



<b>Title:</b>	Identification, Quantification and Repayment of Overpayments Procedure	<b>Reference Number:</b>	HQ 5.1.19
<b>Signature:</b>	Chief Compliance Officer	<b>Effective Date:</b>	4/20/2023
<b>Approved by:</b>	Chief Compliance Officer	<b>Page #:</b>	Page 1 of 9
<input checked="" type="checkbox"/> Health Quest Systems, Inc. <input checked="" type="checkbox"/> Sharon Hospital <input checked="" type="checkbox"/> HQ Home Care <input checked="" type="checkbox"/> Thompson House <input checked="" type="checkbox"/> Other HQ Entities Not Listed Above			
<input checked="" type="checkbox"/> Northern Dutchess Hospital <input checked="" type="checkbox"/> Vassar Brothers Medical Center <input checked="" type="checkbox"/> HQ Medical Practice <input checked="" type="checkbox"/> Any Non-HQ Nuvance Health facility, unit or entity enrolled in the NYS Medicaid Program <sup>1</sup>			
<input checked="" type="checkbox"/> Putnam Hospital <input checked="" type="checkbox"/> Heart Center <input checked="" type="checkbox"/> Sharon Hospital Medical Practice			

**A. PROCEDURE STATEMENT:**

Potential Overpayments may be identified and reported as a result of various proactive and reactive compliance activities conducted by HQ management, HQ employees, the HQ revenue cycle (“RC”) staff, the Corporate Compliance Office, or any other Covered Individual. Examples of proactive and reactive compliance include, without limitation, the following: reports filed under the disclosure program; internal auditing and department monitoring activities; external audits, processing or correcting documentation, code/coding, charge, claim submission and payment transactions or exceptions; review of physician arrangements or payments; review of current or past cost reports; the identification and assessment of any risk area related to a HQ operation that could lead to an overpayment; discovery of an employee or other Covered Individual on an excluded provider or ineligible person list; and/or review of external agency correspondence or audit findings.

<sup>1</sup> In addition to governing the reporting and returning of Identified Overpayments at the HQ facilities, units, and entities (collectively hereinafter “Entities” or “Entity”) first listed above, this document also governs the procedure, as set forth herein at § [C][5][b-c] and, as applicable, Attachments “A” and “B” annexed hereto, that all non-HQ Nuvance Health Entities enrolled in the New York State (“NYS”) Medicaid program shall follow when reporting and returning Identified Overpayments by NYS Medicaid and NYS Medicaid Managed Care Organizations.

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**B. PROCEDURE:**

1. The following process shall be followed when a Potential Overpayment is identified by or reported to the RC or the Corporate Compliance Office:
  - a. Isolated clerical errors, unintended patient specific coding, charging, or billing errors, or any non-repetitive errors resulting in a Potential Overpayment should be dealt with in the normal course of business and refunded within sixty (60) days of the Identification Date.
  - b. Repetitive errors that result in a Potential Overpayment shall be reported to either: (i) a supervisor; (ii) a member of management; (iii) the Compliance Office; or (iv) the Compliance Hotline upon discovery of the potential repetitive error. If the matter is reported to a supervisor or a member of management, the person who receives such report shall then report the matter to the Compliance Office. Reports to the Compliance Office or to the Compliance Hotline may be made as follows:
    - i. Anonymous and Confidential Compliance Hotline – 1-844-YES-WeComply (844) 937-9326
    - ii. Direct telephone to the Compliance Office – (203) 739-7110
    - iii. Direct email to the Compliance Office – [compliance@nuvancehealth.org](mailto:compliance@nuvancehealth.org)
2. Potential Substantial Overpayments, whether due to a single claim or to a pattern of errors affecting many claims, shall in all cases be reported to the Compliance Office.
3. If the Compliance Office or RC receives a report of a Potential Overpayment, they will create a new folder in a centralized audit repository designated by the Compliance Office.
4. Appropriate actions will be taken immediately by the RC to make an initial assessment of whether or not the Potential Overpayment is an Identified Overpayment.
  - a. If the RC determines that there is not an Identified Overpayment, the RC, Billing Director, or designee, will communicate in writing to the Compliance Office why no Overpayment has been identified. Once agreed to by the Compliance

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Office, the Compliance Office will document the conclusion and close the related investigation.

- b. If the RC determines that there is an Identified Overpayment, the RC will coordinate actions among appropriate HQ managers to determine: the cause for the Identified Overpayment; the scope of the problem causing the Identified Overpayment; the appropriate corrective action steps to stop the Identified Overpayment from reoccurring; and the expected deadline for implementing the corrective actions. The RC, in consultation with the Compliance Office, shall decide whether or not to suspend submission of claims involving the underlying problem until the corrective actions can be implemented.
- c. If the RC cannot determine that there is an Identified Overpayment from an initial assessment due to the complexity of the issue, the need for appropriate fact finding, or to conduct appropriate legal and regulatory research, the RC, in consultation with the Compliance Office, shall decide whether or not to suspend submission of appropriate claims until an investigation has been completed.

**C. OVERPAYMENT REPORTING AND RETURNING**

- 1. Once a Potential Overpayment has been confirmed to be an Identified Overpayment, the RC, Billing Director, or designee, and the Compliance Office, with inclusion of General Counsel when necessary, are responsible for determining the scope of the audit, including the Lookback Period, identifying the impacted accounts, conducting the audit with Reasonable Diligence, determining the Overpayment amount and reporting and returning the Overpayment, within the later of either 60 days from the Identification Date or the date any corresponding cost report is due.
- 2. Preparation for the audit should include:
  - a. Consideration of potential violation of criminal, civil or administrative law applicable to any Federal health care program for which penalties or exclusions may be authorized.
  - b. Research of applicable laws, regulations and manual instructions.
  - c. Determination of the Lookback Period needed to quantify the Overpayment amount, including: what caused the Overpayment; when did the Overpayment begin; which accounts were impacted; what data is available and in what format does the data it exist (ex: paper, electronic).
  - d. Audit methods to be used such as 100% review or statistical sampling techniques.

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- e. Whether or not extrapolation will be necessary to quantify the overpayment amount.
3. The RC and the Corporate Compliance Office will be responsible for determining the amount of the refund and to document the methodology used to determine the amount prior to the completion of any refund form(s). These accounts will be identified and maintained by the RC in a spreadsheet in the centralized audit repository and shall include the following: payer name; claim reference number; claim line number; Medicaid Group ID (if applicable); billing provider’s Medicaid MMIS ID (if applicable); HIC number (if applicable); patient first name; patient last name; patient health insurance number; patient date of birth; patient social security number (if available; date of service; incorrect rate or procedure code (if applicable); correct rate of procedure code; incorrect units paid (if applicable); correct units; amount paid; amount that should have been paid; and amount paid by other third party (if applicable).
4. The Corporate Compliance Office will create refund cover letters for mailing the appropriate forms and checks to the payors (if applicable). The Compliance Office will seek legal advice as necessary. Overpayments must be refunded to the appropriate payor within sixty (60) days of the Identification Date.
5. To report and return the Overpayment, HQ shall, as set forth below, use an applicable claims adjustment, credit balance, self-reporting refund or other reporting or disclosure process established by the appropriate Government or Non-Government Payor:
    - a. *Repayment of Medicare Overpayments:* HQ may use any applicable claims adjustment, credit balance, self-reported refund (e.g., voluntary refund process), or other reporting set forth by National Government Services, HQ’s Medicare Administrative Contractor, to report a Medicare Overpayment<sup>2</sup>.
    - b. *Repayment of Medicaid Overpayments:* Overpayments by New York State Medicaid, fee for service must be reported, returned, and explained through the submission of a Self-Disclosure Statement, Certification, and Claims data file, in accordance with the New York State Office of the Medicaid Inspector General (“OMIG”) Self-Disclosure Program. Please see **Attachment** “A” for OMIG

<sup>2</sup>See National Government Services Overpayment, available at: <https://www.ngsmedicare.com/overpayments?selectedArticleId=2108148&lob=93617&state=97256&rgion=93623> (last accessed on March 16, 2023)

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Self-Disclosure Statement, and **Attachment “B”** for the required Self-Disclosure certification<sup>3</sup>.

- c. *Repayment of Medicaid Managed Care Organization (“MMCO”) Overpayments:* HQ shall report and refund overpayments in accordance with the MMCO’s repayment process<sup>4</sup>.
  - d. *Repayment to Payers other than Medicare/Medicaid:* Repayments of overpayments shall be done in accordance with the applicable payor’s policies and procedures and the contractual agreements.
  - e. *Self-pay accounts:* Identified Overpayments shall be refunded to patients in accordance with applicable policies and procedures. If it is not possible to refund the overpayment to the patient, HQ will follow the relevant New York laws pertaining to unclaimed property<sup>5</sup>.
6. When a Government Payor Overpayment has been calculated using statistical sampling methodology, HQ will describe the sampling extrapolation methodology in the report.
  7. Claim Corrections in Billing System: The billing department will determine the amount of overpayment after the payor has recouped the dollars and adjusted the claim. The billing department will communicate these types of Overpayments to the Corporate Compliance Office on a monthly basis.
  8. Substantial Overpayment: The Chief Compliance Officer, upon consultation with the Chief Legal Officer, shall report any Substantial Overpayment to the Audit and Compliance Committee of the Nuvance Health Board of Directors.
  9. In addition to the foregoing, all Covered Individuals shall:
    - (a) As set forth in HQ 5.1.19, *Identification, Quantification and Repayment of Overpayments Policy*, report any potential or confirmed billing errors or overpayments that they become aware of to the Corporate Compliance Office;

<sup>3</sup> See 18 NYCRR Subpart 521-3; see also, generally, 18 NYCRR § 521-1.3 [g]; 18 NYCRR § 521-1.3 [d][7]; 18 NYCRR § 521-1.1 [a].

<sup>4</sup> See 18 NYCRR Subpart 521-3; see also, generally, 18 NYCRR § 521-2.4 [f]

<sup>5</sup> See Office of the New York State Comptroller, *Reporting Unclaimed Funds to New York State* (available at: <https://www.osc.state.ny.us/unclaimed-funds/reporters> (last accessed on 3/16/2023)).

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- (b) Become familiar with the procedures and responsibilities provided in this procedural document;
- (c) Refrain from engaging in any form of retaliatory conduct as a result of another Covered Person’s:
  - (i) reporting of a potential or confirmed billing issue, overpayment, or any violation of this policy or government payor or non-government payor requirements;
  - (ii) Fulfillment of their duties, obligations, and responsibilities under this procedure.

**D. Rebilling Process**

1. For claims identified as requiring correction via the billing system, upon receipt of an email communication summarizing the information, the Billing Director, or designee, will initiate and oversee the rebilling process to correct the erroneous claims. The rebilling process will be tracked in the centralized audit repository. The Billing Director, or designee, will notify the Compliance Office once the rebilling process is complete.
2. The Billing Director or designee will promptly initiate and oversee a claim adjustment process. All claim adjustments will be reviewed by the billing department on a weekly basis. The Billing Director or designee will inform the Compliance Office in writing if research reveals that an Overpayment is likely to take more than thirty (30) days to refund. Any such cases will be reviewed with the Executive Compliance Committee (“ECC”).

**E. DEFINITIONS:<sup>6</sup>**

1. **Covered Individual:** The term “Covered Individual” shall have the same definition that said term has under the governing policy of this procedure, HQ 5.1.19, *Identification, Quantification and Repayment of Overpayments Policy*

<sup>6</sup> When addressing an Overpayment received by a non-HQ Nuvance Health Entity as prescribed in footnote 1, *supra*, the Definitions used herein in ¶¶ 3, 4, 6 and 7 of this section shall substitute the word “HQ” with “Nuvance Health” and, along with the other definitions used in this section, shall otherwise remain unchanged and maintain its original meaning.

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2. **Government Payor:** Any plan or program that provides health benefits, whether directly, through insurance, or otherwise, that is funded directly, in whole or in part, by the United States Government, New York State or Connecticut, including but not limited to: Medicare, Medicaid, Managed Medicare, Managed Medicaid, Tricare/VA/CHAMPUS, SCHIP, Federal Employees Health Benefit Program, National Association of Letter Carriers HBP, Indian Health Service, health services for Peace Corps volunteers, Railroad Retirement Benefits, Federal Black Lung Program, services provided to federal prisoners, Pre-Existing Condition Insurance Plans (“PCIPs”), Section 1011 requests, New York State Department of Corrections, NY Crime Victims, and AIDS Drug Assistance Program (“ADAP”).
3. **Identification Date:** The date on which HQ has determined, after a reasonable opportunity to conduct an appropriate review or investigation of the Potential Overpayment, determined an Overpayment exists and has quantified the amount of the Overpayment.
4. **Identified Overpayment:** HQ has determined that it has received or retained funds from a government or Non-government Payor that it is not entitled to, but Reasonable Diligence has not been completed and an Identification Date has not been determined.
5. **Lookback Period:** The period six (6) years from the date the Overpayment was received for Government Payors, or contractual or appropriate period from the date the Overpayment was received for Non-Governmental Payors.
6. **Non-Government Payor:** Any entity that is not a Government Payor and has paid or reimbursed HQ for healthcare services provided to HQ patients.
7. **Overpayment:** Funds HQ received or retained from a Government or Non-government Payor during the Lookback Period that HQ has determined, through Reasonable Diligence, that it is not entitled to, and for which it has established an Identification Date of the Overpayment. Overpayment includes, for example, any claims for medical care, services, items or supplies that should not have been submitted or otherwise not authorized to be paid by Government or Non-Government payors due to, as applicable, lack of medical necessity or in excess of a patient’s needs, the provision of medical services that fall below established standards of quality of care, faulty cost reporting, error, fraud, abuse, improper submission of claims, or any other practices prohibited under Federal healthcare program and private payor requirements that may lead to the

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submission of a fraudulent or other types of false claims or otherwise result in HQ receiving funds from payors it is not entitled to.<sup>7</sup>

8. **Potential Overpayment:** A suspected Overpayment that requires further research and confirmation.
9. **Potential Substantial Overpayment:** A Potential Overpayment that occurred due to either an isolated error or a pattern of errors that totals \$200,000 or more for one provider number.
10. **Reasonable Diligence:** A timely, good faith investigation that determines if HQ has received or retained an Overpayment and has quantified the excess amount. The investigation and quantification will be concluded at most six months from the receipt date of information that supports a reasonable belief that an Overpayment may have been received.
11. **Substantial Overpayment:** An Overpayment that occurred due to either an isolated error or a pattern of errors which total \$200,000 or more for one provider number.

**REFERENCES:**

81 Federal Register, February 12, 2016, p7654 (available at: <https://www.govinfo.gov/content/pkg/FR-2016-02-12/pdf/2016-02789.pdf>) (last accessed on: April 17, 2023).

42 CFR §§ 401.301, 303, 305 [Reporting and Returning of Overpayments] (available at: <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-A/part-401/subpart-D>) (last accessed on: April 17, 2023).

HQ 5.1.25 *Compliance Disclosure Program Policy*

NYS Social Services Law § 363-d (6) & (7) (available at <https://www.nysenate.gov/legislation/laws/SOS/363-D>) (last accessed on April 17, 2023).

Affordable Care Act (ACA) of 2010 § 6402 (codified at: Title 42 of the United States Code (USC) §1320a-7k(d)(1) & (2) (available at: <https://uscode.house.gov/view.xhtml?hl=false&edition=prelim&req=granuleid%3AUSC-prelim-title42-section1320a-7k&num=0&saved=%7CKHRpdGxIOjQyIHNIY3Rpb246MTMyMGEtN2EgZWVpdGlvbWcmVsaW0p%7C%7C%7C0%7Cfalse%7Cprelim>) (last accessed on: April 17, 2023).

18 NYCRR Subpart 521-3

18 NYCCR § 504.8 (available at: <https://regs.health.ny.gov/content/section-5048-audit-and-claim-review>) (last accessed on: April 17, 2023);

<sup>7</sup> 18 NYCRR §§ 504.8 [d], 515.2, 518.1 [b-c]



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18 NYCRR Part 518 (available at: <https://regs.health.ny.gov/volume-c-title-18/233841597/part-518-recovery-and-withholding-payments-or-overpayments> ) (last accessed on: April 17, 2023).  
 HQ 5.1.19, *Identification, Quantification and Repayment of Overpayments Policy*.

**POLICY HISTORY:**

Supersedes: 9/14/2020

Original Implementation Date: 10/25/2017

Date Reviewed: 9/30/2019, 9/14/2020, 9/1/2021, 9/1/2022, 2/8/2023

Date Revised: 10/25/2017, 5/25/2018, 9/21/2018, 4/18/2023

**APPROVAL:**

**Wayne A. McNulty**  
**Chief Compliance, Audit & Privacy Officer**



\_\_\_\_\_  
 Policy Owner

4/20/23  
 \_\_\_\_\_  
 Date<sup>8</sup>

<sup>8</sup> Note: This Policy was subsequently approved by the Audit & Compliance Committee of the Nuvance Health Board of Directors on Thursday, April 27, 2023.

**ATTACHMENT “A”**  
**OMIG Self-Disclosure Statement**



# SELF-DISCLOSURE STATEMENT

## FORM AND INSTRUCTIONS

Pursuant to 18 NYCRR § 521-3.4(c) to participate in the Self-Disclosure program, an eligible person shall apply by submitting a Self-Disclosure Statement. This form is for individuals and entities to report, return, and explain overpayments received from the NYS Medicaid program pursuant to Social Services Law section 363-d and 18 NYCRR SubPart 521-3 and is required for participation in OMIG’s Self-Disclosure Program.

**WARNING:** Failure to report, return, and explain an overpayment within sixty (60) days of identification, or the date any corresponding cost report is due, whichever is later, may result in the imposition of monetary penalties pursuant to Social Services Law section 145-b(4)(a)(iii), and other penalties and sanctions where authorized by State or Federal law. A person who provides false material information on this form, or intentionally omits material information from this form, may have their participation in the Self-Disclosure Program terminated.

**Each section of the Self-Disclosure Statement must be filled out in its entirety.**

### General

Please submit one Self-Disclosure Statement for each MMIS ID Number / NPI Number impacted by the overpayment. If multiple Statements need to be submitted, please explain that in Section 5.

### Contact Information

If additional information is required, OMIG will communicate with you using the contact information requested in Section 2. If your contact information changes, you must notify OMIG at [selfdisclosures@omig.ny.gov](mailto:selfdisclosures@omig.ny.gov).

### Sample & Extrapolation Request

Providers who wish to request a Universe, Sample and Extrapolation methodology to calculate their overpayment amount must provide a justification explaining why that methodology is needed in Section 3. They must also provide the data element parameters necessary for OMIG to extract a universe of potentially overpaid claims.

Approval is made in the sole discretion of OMIG. If the request is not approved, a claim-by-claim review of the potentially overpaid claims will be required. If the request is approved, OMIG will extract a universe of potentially overpaid claims based on the parameters disclosed in the Self-Disclosure Statement, and a statistically valid random sample of claims will be provided for review. The Provider must respond with the entire Sample and an explanation for each claim, identifying if it was allowed or disallowed and why, by the due date specified in the correspondence.

The overpayment will be calculated using the lower limit of the 90% confidence interval, or another statistically valid calculation, based on the Sample response. The calculation used is determined in the sole discretion of OMIG. The extrapolated overpayment amount repaid through a self-disclosure would reduce any amount owed due to overpayments found in any future review of the same claims. OMIG, however, reserves its right and the rights of any other entity authorized by law to conduct further audits, investigations or reviews of the Provider’s participation in the Medicaid program for the same or a different time period and the same basis.

### Voiding or Adjusting Claims for Repayment

Providers who wish to repay by voiding or adjusting claims are required to do so **prior** to submission of this Self-Disclosure Statement.

### Explaining The Overpayment

Providers are required to fully and completely explain the cause(s) of the overpayment, how it was identified, and

what corrective action was taken to prevent recurrence of the overpayment.

### Repayment

Once OMIG's review is completed, you will be notified of the overpayment amount, the amount due, your options for repayment, and directions for remitting payment. A Determination Notice will be sent to the email address you provided in Section 2. Providers who wish for OMIG to consider a waiver of interest for their overpayment are required to request a waiver of interest in Section 6. OMIG, in its sole discretion, may waive interest on any self-disclosure overpayment reported, returned, and explained by an eligible person. Providers requesting extended repayment terms must do so in Section 6. Providers approved for repayment through installments will be required to sign a Self-Disclosure and Compliance Agreement (SDCA).

## **Review of Self-Disclosure**

Following a review of the Self-Disclosure Statement, OMIG may determine that the Provider is not an "eligible person" because they failed to meet one or more of the eligibility requirements outlined in 18 NYCRR § 521-3.4(b)(1).

Regardless of a Provider's eligibility, a provider who has received an overpayment must report and return that overpayment to OMIG's Self-Disclosure Program in accordance with the requirements found in 18 NYCRR § 521-3.4(b)(3).

# PART I REPORTING THE OVERPAYMENT

## Section 1: Provider Medicaid enrollment Information

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### MMIS Number (Provider ID Number)

Click or tap here to enter text.

### NPINumber

Click or tap here to enter text.

### Provider Name

Click or tap here to enter text.

### Provider DBA (all that apply)

Click or tap here to enter text.

### Provider Address (include number, street name, floor/suite number, city and zip code)

Click or tap here to enter text.

## Section 2: Provider Contact Information

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**NOTE:** This contact will be required to respond to requests for information relevant to this submission. If there are any changes to this contact information, you are required to notify OMIG.

### Contact Name

Click or tap here to enter text.

### Contact Title

Click or tap here to enter text.

### Correspondence Address (include number, street name, floor/suite number, city and zip code)

Click or tap here to enter text.

**Email Address:** Click or tap here to enter text.

**Phone Number:** Click or tap here to enter text.

## Section 3: Overpayment Information

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**Estimated amount of the overpayment**

Click or tap here to enter text.

**Date the overpayment was identified**

Click or tap to enter a date.

**Dates of Service the overpayment encompasses**

Click or tap here to enter text.

**Overpayment Calculation Methodology**

- Claim-by-Claim review (all overpaid claims are included in the Claims Data Form)
  
- Non-claim Overpayment

**Explanation (please provide a detailed explanation for how this overpayment was calculated)**

Click or tap here to enter text.

- Request for Sample Review & Overpayment Extrapolation

**Sample & Extrapolation Justification (please explain why this type of review is necessary)**

Click or tap here to enter text.

**Universe Date of Service Start Date**

Click or tap to enter a date.

**Universe Date of Service End Date**

Click or tap to enter a date.

**Rate, Procedure or NDC Codes impacted**

Click or tap here to enter text.

**Other Information (any other information that will narrow the Universe of potentially overpaid claims)**

Click or tap here to enter text.

**Section 4: Claim Data Information**

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Types of claims affected (check all that apply)

- Managed Care** (please list managed care or managed long-term care plan names)

Click or tap here to enter text.

- Medicaid Fee for Service (FFS)**

- FFS APG** (ambulatory patient group)

- FFS EPS** (episodic)

- Other** (please provide additional explanation to assist in verifying your overpayment)

Click or tap here to enter text.

Have the disclosed claims been voided or adjusted?  Voided  Adjusted  N/A

If yes, please provide the date(s) of the void(s)/adjustment(s)

Click or tap here to enter text.

### **Claim Data**

- Claims Data Form:** Complete this form to disclose overpaid claims.

Access the form here: [Claims Data File](#)

- Mixed Payer Calculation Form:** Complete this form to disclose Excluded Provider(s).

Access the form here: [Mixed Payer Calculation Form](#)

## **PART II EXPLAINING THE OVERPAYMENT**

### **Section 5: Statement Explaining the Overpayment**

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**Describe completely and fully the error or matter that occurred, including an explanation of the circumstances that led to the overpayment, the type of program, services, and claims affected, etc.**

Click or tap here to enter text.

**List any rules, policies, regulations and/or laws that are relevant to the error or matter that occurred. Also include identification of your regulatory oversight agency (if applicable), and when they were contacted to report this matter. Attach any guidance or direction you received relevant to this disclosure.**

Click or tap here to enter text.

**Provide the names and titles of the individuals who were involved in the error or matter that occurred.**

Click or tap here to enter text.

**Describe completely and fully how the error or matter was found, including the names and titles of the individuals who discovered it.**

Click or tap here to enter text.

**Describe all actions taken to stop the error or matter, including the names and titles of the individuals who were involved in rectifying the problem.**

Click or tap here to enter text.

**Describe all corrective actions taken to prevent recurrence of the error or matter.**

Click or tap here to enter text.



## PART III RETURNING THE OVERPAYMENT

### Section 6: Repayment Information

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Pursuant to 18 NYCRR § 521-3.5, you are required to pay the full amount due within 15 days of receiving OMIG's notification of the amount due or no later than the expiration of the deadline to report, return and explain, whichever is later. Voiding the claims if overpaid in full, or adjusting the claims if partially overpaid, is repayment of the claims. Overpayments can also be repaid through lump sum check, money order or electronic payment.

Upon the demonstration of financial need, you may be permitted to pay the amount due through installment payments by entering into a **Self-Disclosure and Compliance Agreement (SDCA)**, pursuant to 18 NYCRR § 521-3.4(e). This request must be made below. An SDCA will set forth the terms of repayment and any corrective action necessary to prevent the recurrence of the issues giving rise to the overpayment. The terms of repayment shall be calculated at not less than 15% of total Medicaid receivables or a maximum repayment term of 2-years, whichever period of repayment is less. If you are requesting a longer period of repayment, OMIG may in its discretion approve a period longer than two years. To be considered for an SDCA, you must provide a justification of financial need, the repayment period you are requesting, and you must provide the Federal tax return you filed in the prior tax year.

Check all that apply:

- I am requesting that OMIG consider granting a waiver of interest in this case.
- I will pay the overpayment amount in one payment. I am not requesting installment payments.
- I have voided or adjusted my overpaid claims to repay the Medicaid program.
- I am requesting installment payments. If, in OMIG's discretion, my request is approved, I agree to the terms outlined in this section.

If requesting installment payments, provide a justification of need below, including the repayment term you are requesting, and attach last year's Federal tax return.

[Click or tap here to enter text.](#)

## PART IV INSTRUCTIONS AND SUBMISSION

### Section 7: Terms, Conditions, and Other Instructions

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In consideration of a person's good-faith participation in OMIG's Self-Disclosure program, the following may be considered by OMIG in determining the terms and conditions of an individual or entity's repayment and corrective action:

- OMIG may waive interest on any overpayment reported, returned, and explained by an eligible person using this form.
- OMIG may permit repayment periods of up to two years without charging interest on the amount of the overpayment. OMIG may consider longer periods of repayment, with interest, upon a showing of

financial need.

- A person's good-faith participation in the Self-Disclosure Program may be considered as a mitigating factor in the determination of an administrative enforcement action. This includes determinations regarding, where applicable, whether a provider has adopted and implemented an effective compliance program in accordance with section 363-d of the Social Services Law.

**NOTE:** Information submitted with this form may be shared with other OMIG divisions, including OMIG's Bureau of Compliance. Where a provider is required to execute an SDCA, outlining, in addition to any terms of repayment, corrective action necessary to prevent recurrence of the error or matter in the future, OMIG may follow-up in the course of a Compliance Program Review (CPR).

## **Section 8: Submission**

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By submitting this application and [Certification Form](#), I (or the provider) hereby affirm that:

- I (or the provider) agree to comply with all of the requirements of the Self-Disclosure Program as set forth in 18 NYCRR SubPart 521-3.
- I (or the provider) am not currently aware of being under audit, investigation or review by OMIG, unless the overpayment and the related conduct being disclosed does not relate to OMIG's audit, investigation or review.
- I (or the provider) am disclosing an overpayment and related conduct that OMIG has not determined, calculated, researched or identified at the time of this disclosure.
- I (or the provider) am not currently aware of being a party to any criminal investigation conducted by the Deputy Attorney General for the Medicaid Fraud Control (MFCU) or any other agency of the United States Government or any political subdivision thereof.
- I (or the provider) agree to repay the overpayment in full within 15 days of being notified by OMIG of the amount due, unless requested and granted an installment payment agreement.
- I (or the provider) agree to execute and return to OMIG a Self-Disclosure and Compliance Agreement where required to do so.
- I (or the provider) acknowledge that failure to cooperate with OMIG during the Self-Disclosure process may result in penalties, fines or my participation resulting from this submission being terminated in the Self-Disclosure Program and that any amount owed shall become immediately due and payable (but not sooner than 60-days from the date I identified the overpayment), including interest thereon.

**ATTACHMENT “B”**  
**Self-Disclosure Certification**

**New York State Office of the  
Medicaid Inspector General**

**CERTIFICATION STATEMENT FOR THE SELF-DISCLOSURE STATEMENT FORM**

By signing and submitting this self-disclosure application, I (or the provider) hereby affirm that:

- I (or the provider) agree to comply with all of the requirements of the Self-Disclosure Program as set forth in 18 NYCRR SubPart 521-3.
- I (or the provider) am not currently aware of being under audit, investigation or review by OMIG, unless the overpayment and the related conduct being disclosed does not relate to OMIG's audit, investigation or review.
- I (or the provider) am disclosing an overpayment and related conduct that OMIG has not determined, calculated, researched or identified at the time of this disclosure.
- I (or the provider) am not currently aware of being a party to any criminal investigation conducted by the Deputy Attorney General for the Medicaid Fraud Control (MFCU) or any other agency of the United States Government or any political subdivision thereof.
- I (or the provider) agree to repay the overpayment in full within 15 days of being notified by OMIG of the amount due, unless requested and granted an installment payment agreement.
- I (or the provider) agree to execute and return to OMIG a Self-Disclosure and Compliance Agreement where required to do so.
- I (or the provider) acknowledge that failure to cooperate with OMIG during the Self-Disclosure process may result in penalties, fines or my participation resulting from this submission being terminated in the Self-Disclosure Program and that any amount owed shall become immediately due and payable (but not sooner than 60-days from the date I identified the overpayment), including interest thereon.

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*Signature*

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*Date*

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*Print Name*

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*Title*