

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 01/31/20)

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	642	630	2,968	\$17,812,565.47	\$6,001.54	\$28.85	4.6	\$27,745.43
OUTPATIENT	4,568	6,355	760,039	\$1,765,875.27	\$2.32	\$2.86	166.4	\$386.58
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	46	51	693	\$164,784.84	\$237.78	\$0.27	15.1	\$3,582.28
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	343	409	11,640	\$3,687,657.42	\$316.81	\$5.97	33.9	\$10,751.19
INTER CARE MENTAL RETARDA	40	41	1,159	\$540,572.09	\$466.41	\$0.88	29.0	\$13,514.30
NURSING FAC FOR MENTAL ILL	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
HOME HEALTH	579	763	145,461	\$911,677.88	\$6.27	\$1.48	251.2	\$1,574.57
LEAD INSPECTION AGENCY	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PHYSICIAN	7,107	15,817	40,408	\$887,368.34	\$21.96	\$1.44	5.7	\$124.86
CLINIC SERVICES	1,605	2,167	2,031	\$2,587,777.57	\$1,274.14	\$4.19	1.3	\$1,612.32
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	810	1,084	2,665	\$36,448.07	\$13.68	\$0.06	3.3	\$45.00
HABILITATION SERVICES	33	191	845	\$95,832.83	\$113.41	\$0.16	25.6	\$2,904.03
BEHAVIORAL HLTH INTERVENTN SVC	88	250	1,776	\$40,911.24	\$23.04	\$0.07	20.2	\$464.90
REHAB SUPPORT SERVICES	4	22	82	\$4,578.06	\$55.83	\$0.01	20.5	\$1,144.52
AMBULANCE SERVICES	251	287	286	\$23,392.84	\$81.79	\$0.04	1.1	\$93.20
LOCAL EDUCATION AGENCY	2,275	41,511	476,859	\$7,279,293.42	\$15.27	\$11.79	209.6	\$3,199.69
INFANT TODDLER	588	1,695	3,877	\$54,527.51	\$14.06	\$0.09	6.6	\$92.73
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	4,300	15,985	12,871	\$952,580.01	\$74.01	\$24.70	3.0	\$221.53
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	9,546	9,593	9,575	\$23,075.49	\$2.41	\$0.04	1.0	\$2.42
INDIAN HEALTH SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
FAMILY PLANNING SERVICES	249	290	295	\$20,340.36	\$68.95	\$0.03	1.2	\$81.69
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	2,986	3,037	3,035	\$175,930.93	\$57.97	\$19.14	1.0	\$58.92
HMO SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PACE SERVICES	581	580	579	\$2,188,954.70	\$3,780.58	\$3.54	1.0	\$3,767.56
PATIENT MANAGEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
HEALTH INS PREMIUM PAYMENT	2,203	4,941	4,941	\$547,086.84	\$110.72	\$0.89	2.2	\$248.34
MEDICAL SUPPLIES	1,421	2,085	108,781	\$138,306.09	\$1.27	\$3.59	76.6	\$97.33
HEALTH HOME PROVIDER	163	194	194	\$33,487.05	\$172.61	\$0.05	1.2	\$205.44
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	573,148	605,097	603,527	\$387,950,644.32	\$642.81	\$628.25	1.1	\$676.88

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OTHER PRACTITIONER	4,517	20,126	40,556	\$2,312,205.61	\$57.01	\$3.74	9.0	\$511.89
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	18,804	20,900	20,928	\$3,149,136.47	\$150.47	\$81.67	1.1	\$167.47
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
OPTOMETRIST	285	321	384	\$18,416.99	\$47.96	\$0.03	1.3	\$64.62
CHIROPRACTIC	324	608	756	\$12,717.05	\$16.82	\$0.33	2.3	\$39.25
IOWA-PLAN-HAB	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PODIATRIC	175	201	272	\$5,292.74	\$19.46	\$0.01	1.6	\$30.24
DELTA DENTAL	315,658	334,602	334,247	\$5,925,070.68	\$17.73	\$9.60	1.1	\$18.77
PHYSICAL DISABILITIES SVCS	5	13	2,273	\$8,314.26	\$3.66	\$0.01	454.6	\$1,662.85
BRAIN INJ WAIVER SERVICES	156	357	14,291	\$330,103.15	\$23.10	\$0.53	91.6	\$2,116.05
PSYCHIATRIC	646	999	1,288	\$63,219.15	\$49.08	\$0.10	2.0	\$97.86
RESIDENTIAL CARE FACILITY	434	514	14,354	\$123,378.07	\$8.60	\$0.20	33.1	\$284.28
ID WAIVER SERVICE	676	1,255	67,346	\$2,183,539.17	\$32.42	\$182.14	99.6	\$3,230.09
CHILDRENS MENTAL HEALTH SVC	32	43	9,504	\$36,940.50	\$3.89	\$42.71	297.0	\$1,154.39
AIDS WAIVER SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
ELDERLY WAIVER SERVICES	19	58	2,123	\$26,661.45	\$12.56	\$3.30	111.7	\$1,403.23
ILL & HANDICAPPED WAIVER SVCS	312	424	28,082	\$485,762.55	\$17.30	\$207.59	90.0	\$1,556.93
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MEP SERVICES	709	881	5,943	\$383,917.80	\$64.60	\$0.62	8.4	\$541.49
UNASSIGNED	1	0	0	\$1,004,483.44	\$0.00	\$1.63	.0	\$0.00
* A L L C A T E G O R I E S *	593,410	1,094,377	2,736,934	\$443,992,827.72	\$162.22	\$719.00	4.6	\$748.21

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