

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 01/31/19)

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	1,175	1,140	7,827	\$12,987,535.93	\$1,659.32	\$21.06	6.7	\$11,053.22
OUTPATIENT	7,250	10,217	870,381	\$2,817,197.69	\$3.24	\$4.57	120.1	\$388.58
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	80	1,529	\$449,885.78	\$294.24	\$0.73	19.9	\$5,842.67
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	713	864	24,211	\$4,941,885.58	\$204.12	\$8.01	34.0	\$6,931.12
INTER CARE MENTAL RETARDA	31	32	895	\$381,849.59	\$426.65	\$0.62	28.9	\$12,317.73
NURSING FAC FOR MENTAL ILL	1	1	31	\$7,422.45	\$239.43	\$0.02	31.0	\$7,422.45
HOME HEALTH	888	1,082	323,864	\$1,840,584.68	\$5.68	\$2.99	364.7	\$2,072.73
LEAD INSPECTION AGENCY	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PHYSICIAN	11,503	25,517	52,953	\$1,644,575.97	\$31.06	\$2.67	4.6	\$142.97
CLINIC SERVICES	2,626	3,680	3,581	\$2,619,922.51	\$731.62	\$4.25	1.4	\$997.69
MEP CASE MANAGEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
EHR INCENTIVE PAYMENTS	1	0	0	\$131,701.19	\$0.00	\$0.21	.0	\$131,701.19
LAB AND RADIOLOGICAL	1,359	2,000	4,446	\$96,894.02	\$21.79	\$0.16	3.3	\$71.30
HABILITATION SERVICES	38	125	738	\$67,700.96	\$91.74	\$0.11	19.4	\$1,781.60
BEHAVIORAL HLTH INTERVENTN SVC	140	429	3,714	\$79,687.77	\$21.46	\$0.13	26.5	\$569.20
REHAB SUPPORT SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
AMBULANCE SERVICES	491	606	602	\$70,638.06	\$117.34	\$0.11	1.2	\$143.87
LOCAL EDUCATION AGENCY	2,259	50,220	419,563	\$7,430,883.90	\$17.71	\$12.05	185.7	\$3,289.46
INFANT TODDLER	32	125	288	\$3,321.46	\$11.53	\$0.01	9.0	\$103.80
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	6,705	23,664	19,332	\$1,165,631.61	\$60.30	\$13.12	2.9	\$173.85
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	14,489	15,553	15,548	\$37,470.55	\$2.41	\$0.06	1.1	\$2.59
INDIAN HEALTH SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
FAMILY PLANNING SERVICES	332	442	439	\$19,886.12	\$45.30	\$0.03	1.3	\$59.90
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	2,807	2,889	2,836	\$394,395.47	\$139.07	\$13.55	1.0	\$140.50
HMO SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PACE SERVICES	521	523	523	\$1,781,124.50	\$3,405.59	\$2.89	1.0	\$3,418.67
PATIENT MANAGEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
HEALTH INS PREMIUM PAYMENT	2,517	6,633	6,633	\$667,231.49	\$100.59	\$1.08	2.6	\$265.09
MEDICAL SUPPLIES	1,866	2,858	109,523	\$218,512.70	\$2.00	\$2.46	58.7	\$117.10
HEALTH HOME PROVIDER	247	273	269	\$36,779.57	\$136.73	\$0.06	1.1	\$148.91
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	566,424	575,602	574,332	\$380,166,140.03	\$661.93	\$616.54	1.0	\$671.17

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 01/31/19)

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
OTHER PRACTITIONER	4,860	20,084	41,833	\$2,066,529.92	\$49.40	\$3.35	8.6	\$425.21
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	19,419	21,413	21,452	\$3,155,200.31	\$147.08	\$35.51	1.1	\$162.48
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
OPTOMETRIST	604	674	733	\$44,930.25	\$61.30	\$0.07	1.2	\$74.39
CHIROPRACTIC	417	772	928	\$18,352.37	\$19.78	\$0.21	2.2	\$44.01
IOWA-PLAN-HAB	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PODIATRIC	194	232	639	\$10,926.46	\$17.10	\$0.02	3.3	\$56.32
DELTA DENTAL	308,014	311,263	311,132	\$5,188,412.61	\$16.68	\$8.41	1.0	\$16.84
PHYSICAL DISABILITIES SVCS	6	10	1,387	\$4,659.05	\$3.36	\$0.01	231.2	\$776.51
BRAIN INJ WAIVER SERVICES	172	313	12,527	\$313,872.46	\$25.06	\$0.51	72.8	\$1,824.84
PSYCHIATRIC	1,208	1,826	2,345	\$153,740.15	\$65.56	\$0.25	1.9	\$127.27
RESIDENTIAL CARE FACILITY	524	586	16,524	\$133,699.55	\$8.09	\$0.22	31.5	\$255.15
ID WAIVER SERVICE	733	1,304	71,341	\$1,584,256.94-	\$22.21-	\$129.04-	97.3	\$2,161.33-
CHILDRENS MENTAL HEALTH SVC	49	100	19,335	\$72,988.60	\$3.77	\$68.02	394.6	\$1,489.56
AIDS WAIVER SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
ELDERLY WAIVER SERVICES	44	49	1,712	\$23,643.50	\$13.81	\$2.90	38.9	\$537.35
ILL & HANDICAPPED WAIVER SVCS	296	366	21,009	\$450,244.37	\$21.43	\$188.47	71.0	\$1,521.10
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MEP SERVICES	763	963	6,070	\$390,454.13	\$64.33	\$0.63	8.0	\$511.74
UNASSIGNED	1	0	0	\$1,739,041.56-	\$0.00	\$2.82-	.0	\$0.00
* A L L C A T E G O R I E S *	593,660	1,084,510	2,973,025	\$428,763,214.81	\$144.22	\$695.36	5.0	\$722.24

*** END OF REPORT ***