# TITLE XIX REPORT OF EXPENDITURES
(BY CATEGORY OF SERVICE)
(MONTHLY TOTALS AS OF 04/30/07)

| CATEGORY OF SERVICE | RECIPIENTS SERVED | NUMBER OF CLAIMS | UNITS OF SERVICE | TOTAL PAYMENT | * * * * * AVERAGES * * * * * * * COST PER UNIT OF SERVICE | COST PER ELIGIBLE RECIPIENT | UNITS PER RECIPIENT SERVED | COST PER RECIPIENT SERVED |
|---|---|---|---|---|---|---|---|---|
| INPATIENT | 9,117 | 9,596 | 52,151 | $34,912,260.32 | $669.45 | $100.01 | 5.7 | $3,829.36 |
| OUTPATIENT | 70,689 | 116,396 | 1,047,208 | $16,382,577.45 | $15.64 | $46.93 | 14.8 | $231.76 |
| 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 | 815 | 998 | 12,779 | $2,344,105.04 | $183.43 | $6.72 | 15.7 | $2,876.20 |
| INTERMEDIATE CARE FACILITY | 13,078 | 13,733 | 397,203 | $35,642,234.90 | $89.73 | $102.10 | 30.4 | $2,725.36 |
| INTER CARE MENTAL RETARDA | 2,191 | 2,560 | 76,735 | $27,331,073.07 | $356.17 | $78.30 | 35.0 | $12,474.25 |
| NURSING FAC FOR MENTAL ILL | 34 | 36 | 1,013 | $265,561.13 | $262.15 | $1.53 | 29.8 | $7,810.62 |
| HOME HEALTH | 12,623 | 16,943 | 314,661 | $9,310,413.08 | $29.59 | $26.67 | 24.9 | $737.58 |
| LEAD INSPECTION AGENCY | 8 | 8 | 8 | $3,007.81 | $375.98 | $0.01 | 1.0 | $375.98 |
| PHYSICIAN | 123,211 | 289,204 | 443,642 | $19,473,001.58 | $43.89 | $55.78 | 3.6 | $158.05 |
| CLINIC SERVICES | 18,655 | 27,625 | 29,197 | $3,361,306.17 | $115.13 | $9.63 | 1.6 | $180.18 |
| MEP CASE MANAGEMENT | 0 | 0 | 0 | $0.00 | $0.00 | $0.00 | .0 | $0.00 |
| LAB AND RADIOLOGICAL | 11,430 | 15,992 | 26,438 | $443,437.62 | $16.77 | $1.27 | 2.3 | $38.80 |
| HABILITATION SERVICES | 3 | 3 | 3 | $102.09 | $34.03 | $0.00 | 1.0 | $34.03 |
| REMEDIAL SERVICES | 2,527 | 3,691 | 166,086 | $1,948,454.53 | $11.73 | $5.58 | 65.7 | $771.05 |
| REHAB SUPPORT SERVICES | 2,364 | 2,956 | 55,654 | $3,083,568.14 | $55.41 | $8.83 | 23.5 | $1,304.39 |
| AMBULANCE SERVICES | 2,743 | 3,089 | 2,876 | $346,999.60 | $120.65 | $0.99 | 1.0 | $126.50 |
| LOCAL EDUCATION AGENCY | 1,514 | 4,639 | 456,256 | $2,474,496.59 | $5.42 | $7.09 | 301.4 | $1,634.41 |
| EARLY ACCESS SERVICES | 373 | 900 | 1,551 | $34,381.79 | $22.17 | $0.10 | 4.2 | $92.18 |
| PRESCRIBED DRUGS | 121,934 | 401,326 | 361,369 | $23,762,302.51 | $65.76 | $68.86 | 3.0 | $194.88 |
| 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 | 7,929 | 9,470 | 9,751 | $718,956.59 | $73.73 | $2.06 | 1.2 | $90.67 |
| IOWA PLAN PROGRAM | 258,471 | 283,654 | 283,653 | $8,178,501.74 | $28.83 | $23.43 | 1.1 | $31.64 |
| 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 | 16,033 | 19,288 | 19,270 | $1,553,658.25 | $80.63 | $8.08 | 1.2 | $96.90 |
| HMO SERVICES | 4,552 | 4,782 | 4,782 | $702,808.94 | $146.97 | $517.15 | 1.1 | $154.40 |
| PATIENT MANAGEMENT | 123,029 | 123,027 | 123,002 | $246,004.00 | $2.00 | $28.74 | 1.0 | $2.00 |
| HEALTH INS PREMIUM PAYMENT | 4,893 | 12,535 | 12,535 | $600,368.08 | $47.90 | $1.72 | 2.6 | $122.70 |
| MEDICAL SUPPLIES | 21,814 | 40,625 | 1,918,361 | $3,948,622.72 | $2.06 | $11.44 | 87.9 | $181.01 |
| OTHER PRACTITIONER | 13,432 | 33,490 | 92,578 | $1,845,785.45 | $19.94 | $5.29 | 6.9 | $137.42 |
| FAMILY CENTERED PROGRAM | 65 | 107 | 593 | $20,848.75 | $35.16 | $0.11 | 9.1 | $320.75 |
| FAMILY PRESERVATION | 0 | 0 | 0 | $0.00 | $0.00 | $0.00 | .0 | $0.00 |
| TREATMENT FOSTER FAMILY CARE | 17 | 31 | 116 | $5,200.44 | $44.83 | $0.03 | 6.8 | $305.91 |
| GROUP TREATMENT THERAPY | 14 | 14 | 217 | $14,055.71 | $64.77 | $0.07 | 15.5 | $1,003.98 |
| DENTAL | 25,671 | 32,309 | 32,656 | $4,411,373.68 | $135.09 | $12.78 | 1.3 | $171.84 |
| OPTOMETRIST | 12,410 | 14,435 | 15,162 | $882,063.17 | $58.18 | $2.53 | 1.2 | $71.08 |
| CHIROPRACTIC | 8,855 | 17,627 | 21,115 | $551,566.49 | $26.12 | $1.60 | 2.4 | $62.29 |
| PODIATRIC | 5,335 | 5,662 | 6,517 | $248,740.52 | $38.17 | $0.71 | 1.2 | $46.62 |
| PHYSICAL DISABILITIES SVCS | 555 | 829 | 23,255 | $267,284.82 | $11.49 | $0.77 | 41.9 | $481.59 |
| BRAIN INJ WAIVER SERVICES | 781 | 1,802 | 46,097 | $1,193,682.76 | $25.90 | $3.42 | 59.0 | $1,528.40 |
| PSYCHIATRIC | 3,779 | 6,239 | 7,362 | $243,658.80 | $33.10 | $0.70 | 1.9 | $64.48 |
| RESIDENTIAL CARE FACILITY | 1,907 | 2,226 | 64,313 | $536,963.69 | $8.35 | $1.54 | 33.7 | $281.58 |
| MR WAIVER SERVICE | 9,129 | 16,759 | 627,886 | $22,999,962.93 | $36.63 | $2,409.38 | 68.8 | $2,519.44 |
| CHILDRENS MENTAL HEALTH SVC | 214 | 322 | 7,799 | $205,194.37 | $26.31 | $807.85 | 36.4 | $958.85 |

# 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 04/30/07)

| 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 |
|---|---|---|---|---|---|---|---|---|
| AIDS WAIVER SERVICES | 40 | 61 | 3,691 | $37,489.52 | $10.16 | $797.65 | 92.3 | $937.24 |
| ELDERLY WAIVER SERVICES | 8,409 | 26,023 | 395,381 | $4,932,103.91 | $12.47 | $563.28 | 47.0 | $586.53 |
| ILL & HANDICAPPED WAIVER SVCS | 2,003 | 3,195 | 99,156 | $1,552,262.72 | $15.65 | $641.17 | 49.5 | $774.97 |
| COUNTY OFFICE REIMBURSEMENT | 1 | 0 | 0 | $26.46- | $0.00 | $0.00 | .0 | $26.46- |
| MEP SERVICES | 10,126 | 11,470 | 12,216 | $3,162,587.51 | $258.89 | $9.06 | 1.2 | $312.32 |
| UNASSIGNED | 49 | 0 | 0 | $54,416.78- | $0.00 | $0.16- | .0 | $1,110.55- |
| * A L L C A T E G O R I E S * | 324,453 | 1,575,677 | 7,272,294 | $240,124,585.74 | $33.02 | $687.89 | 22.4 | $740.09 |

*** END OF REPORT ***