



Title: Overpayment Self-Disclosure Policy	
Review date(s): 7.14.2025; 11.14.2025	Approved by: Jenifer Cathy, President and CEO
Revised date(s): 7.14.2025; 11.14.2025	Policy Owner: Mary LaDuca, Chief Operating Officer
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Purpose

This policy outlines the organizational procedures for the identification, reporting, and resolution of Medicaid overpayments in accordance with the New York State Office of the Medicaid Inspector General (OMIG) Self-Disclosure Program. It ensures compliance with applicable state and federal laws and affirms Delphi Rise’s commitment to integrity, transparency, and accountability in the use of public funds.

Scope

This policy is applicable to all affected individuals, which includes all persons who are affected by the risk areas of Delphi Rise including its employees, the chief executive, other senior administrators, managers, contractors, agents, subcontractors, independent contractors, governing body and corporate officers, collectively referred to herein as “affected individuals.”

Policy Statement

All Medicaid providers must identify, report, return, and explain any overpayment within 60 calendar days of the date the overpayment is identified, or by the date any corresponding cost report is due—whichever is later. Failure to fulfill this obligation may expose the organization to civil monetary penalties, administrative sanctions, or liability under the False Claims Act.

Important Notes:

- Voiding or adjusting claims **does not** eliminate the requirement to submit a self-disclosure to OMIG.
- Overpayments may arise from billing errors, eligibility issues, documentation deficiencies, or program integrity concerns.
- OMIG distinguishes between **Full Self-Disclosures** and **Abbreviated Self-Disclosures**, each with unique documentation requirements.

Role and Responsibilities

1. All Staff Responsibilities

Any employee who suspects or identifies a potential Medicaid overpayment must immediately report it to the Billing Department. This includes, but is not limited to:

- Billing Specialists
- Program Managers
- Finance Staff
- Clinical and Administrative Staff involved in claims or audits

Failure to report suspected overpayments may result in disciplinary action up to and including termination.



2. Billing Department

The Billing Department is responsible for:

- Conducting a preliminary assessment of the identified overpayment.
- Categorizing the issue as:
 - Routine Error (e.g., typographical error, duplicate billing)
 - Systemic Issue (e.g., policy or software-based errors requiring corrective action)
 - Potential Fraud, Waste, or Abuse
- Determining the appropriate disclosure track:
 - Full Self-Disclosure: Complex issues, suspected fraud, or non-claim-based payments
 - Abbreviated Self-Disclosure: Simple claim-level errors with clear corrections
- Compiling supporting documentation:
 - Claims data files
 - Overpayment calculation worksheets (e.g., Mixed Payer methodology, if applicable)
 - Evidence of internal corrective actions
- Forwarding a complete disclosure packet to the Finance Director within 10 business days of identification.

3. Finance Director

The Finance Director ensures timely and accurate submission of self-disclosures and assumes responsibility for:

- Reviewing documentation for completeness and accuracy.
- Coordinating submission via OMIG's online portal:
 - OMIG Full Self-Disclosure Submission
 - OMIG Abbreviated Self-Disclosure Submission
- Communicating with OMIG regarding any follow-up documentation or clarifications.
- Facilitating repayment through appropriate financial methods (voids, adjustments, or lump-sum payment).
- Maintaining permanent records of disclosures and repayments in accordance
- Notifying the Compliance Officer and CEO of significant findings.

4. Compliance Officer

The Compliance Officer, in coordination with executive leadership, is responsible for:

- Monitoring adherence to self-disclosure protocols.
- Incorporating self-disclosure outcomes into broader compliance program reviews.
- Coordinating training and policy updates when systemic issues are identified.
- Liaising with legal counsel in cases involving potential criminal conduct or liability under the False Claims Act.
- Procedures for Self-Disclosure

Step 1: Identification & Internal Review

- Immediate Notification: All staff must report suspected overpayments to the Billing Department.
- Preliminary Review: Billing conducts an initial review to determine the cause and scope.
- Documentation Collection: Billing gathers claims data and categorizes the issue.



Step 2: Submission to OMIG

- Portal Submission: Finance Director completes the required online submission.
- Timeliness: Submissions must occur within 60 days of discovery.
- Case Tracking: OMIG provides a case number and email confirmation for each submission.

Step 3: Repayment & Recordkeeping

- Repayment methods must be documented and traceable.
- All disclosures must be retained for a minimum of six years.
- OMIG may conduct audits or follow-up inquiries as needed.

Enforcement and Accountability

- Violations of this policy, including failure to report overpayments or improper delay of disclosures, may lead to corrective action, retraining, or termination.
- The CEO and Board of Directors receive periodic updates on self-disclosure activity as part of overall compliance reporting.
- Delphi Rise reserves the right to seek legal consultation when appropriate, especially in cases involving material findings, potential litigation, or exposure under federal law.

Related Policies and Procedures

- Delphi Rise Corporate Compliance Plan
- Fraud, Waste, and Abuse Prevention Policy
- Medicaid Exclusion List Screening Policy
- Whistleblower and Non-Retaliation Policy
- Corrective Action Policy

References

- NYS Office of the Medicaid Inspector General: <https://omig.ny.gov>
- Social Services Law § 363-d
- 18 NYCRR Part 521-3
- 42 U.S.C. § 1320a-7k(d)
- 42 CFR § 433.316
- False Claims Act (31 U.S.C. §§ 3729–3733)