

OKLAHOMA HEALTH CARE AUTHORITY
REGULARLY SCHEDULED BOARD MEETING
May 14, 2015 at 1:00 P.M.
Oklahoma Health Care Authority
Charles Ed McFall Boardroom
4345 N. Lincoln Blvd.
Oklahoma City, OK

AGENDA

Items to be presented by Ed McFall, Chairman

1. Call to Order / Determination of Quorum
2. Action Item – Approval of the March 26, 2015 OHCA Board Meeting Minutes

Item to be presented by Nico Gomez, Chief Executive Officer

3. Discussion Item – Chief Executive Officer’s Report
 - a) All Star Introduction
 - 2014 Supervisor of the 4th Quarter – Shelly Patterson, Director of Health Promotions and Community Relations (Ed Long)
 - February – Melissa Boyle, Claims Resolution Supervisor, Finance (Carrie Evans)
 - b) Financial Update – Carrie Evans, Chief Financial Officer
 - c) Medicaid Director’s Update – Kevin Rupe, Chief Operating Officer
 - d) Legislative Update – Carter Kimble, Director of Governmental Relations
 - e) Budget Update – Nico Gomez, Chief Executive Officer

Item to be presented by Ed Long, Chief Communications Officer & Kendall Brown, Digital Communications Coordinator

4. Discussion Item – Leveraging Digital Communication Strategies to Improve Health Outcomes in Oklahoma

Item to be presented by Shelly Patterson, Director of Health Promotions and Community Relations

5. Discussion Item – Annual Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Update

Item to be presented by Nicole Nantois, Chief of Legal Services

6. Announcements of Conflicts of Interest Panel Recommendations for All Action Items Regarding This Board Meeting.

Item to be presented by Vickie Kersey, Director, Fiscal Planning and Procurement

7. a) Action Item - Consideration and Vote of Authority for Expenditure of Funds for the Third Party Collection Services (TPL) Request for Proposal

Item to be presented by Nancy Nesser, Pharmacy Director

8. Action Item - Consideration and Vote Regarding Recommendations Made by the Drug Utilization Review Board Under 63 Oklahoma Statutes 5030.3.
 - a) Consideration and vote to add **Sylvant™ (Siltuximab)** to the utilization and scope prior authorization program under OAC 317:30-5-77.2(e).

Item to be presented by Chairman McFall

9. New Business
10. ADJOURNMENT

NEXT BOARD MEETING
June 25, 2015
Oklahoma Health Care Authority
Charles Ed McFall Boardroom
4345 N. Lincoln Blvd.
Oklahoma City, OK

MINUTES OF A REGULARLY SCHEDULED BOARD MEETING
OF THE HEALTH CARE AUTHORITY BOARD
March 30, 2015
Held at the Oklahoma Health Care Authority
Oklahoma City, Oklahoma

Manner and Time of Notice of Meeting: A statutorily required public meeting notice was placed on the front door of the Oklahoma Health Care Authority on March 27, 2015 at 12:30 p.m. Advance public meeting notice was provided to the Oklahoma Secretary of State. In addition to the posting of the statutory public notice, the agency placed its agenda on its website on March 27, 2015 at 9:30 a.m.

Pursuant to a roll call of the members, a quorum was declared to be present, and Vice-Chairman Armstrong called the meeting to order at 1:00 p.m.

BOARD MEMBERS PRESENT: Vice-Chairman Armstrong, Member Bryant, Member Robison, Member Case

BOARD MEMBERS ABSENT: Chairman McFall, Member McVay, Member Nuttle

OTHERS PRESENT:
David Dude, American Cancer Society
Traylor Rains, ODMHSAS
Jaclyn Cosgrove, The Oklahoman
Melissa Gower, Chickasaw Nation
Ray Hester, OKDHS/DDS
Reginald Mason, OHCA
Doug, Fellrath, Choices for Life Foster Care
Becky Ikard, OHCA
Sherris Harris Ososanya, OHCA

OTHERS PRESENT:
Rebecca Williamson, Oklahoma Ambulance Association
Debbie Spaeth, Quest MHSA, LLC
Marty Wafford, Chickasaw Nation
Becky Moore, OAHCP
Mike Fogarty
Brent Wilborn, OKPCA
Garth Splinter, OHCA
Terry Cothran, COP
Tewanna Edwards, OHCA

DISCUSSION AND POSSIBLE VOTE ON APPROVAL OF BOARD MINUTES OF THE REGULARY SCHEDULED BOARD MEETING HELD FEBRUARY 12, 2015.

The Board routinely reviews and approves a synopsis of all its meetings. The full-length recordings of the meetings of the Board are retained at the Board Offices and may be reviewed upon written request.

MOTION: Member Case moved for approval of the February 12, 2015 board meeting minutes as published. The motion was seconded by Member Bryant.

FOR THE MOTION: Vice-Chairman Armstrong, Member Robison

ABSENT: Chairman McFall, Member McVay, Member Nuttle

ITEM 3a / ALL STARS INTRODUCTION

Nico Gomez, Chief Executive Officer

The OHCA All-Star for January 2015 was recognized.

- Sirian DeLeon, Member Services Coordinator (Kevin Rupe presented)

ITEM 3b / FINANCIAL UPDATE

Carrie Evans, Chief Financial Officer

Ms. Evans reported on the financial transactions through the month of January and noted that we are under budget with a \$11.5 million positive state variance and the agency is under budget in program spending and in administration spending. She stated that the agency is running over budget in the revenue categories. Ms. Evans predicted that OHCA will have a positive variance for March. For more detailed information, see Item 3b in the board packet.

ITEM 3c / MEDICAID DIRECTOR'S UPDATE

Garth Splinter, State Medicaid Director

Dr. Splinter provided an update for January that included a report on the number of enrollees in the Medicaid program. He also reported on dual enrollees, long term care members and SoonerCare contracted provider information. He briefly discussed the Oklahoma Electronic Prescribing Controlled Substance (EPCS) provider and pharmacy status through February 2015. For more detailed information, see Item 3c in the board packet.

ITEM 3d / LEGISLATIVE UPDATE

Carter Kimble, Director of Governmental Relations

Mr. Kimble reported that OHCA is currently tracking 53 bills, of which we have one OHCA request bill remaining, 20 direct impact bills, 6 agency interest, 7 miscellaneous and 19 employee interest bills. He discussed senate bill 704 which allows OHCA to recover funds put in a trust for, but not spent on, burial/funeral expenses. Recovery amount not to exceed cost of services provided. This passed unanimously out of the full Senate and received Do Pass 8-0 in (H) A&B, Health subcommittee on March 23, 2015. For more detailed information, see Item 3d in the board packet.

ITEM 3e / RECOGNITION OF CINDY ROBERTS

Nico Gomez, Vice-Chairman Armstrong, Member Bryant, Member Robison and Member Case

Nico Gomez presented Cindy Roberts, retired Deputy Chief Executive Officer of OHCA. He gave a brief background history for Mrs. Roberts and the board thanked her for her service. Mr. Gomez and the board members presented Mrs. Roberts with an Oklahoma flag that was previously flown at the Capitol along with a framed description of the flag, a plaque honoring her state service, as well as a citation from State Senator Brian Bingman.

ITEM 4 / ANNOUNCEMENTS OF CONFLICTS OF INTEREST PANEL RECOMMENDATIONS FOR ALL ACTION ITEMS

Nicole Nantois, Chief of Legal Services

There were no recommendations regarding conflicts.

ITEM 5a / CONSIDERATION AND VOTE FOR THE OHCA/ODMHSAS HEALTH HOME DISEASE REGISTRY REQUEST FOR PROPOSAL

Vickie Kersey, Director of Fiscal Planning and Procurement

MOTION: Member Case moved for Item 5a as published. The motion was seconded by Member Robison.

FOR THE MOTION: Vice-Chairman Armstrong, Member Bryant

ABSENT: Chairman McFall, Member McVay, Member Nuttle

ITEM 5b / CONSIDERATION AND VOTE FOR THE INSURE OKLAHOMA MULTIMEDIA MARKETING REQUEST FOR PROPOSAL

Vickie Kersey, Director of Fiscal Planning and Procurement

MOTION: Member Case moved for Item 5b as published. The motion was seconded by Member Bryant.

FOR THE MOTION: Vice-Chairman Armstrong, Member Robison

ABSENT: Chairman McFall, Member McVay, Member Nuttle

ITEM 6 / CONSIDERATION AND VOTE OF AGENCY RECOMMENDED RULEMAKING PURSUANT TO ARTICLE I OF THE ADMINISTRATIVE PROCEDURES ACT. THE AGENCY REQUESTS THE ADOPTION OF THE FOLLOWING PERMANENT RULES

Tywanda Cox, Chief of Federal and State Policy

- A. AMENDING Agency rules at OAC 317:30-5-355.1, 317:30-5-356, 317:30-5-357, 317:30-5-361, 317:30-5-664.3, and 317:30-5-664.12 and REVOKING Agency rules at OAC 317:30-5-664.4 to limit encounters within Federally Qualified

Health Centers (FQHC) and Rural Health Clinics (RHC) to one encounter per member per day as well as limit encounters to a total of four visits per member per month for adults.

Budget Impact: Savings approved during promulgation of the emergency rule, the rule change will not result in any additional costs and/or savings to the agency.

(Reference APA WF # 14-02)

- B. AMENDING Agency rules at OAC 317:30-5-56 to reduce/deny payment for preventable readmissions that occur within 30 days from discharge. The current policy reviews readmissions occurring within 15 days of prior acute care admissions or a related condition to determine medical necessity and appropriateness of care. If it is determined either or both admissions may be inappropriate, payment for either or both admissions may be denied.

Budget Impact: Savings approved during promulgation of the emergency rule, the rule change will not result in any additional costs and/or savings to the agency.

(Reference APA WF # 14-04)

- C. AMENDING Agency cost-sharing rules at OAC 317:30-3-5 to permit an increase of copays to the federal maximum. Additionally, policy is amended to add diabetic supplies and smoking cessation counseling and products to the service copayment exemption list in order to ensure member have access to necessary services that improve member health outcomes.

Budget Impact: Savings approved during promulgation of the emergency rule, the rule change will not result in any additional costs and/or savings to the agency.

(Reference APA WF # 14-05)

- D. AMENDING Agency oxygen and oxygen equipment rules at OAC 317:30-5-211.11 and 317:30-5-211.12 to require a prior authorization after the initial three months. In addition, rules are revised to clarify arterial blood gas analysis (ABG) and pulse oximetry testing and Certificate of Medical Necessity requirements. Rules for rental oxygen are amended to clarify that reimbursement for rented oxygen concentrators includes both stationary and portable oxygen systems.

Budget Impact: Savings approved during promulgation of the emergency rule, the rule change will not result in any additional costs and/or savings to the agency.

(Reference APA WF # 14-07)

- E. AMENDING Agency rules at OAC 317:50-1-14 and 317:35-17-14 to ensure all 1915(c) waiver programs comply with federal regulation regarding conflict of interest provisions for case management services. The regulation states providers of HCBS for the individual, or those who have an interest in or are employed by a provider of HCBS for the individual, must not provide case management or develop the person centered service plan.

Budget Impact: Savings approved during promulgation of the emergency rule, the proposed rule change is budget neutral.

(Reference APA WF # 14-14.a & b)

- F. ADDING Agency rules at OAC 317:30-5-250, 317:30-5-251, 317:30-5-252, 317:30-5-253, and 317:30-5-254 to create coverage guidelines for Health Homes. Health Homes are created to promote enhanced integration and coordination of primary, acute, behavioral health, and long-term services and supports for persons across the lifespan with chronic illness. The purpose of the Health Home is to improve the health status of SoonerCare members with Serious Mental Illness or Serious Emotional Disturbance by promoting wellness and prevention and to improve access and continuity in healthcare for these members by supporting coordination and integration of primary care services in specialty behavioral healthcare settings. Additionally, rules are added to create a distinction between LBHPs and Licensure Candidates.

Budget Impact: Savings approved during promulgation of the emergency rule, the rule change will not result in any additional costs and/or savings to the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS).

(Reference APA WF # 14-16)

- G. AMENDING Agency eligibility determinations for Aged, Blind, and Disabled (ABD) individuals applying for Medicaid services rules at OAC 317:35-5-41.2, 317:35-5-41.3, and 317:35-5-42 in order to come into compliance with federal

regulations. Policy changes include adding new language regarding the Asset Verification System to check the income or resources of ABD applicants held at financial institutions, updating how resources are counted towards the maximum resource limit, exempting the value of one automobile regardless of its value from the maximum resource limit, expanding the income disregards list, and disregarding \$20 of unearned income. Rules regarding income received from capital resources and rental property are amended to deduct the severance tax from the gross income for ABD applicants. Rules regarding infrequent or irregular income are amended to better match the Social Security Administration rules for determining Supplemental Security Income.

Budget Impact: Budget impact approved during promulgation of the emergency rule, the rule change will not result in any additional costs and/or savings to the agency.

(Reference APA WF # 14-17)

- H. AMENDING Agency Developmental Disabilities Services (DDS) rules at OAC 317:40-1-1 to implement policy changes recommended during the Oklahoma Department of Human Services (DHS) Developmental Disabilities Services (DDS) annual policy review process. The recommended policy revisions will position DDS to utilize best practice in the administration of the statewide Request for Waiver Services list.

Budget Impact: Budget neutrality determined and approved during promulgation of the emergency rule, the rule change will not result in any additional costs and/or savings to the agency.

(Reference APA WF # 14-34)

The following permanent rules HAVE previously been approved by the Board and the Governor under Emergency rulemaking. These rules have been REVISED for Permanent Rulemaking.

- I. AMENDING Agency rules at OAC 317:30-5-241.2 and 317:30-5-241.3 to add eligibility criteria required in order to receive psychosocial rehabilitation (PSR) services. Adult PSR services will be limited to members with a history of psychiatric hospitalization or admissions to crisis centers; have been determined disabled by the Social Security Administration for mental health reasons; or who are residing in residential care facilities. Children's PSR services will be limited to members with a history of psychiatric hospitalization or admissions to crisis centers; have been determined disabled by the Social Security Administration for mental health reasons; or have a current Individual Education Plan (IEP) for emotional disturbance. The aforementioned changes were approved during promulgation of the emergency rule. The following are proposed changes not previously reviewed: revisions to outpatient behavioral health rules are also made to clarify that daily or weekly summary notes and related requirements are for rehab day programs only and that all other rehab should follow general progress note requirements, to create a distinction in terminology between Licensed Behavioral Health Professionals (LBHPs) who are fully licensed by their respective licensing board and those individuals who are under supervision for licensure from an approved licensing board (Licensure Candidates). Additionally, rules are amended to clarify that group psychotherapy is not reimbursable for children younger than three years of age. The aforementioned clarification was an oversight in last year's rule promulgation cycle. Revisions also include minor clean-up.

Budget Impact: Budget neutral

(Reference APA WF # 14-13)

- J. AMENDING Agency rules at OAC 317:30-5-241, 317:30-5-276, and 317:30-5-281 to limit the number of hours that outpatient behavioral health rendering providers can be reimbursed to 35 hours per week. The aforementioned change was approved during promulgation of the emergency rule. The following are proposed changes not previously reviewed: rules are revised to correct scrivener's errors made during the 2014 permanent rulemaking session. The 2014 permanent rules clarified that individual and group psychotherapy services as well as testing cannot be provided to children ages 0-3.

Budget Impact: Budget neutral

(Reference APA WF # 14-15)

- K. AMENDING Agency rules at OAC 317:40-5-3, 317:40-5-5, 317:40-5-6 317:40-5-11, 317:40-5-13, and 317:40-5-40 and REVOKING Agency rules at OAC 317:40-5-4, 317:40-5-9, and 317:40-5-10 to implement policy changes recommended during the annual Developmental Disabilities Services (DDS) policy review process. The policy changes recommended will assist DDS in becoming compliant with the new regulations of the Fair Labor Standards Act (FLSA) for "domestic service" employees, who provide "companionship services" to members. The Department of Labor has issued a new final ruling that precludes third party employers from claiming the companion exemption.

Budget Impact: Budget neutral

(Reference APA WF # 14-23)

The following permanent rules HAVE NOT previously been approved by the Board.

- L. AMENDING Agency State Plan Personal Care rules at OAC 317:35-15-1, 317:35-15-2, 317:35-15-3, 317:35-15-4, 317:35-15-7, 317:35-15-8, 317:35-15-8.1, 317:35-15-9, 317:35-15-10, 317:35-15-13.1, 317:35-15-13.2, 317:35-15-14, and 317:35-15-15 to align with current procedures that are in place at OKDHS. Changes include policy clean up to remove unnecessary language regarding personal care service settings and criteria for persons eligible to serve as Personal Care Assistants. Rules also clarify the service eligibility criteria to match the terms and standards of the Uniform Comprehensive Assessment Tool (UCAT), and minor changes to language regarding the administration of State Plan Personal Care services are made to match current processes and protocol currently in place at OKDHS.

Budget Impact: Budget neutral

(Reference APA WF # 14-18)

- M. AMENDING Agency rules at OAC 317:30-3-39 and 317:30-3-41 and REVOKING Agency rules at OAC 317:50-3-1 through 317:50-3-16 and 317:50-5-1 through 317:50-5-16 to transition the operational functions of two of OHCA's internal 1915c Waiver services and responsibilities as the waiver are set to expire. The two (2) internal waivers include: (a) My Life My Choice and (b) Sooner Seniors. Members will be served in the ADvantage waiver in the future.

Budget Impact: Budget neutral

(Reference APA WF # 14-19.a & b)

- N. ADDING Agency rules at OAC 317:35-6-38 to implement Hospital Presumptive Eligibility (HPE) per federal regulation. HPE allows participating hospitals to make presumptive eligibility (PE) determinations, on behalf of the agency, for applicants who are deemed eligible for Medicaid services based on preliminary information provided by the applicant. Hospitals may then provide services under HPE and bill OHCA. Hospitals are guaranteed payment for HPE services, regardless of whether or not the applicant is later found eligible for SoonerCare. The rules will delineate the parameters of the HPE program, eligibility guidelines, and hospital participation rules.

Budget Impact: Federal Mandate: The proposed rule change to implement the Hospital Presumptive Eligibility program has an estimated budget impact of \$5,607,000; this cost has a federal share of \$3,493,161 and a state share of \$2,113,839.

(Reference APA WF # 14-20)

- O. AMENDING Agency rules at OAC 317:30-5-211.1, 317:30-5-211.3, 317:30-5-211.4, 317:30-5-211.5, 317:30-5-211.9, 317:30-5-211.10, 317:30-5-211.17, 317:30-5-217, and 317:30-5-218 to clarify rules for durable medical equipment (DME) services. Changes include: updating billing and PA requirements for DME items, updating the list of DME items that require a certificate of medical necessity, clarifying that repairs for rental DME items are not covered, and revising the definition of invoice.

Budget Impact: Nominal impact, potentially budget neutral

(Reference APA WF # 14-22)

- P. AMENDING Agency dental rules at OAC 317:30-5-696, 317:30-5-698, 317:30-5-699, 317:30-5-700, and 317:30-5-700.1 to align practice with the Code on Dental Procedures and Nomenclature (CDT) and to ensure the delivery of dental services meets the standard of care. Proposed revisions include guidelines for x-rays, comprehensive and periodic oral evaluations, and dental sealants.

Revisions also include clean-up to remove language regarding composite and amalgam restorations as it is referenced in a different section. Proposed revisions outline guidelines for stainless steel crowns to clarify that placement is allowed once for a minimum period of 24 months as well as other clean-up for clarity.

In addition, policy is revised to ensure root canal therapy is performed only when medically necessary. Proposed revisions clarify utilization parameters for restorations, observation time prior to making a referral for an orthodontic consultation, and the start of the treatment year for orthodontic services.

Policy is revised to clarify the treatment year for orthodontic services begin on the date of the placement of the bands. Orthodontic policy is also revised to increase observation time prior to allowing a child to be referred for a consultation.

Budget Impact: Savings were approved during promulgation of the emergency rule, the additional proposed changes will result in an additional nominal savings to the agency.

(Reference APA WF # 14-25)

- Q.** AMENDING Agency rules at OAC 317:30-5-14 and ADDING Agency rules at OAC 317:30-5-14.1 to establish policy for the appropriate administration of allergy testing and immunotherapy services. Criteria include: definition of allergy testing and immunotherapy, coverage requirements, non-covered services, reimbursement conditions, appropriate delivery sites, provider qualifications, and documentation requirements for home administration of immunotherapy. Additionally, revisions include clean-up to remove allergy reimbursement language from injection policy as it is referenced in the new section.

Budget Impact: Budget savings of \$5,180,000; total state savings are projected as \$3,200,000.

(Reference APA WF # 14-28)

- R.** AMENDING Agency rules at OAC 317:35-1-2, 317:35-5-4, and 317:35-5-4.1, 317:35-7-61.1 and 317:35-9-48.1 and ADDING Agency rules at OAC 317:35-5-4.2 and 317:35-5-4.3 to change the TEFRA program eligibility rules to match federal guidelines for level of care (LOC). Changes include replacing all TEFRA language regarding mental retardation or ICF/MR to individuals with intellectual disabilities or ICF/IID. Rules regarding ICF/IID LOC eligibility will change to match current DSM-5 and SSA guidelines regarding intellectual disabilities. Specific LOC criteria for determining both hospital and nursing facility will be added to coincide with the ICF/IID criteria. TEFRA rules will also allow one additional psychological evaluation after the age of six, as medically needed. Finally, the "Definitions" section is updated to include the term "Ineligible Spouse".

Budget Impact: Nominal impact, potentially budget neutral

(Reference APA WF # 14-33)

- S.** AMENDING Agency long-term care eligibility rules at OAC 317:35-5-41.8 to align with federal policy. Proposed revisions include increasing home equity maximum amount to \$500,000 plus the increase by the annual percentage increase in the urban component of the consumer price index and allowing the individual to decrease this equity interest through the use of a reverse mortgage or home equity loan. The term "relative" is removed from the home exemption rules for members who fail to return back home from a long-term care institution. The term "annuity" is changed to also include annuities purchased by, or on behalf of, an annuitant seeking long-term care services.

Budget Impact: Budget neutral

(Reference APA WF # 14-36)

- T.** AMENDING Agency inpatient psychiatric hospital rules at OAC 317:30-5-95.4, 317:30-5-95.14, and 317:30-5-95.33 to clarify that the member's signature on the Individual Plan of Care is required at the time of completion. However, if the member was too physically ill or their acuity level precluded them from signing the plan of care and/or the plan of care review at the time of completion, the member must sign the plan when their condition improves but before discharge. Rules are also revised to indicate that the individual plan of care must adhere to the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM).

Budget Impact: Budget neutral

(Reference APA WF # 14-38)

- U.** AMENDING Agency rules at OAC 317:30-5-742.2 to indicate a 1.5 hours daily limit on services billed by the Treatment Parent Specialist (TPS) within the Therapeutic Foster Care (TFC) setting. This change in policy aligns with limitations delineated within the State Plan for this particular provider and setting. Additionally, rules are revised to make a distinction between LBHPs and Licensure Candidates.

Budget Impact: Budget neutral

(Reference APA WF # 14-39)

- V.** AMENDING Agency rules at OAC 317:30-5-95.6, 317:30-5-95.16, 317:30-5-95.37, and 317:30-5-95.42 to reflect that the History and Physical (H&P) should be completed within 24 hours after admission into an inpatient psychiatric

hospital. Rules are also amended to clarify that the psychiatric evaluation is performed by a psychiatrist. Further, rules are amended to clarify that the psychiatric evaluation is completed within 60 hours of admission. Rules are amended to clarify recoupment methodology when documentation is not in the member's file. Additionally, rules are amended to reflect a distinction between LBHPs and Licensure Candidates.

Budget Impact: Budget neutral

(Reference APA WF # 14-42)

- W.** ADDING Agency rules at OAC 317:35-6-62.1 to allow electronic notices to be sent to SoonerCare members' designated email addresses. Members may actively select that they wish to receive electronic communications from the agency through the SoonerCare application. The agency will confirm that the member is informed of their right to change this election at any time, ensure that members receive mailed notice of this election, and that all notices are posted on the SoonerCare application for member viewing within one business day. In instances of failed electronic communications, the agency will notify the member, through the mail, of this failed correspondence and that action is necessary.

Budget Impact: Budget neutral

(Reference APA WF # 14-44)

- X.** AMENDING Agency inpatient psychiatric hospital rules at OAC 317:30-5-95.24 to indicate that non-specialty Psychiatric Residential Treatment Facilities (PRTF) should have a staff to member ratio of 1:6 during routine awake hours and 1:8 during sleeping hours. Additionally, changes are made to clarify that staffing ratios should always be present for each individual unit not by facility or program. Other minor grammatical changes were made to the rule.

Budget Impact: Budget neutral

(Reference APA WF # 14-45)

- Y.** AMENDING Agency rules at OAC 317:30-5-412, 317:30-5-422, 317:30-5-482, 317:40-5-100, 317:40-5-103, 317:40-5-152 and 317:40-7-15 and ADDING Agency rules at OAC 317:40-1-3 to implement policy changes recommended during the Oklahoma Department of Human Services (OKDHS) Developmental Disabilities Services (DDS) annual policy review process.

Budget Impact: OKDHS Budget: The rule change has total projected budget cost of \$111,430. The federal share is \$71,315.20 and the state share is \$40,114.80.

(Reference APA WF # 14-46.a & b)

- Z.** AMENDING Agency rules at OAC 317:30-5-95.34 to indicate that when the History and Physical (H&P) or a combined H&P and psychiatric evaluation are completed by an allopathic or osteopathic physician with a current license and a board certification/eligible in psychiatry, the assessment(s) may count as the first visit by the physician in active treatment. Additionally, rules are revised to include a distinction between LBHPs and Licensure Candidates.

Budget Impact: Budget neutral

(Reference APA WF # 14-47)

- AA.** AMENDING Agency behavioral health case management rules at OAC 317:30-5-595 and 317:30-5-596 to add the State Plan authorized billing limits of 25 units per month for regular TCM and 54 units for intensive TCM. Rules are also amended to create a distinction between LBHPs and licensure candidates. Additionally, rules are revised to include CM II certification requirements; this change in rules is to correct scrivener's errors made during the 2014 permanent rulemaking session.

Budget Impact: Budget neutral

(Reference APA WF # 14-48)

- BB.** AMENDING Agency rules at OAC 317:35-5-25, 317:45-1-3, 317:45-9-1, 317:45-11-20, and 317:45-11-21 to change the methodology for determining Insure Oklahoma (IO) eligibility, for both IP and ESI, to the Modified Gross Adjustment Income (MAGI) methodology. The MAGI methodology will supersede previous IO eligibility criteria. The new rules will reference the MAGI methodology rules already established at OAC 317:35-6-39 through 317:35-6-54. Additional changes include amending the requirement that members notify the agency of changes in household circumstances from within 30 calendar days to 10 days. Rules will be added to indicate changes in the member's household circumstances may require an eligibility redetermination for IO. References to IO's various FPLs will be

removed; IO's income standards will now be published online using standard IO Income forms. Additionally, the reasonable opportunity for SoonerCare members to obtain citizenship or alienage documentation is changed from 60 days to 90 days.

Budget Impact: Budget neutral for program costs. \$10,000,000 for system changes; the federal share is \$9,000,000; state share is \$1,000,000 and is provided by non-appropriated tobacco tax dollars.

(Reference APA WF # 14-49.a & b)

CC. AMENDING Agency telemedicine rules at OAC 317:30-3-27 to clarify the definition for telemedicine, and to remove the definitions sections for consistency. Proposed changes also remove coverage guidelines to expand the scope of the telemedicine delivery method. Revisions remove requirements for a presenter at the originating site to align with the Oklahoma Medical Licensure rules, and guidelines regarding the required use of OHCA-approved telemedicine networks. Proposed revisions also eliminate the originating site fee payment. Additional clean-up ensures no restrictions on services rendered using the telemedicine delivery model.

Budget Impact: The anticipated savings tied to the removal of the originating site fee payment will result in approximately \$650,000 total dollars; \$245,050 state dollars. Nominal impact, potentially budget neutral due to anticipated savings.

(Reference APA WF # 14-50)

DD. AMENDING Agency SoonerRide rules at OAC 317:30-3-64, 317:30-5-327, 317:30-5-327.1, 317:30-5-327.3, and 317:35-3-2 to remove coverage for transport to state Veterans Affairs hospitals as these facilities are not contracted with the Oklahoma Health Care Authority. Rules also clarify coverage guidelines for escorts, and rules remove mention of the My Life, My Choice and Sooner Senior groups as the waivers are set to expire. Additional cleanup is made to the rule to align policy with current practice.

Budget Impact: Budget neutral

(Reference APA WF # 14-52.a & b)

EE. AMENDING Agency outpatient behavioral health rules at OAC 317:30-5-241.1 to add service coverage for mental health/substance use disorder screening for SoonerCare adult and child members within an outpatient behavioral health agency setting. Additionally, rules are revised to create a distinction between LBHPs and Licensure Candidates.

Budget Impact: ODMHSAS Budget: 120,000 clients were provided mental health services through SoonerCare in SFY2015. Assuming 10% uptake in utilization of the new screening code in SFY2016, estimated budget impact would be \$303,840 total dollars; \$114,547 state share, \$189,290 federal share.

(Reference APA WF # 14-53)

FF. AMENDING Agency outpatient behavioral health rules at OAC 317:30-5-95.9, 317:30-5-95.19, 317:30-5-95.36, 317:30-5-95.39, 317:30-5-95.41, 317:30-5-240.2, 317:30-5-240.3, 317:30-5-241.4, 317:30-5-241.5, 317:30-5-740.1, and 317:30-5-741 to create distinction between licensed behavioral health professionals and licensure candidates. Additionally, other minor grammatical errors were corrected and outdated references were removed.

Budget Impact: Budget neutral

(Reference APA WF # 14-55)

GG. AMENDING Agency high risk obstetrical (HROB) services rules at OAC 317:30-5-22 and 317:30-5-22.1 to increase access in rural areas. Currently high risk obstetrical services are allowed only after an evaluation with Maternal Fetal Medicine (MFM) doctor and the member is deemed high risk; enhanced services are allowed only after a prior authorization request and treatment plan are initiated and submitted by the MFM. The initial intent of the HROB program was to promote the establishment of a relationship between the MFMs in urban areas with mothers located in rural communities. However, it appears that pregnant women in rural communities rarely travel to the urban areas to receive services. Allowing the general OB to request the HROB services/package for pregnant women will ensure pregnant women with high risk conditions receive HROB services.

Budget Impact: This change has an impact of \$258,000 total dollars, state dollars \$99,801.

(Reference APA WF # 14-58)

HH. AMENDING Agency rules at OAC 317:30-5-660.1 to allow Federally Qualified Health Centers (FQHC) to be reimbursed at the PPS rate immediately upon receiving their Health Resources and Services Administration (HRSA) grant award letter. Currently, OHCA requires the facility to submit the award letter and their Medicare certification number. In the interim, facilities contract as a clinic and are paid the fee for service (FFS) rate.

Budget Impact: Budget neutral

(Reference APA WF # 14-60)

MOTION: Member Robison moved for the approval of Item 6A-HH as published. The motion was seconded by Member Bryant.

FOR THE MOTION: Vice-Chairman Armstrong, Member Case

ABSENT: Chairman McFall, Member McVay, Member Nuttle

ITEM 7 / CONSIDERATION AND VOTE REGARDING RECOMMENDATIONS MADE BY THE DRUG UTILIZATION REVIEW BOARD UNDER 63 OKLAHOMA STATUTES 5030.3.

Nancy Nesser, Pharmacy Director

- a) Consideration and vote to add **Viekira Pak™ (Ombitasvir/Paritaprevir/ Ritonavir/Dasabuvir), Northera™ (Droxidopa), Akynzeo® (Netupitant/ Palonosetron), Lemtrada™ (Alemtuzumab), Plegridy™ (Peginterferon β-1a), Brisdelle® (Paroxetine Mesylate), Orenitram™ (Treprostinil) Revatio® (Sildenafil Oral Suspension), and Myalept™ (Metreleptin)** to the utilization and scope prior authorization program under OAC 317:30-5-77.2(e).

MOTION: Member Case moved for approval of Item 7a as published. The motion was seconded by Member Bryant.

FOR THE MOTION: Vice-Chairman Armstrong, Member Robison

ABSENT: Chairman McFall, Member McVay, Member Nuttle

ITEM 8 / PROPOSED EXECUTIVE SESSION AS RECOMMENDED BY THE CHIEF OF LEGAL SERVICES AND AUTHORIZED BY THE OPEN MEETINGS ACT, 25 OKLAHOMA STATUTES §307(B) (1), (4), (7) AND (9).

Nicole Nantois, Chief of Legal Services

Vice-Chairman Armstrong entertained a motion to go into Executive Session at this time.

MOTION: Member Case moved for approval to go into Executive Session. The motion was seconded by Member Robison.

FOR THE MOTION: Vice-Chairman Armstrong, Member Bryant

ABSENT: Chairman McFall, Member McVay, Member Nuttle

8. Discussion Item – Proposed Executive Session as Recommended by the Chief of Legal Services and Authorized by the Open Meetings Act, 25 Oklahoma Statutes § 307(B) (1), (4), (7) and (9).

- a) Discussion of Pending Litigation, Investigations and Claims
Daniels v. OHCA
Choices v. OHCA

ITEM 9 / NEW BUSINESS

There was no new business.

ITEM 10 / ADJOURNMENT

MOTION:

Member Robison moved for approval for adjournment. The motion was seconded by Member Case.

FOR THE MOTION:

Vice-Chairman Armstrong, Member Bryant

ABSENT:

Chairman McFall, Member McVay, Member Nuttle

Meeting adjourned at 2:36 p.m., 3/30/2015

NEXT BOARD MEETING
May 14, 2015
Oklahoma Health Care Authority
Charles Ed McFall Boardroom
4345 N. Lincoln Blvd.
OKC, OK

Lindsey Bateman
Board Secretary

Minutes Approved: _____

Initials: _____

DRAFT



FINANCIAL REPORT

For the Nine Months Ended March 31, 2015
Submitted to the CEO & Board

- Revenues for OHCA through March, accounting for receivables, were **\$2,956,700,579** or **1% under** budget.
- Expenditures for OHCA, accounting for encumbrances, were **\$2,918,188,357** or **1.6% under** budget.
- The state dollar budget variance through March is a **positive \$17,283,629**.
- The budget variance is primarily attributable to the following (in millions):

Expenditures:	
Medicaid Program Variance	14.6
Administration	4.4
Revenues:	
Drug Rebate	1.4
Taxes and Fees	2.5
Overpayments/Settlements	8.4
FY15 Carryover Committed to FY16	(14.0)
Total FY 15 Variance	\$ 17.3

ATTACHMENTS

Summary of Revenue and Expenditures: OHCA	1
Medicaid Program Expenditures by Source of Funds	2
Other State Agencies Medicaid Payments	3
Fund 205: Supplemental Hospital Offset Payment Program Fund	4
Fund 230: Quality of Care Fund Summary	5
Fund 245: Health Employee and Economy Act Revolving Fund	6
Fund 250: Belle Maxine Hilliard Breast and Cervical Cancer Treatment Revolving Fund	7

OKLAHOMA HEALTH CARE AUTHORITY
Summary of Revenues & Expenditures: OHCA
Fiscal Year 2015, For the Nine Months Ended March 31, 2015

REVENUES	FY15 Budget YTD	FY15 Actual YTD	Variance	% Over/ (Under)
State Appropriations	\$ 729,243,789	\$ 729,243,789	\$ -	0.0%
Federal Funds	1,712,547,050	1,679,004,012	(33,543,038)	(2.0)%
Tobacco Tax Collections	33,668,714	36,203,158	2,534,444	7.5%
Quality of Care Collections	57,682,136	57,473,099	(209,037)	(0.4)%
SFY 15 Carryover Committed to SFY16	14,000,000	-	(14,000,000)	100.0%
Prior Year Carryover	61,029,661	61,029,661	-	0.0%
Federal Deferral - Interest	191,746	191,746	-	0.0%
Drug Rebates	174,688,944	178,412,972	3,724,028	2.1%
Medical Refunds	33,919,572	44,663,950	10,744,378	31.7%
Supplemental Hospital Offset Payment Program	155,787,425	155,787,425	-	0.0%
Other Revenues	12,577,954	12,690,766	112,812	0.9%
TOTAL REVENUES	\$ 2,985,336,992	\$ 2,954,700,579	\$ (30,636,413)	(1.0)%
EXPENDITURES	FY15 Budget YTD	FY15 Actual YTD	Variance	% (Over)/ Under
ADMINISTRATION - OPERATING	\$ 43,230,310	\$ 38,471,630	\$ 4,758,680	11.0%
ADMINISTRATION - CONTRACTS	\$ 95,307,795	\$ 89,541,145	\$ 5,766,650	6.1%
MEDICAID PROGRAMS				
<u>Managed Care:</u>				
SoonerCare Choice	29,569,707	27,278,961	2,290,747	7.7%
<u>Acute Fee for Service Payments:</u>				
Hospital Services	679,784,545	677,692,171	2,092,374	0.3%
Behavioral Health	14,963,412	14,520,337	443,075	3.0%
Physicians	368,873,591	363,227,764	5,645,827	1.5%
Dentists	102,253,824	95,493,677	6,760,147	6.6%
Other Practitioners	31,080,250	28,597,451	2,482,798	8.0%
Home Health Care	15,619,039	14,855,242	763,798	4.9%
Lab & Radiology	56,298,066	56,457,083	(159,017)	(0.3)%
Medical Supplies	29,716,448	29,721,022	(4,574)	(0.0)%
Ambulatory/Clinics	93,457,917	90,819,262	2,638,655	2.8%
Prescription Drugs	356,073,201	356,915,660	(842,459)	(0.2)%
OHCA Therapeutic Foster Care	1,508,412	1,312,927	195,485	13.0%
<u>Other Payments:</u>				
Nursing Facilities	432,594,571	422,072,697	10,521,874	2.4%
Intermediate Care Facilities for Individuals with Intellectual Disabilities Private	45,411,952	44,280,154	1,131,797	2.5%
Medicare Buy-In	102,359,181	100,199,700	2,159,482	2.1%
Transportation	52,667,655	52,321,520	346,135	0.7%
Money Follows the Person-OHCA	767,021	473,791	293,231	0.0%
Electronic Health Records-Incentive Payments	18,952,198	18,952,198	-	0.0%
Part D Phase-In Contribution	58,023,605	57,477,649	545,956	0.9%
Supplemental Hospital Offset Payment Program	337,506,318	337,506,318	-	0.0%
Total OHCA Medical Programs	2,827,480,912	2,790,175,582	37,305,330	1.3%
OHCA Non-Title XIX Medical Payments	89,382	-	89,382	0.0%
TOTAL OHCA	\$ 2,966,108,399	\$ 2,918,188,357	\$ 47,920,042	1.6%
REVENUES OVER/(UNDER) EXPENDITURES	\$ 19,228,593	\$ 36,512,222	\$ 17,283,629	

OKLAHOMA HEALTH CARE AUTHORITY
Total Medicaid Program Expenditures
by Source of State Funds
Fiscal Year 2015, For the Nine Months Ended March 31, 2015

Category of Service	Total	Health Care Authority	Quality of Care Fund	HEEIA	SHOPP Fund	BCC Revolving Fund	Other State Agencies
SoonerCare Choice	\$ 27,389,379	\$ 27,267,685	\$ -	\$ 110,418	\$ -	\$ 11,276	\$ -
Inpatient Acute Care	820,279,471	467,352,049	365,015	2,684,316	264,224,184	1,106,766	84,547,140
Outpatient Acute Care	263,983,855	205,587,832	31,203	2,914,969	52,200,545	3,249,306	-
Behavioral Health - Inpatient	39,054,805	8,835,270	-	202,185	20,150,127	-	9,867,223
Behavioral Health - Psychiatrist	6,616,529	5,685,067	-	-	931,462	-	-
Behavioral Health - Outpatient	20,641,929	-	-	-	-	-	20,641,929
Behavioral Health-Health Home	519,243	-	-	-	-	-	519,243
Behavioral Health Facility- Rehab	183,398,541	-	-	-	-	65,273	183,398,541
Behavioral Health - Case Management	15,635,654	-	-	-	-	-	15,635,654
Behavioral Health - PRTF	66,488,332	-	-	-	-	-	66,488,332
Residential Behavioral Management	17,078,822	-	-	-	-	-	17,078,822
Targeted Case Management	49,885,765	-	-	-	-	-	49,885,765
Therapeutic Foster Care	1,312,927	1,312,927	-	-	-	-	-
Physicians	408,893,891	358,686,209	43,576	4,128,205	-	4,497,979	41,537,922
Dentists	95,508,056	95,483,793	-	14,379	-	9,884	-
Mid Level Practitioners	2,288,170	2,273,561	-	13,242	-	1,368	-
Other Practitioners	26,388,332	25,982,213	334,773	65,809	-	5,537	-
Home Health Care	14,859,919	14,839,735	-	4,677	-	15,506	-
Lab & Radiology	57,692,415	56,071,442	-	1,235,332	-	385,641	-
Medical Supplies	29,921,746	27,621,129	2,033,651	200,724	-	66,242	-
Clinic Services	90,647,124	84,524,470	-	505,623	-	152,236	5,464,796
Ambulatory Surgery Centers	6,296,003	6,123,696	-	153,447	-	18,860	-
Personal Care Services	9,674,402	-	-	-	-	-	9,674,402
Nursing Facilities	422,072,697	265,416,660	156,654,055	-	-	1,982	-
Transportation	52,046,917	50,019,370	1,963,970	-	-	63,576	-
GME/IME/DME	68,528,082	-	-	-	-	-	68,528,082
ICF/IID Private	44,280,154	36,261,092	8,019,062	-	-	-	-
ICF/IID Public	34,440,374	-	-	-	-	-	34,440,374
CMS Payments	157,677,348	157,142,736	534,613	-	-	-	-
Prescription Drugs	363,962,424	355,517,055	-	7,046,764	-	1,398,605	-
Miscellaneous Medical Payments	274,603	260,868	-	-	-	13,735	-
Home and Community Based Waiver	138,106,969	-	-	-	-	-	138,106,969
Homeward Bound Waiver	65,881,895	-	-	-	-	-	65,881,895
Money Follows the Person	9,996,179	473,791	-	-	-	-	9,522,389
In-Home Support Waiver	18,672,212	-	-	-	-	-	18,672,212
ADvantage Waiver	126,904,346	-	-	-	-	-	126,904,346
Family Planning/Family Planning Waiver	5,735,789	-	-	-	-	-	5,735,789
Premium Assistance*	30,985,052	-	-	30,985,052	-	-	-
Electronic Health Records Incentive Payments	18,952,198	18,952,198	-	-	-	-	-
Total Medicaid Expenditures	\$ 3,812,972,549	\$ 2,271,690,846	\$ 169,979,918	\$ 50,265,142	\$ 337,506,318	\$ 11,063,774	\$ 972,531,825

* Includes \$30,754,263.31 paid out of Fund 245

OKLAHOMA HEALTH CARE AUTHORITY
Summary of Revenues & Expenditures:
Other State Agencies
Fiscal Year 2015, For the Nine Months Ended March 31, 2015

REVENUE	FY15 Actual YTD
Revenues from Other State Agencies	\$ 440,481,595
Federal Funds	614,449,593
TOTAL REVENUES	\$ 1,054,931,188
EXPENDITURES	Actual YTD
Department of Human Services	
Home and Community Based Waiver	\$ 138,106,969
Money Follows the Person	9,522,389
Homeward Bound Waiver	65,881,895
In-Home Support Waivers	18,672,212
ADvantage Waiver	126,904,346
Intermediate Care Facilities for Individuals with Intellectual Disabilities Public	34,440,374
Personal Care	9,674,402
Residential Behavioral Management	13,193,428
Targeted Case Management	39,589,794
Total Department of Human Services	455,985,809
State Employees Physician Payment	
Physician Payments	41,537,922
Total State Employees Physician Payment	41,537,922
Education Payments	
Graduate Medical Education	26,748,238
Graduate Medical Education - Physicians Manpower Training Commission	3,797,911
Indirect Medical Education	31,865,924
Direct Medical Education	6,116,009
Total Education Payments	68,528,082
Office of Juvenile Affairs	
Targeted Case Management	2,355,994
Residential Behavioral Management	3,885,393
Total Office of Juvenile Affairs	6,241,387
Department of Mental Health	
Case Management	15,635,654
Inpatient Psychiatric Free-standing	9,867,223
Outpatient	20,641,929
Health Homes	519,243
Psychiatric Residential Treatment Facility	66,488,332
Rehabilitation Centers	183,398,541
Total Department of Mental Health	296,550,923
State Department of Health	
Children's First	910,672
Sooner Start	1,894,162
Early Intervention	3,246,019
Early and Periodic Screening, Diagnosis, and Treatment Clinic	1,511,305
Family Planning	(45,982)
Family Planning Waiver	5,762,480
Maternity Clinic	24,904
Total Department of Health	13,303,560
County Health Departments	
EPSDT Clinic	570,599
Family Planning Waiver	19,292
Total County Health Departments	589,891
State Department of Education	106,955
Public Schools	3,676,331
Medicare DRG Limit	77,041,622
Native American Tribal Agreements	1,463,825
Department of Corrections	1,451,481
JD McCarty	6,054,037
Total OSA Medicaid Programs	\$ 972,531,825
OSA Non-Medicaid Programs	\$ 56,149,966
Accounts Receivable from OSA	\$ (26,249,397)

OKLAHOMA HEALTH CARE AUTHORITY
SUMMARY OF REVENUES & EXPENDITURES:
Fund 205: Supplemental Hospital Offset Payment Program Fund
Fiscal Year 2015, For the Nine Months Ended March 31, 2015

REVENUES	FY 15 Revenue
SHOPP Assessment Fee	\$ 155,534,103
Federal Draws	212,246,463
Interest	122,968
Penalties	130,354
State Appropriations	(22,700,000)
TOTAL REVENUES	\$ 345,333,889

EXPENDITURES	Quarter	Quarter	Thru Fund 340 Quarter	FY 15 Expenditures
Program Costs:	7/1/14 - 9/30/14	10/1/14 - 12/31/14	1/1/15 - 3/31/15	
Hospital - Inpatient Care	92,872,986	92,764,153	78,587,045	\$ 264,224,184
Hospital -Outpatient Care	15,052,817	15,729,600	21,418,128	\$ 52,200,545
Psychiatric Facilities-Inpatient	6,919,304	7,316,146	5,914,677	\$ 20,150,127
Rehabilitation Facilities-Inpatient	272,784	288,429	370,249	\$ 931,462
Total OHCA Program Costs	115,117,891	116,098,329	106,290,098	\$ 337,506,317
Total Expenditures				\$ 337,506,317

CASH BALANCE	\$ 7,827,571
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OKLAHOMA HEALTH CARE AUTHORITY
SUMMARY OF REVENUES & EXPENDITURES:
Fund 230: Nursing Facility Quality of Care Fund
Fiscal Year 2015, For the Nine Months Ended March 31, 2015

REVENUES	Total Revenue	State Share
Quality of Care Assessment	\$ 57,442,295	\$ 57,442,295
Interest Earned	30,804	30,804
TOTAL REVENUES	\$ 57,473,099	\$ 57,473,099

EXPENDITURES	FY 15 Total \$ YTD	FY 15 State \$ YTD	Total State \$ Cost
Program Costs			
Nursing Facility Rate Adjustment	\$ 153,932,268	\$ 58,032,465	
Eyeglasses and Dentures	203,107	76,571	
Personal Allowance Increase	2,518,680	949,542	
Coverage for Durable Medical Equipment and Supplies	2,033,651	766,687	
Coverage of Qualified Medicare Beneficiary	774,567	292,012	
Part D Phase-In	534,613	534,613	
ICF/IID Rate Adjustment	3,923,999	1,479,348	
Acute Services ICF/IID	4,095,063	1,543,839	
Non-emergency Transportation - Soonerride	1,963,970	740,417	
Total Program Costs	\$ 169,979,918	\$ 64,415,493	\$ 64,415,493
Administration			
OHCA Administration Costs	\$ 378,798	\$ 189,399	
DHS-Ombudsmen	177,158	177,158	
OSDH-Nursing Facility Inspectors	400,000	400,000	
Mike Fine, CPA	2,500	1,250	
Total Administration Costs	\$ 958,456	\$ 767,807	\$ 767,807
Total Quality of Care Fee Costs	\$ 170,938,374	\$ 65,183,300	
TOTAL STATE SHARE OF COSTS			\$ 65,183,300

Note: Expenditure amounts are for informational purposes only. Actual payments are made from Fund 340. Revenues deposited into the fund are transferred to Fund 340 to support the costs, not to exceed the calculated state share amount.

OKLAHOMA HEALTH CARE AUTHORITY

SUMMARY OF REVENUES & EXPENDITURES:

**Fund 245: Health Employee and Economy Improvement Act Revolving Fund
Fiscal Year 2015, For the Nine Months Ended March 31, 2015**

REVENUES	FY 14 Carryover	FY 15 Revenue	Total Revenue
Prior Year Balance	\$ 13,950,701	\$ -	\$ 7,207,270
State Appropriations	-	-	-
Tobacco Tax Collections	-	29,776,879	29,776,879
Interest Income	-	249,097	249,097
Federal Draws	160,262	20,399,871	20,399,871
All Kids Act	(6,651,067)	93,964	93,964
TOTAL REVENUES	\$ 7,459,896	\$ 50,519,811	\$ 57,633,118

EXPENDITURES	FY 14 Expenditures	FY 15 Expenditures	Total \$ YTD
Program Costs:			
Employer Sponsored Insurance		\$ 30,493,302	\$ 30,493,302
College Students		230,789	83,038
All Kids Act		260,962	260,962
Individual Plan			
SoonerCare Choice		\$ 106,305	\$ 38,249
Inpatient Hospital		2,659,246	956,797
Outpatient Hospital		2,872,288	1,033,449
BH - Inpatient Services-DRG		199,350	71,726
BH -Psychiatrist		-	-
Physicians		4,118,128	1,481,702
Dentists		13,743	4,945
Mid Level Practitioner		12,505	4,499
Other Practitioners		64,641	23,258
Home Health		4,677	1,683
Lab and Radiology		1,221,954	439,659
Medical Supplies		189,646	68,235
Clinic Services		499,742	179,807
Ambulatory Surgery Center		146,413	52,680
Prescription Drugs		6,941,607	2,497,590
Miscellaneous Medical		-	-
Premiums Collected		-	(398,098)
Total Individual Plan		\$ 19,050,246	\$ 6,456,181
College Students-Service Costs		\$ 229,649	\$ 82,628
All Kids Act- Service Costs		\$ 195	\$ 70
Total OHCA Program Costs		\$ 50,265,142	\$ 37,376,180
Administrative Costs			
Salaries	\$ 30,565	\$ 1,013,333	\$ 1,043,898
Operating Costs	125,839	422,265	548,104
Health Dept-Postponing	-	-	-
Contract - HP	96,221	592,007	688,228
Total Administrative Costs	\$ 252,625	\$ 2,027,605	\$ 2,280,231
Total Expenditures			\$ 39,656,410
NET CASH BALANCE	\$ 7,207,270		\$ 17,976,708

OKLAHOMA HEALTH CARE AUTHORITY

SUMMARY OF REVENUES & EXPENDITURES:

**Fund 250: Belle Maxine Hilliard Breast and Cervical Cancer Treatment Revolving Fund
Fiscal Year 2015, For the Nine Months Ended March 31, 2015**

REVENUES	FY 15 Revenue	State Share
Tobacco Tax Collections	\$ 594,090	\$ 594,090
TOTAL REVENUES	\$ 594,090	\$ 594,090

EXPENDITURES	FY 15 Total \$ YTD	FY 15 State \$ YTD	Total State \$ Cost
Program Costs			
SoonerCare Choice	\$ 11,276	\$ 2,976	
Inpatient Hospital	1,106,766	292,076	
Outpatient Hospital	3,249,306	857,492	
Inpatient Services-DRG	-	-	
Psychiatrist	-	-	
TFC-OHCA	-	-	
Nursing Facility	1,982	523	
Physicians	4,497,979	1,187,017	
Dentists	9,884	2,608	
Mid-level Practitioner	1,368	361	
Other Practitioners	5,537	1,461	
Home Health	15,506	4,092	
Lab & Radiology	385,641	101,771	
Medical Supplies	66,242	17,481	
Clinic Services	152,236	40,175	
Ambulatory Surgery Center	18,860	4,977	
Prescription Drugs	1,398,605	369,092	
Transportation	63,576	16,778	
Miscellaneous Medical	13,735	3,625	
Total OHCA Program Costs	\$ 10,998,500	\$ 2,902,504	
OSA DMHSAS Rehab	\$ 65,273	\$ 17,226	
Total Medicaid Program Costs	\$ 11,063,774	\$ 2,919,730	
TOTAL STATE SHARE OF COSTS			\$ 2,919,730

Note: Expenditure amounts are for informational purposes only. Actual payments are made from Fund 340. Revenues deposited into the fund are transferred to Fund 340 to support the costs, not to exceed the calculated state share amount.

SoonerCare Programs

February 2015 Data for April 2015 Board Meeting

SOONERCARE ENROLLMENT/EXPENDITURES

Delivery System	Monthly Enrollment Average SFY2014	Enrollment February 2015	Total Expenditures February 2015	Average Dollars Per Member Per Month February 2015
SoonerCare Choice Patient-Centered Medical Home	559,363	545,710	\$140,193,223	
<i>Lower Cost</i> (Children/Parents; Other)		499,052	\$107,960,121	\$216
<i>Higher Cost</i> (Aged, Blind or Disabled; TEFRA; BCC)		46,658	\$32,233,102	\$691
SoonerCare Traditional	196,936	234,116	\$197,027,886	
<i>Lower Cost</i> (Children/Parents; Other)		123,704	\$52,251,006	\$422
<i>Higher Cost</i> (Aged, Blind or Disabled; TEFRA; BCC & HCBS Waiver)		110,412	\$144,776,880	\$1,311
SoonerPlan*	48,266	41,076	\$314,264	\$8
Insure Oklahoma	23,567	17,955	\$5,930,508	
<i>Employer-Sponsored Insurance</i>	14,795	13,510	\$3,795,463	\$281
<i>Individual Plan*</i>	8,772	4,445	\$2,135,046	\$480
TOTAL	828,131	838,857	\$343,465,881	

The enrollment totals above include all members enrolled during the report month; therefore, some members may not have expenditure data. Custody expenditures are excluded. Non-member specific expenditures of \$25,441,011 are excluded.

Effective July 2014, members with other forms of credible health insurance coverage were no longer eligible for Choice PCMH.

*In January 2014, SoonerPlan's qualifying income guidelines decreased from 185% to 133% of FPL and Insure Oklahoma IP's qualifying income guidelines decreased from 200% to 100% of FPL.

Net Enrollee Count Change from Previous Month Total	6,995
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New Enrollees	15,157
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Members that have not been enrolled in the past 6 months.

Dual Enrollees & Long-Term Care Members (subset of data above)

Medicare and SoonerCare	Monthly Average SFY2014	Enrolled February 2015
Dual Enrollees	109,653	110,620
<i>Child</i>	192	191
<i>Adult</i>	109,461	110,429

Long-Term Care Members	Monthly Average SFY2014	Enrolled February 2015	FACILITY PER MEMBER PER MONTH
Long-Term Care Members	15,358	14,807	\$3,425
<i>Child</i>	63	54	
<i>Adult</i>	15,295	14,753	

Child is defined as an individual under the age of 21.

SOONERCARE CONTRACTED PROVIDER INFORMATION

Provider Counts	Monthly Average SFY2014	Enrolled February 2015
Total Providers	38,330	41,101
<i>In-State</i>	29,277	31,198
<i>Out-of-State</i>	9,053	9,903

Provider Network includes providers who are contracted to provide health care services by locations, programs, types, and specialties. Providers are being counted multiple times if they have multiple locations, programs, types, and specialties.

Program	% of Capacity Used
SoonerCare Choice	43%
SoonerCare Choice I/T/U	19%
Insure Oklahoma IP	1%

Select Provider Type Counts	In-State		Totals	
	Monthly Average SFY2014	Enrolled February 2015*	Monthly Average SFY2014	Enrolled February 2015
Physician	8,452	9,151	13,597	15,655
Pharmacy	936	918	1,266	1,213
Mental Health Provider	4,864	4,690	4,902	4,748
Dentist	1,069	1,121	1,206	1,295
Hospital	183	192	685	944
Optometrist	565	614	594	649
Extended Care Facility	356	345	356	345

Above counts are for specific provider types and are not all-inclusive.

Total Primary Care Providers**	5,410	6,072	7,011	8,148
Patient-Centered Medical Home	2,099	2,354	2,188	2,442

**Including Physicians, Physician Assistants and Advance Nurse Practitioners.

*Items shaded above represent a 10% or more increase (green) or decrease (red) from the previous fiscal year's average.

SoonerCare Programs

March 2015 Data for May 2015 Board Meeting

SOONERCARE ENROLLMENT/EXPENDITURES

Delivery System	Monthly Enrollment Average SFY2014	Enrollment March 2015	Total Expenditures March 2015	Average Dollars Per Member Per Month March 2015
SoonerCare Choice Patient-Centered Medical Home	559,363	546,156	\$137,343,534	
<i>Lower Cost</i> <small>(Children/Parents; Other)</small>		499,565	\$94,745,614	\$190
<i>Higher Cost</i> <small>(Aged, Blind or Disabled; TEFRA; BCC)</small>		46,591	\$42,597,920	\$914
SoonerCare Traditional	196,936	235,002	\$185,336,016	
<i>Lower Cost</i> <small>(Children/Parents; Other)</small>		124,264	\$56,747,288	\$457
<i>Higher Cost</i> <small>(Aged, Blind or Disabled; TEFRA; BCC & HCBS Waiver)</small>		110,738	\$128,588,728	\$1,161
SoonerPlan*	48,266	41,672	\$385,775	\$9
Insure Oklahoma	23,567	17,835	\$5,882,286	
<i>Employer-Sponsored Insurance</i>	14,795	13,482	\$3,770,634	\$280
<i>Individual Plan*</i>	8,772	4,353	\$2,111,652	\$485
TOTAL	828,131	840,665	\$328,947,612	

The enrollment totals above include all members enrolled during the report month; therefore, some members may not have expenditure data. Custody expenditures are excluded. Non-member specific expenditures of \$25,297,321 are excluded.

Effective July 2014, members with other forms of credible health insurance coverage were no longer eligible for Choice PCMH.

*In January 2014, SoonerPlan's qualifying income guidelines decreased from 185% to 133% of FPL and Insure Oklahoma IP's qualifying income guidelines decreased from 200% to 100% of FPL.

Net Enrollee Count Change from Previous Month Total	1,808
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New Enrollees	16,556
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Members that have not been enrolled in the past 6 months.

Dual Enrollees & Long-Term Care Members (subset of data above)

Medicare and SoonerCare	Monthly Average SFY2014	Enrolled March 2015
Dual Enrollees	109,653	110,717
<i>Child</i>	192	179
<i>Adult</i>	109,461	110,538

Long-Term Care Members	Monthly Average SFY2014	Enrolled March 2015	FACILITY PER MEMBER PER MONTH
Long-Term Care Members	15,358	14,932	\$3,294
<i>Child</i>	63	60	
<i>Adult</i>	15,295	14,872	

Child is defined as an individual under the age of 21.

SOONERCARE CONTRACTED PROVIDER INFORMATION

Provider Counts	Monthly Average SFY2014	Enrolled March 2015
Total Providers	38,330	41,631
<i>In-State</i>	29,277	31,490
<i>Out-of-State</i>	9,053	10,141

Provider Network includes providers who are contracted to provide health care services by locations, programs, types, and specialties. Providers are being counted multiple times if they have multiple locations, programs, types, and specialties.

Program	% of Capacity Used
SoonerCare Choice	44%
SoonerCare Choice I/T/U	19%
Insure Oklahoma IP	1%

Select Provider Type Counts	In-State		Totals	
	Monthly Average SFY2014	Enrolled March 2015*	Monthly Average SFY2014	Enrolled March 2015
Physician	8,452	9,180	13,597	15,774
Pharmacy	936	920	1,266	1,220
Mental Health Provider	4,864	4,765	4,902	4,823
Dentist	1,069	1,119	1,206	1,299
Hospital	183	192	685	952
Optometrist	565	608	594	643
Extended Care Facility	356	346	356	346

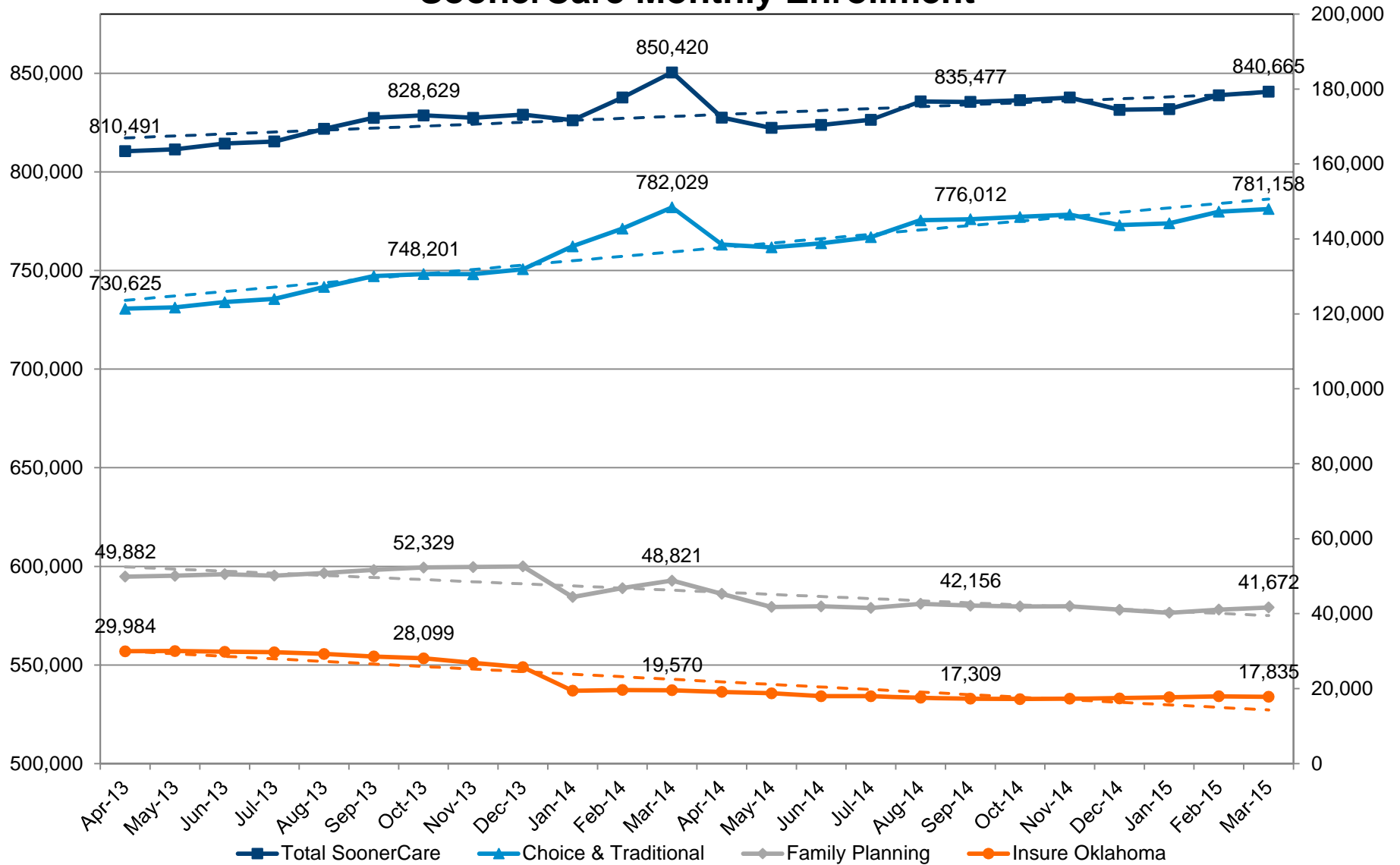
Above counts are for specific provider types and are not all-inclusive.

Total Primary Care Providers**	5,410	6,149	7,011	8,263
Patient-Centered Medical Home	2,099	2,356	2,188	2,445

**Including Physicians, Physician Assistants and Advance Nurse Practitioners.

*Items shaded above represent a 10% or more increase (green) or decrease (red) from the previous fiscal year's average.

SoonerCare Monthly Enrollment



Total SoonerCare includes Choice, Traditional, Family Planning and Insure Oklahoma. Effective Jan 1, 2014, SoonerPlan and full scope pregnancy benefits Federal Poverty Level income limit decreased to 133% from 185%. Insure Oklahoma IP's qualifying income guidelines also decreased from 200% to 100% of FPL. The increase beginning in January 2014 was by majority due to the requirement to maintain coverage through March 2014. The decrease in April 2014 was due to this extended coverage ending.



MAY 14TH, 2015 OHCA BOARD MEETING

After the April deadlines and as of May 7, 2015, the Oklahoma Legislature is tracking a total of 566 legislative bills. OHCA is now tracking 37 bills. The Governor has signed 19 of our tracked bills, vetoed 2 bills, 5 bills have been sent to her for signage and we have 11 remaining on our tracking list awaiting action.

- SB704 – OHCA Request Bill - Sen. A.J. Griffin and Rep. Dr. Doug Cox - Allows OHCA to recover funds put in a trust for, but not spent on, burial/funeral expenses. Recovery amount not to exceed cost of services provided. Governor Signed 5-6-15.
- HB1566 – Sen. Kim David and Rep. Glen Mulready - OHCA to initiate RFP's for care coordination models for the aged, blind and disabled persons. Care coordination models for members receiving institutional care shall be phased in two (2) years after the initial enrollment period of a care coordination program. Governor Signed 5-4-15.
- HB1628 – Rep. David Derby and Sen. A.J. Griffin – New market drugs that do not fall into a class that is already prior authorized shall be automatically PA'd, but the PA will be removed if the DUR does not review within 100 days of market availability. Sent to the Governor 5-6-15.

SENATE AND HOUSE DEADLINES

The following are the remaining Senate and House deadlines for 2015:

May 7, 2015	House deadline for rejecting Senate Amendments to House measures and requesting conference
May 29, 2015	Sine Die Adjournment, No later than 5:00 p.m.

A Legislative Bill Tracking Report will be included in your handout at the Board Meeting.

Leveraging Digital Communication Strategies to Improve Health Outcomes in Oklahoma

IMPACT OF DIGITAL STRATEGY

- Shifting reliance from traditional media and diversifying communication platforms
- More targeted, personalized messaging for stakeholders
- Better tracking of return on investment and outcome measures

PROMOTED POSTS ON SOCIAL MEDIA

Post Details Reported stats may be delayed from what appears on posts

Oklahoma Health Care Authority
January 5

We have exciting changes to announce for our SoonerCare tobacco cessation benefits! You no longer have a copay or need prior authorization for any of the 7 FDA approved tobacco cessation products – making it even easier and cheaper to quit smoking! New year – NEW YOU!

EVERYBODY
LOVES
A QUITTER.

Oklahoma HealthCare Authority

15,624 People Reached		
467 Likes, Comments & Shares		
396 Likes	354 On Post	42 On Shares
37 Comments	13 On Post	24 On Shares
34 Shares	30 On Post	4 On Shares
79 Post Clicks		
79 Photo Views	0 Link Clicks	0 Other Clicks

NEGATIVE FEEDBACK

1 Hide Post	0 Hide All Posts
0 Report as Spam	0 Unlike Page

15,624 people reached See Results

Unlike · Comment · Share · **354** **13** **30**

- 15,624 people reached
- 467 direct engagements:
 - 396 likes
 - 37 comments
 - 34 shares
- 79 post clicks
- 9 quitting commitments

Total Budget: \$40
(cost per engagement: \$0.10)

TARGETING CUSTOM AUDIENCES

Healthy Behaviors

Location: Oklahoma, United States

Age: 18 – 65+

Language: English

Interests: Bodybuilding, dieting, gyms, meditation, nutrition, physical exercise, physical fitness, running, weight training, yoga or zumba

Behaviors: Healthy and fit

Reach: 4,753

Frequency: 1.33

Clicks: 98

Conversions: 15



Unhealthy Behaviors

Location: Oklahoma, United States

Age: 18 – 65+

Language: English

Interests: TV reality shows, TV talkshows, TV game shows, TV comedies, beer, soft drinks, energy drinks, fast food, fast food restaurants, fast casual restaurants, daytime television or list of fast food restaurant chains

Behaviors: Gamers or console gamers

Reach: 9,909

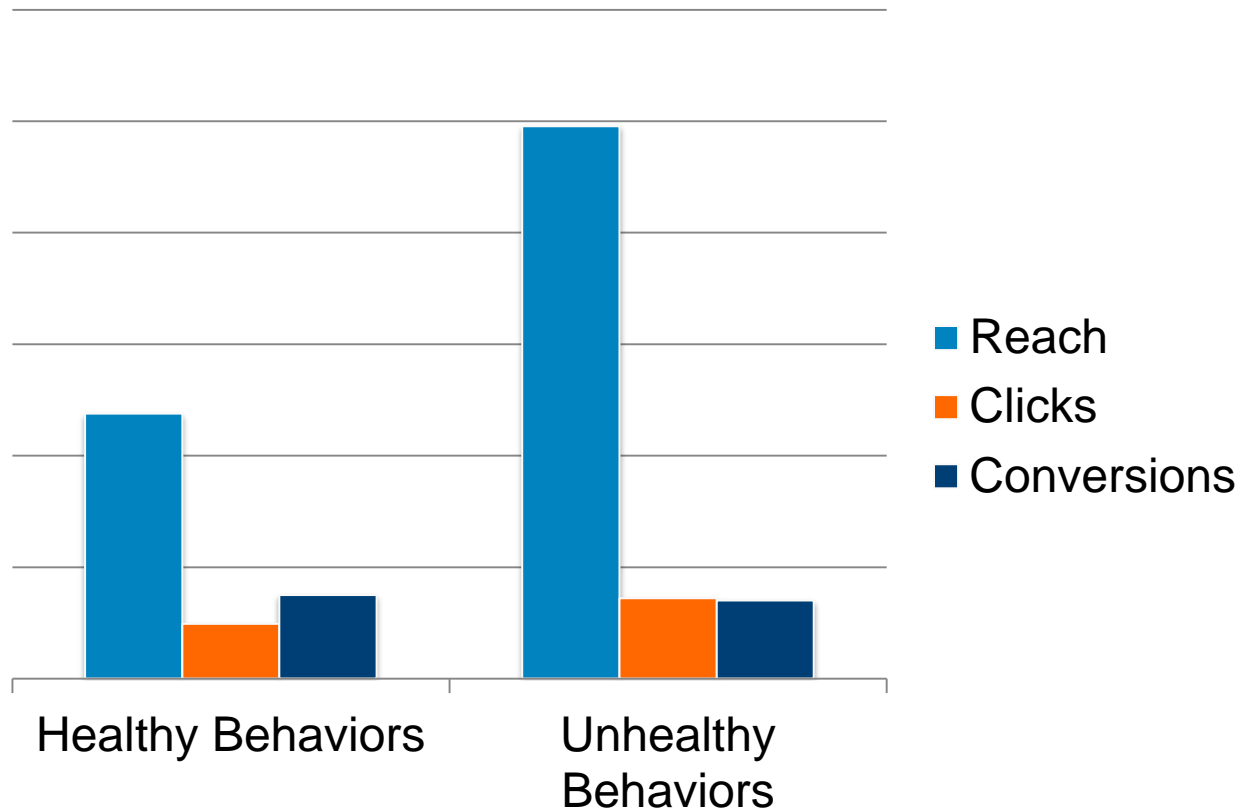
Frequency: 1.79

Clicks: 144

Conversions: 14



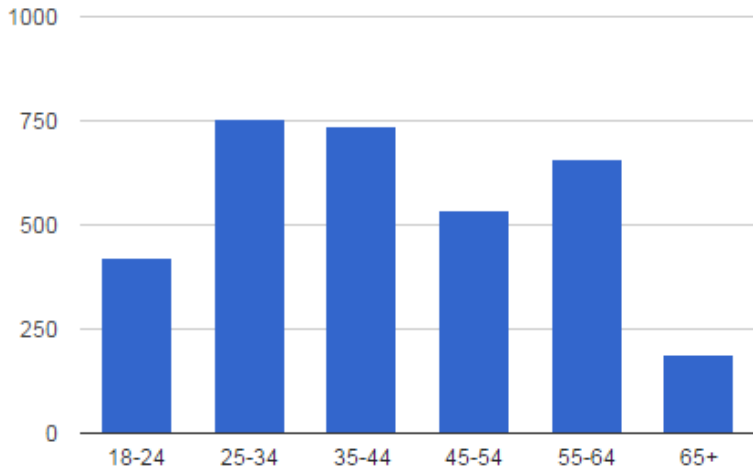
TARGETING CUSTOM AUDIENCES



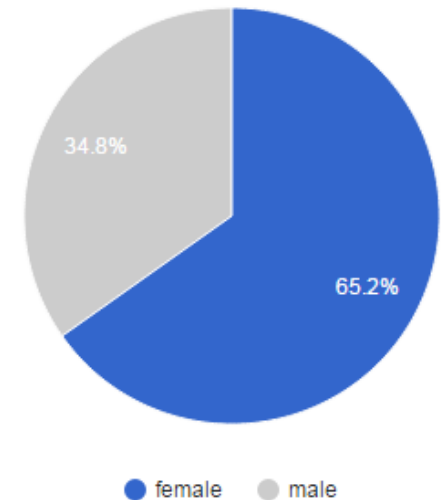
DIGITAL COMMUNICATION ANALYTICS

Basic User Demographics

Users by Age Bracket



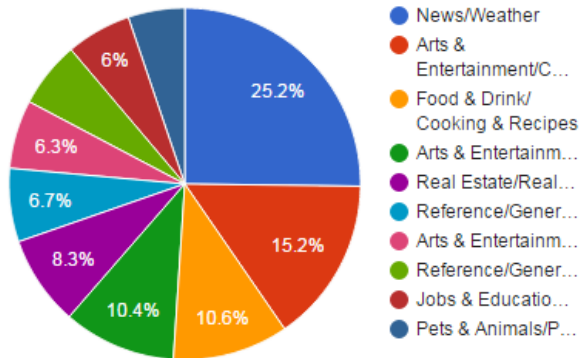
User Gender



DIGITAL COMMUNICATION ANALYTICS

In-Depth User Demographics

Top 10 Other Interest Categories

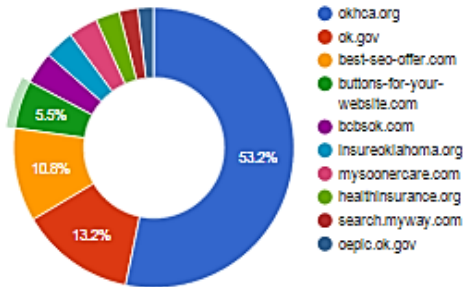


Other Interest Category	Sessions
News/Weather	1099
Arts & Entertainment/Celebrities & Entertainment News	662
Food & Drink/Cooking & Recipes	464
Arts & Entertainment/TV & Video/Online Video	452
Real Estate/Real Estate Listings	361
Reference/General Reference/Dictionaries & Encyclopedias	294
Arts & Entertainment/Music & Audio/Country Music	275
Reference/General Reference/Public Records	265
Jobs & Education/Arts & Education	261
Pets & Animals/Pets/Dogs	227
Arts & Entertainment/Entertainment Industry/Recording Industry/Record Labels	221
Arts & Entertainment/Humor	221
Arts & Entertainment/Music & Audio/Radio	217
Shopping/Consumer Resources/Coupons & Discount Offers	211
Home & Garden/Gardening & Landscaping	208
Food & Drink/Restaurants	186
Beauty & Fitness/Hair Care	182
Arts & Entertainment/TV & Video/TV Shows & Programs/TV Reality Shows	176

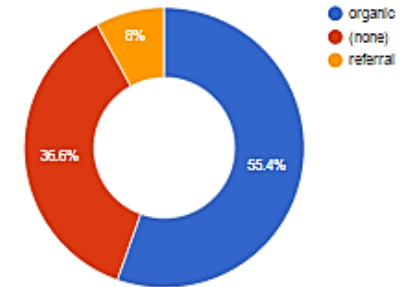
DIGITAL COMMUNICATION ANALYTICS

Brand Monitoring/SEO

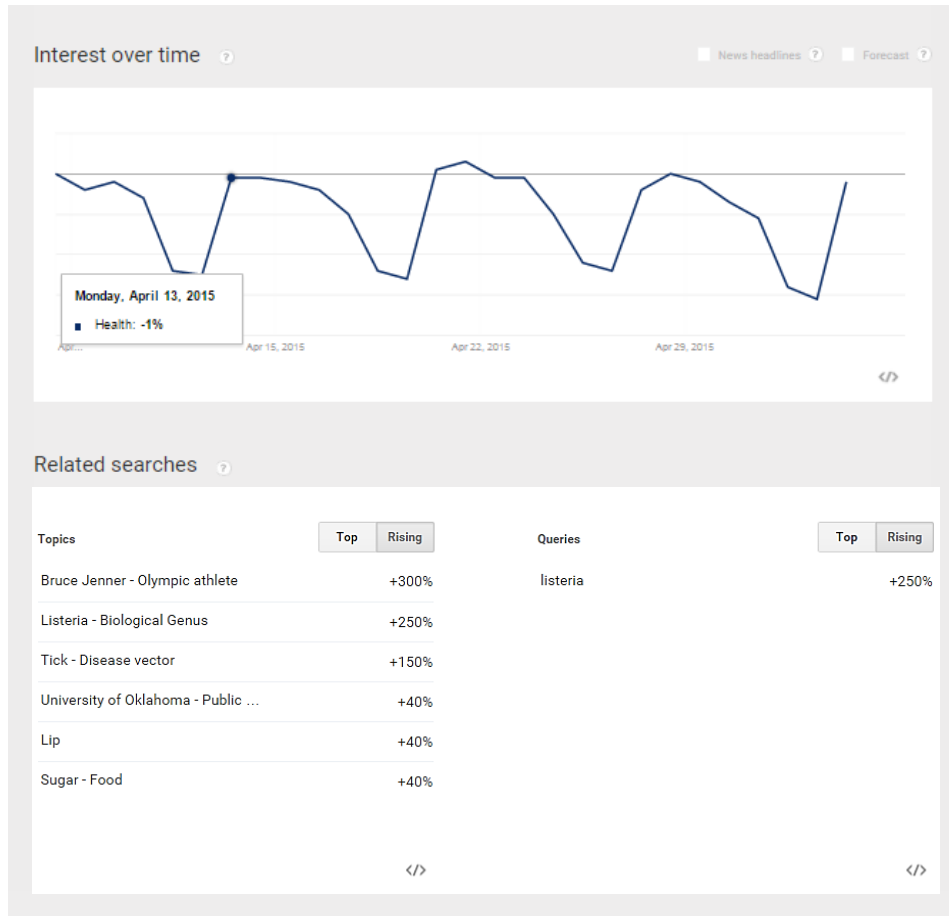
Top Referers



Visits by Source



DIGITAL COMMUNICATION ANALYTICS



Google Search Trend Analytics

CONVERSION TRACKING...WHAT DOES THIS ALL MEAN?



Sandra

28 years old

Pregnant with first child

Started smoking when she was 19, but wants to quit now that she's pregnant.

HOW DO WE FIND SANDRA?



- Visits SoonerCare's SoonerQuit website
- Indicates via online behaviors that she is both a smoker and pregnant Oklahoma resident
- Is a SoonerCare member and indicates on her health risk assessment that she is a smoker who is pregnant

HOW DO WE FIND SANDRA?



Eventually, after seeing these ads a few times, Sandra makes up her mind to seek quitting help, and visits our SoonerQuit webpage.

Once we've found Sandra, we start showing her ads, encouraging her to quit.

She might see them on her Facebook...

...or when she does a google search...

...or when she views Twitter on her phone.

HOW DO WE FIND SANDRA?

The screenshot shows the Oklahoma Tobacco Helpline website. At the top, there are social media icons for Facebook, YouTube, and Twitter. The main header features the text "Oklahoma Tobacco Helpline" and a large "1 800 QUIT NOW" button with the phone number "1-800-784-8669" and the website "OKhelpline.com". A search bar is also present. Below the header, there are navigation links: "THINKING ABOUT QUITTING", "READY TO QUIT", "HELP SOMEONE QUIT", and "STAY TOBACCO FREE". The main content area is titled "SMOKING AND PREGNANCY" and includes a photograph of a smiling pregnant woman being embraced by a man. The text on the page discusses the risks of smoking during pregnancy and provides resources for more information, including CDC Smoking & Pregnancy, March of Dimes, and Text4Baby.org. At the bottom, there are buttons for "REQUEST A CALL" and "REGISTER ONLINE", along with a navigation menu: "HOME", "LATEST NEWS", "TESTIMONIALS", "THE 2014 SURGEON GENERAL'S REPORT", and "MEDIA ROOM". The footer includes the TSET logo with the tagline "TOBACCO STOPS WITH ME.", the "Shape Your Future" logo, and a "CONTACT" link.

Once she's there, she can:

- Contact a quit coach
- Sign up for (automated) quit emails
- View quitting resources
- Track her quitting progress
- Let us know about her success!

All of which is fully trackable on our end, meaning we now know the direct return on investment for those ads we served up to Sandra, and what effect on health outcomes they had.

CONCLUSION



Through digital targeted outreach, Sandra is able to quit smoking and deliver a healthy baby – becoming just another success story for the Oklahoma Health Care Authority!

**ANNUAL EPSDT
PARTICIPATION REPORT
--OKLAHOMA--
FEDERAL FISCAL YEAR 2014**

Shelly Patterson, MPH
Director, Health Promotion & Community Relations
May 14, 2015



EPSDT

- **Early and Periodic Screening Diagnosis and Treatment**
- **Comprehensive and preventive health care services**
- **Children under age 21 enrolled in Medicaid**



CMS STATE REQUIREMENTS

- **Inform families about EPSDT services and immunizations**
- **Provide screening services for all children**
- **Arrange for corrective treatment as determined by screenings**
- **Report EPSDT performance information annually**

CMS 416 REPORT

- **Federal fiscal year (FFY) —10/1-9/30**
- **Standardized methodology**
- **Age categories**
- **90 continuous days of eligibility**
- **Periodicity schedule**

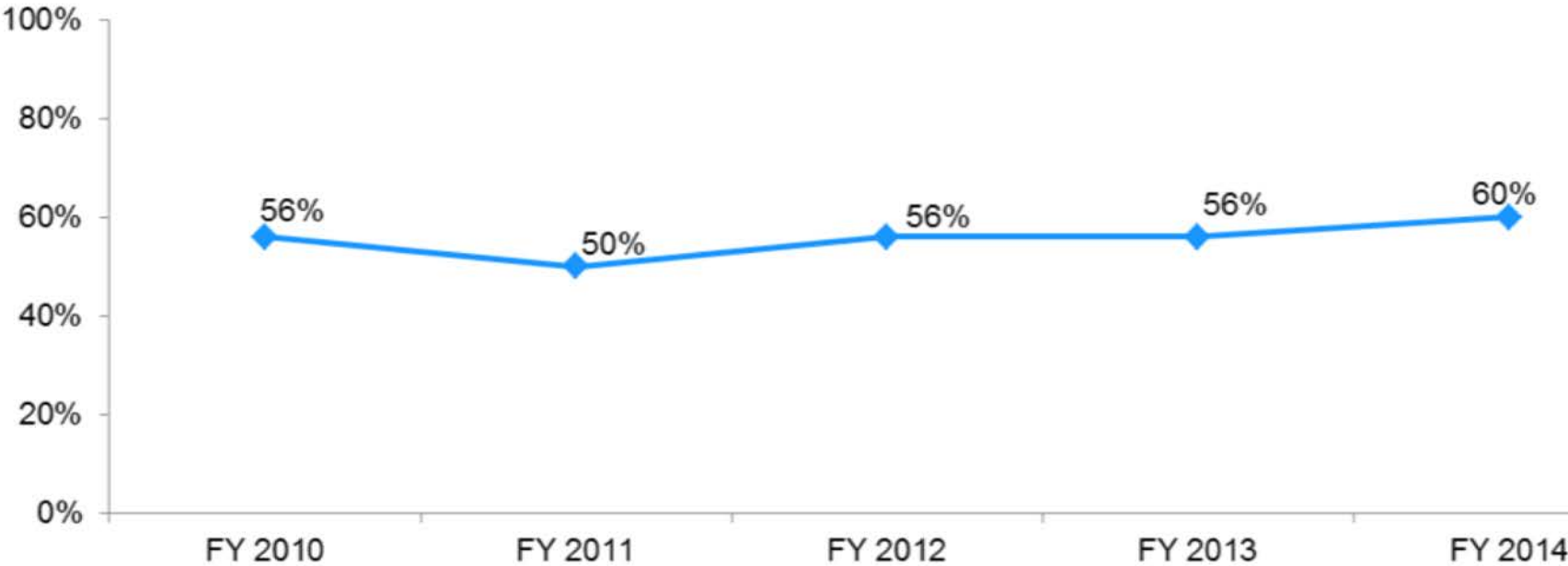
PARTICIPATION RATE

The extent to which individuals are receiving *any* initial or periodic screenings during the year

$$\frac{\text{Total eligibles who receive at least one screen}}{\text{Total eligibles who *should* receive at least one screen}}$$



EPSDT Participation Rates - Oklahoma



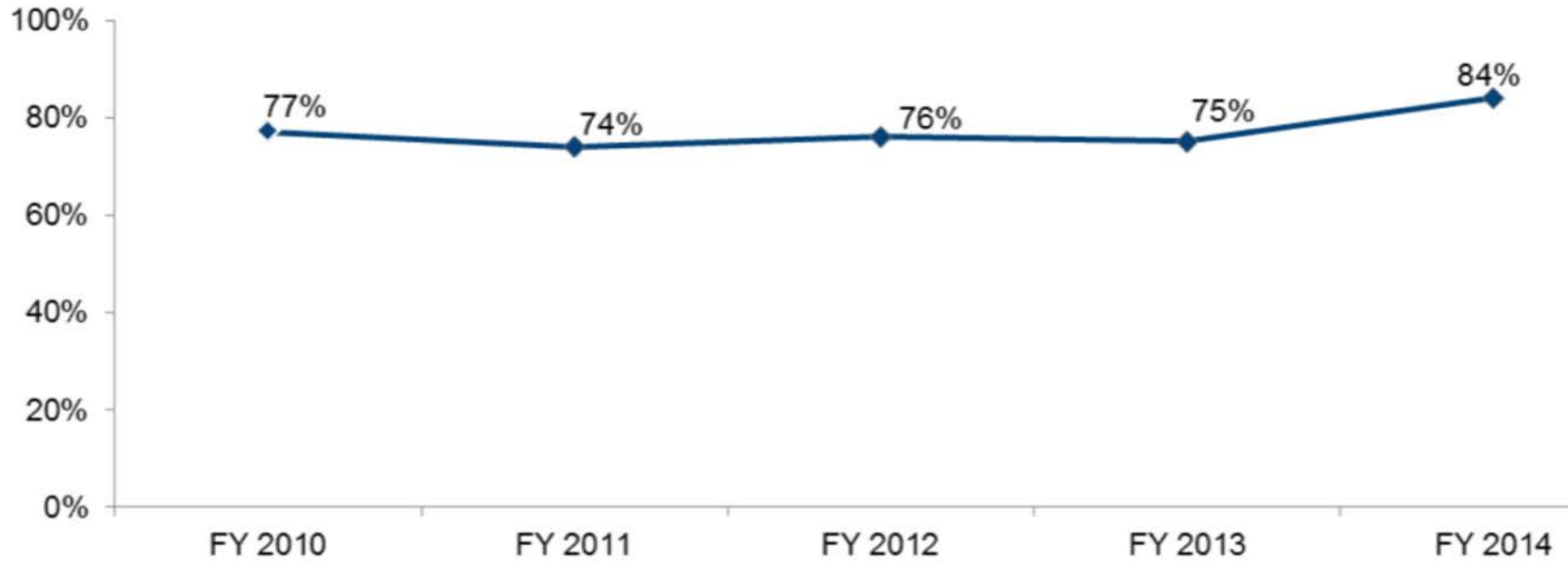
SCREENING RATE

- The extent to which individuals received the number of screenings required by the periodicity schedule

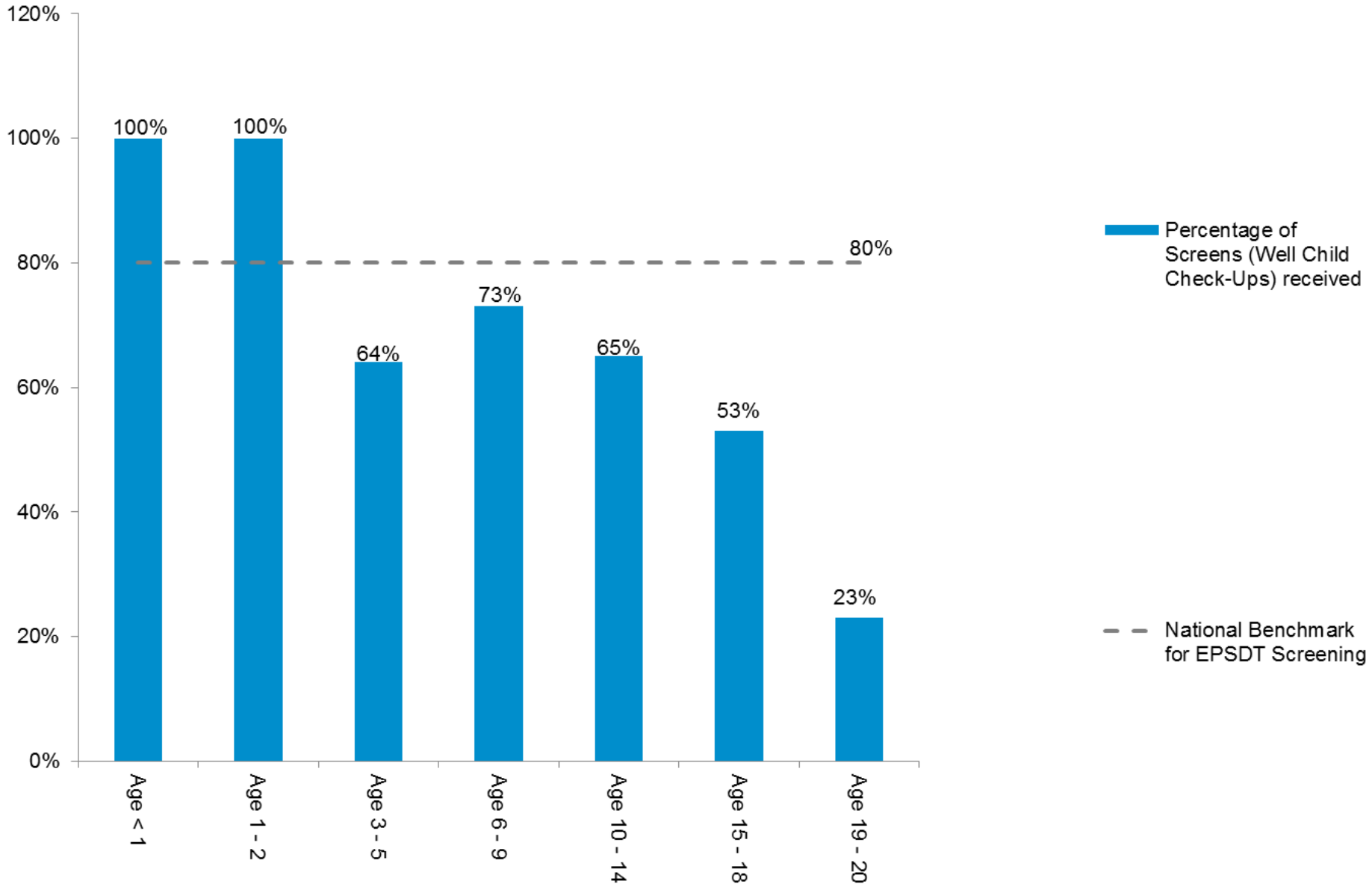
Actual number of screens received

Expected number of screens

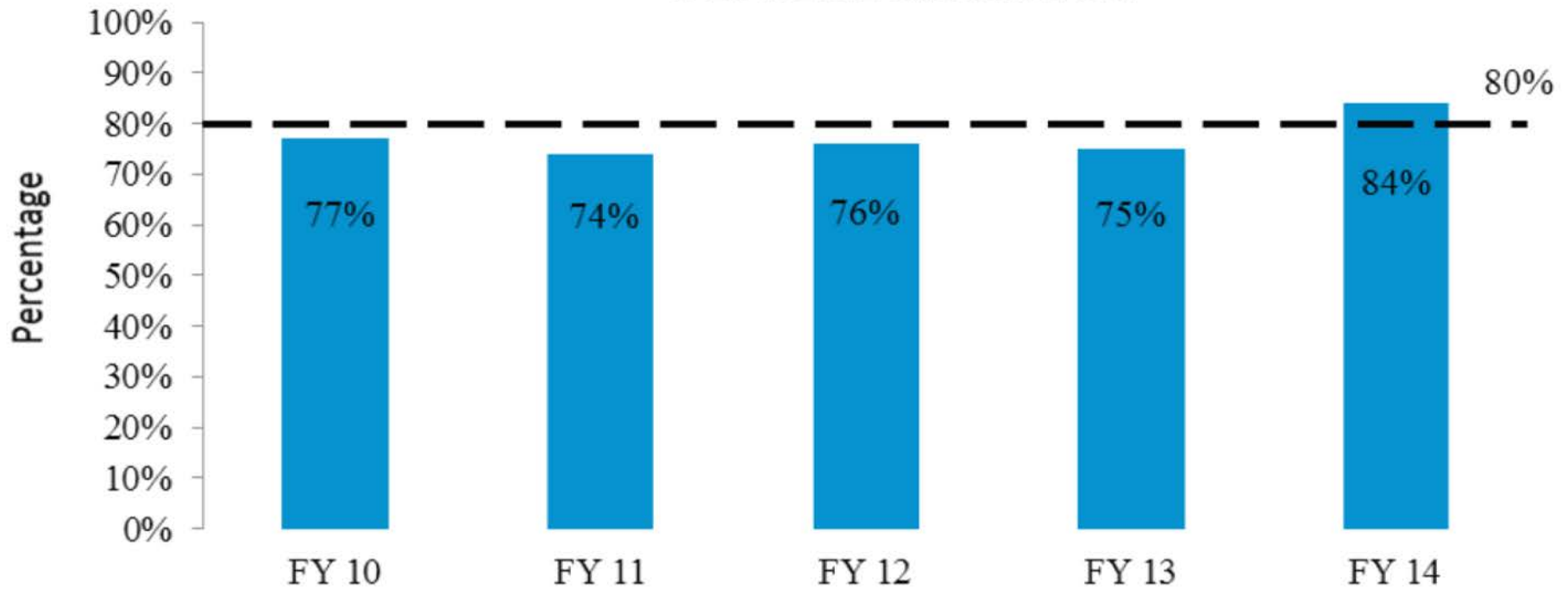
EPSDT Screening Rates - Oklahoma



EPSDT Screening Utilization FY 2014

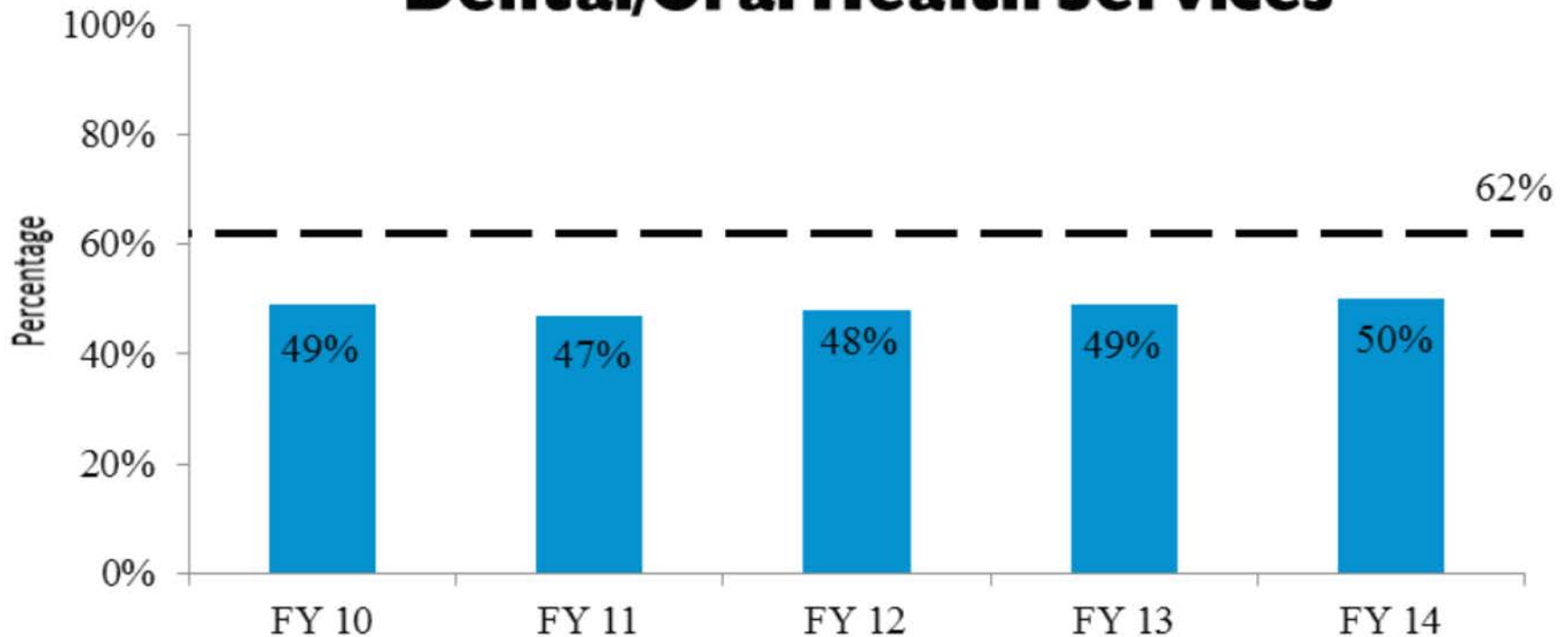


Annual Total Percentage of Physical Health Screens Received



----- National Benchmark for EPSDT Screening

Percentage of Children Receiving Any Dental/Oral Health Services



----- National Benchmark for Dental Screening

LOOKING AHEAD

- **How do we raise the participation rate?**
- **How do we increase screening rates after infancy and toddlerhood?**
- **How do we increase the use of medically necessary dental services?**



Submitted to the C.E.O. and Board on May 14, 2015
AUTHORITY FOR EXPENDITURE OF FUNDS
Third Party Collection Services (TPL)

BACKGROUND

In accordance with Federal regulations, OHCA has operated a TPL program for the past 7 years. This function has been outsourced to a private entity with the current contract expiring on June 30, 2015. OHCA has released an RFP for an outside entity to continue these services by providing identification, collection and cost avoidance of third party SoonerCare medical claims.

SCOPE OF WORK

The SoonerCare TPL Program shall:

1. Cost avoid claims payment to maximize revenues for OHCA;
2. Comply with all aspects of 42 CFR 433.135 et. seq., this RFP, and any other applicable State or Federal regulation, rule, or policy;
3. Coordinate and reduce overlap with existing OHCA Program Integrity initiatives including but not limited to the RAC (Recovery Audit Contractor);
4. Lessen the accounting and collection work required of OHCA; and
5. Accept EFT (electronic funds transfers) from third party insurance carriers

The Contractor shall assist OHCA in achieving the following goals:

1. Maximize revenues to OHCA;
2. Cost avoid claims before payments are generated;
3. Lessen the accounting and collection work required of OHCA;
4. Reduce call volume to onsite TPL staff

CONTRACT PERIOD

July 1, 2015 - June 30, 2021

CONTRACT AMOUNT AND PROCUREMENT METHOD

- Fee for Post Payment Recoveries is expected to be between 5 – 21%
- Requested pricing methodology and explanation for any other expenses
- To illustrate, SFY14 collections were \$31,366,317.22 and cost avoidance was \$8,905,404,077.90 with a total paid to the vendor an amount not to exceed \$4,500,000.00.
- Federal matching funds are 50% for the administration of this contract.
- The Contractor will be selected through a competitive bidding process handled by the OHCA through an exemption received from Office of Management and Enterprise Services – Central Purchasing Division.

RECOMMENDATION

- Board approval to expend funds for the services described above.

Recommendation: Prior Authorize Sylvant™ (Siltuximab)

The Drug Utilization Review Board recommends the prior authorization of Sylvant™ (siltuximab) with the following criteria:

Sylvant™ (Siltuximab) Approval Criteria:

1. An FDA approved diagnosis of Multicentric Castleman's Disease (also known as giant lymph node hyperplasia); and
2. Member must be Human Immunodeficiency Virus (HIV) and Human Herpesvirus-8 (HHV-8) negative; and
3. Member must be 18 years of age or older; and
4. The following FDA approved dosing restrictions will apply:
 - a. 11 mg/kg via intravenous (IV) infusion every three weeks until treatment failure (defined as disease progression based on increase in symptoms, radiologic progression, or deterioration in performance status); and
5. Sylvant™ must be administered in a clinical setting able to provide resuscitation equipment, medications, and trained personnel; and
6. The prescriber must verify that a complete blood count (CBC) will be done prior to each dose for the first 12 months and for an additional three doses thereafter; and
7. Approvals will be for the duration of six months.