



## Division of Medical Services

Medicaid Director's Office

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May 7, 2019

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

Arkansas Legislative Council  
State Capitol Building  
Little Rock, AR 72201

Dear Senator Bledsoe and Representative Wardlaw:

Please find attached the Medicaid In-State and Out-Of-State Inpatient Psychiatric Placements Report as required by AC.A Section 20-46-105. The report includes data for claims paid in April 2019 and includes state fiscal year-to-date paid claims data from July 1, 2018 to April 30, 2019.

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

Sincerely,

A handwritten signature in cursive script that reads "Janet Mann".

Director  
Division of Medical Services

**Number of Medicaid Recipients  
With Out-of-State Inpatient Psychiatric Placements**  
Medicaid Totals For Paid Dates Apr 1, 2019 and Apr 30, 2019

Version:1.0

**In-State:**

Facility Type	Expenditures	F - FEMALE	M - MALE	Total
		Unduplicated Recipient Count	Unduplicated Recipient Count	
Inpatient Psychiatric Program	\$3,144,582.51	383	332	715
Residential Program	\$325,084.40	49	56	105
Sexual Offender Program	0.00	0	0	0
<b>Monthly In-State Total:</b>	<b>\$3,469,666.91</b>	<b>432</b>	<b>388</b>	<b>820</b>

  

	Expenditures	Unduplicated Recipient Count
In-State YTD Total:	\$84,768,194.97	5,533

**Outside Arkansas:**

	Expenditures	F - FEMALE	M - MALE	M - Male	Total
		Unduplicated Recipient Count	Unduplicated Recipient Count	Unduplicated Recipient Count	
Inpatient Psychiatric Program	\$25,626.00	3	3	0	6
Residential Program	0.00	0	0	0	0
Sexual Offender Program	0.00	0	0	0	0
<b>Monthly Outside AR Total:</b>	<b>\$25,626.00</b>	<b>3</b>	<b>3</b>	<b>0</b>	<b>6</b>

  

	Expenditures	Unduplicated Recipient Count
OutSide AR YTD Total:	\$2,409,899.50	145

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

Monthly: 6  
YTD: 143

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

Monthly: 0  
YTD: 2

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