

### Division of Medical Services

Medicaid Director's Office

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August 10, 2020

Senator Cecile Bledsoe, Senate Co-Chair Representative Jeff Wardlaw, House Co-Chair

Arkansas Legislative Council State Capitol Building Little Rock, AR 72201

RE: Inpatient Psychiatric Placements for May, June, & July 2020

Dear Senator Bledsoe and Representative Wardlaw:

Please find attached the Medicaid In-State and Out-Of-State Inpatient Psychiatric Placements Report as required by A.C.A § 20-46-105. The report includes data for claims paid in May, June, and July 2020 and includes state fiscal year-to-date paid claims data from July 1, 2019 to July 31, 2020. Also included is the report from June 2019 for comparison.

This report includes only acute inpatient services for Medicaid beneficiaries who are not members of a PASSE. Psychiatric acute inpatient services are provided in freestanding psychiatric hospitals and a typical length of stay is 5 days. The out of state providers are all located in border states.

If you have any questions regarding the attached report, please contact Janet Mann, Director, at 682-8330.

Sincerely,

Director

**Division of Medical Services** 

Medicaid Totals For Paid Dates May 1, 2020 and May 31, 2020

### In-State:

		F - FEMALE Unduplicated Recipient Count		M - MALE Unduplicated Recipient Count		Unduplicated Recipient Count
	Expenditures					
Inpatient Psychiatric Program	\$1,313,081.54		163		127	290
Monthly In-State Total:	\$1,313,081.54		163		127	290
	Expe	enditures	Unduplicated Re	cipient Count		

### **Outside Arkansas:**

			F-F	EMALE	M - N	MALE	Undumlicated Desirient
	Expenditures		Unduplicated Recipient Count		Unduplicated Recipient Count		Unduplicated Recipient Count
Inpatient Psychiatric Program	\$21,780	0.00		2		2	
Monthly Outside AR Total	\$21,780	0.00		2		2	4
		Expe	nditures	Unduplicated Re	cipient Count		
OutSide AR YTD Total:		9	\$253,555.68	58			

Number Outside Arkansas within Medicaids fifty (50) mile trade area

Monthly: 4
YTD: 58
Number Outside Arkansas beyond Medicaids fifty (50) mile trade area:

Monthly: 0
YTD: 0

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

<sup>\*\*</sup>This report excludes encounters

Medicaid Totals For Paid Dates Jun 1, 2020 and Jun 30, 2020

### In-State:

			F - I	FEMALE	M - I	MALE	Unduplicated Paginiant
	Expenditures		Unduplicated Recipient Count		Unduplicated Recipient Count		Unduplicated Recipient Count
Inpatient Psychiatric Program	\$1,127	7,903.96		140		112	252
Monthly In-State Total:	\$1,127	,903.96		140		112	252
		Expe	enditures	Unduplicated Re	cipient Count		
In-State YTD Total:		\$20	0,166,129.81		3,592		

# **Outside Arkansas:**

	Evpandituras	F-	FEMALE	Undunlicator	d Paciniant Count
	Expenditures	Unduplicated Recipient Count		Unduplicated Recipient Count	
Inpatient Psychiatric Program	\$3,174.00		1		1
Monthly Outside AR Total	\$3,174.00		1		1
	Exp	enditures	Unduplicated Rec	ipient Count	
OutSide AR YTD Total:		\$256,729.68	59		

Number Outside Arkansas within Medicaids fifty (50) mile trade area

Monthly: 1
YTD: 59
Number Outside Arkansas beyond Medicaids fifty (50) mile trade area:

Monthly: 0
YTD: 0

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

<sup>\*\*</sup>This report excludes encounters

Medicaid Totals For Paid Dates Jul 1, 2020 and Jul 31, 2020

### In-State:

			F - F	FEMALE	M - I	MALE	Undumlicated Paginiant
	Expenditures		Unduplicated Recipient Count		Unduplicated Recipient Count		Unduplicated Recipient Count
Inpatient Psychiatric Program	chiatric \$1,146,724.40		158		145		303
Monthly In-State Total:	\$1,146	,724.40		158		145	303
		Expe	nditures	Unduplicated Re	cipient Count		
In-State YTD Total:		\$	1,146,724.40		303		

## **Outside Arkansas:**

	Francis ditamen	F-	FEMALE	Underplicated Paginiant Count	
	Expenditures	Unduplicated Recipient Count		Unduplicated Recipient Count	
Inpatient Psychiatric Program	(\$1,058.00)		1		1
Monthly Outside AR Total	(\$1,058.00)		1		1
	Exp	enditures	Unduplicated Red	ipient Count	
OutSide AR YTD Total:		(\$1,058.00)	1		

Number Outside Arkansas within Medicaids fifty (50) mile trade area

Monthly: 1
YTD: 1
Number Outside Arkansas beyond Medicaids fifty (50) mile trade area:

Monthly: 0
YTD: 0

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

<sup>\*\*</sup>This report excludes encounters

Medicaid Totals For Paid Dates Jun 1, 2019 and Jun 30, 2019

# In-State:

		F - I	FEMALE	M - I	MALE	Unduplicated Recipient	
	Expenditures		Unduplicated Recipient Count		ed Recipient ount	Count	
Inpatient Psychiatric Program	\$1,434,160.0	2	256		207	463	
Monthly In-State Total:	\$1,434,160.02		256		207	463	
			1				
	E	penditures	Unduplicated Re	cipient Count			
In-State YTD Total:		\$52,008,271.80		5,807			

### **Outside Arkansas:**

		F-F	EMALE	M - N	MALE	Unduplicated Paginiant
	Expenditures	Ondupiica	Unduplicated Recipient Count		ed Recipient unt	Unduplicated Recipient Count
Inpatient Psychiatric Program	\$20,126.6	)	2		5	
Monthly Outside AR Total	\$20,126.60		2		5	7
	E	xpenditures	Unduplicated Re	ecipient Count		
OutSide AR YTD Total:		\$452,407.50	104			

Number Outside Arkansas within Medicaids fifty (50) mile trade area

Monthly: 7
YTD: 104
Number Outside Arkansas beyond Medicaids fifty (50) mile trade area:

Monthly: 0
YTD: 0

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

<sup>\*\*</sup>This report excludes encounters