Office of the Medicaid Inspector General Announces Updates to the Self-Disclosure Program

To review all NYS OMIG Self-Disclosure documents or to obtain additional information and resources regarding the NYS OMIG Self-Disclosure program, please visit the OMIG Self-Disclosure Program Requirements – Instructions & Guidelines.

The New York State (NYS) Office of the Medicaid Inspector General (OMIG) Self-Disclosure program is the mechanism for entities to return information identifying any errors or omissions in the reporting of patient services, any overpayments, or any other relevant errors that may have occurred. This program allows entities to self-disclose errors or omissions with minimal penalties and is intended to encourage voluntary reporting and early correction of issues.

In response to feedback from NYS Medicaid stakeholders, the NYS OMIG Self-Disclosure program has been revised to include two additional options: the Self-Disclosureummation and the Self-Disclosure Program.

To further support transparency and accountability, the OMIG Self-Disclosure program now includes a new process for mandatory service reviews. This process is designed to identify and address any discrepancies in the reporting of patient services or payments.

The New York State (NYS) Medicaid program has received approval from the Centers for Medicare and Medicaid Services (CMS) for a new payment policy aimed at reducing low-risk cesarean delivery rates. This policy is intended to promote evidence-based care and improve maternal and perinatal outcomes.

The following information must be documented and retained:

- Patient Rights and Consent
- Comprehensive Health Information
- Clinical Assessment and Recommendations
- Date of Service
- Medical Necessity
- Coverage Status
- Revenue Code
- Procedure Code
- Modifier
- Rate Code

Billing

Providers offering eVisits are required to follow all state and federal privacy laws regarding the exchange of patient information. The following information must be documented:

- Patient Rights and Consent
- Comprehensive Health Information
- Clinical Assessment and Recommendations
- Date of Service
- Medical Necessity
- Coverage Status
- Revenue Code
- Procedure Code
- Modifier
- Rate Code

Rates

In the February 2023 Medicaid Update, the NYS Medicaid program announced updates to the coverage for eVisits. eVisits reimburse providers for the problem-focused communication and medical decision-making they do outside of normal visits. In addition to the coverage for eVisits, the following information must be documented:

- Patient Rights and Consent
- Comprehensive Health Information
- Clinical Assessment and Recommendations
- Date of Service
- Medical Necessity
- Coverage Status
- Revenue Code
- Procedure Code
- Modifier
- Rate Code

Virtual Check-In

Virtual Check-In involving patient-initiated communications with a medical provider through a text-based and Health Insurance Portability and Accountability Act (HIPAA)-compliant digital platform, such as a patient portal. eVisits occur through asynchronous communication; there is no charge when the exchange is neither real-time nor face-to-face. Additional detail on telehealth modalities can be found in the February 2023 Medicaid Update.

Coverage of eVisits reimburses providers for the problem-focused communication and medical decision-making they do outside of normal visits. eVisits are billed via time-based codes. The service time is cumulative up to a seven-day period. The seven-day period starts upon the review of the claim by the Medicaid program. The NYS Medicaid program has also updated the NYS Medicaid Radiology Services Fee Schedule and the NYS Medicaid Physician Medicine Services Fee Schedule.

The following information must be documented:

- Patient Rights and Consent
- Comprehensive Health Information
- Clinical Assessment and Recommendations
- Date of Service
- Medical Necessity
- Coverage Status
- Revenue Code
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The NYS Medicaid program has also updated the fee schedules for Medicaid Physician Medicine Services Fee Schedule, Medicaid Physician Radiology Services Fee Schedule, Medicaid Ordered Ambulatory Services Fee Schedule, Medicaid Nurse Practitioner Services Fee Schedule, and Medicaid Podiatry Services Fee Schedule.

The all-inclusive threshold rate includes all facility charges for inpatient services and is paid to the billing entity at the blended rate of the two NYS Medicaid facility rate codes. If a NYS Medicaid member/enrollee is seen for both medical and behavioral health services at an IHS clinic, the services will be paid using the outpatient per visit rate.

For further information, please contact the Office of the Medicaid Inspector General at (800) 343-9000.