

TITLE XIX REPORT OF EXPENDITURES
(BY CATEGORY OF SERVICE)
(MONTHLY TOTALS AS OF 10/31/05)

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	5,693	5,562	35,152	\$21,276,236.21	\$605.26	\$67.06	6.2	\$3,737.26
OUTPATIENT	46,596	64,397	441,355	\$13,256,827.78	\$30.04	\$41.78	9.5	\$284.51
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	294	328	5,646	\$1,269,306.40	\$224.82	\$4.00	19.2	\$4,317.37
INTERMEDIATE CARE FACILITY	13,229	13,840	396,130	\$33,848,230.32	\$85.45	\$106.68	29.9	\$2,558.64
INTER CARE MENTAL RETARDA	1,911	1,932	52,373	\$16,663,053.74	\$318.16	\$52.52	27.4	\$8,719.55
NURSING PAC FOR MENTAL ILL	32	31	916	\$202,357.41	\$220.91	\$1.34	28.6	\$6,323.67
HOME HEALTH	9,282	12,637	208,508	\$7,587,427.69	\$36.39	\$23.91	22.5	\$817.43
LEAD INSPECTION AGENCY	17	18	19	\$6,701.52	\$352.71	\$0.02	1.1	\$394.21
PHYSICIAN	106,461	218,889	292,006	\$13,760,731.56	\$47.12	\$43.37	2.7	\$129.26
CLINIC SERVICES	13,129	17,828	19,026	\$3,053,749.99	\$160.50	\$9.62	1.4	\$232.60
MEP CASE MANAGEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
LAB AND RADIOLOGICAL	11,569	14,331	26,357	\$441,469.22	\$16.75	\$1.39	2.3	\$38.16
REHAB SUPPORT SERVICES	2,362	3,447	63,698	\$3,044,775.07	\$47.17	\$9.47	27.0	\$1,272.13
AMBULANCE SERVICES	1,782	2,036	1,979	\$161,952.05	\$81.84	\$0.51	1.1	\$90.88
LOCAL EDUCATION AGENCY	788	2,580	211,562	\$1,474,065.03	\$6.97	\$4.65	268.5	\$1,870.64
EARLY ACCESS SERVICES	2,066	974	22,057	\$228,450.71	\$10.36	\$0.72	10.7	\$110.58
PRESCRIBED DRUGS	135,574	626,175	580,451	\$34,566,574.25	\$59.55	\$110.47	4.3	\$254.96
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	1,324	1,573	1,577	\$73,933.15	\$46.88	\$0.23	1.2	\$55.84
IOWA PLAN PROGRAM	255,774	281,365	281,365	\$8,081,764.68	\$28.72	\$25.47	1.1	\$31.60
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	15,512	17,624	17,611	\$1,024,612.37	\$58.18	\$5.78	1.1	\$66.05
HMO SERVICES	5,033	5,233	5,231	\$783,993.03	\$149.87	\$480.68	1.0	\$155.77
PATIENT MANAGEMENT	124,421	124,421	124,421	\$248,842.00	\$2.00	\$28.06	1.0	\$2.00
HEALTH INS PREMIUM PAYMENT	5,418	13,508	13,508	\$593,968.42	\$43.97	\$1.87	2.5	\$109.63
MEDICAL SUPPLIES	16,052	27,615	1,272,602	\$2,857,628.39	\$2.25	\$9.13	79.3	\$178.02
OTHER PRACTITIONER	8,644	18,217	41,872	\$1,143,241.08	\$27.30	\$3.60	4.8	\$132.26
FAMILY CENTERED PROGRAM	2,156	3,867	32,086	\$983,645.24	\$30.66	\$5.45	14.9	\$456.24
FAMILY PRESERVATION	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
TREATMENT FOSTER FAMILY CARE	497	976	4,679	\$203,544.54	\$43.50	\$1.13	9.4	\$409.55
GROUP TREATMENT THERAPY	926	1,739	31,469	\$2,017,722.32	\$64.12	\$11.17	34.0	\$2,178.97
DENTAL	23,265	27,632	28,252	\$3,558,788.51	\$125.97	\$11.37	1.2	\$152.97
OPTOMETRIST	11,060	12,647	13,462	\$672,264.82	\$49.94	\$2.12	1.2	\$60.78
CHIROPRACTIC	7,337	13,934	18,088	\$450,443.26	\$24.90	\$1.44	2.5	\$61.39
PODIATRIC	3,789	4,393	5,311	\$150,472.95	\$28.33	\$0.47	1.4	\$39.71
PHYSICAL DISABILITIES SVCS	347	581	15,863	\$196,923.61	\$12.41	\$0.62	45.7	\$567.50
BRAIN INJ WAIVER SERVICES	504	1,278	36,817	\$965,010.50	\$26.21	\$3.04	73.0	\$1,914.70
PSYCHIATRY	3,107	4,820	6,176	\$192,164.74	\$31.11	\$0.61	2.0	\$61.85
RESIDENTIAL CARE FACILITY	1,986	2,118	60,922	\$444,333.86	\$7.29	\$1.40	30.7	\$223.73
MR WAIVER SERVICE	8,220	15,056	592,046	\$21,509,321.28	\$36.33	\$2,485.76	72.0	\$2,616.71
CHILDRENS MENTAL HEALTH SVC	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
AIDS WAIVER SERVICES	33	62	3,498	\$30,610.75	\$8.75	\$765.27	106.0	\$927.60
ELDERLY WAIVER SERVICES	6,933	16,698	347,985	\$3,882,459.58	\$11.16	\$509.24	50.2	\$560.00

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
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(MONTHLY TOTALS AS OF 10/31/05)

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ILL & HANDICAPPED WAIVER SVCS	1,494	2,582	81,868	\$1,271,339.77	\$15.53	\$645.35	54.8	\$850.96
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MEP SERVICES	8,617	11,002	12,550	\$2,841,469.90	\$226.41	\$8.96	1.5	\$329.75
UNASSIGNED	16	0	0	\$678,584.43	\$0.00	\$2.14	.0	\$42,411.53
* A L L C A T E G O R I E S *	312,929	1,593,946	5,362,380	\$205,202,090.71	\$38.27	\$646.75	17.1	\$655.75

*** END OF REPORT ***