



**Division of Medical Services**  
Medicaid Director's Office

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February 5, 2015

Senator Bill Sample, Senate Co-Chair  
Representative David I. Branscum, House Co-Chair

Arkansas Legislative Council  
State Capitol Building  
Little Rock, AR 72201

Dear Senator Sample and Representative Branscum:

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 January 2015 and includes state fiscal year-to-date paid claims data from July 1, 2014 to January 31, 2015.

If you have any questions regarding the attached report, please contact Tami Harlan, 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, flowing "D" and "S".

Dawn Stehle  
Director

AA/DW/dab

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

**Medicaid Totals For Paid Dates 01/01/2015 - 01/31/2015**

**In-state:**

		F - Female	M - Male	
Facility Type	Expenditures	Unduplicated Recipient Count	Unduplicated Recipient Count	Total
**Residential Program	\$10,539,650.22	563	798	1,361
Monthly In-State Total:	\$10,539,650.22	563	798	1,361

	Expenditures	Unduplicated Recipient Count
In-State YTD Total:	\$74,244,493.41	3,990

**Outside Arkansas:**

		F - Female	M - Male	
Facility Type	Expenditures	Unduplicated Recipient Count	Unduplicated Recipient Count	Total
*Inpatient Psychiatric Program	\$26,013.00	1	0	1
**Residential Program	\$1,163,973.00	47	84	131
Sexual Offender Program	\$31,372.00	0	4	4
Monthly Outside AR Total:	\$1,221,358.00	48	88	136 ***

	Expenditures	Unduplicated Recipient Count
Outside AR YTD Total:	\$9,115,974.82	328

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

Monthly: 133

YTD: 327

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

Monthly: 0

YTD: 1

\*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.