



Division of Medical Services
Medicaid Director's Office

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November 9, 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 October 2015 and includes state fiscal year-to-date paid claims data from July 1, 2015 to October 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 dark ink, reading "Dawn Stehle". The signature is fluid and cursive, with the first name "Dawn" and last name "Stehle" clearly visible.

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 10/1/2015 - 10/31/2015

In-state:

Facility Type	Expenditures	F - Female	M - Male	Total
		Unduplicated Recipient Count	Unduplicated Recipient Count	
*Inpatient Psychiatric Program	\$1,784,886.70	84	77	161
**Residential Program	\$9,279,605.16	686	878	1,564
Monthly In-State Total:	\$11,064,491.86	770	955	1,725

Expenditures	Unduplicated Recipient Count
In-State YTD Total: \$36,751,452.90	3,165

Outside Arkansas:

Facility Type	Expenditures	F - Female	M - Male	Total	
		Unduplicated Recipient Count	Unduplicated Recipient Count		
*Inpatient Psychiatric Program	\$0.00	0	0	0	
**Residential Program	\$1,193,410.00	52	86	138	
Sexual Offender Program	\$8,700.00	0	1	1	***
Monthly Outside AR Total:	\$1,202,110.00	52	87	139	

Expenditures	Unduplicated Recipient Count
Outside AR YTD Total: \$4,075,006.98	195

Number Outside Arkansas within Medicaid's fifty (50) mile trade area: Monthly: 131

YTD: 195

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.