

TITLE XIX REPORT OF EXPENDITURES
(BY CATEGORY OF SERVICE)
(MONTHLY TOTALS AS OF 12/31/06)

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	6,325	6,440	36,438	\$24,479,379.30	\$671.81	\$70.87	5.8	\$3,870.26
OUTPATIENT	53,784	76,930	723,007	\$13,086,257.11	\$18.10	\$37.88	13.4	\$43.31
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	714	798	9,442	\$1,473,869.63	\$156.10	\$4.27	13.2	\$2,064.24
INTERMEDIATE CARE FACILITY	13,063	13,427	379,698	\$34,001,117.63	\$89.55	\$98.43	29.1	\$2,602.86
INTER CARE MENTAL RETARDA	2,176	2,213	63,850	\$20,823,334.26	\$326.13	\$60.28	29.3	\$9,569.55
NURSING FAC FOR MENTAL ILL	34	38	1,132	\$337,255.04	\$297.93	\$1.92	33.3	\$9,919.28
HOME HEALTH	11,895	15,461	250,812	\$8,453,109.94	\$33.70	\$24.47	21.1	\$710.64
LEAD INSPECTION AGENCY	4	5	5	\$1,831.80	\$366.36	\$0.01	1.3	\$457.95
PHYSICIAN	107,347	220,887	313,128	\$15,181,547.94	\$48.48	\$43.95	2.9	\$141.42
CLINIC SERVICES	17,703	24,758	23,069	\$2,758,862.20	\$119.59	\$7.99	1.3	\$155.84
MEP CASE MANAGEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
LAB AND RADIOLOGICAL	11,440	14,979	25,322	\$438,900.18	\$17.33	\$1.27	2.2	\$38.37
REMEDIAL SERVICES	215	784	19,487	\$186,999.31	\$9.60	\$0.54	90.6	\$869.76
REHAB SUPPORT SERVICES	2,193	3,279	54,747	\$2,837,538.22	\$51.83	\$8.21	25.0	\$1,293.91
AMBULANCE SERVICES	3,020	3,361	3,279	\$372,461.07	\$113.59	\$1.08	1.1	\$123.33
LOCAL EDUCATION AGENCY	1,108	2,701	299,054	\$1,328,940.75	\$4.44	\$3.85	269.9	\$1,199.37
EARLY ACCESS SERVICES	508	1,798	3,454	\$68,145.04	\$19.73	\$0.20	6.8	\$134.14
PRESCRIBED DRUGS	112,850	333,873	300,458	\$19,511,495.93	\$64.94	\$57.13	2.7	\$172.90
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	8,272	9,811	9,922	\$710,329.79	\$71.59	\$2.06	1.2	\$85.87
IOWA MANAGED PROGRAM	256,478	281,935	281,935	\$8,110,845.47	\$28.77	\$23.48	1.1	\$31.62
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	13,642	15,790	15,776	\$1,069,785.60	\$67.81	\$5.70	1.2	\$78.42
RHO SERVICES	4,523	4,747	4,747	\$699,905.67	\$147.44	\$32.25	1.0	\$154.74
PATIENT MANAGEMENT	122,263	122,266	122,266	\$244,532.00	\$2.00	\$2.38	1.0	\$2.00
HEALTH INS PREMIUM PAYMENT	5,022	12,440	12,440	\$566,169.20	\$45.51	\$1.64	2.5	\$112.74
MEDICAL SUPPLIES	18,432	32,236	1,547,334	\$3,284,960.41	\$2.12	\$9.62	83.9	\$178.22
OTHER PRACTITIONER	12,786	48,074	69,199	\$1,449,245.25	\$20.94	\$4.20	5.4	\$113.35
FAMILY CENTERED PROGRAM	1,049	1,829	16,213	\$469,359.32	\$28.95	\$2.46	15.5	\$447.44
FAMILY PRESERVATION	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
TREATMENT FOSTER FAMILY CARE	297	564	2,593	\$117,893.79	\$45.47	\$0.62	8.7	\$396.95
GROUP TREATMENT THERAPY	548	964	17,747	\$1,189,973.14	\$67.05	\$6.24	32.4	\$2,171.48
DENTAL	21,903	26,818	27,034	\$3,582,627.76	\$132.52	\$10.49	1.2	\$163.57
OPTOMETRIST	9,818	11,185	11,961	\$613,204.20	\$51.27	\$1.78	1.2	\$62.46
CHIROPRACTIC	7,428	14,065	19,044	\$458,868.67	\$24.10	\$1.34	2.6	\$61.78
PODIATRIC	4,443	5,027	6,204	\$179,555.04	\$28.94	\$0.52	1.4	\$40.41
PHYSICAL DISABILITIES SVCS	528	785	21,192	\$265,613.05	\$12.53	\$0.77	40.1	\$503.06
BRAIN INJ WAIVER SERVICES	705	1,561	37,675	\$1,056,800.29	\$28.05	\$3.06	53.4	\$1,499.01
PSYCHIATRIC	3,248	5,065	6,112	\$184,948.79	\$30.26	\$0.54	1.9	\$56.94
RESIDENTIAL CARE FACILITY	1,930	2,043	55,603	\$418,959.14	\$7.53	\$1.21	28.8	\$217.08
MR WAIVER SERVICE	8,824	15,743	541,166	\$20,771,667.98	\$38.38	\$2,420.02	61.3	\$2,354.00
CHILDRENS MENTAL HEALTH SVC	216	347	6,969	\$199,358.64	\$28.61	\$803.87	32.3	\$922.96
AIDS WAIVER SERVICES	38	66	4,549	\$48,875.25	\$10.74	\$1,018.23	119.7	\$1,286.11

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 12/31/06)

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	7,937	20,902	362,035	\$4,264,189.02	\$11.78	\$504.64	45.6	\$537.25
ILL & HANDICAPPED WAIVER SVCS	1,957	3,064	93,572	\$1,416,701.91	\$15.14	\$588.09	47.8	\$723.92
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MEP SERVICES	9,474	10,097	10,379	\$2,604,446.62	\$250.93	\$7.54	1.1	\$274.90
UNASSIGNED	14	0	0	\$1,992,271.06-	\$0.00	\$5.77-	.0	\$142,305.08-
* A L L C A T E G O R I E S *	320,246	1,369,156	5,810,049	\$197,327,554.76	\$33.96	\$571.25	18.1	\$616.17
*** END OF REPORT ***								