

TITLE XIX REPORT OF EXPENDITURES  
(BY CATEGORY OF SERVICE)  
(MONTHLY TOTALS AS OF 01/31/08)

CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE	TOTAL PAYMENT	***** AVERAGES *****			
					COST PER UNIT OF SERVICE	COST PER ELIGIBLE RECIPIENT SERVED	PER RECIPIENT SERVED	COST PER RECIPIENT SERVED
INPATIENT	5,999	6,098	34,323	\$20,726,165.92	\$603.86	\$57.88	5.7	\$3,454.99
OUTPATIENT	51,206	72,149	572,746	\$13,741,890.01	\$23.99	\$36.37	11.2	\$268.36
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	639	593	7,640	\$2,130,059.76	\$278.80	\$5.95	12.0	\$3,333.43
INTERMEDIATE CARE FACILITY	11,800	12,194	354,697	\$34,955,419.98	\$98.55	\$97.61	30.1	\$2,962.32
INR CARE MENTAL RETARDA	2,118	2,139	63,454	\$23,556,071.74	\$371.23	\$65.78	30.0	\$11,121.85
NURSING FAC FOR MENTAL ILL	41	48	1,432	\$482,338.75	\$336.83	\$2.63	34.9	\$11,764.36
HOME HEALTH	10,730	14,057	187,951	\$7,322,211.71	\$38.96	\$20.45	17.5	\$682.41
LEAD INSPECTION AGENCY	5	5	5	\$1,804.70	\$360.94	\$0.01	1.0	\$360.94
PHYSICIAN	102,948	217,504	306,822	\$15,025,201.04	\$48.97	\$41.96	3.0	\$145.95
CLINIC SERVICES	15,204	21,832	20,743	\$2,585,363.90	\$124.64	\$7.22	1.4	\$170.04
MEP CASE MANAGEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
LAB AND RADIOLOGICAL	8,429	11,687	19,860	\$339,591.70	\$17.10	\$0.95	2.4	\$40.29
HABILITATION SERVICES	2,268	3,333	56,769	\$2,711,361.07	\$47.76	\$7.57	25.0	\$1,195.49
REMEDIAL SERVICES	5,059	9,450	292,407	\$3,538,984.95	\$12.10	\$9.88	57.8	\$699.54
REHAB SUPPORT SERVICES	17	4	683	\$2,080.70	\$3.05	\$0.01	40.2	\$122.39
AMBULANCE SERVICES	2,057	2,398	2,679	\$276,375.32	\$103.16	\$0.77	1.3	\$134.36
LOCAL EDUCATION AGENCY	1,187	2,932	316,129	\$1,878,738.51	\$5.94	\$5.25	266.3	\$1,582.76
EARLY ACCESS SERVICES	328	1,204	2,106	\$41,378.69	\$19.65	\$1.22	6.4	\$126.15
PRESCRIBED DRUGS	114,376	342,452	307,886	\$19,606,177.32	\$63.68	\$55.36	2.7	\$171.42
DRUG CAPITATION	3	0	0	\$30.85	\$0.00	\$0.00	.0	\$10.28
INDIAN HEALTH SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
FAMILY PLANNING SERVICES	5,126	5,694	5,689	\$418,069.38	\$73.49	\$1.17	1.1	\$81.56
IOWA MANAGED PROGRAM	368,106	288,461	288,462	\$8,806,561.95	\$30.53	\$24.59	.8	\$23.92
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	12,463	13,933	13,922	\$1,163,152.94	\$83.55	\$6.03	1.1	\$93.33
HMO SERVICES	4,466	4,712	4,712	\$750,050.52	\$159.18	\$600.52	1.0	\$167.95
PATIENT MANAGEMENT	127,148	127,163	127,143	\$254,286.00	\$2.00	\$30.83	1.0	\$2.00
HEALTH INS PREMIUM PAYMENT	4,496	12,997	12,997	\$672,631.88	\$51.75	\$1.88	2.9	\$149.61
MEDICAL SUPPLIES	19,907	36,407	1,596,340	\$3,484,378.14	\$2.18	\$9.84	80.2	\$175.03
OTHER PRACTITIONER	10,016	26,875	52,014	\$1,262,214.25	\$24.27	\$3.52	5.2	\$126.02
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	18,436	22,337	22,522	\$3,083,027.63	\$136.89	\$8.71	1.2	\$167.23
OPTOMETRIST	8,420	9,700	10,288	\$567,846.95	\$55.20	\$1.59	1.2	\$67.44
CHIROPRACTIC	6,522	11,879	14,861	\$382,920.04	\$25.77	\$1.08	2.3	\$58.71
PODIATRIC	3,392	3,989	5,406	\$174,433.96	\$32.27	\$0.49	1.6	\$51.43
PHYSICAL DISABILITIES SVCS	606	938	25,419	\$325,032.50	\$12.79	\$0.91	41.9	\$536.36
BRAIN INJ WAIVER SERVICES	980	2,129	49,670	\$1,401,250.15	\$28.21	\$3.91	50.7	\$1,429.85
PSYCHIATRIC	2,874	4,676	5,354	\$184,266.50	\$34.42	\$0.51	1.9	\$64.11
RESIDENTIAL CARE FACILITY	1,688	1,878	52,173	\$41,153.17	\$7.92	\$1.15	30.9	\$244.76
MR WAIVER SERVICE	9,346	17,033	574,774	\$22,475,286.62	\$39.10	\$2,280.13	61.5	\$2,404.80
CHILDRENS MENTAL HEALTH SVC	370	511	16,157	\$327,056.03	\$20.24	\$594.65	43.7	\$883.94

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 01/31/08)

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					COST PER UNIT OF SERVICE	COST PER ELIGIBLE RECIPIENT	UNITS PER RECIPIENT SERVED	COST PER RECIPIENT SERVED
AIDS WAIVER SERVICES	43	74	3,134	\$34,311.88	\$10.95	\$745.91	72.9	\$797.95
ELDERLY WAIVER SERVICES	9,054	26,861	421,451	\$5,237,813.28	\$12.43	\$560.61	46.5	\$578.51
ILL & HANDICAPPED WAIVER SVCS	1,961	3,146	96,346	\$1,470,630.35	\$15.26	\$598.30	49.1	\$749.94
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MEP SERVICES	9,615	11,376	12,594	\$3,194,728.92	\$253.67	\$8.92	1.3	\$332.27
UNASSIGNED	39	0	0	\$1,533,583.62-	\$0.00	\$4.28-	.0	\$39,322.66-
* A L L C A T E G O R I E S *	408,319	1,352,848	5,959,760	\$203,466,542.94	\$34.14	\$568.16	14.6	\$498.30

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