

Division of Medical Services

Medicaid Director's Office

P.O. Box 1437, Slot S401 · Little Rock, AR 72203-1437 501-682-8292 · Fax: 501-682-1197



February 7, 2014

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 January 2014 and includes state fiscal year-to-date paid claims data from July 1 to January 31, 2014.

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 01/01/2014 - 01/31/2014

In-state:

		F - Female	M - Male	
Facility Type	Expenditures	Unduplicated Recipient Count	Unduplicated Recipient Count	Total
*Inpatient Psychiatric Program	0	0	0	0
**Residential Program	\$11,068,499.97	517	805	1,322
Monthly In-State Total:	\$11,068,499.97	517	805	1,322

	Expenditures	Unduplicated Recipient Count
In-State YTD Total:	\$75,153,458.65	3,935

Outside Arkansas:

		F - Female	M - Male		
Facility Type	Expenditures	Unduplicated Recipient Count	Unduplicated Recipient Count	Total	
*Inpatient Psychiatric Program	\$281,865.00	1	6	7	
**Residential Program	\$1,676,073.00	50	149	199	,]
Sexual Offender Program	\$8,308.00	0	1	1]
Monthly Outside AR Total:	\$1,966,246.00	51	156	207	***

	Expenditures	Unduplicated Recipient Count
Outside AR YTD Total:	\$14,013,759.93	495

Number Outside Arkansas within Medicaid's fifty (50) mile trade area: Monthly: 197

YTD: 493

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.