

## **OHCA pioneers income deferral initiative**

The Oklahoma Health Care Authority (OHCA) is now offering the Oklahoma Medicaid Income Deferral Program, the first of its kind in the nation, to qualifying incorporated physicians, dentists, podiatrists, optometrists, psychologists, speech pathologists and audiologists.

The program allows both professional and non-professional employees of eligible provider corporations to supplement any existing retirement benefits by electively deferring any selected portion of their salary up to the total of the Medicaid payments paid to the provider corporation. These elective amounts are pre-tax deferrals, just as under a 401(k) plan, and since the deferral accounts are held in trust by the state of Oklahoma, no income tax is applied to such accounts, nor is there any threat of creditor claims on accumulated assets. Deferral amounts and accumulated earnings are not taxed until retirement benefits are paid. Moreover, the normal rules concerning non-discriminatory coverage applied to qualified retirement plans do not affect this program.

“Increasing Medicaid payment rates to compete in today’s health care market has been, and continues to be, a priority of the OHCA. Shrinking funding streams and rising costs hamper the achievement of this goal,” said OHCA Chief Executive Officer Mike Fogarty.

“This economic reality has prompted us to seek ‘out-of-the-box’ solutions. Our agency has taken a

positive step to raise the value of Medicaid contracts for physician services.”

In 2001, the Oklahoma Legislature granted OHCA authority to offer “eligible contracted incorporated physician providers ‘certain’ elective income deferral programs.” The intent was to strengthen the agency’s mission by providing a benefit that magnifies the after-tax value of payments eligible incorporated providers

**“I believe this new plan and its unique benefits will be both strong incentive and a deserved reward for providers who do business with Oklahoma Medicaid.”**

receive for serving Medicaid recipients.

Following a lengthy study, the OHCA adopted the ERSCA PAC-Plan, developed by Employees Retirement Service Company of America Inc. (ERSCA) of Miami, Fla. Precision Administrators Inc. of Oklahoma City has been authorized to perform oversight of record keeping for the program.

The ERSCA PAC-Plan is a unique form of pre-tax 401(k) supplement arrangement designed for use by governmental and other non-taxable payers and taxable incorporated independent contractors.

The plan enables eligible provider organizations to integrate Medicaid revenues into their overall corporate benefits strategy to significantly expand retirement options for both their professional and non-professional employees.

“I believe this new plan and its unique benefits will be both strong incentive and a deserved reward for providers who do business with Oklahoma Medicaid and continue to serve low-income patients while we work together to improve Medicaid payment rates,” Fogarty added.

As a condition of participation, organizations must first obtain an independent review of the plan provisions and related documentation from a qualified tax and legal advisor.

For additional information about the Oklahoma Medicaid Income Deferral Program, fax a request to American Pension Services, Inc., at 405.787.0065 or write to American Pension Services, Three Corporate Plaza, Suite 340, 3613 N.W. 56th Street, Oklahoma City, OK 73112. Please include your fax number and your address in your request.



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## 'OK by One' campaign moves up immunization schedule

In an effort to help immunize children against 11 dangerous diseases before their second birthday, the Oklahoma State Department of Health (OSDH) recently announced a new children's immunization campaign, "OK by One."

The campaign modifies Oklahoma's childhood immunization schedule so that the fourth dose of DTaP (diphtheria, tetanus, pertussis) vaccine, traditionally given at 15



months, is moved to 12 months of age if six months have passed since the third dose.

"Fewer than half of Oklahoma's children receive their fourth DTaP dose on schedule," said Don Blose, OSDH's immunization service chief. "This change will allow children to receive their fourth DTaP at 12 months of age, when most are already being seen by a health care provider for their 1-year-old well child checkup, instead of requiring that they return at 15 months for the fourth dose. By moving the date up, we can save parents an extra trip to the doctor."

Blose said the change should also help improve Oklahoma's national ranking for childhood immunizations. Oklahoma currently ranks 48th, near the bottom, among states up to date on their childhood immu-

nizations, primarily due to noncompliance with the fourth DTaP dose. Child health data show a significant reduction in well baby checks and immunization visits after a child turns 1 year old.

The Oklahoma State Department of Health and the Oklahoma Immunization Advisory Committee collaborated on the new DTaP dosage strategy. Although the national Advisory Committee on Immunization Practices recommends that the fourth DTaP be given between 15 and 18 months of age, it does allow for the administration of the fourth DTaP as early as 12 months provided that six months have elapsed between a child's third and fourth dose. The modified schedule also complies with recommendations adopted by the American Academy of Pediatricians, the American Academy of Family Physicians, the Centers for Disease Control and Prevention's National Immunization Program, and the Oklahoma State Medical Association.

"We believe these changes will move Oklahoma into the forefront as leaders in the health of children for immunization compliance in the United States," said State Health Commissioner Dr. Michael Crutcher.

The "OK by One" immunization schedule is:

- Birth – Hepatitis B
- Age 2 months – Hepatitis B, Diphtheria, Tetanus, Pertussis, Polio, Haemophilus Influenzae B, Pneumococcal Conjugate
- Age 4 months – Diphtheria, Tetanus, Pertussis, Polio, Haemophilus Influenzae B, Pneumococcal Conjugate
- Age 6 months – Hepatitis B, Diphtheria, Tetanus, Pertussis, Polio, Haemophilus Influenzae B, Pneumococcal Conjugate
- Age 12 months – Diphtheria, Tetanus, Pertussis, Haemophilus Influenzae B, Measles, Mumps, Rubella,

Varicella, Pneumococcal Conjugate

"Immunizations and other health screens are an important part of early childhood preventive health services," said Ivoria Holt, manager of Early Periodic Screening, Diagnosis and Treatment (EPSDT) Services at the Oklahoma Health Care Authority.

Medicaid-eligible children under age 21 also are available for other screening services through the EPSDT program, Holt said.

They include:

- Developmental assessment
- Assessment of nutritional status
- Complete physical examination
- Appropriate lab tests
- Health education/anticipatory guidance
- Health and physical history
- Mandatory blood lead at 12 and 24 months

"All of these services are beneficial preventive care tools in addition to immunizations," Holt said.

### Getting it together

In an effort to expedite the prior authorization process, OHCA's Medical Authorization Unit is asking providers who submit prior authorization requests over the Internet to fax in supporting documentation rather than send it by mail.

"When they mail the supporting documentation, getting the prior authorization and the supporting documentation together does not always happen, which delays the PA process," said Melody Fish, manager of the medical authorization unit.

Instead, providers should fax the supporting documentation to the Medical Authorization Unit at 405.530.3496 and write "WEB PA" on the cover sheet.

## Partnership agreement to improve services for youths with mental illness

In an effort to improve services for Oklahoma young people who suffer from mental illness and substance abuse disorders, Gov. Brad Henry and eight state agency heads have signed an agreement to better coordinate programs for the mentally ill and their families.

The agreement, signed April 12 at the state Capitol, establishes the Partnership for Children's Behavioral Health. The partnership is charged with designing an integrated system of care for children and their families and monitoring the system it develops.

"Oklahoma offers many behavioral health services for young people, but they are spread over a number of different agencies and programs," Gov. Henry said. "We want to make sure that every eligible Oklahoman is taking advantage of these services, and this partnership should help us accomplish that goal."

For Oklahoma children who qualify and need mental health and substance abuse treatment services, the partnership has established several goals, including:

- Reduced days in residential treatment facilities;
- Increased days in school and improved grades;
- Reduced contacts with law enforcement and the child welfare system;
- Improved daily functioning from self and family assessment;
- Better outcomes for children in state custody;
- Increased family satisfaction of services; and
- Reduced incidents of youth risk behavior.

"The mentally ill and their families face major challenges under even the best of circumstances," Henry said. "The least we can do is better coordinate the services that improve their quality of life and reduce the incidence of severe mental illness in children."

"For the past several years,

there has been growing concern that children in Oklahoma are not receiving the behavioral health (e.g., mental health and substance abuse) services they need to become independent and productive adults," said Terrie Fritz, OHCA's director of behavioral health services.

A 2002 study by the Oklahoma Commission on Children and Youth showed that more than 75 percent of all children in the custody of the Office of Juvenile Affairs and Department of Human Services would benefit from mental health services.

"These children often become violent and delinquent, and they are much more likely to fail or drop out of school, abuse substances and spend significant parts of their adult lives in mental institutions or jail. They are much less likely to be productive and tax-paying citizens but are more likely to raise children who will have even more severe problems," Fritz said. "However, when these children and their families get the right kind of services and supports, they can overcome these obstacles and succeed. With the help and support of these other state agencies, consumer advocacy groups, the legislature and the governor's office, the Medicaid program can hopefully improve the quality and availability of services for children and families in need."

Formation of the Partnership for Children's Behavioral Health is the latest milestone in a series of efforts to improve delivery of mental health services to Oklahoma's young people, Fritz said.

In 1999, Oklahoma began to respond to children's behavioral health needs by implementing local systems of care. Currently, 10 state-funded pilot sites cover 13 counties. The Oklahoma Department of Mental Health and Substance Abuse Services recently received a six-year federal contract from the Substance Abuse

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## Profiling reports offer new tool for providers

A new profiling project under way at the Oklahoma Health Care Authority is intended to help improve patient care.

"Our first focus area is emergency room utilization," said Angela Shoffner, OHCA's quality assurance/quality improvement manager. "Next, we plan to look at preventative services like Early Periodic Screening, Diagnosis and Treatment exams, breast cancer screening and cervical cancer screening."

Once the program is up and running, providers will receive routine reports. The first report on E.R. utilization will be distributed this summer. "Our goal with these reports is to improve member care through provider and member education," she said.

A member who frequents the emergency room is missing out on continuity of care. "The quality place to receive ongoing care is the PCP/CM's office – the medical home," Shoffner said. "We feel it's important that the patient's care is coordinated and managed by the primary care provider."

This report will give physicians a tool for monitoring and intervening when their patients are found to be utilizing the E.R. frequently. "Even if their practice data is within the norm, they may not be aware that certain specific members assigned to them are using the E.R. frequently," she said.

"For the emergency room reports, OHCA is utilizing claims and encounter data to determine the services mem-

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## Reduce arthritis pain? It's not such a big stretch.



Studies show that 30 minutes of moderate physical activity three or more days a week can reduce arthritis pain and help you move more easily. So take a walk. Go dancing. Ride a bike. Go for a swim. Make it fun by inviting friends or family to join you. If 30 minutes is too much, try 10 or 15 minutes at a time. Stick with it, and in four to six weeks you could be hurting less and feeling more energetic.

Physical Activity.  
The Arthritis Pain Reliever.

Call 1-800-283-7800 to learn more.

A MESSAGE FROM THE  
CENTERS FOR DISEASE CONTROL AND PREVENTION  
THE ARTHRITIS FOUNDATION  
THE DEPARTMENT OF HEALTH & HUMAN SERVICES



## Campaign encourages exercise for arthritis patients

A new public education effort, "Physical Activity: The Arthritis Pain Reliever," is aimed at the more than 726,000 Oklahomans suffering from arthritis and other rheumatic conditions. Sponsored by the Oklahoma Arthritis Network and the Oklahoma State Department of Health (OSDH), it encourages exercise as a way to reduce pain and increase mobility.

"Light exercise that keeps you active and keeps your joints moving helps ease pain when you have arthritis," said Kathe Eastham, R.N., with Oklahoma Health Care Authority's disease management.

The campaign encourages people with arthritis to participate in 30 minutes of physical activity three or more days per week.

"The main message of the campaign is that arthritis hurts, but physical activity can help," said Marisa New, OSDH arthritis prevention and education program coordinator. "If 30 minutes is too much, break it down into 15-minute intervals like a 15-minute walk and then later a 15-minute swim, dance or bike ride."

Programs and services available to arthritis patients of all ages also are being highlighted during the campaign, New said. The OSDH and Arthritis Foundation are promoting the PACE (People with Arthritis Can Exercise) classes and the Aquatics (water exercise) Program at various locations statewide. More detailed information on those specific classes is available by contacting the Arthritis Foundation at 800.627.5486 or on

the Internet at [www.arthritis.org](http://www.arthritis.org).

Health care officials anticipate that more public health efforts are needed to increase Oklahomans' physical activity, encourage them to maintain a healthy weight and expand the use of self-management education.

The new arthritis campaign will include radio and television ads produced by the CDC, Arthritis Foundation and U.S. Department of Health and Human Services. A national grant is paying for the campaign in Oklahoma.

Campaign materials include "Don't Sit Still for Arthritis" and "What to Take for Arthritis Pain" posters and brochures. They are available through the Health Department at 405.271.6127 or can be downloaded from the OSDH Web site, [www.health.state.ok.us/program/apep](http://www.health.state.ok.us/program/apep).

Materials on arthritis and other topics also will be available on OHCA's new Web health and wellness site, expected to go live early this summer, Eastham added.

The provider section of the site will include best practices guidelines for numerous conditions, while the consumer area will include health information and suggestions for self-care activities.

"We've been working on the site for about a year. We want providers to be able to click on one site and know that all the information they are getting is reputable," Eastham said.

## Expanded care management services available for providers

The Oklahoma Health Care Authority has more than quadrupled the number of nurses on the care management staff to assist with specialty care access to providers since the discontinuation of *SoonerCare* Plus in January, said Maria Ordonez, R.N., care management supervisor.

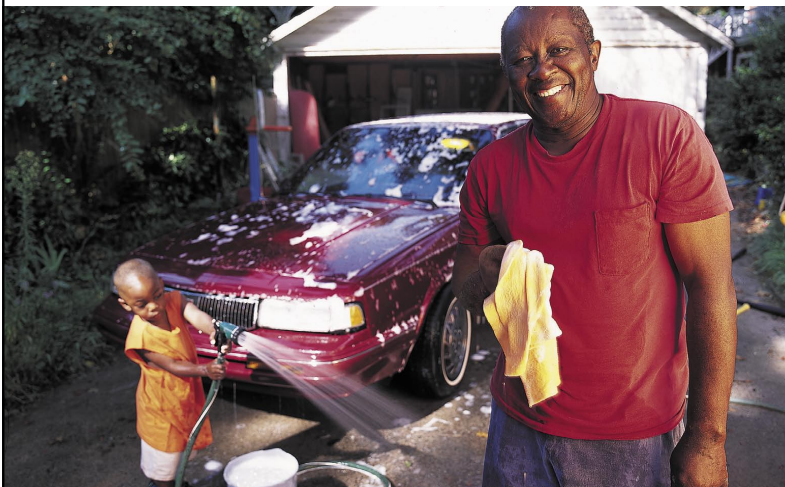
"The diverse backgrounds of our

nurses include pediatric and adult transplants, pediatric neurology, hospice, home health, orthopedics, blood disorders and obstetrics," she said.

While OHCA's care management staff has managed members enrolled in the rural *SoonerCare* and fee-for-service programs, they now also

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## Don't sit still for arthritis pain.



Arthritis hurts. Physical activity can help. Studies show that 30 minutes of moderate physical activity three or more days a week can help you move more easily. You can break it up, too. Start with a walk. Later, rake leaves or wash the car. Keep it up, and in four to six weeks you could be hurting less and enjoying life more.

### Physical Activity. The Arthritis Pain Reliever.

Call 1-800-283-7800 to learn more.

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## New tool

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bers have received, the location where those services were provided and to which provider they were assigned,” Shoffner said. The information is then analyzed to see how the data compares to the expected rate for each provider.

Future reports will compare the preventative services offered by providers and their peers. The goals are to increase the number of preventative services provided to the members and to educate providers on recipient behavior and community patterns of practice, Shoffner said. “Hopefully, this will lead to better coordination of care,” she said.

“Member education efforts will be aimed at strengthening the members’ connections with primary care providers and encouraging personal responsibility,” she added.

## Specialists focus of new recruitment push

A new effort is under way at the Oklahoma Health Care Authority to address the issues of specialists. The “Medical Home” providers, i.e. the **SoonerCare** primary care providers, have had a specific provider representative assigned to them at OHCA. Now specialists will have a team working for them.

“Specialists have unique problems, and we’re trying to give them a focal point for their concerns,” said Dr. Paul Keenan, OHCA’s director of medical review and assessment. OHCA has contracted with Electronic Data Systems (EDS) to bring on board provider recruitment/retention specialist Brady Jones.

In addition to the income deferral program (see Page 1), OHCA has made a number of changes to better

serve all providers, particularly the new Medicaid on the Web section at [www.ohca.state.ok.us](http://www.ohca.state.ok.us). Medicaid on the Web is a secure site where providers, clerks and billing agents can view claim status inquiries, claim summaries, prior authorization inquiries and claim payment summaries and receive direct messages from OHCA.

OHCA’s EDS team has taken over the provider line so that customer service representatives have more time for one-on-one problem-solving with providers. OHCA has also hired 23 more nurses to assist providers’ office staff in patient care management, bringing the total to 30.

The goal is to encourage more specialists to participate in Medicaid. “We’re making a special effort to get billing issues and policy issues

resolved,” said Kelevetta Nwajagu, provider relations manager.

“I’ll be going anywhere there’s potential for additional specialty representation in the Medicaid program. Our approach is to identify areas where there are fewer specialists and make contact with providers in those areas,” Jones said.

OHCA plans to hire one additional physician recruiter in the coming months, Keenan said. “We will have a proforma aimed at graduating residents, and we’ll be attending medical association conferences and meetings,” he said.

For specialty assistance or more information about physician recruitment and retention services, contact Nwajagu at 405.522.7301 or Jones at 405.522.7561.

# Translating research into positive behaviors

Adapted by Belinda Rogers, C.I.M.I., C.D. (D.O.N.A.), Oklahoma Institute for Child Advocacy

A great concern today is the fact that young teens and preteens are engaging in sexual activity at much earlier ages than their parents or older siblings. According to a recent report by the National Campaign to Prevent Teen Pregnancy, nearly one in five adolescents has had sex before his or her 15th birthday.<sup>1</sup>

Nationally, approximately 900,000 teenagers become pregnant each year—often resulting in adverse health consequences such as sudden infant death syndrome, infant mortality and low birth weight.<sup>2</sup> Sexually active youths are at risk not only for becoming pregnant but for human immunodeficiency virus (HIV) and other sexually transmitted diseases (STDs). Females ages 15-19 have the highest gonorrhea rates, with males of the same age group having the second or third highest rates, although STD rates in adolescents typically have decreased or leveled off in the past 10 years.<sup>3</sup>

The high teen birth rates and negative consequences of adolescent sexual activity prompted the HEART of OKC Project (Healthy, Empowered And Responsible Teens of Oklahoma City) to begin to explore in depth the relationship between specific protective factors, “youth assets,” and their relationship

to risk-taking behaviors, especially early sexual activity. By linking youth development strategies with prevention programs, the project viewed adolescents as “potential to be nurtured,” not “problems to be fixed.” Asset-building strategies promote the belief that all adolescents have strengths (i.e., assets) and are capable of making contributions to their families and their communities. The HEART of OKC Project was

**The more assets teens possess, the more likely they are to engage in positive behaviors.**

coordinated by the Oklahoma Institute for Child Advocacy as part of a nationwide teen pregnancy prevention initiative funded by the Centers for Disease Control and Prevention from 1995-2003.

The HEART of OKC partnered with the Health Promotion Sciences Department in the College of Public Health at the University of Oklahoma Health Sciences Center to design a “Youth Asset Survey” of more than 150 items. More than 1,300 pairs of in-home interviews were conducted

with teens and their parents living in central Oklahoma City and Tulsa neighborhoods. The survey examined the association between a core set of youth assets – “Nine Key Assets for a Healthy Teen” – and specific risk behaviors. The study also investigated the possible cumulative effects they may have on youths’ sexual behavior.

The results supported the notion that the more assets adolescents possess, the more likely they are to engage in positive behaviors. Out of the nine key assets examined (see box), specific assets appeared to be particularly important for protecting youths from some sexual behavior outcomes. This suggests that practitioners planning asset-based teenage pregnancy prevention programs might benefit by building several specific youth assets in tandem.

Five sexual risk behaviors were assessed, such as “never had sexual intercourse,” which was the primary behavior of interest. There were four sexual behavior outcomes that applied only to youths who have had sexual intercourse. Those included current sexual activity, number of lifetime sexual partners, current use of birth control and age at first intercourse.

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## Care management

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serve members who were previously enrolled in **SoonerCare** Plus HMOs, Ordonez said.

OHCA’s Care Management Program assists with specialty access for **SoonerCare** and fee-for-service members. Staff members help coordinate out-of-state care for patients who need specialty care not available in Oklahoma. They also work with patients categorized as aged, blind and disabled; provide home visits to ventilator-dependent and special needs children; and collaborate with other units within OHCA such as

Medical Authorization, Behavioral Health and the Dental Unit to access services for patients.

Care management also works closely with outside sources such as the Oklahoma Department of Human Services, ADvantage waiver, social workers and hospital case managers.

Providers can contact care managers to assist with a variety of needs, including:

- Accessing specialty care, such as neurology, orthopedics, dermatology and cardiology;
- Procuring durable medical equipment;

- Working with noncompliant members;
- Addressing follow-up issues;
- Coordinating out-of-state care access.

“We really encourage providers to call us before they send the patient out of state so we get the paperwork initiated,” Ordonez said. Care management also works with OKDHS to assist members in identifying ways to help finance the cost of the trip to obtain care, she said.

To contact OHCA care management, call the department toll-free at 1.877.252.6002.

## Behaviors

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Of the youths surveyed, 75 percent reported never having had sexual intercourse. It was significant if a young person possessed four particular assets: nonparental adult role model, peer role models, use of time (religious activity) and aspirations for the future. Each of these assets increased the odds of never having had sexual intercourse.

The initial findings indicate that specific youth assets appear to have a relationship with a decrease in adolescent sexual activity; that youth assets have a positive cumulative effect on decreasing adolescent sexual activity and that the asset/sexual activity relationship may vary depending upon adolescent age. Here is a snapshot of the findings:

- Young people involved in religious activities – “use of time” are more than 2½ times more likely to never have had sexual intercourse.
- Youths with the “positive adult role models (other than a parent)” asset are over two times more likely not to have

had sexual intercourse.

- If young people have positive “peer role models,” they are more than two times more likely to have never had sexual intercourse.
- Youths with “aspirations for the future” are about two times more likely not to have had sexual intercourse.
- The “community involvement” asset in the lives of youths indicates they are 1½ times more likely to never have had sexual intercourse.
- Youths are 1½ times more likely to never have had sexual intercourse if they have the “responsible choices asset.”
- Young people who have good “family communication” are almost 1½ times more likely to have never had sexual intercourse than youths without or with low levels of this asset.

This is the first study to report significant relationships between multiple youth assets and sexual behavior. The results generally suggest that it is important to investigate the

potential positive association of multiple assets with youth risk behaviors. Specifically, youths with more assets were significantly more likely to engage in positive behaviors compared to youths with fewer assets.

These findings illustrate that prevention programs and services for teens and preteens may be strengthened by intentionally increasing specific youth assets. This approach might not only delay the onset of sexual activity and reduce risk-taking behaviors among teens but shows promise for strengthening positive inner core values in young people.

For more information, contact LaDonna Marshall, HEART of OKC Project, Oklahoma Institute for Child Advocacy, at 405.236.5437, Ext. 203.

Sources:

1. 14 and Younger: The Sexual Behavior of Young Adolescents, National Campaign to Prevent Teen Pregnancy, May 2003.
2. Halfway There: A Prescription for Continued Progress in Preventing Teen Pregnancy, National Campaign to Prevent Teen Pregnancy, 2001.
3. Oklahoma Statewide Epidemiological Profile for HIV Prevention Community Planning: Executive Summary. Oklahoma State Department of Health, 2002.

## Partnership

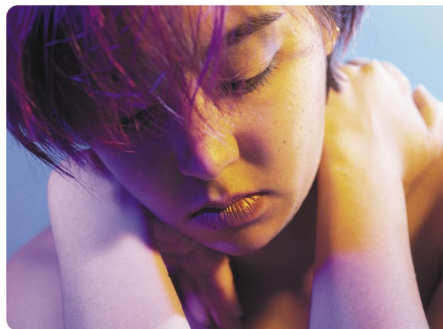
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and Mental Health Services Administration to support the “System of Care” development.

The Oklahoma Legislature mandated that the Office of Juvenile Affairs create an organized health care delivery system in 2003-2004. That fall, Oklahoma hosted a statewide System of Care summit, where participants identified needs and developed goals. The information was used to guide the planning process and set the stage for participation in the Policy Academy.

In December 2003, key stakeholders from all child-serving agencies, the Secretary of Health, the legislature, the Oklahoma Health Care Authority and family representatives attended a Policy Academy in Annapolis, Md. At the meeting, stakeholders developed a plan to

form the Oklahoma Partnership for Children’s Behavioral Health to create a seamless system of care for children, youth and their families in Oklahoma.



“The partnership’s mission is to develop an accountable and efficient behavioral health system that provides individualized services based on the strengths, needs and culture of the child and family,” Fritz said.

“The Oklahoma System of Care is being developed to meet the behavioral health needs of all Oklahoma children and youth. This will require a continuum of services from prevention and early intervention to intensive community-based services for children with the greatest need.”

Participants include the Oklahoma Health Care Authority, State Department of Health, Department of Human Services, Office of Juvenile Affairs, Department of Mental Health and Substance Abuse Services, the Oklahoma Commission on Children and Youth, the Department of Rehabilitative Services and the Department of Education. Two legislators and representatives of five families will also serve on the partnership board.

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Please submit any questions or comments to Jo Kilgore in the Oklahoma Health Care Authority's Public Information Office at 405.522.7474.



Oklahoma Health Care Authority  
4545 N. Lincoln Boulevard, Suite 124  
Oklahoma City, OK 73105-9901

**Chief Executive Officer**

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**Medicaid Director**

Lynn Mitchell, M.D., M.P.H.

**Managing Editor**

Jo Kilgore, Public Information Manager

**Editor**

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