



## Division of Medical Services

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March 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 February 2012, and includes state fiscal year-to-date paid claims data from July, 2011 thru February, 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 "Andy Allison /rs".

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

AA/dw/jm

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

**Medicaid Totals For Paid Dates 2/01/2012 - 2/29/2012**

**In-state:**

		F - Female	M - Male	
Facility Type	Expenditures	Unduplicated Recipient Count	Unduplicated Recipient Count	Total
*Inpatient Psychiatric Program	\$18,507.00		1	1
**Residential Program	\$10,285,920.37	548	876	1,424
Monthly In-State Total:	\$10,304,427.37	548	877	1,425

	Expenditures	Unduplicated Recipient Count
In-State YTD Total:	\$84,301,008.27	4,068

**Outside Arkansas:**

		F - Female	M - Male	
Facility Type	Expenditures	Unduplicated Recipient Count	Unduplicated Recipient Count	Total
*Inpatient Psychiatric Program	\$12,383.00		1	1
**Residential Program	\$1,808,679.31	59	149	208
Sexual Offender Program	\$33,232.00		4	4
Monthly Outside AR Total:	\$1,854,294.31	59	154	213 ***

	Expenditures	Unduplicated Recipient Count
Outside AR YTD Total:	\$16,398,823.68	505

Number Outside Arkansas within Medicaid's fifty (50) mile trade area: Monthly: 207

YTD: 497

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.