

TITLE XIX REPORT OF EXPENDITURES
(BY CATEGORY OF SERVICE)
(MONTHLY TOTALS AS OF 07/31/05)

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	3,559	3,625	23,313	\$15,969,003.99	\$684.98	\$52.33	6.6	\$4,486.94
OUTPATIENT	33,566	44,905	252,832	\$9,295,176.77	\$36.76	\$30.46	7.5	\$276.92
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	1	3	149	\$1,784.08	\$11.97	\$0.01	149.0	\$1,784.08
SKILLED NURSING FACILITY	200	213	3,913	\$733,157.33	\$187.36	\$2.40	19.6	\$3,665.79
INTERMEDIATE CARE FACILITY	12,110	12,591	367,678	\$29,870,969.52	\$81.24	\$97.88	30.4	\$2,466.64
INTER CARE MENTAL RETARDA	1,496	1,497	43,855	\$10,806,834.53	\$246.42	\$35.41	29.3	\$7,223.82
NURSING PAC FOR MENTAL ILL	18	18	540	\$96,905.81	\$179.46	\$0.70	30.0	\$5,383.66
HOME HEALTH	3,279	3,634	37,436	\$1,440,213.69	\$38.47	\$4.72	11.4	\$399.22
LEAD INSPECTION AGENCY	1	1	1	\$355.69	\$355.69	\$0.00	1.0	\$355.69
PHYSICIAN	66,517	129,938	179,834	\$7,292,948.55	\$40.85	\$23.90	2.7	\$109.64
CLINIC SERVICES	5,809	6,992	7,203	\$843,776.10	\$117.14	\$2.76	1.2	\$145.25
MEP CASE MANAGEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
LAB AND RADIOLOGICAL	3,698	4,658	9,897	\$154,099.02	\$15.57	\$0.50	2.7	\$41.67
REHAB SUPPORT SERVICES	1,481	1,664	32,441	\$1,494,559.82	\$46.07	\$4.90	21.9	\$1,009.09
AMBULANCE SERVICES	860	1,040	1,031	\$84,427.93	\$81.89	\$0.28	1.2	\$98.17
LOCAL EDUCATION AGENCY	344	929	117,939	\$929,731.25	\$7.88	\$3.05	342.8	\$2,702.71
EARLY ACCESS SERVICES	2,102	17,360	25,640	\$304,866.65	\$11.89	\$1.00	12.2	\$145.04
PRESCRIBED DRUGS	117,519	515,401	480,535	\$30,124,535.97	\$62.69	\$100.15	4.1	\$256.34
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	632	693	696	\$34,712.16	\$49.87	\$0.11	1.1	\$54.92
IOWA PLAN PROGRAM	253,601	276,671	276,671	\$8,004,879.67	\$28.93	\$26.23	1.1	\$31.56
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	3,840	4,121	4,122	\$511,177.07	\$124.01	\$2.89	1.1	\$133.12
HMO SERVICES	4,999	5,194	5,194	\$764,008.56	\$147.09	\$461.64	1.0	\$152.83
PATIENT MANAGEMENT	125,147	125,147	125,147	\$250,294.00	\$2.00	\$30.73	1.0	\$2.00
HEALTH INS PREMIUM PAYMENT	5,560	13,685	13,685	\$623,420.28	\$45.56	\$2.04	2.5	\$112.13
MEDICAL SUPPLIES	8,230	11,944	466,175	\$903,764.03	\$1.94	\$3.00	56.6	\$109.81
OTHER PRACTITIONER	3,676	9,800	16,880	\$501,458.42	\$29.71	\$1.64	4.6	\$136.41
FAMILY CENTERED PROGRAM	2,593	5,608	48,996	\$1,448,462.55	\$29.56	\$8.03	18.9	\$558.60
FAMILY PRESERVATION	2	2	2	\$5,035.68	\$2,517.84	\$0.03	1.0	\$2,517.84
TREATMENT POSTER FAMILY CARE	615	1,337	6,748	\$285,457.33	\$42.30	\$1.58	11.0	\$464.16
GROUP TREATMENT THERAPY	1,070	2,342	42,070	\$2,567,378.57	\$61.03	\$14.24	39.3	\$2,399.42
DENTAL	7,886	8,756	8,845	\$1,079,589.55	\$122.06	\$3.59	1.1	\$136.90
OPTOMETRIST	4,725	5,231	5,622	\$259,738.71	\$46.20	\$0.85	1.2	\$54.97
CHIROPRACTIC	3,525	5,542	6,968	\$142,135.04	\$20.40	\$0.47	2.0	\$40.32
PODIATRIC	2,588	2,949	3,734	\$97,193.69	\$26.03	\$0.32	1.4	\$37.56
PHYSICAL DISABILITIES SVCS	287	363	12,519	\$147,735.73	\$11.80	\$0.48	43.6	\$514.76
BRAIN INJ WAIVER SERVICES	399	654	20,367	\$525,520.90	\$25.80	\$1.72	51.0	\$1,317.09
PSYCHIATRIC	2,782	4,125	4,881	\$145,841.44	\$29.88	\$0.48	1.8	\$52.42
RESIDENTIAL CARE FACILITY	1,714	1,728	49,956	\$365,162.06	\$7.31	\$1.20	29.1	\$213.05
MR WAIVER SERVICE	6,540	9,843	361,368	\$14,015,338.47	\$38.78	\$1,642.87	55.3	\$2,143.02
MR OBRA WAIVER SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
ADLS WAIVER SERVICES	30	35	2,572	\$24,712.72	\$9.61	\$617.82	85.7	\$823.76
ELDERLY WAIVER SERVICES	5,179	7,969	199,054	\$2,203,116.33	\$11.07	\$298.97	38.4	\$425.33

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 07/31/05)

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	1,171	1,580	53,969	\$815,910.92	\$15.12	\$415.86	46.1	\$696.76
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MEP SERVICES	5,409	5,616	5,718	\$1,216,315.18	\$212.72	\$3.99	1.1	\$224.87
UNASSIGNED	2	0	0	\$628,064.58	\$0.00	\$2.06	.0	\$314,032.29
* A L L C A T E G O R I E S *	300,102	1,255,405	3,326,196	\$147,009,670.34	\$44.20	\$481.73	11.1	\$489.87

*** END OF REPORT ***