

# **Division of Medical Services**

Medicaid Director's Office

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September 12, 2014

The Honorable Bill Sample, Co-Chairman The Honorable John Charles Edwards, Co-Chairman Arkansas Legislative Council State Capitol Building, Room 315 Little Rock, AR 72201

Dear Senator Sample and Representative Edwards:

Submitted herewith is the Medicaid Report for the 4th quarter of SFY 2014 as required by A.C.A. Section 20-77-111. This report presents Medicaid data for the quarter April 1, 2014, through June 30, 2014.

If you have any questions regarding utilization and expenditure data, please contact Christine Coutu, Business Operations Manager, at 537-2195, or Mark Story, Chief Fiscal Officer, at 320-8955.

Sincerely,

Dawn Stilling

Dawn Stehle Director

DS/CC

Attachment

cc: Lilah Walls, Analyst, Bureau of Legislative Research Jessica Beel, Analyst, Bureau of Legislative Research Phil Price, Analyst, Bureau of Legislative Research Nell Smith, Analyst, Bureau of Legislative Research Haley Keenan-Gray, Office of the Governor

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

### Medicaid Totals For Paid Dates 11/01/2014 - 11/30/2014

#### In-state: F - Female M - Male Unduplicated Unduplicated Expenditures Total **Facility Type Recipient Count Recipient Count** \*\*Residential Program \$10,158,902.88 661 875 1,536 \$10,158,902.88 Monthly In-State Total: 661 875 1,536

	Expenditures	Unduplicated Recipient Count
In-State YTD Total:	\$54,281,429.51	3,287

## **Outside Arkansas:**

		F - Female	M - Male		
Facility Type	Expenditures	Unduplicated Recipient Count	Unduplicated Recipient Count	Total	
**Residential Program	\$934,080.74	45	79	124	
Sexual Offender Program	\$23,276.00	0	3	3	
Monthly Outside AR Total:	\$957,356.74	45	82	127	***

	Expenditures	Unduplicated Recipient Count
Outside AR YTD Total:	\$6,420,998.51	275

Number Outside Arkansas within Medicaid's fifty (50) mile trade area: Monthly: 124

YTD: 274

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

**YTD: 1**