



June 24, 2025

[Insert NF and ICF-IID Provider Names]

[Insert E-mail Address 1]

[Insert E-mail Address 2]

RE: Recoupment of Claims Overpayments

Provider Number [insert Medicaid Provider ID (API)]

Dear Provider:

Pursuant to Ohio Revised Code 5165.49, the Ohio Department of Medicaid (ODM) conducted a review of your claims from 2023 to present and identified overpayments in at least one of the following categories:

- Duplicate payments resulting from claims being submitted and paid in both the MITS and OMES:FI systems;
- FI claims that did not deduct the resident's share of cost (SOC) on file;
- NF Medicare Part B cross-over claims that paid in error for services covered under the NF's per diem rate for Medicaid residents;
- Non-covered days that paid in error; or
- Other miscellaneous overpayments.

For a list of overpaid claims and amounts to be recouped, please use your Medicaid provider ID and tax ID to access this information at the following link: [Dashboard](#).

Overpayments will be recouped in increments of approximately 15% of the provider's average payment, to help disperse the financial impact for providers over several months. Newly reprocessed claims will be identified in a future Remittance Advice report and will be recouped against future claims payments. If the overpayment cannot be recouped from future claims payments, ODM will issue an invoice for the overpaid amount. Any balance remaining after six (6) months will be certified to the

Ohio Attorney General's Office, Collections Enforcement Section, for collection. Upon certification, the provider will be assessed a collection fee and interest on the balance owed, pursuant to and in accordance with the Ohio Revised Code 131.02. Payment of the collection fee and interest are the responsibility of the provider.

Providers who prefer for ODM to recoup all identified overpayments at once, instead of 15% increments, should report this preference online at [insert link] by July 23, 2025.

Pursuant to Ohio Revised Code 5165.49, you may request a reconsideration of the results of the post payment review. A request for reconsideration must be made in writing no later than thirty (30) calendar days after the date of this notice. In requesting a reconsideration, you must submit written documentation and information demonstrating why these claims do not represent overpayments. Reconsideration requests must be submitted to [LTCAudits@medicaid.ohio.gov](mailto:LTCAudits@medicaid.ohio.gov). Reconsideration decisions are final and are not subject to further reconsideration.

Please be reminded that pursuant to Ohio Revised Code 5164.57, ODM retains the authority to identify additional overpayments during future post payment reviews.

Sincerely,

The Ohio Department of Medicaid

Bureau of Program Integrity

Cc: Fiscal Operations

NF Policy/BLTSS

DODD