

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 06/30/20)

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	678	667	3,351	\$14,254,164.02	\$4,253.70	\$22.00	4.9	\$21,023.84
OUTPATIENT	4,254	6,453	1,089,194	\$1,483,054.44	\$1.36	\$2.29	256.0	\$348.63
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	28	39	744	\$353,433.89	\$475.05	\$0.55	26.6	\$12,622.64
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	306	313	9,347	\$3,088,050.26	\$330.38	\$4.77	30.5	\$10,091.67
INTER CARE MENTAL RETARDA	35	32	958	\$390,593.83	\$407.72	\$0.60	27.4	\$11,159.82
NURSING FAC FOR MENTAL ILL	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
HOME HEALTH	605	752	395,175	\$1,100,739.70	\$2.79	\$1.70	653.2	\$1,819.40
LEAD INSPECTION AGENCY	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PHYSICIAN	6,007	14,306	41,478	\$805,483.54	\$19.42	\$1.24	6.9	\$134.09
CLINIC SERVICES	1,178	1,736	1,674	\$4,797,312.09	\$2,865.78	\$7.41	1.4	\$4,072.42
MEP CASE MANAGEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
EHR INCENTIVE PAYMENTS	1	0	0	\$102,000.00	\$0.00	\$0.16	.0	\$102,000.00
LAB AND RADIOLOGICAL	790	1,120	2,624	\$42,041.54	\$16.02	\$0.06	3.3	\$53.22
HABILITATION SERVICES	28	146	525	\$85,752.45	\$163.34	\$0.13	18.8	\$3,062.59
BEHAVIORAL HLTH INTERVENTN SVC	73	233	1,383	\$37,775.55	\$27.31	\$0.06	18.9	\$517.47
REHAB SUPPORT SERVICES	4	22	62	\$3,461.46	\$55.83	\$0.01	15.5	\$865.37
AMBULANCE SERVICES	352	308	304	\$186,119.70	\$612.24	\$0.29	.9	\$528.75
LOCAL EDUCATION AGENCY	1,720	33,544	279,627	\$5,314,350.86	\$19.01	\$8.20	162.6	\$3,089.74
INFANT TODDLER	861	960	1,931	\$25,503.85	\$13.21	\$0.04	2.2	\$29.62
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	3,539	16,491	12,558	\$966,368.61	\$76.95	\$25.67	3.5	\$273.06
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	9,276	9,301	9,296	\$22,403.10	\$2.41	\$0.03	1.0	\$2.42
INDIAN HEALTH SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
FAMILY PLANNING SERVICES	220	262	414	\$15,501.66	\$37.44	\$0.02	1.9	\$70.46
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	502	504	504	\$113,891.61	\$225.98	\$12.55	1.0	\$226.88
HMO SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PACE SERVICES	592	589	586	\$2,195,960.08	\$3,747.37	\$3.39	1.0	\$3,709.39
PATIENT MANAGEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
HEALTH INS PREMIUM PAYMENT	2,121	5,152	5,152	\$520,561.08	\$101.04	\$0.80	2.4	\$245.43
MEDICAL SUPPLIES	1,445	2,428	145,320	\$208,648.59	\$1.44	\$5.54	100.6	\$144.39
HEALTH HOME PROVIDER	165	228	228	\$31,154.88	\$136.64	\$0.05	1.4	\$188.82
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	608,230	624,309	620,635	\$440,284,122.43	\$709.41	\$679.68	1.0	\$723.88

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					COST PER UNIT OF SERVICE	COST PER ELIGIBLE RECIPIENT	UNITS PER RECIPIENT SERVED	COST PER RECIPIENT SERVED
OTHER PRACTITIONER	4,813	45,708	79,336	\$4,888,068.40	\$61.61	\$7.55	16.5	\$1,015.60
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	15,722	17,980	18,008	\$2,913,662.03	\$161.80	\$77.40	1.1	\$185.32
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
OPTOMETRIST	232	257	308	\$13,066.59	\$42.42	\$0.02	1.3	\$56.32
CHIROPRACTIC	292	607	719	\$11,202.74	\$15.58	\$0.30	2.5	\$38.37
IOWA-PLAN-HAB	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PODIATRIC	163	205	331	\$7,111.70	\$21.49	\$0.01	2.0	\$43.63
DELTA DENTAL	337,227	345,883	345,814	\$6,122,113.11	\$17.70	\$9.45	1.0	\$18.15
PHYSICAL DISABILITIES SVCS	6	13	3,119	\$11,744.14	\$3.77	\$0.02	519.8	\$1,957.36
BRAIN INJ WAIVER SERVICES	151	292	8,932	\$356,397.66	\$39.90	\$0.55	59.2	\$2,360.25
PSYCHIATRIC	583	960	1,182	\$58,778.08	\$49.73	\$0.09	2.0	\$100.82
RESIDENTIAL CARE FACILITY	432	519	14,628	\$127,813.27	\$8.74	\$0.20	33.9	\$295.86
ID WAIVER SERVICE	571	799	40,288	\$967,466.43	\$24.01	\$79.76	70.6	\$1,694.34
CHILDRENS MENTAL HEALTH SVC	27	43	8,003	\$37,115.87	\$4.64	\$37.00	296.4	\$1,374.66
AIDS WAIVER SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
ELDERLY WAIVER SERVICES	20	58	1,534	\$24,626.09	\$16.05	\$2.97	76.7	\$1,231.30
ILL & HANDICAPPED WAIVER SVCS	270	341	21,088	\$470,693.31	\$22.32	\$200.64	78.1	\$1,743.31
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MEP SERVICES	652	798	5,686	\$367,315.60	\$64.60	\$0.57	8.7	\$563.37
UNASSIGNED	1	0	0	\$1,578,116.74	\$0.00	\$2.44	.0	\$0.00
* A L L C A T E G O R I E S *	626,722	1,134,358	3,172,046	\$494,383,740.98	\$155.86	\$763.19	5.1	\$788.84

*** END OF REPORT ***