

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 08/31/20)

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	664	675	3,463	\$12,094,761.62	\$3,492.57	\$18.17	5.2	\$18,215.00
OUTPATIENT	4,590	7,305	1,064,562	\$1,558,196.46	\$1.46	\$2.34	231.9	\$339.48
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	34	34	625	\$148,922.64	\$238.28	\$0.22	18.4	\$4,380.08
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	289	297	8,875	\$2,836,229.10	\$319.58	\$4.26	30.7	\$9,813.94
INTER CARE MENTAL RETARDA	35	36	1,035	\$571,984.80	\$552.64	\$0.86	29.6	\$16,342.42
NURSING FAC FOR MENTAL ILL	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
HOME HEALTH	665	959	227,454	\$1,288,820.62	\$5.67	\$1.94	342.0	\$1,938.08
LEAD INSPECTION AGENCY	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PHYSICIAN	6,069	14,865	49,369	\$952,614.94	\$19.30	\$1.43	8.1	\$156.96
CLINIC SERVICES	1,099	1,634	1,468	\$2,770,924.53	\$1,887.55	\$4.16	1.3	\$2,521.31
MEP CASE MANAGEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
EHR INCENTIVE PAYMENTS	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
LAB AND RADIOLOGICAL	793	1,070	2,889	\$42,069.10	\$14.56	\$0.06	3.6	\$53.05
HABILITATION SERVICES	36	142	808	\$86,693.13	\$107.29	\$0.13	22.4	\$2,408.14
BEHAVIORAL HLTH INTERVENTN SVC	95	281	1,627	\$41,273.86	\$25.37	\$0.06	17.1	\$434.46
REHAB SUPPORT SERVICES	4	3	69	\$3,852.27	\$55.83	\$0.01	17.3	\$963.07
AMBULANCE SERVICES	288	339	301	\$36,930.25	\$122.69	\$0.06	1.0	\$128.23
LOCAL EDUCATION AGENCY	471	6,557	85,254	\$1,247,671.80	\$14.63	\$1.87	181.0	\$2,648.98
INFANT TODDLER	219	471	865	\$12,120.01	\$14.01	\$0.02	3.9	\$55.34
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	3,735	15,898	12,668	\$947,090.27	\$74.76	\$24.75	3.4	\$253.57
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	9,557	9,588	9,581	\$23,089.69	\$2.41	\$0.03	1.0	\$2.42
INDIAN HEALTH SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
FAMILY PLANNING SERVICES	218	243	240	\$13,246.17	\$55.19	\$0.02	1.1	\$60.76
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	270	265	262	\$119,577.52	\$456.40	\$12.75	1.0	\$442.88
HMO SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PACE SERVICES	626	723	716	\$2,657,164.27	\$3,711.12	\$3.99	1.1	\$4,244.67
PATIENT MANAGEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
HEALTH INS PREMIUM PAYMENT	2,025	4,101	4,101	\$411,086.64	\$100.24	\$0.62	2.0	\$203.01
MEDICAL SUPPLIES	1,453	2,418	127,015	\$178,525.44	\$1.41	\$4.67	87.4	\$122.87
HEALTH HOME PROVIDER	77	170	170	\$29,318.30	\$172.46	\$0.04	2.2	\$380.76
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	624,801	643,336	642,351	\$514,238,854.18	\$800.56	\$772.48	1.0	\$823.04

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OTHER PRACTITIONER	2,413	9,550	31,114	\$1,073,221.82	\$34.49	\$1.61	12.9	\$444.77
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	45,337	25,699	25,774	\$3,924,472.56	\$152.26	\$102.57	.6	\$86.56
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
OPTOMETRIST	290	333	394	\$17,708.08	\$44.94	\$0.03	1.4	\$61.06
CHIROPRACTIC	337	653	762	\$10,809.30	\$14.19	\$0.28	2.3	\$32.08
IOWA-PLAN-HAB	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PODIATRIC	161	214	345	\$6,714.96	\$19.46	\$0.01	2.1	\$41.71
DELTA DENTAL	351,893	364,403	362,246	\$6,400,801.07	\$17.67	\$9.62	1.0	\$18.19
PHYSICAL DISABILITIES SVCS	6	16	3,578	\$12,909.90	\$3.61	\$0.02	596.3	\$2,151.65
BRAIN INJ WAIVER SERVICES	159	315	14,135	\$509,124.59	\$36.02	\$0.76	88.9	\$3,202.04
PSYCHIATRIC	560	951	1,171	\$55,782.44	\$47.64	\$0.08	2.1	\$99.61
RESIDENTIAL CARE FACILITY	442	529	14,086	\$127,421.38	\$9.05	\$0.19	31.9	\$288.28
ID WAIVER SERVICE	632	979	61,859	\$2,367,027.64	\$38.26	\$195.25	97.9	\$3,745.30
CHILDRENS MENTAL HEALTH SVC	42	71	15,068	\$60,758.86	\$4.03	\$60.88	358.8	\$1,446.64
AIDS WAIVER SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
ELDERLY WAIVER SERVICES	19	56	1,382	\$18,298.82	\$13.24	\$2.19	72.7	\$963.10
ILL & HANDICAPPED WAIVER SVCS	275	326	22,542	\$478,185.95	\$21.21	\$201.60	82.0	\$1,738.86
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MEP SERVICES	678	808	5,694	\$367,832.40	\$64.60	\$0.55	8.4	\$542.53
UNASSIGNED	1	0	0	\$13,550,848.33	\$0.00	\$20.36	.0	\$0.00
* A L L C A T E G O R I E S *	643,683	1,116,313	2,805,918	\$571,292,935.71	\$203.60	\$858.19	4.4	\$887.54

*** END OF REPORT ***