



Division of Medical Services

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November 10, 2009

Senator Hank Wilkins, IV, Chair
Representative Allen Maxwell, Chair
Arkansas Legislative Council
State Capitol Building
Little Rock, AR 72201

Dear Senator Wilkins and Representative Maxwell,

Attached is the report of Medicaid In-State and Out-of-State Inpatient Psychiatric Placements as required by A.C.A. Section 20-46-105. This report includes data for claims paid in October 2009 and includes state fiscal year-to-date paid claims data for July through October 2009. Also attached are amended reports for claims paid in August and September 2009. These two reports are included to amend a reporting system error in data regarding unduplicated recipients and expenditures outside Arkansas.

If you have any questions regarding the attached report, please contact Marilyn Strickland, Assistant Director, at 682-8330.

Sincerely,

A handwritten signature in black ink, appearing to read "Roy Jeffus".

Roy Jeffus,
Director

www.arkansas.gov/dhs

Serving more than one million Arkansans each year

**Number of Medicaid Recipients
With In-State and Out-of-State Inpatient Psychiatric Placements**

Medicaid Totals For Paid Dates 8/01/2009 - 8/31/2009

In-state:

Facility Type	Expenditures	F - Female	M - Male	Total
		Unduplicated Recipient Count	Unduplicated Recipient Count	
*Inpatient Psychiatric Program	-\$1,961.98	1		1
**Residential Program	\$8,752,843.58	395	758	1,153
Monthly In-State Total:	\$8,750,881.60	396	758	1,154

	Expenditures	Unduplicated Recipient Count
In-State YTD Total:	\$20,057,651.71	2,026

Outside Arkansas:

Facility Type	Expenditures	F - Female	M - Male	Total
		Unduplicated Recipient Count	Unduplicated Recipient Count	
*Inpatient Psychiatric Program	\$8,434.00		3	3
**Residential Program	\$1,759,822.09	65	165	230
Sexual Offender Program	\$39,128.00		5	5
Monthly Outside AR Total:	\$1,807,384.09	65	173	238 ***

	Expenditures	Unduplicated Recipient Count
Outside AR YTD Total:	\$3,940,514.09	282

Number Outside Arkansas within Medicaid's fifty (50) mile trade area: Monthly: 235

YTD: 281

Number Outside Arkansas beyond Medicaid's fifty (50) mile trade area: Monthly: 1

YTD: 1

*This represents recipients for whom only acute inpatient psych claims were billed.

**This represents recipients for whom residential inpatient psych claims were billed, which may include recipients who received both acute and residential services.

***Monthly Outside AR Total may include duplicated recipients due to multiple admissions to different Facility Types.

**Number of Medicaid Recipients
With In-State and Out-of-State Inpatient Psychiatric Placements**

Medicaid Totals For Paid Dates 9/01/2009 - 9/30/2009

In-state:

Facility Type	Expenditures	F - Female	M - Male	Total
		Unduplicated Recipient Count	Unduplicated Recipient Count	
*Inpatient Psychiatric Program	\$2,832,634.00	54	93	147
**Residential Program	\$5,584,442.02	436	746	1,182
Monthly In-State Total:	\$8,417,076.02	490	839	1,329

Expenditures	Unduplicated Recipient Count
In-State YTD Total: \$28,474,727.73	2,338

Outside Arkansas:

Facility Type	Expenditures	F - Female	M - Male	Total
		Unduplicated Recipient Count	Unduplicated Recipient Count	
*Inpatient Psychiatric Program	\$4,650.00	1		1
**Residential Program	\$1,538,558.18	61	150	211
Sexual Offender Program	\$30,016.00		4	4
Monthly Outside AR Total:	\$1,573,224.18	62	154	216 ***

Expenditures	Unduplicated Recipient Count
Outside AR YTD Total: \$5,513,738.27	325

Number Outside Arkansas within Medicaid's fifty (50) mile trade area: Monthly: 211

YTD: 323

Number Outside Arkansas beyond Medicaid's fifty (50) mile trade area: Monthly: 2

YTD: 2

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Number of Medicaid Recipients With In-State and Out-of-State Inpatient Psychiatric Placements

Medicaid Totals For Paid Dates 10/01/2009 - 10/31/2009

In-state:

Facility Type	Expenditures	F - Female	M - Male	Total
		Unduplicated Recipient Count	Unduplicated Recipient Count	
*Inpatient Psychiatric Program	-\$8,810.00	2	3	5
**Residential Program	\$10,903,402.07	511	859	1,370
Monthly In-State Total:	\$10,894,592.07	513	862	1,375

	Expenditures	Unduplicated Recipient Count
In-State YTD Total:	\$39,369,319.80	2,801

Outside Arkansas:

Facility Type	Expenditures	F - Female	M - Male	Total
		Unduplicated Recipient Count	Unduplicated Recipient Count	
*Inpatient Psychiatric Program	\$33,306.99	2	4	6
**Residential Program	\$2,241,169.75	68	165	233
Sexual Offender Program	\$33,500.00		4	4
Monthly Outside AR Total:	\$2,307,976.74	70	173	243 ***

	Expenditures	Unduplicated Recipient Count
Outside AR YTD Total:	\$7,821,715.01	382

Number Outside Arkansas within Medicaid's fifty (50) mile trade area: Monthly: 240

YTD: 380

Number Outside Arkansas beyond Medicaid's fifty (50) mile trade area: Monthly: 2

YTD: 2

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***Monthly Outside AR Total may include duplicated recipients due to multiple admissions to different Facility Types.