

**2020-21  
ICR Edits**

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| Edit Number  | Edit Text   |
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| <b>30001</b> | The NAME of the Hospital Contact #1 has not been filled out on page 1. (20000/007)  |
| <b>30002</b> | The NAME of the Hospital Contact #2 has not been filled out on page 1. (20000/010)  |
| <b>30003</b> | The PHONE NUMBER of the Hospital Contact #1 has not been filled out on page 1. (20000/009)  |
| <b>30004</b> | The PHONE NUMBER of the Hospital Contact #2 has not been filled out on page 1. (20000/012)  |
| <b>30005</b> | The EMAIL ADDRESS of the Hospital Contact #1 has not been filled out on page 1. (20000/032)   |
| <b>30006</b> | The EMAIL ADDRESS of the Hospital Contact #2 has not been filled out on page 1. (20000/033)   |
| <b>30007</b> | The NAME of the individual acting in the capacity of CFO has not been filled out on Page 2. (20000/034)   |
| <b>30008</b> | The NAME of the individual acting in the capacity of CEO has not been filled out on Page 2. (20000/042)   |
| <b>30009</b> | The TITLE of the individual acting in the capacity of CFO has not been filled out on Page 2. (20000/035)  |
| <b>30010</b> | The TITLE of the individual acting in the capacity of CEO has not been filled out on Page 2. (20000/043)  |
| <b>30011</b> | The EMAIL information of the individual acting in the capacity of CFO has not been filled out on Page 2. (20000/041)  |
| <b>30012</b> | The EMAIL information of the individual acting in the capacity of CEO has not been filled out on Page 2. (20000/049)  |
| <b>30013</b> | The New York State Hospital Operating Certificate number has been omitted from Page 1.  |
| <b>30101</b> | 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.  |
| <b>30102</b> | 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.  |
| <b>30103</b> | The beginning report date on Exhibit 1 (S-2), Line 20 is after the ending report date.  |
| <b>30104</b> | The beginning report date on Exhibit 1 (S-2), Line 20 is after the ending report date.  |
| <b>30201</b> | No certified ancillary service responses have been provided on Exhibit 2, lines 197 to 231. This Exhibit must be completed prior to submitting your NYSICR.   |
| <b>30202</b> | No certified outpatient service responses have been provided on Exhibit 2, lines 232 to 284. This Exhibit must be completed prior to submitting your NYSICR.  |
| <b>30203</b> | No teaching status has been indicated on Exhibit 2, line codes 286 or 287. This Exhibit must be completed prior to submitting your NYSICR.  |
| <b>30301</b> | All amounts on Exhibit 3 (Wkst S-3), Part I must not be less than zero.   |
| <b>30401</b> | End-of-period beds must be entered in column 218 on Exhibit 4.  |
| <b>30402</b> | Certified bed days available during the year must be entered in column 220 on Exhibit 4.  |
| <b>30601</b> | The total entered for Exhibit 6, column (4825 or 4826) does not equal the detail.<br><br>Amount entered = (amount)<br>Amount computed = (amount)<br>Difference = (amount)   |
| <b>30901</b> | 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 completing class code 0595 line 091. |
| <b>31001</b> | On Exhibit 10, compenation of the five highest paid administrative positions, has not been fully filled out. Line LLL is missing data.  |
| <b>31101</b> | Cost Centers LLL1 AND LLL2 have both been assigned cost center code ( <i>HCRIS code</i> ) - each cost center code must be unique  |

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| 31102       | Cost Center <i>LLL</i> does not have a cost center code assigned.  |
| 31103       | Line 200, column 4 of Worksheet A does not equal 0<br>Amount Computed = (amount)   |
| 31105       | Line <i>xxx.xx</i> does not have a Step-down Allocation Code assigned on Exhibit 11 (Wkst A)   |
| 31106       | Line (3, 113 or 114) of Exhibit 11 (Wkst A) does not equal 0 for Medicare purposes (Column 9)  |
| 31107       | Line <i>xxx.xx</i> does not have an ancillary Step-down Allocation Code assigned on Exhibit 11 (Wkst A) Column 0043  |
| 31108       | Line <i>xxx.xx</i> does not have a sequence code assigned on Exhibit 11 (Wkst A).  |
| 31201       | The following reclassification increase on Exh 12 (Wkst A-6) does not have an Exh 11 transfer line entered in column 3:<br>Alpha: <i>aa</i> Line: <i>LLL</i> Column: <i>cccc</i> Amount: (amount)                |
| 31202       | The following reclassification decrease on Exh 12 (Wkst A-6) does not have an Exh 11 transfer line entered in column 3:<br>Alpha: <i>aa</i> Line: <i>LLL</i> Column: <i>cccc</i> Amount: (amount)                |
| 31203       | The following capital-related reclassification on Exh 12 (Wkst A-6) has been incorrectly entered in the salary column:<br>Alpha: <i>aa</i> Line: <i>LLL</i> Column: <i>cccc</i> Amount: (amount)                 |
| 31204       | The following capital-related reclassification on Exh 12 (Wkst A-6) has been incorrectly entered in the fringe benefit column:<br>Alpha: <i>aa</i> Line: <i>LLL</i> Column: <i>cccc</i> Amount: (amount)         |
| 31401       | An amount has been entered on line <i>xx.xx</i> (Line Code <i>LLL</i> ) but no cost center has been entered in column code 0708, 0709 or 0073.   |
| 31501       | A Medicaid post-stepdown adjustment has been made to an ancillary cost center on Exhibit 15, Line <i>LLL</i> .   |
| 31601       | On Wkst A-8-1 Part A, an amount has been entered for line <i>x.xx</i> (line code <i>LLL</i> ) column 4/5, but there is no corresponding Wkst A line number in column 1   |
| 31901       | Exhibit 19 (Wkst B-1), Column <i>ccc.cc</i> does not have any stats but Exhibit 11 (Wkst A), Column 7 (9,11), CMS Line <i>xxx.xx</i> does not equal zero.  |
| 31902       | There are statistics on CMS Line <i>xxx.xx</i> of Exhibit 19 (Wkst B-1), but there is no cost in Column 7 (9,11), of Exhibit 11 (Wkst A) nor are there statistics at the top of the Column for that cost center. |
| 31903       | Exhibit 19 (Wkst B-1), Column <i>ccc.cc</i> does not have any stats but Exhibit 11 (Wkst A), Column 7 (9,11), CMS Line <i>xxx.xx</i> has an allocation code.   |
| 31904       | A negative stat has been input on Exhibit 19 (Wkst B-1) on Line <i>xxx.xx</i> , Column <i>ccc.cc</i>   |
| 32001       | A negative value has been input on Exhibit 20 (Wkst B-3) on Line <i>xxx.xx</i> , Column <i>ccc.cc</i>  |
| 32002       | A negative value has been input on Exhibit 20 (Wkst B-3) on ICR Line <i>LLL</i> , Column Code <i>ccc</i>   |
| 32003       | There is cost to be allocated in Column <i>ccc</i> of the Medicaid Ancillary Step-Down, but there are no allocation statistics in that column.   |
| 32003       | There is cost to be allocated in Column <i>ccc</i> of the Medicaid Ancillary Step-Down, but there are no allocation statistics in that column.   |
| 33101       | The Transfer Basis for Emergency Services has been toggled to Visits and must be reset to Charges (FYE on/after 6/30/2019)   |
| 33102       | The Transfer Basis for CPEP Emergency Services has been toggled to Visits and must be reset to Charges (FYE on/after 6/30/2019)  |
| 33103       | The Transfer Basis for Clinic Services has been toggled to Visits and must be reset to Charges (FYE on/after 6/30/2019)  |
| 33104       | The Transfer Basis for Emergency Services on Exhibit 31A, Line 001, does not match the value in the NYSDOH table. (FYE on/after 6/30/2019)   |

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| <b>33105</b> | The Transfer Basis for CPEP Emergency Services on Exhibit 31A, Line 001, does not match the value in the NYSDOH table. (FYE on/after 6/30/2019)  |
| <b>33106</b> | The Transfer Basis for Clinic Services on Exhibit 31A, Line 001, does not match the value in the NYSDOH table. (FYE on/after 6/30/2019)  |
| <b>33201</b> | You have entered data for Med-Surg on Exhibit 32 Part I but have not entered a Medicaid Service Code on Line 301.  |
| <b>33202</b> | You have entered data for the CAH on Exhibit 32 Part II but have not entered a Medicaid Service Code on Line 301.  |
| <b>33203</b> | (First variation if MSC=0) You have entered data for the ( <i>Service Category</i> ) Unit on Exhibit 32 Part II but have not entered a Medicaid Service Code on Line 301.<br><br>(Second variation if MSC <>0 but invalid) You have entered an invalid Medicaid Service Code for the ( <i>Service Category</i> ) Unit on Exhibit 32. |
| <b>33204</b> | (First variation if MSC = 0) You have not entered a valid Medicaid Service Code for the Critical Access Hospital (Acute) component on Exhibit 32.<br>(Second variation if MSC<>0 but invalid) You have entered an invalid Medicaid Service Code for the Critical Access Hospital (Acute) component on Exhibit 32.                    |
| <b>33205</b> | The total number of inpatient discharges reported as Medicaid FFS (Exh 32 line 014), HMO/PHSP Medicaid (Exh 32 line 200) and Medicaid dual-eligible (Exh 30 line 060) exceeds the total for all patients in Exhibit 32. (FYE on/after 6/30/2019)   |
| <b>33206</b> | The total number of inpatient days reported as Medicaid FFS (Exh 32 line 014), HMO/PHSP Medicaid (Exh 32 line 200) and Medicaid dual-eligible (Exh 30 line 060) exceeds the total for all patients in Exhibit 32. (FYE on/after 6/30/2019) <i>Includes ALC Days in the comparison.</i>   |
| <b>33301</b> | Visits have been entered on Exhibit 33, but visits excl. inpatient admissions are zero on the following line(s):<br>Line LLL, Class Codes (0160/0240, 0161/0241, or 0162/0242)   |
| <b>33302</b> | Visits have not been entered on Exhibit 33, but visits excl. inpat. admissions have been entered on the following line(s):<br>Line LLL, Class Codes (0160/0240, 0161/0241, or 0162/0242)   |
| <b>33303</b> | You have entered ( <i>either "zero as the" or "an invalid"</i> ) Medicaid Service Code for the ( <i>Service Category</i> ) Unit on Exhibit 33.   |
| <b>33304</b> | Visits have been entered on Exhibit 33 excl. inpatient admissions which exceed those incl. inpatient admissions on the following line(s):<br>Line LLL, Class Codes (0160/0240, 0161/0241, or 0162/0242)<br>(New edit added 8/7/2019)   |
| <b>33401</b> | 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)   |
| <b>33402</b> | 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)   |
| <b>33403</b> | 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)   |
| <b>33501</b> | An average hourly wage on Exhibit 35, class code 4819, line 040 cannot be computed because there is no adjusted hours totals in class code 4815. This Exhibit must be completed prior to submitting your NYSICR.   |
| <b>33502</b> | 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.  |

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| 34001       | <p>The sum of capital related costs on Exhibit 11 (Wkst A) for Buildings &amp; Fixtures on line 1 (and subscripts), col 5, does not equal Exhibit 40, line 090, column 0140.</p> <p>Exh 11 amount = (amount)<br/>Exh 40 amount = (amount)<br/>Difference = (amount)</p>  |
| 34002       | <p>The sum of capital related costs on Exhibit 11 (Wkst A) for Movable Equipment on line 2 (and subscripts), col 5, does not equal Exhibit 40, line 090, column 0335.</p> <p>Exh 11 amount = (amount)<br/>Exh 40 amount = (amount)<br/>Difference = (amount)</p>   |
| 34003       | <p>The sum of capital related costs on Exhibit 40, line 90, column 0402 does not equal the capital-related costs to be allocated, column 3A, line 960 of the Medicaid Capital Cost Allocation.</p> <p>Medicaid Capital Cost to be Allocated = (amount)<br/>Exh 40 Capital-related costs = (amount)<br/>Difference = (amount)</p> |
| 34101       | <p>This provider has been identified on Exhibit 1, Line Code 046, as Voluntary and therefore must provide information on Exhibit 41.</p>   |
| 34102       | <p>You have reported payments made to reduce capital debt in Exhibit 41 Class 00054 Line 007 which equal the NET of Reduction in Long-term Debt reported on the Statement of Cash Flows at Exhibit 25, Class 00283, line 012 and Increases in Long-term Debt on Line 061. (FYE on/after 6/30/2019, for voluntary hospitals)</p>  |
| 34103       | <p>You have reported the depreciation fund ending balance as less than zero on Exhibit 41, Class 00054, Line 019. Resetting value to zero. (FYE on/after 6/30/2019, for voluntary hospitals)</p>   |
| 34104       | <p>You have reported the depreciation fund beginning balance as less than zero on Exhibit 41, Class 00054, Line 011. (FYE on/after 6/30/2019, for voluntary hospitals)</p>   |
| 34401       | <p>The sum of directly assigned capital-related costs on Exhibit 44 line 960, col 0580, does not equal Exhibit 40, line 090, column 0401.</p> <p>Exh 44 amount = (amount)<br/>Exh 40 amount = (amount)<br/>Difference = (amount)</p>   |

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| <b>34402</b> | (First variation) Directly assigned capital-related cost has been entered on line code <i>LLL</i> of Exhibit 44 column 580, but there is no cost to be allocated for that cost center on Worksheet B, Part I, Column 0.<br><br>(Second variation) Directly assigned capital cost has been entered on line <i>LLL</i> of Exhibit 44, Column 0580 but there is no cost to be allocated for that Cost Center on Wkst B Part I, Col 0. |
| <b>34601</b> | No statistics were entered for Exhibit 20 (Wkst B-3) nor were any statistics transferred from Exhibit 46. If you want these statistics to transfer from Exhibit 46, please turn off Option 45. Otherwise, be sure you entered data on Exhibit 20 (Wkst B-3).   |
| <b>34602</b> | On Exhibit 46, Total Gross Charges to Patients on Line 200, Column <i>cccc</i> does not equal the total of Gross Charges by Payor, Line 330.<br><br>Line 200 amount = (amount)<br>Line 330 amount = (amount)<br>Difference = (amount)  |
| <b>34603</b> | Data has been entered in column <i>cccc</i> but either the Medicaid Service Mapping Code is missing or not recognized on Line 099 in Exhibit 46.   |
| <b>35001</b> | Exhibit 50, question 3C (Line Code 067) has not been answered. You must enter Y or N.  |
| <b>35002</b> | Exhibit 50, question 3D (Line Code 068) has not been answered. You must enter Y or N.  |
| <b>35003</b> | Exhibit 50, question 7 (Line Code 053) has not been answered. You must enter Y or N.   |
| <b>35004</b> | Exhibit 50, question 8A (Line Code 069) has not been answered. You must enter Y or N.  |
| <b>35005</b> | Exhibit 50, question 9 (Line Code 064) has not been answered. You must enter Y or N.   |
| <b>35006</b> | Exhibit 50, question 9B (Line Code 070) has not been answered. You must enter Y or N.  |
| <b>35007</b> | Exhibit 50, question 9C (Line Code 065) has not been answered. You must enter Y or N.  |
| <b>35008</b> | Exhibit 50, question 9E (Line Code 071) has not been answered. You must enter Y or N.  |
| <b>35009</b> | Exhibit 50, question 11 (Line Code 072) has not been answered. You must enter Y or N.  |
| <b>35010</b> | Exhibit 50, question 8 (Line Code 059) must be less than or equal to zero.   |
| <b>35011</b> | Exhibit 50, line code <i>LLL</i> has a patient count that is greater than zero, but no ZIP code has been entered on that line.   |
| <b>35012</b> | The ZIP code entered on Exhibit 50, line code <i>LLL</i> is not valid. It should be entered as a five-digit code (xxxxx), or as a nine-digit code (xxxxx-xxxx). The value that was entered is: ( <i>what the user entered</i> ).   |
| <b>35101</b> | On Exhibit 51, Part 1, Line Code <i>LLL</i> , Cost Center Group <i>CCG</i> is not valid.   |
| <b>35102</b> | Exhibit 51, Part 1, Line Code <i>LLL</i> does not have a Cost Center Group assigned.   |
| <b>35103</b> | On Exhibit 51, Part 2, Cost Center Group <i>CCG</i> is invalid.  |
| <b>35104</b> | On Exhibit 51, Part 3, Cost Center Group <i>CCG</i> is invalid.  |
| <b>35105</b> | On Exhibit 51, Part 2, Cost Center Group <i>CCG</i> has been used, but this Group has not been identified on Part 1.   |
| <b>35106</b> | On Exhibit 51, Part 3, Cost Center Group <i>CCG</i> has been used, but this Group has not been identified in Part 1.   |
| <b>35107</b> | On Exhibit 51, Part 2, Revenue Code <i>rrrr</i> is a duplicate.  |

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| 35108       | On Exhibit 51, Part 3, Revenue Code <i>rrrr</i> is a duplicate.   |
| 35109       | On Exhibit 51, you have indicated that you are not a Flat Rate provider or Article 31 provider, but Parts 2 and 3 have not been filled out.   |
| 35110       | (First variation) You have Revenue on Exhibit 46 Line 001 but have not designated a cost center on Exhibit 51, Part 1B for that revenue.<br>(Second variation) You have Revenue on Exhibit 46 Line 002 but have not designated a cost center on Exhibit 51, Part 1B for that revenue.<br>(Third variation) You have Revenue on Exhibit 46 Line 013 but have not designated a cost center on Exhibit 51, Part 1B for that revenue.<br>(Fourth variation) You have Revenue on Exhibit 46 Line <i>LLL</i> but have not designated a cost center on Exhibit 51, Part 1B for that revenue. |
| 35111       | Cost Center Group <i>gg</i> has charges but no cost on Exhibit 51 Part 1C   |
| 35112       | Cost Center Group <i>gg</i> has cost but no charges on Exhibit 51 Part 1C   |
| 35113       | The total calculated on Exhibit 46, Line 200, Column 0036 must equal Exhibit 51 Part 1A Line 960 Column 45140, excluding adjustments in Column 45137.<br><br>Exh 46 Total = (amount)<br>Exh 51 Part 1A amount = (amount)<br>Difference = (amount)   |
| 35114       | Cost Center Group <i>gg</i> has an RCC that exceeds the Medicare Ceiling of 1.604. Please provide an explanation on Exhibit 51 Part 1D  |
| 35201       | The Service Code that you entered for ICR line code <i>LLL</i> Exhibit 52 does not match a valid Service Code from the standard list of Service Codes. Please check your entry.   |
| 35202       | Exhibit 52, ICR line code <i>LLL</i> contains costs in cc10200 and/or cc11200, but no Medicaid Service Code has been assigned to that cost center. Please assign a valid MSC to this cost center via the screen for Exhibit 52. (FYE on/after 6/30/2019)  |
| 35203       | The Medicaid Service Code in Exhibit 52, ICR line code <i>LLL</i> 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 screen for Exhibit 52. (FYE on/after 6/30/2019)   |
| 35301       | 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 this edit list for occurrences of edits 35201, 35202 or 45307.<br><br>Exhibit 52, class code 10200, line 960 = (amount)<br>Exhibit 53, class code 44000, line 960 = (amount)<br>(FYE on/after 6/30/2019)   |

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| 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 this edit list for occurrences of edits 35201, 35202 or 45307.</p> <p>Exhibit 52, class code 11200, line 960 = (amount)<br/>Exhibit 53, class code 44005, line 960 = (amount)<br/>(FYE on/after 6/30/2019)</p> |
| 40101       | The date certified has not been entered on Exhibit 1 for the ( <i>hospital or hospital-based component</i> ) but a PTO Code is present.   |
| 40102       | The provider number has not been entered on Exhibit 1 (S-2) for the ( <i>hospital or hospital-based component</i> ).  |
| 40103       | <p>(First variation) The date certified has not been entered on Exhibit 1 (S-2) for the (<i>hospital or hospital-based component</i>).</p> <p>(Second Variation) The date certified input on Exhibit 1 (S-2) is after the ending report date for the (<i>hospital or hospital-based component</i>).</p>   |
| 40104       | The date certified input on Exhibit 1 (S-2) is after the ending report date for the ( <i>hospital or hospital-based component</i> ).  |
| 40105       | The date certified specified on Exhibit 1 (S-2) for the ( <i>hospital or hospital-based component</i> ) is invalid for Medicare. ( <i>Year is before 1966</i> )   |
| 40106       | The date certified specified on Exhibit 1 (S-2) for the hospital component is after the beginning report date.  |
| 40107       | The beginning cost report period month on Exhibit 1 (S-2), Line 20 is not between 01 and 12.  |
| 40108       | The beginning cost report period day on Exhibit 1 (S-2), Line 20 is not between 01 and 31.  |
| 40109       | The ending cost report period month on Exhibit 1 (S-2), Line 20 is not between 01 and 12.   |
| 40110       | The ending cost report period day on Exhibit 1 (S-2), Line 20 is not between 01 and 31.   |
| 40111       | The dates indicated on Exhibit 1 (S-2), Line 20 show a cost report shorter than one month.  |
| 40112       | The cost report period indicated on Exhibit 1 (S-2), Line 20 is greater than 13 months.   |
| 40112       | <p>The Fiscal Year End date for this cost report is after the system date.</p> <p>Fiscal Year End date: <i>mm/dd/yyyy</i><br/>System run date: <i>mm/dd/yyyy</i></p>  |
| 40113       | The type of control has not been entered on Exhibit 1 (S-2), Line 21, column code 0343.   |
| 40114       | The type of ( <i>hospital or hospital-based component</i> ) has not been entered on Exhibit 1 (S-2), Line <i>LLL</i> .  |
| 40115       | One SCH period has been entered on Exhibit 1, Line 35, but line 36, Columns 1 and 2 have not been input.  |
| 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. ( <i>FYE on/after 6/30/2020</i> ) (when 00345/16491 = "Y" and none of the responses to 00345/16492-16498 = "Y".)   |

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| <b>40119</b> | 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.) |
| <b>40301</b> | The total Inpatient Days on Line <i>LLL</i> , Column 8 of Exh 3 (Wkst S-3) is greater than the bed days available in Col 3.  |
| <b>40302</b> | The total Inpatient Days on Line <i>LLL</i> , Column 8 of Exh 3 (Wkst S-3) is less than the sum or program patient days in Columns 6 and 7.                                      |
| <b>40303</b> | The total Outpatient Visits on Line <i>LLL</i> , Column 8 of Exh 3 (Wkst S-3) is less than the sum of program visits in Columns 6 and 7.   |
| <b>40304</b> | Total discharges on Line <i>LLL</i> , Column 15 of Exhibit 3 (Wkst S-3) is less than the sum of program discharges in Columns 13-14.   |
| <b>40305</b> | Exhibit 3 (Wkst S-3), Line 14, Column 2 should be greater than zero.   |
| <b>40306</b> | Exhibit 3 (Wkst S-3), Line 14, Column 8 should be greater than zero.   |
| <b>40307</b> | 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.   |
| <b>40308</b> | 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.  |
| <b>40309</b> | Hospital FTE's on Exhibit 3 (Wkst S-3), Line 14, Column 10 are not greater than zero.  |
| <b>40310</b> | Medicare Hospital discharges on Exhibit 3 (Wkst S-3), Line 14, Column 13 are not greater than zero.  |
| <b>40311</b> | Total Hospital discharges on Exhibit (Wkst S-3), Line 14, Column 15 is not greater than zero.  |
| <b>40312</b> | Exhibit 3 (Wkst S-3), Line 27, Column 2 should be greater than zero.   |
| <b>40313</b> | Exhibit 3 (Wkst S-3), sum of lines 14-26, Column 8 should be greater than zero.  |
| <b>40314</b> | 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                       |



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| 40401       | <p>(Three variations):</p> <p><i>(1 - Available bed days are inconsistent with the number of days in the cost reporting period, beginning and ending bed capacity are the same):</i> "The hospital reported a Certified Bed Days Available amount in Exhibit 4, Class Code 00220, Line LLL which is not consistent with the number of days in the cost reporting period."</p> <p><i>(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):</i> "The hospital reported a Certified Bed Days Available amount in Exhibit 4, Class Code 00220, Line LLL 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."</p> <p><i>(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):</i> The hospital reported a Certified Bed Days Available amount in Exhibit 4, Class Code 00220, Line LLL 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."</p> |
| 40901       | Exhibit 9 does not contain data. 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 LLL, total compensation of (amount) has been entered. Is this amount correct?  |
| 41101       | This provider has a Chemical Dependency Detoxification unit. Therefore, cost center code 203 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 on Exhibit 11, Column 11 should be present and be greater than zero.   |
| 41103       | Exhibit 11 (Wkst A), Line 19 (Non-Physician Anesthetists), Col 7 is not equal to zero but Exhibit 1 (Wkst S-2), Line 108 is not equal to 'Y'   |
| 41104       | This provider has a Women & Infant Program (WIC). Therefore, cost center code 418 on Exhibit 11, Column 11 should be present and be greater than zero.   |
| 41201       | <p>The sum of the increases does not equal the sum of the decreases for alpha code: aaa</p> <p>Increase total = (amount)<br/>Decrease total = (amount)<br/>Difference = (amount)</p>   |

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| <b>41301</b> | The hospital has reported depreciation as a negative amount in Exhibit 13 (Wkst A-7), Part II, Class Code 00441, Line Code <i>LLL</i> . (CMS Line x.xx)   |
| <b>41302</b> | The hospital has reported depreciation as a negative amount in Exhibit 13 (Wkst A-7), Part III, Class Code 00441, Line Code <i>LLL</i> . (CMS Line x.xx)  |
| <b>41401</b> | No Medicaid adjustments have been made on Exhibit 14.   |
| <b>41402</b> | 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, Line 632.   |
| <b>41501</b> | A/An ( <i>All Program / Medicare / Medicaid</i> ) Adjustment on Exhibit 15, Line <i>LLL</i> doesn't have a Cost Center specified. Please enter the appropriate cost center, otherwise the adjustment amount will be set to zero.  |
| <b>41601</b> | On Wkst A-8-1 Part A, there is no amount entered for line x.xx (line code <i>LLL</i> ) column 4/5, but there is a Wkst A line number entered in column 1  |
| <b>41701</b> | Total remuneration in column 3 of Wkst A-8-2 does not equal the sum of the professional and provider components on line <i>LLL</i> (cost center xxx.xx)   |
| <b>41702</b> | Medicare Wkst A-8-2, line <i>LLL</i> , column 7 and/or 8 input is missing. This input may be required to correctly calculate this worksheet   |
| <b>41801</b> | Exhibit 11 (Wkst A) admin & general total Medicaid expense (including fragmented A & G), Column 11 does not match Exhibit 18, line 050, Column <i>cccc</i><br><br>Exh 11 amount = (amount)<br>Exh 18 amount = (amount)<br>Difference = (amount)                                   |
| <b>41802</b> | Exhibit 11 (Wkst A) total Medicaid expense, Column 11 does not match Exhibit 18, line 080, Column <i>cccc</i><br><br>Exh 11 amount = (amount)<br>Exh 18 amount = (amount)<br>Difference = (amount)  |
| <b>41803</b> | Exhibit 11 (Wkst A) total Medicaid expense, Column 11, Line 003 (and any subscripts of line 3) + total Fringe Benefits (Column 2.01) does not match Exhibit 18, line 090, Column <i>cccc</i><br><br>Exh 11 amount = (amount)<br>Exh 18 amount = (amount)<br>Difference = (amount) |
| <b>41804</b> | Exhibit 18, line 25 + 81, column 0061, medical malpractice, should be greater than zero.  |
| <b>41805</b> | On Exhibit 18, an amount has been entered on line 81, but a cost center, or reclassification code has not been entered on line 82.  |

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| <b>41806</b> | On Exhibit 18, no amount has been entered on line 83; your are affirming that there was no working capital interest in the current reporting period.   |
| <b>41807</b> | The hospital has not reported 'Metropolitan Commuter Transport Mobility Tax' on Exhibit 18, Class 00062, Line 33, 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.) |
| <b>41808</b> | The hospital has reported 'Metropolitan Commuter Transport Mobility Tax' on Exhibit 18, Class 00062, Line 33, but is not located in the MCT District. (FYE on/after 6/30/2019)   |
| <b>41901</b> | A statistic has been input on Exhibit 19 (Wkst B-1) on Line xxx.xx, Column 0   |
| <b>41902</b> | A negative stat has been input on Exhibit 19 (Wkst B-1) on Line xxx.xx, Column ccc.cc  |
| <b>41903</b> | Exhibit 11 (Wkst A), Column 7 (9,11), CMS Line xxx.xx equals 0 but there are statistics in Column ccc.cc of Exhibit 19 (Wkst B-1)  |
| <b>41904</b> | (First variation) Exhibit 19 (Wkst B-1), Column ccc.cc does not have any stats but Exhibit 11 (Wkst A), Column 7 (9,11), CMS Line xxx.xx does not equal zero.<br><br>(Second variation) Exhibit 19 (Wkst B-1), Column ccc.cc does not have any stats but Exhibit 11 (Wkst A), Column 7 (9,11), CMS Line xxx.xx has an allocation code.   |
| <b>42001</b> | Exhibit 20 (Wkst B-3), Line 201 is not a '0' (indicating a stat base of charges or a '1' (indicating statistics) in Column ccc.cc  |
| <b>42002</b> | Exhibit 11 (Wkst A), Column 7 (9, 11), Line xxx.xx does not equal 0 but charges for that cost center have not been entered on Exhibit 20 (Wkst B-3)  |
| <b>42003</b> | Exhibit 11 (Wkst A), Column 7 (9, 11), Line xxx.xx equals zero but charges for that cost center are on Exhibit 20 (Wkst B-3)   |
| <b>42004</b> | Exhibit 19 (Wkst B-1), Line xxx.xx has statistics but no charges for that cost center been entered on Exh 20 (Wkst B-3).   |
| <b>42005</b> | Exhibit 19 (Wkst B-1), does not have any statistics on line xxx.xx but charges for that cost center are on Exhibit 20 (Wkst B-3).  |
| <b>42301</b> | Exhibit 23 (Wkst G) balance sheet is out of balance<br><br>Total assets = (amount)<br>Total liabilities and<br>fund balances = (amount)<br>Difference = (amount)   |

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| 42302       | Exhibit 24 (Wkst G-1) end-of-period fund balances do not equal Exhibit 23 (Wkst G) fund balances for column cccc.<br><br>Fund balance per Exh 23 = (amount)<br>Fund balance per Exh 24 = (amount)<br>Difference = (amount)   |
| 42303       | Wkst G-2 Part I total patient revenues does not equal the total gross charges on Exh 46 column 1 line 200.<br><br>Wkst G-2 revenues = (amount)<br>Exhibit 46 charges = (amount)<br>Difference = (amount)   |
| 42501       | You may not have completed entry of Exhibit 25, Statement of Cash Flows, for a voluntary hospital, when Type of Control, (Exhibit 1, Line 21) is blank, 1 or 2, AND Exhibit 25, cc00283, line 002 is zero. (FYE on/after 6/30/2019, for voluntary hospitals)   |
| 42701       | You have entered a cost center line code on Exhibit 27 on line code LLL that does not appear on Exhibit 11.  |
| 42702       | You have entered a cost center line code on Exhibit 27 on line code LLL that does not appear on Exhibit 11.  |
| 43001       | This provider has a swing-bed unit but has not entered swing-bed patient days on Exhibit 30, Part 2, Line 110, Column 0210.  |
| 43002       | No dual-eligible days were entered on Exhibit 30, Line 060, class code 00260.<br>-OR-<br>No dual-eligible discharges were entered on Exhibit 30, Line 060, class code 00270.<br><i>(New, for FYE on/after 6/30/2019. Does not apply to Article 31 hospitals.)</i>  |
| 43101       | (N) "You have toggled the transfer basis for Emergency Services 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)   |
| 43102       | (N) "You have toggled the transfer basis for CPEP Emergency Services 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)  |
| 43103       | (N) "You have toggled the transfer basis for Clinic Services 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)  |
| 43104       | You have not reported non-transferred visits for the Clinic (Exhibit 33, Class 00217, ICR Line 235) when (1) the Clinic Prior Year Cost Comparison Basis = 1, (2) Exhibit 33, the sum of the total visits in (00161/025 + 00161/075 + 00161/125 + 00161/675) is greater than zero and (3) total visits in Exhibit 33, (00161/025 + 00161/075 + 00161/125 + 00161/675) and total visits in Exhibit 33, (00241/025 + 00241/075 + 00241/125 + 00241/675) do not equal. (FYE on/after 6/30/2019) |
| 43105       | You have not reported non-transferred visits for Emergency Service (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)  |
| 43106       | You have not reported non-transferred visits for CPEP (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)  |

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| 43107       | The Clinic visits and transfers in Exhibit 31A do not equal the total of the four sources from Exhibit 33. (FYE on/after 6/30/2019)<br>The Clinic visits and transfers in Exhibit 31A do not equal the total of the <b>three</b> sources from Exhibit 33. (FYE on/after 6/30/2020)                   |
| 43108       | The hospital reported charges for Emergency Service in Exhibit 31A instead of visits. (FYE on/after 6/30/2020, when the Emergency Service basis at Exhibit 31A 60300/004, is "1" for Visits and Exhibit 31A 00222/960 divided by Exhibit 33 00160/025 > 10.)   |
| 43109       | The hospital reported charges for CPEP Emergency in Exhibit 31A instead of visits. (FYE on/after 6/30/2020, when the CPEP Emergency basis at Exhibit 31A 60300/005, is "1" for Visits and Exhibit 31A 00221/960 divided by Exhibit 33 00161/225 > 10.)   |
| 43110       | The hospital reported charges for Clinic in Exhibit 31A instead of visits. (FYE on/after 6/30/2020, when the Clinic basis at Exhibit 31A 60300/006, is "1" for Visits and Exhibit 31A 00217/960 divided by Exhibit 33 (00161/025 + 00161/125 + 00161/675) > 10.)                                     |
| 43201       | Total Medicare adults & peds patient days on Exhibit 32 Line 012 (incl. ALC), does not match Exhibit 3 (S-3) Column 0692 (incl. Subproviders, excl. Nursery, HMO, and Swing Beds)<br>Exh 3 amount = (amount)<br>Exh 32 (all units) amount = (amount)<br>Difference = (amount)                        |
| 43202       | If there are inpatient discharges present on Exhibit 32, Line 011, then there should be Inpatient Uncompensated Care Collections on Exhibit 32, Line 300.  |
| 43203       | Total adults & peds days on Exhibit 32, Line 011 (incl. ALC) (all Service Codes) does not match Exhibit 30, Line 060, Column 0214 (excl. newborn and premature).<br>Exh 30 amount = (amount)<br>Exh 32 amount = (amount)<br>Difference = (amount)<br><i>Edit disabled for FYE on/after 6/30/2019</i> |
| 43204       | Total Medicare newborn patient days on Exhibit 32, Line 012, Column (04503 or 04319) does not match Exhibit 3 (S-3) Lines 007 and 039, Column 0692.<br>Exh 3 Amount entered = (amount)<br>Exh 32 Amount entered = (amount)<br>Difference = (amount)  |

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| 43205       | <p>Total adults &amp; peds discharges on Exhibit 32, Line 011 (all units) does not match Exhibit 30, Line 060, Column 4031 (excl. newborn).</p> <p>Exh 30 amount = (amount)<br/>Exh 32 amount = (amount)<br/>Difference = (amount)<br/><u>Edit disabled for FYE on/after 6/30/2019</u></p> |
| 43206       | <p>Total Medicare adults &amp; peds discharges on Exhibit 32, Line 012 (all units) does not match Exhibit 3 (S-3), Line 008, Column 0088 (incl. Subprovider, excl. nursery, swing beds).</p> <p>Exh 3 amount = (amount)<br/>Exh 32 amount = (amount)<br/>Difference = (amount)</p>         |
| 43207       | <p>Total adults &amp; peds patient days on Exhibit 32 for (<i>service category</i>) Line 011 does not equal Column 0214 of Exhibit 30.</p> <p>Exh 30 amount = (amount)<br/>Exh 32 amount = (amount)<br/><u>Edit disabled for FYE on/after 6/30/2019</u></p>                                |
| 43208       | <p>Total adults &amp; peds discharges on Exhibit 32 for (<i>service category</i>) Line 011 does not equal Column 4031 of Exhibit 30.</p> <p>Exh 30 amount = (amount)<br/>Exh 32 amount = (amount)<br/><u>Edit disabled for FYE on/after 6/30/2019</u></p>                                  |
| 43209       | <p>Total acute newborn days on Exhibit 32, Line 011 Column 4319 or Exhibit 32, Line 011 Column 4503 does not equal Column 0214 of Exhibit 30</p> <p>Exh 30 Amount = (amount)<br/>Exh 32 Amount = (amount)<br/><u>Edit disabled for FYE on/after 6/30/2019</u></p>                          |
| 43210       | <p>Total acute newborn discharges on Exhibit 32, Line 011 Column 4321 or Exhibit 32, Line 011 Column 4504 does not equal Column 4031 of Exhibit 30 Line 052</p> <p>Exh 30 Amount = (amount)<br/>Exh 32 Amount = (amount)<br/><u>Edit disabled for FYE on/after 6/30/2019</u></p>           |

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| 43211       | <p>Total Acute ALC Days on Exhibit 32, Line 011, Class 04322 does not match Exhibit 30, Line 043, Class 00214.</p> <p>Exh 30 amount = (amount)<br/>Exh 32 amount = (amount)<br/>Difference = (amount)<br/>(FYE on/after 6/30/2018 but before 6/30/2019)</p>  |
| 43212       | <p>Acute ALC Days were entered on Exhibit 30 for an exempt or specialty hospital. (FYE on/after 6/30/2018 but before 6/30/2019. Applies to LTCH, Cancer, Children's, Extended Neoplastic Disease Care hospitals. For other provider types, do not apply the edit if the provider is PPS for Medicare.)</p>                                     |
| 43214       | <p>There are (amount) (Payor category) discharges reported on Exhibit 32 but there are no corresponding charges reported on Exhibit 46 for (Service category)</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.<br/>(FYE on/after 6/30/2020)</p>   |
| 43301       | <p>If there are Outpatient Visits present on Exhibit 33, then there should be Outpatient Uncompensated Care Collections on Exhibit 33 (Sum of all services).</p>   |
| 43302       | <p>Total emergency room visits on Exhibit 31A, Line 960, Column 0222, does not match Exhibit 33, Line 025, Column 0160.</p> <p>Exh 31A amount = (amount)<br/>Exh 33 amount = (amount)<br/>Difference = (amount)</p>  |
| 43303       | <p>Total CPEP visits on Exhibit 31A, Line 960, Column 0221, does not match Exhibit 33, Line 225, Column 0161.</p> <p>Exh 31A amount = (amount)<br/>Exh 33 amount = (amount)<br/>Difference = (amount)</p>  |
| 43304       | <p>Total outpatient clinic visits on Exhibit 31A, Line 960, Column 0217, does not match Exhibit 33, Line 025, Column 0161.</p> <p>Exh 31A amount = (amount)<br/>Exh 33 amount = (amount)<br/>Difference = (amount)<br/>(Edit disabled 6/28/2020 for cost reporting periods ending on/after 6/30/2019 - it has been replaced by edit 43107)</p> |

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| 43305       | (First variation) None of the Emergency Services utilization reported in Exhibit 33, 00160/025 was reported as part of Inpatient Admissions at 00240/025.<br><br>(Second variation) Few visits from the Emergency Services utilization reported in Exhibit 33, 00160/025 were reported as part of Inpatient Admissions at 00240/025. The difference is xxx.xx%.<br><i>(Applies only to Emergency Services, cc0160/0240, line 025)</i> |
| 43306       | The default MSC for Exhibit 33, Chemical Dependency Clinic / Rehab (00241 / 901) is 248 for cost reporting periods ending on/after 6/30/2020. You have entered <i>msc</i> instead.<br>The default MSC for Exhibit 33, OASAS Programs (00242 / 908) is 959 for cost reporting periods ending on/after 6/30/2020. You have entered <i>msc</i> instead.<br><i>(FYE on/after 6/30/2020)</i>   |
| 43401       | If total nursing visits on line 008, column 0209 is greater than zero on Exhibit 34, then uncompensated care collections on line 110 on Exhibit 34 should also be greater than zero.  |
| 43402       | You have entered Home Health Agency visits/hours or costs without providing HHA FTEs. (FYE on/after 6/30/2019)  |
| 43403       | You have entered Home Health Agency costs without providing visits or hours. (FYE on/after 6/30/2019)   |
| 43501       | The total entered for Exhibit 35 column (4811, 4813, 4814, 4816 or 4817) does not equal the detail.<br><br>Amount entered = (amount)<br>Amount computed = (amount)<br>Difference = (amount)   |
| 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 line <i>LLL</i> .   |
| 43601       | Total full time equivalent employees on Exhibit 36 line 960 Col 0255 does not match Exh 3 (Wkst S-3), line 018 col 0085.<br><br>Exh 3 amount = (amount)<br>Exh 36 amount = (amount)<br>Difference = (amount)  |
| 43602       | Total non-paid FTE workers on Exhibit 36 line 274 Col 0255 does not match Exh 3 (Wkst S-3), line 018 col 0086.<br><br>Exh 3 amount = (amount)<br>Exh 36 amount = (amount)<br>Difference = (amount)  |
| 43602       | On Exhibit 36, in column 0249, you have entered an amount greater than 40 and/or less than 30 hours for the standard work week on line <i>LLL</i> .   |
| 44101       | On Exhibit 41, line code 024, you have entered a negative amount for investment income. This will be reset to zero.   |



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| 44102       | You have reported disbursing from the Depreciation Fund (Exhibit 41, line 004) for acquiring capital assets but you have not reported a depreciation fund balance in Exhibit 41, lines 011 and 019. (FYE on/after 6/30/2019, for voluntary hospitals)  |
| 44103       | You have reported Total capital asset purchases in Exhibit 41 Class 00054 Line 006 which exceed those reported on the Statement of Cash Flows at Exhibit 25, Class 00283 Line 011. (FYE on/after 6/30/2019, for voluntary hospitals)   |
| 44104       | You have not reported in Exhibit 41 at Class 00054 Line 007 any payments made to reduce capital debt. (FYE on/after 6/30/2019, for voluntary hospitals)  |
| 44105       | You have reported payments made to reduce capital debt in Exhibit 41 Class 00054 Line 007 which exceed the amount of those reported on the Statement of Cash Flows at Exhibit 25, Class 00283 Line 012. (FYE on/after 6/30/2019, for voluntary hospitals)  |
| 44106       | You have reported payments made to reduce capital debt in Exhibit 41 Class 00054 Line 007 which equal the increase (not reduction) in long-term debt reported on the Statement of Cash Flows at Exhibit 25, Class 00283, Line 061. (FYE on/after 6/30/2019, for voluntary hospitals)   |
| 44107       | You have reported a negative value for a depreciation fund component value on Exhibit 41, Class 00054, Line LLL. (FYE on/after 6/30/2019, for voluntary hospitals)   |
| 44108       | <del>You have reported the depreciation fund beginning balance as less than zero on Exhibit 41, Class 00054, Line 011. (Edit disabled 4/17/2020 - it was replaced by fatal edit 34104)</del>   |
| 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 and Exhibit 41, Class 00054, Line 016.) 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 as being in the depreciation fund (Exhibit 41, Class 00054, Line 017.) (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 is greater than Line 019 and the sum of Line 003 and Line 004 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 is greater than Exhibit 23, sum of Column 00010, Line 001, Column 00011, Line 001, Column 00011, Line 101 and Column 00011, Line 051.) (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 is zero and Line 019 is greater than Line 011.) (FYE on/after 6/30/2019, for voluntary hospitals)  |
| 44201       | You have reported Depreciation as Not Funded and have not requested a waiver of funding requirements. (FYE on/after 6/30/2019, for voluntary hospitals)  |
| 44202       | You have requested a waiver of depreciation funding requirements and not provided an explanation.<br>--- OR ---  |
|             | You have not requested a waiver of depreciation funding requirements but an explanation is present. (FYE on/after 6/30/2019, for voluntary hospitals.)   |
| 44601       | Exhibit 11 (Wkst A), Line xxx.xx, Col 11 is not equal to zero but Exhibit 46, Col cccc Line 300 is zero.   |
| 44602       | Exhibit 11 (Wkst A), Line xxx.xx, Col 11 is equal to zero but Exhibit 46, Col cccc Line 300 is not zero.   |
| 44603       | The hospital reported no Inpatient Net Revenue Assessment in Exhibit 46, Line 363, Column 00036.   |
| 44604       | On Exhibit 46, Column 0036, Payor's Gross Charges on Line LLL are less than appropriate Allowances on Line LLL Payor Name.   |
| 44605       | On Exhibit 46, Column 0036, Bad Debts have not been reported for Payor Name on Line LLL.   |

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| 44606       | (First variation) Exhibit 26A, line 001 total patient revenues does not equal the total gross charges on Exh 46 column 0036 line 200.<br>(Second variation) Exhibit 26A, line 002 contractual allowances does not equal the contractual allowances on Exh 46 column 0036 line 290.<br>(Third variation) Exhibit 26A, line 003 net patient revenues does not equal the net charges on Exh 46 column 0036 line 300.<br><br>Exhibit 26A revenues = (amount)<br>Exhibit 46 charges = (amount)<br>Difference = (amount) |
| 44607       | The hospital reported no Public Goods Surcharge (HCRA) in Exhibit 46, Line 231, Column 00036. (Non-psych hospitals only)   |
| 44608       | The Article 28 hospital reported no Health Facility Cash Assessment / Hospital Quality Distribution in Exhibit 46, Line 231, Column 0036. (Non-psychiatric hospitals only)   |
| 45001       | Exhibit 50, line 001 is equal to zero. You are affirming that no costs were incurred in rendering services to uninsured patients.  |
| 45002       | Exhibit 50, line 002 should be equal to or greater than 12% of line 001.   |
| 45003       | Exhibit 50, line 003 should be equal to or greater than 12% of line 001.   |
| 45004       | Exhibit 50, line 064 has a 'YES' response. Line 060 should be greater than zero.   |
| 45005       | On Exhibit 50, Column 4930, Line 060, you have reported in excess of 1000 liens on primary residences. Is this correct?  |
| 45101       | You have not indicated on Exhibit 51 if you are a flat rate hospital or Article 31 provider.   |
| 45102       | The hospital reported an adjustment to Exhibit 46 charges on Exhibit 51 Line <i>LLL</i> (Class 45137) which was positive. (NOTE: Positive adjustments increase the denominator of and decrease the computed value of the cost center's Ratio of Costs to Charges.) (FYE on/after 6/30/2019)  |
| 45103       | Final Accumulated Routine Costs Used for RCC in class code 45110 on Exhibit 51, Part 1A, Line <i>LLL</i> is negative.  |
| 45104       | Total All Service Charges in class code 45140 on Exhibit 51, Part 1A, Line <i>LLL</i> 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.   |
| 45204       | The Medicaid Service Code in Exhibit 52, ICR Line Code <i>LLL</i> does not match the default MSC for this cost center. You have entered <i>msc</i> as the MSC. The default MSC is <i>msc</i> . Please review the MSC assignment and correct it on Exhibit 52 if necessary. (FYE on/after 6/30/2019)  |
| 45205       | The hospital has assigned MSC 204 to ICR cost center <i>LLL</i> on Exhibit 52, but it is not NYS Medicaid certified for Dual-Diagnosis Psychiatric services. (FYE on/after 6/30/2020)  |
| 45301       | Costs or utilization, but not both, were reported in Exhibit 53 for Medicaid Service Code <i>msc msc_description</i> (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. (FYE on/after 6/30/2019)  |
| 45304       | Hospital reported Exhibit 3, Line 301 Psychiatric utilization and has no Psychiatric days reported in Exhibit 53, Medicaid Service Code 202. (FYE on/after 6/30/2019)  |

**2020-21  
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  |
|-------------|--|
| 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)   |
| 45307       | Cost, charges and revenue were not ALL reported for Medicaid Service Code <i>msc</i> on Exhibit 53. (FYE on/after 6/30/2019)   |
| 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)  |
| 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)  |
| 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)   |
| 51601       | The total calculated for Exhibit 16 (Wkst A-8-1), Part A, column 6 (class code 0707), has been transferred to Exhibit 14 (Wkst A-8), line 12. The total for Exhibit 14. Amount Computed = (amount)                                   |
| 51701       | The total calculated on Exhibit 17 (Wkst A-8-2), col 18, (class code 0707) has been transferred to Exhibit 14 (Wkst A-8), line 10. The total for Exhibit 14 has been ( <i>increased/decreased</i> ) by (amount)                      |
| 51702       | The total calculated on Exhibit 17 (Wkst A-8-2), col 4, (class code 0073) has been transferred to Exhibit 14 (Wkst A-8), line 36.99. The total for Exhibit 14 has been ( <i>increased/decreased</i> ) by (amount)                    |
| 51703       | A direct input entry has been made to line <i>LL</i> 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 <i>xxx.xx</i> , Column <i>ccc.cc</i> No cost will be allocated to this cost center.  |
| 51902       | An offsetting entry has been made in A & G Column <i>ccc.cc</i> on Exhibit 19 (Wkst B-1), Line <i>xxx.xx</i> . This stat will be used instead of accumulated cost.   |
| 51903       | Data has been entered into A & G Column <i>ccc.cc</i> of Exhibit 19 (Wkst B-1). These statistics will be used instead of computing accumulated cost  |
| 52001       | Option 45 has not been selected but data has been input on Exhibit 20 (Wkst B-3) into Column Code <i>ccc</i> - These will be added to values transferring from Exhibit 46  |
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