

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 05/31/20)

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	848	563	2,536	\$10,443,826.34	\$4,118.23	\$16.36	3.0	\$12,315.83
OUTPATIENT	5,480	4,605	1,787,398	\$1,060,986.12	\$0.59	\$1.66	326.2	\$193.61
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	35	33	546	\$166,293.30	\$304.57	\$0.26	15.6	\$4,751.24
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	328	312	8,973	\$3,130,205.89	\$348.85	\$4.90	27.4	\$9,543.31
INTER CARE MENTAL RETARDA	42	37	1,105	\$502,334.55	\$454.60	\$0.79	26.3	\$11,960.35
NURSING FAC FOR MENTAL ILL	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
HOME HEALTH	481	680	160,262	\$1,030,041.10	\$6.43	\$1.61	333.2	\$2,141.46
LEAD INSPECTION AGENCY	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PHYSICIAN	4,684	9,723	27,999	\$588,923.03	\$21.03	\$0.92	6.0	\$125.73
CLINIC SERVICES	1,143	1,609	1,529	\$3,222,278.77	\$2,107.44	\$5.05	1.3	\$2,819.14
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	552	779	1,879	\$24,735.23	\$13.16	\$0.04	3.4	\$44.81
HABILITATION SERVICES	29	135	672	\$80,139.79	\$119.26	\$0.13	23.2	\$2,763.44
BEHAVIORAL HLTH INTERVENTN SVC	72	241	1,345	\$39,944.50	\$29.70	\$0.06	18.7	\$554.78
REHAB SUPPORT SERVICES	5	47	110	\$6,141.30	\$55.83	\$0.01	22.0	\$1,228.26
AMBULANCE SERVICES	238	278	268	\$15,118.25	\$56.41	\$0.02	1.1	\$63.52
LOCAL EDUCATION AGENCY	4,322	12,435	127,318	\$2,383,072.53	\$18.72	\$3.73	29.5	\$551.38
INFANT TODDLER	36	70	140	\$1,865.55	\$13.33	\$0.00	3.9	\$51.82
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	3,284	12,558	10,169	\$770,055.02	\$75.73	\$20.59	3.1	\$234.49
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	9,885	9,174	6,869	\$17,562.18	\$2.56	\$0.03	.7	\$1.78
INDIAN HEALTH SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
FAMILY PLANNING SERVICES	166	193	194	\$11,944.89	\$61.57	\$0.02	1.2	\$71.96
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	1,278	1,259	1,224	\$76,014.82	\$62.10	\$8.77	1.0	\$59.48
HMO SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PACE SERVICES	599	597	596	\$2,257,770.37	\$3,788.21	\$3.54	1.0	\$3,769.23
PATIENT MANAGEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
HEALTH INS PREMIUM PAYMENT	2,036	4,202	4,202	\$471,065.04	\$112.10	\$0.74	2.1	\$231.37
MEDICAL SUPPLIES	1,324	2,069	115,449	\$133,297.56	\$1.15	\$3.56	87.2	\$100.68
HEALTH HOME PROVIDER	142	165	165	\$25,886.29	\$156.89	\$0.04	1.2	\$182.30
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	600,221	637,318	636,143	\$449,586,092.68	\$706.74	\$704.36	1.1	\$749.03

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OTHER PRACTITIONER	5,852	41,928	60,994	\$3,584,414.83	\$58.77	\$5.62	10.4	\$612.51
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	3,386	3,712	3,720	\$569,892.65	\$153.20	\$15.24	1.1	\$168.31
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
OPTOMETRIST	108	115	126	\$13,157.09	\$104.42	\$0.02	1.2	\$121.82
CHIROPRACTIC	239	433	516	\$8,773.56	\$17.00	\$0.23	2.2	\$36.71
IOWA-PLAN-HAB	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PODIATRIC	105	138	196	\$4,893.95	\$24.97	\$0.01	1.9	\$46.61
DELTA DENTAL	335,806	359,031	358,171	\$6,335,586.14	\$17.69	\$9.93	1.1	\$18.87
PHYSICAL DISABILITIES SVCS	7	10	1,172	\$4,774.22	\$4.07	\$0.01	167.4	\$682.03
BRAIN INJ WAIVER SERVICES	151	278	9,856	\$373,490.08	\$37.89	\$0.59	65.3	\$2,473.44
PSYCHIATRIC	477	733	782	\$47,270.43	\$60.45	\$0.07	1.6	\$99.10
RESIDENTIAL CARE FACILITY	412	449	12,325	\$95,992.29	\$7.79	\$0.15	29.9	\$232.99
ID WAIVER SERVICE	538	709	31,303	\$1,972,950.87	\$63.03	\$163.30	58.2	\$3,667.19
CHILDRENS MENTAL HEALTH SVC	38	57	10,257	\$38,245.77	\$3.73	\$38.44	269.9	\$1,006.47
AIDS WAIVER SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
ELDERLY WAIVER SERVICES	20	58	1,424	\$21,342.88	\$14.99	\$2.58	71.2	\$1,067.14
ILL & HANDICAPPED WAIVER SVCS	237	275	14,817	\$462,642.54	\$31.22	\$194.55	62.5	\$1,952.08
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MEP SERVICES	664	835	5,525	\$356,915.00	\$64.60	\$0.56	8.3	\$537.52
UNASSIGNED	1	0	0	\$213,073.66	\$0.00	\$0.33	.0	\$213,073.66
* A L L C A T E G O R I E S *	619,169	1,107,843	3,408,275	\$490,149,011.06	\$143.81	\$767.91	5.5	\$791.62

*** END OF REPORT ***