

<u>Provider Reimbursement Notice</u> Hospital DRG for Split Eligible Expansion Members

OHCA PRN 2021-09

October 7, 2021

Dear Hospital Administrators,

DRG for Split Eligible Expansion Members

For members that changed between non-expansion and expansion eligibility during an inpatient DRG hospital stay, the MMIS is currently denying these claims. The reason claims are denying is that DRG claims are paid on the header row of a claim, which is unable to be paid to two different health programs on the same claim line (example: TXIX and HAP). OHCA has researched solutions to this issue, and there are no quick fixes to the MMIS. While research and system work occur to allow for claims to be correctly processed and paid, OHCA will be manually pricing the split eligible claims and paying them on two separate expenditures. To receive reimbursement by expenditure, a hospital needs to file a hospital claim as usual and receive a denial. OHCA will run a report to capture the denied claims with split eligibility and enter manual expenditures.

If you need the detail for the paid expenditures that appear on the weekly remit, please e-mail <u>ProvReimb@okhca.org</u> and include:

- the SoonerCare Provider ID number
- the member's ID number, and
- the first date of service and last date of service

If you have any questions or require additional information, please contact Provider Reimbursement by email at ProvReimb@okhca.org.

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





WEBSITES okhca.org mysoonercare.org



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