

**Cesarean Section Initiative  
Questions & Answers  
May 2023**

**1. How are you calculating the primary C-section rate?**

Please refer to our web page on the [Cesarean Section Initiative](#) for the calculation that is used to determine the primary and total C-section rates for providers.

**2. The primary C-section rate I received from OHCA does not match the rates I track in my practice. Can you explain the discrepancy?**

The OHCA C-section Initiative captures paid SoonerCare deliveries only through diagnosis codes submitted on your claim. The rates are calculated based on date of service during a SFY, July 1 to June 30. For semiannual rate, data is based on date of service from July 1 through December 31. If there is a discrepancy in the rates, please consult your billing department to confirm appropriate coding. If the documentation supports a discrepancy, please submit the documentation with codes billed to OHCA C-section Initiative for review. We would be happy to re-analyze if you have additional documentation. See below for contact information.

**3. What criteria are used for the C-section record review?**

Specific criteria for medically necessary C-sections have been identified using nationally recognized standards from entities such as the American Congress of Obstetricians and Gynecologists (ACOG). We have a board-certified OB-GYN medical consultant on staff who reviews criteria and reviews the medical records in order to validate medical necessity for the C-section.

**4. After medical chart review, if it is determined that a C-section did not have a medical indication and the reimbursement rate is reduced, can the doctor or the hospital then bill the patient for the difference?**

The hospital and the doctor are contractually prohibited from billing the patient for the difference. They must accept the reimbursement as payment in full.

If you have any other questions, please contact [CSectionFeedback@okhca.org](mailto:CSectionFeedback@okhca.org).