Claims Overpayment Recoupment Dashboard FAQ

July 23, 2025

1. I didn't get a letter, but I see that my facility has claims in the dashboard. Why is that?

Response: The June 25th provider notices, "RE: Recoupment of Claims Overpayments," were issued to NFs, ICFs-IID, and Developmental Centers at the e-mail addresses on-file for these facilities in the Ohio Medicaid Enterprise System (OMES): Provider Network Management (PNM) System. Providers are responsible for keeping contact information current in PNM to ensure that they receive important communications from the Ohio Department of Medicaid (ODM).

2. I received a letter, but I don't see any claims in the dashboard for my facility.

Response: Please be sure you are accurately entering both the Medicaid Provider ID and Tax ID for your facility, including any leading zeros. If you still do not see any claims returned on any of the dashboard pages, you may not have had claims identified as overpayments. Providers undergoing a change of operator (CHOP) will also not have claims in the dashboard since overpayments will be handled through the debt summary process. Providers that have notified ODM of their CHOP withdrawal will receive notice through a Recoupment of Claims Overpayments letter once their claims have been added to the dashboard and are available for review.

Either scenario can be confirmed by contacting ODM at LTCAudits@medicaid.ohio.gov.

3. How can I print the claims listed in the dashboard?

Response: Print functionality was added to the dashboard with instructions shortly following the dashboard release. Please see: "Download Option" instructions on the applicable dashboard page for how to download the claims lists.

4. Why are some newer dates of service included in the dashboard as overpayments?

Response: The claim dates of service (DOS) identified in each category will depend on when the system overpaid those claims.

5. Why are claims included in the dashboard that have already been reprocessed and recouped?

   Response: If you identify claims that have reprocessed and have been recouped and you agree those claims were overpaid, there is nothing more the provider needs to do. If you don't' agree that a claim identified in the dashboard was overpaid, you may include it in your reconsideration request.

6. How can I tell if a claim has been recouped?

   Response: Providers need to review their Remittance Advice (RA) reports to identify whether a claim was reprocessed and whether the recoupment has occurred. The paid date of the reversal claim does not indicate whether or not the claim has been recouped. When a claim recoupment occurs, the RA will report the full dollar amount recouped for the reversal claim.

   Normally, if a claim is reversed, the full claim amount in the reversal is recouped by offsetting the reversal amount against other claim payments occurring during the same payment cycle. When there are no payments against which to net the reversal, an Accounts Receivable (AR) is created to allow the amount to be recouped at a later date. The AR is usually recouped the next time payments are processed for the provider.

   In the case of the claims that were reprocessed in late February/early March 2025, ODM took action to hold claim reversal and adjustment transactions until the impact was fully assessed for all providers. The claims that were on hold have since been released. Where the reversal claims were not recouped, ARs were created and may still be outstanding.

7. What documentation should providers submit to support their reconsiderations? (e.g., RAs and/or PNM screen shots regarding transactions that have already taken place.)

   Response: Your reconsideration requests (due July 25th) should focus on why you think a specific claim identified in the dashboard was not overpaid. The reconsideration request should include the Internal Control Number (ICN) of the claims in dispute and the reason you are disputing the overpayment. Supporting documentation (due August 25th) For example:

   - If your facility voided a duplicate claim identified in the dashboard as a duplicate, please provide the claim ICN, note that the claim was voided by the facility as a duplicate, and provide the submission date of the voided claim ICN.
   - If you think an adjusted claim from the dashboard denied in error, please provide the claim ICN, note that the claim was denied in error, and provide the reason why you believe the denial was in error.

- If you think the share of cost (SOC) amount in the dashboard is incorrect, please provide the claim ICN, note that the SOC is incorrect, and provide the calculation supporting a different amount.
- If submitting pages from an RA, providers must also identify the RA date, claim ICN to be reconsidered, and an explanation supporting why the provider does not agree that claim was overpaid.

If any additional documentation is required by ODM, it will be requested from the facility.

8. What is the best form of submitting documentation? How should I submit the reconsideration supporting documentation if it is too large to submit via e-mail?

Response: Providers interested in requesting a reconsideration must e-mail their requests to ODM at LTCAudits@medicaid.ohio.gov. within thirty (30) days of the overpayment notice. Electronic copies are preferred. Please include in the e-mail Subject line the facility name and Medicaid Provider ID. Zip files are acceptable. Please ensure your files are sent encrypted to protect PHI when e-mailing your submission to ODM.

9. What should I do if I identify overpayments that don't appear on the dashboard?

Response: Providers continue to be responsible for returning to ODM any overpayments they identify that are not included in the Claims Overpayment Recoupment Dashboard. Should you identify claim overpayments that do not appear in the dashboard, please consider the age of the claim. Timely claims may be voided or adjusted by the provider, pursuant to OAC rule 5160-1-19. For claims that are more than 365 days from the date of service, please contact ODM at LTCAudits@medicaid.ohio.gov.

10. What does the overpaid amount in the dashboard represent?

Response: The overpaid amount represented in the dashboard compares the paid amount of the original claim to the correct amount the provider should have been paid for that claim. For example: if a claim was originally paid at $5,000 and did not deduct the recipient's $1,000 SOC, the amount overpaid for the claim is $1,000.

When the original claim is reprocessed, the reversal will be for $5,000 and the new adjustment claim will pay $4,000 (the net difference in payment is $1,000). If the $5,000 reversal is not recouped at the time the claim reprocesses, the facility will owe ODM for the full $5,000 amount that has not yet been recouped and, therefore, must be collected at a later date.

When the claim recoupment is delayed and does not occur at the time of claims processing, an AR is created.

> Original claim paid $5,000 (SOC of $1,000 was not deducted)
>
> Claim is adjusted, creating 2 new parts of the claim:
>
>> Reversal Claim = $5,000 (to be recouped*)
>>
>> Adjustment Claim pays $4,000

If the $5,000 recoupment is delayed, the provider will owe that amount at a later date. Providers must review their RAs to verify a claim recoupment has taken place.

11. What if the overpaid amount is not recouped within 6 months of the 15% take back?

    Response: Pursuant to ORC 131.02 and the Service Level Agreement between ODM and the Attorney General's Office, any balance remaining after six (6) months must 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.

12. What should I do if ODM owes the facility money?

    Response: Denied claims from the dashboard can be included in the provider's reconsideration. Provider inquiries for claims not related to the dashboard should be addressed to the Integrated Help Desk at: IHD@medicaid.ohio.gov or 1-800-686-1515 option 7.

13. Why does the dashboard not include the last processed claim in all instances?

    Response: Claims in the Dashboard represent distinct categories of overpaid claims identified by ODM as of a specific point in time. These overpaid claims were identified by the last paid claim in the system at the time the claim reports were run.

14. What are the claims on the Miscellaneous Page?

    Response: A Miscellaneous Page was added to the dashboard to identify those claims included in the February/early March reprocessing where the adjustment claim processed for

a lesser amount than the original claim paid for claims not identified in the other dashboard categories. This often occurred due to provider billing errors that were not identified when the original claim paid incorrectly, but when the claim reprocessed, the billing error triggered the applicable edit, which caused the adjusted claim to deny. Providers may include these claims in their reconsideration request.

15. Will the dashboard be refreshed to remove the original claims that have already been reprocessed?

Response: No. Re-running the dashboard to remove the original overpaid claim ICNs would remove claims that would otherwise be available for providers to review and possibly include in their reconsideration requests. Therefore, ODM will not be refreshing the dashboard to remove those original claims.