

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 11/30/20)

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	677	670	3,438	\$11,238,242.43	\$3,268.83	\$16.36	5.1	\$16,600.06
OUTPATIENT	4,576	7,484	1,238,689	\$1,722,854.80	\$1.39	\$2.51	270.7	\$376.50
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	42	50	729	\$146,623.06	\$201.13	\$0.21	17.4	\$3,491.03
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	300	297	8,946	\$3,039,202.49	\$339.73	\$4.42	29.8	\$10,130.67
INTER CARE MENTAL RETARDA	33	45	1,258	\$546,915.92	\$434.75	\$0.80	38.1	\$16,573.21
NURSING FAC FOR MENTAL ILL	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
HOME HEALTH	721	1,008	212,322	\$1,373,513.09	\$6.47	\$2.00	294.5	\$1,905.01
LEAD INSPECTION AGENCY	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PHYSICIAN	6,501	15,374	45,558	\$1,041,620.66	\$22.86	\$1.52	7.0	\$160.22
CLINIC SERVICES	1,229	1,771	1,583	\$1,792,575.87	\$1,132.39	\$2.61	1.3	\$1,458.56
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	863	1,134	2,694	\$34,994.61	\$12.99	\$0.05	3.1	\$40.55
HABILITATION SERVICES	38	99	67	\$70,876.94	\$1,057.86	\$0.10	1.8	\$1,865.18
BEHAVIORAL HLTH INTERVENTN SVC	90	298	1,793	\$42,947.42	\$23.95	\$0.06	19.9	\$477.19
REHAB SUPPORT SERVICES	3	23	65	\$3,628.95	\$55.83	\$0.01	21.7	\$1,209.65
AMBULANCE SERVICES	296	334	332	\$104,314.39	\$314.20	\$0.15	1.1	\$352.41
LOCAL EDUCATION AGENCY	1,415	23,247	121,824	\$3,363,469.34	\$27.61	\$4.90	86.1	\$2,377.01
INFANT TODDLER	283	634	1,306	\$18,988.73	\$14.54	\$0.03	4.6	\$67.10
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	3,834	15,314	12,266	\$1,013,722.26	\$82.64	\$25.82	3.2	\$264.40
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	9,986	10,019	10,017	\$24,140.97	\$2.41	\$0.04	1.0	\$2.42
INDIAN HEALTH SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
FAMILY PLANNING SERVICES	243	305	303	\$16,683.53	\$55.06	\$0.02	1.2	\$68.66
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	954	949	934	\$72,403.21	\$77.52	\$8.32	1.0	\$75.89
HMO SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PACE SERVICES	587	587	587	\$2,267,489.68	\$3,862.84	\$3.30	1.0	\$3,862.84
PATIENT MANAGEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
HEALTH INS PREMIUM PAYMENT	2,028	4,028	4,028	\$390,387.34	\$96.92	\$0.57	2.0	\$192.50
MEDICAL SUPPLIES	1,758	2,740	111,322	\$58,602.65	\$0.53	\$1.49	63.3	\$33.33
HEALTH HOME PROVIDER	148	205	203	\$28,306.27	\$139.44	\$0.04	1.4	\$191.26
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	645,665	662,777	660,614	\$454,683,601.84	\$688.27	\$661.85	1.0	\$704.21

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OTHER PRACTITIONER	4,098	17,141	42,236	\$2,605,412.55	\$61.69	\$3.79	10.3	\$635.78
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	37,004	22,585	22,618	\$4,116,554.50	\$182.00	\$104.85	.6	\$111.25
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
OPTOMETRIST	358	396	441	\$21,716.72	\$49.24	\$0.03	1.2	\$60.66
CHIROPRACTIC	327	596	751	\$9,106.47	\$12.13	\$0.23	2.3	\$27.85
IOWA-PLAN-HAB	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PODIATRIC	171	243	398	\$8,818.72	\$22.16	\$0.01	2.3	\$51.57
DELTA DENTAL	366,111	376,171	376,073	\$6,637,444.20	\$17.65	\$9.66	1.0	\$18.13
PHYSICAL DISABILITIES SVCS	6	9	1,234	\$5,676.06	\$4.60	\$0.01	205.7	\$946.01
BRAIN INJ WAIVER SERVICES	149	308	13,717	\$354,803.64	\$25.87	\$0.52	92.1	\$2,381.23
PSYCHIATRIC	565	951	1,153	\$60,077.67	\$52.11	\$0.09	2.0	\$106.33
RESIDENTIAL CARE FACILITY	384	418	11,959	\$109,091.66	\$9.12	\$0.16	31.1	\$284.09
ID WAIVER SERVICE	613	993	47,641	\$2,128,748.96	\$44.68	\$176.21	77.7	\$3,472.67
CHILDRENS MENTAL HEALTH SVC	41	64	12,166	\$50,407.39	\$4.14	\$51.33	296.7	\$1,229.45
AIDS WAIVER SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
ELDERLY WAIVER SERVICES	17	48	1,019	\$19,385.75	\$19.02	\$2.33	59.9	\$1,140.34
ILL & HANDICAPPED WAIVER SVCS	293	384	28,979	\$535,559.42	\$18.48	\$230.65	98.9	\$1,827.85
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MEP SERVICES	682	1,075	7,524	\$486,047.00	\$64.60	\$0.71	11.0	\$712.68
UNASSIGNED	1	0	0	\$390,806.87-	\$0.00	\$0.57-	.0	\$390,806.87-
* A L L C A T E G O R I E S *	665,432	1,170,774	3,008,787	\$499,854,150.29	\$166.13	\$727.61	4.5	\$751.17

*** END OF REPORT ***