



## Division of Medical Services

Medicaid Director's Office

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July 8, 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 June 2019 and includes state fiscal year-to-date paid claims data from July 1, 2018 to June 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 Jun 1, 2019 and Jun 30, 2019

Version:1.0

**In-State:**

Facility Type	Expenditures	F - FEMALE	M - MALE	Total
		Unduplicated Recipient Count	Unduplicated Recipient Count	
Inpatient Psychiatric Program	\$1,434,160.02	256	207	463
Residential Program	(\$551,595.67)	18	17	35
Sexual Offender Program	0.00	0	0	0
<b>Monthly In-State Total:</b>	<b>\$882,564.35</b>	<b>274</b>	<b>224</b>	<b>498</b>

  

	Expenditures	Unduplicated Recipient Count
In-State YTD Total:	\$89,455,361.44	6,235

**Outside Arkansas:**

	Expenditures	F - FEMALE	M - MALE	M - Male	Total
		Unduplicated Recipient Count	Unduplicated Recipient Count	Unduplicated Recipient Count	
Inpatient Psychiatric Program	\$17,546.00	2	3	0	5
Residential Program	(\$62,650.00)	0	3	0	3
Sexual Offender Program	0.00	0	0	0	0
<b>Monthly Outside AR Total:</b>	<b>(\$45,104.00)</b>	<b>2</b>	<b>6</b>	<b>0</b>	<b>8</b>

  

	Expenditures	Unduplicated Recipient Count
OutSide AR YTD Total:	\$2,421,475.10	155

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

Monthly: 10  
YTD: 153

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.