

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 03/31/22)

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	640	634	3,430	\$8,158,608.10	\$2,378.60	\$10.61	5.4	\$12,747.83
OUTPATIENT	5,485	6,328	1,393,638	\$1,681,086.51	\$1.21	\$2.19	254.1	\$306.49
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	38	42	753	\$287,110.41	\$381.29	\$0.37	19.8	\$7,555.54
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	257	251	6,747	\$2,392,417.30	\$354.59	\$3.11	26.3	\$9,309.02
INTER CARE MENTAL RETARDA	26	27	736	\$339,909.90	\$461.83	\$0.44	28.3	\$13,073.46
NURSING FAC FOR MENTAL ILL	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
HOME HEALTH	597	928	205,344	\$1,884,101.54	\$9.18	\$2.45	344.0	\$3,155.95
LEAD INSPECTION AGENCY	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PHYSICIAN	5,768	12,436	37,912	\$841,250.46	\$22.19	\$1.09	6.6	\$145.85
CLINIC SERVICES	1,133	1,589	1,449	\$3,624,451.18	\$2,501.35	\$4.71	1.3	\$3,198.99
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	606	877	2,399	\$30,536.30	\$12.73	\$0.04	4.0	\$50.39
HABILITATION SERVICES	31	73	608	\$58,817.95	\$96.74	\$0.08	19.6	\$1,897.35
BEHAVIORAL HLTH INTERVENTN SVC	72	198	1,879	\$47,998.20	\$25.54	\$0.06	26.1	\$666.64
REHAB SUPPORT SERVICES	4	3	60	\$4,809.78	\$80.16	\$0.01	15.0	\$1,202.45
AMBULANCE SERVICES	224	254	252	\$41,508.38	\$164.72	\$0.05	1.1	\$185.31
LOCAL EDUCATION AGENCY	1,994	43,071	176,312	\$5,817,462.66	\$33.00	\$7.57	88.4	\$2,917.48
INFANT TODDLER	427	973	2,126	\$32,552.85	\$15.31	\$0.04	5.0	\$76.24
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	3,385	12,757	12,650	\$946,158.70	\$74.80	\$21.97	3.7	\$279.52
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	12,369	11,251	9,784	\$26,418.51	\$2.70	\$0.03	.8	\$2.14
INDIAN HEALTH SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
FAMILY PLANNING SERVICES	83	93	94	\$7,570.09	\$80.53	\$0.01	1.1	\$91.21
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	74	133	132	\$92,685.89	\$702.17	\$9.95	1.8	\$1,252.51
HMO SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PACE SERVICES	598	604	602	\$2,401,565.92	\$3,989.31	\$3.12	1.0	\$4,016.00
PATIENT MANAGEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
HEALTH INS PREMIUM PAYMENT	2,103	5,343	5,343	\$556,488.32	\$104.15	\$0.72	2.5	\$264.62
MEDICAL SUPPLIES	1,280	2,042	99,113	\$167,374.38	\$1.69	\$3.89	77.4	\$130.76
HEALTH HOME PROVIDER	125	178	178	\$25,790.09	\$144.89	\$0.03	1.4	\$206.32
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	725,072	741,386	740,114	\$588,688,134.40	\$795.40	\$765.56	1.0	\$811.90

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					COST PER UNIT OF SERVICE	COST PER ELIGIBLE RECIPIENT	UNITS PER RECIPIENT SERVED	COST PER RECIPIENT SERVED
OTHER PRACTITIONER	5,464	27,175	72,157	\$4,362,965.27	\$60.46	\$5.67	13.2	\$798.49
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	227	231	227	\$32,569.82	\$143.48	\$0.76	1.0	\$143.48
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
OPTOMETRIST	215	237	277	\$13,437.98	\$48.51	\$0.02	1.3	\$62.50
CHIROPRACTIC	290	549	638	\$13,645.96	\$21.39	\$0.32	2.2	\$47.06
IOWA-PLAN-HAB	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PODIATRIC	129	163	263	\$10,413.98	\$39.60	\$0.01	2.0	\$80.73
DELTA DENTAL	732,066	748,674	747,769	\$10,992,648.83	\$14.70	\$14.30	1.0	\$15.02
PHYSICAL DISABILITIES SVCS	5	8	1,428	\$5,134.67	\$3.60	\$0.01	285.6	\$1,026.93
BRAIN INJ WAIVER SERVICES	143	279	8,092	\$383,082.64	\$47.34	\$0.50	56.6	\$2,678.90
PSYCHIATRIC	553	1,014	1,198	\$76,892.39	\$64.18	\$0.10	2.2	\$139.05
RESIDENTIAL CARE FACILITY	332	476	12,727	\$83,744.79	\$6.58	\$0.11	38.3	\$252.24
ID WAIVER SERVICE	564	885	38,419	\$1,856,200.48	\$48.31	\$157.88	68.1	\$3,291.14
CHILDRENS MENTAL HEALTH SVC	24	27	4,497	\$21,350.41	\$4.75	\$23.86	187.4	\$889.60
AIDS WAIVER SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
ELDERLY WAIVER SERVICES	16	49	1,266	\$21,787.26	\$17.21	\$2.79	79.1	\$1,361.70
ILL & HANDICAPPED WAIVER SVCS	293	370	20,727	\$553,835.02	\$26.72	\$247.03	70.7	\$1,890.22
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MEP SERVICES	607	629	4,925	\$318,155.00	\$64.60	\$0.41	8.1	\$524.14
UNASSIGNED	1	0	0	\$2,342,981.78-	\$0.00	\$3.05-	.0	\$0.00
* A L L C A T E G O R I E S *	745,867	1,622,237	3,616,265	\$634,557,690.54	\$175.47	\$825.21	4.8	\$850.77

*** END OF REPORT ***