

WebRulation Mandates on the Web

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Eye on OMIG – New Abbreviated Process on Self Disclosures

The Office of Medicaid Inspector General (OMIG) yesterday released a companion to its long-standing self-disclosure program to allow providers an abbreviated process for self-disclosure for routine or transactional errors. In making required self-disclosures, providers will need to determine whether the abbreviated form or the full statement must be filed. OMIG has released new [guidance](#) for providers to direct this inquiry.

Bond's Health Care and Long Term Care practices have been assisting clients with self-disclosures at all payor levels for more than 25 years. This new [WebRulation](#) marks further attempts to allow providers a more streamlined pathway to compliance with Federal 60 day turnaround on repayment obligations where there are overpayments "resulting from routine and transactional errors or meet other defined characteristics and have already been voided or adjusted." Providers should review the new guidance to determine whether routine voids will require abbreviated process notification.

The FAQs explain the "Full Process" vs. the "Abbreviated Process" for sixty day compliance as follows:

Full Process

Within 60 days of the identification of the overpayment the Medicaid entity/Provider will submit a completed Full Self-Disclosure Statement, Certification form and Claim Data form or Mixed Payor Calculation (MPC) form, if applicable. They will receive confirmation of receipt via email which confirms the 60-day timeframe has been tolled. The Self-Disclosure Unit will review the submission documentation and will verify the overpayment amount as applicable. Additional information will be requested, if needed. The Medicaid entity/Provider will have 15 calendar days to supply any additional information requested. Once the review is complete a Determination Notice will be issued to the Medicaid entity/Provider confirming the total overpayment amount for the overpayment reason(s) disclosed, confirming any amounts already repaid through void or adjustment, and any balance still due. It will also contain repayment instructions as applicable. If the Medicaid entity/Provider has requested extended repayment terms they will be contacted by OMIG's Office of Counsel.

Abbreviated Process

Medicaid providers may utilize the Abbreviated Self-Disclosure Process to report and explain identified overpayments resulting from routine and transactional errors or meet other defined characteristics and have already been voided or adjusted. The Medicaid provider voids or adjusts the overpaid claim(s) within 60 days of identification as appropriate and adds it/them to the Self-Disclosure Abbreviated Statement form. As a convenience and best practice, providers may aggregate their submissions in a monthly report which will be submitted by the fifth of the month following the month in which the claims were voided or adjusted. They will receive confirmation of receipt via email. Additional information will be requested, if needed. The Medicaid provider will have 15 calendar days to supply any additional information requested. Overpaid claims reported and explained through the Abbreviated process are already repaid by void or adjustment, therefore no Determination Notice will be issued for Abbreviated process submissions. OMIG may, in its discretion, request that a Medicaid provider submit a Full Self-Disclosure Statement.

Please contact [Roger Bearden](#), Senior Counsel, or any other member of Bond, Schoeneck & King's [Health Care](#) and [Long Term Care](#) practices with whom you deal with regularly about this update.

Bond's [Health Care Practice](#) is a multi-disciplinary team devoted to representing all types of health care providers.

Bond's [Long Term Care Practice](#) attorneys have been representing health care providers across New York State for over 20 years with a comprehensive menu of services.

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