

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 11/30/14)

| 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 | 6,515 | 6,380 | 27,609 | \$43,112,566.77 | \$1,561.54 | \$76.72 | 4.2 | \$6,617.43 |
| OUTPATIENT | 82,661 | 123,701 | 1,720,280 | \$34,802,476.74 | \$20.23 | \$61.93 | 20.8 | \$421.03 |
| 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 | 796 | 902 | 12,240 | \$2,749,348.17 | \$224.62 | \$4.89 | 15.4 | \$3,453.95 |
| IHAWP IOWA PLAN LITE | 77,510 | 90,472 | 88,930 | \$2,594,109.56 | \$29.17 | \$4.62 | 1.1 | \$33.47 |
| IHAWP IOWA PLAN FULL | 11,748 | 12,254 | 12,154 | \$2,046,786.76 | \$168.40 | \$3.64 | 1.0 | \$174.22 |
| IHAWP HMO | 13,420 | 13,537 | 13,478 | \$3,531,984.04 | \$262.06 | \$6.28 | 1.0 | \$263.19 |
| IHAWP PCP | 47,793 | 47,715 | 46,657 | \$186,628.00 | \$4.00 | \$0.33 | 1.0 | \$3.90 |
| INTERMEDIATE CARE FACILITY | 11,714 | 12,799 | 367,059 | \$50,053,771.25 | \$136.36 | \$89.07 | 31.3 | \$4,272.99 |
| INTER CARE MENTAL RETARDA | 1,922 | 2,315 | 58,948 | \$24,420,082.90 | \$414.26 | \$43.45 | 30.7 | \$12,705.56 |
| NURSING FAC FOR MENTAL ILL | 98 | 99 | 2,957 | \$691,864.05 | \$233.97 | \$2.21 | 30.2 | \$7,059.84 |
| HOME HEALTH | 13,180 | 16,996 | 453,376 | \$12,921,669.36 | \$28.50 | \$22.99 | 34.4 | \$980.40 |
| LEAD INSPECTION AGENCY | 2 | 2 | 2 | \$735.10 | \$367.55 | \$0.00 | 1.0 | \$367.55 |
| PHYSICIAN | 154,566 | 325,879 | 557,917 | \$23,881,089.59 | \$42.80 | \$42.49 | 3.6 | \$154.50 |
| CLINIC SERVICES | 26,597 | 35,110 | 33,473 | \$6,425,218.68 | \$191.95 | \$11.43 | 1.3 | \$241.58 |
| MEP CASE MANAGEMENT | 0 | 0 | 0 | \$0.00 | \$0.00 | \$0.00 | .0 | \$0.00 |
| EHR INCENTIVE PAYMENTS | 1 | 0 | 0 | \$961,650.00 | \$0.00 | \$1.71 | .0 | \$961,650.00 |
| LAB AND RADIOLOGICAL | 16,273 | 22,883 | 46,603 | \$939,339.15 | \$20.16 | \$1.67 | 2.9 | \$57.72 |
| HABILITATION SERVICES | 1,025 | 7 | 3,784 | \$141,008.08 | \$37.26 | \$0.25 | 3.7 | \$137.57 |
| BEHAVIORAL HLTH INTERVENTN SVC | 3 | 0 | 0 | \$19,741.96 | \$0.00 | \$0.04 | .0 | \$6,580.65 |
| REHAB SUPPORT SERVICES | 0 | 0 | 0 | \$0.00 | \$0.00 | \$0.00 | .0 | \$0.00 |
| AMBULANCE SERVICES | 6,445 | 3,906 | 3,881 | \$642,626.30 | \$165.58 | \$1.14 | .6 | \$99.71 |
| LOCAL EDUCATION AGENCY | 2,033 | 34,358 | 405,596 | \$5,652,899.92 | \$13.94 | \$10.06 | 199.5 | \$2,780.57 |
| INFANT TODDLER | 1,034 | 3,911 | 8,781 | \$109,435.91 | \$12.46 | \$0.19 | 8.5 | \$105.84 |
| PRESCRIBED DRUGS | 173,162 | 588,321 | 500,282 | \$30,787,071.11 | \$61.54 | \$58.51 | 2.9 | \$177.79 |
| 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 | 414,733 | 433,294 | 432,401 | \$925,338.14 | \$2.14 | \$1.65 | 1.0 | \$2.23 |
| INDIAN HEALTH SERVICES | 0 | 0 | 0 | \$0.00 | \$0.00 | \$0.00 | .0 | \$0.00 |
| FAMILY PLANNING SERVICES | 4,673 | 5,694 | 5,803 | \$399,476.20 | \$68.84 | \$0.71 | 1.2 | \$85.49 |
| IOWA CARE MED HOME CAPITATION | 0 | 0 | 0 | \$0.00 | \$0.00 | \$0.00 | .0 | \$0.00 |
| IOWA PLAN PROGRAM | 395,502 | 431,285 | 430,495 | \$28,023,622.18 | \$65.10 | \$49.87 | 1.1 | \$70.86 |
| 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 | 5,181 | 5,502 | 5,489 | \$1,579,696.68 | \$287.79 | \$6.25 | 1.1 | \$304.90 |
| HMO SERVICES | 51,807 | 54,995 | 54,971 | \$8,402,882.07 | \$152.86 | \$3,822.97 | 1.1 | \$162.20 |
| PACE SERVICES | 253 | 258 | 256 | \$841,154.44 | \$3,285.76 | \$1.50 | 1.0 | \$3,324.72 |
| PATIENT MANAGEMENT | 158,934 | 159,766 | 159,710 | \$319,420.00 | \$2.00 | \$71.72 | 1.0 | \$2.01 |
| HEALTH INS PREMIUM PAYMENT | 3,294 | 6,904 | 6,904 | \$447,929.78 | \$64.88 | \$0.80 | 2.1 | \$135.98 |
| MEDICAL SUPPLIES | 33,107 | 54,196 | 1,928,603 | \$5,321,277.33 | \$2.76 | \$10.11 | 58.3 | \$160.73 |
| HEALTH HOME PROVIDER | 24,038 | 25,479 | 25,381 | \$3,530,686.64 | \$139.11 | \$6.28 | 1.1 | \$146.88 |
| TCM PAYMENTS TO IOWAPLAN | 0 | 0 | 0 | \$0.00 | \$0.00 | \$0.00 | .0 | \$0.00 |
| IHAWP QHP | 20,254 | 20,228 | 20,122 | \$8,810,132.13 | \$437.84 | \$15.68 | 1.0 | \$434.98 |
| OTHER PRACTITIONER | 25,497 | 48,410 | 108,813 | \$3,874,328.60 | \$35.61 | \$6.89 | 4.3 | \$151.95 |
| 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 |

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| 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 | 35,426 | 42,756 | 42,962 | \$5,653,422.23 | \$131.59 | \$10.75 | 1.2 | \$159.58 |
| ACCOUNTABLE CARE ORGANIZATIONS | 31,417 | 31,308 | 30,916 | \$123,664.00 | \$4.00 | \$0.22 | 1.0 | \$3.94 |
| OPTOMETRIST | 14,913 | 17,533 | 18,548 | \$1,070,777.64 | \$57.73 | \$1.91 | 1.2 | \$71.80 |
| CHIROPRACTIC | 10,095 | 18,591 | 23,182 | \$600,696.58 | \$25.91 | \$1.14 | 2.3 | \$59.50 |
| IOWA-PLAN-HAB | 0 | 0 | 0 | \$0.00 | \$0.00 | \$0.00 | .0 | \$0.00 |
| PODIATRIC | 5,400 | 6,660 | 8,228 | \$322,316.99 | \$39.17 | \$0.57 | 1.5 | \$59.69 |
| DELTA DENTAL | 112,108 | 160,500 | 159,285 | \$3,609,398.10 | \$22.66 | \$6.42 | 1.4 | \$32.20 |
| PHYSICAL DISABILITIES SVCS | 657 | 878 | 100,954 | \$346,461.36 | \$3.43 | \$0.62 | 153.7 | \$527.34 |
| BRAIN INJ WAIVER SERVICES | 1,213 | 2,637 | 175,989 | \$2,940,994.39 | \$16.71 | \$5.23 | 145.1 | \$2,424.56 |
| PSYCHIATRIC | 3,859 | 6,165 | 6,955 | \$146,901.04 | \$21.12 | \$0.26 | 1.8 | \$38.07 |
| RESIDENTIAL CARE FACILITY | 924 | 1,035 | 30,005 | \$236,693.47 | \$7.89 | \$0.42 | 32.5 | \$256.16 |
| ID WAIVER SERVICE | 11,751 | 25,280 | 1,739,395 | \$41,661,568.11 | \$23.95 | \$3,314.89 | 148.0 | \$3,545.36 |
| CHILDRENS MENTAL HEALTH SVC | 660 | 1,145 | 151,927 | \$696,777.09 | \$4.59 | \$835.46 | 230.2 | \$1,055.72 |
| AIDS WAIVER SERVICES | 27 | 45 | 7,575 | \$27,001.18 | \$3.56 | \$871.01 | 280.6 | \$1,000.04 |
| ELDERLY WAIVER SERVICES | 8,756 | 26,316 | 1,159,712 | \$6,858,748.70 | \$5.91 | \$766.34 | 132.4 | \$783.32 |
| ILL & HANDICAPPED WAIVER SVCS | 1,810 | 2,722 | 288,080 | \$1,696,066.30 | \$5.89 | \$784.49 | 159.2 | \$937.05 |
| COUNTY OFFICE REIMBURSEMENT | 0 | 0 | 0 | \$0.00 | \$0.00 | \$0.00 | .0 | \$0.00 |
| MEP SERVICES | 11,556 | 17,575 | 107,445 | \$5,859,272.83 | \$54.53 | \$10.43 | 9.3 | \$507.03 |
| UNASSIGNED | 2 | 0 | 0 | \$153,811.52 | \$0.00 | \$0.27 | .0 | \$76,905.76 |
| * A L L C A T E G O R I E S * | 550,243 | 2,948,704 | 11,586,545 | \$380,831,119.04 | \$32.87 | \$677.66 | 21.1 | \$692.11 |

*** END OF REPORT ***