

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 12/31/20)

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	556	515	2,857	\$10,628,440.82	\$3,720.14	\$15.31	5.1	\$19,115.90
OUTPATIENT	3,997	5,903	909,824	\$1,272,701.46	\$1.40	\$1.83	227.6	\$318.41
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	36	36	678	\$129,467.89	\$190.96	\$0.19	18.8	\$3,596.33
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	288	314	8,835	\$2,956,884.38	\$334.68	\$4.26	30.7	\$10,266.96
INTER CARE MENTAL RETARDA	37	40	1,152	\$558,698.21	\$484.98	\$0.80	31.1	\$15,099.95
NURSING FAC FOR MENTAL ILL	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
HOME HEALTH	619	779	165,039	\$1,330,758.01	\$8.06	\$1.92	266.6	\$2,149.85
LEAD INSPECTION AGENCY	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PHYSICIAN	5,250	11,441	31,606	\$635,007.37	\$20.09	\$0.91	6.0	\$120.95
CLINIC SERVICES	1,171	1,636	1,577	\$3,122,181.32	\$1,979.82	\$4.50	1.3	\$2,666.25
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	634	848	2,045	\$27,924.88	\$13.66	\$0.04	3.2	\$44.05
HABILITATION SERVICES	26	70	523	\$48,202.66	\$92.17	\$0.07	20.1	\$1,853.95
BEHAVIORAL HLTH INTERVENTN SVC	92	253	1,634	\$38,780.39	\$23.73	\$0.06	17.8	\$421.53
REHAB SUPPORT SERVICES	4	21	61	\$3,405.63	\$55.83	\$0.00	15.3	\$851.41
AMBULANCE SERVICES	262	242	240	\$43,597.05-	\$181.65-	\$0.06-	.9	\$166.40-
LOCAL EDUCATION AGENCY	1,580	25,266	156,231	\$4,223,933.49	\$27.04	\$6.08	98.9	\$2,673.38
INFANT TODDLER	144	260	463	\$8,292.01	\$17.91	\$0.01	3.2	\$57.58
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	3,345	12,456	10,041	\$990,245.57	\$98.62	\$24.40	3.0	\$296.04
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	11,399	12,289	12,283	\$29,716.43	\$2.42	\$0.04	1.1	\$2.61
INDIAN HEALTH SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
FAMILY PLANNING SERVICES	162	180	179	\$11,961.59	\$66.82	\$0.02	1.1	\$73.84
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	1,149	1,180	1,174	\$128,511.81	\$109.46	\$14.45	1.0	\$111.85
HMO SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PACE SERVICES	594	595	590	\$2,212,552.78	\$3,750.09	\$3.19	1.0	\$3,724.84
PATIENT MANAGEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
HEALTH INS PREMIUM PAYMENT	2,139	5,555	5,555	\$577,508.95	\$103.96	\$0.83	2.6	\$269.99
MEDICAL SUPPLIES	1,286	1,923	81,759	\$145,087.28	\$1.77	\$3.57	63.6	\$112.82
HEALTH HOME PROVIDER	91	142	142	\$24,602.38	\$173.26	\$0.04	1.6	\$270.36
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	650,968	665,862	664,855	\$452,573,408.95	\$680.71	\$651.90	1.0	\$695.23

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OTHER PRACTITIONER	3,455	19,373	45,630	\$3,025,156.79	\$66.30	\$4.36	13.2	\$875.59
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	18,419	21,178	21,229	\$3,460,281.93	\$163.00	\$85.25	1.2	\$187.86
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
OPTOMETRIST	271	307	375	\$16,321.78	\$43.52	\$0.02	1.4	\$60.23
CHIROPRACTIC	265	483	555	\$7,835.84	\$14.12	\$0.19	2.1	\$29.57
IOWA-PLAN-HAB	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PODIATRIC	140	183	307	\$7,482.50	\$24.37	\$0.01	2.2	\$53.45
DELTA DENTAL	370,483	378,635	378,275	\$6,680,976.01	\$17.66	\$9.62	1.0	\$18.03
PHYSICAL DISABILITIES SVCS	7	22	4,766	\$15,844.11	\$3.32	\$0.02	680.9	\$2,263.44
BRAIN INJ WAIVER SERVICES	151	329	7,343	\$364,153.96	\$49.59	\$0.52	48.6	\$2,411.62
PSYCHIATRIC	515	825	972	\$53,736.07	\$55.28	\$0.08	1.9	\$104.34
RESIDENTIAL CARE FACILITY	323	351	9,753	\$74,262.98	\$7.61	\$0.11	30.2	\$229.92
ID WAIVER SERVICE	593	865	35,146	\$1,983,252.35	\$56.43	\$164.37	59.3	\$3,344.44
CHILDRENS MENTAL HEALTH SVC	32	38	7,739	\$31,716.30	\$4.10	\$32.36	241.8	\$991.13
AIDS WAIVER SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
ELDERLY WAIVER SERVICES	18	50	1,230	\$18,907.66	\$15.37	\$2.28	68.3	\$1,050.43
ILL & HANDICAPPED WAIVER SVCS	278	324	17,319	\$444,644.89	\$25.67	\$193.49	62.3	\$1,599.44
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MEP SERVICES	695	881	5,546	\$358,271.60	\$64.60	\$0.52	8.0	\$515.50
UNASSIGNED	1	0	0	\$25,268,594.67	\$0.00	\$36.40	.0	\$0.00
* A L L C A T E G O R I E S *	671,078	1,171,650	2,595,528	\$523,446,116.65	\$201.67	\$753.98	3.9	\$780.01

*** END OF REPORT ***