

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

CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE	TOTAL PAYMENT	***** AVERAGES *****			
					COST PER UNIT OF SERVICE	COST PER ELIGIBLE RECIPIENT SERVED	UNITS PER RECIPIENT SERVED	COST PER RECIPIENT SERVED
INPATIENT	5,543	5,491	32,743	\$22,454,988.43	\$685.80	\$64.20	5.9	\$4,051.00
OUTPATIENT	47,639	64,340	547,670	\$13,624,200.82	\$24.88	\$38.95	11.5	\$285.99
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	793	503	6,668	\$1,605,434.89	\$240.77	\$4.59	8.4	\$2,024.51
INTERMEDIATE CARE FACILITY	12,492	13,434	382,259	\$34,508,268.25	\$90.27	\$98.66	30.6	\$2,762.43
INTER CARE MENTAL RETARDA	2,118	2,151	62,429	\$20,689,881.69	\$331.41	\$59.15	29.5	\$9,768.59
NURSING FAC FOR MENTAL ILL	28	28	818	\$202,082.02	\$247.04	\$1.17	29.2	\$7,217.22
HOME HEALTH	9,767	12,940	221,348	\$9,084,892.27	\$41.04	\$25.97	22.7	\$930.14
LEAD INSPECTION AGENCY	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PHYSICIAN	84,253	161,067	222,648	\$13,597,289.87	\$61.07	\$38.87	2.6	\$161.39
CLINIC SERVICES	11,728	16,336	15,751	\$1,811,104.16	\$114.98	\$5.18	1.3	\$154.43
MEP CASE MANAGEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
LAB AND RADIOLOGICAL	10,114	13,037	25,492	\$438,462.10	\$17.20	\$1.25	2.5	\$43.35
HABILITATION SERVICES	235	403	9,279	\$397,476.19	\$42.84	\$1.14	39.5	\$1,691.39
REMEDIAL SERVICES	3,599	9,628	281,228	\$3,064,905.22	\$10.90	\$8.76	78.1	\$851.60
REHAB SUPPORT SERVICES	1,756	2,379	36,716	\$2,152,625.38	\$58.63	\$6.15	20.9	\$1,225.87
AMBULANCE SERVICES	1,823	2,072	1,979	\$269,455.25	\$136.16	\$0.77	1.1	\$147.81
LOCAL EDUCATION AGENCY	1,676	5,592	450,448	\$2,524,389.60	\$5.60	\$7.22	268.8	\$1,506.20
EARLY ACCESS SERVICES	663	2,699	4,611	\$100,892.29	\$21.88	\$0.29	7.0	\$152.18
PRESCRIBED DRUGS	119,353	366,780	330,163	\$13,659,091.29	\$41.37	\$39.50	2.8	\$114.44
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	7,800	9,376	9,727	\$724,222.12	\$74.45	\$2.07	1.2	\$92.85
IOWA MANAGED PROGRAM	258,304	282,056	282,056	\$8,158,849.89	\$28.93	\$23.33	1.1	\$31.59
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	14,240	16,144	16,121	\$1,194,638.50	\$74.10	\$6.16	1.1	\$83.89
HMO SERVICES	4,458	4,638	4,638	\$686,993.70	\$148.12	\$522.83	1.0	\$154.10
PATIENT MANAGEMENT	123,209	123,279	123,274	\$246,548.00	\$2.00	\$28.97	1.0	\$2.00
HEALTH INS PREMIUM PAYMENT	4,681	13,535	13,535	\$666,986.59	\$49.28	\$1.91	2.9	\$142.49
MEDICAL SUPPLIES	16,148	27,845	1,570,043	\$3,095,284.68	\$1.97	\$8.95	97.2	\$191.68
OTHER PRACTITIONER	11,943	55,441	76,432	\$1,722,046.28	\$42.53	\$4.92	6.4	\$144.19
FAMILY CENTERED PROGRAM	22	38	186	\$7,482.33	\$20.23	\$0.04	8.5	\$340.11
FAMILY PRESERVATION	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
TREATMENT FOSTER FAMILY CARE	3	3	8	\$306.56	\$98.32	\$0.00	2.7	\$102.19
GROUP TREATMENT THERAPY	3	3	40	\$2,411.04	\$60.28	\$0.01	13.3	\$803.68
DENTAL	22,330	27,200	27,463	\$3,915,208.89	\$142.56	\$11.32	1.2	\$175.33
OPTOMETRIST	8,579	9,686	10,223	\$563,938.29	\$55.16	\$1.61	1.2	\$65.73
CHIROPRACTIC	5,865	10,894	14,084	\$391,777.67	\$27.82	\$1.13	2.4	\$66.80
PODIATRIC	2,211	2,549	3,163	\$149,965.37	\$47.41	\$0.43	1.4	\$67.83
PHYSICAL DISABILITIES SVCS	531	797	24,359	\$275,325.76	\$11.30	\$0.79	45.9	\$518.50
BRAIN INJ WAIVER SERVICES	828	1,989	51,217	\$1,375,131.64	\$26.85	\$3.93	61.9	\$1,660.79
PSYCHIATRIC	1,396	1,794	2,288	\$79,187.00	\$34.61	\$0.23	1.6	\$56.72
RESIDENTIAL CARE FACILITY	1,588	1,795	48,687	\$356,952.66	\$7.33	\$1.02	30.7	\$224.78
MR WAIVER SERVICE	9,312	18,746	663,215	\$25,049,962.66	\$37.77	\$2,579.81	71.2	\$2,690.07
CHILDRENS MENTAL HEALTH SVC	214	359	9,286	\$219,760.93	\$23.67	\$697.65	43.4	\$1,026.92

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 07/31/07)

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					COST PER UNIT OF SERVICE	COST PER ELIGIBLE RECIPIENT	UNITS PER RECIPIENT SERVED	COST PER RECIPIENT SERVED
AIDS WAIVER SERVICES	38	52	3,168	\$33,640.68	\$10.62	\$686.54	83.4	\$885.28
ELDERLY WAIVER SERVICES	8,665	28,143	390,900	\$5,271,422.24	\$13.49	\$584.87	45.1	\$608.36
ILL & HANDICAPPED WAIVER SVCS	2,011	3,357	115,283	\$1,800,872.91	\$15.62	\$735.35	57.3	\$895.51
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MEP SERVICES	8,719	10,071	10,494	\$2,588,100.00	\$246.63	\$7.40	1.2	\$296.83
UNASSIGNED	26	0	0	\$457,796.84-	\$0.00	\$1.31-	.0	\$17,607.57-
* A L L C A T E G O R I E S *	324,789	1,328,670	6,102,140	\$198,304,459.27	\$32.50	\$566.93	18.8	\$610.56

*** END OF REPORT ***