

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 01/31/22)

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	650	676	3,533	\$7,775,152.09	\$2,200.72	\$10.20	5.4	\$11,961.77
OUTPATIENT	4,684	7,319	1,246,068	\$1,818,070.12	\$1.46	\$2.38	266.0	\$388.14
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	34	38	615	\$166,331.30	\$270.46	\$0.22	18.1	\$4,892.10
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	223	247	7,243	\$2,569,323.05	\$354.73	\$3.37	32.5	\$11,521.63
INTER CARE MENTAL RETARDA	27	28	804	\$376,305.67	\$468.04	\$0.49	29.8	\$13,937.25
NURSING FAC FOR MENTAL ILL	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
HOME HEALTH	678	1,000	454,946	\$1,309,287.64	\$2.88	\$1.72	671.0	\$1,931.10
LEAD INSPECTION AGENCY	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PHYSICIAN	6,543	15,505	41,609	\$1,139,851.11	\$27.39	\$1.50	6.4	\$174.21
CLINIC SERVICES	1,289	1,801	1,842	\$2,428,094.34	\$1,318.18	\$3.18	1.4	\$1,883.70
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	614	864	2,368	\$33,558.80	\$14.17	\$0.04	3.9	\$54.66
HABILITATION SERVICES	30	70	787	\$97,776.55	\$124.24	\$0.13	26.2	\$3,259.22
BEHAVIORAL HLTH INTERVENTN SVC	65	156	1,091	\$18,665.10	\$17.11	\$0.02	16.8	\$287.16
REHAB SUPPORT SERVICES	4	3	69	\$3,852.27	\$55.83	\$0.01	17.3	\$963.07
AMBULANCE SERVICES	319	374	368	\$151,276.57	\$411.08	\$0.20	1.2	\$474.22
LOCAL EDUCATION AGENCY	1,937	39,252	193,504	\$6,461,181.50	\$33.39	\$8.48	99.9	\$3,335.66
INFANT TODDLER	359	744	1,619	\$24,743.84	\$15.28	\$0.03	4.5	\$68.92
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	3,784	15,562	14,584	\$1,163,050.59	\$79.75	\$25.02	3.9	\$307.36
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	11,026	11,313	9,966	\$23,966.58	\$2.40	\$0.03	.9	\$2.17
INDIAN HEALTH SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
FAMILY PLANNING SERVICES	87	93	93	\$9,724.41	\$104.56	\$0.01	1.1	\$111.77
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	93	401	401	\$107,036.92	\$266.92	\$10.64	4.3	\$1,150.93
HMO SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PACE SERVICES	608	614	611	\$2,454,600.52	\$4,017.35	\$3.22	1.0	\$4,037.17
PATIENT MANAGEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
HEALTH INS PREMIUM PAYMENT	2,106	4,320	4,320	\$458,604.33	\$106.16	\$0.60	2.1	\$217.76
MEDICAL SUPPLIES	1,997	3,042	96,807	\$197,189.23	\$2.04	\$4.24	48.5	\$98.74
HEALTH HOME PROVIDER	87	97	97	\$16,052.02	\$165.48	\$0.02	1.1	\$184.51
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	719,422	734,402	732,897	\$482,706,548.03	\$658.63	\$633.17	1.0	\$670.96

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OTHER PRACTITIONER	5,759	28,314	88,501	\$4,948,277.14	\$55.91	\$6.49	15.4	\$859.23
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	362	329	327	\$52,168.61	\$159.54	\$1.12	.9	\$144.11
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
OPTOMETRIST	246	284	324	\$15,744.66	\$48.59	\$0.02	1.3	\$64.00
CHIROPRACTIC	312	614	721	\$11,849.87	\$16.44	\$0.25	2.3	\$37.98
IOWA-PLAN-HAB	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PODIATRIC	165	198	247	\$5,263.78	\$21.31	\$0.01	1.5	\$31.90
DELTA DENTAL	723,243	742,000	741,083	\$10,899,259.72	\$14.71	\$14.30	1.0	\$15.07
PHYSICAL DISABILITIES SVCS	7	10	1,580	\$5,347.76	\$3.38	\$0.01	225.7	\$763.97
BRAIN INJ WAIVER SERVICES	141	237	8,266	\$338,930.26	\$41.00	\$0.44	58.6	\$2,403.76
PSYCHIATRIC	564	882	1,054	\$59,191.22	\$56.16	\$0.08	1.9	\$104.95
RESIDENTIAL CARE FACILITY	326	353	9,498	\$82,277.90	\$8.66	\$0.11	29.1	\$252.39
ID WAIVER SERVICE	566	957	45,218	\$2,167,607.94	\$47.94	\$182.38	79.9	\$3,829.70
CHILDRENS MENTAL HEALTH SVC	23	27	3,709	\$17,872.49	\$4.82	\$20.19	161.3	\$777.06
AIDS WAIVER SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
ELDERLY WAIVER SERVICES	16	34	821	\$5,794.97	\$7.06	\$0.72	51.3	\$362.19
ILL & HANDICAPPED WAIVER SVCS	280	350	20,075	\$543,022.48	\$27.05	\$241.88	71.7	\$1,939.37
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MEP SERVICES	608	638	4,650	\$300,390.00	\$64.60	\$0.39	7.6	\$494.06
UNASSIGNED	1	0	0	\$1,191,253.20-	\$0.00	\$1.56-	.0	\$0.00
* A L L C A T E G O R I E S *	740,217	1,613,148	3,742,316	\$529,771,988.18	\$141.56	\$694.91	5.1	\$715.70

*** END OF REPORT ***