEALTH	1,507	4,541	1,008,995	\$7,060,760.19
LEAD INSPECTION AGENCY	0	0	0	\$0.00
PHYSICIAN	15,114	63,650	192,747	\$3,245,171.77
CLINIC SERVICES	4,089	8,472	8,644	\$22,584,781.54
MEP CASE MANAGEMENT	0	0	0	\$0.00
EHR INCENTIVE PAYMENTS	1	0	0	\$419,334.00
LAB AND RADIOLOGICAL	2,478	4,835	12,582	\$150,550.03
HABILITATION SERVICES	51	360	3,441	\$545,274.14
BEHAVIORAL HLTH INTERVENTN SVC	128	1,107	7,907	\$208,514.90
REHAB SUPPORT SERVICES	4	14	305	\$19,814.73
AMBULANCE SERVICES	1,121	1,652	1,613	\$734,134.93
LOCAL EDUCATION AGENCY	2,473	64,521	306,882	\$9,848,399.80
INFANT TODDLER	560	2,034	4,285	\$63,959.22
IHAWP WELLNESS EXAM BONUS	0	0	0	\$0.00
ACO VIS PAYMENTS	0	0	0	\$0.00
PRESCRIBED DRUGS	6,455	67,369	53,881	\$5,186,090.10
IOWA-PLAN-PMIC	0	0	0	\$0.00
DRUG CAPITATION	0	0	0	\$0.00
NEMT SERVICES	14,057	56,160	49,959	\$121,546.49
INDIAN HEALTH SERVICES	0	0	0	\$0.00
FAMILY PLANNING SERVICES	435	835	987	\$54,586.90
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	1,744	1,766	1,754	\$403,706.67
HMO SERVICES	0	0	0	\$0.00
PACE SERVICES	641	3,033	3,020	\$12,107,222.39
PATIENT MANAGEMENT	0	0	0	\$0.00
HEALTH INS PREMIUM PAYMENT	2,279	22,499	22,499	\$2,338,151.01
MEDICAL SUPPLIES	3,936	12,082	755,715	\$774,344.21
HEALTH HOME PROVIDER	248	859	859	\$123,387.61
TCM PAYMENTS TO IOWAPLAN	0	0	0	\$0.00
IHAWP QHP	0	0	0	\$0.00
MCO	730,277	3,568,617	3,561,414	\$2,433,381,665.69
OTHER PRACTITIONER	10,238	67,244	243,240	\$9,538,723.79

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 11/30/21)

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	12,999	14,132	14,186	\$2,528,911.04
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0	\$0.00
OPTOMETRIST	1,212	1,450	1,703	\$71,153.23
CHIROPRACTIC	718	2,989	3,422	\$55,438.10
IOWA-PLAN-HAB	0	0	0	\$0.00
PODIATRIC	579	1,206	1,748	\$45,338.96
DELTA DENTAL	762,391	3,595,400	3,587,318	\$43,622,309.27
PHYSICAL DISABILITIES SVCS	8	65	14,287	\$48,411.71
BRAIN INJ WAIVER SERVICES	155	1,542	54,330	\$2,004,321.36
PSYCHIATRIC	1,504	4,248	4,986	\$275,276.86
RESIDENTIAL CARE FACILITY	499	2,236	62,536	\$511,788.59
ID WAIVER SERVICE	678	5,053	263,553	\$7,789,688.64
CHILDRENS MENTAL HEALTH SVC	49	216	32,147	\$141,749.80
AIDS WAIVER SERVICES	0	0	0	\$0.00
ELDERLY WAIVER SERVICES	20	213	5,104	\$105,176.09
ILL & HANDICAPPED WAIVER SVCS	342	1,768	110,302	\$2,619,191.78
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00
MEP SERVICES	687	3,615	28,475	\$1,839,485.00
UNASSIGNED	1	0	0	\$280,017.84
* A L L C A T E G O R I E S *	779,160	7,622,372	14,959,735	\$2,639,890,714.29
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