

TITLE XIX REPORT OF EXPENDITURES  
(BY CATEGORY OF SERVICE)  
(MONTHLY TOTALS AS OF 06/30/07)

CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE	TOTAL PAYMENT	***** AVERAGES *****			
					COST PER UNIT OF SERVICE	COST PER ELIGIBLE RECIPIENT	PER UNITS SERVED	COST PER RECIPIENT SERVED
INPATIENT	5,190	5,349	33,818	\$23,042,910.91	\$681.38	\$66.31	6.5	\$4,439.8
OUTPATIENT	46,774	66,745	604,903	\$12,411,105.21	\$20.52	\$35.72	12.9	\$265.34
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	638	650	8,158	\$972,881.66	\$119.25	\$2.80	12.8	\$1,524.89
INTERMEDIATE CARE FACILITY	12,216	12,505	365,648	\$32,826,558.42	\$89.78	\$94.47	29.9	\$2,687.18
INTER CARE MENTAL RETARDA	2,128	2,159	65,171	\$23,011,862.27	\$353.10	\$66.22	30.6	\$10,813.85
NURSING FAC FOR MENTAL ILL	17	17	527	\$96,399.87	\$182.92	\$0.56	31.0	\$5,670.58
HOME HEALTH	8,859	11,340	193,101	\$6,737,228.55	\$34.89	\$19.39	21.8	\$760.50
LEAD INSPECTION AGENCY	1	1	1	\$350.00	\$350.00	\$0.00	1.0	\$350.00
PHYSICIAN	80,874	164,109	239,397	\$10,363,289.84	\$43.29	\$29.82	3.0	\$128.14
CLINIC SERVICES	10,058	13,991	13,054	\$1,540,134.18	\$117.98	\$4.43	1.3	\$153.13
MEP CASE MANAGEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
LAB AND RADIOLOGICAL	8,326	11,341	18,362	\$314,270.39	\$17.12	\$0.90	2.2	\$37.75
HABILITATION SERVICES	42	45	1,050	\$34,087.72	\$32.46	\$1.10	25.0	\$811.61
REMEDIAL SERVICES	1,870	5,709	97,061	\$1,133,747.29	\$11.68	\$3.26	51.9	\$606.28
REHAB SUPPORT SERVICES	1,597	1,900	30,913	\$1,857,973.20	\$60.10	\$0.55	19.4	\$1,163.41
AMBULANCE SERVICES	1,591	1,818	1,757	\$201,714.68	\$114.81	\$0.58	1.1	\$126.78
LOCAL EDUCATION AGENCY	1,415	3,718	416,678	\$2,339,635.41	\$5.61	\$6.73	294.5	\$1,653.45
EARLY ACCESS SERVICES	194	479	847	\$16,495.66	\$19.48	\$0.05	4.4	\$85.03
PRESCRIBED DRUGS	101,046	299,460	270,198	\$17,067,683.90	\$63.17	\$49.68	2.7	\$168.91
DRUG CAPITATION	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
INDIAN HEALTH SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
FAMILY PLANNING SERVICES	4,914	5,665	5,665	\$437,786.90	\$77.28	\$1.26	1.2	\$89.09
IOWA PLAN PROGRAM	259,632	285,342	285,342	\$8,239,786.42	\$28.88	\$23.71	1.1	\$31.74
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	10,580	12,289	12,277	\$845,042.01	\$68.83	\$4.40	1.2	\$79.87
HMO SERVICES	7,595	4,681	4,681	\$930,012.94	\$198.68	\$698.73	.6	\$122.45
PATIENT MANAGEMENT	124,226	124,206	124,184	\$248,368.00	\$2.00	\$27.66	1.0	\$2.00
HEALTH INS PREMIUM PAYMENT	4,716	11,750	11,750	\$560,422.22	\$47.70	\$1.61	2.5	\$118.43
MEDICAL SUPPLIES	16,644	28,974	1,357,079	\$2,403,845.43	\$1.77	\$7.00	81.5	\$144.83
OTHER PRACTITIONER	7,447	17,563	32,649	\$869,059.30	\$26.62	\$2.50	4.4	\$116.70
FAMILY FRICTIONED PROGRAM	18	31	288	\$7,859.00	\$27.29	\$0.04	16.0	\$436.61
FAMILY PRESERVATION	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
TREATMENT FOSTER FAMILY CARE	8	16	61	\$3,009.71	\$49.34	\$0.02	7.6	\$376.21
GROUP TREATMENT THERAPY	5	5	89	\$4,062.05	\$45.64	\$0.02	17.8	\$812.41
DENTAL	15,554	18,349	18,677	\$2,619,067.15	\$140.23	\$7.62	1.2	\$168.39
OPTOMETRIST	6,756	7,709	8,163	\$429,947.89	\$52.67	\$1.24	1.2	\$63.64
CHIROPRACTIC	6,043	11,237	13,482	\$332,909.69	\$24.69	\$0.97	2.2	\$55.09
PODIATRIC	3,321	3,907	4,904	\$139,453.99	\$28.44	\$0.40	1.5	\$41.99
PHYSICAL DISABILITIES SVCS	504	711	20,020	\$250,640.93	\$12.52	\$0.72	39.7	\$497.30
BRAIN INJ WAIVER SERVICES	779	1,578	40,262	\$1,099,048.76	\$27.30	\$3.16	51.7	\$1,410.85
PSYCHIATRIC	2,611	3,914	4,791	\$419,626.20	\$31.23	\$0.43	1.8	\$57.31
RESIDENTIAL CARE FACILITY	1,614	1,720	49,627	\$121,687.49	\$8.50	\$1.21	30.7	\$261.27
MR WAIVER SERVICE	8,420	13,870	481,397	\$20,279,201.62	\$24.13	\$2,100.38	57.2	\$2,408.46
CHILDRENS MENTAL HEALTH SVC	169	282	8,383	\$170,499.13	\$42.34	\$629.15	49.6	\$1,008.87

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 06/30/07)

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					COST PER UNIT OF SERVICE	COST PER ELIGIBLE RECIPIENT	UNITS PER RECIPIENT SERVED	COST PER RECIPIENT SERVED
AIDS WAIVER SERVICES	34	39	2,836	\$31,573.93	\$11.13	\$657.79	83.4	\$928.65
ELDERLY WAIVER SERVICES	7,989	18,632	308,186	\$4,022,177.85	\$13.05	\$453.20	38.6	\$503.46
ILL & HANDICAPPED WAIVER SVCS	1,749	2,711	89,680	\$1,339,238.92	\$14.93	\$547.75	51.3	\$765.72
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MEP SERVICES	6,968	7,195	7,402	\$1,826,203.56	\$246.72	\$5.26	1.1	\$262.08
UNASSIGNED	16	0	0	\$1,978,277.17-	\$0.00	\$5.69-	.0	\$123,642.32-
* A L L C A T E G O R I E S *	318,211	1,183,712	5,252,519	\$179,650,583.08	\$34.20	\$517.00	16.5	\$564.56

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