

TITLE XIX REPORT OF EXPENDITURES
(BY CATEGORY OF SERVICE)
(MONTHLY TOTALS AS OF 03/31/08)

CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE	TOTAL PAYMENT	***** AVERAGES *****			
					COST PER UNIT OF SERVICE	COST PER ELIGIBLE RECIPIENT SERVED	UNITS PER RECIPIENT SERVED	COST PER RECIPIENT SERVED
INPATIENT	7,749	8,146	46,075	\$35,197,203.71	\$763.91	\$96.23	5.9	\$4,542.16
OUTPATIENT	63,868	96,948	897,714	\$22,320,858.53	\$24.86	\$61.02	14.1	\$349.48
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	827	1,014	14,387	\$2,175,961.39	\$151.24	\$5.95	17.4	\$2,631.15
INTERMEDIATE CARE FACILITY	12,655	13,662	370,410	\$35,719,674.39	\$96.43	\$97.65	29.3	\$2,822.57
INTER CARE MENTAL RETARDA	2,151	2,170	61,605	\$22,041,573.31	\$357.79	\$60.26	28.6	\$10,247.13
NURSING FAC FOR MENTAL ILL	32	35	971	\$260,137.06	\$267.91	\$1.40	30.3	\$8,129.28
HOME HEALTH	13,424	19,503	283,112	\$10,995,984.28	\$38.84	\$30.06	21.1	\$819.13
LEAD INSPECTION AGENCY	3	0	0	\$1,132.05	\$0.00	\$0.00	.0	\$377.35
PHYSICIAN	122,159	284,662	388,211	\$20,240,915.94	\$52.14	\$55.34	3.2	\$165.69
CLINIC SERVICES	21,196	32,917	31,470	\$4,640,002.75	\$147.44	\$12.69	1.5	\$218.91
MEP CASE MANAGEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
LAB AND RADIOLOGICAL	12,874	18,277	32,153	\$687,664.52	\$21.39	\$1.88	2.5	\$53.41
HABILITATION SERVICES	2,396	4,289	81,732	\$3,741,899.19	\$45.78	\$10.23	34.1	\$1,562.38
REMEDIAL SERVICES	5,866	12,079	300,660	\$4,042,096.49	\$13.44	\$11.05	51.3	\$689.07
REHAB SUPPORT SERVICES	38	29	640	\$30,953.03	\$48.36	\$0.08	16.8	\$814.55
AMBULANCE SERVICES	3,189	3,787	3,793	\$464,378.77	\$122.43	\$1.27	1.2	\$145.62
LOCAL EDUCATION AGENCY	1,478	3,567	468,617	\$2,609,841.40	\$5.57	\$7.14	317.1	\$1,765.79
EARLY ACCESS SERVICES	417	1,224	2,124	\$44,156.21	\$20.79	\$0.12	5.1	\$105.89
PRESCRIBED DRUGS	131,636	422,203	381,153	\$23,513,120.57	\$61.69	\$64.99	2.9	\$178.62
DRUG CAPTATION	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	8,989	11,351	11,364	\$940,283.33	\$82.74	\$2.57	1.3	\$104.60
IOWA MANAGED PROGRAM	269,150	293,284	293,284	\$8,538,476.27	\$29.11	\$23.34	1.1	\$31.72
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	15,190	17,350	17,344	\$1,445,900.54	\$83.37	\$7.29	1.1	\$95.19
HMO SERVICES	4,593	4,794	4,794	\$746,167.90	\$155.65	\$566.14	1.0	\$162.40
PATIENT MANAGEMENT	127,674	127,664	127,639	\$255,276.00	\$2.00	\$0.33	1.0	\$2.00
HEALTH INS PREMIUM PAYMENT	4,339	10,796	10,796	\$453,460.13	\$47.56	\$1.40	2.5	\$118.34
MEDICAL SUPPLIES	21,003	39,239	1,878,210	\$4,234,856.25	\$2.25	\$11.71	89.4	\$201.63
OTHER PRACTITIONER	14,204	39,771	75,327	\$1,860,049.80	\$24.69	\$5.09	59.3	\$130.95
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	23,598	28,951	29,235	\$4,110,891.13	\$140.62	\$11.36	1.2	\$174.21
OPTOMETRIST	11,402	13,573	14,360	\$836,081.51	\$58.22	\$2.29	1.3	\$73.33
CHIROPRACTIC	7,937	15,935	19,666	\$545,983.69	\$27.76	\$1.51	2.5	\$68.79
PODIATRIC	4,577	5,833	7,506	\$266,538.22	\$35.51	\$0.73	1.6	\$68.23
PHYSICAL DISABILITIES SVCS	596	884	26,226	\$329,833.28	\$22.58	\$0.90	44.0	\$553.41
BRAIN INJ WAIVER SERVICES	1,018	2,249	53,569	\$1,445,583.28	\$126.99	\$3.95	52.6	\$1,420.02
PSYCHIATRIC	3,450	5,753	6,480	\$241,475.37	\$37.26	\$0.66	1.9	\$69.99
RESIDENTIAL CARE FACILITY	1,833	2,246	61,285	\$425,593.49	\$6.94	\$1.16	33.4	\$232.18
MR WAIVER SERVICE	9,405	18,186	594,222	\$23,982,517.93	\$40.36	\$2,408.61	63.2	\$2,549.98
CHILDRENS MENTAL HEALTH SVC	4,600	779	20,393	\$482,551.74	\$23.66	\$85.59	44.3	\$1,049.03

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 03/31/08)

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	45	86	4,111	\$41,962.18	\$10.21	\$892.81	91.4	\$932.49
ELDERLY WAIVER SERVICES	9,395	30,987	443,797	\$5,850,976.95	\$13.18	\$621.85	47.2	\$622.78
ILL & HANDICAPPED WAIVER SVCS	2,022	3,365	111,843	\$1,780,211.40	\$15.92	\$722.78	55.3	\$880.42
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MEP SERVICES	10,349	11,718	12,368	\$2,870,979.29	\$232.13	\$7.85	1.2	\$277.42
UNASSIGNED	42	0	0	\$210,561.03-	\$0.00	\$0.58-	.0	\$5,013.36-
* A L L C A T E G O R I E S *	335,161	1,609,306	7,188,646	\$250,262,642.24	\$34.81	\$684.20	21.4	\$746.65

*** END OF REPORT ***