

Audit Programme for COVID-19 Payments

80 + Employees / Large Employer Audit / Essential Workers Leave Support (EWLS) – application to be decided

TYPE OF AUDIT	80+ Employees
CLAIM NUMBER	§9(2)(a)
IR NUMBER	§9(2)(a)
BUSINESS/NAME	St Georges Hospital Incorporated
NZ BUSINESS NUMBER	9429042733508
CLAIM AMOUNT	\$2,976,782.00
DATE	15.04.2020
AUDITOR	§9(2)(a)
Desk Based Review	
DESK BASED REVIEW	A range of open source public information is available on the web. Use publicly available information:
<p>Concentrate on:</p> <ul style="list-style-type: none"> confirming this is a real business and Is a New Zealand Business, and Is operating in NZ <p>EWLS</p> <p>Concentrate on:</p> <ul style="list-style-type: none"> Check previous applications and payments made in EES for employees claimed 	<ul style="list-style-type: none"> Companies office Google Google Maps LinkedIn Facebook NZ white pages, yellow pages Infolog <p>MSD Systems</p> <ul style="list-style-type: none"> CMS Swiftt EES Supplier <p>Out of scope</p> <p>Out of scope</p>

Ring IRD

CONTACT INLAND REVENUE

- Confirm their IR number – Yes
- Confirm number of employees = IR stated 487 on last return. Application for 477. Confirmed with HR Manager 477 is correct. Have not applied for staff on long term sick leave or parental leave.

Call Employer

QUALIFICATION AND OBLIGATIONS

Wage Subsidy / Leave Payment

NZ employees/legally working

30% Decline/Mitigations

Spoken to employee

Employee knows application has been made

You must pass this payment onto your employee

Employee will be returning to the job

(EWLS)

Essential business

Business negatively impacted by COVID-19

Employee/s cannot come into work because of MOH guidelines recommendation

Employee/s unable to work from home

Prompts and scripting to support your telephone conversation

Scripting (refer desk file for more info)

Cover employer obligations

This part of the audit allows you to check everything with the employer. It includes:

- Their eligibility
- That they are a real business
- A reconciliation of their employee numbers
- That they are meeting their obligations

More detailed questions will include but not limited to:

- Are all your employees legally employed in New Zealand?
- Have you experienced a 30% decline in business?
- Is the loss attributed to COVID-19?
- How many/have you spoken to every employee you are applying for
- Have they all agreed that you could apply for the subsidy for them?
- What are you doing to retain your employees named in your application?
- How are you paying your employees?

NOTES: *Record your notes in here*

NZ Registered business

Private Hospital in Christchurch.

Confirmed employee numbers. All permanent staff, currently on payroll.

Yes. Frequent contact with staff, consent gained to apply. Paying wages of 90% to staff and board have agreed to top up to 100%.

Yes confirmed

All elective surgeries have ceased. This is the main source of revenue for the company. Only Cancer Care and Maternity unit are able to remain.

Yes due to covid19

Applied for 477. All aware subsidy has been applied for and consent gained.

Yes all consented

All staff being retained, currently on full wages that is made up of 90% from employer and 10% from the board. All will be returning to work when they are able to. Job stability. No intention for anyone to be losing their jobs.

With what business funds they have and topped up by board.

Also cover all other obligations/information such as:

- Are aware that we will share information you have provided with other agencies about your business?
- Do acknowledge that the information you have provided is true and correct
- Acknowledge that you will have to repay any subsidy that you were not, or stop being entitled to.

Yes

Yes confirmed all information discussed with other management staff and directors.

Yes acknowledged this. Private Hospitals Association has made a case to Ministry of Health for funding and they are awaiting the outcome. Sought advice from our National Office and decision made to approve the application. Discussed there may be a refund depending on outcome of decision with Ministry of Health. Fully understood this.

For EWLS

Cover employer obligations

- Are an essential business
- Business has been negatively impacted by COVID-19
- Employees cannot come into work because of MOH guidelines recommendation
- Can't work from home

N/A

OFFICIAL INFORMATION ACT
 RELEASED UNDER THE

Decision

Approve	Approve part payment	Decline	Undecided
Yes			

Employees you have removed from the application	
For each, outline - <ul style="list-style-type: none"> Name DOB IRD Number 	NIL

Discrepancy of more than 30 employees – resolved	
Outline discussion with employer (we mutually agree that some of the claimed employees are not qualified)	N/A

Discrepancy between Inland Revenue and Employer		Y
Complete all	<ul style="list-style-type: none"> Paid for less than claimed <ul style="list-style-type: none"> Number of employees claimed for 477 Number of employees paid for 477 <p>FOLLOW UP REQUIRED</p> <p>Follow up required regarding decision from Ministry of Health. Refund may be required.</p>	N
		Y

Associate claims	Number	Follow Up Required