



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 -11 97



June 10, 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 May 2019 and includes state fiscal year-to-date paid claims data from July 1, 2018 to May 31, 2019.

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

Sincerely,

A handwritten signature in black ink that reads "Janet Mann". The signature is written in a cursive style.

Director
Division of Medical Services

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

Version:1.0

In-State:

Facility Type	Expenditures	F - FEMALE	M - MALE	Total
		Unduplicated Recipient Count	Unduplicated Recipient Count	
Inpatient Psychiatric Program	\$3,771,043.77	439	324	763
Residential Program	\$33,558.35	8	12	20
Sexual Offender Program	0.00	0	0	0
Monthly In-State Total:	\$3,804,602.12	447	336	783

	Expenditures	Unduplicated Recipient Count
In-State YTD Total:	\$88,572,797.09	6,009

Outside Arkansas:

	Expenditures	F - FEMALE	M - MALE	M - Male	Total
		Unduplicated Recipient Count	Unduplicated Recipient Count	Unduplicated Recipient Count	
Inpatient Psychiatric Program	\$54,099.00	6	5	0	11
Residential Program	0.00	0	0	0	0
Sexual Offender Program	0.00	0	0	0	0
Monthly Outside AR Total:	\$54,099.00	6	5	0	11

	Expenditures	Unduplicated Recipient Count
OutSide AR YTD Total:	\$2,463,998.50	150

Number Outside Arkansas within Medicaid's fifty (50) mile trade area	Monthly: 11 YTD: 148
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.