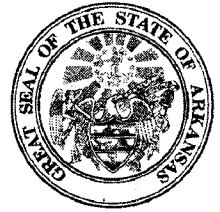




## Division of Medical Services

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



July 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 June, 2012 and includes state fiscal year-to-date paid claims data from July 2011 to June 30, 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 cursive script 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 6/01/2012 - 6/30/2012**

**In-state:**

Facility Type	Expenditures	F - Female	M - Male	Total
		Unduplicated Recipient Count	Unduplicated Recipient Count	
*Inpatient Psychiatric Program	\$3,824,957.00	14	47	61
**Residential Program	\$5,972,843.08	560	891	1,451
Monthly In-State Total:	\$9,797,800.08	574	938	1,512

Expenditures	Unduplicated Recipient Count
In-State YTD Total: \$130,069,332.20	5,601

**Outside Arkansas:**

Facility Type	Expenditures	F - Female	M - Male	Total
		Unduplicated Recipient Count	Unduplicated Recipient Count	
**Residential Program	\$1,973,607.39	77	177	254
Sexual Offender Program	\$16,616.00		2	2
Monthly Outside AR Total:	\$1,990,223.39	77	179	256 ***

Expenditures	Unduplicated Recipient Count
Outside AR YTD Total: \$25,103,890.61	667

Number Outside Arkansas within Medicaid's fifty (50) mile trade area: Monthly: 253

YTD: 658

Number Outside Arkansas beyond Medicaid's fifty (50) mile trade area: Monthly: 3

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.