

## **DISTRESSED FACILITIES (OFF THE LAG)**

### **Attachment 1**

Medicaid providers requesting an exemption to the payment lag, must submit a written request to [lag@health.ny.gov](mailto:lag@health.ny.gov), which includes the following:

- The specific action being requested (completely off the lag or one week)
- The Medicaid Provider ID Number(s) affected
- A statement explaining the impact on Medicaid recipients in the event that the request is not approved

The following is the required documentation that must be submitted in order to be considered for removal from the Medicaid Lag:

1. The latest available audited financial statements (Attachment 1)
2. The latest available unaudited financial statements (Attachment 2)
3. A monthly cash flow projection for the next 12 months (Attachment 3)
4. Demonstration that the problem is a short term problem caused by an extraordinary event or that is related to issues with Medicaid (Attachment 4)
5. A listing of current accounts payable and accounts receivable with an aging analysis (Attachment 5)
6. A projected date for reinstatement of the Medicaid Lag payment (Attachment 6)

Please do not forward partial data - all requested data should be furnished in a single e-mail submission.