

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 04/30/18)

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	1,902	1,955	12,579	\$32,590,060.19	\$2,590.83	\$53.19	6.6	\$17,134.63
OUTPATIENT	11,539	16,967	1,044,255	\$6,740,687.23	\$6.46	\$11.00	90.5	\$584.17
CHILD PART HOSP	1	0	0	\$5,090.18	\$0.00	\$0.02	.0	\$5,090.18
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	127	153	2,379	\$267,665.72	\$112.51	\$0.44	18.7	\$2,107.60
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	852	962	26,535	\$6,325,200.79	\$238.37	\$10.32	31.1	\$7,423.94
INTER CARE MENTAL RETARDA	57	46	1,195	\$566,751.60	\$474.27	\$0.92	21.0	\$9,943.01
NURSING FAC FOR MENTAL ILL	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
HOME HEALTH	1,230	1,673	264,163	\$2,760,099.88	\$10.45	\$4.50	214.8	\$2,243.98
LEAD INSPECTION AGENCY	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PHYSICIAN	18,127	40,717	91,254	\$2,643,895.06	\$28.97	\$4.31	5.0	\$145.85
CLINIC SERVICES	3,806	5,328	5,413	\$2,682,383.67	\$495.54	\$4.38	1.4	\$704.78
MEP CASE MANAGEMENT	1	0	0	\$131,363.34-	\$0.00	\$0.21-	.0	\$131,363.34-
EHR INCENTIVE PAYMENTS	1	0	0	\$3,823,231.30-	\$0.00	\$6.24-	.0	\$0.00
LAB AND RADIOLOGICAL	2,174	3,165	7,316	\$137,927.86	\$18.85	\$0.23	3.4	\$63.44
HABILITATION SERVICES	167	508	6,995	\$398,762.53	\$57.01	\$0.65	41.9	\$2,387.80
BEHAVIORAL HLTH INTERVENTN SVC	221	947	10,656	\$208,133.53	\$19.53	\$0.34	48.2	\$941.78
REHAB SUPPORT SERVICES	4	48	241	\$12,307.87	\$51.07	\$0.02	60.3	\$3,076.97
AMBULANCE SERVICES	911	926	914	\$96,152.75	\$105.20	\$0.16	1.0	\$105.55
LOCAL EDUCATION AGENCY	3,067	64,802	824,009	\$11,956,562.76	\$14.51	\$19.51	268.7	\$3,898.46
INFANT TODDLER	457	1,184	2,810	\$39,357.79	\$14.01	\$0.06	6.1	\$86.12
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	8,358	31,234	25,778	\$1,418,594.02	\$55.03	\$9.57	3.1	\$169.73
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	36,206	15,258	15,236	\$42,419.91	\$2.78	\$0.07	.4	\$1.17
INDIAN HEALTH SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
FAMILY PLANNING SERVICES	398	512	347	\$24,768.74	\$71.38	\$0.04	.9	\$62.23
IOWA CARE MED HOME CAPITATION	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
IOWA PLAN PROGRAM	1	0	0	\$10.95	\$0.00	\$0.00	.0	\$10.95
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	4,651	4,924	4,919	\$618,146.06	\$125.66	\$11.92	1.1	\$132.91
HMO SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PACE SERVICES	464	480	471	\$1,770,719.35	\$3,759.49	\$2.89	1.0	\$3,816.21
PATIENT MANAGEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
HEALTH INS PREMIUM PAYMENT	2,658	5,691	5,691	\$553,083.74	\$97.19	\$0.90	2.1	\$208.08
MEDICAL SUPPLIES	2,762	4,897	248,894	\$421,256.63	\$1.69	\$2.84	90.1	\$152.52
HEALTH HOME PROVIDER	698	987	984	\$136,894.28	\$139.12	\$0.22	1.4	\$196.12
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	754,662	569,814	567,701	\$447,329,769.80	\$787.97	\$730.02	.8	\$592.76

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 04/30/18)

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
OTHER PRACTITIONER	7,538	26,300	61,498	\$4,584,056.92	\$74.54	\$7.48	8.2	\$608.13
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	27,757	32,271	32,328	\$4,444,567.31	\$137.48	\$29.99	1.2	\$160.12
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
OPTOMETRIST	901	997	1,143	\$65,127.79	\$56.98	\$0.11	1.3	\$72.28
CHIROPRACTIC	801	1,395	1,549	\$28,066.06	\$18.12	\$0.19	1.9	\$35.04
IOWA-PLAN-HAB	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PODIATRIC	375	440	571	\$18,314.93	\$32.08	\$0.03	1.5	\$48.84
DELTA DENTAL	301,908	305,755	305,508	\$5,191,358.93	\$16.99	\$8.47	1.0	\$17.20
PHYSICAL DISABILITIES SVCS	17	18	3,400	\$17,936.67	\$5.28	\$0.03	200.0	\$1,055.10
BRAIN INJ WAIVER SERVICES	243	356	18,706	\$269,122.66	\$14.39	\$0.44	77.0	\$1,107.50
PSYCHIATRIC	1,903	3,303	4,137	\$257,184.43	\$62.17	\$0.42	2.2	\$135.15
RESIDENTIAL CARE FACILITY	528	597	16,993	\$138,434.79	\$8.15	\$0.23	32.2	\$262.19
ID WAIVER SERVICE	1,178	1,929	118,401	\$2,593,139.50	\$21.90	\$217.62	100.5	\$2,201.31
CHILDRENS MENTAL HEALTH SVC	54	84	16,109	\$61,637.53	\$3.83	\$65.29	298.3	\$1,141.44
AIDS WAIVER SERVICES	5	1	17	\$123.95	\$7.29	\$3.65	3.4	\$24.79
ELDERLY WAIVER SERVICES	1,164	316	7,249	\$118,385.95	\$16.33	\$14.55	6.2	\$101.71
ILL & HANDICAPPED WAIVER SVCS	484	513	46,593	\$659,640.62	\$14.16	\$301.62	96.3	\$1,362.89
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MEP SERVICES	1,757	1,787	8,434	\$689,516.30	\$81.75	\$1.13	4.8	\$392.44
UNASSIGNED	1	0	0	\$413,571.05-	\$0.00	\$0.67-	.0	\$413,571.05-
* A L L C A T E G O R I E S *	777,384	1,149,240	3,813,371	\$534,515,151.54	\$140.17	\$872.31	4.9	\$687.58

*** END OF REPORT ***