

IN THE UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF GEORGIA
ATLANTA DIVISION

In re:

LAVIE CARE CENTERS, LLC, *et al.*,¹

Debtors.

Chapter 11

Case No. 24-55507 (PMB)

(Jointly Administered)

NOTICE OF HEARING ON
UNITEDHEALTHCARE INSURANCE COMPANY'S MOTION FOR ALLOWANCE
AND PAYMENT OF ADMINISTRATIVE EXPENSE CLAIM

PLEASE TAKE NOTICE that UnitedHealthcare Insurance Company has filed *UnitedHealthcare Insurance Company's Motion for Allowance and Payment of Administrative Expense Claim* (the "Motion") with the United States Bankruptcy Court for the Northern District of Georgia (the "Bankruptcy Court"), which seeks the allowance and payment of \$324,611.89 as an administrative expense pursuant to section 503(b) of the Bankruptcy Code.

PLEASE TAKE FURTHER NOTICE that a hearing on the **Motion** and any responses filed thereto will take place on **August 4, 2025 at 1:20 P.M.** before the **Honorable Paul M. Baisier** in **Courtroom 1202** of the **United States Bankruptcy Court for the Northern District of Georgia, 75 Ted Turner Drive, SW, Atlanta, Georgia 30303**, which may be attended in person or via the Court's Virtual Hearing Room. **You may join the Virtual Hearing Room through the "Dial-in and Virtual Bankruptcy Hearing Information" link at the top of the homepage of the Court's website, www.ganb.uscourts.gov, or the link on the judge's webpage, which can also be found on the Court's website.** Please also review the "Hearing Information" tab on the judge's webpage for further information about the hearing. You should be prepared to appear at the hearing via video, but you may leave your camera in the off position until the Court instructs otherwise. Unrepresented persons who do not have video capability may use the telephone dial-in information on the judge's webpage.

¹ The last four digits of LaVie Care Centers, LLC's federal tax identification number are 5592. There are 282 Debtors in these chapter 11 cases, which are being jointly administered for procedural purposes only. A complete list of the Debtors and the last four digits of their federal tax identification numbers are not provided herein. A complete list of such information may be obtained on the website of the Debtors' claims and noticing agent at <https://www.veritaglobal.net/LaVie>. The location of LaVie Care Centers, LLC's corporate headquarters and the Debtors' service address is 1040 Crown Pointe Parkway, Suite 600, Atlanta, GA 30338.



Your rights may be affected by the Court's ruling on these pleadings. You should read these pleadings carefully and discuss them with your attorney, if you have one in this bankruptcy case. (If you do not have an attorney, you may wish to consult one.) If you do not want the Court to grant the relief sought in these pleadings or if you want the Court to consider your views, then you and/or your attorney must attend the hearing.

You may also file a written response to the pleadings with the Clerk at the address stated below, but you are not required to do so. If you file a written response, you must attach a certificate stating when, how and on whom (including addresses) you served the response. Mail or deliver your response so that it is received by the Clerk before the hearing. The address of the Clerk's Office is Clerk, U. S. Bankruptcy Court, Suite 1340, 75 Ted Turner Drive, Atlanta Georgia 30303. You must also mail a copy of your response to the undersigned at the address stated below.

Dated: June 30, 2025

CAIOLA & ROSE, LLC

By: /s/ Elizabeth B. Rose
Elizabeth B. Rose
Bar No. 558747
125 Clairemont Avenue, Suite 240
Decatur, Georgia 30030
Phone: 470.300.1022
Email: elizabeth@caiolarose.com

*Attorneys for UnitedHealthcare Insurance
Company*

**IN THE UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF GEORGIA
ATLANTA DIVISION**

In re:

LAVIE CARE CENTERS, LLC, *et al.*,¹

Debtors.

Chapter 11

Case No. 24-55507 (PMB)

(Jointly Administered)

**UNITEDHEALTHCARE INSURANCE COMPANY’S MOTION FOR
ALLOWANCE AND PAYMENT OF ADMINISTRATIVE EXPENSE CLAIM**

UnitedHealthcare Insurance Company, on behalf of itself and its parents, affiliates, and subsidiaries (collectively, “United”), hereby moves for the allowance and payment of a Chapter 11 administrative expense claim pursuant to 11 U.S.C. § 503(b) in the amount of \$324,611.89 against LaVie Care Centers, LLC and certain of its debtor affiliates (each a “Debtor” and collectively, the “Debtors”).

In support of this Motion, United relies on the Declaration of Jayson A. Ronning (the “Ronning Decl.”), which is attached hereto as **Exhibit A**, and further states as follows:

I. JURISDICTION, VENUE, AND STATUTORY PREDICATES

1. The Court has jurisdiction to consider this Motion pursuant to 28 U.S.C. §§ 157 and 1334. This is a core proceeding pursuant to 28 U.S.C. § 157(b)(2) and may be determined by this Court.

¹ The last four digits of LaVie Care Centers, LLC’s federal tax identification number are 5592. There are 282 Debtors in these chapter 11 cases, which are being jointly administered for procedural purposes only. A complete list of the Debtors and the last four digits of their federal tax identification numbers are not provided herein. A complete list of such information may be obtained on the website of the Debtors’ claims and noticing agent at <https://www.veritaglobal.net/LaVie>. The location of LaVie Care Centers, LLC’s corporate headquarters and the Debtors’ service address is 1040 Crown Pointe Parkway, Suite 600, Atlanta, GA 30338.

2. Venue of this proceeding and this Motion is proper in this district pursuant to 28 U.S.C. § 1409(a). The statutory basis for the relief requested herein is 11 U.S.C. § 503(b)

II. BACKGROUND

A. United's Health Insurance Plans and Agreements with Providers

3. United provides health insurance benefits to members insured under its, or its affiliates', fully insured group medical policies through a network of providers who contract with United to render medical services to members. (Ronning Decl. ¶ 5.) United also administers self-insured health plans of third parties, by which the members of those self-insured plans may also access medical care through United's network of providers.² (*Id.*) United's contracts with such third parties to administer self-funded insurance plans expressly authorize United to pursue any and all overpayments administered by United and paid by such third parties. (*Id.*) United also provides health insurance benefits to members under certain governmental plans, including Medicare Advantage plans, managed Medicaid programs in certain states, and under certain health plans sponsored by the Department of Veteran's Affairs. (*Id.*)

4. United's network providers agree to provide services to United's members, to accept reimbursement at specific fixed rates for those services, and to not bill United's members for any other amounts (except under limited circumstances). (*Id.* ¶ 6.) United's network providers are also required to refer United's members only to other in-network providers or to use reasonable commercial efforts to direct United members only to other in-network providers. (*Id.*) In exchange, United's network providers receive certain benefits, including access to members of United's health insurance plans as a source of patients. (*Id.*)

² United's fully insured plans and the third party self-insured plans administered by United (together and separately) are referred to herein as being United health insurance plans, with their members referred to as being United's members.

B. United's Relationship with the Debtors

5. Debtor LaVie Care Centers, LLC is party to various network agreements (as amended from time to time, the "Agreements") with United, by which certain of the Debtors in this case are "in network" providers with United (the "In-Network Debtors").³ (*Id.* ¶ 7.)

6. Pursuant to the Agreements, the In-Network Debtors agreed to provide certain covered services to United's members, in exchange for certain fees. (*Id.* ¶ 8.)

7. Under the Agreements, the In-Network Debtors must submit claims to United in accordance with its specified policies and protocols, and using current, correct, and applicable coding. (*Id.* ¶ 9.)

8. Pursuant to the Agreements, the In-Network Debtors must repay any overpayments within 30 days of written or electronic notice of the overpayment. (*Id.* ¶ 10.) Further, the Agreements provide that recovery of overpayments may be accomplished by offsets against future payments. (*Id.*)

C. The Debtors' Bankruptcy Cases

9. On June 2, 2024 (the "Petition Date"), the Debtors each filed a voluntary petition under Chapter 11 of Title 11 of the United States Code (the "Bankruptcy Code") in this Court.

10. After the Petition Date, the Debtors continued to operate their businesses as debtors-in-possession pursuant to Sections 1107 and 1108 of the Bankruptcy Code.

³ The Agreements contain United's highly confidential and sensitive commercial information. While the Debtors should have copies of the Agreements, other parties in interest may request copies of the Agreements by written request to United's counsel and upon the entry into either an acceptable confidentiality agreement or the entry of an appropriate protective order. If requested by the Court, United will provide a copy of the Agreements to it for *in camera* review.

11. After the Petition Date, the In-Network Debtors continued to provide services to United's members as in-network providers and United continued to pay the In-Network Debtors in accordance with the Agreements. (*Id.* ¶ 12.)

12. On December 5, 2024, the Court entered the *Findings of Fact, Conclusions of Law, and Order Approving on Final Basis and Confirming Debtors' Modified Second Amended Combined Disclosure Statement and Joint Chapter 11 Plan of Reorganization* [Dkt. No. 735] (the "Confirmation Order"), confirming the *Debtors' Modified Second Amended Combined Disclosure Statement and Joint Chapter 11 Plan of Reorganization* [Dkt. No. 730] (the "Plan").

13. On June 1, 2025, the Effective Date of the Plan occurred. (*See* Dkt. No. No. 1016.)

14. Pursuant to Article VII of the Plan, the Agreements were rejected on the Effective Date pursuant to Sections 365 and 1123 of the Bankruptcy Code. (Dkt. No. 730, at Art. VII(A); Dkt. No. 735, at 51–52.)

15. Pursuant to the Plan and the Confirmation Order, requests for payment of an administrative expense claim must be filed and served no later than 30 days after the Effective Date. (Dkt. No. 730, Art. II § 1.20, Art. IV(A); Dkt. No. 735, at 59.)

D. United's Overpayments to the Debtors

16. United will periodically overpay a claim for a variety of "ordinary course" reasons that arise in the day-to-day operations of United and the In-Network Debtors under the Agreements. (Ronning Decl. ¶ 11.) Examples of ordinary-course reasons giving rise to such overpayments include, but are not limited to, the following: (i) the member's benefit package did not cover the services provided; (ii) the claim did not meet Medicare National Coverage Determinations and/or Local Coverage Determinations criteria; (iii) the member had primary coverage through another insurance carrier; (iv) the services were provided after the member's

insurance coverage was terminated; (v) the claim was allowed in an incorrect amount under the contract; (vi) the services were not covered when billed with an invalid diagnosis code; (vii) a corrected claim was submitted; (viii) a claim was paid to the incorrect payee; or (ix) the services were not rendered. (*Id.*)

17. Since the Petition Date, the In-Network Debtors have received overpayments as a result of “ordinary course” reasons in the aggregate amount of \$324,611.89 (the “Overpayments”), which remain due and owing to United. (*Id.* ¶ 13.) A chart summarizing the Overpayments is attached as **Exhibit 1** to the Ronning Decl.⁴ (*Id.* ¶ 13 & Ex. 1.)

III. REQUESTED RELIEF

18. United is entitled to an allowed administrative expense claim under 11 U.S.C. § 503(b) in the amount of \$324,611.89.

19. Section 503(b)(1)(A) of the Bankruptcy Code provides, in relevant part, that “[a]fter notice and a hearing, there shall be allowed administrative expenses . . . including . . . the actual, necessary costs and expenses of preserving the estate.” “Courts generally apply a two-prong test to determine whether a claim qualifies as an administrative expense: (1) the expense must have arisen from a post-petition transaction between the creditor and the debtor, and (2) the expense must have been ‘actual and necessary’ to preserve the estate.” *In re Jarriel*, 518 B.R. 140, 146 (Bankr. S.D. Ga. 2014) (quoting *In re New Century TRS Holdings, Inc.*, 446 B.R. 656, 661 (Bankr. D. Del. 2011)).

⁴ Exhibit 1 to the Ronning Decl. excludes claims information with the protected health information of United’s members, but United can make this information available to the Debtors at their request, to any parties in interest subject to the Court’s entry of an appropriate protective order, and to the Court for its *in camera* review to the extent necessary.

20. Here, United easily satisfies this test. First, the Overpayments arise out of post-petition transactions between United and the In-Network Debtors, prior to the rejection of the Agreements. Specifically, the Overpayments are the result of (i) the services the In-Network Debtors rendered to United's members under the Agreements on a post-petition basis, and (ii) United's provision of payment in exchange for those post-petition services under the Agreements. Indeed, the payments that gave rise to the Overpayments were paid between June 22, 2024 and May 29, 2025.

21. Second, the Debtors' bankruptcy estates undoubtedly benefited under the Agreements after the Petition Date. In particular, the In-Network Debtors benefited from remaining in-network providers for United's members on a post-petition basis, and the In-Network Debtors received the direct benefit of United's continued provision of payments under the Agreements.

22. Thus, the Overpayments are an actual and necessary expense of the Debtors' successful administration of their bankruptcy estates. As a result, United is entitled to allowance and payment of an administrative expense claim in the amount of the Overpayments under 11 U.S.C. § 503(b)(1)(A). *See N.L.R.B. v. Bildisco & Bildisco*, 465 U.S. 513, 531–32 (1984) (“If the debtor-in-possession elects to continue to receive benefits from the other party to an executory contract pending a decision to reject or assume the contract, the debtor-in-possession is obligated to pay for the reasonable value of those services, which, depending on the circumstances of a particular contract, may be what is specified in the contract.” (citations omitted)).

IV. RESERVATION OF RIGHTS

23. United is continuing the process of reviewing paid claims for dates of service after the Petition Date and prior to the Effective Date, and, thus, reserves the right to supplement this Motion upon identification of additional post-petition overpayments.

V. CONCLUSION

WHEREFORE, United respectfully requests that this Court enter an order granting United (i) an administrative expense claim against the In-Network Debtors in the aggregate amount of \$324,611.89; and (ii) such other and further relief as the Court deems just and appropriate.

Dated: June 30, 2025

CAIOLA & ROSE, LLC

By: /s/ Elizabeth B. Rose

Elizabeth B. Rose
Georgia Bar No. 558747
125 Clairemont Ave., Suite 240
Decatur, GA 30030
Telephone: (470) 300-1020
elizabeth@caiolarose.com

-and-

Eric S. Goldstein (*admitted pro hac vice*)
SHIPMAN & GOODWIN LLP
One Constitution Plaza
Hartford, CT 06103
Telephone: (860) 251-5000
egoldstein@goodwin.com

*Attorneys for UnitedHealthcare Insurance
Company*

CERTIFICATE OF SERVICE

I, Elizabeth B. Rose, hereby certify that on June 30, 2025, I caused a true and correct copy of the forgoing *UnitedHealthcare Insurance Company's Motion for Allowance and Payment of Administrative Expense Claim* to be served electronically via the Court's CM/ECF electronic noticing system on all parties registered to receive electronic service in the above cases and via email and first-class U.S. Mail on the parties set forth below.

The Debtors

LaVie Care Centers, LLC
c/o Ankura Consulting Group, LLC
485 Lexington Ave.
10th Floor, New York, NY 10017
Attn: M. Benjamin Jones
ben.jones@ankura.com

Counsel to the Debtors

Daniel M. Simon, Esq.
McDermott Will & Emery LLP
1180 Peachtree St. NE, Suite 3350
Atlanta, GA 30309
Email: dsimon@mwe.com

Emily C. Keil, Esq.
McDermott Will & Emery LLP
444 West Lake Street, Suite 4000
Chicago, IL 60606
Email: ekeil@mwe.com

Counsel to the DIP Lenders

Liza L. Burton, Esq.
Robert Lemons, Esq.
Goodwin Procter LLP
The New York Times Building
620 Eighth Avenue
New York, NY 10018
Email: lburton@goodwinlaw.com
Email: rlemons@goodwinlaw.com

U.S. Trustee

The Office of the United States Trustee for
Region 21
75 Ted Turner Drive, S.W., Room 362
Atlanta, GA 30303
Attn: Jonathan S. Adams and Lindsay P.
Kolba
Email: jonathan.s.adams@usdoj.gov
Email: lindsay.p.kolba@usdoj.gov

Counsel to the Committee

Pierce E. Rigney, Esq.
Troutman Pepper Hamilton Sanders LLP
600 Peachtree St. NE, Suite 3000
Atlanta, GA 30308
Email: pierce.rigney@troutman.com

Francis J. Lawall, Esq.
Troutman Pepper Hamilton Sanders LLP
3000 Two Logan Square 18th and Arch Street
Philadelphia, PA 19103-2799
Email: francis.lawall@troutman.com

Deborah Kovsky-Apap, Esq.
Troutman Pepper Hamilton Sanders LLP
875 Third Avenue
New York, NY 10022
Email: deborah.kovsky@troutman.com

James Muenker, Esq.
Erik Stier, Esq.
DLA Piper LLP (US)
1900 N. Pearl St, Suite 2200
Dallas, TX 75201
Email: james.muenker@us.dlapiper.com
Email: erik.stier@us.dlapiper.com

Leighton Aiken, Esq.
Ferguson Braswell Fraser Kubasta PC
2500 Dallas Parkway, Suite 600
Plano, TX 75093
Email: laiken@fbfk.law

Dated: June 30, 2025

CAIOLA & ROSE, LLC

By: /s/ Elizabeth B. Rose
Elizabeth B. Rose, Esq.
125 Clairemont Ave., Suite 240
Decatur, GA 30030
Telephone: (470) 300-1020
Email: elizabeth@caiolarose.com

EXHIBIT A

**IN THE UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF GEORGIA
ATLANTA DIVISION**

In re:

LAVIE CARE CENTERS, LLC, *et al.*,

Debtors.

Chapter 11

Case No. 24-55507 (PMB)

(Jointly Administered)

**DECLARATION OF JAYSON A. RONNING IN SUPPORT OF
UNITEDHEALTHCARE INSURANCE COMPANY’S MOTION FOR ALLOWANCE
AND PAYMENT OF ADMINISTRATIVE EXPENSE CLAIMS**

I, JAYSON A. RONNING, declare as follows:

1. I am over the age of eighteen and believe in the obligations of an oath.
2. I am employed by UnitedHealthcare Insurance Company (“United”) as Senior Financial Analyst – Bankruptcy.
3. I submit this declaration in support of the *Motion of UnitedHealthcare Insurance Company for Allowance and Payment of Administrative Expense Claim* (the “Motion”).
4. I make this declaration based on my personal knowledge and my personal knowledge of the books and records of United and would competently testify thereof under oath if requested to do so.
5. United provides health insurance benefits to members insured under its, or its affiliates’, fully insured group medical policies through a network of providers who contract with United to render medical services to members. United also administers self-insured health plans of third parties, by which the members of those self-insured plans may also access medical care

through United's network of providers.¹ United's contracts with such third parties to administer self-funded insurance plans expressly authorize United to pursue any and all overpayments administered by United and paid by such third parties. United also provides health insurance benefits to members under certain governmental plans, including Medicare Advantage plans, managed Medicaid programs in certain states, and under certain health plans sponsored by the Department of Veteran's Affairs.

6. United's network providers agree to provide services to United's members, to accept reimbursement at specific fixed rates for those services, and to not bill United's members for any other amounts (except under limited circumstances). United's network providers are also required to refer United's members only to other in-network providers or to use reasonable commercial efforts to direct United members only to other in-network providers. In exchange, United's network providers receive certain benefits, including access to members of United's health insurance plans as a source of patients.

7. LaVie Care Centers, LLC is party to various network agreements (as amended from time to time, the "Agreements") with United, by which certain of the Debtors in this case are "in network" providers with United (the "In-Network Debtors").²

8. Pursuant to the Agreements, the In-Network Debtors agreed to provide certain covered services to United's members, in exchange for certain fees.

9. Under the Agreements, the In-Network Debtors must submit claims to United in

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² The Agreements contain United's highly confidential and sensitive commercial information. While the Debtors should have copies of the Agreements, other parties in interest may request copies of the Agreements by written request to United's counsel and upon the entry into either an acceptable confidentiality agreement or the entry of an appropriate protective order. If requested by the Court, United will provide a copy of the Agreements to it for *in camera* review.

accordance with its specified policies and protocols, and using current, correct, and applicable coding.

10. Pursuant to the Agreements, the In-Network Debtors must repay any overpayments within 30 days of written or electronic notice of the overpayment. Further, the Agreements provide that recovery of overpayments may be accomplished by offsets against future payments.

11. United will periodically overpay a claim for a variety of “ordinary course” reasons that arise in the day-to-day operations of United and the In-Network Debtors under the Agreements. Examples of ordinary-course reasons giving rise to such overpayments include, but are not limited to, the following: (i) the member’s benefit package did not cover the services provided; (ii) the claim did not meet Medicare National Coverage Determinations and/or Local Coverage Determinations criteria; (iii) the member had primary coverage through another insurance carrier; (iv) the services were provided after the member’s insurance coverage was terminated; (v) the claim was allowed in an incorrect amount under the contract; (vi) the services were not covered when billed with an invalid diagnosis code; (vii) a corrected claim was submitted; (viii) a claim was paid to the incorrect payee; or (ix) the services were not rendered.

12. After June 2, 2024 (the “Petition Date”), the In-Network Debtors continued to provide services to United’s members as in-network providers and United continued to pay the In-Network Debtors in accordance with the Agreements.

13. Since the Petition Date, the In-Network Debtors have received overpayments as a result of “ordinary course” reasons in the aggregate amount of \$324,611.89 (the “Overpayments”),

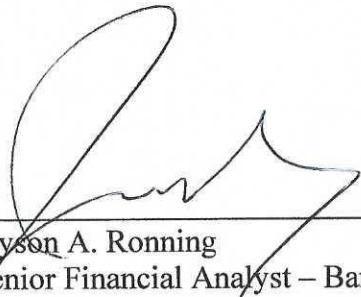
which remain due and owing to United. A chart summarizing the Overpayments is attached hereto as **Exhibit 1**.³

[Remainder of page intentionally left blank.]

³ Exhibit 1 excludes claims information with the protected health information of United's members, but United can make this information available to the Debtors at their request, to any parties in interest subject to the Court's entry of an appropriate protective order, and to the Court for its *in camera* review to the extent necessary.

Pursuant to the provisions of 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is true and correct.

Executed this 30th day of June, 2025.



Jayson A. Ronning
Senior Financial Analyst – Bankruptcy
UnitedHealthcare Insurance Company

EXHIBIT 1

Debtor	Facility Type	Provider TIN	Provider Full Name	State	Claim Paid Amount	Claim Audit Amount	Balance Due	Pay Date	Collection description
11565 Harts Road Operations LLC	HOSP	352428092	HARTS HARBOR HEALTH CARE CENTER	FL	\$ 8,268.28	\$ 67.00	\$ 67.00	2/16/2025	The correct member liability on this claim is \$233.51 per their benefit package.
	HOSP	352428092	HARTS HARBOR HEALTH CARE CENTER	FL	\$ 7,452.01	\$ 67.00	\$ 67.00	3/13/2025	The correct member liability on this claim is \$233.51 per their benefit package.
	HOSP	352428092	HARTS HARBOR HEALTH CARE CENTER	FL	\$ 881.74	\$ 881.74	\$ 881.74	12/22/2024	This claim exceeds the total contractual per diem allowed amount of \$272.09 which was considered on claim number [REDACTED] on 12/11/24 with check [REDACTED].
	HOSP	352428092	HARTS HARBOR HEALTH CARE CENTER	FL	\$ 8,434.79	\$ 4.00	\$ 4.00	2/28/2025	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.
	HOSP	352428092	HARTS HARBOR HEALTH CARE CENTER	FL	\$ 7,618.52	\$ 4.00	\$ 4.00	3/21/2025	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.
	HOSP	352428092	HARTS HARBOR HEALTH CARE CENTER	FL	\$ 8,367.79	\$ 166.51	\$ 166.51	4/17/2025	Monthly Medicaid patient liability amount.
						Subtotal	\$ 1,190.25		
Augusta Facility Operations, LLC	HOSP	205104011	AUGUSTA NURSING REHAB CTR	VA	\$ 816.00	\$ 816.00	\$ 816.00	1/29/2025	Claim incorrectly coordinated. Primary insurance paid \$1048.00 leaving \$0.00 as correct responsibility.
	HOSP	205104011	AUGUSTA NURSING & REHAB CTR	VA	\$ 217.87	\$ 217.87	\$ 217.87	4/9/2025	Secondary payment cannot be considered without the identity of or payment information from the primary payer. The information was either not reported or was illegible.
	HOSP	205104011	AUGUSTA NURSING & REHAB CTR	VA	\$ 95.77	\$ 95.77	\$ 95.77	3/26/2025	Secondary payment cannot be considered without the identity of or payment information from the primary payer. The information was either not reported or was illegible.
	HOSP	205104011	AUGUSTA NURSING & REHAB CTR	VA	\$ 95.77	\$ 0.07	\$ 0.07	3/26/2025	Secondary payment cannot be considered without the identity of or payment information from the primary payer. The information was either not reported or was illegible. The overpaid amount includes the Interest Paid at the time the claim was remitted.
						Subtotal	\$ 1,129.71		
Baya Nursing and Rehabilitation, LLC	HOSP	461570112	BAYA POINTE NURSING & REHAB	FL	\$ 2,267.80	\$ 2,267.80	\$ 2,267.80	7/21/2024	Claim paid to incorrect Payee ID.
	HOSP	461570112	BAYA POINTE NURSING & REHAB	FL	\$ 1,587.46	\$ 1,587.46	\$ 1,587.46	7/28/2024	Claim paid to incorrect Payee ID.
	HOSP	461570112	BAYA POINTE NURSING & REHAB	FL	\$ 1,587.46	\$ 1,587.46	\$ 1,587.46	8/3/2024	Claim paid to incorrect Payee ID.
	HOSP	461570112	BAYA POINTE NURSING & REHAB	FL	\$ 1,360.68	\$ 1,360.68	\$ 1,360.68	8/10/2024	Claim paid to incorrect Payee ID.
	HOSP	461570112	BAYA POINTE NURSING & REHAB	FL	\$ 1,587.46	\$ 1,587.46	\$ 1,587.46	8/28/2024	Claim paid to incorrect Payee ID.
	HOSP	461570112	BAYA POINTE NURSING & REHAB	FL	\$ 1,587.46	\$ 1,587.46	\$ 1,587.46	9/1/2024	Claim paid to incorrect Payee ID.
	HOSP	461570112	BAYA POINTE NURSING & REHAB	FL	\$ 2,041.02	\$ 2,041.02	\$ 2,041.02	9/8/2024	Claim paid to incorrect Payee ID.
	HOSP	461570112	BAYA POINTE NURSING & REHAB	FL	\$ 2,704.56	\$ 2,704.56	\$ 2,704.56	9/21/2024	Claim paid to incorrect Payee ID.
	HOSP	461570112	BAYA POINTE NURSING & REHAB	FL	\$ 1,577.66	\$ 1,577.66	\$ 1,577.66	10/5/2024	Claim paid to incorrect Payee ID.
	HOSP	461570112	BAYA POINTE NURSING & REHAB	FL	\$ 2,297.40	\$ 2,297.40	\$ 2,297.40	11/24/2024	Claim paid to incorrect Payee ID.
	HOSP	461570112	BAYA POINTE NURSING & REHAB	FL	\$ 901.52	\$ 901.52	\$ 901.52	10/19/2024	Claim paid to incorrect Payee ID.
	HOSP	461570112	BAYA POINTE NURSING & REHAB	FL	\$ 1,577.96	\$ 1,577.96	\$ 1,577.96	10/19/2024	Claim paid to incorrect Payee ID.
	HOSP	461570112	BAYA POINTE NURSING & REHAB	FL	\$ 1,608.18	\$ 1,608.18	\$ 1,608.18	11/24/2024	Claim paid to incorrect Payee ID.
	HOSP	461570112	BAYA POINTE NURSING & REHAB	FL	\$ 918.96	\$ 918.96	\$ 918.96	11/24/2024	Claim paid to incorrect Payee ID.
	HOSP	461570112	BAYA POINTE NURSING & REHAB	FL	\$ 1,814.45	\$ 1,814.45	\$ 1,814.45	11/27/2024	Claim paid to incorrect Payee ID.
	HOSP	461570112	BAYA POINTE NURSING & REHAB	FL	\$ 2,173.20	\$ 2,173.20	\$ 2,173.20	11/24/2024	Claim paid to incorrect Payee ID.
	HOSP	461570112	BAYA POINTE NURSING & REHAB	FL	\$ 1,901.55	\$ 1,901.55	\$ 1,901.55	11/24/2024	Claim paid to incorrect Payee ID.
	HOSP	461570112	BAYA POINTE NURSING & REHAB	FL	\$ 1,901.55	\$ 1,901.55	\$ 1,901.55	11/24/2024	Claim paid to incorrect Payee ID.
	HOSP	461570112	BAYA POINTE NURSING & REHAB	FL	\$ 1,901.55	\$ 1,901.55	\$ 1,901.55	11/8/2024	Claim paid to incorrect Payee ID.
	HOSP	461570112	BAYA POINTE NURSING & REHAB	FL	\$ 1,901.55	\$ 1,901.55	\$ 1,901.55	11/13/2024	Claim paid to incorrect Payee ID.
	HOSP	461570112	BAYA POINTE NURSING & REHAB	FL	\$ 1,901.55	\$ 1,901.55	\$ 1,901.55	11/28/2024	Claim paid to incorrect Payee ID.
	HOSP	461570112	BAYA POINTE NURSING & REHAB	FL	\$ 3,465.00	\$ 3,465.00	\$ 3,465.00	7/20/2024	Claim paid to incorrect Payee ID.

HOSP	461570112	BAYA POINTE NURSING & REHAB	FL	\$ 9.38	\$ 9.38	\$ 9.38	8/21/2024	Claim paid to incorrect Payee ID.
HOSP	461570112	BAYA POINTE NURSING & REHAB	FL	\$ 68.00	\$ 68.00	\$ 68.00	8/21/2024	Claim paid to incorrect Payee ID.
HOSP	461570112	BAYA POINTE NURSING & REHAB	FL	\$ 40.00	\$ 40.00	\$ 40.00	9/18/2024	Claim paid to incorrect Payee ID.
HOSP	461570112	BAYA POINTE NURSING & REHAB	FL	\$ 318.00	\$ 318.00	\$ 318.00	10/23/2024	Claim paid to incorrect Payee ID.
HOSP	461570112	BAYA POINTE NURSING & REHAB	FL	\$ 238.00	\$ 238.00	\$ 238.00	11/20/2024	Claim paid to incorrect Payee ID.
HOSP	461570112	BAYA POINTE NURSING & REHAB	FL	\$ 10,350.00	\$ 10,350.00	\$ 10,350.00	8/4/2024	Claim paid to incorrect Payee ID.
HOSP	461570112	BAYA POINTE NURSING & REHAB	FL	\$ 1,380.00	\$ 1,380.00	\$ 1,380.00	9/5/2024	Claim paid to incorrect Payee ID.
HOSP	461570112	BAYA POINTE NURSING & REHAB	FL	\$ 2,955.59	\$ 2,955.59	\$ 2,955.59	7/21/2024	Claim paid to incorrect Payee ID.
HOSP	461570112	BAYA POINTE NURSING & REHAB	FL	\$ 1,880.83	\$ 1,880.83	\$ 1,880.83	7/27/2024	Claim paid to incorrect Payee ID.
HOSP	461570112	BAYA POINTE NURSING & REHAB	FL	\$ 1,880.83	\$ 1,880.83	\$ 1,880.83	8/2/2024	Claim paid to incorrect Payee ID.
HOSP	461570112	BAYA POINTE NURSING & REHAB	FL	\$ 1,612.14	\$ 1,612.14	\$ 1,612.14	8/11/2024	Claim paid to incorrect Payee ID.
HOSP	461570112	BAYA POINTE NURSING & REHAB	FL	\$ 2,149.52	\$ 2,149.52	\$ 2,149.52	8/17/2024	Claim paid to incorrect Payee ID.
HOSP	461570112	BAYA POINTE NURSING & REHAB	FL	\$ 1,880.83	\$ 1,880.83	\$ 1,880.83	8/24/2024	Claim paid to incorrect Payee ID.
HOSP	461570112	BAYA POINTE NURSING & REHAB	FL	\$ 537.38	\$ 537.38	\$ 537.38	8/31/2024	Claim paid to incorrect Payee ID.
HOSP	461570112	BAYA POINTE NURSING & REHAB	FL	\$ 537.38	\$ 537.38	\$ 537.38	10/4/2024	Claim paid to incorrect Payee ID.
HOSP	461570112	BAYA POINTE NURSING & REHAB	FL	\$ 268.69	\$ 268.69	\$ 268.69	10/4/2024	Claim paid to incorrect Payee ID.
HOSP	461570112	BAYA POINTE NURSING & REHAB	FL	\$ 10.00	\$ 10.00	\$ 10.00	9/18/2024	Claim paid to incorrect Payee ID.
HOSP	461570112	BAYA POINTE NURSING & REHAB	FL	\$ 6,657.66	\$ 6,657.66	\$ 6,657.66	7/10/2024	Claim paid to incorrect Payee ID.
HOSP	461570112	BAYA POINTE NURSING & REHAB	FL	\$ 2,720.30	\$ 2,720.30	\$ 2,720.30	7/20/2024	Claim paid to incorrect Payee ID.
HOSP	461570112	BAYA POINTE NURSING & REHAB	FL	\$ 1,731.10	\$ 1,731.10	\$ 1,731.10	7/27/2024	Claim paid to incorrect Payee ID.
HOSP	461570112	BAYA POINTE NURSING & REHAB	FL	\$ 1,731.10	\$ 1,731.10	\$ 1,731.10	8/1/2024	Claim paid to incorrect Payee ID.
HOSP	461570112	BAYA POINTE NURSING & REHAB	FL	\$ 1,483.89	\$ 1,483.89	\$ 1,483.89	8/8/2024	Claim paid to incorrect Payee ID.
HOSP	461570112	BAYA POINTE NURSING & REHAB	FL	\$ 1,978.40	\$ 1,978.40	\$ 1,978.40	8/17/2024	Claim paid to incorrect Payee ID.
HOSP	461570112	BAYA POINTE NURSING & REHAB	FL	\$ 1,731.10	\$ 1,731.10	\$ 1,731.10	8/24/2024	Claim paid to incorrect Payee ID.
HOSP	461570112	BAYA POINTE NURSING & REHAB	FL	\$ 1,758.99	\$ 1,731.10	\$ 1,731.10	11/1/2024	Claim paid to incorrect Payee ID.
HOSP	461570112	BAYA POINTE NURSING & REHAB	FL	\$ 2,225.79	\$ 2,225.79	\$ 2,225.79	9/6/2024	Claim paid to incorrect Payee ID.
HOSP	461570112	BAYA POINTE NURSING & REHAB	FL	\$ 2,958.96	\$ 2,958.96	\$ 2,958.96	9/21/2024	Claim paid to incorrect Payee ID.
HOSP	461570112	BAYA POINTE NURSING & REHAB	FL	\$ 1,726.06	\$ 1,726.06	\$ 1,726.06	9/28/2024	Claim paid to incorrect Payee ID.
HOSP	461570112	BAYA POINTE NURSING & REHAB	FL	\$ 1,726.06	\$ 1,726.06	\$ 1,726.06	10/5/2024	Claim paid to incorrect Payee ID.
HOSP	461570112	BAYA POINTE NURSING & REHAB	FL	\$ 986.62	\$ 986.62	\$ 986.62	10/6/2024	Claim paid to incorrect Payee ID.
HOSP	461570112	BAYA POINTE NURSING & REHAB	FL	\$ 2,502.60	\$ 2,502.60	\$ 2,502.60	11/24/2024	Claim paid to incorrect Payee ID.
HOSP	461570112	BAYA POINTE NURSING & REHAB	FL	\$ 1,751.82	\$ 1,751.82	\$ 1,751.82	11/24/2024	Claim paid to incorrect Payee ID.
HOSP	461570112	BAYA POINTE NURSING & REHAB	FL	\$ 333.77	\$ 333.77	\$ 333.77	10/24/2024	Claim paid to incorrect Payee ID.
HOSP	461570112	BAYA POINTE NURSING & REHAB	FL	\$ 1,751.82	\$ 1,751.82	\$ 1,751.82	11/24/2024	Claim paid to incorrect Payee ID.
HOSP	461570112	BAYA POINTE NURSING & REHAB	FL	\$ 239.78	\$ 239.78	\$ 239.78	11/3/2024	Claim paid to incorrect Payee ID.
HOSP	461570112	BAYA POINTE NURSING & REHAB	FL	\$ 1,751.91	\$ 1,751.91	\$ 1,751.91	11/10/2024	Claim paid to incorrect Payee ID.
HOSP	461570112	BAYA POINTE NURSING & REHAB	FL	\$ 1,746.78	\$ 1,746.78	\$ 1,746.78	11/14/2024	Claim paid to incorrect Payee ID.
HOSP	461570112	BAYA POINTE NURSING & REHAB	FL	\$ 160.00	\$ 160.00	\$ 160.00	8/22/2024	Claim paid to incorrect Payee ID.
HOSP	461570112	BAYA POINTE NURSING & REHAB	FL	\$ 333.00	\$ 333.00	\$ 333.00	10/24/2024	Claim paid to incorrect Payee ID.
HOSP	461570112	BAYA POINTE NURSING & REHAB	FL	\$ 88.00	\$ 88.00	\$ 88.00	11/20/2024	Claim paid to incorrect Payee ID.
HOSP	461570112	BAYA POINTE NURSING & REHAB	FL	\$ 1,590.54	\$ 1,590.54	\$ 1,590.54	9/28/2024	Claim paid to incorrect Payee ID.
HOSP	461570112	BAYA POINTE NURSING & REHAB	FL	\$ 6,043.44	\$ 6,043.44	\$ 6,043.44	8/8/2024	Claim paid to incorrect Payee ID.
HOSP	461570112	BAYA POINTE NURSING & REHAB	FL	\$ 2,014.48	\$ 2,014.48	\$ 2,014.48	8/17/2024	Claim paid to incorrect Payee ID.
HOSP	461570112	BAYA POINTE NURSING & REHAB	FL	\$ 1,762.67	\$ 1,762.67	\$ 1,762.67	8/24/2024	Claim paid to incorrect Payee ID.
HOSP	461570112	BAYA POINTE NURSING & REHAB	FL	\$ 1,762.67	\$ 1,762.67	\$ 1,762.67	8/29/2024	Claim paid to incorrect Payee ID.
HOSP	461570112	BAYA POINTE NURSING & REHAB	FL	\$ 2,266.57	\$ 2,266.57	\$ 2,266.57	9/6/2024	Claim paid to incorrect Payee ID.
HOSP	461570112	BAYA POINTE NURSING & REHAB	FL	\$ 3,015.00	\$ 3,015.00	\$ 3,015.00	9/19/2024	Claim paid to incorrect Payee ID.
HOSP	461570112	BAYA POINTE NURSING & REHAB	FL	\$ 1,758.75	\$ 1,758.75	\$ 1,758.75	9/28/2024	Claim paid to incorrect Payee ID.
HOSP	461570112	BAYA POINTE NURSING & REHAB	FL	\$ 1,758.75	\$ 1,758.75	\$ 1,758.75	10/5/2024	Claim paid to incorrect Payee ID.
HOSP	461570112	BAYA POINTE NURSING & REHAB	FL	\$ 1,005.20	\$ 1,005.20	\$ 1,005.20	10/6/2024	Claim paid to incorrect Payee ID.
HOSP	461570112	BAYA POINTE NURSING & REHAB	FL	\$ 2,547.70	\$ 2,547.70	\$ 2,547.70	11/27/2024	Claim paid to incorrect Payee ID.
HOSP	461570112	BAYA POINTE NURSING & REHAB	FL	\$ 1,783.39	\$ 1,783.39	\$ 1,783.39	11/27/2024	Claim paid to incorrect Payee ID.
HOSP	461570112	BAYA POINTE NURSING & REHAB	FL	\$ 1,783.39	\$ 1,783.39	\$ 1,783.39	11/27/2024	Claim paid to incorrect Payee ID.
HOSP	461570112	BAYA POINTE NURSING & REHAB	FL	\$ 1,783.67	\$ 1,783.67	\$ 1,783.67	11/10/2024	Claim paid to incorrect Payee ID.

HOSP	461570112	BAYA POINTE NURSING & REHAB	FL	\$ 1,779.47	\$ 1,779.47	\$ 1,779.47	11/14/2024	Claim paid to incorrect Payee ID.
HOSP	461570112	BAYA POINTE NURSING & REHAB	FL	\$ 1,146.11	\$ 1,146.11	\$ 1,146.11	10/5/2024	Claim paid to incorrect Payee ID.
HOSP	461570112	BAYA POINTE NURSING & REHAB	FL	\$ 3,110.87	\$ 3,110.87	\$ 3,110.87	10/5/2024	Claim paid to incorrect Payee ID.
HOSP	461570112	BAYA POINTE NURSING & REHAB	FL	\$ 655.09	\$ 655.09	\$ 655.09	10/6/2024	Claim paid to incorrect Payee ID.
HOSP	461570112	BAYA POINTE NURSING & REHAB	FL	\$ 1,700.80	\$ 1,700.80	\$ 1,700.80	11/23/2024	Claim paid to incorrect Payee ID.
HOSP	461570112	BAYA POINTE NURSING & REHAB	FL	\$ 1,190.56	\$ 1,190.56	\$ 1,190.56	11/23/2024	Claim paid to incorrect Payee ID.
HOSP	461570112	BAYA POINTE NURSING & REHAB	FL	\$ 1,190.56	\$ 1,190.56	\$ 1,190.56	11/23/2024	Claim paid to incorrect Payee ID.
HOSP	461570112	BAYA POINTE NURSING & REHAB	FL	\$ 1,190.60	\$ 1,190.60	\$ 1,190.60	11/10/2024	Claim paid to incorrect Payee ID.
HOSP	461570112	BAYA POINTE NURSING & REHAB	FL	\$ 1,166.83	\$ 1,166.83	\$ 1,166.83	11/14/2024	Claim paid to incorrect Payee ID.
HOSP	461570112	BAYA POINTE NURSING & REHAB	FL	\$ 1,758.99	\$ 27.89	\$ 27.89	11/1/2024	Missing/incomplete/invalid taxpayer identification number (TIN). The overpaid amount includes the Interest Paid at the time the claim was remitted.
HOSP	461570112	BAYA POINTE NURSING & REHAB	FL	\$ 4,725.00	\$ 4,725.00	\$ 4,725.00	7/25/2024	Claim paid to incorrect Payee ID.
HOSP	461570112	BAYA POINTE NURSING AND REHABILITATION C	FL	\$ 915.00	\$ 865.00	\$ 865.00	10/16/2024	Per CMS Medicare Claims Processing Manual 100-04 Ch. 6 the services on this claim should not be separately reimbursed as they are covered under the SNF Consolidated Billing inpatient stay at BAYA POINTE NURSING AND REHABILITATION C on claim # [REDACTED].
HOSP	461570112	BAYA POINTE NURSING AND REHABILITATION C	FL	\$ 180.00	\$ 180.00	\$ 180.00	11/25/2024	Claim paid to incorrect provider number
					Subtotal	\$ 156,535.17		
Cary HealthCare, LLC								
HOSP	200905436	CARY HEALTH & REHAB CENTER	NC	\$ 10,128.00	\$ 10,128.00	\$ 6,105.00	11/18/2024	Claim billed with bill type 210 and is considered non-payable per CMS billing guidelines.
					Subtotal	\$ 6,105.00		
Floridian Facility Operations, LLC								
HOSP	472428106	FLORIDEAN HEALTH REHABILITATION CENTER	FL	\$ 455.37	\$ 455.37	\$ 455.37	9/29/2024	This claim exceeds the total contractual per diem allowed amount of \$281.25 which was considered on claim number [REDACTED] on 08/08/24 with check [REDACTED].
HOSP	472428106	FLORIDEAN HEALTH & REHABILITATION CENTER	FL	\$ 6,866.00	\$ 6,866.00	\$ 6,866.00	4/11/2025	Corrected claim received and processed under number [REDACTED] on 05/13/2025 with check [REDACTED].
					Subtotal	\$ 7,321.37		
Franklinton HealthCare, LLC								
HOSP	200875206	HERITAGE MANOR OF FRANKLINTON	LA	\$ 10,530.07	\$ 3,884.34	\$ 3,884.34	8/15/2024	Skilled Nursing Facility Denial Reason 2 No MDS assessment received
					Subtotal	\$ 3,884.34		
Garden Court HealthCare, LLC								
HOSP	200875068	GARDEN COURT HEALTH & REHAB CENTER	LA	\$ 3,753.89	\$ 2,293.72	\$ 2,293.72	9/5/2024	Overpayment due to an assumptive denial RUG27 Assumptive Letter Sent to the Provider
HOSP	200875068	GARDEN COURT HEALTH & REHAB CENTER	LA	\$ 7,814.57	\$ 2,473.12	\$ 2,473.12	9/6/2024	Overpayment due to an assumptive denial RUG27 Assumptive Letter Sent to the Provider
HOSP	200875068	GARDEN COURT HEALTH & REHAB CENTER	LA	\$ 12,152.00	\$ 1,485.39	\$ 1,485.39	9/27/2024	Claim processed using an incorrect allowed amount according to the network contract in effect for this date of service. The claim should have allowed 100% of the CMS Service Rate of \$10666.61.
HOSP	200875068	GARDEN COURT HEALTH & REHAB CENTER	LA	\$ 9,016.00	\$ 45.60	\$ 45.60	12/27/2024	Claim processed using an incorrect allowed amount according to the network contract in effect for this date of service. The claim should have allowed 100% of the CMS Service Rate of \$8970.40.
HOSP	200875068	GARDEN COURT HEALTH & REHAB CENTER	LA	\$ 4,704.00	\$ 279.83	\$ 279.83	9/26/2024	Claim processed using an incorrect allowed amount according to the network contract in effect for this date of service. The claim should have allowed 100% of the CMS Service Rate of \$4424.17.

	HOSP	200875068	GARDEN COURT HEALTH & REHAB CENTER	LA	\$ 5,096.00	\$ 329.74	\$ 329.74	10/30/2024	Claim processed using an incorrect allowed amount according to the network contract in effect for this date of service. The claim should have allowed 100% of the CMS Service Rate of \$4766.26.
	HOSP	200875068	GARDEN COURT HEALTH & REHAB CENTER	LA	\$ 3,136.00	\$ 137.43	\$ 137.43	11/29/2024	Claim processed using an incorrect allowed amount according to the network contract in effect for this date of service. The claim should have allowed 100% of the CMS Service Rate of \$2998.57.
						Subtotal	\$ 7,044.83		
Gateway HealthCare, LLC	HOSP	200905642	GATEWAY REHABILITATION AND HEALTHCARE	NC	\$ 13,832.10	\$ 566.23	\$ 566.23	12/12/2024	Corrected claim received.
	HOSP	200905642	GATEWAY REHABILITATION AND HEALTHCARE	NC	\$ 14,511.10	\$ 14,511.10	\$ 14,511.10	2/15/2025	Services provided after Member Coverage End Date.
						Subtotal	\$ 15,077.33		
Hunter Woods HealthCare, LLC	HOSP	200905659	HUNTER WOODS NURSING & REHAB C	NC	\$ 76.24	\$ 76.24	\$ 76.24	4/1/2025	Corrected bill submitted
						Subtotal	\$ 76.24		
Grayson Facility Operations, LLC	HOSP	205105028	GRAYSON REHAB AND HEALTH CARE CENTER	VA	\$ 4,150.05	\$ 4,150.05	\$ 4,150.05	5/17/2025	Corrected claim received.
						Subtotal	\$ 4,150.05		
Kannapolis HealthCare, LLC	HOSP	200905909	TRANSITIONAL HEALTH SERV OF KANNAPOLIS	NC	\$ 352.79	\$ 321.34	\$ 321.34	4/3/2025	Per CMS Medicare Claims Processing Manual 100-04 Ch. 6 the services on this claim should not be separately reimbursed as they are covered under the SNF Consolidated Billing inpatient stay at TRANSITIONAL HEALTH SERV OF KANNAPOLIS.
						Subtotal	\$ 321.34		
Kings Daughters Facility Operations, LLC	HOSP	205105233	KINGS DAUGHTERS COMM HEALTH & REHAB	VA	\$ 1,330.70	\$ 1,127.50	\$ 835.34	3/27/2025	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.
	HOSP	205105233	KINGS DAUGHTERS COMM HEALTH & REHAB	VA	\$ 3,883.89	\$ 594.90	\$ 594.90	4/9/2025	Monthly Medicaid patient liability amount.
	HOSP	205105233	KINGS DAUGHTERS COMM HEALTH & REHAB	VA	\$ 7,922.32	\$ 218.19	\$ 218.19	3/19/2025	Monthly Medicaid patient liability amount.
	HOSP	205105233	KINGS DAUGHTERS COMM HEALTH & REHAB	VA	\$ 2,064.93	\$ 1,073.02	\$ 1,073.02	4/10/2025	Monthly Medicaid patient liability amount.
	HOSP	205105233	KINGS DAUGHTERS COMM HEALTH & REHAB	VA	\$ 1,333.85	\$ 1,333.85	\$ 1,333.85	4/24/2025	Failure to follow prior payers coverage rules.
	HOSP	205105233	KINGS DAUGHTERS COMM HEALTH & REHAB	VA	\$ 3,128.63	\$ 3,128.63	\$ 3,128.63	5/14/2025	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.
						Subtotal	\$ 7,183.93		
Newport News Facility Operations, LLC	HOSP	205105591	NEWPORT NEWS NURSING & REHAB	VA	\$ 1,836.00	\$ 1,836.00	\$ 1,836.00	5/16/2025	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.
						Subtotal	\$ 1,836.00		
Norfolk Facility Operations, LLC	HOSP	205105634	CONSULATE HEALTH CARE OF NORFOLK	VA	\$ 315.77	\$ 315.13	\$ 275.13	3/16/2025	Member enrolled in Medicare hospice program. Per CMS Medicare Claim Processing Manual 100-04 Ch.11 Section 30.4 traditional Medicare is responsible for all hospice and non-hospice related claims through the end of the month in which hospice is revoked.
						Subtotal	\$ 275.13		

Orange Park Facility Operations, LLC	HOSP	205112395	ORANGE PARK HEALTH AND REHABILITATION	FL	\$ 494.24	\$ 494.24	\$ 494.24	6/22/2024	Corrected claim received.
						Subtotal	\$ 494.24		
Osprey Nursing and Rehabilitation, LLC	HOSP	461564762	OSPREY POINT NURSING CENTER	FL	\$ 2,714.30	\$ 2,714.30	\$ 2,714.30	10/19/2024	Claim paid to incorrect Payee ID.
	HOSP	461564762	OSPREY POINT NURSING CENTER	FL	\$ 1,900.01	\$ 1,900.01	\$ 1,900.01	11/3/2024	Claim paid to incorrect Payee ID.
	HOSP	461564762	OSPREY POINT NURSING CENTER	FL	\$ 4,157.86	\$ 4,157.86	\$ 4,157.86	11/21/2024	Claim paid to incorrect Payee ID.
	HOSP	461564762	OSPREY POINT NURSING CENTER	FL	\$ 2,073.93	\$ 2,073.93	\$ 2,073.93	9/11/2024	Claim paid to incorrect Payee ID.
	HOSP	461564762	OSPREY POINT NURSING CENTER	FL	\$ 1,166.75	\$ 1,166.75	\$ 1,166.75	9/18/2024	Claim paid to incorrect Payee ID.
	HOSP	461564762	OSPREY POINT NURSING CENTER	FL	\$ 2,528.90	\$ 2,528.90	\$ 2,528.90	10/19/2024	Claim paid to incorrect Payee ID.
	HOSP	461564762	OSPREY POINT NURSING CENTER	FL	\$ 2,693.90	\$ 2,693.90	\$ 2,693.90	10/19/2024	Claim paid to incorrect Payee ID.
	HOSP	461564762	OSPREY POINT NURSING CENTER	FL	\$ 2,746.90	\$ 2,746.90	\$ 2,746.90	10/18/2024	Claim paid to incorrect Payee ID.
	HOSP	461564762	OSPREY POINT NURSING CENTER	FL	\$ 1,770.23	\$ 1,770.23	\$ 1,770.23	10/26/2024	Claim paid to incorrect Payee ID.
	HOSP	461564762	OSPREY POINT NURSING CENTER	FL	\$ 1,922.83	\$ 1,922.83	\$ 1,922.83	10/25/2024	Claim paid to incorrect Payee ID.
	HOSP	461564762	OSPREY POINT NURSING CENTER	FL	\$ 1,885.73	\$ 1,885.73	\$ 1,885.73	10/26/2024	Claim paid to incorrect Payee ID.
	HOSP	461564762	OSPREY POINT NURSING CENTER	FL	\$ 3,771.76	\$ 3,771.76	\$ 3,771.76	11/9/2024	Claim paid to incorrect Payee ID.
	HOSP	461564762	OSPREY POINT NURSING CENTER	FL	\$ 3,540.62	\$ 3,540.62	\$ 3,540.62	11/9/2024	Claim paid to incorrect Payee ID.
	HOSP	461564762	OSPREY POINT NURSING CENTER	FL	\$ 3,845.66	\$ 3,845.66	\$ 3,845.66	11/8/2024	Claim paid to incorrect Payee ID.
	HOSP	461564762	OSPREY POINT NURSING CENTER	FL	\$ 2,650.10	\$ 2,650.10	\$ 2,650.10	10/18/2024	Claim paid to incorrect Payee ID.
	HOSP	461564762	OSPREY POINT NURSING CENTER	FL	\$ 2,153.90	\$ 2,153.90	\$ 2,153.90	10/19/2024	Claim paid to incorrect Payee ID.
	HOSP	461564762	OSPREY POINT NURSING CENTER	FL	\$ 2,250.10	\$ 2,250.10	\$ 2,250.10	10/19/2024	Claim paid to incorrect Payee ID.
	HOSP	461564762	OSPREY POINT NURSING CENTER	FL	\$ 2,318.10	\$ 2,318.10	\$ 2,318.10	10/19/2024	Claim paid to incorrect Payee ID.
	HOSP	461564762	OSPREY POINT NURSING CENTER	FL	\$ 2,191.70	\$ 2,191.70	\$ 2,191.70	10/19/2024	Claim paid to incorrect Payee ID.
	HOSP	461564762	OSPREY POINT NURSING CENTER	FL	\$ 1,855.07	\$ 1,855.07	\$ 1,855.07	10/25/2024	Claim paid to incorrect Payee ID.
	HOSP	461564762	OSPREY POINT NURSING CENTER	FL	\$ 1,507.73	\$ 1,507.73	\$ 1,507.73	10/26/2024	Claim paid to incorrect Payee ID.
	HOSP	461564762	OSPREY POINT NURSING CENTER	FL	\$ 1,534.19	\$ 1,534.19	\$ 1,534.19	10/26/2024	Claim paid to incorrect Payee ID.
	HOSP	461564762	OSPREY POINT NURSING CENTER	FL	\$ 1,575.07	\$ 1,575.07	\$ 1,575.07	10/26/2024	Claim paid to incorrect Payee ID.
	HOSP	461564762	OSPREY POINT NURSING CENTER	FL	\$ 1,622.67	\$ 1,622.67	\$ 1,622.67	10/26/2024	Claim paid to incorrect Payee ID.
	HOSP	461564762	OSPREY POINT NURSING CENTER	FL	\$ 3,245.62	\$ 3,245.62	\$ 3,245.62	11/9/2024	Claim paid to incorrect Payee ID.
	HOSP	461564762	OSPREY POINT NURSING CENTER	FL	\$ 3,015.76	\$ 3,015.76	\$ 3,015.76	11/9/2024	Claim paid to incorrect Payee ID.
	HOSP	461564762	OSPREY POINT NURSING CENTER	FL	\$ 3,150.22	\$ 3,150.22	\$ 3,150.22	11/9/2024	Claim paid to incorrect Payee ID.
	HOSP	461564762	OSPREY POINT NURSING CENTER	FL	\$ 3,068.50	\$ 3,068.50	\$ 3,068.50	11/9/2024	Claim paid to incorrect Payee ID.
	HOSP	461564762	OSPREY POINT NURSING CENTER	FL	\$ 3,710.22	\$ 3,710.22	\$ 3,710.22	11/8/2024	Claim paid to incorrect Payee ID.
	HOSP	461564762	OSPREY POINT NURSING CENTER	FL	\$ 2,390.10	\$ 2,390.10	\$ 2,390.10	10/19/2024	Claim paid to incorrect Payee ID.
	HOSP	461564762	OSPREY POINT NURSING CENTER	FL	\$ 3,346.22	\$ 3,346.22	\$ 3,346.22	11/9/2024	Claim paid to incorrect Payee ID.
	HOSP	461564762	OSPREY POINT NURSING CENTER	FL	\$ 1,633.45	\$ 1,633.45	\$ 1,633.45	10/20/2024	Claim paid to incorrect Payee ID.
						Subtotal	\$ 79,938.10		
Pavilion at St. Luke Village Facility Operations, LLC	HOSP	205113160	PAVILION AT ST LUKE VILLAGE	PA	\$ 7,902.00	\$ 650.00	\$ 450.00	11/27/2024	Claim paid incorrect copay amount
						Subtotal	\$ 450.00		
Riley HealthCare, LLC	HOSP	200900279	OAKS REHABILITATION AND HEALTHCARE CTR	MS	\$ 52.81	\$ 52.81	\$ 52.81	5/29/2025	Contract interpretation
						Subtotal	\$ 52.81		
Tallahassee Facility Operations, LLC	HOSP	205114238	TALLAHASSEE LIVING CENTER	FL	\$ 500.00	\$ 500.00	\$ 500.00	7/17/2024	Correction to a prior claim.
						Subtotal	\$ 500.00		
Valley View HealthCare, LLC	HOSP	200905934	VALLEY VIEW CARE AND REHABILITATION CTR	NC	\$ 175.00	\$ 25.00	\$ 25.00	4/1/2025	Corrected claim received and processed under claim number [REDACTED] paid via EFT on 05/27/25.
						Subtotal	\$ 25.00		

Wellington HealthCare, LLC	HOSP	200905981	WELLINGTON REHAB AND HEALTHCARE	NC	\$ 501.00	\$ 50.00	\$ 50.00	4/1/2025	Corrected claim received and processed under claim number [REDACTED] paid via EFT on 05/19/25.
						Subtotal	\$ 50.00		
Williamsburg Facility Operations, LLC	HOSP	205105956	CONSULATE HEALTH CARE OF WILLIAMSBURG	VA	\$ 9,309.30	\$ 162.00	\$ 162.00	2/12/2025	The correct member liability on this claim is \$162.00 per their benefit package.
	HOSP	205105956	CONSULATE HEALTH CARE OF WILLIAMSBURG	VA	\$ 350.74	\$ 321.34	\$ 321.34	4/30/2025	Per CMS Medicare Claims Processing Manual 100-04 Ch. 6 the services on this claim should not be separately reimbursed as they are covered under the SNF Consolidated Billing inpatient stay at CONSULATE HEALTH CARE OF WILLIAMSBURG.
						Subtotal	\$ 483.34		
Wilora Lake HealthCare, LLC	HOSP	200906081	WILORA LAKE HEALTHCARE CENTER	NC	\$ 7,328.00	\$ 7,328.00	\$ 7,328.00	2/7/2025	Corrected bill submitted
						Subtotal	\$ 7,328.00		
Windsor Facility Operations, LLC	HOSP	205105990	CONSULATE HEALTH CARE OF	VA	\$ 4,091.71	\$ 4,091.71	\$ 4,091.71	4/24/2025	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.
	HOSP	205105990	CONSULATE HEALTH CARE OF	VA	\$ 1,912.72	\$ 1,912.72	\$ 1,912.72	4/24/2025	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.
						Subtotal	\$ 6,004.43		
Woodstock Facility Operations, LLC	HOSP	205106024	CONSULATE HEALTH CARE OF WOODSTOCK	VA	\$ 626.65	\$ 5.33	\$ 5.33	3/13/2025	Contract interpretation
	HOSP	205106024	CONSULATE HEALTH CARE OF WOODSTOCK	VA	\$ 6,750.00	\$ 6,750.00	\$ 6,750.00	12/10/2024	Claim paid for services not rendered
	HOSP	205106024	CONSULATE HEALTH CARE OF WOODSTOCK	VA	\$ 2,000.00	\$ 2,000.00	\$ 2,000.00	12/5/2024	Claim paid for services not rendered
	HOSP	205106024	CONSULATE HEALTH CARE OF WOODSTOCK	VA	\$ 2,400.00	\$ 2,400.00	\$ 2,400.00	12/10/2024	Claim paid for services not rendered
	HOSP	205106024	CONSULATE HEALTH CARE OF WOODSTOCK	VA	\$ 6,000.00	\$ 6,000.00	\$ 6,000.00	12/8/2024	Correction to a prior claim.
						Subtotal	\$ 17,155.33		
Total Post-Petition Due as of June 10, 2025							\$ 324,611.94		