

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 06/30/17)

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	1,311	1,275	7,775	\$12,896,669.26	\$1,658.74	\$21.51	5.9	\$9,837.28
OUTPATIENT	8,451	11,681	278,124	\$3,314,074.96	\$11.92	\$5.53	32.9	\$392.15
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	146	121	1,569	\$299,506.88	\$190.89	\$0.50	10.7	\$2,051.42
IHAWP IOWA PLAN LITE	1	0	0	\$243,278.33	\$0.00	\$0.41	.0	\$243,278.33
IHAWP IOWA PLAN FULL	1	0	0	\$1,199.94	\$0.00	\$0.00	.0	\$1,199.94
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	954	1,030	27,603	\$5,642,441.56	\$204.41	\$9.41	28.9	\$5,914.51
INTER CARE MENTAL RETARDA	41	51	1,498	\$684,292.29	\$456.80	\$1.14	36.5	\$16,690.06
NURSING FAC FOR MENTAL ILL	2	4	121	\$26,769.29	\$221.23	\$0.08	60.5	\$13,384.65
HOME HEALTH	895	1,172	243,831	\$1,607,260.66	\$6.59	\$2.68	272.4	\$1,795.82
LEAD INSPECTION AGENCY	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PHYSICIAN	13,517	28,075	63,691	\$2,244,219.97	\$35.24	\$3.74	4.7	\$166.03
CLINIC SERVICES	2,692	3,759	3,985	\$1,320,667.80	\$331.41	\$2.20	1.5	\$490.59
MEP CASE MANAGEMENT	1	0	0	\$52,287.78	\$0.00	\$0.09	.0	\$52,287.78
EHR INCENTIVE PAYMENTS	1	0	0	\$1,123,417.00	\$0.00	\$1.87	.0	\$0.00
LAB AND RADIOLOGICAL	1,526	2,285	3,782	\$96,974.97	\$25.64	\$0.16	2.5	\$63.55
HABILITATION SERVICES	28	95	3,655	\$252,443.68	\$69.07	\$0.42	130.5	\$9,015.85
BEHAVIORAL HLTH INTERVENTN SVC	188	737	8,881	\$188,935.99	\$21.27	\$0.32	47.2	\$1,004.98
REHAB SUPPORT SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
AMBULANCE SERVICES	559	618	612	\$97,204.39	\$158.83	\$0.16	1.1	\$173.89
LOCAL EDUCATION AGENCY	3,889	126,156	1,356,408	\$19,620,921.05	\$14.47	\$32.72	348.8	\$5,045.24
INFANT TODDLER	276	509	1,240	\$17,005.13	\$13.71	\$0.03	4.5	\$61.61
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	5,869	21,370	16,933	\$928,290.00	\$54.82	\$4.36	2.9	\$158.17
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	14,421	11,736	11,722	\$29,793.80	\$2.54	\$0.05	.8	\$2.07
INDIAN HEALTH SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
FAMILY PLANNING SERVICES	326	386	390	\$34,683.51	\$88.93	\$0.06	1.2	\$106.39
IOWA CARE MED HOME CAPITATION	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
IOWA PLAN PROGRAM	2	0	1	\$955,487.96	\$0.00	\$1.59	.5	\$477,743.98
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	3,732	3,812	3,809	\$409,017.22	\$107.38	\$4.84	1.0	\$109.60
HMO SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PACE SERVICES	374	374	374	\$1,390,123.60	\$3,716.91	\$2.32	1.0	\$3,716.91
PATIENT MANAGEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
HEALTH INS PREMIUM PAYMENT	3,268	7,471	7,471	\$656,210.84	\$87.83	\$1.09	2.3	\$200.80
MEDICAL SUPPLIES	2,307	3,501	147,782	\$282,003.47	\$1.91	\$1.32	64.1	\$122.24
HEALTH HOME PROVIDER	280	418	409	\$57,181.86	\$139.81	\$0.10	1.5	\$204.22
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	553,334	574,707	573,221	\$312,211,369.84	\$544.66	\$520.62	1.0	\$564.24

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 06/30/17)

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
OTHER PRACTITIONER	5,420	43,645	66,184	\$4,564,373.49	\$68.96	\$7.61	12.2	\$842.14
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	31,332	37,106	37,169	\$5,489,158.61	\$147.68	\$25.76	1.2	\$175.19
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
OPTOMETRIST	548	601	708	\$40,167.70	\$56.73	\$0.07	1.3	\$73.30
CHIROPRACTIC	454	869	1,075	\$18,346.45	\$17.07	\$0.09	2.4	\$40.41
IOWA-PLAN-HAB	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PODIATRIC	250	295	376	\$10,253.20	\$27.27	\$0.02	1.5	\$41.01
DELTA DENTAL	141,346	143,469	140,809	\$3,773,684.16	\$26.80	\$6.29	1.0	\$26.70
PHYSICAL DISABILITIES SVCS	4	10	2,597	\$7,950.07	\$3.06	\$0.01	649.3	\$1,987.52
BRAIN INJ WAIVER SERVICES	298	240	8,849	\$97,124.23	\$10.98	\$0.16	29.7	\$325.92
PSYCHIATRIC	1,104	1,792	2,160	\$800,944.07	\$370.81	\$1.34	2.0	\$725.49
RESIDENTIAL CARE FACILITY	593	652	18,380	\$145,293.20	\$7.90	\$0.24	31.0	\$245.01
ID WAIVER SERVICE	778	1,397	75,948	\$1,845,151.60	\$24.29	\$153.62	97.6	\$2,371.66
CHILDRENS MENTAL HEALTH SVC	51	85	12,170	\$50,684.52	\$4.16	\$45.05	238.6	\$993.81
AIDS WAIVER SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
ELDERLY WAIVER SERVICES	5,018	34	18	\$154,850.78-	\$8,602.82-	\$18.70-	.0	\$30.86-
ILL & HANDICAPPED WAIVER SVCS	306	401	20,590	\$452,463.63	\$21.97	\$202.08	67.3	\$1,478.64
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MEP SERVICES	3,975	1,081	2,866	\$540,115.36-	\$188.46-	\$0.90-	.7	\$135.88-
UNASSIGNED	1	0	0	\$822,038.37-	\$0.00	\$1.37-	.0	\$822,038.37-
* A L L C A T E G O R I E S *	581,821	1,033,020	3,154,784	\$382,357,747.89	\$121.20	\$637.59	5.4	\$657.17

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