

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 10/31/21)

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	482	478	2,413	\$6,602,778.97	\$2,736.34	\$8.85	5.0	\$13,698.71
OUTPATIENT	3,944	5,764	929,272	\$1,219,782.52	\$1.31	\$1.63	235.6	\$309.28
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	35	52	804	\$404,768.48	\$503.44	\$0.54	23.0	\$11,564.81
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	229	240	6,755	\$2,371,656.69	\$351.10	\$3.18	29.5	\$10,356.58
INTER CARE MENTAL RETARDA	32	40	1,167	\$581,520.80	\$498.30	\$0.78	36.5	\$18,172.53
NURSING FAC FOR MENTAL ILL	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
HOME HEALTH	564	803	226,601	\$1,093,789.15	\$4.83	\$1.47	401.8	\$1,939.34
LEAD INSPECTION AGENCY	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PHYSICIAN	5,373	11,661	34,804	\$293,280.16	\$8.43	\$0.39	6.5	\$54.58
CLINIC SERVICES	1,230	1,718	1,698	\$3,119,661.57	\$1,837.26	\$4.18	1.4	\$2,536.31
MEP CASE MANAGEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
EHR INCENTIVE PAYMENTS	1	0	0	\$28,334.00	\$0.00	\$0.04	.0	\$28,334.00
LAB AND RADIOLOGICAL	639	888	2,310	\$27,586.94	\$11.94	\$0.04	3.6	\$43.17
HABILITATION SERVICES	40	50	504	\$109,903.76	\$218.06	\$0.15	12.6	\$2,747.59
BEHAVIORAL HLTH INTERVENTN SVC	59	165	1,183	\$27,165.85	\$22.96	\$0.04	20.1	\$460.44
REHAB SUPPORT SERVICES	3	6	132	\$7,369.56	\$55.83	\$0.01	44.0	\$2,456.52
AMBULANCE SERVICES	391	459	449	\$482,091.26	\$1,073.70	\$0.65	1.1	\$1,232.97
LOCAL EDUCATION AGENCY	1,064	17,710	50,882	\$2,031,409.10	\$39.92	\$2.72	47.8	\$1,909.22
INFANT TODDLER	257	485	936	\$14,338.22	\$15.32	\$0.02	3.6	\$55.79
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	3,355	12,126	9,646	\$914,879.56	\$94.85	\$22.50	2.9	\$272.69
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	10,847	11,175	10,125	\$24,349.51	\$2.40	\$0.03	.9	\$2.24
INDIAN HEALTH SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
FAMILY PLANNING SERVICES	130	168	167	\$8,098.49	\$48.49	\$0.01	1.3	\$62.30
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	77	60	59	\$66,131.08	\$1,120.87	\$7.75	.8	\$858.85
HMO SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PACE SERVICES	609	613	603	\$2,414,116.86	\$4,003.51	\$3.23	1.0	\$3,964.07
PATIENT MANAGEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
HEALTH INS PREMIUM PAYMENT	2,049	4,213	4,213	\$428,328.49	\$101.67	\$0.57	2.1	\$209.04
MEDICAL SUPPLIES	1,477	2,119	174,035	\$116,441.21	\$0.67	\$2.86	117.8	\$78.84
HEALTH HOME PROVIDER	152	160	160	\$22,402.24	\$140.01	\$0.03	1.1	\$147.38
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	702,923	717,251	715,935	\$480,029,007.19	\$670.49	\$643.19	1.0	\$682.90

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 10/31/21)

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	3,689	11,218	35,818	\$1,353,396.31	\$37.79	\$1.81	9.7	\$366.87
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	673	679	683	\$92,928.86	\$136.06	\$2.29	1.0	\$138.08
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
OPTOMETRIST	199	220	262	\$10,120.24	\$38.63	\$0.01	1.3	\$50.86
CHIROPRACTIC	271	520	605	\$9,451.36	\$15.62	\$0.23	2.2	\$34.88
IOWA-PLAN-HAB	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PODIATRIC	174	217	316	\$6,069.59	\$19.21	\$0.01	1.8	\$34.88
DELTA DENTAL	733,005	724,589	723,361	\$9,290,089.52	\$12.84	\$12.45	1.0	\$12.67
PHYSICAL DISABILITIES SVCS	7	13	2,817	\$9,888.67	\$3.51	\$0.01	402.4	\$1,412.67
BRAIN INJ WAIVER SERVICES	150	290	8,872	\$385,790.17	\$43.48	\$0.52	59.1	\$2,571.93
PSYCHIATRIC	551	808	952	\$49,892.71	\$52.41	\$0.07	1.7	\$90.55
RESIDENTIAL CARE FACILITY	375	422	11,962	\$93,163.51	\$7.79	\$0.12	31.9	\$248.44
ID WAIVER SERVICE	580	908	43,700	\$1,667,379.62	\$38.16	\$140.01	75.3	\$2,874.79
CHILDRENS MENTAL HEALTH SVC	32	48	6,440	\$28,575.89	\$4.44	\$32.36	201.3	\$893.00
AIDS WAIVER SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
ELDERLY WAIVER SERVICES	17	36	884	\$14,682.83	\$16.61	\$1.83	52.0	\$863.70
ILL & HANDICAPPED WAIVER SVCS	293	343	17,699	\$485,358.45	\$27.42	\$212.88	60.4	\$1,656.51
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MEP SERVICES	655	703	5,728	\$370,028.80	\$64.60	\$0.50	8.7	\$564.93
UNASSIGNED	1	0	0	\$430,050.31-	\$0.00	\$0.58-	.0	\$430,050.31-
* A L L C A T E G O R I E S *	743,746	1,529,418	3,034,952	\$515,875,957.88	\$169.98	\$691.22	4.1	\$693.62

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