

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 07/31/20)

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	726	609	3,210	\$12,218,233.77	\$3,806.30	\$18.63	4.4	\$16,829.52
OUTPATIENT	6,618	6,260	7,591,587	\$3,101,418.20	\$0.41	\$4.73	.0	\$468.63
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	32	26	342	\$171,834.84	\$502.44	\$0.26	10.7	\$5,369.84
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	288	294	8,570	\$2,872,628.37	\$335.20	\$4.38	29.8	\$9,974.40
INTER CARE MENTAL RETARDA	34	36	995	\$534,480.09	\$537.17	\$0.81	29.3	\$15,720.00
NURSING FAC FOR MENTAL ILL	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
HOME HEALTH	1,289	741	1,372,412	\$859,800.20	\$0.63	\$1.31	.0	\$667.03
LEAD INSPECTION AGENCY	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PHYSICIAN	5,582	12,022	36,329	\$686,397.83	\$18.89	\$1.05	6.5	\$122.97
CLINIC SERVICES	1,485	1,540	1,298	\$2,309,720.88	\$1,779.45	\$3.52	.9	\$1,555.37
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	762	1,023	2,701	\$47,951.15	\$17.75	\$0.07	3.5	\$62.93
HABILITATION SERVICES	37	181	807	\$86,768.86	\$107.52	\$0.13	21.8	\$2,345.10
BEHAVIORAL HLTH INTERVENTN SVC	80	202	1,317	\$34,915.02	\$26.51	\$0.05	16.5	\$436.44
REHAB SUPPORT SERVICES	4	3	66	\$3,684.78	\$55.83	\$0.01	16.5	\$921.20
AMBULANCE SERVICES	234	235	226	\$55,231.70	\$244.39	\$0.08	1.0	\$236.03
LOCAL EDUCATION AGENCY	277	9,137	92,685	\$1,434,168.00	\$15.47	\$2.19	334.6	\$5,177.50
INFANT TODDLER	76	155	329	\$3,862.61	\$11.74	\$0.01	4.3	\$50.82
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	3,346	12,896	10,308	\$793,979.76	\$77.03	\$22.57	3.1	\$237.29
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	9,538	9,566	9,560	\$23,039.60	\$2.41	\$0.04	1.0	\$2.42
INDIAN HEALTH SERVICES	1	0	0	\$6.17-	\$0.00	\$0.00	.0	\$6.17-
FAMILY PLANNING SERVICES	238	298	299	\$19,199.94	\$64.21	\$0.03	1.3	\$80.67
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	574	560	543	\$55,649.92	\$102.49	\$6.93	.9	\$96.95
HMO SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PACE SERVICES	597	602	599	\$2,300,113.86	\$3,839.92	\$3.51	1.0	\$3,852.79
PATIENT MANAGEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
HEALTH INS PREMIUM PAYMENT	2,117	4,735	4,734	\$545,247.38	\$115.18	\$0.83	2.2	\$257.56
MEDICAL SUPPLIES	1,265	1,889	98,855	\$141,721.18	\$1.43	\$4.03	78.1	\$112.03
HEALTH HOME PROVIDER	133	158	157	\$25,662.20	\$163.45	\$0.04	1.2	\$192.95
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	616,069	631,611	630,238	\$444,154,639.97	\$704.74	\$677.19	1.0	\$720.95

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OTHER PRACTITIONER	2,906	15,224	33,921	\$1,482,326.20	\$43.70	\$2.26	11.7	\$510.09
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	1	0	0	\$82.63-	\$0.00	\$0.00	.0	\$82.63-
DENTAL	16,195	17,971	18,001	\$2,680,415.32	\$148.90	\$76.18	1.1	\$165.51
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
OPTOMETRIST	314	338	394	\$17,418.61	\$44.21	\$0.03	1.3	\$55.47
CHIROPRACTIC	290	523	631	\$7,994.20	\$12.67	\$0.23	2.2	\$27.57
IOWA-PLAN-HAB	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PODIATRIC	123	162	273	\$6,286.79	\$23.03	\$0.01	2.2	\$51.11
DELTA DENTAL	346,200	360,440	360,074	\$6,358,555.69	\$17.66	\$9.69	1.0	\$18.37
PHYSICAL DISABILITIES SVCS	7	10	1,124	\$4,882.80	\$4.34	\$0.01	160.6	\$697.54
BRAIN INJ WAIVER SERVICES	153	312	15,170	\$361,944.70	\$23.86	\$0.55	99.2	\$2,365.65
PSYCHIATRIC	492	752	952	\$34,172.49	\$35.90	\$0.05	1.9	\$69.46
RESIDENTIAL CARE FACILITY	456	653	18,547	\$146,397.16	\$7.89	\$0.22	40.7	\$321.05
ID WAIVER SERVICE	622	948	52,811	\$123,285.66	\$2.33	\$10.15	84.9	\$198.21
CHILDRENS MENTAL HEALTH SVC	36	66	14,260	\$56,135.86	\$3.94	\$55.91	396.1	\$1,559.33
AIDS WAIVER SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
ELDERLY WAIVER SERVICES	18	57	1,272	\$18,306.83	\$14.39	\$2.21	70.7	\$1,017.05
ILL & HANDICAPPED WAIVER SVCS	282	334	20,447	\$454,252.56	\$22.22	\$193.46	72.5	\$1,610.82
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MEP SERVICES	672	865	6,644	\$429,202.40	\$64.60	\$0.65	9.9	\$638.69
UNASSIGNED	1	0	0	\$513,777.25-	\$0.00	\$0.78-	.0	\$513,777.25-
* A L L C A T E G O R I E S *	635,878	1,093,434	10,412,688	\$484,250,061.33	\$46.51	\$738.32	16.4	\$761.55

*** END OF REPORT ***