

NEW YORK
state department of
HEALTH

Howard A. Zucker, M.D., J.D.
Acting Commissioner of Health

Sue Kelly
Executive Deputy Commissioner

May 22, 2014

Re: 2013 RHCF-2 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 2013 RHCF-2 Cost Report software is now available through the Internet-based Health Commerce System (HCS). Individuals that have an HCS user account have the ability to download the RHCF-2 Cost Report software from the HCS.

To continue our efforts in assisting facilities in meeting the annual cost report submission deadlines, the Department is again allowing more than 60 days for the submission of the cost report. Please be advised that the 2013 RHCF-2 Cost Report and operator certification must be filed with the Department no later than **August 15, 2014**. Please note that the due date for the submission of the report **and** the required operator certification is the same date, or August 15, 2014. The CPA certification requirement for hospital Institutional Cost Reports and related RHCF-2 Cost Reports filed by non-Article 28-A hospital-based nursing homes was eliminated beginning with the 2010 cost report filing. Accordingly, **CPA certification of the 2013 RHCF-2 Cost Report is not required. Providers are reminded that data reported on the 2013 RHCF-2 Cost Report must match the data, as appropriate, to that reported on the Hospital Institutional Cost Report that is due to be filed June 2, 2014.**

Please be further advised that the Department will not accept requests to extend the established due date, and facilities that fail to meet the August 15, 2014 due date may be subject to the penalties imposed by Section 86-2.2 of the New York Codes Rules and Regulations (NYCRR). The imposition of such penalties would result in the reduction of a facility's current nursing home Medicaid rate by two percent beginning on the first day of the calendar month following the original due date of the report and continuing until the last day of the calendar month in which the report is properly filed.

Facilities are reminded that Section 2808(11) of the New York State Public Health Law provides the Department will only review operating rate appeals for the correction of computational errors or omissions of data by the Department in determining the operating rate based upon information submitted to the Department prior to the computation of the rate and that the Department will not consider any revisions made to a facility's annual cost report for operating adjustment purposes later than the due date established by the Commissioner.

OPERATOR ELECTRONIC CERTIFICATIONS

To expedite the submission and processing of Cost Reports, the Department has **an electronic signature process for submission of the Operator's certification**. The application for implementing this process is available on the Division of Financing and Rate Setting page of the HCS and is required to successfully complete and submit the 2013 Cost Report. To certify the Cost Report electronically, the appropriate signatory of the nursing facility as required in Part 86-2.6, must have an HCS account. The Nursing Facility's HCS Coordinator can provide HCS access to appropriate individuals. Operator signatory individuals with HCS access should refer to **Attachment 1 - Electronic Certification Access Instructions** and the attached **Electronic Certification Access Request Form**. If the authorized operator signatory for your facility has changed from the prior year's Cost Report filing, you must complete and file with the Department a new **Electronic Certification Access Request Form** for the new signatory. Upon receipt of the change request, the Department will update permissions on the HCS and grant access for the new operator signatory to complete the electronic certification process. Please see **Attachment 1** for complete instructions. **Please be further advised that a facility must have their respective operator and/or CPA certifiers in place, for cost report filing by August 11, 2014 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.**

The operator's electronic certification must be submitted no later than **August 15, 2014**. If a facility files multiple reports, certifications are only required for the report deemed to be the facility's "Final" report. The operator's certification must be submitted in accordance with the provisions of Part 86-2.6 of the Commissioner's Administrative Rules and Regulations.

INSTRUCTIONS AND COMMENTS

The instructions for the RHCF-2 Cost Report will be included in the software and can be located within the nursing home cost report. Comments related to the instructions or suggestions to improve next year's software can be submitted in writing to the Bureau of Vital Access Provider Reimbursement's e-mail log at BVAPR@health.state.ny.us with RHCF Instructions /Suggestions in the subject line.

The 2013 software is a Windows-based program. Selected sections of the RHCF-2 can be found on the menu bar by selecting "Tables" and following the appropriate windows to retrieve the desired section of the report.

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 (i.e., an RHCF-1 Report) . The software can be modified from an RHCF-2 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.

PART IV – SCHEDULE O – ALLOCATION OF PURCHASED OR CONTRACTED SERVICES (QUALITY MEASURES)

Page (1) - Schedule has been revised to capture hours reported for Registered Nurses, Licensed Practical Nurses and Aides Orderlies & Assistants. The data from this schedule is being utilized for Quality Measures.

Page (2) - Report Number of Per Diem Contracted employees at the end of the respective dates in the Column Headings listed. The data from this schedule is being utilized for Quality Measures.

RHCF-2 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 electronic certification should only be submitted for the final DCN report determined as “correct” by the facility. If multiple report submissions are certified by the operator, the Department will deem the last certified report filed for the facility as the final “correct” DCN report submission.

FILING THE REPORT

The last day for filing the complete 2013 RHCF-2 **and** the required certification will be **August 15, 2014. No extensions to file after that date will be granted. Reports filed after that date may trigger the imposition of penalties authorized under Part 86-2.2 (c) and Section 12-d of the Public Health Law and the 2015 Medicaid rate provided to your facility will not contain a capital component.**

Upon submission of a properly transmitted Cost Report to the Department, the submitting facility will immediately receive an electronic message stating the file was successfully filed with the Department. The acknowledgement will include a verification of the file DCN, report period, date and time received and data status as accepted. This will occur each time the facility files a Report with a different DCN. Reports with the same DCN will be rejected after the first Report is accepted. Please note that if the individual user’s e-mail address is incorrect on the HCS, this electronic message cannot be delivered and will be rejected by the electronic delivery system.

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

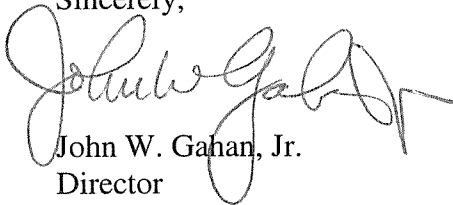
- The electronic certification of the operator has not been received.
- A hard copy of the certified financial statements has not been received. Please note that if the related hospital financial statements have been timely provided with the Institutional Cost Report filing for the given base year, they need not be re-submitted (i.e., a duplicate submission) to satisfy this RHCF-2 filing requirement.

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 ALL required information is received by the Department.

QUESTIONS

If you have any questions concerning access to the HCS, please see Attachment 1 for instructions. If you have questions regarding the RHCF-2 Cost Report form or need further assistance with HCS access, please submit an email to BVAPR@health.state.ny.us.

Sincerely,

A handwritten signature in black ink, appearing to read "John W. Gahan, Jr.", written in a cursive style.

John W. Gahan, Jr.
Director

Bureau of Primary and Acute Care Reimbursement

ATTACHMENT 1
RHCF-2 Electronic Certification Access Instructions

The Health Commerce System (HCS) is a secure Internet site accessible by enrolled health providers. Individuals that have an HCS account will also need to receive access to the RHCF-2 Electronic Certification function. If you have an HCS individual account and do not have access to the Electronic Certification function, please complete the attached **RHCF-2 Electronic Certification Access Request Form** and submit it to the Bureau of Primary and Acute Care Reimbursement e-mail log at BVAPR@health.state.ny.us. 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 HCS APPLICATIONS, COORD ACCOUNT TOOLS – HCS COORDINATOR 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) Security Screen – enter your HCS **User Id** and **Password**.
- 3) HCS Network Screen – under **HCS Applications** select **Nursing Home Cost Report**.
[You may add this application to your “My Applications” menu for easier future access.]
- 4) From the Nursing Home Cost Report home page, scroll down to “Certifying Nursing Home Cost Report” and select **RHCF-2 Operator Certification**.
 - a. If you do not have access to the certification link, BVAPR has not received the “RHCF-2 Electronic Certification Access Request Form” required to provide you access. Please complete and submit the attached form. The form can also be downloaded from the HCS Nursing Home Cost Report home page (see “Certifying Nursing Home Cost Report” section).
 - b. **Please keep in mind that only one Operator can be active at any one period in 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.**
- 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 DCN’s all DNC’s will appear in the drop down. Please be sure to select the correct DCN.
 - c. Operators’ Certification Page – **please thoroughly read your certification to make sure all of the information is complete and accurate.** Then press the certify button. 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 DCN’s 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 certifies 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 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 will be subject to the penalties established by Part 86-2.2(c) and Section 12-d of the Public Health Law. In addition, the 2015 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.

RHCF-2 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: BVAPR@health.state.ny.us.

Facility Name: _____ Operating Certificate: _____

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

County: _____ Telephone: _____

Nursing Home 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)

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: Yes No Date: ____/____/____	If denied explain: _____

