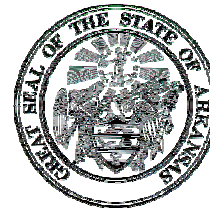




Division of Medical Services

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



August 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 July, 2012 which is the beginning of the state fiscal year.

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 "Andrew Allison".

Andrew Allison, PhD
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 7/01/2012 - 7/31/2012

In-state:

		F - Female	M - Male	
Facility Type	Expenditures	Unduplicated Recipient Count	Unduplicated Recipient Count	Total
*Inpatient Psychiatric Program	\$44,252.00		3	3
**Residential Program	\$9,289,885.74	482	770	1,252
Monthly In-State Total:	\$9,334,137.74	482	773	1,255

	Expenditures	Unduplicated Recipient Count
In-State YTD Total:	\$9,334,137.74	1,223

Outside Arkansas:

		F - Female	M - Male	
Facility Type	Expenditures	Unduplicated Recipient Count	Unduplicated Recipient Count	Total
*Inpatient Psychiatric Program	\$3,633.00		2	2
**Residential Program	\$2,314,611.94	71	176	247
Sexual Offender Program	\$41,272.00		3	3
Monthly Outside AR Total:	\$2,359,516.94	71	181	252 ***

	Expenditures	Unduplicated Recipient Count
Outside AR YTD Total:	\$2,359,516.94	251

Number Outside Arkansas within Medicaid's fifty (50) mile trade area: Monthly: 248

YTD: 248

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

YTD: 3

*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.