DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Dallas Regional Office
1301 Young Street
Dallas, Texas 75202

Division of Medicaid & Children's Health

19 July, 2016

Reference: **SPA – LA-12-0032**
(Uncompensated Care Costs for Services Rendered by OPH to Medicaid Eligible Recipients**)**

Ms. Jen Steele, State Medicaid Director
Department of Health and Hospitals
628 North 4th St.
Post Office Box 91030
Baton Rouge, LA 70821-9030

Dear Ms. Jen Steele:

This is to acknowledge receipt of State's Withdrawal Letter dated 13 July, 2016, withdrawing State Plan Transmittals No.12-0032. This action is reflected on the enclosed CMS-179. For your convenience, we are enclosing copies of the material withdrawn.

If you have any questions, please call Cheryl Rupley at 214-767-6278.

Sincerely,

Marsha Marks

Marsha Marks, Health Insurance Specialist
Centers for Medicare & Medicaid Services
Division of Medicaid and Child Health

Enclosures:
State's Withdraw Letter Dated 7-13-16
Copies of Withdrawn Material

John Bel Edwards
GOVERNOR

Rebekah E. Gee MD, MPH
SECRETARY

State of Louisiana

Louisiana Department of Health
Bureau of Health Services Financing

VIA ELECTRONIC MAIL ONLY

July 13, 2016

Bill Brooks
Associate Regional Administrator
Division of Medicaid & Children's Health
DHHS/Centers for Medicare and Medicaid Services
1301 Young Street, Room #833
Dallas, Texas 75202

Dear Mr. Brooks:

RE: Louisiana Title XIX State Plan
Transmittal No. 12-32 Office of Public Health, Medicaid Cost Shortfall

Please refer to the above proposed amendment submitted under transmittal number (TN) 12-32 with an effective date of July 1, 2012. This SPA proposed to establish Medicaid payment of uncompensated costs for services rendered by the Office of Public Health (OPH) to Medicaid eligible recipients for the following services: family planning, sexually transmitted diseases, tuberculosis, Children's Special Health Services (CSHS), laboratory services, newborn screening, Nurse Family Partnership; maternity-prenatal services and children's health.

The Department no longer wishes to pursue this State Plan amendment and requests that LA SPA TN 12-32 be withdrawn from consideration.

Sincerely,

Jen Steele
Medicaid Director

JS:DAB:JH

Bobby Jindal
GOVERNOR

Bruce D. Greenstein
SECRETARY

State of Louisiana

Department of Health and Hospitals
Office of the Secretary

September 26, 2012

Mr. Bill Brooks
Associate Regional Administrator
Division of Medicaid & Children's Health
DHHS/Centers for Medicare and Medicaid Services
1301 Young Street, Room #833
Dallas, Texas 75202

Withdrawn per State Letter
Dated 7-13-16

RE: Louisiana Title XIX State Plan
Transmittal No. 12-32

Dear Mr. Brooks:

I have reviewed and approved the enclosed Louisiana Title XIX State Plan material.

I recommend this material for adoption and inclusion in the body of the State Plan.

Sincerely,

Bruce D. Greenstein
Secretary

Attachments

Bienville Building • 628 North 4th Street • P.O. Box 629 • Baton Rouge, Louisiana 70821-0629
Phone #: 225/342-9509 • Fax #: 225/342-5568 • *WWW.DHH.LA.GOV*
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: **12-32**

2. STATE: **Louisiana**

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE: **July 1, 2012**

5. TYPE OF PLAN MATERIAL *(Check One)*:

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR 447 Subpart B, F & I

7. FEDERAL BUDGET IMPACT:
a. FFY 2012 $269.43
b. FFY 2013 $1,019.36

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 4.19-B, Item 4b, Page 1h
Attachment 4.19-B, Item 5, Page 2 and Page 17
Attachment 4.19-B, Item 6, Page 11
Attachment 4.19-B, Item 9, Page 1 and Page 7
Attachment 4.19-B, Item 19, Page 1a and Page 3

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
Same (TN 10-58)
Same (TN 04-16)
Pending (TN 12-26)
Same (TN 10-79)
Pending (TN 12-40)
Pending (TN 12-31)

Withdrawn per State Letter Dated 7-13-16

10. SUBJECT OF AMENDMENT: **The purpose of this SPA is to establish Medicaid payment of uncompensated care costs for services rendered by OPH to Medicaid eligible recipients for the following services: family planning; sexually transmitted diseases; tuberculosis; Children's Special Health Services (CSHS); laboratory services; newborn screening; Nurse Family Partnership; maternity-prenatal services; and children's health.**

11. GOVERNOR'S REVIEW *(Check One)*:
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☒ OTHER, AS SPECIFIED: **The Governor does not review state plan material.**

12. SIGNATURE OF STATE AGENCY OFFICIAL: for

13. TYPED NAME: **Bruce D. Greenstein**

14. TITLE: **Secretary**

15. DATE SUBMITTED: **September 26, 2012**

16. RETURN TO:
J. Ruth Kennedy, Medicaid Director
State of Louisiana
Department of Health and Hospitals
628 N. 4th Street
PO Box 91030
Baton Rouge, LA 70821-9030

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 26 September, 2012

18. DATE APPROVED:

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 July, 2012

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: Bill Brooks

22. TITLE: Associate Regional Administrator
Div of Medicaid & Children's Health

23. REMARKS:

Pend and Ink Change made to CMS 179, including pages submitted with RAI on 13 August, 2013 per State Lead

Withdrawn per State Letter
Dated 7-13-16

LOUISIANA TITLE XIX STATE PLAN
TRANSMITTAL #: **12-32**
TITLE: **OPH-Uncompensated Care Payments**
EFFECTIVE DATE: **July 1, 2012**

FISCAL IMPACT
Increase

	year	% inc.		*# mos	range of mos.	dollars
1st SFY	2013	N/A		11	August 2012 - June 2013	$1,415,742
2nd SFY	2014	3.0%		12	July 2013- June 2014	$1,590,779
3rd SFY	2015	3.0%		12	July 2014 - June 2015	$1,638,502

*#mos-Months remaining in fiscal year

Total Decrease in Cost FFY **2012**

SFY	2013	$1,415,742	for	11	months	August 2012 - June 2013			
		$1,415,742	/	11 X	3 months	July 2012 - September 2012	=	$386,111	
								$386,111	
			FFP (FFY	**2012)=**	**$386,111**	**X**	**69.78%**	=	**$269,428**

Total Decrease in Cost FFY **2013**

SFY	2013	$1,415,742	for	11	months	August 2012 - June 2013			
		$1,415,742	/	11 X	9	October 2012 - June 2013	=	$1,158,334	
SFY	2014	$1,590,779	for	12	months	July 2013- June 2014			
		$1,590,779	/	12 X	3	July 2013 - September 2013	=	$397,695	
								$1,556,029	
			FFP (FFY	**2013)=**	**$1,556,029**	**X**	**65.51%**	=	**$1,019,355**

PAYMENT OF MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905(A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

Withdrawn per State Letter Dated 7-13-16

6. State Monitoring

the Bureau becomes aware of potential instances of fraud, misuse or use of LEA services and Medicaid funds, it will perform timely audits d investigations to identify and take the necessary actions to remedy and resolve the problems.

H. EPSDT Services Provided by Office of Public Health

For the following EPSDT services the Office of Public Health is paid an enhanced fee as follows:

Consultation EPSDT, By Nurse	$19.88
Consultation EPSDT, By Nutritionist	$19.88
Consultation EPSDT, By Social Worker	$19.88
Lead Poisoning Follow-up	$45.56
Physician Diagnosis and Treatment	$51.62
Clinic Visit for Handicapped Child	$84.68
Diagnosis/Treatment by Physician/Nurse	$51.62
Speech and Hearing Evaluation	$50.27
Initial Screen by Physician	$73.95
Initial Screen by Nurse	$73.95
Periodic Screen by Nurse	$73.95
Interperiodic Screen-child	$46.40
Interperiodic Screen-adolescent	$65.25
Vision Screen	$5.80
Vaccines	$13.70
Screening, Pure Tone, Air only	$5.22

Effective for dates of service on or after July 1, 2012, the Department shall provide the Office of Public Health (OPH) with Medicaid payment of their uncompensated care costs for services rendered to Medicaid recipients.

OPH will submit an estimate of cost for child health services and Children's Special Health Services (CSHS) provided. The estimated cost will be calculated based on the previous fiscal year's expenditures and reduced by the estimate of payments made for services to OPH which will be referred to as the net uncompensated care cost. The uncompensated care cost will be reported on a quarterly basis. Upon completion of the fiscal year, OPH will submit a cost report which will be used as a settlement of cost within one year of the end of the fiscal year. Any adjustments to the net uncompensated care cost for a fiscal year will be reported as a prior period adjustment in the quarter of settlement.

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -- OTHER TYPES OF CARE OR SERVICES LISTED IN SECTION 1905(A) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

Reimbursement for certain bilateral procedures listed in the Professional Services Provider Manual shall be at 150% of the fee on the published Medicaid fee schedule when performed bilaterally.

Surgical services modified with modifier 63 (procedure performed on infants less than 4kg) shall be reimbursed at 125 percent of the Medicaid fee on file.

Effective for dates of service on or after January 1, 2008, the reimbursement for selected physician services shall be 90 percent of the 2008 Louisiana Medicare Region 99 allowable or billed charges, whichever is the lesser amount, unless otherwise stipulated.

The reimbursement shall remain the same for those services that are currently being reimbursed at a rate that is between 90 percent and 120 percent of the 2008 Louisiana Medicare Region 99 allowable.

For those services that are currently reimbursed at a rate above 120 percent of the 2008 Louisiana Medicare Region 99 allowable, effective for dates of service on or after January 1, 2008, the reimbursement for these services shall be reduced to 120 percent of the 2008 Louisiana Medicare Region 99 allowable.

Effective for dates of service on or after August 4, 2009, the reimbursement for all physician services rendered to recipients 16 years of age or older shall be reduced to 80 percent of the 2009 Louisiana Medicare Region 99 allowable or billed charges, whichever is the lesser amount.

Effective for dates of services on or after August 4, 2009, those services that are currently reimbursed at a rate below 80 percent of the Louisiana Medicare Region 99 allowable, will be reimbursed at a rate of 80 percent of the Louisiana Medicare Region 99 allowable or billed charges, whichever is the lesser amount.

Effective for dates of service on or after July 1, 2012, reimbursement shall be as follows for the designated physician services:

1. Reimbursement for professional services procedure (consult) 99241-99245 and 99251-99255 shall be discontinued.
2. Cesarean delivery fee (produce codes 59514-5) shall be reduced to equal corresponding vaginal delivery fees (procedure codes 59514-5); and
3. Reimbursement for all other professional services procedure codes, exclusive of Affordable Care Act primary care procedure codes, shall be reduced by 3.4 percent of the rates on files as of June 30, 2012.

   The following physician services are excluded from the rate adjustment:

   - Preventive medicine evaluation and management;
   - Immunizations;
   - Family planning services;
   - Select orthopedic reparative services; and
   - Prenatal evaluation & management and delivery services.

Effective for the dates of service on or after January 22, 2010, the reimbursement rates for family planning services shall be reduced to 75 percent of the 2009 Louisiana Medicare Region 99 allowable or billed charges, whichever is less.

Effective for dates of service on or after July 1, 2012, the reimbursement rates for family planning services rendered by a physician shall be reduced by 3.7 percent of the rates in effect on June 30, 2012.

Effective for dates of service on or after July 1, 2012, the Department shall provide the Office of Public Health (OPH) with Medicaid payment of their uncompensated care costs for family planning services rendered by a physician to Medicaid recipients.

OPH will submit an estimate of cost for family planning and maternity services rendered by a physician. The estimated cost will be calculated based on the previous fiscal year's expenditures and reduced by the estimate of payments made for services to OPH which will be referred to as the net uncompensated care cost. The uncompensated care cost will be reported on a quarterly basis. Upon completion of the fiscal year, OPH will submit a cost report which will be used as a settlement of cost within one year of the end of the fiscal year. Any adjustments to the net uncompensated care cost for a fiscal year will be reported as a prior period adjustment in the quarter of settlement.

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -- OTHER TYPES OF CARE OR SERVICES LISTED IN SECTION 1905(A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

CITATION	Medical and Remedial Care and Services	Pharmacists
42 CFR 447.201	Item 6.d.	

Medication Administration

Withdrawn per State Letter Dated 7-13-16

Reimbursement Methodology:

Effective for dates of service on or after January 1, 2011, reimbursement to qualified pharmacists for immunization administration is $15.22 for subcutaneous or intramuscular injection, $10.80 for nasal/oral administration, or billed charges, whichever is the lesser amount. This fee includes counseling, when performed.

Reimbursement for a dispensing fee will not be allowed when an administration fee is paid.

Effective for dates of service on or after July 1, 2012, the Department shall provide the Office of Public Health (OPH) with Medicaid payment of their uncompensated care costs for immunization services rendered to Medicaid recipients.

OPH will submit an estimate of cost for immunization services provided. The estimated cost will be calculated based on the previous fiscal year's expenditures and reduced by the estimate of payments made for services to OPH which will be referred to as the net uncompensated care cost. The uncompensated care cost will be reported on a quarterly basis. Upon completion of the fiscal year, OPH will submit a cost report which will be used as a settlement of cost within one year of the end of the fiscal year. Any adjustments to the net uncompensated care cost for a fiscal year will be reported as a prior period adjustment in the quarter of settlement.

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

CITATION	Medical and Remedial Care and Services Item 9	Clinic Services (Other than Hospitals) are reimbursed as follows:
42 CFR 447 Subpart F		

Withdrawn per State Letter Dated 7-13-16

I. Method of Payment

A. Mental Health Clinics, Family Planning Clinics, End Stage Renal Disease Facilities, and Radiation Therapy Centers.

(1) Payment to public mental health clinics is made for these services on the basis of costs.

Payment to family planning clinics is made at the same prospective fee for service as authorized for Physicians and other provider services covered under the plan. For those services not covered elsewhere in the plan, payment is based on 1987 audited costs determined to be reasonable. Reimbursement for services provided under this section shall be adjusted to reflect any rate increase granted under Physician and other provider services covered under the plan. Those services not covered elsewhere in the plan shall be limited to the average cost granted for other similar services provided under this section.

Effective for dates of service on or after August 1, 2010, the reimbursement rates for family planning clinic services shall be 75 percent of the 2009 Louisiana Medicare Region 99 allowable or billed charges, whichever is the lesser amount minus any third party liability coverage.

Effective for dates of service on or after July 1, 2012, the reimbursement rates for family planning clinics shall be equal to the reimbursement rates for family planning services in the Professional Services Program.

Effective for dates of service on or after July 1, 2012, the Department shall provide the Office of Public Health (OPH) with Medicaid payment of their uncompensated care cost for services rendered to Medicaid recipients.

OPH will submit an estimate of cost for clinic services provided. The estimated cost will be calculated based on the previous fiscal year's expenditures and reduced by the estimate of payments made for services to OPH which will be referred to as the net uncompensated care cost. The uncompensated care cost will be reported on a quarterly basis. Upon completion of the fiscal year, the OPH will submit a cost report which will be used as a settlement of cost within one year of the end of the fiscal year. Any adjustments to the net uncompensated care cost for a fiscal year will be reported as a prior period adjustment in the quarter of settlement.

(2) Payment to private mental health clinics is based on charges not to exceed a reasonable rate set by the State. Governmental clinic cost data will be used as one of the determinants of forming a basis to establish rates for private clinics. Charge data will also be a factor in rate determination.

Governmental mental health clinics are reimbursed a daily state-wide encounter rate established 1/1/2004 based on costs using Medicaid cost reporting guidelines.

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES--OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

CITATION
42 CFR
447.201
447.302

Medical and Remedial
Care and Services
Item 19 (cont)

OPTIONAL TARGETED CASE MANAGEMENT SERVICES

REIMBURSEMENT METHODOLOGY (continued)

Reimbursement is not available for case management services that are furnished to recipients without charge by any other agency or entity. With the statutory exceptions of case management services included in Individualized Educational Programs (IEP'S) or Individualized Family Service Plans (IFSP'S) and services furnished through Title V public health agencies, payment for case management services cannot be made when another third party payor is liable, nor may payments be made for services for which no payment liability is incurred by the recipient.

Effective for dates of service on or after September 1, 2008 the reimbursement rate for targeted case management services rendered to infants and toddlers with special needs shall be increased by 25 percent of the rate in effect on August 31, 2008.

Effective for dates of service on or after July 1, 2012, the reimbursement for case management services provided to the following targeted populations shall be reduced by 1.5 percent of the rates on file as of June 30, 2012:

Withdrawn per State Letter Dated 7-13-16

1. participants in the Nurse Family Partnership Program;
2. participants in the Early and Periodic Screening, Diagnosis, and Treatment Program;
3. individuals diagnosed with HIV; and
4. individuals with developmental disabilities who participate in the New Opportunities Waiver.

Effective for dates of service on or after July 1, 2012, the Department shall provide the Office of Public Health (OPH) with Medicaid payment of their uncompensated care cost for services rendered the Medicaid recipients for targeted case management services in the Nurse Family Partnership Program.

OPH will submit an estimate of cost for targeted case management services provided in the Nurse Family Partnership Program. The estimated cost will be calculated based on the previous fiscal year's expenditures and reduced by the estimate of payments made for services to OPH which will be referred to as the net uncompensated care cost. The uncompensated care cost will be reported on a quarterly basis. Upon completion of the fiscal year, OPH will submit a cost report which will be used as a settlement of cost within one year of the end of the fiscal year. Any adjustments to the net uncompensated care cost for a fiscal year will be reported as a prior period adjustment in the quarter of settlement.

OFFICE OF PUBLIC HEALTH - UNCOMPENSATED CARE PAYMENTS

I. Standards of Payment

Effective for dates of service on or after July 1, 2012, the Department shall provide the Office of Public Health (OPH) with Medicaid payment of their uncompensated care costs for family planning services rendered by a physician to Medicaid recipients.

II. Reimbursement Methodology

OPH will submit an estimate of cost for family planning and maternity services rendered by a physician. The estimated cost will be calculated based on the previous fiscal year's expenditures and reduced by the estimate of payments made for services to OPH which will be referred to as the net uncompensated care cost. The uncompensated care cost will be reported on a quarterly basis. Upon completion of the fiscal year, OPH will submit a cost report which will be used as a settlement of cost within one year of the end of the fiscal year. Any adjustments to the net uncompensated care cost for a fiscal year will be reported as a prior period adjustment in the quarter of settlement.

Withdrawn per State Letter
Dated 7-13-16

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

CITATION
42 CFR 447
Subpart F

OFFICE OF PUBLIC HEALTH - UNCOMPENSATED CARE PAYMENTS

I. Method of Payment

Effective for dates of service on or after July 1, 2012, the Department shall provide the Office of Public Health (OPH) with Medicaid payment of their uncompensated care cost for services rendered to Medicaid recipients.

II. Reimbursement Methodology

OPH will submit an estimate of cost for clinic services provided. The estimated cost will be calculated based on the previous fiscal year's expenditures and reduced by the estimate of payments made for services to OPH which will be referred to as the net uncompensated care cost. The uncompensated care cost will be reported on a quarterly basis. Upon completion of the fiscal year, the OPH will submit a cost report which will be used as a settlement of cost within one year of the end of the fiscal year. Any adjustments to the net uncompensated care cost for a fiscal year will be reported as a prior period adjustment in the quarter of settlement.

Withdrawn per State Letter
Dated 7-13-16

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES--OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

CITATION	Medical and Remedial Care and Services Item 19 (con't)	OPTIONAL TARGETED CASE MANAGEMENT SERVICES
42 CFR 447.201 447.302		OFFICE OF PUBLIC HEALTH-UNCOMPENSATED CARE PAYMENTS

I. Standards of Payment

Effective for dates of service on or after July 1, 2012, the Department shall provide the Office of Public Health (OPH) with Medicaid payment of their uncompensated care cost for services rendered the Medicaid recipients for targeted case management services in the Nurse Family Partnership Program.

II. Reimbursement Methodology

OPH will submit an estimate of cost for targeted case management services provided in the Nurse Family Partnership Program. The estimated cost will be calculated based on the previous fiscal year's expenditures and reduced by the estimate of payments made for services to OPH which will be referred to as the net uncompensated care cost. The uncompensated care cost will be reported on a quarterly basis. Upon completion of the fiscal year, OPH will submit a cost report which will be used as a settlement of cost within one year of the end of the fiscal year. Any adjustments to the net uncompensated care cost for a fiscal year will be reported as a prior period adjustment in the quarter of settlement.

Withdrawn per State Letter
Dated 7-13-16