



# Self-Disclosure Notification Protocol

Revised: April 2026

The purpose of this document is to inform providers licensed, certified, designated, or funded (either directly or indirectly) by the Office of Mental Health (OMH) of their responsibility to notify OMH when they submit a Medicaid Fee-for-Service (FFS) overpayment self-disclosure to the Office of the Medicaid Inspector General (OMIG) using the Full Self-Disclosure Process.

## Background

Providers are required to report, return, and explain any Medicaid overpayments they have received to the OMIG Self-Disclosure Program within sixty (60) days of identification, or by the date any corresponding cost report was due, whichever is later.<sup>1</sup> OMIG has enacted self-disclosure processes to afford Medicaid providers a mechanism to report, return, and explain overpayments from the Medicaid program. These processes cover all Medicaid program providers. The OMIG Self-Disclosure Program is the mechanism providers must use to self-report Medicaid FFS overpayments that involve possible fraud, waste, abuse, or inappropriate payment of funds which they have identified through self-review, compliance programs, or internal controls. (See the [OMIG Self-Disclosure Program Requirements, Instructions & Guidelines](#) [July 2025]).

The Full Self-Disclosure Statement Form asks providers to identify their regulatory oversight agency and when they were contacted to report the matter addressed in the self-disclosure. The process below should be used to notify OMH when a full self-disclosure is submitted.

## Process to Notify OMH of Full Self-Disclosure Submission

OMH providers submitting a self-disclosure through the [Full Self-Disclosure Process](#) (using the [Full Self-Disclosure Statement Form](#) and [Certification](#)) must report those overpayments to their respective OMH local Field Office and the OMH Medicaid Compliance Office at [Compliance@omh.ny.gov](mailto:Compliance@omh.ny.gov).

This correspondence must include:

- date the overpayment was determined,
- scope of the claims paid (i.e., date range of claims and amount of total overpayment),
- program type and the specific site(s) affected,
- an explanation of the cause of the overpayment, and
- all corrective actions implemented to prevent further overpayments.

Upon receiving this notice, the OMH Medicaid Compliance Office will review and issue a statement confirming that the oversight agency has been notified.

*(Medicaid overpayments reported on the Self-Disclosure Abbreviated Statement are NOT required to be disclosed to OMH).*

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<sup>1</sup> 18 NYCRR Part 521.3 establishes the requirements that persons shall report, return and explain overpayments to the OMIG, and explains the requirements of the self-disclosure program administered by OMIG.



## **Additional Compliance Requirements**

### **Medicaid Compliance Program**

New York State Social Services Law §363-d and 18 NYCRR Part 521 requires providers that operate under a license issued by OMH pursuant to Article 31 of the Mental Hygiene Law, or providers which order, provide, bill, or claim \$1,000,000 from Medicaid in a 12- month period, to have an effective Compliance Program. An “effective Compliance Program” is one that satisfies all the mandatory elements in SSL §363-d as supplemented by regulations at 18 NYCRR Part 521. For additional resources see: [Compliance Library | Office of the Medicaid Inspector General](#).

### **Medicaid Managed Care Overpayments**

Per 42 C.F.R. § 438.608(d)(2) and 18 NYCRR 521-2.4(f) Medicaid Managed Care Plans (MMCO) are required to establish Self-Disclosure Programs including policies and procedures for participating providers and other subcontractors to report, return and explain Managed Care overpayments within sixty (60) days of identification. Network providers should self-disclose identified Managed Care overpayments to their MMCO in accordance with the applicable MMCO’s Self-Disclosure policies and procedures (Source: [OMIG Self-Disclosure FAQs](#)).

### **Notification of Medicaid Overpayment by Oversight Agency**

If your oversight agency notifies you of a possible overpayment, you are obligated to investigate and identify if any overpayment exists, as well as the scope and amount of the overpayment. You are obligated to self-disclose Medicaid overpayments using OMIG’s self-disclosure program. The only exception to this obligation is if the overpayment is already encompassed by an existing review and will be recovered through that existing review (e.g., existing OMIG audit). If you are involved in an existing review, you should check with your review contact to ensure there is no overlap between the existing review and the overpayment you will be self-disclosing (Source: [OMIG Self-Disclosure FAQs](#)).

### **Reporting of Lost, Damaged, or Destroyed Records**

Pursuant to 18 NYCRR Section 504.3, providers are required to prepare and maintain contemporaneous records demonstrating their right to receive payment under the Medicaid program and furnish the records, upon request. If a provider becomes aware that their records have been damaged, lost or destroyed, that information should be reported as soon as practicable, but no later than thirty (30) calendar days after discovery.

Please refer to the [OMIG Lost, Damaged or Destroyed Records Reporting](#) webpage for more information.

For reports of lost, destroyed, or damaged records submissions, a Notice of Acceptance detailing the acceptance of the report is issued to the provider/authorized provider contact person.

Please note that providers must also notify any other State or local regulatory agency of their loss, damage or destruction as required by those regulatory agencies. In such an instance, OMH providers must contact the OMH offices described in the Self-Disclosure Reporting Process section of this document.