

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 07/31/15)

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	6,936	6,515	29,062	\$43,866,917.60	\$1,509.43	\$74.91	4.2	\$6,324.53
OUTPATIENT	83,635	120,680	1,711,426	\$35,752,026.94	\$20.89	\$61.05	20.5	\$427.48
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	785	896	12,202	\$3,309,878.28	\$271.26	\$5.65	15.5	\$4,216.41
IHAWP IOWA PLAN LITE	109,037	117,950	116,521	\$3,429,897.85	\$29.44	\$5.86	1.1	\$31.46
IHAWP IOWA PLAN FULL	17,353	17,772	17,244	\$2,897,894.21	\$168.05	\$4.95	1.0	\$167.00
IHAWP HMO	29,369	16,046	14,938	\$11,745,834.52	\$786.31	\$20.06	.5	\$399.94
IHAWP PCP	53,826	53,720	53,098	\$159,030.00	\$3.00	\$0.27	1.0	\$2.95
INTERMEDIATE CARE FACILITY	11,395	11,999	336,830	\$45,992,553.96	\$136.55	\$78.54	29.6	\$4,036.20
INTER CARE MENTAL RETARDA	1,686	1,680	48,861	\$19,809,414.80	\$405.42	\$33.83	29.0	\$11,749.36
NURSING FAC FOR MENTAL ILL	76	77	2,189	\$393,866.05	\$179.93	\$1.21	28.8	\$5,182.45
HOME HEALTH	12,011	15,560	398,847	\$12,006,513.65	\$30.10	\$20.50	33.2	\$999.63
LEAD INSPECTION AGENCY	1	1	1	\$350.00	\$350.00	\$0.00	1.0	\$350.00
PHYSICIAN	135,563	280,314	506,221	\$21,240,286.55	\$41.96	\$36.27	3.7	\$156.68
CLINIC SERVICES	25,672	33,750	32,386	\$6,593,617.90	\$203.59	\$11.26	1.3	\$256.84
MEP CASE MANAGEMENT	1	0	0	\$3,094.07	\$0.00	\$0.01	.0	\$3,094.07
EHR INCENTIVE PAYMENTS	1	0	0	\$1,130,502.00	\$0.00	\$1.93	.0	\$0.00
LAB AND RADIOLOGICAL	18,001	25,486	48,212	\$978,453.74	\$20.29	\$1.67	2.7	\$54.36
HABILITATION SERVICES	17	7	176	\$25,556.49	\$145.21	\$0.04	10.4	\$1,503.32
BEHAVIORAL HLTH INTERVENTN SVC	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
REHAB SUPPORT SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
AMBULANCE SERVICES	3,769	4,419	4,394	\$677,890.42	\$154.28	\$1.16	1.2	\$179.86
LOCAL EDUCATION AGENCY	1,004	22,291	259,457	\$3,229,122.07	\$12.45	\$5.51	258.4	\$3,216.26
INFANT TODDLER	18	23	45	\$190.01-	\$4.22-	\$0.00	2.5	\$10.56-
IHAWP WELLNESS EXAM BONUS	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
ACO VIS PAYMENTS	11,218	0	0	\$102,314.00	\$0.00	\$0.17	.0	\$9.12
PRESCRIBED DRUGS	170,986	630,528	515,800	\$34,658,324.82	\$67.19	\$62.13	3.0	\$202.70
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	429,248	440,497	439,333	\$940,172.62	\$2.14	\$1.61	1.0	\$2.19
INDIAN HEALTH SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
FAMILY PLANNING SERVICES	3,861	4,360	4,385	\$322,457.17	\$73.54	\$0.55	1.1	\$83.52
IOWA CARE MED HOME CAPITATION	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
IOWA PLAN PROGRAM	402,365	424,687	423,927	\$28,127,818.29	\$66.35	\$48.03	1.1	\$69.91
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	5,138	5,657	5,616	\$1,631,598.61	\$290.53	\$6.07	1.1	\$317.56
HMO SERVICES	81,853	43,456	43,386	\$9,825,579.15	\$226.47	\$2,582.28	.5	\$120.04
PACE SERVICES	256	258	257	\$833,620.86	\$3,243.66	\$1.42	1.0	\$3,256.33
PATIENT MANAGEMENT	158,310	158,304	158,274	\$316,548.00	\$2.00	\$61.04	1.0	\$2.00
HEALTH INS PREMIUM PAYMENT	3,367	7,786	7,786	\$618,168.36	\$79.39	\$1.06	2.3	\$183.60
MEDICAL SUPPLIES	32,458	53,853	1,916,510	\$5,529,323.77	\$2.89	\$9.91	59.0	\$170.35
HEALTH HOME PROVIDER	28,912	29,672	29,618	\$4,400,096.02	\$148.56	\$7.51	1.0	\$152.19
TCM PAYMENTS TO IOWAPLAN	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
IHAWP QHP	6,820	6,806	6,757	\$3,709,849.45	\$549.04	\$6.34	1.0	\$543.97
OTHER PRACTITIONER	26,243	47,689	100,405	\$4,402,997.51	\$43.85	\$7.52	3.8	\$167.78

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 07/31/15)

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
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	28,922	33,945	34,114	\$4,663,630.32	\$136.71	\$8.36	1.2	\$161.25
ACCOUNTABLE CARE ORGANIZATIONS	34,944	34,870	34,440	\$137,760.00	\$4.00	\$0.24	1.0	\$3.94
OPTOMETRIST	13,840	16,183	17,121	\$995,420.26	\$58.14	\$1.70	1.2	\$71.92
CHIROPRACTIC	11,437	20,259	24,419	\$661,762.15	\$27.10	\$1.19	2.1	\$57.86
IOWA-PLAN-HAB	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PODIATRIC	5,396	6,593	8,093	\$322,201.29	\$39.81	\$0.55	1.5	\$59.71
DELTA DENTAL	132,908	132,619	130,668	\$2,960,936.88	\$22.66	\$5.06	1.0	\$22.28
PHYSICAL DISABILITIES SVCS	593	742	83,249	\$280,770.95	\$3.37	\$0.48	140.4	\$473.48
BRAIN INJ WAIVER SERVICES	1,181	2,651	172,927	\$2,405,890.03	\$13.91	\$4.11	146.4	\$2,037.16
PSYCHIATRIC	3,625	5,947	6,850	\$160,820.07	\$23.48	\$0.27	1.9	\$44.36
RESIDENTIAL CARE FACILITY	740	841	23,679	\$180,317.62	\$7.62	\$0.31	32.0	\$243.67
ID WAIVER SERVICE	11,925	25,599	1,733,969	\$38,267,270.98	\$22.07	\$3,069.73	145.4	\$3,209.00
CHILDRENS MENTAL HEALTH SVC	599	969	135,274	\$597,573.89	\$4.42	\$733.22	225.8	\$997.62
AIDS WAIVER SERVICES	26	41	6,938	\$23,987.97	\$3.46	\$959.52	266.8	\$922.61
ELDERLY WAIVER SERVICES	8,301	23,348	1,076,765	\$6,349,488.22	\$5.90	\$745.07	129.7	\$764.91
ILL & HANDICAPPED WAIVER SVCS	1,721	2,460	261,182	\$1,371,325.75	\$5.25	\$670.25	151.8	\$796.82
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MEP SERVICES	10,258	15,771	70,939	\$3,842,947.92	\$54.17	\$6.56	6.9	\$374.63
UNASSIGNED	7	0	0	\$1,097,042.02-	\$0.00	\$1.87-	.0	\$156,720.29-
* A L L C A T E G O R I E S *	595,585	2,905,577	11,064,791	\$370,786,442.00	\$33.51	\$633.20	18.6	\$622.56

*** END OF REPORT ***