## **EXHIBIT E-2**



### **Division of Medical Services**

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July 10, 2013

Senator Stephanie Flowers, Chair Senate Committee on Children and Youth

Representative David Meeks, Chair House Committee on Aging, Children and Youth

Legislative & Military Affairs State Capitol Building Little Rock, AR 72201

Dear Senator Flowers and Representative Meeks:

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 2013 and includes state fiscal year-to-date paid claims data from July 2012 to June 30th, 2013.

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

Sincerely,

Andrew Allison, PhD

Director

AA/DW/jmoore

#### Medicaid Totals For Paid Dates 12/01/2012 - 12/31/2012

#### In-state:

		F - Female	M - Male	
Facility Type	Expenditures	Unduplicated Recipient Count	Unduplicated Recipient Count	Total
*Inpatient Psychiatric Program	\$0.00	0	0	Ō
**Residential Program	\$10,438,169.68	542	894	1,436
Monthly In-State Total:	\$10,438,169.68	542	894	1,436

	Expenditures	Unduplicated Recipient Count
In-State YTD Total:	\$63,472,926.47	3,645

#### **Outside Arkansas:**

		F - Female	M - Male		
Facility Type	Expenditures	Unduplicated Recipient Count	Unduplicated Recipient Count	Total	
*Inpatient Psychiatric Program	\$116,604.00		1	1	
**Residential Program	\$2,218,815.00	63	183	246	
Sexual Offender Program	\$8,040.00		1	1	
Monthly Outside AR Total:	\$2,343,459.00	63	185	248	**

	Expenditures	Unduplicated Recipient Count
Outside AR YTD Tota	: \$13,151,166.94	471

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

YTD: 465

Number Outside Arkansas beyond Medicaid's fifty (50) mile trade area: Monthly: 3

<sup>\*</sup>This represents recipients for whom only acute inpatient psych claims were billed.

<sup>\*\*</sup>This represents recipients for whom residential inpatient psych claims were billed, which may include recipients who received both acute and residential services.

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

### Medicaid Totals For Paid Dates 01/01/2013 - 01/31/2013

#### In-state:

		F - Female	M - Male	
Facility Type	Expenditures	Unduplicated Recipient Count	Unduplicated Recipient Count	Total
*Inpatient Psychiatric Program	\$7,774.00	0	1	1
**Residential Program	\$12,252,744.52	546	899	1,445
Monthly in-State Total:	\$12,260,518.52	546	900	1,446

	Expenditures	Unduplicated Recipient Count
In-State YTD Total:	\$75,733,444.99	4,037

### **Outside Arkansas:**

		F - Female	M - Male	
Facility Type	Expenditures	Unduplicated Recipient Count	Unduplicated Recipient Count	Total
*Inpatient Psychiatric Program	\$0.00	0	0	0
**Residential Program	\$2,297,090.00	67	186	253
Sexual Offender Program	\$11,524.00	0	2	2
Monthly Outside AR Total:	\$2,308,614.00	67	188	255 ***

	Expenditures	Unduplicated Recipient Count
Outside AR YTD Total:	\$15,459,780.94	511

Number Outside Arkansas within Medicaid's fifty (50) mile trade area: Monthly: 249

YTD: 505

Number Outside Arkansas beyond Medicaid's fifty (50) mile trade area: Monthly: 3

<sup>\*</sup>This represents recipients for whom only acute inpatient psych claims were billed.

<sup>\*\*</sup>This represents recipients for whom residential inpatient psych claims were billed, which may include recipients who received both acute and residential services.

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

#### Medicaid Totals For Paid Dates 02/01/2013 - 02/28/2013

#### In-state:

		F - Female	M - Male	
Facility Type	Expenditures	Unduplicated Recipient Count	Unduplicated Recipient Count	Total
*Inpatient Psychiatric Program	\$0.00	0	0	0
**Residential Program	\$10,534,092.84	558	915	1,473
Monthly In-State Total:	\$10,534,092.84	558	915	1,473

	Expenditures	Unduplicated Recipient Count
In-State YTD Total:	\$86,267,537.83	4,426

#### **Outside Arkansas:**

		F - Female	M - Male	
Facility Type	Expenditures	Unduplicated Recipient Count	Unduplicated Recipient Count	Total
*Inpatient Psychiatric Program	\$32,468.00	0	2	<u>2</u>
**Residential Program	\$2,054,388.00	59	173	232
Sexual Offender Program	\$16,616.00	0	2	2
Monthly Outside AR Total:	\$2,103,472.00	59	177	236

	Expenditures	Unduplicated Recipient Count
Outside AR YTD Total:	\$17,563,252.94	546

Number Outside Arkansas within Medicaid's fifty (50) mile trade area: Monthly: 232

YTD: 540

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

<sup>\*</sup>This represents recipients for whom only acute inpatient psych claims were billed.

<sup>\*\*</sup>This represents recipients for whom residential inpatient psych claims were billed, which may include recipients who received both acute and residential services.

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

### Medicaid Totals For Paid Dates 03/01/2013 - 03/31/2013

#### In-state:

,		F - Female	M - Male	
Facility Type	Expenditures	Unduplicated Recipient Count	Unduplicated Recipient Count	Total
*Inpatient Psychiatric Program	\$0.00	0	0	0
**Residential Program	\$10,740,701.15	542	935	1,477
Monthly In-State Total:	\$10,740,701.15	542	935	1,477

	Expenditures	Unduplicated Recipient Count
In-State YTD Total:	\$97,008,238.98	4,804

#### **Outside Arkansas:**

		F - Female	M - Male	
Facility Type	Expenditures	Unduplicated Recipient Count	Unduplicated Recipient Count	Total
*Inpatient Psychiatric Program	\$4,410.00	0	1	1
**Residential Program	\$2,005,270.00	61	178	239
Sexual Offender Program	\$15,276.00	0	3	3
Monthly Outside AR Total:	\$2,024,956.00	61	182	243

	Expenditures	Unduplicated Recipient Count
Outside AR YTD Total:	\$19,588,208.94	580

Number Outside Arkansas within Medicaid's fifty (50) mile trade area: Monthly: 238

YTD: 574

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

<sup>\*</sup>This represents recipients for whom only acute inpatient psych claims were billed.

<sup>\*\*</sup>This represents recipients for whom residential inpatient psych claims were billed, which may include recipients who received both acute and residential services.

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

### Medicaid Totals For Paid Dates 04/01/2013 - 04/30/2013

#### In-state:

		F - Female	M - Male	
Facility Type	Expenditures	Unduplicated Recipient Count	Unduplicated Recipient Count	Total
*Inpatient Psychiatric Program	\$0.00	0	0	0
**Residential Program	\$10,179,879.52	550	935	1,485
Monthly In-State Total:	\$10,179,879.52	550	935	1,485

	Expenditures	Unduplicated Recipient Count
In-State YTD Total:	\$107,188,118.50	5,167

#### **Outside Arkansas:**

		F - Female	M - Male	
Facility Type	Expenditures	Unduplicated Recipient Count	Unduplicated Recipient Count	Total
*Inpatient Psychiatric Program	\$14,508.00	0	1	1
**Residential Program	\$1,804,908.19	66	162	228
Sexual Offender Program	\$24,924.00	0	3	3
Monthly Outside AR Total:	\$1,844,340.19	66	166	232 **

	Expenditures	Unduplicated Recipient Count
Outside AR YTD Total:	\$21,432,549.13	608

Number Outside Arkansas within Medicaid's fifty (50) mile trade area: Monthly: 230

YTD: 602

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

<sup>\*</sup>This represents recipients for whom only acute inpatient psych claims were billed.

<sup>\*\*</sup>This represents recipients for whom residential inpatient psych claims were billed, which may include recipients who received both acute and residential services.

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

#### Medicaid Totals For Paid Dates 05/01/2013 - 05/31/2013

#### In-state:

		F - Female	M - Male	
Facility Type	Expenditures	Unduplicated Recipient Count	Unduplicated Recipient Count	Total
*Inpatient Psychiatric Program	\$5,040.00	1	0	1
**Residential Program	\$12,879,593.71	641	1,007	1,648
Monthly In-State Total:	\$12,884,633.71	642	1,007	1,648

	Expenditures	Unduplicated Recipient Count
In-State YTD Total:	\$120,072,752.21	5,669

### **Outside Arkansas:**

		F - Female	M - Male		]
Facility Type	Expenditures	Unduplicated Recipient Count	Unduplicated Recipient Count	Total	
*Inpatient Psychiatric Program	\$13,104.00	,0	1	1	1
**Residential Program	\$2,603,400.03	71	179	250	
Sexual Offender Program	\$24,120.00	0	3	3	
Monthly Outside AR Total:	\$2,640,624.03	71	183	254	**

	Expenditures	Unduplicated Recipient Count
Outside AR YTD Total:	\$24,073,173.16	664

Number Outside Arkansas within Medicaid's fifty (50) mile trade area: Monthly: 248

YTD: 658

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

<sup>\*</sup>This represents recipients for whom only acute inpatient psych claims were billed.

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

#### Medicaid Totals For Paid Dates 06/01/2013 - 06/30/2013

#### In-state:

		F - Female	M - Male	
Facility Type	Expenditures	Unduplicated Recipient Count	Unduplicated Recipient Count	Total
*Inpatient Psychiatric Program	\$0.00	0	0	0
**Residential Program	\$10,694,439.96	582	894	1,476
Monthly In-State Total:	\$10,694,439.96	582	894	1,476

	Expenditures	Unduplicated Recipient Count
In-State YTD Total:	\$130,767,192.17	6,001

### **Outside Arkansas:**

		F - Female	M - Male	
Facility Type	Expenditures	Unduplicated Recipient Count	Unduplicated Recipient Count	Total
*Inpatient Psychiatric Program	\$0.00	0	0	Ó
**Residential Program	\$2,040,535.20	65	169	234
Sexual Offender Program	\$24,924.00	0	3	3
Monthly Outside AR Total:	\$2,065,459.20	65	172	237 ***

	Expenditures	Unduplicated Recipient Count
Outside AR YTD Total:	\$26,138,632.36	707

Number Outside Arkansas within Medicaid's fifty (50) mile trade area: Monthly: 232

YTD: 701

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

<sup>\*</sup>This represents recipients for whom only acute inpatient psych claims were billed.

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