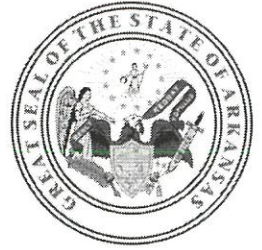




Division of Medical Services
Medicaid Director's Office

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



March 7, 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 February 2019 and includes state fiscal year-to-date paid claims data from July 1, 2018 to February 28, 2019.

If you have any questions regarding the attached report, please contact Janet Mann, Director, at 501-320-6270.

Sincerely,

A handwritten signature in blue ink 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 Feb 1, 2019 and Feb 28, 2019

Version:1.0

In-State:

Facility Type	Expenditures	F - FEMALE	M - MALE	Total
		Unduplicated Recipient Count	Unduplicated Recipient Count	
Inpatient Psychiatric Program	\$3,755,477.64	307	317	624
Residential Program	\$4,234,833.50	204	253	457
Sexual Offender Program	0.00	0	0	0
Monthly In-State Total:	\$7,990,311.14	511	570	1,081

	Expenditures	Unduplicated Recipient Count
In-State YTD Total:	\$74,724,320.67	4,707

Outside Arkansas:

	Expenditures	F - FEMALE	M - MALE	M - Male	Total
		Unduplicated Recipient Count	Unduplicated Recipient Count	Unduplicated Recipient Count	
Inpatient Psychiatric Program	\$33,489.40	6	4	0	10
Residential Program	\$259,350.00	8	17	0	25
Sexual Offender Program	0.00	0	0	0	0
Monthly Outside AR Total:	\$292,839.40	14	21	0	35

	Expenditures	Unduplicated Recipient Count
OutSide AR YTD Total:	\$2,189,627.50	136

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

Monthly: 36
YTD: 134

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.