

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 10/31/20)

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	606	575	3,355	\$13,027,651.83	\$3,883.06	\$19.19	5.5	\$21,497.78
OUTPATIENT	3,912	5,699	995,227	\$1,035,473.78	\$1.04	\$1.52	254.4	\$264.69
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	38	46	792	\$204,052.52	\$257.64	\$0.30	20.8	\$5,369.80
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	290	292	8,524	\$2,800,279.71	\$328.52	\$4.12	29.4	\$9,656.14
INTER CARE MENTAL RETARDA	35	35	1,045	\$469,469.04	\$449.25	\$0.69	29.9	\$13,413.40
NURSING FAC FOR MENTAL ILL	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
HOME HEALTH	584	748	163,470	\$1,687,354.94	\$10.32	\$2.49	279.9	\$2,889.31
LEAD INSPECTION AGENCY	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PHYSICIAN	5,610	12,224	38,057	\$799,916.52	\$21.02	\$1.18	6.8	\$142.59
CLINIC SERVICES	1,021	1,378	1,274	\$877,214.74	\$688.55	\$1.29	1.2	\$859.17
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	755	1,022	2,476	\$29,902.82	\$12.08	\$0.04	3.3	\$39.61
HABILITATION SERVICES	28	78	566	\$69,229.05	\$122.31	\$0.10	20.2	\$2,472.47
BEHAVIORAL HLTH INTERVENTN SVC	85	246	1,494	\$38,358.72	\$25.68	\$0.06	17.6	\$451.28
REHAB SUPPORT SERVICES	3	2	44	\$2,456.52	\$55.83	\$0.00	14.7	\$818.84
AMBULANCE SERVICES	297	322	315	\$155,856.99	\$494.78	\$0.23	1.1	\$524.77
LOCAL EDUCATION AGENCY	841	13,215	64,430	\$1,612,291.96	\$25.02	\$2.37	76.6	\$1,917.11
INFANT TODDLER	69	137	216	\$4,038.04	\$18.69	\$0.01	3.1	\$58.52
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	3,596	12,628	10,172	\$890,003.69	\$87.50	\$24.69	2.8	\$247.50
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	10,352	9,869	9,845	\$24,984.59	\$2.54	\$0.04	1.0	\$2.41
INDIAN HEALTH SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
FAMILY PLANNING SERVICES	159	168	168	\$9,763.97	\$58.12	\$0.01	1.1	\$61.41
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	1,155	1,153	1,146	\$108,429.89	\$94.62	\$14.36	1.0	\$93.88
HMO SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PACE SERVICES	585	584	582	\$2,190,059.79	\$3,762.99	\$3.23	1.0	\$3,743.69
PATIENT MANAGEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
HEALTH INS PREMIUM PAYMENT	2,156	4,865	4,865	\$542,541.97	\$111.52	\$0.80	2.3	\$251.64
MEDICAL SUPPLIES	1,356	1,955	93,874	\$126,987.75	\$1.35	\$3.52	69.2	\$93.65
HEALTH HOME PROVIDER	90	92	92	\$12,280.12	\$133.48	\$0.02	1.0	\$136.45
TCM PAYMENTS TO IOWAPLAN	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
IHAWP QHP	2	0	0	\$101.17-	\$0.00	\$0.00	.0	\$50.59-
MCO	638,659	655,124	652,785	\$461,550,722.64	\$707.05	\$679.74	1.0	\$722.69

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					COST PER UNIT OF SERVICE	COST PER ELIGIBLE RECIPIENT	UNITS PER RECIPIENT SERVED	COST PER RECIPIENT SERVED
OTHER PRACTITIONER	2,766	13,006	24,236	\$1,388,062.68	\$57.27	\$2.04	8.8	\$501.83
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	20,054	22,478	22,537	\$3,455,092.41	\$153.31	\$95.85	1.1	\$172.29
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
OPTOMETRIST	253	290	341	\$15,972.87	\$46.84	\$0.02	1.3	\$63.13
CHIROPRACTIC	322	611	724	\$12,401.73	\$17.13	\$0.34	2.2	\$38.51
IOWA-PLAN-HAB	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PODIATRIC	166	225	354	\$5,534.65	\$15.63	\$0.01	2.1	\$33.34
DELTA DENTAL	361,223	370,550	370,433	\$6,540,990.45	\$17.66	\$9.63	1.0	\$18.11
PHYSICAL DISABILITIES SVCS	5	13	1,013	\$3,725.96	\$3.68	\$0.01	202.6	\$745.19
BRAIN INJ WAIVER SERVICES	152	327	9,588	\$400,839.08	\$41.81	\$0.59	63.1	\$2,637.10
PSYCHIATRIC	488	756	858	\$57,751.14	\$67.31	\$0.09	1.8	\$118.34
RESIDENTIAL CARE FACILITY	406	516	13,993	\$113,680.97	\$8.12	\$0.17	34.5	\$280.00
ID WAIVER SERVICE	575	871	43,453	\$1,890,823.84	\$43.51	\$156.27	75.6	\$3,288.39
CHILDRENS MENTAL HEALTH SVC	34	45	7,897	\$32,853.93	\$4.16	\$33.32	232.3	\$966.29
AIDS WAIVER SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
ELDERLY WAIVER SERVICES	20	72	1,296	\$17,088.63	\$13.19	\$2.06	64.8	\$854.43
ILL & HANDICAPPED WAIVER SVCS	258	340	26,243	\$553,179.58	\$21.08	\$237.42	101.7	\$2,144.11
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MEP SERVICES	669	1,001	6,352	\$410,339.20	\$64.60	\$0.60	9.5	\$613.36
UNASSIGNED	1	0	0	\$1,095,387.22	\$0.00	\$1.61	.0	\$0.00
* A L L C A T E G O R I E S *	657,100	1,133,558	2,584,132	\$504,262,944.76	\$195.14	\$742.64	3.9	\$767.41

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