

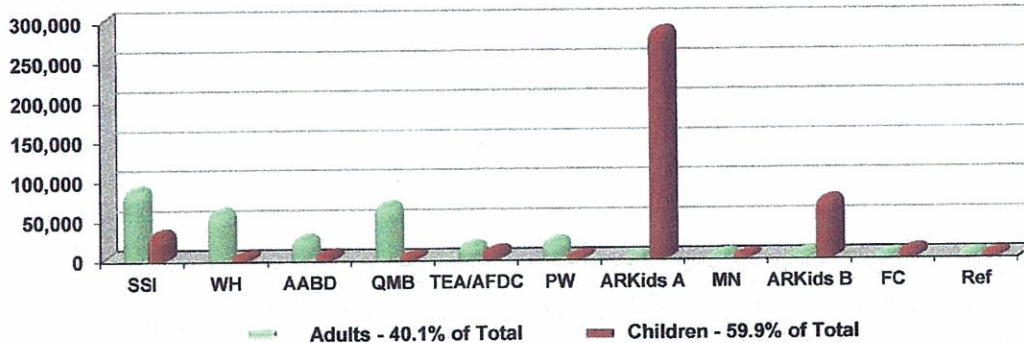
# EXHIBIT M

## MEDICAID QUARTERLY REPORT MEDICAID ELIGIBLES AND RECIPIENTS FIRST QUARTER - SFY 2014

### Eligibles and Recipients by Month

	SFY14		Recipients as	SFY13		Recipients as
	Eligibles	Recipients	% of Eligibles	Eligibles	Recipients	% of Eligibles
Jul	681,933	344,238	50.5%	675,192	341,853	50.6%
Aug	680,654	405,899	59.6%	676,205	392,779	58.1%
Sep	680,175	361,138	53.1%	672,814	404,002	60.0%

### Average Number of Eligibles per Month by Aid Category, Adults and Children (including ARKids First and CHIP)



### Eligibles (Adults and Children) by Aid Category

(Average for July, August, September 2014)

		Adults	Children	All
SSI	Supplemental Security Income	85,463	31,198	116,661
WH	Women's Health Waiver	57,506	883	58,389
AABD	Aid to the Aged, Blind and Disabled	24,049	3,895	27,944
QMB	Qualified Medicare Beneficiary	65,314	28	65,342
TEA/AFDC	Transitional Employment Assistance	14,635	8,503	23,138
PW	Pregnant Women	19,648	0	19,648
ARKids A	Low-Income Children	0	284,541	284,541
MN	Medically Needy	1,912	169	2,081
ARKids B	ARKids First Waiver	4,376	71,137	75,513
FC	Foster Care	260	7,396	7,656
Ref	Refugee	8	0	8
<b>Total Average Eligibles - 1st Qtr SFY 2014:</b>		<b>273,171</b>	<b>407,750</b>	<b>680,921</b>
<b>Total Average Eligibles - 1st Qtr SFY 2013:</b>		<b>271,255</b>	<b>403,482</b>	<b>674,737</b>
<b>Percentage of Increase from SFY 2013 to SFY 2014:</b>		<b>0.7%</b>	<b>1.1%</b>	<b>0.9%</b>

**Explanation of Monthly Recipient Counts:** Recipient counts include individuals who actually received services. Individuals for whom there was a managed care fee claim as part of the Primary Care Provider Program (Connect Care), but for whom there was no actual medical service, are not counted.

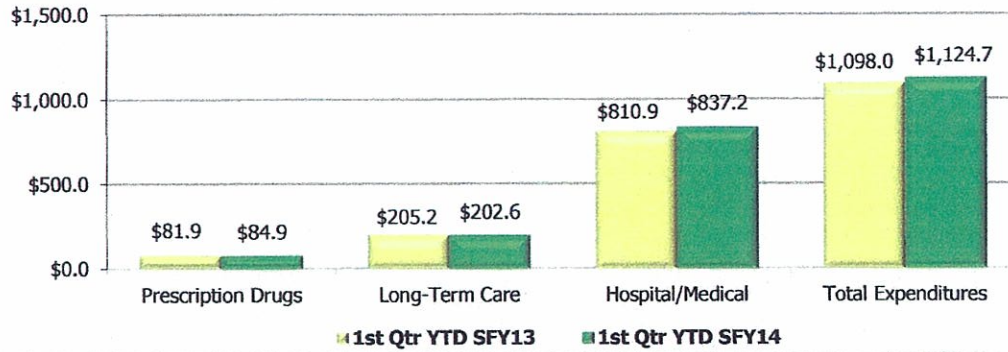
Sources: ACES Report IM-2414, OnDemand HMGR325J

# MEDICAID QUARTERLY REPORT

## MEDICAID PROGRAM EXPENDITURE DATA - VENDOR PAYMENTS

### FIRST QUARTER - SFY 2014

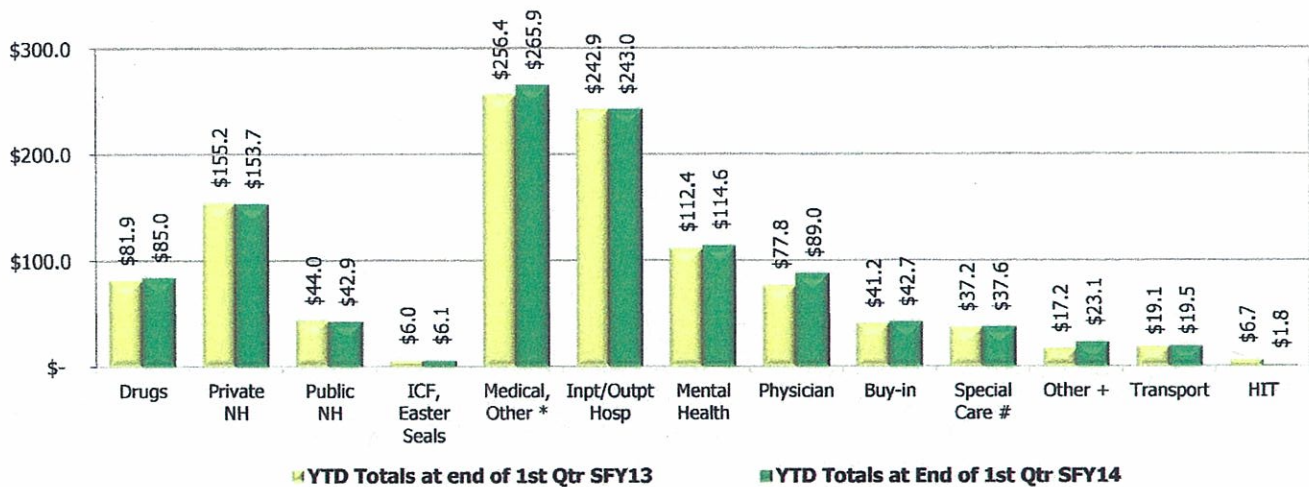
**Expenditure Comparison by Appropriation**  
(Expressed in millions)



**YTD Amounts**

	Hospital/ Medical	Drugs	Long Term Care	ARKids First	Medical Expansion	TOTAL
% of Budget Spent	100.1%	100.7%	97.3%	95.4%	112.5%	99.7%
Growth Over SFY13	3.0%	3.6%	-1.2%	-1.8%	28.5%	2.4%

**Total Medicaid Expenditures by Category**  
(Expressed in millions)



Actual Trust Fund Usage SFY13:	\$243,941,612
Actual Trust Fund Usage this Quarter:	\$0
Actual Trust Fund Usage Year-to-Date SFY14:	\$0
SFY14 Projected Trust Fund Usage per 7/1 Operating Budget:	\$45,437,605
SFY14 Revised Projected Trust Fund Usage 1/1/14 Operating Budget:	\$0
Trust Fund Balance Sept 30, 2013:	\$73,907,317

\*Medical, Other includes - EPSDT Screening, Rural Health Clinics, FQHC, Dental Svcs, DME, Optometrist, ElderChoices, Assisted Living & Therapy Svcs

#Special Care includes - Home Health, Personal Care, Private Duty Nursing, Hospice Services

+Other includes - Case Management and Contracts

Source: DHS, DAS, Quarterly Payout Reports

Department of Human Services - Division of Medical Services

Reports and Analysis

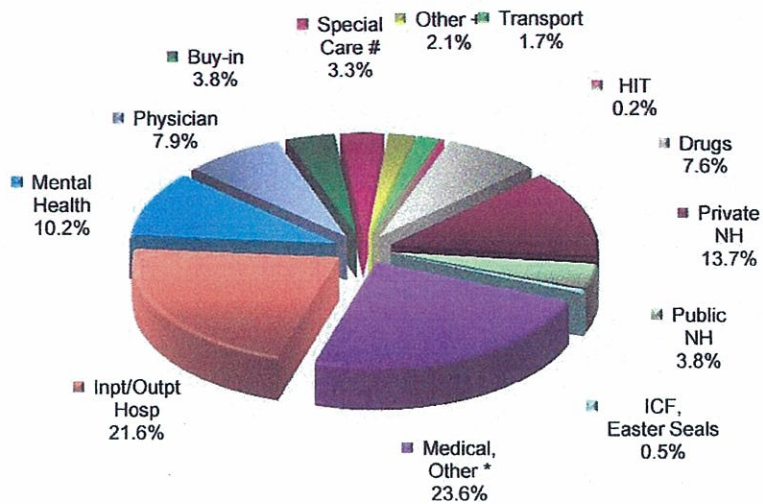
9/30/2013

# MEDICAID QUARTERLY REPORT

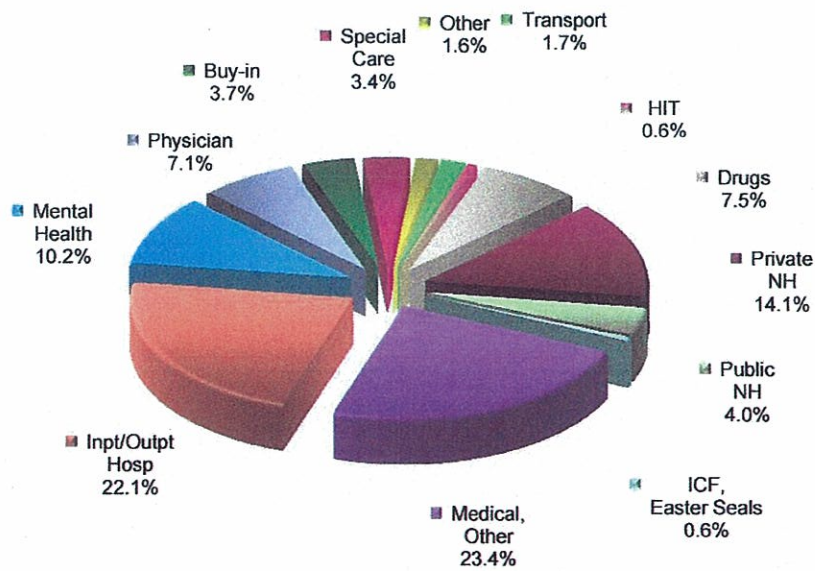
## MEDICAID PROGRAM EXPENDITURE DATA - VENDOR PAYMENTS

### FIRST QUARTER - SFY 2014

**Total Medicaid Expenditures  
Q1 YTD SFY 2014**



**Total Medicaid Expenditures  
SFY 2013**



## **MEDICAID POLICY CHANGES JULY – SEPTEMBER 2013**

<u>Effective Date</u>	<u>Description of Policy Change</u>
7-1-13	Rehabilitative Services for Persons with Mental Illness policy changed to specify the Psychiatric Diagnostic Assessment – Initial is for new patients while the Psychiatric Diagnostic Assessment – Continuing Care is for established patients. The change explains that only one (1) Psychiatric Diagnostic Assessment (whether Initial or Continuing Care) may be conducted without an extension of benefits. The update removes the requirement that a Psychiatric Diagnostic Assessment – Continuing Care must clarify the reason for referral during the interview of a parent (preferably both), the guardian (including the responsible DCFS caseworker) and/or the primary caretaker (including foster parents) for beneficiaries under the age of 18.
7-1-13	The Arkansas Title XIX State Plan has been amended to comply with 1902(a)(77), 1902(a)(39) and 1902(kk) of the Social Security Act which implements new screening methods and imposes an enrollment fee on institutional providers who are not already enrolled in Medicare. Pre-enrollment and post enrollment on-site visits will be made based on moderate and high risk categories of providers.
8-1-13	The Dental program implemented changes to benefit limits and authorization requirements to be more efficient. The changes to benefit limits focus on interperiodic dental screenings for beneficiaries under the age of 21 and radiographs for beneficiaries of all ages. In addition, prior authorization is required for surgical extractions for beneficiaries under the age of 21.
8-1-13	The Dental Provider Manual was expanded to provide more in depth information and requirements for orthodontic treatment. Specifically, comprehensive orthodontic treatment will now require a score of at least 28 on the HLD index as opposed to 26. The manual also addresses specific requirements for limited orthodontic treatment. Additionally, the update includes the addition of a national best practice for Composite Resin Restorations which allows only one amalgam or composite restoration per surface allowed every 2 years.
9-1-13	Arkansas Medicaid added three additional standardized tests to be available for occupational and physical therapists who treat Arkansas Medicaid beneficiaries. The tests are listed as the following: Wide Range Assessment of Visual–Motor Abilities (WRAVMA)—for Occupational Therapy, Sensory Processing Measure (SPM)—for Occupational and Physical Therapy and Sensory Processing Measure-Preschool (SPM-P)—for Occupational and Physical Therapy.

---

**MEDICAID ELIGIBILITY CHANGES  
JULY-SEPTEMBER 2013**

<u>Effective Date</u>	<u>Description of Eligibility Change</u>
07-30-13	MS 13-10, Individuals Eligible for Medicaid. Policy MS 2000-2220 was revised to reflect current policies and procedures regarding Medical Services Overview and to comply with Act 98 which requires the use of respectful language.

---