

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 04/30/20)

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	724	717	3,333	\$12,062,846.86	\$3,619.22	\$19.15	4.6	\$16,661.39
OUTPATIENT	4,524	5,880	1,395,433	\$1,751,775.58	\$1.26	\$2.78	308.5	\$387.22
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	41	43	879	\$303,465.02	\$345.24	\$0.48	21.4	\$7,401.59
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	364	341	10,020	\$3,164,443.77	\$315.81	\$5.02	27.5	\$8,693.53
INTER CARE MENTAL RETARDA	40	45	1,338	\$683,640.12	\$510.94	\$1.09	33.5	\$17,091.00
NURSING FAC FOR MENTAL ILL	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
HOME HEALTH	570	769	164,074	\$947,704.07	\$5.78	\$1.50	287.8	\$1,662.64
LEAD INSPECTION AGENCY	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PHYSICIAN	5,485	12,234	35,359	\$645,729.83	\$18.26	\$1.02	6.4	\$117.73
CLINIC SERVICES	1,598	1,960	1,901	\$2,857,980.91	\$1,503.41	\$4.54	1.2	\$1,788.47
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	630	915	2,150	\$40,784.26	\$18.97	\$0.06	3.4	\$64.74
HABILITATION SERVICES	33	115	476	\$59,910.45	\$125.86	\$0.10	14.4	\$1,815.47
BEHAVIORAL HLTH INTERVENTN SVC	86	231	1,826	\$43,698.39	\$23.93	\$0.07	21.2	\$508.12
REHAB SUPPORT SERVICES	4	3	61	\$3,405.63	\$55.83	\$0.01	15.3	\$851.41
AMBULANCE SERVICES	249	232	179	\$5,201.36	\$29.06	\$0.01	.7	\$20.89
LOCAL EDUCATION AGENCY	1,757	38,839	202,997	\$5,151,720.50	\$25.38	\$8.18	115.5	\$2,932.11
INFANT TODDLER	539	1,251	2,986	\$43,600.80	\$14.60	\$0.07	5.5	\$80.89
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	3,432	13,379	10,660	\$815,973.52	\$76.55	\$21.63	3.1	\$237.75
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	9,985	9,204	9,190	\$23,364.96	\$2.54	\$0.04	.9	\$2.34
INDIAN HEALTH SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
FAMILY PLANNING SERVICES	195	214	215	\$14,674.97	\$68.26	\$0.02	1.1	\$75.26
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	2,025	2,094	2,089	\$178,192.14	\$85.30	\$19.62	1.0	\$88.00
HMO SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PACE SERVICES	595	594	592	\$2,247,472.85	\$3,796.41	\$3.57	1.0	\$3,777.27
PATIENT MANAGEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
HEALTH INS PREMIUM PAYMENT	2,142	4,806	4,806	\$530,530.66	\$110.39	\$0.84	2.2	\$247.68
MEDICAL SUPPLIES	1,264	1,935	110,885	\$159,308.54	\$1.44	\$4.22	87.7	\$126.04
HEALTH HOME PROVIDER	140	153	153	\$26,601.67	\$173.87	\$0.04	1.1	\$190.01
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	579,239	613,174	611,741	\$442,250,480.96	\$722.94	\$702.00	1.1	\$763.50

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 04/30/20)

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
OTHER PRACTITIONER	4,056	11,696	26,313	\$1,072,369.91	\$40.75	\$1.70	6.5	\$264.39
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	2,666	2,948	2,962	\$555,554.00	\$187.56	\$14.73	1.1	\$208.38
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
OPTOMETRIST	130	141	173	\$15,337.22	\$88.65	\$0.02	1.3	\$117.98
CHIROPRACTIC	250	448	522	\$8,428.96	\$16.15	\$0.22	2.1	\$33.72
IOWA-PLAN-HAB	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PODIATRIC	115	161	232	\$5,903.53	\$25.45	\$0.01	2.0	\$51.34
DELTA DENTAL	320,514	341,288	341,005	\$6,054,116.19	\$17.75	\$9.61	1.1	\$18.89
PHYSICAL DISABILITIES SVCS	7	14	2,539	\$9,771.18	\$3.85	\$0.02	362.7	\$1,395.88
BRAIN INJ WAIVER SERVICES	158	350	13,286	\$77,910.34	\$5.86	\$0.12	84.1	\$493.10
PSYCHIATRIC	574	805	928	\$61,203.90	\$65.95	\$0.10	1.6	\$106.63
RESIDENTIAL CARE FACILITY	402	458	13,367	\$114,385.53	\$8.56	\$0.18	33.3	\$284.54
ID WAIVER SERVICE	660	1,161	50,381	\$1,909,394.58	\$37.90	\$158.35	76.3	\$2,893.02
CHILDRENS MENTAL HEALTH SVC	22	30	2,999	\$13,980.50	\$4.66	\$14.28	136.3	\$635.48
AIDS WAIVER SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
ELDERLY WAIVER SERVICES	18	80	2,000	\$27,770.50	\$13.89	\$3.40	111.1	\$1,542.81
ILL & HANDICAPPED WAIVER SVCS	290	355	23,335	\$447,216.80	\$19.17	\$187.91	80.5	\$1,542.13
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MEP SERVICES	692	1,006	6,446	\$416,411.60	\$64.60	\$0.66	9.3	\$601.75
UNASSIGNED	1	0	0	\$10,091.03	\$0.00	\$0.02	.0	\$10,091.03
* A L L C A T E G O R I E S *	598,462	1,070,069	3,059,831	\$484,812,353.59	\$158.44	\$769.56	5.1	\$810.10

*** END OF REPORT ***