

Division of Medical Services

Medicaid Director's Office

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October 8, 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 September 2021 and includes state fiscal year-to-date paid claims data from September 1, 2021 to September 30, 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

Version:1.0

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Medicaid Totals For Paid Dates Sep 1, 2021 through Sep 30, 2021

In-State:

	Expenditures		F - FEMALE Unduplicated Recipient Count		M - MALE Unduplicated Recipient Count		Unduplicated Recipient Count
Inpatient Psychiatric Program	\$1,350),405.30		186		119	30
Monthly In-State Total:	\$1,350	,405.30		186		119	305
		Expe	enditures	Unduplicated Re	cipient Count		
In-State YTD Total:		\$	3,325,330.89		674		

Outside Arkansas:

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	Expenditures		F - F	EMALE	M - MALE Unduplicated Recipient Count		Unduplicated Recipient Count
				ted Recipient ount			
Inpatient Psychiatric Program	\$21,3	312.00		3		1	
Monthly Outside AR Total	\$21,3	12.00		3		1	
		Exp	enditures	Unduplicated Re	cipient Count		
OutSide AR YTD Total:		\$52,553.00		7			

Number Outside Arkansas within Medicaids fifty (50) mile trade area	Monthly: 2
	YTD: 3
Number Outside Arkansas beyond Medicaids fifty (50) mile trade area:	Monthly: 2
	YTD: 4

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

**This report excludes encounters