

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

**Medicaid Totals For Paid Dates 10/01/2012 - 10/30/2012**

**In-state:**

Facility Type	Expenditures	F - Female	M - Male	Total
		Unduplicated Recipient Count	Unduplicated Recipient Count	
*Inpatient Psychiatric Program	\$18,538.00		1	1
**Residential Program	\$9,990,903.58	548	905	1,453
Monthly In-State Total:	\$10,009,441.58	548	906	1,454

Expenditures	Unduplicated Recipient Count
In-State YTD Total: \$40,709,014.79	2,689

**Outside Arkansas:**

Facility Type	Expenditures	F - Female	M - Male	Total
		Unduplicated Recipient Count	Unduplicated Recipient Count	
*Inpatient Psychiatric Program				0
**Residential Program	\$1,793,486.00	67	149	216
Sexual Offender Program	\$6,700.00		1	1
Monthly Outside AR Total:	\$1,800,186.00	67	150	217 ***

Expenditures	Unduplicated Recipient Count
Outside AR YTD Total: \$8,409,160.94	373

**Number Outside Arkansas within Medicaid's fifty (50) mile trade area: Monthly: 215**

**YTD: 369**

**Number Outside Arkansas beyond Medicaid's fifty (50) mile trade area: Monthly: 1**

**YTD: 4**

\*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.