Outpatient Hospital Update
SFY08 Supplemental Payment and Upcoming Changes

OHCA PRN 2009-02

October 13, 2008

Hospital Administrators

This letter is to inform you of an upcoming payment as well as to advise you of some changes being implemented in outpatient hospital claims processing.

SFY08 Outpatient Hospital Supplemental Payment

OHCA has processed the SFY08 outpatient hospital supplemental payment, formerly known as the transitional outpatient payment (TOP), and this payment will appear on providers remits dated 10/22/2008. This payment will be found on the financial transaction page under non-claim specific payouts on your remit. This payment is the result of appropriations made for in-state hospitals to bring Oklahoma Medicaid outpatient hospital payments more in line with provider’s costs. This payment is not patient specific and is made based on each facility’s outpatient costs and payments relative to other facilities during the period. If your facility did not receive a payment then either you did not have any paid outpatient hospital claims for the period or the claim specific payments you received covered your costs for these services. Additional information on how this payment was calculated can be found in the attached document.

Outpatient Claims Processing Changes

Multiple Surgeries and Discounting
Currently outpatient hospitals and ambulatory surgical centers use the same claims logic and fee schedule tables. We have experienced several systems issues when discounting and paying multiple services using this method. OHCA is modifying our payment system to more closely follow Medicare’s APC payment methodology. This modification is effective January 1, 2009. We plan to add additional codes to the APC table and hope that these additional payments through the system will eliminate the need for the supplemental payment at years end. We are setting up a formal process for providers to request future coverage of codes. We will provide additional information on this process when it is finalized.
Same Provider / Same Client / Same Date of Service Billing
Effective November 1, 2008, the second claim will deny if we receive a claim for the same member on the same date of service from the same provider. We will recoup payments if the current claims process has generated an inappropriate payment. We will continue to pay multiple claims on the same day (as we currently do with ER claims) as long as the “second” claim is submitted with documentation that shows the two visits were completely separate; i.e., the patient truly left the hospital between visits.

If you have any questions or require additional information about this please phone Kelly Taylor at (405) 522-7108 or email at Kelly.Taylor@okhca.org.

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