



Division of Medical Services

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

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

Sincerely,

A handwritten signature in black ink, appearing to read "Eugene Gessow".

Eugene Gessow,
Director

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

Medicaid Totals For Paid Dates 4/01/2010 - 4/30/2010

In-state:

| Facility Type | Expenditures | F - Female | M - Male | Total |
|--------------------------------|-----------------|------------------------------|------------------------------|-------|
| | | Unduplicated Recipient Count | Unduplicated Recipient Count | |
| *Inpatient Psychiatric Program | \$2,886.00 | | 1 | 1 |
| **Residential Program | \$11,611,288.42 | 529 | 853 | 1,382 |
| Monthly In-State Total: | \$11,614,174.42 | 529 | 854 | 1,383 |

| | Expenditures | Unduplicated Recipient Count |
|---------------------|-----------------|------------------------------|
| In-State YTD Total: | \$99,294,950.41 | 4,711 |

Outside Arkansas:

| Facility Type | Expenditures | F - Female | M - Male | Total |
|--------------------------------|----------------|------------------------------|------------------------------|---------|
| | | Unduplicated Recipient Count | Unduplicated Recipient Count | |
| *Inpatient Psychiatric Program | \$8,835.00 | 2 | | 2 |
| **Residential Program | \$2,143,604.00 | 71 | 167 | 238 |
| Sexual Offender Program | \$41,540.00 | | 5 | 5 |
| Monthly Outside AR Total: | \$2,193,979.00 | 73 | 172 | 245 *** |

| | Expenditures | Unduplicated Recipient Count |
|-----------------------|-----------------|------------------------------|
| Outside AR YTD Total: | \$19,706,980.42 | 631 |

Number Outside Arkansas within Medicaid's fifty (50) mile trade area: Monthly: 244
 YTD: 629

Number Outside Arkansas beyond Medicaid's fifty (50) mile trade area: Monthly: 1
 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.