



Division of Medical Services
Medicaid Director's Office

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April 3, 2018

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 March 2018 and includes state fiscal year-to-date paid claims data from July 1, 2017 to March 31, 2018.

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". The signature is written in black ink and is positioned above the printed name and title.

Dawn Stehle
Director

AA/DW/dab

**Number of Medicaid Recipients
With Out-of-State Inpatient Psychiatric Placements**
Medicaid Totals For Paid Dates Mar 1, 2018 and Mar 31, 2018

Version:1.0

In-State:

| Facility Type | Expenditures | F - FEMALE | M - MALE | Total |
|--------------------------------|------------------------|------------------------------|------------------------------|--------------|
| | | Unduplicated Recipient Count | Unduplicated Recipient Count | |
| Inpatient Psychiatric Program | \$6,381,621.75 | 621 | 656 | 1,277 |
| Residential Program | \$5,129,236.00 | 686 | 680 | 1,366 |
| Sexual Offender Program | 0.00 | 0 | 0 | 0 |
| Monthly In-State Total: | \$11,510,857.75 | 1,307 | 1,336 | 2,643 |

| | Expenditures | Unduplicated Recipient Count |
|---------------------|-----------------|------------------------------|
| In-State YTD Total: | \$83,554,469.06 | 7,720 |

Outside Arkansas:

| | Expenditures | F - FEMALE | M - MALE | M - Male | Total |
|----------------------------------|---------------------|------------------------------|------------------------------|------------------------------|------------|
| | | Unduplicated Recipient Count | Unduplicated Recipient Count | Unduplicated Recipient Count | |
| Inpatient Psychiatric Program | \$80,979.50 | 5 | 20 | 0 | 25 |
| Residential Program | \$488,862.00 | 47 | 89 | 0 | 136 |
| Sexual Offender Program | 0.00 | 0 | 0 | 0 | 0 |
| Monthly Outside AR Total: | \$569,841.50 | 52 | 109 | 0 | 161 |

| | Expenditures | Unduplicated Recipient Count |
|-----------------------|----------------|------------------------------|
| OutSide AR YTD Total: | \$5,779,287.90 | 553 |

| | |
|---|--------------------------|
| Number Outside Arkansas within Medicaid's fifty (50) mile trade area | Monthly: 146 YTD: 548 |
| Number Outside Arkansas beyond Medicaid's fifty (50) mile trade area: | Monthly: 1 YTD: 5 |

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