

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 09/30/18)

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	1,298	1,272	8,053	\$14,086,495.10	\$1,749.22	\$22.85	6.2	\$10,852.46
OUTPATIENT	34,340	11,870	3,036,158	\$2,354,679.86	\$0.78	\$3.82	88.4	\$68.57
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	77	86	1,547	\$376,304.81	\$243.25	\$0.61	20.1	\$4,887.08
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	758	835	23,293	\$4,966,852.88	\$213.23	\$8.06	30.7	\$6,552.58
INTER CARE MENTAL RETARDA	33	29	872	\$356,915.20	\$409.31	\$0.58	26.4	\$10,815.61
NURSING FAC FOR MENTAL ILL	1	1	31	\$7,042.58	\$227.18	\$0.02	31.0	\$7,042.58
HOME HEALTH	880	1,104	150,398	\$1,612,165.04	\$10.72	\$2.61	170.9	\$1,832.01
LEAD INSPECTION AGENCY	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PHYSICIAN	12,965	27,181	59,608	\$1,713,405.09	\$28.74	\$2.78	4.6	\$132.16
CLINIC SERVICES	3,146	4,230	4,447	\$3,260,666.69	\$733.23	\$5.29	1.4	\$1,036.45
MEP CASE MANAGEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
EHR INCENTIVE PAYMENTS	1	0	0	\$207,500.40	\$0.00	\$0.34	.0	\$207,500.40
LAB AND RADIOLOGICAL	1,454	2,172	5,423	\$92,050.42	\$16.97	\$0.15	3.7	\$63.31
HABILITATION SERVICES	40	77	945	\$40,949.27	\$43.33	\$0.07	23.6	\$1,023.73
BEHAVIORAL HLTH INTERVENTN SVC	164	558	5,540	\$120,933.89	\$21.83	\$0.20	33.8	\$737.40
REHAB SUPPORT SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
AMBULANCE SERVICES	560	648	637	\$78,891.83	\$123.85	\$0.13	1.1	\$140.88
LOCAL EDUCATION AGENCY	864	9,580	125,204	\$1,585,088.28	\$12.66	\$2.57	144.9	\$1,834.59
INFANT TODDLER	95	210	548	\$6,872.25	\$12.54	\$0.01	5.8	\$72.34
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	7,111	24,351	19,985	\$1,161,973.31	\$58.14	\$15.39	2.8	\$163.41
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	15,419	16,849	15,919	\$38,306.76	\$2.41	\$0.06	1.0	\$2.48
INDIAN HEALTH SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
FAMILY PLANNING SERVICES	204	238	238	\$16,346.58	\$68.68	\$0.03	1.2	\$80.13
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	2,377	2,476	2,468	\$380,685.78	\$154.25	\$14.90	1.0	\$160.15
HMO SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PACE SERVICES	490	488	487	\$1,836,504.04	\$3,771.06	\$2.98	1.0	\$3,747.97
PATIENT MANAGEMENT	1	0	0	\$68.36-	\$0.00	\$0.10-	.0	\$68.36-
HEALTH INS PREMIUM PAYMENT	2,480	5,021	5,021	\$444,442.33	\$88.52	\$0.72	2.0	\$179.21
MEDICAL SUPPLIES	1,951	3,084	133,689	\$219,650.77	\$1.64	\$2.91	68.5	\$112.58
HEALTH HOME PROVIDER	314	388	380	\$39,435.99	\$103.78	\$0.06	1.2	\$125.59
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	640,418	574,500	571,224	\$377,113,239.14	\$660.18	\$611.65	.9	\$588.85

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OTHER PRACTITIONER	3,919	7,614	23,945	\$597,171.39	\$24.94	\$0.97	6.1	\$152.38
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	24,247	25,579	25,612	\$3,560,785.19	\$139.03	\$47.16	1.1	\$146.85
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
OPTOMETRIST	730	793	872	\$50,599.60	\$58.03	\$0.08	1.2	\$69.31
CHIROPRACTIC	538	990	1,276	\$25,049.09	\$19.63	\$0.33	2.4	\$46.56
IOWA-PLAN-HAB	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PODIATRIC	239	306	403	\$16,051.68	\$39.83	\$0.03	1.7	\$67.16
DELTA DENTAL	307,889	311,418	309,767	\$5,165,167.93	\$16.67	\$8.38	1.0	\$16.78
PHYSICAL DISABILITIES SVCS	9	14	2,880	\$10,634.83	\$3.69	\$0.02	320.0	\$1,181.65
BRAIN INJ WAIVER SERVICES	172	447	93,377	\$441,563.54	\$4.73	\$0.72	542.9	\$2,567.23
PSYCHIATRIC	1,328	2,071	2,650	\$163,244.32	\$61.60	\$0.26	2.0	\$122.92
RESIDENTIAL CARE FACILITY	528	594	17,512	\$148,464.57	\$8.48	\$0.24	33.2	\$281.18
ID WAIVER SERVICE	782	1,585	105,939	\$1,987,596.65	\$18.76	\$162.82	135.5	\$2,541.68
CHILDRENS MENTAL HEALTH SVC	46	66	11,907	\$47,948.00	\$4.03	\$43.67	258.8	\$1,042.35
AIDS WAIVER SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
ELDERLY WAIVER SERVICES	44	92	2,612	\$46,754.89	\$17.90	\$5.82	59.4	\$1,062.61
ILL & HANDICAPPED WAIVER SVCS	351	447	41,131	\$542,860.77	\$13.20	\$231.30	117.2	\$1,546.61
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MEP SERVICES	786	1,247	8,561	\$584,575.39	\$68.28	\$0.95	10.9	\$743.73
UNASSIGNED	1	0	0	\$245,043.35	\$0.00	\$0.40	.0	\$245,043.35
* A L L C A T E G O R I E S *	670,633	1,040,511	4,820,559	\$425,750,841.12	\$88.32	\$690.54	7.2	\$634.85

*** END OF REPORT ***