

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 09/30/20)

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	545	555	3,058	\$13,415,505.19	\$4,387.02	\$19.97	5.6	\$24,615.61
OUTPATIENT	3,881	5,725	895,707	\$1,799,053.74	\$2.01	\$2.68	230.8	\$463.55
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	40	42	635	\$141,304.01	\$222.53	\$0.21	15.9	\$3,532.60
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	285	294	8,816	\$2,984,818.31	\$338.57	\$4.44	30.9	\$10,473.05
INTER CARE MENTAL RETARDA	39	50	1,490	\$646,641.68	\$433.99	\$0.96	38.2	\$16,580.56
NURSING FAC FOR MENTAL ILL	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
HOME HEALTH	581	714	194,299	\$1,081,863.16	\$5.57	\$1.61	334.4	\$1,862.07
LEAD INSPECTION AGENCY	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PHYSICIAN	5,394	11,772	33,445	\$763,702.06	\$22.83	\$1.14	6.2	\$141.58
CLINIC SERVICES	1,050	1,415	1,331	\$2,665,100.93	\$2,002.33	\$3.97	1.3	\$2,538.19
MEP CASE MANAGEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
EHR INCENTIVE PAYMENTS	1	0	0	\$8,500.00	\$0.00	\$0.01	.0	\$8,500.00
LAB AND RADIOLOGICAL	719	965	2,346	\$31,920.93	\$13.61	\$0.05	3.3	\$44.40
HABILITATION SERVICES	34	131	795	\$98,961.15	\$124.48	\$0.15	23.4	\$2,910.62
BEHAVIORAL HLTH INTERVENTN SVC	86	314	1,672	\$46,521.94	\$27.82	\$0.07	19.4	\$540.95
REHAB SUPPORT SERVICES	3	2	42	\$2,344.86	\$55.83	\$0.00	14.0	\$781.62
AMBULANCE SERVICES	195	206	195	\$4,897.47	\$25.12	\$0.01	1.0	\$25.12
LOCAL EDUCATION AGENCY	866	6,997	146,728	\$2,110,433.22	\$14.38	\$3.14	169.4	\$2,436.99
INFANT TODDLER	172	326	556	\$7,674.01	\$13.80	\$0.01	3.2	\$44.62
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	3,401	12,790	10,175	\$865,904.19	\$85.10	\$22.46	3.0	\$254.60
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	10,087	9,698	9,686	\$24,584.24	\$2.54	\$0.04	1.0	\$2.44
INDIAN HEALTH SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
FAMILY PLANNING SERVICES	161	183	185	\$13,328.01	\$72.04	\$0.02	1.1	\$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	504	512	504	\$76,257.74	\$151.31	\$8.14	1.0	\$151.31
HMO SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PACE SERVICES	608	654	633	\$2,393,950.18	\$3,781.91	\$3.56	1.0	\$3,937.42
PATIENT MANAGEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
HEALTH INS PREMIUM PAYMENT	2,122	5,121	5,121	\$508,095.54	\$99.22	\$0.76	2.4	\$239.44
MEDICAL SUPPLIES	1,258	1,881	85,777	\$113,401.26	\$1.32	\$2.94	68.2	\$90.14
HEALTH HOME PROVIDER	118	155	155	\$21,813.70	\$140.73	\$0.03	1.3	\$184.86
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	632,716	648,285	645,104	\$447,612,226.88	\$693.86	\$666.19	1.0	\$707.45

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OTHER PRACTITIONER	2,464	17,115	30,023	\$1,323,119.99	\$44.07	\$1.97	12.2	\$536.98
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	36,146	23,646	23,703	\$3,765,466.03	\$158.86	\$97.66	.7	\$104.17
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
OPTOMETRIST	280	312	358	\$16,819.76	\$46.98	\$0.03	1.3	\$60.07
CHIROPRACTIC	292	559	671	\$9,372.28	\$13.97	\$0.24	2.3	\$32.10
IOWA-PLAN-HAB	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PODIATRIC	148	203	350	\$4,808.17	\$13.74	\$0.01	2.4	\$32.49
DELTA DENTAL	356,725	366,040	365,771	\$6,461,329.58	\$17.66	\$9.62	1.0	\$18.11
PHYSICAL DISABILITIES SVCS	6	12	2,576	\$10,108.95	\$3.92	\$0.02	429.3	\$1,684.83
BRAIN INJ WAIVER SERVICES	152	302	15,592	\$443,021.93	\$28.41	\$0.66	102.6	\$2,914.62
PSYCHIATRIC	556	847	1,079	\$67,405.93	\$62.47	\$0.10	1.9	\$121.23
RESIDENTIAL CARE FACILITY	408	467	12,310	\$96,473.67	\$7.84	\$0.14	30.2	\$236.46
ID WAIVER SERVICE	625	1,031	54,394	\$1,591,909.06	\$29.27	\$131.46	87.0	\$2,547.05
CHILDRENS MENTAL HEALTH SVC	38	49	8,735	\$35,725.80	\$4.09	\$36.53	229.9	\$940.15
AIDS WAIVER SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
ELDERLY WAIVER SERVICES	20	90	2,589	\$28,222.81	\$10.90	\$3.39	129.5	\$1,411.14
ILL & HANDICAPPED WAIVER SVCS	284	394	31,327	\$547,762.49	\$17.49	\$233.59	110.3	\$1,928.74
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MEP SERVICES	611	660	4,987	\$322,160.20	\$64.60	\$0.48	8.2	\$527.27
UNASSIGNED	1	0	0	\$10,895,331.40	\$0.00	\$16.22	.0	\$0.00
* A L L C A T E G O R I E S *	651,107	1,120,514	2,602,920	\$503,057,842.45	\$193.27	\$748.71	4.0	\$772.62

*** END OF REPORT ***