



## Division of Medical Services

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September 13, 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 August 2010 and includes state fiscal year-to-date paid claims data for July through August 2010. Also attached is the report for claims paid in July, 2010.

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 that reads "Eugene Gessow".

Eugene Gessow,  
Director

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

**Medicaid Totals For Paid Dates 7/01/2010 - 7/31/2010**

**In-state:**

		F - Female	M - Male	
Facility Type	Expenditures	Unduplicated Recipient Count	Unduplicated Recipient Count	Total
*Inpatient Psychiatric Program	-\$2,585,220.00	5	42	47
**Residential Program	\$14,512,808.02	536	880	1,416
Monthly In-State Total:	\$11,927,588.02	541	922	1,463

	Expenditures	Unduplicated Recipient Count
In-State YTD Total:	\$11,927,588.02	1,373

**Outside Arkansas:**

		F - Female	M - Male	
Facility Type	Expenditures	Unduplicated Recipient Count	Unduplicated Recipient Count	Total
*Inpatient Psychiatric Program	\$3,393.00		1	1
**Residential Program	\$2,243,942.00	70	182	252
Sexual Offender Program	\$40,468.00		6	6
Monthly Outside AR Total:	\$2,287,803.00	70	189	259 ***

	Expenditures	Unduplicated Recipient Count
Outside AR YTD Total:	\$2,287,803.00	257

Number Outside Arkansas within Medicaid's fifty (50) mile trade area:      Monthly: 255  
    YTD: 255

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.

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

**Medicaid Totals For Paid Dates 8/01/2010 - 8/31/2010**

**In-state:**

		F - Female	M - Male	
Facility Type	Expenditures	Unduplicated Recipient Count	Unduplicated Recipient Count	Total
*Inpatient Psychiatric Program	\$38,148.00	2	1	3
**Residential Program	\$8,709,007.47	446	701	1,147
Monthly In-State Total:	\$8,747,155.47	448	702	1,150

	Expenditures	Unduplicated Recipient Count
In-State YTD Total:	\$20,674,743.49	1,660

**Outside Arkansas:**

		F - Female	M - Male	
Facility Type	Expenditures	Unduplicated Recipient Count	Unduplicated Recipient Count	Total
*Inpatient Psychiatric Program	\$9,110.00	1	2	3
**Residential Program	\$2,080,546.20	77	195	272
Sexual Offender Program	\$50,116.00		6	6
Monthly Outside AR Total:	\$2,139,772.20	78	203	281 ***

	Expenditures	Unduplicated Recipient Count
Outside AR YTD Total:	\$4,427,575.20	316

Number Outside Arkansas within Medicaid's fifty (50) mile trade area: Monthly: 278

YTD: 313

Number Outside Arkansas beyond Medicaid's fifty (50) mile trade area: Monthly: 3

YTD: 3

\*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.