



## Division of Medical Services

Medicaid Director's Office

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September 10, 2013

Representative John Charles Edwards, House Co-Chair  
Senator Bill Sample, Senate Vice Co-Chair

Arkansas Legislative Council  
State Capitol Building  
Little Rock, AR 72201

Dear Representative Edwards and Senator Sample:

Attached are the reports of Medicaid In-State and Out-Of-State Inpatient Psychiatric Placements as required by A.C.A. Section 20-46-105. The report includes data for claims paid in August 2013 and includes state fiscal year-to-date paid claims data from July 1 to August 31, 2013.

If you have any questions regarding the attached report, please contact Marilyn Strickland, Chief Operating Officer, at 682-8330.

Sincerely,

A handwritten signature in blue ink that reads "Andrew Allison".

Andrew Allison, PhD  
Director

AA/DW/jmoore

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

**Medicaid Totals For Paid Dates 08/01/2013 – 08/31/2013**

**In-state:**

Facility Type	Expenditures	F - Female	M - Male	Total
		Unduplicated Recipient Count	Unduplicated Recipient Count	
*Inpatient Psychiatric Program	\$549,693.00	64	79	143
**Residential Program	\$11,590,053.08	577	877	1,454
Monthly In-State Total:	\$12,139,746.08	641	956	1,597

Expenditures	Unduplicated Recipient Count
In-State YTD Total: \$22,281,521.40	1,822

**Outside Arkansas:**

Facility Type	Expenditures	F - Female	M - Male	Total
		Unduplicated Recipient Count	Unduplicated Recipient Count	
*Inpatient Psychiatric Program	\$1,327,972.00	21	63	84
**Residential Program	\$885,526.05	79	227	306
Sexual Offender Program	\$19,296.00	0	3	3
Monthly Outside AR Total:	\$2,232,794.05	100	293	393***

Expenditures	Unduplicated Recipient Count
Outside AR YTD Total: \$4,199,846.65	333

Number Outside Arkansas within Medicaid's fifty (50) mile trade area: Monthly: 287

YTD: 331

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

YTD: 2

\*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.