

TITLE XIX REPORT OF EXPENDITURES
(BY CATEGORY OF SERVICE)
(MONTHLY TOTALS AS OF 12/31/05)

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	5,122	5,027	31,764	\$20,913,745.02	\$658.21	\$65.34	6.2	\$4,083.12
OUTPATIENT	43,778	56,663	407,602	\$11,939,610.92	\$29.49	\$37.30	9.3	\$279.73
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	591	389	4,754	\$1,233,176.47	\$259.40	\$3.85	8.0	\$2,086.59
INTERMEDIATE CARE FACILITY	15,303	14,152	404,482	\$43,065,453.77	\$106.47	\$134.54	26.4	\$2,814.18
INTER CARE MENTAL RETARDA	2,184	2,342	68,578	\$18,719,583.97	\$272.97	\$58.48	31.4	\$8,571.24
NURSING PAC FOR MENTAL ILL	20	20	600	\$107,590.61	\$179.32	\$0.71	30.0	\$5,379.53
HOME HEALTH	8,448	10,603	145,965	\$6,245,445.84	\$42.79	\$19.51	17.3	\$739.28
LEAD INSPECTION AGENCY	12	15	15	\$5,229.15	\$348.61	\$0.02	1.3	\$435.76
PHYSICIAN	106,657	223,066	295,965	\$13,462,466.31	\$45.49	\$42.06	2.8	\$126.22
CLINIC SERVICES	15,944	22,151	22,873	\$2,012,455.44	\$87.98	\$6.29	1.4	\$126.22
MEP CASE MANAGEMENT	9	0	0	\$4,371.30	\$0.00	\$0.01	0.0	\$485.70
LAB AND RADIOLOGICAL	9,728	12,491	24,972	\$415,117.46	\$16.62	\$1.30	2.6	\$42.67
REHAB SUPPORT SERVICES	2,593	3,866	65,647	\$3,305,579.62	\$50.35	\$10.33	25.3	\$1,274.81
AMBULANCE SERVICES	1,972	2,265	2,217	\$259,592.12	\$117.09	\$0.81	1.1	\$131.64
LOCAL EDUCATION AGENCY	1,045	2,742	242,776	\$2,218,508.62	\$9.14	\$6.93	232.3	\$2,122.97
EARLY ACCESS SERVICES	677	2,485	4,364	\$98,751.71	\$22.63	\$0.31	6.4	\$145.87
PRESCRIBED DRUGS	140,717	689,339	641,648	\$39,005,674.66	\$60.79	\$123.55	4.6	\$277.19
DRUG CAPITATION	1	0	0	\$6.17	\$0.00	\$0.00	.0	\$6.17
INDIAN HEALTH SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
FAMILY PLANNING SERVICES	1,528	1,628	1,629	\$80,239.87	\$49.26	\$0.25	1.1	\$52.51
IOWA PLAN PROGRAM	256,460	279,953	279,953	\$8,100,689.45	\$28.94	\$25.31	1.1	\$31.59
MANAGED SUBSTANCE ABUSE	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MENTAL HEALTH ACCESS PLAN	1	0	0	\$477.49-	\$0.00	\$0.00	.0	\$477.49-
EPSDT SCREENING	12,884	14,681	14,679	\$925,270.75	\$63.03	\$5.17	1.1	\$71.82
HMO SERVICES	5,070	5,320	5,312	\$823,636.69	\$155.05	\$30.35	1.0	\$162.45
PATIENT MANAGEMENT	125,989	125,989	125,989	\$251,978.00	\$2.00	\$29.32	1.0	\$2.00
HEALTH INS PREMIUM PAYMENT	5,398	15,076	15,076	\$653,941.76	\$43.38	\$2.04	2.8	\$121.15
MEDICAL SUPPLIES	17,895	30,711	1,400,593	\$3,012,482.17	\$2.15	\$9.54	78.3	\$168.34
OTHER PRACTITIONER	12,298	46,600	64,791	\$1,643,862.56	\$25.37	\$5.14	5.3	\$133.67
FAMILY CENTERED PROGRAM	1,948	3,619	29,422	\$865,939.50	\$239.43	\$4.75	15.1	\$444.53
FAMILY PRESERVATION	1	1	1	\$2,755.62	\$2,755.62	\$0.02	1.0	\$2,755.62
TREATMENT FOSTER FAMILY CARE	437	826	3,795	\$164,411.29	\$43.32	\$0.90	8.7	\$376.23
GROUP TREATMENT THERAPY	824	1,543	28,309	\$1,829,767.43	\$64.64	\$10.03	34.4	\$2,220.59
DENTAL	21,766	26,038	26,572	\$3,449,176.13	\$129.80	\$10.93	1.2	\$158.47
OPTOMETRIST	11,311	13,230	14,491	\$666,030.00	\$45.96	\$2.08	1.3	\$58.88
CHIROPRACTIC	7,195	13,862	17,999	\$441,840.63	\$24.55	\$1.40	2.5	\$61.41
PODIATRIC	3,984	4,912	6,101	\$154,682.47	\$25.35	\$0.48	1.5	\$38.83
PHYSICAL DISABILITIES SVCS	366	495	13,721	\$172,585.02	\$12.58	\$0.54	37.5	\$471.54
BRAIN INJ WAIVER SERVICES	522	1,161	31,345	\$737,896.66	\$23.54	\$2.31	60.0	\$1,413.60
PSYCHIATRIC	3,315	5,605	7,376	\$209,516.47	\$28.41	\$0.65	2.2	\$63.20
RESIDENTIAL CARE FACILITY	2,012	1,966	54,984	\$407,371.46	\$7.41	\$1.27	27.3	\$202.47
MR WAIVER SERVICE	8,288	14,855	558,981	\$19,336,985.54	\$34.59	\$2,230.33	67.4	\$2,333.13
CHILDRENS MENTAL HEALTH SVC	24	29	293	\$4,164.74	\$19.55	\$0.01	8.9	\$173.53
AIDS WAIVER SERVICES	39	55	3,219	\$31,502.49	\$9.79	\$768.35	82.5	\$807.76
ELDERLY WAIVER SERVICES	7,230	17,077	333,801	\$3,504,774.62	\$10.50	\$450.25	46.2	\$484.74

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 12/31/05)

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	1,613	2,538	80,103	\$1,316,229.86	\$16.43	\$630.38	49.7	\$816.01
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MEP SERVICES	8,194	9,084	9,668	\$2,165,491.04	\$223.99	\$6.77	1.2	\$264.28
UNASSIGNED	8	1	0	\$2,905,191.87-	\$0.00	\$9.08-	.0	\$363,148.98-
* A L L C A T E G O R I E S *	314,897	1,684,471	5,492,345	\$211,059,912.02	\$38.43	\$659.37	17.4	\$670.25

*** END OF REPORT ***