



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



January 10, 2010

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 December 2009 and includes state fiscal year-to-date paid claims data for July through December 2009.

If you have any questions regarding the attached report, please contact me at 682-8330.

Sincerely,

A handwritten signature in cursive script that reads "Marilyn Strickland".

Marilyn Strickland,
Assistant Director

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

Medicaid Totals For Paid Dates 12/01/2009 - 12/31/2009

In-state:

Facility Type	Expenditures	F - Female	M - Male	Total
		Unduplicated Recipient Count	Unduplicated Recipient Count	
*Inpatient Psychiatric Program	-\$50,204.00	2	2	4
**Residential Program	\$10,915,622.02	510	827	1,337
Monthly In-State Total:	\$10,865,418.02	512	829	1,341

	Expenditures	Unduplicated Recipient Count
In-State YTD Total:	\$59,122,631.24	3,486

Outside Arkansas:

Facility Type	Expenditures	F - Female	M - Male	Total
		Unduplicated Recipient Count	Unduplicated Recipient Count	
*Inpatient Psychiatric Program	\$13,020.00	2	1	3
**Residential Program	\$1,757,257.00	68	165	233
Sexual Offender Program	\$35,376.00		5	5
Monthly Outside AR Total:	\$1,805,653.00	70	171	241 ***

	Expenditures	Unduplicated Recipient Count
Outside AR YTD Total:	\$11,619,630.61	477

Number Outside Arkansas within Medicaid's fifty (50) mile trade area: Monthly: 239

YTD: 475

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.