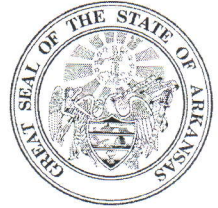




## Division of Medical Services

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



May 5, 2011

Senator Mary Anne Salmon, Chair  
Representative Tommy Lee Baker, Chair  
Arkansas Legislative Council  
State Capitol Building  
Little Rock, AR 72201

Dear Senator Salmon and Representative Baker:

Attached are the reports of Medicaid In-State and Out-Of-State Inpatient Psychiatric Placements as required by A.C.A. Section 20-46-105. The reports include data for claims paid in April 2011 and includes state fiscal year-to-date paid claims data for July 2010 through April 2011.

Of you have any questions regarding the attached report, please contact Marilyn Strickland, Chief Operating Officer, at 682-8330.

Sincerely,

A handwritten signature in blue ink, appearing to read "Eugene I. Gessow".

Eugene I. Gessow  
Director

EG/ac

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

**Medicaid Totals For Paid Dates 4/01/2011 - 4/30/2011**

## **In-state:**

Facility Type	Expenditures	F - Female	M - Male	Total
		Unduplicated Recipient Count	Unduplicated Recipient Count	
*Inpatient Psychiatric Program	\$49,977.00	8	4	12
**Residential Program	\$10,214,036.75	511	877	1,388
Monthly In-State Total:	\$10,264,013.75	519	881	1,400

	Expenditures	Unduplicated Recipient Count
In-State YTD Total:	\$104,951,992.97	4,685

## **Outside Arkansas:**

Facility Type	Expenditures	F - Female	M - Male	Total
		Unduplicated Recipient Count	Unduplicated Recipient Count	
*Inpatient Psychiatric Program	\$13,176.00		1	1
**Residential Program	\$2,343,091.02	76	191	267
Sexual Offender Program	\$40,200.00		6	6
Monthly Outside AR Total:	\$2,396,467.02	76	198	274 ***

	Expenditures	Unduplicated Recipient Count
Outside AR YTD Total:	\$22,998,141.37	678

Number Outside Arkansas within Medicaid's fifty (50) mile trade area: Monthly: 269

YTD: 671

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

YTD: 7

\*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.