



**Arkansas Department
of Health and Human Services**
Division of Medical Services



P.O. Box 1437, Slot S-413 Little Rock, AR 72203-1437 • 501-682-8340 • Fax: 501-682-8013 • TDD: 501-682-6789

November 10, 2008

Senator Hank Wilkins, IV, Chair
Representative Scott Sullivan, Chair
Arkansas Legislative Council
State Capitol Building
Little Rock, AR 72201

Dear Senator Wilkins and Representative Sullivan,

Attached is the report of Medicaid In-State and Out-of-State Inpatient Psychiatric Placements as required by A.C.A. Section 20-46-105. This report includes data for claims paid in October 2008 and includes state fiscal year-to-date paid claims data for July through October 2008.

If you have any questions regarding the attached report, please contact Marilyn Strickland, Assistant Director, at 682-8330.

Sincerely,

A handwritten signature in cursive script, appearing to read "Roy Jeffus".

Roy Jeffus,
Director

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

Medicaid Totals For Paid Dates 10/01/2008 - 10/31/2008

In-state:

Facility Type	Expenditures	F - Female	M - Male	Total
		Unduplicated Recipient Count	Unduplicated Recipient Count	
**Residential Program	\$10,638,117.14	484	831	1,315
Monthly In-State Total:	\$10,638,117.14	484	831	1,315

	Expenditures	Unduplicated Recipient Count
In-State YTD Total:	\$38,244,553.04	2,269

Outside Arkansas:

Facility Type	Expenditures	F - Female	M - Male	Total
		Unduplicated Recipient Count	Unduplicated Recipient Count	
*Inpatient Psychiatric Program	\$16,863.00		4	4
**Residential Program	\$2,008,180.00	63	181	244
Sexual Offender Program	\$8,040.00		1	1
Monthly Outside AR Total:	\$2,033,083.00	63	186	249 ***

	Expenditures	Unduplicated Recipient Count
Outside AR YTD Total:	\$7,827,138.00	380

Number Outside Arkansas within Medicaid's fifty (50) mile trade area: Monthly: 246

YTD: 377

Number Outside Arkansas beyond Medicaid's fifty (50) mile trade area: Monthly: 2

YTD: 3

*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.