

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 09/30/16)

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	27,317	1,483	7,792	\$8,471,708.70	\$1,087.23	\$14.08	.3	\$310.13
OUTPATIENT	11,146	13,580	426,547	\$4,480,492.73	\$10.50	\$7.45	38.3	\$401.98
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	138	105	1,114	\$291,293.55	\$261.48	\$0.48	8.1	\$2,110.82
IHAWP IOWA PLAN LITE	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
IHAWP IOWA PLAN FULL	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
IHAWP HMO	2	1	1	\$6,240.06	\$6,240.06	\$0.01	.5	\$3,120.03
IHAWP PCP	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
INTERMEDIATE CARE FACILITY	940	987	26,768	\$5,458,704.85	\$203.93	\$9.07	28.5	\$5,807.13
INTER CARE MENTAL RETARDA	53	42	963	\$438,751.58	\$455.61	\$0.73	18.2	\$8,278.33
NURSING FAC FOR MENTAL ILL	3	4	99	\$8,647.61	\$87.35	\$0.03	33.0	\$2,882.54
HOME HEALTH	2,080	1,755	820,806	\$2,058,536.68	\$2.51	\$3.42	394.6	\$989.68
LEAD INSPECTION AGENCY	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PHYSICIAN	19,654	33,369	166,097	\$2,178,050.35	\$13.11	\$3.62	8.5	\$110.82
CLINIC SERVICES	6,851	11,668	11,106	\$2,095,753.20	\$188.70	\$3.48	1.6	\$305.90
MEP CASE MANAGEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
EHR INCENTIVE PAYMENTS	1	0	0	\$235,167.00	\$0.00	\$0.39	.0	\$235,167.00
LAB AND RADIOLOGICAL	2,118	3,007	5,803	\$129,079.96	\$22.24	\$0.21	2.7	\$60.94
HABILITATION SERVICES	398	3,505	15,127	\$249,505.59	\$16.49	\$0.41	38.0	\$626.90
BEHAVIORAL HLTH INTERVENTN SVC	262	613	10,295	\$208,142.06	\$20.22	\$0.35	39.3	\$794.44
REHAB SUPPORT SERVICES	3	23	23	\$349.82	\$15.21	\$0.00	7.7	\$116.61
AMBULANCE SERVICES	675	709	685	\$119,964.52	\$175.13	\$0.20	1.0	\$177.73
LOCAL EDUCATION AGENCY	803	7,804	133,619	\$1,568,266.46	\$11.74	\$2.61	166.4	\$1,953.01
INFANT TODDLER	515	1,591	3,927	\$52,691.46	\$13.42	\$0.09	7.6	\$102.31
IHAWP WELLNESS EXAM BONUS	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
ACO VIS PAYMENTS	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PRESCRIBED DRUGS	7,683	21,117	17,757	\$960,840.27	\$54.11	\$2.91	2.3	\$125.06
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	12,773	13,743	13,733	\$29,388.62	\$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	275	306	308	\$26,687.52	\$86.65	\$0.04	1.1	\$97.05
IOWA CARE MED HOME CAPITATION	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
IOWA PLAN PROGRAM	1	0	1-	\$168.01-	\$168.01	\$0.00	1.0-	\$168.01-
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	6,914	2,156	2,059	\$606,358.42	\$294.49	\$4.09	.3	\$87.70
HMO SERVICES	4	0	4-	\$16,046.47	\$4,011.62-	\$3.61	1.0-	\$4,011.62
PACE SERVICES	335	336	336	\$1,134,110.40	\$3,375.33	\$1.89	1.0	\$3,385.40
PATIENT MANAGEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
HEALTH INS PREMIUM PAYMENT	3,345	7,800	7,800	\$599,891.12	\$76.91	\$1.00	2.3	\$179.34
MEDICAL SUPPLIES	7,159	4,990	64,722	\$254,507.44	\$3.93	\$0.77	9.0	\$35.55
HEALTH HOME PROVIDER	1,081	1,258	1,255	\$184,257.65	\$146.82	\$0.31	1.2	\$170.45
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	571,797	\$304,781,188.06	\$533.02	\$506.65	.0	\$0.00

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OTHER PRACTITIONER	5,892	10,114	23,045	\$257,485.11	\$11.17	\$0.43	3.9	\$43.70
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	32,094	38,038	38,170	\$5,369,718.02	\$140.68	\$16.26	1.2	\$167.31
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
OPTOMETRIST	935	926	1,020	\$53,210.91	\$52.17	\$0.09	1.1	\$56.91
CHIROPRACTIC	1,061	1,495	1,443	\$28,727.29	\$19.91	\$0.09	1.4	\$27.08
IOWA-PLAN-HAB	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PODIATRIC	491	556	718	\$35,076.55	\$48.85	\$0.06	1.5	\$71.44
DELTA DENTAL	216,647	136,406	136,389	\$5,851,517.54	\$42.90	\$9.73	.6	\$27.01
PHYSICAL DISABILITIES SVCS	18	16	4,333	\$15,385.83	\$3.55	\$0.03	240.7	\$854.77
BRAIN INJ WAIVER SERVICES	168	346	17,556	\$238,422.24	\$13.58	\$0.40	104.5	\$1,419.18
PSYCHIATRIC	1,696	2,687	2,955	\$202,229.39	\$68.44	\$0.34	1.7	\$119.24
RESIDENTIAL CARE FACILITY	583	672	18,651	\$152,778.77	\$8.19	\$0.25	32.0	\$262.06
ID WAIVER SERVICE	1,116	1,595	92,961	\$2,460,219.70	\$26.47	\$207.82	83.3	\$2,204.50
CHILDRENS MENTAL HEALTH SVC	53	84	12,375	\$50,119.38	\$4.05	\$64.17	233.5	\$945.65
AIDS WAIVER SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
ELDERLY WAIVER SERVICES	242	119	3,337	\$35,651.16	\$10.68	\$4.45	13.8	\$147.32
ILL & HANDICAPPED WAIVER SVCS	340	438	31,939	\$459,595.60	\$14.39	\$220.54	93.9	\$1,351.75
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MEP SERVICES	924	1,044	8,082	\$493,915.96	\$61.11	\$0.82	8.7	\$534.54
UNASSIGNED	1	0	0	\$5,314,615.63	\$0.00	\$8.83	.0	\$0.00
* A L L C A T E G O R I E S *	313,849	326,488	2,703,508	\$357,663,123.22	\$132.30	\$594.56	8.6	\$1,139.60

*** END OF REPORT ***