NEW YORK STATE OF OPPORTUNITY. | **Department of Health**

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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 Vital Access Provider Reimbursement e-mail log at BVAPR@health.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 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 2016 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 August 7, 2015 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.**

NYS Department of Health
Bureau of Vital Access Provider Reimbursement   **email: BVAPR@health.ny.gov**

Electronic Certification Access Request Form

Instructions: Please print clearly. Form <u>must</u> 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.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: ☐ Yes ☐ No   **Date: ____/____/____   If denied explain: _____**

CPA Access Granted: ☐ Yes ☐ No   **Date: ____/____/____   If denied explain: _____**