



**Division of Medical Services**  
Medicaid Director's Office

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March 2, 2016

Senator Bill Sample, Senate Co-Chair  
Representative David I. Branscum, House Co-Chair

Arkansas Legislative Council  
State Capitol Building  
Little Rock, AR 72201

Dear Senator Sample and Representative Branscum:

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 February 2016 and includes state fiscal year-to-date paid claims data from July 1, 2015 to June 30, 2016.

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

Sincerely,

A handwritten signature in dark ink that reads "Dawn Stehle". The signature is fluid and cursive.

Dawn Stehle  
Director

AA/DW/dab

**Number of Medicaid Recipients  
With Out-of-State Inpatient Psychiatric Placements**  
Medicaid Totals For Paid Dates Feb 1, 2016 and Feb 29, 2016

Version:1.0

**In-State:**

Facility Type	Expenditures	F - Female	M - Male	Total
		Unduplicated Recipient Count	Unduplicated Recipient Count	
Inpatient Psychiatric Program	\$480,950.00	57	61	118
Residential Program	\$9,106,259.31	562	750	1,312
Sexual Offender Program	0.00	0	0	0
<b>Monthly In-State Total:</b>	<b>\$9,587,209.31</b>	<b>619</b>	<b>811</b>	<b>1,430</b>

  

	Expenditures	Unduplicated Recipient Count
In-State YTD Total:	\$75,815,925.95	4,984

**Outside Arkansas:**

	Expenditures	F - Female	M - Male	Total
		Unduplicated Recipient Count	Unduplicated Recipient Count	
Inpatient Psychiatric Program	\$5,642.00	1	1	2
Residential Program	\$1,121,897.00	48	82	130
Sexual Offender Program	0.00	0	0	0
<b>Monthly Outside AR Total:</b>	<b>\$1,127,539.00</b>	<b>49</b>	<b>83</b>	<b>132</b>

  

	Expenditures	Unduplicated Recipient Count
OutSide AR YTD Total:	\$8,690,996.98	298

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

Monthly: 131  
YTD: 296

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

Monthly: 0  
YTD: 0

\*This represents recipients for whom only acute inpatient psych claims were billed.