IOWA DEPARTMENT OF HUMAN SERVICES

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> TITLE XIX REPORT OF EXPENDITURES (BY CATEGORY OF SERVICE)

(MONTHLY TOTALS AS OF 08/31/11)

* * * * * A V E R A G E S * * * * * * *

CATEGORY OF SERVICE			UNITS OF		* * * * * A V E R A G E S * * * * * *			
		NUMBER OF		TOTAL	COST PER	COST PER UNITS PER		COST PER
	RECIPIENTS				UNIT OF	ELIGIBLE R	ECIPIENT	RECIPIENT
	SERVED	CLAIMS	SERVICE	PAYMENT	SERVICE	RECIPIENT :	SERVED	SERVED
INPATIENT	7,723	8,266	44,528	\$46,728,785.06	\$1,049.42	\$97.44	5.8	\$6,050.60
OUTPATIENT	79,761	119,951	1,938,035	\$27,976,260.54	\$14.44	\$58.34	24.3	\$350.75
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	1,122	1,395	18,963	\$2,745,292.02	\$144.77	\$5.72	16.9	\$2,446.78
INTERMEDIATE CARE FACILITY	11,634	12,853	373,781	\$44,482,334.01	\$119.01	\$92.76	32.1	\$3,823.48
INTER CARE MENTAL RETARDA	1,786	1,792	53,513	\$17,571,085.65	\$328.35	\$36.64	30.0	\$9,838.23
NURSING FAC FOR MENTAL ILL	34	34	1,041	\$293,301.80	\$281.75	\$1.23	30.6	\$8,626.52
HOME HEALTH	13,564	18,647	311,113	\$10,950,466.32	\$35.20	\$22.84	22.9	\$807.32
LEAD INSPECTION AGENCY	6	5	6	\$2,166.15	\$361.03	\$0.00	1.0	\$361.03
PHYSICIAN	139,288	305,670	467,729	\$20,765,892.89	\$44.40	\$43.30	3.4	\$149.09
CLINIC SERVICES	25,624	36,661	34,953	\$5,011,894.44	\$143.39	\$10.45	1.4	\$195.59
MEP CASE MANAGEMENT	. 0	. 0	. 0	\$0.00	\$0.00	\$0.00	.0	\$0.00
EHR INCENTIVE PAYMENTS	1	0	0	\$6,055,220.00	\$0.00	\$12.63	.0	\$0.00
LAB AND RADIOLOGICAL	19,835	28,930	44,317	\$838,891.21	\$18.93	\$1.75	2.2	\$42.29
HABILITATION SERVICES	3,798	9,638	124,654	\$6,371,278.72	\$51.11	\$13.29	32.8	\$1,677.54
REMEDIAL SERVICES	367,254	389,306	436,775	\$5,688,315.82	\$13.02	\$11.86	1.2	\$15.49
REHAB SUPPORT SERVICES	. 0	. 0	. 0	\$0.00	\$0.00	\$0.00	.0	\$0.00
AMBULANCE SERVICES	3,611	4,008	3,983	\$468,832.20	\$117.71	\$0.98	1.1	\$129.83
LOCAL EDUCATION AGENCY	1,291	3,865	326,921	\$3,570,200.46	\$10.92	\$7.44	253.2	\$2,765.45
EARLY ACCESS SERVICES	496	1,076	2,221	\$31,203.05	\$14.05	\$0.07	4.5	\$62.91
PRESCRIBED DRUGS	141,813	465,728	408,917	\$23,696,480.88	\$57.95	\$49.41	2.9	\$167.10
DRUG CAPITATION	. 0	. 0	. 0	\$0.00	\$0.00	\$0.00	.0	\$0.00
NEMT SERVICES	367,488	382,939	382,717	\$819,014.38	\$2.14	\$1.71	1.0	\$2.23
INDIAN HEALTH SERVICES	. 0	. 0	. 0	\$0.00	\$0.00	\$0.00	.0	\$0.00
FAMILY PLANNING SERVICES	6,191	6,625	6,641	\$702,147.45	\$105.73	\$1.46	1.1	\$113.41
IOWA CARE MED HOME CAPITATION	. 0	. 0	. 0	\$0.00	\$0.00	\$0.00	.0	\$0.00
IOWA PLAN PROGRAM	393,265	395,475	394,842	\$10,004,637.74	\$25.34	\$20.86	1.0	\$25.44
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	9,537	10,833	10,812	\$1,839,267.36	\$170.11	\$6.89	1.1	\$192.86
HMO SERVICES	. 0	. 0	. 0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PACE SERVICES	99	98	97	\$286,513.17	\$2,953.74	\$0.60	1.0	\$2,894.07
PATIENT MANAGEMENT	177,529	177,519	177,504	\$355,014.00	\$2.00	\$37.56	1.0	\$2.00
HEALTH INS PREMIUM PAYMENT	3,329	8,696	8,696	\$526,915.17	\$60.59	\$1.10	2.6	\$158.28
MEDICAL SUPPLIES	28,284	51,850	2,201,963	\$4,701,171.79	\$2.13	\$9.80	77.9	\$166.21
OTHER PRACTITIONER	19,652	33,414	81,861	\$3,579,169.18	\$43.72	\$7.46	4.2	\$182.13
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	ō	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
GROUP TREATMENT THERAPY	0	ō	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
DENTAL	36,266	45,349	45,612	\$6,512,009.65	\$142.77	\$13.58	1.3	\$179.56
OPTOMETRIST	16,312	19,288	20,186	\$1,159,553.38	\$57.44	\$2.42	1.2	\$71.09
CHIROPRACTIC	10,395	19,608	23,586	\$559,359.39	\$23.72	\$1.17	2.3	\$53.81
PODIATRIC	5,483	6,693	8,812	\$255,551.66	\$29.00	\$0.53	1.6	\$46.61
PHYSICAL DISABILITIES SVCS	742	1,027	29,739	\$363,362.60	\$12.22	\$0.76	40.1	\$489.71
BRAIN INJ WAIVER SERVICES	1,101	2,358	60,185	\$1,867,894.48	\$31.04	\$3.90	54.7	\$1,696.54
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IOWA DEPARTMENT OF HUMAN SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEM

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TITLE XIX REPORT OF EXPENDITURES (BY CATEGORY OF SERVICE)

(MONTHLY TOTALS AS OF 08/31/11)

					COST PER	COST PER UNI	ITS PER	COST PER
CATEGORY OF SERVICE	RECIPIENTS NUMBER OF		UNITS OF	TOTAL	UNIT OF	ELIGIBLE RE	ECIPIENT	RECIPIENT
	SERVED	CLAIMS	SERVICE	PAYMENT	SERVICE	RECIPIENT S	SERVED	SERVED
PSYCHIATRIC	4,322	6,782	7,695	\$491,380.48	\$63.86	\$1.02	1.8	\$113.69
RESIDENTIAL CARE FACILITY	1,498	1,738	49,226	\$385,654.91	\$7.83	\$0.80	32.9	\$257.45
ID WAIVER SERVICE	10,351	20,476	692,297	\$28,038,707.47	\$40.50	\$2,552.92	66.9	\$2,708.79
CHILDRENS MENTAL HEALTH SVC	607	917	39,158	\$645,447.02	\$16.48	\$892.73	64.5	\$1,063.34
AIDS WAIVER SERVICES	38	68	3,032	\$31,220.13	\$10.30	\$761.47	79.8	\$821.58
ELDERLY WAIVER SERVICES	9,146	31,598	476,072	\$6,590,778.34	\$13.84	\$730.28	52.1	\$720.62
ILL & HANDICAPPED WAIVER SVCS	2,067	3,274	110,961	\$1,777,805.07	\$16.02	\$711.69	53.7	\$860.09
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MEP SERVICES	10,417	11,641	84,901	\$2,595,160.65	\$30.57	\$5.41	8.2	\$249.13
UNASSIGNED	12	0	0	\$2,517,993.05	\$0.00	\$5.25	.0	\$209,832.75
* ALL CATEGORIES *	421,564 2	2,646,091	9,508,045	\$299,853,629.74	\$31.54	\$625.29	22.6	\$711.29
			*** END OF B	REPORT ***				!