



August 19, 2025

Director Maureen Corcoran
Ohio Department of Medicaid
50 West Town Street, Suite 400
Columbus, OH 43215

Dear Director Corcoran:

We are writing to express our deep concern regarding the Ohio Department of Medicaid's recent activities to address alleged overpayments to skilled nursing facility (SNF) providers, primarily believed to have occurred in December 2023. We understand that stakeholders have raised significant concerns about the accuracy of the data presented in the Department's proposed recoupment dashboard, communicated these inaccuracies, and are struggling to comply with submitting all the required documentation within the 60-day timeframe recently established by the department.

In a recent meeting, representatives from the Department indicated that a communication was issued stating the supporting documentation for claims listed on the recoupment dashboard is no longer required by the previously stated deadline of August 25. We request a copy of this communication and ask that it be provided in writing to the provider associations as soon as possible.

Long-term care providers have long expressed serious concerns over underfunding and payment delays within the Medicaid program for the care and services they deliver. In light of this reality, we are troubled that the Department is shifting the responsibility of reconciling the state's accounting records onto these providers.

We have been advised that the multiple versions of the dashboard in question display claims that were previously recouped in March 2025, without the required advance notice or an opportunity for provider review, as well as requests for repayment of funds that were never issued. For example, there appears to be hundreds of documented instances in which the Department seeks repayment on Medicare Part A coinsurance claims that providers never received. In addition, there appears to be numerous other overpayments made on dates of service beyond timely filing limits that are not reflected in the dashboard project.

Beyond the undue burden this places on providers, we are also concerned about the waste of taxpayer dollars resulting from the use of state staff time to reconcile inaccurate data.

We have recently learned that, rather than correcting the existing dashboard, the Department intends to issue a new tool to assist providers in reconciling these collective issues. Given the clear lack of quality assurance demonstrated in this process to date, we strongly recommend that the Department implement a rigorous, provider-led testing protocol with a small, representative group of providers prior to releasing any updated tools to the full provider population.

In addition to addressing previously issued overpayments that must be properly identified, constituents report that Medicaid overpayments are continuing, particularly in the area of patient liability. Due to limitations within the PNM system, providers are unable to adjust claims and return these overpayments, despite the federal requirement to do so within 60 days of identification. Without a fully functional claims system, providers are unable to comply with this mandate. This matter must be addressed by the department as soon as possible.

We appreciate your prompt attention to this matter and look forward to working collaboratively to ensure accuracy, fairness, and accountability in the Medicaid overpayment reconciliation process.

Sincerely,



Representative Jean Schmidt
District 62



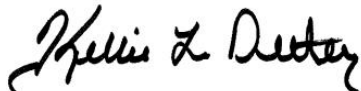
Representative Tex Fischer
District 59



Representative Phil Plummer
District 39



Representative D.J. Swearingen
District 89



Representative Kellie Deeter
District 54



Representative Monica Robb Blasdel
District 79



Representative Jeff LaRe
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