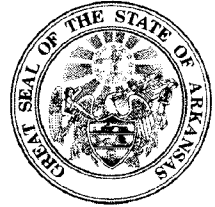




Division of Medical Services

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



November 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 October 2010 and includes state fiscal year-to-date paid claims data for July through October 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, reading "Eugene Gessow".

Eugene Gessow,
Director

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

Medicaid Totals For Paid Dates 10/01/2010 - 10/31/2010

In-state:

Facility Type	Expenditures	F - Female	M - Male	Total
		Unduplicated Recipient Count	Unduplicated Recipient Count	
*Inpatient Psychiatric Program	\$17,910.00	1		1
**Residential Program	\$9,948,116.37	547	817	1,364
Monthly In-State Total:	\$9,966,026.37	548	817	1,365

	Expenditures	Unduplicated Recipient Count
In-State YTD Total:	\$42,054,122.66	2,524

Outside Arkansas:

Facility Type	Expenditures	F - Female	M - Male	Total
		Unduplicated Recipient Count	Unduplicated Recipient Count	
*Inpatient Psychiatric Program	\$7,320.00		2	2
**Residential Program	\$2,001,278.00	70	181	251
Sexual Offender Program	\$32,160.00		4	4
Monthly Outside AR Total:	\$2,040,758.00	70	187	257 ***

	Expenditures	Unduplicated Recipient Count
Outside AR YTD Total:	\$8,946,134.79	418

Number Outside Arkansas within Medicaid's fifty (50) mile trade area: **Monthly: 250**

YTD: 414

Number Outside Arkansas beyond Medicaid's fifty (50) mile trade area: **Monthly: 4**

YTD: 4

*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.