

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 07/31/21)

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	467	460	2,827	\$6,432,790.92	\$2,275.48	\$8.78	6.1	\$13,774.71
OUTPATIENT	3,844	5,572	835,764	\$1,388,403.45	\$1.66	\$1.89	217.4	\$361.19
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	27	31	552	\$346,067.55	\$626.93	\$0.47	20.4	\$12,817.32
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	250	258	7,379	\$2,688,411.84	\$364.33	\$3.67	29.5	\$10,753.65
INTER CARE MENTAL RETARDA	37	43	1,263	\$700,541.62	\$554.66	\$0.96	34.1	\$18,933.56
NURSING FAC FOR MENTAL ILL	1	1	30	\$4,188.68	\$139.62	\$0.01	30.0	\$4,188.68
HOME HEALTH	632	826	177,390	\$1,734,911.02	\$9.78	\$2.37	280.7	\$2,745.11
LEAD INSPECTION AGENCY	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PHYSICIAN	5,550	12,096	36,701	\$831,950.15	\$22.67	\$1.14	6.6	\$149.90
CLINIC SERVICES	1,158	1,542	1,784	\$2,564,258.59	\$1,437.36	\$3.50	1.5	\$2,214.39
MEP CASE MANAGEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
EHR INCENTIVE PAYMENTS	1	0	0	\$25,500.00	\$0.00	\$0.03	.0	\$25,500.00
LAB AND RADIOLOGICAL	577	802	2,095	\$24,206.68	\$11.55	\$0.03	3.6	\$41.95
HABILITATION SERVICES	30	61	631	\$90,653.02	\$143.67	\$0.12	21.0	\$3,021.77
BEHAVIORAL HLTH INTERVENTN SVC	78	387	1,905	\$62,904.06	\$33.02	\$0.09	24.4	\$806.46
REHAB SUPPORT SERVICES	3	3	66	\$3,684.78	\$55.83	\$0.01	22.0	\$1,228.26
AMBULANCE SERVICES	250	320	319	\$149,710.70	\$469.31	\$0.20	1.3	\$598.84
LOCAL EDUCATION AGENCY	535	7,835	63,049	\$1,489,238.86	\$23.62	\$2.03	117.8	\$2,783.62
INFANT TODDLER	140	193	410	\$4,608.81	\$11.24	\$0.01	2.9	\$32.92
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	3,349	12,760	10,254	\$933,444.18	\$91.03	\$23.43	3.1	\$278.72
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	10,938	11,123	9,401	\$22,573.21	\$2.40	\$0.03	.9	\$2.06
INDIAN HEALTH SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
FAMILY PLANNING SERVICES	138	156	156	\$10,410.27	\$66.73	\$0.01	1.1	\$75.44
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	1,058	1,058	1,053	\$80,507.42	\$76.46	\$8.94	1.0	\$76.09
HMO SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PACE SERVICES	598	598	598	\$2,298,987.77	\$3,844.46	\$3.14	1.0	\$3,844.46
PATIENT MANAGEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
HEALTH INS PREMIUM PAYMENT	2,140	4,723	4,723	\$530,443.86	\$112.31	\$0.72	2.2	\$247.87
MEDICAL SUPPLIES	1,435	2,039	78,850	\$132,548.15	\$1.68	\$3.33	54.9	\$92.37
HEALTH HOME PROVIDER	125	141	141	\$23,543.70	\$166.98	\$0.03	1.1	\$188.35
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	690,445	703,527	701,919	\$467,256,486.07	\$665.68	\$637.74	1.0	\$676.75

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 07/31/21)

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
OTHER PRACTITIONER	2,743	16,033	37,465	\$1,505,790.24	\$40.19	\$2.06	13.7	\$548.96
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	9,482	10,083	10,121	\$1,929,609.90	\$190.65	\$48.44	1.1	\$203.50
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
OPTOMETRIST	232	253	287	\$12,366.73	\$43.09	\$0.02	1.2	\$53.30
CHIROPRACTIC	296	502	557	\$8,706.95	\$15.63	\$0.22	1.9	\$29.42
IOWA-PLAN-HAB	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PODIATRIC	180	257	373	\$13,042.74	\$34.97	\$0.02	2.1	\$72.46
DELTA DENTAL	721,150	704,627	701,907	\$7,821,672.34	\$11.14	\$10.68	1.0	\$10.85
PHYSICAL DISABILITIES SVCS	7	14	2,996	\$10,394.87	\$3.47	\$0.01	428.0	\$1,484.98
BRAIN INJ WAIVER SERVICES	150	311	9,334	\$393,179.45	\$42.12	\$0.54	62.2	\$2,621.20
PSYCHIATRIC	478	733	947	\$51,966.67	\$54.88	\$0.07	2.0	\$108.72
RESIDENTIAL CARE FACILITY	391	493	13,715	\$106,916.28	\$7.80	\$0.15	35.1	\$273.44
ID WAIVER SERVICE	633	1,047	57,466	\$1,578,329.01	\$27.47	\$131.99	90.8	\$2,493.41
CHILDRENS MENTAL HEALTH SVC	31	42	5,284	\$23,457.70	\$4.44	\$24.67	170.5	\$756.70
AIDS WAIVER SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
ELDERLY WAIVER SERVICES	18	49	1,267	\$22,989.08	\$18.14	\$2.88	70.4	\$1,277.17
ILL & HANDICAPPED WAIVER SVCS	304	395	28,560	\$548,645.00	\$19.21	\$237.20	93.9	\$1,804.75
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MEP SERVICES	660	814	6,107	\$394,512.20	\$64.60	\$0.54	9.3	\$597.75
UNASSIGNED	1	0	0	\$1,671,963.25	\$0.00	\$2.28	.0	\$0.00
* A L L C A T E G O R I E S *	731,722	1,502,208	2,815,646	\$505,924,517.77	\$179.68	\$690.51	3.8	\$691.42

\*\*\* END OF REPORT \*\*\*