

HFS SaFE, Electronic Signature Options & MCReF

August 23, 2019 Presented by Eric Swanson & Becky Dolin





- Agenda
 - HFS SaFE
 - Electronic Signing
 - Electronic Signature Process Background (2018 IPPS FR)
 - Electronic Signature Process (HFS Software)
 - MCReF

Export | Create ECR File

Available in 2552-10, 2540-10, 1984-14, 265-11, 224-14, 222-92, 222-17, 2088-17, 1728-94 and 216-94.

Dptions elect options to apply to the Export process.	
ECR Submission V	The selected submission changes the resulting ECR file name: EC370001.18A1
ECR Location C:\MCRIF32\Hospital	Location where the ECR file produced will be copied at the end of the Export process. This location is also accessible by using the Location of Files in the Preferences.
SaFE	Store Report in SaFE Why should I do this?

Why would providers want to do this?

- 1. Acceptance Pre-Scan
- 2. Comparison to Prior Year HCRIS Data
- 3. Cost Report Storage

Free Health Financial Systems Provider Electronic Filing - SaFE

• Uses STAR MAC info to predict the providers MAC

HFS Log in 1	Information		
Username:	BDolin	Username and password are case	
Password:	********	sensitive.	
	Remember me on this Computer	Forgot Username or Password?	
04011 -	Novitas Solutions	~	
	ing HES SaFE, you agree that this proce	ss does not replace the need	

 Does not replace submission of data to your MAC.



Wealth Financial Systems Provider Electronic Filing - SaFE

Submission files created normally.



Files submitted – EC, PI, .mcrx, .pdf, .mcp, .aaix

T Export ECR				\times					
SaFE - Store and File Electronically Specify any additional files to store in SaFE.									
ECR File: C:\9-21-2018 HFMA HNVT\EC370001.18A1 PI File: C:\9-21-2018 HFMA HNVT\PI370001.18A1.pdf									
Additional Files: C:\9-21-2018 HFMA HNVT\SaFE_A0_370083_03312018.mcrx C:\9-21-2018 HFMA HNVT\EC370001.18A1.Encrypted Settlement Signature F	File N Cos	<u>lotes: (2</u> t Report	37) File						
Remove Add	Optio the s chara	onally add elected f acters).	d notes ab ìle (up to :	out 255					
WARNING, WARNING, WARNING! Remove all protected health information from all supporting documentation. HFS will not review files for the presence of PHI and ePHI and is not responsible for PHI or ePHI submitted by users of this system. HFS assumes users removed all PHI and ePHI from any files submitted herein.									
	Send t	to SaFE	Skip)					

Frovider Electronic



Provider Electronic Filing - SaFE

¥ Health Financial Systems

port Results		
ormational screen about th	e Export process just concluded.	
cont completed	successfully	
Description	Data	^
Cost Report File	C:\9-21-2018 HFMA HNVT\SaFE_A0_370083_03312018	
ECR File	C:\9-21-2018 HFMA HNVT\EC370001.18A1	
PI File	C:\9-21-2018 HFMA HNVT\PI370001.18A1.pdf	
Provider Name	A HOSPITAL	
Provider Number	370001	
Fiscal Year Beginning	04/01/2017	
Fiscal Year End	03/31/2018	
Export Process	Export completed successfully	~

W Health Financial Systems

Provider Electronic Filing - SaFE

Mon 10/1/2018 3:32 PM no-reply2@hfssoft.com SaFE Files Received and Stored

Health Financial Systems

Files Received and Stored

Thank you for storing your Electronic Cost Report files with SaFE. You will receive a second notification when the pre-acceptance report for this report is ready for viewing and downloading. You can see your report status on the <u>HFS SaFE Web Portal</u>.

Files Sent: 10/1/2018 3:31:48 PM by Becky Dolin SaFE ID: B362B0ADF89D4B068488924BA389B693 Cost report type: 2552-10 Provider number: 370001 Provider name: A HOSPITAL Fiscal year end: 03/31/2018

IMPORTANT REMINDER

You must still submit your Electronic Cost Report files to your MAC using your regular submission process. SaFE does not submit these files to your MAC.

Health Financial Systems 8109 Laguna Blvd Elk Grove, CA 95758 888-216-6041

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Provider Electronic Filing - SaFE



Health Financial Systems

Files Processed

Thank you for storing your Electronic Cost Report files with SaFE. Your pre-acceptance report for is ready for viewing and downloading. You can see this and other reports on the <u>HFS SaFE Web Portal</u>.

Report Seint: 10/1/2018 3:31:48 PM by Becky Dolin SaFE ID: <u>B362B0ADF89D4B068488924BA389B693</u> Cost report type: 2552-10 Provider number: 370001 Provider name: A HOSPITAL Fiscal year end: 03/31/2018

PRE-ACCEPTANCE STATUS

Your submission passed our Pre-acceptance scan and is ready for submission to your MAC.

IMPORTANT REMINDER

You must still submit your Electronic Cost Report files to your MAC using your regular submission process. SaFE does not submit these files to your MAC.

Health Financial Systems 8109 Laguna Blvd Elk Grove, CA 95758 888-216-6041



Provider Electronic Filing - SaFE

Sa Store and	File Electronically	ost Report Analysis	s & Storage	HFSSof	t Contact Us Join /Sign In								
HOME	PREFERENCES	ACCOUNT	SaFE Products	SUPPORT	COMPANY								
SUBMISSIONS	Welcome to H	elcome to HFS - Sign In											
Submissions	SaFE login will allow y	aFE login will allow you access to view and download various reports.											
Submissions with Errors	*												
Recycle Bin	Sign In to your accour	nt.											
	Username: BDo	lin ×											
	Password:	•••••											
	Forgot Username and/or	Password?											
	Remember me.												
	If you check the "Remember	me" box, a cookie will be saved s	so you'll be automatically signed i	in next time.									
	Sign In	New U	Jser										

Health Financial Systems SaFE – User Account Storage

(Metric Deferences Account Safe products Support Contact Us											
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St F	ilectr	nis onic A Fi	ccount le sub	ons st Report fil t: [mitted by: [ked: Dowr	les stored in Sa Health Financia Becky Dolin (90 subr nload Reproc	I Systems I Systems I Systems I Systems I Systems I Systems I Systems	Store date:	From	ilter by date	To Pr	ovider type: All V ovider number: All V e-Acceptance: All V page 1 of 4 H 4 H	و
				Signir	ng Status	Stored Date	Provider Type	Provider Number	FYB	FYE	Pre-Acceptance Check	HFS Information Reports
		£	•	We	t Signed	10/1/2018 3:31:48 PM	2552-10	370001	04/01/2017	03/31/2018	Passed	View
		£	•	We	t Signed	9/21/2018 5:24:23 AM	2552-10	370083	04/01/2017	03/31/2018	Passed	View
		£	•	We	et Signed	8/31/2018 8:45:53 AM	2540-10	385225	01/01/2017	12/31/2017	Passed	N/A

Wealth Financial Systems SaFE – User Account Storage

File Storage/Retrieval and Processing

Checked: Download Reprocess Delete page 1 of 4 H 4 > H													
			Signing Status	Stored Date	Provider Type	Provider Number	FYB	FYE	Pre-Acceptance	Check	HFS Information Reports		
									Passed				
									Spec date	Passed			
									Transmittal	Passed			
									Vendor code	Passed			
				10/1/2018 3:31:48 PM		370001			Duplicate records	Passed			
	đ		Wet Signed		2552-10		04/01/2017	03/31/2018	ECR encryption	Passed	View		
								PI encryption	Passed				
								Level I	Passed				
								HCRIS edits	Passed				
									Settlement	Passed			
									700 report	Passed			
		EC37	0001.18A1			ECR File							
		PI370	0001.18A1.pdf			PI File							
		SaFE	_A0_370083_03312018.mcrx			Cost Report File							
		EC37	0001.18A1.Encrypted Settlement	Signature Page.pdf		Settlement signature page.							
		SaFE	_A0_370001_03312018.mcrx			Cost Report file. (SaFE Report)							
		SaFE	_A0_370001_03312018.Edits.pdf			Edits Report (SaFE Report)							
		SaFE	_A0_370001_03312018.ALL.pdf			All Worksheets (SaFE Report)							
		SaFE	_A0_370001_03312018.IER.pdf			Import Error Report. (SaFE Report)							
		SaFE	_A0_370001_03312018.PreAccep	tance.pdf		Pre-Acceptanc	e (SaFE Report))					
		SaFE	_A0_370001_03312018.902.pdf			SR 902 - Interns and Residents to Beds Ratio Report (SaFE Report)							
		SaFE	_A0_370001_03312018.916.pdf			SR 916 - OPPS RCC Report (SaFE Report)							
		SaFE	_A0_370001_03312018.917.pdf			SR 917 - Cost to Charge Ratio Report (SaFE Report)							
		SaFE	_A0_370001_03312018.918.pdf			SR 918 - Pass	Thru Per Diem	Report (SaFE R	leport)				
		SaFE	_A0_370001_03312018.921.pdf			SR 921 - HITE	CH FISS Data R	leport (SaFE Re	eport)				
		SaFE	A0 370001 03312018.922.pdf			SR 922 - HITECH FISS Data Report - Finalized Report (SaFE Report)							

Frealth Financial Systems SaFE – User Account Storage

Delete Submissions Confirmation

WARNING You are about to delete the following submissions:

020008, 2552-10, submitted: 8/7/2017 8:24:57 AM by Becky Dolin

Only submissions that have been processed can be deleted. Deleted submissions can be restored from the **recycle bin** in your account.

Delete Cancel

Submissions

Electronic Cost Report files stored in SaFE.

Account:		Health Financial System	s 🗸		Fron						
File submitt	ed by:	Becky Dolin	✓ □ :	✓ Store date:							
		(60 submissions)	F	Fiscal year:							
Checked: Download Reprocess Delete											
		Stored Date	Provider Type	Provider Number							
□ <u>£</u>	•	8/7/2017 8:30:28 AM	2552-10	020008	(
		8/7/2017 8:24:57 AM	2552-10	020008	(
□ £	-	7/14/2017 10:41:54 AM	265-11	012501	(
		0/04/0047 0 00 55 444	0550 40	500007							

French Financial Systems SaFE – HCRIS Compare Reports

\bigcirc	My Provider Single Report Comparison									
	Provider: 020	008 - USA HOSPITAL		~						
	Reports:	PS Dashboard								
 This scree 	en defaults to Hos	pital Uncompensated S-10	d the most recent s	status for each period.						
 Use the d 	lrop down boxes	in the report heading to cha	nge the FY and status	s for each column indep	endently.					
	i o									
Acquisition	rvice - Organ	Ν	Ν	N	N					
Hospital Sp	ecific Payment	0	0	0	0					
Acute Medie	care Util	39.00%	39.00%	33.88%	29.89%					
Acute Medie	care Days	2,467	2,467	2,347	1,753					
Acute Medie	care Discharges	535	535	478	421					
Acute Medie	care ALOS	461.12%	461.12%	491.00%	416.39%					
Acute Medie	caid Util	25.38%	25.38%	19.21%	21.40%					
Acute Medie	caid Days	1,605	1,605	1,331	1,255					
Acute Medie	caid Discharges	419	419	466	297					
Acute Medie	caid ALOS	383.05%	383.05%	285.62%	422.56%					
Acute Medie	caid HMO Util	0	0	0	0					
Acute Medie	caid HMO Days	0	0	0	0					
Acute Medio Discharges	caid HMO	0	0	0	0					
Acute Medie	caid HMO ALOS	0	0	0	0					
Acute Total	Days	6,325	6,325	6,928	5,865					
Acute Total	Discharges	1,710	1,710	1,643	1,520					
Acute Total	ALOS	369.88%	369.88%	421.67%	385.86%					
Cost										
DRG Reimh		4 550 711	4 550 711	4 900 681	3 493 727					

French Financial Systems SaFE – HCRIS Compare Reports

My Provider Single Report Comparison

Provider: 010006 - HFS TEST FILE

Reports: IP PPS Dashboard DSH Report

This screen defaults t Hospital Uncompensated S-10
 d the most recent status for each period.

• Use the drop down boxes in the report heading to change the FY and status for each column independently.

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	IP PPS Dashboard										
POF XLS SPEC	SaFE Report	HCRIS 2014	HCRIS 2013	HCRIS 2012							
FYE	07/01/13-06/30/14 🗸	06/30/2014 🗸	06/30/2013 🗸	06/30/2012 🗸							
Cost Report Status	As Submitted 🗸	As Submitted 🗸	As Submitted 🗸	As Submitted 🗸							
MCR	SaFE CR File	Available	Available	Available							
Facility Information											
Provider Name	ELIZA COFFEE MEMORIAL HOSPITAL	ELIZA COFFEE MEMORIAL HOSPITAL	ELIZA COFFEE MEMORIAL HOSPITAL	ELIZA COFFEE MEMORIAL HOSPITAL							
Provider Number	010006	010006	010006	010006							
City	FLORENCE	FLORENCE	FLORENCE	FLORENCE							
State	AL	AL	AL	AL							
County	LAUDERDALE	LAUDERDALE	LAUDERDALE	LAUDERDALE							
Facility Data											
Beds	358	358	358	358							
CBSA - Code	22520	22520	22520	22520							
Reclass CBSA - Code	Florence-Muscle Shoals, AL	Florence-Muscle Shoals, AL	Florence-Muscle Shoals, AL	Florence-Muscle Shoals, AL							

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W Health Financial Systems MCRIF32 - Version 1.65 File Edit View Forms Op <u>N</u>ew.... è Open... Browse SaFE Storage \times Recent Files ۲ k Save As... Enter your user name and password for your SaFE Safe account on HFSSOFT.COM: Re. Close User Name: BDolin 3. Close <u>A</u>ll Store and File Electronically Password: Backup... Batch ۲ 💿 <u>S</u>ign In 2 Print... Ctrl+P SoFE Download... Import ٠ Export ۲ Browse SaFE Storage Exit

Retrieving submission data from SaFE...



SaFE – Integrated Download to HFS MCRIF32

Financial Systems

	Browse SaFE Storage									
Company: H User: B	lealth Financial Syste lecky Dolin	ems	Store Date Fiscal Year	From 10/ r End 07/	m: To: 07/2014 08/1 /31/2012 12/3	1/2015 1/2014	Provider Type: All Y Provider Number: All Y			
Date Stored 4/23/2015 1 4/23/2015 1 4/23/2015 1 4/23/2015 1 4/23/2015 1 4/29/2015 1 4/29/2015 1 4/29/2015 4 4/29/2015 4 4/29/2015 4 4/29/2015 4 4/29/2015 4 5/1/2015 4 5/1/2015 1 5/22/2015 1 8/11/2015 8	1 10:33:02 AM 10:41:21 AM 11:10:21 AM 11:10:21 AM 11:10:21 AM 11:18:45 AM 12:17:48 PM 10:46:42 AM 10:46:42 AM 10:47:41 AM 10:50:25 AM 10:45:28 PM 12:45:28 PM 12:45:28 PM 12:45:28 PM 12:45:28 PM 12:59:36 AM 10:59:36 AM 10:59:36 AM 10:50:40 AM 12:10:29 PM 12:10:29 PM 12:10:29 PM	Type 2552-10 2552-10 2552-10 2552-10 2552-10 265-11 265-11 265-11 265-11 265-11 265-11 265-11 265-11 265-11 265-11 265-11 265-11 2552-10 2552-10	Provider Number 01-0006 01-0006 01-0006 01-0006 06-2510 06-2520 06-2522 06-2523 06-2525 06-2526 06-2526 06-2526 06-2510 06-2510 10-0039 45-0051 01-0006	FYB 07/01/2013 07/01/2013 07/01/2013 07/01/2013 07/01/2013 01/01/2014 01/01/2014 01/01/2014 01/01/2014 01/01/2014 01/01/2014 01/01/2014 01/01/2014 01/01/2013 07/01/2013 07/01/2013	FYE 06/30/2014 06/30/2014 06/30/2014 06/30/2014 06/30/2014 12/31/2014 12/31/2014 12/31/2014 12/31/2014 12/31/2014 12/31/2014 12/31/2014 12/31/2014 12/31/2014 12/31/2014 06/30/2014 06/30/2014		Provider: 05-5582 09/01/2012 to 08/31/2013 SAFE SNF EXAMPLE 2907 EAST CHAMBERS 38 BASILE,CA 70515 MAC Specified on Export: 11301 - Palmetto GBA SaFE Used: 11301 (Palmetto GBA) Software Version: MCRIF32: 1.56.0.1 2540-10: 5.21.156.0			

SaFE – Integrated Download to HFS MCRIF32

Financial Systems

	Browse SaFE Storage											×
Company: User:	Health Financial S Becky Dolin	ystems	✓✓	Store Dat	e r End	From: 10/07/2014 07/31/2012	To: 08/11/2015 12/31/2014			Provider Type: Provider Number:	All	~
Date Stor 4/23/2013 4/23/2013 4/23/2013 4/23/2013 4/29/2014 4/29/2013 4/29/2014 4/29/2013 4/29/2014 4/29/2013 4/29/2014 4/20/2014 4/20/2014 4/20/2004 4/20/2004 4/2004 4/2004 4/2004 4/2004 4/2004	red 5 10:33:02 AM 5 10:41:21 AM 5 11:10:21 AM 5 11:18:45 AM 5 12:17:48 PM 5 10:46:42 AM 5 10:46:42 AM 5 10:47:41 AM 5 10:50:25 AM 5 4:42:10 PM 5 4:43:18 PM e (EC010006.14A1)pd eport File (A0_0100 tent signature pag lata file. (A0_0100)	Type 2552-10 2552-10 2552-10 2552-10 2552-10 2552-10 265-11 265-10 26	Provider pdf)	Number 01-0006 01-0006 01-0006 01-0006 06-2510 06-2520 06-2522 06-2523 06-2525	FYB 07/01/201 07/01/201 07/01/201 07/01/201 01/01/201 01/01/201 01/01/201 01/01/201	FYE 3 06/30/20 3 06/30/20 3 06/30/20 3 06/30/20 3 06/30/20 4 12/31/20 4 12/31/20 4 12/31/20 4 12/31/20 4 12/31/20)14)14)14)14)14)14)14)14)14)14	 Prov 01-0 HFS 205 FLOI MAX 1000 SaFE Soft MCF 2552 	vider: 0006 TEST MARE RENCE C Spec C Spec C Spec C Spec C Spec RENCE C Spec C Spec	07/01/2013 t FILE INGO STREET E,AL 35630 Cified on Export: ahaba Governmen I: 10001 (Cahaba (Version: 1.57.0.10 7.5.157.0	o 06/30/2014 818 t Benefit Admir Government Be	nistrators, nefit Adm
Downlo	oad 🔮	Browse 🧿			,					Hide F	iles	

- Processed and Stored 9,758 provider submissions.
- Hospital, SNF, ESRD, RHC, FQHC, HHA, Hospice and OPO submissions
- 37 Failed Pre-Acceptance Those files were looked at and corrected by HFS Support prior to submission so rejection was avoided.
- 33% of submissions included additional HFS Files

FYB's 10/1/2018 (9/30/2019 FYE's filed in February of 2020 and after) Acceptance to Consider More...

- Bad Debt Listing
- Medicaid Eligible Days
- Charity Care Log/Uninsured Discounts Listing
- Home Office
- IRIS (postponed but on the horizon) And more.....











SaFE's next goals.....

- Store sensitive data
- Encourage standard formats to enable automated checks
- Live Checking
- Build Relationships with these files



Submit to CMS/MAC

 May's SaFE Volume: Wet - 44% Self - 7 % CFO - 49%

 May's Overall Volume: Wet - 69% Self - 9 % CFO - 22%

- <u>Electronic Signature</u> vs Electronic Filing (Separate Processes)
- Why (Electronic Signature)
 - IPPS 2018 Final Rule Regulation change
 - Allow electronic signature
 - Placed on the signature line of the Certification statement
 - Any format of the original signature that contains the first and last name of the provider's administrator or CFO (for example, photocopy or stamp) or
 - An electronic signature that must be the first and last name of the provider's administrator or CFO entered in the "providers electronic program"
 - Cannot be "a symbol, numerical characters, or codes."

• Why (Electronic Signature)

• Where electronic signature is elected:

- CMS has added an electronic signature checkbox on the certification page
 - [] I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my original signature.
- Completion of both the electronic signature checkbox and the electronic signature, placed on the signature line by the provider's administrator or CFO under the certification statement, would together constitute an accepted electronic signature

Health Financial Systems

• Why

- Provider may submit the Certification and Settlement Summary page to the MAC using same method/timing of EC and PI file submission
 - CD/USB Drive
 - CMS new MCReF portal
 - Could still choose to sign the certification statement and mail to MAC.
- Option to use for cost reporting periods ending on or after December 31, 2017

- Electronic Signature Process begins at ECR export
- Three options
 - "Wet" signature
 - Preparer completes electronic signature
 - Preparer forwards to Administrator/CFO (via email)

- Option One "Wet" Signature
- No change, Signature page will print, must be signed and mailed with CD/Flash Drive. You are able to scan and include on CD/Flash Drive – must check

Report Signature Options		
Specify how the report will be signed:		
The report will be signed with a "wet" signature.		
The report Certification and Settlement Summary will be manually signed b Administrator of the provider(s). This option requires you to submit the ori the document to your MAC.	y the CFO or ginal signed cop	y of
○ I will electronically sign the report.		
The report Certification and Settlement Summary will be electronically signed information I provide.	ed by myself us	ing the
• The CFO or Administrator of the provider(s) will sign the report. (Requires	SaFE)	
The report Certification and Settlement Summary will be electronically sign Administrator of the provider(s). The name of the CFO or Administrator, hi address will be provided by the person preparing the electronic files for su	ed by the CFO o is/her title and o bmission.	or email
	Next	Cancel

Option Two "I" am qualified to sign the report

	Export ECR	
	0.1	
Report Signatu	re Options	
Specify how the report wi	II be signed:	
O The report will be sign	ned with a "wet" signature.	
The report Certificat Administrator of the the document to you	ion and Settlement Summary will be manually signed by the CFO provider(s). This option requires you to submit the original signed r MAC.	or d copy of
● I will electronically sig	n the report.	
The report Certificat information I provide	ion and Settlement Summary will be electronically signed by myse	If using the
O The CFO or Administr	ator of the provider(s) will sign the report. (Requires SaFE)	
The report Certificat Administrator of the address will be provi	ion and Settlement Summary will be electronically signed by the C provider(s). The name of the CFO or Administrator, his/her title ded by the person preparing the electronic files for submission.	CFO or and email
	Next	Cancel

- Option Two "I" am qualified to sign the report
- Second screen for Certification

*		Export ECR		-		x
MI BE FE TH CF	ISREPRESENT, PUNISHABLE DERAL LAW, IROUGH THE F RIMINAL, CIVI	ATION OR FALSIFICATION OF ANY INFORMATION CONTAIN BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE A FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT V PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WEF IL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONI	ED IN THIS COST R ND/OR IMPRISONM VERE PROVIDED OF VE OTHERWISE ILLI MENT MAY RESULT.	EPOR IENT U R PRO EGAL,	T MAY UNDER OCURED	>
		Click here to view the full Certification Statement of t	he Report			
	Certification o	of Intent for Person Signing the Report				
	✓ I have re I certify equivaler	ad and agree with the above certification statement. that I intend my electronic signature on this certification state nt of my original signature.	ment to be the lega	ally bir	nding	
	Eirst Name:	ERIC				
	Last Name:	SWANSON				
	<u>T</u> itle:	CFO				
		Back	Next		Cancel	

- Option Two "I" am qualified to sign the report
- Process continues as previously
 - Electronic Signature will print in hard copy
 - Electronic signature PDF file will be created

Name	Date modified	Туре	Size
FQ141850.17A1	5/3/2018 12:23 PM	17A1 File	17 KB
FQ141850.17A1.Encrypted Settlement Sig	5/3/2018 12:24 PM	Adobe Acrobat D	84 KB
PI141850.17A1.pdf	5/3/2018 12:23 PM	Adobe Acrobat D	411 KB

Option Two "I" am qualified to sign the report

Process continues as previously

- Electronic Signature will print in hard copy
- Electronic signature PDF file will be created

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT, DIRECTLY OR INDIRECTLY, OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by FQHC CARE (14-1850) for the cost reporting period beginning 01/01/2017 and ending 12/31/2017 and that to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

[X] I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my original signature.

Encryption Information					
ECR: Date: 5/3/2018 Time: 12:23 pm					
7o4CgRGcT0zIey7OE5ywESAfc63j30					
PoDtQ0PSewxqgZCpBfTZeT5JnEOmM2					
Abq30YgPeq0svaLq					
PI: Date: 5/3/2018 Time: 12:23 pm					
FCs:jyCy3RffCT7J2qjeJy7ClMMzXR0					
:0Rx40Mv5iZp82Ixm5OexbzOri1xJ1					
:2D24OWZ4n02TPhs					

signed)		ERIC SWANSON
		Officer or Administrator of Provider(s)
		CFO
	Title	
		05/03/2018 12:23:49 PM
	Date	

Name	Date modified	Туре	Size
FQ141850.17A1	5/3/2018 12:23 PM	17A1 File	17 KB
FQ141850.17A1.Encrypted Settlement Sig	5/3/2018 12:24 PM	Adobe Acrobat D	84 KB
n PI141850.17A1.pdf	5/3/2018 12:23 PM	Adobe Acrobat D	411 KB

Wealth Financial Systems Electronic Signature Process

Option Three "Third Party" Signature

•	Export ECR – 🗖 🗙
	Report Signature Options
	Specify how the report will be signed:
	O The report will be signed with a "wet" signature.
	The report Certification and Settlement Summary will be manually signed by the CFO or Administrator of the provider(s). This option requires you to submit the original signed copy of the document to your MAC.
	○ I will electronically sign the report.
	The report Certification and Settlement Summary will be electronically signed by myself using the information I provide.
	• The CFO or Administrator of the provider(s) will sign the report. (Requires SaFE)
	The report Certification and Settlement Summary will be electronically signed by the CFO or Administrator of the provider(s). The name of the CFO or Administrator, his/her title and email address will be provided by the person preparing the electronic files for submission.
	Next Cancel
L	

- Option Three "Third Party" Signature
- Enter third party name and title (and email a second second

nter the in ettlement s	formation for the CFO or Admin Summary of the report. A notifie	istrator of the provider(s) who will sign the Certification and cation will be sent to the email address provided with a link to
lectronicall	y sign the report.	
irst Name:	ERIC	Email Address:
ast Name:	SWANSON	ERIC@HFSSFOT.COM
ust Name:	SWANSON	Verify Email Address:
itle:	CFO	ERIC@HFSSOFT.COM
FE Pre-Acc	eptance Option	
FE Pre-Acc Request Check th only if th Note: Yo	eptance Option electronic signature only if the r is option if you want the reques e report passes the SaFE Pre-A u will be notified via email of the	report passes the SaFE Pre-Acceptance verification. at for electronic signature sent to the CFO or Administrator cceptance verification. e SaFE Pre-Acceptance verification result.

- Option Three "Third Party" Signature
- The CFO or Administrator DOES NOT need a HFS username or password. The system will email them to proceed to sign/certify.

- Option Three "Third Party" Signature
- Preparer can add files to accompany signature request. Please DO NOT forward files with PHI or OPHI Export ECR

aa supporting documer ocuments will be made	its here for the CFO or Administ available to download by the pe	rator to review prior to rson signing the report.	signing the report. These
ARNING, WARNING,	WARNING!	ing dag magtation	

- Option Three "Third Party" Signature
- EC continues and preliminary files created in SaFE, the files will not be on your PC until signature process is



- Option Three "Third Party" Signature
- Wait for signature files

Health Financial Systems

SaFE Confirmation of Electronic Signature Request

A request for electronic signature has been sent to Eric Swanson at email address <u>ERIC@HFSSOFT.COM</u>.

You will be notified by email when Eric has electronically signed the Certification Statement.

If Eric has not received the email to electronically sign, please forward this email to Eric and have them click on the following link to complete the electronic signature.

Click here to sign or review the report.

Report Information

Report Sent: 8/15/2019 8:54:18 AM by Eric Swanson SaFE ID: E030F12BFF7E4552930A01823B9100EC Cost report type: 1984-14 Provider number: 141590 Provider name: HOSPICE CARE Fiscal year end: 12/31/2018

Signature Process (From CFO View)

• CFO receives an email

Health Financial Systems

Electronic Signature Requested

Eric Swanson has prepared a Cost Report and has requested your electronic signature on the Certification Statement of the report.

To view information about the report, and to electronically sign the Certification Statement, please use the link below:

Click here to sign or review the report.

Report Information

Report Sent: 5/3/2018 10:49:56 AM by Eric Swanson SaFE ID: 275F39250F374A2C9017B1F0EAED0FC2 Cost report type: 224-14 Provider number: 141850 Provider name: FQHC CARE Fiscal year end: 12/31/2017

- Signature Process (From CFO View)
- CFO receives an email and clicks on the link and validates email

Store and	File Electronically	Cost Report An Storage	alysis &	HFSSof	t Contact Us Join /Sign In
НОМЕ	PREFERENCES	ACCOUNT	SaFE Products	SUPPORT	COMPANY
Certification S Electronic Signing on t Please verify the Email Address: Eric	tatement Signin the Certification Statement email address of the c@hfssoft.com	of the Report.	certification statement ntinue to Electronic S	nt for this report: igning	
Legal Notice Privacy Copyright © 2018 Health i	Statement Contact Us Financial Systems - Version 1.3.(Site Map 0.1			

- Signature Process (From CFO View)
- CFO can review certification page and agree. There are also links below which the CFO can review, the PI file just to

ment Electronic Signing on the Certification Statement of the Report.

Certification Statement Signing

You are now ready to sign the report. Please read and agree to the following:

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my original signature.

-- OR ---

I am rejecting the report. The report does not meet my criteria for accepting and certifying the report with my electronic signature.

Select an Option to Continue

Report Files Available for Download: PI File Signature Package Settlement Signature Page (Unsigned) Edits Report (SaFE Report)

Pre-Acceptance (SaFE Report)

- Signature Process (From CFO View)
- Electronically signed Certification returned to preparer

HOME	PREFERENCES	ACCOUNT	SaFE Products	SUPPORT	COMPANY
Certification Sta	tement Signin	a			
		9			
Electronic Signing on the	Certification Statement of	of the Report.			
- Electronic Sig	inature Status	-			
	,				
Status: 5/03/2018 11	:17:10 AM - CFO/Admin elect	ronically signed the report. Rep	port queued for signature and no	otification.	
Provider:	Certification S	Signatory:			
141850 - FQHC CARE	ERIC SWANSO	N			
100 STATE STREET	CFO				
CHICAGO, IL 60611	ERIC@HFSSOF	T.COM			
Updated: 5/03/2018 11:17:	10 AM History:				
	5/03/2018 11:	17:10 AM - CFO/Admin electror	nically signed the report. Report	queued for signature and notifi	ication.
	5/03/2018 11:	15:30 AM - Certification Statem	nent Signing page has been view	ved.	
	5/03/2018 11:	15:30 AM - Email address verifi	ied.		
N	5/5/2018 10:5	1:04 AM - Request for electron	c signature sent.		
Note: This is for	signature status	only. You may clo	se this page at any	time.	
After the report has been sig	gned, you will receive an ema	il that contains the signed certi	fication statement.		
The preparer will receive an	email notification that contain	is the signed certifications stat	ement and the ECR and PI files	for submission to the MAC.	
Please note that SaFE does i	not submit your files to your I	IAC. You or the preparer must	submit your files to the MAC.		
All times displayed on this p	age are Pacific Time.				

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8/16/2019

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Wealth Financial Systems Electronic Signature Process

Certification returned to preparer via email

	Safe Cost Report Files Attached	 Message (HTML) 				Ŧ	- 0	
File Message Help Q Tell me what you want to do								
SaFE Cost Report Files Attached								
No Reply <no-reply@hfssoft.biz></no-reply@hfssoft.biz>				← Reply	Reply Reply	All $ ightarrow$	Forward	
To O ERIC@HFSSOFT.COM						Mon	8/12/2019 1	.:42 PI
HS141590.18A1	PI141590.18A1.pdf 150 KB	``	PDF	HS141590.18A1.En 15 KB	rypted Settlem	ent Signatu	re Page.pdf	~
Health Financial Systems								
SaFE Cost Report Files Attached								
This is to inform you that the cost report file you electronical signed is now available for downloading from the SaEE websi	ly							
The ECR, PI, and signed certification statement are attached.	ite.							
You can view the status of the report on the HFS SoFE Web D	ortal							
Tou can view the status of the report on the <u>nrs sare web r</u>	ortai.							
SaFE received this report from Eric Swanson on 8/12/2019 11:41:00 AM.								
SaFE ID: 1FBDAF68F6F04FDD99DE279BC67BAF5A								
Cost Report: 1984-14								
Fiscal Year End: 12/31/2018								
You or the person preparing the report must submit your								
Electronic Cost Report files to your MAC using your								
Mo Reply SaFE Files Received and Stored							NR	

Electronic Signature Process

Link to SaFE storage

HOME	PREFERE	NCES	ACCOUNT		SaFE Prod	ucts	SUPPORT		COMPANY		
Submissio	ns										
Electronic Cost	Report files stored in S	aFE.									
										2	
Account:	Health Financial Syste	ems 🗸		From		То					
File submitted by: Eric Swanson						Provider type:	224-14	~			
275F39250F374A2C9017B1F0EAED0FC2							Provider number:				
				Fi	lter by dat	e	Pre-Acceptance:	Passed	$\overline{}$	•	
Checked: D	ownload Reproc	ess Delete					,,				
		•								шес	
	Signing Status	Stored Date	Provide	Provide	r _{FYB}	FYE	Pre-Acceptance]	Information	
			Туре	Number			Ch	eck		Reports	
🗆 🕁 🔺	Signed 5/3/2018 11:17:17 AM	5/3/2018 10:49:56 AM	224-14	141850	01/01/2017	12/31/2017	Passed			N/A	
FQ1418	850.17A1			ECR File							
☐ PI141850.17A1.pdf				PI File							
HFS Sample 224-14 T2.mcrx				Cost Report File							
FQ141850.17A1.sigpkg				Signature Package							
FQ141850.17A1.Encrypted Settlement Signature Page.pdf				Settlement Signature Page (Signed)							
SaFE_A0_141850_12312017.mcrx				Cost Report file. (SaFE Report)							
SaFE_A0_141850_12312017.Edits.pdf				Edits Report (SaFE Report)							
SaFE_A0_141850_12312017.ALL.Import.pdf				All Worksheets (SaFE Report)							
SaFE_A0_141850_12312017.IER.pdf				Import Error Report. (SaFE Report)							
SaFE_A	A0_141850_12312017.PreA	cceptance.pdf		Pre-Acceptan	ce (SaFE Rep	oort)					

- HFS generated EC/PI and Signed Certification page can be uploaded to MCReF user
- CMS stated that a scanned Signed Certification page can also be uploaded as long as a first and last name and the

Cost Report Materials

Do <u>not</u> encrypt or password-protect uploaded files (including files within ZIP/archive files). This website is a secure portal for transmission of MCR materials (including PII/PHI).

File	File Upload					
* ECR		Browse				
* Print Image		Browse				
* Signed Certification Page ¹		Browse				
IRIS		Browse				
Other ^①		Browse				
Cover Letter		Browse				



Questions?

Comments?

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Becky Dolin Becky.Dolin@hfssoft.com