



## 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



October 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 September, 2012 and includes state fiscal year-to-date paid claims data from July 2012 to September 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 "Andrew Allison".

Andrew Allison, PhD  
Director

AA/DW/jmoore

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

**Medicaid Totals For Paid Dates 09/01/2012 - 09/30/2012**

**In-state:**

Facility Type	Expenditures	F - Female	M - Male	Total
		Unduplicated Recipient Count	Unduplicated Recipient Count	
*Inpatient Psychiatric Program	\$37,076.00		2	2
**Residential Program	\$9,766,023.83	534	825	1,359
Monthly In-State Total:	\$9,803,099.83	534	827	1,361

	Expenditures	Unduplicated Recipient Count
In-State YTD Total:	\$30,699,573.21	2,208

**Outside Arkansas:**

Facility Type	Expenditures	F - Female	M - Male	Total
		Unduplicated Recipient Count	Unduplicated Recipient Count	
*Inpatient Psychiatric Program	\$12,383.00		1	1
**Residential Program	\$1,963,122.00	74	162	236
Sexual Offender Program	\$16,616.00		2	2
Monthly Outside AR Total:	\$1,992,121.00	74	165	239 ***

	Expenditures	Unduplicated Recipient Count
Outside AR YTD Total:	\$6,608,974.94	337

Number Outside Arkansas within Medicaid's fifty (50) mile trade area: Monthly: 233

YTD: 333

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

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.