

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 10/31/18)

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	1,724	1,646	9,397	\$17,343,236.56	\$1,845.61	\$27.98	5.5	\$10,059.88
OUTPATIENT	10,833	15,633	1,254,290	\$4,499,535.65	\$3.59	\$7.26	115.8	\$415.35
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	109	132	2,218	\$308,285.61	\$138.99	\$0.50	20.3	\$2,828.31
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	797	887	24,488	\$5,084,566.70	\$207.64	\$8.20	30.7	\$6,379.63
INTER CARE MENTAL RETARDA	32	32	931	\$374,205.48	\$401.94	\$0.60	29.1	\$11,693.92
NURSING FAC FOR MENTAL ILL	2	2	61	\$11,156.24	\$182.89	\$0.03	30.5	\$5,578.12
HOME HEALTH	1,015	1,407	235,231	\$2,083,665.16	\$8.86	\$3.36	231.8	\$2,052.87
LEAD INSPECTION AGENCY	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PHYSICIAN	15,633	35,498	70,270	\$2,268,185.29	\$32.28	\$3.66	4.5	\$145.09
CLINIC SERVICES	3,651	5,026	5,624	\$4,764,333.69	\$847.14	\$7.69	1.5	\$1,304.94
MEP CASE MANAGEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
EHR INCENTIVE PAYMENTS	1	0	0	\$25,500.00	\$0.00	\$0.04	.0	\$25,500.00
LAB AND RADIOLOGICAL	2,058	2,745	5,826	\$102,608.04	\$17.61	\$0.17	2.8	\$49.86
HABILITATION SERVICES	51	103	1,580	\$153,043.48	\$96.86	\$0.25	31.0	\$3,000.85
BEHAVIORAL HLTH INTERVENTN SVC	194	709	8,464	\$153,648.96	\$18.15	\$0.25	43.6	\$792.00
REHAB SUPPORT SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
AMBULANCE SERVICES	720	864	846	\$106,845.54	\$126.29	\$0.17	1.2	\$148.40
LOCAL EDUCATION AGENCY	1,746	34,964	264,438	\$4,269,011.61	\$16.14	\$6.89	151.5	\$2,445.02
INFANT TODDLER	119	289	698	\$8,791.60	\$12.60	\$0.01	5.9	\$73.88
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	8,120	30,744	25,225	\$1,514,467.83	\$60.04	\$18.42	3.1	\$186.51
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	48,733	15,589	15,575	\$49,981.56	\$3.21	\$0.08	.3	\$1.03
INDIAN HEALTH SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
FAMILY PLANNING SERVICES	326	370	369	\$25,347.09	\$68.69	\$0.04	1.1	\$77.75
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	4,401	4,510	4,493	\$552,308.62	\$122.93	\$20.33	1.0	\$125.50
HMO SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PACE SERVICES	498	498	498	\$1,883,810.47	\$3,782.75	\$3.04	1.0	\$3,782.75
PATIENT MANAGEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
HEALTH INS PREMIUM PAYMENT	2,572	6,447	6,447	\$594,109.17	\$92.15	\$0.96	2.5	\$230.99
MEDICAL SUPPLIES	2,670	4,324	172,680	\$359,031.82	\$2.08	\$4.37	64.7	\$134.47
HEALTH HOME PROVIDER	327	484	484	\$61,299.72	\$126.65	\$0.10	1.5	\$187.46
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	669,959	575,909	574,802	\$382,620,493.94	\$665.66	\$617.26	.9	\$571.11

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					COST PER UNIT OF SERVICE	COST PER ELIGIBLE RECIPIENT	UNITS PER RECIPIENT SERVED	COST PER RECIPIENT SERVED
OTHER PRACTITIONER	5,387	22,646	40,953	\$2,213,891.49	\$54.06	\$3.57	7.6	\$410.97
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	28,872	33,328	33,408	\$4,782,505.67	\$143.15	\$58.16	1.2	\$165.65
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
OPTOMETRIST	835	934	1,054	\$56,313.86	\$53.43	\$0.09	1.3	\$67.44
CHIROPRACTIC	598	1,202	1,489	\$29,688.44	\$19.94	\$0.36	2.5	\$49.65
IOWA-PLAN-HAB	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PODIATRIC	312	366	487	\$14,470.83	\$29.71	\$0.02	1.6	\$46.38
DELTA DENTAL	308,246	311,552	311,491	\$5,191,872.84	\$16.67	\$8.38	1.0	\$16.84
PHYSICAL DISABILITIES SVCS	9	16	1,932	\$6,753.60	\$3.50	\$0.01	214.7	\$750.40
BRAIN INJ WAIVER SERVICES	160	346	14,105	\$320,981.09	\$22.76	\$0.52	88.2	\$2,006.13
PSYCHIATRIC	1,634	2,902	3,783	\$225,684.60	\$59.66	\$0.36	2.3	\$138.12
RESIDENTIAL CARE FACILITY	544	588	16,065	\$118,989.08	\$7.41	\$0.19	29.5	\$218.73
ID WAIVER SERVICE	763	1,362	88,758	\$1,971,106.30	\$22.21	\$161.14	116.3	\$2,583.36
CHILDRENS MENTAL HEALTH SVC	48	78	13,544	\$53,123.35	\$3.92	\$47.82	282.2	\$1,106.74
AIDS WAIVER SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
ELDERLY WAIVER SERVICES	71	126	2,447	\$35,425.58	\$14.48	\$4.34	34.5	\$498.95
ILL & HANDICAPPED WAIVER SVCS	321	403	29,183	\$494,547.44	\$16.95	\$208.93	90.9	\$1,540.65
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MEP SERVICES	810	1,212	8,283	\$516,719.37	\$62.38	\$0.83	10.2	\$637.93
UNASSIGNED	2	0	0	\$346,198.03-	\$0.00	\$0.56-	.0	\$173,099.02-
* A L L C A T E G O R I E S *	699,468	1,115,873	3,251,917	\$444,903,345.34	\$136.81	\$717.74	4.6	\$636.06

\*\*\* END OF REPORT \*\*\*