

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 03/31/06)

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
INPATIENT	6,191	6,192	34,947	\$23,715,719.13	\$678.62	\$71.33	5.6	\$3,830.68
OUTPATIENT	51,487	70,340	519,698	\$15,949,581.85	\$30.69	\$47.97	10.1	\$309.78
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	2	0	0	\$305.00-	\$0.00	\$0.00	.0	\$152.50-
ADULT DAY TREATMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
SKILLED NURSING FACILITY	428	486	5,991	\$1,402,379.87	\$234.08	\$4.22	14.0	\$3,276.59
INTERMEDIATE CARE FACILITY	13,689	13,987	372,070	\$30,748,305.90	\$82.64	\$92.48	27.2	\$2,246.21
INTER CARE MENTAL RETARDA	2,184	2,314	65,269	\$21,085,207.52	\$323.05	\$63.41	29.9	\$9,654.40
NURSING PAC FOR MENTAL ILL	24	22	601	\$134,707.52	\$224.14	\$0.84	25.0	\$5,612.81
HOME HEALTH	11,153	13,543	261,682	\$7,820,575.86	\$29.89	\$23.52	23.5	\$701.21
LEAD INSPECTION AGENCY	8	8	8	\$2,773.11	\$346.64	\$0.01	1.0	\$346.64
PHYSICIAN	110,962	235,116	331,047	\$15,632,021.42	\$47.22	\$47.01	3.0	\$140.88
CLINIC SERVICES	18,433	22,845	22,067	\$2,779,952.71	\$125.98	\$8.36	1.2	\$150.81
MEP CASE MANAGEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
LAB AND RADIOLOGICAL	7,820	10,088	23,691	\$368,384.59	\$15.55	\$1.19	3.0	\$47.11
REHAB SUPPORT SERVICES	2,911	3,573	50,424	\$2,423,244.02	\$48.06	\$7.29	17.3	\$832.44
AMBULANCE SERVICES	2,303	2,540	2,473	\$289,840.45	\$117.20	\$0.87	1.1	\$125.85
LOCAL EDUCATION AGENCY	1,489	4,732	514,569	\$3,193,567.57	\$6.21	\$9.60	345.6	\$2,144.77
EARLY ACCESS SERVICES	505	1,272	2,188	\$49,772.40	\$22.75	\$0.15	4.3	\$98.56
PRESCRIBED DRUGS	116,157	340,851	310,002	\$19,084,264.40	\$61.56	\$58.17	2.7	\$164.30
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	3,857	4,432	4,438	\$247,783.97	\$55.83	\$0.75	1.2	\$64.24
IOWA PLAN PROGRAM	259,608	283,555	283,555	\$9,811,057.42	\$34.60	\$29.51	1.1	\$37.79
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	13,129	14,977	14,969	\$985,853.82	\$65.86	\$5.32	1.1	\$75.09
HMO SERVICES	5,078	5,258	5,257	\$803,813.24	\$152.90	\$541.65	1.0	\$158.29
PATIENT MANAGEMENT	126,785	126,785	126,785	\$253,570.00	\$2.00	\$23.96	1.0	\$2.00
HEALTH INS PREMIUM PAYMENT	5,341	13,772	13,772	\$626,602.71	\$45.50	\$1.88	2.6	\$117.32
MEDICAL SUPPLIES	17,886	30,001	1,343,940	\$3,123,334.44	\$2.32	\$9.52	75.1	\$174.62
OTHER PRACTITIONER	11,889	34,893	59,794	\$1,410,567.16	\$23.59	\$4.24	5.0	\$118.64
FAMILY CENTERED PROGRAM	2,473	5,164	43,888	\$1,275,560.40	\$29.06	\$6.75	17.7	\$155.79
FAMILY PRESERVATION	1	1	1	\$2,755.62	\$2,755.62	\$0.01	1.0	\$2,755.62
TREATMENT POSTER FAMILY CARE	598	1,286	6,085	\$263,952.79	\$43.38	\$1.40	10.2	\$441.39
GROUP TREATMENT THERAPY	1,137	2,709	47,369	\$3,073,615.23	\$64.89	\$16.27	41.7	\$2,703.27
DENTAL	21,673	25,936	26,444	\$3,474,881.87	\$131.41	\$10.59	1.2	\$160.33
OPTOMETRIST	11,472	13,137	13,792	\$739,659.00	\$53.63	\$2.22	1.2	\$64.48
CHIROPRACTIC	7,783	15,097	18,821	\$473,006.18	\$25.13	\$1.44	2.4	\$60.77
PODIATRIC	4,150	5,072	6,642	\$212,810.41	\$32.04	\$0.64	1.6	\$51.28
PHYSICAL DISABILITIES SVCS	404	563	14,566	\$183,391.00	\$12.59	\$0.55	36.1	\$453.94
BRAIN INJ WAIVER SERVICES	580	1,233	32,742	\$843,256.63	\$25.75	\$2.54	56.5	\$1,453.89
PSYCHIATRIC	3,262	5,020	6,891	\$250,481.38	\$36.35	\$0.75	2.1	\$76.79
RESIDENTIAL CARE FACILITY	2,051	2,170	58,454	\$363,979.31	\$6.23	\$1.09	28.5	\$177.46
MR WAIVER SERVICE	8,491	15,325	557,696	\$19,697,424.37	\$35.32	\$2,245.23	65.7	\$2,319.80
CHILDRENS MENTAL HEALTH SVC	151	189	2,518	\$99,327.47	\$39.45	\$439.50	16.7	\$657.80
AIDS WAIVER SERVICES	35	49	3,151	\$33,130.01	\$10.51	\$752.95	90.0	\$946.57
ELDERLY WAIVER SERVICES	7,317	16,147	313,017	\$3,495,557.67	\$11.17	\$440.25	42.8	\$477.77

TITLE XIX REPORT OF EXPENDITURES  
(BY CATEGORY OF SERVICE)  
(MONTHLY TOTALS AS OF 03/31/06)

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
ILL & HANDICAPPED WAIVER SVCS	1,712	2,573	80,396	\$1,282,820.48	\$15.96	\$591.16	47.0	\$749.31
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MEP SERVICES	8,921	9,646	9,922	\$2,343,777.05	\$236.22	\$7.05	1.1	\$262.73
UNASSIGNED	9	1	0	\$217,273.33	\$0.00	\$0.65	.0	\$24,141.48
* ALL CATEGORIES *	318,562	1,362,900	5,611,632	\$200,269,236.28	\$35.69	\$602.31	17.6	\$628.67

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