



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



January 10, 2012

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 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,

A handwritten signature in cursive script that reads "Andy Allison".

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

MS/AC/jmoore

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:

Facility Type	Expenditures	F - Female	M - Male	Total
		Unduplicated Recipient Count	Unduplicated Recipient Count	
*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

	Expenditures	Unduplicated Recipient Count
In-State YTD Total:	\$64,594,919.78	3,490

Outside Arkansas:

Facility Type	Expenditures	F - Female	M - Male	Total
		Unduplicated Recipient Count	Unduplicated Recipient Count	
*Inpatient Psychiatric Program	\$295.00		1	1
**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: 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.