



**Office of the Medicaid
Inspector General**

OMIG Self-Disclosure Requirements and Best Practices for Social Adult Day Care Programs

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SEPTEMBER 10, 2026

Agenda

- Applicable Regulation and Requirements
- Self-Disclosure Data
- When to Self-Disclose
- OMIG's Full Self-Disclosure Process
- OMIG's Abbreviated Self-Disclosure Process
- Self-Disclosure of Lost, Destroyed, or Damaged Records
- Questions & Answers
- Appendix



OMIG's Mission

To enhance the integrity of the NYS Medicaid program by preventing and detecting fraudulent, abusive, and wasteful practices within the Medicaid program and recovering improperly expended Medicaid funds, while promoting high-quality patient care.



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Applicable Regulation and Requirements

Applicable Regulations

For all Medicaid entities

- Affordable Care Act (ACA) of 2010 §6402
- Title 42 of the United States Code (USC) §1320a-7k(d)(1) & (2)
- Social Services Law (SOS) §363-d(6) & (7)
- Title 18 of the New York Code of Rules and Regulations (NYCRR) §521-3
- Title 18 of the New York Code of Rules and Regulations (NYCRR) §504

For Medicaid Managed Care Organizations

- Title 42 of the code of Federal Regulations (C.F.R.) § 438.608(d)(2)
- Title 18 of the New York Code of Rules and Regulations (NYCRR)
 - §521-2.4(f)
 - §521-2.4(h)
 - §521- 3.3(b)(5)
- Model Contract 3/1/2019
 - Section 18.5(a)(viii)(G)
 - Section 22.7(e)

Potential Penalties for Non-Compliance

- Social Services Law (SOS)
 - §363-d(6)(d)
 - §145-b(4)(D)(iii)
- State Finance Law (SFL) – New York False Claims Act



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Impacted Entities

- ❑ All Medicaid Entities, including:
 - Medicaid-enrolled Providers
 - Fiscal Intermediaries
 - Support Brokers
 - Health Homes
 - Managed Care Network Providers
 - Medicaid Managed Care Organizations (MMCOs) as both a Plan and as a Provider (overpaid capitation payments)
 - All other Entities involved in the billing or receipt of Medicaid funds



Requirements of Medicaid-Enrolled Providers, MMCOs, and Other Entities

- ☐ Have **processes in place** to identify the receipt of Medicaid overpayments
- ☐ **Report, return, and explain** the identified overpayment to OMIG's Bureau of Self-Disclosure **within 60 days** from the date of identification
- ☐ **Remain compliant and responsive** throughout the Self-Disclosure review process
- ☐ **Repay the overpayment** according to the terms and timeframes as directed by OMIG



Managed Care Overpayments - MMCO Requirements

- ☐ Have **processes in place** for Network Providers to report, return, and explain any self-identified Medicaid Managed Care overpayments, meeting the requirements outlined under Social Services Law (SOS)§363-d
- ☐ **Post the details** of these processes and pertinent organizational contact information on the MMCO's website
- ☐ **Accept, respond to, and process** Network Provider self-disclosures of Medicaid Managed Care overpayments
- ☐ **Report** self-disclosure recoveries on the Provider Investigative Report (**PIR**) reports to OMIG and the **MMCOR** reports to DOH



Managed Care Overpayments - Network Provider Requirements

- ❑ **Report, return, and explain** Medicaid Managed Care overpayments **to the applicable MMCO(s)** within 60 days of identifying the overpayment

- ❑ **Adhere to MMCO policies and procedures** for the report, return, and explain requirement pertaining to overpayments
 - ❖ *If a Network Provider self-discloses Managed Care overpayments to OMIG, the Bureau of Self-Disclosure will issue a Determination Notice advising the provider to report, return, and explain to the applicable MMCO(s).*

 - ❖ *If a Network Provider determines an MMCO is unresponsive to the Provider's attempts to report, return, and explain Managed Care overpayments, Network Providers are instructed to document their attempts and submit a Full Self-Disclosure to OMIG.*



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Self-Disclosure Data

Self-Disclosure by the Numbers

CY 2024

- 650 Full SDs initiated
- 635 Full SDs finalized
- \$25M overpayment recoveries
- 3,634 Abbreviated SDs received

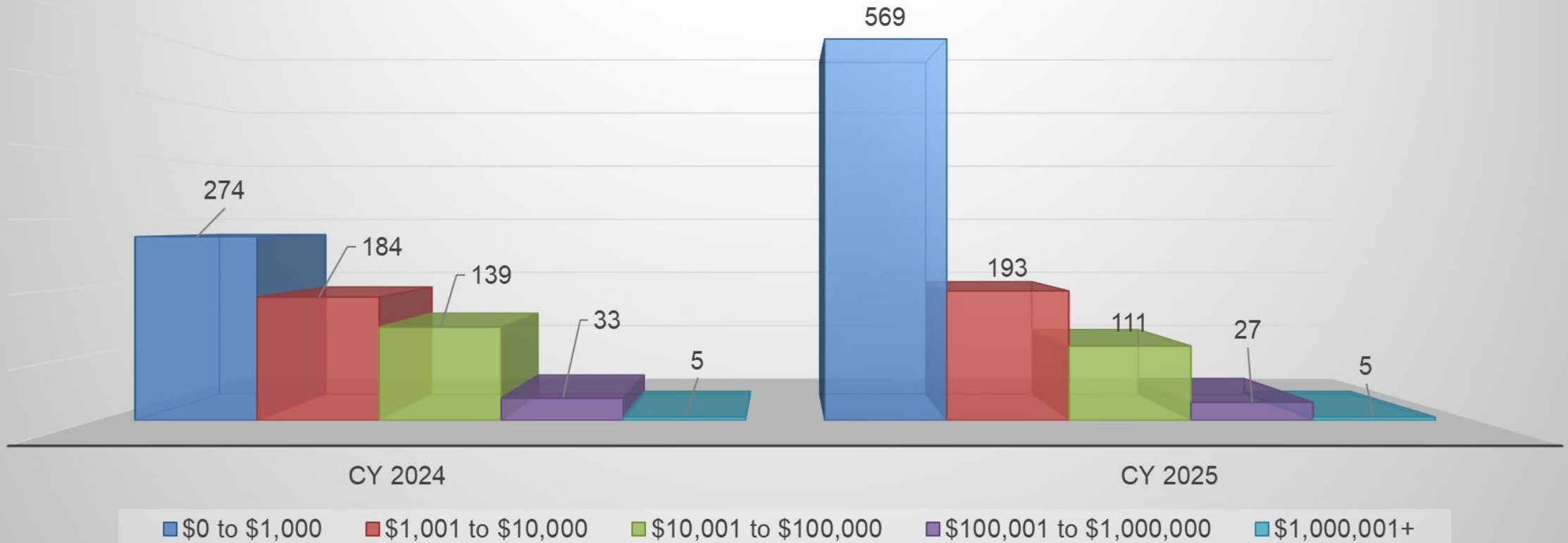
CY 2025

- 946 Full SDs initiated
- 905 Full SDs finalized
- \$24.8M overpayment recoveries
- 4,402 Abbreviated SDs received



Self-Disclosure by the Numbers (cont.)

Findings Comparison
Projects by Overpayment Amount



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When to Self-Disclose

Overpayment Identification

- ❑ The 60-day timeframe to report, return, and explain a Medicaid overpayment begins when:
 - ✓ It's confirmed that a Medicaid overpayment has been received
 - ✓ An investigation into the overpayment is complete and it's known why the overpayment occurred
 - ✓ A corrective action plan has been identified (if applicable)
 - ✓ The repayment method has been identified
 - Voids
 - Adjustments
 - Lump sum check, electronic check, or money order
 - Extended repayment terms are needed



Common Issues Disclosed

- ❑ Commonly self-disclosed errors that led to a Medicaid overpayment include, but are not limited to:
 - Billing errors
 - Fraudulent behavior by employees or brokers
 - Discovery of an employee or broker on the Excluded Provider list
 - Documentation errors (e.g., missing Treatment Plan/Life Plan; missing signature on Treatment Plan/Life Plan; lack of documentation to support services)



Matters that Should Not be Self-Disclosed

- ☐ The overpayment is included in another separate review or audit being conducted by OMIG, the Office of the Inspector General, Attorney General, etc.
- ☐ The overpayment is included in a broader state-initiated rate adjustment, cost settlement, or other payment adjustment mechanism. For example: retroactive rate adjustments, charity care, cost reporting, etc.
- ☐ Any underpayments, as these must be re-billed to eMedNY



Benefits of Self-Disclosure

- ✓ Promotes an environment of compliance and integrity within an organization
- ✓ Enables OMIG to work with the disclosing entity on repayment terms
- ✓ Satisfies the disclosing entity's obligation to report, return, and explain under Federal and State law



Self-Disclosure Best Practices

- ☐ **Fully investigate what caused the overpayment, who was involved, and determine what will be done to ensure nonrecurrence.**
 - Determine what caused the overpayment to occur
 - Identify who caused the overpayment (if identifiable)
 - Identify who was involved in discovering the overpayment
 - Quantify the overpayment to the best of your ability and determine an estimated overpayment amount
 - Determine what corrective action needs to take place (if any) to ensure the overpayment does not reoccur
 - Contact your oversight agency with any questions!
- ☐ **Retain documentation related to the self-disclosure submission and the actions taken to remediate the instances leading to the overpayment.**



Two Self-Disclosure Avenues

- ❑ All identified Medicaid overpayments must be self-disclosed.
- ❑ OMIG has developed two paths for Medicaid Entities/Providers to satisfy their obligation to report, return, and explain self-identified Medicaid overpayments within 60 days from the date of identification; disclosing entities must choose the appropriate type of Self-Disclosure based on the type of overpayment identified.
 - **Full Self-Disclosure**
 - **Abbreviated Self-Disclosure**
- ❖ ***Please Note: Voiding or adjusting claims does not satisfy the obligation to report and explain identified overpayments.***



Two Self-Disclosure Avenues (cont.)

Which type of self-disclosure do I have?

- ☐ This determination should be based on the error or issue that occurred that caused the overpayment of Medicaid funds.
- ☐ The first step is to fully investigate and identify the error that caused the overpayment.



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OMIG's Full Self-Disclosure Process

Full Self-Disclosure Statements

- ☐ Any error that requires a Medicaid entity/Provider to create and implement a formal **corrective action plan**
- ☐ Actual, potential, or credible allegation of **fraudulent behavior** by employees or others
- ☐ Discovery of an employee on the **Excluded Provider** list
- ☐ **Non-claim-based** Medicaid overpayments
- ☐ **Systemic** billing or claiming issues
- ☐ Any error with **substantial monetary or program impacts**
- ☐ Self-identified **capitation overpayments**
- ☐ Instances when an **MMCO is unresponsive** to a Network Provider's attempts to report, return and explain Medicaid Managed Care overpayment
- ☐ Any instance **upon direction** by OMIG, or another oversight agency (DOH, OPWDD, OCFS, OMH, OASAS)



Full Self-Disclosure Submission

- ☐ Complete the Self-Disclosure Full Statement, Certification form, and Claims Data or Mixed Payer Calculation spreadsheet (as applicable)
- ☐ If repaying by voids or adjustments, void or adjust the overpaid claim(s)
- ☐ Utilize the secure uplink on OMIG's website to submit the completed Self-Disclosure documentation



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OMIG's Abbreviated Self-Disclosure Process

Criteria for Using the Abbreviated Self-Disclosure Process

The Abbreviated Self-Disclosure process is used in response to Fee-For-Service overpayments resulting from errors of a routine or transactional nature where a corrective action plan is not necessary, such as:

- ☐ Typographical human errors
- ☐ Routine Net Available Monthly Income (NAMI) adjustments
- ☐ Instances of missing or faulty authorization for services due to human error
- ☐ Inappropriate rate, procedure, or fee code used due to typographical or human error
- ☐ Routine recipient enrollment issue
- ❖ ***All overpaid Medicaid claims appropriate for the Abbreviated process must be voided or adjusted.***
- ❖ ***Capitation Payments and Medicaid Managed Care Overpayments cannot be self-disclosed using the Abbreviated Process.***



How to Submit an Abbreviated Self-Disclosure

- ☐ Void or adjust the overpaid claim(s)
- ☐ Within 60 days of identifying the overpayment, refer to the Abbreviated Self-Disclosure process on OMIG's website



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Self-Disclosure of Lost, Destroyed, or Damaged Records

Lost, Destroyed, or Damaged Records

- ❑ By enrolling in Medicaid, providers agree to have records demonstrating the right to receive payment under the Medicaid program, and to maintain those records for a period of six years from the date the care, services, or supplies were furnished. Records must be produced upon request.
- ❑ OMIG has developed a process for providers to self-disclose lost, damaged or destroyed records. Reports must be submitted to OMIG no later than 30 days after discovery.





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Self-Disclosure: It's the *right thing* to do



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Resources

OMIG Self-Disclosure Resources and Contact Information

- ❑ Self-Disclosure web page: <https://omig.ny.gov/provider-resources/self-disclosure>
- ❑ Self-Disclosure dedicated email: selfdisclosures@omig.ny.gov
- ❑ Self-Disclosure dedicated phone line: 518-402-7030



Agency Contact & Resource Information

- OMIG Executive Office: 518-473-3782
- Website: www.omig.ny.gov
- Bureau of Medicaid Fraud Allegations: bmfa@omig.ny.gov
- Medicaid Fraud Hotline: 877-873-7283
- Follow us on X, formerly known as Twitter: @NYSOMIG
- Dedicated OMIG email: information@omig.ny.gov





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Appendix

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How to Submit through the Full Self-Disclosure Process

Full Self-Disclosure Submission

An official website of New York State. [HERE'S HOW YOU KNOW](#) ▾

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You can help stop Medicaid fraud. Call OMIG's Fraud Hotline at 1-877-87 FRAUD (1-877-873-7283) or [file a claim electronically](#).

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Acting Medicaid Inspector General [Frank T. Walsh, Jr.](#)

EXCLUDED PROVIDER CHECK

Providers that commit Medicaid fraud, waste, or abuse may be excluded from participating in the Medicaid program. These providers cannot offer services to Medicaid enrollees or be paid with Medicaid dollars.

Prior to adding new staff members, employers should check to see if prospective employees have been excluded from Medicaid.

[Check the status of any exclusion.](#)

SELF-DISCLOSURE

Medicaid Entities/Providers who received and identified Medicaid overpayments are required to report, return and explain those overpayments to OMIG. For more information and to complete the self-disclosure process, go to [Self-Disclosure](#).

Employers who have received an overpayment of Health Care Worker Bonus (HWB) funds are required to report, return, and explain that overpayment to OMIG. For more information and to complete the HWB self-disclosure process, go to [Self-Disclosure of Health Care Worker Bonus Payments](#).

LATEST NEWS

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April 01, 2026

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OMIG Posts Hospice Protocol

March 24, 2026

The New York State Office of the Medicaid Inspector General (OMIG) posted a new protocol on its website: HOSPICE To view this protocol, please visit: [https://omig.ny.gov/audit/audit-protocols](#) [Read More](#)

Protocols Posted on OMIG's Website

March 04, 2026

The New York State Office of the Medicaid Inspector General (OMIG) posted a new protocol on its website: OMH Community Rehabilitation Services for Adults To view this protocol, please visit: [https://omig.ny.gov/audit/audit-protocols](#) [Read More](#)

An official website of New York State. [HERE'S HOW YOU KNOW](#) ▾

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Self-Disclosure

SELF-DISCLOSURE OF MEDICAID OVERPAYMENTS

The New York State Office of the Medicaid Inspector General (OMIG) developed the Self-Disclosure Program in consultation with health care providers and industry professionals as the method for disclosing overpayments to OMIG. OMIG designed this approach to encourage providers and other Medicaid entities to investigate and report matters that involve possible fraud, waste, abuse or inappropriate payment of funds that affect the state's Medicaid program, and that they identify through mechanisms like self-review, compliance programs, or internal controls.

Providers must also submit self-disclosures and reports of damaged, lost or destroyed records to OMIG's Bureau of Self-Disclosure.

Please see the following links for additional information:

- [Regulatory Authority](#) (updated December 2022)
- [Guidance](#) (updated July 2025)
- [Frequently Asked Questions \(FAQs\)](#) (updated July 2025)
- [Full Self-Disclosure Process](#) (updated July 2025)
- [Abbreviated Self-Disclosure Process](#) (updated July 2025)
- [Lost or Destroyed Records Reporting](#) (updated January 2023)
- [Presentations](#) (updated December 2025)
- [Self-Disclosure Contact Information](#) (updated July 2025)

Full Self-Disclosure Submission (cont.)

Full Self-Disclosure Process

FULL SELF-DISCLOSURE PROCESS

Full Self-Disclosures are required for any non-claim-based Medicaid overpayment, and for Fee for Service (FFS) claim overpayments that are not appropriate for the Abbreviated Self-Disclosure Process. Please see [Self-Disclosure Guidance](#) for information on how to determine the appropriate Self-Disclosure Process for your overpayment.

To meet the obligation of reporting, returning, and explaining, a completed Full Self-Disclosure Statement and Certification Form must be submitted to OMIG's Bureau of Self-Disclosure Unit within sixty (60) days from the date the overpayment was identified. The Full Self-Disclosure Statement contains embedded links to the Claims Data Form and MPC Form, which are Excel spreadsheets used for reporting data as applicable to the specific overpayment.

How to self-disclose using the Full Self-Disclosure Process

Click on the form links below and save them to your computer. Once they are complete, navigate back to this page and use the Secure Submission Link below to submit them to OMIG's Self-Disclosure Program. The Secure Submission link will bring you to a page where you can upload your self-disclosure form and documents and include an optional message, and then send them securely to OMIG.

Please note that the Secure Submission Link will protect the data submitted, no additional encryption is required. Please ensure an internal firewall has not restricted access to the forms prior to submitting. Additionally, the Secure Submission Link below is the only avenue for successful submission of a Full Self-Disclosure.

What You Need

- [Full Self-Disclosure Statement Form](#) *(this form is required)*
- [Certification Form](#) *(this form is required)*
- [Claims Data Form](#)
For self-disclosing overpaid Medicaid claims. This form is also available in the Statement Form as an embedded link.
- [Mixed Payer Calculation Form](#)
For self-disclosing salary and benefits paid to an excluded or non-enrolled employee. This form is also available in the Statement Form as an embedded file.

Secure Submission Link

Submit your completed Full Self-Disclosure: [Secure Submission Link](#)
(this is the only acceptable format for submission)

Related Self-Disclosure Resources

- [Overview](#)
- [Regulatory Authority](#)
- [Guidance](#)
- [Frequently Asked Questions \(FAQs\)](#)
- [Abbreviated Self-Disclosure Process](#)
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- [Contact Information](#)



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Full Self-Disclosure Submission (cont.)



FULL 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.

Sample & Extrapolation Request

Medicaid entities/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 Medicaid entity/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 Medicaid entity's/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

Medicaid entities/Providers who wish to repay by voiding or adjusting claims are required to do so prior to submission of this Self-Disclosure Statement or must state in Section 4 that they are actively voiding or adjusting the claims.

- ☐ Form and Instructions
- ☐ Part I: Reporting the Overpayment
- ☐ Part II: Explaining the Overpayment
- ☐ Part III: Returning the Overpayment
- ☐ Part IV: Instructions and Submission



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Full Self-Disclosure Submission

❑ Claims Data Form

❑ Mixed Payer Calculation (MPC) Form

Claims Data Form (January 202... • Saved to this PC)

File Home Insert Page Layout Formulas Data Review View Automate Help Acrobat

Clipboard Font Alignment Number Styles Cells Editing Analysis Sensitivity Add-ins Adobe Acrobat

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
	Payer (Medicaid FFS or MCO/MLTC Name)	Claim Reference Number (CRN) or Transaction Control Number (TCN)	Claim Line Number	Medicaid Group ID (if Applicable)	Billing Medicaid MMS ID (Billing Provider ID)	Servicing Medicaid MMS ID (Servicing Provider ID)	Billing Provider NPI (National Provider Identifier)	Servicing Provider NPI (National Provider Identifier)	Recipient CIN (Medicaid ID)	Recipient Date of Birth	Recipient Social Security Number	Recipient Last Name	Recipient First Name	Begin Date of Service (do not input billed or payment date)	End Date of Service (do not input billed or payment date)
1															
2															
3															
4															
5															
6															
7															
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9															
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13															
14															

Mixed Payer Calculation Form

The following formula is used to determine the repayment amount for Excluded or Non-Enrolled individuals, when the Medicaid claims impacted by their exclusion or non-enrollment status can't be identified, and whose salaries were paid through multiple sources. The form will calculate the estimated amount of salary and benefits paid during the period of exclusion that can reasonably be attributed to Medicaid funds (overpayment amount).

* Fill in the sections highlighted in blue *

Dates: Enter dates worked while excluded or non-enrolled

Enter up to one (1) year per column	Enter Dates	Enter Dates	Enter Dates	Enter Dates	Enter Dates

Earnings: Enter compensation earned while excluded or non-enrolled by dates worked

Gross earnings					
Benefit & Welfare					
Pension					
Total Compensation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Revenue: Enter the annual revenue amounts below as found in the Provider's fiscal or calendar year records.

Total Revenue from all sources (including Medicaid)					
Total Revenue (Medicaid only)					

Totals: Below find the calculated Medicaid revenue percentage, salary and benefits attributed to Medicaid by dates worked, and total calculated overpayment amount

Provider's Medicaid Revenue Percentage	0.0%	0.0%	0.0%	0.0%	0.0%
Overpayment amounts (the Medicaid revenue percentage multiplied by the total compensation)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Overpayment	\$0.00				



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Full Self-Disclosure Submission

☐ Certification Form

**New York State Office of the
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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.

<i>Signature</i>	<i>Date</i>
<i>Print Name</i>	<i>Title</i>



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Full Self-Disclosure Process

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How to Submit Self-Disclosure of Lost, Destroyed, or Damaged Records

Lost, Destroyed, or Damaged Records Disclosure Submission

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March 04, 2026

The New York State Office of the Medicaid Inspector General (OMIG) posted a new protocol on its website: OMH Community Rehabilitation Services for Adults To view this protocol, please visit: [Read More](#)

You can help stop Medicaid fraud. Call OMIG's Fraud Hotline at 1-877-87 FRAUD (1-877-873-7283) or [file a claim electronically](#).

Be in the Know: subscribe to the [OMIG Update](#), your source for the latest agency news and information.

Acting Medicaid Inspector General [Frank T. Walsh, Jr.](#)

Self-Disclosure

SELF-DISCLOSURE OF MEDICAID OVERPAYMENTS

The New York State Office of the Medicaid Inspector General (OMIG) developed the Self-Disclosure Program in consultation with health care providers and industry professionals as the method for disclosing overpayments to OMIG. OMIG designed this approach to encourage providers and other Medicaid entities to investigate and report matters that involve possible fraud, waste, abuse or inappropriate payment of funds that affect the state's Medicaid program, and that they identify through mechanisms like self-review, compliance programs, or internal controls.

Providers must also submit self-disclosures and reports of damaged, lost or destroyed records to OMIG's Bureau of Self-Disclosure.

Please see the following links for additional information:

- [Regulatory Authority](#) (updated December 2022)
- [Guidance](#) (updated July 2025)
- [Frequently Asked Questions \(FAQs\)](#) (updated July 2025)
- [Full Self-Disclosure Process](#) (updated July 2025)
- [Abbreviated Self-Disclosure Process](#) (updated July 2025)
- [Lost or Destroyed Records Reporting](#) (updated January 2023)
- [Presentations](#) (updated December 2025)
- [Self-Disclosure Contact Information](#) (updated July 2025)



Office of the Medicaid
Inspector General

Lost, Destroyed, or Damaged Records Disclosure Submission

Lost, Damaged or Destroyed Records Reporting

LOST, DAMAGED OR DESTROYED RECORDS REPORTING

Medicaid Entities/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 they are required to report that information to the Self-Disclosure Program as soon as practicable, but no later than thirty (30) calendar days after discovery.

Please see [Self-Disclosure Guidance](#) for information about damaged, lost or destroyed records.

How to self-report Lost, Damaged or Destroyed Records

Click on the form links below and save them to your computer. Once they are complete, navigate back to this page and use the Secure Submission Link below to submit them, along with any additional supplemental documentation, to OMIG's Self-Disclosure Program. The Secure Submission Link will bring you to a page where you can upload your self-disclosure form and documents along with an optional message, and then send them securely to OMIG.

What You Need

- [Statement of Damaged, Lost or Destroyed Records](#)
- [Certification Form](#)
- Additional documentation you may need (as applicable)
 - Police reports
 - Photographs
 - Insurance claim documentation

Secure Submission Link

Submit your Statement of Damaged, Lost or Destroyed Records at: [Secure Submission Link](#)

Related Self-Disclosure Resources

- [Overview](#)
- [Regulatory Authority](#)
- [Guidance](#)
- [Frequently Asked Questions \(FAQs\)](#)
- [Full Self-Disclosure Process](#)
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**Office of the Medicaid
Inspector General**

Lost, Destroyed, or Damaged Records Disclosure Submission



STATEMENT OF DAMAGED, LOST OR DESTROYED RECORDS

INSTRUCTIONS AND NOTICES

Pursuant to Title 18 of the New York Codes, Rules and Regulations, Section 504.3, all Medicaid providers are required to maintain records necessary to fully disclose the extent of services, care, and supplies provided to Medicaid enrollees. By enrolling in Medicaid, providers agree to prepare and maintain contemporaneous records demonstrating the right to receive payment under the Medicaid program and to keep, for a period of six years from the date the care, services or supplies were furnished, all records necessary to disclose the nature and extent of services furnished, and all information regarding claims for payment submitted by, or on behalf of, the provider and to furnish such records and information upon request.

Providers whose records have been damaged, lost or destroyed are required to report that information as soon as practicable, but no later than thirty (30) calendar days after discovery, to the Office of the Medicaid Inspector General (OMIG) Self-Disclosure Unit.

Providers must also notify any other State or local regulatory agency of their loss, damage or destruction as required by those regulatory agencies.

In the event of a Medicaid audit or investigation in which sought records were not maintained as required by 18NYCRR 504.3, OMIG will evaluate the Statements of Damaged, Lost or Destroyed Records and determine on a case-by-case basis whether there are mitigating circumstances for missing or damaged documents.

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

General

Please submit one Statement for each location impacted by the event reported.

Contact Information

If additional information is required, OMIG will communicate with you using the contact information requested in Section 2.

Explaining Loss or Destruction of Records

Providers are required to explain the cause(s) of the loss/destruction of records, how and when it was identified, and what actions have been taken to report the loss/destruction and prevent recurrence of the event. Providers must also include any additional documentation supporting this statement such as insurance filings, police reports, correspondence with state or federal entities, and so forth.

- ☐ Instructions and Notices
- ☐ Part I: Reporting the Loss
- ☐ Part II: Explaining the Loss
- ☐ Part III: Instructions and Submission



Lost, Destroyed, or Damaged Records Disclosure Submission

☐ Certification Form

New York State Office of the Medicaid Inspector General

CERTIFICATION STATEMENT FOR DAMAGED, LOST OR DESTROYED RECORDS

By signing and submitting this self-disclosure application,

- I (or the provider) am not currently aware of being under audit, investigation, or review by OMIG regarding the records affected by the loss reported in this submission.
- 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.

Signature

Date

Print Name

Title



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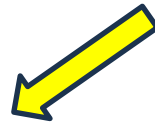
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