

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 11/30/18)

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	1,254	1,267	7,292	\$13,541,055.24	\$1,856.97	\$21.95	5.8	\$10,798.29
OUTPATIENT	8,328	12,306	1,075,771	\$2,706,603.48	\$2.52	\$4.39	129.2	\$325.00
CHILD PART HOSP	1	0	0	\$18.07-	\$0.00	\$0.00	.0	\$18.07-
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	79	87	1,456	\$489,950.36	\$336.50	\$0.79	18.4	\$6,201.90
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	739	875	24,442	\$5,156,611.93	\$210.97	\$8.36	33.1	\$6,977.82
INTER CARE MENTAL RETARDA	36	41	1,190	\$467,446.98	\$392.81	\$0.76	33.1	\$12,984.64
NURSING FAC FOR MENTAL ILL	2	2	62	\$8,052.08	\$129.87	\$0.02	31.0	\$4,026.04
HOME HEALTH	967	1,214	194,263	\$1,381,793.44	\$7.11	\$2.24	200.9	\$1,428.95
LEAD INSPECTION AGENCY	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PHYSICIAN	12,759	27,384	54,716	\$1,787,673.87	\$32.67	\$2.90	4.3	\$140.11
CLINIC SERVICES	3,273	4,509	5,066	\$2,436,774.54	\$481.01	\$3.95	1.5	\$744.51
MEP CASE MANAGEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
EHR INCENTIVE PAYMENTS	1	0	0	\$42,500.00-	\$0.00	\$0.07-	.0	\$42,500.00-
LAB AND RADIOLOGICAL	1,589	2,237	5,224	\$90,501.92	\$17.32	\$0.15	3.3	\$56.96
HABILITATION SERVICES	35	159	689	\$60,270.70	\$87.48	\$0.10	19.7	\$1,722.02
BEHAVIORAL HLTH INTERVENTN SVC	144	595	10,617	\$203,452.51	\$19.16	\$0.33	73.7	\$1,412.86
REHAB SUPPORT SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
AMBULANCE SERVICES	514	577	564	\$71,335.11	\$126.48	\$0.12	1.1	\$138.78
LOCAL EDUCATION AGENCY	1,895	39,905	317,107	\$5,633,859.12	\$17.77	\$9.13	167.3	\$2,973.01
INFANT TODDLER	29	134	377	\$2,746.64	\$7.29	\$0.00	13.0	\$94.71
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	7,002	23,092	18,814	\$1,152,431.06	\$61.25	\$14.29	2.7	\$164.59
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	15,187	16,217	14,890	\$35,758.90	\$2.40	\$0.06	1.0	\$2.35
INDIAN HEALTH SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
FAMILY PLANNING SERVICES	243	283	282	\$22,116.05	\$78.43	\$0.04	1.2	\$91.01
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	2,547	2,592	2,591	\$452,896.66	\$174.80	\$17.53	1.0	\$177.82
HMO SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PACE SERVICES	510	510	510	\$1,914,704.65	\$3,754.32	\$3.10	1.0	\$3,754.32
PATIENT MANAGEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
HEALTH INS PREMIUM PAYMENT	2,516	5,403	5,403	\$508,853.48	\$94.18	\$0.83	2.1	\$202.25
MEDICAL SUPPLIES	2,228	3,462	133,601	\$203,783.77	\$1.53	\$2.53	60.0	\$91.46
HEALTH HOME PROVIDER	238	343	329	\$51,706.31	\$157.16	\$0.08	1.4	\$217.25
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	617,050	578,386	575,472	\$420,392,535.32	\$730.52	\$681.60	.9	\$681.29

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OTHER PRACTITIONER	4,231	19,312	33,725	\$2,071,036.71	\$61.41	\$3.36	8.0	\$489.49
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	21,760	24,501	24,549	\$3,515,727.11	\$143.21	\$43.60	1.1	\$161.57
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
OPTOMETRIST	589	656	733	\$41,406.41	\$56.49	\$0.07	1.2	\$70.30
CHIROPRACTIC	458	861	1,000	\$18,563.14	\$18.56	\$0.23	2.2	\$40.53
IOWA-PLAN-HAB	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PODIATRIC	252	320	423	\$14,276.15	\$33.75	\$0.02	1.7	\$56.65
DELTA DENTAL	309,502	313,057	311,484	\$5,196,675.89	\$16.68	\$8.43	1.0	\$16.79
PHYSICAL DISABILITIES SVCS	6	10	1,976	\$6,797.51	\$3.44	\$0.01	329.3	\$1,132.92
BRAIN INJ WAIVER SERVICES	187	359	18,500	\$327,375.21	\$17.70	\$0.53	98.9	\$1,750.67
PSYCHIATRIC	1,180	1,973	2,485	\$164,052.09	\$66.02	\$0.27	2.1	\$139.03
RESIDENTIAL CARE FACILITY	508	569	15,675	\$130,560.39	\$8.33	\$0.21	30.9	\$257.01
ID WAIVER SERVICE	765	1,361	83,910	\$1,958,289.16	\$23.34	\$159.77	109.7	\$2,559.86
CHILDRENS MENTAL HEALTH SVC	38	61	8,194	\$34,746.49	\$4.24	\$31.36	215.6	\$914.38
AIDS WAIVER SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
ELDERLY WAIVER SERVICES	46	64	1,891	\$31,643.07	\$16.73	\$3.89	41.1	\$687.89
ILL & HANDICAPPED WAIVER SVCS	335	430	36,736	\$523,938.93	\$14.26	\$220.98	109.7	\$1,564.00
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MEP SERVICES	1,048	887	4,009	\$422,052.22	\$105.28	\$0.68	3.8	\$402.72
UNASSIGNED	2	0	0	\$223,882.64	\$0.00	\$0.36	.0	\$111,941.32
* A L L C A T E G O R I E S *	643,287	1,086,001	2,996,018	\$473,411,419.17	\$158.01	\$767.56	4.7	\$735.93
*** END OF REPORT ***								