

Status	Date Issue Identified	Number of Days Outstanding	Category	Provider Type	Number of Impacted Providers	Estimated Fix Date	Issue Description	Resolution	Date Resolved
Open	10/15/2025	131	Pre-Adjudication	All	TBD	5/15/2026	<p>OCH identified an issue where providers are being removed from a reference file 30 days after their termination date. As a result, some claims are being denied incorrectly during early processing, even though they should not be denied at that stage.</p> <p>To help prevent further incorrect denials, a temporary process is in place that uses a more complete provider file when reviewing claims. However, this process needs an update to ensure that any claims denied during early processing are reviewed again to confirm whether the denial is appropriate.</p>	The pre-adjudication team will start using the same inclusive file that encounters currently uses until the State resolves the issue causing providers to drop off in the data lake. Once the fix is in place, a large claims sweep or project will be completed to ensure all claims that denied incorrectly are reviewed and paid as appropriate.	
Open	7/1/2025	251	Cost Share Job	Vision	214	5/15/2026	Cost-share logic is incorrectly applying a copy to routine vision codes and must be updated to exclude them.	The fix was moved to production on 1/30/2026. No provider action is needed, and a claims project is underway.	
Closed	2/5/2026	25	Other	All	1118	3/17/2026	The automated BOT process contained an incorrectly formatted PMF date, which resulted in claims denying in error due to the most recent file not being utilized.	The SQAT Bot team corrected the date format issue and implemented an audit process to ensure improved accuracy going forward.	3/31/2026
Closed	2/2/2026	21	Pre-Adjudication	Home Health	14	2/11/2026	The EVV hard edit for EX ev is being applied in error. The edit was enabled prematurely.	A pre-adjudication ticket/update will be completed to turn off the hard edit. The issue will be added to the check run, and a claims project will be initiated. A Business Decision Memo (BDM) will be sent to request approval for interest and a timely filing override.	2/23/2026
Closed	10/28/2025	70	Payment Integrity	Office	TBD	12/12/2025	On 10/28/2025, Oklahoma leadership confirmed that Policy CC.PP.066 – Cotiviti Office Visit E&M Leveling for Oklahoma Medicaid must be suspended immediately per a state regulatory directive. As communicated by Christopher Cameron, COO, the Oklahoma Health Care Authority (OHCA) verbally directed the plan to suspend the Cotiviti E&M policy that was implemented on 9/23/2025.	A claims sweep will be performed for all impacted claims received from September 23, 2025, through the current date once the system fix is in place. A claims project will be submitted to correct the affected claims, with an estimated completion timeframe of approximately 45 days from the date of submission. Beginning October 29, 2025, all claims that have not yet reached a payable status will be stopped prior to payment. The downcoding will be removed, and the claims will be corrected accordingly.	1/5/2026
Closed	8/11/2025	169	Pre-Adjudication	All	TBD	8/28/2025	<p>The Provider Validation edit was turned on prematurely on 07/15/2025, resulting in various claim denials due to data not matching the State provider file. Below are the denial codes that are currently being applied:</p> <p>EXdn – DENY: Billing service address or ZIP code not on State Medicaid Provider Registry EXTn – DENY: Rendering service address or ZIP code not on State Medicaid Provider Registry EXdN – DENY: Billing taxonomy not on State Medicaid Provider Registry EX3F – DENY: Billing provider contract does not include billing indicator per OHCA EX2Z – DENY: Attending provider must be an individual with Provider Program Code 15 per OHCA</p>	The IT team is working to change these denials to informational-only explanation codes. This update is scheduled to be moved into production on 08/28/2025	1/26/2026