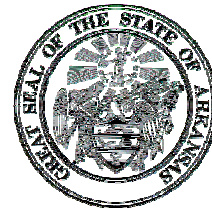




Division of Medical Services

P.O. Box 1437, Slot S-401 · Little Rock, AR 72203-1437
501-682-8292 · Fax 501-682-1197 · TDD 501-682-6789



June 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 May, 2012 and includes state fiscal year-to-date paid claims data from July 2011 to May 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 blue ink that reads "Andy Allison".

Director
Arkansas Department of Human Services
Division of Medical Services

AA/DW/jmoore

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

Medicaid Totals For Paid Dates 5/01/2012 - 5/31/2012

In-state:

Facility Type	Expenditures	F - Female	M - Male	Total
		Unduplicated Recipient Count	Unduplicated Recipient Count	
*Inpatient Psychiatric Program	\$43,724.00	1	1	2
**Residential Program	\$12,901,559.24	612	995	1,607
Monthly In-State Total:	\$12,945,283.24	613	996	1,609

Expenditures	Unduplicated Recipient Count
In-State YTD Total:	\$120,271,532.12
	5,287

Outside Arkansas:

Facility Type	Expenditures	F - Female	M - Male	Total
		Unduplicated Recipient Count	Unduplicated Recipient Count	
*Inpatient Psychiatric Program	\$6,293.00		1	1
**Residential Program	\$2,298,132.00	77	176	253
Sexual Offender Program	\$18,760.00		3	3
Monthly Outside AR Total:	\$2,323,185.00	77	180	257 ***

Expenditures	Unduplicated Recipient Count
Outside AR YTD Total:	\$23,113,667.22
	625

Number Outside Arkansas within Medicaid's fifty (50) mile trade area: Monthly: 252

YTD: 616

Number Outside Arkansas beyond Medicaid's fifty (50) mile trade area: Monthly: 4

YTD: 9

*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.