Exhibit F



Division of Medical Services

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January 10, 2012

Senator Missy Irvin, Chair Senate Committee on Children and Youth

Representative Stephanie Malone, Chair House Committee on Aging, Children and Youth

Legislative & Military Affairs State Capitol Building Little Rock, AR 72201

Dear Senator Irvin and Representative Malone:

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 December, 2011 and includes state fiscal year-to-date paid claims data from July 2011 to December 31, 2011.

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

Sincerely,

Andrew Allison, PhD

Director

Arkansas Department of Human Services

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Division of Medical Services

AA/AC/jmoore

DSS Run Date: 1/3/2012

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

Medicaid Totals For Paid Dates 12/01/2011 - 12/31/2011

In-state:

	F - Female	M - Male		
Facility Type	Expenditures	Unduplicated Recipient Count	Unduplicated Recipient Count	Total
*Inpatient Psychiatric Program	\$30,519.00	2	5	7
**Residential Program	\$12,922,536.54	629	974	1,603
Monthly In-State Total:	\$12,953,055.54	631	979	1,610

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			In-St	ate Y	TD Total:	\$64,594,919.78	3,490

Outside Arkansas:

		F - Female	M - Male]
~ Facility Type	Expenditures	Unduplicated Recipient Count	Unduplicated Recipient Count	Total	1
*Inpatient Psychiatric Program	\$295.00		4 4 4 4 5 1	,1	ŀ
**Residential Program	\$2,179,320.85	70	180	250	
Sexual Offender Program	\$36,716.00		5	5	
Monthly Outside AR Total:	\$2,216,331.85	70	186	256	*

Expenditures	Unduplicated Recipient Count
Outside AR YTD Total: \$12,607,377.92	432

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

Monthly: 244

YTD: 424

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

Monthly: 7

YTD: 8

^{*}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.