

## INSTRUCTIONS FOR COMPLETING THE ATTACHMENT 2.12 & 2.12b FORMS

Electronic filing is available for satisfying the Bad Debt and Charity Care Independent Accountant's Report on Applying Agreed-Upon Procedures reporting obligations. To file electronically, you must establish an electronic filing account and be assigned a User ID and Password. Upon receipt of a fully completed Attachment 2.12 and, where appropriate, a fully completed Attachment 2.12b, the Office of Pool Administration will assign an electronic filing User ID and Password, which you will receive in separate return mailings.

The Attachment 2.12 form must be completed so that the Responsible Person (i.e., Partner in charge and/or duly authorized individual), can be issued a confidential User ID and Password that will allow him/her to enter and certify the Independent Accountant's Report on Applying Agreed-Upon Procedures.

The Attachment 2.12b should only be completed if the Responsible Person wishes to designate a Coordinator to perform data entry tasks only, on the software application. The designated Coordinator will not be allowed to certify the Independent Accountant's Report on Applying Agreed-Upon Procedures. A Responsible Person may designate a maximum of two Coordinators, which will require the submission of an Attachment 2.12b for each designated Coordinator.

**Note: All fields on the Attachment 2.12 and 2.12b are required to be accurately completed in order for your request to be processed. These forms must be signed and notarized.**

While electronic filing is designed to be very user friendly, a help desk has been established to aid those users requiring assistance. If you need general assistance, please contact the Office of Pool Administration's help desk at (315) 671-3800 or [www.hcrapools.org](http://www.hcrapools.org). The Attachment 2.12 and 2.12b form fields are explained below:

- New Request/Revision To Existing Account: Check the appropriate box. Check the *New Request* box to establish a new User ID and Password. Check the *Revision to Existing Account* box to notify the Office of Pool Administration of changes to an existing account.
- Date: Enter the date that this form is signed.
- Accounting Firm's Name: Enter the name of the firm from which the electronic report will be submitted.
- Business Street Address/City/State/Zip Code: Enter the business address of the person signing below.
- I, The Responsible Person, Have Designated The Following Coordinator To Electronically Enter, But Not Certify, The Above Report (Form 2.12b): This field only pertains to the Attachment 2.12b form. Enter the name of the Coordinator the Responsible Person would like to designate to perform the data entry of information on the software application. Note this person will not be allowed to certify the Independent Accountant's Report on Applying Agreed-Upon Procedures.
- Print An Access Word For Identification (easy for you to remember): This is a unique combination of 8 digits, special characters and/or letters that is easy for you to remember. Note you will be required to data-enter the Access Word, User ID and Password into the software application in order to create a draft and/or certify the Independent Accountant's Report on Applying Agreed-Upon Procedures.
- Type The Name Of The Responsible Person: Type the name of the Responsible Person (i.e., Partner in Charge and/or other duly authorized individual in the firm) signing below. This is the person who will be considered to have submitted any reports provided, and who will be responsible for use of the Password and Access Word used for filing and certifying the report.
- Business Phone Number: Enter the business phone number of the person signing below.
- Business E-mail Address Of The Signer Below: Enter the business e-mail address of the person signing below. Note: upon successful electronic filing of the Independent Accountant's Report on Applying Agreed-Upon Procedures, a confirmation e-mail with an attached electronic copy of the report will automatically be sent to the Responsible Person named above, the DOH and the affected hospital. The department will rely on the electronically filed copy of the Independent Accountant's Report on Applying Agreed-Upon Procedures and will consider it the official and final copy of the report for purposes of determining the hospital's compliance with Sections 2807-k (9) and (12) of the New York State Public Health Law relating to bad debt and charity care collection efforts.
- If Changing A Previously Designated Responsible Person (Form 2.12) or Coordinator (Form 2.12b), Print His/Her Name: If replacing a previously designated individual, list his/her name. That individual's User ID and Password will be deactivated and a new User ID and Password established for the new Responsible Person or Coordinator.
- Signature Of Responsible Person (Form 2.12) or Coordinator (Form 2.12b): The signature of the current designated Responsible Person or Coordinator.
- Title Of Responsible Person (Form 2.12) or Coordinator (Form 2.12b): Enter the title of the Responsible Person or Coordinator.
- Acknowledgement (To Be Completed By A Notary Public): This section must be completed by a notary public consistent with the legal requirements for the state where the acknowledgement is made. A form will not be approved unless it is properly notarized. Signatures, whether of the Responsible Person or the Coordinator must occur in the presence of the notary acknowledging the signature.
- Mail the Attachment(s) to Mr. Jerome Alaimo, Pool Administrator, Office of Pool Administration, Excellus BlueCross BlueShield, Central New York Region, PO Box 4757, Syracuse, NY 13221-4757

NEW YORK STATE DEPARTMENT OF HEALTH  
ATTACHMENT 2.12

APPLICATION FOR A RESPONSIBLE PERSON'S USER ID AND PASSWORD AND THE AGREEMENT FOR E-FILING THE  
BAD DEBT AND CHARITY CARE INDEPENDENT ACCOUNTANT'S REPORT ON APPLYING AGREED-UPON  
PROCEDURES

New Request

Revision To Existing Account

Date: \_\_\_\_\_ Accounting Firm's Name: \_\_\_\_\_

Business Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Print An Access Word For Identification (easy for you to remember): \_ \_ \_ \_ \_

Type The Name Of The Responsible Person: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Business E-Mail Address Of The Signer Below: \_\_\_\_\_

If Changing A Previously Designated Responsible Person, Print His/Her Name: \_\_\_\_\_

By signing below, I as the **Responsible Person**, certify and agree to the following, under penalty of perjury:

- That I am duly authorized by the above named entity to authorize the Office of Pool Administration to assign an electronic filing User ID and Password to me
- That each Independent Accountant's Report on Applying Agreed-Upon Procedures filed electronically, under my Access Word and assigned User ID and Password, shall be the official copy for purposes of compliance with subdivisions 9 and 12 of section 2807-k of the New York State Public Health Law
- That I am duly authorized to submit such reports from the above named entity, and on its behalf, to NYSDOH
- That I understand that by utilizing the Independent Accountant's Report on Applying Agreed-Upon Procedures electronic report process, which includes data entry of the specified hospital's independent accountant's report information, my User ID, Password, and Access Word and clicking the "Submit & Print Independent Accountant's Report & Certification" button, I am electronically signing the Accountant's Certification and the entire Independent Accountant's Report on Applying Agreed-Upon Procedures filed on behalf of the specified hospital, and that my electronic signature has the same legal force and effect as my written signature
- That I will not share my Access Word, User ID and Password with anyone else
- That I am responsible for any activity attributable to the use of my Access Word, User ID and Password, and that any reports submitted through the use of such Access Word, User ID and Password will be considered to have been provided by me and at my direction
- That I cannot submit data using someone else's User ID
- That I shall notify at least three days prior, the Office of Pool Administration at [www.hcrapools.org](http://www.hcrapools.org) of any change in employment, affiliation or status with the above named firm

Signature Of Responsible Person (sign in presence of notary public): \_\_\_\_\_

Title Of Responsible Person: \_\_\_\_\_

**Acknowledgement to be completed by a notary public  
(For other than corporation):**

State of New York \_\_\_\_\_)ss.:

County of \_\_\_\_\_ )

On the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_ before me, the undersigned, personally appeared

\_\_\_\_\_ personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the organization upon behalf of which the individual acted, executed the instrument.

\_\_\_\_\_  
Notary Public (please sign and affix stamp)

***MAIL THIS ATTACHMENT TO:***  
**Mr. Jerome Alaimo, Pool Administrator**  
**Office of Pool Administration**  
**Excelsus BlueCross BlueShield,**  
**Central New York Region**  
**P.O. Box 4757**  
**Syracuse, NY 13221-4757**

**NEW YORK STATE DEPARTMENT OF HEALTH  
ATTACHMENT 2.12b**

APPLICATION FOR A COORDINATOR'S USER ID AND PASSWORD AND THE AGREEMENT FOR E-FILING THE BAD DEBT AND CHARITY CARE INDEPENDENT ACCOUNTANT'S REPORT ON APPLYING AGREED-UPON PROCEDURES

New Request

Revision To Existing Account

Date: \_\_\_\_\_ Accounting Firm's Name: \_\_\_\_\_

Business Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Business Phone Number: \_\_\_\_\_

I, \_\_\_\_\_ As The Responsible Person, Have Designated The Following Coordinator,  
\_\_\_\_\_ To Electronically Enter, But Not Certify, The Above Report.

If Changing A Previously Designated Coordinator, Type His/Her Name: \_\_\_\_\_

By signing below, I as the **Coordinator**, certify and agree to the following, under penalty of perjury:

- That I can only perform data entry of information relevant to the above report and that the Responsible Person is the only authorized individual who can certify and electronically file the report with the NYSDOH
- That each Independent Accountant's Report on Applying Agreed-Upon Procedures filed electronically, under the Responsible Person's Access Word and assigned User ID and Password, shall be the official copy for purposes of compliance with subdivisions 9 and 12 of section 2807-k of the New York State Public Health Law
- That I will not share my User ID and Password with anyone else, including the Responsible Person
- That I am responsible for any activity attributable to the use of my User ID and Password, and that any report data entry submitted through the use of such User ID and Password will be considered to have been provided by the Responsible Person and at the Responsible Person's direction as well as by me
- That I cannot submit data using someone else's User ID
- That I shall notify at least three days prior, the Office of Pool Administration at [www.hcrapools.org](http://www.hcrapools.org) of any change in employment, affiliation or status with the above named firm

Signature of Coordinator (sign in presence of notary public): \_\_\_\_\_

Title Of Coordinator: \_\_\_\_\_

**Acknowledgement to be completed by a notary public**

**(For other than corporation):**

State of New York \_\_\_\_\_)ss.:

County of \_\_\_\_\_)

On the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_ before me, the undersigned, personally appeared \_\_\_\_\_ personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the organization upon behalf of which the individual acted, executed the instrument.

**Notary Public (please sign and affix stamp)**

By signing below, I as the **Responsible Person**, consent to the designation of the above-named Coordinator, and further agree as follows, under penalty of perjury:

- That I will not share my Access Word, User ID or Password with anyone else, including the Coordinator
- That I am responsible for any activity attributable to the use of my Access Word, User ID and Password, and that any information entered by the Coordinator will be considered to have been entered and provided at my direction
- That I can only designate a maximum of two Coordinators. A separate form must be completed for each Coordinator

Signature Of Responsible Person (sign in presence of notary public): \_\_\_\_\_

Title Of Responsible Person: \_\_\_\_\_

**Acknowledgement to be completed by a notary public**

**(For other than corporation):**

State of New York \_\_\_\_\_)ss.:

County of \_\_\_\_\_)

On the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_ before me, the undersigned, personally appeared \_\_\_\_\_ personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the organization upon behalf of which the individual acted, executed the instrument.

**Notary Public (please sign and affix stamp)**

*MAIL THIS ATTACHMENT TO:*  
Mr. Jerome Alaimo, Pool Administrator, Office of Pool Administration, Excellus BlueCross  
BlueShield, Central NY Region, P.O. Box 4757, Syracuse, NY 13221-4757