

Division of Medical Services

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July 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 June 2010 and includes state fiscal year-to-date paid claims data for July 2009 through June 2010.

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

Sincerely,

Eugene Gessow,

Director

DSS Run Date: 7/2/2010

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

Medicaid Totals For Paid Dates 6/01/2010 - 6/30/2010

In-state:

in-state.			
	F - Female	M - Male	
Expenditures	Unduplicated Recipient Count	Unduplicated Recipient Count	Total
-\$325,566.00	3	25	28
\$10,007,343.82	493	814	1,307
		839	1,335
	-\$325,566.00 \$10,007,343.82	Expenditures	Expenditures Unduplicated Recipient Count -\$325,566.00 3 25 \$10,007,343.82 493 814

	Expenditures	Unduplicated Recipient Count
In-State YTD Total:	\$118,206,451.87	5,303

Outside Arkansas:

Outside Arkansas:	ſ				
		F - Female	M - Male		
Facility Type	Expenditures	Unduplicated Recipient Count	Unduplicated Recipient Count	Total	
*Inpatient Psychiatric Program	\$13,950.00	2		2	
**Residential Program	\$2,061,677.59	70	169	239	
Sexual Offender Program	\$41,540.00		5	5	
Monthly Outside AR Total:	\$2,117,167.59	72	174	246]"""

	Expenditures	Unduplicated Recipient Count
Outside AR YTD Total:	\$23,742,101.01	707

Monthly: 244 Number Outside Arkansas within Medicaid's fifty (50) mile trade area:

YTD: 705

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.