



## Division of Medical Services

P.O. Box 1437, Slot S-401 · Little Rock, AR 72203-1437  
501-682-8292 · Fax: 501-682-1197 · TDD: 501-682-6789



December 10, 2009

Senator Hank Wilkins, IV, Chair  
Representative Allen Maxwell, Chair  
Arkansas Legislative Council  
State Capitol Building  
Little Rock, AR 72201

Dear Senator Wilkins and Representative Maxwell,

Attached is the report of Medicaid In-State and Out-of-State Inpatient Psychiatric Placements as required by A.C.A. Section 20-46-105. This report includes data for claims paid in November 2009 and includes state fiscal year-to-date paid claims data for July through November 2009.

If you have any questions regarding the attached report, please contact Marilyn Strickland, Assistant Director, at 682-8330.

Sincerely,

A handwritten signature in cursive script, appearing to read "Roy Jeffus".

Roy Jeffus,  
Director

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

**Medicaid Totals For Paid Dates 11/01/2009 - 11/30/2009**

## **In-state:**

Facility Type	Expenditures	F - Female	M - Male	Total
		Unduplicated Recipient Count	Unduplicated Recipient Count	
*Inpatient Psychiatric Program	-\$202,648.00	3	3	6
**Residential Program	\$9,090,541.42	468	763	1,231
Monthly In-State Total:	\$8,887,893.42	471	766	1,237

	Expenditures	Unduplicated Recipient Count
In-State YTD Total:	\$48,257,213.22	3,107

## **Outside Arkansas:**

Facility Type	Expenditures	F - Female	M - Male	Total
		Unduplicated Recipient Count	Unduplicated Recipient Count	
*Inpatient Psychiatric Program	\$13,020.00		3	3
**Residential Program	\$1,947,618.60	72	158	230
Sexual Offender Program	\$31,624.00		4	4
Monthly Outside AR Total:	\$1,992,262.60	72	165	237 ***

	Expenditures	Unduplicated Recipient Count
Outside AR YTD Total:	\$9,813,977.61	429

Number Outside Arkansas within Medicaid's fifty (50) mile trade area: Monthly: 235

YTD: 427

Number Outside Arkansas beyond Medicaid's fifty (50) mile trade area: Monthly: 2

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.