

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 08/31/16)

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	2,383	2,050	12,092	\$16,099,511.62	\$1,331.42	\$26.76	5.1	\$6,755.98
OUTPATIENT	16,647	19,378	528,696	\$4,214,742.17	\$7.97	\$7.01	31.8	\$253.18
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	412	307	3,163	\$608,023.39	\$192.23	\$1.01	7.7	\$1,475.78
IHAWP IOWA PLAN LITE	148,163	0	3,993	\$6,138,293.18	\$1,537.26	\$10.20	.0	\$41.43
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	1,553	1,016	27,660	\$6,867,912.92	\$248.30	\$11.42	17.8	\$4,422.35
INTER CARE MENTAL RETARDA	75	38	1,068	\$254,389.80	\$238.19	\$0.42	14.2	\$3,391.86
NURSING FAC FOR MENTAL ILL	22	11	318	\$264,440.94	\$831.58	\$0.79	14.5	\$12,020.04
HOME HEALTH	1,665	2,047	136,150	\$2,609,806.42	\$19.17	\$4.34	81.8	\$1,567.45
LEAD INSPECTION AGENCY	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PHYSICIAN	28,299	49,480	184,659	\$3,177,362.84	\$17.21	\$5.28	6.5	\$112.28
CLINIC SERVICES	4,350	5,593	4,551	\$2,064,473.58	\$453.63	\$3.43	1.0	\$474.59
MEP CASE MANAGEMENT	1	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
EHR INCENTIVE PAYMENTS	1	0	0	\$1,263,668.00	\$0.00	\$2.10	.0	\$0.00
LAB AND RADIOLOGICAL	2,920	3,716	6,831	\$173,232.87	\$25.36	\$0.29	2.3	\$59.33
HABILITATION SERVICES	189	760	5,473	\$342,694.89	\$62.62	\$0.57	29.0	\$1,813.20
BEHAVIORAL HLTH INTERVENTN SVC	289	869	10,731	\$178,330.25	\$16.62	\$0.30	37.1	\$617.06
REHAB SUPPORT SERVICES	2	42	42	\$1,092.63	\$26.02	\$0.00	21.0	\$546.32
AMBULANCE SERVICES	1,068	1,104	1,017	\$195,584.26	\$192.31	\$0.33	1.0	\$183.13
LOCAL EDUCATION AGENCY	821	10,256	156,608	\$2,169,195.06	\$13.85	\$3.61	190.8	\$2,642.14
INFANT TODDLER	56	126	251	\$2,767.77	\$11.03	\$0.00	4.5	\$49.42
IHAWP WELLNESS EXAM BONUS	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
ACO VIS PAYMENTS	26,819	0	0	\$351,625.00	\$0.00	\$0.58	.0	\$13.11
PRESCRIBED DRUGS	9,496	27,147	22,872	\$1,124,125.04	\$49.15	\$3.07	2.4	\$118.38
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	12,093	12,954	12,948	\$27,708.72	\$2.14	\$0.05	1.1	\$2.29
INDIAN HEALTH SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
FAMILY PLANNING SERVICES	462	533	682	\$38,309.48	\$56.17	\$0.06	1.5	\$82.92
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	3,880	3,851	3,829	\$543,584.31	\$141.97	\$3.33	1.0	\$140.10
HMO SERVICES	3	0	0	\$5,720.59	\$0.00	\$2.01	.0	\$1,906.86
PACE SERVICES	335	340	334	\$1,153,312.42	\$3,453.03	\$1.92	1.0	\$3,442.72
PATIENT MANAGEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
HEALTH INS PREMIUM PAYMENT	3,370	8,708	8,708	\$632,935.57	\$72.68	\$1.05	2.6	\$187.81
MEDICAL SUPPLIES	4,287	6,905	281,224	\$702,770.11	\$2.50	\$1.92	65.6	\$163.93
HEALTH HOME PROVIDER	3,282	6,123	6,117	\$555,084.65	\$90.74	\$0.92	1.9	\$169.13
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	565,473	\$302,078,366.36	\$534.20	\$502.13	.0	\$0.00

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OTHER PRACTITIONER	7,733	14,084	36,138	\$1,856,683.69	\$51.38	\$3.09	4.7	\$240.10
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	42,417	51,141	51,101	\$6,955,879.48	\$136.12	\$18.99	1.2	\$163.99
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
OPTOMETRIST	1,205	1,203	1,357	\$65,851.11	\$48.53	\$0.11	1.1	\$54.65
CHIROPRACTIC	1,149	1,971	2,557	\$54,811.52	\$21.44	\$0.15	2.2	\$47.70
IOWA-PLAN-HAB	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PODIATRIC	750	908	1,204	\$47,259.10	\$39.25	\$0.08	1.6	\$63.01
DELTA DENTAL	135,463	135,433	135,360	\$3,067,257.60	\$22.66	\$5.10	1.0	\$22.64
PHYSICAL DISABILITIES SVCS	12	18	3,167	\$11,497.99	\$3.63	\$0.02	263.9	\$958.17
BRAIN INJ WAIVER SERVICES	175	322	17,073	\$319,194.26	\$18.70	\$0.53	97.6	\$1,823.97
PSYCHIATRIC	2,540	4,684	6,334	\$311,468.45	\$49.17	\$0.52	2.5	\$122.63
RESIDENTIAL CARE FACILITY	746	1,354	38,322	\$321,698.62	\$8.39	\$0.53	51.4	\$431.23
ID WAIVER SERVICE	1,246	1,901	123,874	\$2,566,255.27	\$20.72	\$216.69	99.4	\$2,059.59
CHILDRENS MENTAL HEALTH SVC	61	101	15,216	\$37,390.31	\$2.46	\$49.85	249.4	\$612.96
AIDS WAIVER SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
ELDERLY WAIVER SERVICES	212	264	13,197	\$104,473.93	\$7.92	\$12.99	62.3	\$492.80
ILL & HANDICAPPED WAIVER SVCS	374	531	56,163	\$582,942.93	\$10.38	\$285.48	150.2	\$1,558.67
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MEP SERVICES	739	1,087	3,857	\$204,237.42	\$52.95	\$0.34	5.2	\$276.37
UNASSIGNED	1	0	0	\$830,224.33	\$0.00	\$1.38	.0	\$830,224.33
* A L L C A T E G O R I E S *	302,568	378,356	2,482,424	\$371,176,190.85	\$149.52	\$616.99	8.2	\$1,226.75

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