

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 09/30/17)

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	1,331	1,316	7,153	\$11,373,493.57	\$1,590.03	\$19.11	5.4	\$8,545.07
OUTPATIENT	7,481	9,839	396,202	\$2,744,078.40	\$6.93	\$4.61	53.0	\$366.81
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	82	83	1,150	\$254,163.69	\$221.01	\$0.43	14.0	\$3,099.56
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	2	0	2-	\$6.00-	\$3.00	\$0.00	1.0-	\$3.00-
INTERMEDIATE CARE FACILITY	862	961	26,529	\$5,613,295.25	\$211.59	\$9.43	30.8	\$6,511.94
INTER CARE MENTAL RETARDA	45	48	1,176	\$629,467.40	\$535.26	\$1.06	26.1	\$13,988.16
NURSING FAC FOR MENTAL ILL	1	0	0	\$393.00-	\$0.00	\$0.00	.0	\$393.00-
HOME HEALTH	549	708	91,064	\$1,660,153.24	\$18.23	\$2.79	165.9	\$3,023.96
LEAD INSPECTION AGENCY	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PHYSICIAN	11,510	24,310	51,989	\$1,608,475.57	\$30.94	\$2.70	4.5	\$139.75
CLINIC SERVICES	2,334	3,082	2,852	\$2,593,040.31	\$909.20	\$4.36	1.2	\$1,110.99
MEP CASE MANAGEMENT	1	0	0	\$225,928.71-	\$0.00	\$0.38-	.0	\$225,928.71-
EHR INCENTIVE PAYMENTS	1	0	0	\$1,300,504.00	\$0.00	\$2.19	.0	\$0.00
LAB AND RADIOLOGICAL	1,304	1,832	3,827	\$71,543.83	\$18.69	\$0.12	2.9	\$54.86
HABILITATION SERVICES	30	210	1,626	\$281,405.53	\$173.07	\$0.47	54.2	\$9,380.18
BEHAVIORAL HLTH INTERVENTN SVC	159	984	16,948	\$320,137.54	\$18.89	\$0.54	106.6	\$2,013.44
REHAB SUPPORT SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
AMBULANCE SERVICES	435	479	469	\$69,667.23	\$148.54	\$0.12	1.1	\$160.15
LOCAL EDUCATION AGENCY	849	6,614	92,151	\$1,150,151.30	\$12.48	\$1.93	108.5	\$1,354.71
INFANT TODDLER	214	424	1,210	\$16,237.12	\$13.42	\$0.03	5.7	\$75.87
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	6,280	20,804	17,236	\$1,055,714.48	\$61.25	\$5.26	2.7	\$168.11
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	12,528	12,889	12,879	\$31,038.93	\$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	307	369	372	\$22,912.56	\$61.59	\$0.04	1.2	\$74.63
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	3,045	3,118	3,114	\$388,252.67	\$124.68	\$4.98	1.0	\$127.50
HMO SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PACE SERVICES	399	399	399	\$1,484,418.62	\$3,720.35	\$2.49	1.0	\$3,720.35
PATIENT MANAGEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
HEALTH INS PREMIUM PAYMENT	3,109	6,527	6,527	\$528,215.68	\$80.93	\$0.89	2.1	\$169.90
MEDICAL SUPPLIES	2,247	3,077	134,535	\$274,238.81	\$2.04	\$1.37	59.9	\$122.05
HEALTH HOME PROVIDER	282	363	348	\$49,400.46	\$141.96	\$0.08	1.2	\$175.18
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	536,981	560,747	559,181	\$309,843,810.61	\$554.10	\$520.61	1.0	\$577.01

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OTHER PRACTITIONER	3,453	6,926	19,182	\$815,012.28	\$42.49	\$1.37	5.6	\$236.03
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	23,281	26,343	26,387	\$3,546,097.02	\$134.39	\$17.65	1.1	\$152.32
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
OPTOMETRIST	562	610	673	\$38,586.19	\$57.33	\$0.06	1.2	\$68.66
CHIROPRACTIC	459	780	1,020	\$17,977.90	\$17.63	\$0.09	2.2	\$39.17
IOWA-PLAN-HAB	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PODIATRIC	238	276	351	\$13,230.18	\$37.69	\$0.02	1.5	\$55.59
DELTA DENTAL	284,780	289,694	288,269	\$4,887,080.31	\$16.95	\$8.21	1.0	\$17.16
PHYSICAL DISABILITIES SVCS	6	9	1,585	\$5,456.73	\$3.44	\$0.01	264.2	\$909.46
BRAIN INJ WAIVER SERVICES	152	296	14,672	\$209,005.16	\$14.25	\$0.35	96.5	\$1,375.03
PSYCHIATRIC	1,093	1,824	2,232	\$136,004.15	\$60.93	\$0.23	2.0	\$124.43
RESIDENTIAL CARE FACILITY	621	727	20,988	\$173,686.33	\$8.28	\$0.29	33.8	\$279.69
ID WAIVER SERVICE	846	1,621	105,536	\$1,816,748.14	\$17.21	\$152.21	124.7	\$2,147.46
CHILDRENS MENTAL HEALTH SVC	58	91	14,063	\$62,443.94	\$4.44	\$59.30	242.5	\$1,076.62
AIDS WAIVER SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
ELDERLY WAIVER SERVICES	13	24	963	\$4,787.09	\$4.97	\$0.58	74.1	\$368.24
ILL & HANDICAPPED WAIVER SVCS	349	428	34,080	\$476,893.79	\$13.99	\$215.40	97.7	\$1,366.46
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MEP SERVICES	645	1,252	4,370	\$225,812.26	\$51.67	\$0.38	6.8	\$350.10
UNASSIGNED	1	0	0	\$1,758,117.36-	\$0.00	\$2.95-	.0	\$0.00
* A L L C A T E G O R I E S *	563,168	990,084	1,963,306	\$353,808,193.20	\$180.21	\$594.48	3.5	\$628.25

*** END OF REPORT ***