

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 01/31/17)

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	1,683	1,588	9,113	\$13,995,815.52	\$1,535.81	\$22.81	5.4	\$8,315.99
OUTPATIENT	10,669	14,344	297,673	\$4,572,214.10	\$15.36	\$7.45	27.9	\$428.55
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	163	1,936	\$435,392.04	\$224.89	\$0.71	14.0	\$3,155.01
IHAWP IOWA PLAN LITE	2	0	4-	\$128.15-	\$32.04	\$0.00	2.0-	\$64.08-
IHAWP IOWA PLAN FULL	1	0	3-	\$904.17-	\$301.39	\$0.00	3.0-	\$904.17-
IHAWP HMO	1	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
IHAWP PCP	3	0	11-	\$44.00-	\$4.00	\$0.00	3.7-	\$14.67-
INTERMEDIATE CARE FACILITY	798	1,108	31,059	\$6,111,209.00	\$196.76	\$9.96	38.9	\$7,658.16
INTER CARE MENTAL RETARDA	46	37	1,036	\$532,799.15	\$514.28	\$0.87	22.5	\$11,582.59
NURSING FAC FOR MENTAL ILL	47	0	12-	\$361,792.79	\$30,149.40-	\$1.04	.3-	\$7,697.72
HOME HEALTH	1,214	1,658	246,263	\$1,965,899.89	\$7.98	\$3.20	202.9	\$1,619.36
LEAD INSPECTION AGENCY	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PHYSICIAN	15,972	33,234	179,349	\$2,452,576.76	\$13.67	\$4.00	11.2	\$153.55
CLINIC SERVICES	3,252	4,362	3,951	\$1,501,320.85	\$379.99	\$2.45	1.2	\$461.66
MEP CASE MANAGEMENT	1	0	0	\$3,500.00-	\$0.00	\$0.01-	.0	\$3,500.00-
EHR INCENTIVE PAYMENTS	1	0	0	\$450,501.00	\$0.00	\$0.73	.0	\$450,501.00
LAB AND RADIOLOGICAL	1,747	2,438	4,127	\$109,542.55	\$26.54	\$0.18	2.4	\$62.70
HABILITATION SERVICES	243	1,044	8,478	\$431,465.44	\$50.89	\$0.70	34.9	\$1,775.58
BEHAVIORAL HLTH INTERVENTN SVC	216	979	11,309	\$246,406.48	\$21.79	\$0.40	52.4	\$1,140.77
REHAB SUPPORT SERVICES	20	0	422-	\$17,262.17-	\$40.91	\$0.03-	21.1-	\$863.11-
AMBULANCE SERVICES	664	710	690	\$119,191.22	\$172.74	\$0.19	1.0	\$179.50
LOCAL EDUCATION AGENCY	2,404	53,083	362,627	\$7,732,591.12	\$21.32	\$12.60	150.8	\$3,216.55
INFANT TODDLER	525	1,246	2,861	\$39,440.47	\$13.79	\$0.06	5.4	\$75.12
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	10,573	28,131	23,723	\$1,302,373.16	\$54.90	\$4.58	2.2	\$123.18
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	12,088	12,513	12,444	\$29,734.08	\$2.39	\$0.05	1.0	\$2.46
INDIAN HEALTH SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
FAMILY PLANNING SERVICES	319	375	371	\$33,918.92	\$91.43	\$0.06	1.2	\$106.33
IOWA CARE MED HOME CAPITATION	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
IOWA PLAN PROGRAM	3	0	29-	\$5,659.36-	\$195.15	\$0.01-	9.7-	\$1,886.45-
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	5,684	5,723	5,718	\$667,417.18	\$116.72	\$5.73	1.0	\$117.42
HMO SERVICES	51	211	211	\$25,721.24	\$121.90	\$10.06	4.1	\$504.34
PACE SERVICES	355	356	356	\$1,212,552.66	\$3,406.05	\$1.98	1.0	\$3,415.64
PATIENT MANAGEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
HEALTH INS PREMIUM PAYMENT	3,175	8,069	8,069	\$628,183.42	\$77.85	\$1.02	2.5	\$197.85
MEDICAL SUPPLIES	2,999	4,984	215,253	\$463,508.29	\$2.15	\$1.63	71.8	\$154.55
HEALTH HOME PROVIDER	287	382	358	\$48,330.49	\$135.00	\$0.08	1.2	\$168.40
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	560,721	582,919	582,499	\$308,898,683.39	\$530.30	\$503.36	1.0	\$550.90

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OTHER PRACTITIONER	7,287	17,165	29,182	\$1,491,930.89	\$51.13	\$2.43	4.0	\$204.74
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	33,906	41,080	41,184	\$6,047,706.68	\$146.85	\$21.27	1.2	\$178.37
ACCOUNTABLE CARE ORGANIZATIONS	2	0	5-	\$20.00-	\$4.00	\$0.00	2.5-	\$10.00-
OPTOMETRIST	716	818	929	\$55,876.68	\$60.15	\$0.09	1.3	\$78.04
CHIROPRACTIC	632	1,227	1,568	\$37,212.16	\$23.73	\$0.13	2.5	\$58.88
IOWA-PLAN-HAB	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PODIATRIC	393	497	591	\$36,286.62	\$61.40	\$0.06	1.5	\$92.33
DELTA DENTAL	141,641	143,766	143,678	\$3,850,702.20	\$26.80	\$6.27	1.0	\$27.19
PHYSICAL DISABILITIES SVCS	8	9	1,709	\$5,121.74	\$3.00	\$0.01	213.6	\$640.22
BRAIN INJ WAIVER SERVICES	523	283	11,801	\$143,227.58	\$12.14	\$0.23	22.6	\$273.86
PSYCHIATRIC	1,484	2,582	3,036	\$213,370.23	\$70.28	\$0.35	2.0	\$143.78
RESIDENTIAL CARE FACILITY	674	887	25,589	\$211,890.59	\$8.28	\$0.35	38.0	\$314.38
ID WAIVER SERVICE	887	1,659	97,113	\$1,788,034.75	\$18.41	\$150.86	109.5	\$2,015.82
CHILDRENS MENTAL HEALTH SVC	66	110	16,794	\$66,485.27	\$3.96	\$67.77	254.5	\$1,007.35
AIDS WAIVER SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
ELDERLY WAIVER SERVICES	3,527	1,135	10,574-	\$4,512.83-	\$0.43	\$0.55-	3.0-	\$1.28-
ILL & HANDICAPPED WAIVER SVCS	369	554	47,156	\$524,024.55	\$11.11	\$236.79	127.8	\$1,420.12
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MEP SERVICES	6,343	1,201	4,131	\$490,075.54-	\$118.63-	\$0.80-	.7	\$77.26-
UNASSIGNED	1	0	0	\$3,843,503.30-	\$0.00	\$6.26-	.0	\$0.00
* A L L C A T E G O R I E S *	592,735	972,630	2,422,875	\$364,474,841.63	\$150.43	\$593.92	4.1	\$614.90

*** END OF REPORT ***