

TITLE XIX REPORT OF EXPENDITURES  
(BY CATEGORY OF SERVICE)  
(MONTHLY TOTALS AS OF 09/30/06)

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	5,752	5,819	34,915	\$22,054,812.92	\$631.67	\$64.83	6.1	\$3,834.29
OUTPATIENT	49,214	67,856	580,527	\$12,901,230.49	\$22.22	\$37.92	11.8	\$262.15
CHILD PART HOSP	1	0	0	\$422.80-	\$0.00	\$0.00	.0	\$422.80-
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	645	702	8,154	\$1,539,629.54	\$188.82	\$4.53	12.6	\$2,387.02
INTERMEDIATE CARE FACILITY	13,316	13,808	405,960	\$35,309,421.25	\$86.98	\$103.79	30.5	\$2,651.65
INTER CARE MENTAL RETARDA	2,111	2,156	64,962	\$20,591,513.90	\$316.98	\$60.53	30.8	\$9,754.39
NURSING PAC FOR MENTAL ILL	41	40	1,141	\$276,056.26	\$241.94	\$1.66	27.8	\$6,733.08
HOME HEALTH	7,919	9,144	173,284	\$6,575,819.60	\$37.95	\$19.33	21.9	\$830.39
LEAD INSPECTION AGENCY	6	6	6	\$2,198.16	\$366.36	\$0.01	1.0	\$366.36
PHYSICIAN	106,196	217,660	310,666	\$14,175,129.92	\$45.63	\$41.67	2.9	\$133.48
CLINIC SERVICES	16,559	22,508	24,144	\$2,394,848.33	\$99.19	\$7.04	1.5	\$144.63
MEP CASE MANAGEMENT	1	0	0	\$538.80	\$0.00	\$0.00	.0	\$538.80
LAB AND RADIOLOGICAL	9,772	12,982	20,613	\$3,660,418.82	\$17.49	\$1.61	2.1	\$36.88
REHAB SUPPORT SERVICES	2,355	3,592	65,114	\$3,303,725.90	\$50.74	\$9.77	27.6	\$1,402.86
AMBULANCE SERVICES	1,662	1,814	1,807	\$199,535.95	\$110.42	\$0.59	1.1	\$120.06
LOCAL EDUCATION AGENCY	552	1,686	130,100	\$669,320.62	\$5.14	\$1.97	235.7	\$1,212.54
EARLY ACCESS SERVICES	180	511	997	\$20,372.72	\$20.43	\$0.06	5.5	\$113.18
PRESCRIBED DRUGS	107,219	319,441	285,033	\$17,134,948.42	\$60.12	\$50.99	2.7	\$159.81
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	7,002	7,971	8,137	\$558,359.84	\$68.62	\$1.64	1.2	\$79.74
IOWA PLAN PROGRAM	256,428	282,755	282,755	\$8,114,737.35	\$28.70	\$23.85	1.1	\$31.65
MANAGED SUBSTANCE ABUSE	1	0	0	\$0.49-	\$0.00	\$0.00	.0	\$0.49-
MENTAL HEALTH ACCESS PLAN	1	0	0	\$211.56-	\$0.00	\$0.00	.0	\$211.56-
EPSDT SCREENING	12,196	13,637	13,627	\$1,124,033.84	\$82.49	\$5.93	1.1	\$92.16
HMO SERVICES	4,695	4,995	4,995	\$778,825.84	\$155.92	\$498.93	1.1	\$165.88
PATIENT MANAGEMENT	125,065	125,064	125,058	\$249,994.08	\$2.00	\$26.21	1.0	\$2.00
HEALTH INS PREMIUM PAYMENT	5,204	13,240	13,240	\$564,187.57	\$42.61	\$1.66	2.5	\$108.41
MEDICAL SUPPLIES	17,793	31,194	1,546,173	\$3,326,374.59	\$2.15	\$9.90	86.9	\$186.95
OTHER PRACTITIONER	7,734	12,958	242,746	\$1,133,420.37	\$4.67	\$3.33	17.4	\$146.55
FAMILY CENTERED PROGRAM	1,890	3,613	33,345	\$95,512.57	\$28.57	\$4.34	31.6	\$503.97
FAMILY PRESERVATION	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
TREATMENT POSTER FAMILY CARE	455	956	4,284	\$191,258.25	\$44.64	\$0.99	9.4	\$420.35
GROUP TREATMENT THERAPY	973	2,115	37,668	\$2,473,617.53	\$65.67	\$12.83	38.7	\$2,542.26
DENTAL	21,231	25,111	25,458	\$3,357,475.09	\$131.88	\$9.99	1.2	\$158.14
OPTOMETRIST	9,982	11,361	12,046	\$627,140.08	\$52.06	\$1.84	1.2	\$62.83
CHIROPRACTIC	7,134	12,738	16,091	\$371,559.54	\$23.09	\$1.11	2.3	\$52.08
PODIATRIC	4,752	5,679	7,051	\$194,627.79	\$27.60	\$0.57	1.5	\$40.96
PHYSICAL DISABILITIES SVCS	497	673	18,745	\$232,194.78	\$12.39	\$0.68	37.7	\$467.19
BRAIN INJ WAIVER SERVICES	667	1,362	37,643	\$1,003,646.53	\$26.66	\$2.95	56.4	\$1,504.72
PSYCHIATRIC	2,981	4,486	5,535	\$170,932.18	\$30.88	\$0.50	1.9	\$73.34
RESIDENTIAL CARE FACILITY	1,556	1,659	48,092	\$374,796.90	\$7.79	\$1.10	30.9	\$240.87
MR WAIVER SERVICE	6,689	16,071	594,271	\$22,319,040.04	\$37.56	\$2,457.50	64.4	\$2,568.65
CHILDRENS MENTAL HEALTH SVC	202	278	5,499	\$161,145.53	\$29.30	\$636.94	28.2	\$799.35
AIDS WAIVER SERVICES	38	58	3,071	\$31,329.88	\$10.20	\$652.71	80.8	\$824.47
ELDERLY WAIVER SERVICES	7,422	15,605	314,880	\$3,583,279.04	\$11.38	\$430.11	42.4	\$482.77

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 09/30/06)

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
ILL & HANDICAPPED WAIVER SVCS	1,902	2,925	99,962	\$1,563,883.29	\$15.64	\$646.50	52.6	\$822.23
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MEP SERVICES	7,777	8,813	9,013	\$2,210,544.83	\$245.26	\$6.50	1.2	\$284.24
UNASSIGNED	19	0	0	\$113,769.39-	\$0.00	\$0.33-	.0	\$5,987.86-
* A L L C A T E G O R I E S *	318,110	1,285,042	5,616,808	\$193,064,034.69	\$34.37	\$567.49	17.7	\$606.91
			***	END OF REPORT	***			