

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 02/28/17)

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	1,597	1,384	7,831	\$12,122,243.08	\$1,547.98	\$19.90	4.9	\$7,590.63
OUTPATIENT	10,009	12,783	325,777	\$6,588,933.11	\$20.23	\$10.82	32.5	\$658.30
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	117	128	1,641	\$293,757.35	\$179.01	\$0.48	14.0	\$2,510.75
IHAWP IOWA PLAN LITE	1	0	14-	\$179.12-	\$12.79	\$0.00	14.0-	\$179.12-
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	1	0	12-	\$39.00-	\$3.25	\$0.00	12.0-	\$39.00-
INTERMEDIATE CARE FACILITY	782	1,046	28,411	\$5,724,891.56	\$201.50	\$9.40	36.3	\$7,320.83
INTER CARE MENTAL RETARDA	46	51	1,468	\$560,576.45	\$381.86	\$0.92	31.9	\$12,186.44
NURSING FAC FOR MENTAL ILL	3	3	45	\$9,287.83	\$206.40	\$0.03	15.0	\$3,095.94
HOME HEALTH	1,097	1,267	109,174	\$1,584,699.11	\$14.52	\$2.60	99.5	\$1,444.58
LEAD INSPECTION AGENCY	1	0	0	\$33.41	\$0.00	\$0.00	.0	\$33.41
PHYSICIAN	15,636	30,973	174,257	\$27,186,507.08	\$156.01	\$44.64	11.1	\$1,738.71
CLINIC SERVICES	3,207	4,111	3,535	\$3,921,288.12	\$1,109.28	\$6.44	1.1	\$1,222.73
MEP CASE MANAGEMENT	1	0	0	\$15,772.16	\$0.00	\$0.03	.0	\$15,772.16
EHR INCENTIVE PAYMENTS	1	0	0	\$335,750.00	\$0.00	\$0.55	.0	\$335,750.00
LAB AND RADIOLOGICAL	1,726	2,381	4,032	\$98,633.73	\$24.46	\$0.16	2.3	\$57.15
HABILITATION SERVICES	51	213	1,772	\$92,317.43	\$52.10	\$0.15	34.7	\$1,810.15
BEHAVIORAL HLTH INTERVENTN SVC	316	1,279	11,193	\$237,254.48	\$21.20	\$0.39	35.4	\$750.81
REHAB SUPPORT SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
AMBULANCE SERVICES	583	640	612	\$100,015.79	\$163.42	\$0.16	1.0	\$171.55
LOCAL EDUCATION AGENCY	2,392	33,098	1,050,215	\$11,035,806.95	\$10.51	\$18.12	439.1	\$4,613.63
INFANT TODDLER	368	714	1,575	\$20,012.00	\$12.71	\$0.03	4.3	\$54.38
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	9,164	25,583	21,506	\$783,179.57	\$36.42	\$2.95	2.3	\$85.46
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	12,356	12,869	12,837	\$30,941.76	\$2.41	\$0.05	1.0	\$2.50
INDIAN HEALTH SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
FAMILY PLANNING SERVICES	388	452	450	\$34,154.89	\$75.90	\$0.06	1.2	\$88.03
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	4,460	4,455	4,435	\$621,289.06	\$140.09	\$5.79	1.0	\$139.30
HMO SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PACE SERVICES	351	352	352	\$1,220,034.91	\$3,466.01	\$2.00	1.0	\$3,475.88
PATIENT MANAGEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
HEALTH INS PREMIUM PAYMENT	3,204	7,290	7,290	\$558,206.50	\$76.57	\$0.92	2.3	\$174.22
MEDICAL SUPPLIES	2,920	4,434	219,162	\$476,047.59	\$2.17	\$1.79	75.1	\$163.03
HEALTH HOME PROVIDER	366	543	537	\$58,688.50	\$109.29	\$0.10	1.5	\$160.35
TCM PAYMENTS TO IOWAPLAN	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
IHAWP QHP	1	0	0	\$16,757,928.51	\$0.00	\$27.52	.0	\$0.00
MCO	554,637	575,598	574,865	\$309,197,395.53	\$537.86	\$507.71	1.0	\$557.48

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					COST PER UNIT OF SERVICE	COST PER ELIGIBLE RECIPIENT	UNITS PER RECIPIENT SERVED	COST PER RECIPIENT SERVED
OTHER PRACTITIONER	6,071	14,249	53,293	\$2,921,865.14	\$54.83	\$4.80	8.8	\$481.28
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	33,414	39,806	39,853	\$5,802,098.44	\$145.59	\$21.87	1.2	\$173.64
ACCOUNTABLE CARE ORGANIZATIONS	1	0	12-	\$48.00-	\$4.00	\$0.00	12.0-	\$48.00-
OPTOMETRIST	772	754	836	\$48,439.96	\$57.94	\$0.08	1.1	\$62.75
CHIROPRACTIC	609	1,021	1,371	\$34,866.59	\$25.43	\$0.13	2.3	\$57.25
IOWA-PLAN-HAB	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PODIATRIC	352	398	554	\$25,577.63	\$46.17	\$0.04	1.6	\$72.66
DELTA DENTAL	139,148	141,244	141,112	\$3,781,851.44	\$26.80	\$6.21	1.0	\$27.18
PHYSICAL DISABILITIES SVCS	5	8	2,220	\$7,273.84	\$3.28	\$0.01	444.0	\$1,454.77
BRAIN INJ WAIVER SERVICES	133	242	11,669	\$150,091.99	\$12.86	\$0.25	87.7	\$1,128.51
PSYCHIATRIC	1,411	2,252	2,838	\$185,400.63	\$65.33	\$0.30	2.0	\$131.40
RESIDENTIAL CARE FACILITY	594	724	20,394	\$164,884.28	\$8.08	\$0.27	34.3	\$277.58
ID WAIVER SERVICE	838	1,485	124,926	\$1,895,395.54	\$15.17	\$159.41	149.1	\$2,261.81
CHILDRENS MENTAL HEALTH SVC	56	77	10,223	\$38,922.70	\$3.81	\$37.83	182.6	\$695.05
AIDS WAIVER SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
ELDERLY WAIVER SERVICES	755	92	595	\$118,653.42-	\$199.42-	\$14.65-	.8	\$157.16-
ILL & HANDICAPPED WAIVER SVCS	355	433	31,036	\$431,022.91	\$13.89	\$193.46	87.4	\$1,214.15
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MEP SERVICES	623	914	2,316	\$76,066.37	\$32.84	\$0.12	3.7	\$122.10
UNASSIGNED	1	0	0	\$1,403,731.36-	\$0.00	\$2.30-	.0	\$0.00
* A L L C A T E G O R I E S *	584,969	925,346	3,006,170	\$413,706,753.02	\$137.62	\$679.31	5.1	\$707.23

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