

TITLE XIX REPORT OF EXPENDITURES
(BY CATEGORY OF SERVICE)
(MONTHLY TOTALS AS OF 01/31/07)

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	7,051	7,156	40,714	\$26,806,134.61	\$658.40	\$77.32	5.8	\$3,801.75
OUTPATIENT	59,869	88,098	815,334	\$14,481,892.86	\$17.76	\$41.77	13.6	\$241.89
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	967	804	9,800	\$1,478,301.49	\$150.85	\$4.26	10.1	\$1,528.75
INTERMEDIATE CARE FACILITY	14,203	13,126	380,444	\$41,565,066.61	\$109.25	\$119.89	26.8	\$2,926.50
INTER CARE MENTAL RETARDA	2,161	2,214	65,281	\$21,514,591.19	\$329.57	\$62.06	30.2	\$9,955.85
NURSING FAC FOR MENTAL ILL	35	28	793	\$167,462.92	\$211.18	\$0.95	22.7	\$4,784.65
HOME HEALTH	12,105	16,421	269,368	\$8,165,926.17	\$30.32	\$23.55	22.3	\$674.59
LEAD INSPECTION AGENCY	9	8	8	\$2,920.21	\$365.03	\$0.01	.9	\$324.47
PHYSICIAN	115,284	265,240	383,190	\$16,673,888.66	\$43.51	\$48.10	3.3	\$144.63
CLINIC SERVICES	17,748	25,250	23,119	\$2,813,131.80	\$121.68	\$8.11	1.3	\$158.50
MEP CASE MANAGEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
LAB AND RADIOLOGICAL	11,532	15,806	23,711	\$400,550.59	\$16.89	\$1.16	2.1	\$34.73
REMEDIAL SERVICES	1,268	3,875	120,462	\$1,167,381.68	\$9.69	\$3.37	95.0	\$920.65
REHAB SUPPORT SERVICES	2,415	3,551	63,473	\$3,755,334.46	\$59.16	\$10.83	26.3	\$1,555.00
AMBULANCE SERVICES	2,704	2,951	2,836	\$310,658.78	\$109.54	\$0.90	1.0	\$114.89
LOCAL EDUCATION AGENCY	1,171	3,428	316,921	\$1,633,417.67	\$5.15	\$4.71	270.6	\$1,394.89
EARLY ADVICES SERVICES	393	1,208	2,250	\$41,985.14	\$19.53	\$0.12	5.5	\$106.83
PRESCRIBED DRUGS	123,125	399,846	354,690	\$22,637,287.69	\$63.82	\$66.05	2.9	\$183.86
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	8,303	9,655	9,696	\$669,458.25	\$69.04	\$1.93	1.2	\$80.63
IOWA MANAGED PROGRAM	254,788	280,231	280,231	\$8,066,423.54	\$28.78	\$23.27	1.1	\$31.66
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	13,819	16,292	16,281	\$1,200,082.24	\$73.71	\$6.37	1.2	\$86.84
RHO SERVICES	4,524	4,724	4,724	\$703,009.65	\$148.82	\$503.23	1.0	\$155.44
PATIENT MANAGEMENT	123,391	123,391	123,391	\$246,782.00	\$2.00	\$27.91	1.0	\$2.00
HEALTH INS PREMIUM PAYMENT	5,134	14,802	14,802	\$688,067.70	\$46.48	\$1.98	2.9	\$134.02
MEDICAL SUPPLIES	20,020	38,488	1,788,236	\$3,550,636.53	\$2.15	\$1.23	89.3	\$192.34
OTHER PRACTITIONER	12,724	36,061	71,867	\$1,404,681.89	\$19.55	\$4.05	5.6	\$110.40
FAMILY CENTERED PROGRAM	645	1,246	10,072	\$296,466.30	\$29.43	\$1.55	15.6	\$459.64
FAMILY PRESERVATION	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
TREATMENT FOSTER FAMILY CARE	142	277	1,196	\$53,803.78	\$44.99	\$0.28	8.4	\$378.90
GROUP TREATMENT THERAPY	279	668	11,758	\$744,644.01	\$63.33	\$3.89	42.1	\$2,668.97
DENTAL	20,247	24,771	24,932	\$3,445,093.20	\$138.18	\$10.05	1.2	\$170.15
OPHTHOMETRIST	9,755	11,228	12,040	\$626,047.16	\$52.00	\$1.81	1.2	\$64.18
CHIROPRACTIC	7,914	15,489	20,395	\$516,760.96	\$25.34	\$1.51	2.6	\$65.30
PODIATRIC	4,327	5,106	6,505	\$187,118.04	\$28.77	\$0.54	1.5	\$43.24
PHYSICAL DISABILITIES SVCS	560	834	21,620	\$266,437.79	\$12.32	\$0.77	38.6	\$475.78
BRAIN INJ WAIVER SERVICES	724	1,570	43,070	\$1,052,235.26	\$24.43	\$3.04	59.5	\$1,453.36
PSYCHIATRIC	3,282	6,185	7,411	\$246,741.69	\$33.29	\$0.71	2.3	\$75.18
RESIDENTIAL CARE FACILITY	1,851	1,992	54,906	\$437,667.28	\$7.97	\$1.26	29.7	\$236.45
MR WAIVER SERVICE	9,015	16,594	582,404	\$21,476,303.55	\$36.88	\$2,299.39	64.6	\$2,382.29
CHILDRENS MENTAL HEALTH SVC	203	279	6,279	\$163,385.76	\$26.02	\$664.17	30.9	\$804.86
AIDS WAIVER SERVICES	37	45	2,826	\$30,566.38	\$10.82	\$64.49	76.4	\$826.11

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 01/31/07)

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	8,149	22,802	360,026	\$4,261,199.51	\$11.84	\$500.55	44.2	\$522.91
ILL & HANDICAPPED WAIVER SVCS	1,961	3,171	93,559	\$1,453,579.53	\$15.54	\$606.67	47.7	\$741.24
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MEP SERVICES	9,733	8,823	8,901	\$2,528,434.52	\$284.06	\$7.29	.9	\$259.78
UNASSIGNED	11	0	0	\$2,043,144.80-	\$0.00	\$5.89-	.0	\$185,740.44-
* A L L C A T E G O R I E S *	321,371	1,493,734	6,449,422	\$216,188,414.25	\$33.52	\$623.59	20.1	\$672.71
			***	END OF REPORT	***			