

Topic: Unsupported claims, repayment/financial adjustments and voluntary self-disclosure	Department: Entire agency
Original effective date: 1/1/07 (Voluntary Self-Disclosure); 5/14/08 (Unsupported claims)	Last revision date: 8/7/26
Owner: VP for Quality and Compliance (VPQC)	Frequency of reviews: Annual
Regulatory Reference(s) (all that apply): 42 U.S.C. § 1320a-7k(d); 31 U.S.C. § 3729; NYS Public Health Law § 32(18); NYS Social Services Law § 363-d(6) and (7); 18 NYCRR Subparts 521-1 and 521-3; NYS Finance Law Article 13 (§§ 187-194)	
Related documents/Links: Please see references within the document	

Policy: It is The Arc of Monroe’s (“The Arc’s”) policy to implement sound fiscal practices.

Additional Information: The Arc is committed to and has an obligation to comply with all applicable federal and state standards. This includes, but is not limited to, U.S. Centers for Medicare and Medicaid Services (CMS), NYS Department of Health (NYS DOH), NYS Office of the Medicaid Inspector General (OMIG), and OPWDD. We are committed to accurate, timely billing and claims management to ensure we receive the correct reimbursement for services provided.

The Arc will identify, quantify, report, return, and explain overpayments within the timeframes required by applicable federal and state law. Identified overpayments must be reported and returned within 60 days of identification, or by the date any corresponding cost report is due, if applicable.

Failure to meet this timeline makes The Arc subject to:

- Federal and/or state False Claims Acts (please see the related policy, “False Claims Acts”); AND
- The following penalties:
 - Up to \$10,000 per violation; or
 - Up to \$30,000 per violation if there was a previous violation in the prior 5 years

This policy applies whenever it is determined that The Arc receives funds to which it is not entitled, regardless of who identified the overpayment (including external auditors), how it was identified, or the amount involved.

This policy applies to persons affected by the agency’s risk in this area (to the degree that they are so affected) including employees, managers, contractors, interns, members of the Board of Directors, hereafter referred to as “affected parties.”

Procedure	
Task:	Responsible Party:
General Guidelines:	
1. All suspected or identified overpayments, paybacks, or financial adjustments must be reported to the VPQC within three business days of identification, even if the full amount and scope have not yet been determined and even if the matter does not result in a formal compliance case. The amount and scope of the overpayment will be determined as promptly as reasonably possible in accordance with applicable requirements. For information on reporting this or other compliance concerns, see the policy, “Non-compliance detection and response, and confidential	Affected parties; VPQC

communications.”	
Not all overpayments require a formal compliance case. However, Medicaid overpayments must still be reported, returned, and explained in accordance with applicable OMIG requirements, including those handled through the Abbreviated Self-Disclosure Process.	
2. All self-disclosures will be brought to the attention of the Internal Compliance Committee whether a formal compliance case is opened or not.	VPQC
Types of Self-Disclosures: <i>Depending on the nature of the overpayment, The Arc will submit either a full self-disclosure or an abbreviated self-disclosure in accordance with OMIG requirements.</i>	
Full Self-Disclosure Process:	
3. Medicaid overpayments meeting criteria for the Full Self-Disclosure Process will be reported to OMIG in accordance with its current requirements. Examples include: * A potential payback for a single reason is deemed to be significant; * The amount we received in error is material (e.g., could impact the financial condition or operating performance of the affected program or the agency when we pay it back); * It was due to a systemic issue, including billing system errors, software updates, or other pervasive problems. * Any error that requires a Medicaid entity/provider to create and implement a formal corrective action plan; * Actual, potential or credible allegations of fraudulent behavior by employees or others; * Discovery of an employee on the Excluded Provider List; * Documentation errors that resulted in overpayments exceeding the criteria for an abbreviated submission listed below (note: a review of abbreviated submission criteria will be conducted to evaluate which criteria best apply to the situation); * Overpayments that involved more than one Medicaid entity/provider; * Any error with a substantial financial or programmatic impact; * Any instance upon direction by OMIG; * Any other matter determined by the VPQC, in consultation with the Internal Compliance Committee and/or legal counsel as appropriate, to warrant use of the Full Self-Disclosure Process.	VPQC
4. The VPQC may consult legal counsel regarding a potential full self-disclosure when appropriate.	VPQC
5. If the complete amount or scope cannot be determined promptly, the VPQC will consult OMIG requirements and legal counsel as appropriate to determine the action necessary to preserve compliance with applicable reporting and repayment deadlines.	VPQC
6. We will follow the current procedures established by OMIG for completion and submission of the full self-disclosure.	VPQC

7. The Arc New York will be notified of all full self-disclosures, consistent with their requirements, via the governance portal.	VPQC
8. If an overpayment involves Medicare funds, The Arc will report and return the overpayment in accordance with applicable CMS requirements and instructions.	Program management and Finance Office staff
9. If an overpayment involves another payer, including a commercial insurer or grantor, The Arc will follow the payer's applicable reporting and repayment requirements.	Program management and Finance Office staff
10. A full self-disclosure may be considered closed upon receipt of the OMIG Determination Notice.	OMIG; VPQC
Abbreviated Self-disclosure Process:	
1. Situations meeting the criteria listed below may be submitted as an abbreviated self-disclosure: *Routine credit balance/coordination of benefits overpayments *Routine NAMI adjustments *Typographical errors *Missing or faulty service authorizations due to human error *Missing or insufficient supporting documentation due to human error *Incorrect rate, procedure, or fee codes due to human error *Routine recipient enrollment issues The claims must already have been voided or adjusted as repayment before they are submitted through the abbreviated process.	VPQC
2. We will follow the procedures as outlined on the OMIG website for completing and submitting the self-disclosure.	VPQC
3. Abbreviated self-disclosures may be considered complete upon receipt of OMIG's submission confirmation unless OMIG requests additional information. The VPQC may maintain the matter open for additional internal follow-up when appropriate.	VPQC

Document revision record:

Revision Date	Release Date	Reason for change	Approver
5/27/08	5/27/08	Voluntary self-disclosure: Clarified procedure	CCO
6/25/09	6/25/09	Voluntary self-disclosure: Added OMIG reference	CCO
10/21/11	10/21/11	Unsupported claims: Reason for change not archived	CCO
1/31/12	1/31/12	Voluntary self-disclosure: Added ACA 60-day payback requirement	CCO
6/7/12	6/7/12	Unsupported claims: Added ACA 60-day payback requirement	CCO
10/2/15	10/2/15	Combined voluntary self-disclosure and unsupported claims procedures into one joint procedure	CCO
5/30/17	5/30/17	Simplified language in the text	CCO
11/9/18	11/9/18	Adjusted the minimum payback dollar amount requiring notification to VPQC	VPQC

12/30/20	12/30/20	Added that we will follow OMIG requirements for completing a self-disclosure; and will notify ArcNY as well	P Dancer
8/18/21	9/8/21	Added new penalties that can be applied for failure to repay within 60 days; fleshed out details; added discrete sections for managers and VPQC; added that all paybacks must be reported to the VPQC	ICC
7/18/22	7/18/22	Corrected bullet numbering error and typos	ICC
7/21/22	8/8/22	Defined “staff” for the purposes of this policy	ICC
3/15/23	3/15/23	Added a statement regarding our commitment and obligation to comply with government standards; specified whom this policy applies to; added a statement regarding our commitment to accurate and timely management of billing and claims; added and defined a material overpayment	ICC
3/24/23	4/28/23	Removed reference that not all paybacks require a self-disclosure; updated the formal self-disclosure section to reflect the batch self-disclosures and when individual disclosures would occur	ICC
9/13/23	9/13/23	Updated timeline for reporting overpayments; updated self-disclosure sections to specify requirements for full or abbreviated; clarified scope and amount	ICC
8/23/24	9/25/24	Added clarifying language; added a formal statement that not all self-disclosures are a formal case; added clarifying language regarding one criterion for a formal self-disclosure	ICC
7/3/25	9/25/25	Removed an inaccurate and redundant bullet; added information on the closure of self-disclosures and the reporting of full disclosures to the ICC; added additional clarifying language	ICC
8/7/26	8/7/26	Streamlined wording; updated guidance on self-disclosure and repayment requirements; removed discrete manager and VPQC sections	ICC