



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 23 2016

RE: 2015 LTHHCP Cost Report Software

Dear Administrator:

In accordance with Part 86-5.2 of Title 10 of the Commissioner's Administrative Rules and Regulations, all Long Term Home Health Care Programs (LTHHCP) shall complete and file annual financial and statistical report forms.

The 2015 LTHHCP Cost Report (lthhc12) must be filed with the Department **no later than August 15, 2016. The operator's and accountant's certifications must be received on or before August 15, 2016 also.** If a provider files the report or certifications after the required due dates, penalties may be assessed in accordance with Part 86-5.2(a) and Section 12-d of the Public Health Law and the agency will not receive a 2017 Medicaid rate.

Health Commerce System (HCS) Address

The 2015 LTHHCP Cost Report software is now available on the Department's Internet-based HCS (formerly HPN). This may now be accessed at <https://commerce.health.state.ny.us> by the appropriate individuals at your agency with user accounts. Once you have reached this site the new Health Commerce System (HCS) portal is now available by choosing "HCS Portal" for more personalized user access to specific applications such as the LTHHCP cost report application. Note the search engine available on the left - type "orientation guide" for a link to information designed to help you familiarize yourself with the new HCS portal features that will allow users more direct access to their specific applications.

Users with access to the LTHHCP Cost Report application should find that application in their personalized list of "my applications" on the left; choose LTHHC cost report and then scroll down and access the 2015 LTHHCP Cost Report software for download.

You will note a recent change in the LTHHCP Cost Report application display on HCS. This revision is the result of a change in the Department's internal process for accepting and storing cost report data that requires a separate link for you to review historical cost report information for reports submitted prior to April 29, 2015. It has no impact on the process for you to upload your 2015 report and you should certify the finalized 2015 cost report on the links identified as "after APR-29-2015".

Accountant and Operator Electronic Certifications

The Department will continue to utilize an electronic signature process for the submission of the CPA and Operator certifications. Two applications for this electronic signature process are available through the new HCS portal as you scroll down under the LTHHCP cost report page, and access to both is required to successfully complete and submit the 2015 LTHHCP Cost Report. As noted above, reports are to be certified on the links identified as “after APR-29-2015”.

To certify the Cost Report electronically, the facility's CPA and the appropriate signatory for the agency, in accordance with Part 86-5.2, each must have an HCS account. If these individuals do not yet have an HCS account, your HCS coordinator should immediately begin the process of requesting the account(s) through the HCS system. If your CPA does not have an existing HCS account, providers are encouraged to establish the CPA's user account under your Home Health Agency organization, to expedite the process of obtaining access to the CPA certification application.

For both certifications to be valid, a current “Electronic Certification Access Request Form” (attached) must be on file with the Department. If you submitted this form for a previous Cost Report and the same individuals who provided the Operator and CPA certifications for the 2014 report are also certifying for 2015, a new form is not required.

However, if one or both of the certifiers has changed, you must submit a new form. Please complete the form in its entirety (including any elements that have not changed), scan and submit electronically (as an e-mail attachment) to the Bureau's LTHHCP mail log: ***BLTCR-LT@health.ny.gov***. If you do not have scanning capability, the original signed hard copy must be mailed to:

Mr. Russell J. Smith
New York State Department of Health
Bureau of Managed Long Term Care/FFS
One Commerce Plaza – Room 1405
99 Washington Avenue
Albany, NY 12210

This form should not be submitted until both the operator and CPA signatories have HCS accounts established. Upon receipt of the properly completed form, Bureau staff will grant the appropriate access to each of the electronic signature applications. **Please be sure that the information on signatories in the “Configure” section of the cost report is an exact match with the Electronic Certification Access Request Form. Information from the “Configure” screen will automatically appear on the certifications.**

The operator and CPA electronic certifications must be submitted no later than August 15, 2016. If an agency files multiple reports, certifications are only required for the report you deem to be the “final” report.

Filing the Report

Once your Cost Report passes all edits and is finalized, a Declaration Control Number (DCN) will appear on the computer screen and each page of report printouts. Any change in the cost report will cause the DCN to be erased and another DCN will not be generated until the report is finalized again. Please refer to the HELP section of the LTHHCP software for information on how to create and submit a final Cost Report and the DCN Number.

The Department will be accepting reports when you receive this letter. When the report has been successfully uploaded and filed with the Department, the agency will receive an electronic acknowledgment indicating the report is accepted and confirming the DCN for the agency's report. This will happen each time that the agency files a report with a different DCN. Reports with the same DCN will be rejected after the first report is accepted.

If an agency files multiple reports, certifications are required only for the "final" report. If multiple certified reports are erroneously filed, the Department will deem the last report filed for the agency as the "final" report.

Please note that a Cost Report is not deemed to be complete and properly filed, and thus eligible to be used by the Department to determine reimbursement rates, until the required certifications from the CPA and Operator are electronically submitted.

To resolve any problems or questions regarding the electronic mail network please contact the **HELP line at 1-866-529-1890**.

To resolve any questions concerning HCS access, the electronic certification process, or for the completion and submission of the Cost Report, please contact Russ Smith at (518) 473-4421.

Sincerely,



Steve Simmons
Director
Managed Long Term Care/FFS
Office of Health Insurance Programs

Electronic Certification Access Request Form – Home Care Agency

Instructions: Please print clearly. Form must be completed in its entirety. To submit this form electronically, please print, complete, scan and send as a pdf attachment e-mailed to the Bureau Mail Log at:
CHHA - BLTCR-CH@health.ny.gov LTHHCP - BLTCR-LT@health.ny.gov

Check One: CHHA LTHHCP

Agency Name: _____ Operating Certificate No.: _____

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 User ID: _____

a. Has there been a change in the certifying 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 who will be deleted from the electronic certification database:

(Full Name) _____ *(Title)*

Part II – CPA Certification

Authorized CPA's Name: _____ CPA License Number: _____

HCS User ID: _____

Accounting Firm Name: _____

Firm Address: _____
(Street Address, City, State, Zip Code)

a. Has there been a change in the certifying 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)

TO BE SIGNED BY AGENCY ADMINISTRATOR:

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: _____ Print name: _____

Title: _____ Date signed: _____