

TITLE XIX REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE)

(MONTHLY TOTALS AS OF 10/31/08)

***** AVERAGES *****

CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE	TOTAL PAYMENT	AVERAGES			COST PER RECIPIENT SERVED
					COST PER UNIT OF SERVICE	PER ELIGIBLE RECIPIENT	PER RECIPIENT SERVED	
INPATIENT	6,200	6,266	36,429	\$25,453,160.60	\$698.71	\$65.64	5.9	\$4,105.31
OUTPATIENT	56,622	83,571	820,936	\$16,129,647.35	\$19.65	\$41.60	14.5	\$284.87
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	753	866	13,275	\$2,787,165.57	\$209.96	\$7.19	17.6	\$3,701.42
INTERMEDIATE CARE FACILITY	12,559	12,978	367,236	\$36,365,944.22	\$99.03	\$93.78	29.2	\$2,895.61
INTER CARE MENTAL RETARDA	2,128	2,127	62,489	\$25,707,492.88	\$411.39	\$66.30	29.4	\$12,080.59
NURSING FAC FOR MENTAL ILL	29	34	1,010	\$320,116.05	\$316.95	\$1.60	34.8	\$11,038.48
HOME HEALTH	10,797	13,635	262,384	\$7,715,109.11	\$29.40	\$19.90	24.3	\$714.56
LEAD INSPECTION AGENCY	6	7	7	\$2,660.30	\$380.04	\$0.01	1.2	\$443.38
PHYSICIAN	110,254	233,776	319,471	\$15,495,038.95	\$48.50	\$39.96	2.9	\$140.54
CLINIC SERVICES	20,129	31,794	30,835	\$3,927,840.39	\$127.38	\$10.13	1.5	\$195.13
MEP CASE MANAGEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
LAB AND RADIOLOGICAL	12,569	17,765	26,788	\$486,236.66	\$18.15	\$1.25	2.1	\$38.69
HABILITATION SERVICES	2,573	4,553	72,409	\$3,521,780.27	\$48.64	\$9.08	28.1	\$1,368.74
REMEDIAL SERVICES	7,031	8,834	459,682	\$5,897,046.81	\$12.83	\$1.21	65.4	\$838.72
REHAB SUPPORT SERVICES	336	0	345	\$72,377.52	\$209.79	\$0.19	1.0	\$215.41
AMBULANCE SERVICES	2,298	2,653	2,617	\$306,203.52	\$117.01	\$0.79	1.1	\$133.25
LOCAL EDUCATION AGENCY	755	965	120,934	\$877,012.04	\$7.25	\$2.26	160.2	\$1,161.61
EARLY ACCESS SERVICES	309	942	1,787	\$38,588.35	\$21.59	\$0.10	5.8	\$124.88
PRESCRIPTION DRUGS	114,057	334,483	301,013	\$18,878,378.94	\$62.72	\$49.20	2.6	\$165.52
DRUG CAPITATION	1	0	0	\$112.42	\$0.00	\$0.00	.0	\$112.42
INDIAN HEALTH SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
FAMILY PLANNING SERVICES	7,808	9,089	9,164	\$886,081.68	\$96.69	\$2.29	1.2	\$113.48
IOWA PLAN PROGRAM	283,622	305,964	305,964	\$9,408,884.75	\$30.75	\$24.26	1.1	\$33.17
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	10,060	11,345	11,335	\$1,069,986.74	\$94.40	\$5.13	1.1	\$106.36
HMO SERVICES	5,506	4,737	4,737	\$724,389.16	\$152.92	\$436.38	.9	\$131.56
PACE SERVICES	0	10	10	\$29,408.00	\$2,940.80	\$0.08	.0	\$0.00
PATIENT MANAGEMENT	137,074	137,074	137,074	\$274,148.00	\$2.00	\$29.32	1.0	\$2.00
HEALTH INS PREMIUM PAYMENT	4,151	10,542	10,542	\$572,195.61	\$54.28	\$1.48	2.5	\$137.85
MEDICAL SUPPLIES	21,561	37,146	1,596,177	\$3,653,810.06	\$2.29	\$9.52	74.0	\$169.46
OTHER PRACTITIONER	12,228	23,875	46,179	\$1,604,616.67	\$34.75	\$4.14	3.8	\$131.22
FAMILY CENTERED PROGRAM	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
FAMILY PRESERVATION	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
TREATMENT FOSTER FAMILY CARE	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
GROUP TREATMENT THERAPY	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
DENTAL	23,348	28,458	28,760	\$3,978,427.51	\$138.33	\$10.37	1.2	\$170.40
OPTOMETRIST	11,071	13,068	14,009	\$773,167.75	\$55.19	\$1.99	1.3	\$69.84
CHIROPRACTIC	7,997	14,786	17,951	\$433,463.97	\$24.15	\$1.13	2.2	\$54.20
PODIATRIC	4,296	5,219	6,658	\$195,703.74	\$29.39	\$0.50	1.5	\$45.55
PHYSICAL DISABILITIES SVCS	603	842	25,955	\$330,134.12	\$12.72	\$0.85	43.0	\$547.49
BRAIN INJ WAIVER SERVICES	1,035	2,317	61,371	\$1,729,371.73	\$28.18	\$4.46	59.3	\$1,670.89
PSYCHIATRIC	3,482	5,393	6,146	\$247,082.20	\$40.20	\$0.64	1.8	\$70.96
RESIDENTIAL CARE FACILITY	1,698	1,803	51,116	\$374,805.32	\$7.33	\$0.97	30.1	\$220.73
MR WAIVER SERVICE	9,637	18,149	623,383	\$25,767,264.99	\$41.33	\$2,533.65	64.7	\$2,673.78

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 10/31/08)

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
CHILDRENS MENTAL HEALTH SVC	446	628	19,273	\$388,619.62	\$20.16	\$636.04	43.2	\$871.34
AIDS WAIVER SERVICES	43	84	3,716	\$41,508.51	\$11.17	\$902.36	86.4	\$965.31
ELDERLY WAIVER SERVICES	9,495	27,835	444,898	\$5,782,031.50	\$13.00	\$588.38	46.9	\$608.96
ILL & HANDICAPPED WAIVER SVCS	1,940	3,048	96,071	\$1,600,503.89	\$16.66	\$652.73	49.5	\$825.00
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MEP SERVICES	10,134	10,936	11,094	\$2,935,212.44	\$264.58	\$7.57	1.1	\$289.64
UNASSIGNED	31	0	0	\$4,294,341.04-	\$0.00	\$11.07-	.0	\$138,527.13-
* A L L C A T E G O R I E S *	345,698	1,427,597	6,430,540	\$222,488,164.03	\$34.60	\$573.77	18.6	\$643.59

*** END OF REPORT ***