

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 08/31/17)

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	1,261	1,221	5,601	\$10,463,366.20	\$1,868.12	\$17.52	4.4	\$8,297.67
OUTPATIENT	8,123	10,804	294,218	\$3,004,119.81	\$10.21	\$5.03	36.2	\$369.83
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	328	142	1,689	\$249,156.04	\$147.52	\$0.42	5.1	\$759.62
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	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	1,750	1,120	30,966	\$7,074,001.66	\$228.44	\$11.84	17.7	\$4,042.29
INTER CARE MENTAL RETARDA	38	44	1,073	\$550,739.55	\$513.27	\$0.92	28.2	\$14,493.15
NURSING FAC FOR MENTAL ILL	1	1	30	\$6,321.60	\$210.72	\$0.02	30.0	\$6,321.60
HOME HEALTH	807	1,083	96,135	\$1,625,744.13	\$16.91	\$2.72	119.1	\$2,014.55
LEAD INSPECTION AGENCY	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PHYSICIAN	12,104	26,384	63,774	\$1,885,325.86	\$29.56	\$3.16	5.3	\$155.76
CLINIC SERVICES	2,512	3,532	3,967	\$2,134,333.24	\$538.02	\$3.57	1.6	\$849.65
MEP CASE MANAGEMENT	1	0	0	\$43,787.78-	\$0.00	\$0.07-	.0	\$43,787.78-
EHR INCENTIVE PAYMENTS	1	0	0	\$291,833.00	\$0.00	\$0.49	.0	\$291,833.00
LAB AND RADIOLOGICAL	1,490	2,138	3,430	\$74,888.34	\$21.83	\$0.13	2.3	\$50.26
HABILITATION SERVICES	19	74	1,147	\$109,045.77	\$95.07	\$0.18	60.4	\$5,739.25
BEHAVIORAL HLTH INTERVENTN SVC	143	478	4,531	\$108,211.86	\$23.88	\$0.18	31.7	\$756.73
REHAB SUPPORT SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
AMBULANCE SERVICES	524	615	609	\$107,573.91	\$176.64	\$0.18	1.2	\$205.29
LOCAL EDUCATION AGENCY	929	8,178	179,965	\$2,377,292.67	\$13.21	\$3.98	193.7	\$2,558.98
INFANT TODDLER	96	329	746	\$7,007.51	\$9.39	\$0.01	7.8	\$72.99
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	5,754	19,404	16,162	\$924,685.83	\$57.21	\$4.33	2.8	\$160.70
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	11,258	11,562	11,555	\$27,847.42	\$2.41	\$0.05	1.0	\$2.47
INDIAN HEALTH SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
FAMILY PLANNING SERVICES	134	142	140	\$10,791.92	\$77.09	\$0.02	1.0	\$80.54
IOWA CARE MED HOME CAPITATION	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
IOWA PLAN PROGRAM	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
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	2,962	2,994	2,984	\$379,951.76	\$127.33	\$4.67	1.0	\$128.28
HMO SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PACE SERVICES	399	399	398	\$1,487,697.75	\$3,737.93	\$2.49	1.0	\$3,728.57
PATIENT MANAGEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
HEALTH INS PREMIUM PAYMENT	3,209	8,516	8,516	\$725,357.04	\$85.18	\$1.21	2.7	\$226.04
MEDICAL SUPPLIES	2,651	3,423	168,288	\$216,196.69	\$1.28	\$1.01	63.5	\$81.55
HEALTH HOME PROVIDER	260	405	407	\$61,816.60	\$151.88	\$0.10	1.6	\$237.76
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	538,866	556,722	555,558	\$307,276,013.49	\$553.09	\$514.39	1.0	\$570.23

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OTHER PRACTITIONER	3,391	7,307	28,172	\$1,476,998.46	\$52.43	\$2.47	8.3	\$435.56
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	26,907	30,953	31,002	\$4,223,377.56	\$136.23	\$19.77	1.2	\$156.96
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
OPTOMETRIST	569	637	748	\$38,220.70	\$51.10	\$0.06	1.3	\$67.17
CHIROPRACTIC	497	1,007	1,276	\$21,628.74	\$16.95	\$0.10	2.6	\$43.52
IOWA-PLAN-HAB	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PODIATRIC	261	315	436	\$16,504.06	\$37.85	\$0.03	1.7	\$63.23
DELTA DENTAL	283,896	285,983	285,974	\$4,857,422.22	\$16.99	\$8.13	1.0	\$17.11
PHYSICAL DISABILITIES SVCS	4	8	1,762	\$5,879.47	\$3.34	\$0.01	440.5	\$1,469.87
BRAIN INJ WAIVER SERVICES	127	204	13,541	\$162,076.84	\$11.97	\$0.27	106.6	\$1,276.20
PSYCHIATRIC	1,244	1,954	2,442	\$281,758.20	\$115.38	\$0.47	2.0	\$226.49
RESIDENTIAL CARE FACILITY	610	644	17,981	\$148,955.66	\$8.28	\$0.25	29.5	\$244.19
ID WAIVER SERVICE	782	1,413	112,193	\$1,921,652.56	\$17.13	\$160.53	143.5	\$2,457.36
CHILDRENS MENTAL HEALTH SVC	55	84	13,988	\$53,101.73	\$3.80	\$49.17	254.3	\$965.49
AIDS WAIVER SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
ELDERLY WAIVER SERVICES	77	36	512	\$2,581.34	\$5.04	\$0.32	6.6	\$33.52
ILL & HANDICAPPED WAIVER SVCS	317	371	28,094	\$426,068.45	\$15.17	\$192.62	88.6	\$1,344.06
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MEP SERVICES	506	994	2,682	\$136,349.86	\$50.84	\$0.23	5.3	\$269.47
UNASSIGNED	1	0	0	\$955,204.85	\$0.00	\$1.60	.0	\$955,204.85
* A L L C A T E G O R I E S *	564,368	991,620	1,992,692	\$355,863,312.57	\$178.58	\$595.72	3.5	\$630.55

*** END OF REPORT ***