



Division of Medical Services

P.O. Box 1437, Slot S-401 · Little Rock, AR 72203-1437
501-682-8292 · Fax: 501-682-1197 · TDD: 501-682-6789



May 17, 2013

The Honorable Cecile Bledsoe, Senate Chairman
The Honorable John Burris, House Chairman
Public Health, Welfare, and Labor Committee
State Capitol Building, Room 433
Little Rock, AR 72201

Dear Senator Bledsoe and Representative Burris:

Submitted herewith is the Medicaid Report for the 2nd quarter of SFY 2013 as required by A.C.A. Section 20-77-111. This report presents Medicaid data for the quarter October 1, 2012, through December 30, 2012.

If you have any questions regarding utilization and expenditure data, please contact Sharon Jordan, Chief Program Administrator, at 682-8489.

Sincerely,

A handwritten signature in cursive script that reads "Andy Allison, PhD".

Andrew Allison, PhD
Director

AA/TC

Attachment

cc: Keith Gober, Analyst, Bureau of Legislative Research
Michael Feehan, Analyst, Bureau of Legislative Research
Phil Price, Analyst, Bureau of Legislative Research
Nell Smith, Analyst, Bureau of Legislative Research
Philip Adams, Office of the Governor
Sharon Jordan, Division of Medical Services
Thomas Carlisle, Division of Medical Services



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May 17, 2013

The Honorable Paul Bookout, Co-Chairman
The Honorable John Charles Edwards, Co-Chairman
Arkansas Legislative Council
State Capitol Building, Room 315
Little Rock, AR 72201

Dear Senator Bookout and Representative Edwards:

Submitted herewith is the Medicaid Report for the 2nd quarter of SFY 2013 as required by A.C.A. Section 20-77-111. This report presents Medicaid data for the quarter October 1, 2012, through December 31, 2012.

If you have any questions regarding utilization and expenditure data, please contact Sharon Jordan, Chief Program Administrator, at 682-8489.

Sincerely,

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Andrew Allison, PhD
Director

AA/TC

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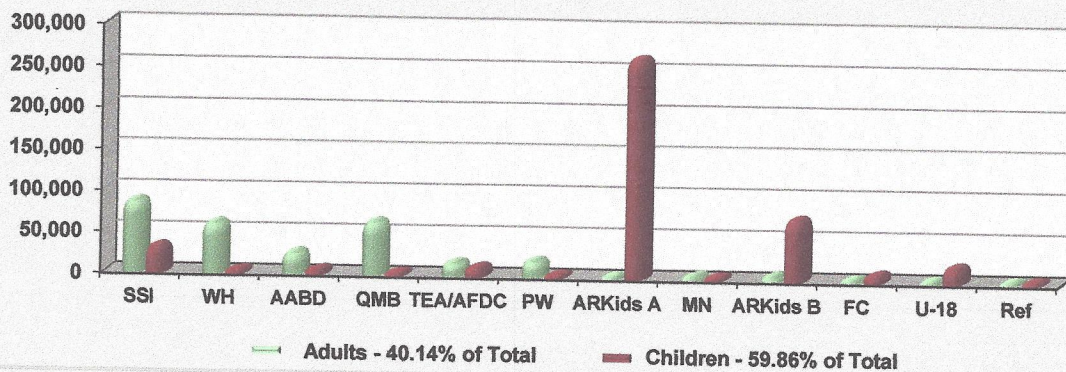
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MEDICAID QUARTERLY REPORT MEDICAID ELIGIBLES AND RECIPIENTS SECOND QUARTER - SFY 2013

Eligibles and Recipients by Month

SFY13			Recipients as	SFY12			Recipients as
	Eligibles	Recipients	% of Eligibles		Eligibles	Recipients	% of Eligibles
Oct	676,300	377,743	55.85%	Oct	667,110	370,584	55.55%
Nov	673,827	420,020	62.33%	Nov	664,210	376,279	56.65%
Dec	684,624	403,299	58.91%	Dec	675,550	408,264	60.43%

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 October, November, December 2012)

		Adults	Children	All
SSI	Supplemental Security Income	85,052	30,366	115,418
WH	Women's Health Waiver	59,259	1,024	60,283
AABD	Aid to the Aged, Blind and Disabled	24,652	3,810	28,462
QMB	Qualified Medicare Beneficiary	62,738	19	62,758
TEA/AFDC	Transitional Employment Assistance	15,142	9,468	24,610
PW	Pregnant Women	18,481	0	18,481
ARKids A	Low-Income Children	0	263,699	263,699
MN	Medically Needy	2,369	197	2,566
ARKids B	ARKids First Waiver	4,283	72,061	76,344
FC	Foster Care	244	7,079	7,323
U-18	Under Age 18	6	18,292	18,298
Ref	Refugee	7	3	9
Total Average Eligibles - 2nd Qtr SFY 2013:		272,232	406,018	678,250
Total Average Eligibles - 2nd Qtr SFY 2012:		268,304	400,652	668,957
Percentage of Increase from SFY 2012 to SFY 2013:		1.46%	1.34%	1.39%

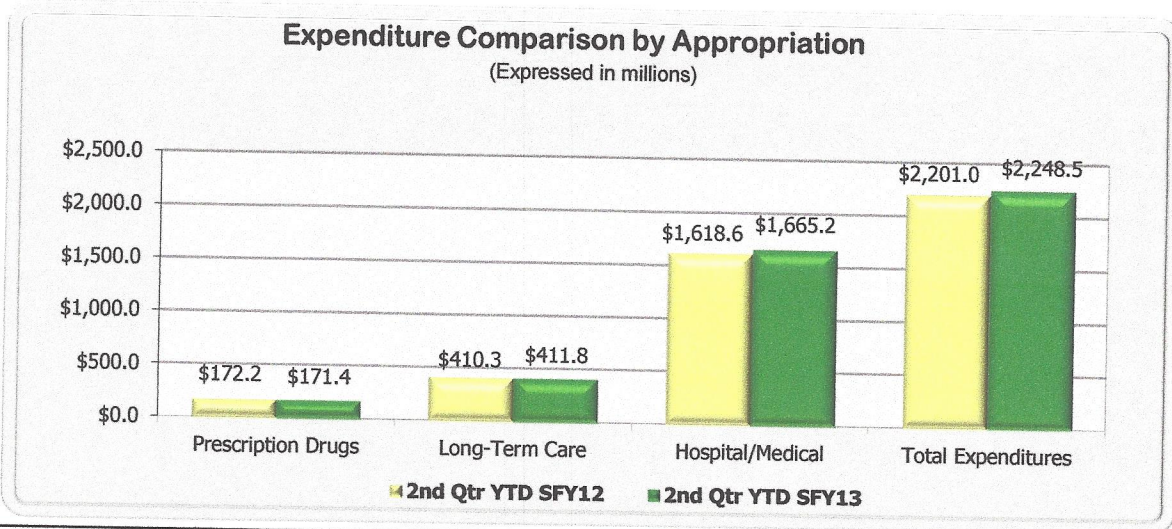
Explanation of Monthly Recipient Counts: Recipient counts include individuals who actually received services. Individuals for whom there was a managed care fee claim as part of the Primary Care Provider Program (Connect Care), but for whom there was no actual medical service, are not counted.

Sources: ACES Report IM-2414, OnDemand HMGR325J

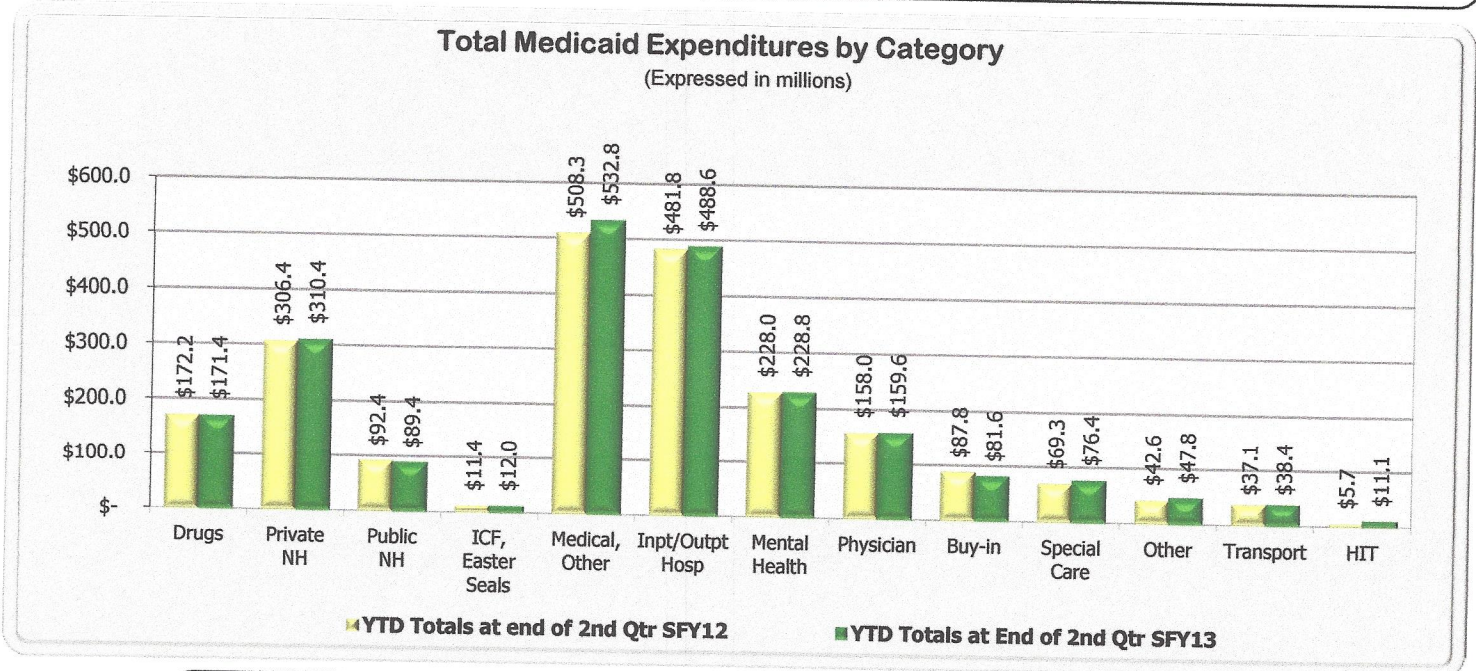
MEDICAID QUARTERLY REPORT

MEDICAID PROGRAM EXPENDITURE DATA - VENDOR PAYMENTS

SECOND QUARTER - SFY 2013



YTD Amounts	Hospital/ Medical	Drugs	Long Term Care	ARKids First	Medical Expansion	TOTAL
% of Budget Spent	97.60%	95.90%	95.90%	89.00%	96.10%	97.00%
Growth Over SFY12	3.00%	-0.60%	0.40%	-3.80%	6.70%	2.20%



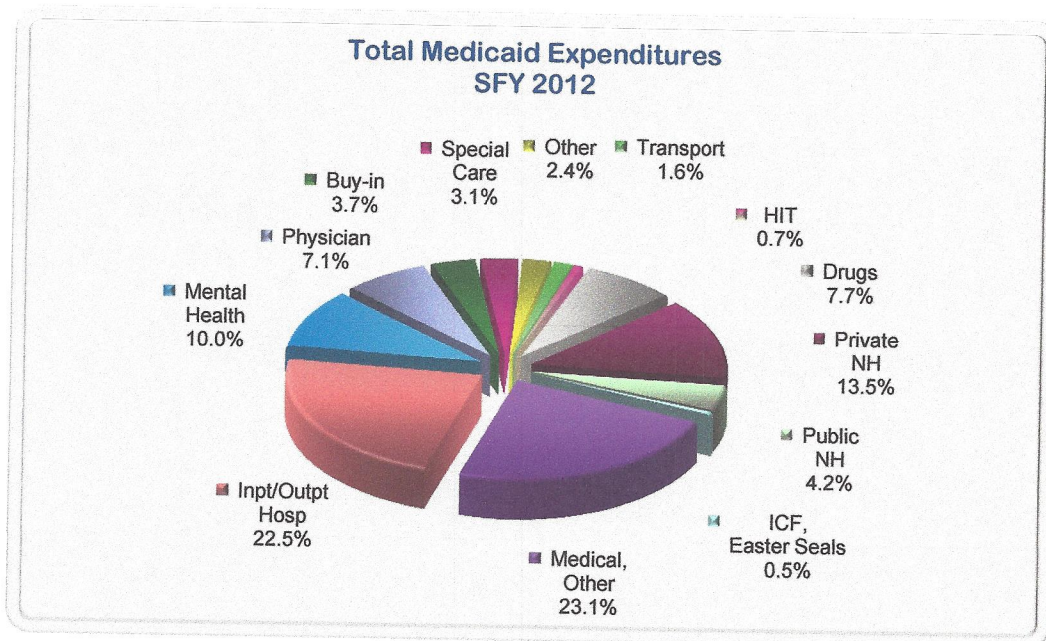
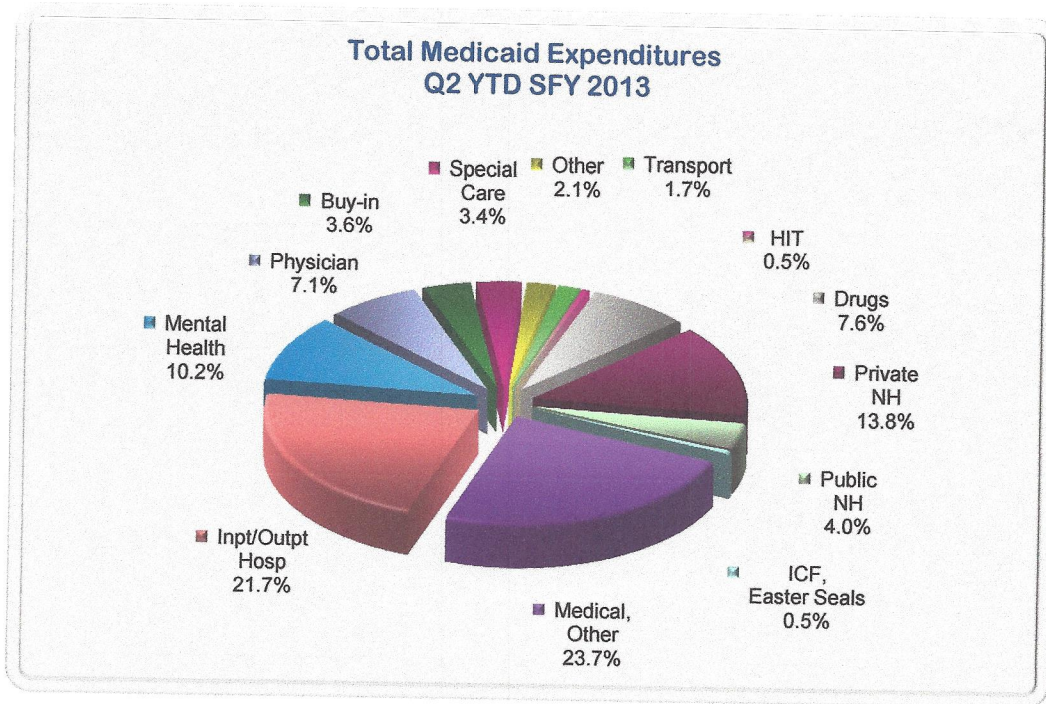
Actual Trust Fund Usage SFY12:	\$127,124,974
Actual Trust Fund Usage this Quarter:	\$69,000,000
Actual Trust Fund Usage Year-to-Date SFY13:	\$69,000,000
SFY13 Projected Trust Fund Usage per 7/1 Operating Budget:	\$273,021,357

Source: DHS, DAS, Quarterly Payout Reports

MEDICAID QUARTERLY REPORT

MEDICAID PROGRAM EXPENDITURE DATA - VENDOR PAYMENTS

SECOND QUARTER - SFY 2013



MEDICAID ELIGIBILITY CHANGES
2013
January-March

Effective Date	Description of Eligibility Change
01-01-13	MS 13-01, To update the Appendix S with the new Cost Of Living Adjustments (COLA) amounts effective January 1, 2013.
01-01-13	MS 13-02, To update the resource limit for ARSeniors, Qualified Medicare Beneficiaries (QMB), Specified Low-Income Medicare Beneficiaries (SMB) and Qualifying Individuals-1 (QI)-1 effective January 1, 2013.
02-07-13	MS 13-03, To update the policy and procedures for Medicaid Coverage of Foster Children
02-12-13	MS 13-05, To update the ARKids B co-payment of the 1 st day of inpatient hospitalization and the Medicaid allowed amount for each item of durable medical equipment from 20% to 10%.
04-01-13	MS 13-06, To update the 2013 Federal Poverty Level income guidelines

MEDICAID POLICY CHANGES JANUARY – MARCH 2013

<u>Effective Date</u>	<u>Description of Policy Change</u>
1-1-13	The Hospice manual was updated to comply with a CMS mandate that individuals under the age of 21 may receive treatment for a terminal illness in addition to hospice services.
1-1-13	The Occupational, Physical, Speech Therapy Services manual was updated to add the Structured Photographic Expressive Language Test (SPELT-3) to the list of accepted tests for Speech-Language Therapy.
1-1-13	The ElderChoices; IndependentChoices; Personal Care; Alternatives for Adults with Physical Disabilities; Living Choices Assisted Living and Program for All-Inclusive Care for the Elder programs were updated to comply with revisions to the waiver amendments approved by CMS. They were made to provide further details regarding documentation requirements and primarily to provide policy regarding implementation of the universal assessment process for level of care determinations for the Home and Community-Based Services waiver programs.
1-1-13	A section was added to the Physician's manual to describe eligibility and reimbursement requirements for Arkansas Medicaid providers who qualify for supplemental payments for primary care services.
2-1-13	A State Plan amendment and Physician update has been revised to be in compliance with the Social Security Act updating the provider enrollment and screening processes.
2-1-13	The Episodes of Care manual and the Medicaid State Plan was updated to add new episodes of care information on Congestive Heart Failure and Total Joint Replacements.
2-1-13	The Medicaid State Plan was amended to cover additional inpatient psychiatric and mental health days above the current limit of 24 days for ages 21 and above.
3-15-13	Notices were sent out to inform providers of the 2013 Healthcare Common Procedural Coding System (HCPCS) Level II and 2013 Current Procedure Terminology (CPT) Code Conversions.