

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 01/31/21)

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	470	461	2,521	\$10,471,613.89	\$4,153.75	\$14.95	5.4	\$22,280.03
OUTPATIENT	6,251	5,104	762,396	\$1,160,606.58	\$1.52	\$1.66	122.0	\$185.67
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	24	25	374	\$94,115.16	\$251.64	\$0.13	15.6	\$3,921.47
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	274	276	8,079	\$2,742,067.86	\$339.41	\$3.91	29.5	\$10,007.55
INTER CARE MENTAL RETARDA	36	37	1,057	\$485,469.37	\$459.29	\$0.69	29.4	\$13,485.26
NURSING FAC FOR MENTAL ILL	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
HOME HEALTH	536	695	108,667	\$1,417,206.23	\$13.04	\$2.02	202.7	\$2,644.04
LEAD INSPECTION AGENCY	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PHYSICIAN	4,964	10,762	31,765	\$791,888.17	\$24.93	\$1.13	6.4	\$159.53
CLINIC SERVICES	1,039	1,403	1,356	\$1,789,465.44	\$1,319.66	\$2.55	1.3	\$1,722.30
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	555	765	1,786	\$22,716.21	\$12.72	\$0.03	3.2	\$40.93
HABILITATION SERVICES	30	82	753	\$109,176.36	\$144.99	\$0.16	25.1	\$3,639.21
BEHAVIORAL HLTH INTERVENTN SVC	89	235	1,636	\$31,140.45	\$19.03	\$0.04	18.4	\$349.89
REHAB SUPPORT SERVICES	4	23	67	\$3,740.61	\$55.83	\$0.01	16.8	\$935.15
AMBULANCE SERVICES	226	259	257	\$52,346.95	\$203.68	\$0.07	1.1	\$231.62
LOCAL EDUCATION AGENCY	1,279	20,660	109,706	\$2,486,790.83	\$22.67	\$3.55	85.8	\$1,944.32
INFANT TODDLER	160	317	558	\$7,841.72	\$14.05	\$0.01	3.5	\$49.01
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	3,400	12,961	10,501	\$824,429.80	\$78.51	\$22.35	3.1	\$242.48
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	10,812	10,709	10,696	\$27,154.45	\$2.54	\$0.04	1.0	\$2.51
INDIAN HEALTH SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
FAMILY PLANNING SERVICES	127	144	144	\$7,687.36	\$53.38	\$0.01	1.1	\$60.53
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	610	601	599	\$104,721.38	\$174.83	\$13.65	1.0	\$171.67
HMO SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PACE SERVICES	585	588	587	\$2,205,450.41	\$3,757.16	\$3.15	1.0	\$3,770.00
PATIENT MANAGEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
HEALTH INS PREMIUM PAYMENT	2,032	4,223	4,223	\$456,597.24	\$108.12	\$0.65	2.1	\$224.70
MEDICAL SUPPLIES	1,209	1,788	87,314	\$151,441.06	\$1.73	\$4.11	72.2	\$125.26
HEALTH HOME PROVIDER	162	277	277	\$53,195.92	\$192.04	\$0.08	1.7	\$328.37
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	661,467	679,370	676,395	\$460,891,624.66	\$681.39	\$657.87	1.0	\$696.77

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OTHER PRACTITIONER	4,076	18,817	34,874	\$2,425,579.19	\$69.55	\$3.46	8.6	\$595.09
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	17,088	19,191	19,223	\$3,091,710.40	\$160.83	\$83.83	1.1	\$180.93
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
OPTOMETRIST	210	225	258	\$12,215.01	\$47.35	\$0.02	1.2	\$58.17
CHIROPRACTIC	261	448	542	\$8,574.03	\$15.82	\$0.23	2.1	\$32.85
IOWA-PLAN-HAB	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PODIATRIC	137	154	257	\$7,460.20	\$29.03	\$0.01	1.9	\$54.45
DELTA DENTAL	376,704	388,635	388,540	\$6,866,247.74	\$17.67	\$9.80	1.0	\$18.23
PHYSICAL DISABILITIES SVCS	6	9	2,033	\$8,035.46	\$3.95	\$0.01	338.8	\$1,339.24
BRAIN INJ WAIVER SERVICES	155	291	9,563	\$347,637.93	\$36.35	\$0.50	61.7	\$2,242.83
PSYCHIATRIC	513	800	969	\$51,256.09	\$52.90	\$0.07	1.9	\$99.91
RESIDENTIAL CARE FACILITY	415	564	16,221	\$135,587.45	\$8.36	\$0.19	39.1	\$326.72
ID WAIVER SERVICE	598	863	38,233	\$2,202,896.86	\$57.62	\$183.24	63.9	\$3,683.77
CHILDRENS MENTAL HEALTH SVC	16	20	1,880	\$7,046.18	\$3.75	\$7.15	117.5	\$440.39
AIDS WAIVER SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
ELDERLY WAIVER SERVICES	19	52	1,228	\$16,872.58	\$13.74	\$2.05	64.6	\$888.03
ILL & HANDICAPPED WAIVER SVCS	283	336	20,488	\$494,506.42	\$24.14	\$215.28	72.4	\$1,747.37
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MEP SERVICES	683	849	5,793	\$374,227.80	\$64.60	\$0.53	8.5	\$547.92
UNASSIGNED	1	0	0	\$2,222,851.73-	\$0.00	\$3.17-	.0	\$0.00
* A L L C A T E G O R I E S *	680,958	1,183,019	2,361,816	\$500,215,489.72	\$211.79	\$714.00	3.5	\$734.58

*** END OF REPORT ***