



Division of Medical Services
Medicaid Director's Office

P.O. Box 1437, Slot S401 · Little Rock, AR 72203-1437
501-682-8292 · Fax: 501-682-1197



February 4, 2019

Senator Bill Sample, Senate Co-Chair
Representative Jim Dotson, House Co-Chair

Arkansas Legislative Council
State Capitol Building
Little Rock, AR 72201

Dear Senator Sample and Representative Dotson:

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 January 2019 and includes state fiscal year-to-date paid claims data from July 1, 2018 to January 31, 2019.

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

Sincerely,

A handwritten signature in black ink that reads "Tami Harlan".

Director
Division of Medical Services

**Number of Medicaid Recipients
With Out-of-State Inpatient Psychiatric Placements**
Medicaid Totals For Paid Dates Jan 1, 2019 and Jan 31, 2019

Version:1.0

In-State:

Facility Type	Expenditures	F - FEMALE	M - MALE	Total
		Unduplicated Recipient Count	Unduplicated Recipient Count	
Inpatient Psychiatric Program	\$4,024,975.13	378	339	717
Residential Program	\$4,589,896.50	219	254	473
Sexual Offender Program	0.00	0	0	0
Monthly In-State Total:	\$8,614,871.63	597	593	1,190

	Expenditures	Unduplicated Recipient Count
In-State YTD Total:	\$66,734,009.53	4,440

Outside Arkansas:

	Expenditures	F - FEMALE	M - MALE	M - Male	Total
		Unduplicated Recipient Count	Unduplicated Recipient Count	Unduplicated Recipient Count	
Inpatient Psychiatric Program	\$25,074.40	2	4	0	6
Residential Program	\$115,115.00	9	17	0	26
Sexual Offender Program	0.00	0	0	0	0
Monthly Outside AR Total:	\$140,189.40	11	21	0	32

	Expenditures	Unduplicated Recipient Count
OutSide AR YTD Total:	\$1,894,814.70	124

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

Monthly: 32
YTD: 122

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.