

How to submit HFEL-5 financial report

Visit the portal (<https://dohlicensing.nj.gov>) and navigate to top of the homepage.



Please follow the instructions below for submitting financial report (HFEL-5) online:

1. Please create an account on the portal <https://dohlicensing.nj.gov> . (For instructions related to creating an account, please [click here](#))
2. Once the account is created sign in to portal; please [click here](#) to go to sign in page. (For instructions related to sign in, please [click here](#))

3. Once you logged in, please click on **My Facilities** to access the list of facilities that you are assigned to. When clicked on My Facilities, the portal will take you to the list of facilities you are assigned to.

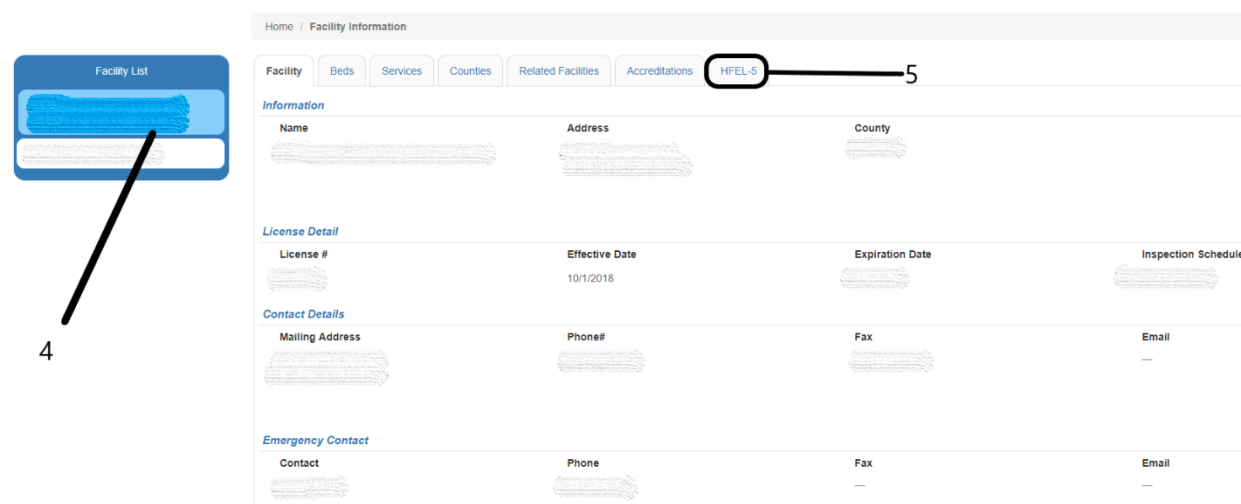



4. Please click on the facility you want to submit financial report (HFEL-5) on your left screen from the facilities list.


NOTE: If you are unable to see the facility you are assigned to, please call us on (609) 913-5970 or email us at aap@doh.nj.gov.

5. Now, please click on HFEL-5 tab on the screen. This will show you the financial report (HFEL-5) that needs to be updated and submitted.

NOTE: If you are unable to see the HFEL-5 on your facility screen, please call us on (609) 913-5970 or email us at aap@doh.nj.gov.







6. Please click on the  on your right screen to view details on the next page.

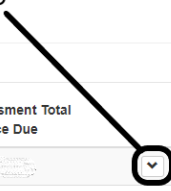
Facility Count: 

Facility Name License Number

Facility List

Facility Beds Services Counties Related Facilities Accreditations Functional Review HFEL-5

Financial report ↓	Report Status	Assessment Total	Assessment Total Paid	Assessment Total Balance Due
	Assessment			
	Finish			





6 

NOTE: If you click on the link of the left, then you can only view the HFEL-5 details, but cannot edit it.

Facility Count: 5

Facility List

Facility Beds Services Counties Related Facilities Accreditations Applications CN Waiver HFEL-5

Financial Report ↓	Report Status	Assessment Total	Assessment Total Paid	Assessment Total Balance Due
				
FY2021-xxxxx				
FY2020-xxxxx				

7. You can see all the information that includes:

7.1 Facility information and the financial year (in this case FY 2020) and

7.2 Space to add multiple email addresses: This is for adding multiple users who can view & submit the HFEL-5 financial report.

NOTE: You can add as many email's you want in a single line separated by ';'.

7.3 Financial report HFEL-5. (Doesn't include the Voluntary information)

Facility Information

Tracking # FY2020-24478	Legal Name Jersey City Diagnostic Center	License # 24478
Fiscal Year FY2020	Facility Email jcdcenter@hotmail.com	Ambulatory Email * abc@abc.com

7.1

7.2

Separate multiple email addresses by semicolon, " ; "

All Visits	Gross Charges	Gross Receipts
Medicare (FFS/HMO) * <input type="text" value="0"/>	Medicare (FFS/HMO) * \$ <input type="text" value="0.00"/>	Medicare (FFS/HMO) * \$ <input type="text" value="0.00"/>
Medicaid (FFS/HMO) * <input type="text" value="0"/>	Medicaid (FFS/HMO) * \$ <input type="text" value="0.00"/>	Medicaid (FFS/HMO) * \$ <input type="text" value="0.00"/>
Other Government Payer * <input type="text" value="0"/>	Other Government * \$ <input type="text" value="0.00"/>	Other Government Payer * \$ <input type="text" value="0.00"/>
Commercial * <input type="text" value="0"/>	Commercial * \$ <input type="text" value="0.00"/>	Commercial * \$ <input type="text" value="0.00"/>
Self Pay * <input type="text" value="0"/>	Self Pay * \$ <input type="text" value="0.00"/>	Self Pay * \$ <input type="text" value="0.00"/>
Other Visits * <input type="text" value="0"/>	Other * \$ <input type="text" value="0.00"/>	Others * \$ <input type="text" value="20,000,000.00"/>
Total Visits 0	Total \$0.00	Total \$20,000,000.00

7.3

7.4 Space to add details about "Voluntarily Submitted Information for Charity Care Services".

7.5 Add files or folder in the "Associated Documents".

NOTE: You cannot add files whose size is more than 10 MB.

Voluntarily Submitted Information for Charity Care Services (Reduced or No-Fee Care to Patients Based upon Ability to Pay)

All Visits *	Gross Charges *	Gross Receipts *
<input type="text" value="0"/>	\$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>

If CY Gross Receipts < 12 months, check here

Associated Documents

7.4 7.5 [Add Files](#)

Display Name (Document Type)	Status	Created On ↑
There are no records to display.		

7.6 Space for Certification Details. If the report is prepared by an outside consultant please click on "Yes" and enter the details below it. If it is not prepared by an outside consultant, please click on "No". Certify by clicking on the check box and provide details. And then click on [Save](#) on your right bottom screen.

NOTE:

- The * fields are mandatory. If not entered the portal will not allow you to [Save](#) the details, throwing an error.
- The "Telephone Number" must be a 10-digit number.

7.7 After filling in the details, please click on [Save](#) first. This will show you, if there are any errors that need to be rectified.

Click, on [Submit](#) to send the form to the Department. You can click on [Close](#), in case you do not want to submit it right away.

Certification

This report is required pursuant to N.J.S.A 26:2H-18.57. The annual report shall be either certified or attested to by an accounting firm or by an officer of the covered facility. If an outside consultant prepared the report, the accompanying form shall be signed by the license holder in addition to the person who prepared the report. The certification section on the bottom of the report is required for submission to be considered complete.

Certification by Officer or Administrator of the Covered Facility

Report Prepared By Outside Consultant? *

No Yes 7.6

I hereby certify that I have read the above statement and provided required information accurately. I acknowledge that the information given is to the best of my knowledge and on behalf, it is true, correct and complete details prepared from the books and records of the facility in accordance with the applicable instructions, except as noted. *

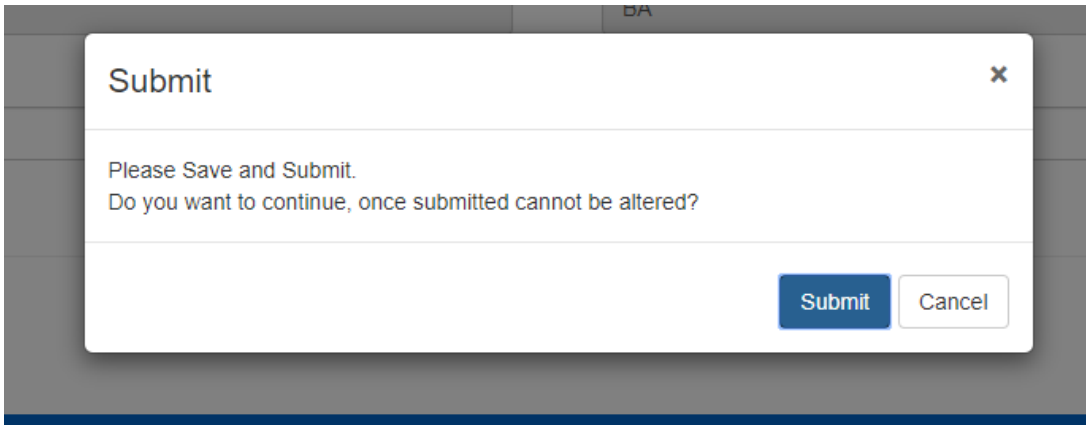
Certified By	Title
<input type="text"/>	<input type="text"/>
Telephone Number *	Name of License Holder (If Different)
<input type="text"/>	<input type="text"/>

7.7 [Save](#) [Submit](#) [Close](#)

NOTE: Please note, if you do not want to submit you can click

Cancel

. This will help you to save the data as draft and submit it later.



8. Once submitted, the user will receive HFEL-5 submit confirmation notification from an email named as Service CRM. The email will entail a unique tracking #, that can referred for future inquiries about the assessment.