

## OHCA Forms Medical Advisory Task Force

The Oklahoma Health Care Authority has a new Medical Advisory Task Force that is already at work on such issues as partial capitation, provider credentialing and auto assignment.

In early February, OHCA hosted a meeting with Dr. Dennis Carter, president of the Oklahoma Osteopathic Association, and Dr. W. Frank Phelps, interim executive director of the Oklahoma State Medical Association, along with other physicians from across the state. They met to discuss options available at OHCA to allow physicians to voice issues related to their practices and how physicians interact with agency programs and policy. The highly successful meeting ended

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## 'Living Choice' Program Introduced

With the support of Gov. Brad Henry and key executive and legislative leaders, OHCA has partnered with Progressive Independence, the Long-Term Care Authority, the Oklahoma Department of Human Services, community organization leaders and stakeholders to design the Oklahoma Long-Term Living Choice Project (OLLCP).

Over the next five years, more than \$50 million will allow each "Living Choice" member to receive care in the setting that is appropriate for that individual. The program will identify barriers to community living and implement transitional reform through innovative pilot projects, the expansion of ongoing projects and the improvement of community-integrated services.

### The project's goals are to:

- Increase the use of home- and community-based services rather than institutional services;

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## OHCA Forms Medical Advisory Task Force (continued from page 1)

with the formation of the new task force under the direction of Dr. Paul Keenan, OHCA's director of provider support services.

In March, professional organizations within the state were given an opportunity to appoint a member to the task force. The membership is composed of licensed physicians who provide care for SoonerCare and O-EPIC members and is a cross section of both urban and rural physicians. The inaugural meeting was held at OHCA on April 12, 2007, where the task force began developing an issues list.

**Members will spend the next few months working on several top priorities, including:**

- Partial capitation vs. straight PCCM. The task force will discuss whether the SoonerCare Choice program should change from paying capitation to the PCPs to paying a case management fee only. Budget impact and funding will be part of this discussion.
- Provider Credentialing. The task force, along with Provider Enrollment and the Quality Assurance and Quality Improvement department, will look into the enhancement of a credentialing process.
- Auto Assignment. The task force will work with OHCA and other state agencies to determine if members can choose a PCP prior to eligibility.
- Medical Home. Task force members will work with OHCA to educate providers on the importance of the medical home and work with the members to establish a team



approach to medical care.

These issues interrelate and may be grouped together to make the best use of staff and task force member time. The OHCA Program Integrity department will evaluate recommendations from the task force to determine if the recommendations are within the scope of the SoonerCare and O-EPIC programs. OHCA is pleased to have this group of physicians to help work through issues and looks forward to a long relationship.

If you have any issues you want addressed by the task force that relate to improving the care provided to our SoonerCare and O-EPIC

members, please contact any of the task force members or Dr. Keenan at [paul.keenan@okhca.org](mailto:paul.keenan@okhca.org) or 405-522-7176.

### Members:

Dennis Carter, D.O.  
Rick Shafer, D.O.  
Frances Haas, D.O.  
Peter Winn, M.D.  
Martha Jelly, M.D.  
John Stuemky, M.D.  
Dwight Sublett, M.D.  
Russell Kohl, M.D.  
Mukesh Parekh, M.D.  
Lauri Kearns, M.D.  
William Willis, M.D.

## Who Is HMS, and What Do They Want?

With the introduction of NPI, the Centers for Medicare & Medicaid Services decided that it would not issue NPI numbers to Medicaid agencies across the United States, and Medicare determined that it would not accept claims from providers without an NPI number. Therefore, OHCA could not bill Medicare directly for services that were paid by SoonerCare but should have been paid by Medicare.

In response, OHCA hired a third-party contractor called Health Management Systems (HMS) to assist with the transition of this process. Twice a year, HMS will match OHCA data with the Medicare database and send all providers a letter – along with a listing of claims that are within the Medicare timely filing requirements – asking the provider to bill the claims to Medicare.

OHCA will not recoup money from the provider until the provider has received the Medicare payment. Please do not delete your claims. Once you have received the Medicare information and/or payment, submit it to the HMS address on the letter you received so that we can assist you in getting the crossover claim paid by OHCA. If you receive a Medicare denial, submit it to the same HMS address in order to prevent your claim from being recouped.

Each cycle will remain open for 90 days to allow the provider to bill and receive the Medicare payment before the OHCA recoupment. OHCA does not intend to recoup any money unless the provider actually receives payment from Medicare. However, some of the claims that will be sent to you are time sensitive. Please file them with Medicare at your earliest convenience to avoid timely filing denials.

For more information, call Joyce Sneed at 405-522-7257.

## Living Choice' Program Introduced (continued from page 1)

- Eliminate barriers that prevent or restrict the flexible use of SoonerCare funds;
- Increase choice and control for the Self Directed Service Delivery System;
- Ensure continued provision of home- and community-based long-term care services to eligible individuals who choose to transition from an institution to a community setting;
- Provide for continuous quality assurance and quality improvement of services for those receiving home-and community-based long-term care services;
- Implement long-term supports coordinated with affordable and accessible housing.

Visit the OLL link at OHCA's Web site, [www.okhca.org](http://www.okhca.org), for more information about Living Choice.





## Announcing the New OklahomaRx Discount Card

Oklahomans struggling with the high cost of prescription medications may be able to find help through two programs, the new OklahomaRx Discount Card and RX for Oklahoma.

The programs are funded by the Oklahoma Department of Commerce in partnership with OHCA. They were created as part of an effort by Gov. Brad Henry to improve the health of Oklahomans by making sure all residents can afford their prescriptions.

The OklahomaRx Discount Card is available to all state residents. People who do not have health insurance with prescription drug coverage or those who have insurance but regularly exceed their maximum yearly benefit for prescription drugs will realize the greatest savings.

Under the program, discounts range from 10 percent to 55 percent, depending on the drugs and where they are purchased. Generic drugs will save consumers the most money.

More than 570 pharmacies in Oklahoma are participating in the program, including most major retailers. Discounts are given at the time of purchase.

Oklahomans with total household income greater than 150 percent of the federal poverty level (FPL) will pay a membership fee of \$9.95 per year. For those whose household incomes fall below 150 percent of the FPL, the membership fee will be paid by the state. In other words, a single person can make up to \$15,315 and have the card paid for by the state, while a family of four can make up to \$30,975.

The program is administered by RxAmerica. Once enrollment has been processed at RxAmerica, a card will be delivered in about seven to 10 business days. More information is available about the program by contacting RxAmerica's 24-hour toll-free customer service line at 800-511-7410 or by visiting [www.okrxdiscount.com](http://www.okrxdiscount.com).

The RX for Oklahoma program helps low-income residents access prescription assistance programs provided by pharmaceutical manufacturing companies. Since the inception of the program in December 2005, more than 15,000 people have been helped. The application process takes about a month, so only long-term medications qualify for this program.

RX for Oklahoma also provides enrollment assistance and advice for the OklahomaRx Discount Card. For more information, call 1-877-RX4-OKLA (6552) or visit [www.RX4OKLA.com](http://www.RX4OKLA.com).



## Team Spirit Displayed at State Capitol

The Oklahoma Health Care Authority staffed 12 booths at the state Capitol on May 8 as part of Quality Oklahoma Team Day.

OHCA's projects won several awards, including five Governor's Commendations.

- **Reform Before the Storm:** Redesigning Oklahoma's Health Care Delivery System was a multiple award winner. The project saved taxpayers almost \$85.5 million by incorporating many managed care features into SoonerCare. OHCA hired more exceptional needs coordinators, increased prescription drug limits and hospital payment rates, eliminated hospital day limits and improved the member eligibility process. Reform Before the Storm won the Governor's Commendation, Extra Mile Award and Greatest Cost Savings Award.
- **The Behavioral Health High End Utilizers Project** focused on improving member services and using resources efficiently by coordinating the care of 50 SoonerCare members under age 21 who were identified as high users of inpatient behavioral health services. This project, which resulted in a 40 percent decrease in hospital inpatient days and savings of more than \$1.1 million, received the Governor's Commendation.
- **The Collaboration to Reduce Out-of-State Behavioral Health Treatment for SoonerCare Children** helped develop new and expanded clinical programs in

Oklahoma to reduce the number of out-of-state placements. The project, which also involved help from OKDHS and the provider community, decreased out-of-state placements by 17 percent and costs by 28 percent. It received a Governor's Commendation and was nominated for the Extra Mile Award.

- **The Medical History for Children in Custody/Adoption Status**, another Governor's Commendation winner, uses the SoonerCare database and OKDHS data system to communicate health care information to caseworkers and medical clinic homes for children in foster care and adoption.
- **Money Follows the Person Grant: Oklahoma Long-Term Living Choice Project**, focused

on a more than \$50 million grant award. OHCA, collaborating with Progressive Independence, the Long-Term Care Authority and the departments of Developmental Disabilities and Aging Services, will use the grant to help SoonerCare members move from long-term care to home- and community-based services. It also won the Governor's Commendation.

- **The SoonerCare ER Utilization Project** resulted in an 80 percent reduction in unnecessary E.R. visits by high-end users. Outreach calls were made to address the issues most identified as the reason members used the E.R., and a targeted educational outreach program was implemented. It won the Best Booth Award.

## Emergency Room Utilization Review Seeks to Improve Continuity of Care

Recent changes and expansions in OHCA's Emergency Room Utilization Initiative have resulted in noteworthy improvements in continuity of care for SoonerCare members and reduction in SoonerCare spending for emergency room (ER) services.

In solving the underlying issue of inappropriate use of ER services,

intervention services transitioned from the Care Management nursing staff to the Member Services staff, resulting in a better allocation of resources and the ability to reach more SoonerCare members with a history of repeated ER use.

The initiative spanned five quarters from January 2006-March 2007, during which Member Services successfully implemented several interventions. SoonerCare members with four or more ER visits per quarter met the identification threshold for intervention.

Under the initiative, SoonerCare

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## 'Focus on Excellence' Offers Incentive for Nursing Facilities

The "Focus on Excellence" program created out of House Bill 2842 is an incentive-based rate plan for nursing facilities.

The program is designed to measure improvements in the quality of life, care and services. A set of 11 performance data components will be measured to reward demonstrated value, support evidence-based quality improvement by nursing homes, and furnish consumers with

frequently updated information to use in comparing and choosing nursing homes.

Oklahoma is the first state to take on this type of quality initiative. To date, 269 facilities have joined the program, representing 85 percent of Oklahoma nursing homes.

Enrollment in this program is not mandatory, but it is strongly incentivized. OHCA has paid participating SoonerCare providers

a 1 percent participation bonus for the first year, beginning July 1, 2007, and intends to fund additional provider bonuses of up to 4 percent of their normal per diem rate beginning Oct. 1, 2007. As always, the added payments are dependent on sufficient annual legislative appropriations.

For more information, contact Khanita Jefferson at 405-522-7306.

## The Mystery of the Co-Pay

If a member has SoonerCare and a primary insurance policy that is licensed as an HMO, SoonerCare will cover the co-pay. However, only commercial policies licensed as an HMO by the State Insurance Commissioner or by Medicare are considered to be HMOs. All other policies are considered PPOs. The current HMO policies are Aetna, PacifiCare/Secure Horizons, Community Care HMO, Generations, Global Health and Bluelincs.

HMO co-pays should be billed on the appropriate paper claim form and mailed to EDS, P.O. Box 18500, Oklahoma City, OK 73154. Write "HMO co-pay" across the top of the claim and attach the EOB. On the 1500, the amount of the requested co-pay should be written in block 30. On the UB 92 form, the co-pay amount should be placed in block 47 detail 1, block 47 total charges, and block 55B. On the new UB04,



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## Emergency Room Utilization Review Seeks to Improve Continuity of Care *(continued from page 5)*

members who met the criteria for intervention received an initial mailing and a letter containing primary care provider (PCP) notifications. A flier with educational information about the importance of flu vaccines was mass-mailed, since many diagnoses in the January-March quarter were respiratory related. OHCA staff also did several targeted interventions with persistent ER users (SoonerCare members with 10 or more ER visits per quarter).

During the five intervention quarters, Member Services reported a 75 percent contact rate of the 8,231 SoonerCare members identified for intervention. Post-intervention analysis revealed an 80 percent reduction in the number of members that met the criteria for intervention. Also, 85 percent correctly identified their medical home/ PCP, which was of particular importance in the project.

## Make a Note: New Centralized Fax Number for Provider Services Is 405-530-3228

Provider Services has established a new fax number for providers who need the following assistance:

- If you are requesting a member be dismissed from your practice, the member dismissal committee meets every Wednesday afternoon. Both you and the member will be notified in writing of the committee's decision.
- If you are requesting an administrative referral after a service has been provided, you will be notified of the decision in writing.

This number is monitored by the Provider Services administrative staff, and your request will be assigned to a provider representative for processing. Please provide all necessary information in writing, including the member's name and ID number, your name and ID number, and the reason for the request. The request must be submitted on your business letterhead and signed by the provider.

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

It is available in a Web-based version or you can download to your Personal Digital Assistant for added mobility.

You can look up formulary specific drug information, such as coverage, quantity limits and prior authorization requirements.

Providers can access SoonerCare's drug list and Medicare Part D formularies.

### What's New?

All ePocrates mobile products now include:

- My ePocrates
- New safety information
- New pharmacology section
- Free decision support tools
- Memory card support

More information on ePocrates can be found at [www.epocrates.com](http://www.epocrates.com)

## The Mystery of the Co-Pay (continued from page 6)

the co-pay amount will only need to be put in block 55B.

Medicare HMOs that convert to a traditional Medicare payment schedule for selected services will be paid as a traditional crossover instead of an HMO co-pay. Current services that are not paid on a capitated basis by the Medicare HMOs are long-term care stays, DME and hospice.

The key factor in determining whether your HMO claim has processed correctly is that the Internal Control Number (ICN) on your remittance advice should start with the number 92. The number 92 is used exclusively for HMO co-pay claims.

For more information, call Melissa Boyle at 405-522-7638.

## Changes Coming Up in Drug Billing

The Deficit Reduction Act of 2005 requires state Medicaid agencies to collect the National Drug Code (NDC) of pharmaceuticals administered by medical personnel in outpatient settings. This includes office visits to primary care and specialty providers, as well as outpatient clinics and hospitals.

Currently these drugs are billed using the HCPCS codes, typically in the J code series. Beginning Jan. 1, 2008, these drugs must be billed using the NDC assigned to each drug. The NDC is specific to the manufacturer, the product and the package size.

OHCA realizes that this will result in a significant change for both the care providers and their billing partners. Detailed information will be released as soon as possible.



## What Is a QIO?

The Oklahoma Health Care Authority contracts with a Quality Improvement Organization (QIO) to provide quality assurance and improvement activities within the SoonerCare program. The activities of the QIO are required by federal statute to safeguard against unnecessary utilization of care and services and to ensure efficiency, economy and quality care. The QIO provider for OHCA is APS Healthcare Midwest (APS).

OHCA contracts with APS to conduct case reviews to ensure that care provided to SoonerCare members meets evidence-based, professionally recognized standards of health care and that SoonerCare pays for services that are medically necessary and provided in the most appropriate setting. To ensure appropriate review of medical treatment decisions, APS has developed a network of physician reviewers who conduct peer review of selected medical records. The reviewing physicians are licensed,

practicing providers who reside within Oklahoma. They are drawn from all medical specialties and practice in all areas of the state. Peer Review physicians are subject to a rigorous credentialing process to ensure the quality and expertise of their opinions.

### Peer Review Process

Cases for review are randomly selected using paid claims data and are initially reviewed by a registered nurse using evidence-based medical review criteria. Cases that meet the review criteria can be approved and closed by the nurse reviewers. Cases that deviate from the review criteria are referred to a physician who is of the same peer group as the treating physician. The physician reviews the case and provides an opinion regarding the appropriateness and quality of the care provided by the treating physician. If an issue related to utilization or quality is identified, the treating provider is notified through written correspondence.

The provider has a specified time period in which to provide additional information and appeal the decision. The appeal request must be provided to APS in writing.

The case is then forwarded to another peer-review physician, also drawn from the same specialty as the treating physician, for third-level review. This reviewer's opinion is the final decision, and a letter is sent to the provider.

When a pattern of quality issues is identified, APS refers those providers to the Medical Education and Intervention Committee (MEIC). The MEIC is composed of peer review physicians who are responsible for educating the provider, closely monitoring the delivery of care by that provider and issuing corrective action plans in instances of noncompliance. All corrective actions of the MEIC follow Medicaid protocols and regulations.

APS Healthcare has established a toll-free number (1-866-272-9275) for providers to use should questions regarding retrospective review of inpatient and observation services arise.

"We are committed to an interactive and thoughtful relationship with the Oklahoma medical community, and I welcome the opportunity to discuss our activities. We would be glad to meet with associations or individual providers to discuss our role as the Oklahoma QIO," said APS Healthcare Executive Director Daniel Sorrells. Sorrells can be reached at 405-556-9710.





## Inaugural SoonerCare Tribal Consultation a Success

More than 150 tribal leaders and state and federal government representatives attended OHCA's Inaugural SoonerCare Tribal Consultation sponsored by the Oklahoma Health Care Authority on June 20, 2007, at the Citizen Potawatomi Heritage Center in Shawnee.

This first-of-its-kind meeting, which is intended to become an annual event, was convened in accordance with OHCA's newly developed formal tribal consultation policy.

A significant number of SoonerCare providers are tribal, Indian urban and Indian Health Service clinics and hospitals. The goal of the policy and consultation meeting was to maximize partnerships with sovereign tribal governments by consulting with them on SoonerCare issues affecting their service delivery, such as program development, strategic planning and legislation.

The development of the consultation policy and meeting involved a work group composed of OHCA and representatives from the Oklahoma City Area Inter-Tribal Health Board who represent 12 IHS service units and 37 Oklahoma tribes.

Those attending included tribal leaders and their designees representing 15 tribes. Other attendees were from Indian Health Service, Indian Urban Clinics, Centers for Medicare & Medicaid Services (CMS), Oklahoma State Department of Health, and various other state agencies and organizations. They were welcomed



*Oklahoma Health Care Authority CEO, Mike Fogarty*

by Chickasaw Gov. Bill Anoatubby (also an OHCA board member); Mike Fogarty, OHCA chief executive officer; and Oklahoma Secretary of Health Dr. Michael Crutcher.

The overall atmosphere of the meeting was positive and cooperative, organizers said. The meeting focused on OHCA policy and program development. Topics included state legislation affecting SoonerCare, OHCA's strategic planning process and new SoonerCare programs. Oklahoma representatives from the national Tribal Technical Advisory Group

(TTAG) gave an update on local and national Indian health issues.

OHCA strives to serve as a model for other state agencies that desire to strengthen relationships with tribal governments, organizers said. The agency is working to create durable relationships with the state and tribal governments that are based upon mutual respect, understanding and common goals.

For more information about the tribal consultation, call 405-522-7695.

## O-EPIC Provider Contracts – When You Need One and When You Don't

All providers, except primary care providers, who already serve SoonerCare members in our Traditional program are automatically contracted to serve members in our O-EPIC Individual Plan. Under this plan, working adults receive limited health care benefits and pay premiums and co-payments. Providers receive SoonerCare reimbursement at Traditional fee-for-service rates, plus collect additional co-payments from members. Since O-EPIC covers a different population than Traditional, providers may collect co-payments at the time of service and may refuse to see individuals who do not pay.

**Primary Care Providers:** Like SoonerCare Choice, the O-EPIC Individual Plan assigns members to a “medical home.” One practitioner provides all primary care services to the member and makes referrals to

specialists when necessary. Primary care providers who wish to serve as the medical home for O-EPIC Individual Plan members must exercise an optional addendum to their SoonerCare Traditional contract and complete an O-EPIC individual provider application. These practitioners receive a case management fee of \$3 per member per month for all members assigned to their panel and are reimbursed on a fee-for-service basis when they serve those members.

For more information on O-EPIC, visit the O-EPIC Web site at [www.oepic.us](http://www.oepic.us). To obtain a provider contract or the O-EPIC primary care provider addendum, visit the OHCA Web site at [www.okhca.org](http://www.okhca.org) and look in the Provider section under “Enrollment.” If you have other questions, please call Provider Contracting at 800-522-0114, option 5.

### Notes on O-EPIC Individual Plan Billing

Only claims from OHCA contracted providers will be considered for payment.

The O-EPIC card does not guarantee eligibility or payment for services. To confirm eligibility, call the nationwide toll-free number at 800-767-3949 or the metro Oklahoma City number at 405-840-0650 or access the provider secure Web site at [www.okhca.org](http://www.okhca.org). For all other provider inquiries, call the O-EPIC Helpline at 888-365-3742.

The billing procedures for the O-EPIC Individual Plan are the same as the SoonerCare billing procedures. For details, please refer to the Claim Completion chapter of the OHCA Medicaid Provider Billing and Procedure Manual at [www.okhca.org](http://www.okhca.org).

The O-EPIC Individual Plan uses the same mailing addresses as SoonerCare.



## SoonerCare Launches Statewide Electronic Prescribing Solution

In an effort to increase the quality and cost-effectiveness of health care delivery, the Oklahoma Health Care Authority has partnered with Cerner Corp. to launch an electronic prescribing program for SoonerCare's more than 600,000 members across the state.

Providers for SoonerCare wrote almost 2 million prescriptions in the first six months of the fiscal year. Members get an average of almost four prescriptions per month.

"Oklahoma is one the first states to implement an e-prescribing program to such a large population.

We believe the program will improve factors such as safety and quality, as well as efficiency and cost," said Mike Fogarty, OHCA's chief executive officer. "Our plan is to eventually expand the program more widely throughout the state so that more citizens will benefit."

OHCA has planned to implement e-prescribing for quite some time. With passage of the Medicaid Reform Act of 2006, the agency was given approval to design and implement an e-prescribing program.

Cerner's e-prescribing solution provides two-way electronic

communication between physicians and pharmacies. Health care providers can use the system to write new prescriptions, authorize refills, make changes, cancel prescriptions, and see if patients have had the prescriptions filled. E-prescribing also has the potential for sharing information such as medication history with other health care organizations.

The program will roll out to 500 SoonerCare providers toward the latter part of 2007.





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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.

**Oklahoma Health Care Authority**

4545 N. Lincoln Blvd., Ste. 124,  
Oklahoma City, OK 73105-9901

**Chief Executive Officer**

Mike Fogarty

**Medicaid Director**

Lynn Mitchell, MD, MPH

**Managing Editor**

Meri McManus  
*Public Information Representative*

**Editor**

Daniel Sorrells, *Executive Director*  
*APS Health Care, Oklahoma City*

**Designer**

S Design, Inc.

**OHCA Board of Directors**

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*Chairman, Enid*  
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Oklahoma Health Care Authority  
4545 North Lincoln Boulevard, Suite 124  
Oklahoma City, Oklahoma 73105-9901