

Provider Response Helps OHCA Successfully Launch 'Medical Home'

With the Centers for Medicare & Medicaid Services' approval, the new enhanced medical home model for SoonerCare Choice was launched Jan. 1, 2009.

The new medical home model is the next step in health care delivery, and we are very fortunate that the provider network supports SoonerCare programs.

Special thanks goes out to all SoonerCare Choice primary care providers for their effectiveness during the contract renewal period. While the timeline was short, each office successfully submitted the necessary paperwork to ensure members benefited from continued access to care under the new model.

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OHCA Board Takes a Look Back at SoonerCare, Expands Insure Oklahoma

In their January 2009 board meeting, OHCA's board members heard an overview of the most comprehensive report ever conducted on Oklahoma's SoonerCare program and passed a rule that will open the Insure Oklahoma program to larger businesses and college students.

Mathematica Policy Research Inc. recently concluded their comprehensive evaluation of Oklahoma's SoonerCare 1115 waiver program. The group studied the program as it has evolved since 1993, when OHCA was created. Mathematica also studied the history of the program to assess the impact of key policy and implementation decisions on enrollment trends, access to care, provider participation, health of members and costs to Oklahoma. The state's program was compared with those of other state Medicaid programs and national trends.

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ESA Prior Authorization Requirements Effective March 11, 2009

Prior authorization (PA) requirements for erythropoietin stimulating agents (ESAs), including Aranesp®, Epogen® and Procrit®, take effect March 11, 2009.

Below is a brief overview of the PA requirements. Complete ESA authorization criteria can be found at www.okhca.org/rx-forms.

- 1) All members, including those receiving therapy prior to March 11, 2009, will need to have a prior authorization.
- 2) Prior authorization requests will be approved for FDA-approved indications only. The member's most recent hemoglobin (Hb) level, including date obtained, should be included on the petition.
- 3) Authorizations for surgery patients are for a maximum of four weeks, and authorizations for all other indications are for eight weeks.
- 4) Discontinuation criteria:
 - a) ESRD — discontinue treatment if **Hb is at or above 13.0 g/dL**.
 - b) All other indications — discontinue treatment if **Hb is at or above 12 g/dL**.
 - c) All patients — discontinue treatment when a minimum increase of 1 g/dL is not achieved after the initial eight weeks of therapy.

There are two PA forms for the ESA authorization requests available at www.okhca.org/providers/forms. The initial prior authorization request for a member should be submitted using form Pharm-17, and subsequent requests for continuation of therapy should be submitted on form Pharm-17A. If therapy is discontinued and restarted at a later date, the PA form for therapy initiation, Pharm-17, will be required for authorization.

ESA prior authorization requests for both pharmacy claims **and** medical claims should be submitted to the Pharmacy Prior Authorization Unit via the fax numbers listed on the bottom of the PA forms.



Innovative Pregnancy Outreach Effort Doubles Member Response

Member Services' innovative approach to reach pregnant members by telephone has proved to be more efficient and effective than the previous method, doubling this population's previous best contact rate.

The program has been operational since July 1, 2008.

Member Services developed the new program because of low contact rates achieved with the previous outbound telephone method.

New SoonerCare enrollees with the pregnancy indicator on their file were the first members chosen for the outreach.

A brief letter mailed to these members explained that SoonerCare was aware of their pregnancy and asked them to call Member Services during business hours to discuss their pregnancy benefits.

Since the program's inception, Member Services has maintained a consistent call-back rate of 38 percent of the mailed letters.

Of those reached, 20 percent have been referred to care management as potential high-risk pregnancies. (They were identified as such by a positive response to any one



of three specific questions asked by the Member Services representative.) These members have received care coordination from a case manager.

Normally, outbound calling prevents Member Services representatives from answering in-bound calls. However, this new approach allows representatives to answer in-bound calls from the Helpline.

If you have questions about the high-risk OB program, call the Provider Helpline at 800-522-0114.

New '5As' Smoking Cessation Benefit Form Available

To make it easier for providers to document '5As' tobacco cessation counseling and obtain proper reimbursement, OHCA has developed form CH-18.

It is available for download at www.okhca.org/providers/forms.

For more information, contact Kelly Pierron, child health program coordinator, at 405-522-7504.



Choices in Statin Therapy Detailed

Many factors must be considered in the choice and use of statins.

Regarding treatment of hyperlipidemia, the following have been demonstrated by a wealth of information, including basic research, animal studies and large controlled clinical trials in humans:

- Low-density lipoprotein cholesterol (LDL-C) is the primary target of lipid-lowering therapy.
- Treating elevated LDL-C reduces risks for major cardiovascular events and coronary heart disease related mortality.
- The class of drugs called HMG CoA reductase inhibitors (statins) is the most effective class of medications when it comes to LDL-C reduction.

The question of which statin to use still remains. All statins are not the same, and now that a number of them are available in the generic formulation, cost is a factor to consider alongside:

- The patient's risk for heart disease.
- The capacity of LDL-C reduction required to meet the patient's target LDL level.
- The possibility of drug interactions with medicines the patient is already taking.



All statins are contraindicated in pregnant women, lactating women, women who may become pregnant and patients with active or chronic liver disease. All statins have similar low adverse effect profiles and are generally well tolerated; the most common adverse effects are gastrointestinal symptoms and muscle aches.

Rhabdomyolysis, the rapid breakdown of skeletal muscle tissue, is a rare but severe adverse effect that occurs in a very small percentage of people taking statins.

Statin are metabolized by the CYP-450 enzyme system and are susceptible to drug interactions that may increase risk of myopathy.

The following table shows the reported incidence of rhabdomyolysis and potential drug-drug interactions that may occur for members taking certain medications. Patients on a combination of fibric acid derivatives, specifically gemfibrozil or niacin, should be monitored more closely for muscle-related adverse effects.

Table 1^{i, ii}

Brand Name	Generic Name	Rhabdomyolysis	Drug-Drug Interactions
		Mean Rate per 1 million Rx	CYP-450 interactions
Crestor	Rosuvastatin	N/A	CYP3A4 inhibitor
Lipitor	Atorvastatin	0.73	CYP3A4 inhibitor
Zocor	Simvastatin	0.73	CYP3A4 inhibitor
Pravachol	Pravastatin	0.15	metabolized, but not an inhibitor
Mevacor	Lovastatin	0.73	CYP3A4 inhibitor
Lescol & Lescol XL	Fluvastatin	0.15	CYP2C9 inhibitor

CYP3A4 eg: azole antifungals, diltiazem, macrolide antibiotics, protease inhibitors, nefazodone, cimetidine, cyclosporine

CYP2C9 eg: warfarin, valproic acid, fluconazole, NSAIDS, phenytoin

When considering the capacity of LDL-C reduction required to meet the patient’s target LDL, statins differ in their ability to reduce LDL-C and triglycerides (TG). All statins have minimal effect on high-density lipoprotein cholesterol (HDL-C).

The following chart shows a comparison of the LDL-C reduction capacity, TG reduction capacity and cost of the available statins. Patients with multiple risk factors will require the stronger statins to achieve the target LDL-C goal, but according to a study published in the *Journal of Internal Medicine*, the majority of patients require an 11 percent to 40 percent LDL reduction to reach recommended ATP III goals.ⁱⁱⁱ

When looking at the LDL-lowering potential of each statin, it is apparent that all the statins fall within that proposed range.

The choice of which statin to use varies depending on all the factors discussed. Keep in mind that compliance plays an extremely important role in the patient’s therapy, because if the member is not taking the medication, the medication’s effectiveness is 0 percent.

Only 50 percent of patients continue taking statins prescribed to them at six months, and only 30 percent to 40 percent continue taking them at one year.^{iv}

In addition to adverse effects and patient motivation, affordability of medications also plays a major role in compliance. For members paying the full price, the availability of generics is greatly welcomed. Even for people with prescription coverage, use of generics almost always guarantees a lower co-pay.

So consider all things, clinical and non-clinical, when deciding which statin may be the best choice for the management of your patient’s hyperlipidemia.

ⁱ *Facts & Comparisons 4.0*. (2008). Retrieved 01/09/2009, from <http://online.factsandcomparisons.com/>

ⁱⁱ Malcolm Law MD, A. R. (2006). Statin Safety: A Systematic Review. *The American Journal of Cardiology*, 52-60.

ⁱⁱⁱ Stephen D Persell, M. M.-J. (2006). Implications of Changing National Cholesterol Education Program Goals for the Treatment and Control of Hypercholesterolemia. *Journal of Internal Medicine*, 171-176.

^{iv} Chaudhry HJ, McDermott B. Recognizing and improving patient nonadherence to statin therapy. [Review] [43 refs] [Journal Article. Review] *Current Atherosclerosis Reports*. 10(1):19-24, 2008 Feb.

^v *Facts & Comparisons 4.0*. (2008). Retrieved 01/09/ 2009, from <http://online.factsandcomparisons.com/>

^{vi} *PEC Update, March 2004, Page 3: Statins*. (2004, 03). Retrieved 01/09/2009, from PEC: http://www.pec.ha.osd.mil/Updates/0402web/Mar_04_Update_Page_3.htm

^{vii} trg_pharmacy@regence.com. (2007, January). *Statin Comparison Chart*. Retrieved 01/09/2009, from RegenceRX: <http://www.regencerox.com/docs/physicianRx/statinComparisonChart.pdf>

Comparison of Statins ^{v,vi,vii}							
Brand Name	Crestor*	Lipitor*	Zocor	Pravachol	Mevacor	Lescol* & Lescol XL*	LDL Reduction
Chemical Name	Rosuvastatin	Atorvastatin	Simvastatin	Pravastatin	Lovastatin	Fluvastatin	
Dose	5mg & 10mg	10mg	5mg	10mg	10mg	20mg	20%
			10mg	20mg	20mg	40mg	27%
			20mg	40mg	40mg	80mg	34%
	20mg 40mg	80mg		80mg	80mg**		41%
							48%
							55%
						62%	
TG Reduction	3-28%	25 - 46%	1 - 46%	4 - 25%	3 - 22%	1 - 11%	
Annual Cost***	\$1,560	\$1,680	\$600	\$420	\$360	\$1,200	
Average Annual Cost for Each 1% LDL Reduction	\$19	\$25	\$4	\$7	\$6	\$20	

*Available brand name only

**Not available as a single dose

***Pricing calculated from three major chains

EPSDT Bonus Payments Coming More Often

SoonerCare has changed the bonus payment disbursement structure from an annual payment to a quarterly one, beginning with calendar year 2009.

2008 claims

The 2008 EPSDT bonus payment will be paid in accordance with 2008 provider contracts.

Claims were due March 1, 2009, to be considered for payment and must be reconciled to paid status by May 1, 2009, for payments to be issued.

2009 claims

The first payment will be made in July 2009, and based on dates of services between Jan. 1, 2009, and March 31, 2009, with paid dates through June 30, 2009.

The EPSDT incentive's purpose is to supply to contracted PCPs further payment for meeting or exceeding the compliance rate for screenings. Another purpose is to encourage PCPs to perform more initial and periodic screening services.



The EPSDT incentive will consist of a total pool of \$1 million for all PCPs. The amount available per quarter is \$250,000. If all of the \$250,000 is not awarded to the PCPs during the quarter, the funds that remain will be rolled over to the following quarter. However, any funds that remain at the end of the year will not be rolled over to the following year.

For more information, contact Kelly Pierron, child health program coordinator, at 405-522-7504.

New High-Risk OB Treatment PA Form Available

A new form has been developed for requesting the prior authorization of a high-risk OB treatment plan.

This form should clear up most issues regarding items that require a prior authorization outside of the plan and issues concerning who can perform the requested medical procedures.

The form number is CH-17, and it is available at www.okhca.org/providers/forms.

If you have questions about this form, call OHCA's Medical Authorization Unit at 1-800-522-0114.

DME Manual Pricing Criteria Revised

OHCA's revised internal criteria for pricing durable medical equipment that requires manual pricing took effect Feb. 1, 2009.

For all items with a manufacturer's suggested retail price (MSRP), the reimbursement amount will be the MSRP minus 20 percent. The MSRP must be listed for each item in the "billed charges" box on the HCA-12A prior authorization request form to ensure the appropriate reimbursement.

For those items without an MSRP, the reimbursement will be based on the provider's invoiced cost plus 20 percent. Providers must include a copy of the current invoice that



indicates the cost to the provider and a statement that there is no MSRP available for the item.

Quotes, price lists, catalog pages, computer printouts or any other form of documentation other than an original invoice are not acceptable for this pricing solution.

If you have questions, contact Stan Ruffner at 405-522-7924.

2009 Medicare Replacement Policies Released

New Medicare replacement policies, which take the place of traditional Medicare, have been released for 2009.

Because a member must have Medicare to be eligible for the replacement policies, Medicare eligibility must remain on the member's file.

HMO claims must be submitted on paper with an Explanation of Benefits from the primary insurance. Medicare PPO claims should be filed just like a crossover, with an HCA-28 form; however, these do not automatically cross over to OHCA from the PPO plans.

If the claim is not filed correctly, the error will indicate that the member has Medicare and that claims must be submitted to Medicare. However, Medicare will probably deny these claims since the member has a replacement policy. Such a claim must be refiled following the HMO or crossover instructions.

Remember, Medicare replacement HMO and PPO claims are submitted and paid differently.

Following are some details about each type of replacement policy.



Medicare Replacement HMOs

Plans

Aetna Golden HMO
Arcadian Health Plan
Community Care Senior Generations
Secure Horizons HMO

Where To Send HMO Claims

EDS
P.O. Box 18500
Oklahoma City, OK 73136

Notes

Medicaid pays only co-pay claims for these plans.

Medicare Replacement PPOs

Plans

Advantra Freedom
Aetna Golden PPO
Humana Gold Choice
Mennonite Mutual Aid Association
Secure Horizons Medicare Direct PPO
Sterling Option 1, 2, 3 or 4
Today's Options (Universal American/Pyramid Life)
Unicare Security Choice
Wellcare

Where To Send Crossover Claims

EDS
P.O. Box 18110
Oklahoma City, OK 73154

Questions

If you have questions, contact the Third Party Liability Unit at 1-800-522-0114.

How Pharmacy Prior Authorization Works

SoonerCare's pharmacy benefit includes a number of medications that are subject to prior authorization (PA) requirements.

When a medication requires prior authorization, both the prescribing physician and the member's pharmacy play a role in requesting authorization for coverage.

The process of requesting a PA generally includes the following steps:

- 1) The SoonerCare member presents a prescription to his or her pharmacy.
- 2) The pharmacy bills SoonerCare for the medication, and the claim is denied due to prior authorization requirements. At this point, the pharmacist has two options:
 - a) Contact the prescribing physician to determine if a product that doesn't require PA may be substituted.
 - b) Complete the pharmacy and member information section of a prior authorization form and fax it to the prescribing physician.
- 3) If the prescription is not changed, the prescribing physician receives the PA form from the pharmacy.
- 4) The prescribing physician completes the remaining section of the PA form. This section is used to document the condition for which the medication is being prescribed, prior trials with other medications and any unique client-specific information.
- 5) Once complete, the prior authorization request is faxed to the Pharmacy Prior Authorization Unit at the OU College of Pharmacy.
- 6) The request is reviewed by a clinical pharmacist. A response to the request is faxed to both the pharmacy and prescribing physician within 24 hours of receipt.
- 7) If the PA request is approved, SoonerCare will reimburse the pharmacy for the prescription.
- 8) If the PA request is disapproved, the prescribing physician may consider prescribing another medication or resubmit the request with additional clinical information for reconsideration.

For pharmacy PA forms, see: www.okhca.org/providers/rx-forms.

For PA approval criteria, see: www.okhca.org/providers/rx-pa.

SoonerCare formulary information, including PA requirements and quantity limits, can be viewed or downloaded to handheld devices at www.epocrates.com.

Coverage Eligibility for Fetal Non-Stress Test Clarified

OHCA has received many questions and concerns recently regarding fetal non-stress test coverage (HCPC 59025).

Generally, this test is not a benefit covered by SoonerCare. However, it is covered if the member has a prior authorized high-risk OB treatment plan and the non-stress test is part of the treatment plan.

For all other members, this is a non-covered service.

If you have questions, call OHCA's Medical Authorization Unit at 1-800-522-0114.



Soon-to-be Sooners Coverage Aimed at Prenatal Care

In April 2008, OHCA initiated SoonerCare coverage to promote the healthy delivery of babies that will be born in and become residents of Oklahoma and citizens of the United States.

This coverage of pregnant undocumented or non-citizens is called Soon-to-be Sooners (STBS).

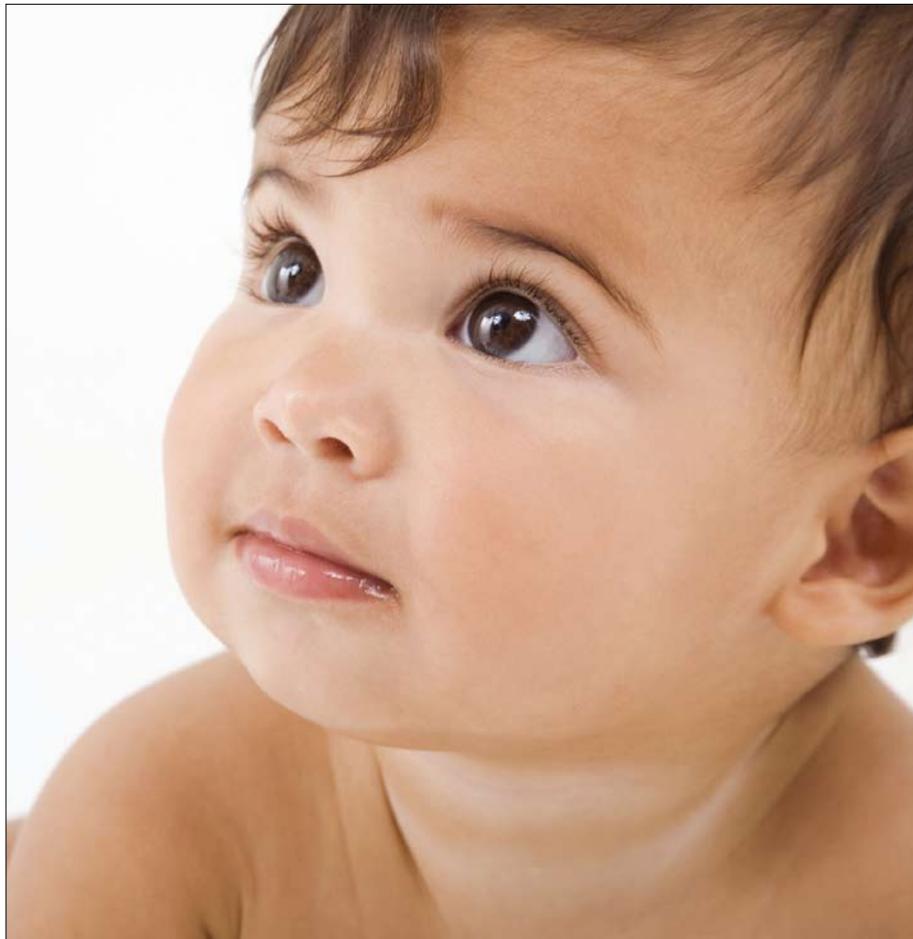
For most non-citizens, applications for eligibility are accepted only if there is a medical emergency that threatens life or limb. As well, non-citizens must still meet a categorical relationship, like a documented disability or a Temporary Assistance for Needy Families case.

While the delivery is considered to be an emergency and generally covered under the alien program, STBS covers all prenatal care and any other services that are found to medically impact the health of the fetus.

Covered are professional services, antepartum care and delivery services, including associated tests and procedures that are medically necessary to support optimal pregnancy outcomes.

In addition, STBS members may have up to two visits per month with specialists and sub-specialists to provide evaluation and management (E&M) of maternal or fetal conditions.

Examples of these visits would be an outpatient office or clinic visit with an endocrinologist regarding a maternal pre-existing diabetic condition or with a cardiologist regarding a pre-existing maternal heart defect. E&M by a maternal



infant health social worker, lactation consultant and genetic counseling would be included under the two visits per month limit.

For providers, STBS coverage means that fewer women who have had little to no prenatal care will visit emergency rooms. However, to receive payment for claims, providers must submit a little more documentation than for the average claim.

While deliveries are the only service that will not be medically reviewed, all non-citizen and STBS claims are reviewed to determine whether

a service is an emergency under the alien program or whether a service will affect the healthy outcome of the pregnancy.

When providers look up claim eligibility and find that the member is covered under STBS or alien status or both for the date the service was rendered, they must attach the medical documentation that clearly states why the service is an emergency or why the service will affect the health of the mother and baby.

For guidance on how to file claims with attachments, call 1-800-522-0114.

OHCA Board Takes a Look Back at SoonerCare, Expands Insure Oklahoma (continued from page 1)

Representatives from the group presented key findings to the board. Included in those findings is that SoonerCare has improved coverage for Oklahoma children with enrollment of eligible children increasing 36 percent from 2000 to 2006. The group reported that 90 percent of all MDs in the state, both specialists and primary care providers, had contracts with SoonerCare Choice. They also noted that preventable hospitalizations dropped among adults by 24 percent in urban areas and 15 percent in rural areas from 2003 to 2006.

Oklahoma is providing more for less, according to the study. They found that Oklahoma's Medicaid costs per member were below the national average between 1996 and 2005 (the last year in which a comparison could be done through CMS statistical data). Medicaid accounted for a smaller share of the state budget in Oklahoma between 1996 and 2005 than the national average and 19 comparison states, they noted. The group also noted that OHCA sets a high standard for public reporting and accountability.

"It's a great compliment when a leading, national consulting firm says your agency is a 'textbook example' of how to accomplish an initiative. But more importantly, the report gives us an outside-looking-in view of our program and agency which will help us shape the future," OHCA CEO Mike Fogarty said.

In other action, the board approved an emergency rule to expand the Insure Oklahoma employer size from 50 employees to 250 and to include 3,000 full-time college students aged 19 to 23. The rule allows the agency the flexibility to phase in the number of employees, giving the smaller businesses the first shot at enrolling in the program.

The Oklahoma Legislature called for increasing employer size in early 2007. However, since the program is funded using state tobacco tax money matched with federal funds, the agency had to seek federal approval through a waiver amendment. The Centers for Medicare & Medicaid Services approved parts of the waiver amendment request effective Jan. 1. The rule received final approval from Gov. Brad Henry.



OHCA began taking applications from businesses with 99 and fewer full-time employees March 1. The agency will evaluate the uptake of the program and can increase the size as needed. According to the 2006 Oklahoma Employment Security Commission quarterly census of employment and wages, 2,770 additional businesses fall into the 50- to 99-employee size and will become eligible to participate in the program.

Full-time college students will also be able to apply for the program under the rule change. Income will be determined based on the student's Free Application for Federal Student Aid, and premiums will be based on the student's income.

Employees and college students whose household income is below 200 percent of the federal poverty level may qualify for the program. Additional information is available at www.insureoklahoma.org or by calling 888-365-3742.

Provider Response Helps OHCA Successfully Launch ‘Medical Home’

(continued from page 1)

The agency renewed 720 Choice PCP contracts in less than 90 days. Sixty-four percent of providers are Tier 1, an entry-level medical home; 32 percent are Tier 2, an advanced medical home; and 4 percent are Tier 3, an optimal medical home.

During this first year, OHCA will help providers further refine the medical home concepts and help providers achieve a higher level tier of medical home.

OHCA approved two groups, OU Tulsa School of Community

Medicine and Partnership for a Healthy Canadian County, as Health Access Networks (HAN). HAN is a pilot program in which groups of SoonerCare providers come together to develop a seamless delivery model that covers all areas of SoonerCare members’ needs.

Community organizations, family and other resources are vital to the success of these networks.

Final clearance from CMS is pending, but when established, OHCA will have two other network

pilots available and will work with all networks to determine if they meet the criteria to become statewide after the initial three-year pilot period.

Several hundred PCPs have qualified for the monthly transitional payment. The first quarterly Sooner Excel payments will be made in April. Methodologies for these payments are available at okhca.org. For answers to specific questions, contact Provider Services at 877-823-4529, option 2.

OHCA Collaborates With Tulsa to Reach the Uninsured

OHCA has partnered with the Tulsa community to identify strategies to reach uninsured Tulsa residents who already qualify for SoonerCare or Insure Oklahoma.

This is a new project called Insure Tulsa.

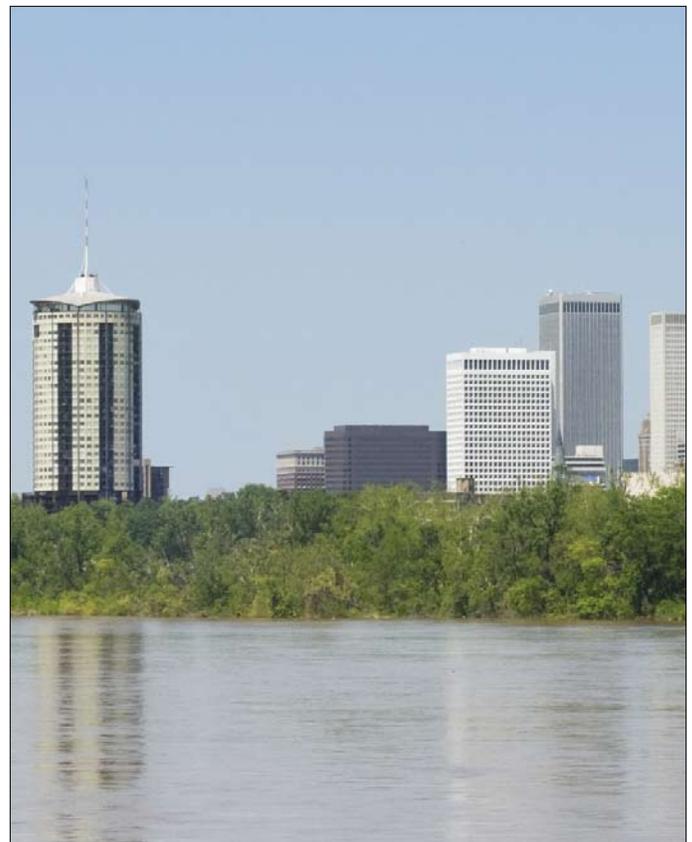
Uncertainties for Tulsa hospitals caused state leaders and the Tulsa community to seek improvement of the region’s health care. Critical factors such as spiraling health care costs, state citizens’ low health ranking, a high uninsured rate and the cost of indigent care on the state’s health care safety net contributed to the move.

The project’s initial meeting was attended by OHCA, representatives from the state legislature, Tulsa hospitals, other health care professionals, nonprofit organizations, the Tulsa Chamber of Commerce, the Oklahoma Insurance Department and others.

The George Kaiser Family Foundation has offered financial assistance to support Insure Tulsa.

OHCA anticipates training participating organizations and volunteers on how to align potential members to the health benefits they qualify for and then assist them through the enrollment process.

OHCA will apply the lessons learned from Insure Tulsa to the rest of the state.



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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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