

Division of Medical Services

Medicaid Director's Office

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August 5th, 2021

Senator Terry Rice, Senate Co-Chair Representative Jeff Wardlaw, House Co-Chair

Arkansas Legislative Council State Capitol Building Little Rock, AR 72201

Dear Senator Rice and Representative Wardlaw:

Please find attached the Medicaid In-State and Out-Of-State Inpatient Psychiatric Placements Report as required by A.C.A Section 20-46-105. The report includes data for claims paid in July 2021 and includes state fiscal year-to-date paid claims data from July 1, 2021 to July 31, 2021.

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 Elizabeth Pitman, Director, at 501-244-3944.

Sincerely,

Directór, Division of Medical Services

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

Medicaid Totals For Paid Dates Jul 1, 2021 through Jul 31, 2021

In-State:

| | Expenditures | | F - FEMALE Unduplicated Recipient Count | | M - MALE Unduplicated Recipient Count | | Unduplicated Recipient Count |
|----------------------------------|--------------|----------------|---|-----------------|---|----|---------------------------------|
| | | | | | | | |
| Inpatient Psychiatric Program | \$1,152 | 2,300.15 | | 146 | | 86 | 232 |
| Monthly In-State Total: | \$1,152 | ,300.15 | | 146 | | 86 | 232 |
| | | Expe | enditures | Unduplicated Re | cipient Count | | |
| In-State YTD Total: | | \$1,152,300.15 | | 232 | | | |

Outside Arkansas: Г

| | Expenditures | F - | FEMALE Unduplic | Undunlicato | ted Recipient Count | |
|-------------------------------|--------------|--------------------------|------------------|---------------|---------------------|--|
| | Experiatures | Unduplicate | | | | |
| Inpatient Psychiatric Program | \$28,476.00 | | 2 | | 2 | |
| Monthly Outside AR Total | \$28,476.00 | | 2 | | 2 | |
| | | | | | | |
| | | | | | | |
| | Exp | enditures | Unduplicated Rec | cipient Count | | |
| OutSide AR YTD Total: | Exp | enditures \$28,476.00 | Unduplicated Rec | cipient Count | | |

| 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: 1 |
| | YTD: 1 |

**This represents recipients for whom only acute inpatient psych claims were billed.

**This report excludes encounters