

Division of Medical Services

Medicaid Director's Office



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November 07, 2013

Representative John Charles Edwards, House Co-Chair Senator Bill Sample, Senate 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 October 2013 and includes state fiscal year-to-date paid claims data from July 1 to October 31, 2013.

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

Sincerely,

Andrew Allison, PhD Director

AA/DW/paw

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

Medicaid Totals For Paid Dates - 10/01/2013 - 10/31/2013

In-state:

| | | F - Female | M - Male | |
|--------------------------------|-----------------|---------------------------------|---------------------------------|-------|
| Facility Type | Expenditures | Unduplicated Recipient Count | Unduplicated Recipient Count | Total |
| *Inpatient Psychiatric Program | \$2,900.00 | 0 | 1 | 1 |
| **Residential Program | \$12,378,546.87 | 627 | 949 | 1,576 |
| Monthly In-State Total: | \$12,381,446.87 | 627 | 950 | 1,577 |

| | Expenditures | Unduplicated Recipient Count |
|---------------------|-----------------|---------------------------------|
| In-State YTD Total: | \$44,210,162.07 | 2,786 |

Outside Arkansas:

| | | F - Female | M - Male | | |
|--------------------------------|----------------|---------------------------------|---------------------------------|-------|----|
| Facility Type | Expenditures | Unduplicated Recipient Count | Unduplicated Recipient Count | Total | |
| *Inpatient Psychiatric Program | \$0.00 | 0 | 0 | 0 | |
| **Residential Program | \$2,146,044.78 | 60 | 167 | 227 | |
| Sexual Offender Program | \$20,636.00 | 0 | 2 | 2 | |
| Monthly Outside AR Total: | \$2,166,680.78 | 60 | 169 | 229 | ** |

| | Expenditures | Unduplicated Recipient Count |
|-----------------------|----------------|---------------------------------|
| Outside AR YTD Total: | \$8,262,017.43 | 396 |

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

YTD: 394

Monthly: 225

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

YTD: 2

Monthly: 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.