

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 03/31/11)

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	6,777	7,163	41,186	\$41,038,945.65	\$996.43	\$87.35	6.1	\$6,055.62
OUTPATIENT	69,392	101,667	1,355,119	\$22,917,408.09	\$16.91	\$48.78	19.5	\$330.26
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	947	1,125	14,224	\$2,588,276.63	\$181.97	\$5.51	15.0	\$2,733.13
INTERMEDIATE CARE FACILITY	11,306	12,554	333,034	\$38,681,636.37	\$116.15	\$82.34	29.5	\$3,421.34
INTER CARE MENTAL RETARDA	2,054	2,397	66,630	\$28,498,596.79	\$427.71	\$60.66	32.4	\$13,874.68
NURSING FAC FOR MENTAL ILL	25	21	588	\$120,517.31	\$204.96	\$0.51	23.5	\$4,820.69
HOME HEALTH	14,101	18,051	266,540	\$11,041,624.67	\$41.43	\$23.50	18.9	\$783.04
LEAD INSPECTION AGENCY	4	3	3	\$1,075.53	\$358.51	\$0.00	.8	\$268.88
PHYSICIAN	132,135	273,679	380,110	\$18,049,294.34	\$47.48	\$38.42	2.9	\$136.60
CLINIC SERVICES	25,274	35,107	33,851	\$5,368,309.84	\$158.59	\$11.43	1.3	\$212.40
MEP CASE MANAGEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
LAB AND RADIOLOGICAL	15,349	21,663	33,137	\$648,574.47	\$19.57	\$1.38	2.2	\$42.26
HABILITATION SERVICES	3,489	8,435	112,177	\$5,455,900.48	\$48.64	\$11.61	32.2	\$1,563.74
REMEDIAL SERVICES	9,755	22,253	322,488	\$4,865,206.46	\$15.09	\$10.36	33.1	\$498.74
REHAB SUPPORT SERVICES	1	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
AMBULANCE SERVICES	2,860	3,331	3,298	\$400,685.09	\$121.49	\$0.85	1.2	\$140.10
LOCAL EDUCATION AGENCY	1,634	3,768	449,094	\$5,038,806.43	\$11.22	\$10.73	274.8	\$3,083.72
EARLY ACCESS SERVICES	470	902	2,194	\$19,358.52	\$8.82	\$0.04	4.7	\$41.19
PRESCRIBED DRUGS	142,080	412,079	368,219	\$21,893,389.80	\$59.46	\$46.60	2.6	\$154.09
DRUG CAPITATION	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
NEMT SERVICES	366,970	382,037	381,785	\$817,019.90	\$2.14	\$1.74	1.0	\$2.23
INDIAN HEALTH SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
FAMILY PLANNING SERVICES	7,139	8,090	8,363	\$788,424.50	\$94.28	\$1.68	1.2	\$110.44
IOWA CARE MED HOME CAPITATION	5	0	0	\$18.00	\$0.00	\$0.00	.0	\$3.60
IOWA PLAN PROGRAM	366,246	395,835	395,313	\$11,281,772.71	\$28.54	\$24.01	1.1	\$30.80
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	8,555	9,898	9,701	\$1,169,464.36	\$120.55	\$4.48	1.1	\$136.70
HMO SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PACE SERVICES	93	95	94	\$279,917.17	\$2,977.84	\$0.60	1.0	\$3,009.86
PATIENT MANAGEMENT	174,791	174,796	174,742	\$349,484.00	\$2.00	\$37.76	1.0	\$2.00
HEALTH INS PREMIUM PAYMENT	3,332	9,152	9,152	\$563,162.66	\$61.53	\$1.20	2.7	\$169.02
MEDICAL SUPPLIES	25,926	42,385	1,803,952	\$4,042,563.68	\$2.24	\$8.60	69.6	\$155.93
OTHER PRACTITIONER	18,592	28,079	69,550	\$3,711,929.74	\$53.37	\$7.90	3.7	\$199.65
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	26,863	33,022	33,232	\$4,671,185.52	\$140.56	\$9.94	1.2	\$173.89
OPTOMETRIST	11,979	14,153	15,061	\$883,284.43	\$58.65	\$1.88	1.3	\$73.74
CHIROPRACTIC	9,168	15,752	19,119	\$508,854.96	\$26.62	\$1.08	2.1	\$55.50
PODIATRIC	4,373	5,272	7,097	\$244,770.78	\$34.49	\$0.52	1.6	\$55.97
PHYSICAL DISABILITIES SVCS	738	1,058	27,785	\$371,941.47	\$13.39	\$0.79	37.6	\$503.99
BRAIN INJ WAIVER SERVICES	1,052	2,383	52,941	\$1,829,350.99	\$34.55	\$3.89	50.3	\$1,738.93
PSYCHIATRIC	3,928	5,888	6,529	\$245,565.83	\$37.61	\$0.52	1.7	\$62.52

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 03/31/11)

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
RESIDENTIAL CARE FACILITY	1,577	1,772	47,398	\$307,864.30	\$6.50	\$0.66	30.1	\$195.22
ID WAIVER SERVICE	10,248	19,524	593,303	\$26,626,973.68	\$44.88	\$2,455.91	57.9	\$2,598.26
CHILDRENS MENTAL HEALTH SVC	593	827	33,339	\$554,662.73	\$16.64	\$729.82	56.2	\$935.35
AIDS WAIVER SERVICES	35	64	3,041	\$34,849.51	\$11.46	\$871.24	86.9	\$995.70
ELDERLY WAIVER SERVICES	9,176	28,419	446,532	\$6,015,998.98	\$13.47	\$646.74	48.7	\$655.62
ILL & HANDICAPPED WAIVER SVCS	1,904	2,996	88,054	\$1,528,182.77	\$17.36	\$612.25	46.2	\$802.62
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MEP SERVICES	11,042	15,294	131,435	\$3,975,163.63	\$30.24	\$8.46	11.9	\$360.00
UNASSIGNED	26	0	0	\$2,244.39-	\$0.00	\$0.00	.0	\$86.32-
* A L L C A T E G O R I E S *	406,477	2,120,989	8,139,410	\$277,427,768.38	\$34.08	\$590.52	20.0	\$682.52

*** END OF REPORT ***