



## Division of Medical Services

Medicaid Director's Office

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June 4, 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 May 2014 and includes state fiscal year-to-date paid claims data from July 1, 2013, to May 31, 2014.

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

Sincerely,

A handwritten signature in cursive script that reads "Dawn Zekis". The signature is written in dark ink and is positioned to the right of the printed name and title.

Dawn Zekis  
Interim Director

AA/DW/paw

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

**Medicaid Totals For Paid Dates 05/01/2014 - 05/31/2014**

**In-state:**

Facility Type	Expenditures	F - Female	M - Male	Total
		Unduplicated Recipient Count	Unduplicated Recipient Count	
*Inpatient Psychiatric Program	\$684,646.00	27	17	44
**Residential Program	\$12,027,024.81	679	1,017	1,696
Monthly In-State Total:	\$12,711,670.81	706	1,034	1,740

Expenditures	Unduplicated Recipient Count
In-State YTD Total: \$119,097,028.55	5,531

**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	\$2,353,996.00	68	131	199
Sexual Offender Program	\$8,040.00	0	1	1
Monthly Outside AR Total:	\$2,362,036.00	68	132	200

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Expenditures	Unduplicated Recipient Count
Outside AR YTD Total: \$20,493,733.79	604

Number Outside Arkansas within Medicaid's fifty (50) mile trade area: Monthly: 196

YTD: 602

Number Outside Arkansas beyond Medicaid's fifty (50) mile trade area: Monthly: 0

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.