

Self-Disclosure Program

Medicaid entities/Providers are required to report, return, and explain any overpayments they have received to the New York State Office of the Medicaid Inspector General (OMIG) Self-Disclosure Program within sixty (60) days of identification, or by the date any corresponding cost report was due, whichever is later. See Social Services Law (SOS) §363-d(6) & (7).

Overpayment Identification

Per OMIG, an overpayment has been identified when a Medicaid entity/Provider has, or should have, through the exercise of reasonable diligence, determined that a Medicaid fund overpayment was received, and they have quantified the amount of the overpayment.

Medicaid entities/Providers should be utilizing routine internal audits to review compliance with Medicaid requirements and identify any Medicaid fund overpayments that may have been received. Additionally, if a Medicaid entity/Provider is the subject of a government audit, part of that Medicaid entity's/Provider's due diligence is to review the audit results and look at past and future periods - not covered in the audit scope - to identify any overpayments resulting from similar issues. Medicaid entities/Providers are obligated to take corrective action, which includes reporting and returning any Medicaid overpayment identified to OMIG's Self-Disclosure Program.

Note: Voiding or adjusting claims does not satisfy the Medicaid entity's/Provider's obligation to report and explain the identified overpayment.

Timeframes

While both Federal and State regulations require a Medicaid entity/Provider to report, return, and explain an overpayment within sixty (60) days from identification, the actual timeframes for processing can vary. A Medicaid entity's/Provider's 60-day time frame will be tolled, or paused, when a completed Self-Disclosure is received by OMIG. The time frame to repay will remain tolled during OMIG's review.

For detail information, visit OMIG's Website: [Self-Disclosure | Office of the Medicaid Inspector General \(ny.gov\)](#)

Other Disclosures

Under 18 NYCRR Section 504.3, Duties of the Provider, providers are required to maintain contemporaneous records demonstrating their right to receive payment under the medical assistance program and furnish such records to the agencies, upon request. Providers are also required to report damaged, lost or destroyed records as soon as practicable, but no later than thirty (30) calendar days after discovery.

Submission Process

Timely report overpayments to OMIG via two self-disclosure pathways, full process, or abbreviated process, both at: [Self-Disclosure Submission Information and Instructions | Office of the Medicaid Inspector General \(ny.gov\)](#)

Timely report damaged, lost and/ or destroyed records to OMIG at: [Self-Disclosure Submission Information and Instructions | Office of the Medicaid Inspector General \(ny.gov\)](#)

Notify ElderServe Health of any overpayment or damaged, lost or destroyed records via email at ESHSelfDisclosure@elderservehealth.org. Include "Self-Disclosure- <Entity Name>" in the Subject Line. An ElderServe staff member will respond directly to you for next steps.