



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



December 10, 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 November, 2011 and includes state fiscal year-to-date paid claims data from July 2011 thru November 30, 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 cursive script that reads "Marilyn Strickland".

Marilyn Strickland
Interim Director

MS/AC/jm

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

Medicaid Totals For Paid Dates 11/01/2011 - 11/30/2011

In-state:

Facility Type	Expenditures	F - Female	M - Male	Total
		Unduplicated Recipient Count	Unduplicated Recipient Count	
*Inpatient Psychiatric Program	\$40,981.42	7	3	10
**Residential Program	\$10,534,696.77	548	880	1,428
Monthly In-State Total:	\$10,575,678.19	555	883	1,438

	Expenditures	Unduplicated Recipient Count
In-State YTD Total:	\$51,641,864.24	3,001

Outside Arkansas:

Facility Type	Expenditures	F - Female	M - Male	Total
		Unduplicated Recipient Count	Unduplicated Recipient Count	
*Inpatient Psychiatric Program	\$6,090.00	1		1
**Residential Program	\$2,141,412.31	73	171	244
Sexual Offender Program	\$34,304.00		5	5
Monthly Outside AR Total:	\$2,181,806.31	74	176	250 ***

	Expenditures	Unduplicated Recipient Count
Outside AR YTD Total:	\$10,391,046.07	391

Number Outside Arkansas within Medicaid's fifty (50) mile trade area: Monthly: 241

YTD: 384

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

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.