



## Department of Health

ANDREW M. CUOMO  
Governor

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

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

June 21, 2016

RE: 2015 CHHA Cost Report Software

Dear Administrator:

In accordance with Part 86-1.2 of Title 10 of the Commissioner's Administrative Rules and Regulations, all Certified Home Health Agencies (CHHA) are required to complete and file annual financial and statistical reports.

The 2015 CHHA Cost Report (CHHA15) must be filed with the Department **no later than September 15, 2016**. The certifications by the independent accountant and the operator must be filed electronically with the Department **on or before September 15, 2016**. If a provider files the report or certifications after the required due dates, penalties may be assessed in accordance with Part 86-1.2(c) and Section 12-d of the Public Health Law and the agency may not receive a 2017 Medicaid rate.

### **Health Commerce System (HCS) Address**

The 2015 CHHA Cost Report software is now available on the Department's Internet-based Health Commerce System (HCS). This may 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, users with access to the CHHA Cost Report application should find that application in their personalized list of "My Applications" on the left. Choose CHHA Cost Report and you can then scroll down and access the 2015 CHHA Cost Report software for download.

### **Changes in the 2015 Cost Report**

**General Information Page 1:** Providers must enter the Begin Date and End Date of the period covered by the report (lines 015 and 016). If your agency's New York State Medicaid operating certificate was in effect on or before Jan. 1, 2015, and remained in effect through Dec. 31, 2015, please enter beginning and ending dates of 01/01/15 and 12/31/15. If your agency's operating certificate was effective after Jan. 1, 2015, please enter the effective date as the Begin Date. If the operating certificate was discontinued during 2015, due to closure or sale of the agency, please enter the last date it was in effect as the End Date.

## **Report CHHA Expenses ONLY**

To ensure that your cost report is accurate and provides all the required information, please read and carefully follow all of the Cost Report instructions. Cost Report instructions in the "Welcome" section and the instructions to both Schedule A (Reclass and Adjustment to Trial Balance) and Schedule D (Statement of Revenue and Expenses) clearly state that the Cost Report shall include **revenues, expenses and statistics of the Certified Home Health agency ONLY**. The instructions cite expenses of an affiliated Long Term Home Health Care Program as an example of expenses that SHOULD NOT be included in the CHHA Cost Report.

The inclusion of non-CHHA data in the CHHA Cost Report (in particular LTHHCP costs) is inconsistent with the declarations made in the operator's certification that the included costs are "incurred to provide patient care services in the certified home health agency and that the costs shown as attributable to the certified home health agency are not a duplication of costs reported for use in the calculation of reimbursement rates for other programs." It is also inconsistent with the certified public accountant's certification that the report data is "in conformity with the applicable instructions relating to the preparation" of the report.

Agencies are advised to carefully review the 2015 Cost Report submission for compliance with the Cost Report instructions. In accordance with Part 86-1.2(e) of NYCRR Title 10, failure to submit the CHHA Cost Report in accordance with the instructions or failure to submit an accurate operator or CPA certification shall result in the imposition of penalties in accordance with Part 86-1.2(c).

## **Current Services and Charges - Schedule I**

Providers must report their agency's **current charges** on Schedule I (Report of Services and Charges) as part of the electronically filed Cost Report. This should reflect the most currently available public charge information.

## **Accountant and Operator Electronic Certifications**

In an effort to expedite the submission and processing of the Cost Reports, 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 now available through the HCS portal as you scroll down under the CHHA cost report page, and access to both is required to successfully complete and submit the 2015 CHHA Cost Report.

To certify the Cost Report electronically, the facility's CPA and the appropriate signatory of the agency each must have an HCS account. If there is a new agency signatory and this individual does not yet have an account, your coordinator should immediately begin the process of requesting the account(s) through the HCS system. If you have a new CPA signatory who

does not have an existing account, providers are encouraged to establish the CPA account under your Certified Home Health Agency organization. This will 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 have previously submitted this form and there has been no change in the identity of the Operator and CPA certifiers since the most recent submission, 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 CHHA mail log:

[BLTCR-CH@health.ny.gov](mailto:BLTCR-CH@health.ny.gov)

If you do not have scanning capability, the original signed hard copy must be mailed to:

Mr. Timothy E. Casey  
New York State Department of Health  
Bureau of Long Term Care Reimbursement  
One Commerce Plaza – Room 1430  
99 Washington Ave.  
Albany, NY 12210-2808

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. The attached document, "Electronic Certification Access Instructions," provides detailed instructions for approved users to navigate and utilize the electronic certification 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 September 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 CHHA software for information on creating the Final Cost Report and DCN.

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 the agency files a report with a different DCN. Reports with the same DCN will be rejected after the first report is accepted.

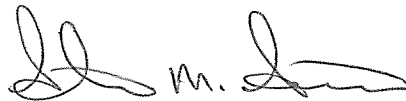
If an agency files multiple reports, certifications are required only for the "final" report. If multiple certified reports are filed, the Department will deem the last certified report filed for the agency as the "final" report.

**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 electronic certifications from the CPA and Operator are electronically submitted.**

To resolve any problems or questions regarding the Health Commerce System, please contact the HELPLINE at 1-866-529-1890.

If you have questions concerning HCS cost report and certification access, the electronic certification process, or the completion and submission of the Cost Report, please contact Charles Tobey or Tim Casey at (518) 473-4421, or use the following email address for inquiries: [BLTCR-CH@health.ny.gov](mailto:BLTCR-CH@health.ny.gov)

Sincerely,

A handwritten signature in black ink, appearing to read "S.M. Simmons", written in a cursive style.

Steven M. Simmons  
Director  
Bureau of Managed Long Term Care  
Division of Finance and Rate Setting  
Office of Health Insurance Programs

Attachments

**Attachment 1**  
**Electronic Certification Access Instructions**  
**Certified Home Health Agencies (CHHA)**

The Health Commerce System (HCS) is a secure Internet network which requires enrollment by health providers. Individuals who 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**, scan and submit to the Bureau of Long Term Care Rate Setting mail log at the applicable address:

For **CHHAs**: BLTCR-CH@health.ny.gov

Once your request has been processed, a notice of access will be delivered to the e-mail address listed on your HCS account.

**IF YOU DO NOT HAVE AN INDIVIDUAL HCS ACCOUNT, PLEASE CONTACT YOUR HCS COORDINATOR TO FORWARD THE PROPER DOCUMENTS AVAILABLE UNDER THE COORDINATOR'S TAB ON THE MAIN HCS SCREEN. IF YOU HAVE QUESTIONS ABOUT SUBMISSION OF THE INDIVIDUAL USER FORMS, PLEASE CONTACT THE HCS HELPLINE AT (866) 529-1890.**

**After successful establishment of HCS accounts and appropriate access, the authorized report year certification signatories can proceed to the HCS site as follows:**

1. Website – <https://commerce.health.state.ny.us>
2. Security Screen – this screen will ask for your HCS ID and password - if you do not have an HCS ID, follow the steps indicated above.
3. Under “My Applications” (left side of web page), select “CHHA Cost Rpt”
4. Scroll down to “Certify CHHA Report”
5. Select the appropriate certification (Operator or CPA)
  - a. If you do not have access to the certification link, you have not been given permission by the BLTCR and should request it by completing the attached form.
  - b. **Please keep in mind that only one CPA and one Operator can be authorized at any given time. If a new Certifier has to be appointed, a new form must be submitted and certification access associated with the prior HCS ID will be terminated.**
6. Operators:
  - a. Operator Certification page - select the agency whose report you are certifying. If you have multiple provider access, they will all appear in the drop-down.
  - b. Agency-specific page - select the DCN you wish to certify. If there are multiple DCN's they will all appear in the drop-down. Please be sure to select the correct DCN.
  - c. Operator Certification - please read and review the certification and make sure all of the information is complete and accurate. Then select the “Certify” button. (Agency-specific information is derived from the “Configure” section of the cost report).
  - d. A confirmation of your certification will appear with the date and time. You also may log back into the same DCN and print a copy of the certification. However, once a DCN is certified, it cannot be uncertified.

7. Certified Public Accountants:

- a. CPA Certification page - select the agency whose report you are certifying. If you have multiple provider access, they will all appear in the drop-down.
- b. Agency-specific page - select the DCN you wish to certify. If there are multiple DCN's they will all appear in the drop-down. Please be sure to select the correct DCN.
- c. Please select the appropriate certification type. The five options presented on this screen have been negotiated with the accounting industry as represented by the New York State Society of CPAs. The five options are as follows:
  - 1) Standard
  - 2) Standard with notes - includes an additional paragraph directing the reader to an "accountant's notepad," which is restricted to the use of the certifying CPA.
  - 3) Consolidated - applicable to an agency that requires consolidated reporting.
  - 4) Consolidated with notes - applicable to an agency that requires consolidated reporting and includes an additional paragraph directing the reader to an "accountant's notepad."
  - 5) Governmental - may be utilized for a government-sponsored CHHA when the overall county audit is performed by a different CPA firm than the firm certifying the cost report.
- d. CPA Certification - please read and review the certification and make sure all of the information is complete and accurate. Then select the "Certify" button. (Agency-specific information is derived from the "Configure" section of the cost report).
- e. A confirmation of your certification will appear with the date and time. You also may log back into the same DCN and print a copy of the certification. However, once a DCN is certified, it cannot be uncertified.

**GENERAL INSTRUCTIONS**

1. Once a DCN is certified this cannot be undone; please be sure you have selected the correct DCN prior to certifying.
2. If the operator and/or CPA certify multiple DCN's, 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 Department will have no indication that it was properly submitted and it will be considered rejected by the Department. If a certified cost report is not submitted by the required deadline, the agency will be subject to penalties in accordance with Part 86-1.2(c) and section 12-d of the Public Health Law and the agency may not receive a Medicaid rate.
4. Ensuring that the appropriate signatories have HCS ID's and passwords and that they are used in accordance with the HCS security and use agreement is the **responsibility of the facility administration and HCS coordinator.**

**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](mailto:BLTCR-CH@health.ny.gov)      **LTHHCP** - [BLTCR-LT@health.ny.gov](mailto: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: \_\_\_\_\_