

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 08/31/19)

| 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 | 939 | 902 | 5,389 | \$20,298,258.65 | \$3,766.61 | \$32.68 | 5.7 | \$21,616.89 |
| OUTPATIENT | 5,628 | 7,789 | 776,121 | \$2,028,689.67 | \$2.61 | \$3.27 | 137.9 | \$360.46 |
| 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 | 75 | 83 | 1,137 | \$272,052.22 | \$239.27 | \$0.44 | 15.2 | \$3,627.36 |
| 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 | 536 | 663 | 18,365 | \$4,390,032.82 | \$239.04 | \$7.07 | 34.3 | \$8,190.36 |
| INTER CARE MENTAL RETARDA | 39 | 39 | 1,112 | \$514,145.29 | \$462.36 | \$0.83 | 28.5 | \$13,183.21 |
| NURSING FAC FOR MENTAL ILL | 2 | 0 | 0 | \$1,608.88- | \$0.00 | \$0.00 | .0 | \$804.44- |
| HOME HEALTH | 715 | 882 | 780,011 | \$1,358,601.10 | \$1.74 | \$2.19 | .0 | \$1,900.14 |
| LEAD INSPECTION AGENCY | 0 | 0 | 0 | \$0.00 | \$0.00 | \$0.00 | .0 | \$0.00 |
| PHYSICIAN | 8,626 | 18,603 | 51,930 | \$758,895.60 | \$14.61 | \$1.22 | 6.0 | \$87.98 |
| CLINIC SERVICES | 1,784 | 2,328 | 2,093 | \$1,681,158.67 | \$803.23 | \$2.71 | 1.2 | \$942.35 |
| MEP CASE MANAGEMENT | 0 | 0 | 0 | \$0.00 | \$0.00 | \$0.00 | .0 | \$0.00 |
| EHR INCENTIVE PAYMENTS | 1 | 0 | 0 | \$575,167.00 | \$0.00 | \$0.93 | .0 | \$575,167.00 |
| LAB AND RADIOLOGICAL | 1,043 | 1,621 | 3,846 | \$71,676.79 | \$18.64 | \$0.12 | 3.7 | \$68.72 |
| HABILITATION SERVICES | 39 | 167 | 1,436 | \$71,141.58 | \$49.54 | \$0.11 | 36.8 | \$1,824.14 |
| BEHAVIORAL HLTH INTERVENTN SVC | 97 | 248 | 2,794 | \$48,322.85 | \$17.30 | \$0.08 | 28.8 | \$498.17 |
| REHAB SUPPORT SERVICES | 0 | 0 | 0 | \$0.00 | \$0.00 | \$0.00 | .0 | \$0.00 |
| AMBULANCE SERVICES | 364 | 413 | 408 | \$43,055.68 | \$105.53 | \$0.07 | 1.1 | \$118.28 |
| LOCAL EDUCATION AGENCY | 548 | 7,478 | 173,225 | \$2,273,468.87 | \$13.12 | \$3.66 | 316.1 | \$4,148.67 |
| INFANT TODDLER | 242 | 477 | 1,064 | \$14,741.90 | \$13.86 | \$0.02 | 4.4 | \$60.92 |
| 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 | 4,067 | 14,785 | 12,031 | \$872,358.89 | \$72.51 | \$14.77 | 3.0 | \$214.50 |
| 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 | 29,331 | 9,533 | 7,195 | \$23,944.24 | \$3.33 | \$0.04 | .2 | \$0.82 |
| INDIAN HEALTH SERVICES | 0 | 0 | 0 | \$0.00 | \$0.00 | \$0.00 | .0 | \$0.00 |
| FAMILY PLANNING SERVICES | 175 | 198 | 196 | \$10,375.77 | \$52.94 | \$0.02 | 1.1 | \$59.29 |
| 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 | 1,934 | 1,936 | 1,935 | \$212,084.78 | \$109.60 | \$12.16 | 1.0 | \$109.66 |
| HMO SERVICES | 0 | 0 | 0 | \$0.00 | \$0.00 | \$0.00 | .0 | \$0.00 |
| PACE SERVICES | 554 | 551 | 549 | \$2,088,421.68 | \$3,804.05 | \$3.36 | 1.0 | \$3,769.71 |
| PATIENT MANAGEMENT | 0 | 0 | 0 | \$0.00 | \$0.00 | \$0.00 | .0 | \$0.00 |
| HEALTH INS PREMIUM PAYMENT | 2,248 | 5,025 | 5,025 | \$517,054.89 | \$102.90 | \$0.83 | 2.2 | \$230.01 |
| MEDICAL SUPPLIES | 1,492 | 2,227 | 105,365 | \$176,145.44 | \$1.67 | \$2.98 | 70.6 | \$118.06 |
| HEALTH HOME PROVIDER | 175 | 210 | 210 | \$31,261.46 | \$148.86 | \$0.05 | 1.2 | \$178.64 |
| 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 | 645,741 | 602,457 | 598,555 | \$508,443,807.89 | \$849.45 | \$818.52 | .9 | \$787.38 |

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(BY CATEGORY OF SERVICE)
(MONTHLY TOTALS AS OF 08/31/19)

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|--------------------------------|----------------------|---------------------|---------------------|------------------|-------------------------------------|-----------------------------------|----------------------------------|---------------------------------|
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| OTHER PRACTITIONER | 2,821 | 7,127 | 23,067 | \$930,198.84 | \$40.33 | \$1.50 | 8.2 | \$329.74 |
| 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 | 23,616 | 26,931 | 26,922 | \$3,969,472.10 | \$147.44 | \$67.19 | 1.1 | \$168.08 |
| ACCOUNTABLE CARE ORGANIZATIONS | 0 | 0 | 0 | \$0.00 | \$0.00 | \$0.00 | .0 | \$0.00 |
| OPTOMETRIST | 381 | 418 | 485 | \$22,254.90 | \$45.89 | \$0.04 | 1.3 | \$58.41 |
| CHIROPRACTIC | 400 | 727 | 927 | \$16,104.02 | \$17.37 | \$0.27 | 2.3 | \$40.26 |
| IOWA-PLAN-HAB | 0 | 0 | 0 | \$0.00 | \$0.00 | \$0.00 | .0 | \$0.00 |
| PODIATRIC | 166 | 220 | 281 | \$9,353.19 | \$33.29 | \$0.02 | 1.7 | \$56.34 |
| DELTA DENTAL | 317,650 | 327,083 | 325,530 | \$5,773,389.96 | \$17.74 | \$9.29 | 1.0 | \$18.18 |
| PHYSICAL DISABILITIES SVCS | 6 | 11 | 2,515 | \$7,717.96 | \$3.07 | \$0.01 | 419.2 | \$1,286.33 |
| BRAIN INJ WAIVER SERVICES | 157 | 331 | 21,422 | \$320,073.24 | \$14.94 | \$0.52 | 136.4 | \$2,038.68 |
| PSYCHIATRIC | 855 | 1,336 | 1,656 | \$99,283.25 | \$59.95 | \$0.16 | 1.9 | \$116.12 |
| RESIDENTIAL CARE FACILITY | 509 | 564 | 16,122 | \$137,982.27 | \$8.56 | \$0.22 | 31.7 | \$271.09 |
| ID WAIVER SERVICE | 715 | 1,339 | 101,755 | \$2,150,678.83 | \$21.14 | \$177.96 | 142.3 | \$3,007.94 |
| CHILDRENS MENTAL HEALTH SVC | 45 | 71 | 11,996 | \$50,578.27 | \$4.22 | \$64.51 | 266.6 | \$1,123.96 |
| AIDS WAIVER SERVICES | 0 | 0 | 0 | \$0.00 | \$0.00 | \$0.00 | .0 | \$0.00 |
| ELDERLY WAIVER SERVICES | 17 | 51 | 1,228 | \$20,620.47 | \$16.79 | \$2.55 | 72.2 | \$1,212.97 |
| ILL & HANDICAPPED WAIVER SVCS | 299 | 378 | 30,905 | \$468,093.84 | \$15.15 | \$203.78 | 103.4 | \$1,565.53 |
| COUNTY OFFICE REIMBURSEMENT | 0 | 0 | 0 | \$0.00 | \$0.00 | \$0.00 | .0 | \$0.00 |
| MEP SERVICES | 729 | 918 | 5,773 | \$372,935.80 | \$64.60 | \$0.60 | 7.9 | \$511.57 |
| UNASSIGNED | 1 | 0 | 0 | \$591,221.84 | \$0.00 | \$0.95 | .0 | \$591,221.84 |
| * A L L C A T E G O R I E S * | 665,641 | 1,046,120 | 3,120,576 | \$561,713,213.63 | \$180.00 | \$904.28 | 4.7 | \$843.87 |

*** END OF REPORT ***