



Division of Medical Services
Medicaid Director's Office

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June 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 May 2015 and includes state fiscal year-to-date paid claims data from July 1, 2014 to May 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, reading "Dawn Stehle". The signature is written in a cursive style.

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 May 1, 2015 - May 30, 2015

In-state:

		F - Female	M - Male	
Facility Type	Expenditures	Unduplicated Recipient Count	Unduplicated Recipient Count	Total
*Inpatient Psychiatric Program	\$146,575.00	21	10	31
**Residential Program	\$9,302,969.63	580	823	1,403
Monthly In-State Total:	\$9,449,544.63	601	833	1,434

	Expenditures	Unduplicated Recipient Count
In-State YTD Total:	\$112,127,649.57	5,533

Outside Arkansas:

		F - Female	M - Male	
Facility Type	Expenditures	Unduplicated Recipient Count	Unduplicated Recipient Count	Total
*Inpatient Psychiatric Program	\$8,970.00	1	0	1
**Residential Program	\$1,144,079.00	47	80	127
Sexual Offender Program	\$15,180.00	0	2	2
Monthly Outside AR Total:	\$1,168,229.00	48	82	130 ***

	Expenditures	Unduplicated Recipient Count
Outside AR YTD Total:	\$13,282,595.82	410

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

Monthly: 125

YTD: 409

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.