

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 10/31/19)

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	759	733	4,056	\$11,663,297.72	\$2,875.57	\$18.79	5.3	\$15,366.66
OUTPATIENT	5,135	7,375	969,074	\$1,970,458.58	\$2.03	\$3.18	188.7	\$383.73
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	49	52	787	\$204,419.70	\$259.75	\$0.33	16.1	\$4,171.83
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	433	478	13,459	\$3,713,440.54	\$275.91	\$5.98	31.1	\$8,576.08
INTER CARE MENTAL RETARDA	41	45	1,293	\$597,552.85	\$462.14	\$0.96	31.5	\$14,574.46
NURSING FAC FOR MENTAL ILL	1	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
HOME HEALTH	759	1,025	200,976	\$1,445,244.66	\$7.19	\$2.33	264.8	\$1,904.14
LEAD INSPECTION AGENCY	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PHYSICIAN	7,947	16,784	53,357	\$499,485.16	\$9.36	\$0.80	6.7	\$62.85
CLINIC SERVICES	2,002	2,550	2,483	\$3,530,531.28	\$1,421.88	\$5.69	1.2	\$1,763.50
MEP CASE MANAGEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
EHR INCENTIVE PAYMENTS	1	0	0	\$85,000.00	\$0.00	\$0.14	.0	\$85,000.00
LAB AND RADIOLOGICAL	933	1,468	3,633	\$51,815.02	\$14.26	\$0.08	3.9	\$55.54
HABILITATION SERVICES	39	107	683	\$105,196.68	\$154.02	\$0.17	17.5	\$2,697.35
BEHAVIORAL HLTH INTERVENTN SVC	116	264	1,905	\$17,500.35	\$9.19	\$0.03	16.4	\$150.87
REHAB SUPPORT SERVICES	4	11	205	\$10,469.35	\$51.07	\$0.02	51.3	\$2,617.34
AMBULANCE SERVICES	361	364	350	\$15,353.07	\$43.87	\$0.02	1.0	\$42.53
LOCAL EDUCATION AGENCY	1,832	32,243	251,298	\$4,106,370.32	\$16.34	\$6.62	137.2	\$2,241.47
INFANT TODDLER	196	390	938	\$11,112.63	\$11.85	\$0.02	4.8	\$56.70
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	3,982	14,618	11,911	\$915,153.01	\$76.83	\$14.78	3.0	\$229.82
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	9,337	9,442	9,437	\$22,743.17	\$2.41	\$0.04	1.0	\$2.44
INDIAN HEALTH SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
FAMILY PLANNING SERVICES	208	220	219	\$16,742.70	\$76.45	\$0.03	1.1	\$80.49
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	3,250	3,434	3,426	\$222,973.30	\$65.08	\$12.42	1.1	\$68.61
HMO SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PACE SERVICES	568	567	566	\$2,135,537.86	\$3,773.04	\$3.44	1.0	\$3,759.75
PATIENT MANAGEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
HEALTH INS PREMIUM PAYMENT	2,235	5,622	5,622	\$581,733.79	\$103.47	\$0.94	2.5	\$260.28
MEDICAL SUPPLIES	1,569	2,329	109,749	\$157,888.10	\$1.44	\$2.55	69.9	\$100.63
HEALTH HOME PROVIDER	195	211	211	\$30,513.35	\$144.61	\$0.05	1.1	\$156.48
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	608,253	954,934	952,988	\$618,706,510.47	\$649.23	\$996.96	1.6	\$1,017.19

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					COST PER UNIT OF SERVICE	COST PER ELIGIBLE RECIPIENT	UNITS PER RECIPIENT SERVED	COST PER RECIPIENT SERVED
OTHER PRACTITIONER	3,228	12,861	21,999	\$1,253,634.07	\$56.99	\$2.02	6.8	\$388.36
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	23,719	26,888	27,003	\$4,108,922.33	\$152.17	\$66.37	1.1	\$173.23
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
OPTOMETRIST	366	390	450	\$20,461.77	\$45.47	\$0.03	1.2	\$55.91
CHIROPRACTIC	393	813	1,007	\$11,618.95	\$11.54	\$0.19	2.6	\$29.56
IOWA-PLAN-HAB	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PODIATRIC	200	247	355	\$5,001.76	\$14.09	\$0.01	1.8	\$25.01
DELTA DENTAL	342,186	329,914	328,830	\$12,609,708.82	\$38.35	\$20.32	1.0	\$36.85
PHYSICAL DISABILITIES SVCS	4	10	1,697	\$6,270.50	\$3.70	\$0.01	424.3	\$1,567.63
BRAIN INJ WAIVER SERVICES	157	328	15,566	\$321,210.53	\$20.64	\$0.52	99.1	\$2,045.93
PSYCHIATRIC	744	1,190	1,452	\$82,351.59	\$56.72	\$0.13	2.0	\$110.69
RESIDENTIAL CARE FACILITY	465	500	13,535	\$103,262.38	\$7.63	\$0.17	29.1	\$222.07
ID WAIVER SERVICE	678	1,222	68,936	\$1,875,598.41	\$27.21	\$156.34	101.7	\$2,766.37
CHILDRENS MENTAL HEALTH SVC	39	50	9,381	\$38,045.36	\$4.06	\$49.22	240.5	\$975.52
AIDS WAIVER SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
ELDERLY WAIVER SERVICES	19	53	1,233	\$16,629.78	\$13.49	\$2.05	64.9	\$875.25
ILL & HANDICAPPED WAIVER SVCS	292	369	24,676	\$453,947.56	\$18.40	\$198.32	84.5	\$1,554.61
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MEP SERVICES	717	873	5,699	\$368,155.40	\$64.60	\$0.59	7.9	\$513.47
UNASSIGNED	1	0	0	\$260,816.15	\$0.00	\$0.42	.0	\$260,816.15
* A L L C A T E G O R I E S *	638,569	1,430,974	3,120,445	\$672,352,679.02	\$215.47	\$1,083.40	4.9	\$1,052.91

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