Health Care Fraud Self-Disclosure Process

If your organization discovers that it has violated Federal laws, it can self-disclose violations and, if certain requirements are met, reduce its monetary and exclusion liability. The Health Care Fraud Self-Disclosure Protocol is available to facilitate the resolution of matters that, in the disclosing party's reasonable assessment, potentially violate Federal criminal, civil, or administrative laws for which Civil Monetary Penalties are authorized.

Who Should Use the Health Care Fraud Self-Disclosure Protocol?

- All health care providers, suppliers, or other individuals or entities who are subject to OIG's Civil Monetary Penalty authorities are eligible to use the Self-Disclosure Protocol.

How to Use the Health Care Fraud Self-Disclosure Protocol

- Acknowledge that the conduct is a potential violation.
- Identify the laws that were potentially violated.
- Submit your information through OIG's website here: Health Care Fraud Self-Disclosure Protocol.

Health Care Fraud Self-Disclosure Protocol Timeframes

- OIG expects disclosing parties to disclose with a good faith willingness to resolve all liability within the Civil Monetary Penalty Law's six-year statute of limitations.
- Prior to disclosure, the disclosing party should ensure that the conduct has ended or, at least, in the case of an improper kickback arrangement, that corrective action will be taken, and the improper arrangement will be terminated within 90 days of submission to the Self-Disclosure Protocol.

How can you protect yourself?

- Establish an effective compliance program to prevent or mitigate violations.
- If a violation is found, submit a timely good faith disclosure to the OIG.
- Conduct an internal investigation and report its findings to OIG in the submission.
- Cooperate with OIG throughout the review and resolution process.

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