

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 03/31/20)

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	927	912	4,767	\$13,225,439.68	\$2,774.37	\$21.35	5.1	\$14,266.93
OUTPATIENT	5,733	8,976	1,324,265	\$1,820,510.82	\$1.37	\$2.94	231.0	\$317.55
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	159	70	754	\$351,609.81	\$466.33	\$0.57	4.7	\$2,211.38
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	423	363	9,636	\$2,553,005.28	\$264.94	\$4.12	22.8	\$6,035.47
INTER CARE MENTAL RETARDA	42	41	1,168	\$523,897.23	\$448.54	\$0.85	27.8	\$12,473.74
NURSING FAC FOR MENTAL ILL	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
HOME HEALTH	705	958	205,054	\$1,473,284.14	\$7.18	\$2.38	290.9	\$2,089.76
LEAD INSPECTION AGENCY	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PHYSICIAN	8,175	19,227	52,181	\$1,098,070.65	\$21.04	\$1.77	6.4	\$134.32
CLINIC SERVICES	1,970	2,763	2,672	\$5,357,425.17	\$2,005.02	\$8.65	1.4	\$2,719.51
MEP CASE MANAGEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
EHR INCENTIVE PAYMENTS	1	0	0	\$322,990.00	\$0.00	\$0.52	.0	\$322,990.00
LAB AND RADIOLOGICAL	981	1,438	3,524	\$50,100.81	\$14.22	\$0.08	3.6	\$51.07
HABILITATION SERVICES	40	221	1,224	\$143,692.97	\$117.40	\$0.23	30.6	\$3,592.32
BEHAVIORAL HLTH INTERVENTN SVC	87	308	1,916	\$44,407.55	\$23.18	\$0.07	22.0	\$510.43
REHAB SUPPORT SERVICES	4	21	59	\$620,616.07	\$10,518.92	\$1.00	14.8	\$155,154.02
AMBULANCE SERVICES	413	476	466	\$33,391.71	\$71.66	\$0.05	1.1	\$80.85
LOCAL EDUCATION AGENCY	2,399	60,723	332,173	\$7,534,147.30	\$22.68	\$12.16	138.5	\$3,140.54
INFANT TODDLER	61	111	300	\$2,716.83	\$9.06	\$0.00	4.9	\$44.54
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	4,538	20,429	16,592	\$1,220,222.82	\$73.54	\$30.58	3.7	\$268.89
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	9,325	9,413	9,411	\$22,680.51	\$2.41	\$0.04	1.0	\$2.43
INDIAN HEALTH SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
FAMILY PLANNING SERVICES	293	345	346	\$24,163.46	\$69.84	\$0.04	1.2	\$82.47
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	3,505	3,737	3,735	\$251,132.49	\$67.24	\$24.81	1.1	\$71.65
HMO SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PACE SERVICES	582	593	579	\$2,198,148.66	\$3,796.46	\$3.55	1.0	\$3,776.89
PATIENT MANAGEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
HEALTH INS PREMIUM PAYMENT	2,157	5,313	5,313	\$519,550.89	\$97.79	\$0.84	2.5	\$240.87
MEDICAL SUPPLIES	1,510	2,965	161,890	\$253,829.43	\$1.57	\$6.36	107.2	\$168.10
HEALTH HOME PROVIDER	202	251	251	\$33,290.82	\$132.63	\$0.05	1.2	\$164.81
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	570,531	605,212	604,082	\$435,319,953.34	\$720.63	\$702.77	1.1	\$763.01

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OTHER PRACTITIONER	3,803	16,212	32,042	\$1,876,006.38	\$58.55	\$3.03	8.4	\$493.30
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	20,114	22,652	22,621	\$3,441,508.97	\$152.14	\$86.26	1.1	\$171.10
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
OPTOMETRIST	340	381	438	\$22,725.25	\$51.88	\$0.04	1.3	\$66.84
CHIROPRACTIC	352	745	789	\$12,907.90	\$16.36	\$0.32	2.2	\$36.67
IOWA-PLAN-HAB	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PODIATRIC	229	321	459	\$17,883.64	\$38.96	\$0.03	2.0	\$78.09
DELTA DENTAL	314,992	335,449	334,745	\$5,925,435.16	\$17.70	\$9.57	1.1	\$18.81
PHYSICAL DISABILITIES SVCS	5	12	942	\$3,436.06	\$3.65	\$0.01	188.4	\$687.21
BRAIN INJ WAIVER SERVICES	157	326	13,398	\$337,990.35	\$25.23	\$0.55	85.3	\$2,152.80
PSYCHIATRIC	896	1,586	1,884	\$107,960.16	\$57.30	\$0.17	2.1	\$120.49
RESIDENTIAL CARE FACILITY	445	494	12,578	\$87,522.66	\$6.96	\$0.14	28.3	\$196.68
ID WAIVER SERVICE	678	1,253	62,263	\$913,090.15	\$14.67	\$76.38	91.8	\$1,346.74
CHILDRENS MENTAL HEALTH SVC	44	75	12,484	\$52,858.01	\$4.23	\$55.06	283.7	\$1,201.32
AIDS WAIVER SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
ELDERLY WAIVER SERVICES	20	48	2,039	\$18,569.96	\$9.11	\$2.31	102.0	\$928.50
ILL & HANDICAPPED WAIVER SVCS	319	409	25,114	\$476,385.49	\$18.97	\$200.33	78.7	\$1,493.37
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MEP SERVICES	696	834	6,073	\$392,315.80	\$64.60	\$0.63	8.7	\$563.67
UNASSIGNED	1	0	0	\$990,582.83	\$0.00	\$1.60	.0	\$990,582.83
* A L L C A T E G O R I E S *	591,843	1,125,663	3,270,227	\$488,434,225.07	\$149.36	\$788.51	5.5	\$825.28

*** END OF REPORT ***