



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

May 4, 2017

Re: 2016 RHCF-4 Software

Dear Administrator:

In accordance with Part 86-2.2 of the Commissioner's Administrative Rules and Regulations, all nursing facilities must complete and file annual financial and statistical reports (i.e., Cost Reports) provided by the Department of Health ("the Department"). The 2016 RHCF-4 Cost Report software is now available through the Internet-based Health Commerce System (HCS).

Please be advised that the 2016 RHCF-4 Cost Report and independent accountant and operator certifications must be filed with the Department no later than Monday, July 3, 2017.

Any facility that does not submit the 2016 RHCF-4 Cost Report and independent auditor and operator certification by due date above will be considered late. The Department will not accept requests to extend the established due date. Facilities that fail to meet the Monday, July 3, 2017 due date may be subject to the penalties imposed by Section 86-2.2 of the New York Codes Rules and Regulations (NYCRR) as well as penalties associated with the Quality Initiative.

The Department has included two attachments on HCS to accompany the software release. Attachment 1 outlines guidelines associated with the submission of the cost report. Attachment 2 provides instructions on the Electronic Certification process and a blank access request form.

If you have any questions concerning the submission of the RHCF-4 Cost Report or HCS access, please send an email to RHCF-HCS@health.ny.gov with RHCF-4 in the subject line.

Sincerely,

Steven M. Simmons
Director
Bureau of Residential Health Care
Reimbursement

Attachment 1 Submission Guidelines

PART III - RELATED COMPANY FINANCIAL REPORT

Proprietary and voluntary facilities are required to complete Part III of the Cost Report if there is a related entity with which the facility has conducted direct business transactions. Voluntary facilities with a "foundation" or other separately established entity, which conducts direct business transactions with the facility, raises money in the facility's name, or affects the facility's cost of doing business must file Part III. Please note that any facility filing Part III with its annual Cost Report must also file with the Department an electronic copy (PDF) of the related company's Certified Financial Statements. The financial statements must be filed no later than July 3, 2017. Please submit the electronic copy to RHCF-HCS@health.ny.gov and be advised that paper copies will not be accepted. Failure to submit an electronic copy will result in an incomplete Cost Report submission.

NON-MEDICAID PROVIDERS AND NEW FACILITIES AND/OR NEW OPERATORS

With Department approval, non-Medicaid providers and new facilities and/or new operators who will file a 12-month Cost Report pursuant to Part 86-2.2 (e), may file only the Prefatory Data and Part 1 sections of the RHCF-2 or RHCF-4 (i.e., an RHCF-1 Report). The software can be modified from an RHCF-2 or RHCF-4 to an RHCF-1 by selecting "configure" on the menu bar. If your facility is filing the RHCF-1 Report, please include an explanation of why your facility is filing the RHCF-1 Report in the General Notepad. Also, please send an email to RHCF-HCS@health.ny.gov informing the Department of the change in ownership. The email should include the date of the change of ownership and any other pertinent information necessary to process the change. In the subject line include the "facility name" and "change of operator" so that it is directed to the proper reviewer. Also, the new operator should be sure to update any necessary HCS access in order to certify their Part I in a timely manner.

CHANGES TO RHCF-2 and RHCF-4

The Department has added data elements to capture the costs for the new specialty program, Neurodegenerative. This service can be added by using the configure menu and then selecting the additional services for neurodegenerative.

RHCF-4 DATA SECURITY

As in the past, the Declaration Control Number (DCN) will appear on the computer screen and each page of the printed pages of the Report. **Any change to any screen or schedule in the database will cause the DCN to be erased** and another DCN will not be generated until the revised data has been determined to be "clean" by the software-editing program. If a facility makes revisions that result in multiple report submissions, operator and CPA electronic certifications should only be submitted for the final DCN report determined as "correct" by the facility. If multiple report submissions are certified by both the operator and CPA, the Department will deem the last certified report filed for the facility as the final "correct" DCN report submission.

Be advised that any of the following circumstances will render a submitted Cost Report incomplete, inaccurate or incorrect.

- A rejected stepdown.
- The certification of the operator has not been received.
- The CPA certification has not been received.
- Notes to the facility's financial statements were not included in the electronic Cost Report filed by your facility.
- Electronic copies of certified financial statements from a related company have not been received.

Attachment 2 Electronic Certification Access Instructions

The Health Commerce System is a secure Internet site accessible by enrolled health providers. Individuals that have an HCS account will also need to receive Access to the Electronic Certification function. If you have an HCS individual account and do not have access to the Electronic Certification function please complete the attached **Electronic Certification Access Request Form** and submit it to the Bureau of Managed Long Term Care e-mail log at RHCF-HCS@health.ny.gov. A notice of access indicating your Form has been processed will be delivered to the e-mail address listed on your HCS account.

IF YOU DO NOT HAVE AN INDIVIDUAL ACCOUNT, PLEASE CONTACT YOUR HCS COORDINATOR TO FORWARD THE CURRENT USER FORMS ESTABLISHED ON HCS (UNDER THE COORDINATORS TAB ON THE MAIN HCS SCREEN). IF YOU HAVE QUESTIONS REGARDING THE SUBMISSION OF THE INDIVIDUAL ACCOUNTS AND USER FORMS, PLEASE CALL 1-866-529-1890.

Signatories with HCS accounts and appropriate access can proceed to the HCS site as follows:

- 1) Website - https://commerce.health.state.ny.us/public/hcs_login.html
- 2) HCS Network Screen – select “HCS Portal”
- 3) My Applications Menu – select NH Cost Report.
- 4) Nursing Home Cost Report Page - select the appropriate certification.
 - a. If you do not have access to the certification link, BVAPR has not received the form required to provide you access. Please complete the attached form.
 - b. **Please keep in mind that only one CPA and Operator can be active at any one period in time. If a new Certifier has to be appointed, a new form must be transmitted and certification access associated with the prior HCS ID will be terminated.**
- 5) Operator
 - a. Operators' Certification Page - please select the facility for which you are certifying. If you have multiple facility access, all facilities you have access to will appear in a drop down box.
 - b. Facility Specific Page - please select the DCN you would like to certify. If you have multiple DCNs all DCNs will appear in the drop down. Please be sure to select the correct DCN.
 - c. Operators' Certification Page - please read and review your certification and make sure all of the information is complete and accurate. Then press the certify button.
 - i. A confirmation of your certification will appear with the date and time. If you wish to log back into that DCN and print a copy, please do so. However, certified DCNs cannot be uncertified.
- 6) Certified Public Accountants
 - a. CPA's Certification Page - please select the facility for which you are certifying. If you have multiple DCNs, all the DCNs will appear in the drop down.
 - i. Facility Specific Page - please select the DCN you would like to certify. If you have multiple DCNs, all the DCNs will appear in the drop down. Please be sure to select the correct DCN.

ii. Please select the type of report to which you are certifying. The four options are detailed in the following statements:

1. The standard certification.
2. The standard certification which includes an additional paragraph directing the reader to an "accountant's notepad".
3. The standard certification applicable to a facility that requires consolidated reporting.
4. The standard certification applicable to a facility that requires consolidated reporting which includes an additional paragraph directing the reader to an "accountant's notepad".

b. CPA Certification Page - please read and review your certification and make sure all of the information is complete and accurate. Then press the certify button.

- i. A confirmation of your certification will appear with the date and time. If you wish to log back into that DCN and print a copy, please do so. However, certified DCNs cannot be uncertified.

GENERAL INSTRUCTIONS

- 1) Once a DCN is certified it cannot be undone; please be sure you have selected the correct DCN prior to certifying.
- 2) If the Nursing facility operator and/or CPA certify multiple DCNs, the most recent DCN will be considered the correct submission and will be used for rate setting purposes.
- 3) It should be noted that unless a cost report is certified by both the CPA and the Operator, the reimbursement system will have no indication that it was submitted, and it will be considered as rejected by the Department. If a certified cost report is not submitted by the required deadline, the nursing facility may be subject to the penalties established by Part 86-2.2(c) and Section 12-d of the Public Health Law. In addition, the 2017 Medicaid rate will not contain a capital component.
- 4) Ensuring that the appropriate signatories have HCS security and use agreement is the responsibility of the facility administration and HCS coordinator.
- 5) **Please be advised that a facility must have their respective operator and/or CPA certifiers in place, for cost report filing by June 26, 2017 to ensure a smooth cost report certification process. Requests will not be honored after this date due to time constraints. This will result in the Cost Report being considered late and subject the facility to late penalties. Please take the release of this DAL to review the filing status of your operator and/or CPA.**

Electronic Certification Access Request Form

Instructions: Please print clearly. Form must be completed in its entirety. To submit this form electronically, it must be printed, completed, scanned as an email attachment and sent to the Bureau Mail Log at: RHCF-HCS@Health.NY.Gov.

Facility Name: _____ Operating Certificate: _____
Address: _____
(Street Address, City, State, Zip Code)
County: _____ Telephone: _____

Part I – Operator Certification

Facility Type and Authorized Signatory: *(Check One)*

Proprietary – Owner/Operator
 Voluntary – Officer
 Public/Government – Public Official/County Executive/Administrator

Operator Name: _____ Title: _____ HCS ID _____

a. Has there been a change in the operator/officer within the last twelve months? *(Check one)*
 Yes No

b. If yes, please indicate the name and title of the previous operator/officer that will be deleted from the electronic certification database:

(Full Name and Title)

Part II – CPA Certification

Authorized CPA's Name: _____ CPA License Number: _____
HCS ID _____
Accounting Firm Name: _____
Firm Address: _____
(Street Address, City, State, Zip Code)

a. Has there been a change in the Accountant and/or Firm within the last twelve months? *(Check one)*
 Yes No

b. If yes, please indicate the previous **Accountant / Firm** that will be deleted from the electronic certification database:

(Full Name and Firm)

I hereby attest to the accuracy of the information provided above for the purposes of obtaining an HCS account for the individuals indicated.

Administrator's Signature: _____ **Date:** ____/____/____

DOH AGENCY USE ONLY:	Date Request Received: ____/____/____
Operator Access Granted: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date: ____/____/____ If denied explain: _____
CPA Access Granted: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date: ____/____/____ If denied explain: _____