## IOWA DEPARTMENT OF HUMAN SERVICES

PAGE 1 AS OF 01/31/19 MEDICAID MANAGEMENT INFORMATION SYSTEM RUN DATE 01/26/19

> TITLE XIX REPORT OF EXPENDITURES (BY CATEGORY OF SERVICE)

(MONTHLY	TOTALS	AS	$\circ$ F	01/	31/	19)
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\* \* \* \* \* A V E R A G E S \* \* \* \* \* \* \*

NET   CATEGORY OF SERVICE   SERVICE   STATE   SERVICE   STATE   SERVICE							AVERAGI		
IMPATIENT						COST PER			COST PER
NAPTIENT 1,175 1,140 7,827 \$12,987,535.93 \$1,659.32 \$21.06 6.7 \$11,050. OUTPATIENT 7,250 10,217 870,381 \$2,817,197.69 \$3.24 \$4.57 120.1 \$388. CRILD PART HOSP 0 0 0 0 0 0.00 \$	CATEGORY OF SERVICE								
OUTPATIENT 7,250 10,217 870,381 \$2,817,197.69 \$3.24 \$4.57 120.1 \$3885.  CHILD DAY TREATHENT 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		SERVED	CLAIMS	SERVICE	PAYMENT	SERVICE	RECIPIENT	SERVED	SERVED
CHILLD PART HEATHERT	INPATIENT	1,175	1,140	7,827	\$12,987,535.93	\$1,659.32	\$21.06	6.7	\$11,053.22
CHILD DAY TREATMENT  O O O SO.00 \$0.	OUTPATIENT	7,250	10,217	870,381	\$2,817,197.69	\$3.24	\$4.57	120.1	\$388.58
ADULT PART HEOSP  ADULT DAY TREATMENT  DO  DO  DO  DO  DO  DO  DO  DO  DO  D	CHILD PART HOSP	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
ADULT DAY TERATHENT  0 0 0 \$1.59 \$449,885.78 \$294.24 \$0.73 \$1.99 \$5.89.2   HAMP TOWA PLAN LITE 0 0 0 \$0.00 \$	CHILD DAY TREATMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
SKILLED NURSING FACILITY 77 80 1,529 \$449,885.76 \$294.24 \$0.73 19.9 \$5,642.  HAMP IOWA PLAN LITE 0 0 0 \$0.00	ADULT PART HOSP	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
HAMP IONA PLAN LITE 0 0 0 \$0.0	ADULT DAY TREATMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
HAMP IONA PLAN LITE 0 0 0 \$0.0	SKILLED NURSING FACILITY	77	80	1,529	\$449,885.78	\$294.24	\$0.73	19.9	\$5,842.67
HAMP PHO	IHAWP IOWA PLAN LITE	0	0			\$0.00	\$0.00	.0	\$0.00
HIMP PHO	IHAWP IOWA PLAN FULL	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
HAMP PCP		0	0	0				.0	\$0.00
INTERREDIATE CARE FACILITY 713 864 24,211 \$4,941,885.58 \$204.12 \$8.01 34.0 \$6,931.71 INTER CARE MENTAL RETARDA 31 32 895 \$361,849.59 \$426.65 \$0.62 28.9 \$12,317.71 NURSING FAC FOR MENTAL ILL 1 1 31 \$7,422.45 \$239.43 \$0.02 31.0 \$77,422.45 \$1.00 \$1.00 \$1.00 \$7,422.45 \$1.00		0	0	0					\$0.00
INTER CAPE MENTAL RETARDA 31 32 895 \$33.849.59 \$426.65 \$0.62 28.9 \$12,317.  NURSING FAG FOR MENTAL ILL 1 1 31 74,42.45 \$239.43 \$0.02 31.0 \$7,42.45  NURSING FAG FOR MENTAL ILL 1 1 31 74,42.45 \$239.43 \$0.02 31.0 \$7,42.45  NURSING FAG FOR MENTAL ILL 1 1 31 \$7,42.45 \$239.43 \$0.02 31.0 \$7,42.45  NURSING FAG FOR MENTAL ILL 1 1 31 \$7,42.45 \$239.43 \$0.02 \$0.00		713	864	24,211				34.0	\$6,931.12
NURSING FAC FOR HENTAL ILL 1 1 1 31 \$7,422.45 \$239.43 \$0.02 31.0 \$7,422.45   HOME HEALTH	INTER CARE MENTAL RETARDA								\$12,317.73
HEMLTH (B88 1,082 323,664 \$1,840,584.68 \$5.68 \$2.99 364.7 \$2,072.  LEAD INSPECTION ACENCY 0 0 0 0 0 0 0.00 0 0.00 0 0.00 0 0.00  PHYSICIAN 11,503 25,517 52,953 \$1,644,575.97 \$31.06 \$2.67 4.6 \$142.5  CLINIC SERVICES 2,626 3,680 3,581 \$2,619,922.51 \$731.62 \$4.05 1.4 \$997.1  LERY LASE HANAGEMENT 0 0 0 0 \$0.0	NURSING FAC FOR MENTAL ILL			31					\$7,422.45
LEAD INSPECTION AGENCY									\$2,072.73
PHYSICIAN 11,503 25,517 52,953 \$1,644,575.97 \$31.06 \$2.67 4.6 \$142.5 CLINIC SERVICES 2,626 3,680 3,581 \$2,619,922.51 \$731.62 \$4.25 1.4 \$997.1 MEP CASE MANAGEMENT 0 0 0 \$0.00 \$0.00 \$0.00 \$0.00 .0 \$0.01 .0 \$11,701.1 \$10.0 \$0.00 \$0.00 \$0.00 \$0.00 \$0.01 .0 \$11,701.1 \$10.0 \$10.00 \$11,701.1 \$10.0 \$10.00 \$10.00 \$0.00 \$0.01 .0 \$11,701.1 \$10.0 \$10.00 \$10.00 \$10.00 \$10.21 \$10.0 \$11,701.1 \$10.0 \$10.00									\$0.00
CLINIC SERVICES 2,626 3,680 3,581 \$2,619,922.51 \$731.62 \$4.25 1.4 \$997.  MEP CASE MANAGEMENT 0 0 0 0 \$0.00 \$									\$142.97
MEP CASE NAMAGEMENT         0         0         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$131,701.19         \$0.00         \$0.00         \$0.00         \$131,701.19         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.11         19.4         \$1,781.101.101         \$1,781.101.101         \$1,781.101.101         \$1,781.101.101         \$1,781.101.101         \$1,781.101.101         \$1,781.101.101         \$1,781.101.101         \$1,781.101.101         \$1,781.101.101         \$1,781.101.101         \$1,781.101.101         \$1,781.101.101         \$1,781.101.101         \$1,781.101.101         \$1,781.101.101         \$1,781.101.101         \$1,781									\$997.69
EHR INCENTIVE PAYMENTS  1 0 0 \$131,701.19 \$0.00 \$0.21 .0 \$131,701.2  LAB AND RADIOLOGICAL 1,359 2,000 4,446 \$96,894.02 \$21.79 \$0.16 3.3 \$71.2  LAB AND RADIOLOGICAL 1,359 2,000 4,446 \$96,894.02 \$21.79 \$0.16 3.3 \$71.2  BEHANICRATURES 38 125 738 \$67,700.96 \$91.74 \$0.11 19.4 \$71.81.2  BEHANICRATH INTERVENTN SVC 140 429 3,714 \$79,687.77 \$21.46 \$0.13 26.5 \$559.2  ERHAB SUPPORT SERVICES 0 0 0 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00  AMBULANCE SERVICES 491 606 602 \$70,638.06 \$117.34 \$0.11 1.2 \$143.4  LOCAL EDUCATION AGENCY 2,259 50,220 419,563 \$7,430,883.90 \$17.71 \$12.05 185.7 \$3,289.2  LINFANT TODDLER 32 125 288 \$3,321.46 \$11.53 \$0.01 9.0 \$10.00  INFANT TODDLER 32 2.5 288 \$3,321.46 \$11.53 \$0.01 9.0 \$10.00  RACO VIS PAYMENTS 0 0 0 0 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00  PRESCRIBED DRUGS 6,705 23,664 19,332 \$1,165,631.61 \$60.30 \$13.12 2.9 \$173.4  LOVAL PLAN-PHIC 0 0 0 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00  PRESCRIBED TRUGS 6,705 23,664 19,332 \$1,165,631.61 \$60.30 \$13.12 2.9 \$173.4  LOURG CAPITATION 0 0 0 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00  REMIC SERVICES 14,489 15,553 15,548 \$37,470,55 \$2.41 \$0.06 1.1 \$2.2  FAMILY PLANNING SERVICES 32 442 439 \$19,886.12 \$45.30 \$0.03 \$0.00 \$0.00  FAMILY PLANNING SERVICES 332 442 439 \$19,886.12 \$45.30 \$0.03 \$0.00 \$0.00  FAMILY PLANNING SERVICES 0 0 0 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00  FAMILY PLANNING SERVICES 0 0 0 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00  MANAGED SUBSTANCE ABUSE 0 0 0 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00  MENTAL HEALTH ACCESS PLAN 0 0 0 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00  MENTAL HEALTH ACCESS PLAN 0 0 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00  MENTAL HEALTH ACCESS PLAN 0 0 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00  MENTAL HEALTH ACCESS PLAN 0 0 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00  MENTAL HEALTH ACCESS PLAN 0 0 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00  MENTAL HEALTH ACCESS PLAN 0 \$0.00		•							\$0.00
LAB AND RADIOLOCICAL 1,359 2,000 4,446 \$96,894.02 \$21.79 \$0.16 3.3 \$71.1									
HABILITATION SERVICES 38 125 738 \$67,700.96 \$91.74 \$0.11 19.4 \$1,781.1   BEHAVIORAL HLTH INTERVENTN SVC 140 429 3,714 \$79,687.77 \$21.46 \$0.13 26.5 \$569.2   REHAB SUPPORT SERVICES 0 0 0 \$0.00 \$0.00 \$0.00 .0 .0   AMBULANCE SERVICES 491 606 602 \$70,638.06 \$117.34 \$0.11 1.2 \$113.3   LOCAL EDUCATION AGENCY 2,259 50,220 419,563 \$7,430,883.90 \$17.71 \$12.05 185.7 \$3,289.   INFANT TODDLER 32 125 288 \$3,321.46 \$11.53 \$0.01 9.0 \$103.4   IHAWP WELLNESS EXAM BONUS 0 0 \$0.00 \$0									\$71.30
BEHALVORAL HLTH INTERVENTN SVC         140         429         3,714         \$79,687.77         \$21.46         \$0.13         26.5         \$569.8           REHAB SUPPORT SERVICES         0         0         0         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.01         \$1.2         \$143.4         \$0.11         \$1.2         \$143.4         \$0.11         \$1.2         \$143.4         \$0.01         \$1.2         \$143.4         \$0.01         \$1.2         \$143.4         \$0.01         \$0.01         \$1.2         \$143.4         \$0.01         \$1.2         \$143.4         \$0.01         \$1.2         \$143.4         \$0.01         \$1.2         \$1.43.4         \$0.01         \$1.2         \$1.43.4         \$0.01         \$1.43.4         \$0.01         \$1.2         \$1.43.2         \$1.2         \$0.00									
REHAB SUPPORT SERVICES 491 606 602 \$70,638.06 \$117.34 \$0.11 1.2 \$143.4 \$1.11 1.2 \$1.									
AMBULANCE SERVICES 491 606 602 \$70,638.06 \$117.34 \$0.11 1.2 \$143.4 \$1.0 \$1.0 \$1.0 \$1.0 \$1.0 \$1.0 \$1.0 \$1.0									\$0.00
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INDIAN HEALTH SERVICES 0 0 0 \$0.00 \$									
FAMILY PLANNING SERVICES 332 442 439 \$19,886.12 \$45.30 \$0.03 1.3 \$59.9   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 \$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 \$140.5   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 \$3,418.5   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 \$265.0   MEDICAL SUPPLIES 1,866 2,858 109,523 \$218,512.70 \$2.00 \$2.46 \$8.7 \$117.   HEALTH HOME PROVIDER 247 273 269 \$36,779.57 \$136.73 \$0.06 1.1 \$148.5   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 \$0.00 .0 \$0.00   IHAWP QHP		•			·		•		
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IOWA PLAN PROGRAM         0         0         \$0.00									
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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 \$140.5  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 \$3,418.5  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 \$265.0  MEDICAL SUPPLIES 1,866 2,858 109,523 \$218,512.70 \$2.00 \$2.46 58.7 \$117.5  HEALTH HOME PROVIDER 247 273 269 \$36,779.57 \$136.73 \$0.06 1.1 \$148.5  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 \$0.00 .0 \$0.00									
EPSDT SCREENING       2,807       2,889       2,836       \$394,395.47       \$139.07       \$13.55       1.0       \$140.5         HMO SERVICES       0       0       \$0.00       \$0.00       \$0.00       0       \$0.00         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       \$265.0         MEDICAL SUPPLIES       1,866       2,858       109,523       \$218,512.70       \$2.00       \$2.46       58.7       \$117.5         HEALTH HOME PROVIDER       247       273       269       \$36,779.57       \$136.73       \$0.06       1.1       \$148.9         TCM PAYMENTS TO IOWAPLAN       0       0       \$0.00       \$0.00       \$0.00       \$0.00       0       \$0.00       \$0.00       0       \$0.00       \$0.00       \$0.00       .0       \$0.00       \$0.00       .0       \$0.00       \$0.00       .0       \$0.00       \$0.00       .0       \$0.00       \$0.00       .0       \$0.00       .0       \$0.00       .0       \$0.00       .0       \$0.00       .0       .0 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>									
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 \$3,418.00  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 \$265.00  MEDICAL SUPPLIES 1,866 2,858 109,523 \$218,512.70 \$2.00 \$2.46 58.7 \$117.30  HEALTH HOME PROVIDER 247 273 269 \$36,779.57 \$136.73 \$0.06 1.1 \$148.90  TOM PAYMENTS TO IOWAPLAN 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									
PACE SERVICES       521       523       523       \$1,781,124.50       \$3,405.59       \$2.89       1.0       \$3,418.0         PATIENT MANAGEMENT       0       0       0       \$0.00       \$0.00       \$0.00       .0 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>									
PATIENT MANAGEMENT 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 \$265.0  MEDICAL SUPPLIES 1,866 2,858 109,523 \$218,512.70 \$2.00 \$2.46 58.7 \$117.5  HEALTH HOME PROVIDER 247 273 269 \$36,779.57 \$136.73 \$0.06 1.1 \$148.9  TCM PAYMENTS TO IOWAPLAN 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									
HEALTH INS PREMIUM PAYMENT       2,517       6,633       \$667,231.49       \$100.59       \$1.08       2.6       \$265.0         MEDICAL SUPPLIES       1,866       2,858       109,523       \$218,512.70       \$2.00       \$2.46       58.7       \$117.5         HEALTH HOME PROVIDER       247       273       269       \$36,779.57       \$136.73       \$0.06       1.1       \$148.5         TCM PAYMENTS TO IOWAPLAN       0       0       \$0.00									
MEDICAL SUPPLIES       1,866       2,858       109,523       \$218,512.70       \$2.00       \$2.46       58.7       \$117.5         HEALTH HOME PROVIDER       247       273       269       \$36,779.57       \$136.73       \$0.06       1.1       \$148.5         TCM PAYMENTS TO IOWAPLAN       0       0       \$0.00       \$0.00       \$0.00       .0       \$0.0         IHAWP QHP       0       0       \$0.00       \$0.00       \$0.00       .0       \$0.0									
HEALTH HOME PROVIDER 247 273 269 \$36,779.57 \$136.73 \$0.06 1.1 \$148.9 TCM PAYMENTS TO IOWAPLAN O O \$0.00 \$0.00 .0 \$0.0 IHAWP QHP O O \$0.00 \$0.00 \$0.00 .0 \$0.0									
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	MCO	566,424	575,602	574,332	assu,166,140.03	¥661.93	¥616.54	1.0	\$671.17

## IOWA DEPARTMENT OF HUMAN SERVICES

PAGE 2 AS OF 01/31/19 MEDICAID MANAGEMENT INFORMATION SYSTEM RUN DATE 01/26/19

> TITLE XIX REPORT OF EXPENDITURES (BY CATEGORY OF SERVICE)

(MONTHLY TOTALS AS OF 01/31/19)

\* \* \* \* \* A V E R A G E S \* \* \* \* \* \* \*

					COST PER	COST PER UNI	TS PER	COST PER
CATEGORY OF SERVICE	RECIPIENTS N	JUMBER OF	UNITS OF	TOTAL	UNIT OF	ELIGIBLE RE	CIPIENT	RECIPIENT
	SERVED	CLAIMS	SERVICE	PAYMENT	SERVICE	RECIPIENT S	ERVED	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
* ALL CATEGORIES *	593,660	1,084,510	2,973,025	\$428,763,214.81	\$144.22	\$695.36	5.0	\$722.24
		* *	* END OF R	REPORT ***				