

TITLE XIX REPORT OF EXPENDITURES
(BY CATEGORY OF SERVICE)
(MONTHLY TOTALS AS OF 03/31/07)

CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE	TOTAL PAYMENT	***** AVERAGES *****			
					COST PER UNIT OF SERVICE	COST PER ELIGIBLE RECIPIENT	UNITS PER RECIPIENT SERVED	COST PER RECIPIENT SERVED
INPATIENT	6,338	6,397	34,729	\$29,140,759.08	\$839.09	\$84.38	5.5	\$4,597.78
OUTPATIENT	128,463	74,382	2,660,405	\$14,149,541.15	\$5.32	\$40.97	20.7	\$110.14
CHILD PART HOSP	1	0	0	\$22.65-	\$0.00	\$0.00	.0	\$22.65-
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	638	760	8,720	\$1,727,594.59	\$198.12	\$5.00	13.70	\$2,707.83
INTERMEDIATE CARE FACILITY	12,822	13,842	370,444	\$33,309,314.65	\$89.92	\$96.45	28.7	\$2,597.83
INTER CARE MENTAL RETARDA	1,813	1,828	50,069	\$14,978,278.85	\$299.15	\$43.37	27.6	\$8,261.60
NURSING FAC FOR MENTAL ILL	36	38	1,045	\$274,742.89	\$262.91	\$1.59	29.0	\$7,631.75
HOME HEALTH	11,259	13,972	201,191	\$6,032,991.81	\$29.99	\$17.47	17.9	\$55.84
LEAD INSPECTION AGENCY	43	2	2	\$1,205.29	\$602.65	\$0.00	.0	\$28.03
PHYSICIAN	241,029	222,445	298,104	\$17,110,199.06	\$57.40	\$49.55	1.2	\$70.99
CLINIC SERVICES	23,888	25,811	23,731	\$3,267,486.67	\$137.69	\$9.46	1.0	\$136.78
MEP CASE MANAGEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
LAB AND RADIOLOGICAL	10,277	13,325	23,019	\$3,886,828.19	\$16.80	\$1.12	2.2	\$37.64
REMEDIAL SERVICES	2,572	12,508	197,896	\$1,958,959.44	\$9.90	\$5.67	76.9	\$761.65
REHAB SUPPORT SERVICES	2,085	2,937	52,274	\$2,696,344.44	\$51.14	\$7.81	25.3	\$1,293.21
AMBULANCE SERVICES	6,923	2,568	2,307	\$324,664.22	\$140.73	\$0.94	.3	\$46.99
LOCAL EDUCATION AGENCY	1,213	2,690	264,992	\$1,460,414.64	\$5.51	\$4.23	218.5	\$1,203.97
EARLY ACCESS SERVICES	292	751	1,270	\$27,003.09	\$21.26	\$0.08	4.3	\$92.48
PRESCRIPTION DRUGS	244,036	2,487,614	292,691	\$19,123,682.67	\$65.34	\$56.02	1.2	\$78.36
DRUG CAPTION	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	26,227	7,368	7,346	\$642,088.17	\$87.41	\$1.86	.3	\$24.48
IOWA MANAGED PROGRAM	256,969	281,965	281,965	\$8,122,735.09	\$28.81	\$23.52	1.1	\$31.61
MANAGED SUBSTANCE ABUSE	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MENTAL HEALTH ACCESS PLAN	1	0	0	\$127.39-	\$0.00	\$0.00	.0	\$127.39-
EPSDT SCREENING	60,920	14,486	14,429	\$1,174,216.31	\$81.38	\$6.20	2	\$19.27
HMO SERVICES	4,528	4,738	4,738	\$712,865.82	\$150.46	\$501.66	1.0	\$157.44
PATIENT MANAGEMENT	122,941	122,947	122,908	\$245,816.00	\$2.00	\$26.30	1.0	\$2.00
HEALTH INS PREMIUM PAYMENT	4,873	12,428	12,428	\$585,926.60	\$47.15	\$1.70	2.6	\$120.24
MEDICAL SUPPLIES	39,043	34,119	1,580,851	\$3,672,567.09	\$2.32	\$10.76	40.5	\$94.06
OTHER PRACTITIONER	31,261	24,503	58,386	\$1,239,592.37	\$21.23	\$3.59	1.9	\$39.65
FAMILY CENTERED PROGRAM	180	297	2,239	\$65,943.39	\$29.45	\$0.34	12.4	\$366.35
FAMILY PRESERVATION	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
TREATMENT FOSTER FAMILY CARE	48	89	428	\$19,200.43	\$44.86	\$0.10	8.9	\$400.01
GROUP TREATMENT THERAPY	68	93	1,796	\$118,965.06	\$66.24	\$0.62	26.4	\$1,749.49
DENTAL	112,433	24,403	24,374	\$4,040,253.26	\$165.76	\$11.84	.2	\$35.93
OPHTHOMETRIST	57,327	12,311	12,085	\$754,158.43	\$62.40	\$2.18	.2	\$13.16
CHIROPRACTIC	20,117	13,892	16,110	\$515,554.11	\$32.00	\$1.51	.8	\$25.63
PODIATRIC	8,754	4,446	4,219	\$207,385.13	\$49.16	\$0.60	.5	\$23.69
PHYSICAL DISABILITIES SVCS	537	780	21,132	\$247,006.75	\$11.69	\$0.72	39.4	\$459.98
BRAIN INJ WAIVER SERVICES	739	1,758	40,452	\$1,119,481.55	\$27.67	\$3.24	54.7	\$1,514.86
PSYCHIATRIC	3,775	4,648	5,451	\$197,914.68	\$36.31	\$0.57	1.4	\$2.43
RESIDENTIAL CARE FACILITY	1,842	2,014	52,916	\$325,157.60	\$6.14	\$0.94	28.4	\$176.52
MR WAIVER SERVICE	8,839	16,584	569,149	\$20,156,059.02	\$35.41	\$2,127.06	64.7	\$2,280.36
CHILDRENS MENTAL HEALTH SVC	213	296	6,518	\$168,611.18	\$25.87	\$693.87	30.6	\$791.60
AIDS WAIVER SERVICES	42	96	4,799	\$46,038.09	\$9.59	\$1,000.83	114.3	\$1,096.11

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 03/31/07)

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
ELDERLY WAIVER SERVICES	8,071	21,154	350,168	\$4,347,740.44	\$12.42	\$506.38	43.4	\$538.69
ILL & HANDICAPPED WAIVER SVCS	1,910	2,986	91,588	\$1,396,062.19	\$15.24	\$578.56	48.0	\$730.92
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MEP SERVICES	9,335	10,636	11,353	\$2,828,820.85	\$249.17	\$8.19	1.2	\$303.03
UNASSIGNED	42	0	0	\$719,441.34	\$0.00	\$2.08	.0	\$17,129.56
* A L L C A T E G O R I E S *	376,268	3,500,907	7,781,167	\$199,639,461.64	\$25.66	\$578.10	20.7	\$530.58

*** END OF REPORT ***