



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



February 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 January, 2012 and includes state fiscal year-to-date paid claims data from July 2011 to January 31, 2012.

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 that reads "Andrew Allison". The signature is written in a cursive style.

Andrew Allison, PhD
Director
Arkansas Department of Human Services
Division of Medical Services

AA/AC/jmoore

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

Medicaid Totals For Paid Dates 1/01/2012 - 1/31/2012

In-state:

| Facility Type | Expenditures | F - Female | M - Male | Total |
|--------------------------------|-----------------------|------------------------------|------------------------------|--------------|
| | | Unduplicated Recipient Count | Unduplicated Recipient Count | |
| *Inpatient Psychiatric Program | \$30,954.00 | 2 | 1 | 3 |
| **Residential Program | \$9,370,707.12 | 459 | 740 | 1,199 |
| Monthly In-State Total: | \$9,401,661.12 | 461 | 741 | 1,202 |

| | Expenditures | Unduplicated Recipient Count |
|----------------------------|------------------------|------------------------------|
| In-State YTD Total: | \$73,996,580.90 | 3,713 |

Outside Arkansas:

| Facility Type | Expenditures | F - Female | M - Male | Total |
|----------------------------------|-----------------------|------------------------------|------------------------------|----------------|
| | | Unduplicated Recipient Count | Unduplicated Recipient Count | |
| *Inpatient Psychiatric Program | \$19,266.00 | 1 | 3 | 4 |
| **Residential Program | \$1,881,705.45 | 70 | 151 | 221 |
| Sexual Offender Program | \$36,180.00 | | 5 | 5 |
| Monthly Outside AR Total: | \$1,937,151.45 | 71 | 159 | 230 *** |

| | Expenditures | Unduplicated Recipient Count |
|------------------------------|------------------------|------------------------------|
| Outside AR YTD Total: | \$14,544,529.37 | 473 |

Number Outside Arkansas within Medicaid's fifty (50) mile trade area: **Monthly: 220**
YTD: 465

Number Outside Arkansas beyond Medicaid's fifty (50) mile trade area: **Monthly: 5**
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.