

## **Overview**

States are required to demonstrate, and Centers for Medicare and Medicaid Services (CMS) has accepted a reasonable Payment Limit (UPL) based on a comparison of Medicaid (MCD) payments to equivalent Medicare (MCR) payment of Medicare principles. CMS has developed guidance documents to help states meet statutory and regulatory requirements. Downloaded from:

<http://www.medicaid.gov/medicaid-chip-program-information/by-topics/financing-and-reimbursement/accountability>

CMS is also introducing templates specific to each service and demonstration type, which have been developed to meet UPL requirements and increase comparability across states. This workbook contains templates for the Clinic UPL demonstration.

For each facility, please complete the attached Clinic template.

States may apply different UPL formulas for state government owned or operated facilities, non-state government owned facilities and private facilities; however, the formula should be consistently applied to each provider within the category. A facility should only be included in one type of UPL demonstration. **In filling out these templates, data for each individual provider should be included on a separate row. Additionally, all supplemental payments made by the state should be reported for each provider reported separately from regular Medicaid payments.** There may be instances where a variable is not applicable to a facility. Please leave these variables blank.

## **Information Requested:**

CMS requests the following information for each Clinic:

- **Demonstration Information** asks for basic information such as the state, demonstration rate year, and service type
- **Provider Identification** asks for provider identification numbers and names for each facility included, the ownership (state government owned, non-state government owned, state-government owned), the clinic type, and the service-level category (i.e., CPT=Current Terminology)
- **Cost or Medicare Payment Data** asks for base year data relevant to the calculation of the UPL
- **Medicaid Payment Data for Base Period** asks for Medicaid charge data used to calculate the UPL, as well as Medicare data used to determine whether or not the state has made payments in excess of the UPL
- **Medicaid Payments Inflated to Demonstration Year** asks for inflationary or volume adjustment data that are made to account for changes in the Medicaid program that have occurred between the base and current rate year periods
- **UPL Calculation & Inflation to Demonstration Year** instructs the state to calculate the UPL and asks for inflationary or volume adjustment data to appropriately trend UPL data from the base to the current rate year
- **Adjustments to UPL** asks for other adjustments to the UPL that are not included in the UPL calculation
- **Calculation of UPL Gap** instructs the state to calculate the UPL gap for each facility by subtracting (adjusted/inflated) payments from the calculated UPL

**Payment and Cost Data:** Enter to the nearest dollar (i.e. \$1,234,567.89 should be entered as \$1,234,568)

**Proportion and Percentage Data:** Enter with no more than four decimal places (i.e., 0.12345 should be entered as 0.1234)

Detailed descriptions for each variable are provided in the next sheet labeled "Data Dictionary." A hypothetical UPL value is entered for each template to provide guidance regarding the data requested for each column.

Inpatient Hospital Upper Payment Limit (UPL) Data Template

Table 1. CMS UPL Clinic Template Data Dictionary

Variable numbering scheme is used for internal identification of each variable and is not meant to be presented in numerical order

| Variable Number | Variable Format    | Short Description  | Long Description   | Variable Status                          |
|-----------------|--------------------|--|--|--|
| 100             | 2-character text   | State  | 2-character state ID (e.g., Kentucky = KY)   | 0: Variables Included in Clinic Template |
| 101             | 4-digit number     | State Demonstration Rate Year  | State demonstration rate year (e.g., 2014)   | 0: Variables Included in Clinic Template |
| 102             | 6-character text   | Service Type   | Service type: Clinic = Clinic  | 0: Variables Included in Clinic Template |
| 105             | Unspecified        | Other State Provider ID Number   | State provider ID number that is not a MCD ID number (if applicable)   | 0: Variables Included in Clinic Template |
| 112             | 6-digit number     | MCR Certification Number (MCR ID)  | MCR ID Number  | 0: Variables Included in Clinic Template |
| 107             | Unspecified        | State-specific Provider ID (MCD ID)  | MCD ID number  | 0: Variables Included in Clinic Template |
| 108             | Text               | Provider Name  | Provider name  | 0: Variables Included in Clinic Template |
| 109             | 10-11 digit number | National Provider ID (NPI)   | National Provider Identification Number  | 0: Variables Included in Clinic Template |
| 110             | Text               | Ownership Category Type (Private, NSGO, SGO)   | Ownership category type (private= private; NSGO= non-state government owned; SGO= state government owned)  | 0: Variables Included in Clinic Template |
| 111             | Text               | Clinic Type  | Description of Clinic Type (ASC= Ambulatory Surgery Centers, Dialysis, CMHC= Community Mental Health Center, Medical, BHC= Behavioral Health Center, Family Planning, County Health Department, Methadone, etc.)       | 0: Variables Included in Clinic Template |
| 224             | Text               | Source of UPL or Cost Report Data (MCR ASC Rates, Physician Fee Schedule, Cost Report, etc.) | Specify source of UPL data used to calculate the Clinic UPL (MCR ASC Rates, Physician Fee Schedule, Cost Report, Cost-to-Charge ratio, Payment-to-Charge Ratio, etc.)  | 0: Variables Included in Clinic Template |
| 200.1           | Date [DD/MM/YYYY]  | MCR Fee Schedule or Cost Report Begin Date   | MCR fee schedule begin date or cost report begin date that is used to calculate the UPL  | 0: Variables Included in Clinic Template |
| 200.2           | Date [DD/MM/YYYY]  | MCR Fee Schedule or Cost Report End Date   | MCR fee schedule end date or cost report end date that is used to calculate the UPL  | 0: Variables Included in Clinic Template |
| 203             | \$ Amount          | MCR or Other Costs   | Base year MCR or other costs used to calculate the UPL   | 0: Variables Included in Clinic Template |
| 204             | \$ Amount          | MCR Charges  | Base year MCR charges, if using a cost-to-charge or payment-to-charge method, used to calculate the MCR Cost-to-Charge Ratio (CCR) or Payment-to-Charge Ratio (PTC) (Variable 208)                                     | 0: Variables Included in Clinic Template |
| 205             | \$ Amount          | MCR Payments   | Base year MCR payments calculated from MCR fee schedules   | 0: Variables Included in Clinic Template |
| 208             | Proportion         | MCR Cost-To-Charge Ratio (CCR) or Payment-to-Charge Ratio (PTC)                              | For CCR, calculated as MCR Costs (Variable 203) / MCR Charges (Variable 204). For PTC, calculated as MCR Payments (Variable 205) / MCR Charges (Variable 204)  | 0: Variables Included in Clinic Template |
| 300.1           | Date [DD/MM/YYYY]  | Time Period of MCD Charge and Payment Data - Begin Date                                      | Beginning date of base year MCD payment and charge data (if applicable)  | 0: Variables Included in Clinic Template |
| 300.2           | Date [DD/MM/YYYY]  | Time Period of MCD Charge and Payment Data - End Date  | End date of base year MCD payment and charge data (if applicable)  | 0: Variables Included in Clinic Template |
| 301             | \$ Amount          | MCD Charges  | Total MCD Charges for the time period specified in variables 300.1 and 300.2, include if using a CCR or PTC method for determining UPL amount  | 0: Variables Included in Clinic Template |
| 302             | \$ Amount          | MCD Regular Payments   | Total MCD non-supplemental payments for base year  | 0: Variables Included in Clinic Template |
| 303.1           | \$ Amount          | MCD Supplemental Payments  | Total MCD supplemental payments for base year  | 0: Variables Included in Clinic Template |
| 303.2           | \$ Amount          | MCD Supplemental Payments - GME/Training   | Total MCD supplemental payments for base year (GME=Graduate Medical Education/Training)  | 0: Variables Included in Clinic Template |
| 303.3           | \$ Amount          | MCD Supplemental Payments - Other  | Total MCD supplemental payments for base year (Other)  | 0: Variables Included in Clinic Template |
| 306             | \$ Amount          | Total MCD Payments   | Sum of MCD regular and supplemental payments for the base year   | 0: Variables Included in Clinic Template |
| 307             | Text               | MCD Inflation Factor Type  | Description of MCD payment trend factor used to reflect changes in the MCD program between the base and current rate year periods (e.g., Market Basket)  | 0: Variables Included in Clinic Template |
| 308             | Proportion         | MCD Inflation Factor   | Cumulative MCD payment trend factor used to reflect changes in the MCD program between the base and current rate year periods (note: 1.00= no change) (use "mid-point to mid-point approach")                          | 0: Variables Included in Clinic Template |
| 309             | Proportion         | Other Adjustment to MCD Payments   | Cumulative other adjustment (e.g., volume adjustment) factor used to reflect changes in the MCD program between the base and current rate year periods (note: 1.00= no change) (use "mid-point to mid-point approach") | 0: Variables Included in Clinic Template |
| 318             | \$ Amount          | Inflated MCD Payments to Demonstration Year  | Calculated as Total MCD Payments (Variable 306) x MCD Inflation Factor (Variable 308) x Other Adjustment to MCD Payments (Variable 309)  | 0: Variables Included in Clinic Template |
| 400             | \$ Amount          | Calculated MCD UPL Amount  | Calculated UPL amount based on instructions provided in spreadsheet (i.e., Calculate as 205 if using MCR fee schedules, 203 if using cost reports, or 208 * 301 if using CCR or PTC method)                            | 0: Variables Included in Clinic Template |
| 404             | Text               | UPL Inflation Factor Type  | Description of trend factor used to inflate the Calculated MCD UPL Amount (Variable 400) from the base year to the rate year (e.g., Market Basket)   | 0: Variables Included in Clinic Template |
| 405             | Proportion         | UPL Inflation Factor   | Cumulative trend factor used to inflate the Calculated MCD UPL Amount (Variable 400) from the base year to the rate year (note: 1.00= no change) (use "mid-point to mid-point approach")                               | 0: Variables Included in Clinic Template |
| 406             | \$ Amount          | Inflated UPL Amount  | Calculated as UPL Amount (Variable 400) x UPL Inflation Factor (Variable 405)  | 0: Variables Included in Clinic Template |
| 401             | \$ Amount          | MCD Provider Tax Cost  | MCD provider tax costs can be added to the UPL separately, if using a cost-based demonstration   | 0: Variables Included in Clinic Template |
| 402             | \$ Amount          | Other Adjustments to the UPL Amount  | Adjustments made to the UPL that are not otherwise accounted for in the UPL calculation (e.g., adjustments for managed care transition)  | 0: Variables Included in Clinic Template |

Inpatient Hospital Upper Payment Limit (UPL) Data Template

| Variable Number | Variable Format | Short Description         | Long Description   | Variable Status                          |
|-----------------|-----------------|---------------------------|--|--|
| 403             | \$ Amount       | Adjusted MCD UPL Amount   | Calculated as Inflated UPL Amount (Variable 406) + MCD Provider Tax Cost (Variable 401) + Other Adjustments to the UPL Amount (Variable 402) | 0: Variables Included in Clinic Template |
| 407             | \$ Amount       | UPL Gap Amount            | Calculated as Adjusted MCD UPL Amount (Variable 403) - Inflated MCD Payments to Demonstration Year (Variable 318)                            | 0: Variables Included in Clinic Template |
| 408             | \$ Amount       | Adjustment to the UPL Gap | Adjustments made to the UPL gap that are not otherwise accounted for in MCD payments or the UPL calculation                                  | 0: Variables Included in Clinic Template |
| 409             | \$ Amount       | Adjusted UPL Gap          | Calculated as UPL Gap Amount (Variable 407) + Adjustment to the UPL Gap (Variable 408)   | 0: Variables Included in Clinic Template |

Inpatient Hospital Upper Payment Limit (UPL) Data Template

|    | A                                      | B                         | C   | D                                | E  | F  | G   | H  | I                                     | J   | K                                   | L  | M   |
|----|--|---------------------------|---|----------------------------------|--|--|---|--|---------------------------------------|---|-------------------------------------|--|---|
| 2  | Database Description & Variable Number | Demo Info: State<br>[100] | Demo Info: State Demonstration Rate Year<br>[101] | Demo Info: Service Type<br>[102] | Provider Info: Other State Provider ID Number<br>[105] | Provider Info: National Provider ID (NPI)<br>[109] | Provider Info: Medicare Certification Number (Medicare ID)<br>[112] | Provider Info: State-specific Provider ID (Medicaid ID)<br>[107] | Provider Info: Provider Name<br>[108] | Provider Info: Ownership Category Type<br>[110] | Provider Info: Clinic Type<br>[111] | MCR Cost or Payment Info: Source of UPL or Cost Report Data<br>[224] | MCR Cost or Payment Info: UPL Source Data Begin Date<br>[200.1] |
| 3  | EXAMPLE                                | KY                        | 2015  | Clinic                           | A123456  | 1234567890   | 180000  | 34035324   | EXAMPLE CLINIC                        | Private   | ASC                                 | Physician Fee Schedule   | 7/1/2012  |
| 4  |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 5  |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 6  |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 7  |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 8  |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 9  |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 10 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 11 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 12 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 13 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 14 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 15 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 16 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 17 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 18 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 19 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 20 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 21 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 22 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 23 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 24 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 25 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 26 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 27 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 28 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 29 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 30 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 31 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 32 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 33 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 34 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 35 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 36 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 37 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 38 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 39 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 40 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 41 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 42 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 43 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 44 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 45 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 46 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 47 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 48 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 49 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 50 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 51 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 52 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |

Inpatient Hospital Upper Payment Limit (UPL) Data Template

|     | A                                      | B                         | C   | D                                | E  | F  | G   | H  | I                                     | J   | K                                   | L  | M   |
|-----|--|---------------------------|---|----------------------------------|--|--|---|--|---------------------------------------|---|-------------------------------------|--|---|
| 2   | Database Description & Variable Number | Demo Info: State<br>[100] | Demo Info: State Demonstration Rate Year<br>[101] | Demo Info: Service Type<br>[102] | Provider Info: Other State Provider ID Number<br>[105] | Provider Info: National Provider ID (NPI)<br>[109] | Provider Info: Medicare Certification Number (Medicare ID)<br>[112] | Provider Info: State-specific Provider ID (Medicaid ID)<br>[107] | Provider Info: Provider Name<br>[108] | Provider Info: Ownership Category Type<br>[110] | Provider Info: Clinic Type<br>[111] | MCR Cost or Payment Info: Source of UPL or Cost Report Data<br>[224] | MCR Cost or Payment Info: UPL Source Data Begin Date<br>[200.1] |
| 3   | EXAMPLE                                | KY                        | 2015  | Clinic                           | A123456  | 1234567890   | 180000  | 34035324   | EXAMPLE CLINIC                        | Private   | ASC                                 | Physician Fee Schedule   | 7/1/2012  |
| 53  |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 54  |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 55  |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 56  |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 57  |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 58  |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 59  |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 60  |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 61  |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 62  |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 63  |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 64  |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 65  |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 66  |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 67  |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 68  |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 69  |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 70  |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 71  |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 72  |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 73  |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 74  |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 75  |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 76  |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 77  |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 78  |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 79  |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 80  |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 81  |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 82  |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 83  |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 84  |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 85  |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 86  |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 87  |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 88  |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 89  |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 90  |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 91  |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 92  |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 93  |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 94  |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 95  |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 96  |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 97  |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 98  |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 99  |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 100 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 101 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |

Inpatient Hospital Upper Payment Limit (UPL) Data Template

|     | A                                      | B                         | C   | D                                | E  | F  | G   | H  | I                                     | J   | K                                   | L  | M   |
|-----|--|---------------------------|---|----------------------------------|--|--|---|--|---------------------------------------|---|-------------------------------------|--|---|
| 2   | Database Description & Variable Number | Demo Info: State<br>[100] | Demo Info: State Demonstration Rate Year<br>[101] | Demo Info: Service Type<br>[102] | Provider Info: Other State Provider ID Number<br>[105] | Provider Info: National Provider ID (NPI)<br>[109] | Provider Info: Medicare Certification Number (Medicare ID)<br>[112] | Provider Info: State-specific Provider ID (Medicaid ID)<br>[107] | Provider Info: Provider Name<br>[108] | Provider Info: Ownership Category Type<br>[110] | Provider Info: Clinic Type<br>[111] | MCR Cost or Payment Info: Source of UPL or Cost Report Data<br>[224] | MCR Cost or Payment Info: UPL Source Data Begin Date<br>[200.1] |
| 3   | EXAMPLE                                | KY                        | 2015  | Clinic                           | A123456  | 1234567890   | 180000  | 34035324   | EXAMPLE CLINIC                        | Private   | ASC                                 | Physician Fee Schedule   | 7/1/2012  |
| 102 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 103 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 104 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 105 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 106 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 107 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 108 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 109 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 110 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 111 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 112 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 113 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 114 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 115 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 116 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 117 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 118 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 119 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 120 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 121 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 122 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 123 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 124 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 125 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 126 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 127 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 128 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 129 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 130 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 131 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 132 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 133 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 134 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 135 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 136 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 137 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 138 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 139 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 140 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 141 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 142 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 143 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 144 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 145 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 146 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 147 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 148 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 149 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 150 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |

Inpatient Hospital Upper Payment Limit (UPL) Data Template

|     | A                                      | B                         | C   | D                                | E  | F  | G   | H  | I                                     | J   | K                                   | L  | M   |
|-----|--|---------------------------|---|----------------------------------|--|--|---|--|---------------------------------------|---|-------------------------------------|--|---|
| 2   | Database Description & Variable Number | Demo Info: State<br>[100] | Demo Info: State Demonstration Rate Year<br>[101] | Demo Info: Service Type<br>[102] | Provider Info: Other State Provider ID Number<br>[105] | Provider Info: National Provider ID (NPI)<br>[109] | Provider Info: Medicare Certification Number (Medicare ID)<br>[112] | Provider Info: State-specific Provider ID (Medicaid ID)<br>[107] | Provider Info: Provider Name<br>[108] | Provider Info: Ownership Category Type<br>[110] | Provider Info: Clinic Type<br>[111] | MCR Cost or Payment Info: Source of UPL or Cost Report Data<br>[224] | MCR Cost or Payment Info: UPL Source Data Begin Date<br>[200.1] |
| 3   | EXAMPLE                                | KY                        | 2015  | Clinic                           | A123456  | 1234567890   | 180000  | 34035324   | EXAMPLE CLINIC                        | Private   | ASC                                 | Physician Fee Schedule   | 7/1/2012  |
| 151 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 152 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 153 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 154 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 155 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 156 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 157 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 158 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 159 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 160 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 161 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 162 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 163 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 164 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 165 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 166 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 167 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 168 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 169 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 170 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 171 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 172 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 173 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 174 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 175 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 176 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 177 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 178 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 179 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 180 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 181 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 182 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 183 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 184 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 185 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 186 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 187 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 188 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 189 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 190 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 191 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 192 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 193 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 194 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 195 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 196 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 197 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 198 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 199 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |

Inpatient Hospital Upper Payment Limit (UPL) Data Template

|     | A                                      | B                         | C   | D                                | E  | F  | G   | H  | I                                     | J   | K                                   | L  | M   |
|-----|--|---------------------------|---|----------------------------------|--|--|---|--|---------------------------------------|---|-------------------------------------|--|---|
| 2   | Database Description & Variable Number | Demo Info: State<br>[100] | Demo Info: State Demonstration Rate Year<br>[101] | Demo Info: Service Type<br>[102] | Provider Info: Other State Provider ID Number<br>[105] | Provider Info: National Provider ID (NPI)<br>[109] | Provider Info: Medicare Certification Number (Medicare ID)<br>[112] | Provider Info: State-specific Provider ID (Medicaid ID)<br>[107] | Provider Info: Provider Name<br>[108] | Provider Info: Ownership Category Type<br>[110] | Provider Info: Clinic Type<br>[111] | MCR Cost or Payment Info: Source of UPL or Cost Report Data<br>[224] | MCR Cost or Payment Info: UPL Source Data Begin Date<br>[200.1] |
| 3   | EXAMPLE                                | KY                        | 2015  | Clinic                           | A123456  | 1234567890   | 180000  | 34035324   | EXAMPLE CLINIC                        | Private   | ASC                                 | Physician Fee Schedule   | 7/1/2012  |
| 200 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 201 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 202 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 203 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 204 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 205 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 206 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 207 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 208 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 209 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 210 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 211 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 212 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 213 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 214 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 215 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 216 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 217 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 218 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 219 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 220 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 221 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 222 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 223 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 224 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 225 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 226 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 227 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 228 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 229 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 230 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 231 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 232 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 233 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 234 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 235 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 236 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 237 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 238 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 239 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 240 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 241 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 242 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 243 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 244 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 245 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 246 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 247 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 248 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |



Inpatient Hospital Upper Payment Limit (UPL) Data Template

|     | A                                      | B                         | C   | D                                | E  | F  | G   | H  | I                                     | J   | K                                   | L  | M   |
|-----|--|---------------------------|---|----------------------------------|--|--|---|--|---------------------------------------|---|-------------------------------------|--|---|
| 2   | Database Description & Variable Number | Demo Info: State<br>[100] | Demo Info: State Demonstration Rate Year<br>[101] | Demo Info: Service Type<br>[102] | Provider Info: Other State Provider ID Number<br>[105] | Provider Info: National Provider ID (NPI)<br>[109] | Provider Info: Medicare Certification Number (Medicare ID)<br>[112] | Provider Info: State-specific Provider ID (Medicaid ID)<br>[107] | Provider Info: Provider Name<br>[108] | Provider Info: Ownership Category Type<br>[110] | Provider Info: Clinic Type<br>[111] | MCR Cost or Payment Info: Source of UPL or Cost Report Data<br>[224] | MCR Cost or Payment Info: UPL Source Data Begin Date<br>[200.1] |
| 3   | EXAMPLE                                | KY                        | 2015  | Clinic                           | A123456  | 1234567890   | 180000  | 34035324   | EXAMPLE CLINIC                        | Private   | ASC                                 | Physician Fee Schedule   | 7/1/2012  |
| 249 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 250 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 251 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 252 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 253 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 254 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 255 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 256 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 257 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 258 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 259 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 260 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 261 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 262 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 263 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 264 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 265 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 266 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 267 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 268 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 269 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 270 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 271 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 272 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 273 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 274 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 275 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 276 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 277 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 278 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 279 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 280 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 281 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 282 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 283 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 284 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 285 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 286 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 287 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 288 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 289 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 290 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 291 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 292 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 293 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 294 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 295 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 296 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 297 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |

Inpatient Hospital Upper Payment Limit (UPL) Data Template

|     | A                                      | B                         | C   | D                                | E  | F  | G   | H  | I                                     | J   | K                                   | L  | M   |
|-----|--|---------------------------|---|----------------------------------|--|--|---|--|---------------------------------------|---|-------------------------------------|--|---|
| 2   | Database Description & Variable Number | Demo Info: State<br>[100] | Demo Info: State Demonstration Rate Year<br>[101] | Demo Info: Service Type<br>[102] | Provider Info: Other State Provider ID Number<br>[105] | Provider Info: National Provider ID (NPI)<br>[109] | Provider Info: Medicare Certification Number (Medicare ID)<br>[112] | Provider Info: State-specific Provider ID (Medicaid ID)<br>[107] | Provider Info: Provider Name<br>[108] | Provider Info: Ownership Category Type<br>[110] | Provider Info: Clinic Type<br>[111] | MCR Cost or Payment Info: Source of UPL or Cost Report Data<br>[224] | MCR Cost or Payment Info: UPL Source Data Begin Date<br>[200.1] |
| 3   | EXAMPLE                                | KY                        | 2015  | Clinic                           | A123456  | 1234567890   | 180000  | 34035324   | EXAMPLE CLINIC                        | Private   | ASC                                 | Physician Fee Schedule   | 7/1/2012  |
| 298 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 299 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 300 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 301 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 302 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 303 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 304 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 305 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 306 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 307 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 308 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 309 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 310 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 311 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 312 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 313 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 314 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 315 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 316 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 317 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 318 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 319 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 320 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 321 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 322 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 323 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 324 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 325 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 326 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 327 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |
| 328 |  |                           |   |                                  |  |  |   |  |                                       |   |                                     |  |   |

Inpatient Hospital Upper Payment Limit (UPL) Data Template

|    | N  | O  | P  | Q   | R  | S   | T   | U   | V  | W   | X  | Y   | Z  |
|----|--|--|--|---|--|---|---|---|--|---|--|---|--|
| 2  | MCR Cost or Payment Info:<br>UPL Source Data End Date<br>[200.2] | MCR Cost or Payment Info:<br>Medicare Costs<br>[203] | MCR Cost or Payment Info:<br>Medicare Charges<br>[204] | MCR Cost or Payment Info:<br>Medicare Payments<br>[205] | MCR Cost or Payment Info:<br>Medicare Cost-To-Charge Ratio or Payment-To-Charge Ratio<br>[208] | MCD Charge and Payment Info:<br>Time Period of Medicaid Charge and Payment Data - Begin Date<br>[300.1] | MCD Charge and Payment Info:<br>Time Period of Medicaid Charge and Payment Data - End Date<br>[300.2] | MCD Charge and Payment Info:<br>Medicaid Charges<br>[301] | MCD Charge and Payment Info:<br>Medicaid Regular Payments<br>[302] | MCD Charge and Payment Info:<br>Medicaid Supplemental Payments<br>[303.1] | MCD Charge and Payment Info:<br>Medicaid Supplemental Payments (GME/Training)<br>[303.2] | MCD Charge and Payment Info:<br>Medicaid Supplemental Payments (Other)<br>[303.3] | MCD Charge and Payment Info:<br>Total Medicaid Payments<br>[306] |
| 3  | 6/30/2013  | \$491,215  | \$475,680  | \$342,521   | 72.01%   | 7/1/2012  | 6/30/2013   | \$750,342   | \$546,445  | \$25,320  | \$25,320   | \$25,320  | \$571,765  |
| 4  |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 5  |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 6  |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 7  |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 8  |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 9  |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 10 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 11 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 12 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 13 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 14 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 15 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 16 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 17 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 18 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 19 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 20 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 21 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 22 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 23 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 24 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 25 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 26 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 27 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 28 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 29 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 30 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 31 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 32 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 33 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 34 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 35 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 36 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 37 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 38 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 39 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 40 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 41 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 42 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 43 |  |  |  |   |  |   |   |   |  |   |  |   |  |
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| 45 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 46 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 47 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 48 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 49 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 50 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 51 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 52 |  |  |  |   |  |   |   |   |  |   |  |   |  |

Inpatient Hospital Upper Payment Limit (UPL) Data Template

|     | N  | O  | P  | Q   | R  | S   | T   | U   | V  | W   | X  | Y   | Z  |
|-----|--|--|--|---|--|---|---|---|--|---|--|---|--|
| 2   | MCR Cost or Payment Info:<br>UPL Source Data End Date<br>[200.2] | MCR Cost or Payment Info:<br>Medicare Costs<br>[203] | MCR Cost or Payment Info:<br>Medicare Charges<br>[204] | MCR Cost or Payment Info:<br>Medicare Payments<br>[205] | MCR Cost or Payment Info:<br>Medicare Cost-To-Charge Ratio or Payment-To-Charge Ratio<br>[208] | MCD Charge and Payment Info:<br>Time Period of Medicaid Charge and Payment Data - Begin Date<br>[300.1] | MCD Charge and Payment Info:<br>Time Period of Medicaid Charge and Payment Data - End Date<br>[300.2] | MCD Charge and Payment Info:<br>Medicaid Charges<br>[301] | MCD Charge and Payment Info:<br>Medicaid Regular Payments<br>[302] | MCD Charge and Payment Info:<br>Medicaid Supplemental Payments<br>[303.1] | MCD Charge and Payment Info:<br>Medicaid Supplemental Payments (GME/Training)<br>[303.2] | MCD Charge and Payment Info:<br>Medicaid Supplemental Payments (Other)<br>[303.3] | MCD Charge and Payment Info:<br>Total Medicaid Payments<br>[306] |
| 3   | 6/30/2013  | \$491,215  | \$475,680  | \$342,521   | 72.01%   | 7/1/2012  | 6/30/2013   | \$750,342   | \$546,445  | \$25,320  | \$25,320   | \$25,320  | \$571,765  |
| 53  |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 54  |  |  |  |   |  |   |   |   |  |   |  |   |  |
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| 57  |  |  |  |   |  |   |   |   |  |   |  |   |  |
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| 65  |  |  |  |   |  |   |   |   |  |   |  |   |  |
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| 78  |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 79  |  |  |  |   |  |   |   |   |  |   |  |   |  |
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| 85  |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 86  |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 87  |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 88  |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 89  |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 90  |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 91  |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 92  |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 93  |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 94  |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 95  |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 96  |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 97  |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 98  |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 99  |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 100 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 101 |  |  |  |   |  |   |   |   |  |   |  |   |  |

Inpatient Hospital Upper Payment Limit (UPL) Data Template

|     | N  | O  | P  | Q   | R  | S   | T   | U   | V  | W   | X  | Y   | Z  |
|-----|--|--|--|---|--|---|---|---|--|---|--|---|--|
| 2   | MCR Cost or Payment Info:<br>UPL Source Data End Date<br>[200.2] | MCR Cost or Payment Info:<br>Medicare Costs<br>[203] | MCR Cost or Payment Info:<br>Medicare Charges<br>[204] | MCR Cost or Payment Info:<br>Medicare Payments<br>[205] | MCR Cost or Payment Info:<br>Medicare Cost-To-Charge Ratio or Payment-To-Charge Ratio<br>[208] | MCD Charge and Payment Info:<br>Time Period of Medicaid Charge and Payment Data - Begin Date<br>[300.1] | MCD Charge and Payment Info:<br>Time Period of Medicaid Charge and Payment Data - End Date<br>[300.2] | MCD Charge and Payment Info:<br>Medicaid Charges<br>[301] | MCD Charge and Payment Info:<br>Medicaid Regular Payments<br>[302] | MCD Charge and Payment Info:<br>Medicaid Supplemental Payments<br>[303.1] | MCD Charge and Payment Info:<br>Medicaid Supplemental Payments (GME/Training)<br>[303.2] | MCD Charge and Payment Info:<br>Medicaid Supplemental Payments (Other)<br>[303.3] | MCD Charge and Payment Info:<br>Total Medicaid Payments<br>[306] |
| 3   | 6/30/2013  | \$491,215  | \$475,680  | \$342,521   | 72.01%   | 7/1/2012  | 6/30/2013   | \$750,342   | \$546,445  | \$25,320  | \$25,320   | \$25,320  | \$571,765  |
| 102 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 103 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 104 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 105 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 106 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 107 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 108 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 109 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 110 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 111 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 112 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 113 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 114 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 115 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 116 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 117 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 118 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 119 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 120 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 121 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 122 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 123 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 124 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 125 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 126 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 127 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 128 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 129 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 130 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 131 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 132 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 133 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 134 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 135 |  |  |  |   |  |   |   |   |  |   |  |   |  |
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| 137 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 138 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 139 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 140 |  |  |  |   |  |   |   |   |  |   |  |   |  |
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| 143 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 144 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 145 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 146 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 147 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 148 |  |  |  |   |  |   |   |   |  |   |  |   |  |
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| 150 |  |  |  |   |  |   |   |   |  |   |  |   |  |

Inpatient Hospital Upper Payment Limit (UPL) Data Template

|     | N  | O  | P  | Q   | R  | S   | T   | U   | V  | W   | X  | Y   | Z  |
|-----|--|--|--|---|--|---|---|---|--|---|--|---|--|
| 2   | MCR Cost or Payment Info:<br>UPL Source Data End Date<br>[200.2] | MCR Cost or Payment Info:<br>Medicare Costs<br>[203] | MCR Cost or Payment Info:<br>Medicare Charges<br>[204] | MCR Cost or Payment Info:<br>Medicare Payments<br>[205] | MCR Cost or Payment Info:<br>Medicare Cost-To-Charge Ratio or Payment-To-Charge Ratio<br>[208] | MCD Charge and Payment Info:<br>Time Period of Medicaid Charge and Payment Data - Begin Date<br>[300.1] | MCD Charge and Payment Info:<br>Time Period of Medicaid Charge and Payment Data - End Date<br>[300.2] | MCD Charge and Payment Info:<br>Medicaid Charges<br>[301] | MCD Charge and Payment Info:<br>Medicaid Regular Payments<br>[302] | MCD Charge and Payment Info:<br>Medicaid Supplemental Payments<br>[303.1] | MCD Charge and Payment Info:<br>Medicaid Supplemental Payments (GME/Training)<br>[303.2] | MCD Charge and Payment Info:<br>Medicaid Supplemental Payments (Other)<br>[303.3] | MCD Charge and Payment Info:<br>Total Medicaid Payments<br>[306] |
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| 151 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 152 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 153 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 154 |  |  |  |   |  |   |   |   |  |   |  |   |  |
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| 163 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 164 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 165 |  |  |  |   |  |   |   |   |  |   |  |   |  |
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| 167 |  |  |  |   |  |   |   |   |  |   |  |   |  |
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| 169 |  |  |  |   |  |   |   |   |  |   |  |   |  |
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| 174 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 175 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 176 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 177 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 178 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 179 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 180 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 181 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 182 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 183 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 184 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 185 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 186 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 187 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 188 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 189 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 190 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 191 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 192 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 193 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 194 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 195 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 196 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 197 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 198 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 199 |  |  |  |   |  |   |   |   |  |   |  |   |  |

Inpatient Hospital Upper Payment Limit (UPL) Data Template

|     | N  | O  | P  | Q   | R  | S   | T   | U   | V  | W   | X  | Y   | Z  |
|-----|--|--|--|---|--|---|---|---|--|---|--|---|--|
| 2   | MCR Cost or Payment Info:<br>UPL Source Data End Date<br>[200.2] | MCR Cost or Payment Info:<br>Medicare Costs<br>[203] | MCR Cost or Payment Info:<br>Medicare Charges<br>[204] | MCR Cost or Payment Info:<br>Medicare Payments<br>[205] | MCR Cost or Payment Info:<br>Medicare Cost-To-Charge Ratio or Payment-To-Charge Ratio<br>[208] | MCD Charge and Payment Info:<br>Time Period of Medicaid Charge and Payment Data - Begin Date<br>[300.1] | MCD Charge and Payment Info:<br>Time Period of Medicaid Charge and Payment Data - End Date<br>[300.2] | MCD Charge and Payment Info:<br>Medicaid Charges<br>[301] | MCD Charge and Payment Info:<br>Medicaid Regular Payments<br>[302] | MCD Charge and Payment Info:<br>Medicaid Supplemental Payments<br>[303.1] | MCD Charge and Payment Info:<br>Medicaid Supplemental Payments (GME/Training)<br>[303.2] | MCD Charge and Payment Info:<br>Medicaid Supplemental Payments (Other)<br>[303.3] | MCD Charge and Payment Info:<br>Total Medicaid Payments<br>[306] |
| 3   | 6/30/2013  | \$491,215  | \$475,680  | \$342,521   | 72.01%   | 7/1/2012  | 6/30/2013   | \$750,342   | \$546,445  | \$25,320  | \$25,320   | \$25,320  | \$571,765  |
| 200 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 201 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 202 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 203 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 204 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 205 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 206 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 207 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 208 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 209 |  |  |  |   |  |   |   |   |  |   |  |   |  |
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| 211 |  |  |  |   |  |   |   |   |  |   |  |   |  |
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| 214 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 215 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 216 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 217 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 218 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 219 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 220 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 221 |  |  |  |   |  |   |   |   |  |   |  |   |  |
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| 226 |  |  |  |   |  |   |   |   |  |   |  |   |  |
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| 230 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 231 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 232 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 233 |  |  |  |   |  |   |   |   |  |   |  |   |  |
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| 235 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 236 |  |  |  |   |  |   |   |   |  |   |  |   |  |
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| 238 |  |  |  |   |  |   |   |   |  |   |  |   |  |
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| 243 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 244 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 245 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 246 |  |  |  |   |  |   |   |   |  |   |  |   |  |
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Inpatient Hospital Upper Payment Limit (UPL) Data Template

|     | N  | O  | P  | Q   | R  | S   | T   | U   | V  | W   | X  | Y   | Z  |
|-----|--|--|--|---|--|---|---|---|--|---|--|---|--|
| 2   | MCR Cost or Payment Info:<br>UPL Source Data End Date<br>[200.2] | MCR Cost or Payment Info:<br>Medicare Costs<br>[203] | MCR Cost or Payment Info:<br>Medicare Charges<br>[204] | MCR Cost or Payment Info:<br>Medicare Payments<br>[205] | MCR Cost or Payment Info:<br>Medicare Cost-To-Charge Ratio or Payment-To-Charge Ratio<br>[208] | MCD Charge and Payment Info:<br>Time Period of Medicaid Charge and Payment Data - Begin Date<br>[300.1] | MCD Charge and Payment Info:<br>Time Period of Medicaid Charge and Payment Data - End Date<br>[300.2] | MCD Charge and Payment Info:<br>Medicaid Charges<br>[301] | MCD Charge and Payment Info:<br>Medicaid Regular Payments<br>[302] | MCD Charge and Payment Info:<br>Medicaid Supplemental Payments<br>[303.1] | MCD Charge and Payment Info:<br>Medicaid Supplemental Payments (GME/Training)<br>[303.2] | MCD Charge and Payment Info:<br>Medicaid Supplemental Payments (Other)<br>[303.3] | MCD Charge and Payment Info:<br>Total Medicaid Payments<br>[306] |
| 3   | 6/30/2013  | \$491,215  | \$475,680  | \$342,521   | 72.01%   | 7/1/2012  | 6/30/2013   | \$750,342   | \$546,445  | \$25,320  | \$25,320   | \$25,320  | \$571,765  |
| 249 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 250 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 251 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 252 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 253 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 254 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 255 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 256 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 257 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 258 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 259 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 260 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 261 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 262 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 263 |  |  |  |   |  |   |   |   |  |   |  |   |  |
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| 267 |  |  |  |   |  |   |   |   |  |   |  |   |  |
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| 270 |  |  |  |   |  |   |   |   |  |   |  |   |  |
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| 275 |  |  |  |   |  |   |   |   |  |   |  |   |  |
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| 278 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 279 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 280 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 281 |  |  |  |   |  |   |   |   |  |   |  |   |  |
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| 284 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 285 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 286 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 287 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 288 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 289 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 290 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 291 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 292 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 293 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 294 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 295 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 296 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 297 |  |  |  |   |  |   |   |   |  |   |  |   |  |



Inpatient Hospital Upper Payment Limit (UPL) Data Template

|     | N  | O  | P  | Q   | R  | S   | T   | U   | V  | W   | X  | Y   | Z  |
|-----|--|--|--|---|--|---|---|---|--|---|--|---|--|
| 2   | MCR Cost or Payment Info:<br>UPL Source Data End Date<br>[200.2] | MCR Cost or Payment Info:<br>Medicare Costs<br>[203] | MCR Cost or Payment Info:<br>Medicare Charges<br>[204] | MCR Cost or Payment Info:<br>Medicare Payments<br>[205] | MCR Cost or Payment Info:<br>Medicare Cost-To-Charge Ratio or Payment-To-Charge Ratio<br>[208] | MCD Charge and Payment Info:<br>Time Period of Medicaid Charge and Payment Data - Begin Date<br>[300.1] | MCD Charge and Payment Info:<br>Time Period of Medicaid Charge and Payment Data - End Date<br>[300.2] | MCD Charge and Payment Info:<br>Medicaid Charges<br>[301] | MCD Charge and Payment Info:<br>Medicaid Regular Payments<br>[302] | MCD Charge and Payment Info:<br>Medicaid Supplemental Payments<br>[303.1] | MCD Charge and Payment Info:<br>Medicaid Supplemental Payments (GME/Training)<br>[303.2] | MCD Charge and Payment Info:<br>Medicaid Supplemental Payments (Other)<br>[303.3] | MCD Charge and Payment Info:<br>Total Medicaid Payments<br>[306] |
| 3   | 6/30/2013  | \$491,215  | \$475,680  | \$342,521   | 72.01%   | 7/1/2012  | 6/30/2013   | \$750,342   | \$546,445  | \$25,320  | \$25,320   | \$25,320  | \$571,765  |
| 298 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 299 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 300 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 301 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 302 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 303 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 304 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 305 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 306 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 307 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 308 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 309 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 310 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 311 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 312 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 313 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 314 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 315 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 316 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 317 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 318 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 319 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 320 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 321 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 322 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 323 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 324 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 325 |  |  |  |   |  |   |   |   |  |   |  |   |  |
| 326 |  |  |  |   |  |   |   |   |  |   |  |   |  |
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Inpatient Hospital Upper Payment Limit (UPL) Data Template

|    | AA   | AB  | AC   | AD  | AE  | AF   | AG  | AH   | AI  | AJ   | AK  | AL                                       | AM  | AN   |
|----|--|---|--|---|---|--|---|--|---|--|---|--|---|--|
| 2  | MCD Inflated Payment Info:<br>MCD Inflation Factor Type<br>[307] | MCD Inflated Payment Info:<br>MCD Inflation Factor<br>[308] | MCD Inflated Payment Info:<br>Other Adjustment to Medicaid Payments<br>[309] | MCD Inflated Payment Info:<br>Inflated Medicaid Payments to Demonstration Year<br>[318] | UPL Calc Info:<br>Calculated Medicaid UPL Amount<br>[400] | UPL Calc Info:<br>UPL Inflation Factor Type<br>[404] | UPL Calc Info:<br>UPL Inflation Factor<br>[405] | UPL Calc Info:<br>Inflated UPL Amount<br>[406] | UPL Adjustment Info:<br>Medicaid Provider Tax Cost<br>[401] | UPL Adjustment Info:<br>Other Adjustments to the UPL Amount<br>[402] | UPL Adjustment Info:<br>Adjusted Medicaid UPL Amount<br>[403] | UPL Gap Info:<br>UPL Gap Amount<br>[407] | UPL Gap Info:<br>Adjustment to the UPL Gap<br>[408] | UPL Gap Info:<br>Adjusted UPL Gap<br>[409] |
| 3  | None   | 1.000   | 1.030  | \$588,918   | \$342,521   | Market Basket  | 1.055   | \$361,265                                      | \$15,320  | \$0  | \$376,585   | -\$212,332                               | \$0   | -\$212,332                                 |
| 4  |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 5  |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 6  |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 7  |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 8  |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 9  |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 10 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 11 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 12 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 13 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 14 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 15 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 16 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
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| 18 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 19 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 20 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 21 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 22 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 23 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 24 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 25 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 26 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 27 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 28 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 29 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 30 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 31 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 32 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 33 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 34 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
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| 36 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
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| 43 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 44 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 45 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 46 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 47 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 48 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 49 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 50 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 51 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 52 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |

Inpatient Hospital Upper Payment Limit (UPL) Data Template

|     | AA   | AB  | AC   | AD  | AE  | AF   | AG  | AH   | AI  | AJ   | AK  | AL                                       | AM  | AN   |
|-----|--|---|--|---|---|--|---|--|---|--|---|--|---|--|
| 2   | MCD Inflated Payment Info:<br>MCD Inflation Factor Type<br>[307] | MCD Inflated Payment Info:<br>MCD Inflation Factor<br>[308] | MCD Inflated Payment Info:<br>Other Adjustment to Medicaid Payments<br>[309] | MCD Inflated Payment Info:<br>Inflated Medicaid Payments to Demonstration Year<br>[318] | UPL Calc Info:<br>Calculated Medicaid UPL Amount<br>[400] | UPL Calc Info:<br>UPL Inflation Factor Type<br>[404] | UPL Calc Info:<br>UPL Inflation Factor<br>[405] | UPL Calc Info:<br>Inflated UPL Amount<br>[406] | UPL Adjustment Info:<br>Medicaid Provider Tax Cost<br>[401] | UPL Adjustment Info:<br>Other Adjustments to the UPL Amount<br>[402] | UPL Adjustment Info:<br>Adjusted Medicaid UPL Amount<br>[403] | UPL Gap Info:<br>UPL Gap Amount<br>[407] | UPL Gap Info:<br>Adjustment to the UPL Gap<br>[408] | UPL Gap Info:<br>Adjusted UPL Gap<br>[409] |
| 3   | None   | 1.000   | 1.030  | \$588,918   | \$342,521   | Market Basket  | 1.055   | \$361,265                                      | \$15,320  | \$0  | \$376,585   | -\$212,332                               | \$0   | -\$212,332                                 |
| 53  |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 54  |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 55  |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 56  |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 57  |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 58  |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 59  |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 60  |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 61  |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 62  |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 63  |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 64  |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 65  |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 66  |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 67  |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 68  |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 69  |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 70  |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 71  |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 72  |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 73  |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 74  |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 75  |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 76  |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 77  |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 78  |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 79  |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 80  |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 81  |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 82  |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 83  |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 84  |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 85  |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 86  |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 87  |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 88  |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 89  |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 90  |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 91  |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 92  |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 93  |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 94  |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 95  |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 96  |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 97  |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 98  |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 99  |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 100 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 101 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |

Inpatient Hospital Upper Payment Limit (UPL) Data Template

|     | AA   | AB  | AC   | AD  | AE  | AF   | AG  | AH   | AI  | AJ   | AK  | AL                                       | AM  | AN   |
|-----|--|---|--|---|---|--|---|--|---|--|---|--|---|--|
| 2   | MCD Inflated Payment Info:<br>MCD Inflation Factor Type<br>[307] | MCD Inflated Payment Info:<br>MCD Inflation Factor<br>[308] | MCD Inflated Payment Info:<br>Other Adjustment to Medicaid Payments<br>[309] | MCD Inflated Payment Info:<br>Inflated Medicaid Payments to Demonstration Year<br>[318] | UPL Calc Info:<br>Calculated Medicaid UPL Amount<br>[400] | UPL Calc Info:<br>UPL Inflation Factor Type<br>[404] | UPL Calc Info:<br>UPL Inflation Factor<br>[405] | UPL Calc Info:<br>Inflated UPL Amount<br>[406] | UPL Adjustment Info:<br>Medicaid Provider Tax Cost<br>[401] | UPL Adjustment Info:<br>Other Adjustments to the UPL Amount<br>[402] | UPL Adjustment Info:<br>Adjusted Medicaid UPL Amount<br>[403] | UPL Gap Info:<br>UPL Gap Amount<br>[407] | UPL Gap Info:<br>Adjustment to the UPL Gap<br>[408] | UPL Gap Info:<br>Adjusted UPL Gap<br>[409] |
| 3   | None   | 1.000   | 1.030  | \$588,918   | \$342,521   | Market Basket  | 1.055   | \$361,265                                      | \$15,320  | \$0  | \$376,585   | -\$212,332                               | \$0   | -\$212,332                                 |
| 102 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 103 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 104 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 105 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 106 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 107 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 108 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 109 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 110 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 111 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 112 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 113 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 114 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 115 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 116 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 117 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 118 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 119 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 120 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 121 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 122 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 123 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 124 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 125 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 126 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 127 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 128 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 129 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 130 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 131 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 132 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 133 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 134 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 135 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 136 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 137 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 138 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 139 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 140 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 141 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 142 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 143 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 144 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 145 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 146 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 147 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 148 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 149 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 150 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |

Inpatient Hospital Upper Payment Limit (UPL) Data Template

|     | AA   | AB  | AC   | AD  | AE  | AF   | AG  | AH   | AI  | AJ   | AK  | AL                                       | AM  | AN   |
|-----|--|---|--|---|---|--|---|--|---|--|---|--|---|--|
| 2   | MCD Inflated Payment Info:<br>MCD Inflation Factor Type<br>[307] | MCD Inflated Payment Info:<br>MCD Inflation Factor<br>[308] | MCD Inflated Payment Info:<br>Other Adjustment to Medicaid Payments<br>[309] | MCD Inflated Payment Info:<br>Inflated Medicaid Payments to Demonstration Year<br>[318] | UPL Calc Info:<br>Calculated Medicaid UPL Amount<br>[400] | UPL Calc Info:<br>UPL Inflation Factor Type<br>[404] | UPL Calc Info:<br>UPL Inflation Factor<br>[405] | UPL Calc Info:<br>Inflated UPL Amount<br>[406] | UPL Adjustment Info:<br>Medicaid Provider Tax Cost<br>[401] | UPL Adjustment Info:<br>Other Adjustments to the UPL Amount<br>[402] | UPL Adjustment Info:<br>Adjusted Medicaid UPL Amount<br>[403] | UPL Gap Info:<br>UPL Gap Amount<br>[407] | UPL Gap Info:<br>Adjustment to the UPL Gap<br>[408] | UPL Gap Info:<br>Adjusted UPL Gap<br>[409] |
| 3   | None   | 1.000   | 1.030  | \$588,918   | \$342,521   | Market Basket  | 1.055   | \$361,265                                      | \$15,320  | \$0  | \$376,585   | -\$212,332                               | \$0   | -\$212,332                                 |
| 151 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 152 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 153 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 154 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 155 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 156 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 157 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 158 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 159 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 160 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 161 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 162 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 163 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 164 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 165 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 166 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 167 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 168 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 169 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 170 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 171 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 172 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 173 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 174 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 175 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 176 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 177 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 178 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 179 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 180 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 181 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 182 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 183 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 184 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 185 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 186 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 187 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 188 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 189 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 190 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 191 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 192 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 193 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 194 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 195 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 196 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 197 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 198 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 199 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |

Inpatient Hospital Upper Payment Limit (UPL) Data Template

|     | AA   | AB  | AC   | AD  | AE  | AF   | AG  | AH   | AI  | AJ   | AK  | AL                                       | AM  | AN   |
|-----|--|---|--|---|---|--|---|--|---|--|---|--|---|--|
| 2   | MCD Inflated Payment Info:<br>MCD Inflation Factor Type<br>[307] | MCD Inflated Payment Info:<br>MCD Inflation Factor<br>[308] | MCD Inflated Payment Info:<br>Other Adjustment to Medicaid Payments<br>[309] | MCD Inflated Payment Info:<br>Inflated Medicaid Payments to Demonstration Year<br>[318] | UPL Calc Info:<br>Calculated Medicaid UPL Amount<br>[400] | UPL Calc Info:<br>UPL Inflation Factor Type<br>[404] | UPL Calc Info:<br>UPL Inflation Factor<br>[405] | UPL Calc Info:<br>Inflated UPL Amount<br>[406] | UPL Adjustment Info:<br>Medicaid Provider Tax Cost<br>[401] | UPL Adjustment Info:<br>Other Adjustments to the UPL Amount<br>[402] | UPL Adjustment Info:<br>Adjusted Medicaid UPL Amount<br>[403] | UPL Gap Info:<br>UPL Gap Amount<br>[407] | UPL Gap Info:<br>Adjustment to the UPL Gap<br>[408] | UPL Gap Info:<br>Adjusted UPL Gap<br>[409] |
| 3   | None   | 1.000   | 1.030  | \$588,918   | \$342,521   | Market Basket  | 1.055   | \$361,265                                      | \$15,320  | \$0  | \$376,585   | -\$212,332                               | \$0   | -\$212,332                                 |
| 200 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 201 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 202 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 203 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 204 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 205 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 206 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 207 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 208 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 209 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 210 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 211 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 212 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 213 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 214 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 215 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 216 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 217 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 218 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 219 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 220 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 221 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 222 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 223 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 224 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 225 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 226 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 227 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 228 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 229 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 230 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 231 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 232 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 233 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 234 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 235 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 236 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 237 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 238 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 239 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 240 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 241 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 242 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 243 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 244 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 245 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 246 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 247 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 248 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |

Inpatient Hospital Upper Payment Limit (UPL) Data Template

|     | AA   | AB  | AC   | AD  | AE  | AF   | AG  | AH   | AI  | AJ   | AK  | AL                                       | AM  | AN   |
|-----|--|---|--|---|---|--|---|--|---|--|---|--|---|--|
| 2   | MCD Inflated Payment Info:<br>MCD Inflation Factor Type<br>[307] | MCD Inflated Payment Info:<br>MCD Inflation Factor<br>[308] | MCD Inflated Payment Info:<br>Other Adjustment to Medicaid Payments<br>[309] | MCD Inflated Payment Info:<br>Inflated Medicaid Payments to Demonstration Year<br>[318] | UPL Calc Info:<br>Calculated Medicaid UPL Amount<br>[400] | UPL Calc Info:<br>UPL Inflation Factor Type<br>[404] | UPL Calc Info:<br>UPL Inflation Factor<br>[405] | UPL Calc Info:<br>Inflated UPL Amount<br>[406] | UPL Adjustment Info:<br>Medicaid Provider Tax Cost<br>[401] | UPL Adjustment Info:<br>Other Adjustments to the UPL Amount<br>[402] | UPL Adjustment Info:<br>Adjusted Medicaid UPL Amount<br>[403] | UPL Gap Info:<br>UPL Gap Amount<br>[407] | UPL Gap Info:<br>Adjustment to the UPL Gap<br>[408] | UPL Gap Info:<br>Adjusted UPL Gap<br>[409] |
| 3   | None   | 1.000   | 1.030  | \$588,918   | \$342,521   | Market Basket  | 1.055   | \$361,265                                      | \$15,320  | \$0  | \$376,585   | -\$212,332                               | \$0   | -\$212,332                                 |
| 249 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 250 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 251 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 252 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 253 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 254 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 255 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 256 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 257 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 258 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 259 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 260 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 261 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 262 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 263 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 264 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 265 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 266 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 267 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 268 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 269 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 270 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 271 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 272 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 273 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 274 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 275 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 276 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 277 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 278 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 279 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 280 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 281 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 282 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 283 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 284 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 285 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 286 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 287 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 288 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 289 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 290 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 291 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 292 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 293 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 294 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 295 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 296 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 297 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |

Inpatient Hospital Upper Payment Limit (UPL) Data Template

|     | AA   | AB  | AC   | AD  | AE  | AF   | AG  | AH   | AI  | AJ   | AK  | AL                                       | AM  | AN   |
|-----|--|---|--|---|---|--|---|--|---|--|---|--|---|--|
| 2   | MCD Inflated Payment Info:<br>MCD Inflation Factor Type<br>[307] | MCD Inflated Payment Info:<br>MCD Inflation Factor<br>[308] | MCD Inflated Payment Info:<br>Other Adjustment to Medicaid Payments<br>[309] | MCD Inflated Payment Info:<br>Inflated Medicaid Payments to Demonstration Year<br>[318] | UPL Calc Info:<br>Calculated Medicaid UPL Amount<br>[400] | UPL Calc Info:<br>UPL Inflation Factor Type<br>[404] | UPL Calc Info:<br>UPL Inflation Factor<br>[405] | UPL Calc Info:<br>Inflated UPL Amount<br>[406] | UPL Adjustment Info:<br>Medicaid Provider Tax Cost<br>[401] | UPL Adjustment Info:<br>Other Adjustments to the UPL Amount<br>[402] | UPL Adjustment Info:<br>Adjusted Medicaid UPL Amount<br>[403] | UPL Gap Info:<br>UPL Gap Amount<br>[407] | UPL Gap Info:<br>Adjustment to the UPL Gap<br>[408] | UPL Gap Info:<br>Adjusted UPL Gap<br>[409] |
| 3   | None   | 1.000   | 1.030  | \$588,918   | \$342,521   | Market Basket  | 1.055   | \$361,265                                      | \$15,320  | \$0  | \$376,585   | -\$212,332                               | \$0   | -\$212,332                                 |
| 298 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 299 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 300 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 301 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 302 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 303 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 304 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 305 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 306 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 307 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 308 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 309 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 310 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 311 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 312 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 313 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 314 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 315 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 316 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 317 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 318 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 319 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 320 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 321 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 322 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 323 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 324 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 325 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 326 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 327 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |
| 328 |  |   |  |   |   |  |   |  |   |  |   |  |   |  |