

BDCC Program CFO's User Manual

**Web-Based Application to Electronically File the
Bad Debt and Charity Care
Chief Financial Officer Certification**

**Office of Health Insurance Programs
Division of Finance and Rate Setting
Bureau of Federal Relations and Provider Assessments
February 2013**

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1. Introduction

This manual was written as a resource for authorized e-filers of the Bad Debt and Charity Care Chief Financial Officer (CFO) Certification. It provides instructions for authorized users to electronically file the CFO Certification for general hospitals licensed under Article 28 of the New York State Public Health Law.

2. Screen Component Definitions

Exhibit 1: Screen Component Definitions

The screenshot shows the 'Office of Pool Administration Chief Financial Officer Certification Information Screen'. It contains a certification statement with a radio button for 'Yes' and a radio button for 'No'. Below this is a large text area for providing details on exceptions. At the bottom, there are four input text boxes for 'Contact Name', 'Contact Title', 'Contact Telephone', and 'Contact Email Address'. At the very bottom are four command buttons: 'Submit', 'Reset', 'Print', and 'Cancel'. Callout boxes with arrows point to these components: 'Radio Buttons' points to the 'Yes' radio button; 'Text Area Box' points to the large text input area; 'Input Text Boxes' points to the 'Contact Title' input box; and 'Command Buttons' points to the 'Submit' button.

Radio Buttons - Place the cursor over the relevant radio button and click.

Text Area Box and/or Input Text Boxes - These are text box areas on the menu screens where data may be typed in. Just place the cursor in the text box and click to begin typing. No more than 4000 characters can be entered in a text area box.

Command Buttons - These buttons are at the bottom of the menu screens. Click them to accomplish the command selected.

- Clicking the “Submit” button automatically saves the data entered.
- Clicking the “Reset” button will clear the data from all the text area and input text boxes.
- Clicking the “Cancel” button will automatically take you to the exit menu and all data entry after your last save will be lost.

3. Registration Requirements

- You must have a valid User ID and Password to access the system.
- To obtain a confidential User ID and Password, you must complete a DOH-5049.
- All fields on the DOH-5049 must be completed, signed, notarized and mailed to the address indicated on the form. To obtain a copy of the form go to the following website:
<http://www.nyhealth.gov/regulations/bdcc>
and click on the link for the BDCC Independent Accountant's Report. The form can also be accessed via a link to the Department from the OPA's website:
<http://www.hcrapools.org>
- A confidential User ID and Password will be sent to you via two separate emails. User IDs and Passwords will not expire.
- Compromised User IDs and Passwords must be reported immediately to the Office of Pool Administration at 315-671-3800.
- Note: Passwords are case sensitive with a mix of upper and lower case letters, digits and special characters. It must be entered exactly as issued in order for you to gain access to the application.
- Do not share your User ID or Password with anyone.

Login

To Log In to the application, go to www.hcrapools.org and click on the Bad Debt and Charity Care reporting menu then click on the CFO Certification menu.

After you log in, a new window will automatically pop-up that will allow you to file electronically. If you do not see the new window, you probably have a pop-up blocker on your computer that returns you to OPA's homepage. You will need to temporarily disable the pop-up blocker feature in order to file electronically.

Log Out

After a CFO Certification has been entered and submitted, you will be logged out.

If you have an extended period of system inactivity (causing your session to time out), all data entered after your last save will be lost. You will have to log back in and start over.

Clicking the Cancel button will log you out and all data entered after your last save will be lost.

4. Operating Instructions

Exhibit 2: User Login Screen

Office of Pool Administration
CFO Certification
User Login

[HELP](#)

Welcome to the Office of Pool Administration's website where you can electronically file the Chief Financial Officer Certification for general hospitals licensed under Article 28 of the New York State Public Health Law.
To create or access your Chief Financial Officer Certification, enter your User ID and Password below.

User ID:

Password:

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Below are the field descriptions and explanations.

Field	Explanation
User ID	Enter the User ID that was issued by the Office of Pool Administration after completing the DOH-5049. (Case sensitive)
Password	Enter the Password that was issued by the Office of Pool Administration after completing the DOH-5049. (Case sensitive)

Select one of the following command buttons.

Command Button	Explanation
Login	Click to gain access to the application. Note, after three unsuccessful login attempts, you will be temporarily locked out.
Cancel	Click to terminate this session.

Exhibit 3: Hospital Operating Certificate Number Screen

Chief Financial Officer Certification
Hospital Operating Certification Number

Enter below, the hospital's operating certificate number (Opcert) and report period ending for the general hospital, which is the subject of the report.

[HELP](#)

Opcert:

Report Period Ending:

Below are the field descriptions and explanations.

Field	Explanation
Opcert	Click the down arrow to select the Opcert – Hospital for which you are filing.
Report Period Ending	Click the down arrows to select the month, day and year for the hospital's reporting year-end.

Select one of the following command buttons.

Command Button	Explanation
Submit	Click if you wish to continue. Note, after clicking the submit button all data entered will be saved. A pop-up menu will then appear asking for confirmation that the correct hospital and reporting end has been entered.
Print	Click if you wish to print a copy of the current menu screen.
Cancel	Click if you wish to exit the application.

Exhibit 4: Information Screen

**Office of Pool Administration
Chief Financial Officer Certification
Information Screen**

I hereby certify as of the _____ that for the year ending **12/31/2011**, except as noted below on this certification page, there were no significant changes in the method and policies of determining the expenses write-off for uncollectible accounts, using either the reserve method, direct write-off method or any combination of both, (including changes in the dollar parameters or in the number of days that elapse from date of service to write off or a combination of both) from that used in the preceding year. Significant changes are defined as those that resulted in an amount of expense write-off which, on an annual basis was greater than 20 percent of the amount that would have been recorded had the changes not been made.

Do you have any exceptions? Yes No

In detailing the exception(s) noted below, I have provided full disclosure of the methods and policies used, their derivation and full explanation of why such changes were made.

Provide the name, title, telephone number and E-mail address of the Contact Person at the Hospital (other than the CFO signatory).

Contact Name

Contact Title

Contact Telephone

Contact Email Address

Below are the field descriptions and explanations.

Field	Explanation
1. Select if there are any exceptions	Click the relevant radio button. Select “Yes” if there are exceptions. If not, select “No”.
2. Detailing the exception(s)	Click in the comment box. You are required to explain the exceptions. This information will then print on the Certification.
3. Identification of Contract person (other than the CFO)	Insert the Name, Title, Telephone Number and Email address of the contact person. No need to fill in if the contact person is the CFO.

Select one of the following command buttons.

Command Button	Explanation
Submit	Click if you wish to continue. Note, after clicking the submit button all data entered will be saved.
Reset	Click if you want to clear all data entered on the current screen and begin again on the screen.
Print	Click if you wish to print a copy of the current menu screen.
Cancel	Click if you wish to exit the application.

Exhibit 5: Sample Of The Chief Financial Officer Certification Screen

Office of Pool Administration
 Chief Financial Officer Certification
 Information Screen

I hereby certify as _____ of the _____ that for the year ending 12/31/2011, except as noted below on this certification page, there were no significant changes in the method and policies of determining the expenses write-off for uncollectible accounts, using either the reserve method, direct write-off method or any combination of both, (including changes in the dollar parameters or in the number of days that elapse from date of service to write off or a combination of both) from that used in the preceding year. Significant changes are defined as those that resulted in an amount of expense write-off which, on an annual basis was greater than 20 percent of the amount that would have been recorded had the changes not been made.

Exceptions:

Confirmation Number: _____

Report Period Ending: _____

Hospital Opcert Number: _____

Hospital Name: _____

Address Line 1: _____

Address Line 2: _____

City, State, Zip: _____

Individual User Name: _____

Title: _____

Telephone Number: _____

E-mail Address: _____

Contact Name: _____

Contact Title: _____

Contact Telephone Number: _____

Contact E-mail Address: _____

Pre-populates with data

Select one of the following command buttons.

Command Button	Explanation
Edit Information	Click if you wish to make further changes to the certification. This will take you back to the Information Screen.
Continue	Click if you wish to certify and submit the certification.
Cancel	Click if you wish to exit the application.

Exhibit 6: Certification Screen

Office of Pool Administration
Chief Financial Officer Certification
Certification Screen

Confirmation Number:
Report Period Ending:
Hospital Opcert Number:
Hospital Name:
Address Line 1:
Address Line 2:
City, State, Zip:
Individual User Name:
Title: CFO
Telephone Number
E-mail Address

Pre-populates with data

I , certify that I am the and further certify to all of the following:

1. That I am duly authorized to submit this certification from the above named hospital and on its behalf to NYSDOH.
2. To the best of my knowledge, I believe that the information presented herein is accurate, correct and complete.
3. By entering my "Access Word" and clicking the "Submit & Print CFO Certification" button below, I am electronically signing and filing this certification. This electronic signature is as legal and binding as a hand written signature.
4. I understand and agree that my electronic signature has the same legal force and effect as my written signature.
5. I understand and agree that this transaction is not considered complete until I enter my "Access Word" and click the "Submit & Print CFO Certification" button below.

Please enter your Access Word:

An email confirming the receipt of your signed electronic submission will automatically be sent to the Chief Financial Officer and the Department of Health. If you don't receive a confirmation email, please contact the Office of Pool Administrations help desk by phone at 315-671-3800 or by email at webpools@hcrapools.org.

Below is the description and explanation.

Field	Explanation
Access Word	This is the same Access Word you indicated on the DOH-5049.

Select one of the following command buttons.

Command Button	Explanation
Submit & Print Certification	Click after entry of your Access Word. A hard copy of the CFO Certification will print. A follow-up confirmation with a soft copy of the certification will be sent to DOH and CFO.
Cancel	Click if you wish to exit the application.

Exhibit 7: Exit Menu Screen

Office of Pool Administration
Chief Financial Officer Certification
CFO Certification

You are now logged out of the application for filing the Chief Financial Officer (CFO) Certification.

Thank you.