

TITLE XIX REPORT OF EXPENDITURES  
(BY CATEGORY OF SERVICE)  
(MONTHLY TOTALS AS OF 11/30/07)

CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE	TOTAL PAYMENT	***** AVERAGES *****			
					COST PER UNIT OF SERVICE	COST PER ELIGIBLE RECIPIENT SERVED	PER RECIPIENT	COST PER RECIPIENT SERVED
INPATIENT	5,649	5,816	36,586	\$23,490,787.65	\$642.07	\$65.88	6.5	\$4,158.44
OUTPATIENT	52,750	76,313	667,062	\$14,815,039.03	\$22.21	\$41.55	12.6	\$280.85
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	556	646	8,910	\$1,583,058.79	\$177.67	\$4.44	16.0	\$2,847.23
INTERMEDIATE CARE FACILITY	12,078	12,530	365,736	\$32,314,285.88	\$88.35	\$90.63	30.3	\$2,675.47
INTER CARE MENTAL RETARDA	2,142	2,179	65,682	\$21,432,041.38	\$326.30	\$60.11	30.7	\$10,005.62
NURSING FAC FOR MENTAL ILL	21	23	689	\$126,216.69	\$183.19	\$0.69	32.8	\$6,010.32
HOME HEALTH	9,615	12,280	214,003	\$6,889,476.89	\$32.19	\$19.32	22.3	\$716.53
LEAD INSPECTION AGENCY	6	6	6	\$2,264.10	\$377.35	\$0.1	1.0	\$377.35
PHYSICIAN	113,138	247,664	352,157	\$15,276,315.37	\$43.38	\$42.84	3.1	\$135.02
CLINIC SERVICES	16,833	22,130	19,651	\$2,484,270.43	\$126.42	\$6.97	1.2	\$147.58
MEP CASE MANAGEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
LAB AND RADIOLOGICAL	8,634	11,767	18,784	\$323,084.32	\$17.20	\$0.91	2.2	\$37.42
HABILITATION SERVICES	2,009	3,335	59,290	\$2,882,146.59	\$48.61	\$8.08	29.5	\$1,434.62
REMEDIAL SERVICES	4,018	9,534	209,101	\$2,704,522.65	\$12.93	\$7.58	52.0	\$673.10
REHAB SUPPORT SERVICES	147	159	2,790	\$143,718.61	\$51.51	\$0.40	19.0	\$977.68
AMBULANCE SERVICES	2,096	2,485	2,486	\$285,542.95	\$114.86	\$0.80	1.2	\$136.23
LOCAL EDUCATION AGENCY	729	1,880	193,059	\$1,081,939.16	\$5.60	\$3.03	264.8	\$1,484.14
EARLY ACCESS SERVICES	217	572	946	\$22,641.50	\$23.93	\$0.66	4.4	\$104.34
PRESCRIBED DRUGS	115,323	331,023	295,444	\$17,772,759.98	\$60.16	\$50.41	2.6	\$154.11
DRUG CAPITATION	1	0	0	\$0.52	\$0.00	\$0.00	.0	\$0.52
INDIAN HEALTH SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
FAMILY PLANNING SERVICES	5,716	6,456	6,494	\$497,760.03	\$76.65	\$1.40	1.1	\$87.08
IOWA MANAGED PROGRAM	265,077	294,297	294,294	\$9,526,118.13	\$32.37	\$26.72	1.1	\$35.94
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	11,099	11,732	11,701	\$1,014,271.11	\$86.68	\$5.29	1.1	\$91.38
HMO SERVICES	4,540	4,767	4,767	\$785,247.35	\$164.73	\$629.20	1.1	\$12.96
PATIENT MANAGEMENT	124,517	124,516	124,508	\$249,016.00	\$2.00	\$30.43	1.0	\$72.00
HEALTH INS PREMIUM PAYMENT	4,359	10,793	10,793	\$500,440.98	\$46.37	\$1.40	2.5	\$113.68
MEDICAL SUPPLIES	18,773	33,219	1,575,827	\$3,260,450.84	\$2.07	\$9.25	83.9	\$174.81
OTHER PRACTITIONER	10,033	21,545	40,915	\$1,341,419.23	\$32.79	\$3.76	4.1	\$133.70
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	18,834	22,406	22,655	\$3,308,156.50	\$146.02	\$9.38	1.2	\$175.65
OPTOMETRIST	9,984	11,530	12,255	\$665,257.36	\$54.28	\$1.87	1.2	\$66.63
CHIROPRACTIC	7,125	13,531	16,897	\$394,470.01	\$23.35	\$1.12	2.4	\$55.36
PODIATRIC	4,433	5,557	7,150	\$197,772.35	\$27.66	\$0.55	1.6	\$44.61
PHYSICAL DISABILITIES SVCS	537	778	22,987	\$275,923.57	\$12.00	\$0.77	42.8	\$513.82
BRAIN INJ WAIVER SERVICES	884	1,905	47,120	\$1,355,194.38	\$28.76	\$3.70	53.3	\$1,533.03
PSYCHIATRIC	3,599	6,335	7,399	\$214,208.18	\$28.95	\$0.60	2.1	\$59.52
RESIDENTIAL CARE FACILITY	1,658	1,769	51,694	\$410,031.29	\$7.93	\$1.15	31.2	\$247.30
MR WAIVER SERVICE	9,157	16,533	666,393	\$23,873,271.92	\$35.82	\$2,426.39	72.8	\$2,607.11
CHILDREN MENTAL HEALTH SVC	369	525	14,945	\$319,536.58	\$21.38	\$627.77	40.5	\$865.95

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 11/30/07)

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	42	76	3,504	\$37,083.66	\$10.58	\$789.01	83.4	\$882.94
ELDERLY WAIVER SERVICES	8,819	22,322	422,118	\$5,008,917.22	\$11.87	\$541.68	47.9	\$567.97
ILL & HANDICAPPED WAIVER SVCS	1,919	3,018	94,210	\$1,448,931.68	\$15.38	\$593.58	49.1	\$755.05
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MEP SERVICES	9,493	10,670	10,927	\$2,714,739.02	\$248.44	\$7.61	1.2	\$285.97
UNASSIGNED	21	0	14-	\$753,107.11	\$53,793.37-	\$2.11	.7-	\$35,862.24
* A L L C A T E G O R I E S *	325,509	1,364,622	5,981,921	\$201,781,435.95	\$33.73	\$565.90	18.4	\$619.90

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