Status	Date Issue Identified	Number of Days Outstanding	Category	Provider Type	Number of Impacted Providers	Interest/Penalties Owed	Estimated Fix Date	Issue Description	Resolution	Date Resolved
Open	6/30/2026	41	Claims	ST/OT/PT	TBD	Yes	9/21/2026	The revenue code configuration appears to be inverted. The evaluation/re-evaluation revenue codes are assigned the 15-visit limit, while the PT/ST/OT treatment revenue codes are incorrectly configured with a limit of one visit per procedure.	System configuration is being updated by assigning the appropriate visit limits to the applicable Physical, Occupational, and Speech Therapy benefit groups.	
Closed	6/16/2026	7	Claims	All	32	No	7/16/2026	Upon review of the most recent covered/not covered code list from OCHA it was found that code 90660 is loaded with TTNC causing claims to deny EX46 in error. Code 90660 is covered back to 8/1/24	Term date spans on OK01 Table with incorrect TT and reinstate the date span effective 8/1/24	6/23/2026
Closed	3/13/2026	17	Configuration	All	TBD	No	4/1/2026	Model Office received notification of New Codes for April 1, 2026	Update RF0400 to remove cL and change TT to NC on below codes 0614U 0615U 0616U 0617U 0618U 0619U 0620U 0621U 0622U 0623U 0624U 0625U 0626U	3/30/2026
Closed	2/5/2026	54	Other	All	1120	No	3/17/2026	The automated BOT process had the date of the PMF in the incorrect format causing claims to deny incorrectly as the most recent file was 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		Pre-Adjudication	Home Health	TBD	TBD	2/11/2026	The EVV hard edit to apply EX ev is being applied in error. The edit was turned on pre-maturely.	A pre-adjudication ticket/update will be done to turn the hard edit off. Issue added to be added to check run and a claims project to be done. A BDM will be sent to request approval for interest and timely override.	
Closed	10/28/2025	69	Payment Integrity	Office	TBD	TBD	12/12/2025	Oklahoma leadership on October 28, 2025, it was 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 September 23, 2025. Policy Background: Policy: CC.PP.066 – Cotiviti Office Visit E&M Leveling (Cotiviti Flag: EMRC) System: Oklahoma AMISYS Approval: Sam Masannat approved policy activation on July 24, 2025, with an effective date of September 23, 2025	Next Steps Complete and submit all required forms and obtain internal approvals to fast-track suspension. Route the update to the Configuration team for submission to Cotiviti as an urgent shut-off for Oklahoma Medicaid Office Visit downcoding. Estimated production shut-off date: November 5, 2025 Recommendation Claims sweep will be performed for all impacted claims starting with claims recieved 09/23/2025 to current once system fix is in and will submit claims project to correct. Project will be estimated to take approximately 45 days from date of submission to complete. Beginning 10/29/2025 all claims that have not yet hit a payable will be stopped from hitting payable, will remove the downcoding and correct.	1/5/2026
Closed	10/15/2025	233	Pre-Adjudication	All	TBD	TBD	5/15/2026	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. 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.	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.	6/5/2026

Closed	8/29/2025	61	Claims	Ambulance	TBD	TBD	9/26/2025	EMSA, an emergency transportation provider, reported concerns that ambulance claims were incorrectly applying a $4 copay on 8/27/2025.	Claims are being corrected via BOT process and manual process is in place until system fix is in. **Impact:**1077 claims for an underpayment of $4,176.40 for all providers sent via BOT correction on 09/15/2025 going back the 180 day look back period.Clarification sent to State if Non-Emergent Transportation is also excluded from copays – pending response.	10/29/2025
Closed	8/11/2025	168	Pre-Adjudication	All	TBD	TBD	8/28/2025	Provider validaton edit was turned on 07/15/2025 prematurely in error resulting in various denials for data not matching the State file. See below for denials that are being applied . **EXdn** DENY-BILLING SERVICE ADDRESS / ZIP NOT ON STATE MEDICAID PROVIDER REGIST **EXTn** DENY- RENDERING SERVICE ADDRESS / ZIP NOT ON STATE MEDICAID PROVIDER REG **EXdN** DENY-BILLING TAXONOMY NOT ON STATE MEDICAID PROVDER REGISTRY **EX3F** DENY: BILLING PROV CONTRACT DOES NOT INCLUDE BILLING INDICATOR PER OHCA **EX2Z** DENY: ATTEND PROV MUST BE INDIVIDUAL WITH PROV PRG CODE 15 PER OHCA	IT team is working to flip this from denials to informational only Explanation codes, this should be in production 08/28/2025.	1/26/2026
Closed	7/1/2025	307	Cost Share Job	vision	214	No	5/15/2026	Cost-share logic is incorrectly applying a copay 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.	5/4/2026
Closed	5/2/2025	87	Claims;#Payment Integrity	All	TBD	TBD	7/14/2025	Claims for members aged 0–20 are denying when EPSDT codes (9938X, 9939X) with a well-child diagnosis are billed on the same claim as E/M codes (992XX). While our system follows national guidelines, state guidance permits this when the EPSDT code has a well-child diagnosis and the E/M code is billed on a separate line with modifier 25 and a non-preventive diagnosis.	System updates to align with state-guidance are in process.	7/28/2025
Closed	3/28/2025	215	Cost Share Job	All	TBD	TBD	6/28/2025	There is a discrepancy between the BRD (Business Requirements Document) and State guidance on copay exclusions. The BRD aligns with the State Guidance but does not include all exclusions listed in the State website. Issue relates to procedure code S0109 (which appears to be the Methadone Assisted Treatment (MAT).	System Configuration updates needed, pending requirements. Once requirements are identified a manual process to prevent claim from applying cost share inappropriately will be implemented.	10/29/2025
Closed	3/21/2025	87	Claims;#Configuration	Physician	TBD	TBD	6/16/2025	Sleep studies can be billed globally or separately using 26 (professional) and TC (technical) modifiers. When billed separately by different providers on different dates, the first claim pays, while the second pends and is manually denied (EX-DZ: Service Exceeds Authorized Limit).	Authorization logic will be updated to accommodate both professional and technical services when billed by separate providers.	6/16/2025
Closed	2/6/2025	95	Claims;#Configuration	All	TBD	TBD	5/19/2025	Codes not on the state file (HCPC requiring NDC) are being denied EXN5 in error.	System configuration complete. Providers have been instructed to resubmit corrected claims to expedite payment processing.	5/12/2025