



## Division of Medical Services

Medicaid Director's Office

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September 9, 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 August 2014 and includes state fiscal year-to-date paid claims data from July 1, 2014, to August 31, 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 black ink that reads "Dawn Stehle". The signature is written in a cursive style with a large "D" and "S".

Dawn Stehle  
Director

AA/DW/paw

**Number of Medicaid Recipients  
With In-State and Out-of-State Inpatient Psychiatric Placements  
Medicaid Totals For Paid Dates 08/01/2014 - 08/31/2014**

**In-state:**

		F - Female	M - Male	
Facility Type	Expenditures	Unduplicated Recipient Count	Unduplicated Recipient Count	Total
* Inpatient Psychiatric Program	\$2,741,607.00	51.00	67.00	118
** Residential Program	\$7,134,602.41	520.00	786.00	1,306
Monthly In-State Total:	\$9,876,209.41	520.00	787.00	1,424

	Expenditures	Unduplicated Recipient Count
In-State YTD Total:	\$22,158,698.38	1,768

**Outside Arkansas:**

		F - Female	M - Male	
Facility Type	Expenditures	Unduplicated Recipient Count	Unduplicated Recipient Count	Total
* Inpatient Psychiatric Program	\$1,626.00	0	2	2
** Residential Program	\$849,563.88	44	64	108
Sexual Offender Program	\$0.00	0	0	0
Monthly Outside AR Total:	\$851,189.88	44	66	110 ***

	Expenditures	Unduplicated Recipient Count
Outside AR YTD Total:	\$2,948,457.77	193

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

Monthly: 108

YTD: 193

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

Monthly: 0

YTD: 0

\*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.