

OKLAHOMA HEALTH CARE AUTHORITY
REGULARLY SCHEDULED BOARD MEETING
October 9, 2014 at 1:00 P.M.
Oklahoma Health Care Authority
Charles Ed McFall Boardroom
4345 N. Lincoln Blvd.
Oklahoma City, OK

A G E N D A

Items to be presented by Ed McFall, Chairman

1. Call to Order / Determination of Quorum
2. Action Item – Approval of September 11, 2014 OHCA Board Meeting Minutes
3. Discussion Item – Recognition of George Miller for Outstanding Service and Commitment to OHCA – Garth Splinter, State Medicaid Director, Mike Fogarty, Nico Gomez, CEO & Ed McFall, Chairman

Item to be presented by Nico Gomez, Chief Executive Officer

4. Discussion Item – Chief Executive Officer's Report
 - a) All Stars Introduction
 - August – Jennifer Merkey, Contracts Specialist II, Provider Contracting (Nicole Nantois)
 - b) Financial Update – Carrie Evans, Chief Financial Officer
 - 1.) State Fiscal Year 2016 Budget Request Detail – Vickie Kersey, Director, Fiscal Planning & Procurement
 - c) Medicaid Director's Update – Garth Splinter, State Medicaid Director

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

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

Item to be presented by Nancy Nesser, Pharmacy Director

6. 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 **Zontivity™ (Vorapaxar)** to the utilization and scope prior authorization program under OAC 317:30-5-77.2(e).

Item to be presented by Cindy Roberts, Deputy CEO – Planning, Policy & Integrity Division

7. Action Item – a) Consideration and Vote upon a Declaration of a Compelling Public Interest for the promulgation of **all Emergency Rules** in item seven in accordance with 75 Okla. Stat. § 253.

Action Item – b) Consideration and Vote of Agency Recommended Rulemaking Pursuant to Article I of the Administrative Procedures Act. The Agency Requests the Adoption of the Following Emergency Rules:

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

- A. Adding Agency rules at OAC 317:30-5-250, OAC 317:30-5-251, OAC 317:30-5-252, OAC 317:30-5-253, and OAC 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.
ODHMSAS Budget Savings: \$1,900,000 total; \$716,300 state; \$1,183,700 federal.

(Reference APA WF # 14-16)

Item to be presented by Chairman McFall

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
9. Action Item – Election of the Oklahoma Health Care Authority 2014-2015 Board Officers
10. New Business
11. ADJOURNMENT

NEXT BOARD MEETING
November 13, 2014
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
September 11, 2014
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 September 10, 2014, 11:00 a.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 September 4, 2014, 3:15 p.m.

Pursuant to a roll call of the members, a quorum was declared to be present, and Chairman McFall called the meeting to order at 1:02 p.m.

BOARD MEMBERS PRESENT: Chairman McFall, Vice-Chairman Armstrong, Member Bryant, Member McVay

BOARD MEMBERS ABSENT: Member Nuttle, Member Robison

OTHERS PRESENT:

Becky Moore, OAHCP
Anne Roberts, Integris Health
Jacob Booth, OHCA
Rick Snyder, OHA
Kara Kearns, OHCA
LeKenya Antwine, OHCA
Emily Summars, JRLR
Dana Northrup, OHCA
Shannon Beasler, OHCA
Patrick Schlecht, OHCA
Will Widman, HP

OTHERS PRESENT:

Christie Southern, eCapitol
Melanie Lawrence, OHCA
Bill Baker, OHCA
Maria Maule, Governor's office
Sherris Harris Ososanya, OHCA
Mary Brinkley, LeadingAge OK
David Dude, American Cancer Society
Traylor Rains, ODMHSAS
Michelle Dillon, BCBS
Warren Vieth, Oklahoma Watch
Charles Brodt, HP

DISCUSSION AND POSSIBLE VOTE ON APPROVAL OF BOARD MINUTES OF THE REGULARLY SCHEDULED BOARD MEETING AND STRATEGIC PLANNING CONFERENCE HELD AUGUST 13-15, 2014.

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 Bryant moved for approval of the August 13-15, 2014 board meeting & strategic planning conference minutes as published. The motion was seconded by Vice-Chairman Armstrong.

FOR THE MOTION: Chairman McFall, Member Bryant

ABSTAINED: Vice-Chairman Armstrong

BOARD MEMBERS ABSENT: Member Nuttle, Member Robison

ITEM 3 / REPORTS TO THE BOARD BY BOARD COMMITTEES

Rules Committee

Vice-Chairman Armstrong stated that the committee did meet and there will be one rule that will not be presented today and Cindy Roberts will address that in her report.

ITEM 4 / CHIEF EXECUTIVE OFFICER'S REPORT

Nico Gomez, Chief Executive Officer

4a. ALL STARS INTRODUCTION

Nico Gomez, Chief Executive Officer

Mr. Gomez introduced the OHCA Employee All-Star for July 2014 through his direct report.

Cindy Roberts presented the July All Star – Shannon Beasler, Human Resources Associate

4b. MEDICAID DIRECTOR'S UPDATE

Garth Splinter, State Medicaid Director

Dr. Splinter provided an update for May and June that included a report on the number of enrollees in the Medicaid program. He reported on the drop in Insure Oklahoma and the rise of the per member per month cost. He also reported on dual enrollees, total providers, percentage of capacity and total primary care providers and patient centered medical homes. For more detailed information, see Item 4b in the board packet.

ITEM 4b.1 / OHCA QUALITY INITIATIVES IN MATERNAL & CHILD HEALTH PRESENTATION

Shelly Patterson, Director of Child Health

Ms. Patterson stated that September is infant mortality awareness month. She also noted that Oklahoma’s infant mortality rate is the lowest it has ever been at 6.8. Ms. Patterson presented on various programs, statistics and facts regarding maternal & child health. For more detailed information, see Item 4b.1 in the board packet.

Mr. Gomez noted that we are planning an open house to take place in October in coordination with the board meeting. He stated that George Miller has been asked to come back next month for OHCA to honor his years of service to the board. He mentioned that this is the time of year that we have numerous staff attending national and local conferences and he welcomes the opportunity for staff to participate.

ITEM 5 / ANNOUNCEMENTS OF CONFLICTS OF INTEREST PANEL RECOMMENDATIONS FOR ALL ACTION ITEMS

Nicole Nantois, Chief of Legal Services

There were no recommendations regarding conflicts.

ITEM 6 / CONSIDERATION AND VOTE ON THE REQUEST FOR PROPOSAL TO OBTAIN THE SERVICES OF MULTIPLE VENDORS TO DELIVER BEHAVIORAL HEALTH SERVICES UTILIZING A HEALTH HOME MODEL.

Vickie Kersey, Director of Fiscal Planning and Procurement

MOTION: Vice-Chairman Armstrong moved for approval of Item 6 as presented. The motion was seconded by Member Bryant.

FOR THE MOTION: Chairman McFall, Member McVay

BOARD MEMBERS ABSENT: Member Nuttle, Member Robison

ITEM 7 / PUBLIC COMMENT ON THIS MEETING’S AGENDA ITEMS BY ATTENDEES WHO GAVE 24 HOUR PRIOR WRITTEN NOTICE

Nicole Nantois, Chief of Legal Services

There was no public comment.

ITEM 8 / CONSIDERATION AND VOTE OF AGENCY RECOMMENDED RULEMAKING PURSUANT TO ARTICLE I OF THE ADMINISTRATIVE PROCEDURES ACT.

Cindy Roberts, Deputy CEO – Planning, Policy & Integrity Division

MOTION: Vice-Chairman Armstrong moved for the declaration of emergency for Item 8A-C as published. The motion was seconded by Member McVay.

FOR THE MOTION: Chairman McFall, Member Bryant

BOARD MEMBER ABSENT: Member Nuttle, Member Robison

MOTION: Vice-Chairman Armstrong moved for approval of Item 8A-C as published. The motion was seconded by Member McVay.

FOR THE MOTION: Chairman McFall, Member Bryant

BOARD MEMBER ABSENT: Member Nuttle, Member Robison

ITEM 9 / 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

Chairman McFall entertained a motion to go into Executive Session at this time.

MOTION: Vice-Chairman Armstrong moved for approval to go into Executive Session. The motion was seconded by Member Bryant.

FOR THE MOTION: Chairman McFall, Member McVay

BOARD MEMBERS ABSENT: Member Nuttle, Member Robison

9. Discussion Item – Proposed Executive Session as Recommended by the Director 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:
 - Franz v. OHCA
 - Gragert v. OHCA
 - Martin-Barber v. OHCA

ITEM 10 / ELECTION OF THE OKLAHOMA HEALTH CARE AUTHORITY 2014-2015 BOARD OFFICERS

Chairman McFall made the decision to delay the election of the OHCA 2014-2015 board officers due to the fact that not all board members were present.

ITEM 11 / NEW BUSINESS

There was no new business.

ITEM 12 / ADJOURNMENT

MOTION:

Member McVay moved for adjournment. The motion was seconded by Vice-Chairman Armstrong.

FOR THE MOTION:

Chairman McFall, Member Bryant

BOARD MEMBERS ABSENT:

Member Nuttle, Member Robison

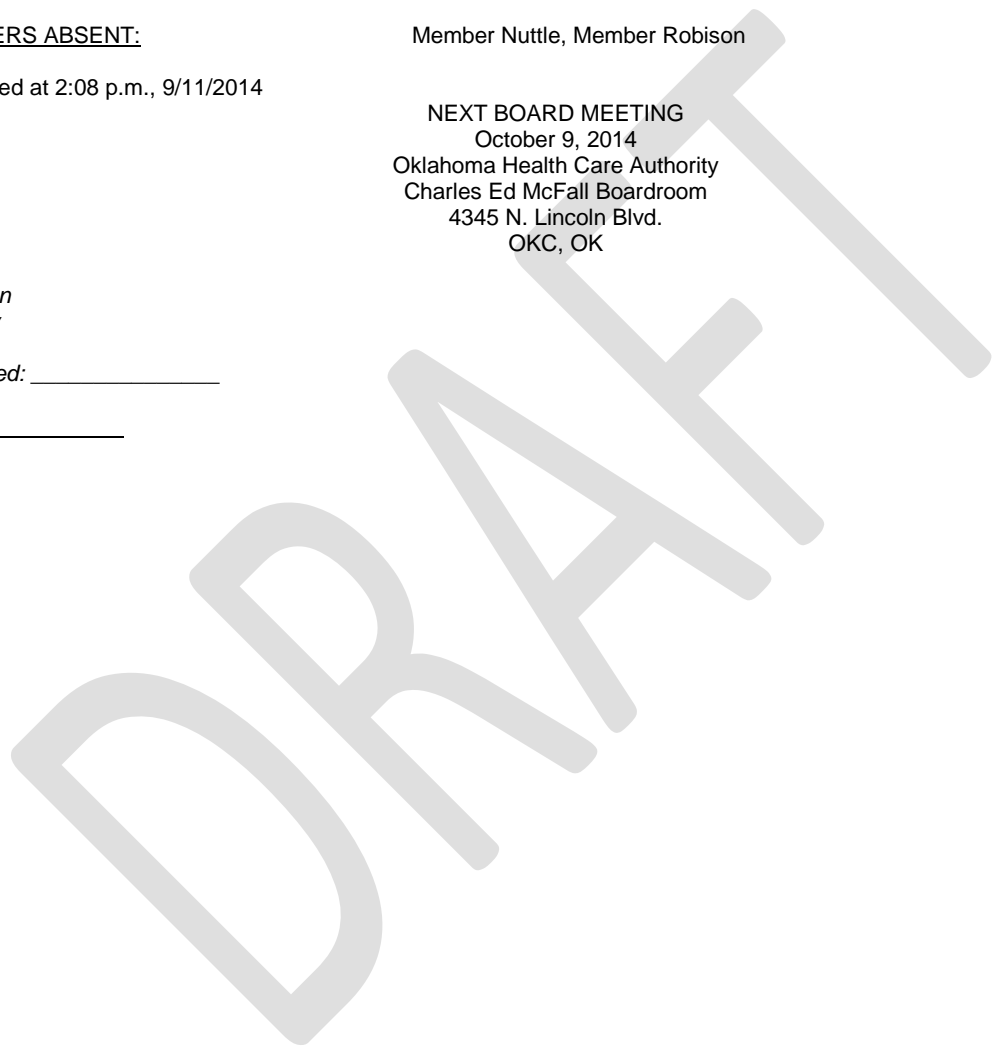
Meeting adjourned at 2:08 p.m., 9/11/2014

NEXT BOARD MEETING
October 9, 2014
Oklahoma Health Care Authority
Charles Ed McFall Boardroom
4345 N. Lincoln Blvd.
OKC, OK

Lindsey Bateman
Board Secretary

Minutes Approved: _____

Initials: _____





FINANCIAL REPORT

For the Two Months Ended August 31, 2014
Submitted to the CEO & Board

- Revenues for OHCA through August, accounting for receivables, were **\$811,107,747** or **.5% under** budget.
- Expenditures for OHCA, accounting for encumbrances, were **\$686,691,710** or **1.4% under** budget.
- The state dollar budget variance through August is a **positive \$5,639,102**.
- The budget variance is primarily attributable to the following (in millions):

Expenditures:		
Medicaid Program Variance	2.9	
Administration	.5	
Revenues:		
Drug Rebate	.4	
Taxes and Fees	.7	
Overpayments/Settlements	1.1	
Total FY 15 Variance	\$ 5.6	

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 Two Months Ended August 31, 2014

REVENUES	FY15 Budget YTD	FY15 Actual YTD	Variance	% Over/ (Under)
State Appropriations	\$ 240,278,109	\$ 240,278,109	\$ -	0.0%
Federal Funds	423,888,251	414,882,196	(9,006,055)	(2.1)%
Tobacco Tax Collections	7,481,936	8,260,340	778,404	10.4%
Quality of Care Collections	12,889,197	12,777,366	(111,831)	(0.9)%
Prior Year Carryover	61,029,661	61,029,661	-	0.0%
Federal Deferral - Interest	37,661	37,661	-	0.0%
Drug Rebates	9,209,107	10,292,651	1,083,544	11.8%
Medical Refunds	7,537,683	10,688,723	3,151,040	41.8%
Supplemental Hospital Offset Payment Program	49,020,592	49,020,592	-	0.0%
Other Revenues	3,843,981	3,840,448	(3,533)	(0.1)%
TOTAL REVENUES	\$ 815,216,177	\$ 811,107,747	\$ (4,108,431)	(0.5)%
EXPENDITURES	FY15 Budget YTD	FY15 Actual YTD	Variance	% (Over)/ Under
ADMINISTRATION - OPERATING	\$ 9,364,104	\$ 8,067,730	\$ 1,296,374	13.8%
ADMINISTRATION - CONTRACTS	\$ 19,766,988	\$ 19,215,890	\$ 551,098	2.8%
MEDICAID PROGRAMS				
<u>Managed Care:</u>				
SoonerCare Choice	6,683,424	6,596,963	86,460	1.3%
<u>Acute Fee for Service Payments:</u>				
Hospital Services	145,241,503	143,511,410	1,730,093	1.2%
Behavioral Health	3,595,142	3,368,012	227,130	6.3%
Physicians	83,549,926	82,751,299	798,627	1.0%
Dentists	24,300,598	23,922,021	378,578	1.6%
Other Practitioners	7,131,051	7,083,688	47,364	0.7%
Home Health Care	3,511,948	3,465,313	46,635	1.3%
Lab & Radiology	12,726,408	12,651,995	74,412	0.6%
Medical Supplies	7,588,943	6,811,089	777,854	10.2%
Ambulatory/Clinics	20,869,263	20,857,567	11,695	0.1%
Prescription Drugs	77,103,613	75,790,808	1,312,805	1.7%
OHCA Therapeutic Foster Care	350,453	350,119	335	0.0%
<u>Other Payments:</u>				
Nursing Facilities	99,101,621	97,976,263	1,125,359	1.1%
Intermediate Care Facilities for Individuals with Intellectual Disabilities Private	10,449,959	10,115,095	334,865	3.2%
Medicare Buy-In	21,903,224	21,008,303	894,921	4.1%
Transportation	12,560,796	12,649,466	(88,670)	(0.7)%
Money Follows the Person-OHCA	177,005	127,446	49,559	0.0%
Electronic Health Records-Incentive Payments	2,887,052	2,887,052	-	0.0%
Part D Phase-In Contribution	12,368,948	12,366,291	2,657	0.0%
Supplemental Hospital Offset Payment Program	115,117,891	115,117,891	-	0.0%
Total OHCA Medical Programs	667,218,768	659,408,090	7,810,679	1.2%
OHCA Non-Title XIX Medical Payments	89,382	-	89,382	0.0%
TOTAL OHCA	\$ 696,439,242	\$ 686,691,710	\$ 9,747,533	1.4%
REVENUES OVER/(UNDER) EXPENDITURES	\$ 118,776,935	\$ 124,416,037	\$ 5,639,102	

OKLAHOMA HEALTH CARE AUTHORITY
Total Medicaid Program Expenditures
by Source of State Funds
Fiscal Year 2015, For the Two Months Ended August 31, 2014

Category of Service	Total	Health Care Authority	Quality of Care Fund	HEEIA	SHOPP Fund	BCC Revolving Fund	Other State Agencies
SoonerCare Choice	\$ 6,622,760	\$ 6,594,393	\$ -	\$ 25,797	\$ -	\$ 2,571	\$ -
Inpatient Acute Care	193,967,592	97,075,354	81,114	765,067	92,872,986	218,920	2,954,151
Outpatient Acute Care	61,909,431	45,373,955	6,934	720,592	15,052,817	755,132	-
Behavioral Health - Inpatient	10,705,949	2,078,158	-	48,233	6,919,304	-	1,660,254
Behavioral Health - Psychiatrist	1,289,854	1,289,854	-	-	-	-	-
Behavioral Health - Outpatient	5,185,716	-	-	-	-	-	5,185,716
Behavioral Health Facility- Rehab	41,995,037	-	-	-	272,784	19,545	41,702,709
Behavioral Health - Case Management	2,463,348	-	-	-	-	-	2,463,348
Behavioral Health - PRTF	15,248,464	-	-	-	-	-	15,248,464
Residential Behavioral Management	4,211,274	-	-	-	-	-	4,211,274
Targeted Case Management	10,025,751	-	-	-	-	-	10,025,751
Therapeutic Foster Care	350,119	350,119	-	-	-	-	-
Physicians	92,403,904	81,684,509	9,683	1,084,712	-	1,057,107	8,567,893
Dentists	23,926,375	23,919,330	-	4,354	-	2,690	-
Mid Level Practitioners	512,948	508,038	-	4,798	-	111	-
Other Practitioners	6,594,779	6,500,405	74,394	19,240	-	740	-
Home Health Care	3,468,361	3,461,763	-	3,047	-	3,551	-
Lab & Radiology	12,945,386	12,546,726	-	293,391	-	105,269	-
Medical Supplies	6,858,278	6,342,373	451,923	47,189	-	16,794	-
Clinic Services	20,336,958	19,148,141	-	118,511	-	33,185	1,037,121
Ambulatory Surgery Centers	1,707,282	1,671,297	-	31,040	-	4,945	-
Personal Care Services	2,532,431	-	-	-	-	-	2,532,431
Nursing Facilities	97,976,263	61,425,934	36,548,347	-	-	1,982	-
Transportation	12,603,397	12,150,353	439,395	-	-	13,649	-
GME/IME/DME	33,160,798	-	-	-	-	-	33,160,798
ICF/IID Private	10,115,095	8,286,933	1,828,162	-	-	-	-
ICF/IID Public	5,444,844	-	-	-	-	-	5,444,844
CMS Payments	33,374,594	33,275,584	99,010	-	-	-	-
Prescription Drugs	77,479,267	75,423,097	-	1,688,459	-	367,712	-
Miscellaneous Medical Payments	46,069	45,554	-	-	-	515	-
Home and Community Based Waiver	31,270,860	-	-	-	-	-	31,270,860
Homeward Bound Waiver	15,055,561	-	-	-	-	-	15,055,561
Money Follows the Person	2,929,313	127,446	-	-	-	-	2,801,868
In-Home Support Waiver	4,324,964	-	-	-	-	-	4,324,964
ADvantage Waiver	31,874,981	-	-	-	-	-	31,874,981
Family Planning/Family Planning Waiver	1,301,327	-	-	-	-	-	1,301,327
Premium Assistance*	7,175,367	-	-	7,175,367	-	-	-
Electronic Health Records Incentive Payments	2,887,052	2,887,052	-	-	-	-	-
Total Medicaid Expenditures	\$ 892,281,747	\$ 502,166,366	\$ 39,538,961	\$ 12,029,798	\$ 115,117,891	\$ 2,604,417	\$ 220,824,314

* Includes \$7,114,350.86 paid out of Fund 245

OKLAHOMA HEALTH CARE AUTHORITY
Summary of Revenues & Expenditures:
Other State Agencies
Fiscal Year 2015, For the Two Months Ended August 31, 2014

REVENUE	FY15 Actual YTD
Revenues from Other State Agencies	\$ 93,403,590
Federal Funds	140,051,698
TOTAL REVENUES	\$ 233,455,288
EXPENDITURES	Actual YTD
Department of Human Services	
Home and Community Based Waiver	\$ 31,270,860
Money Follows the Person	2,801,868
Homeward Bound Waiver	15,055,561
In-Home Support Waivers	4,324,964
ADvantage Waiver	31,874,981
Intermediate Care Facilities for Individuals with Intellectual Disabilities Public	5,444,844
Personal Care	2,532,431
Residential Behavioral Management	2,900,023
Targeted Case Management	8,281,932
Total Department of Human Services	104,487,464
State Employees Physician Payment	
Physician Payments	8,567,893
Total State Employees Physician Payment	8,567,893
Education Payments	
Graduate Medical Education	-
Graduate Medical Education - Physicians Manpower Training Commission	1,294,874
Indirect Medical Education	31,865,924
Direct Medical Education	-
Total Education Payments	33,160,798
Office of Juvenile Affairs	
Targeted Case Management	450,657
Residential Behavioral Management	1,311,251
Total Office of Juvenile Affairs	1,761,908
Department of Mental Health	
Case Management	2,463,348
Inpatient Psychiatric Free-standing	1,660,254
Outpatient	5,185,716
Psychiatric Residential Treatment Facility	15,248,464
Rehabilitation Centers	41,702,709
Total Department of Mental Health	66,260,490
State Department of Health	
Children's First	396,635
Sooner Start	639,354
Early Intervention	574,422
Early and Periodic Screening, Diagnosis, and Treatment Clinic	252,777
Family Planning	(20,768)
Family Planning Waiver	1,313,077
Maternity Clinic	7,727
Total Department of Health	3,163,224
County Health Departments	
Early and Periodic Screening, Diagnosis, and Treatment Clinic	137,263
Family Planning Waiver	9,018
Total County Health Departments	146,281
State Department of Education	34,452
Public Schools	287,653
Medicare Diagnostic Related Group Limit	2,250,000
Native American Tribal Agreements	-
Department of Corrections	-
JD McCarty	704,151
Total OSA Medicaid Programs	\$ 220,824,314
OSA Non-Medicaid Programs	\$ 12,330,190
Accounts Receivable from OSA	\$ (300,785)

OKLAHOMA HEALTH CARE AUTHORITY
SUMMARY OF REVENUES & EXPENDITURES:
Fund 205: Supplemental Hospital Offset Payment Program Fund
Fiscal Year 2015, For the Two Months Ended August 31, 2014

REVENUES	FY 15 Revenue
Supplemental Offset Payment Program Assessment Fee	\$ 48,969,483
Federal Draws	73,698,590
Interest	22,660
Penalties	28,449
State Appropriations	(7,700,000)
TOTAL REVENUES	\$ 115,019,182

EXPENDITURES	Quarter	FY 15 Expenditures
Program Costs:	7/1/14 - 9/30/14	
Hospital - Inpatient Care	92,872,986	\$ 92,872,986
Hospital -Outpatient Care	15,052,817	\$ 15,052,817
Psychiatric Facilities-Inpatient	6,919,304	\$ 6,919,304
Rehabilitation Facilities-Inpatient	272,784	\$ 272,784
Total OHCA Program Costs	115,117,891	\$ 115,117,891
Total Expenditures		\$ 115,117,891

CASH BALANCE	\$ (98,709)
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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 Two Months Ended August 31,2014

REVENUES	Total Revenue	State Share
Quality of Care Assessment	\$ 12,771,037	\$ 12,771,037
Interest Earned	6,329	6,329
TOTAL REVENUES	\$ 12,777,366	\$ 12,777,366

EXPENDITURES	FY 15 Total \$ YTD	FY 15 State \$ YTD	Total State \$ Cost
Program Costs			
Nursing Facility Rate Adjustment	\$ 35,944,683	\$ 12,932,897	
Eyeglasses and Dentures	46,824	16,850	
Personal Allowance Increase	556,840	200,351	
Coverage for Durable Medical Equipment and Supplies	451,923	162,602	
Coverage of Qualified Medicare Beneficiary	172,126	61,931	
Part D Phase-In	99,010	99,010	
ICF/IID Rate Adjustment	885,490	318,599	
Acute Services ICF/IID	942,672	339,173	
Non-emergency Transportation - Soonerride	439,395	158,094	
Total Program Costs	\$ 39,538,961	\$ 14,289,507	\$ 14,289,507
Administration			
OHCA Administration Costs	\$ 78,177	\$ 39,088	
PHBV - Quality of Care Expense	-	-	
OSDH-Nursing Facility Inspectors	-	-	
Mike Fine, CPA	-	-	
Total Administration Costs	\$ -	\$ 39,088	\$ 39,088
Total Quality of Care Fee Costs	\$ 39,538,961	\$ 14,328,596	
TOTAL STATE SHARE OF COSTS			\$ 14,328,596

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 Two Months Ended August 31, 2014

REVENUES	FY 14 Carryover	FY 15 Revenue	Total Revenue
Prior Year Balance	\$ 13,950,701	\$ -	\$ 7,158,252
State Appropriations	-	-	-
Tobacco Tax Collections	-	6,794,036	6,794,036
Interest Income	-	46,130	46,130
Federal Draws	160,262	4,670,964	4,670,964
All Kids Act	(6,720,075)	25,052	25,052
TOTAL REVENUES	\$ 7,390,888	\$ 11,536,182	\$ 18,669,382

EXPENDITURES	FY 14 Expenditures	FY 15 Expenditures	Total \$ YTD
Program Costs:			
Employer Sponsored Insurance		\$ 7,044,722	\$ 7,044,722
College Students		61,017	61,017
All Kids Act		69,628	69,628
Individual Plan			
SoonerCare Choice		\$ 24,870	\$ 8,948
Inpatient Hospital		765,067	275,271
Outpatient Hospital		714,937	257,234
Behavioral Health- Inpatient Services-DRG		46,066	16,574
Behavioral Health -Psychiatrist		-	-
Physicians		1,071,741	385,612
Dentists		4,188	1,507
Mid Level Practitioner		4,348	1,564
Other Practitioners		19,113	6,877
Home Health		3,047	1,096
Lab and Radiology		291,152	104,757
Medical Supplies		42,265	15,207
Clinic Services		118,145	42,509
Ambulatory Surgery Center		25,309	9,106
Prescription Drugs		1,665,082	599,096
Miscellaneous Medical		-	-
Premiums Collected		-	(111,299)
Total Individual Plan		\$ 4,795,331	\$ 1,614,061
College Students-Service Costs		\$ 59,080	\$ 21,257
All Kids Act- Service Costs		\$ -	\$ -
Total OHCA Program Costs		\$ 12,029,778	\$ 8,810,685
Administrative Costs			
Salaries	\$ 30,565	\$ 187,489	\$ 218,054
Operating Costs	105,850	116	105,966
Health Dept-Postponing	-	-	-
Contract - HP	96,221	-	96,221
Total Administrative Costs	\$ 232,636	\$ 187,605	\$ 420,241
Total Expenditures			\$ 9,230,926
NET CASH BALANCE	\$ 7,158,252		\$ 9,438,455

Total State Share	\$ 1,696,334.21
transfer	\$ (911,713.68)
transfer 9/23/14	\$ (784,620.53)

Difference \$ 0.00

**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 Two Months Ended August 31, 2014**

REVENUES	FY 15 Revenue	State Share
Tobacco Tax Collections	\$ 135,559	\$ 135,559
TOTAL REVENUES	\$ 135,559	\$ 135,559

EXPENDITURES	FY 15 Total \$ YTD	FY 15 State \$ YTD	Total State \$ Cost
Program Costs			
SoonerCare Choice	\$ 2,571	\$ 648	
Inpatient Hospital	218,920	55,146	
Outpatient Hospital	755,132	190,218	
Inpatient Services-Diagnostic Related Groups	-	-	
Psychiatrist	-	-	
Therapeutic Foster Care-OHCA	-	-	
Nursing Facility	1,982	499	
Physicians	1,057,107	266,285	
Dentists	2,690	678	
Mid-level Practitioner	111	28	
Other Practitioners	740	186	
Home Health	3,551	894	
Lab & Radiology	105,269	26,517	
Medical Supplies	16,794	4,230	
Clinic Services	33,185	8,359	
Ambulatory Surgery Center	4,945	1,246	
Prescription Drugs	367,712	92,627	
Transportation	13,649	3,438	
Miscellaneous Medical	515	130	
Total OHCA Program Costs	\$ 2,584,872	\$ 651,129	
OSA DMHSAS Rehab	\$ 19,545	\$ 4,923	
Total Medicaid Program Costs	\$ 2,604,417	\$ 656,053	
TOTAL STATE SHARE OF COSTS			\$ 656,053

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
SFY 2016
Budget Request Detail

Description of Priority	# FTE	State	Total
1 Annualizations			
FFP Match Rate from 62.30% to 61.25%		39,199,847	-
Medicare A & B Premiums - 01/01/15		(717,978)	(1,865,485)
Additional State Dollars to cover CHIP population under Title 19		14,441,839	-
	-	52,923,707	(1,865,485)
2 Maintenance			
FY'16 Growth/Utilization increases (4%)		44,779,374	124,335,841
Medicare A & B premiums - 01/01/2016		(452,633)	(1,168,084)
Medicare Part D (clawback) - 100% State		2,539,377	2,539,377
Rebase physician fee schedule to align with current RVUs		2,124,871	5,520,938
FTE maintenance for management of Medicaid Program	23.0	632,269	1,775,238
	23.0	49,623,258	133,003,310
3 One-Time Funding			
FY-14 Onetime Carryover & Replace		61,029,661	-
	-	61,029,661	-
4 Mandates			
Administrative Law Judge & Paralegal	2.0	30,064	60,128
	2.0	30,064	60,128
5 Provider Rate Maintenance			
Inpatient Hosp DRG / Per diem		21,705,110	56,395,219
Outpatient Hosp		9,891,982	25,701,804
SoonerCare Choice Care Management		342,210	889,146
Behavioral Health (OHCA)		945,651	2,457,034
Nursing Facilities (100% of Allowable Costs)		23,783,076	61,794,287
ICF/MR's (100% of Allowable Costs)		749,099	1,946,344
Physicians (Increase to 100% of Medicare)		18,831,401	48,928,617
Dental		5,891,866	15,308,519
Mid-Level Practitioners		147,558	383,392
Other Practitioner		1,590,507	4,132,529
Home Health		242,266	629,466
Lab & Radiology		2,681,813	6,968,011
Clinic Services		632,122	1,642,408
Ambulatory Surgery Center (ASC)		370,708	963,190
Durable Medical Equipment (DME)		1,481,101	3,848,264
Pharmacy Dispensing Fees		1,237,131	3,214,371
Crossovers		11,443,025	29,731,797
	-	101,966,626	264,934,397
6 Fund DSH to maximum Federal level		7,697,500	20,000,000
7 CMA for Developmental Delay / Prenatal Testing		211,681	550,000
8 Consultant Contract Increase		400,000	800,000
9 Survey Contract		300,000	600,000
10 Portfolio Management System for PMO		125,000	500,000
11 Remove certain medications from mo rx limit		519,581	1,350,000
FY-2016 Budget Request Priorities	25.0	\$ 274,827,079	\$ 419,932,351

Note: If CHIP is reauthorized thru FFY 2019 , Priority #1 will decrease by \$42 million
FFY 16 Estimated CHIP rate is 72.88%, will increase to 96% if reauthorized

SoonerCare Programs

August 2014 Data for October 2014 Board Meeting

SOONERCARE ENROLLMENT/EXPENDITURES

Delivery System	Monthly Enrollment Average SFY2014	Enrollment August 2014	Total Expenditures August 2014	Average Dollars Per Member Per Month August 2014
SoonerCare Choice Patient-Centered Medical Home	559,363	537,443	\$121,142,284	
<i>Lower Cost</i> <small>(Children/Parents; Other)</small>		490,175	\$81,206,182	\$166
<i>Higher Cost</i> <small>(Aged, Blind or Disabled; TEFRA; BCC)</small>		47,268	\$39,936,101	\$845
SoonerCare Traditional	196,936	238,032	\$192,867,626	
<i>Lower Cost</i> <small>(Children/Parents; Other)</small>		126,441	\$60,146,206	\$476
<i>Higher Cost</i> <small>(Aged, Blind or Disabled; TEFRA; BCC & HCBS Waiver)</small>		110,477	\$132,721,420	\$1,201
SoonerPlan*	48,266	42,625	\$324,847	\$8
Insure Oklahoma	23,567	17,611	\$5,626,170	
<i>Employer-Sponsored Insurance</i>	14,795	12,941	\$3,401,055	\$263
<i>Individual Plan*</i>	8,772	4,670	\$2,225,115	\$476
TOTAL	828,131	835,711	\$319,960,926	

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 \$39,601,546 are excluded.

Effective July 2014, members with other forms of credible health insurance coverage were no longer eligible for Choice PCMH. This led to a decrease in Choice PCMH enrollment and an increase in Traditional enrollment when comparing June and July enrollment numbers.

*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	9,277
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New Enrollees	17,055
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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 August 2014
Dual Enrollees	109,653	110,304
<i>Child</i>	192	181
<i>Adult</i>	109,461	110,123

Long-Term Care Members	Monthly Average SFY2014	Enrolled August 2014	FACILITY PER MEMBER PER MONTH
Long-Term Care Members	15,358	15,208	\$3,548
<i>Child</i>	63	58	
<i>Adult</i>	15,295	15,150	

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

SOONERCARE CONTRACTED PROVIDER INFORMATION

Provider Counts	Monthly Average SFY2014	Enrolled August 2014
Total Providers	38,330	39,614
<i>In-State</i>	29,277	29,664
<i>Out-of-State</i>	9,053	9,950

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	42%
SoonerCare Choice I/T/U	19%
Insure Oklahoma IP	1%

Select Provider Type Counts	In-State		Totals	
	Monthly Average SFY2014	Enrolled August 2014*	Monthly Average SFY2014	Enrolled August 2014
Physician	8,452	8,908	13,597	14,810
Pharmacy	936	884	1,266	1,154
Mental Health Provider**	4,864	4,274	4,902	4,321
Dentist	1,069	1,066	1,206	1,214
Hospital	183	190	685	862
Optometrist	565	603	594	637
Extended Care Facility	356	350	356	351

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

Total Primary Care Providers**	5,410	5,751	7,011	7,534
Patient-Centered Medical Home	2,099	2,260	2,188	2,361

**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.

**OHCA made revisions to its provider qualifications for certified behavioral health case managers and behavioral health rehabilitation specialists that went into effect July 2013. Individuals certified on or before June 2013 had until July 2014 to meet the new requirements. This led to a decrease in Mental Health Providers in July 2014 due to some providers not meeting the new requirements.

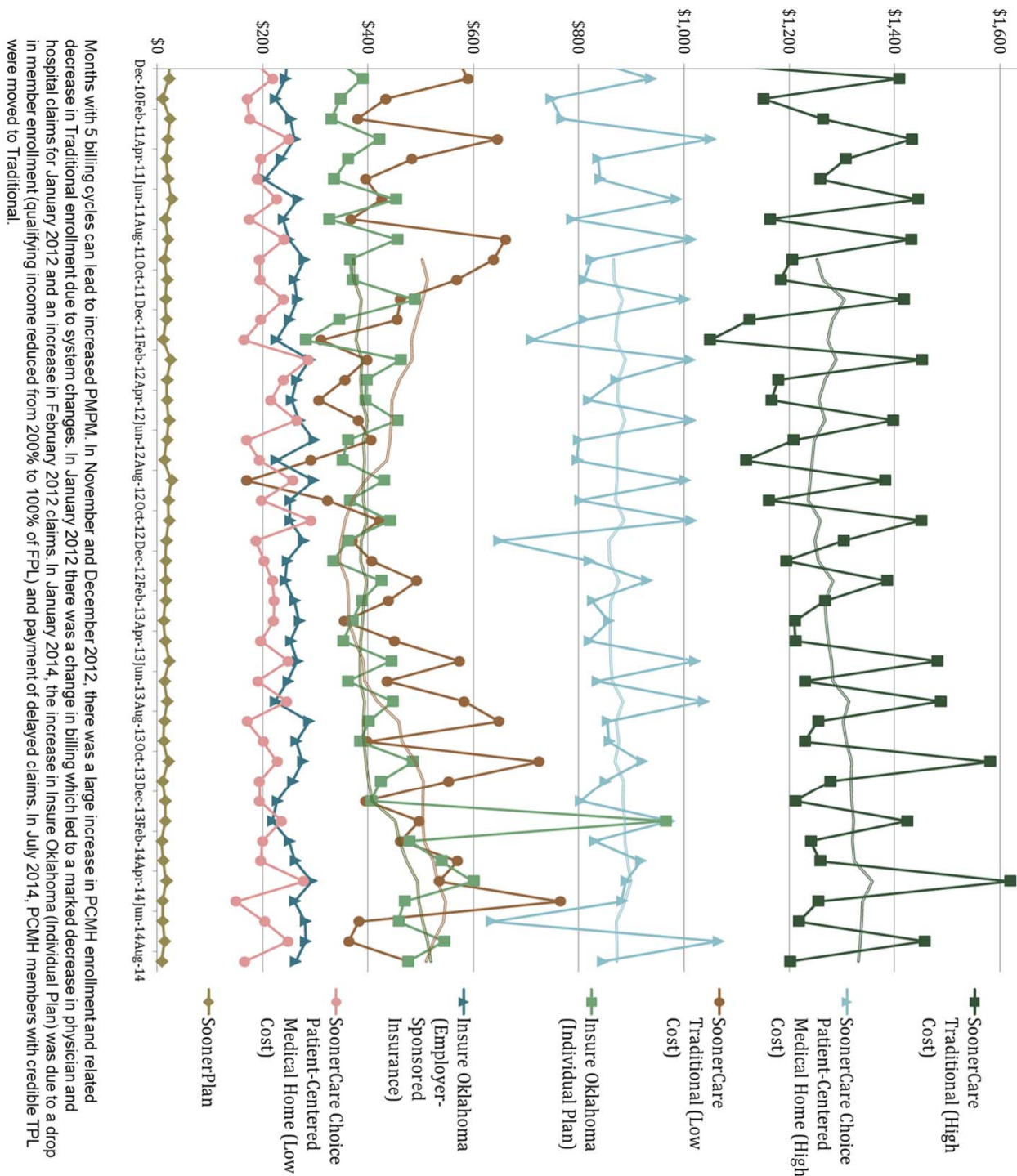
SoonerCare Programs

American Academy of Pediatrics Updates Recommendations on Teen Pregnancy Prevention

Over the past 10 years, a number of new contraceptive methods have become available. The American Academy of Pediatrics (AAP) continues to review and update its recommendations on contraceptive methods to provide pediatricians with the information they need in order to counsel and prescribe contraception for adolescents. In an updated policy statement and accompanying technical report in the October 2014 Pediatrics, "Contraception for Adolescents," (published online Sept. 29), the AAP recognizes the pediatrician's role as a trusted advisor and source of sexual health information, and supports adolescents and their families to discuss and ask questions about sensitive issues such as sexual health and relationships. According to AAP recommendations, pediatricians will conduct a developmentally-targeted sexual history, assess risk for sexually transmitted infections, and provide appropriate screening and/or education about safe and effective contraceptive methods. Regardless of which method of contraception is chosen, pediatricians should stress that all methods of hormonal birth control are safer than pregnancy, allow adolescents to consent to contraceptive care, and become familiar with state and federal laws regarding disclosure of confidential information in minors. **New in this report is the recommendation that the first-line contraceptive choice for adolescents who choose not to be abstinent is a Long Acting Reversible Contraceptive (LARC), which is an intrauterine device or a subdermal implant.** The past decade has demonstrated that LARCs, which provide 3 to 10 years of contraception, are safe for adolescents. Pediatricians should be familiar with counselling, insertion, and /or referral for LARCs. Additional updates to the policy statement focus on patients with special health care needs, including physical or developmental disabilities, medically complex illness, and obesity. It is important for pediatricians to regularly update patients' sexual histories and allow sufficient time for follow up appointments when needed. Pediatricians are also encouraged to promote healthy sexual health decision-making, such as abstinence and proper condom use.

Source: www.aap.org/en-us/about-the-aap/aap-press-room/pages/AAP-Updates-Recommendations-on-Teen-Pregnancy-Prevention.aspx

SOONERCARE PER MEMBER PER MONTH (PMPM) TRENDS



Vote to Prior Authorize Zontivity™ (Vorapaxar)

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

Zontivity™ (Vorapaxar) Approval Criteria:

1. An FDA approved diagnosis of one of the following: history of myocardial infarction (MI) or peripheral arterial disease (PAD); and
2. Zontivity™ must be used in combination with aspirin and/or clopidogrel (not monotherapy); and
3. Zontivity™ will not be approved for members with the following situations: history of transient ischemic attack (TIA), stroke, or intracranial hemorrhage (ICH), or active pathological bleeding; and
4. A quantity limit of 30 tablets per 30 days will apply.

TITLE 317. OKLAHOMA HEALTH CARE AUTHORITY
CHAPTER 30. MEDICAL PROVIDERS-FEE FOR SERVICE
SUBCHAPTER 5. INDIVIDUAL PROVIDERS AND SPECIALTIES
PART 22. HEALTH HOMES

317:30-5-250. Purpose

Health Homes for Individuals with Chronic Conditions 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 health care for these members by supporting coordination and integration of primary care services in specialty behavioral health settings.

317:30-5-251. Eligible providers

(a) **Agency requirements.** Providers of Health Home (HH) services are responsible for providing HH services to qualifying individuals within the provider's specified service area. Qualifying providers must be:

(1) Certified by the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) as a Community Mental Health Center under OAC 450:17; or

(2) Accredited as a provider of outpatient behavioral health services from one of the national accrediting bodies; or

(3) Certified by ODMHSAS as a Mental Illness Service Program pursuant to OAC 450:27; or

(4) Certified by ODMHSAS as a Program of Assertive Community Treatment (PACT) pursuant to OAC 450:55.

(5) In addition to the accreditation/certification requirements in (1) - (4), providers must also have provider specific credentials from ODMHSAS for Health Home Services (OAC 450:17; OAC 450:27; OAC 450:55).

(b) **Health Home team.** Health Homes will utilize an interdisciplinary team of professionals and paraprofessionals to identify an individual's strengths and needs, create a unified plan to empower persons toward self-management and coordinate the individual's varied healthcare needs. HH teams will vary in size depending on the size of the member panel and acuity of members. HH team composition will vary slightly between providers working with adults and children.

(1) Health Homes working with adults with Serious Mental Illness (SMI) will utilize a multidisciplinary team consisting of the following:

(A) Project Director;

- (B) Nurse Care Manager (RN or LPN);
- (C) Consulting Primary Care Practitioner (PCP);
- (D) Psychiatric Consultant (317:30-5-11);
- (E) Certified Behavioral Health Case Manager (CM)(OAC 450:50; 317:30-5-595);
- (F) Wellness Coach/Peer Support Specialist (OAC 450:53; 317:30-5-240.3); and
- (G) Administrative support.

(2) In addition to the individuals listed in (1)(A) through (G) above, teams working with adults with SMI (PACT teams only) will also have at least one of the following team members:

- (A) Licensed Behavioral Health Professional (317:30-5-240.3);
- (B) Substance abuse treatment specialist (Licensed Alcohol and Drug Counselor (LADC) or Certified Alcohol and Drug Counselor (CADC); or
- (C) Employment specialist.

(3) Health Homes working with children with Serious Emotional Disturbance (SED) will utilize a multidisciplinary team consisting of the following:

- (A) Project Director;
- (B) Nurse Care Manager (RN or LPN);
- (C) Consulting Primary Care Practitioner (PCP);
- (D) Psychiatric Consultant (317:30-5-11);
- (E) Family Support Provider (317:30-5-240.3);
- (F) Youth/Peer Support Specialist (OAC 450:53; 317:30-5-240.3);
- (G) Health Home specialist; and
- (H) Administrative support.

317:30-5-252. Covered Services

Health Home services are covered for adults with Serious Mental Illness (SMI) and children with Serious Emotional Disturbance (SED) as set forth in this Section unless specified otherwise, and when provided in accordance with a documented care plan. Coverage includes the following services:

(1) Comprehensive Care Management.

(A) **Definition.** Comprehensive care management services consist of developing a Comprehensive Care Plan to address needs of the whole person and involves the active participation of the Nurse Care Manager, certified Behavioral Health Case Manager, Primary Care Practitioner, the Health Home clinical support staff with participation of other team members, family and caregivers.

(B) **Service requirements.** Comprehensive care management services include the following, but are not limited to:

- (i) Identifying high-risk members and utilizing member information to determine level of participation in care management services;
- (ii) Assessing preliminary service needs; participating in comprehensive person-centered service plan development; responsible for member physical health goals, preferences and optimal clinical outcomes;
- (iii) Developing treatment guidelines that establish clinical pathways for health teams to follow across risk levels or health conditions;
- (iv) Monitoring individual and population health status and service use to determine adherence to or variance from best practice guidelines; and
- (v) Developing and disseminating reports that indicate progress toward meeting outcomes for member satisfaction, health status, service delivery and cost.

(C) **Qualified professionals.** Comprehensive care management services are provided by a health care team with participation from the client, family and caregivers, consisting of the following required professionals and paraprofessionals:

- (i) Nurse Care Manager (RN or LPN);
- (ii) Certified Behavioral Health Case Manager; and
- (iii) Primary Care Practitioner.

(2) **Care Coordination.**

(A) **Definition.** Care coordination is the implementation of the Comprehensive Care Plan with active member involvement through appropriate linkages, referrals, coordination, and follow-up to needed services and supports.

(B) **Service requirements.** Care coordination services include the following, but are not limited to:

- (i) Care coordination for primary health care, specialty health care, and transitional care from emergency departments, hospitals and Psychiatric Residential Treatment Facilities (PRTFs);
- (ii) Ensuring integration and compatibility of mental health and physical health activities;
- (iii) Providing on-going service coordination and link members to resources;
- (iv) Tracking completion of mental and physical health goals in member's Comprehensive Care Plan;
- (v) Coordinating with all team members to ensure all objectives of the Comprehensive Care Plan are progressing;
- (vi) Appointment scheduling;
- (vii) Conducting referrals and follow-up monitoring;

- (viii) Participating in hospital discharge processes;
and
- (ix) Communicating with other providers and members/family.

(C) **Qualified professionals.** Team members are responsible to ensure implementation of the Comprehensive Care Plan, which includes mental health goals, physical health goals, and other life domain goals for achievement of clinical outcomes. Care coordination services are provided by a primary care practitioner-led team which includes the following professionals:

- (i) Nurse Care Manager (RN or LPN);
- (ii) Licensed Practical Nurse (LPN); and
- (iii) Certified Behavioral Health Case Managers.

(3) **Health Promotion.**

(A) **Definition.** Health promotion consists of providing health education specific to the member's chronic condition.

(B) **Service requirements.** Health promotion will minimally consist of the following, but is not limited to:

- (i) Providing health education specific to member's condition;
- (ii) Developing self-management plans with the member;
- (iii) Providing support for improving social networks and providing health promoting lifestyle interventions including:
 - (I) Substance use prevention;
 - (II) Smoking prevention and cessation;
 - (III) Obesity reduction and prevention;
 - (IV) Nutritional counseling; and
 - (V) Increasing physical activity.

(C) **Qualified professionals.** Health promotion services must be provided by the Primary Care Practitioner, Registered Nurse Care Manager (or LPN within full scope of practice) and the Wellness Coach/Health Home specialist at the direction of the Project Director.

(4) **Comprehensive Transitional Care.**

(A) **Definition.** Care coordination services for comprehensive transitional care are designed to streamline plans of care, reduce hospital admissions and interrupt patterns of frequent hospital emergency department use.

(B) **Service requirements.** In conducting comprehensive transitional care, the Nurse Care Manager and the case manager will work as co-leads. The duties of the Nurse Care Manager or the case manager include, but are not limited to the following:

(i) Developing contracts or Memorandums of Understanding (MOUs) with regional hospitals or system(s) to ensure a formalized structure for transitional care planning, to include communication of inpatient admissions and discharges of Health Home members;

(ii) Maintaining a mutual awareness and collaboration to identify individuals seeking emergency department services that may benefit from connection with a Health Home site; and

(iii) Motivate hospital staff to notify the Health Home staff of such opportunities.

(5) Individual and Family Support Services

(A) **Definition.** Individual and family support services assist individuals in accessing services that will reduce barriers and improve health outcomes, with a primary focus on increasing health literacy, the ability of the member to self- manage their care, and facilitate participation in the ongoing revision of their Comprehensive Care Plan.

(B) **Service requirements.** Individual and family support services include, but are not limited to:

(i) Teaching individuals and families self-advocacy skills;

(ii) Providing peer support groups;

(iii) Modeling and teaching how to access community resources;

(iv) Assisting with obtaining and adhering to medications and other prescribed treatments; and

(v) Identifying resources to support the member in attaining their highest level of health and functioning in their families and in the community, including transportation to medically necessary services.

(C) **Qualified individuals.** Individual and family support service activities must be provided by one of the following:

(i) Wellness Coaches/Recovery support specialist/Health Home specialist; or

(ii) Care coordinators; or

(iii) Family Support Providers.

(6) Referral to Community and Social Support Services

(A) **Definition.** Provide members with referrals to community and social support services in the community.

(B) **Service requirements.** Providing assistance for members to obtain and maintain eligibility for the following services as applicable, including but not limited to:

(i) Healthcare;

(ii) Disability benefits;

- (iii) Housing;
- (iv) Transportation;
- (v) Personal needs; and
- (vi) Legal services.

(C) **Limitations.** For members with Developmental Disabilities, the Health Home will refer to and coordinate with the approved Developmental Disabilities case management entity for these services.

317:30-5-253. Reimbursement

(a) In order to be eligible for payment, HHS must have an approved Provider Agreement on file with OHCA. Through this agreement, the HH assures that OHCA's requirements are met and assures compliance with all applicable Federal and State regulations. These agreements are renewed annually with each provider.

(b) A Health Home may bill up to three months for outreach and engagement to a member attributed to but not yet enrolled in a Health Home. The reimbursement for outreach and engagement is limited to once per month and is not reimbursable in the same month that the HH receives reimbursement for qualified HH services.

(c) The HH will be reimbursed a monthly care coordination payment upon successful submission of a claim for one or more of the covered services listed in 317:30-5-251.

317:30-5-254. Limitations

(a) Children/families for whom case management services are available through OKDHS/OJA staff are not eligible for concurrent Health Home services.

(b) The following services will not be reimbursed separately for individuals enrolled in a Health Home:

- (1) Targeted case management;
- (2) Service Plan Development, moderate and low complexity;
- (3) Medication training and support;
- (4) Peer recovery support;
- (5) Peer to Peer support (family support);
- (6) Medication management and support and coordination linkage when provided within a Program of Assertive Community Treatment (PACT);
- (7) Medication reminder;
- (8) Medication administration;
- (9) Outreach and engagement.