

## 'Focus on Excellence' Bases Nursing Home Pay on Performance

"Focus on Excellence" is an incentive-based rate plan for nursing facilities as directed under the Oklahoma Medicaid Reform Act of 2006. The act authorizes the OHCA to develop an incentive rate plan based on factors such as quality of life and care indicators; family, resident and employee satisfaction survey results; Department of Health survey results; CNA training and education requirements; patient acuity levels; direct care expenditures; and other incentives. The program is being launched this year.

OHCA obtained input for the new program from a set of statewide organizations advocating for and serving the elderly, including an Interagency

*(Continued on Page 2)*



## OHCA Begins Development of Contingency Plan for NPI Implementation

The Centers for Medicare & Medicaid Services (CMS) has announced that providers can delay full implementation of NPI requirements for electronic claims submission beyond the May 23, 2007, effective date.

In a release dated April 2, 2007, CMS now allows covered entities to develop a contingency plan for full implementation of NPI up to May 23, 2008.

OHCA is performing a readiness review to determine the appropriate date to implement NPI. The implementation plan will be posted on OHCA's Web site to assist providers in the transition from SoonerCare IDs to NPI. You can assist us tremendously by faxing your NPI to 405-530-3224 as soon as possible.

If you have any questions, please contact the OHCA Call Center at 800-522-0114 or 405-522-6205.

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## 'Focus on Excellence' Bases Nursing Home Pay on Performance (continued from page 1)

Task Force and both statewide associations of nursing facility operators. The agency will also use quarterly performance criteria to create a Web site that will feature a star rating system, similar to the state's day care rating system, which will enable consumers to compare nursing homes in their communities.

The program is open to enrollment for all regular nursing facilities. It will not apply to ICF-MRs, or in some cases, facilities providing specialized nursing care. Providers who do not serve SoonerCare-eligible clients may also participate in the Focus on Excellence program.

Enrollment in this program is not mandatory, but it is strongly incentivized. OHCA has announced its intention to pay participating SoonerCare providers a 1 percent participation bonus for the first year, beginning July 1, and intends to fund additional provider bonuses of up to 4 percent of their normal per diem rate beginning Oct. 1. As always, the added payments are dependent on sufficient annual legislative appropriations.

OHCA is working on initial implementation of the program, beginning with provider enrollment and training. OHCA presented details of the new program to nursing home administrators at meetings in Norman and Tulsa. Providers were given a preview and overview of the new incentive-based payment program at these meetings.

Primary management responsibility for the program will rest with My InnerView Inc., the national quality

data management firm selected by OHCA as its contractor through a competitive bid process conducted last November. My InnerView will provide independent validation of each nursing home's performance under the program. The company specializes in collecting and analyzing performance data for nursing homes on the Internet to support quality improvement efforts. My InnerView is also the nation's largest provider of customer, family and employee satisfaction surveys in the long-term care sector.

"Focus on Excellence is designed to drive measurable improvements in the quality of life, care and services for the 22,000 Oklahomans who need nursing home care and rely on SoonerCare for financial support,"

said Mike Fogarty, OHCA's CEO. "The program will also provide the necessary real-time data that will enable nursing homes to set and meet performance improvement targets and know how well they compare with facilities statewide and nationwide."

Fogarty said the initiative will provide better assurance to state leaders and taxpayers that funds spent on nursing home care distinguish among facilities based on their performance, while providing consumers current information to help them when choosing a nursing home for themselves or a loved one.

Anyone seeking more information may contact the OHCA's Opportunities for Living Life Division at 405-522-7078.



## Behavioral Health Studies High-End Utilizers

In 2005, OHCA behavioral health care coordinators began a quality improvement project to explore how intensive care management might affect the length of stay for many SoonerCare members under the age of 21 in inpatient behavioral health settings.

In addition to long hospital stays, care coordinators discovered many members often did not have adequate continuity of care or support services in place upon discharge. Furthermore, these members often didn't get timely follow-up care when they were discharged from inpatient care, increasing the risk of readmission.

The goals of the project were to decrease the number of inpatient days paid over a one-year period for the 50 members identified as high users of inpatient behavioral health care services and to identify whether the members received follow-up outpatient services within two weeks of discharge.

The top 50 users were determined based on claims data from October 2004 through September 2005. Members in state custody were ruled out, as were those with a diagnosis of pervasive developmental disorder. No continuous eligibility requirements were put in place. Out of 50 members, three dropped out of the project because they moved out of state or were placed in state custody, so they were not included in the statistical data.

An OHCA behavioral health care coordinator contacted each member's parent or guardian and elicited a brief clinical history.



The coordinator also determined what behavioral health services were already in place. The care coordinator talked with the family about their concerns to determine what services might be needed and then made appropriate referrals ranging from evaluation and testing to therapy and case management.

All families were referred to the local Systems of Care Program if it was available in the member's county of residence. The care coordinator made contact with the member's parent or guardian at least once a month to ensure adequate services were in place in an effort to help maintain the member in his/her home and community. All interventions made on behalf of the member were documented in a behavioral health access database. The database serves as an efficient mechanism for documenting, tracking and trending of member contact, as well as referrals made. It also provides standardized data for analysis, reducing staff hours required for completion of interventions, data analysis

and reporting.

If the member was receiving inpatient behavioral health services, the care coordinator worked with the APS Healthcare reviewer and inpatient providers to ensure adequate discharge planning. (APS is OHCA's vendor for prior authorization of behavioral health services.) The APS reviewer communicated regularly with the treating facility that in turn made referrals and appointments for follow-up outpatient care upon discharge. Both the OHCA care coordinators and APS reviewers worked to resolve issues about continuity of care on behalf of the members and their families.

Claims data indicate a significant reduction in the number of days paid for inpatient behavioral health services for members involved in this one-year project. The total number of inpatient days for the participating members from October 2005 through September 2006 as measured by claims paid was 4,546 days, a striking decrease from the previous year's 7,607 days.

## Reducing Use of Out-of-State Mental Health Providers

In late 2004, the OHCA saw that an increasing number of provider and member requests were being received for behavioral health inpatient treatment for children outside the state. OHCA staff members were told the state didn't have enough treatment beds to meet the clinical needs of Oklahoma children.

OHCA investigated the situation with help from private providers, stakeholders, the Oklahoma Department of Human Services (OKDHS), Oklahoma Foundation for Medical Quality and independent clinicians and physicians across the state. It was determined that adequate in-state services did not exist, specifically for specialty mental health services including pervasive developmental disorders, reactive attachment disorders, and services to meet the needs of children with both mental retardation and mental health challenges.

In response to this identified need, OHCA launched an initiative to

develop new and expand existing clinical programs within Oklahoma to meet the needs of our children and reduce the number of out-of-state placements. OHCA's Behavioral Health Division specifically focused on provider recruitment within the specialties identified. Concentration also was placed upon the prior authorization process and care management to ensure children were placed in facilities that specifically met their clinical needs.

Meetings were held with existing providers and OKDHS. Statistical data was analyzed to determine the highest priority needs. National provider organizations and behavioral health companies were invited to collaborate. Work groups developed criteria for these programs and further defined expectations to ensure the highest levels of clinical quality, and interdepartmental groups worked with providers to develop enhanced rates for these specialized services.

In 2006, Shadow Mountain Inc. (an affiliate of Psychiatric Solutions Inc.) opened three new specialty programs in Tulsa with a total of 32 beds for developmental disorders, reactive attachment disorders and MR/MI disorders. Also in 2006, Cedar Ridge (Universal Health Inc.) came into the state as a new provider and opened 104 new treatment beds for children. In April, they were slated to open a neuropsychiatry program. Camelot Schools, another nationally known provider, have purchased property in Oklahoma City and are developing 32 beds for seriously autistic children and other populations with highly aggressive behaviors. Their programs are scheduled to open this year.

It is notable that even the early efforts in this initiative resulted in reduction of out-of-state placements and a significant reduction in out-of-state treatment costs. As these new programs become fully developed, this reduction is expected to continue.

### OHCA Call Tree Options

800-522-0114  
and 405-522-6205

**Option 1** OHCA Call Center

**Option 2.1** Internet Help Desk  
**Option 2.2** EDI Help Desk

**Option 3.1** Adjustments  
**Option 3.2** Third Party Liability

**Option 4** Pharmacy Help Desk

**Option 5** Provider Contracts

**Option 6.1** Pharmacy Prior  
Authorizations

**Option 6.2** Behavioral Health  
Authorizations

**Option 6.3** Medical Authorization  
Status

**Option 6.4** Medical Prior  
Authorization

**Option 6.5** Dental Authorizations



# Electronic Claim Submission with Attachment Options

Claims requiring paper attachments can be electronically submitted through the 837 transactions and the secure Web site. Both methods give providers the opportunity to create an Attachment Control Number (ACN) and place the exact indicator on both the claim being submitted and the ACN cover sheet.

When an ACN is submitted with an electronic claim, the Internal Control Number (ICN) assigned to the claim will begin with either a 21 (837 claim with attachment) or 23 (Internet claim with attachment), or if no ACN is sent in the claim format, the ICN will be a 20 (837 no attachment) or 22 (Internet claim no attachment).

The ACN is placed in the 837 Professional, Institutional and Dental transactions in the 2300 loop, data element PWK 05. This may require a change in your software, so please forward information to the appropriate programmer in your organization or to the clearinghouse, billing agency or software vendor that handles your transactions.

After the claim is submitted, fax the completed ACN cover sheet with the attachments to the telephone number on the form. The illustration below shows where this information should be entered on the secure Web site and the hard copy attachment form HCA-13.

## Most Common Errors on Electronic Claims with Paper Attachments

Properly filing attachments to electronic claims is essential to the successful payment of submitted SoonerCare claims. Improper ACN use is the primary reason electronic claims with attachments go unmatched. This causes claim-processing delays and denials. Listed are the most common errors.

- One ACN is on the form HCA-13 and another ACN is placed on the claim.
- Same ACN used multiple times.
- Incorrect provider number entered.
- Submitted information is illegible.
- Using special characters.
- Attachments submitted without HCA-13 cover sheet.
- Claim submitted without entering hard copy information at bottom of form.

**Provider Number**

**Member ID Number**

**Attachment Control Number (ACN)**

**Oklahoma Health Care Authority  
Electronic Claim Paper Attachment Form  
Cover Sheet**

Three fields below are required and must match claim.

1. **Provider Number**
2. **Member ID Number**
3. **Attachment Control Number**

**Purpose:**  
This form is to be used when a claim requiring a paper attachment is being submitted electronically. Submission of this completed form along with the required attachment and electronically submitted claim will allow the appropriate review process to be conducted by the OHCA.

**Instructions:**

1. In box 1, fill in the pay to Provider Number that was used for filing the electronic claim.
2. In box 2, fill in the nine-digit client identification number that was submitted on the electronic claim.
3. In box 3, fill in the Attachment Control Number (ACN) that was used for filing the electronic claim. The ACN on this form must be the same number entered in the control number field of the direct data entry screen (Medicaid on the Web) or the PWK segment of the 837 transaction. Make sure the ACN is clear and legible on the HCA-13. Illegible information could delay or stop the attachment process. Alphabetical and numeric are the only characters that should be used in ACN selection. Do not use dashes and spaces in ACNs.
4. Place this completed form on top of the attachment(s) for each electronic claim.
5. Mail to EDS, P.O. Box 18500 OKC, OK, 73107, fax 405-947-3394.

**Note: Do not place another Fax Cover Sheet on top.**

\*This form is for use with Electronically filed Claims requiring attachments.

Sender's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

This fax contains confidential information and is intended only for the individual named. If you are not the named addressee you should not disseminate, distribute or copy this fax. Please notify the sender immediately by phone if you have received this e-fax by mistake and destroy the fax you received. Fax transmission cannot be guaranteed to be secure or error-free as information could be intercepted, corrupted, lost, destroyed, arrive late or incomplete. The sender therefore does not accept liability for any errors or omissions in the content of this message, which arise as a result of fax transmission.

OKLA HCA  
REVISED 02/06/05 HCA-13

## Electronic Adding of Newborns Project Begins

OHCA and the Oklahoma Department of Human Services (OKDHS) are engaged in a project to automatically and electronically add newborn babies to existing cases. This process will be an alternative to the NB-1 forms that are currently completed by hospital staff or outstation OKDHS workers, faxed into the Centralized Eligibility Unit or the county offices, and manually entered into the OKDHS system.

This project will greatly reduce the time frame required to add the newborn to receive medical benefits and will provide a vehicle to submit claims on the infant. The person gathering the information will enter the data into a Web application on the Provider Secure Site. When submitted, the data will update the OKDHS system with the newborn information, assign a Client Identification Number to the infant, and send the transaction to the MMIS at OHCA. This process will happen real-time and when submitted will produce a printout for the mother and the hospital staff with information required to submit claims on the newborn child. The infant can at that point receive services and show full eligibility. The infant will get an ID card in three to five days.

The application will contain the logic required to allow the mother to select a Primary Care Physician (PCP) for the infant. This process is expected to reduce the need to auto-assign the infant to a physician. Phase I of this project will add deemed newborns, with accompanying PCP selection, to cases of mothers with



pre-existing SoonerCare eligibility. The target date for implementation is summer 2007.

Improvements to the process, including a Web application with real-time eligibility determination and case creation for potentially eligible mothers who haven't previously applied, are scheduled to begin development when Phase I is complete. This enhancement would allow the mother to apply for

SoonerCare and, if approved, receive immediate eligibility for delivery costs as well as medical care for the newborn while still in the hospital. The electronic NB-1 process is part of OHCA's commitment to continued improvement in meeting the needs of our members and the providers who serve them.

For more information, contact the OHCA Call Center at 800-522-0114 or 405-522-6205.

## New SoonerCare Program, O-EPIC IP, Launched



The O-EPIC Individual Plan (IP) began delivering services on March 1, 2007. The O-EPIC IP is designed as an option for people who cannot access O-EPIC's Employer Sponsored Insurance (ESI) premium assistance program for businesses with 50 or fewer employees.

Member eligibility requirements include: household income does not exceed 185 percent of the federal poverty level; Oklahoma resident; U.S. citizen or legal alien; and not receiving SoonerCare or Medicare services. This option extends coverage to workers who are not eligible to participate in an employer-sponsored O-EPIC program, the unemployed who are currently seeking work and working adults with a disability.

*(Continued on Page 8)*

### ePrescribing Coming Soon

OHCA is currently in the process of developing and implementing an Electronic Prescribing (ePrescribing) program. OHCA will contract with one or more vendors to market ePrescribing solutions to SoonerCare contracted providers.

The contracted vendor(s) will supply any necessary hardware, ePrescribing software and training to select OHCA contracted providers for the purposes of exchanging data and submitting electronic prescriptions using standardized transactions.

Contracted providers actively issuing prescriptions to SoonerCare members may qualify for OHCA's incentive program. Program eligibility will be based upon a minimum threshold of prescriptions written per predetermined time period. Rules of the ePrescribing program are subject to change as implementation procedures are finalized.

Providers interested in implementing an ePrescribing solution in their office may contact Kelly Pensoneau, CPM, with OHCA at 405-522-7174 or [kelly.pensoneau@okhca.org](mailto:kelly.pensoneau@okhca.org).

### ePocrates® Offers Group Discounts

**ePocrates® is a free online drug and formulary based reference.**

- It is available in a Web-based version or can be downloaded to your Personal Digital Assistant (PDA) for added mobility.
- You can look up formulary specific drug information such as coverage, quantity limits and prior authorization requirements.
- It includes the SoonerCare drug list and Medicare Part D formularies.

#### Group Discounts on Premium Services

- Special discounted pricing on all subscription products.
- Discount for 10 or more users on ePocrates® Essentials and ePocrates® Essentials Deluxe one-year licenses.
- Discount for 20 or more users for single-product one-year licenses, including Rx Pro and ePocrates® Online.

More information on ePocrates® group discounts can be found at [www.ePocrates.com/products/groups/](http://www.ePocrates.com/products/groups/). Providers may also call 866-559-3053 or e-mail [groupsales@ePocrates.com](mailto:groupsales@ePocrates.com).

## New SoonerCare Program, O-EPIC IP, Launched (continued from page 7)

### Want to know more? Here's a quick FAQ.

**How do I bill?** Providers should bill just like they do for SoonerCare Traditional. The O-EPIC claims are handled in the same manner as all SoonerCare claims and should be submitted in the same way and to the same addresses.

**What number do I use?** Providers are to use the same SoonerCare number they have been using unless they serve as Primary Care Providers (PCP) for O-EPIC. Providers who are PCPs will use the same

SoonerCare code for O-EPIC but a different location code.

**What are some of the differences in O-EPIC IP and SoonerCare?** As an O-EPIC IP provider, you will receive 100 percent of the SoonerCare allowable for covered services plus any applicable co-payment from the member. Co-payments for O-EPIC IP members are as follows: office visit, \$10; prescriptions, \$5 (generic) and \$10 (brand); emergency room visit, \$30 (waived if member is admitted); inpatient, \$50; outpatient, \$25. Eligibility

verification tools, referrals, billing and prior-authorization processes are the same as they are for SoonerCare. Providers should verify that services are covered under O-EPIC in the same manner that they check various SoonerCare programs.

Providers with any questions regarding the O-EPIC IP program may contact the O-EPIC helpline at 888-365-3742. Additional information can also be found on the O-EPIC Web site at [www.insureoklahoma.org](http://www.insureoklahoma.org).

The screenshot shows a web browser window with the URL <http://insureoklahoma.org/>. The page features a green header with the O-EPIC logo and navigation links for "About Us" and "Contact Us". Below the header are tabs for "Employer", "Individual", "Agent", and "Health Plans". The main content area includes sections for "O-EPIC Employer-Sponsored Insurance" and "O-EPIC Individual Plan". A "WHAT'S NEW" section lists recent updates, and a "QUICK LINKS" section provides shortcuts to various resources. A "FAST FACTS" section is also present. A prominent banner at the bottom left features a photo of a man in a hard hat and the text "small businesses apply online". The footer includes a "Provider Secure Site" button and navigation links for "Home", "Terms of Use", and "Site Map".



## New Proof of Citizenship and Identity Requirements for SoonerCare

U.S. citizens receiving or applying for SoonerCare are now required to document citizenship and identity. Based on a new federal law, members and applicants declaring U.S. citizenship must provide a one-time proof of citizenship and identity starting July 1, 2007.

OHCA is working to inform SoonerCare members, providers and the public of the new federal requirements for citizenship and identity documentation. OHCA also is taking steps to make this process as smooth as possible for our current members and new applicants.

OHCA is collaborating with the State Department of Health and the Oklahoma Department of Human Services (OKDHS) to assist in performing verifications electronically for as many members as possible so that they will not be required to retrieve and provide citizenship documents. However, not all members will be able to be verified this way, and some will have to provide the necessary documents. Additionally, all members and applicants will have to provide proof of identity. Since U.S. citizenship has already been verified by the Social Security Administration, the following members do not have to provide additional proof: those who get Medicare benefits and those who receive or previously received Supplemental Security Income (SSI).

OHCA's outreach plan consists of efforts for providers, members and the general public. Providers were given information about the



new requirements through provider training sessions during April, and information is posted on the OHCA Web site. OHCA has sent information packets about the new requirement to various community advocacy groups and organizations that work regularly with SoonerCare members so that they are aware and can also assist members in understanding the new requirements.

Information for members will be posted on the OHCA Web site and available at OKDHS county offices this summer. All current members will receive information about the

new requirement in their regularly mailed redetermination notice.

While there are no requirements for providers, OHCA would like them to understand the new changes in order to better serve those patients who may have questions by directing them to the appropriate contacts or sources for information. Providers encountering questions from their SoonerCare patients can direct them to contact their OKDHS case worker or call SoonerCare at 405-522-7171, statewide toll free at 1-800-522-0310 or 405-522-7179 for TDD/TTY.

## SoonerCare Announces Dental Program for Pregnant Members

OHCA announced in April that SoonerCare members who are pregnant will have more dental care benefits available to them beginning in May 2007. OHCA is implementing the Perinatal Dental Access Program for pregnant women enrolled in the SoonerCare Traditional, Choice or O-EPIC Individual Plan programs.

Previously, OHCA has only been able to offer dental exams, cleanings and restorative services for children. Dental coverage for adult SoonerCare members was limited to emergency extractions. The new benefit will offer pregnant members exams, X-rays, scaling and planing, and fillings. The members will have this benefit for 60 days following the end of the pregnancy.

SoonerCare pays for about 30,000 births a year, which is more than half of all the births in Oklahoma. Based on this fact, OHCA is anticipating a large number of those women will access this benefit.

“The children’s dental health program has been successful,” said Dr. Leon Bragg, the agency’s director of dental services. “We’re very happy to expand dental care coverage to include a package of services for the program’s pregnant members.”

More than 545 dentists practicing in Oklahoma participate in the SoonerCare program. The majority of participating dentists currently accept new SoonerCare patients into their practices. OHCA’s administrative efficiencies have been instrumental in attracting providers to participate in SoonerCare.

OHCA also has a very positive relationship with the Oklahoma Dental Association (ODA) and has been active with its subcommittees. Meetings have also been held with the University of Oklahoma College of Dentistry with the goal of increasing access.

About half of women experience pregnancy gingivitis. This condition can be uncomfortable and cause swelling, bleeding, redness or tenderness in the gum tissue. Periodontal disease may affect the health of a pregnant woman’s baby. Although results from current research are mixed, periodontal disease may be a factor associated with low birth weight babies and premature births. In addition to the direct benefit to the mother and the potential positive impact on the

pregnancy outcome, many dentists have found that this is a good time to remind the mother of the importance of early and ongoing oral hygiene care for the infant.

“We hope to not only positively impact the health and well-being of women who are expecting, but the health and well-being of their babies and children,” said Terrie Fritz, OHCA’s director of child health.

OHCA staff will notify qualified women of the new benefit. The agency will maintain a list of dentists who wish to provide dental care to pregnant women in the SoonerCare programs. When a member requests help in finding a dentist in her area, the agency will provide information about contracted dentists. Questions about participating dentists may be directed to 800-522-0114.

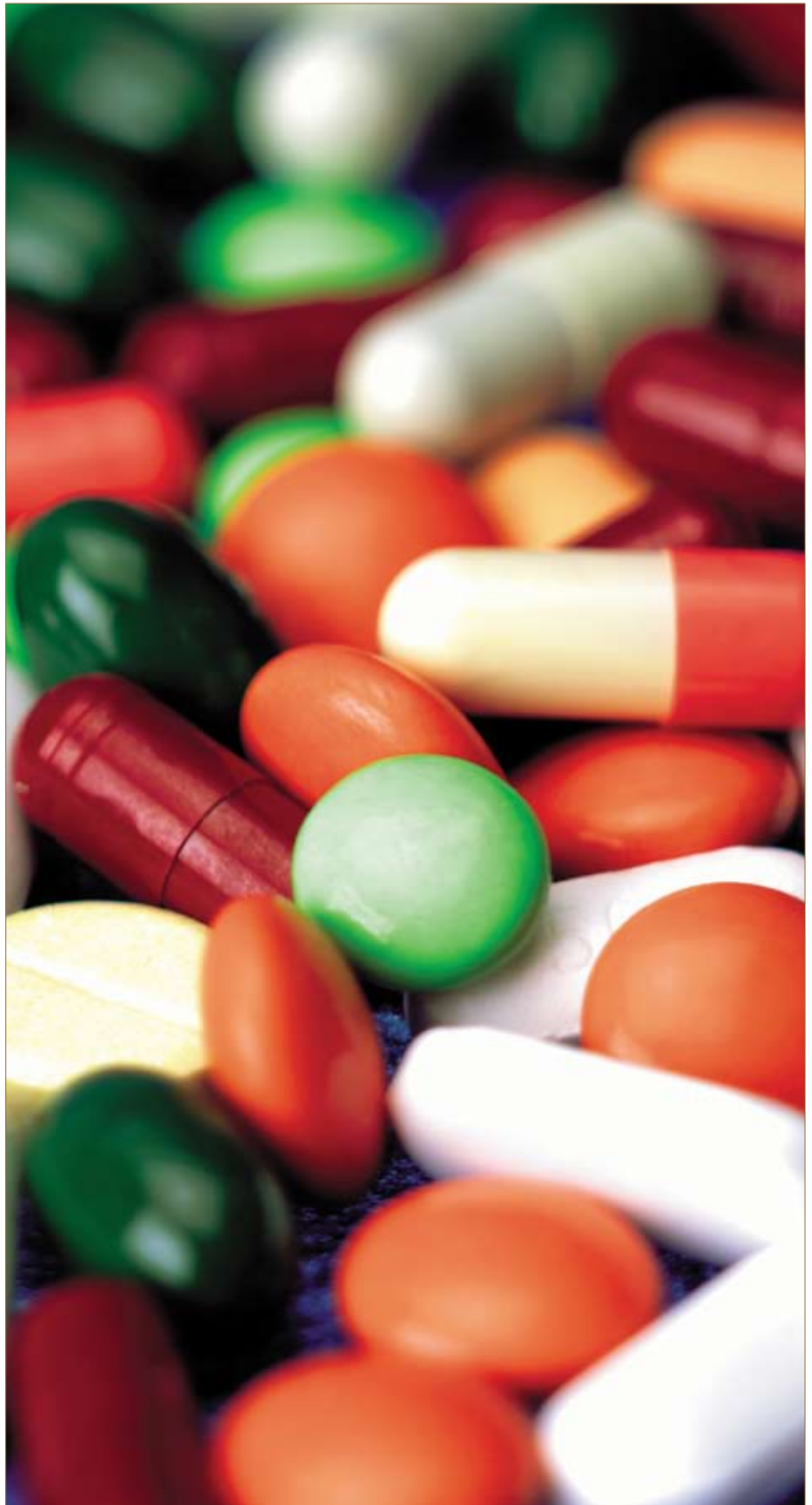


## DUR Plus to Help Speed Drug PAs

OHCA and Electronic Data Systems (EDS) have implemented a new automated prior authorization module within the Point of Service (POS) claims processing system. The new module is called DUR Plus. This means that pharmacies may experience fewer manual prior authorizations for the categories that are included in the DUR Plus module. DUR Plus incorporates diagnostic information from physician claims along with patient demographics and drug history to achieve a transparent prior authorization process for providers and members. As an example, the approval criteria for the drug exenatide (Byetta™) includes previous use of oral hypoglycemic and excludes members with a diagnosis of Type I diabetes.

There are several categories that will always require manual pharmacist review for prior authorization such as the growth hormones Synagis and Xolair, as well as any prescription that is not approved through the DUR Plus system. The DUR Plus system relies on information from claims history; therefore, manual prior authorizations will still be required for new members or those members with very little utilization.

OHCA will be moving categories into the DUR Plus system one by one over the next year. OHCA appreciates provider patience with this process and hopes that the system will decrease the amount of paperwork required for SoonerCare prescription processing.



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Please submit any questions or comments to Meri McManus in the Oklahoma Health Care Authority's Public Information Office at (405) 522-7026.

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