

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 05/31/16)

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	7,427	4,327	27,751	\$32,339,893.24	\$1,165.36	\$53.80	3.7	\$4,354.37
OUTPATIENT	39,632	49,386	856,568	\$14,893,911.99	\$17.39	\$24.78	21.6	\$375.81
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	1,091	1,097	12,513	\$1,692,175.96	\$135.23	\$2.81	11.5	\$1,551.03
IHAWP IOWA PLAN LITE	3	0	9-	\$95.06-	\$10.56	\$0.00	3.0-	\$31.69-
IHAWP IOWA PLAN FULL	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
IHAWP HMO	25	0	0	\$24,755.75	\$0.00	\$0.04	.0	\$990.23
IHAWP PCP	1	0	3-	\$9.00-	\$3.00	\$0.00	3.0-	\$9.00-
INTERMEDIATE CARE FACILITY	2,097	1,839	47,470	\$6,169,640.04	\$129.97	\$10.26	22.6	\$2,942.13
INTER CARE MENTAL RETARDA	143	62	1,588	\$715,135.33	\$450.34	\$1.19	11.1	\$5,000.95
NURSING FAC FOR MENTAL ILL	33	3	35	\$115,038.29	\$3,286.81	\$0.34	1.1	\$3,486.01
HOME HEALTH	7,508	9,561	268,893	\$8,144,180.68	\$30.29	\$13.55	35.8	\$1,084.73
LEAD INSPECTION AGENCY	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PHYSICIAN	67,215	118,166	247,142	\$9,622,984.11	\$38.94	\$16.01	3.7	\$143.17
CLINIC SERVICES	12,718	18,291	16,257	\$2,774,359.21	\$170.66	\$4.61	1.3	\$218.14
MEP CASE MANAGEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
EHR INCENTIVE PAYMENTS	1	0	0	\$1,911,382.00	\$0.00	\$3.18	.0	\$0.00
LAB AND RADIOLOGICAL	8,323	12,591	22,197	\$522,689.77	\$23.55	\$0.87	2.7	\$62.80
HABILITATION SERVICES	965	2,414	30,253	\$1,470,614.44	\$48.61	\$2.45	31.4	\$1,523.95
BEHAVIORAL HLTH INTERVENTN SVC	1,139	2,619	35,181	\$816,005.72	\$23.19	\$1.36	30.9	\$716.42
REHAB SUPPORT SERVICES	30	171	670	\$18,234.33	\$27.22	\$0.03	22.3	\$607.81
AMBULANCE SERVICES	3,736	4,168	3,965	\$669,814.03	\$168.93	\$1.11	1.1	\$179.29
LOCAL EDUCATION AGENCY	3,197	72,734	873,316	\$11,973,624.54	\$13.71	\$19.92	273.2	\$3,745.27
INFANT TODDLER	170	340	802	\$10,481.95	\$13.07	\$0.02	4.7	\$61.66
IHAWP WELLNESS EXAM BONUS	1	0	0	\$71,980.00	\$0.00	\$0.12	.0	\$71,980.00
ACO VIS PAYMENTS	27,148	0	0	\$306,475.00	\$0.00	\$0.51	.0	\$11.29
PRESCRIBED DRUGS	12,919	35,512	29,324	\$1,431,789.85	\$48.83	\$3.29	2.3	\$110.83
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	14,461	15,803	15,713	\$33,625.82	\$2.14	\$0.06	1.1	\$2.33
INDIAN HEALTH SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
FAMILY PLANNING SERVICES	2,943	2,086	2,052	\$74,464.39-	\$36.29-	\$0.12-	.7	\$25.30-
IOWA CARE MED HOME CAPITATION	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
IOWA PLAN PROGRAM	466,931	0	21-	\$1,912,607.21	\$91,076.53-	\$3.18	.0	\$4.10
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	6,539	6,751	6,735	\$1,124,682.19	\$166.99	\$5.71	1.0	\$172.00
HMO SERVICES	1,146	0	1-	\$1,228,014.92	\$0.00	\$501.23	.0	\$1,071.57
PACE SERVICES	310	310	309	\$1,052,442.50	\$3,405.96	\$1.75	1.0	\$3,394.98
PATIENT MANAGEMENT	34	0	51-	\$102.00-	\$2.00	\$0.11-	1.5-	\$3.00-
HEALTH INS PREMIUM PAYMENT	3,461	7,716	7,716	\$576,931.64	\$74.77	\$0.96	2.2	\$166.70
MEDICAL SUPPLIES	12,130	19,358	726,591	\$2,337,071.94	\$3.22	\$5.38	59.9	\$192.67
HEALTH HOME PROVIDER	4,561	7,939	7,937	\$797,051.54	\$100.42	\$1.33	1.7	\$174.75
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	1	0	560,272	\$294,271,921.99	\$525.23	\$489.50	.0	\$0.00

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 05/31/16)

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	21,924	55,035	106,612	\$6,424,736.21	\$60.26	\$10.69	4.9	\$293.05
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	42,652	51,526	51,739	\$7,280,550.65	\$140.72	\$16.74	1.2	\$170.70
ACCOUNTABLE CARE ORGANIZATIONS	1	0	3-	\$12.00-	\$4.00	\$0.00	3.0-	\$12.00-
OPTOMETRIST	3,004	3,143	3,415	\$179,633.86	\$52.60	\$0.30	1.1	\$59.80
CHIROPRACTIC	3,448	5,807	8,255	\$218,857.96	\$26.51	\$0.50	2.4	\$63.47
IOWA-PLAN-HAB	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PODIATRIC	2,487	3,083	3,874	\$170,386.49	\$43.98	\$0.28	1.6	\$68.51
DELTA DENTAL	142,070	142,039	141,982	\$3,217,312.12	\$22.66	\$5.35	1.0	\$22.65
PHYSICAL DISABILITIES SVCS	113	144	19,722	\$70,667.11	\$3.58	\$0.12	174.5	\$625.37
BRAIN INJ WAIVER SERVICES	689	569	42,521	\$477,392.76	\$11.23	\$0.79	61.7	\$692.88
PSYCHIATRIC	5,845	8,624	12,337	\$808,391.43	\$65.53	\$1.34	2.1	\$138.30
RESIDENTIAL CARE FACILITY	507	687	19,258	\$149,526.21	\$7.76	\$0.25	38.0	\$294.92
ID WAIVER SERVICE	3,831	4,639	409,542	\$4,630,661.93	\$11.31	\$385.95	106.9	\$1,208.73
CHILDRENS MENTAL HEALTH SVC	129	153	21,937	\$90,761.26	\$4.14	\$124.84	170.1	\$703.58
AIDS WAIVER SERVICES	3	3	184	\$968.48	\$5.26	\$34.59	61.3	\$322.83
ELDERLY WAIVER SERVICES	4,286	5,203	180,843	\$1,146,880.53	\$6.34	\$141.42	42.2	\$267.59
ILL & HANDICAPPED WAIVER SVCS	652	801	96,505	\$676,505.12	\$7.01	\$334.74	148.0	\$1,037.58
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MEP SERVICES	5,392	4,777	12,012	\$552,805.81-	\$46.02-	\$0.92-	2.2	\$102.52-
UNASSIGNED	2	0	0	\$1,535,888.72	\$0.00	\$2.55	.0	\$767,944.36
* A L L C A T E G O R I E S *	637,314	679,477	4,931,900	\$425,481,148.56	\$86.27	\$707.76	7.7	\$667.62

*** END OF REPORT ***