

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 11/30/19)

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	864	860	4,610	\$15,826,211.13	\$3,433.02	\$25.54	5.3	\$18,317.37
OUTPATIENT	5,699	8,109	1,072,482	\$2,271,172.35	\$2.12	\$3.67	188.2	\$398.52
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	34	525	\$232,036.96	\$441.98	\$0.37	16.4	\$7,251.16
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	358	386	11,213	\$3,503,859.78	\$312.48	\$5.65	31.3	\$9,787.32
INTER CARE MENTAL RETARDA	38	38	1,054	\$467,446.77	\$443.50	\$0.75	27.7	\$12,301.23
NURSING FAC FOR MENTAL ILL	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
HOME HEALTH	714	916	246,349	\$1,566,962.17	\$6.36	\$2.53	345.0	\$2,194.62
LEAD INSPECTION AGENCY	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PHYSICIAN	8,143	17,206	51,730	\$704,899.79	\$13.63	\$1.14	6.4	\$86.57
CLINIC SERVICES	1,926	2,471	2,352	\$3,165,028.26	\$1,345.68	\$5.11	1.2	\$1,643.32
MEP CASE MANAGEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
EHR INCENTIVE PAYMENTS	1	0	0	\$374.00-	\$0.00	\$0.00	.0	\$374.00-
LAB AND RADIOLOGICAL	1,346	1,399	2,455	\$19,386.35	\$7.90	\$0.03	1.8	\$14.40
HABILITATION SERVICES	36	123	911	\$80,015.38	\$87.83	\$0.13	25.3	\$2,222.65
BEHAVIORAL HLTH INTERVENTN SVC	100	291	1,897	\$33,268.47	\$17.54	\$0.05	19.0	\$332.68
REHAB SUPPORT SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
AMBULANCE SERVICES	323	348	341	\$26,930.53	\$78.98	\$0.04	1.1	\$83.38
LOCAL EDUCATION AGENCY	2,135	46,279	380,765	\$7,003,390.98	\$18.39	\$11.30	178.3	\$3,280.28
INFANT TODDLER	181	316	487	\$6,561.72	\$13.47	\$0.01	2.7	\$36.25
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	3,971	14,374	11,507	\$824,032.44	\$71.61	\$13.97	2.9	\$207.51
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	10,421	9,668	9,154	\$23,235.30	\$2.54	\$0.04	.9	\$2.23
INDIAN HEALTH SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
FAMILY PLANNING SERVICES	220	226	224	\$18,210.66	\$81.30	\$0.03	1.0	\$82.78
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	3,046	3,053	3,039	\$206,220.65	\$67.86	\$12.59	1.0	\$67.70
HMO SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PACE SERVICES	565	564	564	\$2,125,994.09	\$3,769.49	\$3.43	1.0	\$3,762.82
PATIENT MANAGEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
HEALTH INS PREMIUM PAYMENT	2,086	4,262	4,262	\$409,620.14	\$96.11	\$0.66	2.0	\$196.37
MEDICAL SUPPLIES	1,699	2,461	103,090	\$131,033.85	\$1.27	\$2.22	60.7	\$77.12
HEALTH HOME PROVIDER	160	195	194	\$29,445.19	\$151.78	\$0.05	1.2	\$184.03
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	575,747	605,503	602,437	\$439,580,787.76	\$729.67	\$709.39	1.0	\$763.50

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OTHER PRACTITIONER	3,401	15,785	25,254	\$1,525,126.55	\$60.39	\$2.46	7.4	\$448.43
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	22,862	25,938	25,996	\$3,887,019.93	\$149.52	\$65.91	1.1	\$170.02
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
OPTOMETRIST	385	412	509	\$21,605.28	\$42.45	\$0.03	1.3	\$56.12
CHIROPRACTIC	340	673	788	\$11,816.70	\$15.00	\$0.20	2.3	\$34.76
IOWA-PLAN-HAB	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PODIATRIC	204	231	307	\$4,944.18	\$16.10	\$0.01	1.5	\$24.24
DELTA DENTAL	316,486	334,679	334,408	\$5,922,538.34	\$17.71	\$9.56	1.1	\$18.71
PHYSICAL DISABILITIES SVCS	5	13	1,244	\$4,251.49	\$3.42	\$0.01	248.8	\$850.30
BRAIN INJ WAIVER SERVICES	152	298	12,923	\$320,540.27	\$24.80	\$0.52	85.0	\$2,108.82
PSYCHIATRIC	718	1,123	1,371	\$67,698.34	\$49.38	\$0.11	1.9	\$94.29
RESIDENTIAL CARE FACILITY	539	694	19,817	\$163,074.55	\$8.23	\$0.26	36.8	\$302.55
ID WAIVER SERVICE	700	1,243	73,089	\$2,396,241.28	\$32.79	\$199.37	104.4	\$3,423.20
CHILDRENS MENTAL HEALTH SVC	33	50	10,968	\$42,850.52	\$3.91	\$53.10	332.4	\$1,298.50
AIDS WAIVER SERVICES	1	1	120	\$612.00	\$5.10	\$22.67	120.0	\$612.00
ELDERLY WAIVER SERVICES	34	42	883	\$4,866.65	\$5.51	\$0.60	26.0	\$143.14
ILL & HANDICAPPED WAIVER SVCS	297	335	21,004	\$416,670.58	\$19.84	\$179.83	70.7	\$1,402.93
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MEP SERVICES	505	687	5,294	\$341,992.40	\$64.60	\$0.55	10.5	\$677.21
UNASSIGNED	2	0	0	\$361,901.46	\$0.00	\$0.58	.0	\$180,950.73
* A L L C A T E G O R I E S *	596,951	1,101,286	3,045,617	\$493,749,127.24	\$162.12	\$796.81	5.1	\$827.12

*** END OF REPORT ***