

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 07/31/17)

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	1,690	1,546	8,295	\$12,130,743.02	\$1,462.42	\$20.20	4.9	\$7,177.95
OUTPATIENT	9,537	13,887	410,390	\$3,850,440.83	\$9.38	\$6.41	43.0	\$403.74
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	133	174	2,238	\$225,618.50	\$100.81	\$0.38	16.8	\$1,696.38
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	816	1,071	28,641	\$5,779,867.63	\$201.80	\$9.63	35.1	\$7,083.17
INTER CARE MENTAL RETARDA	40	45	1,259	\$560,866.01	\$445.49	\$0.93	31.5	\$14,021.65
NURSING FAC FOR MENTAL ILL	11	0	0	\$22,686.13-	\$0.00	\$0.07-	.0	\$2,062.38-
HOME HEALTH	1,032	1,287	587,607	\$1,714,853.30	\$2.92	\$2.86	569.4	\$1,661.68
LEAD INSPECTION AGENCY	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PHYSICIAN	14,070	32,492	79,321	\$2,104,167.77	\$26.53	\$3.50	5.6	\$149.55
CLINIC SERVICES	2,743	3,859	3,770	\$3,021,986.55	\$801.59	\$5.03	1.4	\$1,101.71
MEP CASE MANAGEMENT	1	0	0	\$1,008,520.77	\$0.00	\$1.68	.0	\$0.00
EHR INCENTIVE PAYMENTS	1	0	0	\$481,667.00	\$0.00	\$0.80	.0	\$481,667.00
LAB AND RADIOLOGICAL	1,552	2,229	3,831	\$87,744.88	\$22.90	\$0.15	2.5	\$56.54
HABILITATION SERVICES	27	88	1,839	\$96,750.95	\$52.61	\$0.16	68.1	\$3,583.37
BEHAVIORAL HLTH INTERVENTN SVC	175	582	5,856	\$130,589.70	\$22.30	\$0.22	33.5	\$746.23
REHAB SUPPORT SERVICES	1	0	0	\$30.94-	\$0.00	\$0.00	.0	\$30.94-
AMBULANCE SERVICES	606	713	698	\$122,632.44	\$175.69	\$0.20	1.2	\$202.36
LOCAL EDUCATION AGENCY	985	26,845	249,213	\$3,252,187.04	\$13.05	\$5.42	253.0	\$3,301.71
INFANT TODDLER	276	620	1,643	\$22,055.47	\$13.42	\$0.04	6.0	\$79.91
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	26,087	122,645	21,252	\$1,155,066.10	\$54.35	\$5.24	.8	\$44.28
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	11,685	12,038	12,029	\$28,989.90	\$2.41	\$0.05	1.0	\$2.48
INDIAN HEALTH SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
FAMILY PLANNING SERVICES	315	377	377	\$37,302.43	\$98.95	\$0.06	1.2	\$118.42
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	4,003	4,061	4,042	\$464,103.84	\$114.82	\$5.52	1.0	\$115.94
HMO SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PACE SERVICES	396	414	410	\$1,538,739.44	\$3,753.02	\$2.56	1.0	\$3,885.71
PATIENT MANAGEMENT	12	0	0	\$46.00-	\$0.00	\$0.07-	.0	\$3.83-
HEALTH INS PREMIUM PAYMENT	3,143	6,653	6,653	\$586,302.19	\$88.13	\$0.98	2.1	\$186.54
MEDICAL SUPPLIES	3,573	5,914	180,861	\$308,586.36	\$1.71	\$1.40	50.6	\$86.37
HEALTH HOME PROVIDER	368	782	785	\$122,597.85	\$156.18	\$0.20	2.1	\$333.15
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	543,374	562,318	560,978	\$308,854,835.76	\$550.56	\$514.38	1.0	\$568.40

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					COST PER UNIT OF SERVICE	COST PER ELIGIBLE RECIPIENT	UNITS PER RECIPIENT SERVED	COST PER RECIPIENT SERVED
OTHER PRACTITIONER	4,656	12,354	31,439	\$1,066,249.63	\$33.91	\$1.78	6.8	\$229.01
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	35,964	43,292	43,352	\$6,506,573.05	\$150.09	\$29.51	1.2	\$180.92
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
OPTOMETRIST	652	724	820	\$46,852.71	\$57.14	\$0.08	1.3	\$71.86
CHIROPRACTIC	533	1,094	1,318	\$24,171.83	\$18.34	\$0.11	2.5	\$45.35
IOWA-PLAN-HAB	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PODIATRIC	339	421	559	\$20,912.15	\$37.41	\$0.03	1.6	\$61.69
DELTA DENTAL	152,970	154,914	154,782	\$2,691,663.74	\$17.39	\$4.48	1.0	\$17.60
PHYSICAL DISABILITIES SVCS	4	8	1,762	\$5,879.47	\$3.34	\$0.01	440.5	\$1,469.87
BRAIN INJ WAIVER SERVICES	235	366	18,173	\$291,166.69	\$16.02	\$0.48	77.3	\$1,239.01
PSYCHIATRIC	1,356	2,309	2,810	\$196,925.55	\$70.08	\$0.33	2.1	\$145.23
RESIDENTIAL CARE FACILITY	660	810	22,739	\$173,312.12	\$7.62	\$0.29	34.5	\$262.59
ID WAIVER SERVICE	845	1,646	126,337	\$638,241.59-	\$5.05-	\$53.10-	149.5	\$755.32-
CHILDRENS MENTAL HEALTH SVC	56	85	15,187	\$59,334.21	\$3.91	\$54.69	271.2	\$1,059.54
AIDS WAIVER SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
ELDERLY WAIVER SERVICES	96	42	1,678	\$9,420.83-	\$5.61-	\$1.14-	17.5	\$98.13-
ILL & HANDICAPPED WAIVER SVCS	380	500	46,549	\$518,938.73	\$11.15	\$234.07	122.5	\$1,365.63
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MEP SERVICES	965	1,387	6,048	\$389,528.74	\$64.41	\$0.65	6.3	\$403.66
UNASSIGNED	1	0	0	\$6,857,140.62-	\$0.00	\$11.42-	.0	\$0.00
* A L L C A T E G O R I E S *	573,830	1,020,592	2,645,541	\$352,151,158.24	\$133.11	\$586.49	4.6	\$613.69

*** END OF REPORT ***