

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 04/30/17)

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	1,681	1,377	6,891	\$12,492,630.88	\$1,812.89	\$20.73	4.1	\$7,431.67
OUTPATIENT	8,955	12,242	297,714	\$2,135,215.05	\$7.17	\$3.54	33.2	\$238.44
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	118	145	2,014	\$180,841.67	\$89.79	\$0.30	17.1	\$1,532.56
IHAWP IOWA PLAN LITE	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
IHAWP IOWA PLAN FULL	1	0	1-	\$295.77-	\$295.77	\$0.00	1.0-	\$295.77-
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	910	1,088	29,628	\$5,695,184.60	\$192.22	\$9.45	32.6	\$6,258.44
INTER CARE MENTAL RETARDA	42	46	1,323	\$663,467.81	\$501.49	\$1.10	31.5	\$15,796.85
NURSING FAC FOR MENTAL ILL	3	2	62	\$18,322.62	\$295.53	\$0.05	20.7	\$6,107.54
HOME HEALTH	1,674	1,167	573,494	\$1,828,788.69	\$3.19	\$3.03	342.6	\$1,092.47
LEAD INSPECTION AGENCY	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PHYSICIAN	13,698	28,934	67,729	\$1,817,003.28	\$26.83	\$3.02	4.9	\$132.65
CLINIC SERVICES	2,850	3,627	3,362	\$582,507.53	\$173.26	\$0.97	1.2	\$204.39
MEP CASE MANAGEMENT	1	0	0	\$196,587.00-	\$0.00	\$0.33-	.0	\$196,587.00-
EHR INCENTIVE PAYMENTS	1	0	0	\$522,750.00	\$0.00	\$0.87	.0	\$522,750.00
LAB AND RADIOLOGICAL	1,114	1,473	2,205	\$66,757.73	\$30.28	\$0.11	2.0	\$59.93
HABILITATION SERVICES	62	184	2,655	\$197,082.53	\$74.23	\$0.33	42.8	\$3,178.75
BEHAVIORAL HLTH INTERVENTN SVC	195	683	8,802	\$174,285.51	\$19.80	\$0.29	45.1	\$893.77
REHAB SUPPORT SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
AMBULANCE SERVICES	560	628	614	\$100,160.95	\$163.13	\$0.17	1.1	\$178.86
LOCAL EDUCATION AGENCY	2,875	54,287	702,610	\$9,859,847.21	\$14.03	\$16.36	244.4	\$3,429.51
INFANT TODDLER	346	732	1,721	\$23,274.32	\$13.52	\$0.04	5.0	\$67.27
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	6,707	23,206	19,380	\$1,005,764.42	\$51.90	\$4.44	2.9	\$149.96
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	12,422	12,954	12,949	\$31,207.90	\$2.41	\$0.05	1.0	\$2.51
INDIAN HEALTH SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
FAMILY PLANNING SERVICES	327	375	376	\$36,414.29	\$96.85	\$0.06	1.1	\$111.36
IOWA CARE MED HOME CAPITATION	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
IOWA PLAN PROGRAM	1	0	1-	\$200.24-	\$200.24	\$0.00	1.0-	\$200.24-
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	3,612	3,796	3,787	\$476,826.93	\$125.91	\$5.25	1.0	\$132.01
HMO SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PACE SERVICES	361	370	370	\$1,265,991.95	\$3,421.60	\$2.10	1.0	\$3,506.90
PATIENT MANAGEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
HEALTH INS PREMIUM PAYMENT	3,204	6,552	6,552	\$571,762.56	\$87.27	\$0.95	2.0	\$178.45
MEDICAL SUPPLIES	2,395	3,669	161,921	\$295,243.48	\$1.82	\$1.30	67.6	\$123.27
HEALTH HOME PROVIDER	204	265	263	\$39,029.76	\$148.40	\$0.06	1.3	\$191.32
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	560,525	577,786	567,900	\$317,725,177.15	\$559.47	\$527.22	1.0	\$566.83

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					COST PER UNIT OF SERVICE	COST PER ELIGIBLE RECIPIENT	UNITS PER RECIPIENT SERVED	COST PER RECIPIENT SERVED
OTHER PRACTITIONER	5,342	21,282	45,858	\$3,013,171.89	\$65.71	\$5.00	8.6	\$564.05
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	34,712	40,704	40,779	\$5,811,392.92	\$142.51	\$25.66	1.2	\$167.42
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
OPTOMETRIST	782	814	936	\$49,955.67	\$53.37	\$0.08	1.2	\$63.88
CHIROPRACTIC	574	1,033	1,246	\$25,532.37	\$20.49	\$0.11	2.2	\$44.48
IOWA-PLAN-HAB	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PODIATRIC	304	389	519	\$16,287.99	\$31.38	\$0.03	1.7	\$53.58
DELTA DENTAL	139,969	143,518	143,489	\$3,845,508.16	\$26.80	\$6.38	1.0	\$27.47
PHYSICAL DISABILITIES SVCS	2	5	1,516	\$5,148.24	\$3.40	\$0.01	758.0	\$2,574.12
BRAIN INJ WAIVER SERVICES	266	268	11,636	\$152,502.59	\$13.11	\$0.25	43.7	\$573.32
PSYCHIATRIC	1,253	1,968	2,456	\$211,384.17	\$86.07	\$0.35	2.0	\$168.70
RESIDENTIAL CARE FACILITY	580	609	17,695	\$140,413.36	\$7.94	\$0.23	30.5	\$242.09
ID WAIVER SERVICE	816	1,498	85,857	\$1,647,506.53	\$19.19	\$137.69	105.2	\$2,019.00
CHILDRENS MENTAL HEALTH SVC	53	68	9,667	\$38,065.62	\$3.94	\$34.02	182.4	\$718.22
AIDS WAIVER SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
ELDERLY WAIVER SERVICES	653	266	4,959	\$110,275.42	\$22.24	\$13.59	7.6	\$168.88
ILL & HANDICAPPED WAIVER SVCS	363	442	31,563	\$467,608.36	\$14.82	\$208.10	87.0	\$1,288.18
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MEP SERVICES	2,497	1,575	5,344	\$161,016.31	\$30.13	\$0.27	2.1	\$64.48
UNASSIGNED	1	0	0	\$2,954,580.18-	\$0.00	\$4.90-	.0	\$0.00
* A L L C A T E G O R I E S *	586,321	950,027	2,877,840	\$370,349,645.23	\$128.69	\$614.55	4.9	\$631.65

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