



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



August 1, 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 report includes data for claims paid in July, 2011 and includes state fiscal year-to-date paid claims data for July 2011.

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

Sincerely,

A handwritten signature in black 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 7/01/2011 - 7/31/2011

In-state:

Facility Type	Expenditures	F - Female	M - Male	Total
		Unduplicated Recipient Count	Unduplicated Recipient Count	
*Inpatient Psychiatric Program	\$22,780.00	3	5	8
**Residential Program	\$9,212,327.67	463	780	1,243
Monthly In-State Total:	\$9,235,107.67	466	785	1,251

Expenditures	Unduplicated Recipient Count
In-State YTD Total: \$9,235,107.67	1,224

Outside Arkansas:

Facility Type	Expenditures	F - Female	M - Male	Total
		Unduplicated Recipient Count	Unduplicated Recipient Count	
*Inpatient Psychiatric Program	\$21,171.62	3		3
**Residential Program	\$2,066,927.17	76	157	233
Sexual Offender Program	\$16,080.00		2	2
Monthly Outside AR Total:	\$2,104,178.79	79	159	238 ***

Expenditures	Unduplicated Recipient Count
Outside AR YTD Total: \$2,104,178.79	238

Number Outside Arkansas within Medicaid's fifty (50) mile trade area: Monthly: 232

YTD: 232

Number Outside Arkansas beyond Medicaid's fifty (50) mile trade area: Monthly: 6

YTD: 6

*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.