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

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Governor	Commissioner	Executive Deputy Commissioner

May 1, 2018

Dear Administrator:

This letter is to provide you with information regarding the Personal Care Provider (PCP) cost report submissions. The 2017 software is now available through the internet-based Health Commerce System (HCS). The 2017 cost report and applicable electronic certifications are due to the Department by **Monday, July 30, 2018.**

Please note, the following documents are located on the HCS in the Personal Care Provider Cost Report section to aid in the submission:

- PCP Cost Report Submission Guidelines
- PCP Cost Report Electronic Certification Access Instructions

If you have any questions concerning the submission of the PCP cost report or HCS access, please send an email to Richard Kappes at the Bureau of Residential Health Care Reimbursement email PersonalCare-Rates@health.ny.gov

Sincerely,

Ann Foster

Ann Foster
Deputy Director
Division of Finance and Rate Setting
Office of Health Insurance Program

Personal Care Electronic Certification And Access Instructions

The Health Commerce System is a secure Internet site accessible by enrolled health providers at https://commerce.health.state.ny.us Operators that certify the Personal Care Provider Cost Report will also need access to the Electronic Certification function. If you 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 Residential Health Care Reimbursement e-mail log at PersonalCare-Rates@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.

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 Personal Care Provider Cost Report
4) Personal Care Provider Cost Report Page - select the appropriate certification.
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 of the DCNs will appear in the drop down.
   c. Operators' Certification Page - please review your certification and 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. 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 have multiple facility access, all facilities you have access to will appear in a 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.
      ii. Please select the type of report to which you are certifying. The five 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".**
      5. **Governmental Certification**

   b. CPA Certification Page - please review your certification and 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. Certified DCNs cannot be uncertified.

Personal Care Provider Cost Report Submission Guidelines

New Agencies Or New Operators

If your agency opened during the corresponding calendar year or experienced a change of ownership and do not have actual costs and statistics for the calendar year, report the budgeted costs and estimated statistics. All other agencies that were in operation since January 1 must submit a properly certified report with actual costs and statistics.

GENERAL SUBMISSION GUIDELINES

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 PCP 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 unsubmitted by the Department.
4) Ensuring that the appropriate signatories have HCS security and use agreement is the responsibility of the facility administration and HCS coordinator.

Department of Health
Bureau of Residential Care Reimbursement   **Tel: (518) 473-4421**
   Fax: (518) 402-5392

Electronic Certification Access Request Form – Personal 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 PCA Bureau mail log: PersonalCare-Rates@health.ny.gov

Agency Name:_____ MMIS ID:_____

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 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 USER ID:_____

Accounting Firm Name: _____

Firm Address: _____
DATE_____
                    (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

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_____

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

_____
(Full *Name and Firm*)