

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 12/31/17)

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	1,246	1,258	7,023	\$11,720,542.51	\$1,668.88	\$19.57	5.6	\$9,406.53
OUTPATIENT	8,002	10,307	390,439	\$2,897,862.18	\$7.42	\$4.84	48.8	\$362.14
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	70	88	1,290	\$358,737.43	\$278.09	\$0.60	18.4	\$5,124.82
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	745	871	24,275	\$5,304,461.85	\$218.52	\$8.86	32.6	\$7,120.08
INTER CARE MENTAL RETARDA	34	43	1,181	\$538,252.88	\$455.76	\$0.90	34.7	\$15,830.97
NURSING FAC FOR MENTAL ILL	3	3	82	\$11,830.69	\$144.28	\$0.03	27.3	\$3,943.56
HOME HEALTH	805	1,076	160,747	\$1,559,375.25	\$9.70	\$2.60	199.7	\$1,937.11
LEAD INSPECTION AGENCY	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PHYSICIAN	12,907	26,365	58,756	\$19,636,425.99	\$334.20	\$32.79	4.6	\$1,521.38
CLINIC SERVICES	3,084	4,176	4,416	\$1,424,977.51	\$322.69	\$2.38	1.4	\$462.05
MEP CASE MANAGEMENT	1	0	0	\$53,787.78-	\$0.00	\$0.09-	.0	\$53,787.78-
EHR INCENTIVE PAYMENTS	1	0	0	\$1,351,563.68	\$0.00	\$2.26	.0	\$0.00
LAB AND RADIOLOGICAL	1,436	1,986	5,078	\$86,066.13	\$16.95	\$0.14	3.5	\$59.93
HABILITATION SERVICES	24	61	554	\$69,189.84	\$124.89	\$0.12	23.1	\$2,882.91
BEHAVIORAL HLTH INTERVENTN SVC	243	684	6,763	\$154,402.93	\$22.83	\$0.26	27.8	\$635.40
REHAB SUPPORT SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
AMBULANCE SERVICES	579	670	662	\$83,658.47	\$126.37	\$0.14	1.1	\$144.49
LOCAL EDUCATION AGENCY	2,289	43,863	515,703	\$8,016,523.30	\$15.54	\$13.39	225.3	\$3,502.19
INFANT TODDLER	285	528	1,196	\$15,715.21	\$13.14	\$0.03	4.2	\$55.14
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	10,657	37,058	31,430	\$1,784,294.64	\$56.77	\$11.34	2.9	\$167.43
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	22,806	23,132	23,131	\$55,745.71	\$2.41	\$0.09	1.0	\$2.44
INDIAN HEALTH SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
FAMILY PLANNING SERVICES	311	373	675	\$18,545.15	\$27.47	\$0.03	2.2	\$59.63
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	3,021	2,985	2,975	\$364,778.95	\$122.61	\$6.52	1.0	\$120.75
HMO SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PACE SERVICES	414	414	414	\$1,542,012.01	\$3,724.67	\$2.57	1.0	\$3,724.67
PATIENT MANAGEMENT	29	29	29	\$58.00	\$2.00	\$0.08	1.0	\$2.00
HEALTH INS PREMIUM PAYMENT	3,052	6,453	6,453	\$540,037.84	\$83.69	\$0.90	2.1	\$176.95
MEDICAL SUPPLIES	2,176	3,210	137,657	\$296,724.68	\$2.16	\$1.89	63.3	\$136.36
HEALTH HOME PROVIDER	269	320	320	\$46,356.58	\$144.86	\$0.08	1.2	\$172.33
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	531,955	547,874	546,672	\$293,616,842.34	\$537.10	\$490.27	1.0	\$551.96

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OTHER PRACTITIONER	5,350	17,441	35,524	\$1,968,211.35	\$55.41	\$3.29	6.6	\$367.89
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	22,595	26,067	26,173	\$3,767,172.66	\$143.93	\$23.95	1.2	\$166.73
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
OPTOMETRIST	847	862	942	\$53,163.85	\$56.44	\$0.09	1.1	\$62.77
CHIROPRACTIC	651	1,127	1,377	\$25,422.09	\$18.46	\$0.16	2.1	\$39.05
IOWA-PLAN-HAB	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PODIATRIC	316	378	464	\$16,553.84	\$35.68	\$0.03	1.5	\$52.39
DELTA DENTAL	287,149	291,595	291,512	\$4,955,638.07	\$17.00	\$8.27	1.0	\$17.26
PHYSICAL DISABILITIES SVCS	5	9	2,385	\$7,759.95	\$3.25	\$0.01	477.0	\$1,551.99
BRAIN INJ WAIVER SERVICES	201	339	13,664	\$176,826.79	\$12.94	\$0.30	68.0	\$879.74
PSYCHIATRIC	1,172	2,029	2,257	\$150,420.03	\$66.65	\$0.25	1.9	\$128.34
RESIDENTIAL CARE FACILITY	599	674	18,769	\$143,762.59	\$7.66	\$0.24	31.3	\$240.00
ID WAIVER SERVICE	925	1,495	86,893	\$2,294,825.81	\$26.41	\$193.15	93.9	\$2,480.89
CHILDRENS MENTAL HEALTH SVC	61	107	10,480	\$46,633.80	\$4.45	\$49.93	171.8	\$764.49
AIDS WAIVER SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
ELDERLY WAIVER SERVICES	1,951	85	926	\$35,461.14	\$38.29	\$4.31	.5	\$18.18
ILL & HANDICAPPED WAIVER SVCS	395	411	26,590	\$376,986.07	\$14.18	\$171.20	67.3	\$954.40
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MEP SERVICES	1,048	1,249	3,974	\$120,065.23	\$30.21	\$0.20	3.8	\$114.57
UNASSIGNED	2	0	0	\$757,919.74-	\$0.00	\$1.27-	.0	\$378,959.87-
* A L L C A T E G O R I E S *	568,953	1,057,695	2,449,851	\$364,822,177.50	\$148.92	\$609.16	4.3	\$641.22

*** END OF REPORT ***