



## Division of Medical Services

Medicaid Director's Office

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August 10, 2013

Representative John Charles Edwards, Co-Chair  
Senator Paul Bookout, Co-Chair

Arkansas Legislative Council  
State Capitol Building  
Little Rock, AR 72201

Dear Representative Edwards and Senator Bookout:

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 July 2013 and includes state fiscal year-to-date paid claims data from July 1 to July 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 07/01/2013 – 07/31/2013**

**In-state:**

Facility Type	Expenditures	F - Female	M - Male	Total
		Unduplicated Recipient Count	Unduplicated Recipient Count	
*Inpatient Psychiatric Program	\$0.00	0	0	0
**Residential Program	\$10,141,775.32	531	835	1,366
Monthly In-State Total:	\$10,141,775.32	531	835	1,366

	Expenditures	Unduplicated Recipient Count
In-State YTD Total:	\$10,141,775.32	1,328

**Outside Arkansas:**

Facility Type	Expenditures	F - Female	M - Male	Total
		Unduplicated Recipient Count	Unduplicated Recipient Count	
*Inpatient Psychiatric Program	\$0.00	0	0	0
**Residential Program	\$1,940,788.60	58	168	226
Sexual Offender Program	\$26,264.00	0	3	3
Monthly Outside AR Total:	\$1,967,052.60	58	171	229***

	Expenditures	Unduplicated Recipient Count
Outside AR YTD Total:	\$1,967,052.60	227

**Number Outside Arkansas within Medicaid's fifty (50) mile trade area: Monthly: 226**

**YTD: 226**

**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.