

# **Division of Medical Services**

Medicaid Director's Office

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July 6, 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 June 2015 and includes state fiscal year-to-date paid claims data from July 1, 2014 to June 30, 2015.

If you have any questions regarding the attached report, please contact Tami Harlan, Chief Operating Officer, at 682-8330.

Sincerely,

Stehle anz Dawn Stehle

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 06/01/2015 - 06/30/2015

### In-state:

		F - Female	M - Male	
Facility Type	Expenditures	Unduplicated Recipient Count	Unduplicated Recipient Count	Total
*Inpatient Psychiatric Program	\$101,270.00	15	5	20
**Residential Program	\$8,375,140.15	550	728	1,278
Monthly In-State Total:	\$8,476,410.15	565	733	1,298

	Expenditures	Unduplicated Recipient Count
In-State YTD Total:	\$120,604,059.72	5,850

## **Outside Arkansas:**

		F - Female	M - Male		
Facility Type	Expenditures	Unduplicated Recipient Count	Unduplicated Recipient Count	Total	
*Inpatient Psychiatric Program	\$163,388.00	1	8	9	
**Residential Program	\$715,533.31	45	66	111	
Sexual Offender Program	\$31,602.00	0	4	4	
Monthly Outside AR Total:	\$910,523.31	46	78	124 *	***

	Expenditures	Unduplicated Recipient Count	
Outside AR YTD Total:	\$14,193,119.13	428	

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

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.

\*\*\*Monthly Outside AR Total may include duplicated recipients due to multiple admissions to different Facility Types.

Monthly: 114

YTD: 427

**YTD: 1**