

FOR PROFIT PROVIDER FINANCIAL INFORMATION AND AUTHORIZATION FOR HARDSHIP REQUEST

Section 1: Provider Information

Provider Name:

Provider ID Number:

Provider NPI Number (if applicable):

Federal and NYS Taxpayer Identification Number:

Signator Contact Information:

Please include phone and email.

Please provide all supporting documentation/exhibits in an Excel, PDF or printed format.

- Please explain the reason(s) you are requesting a financial hardship. Attach as Exhibit A
- Provide (1) last 3 years of audited financial statements and (2) federal and state tax returns filed for your business in an Excel, PDF or paper format. Attach as Exhibit B.

This includes the most recent prior fiscal year. If the prior year financial information cannot be provided an explanation will be necessary. If an extension is requested to file your federal tax return, please provide a copy of the granted extension from the IRS.

NOTE: If the supporting financial documentation is not provided the hardship request will be rejected.

If a section of the form is not applicable, please indicate this with "NA" on the corresponding section of the attachment.

Where noted on this form, the Provider, as defined in 18 NYCRR 504.1(d)(19), submitting this Hardship Request is required to provide financial information about its "affiliates", "persons", "related organizations" and entities that may have "ownership or control interests" as defined in the Medicaid Regulations Sections 18 NYCRR 504.1(d)(1), (15), (17), (18) and 10 NYCRR 86-2.26.

Section 2: Current Audits/Medicaid Liabilities

OMIG will review all current Medicaid Audits and Liabilities as well as your current payments and payment history. Please refer to accompanying Excel workbook Tab A and list all Medicaid Audits and the corresponding liabilities. For each of the Medicaid Audits listed, please also list the last 10 payments, as well as the dates of payments, on Attachment A.

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Section 3: Provider ID/Billing

Please refer to accompanying Excel workbook Attachment B and list all providers and billings associated with your organization (as defined in Title 10 86-2.26).

Section 4: Financial Statements

Please refer to accompanying Excel workbook Attachment C and fill in the balance sheet and income statement information. The information should match the audited financial statements or corresponding federal tax returns.

Section 5: Cash on Hand

Days cash on hand measures the number of days of operating expenses a provider could cover with cash and equivalents and unrestricted investment assets.

Identify the cash and cash equivalents balance for the most recent financial year and on Attachment D tab of the accompanying Excel workbook, compute the days cash on hand for the most current financial period. The calculation below must be supported by audited financial statements and tax returns.

Section 6: Current Ratio

The current ratio is a liquidity ratio that measure's the ability to pay short-term financial obligations that come due in one year. On the accompanying Excel workbook on the Attachment D tab compute the current ratio for the most recent fiscal years.

Section 7: Financial Security

Have you obtained financial security?

Yes or No:

If yes, provide the form of financial security, issuing entity, date security issued, coverage period, and security amount on the accompanying Excel workbook on Attachment E under Financial Security. Please provide supporting documentation to evidence this. If there has been a change to your financial situation since obtaining financial security, please explain.

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Section 8: Financial Relief

Has your organization applied for COVID-19 relief?

Yes or No:

If yes, please indicate the type of relief, entity it was received from, date received and amount on the accompanying Excel workbook on the Attachment E tab under Financial Relief. Please provide supporting documentation to evidence this.

Section 9: Loan(s)

On the accompanying Excel workbook, on the Attachment C tab under Loans, please indicate the loans that are supported by the most recent audited financial statements.

Indicate if the loans are intercompany loans, related party loans, loans from the owner, and repayment terms. Related parties may include business affiliates, shareholder groups, subsidiaries, and minority-owned companies. Related-party transactions can include sales, leases, service agreements, and loan agreements.

Section 10: Owner's Financial Information

Business Interests

For purposes of this section:

- (i) a "related person" includes
 - you;
 - all members of your household; and
 - any spouse, children, parents, siblings, grandchildren and grandparents, including any such relatives by marriage
- (ii) a "principal" of a business includes
 - any director, officer, partner, or manager of that business (by title or by role), and
 - any owner of more than five percent of that business.

On the accompanying Excel workbook on the Attachment F tab under Business Interests list every business in which you or any related person is a principal or has been a principal within the last three years. Specify the form of the business (e.g., public corporation, closely held corporation, general partnership, limited partnership, or sole proprietorship). For each related person who is a principal, include percent owned even if zero.

If you cannot provide some or all requested information about a "related person" or "principal", attach a rider explaining why you are unable to obtain such information.

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Total Income

On the accompanying Excel workbook on the Attachment F tab under Total Income report gross income for the last 3 years including all income received from all interests identified on your attached federal and state tax returns will be reviewed.

Salary or Wages

For the most recent year list the organization's five current highest compensated employees who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC form the organization and any related organization. Please include Form W-2 and 1099 as support. Provide names and business addresses of all employers, and total wages paid by each on the accompanying Excel workbook on the Attachment F tab under Salary or Wages.

Bonuses, Commissions, and Fringe Benefits

On the accompanying Excel workbook on the Attachment F tab under Bonuses, Commissions, Fringe Benefits list expenses related to bonuses, commissions and fringe benefits related to all employees for the 3 years. Include insurance, use of auto, club memberships, etc.

Partnership Income, Royalties, Sales of Assets

On the accompanying Excel workbook on the Attachment F tab under Partnership Income indicate the 3 years of income related to partnership income, royalties, and sales of assets (including installment payments).

Real Estate Income

For the 3 years list income related to real estate on the accompanying Excel workbook on the Attachment F tab under Real Estate Income.

Dividends and Interest

On the accompanying Excel workbook on the Attachment F tab under Dividends and Interest list 3 years of income related to dividends and interest.

Income from Trusts, Profit-Sharing or Annuities

On the accompanying Excel workbook on the Attachment F tab under Income from Trusts, Profit-Sharing or Annuities list 3 years of income from trusts, profit sharing or annuities. Include individual retirement accounts and Keogh accounts.

Social Security or Pension Income

On the accompanying Excel workbook on the Attachment F tab under Social Security and Pension please indicate the owner's income for the most recent three years related to social security and/or pension income.

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Income from Bequests, Legacies and Gifts

On the accompanying Excel workbook on the Attachment F tab under Income from Bequests, Legacies and Gifts please indicate the owner's income for the most recent three years related to bequest, legacies or gifts over \$1,000.

Income from All Other

On the accompanying Excel workbook on the Attachment F tab under Income from All Other Sources, please indicate the owner's income for the most recent three years related to sources of income that were not identified in the prior categories of income.

Assets Transferred

On the accompanying Excel workbook on the Attachment F tab under Assets Transferred, please list all assets transferred from the provider to other business interests in the last 3 years. Assets are either tangible or intangible and have a monetary value that can be associated with it due to the economic benefits that can be derived from them, for example: stocks, bonds, motor vehicles, property etcetera.

Transfers in the routine course of business which resulted in an exchange of assets of substantially equivalent value need not be specifically disclosed where such assets are otherwise identified in the statement of net worth. Business Interests must be disclosed regardless of whether made in the routine course of business. Transfers of value less than \$1,000 need not be disclosed unless they are part of a series of transactions exceeding \$1,000 in total.

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CERTIFICATION

I, _____, (name) _____ (title) HAVE CAREFULLY READ AND COMPLETED THIS APPLICATION FOR HARDSHIP.

I have reviewed all Attachments annexed hereto, and which are made part of this application. I hereby certify that the information provided is true and accurate, to the best of my knowledge. I understand that knowingly and willfully making false statements or representations on this application and/or any Attachments, including but not limited to any inaccuracies which materially impact OMIG's analysis of the information contained in this application may result in OMIG pursuing available civil or administrative actions, administrative penalties or referring the matter to appropriate law enforcement agencies in addition to: (1) denial of the hardship request, and/or (2) immediate termination of any hardship determination and an immediate withhold at the rate of at least 50% per week until such time as the overpayment is paid in full, as appropriate.

SIGNATURE

Print Name: _____

Print Title: _____