

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 09/30/19)

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	1,020	962	5,388	\$12,264,527.73	\$2,276.27	\$19.70	5.3	\$12,024.05
OUTPATIENT	6,325	9,156	1,062,307	\$2,505,248.31	\$2.36	\$4.02	168.0	\$396.09
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	65	73	1,122	\$208,047.92	\$185.43	\$0.33	17.3	\$3,200.74
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	498	596	16,543	\$4,092,663.87	\$247.40	\$6.57	33.2	\$8,218.20
INTER CARE MENTAL RETARDA	41	47	1,333	\$587,869.72	\$441.01	\$0.94	32.5	\$14,338.29
NURSING FAC FOR MENTAL ILL	1	0	0	\$23,500.00-	\$0.00	\$0.07-	.0	\$23,500.00-
HOME HEALTH	849	1,244	241,129	\$1,893,661.39	\$7.85	\$3.04	284.0	\$2,230.46
LEAD INSPECTION AGENCY	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PHYSICIAN	9,486	21,275	56,416	\$228,131.72	\$4.04	\$0.37	5.9	\$24.05
CLINIC SERVICES	2,406	3,383	3,260	\$4,093,893.10	\$1,255.80	\$6.57	1.4	\$1,701.53
MEP CASE MANAGEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
EHR INCENTIVE PAYMENTS	1	0	0	\$161,500.00	\$0.00	\$0.26	.0	\$161,500.00
LAB AND RADIOLOGICAL	1,294	2,038	4,763	\$112,226.95	\$23.56	\$0.18	3.7	\$86.73
HABILITATION SERVICES	39	160	1,132	\$142,579.20	\$125.95	\$0.23	29.0	\$3,655.88
BEHAVIORAL HLTH INTERVENTN SVC	181	254	2,390	\$147,458.31-	\$61.70-	\$0.24-	13.2	\$814.69-
REHAB SUPPORT SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
AMBULANCE SERVICES	433	517	511	\$45,438.85	\$88.92	\$0.07	1.2	\$104.94
LOCAL EDUCATION AGENCY	1,003	18,083	115,265	\$1,622,906.87	\$14.08	\$2.61	114.9	\$1,618.05
INFANT TODDLER	338	645	1,551	\$18,512.07	\$11.94	\$0.03	4.6	\$54.77
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	4,474	18,043	14,706	\$1,069,061.14	\$72.70	\$17.08	3.3	\$238.95
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	11,171	9,398	9,379	\$23,891.17	\$2.55	\$0.04	.8	\$2.14
INDIAN HEALTH SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
FAMILY PLANNING SERVICES	298	324	334	\$23,081.03	\$69.10	\$0.04	1.1	\$77.45
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	1	0	0	\$328.30-	\$0.00	\$0.00	.0	\$328.30-
MENTAL HEALTH ACCESS PLAN	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
EPSDT SCREENING	3,597	3,671	3,667	\$244,277.62	\$66.62	\$13.09	1.0	\$67.91
HMO SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PACE SERVICES	570	569	568	\$2,157,485.00	\$3,798.39	\$3.46	1.0	\$3,785.06
PATIENT MANAGEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
HEALTH INS PREMIUM PAYMENT	2,166	4,364	4,364	\$416,441.12	\$95.43	\$0.67	2.0	\$192.26
MEDICAL SUPPLIES	1,598	2,631	124,192	\$178,722.06	\$1.44	\$2.86	77.7	\$111.84
HEALTH HOME PROVIDER	249	334	330	\$46,389.30	\$140.57	\$0.07	1.3	\$186.30
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	636,217	598,785	597,149	\$434,799,509.41	\$728.13	\$698.26	.9	\$683.41

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OTHER PRACTITIONER	3,566	13,185	24,177	\$1,368,272.86	\$56.59	\$2.20	6.8	\$383.70
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	28,157	31,981	32,036	\$4,628,388.23	\$144.47	\$73.96	1.1	\$164.38
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
OPTOMETRIST	423	472	549	\$24,338.73	\$44.33	\$0.04	1.3	\$57.54
CHIROPRACTIC	425	823	989	\$15,357.63	\$15.53	\$0.25	2.3	\$36.14
IOWA-PLAN-HAB	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PODIATRIC	237	296	412	\$12,389.39	\$30.07	\$0.02	1.7	\$52.28
DELTA DENTAL	316,353	329,051	328,815	\$5,821,703.79	\$17.71	\$9.35	1.0	\$18.40
PHYSICAL DISABILITIES SVCS	6	8	1,620	\$3,301.00	\$2.04	\$0.01	270.0	\$550.17
BRAIN INJ WAIVER SERVICES	154	327	19,448	\$334,755.63	\$17.21	\$0.54	126.3	\$2,173.74
PSYCHIATRIC	1,053	1,437	1,774	\$87,945.63	\$49.57	\$0.14	1.7	\$83.52
RESIDENTIAL CARE FACILITY	524	610	16,861	\$146,002.24	\$8.66	\$0.23	32.2	\$278.63
ID WAIVER SERVICE	707	1,382	88,790	\$2,271,404.09	\$25.58	\$188.30	125.6	\$3,212.74
CHILDRENS MENTAL HEALTH SVC	50	105	20,766	\$77,137.56	\$3.71	\$97.52	415.3	\$1,542.75
AIDS WAIVER SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
ELDERLY WAIVER SERVICES	17	55	1,201	\$15,064.45	\$12.54	\$1.86	70.6	\$886.14
ILL & HANDICAPPED WAIVER SVCS	314	403	31,228	\$453,374.47	\$14.52	\$197.63	99.5	\$1,443.87
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MEP SERVICES	719	889	5,831	\$376,682.60	\$64.60	\$0.60	8.1	\$523.90
UNASSIGNED	1	0	0	\$760,138.93-	\$0.00	\$1.22-	.0	\$760,138.93-
* A L L C A T E G O R I E S *	656,071	1,077,576	2,842,296	\$481,640,758.31	\$169.45	\$773.49	4.3	\$734.13

*** END OF REPORT ***