

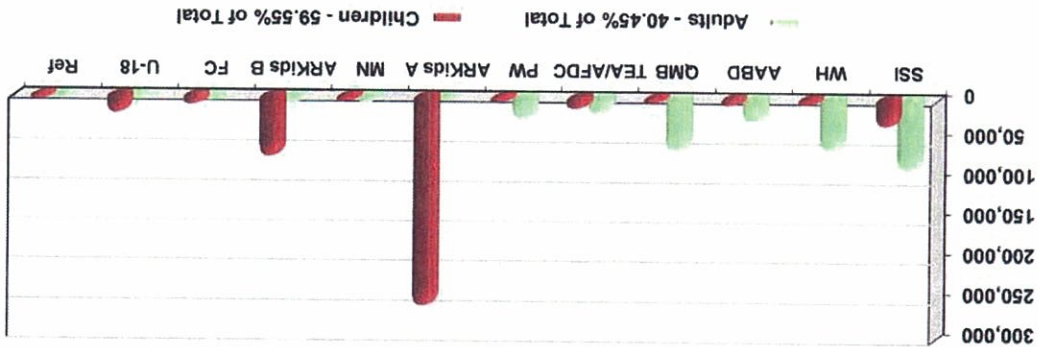
EXHIBIT I

MEDICAID QUARTERLY REPORT MEDICAID ELIGIBLES AND RECIPIENTS FOURTH QUARTER - SFY 2012

Eligibles and Recipients by Month

Month	SFY12		SFY11	
	Eligibles	Recipients as % of Eligibles	Eligibles	Recipients as % of Eligibles
Apr	676,650	376,550	668,943	368,447
May	676,712	409,368	668,388	366,141
Jun	675,335	361,312	669,597	387,010

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 April, May, June 2012)

Aid Category	Adults	Children	All
SSI	84,093	30,110	114,203
WH	59,190	1,134	60,324
AABD	24,489	3,782	28,271
QMB	60,842	21	60,863
TEA/AFDC	14,908	9,772	24,680
PW	22,874	0	22,874
ARKIDS A	0	259,246	259,246
MN	2,611	208	2,820
ARKIDS B	4,291	72,569	76,860
FC	259	6,993	7,252
U-18	7	18,828	18,835
Ref	3	18,835	18,835
Total Average Eligibles - 4th Qtr SFY 2012:	273,568	402,664	676,232
Total Average Eligibles - 4th Qtr SFY 2011:	271,695	398,243	669,938
Percentage of Increase from SFY 2011 to SFY 2012:	0.69%	1.11%	0.94%

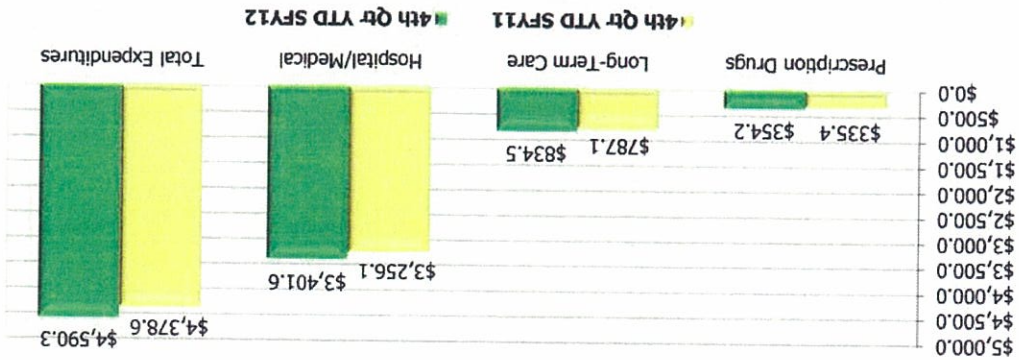
Explanation of Monthly Recipient Counts: Recipient counts include individuals who actually received services. Individuals for whom there was a managed care fee claim as part of the Primary Care Provider Program (Connect Care), but for whom there was no actual medical service, are not counted.

Sources: ACES Report IM-2414, Ondemand HMG325J

MEDICAID QUARTERLY REPORT MEDICAID PROGRAM EXPENDITURE DATA - VENDOR PAYMENTS FOURTH QUARTER - SFY 2012

Expenditure Comparison by Appropriation

(Expressed in millions)
Note: Expenditure Comparison by Appropriation based on 53 weeks for SFY11 and 52 weeks for SFY12

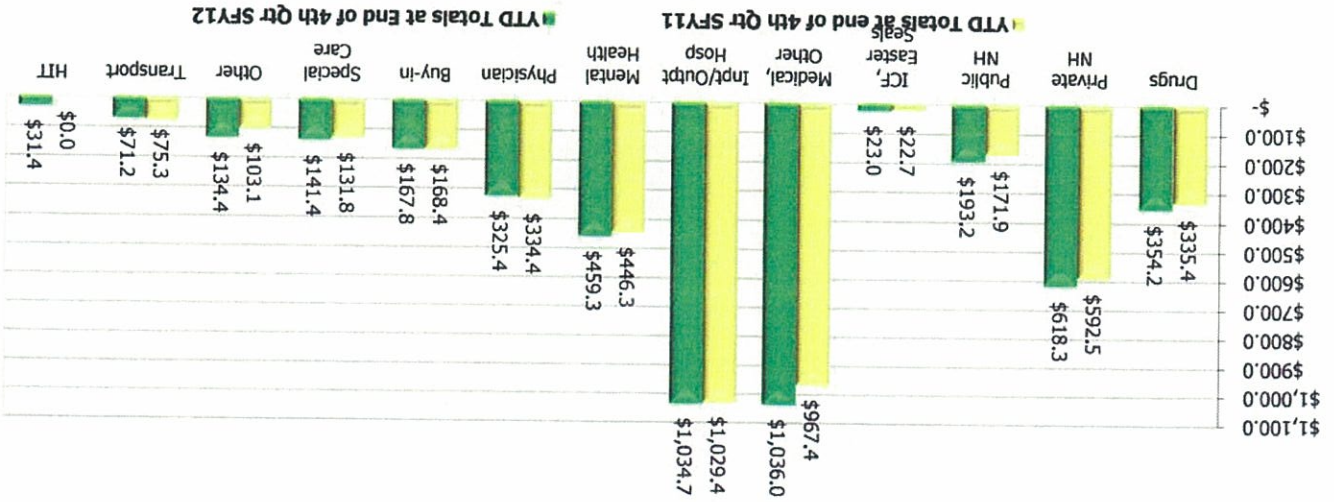


YTD Amounts

Category	% of Budget Spent	Growth Over SFY11
Hospital/Medical	99.50%	4.10%
Drugs	98.70%	5.30%
Long Term Care	99.90%	6.00%
ARKids First	98.00%	8.00%
Medical Expansion	91.00%	24.10%
TOTAL	99.40%	4.80%

Total Medicaid Expenditures by Category

(Expressed in millions)
Note: Comparison based on 53 weeks for SFY11 and 52 weeks for SFY12



Actual Trust Fund Usage SFY11:	\$0
Actual Trust Fund Usage this Quarter:	\$127,124,974
Actual Trust Fund Usage Year-to-Date SFY12:	\$127,124,974
SFY12 Projected Trust Fund Usage per 7/1 Operating Budget:	\$237,287,163
SFY12 Revised Projected Trust Fund Usage 12/30/11 Operating Budget:	\$155,060,319

Source: DHS, DAS, Quarterly Payout Reports

Department of Human Services
Division of Medical Services

**MEDICAID POLICY CHANGES
APRIL - JUNE 2012**

<u>Effective Date</u>	<u>Description of Policy Change</u>
4-1-12	Advanced Practice Nurses are allowed to perform a psychiatric diagnostic assessment in the Rehabilitative Services for Persons with Mental Illness Program.
5-1-12	The Rehabilitative Services for Persons with Mental Illness (RSPMI) manual was updated to include new procedure codes and modifiers for telemedicine. It also included services that may be provided via telemedicine for beneficiaries under the age of 21 and to include the minimum acceptable standards that providers must meet in order to be reimbursed by Arkansas Medicaid for providing services via telemedicine in the RSPMI program.
5-11-12	The Division of Medical Services has implemented use of the 2012 national Healthcare Common Procedure Coding System (HCPCS) and Current Procedure Terminology (CPT) procedure codes. All procedure codes deleted from the 2011 HCPCS and CPT procedure books are non-payable.

**MEDICAID ELIGIBILITY CHANGES
APRIL - JUNE 2012**

<u>Effective Date</u>	<u>Description of Eligibility Change</u>
04-01-12	MS 12-07, Appendix F and Appendix R. Updated the federal poverty levels and the transfer of asset divisor.
04-13-12	MS 12-08, Administrative Hearing Procedures. Updated administrative hearing procedures found at MS 9300-9370.
05-03-12	MS 12-09, Appendix P-TEFRA Premium Schedule. Updated the 150% federal poverty level for TEFRA premiums.
06-08-12	MS 12-10, Assisted Living Facilities Waiting List Guidelines. Procedures for adding applicants to the waiting list for assisted living facilities.