

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 03/31/19)

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	1,699	1,609	9,160	\$42,209,508.04	\$4,608.02	\$68.08	5.4	\$24,843.74
OUTPATIENT	8,359	11,987	758,619	\$3,949,576.00	\$5.21	\$6.37	90.8	\$472.49
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	75	92	1,413	\$219,414.13	\$155.28	\$0.35	18.8	\$2,925.52
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	753	891	23,861	\$4,580,038.12	\$191.95	\$7.39	31.7	\$6,082.39
INTER CARE MENTAL RETARDA	41	46	1,226	\$543,088.72	\$442.98	\$0.88	29.9	\$13,246.07
NURSING FAC FOR MENTAL ILL	1	2	59	\$10,944.20	\$185.49	\$0.03	59.0	\$10,944.20
HOME HEALTH	844	1,084	321,883	\$1,653,296.59	\$5.14	\$2.67	381.4	\$1,958.88
LEAD INSPECTION AGENCY	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PHYSICIAN	13,042	28,859	60,350	\$1,936,899.70	\$32.09	\$3.12	4.6	\$148.51
CLINIC SERVICES	3,563	4,787	4,747	\$3,293,090.20	\$693.72	\$5.31	1.3	\$924.25
MEP CASE MANAGEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
EHR INCENTIVE PAYMENTS	1	0	0	\$192,667.00	\$0.00	\$0.31	.0	\$192,667.00
LAB AND RADIOLOGICAL	1,309	1,903	4,602	\$78,820.95	\$17.13	\$0.13	3.5	\$60.21
HABILITATION SERVICES	96	272	1,998	\$185,589.41	\$92.89	\$0.30	20.8	\$1,933.22
BEHAVIORAL HLTH INTERVENTN SVC	166	492	5,720	\$114,389.96	\$20.00	\$0.18	34.5	\$689.10
REHAB SUPPORT SERVICES	4	4	77	\$3,932.39	\$51.07	\$0.01	19.3	\$983.10
AMBULANCE SERVICES	675	835	834	\$110,697.98	\$132.73	\$0.18	1.2	\$164.00
LOCAL EDUCATION AGENCY	2,879	55,274	589,003	\$8,691,350.32	\$14.76	\$14.02	204.6	\$3,018.88
INFANT TODDLER	438	971	2,455	\$29,594.88	\$12.05	\$0.05	5.6	\$67.57
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	7,688	26,864	21,519	\$1,477,041.00	\$68.64	\$15.76	2.8	\$192.12
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	16,878	18,715	18,714	\$45,100.74	\$2.41	\$0.07	1.1	\$2.67
INDIAN HEALTH SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
FAMILY PLANNING SERVICES	244	304	305	\$25,058.59	\$82.16	\$0.04	1.3	\$102.70
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	3,102	3,238	3,232	\$152,581.89	\$47.21	\$4.94	1.0	\$49.19
HMO SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PACE SERVICES	534	534	534	\$1,825,889.40	\$3,419.27	\$2.94	1.0	\$3,419.27
PATIENT MANAGEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
HEALTH INS PREMIUM PAYMENT	2,458	5,329	5,329	\$519,055.99	\$97.40	\$0.84	2.2	\$211.17
MEDICAL SUPPLIES	1,868	3,058	128,128	\$280,183.77	\$2.19	\$2.99	68.6	\$149.99
HEALTH HOME PROVIDER	239	268	268	\$36,344.37	\$135.61	\$0.06	1.1	\$152.07
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	622,865	582,593	581,680	\$384,660,501.56	\$661.29	\$620.39	.9	\$617.57

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					COST PER UNIT OF SERVICE	COST PER ELIGIBLE RECIPIENT	UNITS PER RECIPIENT SERVED	COST PER RECIPIENT SERVED
OTHER PRACTITIONER	5,503	23,568	44,740	\$2,430,944.04	\$54.33	\$3.92	8.1	\$441.75
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	21,980	24,909	24,981	\$3,642,263.86	\$145.80	\$38.86	1.1	\$165.71
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
OPTOMETRIST	618	689	763	\$49,377.83	\$64.72	\$0.08	1.2	\$79.90
CHIROPRACTIC	476	815	1,044	\$9,324.15-	\$8.93-	\$0.10-	2.2	\$19.59-
IOWA-PLAN-HAB	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PODIATRIC	215	273	332	\$18,552.52	\$55.88	\$0.03	1.5	\$86.29
DELTA DENTAL	310,486	315,128	315,037	\$5,253,269.98	\$16.68	\$8.47	1.0	\$16.92
PHYSICAL DISABILITIES SVCS	7	11	2,265	\$7,246.14	\$3.20	\$0.01	323.6	\$1,035.16
BRAIN INJ WAIVER SERVICES	156	305	58,685-	\$109,457.59	\$1.87-	\$0.18	376.2-	\$701.65
PSYCHIATRIC	1,232	2,004	2,567	\$184,980.15	\$72.06	\$0.30	2.1	\$150.15
RESIDENTIAL CARE FACILITY	530	683	18,451	\$115,904.32	\$6.28	\$0.19	34.8	\$218.69
ID WAIVER SERVICE	720	1,248	58,747	\$1,945,581.84	\$33.12	\$157.89	81.6	\$2,702.20
CHILDRENS MENTAL HEALTH SVC	48	67	12,620	\$48,534.43	\$3.85	\$45.40	262.9	\$1,011.13
AIDS WAIVER SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
ELDERLY WAIVER SERVICES	22	56	1,896	\$25,273.65	\$13.33	\$3.12	86.2	\$1,148.80
ILL & HANDICAPPED WAIVER SVCS	310	361	20,811	\$454,940.99	\$21.86	\$191.23	67.1	\$1,467.55
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MEP SERVICES	760	941	6,601	\$426,424.60	\$64.60	\$0.69	8.7	\$561.09
UNASSIGNED	1	0	0	\$692,873.45-	\$0.00	\$1.12-	.0	\$692,873.45-
* A L L C A T E G O R I E S *	649,502	1,121,069	2,997,886	\$470,835,210.24	\$157.06	\$759.37	4.6	\$724.92

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