

TITLE XIX REPORT OF EXPENDITURES
(BY CATEGORY OF SERVICE)
(MONTHLY TOTALS AS OF 05/31/06)

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	5,624	4,994	29,740	\$22,898,292.58	\$769.95	\$66.48	5.3	\$4,071.53
OUTPATIENT	44,352	56,581	408,082	\$12,263,547.35	\$300.00	\$35.61	9.2	\$276.50
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	323	369	5,844	\$1,816,358.72	\$310.81	\$5.27	18.1	\$5,623.40
INTERMEDIATE CARE FACILITY	13,486	13,977	397,099	\$34,802,878.18	\$87.64	\$101.04	29.4	\$2,580.67
INTER CARE MENTAL RETARDA	2,190	2,461	71,351	\$23,659,869.22	\$331.60	\$68.69	32.6	\$10,803.59
NURSING PAC FOR MENTAL ILL	37	64	1,866	\$506,629.43	\$271.51	\$3.01	50.4	\$13,692.69
HOME HEALTH	9,732	11,204	214,441	\$7,191,006.51	\$33.53	\$20.88	22.0	\$788.90
LEAD INSPECTION AGENCY	63	1	1	\$947.52	\$947.52	\$0.00	.0	\$13.00
PHYSICIAN	276,829	188,732	240,573	\$17,309,101.79	\$71.95	\$50.25	.9	\$62.53
CLINIC SERVICES	22,358	22,361	21,050	\$2,603,941.82	\$123.70	\$7.56	.9	\$116.47
MEP CASE MANAGEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
LAB AND RADIOLOGICAL	6,778	8,487	19,653	\$302,001.64	\$15.37	\$0.88	2.9	\$44.56
REHAB SUPPORT SERVICES	2,947	3,452	57,027	\$3,207,939.89	\$56.25	\$9.31	19.4	\$1,088.54
AMBULANCE SERVICES	11,273	1,918	1,862	\$2,670,311.80	\$145.17	\$0.78	.2	\$23.98
LOCAL EDUCATION AGENCY	1,618	4,923	524,859	\$2,979,616.49	\$5.14	\$7.83	324.4	\$1,667.25
EARLY ACCESS SERVICES	480	1,498	2,579	\$57,482.68	\$22.29	\$0.17	5.4	\$119.76
PRESCRIBED DRUGS	281,057	4,562,419	292,899	\$17,476,207.38	\$59.67	\$51.40	1.0	\$62.18
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	16,545	7,689	7,577	\$575,628.72	\$75.97	\$1.67	.5	\$34.75
IOWA PLAN PROGRAM	261,853	283,392	283,392	\$8,053,227.82	\$28.42	\$23.38	1.1	\$30.79
MANAGED SUBSTANCE ABUSE	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MENTAL HEALTH ACCESS PLAN	1	0	0	\$74.53	\$0.00	\$0.00	.0	\$74.53
EPSDT SCREENING	72,047	15,452	15,326	\$1,127,429.43	\$73.56	\$5.89	.2	\$15.65
HMO SERVICES	5,081	5,292	5,292	\$777,093.95	\$146.84	\$16.34	1.0	\$152.94
PATIENT MANAGEMENT	127,894	127,893	127,871	\$255,742.00	\$2.00	\$26.78	1.0	\$2.00
HEALTH INS PREMIUM PAYMENT	5,459	15,691	15,691	\$156,760.74	\$41.86	\$1.91	2.9	\$120.31
MEDICAL SUPPLIES	47,590	26,114	1,223,249	\$3,148,277.35	\$2.57	\$9.26	25.7	\$66.15
OTHER PRACTITIONER	35,503	42,403	190,759	\$1,702,087.92	\$8.92	\$4.94	5.4	\$47.94
FAMILY CENTERED PROGRAM	2,135	3,888	32,966	\$946,275.49	\$28.70	\$4.86	15.4	\$443.22
FAMILY PRESERVATION	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
TREATMENT POSTER FAMILY CARE	531	1,059	4,819	\$209,768.04	\$43.53	\$1.08	9.1	\$395.04
GROUP TREATMENT THERAPY	970	1,960	35,662	\$2,257,144.76	\$63.29	\$11.58	36.8	\$2,326.95
DENTAL	125,137	26,295	26,023	\$4,566,826.68	\$175.49	\$13.43	.2	\$36.49
OPTOMETRIST	72,249	11,176	10,931	\$733,940.59	\$67.14	\$2.13	.2	\$10.16
CHIROPRACTIC	23,833	11,263	13,621	\$400,445.62	\$34.54	\$1.38	.6	\$19.74
PODIATRIC	15,528	3,307	3,712	\$198,051.51	\$53.35	\$0.58	.2	\$12.75
PHYSICAL DISABILITIES SVCS	431	594	15,867	\$193,058.68	\$12.17	\$0.56	36.8	\$447.93
BRAIN INJ WAIVER SERVICES	593	1,207	35,016	\$858,552.78	\$24.52	\$2.49	59.0	\$1,447.81
PSYCHIATRIC	8,115	2,116	3,192	\$113,105.33	\$35.43	\$0.33	.4	\$13.94
RESIDENTIAL CARE FACILITY	1,936	2,125	57,999	\$423,208.67	\$7.30	\$1.23	30.0	\$218.60
MR WAIVER SERVICE	8,536	15,209	579,765	\$20,535,175.77	\$35.42	\$2,320.10	67.9	\$2,405.71
CHILDRENS MENTAL HEALTH SVC	169	262	4,152	\$147,857.43	\$35.61	\$605.97	24.6	\$874.90
AIDS WAIVER SERVICES	33	47	2,770	\$29,988.57	\$10.83	\$697.41	83.9	\$908.74
ELDERLY WAIVER SERVICES	7,329	15,601	300,584	\$3,456,325.20	\$11.50	\$423.83	41.0	\$471.66

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 05/31/06)

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
ILL & HANDICAPPED WAIVER SVCS	1,734	2,658	84,894	\$1,382,064.37	\$16.28	\$619.48	49.0	\$797.04
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MEP SERVICES	8,368	10,042	10,591	\$2,352,224.25	\$222.10	\$6.83	1.3	\$281.10
UNASSIGNED	15	0	0	\$617,770.14	\$0.00	\$1.79	.0	\$41,184.68
* A L L C A T E G O R I E S *	383,058	5,516,176	5,380,647	\$202,852,090.28	\$37.70	\$588.95	14.0	\$529.56
				*** END OF REPORT ***				