

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 08/31/21)

| 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 | 660 | 651 | 3,215 | \$7,912,495.74 | \$2,461.12 | \$10.70 | 4.9 | \$11,988.63 |
| OUTPATIENT | 7,173 | 7,236 | 845,388 | \$1,620,215.16 | \$1.92 | \$2.19 | 117.9 | \$225.88 |
| 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 | 47 | 59 | 943 | \$170,158.52 | \$180.44 | \$0.23 | 20.1 | \$3,620.39 |
| 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 | 308 | 236 | 6,817 | \$4,263,493.96 | \$625.42 | \$5.77 | 22.1 | \$13,842.51 |
| INTER CARE MENTAL RETARDA | 30 | 42 | 1,248 | \$484,342.22 | \$388.09 | \$0.65 | 41.6 | \$16,144.74 |
| NURSING FAC FOR MENTAL ILL | 1 | 1 | 31 | \$4,301.07 | \$138.74 | \$0.01 | 31.0 | \$4,301.07 |
| HOME HEALTH | 669 | 980 | 158,856 | \$1,294,954.27 | \$8.15 | \$1.75 | 237.5 | \$1,935.66 |
| LEAD INSPECTION AGENCY | 0 | 0 | 0 | \$0.00 | \$0.00 | \$0.00 | .0 | \$0.00 |
| PHYSICIAN | 6,047 | 14,342 | 43,921 | \$831,581.93 | \$18.93 | \$1.12 | 7.3 | \$137.52 |
| CLINIC SERVICES | 1,363 | 1,933 | 1,985 | \$2,748,401.03 | \$1,384.58 | \$3.72 | 1.5 | \$2,016.44 |
| 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 | 833 | 1,262 | 3,447 | \$39,216.77 | \$11.38 | \$0.05 | 4.1 | \$47.08 |
| HABILITATION SERVICES | 37 | 81 | 803 | \$120,648.68 | \$150.25 | \$0.16 | 21.7 | \$3,260.78 |
| BEHAVIORAL HLTH INTERVENTN SVC | 78 | 202 | 1,770 | \$48,760.54 | \$27.55 | \$0.07 | 22.7 | \$625.14 |
| REHAB SUPPORT SERVICES | 3 | 2 | 44 | \$2,456.52 | \$55.83 | \$0.00 | 14.7 | \$818.84 |
| AMBULANCE SERVICES | 242 | 303 | 301 | \$15,145.96 | \$50.32 | \$0.02 | 1.2 | \$62.59 |
| LOCAL EDUCATION AGENCY | 535 | 7,950 | 52,577 | \$1,080,231.02 | \$20.55 | \$1.46 | 98.3 | \$2,019.12 |
| INFANT TODDLER | 255 | 476 | 897 | \$13,713.22 | \$15.29 | \$0.02 | 3.5 | \$53.78 |
| 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 | 3,702 | 15,515 | 12,395 | \$1,212,884.65 | \$97.85 | \$27.23 | 3.3 | \$327.63 |
| 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 | 11,364 | 11,134 | 9,891 | \$25,228.31 | \$2.55 | \$0.03 | .9 | \$2.22 |
| INDIAN HEALTH SERVICES | 0 | 0 | 0 | \$0.00 | \$0.00 | \$0.00 | .0 | \$0.00 |
| FAMILY PLANNING SERVICES | 146 | 170 | 170 | \$10,591.84 | \$62.30 | \$0.01 | 1.2 | \$72.55 |
| 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 | 396 | 404 | 400 | \$107,240.22 | \$268.10 | \$9.26 | 1.0 | \$270.81 |
| HMO SERVICES | 0 | 0 | 0 | \$0.00 | \$0.00 | \$0.00 | .0 | \$0.00 |
| PACE SERVICES | 613 | 609 | 606 | \$2,532,018.06 | \$4,178.25 | \$3.42 | 1.0 | \$4,130.54 |
| PATIENT MANAGEMENT | 0 | 0 | 0 | \$0.00 | \$0.00 | \$0.00 | .0 | \$0.00 |
| HEALTH INS PREMIUM PAYMENT | 2,042 | 4,700 | 4,700 | \$456,981.50 | \$97.23 | \$0.62 | 2.3 | \$223.79 |
| MEDICAL SUPPLIES | 1,592 | 2,569 | 122,758 | \$182,630.01 | \$1.49 | \$4.10 | 77.1 | \$114.72 |
| HEALTH HOME PROVIDER | 193 | 253 | 253 | \$32,281.11 | \$127.59 | \$0.04 | 1.3 | \$167.26 |
| 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 | 695,394 | 709,407 | 708,455 | \$525,782,054.37 | \$742.15 | \$711.00 | 1.0 | \$756.09 |

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| OTHER PRACTITIONER | 3,054 | 10,595 | 33,467 | \$1,547,652.44 | \$46.24 | \$2.09 | 11.0 | \$506.76 |
| 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 | 1,843 | 1,898 | 1,911 | \$277,237.24 | \$145.07 | \$6.22 | 1.0 | \$150.43 |
| ACCOUNTABLE CARE ORGANIZATIONS | 0 | 0 | 0 | \$0.00 | \$0.00 | \$0.00 | .0 | \$0.00 |
| OPTOMETRIST | 302 | 333 | 380 | \$17,064.90 | \$44.91 | \$0.02 | 1.3 | \$56.51 |
| CHIROPRACTIC | 322 | 651 | 739 | \$12,820.47 | \$17.35 | \$0.29 | 2.3 | \$39.82 |
| IOWA-PLAN-HAB | 0 | 0 | 0 | \$0.00 | \$0.00 | \$0.00 | .0 | \$0.00 |
| PODIATRIC | 209 | 263 | 361 | \$9,359.32 | \$25.93 | \$0.01 | 1.7 | \$44.78 |
| DELTA DENTAL | 725,301 | 714,792 | 713,146 | \$7,898,304.84 | \$11.08 | \$10.68 | 1.0 | \$10.89 |
| PHYSICAL DISABILITIES SVCS | 7 | 14 | 2,802 | \$9,436.95 | \$3.37 | \$0.01 | 400.3 | \$1,348.14 |
| BRAIN INJ WAIVER SERVICES | 147 | 284 | 11,548 | \$377,229.36 | \$32.67 | \$0.51 | 78.6 | \$2,566.19 |
| PSYCHIATRIC | 574 | 1,014 | 1,124 | \$59,958.90 | \$53.34 | \$0.08 | 2.0 | \$104.46 |
| RESIDENTIAL CARE FACILITY | 397 | 438 | 11,824 | \$97,519.98 | \$8.25 | \$0.13 | 29.8 | \$245.64 |
| ID WAIVER SERVICE | 610 | 993 | 60,206 | \$2,244,650.95 | \$37.28 | \$187.98 | 98.7 | \$3,679.76 |
| CHILDRENS MENTAL HEALTH SVC | 36 | 45 | 6,694 | \$28,943.21 | \$4.32 | \$32.30 | 185.9 | \$803.98 |
| AIDS WAIVER SERVICES | 0 | 0 | 0 | \$0.00 | \$0.00 | \$0.00 | .0 | \$0.00 |
| ELDERLY WAIVER SERVICES | 18 | 47 | 1,103 | \$19,178.31 | \$17.39 | \$2.40 | 61.3 | \$1,065.46 |
| ILL & HANDICAPPED WAIVER SVCS | 289 | 341 | 22,187 | \$521,648.57 | \$23.51 | \$227.20 | 76.8 | \$1,805.01 |
| COUNTY OFFICE REIMBURSEMENT | 0 | 0 | 0 | \$0.00 | \$0.00 | \$0.00 | .0 | \$0.00 |
| MEP SERVICES | 604 | 650 | 5,138 | \$331,914.80 | \$64.60 | \$0.45 | 8.5 | \$549.53 |
| UNASSIGNED | 1 | 0 | 0 | \$262,839.46- | \$0.00 | \$0.36- | .0 | \$262,839.46- |
| * A L L C A T E G O R I E S * | 737,214 | 1,512,875 | 2,854,501 | \$564,182,107.46 | \$197.65 | \$762.93 | 3.9 | \$765.29 |

*** END OF REPORT ***