

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

CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE	TOTAL PAYMENT	***** AVERAGES *****			
					COST PER UNIT OF SERVICE	COST PER ELIGIBLE RECIPIENT	UNITS PER RECIPIENT SERVED	COST PER RECIPIENT SERVED
INPATIENT	6,299	6,523	38,224	\$27,219,770.30	\$712.11	\$71.83	6.1	\$4,321.21
OUTPATIENT	54,788	80,717	743,615	\$15,704,956.90	\$21.12	\$41.44	13.6	\$286.55
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	698	826	12,148	\$1,943,955.36	\$160.02	\$5.13	17.4	\$2,785.04
INTERMEDIATE CARE FACILITY	12,277	13,056	381,570	\$37,859,285.10	\$99.22	\$99.91	31.1	\$3,083.76
INTER CARE MENTAL RETARDA	1,898	1,903	57,228	\$19,894,231.83	\$347.63	\$52.50	30.2	\$10,481.68
NURSING FAC FOR MENTAL ILL	18	26	759	\$188,765.76	\$248.70	\$1.00	42.2	\$10,486.99
HOME HEALTH	11,596	14,455	273,479	\$8,538,833.76	\$31.22	\$22.53	23.6	\$736.36
LEAD INSPECTION AGENCY	13	12	15	\$5,588.56	\$372.57	\$0.01	1.2	\$429.89
PHYSICIAN	102,370	223,296	321,295	\$14,544,048.53	\$45.27	\$38.38	3.1	\$142.07
CLINIC SERVICES	16,346	24,912	24,465	\$2,781,820.97	\$113.71	\$7.34	1.5	\$170.18
MEP CASE MANAGEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
LAB AND RADIOLOGICAL	16,236	21,891	32,467	\$702,538.84	\$21.64	\$1.85	2.0	\$43.27
HABILITATION SERVICES	2,435	4,022	69,189	\$3,431,503.13	\$49.60	\$9.06	28.4	\$1,409.24
REMEDIAL SERVICES	6,103	7,661	290,450	\$3,946,927.72	\$13.59	\$10.42	47.6	\$646.72
REHAB SUPPORT SERVICES	289	0	81-	\$76,161.50	\$940.27-	\$0.20	-3-	\$263.53
AMBULANCE SERVICES	2,504	2,993	2,918	\$333,596.43	\$114.32	\$0.88	1.2	\$133.23
LOCAL EDUCATION AGENCY	728	2,084	113,148	\$664,717.14	\$5.87	\$1.75	155.4	\$913.07
EARLY ACCESS SERVICES	6	14	39	\$673.73	\$17.28	\$0.00	6.5	\$112.29
PRESCRIBED DRUGS	106,122	308,623	278,567	\$16,513,452.42	\$59.28	\$44.04	2.6	\$155.61
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	7,161	8,217	8,218	\$737,074.48	\$89.69	\$1.95	1.1	\$102.93
IOWA MANAGED PROGRAM	282,912	308,349	308,344	\$9,503,780.23	\$30.82	\$25.08	1.1	\$33.59
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	12,466	13,751	13,746	\$1,184,178.26	\$86.15	\$5.69	1.1	\$94.99
HMO SERVICES	4,612	4,851	4,851	\$727,456.91	\$149.96	\$453.53	1.1	\$157.73
PATIENT MANAGEMENT	131,327	131,314	131,314	\$262,534.00	\$2.00	\$28.33	1.0	\$2.00
HEALTH INS PREMIUM PAYMENT	4,055	9,977	9,977	\$477,582.41	\$47.87	\$1.26	2.5	\$117.78
MEDICAL SUPPLIES	20,935	35,518	1,333,436	\$3,486,944.41	\$2.62	\$9.30	63.7	\$166.56
OTHER PRACTITIONER	9,400	15,136	40,273	\$1,439,506.56	\$35.74	\$3.80	4.3	\$153.14
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	21,754	26,298	26,590	\$3,651,264.94	\$137.32	\$9.74	1.2	\$167.84
OPTOMETRIST	10,396	12,026	12,787	\$706,647.82	\$55.26	\$1.86	1.2	\$67.97
CHIROPRACTIC	7,508	14,179	17,519	\$404,096.26	\$23.07	\$1.08	2.3	\$53.82
PODIATRIC	4,857	6,127	7,582	\$246,274.91	\$32.48	\$0.65	1.6	\$50.71
PHYSICAL DISABILITIES SVCS	601	881	24,249	\$300,636.22	\$12.40	\$0.79	40.3	\$500.23
BRAIN INJ WAIVER SERVICES	1,039	2,361	56,602	\$1,755,654.01	\$31.02	\$4.63	54.5	\$1,689.75
PSYCHIATRIC	3,689	6,108	6,951	\$243,767.51	\$35.07	\$0.64	1.9	\$66.08
RESIDENTIAL CARE FACILITY	1,718	1,839	52,768	\$418,345.81	\$7.93	\$1.10	30.7	\$243.51
MR WAIVER SERVICE	9,535	17,205	669,843	\$24,693,059.91	\$36.86	\$2,440.51	70.3	\$2,589.73
CHILDRENS MENTAL HEALTH SVC	455	707	21,626	\$445,142.85	\$20.58	\$812.30	47.5	\$978.34

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 08/31/08)

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	46	91	4,585	\$48,540.19	\$10.59	\$1,103.19	99.7	\$1,055.22
ELDERLY WAIVER SERVICES	9,428	27,257	435,602	\$5,804,826.63	\$13.33	\$600.91	46.2	\$615.70
ILL & HANDICAPPED WAIVER SVCS	1,946	3,134	108,066	\$1,799,638.61	\$16.65	\$731.26	55.5	\$924.79
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MEP SERVICES	9,211	9,820	10,116	\$2,516,998.59	\$248.81	\$6.64	1.1	\$273.26
UNASSIGNED	32	0	0	\$1,416,775.19-	\$0.00	\$3.74-	.0	\$44,274.22-
* A L L C A T E G O R I E S *	338,583	1,368,160	5,944,540	\$213,788,004.31	\$35.96	\$564.17	17.6	\$631.42

*** END OF REPORT ***