

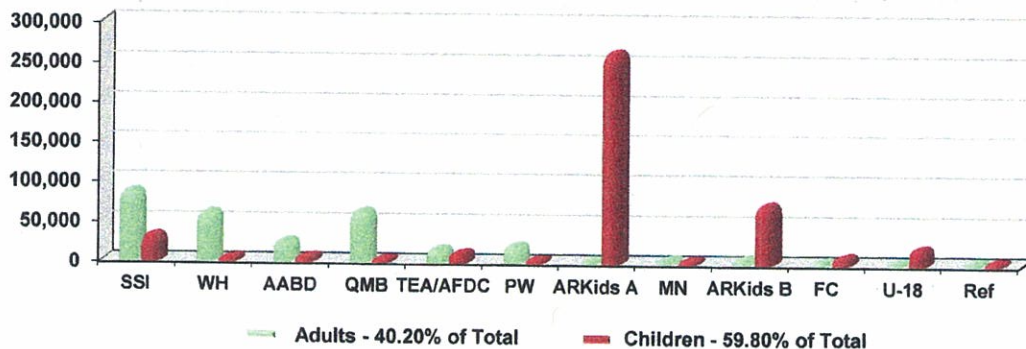
EXHIBIT G

MEDICAID QUARTERLY REPORT MEDICAID ELIGIBLES AND RECIPIENTS FIRST QUARTER - SFY 2013

Eligibles and Recipients by Month

	SFY13			SFY12		
	Eligibles	Recipients	Recipients as % of Eligibles	Eligibles	Recipients	Recipients as % of Eligibles
Jul	675,192	341,853	50.63%	667,799	346,071	51.82%
Aug	676,205	392,779	58.09%	669,550	357,811	53.44%
Sep	672,814	404,002	60.05%	668,296	396,653	59.35%

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 2012)

		Adults	Children	All
SSI	Supplemental Security Income	84,745	30,213	114,958
WH	Women's Health Waiver	59,022	1,059	60,082
AABD	Aid to the Aged, Blind and Disabled	24,338	3,804	28,142
QMB	Qualified Medicare Beneficiary	61,435	23	61,458
TEA/AFDC	Transitional Employment Assistance	15,021	9,577	24,598
PW	Pregnant Women	19,636	0	19,636
ARKids A	Low-Income Children	0	261,591	261,591
MN	Medically Needy	2,531	204	2,734
ARKids B	ARKids First Waiver	4,266	71,501	75,767
FC	Foster Care	248	6,983	7,230
U-18	Under Age 18	8	18,526	18,534
Ref	Refugee	4	2	6
Total Average Eligibles - 1st Qtr SFY 2013:		271,255	403,482	674,737
Total Average Eligibles - 1st Qtr SFY 2012:		268,723	399,825	668,548
Percentage of Increase from SFY 2012 to SFY 2013:		0.94%	0.91%	0.93%

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.

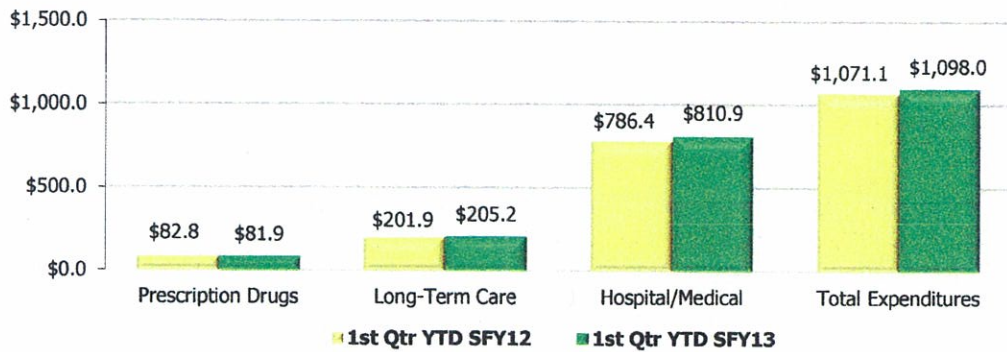
Sources: ACES Report IM-2414, OnDemand HMGR325J

MEDICAID QUARTERLY REPORT

MEDICAID PROGRAM EXPENDITURE DATA - VENDOR PAYMENTS

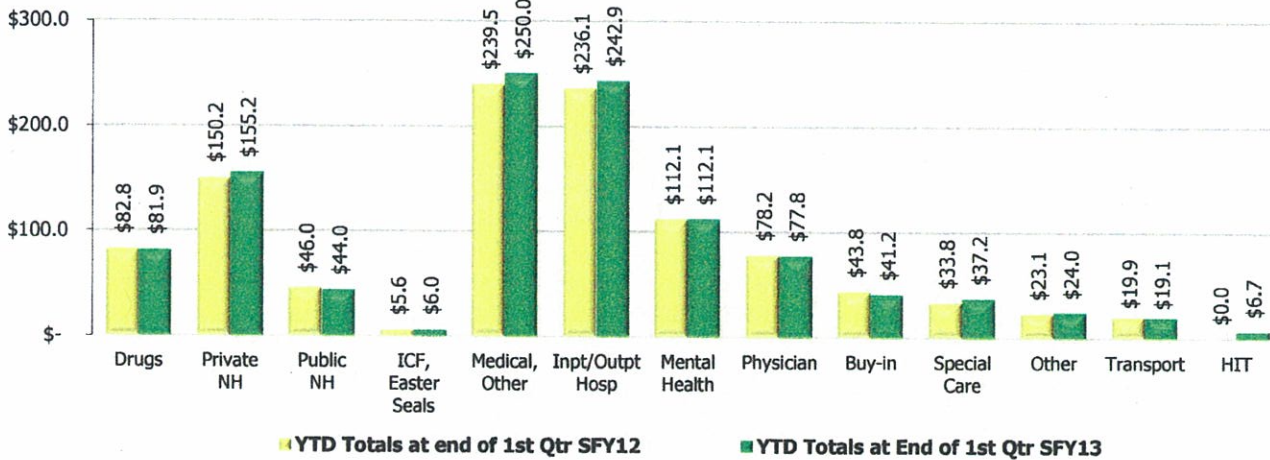
FIRST QUARTER - SFY 2013

Expenditure Comparison by Appropriation
(Expressed in millions)



YTD Amounts	Hospital/ Medical	Drugs	Long Term Care	ARKids First	Medical Expansion	TOTAL
% of Budget Spent	95.70%	95.00%	97.20%	90.20%	98.30%	95.80%
Growth Over SFY12	3.20%	-1.10%	1.60%	-2.40%	8.90%	2.50%

Total Medicaid Expenditures by Category
(Expressed in millions)



Actual Trust Fund Usage SFY12:	\$127,124,974
Actual Trust Fund Usage this Quarter:	\$0
Actual Trust Fund Usage Year-to-Date SFY13:	\$0
SFY13 Projected Trust Fund Usage per 7/1 Operating Budget:	\$273,021,357

Source: DHS, DAS, Quarterly Payout Reports

**MEDICAID POLICY CHANGES
JULY – SEPTEMBER 2012**

Effective Date

Description of Policy Change

7-1-12

The Dental Manual was amended to require a higher degree of specificity for dental record keeping; alert providers of new prior authorization requirements and requirements for providers to fabricate dentures for patients who they have rendered edentulous; to clarify the proper use of procedure codes D1320 and D9920 and to reflect a previously established benefit limit of 2 counseling sessions per SFY. The manual was also amended to alert providers of their duty to act within all established Arkansas Medicaid and professional guidelines; sets guidelines for root canal treatment; covers guidelines for the extraction of symptomatic and asymptomatic teeth; addresses documentation, prior authorization, and reimbursement issues for Deep Sedation and General Anesthesia and addresses documentation and counseling procedures for tobacco cessation products and counseling services.

7-1-12

The Arkansas Title XIX State Plan has been amended to comply with federal regulation 42 CFR Part 447 which ensures that Medicaid payments will not be made for specific preventable conditions and specific hospital acquired conditions.

7-15-12

Arkansas Medicaid revised language to ensure the use of respectful language regarding disabilities to comply with Act 98 of 2011 that was recommended by the General Assembly. They find that it is necessary to clarify the preferred language for new and revised laws by requiring the use of terminology that puts the person before the disability.

**MEDICAID ELIGIBILITY CHANGES
JULY – SEPTEMBER 2012**

Effective Date	Description of Eligibility Change
08-27-12	MS 12-11, Client Name Usage. DHS will use the name that is on the client's social security card. Client can no longer used the name of choice.
08-28-12	MS 12-12, Transportation Services. Medical transportation for Medicaid clients.
08-09-12	MS 12-13, Various Policy Changes. Changes to name of forms and divisions in various sections of policy.
08-02-12	MS 12-14, Termination of Trust. Changes to how the termination of a trust is processed.
08-10-12	MS 12-15, Termination of ALF Waiting List. A waiting list for Assisted Living applicants is no longer required.
09-24-12	MS 12-16, DDS-Children's Services. DDS is now handling Children's Medical Services.
10-01-12	MS 12-17, Autism Waiver. Medicaid for children with autism.
09-07-12	MS 12-18, Appendix F. Added the 150% for Arkansas Healthcare Foundation
08-30-12	MS 12-19, Workers with Disabilities. Developed an application for this program.
09-07-12	MS 12-20, Renewal-No Signatures Required. Renewals can be processed without a client's signature.