TITLE 317. OKLAHOMA HEALTH CARE AUTHORITY
CHAPTER 30. MEDICAL PROVIDERS-FEE FOR SERVICE
SUBCHAPTER 3. GENERAL PROVIDER POLICIES
PART 1. GENERAL SCOPE AND ADMINISTRATION

317:30-3-6. Utilization review for physician/hospital services

The Surveillance and Utilization Review System ~~(S/URS)~~ (SURS) is used to help identify patterns of inappropriate care and services.

(1) Use of this system enables OHCA to develop a comprehensive profile of any aberrant pattern of practice and reveals suspected instances of fraud or abuse in the ~~Medicaid~~ SoonerCare Program. Also, the Utilization Review program is a useful tool in detecting the existence of any potential defects in the level of care or service provided under the ~~Medicaid~~ SoonerCare Program.

(2) OHCA contracts with ~~the Oklahoma Foundation for Medical Quality, Inc. (OFMQ)~~ a Quality Improvement Organization (QIO) to review the length of stay and appropriateness of hospital admissions. Unresolved patterns of non-compliance with medical criteria for admissions, outpatient procedures and length of stay~~,~~ will be referred to OHCA.

317:30-3-12. Credits and adjustments

When an overpayment has occurred, the provider should immediately refund the Authority, by check, to the attention of the Finance Division, P.O. Box 18299, Oklahoma City, OK 73154. In refunding OHCA, be sure to clearly identify the account to which the money is to be applied. The MMIS system has the capability of automatic credits and debits. When an erroneous payment occurs, which results in an overpayment, an automatic recoupment will be made to the provider's account against monies owed to the provider. For more specific information, refer to ~~Subchapter 7, Billing and Inquiries, of this Chapter for adjustments~~ the Oklahoma Medicaid Provider Billing Manual, Chapter 9: Paid Claim Adjustment Procedures.

317:30-3-23. ~~Request for final agency review~~ Reconsideration request

If the QIO, upon their initial review determines the admission should be denied, a notice is issued to the facility and the attending physician advising them of the decision and advising them that a reconsideration request may be submitted in accordance with the Medicare time frame. ~~A request for a Final~~

~~Agency Review of a decision by the Oklahoma Foundation for Medical Quality (OFMQ) must be made within 21 days from the notice or request for refund from OHCA. The request must be made in writing and addressed to the Medicaid Director and be accompanied by additional information not considered by OFMQ or information the hospital believes was not adequately reviewed by OFMQ. The hospital will be notified of the decision made by the Medicaid Director.~~ Additional information submitted with the reconsideration request will be reviewed by the QIO who utilizes an independent physician advisor. If the denial decision is upheld through this reconsideration review of additional information, OHCA is informed. At that point OCHA sends a letter to the hospital and physician requesting refund of the SoonerCare payment previously made on the denied admission. The ~~client~~ member is not responsible for denied charges.