



**Kevin Corbett** | Chief Executive Officer

**J. Kevin Stitt** | Governor

OHCA 2021-10

August 10, 2021

**RE: Claims Processing System**

Dear Provider,

This letter is to inform you of changes taking place within the Oklahoma Health Care Authority's (OHCA) claims processing system.

Currently, OHCA processes professional claims through Claim Check, an editing software system from Change Healthcare, which evaluates provider claims for coding inaccuracies.

Effective Aug. 27, OHCA will begin implementation of professional and DME claims through Claims Xten™, an upgraded and enhanced replacement of Claim Check. Claims Xten™ is a more robust system and will provide additional editing capabilities, allowing OHCA to adjudicate claims more consistently and accurately. The software is guided by national correct coding and industry standards as sourced by Change HealthCare, the American Medical Association (AMA), and the Centers for Medicare and Medicaid Services (CMS). Additionally, outpatient facility claims will also begin processing through Claims Xten™, although, that will happen in a second phase later in the year.

Once claims begin cycling through Claims Xten™, providers may notice changes to the way their claims are processed based on the information received on the claim. In some instances, such as when a provider has billed a procedure code incorrectly based on age or gender, instead of just denying the procedure claim line, the system will deny the claim line and zero-out the billed charges, then add a new claim line with the more appropriate procedure code and previously billed charges. The claim will then be further adjudicated using the replaced procedure code. Utilization of the new claim system should result in fewer denied claims and reduce the need for providers to refile. Subsequently, providers will need to review their claims to be sure the medical records substantiate what has been billed and paid. If the replaced procedure code does not accurately represent the procedure performed, the provider must void the claim and resubmit a corrected claim.

OHCA's goal with this implementation is to increase the automated consistency of claims processing. As always, thank you for your support and the care you provide to our SoonerCare members.

Please call the OHCA provider helpline at 800-522-0114 if you have any questions.

Sincerely,

Melody Anthony  
State Medicaid Director



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**WEBSITES**

okhca.org  
mysoonerCare.org



**PHONE**

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