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 02/28/19)

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	1,555	1,486	9,159	$17,188,814.40	$1,876.71	$27.71	5.9	$11,053.90
OUTPATIENT	7,753	10,792	730,808	$3,358,501.45	$4.60	$5.42	94.3	$433.19
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	81	100	1,595	$410,500.00	$257.37	$0.66	19.7	$5,067.90
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	762	944	26,857	$5,472,786.81	$203.78	$8.82	35.2	$7,182.13
INTER CARE MENTAL RETARDA	36	38	1,111	$527,807.91	$475.07	$0.85	30.9	$14,661.33
NURSING FAC FOR MENTAL ILL	0	0	0	$0.00	$0.00	$0.00	.0	$0.00
HOME HEALTH	1,141	1,083	1,233,058	$2,684,149.74	$2.18	$4.33	.0	$2,352.45
LEAD INSPECTION AGENCY	0	0	0	$0.00	$0.00	$0.00	.0	$0.00
PHYSICIAN	12,399	27,533	63,171	$1,989,606.14	$31.50	$3.21	5.1	$160.47
CLINIC SERVICES	2,899	3,956	3,742	$4,670,544.57	$1,248.14	$7.53	1.3	$1,611.09
MEP CASE MANAGEMENT	0	0	0	$0.00	$0.00	$0.00	.0	$0.00
EHR INCENTIVE PAYMENTS	1	0	0	$48,167.00	$0.00	$0.08	.0	$48,167.00
LAB AND RADIOLOGICAL	1,223	1,741	3,970	$71,978.30	$18.13	$0.12	3.2	$58.85
HABILITATION SERVICES	51	135	370	$97,949.41	$264.73	$0.16	7.3	$1,920.58
BEHAVIORAL HLTH INTERVENTN SVC	164	477	5,315	$116,760.13	$21.97	$0.19	32.4	$711.95
REHAB SUPPORT SERVICES	4	4	77	$3,932.39	$51.07	$0.01	19.3	$983.10
AMBULANCE SERVICES	486	556	537	$67,957.71	$126.55	$0.11	1.1	$139.83
LOCAL EDUCATION AGENCY	2,774	59,617	585,924	$8,730,787.99	$14.90	$14.08	211.2	$3,147.36
INFANT TODDLER	729	2,689	7,129	$80,434.52	$11.28	$0.13	9.8	$110.34
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	7,200	25,815	21,030	$1,257,889.55	$59.81	$13.37	2.9	$174.71
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	12,181	12,519	10,658	$25,516.49	$2.39	$0.04	.9	$2.09
INDIAN HEALTH SERVICES	0	0	0	$0.00	$0.00	$0.00	.0	$0.00
FAMILY PLANNING SERVICES	246	273	276	$22,076.34	$79.99	$0.04	1.1	$89.74
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	3,498	3,655	3,616	$192,379.78	$53.20	$6.18	1.0	$55.00
HMO SERVICES	0	0	0	$0.00	$0.00	$0.00	.0	$0.00
PACE SERVICES	513	513	512	$1,745,897.10	$3,409.96	$2.82	1.0	$3,403.31
PATIENT MANAGEMENT	0	0	0	$0.00	$0.00	$0.00	.0	$0.00
HEALTH INS PREMIUM PAYMENT	2,357	5,136	5,136	$459,292.17	$89.43	$0.74	2.2	$194.86
MEDICAL SUPPLIES	1,917	3,082	138,994	$278,278.60	$2.00	$2.96	72.5	$145.16
HEALTH HOME PROVIDER	217	254	254	$43,113.06	$169.74	$0.07	1.2	$198.68
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	564,577	571,241	569,381	$373,946,539.35	$656.76	$602.94	1.0	$662.35

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 02/28/19)

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	5,580	26,933	50,680	$3,257,342.01	$64.27	$5.25	9.1	$583.75
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	19,610	22,074	22,145	$3,387,663.45	$152.98	$36.02	1.1	$172.75
ACCOUNTABLE CARE ORGANIZATIONS	0	0	0	$0.00	$0.00	$0.00	.0	$0.00
OPTOMETRIST	530	563	626	$41,368.68	$66.08	$0.07	1.2	$78.05
CHIROPRACTIC	431	711	894	$21,667.54	$24.24	$0.23	2.1	$50.27
IOWA-PLAN-HAB	0	0	0	$0.00	$0.00	$0.00	.0	$0.00
PODIATRIC	223	225	273	$15,146.01	$55.48	$0.02	1.2	$67.92
DELTA DENTAL	308,146	310,415	308,985	$5,151,087.37	$16.67	$8.31	1.0	$16.72
PHYSICAL DISABILITIES SVCS	9	17	3,661	$11,886.13	$3.25	$0.02	406.8	$1,320.68
BRAIN INJ WAIVER SERVICES	162	363	18,023	$276,793.41	$15.36	$0.45	111.3	$1,708.60
PSYCHIATRIC	1,181	1,826	2,323	$192,125.67	$82.71	$0.31	2.0	$162.68
RESIDENTIAL CARE FACILITY	483	545	14,654	$124,192.45	$8.47	$0.20	30.3	$257.13
ID WAIVER SERVICE	741	1,392	70,227	$1,840,556.16	$26.21	$149.51	94.8	$2,483.88
CHILDRENS MENTAL HEALTH SVC	42	65	10,428	$40,436.69	$3.88	$37.69	248.3	$962.78
AIDS WAIVER SERVICES	0	0	0	$0.00	$0.00	$0.00	.0	$0.00
ELDERLY WAIVER SERVICES	26	62	2,043	$29,711.88	$14.54	$3.67	78.6	$1,142.76
ILL & HANDICAPPED WAIVER SVCS	325	426	29,563	$505,851.31	$17.11	$211.12	91.0	$1,556.47
COUNTY OFFICE REIMBURSEMENT	0	0	0	$0.00	$0.00	$0.00	.0	$0.00
MEP SERVICES	776	978	6,842	$448,635.70	$65.57	$0.72	8.8	$578.14
UNASSIGNED	1	0	0	$546,748.20	$0.00	$0.88	.0	$546,748.20
* A L L C A T E G O R I E S *	591,196	1,100,234	3,964,047	$439,382,873.57	$110.84	$708.44	6.7	$743.21

*** END OF REPORT ***