

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 05/31/21)

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	812	653	3,828	\$12,304,702.80	\$3,214.39	\$16.97	4.7	\$15,153.57
OUTPATIENT	4,863	7,805	1,198,360	\$1,946,147.17	\$1.62	\$2.68	246.4	\$400.19
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	44	615	\$175,676.99	\$285.65	\$0.24	14.6	\$4,182.79
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	277	281	7,779	\$2,780,630.89	\$357.45	\$3.83	28.1	\$10,038.38
INTER CARE MENTAL RETARDA	39	34	932	\$458,757.01	\$492.23	\$0.63	23.9	\$11,763.00
NURSING FAC FOR MENTAL ILL	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
HOME HEALTH	798	1,264	357,991	\$2,050,307.17	\$5.73	\$2.83	448.6	\$2,569.31
LEAD INSPECTION AGENCY	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PHYSICIAN	6,896	16,284	42,009	\$1,065,796.69	\$25.37	\$1.47	6.1	\$154.55
CLINIC SERVICES	1,368	1,860	1,675	\$4,837,961.29	\$2,888.34	\$6.67	1.2	\$3,536.52
MEP CASE MANAGEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
EHR INCENTIVE PAYMENTS	1	0	0	\$51,000.00	\$0.00	\$0.07	.0	\$51,000.00
LAB AND RADIOLOGICAL	755	1,127	3,067	\$37,405.73	\$12.20	\$0.05	4.1	\$49.54
HABILITATION SERVICES	30	71	624	\$88,672.29	\$142.10	\$0.12	20.8	\$2,955.74
BEHAVIORAL HLTH INTERVENTN SVC	76	247	1,635	\$41,386.62	\$25.31	\$0.06	21.5	\$544.56
REHAB SUPPORT SERVICES	4	5	105	\$5,862.15	\$55.83	\$0.01	26.3	\$1,465.54
AMBULANCE SERVICES	306	377	375	\$169,183.84	\$451.16	\$0.23	1.2	\$552.89
LOCAL EDUCATION AGENCY	2,387	61,961	235,496	\$8,392,390.25	\$35.64	\$11.57	98.7	\$3,515.87
INFANT TODDLER	177	291	508	\$7,985.42	\$15.72	\$0.01	2.9	\$45.12
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	3,863	16,500	13,379	\$1,271,850.47	\$95.06	\$30.62	3.5	\$329.24
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	12,427	11,108	893	\$1,345.09	\$1.51	\$0.00	.1	\$0.11
INDIAN HEALTH SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
FAMILY PLANNING SERVICES	215	273	272	\$14,898.58	\$54.77	\$0.02	1.3	\$69.30
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	2,466	2,595	2,593	\$176,828.55	\$68.19	\$18.51	1.1	\$71.71
HMO SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PACE SERVICES	596	598	597	\$2,208,676.70	\$3,699.63	\$3.05	1.0	\$3,705.83
PATIENT MANAGEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
HEALTH INS PREMIUM PAYMENT	2,049	4,026	4,026	\$446,032.68	\$110.79	\$0.62	2.0	\$217.68
MEDICAL SUPPLIES	2,370	4,335	189,764	\$230,666.36	\$1.22	\$5.55	80.1	\$97.33
HEALTH HOME PROVIDER	185	274	273	\$39,654.06	\$145.25	\$0.05	1.5	\$214.35
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	685,009	696,244	694,084	\$469,927,541.57	\$677.05	\$648.06	1.0	\$686.02

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OTHER PRACTITIONER	5,554	40,850	80,481	\$6,356,918.42	\$78.99	\$8.77	14.5	\$1,144.57
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	26,308	29,852	29,913	\$4,757,111.58	\$159.03	\$114.53	1.1	\$180.82
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
OPTOMETRIST	342	371	434	\$23,186.23	\$53.42	\$0.03	1.3	\$67.80
CHIROPRACTIC	368	760	863	\$14,547.80	\$16.86	\$0.35	2.3	\$39.53
IOWA-PLAN-HAB	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PODIATRIC	162	202	275	\$6,556.81	\$23.84	\$0.01	1.7	\$40.47
DELTA DENTAL	405,991	402,448	391,432	\$5,919,926.59	\$15.12	\$8.16	1.0	\$14.58
PHYSICAL DISABILITIES SVCS	7	15	3,335	\$11,771.40	\$3.53	\$0.02	476.4	\$1,681.63
BRAIN INJ WAIVER SERVICES	153	320	11,155	\$428,223.28	\$38.39	\$0.59	72.9	\$2,798.84
PSYCHIATRIC	631	1,111	1,317	\$92,934.73	\$70.57	\$0.13	2.1	\$147.28
RESIDENTIAL CARE FACILITY	380	541	14,220	\$114,663.50	\$8.06	\$0.16	37.4	\$301.75
ID WAIVER SERVICE	609	969	57,493	\$2,036,084.36	\$35.41	\$170.47	94.4	\$3,343.32
CHILDRENS MENTAL HEALTH SVC	35	49	7,481	\$32,721.51	\$4.37	\$34.05	213.7	\$934.90
AIDS WAIVER SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
ELDERLY WAIVER SERVICES	21	63	1,628	\$23,533.89	\$14.46	\$2.91	77.5	\$1,120.66
ILL & HANDICAPPED WAIVER SVCS	297	367	21,626	\$568,925.84	\$26.31	\$245.02	72.8	\$1,915.58
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MEP SERVICES	689	920	6,539	\$422,419.40	\$64.60	\$0.58	9.5	\$613.09
UNASSIGNED	1	0	0	\$741,988.49-	\$0.00	\$1.02-	.0	\$741,988.49-
* A L L C A T E G O R I E S *	716,693	1,307,095	3,389,072	\$528,798,897.22	\$156.03	\$729.25	4.7	\$737.83

*** END OF REPORT ***