

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 02/28/21)

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	510	492	2,516	\$13,097,409.35	\$5,205.65	\$18.53	4.9	\$25,681.19
OUTPATIENT	3,766	5,576	773,093	\$1,266,169.12	\$1.64	\$1.79	205.3	\$336.21
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	42	640	\$175,345.73	\$273.98	\$0.25	18.3	\$5,009.88
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	277	285	8,365	\$2,698,724.01	\$322.62	\$3.82	30.2	\$9,742.69
INTER CARE MENTAL RETARDA	34	35	1,063	\$460,894.82	\$433.58	\$0.65	31.3	\$13,555.73
NURSING FAC FOR MENTAL ILL	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
HOME HEALTH	662	764	639,500	\$1,356,423.45	\$2.12	\$1.92	966.0	\$2,048.98
LEAD INSPECTION AGENCY	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PHYSICIAN	5,620	12,592	38,552	\$839,252.47	\$21.77	\$1.19	6.9	\$149.33
CLINIC SERVICES	1,085	1,475	1,322	\$1,439,955.09	\$1,089.22	\$2.04	1.2	\$1,327.15
MEP CASE MANAGEMENT	1	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	628	823	2,026	\$26,355.73	\$13.01	\$0.04	3.2	\$41.97
HABILITATION SERVICES	32	78	654	\$79,723.00	\$121.90	\$0.11	20.4	\$2,491.34
BEHAVIORAL HLTH INTERVENTN SVC	90	245	1,614	\$32,092.62	\$19.88	\$0.05	17.9	\$356.58
REHAB SUPPORT SERVICES	3	21	61	\$3,405.63	\$55.83	\$0.00	20.3	\$1,135.21
AMBULANCE SERVICES	234	279	275	\$63,645.91	\$231.44	\$0.09	1.2	\$271.99
LOCAL EDUCATION AGENCY	1,728	32,998	139,976	\$3,914,652.14	\$27.97	\$5.54	81.0	\$2,265.42
INFANT TODDLER	254	483	900	\$9,415.87	\$10.46	\$0.01	3.5	\$37.07
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	3,545	13,737	11,135	\$922,557.56	\$82.85	\$24.56	3.1	\$260.24
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	10,679	10,956	8,326	\$19,862.08	\$2.39	\$0.03	.8	\$1.86
INDIAN HEALTH SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
FAMILY PLANNING SERVICES	213	259	259	\$23,423.27	\$90.44	\$0.03	1.2	\$109.97
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	974	987	978	\$94,404.74	\$96.53	\$11.70	1.0	\$96.92
HMO SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PACE SERVICES	584	584	584	\$2,151,241.94	\$3,683.63	\$3.04	1.0	\$3,683.63
PATIENT MANAGEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
HEALTH INS PREMIUM PAYMENT	2,126	4,317	4,314	\$443,241.51	\$102.74	\$0.63	2.0	\$208.49
MEDICAL SUPPLIES	1,308	2,022	112,181	\$165,369.92	\$1.47	\$4.40	85.8	\$126.43
HEALTH HOME PROVIDER	169	234	234	\$35,470.48	\$151.58	\$0.05	1.4	\$209.88
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	668,172	681,330	679,956	\$458,618,008.46	\$674.48	\$648.77	1.0	\$686.38

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OTHER PRACTITIONER	3,856	17,423	41,542	\$2,797,832.62	\$67.35	\$3.96	10.8	\$725.58
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	19,115	21,318	21,368	\$3,383,527.87	\$158.35	\$90.09	1.1	\$177.01
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
OPTOMETRIST	295	319	356	\$26,619.48	\$74.77	\$0.04	1.2	\$90.24
CHIROPRACTIC	294	620	709	\$18,613.19	\$26.25	\$0.50	2.4	\$63.31
IOWA-PLAN-HAB	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PODIATRIC	143	194	319	\$8,341.51	\$26.15	\$0.01	2.2	\$58.33
DELTA DENTAL	381,485	390,748	389,413	\$6,934,201.17	\$17.81	\$9.81	1.0	\$18.18
PHYSICAL DISABILITIES SVCS	8	13	2,412	\$9,985.84	\$4.14	\$0.01	301.5	\$1,248.23
BRAIN INJ WAIVER SERVICES	145	283	11,050	\$352,772.97	\$31.93	\$0.50	76.2	\$2,432.92
PSYCHIATRIC	583	974	1,156	\$71,176.16	\$61.57	\$0.10	2.0	\$122.09
RESIDENTIAL CARE FACILITY	396	468	12,852	\$109,328.32	\$8.51	\$0.15	32.5	\$276.08
ID WAIVER SERVICE	602	877	42,831	\$1,965,333.98	\$45.89	\$163.76	71.1	\$3,264.67
CHILDRENS MENTAL HEALTH SVC	42	78	12,434	\$49,859.31	\$4.01	\$51.19	296.0	\$1,187.13
AIDS WAIVER SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
ELDERLY WAIVER SERVICES	23	68	1,832	\$27,000.34	\$14.74	\$3.31	79.7	\$1,173.93
ILL & HANDICAPPED WAIVER SVCS	293	357	26,150	\$490,364.43	\$18.75	\$213.48	89.2	\$1,673.60
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MEP SERVICES	684	834	5,487	\$354,460.20	\$64.60	\$0.50	8.0	\$518.22
UNASSIGNED	1	0	0	\$478,922.46	\$0.00	\$0.68	.0	\$478,922.46
* A L L C A T E G O R I E S *	687,171	1,205,188	2,998,435	\$505,015,384.75	\$168.43	\$714.40	4.4	\$734.92

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