

TITLE XIX REPORT OF EXPENDITURES
(BY CATEGORY OF SERVICE)
(MONTHLY TOTALS AS OF 04/30/06)

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	5,782	5,719	36,670	\$25,174,789.98	\$686.52	\$74.64	6.3	\$4,533.99
OUTPATIENT	48,172	64,189	470,732	\$13,652,510.30	\$283.00	\$40.48	9.8	\$29.01
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	404	512	6,704	\$1,710,724.59	\$255.18	\$5.07	16.6	\$4,234.47
INTERMEDIATE CARE FACILITY	13,261	13,649	394,573	\$33,153,982.73	\$84.02	\$98.30	29.8	\$2,500.11
INTER CARE MENTAL RETARDA	2,190	2,843	85,156	\$30,097,137.41	\$353.44	\$89.23	38.9	\$1,742.99
NURSING PAC FOR MENTAL ILL	21	21	648	\$123,614.69	\$190.76	\$0.75	30.9	\$5,886.41
HOME HEALTH	8,726	10,623	161,919	\$5,669,885.36	\$35.02	\$16.81	18.6	\$649.77
LEAD INSPECTION AGENCY	8	7	7	\$2,072.98	\$296.14	\$0.01	.9	\$259.12
PHYSICIAN	103,486	212,230	307,981	\$14,419,742.62	\$46.82	\$42.75	3.0	\$139.34
CLINIC SERVICES	16,496	23,168	20,784	\$1,829,220.08	\$88.01	\$5.42	1.3	\$110.89
MEP CASE MANAGEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
LAB AND RADIOLOGICAL	8,119	10,363	22,102	\$345,712.61	\$15.64	\$1.02	2.7	\$42.58
REHAB SUPPORT SERVICES	2,784	3,836	75,255	\$4,203,422.88	\$55.86	\$12.46	27.0	\$1,509.85
AMBULANCE SERVICES	1,887	2,129	2,025	\$204,248.88	\$100.86	\$0.61	1.1	\$108.24
LOCAL EDUCATION AGENCY	1,062	2,156	237,285	\$1,233,228.32	\$5.20	\$3.66	223.4	\$1,161.23
EARLY ACCESS SERVICES	218	474	871	\$20,010.20	\$22.97	\$0.06	4.0	\$91.79
PRESCRIBED DRUGS	110,474	323,219	293,900	\$18,057,866.39	\$61.44	\$54.25	2.7	\$163.46
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	7,876	9,516	9,348	\$508,901.31	\$54.44	\$1.51	1.2	\$64.61
IOWA PLAN PROGRAM	260,711	265,559	265,559	\$6,801,410.56	\$25.61	\$20.16	1.0	\$26.09
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	12,358	13,881	13,861	\$945,487.82	\$68.21	\$5.04	1.1	\$76.51
HMO SERVICES	5,047	5,247	5,247	\$747,376.77	\$142.44	\$459.08	1.0	\$148.08
PATIENT MANAGEMENT	127,009	126,971	126,907	\$253,814.00	\$2.00	\$24.06	1.0	\$2.00
HEALTH INS PREMIUM PAYMENT	5,207	12,483	12,483	\$356,322.72	\$42.96	\$1.59	2.4	\$103.00
MEDICAL SUPPLIES	17,889	30,611	1,365,150	\$3,010,325.45	\$2.21	\$9.04	76.3	\$168.28
OTHER PRACTITIONER	9,135	19,619	37,611	\$1,084,035.67	\$28.82	\$3.21	4.1	\$118.67
FAMILY CENTERED PROGRAM	1,887	3,364	27,447	\$830,917.64	\$30.27	\$4.35	14.5	\$440.34
FAMILY PRESERVATION	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
TREATMENT FOSTER FAMILY CARE	473	906	4,223	\$184,425.16	\$43.67	\$0.96	8.9	\$389.91
GROUP TREATMENT THERAPY	843	1,623	28,962	\$1,863,053.31	\$64.33	\$9.74	34.4	\$2,210.03
DENTAL	21,743	25,855	26,296	\$3,494,775.57	\$132.90	\$10.50	1.2	\$160.73
OPTOMETRIST	9,225	10,331	10,933	\$575,524.15	\$52.64	\$1.71	1.2	\$62.39
CHIROPRACTIC	7,599	13,766	16,836	\$443,765.33	\$26.36	\$1.33	2.2	\$58.40
PODIATRIC	3,672	4,323	5,293	\$172,005.11	\$32.50	\$0.51	1.4	\$46.84
PHYSICAL DISABILITIES SVCS	430	598	15,984	\$220,324.97	\$13.78	\$0.65	37.2	\$512.38
BRAIN INJ WAIVER SERVICES	579	1,217	31,224	\$843,836.64	\$27.03	\$2.50	53.9	\$1,457.40
PSYCHIATRIC	2,904	4,182	5,812	\$178,215.25	\$30.66	\$0.53	2.0	\$61.37
RESIDENTIAL CARE FACILITY	2,021	1,976	47,547	\$366,134.02	\$7.70	\$1.09	23.5	\$181.16
MR WAIVER SERVICE	8,523	14,365	538,295	\$20,804,367.49	\$38.65	\$2,365.48	63.2	\$2,440.97
CHILDRENS MENTAL HEALTH SVC	151	200	3,002	\$102,709.63	\$34.21	\$420.94	19.9	\$680.20
AIDS WAIVER SERVICES	33	51	3,423	\$3,851.00	\$9.60	\$763.98	103.7	\$995.48
ELDERLY WAIVER SERVICES	7,179	15,686	293,490	\$3,488,020.42	\$11.88	\$435.62	40.9	\$485.88

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 04/30/06)

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	1,735	2,748	86,435	\$1,386,598.00	\$16.04	\$638.40	49.8	\$799.19
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MEP SERVICES	8,960	9,532	9,786	\$1,940,398.96	\$198.28	\$5.75	1.1	\$216.56
UNASSIGNED	9	0	0	\$630,847.35-	\$0.00	\$1.87-	.0	\$70,094.15-
* A L L C A T E G O R I E S *	320,814	1,269,748	5,107,766	\$200,082,919.62	\$39.17	\$593.21	15.9	\$623.67
			***	END OF REPORT	***			