



## 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, 2013

Representative John Charles Edwards, Co-Chair  
Senator Paul Bookout, Co-Chair

Arkansas Legislative Council  
State Capitol Building  
Little Rock, AR 72201

Dear Representative Edwards and Senator Bookout:

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 2013 and includes state fiscal year-to-date paid claims data from July 2012 to May 31st, 2013.

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

AA/DW/jmoore

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

**Medicaid Totals For Paid Dates 05/01/2013 – 05/31/2013**

**In-state:**

Facility Type	Expenditures	F - Female	M - Male	Total
		Unduplicated Recipient Count	Unduplicated Recipient Count	
*Inpatient Psychiatric Program	\$5,040.00	1	0	1
**Residential Program	\$12,879,593.71	641	1,007	1,648
Monthly In-State Total:	\$12,884,633.71	642	1,007	1,648

Expenditures	Unduplicated Recipient Count
In-State YTD Total: \$120,072,752.21	5,669

**Outside Arkansas:**

Facility Type	Expenditures	F - Female	M - Male	Total
		Unduplicated Recipient Count	Unduplicated Recipient Count	
*Inpatient Psychiatric Program	\$13,104.00	0	1	1
**Residential Program	\$2,603,400.03	71	179	250
Sexual Offender Program	\$24,120.00	0	3	3
Monthly Outside AR Total:	\$2,640,624.03	71	183	254***

Expenditures	Unduplicated Recipient Count
Outside AR YTD Total: \$24,073,173.16	664

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

YTD: 658

Number Outside Arkansas beyond Medicaid's fifty (50) mile trade area: Monthly: 1

YTD: 6

\*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.