

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 12/31/16)

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	1,454	1,332	7,766	\$12,323,941.75	\$1,586.91	\$20.53	5.3	\$8,475.89
OUTPATIENT	27,460	12,495	451,650	\$2,644,414.96	\$5.86	\$4.41	16.4	\$96.30
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	140	106	1,245	\$252,139.38	\$202.52	\$0.42	8.9	\$1,801.00
IHAWP IOWA PLAN LITE	14	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
IHAWP IOWA PLAN FULL	2	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
IHAWP HMO	21,700	0	580-	\$1,810,451.35-	\$3,121.47	\$3.02-	.0	\$83.43-
IHAWP PCP	8	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
INTERMEDIATE CARE FACILITY	969	1,210	34,108	\$7,923,530.45	\$232.31	\$13.20	35.2	\$8,177.02
INTER CARE MENTAL RETARDA	60	40	1,050	\$418,977.16	\$399.03	\$0.70	17.5	\$6,982.95
NURSING FAC FOR MENTAL ILL	17	1	16	\$57,204.27-	\$3,575.27-	\$0.17-	.9	\$3,364.96-
HOME HEALTH	1,116	1,428	133,707	\$2,091,092.06	\$15.64	\$3.48	119.8	\$1,873.74
LEAD INSPECTION AGENCY	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PHYSICIAN	16,242	32,959	68,462	\$2,587,884.06	\$37.80	\$4.31	4.2	\$159.33
CLINIC SERVICES	3,068	4,206	3,756	\$984,871.36	\$262.21	\$1.64	1.2	\$321.01
MEP CASE MANAGEMENT	1	0	0	\$25,500.00-	\$0.00	\$0.04-	.0	\$25,500.00-
EHR INCENTIVE PAYMENTS	1	0	0	\$1,905,421.00	\$0.00	\$3.17	.0	\$0.00
LAB AND RADIOLOGICAL	1,824	2,607	5,100	\$126,416.42	\$24.79	\$0.21	2.8	\$69.31
HABILITATION SERVICES	173	978	5,706	\$347,658.23	\$60.93	\$0.58	33.0	\$2,009.59
BEHAVIORAL HLTH INTERVENTN SVC	233	864	12,218	\$240,253.62	\$19.66	\$0.40	52.4	\$1,031.13
REHAB SUPPORT SERVICES	27	0	524-	\$21,732.20-	\$41.47	\$0.04-	19.4-	\$804.90-
AMBULANCE SERVICES	647	691	663	\$119,600.37	\$180.39	\$0.20	1.0	\$184.85
LOCAL EDUCATION AGENCY	1,621	34,727	145,480	\$4,679,131.58	\$32.16	\$7.80	89.7	\$2,886.57
INFANT TODDLER	429	994	2,266	\$30,838.59	\$13.61	\$0.05	5.3	\$71.88
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	8,092	22,198	18,454	\$908,123.00	\$49.21	\$3.12	2.3	\$112.22
IOWA-PLAN-PMIC	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
DRUG CAPITATION	1	0	0	\$17.69-	\$0.00	\$0.00	.0	\$17.69-
NEMT SERVICES	12,073	12,577	12,576	\$26,689.70	\$2.12	\$0.04	1.0	\$2.21
INDIAN HEALTH SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
FAMILY PLANNING SERVICES	493	605	606	\$52,429.07	\$86.52	\$0.09	1.2	\$106.35
IOWA CARE MED HOME CAPITATION	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
IOWA PLAN PROGRAM	63	0	0	\$56.28	\$0.00	\$0.00	.0	\$0.89
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	5,657	5,488	5,465	\$483,860.41	\$88.54	\$4.03	1.0	\$85.53
HMO SERVICES	54,111	0	27-	\$1,753,037.47	\$64,927.31-	\$797.20	.0	\$32.40
PACE SERVICES	339	338	337	\$1,145,043.22	\$3,397.75	\$1.91	1.0	\$3,377.71
PATIENT MANAGEMENT	27	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
HEALTH INS PREMIUM PAYMENT	3,243	7,129	7,129	\$563,495.01	\$79.04	\$0.94	2.2	\$173.76
MEDICAL SUPPLIES	2,971	4,432	168,867	\$391,774.19	\$2.32	\$1.35	56.8	\$131.87
HEALTH HOME PROVIDER	455	635	635	\$67,998.54	\$107.08	\$0.11	1.4	\$149.45
TCM PAYMENTS TO IOWAPLAN	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
IHAWP QHP	1	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MCO	547,975	567,334	567,291	\$310,743,047.06	\$547.77	\$517.77	1.0	\$567.08

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OTHER PRACTITIONER	6,463	11,529	25,408	\$800,629.05	\$31.51	\$1.33	3.9	\$123.88
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	35,430	43,150	43,218	\$6,309,371.01	\$145.99	\$21.70	1.2	\$178.08
ACCOUNTABLE CARE ORGANIZATIONS	5	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
OPTOMETRIST	796	851	960	\$57,310.20	\$59.70	\$0.10	1.2	\$72.00
CHIROPRACTIC	644	1,304	1,572	\$35,137.53	\$22.35	\$0.12	2.4	\$54.56
IOWA-PLAN-HAB	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PODIATRIC	460	569	750	\$27,472.12	\$36.63	\$0.05	1.6	\$59.72
DELTA DENTAL	172,632	137,449	137,444	\$4,848,421.95	\$35.28	\$8.08	.8	\$28.09
PHYSICAL DISABILITIES SVCS	4	8	1,982	\$6,525.24	\$3.29	\$0.01	495.5	\$1,631.31
BRAIN INJ WAIVER SERVICES	170	295	14,593	\$194,084.89	\$13.30	\$0.32	85.8	\$1,141.68
PSYCHIATRIC	2,217	3,619	5,018	\$397,370.42	\$79.19	\$0.66	2.3	\$179.24
RESIDENTIAL CARE FACILITY	613	697	19,232	\$149,617.75	\$7.78	\$0.25	31.4	\$244.07
ID WAIVER SERVICE	904	1,590	102,262	\$1,819,935.36	\$17.80	\$154.11	113.1	\$2,013.20
CHILDRENS MENTAL HEALTH SVC	51	76	9,487	\$39,280.94	\$4.14	\$42.47	186.0	\$770.21
AIDS WAIVER SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
ELDERLY WAIVER SERVICES	179	171	5,087	\$50,949.55	\$10.02	\$6.23	28.4	\$284.63
ILL & HANDICAPPED WAIVER SVCS	363	505	41,170	\$472,468.72	\$11.48	\$218.33	113.4	\$1,301.57
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MEP SERVICES	2,185	3,128	9,196	\$244,053.36	\$26.54	\$0.41	4.2	\$111.69
UNASSIGNED	1	0	0	\$2,193,919.31-	\$0.00	\$3.66-	.0	\$0.00
* A L L C A T E G O R I E S *	633,868	920,315	2,070,801	\$364,155,528.21	\$175.85	\$606.77	3.3	\$574.50

*** END OF REPORT ***