

## **Division of Medical Services**



P.O. Box 1437, Slot S-401 · Little Rock, AR 72203-1437 501-682-8292 · Fax: 501-682-1197 · TDD: 501-682-6789

February 10, 2010

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

Dear Senator Wilkins and Representative Maxwell,

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 January 2010 and includes state fiscal year-to-date paid claims data for July 2009 through January 2010.

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

Sincerely,

Losa

Eugene Gessow, Director

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

# Medicaid Totals For Paid Dates 1/01/2010 - 1/31/2010

#### In-state:

		F - Female	M - Male	
Facility Type	Expenditures	Unduplicated Recipient Count	Unduplicated Recipient Count	Total
**Residential Program	\$9,344,772.32	434	740	1,174
Monthly In-State Total:	\$9,344,772.32	434	740	1,174

	Expenditures	Unduplicated Recipient Count
In-State YTD Total:	\$68,467,403.56	3,735

## **Outside Arkansas:**

		F - Female	M - Male		
Facility Type	Expenditures	Unduplicated Recipient Count	Unduplicated Recipient Count	Total	
*Inpatient Psychiatric Program	\$7,905.00		2	2	
**Residential Program	\$1,270,949.95	52	110	162	
Sexual Offender Program	\$41,540.00		5	5	
Monthly Outside AR Total:	\$1,320,394.95	52	117	169	***

	Expenditures	Unduplicated Recipient Count
Outside AR YTD Total:	\$12,940,025.56	507

Number Outside Arkansas within Medicaid's fifty (50) mile trade area:		167
	YTD:	505
Number Outside Arkansas beyond Medicaid's fifty (50) mile trade area:	Monthly:	2
	YTD:	2

\*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.