

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)  
(MONTHLY TOTALS AS OF 07/31/19)

CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE	TOTAL PAYMENT	* * * * * A V E R A G E S * * * * *			
					COST PER UNIT OF SERVICE	COST PER ELIGIBLE RECIPIENT	UNITS PER RECIPIENT SERVED	COST PER RECIPIENT SERVED
INPATIENT	1,704	1,443	9,107	\$7,238,301.36	\$794.81	\$11.64	5.3	\$4,247.83
OUTPATIENT	8,419	12,241	1,095,456	\$3,180,790.37	\$2.90	\$5.11	130.1	\$377.81
CHILD PART HOSP	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
CHILD DAY TREATMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
ADULT PART HOSP	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
ADULT DAY TREATMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
SKILLED NURSING FACILITY	96	99	1,439	\$213,918.16	\$148.66	\$0.34	15.0	\$2,228.31
IHAWP IOWA PLAN LITE	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
IHAWP IOWA PLAN FULL	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
IHAWP HMO	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
IHAWP PCP	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
INTERMEDIATE CARE FACILITY	872	1,097	30,111	\$5,640,544.03	\$187.33	\$9.07	34.5	\$6,468.51
INTER CARE MENTAL RETARDA	46	56	1,580	\$684,585.09	\$433.28	\$1.10	34.3	\$14,882.28
NURSING FAC FOR MENTAL ILL	1	3	92	\$15,083.56	\$163.95	\$0.04	92.0	\$15,083.56
HOME HEALTH	946	1,300	231,037	\$1,782,580.40	\$7.72	\$2.87	244.2	\$1,884.33
LEAD INSPECTION AGENCY	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PHYSICIAN	12,336	29,599	68,234	\$1,888,303.08	\$27.67	\$3.04	5.5	\$153.07
CLINIC SERVICES	2,943	4,070	3,770	\$4,842,243.73	\$1,284.41	\$7.79	1.3	\$1,645.34
MEP CASE MANAGEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
EHR INCENTIVE PAYMENTS	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
LAB AND RADIOLOGICAL	1,653	2,796	6,085	\$185,155.21	\$30.43	\$0.30	3.7	\$112.01
HABILITATION SERVICES	39	132	847	\$97,145.57	\$114.69	\$0.16	21.7	\$2,490.91
BEHAVIORAL HLTH INTERVENTN SVC	169	389	2,897	\$25,583.68	\$8.83	\$0.04	17.1	\$151.38
REHAB SUPPORT SERVICES	3	3	60	\$3,064.20	\$51.07	\$0.00	20.0	\$1,021.40
AMBULANCE SERVICES	608	711	698	\$90,857.74	\$130.17	\$0.15	1.1	\$149.44
LOCAL EDUCATION AGENCY	1,587	22,802	175,588	\$2,757,919.62	\$15.71	\$4.43	110.6	\$1,737.82
INFANT TODDLER	306	543	1,656	\$16,267.03	\$9.82	\$0.03	5.4	\$53.16
IHAWP WELLNESS EXAM BONUS	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
ACO VIS PAYMENTS	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PRESCRIBED DRUGS	5,911	21,724	17,501	\$1,437,587.99	\$82.14	\$22.36	3.0	\$243.21
IOWA-PLAN-PMIC	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
DRUG CAPITATION	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
NEMT SERVICES	11,826	11,917	11,902	\$28,683.82	\$2.41	\$0.05	1.0	\$2.43
INDIAN HEALTH SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
FAMILY PLANNING SERVICES	260	306	307	\$19,723.85	\$64.25	\$0.03	1.2	\$75.86
IOWA CARE MED HOME CAPITATION	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
IOWA PLAN PROGRAM	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MANAGED SUBSTANCE ABUSE	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MENTAL HEALTH ACCESS PLAN	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
EPSDT SCREENING	2,755	2,760	2,720	\$324,443.20	\$119.28	\$17.18	1.0	\$117.77
HMO SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PACE SERVICES	555	572	568	\$2,146,450.22	\$3,778.96	\$3.45	1.0	\$3,867.48
PATIENT MANAGEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
HEALTH INS PREMIUM PAYMENT	2,381	5,966	5,966	\$606,227.20	\$101.61	\$0.97	2.5	\$254.61
MEDICAL SUPPLIES	1,774	2,952	148,188	\$241,581.18	\$1.63	\$3.76	83.5	\$136.18
HEALTH HOME PROVIDER	280	346	346	\$46,617.54	\$134.73	\$0.07	1.2	\$166.49
TCM PAYMENTS TO IOWAPLAN	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
IHAWP QHP	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MCO	599,946	588,490	587,893	\$412,983,626.07	\$702.48	\$664.10	1.0	\$688.37

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OTHER PRACTITIONER	4,430	11,509	31,865	\$1,435,259.83	\$45.04	\$2.31	7.2	\$323.99
FAMILY CENTERED PROGRAM	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
FAMILY PRESERVATION	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
TREATMENT FOSTER FAMILY CARE	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
GROUP TREATMENT THERAPY	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
DENTAL	24,990	27,984	28,056	\$4,288,712.56	\$152.86	\$66.70	1.1	\$171.62
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
OPTOMETRIST	506	560	638	\$31,110.24	\$48.76	\$0.05	1.3	\$61.48
CHIROPRACTIC	487	1,009	1,236	\$20,984.52	\$16.98	\$0.33	2.5	\$43.09
IOWA-PLAN-HAB	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PODIATRIC	234	284	390	\$14,688.29	\$37.66	\$0.02	1.7	\$62.77
DELTA DENTAL	316,462	318,850	318,612	\$5,297,838.54	\$16.63	\$8.52	1.0	\$16.74
PHYSICAL DISABILITIES SVCS	7	14	2,194	\$7,164.37	\$3.27	\$0.01	313.4	\$1,023.48
BRAIN INJ WAIVER SERVICES	158	393	21,290	\$332,312.23	\$15.61	\$0.53	134.7	\$2,103.24
PSYCHIATRIC	1,146	1,862	2,512	\$164,777.04	\$65.60	\$0.26	2.2	\$143.78
RESIDENTIAL CARE FACILITY	517	670	18,156	\$145,572.30	\$8.02	\$0.23	35.1	\$281.57
ID WAIVER SERVICE	752	1,548	175,236	\$2,401,467.36	\$13.70	\$198.96	233.0	\$3,193.44
CHILDRENS MENTAL HEALTH SVC	46	73	12,646	\$46,447.81	\$3.67	\$59.17	274.9	\$1,009.74
AIDS WAIVER SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
ELDERLY WAIVER SERVICES	19	62	1,798	\$25,513.57	\$14.19	\$3.13	94.6	\$1,342.82
ILL & HANDICAPPED WAIVER SVCS	337	461	36,041	\$510,751.51	\$14.17	\$220.53	106.9	\$1,515.58
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MEP SERVICES	745	952	6,141	\$396,269.92	\$64.53	\$0.64	8.2	\$531.91
UNASSIGNED	1	0	0	\$168,655.50-	\$0.00	\$0.27-	.0	\$168,655.50-
* A L L C A T E G O R I E S *	622,779	1,078,548	3,060,859	\$461,447,498.49	\$150.76	\$742.03	4.9	\$740.95

\*\*\* END OF REPORT \*\*\*