



## Division of Medical Services

Medicaid Director's Office

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November 5, 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 October 2014 and includes state fiscal year-to-date paid claims data from July 1, 2014, to October 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 black ink that reads "Dawn Stehle". The signature is fluid and cursive, with the first name "Dawn" and last name "Stehle" clearly distinguishable.

Dawn Stehle  
Director

AA/DW/paw

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

**Medicaid Totals For Paid Dates 10/01/2014 - 10/31/2014**

**In-state:**

		F - Female	M - Male	
Facility Type	Expenditures	Unduplicated Recipient Count	Unduplicated Recipient Count	Total
*Inpatient Psychiatric Program	\$2,583.00	0	1	1
**Residential Program	\$12,277,372.59	658	940	1,598
Monthly In-State Total:	\$12,279,955.59	658	941	1,599

	Expenditures	Unduplicated Recipient Count
In-State YTD Total:	\$44,122,526.63	2,776

**Outside Arkansas:**

		F - Female	M - Male	
Facility Type	Expenditures	Unduplicated Recipient Count	Unduplicated Recipient Count	Total
*Inpatient Psychiatric Program	\$533.00	0	1	1
**Residential Program	\$1,126,924.00	44	80	124
Sexual Offender Program	\$15,180.00	0	2	2
Monthly Outside AR Total:	\$1,142,637.00	44	83	127 ***

	Expenditures	Unduplicated Recipient Count
Outside AR YTD Total:	\$5,463,641.77	248

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

Monthly: 122

YTD: 247

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.