May 19, 2009

Hospital Administrators

This letter is to update you on the system error we have been experiencing on outpatient hospital flat fee payments as well as the current status of the present on admission indicator (POA).

Outpatient Claims Processing

Flat fee payments based on revenue codes
As noted in Provider Reimbursement Notice (PRN) 2009-11 OHCA was experiencing a system issue in the processing of the flat fee revenue codes. When these codes were filed they were “zero” paying. A system fix was implemented on April 20th 2009. Since the fix went in these claims have been paying, however we immediately noticed a problem in the editing of these claims. Some of the restrictions we set up in the system to prevent multiple flat fee payments were not working in some instances. On May 15th, 2009 we corrected that problem and believe the outpatient claims processing logic is working correctly.

There are approximately 150,000 outpatient claims to be reprocessed. We will start reprocessing these claims immediately by the mass adjustment process. The adjusted claim’s ICNs will start with a “52” and will begin appearing on your June 3rd remits and will continue throughout June. Due to the volume of claims involved you will see a large number of adjustments suspended. These will be processed as quickly as possible and completion is expected by the end of June.

Inpatient POA Update

Inpatient Present on Admission (POA) Indicator
In Provider Reimbursement Notice (PRN) 2009-01 and Dear Provider Letter 2008-59 we told you we were requesting all hospitals paid under the DRG methodology to submit a POA indicator for the principal diagnosis code and every secondary diagnosis code beginning with discharges on and after January 1, 2009. We said that for discharges between January 1 and March 31 2009, if the POA indicator was not reported the hospital would receive a remittance code informing them a valid POA was not reported. Beginning with discharges on or after April 1, 2009 OHCA would deny claims without valid POA indicators. We have recently discovered however that the remittance code was never set. Therefore we are revising our timelines. Beginning with discharges between June 1st and August 31 2009 if a POA indicator is not reported the hospital will receive a remittance code (2561, 2562, 2563) informing them a valid POA was not reported. Beginning with discharges on or after September 1st, 2009 OHCA will deny claims without valid POA indicators.

If you have any questions or require additional information any of the information contained in this Reimbursement Notice please phone Kelly Botten at (405) 522-7108 or email at Kelly.Botten@okhca.org.

I appreciate your patience and understanding with the system challenges we have experienced recently. Thank you for your continued service to Oklahoma’s SoonerCare members.