

NYS Office of Medicaid Inspector General (OMIG) Self-disclosure Submission Guidelines

A self-disclosure submission requires both a letter and an Excel file of Medicaid claims involved.

Letter

- Complete description of circumstances surrounding the disclosure including:
 - ___ Provider name
 - ___ Provider type
 - ___ Medicaid ID and NPI number of the billing provider
 - ___ Service provided
 - ___ Methodology of documenting and billing the service
 - ___ The error that occurred
 - ___ How the error was found
 - ___ Any relevant facts including total amount billed and amount of overpayment by Medicaid
 - ___ Identify the time period the claims encompass and why the search was not expanded beyond that period. **Note: Claims with dates of service older than six years from the date of overpayment discovery are not subject to audit or self disclosure.**
 - ___ Actions taken to stop the error and prevent reoccurrence
 - ___ Personnel involved in the error occurrences, those who discovered the problem, and those involved in rectifying the problem
 - ___ Legal and Medicaid program rules implicated
 - ___ Name, phone number, and both correspondence and email addresses of the disclosure contact person

Excel file of claims.

- Enclose a CD containing a password-protected Excel file of applicable claims billed to Medicaid. You may also submit this file via email, but you're responsible for ensuring successful receipt at OMIG. Please notify OMIG of the password via email or phone call.
- Data needed for each claim line is as follows:
 - ___ If possible, please provide Claim Reference Number (CRN) or Transaction Control Number (TCN)
 - ___ Name of provider
 - ___ Medicaid ID or NPI number of billing provider
 - ___ Medicaid group ID number (applicable if only submitted on claim)
 - ___ Name of Medicaid patient
 - ___ Medicaid ID of patient (8 characters)
 - ___ Date of service (**not the date billed**)
 - ___ Rate or procedure code
 - ___ Amount paid to provider by Medicaid including retroactive adjustments
 - ___ Amount paid by Medicare or any other third party if applicable
 - ___ Amount overpaid by Medicaid

Please do not send a check for overpayment or void/adjust your claims. If you have already done so, please note this in your disclosure letter. Our process will be adjusted accordingly.

After OMIG review of all disclosure submission material, you will be sent a final letter indicating the overpayment dollar amount and the procedure for remitting payment. If the submitted claim data does not materially match OMIG's payment data, you will be contacted before a final letter is issued.

All self-disclosure correspondence and Excel file of claims should be sent to:

NYS Office of Medicaid Inspector General
Division of Medicaid Audit—Self-disclosure
800 North Pearl St.
Albany, NY 12204-1822

If any questions, please email to SelfDisclosures@omig.ny.gov or call 518-473-3782 and request self-disclosure assistance.