

Division of Medical Services

Medicaid Director's Office

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December 5, 2016

Senator Bill Sample, Senate Co-Chair Representative David I. Branscum, House Co-Chair

Arkansas Legislative Council State Capitol Building Little Rock, AR 72201

Dear Senator Sample and Representative Branscum:

Attached are the reports of Medicaid In-State and Out-Of-State Inpatient Psychiatric Placements as required by A.C.A. Section 20-46-105. The report includes data for claims paid in November 2016 and includes state fiscal year-to-date paid claims data from July 1, 2016 to November 30, 2016.

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

Sincerely,

Stehle anz Dawn Stehle

Dawn Stehle Director

AA/DW/dab

Number of Medicaid Recipients With Out-of-State Inpatient Psychiatric Placements

Medicaid Totals For Paid Dates Nov 1, 2016 and Nov 30, 2016

In-State:

| Facility Type | Expenditures | F - Female | M - Male | Total |
|-------------------------------|-----------------|---------------------------------|---------------------------------|-------|
| | | Unduplicated Recipient Count | Unduplicated Recipient Count | |
| Inpatient Psychiatric Program | \$143,912.46 | 25 | 12 | 37 |
| Residential Program | \$9,655,891.29 | 628 | 817 | 1,445 |
| Sexual Offender Program | 0.00 | 0 | 0 | 0 |
| Monthly In-State Total: | \$9,799,803.75 | 653 | 829 | 1,482 |
| | | | _ | |
| | Expenditures | Unduplicated Recipient Count | t | |
| In-State YTD Total: | \$43,173,617.63 | 3,262 | 2 | |

Outside Arkansas:

| | Expenditures | F - Female | M - Male | Total |
|-------------------------------|--------------|------------------------------|------------------------------|-------|
| | | Unduplicated Recipient Count | Unduplicated Recipient Count | |
| Inpatient Psychiatric Program | 0.00 | 0 | 0 | 0 |
| Residential Program | \$990,159.37 | 55 | 86 | 141 |
| Sexual Offender Program | 0.00 | 0 | 0 | 0 |
| Monthly Outside AR Total: | \$990,159.37 | 55 | 86 | 141 |

| | Expenditures | Unduplicated Recipient Count |
|-----------------------|----------------|------------------------------|
| OutSide AR YTD Total: | \$5,752,990.97 | 246 |

| Number Outside Arkansas within Medicaids fifty (50) mile trade area | Monthly: 137 YTD: 235 |
|--|--------------------------|
| Number Outside Arkansas beyond Medicaids fifty (50) mile trade area: | Monthly: 1 YTD: 11 |

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