

# Learn the Benefits of Self-Reporting Errors

## Why should I self-report?

- *Forgiveness or reduction of interest payments*
- *Extended repayment terms*
- *Waiver of penalties or sanctions*
- *Timely resolution of the overpayment*
- *Recognition of the provider's compliance program*
- *Decrease in the likelihood of imposition of an OIG Corporate Integrity Agreement*

*These potential outcomes are at the discretion of the OIG and are not guaranteed.*

The Texas Health and Human Services (HHS) Office of Inspector General (OIG) developed guidance for health care providers who voluntarily disclose irregularities related to claims for Medicaid and other HHS programs. Providers who identify receiving inappropriate Medicaid payments are obligated to return the overpayments within 60 days.

## The Process

The protocol for self-reports begins with notifying the OIG of self-assessed issues – such as billing errors, services not rendered, or hiring individuals excluded from Medicaid program participation – and providing supporting documentation. Self-disclosing overpayments can potentially avoid prolonged investigation and litigation, and their associated costs.

The OIG is not bound by the provider's findings or obligated to any particular resolution. An OIG investigation can lead to administrative enforcement measures, but self-disclosed findings are weighed in determining any enforcement. Resolutions depend upon the individual merits of each case, whether resulting from a simple error or intentional fraud.

## To Report

Providers and managed care organizations may use the OIG Fraud Hotline (800-436-6184) or website, ReportTexasFraud.com, at any time to report compliance or overpayment matters relating to themselves. Additional information about the self-disclosure process and a checklist of information to include can be found in the Resources section of the OIG website. [CLICK](#)



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