

## Hardship Exception Request

If you are applying or reapplying to become a MassHealth provider, you may be required to submit an application fee. If you believe the application fee presents significant financial hardship, you may complete this form and return it with your application, either as an attachment to your electronic application submission on the Provider Online Service Center (POSC) or with your paper application.

The Hardship Exception Request must explain the financial hardship. **It is not enough to simply assert that the imposition of the application fee represents a financial hardship.** You must instead make a strong argument to support the request, including providing comprehensive documentation (which may include, without limitation, historical cost reports, recent financial reports such as balance sheets and income statements, cash flow statements, tax returns, etc.).

Other factors that **may** suggest that a hardship exception is appropriate, include the following:

- (a) considerable bad-debt expenses;
- (b) significant amounts of charity care/financial assistance furnished to patients;
- (c) the presence of substantive partnerships (involving clinical, financial integration) with those who furnish medical care to a disproportionately low-income population; and
- (d) whether you receive considerable amounts of funding through disproportionate share hospital payments.

**The information submitted will be reviewed on its merits and no additional information will be requested. It is your responsibility to furnish all necessary supporting evidence with this hardship exception request.**

The Centers for Medicare & Medicaid Services (CMS) has final approval of any request that MassHealth has approved. Denied hardship exception requests cannot be appealed to MassHealth or CMS. If your Hardship Exception Request is denied, you will be required to pay an application fee in order for MassHealth to process your application. If an application fee is not paid, your application will be denied.

**Please complete the following required information, then read and sign the attestation statement. This form should be sent with your application.**

Name of provider requesting a hardship exception to the application fee: \_\_\_\_\_

Legal name: \_\_\_\_\_ Doing business as (DBA) name: \_\_\_\_\_

DBA address: \_\_\_\_\_

Application tracking number (ATN): \_\_\_\_\_

*(The ATN is issued when the application is entered on the POSC or when an application is requested via MassHealth Customer Service.)*

Tax ID no.: \_\_\_\_\_ NPI: \_\_\_\_\_

Contact name: \_\_\_\_\_ Phone: \_\_\_\_\_ e-Mail: \_\_\_\_\_

Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***If you need more space, please attach a separate page or additional documentation.***

**Provider's Attestation, Signature, and Date**

I certify under the pains and penalties of perjury that the information on this form and any attached statement that I have provided has been reviewed and signed by me, and is true, accurate, and complete, to the best of my knowledge. I also certify that I am the provider or, in the case of a legal entity, duly authorized to act on behalf of the provider. I understand that I may be subject to civil penalties or criminal prosecution for any falsification, omission, or concealment of any material fact contained herein.

Provider's signature (Signature and date stamps, or the signature of anyone other than the provider or a person legally authorized to sign on behalf of a legal entity, are not acceptable.)

\_\_\_\_\_  
Printed legal name of provider: \_\_\_\_\_ Date: \_\_\_\_\_

**This form is also available online at [www.mass.gov/masshealth](http://www.mass.gov/masshealth)** (go to Information for MassHealth Providers/MassHealth Provider Enrollment and Credentialing/Enrollment, then go to the Application Fee section).