

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 12/31/21)

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	493	502	3,260	\$7,659,216.37	\$2,349.45	\$10.15	6.6	\$15,535.94
OUTPATIENT	4,305	6,161	857,985	\$1,536,369.48	\$1.79	\$2.04	199.3	\$356.88
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	32	29	390	\$143,620.78	\$368.26	\$0.19	12.2	\$4,488.15
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	220	239	6,956	\$2,729,356.55	\$392.37	\$3.62	31.6	\$12,406.17
INTER CARE MENTAL RETARDA	32	32	913	\$406,184.56	\$444.89	\$0.54	28.5	\$12,693.27
NURSING FAC FOR MENTAL ILL	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
HOME HEALTH	550	724	298,458	\$1,318,561.00	\$4.42	\$1.75	542.7	\$2,397.38
LEAD INSPECTION AGENCY	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PHYSICIAN	5,886	13,114	37,580	\$1,221,653.19	\$32.51	\$1.62	6.4	\$207.55
CLINIC SERVICES	1,070	1,387	1,257	\$3,997,678.71	\$3,180.33	\$5.30	1.2	\$3,736.15
MEP CASE MANAGEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
EHR INCENTIVE PAYMENTS	1	0	0	\$8,500.00	\$0.00	\$0.01	.0	\$8,500.00
LAB AND RADIOLOGICAL	617	889	2,460	\$32,908.27	\$13.38	\$0.04	4.0	\$53.34
HABILITATION SERVICES	25	45	505	\$75,282.08	\$149.07	\$0.10	20.2	\$3,011.28
BEHAVIORAL HLTH INTERVENTN SVC	85	227	2,188	\$56,537.07	\$25.84	\$0.07	25.7	\$665.14
REHAB SUPPORT SERVICES	2	2	44	\$2,456.52	\$55.83	\$0.00	22.0	\$1,228.26
AMBULANCE SERVICES	228	249	245	\$50,703.15	\$206.95	\$0.07	1.1	\$222.38
LOCAL EDUCATION AGENCY	1,671	38,433	149,879	\$5,470,508.20	\$36.50	\$7.25	89.7	\$3,273.79
INFANT TODDLER	33	31	152	\$398.33	\$2.62	\$0.00	4.6	\$12.07
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	3,389	12,346	9,790	\$1,040,712.23	\$106.30	\$23.27	2.9	\$307.09
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	10,986	11,499	10,750	\$25,875.39	\$2.41	\$0.03	1.0	\$2.36
INDIAN HEALTH SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
FAMILY PLANNING SERVICES	147	183	185	\$12,184.28	\$65.86	\$0.02	1.3	\$82.89
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	72	322	321	\$88,542.28	\$275.83	\$8.51	4.5	\$1,229.75
HMO SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PACE SERVICES	608	607	606	\$2,416,920.06	\$3,988.32	\$3.20	1.0	\$3,975.20
PATIENT MANAGEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
HEALTH INS PREMIUM PAYMENT	2,108	5,229	5,229	\$534,272.85	\$102.17	\$0.71	2.5	\$253.45
MEDICAL SUPPLIES	1,911	2,659	94,523	\$159,990.50	\$1.69	\$3.58	49.5	\$83.72
HEALTH HOME PROVIDER	145	196	196	\$26,544.99	\$135.43	\$0.04	1.4	\$183.07
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	737,596	723,406	720,834	\$493,001,788.13	\$683.93	\$653.19	1.0	\$668.39

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					COST PER UNIT OF SERVICE	COST PER ELIGIBLE RECIPIENT	UNITS PER RECIPIENT SERVED	COST PER RECIPIENT SERVED
OTHER PRACTITIONER	3,098	22,378	64,777	\$3,477,275.17	\$53.68	\$4.61	20.9	\$1,122.43
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	375	369	372	\$51,012.70	\$137.13	\$1.14	1.0	\$136.03
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
OPTOMETRIST	251	279	321	\$14,116.08	\$43.98	\$0.02	1.3	\$56.24
CHIROPRACTIC	274	448	477	\$6,776.28	\$14.21	\$0.15	1.7	\$24.73
IOWA-PLAN-HAB	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PODIATRIC	172	206	268	\$6,329.20	\$23.62	\$0.01	1.6	\$36.80
DELTA DENTAL	742,494	730,545	728,959	\$9,319,347.08	\$12.78	\$12.35	1.0	\$12.55
PHYSICAL DISABILITIES SVCS	7	16	2,216	\$8,405.48	\$3.79	\$0.01	316.6	\$1,200.78
BRAIN INJ WAIVER SERVICES	149	301	9,560	\$379,150.34	\$39.66	\$0.50	64.2	\$2,544.63
PSYCHIATRIC	530	821	909	\$50,835.34	\$55.92	\$0.07	1.7	\$95.92
RESIDENTIAL CARE FACILITY	372	398	10,052	\$76,643.50	\$7.62	\$0.10	27.0	\$206.03
ID WAIVER SERVICE	579	939	47,072	\$1,939,971.54	\$41.21	\$163.43	81.3	\$3,350.56
CHILDRENS MENTAL HEALTH SVC	29	39	4,849	\$23,388.87	\$4.82	\$26.46	167.2	\$806.51
AIDS WAIVER SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
ELDERLY WAIVER SERVICES	17	52	1,303	\$13,436.95	\$10.31	\$1.67	76.6	\$790.41
ILL & HANDICAPPED WAIVER SVCS	287	363	31,245	\$616,766.78	\$19.74	\$274.48	108.9	\$2,149.01
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MEP SERVICES	622	666	4,983	\$321,901.80	\$64.60	\$0.43	8.0	\$517.53
UNASSIGNED	1	0	0	\$7,350,608.83	\$0.00	\$9.74	.0	\$0.00
* A L L C A T E G O R I E S *	767,959	1,576,331	3,112,069	\$545,672,730.91	\$175.34	\$722.98	4.1	\$710.55

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