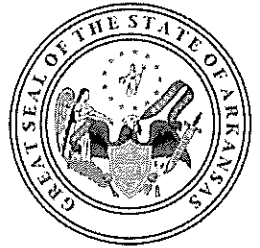




Division of Medical Services
Medicaid Director's Office

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May 1, 2017

Senator Bill Sample, Senate Co-Chair
Representative David L. Branscum, House Co-Chair

Arkansas Legislative Council
State Capitol Building
Little Rock, AR 72201

Dear Senator Sample and Representative Branscum:

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 April 2017 and includes state fiscal year-to-date paid claims data from July 1, 2016 to April 30, 2017.

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

Sincerely,

A handwritten signature in cursive script that reads "Dawn Stehle".

Dawn Stehle
Director

AA/DW/dab

**Number of Medicaid Recipients
With Out-of-State Inpatient Psychiatric Placements**
Medicaid Totals For Paid Dates Apr 1, 2017 and Apr 30, 2017

Version:1.0

In-State:

| Facility Type | Expenditures | F - Female | M - Male | Total |
|--------------------------------|-----------------------|------------------------------|------------------------------|--------------|
| | | Unduplicated Recipient Count | Unduplicated Recipient Count | |
| Inpatient Psychiatric Program | \$224,432.11 | 30 | 15 | 45 |
| Residential Program | \$8,877,029.05 | 570 | 686 | 1,256 |
| Sexual Offender Program | 0.00 | 0 | 0 | 0 |
| Monthly In-State Total: | \$9,101,461.16 | 600 | 701 | 1,301 |

| | Expenditures | Unduplicated Recipient Count |
|----------------------------|------------------------|------------------------------|
| In-State YTD Total: | \$90,775,977.13 | 5,585 |

Outside Arkansas:

| | Expenditures | F - Female | M - Male | Total |
|----------------------------------|---------------------|------------------------------|------------------------------|------------|
| | | Unduplicated Recipient Count | Unduplicated Recipient Count | |
| Inpatient Psychiatric Program | \$6,516.00 | 1 | 1 | 2 |
| Residential Program | \$962,369.00 | 47 | 80 | 127 |
| Sexual Offender Program | 0.00 | 0 | 0 | 0 |
| Monthly Outside AR Total: | \$968,885.00 | 48 | 81 | 129 |

| | Expenditures | Unduplicated Recipient Count |
|------------------------------|------------------------|------------------------------|
| OutSide AR YTD Total: | \$11,601,803.36 | 384 |

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

Monthly: 125
YTD: 370

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

Monthly: 0
YTD: 14

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