

**2021-22
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)
30002	The NAME of the Hospital Contact #2 has not been filled out on page 1. (20000/010)
30003	The PHONE NUMBER of the Hospital Contact #1 has not been filled out on page 1. (20000/009)
30004	The PHONE NUMBER of the Hospital Contact #2 has not been filled out on page 1. (20000/012)
30005	The EMAIL ADDRESS of the Hospital Contact #1 has not been filled out on page 1. (20000/032)
30006	The EMAIL ADDRESS of the Hospital Contact #2 has not been filled out on page 1. (20000/033)
30007	The NAME of the individual acting in the capacity of CFO has not been filled out on Page 2. (20000/034)
30008	The NAME of the individual acting in the capacity of CEO has not been filled out on Page 2. (20000/042)
30009	The TITLE of the individual acting in the capacity of CFO has not been filled out on Page 2. (20000/035)
30010	The TITLE of the individual acting in the capacity of CEO has not been filled out on Page 2. (20000/043)
30011	The EMAIL information of the individual acting in the capacity of CFO has not been filled out on Page 2. (20000/041)
30012	The EMAIL information of the individual acting in the capacity of CEO has not been filled out on Page 2. (20000/049)
30013	The New York State Hospital Operating Certificate number has been omitted from Page 1.
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.
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.
30103	The beginning report date on Exhibit 1 (S-2), Line 20 is after the ending report date.
30104	The beginning report date on Exhibit 1 (S-2), Line 20 is after the ending report date.
30105	You have reported ambulance cost but not answered Question 164.89 in Exhibit 1. (FYE on/after 6/30/2021)
30201	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.
30202	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.
30203	No teaching status has been indicated on Exhibit 2, line codes 286 or 287. This Exhibit must be completed prior to submitting your NYSICR.
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 218 on Exhibit 4.
30402	Certified bed days available during the year must be entered in column 220 on Exhibit 4.
30601	The total entered for Exhibit 6, column (4825 or 4826) does not equal the detail. Amount entered = (amount) Amount computed = (amount) Difference = (amount)
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 completing class code 0595 line 091.
31001	On Exhibit 10, compensation of the five highest paid administrative positions, has not been fully filled out. Line LLL is missing data.

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31101	Cost Centers <i>LLL1</i> AND <i>LLL2</i> have both been assigned cost center code (<i>HCRIS code</i>) - each cost center code must be unique
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 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 (<i>3, 113 or 114</i>) 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: 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: 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: 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: 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)

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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)
33105	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)
33106	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)
33201	You have entered data for Med-Surg on Exhibit 32 Part I but have not entered a Medicaid Service Code on Line 301.
33202	You have entered data for the CAH on Exhibit 32 Part II but have not entered a Medicaid Service Code on Line 301.
33203	(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. (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.
33204	(First variation if MSC = 0) You have not entered a valid Medicaid Service Code for the Critical Access Hospital (Acute) component on Exhibit 32. (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.
33205	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)
33206	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>
33207	A negative entry has been made on Exhibit 32, Class Code <i>cccc</i> , line <i>lll</i> . (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	Line <i>lll</i> , class codes (<i>days class</i>) and (<i>discharges class</i>), the number of discharges exceeds the number of days, in the (<i>category name</i>) category on Exhibit 32. (FYE on/after 6/30/2021)
33227	Line <i>lll</i> , class codes (<i>days class</i>) and (<i>discharges class</i>), either days or discharges equals zero but the other does not, in the (<i>category name</i>) category on Exhibit 32. (FYE on/after 6/30/2021) This will issue as Non-fatal Edit 43227 if Exhibit 1, Line 23, Column 1 contains "1" or "2", OR Line 23, Column 2 is "YES".
33301	Visits have been entered on Exhibit 33, but visits excl. inpatient admissions are zero on the following line(s): Line <i>LLL</i> , Class Codes (<i>0160/0240, 0161/0241, or 0162/0242</i>)
33302	Visits have not been entered on Exhibit 33, but visits excl. inpat. admissions have been entered on the following line(s): Line <i>LLL</i> , Class Codes (<i>0160/0240, 0161/0241, or 0162/0242</i>)
33303	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.
33304	Visits have been entered on Exhibit 33 excl. inpatient admissions which exceed those incl. inpatient admissions on the following line(s): Line <i>LLL</i> , Class Codes (<i>0160/0240, 0161/0241, or 0162/0242</i>) (New edit added 8/7/2019)

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33305	A negative entry has been made on Exhibit 33, Class Code cccc, line III. (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)
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)
33404	A negative entry has been made on Exhibit 34, Class Code cccc, line III. (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 is 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 line 1 (and subscripts), col 5, does not equal Exhibit 40, line 090, column 0140. 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 line 2 (and subscripts), col 5, does not equal Exhibit 40, line 090, column 0335. Exh 11 amount = (amount) Exh 40 amount = (amount) Difference = (amount)
34003	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. Medicaid Capital Cost to be Allocated = (amount) Exh 40 Capital-related costs = (amount) Difference = (amount)
34101	This provider has been identified on Exhibit 1, Line Code 046, as Voluntary and therefore must provide information on Exhibit 41.
34102	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)

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34103	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)
34104	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)
34401	The sum of directly assigned capital-related costs on Exhibit 44 line 960, col 0580, does not equal Exhibit 40, line 090, column 0401. Exh 44 amount = (amount) Exh 40 amount = (amount) Difference = (amount)
34402	(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. (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.
34601	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).
34602	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. Line 200 amount = (amount) Line 330 amount = (amount) Difference = (amount)
34603	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.
35001	Exhibit 50, question 3C (Line Code 067) has not been answered. You must enter Y or N.
35002	Exhibit 50, question 3D (Line Code 068) has not been answered. You must enter Y or N.
35003	Exhibit 50, question 7 (Line Code 053) has not been answered. You must enter Y or N.
35004	Exhibit 50, question 8A (Line Code 069) has not been answered. You must enter Y or N.
35005	Exhibit 50, question 9 (Line Code 064) has not been answered. You must enter Y or N.
35006	Exhibit 50, question 9B (Line Code 070) has not been answered. You must enter Y or N.
35007	Exhibit 50, question 9C (Line Code 065) has not been answered. You must enter Y or N.
35008	Exhibit 50, question 9E (Line Code 071) has not been answered. You must enter Y or N.
35009	Exhibit 50, question 11 (Line Code 072) has not been answered. You must enter Y or N.
35010	Exhibit 50, question 8 (Line Code 059) must be less than or equal to zero.
35011	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.

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35012	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> .
35101	On Exhibit 51, Part 1, Line Code <i>LLL</i> , Cost Center Group <i>CCG</i> is not valid.
35102	Exhibit 51, Part 1, Line Code <i>LLL</i> does not have a Cost Center Group assigned.
35103	On Exhibit 51, Part 2, Cost Center Group <i>CCG</i> is invalid.
35104	On Exhibit 51, Part 3, Cost Center Group <i>CCG</i> is invalid.
35105	On Exhibit 51, Part 2, Cost Center Group <i>CCG</i> has been used, but this Group has not been identified on Part 1.
35106	On Exhibit 51, Part 3, Cost Center Group <i>CCG</i> has been used, but this Group has not been identified in Part 1.
35107	On Exhibit 51, Part 2, Revenue Code <i>rrrr</i> is a duplicate.
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. (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. (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. (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. Exh 46 Total = (amount) Exh 51 Part 1A amount = (amount) 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)

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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 this 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 this 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>
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> 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.

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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.)
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.
40302	The total Inpatient Days on Line LLL, Column 8 of Exh 3 (Wkst S-3) is less than the sum or program patient days in Columns 6 and 7.
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.
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.
40305	Exhibit 3 (Wkst S-3), Line 14, Column 2 should be greater than zero.
40306	Exhibit 3 (Wkst S-3), Line 14, Column 8 should be greater than zero.
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.
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.
40309	Hospital FTE's on Exhibit 3 (Wkst S-3), Line 14, Column 10 are not greater than zero.
40310	Medicare Hospital discharges on Exhibit 3 (Wkst S-3), Line 14, Column 13 are not greater than zero.
40311	Total Hospital discharges on Exhibit (Wkst S-3), Line 14, Column 15 is not greater than zero.
40312	Exhibit 3 (Wkst S-3), Line 27, Column 2 should be greater than zero.
40313	Exhibit 3 (Wkst S-3), sum of lines 14-26, Column 8 should be greater than zero.
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

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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) Decrease total = (amount) Difference = (amount)</p>

**2021-22
ICR Edits**

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Edit Number	Edit Text
41301	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)
41302	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)
41401	No Medicaid adjustments have been made on Exhibit 14.
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, Line 632.
41501	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.
41601	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
41602	The hospital states that it has 'related organization or home office costs' in Exhibit 1 (S-2 Part I) but does not report them in Exhibit 16 (A-8-1). (FYE on/after 6/30/2021)
41701	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)
41702	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
41801	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> Exh 11 amount = (amount) Exh 18 amount = (amount) Difference = (amount)
41802	Exhibit 11 (Wkst A) total Medicaid expense, Column 11 does not match Exhibit 18, line 080, Column <i>cccc</i> Exh 11 amount = (amount) Exh 18 amount = (amount) Difference = (amount)
41803	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> Exh 11 amount = (amount) Exh 18 amount = (amount) Difference = (amount)

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41804	Exhibit 18, line 25 + 81, column 0061, medical malpractice, should be greater than zero.
41805	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.
41806	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.
41807	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.)
41808	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)
41809	On Exhibit 18, the hospital reported parking expense less than zero in Class 00062, Line 068 and/or Line 069.
41810	The hospital reported Exhibit 18 parking cost in a line other than 068, Parking Cost (Public), or 069, 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 and/or 081. (FYE on/after 6/30/2021)
41813	The hospital reported net negative Exhibit 18 malpractice costs on lines 025 and/or 081. (FYE on/after 6/30/2021)
41901	A statistic has been input on Exhibit 19 (Wkst B-1) on Line xxx.xx, Column 0
41902	A negative stat has been input on Exhibit 19 (Wkst B-1) on Line xxx.xx, Column ccc.cc
41903	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)
41904	(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. (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.
42001	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
42002	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)
42003	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)
42004	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).
42005	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).

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42301	Exhibit 23 (Wkst G) balance sheet is out of balance Total assets = (amount) Total liabilities and fund balances = (amount) Difference = (amount)
42302	Exhibit 24 (Wkst G-1) end-of-period fund balances do not equal Exhibit 23 (Wkst G) fund balances for column cccc. Fund balance per Exh 23 = (amount) Fund balance per Exh 24 = (amount) 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. Wkst G-2 revenues = (amount) Exhibit 46 charges = (amount) 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. -OR- No dual-eligible discharges were entered on Exhibit 30, Line 060, class code 00270. (New, for FYE on/after 6/30/2019. Does not apply to Article 31 hospitals.)
43101	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	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	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)

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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)
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) 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)
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) Exh 3 amount = (amount) Exh 32 (all units) amount = (amount) 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). Exh 30 amount = (amount) Exh 32 amount = (amount) Difference = (amount) <u>Edit disabled for FYE on/after 6/30/2019</u>

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Edit Number	Edit Text
43204	<p>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.</p> <p>Exh 3 Amount entered = (amount) Exh 32 Amount entered = (amount) Difference = (amount)</p>
43205	<p>Total adults & 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) Exh 32 amount = (amount) Difference = (amount) <u>Edit disabled for FYE on/after 6/30/2019</u></p>
43206	<p>Total Medicare adults & 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) Exh 32 amount = (amount) Difference = (amount)</p>
43207	<p>Total adults & peds patient days on Exhibit 32 for (service category) Line 011 does not equal Column 0214 of Exhibit 30.</p> <p>Exh 30 amount = (amount) Exh 32 amount = (amount) <u>Edit disabled for FYE on/after 6/30/2019</u></p>
43208	<p>Total adults & peds discharges on Exhibit 32 for (service category) Line 011 does not equal Column 4031 of Exhibit 30.</p> <p>Exh 30 amount = (amount) Exh 32 amount = (amount) <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) Exh 32 Amount = (amount) <u>Edit disabled for FYE on/after 6/30/2019</u></p>

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43210	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 Exh 30 Amount = (amount) Exh 32 Amount = (amount) <i>Edit disabled for FYE on/after 6/30/2019</i>
43211	Total Acute ALC Days on Exhibit 32, Line 011, Class 04322 does not match Exhibit 30, Line 043, Class 00214. Exh 30 amount = (amount) Exh 32 amount = (amount) Difference = (amount) (FYE on/after 6/30/2018 but before 6/30/2019)
43212	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.)
43214	There are (amount) (Payor category) discharges reported on Exhibit 32 but there are no corresponding charges reported on Exhibit 46 for (Service category)
43215	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)
43216	Non-CAH: MSC 201 (Acute) was reported on Line 301 for one or more Exhibit 32 categories, but this is not a General Short-Term hospital. CAH: 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)
43217	Medicaid FFS or HMO utilization, but not both, reported for Class ccccc (days/discharges) in the category name category on Exhibit 32. (FYE on/after 6/30/2021)
43218	The sum of Exhibit 3 Class 00694 hospital inpatient days does not equal the sum of patient days and ALC days reported as Acute/CAH, TBI/Coma and 'Other' (if the MSC for 'Other' is 201 or 216). (FYE on/after 6/30/2021)
43219	Exhibit 32 Acute/CAH inpatient days differ from related Exhibit 3 days by the same amount reported as Labor and Delivery Days in Exhibit 3, Class 00694, Line 612. (FYE on/after 6/30/2021)
43220	Exhibit 32 Acute/CAH inpatient days differ from related Exhibit 3 days by the same amount reported as Swing Bed SNF Days in Exhibit 3, Class 00694, Line 019. (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 and Dual-diagnosis patient days and ALC days. (FYE on/after 6/30/2021)
43222	There are different IRF Employee Discount Days in Exhibit 3 than Physical Medicine Rehabilitation Courtesy Days (with ALC) in Exhibit 32. (FYE on/after 6/30/2021)
43223	There are different Employee Discount Days in Exhibit 3 than non-IRF Total Courtesy Days (with ALC) in Exhibit 32. (FYE on/after 6/30/2021)

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43224	There are different IRF/Physical Medicine Days in Exhibit 3 than Exhibit 32 Days (with ALC). Check variable inpatient cost center lines 318 to 371. (FYE onafter 6/30/2021)
43225	There are different Chemical Dependency Detox Days in Exhibit 3 than Exhibit 32 Days (with ALC). Check variable inpatient cost center lines 318 to 371. (FYE onafter 6/30/2021)
43226	There are different Chemical Dependency Rehab Days in Exhibit 3 than Exhibit 32 Days (with ALC). Check variable inpatient cost center lines 318 to 371. (FYE onafter 6/30/2021)
43227	Line III, class codes (<i>days class</i>) and (<i>discharges class</i>), either days or discharges equals zero but the other does not, in the (<i>category name</i>) category on Exhibit 32. (FYE on/after 6/30/2021) This will issue as Fatal Edit 33227 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 (Sum of all services).
43302	Total emergency room visits on Exhibit 31A, Line 960, Column 0222, does not match Exhibit 33, Line 025, Column 0160. Exh 31A amount = (amount) Exh 33 amount = (amount) Difference = (amount)
43303	Total CPEP visits on Exhibit 31A, Line 960, Column 0221, does not match Exhibit 33, Line 225, Column 0161. Exh 31A amount = (amount) Exh 33 amount = (amount) Difference = (amount)
43304	Total outpatient clinic visits on Exhibit 31A, Line 960, Column 0217, does not match Exhibit 33, Line 025, Column 0161. Exh 31A amount = (amount) Exh 33 amount = (amount) Difference = (amount) (Edit disabled 6/28/2020 for cost reporting periods ending on/after 6/30/2019 - it has been replaced by edit 43107)
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. (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%. (Applies only to Emergency Services, cc0160/0240, line 025)

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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. 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. (FYE on/after 6/30/2020)
43307	Outpatient Medicaid FFS or HMO utilization, but not both, reported for Exhibit 33, Class <i>cccc</i> (<i>Category Name</i>) (FYE on/after 6/30/2021)
43308	There were no Uninsured (<i>Emergency Service</i> or <i>CPEP Emergency Service</i>) visits reported at (<i>0160/018</i> or <i>0161/218</i>). (FYE on/after 6/30/2021, when total visits for the category are > zero and uncompensated care collections for the category are > zero.)
43309	There were no Free (Charity) (<i>Emergency Service</i> or <i>CPEP Emergency Service</i>) visits reported at (<i>0160/018</i> or <i>0161/218</i>). (FYE on/after 6/30/2021, when total visits for the category are > zero and uncompensated care collections for the category are > zero.)
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)
43404	Home Health skilled nursing and therapy visits, Medicaid FFS or HMO utilization, but not both, reported for Class 00209 on Exhibit 34. (FYE on/after 6/30/2021)
43405	Home Health aide hours, Medicaid FFS or HMO utilization, but not both, reported for Class 00209 on Exhibit 34. (FYE on/after 6/30/2021)
43501	The total entered for Exhibit 35 column (<i>4811, 4813, 4814, 4816 or 4817</i>) does not equal the detail. Amount entered = (amount) Amount computed = (amount) 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. Exh 3 amount = (amount) Exh 36 amount = (amount) 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. Exh 3 amount = (amount) Exh 36 amount = (amount) Difference = (amount)

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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.
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 <i>LLL</i> . (FYE on/after 6/30/2019, for voluntary hospitals)
44108	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)
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. --- 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.

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44604	On Exhibit 46, Column 0036, Payor's Gross Charges on Line <i>LLL</i> are less than appropriate Allowances on Line <i>LLL</i> <i>Payor Name</i> .
44605	On Exhibit 46, Column 0036, Bad Debts have not been reported for <i>Payor Name</i> on Line <i>LLL</i> .
44606	(First variation) Exhibit 26A, line 001 total patient revenues does not equal the total gross charges on Exh 46 column 0036 line 200. (Second variation) Exhibit 26A, line 002 contractual allowances does not equal the contractual allowances on Exh 46 column 0036 line 290. (Third variation) Exhibit 26A, line 003 net patient revenues does not equal the net charges on Exh 46 column 0036 line 300. Exhibit 26A revenues = (amount) Exhibit 46 charges = (amount) 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 364, Column 0036. (Non-psychiatric hospitals only)
44609	At least one HCRA Public Goods Surcharge total is negative. See Exhibit 46, Line 231, Column 00036 (Total), 00023 (Inpatient), or 00048 (Outpatient). (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, Columns 00047 (SNF & LTC), 00049 (HHA). (FYE on/after 6/30/2021)
44611	There were no HCRA Public Goods Surcharges reported for outpatient hospital services. See Exhibit 46, Line 231, Column 00048. (FYE on/after 6/30/2021)
44612	There were no HCRA Public Goods Surcharges reported for inpatient hospital services. See Exhibit 46, Line 231, Column 00023. (FYE on/after 6/30/2021)
44613	Exhibit 46 Line 002 includes charges for encounters which did not begin in a General Clinic service area. (FYE on/after 6/30/2021)
44614	Exhibit 46 Class ccccc, a non-General Clinic service area, has Line 002 charges which exceed 10% of that class's Total Gross Charges to Patients on Line 200. (FYE on/after 6/30/2021)
44615	Exhibit 46 does not report total charges on Line 200 for Class ccccc, related to reported costs on Exhibit 52, ICR line code <i>///</i> . (Applies to cost centers assigned to MSC 235, FYE on/after 6/30/2021)
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?
45006	There were no Medicaid services Financial Losses reported on Line 8 (Line Code 059) of Exhibit 50. (FYE on/after 6/30/2021)
45007	Indigent Care Pool Reimbursement was not reported on Line 5 of Exhibit 50. The Exhibit 46 amount was \$___ (from 00036/230). (FYE on/after 6/30/2021)
45008	The total uninsured costs were negative (Exhibit 50, Line 001). (FYE on/after 6/30/2021)

**2021-22
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
45009	The financial-aid-eligible uninsured costs were negative or zero. (Exhibit 50, Line 002). (FYE on/after 6/30/2021)
45010	The financial-aid-eligible uncollected amounts were negative or zero. (Exhibit 50, Line 003). (FYE on/after 6/30/2021)
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 LLL (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 LLL is negative.
45104	Total All Service Charges in class code 45140 on Exhibit 51, Part 1A, Line LLL 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 LLL 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 LLL on Exhibit 52, but it is not NYS Medicaid certified for Dual-Diagnosis Psychiatric services. (FYE on/after 6/30/2020)
45206	The Final Allocated Medicaid Cost for ICR Line LLL is negative in Exhibit 52.
45207	The Final Medicaid Capital Related Cost for ICR Line LLL is negative in Exhibit 52.
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)
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)
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.)

