



## Division of Medical Services

Medicaid Director's Office

P.O. Box 1437, Slot S401 · Little Rock, AR 72203-1437  
501-682-8292 · Fax: 501-682-1197



May 7, 2014

Representative John Charles Edwards, House Co-Chair  
Senator Bill Sample, Senate Co-Chair

Arkansas Legislative Council  
State Capitol Building  
Little Rock, AR 72201

Dear Representative Edwards and Senator Sample:

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 April 2014 and includes state fiscal year-to-date paid claims data from July 1 to April 30, 2014.

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/paw

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

**Medicaid Totals For Paid Dates 04/01/2014 - 04/30/2014**

**In-state:**

Facility Type	Expenditures	F - Female	M - Male	Total
		Unduplicated Recipient Count	Unduplicated Recipient Count	
* Inpatient Psychiatric Program	\$0.00	0	0	0
**Residential Program	\$10,039,338.99	564	894	1,458
Monthly In-State Total:	\$10,039,338.99	564	894	1,458

Expenditures	Unduplicated Recipient Count
In-State YTD Total: \$106,385,357.74	5,036

**Outside Arkansas:**

Facility Type	Expenditures	F - Female	M - Male	Total
		Unduplicated Recipient Count	Unduplicated Recipient Count	
* Inpatient Psychiatric Program	\$0.00	0	0	0
**Residential Program	\$994,691.66	35	85	120
Sexual Offender Program	\$8,308.00	0	1	1
Monthly Outside AR Total:	\$1,002,999.66	35	86	121

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Expenditures	Unduplicated Recipient Count
Outside AR YTD Total: \$18,131,697.79	564

Number Outside Arkansas within Medicaid's fifty (50) mile trade area: Monthly: 120

YTD: 562

Number Outside Arkansas beyond Medicaid's fifty (50) mile trade area: Monthly: 0

YTD: 2

\*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.