

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 02/29/20)

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	737	685	2,879	\$11,481,162.27	\$3,987.90	\$18.62	3.9	\$15,578.24
OUTPATIENT	5,021	6,973	862,110	\$1,222,738.94	\$1.42	\$1.98	171.7	\$243.52
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	43	46	745	\$212,170.02	\$284.79	\$0.34	17.3	\$4,934.19
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	339	329	9,559	\$3,073,877.18	\$321.57	\$4.98	28.2	\$9,067.48
INTER CARE MENTAL RETARDA	39	40	1,193	\$530,957.77	\$445.06	\$0.86	30.6	\$13,614.30
NURSING FAC FOR MENTAL ILL	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
HOME HEALTH	715	811	689,874	\$834,974.88	\$1.21	\$1.35	964.9	\$1,167.80
LEAD INSPECTION AGENCY	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PHYSICIAN	7,398	16,429	47,590	\$1,020,009.32	\$21.43	\$1.65	6.4	\$137.88
CLINIC SERVICES	1,724	2,376	2,236	\$3,521,519.98	\$1,574.92	\$5.71	1.3	\$2,042.65
MEP CASE MANAGEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
EHR INCENTIVE PAYMENTS	1	0	0	\$25,500.00	\$0.00	\$0.04	.0	\$25,500.00
LAB AND RADIOLOGICAL	846	1,244	2,927	\$44,701.45	\$15.27	\$0.07	3.5	\$52.84
HABILITATION SERVICES	37	118	1,226	\$74,118.30	\$60.46	\$0.12	33.1	\$2,003.20
BEHAVIORAL HLTH INTERVENTN SVC	84	251	1,554	\$37,569.81	\$24.18	\$0.06	18.5	\$447.26
REHAB SUPPORT SERVICES	6	26	141	\$7,578.15	\$53.75	\$0.01	23.5	\$1,263.03
AMBULANCE SERVICES	253	281	276	\$18,924.91	\$68.57	\$0.03	1.1	\$74.80
LOCAL EDUCATION AGENCY	2,579	60,921	446,316	\$7,711,766.59	\$17.28	\$12.51	173.1	\$2,990.22
INFANT TODDLER	191	394	874	\$12,345.39	\$14.13	\$0.02	4.6	\$64.64
IHAWP WELLNESS EXAM BONUS	1	0	0	\$263.96-	\$0.00	\$0.00	.0	\$263.96-
ACO VIS PAYMENTS	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PRESCRIBED DRUGS	4,425	16,843	13,621	\$993,094.24	\$72.91	\$23.75	3.1	\$224.43
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	10,878	9,496	7,989	\$20,349.65	\$2.55	\$0.03	.7	\$1.87
INDIAN HEALTH SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
FAMILY PLANNING SERVICES	279	342	344	\$23,840.37	\$69.30	\$0.04	1.2	\$85.45
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	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	4,339	4,473	4,456	\$234,538.50	\$52.63	\$22.54	1.0	\$54.05
HMO SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PACE SERVICES	590	588	588	\$2,212,604.01	\$3,762.93	\$3.59	1.0	\$3,750.18
PATIENT MANAGEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
HEALTH INS PREMIUM PAYMENT	2,077	4,171	4,171	\$405,024.70	\$97.10	\$0.66	2.0	\$195.00
MEDICAL SUPPLIES	1,342	2,050	102,678	\$179,918.44	\$1.75	\$4.30	76.5	\$134.07
HEALTH HOME PROVIDER	182	213	213	\$33,535.24	\$157.44	\$0.05	1.2	\$184.26
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	569,359	599,157	598,151	\$430,341,240.49	\$719.45	\$697.84	1.1	\$755.83

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OTHER PRACTITIONER	4,298	18,686	33,096	\$2,098,661.89	\$63.41	\$3.40	7.7	\$488.29
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	20,018	22,881	22,924	\$3,456,535.79	\$150.78	\$82.67	1.1	\$172.67
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
OPTOMETRIST	331	382	435	\$26,473.90	\$60.86	\$0.04	1.3	\$79.98
CHIROPRACTIC	295	548	639	\$16,580.73	\$25.95	\$0.40	2.2	\$56.21
IOWA-PLAN-HAB	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PODIATRIC	182	244	472	\$17,558.86	\$37.20	\$0.03	2.6	\$96.48
DELTA DENTAL	314,448	332,306	331,694	\$5,879,110.38	\$17.72	\$9.53	1.1	\$18.70
PHYSICAL DISABILITIES SVCS	5	10	1,700	\$6,266.52	\$3.69	\$0.01	340.0	\$1,253.30
BRAIN INJ WAIVER SERVICES	154	306	9,817	\$346,988.86	\$35.35	\$0.56	63.7	\$2,253.17
PSYCHIATRIC	712	1,067	1,307	\$76,400.49	\$58.45	\$0.12	1.8	\$107.30
RESIDENTIAL CARE FACILITY	486	570	15,907	\$134,823.80	\$8.48	\$0.22	32.7	\$277.42
ID WAIVER SERVICE	646	1,127	54,691	\$2,050,578.65	\$37.49	\$171.02	84.7	\$3,174.27
CHILDRENS MENTAL HEALTH SVC	39	57	9,771	\$40,592.73	\$4.15	\$44.22	250.5	\$1,040.84
AIDS WAIVER SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
ELDERLY WAIVER SERVICES	21	54	2,053	\$21,315.86	\$10.38	\$2.65	97.8	\$1,015.04
ILL & HANDICAPPED WAIVER SVCS	279	339	18,080	\$421,527.37	\$23.31	\$178.39	64.8	\$1,510.85
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MEP SERVICES	604	643	5,494	\$354,912.40	\$64.60	\$0.58	9.1	\$587.60
UNASSIGNED	1	0	0	\$976,875.08-	\$0.00	\$1.58-	.0	\$976,875.08-
* A L L C A T E G O R I E S *	590,702	1,107,477	3,309,791	\$478,245,249.79	\$144.49	\$775.53	5.6	\$809.62

*** END OF REPORT ***