

**MCRIF32  
2023-24  
ICR Edits**

3eenn = Fatal edit  
4eenn = Non-fatal edit  
5eenn = Informational edit  
  
ee = Exhibit Number  
nn = Edit number for that specific exhibit

Edit Number	Edit Text
30001	The NAME of the Hospital Contact #1 has not been filled out on page 1. (20000/007) (Line 10.00, Col 1.00)
30002	The NAME of the Hospital Contact #2 has not been filled out on page 1. (20000/010) (Line 14.00, Col 1.00)
30003	The PHONE NUMBER of the Hospital Contact #1 has not been filled out on page 1. (20000/009) (Line 12.00, Col 1.00)
30004	The PHONE NUMBER of the Hospital Contact #2 has not been filled out on page 1. (20000/012) (Line 16.00, Col 1.00)
30005	The EMAIL ADDRESS of the Hospital Contact #1 has not been filled out on page 1. (20000/032) (Line 13.00, Col 1.00)
30006	The EMAIL ADDRESS of the Hospital Contact #2 has not been filled out on page 1. (20000/033) (Line 17.00, Col 1.00)
30007	The NAME of the individual acting in the capacity of CFO has not been filled out on Page 2. (20000/034) (Line 11.00, Col 1.00)
30008	The NAME of the individual acting in the capacity of CEO has not been filled out on Page 2. (20000/042) (Line 16.00, Col 1.00)
30009	The TITLE of the individual acting in the capacity of CFO has not been filled out on Page 2. (20000/035) (Line 12.00, Col 1.00)
30010	The TITLE of the individual acting in the capacity of CEO has not been filled out on Page 2. (20000/043) (Line 17.00, Col 1.00)
30011	The EMAIL ADDRESS of the individual acting in the capacity of CFO has not been filled out on Page 2. (20000/041) (Line 15.00, Col 1.00)
30012	The EMAIL ADDRESS of the individual acting in the capacity of CEO has not been filled out on Page 2. (20000/049) (Line 20.00, Col 1.00)
30013	The New York State Hospital Operating Certificate number has been omitted from Page 1. (Line 8.00, Col 1.00)
30101	The provider name has not been entered on Exhibit 1 (S-2) for the ( <i>hospital or hospital-based component</i> ) but a PTO Code is present. (CMS 10350S)
30102	The provider number has not been entered on Exhibit 1 (S-2) for the ( <i>hospital or hospital-based component</i> ) but a PTO Code is present. (CMS 10350S)
30103	The beginning report date on Exhibit 1 (S-2), Line 20 is after the ending report date. (CMS 10200S)
30105	You have reported ambulance cost but not answered Question 164.89 in Exhibit 1. (FYE on/after 6/30/2021)
30201	No responses have been entered on Exhibit 2. This exhibit must be completed prior to submitting your NYSICR.
30203	Exhibit 2, line codes 286 and 287 both have the same response. If line 286 contains N, then line 287 must contain Y, and vice versa. Exhibit 2 must be completed prior to submitting your NYSICR. Please review the exhibit to ensure that all of your responses are correct.
30301	All amounts on Exhibit 3 (Wkst S-3), Part I must not be less than zero.
30401	End-of-period beds must be entered in column 2.00 (ICR column code 00218) on Exhibit 4.
30402	Certified bed days available during the year must be entered in column 3.00 (ICR column code 220) on Exhibit 4.
30901	You must affirm that Exhibit 9, column 0595 reports all the officers, owners, stockholders, directors and trustees of the facility that received compensation reported on Exhibit 11, by entering Y in class code 0595 line 091 (Line 22.00, Column 4.00).
31001	On Exhibit 10, compensation of the five highest paid administrative positions, has not been fully filled out. The indicated line is missing data.
31101	Multiple cost centers have been assigned the same ICR cost center code. Each cost center code must be unique.
31102	An ICR cost center code has not been assigned to the CMS line number indicated. (Ignore CMS line numbers 30, 43, 44, 46, 101, 76, 90.21, 88.01-88.09, 90.02-90.04, 90.06-90.19, 92, 118)
31103	Line 200, column 4 of Exhibit 11 (Wkst A) does not equal 0. (CMS edit 10200A).
31105	A step-down allocation code has not been assigned on Exhibit 11 (Wkst A) for the line number indicated.
31106	Exhibit 11 (Wkst A), Lines 3, 113 and 114 must equal zero in Column 9 (Medicare Cost for Allocation). (CMS edit 10100A).
31107	An ancillary step-down allocation code has not been assigned on Exhibit 11 (Wkst A) for the line number indicated.
31108	A sequence code has not been assigned on Exhibit 11 (Wkst A) for the line number indicated.
31201	A reclassification increase on Exhibit 12 (Wkst A-6) does not have valid Wkst A / Exhibit 11 line references entered in columns 3/3.01.
31202	A reclassification decrease on Exhibit 12 (Wkst A-6) does not have valid Wkst A / Exhibit 11 line references entered in columns 7/7.01.
31203	A capital-related reclassification on Exhibit 12 (Wkst A-6) has been incorrectly entered in the salary column.
31204	A capital-related reclassification on Exhibit 12 (Wkst A-6) has been incorrectly entered in the fringe benefit column.
31401	On Exhibit 14 (Wkst A-8), an amount has been entered in columns 2 and/or 2.01, but no valid cost center line reference has been entered in column 4.01, 4.03 or 4.05 for the line indicated.
31501	A Medicaid post-stepdown adjustment has been made to an ancillary cost center on Exhibit 15, on the line indicated.
31601	On Exhibit 16 (Wkst A-8-1) Part A, an amount has been entered in columns 4 and/or 5, but no valid Exhibit 11 (Wkst A) line number is in column 1 for the line indicated. (CMS 10450A)

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31602	The hospital states that it has 'related organization or home office costs' in Exhibit 1 (S-2 Part I), Line 140, but does not report them in Exhibit 16 (A-8-1). (CMS 10500A) Criteria: 1) 00345/14000 (S-2 Part I, Line 140) = Yes and 00453/490 = zero and 00454/490 = zero
31701	Exhibit 17 (Wkst A-8-2) does not have a valid Wkst A / Exhibit 11 line reference entered in column 1 / 2.02 for the line indicated.
31901	There are costs on Exhibit 11 (Wkst A) for the line and column indicated, but there are no statistics in the corresponding column of Exhibit 19 (Wkst B-1).
31902	There are statistics on Exhibit 19 (Wkst B-1) for the CMS line indicated, but there is no cost on Exhibit 11 (Wkst A), column as indicated, nor are there statistics at the top of the Exhibit 19 column for that cost center. Review your Exhibit 19 entries in case a statistic was incorrectly entered on that line.
31903	There are no statistics on Exhibit 19 (Wkst B-1), for the column indicated, but the corresponding line on Exhibit 11 (Wkst A) has an allocation code in Column 12.00.
31904	A negative stat has been input on Exhibit 19 (Wkst B-1) on the line and column indicated.
32001	A negative value has been input on Exhibit 20 on the line and column indicated.
32003	On the Medicaid Ancillary Step-Down, there is cost to be allocated in the column indicated, but there are no allocation statistics in the corresponding column on Exhibit 20.
33101	On Exhibit 31A, the Transfer Basis for Emergency Services (HFS line 0.03, column 1.00) has been toggled to Visits and must be reset to Charges (FYE on/after 6/30/2019) <b>When Line 001 = 0 and Line 004 = 1.</b>
33102	On Exhibit 31A, the Transfer Basis for CPEP Emergency Services (HFS line 0.03, column 2.00) has been toggled to Visits and must be reset to Charges (FYE on/after 6/30/2019) <b>When Line 002 = 0 and Line 005 = 1.</b>
33103	On Exhibit 31A, the Transfer Basis for Clinic Services (HFS line 0.03, column 3.00) has been toggled to Visits and must be reset to Charges (FYE on/after 6/30/2019) <b>When Line 003 = 0 and Line 006 = 1.</b>
33104	The Transfer Basis for Emergency Services on Exhibit 31A, Line 001 (HFS line 0.01, column 1.00), does not match the value in the NYSDOH table for this reporting year. (FYE on/after 6/30/2019)
33105	The Transfer Basis for CPEP Emergency Services on Exhibit 31A, Line 002 (HFS line 0.01, column 2.00), does not match the value in the NYSDOH table for this reporting year. (FYE on/after 6/30/2019)
33106	The Transfer Basis for Clinic Services on Exhibit 31A, Line 003 (HFS line 0.01 column 3.00), does not match the value in the NYSDOH table for this reporting year. (FYE on/after 6/30/2019)
33201	On Exhibit 32, you have entered data for the category identified, but the Medicaid Service Code on Line 301 (HFS line 34.00) is either missing or invalid. <b>REPLACES PREVIOUS EDITS 33201, 33202, 33203, 33204.</b>
33205	The total number of inpatient discharges reported across all categories as Medicaid FFS (Exh 32 line 014), HMO/PHSP Medicaid (Exh 32 line 200), plus Medicaid dual-eligible discharges (Exh 30 line 060), exceeds the total discharges for all patients in Exhibit 32. (FYE on/after 6/30/2019)
33206	The total number of inpatient days (including ALC days) reported across all categories as Medicaid FFS (Exh 32 line 014), HMO/PHSP Medicaid (Exh 32 line 200), plus Medicaid dual-eligible days (Exh 30 line 060), exceeds the total days (including ALC days) for all patients in Exhibit 32. (FYE on/after 6/30/2019)
33207	A negative entry has been made on Exhibit 32 for the class code and line number identified. (When any Class 4318-4507, line 012-020 or 200-209 value is negative. Line 300, Uncompensated Care Collections, may be negative. FYE on/after 6/30/2019.) (Added 10/20/2021)
33208	On Exhibit 32, the number of discharges exceeds the number of days on the line number and class codes identified, in the category identified. (FYE on/after 6/30/2021)
33227	On Exhibit 32, on the line number and class codes identified, either days or discharges equals zero, but the other does not, for the category identified. This will issue as Non-fatal Edit <b>43227</b> if Exhibit 1, Line 23, Column 1 contains "1" or "2", OR Line 23, Column 2 is "YES".
33302	On Exhibit 33, for the category identified, visits have not been entered, but visits excluding inpatient admissions have been entered on the line identified.
33303	On Exhibit 33, you have entered data for the category identified, but the Medicaid Service Code on HFS line 34.00 is either missing or invalid.
33304	On Exhibit 33, for the category identified, the number of visits excluding inpatient admissions exceeds total visits on the line identified. (New edit added 8/7/2019)
33305	A negative entry has been made on Exhibit 33 for the class code and line number identified. (When any Class 0160-0162 or 0240-0242, line's value is negative. Lines 700-750, Uncompensated Care Collections, may be negative. FYE on/after 6/30/2019.) (Added 10/20/2021)
33306	No service description was specified for the Exhibit 33 Other service area. <i>(ICR Reporting Year 2023 and later)</i>
33401	You have entered home health agency visits or hours on Exhibit 34 without providing the HHA NYS Operating Certificate Number. (FYE on/after 6/30/2019)
33402	You have entered the Hospital's NYS Operating Certificate number as the HHA NYS Operating Certificate number on Exhibit 34. (FYE on/after 6/30/2019)
33403	You have entered what appears to be a Medicare Provider Number or an otherwise invalid value as the HHA NYS Operating Certificate number on Exhibit 34. (FYE on/after 6/30/2019)

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33404	A negative entry has been made on Exhibit 34, for the class code and line number identified. (When any Class 00209, lines 036-107 or 163-172 value is negative. Line 110, Uncompensated Care Collections, may be negative. FYE on/after 6/30/2019.) (Added 10/20/2021)
33501	An average hourly wage on Exhibit 35, class code 4819, line 040 cannot be computed because there are no adjusted hours totals in class code 4815. This Exhibit must be completed prior to submitting your NYSICR.
33502	An average hourly wage on Exhibit 35, class code 4819, line 040 cannot be computed because there is no adjusted payroll total in class code 4818. This Exhibit must be completed prior to submitting your NYSICR.
34001	The sum of capital related costs on Exhibit 11 (Wkst A) for Buildings & Fixtures on CMS line 1 (and subscripts), col 5, does not equal Exhibit 40, line 090, column 00140.  Exh 11 amount = (amount) Exh 40 amount = (amount) Difference = (amount)
34002	The sum of capital related costs on Exhibit 11 (Wkst A) for Movable Equipment on CMS line 2 (and subscripts), col 5, does not equal Exhibit 40, line 090, column 00335.  Exh 11 amount = (amount) Exh 40 amount = (amount) Difference = (amount)
34003	The sum of capital related costs on Exhibit 40, line 090, column 00402 does not equal the capital-related costs to be allocated, column 2A, line 960 of the Medicaid Capital Cost Allocation.  Medicaid Capital Cost to be Allocated = (amount) Exh 40 Capital-related costs = (amount) Difference = (amount)
34101	This provider has been identified on Exhibit 1 (S-2 Part I), Line Code 046 (HFS line 21.00), as Voluntary and therefore must provide information on Exhibit 41. <b>Do not apply this edit for Article 31 hospitals.</b>
34102	You have reported payments made to reduce capital debt in Exhibit 41 Class 00054 Line 007 (HFS line 9.00) which equal the NET of Reduction in Long-term Debt reported on the Statement of Cash Flows at Exhibit 25, Class 00283, line 012 (HFS line 47.00) and Increases in Long-term Debt on Line 061 (HFS line 46.00). (FYE on/after 6/30/2019, for voluntary hospitals)
34103	You have reported the depreciation fund ending balance as less than zero on Exhibit 41, Class 00054, Line 019 (HFS line 13.00, col 5.00). (FYE on/after 6/30/2019, for voluntary hospitals)
34104	You have reported the depreciation fund beginning balance as less than zero on Exhibit 41, Class 00054, Line 011 (HFS line 13.00, col 1.00). (FYE on/after 6/30/2019, for voluntary Article 28 hospitals, EXCEPT for Article 31 hospitals)
34401	The sum of directly assigned capital-related costs on Exhibit 44 line 960 (HFS line 200.00), col 00580 (HFS col 1.00), does not equal Exhibit 40, line 090 (HFS line 26.00), column 00401 (HFS col 5.00).  Exh 44 amount = (amount) Exh 40 amount = (amount) Difference = (amount)
34402	Directly assigned capital-related cost has been entered on Exhibit 44, column 00580 (HFS col 1.00) on the line indicated, but there is no cost to be allocated for that cost center on the Medicaid Routine Cost Allocation, Column 0.02.
34601	On Exhibit 20, Line 201, the Basis of Distribution indicates Stats for the column indicated, but no statistics have been entered into that column. If you want the column's charge data to transfer from Exhibit 46, change the column's Line 201 to indicate Charges. Otherwise, key statistics into Exhibit 20 for the column indicated.

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34602	On Exhibit 46, Total Gross Charges to Patients on Line 200 does not equal the total of Gross Charges by Payor on Line 330, for the column indicated.  Line 200 amount = (amount) Line 330 amount = (amount) Difference = (amount)
34603	On Exhibit 46, data has been entered, but the Medicaid Service Mapping Code on line 099 is either missing or not recognized, for the column indicated.
<b>DO NOT APPLY THE EXHIBIT 50 EDITS TO ARTICLE 31 HOSPITALS.</b>	
35001	Exhibit 50, page 1, question 3C (line code 067, HFS line 8.00) has not been answered. You must enter Y or N.
35002	Exhibit 50, page 1, question 3D (line code 068, HFS line 9.00) has not been answered. You must enter Y or N.
35003	Exhibit 50, page 3, question 7 (line code 053, HFS line 3.00) has not been answered. You must enter Y or N.
35004	Exhibit 50, page 3, question 8A (line code 069, HFS line 11.00) has not been answered. You must enter Y or N.
35005	Exhibit 50, page 3, question 9 (line code 064, HFS line 12.00) has not been answered. You must enter Y or N.
35006	Exhibit 50, page 3, question 9B (line code 070, HFS line 14.00) has not been answered. You must enter Y or N.
35007	Exhibit 50, page 3, question 9C (line code 065, HFS line 15.00) has not been answered. You must enter Y or N.
35008	Exhibit 50, page 3, question 9E (line code 071, HFS line 17.00) has not been answered. You must enter Y or N.
35009	Exhibit 50, page 3, question 11 (line code 072, HFS line 18.00) has not been answered. You must enter Y or N.
35010	Exhibit 50, page 3, question 8 (line code 059, HFS line 10.00) must be less than or equal to zero.
35011	Exhibit 50, page 2, there is a patient count that is greater than zero, but no ZIP code has been entered on the line indicated.
35012	Exhibit 50, page 2 has an invalid ZIP code on the line indicated. It should be entered as a five-digit code (xxxxx), or as a nine-digit code (xxxxx-xxxx).
35101	On Exhibit 51 Part I, an invalid Cost Center Group has been assigned on the line indicated.
35102	On Exhibit 51 Part I, a Cost Center Group has not been assigned on the line indicated.
35103	On Exhibit 51 Part II, an invalid Cost Center Group has been assigned to the revenue code on the line indicated.
35104	On Exhibit 51 Part III, an invalid Cost Center Group has been assigned to the revenue code on the line indicated.
35105	On the Exhibit 51 Part II line indicated, the Cost Center Group that has been used has not been identified on Part I.
35106	On the Exhibit 51 Part III line indicated, the Cost Center Group that has been used has not been identified on Part I.
35107	On the Exhibit 51 Part II line indicated, the Revenue Code is a duplicate. <b>This edit should not occur unless invalid data was imported from an external source.</b>
35108	On the Exhibit 51 Part III line indicated, the Revenue Code is a duplicate. <b>This edit should not occur unless invalid data was imported from an external source.</b>
35109	On Exhibit 1, line 164.88 (also see Exhibit 51 Part I, line 1.00, column 1.00), you have indicated that you are neither an Article 31 provider nor was non-submission of Exhibit 51 requested by the Department, but Exhibit 51, Parts II and III have not been completed.

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35110	<p><b>VARIATIONS USED IN COMPU-MAX BASED SYSTEM:</b> (First variation) On the Exhibit 51 Part IB line indicated, column 2.00 contains revenue from Exhibit 46 Line 001, but no cost center has been designated in class 45200 (HFS col 1.00) for that revenue. (Second variation) On the Exhibit 51 Part IB line indicated, column 4.00 contains revenue from Exhibit 46 Line 002, but no cost center has been designated in class 45210 (HFS col 3.00) for that revenue. (Third variation) On the Exhibit 51 Part IB line indicated, column 6.00 contains revenue from Exhibit 46 Line 013, but no cost center has been designated in class 45220 (HFS col 5.00) for that revenue. (Fourth variation) On the Exhibit 51 Part IB line indicated, column (8.00, 10.00, 12.00, 14.00 or 16.00) contains revenue from Exhibit 46 Line (008, 009, 010, 011 or 012), but no cost center has been designated in class 45220 (HFS col 5.00) for that revenue.</p> <p><b>MCRIF32 WILL DISPLAY EDIT AS:</b> On the Exhibit 51 Part IB line and column indicated, there is revenue from the Exhibit 46 line indicated, but a valid ICR cost center code has not been designated for that revenue. <b>Use editDescription to provide details:</b> Exhibit 51 Part IB, ICR line code III (HFS line xx.xx, col xx.xx), has (amount) in charges from Exh 46 line III. Class ccccc (HFS col xx.xx) contains xxx. This is not a valid ICR cost center code reference.</p>
35111	On Exhibit 51 Part IC, the Cost Center Group indicated has charges but no cost.
35112	On Exhibit 51 Part IC, the Cost Center Group indicated has cost but no charges.
35113	<p>The total calculated on Exhibit 46 Summary, Line 200 (HFS line 90.00), class 00036 (HFS column 1.00) must equal Exhibit 51 Part IA line 960 (HFS line 200.00), class 45140 (HFS column 9.00), excluding adjustments in class 45137 (HFS column 8.00).</p> <p>Exh 46 Summary, HFS line 90, col 1 = (amount) Exh 51 Part IA, HFS line 200, col 9 minus col 8 = (amount) Difference = (amount)</p>
35114	The Cost Center Group indicated has an RCC that exceeds the Medicare Ceiling of 1.604. Please provide an explanation on Exhibit 51 Part ID, on the line indicated.
35201	On Exhibit 52, an invalid Medicaid Service Code has been entered on the line indicated. Please assign a valid MSC via the Cost Center Mapping screen.
35202	On Exhibit 52, line as indicated, there are costs in cc10200 (HFS column 2.00) and/or cc11200 (HFS column 3.00), but no Medicaid Service Code has been assigned to that cost center. Please assign a valid MSC to this cost center via the Cost Center Mapping screen. (FYE on/after 6/30/2019)
35203	On Exhibit 52, the Medicaid Service Code on the line indicated is the same as the ICR line code. This is not expected for this cost center. Please change the MSC for this cost center via the Cost Center Mapping screen. (FYE on/after 6/30/2019)
35301	<p>The Total Final Allocated Medicaid Cost from Exhibit 52 does not equal the Total Final Stepdown Costs in Exhibit 53. This may be due to one or more missing Medicaid Service Codes on Exhibit 52. Review the edit list for occurrences of edits 35201, 35202 or 45307.</p> <p>Exhibit 52, class code 10200, line 960 = (amount) Exhibit 53, class code 44000, line 960 = (amount) (FYE on/after 6/30/2019)</p>
35302	<p>The Total Final Allocated Medicaid Capital Related Costs from Exhibit 52 does not equal the Total Final Reported Capital in Exhibit 53. This may be due to one or more missing Medicaid Service Codes on Exhibit 52. Review the edit list for occurrences of edits 35201, 35202 or 45307.</p> <p>Exhibit 52, class code 11200, line 960 = (amount) Exhibit 53, class code 44005, line 960 = (amount) (FYE on/after 6/30/2019)</p>

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40101	The date certified is either missing or invalid on Exhibit 1 for the (hospital or hospital-based component). (CMS 10350S)
40104	The date certified entered on Exhibit 1 is after the ending report date for the (hospital or hospital-based component).
40105	The date certified entered on Exhibit 1 for the (hospital or hospital-based component) is invalid for Medicare. (Year is before 1966) (CMS 15350S)
40106	The date certified entered on Exhibit 1 for the (hospital or hospital-based component) is after the beginning report date. (CMS 20100S)
40107	The cost reporting period beginning date on Exhibit 1, Line 20, Column 1 is not valid.
40109	The cost reporting period ending date on Exhibit 1, Line 20, Column 2 is not valid.
40111	The dates indicated on Exhibit 1 (S-2), Line 20 show a cost report shorter than one month. (CMS 20450)
40112	The cost reporting period indicated on Exhibit 1 (S-2), Line 20 is greater than 15 months. (CMS 20450)
40112S	The Fiscal Year End date for this cost report is after the system date. (HFS EditFYE) Fiscal Year End date: mm/dd/yyyy System run date: mm/dd/yyyy
40113	The type of control has not been entered on Exhibit 1, Line 21, Column 1 (ICR column code 00340). (CMS 10100S)
40114	The type of (hospital or hospital-based component) has not been entered on Exhibit 1, on the line number indicated. (CMS 10350S)
40116	On Exhibit 1, you have answered 'Y' that you are a multi-campus organization, but no data has been entered on Exhibit 1, Line 166.
40117	On Exhibit 1, you have not answered line 165 'Y' to indicate that you are a multicampus organization, but data has been entered on Exhibit 1, Line 166.
40118	You have answered "Y" to Exhibit 1, Line 164.91, but none of lines 164.92 through 164.98 has a "Y" response. (FYE on/after 6/30/2020) (when 00345/16491 = "Y" and none of the responses to 00345/16492-16498 = "Y".)
40119	You have answered "Y" to Exhibit 1, Line 164.98, but no description has been entered on Line 164.99. (FYE on/after 6/30/2020) (when 00345/16498 = "Y" and 00345/16499 is empty.)
40120	On Exhibit 1, line 164.85, you have answered 'Y' to either column 1 or to column 2, but the closure date in column 3 is either empty or it is before the Rehabilitation Subprovider's certification date on Exhibit 1, line 5, column 5. (FYE on/after 6/30/2023)
40121	On Exhibit 1, line 164.86 or line 164.87, you have answered 'Y' to either column 1 or to column 2, but the closure date in column 3 is either empty or it is before the Psychiatric Subprovider's certification date on Exhibit 1, line 4, column 5. (FYE on/after 6/30/2023)
40201	Inpatient weighted certified beds were not reported in Exhibit 2, lines 160 through 189. (FYE on/after 6/30/2021)
40202	All Authorized Ancillary Services were reported as not provided in Exhibit 2, lines 197 through 231. (FYE on/after 6/30/2021)
40203	All Outpatient Services were reported as not provided in Exhibit 2, lines 232 through 284. (FYE on/after 6/30/2021)
40204	The response on Exhibit 2, Line 286 states that this is not a teaching hospital, but Intern & Resident FTEs have been reported on Exhibit 3, column 9.
40301	The total Inpatient Days on Line LLL, Column 8 of Exh 3 (Wkst S-3) is greater than the bed days available in Col 3. (CMS 21100S)
40302	The total Inpatient Days on Line LLL, Column 8 of Exh 3 (Wkst S-3) is less than the sum of program patient days in Columns 6 and 7. (CMS 12400S)
40303	The total Outpatient Visits on Line LLL, Column 8 of Exh 3 (Wkst S-3) is less than the sum of program visits in Columns 6 and 7. (CMS 12400S)
40304	Total discharges on Line LLL, Column 15 of Exhibit 3 (Wkst S-3) is less than the sum of program discharges in Columns 13-14. (CMS 12500S)
40305	Exhibit 3 (Wkst S-3), Line 14, Column 2 should be greater than zero. (CMS 21000S)
40306	Exhibit 3 (Wkst S-3), Line 14, Column 8 should be greater than zero. (CMS 21000S)
40307	Exhibit 1 (Wkst S-2), Line 90 has been answered 'Yes', but Title XIX days on Exhibit 3 (Wkst S-3), Line 14, Column 7 are zero. (CMS 12300S)
40308	Exhibit 1 (Wkst S-2), Line 90 has been answered 'Yes', but Title XIX discharges on Exhibit 3 (Wkst S-3), Line 14, Column 14 are zero. (CMS 12300S)
40309	Hospital FTE's on Exhibit 3 (Wkst S-3), Line 14, Column 10 are not greater than zero. (CMS 21050S)
40310	Medicare Hospital discharges on Exhibit 3 (Wkst S-3), Line 14, Column 13 are not greater than zero. (CMS 21050S)
40311	Total Hospital discharges on Exhibit (Wkst S-3), Line 14, Column 15 is not greater than zero. (CMS 21050S)
40312	Exhibit 3 (Wkst S-3), Line 27, Column 2 should be greater than zero. (CMS 21000S)
40313	Exhibit 3 (Wkst S-3), sum of lines 14-26, Column 8 should be greater than zero. (CMS 21000S)
40314	Line 27 Column 9 of Exhibit 3 (Wkst S-3) is not zero but there is no Intern & Residents cost on Exhibit 11 (Wkst A), lines 21 AND/OR 22, Column 7, 9 or 11 (CMS 21150S)
40401	(1 - Available bed days are inconsistent with the number of days in the cost reporting period, beginning and ending bed capacity are the same): "The hospital reported a Certified Bed Days Available amount in Exhibit 4, Class Code 00220, Line as indicated, which is not consistent with the number of days in the cost reporting period."

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40402	(2 - Available bed days are inconsistent with the number of days in the cost reporting period, there was a change in the bed capacity, but no explanation has been entered on Lines 071-075): "The hospital reported a Certified Bed Days Available amount in Exhibit 4, Class Code 00220, Line as indicated, which is not consistent with the number of days in the cost reporting period. The hospital also reported a difference in the Certified Bed Capacity between the Beginning of the Period and the End of the Period in Class Codes 00216 and 00218, respectively, without an explanation in Exhibit 4, Lines 071-075. Please confirm the change in certified beds by providing an explanation in Lines 071-075."
40403	(3 - Available bed days are inconsistent with the number of days in the cost reporting period, there was a change in the bed capacity, and an explanation has been entered on Lines 071-075): The hospital reported a Certified Bed Days Available amount in Exhibit 4, Class Code 00220, Line as indicated, which is not consistent with the number of days in the cost reporting period. The hospital also reported a difference in the Certified Bed Capacity between the Beginning of the Period and the End of the Period in Class Codes 00216 and 00218, respectively. Please confirm that this change is correct and explained in Exhibit 4, Lines 071-075."
40404	(4 - Available bed days are consistent with the number of days in the cost reporting period, there was a change in the bed capacity, but no explanation has been entered on Lines 071-075): "On Exhibit 4, the hospital reported a difference in the Certified Bed Capacity between the Beginning of the Period and the End of the Period in Class Codes 00216 and 00218, respectively, Line as indicated, without an explanation in Exhibit 4, Lines 071-075. Please confirm the change in certified beds by providing an explanation in Lines 071-075."
40405	(5 - Available bed days are consistent with the number of days in the cost reporting period, there was a change in the bed capacity, and an explanation has been entered on Lines 071-075): "On Exhibit 4, the hospital reported a difference in the Certified Bed Capacity between the Beginning of the Period and the End of the Period in Class Codes 00216 and 00218, respectively, Line as indicated. Please confirm that this change is correct and explained in Exhibit 4, Lines 071-075."
40901	Exhibit 9 does not contain payments in lines 001-020. You are affirming that no officers, owners, stockholders, directors, or trustees of the facility receive compensation as reported on Exhibit 11.
41001	On Exhibit 10, line as indicated, total compensation of less than \$30,000 has been entered. Is this amount correct?
41101	This provider has a Chemical Dependency Detoxification unit. Therefore, cost center code 203 (CMS Line 30.09) on Exhibit 11, Column 11 should be present and be greater than zero.
41102	This provider has a CPEP (Psychiatric) unit. Therefore, cost center code 288 or 216 (CMS lines 91.01 or 92.02) on Exhibit 11, Column 11 should be present and be greater than zero.
41103	Exhibit 11 (Wkst A), Line 19 (Non-Physician Anesthetists), Column 9 is not equal to zero but Exhibit 1 (S-2 Part I), Line 108 is not equal to 'Y'. (CMS edit 10050A)
41104	This provider has a Women and Infant Children Program (WIC). Therefore, cost center code 418 (CMS Line 90.41) on Exhibit 11, Column 11 should be present and be greater than zero.
41201	The sum of the increases does not equal the sum of the decreases for the reclassification code indicated.
41301	The hospital has reported depreciation as a negative amount in Exhibit 13 (Wkst A-7), Part II, column 9.00, line as indicated.
41401	No Medicaid adjustments have been made on Exhibit 14 (Wkst A-8).
41402	The hospital reported outpatient Cancer Treatment or Oncology Services but did not report a Medicaid adjustment for cost of drugs billable outside the rate system in Exhibit 14 (Wkst A-8), Line 632 (CMS Line 36.98.)
41501	The specified copy (All Payor / Medicare / Medicaid) of Exhibit 15 doesn't have a valid Cost Center reference on the line indicated. Please enter the appropriate cost center number, otherwise the adjustment amount will be ignored.
41601	On Exhibit 16 (Wkst A-8-1) Part A, there are no amounts entered, but there is an Exhibit 11 (Wkst A) line number entered in column 1.
41701	Total remuneration in column 3 of Exhibit 17 (Wkst A-8-2) does not equal the sum of the professional and provider components on the line indicated.
41702	On Exhibit 17 (Wkst A-8-2), data is missing in column 6 and/or column 7 for the line indicated. This data may be required to correctly calculate this exhibit.
41801	Exhibit 11 (Wkst A) total Admin and General Medicaid expense (including fragmented A and G), Column 11 does not match Exhibit 18, line 050 (HFS Line 36.00), class 00062 (column 5.00).  Exh 11 amount = (amount) Exh 18 amount = (amount) Difference = (amount)
41802	Exhibit 11 (Wkst A) total Operation and Maintenance of Plant Medicaid expense, Column 11 does not match Exhibit 18, line 080 (HFS Line 57.00), class 00062 (column 5.00).  Exh 11 amount = (amount) Exh 18 amount = (amount) Difference = (amount)

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41803	Exhibit 11 (Wkst A) total Employee Health and Welfare Medicaid expense, Column 11, Line 003 (CMS line 4.00) and any of its subscripts, plus total Fringe Benefits (Column 2.01) does not match Exhibit 18, line 090 (HFS Line 104.00), class 00065 (column 4.00).  Exh 11 amount = (amount) Exh 18 amount = (amount) Difference = (amount)
41804	Exhibit 18, line 025 (HFS Line 12.00) plus line 081 (HFS Line 37.00), class 00061, medical malpractice, should be greater than zero.
41805	On Exhibit 18, an amount has been entered on line 081 (HFS 37.00), but a cost center, or reclassification code has not been entered on line 082 (HFS line 38.01) in the space provided. ( <i>Edit checks sum of line 081, class codes 00061 (HFS col 3.00) and 00079 (HFS col 4.00).</i> )
41806	On Exhibit 18, no amount has been entered on line 083 (HFS 39.00). You are affirming that there was no operating interest in the current reporting period.
41807	The hospital has not reported 'Metropolitan Commuter Transport Mobility Tax' on Exhibit 18, Class 00062, Line 033 (HFS 19.00), and is located in the MCT District. (FYE on/after 6/30/2019. The first two digits of the OpCert number indicate whether or not the hospital is located in the MCT District: 13 – Dutchess, 29 – Nassau, 35 – Orange, 39 – Putnam, 43 – Rockland, 51 – Suffolk, 59 – Westchester and 70 – NYC.)
41808	The hospital has reported 'Metropolitan Commuter Transport Mobility Tax' on Exhibit 18, Class 00062, Line 033 (HFS 19.00), but is not located in the MCT District. (FYE on/after 6/30/2019)
41809	On Exhibit 18, the hospital reported parking expense less than zero in Class 00062, Line 068 (HFS 55.00) and/or Line 069 (HFS 56.00).
41810	On Exhibit 18, the hospital reported parking cost in a line other than 068 (HFS 55.00), Parking Cost (Public), or 069 (HFS 56.00), Parking Cost (Employees).
41811	Parking Lot Receipts may not have been fully offset for Exhibit 18.
41812	The hospital did not report Exhibit 18 malpractice costs on lines 025 (HFS 12.00) and/or 081 (HFS 37.00). (FYE on/after 6/30/2021)
41813	The hospital reported net negative Exhibit 18 malpractice costs on lines 025 (HFS 12.00) and/or 081 (HFS 37.00). (FYE on/after 6/30/2021)
41903	There are no costs on Exhibit 11 (Wkst A) for the line and column indicated, but there are statistics in the corresponding column of Exhibit 19 (Wkst B-1).
41905	There are no costs on Exhibit 11 (Wkst A) for the line and column indicated, there are no statistics on Exhibit 19 (Wkst B-1), for the column indicated, but the corresponding line on Exhibit 11 (Wkst A) has an allocation code in Column 12.00.
42001	Exhibit 20, Line 201, must equal either 0 (indicating a stat base of charges) or '1' (indicating statistics) in the column indicated.
42002	The Exhibit 11 (Wkst A) line and column indicated does not equal zero, but charges for that cost center have not been entered on Exhibit 20.
42003	The Exhibit 11 (Wkst A) line and column indicated equals zero but charges for that cost center are on Exhibit 20.
42004	The Exhibit 19 (Wkst B-1) line indicated has statistics, but charges for that cost center have not been entered on Exhibit 20.
42005	The Exhibit 19 (Wkst B-1) line indicated does not have any statistics, but charges for that cost center are on Exhibit 20.
42301	Exhibit 23 (Wkst G) balance sheet is out of balance  Total assets = (amount) Total liabilities and fund balances = (amount) Difference = (amount)
42401 (previously 42302)	Exhibit 24 (Wkst G-1) end-of-period fund balances do not equal Exhibit 23 (Wkst G) fund balances for the column indicated.  Fund balance per Exh 23 = (amount) Fund balance per Exh 24 = (amount) Difference = (amount)
42501	You may not have completed entry of Exhibit 25, Statement of Cash Flows, for a voluntary Article 28 hospital, when Type of Control, (Exhibit 1, Line 21) is blank, 1 or 2, AND Exhibit 25, class 00283, line 002 is zero. (FYE on/after 6/30/2019, for voluntary hospitals EXCEPT Article 31 hospitals)



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<p><b>42601</b> (previously 42303)</p>	<p>Exhibit 26 (Wkst G-2) Part I total patient revenues does not equal the total gross charges on Exhibit 46 class 00036, line 200.  Wkst G-2 revenues = (amount) Exhibit 46 charges = (amount) Difference = (amount)</p>
<p><b>42701</b></p>	<p>A cost center line code that does not appear on Exhibit 11 has been entered on Exhibit 27, on the line and column indicated.</p>
<p><b>43001</b></p>	<p>This provider has a swing-bed unit but has not entered swing-bed patient days on Exhibit 30, Part 2, Line 110 (HFS line 16.00), Column 00210 (HFS column 3.00).</p>
<p><b>43002</b></p>	<p>Dual-eligible days and/or discharges have not been entered on Exhibit 30, Line 060 (HFS line 1.00), Column 00260 and/or 00270 (HFS columns 1.00, 2.00).  (New, for FYE on/after 6/30/2019. Does not apply to Article 31 hospitals.)</p>
<p><b>43101</b></p>	<p>On Exhibit 31A, line 004, you have toggled the transfer basis for Emergency Services (HFS line 0.03, column 1.00) to Charges (from Visits) and this change will be permanent if the ICR is submitted without resetting the basis to Visits (FYE on/after 6/30/2019) <b>When Line 001 = 1 and Line 004 = 0.</b></p>
<p><b>43102</b></p>	<p>On Exhibit 31A, line 005, you have toggled the transfer basis for CPEP Emergency Services (HFS line 0.03, column 2.00) to Charges (from Visits) and this change will be permanent if the ICR is submitted without resetting the basis to Visits (FYE on/after 6/30/2019) <b>When Line 002 = 1 and Line 005 = 0.</b></p>
<p><b>43103</b></p>	<p>On Exhibit 31A, line 006, you have toggled the transfer basis for Clinic Services (HFS line 0.03, column 3.00) to Charges (from Visits) and this change will be permanent if the ICR is submitted without resetting the basis to Visits (FYE on/after 6/30/2019) <b>When Line 003 = 1 and Line 006 = 0.</b></p>
<p><b>43104</b></p>	<p>You have not reported non-transferred visits for the Clinic on Exhibit 31A. (Class 00217, ICR Lines 235 (90.00), 240 (90.39), 250 (94.00) plus 472 (90.42)) when (1) the Clinic Prior Year Cost Comparison Basis = 1, (2) Exhibit 33, the sum of the total visits in (00161/025 + 00161/125 + 00161/675) is greater than zero and (3) total visits in Exhibit 33, (00161/025 + 00161/125 + 00161/675) and total visits in Exhibit 33, (00241/025 + 00241/125 + 00241/675) do not equal. (FYE on/after 6/30/2019, revised for FYE on/after 6/30/2020 to exclude references to 00161/075 and 00241/075)</p>
<p><b>43105</b></p>	<p>You have not reported non-transferred visits for Emergency Service on Exhibit 31A. (Class 00222, ICR Line 236) when (1) the Emergency Service Prior Year Cost Comparison Basis = 1, (2) Exhibit 33, 00160/025 is greater than zero, and (3) visits in Exhibit 33, 00160/025 and 00240/025 do not equal. (FYE on/after 6/30/2019)</p>
<p><b>43106</b></p>	<p>You have not reported non-transferred visits for CPEP on Exhibit 31A. (Class 00221, ICR Line 288) when (1) the CPEP Prior Year Cost Comparison Basis = 1, (2) Exhibit 33, 00161/225 is greater than zero and (3) visits in Exhibit 33, 00161/225 and 00241/225 are not equal. (FYE on/after 6/30/2019)</p>
<p><b>43107</b></p>	<p>The Clinic visits and transfers in Exhibit 31A do not equal the total of the three sources from Exhibit 33. (FYE on/after 6/30/2020) Detail for Edit Description:B206 A) Clinic (Exh33, Col 00161, Line 025): 0 B) Renal Dialysis (Exh33, Col 00161, Line 125): 0 C) Cancer Treatment Services (Exh33, Col 00161, Line 675): 0 Sum of Items A, B and C: 0 Total Clinic Visits (Exh31A, Col 00217, Line 960): 0 Difference between Exhibit 31A and the three Exhibit 33 sources: 0</p>
<p><b>43108</b></p>	<p>The hospital reported charges for Emergency Service in Exhibit 31A (HFS column 1.00) instead of visits. <b>When the Emergency CY Transfer Basis = 1: If no Emergency visits on Exh 33, do not apply the edit.</b> <b>If ((Total Emergency Visits on Exh 31A (HFS line 200, col 1.00) / (Exh 33 Emergency (10) Visits (HFS line 1.00, col 1.00))) &gt; 10,</b> <b>OR if (Emergency Charges (Exh 46, Line 003 (HFS line 4.00), Class 00027 (HFS col 91.00))) = (Emergency Visits (Exh31A, line 236 (CMS line 91.00), Class 00222 (HFS col 1.00))), apply the edit.</b></p>
<p><b>43109</b></p>	<p>The hospital reported charges for CPEP Emergency in Exhibit 31A (HFS column 2.00) instead of visits. When the CPEP Emergency CY Transfer Basis = 1: If no CPEP Emergency visits on Exh 33, do not apply the edit. <b>If ((Total CPEP Emergency Visits on Exh 31A HFS line 200, col 2.00) / (Exh 33 CPEP Emergency (07) Visits (HFS line 1.00, col 1.00))) &gt; 10,</b> <b>OR if (CPEP Emergency Charges (Exh 46, Line 014 (HFS line 5.00), Class 00385 (HFS col 91.01))) = (CPEP Emergency Visits (Exh31A, line 288 (CMS line 91.01), Class 00221 (HFS col 2.00))), apply the edit.</b></p>

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43110	<p>The hospital reported charges for Clinic in Exhibit 31A (HFS column 3.00) instead of visits. When the Clinic CY Transfer Basis = 1: If no Clinic, Renal Dialysis, Cancer Treatment visits on Exh 33, do not apply the edit. If <math>((\text{Total Clinic Visits on Exh 31A HFS line 200, col 3.00}) / ((\text{Exh 33 Clinic (06) Visits (HFS line 1.00, col 1.00)} + (\text{Exh 33 Renal (21) Visits (HFS line 1.00, col 1.00)} + (\text{Exh 33 Cancer Treatment (04) Visits (HFS line 1.00, col 1.00)}))) &gt; 10</math>, OR if <math>((\text{Clinic Charges (Exh 46, Line 002 (HFS line 2.00), Class 00026 (HFS col 90.00)})) + (\text{Renal Charges (Exh 46, Line 002 (HFS line 2.00), Class 00383 (HFS col 90.39)})) + (\text{Cancer Treatment Charges (Exh 46, Line 002 (HFS line 2.00), Class 04901 (HFS col 90.42)})) = ((\text{Clinic Visits (Exh31A, line 235 (CMS line 90.00)})) + (\text{Renal Visits (Exh31A, line 240 (CMS line 90.39)})) + (\text{Cancer Treatment Visits (Exh31A, line 472 (CMS line 90.42)}, Class 00217 (HFS col 3.00))))</math>, apply the edit.</p>
43201	<p>Total Medicare adults and peds patient days on Exhibit 32, line 012 (HFS line 10.00) (all units, incl. ALC), does not match Exhibit 3 (S-3 part I), column 00692 (HFS column 6.00), (incl. subproviders, excl. nursery, HMO, and swing beds.) (Exhibit 3 total is sum of lines 1.06-1.99, 8-12.99, 16, 16.01, 17.)</p> <p>Exh 3 days = (amount) Exh 32 (all units, sum of Columns 1.00 and 3.00) days = (amount) Difference = (amount)</p>
43202	<p>If there are inpatient discharges present on Exhibit 32, line 011 (HFS line 1.00), then there should be Inpatient Uncompensated Care Collections on Exhibit 32, line 300 (HFS line 33.00), and vice versa.</p>
43204	<p>Total Medicare newborn patient days on Exhibit 32, line 012 (HFS line 10.00), column 1.01 (class code 04503 or 04319) does not match Exhibit 3 lines 007 and 039 (CMS lines 13.02 and 13.01), column 00692 (CMS column 6.00).</p> <p>Exh 3 Amount entered = (amount) Exh 32 Amount entered = (amount) Difference = (amount)</p>
43206	<p>Total Medicare adults and peds discharges on Exhibit 32, line 012 (HFS line 10.00) (all units) does not match Exhibit 3 (S-3 part I), Column 00088 (HFS column 13.00), (incl. subproviders, excl. nursery, HMO, and swing beds). (Exhibit 3 total is sum of lines 1.06-1.99, 8-12.99, 16, 16.01, 17.)</p> <p>Exh 3 discharges = (amount) Exh 32 (all units, column 2.00) discharges = (amount) Difference = (amount)</p>
43214	<p>There are discharges reported on Exhibit 32 in the category identified, for the payor identified, but there are no corresponding charges reported on Exhibit 46.</p>
43215	<p>The hospital has assigned MSC 204 on Exhibit 32, Line 301, for (service area), but it is not NYS Medicaid certified for Dual-Diagnosis Psychiatric services. (FYE on/after 6/30/2020)</p>
43216 / 43216C	<p>MSC 201 (Acute) was reported on Line 301 for one or more Exhibit 32 categories, but this is not a General Short-Term hospital. MSC 201 (Acute) was reported on Line 301 for one or more Exhibit 32 categories. This is not appropriate for a Critical Access Hospital. (FYE on/after 6/30/2021)</p>
43217	<p>On Exhibit 32, Medicaid FFS (HFS line 11.00) or Medicaid HMO (HFS line 15.00) utilization, but not both, are reported in the column identified, for the category identified. (FYE on/after 6/30/2021)</p>
43218	<p>The sum of Exhibit 3 Class 00694 (HFS column 8.00) hospital inpatient days does not equal the sum of patient days and ALC days reported as Acute/CAH (01/10), TBI/Coma (07) and 'Other' (08) (if the MSC for 'Other' is 201 or 216). (FYE on/after 6/30/2021)</p> <p><u>Exhibit 3 days:</u> Sum of ICR line codes (Exh 3 col 0.01) 002, 003, 007, 039, 040, 041, 050, 053, 054, 055, 061, 063, 304, 305, 310, 311, 318-377, 604. Capture L&amp;D (612) separately for edit 43219, include in days for 43218 for report year 2022-forward. Capture SB SNF (019) separately for edit 43220, do not include in days for 43218. Include COVID (618) in days for 43218 for report years 2022 and 2023 only.</p> <p><u>Exhibit 32 days:</u> Sum of Line 1.00 for: Acute (01) cols 1.00, 1.01, 3.00; TBI/Coma (07) cols 1.00, 3.00; Other (08) (MSC 201 or 216) cols 1.00, 3.00; CAH (10) cols 1.00, 1.01, 3.00.</p> <p>For reporting year 2022-forward, get sum of non-acute, non physical medicine rehab Courtesy (line 25.00) days (col 1.00) and ALC days (col 3.00): Psych (04), Dual-Diagnosis Psych (09), Chem Dependency Detox (02), Chem Dependency Rehab (03). Include Other (08) if MSC is 202, 203, 204, 205, 210. Sum is subtracted from Exhibit 32 edit 43218 days.</p>
43219	<p>Exhibit 32 inpatient days differ from related Exhibit 3 days by the same amount reported as Labor and Delivery Days in Exhibit 3, Class 00694 (HFS column 8.00), line 612 (HFS line 32.00). (Acute (01) or CAH (10) only.) (FYE on/after 6/30/2021)</p>

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43220	Exhibit 32 inpatient days differ from related Exhibit 3 days by the same amount reported as Swing Bed SNF Days in Exhibit 3, Class 00694 (HFS column 8.00), Line 019 (HFS line 5.00). (Acute (01) or CAH (10) only.) (FYE on/after 6/30/2021)
43221	The sum of Exhibit 3 IPF and Psychiatric Days does not equal the sum of Exhibit 32 Psychiatric (04) and Dual-diagnosis (09) patient days and ALC days. (FYE on/after 6/30/2021) <u>Exhibit 3 days:</u> Sum of line codes 009, 301, 378 (CMS S-3 Pt I lines 16.00, 1.17, 16.01). <u>Exhibit 32 days:</u> Line 1.00, sum of days (col 1.00) and ALC days (col 3.00) for Psych (04), Dual-Diagnosis Psych (09). Include Other (08) if MSC is 202 or 204. <u>For reporting year 2022-forward,</u> back out the Courtesy (line 25.00) days for the categories included.
43222	There are different IRF Employee Discount Days in Exhibit 3 than Physical Medicine Rehabilitation (06) Courtesy Days (with ALC) in Exhibit 32. (FYE on/after 6/30/2021) <u>Exhibit 3 days:</u> Line code 611 (CMS line 31.00), column 8.00. <u>Exhibit 32 days:</u> Line 25.00, sum of cols 1.00 and 3.00 for Physical Medicine Rehab (06). Include Other (08) if MSC is 218.
43223	There are different Employee Discount Days in Exhibit 3 than non-IRF (not category 06) Total Courtesy Days (with ALC) in Exhibit 32. (FYE on/after 6/30/2021) <u>Exhibit 3 days:</u> Line code 604 (CMS line 30.00), column 8.00. <u>Exhibit 32 days:</u> Line 25.00, sum of cols 1.00 and 3.00 for all categories 01-05, 07, 09, 10. Include Other (08) if MSC is 201, 202, 203, 204, 205, 210 or 216.
43224	There are different IRF/Physical Medicine Rehabilitation Days in Exhibit 3 than Exhibit 32 (06) Days (with ALC). Check variable inpatient cost center lines 318 to 371. (FYE on/after 6/30/2021) <u>Exhibit 3 days:</u> Sum of line codes 010, 057 (CMS S-3 Pt I lines 17.00, 1.12), plus line code 611 (CMS line 31.00), column 8.00. Accumulate line codes 318-371 separately. <u>Exhibit 32 days:</u> Line 1.00, sum of days (col 1.00) and ALC days (col 3.00) for Physical Medicine Rehab (06). Include Other (08) if MSC is 205 or 218.
43225	There are different Chemical Dependency Detox Days in Exhibit 3 than Exhibit 32 (02) Days (with ALC). Check variable inpatient cost center lines 318 to 371. (FYE on/after 6/30/2021) <u>Exhibit 3 days:</u> Line code 052 (CMS S-3 Pt I line 1.15), column 8. Accumulate line codes 318-371 separately. <u>Exhibit 32 days:</u> Line 1.00, sum of days (col 1.00) and ALC days (col 3.00) for Chemical Dependency Detox (02). Include Other (08) if MSC is 203. <u>For reporting year 2022-forward,</u> back out the Courtesy (line 25.00) days for the categories included.
43226	There are different Chemical Dependency Rehab Days in Exhibit 3 than Exhibit 32 (03) Days (with ALC). Check variable inpatient cost center lines 318 to 371. (FYE on/after 6/30/2021) <u>Exhibit 3 days:</u> Line code 042 (CMS S-3 Pt I line 1.16), column 8. Accumulate line codes 318-371 separately. <u>Exhibit 32 days:</u> Line 1.00, sum of days (col 1.00) and ALC days (col 3.00) for Chemical Dependency Rehab (03). Include Other (08) if MSC is 210. <u>For reporting year 2022-forward,</u> back out the Courtesy (line 25.00) days for the categories included.
43227	On Exhibit 32, on the line number and class codes identified, either days or discharges equals zero, but the other does not, for the category identified. (FYE on/after 6/30/2021) This will issue as Fatal Edit <b>33227</b> if Exhibit 1, Line 23, Column 1 is either "3" or blank, and Line 23, Column 2 is "NO".
43301	If there are Outpatient Visits present on Exhibit 33, then there should be Outpatient Uncompensated Care Collections on Exhibit 33, and vice versa.
43302	Total Emergency Service (10) visits on Exhibit 31A, Line 960, Column 0222, does not match Exhibit 33, Line 025 (HFS line 1.00), Column 0160 (HFS column 1.00). (Do not apply edit if Emergency Transfer Basis is Charges (0).)  Exh 31A amount = (amount) Exh 33 amount = (amount) Difference = (amount)
43303	Total CPEP Emergency (07) visits on Exhibit 31A, Line 960, Column 0221, does not match Exhibit 33, Line 225 (HFS line 1.00), Column 0161 (HFS column 1.00). (Do not apply edit if CPEP Emergency Transfer Basis is Charges (0).)  Exh 31A amount = (amount) Exh 33 amount = (amount) Difference = (amount)
43305	Few or no visits from the Emergency Services (10) utilization reported in Exhibit 33, 00160/025 were reported as part of Inpatient Admissions at 00240/025. The difference is xxx.xx%.

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43306	You have entered a MSC other than the default for the Exhibit 33 category identified. (FYE on/after 6/30/2020)
43307	Outpatient Medicaid FFS (HFS line 11.00) or HMO utilization (HFS line 15.00), but not both, reported for Exhibit 33, Class ccccc (Category Name) (FYE on/after 6/30/2021)
43308	On Exhibit 33, there were no Uninsured (HFS line 22.00) visits reported for the category identified. (Emergency Service (10) or CPEP Emergency Service (07) only.) (FYE on/after 6/30/2021, when total visits (line 1.00) for the category are > zero and uncompensated care collections (line 33.00) for the category are > zero.)
43309	On Exhibit 33, there were no Free (Charity) (HFS line 24.00) visits reported for the category identified. (Emergency Service (10) or CPEP Emergency Service (07) only.) (FYE on/after 6/30/2021, when total visits for the category are > zero and uncompensated care collections for the category are > zero.)
43310	On Exhibit 33, for the category identified, visits have been entered, but visits excluding inpatient admissions are zero on the line identified. (Replaces edit 33301)+B239
43311	On Exhibit 33, the hospital reported CPEP Observation Bed days and that none were for encounters that became inpatients. (Reporting year 2023 and later)
43312	The hospital reported Exhibit 46 CPEP Observation charges and/or Exhibit 52 CPEP Observation costs with no Exhibit 33 days at 00160/825. (Reporting year 2023 and later)
43313	The transfer of outpatient CPEP Observation Beds costs based on days and on charges is not consistent (more than 10% different). (Reporting year 2023 and later)
43401	If total nursing visits on line 008 (HFS line 30.00), column 0209 is greater than zero on Exhibit 34, then uncompensated care collections on line 110 (HFS line 33.00) on Exhibit 34 should also be greater than zero.
43402	You have entered Home Health Agency visits/hours or costs on Exhibit 34 without providing HHA FTEs on Exhibit 3. (FYE on/after 6/30/2019)
43403	You have entered Home Health Agency costs without providing visits or aide hours on Exhibit 34. (FYE on/after 6/30/2019)
43404	Home Health skilled nursing and therapy visits for Medicaid FFS or HMO utilization, but not both, reported in the Exhibit 34 column identified. (FYE on/after 6/30/2021)
43405	Home Health aide hours for Medicaid FFS or HMO utilization, but not both, reported in the Exhibit 34 column identified. (FYE on/after 6/30/2021)
43410	On Exhibit 34A, line 160 (HFS line 46.00) must be the sum of lines 130 (HFS line 20.00) and 150 (HFS line 40.00).
43502	On Exhibit 35, in column 4812, you have entered an amount greater than 40 and/or less than 30 hours for the standard work week on the line identified.
43601	Total FTE employees on Exhibit 36 line 960 class code 00255 (HFS line 200.00, column 1.00) does not match Exhibit 3, line 018, class code 00085 (S-3 Part I, HFS line 27.00, HFS column 10.00).  Exh 3 amount = (amount) Exh 36 amount = (amount) Difference = (amount)
43602	Total nonpaid FTE workers on Exhibit 36 line 274 class code 00255 (HFS line 193.00, column 1.00) does not match Exhibit 3, line 018, class 00086 (S-3 Part I, HFS line 27.00, column 11.00).  Exh 3 amount = (amount) Exh 36 amount = (amount) Difference = (amount)
43603	On Exhibit 36, class code 00249 (HFS column 2.00), you have entered an amount greater than 40 or less than 30 hours for the standard work week on the line identified.
43901	On Exhibit 39, you have replied 'Y' on line 001 (HFS line 1.00), class code 00470 (HFS column 2.00), but there are no other responses on the exhibit.
43902	On Exhibit 39, you have replied 'N' on line 001 (HFS line 1.00), class code 00470 (HFS column 2.00), but other responses exist on the exhibit.
43903	On Exhibit 39, you have entered Union Code 17 (Other) in class code 00470 (HFS column 2.00), but there is no entry in class 21160 (HFS column 4.00) on the line number indicated.
44101	On Exhibit 41, line code 024 (HFS line 15.00, column 1.00), you have entered a negative amount for investment income.
44102	On Exhibit 41, line code 004 (HFS line 6.00), you have reported disbursing from the Depreciation Fund for acquiring capital assets but you have not reported a depreciation fund balance in Exhibit 41, lines 011 and 019 (HFS line 13.00, columns 1.00 and 5.00). (FYE on/after 6/30/2019, for voluntary hospitals)
44103	On Exhibit 41, class 00054, line 006 (HFS line 8.00), you have reported Total capital asset purchases which exceed those reported on the Statement of Cash Flows at Exhibit 25, class 00283 line 011 (HFS line 37.00). (FYE on/after 6/30/2019, for voluntary hospitals) FYE on/after 6/30/2022: You have reported Total capital asset purchases in Exhibit 41 Class 00054 Line 036 which exceed those reported on the Statement of Cash Flows at Exhibit 25, Class 00283 Line 011.
44104	You have not reported in Exhibit 41 class 00054 line 007 any payments made to reduce capital debt. (FYE on/after 6/30/2019, for voluntary hospitals) FYE on/after 6/30/2022: You have not reported in Exhibit 41 class 00054 line 037 any payments made to reduce capital debt.

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Edit Number	Edit Text
44105	You have reported payments made to reduce capital debt in Exhibit 41 class 00054 line 007 (HFS line 9.00) which exceed the amount of those reported on the Statement of Cash Flows at Exhibit 25, Class 00283 Line 012 (HFS line 47.00). (FYE on/after 6/30/2019, for voluntary hospitals) FYE on/after 6/30/2022: You have reported payments made to reduce capital debt in Exhibit 41 Class 00054 Line 037 which exceed the amount of those reported on the Statement of Cash Flows at Exhibit 25, Class 00283 Line 012.
44106	You have reported payments made to reduce capital debt in Exhibit 41 class 00054 line 007 (HFS line 9.00) which equal the increase (not reduction) in long-term debt reported on the Statement of Cash Flows at Exhibit 25, class 00283, line 061 (HFS line 46.00). (FYE on/after 6/30/2019, voluntary hospitals) FYE on/after 6/30/2022: Refer to line 037 instead of line 007. The edit won't issue if both amounts equal zero.
44107	You have reported a negative value for a depreciation fund component value on Exhibit 41, Class 00054, on the line indicated. (FYE on/after 6/30/2019, voluntary hospitals)
44109	You have reported all Exhibit 23 balance sheet general fund cash as being in the Depreciation Fund (see Exhibit 23, class 00010, line 001 (HFS line 1.00, col 1.00) and Exhibit 41, class 00054, line 016 (HFS line 10.00, col 5.00).) FYE on/after 6/30/2019, for voluntary hospitals)
44110	You have reported all Exhibit 23 balance sheet general temporary investments at class 00010 line 002 (HFS line 2.00, col 1.00) as being in the depreciation fund (Exhibit 41, class 00054, line 017 (HFS line 11.00, col 5.00).) (FYE on/after 6/30/2019, for voluntary hospitals)
44111	You have reported a reduction in the depreciation fund balance without any disbursement from the depreciation fund or plant fund. (Exhibit 41, line 011 (HFS line 13.00, col 1.00) is greater than line 019 (HFS line 13.00, col 5.00) and the sum of line 003 and line 004 (HFS lines 5.00 and 6.00) equals zero.) (FYE on/after 6/30/2019, for voluntary hospitals)
44112	You have reported a depreciation fund cash balance that exceeds the cash total reported in the balance sheet. (Exhibit 41, line 016 (HFS line 10.00, col 5.00) is greater than Exhibit 23, sum of column 00010, line 001, column 00011, line 001, column 00011, line 101 and column 00011, line 051 (HFS line 1.00, cols 1.00, 2.00, 3.00, and 4.00).) (FYE on/after 6/30/2019, for voluntary hospitals)
44113	You have reported an increase in the depreciation fund balance when depreciation was fully funded for the period. (Exhibit 41, line 022 (HFS line 17.00) is zero and line 019 (HFS line 13.00, col 5.00) is greater than line 011 (HFS line 13.00, col 1.00).) (FYE on/after 6/30/2019, for voluntary hospitals)
44201	On Exhibit 42, you have reported depreciation as not funded and have not requested a waiver of funding requirements. (FYE on/after 6/30/2019, for voluntary, non-Article 31 psych hospitals.)
44202	On Exhibit 42, you have requested a waiver of depreciation funding requirements and not provided an explanation, or vice versa. (FYE on/after 6/30/2019, for voluntary, non-Article 31 psych hospitals.)
44301	On Exhibit 43, you have replied 'Y' on line 100 (HFS line 1.00), class code 21110 (HFS column 2.00), but there are no other responses on the exhibit.
44302	On Exhibit 43, you have replied 'N' on line 100 (HFS line 1.00), class code 21110 (HFS column 2.00), but other responses exist on the exhibit.
44601	On Exhibit 11 (Wkst A), Column 11 is not equal to zero for the line indicated, but line 300 in the corresponding Exhibit 46 column (as indicated) is zero.
44602	On Exhibit 11 (Wkst A), Column 11 equals zero for the line indicated, but line 300 in the corresponding Exhibit 46 column (as indicated) is not zero.
44603	The hospital reported no Inpatient Net Revenue Assessment in Exhibit 46, Line 363 (HFS line 157.00), Column 00036 (HFS column 1.00).
44604	On Exhibit 46, Column 00036 (HFS column 1.00), Payor's Gross Charges, line as indicated, are less than appropriate Allowances on the corresponding line, for the Payor Name indicated.
44605	On Exhibit 46, Column 00036 (HFS column 1.00), Bad Debts have not been reported on the line indicated for the Payor Name indicated.
44606	Exhibit 26A (Wkst G-3), line 001 total patient revenues does not equal the total gross charges on Exhibit 46 column 00036 (HFS column 1.00), line 200 (HFS line 90.00).  Exhibit 26A revenues = (amount) Exhibit 46 charges = (amount) Difference = (amount)
44607	The hospital reported no Public Goods Surcharge (HCRA) in Exhibit 46, Line 231 (HFS line 156.00), Column 00036 (HFS column 1.00). (Non-psych hospitals only)
44608	The Article 28 hospital reported no Health Facility Cash Assessment / Hospital Quality Distribution in Exhibit 46, Line 364 (HFS line 158.00), Column 00036 (HFS column 1.00). (Non-psychiatric hospitals only)
44609	At least one HCRA Public Goods Surcharge total is negative. See Exhibit 46, Line 231 (HFS line 156.00), Column 00036 (Total - HFS column 1.00), 00023 (Inpatient - HFS column 2.00), or 00048 (Outpatient - HFS column 4.00). (FYE on/after 6/30/2021)
44610	There were HCRA Public Goods Surcharges reported for other than inpatient and outpatient hospital services. See Exhibit 46, Line 231 (HFS line 156.00), Column 00047 (SNF & LTC - HFS column 3.00), or 00049 (HHA - HFS column 5.00). (FYE on/after 6/30/2021)

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44611	There were no HCRA Public Goods Surcharges reported for outpatient hospital services. See Exhibit 46, Line 231 (HFS line 156.00), Column 00048 (HFS column 4.00). (FYE on/after 6/30/2021)
44612	There were no HCRA Public Goods Surcharges reported for inpatient hospital services. See Exhibit 46, Line 231 (HFS line 156.00), Column 00023 (HFS column 2.00). (FYE on/after 6/30/2021)
44613	Exhibit 46 Line 002 (HFS line 2.00) includes charges for encounters which did not begin in a General Clinic service area. (FYE on/after 6/30/2021)
44614	On Exhibit 46, a non-General Clinic service area has Line 002 (HFS line 2.00) charges which exceed 10% of that class's Total Gross Charges to Patients on Line 200 (HFS line 90.00), in the column indicated. (FYE on/after 6/30/2021)
44615	Exhibit 46 does not report total charges on Line 200 for the column indicated, related to reported costs on Exhibit 52, for the line indicated. (Applies to cost centers assigned to MSC 235, FYE on/after 6/30/2021)
44616	The UPL Amount on Exhibit 46, Class 00036 (HFS column 1.00, Summary - All Services), Line 357 (HFS line 155.00) is positive, indicating a net payback of UPL. (FYE on/after 6/30/2021)
44617	CPEP Observation Charges (Exhibit 46, Line 015 (HFS line 6.00)) and CPEP Observation Days (Exhibit 33) are not consistent. (FYE on/after 6/30/2022)
	<b>DO NOT APPLY THE EXHIBIT 50 EDITS TO ARTICLE 31 HOSPITALS.</b>
45001	Exhibit 50, page 1, line 001 (HFS line 1.00) is equal to zero. You are affirming that no costs were incurred in rendering services to uninsured patients.
45002	Exhibit 50, page 1, line 002 (HFS line 3.00) should be equal to or greater than 12% of line 001 (HFS line 1.00).
45003	Exhibit 50, page 1, line 003 (HFS line 4.00) should be equal to or greater than 12% of line 001 (HFS line 1.00).
45004	Exhibit 50, page 3, line 064 (HFS line 12.00) has a 'Y' response. Line 060 (HFS line 13.00) should be greater than zero.
45005	On Exhibit 50, page 3, column 4930, line 060 (HFS line 13.00), you have reported in excess of 1000 liens on primary residences. Is this correct?
45006	There were no Medicaid services financial losses reported on line 8 (line code 059, HFS line 10.00) of Exhibit 50, page 3. (FYE on/after 6/30/2021)
45007	Indigent Care Pool Reimbursement was not reported on Line 5 (line code 051, HFS line 1.00) of Exhibit 50, page 3. (Display the Exhibit 46 amount from 00036/230 in the edit description.) (FYE on/after 6/30/2021)
45008	The total uninsured costs were negative (Exhibit 50, page 1, line 001 (HFS line 1.00)). (FYE on/after 6/30/2021)
45009	The financial-aid-eligible uninsured costs were negative or zero. (Exhibit 50, page 1, line 002 (HFS line 3.00)). (FYE on/after 6/30/2021)
45010	The financial-aid-eligible uncollected amounts were negative or zero. (Exhibit 50, page 1, line 003 (HFS line 4.00)). (FYE on/after 6/30/2021)
45102	On the Exhibit 51 Part IA line indicated, the hospital reported an adjustment to Exhibit 46 charges in class 45137 (HFS column 8.00) which was positive. (NOTE: Positive adjustments increase the denominator of and decrease the computed value of the cost center's RCC.) (FYE on/after 6/30/2019)
45103	On the Exhibit 51 Part IA line indicated, Final Accumulated Routine Costs Used for RCC in class 45110 (HFS column 3.00) is negative.
45104	On the Exhibit 51 Part IA line indicated, Total All Service Charges in class 45140 (HFS column 9.00) is negative.
45105	The hospital reported outpatient Cancer Treatment or Oncology Services but did not report an adjustment reducing charges for drugs billable outside the rate system in Exhibit 51 Part IA, ICR line code 123 (CMS line 73.00), class 45137 (HFS column 8.00).
45204	On Exhibit 52, the Medicaid Service Code entered does not match the default MSC for the cost center indicated. Please review the MSC assignment and correct it via the Cost Center Mapping screen if necessary. (FYE on/after 6/30/2019)
45205	On Exhibit 52, the hospital has assigned MSC 204 to the cost center indicated, but it is not NYS Medicaid certified for Dual-Diagnosis Psychiatric services. (FYE on/after 6/30/2020)
45206	On Exhibit 52, HFS column 2.00, the Final Allocated Medicaid Cost is negative on the line indicated.
45207	On Exhibit 52, HFS column 3.00, the Final Medicaid Capital Related Cost is negative on the line indicated.
45208	On Exhibit 52, the skilled nursing facility MSC indicated (268, 271, 272, 273, 275 or 276) has been assigned to multiple cost centers. (FYE on/after 6/30/2022)
45301	On Exhibit 53, costs or utilization, but not both, were reported for the Medicaid Service Code indicated. (FYE on/after 6/30/2019)
45302	Hospital reported that it is a CAH and has no CAH days reported in Exhibit 53, Medicaid Service Code 216. (FYE on/after 6/30/2019)
45303	Hospital reported that it is or contains an IPF and has no Psychiatric days reported in Exhibit 53, Medicaid Service Code 202 or 204. (FYE on/after 6/30/2019)
45304	Hospital reported Exhibit 3, Line 301 (CMS line 1.17) Psychiatric utilization and has no Psychiatric days reported in Exhibit 53, Medicaid Service Code 202. (FYE on/after 6/30/2019)
45305	Hospital reported that it is or contains an IRF and has no Medical Rehabilitation days reported in Exhibit 53, Medicaid Service Code 218. (FYE on/after 6/30/2019)
45306	Hospital reported that it is a LTCH and has no Specialty Hospital days reported in Exhibit 53, Medicaid Service Code 205. (FYE on/after 6/30/2019)

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45307	On Exhibit 53, cost, charges and revenue were not ALL reported for the Medicaid Service Code indicated. (FYE on/after 6/30/2019)
45308	The MSC of 201 assigned to Ambulance Services is not consistent with requirement that only a short-term general hospital that is not a CAH and that provides the services may code them as 201. (FYE on/after 6/30/2021)
45309	The Ambulance Services MSC is not 201 (See Instructions), 237 or 959. (FYE on/after 6/30/2021)
49101	The transfer of Clinic costs based on visits and on charges is not consistent (more than 10% different). (FYE on/after 6/30/2019) (Modified to exclude Alcohol / Chemical Dependency visits and charges for FYE on/after 6/30/2020.)
49102	The transfer of Emergency Services costs based on visits and on charges is not consistent (more than 10% different). (FYE on/after 6/30/2019) For FYE on/after 6/30/2020, the threshold is 15%.
49103	The transfer of outpatient CPEP Emergency Services costs based on visits and on charges is not consistent (more than 10% different). (FYE on/after 6/30/2019)
49104	The Clinic basis of Visits is invalid. <i>(Reporting Year 2023 and later)</i>
49105	The Clinic basis of Charges is invalid. <i>(Reporting Year 2023 and later)</i>
49106	The Emergency Room basis of Visits is invalid. <i>(Reporting Year 2023 and later)</i>
49107	The Emergency Room basis of Charges is invalid. <i>(Reporting Year 2023 and later)</i>
49108	The CPEP Emergency basis of Visits is invalid. <i>(Reporting Year 2023 and later)</i>
49109	The CPEP Emergency basis of Charges is invalid. <i>(Reporting Year 2023 and later)</i>
50101	The provider name has not been entered on Exhibit 1 (S-2) for the <i>(hospital or hospital-based component)</i> .
50301	The Total FTE 's on Exhibit 3 (Wkst S-3), Line 27, Column 7 = (amount)
51703	A direct input entry has been made to line LL column 8 of Medicare Worksheet A-8-2 (Exhibit 17)
51901	An A & G offset has been input on Exhibit 19 (Wkst B-1) on Line xxx.xx, Column ccc.cc No cost will be allocated to this cost center.
51902	An offsetting entry has been made in A & G Column ccc.cc on Exhibit 19 (Wkst B-1), Line xxx.xx. This stat will be used instead of accumulated cost.
51903	Data has been entered into A & G Column ccc.cc of Exhibit 19 (Wkst B-1). These statistics will be used instead of computing accumulated cost