

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 06/30/18)

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	1,571	1,325	7,269	\$14,547,298.39	\$2,001.28	\$23.74	4.6	\$9,259.90
OUTPATIENT	8,636	12,003	1,020,414	\$3,214,188.39	\$3.15	\$5.24	118.2	\$372.18
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	65	76	1,313	\$427,418.29	\$325.53	\$0.70	20.2	\$6,575.67
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	767	847	23,748	\$5,098,881.96	\$214.71	\$8.32	31.0	\$6,647.83
INTER CARE MENTAL RETARDA	65	38	1,111	\$399,468.03	\$359.56	\$0.65	17.1	\$6,145.66
NURSING FAC FOR MENTAL ILL	3	4	100	\$11,103.20	\$111.03	\$0.03	33.3	\$3,701.07
HOME HEALTH	1,070	1,323	774,466	\$1,533,438.83	\$1.98	\$2.50	723.8	\$1,433.12
LEAD INSPECTION AGENCY	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PHYSICIAN	17,271	28,808	62,314	\$1,152,010.28	\$18.49	\$1.88	3.6	\$66.70
CLINIC SERVICES	3,166	3,658	4,044	\$2,615,965.99	\$646.88	\$4.27	1.3	\$826.27
MEP CASE MANAGEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
EHR INCENTIVE PAYMENTS	1	0	0	\$186,482.46-	\$0.00	\$0.30-	.0	\$186,482.46-
LAB AND RADIOLOGICAL	1,883	2,186	5,177	\$61,620.31	\$11.90	\$0.10	2.7	\$32.72
HABILITATION SERVICES	132	1,627	4,912	\$378,777.73	\$77.11	\$0.62	37.2	\$2,869.53
BEHAVIORAL HLTH INTERVENTN SVC	280	579	7,567	\$35,359.74-	\$4.67-	\$0.06-	27.0	\$126.28-
REHAB SUPPORT SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
AMBULANCE SERVICES	579	599	590	\$64,808.10	\$109.84	\$0.11	1.0	\$111.93
LOCAL EDUCATION AGENCY	3,950	113,612	1,329,069	\$17,639,745.89	\$13.27	\$28.78	336.5	\$4,465.76
INFANT TODDLER	312	498	1,147	\$3,878.13	\$3.38	\$0.01	3.7	\$12.43
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	11,814	23,482	19,316	\$666,100.98	\$34.48	\$10.26	1.6	\$56.38
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	15,027	16,236	14,707	\$35,348.31	\$2.40	\$0.06	1.0	\$2.35
INDIAN HEALTH SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
FAMILY PLANNING SERVICES	271	258	255	\$15,483.86	\$60.72	\$0.03	.9	\$57.14
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	2,866	2,723	2,686	\$278,599.51	\$103.72	\$13.36	.9	\$97.21
HMO SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PACE SERVICES	464	464	464	\$1,739,541.41	\$3,749.01	\$2.84	1.0	\$3,749.01
PATIENT MANAGEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
HEALTH INS PREMIUM PAYMENT	2,723	5,905	5,905	\$534,690.36	\$90.55	\$0.87	2.2	\$196.36
MEDICAL SUPPLIES	2,215	3,250	140,005	\$267,840.91	\$1.91	\$4.13	63.2	\$120.92
HEALTH HOME PROVIDER	1,183	489	487	\$107,241.57-	\$220.21-	\$0.17-	.4	\$90.65-
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	561,731	571,166	570,180	\$336,542,673.46	\$590.24	\$549.12	1.0	\$599.12

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OTHER PRACTITIONER	7,084	41,932	66,665	\$4,371,816.10	\$65.58	\$7.13	9.4	\$617.14
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	26,745	23,386	23,373	\$2,531,438.43	\$108.31	\$39.00	.9	\$94.65
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
OPTOMETRIST	873	715	808	\$30,831.41	\$38.16	\$0.05	.9	\$35.32
CHIROPRACTIC	705	996	1,229	\$14,936.63	\$12.15	\$0.23	1.7	\$21.19
IOWA-PLAN-HAB	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PODIATRIC	331	295	385	\$9,025.68	\$23.44	\$0.01	1.2	\$27.27
DELTA DENTAL	306,037	309,045	306,918	\$5,200,870.03	\$16.95	\$8.49	1.0	\$16.99
PHYSICAL DISABILITIES SVCS	8	9	1,711	\$5,448.89	\$3.18	\$0.01	213.9	\$681.11
BRAIN INJ WAIVER SERVICES	161	312	15,225	\$197,764.33	\$12.99	\$0.32	94.6	\$1,228.35
PSYCHIATRIC	1,639	2,076	2,841	\$130,660.62	\$45.99	\$0.21	1.7	\$79.72
RESIDENTIAL CARE FACILITY	601	679	19,259	\$133,786.37	\$6.95	\$0.22	32.0	\$222.61
ID WAIVER SERVICE	848	1,292	74,458	\$1,657,750.99	\$22.26	\$137.68	87.8	\$1,954.90
CHILDRENS MENTAL HEALTH SVC	74	57	9,635	\$6,841.30-	\$0.71-	\$6.70-	130.2	\$92.45-
AIDS WAIVER SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
ELDERLY WAIVER SERVICES	1,140	53	2,014	\$3,025.24	\$1.50	\$0.37	1.8	\$2.65
ILL & HANDICAPPED WAIVER SVCS	348	415	29,882	\$497,306.48	\$16.64	\$222.71	85.9	\$1,429.04
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MEP SERVICES	870	1,905	8,975	\$534,035.37	\$59.50	\$0.87	10.3	\$613.83
UNASSIGNED	1	0	0	\$151,887.06-	\$0.00	\$0.25-	.0	\$151,887.06-
* A L L C A T E G O R I E S *	596,949	1,174,323	4,560,624	\$402,059,766.76	\$88.16	\$656.02	7.6	\$673.52

*** END OF REPORT ***