OHCA PRN 2017-02

January 3, 2017

Dear Hospital Administrators:

This notice is an update on upcoming topics that impact hospitals.

**SHOPP Update**

OHCA proposed and the Hospital advisory committee approved an increase in the assessment rate for CY 2017 to 3.60%. The increase is due to the increasing GAP resulting from factors including but not limited to SoonerCare rate reductions, inclusion of the Medicaid portion of the assessment as an allowable cost, and the inclusion of Medicare UCC DSH as a pass through payment. We mailed assessment letters with invoices on December 12, 2016 and that letter and the CY 2017 Assessment report is posted at www.okhca.org. The payment schedule will be posted as soon as possible.

**DSH Update**

OHCA recently posted the final FFY2013 DSH audit report issued by our auditors, Myers and Stauffer. We are in the process of recoupment and reallocation of DSH audit funds for FFY2011, FFY2012, and soon to begin work on FFY2013. Once all DSH funds have been recouped and reallocated, letters will be sent out and a reallocation plan will be posted on the DSH website listed below. Some providers over the past few audits have not qualified because OHCA and our auditors were unable to get information from providers during the audit process. If a provider does not respond to the auditors Survey Part I, then they are deemed not meeting the OB requirement for DSH. The Survey Part I that the auditors are requesting from facilities is separate from the annual DSH survey requested by OHCA. Multiple attempts were made to contact all providers by e-mail, telephone, and by e-mailing OHA to locate an alternate representative. There is no appeal process in place for the DSH audit because by the time the audit report is issued several attempts over a several week period have been made to contact a representative at the facility by OHCA and Myers and Stauffer. OHCA also recently completed the FFY2017 DSH allocation calculation. Please go to https://www.okhca.org/dsh for more information on the FFY2011, FFY2012, and FFY2013 DSH audit reports, as well as the FFY2017 DSH allocation report.

**Hospital Billing**

For SHOPP calculations, OHCA must calculate an Upper Payment Limit for hospitals. For critical access and non-DRG hospitals, that Upper Payment Limit is cost and is calculated by extracting billed charges from claims and multiplying those billed charges by a cost to charge ratio. Please understand the importance of updating charge masters, this impacts the SHOPP program as well as reduces the potential for negative audit findings (and recoupments) from CMS.
**Outpatient Claims Processing**

OHCA recently rebased the APC & ASC payment rates to Medicare effective January 1, 2017. OHCA will adopt APC status indictors J1 and J2 and are currently working on a change order to implement that change. If a claim has paid detail lines with APC status indicator of J1 or J2, OHCA will pay the highest rate at 100% and zero pay all of the remaining APC detail lines. If a claim has both J1 and J2 paid detail lines, OHCA will pay the highest J1 and zero pay all remaining APC detail lines. Processing of claims without J1 or J2 or non-APC services will not change. Please continue to bill as you normally would for outpatient hospital services and once implemented, we will recycle all impacted claims with dates of service on or after January 1, 2017. The new APC/ASC fee schedules will be available soon and can be found on our public website.

If you have any questions or require additional information please phone Aaron Morris at (405) 522-7533 or email at Aaron.Morris@okhca.org.

Thank you for your continued service to Oklahoma’s **SoonerCare** members.