

NOT-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 applicable 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 Attachment A and list all Medicaid Audits and the corresponding liabilities. 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 measures 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

Are you required to have financial security pursuant to 18 NYCRR 504.11?

Yes or No:

Have you obtained financial security pursuant to 18 NYCRR 504.11?

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.

Financial Relief

Has your organization applied for financial relief?

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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.

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.

Highest Compensated Employees

In the accompanying Excel workbook, on the Attachment F tab under Highly Compensated Employee, please list the 5 highest compensated employees of the organization or its related entities for the previous 3 years.

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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: _____