

TITLE XIX REPORT OF EXPENDITURES  
(BY CATEGORY OF SERVICE)  
(MONTHLY TOTALS AS OF 01/31/06)

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	5,910	5,780	35,509	\$23,942,472.02	\$674.26	\$75.11	6.0	\$4,051.18
OUTPATIENT	43,478	59,514	416,039	\$12,851,560.31	\$30.89	\$40.32	9.6	\$295.59
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	451	456	6,215	\$1,761,130.74	\$283.37	\$5.53	13.8	\$3,904.95
INTERMEDIATE CARE FACILITY	14,379	13,313	389,256	\$36,384,917.37	\$93.47	\$114.15	27.1	\$2,530.42
INTER CARE MENTAL RETARDA	1,817	1,618	48,153	\$12,671,513.40	\$263.15	\$39.75	26.5	\$6,973.87
NURSING PAC FOR MENTAL ILL	36	64	1,941	\$526,479.34	\$271.24	\$3.47	53.9	\$14,624.43
HOME HEALTH	9,069	11,644	166,632	\$6,968,842.03	\$41.82	\$21.86	18.4	\$768.42
LEAD INSPECTION AGENCY	6	6	7	\$2,845.52	\$406.50	\$0.01	1.2	\$474.25
PHYSICIAN	98,024	196,691	258,414	\$12,876,085.47	\$49.83	\$40.40	2.6	\$131.36
CLINIC SERVICES	15,752	21,689	20,744	\$2,449,056.29	\$118.06	\$7.68	1.3	\$155.48
MEP CASE MANAGEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
LAB AND RADIOLOGICAL	7,567	9,525	20,338	\$3,113,311.78	\$15.15	\$0.97	2.7	\$40.72
REHAB SUPPORT SERVICES	2,550	3,386	58,185	\$3,108,201.00	\$53.51	\$9.77	22.8	\$1,220.86
AMBULANCE SERVICES	1,992	2,277	2,240	\$257,328.39	\$114.88	\$0.81	1.1	\$129.18
LOCAL EDUCATION AGENCY	953	2,321	216,612	\$1,922,760.42	\$8.88	\$6.03	227.3	\$2,017.59
EARLY ACCESS SERVICES	382	882	1,641	\$35,212.31	\$21.46	\$0.11	4.3	\$92.18
PRESCRIBED DRUGS	124,517	456,383	418,748	\$25,455,655.00	\$60.79	\$80.97	3.4	\$204.44
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	1,293	1,448	1,452	\$85,730.13	\$59.04	\$0.27	1.1	\$66.30
IOWA PLAN PROGRAM	257,303	282,236	282,236	\$8,020,429.31	\$28.42	\$25.16	1.1	\$31.17
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	11,688	13,616	13,606	\$848,364.10	\$62.35	\$4.77	1.2	\$72.58
HMO SERVICES	5,086	5,289	5,289	\$797,304.89	\$150.75	\$509.79	1.0	\$156.76
PATIENT MANAGEMENT	126,040	126,040	126,039	\$252,078.00	\$2.00	\$30.20	1.0	\$2.00
HEALTH INS PREMIUM PAYMENT	5,436	15,703	15,703	\$675,348.36	\$43.01	\$2.12	2.9	\$124.24
MEDICAL SUPPLIES	17,012	28,653	1,268,246	\$3,008,318.48	\$2.37	\$9.57	74.6	\$176.84
OTHER PRACTITIONER	10,170	25,544	36,819	\$1,101,627.32	\$29.92	\$3.46	3.6	\$108.32
FAMILY CENTERED PROGRAM	2,428	5,163	43,635	\$1,300,789.60	\$29.81	\$7.17	18.0	\$535.75
FAMILY PRESERVATION	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
TREATMENT POSTER FAMILY CARE	576	1,303	6,337	\$276,722.64	\$43.67	\$15.22	11.0	\$480.42
GROUP TREATMENT THERAPY	1,082	2,704	48,007	\$3,083,102.72	\$64.22	\$16.99	44.4	\$2,849.45
DENTAL	18,633	21,466	21,856	\$2,960,765.44	\$135.46	\$9.42	1.2	\$158.90
OPTOMETRIST	9,330	10,803	11,508	\$576,748.41	\$50.12	\$1.81	1.2	\$61.82
CHIROPRACTIC	6,541	11,752	15,101	\$369,830.79	\$24.49	\$1.18	2.3	\$56.54
PODIATRIC	3,510	4,513	5,663	\$166,121.75	\$29.33	\$0.52	1.6	\$47.33
PHYSICAL DISABILITIES SVCS	372	532	14,739	\$169,562.42	\$11.50	\$0.53	39.6	\$455.81
BRAIN INJ WAIVER SERVICES	544	1,102	29,087	\$727,442.39	\$25.01	\$2.28	53.5	\$1,337.21
PSYCHIATRIC	2,989	4,442	5,723	\$157,352.51	\$27.49	\$0.49	1.9	\$52.64
RESIDENTIAL CARE FACILITY	2,050	2,300	66,528	\$525,961.83	\$7.91	\$1.65	32.5	\$256.57
MR WAIVER SERVICE	8,295	14,856	536,621	\$20,629,572.28	\$38.44	\$2,372.03	64.7	\$2,486.99
CHILDRENS MENTAL HEALTH SVC	51	60	464	\$11,146.52	\$24.02	\$66.75	9.2	\$126.56
AIDS WAIVER SERVICES	31	44	2,731	\$28,221.71	\$10.33	\$688.33	88.1	\$910.38
ELDERLY WAIVER SERVICES	7,106	15,241	305,817	\$3,358,686.54	\$10.98	\$430.55	43.0	\$472.66

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 01/31/06)

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	1,596	2,442	77,731	\$1,224,915.93	\$15.76	\$577.52	48.7	\$767.49
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MEP SERVICES	8,576	10,018	10,892	\$2,594,361.04	\$238.19	\$8.14	1.3	\$302.51
UNASSIGNED	4	0	0	\$717,051.17-	\$0.00	\$2.25-	.0	\$179,262.79-
* A L L C A T E G O R I E S *	312,581	1,392,819	5,012,505	\$193,760,645.33	\$38.66	\$607.87	16.0	\$619.87

\*\*\* END OF REPORT \*\*\*