

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 07/31/16)

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	2,176	1,989	13,001	\$18,106,206.62	\$1,392.68	\$30.29	6.0	\$8,320.87
OUTPATIENT	16,169	17,157	427,805	\$4,674,501.81	\$10.93	\$7.82	26.5	\$289.10
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	228	254	3,304	\$1,011,712.19	\$306.21	\$1.69	14.5	\$4,437.33
IHAWP IOWA PLAN LITE	2	0	4-	\$86.12-	\$21.53	\$0.00	2.0-	\$43.06-
IHAWP IOWA PLAN FULL	1	0	1-	\$244.38-	\$244.38	\$0.00	1.0-	\$244.38-
IHAWP HMO	56	90	90	\$20,433.85	\$227.04	\$0.03	1.6	\$364.89
IHAWP PCP	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
INTERMEDIATE CARE FACILITY	1,039	991	25,833	\$5,404,924.94	\$209.23	\$9.04	24.9	\$5,202.05
INTER CARE MENTAL RETARDA	60	50	1,366	\$632,562.99	\$463.08	\$1.06	22.8	\$10,542.72
NURSING FAC FOR MENTAL ILL	15	3	197-	\$34,577.59-	\$175.52	\$0.10-	13.1-	\$2,305.17-
HOME HEALTH	16,526	2,138	1,674,728	\$2,828,699.52	\$1.69	\$4.73	101.3	\$171.17
LEAD INSPECTION AGENCY	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PHYSICIAN	28,845	46,018	88,042	\$3,470,499.94	\$39.42	\$5.80	3.1	\$120.32
CLINIC SERVICES	4,249	5,755	5,170	\$878,787.38	\$169.98	\$1.47	1.2	\$206.82
MEP CASE MANAGEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
EHR INCENTIVE PAYMENTS	1	0	0	\$986,217.00	\$0.00	\$1.65	.0	\$986,217.00
LAB AND RADIOLOGICAL	2,389	3,064	5,002	\$106,999.77	\$21.39	\$0.18	2.1	\$44.79
HABILITATION SERVICES	137	834	5,570	\$394,165.27	\$70.77	\$0.66	40.7	\$2,877.12
BEHAVIORAL HLTH INTERVENTN SVC	483	1,296	16,154	\$374,244.46	\$23.17	\$0.63	33.4	\$774.83
REHAB SUPPORT SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
AMBULANCE SERVICES	1,035	1,073	1,025	\$178,180.16	\$173.83	\$0.30	1.0	\$172.15
LOCAL EDUCATION AGENCY	1,408	31,169	338,307	\$5,420,083.74	\$16.02	\$9.07	240.3	\$3,849.49
INFANT TODDLER	10	11	27	\$603.93-	\$22.37-	\$0.00	2.7	\$60.39-
IHAWP WELLNESS EXAM BONUS	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
ACO VIS PAYMENTS	26,417	0	0	\$332,685.00	\$0.00	\$0.56	.0	\$12.59
PRESCRIBED DRUGS	8,060	21,389	18,067	\$933,035.86	\$51.64	\$2.52	2.2	\$115.76
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	12,674	13,643	13,603	\$29,110.42	\$2.14	\$0.05	1.1	\$2.30
INDIAN HEALTH SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
FAMILY PLANNING SERVICES	632	855	856	\$46,632.87	\$54.48	\$0.08	1.4	\$73.79
IOWA CARE MED HOME CAPITATION	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
IOWA PLAN PROGRAM	2	1	9-	\$103.10-	\$11.46	\$0.00	4.5-	\$51.55-
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	3,951	4,106	4,093	\$530,550.93	\$129.62	\$3.13	1.0	\$134.28
HMO SERVICES	13	2	2	\$46,624.82	\$23,312.41	\$12.71	.2	\$3,586.52
PACE SERVICES	324	324	324	\$1,087,350.23	\$3,356.02	\$1.82	1.0	\$3,356.02
PATIENT MANAGEMENT	1	0	2-	\$4.00-	\$2.00	\$0.01-	2.0-	\$4.00-
HEALTH INS PREMIUM PAYMENT	3,306	7,270	7,270	\$566,210.29	\$77.88	\$0.95	2.2	\$171.27
MEDICAL SUPPLIES	4,694	6,655	242,054	\$611,395.01	\$2.53	\$1.65	51.6	\$130.25
HEALTH HOME PROVIDER	1,784	1,920	1,911	\$280,548.65	\$146.81	\$0.47	1.1	\$157.26
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	0	0	566,290	\$305,990,888.26	\$540.34	\$511.81	.0	\$0.00

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OTHER PRACTITIONER	9,772	20,766	41,127	\$2,462,945.65	\$59.89	\$4.12	4.2	\$252.04
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	30,413	35,938	35,932	\$5,304,910.26	\$147.64	\$14.31	1.2	\$174.43
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
OPTOMETRIST	1,253	1,239	1,356	\$67,742.91	\$49.96	\$0.11	1.1	\$54.06
CHIROPRACTIC	1,213	2,024	3,021	\$75,059.29	\$24.85	\$0.20	2.5	\$61.88
IOWA-PLAN-HAB	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PODIATRIC	691	751	958	\$38,559.59	\$40.25	\$0.06	1.4	\$55.80
DELTA DENTAL	140,973	140,871	140,716	\$3,188,624.56	\$22.66	\$5.33	1.0	\$22.62
PHYSICAL DISABILITIES SVCS	10	15	3,583	\$14,122.92	\$3.94	\$0.02	358.3	\$1,412.29
BRAIN INJ WAIVER SERVICES	186	244	13,737	\$221,915.46	\$16.15	\$0.37	73.9	\$1,193.09
PSYCHIATRIC	2,306	3,394	4,164	\$238,665.99	\$57.32	\$0.40	1.8	\$103.50
RESIDENTIAL CARE FACILITY	740	1,156	32,857	\$263,854.56	\$8.03	\$0.44	44.4	\$356.56
ID WAIVER SERVICE	1,168	1,678	116,924	\$2,331,613.75	\$19.94	\$195.49	100.1	\$1,996.24
CHILDRENS MENTAL HEALTH SVC	70	101	14,467	\$62,396.10	\$4.31	\$88.38	206.7	\$891.37
AIDS WAIVER SERVICES	2	2	118	\$918.60	\$7.78	\$31.68	59.0	\$459.30
ELDERLY WAIVER SERVICES	2,020	410	22,307	\$26,944.60	\$1.21	\$3.36	11.0	\$13.34
ILL & HANDICAPPED WAIVER SVCS	357	430	42,731	\$480,809.79	\$11.25	\$239.45	119.7	\$1,346.81
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MEP SERVICES	1,425	2,850	7,994	\$382,590.34	\$47.86	\$0.64	5.6	\$268.48
UNASSIGNED	1	0	0	\$147,176.42	\$0.00	\$0.25	.0	\$147,176.42
* A L L C A T E G O R I E S *	254,776	379,926	3,941,673	\$370,216,483.65	\$93.92	\$619.24	15.5	\$1,453.11

*** END OF REPORT ***