

TITLE XIX REPORT OF EXPENDITURES
(BY CATEGORY OF SERVICE)
(MONTHLY TOTALS AS OF 08/31/07)

CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE	TOTAL PAYMENT	***** AVERAGES *****			
					COST PER UNIT OF SERVICE	COST PER ELIGIBLE RECIPIENT	PER RECIPIENT SERVED	COST PER RECIPIENT SERVED
INPATIENT	6,196	6,260	37,654	\$27,368,737.78	\$726.85	\$78.06	6.1	\$4,417.16
OUTPATIENT	48,541	68,521	583,322	\$13,514,176.85	\$23.17	\$38.54	12.0	\$278.41
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	595	698	9,549	\$2,010,154.28	\$210.51	\$5.73	16.0	\$3,378.41
INTERMEDIATE CARE FACILITY	12,815	13,413	393,813	\$34,925,442.47	\$88.69	\$99.61	30.7	\$2,725.36
INSTR CARE MENTAL RETARDA	1,917	1,969	59,063	\$18,108,754.72	\$306.60	\$51.65	30.8	\$9,446.40
NURSING FAC FOR MENTAL ILL	35	55	1,642	\$459,238.08	\$279.68	\$2.66	46.9	\$3,121.09
HOME HEALTH	9,516	12,703	193,008	\$8,433,947.43	\$43.70	\$24.05	20.3	\$886.29
LEAD INSPECTION AGENCY	21	20	20	\$7,755.58	\$387.78	\$0.02	1.0	\$369.31
PHYSICIAN	97,923	211,867	316,296	\$14,436,127.30	\$45.64	\$41.17	3.2	\$147.42
CLINIC SERVICES	13,221	19,525	17,499	\$2,375,818.23	\$135.77	\$6.78	1.3	\$179.70
MEP CASE MANAGEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
LAB AND RADIOLOGICAL	10,309	13,646	24,911	\$432,961.27	\$17.38	\$1.23	2.4	\$42.00
HABILITATION SERVICES	946	1,239	27,310	\$1,184,809.13	\$43.38	\$3.38	28.9	\$1,252.44
REMEDIAL SERVICES	3,443	7,951	220,464	\$2,485,584.31	\$11.27	\$7.09	64.0	\$721.92
REHAB SUPPORT SERVICES	685	510	9,047	\$532,354.90	\$58.84	\$1.52	13.2	\$777.16
AMBULANCE SERVICES	2,058	2,421	2,412	\$261,678.38	\$108.49	\$0.75	1.2	\$127.15
LOCAL EDUCATION AGENCY	469	1,425	139,914	\$728,843.96	\$5.21	\$2.08	298.3	\$1,554.04
EARLY ACCESS SERVICES	116	350	619	\$14,717.29	\$23.78	\$0.04	5.3	\$126.87
PRESCRIBED DRUGS	109,016	318,113	286,613	\$13,700,987.21	\$47.80	\$39.53	2.6	\$125.68
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	6,937	8,817	8,934	\$649,107.89	\$72.66	\$1.85	1.3	\$93.57
IOWA MANAGED PROGRAM	258,173	282,572	282,572	\$8,171,415.62	\$28.92	\$23.31	1.1	\$31.65
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	12,998	14,401	14,396	\$1,262,576.56	\$87.70	\$6.50	1.1	\$97.14
HMO SERVICES	4,441	4,633	4,633	\$710,183.69	\$153.29	\$486.43	1.0	\$159.92
PATIENT MANAGEMENT	122,591	122,591	122,591	\$245,182.00	\$2.00	\$27.16	1.0	\$2.00
HEALTH INS PREMIUM PAYMENT	4,513	11,720	11,720	\$551,472.83	\$47.05	\$1.57	2.6	\$122.20
MEDICAL SUPPLIES	17,544	32,048	1,551,218	\$3,253,237.02	\$2.10	\$9.39	88.4	\$185.43
OTHER PRACTITIONER	7,110	12,441	28,221	\$993,259.67	\$35.20	\$2.83	4.0	\$139.70
FAMILY CENTERED PROGRAM	21	27	199	\$6,744.15	\$33.89	\$0.03	9.5	\$321.15
FAMILY PRESERVATION	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
TREATMENT FOSTER FAMILY CARE	1	1	8	\$181.24	\$22.66	\$0.00	8.0	\$181.24
GROUP TREATMENT THERAPY	6	8	80	\$4,033.17	\$50.41	\$0.02	13.3	\$672.20
DENTAL	21,440	25,528	25,859	\$3,722,633.68	\$143.96	\$10.74	1.2	\$173.63
OPTOMETRIST	10,007	11,730	12,424	\$683,405.38	\$55.01	\$1.95	1.2	\$68.29
CHIROPRACTIC	6,499	12,062	14,896	\$347,951.89	\$23.36	\$1.00	2.3	\$53.54
PODIATRIC	3,844	4,714	6,607	\$183,739.48	\$27.81	\$0.52	1.7	\$47.80
PHYSICAL DISABILITIES SVCS	519	722	22,193	\$280,416.26	\$12.64	\$0.80	42.8	\$540.30
BRAIN INJ WAIVER SERVICES	831	1,847	46,963	\$1,240,128.05	\$26.41	\$3.54	56.5	\$1,492.33
PSYCHIATRIC	3,112	4,878	5,845	\$172,703.69	\$29.55	\$0.49	1.9	\$55.50
RESIDENTIAL CARE FACILITY	1,730	2,213	63,463	\$517,370.26	\$8.15	\$1.48	36.7	\$299.06
MR WAIVER SERVICE	9,126	16,389	611,114	\$22,730,366.53	\$79.19	\$2,332.04	67.0	\$2,490.53
CHILDRENS MENTAL HEALTH SVC	227	322	10,138	\$211,689.11	\$20.88	\$527.90	44.7	\$932.55

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 08/31/07)

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	38	63	3,275	\$32,680.80	\$9.98	\$666.96	86.2	\$860.00
ELDERLY WAIVER SERVICES	8,750	25,046	393,379	\$5,085,273.06	\$12.93	\$560.98	45.0	\$581.17
ILL & HANDICAPPED WAIVER SVCS	1,899	3,032	111,244	\$1,681,294.94	\$15.11	\$683.18	58.6	\$885.36
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MEP SERVICES	7,081	7,999	8,440	\$2,036,105.93	\$241.24	\$5.81	1.2	\$287.54
UNASSIGNED	30	1	1	\$19,986.82-	\$19,986.82-	\$0.06-	.0	\$666.23-
* A L L C A T E G O R I E S *	323,076	1,286,491	5,683,569	\$195,735,255.25	\$34.44	\$558.27	17.6	\$605.85

*** END OF REPORT ***