User Manual

Medicare Cost Report e-Filing System (MCReF)

Centers for Medicare and Medicaid Services

Version 17.00

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1 MCReF Goals and Objectives

The Medicare Cost Report e-Filing system (MCReF) is offered by the Centers for Medicare and Medicaid Services (CMS) to simplify the process of submitting Medicare providers' required annual Medicare Cost Reports (MCRs) and tracking the MCR's status. The system can be found at https://mcref.cms.gov .

Through this web-based system, providers are able to track their MCR status throughout the settlement process and view detailed information related to the status. This can be done for any Fiscal Year End (FYE) from 1/1/2010 to the present.

When choosing to e-File, providers have the option of using a guided process to attach all materials needed to fulfill the Medicare requirements for an acceptable Cost Report submission, answer some quick questions, and submit, or to prepare multiple cost reports in advance and submit them via a single upload. Once submitted, MCReF immediately delivers the attached files to the provider's Medicare Administrative Contractor (MAC). In addition to facilitating this file transfer, MCReF also evaluates a number of rules about what files are required for a valid submission, and whether the attached files fulfill certain requirements to be valid (e.g. an Electronic Cost Report (ECR) file matching the Provider and Fiscal Year End being submitted). If any issues with the submitted materials are identified by MCReF, they are communicated back to the user immediately for correction. MCReF does not fully evaluate all aspects of submissions, which remain subject to the subsequent application of CMS' acceptability criteria by the MAC.

CMS' goal for MCReF is to provide information to providers regarding their MCRs, to standardize and streamline the process for submitting cost reports electronically, to reduce the burden on providers, and to eliminate common, easily avoidable issues with submissions which result in MCR submission rejections.

2 MCReF System Overview

2.1 Screen Layout

This section describes the general MCReF screen layout, regardless of the screen the user is on. Below is a screenshot of the Home screen which displays upon logging in. The MCReF layout is generally divided into 2 primary sections; the Header area and the Primary Functionality area. While the Header area is generally the same everywhere in the system, the Primary Functionality differs greatly. The Primary Functionality is separated into two tabs: one for the Home page functionality and one for the Bulk e-File page functionality. Refer to later chapters for more information on the differences between the Home Screen Functionality (which includes the View Details Screen Functionality and the E-file Functionality) and the Bulk e-File Functionality (which includes the Bulk Upload Screen Functionality, e-File History Screen Functionality, Upload Details Screen Functionality, Status Details Screen Functionality, and the Submission Warnings Screen Functionality).

Exhibit 1 MCReF Interface

2.1.1 Header Area

The Header area consists of the following:

CMS Logo: The CMS Logo is a link which navigates the user to the CMS.Gov website.

Home: Link which loads the MCReF Home page

Accessibility: Link which loads the MCReF accessibility statement.

User Manual: Link which loads a pop-up containing a link to download/open the User Manual.

Logout: Link which logs the user out of MCReF.

User ID: ID of the user currently logged-in.

Date: The current system date based on the Eastern Time zone.

2.1.2 Menu Area

The Menu area consists of the following tabs and subtabs, which are always present at the top of each screen, and can be used at any time to navigate the user between different aspects of the system:

- **"Home" Tab**: The Home Tab is the default tab upon user log in, containing the functionality described in Chapter 3, providing a summarized view of all the users cost reports and their respective statuses, as well as providing the ability to individually e-file cost report submissions.

- **"Bulk e-File" Tab**: Enables access to the functionality described in Chapter 4, providing the ability to upload multiple cost report submissions in a single transaction, and monitor the history of e-filing activity across both Bulk and Individual e-File functionality. When selected, the system will default the screen to the Bulk Upload subtab, while presenting the following subtabs for the user to choose amongst.

  - **"Bulk Upload" subtab**: Enables access to all of the functionality described in section 4.1 for uploading multiple cost report submissions in a single transaction

  - **"e-File History" subtab**: Enables access to all of the functionality described in section 4.2 for monitoring the status and progress of all bulk and individual e-filings.

2.2 ToolTips

Exhibit 2 ToolTip Icon

While using MCReF, if you come across an on-screen field or element that you would like more information about, you can hover over the corresponding ToolTip icon to learn more about it (accessible via keyboard by using the tab key).

Exhibit 3 ToolTip Expanded Help Text

> **ECR:** The electronic cost report file generated by your CMS certified ECR vendor software (such as: 'EC', 'SN', 'HH', 'HS', 'RD', 'RF', 'FQ', 'CM', 'OP' or 'HO' file. This is not the comprehensive list of all possible valid ECR file name abbreviations or file naming conventions).

This is an example of the expanded help text available for the ECR Cost Report Material row when hovering (or tabbing via keyboard) to its ToolTip icon.

2.3 Back to Search Results/Back to e-File History/Back to View Details Link

All sub-screens accessed from the Home and e-File History screens include a "Back to …" link at the top and bottom of the page. Upon clicking these links, you will be taken back to the main screen you were on before. Any filter selections you previously made on the main screen will be retained for further use.

Exhibit 4 Back to Search Results Link

Back to Search Results

Exhibit 5 Back to e-File History Link

Back to e-File History

Exhibit 6 Back to View Details Link

Back to View Details

2.4 Load More Button

Exhibit 7 Load More Button

Load More

Selecting this button allows the user to load more cost report records into view for the Provider Table or the e-File History Table. Upon clicking this button, up to 20 additional records will be displayed for the table, depending on how many undisplayed results remain.

2.5 Show "#" entries Dropdown

Exhibit 8 Show "#" entries Dropdown Box

Show 20 ⌄ entries

Upon first loading the Home Screen or the e-File History Screen, the dropdown's default selection will be set to 20 table entries. If the user were to expand this dropdown, then they will be able to change the number of rows displayed in the table per page to the following options: 20, 40, 60, 80.

Note: if the maximum number of entries is less than the selected dropdown option, then the Table will display all available rows.

2.6 Export to Excel Button

Exhibit 9 Export to Excel Button
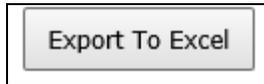
Export To Excel

If the user were to select this button, it will allow the Home Screen, e-File History Screen, or Submission Warning table's information to be exported to Excel. If no filters are set, then the entire, unfiltered set of information will be exported to Excel. However, if filters are set, the export will be based on the filters put in place by the user. For example, if the "Pending Receipt" checkbox is selected under the Cost Report Status filter on the Home Screen, then the Excel export will only include rows with a status of "Pending Receipt".

Note: any non-textual information presented in the tables (for example, Cost Report Statuses on the Home Screen that have an associated Warning/Error icon as a result of a Bulk e-Filing Issue) will have a textual equivalent exported to Excel instead.

2.7 Clear Filters

Exhibit 10 Clear Filters Button

Clear Filters

Users can click this button at any point after applying filters to reset the filters to their default state and resume viewing all available information in the tables. Note that on the e-File History screen, the "Include" toggle above the filters is not affected by this action.

3 Home Screen Functionality

The Home screen will be the first screen users see upon logging into MCReF. This section describes the fields and functionality available on this screen. This screen will primarily be used by providers to select the desired provider and FYE for which to view CR status or to e-File their cost report. Any providers registered to a user's IDM account will be visible on the Home as long as they are not Based or Consolidated units. FYEs available in MCReF are limited to those ending on or after 01/01/2010 through any FYEs where the FYB has already passed, including the current FYE.

Exhibit 11 MCReF Home Screen

Home					
Filters				Show 20 ⌄ entries	Export To Excel
Quick Search [____]					
Fiscal Year End	**Provider #** ⓘ ▲	**Provider Name**	⇕	**FYE** ⓘ ▼	**Cost Report Status** ⓘ ▲	**Action**
From [mm/dd/yyyy] To [mm/dd/yyyy]	11-1111	Sample Hospital #1		12/31/2022	FYE Not Elapsed	
	22-2222	Sample Hospital #2		12/31/2022	FYE Not Elapsed	
CR Status	33-3333	Sample Hospital #3		12/31/2022	FYE Not Elapsed	
☐ FYE Not Elapsed (4)	44-4444	Sample Hospital #4		12/31/2022	FYE Not Elapsed	
☐ Pending Receipt (13)	11-1111	Sample Hospital #1		12/31/2021	Pending Receipt	E-File CR
☐ Processing (3)	22-2222	Sample Hospital #2		12/31/2021	Pending Receipt ⊗	E-File CR
☐ Reopening/Appeal (1)	33-3333	Sample Hospital #3		12/31/2021	Pending Receipt ⊗	E-File CR
☐ Complete (23)	44-4444	Sample Hospital #4		12/31/2021	Pending Receipt	E-File CR
Bulk e-Filing Issue(s) ⓘ	11-1111	Sample Hospital #1		12/31/2020	Pending Receipt	E-File CR
☐ ⚠Warning (1)	22-2222	Sample Hospital #2		12/31/2020	Pending Receipt	E-File CR
☐ ⊗Error (5)	33-3333	Sample Hospital #3		12/31/2020	Pending Receipt	E-File CR
[Clear Filters]	44-4444	Sample Hospital #4		12/31/2020	Pending Receipt	E-File CR
	11-1111	Sample Hospital #1		12/31/2019	Pending Receipt	E-File CR
	22-2222	Sample Hospital #2		12/31/2019	Pending Receipt	E-File CR
	33-3333	Sample Hospital #3		12/31/2019	Pending Receipt	E-File CR
	44-4444	Sample Hospital #4		12/31/2019	Pending Receipt	E-File CR
	11-1111	Sample Hospital #1		12/31/2018	Pending Receipt	E-File CR
	22-2222	Sample Hospital #2		12/31/2018	Processing	E-File CR
	33-3333	Sample Hospital #3		12/31/2018	Processing ⊗	E-File CR

3.1 Main Screen

3.1.1 Provider Table

The majority of the MCReF Home Screen consists of a table containing a snapshot of the current cost report status for all providers and FYEs associated to the user going back to 2010. Users can use this table to undertake a quick survey of their cost report history up to now, to identify individual cost reports they wish to get more information about via the View Details Screen Functionality, or to select cost reports they wish to E-File via the Individual e-File Functionality. By default, the table is sorted such that the providers and FYEs that have not ended yet are shown first, followed by the ones that CMS is still expecting to receive a cost report for, but users can re-sort the table or use the Filters functionality to find particular providers and FYEs more easily.

Exhibit 12 Provider Table

Provider # ❶ ▲	Provider Name	FYE ❶ ▼	Cost Report Status ❶ ▲	Action
11-1111	Sample Hospital #1	12/31/2022	FYE Not Elapsed	
22-2222	Sample Hospital #2	12/31/2022	FYE Not Elapsed	
33-3333	Sample Hospital #3	12/31/2022	FYE Not Elapsed	
44-4444	Sample Hospital #4	12/31/2022	FYE Not Elapsed	
11-1111	Sample Hospital #1	12/31/2021	Pending Receipt	E-File CR
22-2222	Sample Hospital #2	12/31/2021	Pending Receipt ✖	E-File CR
33-3333	Sample Hospital #3	12/31/2021	Pending Receipt ✖	E-File CR
44-4444	Sample Hospital #4	12/31/2021	Pending Receipt	E-File CR
11-1111	Sample Hospital #1	12/31/2020	Pending Receipt	E-File CR
22-2222	Sample Hospital #2	12/31/2020	Pending Receipt	E-File CR
33-3333	Sample Hospital #3	12/31/2020	Pending Receipt	E-File CR
44-4444	Sample Hospital #4	12/31/2020	Pending Receipt	E-File CR
11-1111	Sample Hospital #1	12/31/2019	Pending Receipt	E-File CR
22-2222	Sample Hospital #2	12/31/2019	Pending Receipt	E-File CR
33-3333	Sample Hospital #3	12/31/2019	Pending Receipt	E-File CR
44-4444	Sample Hospital #4	12/31/2019	Pending Receipt	E-File CR
11-1111	Sample Hospital #1	12/31/2018	Pending Receipt	E-File CR
22-2222	Sample Hospital #2	12/31/2018	Processing	E-File CR
33-3333	Sample Hospital #3	12/31/2018	Processing ✖	E-File CR

3.1.1.1 Provider

The Provider # column contains all CMS Certification Numbers (CCNs) for Medicare Part A Providers, Home Offices, and Limited Purpose Insurance Companies that the user has registered in the Identity Management system (IDM) which the MAC also has on record in the CMS System for Tracking Audit and Reimbursements (STAR). Each value in the column consists of the provider's 6-character CCN as listed in STAR. CCNs that include a suffix for claims processing should never be registered in IDM for your organization. Further, cost reports should never be filed under suffix provider CCNs. If a suffix provider CCN is registered in IDM, it will never display in this table. MCReF only grants access for filing cost reports and viewing status for the primary, 6-character CCN.

NOTE: MCRs cannot be e-filed for providers which are not present in the table. If an expected CCN is not present, users should first confirm via their IDM Security Official that the CCN in question is registered in IDM for the organization the user is associated to. If the CCN is already registered and the user is associated, users should contact their MAC.

3.1.1.2 Provider Name

The Provider Name column contains the 'Doing Business As' name of each provider which the MAC has on record in STAR.

3.1.1.3 Fiscal Year End

The Fiscal Year End column contains the FYEs of providers since 01/01/2010 and indicates per provider which FYE a MAC is expecting that provider to file an MCR for.

NOTE: MCRs cannot be e-filed for FYEs that are not present in the table. Providers should contact their MAC if an expected FYE is not present.

3.1.1.4 Cost Report Status

The Cost Report Status column contains the status (FYE Not Elapsed, Pending Receipt, Processing, Complete, Reopening/Appeal) for each provider and FYE. This status is the summary level status for the year as a whole and is based on the status of the various activities required for a cost report to get from FYE Not Elapsed, to Pending Receipt, to Final Settlement, and anything beyond it. The status in this column is a link which the user can select to get more information about the provider and FYE via the View Details Screen Functionality.

3.1.1.5 Cost Report Status Icons

The icons next to the Cost Report Status values inform users when their most recent bulk e-filing for that Provider/FYE encountered a warning or an error within the last 60 days and there has been no successful submission (individual or bulk) for that Provider/FYE since. The user can hover over the icons to view informational text regarding if a warning or error was encountered and instructions to navigate to the e-File History page in order to see the full details. Refer to the following table for the message associated with each Cost Report Status icon:

Icon	Message
	The most recent attempted Bulk e-Filing for this Provider/FYE encountered a warning. Please navigate to the e-File History under Bulk e-File for more information.
	The most recent attempted Bulk e-Filing for this Provider/FYE encountered an error. Please navigate to the e-File History under Bulk e-File for more information.

Once an error or warning has been identified for the most recent e-filing, the only method for users to remove the icon will be to acknowledge the corresponding Warning, or replace the Errored attempt with a subsequent successful attempt.

In a scenario where the e-filing which resulted in the error was completely erroneous, possibly due to a user attempting to e-file for a year which had already been finalized, in which case no subsequent successful submission is possible, the icon will only go away after 60 days.

3.1.1.6 Action

The action column provides information as to what actions the user can take for their Cost Report. Currently, you can use the action column to e-file an MCR submission. An MCR is e-file eligible when it meets all the following criteria:

- The FYE falls within the past 6 years
- The MCR for the Provider and FYE has not been finalized
- The FYE has not been locked by the provider's MAC

- The provider's e-File Submission Limit has not been reached for the day

If an MCR meets all the criteria above, the action column will display an E-File CR link. Upon clicking the link, the user will be directed to the e-File Cost Report Materials Screen.

If an FYE is in the future, is more than 6 years old, and/or has already been finalized, there are no actions that can be taken via MCReF, and the action column for that row will be empty.

3.1.1.7 Action Column Icons

If an FYE has been locked by the provider's MAC or the e-File submission limit has been reached for the day, the CR is not e-file eligible. In these cases, an icon will display in the action column for the affected row. By hovering over (or tabbing to) the icon, the user can see more information. Refer to the following table for the message associated with each Action column icon:

Icon	Message
	Per-day cost report submission limit for this Provider and FYE reached.
	This cost report cannot be filed at this time. Please contact your servicing MAC.

3.1.2 Filters

The left side of the screen contains filters that can be used to narrow down providers and FYEs shown in the main table to the right. The Quick Search, FYE Dates, and Cost Report Status filters can be used separately, or together. If the user does not have any associated providers or FYEs which match your filters, the dashboard will indicate "No results found based on the filters." Users may also encounter this message if all associated providers and FYEs pre-date 01/01/2010 or have not begun the first Fiscal Year participating in Medicare.

Upon login, if the user receives the message "No providers qualify for use in MCReF," this indicates that the user has no providers registered in IDM for their organization that are recognized by STAR. To troubleshoot this, refer to section 6.2.1 Missing Expected Provider .

3.1.2.1 Quick Search

Typing in the Quick Search field will search across all five columns in the dashboard table (Provider #, Provider Name, FYE, Cost Report Status, and Action). The Quick Search does not need to match a whole word or phrase and will return results based on a partial match. For example, if the user typed in "pend", results with "pend" anywhere in any of the five columns in the table would come up in the results (i.e. providers named "**Pend**er Hospital", "Springfield Inde**pend**ent Living", providers with cost report statuses like "**Pend**ing Receipt"). The same can be done with number-based searches.

The user can also search for multiple terms at once. For example, if the user typed Shands Jacksonville, the Quick Search would look for all rows that contain 'Shands' and 'Jacksonville', even if they are not next to each other. If trying to search for two terms that are next to each other, put quotes around your search term (i.e. "Shands Jacksonville").

Exhibit 13 Quick Search

3.1.2.2 Fiscal Year End

The Fiscal Year End filters allow the user to search across a range of FYEs. Dates can be selected in either field with the calendar icon, or can be typed into the box directly. If typed, the format must resemble M/D/YYYY.

Exhibit 14 Fiscal Year End Filter

Fiscal Year End	
From	**To**
mm/dd/yyyy	mm/dd/yyyy

3.1.2.3 Cost Report Status

The Cost Report Status filters allow the user to quickly limit the providers and FYEs in the table to those with the selected statuses in the Cost Report Status column. The statuses of FYE Not Elapsed, Pending Receipt, Processing, Reopening/Appeal, and Completed can be selected individually or in combination with each other. The number next to each Cost Report Status reflects the total number of associated providers/FYEs with that status.

Exhibit 15 Cost Report Status Filter

CR Status
- ☐ FYE Not Elapsed (4)
- ☐ Pending Receipt (13)
- ☐ Processing (3)
- ☐ Reopening/Appeal (1)
- ☐ Complete (23)

3.1.2.4 Bulk e-Filing Issue(s)

The Bulk e-Filing Issue(s) filters allow the user to quickly limit the providers and FYEs in the table to those whose most recent bulk e-filing attempt resulted in either an Error or a Warning, as indicated by the icons in the Cost Report Status column. The issues of Warning or Error can be selected individually or in combination with each other. The number next to each issue reflects the total number of associated providers/FYEs with that issue. The system only alerts users to Errors or Warnings within the last 60 days. After the 60 days have transpired, the Providers/FYEs will no longer alert the user to the Error or Warning, and the filter will no longer include those records.

Exhibit 16 Bulk e-Filing Issue(s) Filter

Bulk e-Filing Issue(s)
- ☐ ⚠ Warning (2)
- ☐ ✖ Error (10)

3.2 View Details Screen Functionality

Activating the link in the Cost Report Status column on the Home screen directs users to the Cost Report Status Screen, with a picture at the top of the screen summarizing the selected provider and FYE's

progress from filing to final settlement, and more details on the applicable processes further below on the screen.

NOTE: Information present on this screen is subject to change at any point.

Exhibit 17 MCReF View Details Screen

3.2.1 Banner

The top of the Cost Report Status screen displays a banner that shows the selected provider's #, name, and FYE, the overall CR status for the year, and the provider's MAC jurisdiction and the responsible MAC.

Exhibit 18 Banner

3.2.2 Cost Report Status

Based on the general/overall state of the cost report in terms of the end-to-end settlement workflow, a high-level status for the CR is populated. This is the CR Status displayed in the Banner of the CR Status Details page as well as in the CR Status column in the Dashboard Table. The scenarios which are reflected by each status are presented in the table below:

Cost Report Status	Scenario
FYE Not Elapsed	The selected provider has an FYE that has not passed yet.
Pending Receipt	An acceptable submission has not yet been received.

Cost Report Status	Scenario
Processing	Everything from the initial receipt of a submission undergoing an acceptability check by the MAC, through all subsequent processes undertaken by the MAC to reach finalization, falls into this category. This includes Tentative Settlements, reviews, and audits, in a state of pending, in progress, or complete.
Complete	All currently planned work for the selected provider and FYE is complete. This includes issued NPRs, years closed without an NPR, and years where any/all Reopenings and Appeals are closed.
Reopening/Appeal	Indicates that at least one Reopening or Appeal is currently open/in progress for an otherwise complete FYE.

3.2.3 Summary Graphic

Below the banner, the screen displays a graphic which summarizes the status of each MCR process tracked by MCReF. The graphic is present at the top of the screen and contains seven segments representing the major processes associated with MCRs, corresponding to each of the more detailed sections further down the screen:

- Interim Rate
- Submission
- Tentative Settlement
- Review
- NPR
- Reopening/Revised NPRs
- Appeals

The Interim Rate Review occurs prior to the FYE and does not impact the cost report status, so the section is shown as a separate, disconnected segment. The four segments after Interim Rate Review are linked together, representing the common processes which most MCRs encounter between initial submission and final settlement. Reopenings/Revised NPRs and Appeals are only relevant on a case-by-case basis, so they are shown as separate, disconnected segments beyond the NPR process.

Exhibit 19 Graphic Segment
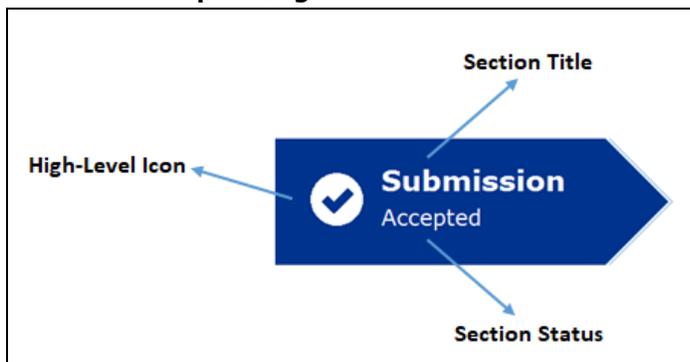
Exhibit 19 is an example of a single segment of the summary graphic. In each segment, there are four meaningful components: the name of the process, the status, a high-level icon, and a background color. The name of the process corresponds to one of the seven sections detailed below, with "Submission" as the example in the image.

The segment statuses are specific to each process. In the image above, the status of "Accepted" indicates that at least one cost report submission has been deemed acceptable by the MAC for the selected year. The specific statuses for each process will be discussed in depth in the next few sections.

The high-level icon displayed reflects the most basic interpretation of the status, allowing users an at-a-glance understanding of where things stand: is this process pending more work, complete, or not applicable? In the image above, the example shows a dark blue check mark, which goes along with the "Accepted" section status, and lets the user know that this process is done. Any icon indicating that work has not yet started or is incomplete will have a grey background; any icon indicating no further work is expected (either due to completion or inapplicability) will have a blue background. Refer to the following table for the meaning of each high-level icon and the color associated with it:

Icon	Description
	The ellipsis (…) icon means that the associated process is pending further work (either already underway or waiting to begin).
	The checkmark (✔) icon means that the associated process is complete.
	The minus (–) icon means that this section is not required. This may occur if the associated process is not required for the particular type of provider or this particular cost report.
	An empty icon means that nothing has occurred with this process to date, and that it is not necessary for anything to occur.

3.2.4 Interim Rate

The interim rate section contains information about all interim rate reviews for the selected provider and FYE. Depending on if an interim rate review exists for the provider, the interim rate section may reflect that there are no interim rate reviews or it may show one or more existing interim rate reviews.

Exhibit 20 Interim Rate Section

Interim Rate	3 Completed
Review Date:	12/15/2021
Documentation:	Pending Upload
Review Date:	12/08/2021
Documentation:	View All
Review Date:	12/20/2021
Documentation:	View All

When there are no interim rates, the screen will display "There are no Interim Rates for the year."

3.2.4.1 Interim Rate Process Status

The status of the Interim Rate process is displayed in the Interim Rate segment of the Summary Graphic, and to the right of the Interim Rate section title. The possible statuses are described below:

Interim Rate Review Process Status	Scenario	High Level Icon
None	No Interim Rates have been completed for this FYE but some may yet occur as the year has not ended.	
X Completed	There are currently X number of Interim Rates that have been completed for this FYE, but more may yet occur as the year has not ended.	
None	No Interim Rates have been completed for this FYE and none are anticipated as the year has ended.	
X Completed	There are currently X number of Interim Rates that have been completed for this FYE and no more are anticipated as the year has ended.	

3.2.4.2 Interim Rate Review Fields

The following table provides an explanation for each of the fields which can be present within the Interim Rate section.

Field	Description
Review Date	The Review Date field displays the date on which the MAC performed an Interim Rate review.

Field	Description
Documentation	If the MAC uploaded an Interim Rate package for the associated Review Date, a "View All" link would display and navigate users to the Documentation Details Screen. If there is no package, then the Documentation field will either be absent or display "Pending Upload". If the MAC had previously uploaded a package, but then removed it, then the field will display "Removed by MAC".

3.2.5 Submission

The submission section contains information about all MCR submissions for the selected provider and FYE. Based on where an MCR is in the process, the submissions section may reflect that no submissions have been received to date, it may show the provider's As-Filed submission accepted and complete, or it may show the history of multiple attempted submissions resulting in rejections followed by the As-Filed and any subsequent amendments. All submissions received by the MAC will display on the dashboard.

Exhibit 21 Submission Section

Submission			Accepted	
CR Due Date:	11/30/2019	**Expected Provider(s):**	DS-O001	
Submission #:	1	**Rejected Date:**	11/28/2019	
Received Date:	11/27/2019	**Rejected Reason(s):**	- Level 1 errors	
Status:	Rejected		- Insufficient/missing IRIS	
			- Insufficient/missing CMS 339 form	
			- Insufficient/missing proper form	
			- Refer to rejection letter/contact MAC	
Submission #:	2	**Accepted Date:**	11/28/2019	
Received Date:	11/27/2019			
Status:	Accepted As Filed			
Submission #:	3	**E-Filing ID:**	3098738	
Received Date:	12/23/2019			
Status:	Pending MAC Decision			

When there are no cost report submissions to date, the screen will display "No cost report has been received for the currently selected Provider and FYE." alongside a link to e-File CR Materials. When selected, the link will take the user to the e-File Cost Report Materials Screen with the current Provider and FYE selected. If there is no submission for a FYE prior to 12/31/2017 (the earliest year supported for e-Filing), or the year has been locked, no e-File CR Materials link will show and instead the screen will display "This cost report is not eligible for e-filing."

3.2.5.1 Submission Process Status

The status of the Submission process is displayed in the Submission segment of the Summary Graphic, and to the right of the Submission section title. The possible statuses are described below:

Submission Process Status	Scenario	High Level Icon
None	Provider has not submitted a Cost Report for the FYE	

Submission Process Status	Scenario	High Level Icon
Received	Provider has submitted at least one Cost Report that is pending acceptance and no submissions have been accepted.	
Accepted	At least one CR for the FYE has been accepted	
Rejected	All submitted CRs have been rejected	
Not Required	FYE has been closed prior to the receipt of an acceptable submission	

3.2.5.2 Submission Fields

The following table provides explanations of each of the fields which can be present within the Submission section.

Field	Description
CR Due Date	Reflects the date by which an acceptable cost report submission needs to be (or to have been) filed for the selected provider and FYE. The CR Due Date will reflect any extensions granted by CMS; if an on-going issue has resulted in an indeterminate delay in the cost report filing process, the CR Due Date will show as 'Open'. The CR Due Date is always displayed under the Submission section regardless of whether a CR submission has been made.
Expected Provider(s)	Reflects all units, including based and/or consolidated units, the provider is expected to include on an MCR for the FYE. The Expected Provider(s) field always displays under the Submission section regardless of whether a CR submission has been made.
Submission #	The Submission # is the unique identifier for each individual CR Submission, reflecting the order of entry into STAR (not necessarily the order of submission or receipt) and can be useful as a reference in correspondence with the MAC.
Received Date	The Received Date field displays the date the MAC received your Cost Report submission.

Field	Description
Status	The Status field indicates whether the specific submission is awaiting an acceptability determination from the MAC ("Pending MAC Decision") or has received a determination ("Accepted As Filed", "Accepted Amended", or "Rejected"). When the MAC encounters Level 1 Edits while attempting to process the provider's ECR, the status will be followed by an exclamation symbol (!). This denotes that corrective steps must be taken before the MCR can be accepted.
E-Filing ID	If an MCR was e-filed, the E-Filing ID provided as a reference on the e-File Cost Report Materials – Confirmation Screen will also be reflected here. If the submission was transmitted outside of MCReF (USPS, etc.), this field will be absent.
Accepted Date	The Accepted Date displays the date a CR was accepted by the MAC. The field will only display when a CR has a status of "Accepted As Filed" or "Accepted Amended."
Rejected Date	The Rejected Date displays the date a CR was rejected by the MAC. The field will only display when a CR has a status of "Rejected."
Rejection Reason(s)	The Rejected Reason(s) displays a list of acceptability criteria which the MAC identified as not having been satisfied by this cost report submission, resulting in a rejection. For further information or clarification about any particular rejection reason, contact your MAC.

3.2.6 Tentative Settlement

The tentative settlement section contains information about all tentative activity for a specific provider and FYE. All cost report submissions for which MACs have completed tentative settlements will display on the dashboard.

When no tentative settlement activity has been performed yet, the screen will display "Tentatives have not been performed." When a tentative settlement is not required for a particular provider or FYE, the screen will instead display "No Tentative is expected to be performed for this year."

Exhibit 22 Tentative Settlement Section

Tentative Settlement	Issued	
Submission #:	1	
Letter Date:	06/12/2020	
Documentation:	View All	
Submission #:	2	
Letter Date:	06/15/2020	
Documentation:	View All	

3.2.6.1 Tentative Settlement Process Status

The status of the Tentative Settlement process is displayed in the Tentative Settlement segment of the Summary Graphic, and to the right of the Tentative Settlement section title. The possible statuses are described below:

Tentative Settlement Process Status	Scenario	High Level Icon
Pending	The Tentative Settlement process is pending further activity, either already underway or not yet begun.	
Issued	All expected Tentative Settlement activity is done	
Not Required	• None of the submissions for the selected year qualified for a tentative settlement • The FYE was finalized without a tentative settlement	

3.2.6.2 Tentative Settlement Fields

The following table provides explanations of each of the fields which can be present within the Tentative Settlement section.

Field	Description
Letter Date	The Tentative Settlement Date field reflects the date on which the MAC issued a letter reflecting the Tentative Settlement for all units on the cost report submission.
Submission #	The Submission # field indicates the cost report submission the Tentative Settlement was based upon.
Documentation	If the MAC uploaded a Tentative Settlement package for the associated Letter Date, a "View All" link would display and navigate users to the Documentation Details Screen. If there is no package, then the Documentation field will either be absent or display "Pending Upload". If the MAC had previously uploaded a package, but then removed it, then the field will display "Removed by MAC".

3.2.7 Review

The Review section tracks the status of the Desk Review (DR) and Audit for an FYE. The Desk Review information presented will encompass Modified, Limited, and Full Desk Reviews. The Audit fields only display if the MAC has undertaken an audit for the FYE.

When no Review has been performed yet, the screen will display "Desk Review has not been performed." If the type of provider or CR submitted means a DR is not required, or the CR has been finalized before a DR began, the screen will display "No desk review is expected to be performed for this year." If a Desk

Review or Audit was underway when the year was "Closed without NPR", the section will continue to display the dates up to that point, despite the Review Section Status being "Closed."

Exhibit 23 Review Section

Review		Audit Complete		
Desk Review Start Date:	12/19/2019		**Audit Start Date:**	01/18/2020
Desk Review Complete Date:	01/16/2020		**Pre-Exit Conference Date:**	01/19/2020
			Exit Conference Date:	01/20/2020

3.2.7.1 Review Process Status

The status of the Review is displayed in the Review segment of the Summary Graphic, and to the right of the Review section title. The possible statuses are described below:

Review Process Status	Scenario	High Level Icon
Pending	The MAC has not yet started the Desk Review for the provider and FYE	
Under Desk Review	The FYE is under Desk Review	
Under Audit	The FYE is under Audit	
Desk Review Complete	A DR complete date is present, but no audit is present	
Audit Complete	Audit is complete for this FYE	
Closed	• The year was final settled without a review • The year was closed without NPR without a review (e.g. Administratively Closed, Global Settlement)	
Not Required	A Review is not required for the FYE due to the nature of the provider or CR (e.g. Hospice, Full Fee Reimbursed)	

3.2.7.2 Review Fields

The following table provides explanations of each of the fields which can be present within the Review section.

Field	Description
Desk Review Start Date	The Desk Review Start Date field displays the date the MAC initiated a Limited/Full Desk Review.
Desk Review Complete Date	The Desk Review Complete date field displays the date a Desk Review was completed.
Audit Start Date	The Audit Start Date field displays the date an Audit was started for the provider and FYE. If the Audit Start Date is present without a value, this generally indicates that an engagement letter has been issued, but the audit has yet to begin. This date is only present if the MAC initiates an audit for the provider and FYE.
Pre-Exit Conference Date	The date the Pre-Exit Conference was held. This date is only present if the MAC initiates an audit for the provider and FYE.
Exit Conference Date	The date the Exit Conference was held. If this field is blank, it generally indicates that the audit is still underway. This date is only present if the MAC initiates an audit for the provider and FYE.

3.2.8 NPR

The NPR section tracks the status of the finalization of a CR, and whether it was finalized with NPR or without an NPR.

When the CR has not yet been finalized, the screen will display "Final Settlement has not been issued." If the type of provider or CR indicates an NPR is not required, the screen will display "The year was closed without NPR."

Exhibit 24 NPR Section

3.2.8.1 NPR Process Status

The status of the NPR is displayed in the NPR segment of the Summary Graphic, and to the right of the NPR section title. The possible statuses are described below:

NPR Process Status	Scenario	Icon
Pending	An NPR has not yet been performed for this FYE	
Issued	An NPR has been issued for the FYE	
Closed without NPR	An NPR is not required for the finalization of an FYE due to the type of provider or CR	

3.2.8.2 NPR Fields

The following table provides explanations of each of the fields which can be present within the NPR section.

Field	Description
NPR Date	The NPR Date field will display the date the CR was finalized for the specific provider and FYE. This date will not show when the CR was closed without NPR
Documentation	If the MAC uploaded a Final Settlement package for the associated NPR Date, a "View All" link would display and navigate users to the Documentation Details Screen. If there is no package, then the Documentation field will either be absent or display "Pending Upload".

3.2.9 Reopening/Revised NPRs

The Reopening/Revised NPRs section tracks the status of Reopenings and any other revision of finalized NPRs recorded. Granted and denied reopening requests are included, along with the status of the corresponding revised NPR for granted requests.

The Reopening/Revised NPR section is divided into two sections: Open and Closed. If there are no Open or Closed Reopenings/Revised NPRs, the section will display "There are no Reopenings/Revised NPRs for the year."

Exhibit 25 Reopenings/Revised NPRs Section

Reopenings/Revised NPRs		1 of 2 Open	
Open			
Request ID:	A		
Reason:	Contractor Initiated	**Issue Types:**	Bad Debts
Decision:	Granted	**Decision Date:**	02/10/2022
Open Information Request(s):	None	**Final Information Received Date:**	02/10/2022
Revised NPR Date:			
Documentation:	Pending Upload		
Closed			
Request ID:	B	**Received Date:**	02/12/2022
Reason:	Provider Requested	**Issue Types:**	GME/IME
Decision:	Granted	**Decision Date:**	02/12/2022
Open Information Request(s):	None	**Final Information Received Date:**	02/12/2022
Revised NPR Date:	02/12/2022		
Documentation:	View All		

3.2.9.1 Reopenings/Revised NPRs Process Status

The status of the Reopenings/Revised NPRs is displayed in the Reopenings/Revised NPRs segment of the Summary Graphic, and to the right of the Reopenings/Revised NPRs section title. The possible statuses are described below:

Reopenings/Revised NPRs Process Status	Scenario	Icon
None	There are no Reopenings/Revised NPRs for the FYE	
X of Y Open	One or more Reopenings/Revised NPRs are currently open for the selected provider and FYE. 'X' reflects the number currently open, 'Y' reflects the total number of records.	
Y Closed	All Reopenings/Revised NPRs for the selected provider and FYE are closed. 'Y' reflects the total number of closed requests.	

3.2.9.2 Reopenings / Revised NPRs Fields

The following table provides explanations of each of the fields which can be present within the Reopenings / Revised NPRs section.

Field	Description
Request ID	The Request ID reflects a unique identifier for Reopening/Revised NPR requests for this provider and FYE, which may be useful for reference in correspondence with the MAC.

Field	Description
Reason	Reflects the reason for the Reopening/Revised NPR as captured by the MAC.
Received Date	The Received Date field will display the date the Reopening Request was received by the MAC for those not initiated directly by CMS or the MAC.
Decision	The Decision field will denote the decision made for the corresponding Reopening/Revised NPR. If the Decision is to proceed with issuing a Revised NPR, the reopening will remain in the Open subsection until it receives a Revised NPR. If the Decision is not to perform a Revised NPR (either due to a denial or an alternate resolution like a settlement) the reopening will be moved to the Closed subsection.
Decision Date	The Decision date field reflects the date the MAC made the corresponding Reopening decision.
Open Information Request(s)	The Open Information Request(s) field is a listing of additional information request dates made on the specified dates where the MAC has not indicated receipt of the requested information in STAR.
Final Information Received Date	The Final Information Received Date is the date when the MAC received all necessary information to continue with the reopening.
Issue Types	The Issue Types field displays the Issue Types that a MAC has currently selected in STAR. Please note, this list may be different than what was originally requested by the Provider based on which issue types were granted and denied.
Revised NPR Date	The date a revised NPR (rNPR) was issued, effectively closing the Reopening/Revised NPR record. If the field is present for a specific request ID but blank, this means that the reopening is still in progress. If the field is not present for a request ID, this means that the reopening/revised NPR request was closed in such a way that no revised NPR should be expected.
Documentation	If the MAC uploaded a Revised Final Settlement package for the associated Revised NPR Date, a "View All" link would display and navigate users to the Documentation Details Screen. If there is no package, then the Documentation field will either be absent or display "Pending Upload".

3.2.10   Appeals

The Appeals section tracks the status of individual and group Appeals for an FYE, categorizing cases as Open, Closed, or No Longer a Participant.

NOTE: The information in MCReF reflects the MAC's most current information on the state of a given appeal. For official PRRB case information, please refer to the Office of Hearings Case and Document Management System (OH CDMS).

If there are no appeals that have ever been associated to the currently selected provider and FYE, the section will display "There are no Appeals for the year." If a provider and year have ever been associated to an appeal, those appeals will be grouped together under one of three sub-sections:

- Open – Any PRRB Group appeal, PRRB Individual appeal, or MAC appeal pending a final decision from the PRRB or MAC (respectively)

- Closed – Any PRRB Group appeal, PRRB Individual appeal, or MAC appeal no longer pending a final decision from the PRRB or MAC (respectively), either as a result of having received a final decision, or having reached an alternate conclusion (settlement, withdrawal, etc.)

- No Longer a Participant – Any PRRB Group appeal in which a provider has withdrawn, transferred, or been jurisdictionally denied standing. In these cases, all fields will be hidden except for Case Number, Case Name, Case Type, and Acknowledgement Date. The appeal for which the provider is "No Longer a Participant" will also include the date the provider ceased to be part of the appeal. If you believe you have been removed from an appeal in error, please contact your MAC.

Exhibit 26 Appeals Section

3.2.10.1 Appeals Process Status

Alongside the overall statuses for the year, the Appeals section in the graphic displays its own sub-status regarding the Appeals status of the cost report at that time. The statuses are described below:

Appeals Process Status	Description	Icon
None	There are no Appeals for the FYE	
X of Y Open	One or more Appeals are currently open for the selected provider and FYE. 'X' reflects the number currently open, 'Y' reflects the total number of records.	

Appeals Process Status	Description	Icon
Y Closed	All Appeals for the selected provider and FYE are closed. 'Y' reflects the total number of closed requests.	

NOTE: Any appeals categorized as "No Longer a Participant" do not contribute to the open or total counts present in the Appeals section statuses.

3.2.10.2 Appeals Fields

The following table provides explanations of each of the fields which can be present within the Appeals section.

Field	Description
Case Number	The Case Number of the appeal.
Case Name	The Case Name of a PRRB Group appeal.
Case Type	The Case Type field denotes whether the case is a PRRB-Individual, PRRB-Group, or MAC Appeal.
Acknowledgement Date	The date the appeal request was acknowledged.
Hearing Status	The current status of the hearing for the appeal, if applicable.
Hearing Date	The date the hearing is scheduled to be held, or was held, depending on the corresponding Hearing Status.
Provider Preliminary Position Paper Received Date	The date the MAC received the provider's Preliminary Position Paper for the appeal.
Provider Final Position Paper Received Date	The date the MAC received the provider's Final Position Paper for the appeal.
Partial Resolution Date	The date a Partial Resolution was issued for the appeal. An appeal may have more than one set of Partial Resolutions (Type and Date).
Partial Resolution Type	The type of Partial Resolution issued for the appeal. An appeal may have more than one set of Partial Resolutions (Type and Date).
Full Resolution Date	The date a Full Resolution was issued for the appeal.
Full Resolution Type	The type of Full Resolution issued for the appeal.
Case Closed Date	The date the appeals case was closed.
Case Closed Reason	The reason the appeals case was closed.

3.2.11   Documentation Details Screen

The Documentation Details page displays the package information based on the "View All" link that the user selected from the View Details screen.

Exhibit 27 Documentation Details Screen

Documentation Details

Back to View Details

Tentative Settlement - 06/12/2020

File Name
TS LETTER EXAMPLE_REDACTED.PDF
TS-SUPPORT.DOCX

Download All

Back to View Details

3.2.11.1 Documentation Details Fields

The following table provides explanations of each of the fields which can be present on the Documentation Details page.

Field	Description
<Section Heading> - <Key Date>	Depending on which section the user selected the View All link from, the associated Section Heading and Key Date will appear. The following are the potential values that may display: • Interim Rate – Review Date • Tentative Settlement – Letter Date • NPR – NPR Date • Reopenings/Revised NPRs – Revised NPR Date
Published On	If your MAC had replaced a previously uploaded package with a new one, then the Published On date would reflect when the original package was available in MCReF. Otherwise, this field would be absent.
Updated On	If your MAC had replaced a previously uploaded package with a new one, then the Updated On date would reflect when the updated package was available in MCReF. Otherwise, this field would be absent.
Materials Table	The Materials Table lists all of the documentation materials included within the associated package. Each row displays the File Name as a link. When selected, the user will download the single file.
Download All	If the user were to select this button, it will allow them to download all of the materials listed in the Materials Table within a ZIP folder.

3.3 Individual e-File Functionality

3.3.1 e-File Cost Report Materials Screen

This section describes the fields and functionality available on this screen. In particular, this is the screen providers will use to e-File their cost report.

Exhibit 28 e-File Cost Report Materials Screen

3.3.1.1 Printer Friendly Version

Clicking on the Printer Friendly Link will produce a pop-up window containing the same information currently displayed on screen, but in a format that is more suitable for printing. The printer friendly version is printed by using the browser's print functionality. The pop-up window can be closed by using the "Close" button at the top of bottom of the pop-up window's content area.

Exhibit 29 Printer Friendly Version Link

3.3.1.2 Provider

The provider field will display the provider that was previously selected to e-File for on the Home screen. If the provider displayed is not the provider you wish to file for, click the "Back to Search Results" link at the top or bottom of the screen to return to the Home screen. Once on the Home screen, you can reselect the appropriate provider and FYE you wish to file for.

3.3.1.3 Fiscal Year End

The FYE field will display the provider that was previously selected to e-File for on the Home screen. If the FYE displayed is not the FYE you wish to file for, click the "Back to Search Results" link at the top or bottom of the screen to return to the Home screen. On this screen you can reselect the appropriate provider and FYE you wish to file for.

3.3.1.4 Medicare Utilization Drop-down

Exhibit 30 Medicare Utilization Drop-down

The "Medicare Utilization" drop-down allows providers to indicate the Medicare Utilization level of the MCR being e-filed. Options available are 'Full', 'Low', and 'No'. For FQHC/RHC providers only, an additional option of 'Vaccine-Only' is available. The system will default to 'Full'. If not filing a Full MCR, expanding the drop-down using the arrow on the right-hand side will allow viewing and selection of the other available values. Changing the selected Medicare Utilization may cause the system to update which Cost Report Materials are considered required for the submission to proceed (refer to 3.3.1.6.2 for more information on required materials). Medicare Utilization is expected to correspond to the utilization reported in the cost report being submitted, but this is not enforced by the system. If systematic enforcement of required file inclusion is bypassed by misreporting Medicare Utilization, MACs will enforce the requirement at time of evaluating acceptability in the form of a formal rejection.

Exhibit 31 Expanded Medicare Utilization Drop-down

3.3.1.5 First Cost Report Submission Notification

Exhibit 32 Example First Cost Report Submission Notification
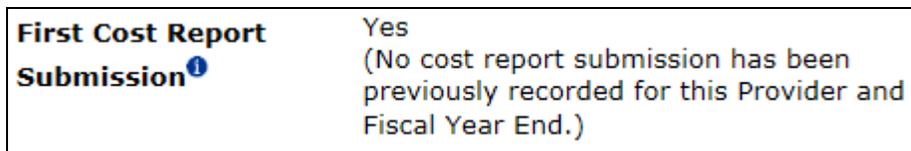
The "First Cost Report Submission" notification informs the user of whether or not an MCR has already been recorded in STAR as received by the MAC for the selected Provider and Fiscal Year End. If an MCR has already been received, the system will treat subsequent submissions as revised MCRs. Otherwise, the MCR will be treated as the provider's original MCR for the Fiscal Year End. There is no option for a user to change the state of this notification. If the user disagrees with the information in the notification (i.e. the system indicates this to be the first submission, but the user knows a previous submission was already sent, or vice versa), the user should contact their MAC before proceeding.

NOTE: If this notification indicates that this will be the first cost report submission for the year, and it is after 11:59 PM ET on the provider's cost report due date, proceeding with the submission will result in the provider's cost report being considered late by the MAC, regardless of whether or not a timely submission was previously submitted outside of MCReF and not yet received.

3.3.1.6 Cost Report Materials Table

Exhibit 33 Cost Report Materials Table

The "Cost Report Materials" table allows the user to upload all materials needed for a complete cost report submission. This may include "Acceptability Documents" essential to an acceptable cost report submission (such as an ECR or Print Image, refer to 3.3.1.6.5), "Supporting Documents" providing background or justification for information included in the cost report which will be needed by the MAC working to review and settle the cost report (such as a Bad Debt Collection Policy or Working Trial Balance, refer to 3.3.1.6.5.6), and any "Other Documents" the user wishes to include which do not fall cleanly into the previous categories (refer to 3.3.1.6.6).

3.3.1.6.1 Adding Files

Exhibit 34 Add File(s) Button

Upon initial load of the e-File Cost Report Materials page, the Cost Report Materials table will only include the following instructional text: "There are currently no files within the Cost Report Materials Table. To add one or multiple files, please click on the "Add File(s)" button above." Clicking on the "Add File(s)" button above the table launches a system dialog allowing the user to navigate to and select one or more files to be attached. **NOTE:** After the user clicks the "Open" button, the system will display the following on-screen text: "Attaching Files…". This text communicates to the user that the page is currently processing their file selections and the Cost Report Materials Table will be populated accordingly after completion. Once the table has been fully populated, the on-screen text will disappear.

The "Add File(s)" button can be used repeatedly, to add more files from multiple locations or to replace files that have already been attached. Files uploaded via subsequent uses of the "Add File(s)" button will display a red plus symbol to the right of the file category, making it easier to identify where new files ended up in the table. If the user selects any file with the same name as one already attached, the system will overwrite the existing file in the Cost Report Materials table with the newly selected file.

If a file is selected for upload by mistake and the user wishes to remove it prior to submission, clicking the "Remove" button to the right of the desired row will remove that file.

3.3.1.6.2 Required Files

Based on the type of provider, the Medicare Utilization selected above, whether a cost report submission has already been submitted for the year, and/or the presence of optional files, certain files may be required for the submission to be considered valid. Any file requirements the system knows in advance are indicated by the red text beginning with "Required Files:" that displays above the "Add File(s)" button.

Any file category not indicated as required remains available for optional file uploads. The file types supported vary between the different categories of attachment (including some which support ZIPs). Refer to the details on each file category below for specifics on what file types are supported.

Users should take care to place their uploaded files in the correct file category to avoid unsuccessful submissions and to ensure that the MAC can find the needed material once submitted. If a submission is made without all necessary files, users must perform a completely new submission containing all attachments again with the missing file included. There is no mechanism for partial submissions, or direct revision of previous submissions.

3.3.1.6.3 General File Guidance

NOTE: _Do not encrypt or password-protect uploaded files (including files within ZIP/archive files)._ MCReF is a secure portal for transmission of MCR materials (including PII/PHI), and any additional encryption placed on the individual files prevents the receiving user from accessing the contents. While this is not enforced by the system, if uploaded files are encrypted/password-protected (including files within ZIP/archive files), MACs will enforce the requirement at time of evaluating acceptability in the form of a formal rejection.

All files uploaded must adhere to the following general guidelines for submission to be allowed:

- o Files must be virus/malware-free
- o File name must …
    - o … not contain any of the following illegal characters: < > ^ ! " \ { } [ ] | + ` ~ & ' ; / -
    - o … not be greater than 255 characters in length
- o Files must be greater than 0 bytes in size
- o Individual file sizes must be within the limits specified for each file category, and the total submission size must not exceed 1GB.
    - o **NOTE:** If any individual file or the total submission size is legitimately larger than the limits specified, the cost report is ill-suited to an electronic filing and should be submitted via traditional methods (mail or hand delivery)

3.3.1.6.4 Categorizing Files

In general, Cost Report Materials can have their file categories determined via one of two methods.

- • If any uploaded file follows the naming convention for a given file category (as defined in Appendix B), the system will automatically assign the correct file category.

- o Files generated directly from vendor software (e.g. ECRs, Print Images, IRIS) should be recognized by the system as long as the file names as output by the vendor software are not altered.

- o All other files can optionally be manually named by the individuals preparing them to follow the naming conventions in Appendix B. Any file which does not meet any of the naming conventions will be defaulted by the system to a file category of "Other".

- • All uploaded files can be individually re-categorized via the File Category dropdown, regardless of whether the file adhered to the MCReF naming conventions and how their file category was defaulted.

Files in the table are organized into sections based on whether they are considered Acceptability Documents, Supporting Documents, or Other Documents, with a section break in the table for each that have files present. For example, if only Acceptability Documents have been uploaded, only the section break for Acceptability Documents will be present. The section breaks themselves are color-coded (green for Acceptability, blue for Supporting, and yellow for Other), and include a tooltip with further information about the section.

The File Category dropdown will display a list of file categories applicable to the type of provider being submitted, organized in the same method as the Cost Report Materials Table itself: Acceptability Documents, then the Supporting Documents, and finally Other Documents, with each file category listed under each color-coded section break in the dropdown.

If the user re-categorizes any file, the system will immediately reflect the new file category via the value shown in the dropdown and by updating the color-coding to the left of the dropdown to match that of the section the new file category falls under. However, the system will not automatically re-organize the ordering of the files based on a re-categorization. Users can prompt the system to re-organize all re-categorized files, sorting them into their appropriate sections and ordering them amongst the other files in that same section, by either clicking on the File Category column header, or by adding more files.

3.3.1.6.5 Acceptability Documents

Exhibit 35 Acceptability Documents Dropdown Section
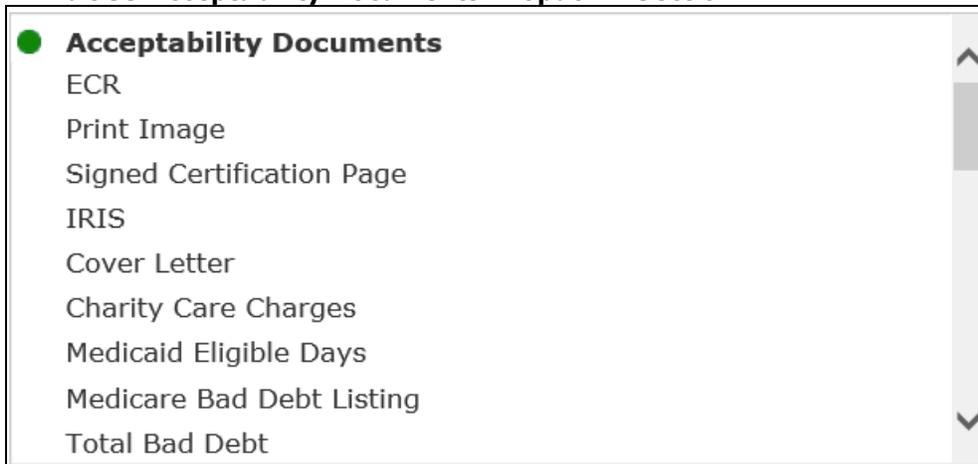
The Acceptability Documents section of the File Category dropdown includes those which can be required by CMS for a cost report submission to be deemed acceptable. The section begins with the "Acceptability Documents" section break, also identified by a green circle icon. The following sections provide more information on each of the possible Acceptability Documents.

NOTE: Not all Acceptability Documents are applicable to all providers and cost reports. If generally inapplicable to the provider being filed, the entry will not be available in the dropdown. Users attempting to include a document which might not typically apply to the provider in question can always categorize the file under "Other".

3.3.1.6.5.1   ECR (Electronic Cost Report)

The ECR file category must only be used to upload electronic cost reports generated using a current version of CMS-certified ECR vendor software (also sometimes referred to as the 'EC', 'SN', 'HH', 'HS', 'RD', 'RF', 'FQ', 'CM', 'OP', or 'HO' file. This description is only intended to provide guidance as to the type of file expected for this file category. This is not intended to be the comprehensive list of all possible valid ECR file name abbreviations or file naming conventions.). ECRs are required for all providers filing a Full or Vaccine-Only Medicare Utilization MCR and for all Home Offices filing on the 287-22, with the exception of Limited Purpose Insurance Companies (LPICs). ECRs should not be compressed/ZIP'd, and should be no larger than 1MB. Their contents will be verified by the system on upload to confirm that they are a true ECR file.

Assuming the ECR is properly formatted, the system will also verify that the Provider and Fiscal Year being submitted match the selections on screen above and that the FYB in the file corresponds to the MAC's records in STAR. For cost reports which can contain subunits or consolidated units, the system will verify that the units in the ECR match one-to-one with those on record in STAR. If errors are encountered as a result of either FYB/FYE or subunits/consolidated units not matching the MAC's records, the user should verify that the cost report reflects all recent changes to the provider's fiscal period and any change in the provider's associations with subunits or consolidated units. If no discrepancies can be identified in the cost report, the user should contact their MAC to confirm that the MAC is aware of all pertinent FY changes and Tie-In notices.

3.3.1.6.5.2   Print Image

The Print Image file category is expected to be used for the viewable/human-readable copy of the provider's cost report generated using a current version of CMS-certified ECR vendor software (often a PDF, but any readable format generated using ECR vendor software is allowable). For Home Offices filing on the 287-05, the Print Image should be a completed printable copy of the 287-05 cost statement. Print Images are required for all providers filing a Full, Low, or Vaccine-Only Medicare Utilization MCR and all Home Offices filing on the 287-22, with the exception of LPICs, and required for any submission which includes an ECR (refer to 3.3.1.6.5). Print Images should not be compressed/ZIP'd, and should be no larger than 10MB.

3.3.1.6.5.3   Signed Certification Page

The Signed Certification Page file category is expected to be used for the provider's electronically-signed Worksheet S certification page, including encryption codes, generated using a current version of CMS-certified ECR vendor software (often a PDF, but any viewable/human-readable format generated using ECR vendor software is allowable). For Home Offices with FYBs prior to 10/01/2022, the Signed Certification Page should be a printed, signed, and scanned copy of the 287-05 Schedule A. Home Offices must also follow the guidance referenced for filing on an MCR Version (287-05) which does not support e-signature (see 3.3.1.6.5.3.2). Signed Certification Pages are required for all providers regardless of Medicare Utilization, with the exception that it is never required for LPICs. Signed Certification Pages should not be compressed/ZIP'd, and should be no larger than 10MB.

The CMS 2018 IPPS Final Ruling allows providers to electronically sign their Worksheet S (Certification Page) for Fiscal Year Ends on or after 12/31/2017. For more information regarding electronic signature, please refer to the 2018 Final IPPS Ruling (FR Vol. 82, No. 155 Page #38493, Section: "Revisions of Medicare Cost Reporting and Provider Requirements").

3.3.1.6.5.3.1   e-Signature Examples

The following 4 exhibits provide examples of valid and invalid uses of e-signature (**Note:** These examples are not the exhaustive list of all possible valid and invalid uses of e-signature. Consult the CMS 2018 IPPS Final Ruling for e-signature guidance):

Exhibit 36 Valid e-signature example (checkbox checked and typed)

01-22	FORM CMS-2552-10	4090 (Cont.)

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g).

FORM APPROVED
OMB NO. 0938-0050
EXPIRES 03-31-2022

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	PROVIDER CCN:	PERIOD FROM _____ TO _____	WORKSHEET S PARTS I, II & III

PART I - COST REPORT STATUS

Provider use only	1. [ ] Electronically prepared cost report Date: _____ Time: _____
	2. [ ] Manually prepared cost report
	3. [ ] If this is an amended report enter the number of times the provider resubmitted this cost report
	4. [ ] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only	5. [ ] Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended	6. Date Received:_____ 7. Contractor No.:_____ 8. [ ] Initial Report for this Provider CCN 9. [ ] Final Report for this Provider CCN	10. NPR Date:_____ 11. Contractor's Vendor Code: _____ 12. [ ] If line 5, column 1, is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION BY A CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF PROVIDER(S)

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

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

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

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR 1	CHECKBOX 2	ELECTRONIC SIGNATURE STATEMENT	
1	**Andrew Smith Michaelson III**	**Y**	I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name: **Andrew Smith Michaelson III**			2
3	Signatory Title: **CFO**			3
4	Signature Date: **04/01/2022**			4

In the example above, the provider has filled in "Y" in the required checkbox confirming that their electronic signature will be treated as equivalent to an original signature signed in ink. The provider has also opted to sign the Worksheet S certification page by typing their name on the signature line. This example represents a valid use of e-signature.

Exhibit 37 Valid e-signature example (checkbox checked, signed in ink, and scanned)

01-22	FORM CMS-2552-10	4090 (Cont.)

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g).

FORM APPROVED
OMB NO. 0938-0050
EXPIRES 03-31-2022

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	PROVIDER CCN:	PERIOD FROM _____ TO _____	WORKSHEET S PARTS I, II & III

PART I - COST REPORT STATUS

Provider use only	1. [ ] Electronically prepared cost report Date: _____ Time: _____
	2. [ ] Manually prepared cost report
	3. [ ] If this is an amended report enter the number of times the provider resubmitted this cost report
	4. [ ] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only	5. [ ] Cost Report Status	6. Date Received:_____	10. NPR Date:_____
	(1) As Submitted	7. Contractor No.:_____	11. Contractor's Vendor Code: _____
	(2) Settled without audit	8. [ ] Initial Report for this Provider CCN	12. [ ] If line 5, column 1, is 4: Enter number of
	(3) Settled with audit	9. [ ] Final Report for this Provider CCN	times reopened = 0-9.
	(4) Reopened		
	(5) Amended		

PART II – CERTIFICATION BY A CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF PROVIDER(S)
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CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF PROVIDER(S)

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

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR 1	CHECKBOX 2	ELECTRONIC SIGNATURE STATEMENT	
1	*Andrew Smith Michaelson III*	✓	I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name: Andrew Smith Michaelson III			2
3	Signatory Title: C F O			3
4	Signature Date: 4|1|2022			4

In the example above, the provider has checked the required checkbox confirming that their electronic signature will be treated as equivalent to an original signature signed in ink. The provider has also opted to sign the Worksheet S certification page by printing the page, applying their signature by hand in ink on the signature line, and then scanning it as an electronic document. This example represents a valid use of e-signature. As such, uploading the scan as part of the MCReF submission fulfills the cost report's signature requirement, and no wet signature needs to be mailed or hand-delivered to the MAC. For exceptions involving wet signatures and cost reports without e-signature support, refer to Section 3.3.1.6.5.3.2.

Exhibit 38 Invalid e-signature example (checkbox not checked)

01-22	FORM CMS-2552-10	4090 (Cont.)

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g).

FORM APPROVED
OMB NO. 0938-0050
EXPIRES 03-31-2022

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	PROVIDER CCN: _____	PERIOD FROM _____ TO _____	WORKSHEET S PARTS I, II & III

PART I - COST REPORT STATUS

Provider use only	1. [ ] Electronically prepared cost report Date: _____ Time: _____
	2. [ ] Manually prepared cost report
	3. [ ] If this is an amended report enter the number of times the provider resubmitted this cost report
	4. [ ] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only	5. [ ] Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended	6. Date Received: _____ 7. Contractor No.: _____ 8. [ ] Initial Report for this Provider CCN 9. [ ] Final Report for this Provider CCN	10. NPR Date: _____ 11. Contractor's Vendor Code: _____ 12. [ ] If line 5, column 1, is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION BY A CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF PROVIDER(S)

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

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

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR 1	CHECKBOX 2	ELECTRONIC SIGNATURE STATEMENT	
1	**Andrew Smith Michaelson III**	[ ]	I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name: **Andrew Smith Michaelson III**			2
3	Signatory Title: **CFO**			3
4	Signature Date: **04/01/2022**			4

In the example above, the provider has ___not___ filled in the required checkbox confirming that their electronic signature will be treated as equivalent to an original signature signed in ink. This example represents an invalid use of e-signature. The checkbox must be filled in to be considered valid.

Exhibit 39 Invalid e-signature example (signature line not valid)

01-22	FORM CMS-2552-10	4090 (Cont.)

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g).

FORM APPROVED
OMB NO. 0938-0050
EXPIRES 03-31-2022

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	PROVIDER CCN:	PERIOD FROM _____ TO _____	WORKSHEET S PARTS I, II & III

PART I - COST REPORT STATUS

Provider use only	1. [ ] Electronically prepared cost report Date: _____ Time: _____
	2. [ ] Manually prepared cost report
	3. [ ] If this is an amended report enter the number of times the provider resubmitted this cost report
	4. [ ] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only	5. [ ] Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended	6. Date Received: _____ 7. Contractor No.: _____ 8. [ ] Initial Report for this Provider CCN 9. [ ] Final Report for this Provider CCN	10. NPR Date: _____ 11. Contractor's Vendor Code: _____ 12. [ ] If line 5, column 1, is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION BY A CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF PROVIDER(S)

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

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

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

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR 1	CHECKBOX 2	ELECTRONIC SIGNATURE STATEMENT	
1	X123	Y	I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name: Andrew Smith Michaelson III			2
3	Signatory Title: CFO			3
4	Signature Date: 04/01/2022			4

In the example above, the provider has filled in the required checkbox confirming that their electronic signature will be treated as equivalent to an original signature signed in ink. The provider has also opted to sign the Worksheet S certification page by typing their name on the signature line. However, this signature is not valid. The signature line must include a valid first and last name. This example represents an invalid use of e-signature.

Note: These examples are not the exhaustive list of all possible valid and invalid uses of e-signature. Consult the CMS 2018 IPPS Final Ruling for e-signature guidance. If you still have questions, contact your servicing MAC.

Each MCR Version's support for electronic signature is dictated by transmittal updates issued by CMS. Refer to your MCR Version's current transmittal for more information regarding the requirements / procedures for electronic signature. If the MCR Version you are filing on supports electronic signature, and you choose to sign electronically and submit via MCReF, you do not need to mail or hand-deliver the Worksheet S certification page with a signature in ink to your MAC.

3.3.1.6.5.3.2 Filing on an MCR Version which does not support e-signature

Providers filing via MCReF on the 287-05 (Home Office) MCR Version, which does not support e-signature, must upload a printed, signed, scanned copy of the Schedule A certification page to the "Signed Certification Page" file category and must also still mail / hand-deliver a hard copy of the Schedule A certification page with a signature signed in ink to their MAC. The hard copy must be received by the

provider's MAC within 10-days of the MCR submission being made in MCReF. If it is not received by the 10th day, the MAC will reject the provider's MCReF submission. Note: The 287-22 for Home Offices does support e-signature and should follow the guidance in Section 3.3.1.6.5.3.1.

3.3.1.6.5.4 IRIS

The IRIS file category is expected to be used for the Interns and Residents Information System (IRIS) files, formatted in compliance with CMS-issued guidelines for a valid IRIS file. IRIS submissions are data files submitted alongside a cost report by teaching hospitals that are used to track the rotation periods of medical interns/residents (IRs) that are being claimed on that cost report as IME/GME Full Time Equivalents (FTEs). To be compliant, the files attached must include a single-set of two DBF files ("M" and "A") or a single XML file, containing the data for the main provider and its subunits, and should be no larger than 50MB. The "M" and "A" DBF files refer to the Master and Assignment IRIS files created by the provider using either the IRISV3 Program software or compatible MCR Vendor software. When submitting DBF files, the Master file must begin with an "M" and the Assignment file must begin with an "A". If information in the cost report indicates the submission is for a teaching hospital, the system will enforce the requirement of an IRIS file. Additionally, the system will provide information regarding the number of FTEs reported in the IRIS file and cost report if those FTE counts do not correspond with each other.

3.3.1.6.5.5 Cover Letter

The Cover Letter file category is expected to be used for the provider's cover letter describing the nature of the submission or any other information about the submission which the provider wishes to communicate to the MAC up front (often a PDF, but any readable format is allowable). Cover Letters are required for all providers filing a revised or amended submission to explain the reason and nature of the revision being made. Cover Letters should not be compressed / ZIP'd, and should be no larger than 10MB.

3.3.1.6.5.6 Cost Report Exhibits

Certain exhibits defined by the cost report can be uploaded in separate Cost Report Material slots to enable additional system processing and feedback for submitters, while also making them easier to identify for the MAC. The relevant exhibits (Charity Care Charges, Medicaid Eligible Days, Medicare Bad Debt Listing, and Total Bad Debt) have varying applicability per cost report form; refer to your cost report instructions for guidance.

If the file uploaded is a .xlsx or .xlsm file based upon the optional specifications provided by CMS (link), the system will perform automated processing on the file and provide feedback about the contents and structure in the form of additional warning messages. If the file is not an .xlsx or .xlsm file, the system will warn the user that the automated processing is not possible, but the submission may still be receivable. Appendix C (Cost Report Material Validations) details the warning messages users may receive when submitting cost report exhibits in this category.

3.3.1.6.5.6.1 Charity Care Charges

The Charity Care Charges file category is expected to be used for detailed documentation supporting Charity Care Charge amounts claimed on the Cost Report. This file category is not required by the system for a submission to be receivable, but the system will warn the user if Disproportionate Share reimbursement and corresponding Charity Care Charges are identified on the cost report and no file has been included in this file category. Any readable format is allowable, but Charity Care Charges should not be compressed / ZIP'd.

3.3.1.6.5.6.2 Medicaid Eligible Days

The Medicaid Eligible Days file category is expected to be used for a detailed listing tying Medicaid Days to amountamounts claimed on the Cost Report. This file category is not required by the system for a submission to be receivable, but the system will warn the user if Disproportionate Share reimbursement is identified on the cost report and no file has been included in this file category. Any readable format is allowable, but Medicaid Eligible Days should not be compressed / ZIP'd.

3.3.1.6.5.6.3 Medicare Bad Debt Listing

The Medicare Bad Debt Listing file category is expected to be used for a detailed listing tying Medicare Bad Debt to amount claimed on the Cost Report. This file category is not required by the system for a submission to be receivable, but the system will warn the user if Medicare Bad Debt is identified on the cost report and no file has been included in this file category. Any readable format is allowable, but Medicare Bad Debt Listings should not be compressed / ZIP'd.

3.3.1.6.5.6.4 Total Bad Debt

The Total Bad Debt file category is expected to be used for a detailed listing tying Total Bad Debt to amount claimed on the Cost Report. This file category is not required by the system for a submission to be receivable, but the system will warn the user if Bad Debt is identified on the cost report and no file has been included in this file category. Any readable format is allowable, but Total Bad Debts should not be compressed / ZIP'd.

3.3.1.6.6 Supporting Documents

Exhibit 40 Supporting Documents Dropdown Section
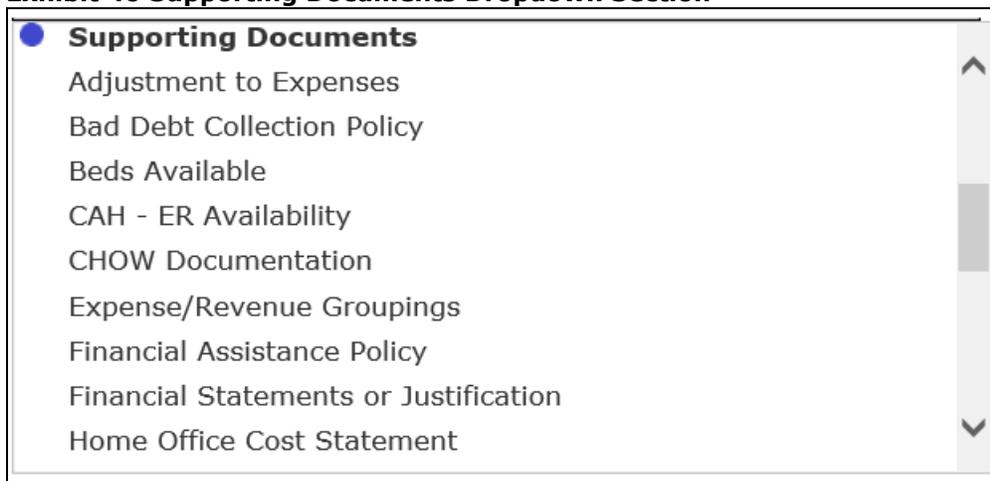
The Supporting Documents section of the File Category dropdown includes those which are not specifically required for a cost report submission to be acceptable, but which may be needed by the MACs to complete the review and settlement of a cost report submission. The section begins wih the "Supporting Documents" section break, also identified by a blue circle icon. For a full listing of all possible Supporting Documents file categories and descriptions for each, refer to Appendix B.

NOTE: Not all Supporting Documents are applicable to all providers and cost reports. If generally inapplicable to the provider being filed, the entry will not be available in the dropdown. Users attempting to include a document which might not typically apply to the provider in question can always categorize the file under "Other".

3.3.1.6.7 Other Documents

Exhibit 41 Other Documents Dropdown Section
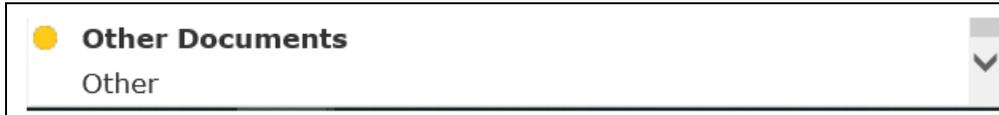
The Other Documents section of the File Category dropdown consists solely of the "Other" file category, which is expected to be used for any document describing the nature of the submission or any other information about the submission which the provider wishes to communicate to the MAC up front, which does not otherwise have a dedicated file category under the "Acceptability Documents" or "Supporting Documents" sections.

> **NOTE:** For cost report forms that do not have the 339 questionnaires incorporated in the cost report form, upload a scanned, signed copy of CMS form 339. and categorize it under "Other".

For any "Other Documents"…

- o ZipAll file types are supported, including ZIP/archive files (which will *only* be allowed for this file category)
- o ZIP/archives must not be empty (i.e. ZIP files must contain at least 1 document within them)
- o ZIP/archives must not contain more than 3 additional layers of ZIP/archive file

3.3.1.7 Official Submission Acknowledgement Checkbox

Exhibit 42 Acknowledgement Checkbox

☐ * I acknowledge that this represents an official submission of my Medicare cost report to my servicing Medicare Administrative Contractor (MAC) and the Centers for Medicare and Medicaid Services (CMS), subject to all rules and regulations pertaining to Medicare cost report submissions (e.g. filing deadlines).

Prior to being able to complete an MCReF submission, users must read the statement accompanying this checkbox and indicate agreement by checking the box. The Submit button will not be enabled until users complete this requirement.

3.3.1.8 Reset Button

Exhibit 43 Reset Button

At any point prior to activating the Submit button, users may activate the Reset button to return MCReF to the state it was in when the user first selected the Provider and FYE, reverting all other selections and fields to their default state (including the removal of any/all files attached so far). If the page was loaded and allowed to sit idle for a period of time prior to the user beginning to fill out the fields, it is recommended that the user first perform a Reset, as this will confirm that the user's session is still active and reset the session timeout, thereby maximizing the user's time to complete their submission prior to the next timeout and avoiding lost effort due to an expired session. Refer to the Section 6.1.2 System Timeout for more details regarding expired sessions.

3.3.1.9 Submit Button

Exhibit 44 Submit Button
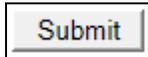
Submit

The Submit button initiates the transmission of the user selections and file uploads to the provider's MAC. As noted on-screen below the button, once Submit is activated, the transaction cannot be stopped. Closing the browser window or navigating to another webpage will not cancel the e-filing being performed. It is recommended that users review and confirm the selections made on-screen prior to submitting.

Upon activating Submit, the system will perform a variety of validations against the on-screen user selections, the formats of the attached files, and the contents of certain attached files.

- If any issues are encountered which prevent the submission from proceeding, the system will report these back as Errors; these must be corrected before the next attempt to submit for it to succeed. Certain issues are presented as Warnings, and may result in the provider's MAC subsequently rejecting the submission being e-filed. If the user believes their submission to be correct and acceptable, they can indicate their preference to proceed despite the Warning by activating the "OK" button on the Warning pop-up. If they wish to correct the issue identified by the Warning, they can instead activate the "Cancel" button on the Warning pop-up, which will return them to the MCReF screen without transmitting the submission.

- If no issues are identified by the system, the Confirmation screen (see section 3.3.2) will display with a success message indicating that the submission is complete. The Confirmation screen contains all selections made on the prior screen, along with the officially recorded electronic postmark date and an e-Filing ID for future reference.

NOTE: The receipt of a Success message from MCReF provides no guarantee (implicit, explicit, or otherwise) that the submitted cost report will be deemed acceptable by the MAC. All submissions remain subject to CMS' acceptability criteria.

3.3.2 e-File Cost Report Materials – Confirmation Screen

Upon successful submission of a cost report, the user will be directed to a confirmation screen with a success message displayed at the top of the screen. The success message will either indicate that the cost report has been received pending further MAC review, or that the system was able to identify all pre-requisites for accepting the cost report, subject to MAC review. This screen primarily allows the user to view and print the details of a cost report submission for historical reference.

Exhibit 45 e-File Cost Report Materials – Confirmation Screen

---

Success Message

Success S0000: The cost report submission has been received by the system. Your MAC will determine if it is acceptable and may contact you for additional information or corrections. Refer to the dashboard periodically for the updated status of the cost report.

e-File Cost Report Materials - Confirmation

🖶 Printer Friendly Version

Cost Report Submission Details

e-Filing ID:	3098964
e-Postmark Date:	01/27/2021 2:38 PM ET
Provider:	11-1111 Test Provider
Fiscal Year End:	09/30/2019
Medicare Utilization:	Full
First Cost Report Submission:	Yes

Acceptability Documents

ECR:	EC111111.19A1
Print Image:	PI111111.19A1.pdf
Signed Certification Page:	SC111111.19A1.pdf
IRIS:	A111111_2019-09-30.dbf, M111111_2019-09-30.dbf,
Cover Letter:	CoverLetter.doc

Supporting Documents

Bad Debt Collection Policy:	BDPolicy.pdf
Medicare Bad Debt Listing:	MedicareBD.xlsx
Total Bad Debt:	TotalBD.xlsx

Other Documents

Other:	Other-Additional.doc

Note: To access this information later, refer to the e-File History screen under the Bulk e-File tab.

[Logout]   [Back to Search Results]

3.3.2.1 Cost Report Submission Details

The Cost Report Submissions Details area of the screen consists of the following:

o **e-Filing ID**: The system-assigned unique identifier for a cost report submission. This ID can be kept for the user's records as well as for future communications with their MAC regarding the submission.

o **e-Postmark Date**: The electronic postmark date recorded for the provider's cost report submission.

o **Provider, Fiscal Year End, Medicare Utilization and First Cost Report Submission fields**: Displays the value selected / confirmed on the prior "e-File Cost Report Materials" screen.

o **"Acceptability Documents", "Supporting Documents", and "Other Documents" section headers**: Contains the name of the file selected for upload for each row in the Cost Report Materials table from the prior "e-File Cost Report materials" screen, organized into the same sections.

o **Logout Button:** Logs the user out of MCReF.

o **Back to Search Results Button:** Returns the user to the "Home" screen with filters retained.

4 Bulk e-File Functionality

The Bulk e-File tab provides a suite of features that allow users to e-File multiple cost report submissions via a single uploaded ZIP file containing well-named folders and files, then monitor the progress as the system processes each submission. While primarily intended to support bulk e-filings, some users may prefer uploading a single ZIP when filing individual cost reports to the system's Individual e-File Functionality, and the e-File History will allow users to review previous Individual e-Filings alongside Bulk e-Filings.

4.1 Bulk Upload Screen Functionality

Upon clicking on the Bulk e-File tab, the user is directed to the tab's default screen: the Bulk Upload page. Similar to the e-File Cost Report Materials screen in section 3.3.1, this page can be used to upload cost report materials for specific Providers/FYEs. While the Bulk Upload and e-File Cost Report Materials screens support e-filing the same variety of cost reports, the Bulk Upload Screen provides the ability to upload one, multiple, or many cost report materials for different Provider/FYEs simultaneously. To take advantage of this capability, users must adhere to MCReF-specific rules for structuring the uploaded ZIP file and naming the folders and files within.

Exhibit 46 MCReF Bulk Upload Screen

The Bulk Upload page contains:

- a browse file attachment slot for users to select their ZIP file containing well-named folders and files following the naming conventions in section 4.1.1.

- an acknowledgement checkbox stating that this represents an official submission of a Medicare cost report.

- and the Submit button. Please refer to section 4.1.4 below for more information.

4.1.1 Bulk Upload Naming Convention

ZIP files uploaded to the Bulk Upload functionality must adhere to the naming and structure described in this section for the cost reports to be recognized by the system and successfully processed. Within the ZIP file, a folder should be present for each Provider/FYE for which a cost report is being submitted, named following the guidance in the table below. All required Cost Report Materials need to be placed directly in the submission folder (not in further sub-folders), and named following the guidance in the table in Appendix B. Any additional files that do *not* have a designated naming convention (generally considered Other) can be placed in the main submission folder, or a sub-folder. Any file placed in a sub-folder will automatically be treated as 'Other', even one which is otherwise named according to the guidance in the table below. All naming conventions are case insensitive; file names can be uppercase, lowercase, or any mix thereof, as long as they otherwise adhere to the guidance provided.

Intent	Example Name	Guidance
Main uploaded ZIP file	Cost-Report-Materials.ZIP	No guidance. There is no restriction on how the uploaded ZIP file is named (other than universal naming restrictions described in the following section). If planning multiple bulk uploads, users may want to name this file with information that helps differentiate it from the others, as this filename will be visible on the e-Filing History and Upload Details screens afterwards.
Folder per submission	123456_2019-12-31_Full	Provider#_yyyy-mm-dd_MedicareUtilization Provider# – 6-character CMS Certification Number (without a dash, '123456' not '12-3456') yyyy-mm-dd – Fiscal Year End of the cost report being submitted, with the 4-digit year, followed by the month, and then day, separated by hyphens MedicareUtilization – "Full", "Low", "No", or "Vaccine". If this is not included, the system will assume the submission is a Full Medicare Utilization submission. The Provider#, yyyy-mm-dd, and MedicareUtilization should each be separated by a single underscore (_)

NOTE: *__Do not encrypt or password-protect uploaded files (including files within ZIP/archive files).__* MCReF is a secure portal for transmission of MCR materials (including PII/PHI), and any additional encryption placed on the individual files prevents the receiving user from accessing the contents. While this is not enforced by the system, if uploaded files are encrypted/password-protected (including files within ZIP/archive files), MACs will enforce the requirement at time of evaluating acceptability in the form of a formal rejection.

All files uploaded must adhere to the following general guidelines for an upload/submission to be allowed:

- o   Files must be virus/malware-free
- o   File name must …
  - o   … not contain any of the following illegal characters: < > ^ ! " \ { } [ ] | + ` ~ & ' ; / -
  - o   … not be greater than 255 characters in length
  - o   Note: the user inputted name of folders and files are *not* case sensitive.

- ZIP/archives must not be empty.
- Files must be greater than 0 bytes in size.
- File size must be within the 1GB (gigabyte) limit.

NOTE: If the combination of multiple cost report submissions results in a ZIP file larger than the specified limit, the cost reports being filed may need to be separated into multiple uploads. If a single cost report submission is legitimately larger than the specified limit, the cost report is ill-suited to an electronic filing and should be submitted via traditional methods (mail or hand delivery).

4.1.2 Browse Button

Exhibit 47 Browse Button

If the user were to click the "Browse…" button within the Cost Report Materials section, a system dialog is launched allowing the user to navigate to and select their desired ZIP file. If a file is selected for an upload by mistake and the user wishes to remove it prior to submission, clicking the "Browse. . . " button again within their system dialog and selecting a different file will allow the user to replace the mistakenly chosen file.

4.1.3 Official Submission Acknowledgement Checkbox

Exhibit 48 Acknowledgement Checkbox

☐ * I acknowledge that this represents an official submission of my Medicare cost report to my servicing Medicare Administrative Contractor (MAC) and the Centers for Medicare and Medicaid Services (CMS), subject to all rules and regulations pertaining to Medicare cost report submissions (e.g. filing deadlines).

Prior to being able to complete an MCReF submission, users must read the statement accompanying this checkbox and indicate agreement by checking the box. The Submit button is not be enabled until users complete this requirement.

4.1.4 Submit Button

Exhibit 49 Submit Button

The Submit button initiates the transmission of the ZIP file upload to the provider's MAC. As noted on-screen below the button, once Submit is activated, the transaction cannot be stopped. Closing the browser window or navigating to another webpage will not cancel the upload being performed. It is recommended that users review and confirm the ZIP file selected for upload on-screen prior to submitting.

- If any issues are encountered which prevent the upload from proceeding, the system will report these back immediately as Errors; these must be corrected before the next attempt to submit for it to succeed. Please refer to Section 6.7.1 for more information regarding Error Messages specific to the Bulk Upload page.
  - For example, if the user checked the Acknowledgement Checkbox, then proceeded to click the Submit Button before uploading any cost report materials, an error will be triggered stating that the "Cost Report Materials" must be populated.
- If no issues are encountered which prevent the upload from proceeding, the Bulk Upload screen will refresh to display a success message displayed at the top of the screen. The message indicates that the uploaded files have been uploaded and processing has begun. To see the status of the

uploaded files, the user should navigate to section 4.2, e-File History Screen Functionality. Any issues (errors or warnings) pertaining to the contents of each uploaded submission will be communicated there.

4.2 e-File History Screen Functionality

Exhibit 50 e-File History Screen

	Upload ID	Upload File Name	e-Filing ID	Submission Folder Name	Upload Date and Time	Uploaded By	Provider #	FYE	Load Status	Warnings / Errors ⓘ
	448	Cost Report Materials.zip			10/10/2020 9:39 AM ET	USER, SAMPLE			Pending	
	447	CostReports.zip	3193308	111111_2019-12-31_FULL	10/08/2020 3:56 PM ET	USER, SAMPLE	11-1111	12/31/2019	Success	
	447	CostReports.zip	3193304	222222_2019-12-31_FULL	10/08/2020 3:56 PM ET	USER, SAMPLE	22-2222	12/31/2019	Warning	**C021:** Cost Report will be deemed late.
	447	CostReports.zip	3193306	333333_2019-12-31_FULL	10/08/2020 3:56 PM ET	USER, SAMPLE	33-3333	12/31/2019	Error	**C433:** Signed Certification Page required.
	447	CostReports.zip	3193238		10/08/2020 3:56 PM ET	USER, SAMPLE			Error	**B445:** Files not in folder
	446	CR-Materials-3-ESE.zip	3192622	444444_2019-12-31_FULL	09/25/2020 4:02 PM ET	USER, SAMPLE	44-4444	12/31/2019	Warning	**R1006:** ECR - More recent CR transmittal available.
			3192577	Individual e-Filing Page	09/25/2020 11:57 AM ET	USER, SAMPLE	55-5555	12/31/2019	Invalidated	
	445	CR-Materials.zip	3191441	123456_2019-12-31_FULL	09/22/2020 9:57 AM ET	USER, SAMPLE	12-3456	12/31/2019	Success	

e-File History

Include
● Most Recent per Provider/FYE
○ All History

Filters
Upload ID
Upload File Name
Upload Date
From [mm/dd/yyyy] To [mm/dd/yyyy]
Uploaded By
Provider #
Fiscal Year End
From [mm/dd/yyyy] To [mm/dd/yyyy]

Load Status
☐ Pending (0)
☐ Processing (0)
☐ Warning (4)
☐ Expired Warning (1)
☐ Success (15)
☐ Error (50)
☐ Invalidated (9)
[Clear Filters]

Address All Warnings

Show [20 ▾] entries   [Export To Excel]   [Refresh]

On the e-File History page, users are able to view all of their past bulk uploads as well as successful individual submissions across different Providers and FYEs in a table format. Within the e-File History table, each row represents a distinct Submission, which is identified by its e-Filing ID. Additionally, each row displays other identifying/pertinent information about the record, including its current status.

Users will be able to see any submission for a Provider/FYE which they are authorized to access via IDM, and submissions from uploads which they performed themselves. If no bulk e-filings nor successful individual e-filings have been performed for providers which the user has access to, a single merged row will display the following message: "No previous e-filing attempts have been found for providers at your organization".

The e-File History page contains:

- The e-File History Table's associated fields.
- And a set of filters used to narrow down providers and FYEs shown in the main table to the right.
- Buttons, such as to refresh, filter the table by most recent per Provider/FYE and all history, to export the e-File History Table's information to excel, etc.
- A dropdown displaying the number of entries in the e-File History Table per the user's preference upon selection.
- A link to navigate to the Submission Warnings page.

4.2.1 e-File History Table

The e-File History page table includes all submissions that were attempted via the bulk upload page regardless of Load Status (see section 4.2.1.9 for more information). The table also includes any successful submissions that were submitted on the individual e-Filing page.

By default, the e-File History Table only includes the most recent bulk e-Filing attempt or successful individual e-Filing for each Provider/FYE, but users can opt to include all history and use the Filters functionality to find particular providers and FYEs.

4.2.1.1 Upload ID

The Upload ID represents a unique identifier for the user's upload. Each value under the Upload ID column on the e-File History page is a link that will direct the user to the Upload Details Screen once clicked. Refer to section 4.3 for more information.

Note: This field will be blank for individual e-Filing rows.

4.2.1.2 Upload File Name

The name of ZIP file the user uploaded on the Bulk Upload screen.

Note: This field will be blank for individual e-Filing rows.

4.2.1.3 e-Filing ID

The e-Filing ID is the system-assigned unique identifier for a cost report submission. This is the same ID displayed on the e-File Cost Report Materials – Confirmation Screen and the View Details Screen Functionality - Submission section, and can be referenced in communications with your MAC regarding the submission.

4.2.1.4 Submission Folder Name

The name of the submission folder within the upload.

If this field is blank, it indicates there were files included in the ZIP upload which were not in a folder at all. All such files are assigned to a single e-Filing ID as the system is unable to separate them or assign them to a particular Provider/FYE without an appropriate named Submission Folder.

Note: If viewing a row for an individual e-Filing, this field will display "(Individual e-Filing Page)" as the Submission Folder Name. This serves to emphasize the difference between individual e-Filings (which will never have a Submission Folder), and bulk e-Filing files lacking a folder altogether.

4.2.1.5 Upload Date and Time

A time stamp of when the user's file upload completed transferring to MCReF.

4.2.1.6 Uploaded By

The name of the person who performed the upload. If no name is available, then the User ID will be displayed.

4.2.1.7 Provider

Provider # the user has attempted to upload for.

If this field is blank, but a Submission Folder Name is present, the system was unable to identify a Provider # from the Submission Folder Name as a result of not following the Bulk Upload Naming Convention guidance for Submission Folders. If the Submissions Folder Name is also blank, the system was unable to identify a Provider # for the files in the upload which were not in a Submission Folder.

4.2.1.8 Fiscal Year End

Fiscal Year End the user has attempted to upload for.

If this field is blank, but a Submission Folder Name is present, the system was unable to identify an FYE from the Submission Folder Name as a result of not following the Bulk Upload Naming Convention guidance for Submission Folders. If the Submissions Folder Name is also blank, the system was unable to identify an FYE for the files in the upload which were not in a Submission Folder.

4.2.1.9 Load Status

The "Load Status" field informs the user of the state of each submission within their upload(s). The user can obtain more detailed information about each Submission by clicking on the links under the Load Status column to navigate to the Status Details Screen Functionality. The following are possible status values that could display on the screen:

Load Status	Description
Pending	The user's upload is still pending processing by the system. As a result, no details are available yet for the remaining submissions within, and this status will not have a link to the Status Details page.
Processing	The user's e-filing is still being processed by the system to determine if it is successful or has any warnings/errors.
Warning	The user's e-filing has received one or more warning messages that will need to be acknowledged before the submission can finish being processed by the system. The option to Acknowledge Warning(s) and Proceed will expire 21 days from the Upload Date, at which point the status will be updated to "Expired Warning" and the submission would need to be re-uploaded if the user wanted to try again.
Expired Warning	The user's submission had warnings which were not acknowledged within 21 days of the submission's upload. At this point, the displayed warnings can no longer be acknowledged, and the submission would need to be re-uploaded if the user wanted to try again.
Error	The user's submission has received one or more error messages that will need to be addressed. A listing of abridged error messages is presented in the Warnings/Errors column of the e-Filing History table, and a complete, unabridged listing is available in the Messages Table on the Status Details page. Users should address all identified errors, and upload a corrected submission. Note that only the revised/corrected submission should to be resubmitted; any successful submissions in the same upload should not be re-uploaded or they will result in duplicate submissions being sent to the MAC.

Load Status	Description
Invalidated	The user's submission had previously been processed with no errors and successfully received. However, the MAC has invalidated the submission.
Success	The user's submission has been processed with no errors and successfully received.

4.2.1.10 Warnings/Errors

This column contains shortened versions of the warnings or errors that the system encountered while trying to process the e-filing submission. The shortened versions are presented on this page as a quick reference for commonly encountered errors with known fixes, and to make it possible to look across multiple submissions to identify if your upload contained a common issue that needs addressing more broadly rather than on a case-by-case basis.

This column will always be blank for records with a Load Status of Pending, Processing, Success or Invalidated, since they either have yet to identify errors or warnings, or they have finished processing without identifying any.

Note: If the system identifies multiple instances of the same issue in a given Cost Report Material or across multiple different Cost Report Materials, the Warnings/Errors column will only reflect that error code once. For example, Error E423, E429, E424, and E425 could apply to multiple file types in a single submission. If that occurred, the shortened version would display once on the e-File History screen, but the full listing of all instances would still be available in the Messages Table of the Status Details Screen Functionality accessed via the links in the Load Status column

4.2.1.11 Refresh Button

Exhibit 51 Refresh Button

If monitoring the progress of a pending upload or a processing submission, selecting this button will refresh the e-File History Table with any status updates or additional uploads which have occurred since the page first loaded while retaining all currently applied filters.

4.2.1.12 Include Radio Buttons

The left side of the screen contains a page setting field called "Include" with two radio button options: Most Recent per Provider/FYE and All History.

When the page loads, the Include "Most Recent per Provider/FYE" radio button will be selected, resulting in only the most recent bulk e-Filing attempts and successful individual e-Filings for each Provider/FYE being included in the e-Filing History table. Users can select the Include "All History" radio button to view the complete history of all bulk e-Filing attempts and successful individual e-Filings for each Provider/FYE. Depending on the number of Provider/FYEs available to the user, and the volume of prior bulk e-Filing attempts and individual e-Filing submissions, selecting the Include "All History" radio button may result in the screen loading a bit slower.

Exhibit 52 Include Radio Buttons

Include

○ Most Recent per
    Provider/FYE

◉ All History

4.2.2 Filters

The left side of the screen contains filters that can be used to narrow down the cost report submissions shown in the main table to the right. The Upload ID, Upload File Name, Upload Dates, Uploaded By, Provider #, FYE Dates, and Load Status filters can be used separately, or together. If the user does not have any cost report submissions s which match your filters, the e-File History table will indicate "No results found based on the filters."

If the user navigates to another page, but utilizes the "Back to e-File History" link on that page, then the previous filters that the user selected will be retained on the e-File History page. Overall, filter will be retained across screens within the scope of e-File History, but *not* when the user navigates to different tabs.

4.2.2.1 Upload ID

Typing any number in the Upload ID filter will search across all Upload IDs in the e-Filing History table and return any records which match the entered number in part or in whole. For example, if the user typed in "103", results with "103" anywhere in the Upload ID would come up in the results (i.e. submissions with an Upload ID of "4*103*", "*103*8", and "94*103*8").

Exhibit 53 Upload ID

Upload ID

4.2.2.2 Upload File Name

Typing any word or phrase in the Upload File Name filter will search across all Upload File Names in the e-File History table and return any records which match the entered name in part or in whole.

Exhibit 54 Upload File Name

Upload File Name

4.2.2.3 Upload Date

This filter allows the user to search across a range of the dates for when the files were uploaded. Dates can be selected in either field with the calendar icon, or can be typed into the box directly. If typed, the format must resemble M/D/YYYY.

Exhibit 55 Upload Date

Upload Date
From	To
mm/dd/yyyy	mm/dd/yyyy

4.2.2.4 Uploaded By

Typing any name or user ID in the Uploaded By filter will search across all names and user IDs in the Uploaded By column in the e-Filing History table and return any records which match the entered text in part or in whole.

Exhibit 56 Uploaded By

Uploaded By

4.2.2.5 Provider

Typing any value in the Provider # filter will search across all Provider #s in the e-Filing History table and return any records which match the entered value in part or in whole.

Exhibit 57 Provider #

Provider #

4.2.2.6 Fiscal Year End

The Fiscal Year End filters allow the user to search across a range of FYEs. Dates can be selected in either field with the calendar icon, or can be typed into the box directly. If typed, the format must resemble M/D/YYYY.

Exhibit 58 Fiscal Year End

Fiscal Year End	
From	To
mm/dd/yyyy	mm/dd/yyyy

4.2.2.7 Load Status

This filter allows the user to quickly limit the providers and FYEs in the table to those with the selected statuses in the Load Status column. The statuses of Pending, Processing, Warning, Expired Warning, Error, Success, and Invalidated can be selected individually or in combination with each other. The number next to each Load Status reflects the total number of associated e-Filing cost report submissions with that status.

Exhibit 59 Load Status

Load Status

- ☐ Pending (0)
- ☐ Processing (0)
- ☐ Warning (0)
- ☐ Expired Warning (0)
- ☐ Success (71)
- ☐ Error (21)
- ☐ Invalidated (9)

4.2.2.8 Refresh Button

Selecting this button allows the user to refresh the e-File History Table. If the user would like to quickly view the Load Status result of their upload(s), then clicking this button will display the upload's most recently updated Load Status (if applicable) and its associated information upon completing its "Pending" state.

Exhibit 60 Refresh Button

[Refresh]

4.2.3 Address All Warnings Link

Exhibit 61 Address All Warnings Results Link

Address All Warnings

The e-File History screen contains the Address All Warnings link at the top of the page. Upon clicking this link, the user is taken to the Submission Warnings Screen Functionality. Any filter selections the user has previously made on the e-File History screen are retained for further use.

4.3 Upload Details Screen Functionality

Exhibit 62 Upload Details Screen

Upload Details

Back to e-File History

| Upload ID: | 124 | Upload File Name: | CR-Materials.zip |
| Upload Date and Time: | 09/10/2020 1:28 PM ET | Uploaded By: | User, Sample |

The upload includes **10 files** that the system was not able to associate to a Provider/FYE and resulted in an error. Please refer to the corresponding e-Filing on the e-File History page for more information.

File Name	Folder Name	e-Filing ID
CL_01-OF-01.DOC		3189756
HYBRID.PNG		3189756
A123456_2019-09-30.DBF	31MTTS_NO	3189752
COVERLETTER_123456.18A1.DOC	31MTTS_NO	3189752
EC123456.18A1	31MTTS_NO	3189752
M123456_2018-09-30.DBF	31MTTS_NO	3189752
SC123456.18A1.PDF	31MTTS_NO	3189752
CL_01-OF-01.DOC	1X0001_LOW	3189750
PI_01-OF-01.PDF	1X0001_LOW	3189750
SC_01-OF-01.PDF	1X0001_LOW	3189750

The upload includes **7 files** for **1 e-Filings** for the following Provider/FYEs:

File Name	Provider #	FYE	e-Filing ID
A000001_2018-09-30.DBF	00-0001	09/30/2018	3189754
COVERLETTER_000001.18A1.DOC	00-0001	09/30/2018	3189754
EC000001.18A1	00-0001	09/30/2018	3189754
OTHER-FILE.PNG	00-0001	09/30/2018	3189754
M000001_2018-09-30.DBF	00-0001	09/30/2018	3189754
PI000001.18A1.PDF	00-0001	09/30/2018	3189754
SC000001.18A1.PDF	00-0001	09/30/2018	3189754

Back to e-File History

The "Upload Details" page allows the user to view all of the files associated to that particular Upload ID on one screen and review how the system identified and grouped the files within.

Note: If the upload is in a Pending status, then the Upload Details page will communicate it is currently in this state and the Unidentifiable/Identifiable Files tables may not be displayed yet or may be populated incompletely. Once the upload reaches the Complete state, the user is able to view all information related to their specific upload, and all files in the upload will be categorized as either Unidentifiable or Identifiable in the corresponding tables.

4.3.1 Upload Details Fields

Field Name	Description
Upload ID	Refer to section 4.2.1.1 for more information.
Upload File Name	Refer to section 4.2.1.2 for more information.
Upload Date and Time	Refer to section 4.2.1.5 for more information.
Upload Date By	Refer to section 4.2.1.6 for more information.
Unidentifiable Files	Table presenting any files which the system was unable to associate to a specific Provider and FYE, due to an incorrectly named submission folder or due to files not being placed within a submission folder. The table includes an explanation of its purpose, and a count of files currently falling into this category. For each unidentifiable file, the table includes: • File Name – allows users to locate the unassociated files in their original upload ZIP structure. If the user were to upload a submission folder with multiple layers of nested folders within, then the "File Name" column within the Unidentifiable Files Table will display the folder name in the following format: Subfolder Name/File Name. For example, if a user uploaded Main.zip, containing a submission folder named MainProvider, containing a sub-folder named ECR, containing a sub-folder named AsFiled, with a file in the AsFiled folder named EC123456.19A1, the File Name field would display "ECR/ASFILED/EC123456.19A1". • Folder Name – Submission Folder Name for which the Provider/FYE could not be identified. Refer to section 4.2.1.4 for more information. • e-Filing ID – e-Filing ID to which the unidentifiable files were associated. (Refer to section 4.2.1.3 for more information.) Contains a link to the Status Details page for the specified e-filing. **Note**: if the upload included only files that the system deemed identifiable, then this table will not display.

Field Name	Description
Identifiable Files	Table presenting all files that were successfully associated to a specific Provider and FYE. The table includes an explanation of its purpose, and a count of files currently falling into this category. For each identifiable file, the table includes: • File Name – allows users to locate the files in their original upload ZIP structure. If the user were to upload a submission folder with multiple layers of nested folders within, then the "File Name" column within the Identifiable Files Table will display the folder name in the following format: Subfolder Name/File Name. For example, if a user uploaded Main.zip, containing a submission folder named 123456_2019-12-31_Full, containing a sub-folder named Other, containing a sub-folder named BadDebt, with a file in the BadDebt folder named BadDebtListing3.xls, the File Name field would display "OTHER/BADDEBT/BADDEBTLISTING3.XLS". • Provider # – Provider # identified for the submission based on the Submission Folder Name. Refer to section 4.2.1.7 for more information • FYE – FYE identified for the submission based on the Submission Folder Name. Refer to section 4.2.1.8 for more information. • e-Filing ID – e-Filing ID to which the identifiable files were associated. (Refer to section 4.2.1.3 for more information.) Contains a link to the Status Details page for the specified e-filing. Note: if the upload included only files that the system deemed unidentifiable, then this table will not display.

4.4 Status Details Screen Functionality

The Status Details Screen provides users an accessible method to view all relevant information for their specific e-Filing, and directions for further action to take involving any e-Filings that resulted in Errors, Warnings, or Expired Warnings. The Status Details screen displays content similar to that of the e-File Cost Report Materials – Confirmation Screen for individual MCReF submissions. The following will be displayed on the Status Details page:

- Information about this specific e-filing

- A "Materials Table" listing the files the user had submitted for the specific e-Filing

- A "Messages Table" communicating relevant Warning, Error, and Success messages, along with functionality to address any Warnings if applicable

Exhibit 63 Status Details Example: Successful Bulk e-Filing

Status Details

Back to e-File History

Upload ID:	421	**Provider #:**	000001
Upload File Name:	Cost Report Materials.zip	**Fiscal Year End:**	09/30/2018
e-Filing ID:	3193085	**Load Status:**	Success
Submission Folder Name:	000001_2018-09-30_LOW	**Medicare Utilization:**	Low
Upload Date and Time:	10/01/2020 9:39 AM ET	**First Cost Report:**	No
e-Postmark Date:	10/01/2020 9:39 AM ET		

File	File Name
Cover Letter	COVERLETTER_000001.18A1.DOC
ECR	EC000001.18A1
Full CR Image	PI000001.18A1.PDF
IRIS	A000001_2018-09-30.DBF
IRIS	M000001_2018-09-30.DBF
Other File	HYBRID.PNG
Signed Certification Page	SC000001.18A1.PDF

Messages

Success Messages
Success S0000: The cost report submission has been received by the system. Your MAC will determine if it is acceptable and may contact you for additional information or corrections. Refer to the dashboard periodically for the updated status of the cost report.

Back to e-File History

Exhibit 64 Status Details Example: Bulk e-Filing with a Warning

Status Details

Back to e-File History

Upload ID:	350	**Provider #:**	000001
Upload File Name:	CR-Materials.zip	**Fiscal Year End:**	09/30/2018
e-Filing ID:	3192622	**Load Status:**	Warning
Submission Folder Name:	000001_2018-09-30_FULL	**Medicare Utilization:**	Full
Upload Date and Time:	09/28/2020 4:18 PM ET	**First Cost Report:**	No
e-Postmark Date:	N/A		

File	File Name
Cover Letter	COVERLETTER_000001.18A1.DOC
ECR	EC000001.18A1
Full CR Image	PI000001.18A1.PDF
IRIS	A000001_2018-09-30.DBF
IRIS	M000001_2018-09-30.DBF
Other File	HYBRID.PNG
Signed Certification Page	SC000001.18A1.PDF

Messages

Note: the option to Acknowledge Warning(s) and Proceed will expire 21 days from the Upload Date.

Warning Messages
Warning R1006: The cost report uploaded was not generated using CR vendor software updated to the most recently released transmittal. Unless instructed to file on this out-of-date version, the cost report should be regenerated using updated CR vendor software or it will be rejected upon receipt by the MAC.

[Acknowledge Warnings(s) and Proceed]

Back to e-File History

4.4.1 Status Details Fields

The table below displays field names on the Status Details Screen:

Field Name	Description
Upload ID	On the Status Details screen, the Upload ID link will navigate the user to the Upload Details page associated to that specific e-Filing. Refer to section 4.2.1.1 for more information.
Upload File Name	Refer to section 4.2.1.2 for more information.
e-Filing ID	Refer to section 4.2.1.3 for more information.
Submission Folder Name	Refer to section 4.2.1.4 for more information.
Upload Date and Time	Refer to section 4.2.1.5 for more information.
e-Postmark Date	The electronic postmark date recorded for the Provider's cost report submission. The following are the possible values that display on the page dependent on its associated Load Status: • Load Status "Success" – displays the e-Postmark Date • Load Status "Processing" – displays "(Pending successful load)" • Load Status "Warning" – displays "(See warning messages below)"; until all warnings have been acknowledged and no further errors encountered, the submission will not receive an e-Postmark Date • Load Status "Error" or "Expired Warning" – displays "N/A"; a submission in either of these statuses will never receive an e-Postmark Date • Load Status "Invalidated" – displays "(See messages below)" Note that the e-Postmark Date is separate from the Upload Date and Time. While the Upload Date and Time will always reflect when the upload occurred, the e-Postmark Date is only assigned once all validations have been evaluated by the system, no errors have been encountered, and all warnings have been acknowledged by the user. In cases where the upload resulted in a Warning, where the user did not acknowledge the Warning for one or more days after the initial upload, the e-Postmark Date will reflect the date that the Warning was acknowledged and the submission was processed successfully as that is the point in time that it was successfully transmitted from the Provider to the MAC. It will *not* reflect the date that the Warning was identified.
Provider #	Refer to section 4.2.1.7 for more information.
Fiscal Year End	Refer to section 4.2.1.8 for more information.
Medicare Utilization	This field displays the Medicare Utilization that the user had indicated they were filing for per the Submission Folder name.
First Cost Report Submission	This field display if this submission was considered to be the first cost report submission for this particular Provider and FYE by STAR. Refer to section 3.3.1.5 for more information on this field.
Load Status	Refer to section 4.2.1.9 for more information.

Field Name	Description
Materials Table	There will be a table underneath the associated Status Details labels that displays the cost report materials the user had uploaded for that specific Provider/FYE. The following information will be listed for each file included in the Submission Folder: • The "File" column displays the MCReF file category associated to the specific e-Filing's file. Note: any file within a subfolder is categorized as an "Other" file category under the "File" column. Refer to section 3.3.1.6 for more information on the different MCReF file categories. • The "File Name" column displays the name of the file that the user had uploaded. If the user were to upload an e-Filing where there were no files found or was simply an empty folder, then the Materials Table displays a single merged row with the following message: "No materials in folder." If the user were to upload a submission folder where there are multiple nested folders within it, then the "File Name" column Materials Table will display the file name including the layers of subfolders inside the Submission Folder leading to it in the following format: Folder Inside Submission Folder/Nested Folder/Second Nested Folder/File Name
Messages Table	This table lists all system messages related to the submission, Success messages confirming the receipt of the submission (including those which were subsequently Invalidated), Warning messages in need of acknowledgement before the submission can proceed, and Error messages reflecting problems with the uploaded submission which need to be addressed and re-uploaded. Depending on the Load Status of the submission, the first part of the text will either reflect the messages' "Success ID", "Warning ID", or "Error ID". The remaining text will contain a full description of the message. For Error and Warning messages, if the user is uncertain as to appropriate next steps, they can refer to Chapter 6 for additional guidance. Error IDs can be looked up in section 6.7.1, and Warning IDs can be found in section 6.7.2.
Acknowledge all Warning(s) and Proceed Button	This button is present on the Status Details screen if the submission encountered a Warning message. However, as noted on-screen, the option to Acknowledge Warning(s) and Proceed will expire 21 days from the Upload Date. After that point, the Load Status of the submission becomes "Expired Warning", and the button is disabled. If a user still wishes to proceed with a submission in a status of "Expired Warning", it will need to be re-uploaded. If the user were to click on the "Acknowledge Warning(s) and Proceed" button, a pop-up message will appear to confirm that the user is acknowledging the content of the messages and wishes to have the submission proceed. If the user confirms, the Warning(s) will be acknowledged, and the submission will proceed for further system validation, reflected by a new Load Status of "Processing".

4.5 Submission Warnings Screen Functionality

Exhibit 65 Submission Warnings Screen

Submission Warnings									
Back to e-File History									
Select one or more Acknowledge checkboxes, then use the Submit button to continue. All warnings within the Warnings column will be acknowledged if the corresponding Acknowledge checkbox is selected. **Note:** the option to Acknowledge Warning(s) and Proceed will expire 21 days from the Upload Date. Once expired, such submissions and their warnings can no longer be acknowledged and will not be displayed on this page.									Export to Excel
Upload ID	**Upload File Name**	**e-Filing ID**	**Submission Folder Name**	**Upload Date and Time**	**Uploaded By**	**Provider #**	**FYE**	**Warning**	**Acknowledge** ☐
382	CR-ZIP-File.zip	3192794	111111_2018-09-30_LOW	09/28/2020 1:42 PM ET	Sample, User	11-1111	09/30/2018	**Warning R1006:** The cost report uploaded was not generated using CR vendor software updated to the most recently released transmittal. Unless instructed to file on this out-of-date version, the cost report should be regenerated using updated CR vendor software or it will be rejected upon receipt by the MAC.	☐
380	Cost-Report Materials-3.zip	3192756	222222_2018-09-30_LOW	09/28/2020 9:36 AM ET	Sample, User	22-2222	09/30/2018	**Warning W021:** This is the first cost report submission for this Fiscal Year End and it is being filed after the cost report due date. Your cost report for the year will be deemed late based on this submission. Contact your servicing MAC if this is not your first cost report submission.	☐
351	CR-Materials-2.zip	3192627	333333_2018-09-30_LOW	09/25/2020 4:05 PM ET	Sample, User	33-3333	09/30/2018	**Warning R1006:** The cost report uploaded was not generated using CR vendor software updated to the most recently released transmittal. Unless instructed to file on this out-of-date version, the cost report should be regenerated using updated CR vendor software or it will be rejected upon receipt by the MAC.	☐
350	CR-Materials-1.zip	3192622	111111_2017-09-30_FULL	09/25/2020 4:02 PM ET	Sample, User	11-1111	09/30/2017	**Warning R1006:** The cost report uploaded was not generated using CR vendor software updated to the most recently released transmittal. Unless instructed to file on this out-of-date version, the cost report should be regenerated using updated CR vendor software or it will be rejected upon receipt by the MAC.	☐
Submit									
Back to e-File History									

The Submission Warnings page allows users to review and acknowledge any active Warnings across all e-Filings associated to their Providers/FYEs, accessed via the Address All Warnings Link on the e-File History Page. Once the link is clicked, the user is able to view a table with a row for every warning associated to e-filings with a Warnings status. If there are no Warnings that are able to be acknowledged, the Submission Warnings Table displays a single merged row with the following text: "There are no submissions with warnings to be acknowledged."

Note: any submissions with a Load Status of "Expired Warning" (due to not being acknowledged within 21 days of their upload) will not be displayed within the Submission Warnings Table and can no longer be acknowledged.

The table contains the following for each submission with a Load Status of "Warning":

- the Upload ID, Upload File Name, e-Filing ID, Submission Folder Name, Upload Date and Time, Uploaded By, Provider ID, FYE, a Warning column, and an Acknowledge column.

- Note: each column header is sortable except for the Acknowledge column.

As noted on-screen, the user is instructed to select one or more Acknowledge checkboxes, then click the Submit button to continue. All Warnings with the Acknowledge checkbox selected will then resume processing, with any subsequent errors, additional warnings, or resulting successful state reflected in the e-File History Screen Functionality.

All warnings displayed on the screen can be exported to an Excel file for offline review using the "Export to Excel" button above the table.

4.5.1 Submission Warnings Fields

Only unacknowledged warnings that are still active will be displayed in the Submission Warnings Table. Any acknowledged Warnings will no longer be displayed in the table post acknowledgement.

Field Name	Description
Upload ID	Refer to section 4.2.1.1 for more information.
Upload File Name	Refer to section 4.2.1.2 for more information.
e-Filing ID	Refer to section 4.2.1.3 for more information.
Upload Date and Time	Refer to section 4.2.1.5 for more information.
Uploaded By	Refer to section 4.2.1.6 for more information.
Provider #	Refer to section 4.2.1.7 for more information.
FYE	Refer to section 4.2.1.8 for more information.
Warning	The Warnings column displays the Warning IDs and the full warning message text pertaining to the submission.
Acknowledge Checkbox	The "Acknowledge" column allows the user to choose to acknowledge one or more warnings. If one or more are checked, the user is able to select the "Submit" button to proceed with their acknowledgement of the warning messages. Note: upon first loading the page, the submit button is disabled and is only enabled when the user has selected at least one Acknowledge checkbox.
Submit Button	This button only displays on the Submission Warnings screen if any submission contains a Load Status value of "Warning" (meaning there is at least one Warning in the table which can be Acknowledged). At least a single checkbox in the Acknowledge column must be checked for the Submit Button to be enabled.

5 e-Filing Guide

The following guide walks through the general process necessary to login to MCReF and complete a cost report submission.

5.1   MCReF login via IDM

User access to MCReF is controlled by CMS' Identity Management system (IDM). The following screenshot walks through the MCReF login process via IDM.

Exhibit 66 IDM Sign In screen
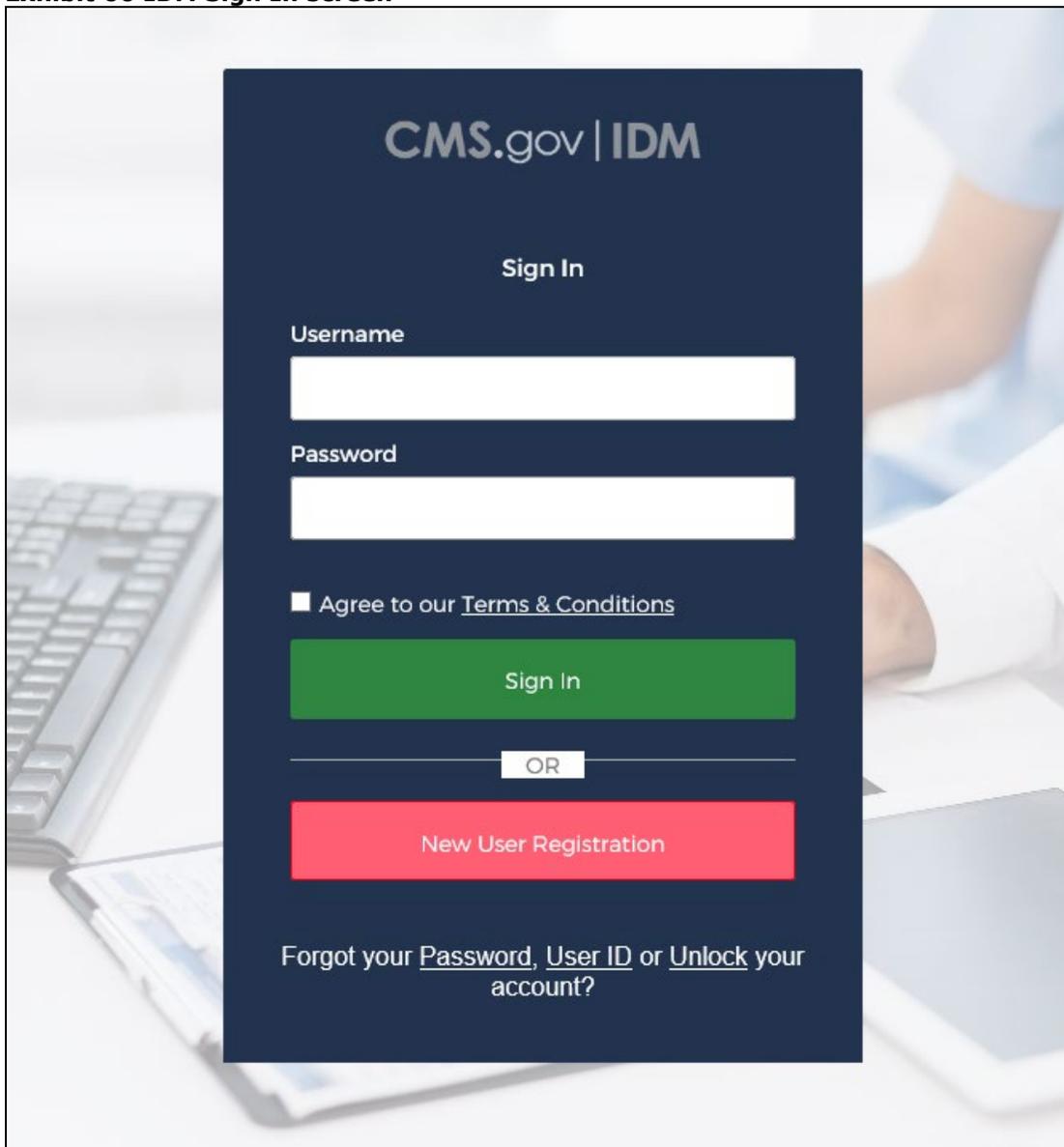
Once the MCReF URL is entered into an internet browser, the user must enter a valid IDM account Username and associated Password. Once entered, the user must click on the check box in order to agree to CMS' Terms & Conditions, then activate the "Sign In" button to access MCReF.

If users have enabled Multi-Factor Authentication (MFA) on their account, they will encounter another similar screen prompting them to enter their MFA token. Those users must select the "MFA Device Type" that they chose when enabling MFA for their IDM account. Additionally, they must enter the "Security Code" provided by their corresponding MFA device (within the time-frame the security code is active).

CMS has established the External User Services (EUS) Help Desk to assist users who have issues with their IDM accounts. Users that have issues with logging into MCReF or with their IDM accounts in general should contact EUS for support. Contact options for reaching the EUS Help Desk can be found at the following website for the "PS&R/STAR" application: https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/EnterpriseIdentityManagement/Help-Desk-Support.html

Upon logging into MCReF via IDM the user will reach the MCReF Home screen. On this screen, they have the option to review the CR Status or e-File a CR for a given Provider and FYE. For more information, see Section 5.2 Viewing CR Status or Section 5.3 E-Filing an Individual CR.

5.2 Viewing CR Status

5.2.1 Choose Provider and FYE

Upon landing on the MCReF Home screen, the user can utilize the filters or search through the table to find the desired provider and FYE.

5.2.2 CR Status Link

For the specific provider and FYE row, the user should select the corresponding hyperlink in the CR Status column to view the CR Status details page. To get back to Home, users can select the "Back to Search Results" links either at the top or the bottom of the page. Returning to the Home screen via these links will retain any filters the user previously set on the Home page. If the user wishes to return to the Home screen and not retain any user filters, they can select the "Home" link in the menu in the header portion of the screen.

5.3 E-Filing an Individual CR

5.3.1 Choose Provider and FYE

Identify the provider and FYE for which the user intends to e-file within the Provider table on the Home screen. Use the filters, sortable column headers, and "Load More" functionality to find the desired provider and FYE in the table.

5.3.2 E-File Link

For the identified provider and FYE, the user should select the corresponding-File CR hyperlink in the Action column to access the e-File Cost Report Materials Page. Note that this link will only be available if the CR is e-file eligible. For more information on e-file eligibility, please refer to Section 3.1.1.6.

5.3.3 Confirm Selected Provider and FYE

Exhibit 67 Selected Provider and FYE

Once the e-File screen loads, the user should confirm whether the selected Provider and FYE displayed are those for which they intend to submit a cost report. If not, the user should select the "Back to Search Results" links either at the top or bottom of the page and re-select the desired Provider and FYE combination on the Home page. Doing so will reset the state of all other fields on-screen, so if this is changed after completing other steps, users will need to resume from this step.

5.3.4   Confirm or Update Selected Medicare Utilization

Exhibit 68 Selected Medicare Utilization

Back to Search Results

e-File Cost Report Materials

🖶 Printer Friendly Version

* Indicates Required Field
+ Indicates a newly added or updated file

Provider ❶   11-1111 Test Provider

Fiscal Year End ❶   09/30/2019

Medicare Utilization ❶ [Full ▽]

First Cost Report Submission ❶
Yes
(No cost report submission has been previously recorded for this Provider and Fiscal Year End.)

Cost Report Materials❶
Do **_not_** encrypt or password-protect uploaded files (including files within ZIP/archive files). This website is a secure portal for transmission of MCR materials (including PII/PHI).
Required Files: ECR, Print Image, Signed Certification Page

⬆ Add File(s)

File Category ▲	File
There are currently no files within the Cost Report Materials Table. To add one or multiple files, please click on the "Add File(s)" button above.	

☐ *** I acknowledge that this represents an official submission of my Medicare cost report to my servicing Medicare Administrative Contractor (MAC) and the Centers for Medicare and Medicaid Services (CMS), subject to all rules and regulations pertaining to Medicare cost report submissions (e.g. filing deadlines).**

[Reset] [Submit]

Note: Once 'Submit' is clicked, this transaction cannot be stopped. Closing the browser window or navigating to another webpage will not cancel this e-filing.

Back to Search Results

The user should confirm whether or not the default Medicare Utilization of 'Full' is accurate for the cost report being submitted. If not, the user should select the correct Medicare Utilization from the drop-down (see 3.3.1.4.) Doing so may alter the red "Required Files:" message in the Cost Report Materials section, but does not reset any user input. At any point during this process, if users realize this has been set incorrectly, it can be corrected without altering any other selected values.

5.3.5   Confirm First Cost Report Submission Status

Exhibit 69 First Cost Report Submission Status

The First Cost Report Submission notification will reflect the recorded status for the selected Provider and FYE, and should be read and confirmed by the user before proceeding. If the information in this notification does not align with the user's understanding of the status of the cost report they are working on (i.e. the system indicates this to be the first submission, but the user knows a previous submission was already sent, or vice versa), the user should stop here and contact their MAC before proceeding. If the user believes this information to be correct, the user may proceed to the next step.

5.3.6 Upload Cost Report Materials

Exhibit 70 Cost Report Materials Add File(s) Button

When the user first navigates to this page, the Cost Report Materials Table will display instructional text indicating that the table currently does not contain any files. In order to add any files to the table, the user should activate the "Add File(s)" button,which will launch a file selection dialog. Note that the file selection dialog will vary depending on your system's operating system (the following example was taken on a computer running Microsoft Windows 10).

Exhibit 71 File Selection Dialog
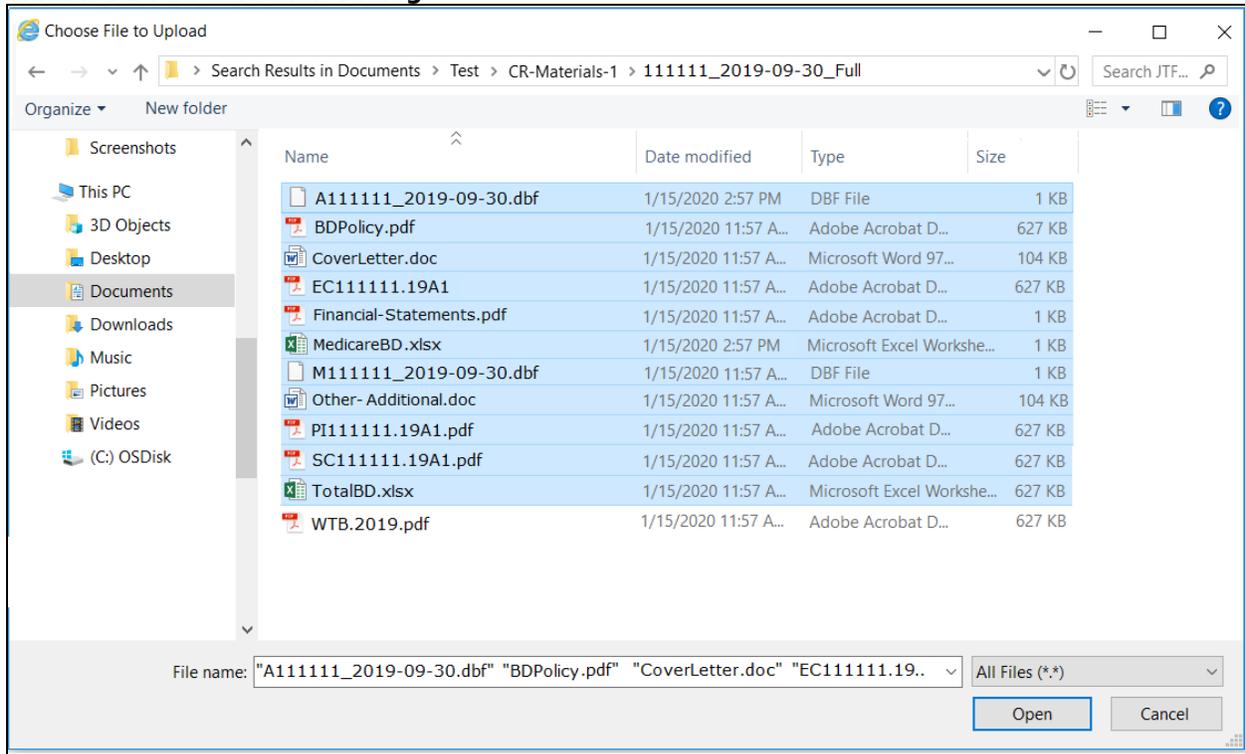
Once one or more files are selected, submit the selection(s) using the dialog's functionality (activating "Open" in the example), at which point the user will see each of the selected file names and the corresponding file sizes on-screen next to the system-assigned File Category, per the naming conventionconventions in Appendix B.

Exhibit 72 Attached Cost Report Material Example

Further attachments can be added through repeated use of the "Add File(s)" button. Each time new files are added, they will be sorted amongst the other files already present according to the defaulted file category and its corresponding section, but will be identified by a plus sign (+) to the right of the file category.

Repeat the above until all desired files have been attached. If at any point you need to overwrite a file which has already been attached, activate the "Add File(s)" button and select a new file with the same file name, which will overwrite the previous attachment of the same name. If you want to remove a file, either activate the "Remove" button for the row adjacent to the file you wish to remove (which will only remove that one file) or activate the "Reset" button (this will remove *all* attached files, and reset all other selections made on screen, returning the user to step 5.3.3.)

> **NOTE:** If the user clicks the "Remove" button for any File Category Section that only contains a single file row, then that row will be removed. However, the Section's single merged header will remain present within the table until the user re-organizes the table by sorting the File Category column header, or adds more files.

Once the Cost Report Materials Table has been populated with your desired selections, review the system-assigned File Category to confirm it is appropriate for the file that has been attached. If the user

identifies a file that has an incorrect file category, they are able to re-categorize that file using the File Category dropdown field (for more information regarding re-categorization of files, please refer to the next step, 5.3.7).

5.3.7 Categorize Your Files

Exhibit 73 Cost ReportMaterials - Dropdown Expanded

Users can re-assign the category for any file by selecting a different drop down value in the File Category dropdown that better identifies the content of the file. Users do not have to categorize Supporting Documents, but it is highly recommended. Categorizing the supporting documentation can serve as a checklist for the supporting documentation that needs to be included. This will also increase the accuracy of the system warnings that alert the user to any missing files. The system warning will allow the user to include any missing files prior to submission which will reduce or eliminate the need for the MAC to contact users regarding missing or mislabeled documentation.

> **Note:** It is very important that users categorize all Acceptability Documents into their appropriate categories. Failure to categorize Acceptability Documents may result in errors when attempting to submit the cost report.

Exhibit 74 Dropdown Field Selected - Cost Report Material

Back to Search Results

e-File Cost Report Materials

🖨 Printer Friendly Version

* Indicates Required Field

Provider ❶   11-1111 Sample Hospital #1   **Fiscal Year End** ❶   09/30/2019

Medicare Utilization ❶ [Full ▾]   **First Cost Report**   Yes
                                                                   Submission ❶   (No cost report submission has been previously recorded for
                                                                                               this Provider and Fiscal Year End.)

Cost Report Materials❶
    Do *not* encrypt or password-protect uploaded files (including files within ZIP/archive files). This website is a secure portal for transmission of MCR materials (including PII/PHI).
    Required Files: ECR, Print Image, Signed Certification Page

⬆ **Add File(s)**

File Category	File	
● Acceptability Documents ❶		
● [ECR ▾]	EC111111.19A1 (627 KB)	Remove
● [Print Image ▾]	PI111111.19A1.pdf (627 KB)	Remove
● [Signed Certification ▾]	SC111111.19A1.pdf (627 KB)	Remove
● [IRIS ▾]	A111111_2019-09-30.dbf (1 KB)	Remove
● [IRIS ▾]	M111111_2019-09-30.dbf (1 KB)	Remove
● [Cover Letter ▾]	CoverLetter.doc (104 KB)	Remove
● Supporting Documents ❶		
● [Bad Debt Collection Policy ▾]	BDPolicy.pdf (627 KB)	Remove
● [Medicare Bad Debt Listing ▾]	MedicareBD.xlsx (1 KB)	Remove
● [Total Bad Debt ▾]	TotalBD.xlsx (627 KB)	Remove
● Other Documents ❶		
● [Other ▾]	Other-Additional.doc (104 KB)	Remove
● [Financial Statements or Justification ▾]	Financial-Statements.pdf (1 KB)	Remove

☐ ***I acknowledge that this represents an official submission of my Medicare cost report to my servicing Medicare Administrative Contractor (MAC) and the Centers for Medicare and Medicaid Services (CMS), subject to all rules and regulations pertaining to Medicare cost report submissions (e.g. filing deadlines).**

[Reset] [Submit]

Note: Once 'Submit' is clicked, this transaction cannot be stopped. Closing the browser window or navigating to another webpage will not cancel this e-filing.

Back to Search Results

After the user has selected the appropriate File Category, the dropdown will reflect that selection and the associated color indicator for that corresponding row within the Cost Report Materials Table will be updated to match that of the section that the new file category belongs in.

> **NOTE:** Per the on-screen guidance reflected in the "Required Files" text, please ensure that each required file category has been included in your cost report materials table in order for this to be considered a valid submission.

5.3.8   Review and Acknowledge Disclaimer

After making all selections and attaching all files, review the disclaimer next to the checkbox at the bottom of the screen. Indicate agreement with the statement by activating the checkbox. If you do not agree with the statement, stop and contact your MAC. Once the checkbox is activated, the Submit button will be enabled.

Exhibit 75 Acknowledged Disclaimer

Back to Search Results

e-File Cost Report Materials

🖨 Printer Friendly Version

* Indicates Required Field

Provider ❶   11-1111 Sample Hospital #1   **Fiscal Year End** ❶   09/30/2019

Medicare Utilization ❶ [Full ▾]   **First Cost Report Submission** ❶   Yes
(No cost report submission has been previously recorded for this Provider and Fiscal Year End.)

Cost Report Materials❶
Do **not** encrypt or password-protect uploaded files (including files within ZIP/archive files). This website is a secure portal for transmission of MCR materials (including PII/PHI).
Required Files: ECR, Print Image, Signed Certification Page

⬆ **Add File(s)**

| File Category	File	
🟢 **Acceptability Documents** ❶		
🟢 [ECR ▾]	EC111111.19A1 (627 KB)	Remove
🟢 [Print Image ▾]	PI111111.19A1.pdf (627 KB)	Remove
🟢 [Signed Certification ▾]	SC111111.19A1.pdf (627 KB)	Remove
🟢 [IRIS ▾]	A111111_2019-09-30.dbf (1 KB)	Remove
🟢 [IRIS ▾]	M111111_2019-09-30.dbf (1 KB)	Remove
🟢 [Cover Letter ▾]	CoverLetter.doc (104 KB)	Remove
🔵 **Supporting Documents** ❶		
🔵 [Bad Debt Collection Policy ▾]	BDPolicy.pdf (627 KB)	Remove
🔵 [Medicare Bad Debt Listing ▾]	MedicareBD.xlsx (1 KB)	Remove
🔵 [Total Bad Debt ▾]	TotalBD.xlsx (627 KB)	Remove
🟡 **Other Documents** ❶		
🟡 [Other ▾]	Other-Additional.doc (104 KB)	Remove
🔵 [Financial Statements or Justification ▾]	Financial-Statements.pdf (1 KB)	Remove

☐ ***I acknowledge that this represents an official submission of my Medicare cost report to my servicing Medicare Administrative Contractor (MAC) and the Centers for Medicare and Medicaid Services (CMS), subject to all rules and regulations pertaining to Medicare cost report submissions (e.g. filing deadlines).**

[Reset] [Submit]

Note: Once 'Submit' is clicked, this transaction cannot be stopped. Closing the browser window or navigating to another webpage will not cancel this e-filing.

Back to Search Results

5.3.9 Submit e-Filing

After a final review to confirm that everything is correct for the submission, the user should click the Submit button. Once submitted, there is no action the user can take to cease the submission. Depending on the size of the files being uploaded, the amount of time the submission may take will vary, but users can monitor the progress via their browser's progress meter. Upon completion of the submission, if no errors or warnings need to be communicated back to the user, they will be directed to the e-File Cost Report Materials - Confirmation screen which will display a success message confirming the receipt or acceptance of the submitted cost report package. Additionally, all successful e-Filings can be found on the e-File History page if e-filed via this page or the Bulk Upload Screen.

Exhibit 76 e-File Cost Report Materials - Confirmation screen

Success Message

Success S0000: The cost report submission has been received by the system. Your MAC will determine if it is acceptable and may contact you for additional information or corrections. Refer to the dashboard periodically for the updated status of the cost report.

e-File Cost Report Materials - Confirmation

🖶 Printer Friendly Version

Cost Report Submission Details

e-Filing ID:	3098964
e-Postmark Date:	01/27/2021 2:38 PM ET
Provider:	11-1111 Test Provider
Fiscal Year End:	09/30/2019
Medicare Utilization:	Full
First Cost Report Submission:	Yes

Acceptability Documents

ECR:	EC111111.19A1
Print Image:	PI111111.19A1.pdf
Signed Certification Page:	SC111111.19A1.pdf
IRIS:	A111111_2019-09-30.dbf, M111111_2019-09-30.dbf,
Cover Letter:	CoverLetter.doc

Supporting Documents

Bad Debt Collection Policy:	BDPolicy.pdf
Financial Statements or Justification:	Financial-Statements.pdf
Medicare Bad Debt Listing:	MedicareBD.xlsx
Total Bad Debt:	TotalBD.xlsx

Other Documents

Other:	Other-Additional.doc

Note: To access this information later, refer to the e-File History screen under the Bulk e-File tab.

[Logout]   [Back to Search Results]

In the example above, the user received Success message S0000: "The cost report submission has been received by the system. Your MAC will determine if it is acceptable and may contact you for additional information or corrections. Refer to the dashboard periodically for the updated status of the cost report." If the system is able to identify all pre-requisites for acceptability through readable content in the submitted files (for example: an e-signature stored in the ECR file by the cost report vendor per the electronic cost report specifications), users may instead see Success Message S0001: "The cost report submission has been received and accepted by the system, subject to MAC review. The MAC may request further information or clarification to validate the cost report submission. Refer to the dashboard periodically for the updated status of the cost report."

The display of the Confirmation screen with the success message provides proof of the provider's successful submission. The confirmation screen displays all selections from the previous screen, including the Provider and FYE for which the submission was performed, along with the electronic postmark date as officially recorded by CMS (which will be used to determine timeliness of the submission based on a midnight Eastern Time application of the provider's cost report due date), and a unique e-Filing ID which can be kept for the user's records and used in future communication with the MAC regarding the submission. Cost reports filed after 11:59 PM ET on the provider's cost report due date will be considered late.

At this point, the submission is complete. If the user has other cost reports to e-File, they can activate the "Back to Search Results" button which will load the MCReF Home screen with all user set filters retained. From this screen, the user can then select the Provider and FYE they wish to e-file for. If the user has no other submissions to e-File, they can activate either the "Logout" button or the "Logout" hyperlink at the top of the screen to exit the system.

5.3.10   e-Filing through the Submission Section

If the selected provider and FYE has a CR Status of "Pending Receipt," users can also e-File through the Submission section of the View Details Screen Functionality. By clicking the "Pending Receipt" hyperlink and navigating to the Submission Section, users can select the "e-File Cost Report Materials" link and be directed to the e-File screen. After that, the user can follow the e-File CR process beginning from step 5.3.3.

Exhibit 77 E-File Cost Report Materials Link in the Submission Section

5.4 Bulk e-Filing CR(s)

5.4.1 Navigate to Bulk Upload Screen

After selecting the "Bulk Upload" screen under the "Bulk e-File" tab, the user is directed to the Bulk Upload screen, where the user is the able to upload one, multiple, or many cost report materials for different Provider/FYEs simultaneously. See section 4.1 for more information regarding the Bulk Upload Screen.

Exhibit 78 Bulk e-File Cost Report Materials Screen

5.4.2 Choose ZIP File containing Cost Report Materials

The user should activate the "Browse…" button, which will launch a file selection dialog. Note that the file selection dialog will vary depending on your system's operating system (the following example was taken on a computer running Microsoft Windows 10).

Note: the user's selected ZIP file should follow the Bulk Upload Naming Convention described in section 4.1.1. Refer to this section and its associated exhibits for more information.

Exhibit 79 File Selection Dialog
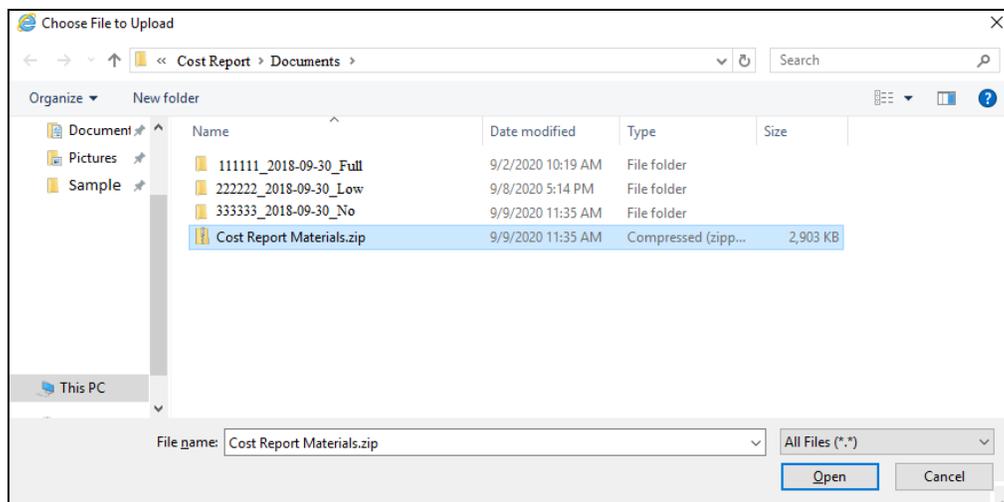
Once the desired ZIP file is selected, submit the upload using the dialog's functionality (activating "Open" in the example), at which point you will see the selected ZIP file name on-screen in the file attachment slot next to the Browse button.

5.4.3 Attached ZIP File Example

Exhibit 80 Attached ZIP File Example

Bulk e-File Cost Report Materials

* Indicates Required Field

* Cost Report Materials🛈

Upload in a structured Zip file per guidance (see Section 4.1.1 of the User Manual). Do **not** encrypt or password-protect the uploaded file (including files within). This website is a secure portal for transmission of MCR materials (including PII/PHI).

C:\Users\Sample\Documents\Sample Tasks\Folde Browse...

☑ *** I acknowledge that this represents an official submission of my Medicare cost report to my servicing Medicare Administrative Contractor (MAC) and the Centers for Medicare and Medicaid Services (CMS), subject to all rules and regulations pertaining to Medicare cost report submissions (e.g. filing deadlines).**

Submit

Note: Once 'Submit' is clicked, this transaction cannot be stopped. Closing the browser window or navigating to another webpage will not cancel this e-filing. All issues and statuses of the resulting upload will be found on the e-File History page once your upload is complete.

If at any point you need to overwrite the upload file which has already been selected, re-activate the "Browse..." button and select a new file using the instructions above.

5.4.4 Review and Acknowledge Disclaimer

After making the selection and attaching the file, review the disclaimer next to the checkbox at the bottom of the screen. Indicate agreement with the statement by activating the checkbox. If you do not agree with the statement, stop and contact your MAC. Once the checkbox is activated, the Submit button will be enabled.

Exhibit 81 Acknowledged Disclaimer

☐ *** I acknowledge that this represents an official submission of my Medicare cost report to my servicing Medicare Administrative Contractor (MAC) and the Centers for Medicare and Medicaid Services (CMS), subject to all rules and regulations pertaining to Medicare cost report submissions (e.g. filing deadlines).**

5.4.5 Submit an e-Filing

After confirming that the right file is attached for upload, the user should click the Submit button. Once submitted, there is no action the user can take to cease the upload. Depending on the size of the files being uploaded within the upload itself, the amount of time the upload may take will vary, but users can monitor the progress via their browser's progress meter. If no issues are encountered which prevent the upload from proceeding, the Bulk Upload screen will refresh to display a confirmation message with a success message displayed at the top of the screen. The message indicates that the uploaded files have been uploaded and processing has begun. To see the status of the uploaded files, the user should navigate to the e-File History page.

Note: Cost reports will not be considered e-postmarked nor received via the Bulk Upload functionality until all validations have been evaluated without error and any warnings have been acknowledged. Cost reports e-postmarked after 11:59 PM ET on the provider's cost report due date will be considered late.

Exhibit 82 e-File Cost Report Materials - Confirmation screen

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Success Message

Success S0003: Files have been uploaded and processing has begun. To see the status of the uploaded files, navigate to the e-File History page.

Bulk e-File Cost Report Materials

* Indicates Required Field

* Cost Report Materialsⓘ

Upload in a structured Zip file per guidance (see Section 4.1.1 of the User Manual). Do **_not_** encrypt or password-protect the uploaded file (including files within). This website is a secure portal for transmission of MCR materials (including PII/PHI).

[Browse...]

☐ *** I acknowledge that this represents an official submission of my Medicare cost report to my servicing Medicare Administrative Contractor (MAC) and the Centers for Medicare and Medicaid Services (CMS), subject to all rules and regulations pertaining to Medicare cost report submissions (e.g. filing deadlines).**

[Submit]

Note: Once 'Submit' is clicked, this transaction cannot be stopped. Closing the browser window or navigating to another webpage will not cancel this e-filing. All issues and statuses of the resulting upload will be found on the e-File History page once your upload is complete.

At this point, the upload is complete. If the user has other cost reports to e-File, they can activate the "Browse…" button again to load another ZIP file. If the user has no other submissions to e-File, they can activate the "Logout" hyperlink at the top of the screen to exit the system.

5.4.6 Navigate to e-File History

Once a bulk ZIP file has been uploaded, it is placed in a queue with all other bulk uploads, and processed on a first-come, first-serve basis. To monitor the processing of their upload (from 'Pending' to 'Complete'), and the resulting outcome for each submission contained therein (whether each was successfully received, or encountered errors or warnings which need to be addressed), users should navigate to the e-File History screen within the "Bulk e-File" tab.

On the e-File History Screen, the most recent uploads will be at the top of the e-File History table. As long as there is a row indicating a status of 'Pending' for the upload, one or more cost report submissions in the upload remains in the queue. If the user is actively monitoring a recent upload, they can use the "Refresh" button to reload the table with the most current status for all uploads and submissions. Once the 'Pending' upload row no longer appears, all submissions in the upload have exited the queue, and will be present as separate rows in the e-File History table indicating a status of either 'Success', 'Warning', 'Error', or 'Invalidated'. Depending on the status, the appropriate next steps will vary.

5.4.6.1 Load Status of 'Success'

Cost report submissions with a status of 'Success' have been received by the MAC, and require no further intervention on the part of the user.

5.4.6.2 Load Status of 'Warning'

Cost report submissions with a status of 'Warning' must have their Warnings acknowledged via either the Status Details screen (reached by clicking the 'Warning' link in the Load Status column) or the Submission Warnings screen (reached by clicking the "Address All Warnings" link at the top of the e-File History page). For either method, users should review the content of the Warning message presented, and if they believe it is appropriate to continue with the cost report submission, indicate their acknowledgement of the warning (by clicking the "Acknowledge and Proceed" button on the Status Details screen, or checking the "Acknowledge" checkbox and the "Submit" button on the Submission Warnings screen). Upon doing so, the page will refresh to indicate that the warnings have been successfully acknowledged, and the cost report submissions will return to the queue for further processing. After warnings have been acknowledged, submissions may still encounter further errors or additional warnings. Users should return to the beginning of step 5.4.6 to continue monitoring the

progress of the submission. Note that uploaded cost report submissions will not be considered postmarked nor received until after all applicable Warnings have been acknowledged. A cost report submission uploaded prior to the cost report due date which encounters a Warning, which is not acknowledged until after the cost report due date, will be deemed a late filing.

5.4.6.3 Load Status of 'Error'

For cost report submissions with a status of 'Error', users will need to review the errors encountered (summarized in the Warnings/Errors column of the e-File History table and listed in detail on the Status Details screen), correct all issues identified, and re-upload the complete, corrected submission. This can be done via a new uploaded ZIP containing only the corrected submissions starting at step 5.4.1, or via the individual e-File functionality starting at step 5.3.1.

5.4.6.4 Load Status of 'Invalidated'

Cost report submissions with a status of 'Invalidated' had previously been received by the MAC, and require no further intervention on the part of the user. However, the cost report has been invalidated by the MAC. Please contact your MAC if you have any further questions.

6 Troubleshooting

6.1 Usage Tips

When using MCReF, keep the following usage tips in mind:

6.1.1 Internet Browser

MCReF is a web-based system accessed via a web browser. There are several guidelines to follow regarding your browser, its settings, and your usage of the browser:

- MCReF was developed and tested to work with Google Chrome; it is therefore recommended that you do not use any other Internet browser.

- In order for the features and functionality of the MCReF system to work properly, users must have JavaScript enabled in their browser.

- Do not use browser buttons for navigation within MCReF (e.g., do not use the browser "Back", "Forward", "Refresh", etc.). Browser button interaction is not recognized by the centralized server, and is likely to cause problems for the user. All valid functions/operations/functionality are available on the MCReF screen itself.

6.1.2 System Timeout

MCReF is governed by an IDM security feature which will automatically terminate a user's session within MCReF if they are inactive for a period of 20 minutes. "Inactive" here means that the user does not click Reset, Submit, Help, or Accessibility, and therefore does not signify to IDM that they are still active within MCReF. When this timeout occurs, there will not be any warning – upon the next click of a button or hyperlink, the user will be automatically logged out of the system and any pending changes will not be saved.

To avoid losing work due to this timeout, it is recommended that users gather all files needed for e-filing prior to starting to fill out the e-filing form. If all materials are available, users should generally have enough time to complete the small number of selections needed to submit their e-filing within the 20 minute window.

6.1.3 Per-Day Submission Limits

MCReF always allows 1 original cost report submission per Provider and FYE. Anything subsequent to the original submission will be considered a revised cost report. MCREF allows a single successful revised submission per day, per Provider and FYE. Each successful Submit constitutes a formal submission to CMS, subject to all rules and regulations pertaining to MCR submissions, so users are best served by submitting only once, at a point where they are confident that they have attached everything needed. If an incomplete or incorrect submission is made as the original submission, users may follow-up with a revised/complete submission the same day. If further corrections / substitutions / additions need to be made, users must either wait until the next day, or contact their MAC in writing to request that today's revision be denied (this will treat the submission as if it had never occurred). If the MAC denies the revision, users may immediately submit a replacement revision.

6.2 General Troubleshooting

6.2.1 Missing Expected Provider

Any providers registered to a user's IDM account will be visible on the Home page as long as they are not Based or Consolidated units. If you are unable to locate an expected Provider in the table, you should first confirm that the Security Official of the organization has properly registered the CCN in question within IDM. Reminder, suffix provider CCNs should never be registered in IDM. Even if a suffix provider is registered in IDM, it will never display in MCReF. Only include the provider's 6-character CCN when registering a suffix provider in IDM for MCReF cost report submission purposes. Cost reports should never be filed under suffix provider CCNs. If confirmed, you should next confirm that you are associated to the organization with an IDM role which grants e-filing privileges (either as a Security Official or Backup Security Official).

If all of the above is confirmed, and the expected Provider still does not appear upon your next login to MCReF, you should contact your MAC to verify that they are aware of the current tied-in status of the provider in question. You may wish to reference the most recent Medicare enrollment information for the provider, as any recent changes in ownership or enrollment status may not yet have been communicated to your MAC's Audit and Reimbursement department, and therefore not yet reflected in the system providing MCReF with its information (STAR).

6.2.2 Missing Expected Fiscal Year End

For a given provider, if you do not see the Fiscal Year End for which you wish to view CR status or submit an e-filed cost report, you should first confirm that the Fiscal Year End in question qualifies within the Home timeframe discussed in section 3 (since 2010, and ending prior to today). If you believe the year not present would qualify, contact your MAC to confirm that they are aware of the expected FYE. If there have been any recent changes to your fiscal period, these may not have been communicated to your MAC's Audit and Reimbursement department, and therefore not yet reflected in the system providing MCReF with its information (STAR).

6.2.3 General System Messages

Message	Meaning	Solution
We've detected that you are using an unsupported browser. To ensure that MCReF appears and functions as it is intended, it is best to use the Google Chrome browser.	MCReF actively supports and has been tested for compatibility with Google Chrome. While other browsers not explicitly supported by the system may work, users may encounter aberrant system behavior while using them. If this message is displayed, MCReF has detected that you are using a browser other than Google Chrome, and is alerting you of the potential for unexpected issues.	If you encounter issues while using another browser, access the system using Google Chrome. Refer to 6.1.1 Internet Browser for more information on internet browser support and other browser tips.

Message	Meaning	Solution
MCReF does not currently support the Firefox browser for uploading cost reports. Please use Google Chrome to e-File via MCReF.	MCReF actively supports and has been tested for compatibility with Google Chrome. While other browsers not explicitly supported by the system may work, there is a known incompatibility with Mozilla Firefox. If this message is displayed, MCReF has detected that you are using Firefox to access the system, and is preventing you from proceeding to avoid further issues.	Access the system using Google Chrome. Refer to 6.1.1 Internet Browser for more information on internet browser support and other browser tips.
Notice N6315: Your session has been terminated due to multiple logins. Please close all browsers logged in to MCReF and try again.	A particular user ID can only be used to login to MCReF once at any given point in time. If this message is displayed, it means that the system has identified 2 or more logins by the same user at that moment in time.	Close any and all browser which you are using to access MCReF, open a new browser, and re-login to MCReF. If the message persists, you may need to close all browsers running on your computer to ensure that all sessions have been terminated before trying to login again, and confirm that you are not logged in on any other devices.

6.3 Home Screen Troubleshooting

The following sections reflect messages which the user may encounter while using the Home Screen Functionality (refer to chapter 3 for more information). The Error Messages generally pertain to issues that the user may experience with the Filter functionality, while the On Screen Messages reflect various messages which the user may encounter in place of expected results or functionality.

6.3.1 Error Messages

Exhibit 83 Error Messages

Message	Meaning	Solution
**Quick Search cannot contain the following characters: < > ^ ! " \ { } [ ]	+ ` ~ & ' ; /**	The quick search did not process the search request because it does not accept the following characters.	Edit your quick search terms to remove any of the following characters: < > ^ ! " \ { } [ ]	+ ` ~ & ' ; /

Message	Meaning	Solution
"Fiscal Year End <From/To>" must be a valid date in MM/DD/YYYY format.	The user input is not in the requested date format in either the "From" field, "To" field, or both fields.	Format the date in the format M/D/YYYY for the FYE search.
"Fiscal Year End <From/To>" cannot be prior to 01/01/2010.	The user input is before 01/01/2010 in either the "From" field, "To" field, or both fields.	Make sure that the "To" and/or "From" field inputs are after 01/01/2010.
"Fiscal Year End To" cannot be prior to "Fiscal Year End From."	The user input in the "To" field is before that of the "From" field.	Make sure that the "To" field input is after the "From" field input.

6.3.2 On-screen Messages

Exhibit 84 On-screen Messages

Message	Meaning	Solution
No providers at your organization currently qualify for e-Filing	MCReF was not able to identify any of the CCNs registered to your IDM account as valid for submitting an e-filing.	Refer to 6.2.1 Missing Expected Provider
No results found based on the filters	No results are available to display in the table, either because the filters that have been applied are so restrictive that they have excluded all available records, or because the only FYEs present for the providers in your IDM account are outside the scope of MCReF	If filters have been applied, adjust the filters to include a broader set of data (or clear the filters altogether via the "Clear Filter" button). If no filters are applied or a specific expected record is not present, refer to 6.2.2 Missing Expected Fiscal Year End.
Lock Icon - A cost report cannot be filed for the currently selected Provider and Fiscal Year End at this time. Please contact your servicing MAC.	A status has been applied to the Provider and Fiscal Year End selected which prevents a cost report from being submitted at this time.	Contact your MAC to determine why cost report submission has been disabled for the selected FYE.

Message	Meaning	Solution
Clock Icon- You have reached the per-day cost report submission limit for this Provider and Fiscal Year End. Please refer to the "Per-Day Submission Limits" within the MCReF User Manual for more information.	All cost report submissions beyond the first submission for an FYE are considered "revised" submissions; MCReF only allows a single revised submission on a given day. If this message is displayed, it means that you or another user representing the selected Provider and Fiscal Year End have already made a submission during the present calendar day (based on the Eastern Time zone, and reflected in the page's header area).	Refer to 6.1.3 Per-Day Submission Limits for more information on how to proceed if the earlier submission that day was incorrect and needs to be replaced. Otherwise, wait until the following calendar day to re-try.

6.4 Documentation Details Troubleshooting

The following section reflects messages which the user may encounter while using the Documentation Details Screen functionality (refer to Chapter 3.2.11 for more information).

6.4.1 Error Messages

Exhibit 85 Error Messages

Message	Meaning	Solution
Error E6328: The retrieval of the requested files encountered a problem, please try again. If the issue persists, please contact your servicing MAC.	MCReF encountered an unexpected problem while attempting to retrieve the files for download.	This error may be caused by many things, including network instability. As noted in the error, if this error is encountered you should first try again, as the issue may have been temporary and the second attempt may go through. If you receive the error repeatedly, contact your MAC to assist in troubleshooting.

6.5 E-File History Troubleshooting

The following sections reflect messages which the user may encounter while using the e-File History Screen Functionality (refer to section 4.2 for more information). The Error Messages generally pertain to issues that the user may experience with the Filter functionality, while the On Screen Messages reflect various messages which the user may encounter in place of expected results or functionality.

6.5.1 Error Messages

Exhibit 86 Error Messages

Message	Meaning	Solution
Upload ID, Upload File Name, Uploaded By, or Provider# cannot contain the following characters: < > ^ ! " \ { } [ ] | + ` ~ & ' ; /	The text filter did not process the search request because it does not accept the following characters.	Edit your quick search terms to remove any of the following characters: < > ^ ! " \ { } [ ] | + ` ~ & ' ; /
"Upload Date <From/To>" must be a valid date in MM/DD/YYYY format.	The user input is not in the requested date format in either the "From" field, "To" field, or both fields.	Format the date in the format M/D/YYYY for the FYE search.
"Upload Date From" cannot be prior to 05/01/2018.	The user input is before 05/01/2018 in either the "From" field, "To" field, or both fields. MCReF went live on 5/1/2018, and as a result, there is no e-File History available for any time period prior to that.	Make sure that the "To" and/or "From" field inputs are after 05/01/2018.
"Upload Date To" must be on or before today's date.	The user input is on or after today's date in either the "From" field, "To" field, or both fields.	Make sure that the "To" and/or "From" field inputs are before today's date.
"Upload Date To" cannot be prior to "Upload Date From".	The user input in the "To" field is before that of the "From" field.	Make sure that the "To" field input is after the "From" field input.
"Fiscal Year End <From/To>" must be a valid date in MM/DD/YYYY format.	The user input is not in the requested date format in either the "From" field, "To" field, or both fields.	Format the date in the format M/D/YYYY for the FYE search.
"Fiscal Year End From" cannot be prior to 01/01/2010.	The user input is before 01/01/2010 in either the "From" field, "To" field, or both fields.	Make sure that the "To" and/or "From" field inputs are after 01/01/2010.
"Fiscal Year End To" cannot be prior to "Fiscal Year End From".	The user input in the "To" field is before that of the "From" field.	Make sure that the "To" field input is after the "From" field input.

6.5.2 On-screen Messages

Exhibit 87 On-screen Messages

Message	Meaning	Solution
No previous e-filing attempts have been found for providers at your organization. To perform an e-filing, navigate to the Bulk Upload or the e-File Cost Report Materials page.	There are no records found in MCReF of bulk e-filings or successful individual e-filings for any of the CCNs registered to your IDM account.	If no e-filings have been attempted, this is an expected message and it will be replaced once future e-filing attempts have been made. If bulk e-filings have been attempted, or there are known instances of successful individual e-filings that are expected to be present, refer to 6.2.1 Missing Expected Provider
No results found based on the filters.	No results are available to display in the table, either because the filters that have been applied are so restrictive that they have excluded all available records, or because the only FYEs present for the providers in your IDM account are outside the scope of MCReF	If filters have been applied, adjust the filters to include a broader set of data (or clear the filters altogether via the "Clear Filter" button). If no filters are applied or a specific expected record is not present, refer to 6.2.2 Missing Expected Fiscal Year End.

6.6 e-File Cost Report Materials Page Troubleshooting

6.6.1 MCR Version Doesn't Support e-Signature

Each MCR Version's support for electronic signature is dictated by transmittal updates issued by CMS. While all currently issued MCR versions support e-signature, not all historical MCR Versions that may be used for earlier years do so. Refer to your MCR Version's current transmittal for more information regarding the requirements / procedures for electronic signature.

If you are filing on an older MCR Version that pre-dates the support of e-signature, MCReF is still an option for submitting your cost report. Refer to Section 3.3.1.6.5.3.2 for more details regarding this process.

6.7   Encountered Error or Warning Messages

MCReF evaluates a variety of validations based on the on-screen user selections, the format of all attached files, and the content of certain attached files. In some cases, based on the information available to MCReF, a given Provider and Fiscal Year End may be inherently unable to submit an e-

filed cost report; while the Individual e-File Functionality will not present the option to e-File for such providers and FYEs, the same restrictions will be encountered by error messages if those cost reports are uploaded via the Bulk Upload Functionality. Cost report submissions found to be in violation of rules that prevent the submission from proceeding will receive an Error, whose underlying issue must be addressed before the submission is re-attempted. Cost report submissions found to be in violation of rules which may result in an undesirable outcome (e.g. rejection, late penalties) will receive a Warning; these can either be addressed by the user to remedy any underlying cause, or allowed to proceed if the user believes their submission to be correct despite the Warning. Within the Individual e-File Functionality, Errors are presented on-screen, and Warnings are presented in a pop-up window. Within the Bulk Upload Functionality, all Errors and Warnings are presented on the e-File History page after the system finishes processing the uploaded files. For additional guidance about how to handle the various messages MCReF may present, see below.

6.7.1 Error Messages

The following messages will appear on-screen on the e-File Cost Report Materials Screen in an Errors section below the header area, above the Provider field, directly after activating Submit, or after activating "OK" on a Warning pop-up. Alternatively, some of the messages will also appear on-screen on the e-File History Screen under the Warning/Errors column and on the selected e-Filing's Status Details Screen. Other messages will appear on-screen on both the e-File Cost Report Materials Screen and the e-File History Screen. One or more errors may be displayed at the same time. If an Error is displayed, this means that the submission did not go through, with no aspect of the submission being reported to your MAC. Once the issue resulting in the error has been resolved, you may re-attempt the submission without regard for the per-day submission limits described elsewhere.

Exhibit 88 Errors Due to Missing Submission Pre-Requisites

Message	Meaning	Solution
Error C409: An "ECR" file is required	Based on the type of provider and Medicare Utilization indicated, an ECR file must be attached to proceed.	Obtain and upload an ECR file for the selected Provider and Fiscal Year End. For more information as to what is expected in this file category, refer to 3.3.1.6.5.1 Note: If you received this error as a result of a bulk upload, it may have been caused due to a misnamed file. If you did include an ECR file, check to see if the document was categorized as "Other", and if so, refer to Section 4.1.1 Bulk Upload Naming Convention.
Error C411: A "Print Image" file is required.	Based on the type of provider, Medicare Utilization indicated, or an ECR file being included, a Print Image file must be attached to proceed.	Obtain and upload a Print Image file for the selected Provider and Fiscal Year End. For more information as to what is expected in this file category , refer to 3.3.1.6.5.2 Note: If you received this error as a result of a bulk upload, it may have been caused due to a misnamed file. If you did include a Print Image file, check to see if the document was categorized as "Other", and if so, refer to Section 4.1.1 Bulk Upload Naming Convention.

Message	Meaning	Solution
Error C433: A "Signed Certification Page" file is required.	Based on the type of provider and Medicare Utilization indicated, a Signed Certification Page file must be attached to proceed.	Obtain and upload a Signed Certification Page file for the selected Provider and Fiscal Year End. For more information as to what is expected in this file category , refer to 3.3.1.6.5.3 Note: If you received this error as a result of a bulk upload, it may have been caused due to a misnamed file. If you did include a Signed Certification Page file, check to see if the document was categorized as "Other", and if so, refer to Section 4.1.1 Bulk Upload Naming Convention.
Error C413: A "Cover Letter" file is required.	Based on the presence of an existing cost report submission sent in previously, a Cover Letter file must be attached to proceed.	Obtain and upload a Cover Letter file for the selected Provider and Fiscal Year End. For more information as to what is expected in this file category, refer to 3.3.1.6.5.5 Note: If you received this error as a result of a bulk upload, it may have been caused due to a misnamed file. If you did include a Cover Letter file, check to see if the document was categorized as "Other", and if so, refer to Section 4.1.1 Bulk Upload Naming Convention.
Error R1135: The uploaded cost report indicates the submission is for a teaching hospital, but the submission did not include an IRIS file.	Based on the indication of a teaching program on Worksheet S-2 or intern or resident FTEs on Worksheet S-3, an IRIS file must be attached to proceed.	Review the contents of the ECR to confirm that Worksheet S-2 and Worksheet S-3 are properly filled out. If the entries indicating a teaching program are erroneous, correct the cost report and try again. If the entries are correct, obtain and upload an IRIS file for the selected Provider and Fiscal Year End. For more information as to what is expected for this file category, refer to 3.3.1.6.5.4
Error C418: You must review and accept the cost report submission certification.	MCReF requires that users read and indicate agreement with the official submission acknowledgement on-screen by checking the checkbox.	Review the statement, and indicate agreement by checking the box before proceeding. If you have concerns about indicating agreement with the statement, contact your MAC.

Exhibit 89 Errors Due to Invalid Medicare Utilization Selections

Message	Meaning	Solution
Error C435: MAC records indicate Medicare payments have been made in excess of the allowable amount for filing a cost report with <"No" or "Low" based on selection> Medicare Utilization.	The provider's total Medicare payments received for the fiscal year end exceed what is allowed for the Medicare Utilization level chosen on-screen. "No" Medicare Utilization cannot be chosen if Medicare payments exceed $0. "Low" Medicare Utilization cannot be chosen if Medicare payments exceed the low Medicare utilization threshold established by CMS.	Review/Confirm total Medicare payments made to your organization throughout the Fiscal Year End. Select the appropriate Medicare Utilization level based on the confirmed total Medicare payments your organization has received for that FYE. For more information on how to select the Medicare Utilization for individual e-Filings, refer to section 3.3.1.4; for bulk e-Filings, refer to section 4.1.1. If you are confident that you are selecting the appropriate Medicare Utilization level for the cost report you are e-filing, contact your MAC.
Error C464: Bad Debt cannot be claimed in a cost report without Full Utilization or Vaccine-Only Utilization (applicable to FQHC/RHC).	The Medicare Bad Debt document can only be uploaded for "Full" or "Vaccine-Only" Medicare Utilization cost reports. "No" or "Low" Medicare Utilization cannot be chosen if the Medicare Bad Debt document is uploaded, meaning Bad Debt is claimed.	Review/Confirm Medicare Bad Debt claimed for the Provider and Fiscal Year End. Select the appropriate Medicare Utilization level based on the confirmed Medicare Bad Debt. For more information on how to select the Medicare Utilization for individual e-Filings, refer to section 3.3.1.4; for bulk e-Filings, refer to section 4.1.1. If you are confident that you are selecting the appropriate Medicare Utilization level for the cost report you are e-filing, contact your MAC.

Exhibit 90 Errors Due to General System Issues

Message	Meaning	Solution
Error C432: The system encountered a problem, please try again. If the failure persists please contact your servicing MAC (Reference e-Filing ID ######).	MCReF encountered an unexpected problem while attempting to process your submission.	This error may be caused by many things, including network instability. As noted in the error, if this error is encountered you should first try again, as the issue may have been temporary and the second attempt may go through. If you receive the error repeatedly, contact your MAC and reference the e-Filing IDs that the system has provided to assist in troubleshooting.

Message	Meaning	Solution
Error B441: The system encountered a problem, please try again. If the failure persists please contact your servicing MAC (Reference Upload ID ######).	MCReF encountered an unexpected problem while attempting to process your upload.	This error may be caused by many things, including network instability. As noted in the error, if this error is encountered you should first try again, as the issue may have been temporary and the second attempt may go through. If you receive the error repeatedly, contact your MAC and reference the Upload ID(s) that the system has provided to assist in troubleshooting.

Exhibit 91 Errors Due to General Issues With Files/Folders

Message	Meaning	Solution
Error C410: Compressed file formats are not supported for the following files: <ECR, Print Image, etc…>	The listed file categories do not support compressed file formats or archives such as ZIPs, RARs, or TARs.	These file categories each expect uncompressed files; extract the compressed file(s) in question and re-attach on their own, rather than as part of an archive.
Error C423: File size for the <ECR, Print Image, etc…> file cannot exceed <1MB, 10MB, etc…>.	MCReF has identified that the attached file is in excess of the file size limits noted for the listed file slot.	Confirm that the file attached to the slot is the correct content for that slot (refer to 3.3.1.6 for guidance). If you believe that you have the correct file for the slot, and that it is legitimately in excess of the size limit being enforced by MCReF, your submission is too large for electronic filing, and should be submitted via traditional methods (mail or hand delivery).
Error C429: <ECR, Print Image, etc…> file size must be greater than 0.	MCReF has identified that the attached file for the specified file category is blank/empty.	Confirm that the file attached to the file category is the correct content for that file category (refer to 3.3.1.6 for guidance). If the file is required (as indicated by the * or other errors), obtain and upload a populated copy of the file as indicated by the file catgory. If you have attached a blank file to a file category that is not required, proceed by clearing the empty file attachment using Reset.

Message	Meaning	Solution
Error C424: The < ECR, Print Image, etc…> file contains restricted characters within the file name. For more details, please refer to the Troubleshooting chapter of the User Manual.	MCReF has identified that the attached file for the specified file category has been named using a character that MCReF cannot support.	Refer to section 3.3.1.6 and review the file-name character restrictions described. Check the names of the file being attached to identify the restricted character(s), then rename your file, removing the restricted character(s). You should now be able to attach the renamed file and proceed.
Error C425: The < ECR, Print Image, etc…> file contains a file name that is greater than 255 characters.	MCReF has identified that the attached file for the specified file category has been given a name that is more than 255 characters in length (including the file extension).	Identify the file in question locally, and rename it with an identifier shorter than 255 characters (including the extension). You should now be able to attach the renamed file and proceed.
Error C426: The <ECR, Print image, etc…> file, or a file within it, has been flagged by an anti-virus scan.	MCReF has identified that the attached file for the specified file category may contain malicious content as identified by an anti-virus scan.	Take precautions with the file identified by the error, and obtain a clean version of the file that needs to be submitted. If you are confident that the file is virus-free and malware-free, and MCReF continues to produce this error, contact your MAC, and consider submitting your cost report via traditional methods (mail or hand-delivery).
Error C434: The uploaded "Print Image" file is not named correctly. Confirm that you haven't altered or renamed the file produced by your MCR vendor software and that you've selected the appropriate file.	MCReF determined that the file name for the print image file does not conform to the standard in the electronic cost report specifications.	Confirm that the file being uploaded is a valid Print Image file generated using the current version of a CMS-approved ECR vendor software, and that no other user has edited the filename after it was generated by the vendor software. If the software is current and you have confirmed that no one made any direct modifications, you may wish to contact your ECR vendor to determine if there is a known issue with the current software version. Also, consult the electronic cost report specifications for the applicable ECR to confirm the file is named appropriately.

Message	Meaning	Solution
Error B445: One or more files within the uploaded file are missing a submission folder.	MCReF encountered one or more files placed directly in the bulk upload ZIP file, rather than in a submission folder within the ZIP file. Without a well-named submission folder, MCReF is unable to determine which Provider and FYE the files are intended for.	Refer to section 4.1.1 and confirm that all files in your bulk upload ZIP file have been placed in folders named per the "Folder per submission" guidance, then re-upload a ZIP file with the corrected folders.
Error B446: This submission's folder was not named correctly. Submission folder name must be a valid format with Provider#_yyyy-mm-dd_MedicareUtilization.	MCReF encountered a folder placed in the bulk upload ZIP file that it was unable to match with the expected Submission folder naming scheme.	If the folder identified was intended to be for a cost report submission, refer to section 4.1.1 and confirm that the folder is named per the "Folder per submission" guidance. It is important that the provider # is 6 characters in length (with no hyphen), followed by the FYE written year first, then month, then day (separated by hyphens), followed by a valid Medicare Utilization option, and then no further text beyond that. Each piece (Provider #, FYE, and Medicare Utilization) need to be separated by underscores (_). If the folder identified was inadvertently included or not needed for cost report submission purposes, then no further action is needed. The presence of an extraneous folder will not impact the ability of MCReF to successfully process the other submissions in the upload.
Error C466: Medicare Utilization is set to "Vaccine". The Vaccine-Only Medicare Utilization is only applicable to FQHC/RHC providers.	MCReF encountered a folder placed in the bulk upload ZIP file which had a MedicareUtilization of "Vaccine", for a provider other than an FQHC/RHC. Only FQHC/RHC providers can have "Vaccine-Only" Medicare Utilization.	Indicate the correct Medicare Utilization level based on the Provider type. For more information on how to indicate the correct Medicare Utilization for bulk e-Filings, refer to section 4.1.1.

Message	Meaning	Solution
Error B447: The folder name contains restricted characters.	MCReF encountered a restricted character while trying to read the submission's folder name.	Refer to section 4.1.1 and review the character restrictions described. These restrictions apply to all folders and files in the bulk upload, and are described at the end of the section, below the exhibit for naming guidance. Check the names of the folders included in your upload to identify the restricted character(s), then rename your folder, removing the restricted character(s). You should now be able to upload a new ZIP file containing the renamed folder and proceed.
Error B448: The folder name is greater than 255 characters.	MCReF has identified that the specified folder within the uploaded ZIP file has been given a name that is more than 255 characters in length.	Identify the folder in question locally, and rename it with an identifier shorter than 255 characters. You should now be able to include the renamed folder within your re-upload and proceed.
Error B451: The folder is empty.	MCReF has identified that the specified folder within the upload is empty.	If the folder identified was intended to be for a cost report submission, populate the folder with the appropriate cost report materials before re-uploading. If the folder identified was inadvertently included or not needed for cost report submission purposes, then no further action is needed. The presence of an extraneous folder will not impact the ability of MCReF to successfully process the other submissions in the upload.
Error B452: An e-Filing already exists for this Provider/FYE in the upload and has been processed.	Within the same upload, MCReF encountered two or more cost report submissions for the same Provider and FYE. The first one encountered was allowed to proceed for further processing, but all additional instances will receive this error.	Review the multiple instances of cost report submission that were included for the identified Provider and FYE. If the multiple instances are truly cost report submissions intended for the same Provider and FYE, confirm that the one which was processed was the one intended for your MAC. If the correct submission was processed, then no further action is needed on this particular submission. If not, you will need to perform a new upload containing the one that was intended. Depending on how many submissions have already been performed for this Provider and FYE on the same day, you may encounter the Per-Day Submission Limits, and should refer to section 6.1.3 for more guidance. If the multiple instances were not intended for the same Provider and FYE but were mis-named, correct the submission folder names to identify the correct Provider and FYE, and re-upload the affected submissions.

Message	Meaning	Solution
Error B454: More than one <ECR, Print Image, etc…> file in folder.	MCReF has encountered two or more files in a submission folder with file names that put them in the same Cost Report Materials category (ECR, Print Image, etc.), for a category which expects a single file that is not an archive (ZIP, etc.).	Confirm that the uploaded ZIP file's folder contains the correct content and files for the specific Provider/FYE (refer to 4.1.1 for guidance). If the folder contains multiple copies of the files for the provider and FYE, remove all but the most current and re-attempt the upload. Any supplemental copies of these files (provided in reference to earlier submissions, or for related organizations) need to be renamed so that they no longer fall into the same category, or placed in a sub-folder within the submission folder so that they can be correctly categorized as "Other".
Error B456: One or more files has restricted characters within the file name.	MCReF has identified that one or more files have been named using a character that MCReF cannot support.	Refer to section 4.1.1 and review the character restrictions described. These restrictions apply to all folders and files in the bulk upload, and are described at the end of the section, below the exhibit for naming guidance. Check the names of the files included in your upload to identify the restricted character(s), then rename your file(s), removing the restricted character(s). You should now be able to re-upload the renamed file(s) within another upload and proceed.
Error B455: One or more files has a file name that is greater than 255 characters.	MCReF has identified that one or more files within the uploaded ZIP file has been given a name that is more than 255 characters in length (including the file extension).	Identify the file in question locally, and rename it with an identifier shorter than 255 characters (including the extension). You should now be able to include the renamed file within your re-upload and proceed.
Error C458: More than one <ECR, Print Image, etc…> file in submission.	MCReF has encountered two or more files in the submission with the same Cost Report Materials file categoryfor a category which expects a single file that is not an archive (ZIP, etc.).	Confirm that the submission contains the correct content for the specific Provider/FYE (for guidance, refer to 4.1.1 for Bulk or 3.3.1.6 for Individual for guidance). If the submission contains multiple copies of the files for the provider and FYE (ECR, Print Image, Signed Certfication Page, or Cover Letter), remove all but the most current and re-attempt the submission. Any supplemental copies of these files (provided in reference to earlier submissions, or for related organizations) need to be renamed so that they no longer fall into the same file category, placed in a subfolder (Bulk only), or manually re-categorized by the user (Individual only).

Message	Meaning	Solution
Error E431: ZIP files must contain at least one file.	MCReF was unable to find a file within the attached ZIP file for the specific file category.	Confirm that the file within the ZIP file attached to the file category contains the correct file/content for that file category.
Error E460: At least one Cost Report Materials File is required.	MCReF was unable to find a single file categorized to a File Category.	Receivable cost report submissions in MCReF must have at least one file included as Cost Report Materials. Use the "Add File(s)" button to identify and attach the files relevant to the cost report submission.
Error E457: The e-File submission cannot exceed 1024MB.	MCReF has identified that the submission file is in excess of the maximum total file size noted for individual submissions	If a single submission is in excess of the file size limit, your submission is too large for electronic filing, and should be submitted via traditional methods (mail or hand delivery).

Exhibit 92 Errors Due to Issues with the Content of the ECR File

Message	Meaning	Solution
Error C430: Invalid ECR file format; each cost report file must contain a header record.	While attempting to read the attached ECR file, MCReF was unable to identify a valid header record, as defined by the CMS ECR specifications.	Confirm that the file being uploaded is a valid ECR file generated using the current version of a CMS-approved ECR vendor software, and that no other user has made any edits directly to the file after it was generated by the vendor software. If the software is current and you have confirmed that no one made any direct modifications, you may wish to contact your ECR vendor to determine if there is a known issue with the current software version. If your vendor indicates that the file is properly structured, contact your MAC.
Error R3: MCR Version Number is null or is an invalid code **Header Record: <content of ECR's Record Type 1, Record Number 1>**	While attempting to read the attached ECR file, MCReF was unable to find the MCR Version Number, or the value identified did not correspond to a known, valid version per the CMS ECR specifications	
Error R100: One or more lines within the cost report begins with an invalid character. **Invalid line(s):** **<one line per instance of the content of the line or lines in the ECR identified as invalid>**	While attempting to read the attached ECR, MCReF encountered one or more lines which began with an invalid character, in violation of the CMS ECR specifications.	
Error R122: Record identifier is duplicated within the cost report. **Duplicated location(s):** **Type 1: Record number #** **Type 2/3: <location identifier>**	While attempting to read the attached ECR, MCReF identified two or more lines with the same unique identifier.	

Message	Meaning	Solution
Error R139: One or more lines within the cost report is over 60 characters in length (including spaces). **Invalid line(s):** **<one line per instance of the content of the line or lines in the ECR identified as invalid>**	While attempting to read the attached ECR, MCReF identified one or more lines beginning with '1', '2', '3', or '4' with more than 60 characters on that line, in excess of the CMS ECR specifications.	Confirm that the file being uploaded is a valid ECR file generated using the current version of a CMS-approved ECR vendor software, and that no other user has made any edits directly to the file after it was generated by the vendor software. If the software is current and you have confirmed that no one made any direct modifications, you may wish to contact your ECR vendor to determine if there is a known issue with the current software version. If your vendor indicates that the file is properly structured, contact your MAC.
Error R1128: The uploaded ECR file does not have an approved MCR vendor code and the latest specification date for the cost report version. Consult with your software vendor to ensure you're using an up-to-date version of your MCR software.	While reading the ECR, MCReF identified that either the versioning information is out of date or the vendor code is invalid for the MCR version uploaded.	
Error R1134: The contents of the submitted ECR file do not match the file's encryption code. Do not alter the file once it's produced by your MCR software.	While reading the ECR, MCReF determined that the file has been altered since being produced by the MCR software.	

Message	Meaning	Solution
Error R1005: Provider, FYB, or FYE specified in the uploaded ECR file cost report does not match the Provider and/or FYE on-screen. **Uploaded ECR file contains:** **Provider #####, FYB mm/dd/yyyy, FYE mm/dd/yyyy** **Provider/FYE contains:** **Provider #####, FYB mm/dd/yyyy, FYE mm/dd/yyyy**	In comparing the records currently available to MCReF from STAR for the provider and fiscal year end specified on screen (for Individual) or in the folder name (for Bulk) to the data contained within the ECR, MCReF identified a discrepancy with one or more of the Provider, FYE, or FYB attributes in the ECR.	Review the contents of the error message to identify the nature of the discrepancy; any or all of the Provider, FYB, or FYE may not match between the attached ECR and the Provider/FYE specified on-screen/in the folder name. If the Provider does not match, then you may have attached the wrong ECR file, and should easily be able to resolve by obtaining the correct ECR. If the FYE does not match, or the FYB in the ECR is after the FYB currently recorded in STAR, confirm that your fiscal period recorded in the ECR is accurate to the provider's current business status. If it is correct, refer to 6.2.2 Missing Expected Fiscal Year End for more information on correcting MCReF's FYB/FYE information.
Error R1139: Provider, FYB, or FYE specified in the uploaded ECR file cost report does not match the submission folder's Provider and/or FYE. **Uploaded ECR file contains:** **Provider #####, FYB mm/dd/yyyy, FYE mm/dd/yyyy** **Submission's folder name contains:** **Provider #####, FYB mm/dd/yyyy, FYE mm/dd/yyyy**		

Message	Meaning	Solution

Error R1004: Subunit and/or Consolidating FQHC/RHC providers listed on MCR are not consistent with STAR.
  In MCR, not in STAR: ######
  In STAR, not in MCR: ######
	In comparing the records currently available to MCReF from STAR and the provider, subunits, and consolidated units listed in the cost report, MCReF identified a discrepancy.	Review the contents of the error message to identify the nature of the discrepancy. In some cases, there may be providers listed in your cost report that have not yet been associated to the Provider filing the cost report in STAR by the MAC's Audit and Reimbursement department; these will be noted as "In MCR, not in STAR". In other cases, the MAC may have units associated in STAR which are not reflected in your cost report; these will be noted as "In STAR, not in MCR". Once you have pinpointed the nature of the discrepancy, determine whether or not your cost report has been filled out correctly, and if not, correct it. Once you have confirmed that the cost report itself is correct, if the error persists, contact your MAC to confirm that the MAC is aware of all pertinent Tie-In notices or other changes in enrollment/consolidation status.

Exhibit 93 Errors Due to Issues with the Content of the IRIS File

Message	Meaning	Solution
Error I1: The STAR system does not contain a Cost Reporting Period for provider "######" with an FYB of "mm/dd/yyyy" and an FYE of "mm/dd/yyyy".	The provider, FYB, and FYE in the IRIS file do not reflect a valid cost reporting period.	Confirm that the file being uploaded is the correct IRIS file for the selected Provider and Fiscal Year End.
Error I94: The Provider ID or FYE stated in the Master filename ("xxxxxx") does not match the Provider ID (######) or FYE (mm/dd/yyyy) listed in the actual file.	The IRIS files' file name indicates they are for a different cost reporting period (provider or year) than is actually contained in the files' data.	
Error I5: Master File contains records that have inconsistent values for Provider, FYB and/or FYE. All rows in the Master File must have the same Provider/FYB/FYE.	The Master File in the IRIS submission contains records for multiple different Provider, FYE, and/or FYE values.	Contact the IRIS vendor that produced the IRIS file. If the IRIS file was produced internally, refer to the IRIS file specifications published by CMS to confirm that the Master and Assignment files have been properly structured.
Error I6: Master record with SSN ending in "####" does not have at least one corresponding record within the paired Assignment File with the same SSN, PROVNUMBER, and FYBEGIN values.	A resident listed in the Master File does not have any corresponding assignments in the Assignment File.	
Error I7: Assignment record with SSN ending in "####" does not have a corresponding record within the paired Master File with the same SSN, PROVNUMBER, and FYBEGIN values.	A resident listed in the Assignment File does not have a corresponding record in the Master File.	
Error I9: SSN must be populated in all rows in the Master File.	One or more rows in the Master File do not have an SSN value.	
Error I10: SSN must be populated in all rows in the Assignment File.	One or more of the rows in the Assignment File do not have an SSN value.	
Error I77: Provider Number must be populated in all rows in the Assignment File.	One or more of the rows in the Assignment File do not have a Provider Number value.	

Message	Meaning	Solution
Error I40: "\<Column\>" contains a value (\<value\>) that is not a valid \<Column\> value.	The column described contains the indicated value, which is not valid for the data type of that column. (For example, a date column contains a value that is not a valid date.)	Contact the IRIS vendor that produced the IRIS file. If the IRIS file was produced internally, refer to the IRIS file specifications published by CMS to confirm that the Master and Assignment files have been properly structured.
Error I89: "xxxxxx" contains a value ("xxxxxx") that exceeds the maximum allowable length of ### for that field.	The named file and column exceed the maximum size for the data allowed to be entered in that field.	
Error I57: Uploaded ("xxxxxx") Master File is missing expected column "\<Column\>".	The named Master File does not contain the indicated column, which is required to process the file.	
Error I63: Uploaded Master File 'xxxxxx' is not a valid dBase III or dBase IV file	The named Master File does not meet the specifications to be a valid .dbf file.	
Error I73: Uploaded ("xxxxxx") Assignment File is missing expected column "xxxxxx".	The named Assignment File does not contain the indicated column, which is required to process the file.	
Error I74: Uploaded Assignment File "xxxxxx" is not a valid dBase III or dBase IV file.	The named Assignment File does not meet the specifications to be a valid .dbf file.	
Error I93: Master file ("xxxxxx") and Assignment file ("xxxxxx") do not match the IRIS .dbf filenaming convention. Filename Convention: M######_YYYY-MM-DD.dbf and A######_YYYY-MM-DD.dbf	The IRIS submission contained files that do not meet the IRIS file naming standard.	
Error I70: Text fields may not contain any of the following special characters: ; < > ^ ! " \ { } [ ] | + ` ~	One or more of the values entered into either the Master or Assignment Files contains one of the listed disallowed characters.	

Message	Meaning	Solution
Error I14: Employer must be populated in all rows in the Master File.	One or more of the rows in the Master File do not have an Employer value.	Confirm that the specified values have been populated for each of the Interns or Residents in the IRIS vendor software.
Error I15: First Name must be populated in all rows in the Master File.	One or more of the rows in the Master File do not have a First Name value.	
Error I19: Fiscal Year Begin must be populated in all rows in the Master File.	One or more of the rows in the Master File do not have an FYB value.	
Error I20: Fiscal Year End must be populated in all rows in the Master file.	One or more of the rows in the Master File do not have an FYE value.	
Error I22: Last Name must be populated in all rows in the Master file.	One or more of the rows in the Master File do not have a Last Name value.	
Error I23: Medical School must be populated.	One or more of the rows in the Master File do not have a Medical School Code value.	
Error I25: Medical School Graduation Date must be populated.	One or more of the rows in the Master File do not have a Medical School Graduation Date value.	
Error I28: Provider Number must be populated in all rows in the Master File.	One or more of the rows in the Master File do not have a Provider Number value.	
Error I29: Residency Type Code must be populated in Master File	One or more of the rows in the Master File do not have an Initial Residency Program Type Code value.	
Error I31: Residency Years Completed must be populated in all rows in the Master File.	One or more of the rows in the Master File do not have the Resident's Residency Years Completed value.	

Message	Meaning	Solution
Error I37: Fiscal Year Begin must be populated in all rows in the Assignment File	One or more of the rows in the Assignment File do not have a Fiscal Year Begin value.	Confirm that the specified values have been populated for each of the Assignments for every Intern and Resident in the IRIS vendor software.
Error I39: Assignment Residency Years Completed must be populated in all rows in the Assignment File.	One or more of the rows in the Assignment File do not have the Resident's Residency Years Completed value.	
Error I41: Assignment Residency Type value must be populated	One or more of the rows in the Assignment File do not have the Residency Type Code value.	
Error I46: Assignment Begin Date must be populated in all rows in the Assignment File.	One or more of the rows in the Assignment File do not have the Assignment Begin Date value.	
Error I47: Assignment End Date must be populated in all rows in the Assignment File.	One or more of the rows in the Assignment File do not have the Assignment End Date value.	
Error I51: Time Percentage must be populated in all rows in the Assignment File.	One or more of the rows in the Assignment File do not have the Time Percentage (TIMEPERC) value.	
Error I52: GME Percentage must be populated in all rows in the Assignment File.	One or more of the rows in the Assignment File do not have the GME Percentage (GMEPERC) value.	
Error I53: IME Percentage must be populated in all rows in the Assignment File.	One or more of the rows in the Assignment File do not have the IME Percentage (IMEPERC) value.	

Message	Meaning	Solution
Error I60: Uploaded File "xxxxxx" does not contain at least one Master File.	MCReF has been unable to find a .DBF file beginning with an "M" in the IRIS attachment.	Confirm that the file attached to the file category is the correct content for that file category (refer to 3.3.1.6.5.4 for guidance).
Error I64: Master File "xxxxxx" does not have a matching Assignment File within the same file directory.	The named Master File does not have a corresponding Assignment File in the IRIS submission.	
Error I69: Assignment File ("xxxxxx") does not have a matching Master File within the same file directory.	The named Assignment File does not have a corresponding Master File in the IRIS submission.	
Error I62: All filename lengths must be 255 characters or less. This applies to the ZIP file filename and all files contained within.	MCReF has identified that one or more of the files contained within the IRIS attachment have been given a name that is more than 255 characters in length (including the file extension).	Identify the file in question locally, and rename it with an identifier shorter than 255 characters (including the extension). You should now be able to attach the renamed file and proceed.
Error I61: Uploaded File "xxxxxx" contains one or more files that do not begin with 'M' or 'A' or are not .DBF files.	MCReF has identified that one or more of the files contained within the IRIS attachment are not an "M" (master) or "A" (assignment) .DBF file.	Confirm that the file attached to the file category is the correct content for that file category (refer to 3.3.1.6.5.4 for guidance). If the ZIP file contains the requisite "M" and "A" files, but also contains other content, remove the extraneous files and re-attempt the upload with *only* the "M" and "A" files.
Error I87: Uploaded File contains restricted characters within the file name.	MCReF has identified that the attached file for the specified file category has been named using a character that MCReF cannot support.	Refer to section 3.3.1.6 and review the file-name character restrictions described. Check the names of the file being attached to identify the restricted character, then rename your file, removing the restricted character. You should now be able to attach the renamed file and proceed.

Message	Meaning	Solution
Error I105: Per the 2021 IPPS Rule, IRIS cost report submissions for fiscal years beginning on or after 10/1/2021 must use the XML format for IRIS data.	Your IRIS submission consisted of .DBF files, and fiscal years starting on or after 10/1/2021 are required to be in an XML format.	Consult your IRIS software vendor to produce a submission in accordance with the new file specifications.

Exhibit 94 Errors Due to Unfulfilled Bulk Upload Pre-Requisites

Message	Meaning	Solution
Error U436: The upload file, or a file within it, has been flagged by an anti-virus scan.	MCReF has identified that the uploaded file or a file within it may contain malicious content as identified by an anti-virus scan.	Take precautions with the file identified by the error, and obtain a clean version of the file(s) that needs to be submitted. If you are confident that the file(s) are virus-free and malware-free, and MCReF continues to produce this error, contact your MAC, and consider uploading your cost report via traditional methods (mail or hand-delivery).
Error U437: "Cost Report Materials" must be populated.	No bulk upload ZIP file has been attached in the "Cost Report Materials" section.	Attach a ZIP file containing your chosen CR(s) via the "Browse. . ." button under the "Cost Report Materials" section.
Error U438: The uploaded file must be a ZIP file.	The file selected in the "Cost Report Materials" section is not a ZIP file.	ZIP files are the only form of archive which MCReF currently supports for bulk uploads. Please move your submission folders to a ZIP file, and retry.
Error U443: File size for the uploaded file cannot exceed 1 gigabyte.	MCReF has identified that the attached file is in excess of the file size limit noted for bulk uploads.	If there are multiple submissions in the upload, split them into multiple ZIP files which are each less than the file size limit and upload separately. If a single submission is in excess of the file size limit (even after being zipped), your submission is too large for electronic filing, and should be submitted via traditional methods (mail or hand delivery).
Error U444: The uploaded file size must be greater than 0.	MCReF has identified that the attached file for the file upload file category is blank/empty.	Check the file selected for upload, replace it with the correct file, and try again. If you are confident that the attached file is the correct one, your system reports it as being larger than 0 bytes in size, and this error message persists, contact your MAC.

Message	Meaning	Solution
Error U439: The uploaded file contains restricted characters within the file name.	MCReF has identified that the attached file for the bulk upload has been named using a character that MCReF cannot support.	Refer to section 4.1.1 and review the character restrictions described. These restrictions apply to all folders and files in the bulk upload (including the bulk upload ZIP itself), and are described at the end of the section, below the exhibit for naming guidance. Check the name of your upload ZIP file to identify the restricted character(s), then rename your ZIP, removing the restricted character(s). You should now be able to re-upload the renamed ZIP and proceed.
Error U440: The uploaded file contains a file name that is greater than 255 characters.	MCReF has identified that the attached file for the bulk upload has been given a name that is more than 255 characters in length (including the file extension).	Rename the bulk upload ZIP with an identifier shorter than 255 characters (including the ".ZIP" extension). You should now be able to attach the renamed file and proceed.
Error U442: You must review and accept the upload certification.	MCReF requires that users read and indicate agreement with the official submission acknowledgement on-screen by checking the checkbox.	Review the statement, and indicate agreement by checking the box before proceeding. If you have concerns about indicating agreement with the statement, contact your MAC.

Exhibit 95 Errors Due to Issues with the Provider/FYE Specified for the Bulk Upload Submission

Message	Meaning	Solution
Error B450: You do not have access to <Provider #>.	MCReF only allows you to e-File for a Provider/FYE that your IDM account has access to.	Refer to 7.1.1 Missing Expected Provider
Error C449: The Fiscal Year End is not eligible for e-Filing in MCReF.	MCReF has identified that the Fiscal Year End in question meets one or more of the disqualifying criteria for e-Filing in MCReF	A Fiscal Year End is ineligible for e-Filing in MCReF if it matches any of the following disqualifications: • FYE prior to 12/31/2017 • FYE more than 6 years in the past If the Fiscal Year End in question is prior to 12/31/2017, or more than 6 years in the past, your submission is ineligible for electronic filing, and should be submitted via traditional methods (mail or hand delivery). If the Fiscal Year End in question is recent enough to be e-Filed, but still received this error, refer to the Provider Table on the Home Screen and find this Provider and Fiscal Year End. The Action column should contain an icon indicating the disqualification if it is still in effect. If the Action column has the link for "e-File CR", any disqualification has expired, and the cost report can be re-submitted through the Bulk Upload or individual e-File functionality. If the Fiscal Year End cannot be found in the Provider Table on the Home Screen, and the other explanations provided do not account for why you are receiving this error, refer to 6.2.2 Missing Expected Fiscal Year End
Error C453: The Fiscal Year End specified is not valid for the specified Provider ID.	The Fiscal Year End is not recognized by MCReF as valid for the Provider.	Confirm that the combination of Provider and Fiscal Year End is correct, as this error might be encountered if the right Fiscal Year End has been specified for the wrong Provider, or the right Provider has been specified for the wrong Fiscal Year End. If both the Provider and the Fiscal Year End reflect the intended cost report to be submitted, refer to 6.2.2 Missing Expected Fiscal Year End for more guidance on why MCReF may not recognize the Fiscal Year End.

Message	Meaning	Solution
Error C421: A cost report cannot be filed for the currently selected Provider and Fiscal Year End at this time. Please contact your servicing MAC.	A status has been applied to the Provider and Fiscal Year End selected which prevents a cost report from being submitted at this time.	Contact your MAC to determine why cost report submission has been disabled for the selected FYE.
Error C420: For the selected provider and fiscal year end, a finalized NPR has already been issued; additional cost reports cannot be filed. Please contact your servicing MAC if you would like to request a Reopening.	The MAC has already recorded a finalized Notice of Program Reimbursement in STAR. Once a cost report has been finalized, no cost report revisions can be submitted via MCReF.	Confirm that you have the correct year selected for the cost report you are trying to submit. If this is the right year, and you have corrections that need to be made to the cost report as last submitted to the MAC, contact your MAC to see about making the corrections as part of a Reopening.
Error B417: You have reached the per-day cost report submission limit for this Provider and Fiscal Year End. Please refer to the "Per-Day Submission Limits" within the MCReF User Manual for more information.	All cost report submissions beyond the first submission for an FYE are considered "revised" submissions; MCReF only allows a single revised submission on a given day. If this message is displayed, it means that you or another user representing the selected Provider and Fiscal Year End have already made a submission during the present calendar day (based on the Eastern Time zone, and reflected in the page's header area).	Refer to 6.1.3 Per-Day Submission Limits for more information on how to proceed if the earlier submission that day was incorrect and needs to be replaced. Otherwise, wait until the following calendar day to re-try.

6.7.2 Warning Messages

The following messages will appear in pop-up dialogs with "OK" and "Cancel" options, directly after clicking Submit, or after clicking "OK" on another Warning pop-up. One or more warnings may be displayed at the same time. If a Warning is displayed, this means that the submission has not yet gone through, and is pending the user's feedback before continuing. If users believe the content of their submission is acceptable despite the content of the Warning, they can click the "OK" button to have the submission proceed. If the user prefers to correct the identified issue before proceeding, they can activate the "Cancel" button, which will cease the system's processing of the cost report submission, and return them to the MCReF screen where they can correct the issue before trying again. If processing is cancelled due to the warning, once the issue resulting in the warning has been resolved, you may re-attempt the submission without regard for the per-day submission limits described elsewhere.

Exhibit 96 Warning Messages

Message	Meaning	Solution
Warning R1006: The cost report uploaded was not generated using CR vendor software updated to the most recently released transmittal. Unless instructed to file on this out-of-date version, the cost report should be regenerated using updated CR vendor software or it will be rejected upon receipt by the MAC.	While reading the attached ECR, MCReF identified that the versioning information indicated that an out-of-date ECR vendor software version was used to generate the cost report.	Except for rare scenarios, e-filed cost reports should always be generated using the most current ECR vendor software available. Unless you have already discussed the need to submit on out-of-date software with your MAC, you should contact your ECR vendor to obtain the most current software and generate a more current ECR. If that is not an option, contact your MAC to seek guidance as to which software version is acceptable for your current submission. If you have not discussed this with your MAC prior to e-filing, MACs will enforce the requirement for current software at time of evaluating acceptability in the form of a formal rejection.
Warning W021: This is the first cost report submission for this Fiscal Year End and it is being filed after the cost report due date. Your cost report for the year will be deemed late based on this submission. Contact your servicing MAC if this is not your first cost report submission.	Per the on-screen notification, this submission will be the First Cost Report Submission for the year, and based on the information available to MCReF, today's date is after the cost report due date on record for the selected Provider and Fiscal Year End. If this submission proceeds, the provider will be deemed late on their cost report submission for the year.	If you are knowingly filing your original cost report submission late, this warning only serves to remind you of the impact thereof, and you may proceed with the submission. However, if you believe that you have already filed a timely cost report submission which the system is not aware of, you should Cancel this transaction and contact your MAC. If a timely submission was sent to the MAC via other methods, and has not yet been received, carrying through with the e-filing will cause it to be the first one received, and timeliness will be based off of it regardless of the other in-transit cost report.

Message	Meaning	Solution
Warning W458: Based on your Provider Type or the contents of your ECR, MCReF has identified the following File Categories that should have been included within your Cost Report Materials: **<Bulleted List of Missing Docs>** **To include these file(s) or to correct the File Category drop-down in the Cost Report Materials Table, click 'Cancel' and either select the 'Add File(s)' button to add files or use the dropdown to correct the File Category of the already attached files.** **Please note that if you proceed, you may need to submit these documents directly to your MAC later. Otherwise, click the 'OK' button to proceed with your submission.**	MCReF has identified one or more missing files that would generally be expected based on the user's Provider Type or the contents of the supplied ECR.	Review the list of missing documentation. • If you did include any of the listed documents but did not categorize them under the listed file categories, acknowledging the warning will allow the submission to continue but further communication may be needed to assist the MAC in locating the necessary files within the submission during the settlement process. To avoid the need for such clarification, click "Cancel" on the warning and re-categorize the included files using the File Category dropdown, then re-attempt the submission. • If you did not include any of the listed documents but still wish to do so, click "Cancel" on the warning and use the "Add File(s)" button to attach the missing documentation, then re-attempt the submission. • If you had not intended to include any of the listed documents, acknowledging the warning will allow the submission to continue, with the knowledge that the MAC will seek these documents at some point during the settlement process. At this later point, they will need to be provided via means other than MCReF.

Message	Meaning	Solution
Warning W459: Based on your Provider Type or the contents of your ECR, MCReF has identified the following File Categories that should have been included within your Cost Report Materials: **<Bulleted List of Missing Docs>** **If you acknowledge, then the submission will be sent to your MAC without the missing documents identified above.** **Please note that if you proceed, you may need to submit these documents directly to your MAC. To include these documents, do not acknowledge the warning and please re-upload only the revised submission with the full set of materials.**	MCReF has identified one or more missing files that would generally be expected based on the user's Provider Type or the contents of the supplied ECR.	Review the list of missing documentation. • If you did include any of the listed documents but did name the files per the guidance in Appendix B, acknowledging the warning will allow the submission to continue but further communication may be needed to assist the MAC in locating the necessary files within the submission during the settlement process. To avoid the need for such clarification, do not acknowledge this warning, and rename the files per the guidance in Appendix B and re-upload only the affected submissions. • If you did not include any of the listed documents but still wish to do so, do not acknowledge this warning, and re-upload the affected submissions with the additional documents included. • If you had not intended to include any of the listed documents, acknowledging the warning will allow the submission to continue, with the knowledge that the MAC will seek these documents at some point during the settlement process. At this later point, they will need to be provided via means other than MCReF.
Warning I106: MCReF IRIS Submission Doesn't Correspond to Cost Report	The IME and Unweighted GME FTEs calculated from the IRIS file do not correspond to the amounts claimed in the uploaded cost report.	Confirm that you've uploaded the correct IRIS file for your cost report and that the IME and GME FTEs on the cost report are populated correctly.

Message	Meaning	Solution
Warning F1: Invalid file type for automated processing of Medicare Bad Debt Listing	The file categorized as a Medicare Bad Debt Listing is not of a type that the system can perform automated processing on. (The optional specification only supports .xslx and .xlsm files.)	If you are knowingly submitting the specified cost report exhibit in another file format (such as .xls or .pdf), then this warning is a reminder that the system will not be able to alert you to issues with the contents of your exhibit before transferring it to your MAC. However, if you are attempting to use the automated processing capabilities, confirm that you have selected the correct file and that your exhibit conforms to the optional specifications for that exhibit.
Warning F36: Invalid file type for automated processing of Charity Care Charges	The file categorized as a Charity Care Charges listing is not of a type that the system can perform automated processing on. (The optional specification only supports .xslx and .xlsm files.)	
Warning F65: Invalid file type for automated processing of Medicaid Eligible Days	The file categorized as a Medicaid Eligible Days listing is not of a type that the system can perform automated processing on. (The optional specification only supports .xslx and .xlsm files.)	
Warning F88: Invalid file type for automated processing of Total Bad Debt	The file categorized as a Total Bad Debt is not of a type that the system can perform automated processing on. (The optional specification only supports .xslx and .xlsm files.)	

Message	Meaning	Solution
Warning F10: No recognized Medicare Bad Debt Listing worksheets in Medicare Bad Debt Listing file	The file categorized as a Medicare Bad Debt Listing is a format that the system can perform automated processing on (an .xlsx or .xlsm), but the system did not find the label "Medicare Bad Debt Listing" on any of the tabs within the file.	If you are knowingly submitting a the specified cost report exhibit in a format other than the published optional electronic exhibit specifications (i.e., a spreadsheet with your organization's own structure and labeling), then this warning is a reminder that the system will not be able to alert you to issues with the contents of your exhibit before transferring it to your MAC. However, if you are attempting to use the automated processing capabilities, confirm that your exhibit conforms to the optional electronic exhibit specifications.
Warning F37: No recognized Charity Care worksheets in Charity Care file	The file categorized as a Charity Care Charges file is a format that the system can perform automated processing on (an .xlsx or .xlsm), but the system did not find the label "Charity Care Charges" on any of the tabs within the file.	
Warning F66: No recognized Medicaid Eligible Days worksheets in Medicaid Eligible Days file.	The file categorized as a Medicaid Eligible Days file is a format that the system can perform automated processing on (an .xlsx or .xlsm), but the system did not find the label "Medicaid Eligible Days" on any of the tabs within the file.	
Warning F89: No recognized Total Bad Debt worksheets in Total Bad Debt file	The file categorized as a Total Bad Debt file is a format that the system can perform automated processing on (an .xlsx or .xlsm), but the system did not find the label "Total Bad Debt" on any of the tabs within the file.	

Appendix A. Glossary/Acronyms

The following exhibit defines terms or acronyms used throughout the user guide.

Exhibit 97 Glossary

Term	Definition
CMS	Centers for Medicare & Medicaid Services
ECR	Electronic Cost Report
IDM	**Id**entity **M**anagement; the CMS-wide system for managing logins and accounts for associated online systems
FYB	Fiscal Year Begin; the first day of a provider's cost reporting period.
FYE	Fiscal Year End; the last day of a provider's cost reporting period.
IRIS	Interns and Residents Information System
MAC	Medicare Administrative Contractor
MCR	Medicare Cost Report
MCReF	Medicare Cost Report e-Filing (system)
STAR	System for Tracking of Audit and Reimbursement

Appendix B. File Categories

The following exhibit below displays the list of all File Categories, their description, and their associated naming conventions.

NOTE: For all File Categories whose Naming Convention specifies a "Begins with…" pattern in the table below, what follows are the characters that must be present at the beginning of the file name for the system to automatically assign the file that category. Per the user's discretion, any characters following the specified required portion of the file name will be optional. All naming conventions are case insensitive; file names can be uppercase, lowercase, or any mix thereof, as long as they otherwise adhere to the guidance provided.

Exhibit 98 File Categories

Section	File Category	Description	Naming Convention
Acceptability Documents	ECR	The Electronic Cost Report. Refer to section 3.3.1.6.5.	Follows the existing naming standards adhered to by all MCR Vendors. So long as the filename is not altered after being generated by the MCR Vendor software, it should be successfully recognized. Example: EC123456.19A1
Acceptability Documents	Print Image	Refer to section 3.3.1.6.5.2.	Follows the existing naming standards adhered to by all MCR Vendors. So long as the filename is not altered after being generated by the MCR Vendor software, it should be successfully recognized. Example: PI123456.19A1.pdf
Acceptability Documents	Signed Certification Page	Refer to section 3.3.1.6.5.3.	Expected to have the same name as the Print Image, with 'SC' at the beginning of the filename in place of the 'PI'. Example: SC123456.19A1.pdf

Section	File Category	Description	Naming Convention
Acceptability Documents	IRIS	Refer to section 3.3.1.6.5.4.	Follows the existing naming standards adhered to by all IRIS Vendors. So long as the filename conforms to the naming standards published for IRIS data, it should be successfully recognized. Example 'M' and 'A' pair: A123456_2019-12-31.dbf M123456_2019-12-31.dbf Example XML: 123456_2022-12-31.xml
Acceptability Documents	Cover Letter	Refer to section 3.3.1.6.5.5.	Begins with "CoverLetter"
Acceptability Documents	Charity Care Charges	Refer to section 3.3.1.6.5.6.1.	Begins with "Charity"
Acceptability Documents	Medicaid Eligible Days	Refer to section 3.3.1.6.5.6.2.	Begins with "MedicaidEligDays"
Acceptability Documents	Medicare Bad Debt Listing	Refer to section 3.3.1.6.5.6.3.	Begins with "MedicareBD"
Acceptability Documents	Total Bad Debt	Refer to section 3.3.1.6.5.6.4.	Begins with "TotalBD"
Supporting Documents	Adjustments to Expenses	Documentation related to "Adjustments to Expenses" Cost Report Worksheet	Begins with "AdjExpen"
Supporting Documents	Bad Debt Collection Policy	Most current version of the Bad Debt Collection Policy in place	Begins with "BDPolicy"
Supporting Documents	Beds Available	Documentation related to Beds Available at the facility	Begins with "Beds"

Section	File Category	Description	Naming Convention
Supporting Documents	CAH - ER Availability	Documentation related to Availability of Emergency Room Physicians	Begins with "CAH-ERAvail"
Supporting Documents	CHOW Documentation	Documentation related to Change of Ownership if one took place	Begins with "CHOW"
Supporting Documents	Expense/Revenue Groupings	Documentation detailing how Expenses and Revenues are grouped (not the Working Trial Balance document)	Begins with "ExpRevGrp"
Supporting Documents	Financial Assistance Policy	A copy of the provider's Financial Assistance Policy in place during Cost Reporting period	Begins with "FinAssist"
Supporting Documents	Financial Statements or Justification	Copies of applicable Financial Statements or a Justification of why they are not available at time of Cost Report submission	Begins with "FS"
Supporting Documents	Home Office Cost Statement	A copy of the Home Office Cost Statement (NOTE: this is an informational copy only and does not constitute a submission of the HOCS)	Begins with "HOCS"
Supporting Documents	NAH Documentation	Documentation related to Nursing and Allied Health programs (legal operator status, new programs, program renewals, etc.)	Begins with "NAH"
Supporting Documents	Organ Acquisition	Documentation related to Organ Acquisition (new program approvals, organ counts, etc.)	Begins with "OrgAcq"
Supporting Documents	Other Settlement Items	Documentation related to Other Settlement amounts claimed on Cost Report	Begins with "OtherSettlement"
Supporting Documents	Program Approvals and Other Documentation for Teaching	Any additional documentation beyond IRIS files related to Teaching amounts claimed	Begins with "MedEd"
Supporting Documents	Protested Items	Documentation related to Protested Items claimed on Cost Report	Begins with "Protested"

Section	File Category	Description	Naming Convention
Supporting Documents	Provider-Based Physicians and Adjustments	Documentation related to Provider-Based Physician amounts claimed on Cost Report	Begins with "PBPAdj"
Supporting Documents	PS&R Crosswalk	Documentation showing how PS&R data was allocated to the Cost Report (i.e. Rev Codes to Cost Centers).	Begins with "PSRCrosswalk"
Supporting Documents	Reclassifications	Documentation related to "Reclassifications" Cost Report Worksheet	Begins with "Reclass"
Supporting Documents	Reconciliation of Related Organizations and/or Home Office Costs	Additional documentation to support claimed amount of ORP or HO Costs	Begins with "RelatedOrgOrHO"
Supporting Documents	SNF - Utilization Review	Documentation related to UR Amounts claimed	Begins with "SNFUtilRev"
Supporting Documents	Wage Index Documentation	Documentation related to Wage Index series of Cost Report Worksheets	Begins with "WageIndex"
Supporting Documents	Working Trial Balance	A copy of Working Trial Balance (not the same as the Expense/Revenue Groupings document)	Begins with "WTB"
Other Documents	Other	Refer to section 3.3.1.6.7.	Any file name which does not adhere to any of the preceding naming conventions

Appendix C. Cost Report Material Validations

The following exhibit details specific warning messages the system can provide when performing automated processing of cost report materials that have been uploaded (beyond the high-level ones included in Section 6.7.2). The optional specifications referred to throughout this section can be found on the CMS.gov website (link) alongside pre-formatted, empty templates ready for data entry. Receiving any of the messages below does not result in your cost report submission being unreceivable, but indicates potential problems with your file(s) that may cause issues for your MAC when processing your cost report.

Exhibit 99 Medicare Bad Debt Listing Warning Messages

Message	Meaning	Solution
Warning F11: Missing expected field label on Medicare Bad Debt Listing **Label(s) not found: [list of labels]**	The listed headers or column labels were not found within the file. This may result in additional warnings if the absent or mis-labeled columns are relied on by other validations.	When confirming that your file conforms to the optional Medicare Bad Debt Listing specification, specifically look for the locations of the headers and column labels, and make sure your listing is in alignment. Additionally, when reading across the row of column headers, the system will stop processing if it reaches a blank column, which will cause any additional columns after the blank to be not found. If you have gaps in the columns of your listing, remove them.
Warning F12: Unexpected label(s) found on Medicare Bad Debt Listing **Label(s) found: [list of labels]**	The system found additional headers or column labels beyond the expected ones. Barring other issues, your listing can still be processed normally.	Unless you also receive a warning about missing expected fields, then this warning means you have provided additional data that is not part of the specification for the listing, and no further remedy is required. However, if you *do* receive a warning about missing expected fields, confirm that you've named all of your fields correctly in alignment with the optional specification. (Changing expected label 'X' to unexpected label 'Y' will cause the system to generate both warnings.)
Warning F13: Field label found in unexpected location on Medicare Bad Debt Listing **[list of labels with actual and expected locations]**	The system found headers or column labels that it was expecting to find, but in an unexpected arrangement. Barring other issues, your listing can still be processed normally.	Unless you also receive a warning about missing expected fields, then this warning means you have provided all of the necessary information for your Medicare Bad Debt Listing, but in an order that does not match the cost report instructions, and no further remedy is required.

Message	Meaning	Solution
Warning F16: Uploaded Medicare Bad Debt Listing exhibit requires Provider Number and FYE to be compared to the cost report.	The system found one or more tabs labeled as Medicare Bad Debt Listings that did not contain both a provider number (CCN) and a fiscal year end. This prevents the system from being able to map the information in the listing to the cost report submission.	Make sure each tab of your Medicare Bad Debt Listing contains the Provider Number and FYE for the cost report submission. If your file contains any extra tabs that are not part of the listing, make sure those tabs are not labeled with Medicare Bad Debt Listing, so the system knows to ignore them.
Warning F34: Uploaded Medicare Bad Debt Listing exhibit requires Provider Number, FYE, and "Bad Debts For" to be compared the cost report.	The system found one or more tabs labeled as Medicare Bad Debt Listings that did not contain all of a provider number (CCN), a fiscal year end, and a "Bad Debts For" (inpatient / part B indicator). This prevents the system from being able to map the information in the listing to the cost report submission.	Make sure each tab of your Medicare Bad Debt Listing contains the Provider Number, FYE, and an Inpatient / Part B selection corresponding to that tab. If your file contains any extra tabs that are not part of the listing, make sure those tabs are not labeled with Medicare Bad Debt Listing, so the system can ignore them.
Warning F5: Uploaded Medicare Bad Debt Listing exhibit does not contain enough data to compare to the cost report.	There are no tabs containing at least one record complete enough for the system to determine the total bad debts being reported.	Make sure each tab of your Medicare Bad Debt Listing is properly labeled, and that every record in the listing is filled out as completely as possible.
Warning F17: Uploaded Medicare Bad Debt Listing exhibit has a different FYE from the submitted cost report.	The Fiscal Year End reported in the Medicare Bad Debt Listing is not the same date as the Fiscal Year End in the uploaded cost report.	Make sure the Medicare Bad Debt Listing is for the same year as the cost report, and that the Fiscal Year End is entered correctly in your spreadsheet program's "Date" format or in MM/DD/YYYY format.

Message	Meaning	Solution
Warning F14: Uploaded Medicare Bad Debt Listing contains a duplicate header or column. **Duplicates found: [list of headers/columns]**	The system encountered the same label for a header field or column more than once. Since the system cannot determine which of the duplicates should be taken into account, it will ignore all of them.	Remove any duplicate headers or columns for your Medicare Bad Debt Listing file.
Warning F18: Invalid date formatting on Medicare Bad Debt Listing **[List of workbook/worksheet locations]**	One or more of the date fields contained something the system was not able to translate into a valid date.	When entering dates into your Medicare Bad Debt Listing file, use your spreadsheet program's "Date" format, or enter dates as text in MM/DD/YYYY format.
Warning F19: Invalid dollar amount formatting on Medicare Bad Debt Listing **[List of workbook/worksheet locations]**	One or more of the dollar amount fields specified contained something the system was not able to translate into a valid amount.	When entering dollar amounts into your Medicare Bad Debt Listing file, use your spreadsheet program's "Currency" format, or enter amounts as strings containing no characters other than digits, a decimal point, and a dollar sign.
Warning F21: Invalid Y/N formatting on Medicare Bad Debt Listing	One or more of the Y/N fields contained something else.	When entering Yes or No values into your Medicare Bad Debt Listing file, make sure to only use the characters Y or N (and not a check, an X, etc.).
Warning F20: Medicare Bad Debt Listing exhibit headers not fully populated.	One or more of the Medicare Bad Debt Listing tabs does not have all of the header values entered.	Make sure to fill out all of the header values on your Medicare Bad Debt Listing. If your listing spans multiple tabs in the file, fill out all of the values on each tab.
Warning F23: Unexpected Provider Number on Medicare Bad Debt Listing	One or more of the Medicare Bad Debt Listing tabs has a Provider Number entered that is not the Provider Number on the cost report submission.	Make sure you have selected the correct Medicare Bad Debt Listing file corresponding to the cost report submission being uploaded. For submissions that include subunits, "Provider Number" should be populated with the parent provider and tabs containing data for subunits should list the subunit in the "Subprovider Number" field.

Message	Meaning	Solution
Warning F7: Unexpected Subprovider Number on Medicare Bad Debt Listing **Unexpected subunit(s): [List of provider numbers]**	One or more of the Medicare Bad Debt Listing tabs has a Subprovider Number entered that is not one of the subproviders listed on the cost report submission.	Make sure you have selected the correct Medicare Bad Debt Listing file corresponding to the cost report submission being uploaded. For worksheets including subunits, make sure the subunit number is entered the same way it is entered on the cost report.
Warning F35: Invalid "Bad Debts For" on Medicare Bad Debt Listing	One or more of the Medicare Bad Debt Listing tabs has a "Bad Debts For" value of something other than "Inpatient" or "Part B".	Make sure the "Bad Debts For" header field is populated for each tab of your Medicare Bad Debt Listing file that contains bad debt records and that each tab's value is either "Inpatient" or "Part B".
Warning F24: Incomplete Record(s) on Medicare Bad Debt Listing **Worksheet row(s): [List of workbook/worksheet rows]**	The indicated bad debt records within the listing do not have all required values entered.	Make sure every bad debt record in your listing contains a patient name, the patient's MBI or HICN, service dates, and the amount of bad debt being claimed. If your file contains extra tabs of notes or additional information, make sure those tabs are NOT labeled with "Medicare Bad Debt Listing" so the system does not consider them as part of the listing.
Warning F3: Invalid "Remittance Advice Date -– Medicaid" on Medicare Bad Debt Listing **Worksheet row(s): [List of workbook/worksheet rows]**	The indicated bad debt records within the listing have a value in the "Remittance Advice Date – Medicaid" column other than a valid date or the text "AD".	When entering a "Remittance Advice Date – Medicaid", use your spreadsheet program's "Date" format, or enter text in MM/DD/YYYY format. When including Alternate Documentation, enter only the text "AD" and no other characters. If this field is not applicable for the given bad debt record, leave it blank. (i.e., Do not enter "N/A" or similar.)

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Message	Meaning	Solution
Warning F9: Invalid "Beneficiary Responsible Amount" on Medicare Bad Debt Listing **Worksheet row(s): [List of workbook/worksheet rows]**	The indicated bad debt records within the listing have a value in the "Beneficiary Responsible Amount" column other than a valid dollar amount or the text "QMB".	When entering a "Beneficiary Responsible Amount", use your spreadsheet program's "Currency" format, or enter text containing no characters beyond digits, a decimal point, and a dollar sign. If the patient in question is a Qualified Medicaid Beneficiary, enter only the text "QMB" and no other characters. If this field is not applicable for the given bad debt record, leave it blank. (i.e., Do not enter "N/A" or similar.)
Warning F25: Invalid "Date First Bill Sent to Bene" on Medicare Bad Debt Listing **Worksheet row(s): [List of workbook/worksheet rows]**	The indicated bad debt records within the listing have a value in the "Date First Bill Sent to Bene" column other than a valid date or the text "QMB".	When entering a "Date First Bill Sent to Bene", use your spreadsheet program's "Date" format, or enter text in MM/DD/YYYY format. If the patient in question is a Qualified Medicaid Beneficiary, enter only the text "QMB" and no other characters. If this field is not applicable for the given bad debt record, leave it blank. (i.e., Do not enter "N/A" or similar.)
Warning F31: Collection Agency Sent without Return Date on Medicare Bad Debt Listing **Worksheet row(s): [List of workbook/worksheet rows]**	The indicated bad debt records within the listing are indicated as having been sent to collections (The "Account Sent to Collections" column is marked "Y"), but they do not have a "Date Account Returned from Collection Agency".	For bad debt claims that have been sent to and returned from collections, make sure to populate the return date.
Warning F27: "Dates of Service – To" before "Dates of Service – From" **Worksheet row(s): [List of workbook/worksheet rows]**	The indicated bad debt records within the listing have service dates out of order (i.e., the ending date is before the start date).	When entering service dates for bad debt claims, make sure that the "To" date is on or after the "From" date.

Message	Meaning	Solution
Warning F29: "Medicare Write Off Date" earlier than allowed **Worksheet row(s): [List of workbook/worksheet rows]**	The indicated bad debt records within the listing have a "Medicare Write Off Date" before the corresponding "Internal A/R Write Off Date", "Date Account Returned from Collections" and/or "Date Collection Efforts Ceased".	Make sure all of the dates on the bad debt claim are entered in the appropriate columns. For a bad debt to be written off, it must be written off internally and all collection effort (internal and external) must have ceased.
Warning F4: "Recovery MCR FYE" required for recovery amount on Medicare Bad Debt Listing **Worksheet row(s): [List of workbook/worksheet rows]**	The indicated bad debt records within the listing report recovery amounts but do not have an entry in the "Recovery MCR FYE" column.	If recovery amounts are listed on the bad debt claim, you must also indicate the "Recovery MCR FYE".
Warning F5: Total Column 24 doesn't match listing contents	One or more of the Medicare Bad Debt Listing tabs has a "Total Column 24" value that does not equal the sum of all values in the "Allowable Bad Debts Amount" column.	When entering the listing totals, "Total Column 24" must equal the sum of all values in the "Allowable Bad Debts Amount" column for the tab.
Warning F6: Total Dual Eligible doesn't match listing contents	One or more of the Medicare Bad Debt Listing tabs has a "Total Dual Eligible" value that does not equal the sum of the values in the "Allowable Bad Debts Amount" column on lines that also contain a value in the "Medicaid Number" column.	When entering the listing totals, "Total Dual Eligible" must equal the sum of the values in the "Allowable Bad Debts Amount" column on lines that also contain a value in the "Medicaid Number" column for each tab.
Warning F22: Invalid "Inpatient/Outpatient" on Medicare Bad Debt Listing	One or more of the Medicare Bad Debt Listing tabs has an "Inpatient/Outpatient" value that is not "IP" or "OP".	When entering "Inpatient/Outpatient" values into your Medicare Bad Debt Listing, make sure to only use the characters "IP" or "OP".

Message	Meaning	Solution
Warning F33: Uploaded Medicare Bad Debt Listing exhibit requires a Provider Number, FYE, and "Inpatient / Outpatient" to be compared to the cost report.	The system found one or more Medicare Bad Debt Listing tabs that did not contain a provider number (CCN), Inpatient/Outpatient, and a fiscal year end. This prevents the system from being able to map the information in the listing to the cost report submission.	Make sure each tab of your Medicare Bad Debt Listing contains the Provider Number, Inpatient/Outpatient, and FYE for the cost report submission. If your file contains any extra tabs that are not part of the listing, make sure those tabs are not labeled with Medicare Bad Debt Listing, so the system knows to ignore them.
Warning F111: Incomplete Non-Recovery Record on Medicare Bad Debt Listing **Worksheet row(s): [List of workbook/worksheet rows]**	For a 1728-20 (HHA) cost report, the indicated bad debt records within the listing are not indicated as recoveries (i.e., they have positive Allowable Bad Debts and/or do not contain recovery amounts) but do not contain all of the information needed to validate the bad debt.	When entering a bad debt claim, make sure to include all of the appropriate information, including Medicare remittance advice dates, the date the first bill was sent to the beneficiary, the internal accounts receivable write-off date, whether or not the account was sent to collections, and the date the collection efforts ceased. See the optional Medicare Bad Debt Listing specifications or the cost report instructions for which columns are appropriate for your provider type and how they should be labeled.
Warning F110: Incomplete Non-Recovery Record on Medicare Bad Debt Listing **Worksheet row(s): [List of workbook/worksheet rows]**	For a 222-17 (RHC), 2088-17 (CMHC), 224-14 (FQHC), 265-11 (ESRD, or 2540-10 (SNF) cost report, the indicated bad debt records within the listing are not indicated as recoveries (i.e., "Recoveries Only" column is blank) but do not contain all of the information needed to validate the bad debt.	When entering a bad debt claim, make sure to include all of the appropriate information, including Medicare remittance advice dates, Internal accounts receivable (A/R) write-off dates, whether or not the account was sent to collections, and the date the collection efforts ceased. See the optional Medicare Bad Debt Listing specifications or the cost report instructions for which columns are appropriate for your provider type and how they should be labeled.

Message	Meaning	Solution
Warning F26: Incomplete non-recovery record on Medicare Bad Debt Listing **Worksheet row(s): [List of workbook/worksheet rows]**	For a 2552-10 (Hospital) cost report, the indicated bad debt records within the listing are not indicated as recoveries (i.e., "Recoveries Only: MCR FYE Date" column is blank or is equal to FYE) but do not contain all of the information needed to validate the bad debt.	When entering a bad debt claim for records that do not have a "Recoveries Only: MCR FYE Date", or do have one that is equal to the FYE, make sure to include all of the appropriate information, including Medicare remittance advice dates, Medicare write-off dates, the accounts receivable write-off date, whether or not the account was sent to collections, and the date the collection efforts ceased. See the optional Medicare Bad Debt Listing specifications or the cost report instructions for which columns are appropriate for your provider type and how they should be labeled.
Warning F112: Either deductible or coinsurance required for a write off **Worksheet row(s): [List of workbook/worksheet rows]**	For a 2088-17 (CMHC), 265-11 (ESRD, or 2540-10 (SNF) cost report, the indicated bad debt records within the listing are not indicated as recoveries, but do not have either a deductible or coinsurance amount.	If the listing entry is reporting a bad debt, ensure that the deductible or coinsurance dollar amounts on the bad debt claim are entered in the appropriate column. If the entry is reporting a recovery, indicate that by entering the "Allowable Bad Debts" value for the entry as negative.
Warning F113: Either deductible or coinsurance required for a write off **Worksheet row(s): [List of workbook/worksheet rows]**	For a 2552-10 (Hospital) cost report, the indicated bad debt records within the listing are not indicated as recoveries, but do not have either a deductible or coinsurance amount.	If the listing entry is reporting a bad debt, ensure that the deductible or coinsurance dollar amounts on the bad debt claim are entered in the appropriate column. If the listing entry is reporting a recovery, ensure that the FYE that the recovery is associated to is entered in the "Recoveries Only: MCR FYE Date" column.
Warning F28: Either deductible or coinsurance required for a write off **Worksheet row(s): [List of workbook/worksheet rows]**	For a 1728-20 (HHA) cost report, the indicated bad debt records within the listing are not indicated as recoveries, but do not have either a deductible or coinsurance amount.	If the listing entry is reporting a bad debt, ensure that the deductible or coinsurance dollar amounts on the bad debt claim are entered in the appropriate column. If the listing entry is reporting a recovery, ensure that the appropriate dollar amounts on the bad debt claim are entered in the "Recoveries Only" column.

Message	Meaning	Solution
Warning F32: "Date First Bill Sent to Beneficiary" is required **Worksheet row(s): [List of workbook/worksheet rows]**	The indicated bad debt records within the listing do not have Medicaid remittance advice dates or recovery MCR FYE dates, and so must have a "Date First Bill Sent to Beneficiary" entered.	Make sure all of the dates on the bad debt claim are entered in the appropriate columns. If the listing entry is reporting a recovery, make sure the recovery MCR FYE date is entered in the appropriate column.
Warning F114: "Date First Bill Sent to Bene" is required on Medicare Bad Debt Listing **Worksheet row(s): [List of workbook/worksheet rows]**	The indicated bad debt records within the listing do not have Medicaid remittance advice dates or recovery amounts, and so must have a "Date First Bill Sent to Beneficiary" entered.	Make sure all of the dates on the bad debt claim are entered in the appropriate columns. If the listing entry is reporting a recovery, make sure the recovery amount is entered in the appropriate column.

Exhibit 100 Total Bad Debt Warning Messages

Message	Meaning	Solution
Warning F90: Missing expected field label on Total Bad Debt **Label(s) not found: [list of labels]**	The listed headers or column labels were not found within the file. This may result in additional warnings if the absent or mis-labeled columns are relied on by other validations.	When confirming that your file conforms to the optional Total Bad Debt specification, specifically look for the locations of the headers and column labels, and make sure your listing is in alignment. Additionally, when reading across the row of column headers, the system will stop processing if it reaches a blank column, which will cause any additional columns after the blank to be not found. If you have gaps in the columns of your listing, remove them.
Warning F91: Unexpected label(s) found on Total Bad Debt **Label(s) found: [list of labels]**	The system found additional headers or column labels beyond the expected ones. Barring other issues, your listing can still be processed normally.	Unless you also receive a warning about missing expected fields, then this warning means you have provided additional data that is not part of the specification for the listing, and no further remedy is required. However, if you *do* receive a warning about missing expected fields, confirm that you've named all of your fields correctly in alignment with the optional specification. (Changing expected label 'X' to unexpected label 'Y' will cause the system to generate both warnings.)

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Message	Meaning	Solution
Warning F92: Field label found in unexpected location on Total Bad Debt **[list of labels with actual and expected locations]**	The system found headers or column labels that it was expecting to find, but in an unexpected arrangement. Barring other issues, your listing can still be processed normally.	Unless you also receive a warning about missing expected fields, then this warning means you have provided all of the necessary information for your Total Bad Debt file, but in an order that does not match the cost report instructions, and no further remedy is required.
Warning F93: Uploaded Total Bad Debt exhibit requires Provider Number and FYE to be compared to the cost report.	The system found one or more tabs labeled as Total Bad Debt that did not contain both a provider number (CCN) and a fiscal year end. This prevents the system from being able to map the information in the listing to the cost report submission.	Make sure each tab of your Total Bad Debt file contains the Provider Number and FYE for the cost report submission. If your file contains any extra tabs that are not part of the listing, make sure those tabs are not labeled with Total Bad Debt, so the system knows to ignore them.
Warning F94: Uploaded Total Bad Debt file exhibit does not contain enough data to compare to the cost report.	There are no tabs containing at least one record complete enough for the system to determine the Total Bad Debts being reported.	Make sure each tab of your Total Bad Debt file is properly labeled, and that every record in the listing is filled out as completely as possible.
Warning F95: Uploaded Total Bad Debt exhibit has a different FYE from the submitted cost report.	The Fiscal Year End reported in the Total Bad Debt file is not the same date as the Fiscal Year End in the uploaded cost report.	Make sure the Total Bad Debt file is for the same year as the cost report, and that the Fiscal Year End is entered correctly in your spreadsheet program's "Date" format or in MM/DD/YYYY format.
Warning F96: Uploaded Total Bad Debt file contains a duplicate header or column. **Duplicates found: [list of headers/columns]**	The system encountered the same label for a header field or column more than once. Since the system cannot determine which of the duplicates should be taken into account, it will ignore all of them.	Remove any duplicate headers or columns for your Total Bad Debt file.
Warning F97: Invalid date formatting on Total Bad Debt **[List of workbook/worksheet locations]**	One or more of the date fields contained something the system was not able to translate into a valid date.	When entering dates into your Total Bad Debt file, use your spreadsheet program's "Date" format, or enter dates as text in MM/DD/YYYY format.

Message	Meaning	Solution
Warning F98: Invalid number on Total Bad Debt **[List of workbook/worksheet locations]**	One or more of the number fields contained something the system was not able to translate into a valid amount.	When entering numbers into your Total Bad Debt file, use your spreadsheet program's "Currency" format, or enter amounts as strings containing no characters other than digits, a decimal point, and a dollar sign.
Warning F99: Total Bad Debt file exhibit headers not fully populated	One or more of the Total Bad Debt tabs does not have all of the header values entered.	Make sure to fill out all of the header values on your Total Bad Debt file. If your listing spans multiple tabs in the file, fill out all of the values on each tab.
Warning F100: Invalid Provider Number on Total Bad Debt	One or more of the Total Bad Debt tabs has a Provider Number entered that is not the Provider Number on the cost report submission.	Make sure you have selected the correct Total Bad Debt file corresponding to the cost report submission being uploaded. For submissions that include subunits, "Provider Number" should be populated with the parent provider and tabs containing data for subunits should list the subunit in the "Subprovider Number" field.
Warning F101: Incomplete Record(s) on Total Bad Debt file **Worksheet row(s): [List of workbook/worksheet rows]**	The indicated bad debt records within the listing do not have all of the required values entered.	Make sure every bad debt record in your listing contains a patient name, the patient's MBI or HICN, service dates, and the amount of bad debt being claimed. If your file contains extra tabs of notes or additional information, make sure those tabs are NOT labeled with "Total Bad Debt file" so the system does not consider them as part of the listing.
Warning F102: Invalid "Insurance Status" on Total Bad Debt file **Worksheet row(s): [List of workbook/worksheet rows]**	The indicated bad debt records have an "Insurance Status" value of something other than "1", "2", or "3".	When entering Insurance Status values into your Total Bad Debt file, make sure to only use the numbers "1", "2", or "3".
Warning F103: Invalid "Service Indicator" on Total Bad Debt **Worksheet row(s): [List of workbook/worksheet rows]**	The "Service Indicator" field contained a value other than "IP" or "OP".	When entering Inpatient or Outpatient values into your Total Bad Debt file, make sure to only use the characters "IP" or "OP".

Message	Meaning	Solution
Warning F104: Primary Payor missing for insured claim on Total Bad Debt **Worksheet row(s): [List of workbook/worksheet rows]**	The indicated bad debt records within the listing report Insured statuses, but do not have an entry in the "Primary Payor" column.	If Insurance statues are listed on the bad debt claim as Insured or Insured, not covered, you must also indicate the Primary payor.
Warning F105: Secondary Payor listed without Primary Payor on Total Bad Debt **Worksheet row(s): [List of workbook/worksheet rows]**	The indicated bad debt records within the listing report a Secondary payor, but do not have an entry in the "Primary Payor" column.	If Secondary payors are listed on the bad debt claim, you must also indicate the Primary payor.
Warning F106: Patient Bad Debt Write Off Amount is above the calculated maximum on Total Bad Debt **Worksheet row(s): [List of workbook/worksheet rows]**	The indicated bad debt records within the listing report a Patient bad debt write off amount that is higher than the calculated maximum.	When entering Patient Bad Debt write off amounts, the value must be less than the calculated maximum. Calculated maximum = {Total Hospital Charges – [(Total Hospital Charges / (Total Hospital Charges + Total Physician/Professional Charges)) x (Total Patient Payments + Total Third Party Payments + Patient Charity Care Amount + Contractual Allowance)]}
Warning F107: Total Column 17 doesn't match listing contents	One or more of the Total Bad Debt tabs has a "Total Column 17" value that does not equal the sum of all values in the "Patient Bad Debt Write Off Amount" column.	When entering a bad debt claim, "Total Column 17" must equal the sum of all values in the "Patient Bad Debt Write Off Amount" column for the each tab.
Warning F109: Invalid Component CCN on Total Bad Debt	One or more of the Total Bad Debt tabs has a Component CCN entered that is not a Component CCN on the cost report submission.	Make sure you have selected the correct Total Bad Debt file corresponding to the cost report submission being uploaded.

Exhibit 101 Medicaid Eligible Days Warning Messages

Message	Meaning	Solution
Warning F67: Missing expected field label on Medicaid Eligible Days **Label(s) not found: [list of labels]**	The listed headers or column labels were not found within the file. This may result in additional warnings if the absent or mis-labeled columns are relied on by other validations.	When confirming that your file conforms to the optional Medicaid Eligible Days Exhibit specification, specifically look for the locations of the headers and column labels, and make sure your listing is in alignment. Additionally, when reading across the row of column headers, the system will stop processing if it reaches a blank column, which will cause any additional columns after the blank to be not found. If you have gaps in the columns of your listing, remove them.
Warning F68: Unexpected label(s) found on Medicaid Eligible Days **Label(s) found:[list of labels]**	The system found additional headers or column labels beyond the expected ones. Barring other issues, your listing can still be processed normally.	Unless you also receive a warning about missing expected fields, then this warning means you have provided additional data that is not part of the specification for the listing, and no further remedy is required. However, if you *do* receive a warning about missing expected fields, confirm that you've named all of your fields correctly in alignment with the optional specification. (Changing expected label 'X' to unexpected label 'Y' will cause the system to generate both warnings.)
Warning F69: Field label found in unexpected location on Medicaid Eligible Days **[list of labels with actual and expected locations]**	The system found headers or column labels that it was expecting to find, but in an unexpected arrangement. Barring other issues, your listing can still be processed normally.	Unless you also receive a warning about missing expected fields, then this warning means you have provided all of the necessary information for your Medicaid Eligible Days listing, but in an order that does not match the cost report instructions, and no further remedy is required.
Warning F70: Uploaded Medicaid Eligible Days exhibit requires a Provider Number, FYE, and Worksheet S-2 Line to be compared to the cost report.	The system found one or more Medicaid Eligible Days tabs that did not contain a provider number (CCN), a fiscal year end, and a worksheet S-2 line number. This prevents the system from being able to map the information in the listing to the cost report submission.	Make sure each tab of your Medicaid Eligible Days Exhibit contains the Provider Number, FYE, and Worksheet S-2 Line for the cost report submission. If your file contains any extra tabs that are not part of the listing, make sure those tabs are not labeled as Medicaid Eligible Days, so that the system knows to ignore them.

Message	Meaning	Solution
Warning F71: Uploaded Medicaid Eligible Days exhibit does not contain enough data to compare to the cost report.	There are no tabs containing at least one record complete enough for the system to determine the Medicaid eligible days being reported.	Make sure each tab of your Medicaid Eligible Days listing is properly labeled, and that every record in the listing is filled out as completely as possible.
Warning F72: Uploaded Medicaid Eligible Days exhibit has a different FYE from the submitted cost report.	The Fiscal Year End reported in the Medicaid Eligible Days listing is not the same date as the Fiscal Year End in the uploaded cost report.	Make sure the Medicaid Eligible Days listing is for the same year as the cost report, and that the Fiscal Year End is entered correctly in your spreadsheet program's "Date" format or in MM/DD/YYYY format.
Warning F73: Uploaded Medicaid Eligible Days exhibit contains a duplicate header or column. **Duplicates found:[list of labels]**	The system encountered the same label for a header field or column more than once. Since the system cannot determine which of the duplicates should be taken into account, it will ignore all of them.	Remove any duplicate headers or columns for your Medicaid Eligible Days exhibit file.
Warning F74: Invalid date on Medicaid Eligible Days **[List of workbook/worksheet locations]**	One or more of the date fields contained something the system was not able to translate into a valid date.	When entering dates into your Medicaid Eligible Days exhibit file, use your spreadsheet program's "Date" format, or enter dates as text in MM/DD/YYYY format.
Warning F75: Invalid number on Medicaid Eligible Days **[List of workbook/worksheet locations]**	One or more of the number fields contained something the system was not able to translate into a valid number.	When entering numbers into your Medicaid Eligible Days exhibit file, use a numeric format in your spreadsheet program, or enter text containing only digits.
Warning F76: Medicaid Eligible Days exhibit headers not fully populated	One or more of the Medicaid Eligible Days tabs does not have all of the header values entered.	Make sure to fill out all of the header values on your Medicaid Eligible Days listing. If your listing spans multiple tabs in the file, fill out all of the values on each tab.

Message	Meaning	Solution
Warning F77: Invalid Provider Number on Medicaid Eligible Days	One or more of the Medicaid Eligible Days tabs has a Provider Number entered that is not the Provider Number on the cost report submission.	Make sure you have selected the correct Medicaid Eligible Days exhibit file corresponding to the cost report submission being uploaded.
Warning F78: Invalid Worksheet S-2 Line Number on Medicaid Eligible Days	The indicated Medicaid Eligible Days records within the listing have invalid values for Worksheet S-2, Part I Line.	Make sure the "Worksheet S-2 Line Number" header field is populated for each tab of your Medicaid Eligible Days listing file and that each tab's value is either "24" or "25".
Warning F79: Invalid Worksheet S-2 Column Number on Medicaid Eligible Days **[List of workbook/worksheet locations]**	The indicated Medicaid Eligible Days records within the listing have invalid values for Worksheet S-2 Column Number.	Make sure the "Worksheet S-2 Column Number" header field is populated for each tab of your Medicaid Eligible Days listing file and that each row's value is populated with numeric values between 1 and 6.
Warning F80: Incomplete record(s) on Medicaid Eligible Days **Worksheet row(s): [List of workbook/worksheet rows]**	The indicated Medicaid Eligible Days records within the listing do not have all required values entered.	Make sure every Medicaid Eligible Days record in your listing contains a patient name, service dates, patient account number, state eligibility code, and worksheet S-2, Part I column number. If your file contains extra tabs of notes or additional information, make sure those tabs are NOT labeled with "Medicaid Eligible Days" so that the system does not consider them as part of the listing.
Warning F81: Claim listed without a Medicaid Days value on Medicaid Eligible Days **Worksheet row(s): [List of workbook/worksheet rows]**	The indicated Medicaid Eligible Days records within the listing do not have any Medicaid Days.	Make sure that each record in your Medicaid Eligible Days listing contains at least one type of Medicaid Days.

Message	Meaning	Solution
Warning F82: Invalid Medicare Eligibility - A/B Indicator on Medicaid Eligible Days **Worksheet row(s): [List of workbook/worksheet rows]**	One or more of the fields specified to contain a Medicare Part value contained something other than 'A' or 'B'.	When entering Medicare Part values into your Medicaid Eligible Days Listing file, make sure to only use the characters 'A' or 'B'.
Warning F83: Invalid cost reporting location on Medicaid Eligible Days **Worksheet row(s): [List of workbook/worksheet rows]**	The indicated Medicaid Eligible Days records within the listing have incompatible values for Worksheet S-2, Part I Line and Worksheet S-2, Part I Column.	Make sure that if Worksheet S-2, Part I Line (Enter 24 or 25 only) equals 25, then no entry contains a Worksheet S-2, Part I Column Number of 6.
Warning F84: Date of Service - To before Date of Service - From on Medicaid Eligible Days **Worksheet row(s): [List of workbook/worksheet rows]**	The indicated Medicaid Eligible Days records within the listing have service dates out of order (i.e., the ending date is before the start date).	When entering service dates for Medicaid eligible claims, make sure that the "To" date is on or after the "From" date.
Warning F85: Medicare Eligibility End Date before Start Date on Medicaid Eligible Days **Worksheet row(s): [List of workbook/worksheet rows]**	The indicated Medicaid Eligible Days records within the listing have eligibility dates out of order (i.e., the ending date is before the start date).	When entering eligibility dates for Medicaid eligible claims, make sure that the "To" date is on or after the "From" date.
Warning F86: Total Columns 10 and 12 doesn't match listing contents	One or more of the Medicaid Eligible Days tabs has a "Total Columns 10 and 12" value that does not equal the sum of the values in Column 10 ("Medicaid Days – Eligible Days") and Column 12 ("Medicaid Days – Newborn Baby Days").	Make sure that the Total Columns 10 and 12 field equals the sum of all entries in Column 10 (Medicaid Days – Eligible Days) and Column 12 (Medicaid Days – Newborn Baby Days). If your listing spans multiple tabs in the file, each tab should contain its own totals.

Message	Meaning	Solution
Warning F87: Total Column 11 doesn't match listing contents	One or more of the Medicaid Eligible Days tabs has a "Total Column 11" value that does not equal the sum of the values in Column 11 ("Medicaid Days – Labor & Delivery Room Days").	Make sure that the "Total Column 11" field equals the sum of all entries in Column 11 (Medicaid Days – Labor & Delivery Room Days). If your listing spans multiple tabs in the file, each tab should contain its own totals.
Warning F115: Invalid Population Code **Worksheet row(s): [List of workbook/worksheet rows]**	The indicated Medicaid Eligible Days records within the listing have an invalid population code.	When entering population codes into your Medicaid Eligible Days listing, make sure to use only the values R1 through R9 or U1 through U9

Exhibit 102 Charity Care Charges Warning Messages

Message	Meaning	Solution
Warning F38: Missing expected field label on Charity Care **Label(s) not found: [list of labels]**	The listed headers or column labels were not found within the file. This can may result in additional warnings if the absent or mis-labeled columns are relied on by other validations.	When confirming that your file conforms to the optional Charity Care listing specification, specifically look for the locations of the headers and column labels, and make sure your listing is in alignment. Additionally, when reading across the row of column headers, the system will stop processing if it reaches a blank column, which will cause any additional columns after the blank to be not found. If you have gaps in the columns of your listing, remove them.
Warning F39: Unexpected label(s) found on Charity Care **Label(s) found: [list of labels]**	The system found additional headers or column labels beyond the expected ones. Barring other issues, your listing can still be processed normally.	Unless you also receive a warning about missing expected fields, then this warning means you have provided additional data that is not part of the specification for the listing, and no further remedy is required. However, if you do receive a warning about missing expected fields, confirm that you've named all of your fields correctly in alignment with the optional specification. (Changing expected label 'X' to unexpected label 'Y' will cause the system to generate both warnings.)

Message	Meaning	Solution
Warning F40: Field label found in unexpected location on Charity Care **[list of labels with actual and expected locations]**	The system found headers or column labels that it was expecting to find, but in an unexpected arrangement. Barring other issues, your listing can still be processed normally.	Unless you also receive a warning about missing expected fields, then this warning means you have provided all of the necessary information for your Medicaid Eligible Days listing, but in an order that does not match the cost report instructions, and no further remedy is required.
Warning F41: Uploaded Charity Care exhibit requires a Provider Number and FYE to be compared to the cost report.	The system found one or more tabs labeled as Charity Care Charges that did not contain both a provider number (CCN) and a fiscal year end. This prevents the system from being able to map the information in the listing to the cost report submission.	Make sure each tab of your Charity Care Charges listing contains the Provider Number and FYE for the cost report submission. If your file contains any extra tabs that are not part of the listing, make sure those tabs are not labeled with Charity Care Charges, so that the system knows to ignore them.
Warning F42: Uploaded Charity Care exhibit does not contain enough data to compare to the cost report.	The system found one or more tabs labeled as Charity Care Charges that did not contain at least one record with all of Patient Name - First, Patient Name - Last, Date of Service - From, Date of Service - To, Patient Account Number, and an Amounts Written Off to Charity Care and Uninsured Discounts. This prevents the system from being able to map the information in the listing to the cost report submission.	Make sure each tab of your Charity Care Charges listing contains all of Patient Name - First, Patient Name - Last, Date of Service - From, Date of Service - To, Patient Account Number, and an Amounts Written Off to Charity Care and Uninsured Discounts. If your file contains any extra tabs that are not part of the listing, make sure those tabs are not labeled with Charity Care Charges, so that the system can ignore them.
Warning F43: Uploaded Charity Care exhibit has a different FYE from the submitted cost report.	The Fiscal Year End reported in the Charity Care Charges listing is not the same date as the Fiscal Year End in the uploaded cost report.	Make sure that the Charity Care Charges listing is for the same year as the cost report, and that the Fiscal Year End is entered correctly in your spreadsheet program's "Date" format or in MM/DD/YYYY format.

Message	Meaning	Solution
Warning F44: Uploaded Charity Care exhibit contains a duplicate header or column. **Duplicates found:[list of headers/columns]**	The system encountered the same label for a header field or column more than once. Since the system cannot determine which of the duplicates should be taken into account, it will ignore all of them.	Remove any duplicate headers or columns for your Charity Care Charges listing file.
Warning F45: Invalid date on Charity Care. **[List of workbook/worksheet locations]**	One or more of the date fields contained something the system was not able to translate into a valid date.	When entering dates into your Charity Care Charges listing file, use your spreadsheet program's "Date" format, or enter dates as text in MM/DD/YYYY format.
Warning F46: Invalid dollar amount on Charity Care **[List of workbook/worksheet locations]**	One or more of the dollar amount fields contained something the system was not able to translate into a valid amount.	When entering dollar amounts into your Charity Care Charges listing file, use your spreadsheet program's "Currency" format, or enter amounts as strings containing no characters other than digits, a decimal point, and a dollar sign.
Warning F47: Charity Care exhibit headers not fully populated	One or more of the Charity Care Charges tabs does not have all of the header values entered.	Make sure to fill out all of the header values on your Charity Care Charges listing. If your listing spans multiple tabs in the file, fill out all of the values on each tab.
Warning F48: Invalid Provider Number on Charity Care	One or more of the Charity Care Charges tabs has a Provider Number entered that is not the Provider Number on the cost report submission.	Make sure you have selected the correct Charity Care Charges listing file corresponding to the cost report submission being uploaded.
Warning F49: Invalid Entry for Insurance Status on Charity Care **Worksheet row(s): [List of workbook/worksheet rows]**	One or more of the Charity Care Charges tabs has an "Insurance Status" value other than 1, 2, or 3.	Make sure the "Insurance Status" header field is populated for each tab of your Charity Care Charges listing file and that each record's value is either 1, 2, or 3.

Message	Meaning	Solution
Warning F50: Incomplete record(s) on Charity Care **Worksheet row(s): [List of workbook/worksheet rows]**	The indicated Charity Care Charges records within the listing do not have all of the required values entered.	Make sure every charity care record in your listing contains a patient name, service dates, patient account number, insurance status, total charges for claim, amounts written off to charity care and uninsured discounts, and write off date. If your file contains extra tabs of notes or additional information, make sure those tabs are NOT labeled with "Charity Care Charges" so that the system does not consider them as part of the listing.
Warning F51: Negative Payments Received amount on Charity Care **Worksheet row(s): [List of workbook/worksheet rows]**	The indicated charity care charges records contain negative amounts in either the "Total Third Party Payments" or "Total Patient Payments"	When entering payment information (either third party or patient) for charity care charges, enter the amounts as positive numbers.
Warning F52: Missing Deductible / Coinsurance / Copay Amount on Insured claim. **Worksheet row(s): [List of workbook/worksheet rows]**	The indicated charity care charges records within the listing are marked as insured ("Insurance Status" = 3), but are missing a "Deductible/ Coinsurance/Copay Amount"	Make sure the "Deductible/Coinsurance/Copay Amount" header field is populated for each tab of your Charity Care Charges listing and that every insured record (where "Insurance Status" = 3) has a value recorded in the "Deductible/Coinsurance/Copay Amount" column.
Warning F53: Missing Primary Payor on Insured or Insured, not Covered claim. **Worksheet row(s): [List of workbook/worksheet rows]**	The indicated charity care charges records within the listing are marked as Insured or Insured, Not Covered ("Insurance Status" = 2 or 3), but are missing a "Primary Payor"	Make sure the "Primary Payor" header field is populated for each tab of your Charity Care Charges listing and that every Insured and Insured, Not Covered record (where "Insurance Status" = 2 or 3) has a value recorded in the "Primary Payor" column.
Warning F54: Service Date - To before Service Date - From on Charity Care **Worksheet row(s): [List of workbook/worksheet rows]**	The indicated Charity Care Charges records within the listing have service dates out of order (i.e., the ending date is before the start date).	When entering service dates for Charity Care Charges records, make sure that the "To" date is on or after the "From" date.

Message	Meaning	Solution
Warning F56: Missing Gross Charges on a claim without Payments Received on Charity Care **Worksheet row(s): [List of workbook/worksheet rows]**	The indicated Charity Care Charges records within the listing have no value in the "Total Third Party Payments", "Total Patient Payments", or "Total Charges for Claim" columns	Make sure the "Total Charges for Claim" column is present for each tab of your Charity Care Charges listing and that every row without payments ("Total Third Party Payments" or "Total Patient Payments") includes a value in the "Total Charges for Claim" column.
Warning F57: Uninsured Discount present for an Insured patient on Charity Care **Worksheet row(s): [List of workbook/worksheet rows]**	The indicated Charity Care Charges records within the listing contain an uninsured discount, but are marked as Insured ("Insurance Status" = 3)	Make sure that records marked as Insured claims ("Insurance Status" = 3) do not contain an "Uninsured Discount Amount" other than 0 (zero).
Warning F58: Insured Contractual Allowance Amount present for an Uninsured patient on Charity Care **Worksheet row(s): [List of workbook/worksheet rows]**	The indicated Charity Care Charges records within the listing contain an insured contractual allowance amount, but are marked as Uninsured ("Insurance Status" = 1)	Make sure that records marked as Uninsured claims ("Insurance Status" = 1) do not contain an "Insured Contractual Allowance Amount" other than 0 (zero).
Warning F59: Missing Amounts Written Off to Charity Care and Uninsured Discounts on a claim without Payments Received on Charity Care **Worksheet row(s): [List of workbook/worksheet rows]**	The indicated Charity Care Charges records within the listing have no value in the "Total Third Party Payments", "Total Patient Payments", or "Amounts Written Off to Charity Care and Uninsured Discounts" columns	Make sure the "Amounts Written Off to Charity Care and Uninsured Discounts" column is present for each tab of your Charity Care Charges listing and that every row without payments ("Total Third Party Payments" or "Total Patient Payments") includes a value in the "Amounts Written Off to Charity Care and Uninsured Discounts" column.

Message	Meaning	Solution
Warning F60: Incorrect Amounts Written Off to Charity Care and Uninsured Discounts on Charity Care **Worksheet row(s): [List of workbook/worksheet rows]**	The indicated Charity Care Charges records within the listing have "Amounts Written Off to Charity Care and Uninsured Discounts" whose value is not the sum of "Uninsured Discount Amounts", "Charity Care Non-Covered Charges", and "Other Charity Care Charges".	Make sure the "Amounts Written Off to Charity Care and Uninsured Discounts" column is present for each tab of your Charity Care Charges listing and that for each row "Amounts Written Off to Charity Care and Uninsured Discounts" equals the sum of "Uninsured Discount Amounts", "Charity Care Non-Covered Charges", and "Other Charity Care Charges" .
Warning F61: Missing Write Off Date on a claim without Payments Received on Charity Care **Worksheet row(s): [List of workbook/worksheet rows]**	The indicated Charity Care Charges records within the listing have no payments recorded and no write off date.	Make sure the "Write Off Date" column is present for each tab of your Charity Care Charges listing and that every row without payments ("Total Third Party Payments" or "Total Patient Payments") includes a value in the "Amounts Written Off to Charity Care and Uninsured Discounts" column.
Warning F63: Uninsured Column 20 doesn't match listing contents	One or more of the tabs labeled as containing Charity Care Charges listing information has an "Uninsured Column 20" value that does not equal the sum of the values in Column 20 ("Amounts Written Off to Charity Care and Uninsured Amounts") whose "Insurance Status" = 1 or 2.	Make sure that the "Uninsured Column 20" field equals the sum of all entries in Column 20 ("Amounts Written Off to Charity Care and Uninsured Amounts") whose "Insurance Status" = 3. If your listing spans multiple tabs in the file, each tab should contain its own totals.

Message	Meaning	Solution
Warning F64: Insured Column 20 doesn't match listing contents	One or more of the tabs labeled as containing Charity Care Charges listing information has an "Insured Column 20" value that does not equal the sum of the values in Column 20 ("Amounts Written Off to Charity Care and Uninsured Amounts") whose "Insurance Status" = 3.	Make sure that the "Insured Column 20" field equals the sum of all entries in Column 20 ("Amounts Written Off to Charity Care and Uninsured Amounts") whose "Insurance Status" = 3. If your listing spans multiple tabs in the file, each tab should contain its own totals.
Warning F108: Unexpected Subprovider Number on Charity Care Listing **Unexpected subunit(s):[List of provider numbers]**	One or more of the tabs labeled as containing listing information has a Subprovider Number entered that is not one of the subproviders listed on the cost report submission.	Make sure you have selected the correct Charity Care exhibit file corresponding to the cost report submission being uploaded. For worksheets including subunits, make sure the subunit number is entered the same way it is entered on the cost report.

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