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Self-Disclosure Notification Protocol

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The purpose of this document is to inform providers licensed, certified, designated or funded (either directly or indirectly) by the Office of Mental Health (OMH) of their responsibility to notify OMH when a self-disclosure of a Medicaid overpayment is made to the Office of the Medicaid Inspector General (OMIG) using the Full Self-Disclosure Process.

Background

Medicaid providers are required to report, return, and explain any overpayments they have received to the OMIG Self-Disclosure Program within sixty (60) days of identification, or by the date any corresponding cost report was due, whichever is later. OMIG has enacted self-disclosure processes to afford Medicaid providers a mechanism to report, return, and explain overpayments from the Medicaid program. These processes cover all Medicaid-program providers. The OMIG Self-Disclosure Program is the mechanism providers must use to self-report Medicaid fund overpayments that involve possible fraud, waste, abuse, or inappropriate payment of funds which they have identified through self-review, compliance programs, or internal controls. (See the [OMIG Self-Disclosure Program Requirements, Instructions & Guidelines](#) [August 2023]).

Self-Disclosure Reporting Process

When a provider submits a self-disclosure using the Full Self-Disclosure Process (using the [Self-Disclosure Full Statement](#) and [Certification](#)), they must report those overpayment to their respective OMH local Field Office representative and the OMH Medicaid Compliance Office at Compliance@omh.ny.gov

This correspondence must include the date of determination of the overpayment, the scope of the claims paid (i.e., date range of claims and amount of total overpayment), the site and/or program affected, an explanation of the cause of the overpayment, and all corrective actions implemented to prevent further overpayments.

Upon receiving this notice, the OMH Medicaid Compliance Office will review and issue a statement confirming that the oversight agency has been notified.

(Reporting of voids and adjustments where the error had minimal monetary impact reported on the Self-Disclosure Abbreviated Statement are NOT required to be disclosed to OMH.)

Additional Reporting Requirements

Reporting of Lost, Damaged, or Destroyed Records

Pursuant to Title 18 of the New York Codes Rules and Regulations, Section 504.3, providers are required to prepare and maintain contemporaneous records demonstrating their right to receive payment under the medical assistance program and furnish the records, upon request. If a provider becomes aware that their records have been damaged, lost or destroyed that information should be reported as soon as practicable, but no later than thirty (30) calendar days after discovery.

[OMIG Statement of Damaged, Lost or Destroyed Records](#)

For reports of lost, destroyed, or damaged records submissions, a Notice of Acceptance detailing the acceptance of the report is issued to the provider/authorized provider contact person.

Please note that providers must also notify any other State or local regulatory agency of their loss, damage or destruction as required by those regulatory agencies. In such an instance, OMH providers must contact the OMH offices described in the Self-Disclosure Reporting Process section of this document.

Notification of Overpayment by Oversight Agency

If your oversight agency notifies you of a possible overpayment, you are obligated to investigate and identify if any overpayment exists as well as the scope and amount of the overpayment. You are obligated to self-disclose Medicaid fund overpayments to OMIG's self-disclosure program. The only exception to this obligation is if the overpayment is already encompassed by an existing review and will be recovered through that existing review (e.g., existing OMIG audit). If you are involved in an existing review, you should check with your review contact to ensure there is no overlap between the existing review and the overpayment you will be self-disclosing. (Source: [OMIG Self-Disclosure FAQs](#))