

## **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: <b>1</b>
Number Outside Arkansas beyond Medicaids fifty (50) mile trade area:	Monthly: 1
	YTD: <b>1</b>

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

\*\*This report excludes encounters