

TITLE XIX REPORT OF EXPENDITURES
(BY CATEGORY OF SERVICE)
(MONTHLY TOTALS AS OF 09/30/05)

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	6,529	6,539	39,079	\$24,801,454.33	\$374.65	\$78.64	6.0	\$3,798.66
OUTPATIENT	52,263	74,485	490,358	\$14,879,906.04	\$284.34	\$47.18	9.4	\$284.71
CHILD DAY 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 DAY HOSP	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
ADULT DAY TREATMENT	1	1	3	\$44.91	\$14.97	\$0.00	3.0	\$44.91
SKILLED NURSING FACILITY	428	490	6,655	\$1,518,869.79	\$228.23	\$4.82	15.5	\$3,548.76
INTERMEDIATE CARE FACILITY	13,394	14,353	420,552	\$33,954,332.67	\$80.74	\$107.67	31.4	\$2,535.04
INTER CARE MENTAL RETARDA	2,168	2,204	66,887	\$20,486,567.48	\$306.29	\$64.96	30.9	\$9,449.52
NURSING PAC FOR MENTAL ILL	34	41	1,188	\$274,258.59	\$230.86	\$1.90	34.9	\$8,066.43
HOME HEALTH	8,221	10,962	184,710	\$7,049,786.62	\$38.17	\$22.35	22.5	\$857.53
LEAD INSPECTION AGENCY	8	8	8	\$2,845.52	\$355.69	\$0.01	1.0	\$355.69
PHYSICIAN	116,877	261,339	351,976	\$18,005,181.35	\$51.15	\$57.09	3.0	\$154.05
CLINIC SERVICES	17,545	25,630	25,308	\$3,207,504.84	\$126.74	\$10.17	1.4	\$182.82
MEP CASE MANAGEMENT	1	0	0	\$1,257.05	\$0.00	\$0.00	.0	\$1,257.05
LAB AND RADIOLOGICAL	8,766	11,346	23,323	\$345,403.65	\$14.81	\$1.10	2.7	\$39.40
REHAB SUPPORT SERVICES	2,529	4,102	73,796	\$3,476,939.35	\$47.12	\$11.03	29.2	\$1,374.83
AMBULANCE SERVICES	3,147	3,859	3,909	\$435,676.58	\$111.45	\$1.38	1.2	\$138.44
LOCAL EDUCATION AGENCY	459	1,608	138,593	\$1,212,581.50	\$8.75	\$3.85	301.9	\$2,641.79
EARLY ACCESS SERVICES	250	932	1,856	\$34,513.14	\$18.60	\$0.11	7.4	\$138.05
PRESCRIBED DRUGS	140,872	720,369	668,377	\$40,273,686.32	\$60.26	\$129.51	4.7	\$285.89
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	1,800	2,195	2,205	\$103,764.80	\$47.06	\$0.33	1.2	\$57.65
IOWA PLAN PROGRAM	254,163	280,401	280,401	\$8,085,578.67	\$28.84	\$25.64	1.1	\$31.81
MANAGED SUBSTANCE ABUSE	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MENTAL HEALTH ACCESS PLAN	1	0	0	\$135.00-	\$0.00	\$0.00	.0	\$135.00
EPSDT SCREENING	16,091	18,244	18,214	\$1,371,574.74	\$75.30	\$7.61	1.1	\$85.24
HMO SERVICES	5,886	5,241	5,241	\$870,981.67	\$166.19	\$335.33	.9	\$147.98
PATIENT MANAGEMENT	124,378	124,725	124,725	\$249,450.00	\$2.00	\$28.78	1.0	\$2.00
HEALTH INS PREMIUM PAYMENT	5,493	3,873	13,973	\$603,767.84	\$43.52	\$1.91	2.5	\$109.92
MEDICAL SUPPLIES	18,940	36,886	1,610,093	\$3,623,468.38	\$2.25	\$11.65	85.1	\$191.31
OTHER PRACTITIONER	7,900	12,315	38,742	\$1,291,847.67	\$33.34	\$4.10	4.9	\$163.53
FAMILY CENTERED PROGRAM	2,494	5,018	43,534	\$1,293,136.11	\$29.70	\$7.04	17.5	\$518.50
FAMILY PRESERVATION	1	1	1	\$2,675.36	\$2,675.36	\$0.01	1.0	\$2,675.36
TREATMENT POSTER FAMILY CARE	568	1,175	5,681	\$243,985.65	\$42.95	\$1.33	10.0	\$429.55
GROUP TREATMENT THERAPY	1,117	2,566	46,315	\$2,968,343.87	\$64.09	\$16.16	41.5	\$2,657.43
DENTAL	25,050	30,193	30,678	\$3,803,091.81	\$123.97	\$12.23	1.2	\$151.82
OPTOMETRIST	12,997	15,104	16,047	\$794,553.00	\$49.51	\$2.52	1.2	\$61.13
CHIROPRACTIC	8,004	15,986	20,718	\$152,672.98	\$24.75	\$1.65	2.6	\$64.05
PODIATRIC	4,916	6,203	7,614	\$244,678.06	\$32.14	\$0.78	1.5	\$49.77
PHYSICAL DISABILITIES SVCS	332	508	11,504	\$152,113.47	\$13.22	\$0.48	34.7	\$458.17
BRAIN INJ WAIVER SERVICES	471	1,088	30,856	\$812,557.54	\$26.33	\$2.58	65.5	\$1,725.18
PSYCHIATRIC	3,204	5,432	6,746	\$127,120.04	\$32.19	\$0.69	2.1	\$67.77
RESIDENTIAL CARE FACILITY	2,089	2,286	67,148	\$537,465.70	\$8.00	\$1.70	32.1	\$257.28
MR WAIVER SERVICE	8,054	14,789	683,172	\$20,020,130.80	\$29.30	\$2,320.91	84.8	\$2,485.74
MR OBRA WAIVER SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
AIDS WAIVER SERVICES	34	67	3,516	\$28,847.41	\$8.20	\$739.68	103.4	\$848.45
ELDERLY WAIVER SERVICES	6,671	17,483	321,792	\$3,424,543.62	\$10.64	\$456.12	48.2	\$513.33

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 09/30/05)

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
ILL & HANDICAPPED WAIVER SVCS	1,527	2,532	80,653	\$1,258,243.55	\$15.60	\$644.26	52.8	\$824.00
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MEP SERVICES	7,811	8,888	9,185	\$2,048,483.96	\$223.02	\$6.50	1.2	\$262.26
UNASSIGNED	14	0	0	\$188,680.15-	\$0.00	\$0.60-	.0	\$13,477.15-
* A L L C A T E G O R I E S *	314,177	1,761,467	5,976,132	\$224,335,071.28	\$37.54	\$711.35	19.0	\$714.04

*** END OF REPORT ***