

Here is the paperwork required for an early release of a payment. It should be emailed back to lag@health.ny.gov BOTH FORMS ARE REQUIRED to be filled out. Please also attach your rejection for a line of credit if you have one. Please note that the date you request the payment to be released is the date the EFT will be initiated (allow 24-48 hours to show in your bank) or the date the check will be picked up by the US Postal Service (allow up to 10-14 days for delivery).

Please note the early release program is to be utilized only once every 52 weeks.

SAMPLE LETTER ONLY: PROVIDER MUST SUBMIT ON OWN LETTERHEAD

New York State Department of Health
Bureau of Managed Long Term Care
One Commerce Plaza
99 Washington Avenue
Albany, New York 12237-0016

Emailed on _____
MMIS PROVIDER ID. _____

Attention DOH -Lag:

We are requesting an accelerated early release of the system check (ONE only) and remittance dated _____

in the amount of \$ _____ . The check (ONE only) and remittance were scheduled to be released on _____ (date), and we are requesting approval of its RELEASE ON _____ (date). If approved, we will have the check and remittances (CHOOSE ONE ONLY)

- A) EFT-applies only if currently receiving payments via EFT
- B) First Class mail to address of record

As a result of Medicaid billing problems, we cannot wait for the scheduled release date of the check for the following reason(s):

1. Explain the Medicaid Billing Problem,
2. Cash flow or cash flow narrative which clearly shows why you cannot wait for the check to be released on the scheduled date.

As required, attached is a copy of a letter from our bank or financial institution which indicates we have been denied a line of credit, or, we have exhausted our current line of credit (i.e. relatively new line of credit or a "ceiling" extension on a previous line of credit) and that we are ineligible for any further assistance.

Sincerely,

Name _____ Phone _____ Email _____

SAMPLE CASH FLOW STATEMENT

PROVIDER MMIS# : _____

PROVIDER NAME _____

FOR THE PERIOD _____ THROUGH _____

(Today) (Scheduled Release Date of Check)

INCOME AND REVENUE

(Don't include the Medicaid check you will be asking to have early released)

CASH IN BANK \$ _____

CASH ON HAND \$ _____

TOTAL LIQUID CASH \$ _____

OTHER SOURCES OF CASH

LIST OTHER SOURCES and AMOUNTS

YOU EXPECT TO RECEIVE BEFORE _____

AVAILABLE LINE of CREDIT \$ _____

TOTAL AVAILABLE SOURCES of INCOME \$ _____

Expenses

Payroll _____ \$ _____
(Date Payable)

Rent/Mortgage _____
(Date Payable) \$ _____

OTHER _____ \$ _____
(Date Payable)

_____ \$ _____
(Date Payable)

_____ \$ _____
(Date Payable)

TOTAL EXPENSES \$ _____

TOTAL AVAILABLE SOURCES of INCOME <MINUS>

TOTAL EXPENSES = SHORTFALL \$ _____