

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 02/28/22)

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	1,558	559	2,889	\$7,690,127.20	\$2,661.86	\$10.03	1.9	\$4,935.90
OUTPATIENT	4,322	5,974	1,390,700	\$1,556,936.92	\$1.12	\$2.03	321.8	\$360.24
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	31	34	562	\$233,686.47	\$415.81	\$0.30	18.1	\$7,538.27
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	231	271	7,871	\$2,678,181.69	\$340.26	\$3.49	34.1	\$11,593.86
INTER CARE MENTAL RETARDA	33	37	1,088	\$550,526.91	\$506.00	\$0.72	33.0	\$16,682.63
NURSING FAC FOR MENTAL ILL	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
HOME HEALTH	619	882	301,142	\$1,352,074.22	\$4.49	\$1.76	486.5	\$2,184.29
LEAD INSPECTION AGENCY	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PHYSICIAN	5,539	12,646	41,155	\$1,053,447.17	\$25.60	\$1.37	7.4	\$190.19
CLINIC SERVICES	993	1,296	1,328	\$4,515,710.82	\$3,400.38	\$5.89	1.3	\$4,547.54
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	579	800	2,120	\$30,368.19	\$14.32	\$0.04	3.7	\$52.45
HABILITATION SERVICES	35	84	753	\$70,616.22	\$93.78	\$0.09	21.5	\$2,017.61
BEHAVIORAL HLTH INTERVENTN SVC	59	169	1,151	\$29,000.28	\$25.20	\$0.04	19.5	\$491.53
REHAB SUPPORT SERVICES	3	3	63	\$3,517.29	\$55.83	\$0.00	21.0	\$1,172.43
AMBULANCE SERVICES	253	326	325	\$197,281.75	\$607.02	\$0.26	1.3	\$779.77
LOCAL EDUCATION AGENCY	1,895	36,526	144,186	\$4,971,386.37	\$34.48	\$6.49	76.1	\$2,623.42
INFANT TODDLER	17	15	38	\$241.06	\$6.34	\$0.00	2.2	\$14.18
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	3,413	12,625	12,467	\$979,730.27	\$78.59	\$19.10	3.7	\$287.06
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	12,293	11,238	9,997	\$25,511.98	\$2.55	\$0.03	.8	\$2.08
INDIAN HEALTH SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
FAMILY PLANNING SERVICES	70	72	71	\$10,181.31	\$143.40	\$0.01	1.0	\$145.45
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	133	239	229	\$84,898.43	\$370.74	\$7.04	1.7	\$638.33
HMO SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PACE SERVICES	598	591	584	\$2,337,837.79	\$4,003.15	\$3.05	1.0	\$3,909.43
PATIENT MANAGEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
HEALTH INS PREMIUM PAYMENT	2,065	4,423	4,423	\$441,415.37	\$99.80	\$0.58	2.1	\$213.76
MEDICAL SUPPLIES	1,309	1,997	98,327	\$179,835.42	\$1.83	\$3.51	75.1	\$137.38
HEALTH HOME PROVIDER	128	176	176	\$23,242.08	\$132.06	\$0.03	1.4	\$181.58
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	721,241	738,362	736,601	\$484,161,863.13	\$657.29	\$631.67	1.0	\$671.29

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OTHER PRACTITIONER	3,273	23,692	60,180	\$3,802,267.54	\$63.18	\$4.96	18.4	\$1,161.71
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	309	271	270	\$53,701.43	\$198.89	\$1.05	.9	\$173.79
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
OPTOMETRIST	251	284	327	\$17,582.68	\$53.77	\$0.02	1.3	\$70.05
CHIROPRACTIC	276	505	558	\$12,877.01	\$23.08	\$0.25	2.0	\$46.66
IOWA-PLAN-HAB	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PODIATRIC	164	196	275	\$12,390.14	\$45.06	\$0.02	1.7	\$75.55
DELTA DENTAL	757,373	745,621	743,850	\$9,516,932.60	\$12.79	\$12.42	1.0	\$12.57
PHYSICAL DISABILITIES SVCS	7	12	2,185	\$7,686.79	\$3.52	\$0.01	312.1	\$1,098.11
BRAIN INJ WAIVER SERVICES	146	315	8,864	\$423,983.41	\$47.83	\$0.55	60.7	\$2,904.00
PSYCHIATRIC	486	739	871	\$54,110.52	\$62.12	\$0.07	1.8	\$111.34
RESIDENTIAL CARE FACILITY	347	401	11,444	\$100,677.06	\$8.80	\$0.13	33.0	\$290.14
ID WAIVER SERVICE	569	865	39,058	\$2,056,951.64	\$52.66	\$173.91	68.6	\$3,615.03
CHILDRENS MENTAL HEALTH SVC	28	34	4,685	\$22,158.10	\$4.73	\$24.76	167.3	\$791.36
AIDS WAIVER SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
ELDERLY WAIVER SERVICES	16	41	785	\$26,984.04	\$34.37	\$3.38	49.1	\$1,686.50
ILL & HANDICAPPED WAIVER SVCS	281	311	14,094	\$525,319.11	\$37.27	\$234.73	50.2	\$1,869.46
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MEP SERVICES	619	658	5,382	\$347,677.20	\$64.60	\$0.45	8.7	\$561.68
UNASSIGNED	1	0	0	\$1,477,711.49	\$0.00	\$1.93	.0	\$0.00
* A L L C A T E G O R I E S *	768,674	1,603,290	3,651,074	\$531,636,629.10	\$145.61	\$693.61	4.7	\$691.63

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