

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 10/31/17)

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	1,639	1,631	9,406	\$13,070,101.42	\$1,389.55	\$21.84	5.7	\$7,974.44
OUTPATIENT	9,354	13,040	712,859	\$3,206,526.91	\$4.50	\$5.36	76.2	\$342.80
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	119	140	1,870	\$169,341.44	\$90.56	\$0.28	15.7	\$1,423.04
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	2	0	2-	\$6.00-	\$3.00	\$0.00	1.0-	\$3.00-
INTERMEDIATE CARE FACILITY	969	1,105	30,044	\$6,009,427.60	\$200.02	\$10.04	31.0	\$6,201.68
INTER CARE MENTAL RETARDA	44	46	1,390	\$716,508.77	\$515.47	\$1.20	31.6	\$16,284.29
NURSING FAC FOR MENTAL ILL	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
HOME HEALTH	1,172	1,487	2,047,447	\$4,631,167.52	\$2.26	\$7.74	.0	\$3,951.51
LEAD INSPECTION AGENCY	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PHYSICIAN	14,531	33,984	76,315	\$2,197,522.24	\$28.80	\$3.67	5.3	\$151.23
CLINIC SERVICES	3,131	4,455	3,814	\$1,785,761.26	\$468.21	\$2.98	1.2	\$570.35
MEP CASE MANAGEMENT	1	0	0	\$53,787.78-	\$0.00	\$0.09-	.0	\$53,787.78-
EHR INCENTIVE PAYMENTS	1	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
LAB AND RADIOLOGICAL	1,511	2,234	5,126	\$78,081.51	\$15.23	\$0.13	3.4	\$51.68
HABILITATION SERVICES	33	100	977	\$122,301.05	\$125.18	\$0.20	29.6	\$3,706.09
BEHAVIORAL HLTH INTERVENTN SVC	170	800	9,966	\$202,497.12	\$20.32	\$0.34	58.6	\$1,191.16
REHAB SUPPORT SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
AMBULANCE SERVICES	627	712	689	\$84,219.39	\$122.23	\$0.14	1.1	\$134.32
LOCAL EDUCATION AGENCY	1,779	33,715	281,358	\$4,834,607.91	\$17.18	\$8.08	158.2	\$2,717.60
INFANT TODDLER	7	22	36	\$388.06	\$10.78	\$0.00	5.1	\$55.44
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	7,099	25,239	20,988	\$1,131,479.09	\$53.91	\$5.56	3.0	\$159.39
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	11,491	11,849	11,840	\$28,534.40	\$2.41	\$0.05	1.0	\$2.48
INDIAN HEALTH SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
FAMILY PLANNING SERVICES	361	496	510	\$30,873.71	\$60.54	\$0.05	1.4	\$85.52
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	3,493	3,764	3,760	\$484,388.18	\$128.83	\$6.57	1.1	\$138.67
HMO SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PACE SERVICES	413	423	410	\$1,527,042.74	\$3,724.49	\$2.55	1.0	\$3,697.44
PATIENT MANAGEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
HEALTH INS PREMIUM PAYMENT	3,199	7,788	7,788	\$667,125.15	\$85.66	\$1.11	2.4	\$208.54
MEDICAL SUPPLIES	2,309	4,087	171,096	\$357,099.38	\$2.09	\$1.75	74.1	\$154.66
HEALTH HOME PROVIDER	330	519	519	\$80,148.02	\$154.43	\$0.13	1.6	\$242.87
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	538,767	560,602	559,211	\$308,760,761.22	\$552.14	\$515.91	1.0	\$573.09

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OTHER PRACTITIONER	4,290	12,993	29,145	\$1,351,009.11	\$46.35	\$2.26	6.8	\$314.92
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	29,894	35,361	35,439	\$4,831,958.54	\$136.35	\$23.73	1.2	\$161.64
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
OPTOMETRIST	747	857	967	\$50,241.90	\$51.96	\$0.08	1.3	\$67.26
CHIROPRACTIC	590	1,111	1,404	\$22,482.38	\$16.01	\$0.11	2.4	\$38.11
IOWA-PLAN-HAB	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PODIATRIC	276	374	476	\$16,749.00	\$35.19	\$0.03	1.7	\$60.68
DELTA DENTAL	284,613	289,316	289,097	\$4,912,090.63	\$16.99	\$8.21	1.0	\$17.26
PHYSICAL DISABILITIES SVCS	5	11	2,763	\$9,098.07	\$3.29	\$0.02	552.6	\$1,819.61
BRAIN INJ WAIVER SERVICES	223	411	16,700	\$321,822.05	\$19.27	\$0.54	74.9	\$1,443.15
PSYCHIATRIC	1,279	2,278	2,713	\$166,766.02	\$61.47	\$0.28	2.1	\$130.39
RESIDENTIAL CARE FACILITY	643	686	17,898	\$126,035.29	\$7.04	\$0.21	27.8	\$196.01
ID WAIVER SERVICE	859	1,751	111,082	\$2,255,096.85	\$20.30	\$188.88	129.3	\$2,625.26
CHILDRENS MENTAL HEALTH SVC	44	67	11,115	\$46,458.80	\$4.18	\$45.68	252.6	\$1,055.88
AIDS WAIVER SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
ELDERLY WAIVER SERVICES	699	36	2,607	\$119,042.97-	\$45.66-	\$14.32-	3.7	\$170.30-
ILL & HANDICAPPED WAIVER SVCS	372	515	44,544	\$543,084.70	\$12.19	\$242.67	119.7	\$1,459.91
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MEP SERVICES	2,119	1,876	7,209	\$872,623.97	\$121.05	\$1.46	3.4	\$411.81
UNASSIGNED	1	0	0	\$289,629.65	\$0.00	\$0.48	.0	\$289,629.65
* A L L C A T E G O R I E S *	566,110	1,055,881	4,530,576	\$365,818,214.30	\$80.74	\$611.24	8.0	\$646.20

*** END OF REPORT ***