

1. I HEREBY CERTIFY that I have read this certification and demonstration

report prepared by:

(please insert name)

for the report period beginning (MM/DD/YYYY):

and ending (MM/DD/YYYY):

I further certify that, to the best of my knowledge and belief, the services provided by the providers and Medicaid agency in accordance with applicable state and federal law and that the services identified in this Upper Payment Limit Report are accurate and that the services identified in this Upper Payment Limit Report are consistent with the applicable state and federal law.

2. I certify that the costs reported in this Upper Payment Limit Report are consistent with 45 CFR part 75 and 2 CFR part 200, with

3. State and/or local funds are available and will be used to match other Federal funds in accordance with all applicable federal requirements by Federal law to be used to match other Federal funds (other Federally funded programs).

4. I understand that this information may be used as a basis for civil or criminal law.

5. I certify that, to the best of my knowledge and belief, the information provided was used to complete the template. I certify that, to the best of my knowledge and belief, the template has been used for this submission.

6. I certify that, to the best of my knowledge and belief, the applicable state and federal guidelines and directions have been followed in completing this report.

7. I am the officer authorized by the relevant state government to sign this report.

Electronic Signature:

Title & Contact Information:

Upper Payment Limit Demonstration Report

statement and that I have examined the accompanying electronically filed and/or manually submitted Upper Payment Limit

cert the state Medicaid official (or other person who prepared this UPL demonstration report) Name(s), title(s), and Contact

belief, this report is true, accurate, and complete, and except as noted, have been prepared from the books and records of applicable instructions. I further certify that I am familiar with the laws and regulations regarding the provision of health care services. The information in this report are provided in compliance with such laws and regulations.

Upper Payment Limit demonstration represent a reasonable estimate of the amount that Medicare would pay for these Medicaid services. The expenditure/cost data trended forward based on historical data.

and to pay for total computable allowable expenditures included in this statement, and the source(s) of such state and/or local funds for the non-federal share of expenditures (including that the funds are not Federal funds in origin or are Federal funds in origin, and that the federal funds received to match the claimed expenditures will not be used to meet matching requirements under

basis for claims for federal funds, and that falsification and concealment of a material fact may be prosecuted under federal law.

I certify that all necessary information has been provided to support the determination of the UPL amount, including supplemental information to the best of my knowledge and belief, none of the calculations or formulas in the template have been changed, and the most recent data has been used.

I certify that the structure of this OMB approved and locked template has not been altered in any way, all applicable instructions in the template for completing this UPL demonstration, and the template has been completed consistent with the definitions in the data dictionary.

I certify that I am an authorized representative of the government agency to submit this form and I have made a good faith effort to ensure that all information reported is true and accurate.

Overview

States are required to demonstrate, and Centers for Medicare and Medicaid Services (CMS) has accepted as a reasonable estimate of the Upper Payment Limit (UPL) based on a comparison of Medicaid (MCD) payments to equivalent Medicare (MCR) payment or Medicaid cost using Medicare principles. CMS has developed guidance documents to help states meet statutory and regulatory requirements that can be downloaded from:

[CMS Accountability Guidance](#)

CMS is also introducing templates specific to each service type, which have been developed to assist states in meeting UPL requirements and increase comparability across states. This workbook contains templates for the Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) UPL demonstrations.

For each facility, please complete the "Required State Input – ICF" tab. **Please ensure the top section of the input tab in the template is completed, which includes the state, the start date for the demonstration, and the end date for the demonstration. This is used to ensure that there are no gaps between yearly submissions.**

If a cell has a red background, critical data for that variable is missing or invalid. Once the data is filled in with valid data for the specified cell, the template will remove the red color from the cell. For details about the valid data format and valid values for each variable, please see the Data Dictionary tab.

States may not enter data into the tabs labeled "ICF" and "Total_Adjusted_UPL_Gap." The template calculates the content on these tabs automatically based on the data entered on the input tab. They are included as a reference only.

States may use the worksheet tabs labeled "Optional_Sheet_1," "Optional_Sheet_2," etc. to include supplementary data needed to calculate the content for the "Required State Input – ICF" tab. These sheets are optional. If you choose to enter data in the optional worksheet tabs, please provide a brief explanation of the content at the top of the worksheet.

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

Information Requested:

CMS requests the following information for each ICF/IID facility:

- **Demonstration Information** asks for basic information such as the state, demonstration rate year, service type (ICF/IID), and demonstration type (cost, other)
- **Provider Information** asks for provider identification numbers and names for each facility included, and the ownership category type (private, non-state government owned, state-government owned)
- **Medicare Information** asks for Medicare base year data relevant to the calculation of the UPL
- **Medicaid Information** asks for Medicaid utilization data used to calculate the UPL, as well as Medicaid payment data that is 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 and/or volume adjustment data that are made by the state to reflect 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 amount and asks for inflationary adjustments to appropriately trend UPL amounts 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 (e.g., provider taxes)
- **Calculation of UPL Gap** instructs the state to calculate the UPL gap for each facility by subtracting (adjusted/inflated) Medicaid payments from the calculated UPL

CMS has developed an instructional document for intermediate care facilities for individuals with intellectual disabilities to help states create their UPL demonstration. This document can be downloaded from:

[CMS UPL Instructions for Intermediate Care Facility for Individuals with Intellectual Disabilities Services](#)

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 0.1235)

Detailed descriptions for each variable are provided in the next sheet labeled "Data Dictionary." A hypothetical ICF/IID's data has also been entered for each template to provide guidance and formulas regarding the data requested for each column.

PRA Disclosure Statement:

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

End of Worksheet

Variable Number	Variable Designation	Variable Format
001	Required	2-character text
002	Required	Date [MM/DD/YYYY]
003	Required	Date [MM/DD/YYYY]
100	Required	2-character text
101	Required	4-digit number
102	Required	7-character text
103	Not Applicable to this Template (N/A)	N/A
104	Required	Text
105	Provide if Applicable (PIA)	Unspecified
106	N/A	N/A
107	Required	Unspecified
108	Required	Text
109	Provide if Applicable (PIA)	10-11 digit number
110	Required	Text
111	N/A	N/A
112	Required	6-digit number
113-115	N/A	N/A
116	Provide if Applicable (PIA)	Text
117	Provide if Applicable (PIA)	10-character text
200.1	Required	Date [MM/DD/YYYY]
200.2	Required	Date [MM/DD/YYYY]
201-210	N/A	N/A
211	Required	\$ Amount
212.1	Required	\$ Amount
212.2	Required	\$ Amount

213-214	N/A	N/A
215	Calculated	\$ Amount
216-223	N/A	N/A
224	Required	Text
225-226	N/A	N/A
300.1	Required	Date [MM/DD/YYYY]
300.2	Required	Date [MM/DD/YYYY]
301-306	N/A	N/A
307	Provide if Applicable (PIA)	Text
308	Required	Proportion
309	Required	Proportion
310	Required	Number
311.1	Required	Date [MM/DD/YYYY]
311.2	Required	Date [MM/DD/YYYY]
312	Required	\$ Amount
313.1	Required	\$ Amount
313.2	Required	\$ Amount
313.3	Required	\$ Amount

314.1	Required	\$ Amount
314.2	Required	\$ Amount
315	Calculated	\$ Amount
316	Calculated	\$ Amount
317	Calculated	\$ Amount
318	N/A	N/A
400	Calculated	\$ Amount
401	Required	\$ Amount
402	Required	\$ Amount
403	Calculated	\$ Amount
404	Provide if Applicable (PIA)	Text
405	Required	Proportion
406	Calculated	\$ Amount
407	Calculated	\$ Amount

408	Required	\$ Amount
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409	Calculated	\$ Amount
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410-424	N/A	N/A
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Table 1. CMS UPL Intermediate Care Fac

Variable numbering scheme is used for internal identification of each v

Short Description

State

Demonstration Begin Date

Demonstration End Date

State

State Demonstration Rate Year

Service Type

N/A

Demonstration Type (Cost/Other)

Other State Provider ID Number

N/A

State-specific Provider ID (MCD ID)

Provider Name

National Provider ID (NPI)

Ownership Category Type (Private, NSGO, SGO)

N/A

MCR Certification Number (MCR ID)

N/A

Retrospective/Prospective Demonstration

State Plan Amendment (SPA) Number

MCR Cost Report Begin Date

MCR Cost Report End Date

N/A

MCR Per Diem

Adjustments to MCR Per Diem #1

Adjustments to MCR Per Diem #2

N/A

Total Cost Per Diem

N/A

Source of UPL or Cost Report Data

N/A

Time Period of MCD Days - Begin Date

Time Period of MCD Days - End Date

N/A

MCD Inflation Factor Type

MCD Inflation Factor

Other Adjustment to MCD Payments

MCD Days

Time Period of MCD Rates - Begin Date

Time Period of MCD Rates - End Date

MCD Base Payment Per Diem

MCD Supplemental Payment Per Diem

MCD Supplemental Payment Per Diem - GME / Training

MCD Supplemental Payment Per Diem - Other

Adjustment to MCD Per Diem #1

Adjustment to MCD Per Diem #2

Inflated and Adjusted MCD Payment Per Diem

Total MCD Payments

Total MCD Supplemental Payments Per Diem with Adjustments

N/A

Inflated UPL Per Diem

MCD Provider Tax Cost

Other Adjustments to the UPL Amount

Adjusted MCR UPL Amount

UPL Inflation Factor Type

UPL Inflation Factor

Inflated UPL Amount

UPL Gap Amount

Adjustment to the UPL Gap

Adjusted UPL Gap

N/A

End of Workst

ility Template Data Dictionary

variable and is not meant to be presented in numerical order

Long Description

2-character state ID (e.g., Maryland = MD)

Start date of the State demonstration rate year

End date of the State demonstration rate year

2-character state ID (e.g., Maryland = MD)

State demonstration rate year YYYY (e.g., 2014)

Service type: ICF/IID = Intermediate Care Facility for Individuals with Intellectual Disabilities

N/A

Demonstration type (Cost= Cost-based)

State provider ID number that is not a Medicaid (MCD) ID number (if applicable).

N/A

Medicaid (MCD) ID number.

Provider name

National Provider Identification Number

Ownership category type (private= private; NSGO= non-state government owned; SGO= state government owned).

N/A

Medicare (MCR) ID number.

In the instances where a facility is Not Medicare Certified (NMC), the state should enter "NMC".

N/A

An indicator that identifies the demonstration as retrospective or prospective. UPL is considered retrospective when it is submitted on or after the start of the demonstration period, and considered prospective if submitted prior to the start of the demonstration period.

The state plan amendment number associated with the demonstration submission. The expected format is: 2 letter state abbreviation-##-#### (for example, OR-19-0002).

Cost report begin date of the data provided that are used to calculate the UPL.

Cost report end date of the data provided that are used to calculate the UPL.

N/A

Per diem cost or Medicare (MCR) equivalent rate used to calculate the UPL from the period specified in Variables 200.1 and 200.2.

Values greater than \$10,000 for a single provider will trigger an error.

Adjustment to Medicare (MCR) Per Diem (if used) to account for services not included in the MCR Skilled Nursing Facility (SNF) rate but reimbursed by the Medicaid program (e.g., leave of absence days).

If not applicable, this variable should be populated with \$0. If a negative value is provided, states must provide an explanation justifying why the value is negative.

Adjustment to Medicare (MCR) Per Diem (if used) to account for services not included in the MCR Skilled Nursing Facility (SNF) rate but reimbursed by the Medicaid program (e.g., leave of absence days).

If not applicable, this variable should be populated with \$0. If a negative value is provided, states must provide an explanation justifying why the value is negative.

N/A

Calculated as Per Diem Costs (Variable 211) + Adjustments to MCR Per Diem #1 (Variable 212.1) + Adjustments to MCR Per Diem #2 (Variable 212.2).

N/A

Description of source for UPL or cost report data used to calculate the ICF/IID UPL (e.g., State Cost Report).

N/A

Beginning date of base year Medicaid (MCD) days (note: should match MCR Cost Report data period).

End date of base year Medicaid (MCD) days (note: should match MCR Cost Report data period).

N/A

Description of Medicaid payment/cost trend factor used to reflect changes in the Medicaid program between the base and current UPL Demonstration year periods (e.g., Market Basket).

If the value for variable 308 is anything other than 1.0, then variable 307 should be populated with data.

Cumulative Medicaid payment/cost trend factor used to reflect changes in the Medicaid program between the base (midpoint of Variable 300.1 and Variable 300.2) and current UPL Demonstration year periods (note: 1.00 = no change) (use "mid-point to mid-point approach"). Values for this field should not be negative. A value less than 1 or greater than 1.04 for this field will trigger an error.

Cumulative other adjustment (e.g., volume adjustment) factor used to reflect changes in the Medicaid program between the base (midpoint of variable 300.1 and variable 300.2) and current UPL Demonstration year periods (note: 1.00 = no change) (use "mid-point to mid-point approach"). Values of blank or zero will trigger an error for this field. Values for this field should not be negative.

Medicaid (MCD) days from time period specified in Variables 300.1 and 300.2, used in calculating the UPL for the base period.

Beginning date of Medicaid (MCD) rates used to determine total MCD payments for purposes of comparing to the UPL (these dates may differ from period used for days).

End date of Medicaid (MCD) rates used to determine total MCD payments for purposes of comparing to the UPL (these dates may differ from period used for days).

Medicaid (MCD) base payments per diem applicable to the period specified in Variables 311.1 and 311.2.

Medicaid supplemental payments per diem associated with the UPL demonstration year. In the notes section the state should explain the type(s) of payment reported and the related amount(s). The state may not report DSH payments as supplemental payments.

Medicaid supplemental payments per diem associated with the UPL demonstration year for GME (Graduate Medical Education). In the notes section the state should explain the type(s) of payment reported and the related amount(s). The state may not report DSH payments as supplemental payments.

Other Medicaid supplemental payments per diem (not previously reported in Variables 313.1 or 313.2) associated with the UPL demonstration year. In the notes section the state should explain the type(s) of payment reported and the related amount(s). The state may not report DSH payments as supplemental payments.

Adjustment to Medicaid (MCD) base payments per diem to account for services paid separately outside of the Medicaid ICF/IID rate, but reimbursed under Medicare (MCR) (e.g., drugs, therapy, lab, radiology).

Adjustment to Medicaid (MCD) base payments per diem to account for services paid separately outside of the Medicaid ICF/IID rate, but reimbursed under Medicare (MCR) (e.g., drugs, therapy, lab, radiology).

Calculated as Total MCD Supplemental Payments Per Diem with Adjustments (Variable 317) + (MCD Base Payment Per Diem (Variable 312) * MCD Inflation Factor (Variable 308) * Other Adjustment to MCD Payments (Variable 309)).

Calculated as Inflated and Adjusted Total MCD Payment Per Diem (Variable 315) * MCD Days (Variable 310).

Calculated as MCD Supplemental Payment Per Diem (Variable 313.1) + MCD Supplemental Payment GME/Training Per Diem (Variable 313.2) + MCD Supplemental Payment Other Per Diem (Variable 313.3) + Adjustment to MCD Per Diem #1 (Variable 314.1) + Adjustment to MCD Per Diem #2 (Variable 314.2).

N/A

Calculated Inflated UPL Per Diem based on instructions provided in spreadsheet (e.g., for cost-based demonstration: base year Total Cost Per Diem (Variable 215) * UPL Inflation Factor (Variable 405)).

For cost-based demonstrations, Medicaid (MCD) provider tax costs can be added to the UPL separately. Report here only the Medicaid portion of the cost of the provider tax.

Adjustments made to the UPL that are not otherwise accounted for in the UPL calculation (e.g., adjustments for managed care transition, ACA adjustments to the UPL). This field should only include values that specifically increase or decrease the UPL. These adjustments represent changes to the UPL prior to the calculation of the UPL gap. If the state provides this as an aggregate adjustment and does not have this information broken out by individual facilities, these adjustments should be distributed across all facilities as appropriate. Any adjustments made in this field must be properly documented and explained in the notes section. If not applicable, this variable should be populated with \$0.

Calculated as Inflated UPL Amount (Variable 406) + Other Adjustments to the UPL Amount (Variable 402) [+ MCD Provider Tax Cost (Variable 401) for cost-based demonstrations]. This calculated estimate represents the amount that Medicare would pay for Medicaid services.

Description of cumulative payment/cost trend factor used to inflate the Calculated MCD UPL Amount (Variable 400) from the base year to the UPL Demonstration year (e.g., Market Basket).

If the value for variable 405 is anything other than 1.0, then variable 404 should be populated with data.

Cumulative payment/cost trend factor used to inflate the Total Cost Per Diem (Variable 215) from the base year (midpoint of Variables 200.1 and 200.2) to the UPL Demonstration year (note: 1.00 = no change) (use "mid-point to mid-point approach"). A value less than 1 or greater than 1.04 for this field will trigger an error.

Calculated as Inflated UPL Per Diem (Variable 400) * MCD Days (Variable 310).

Calculated as Adjusted MCD UPL Amount (Variable 403) - Total MCD Payments (Variable 316).

Adjustments made to the UPL gap. For example, states may utilize this variable to report an anticipated reduction in payment during the UPL demonstration year. Any adjustments to the UPL gap should be distributed across all facilities as appropriate and the adjustments must be documented in the notes section. If not applicable, this variable should be populated with \$0.

Calculated as UPL Gap Amount (Variable 407) + Adjustment to the UPL Gap (Variable 408).

N/A

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Variable Status

- 0: Variables Included in ICF Template
- 0: Variables Included in ICF Template
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- 0: Variables Included in ICF Template
- 0: Variables Included in ICF Template
- 0: Variables Included in ICF Template

N/A

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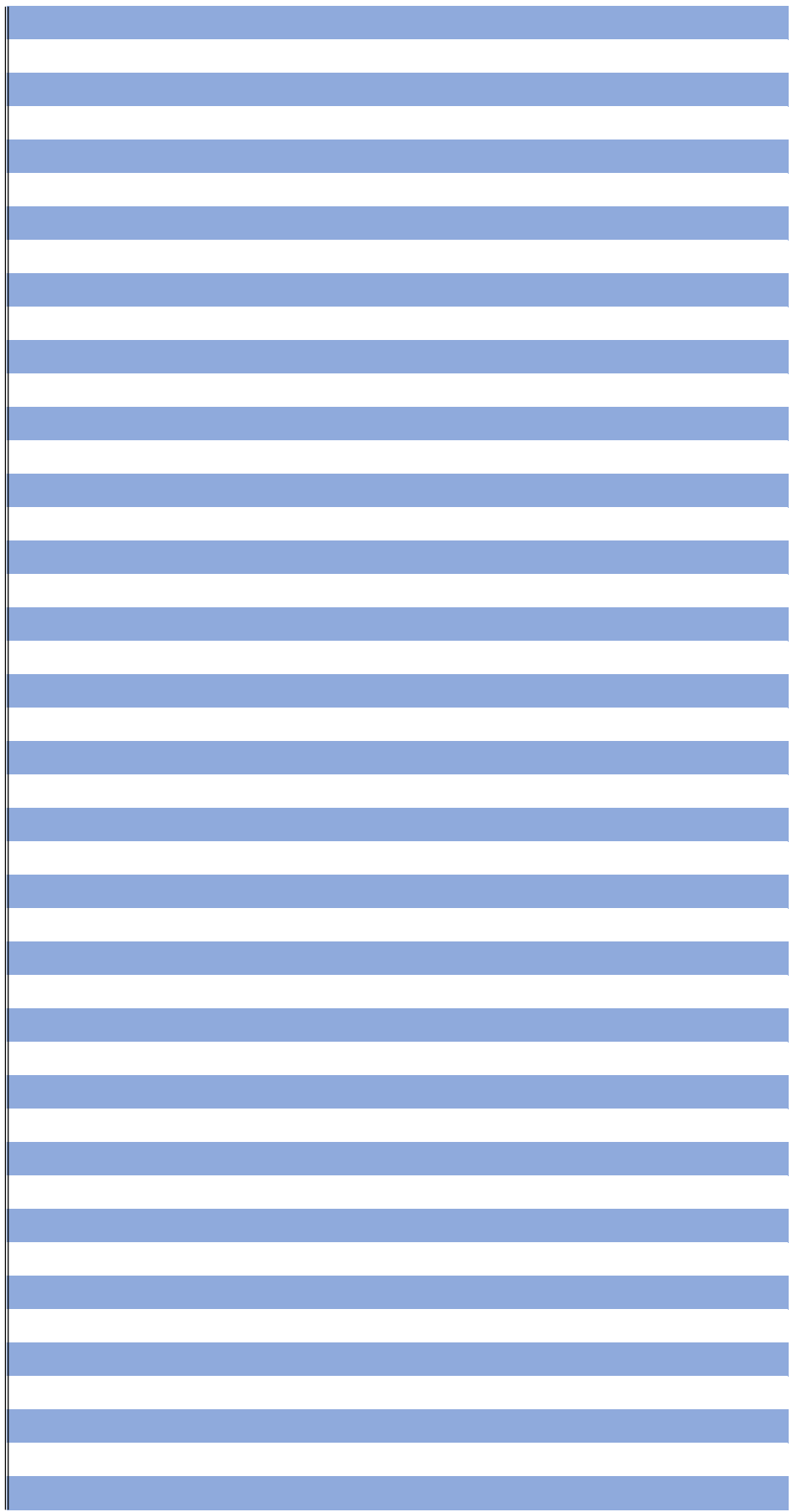
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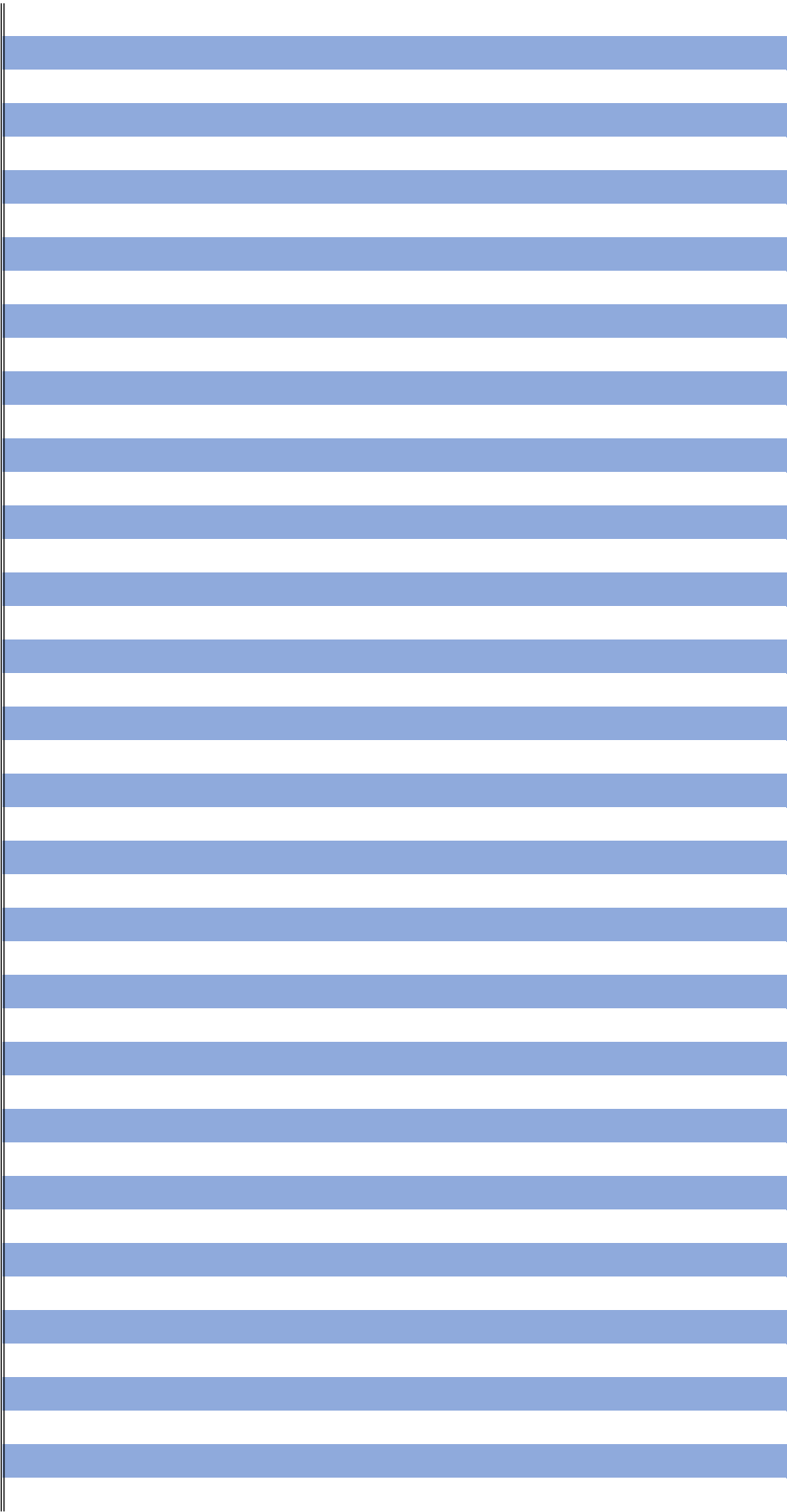
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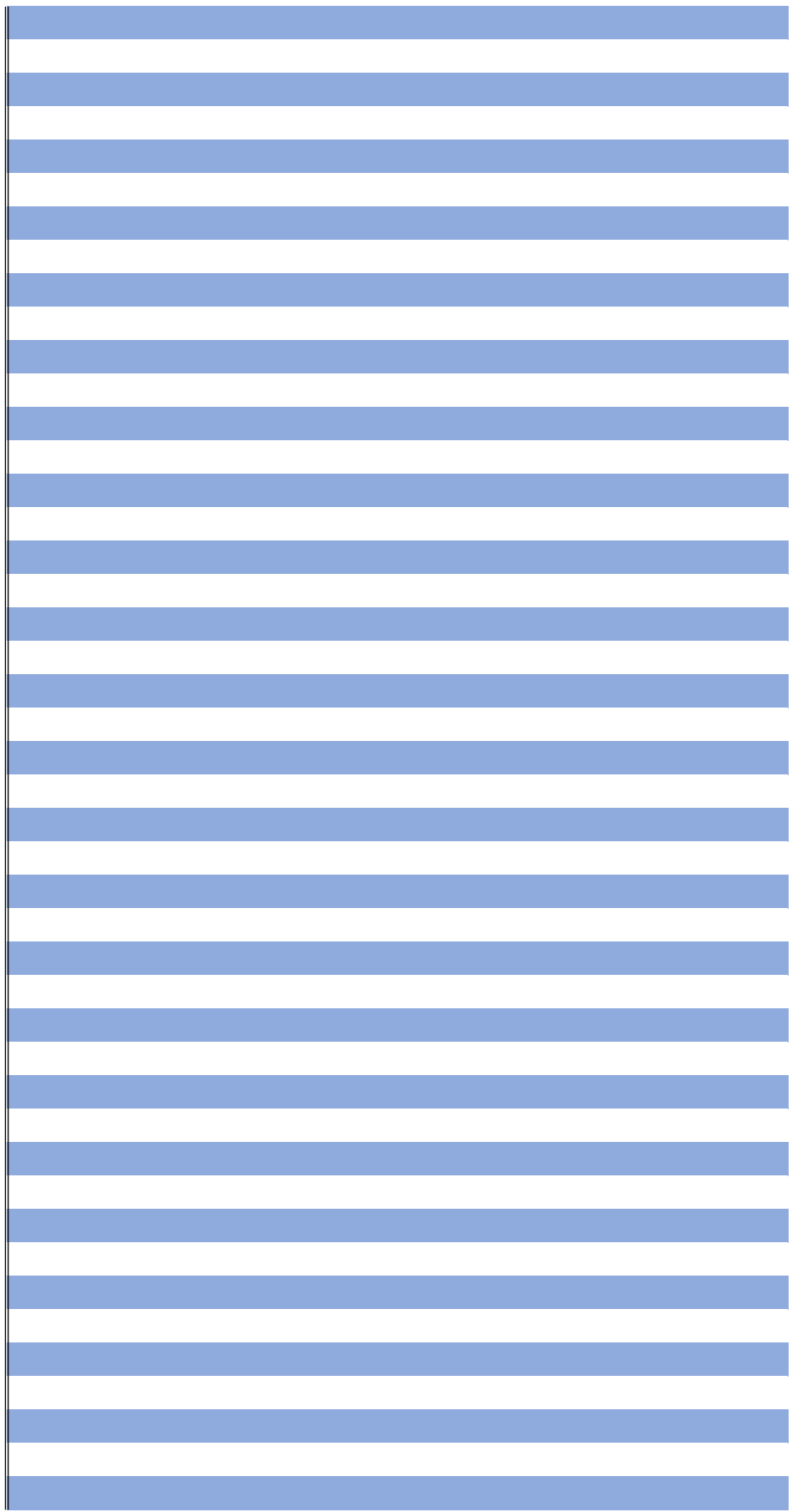
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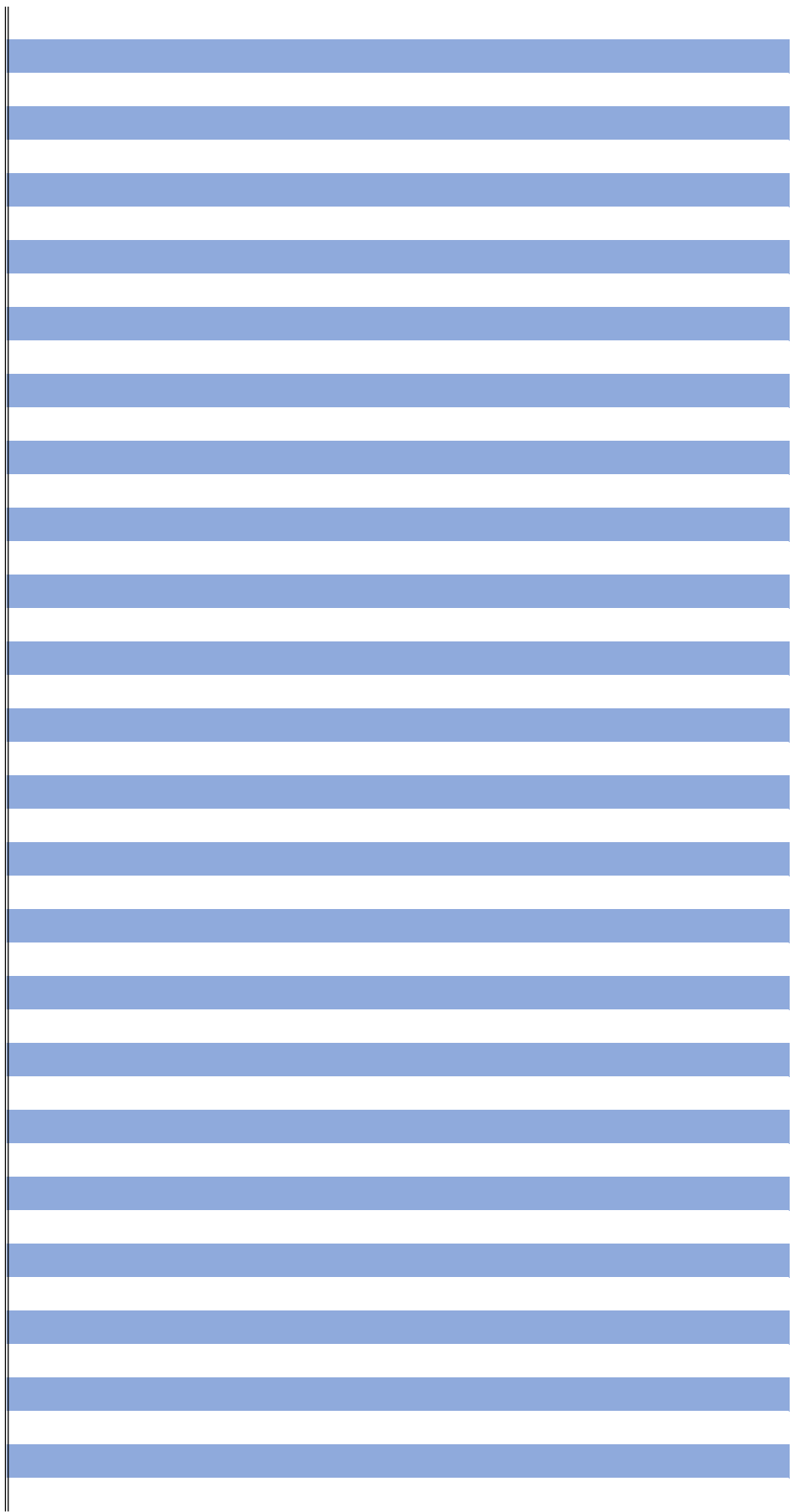
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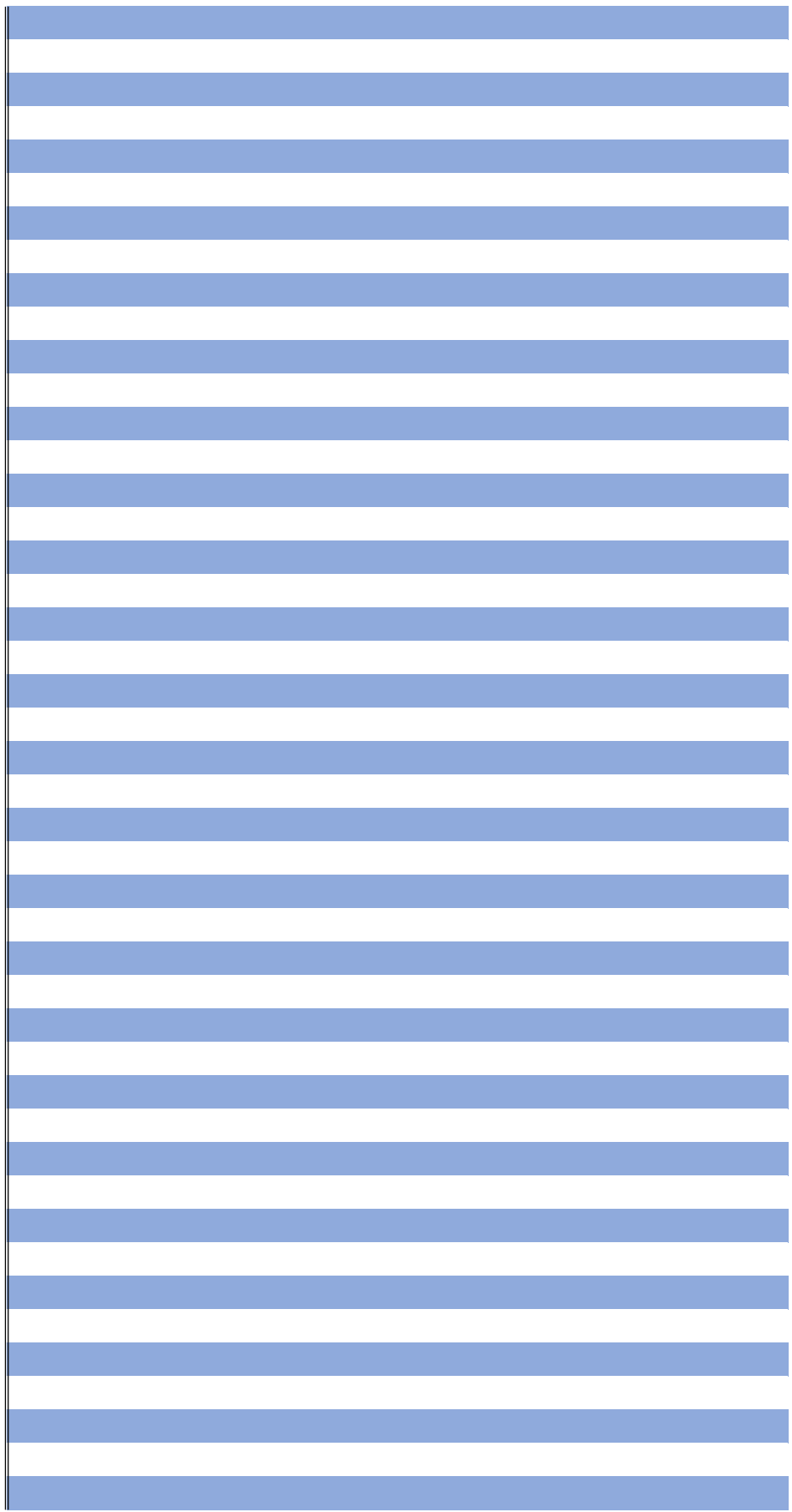
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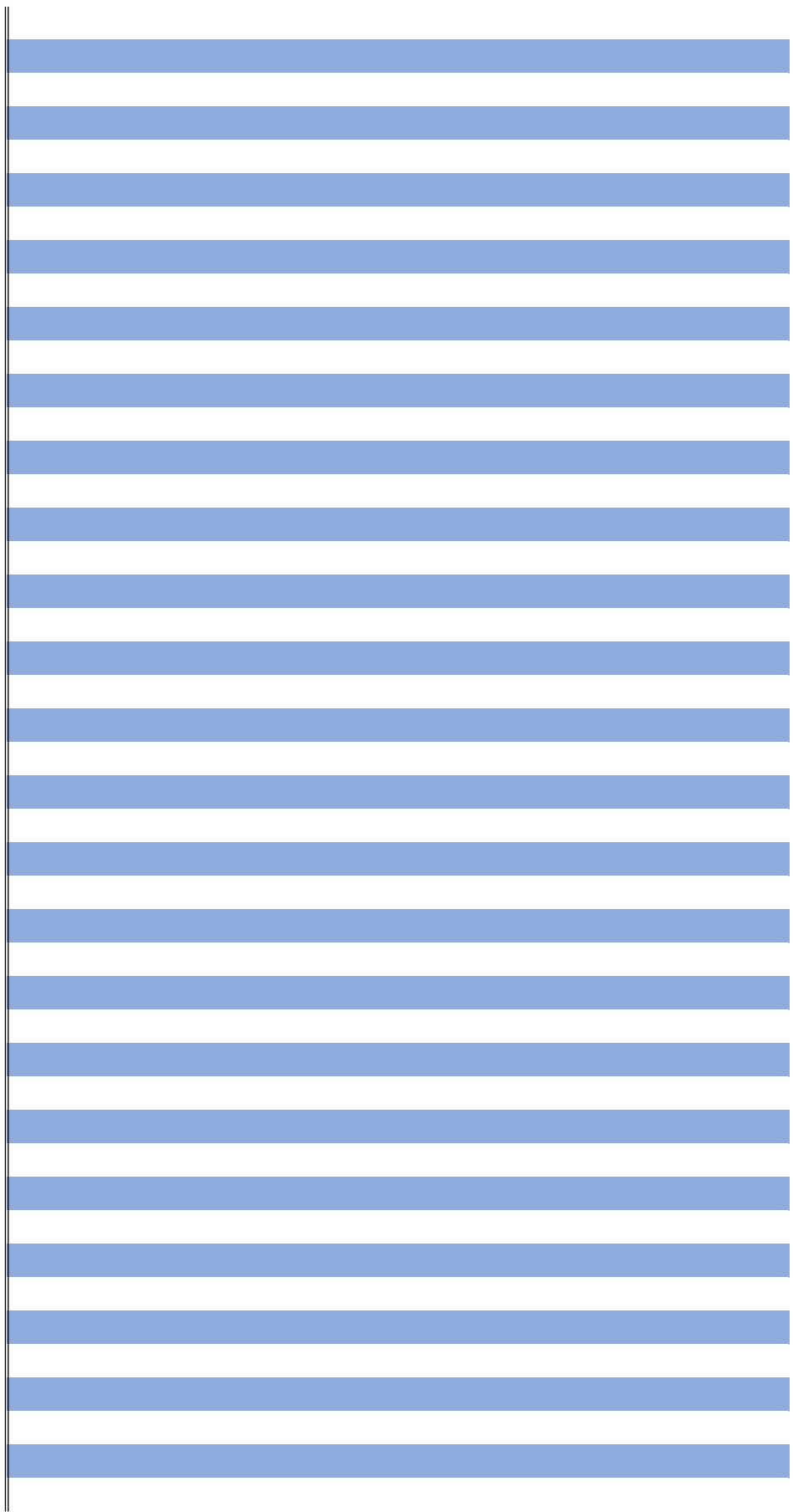


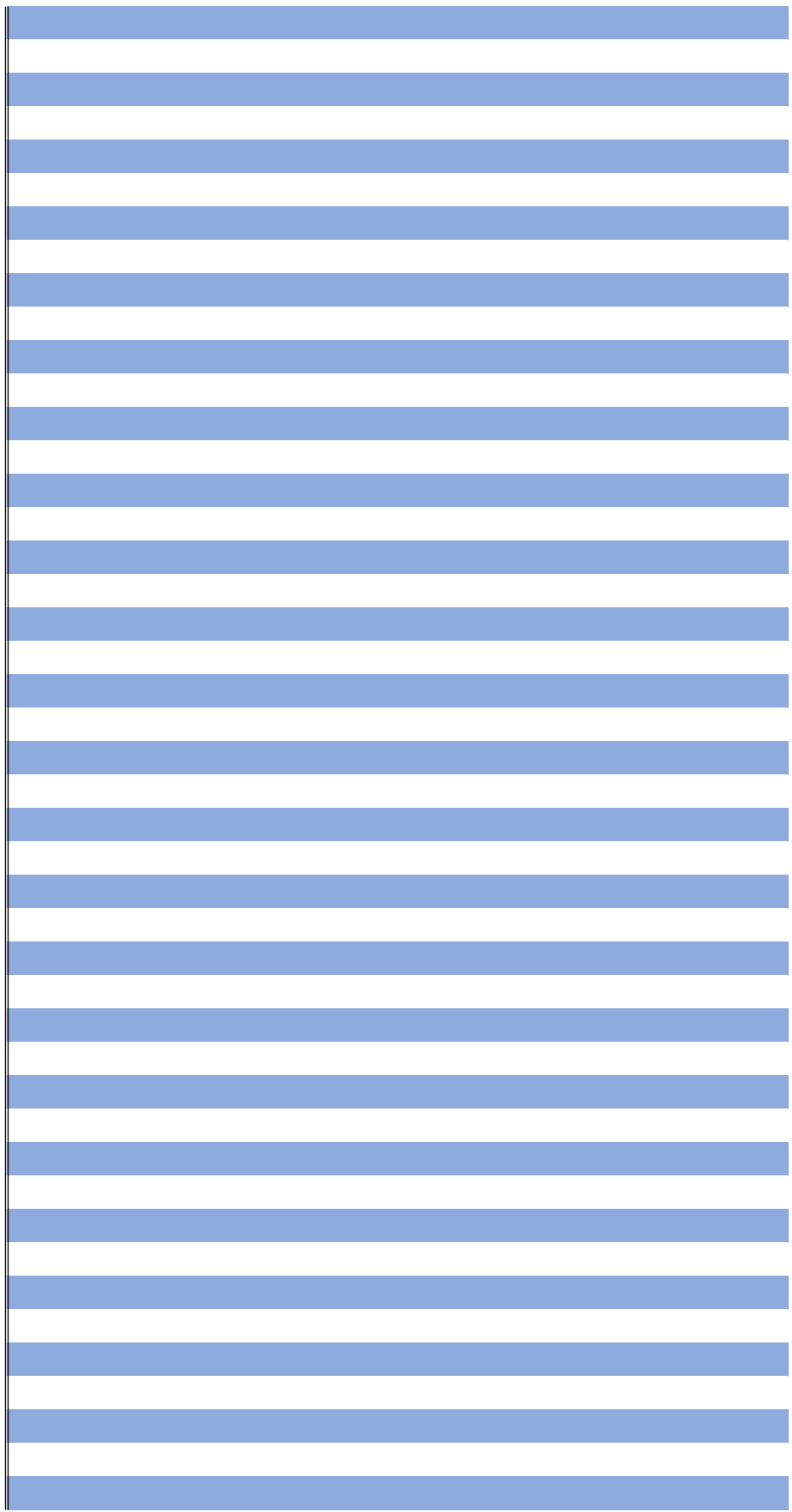


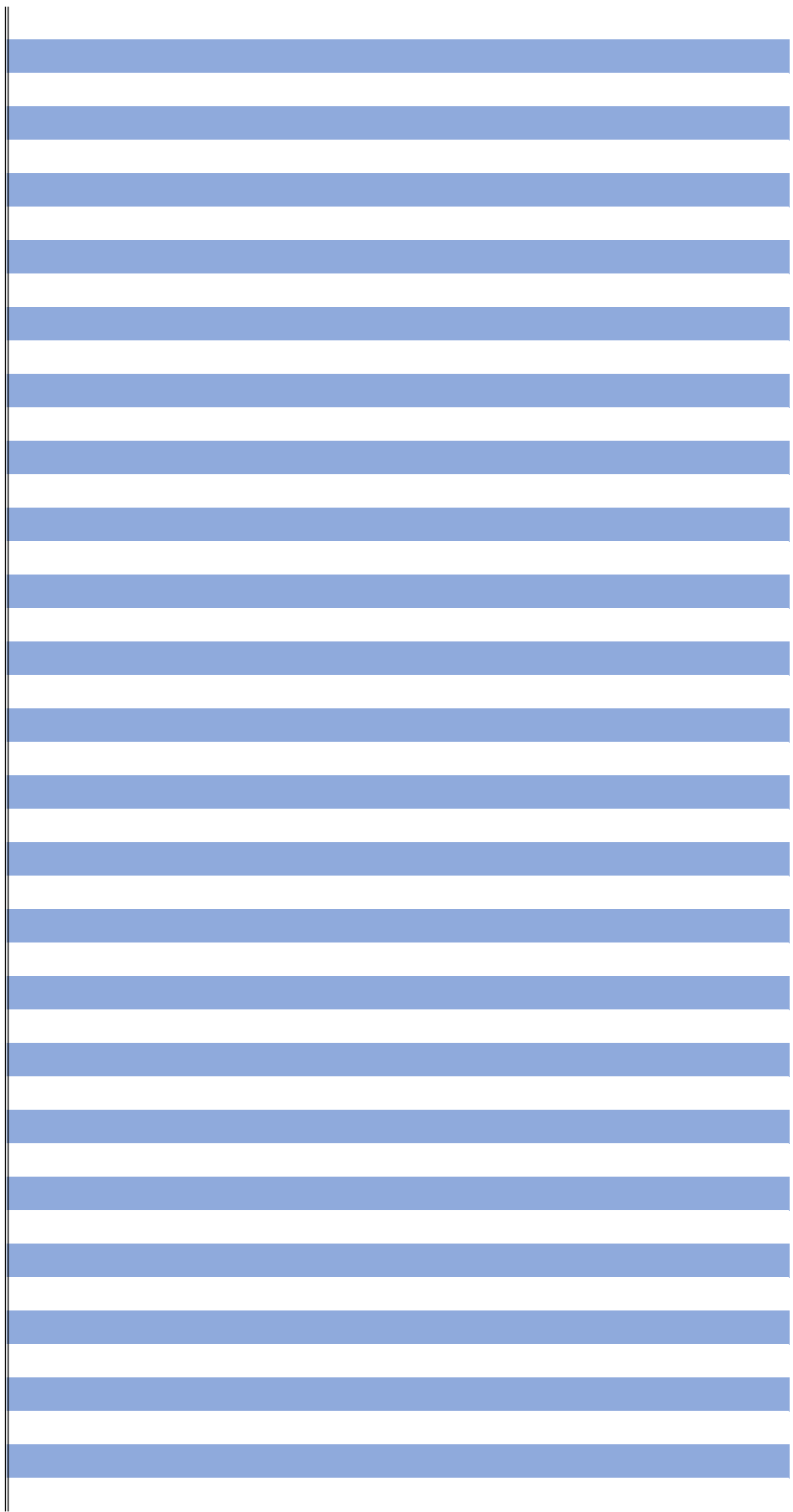


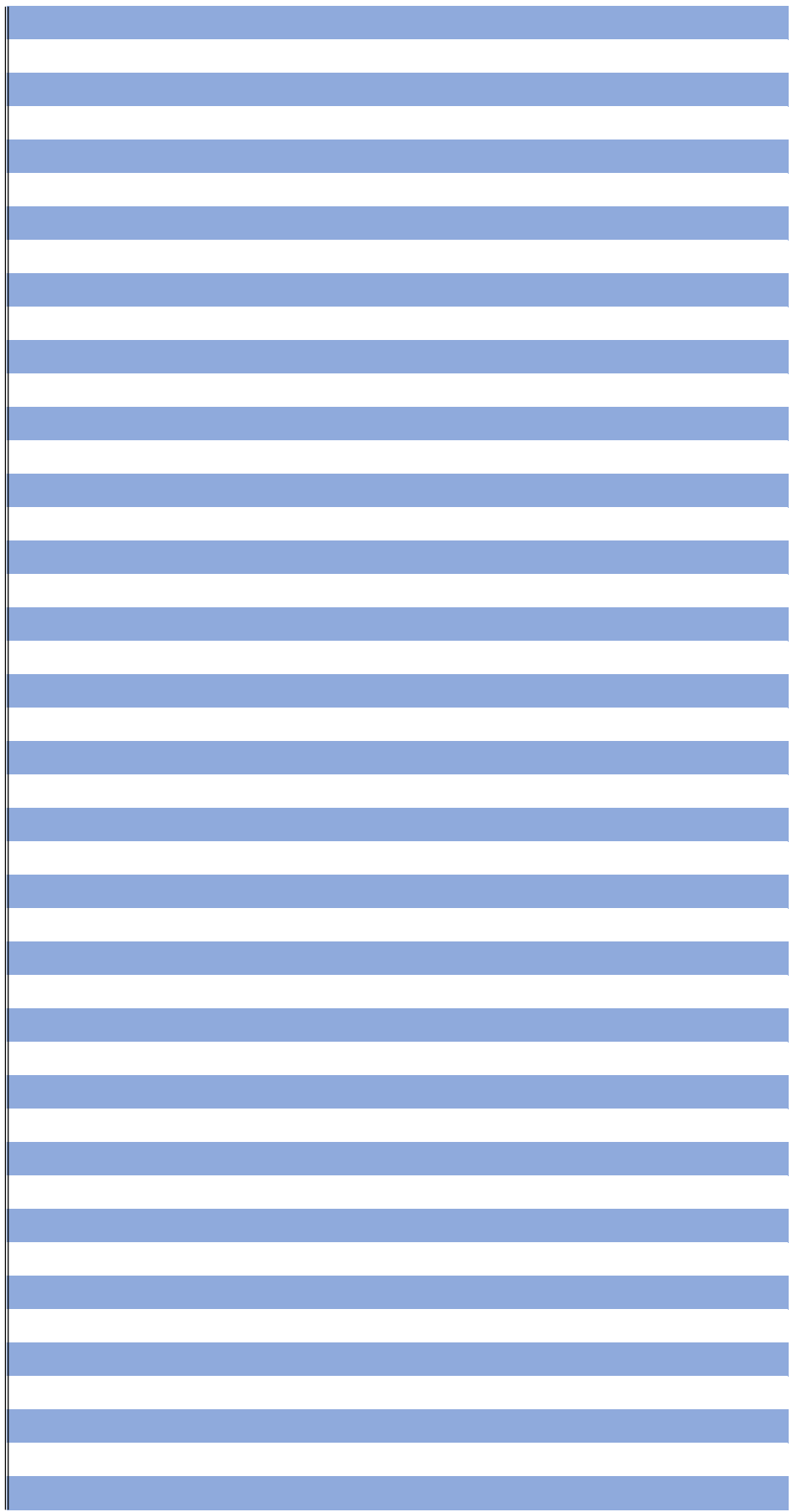


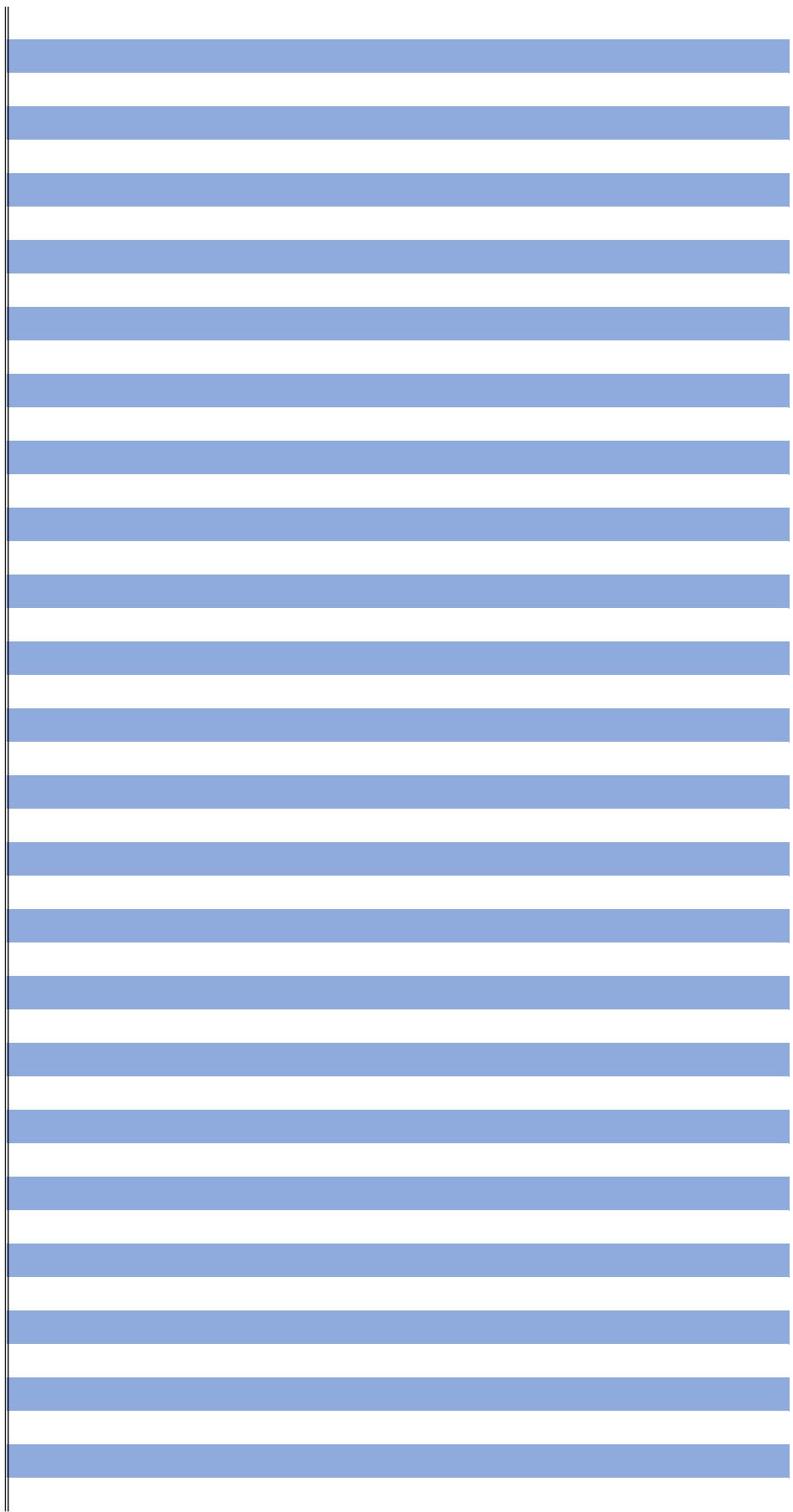


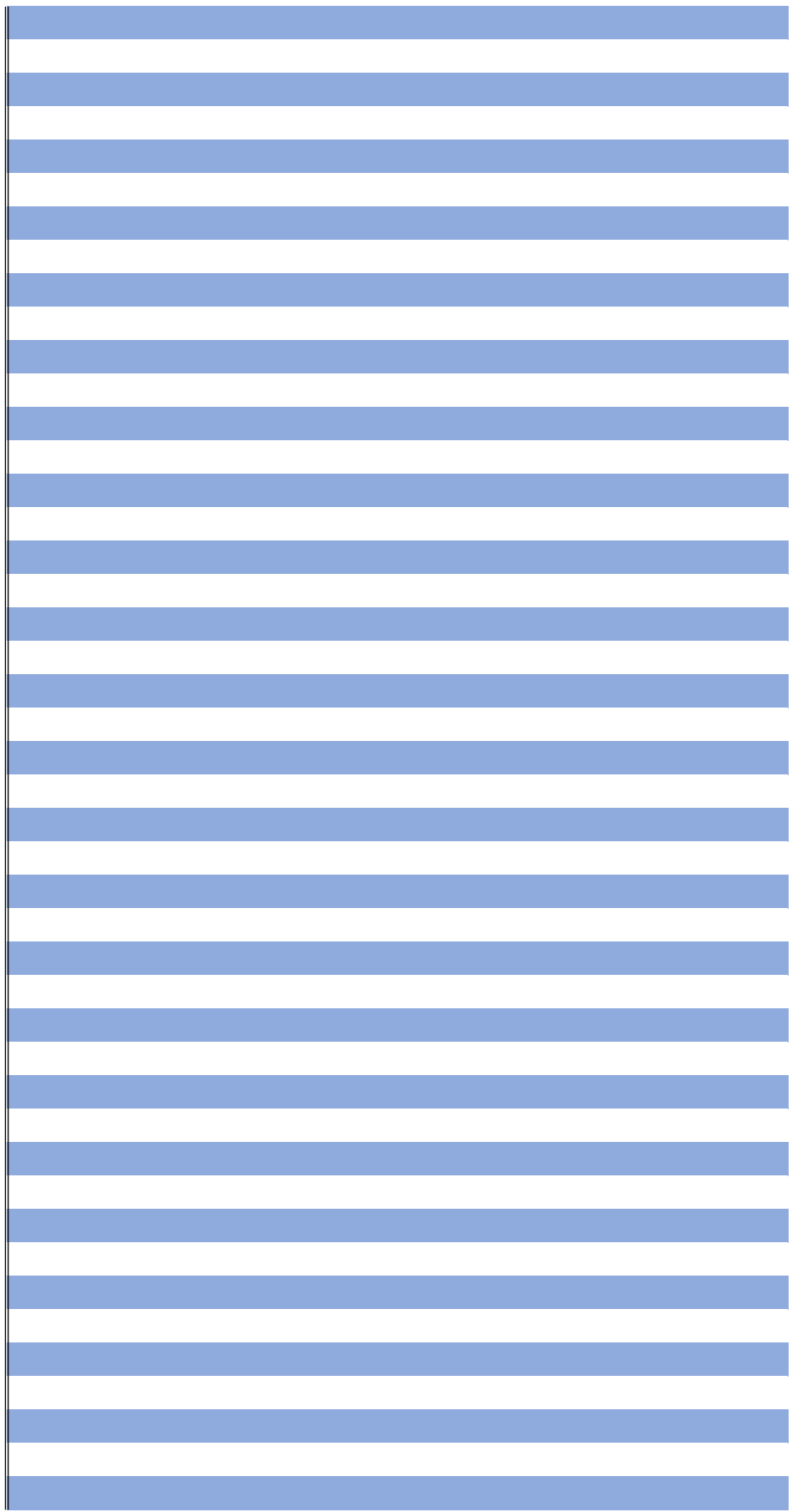


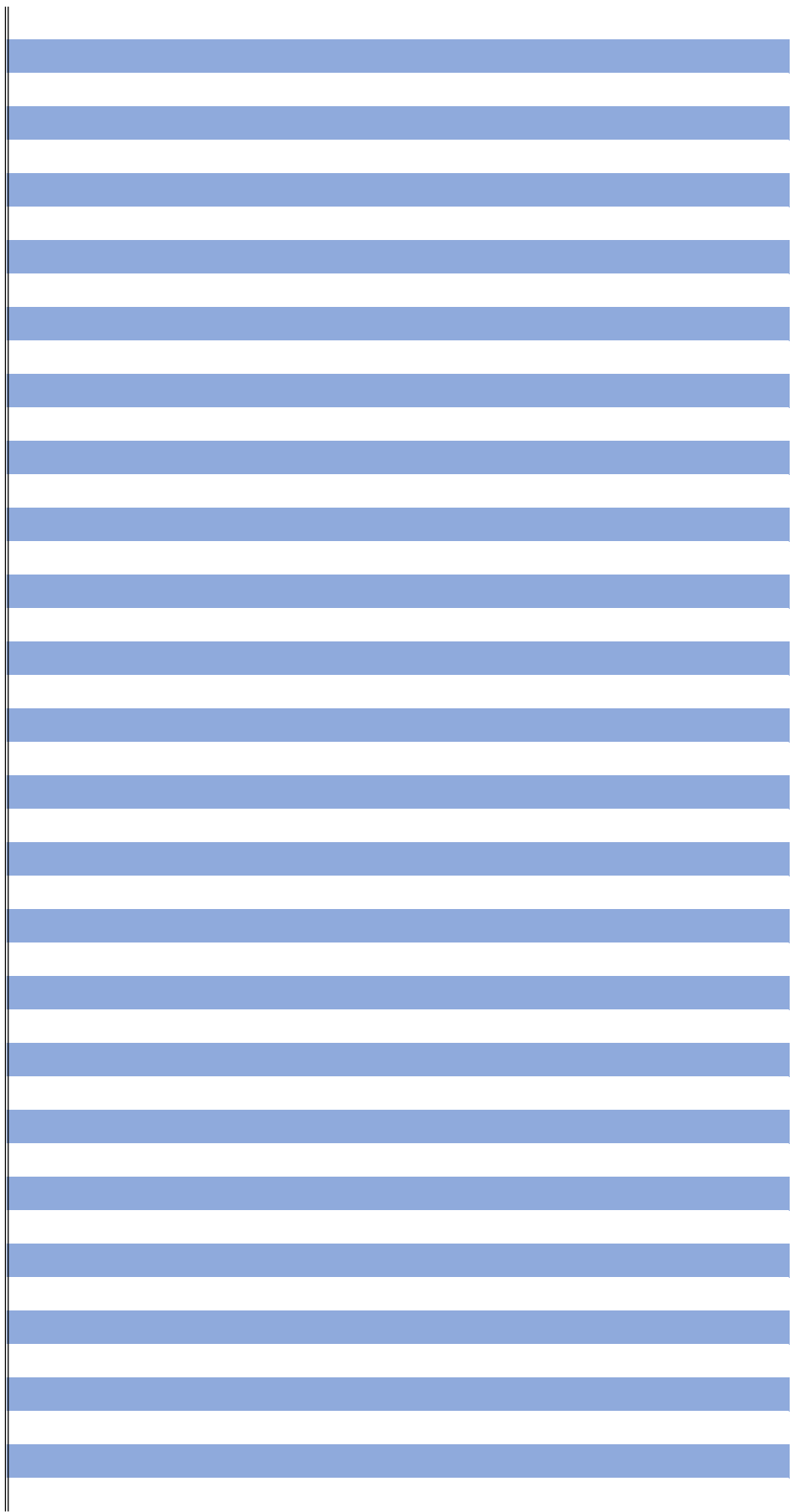


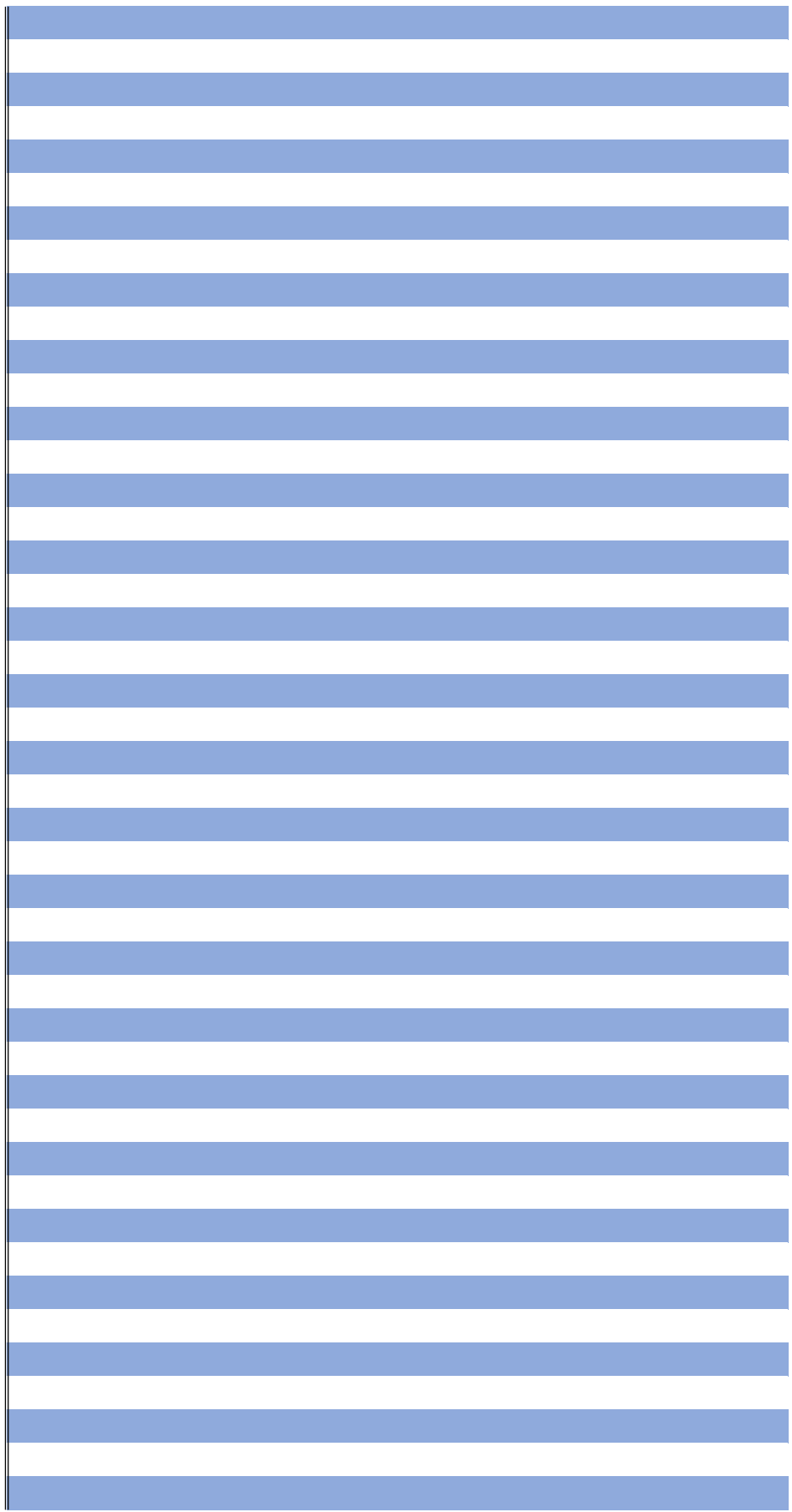


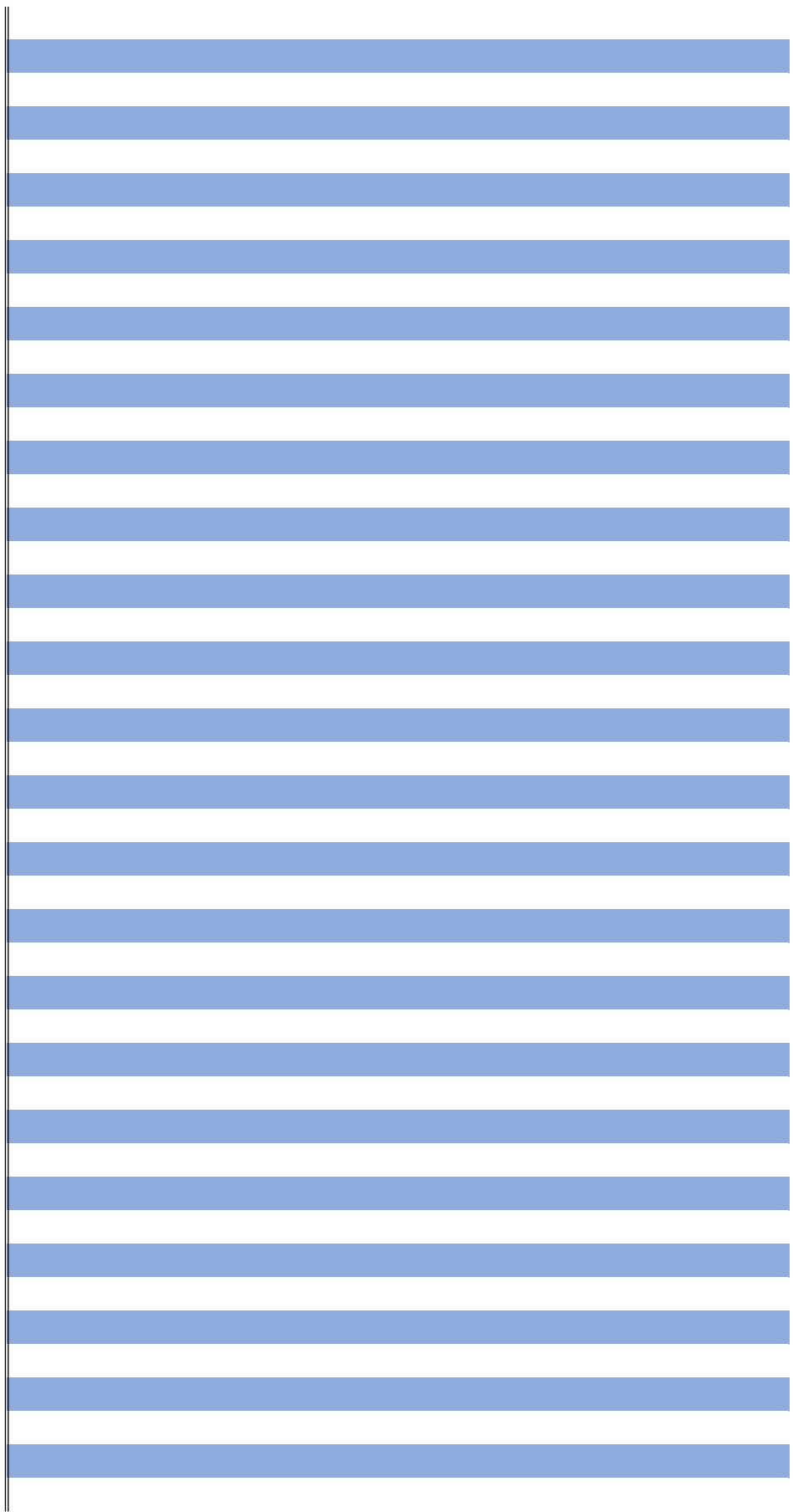


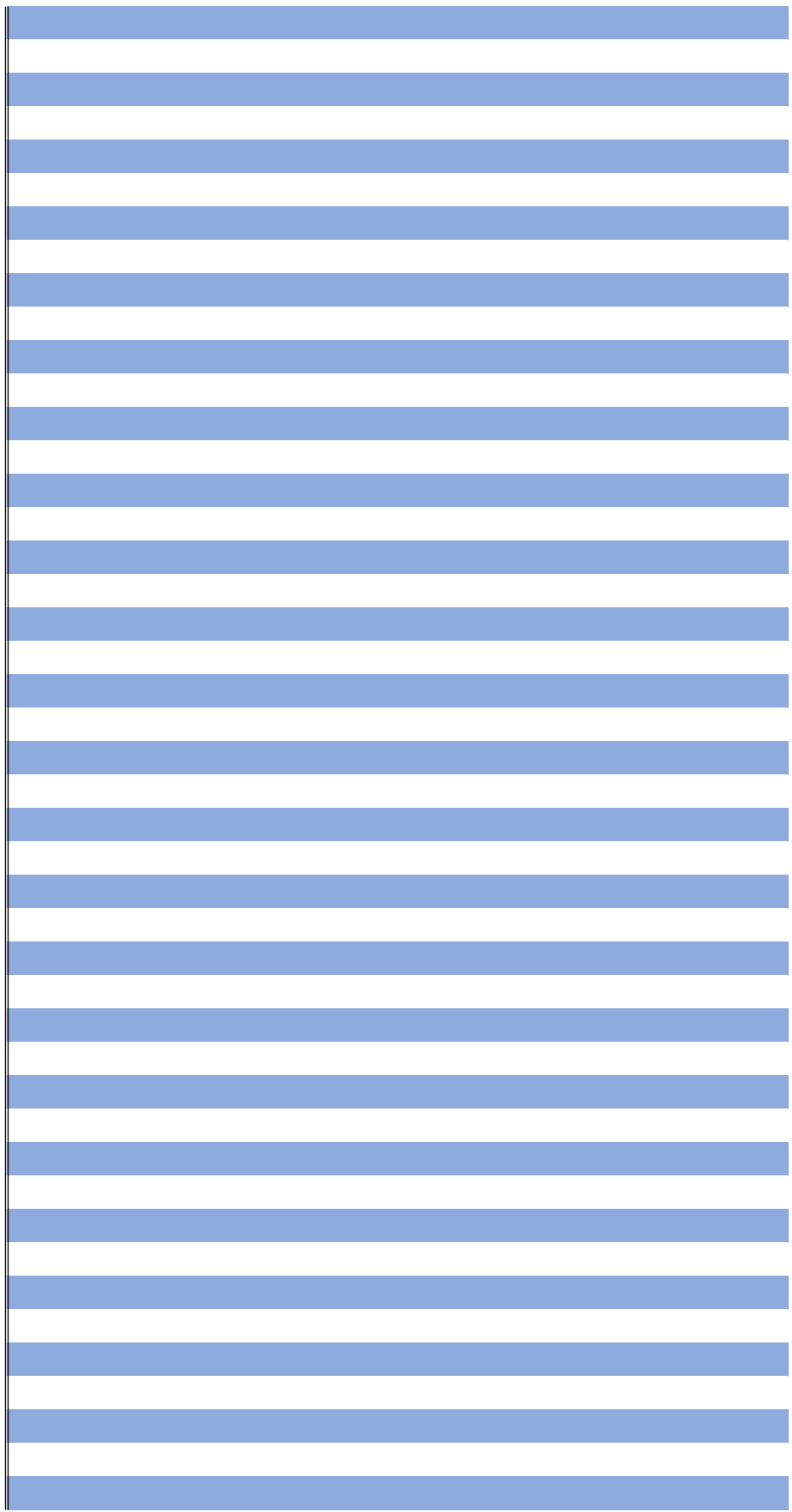


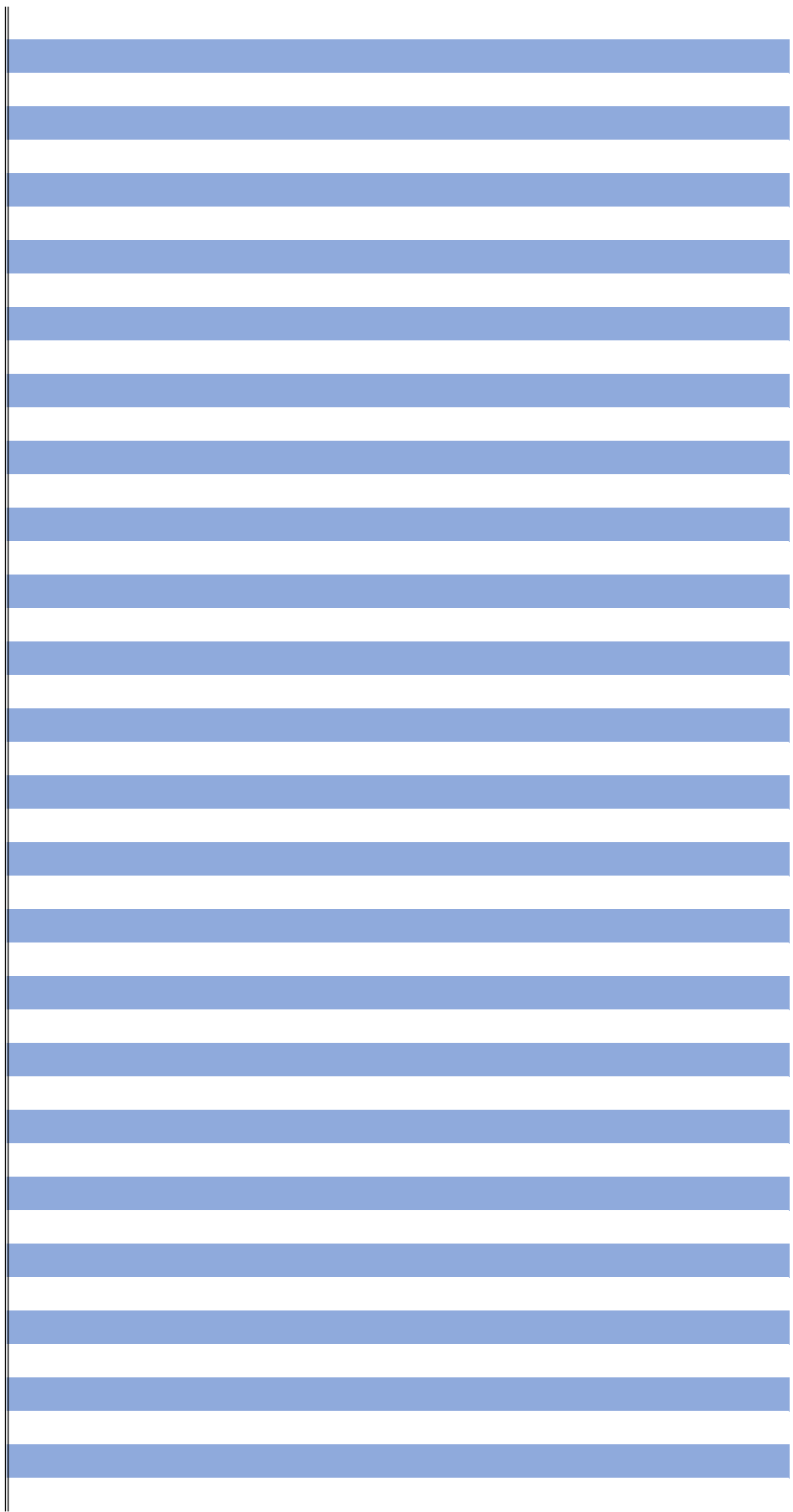


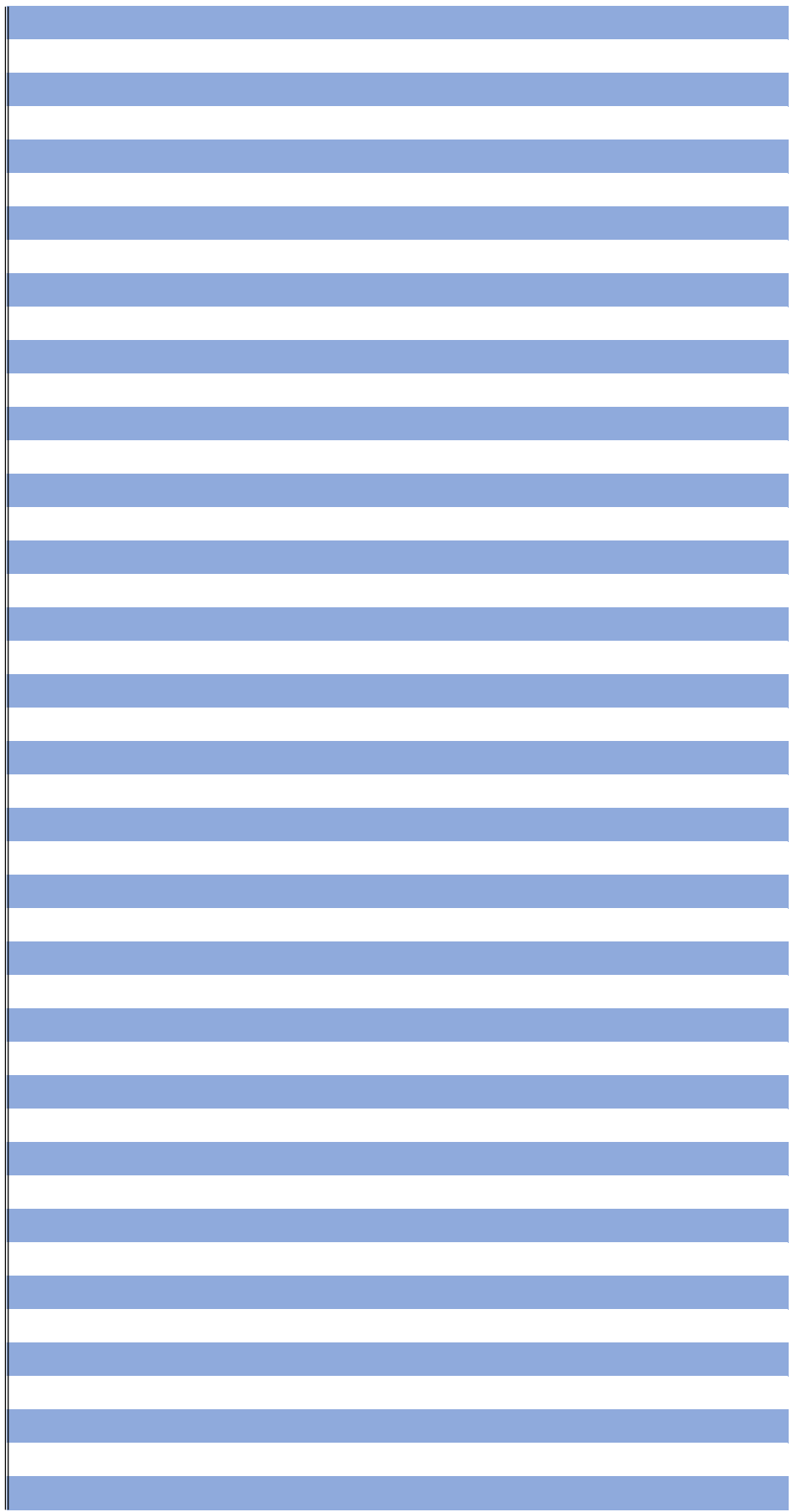


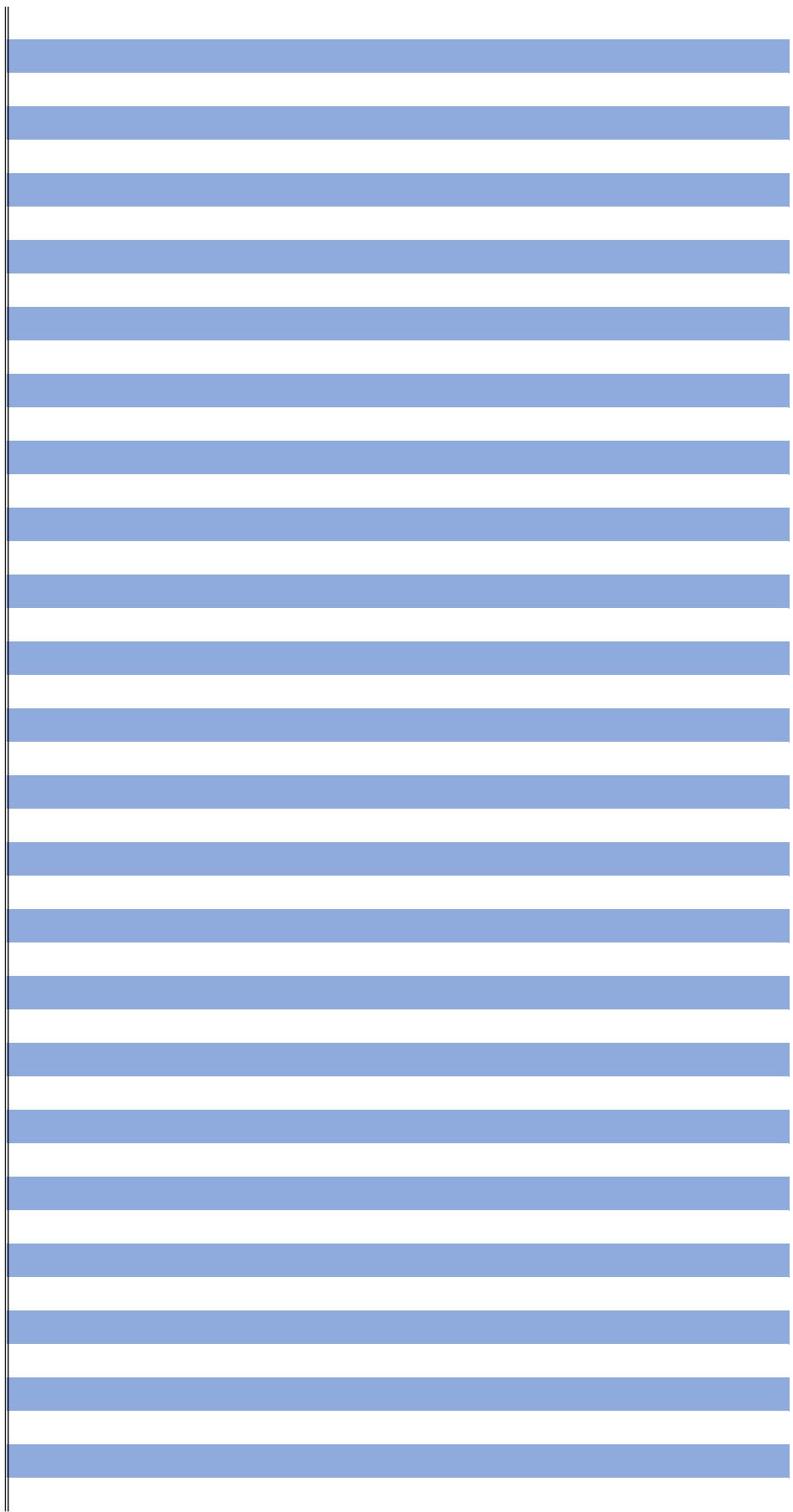


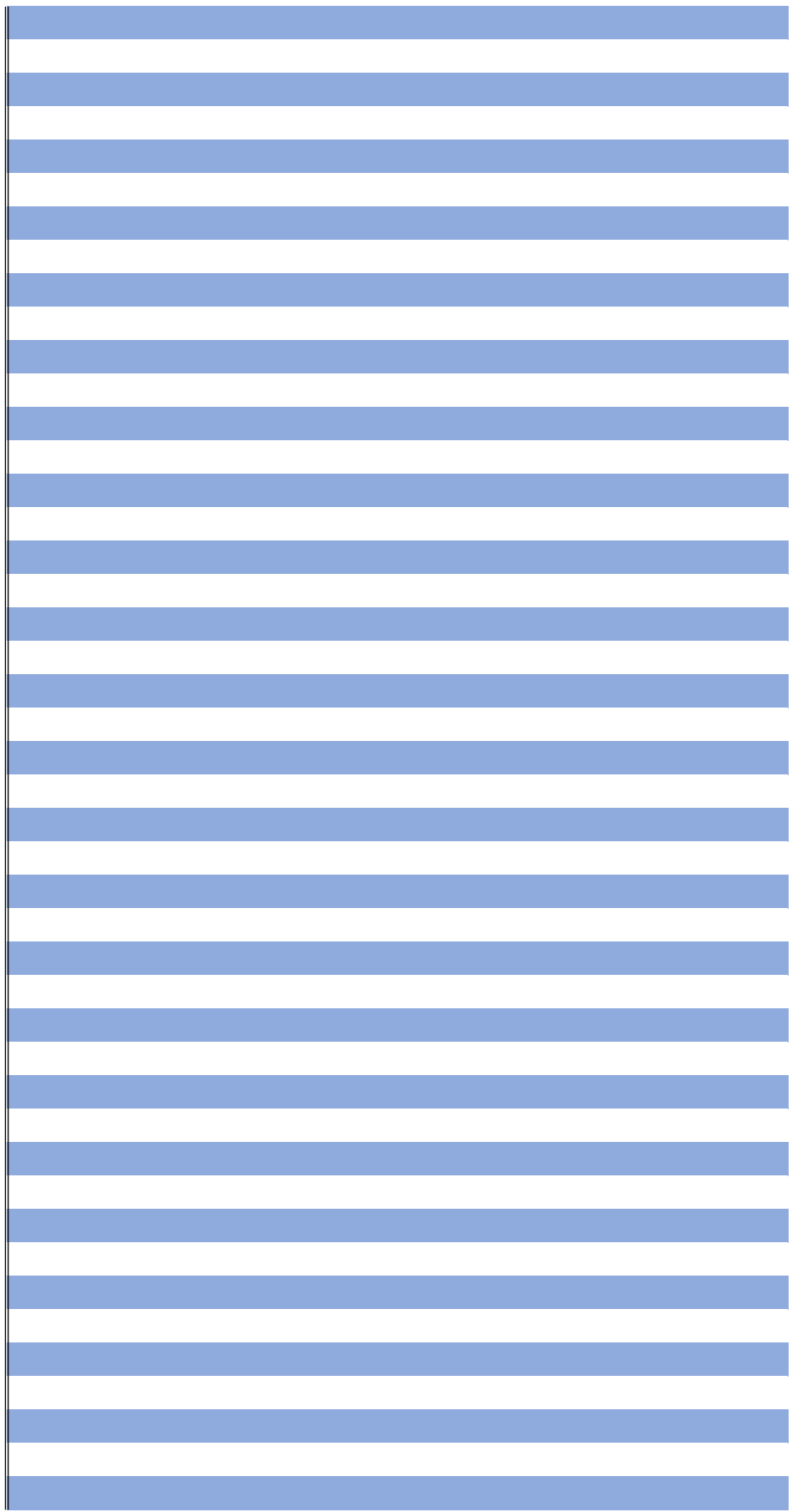


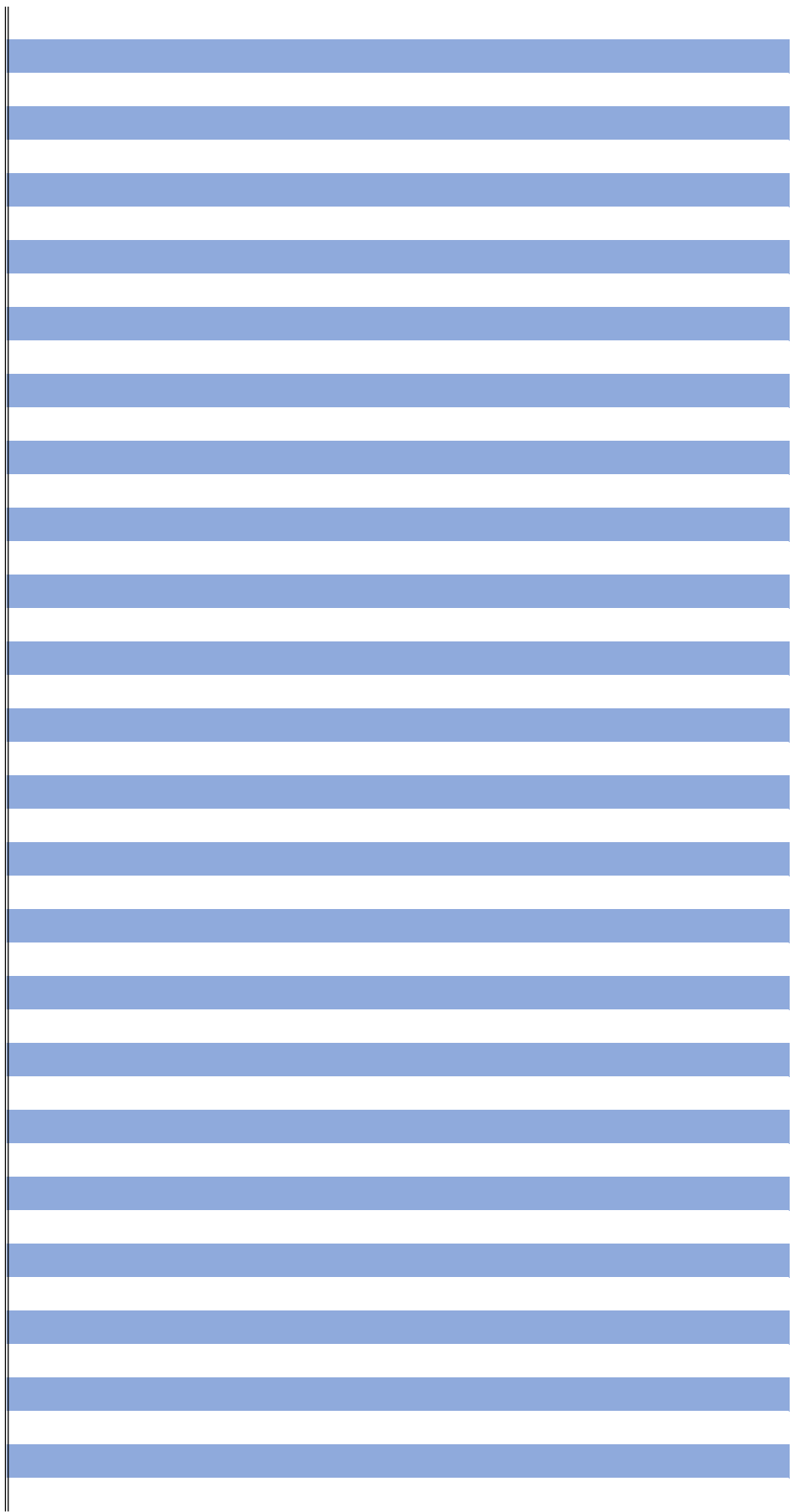


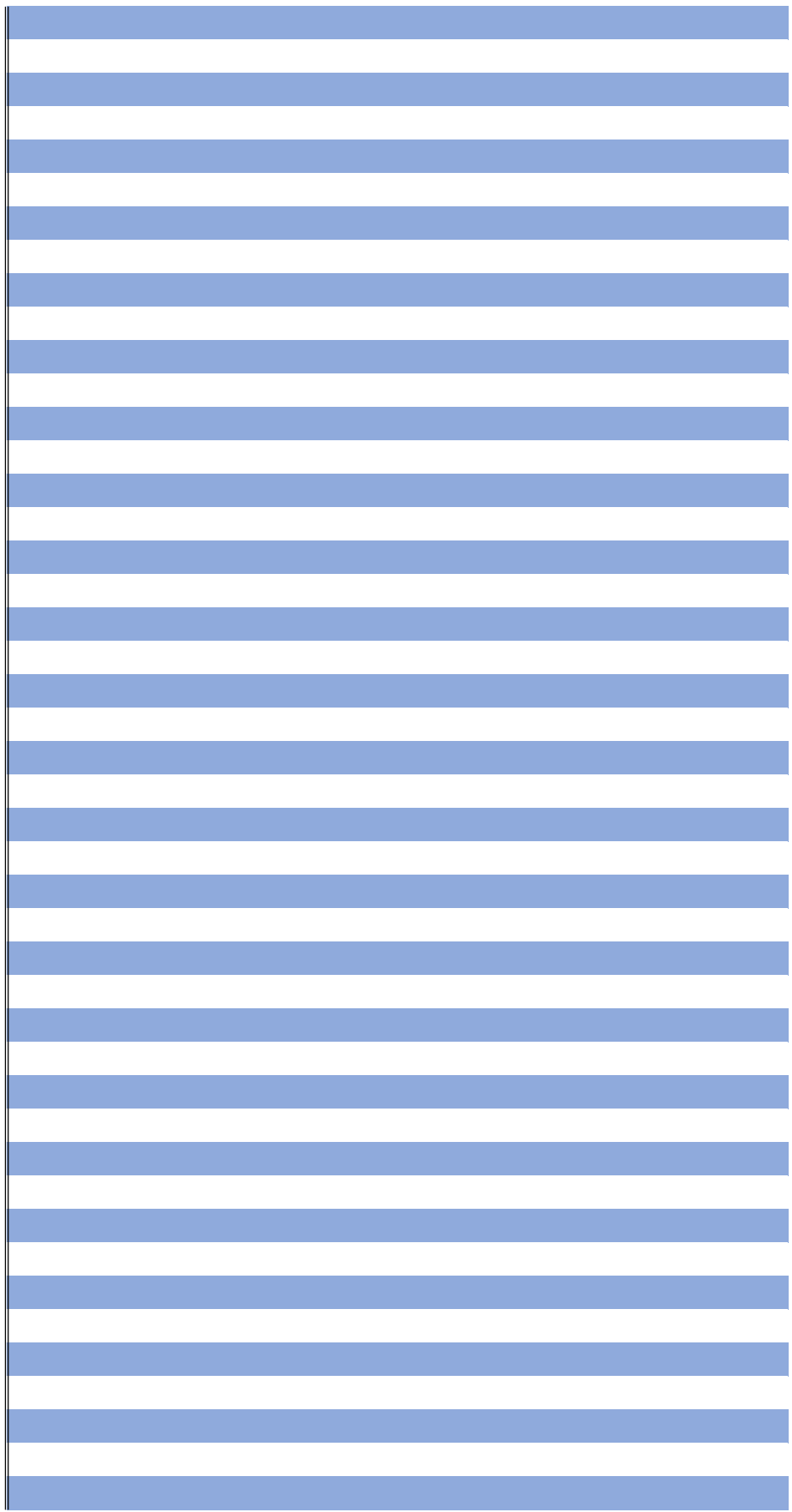


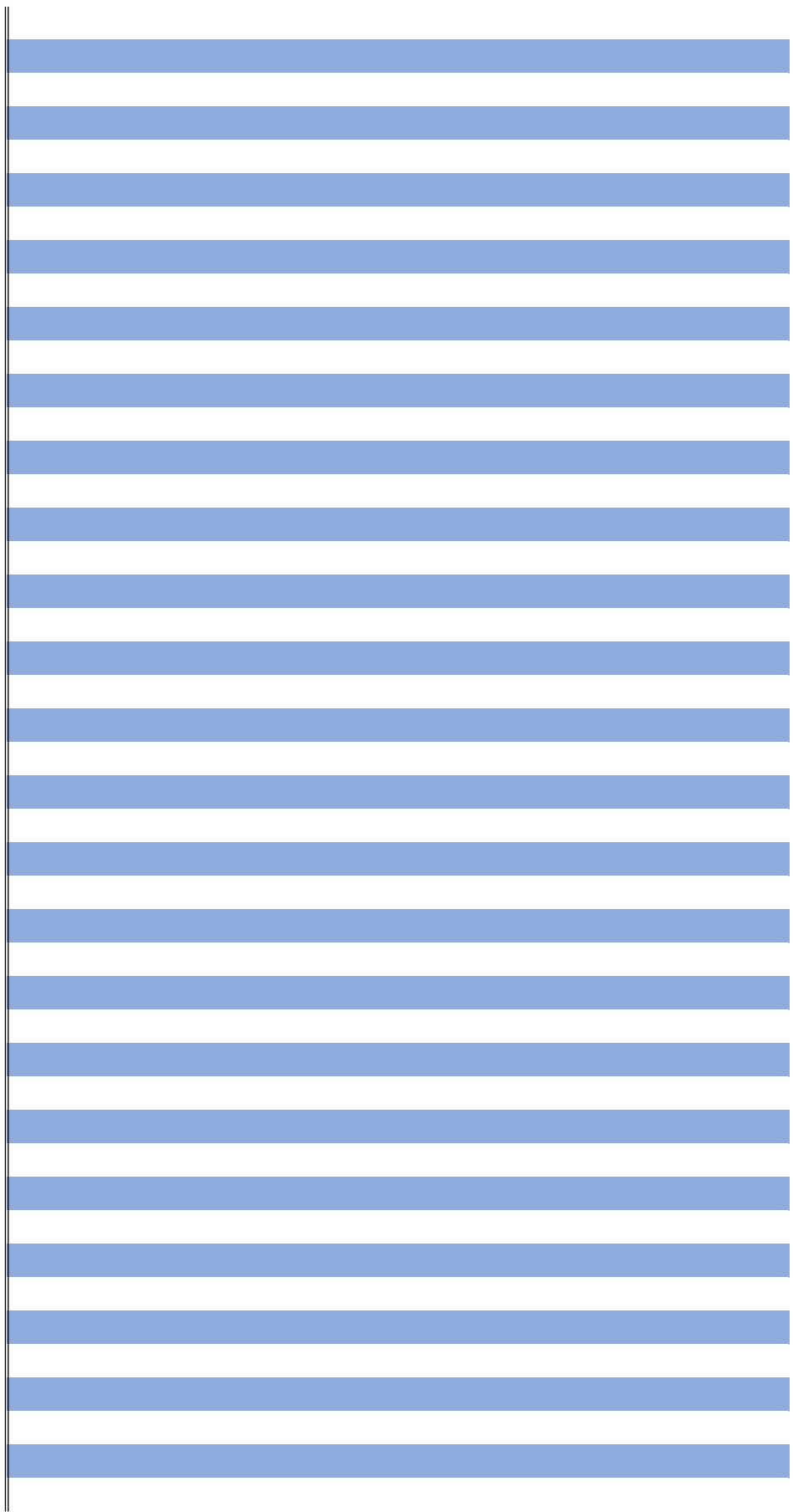


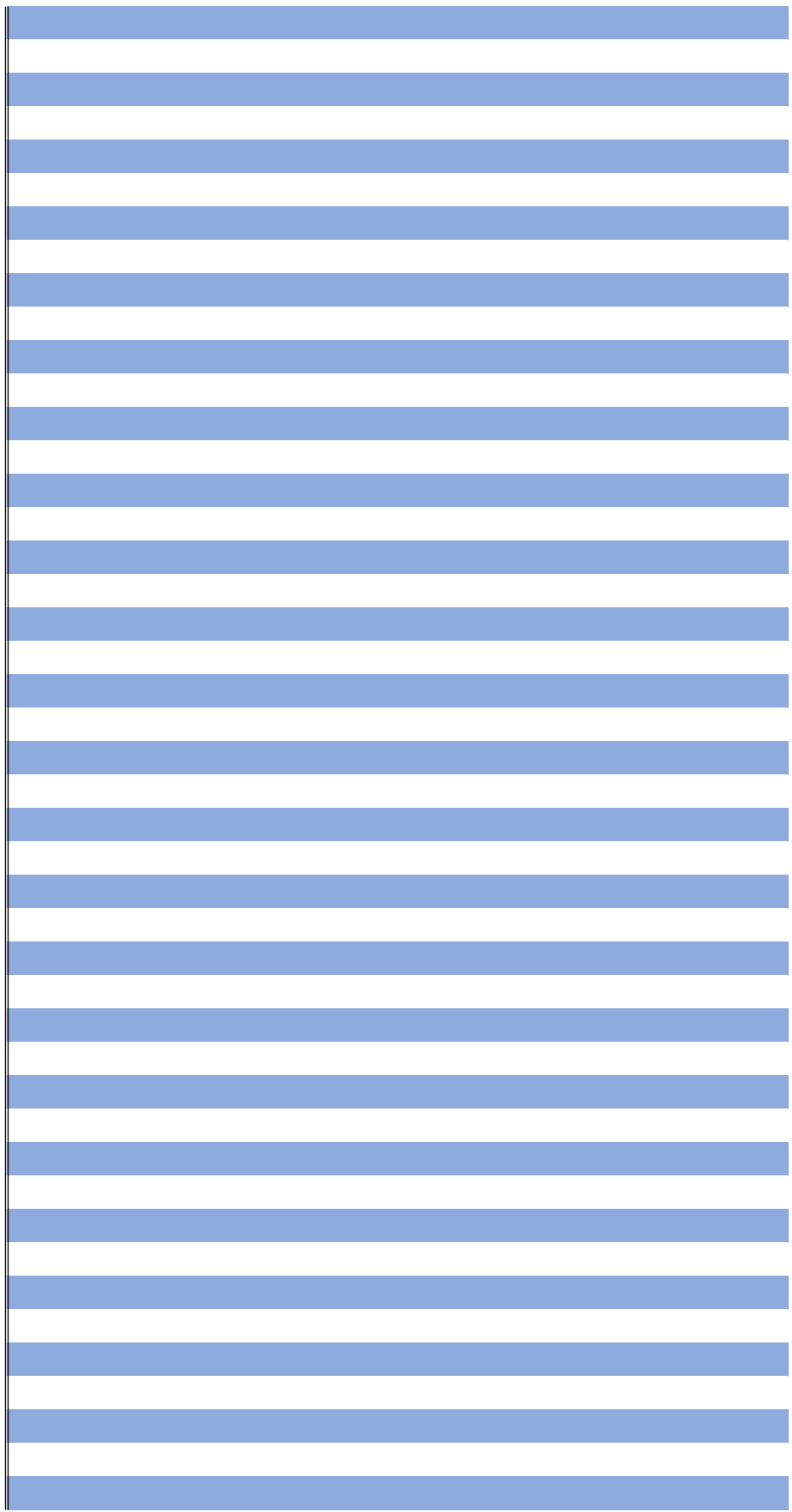


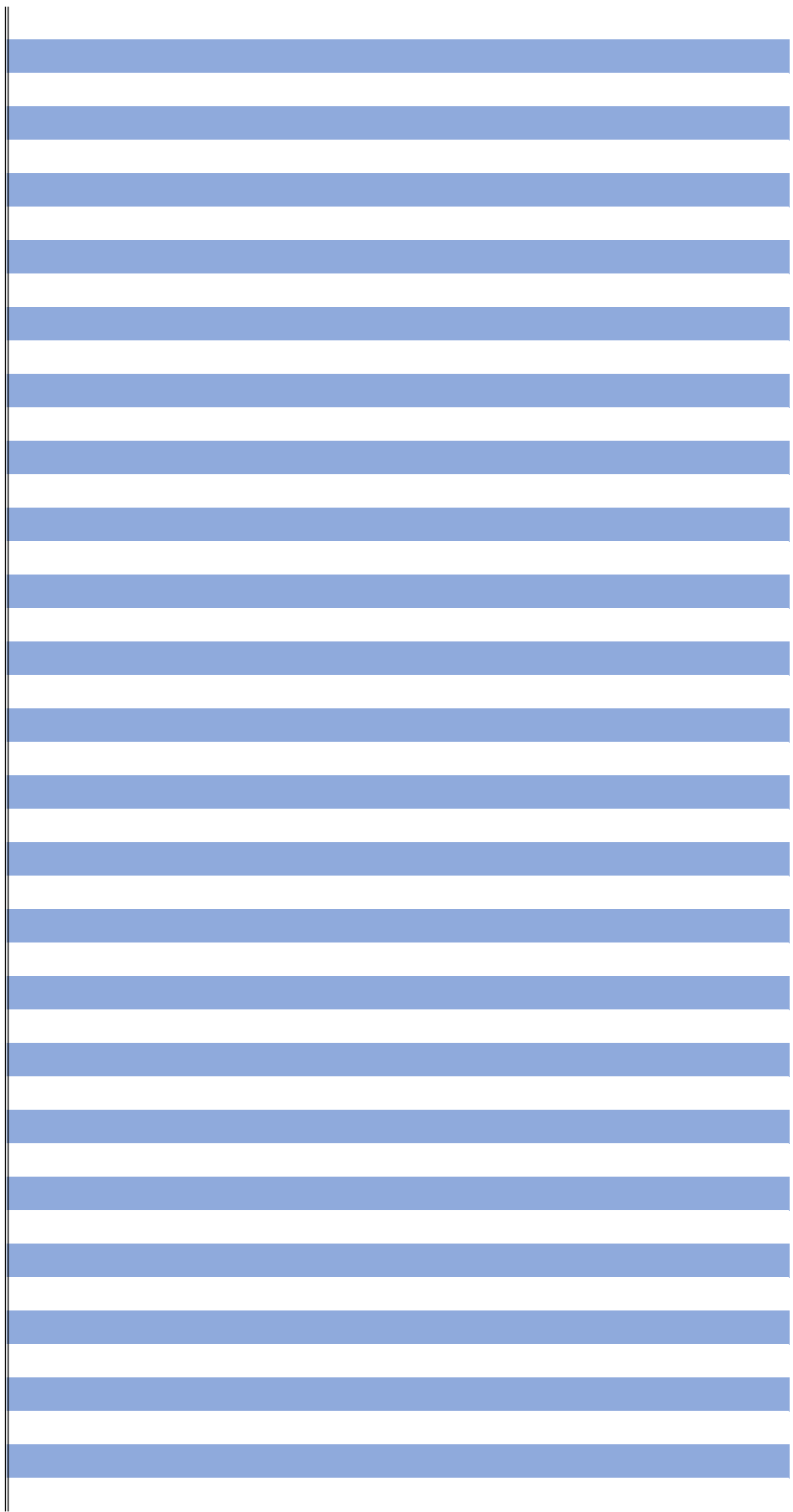


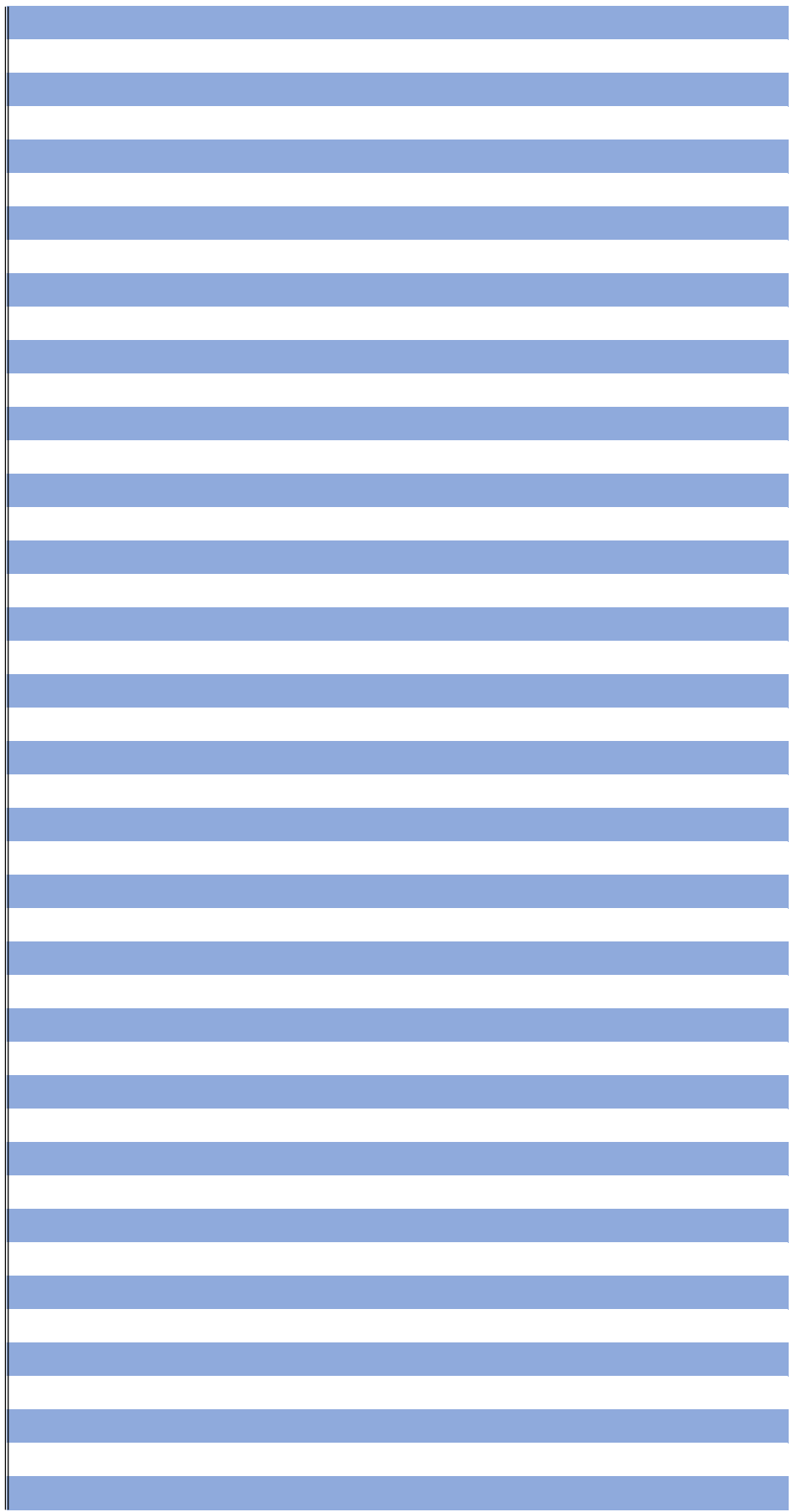


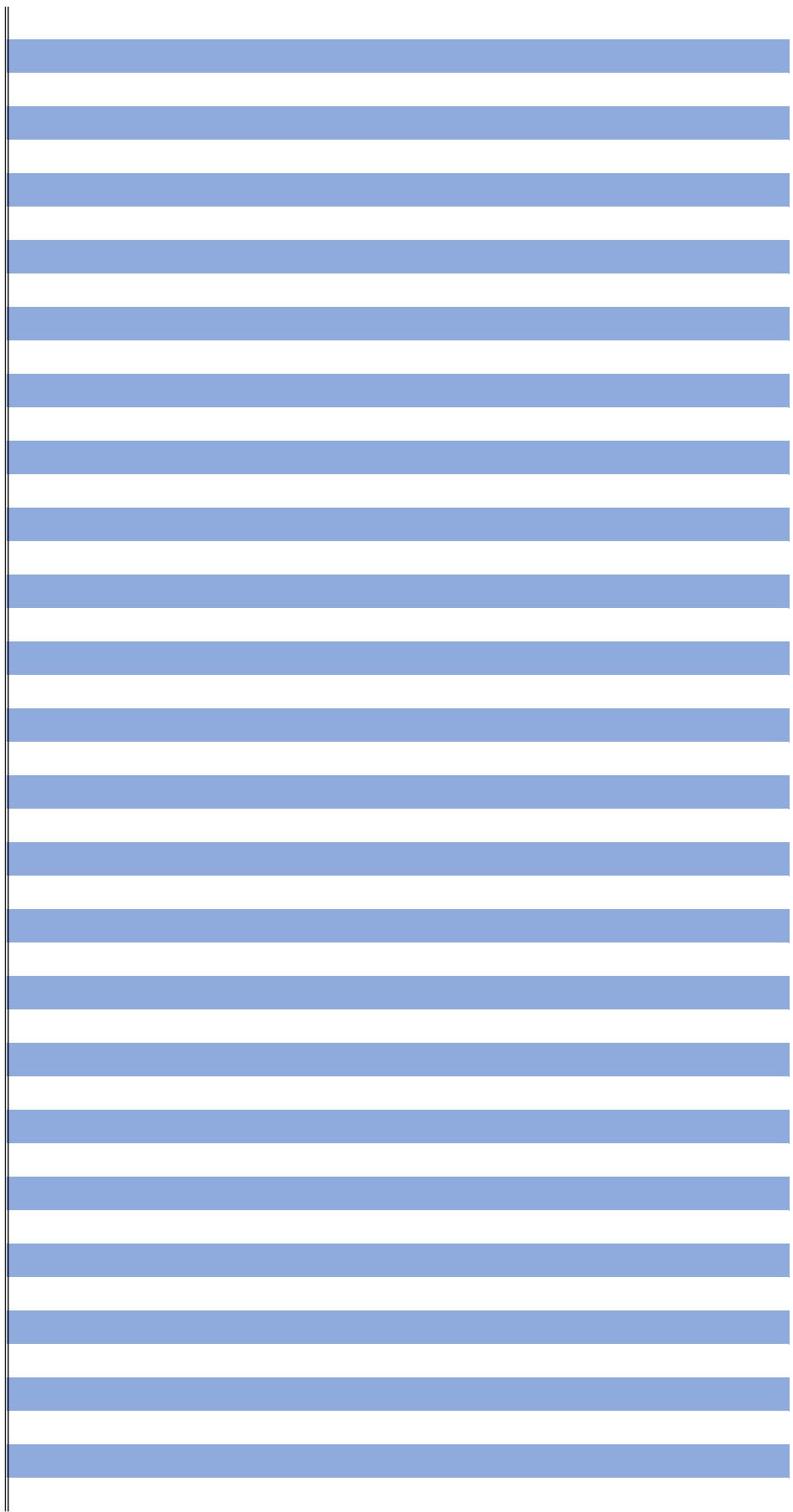


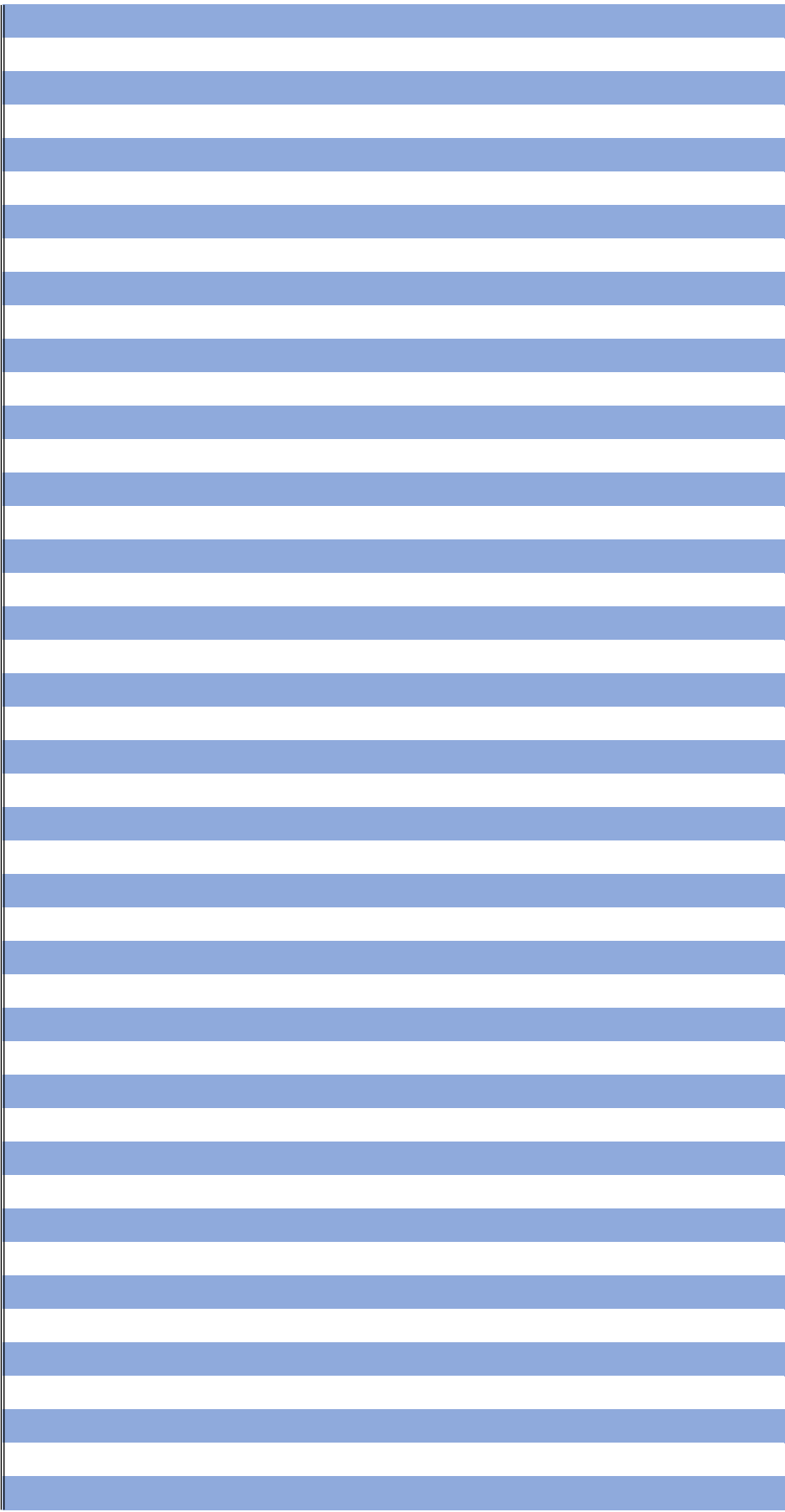


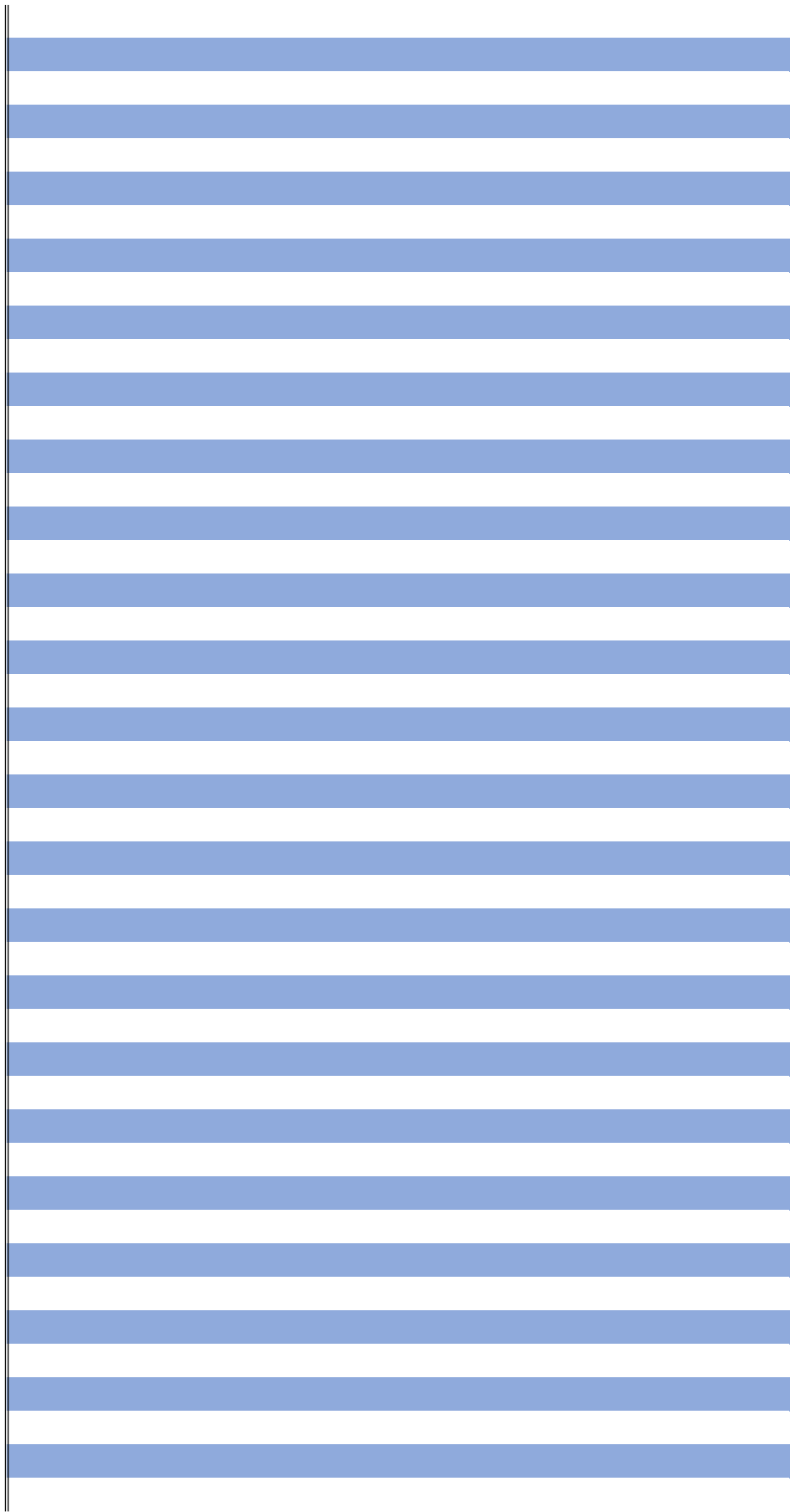


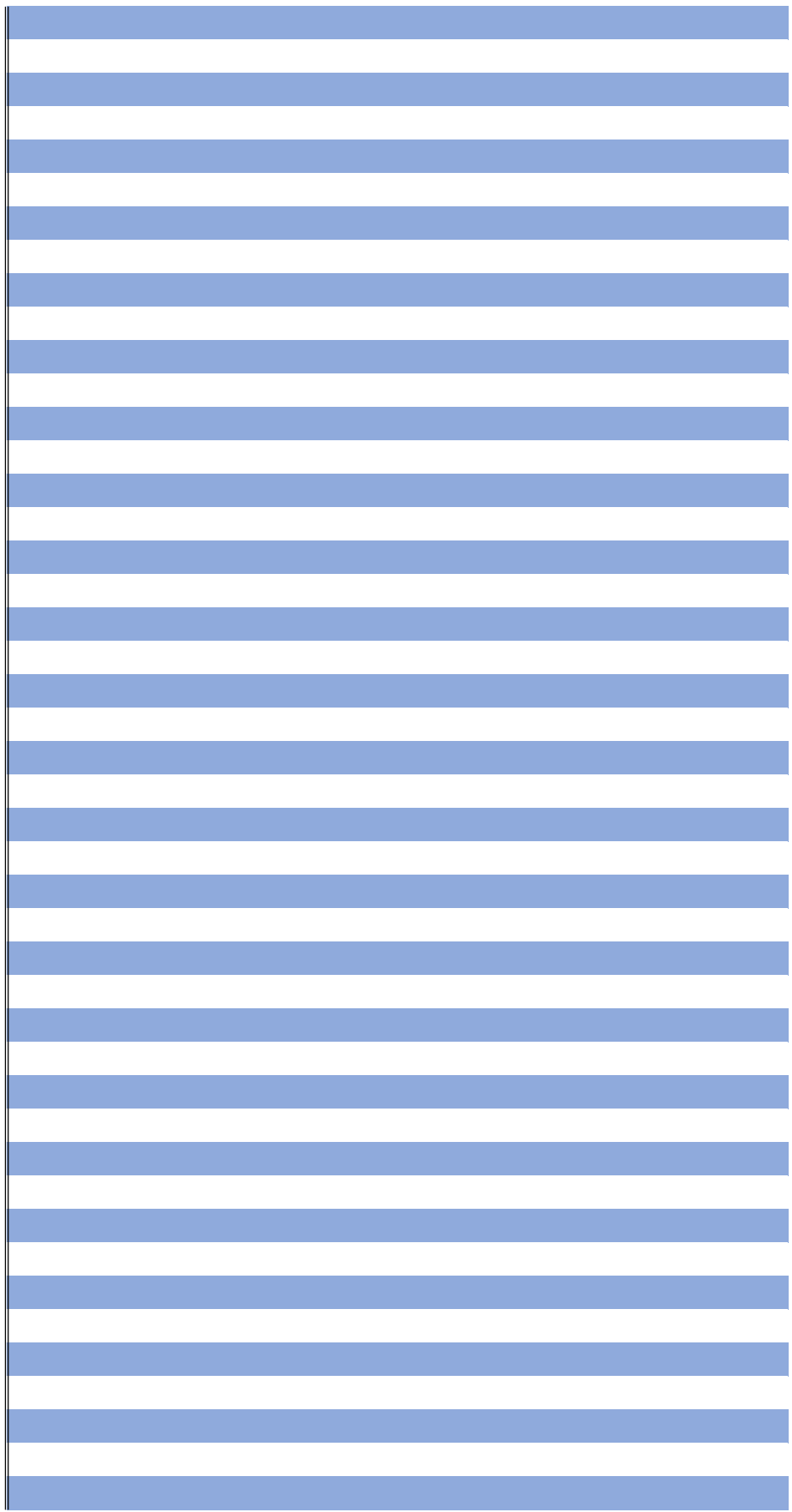


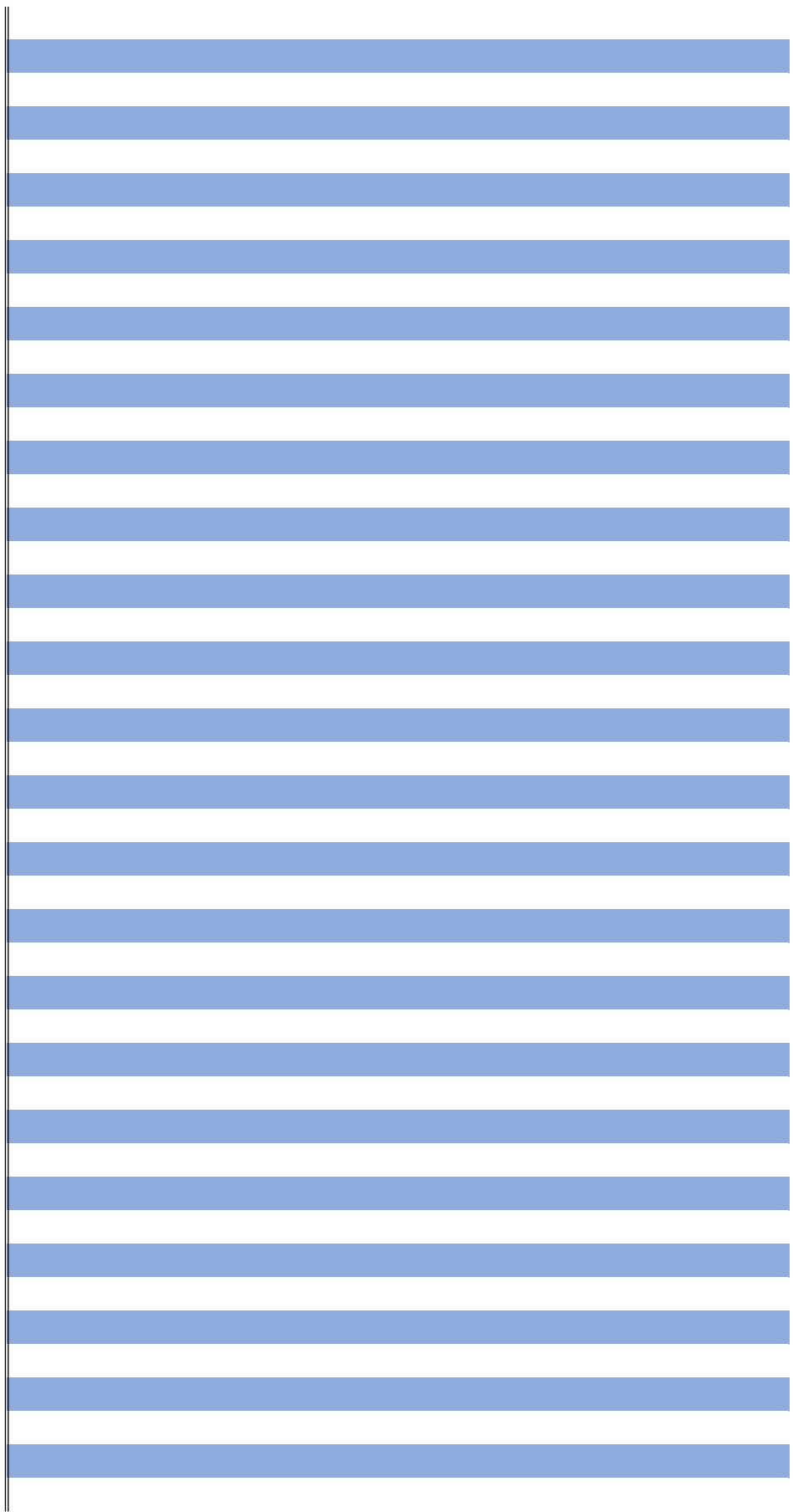


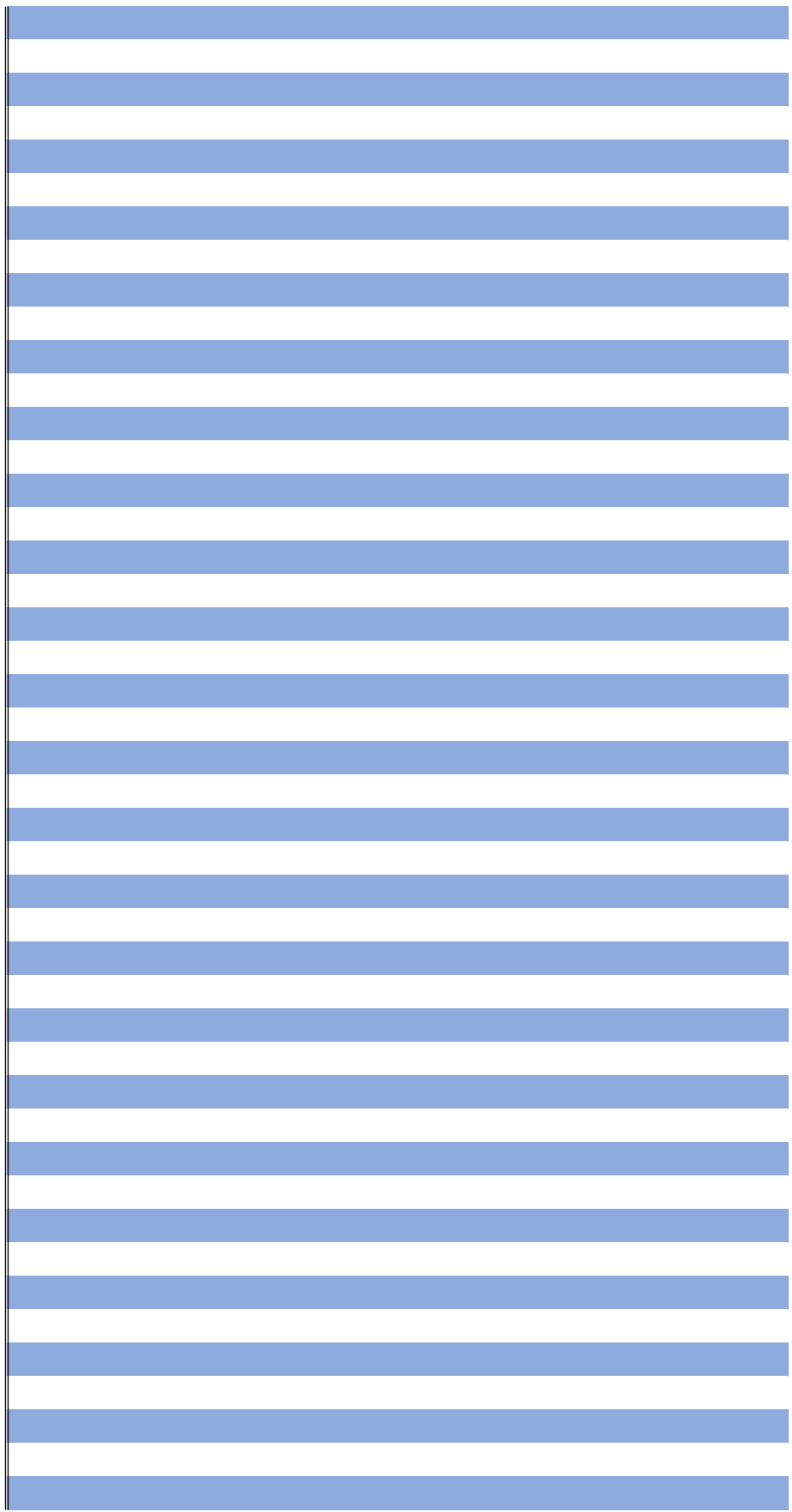


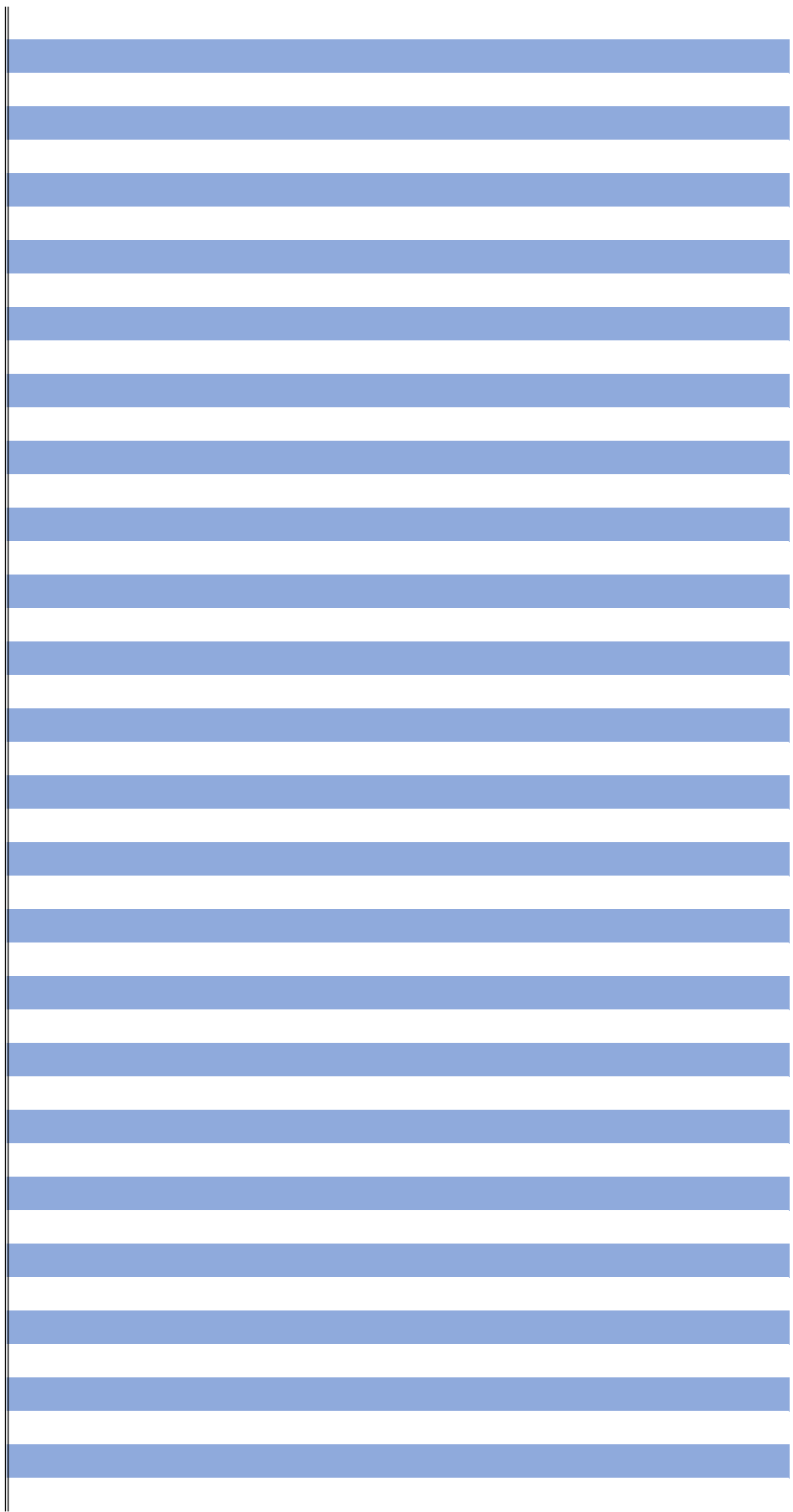


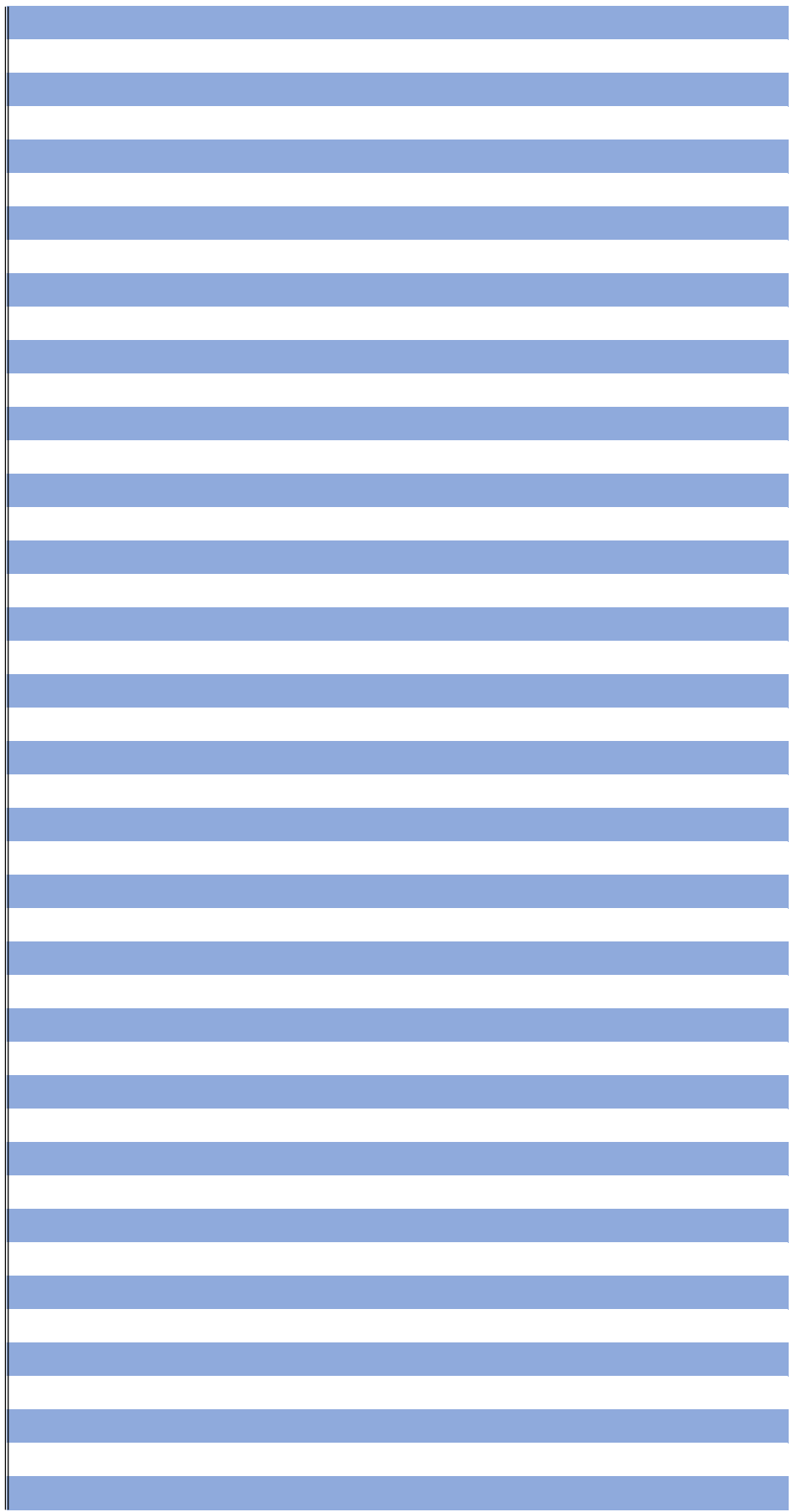


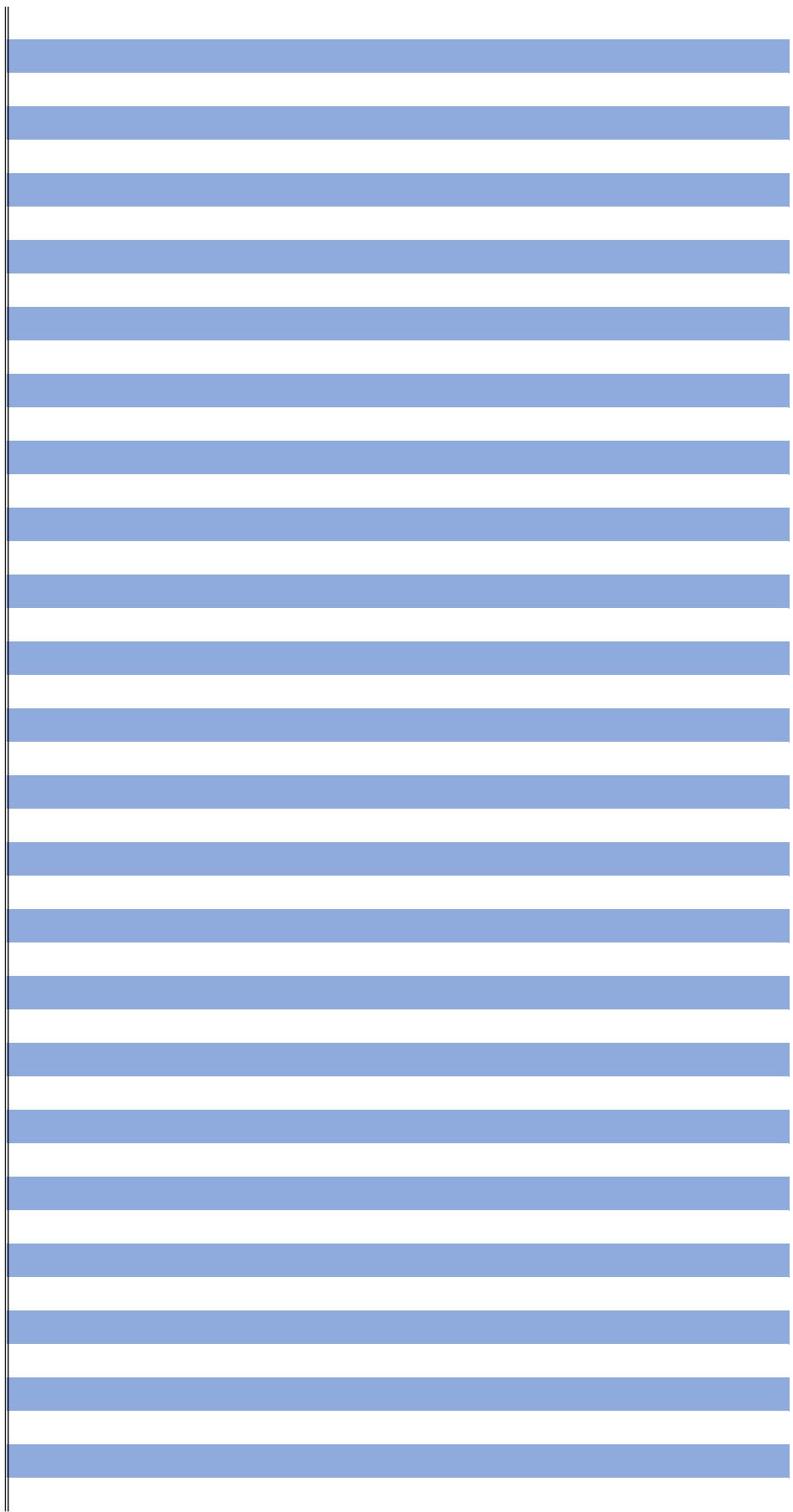


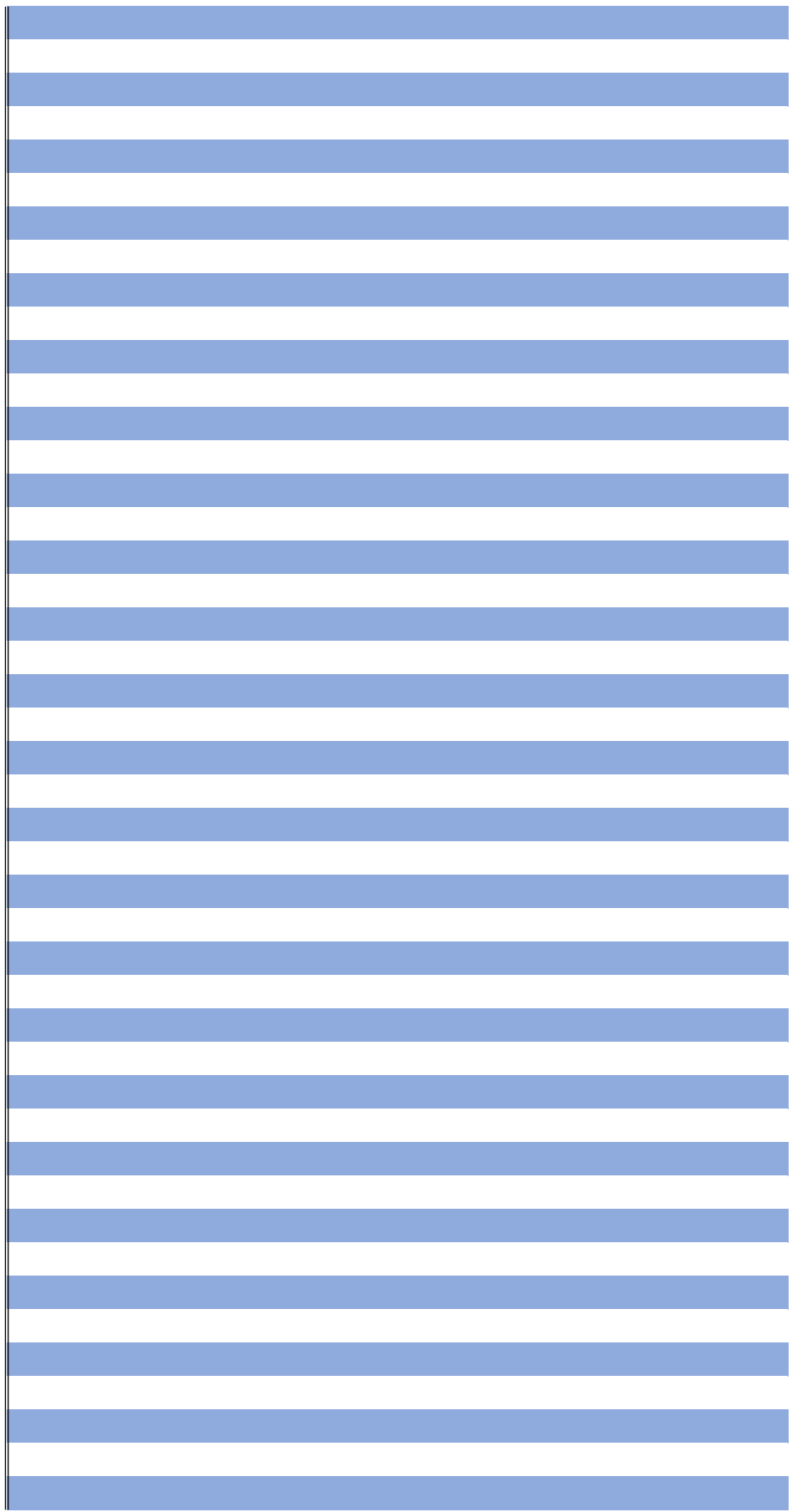


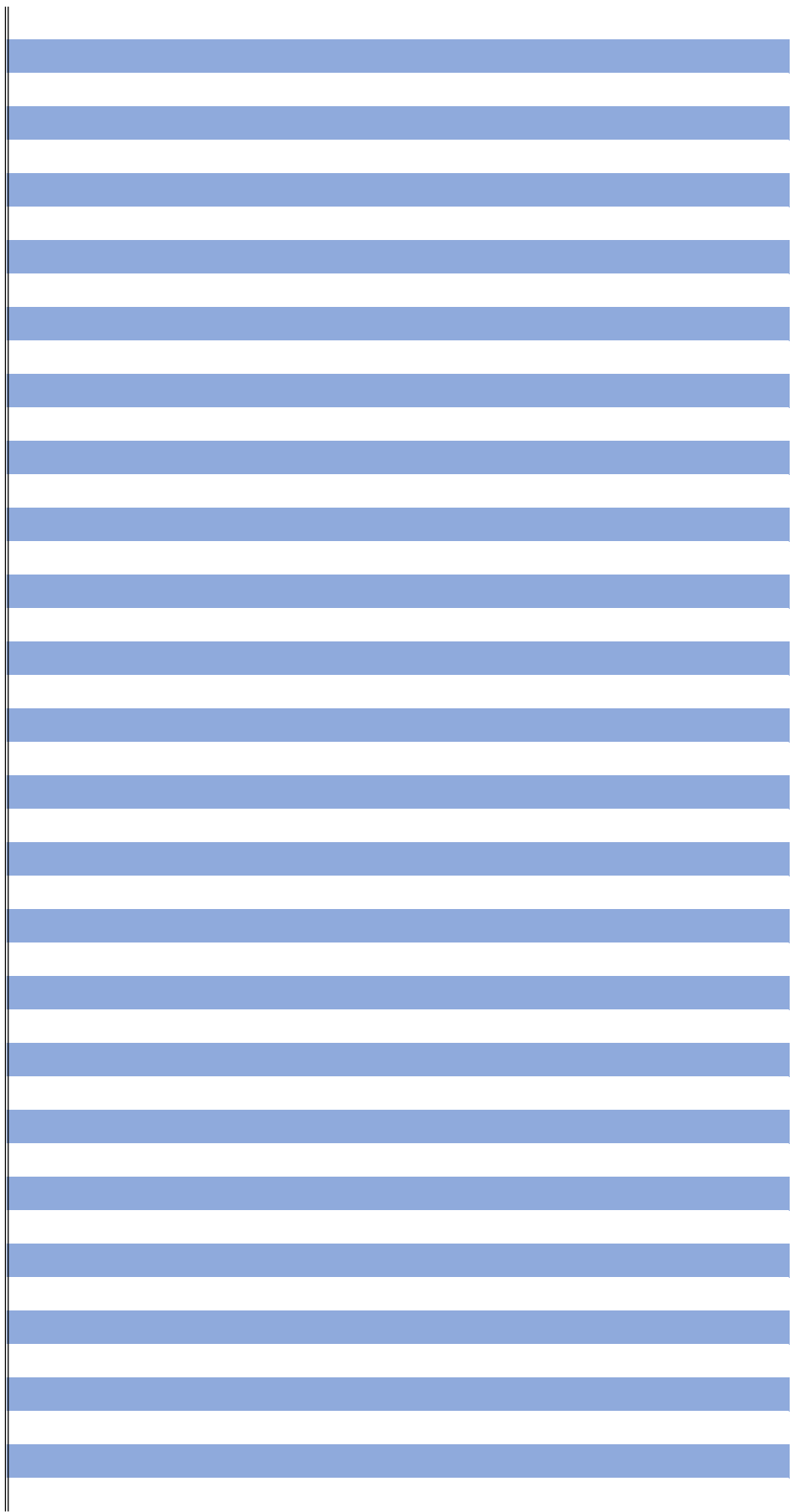


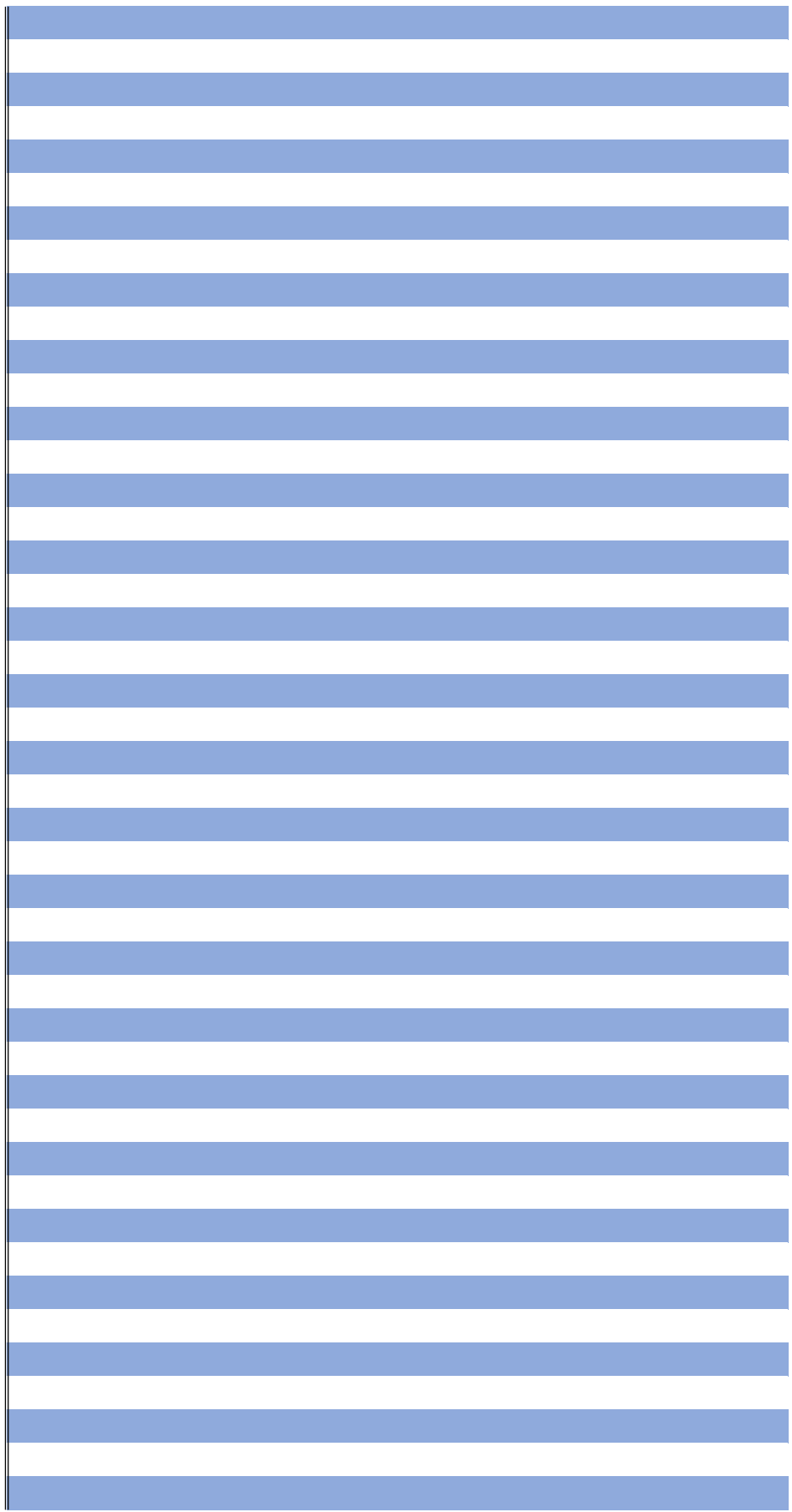


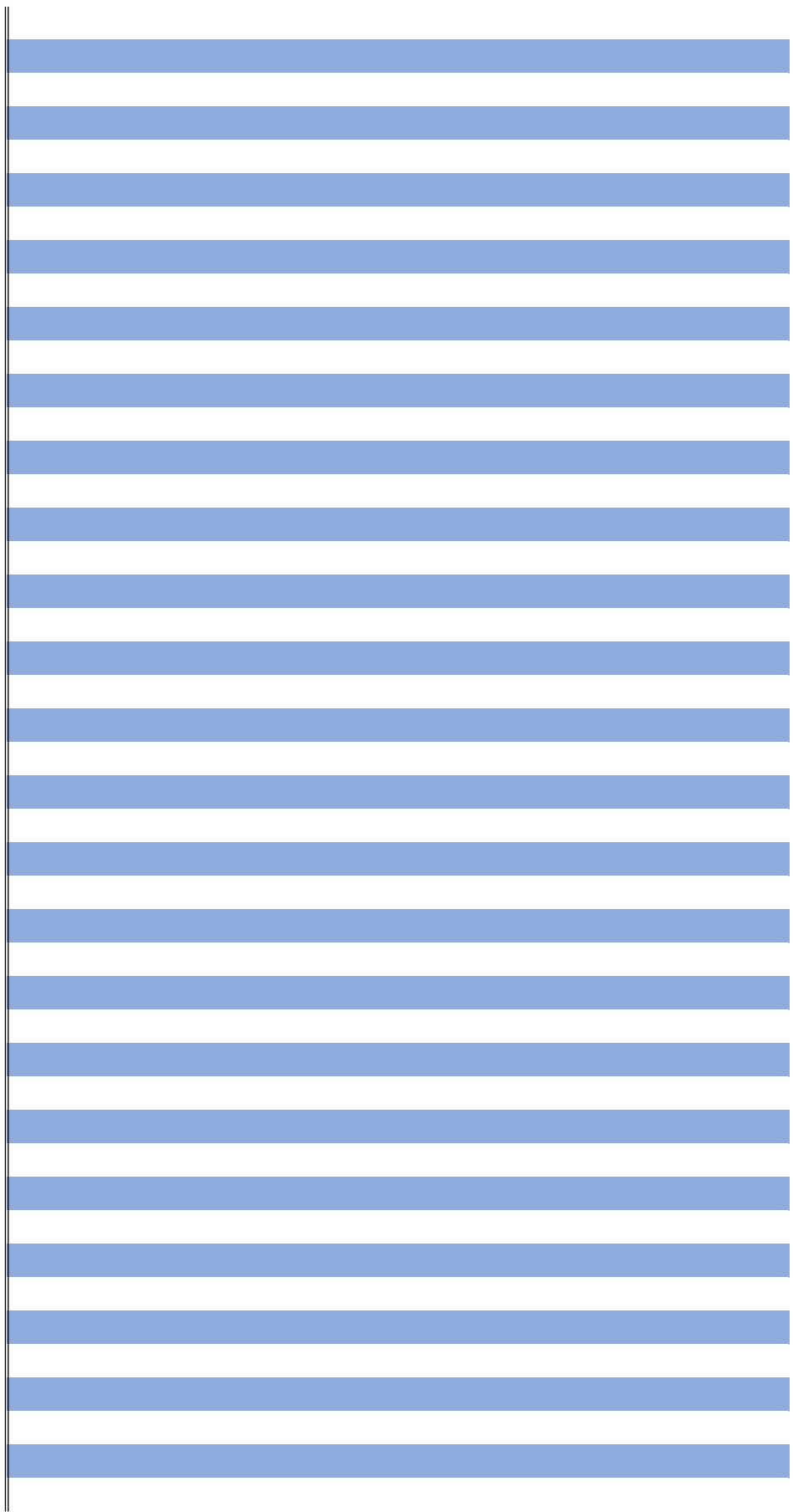


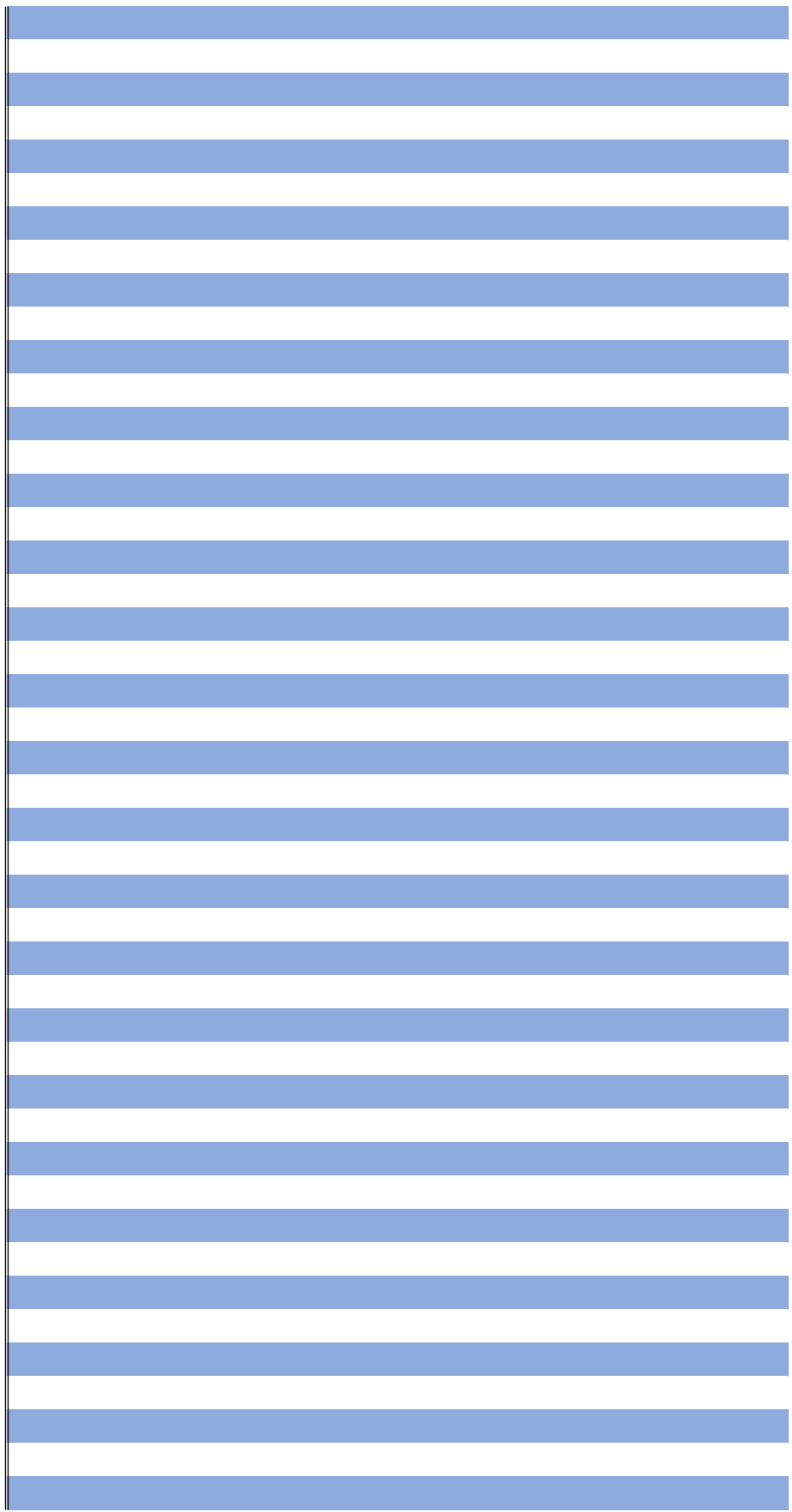


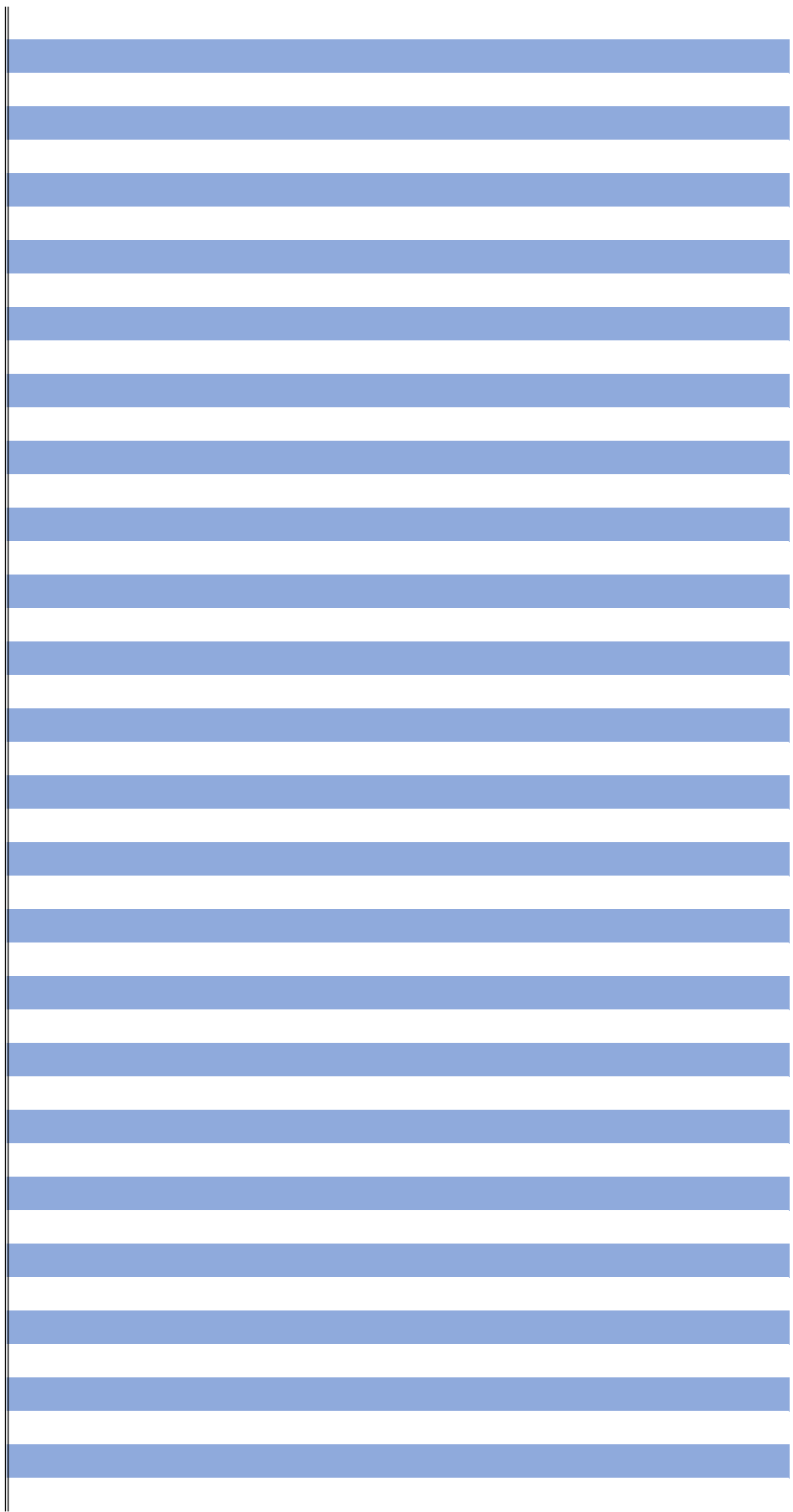


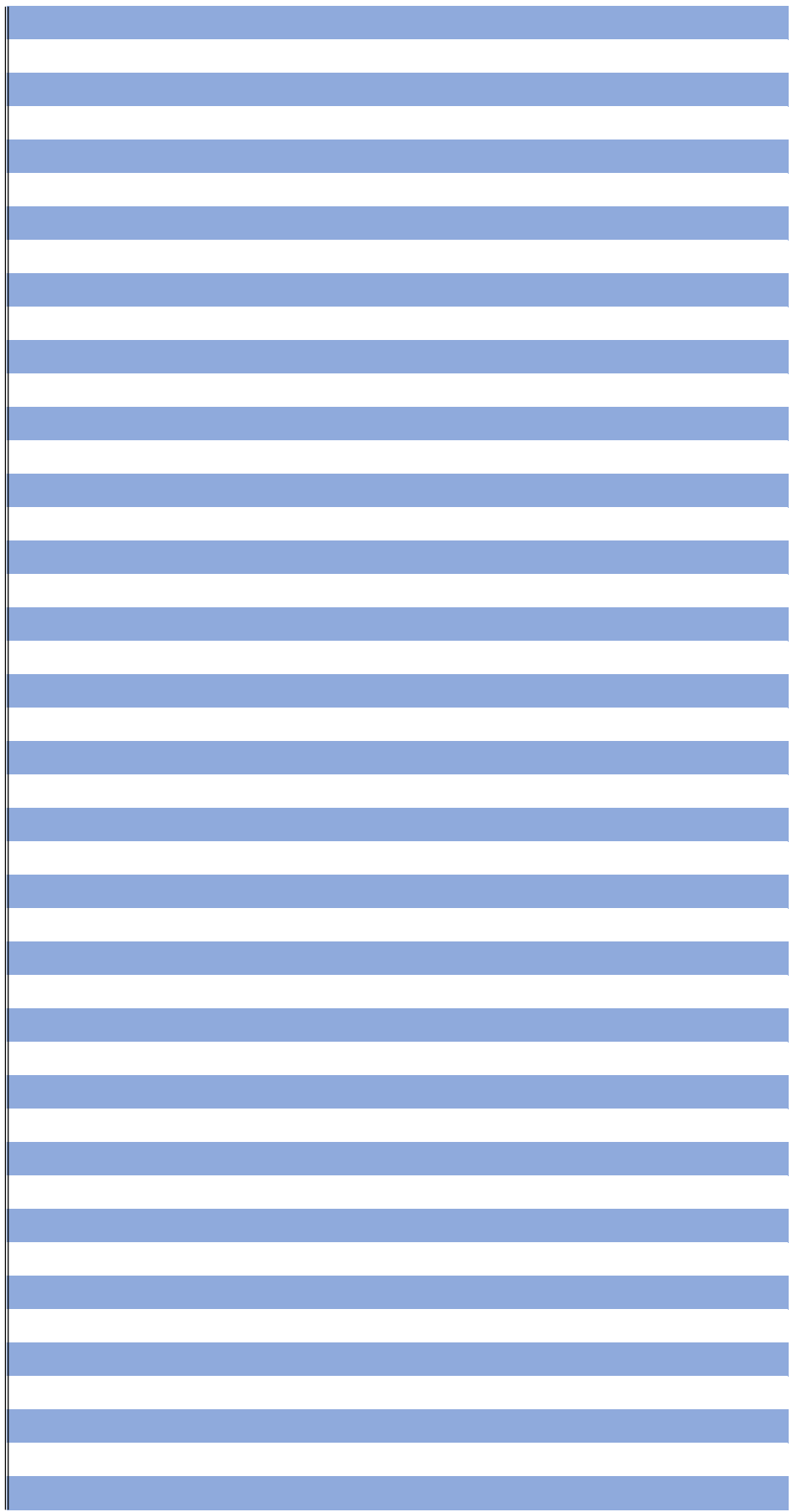


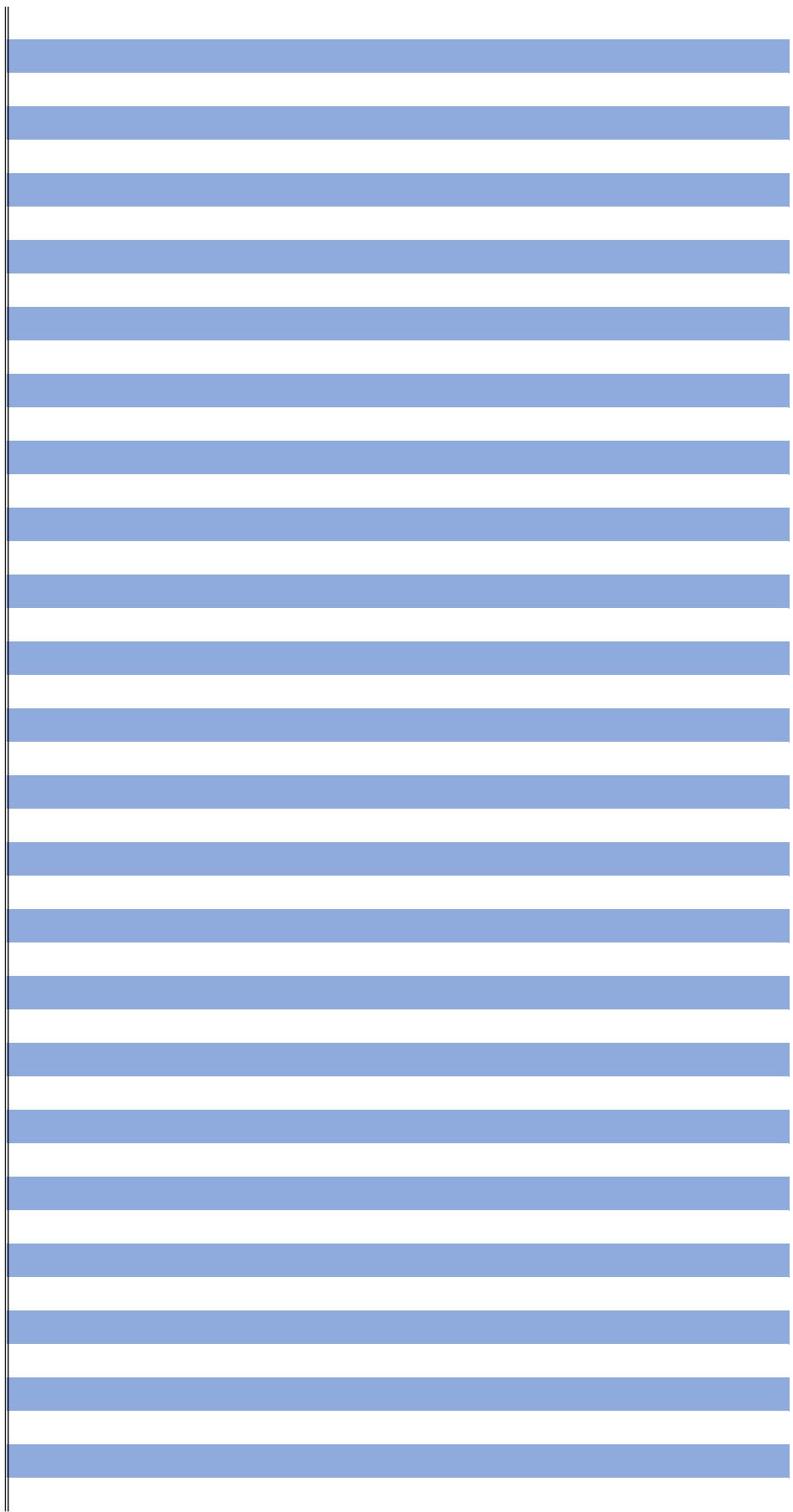


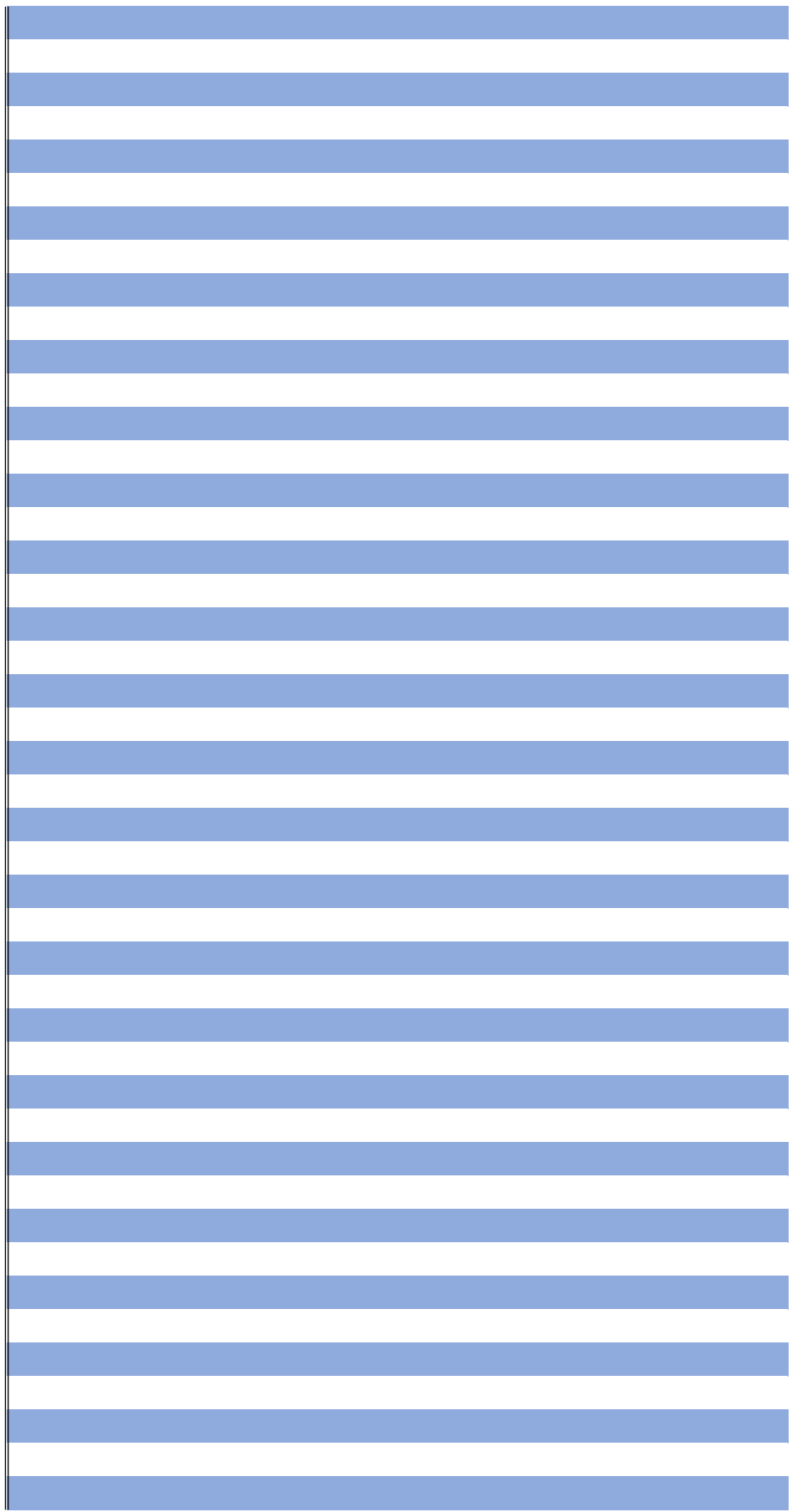


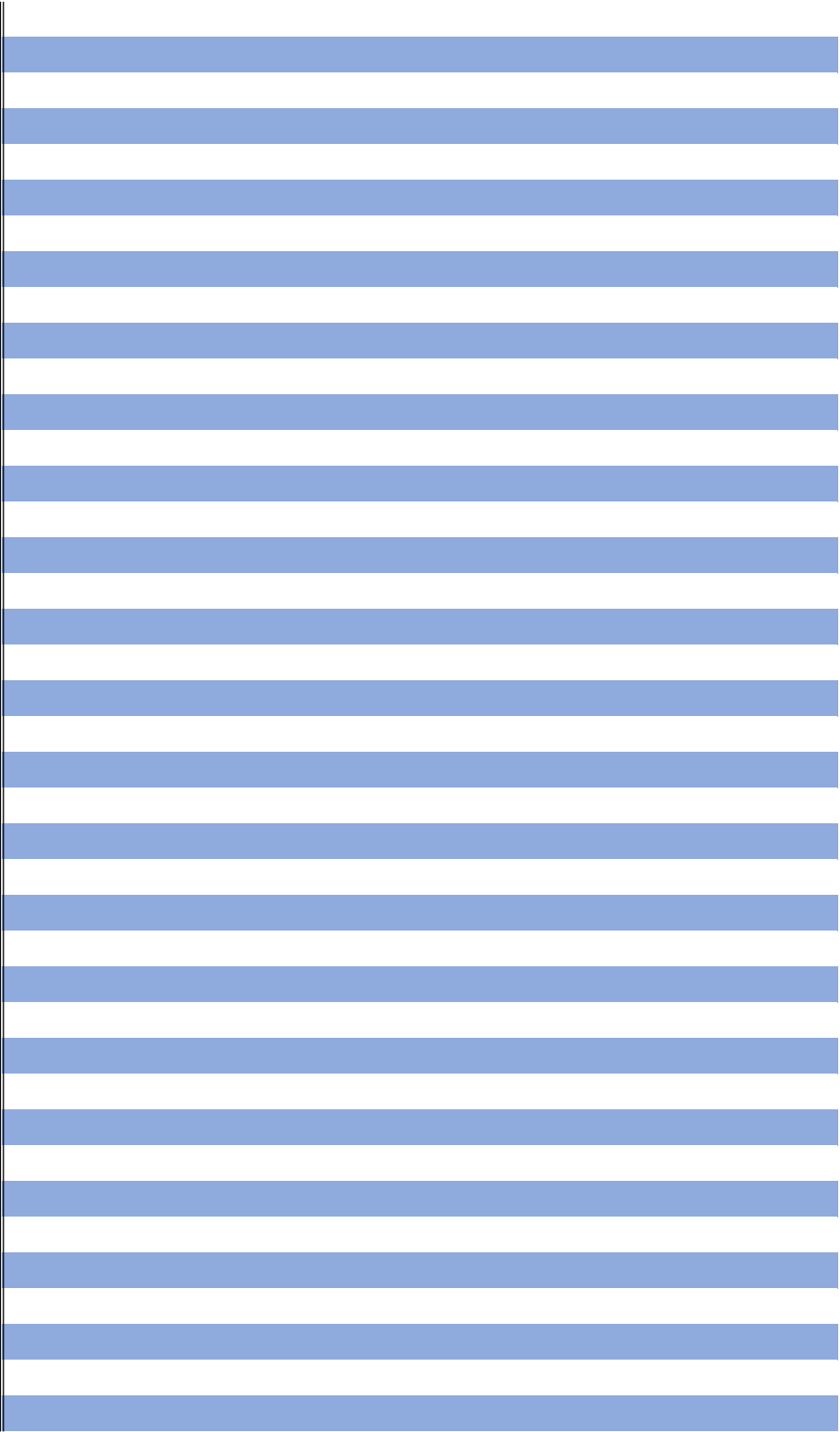


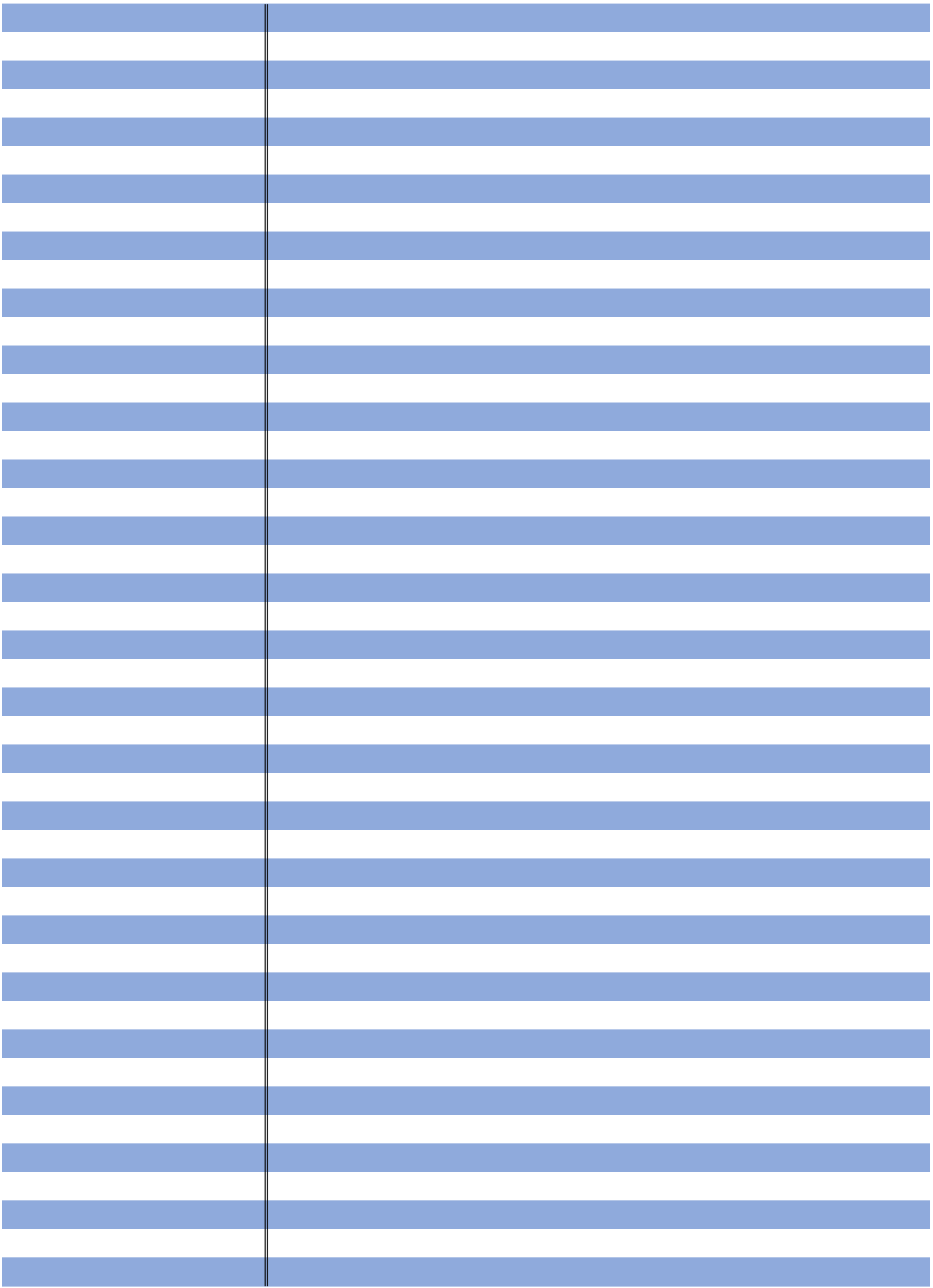


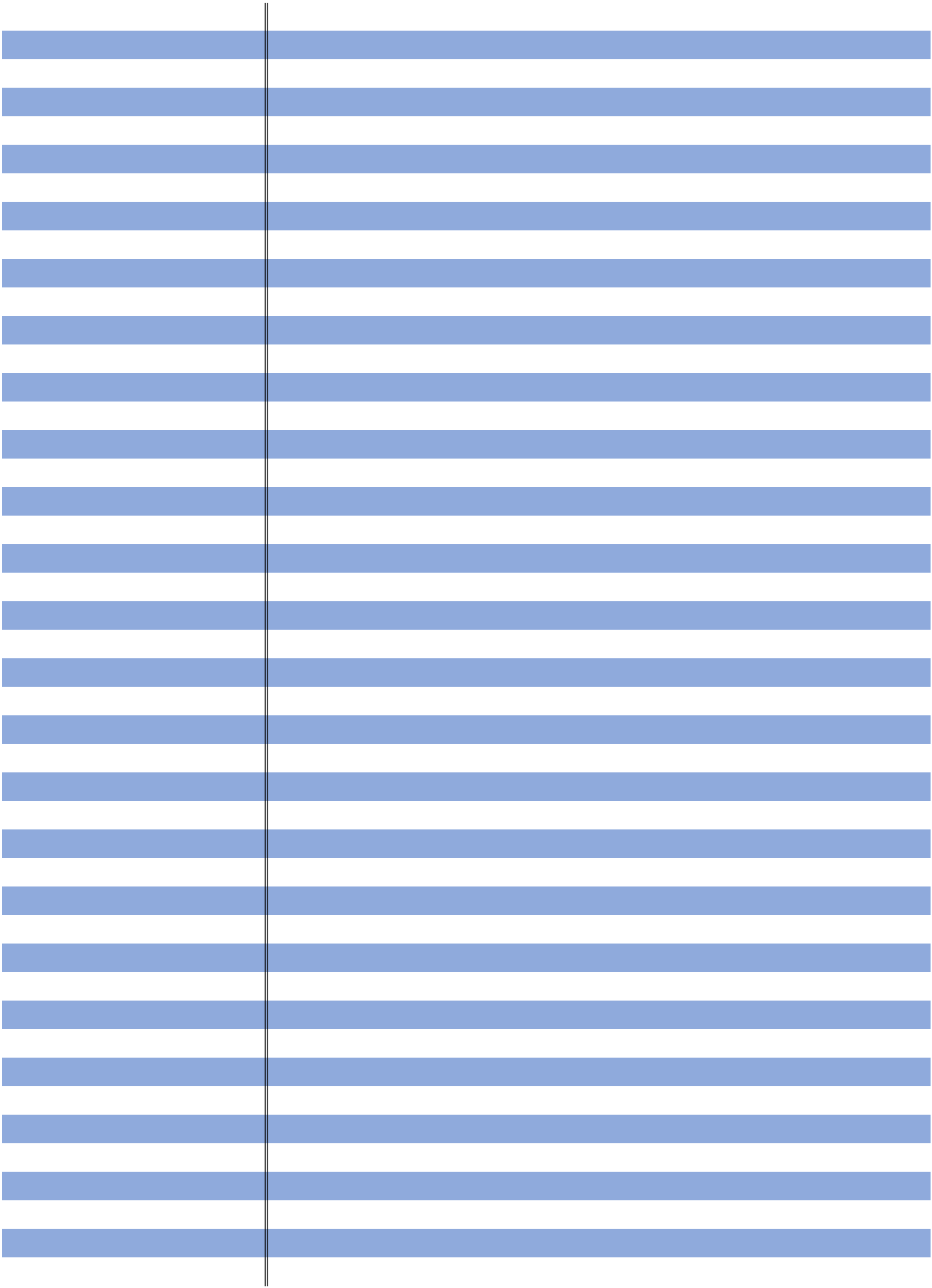


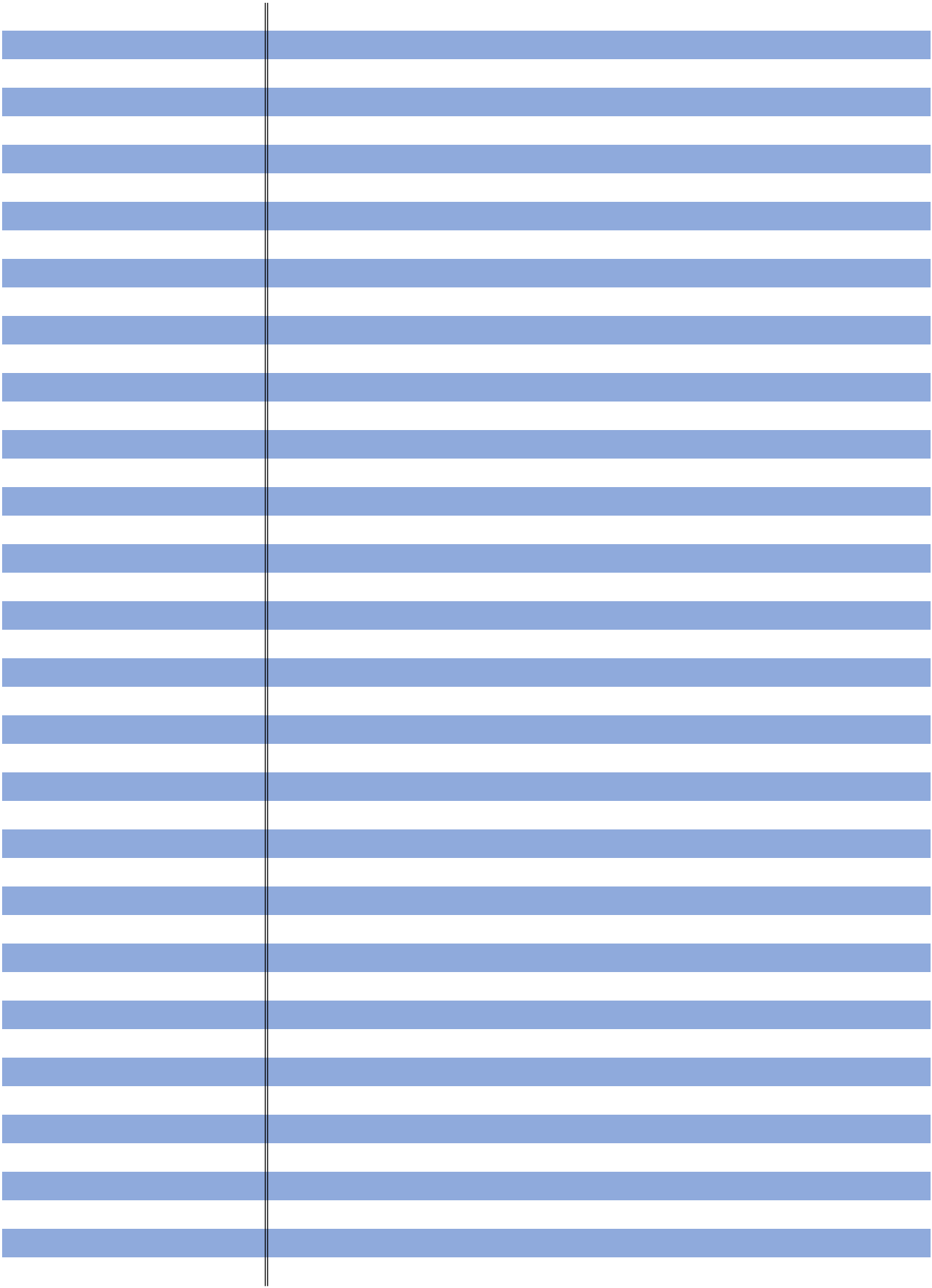


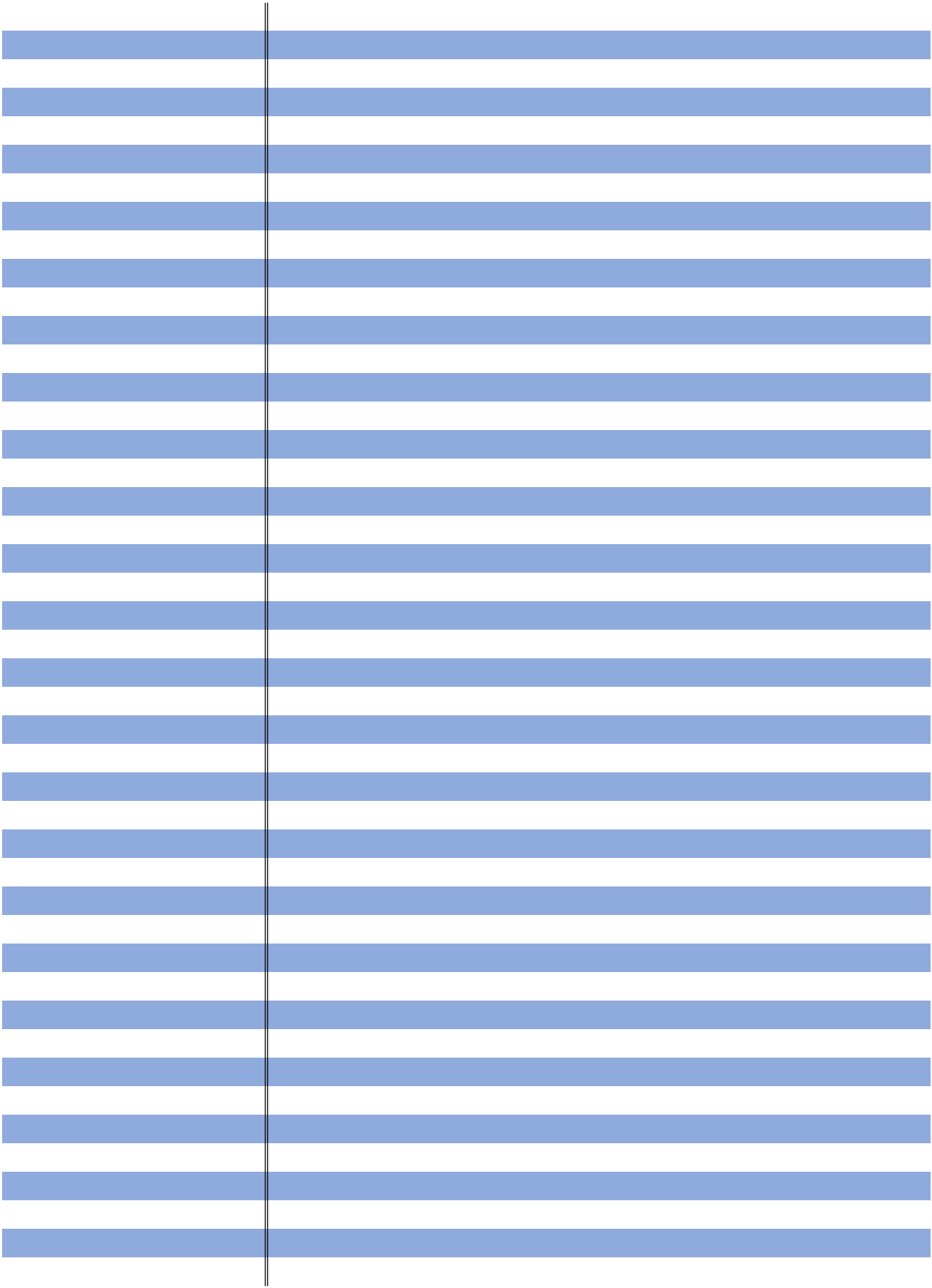


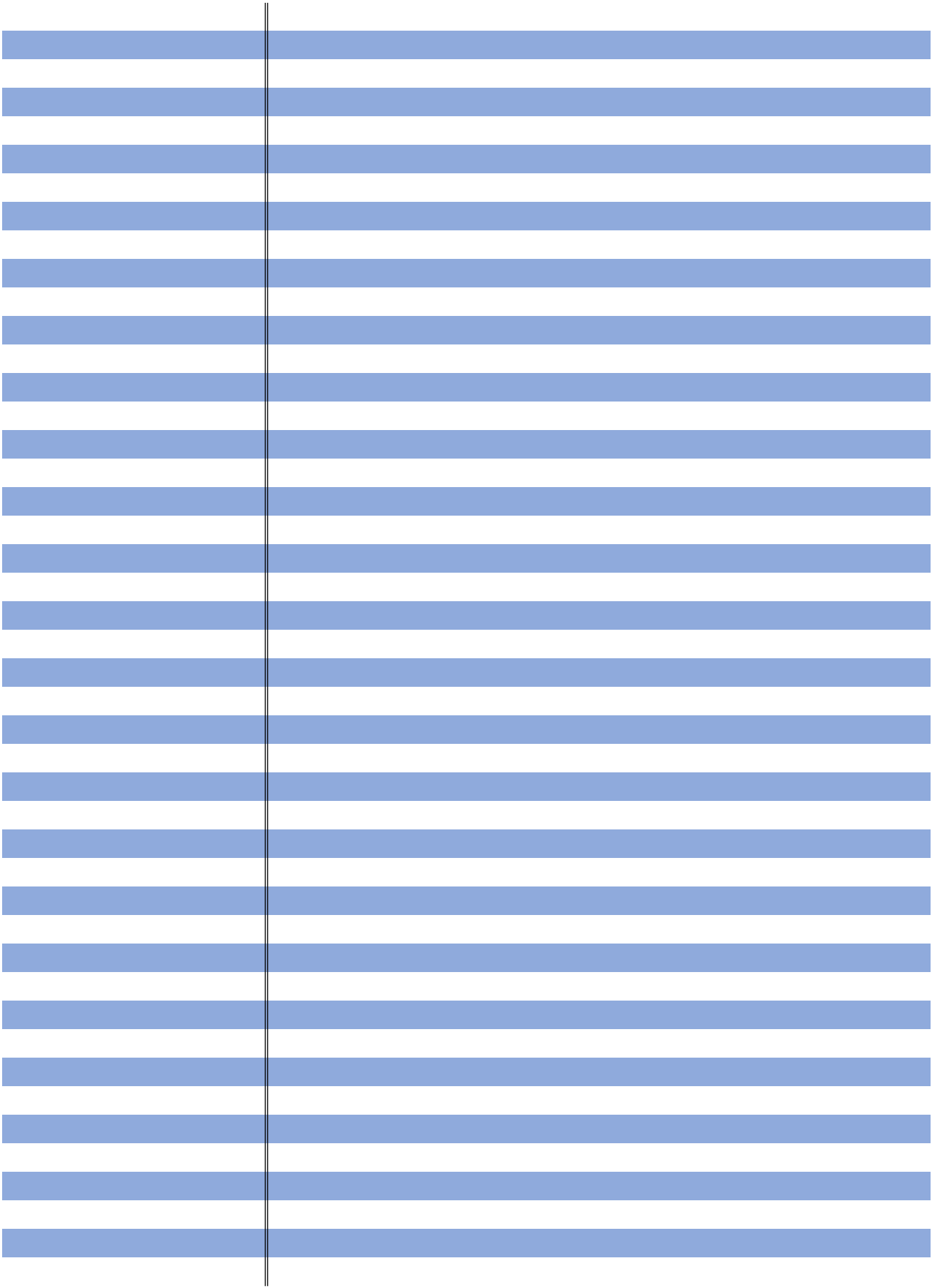


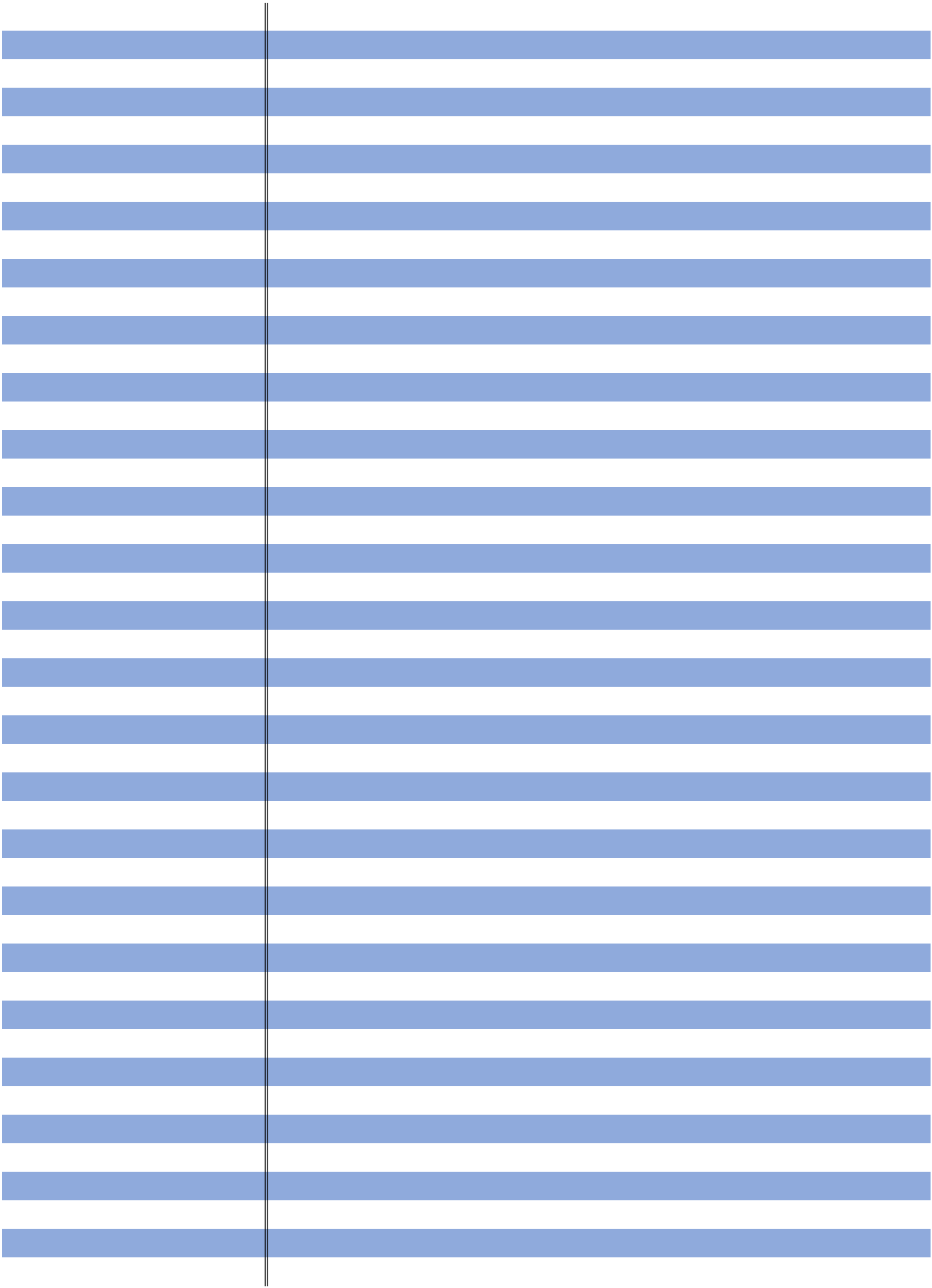


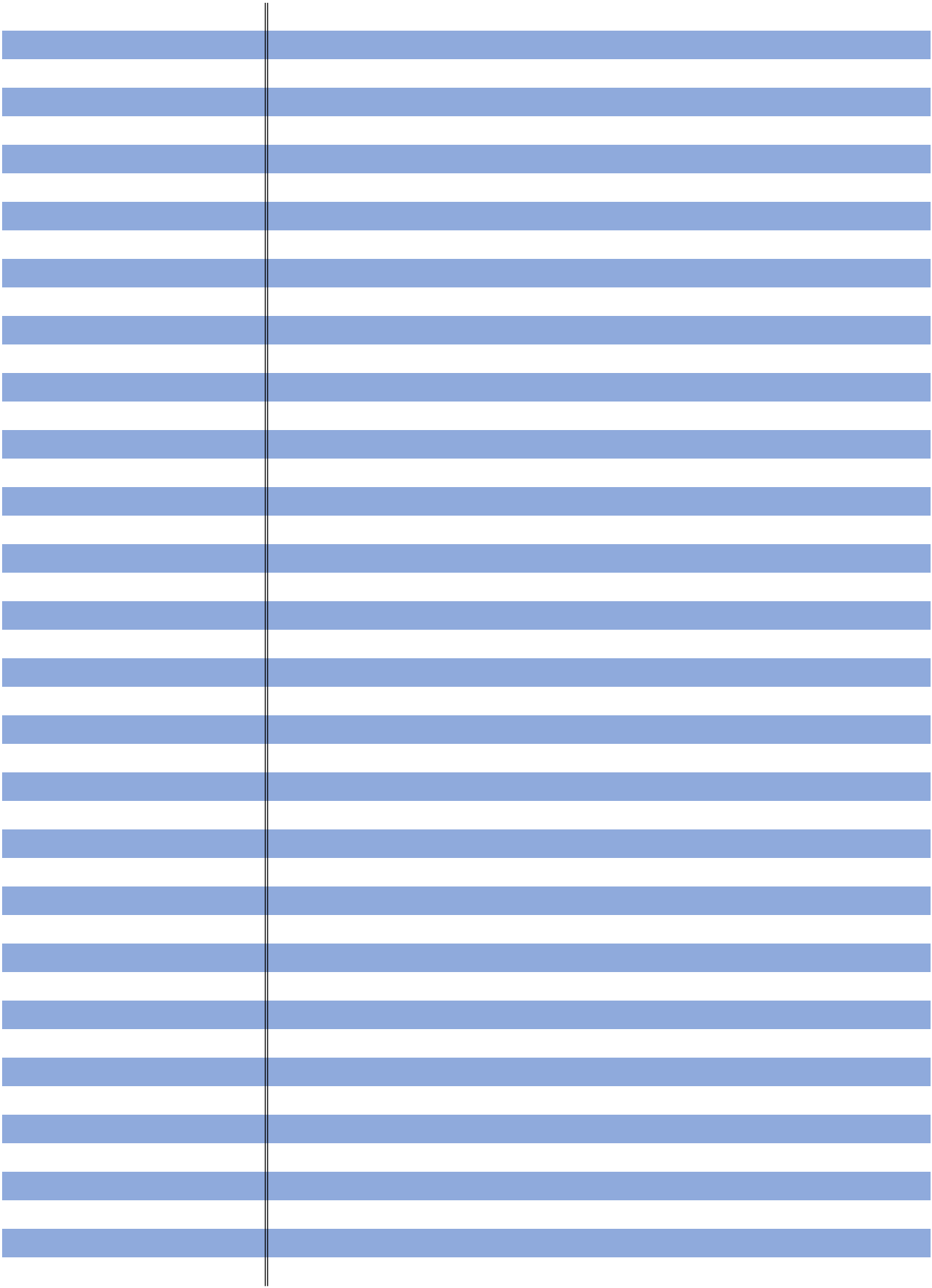


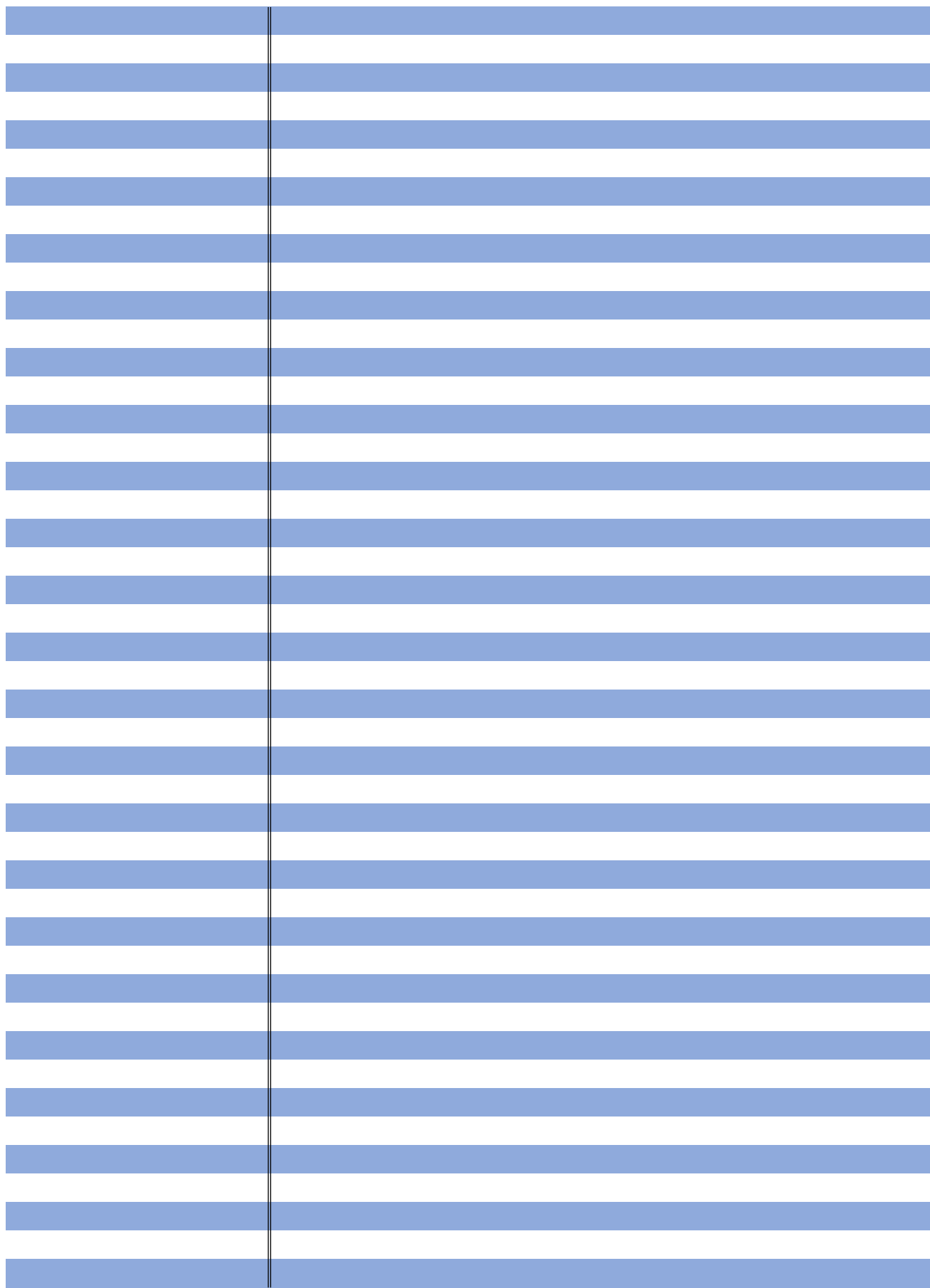


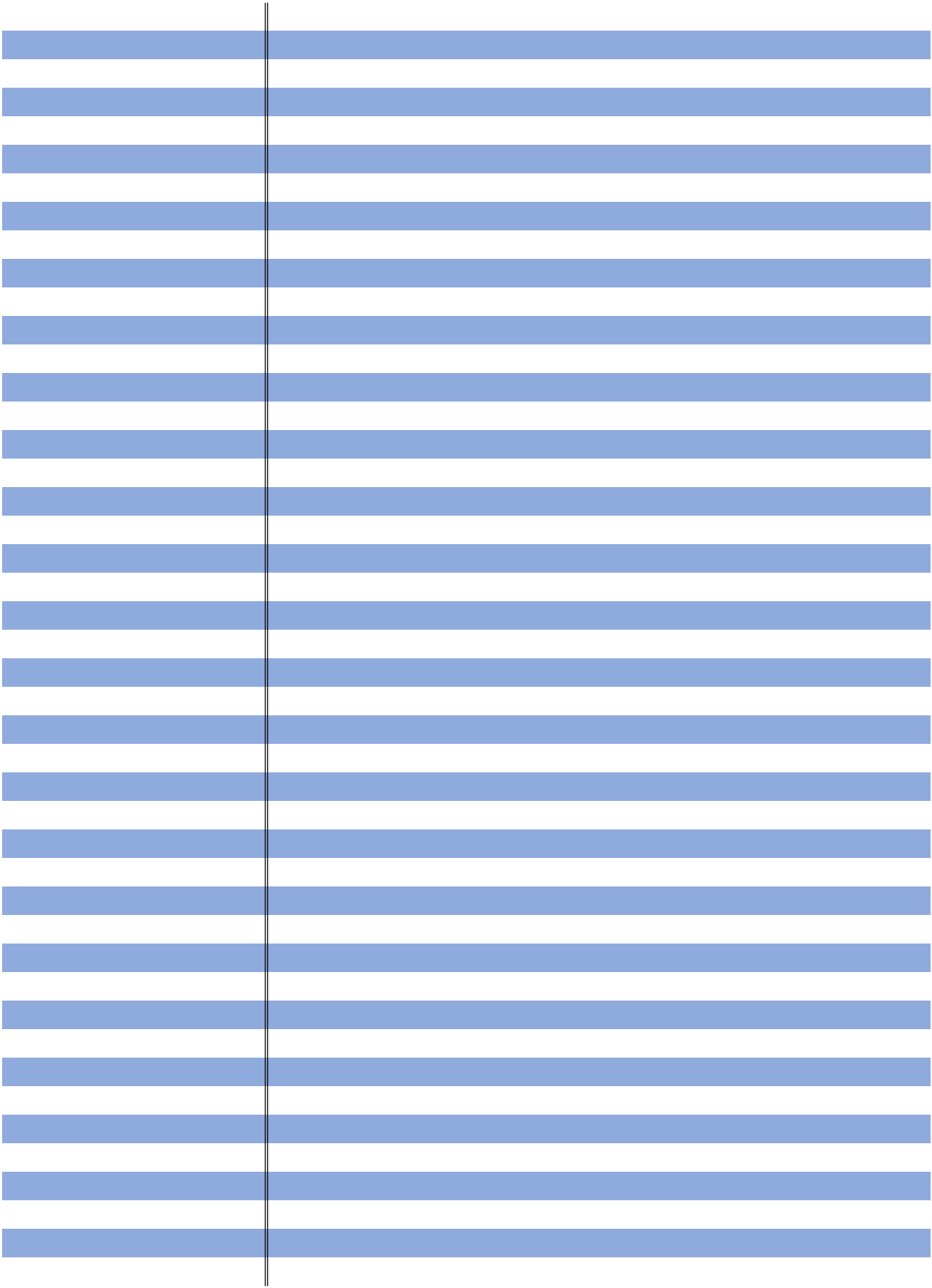


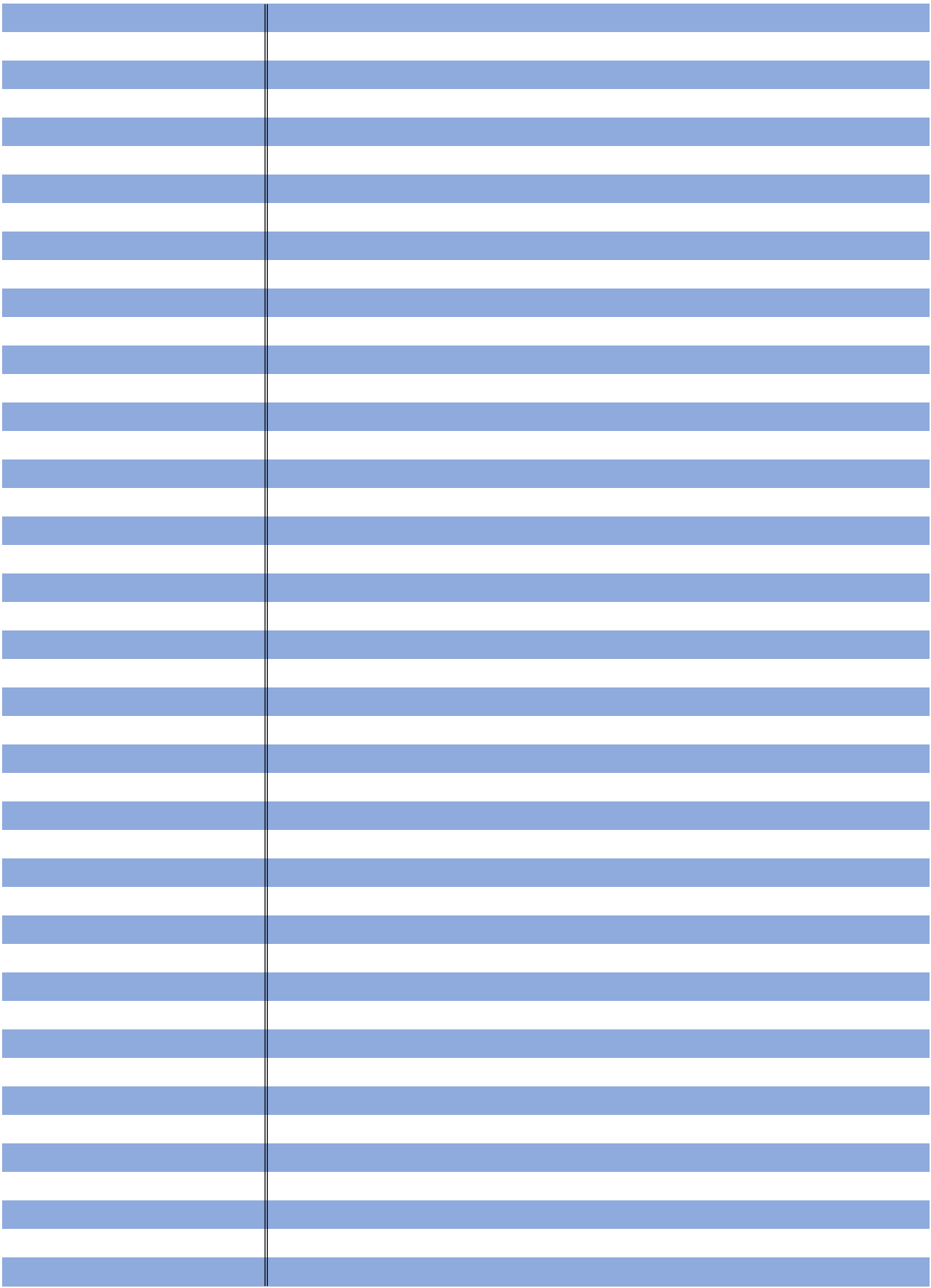


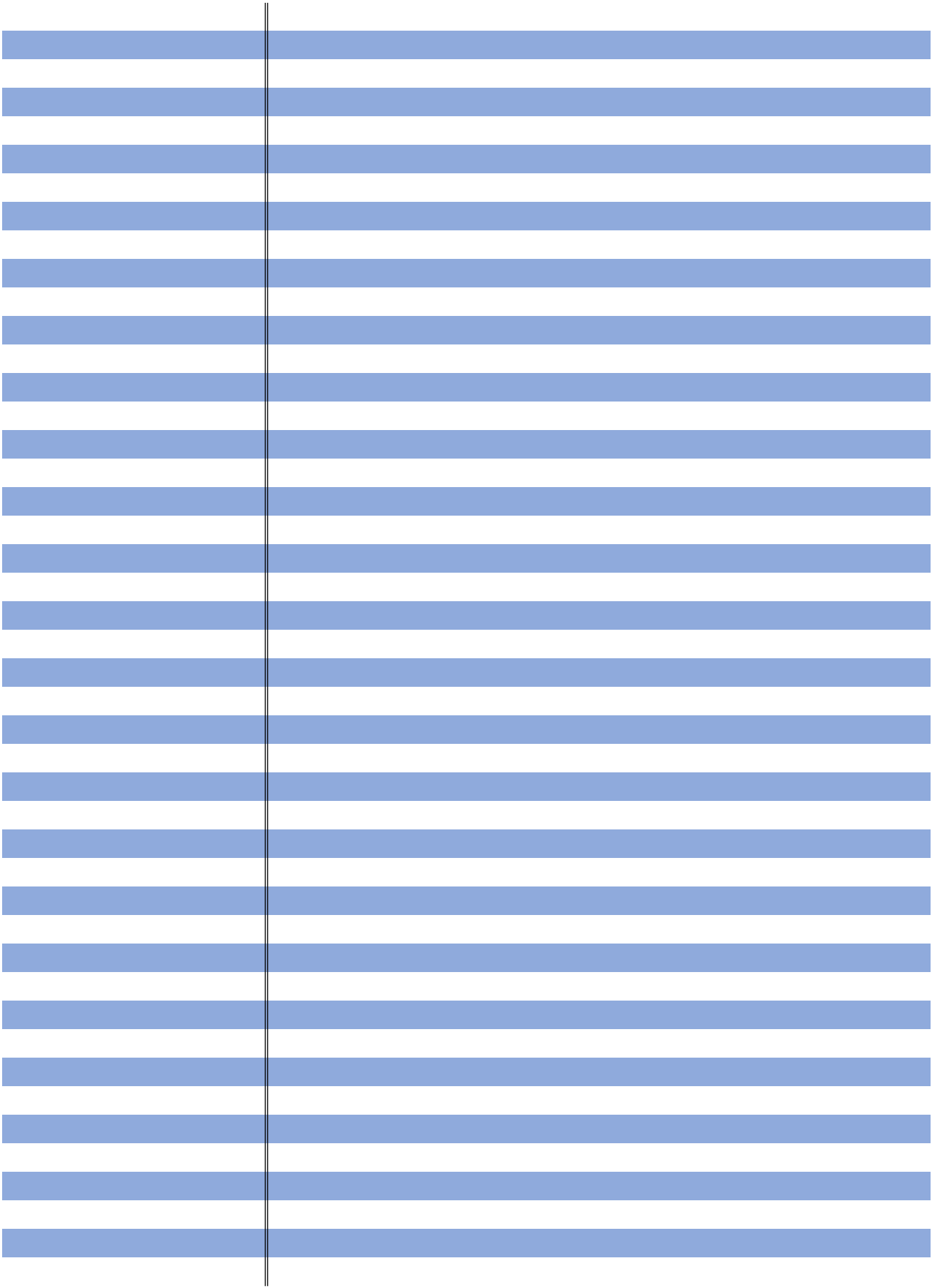


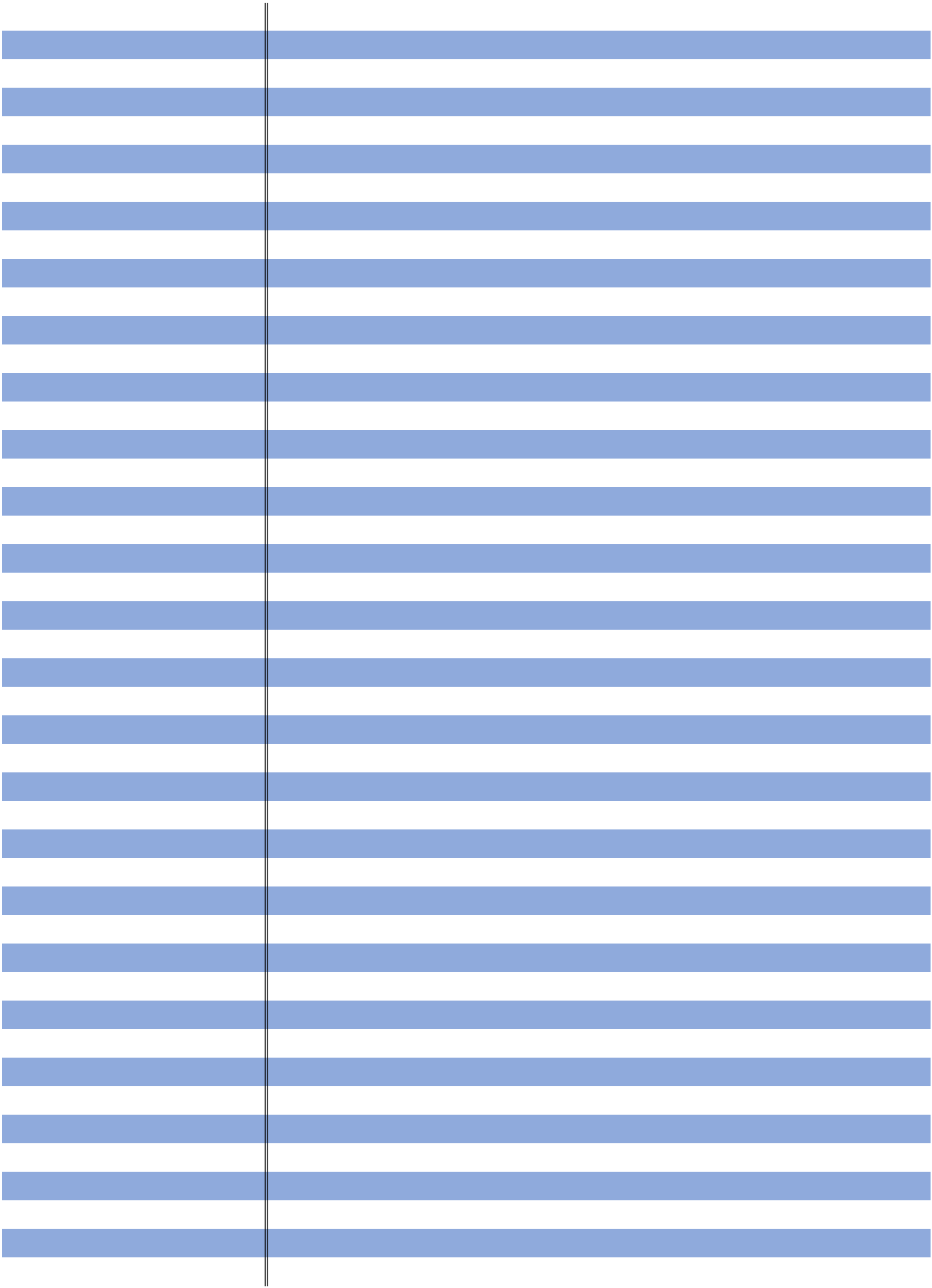


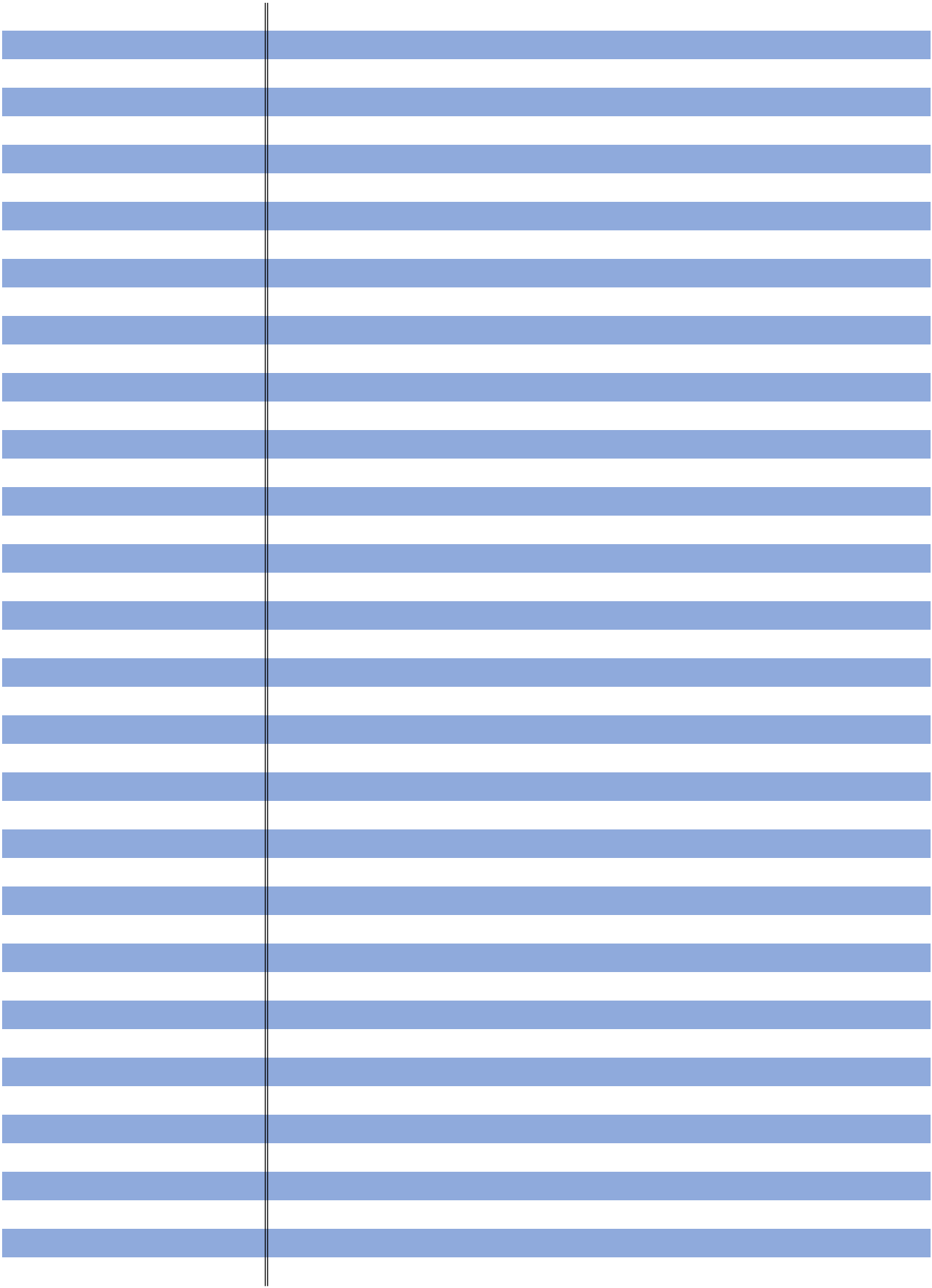


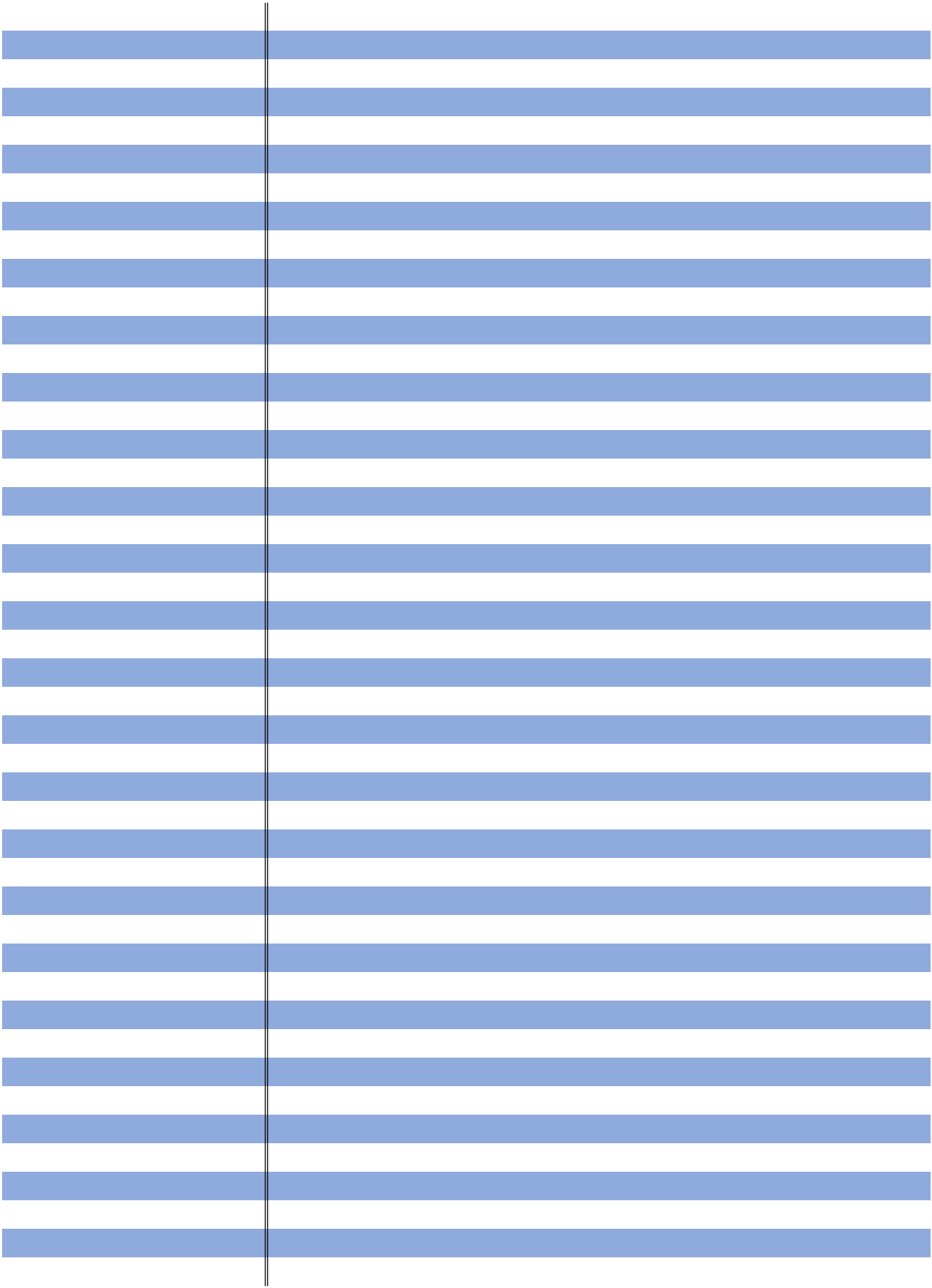


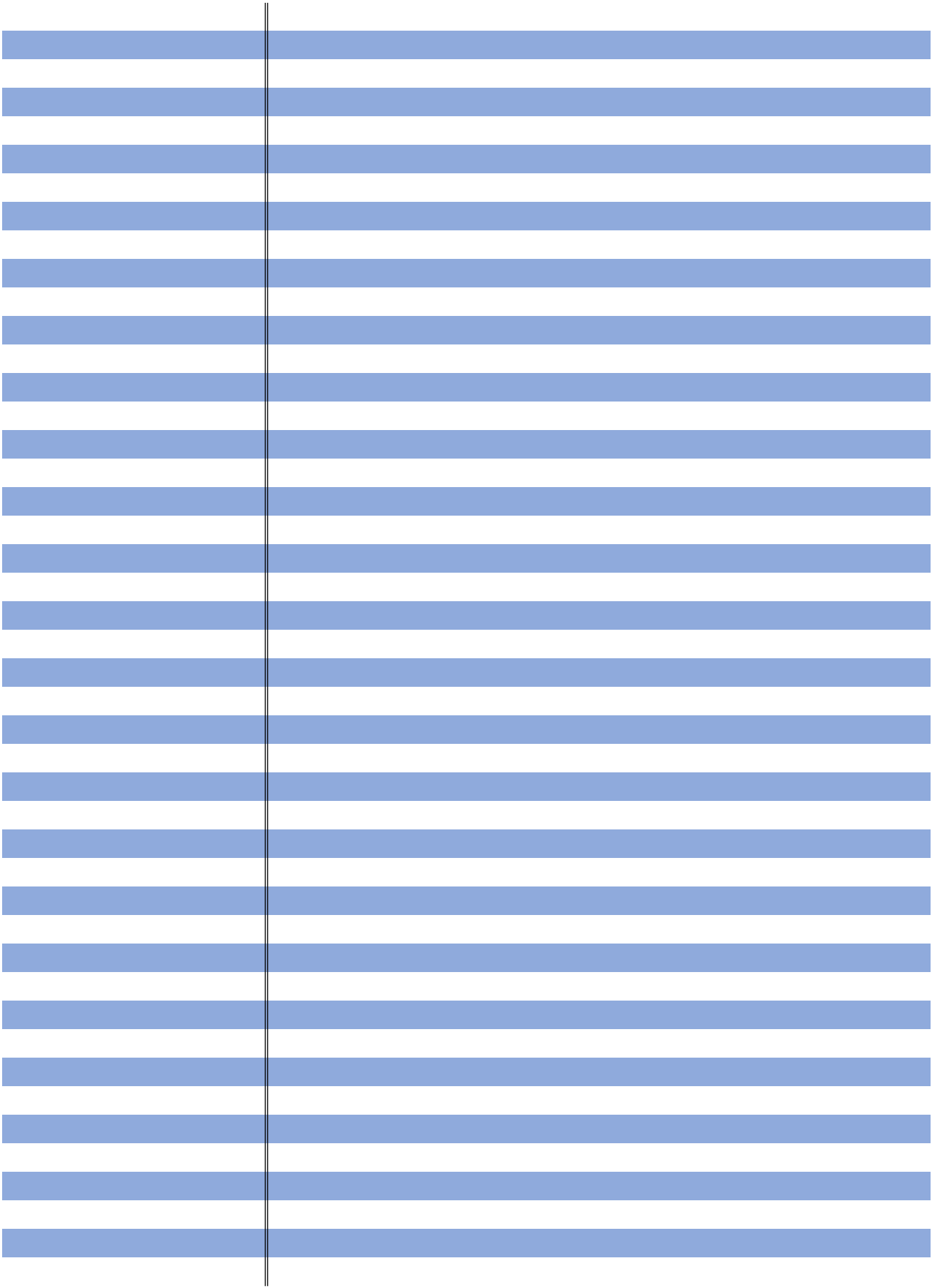


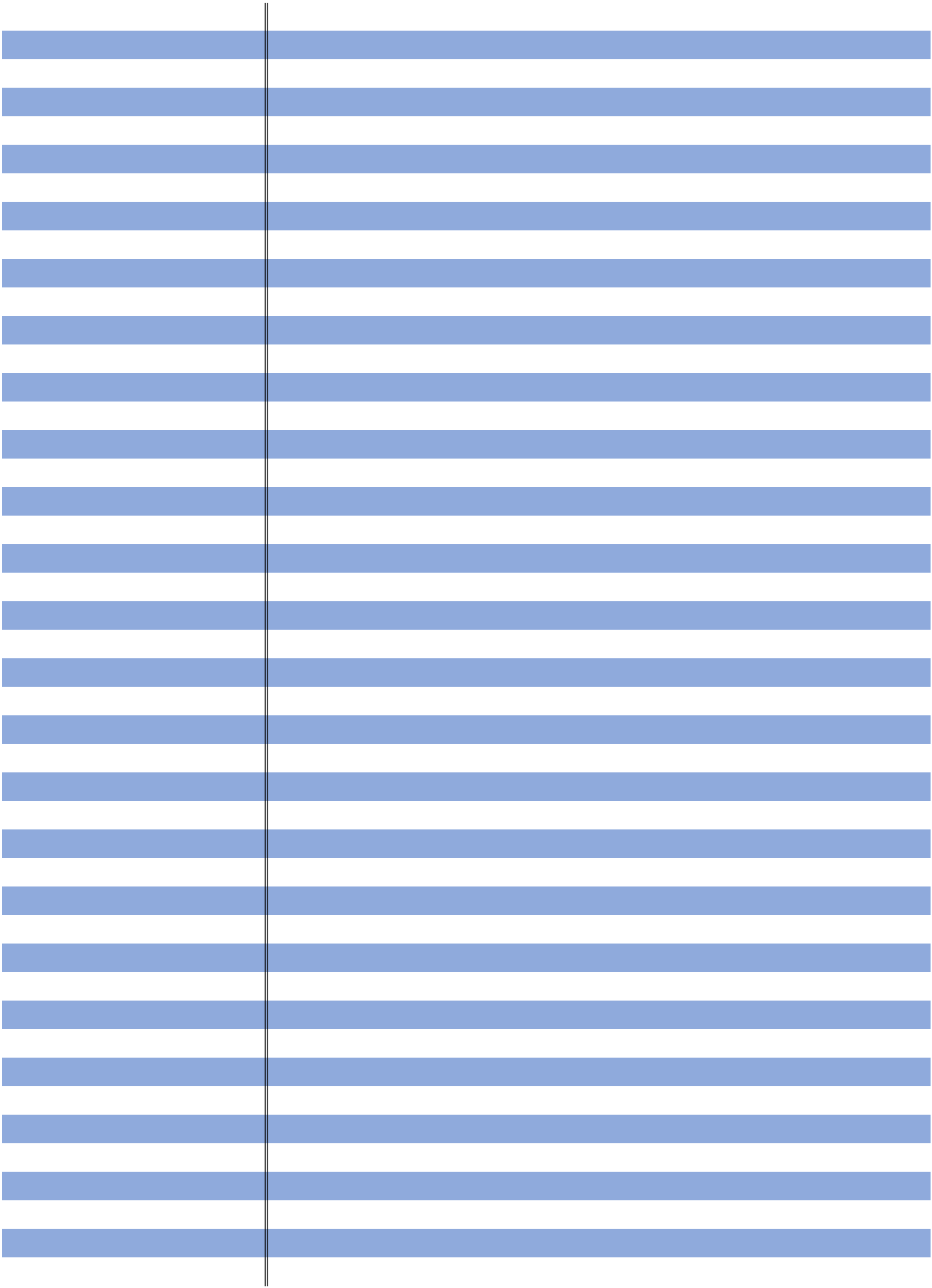


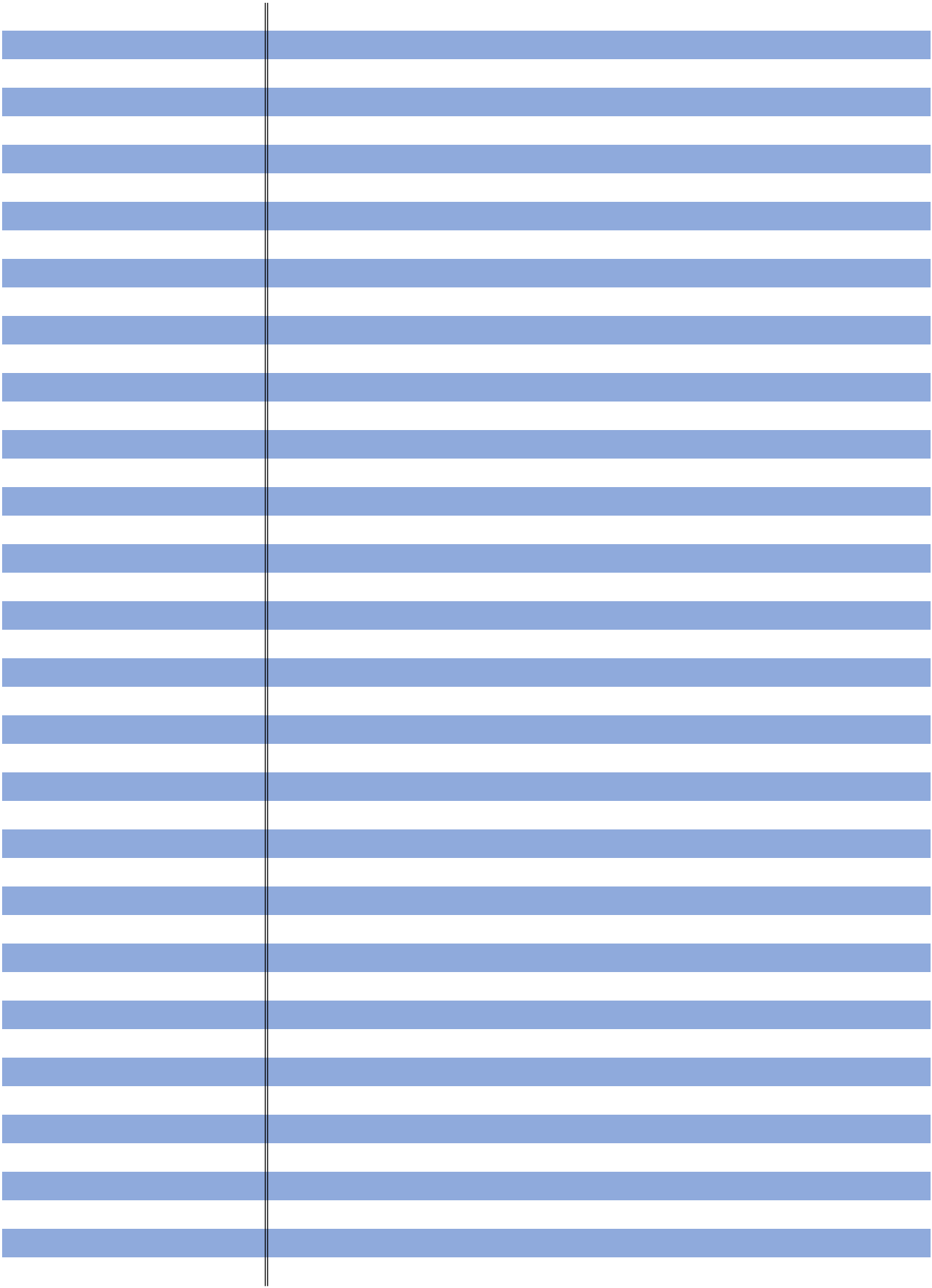


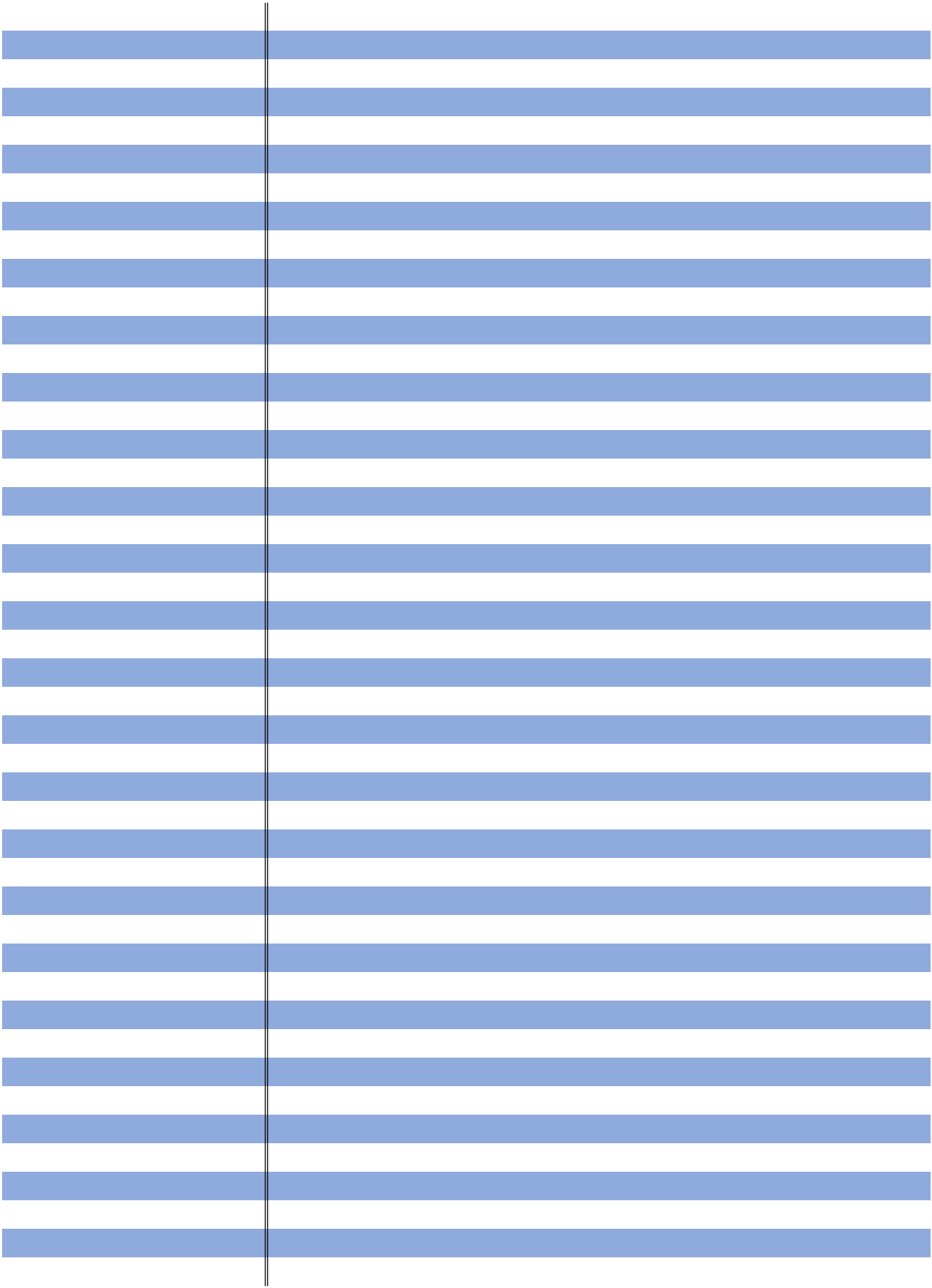


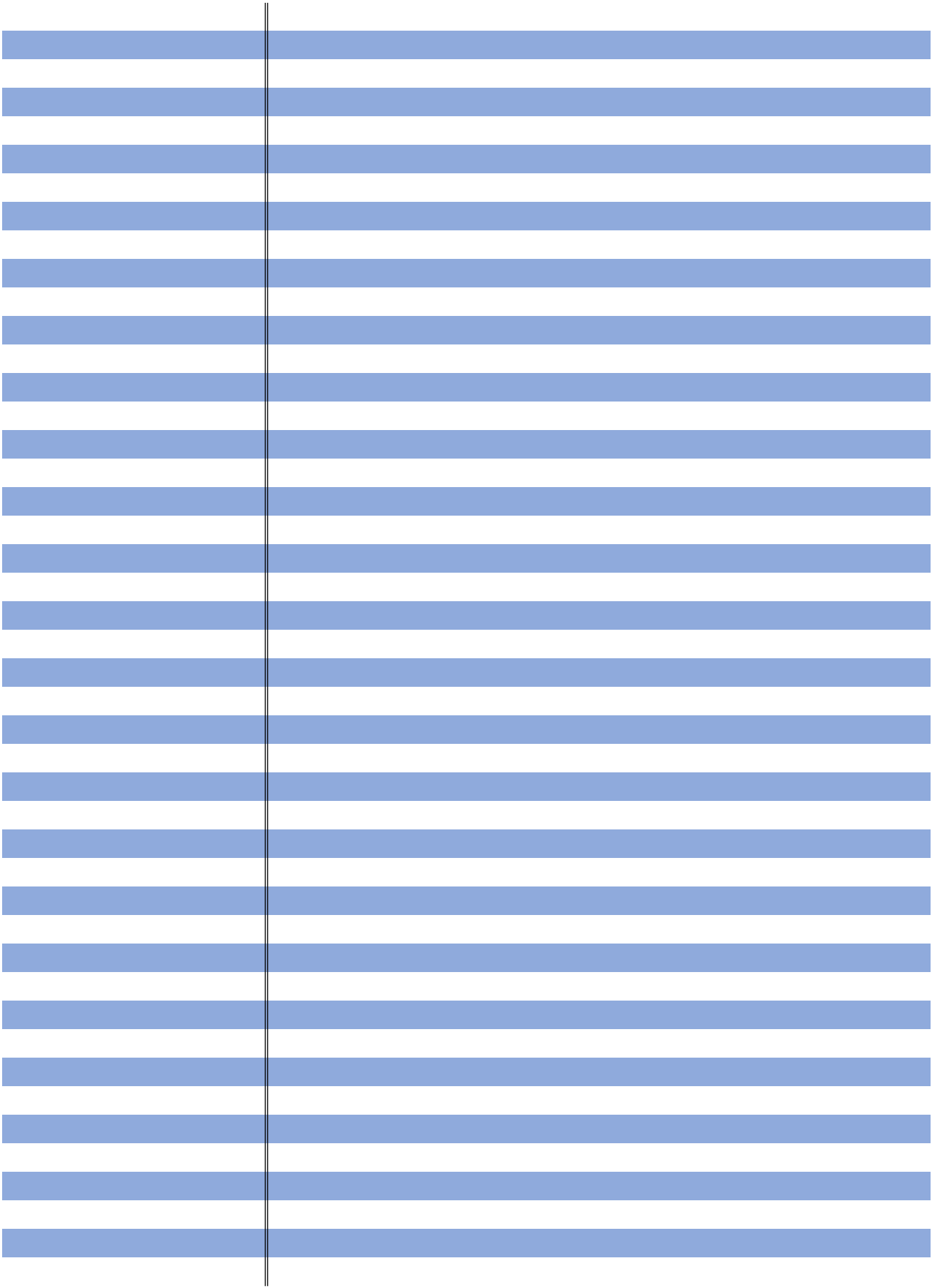


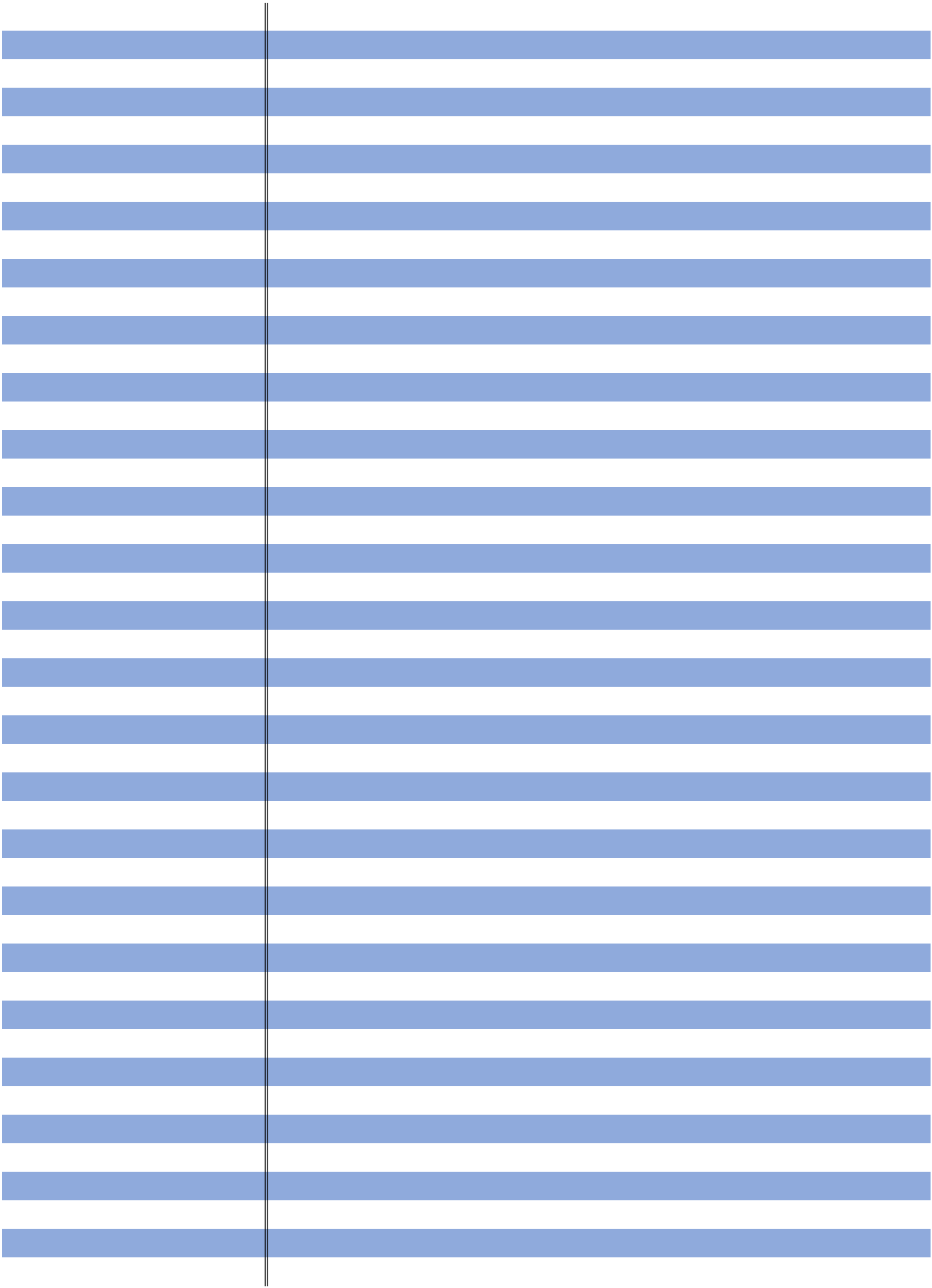


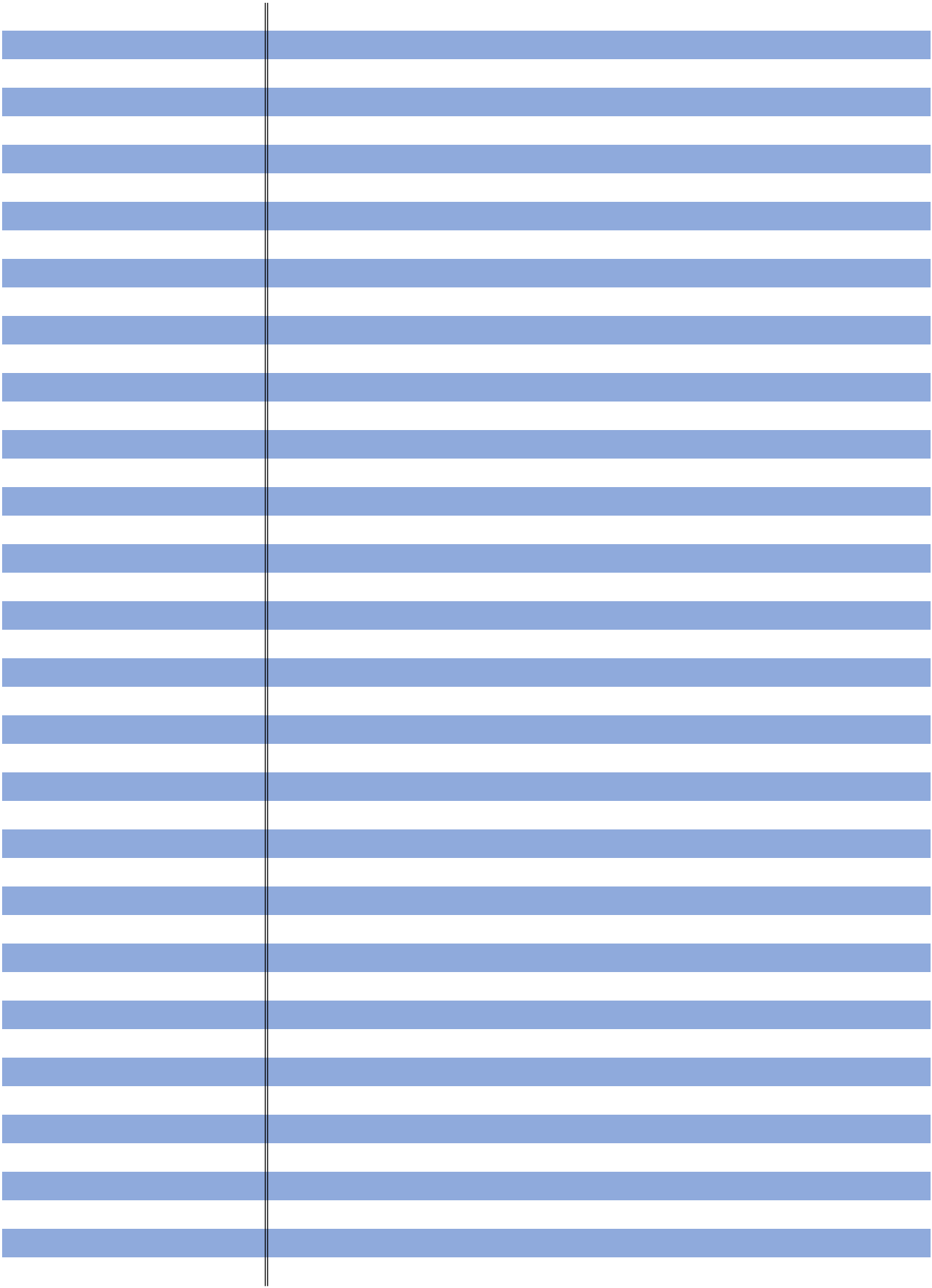


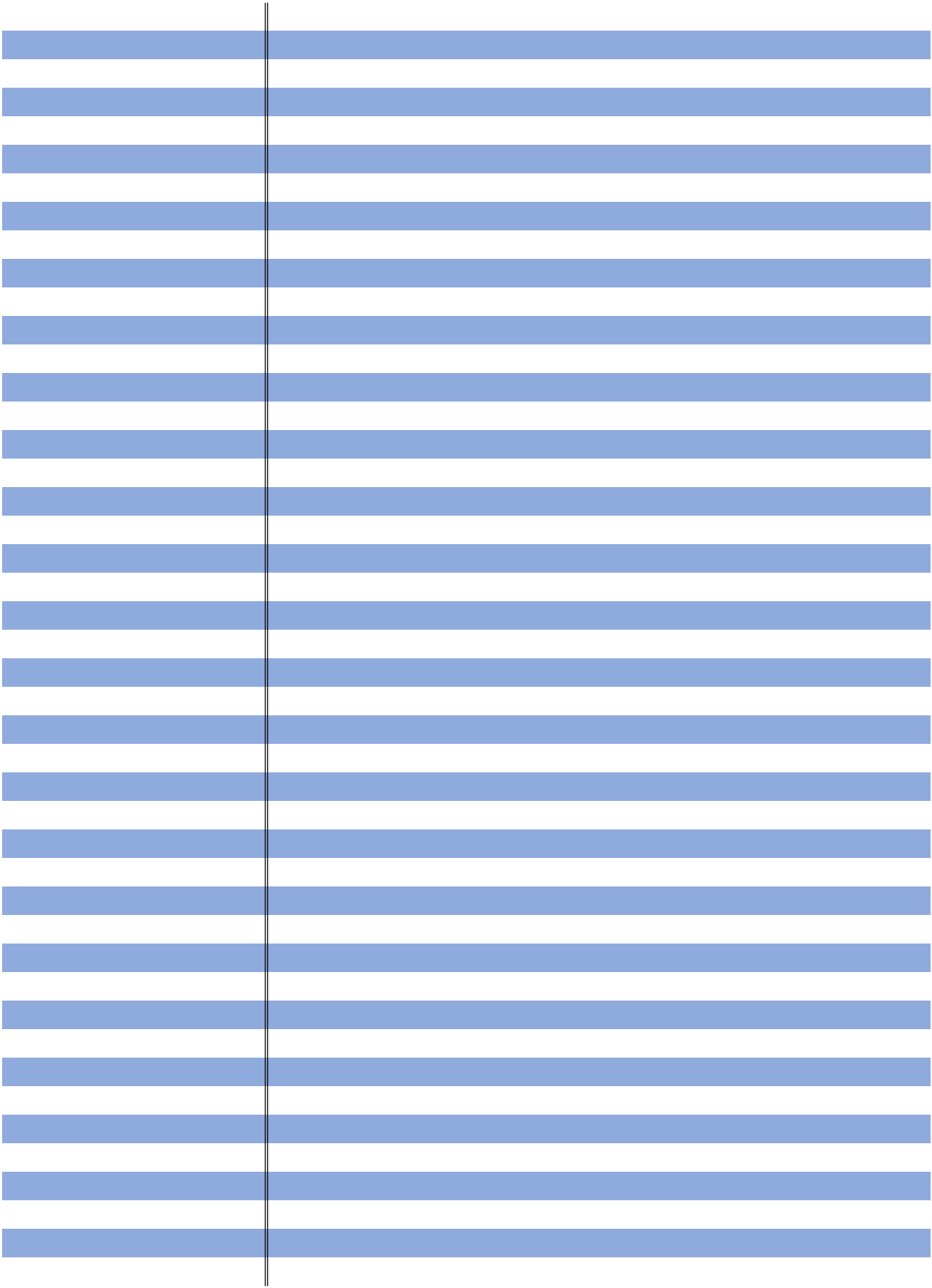


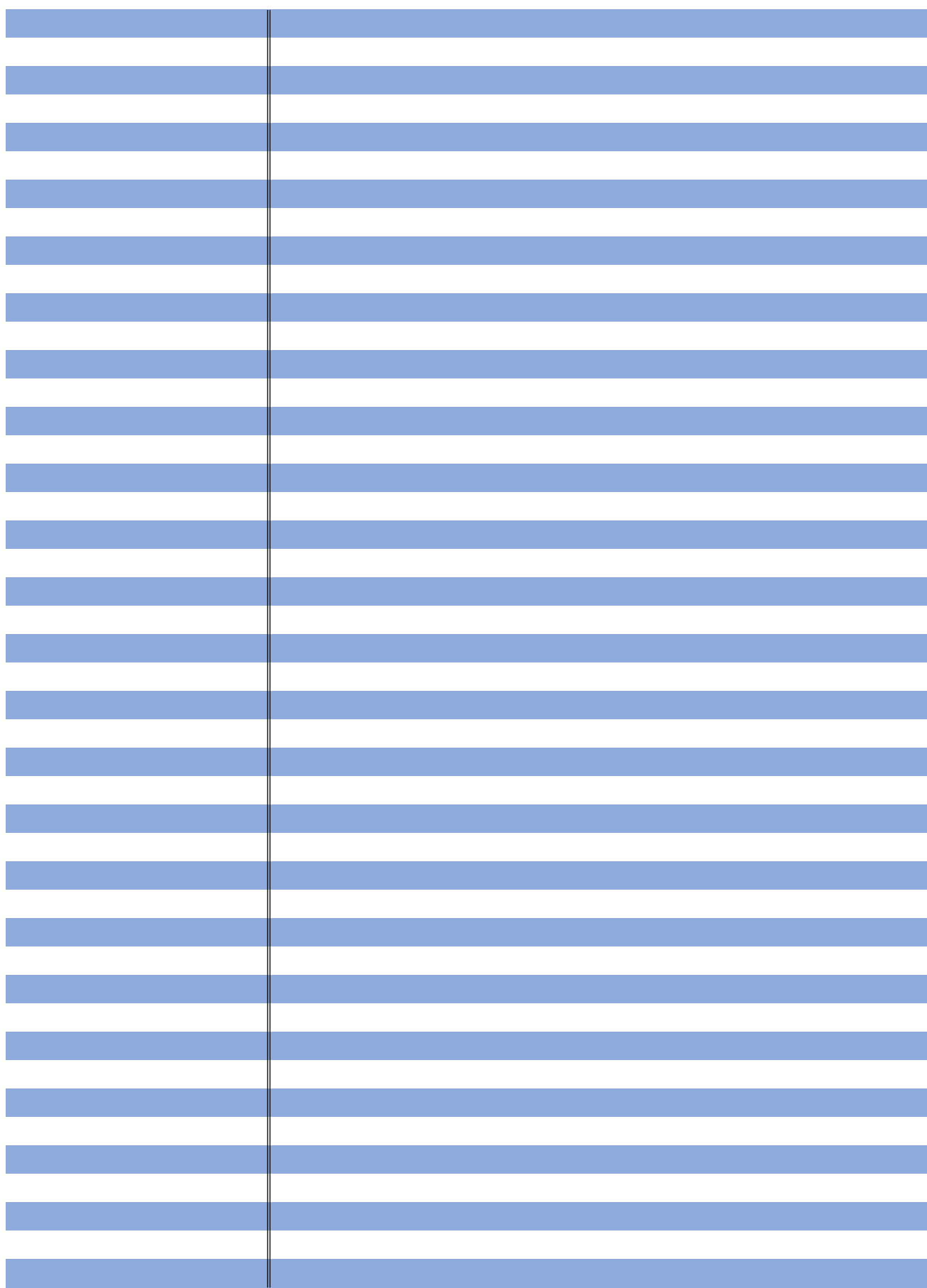


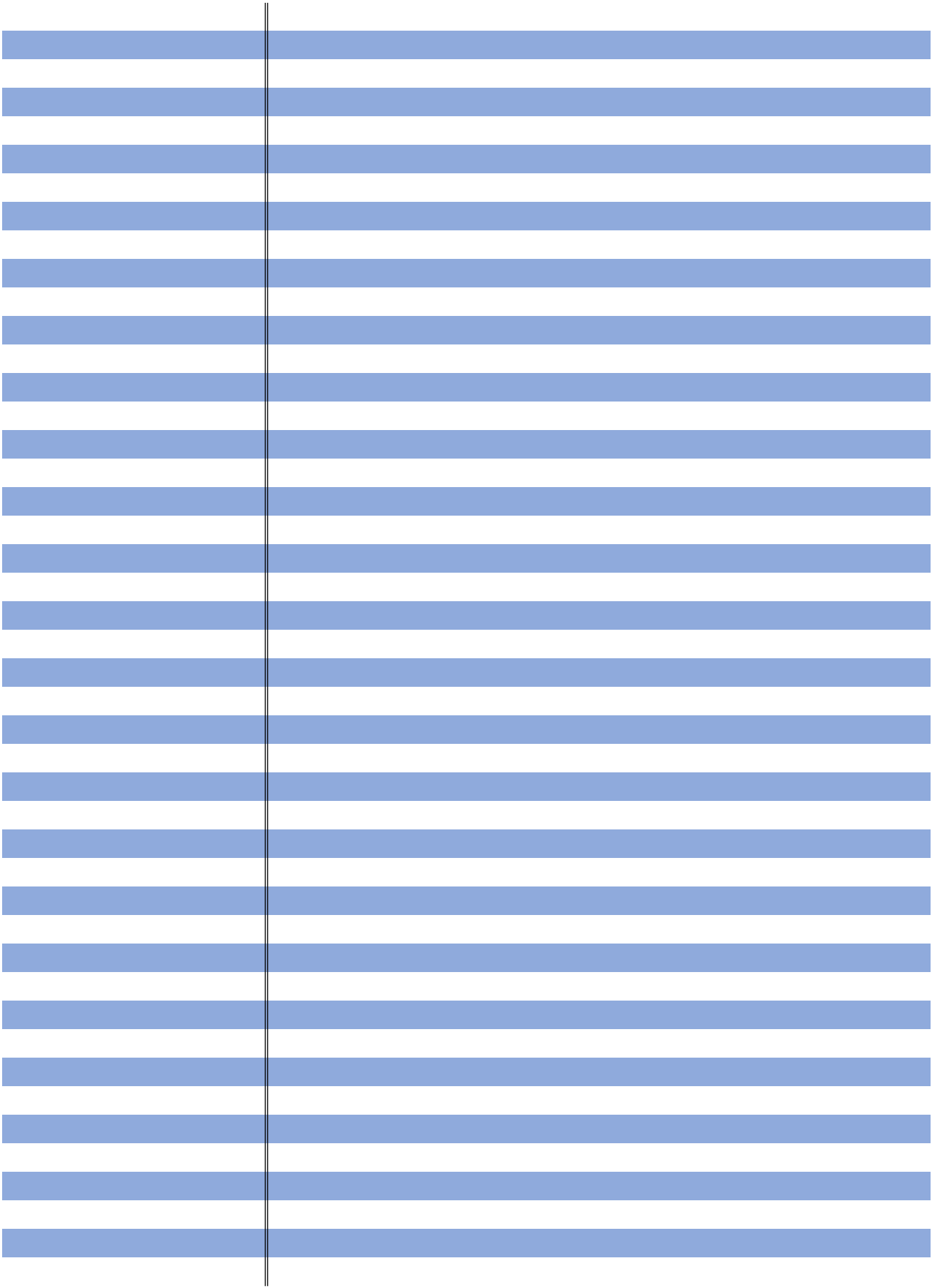


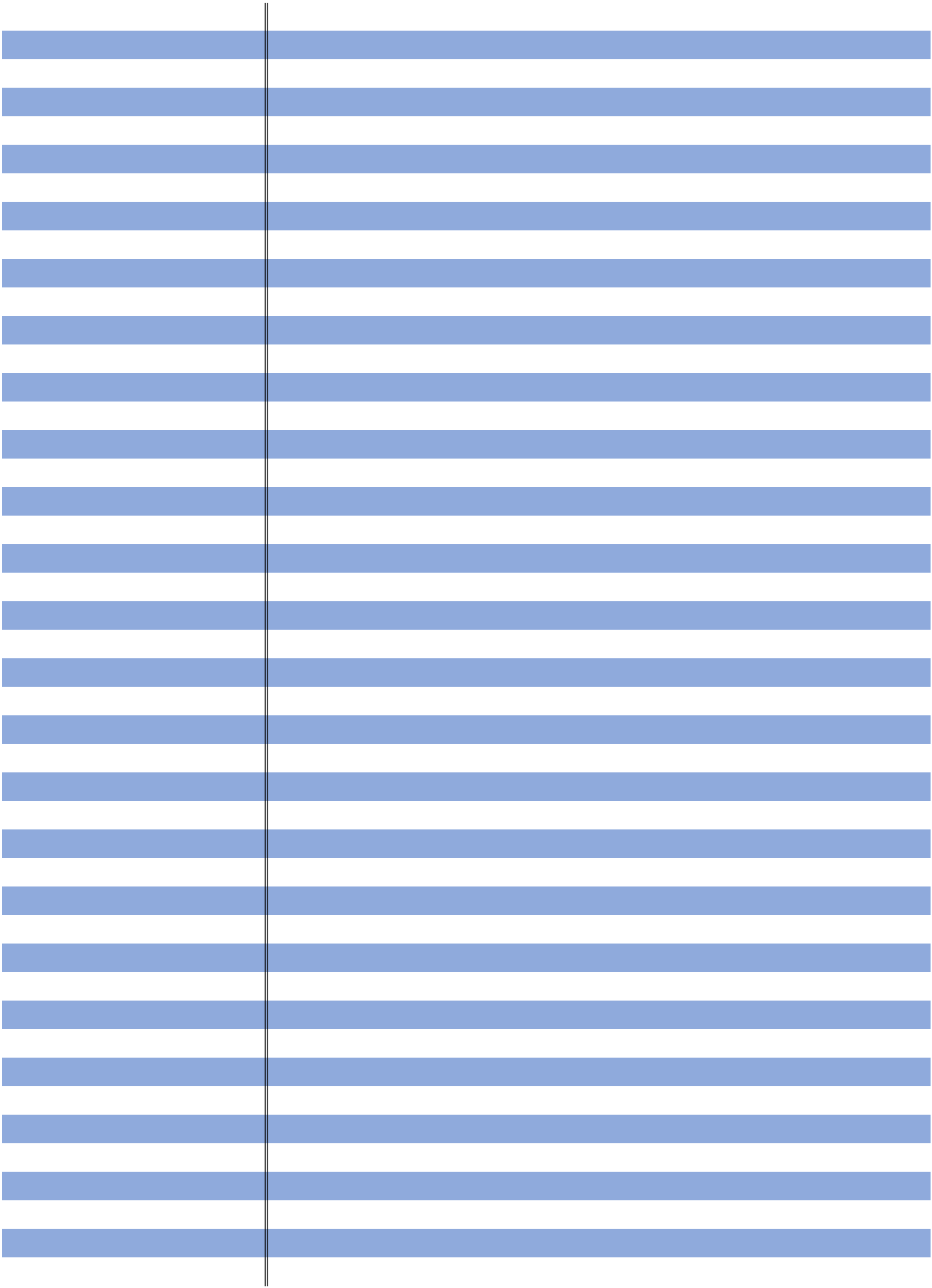


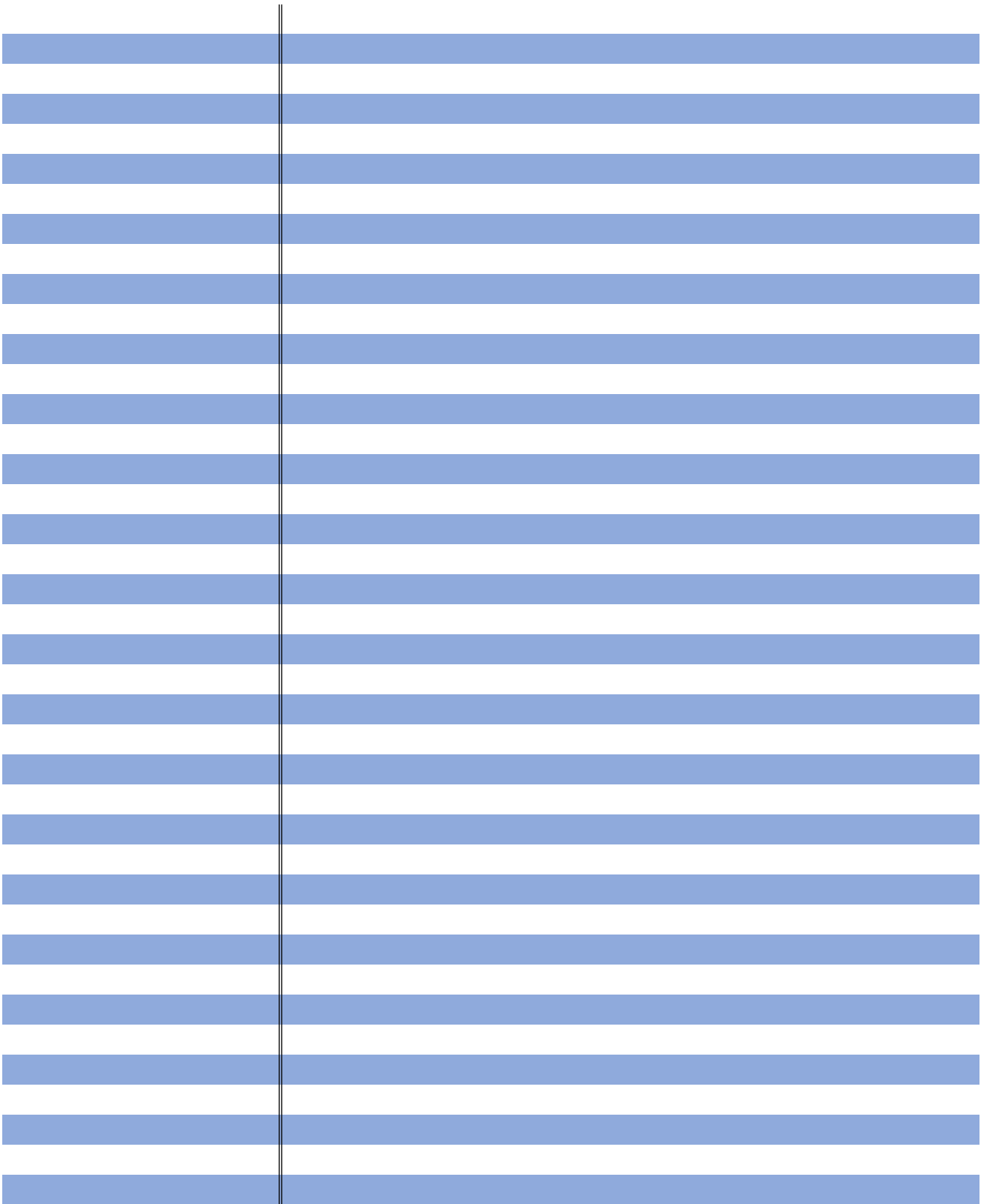


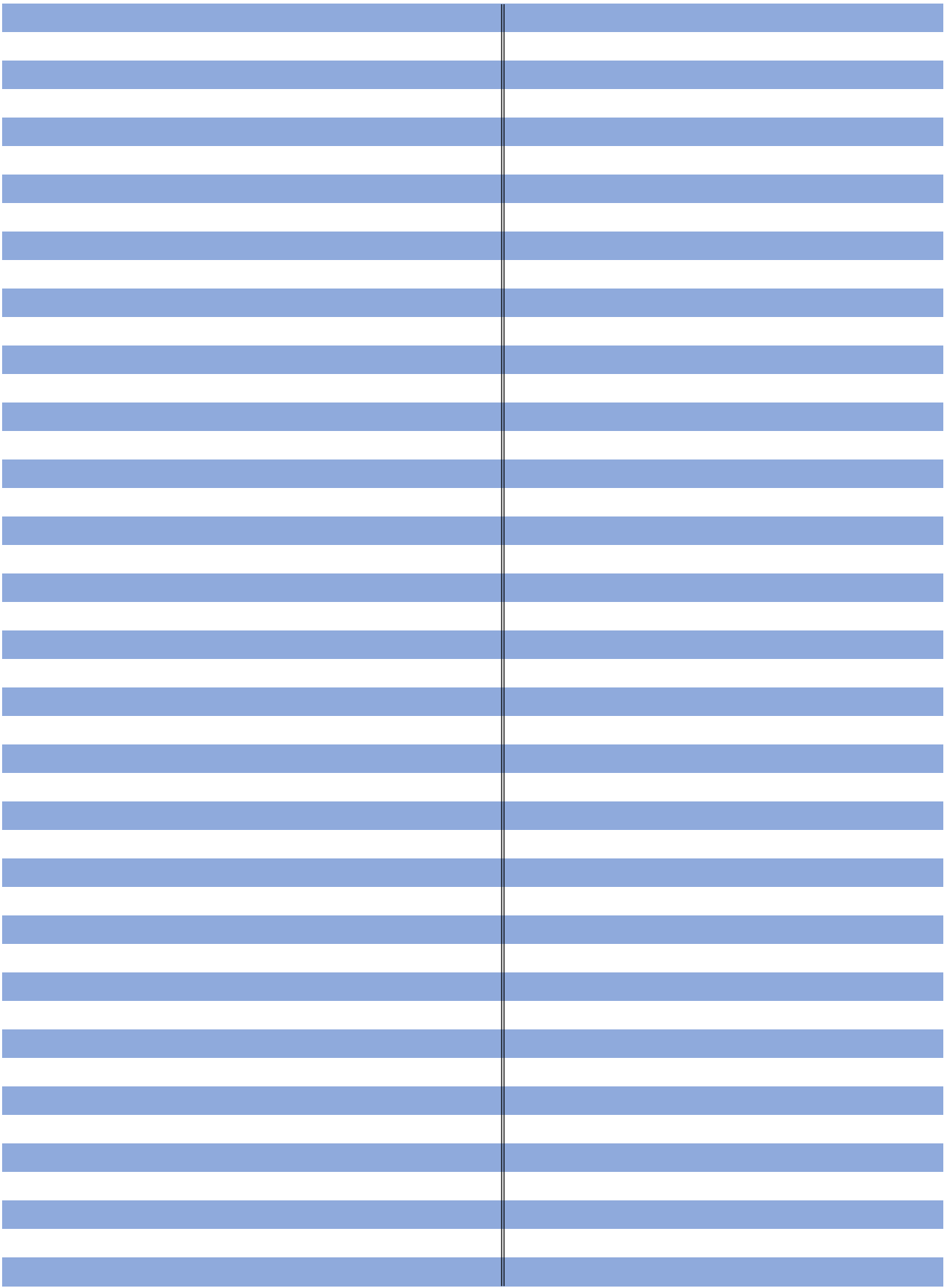


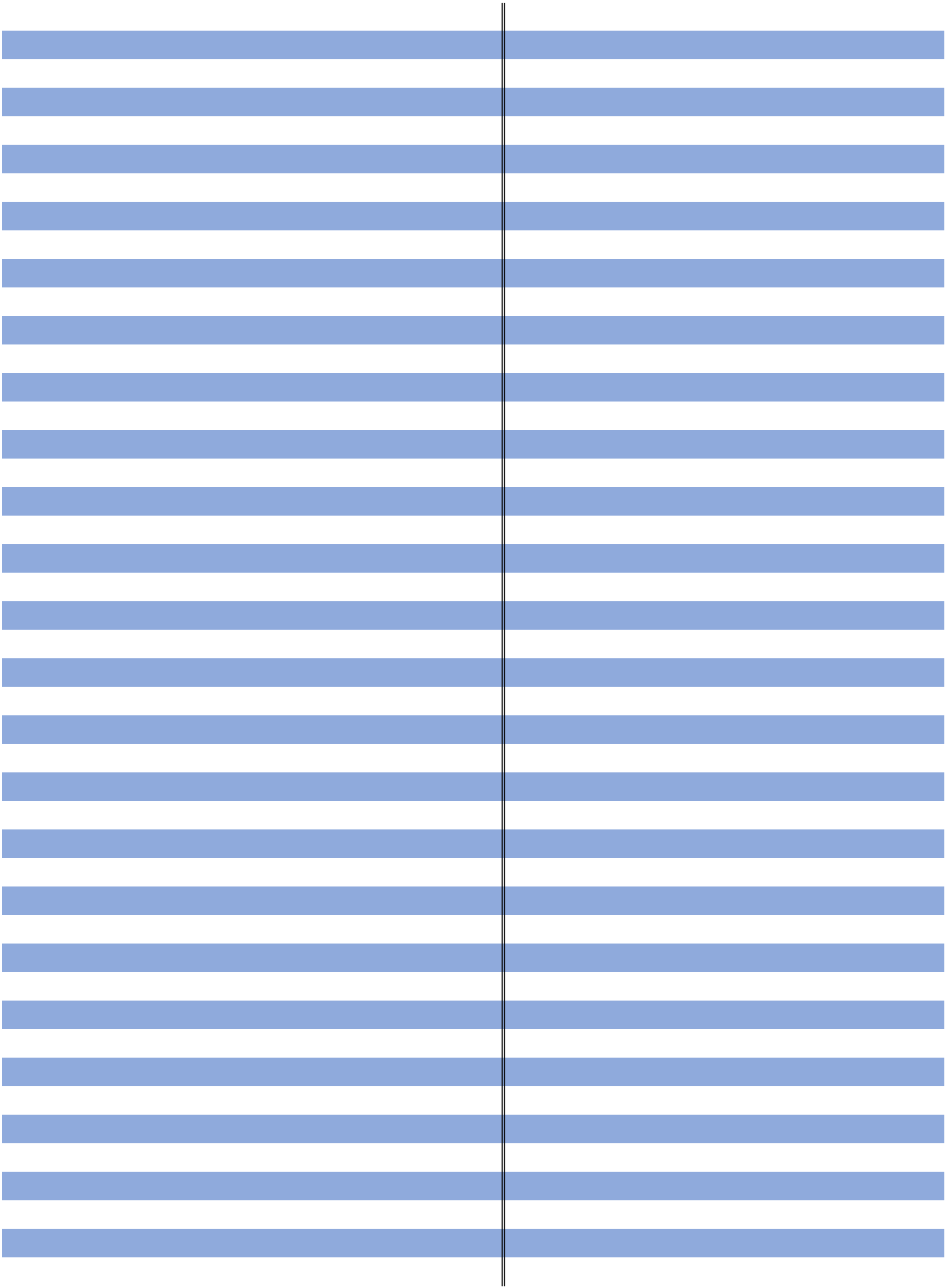


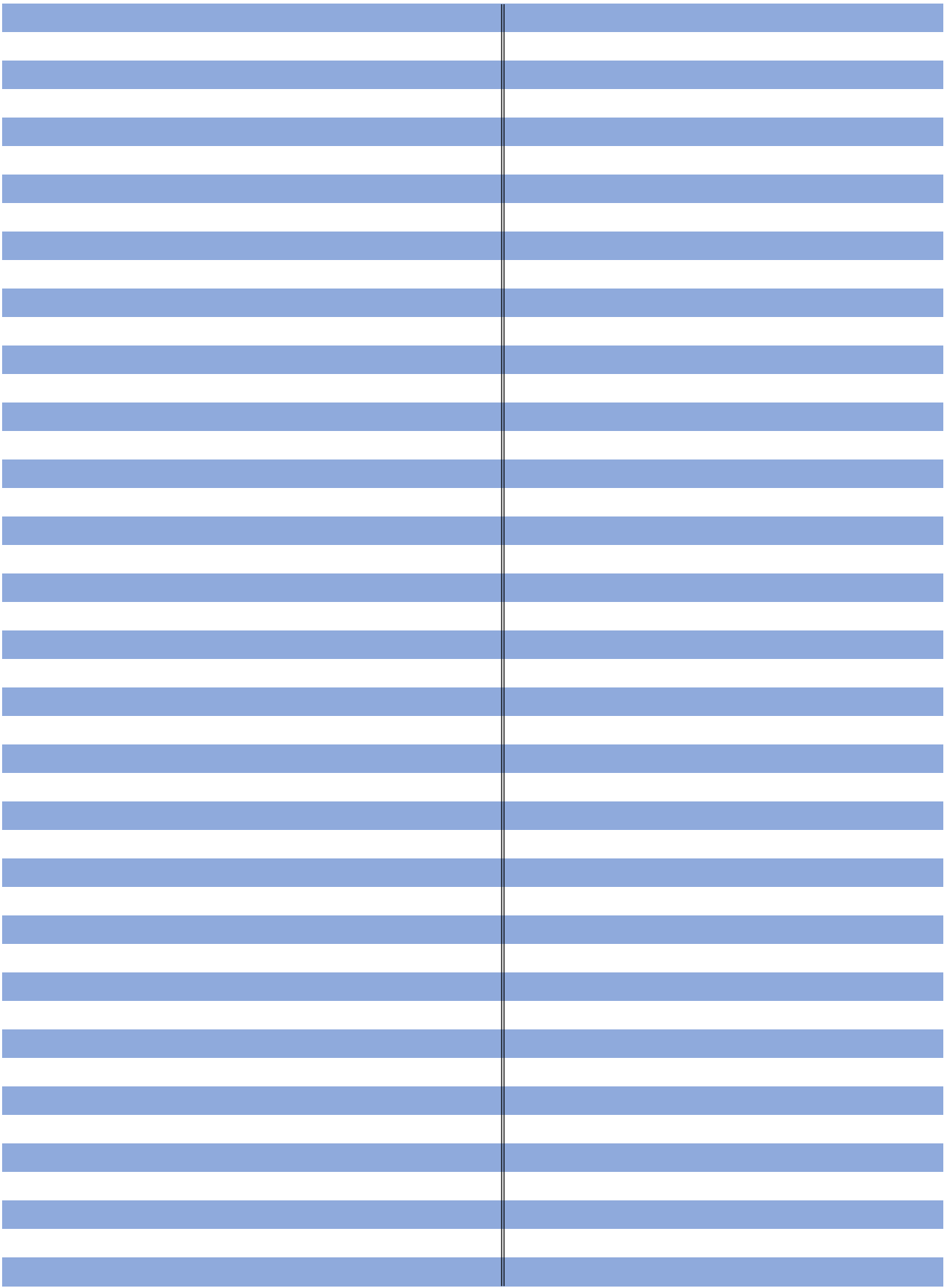


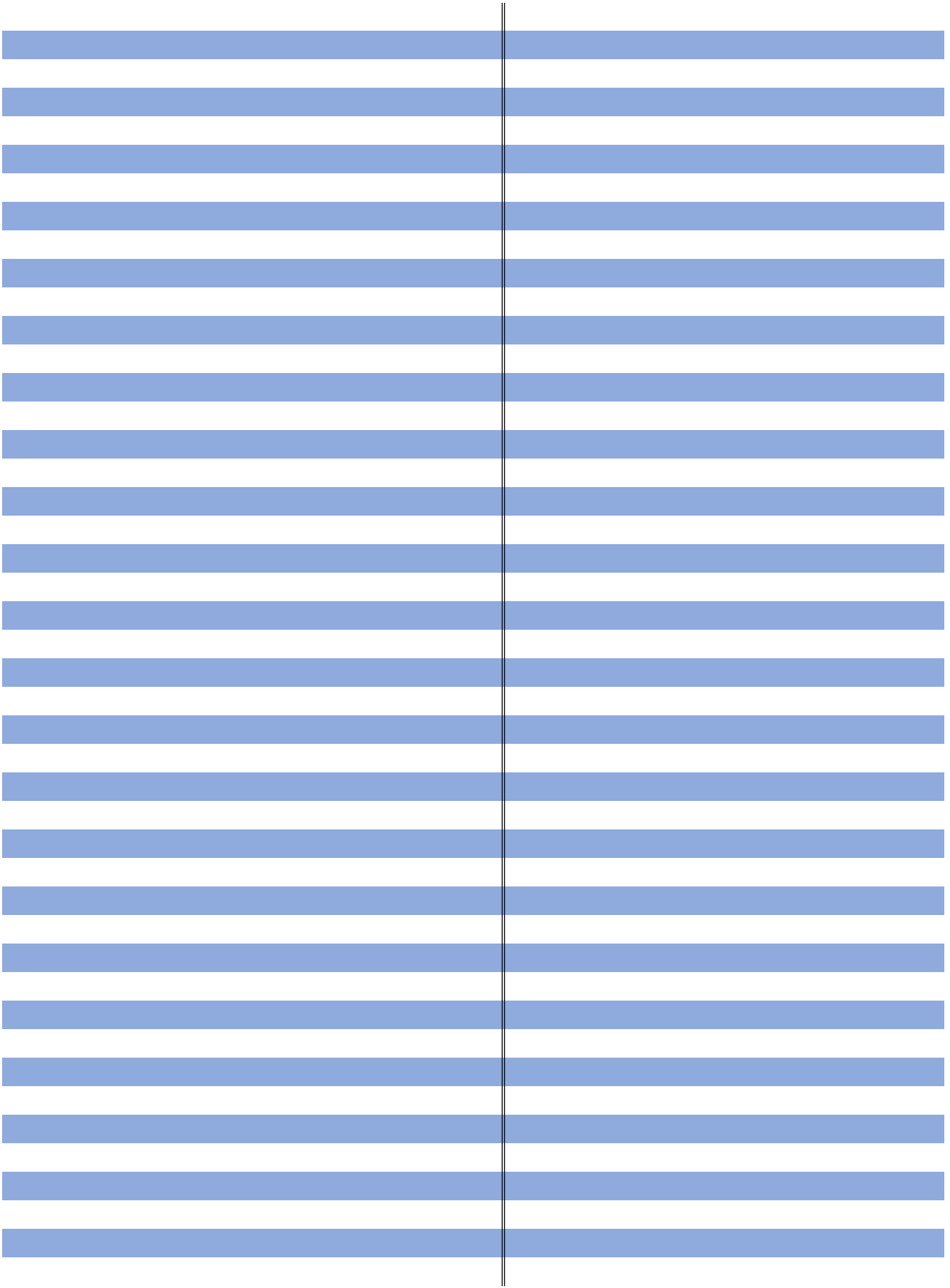


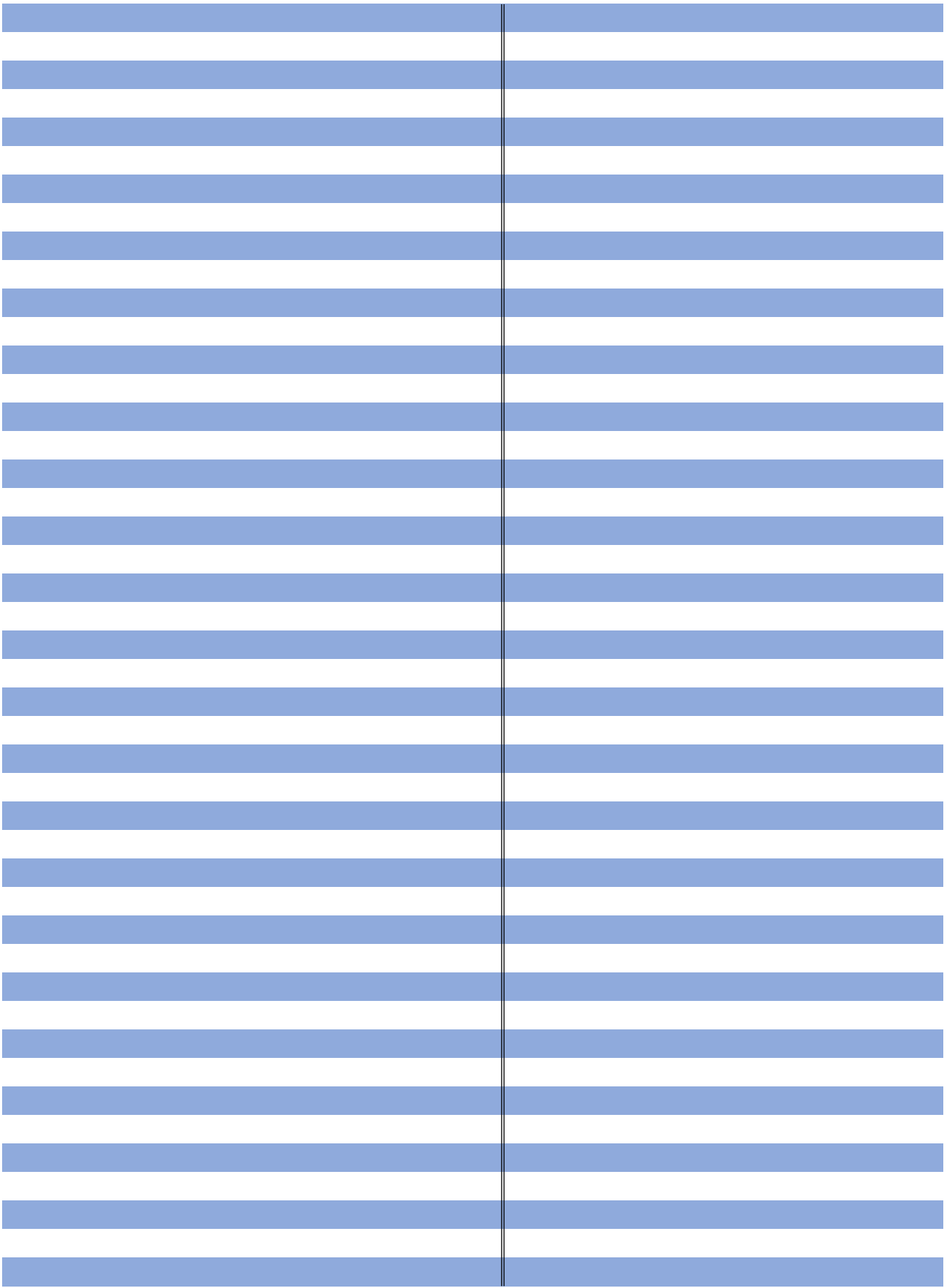


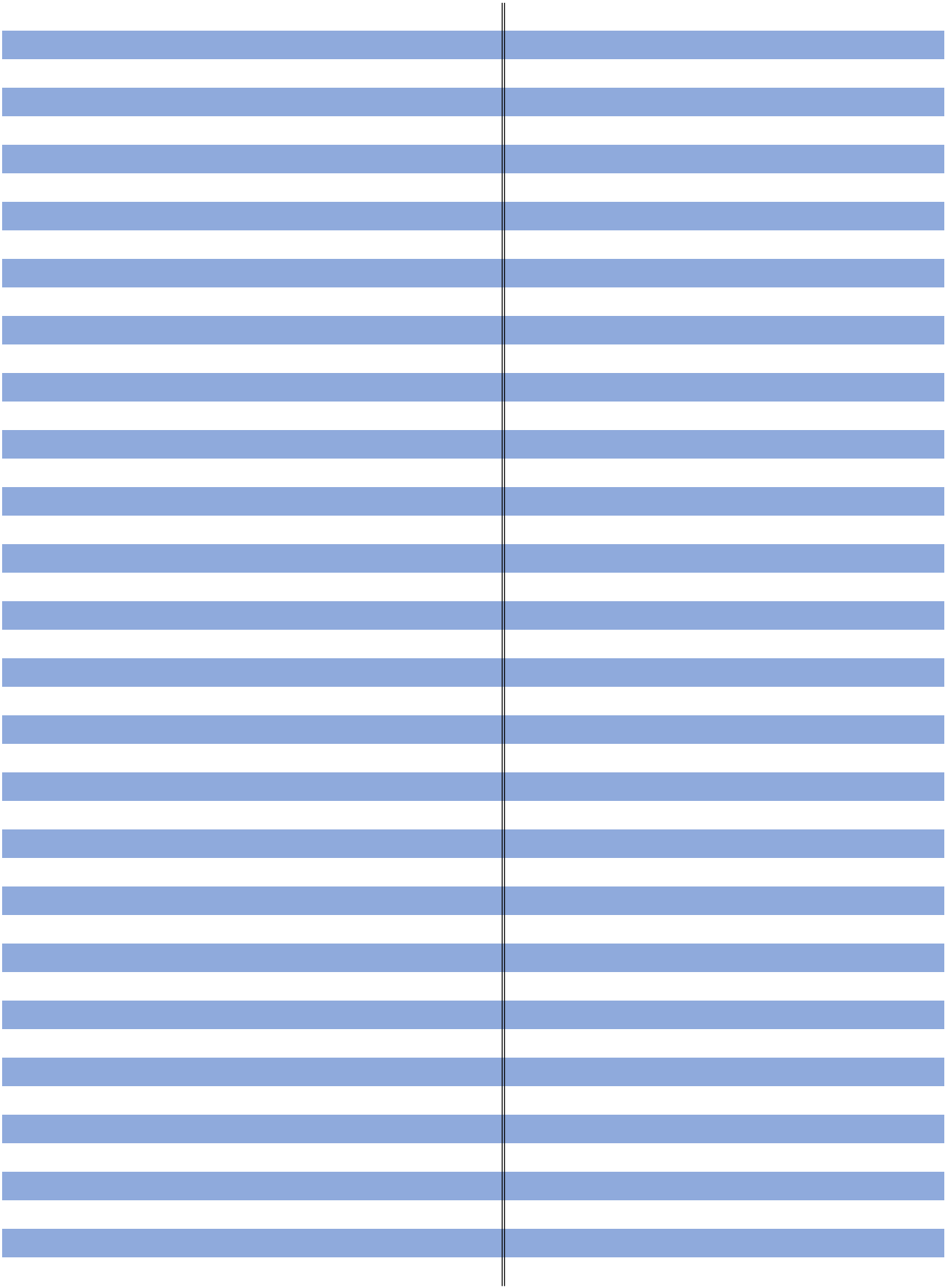


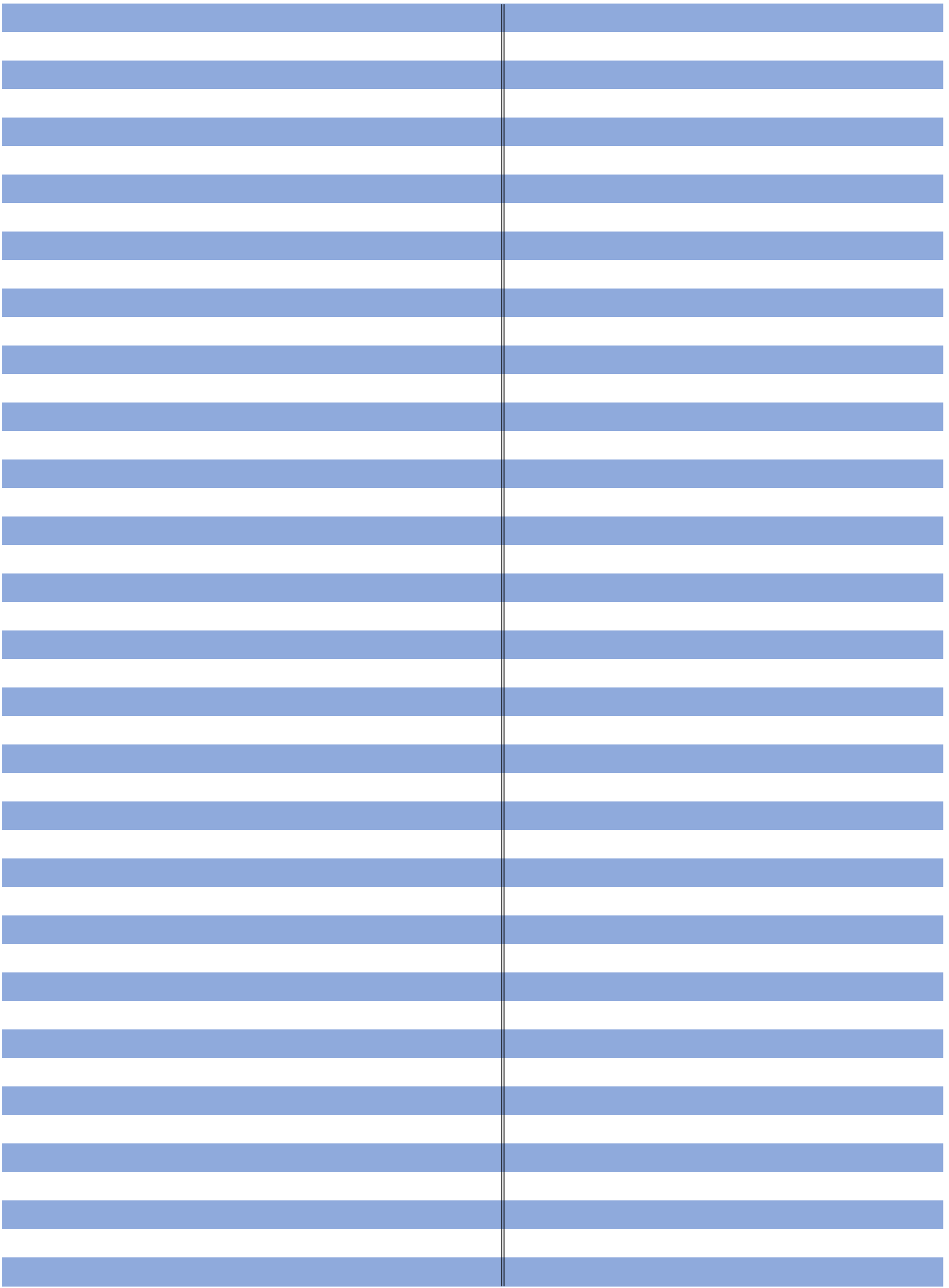


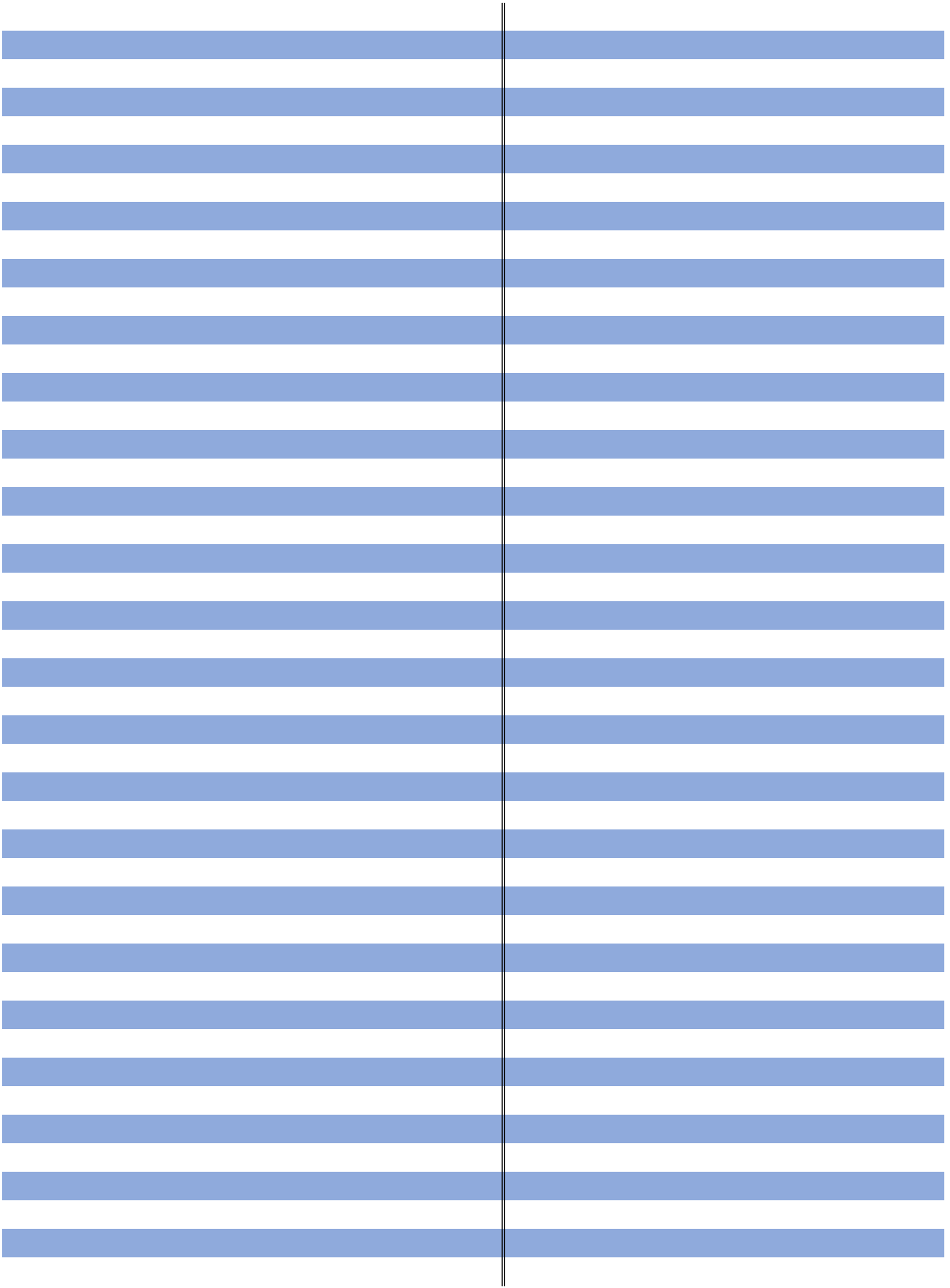


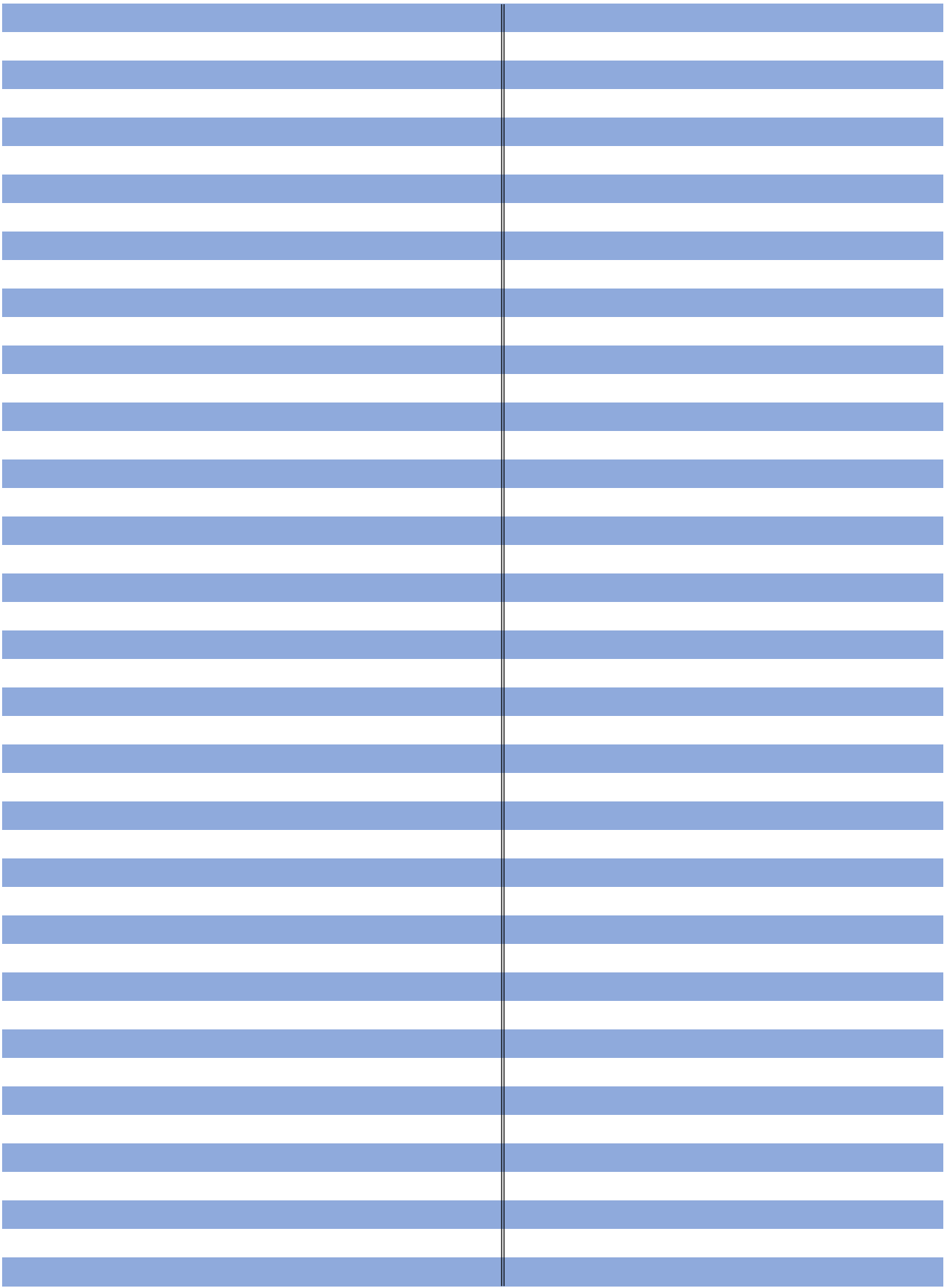


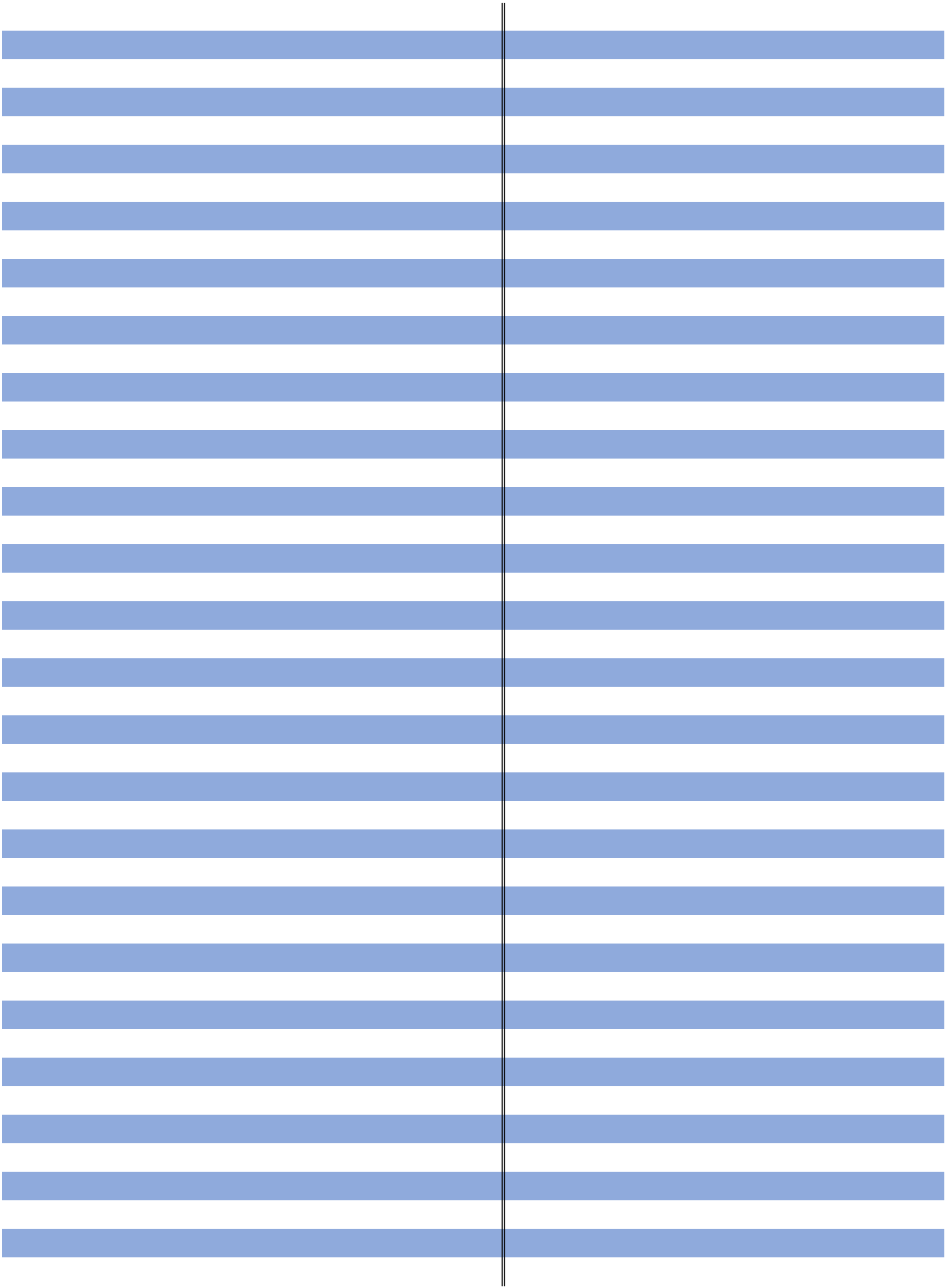


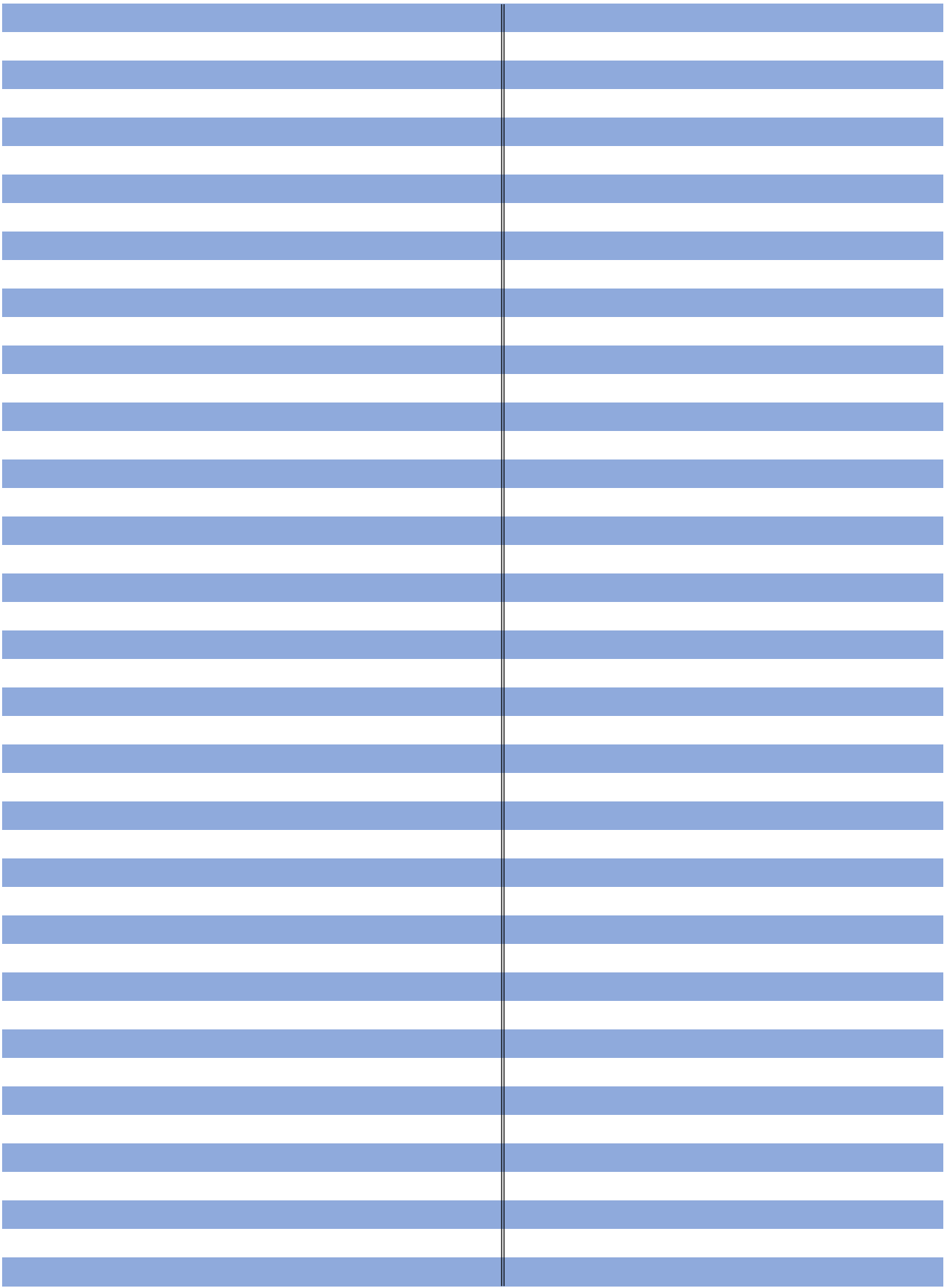


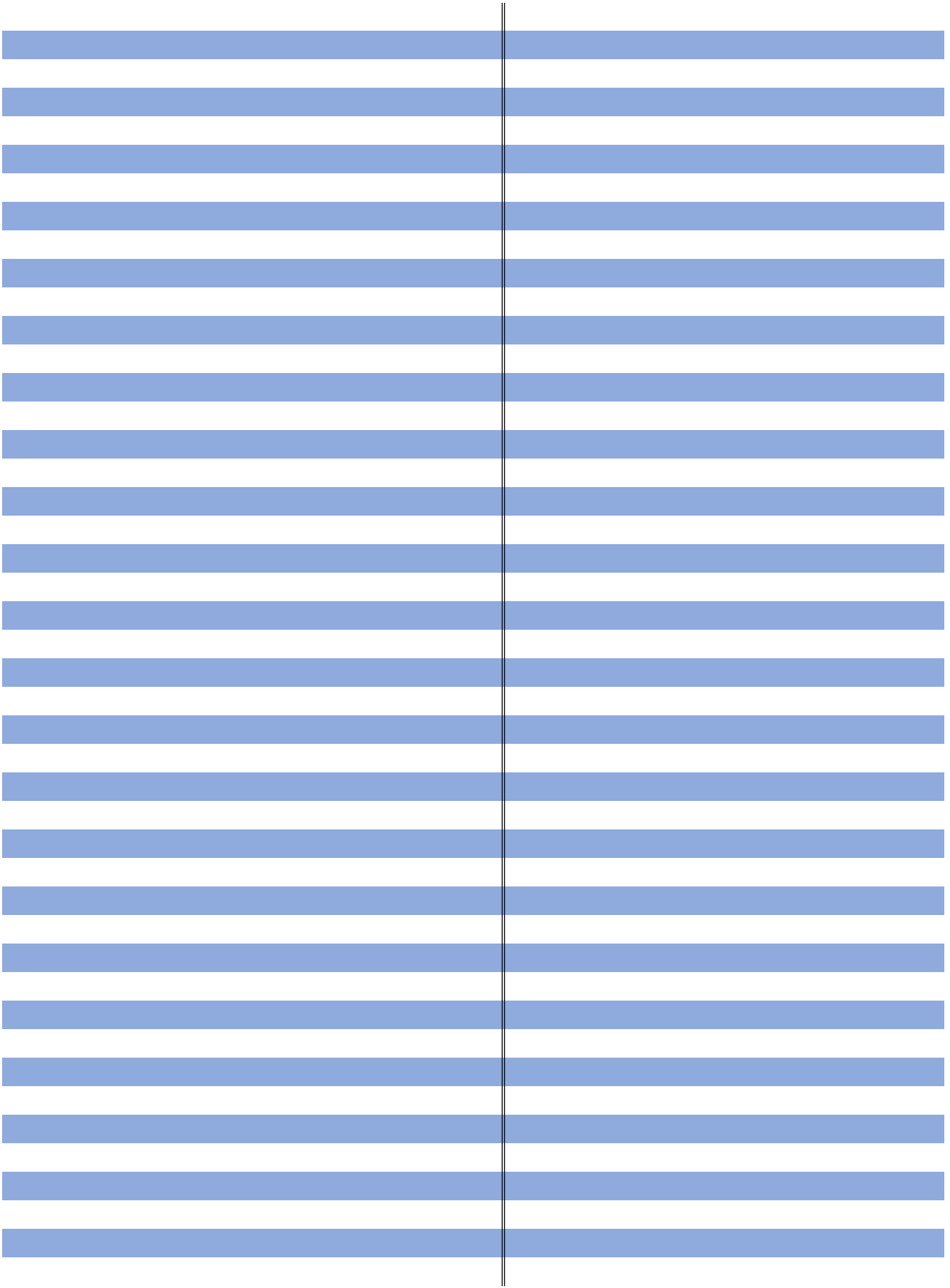


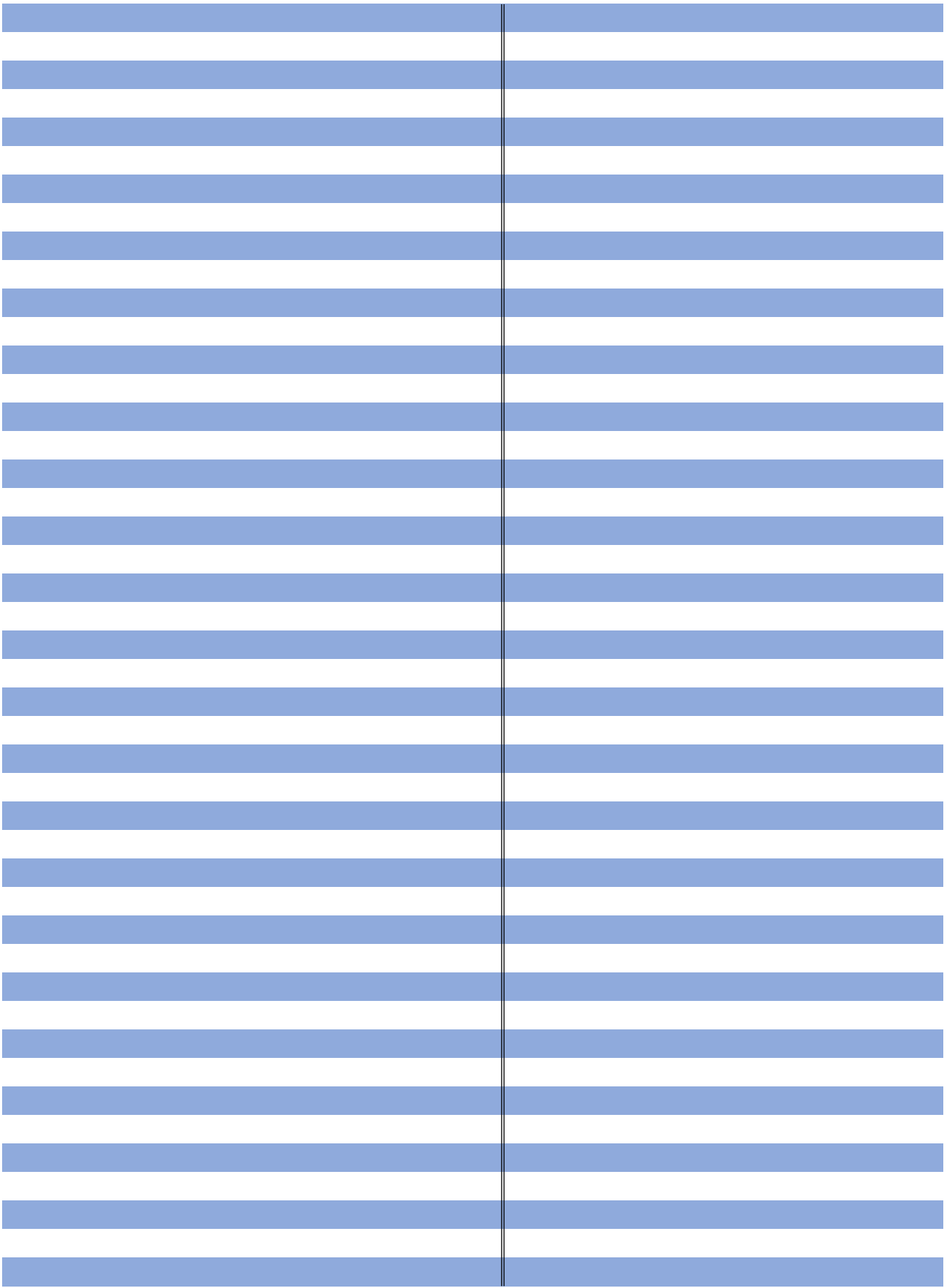


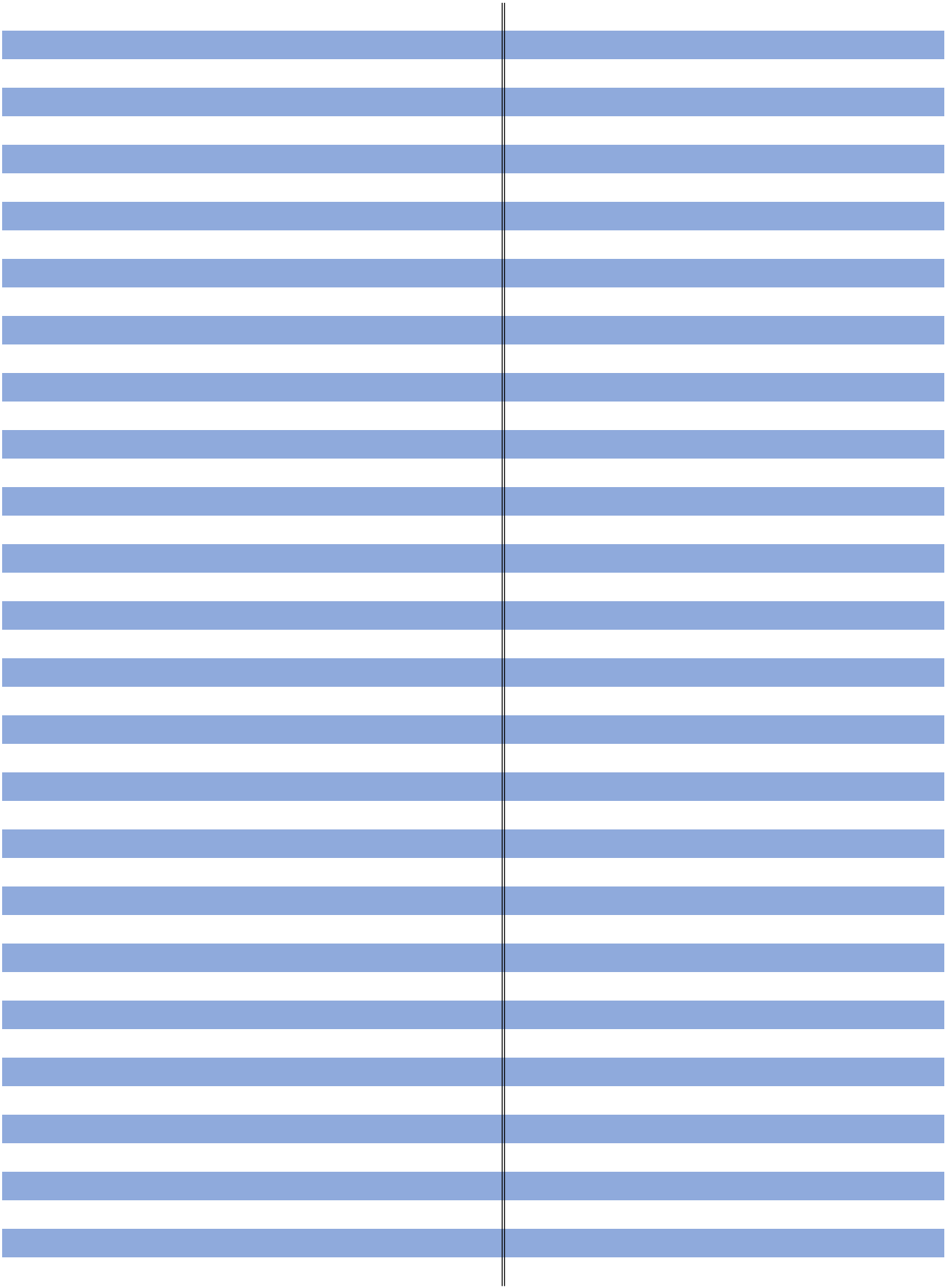


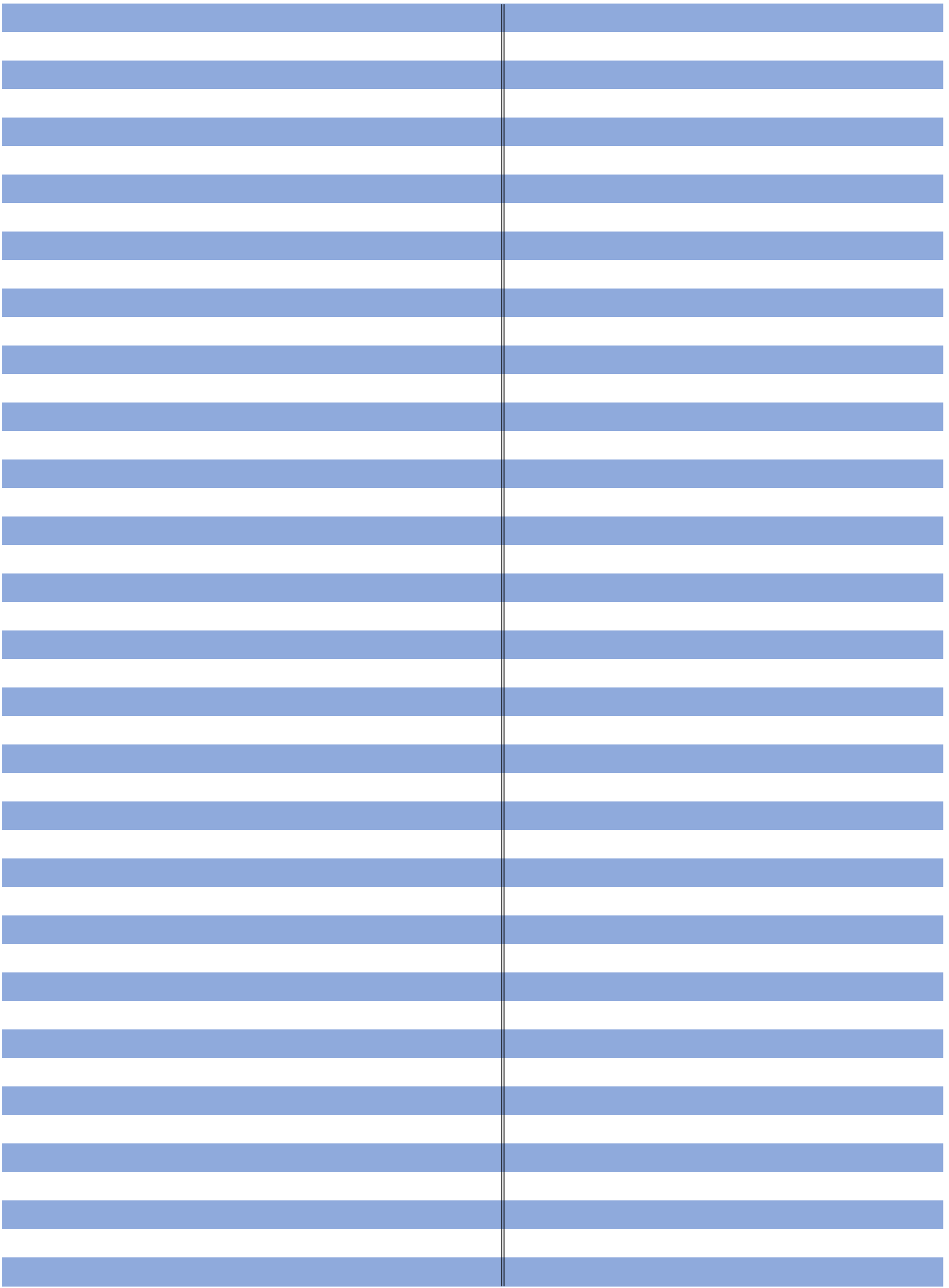


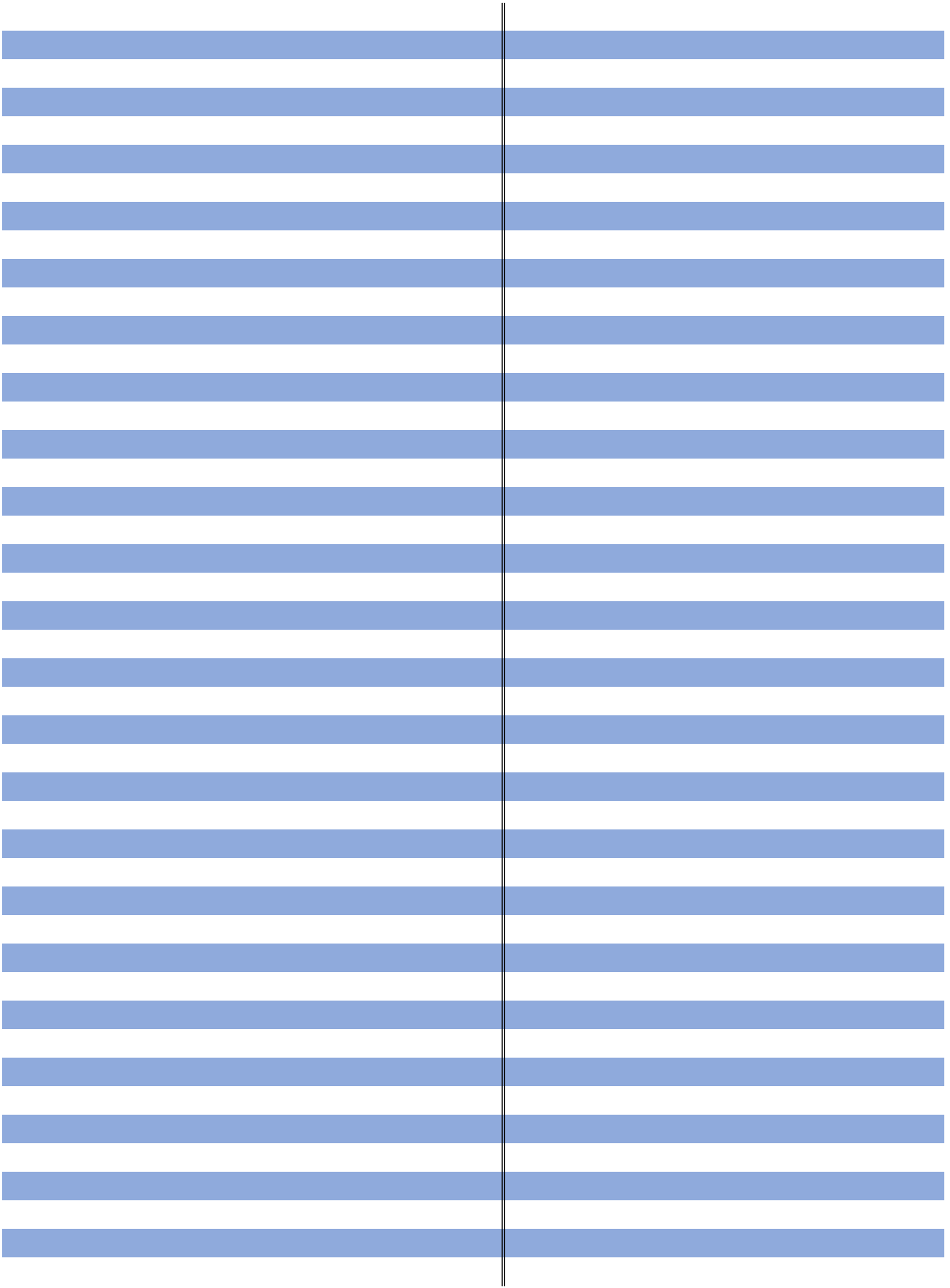


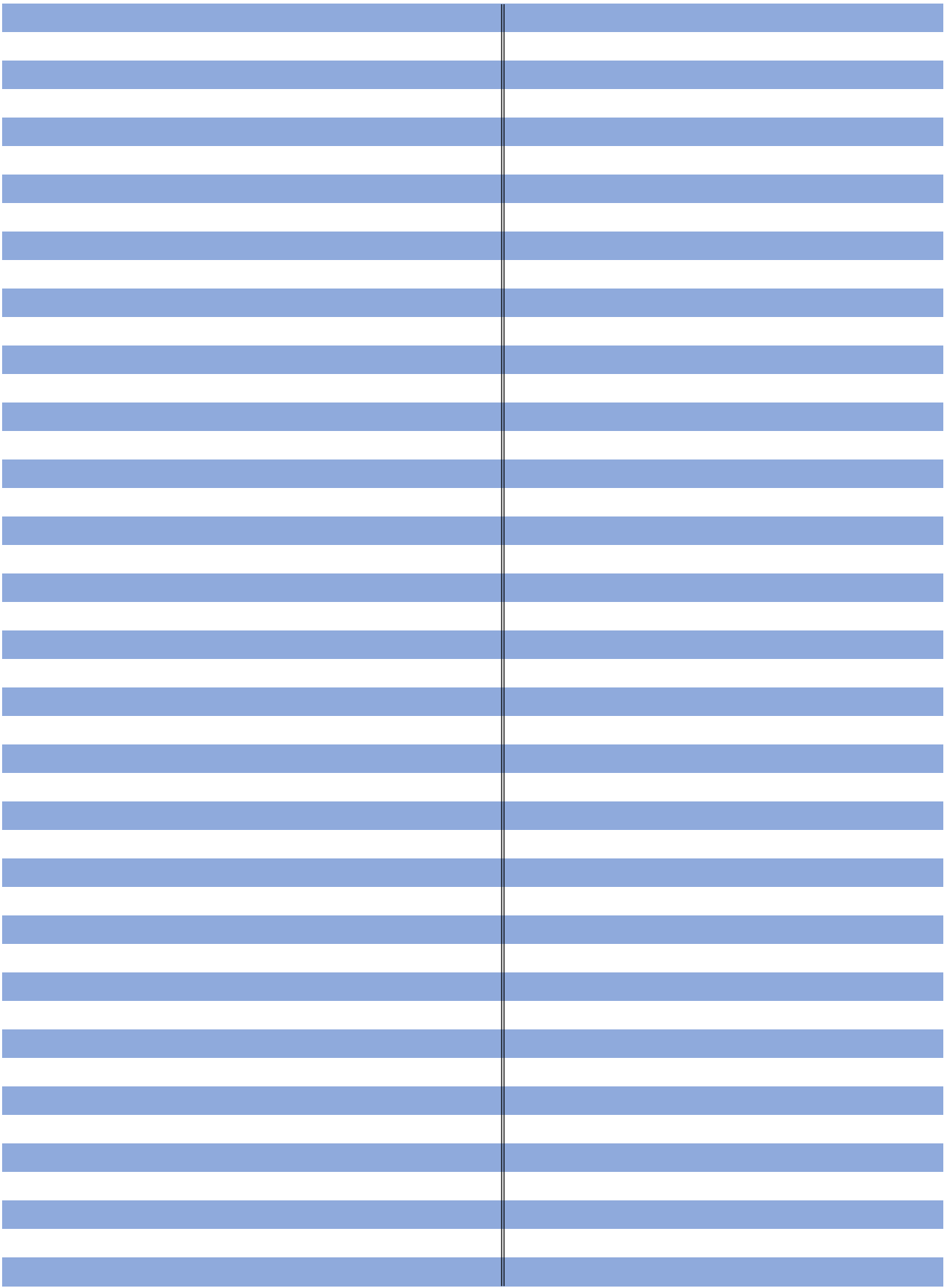


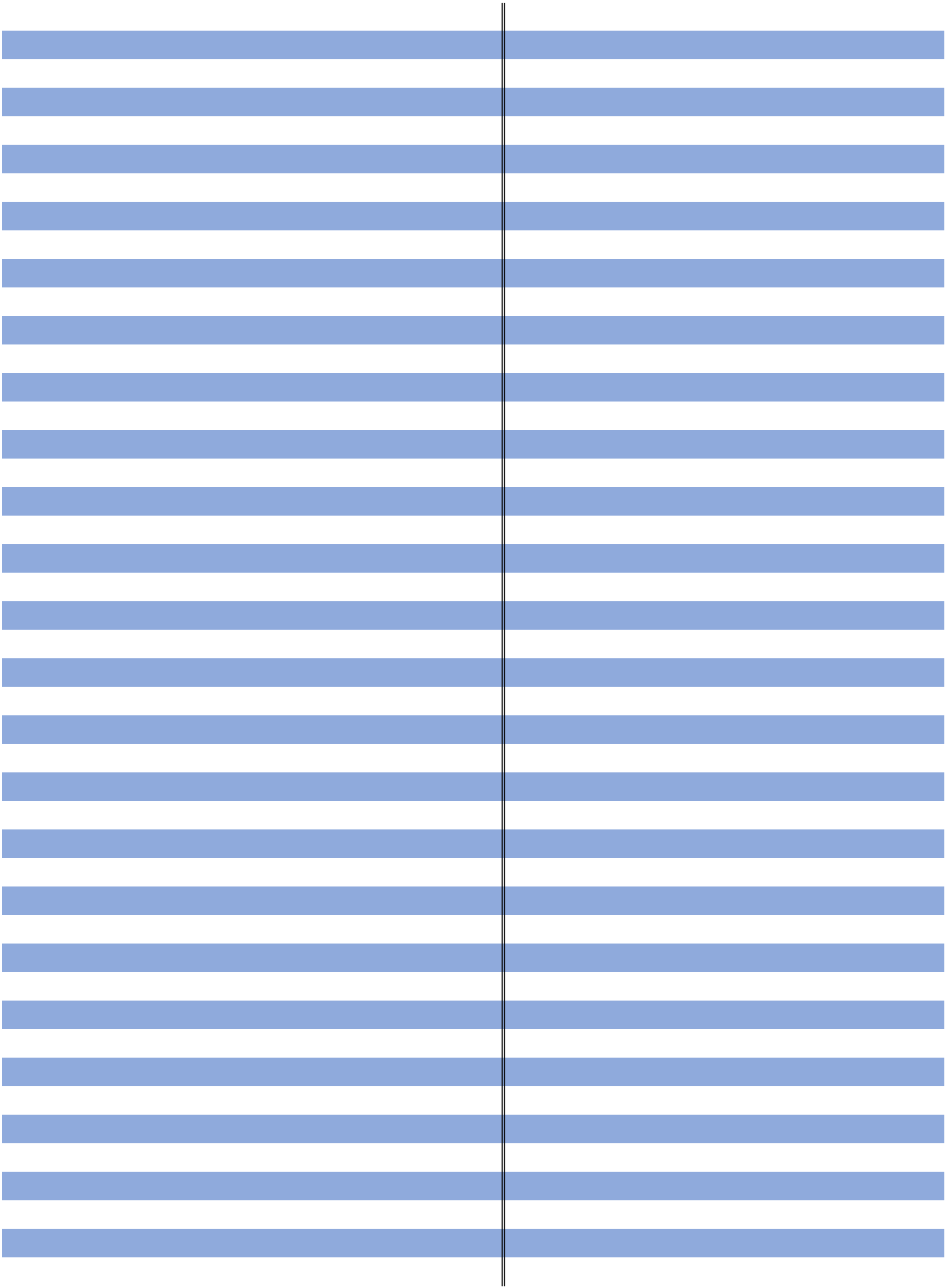


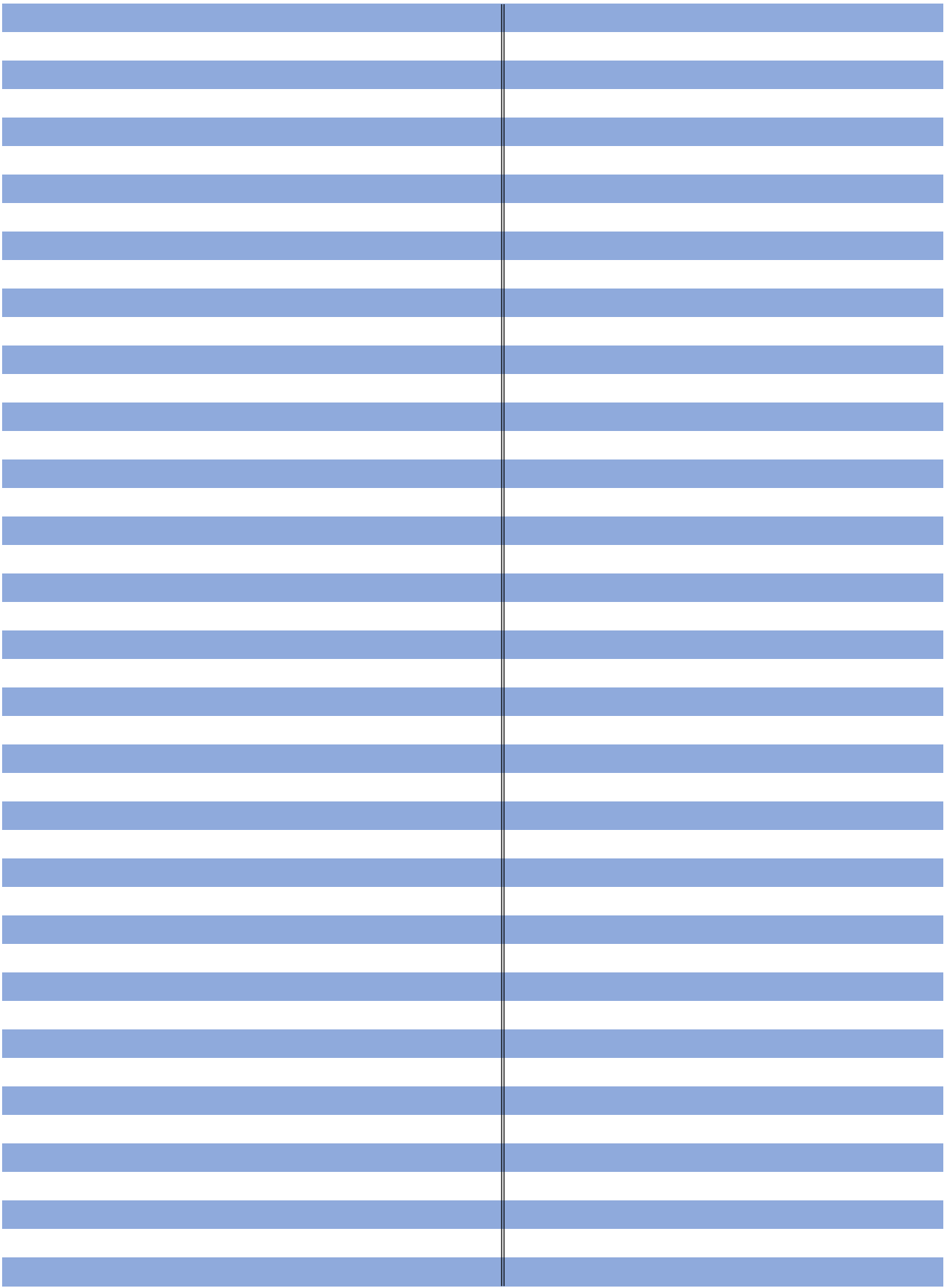


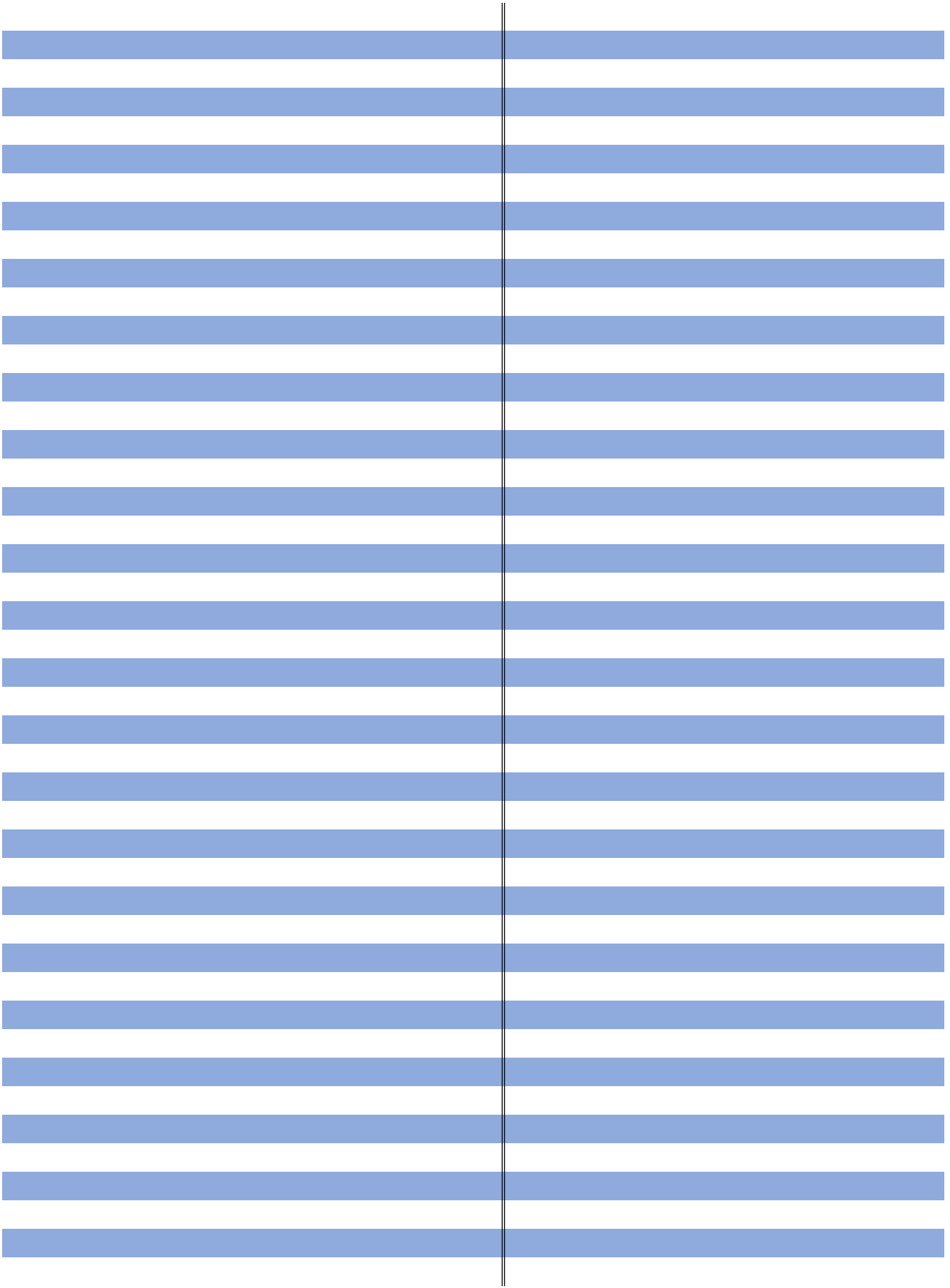


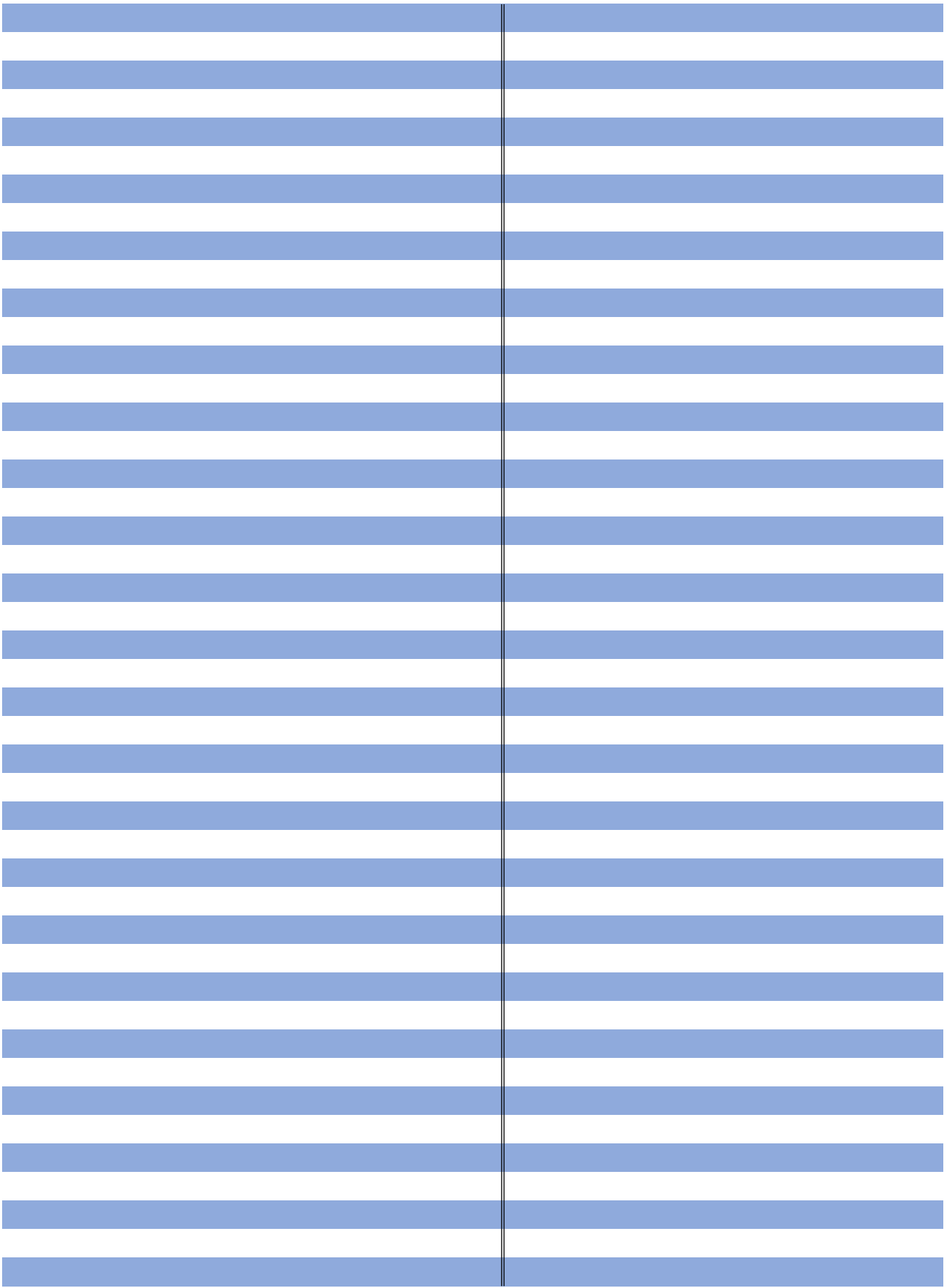


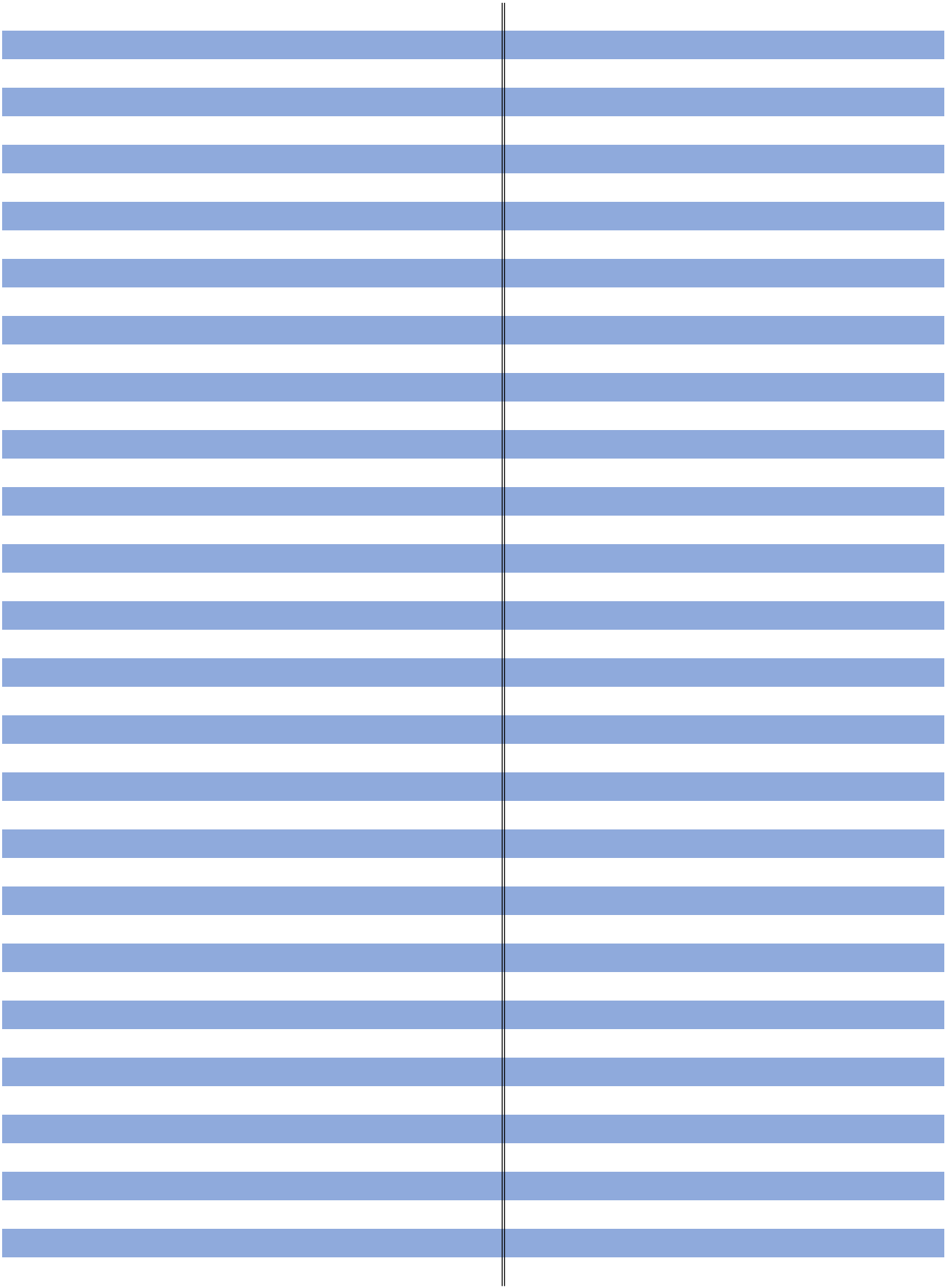


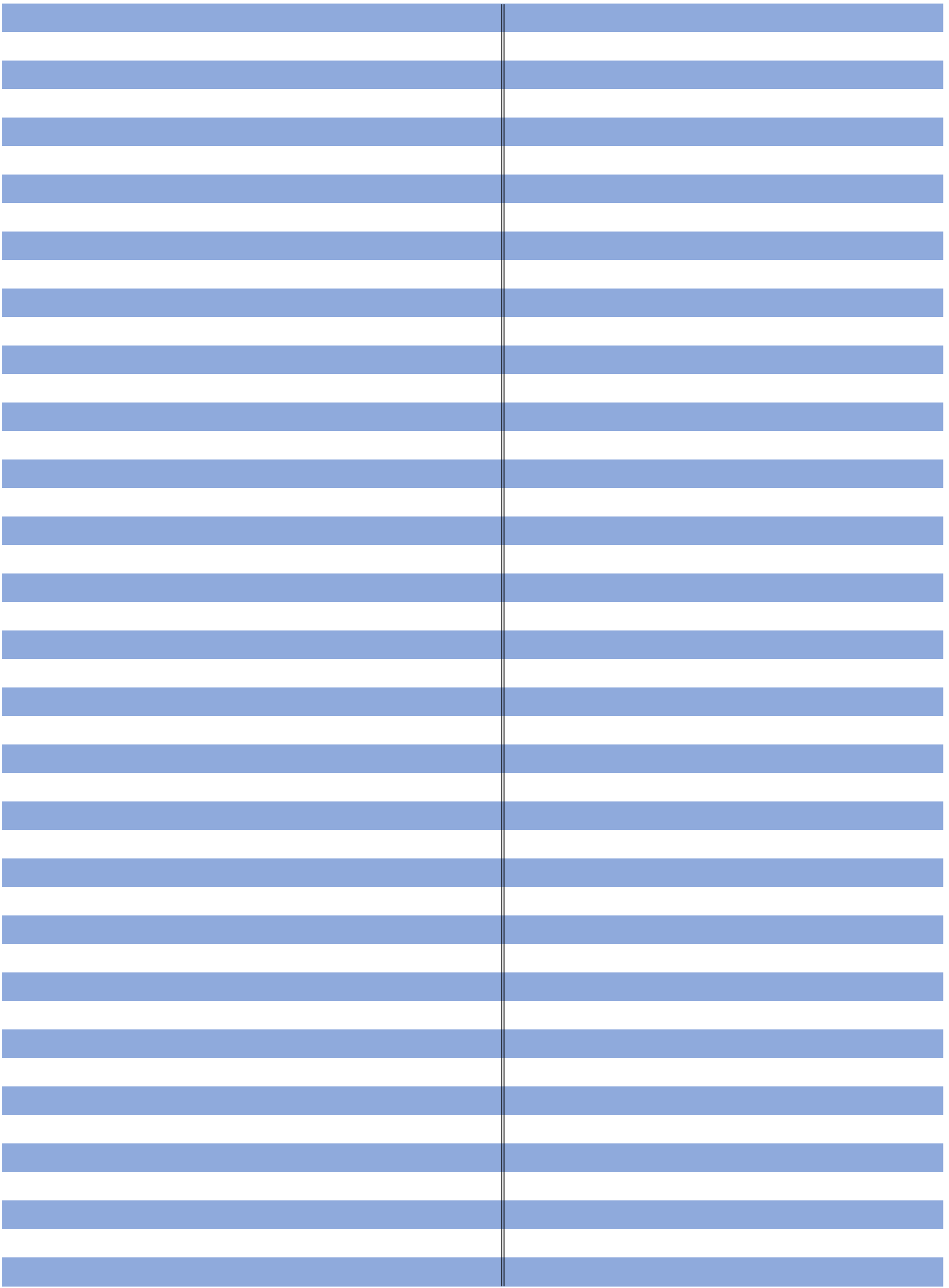


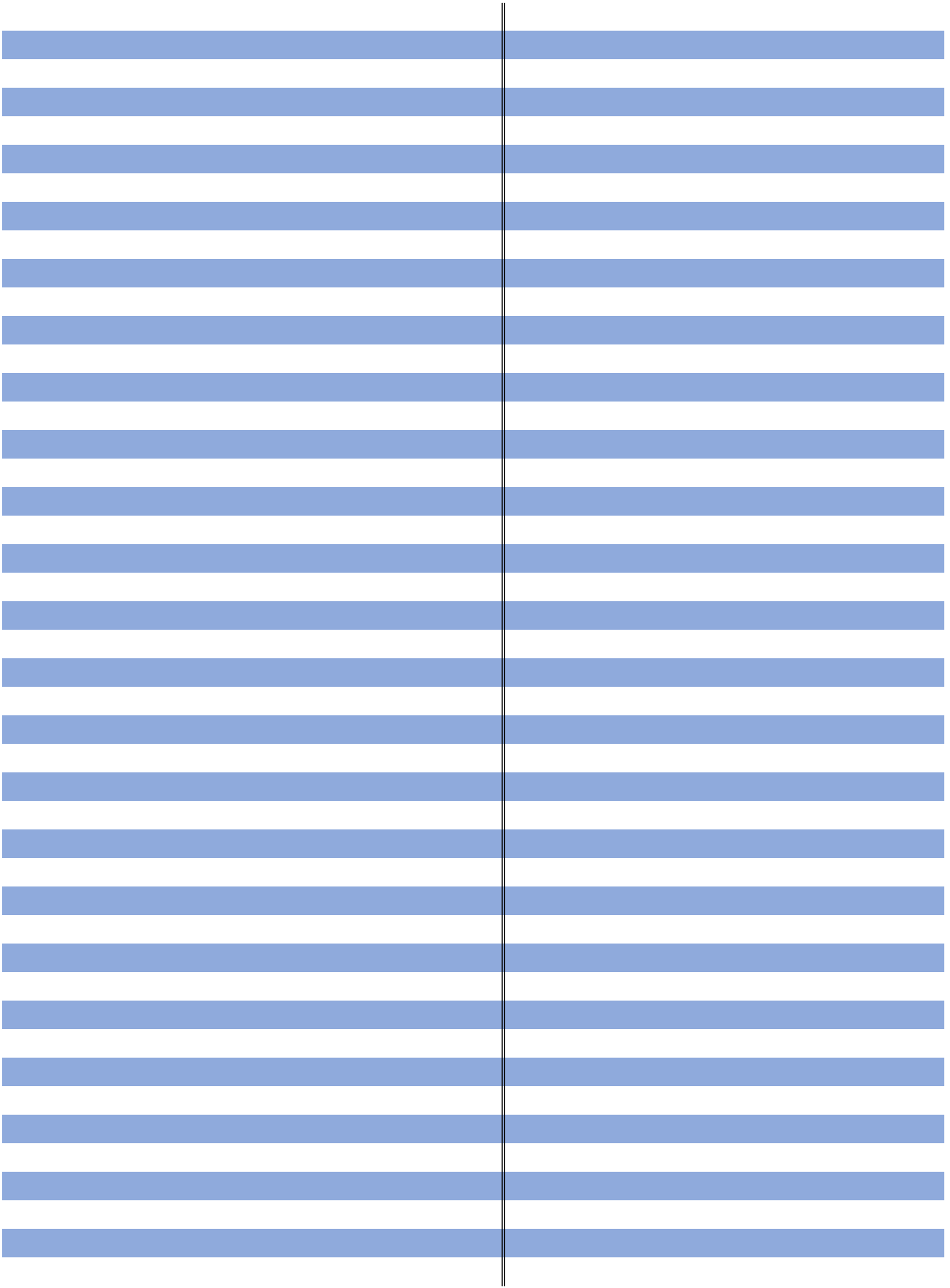


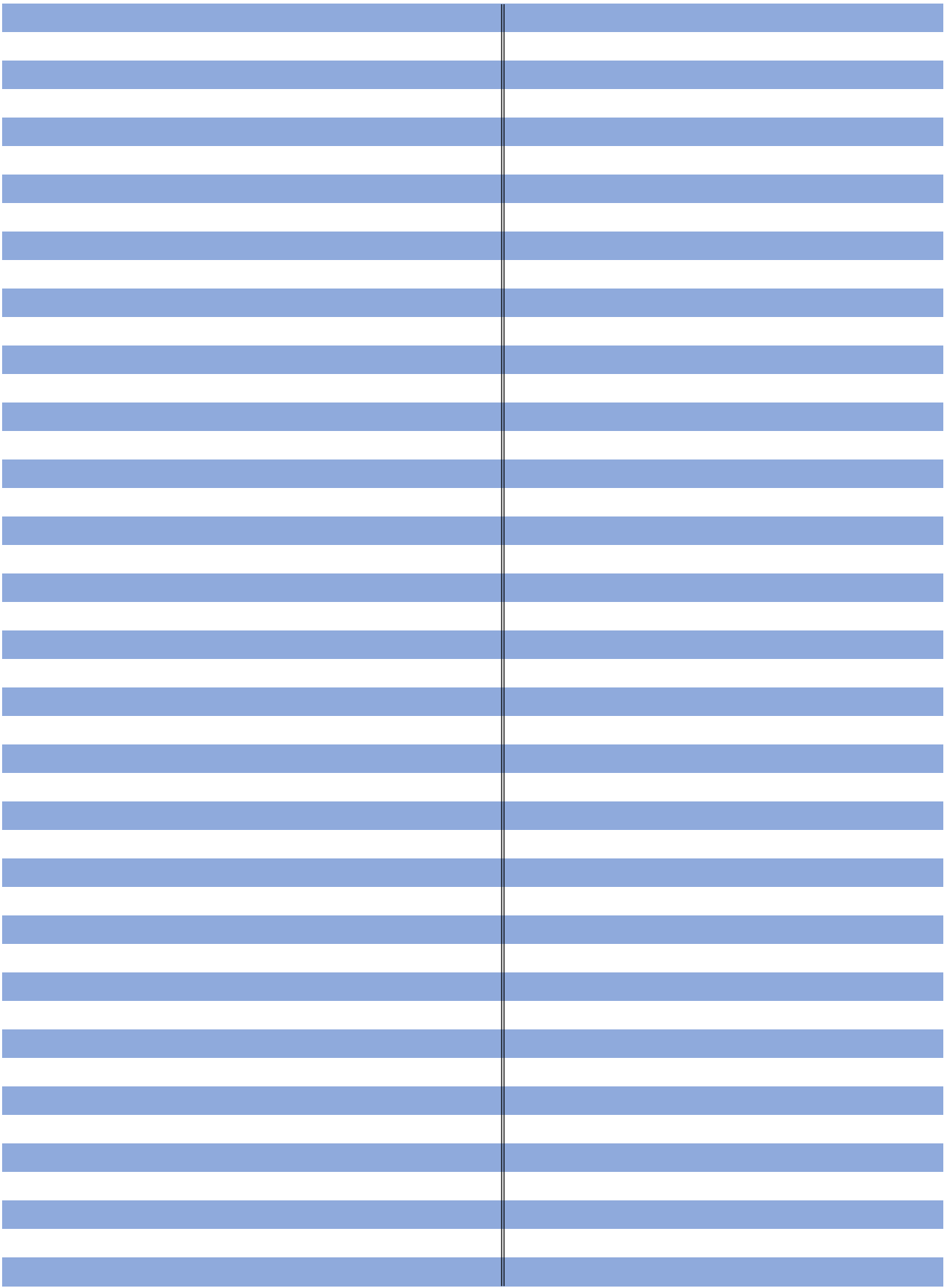


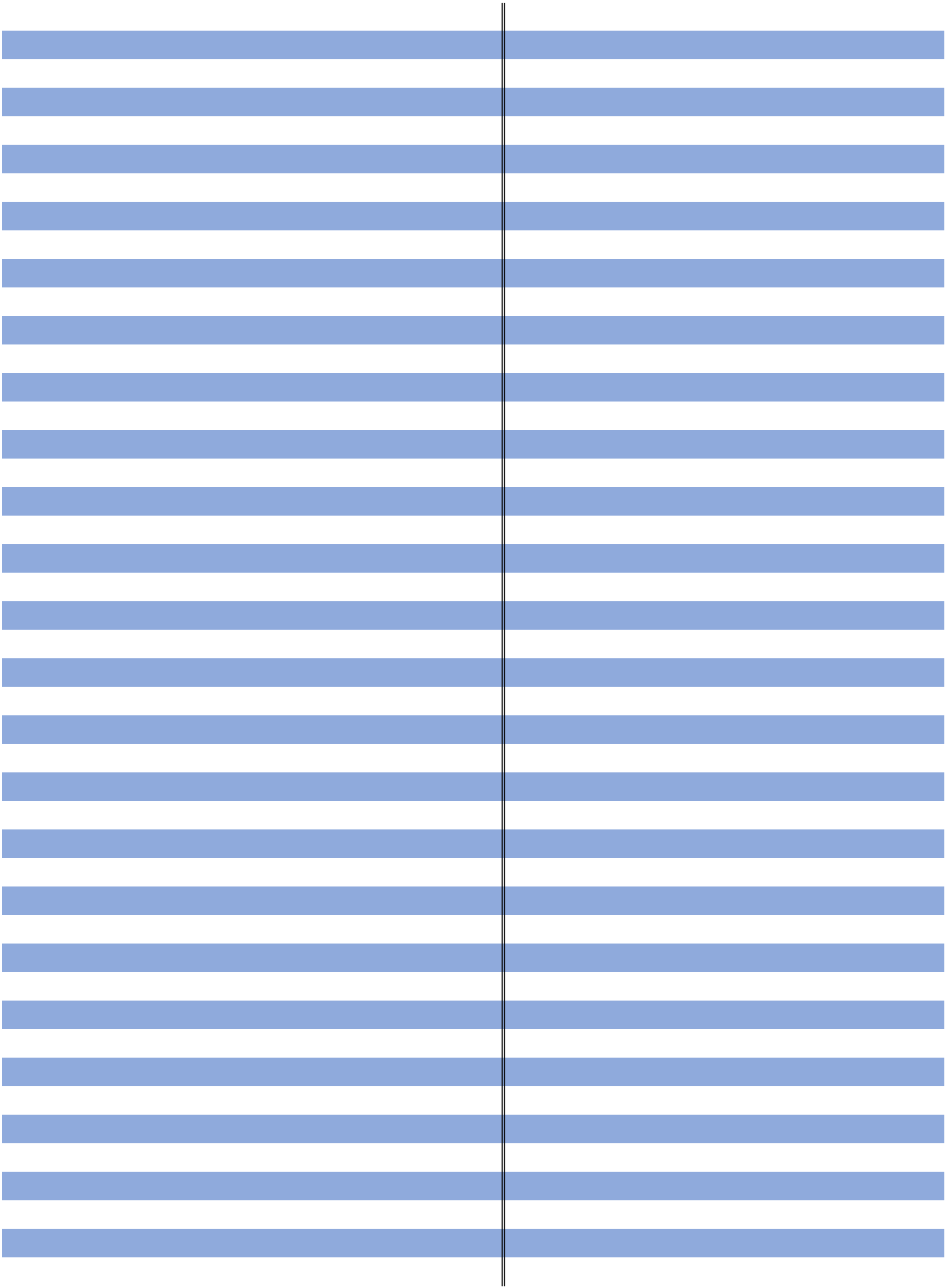


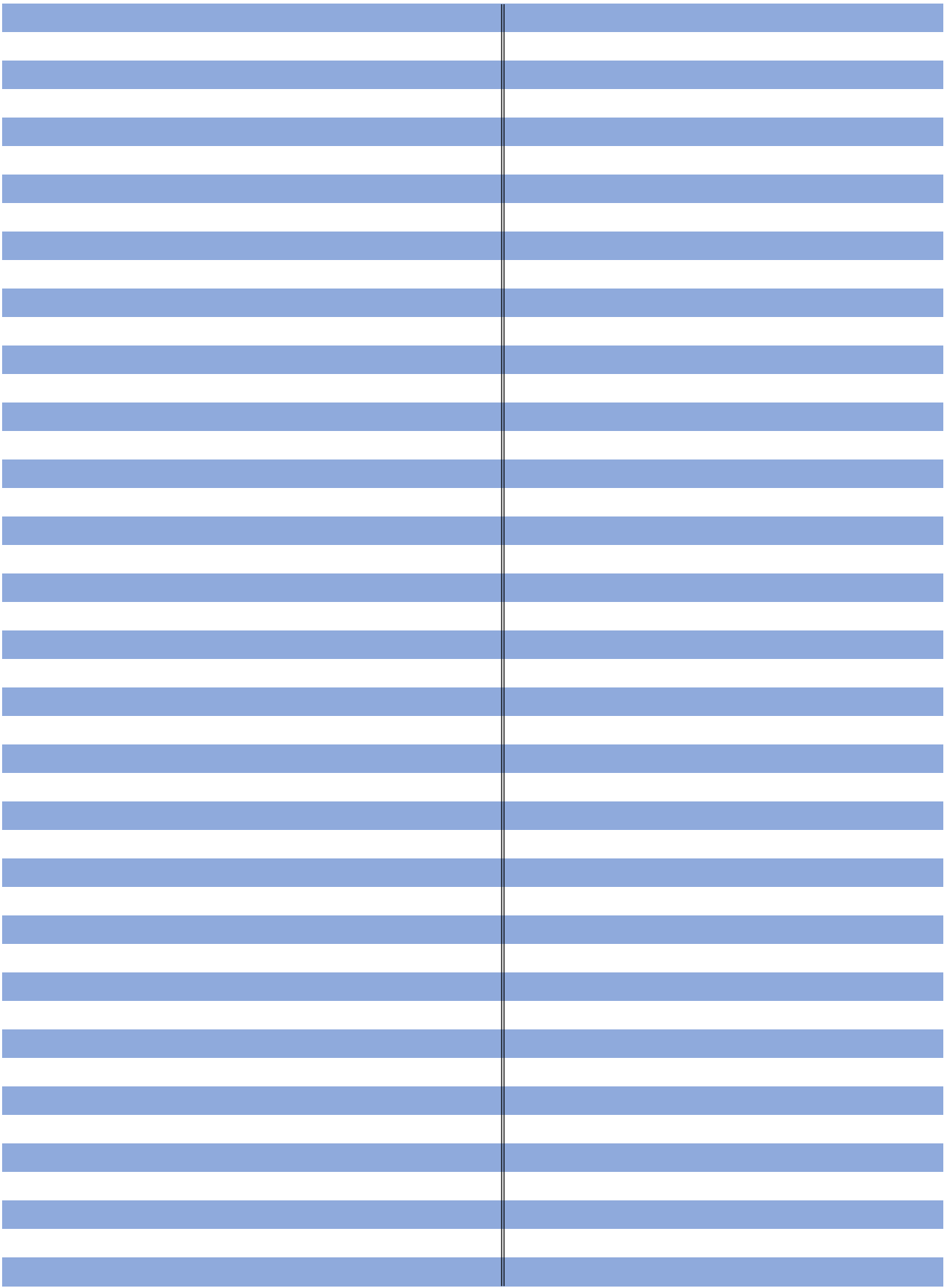


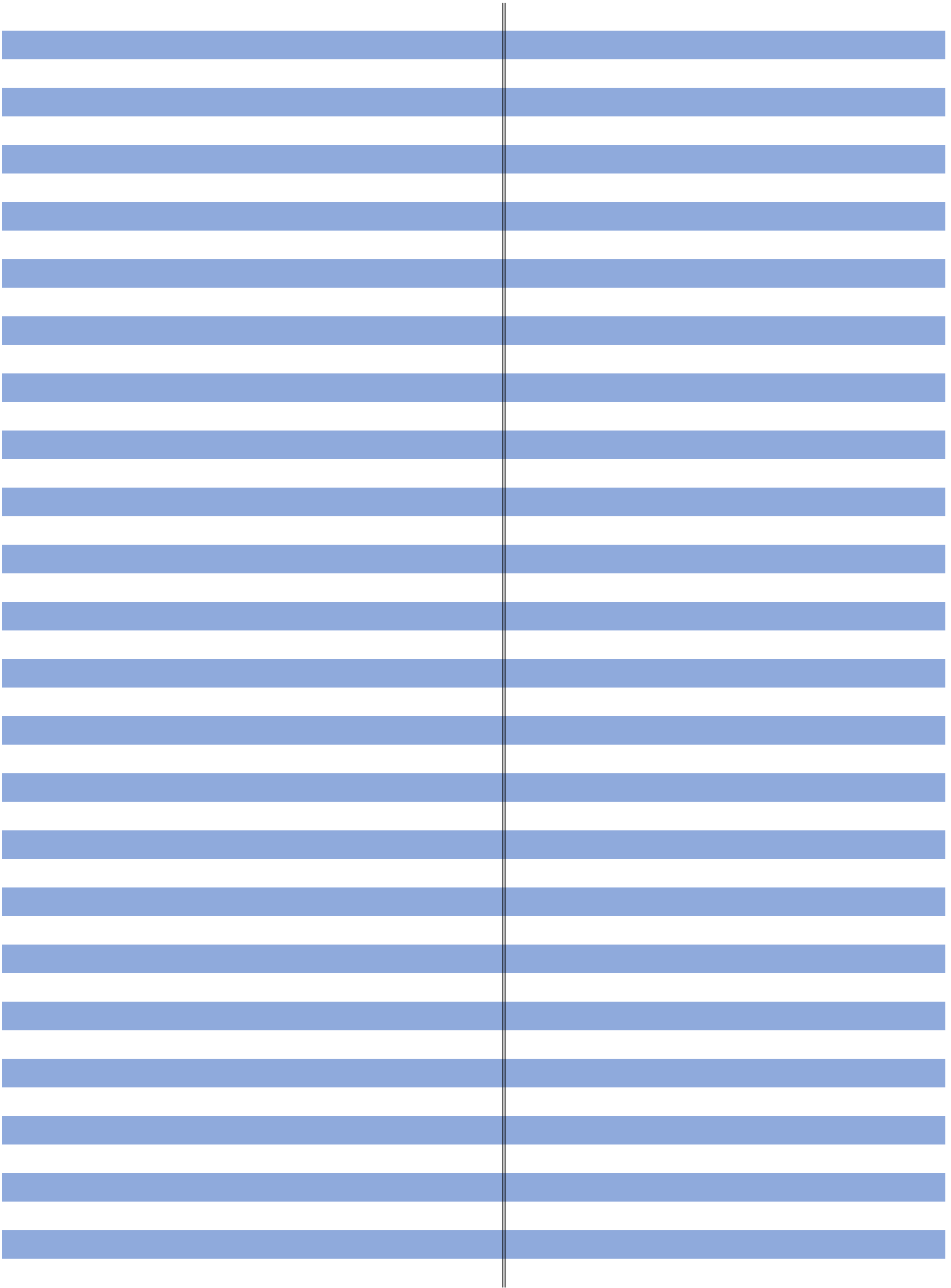


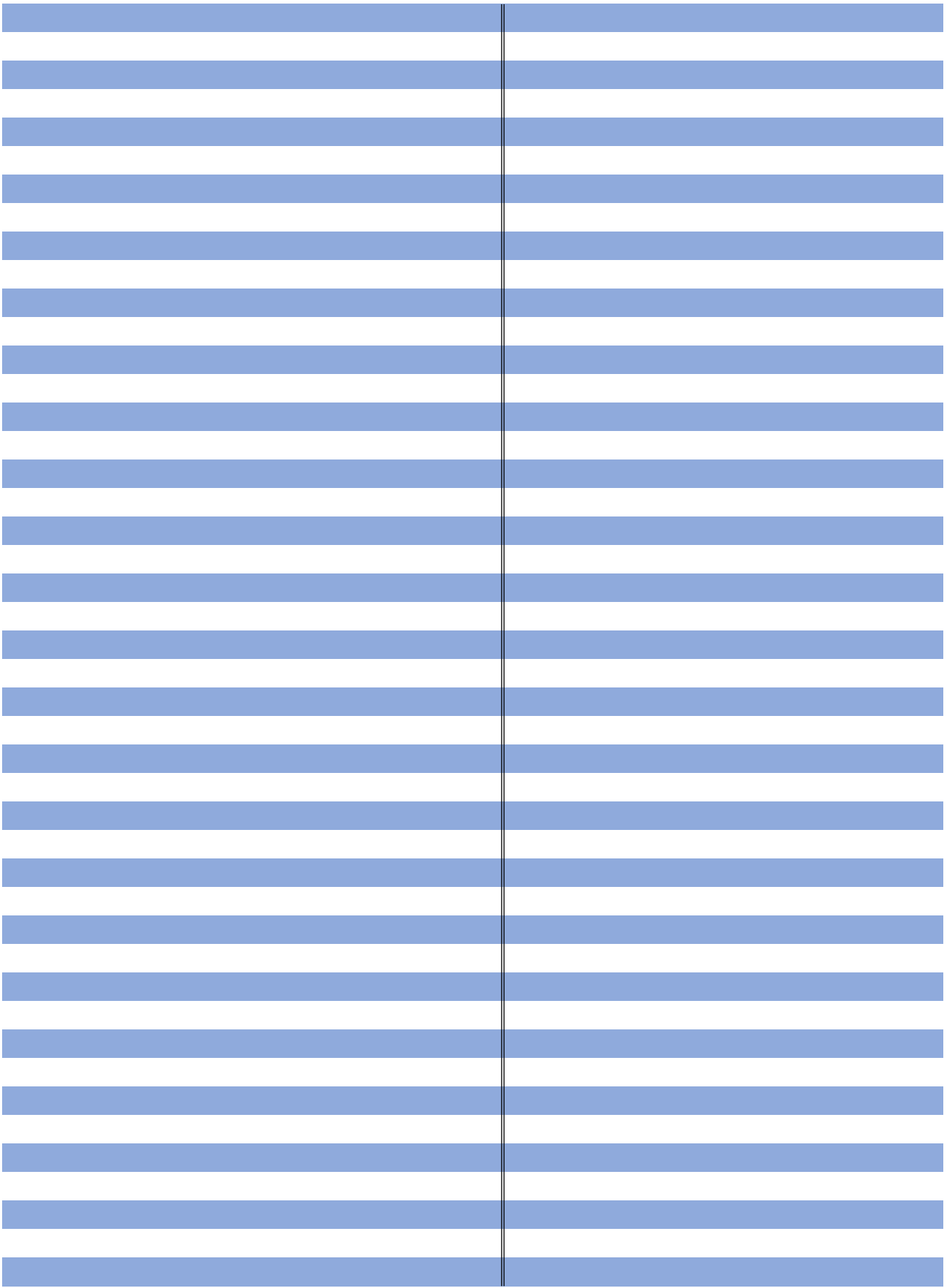


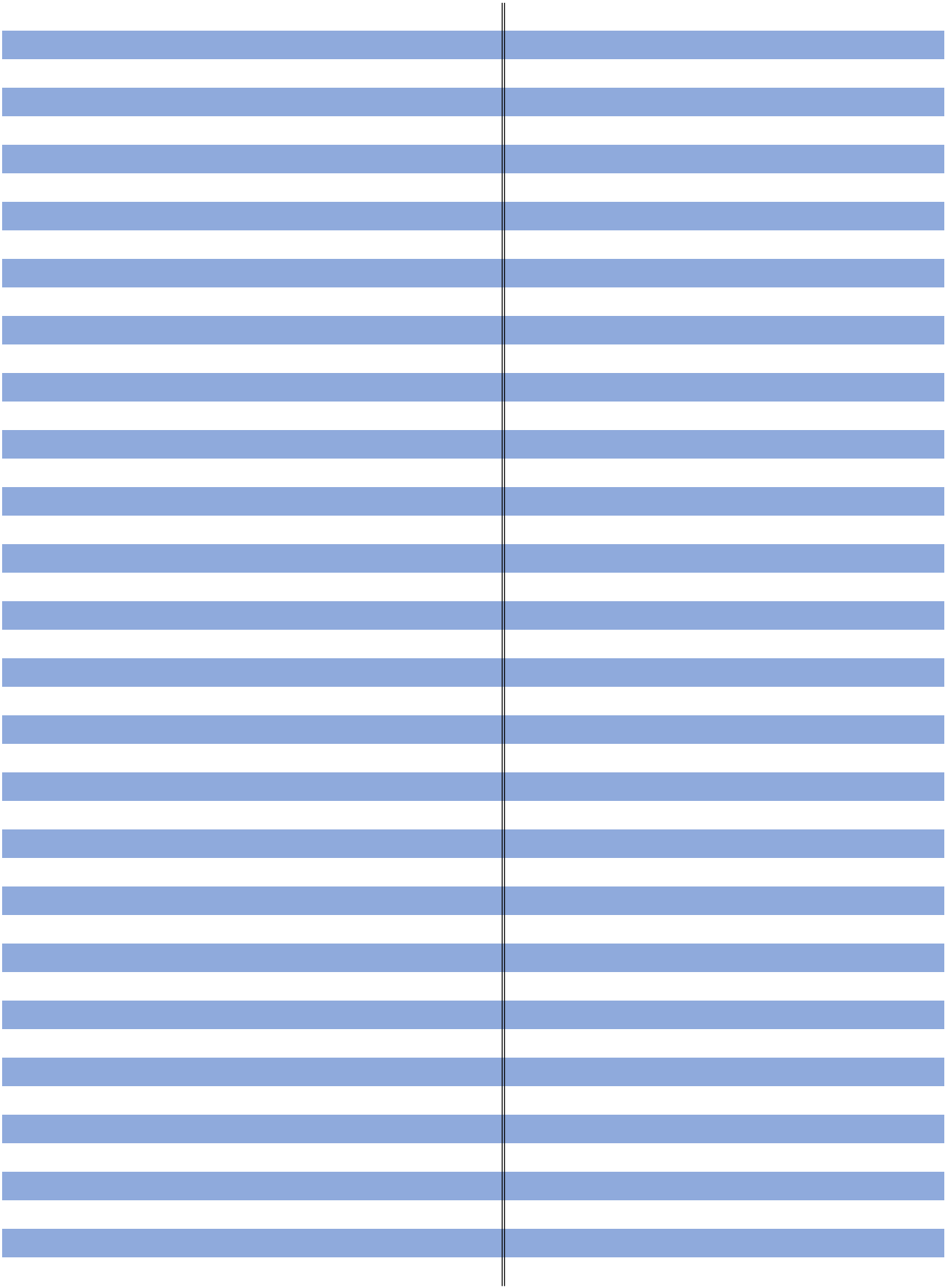


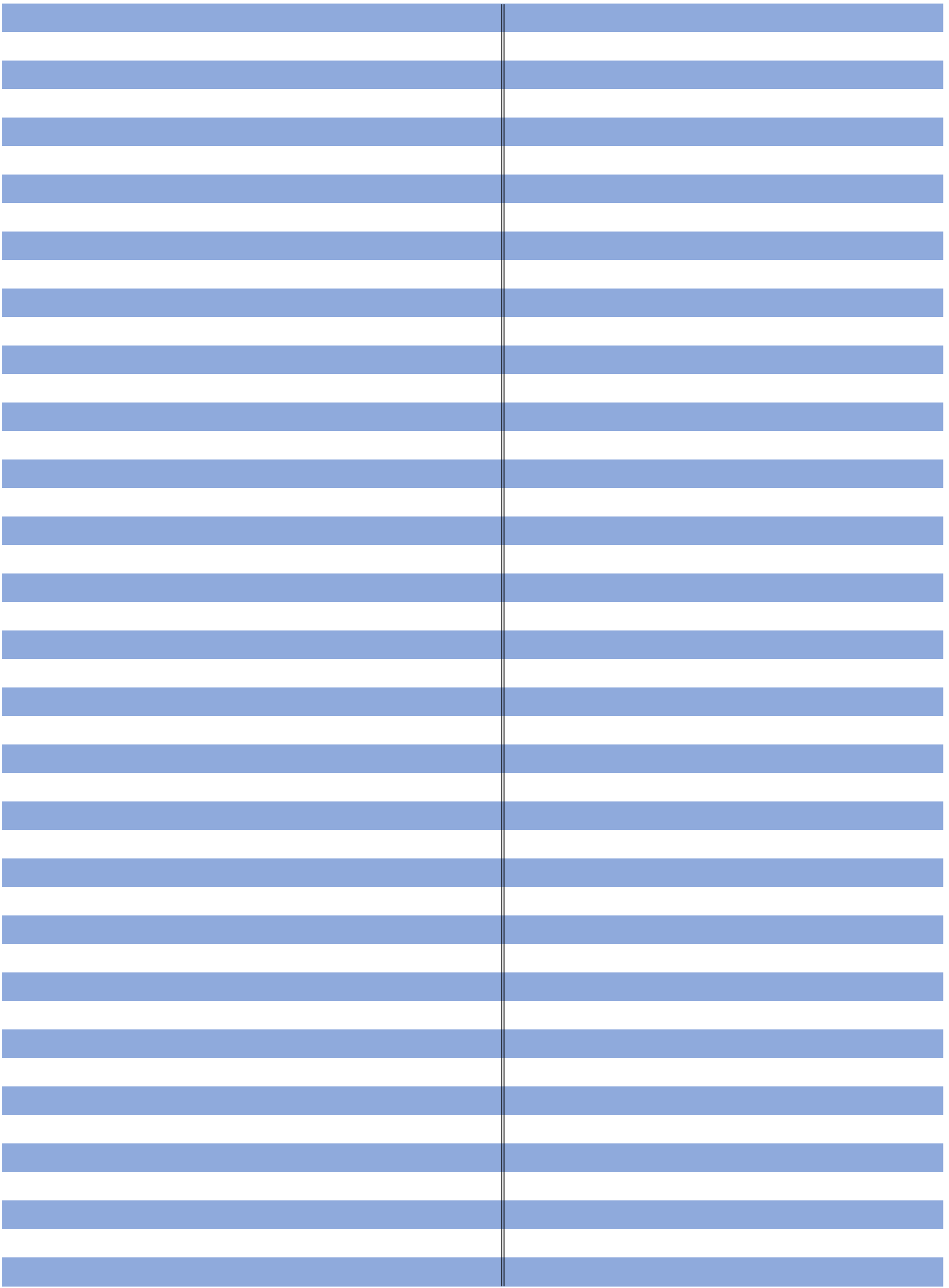


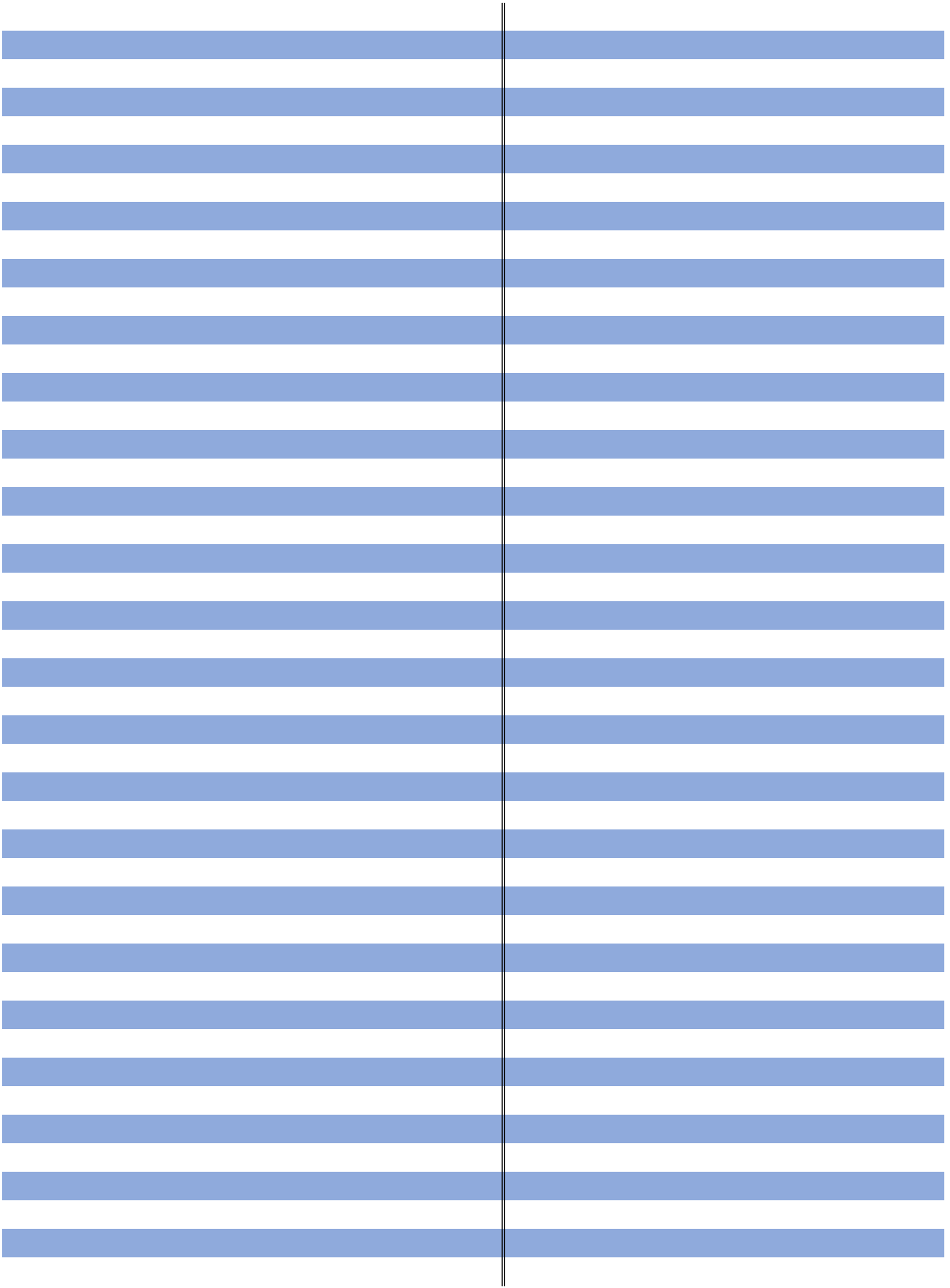


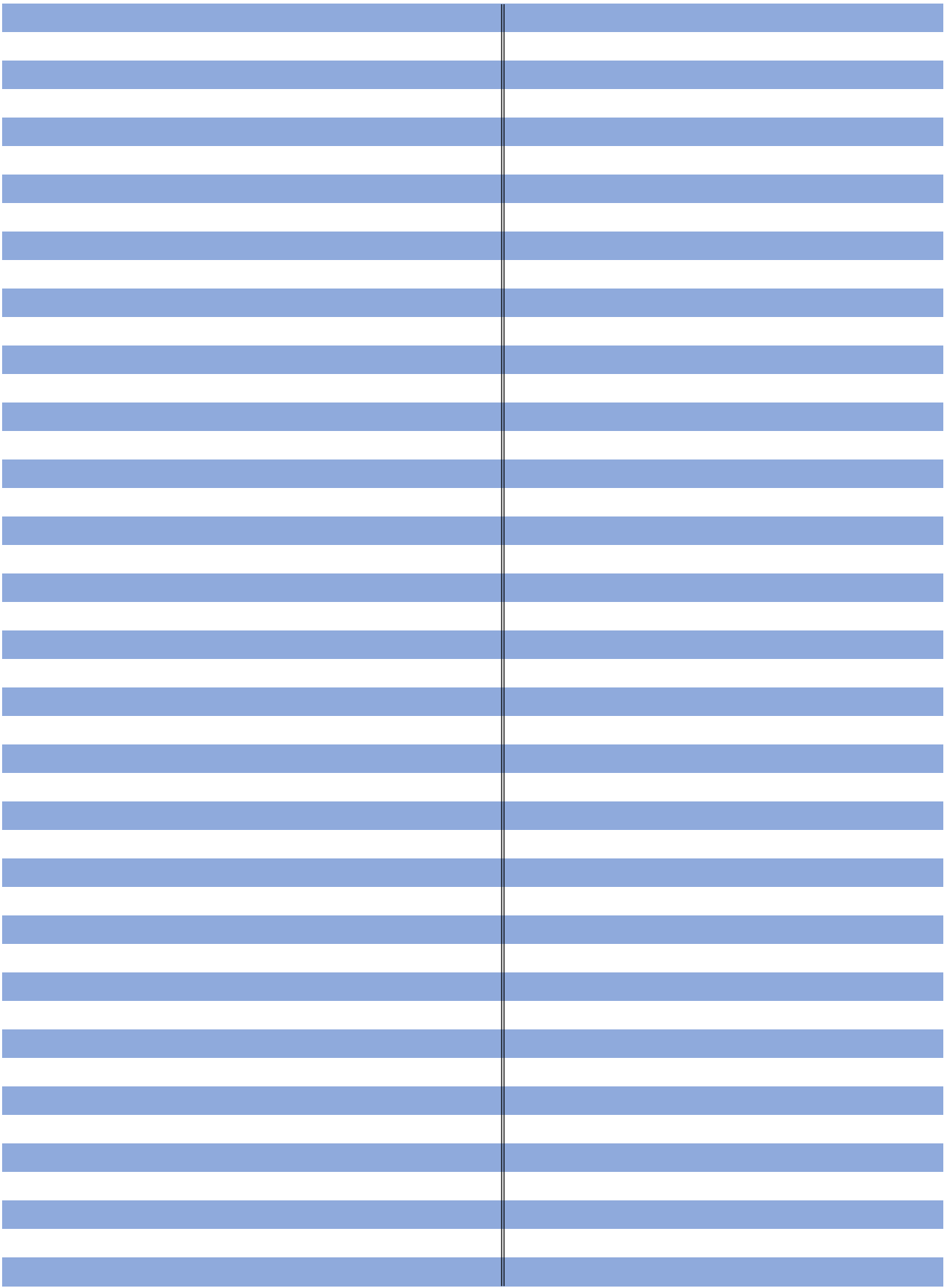


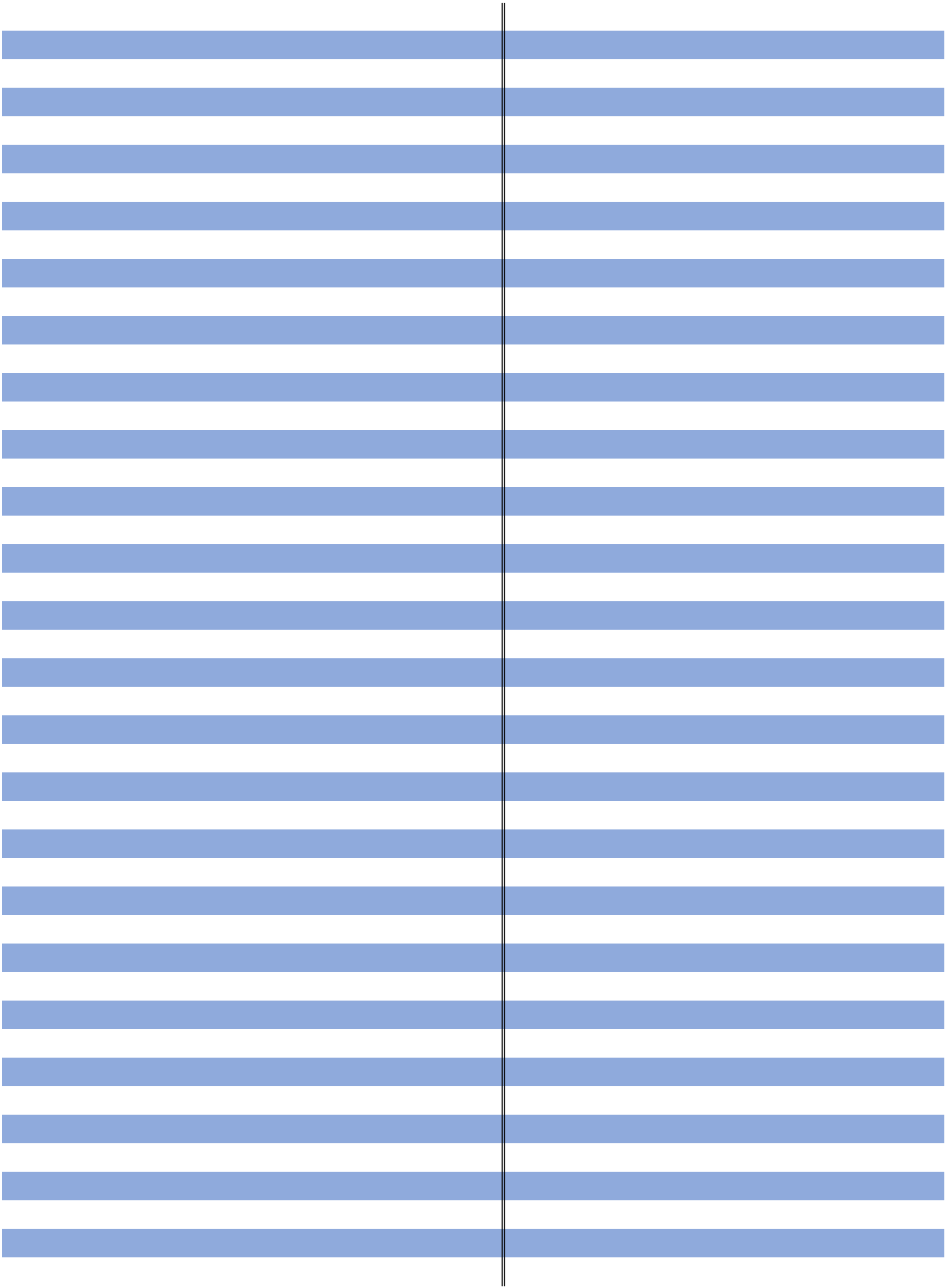


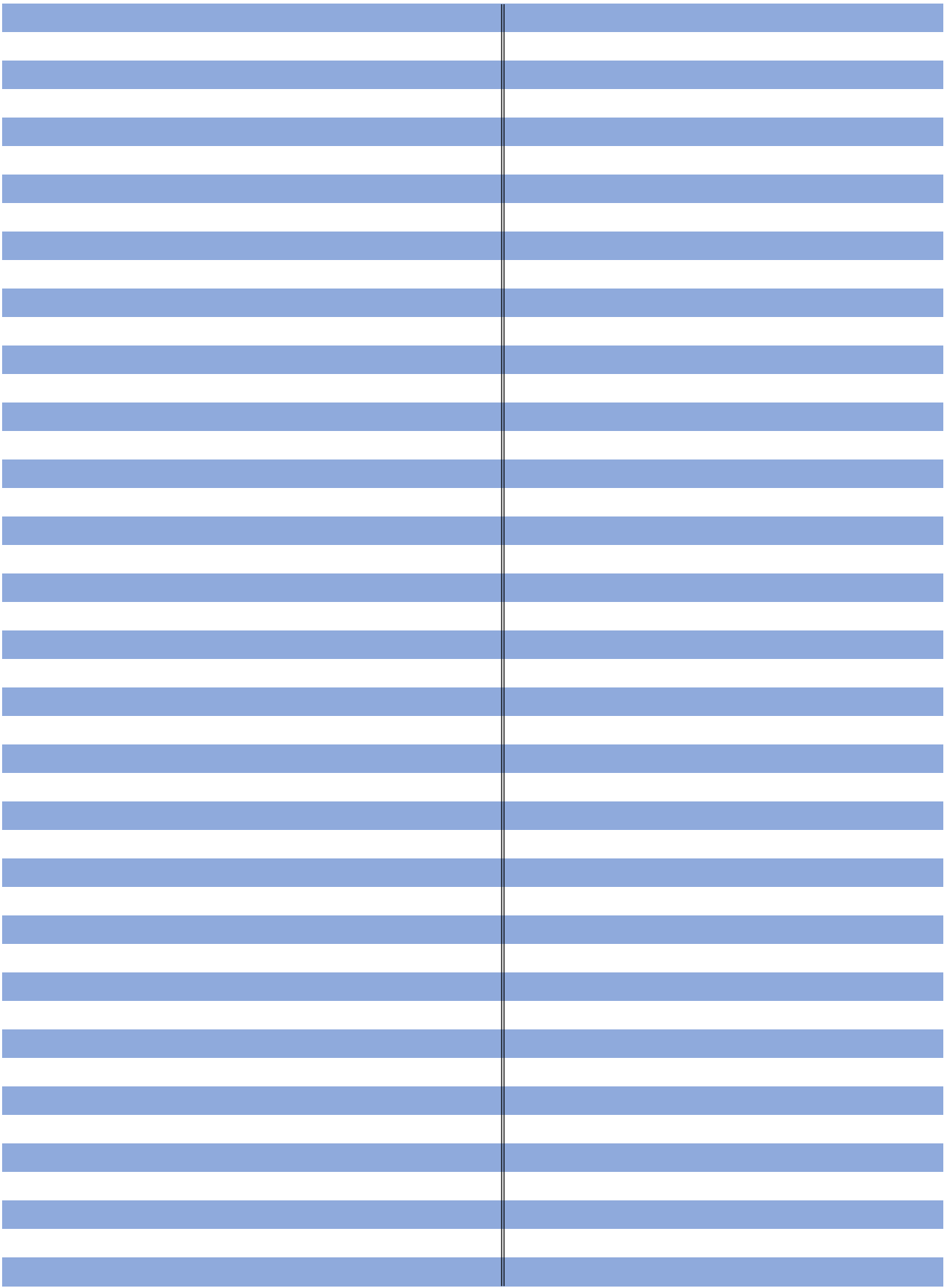


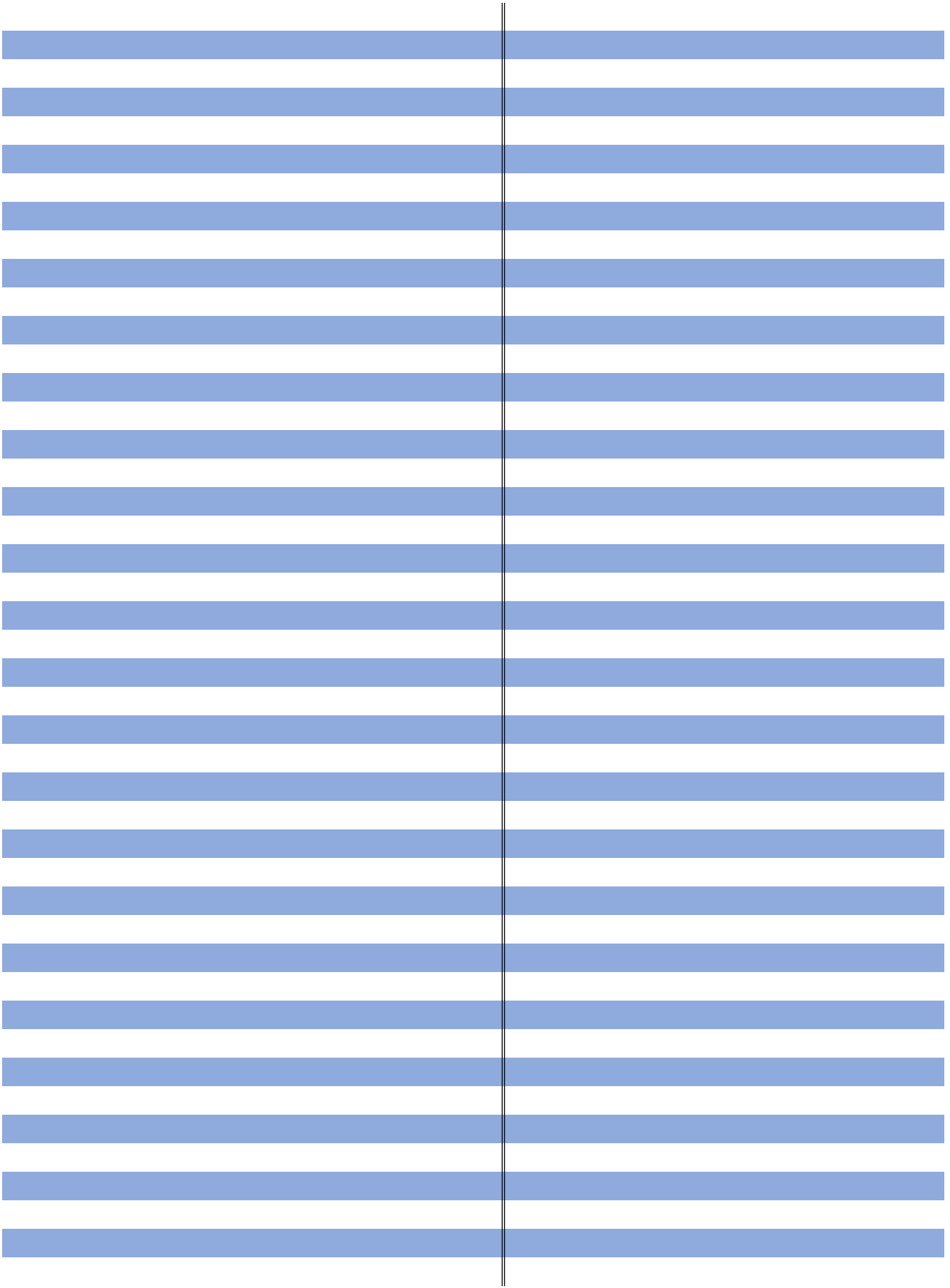


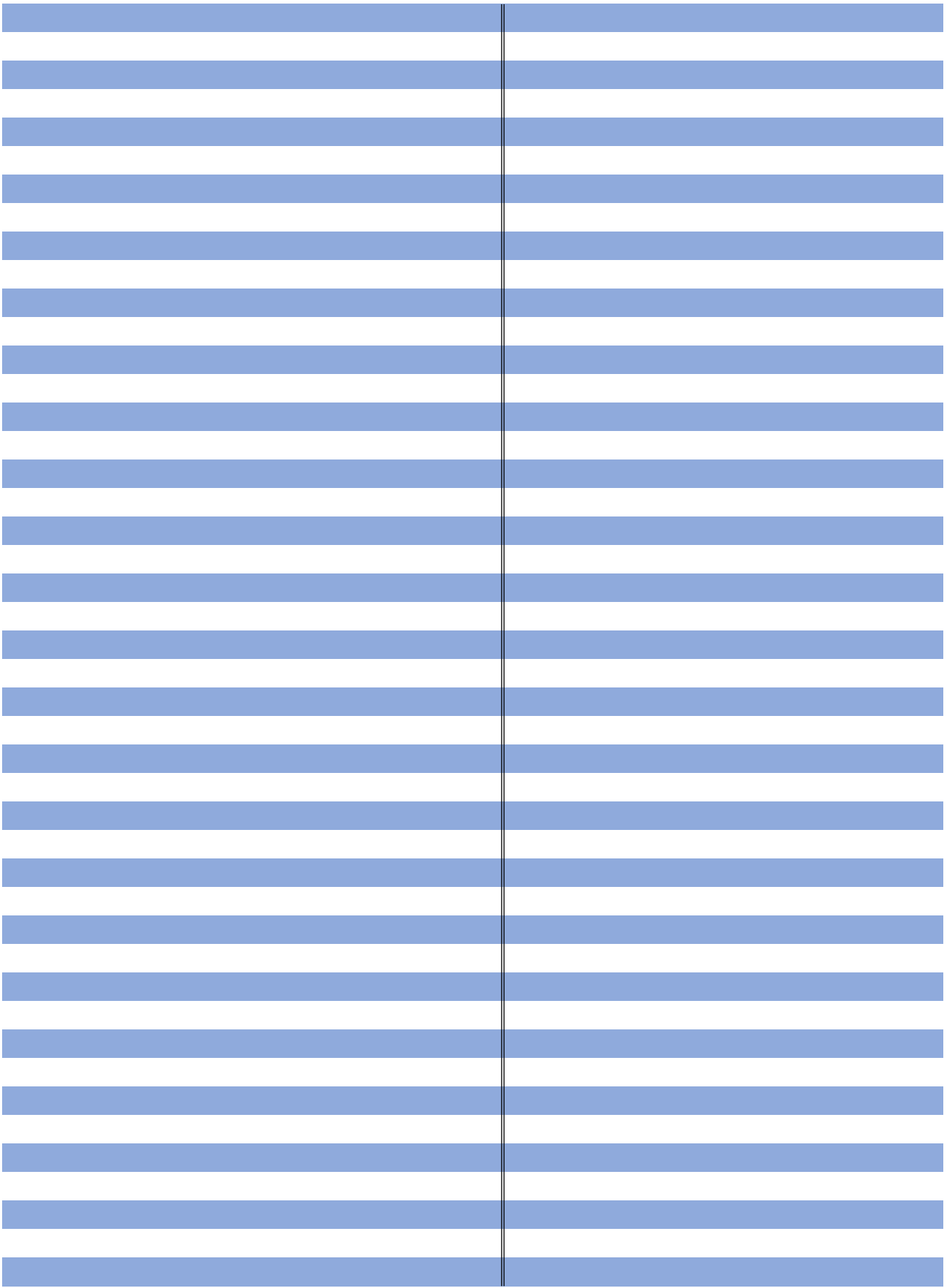


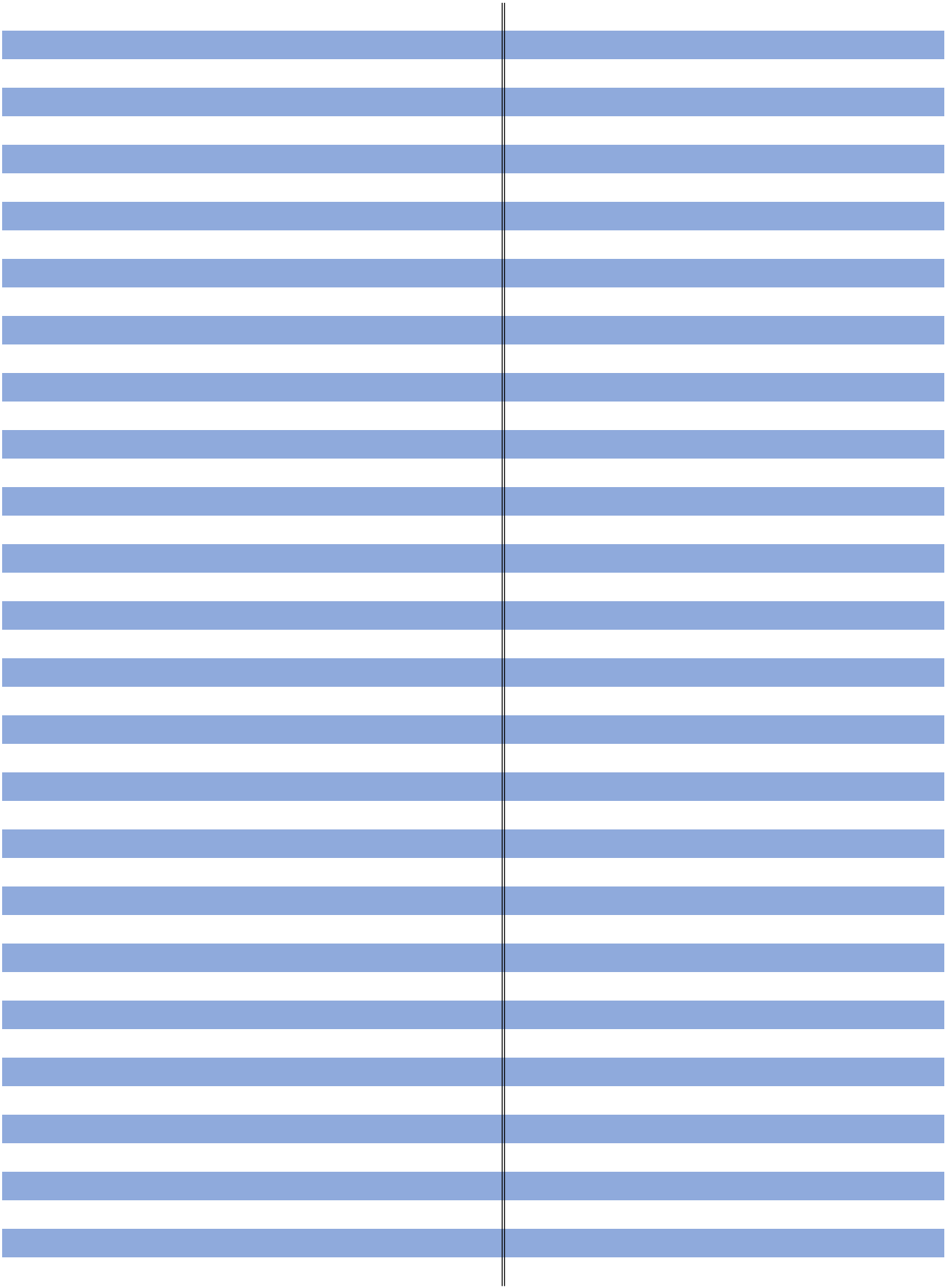


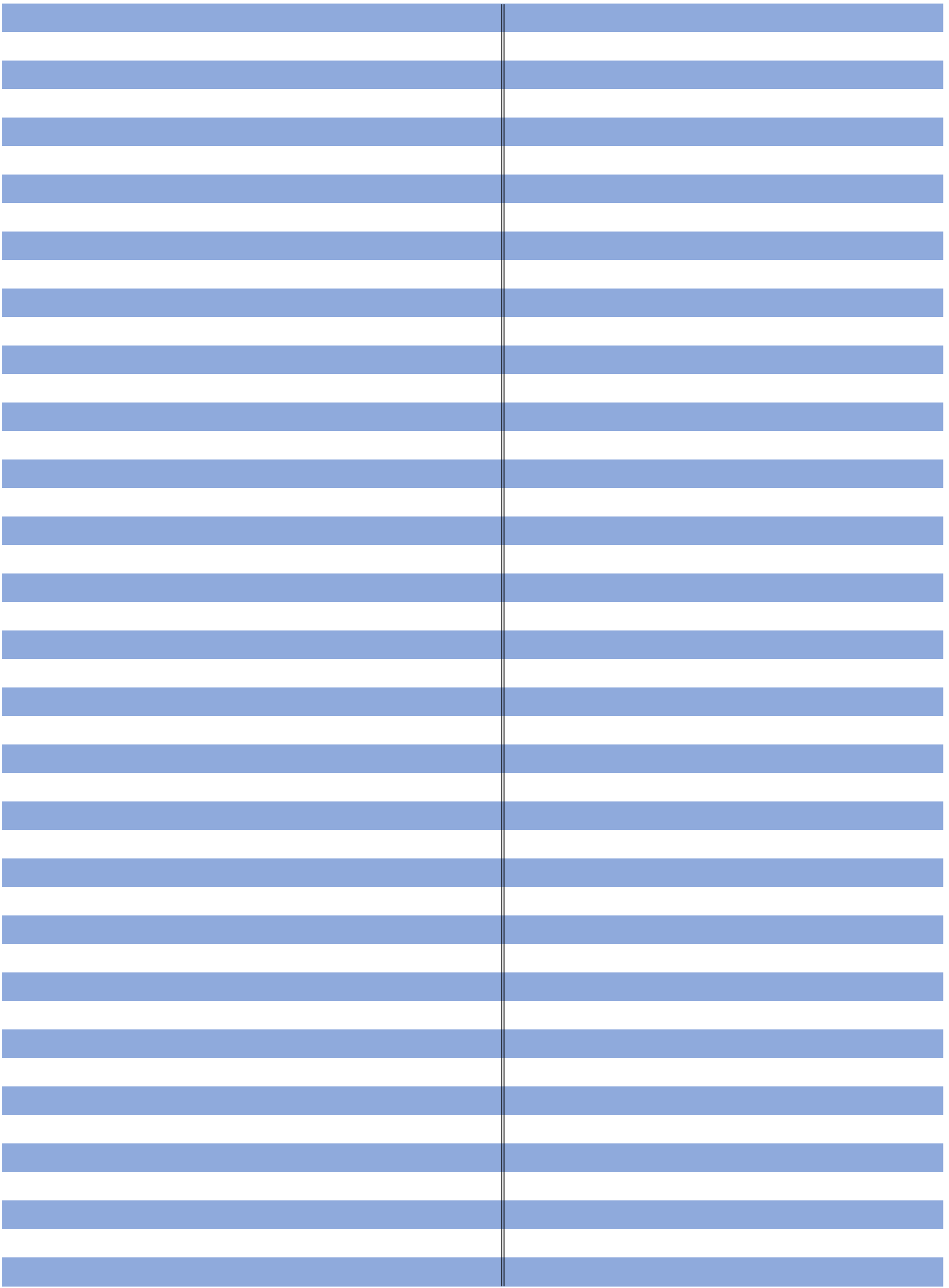


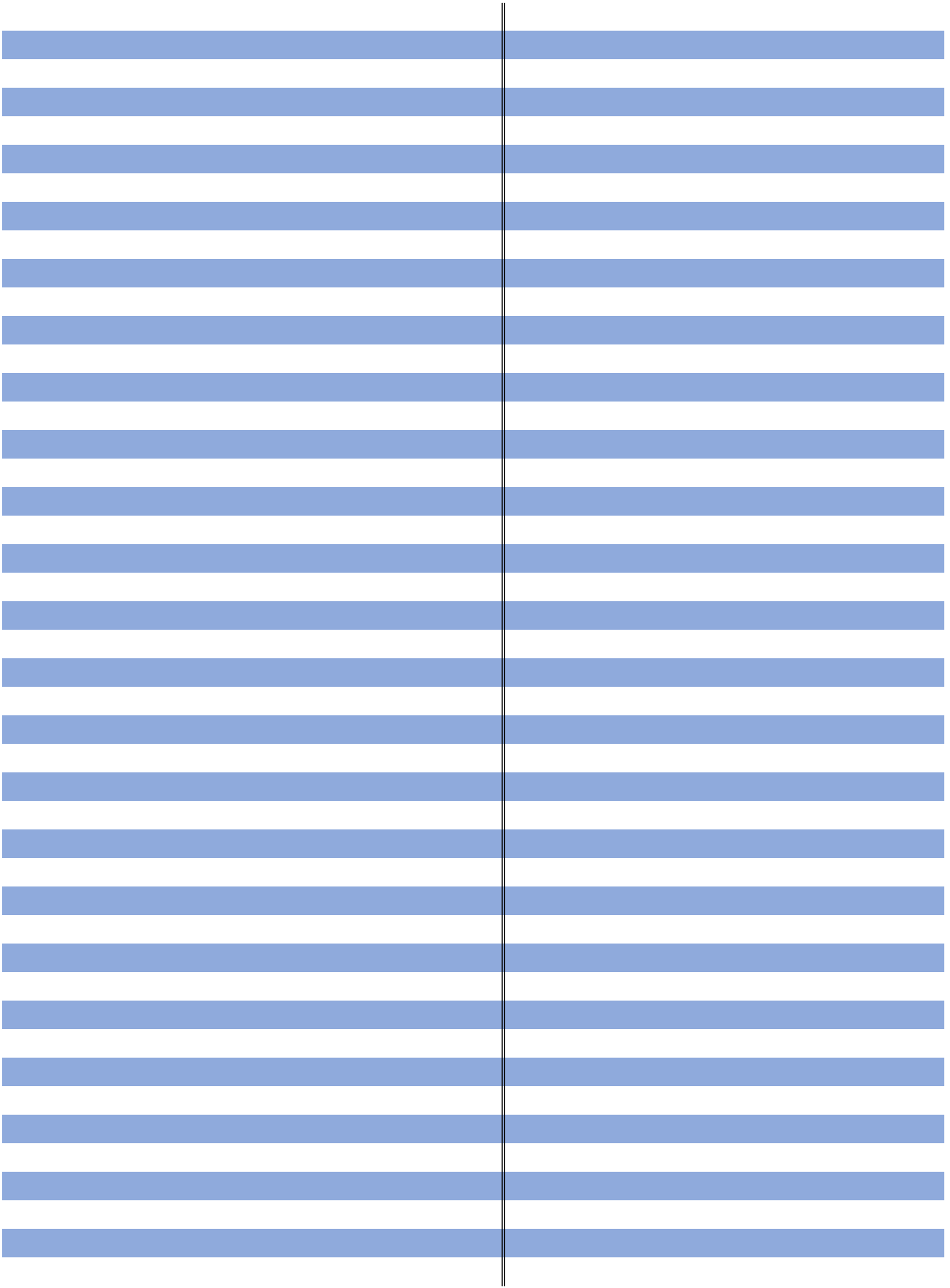


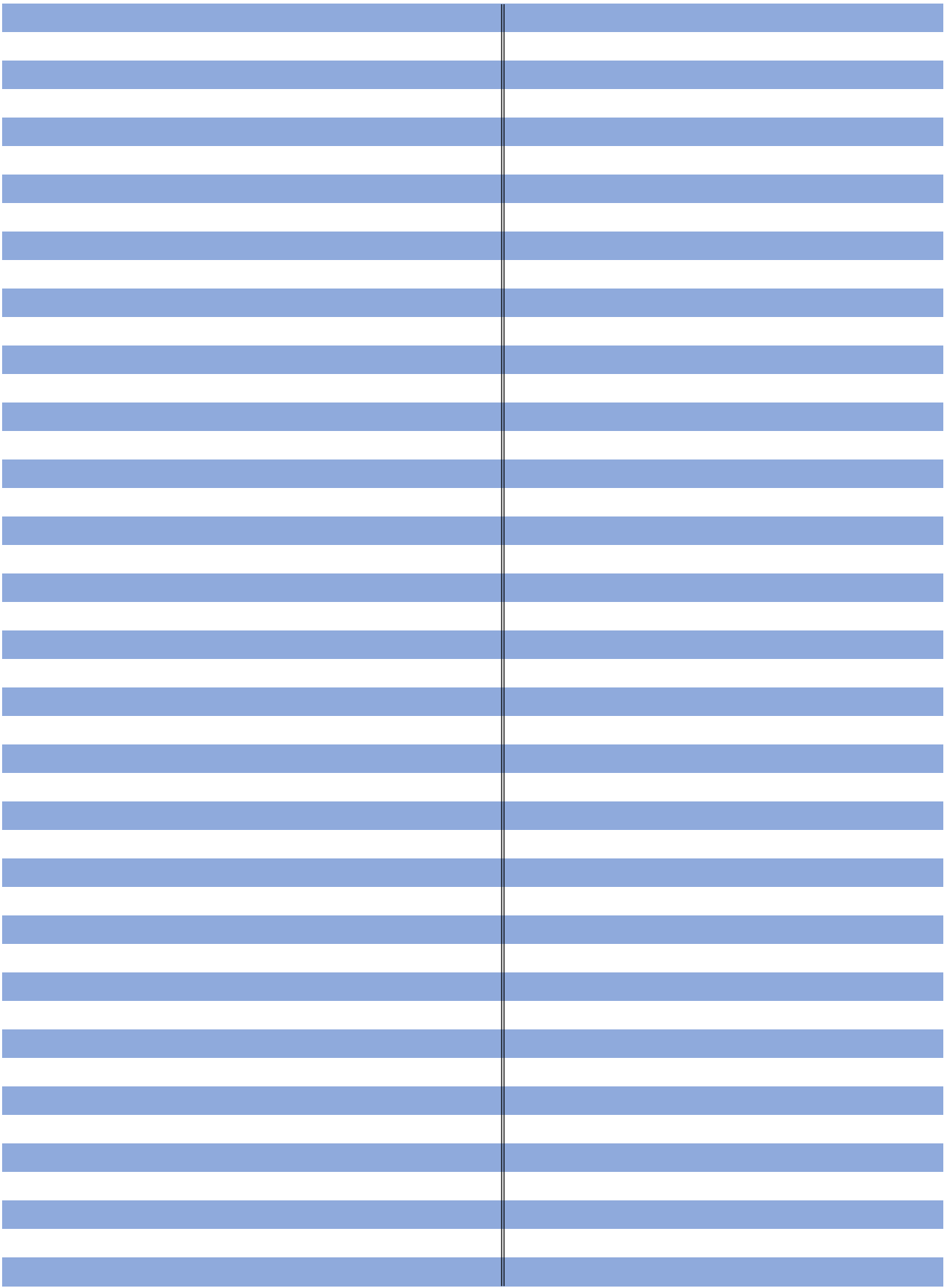


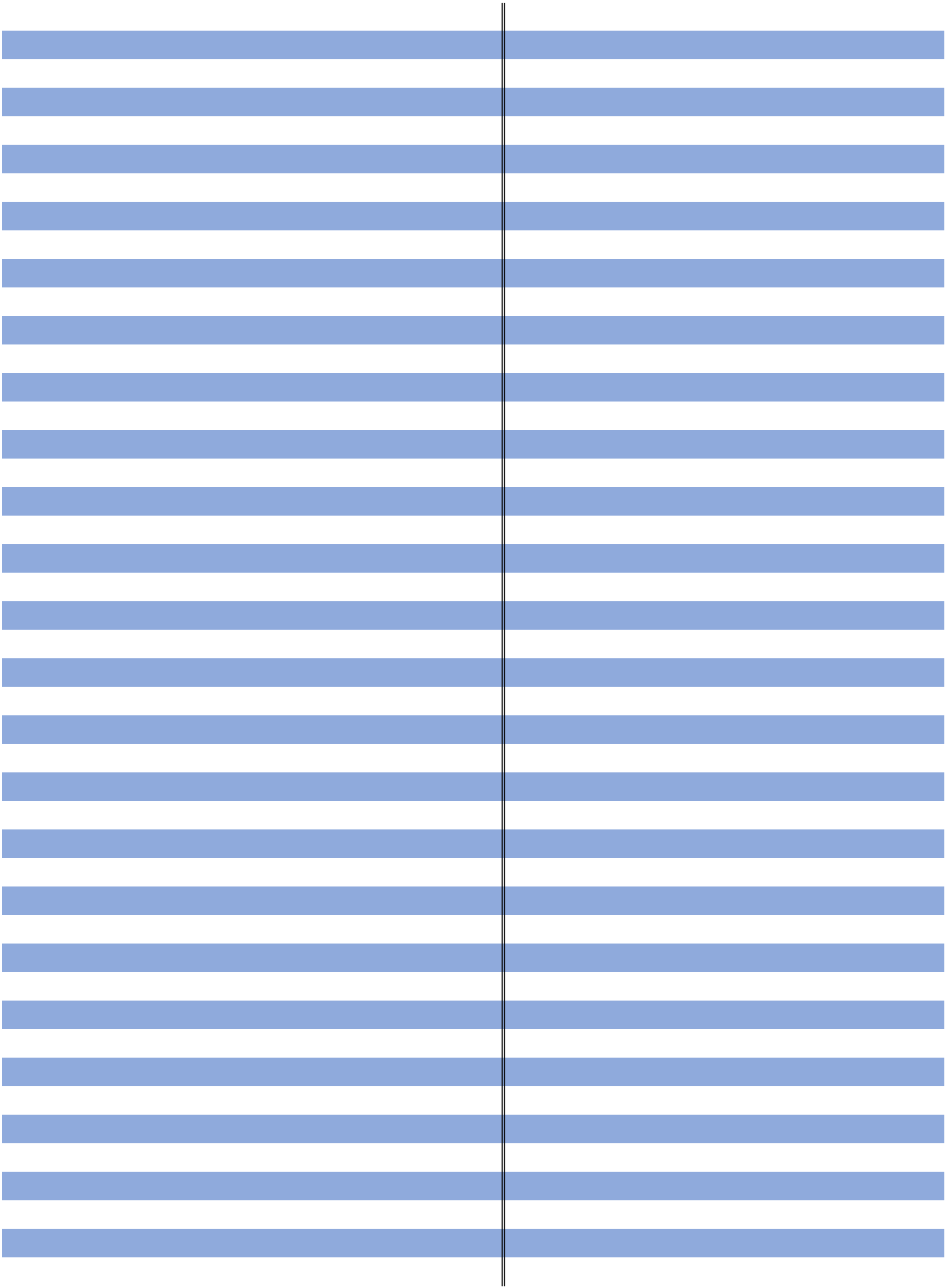


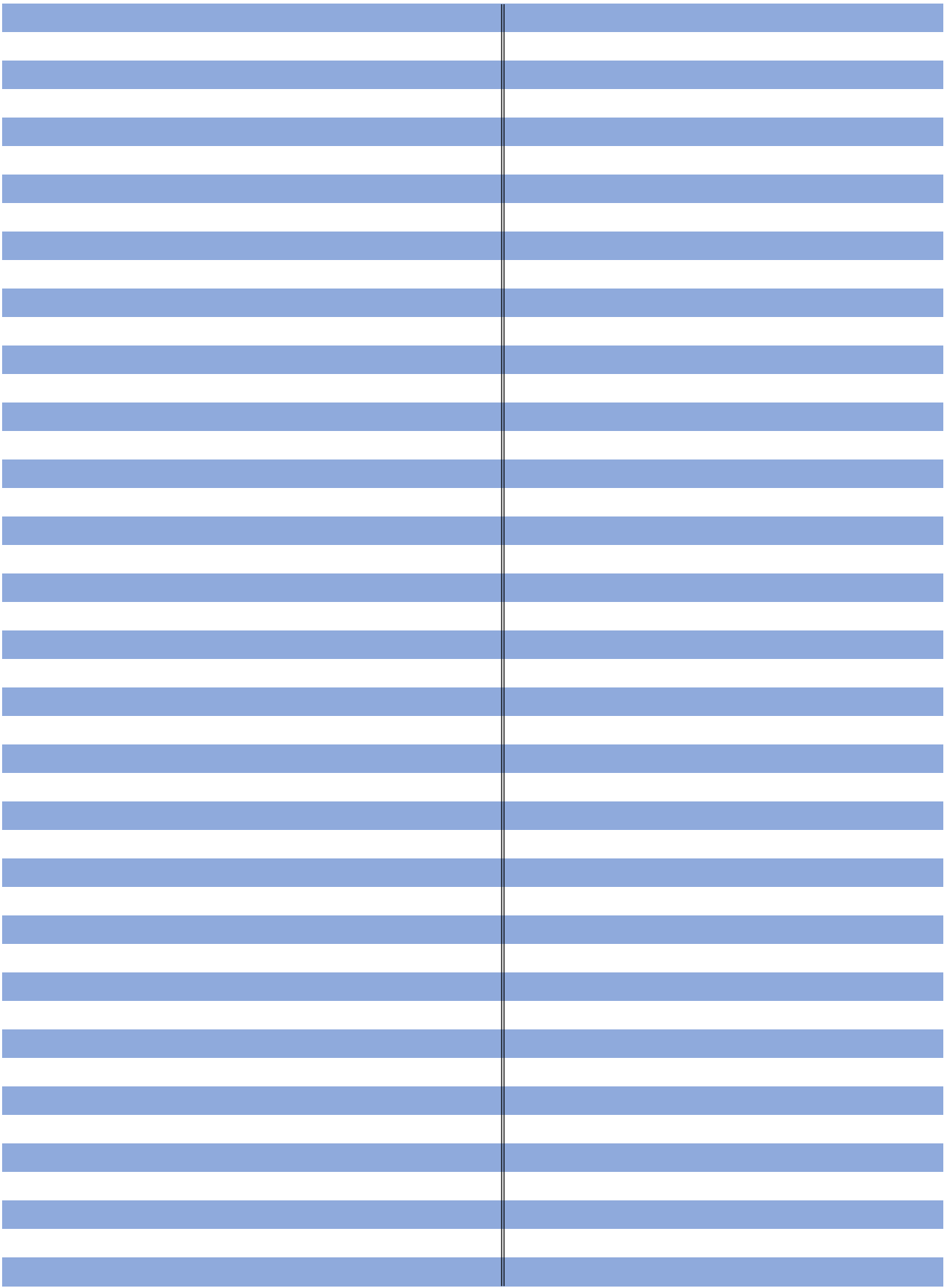


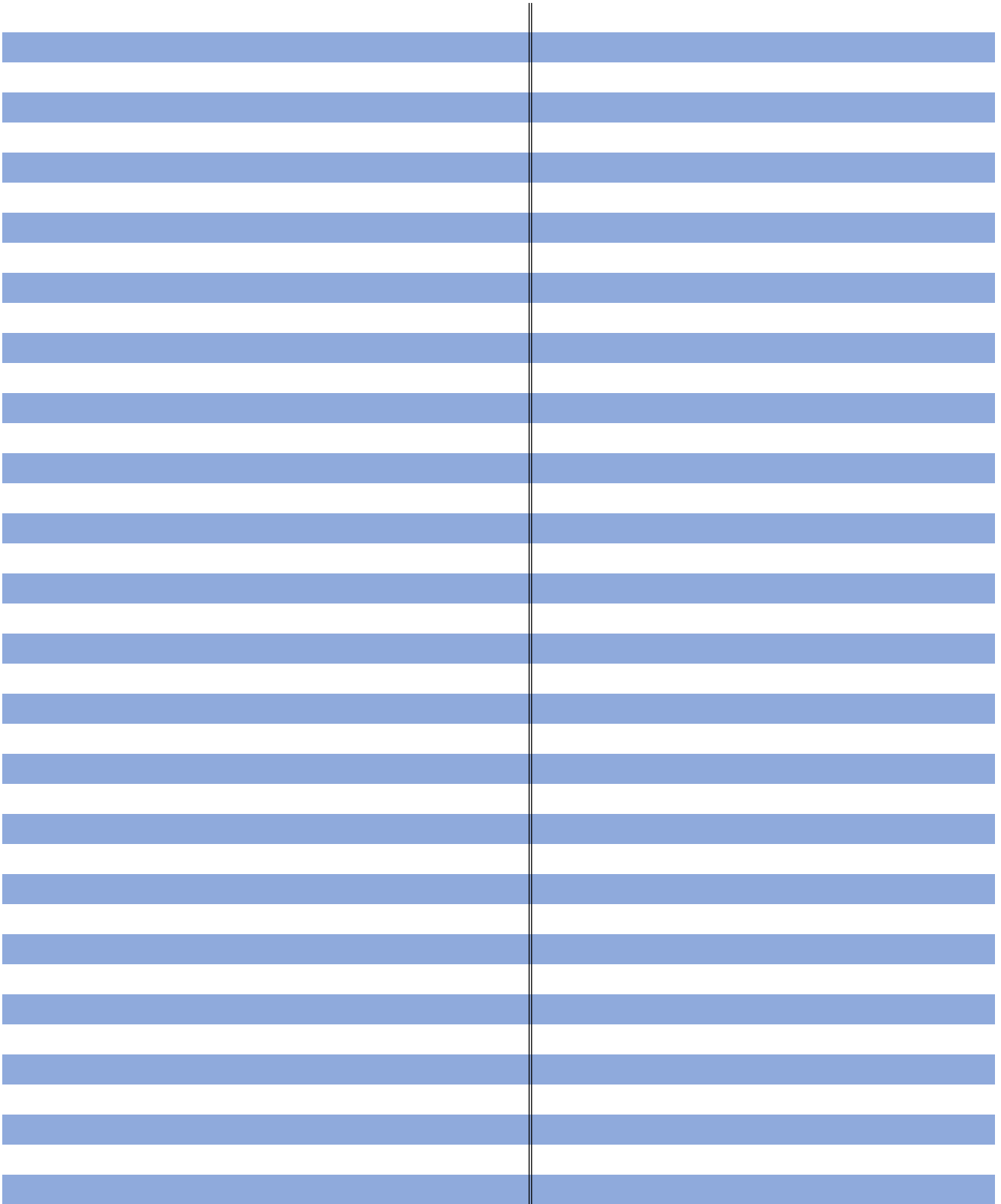


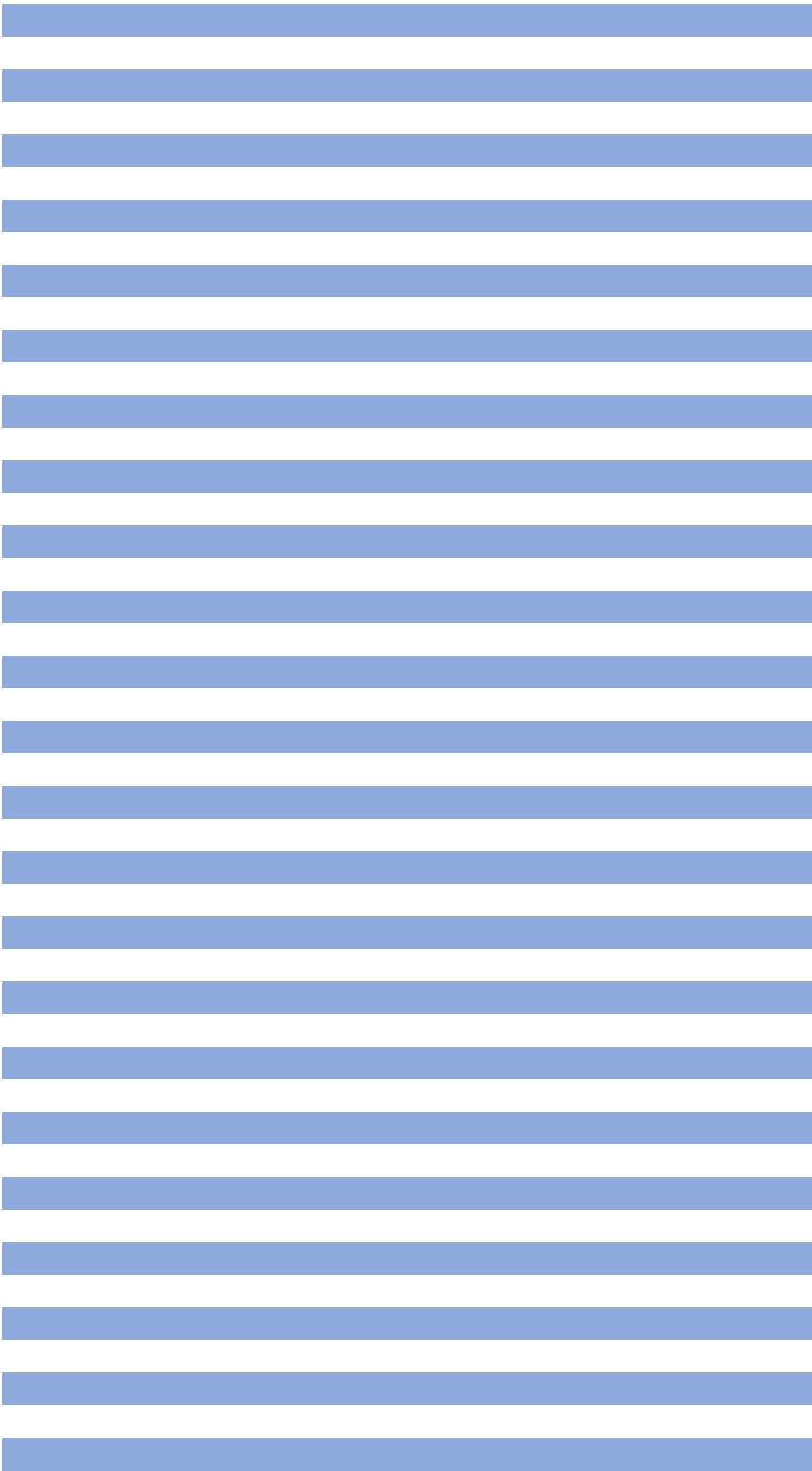


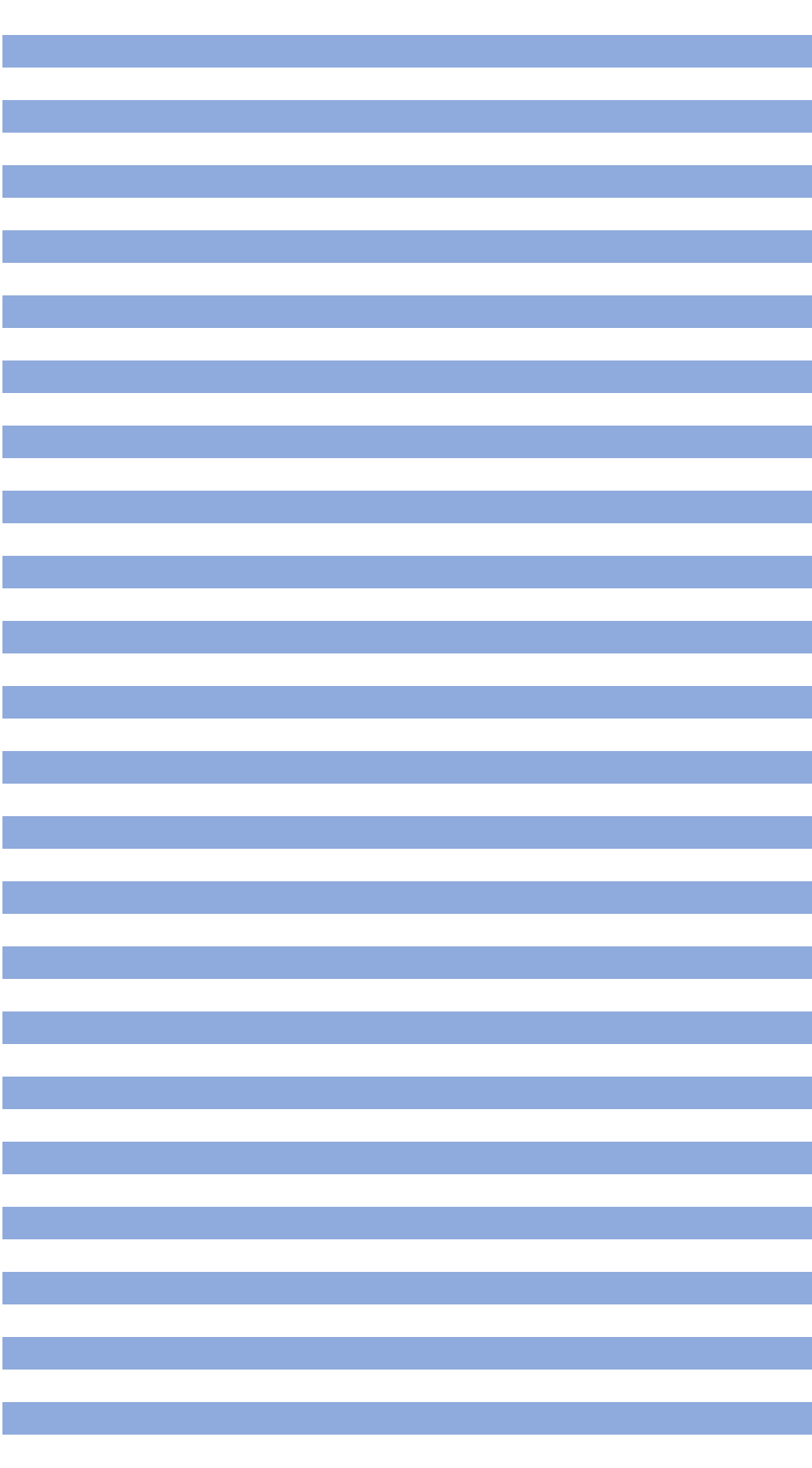


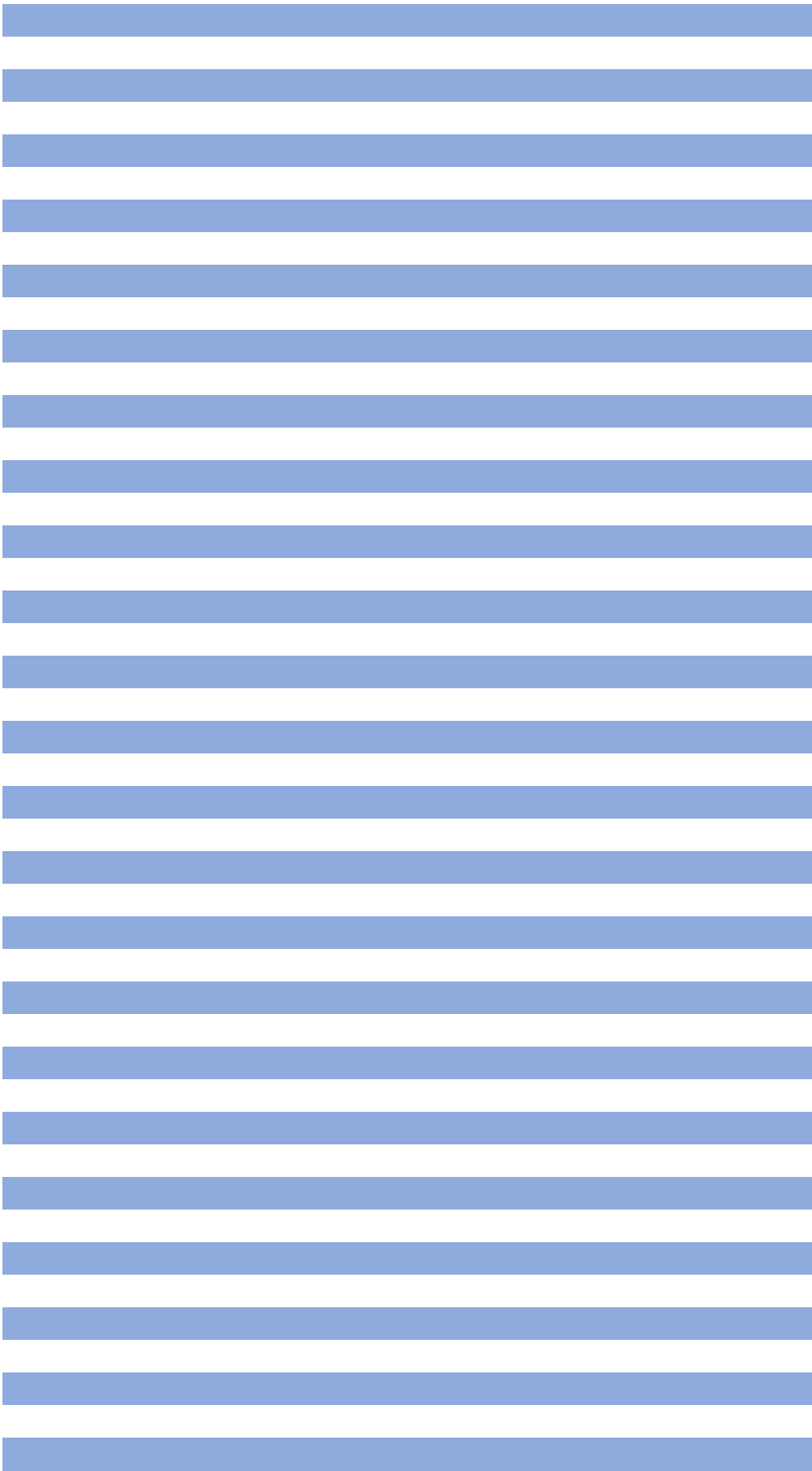




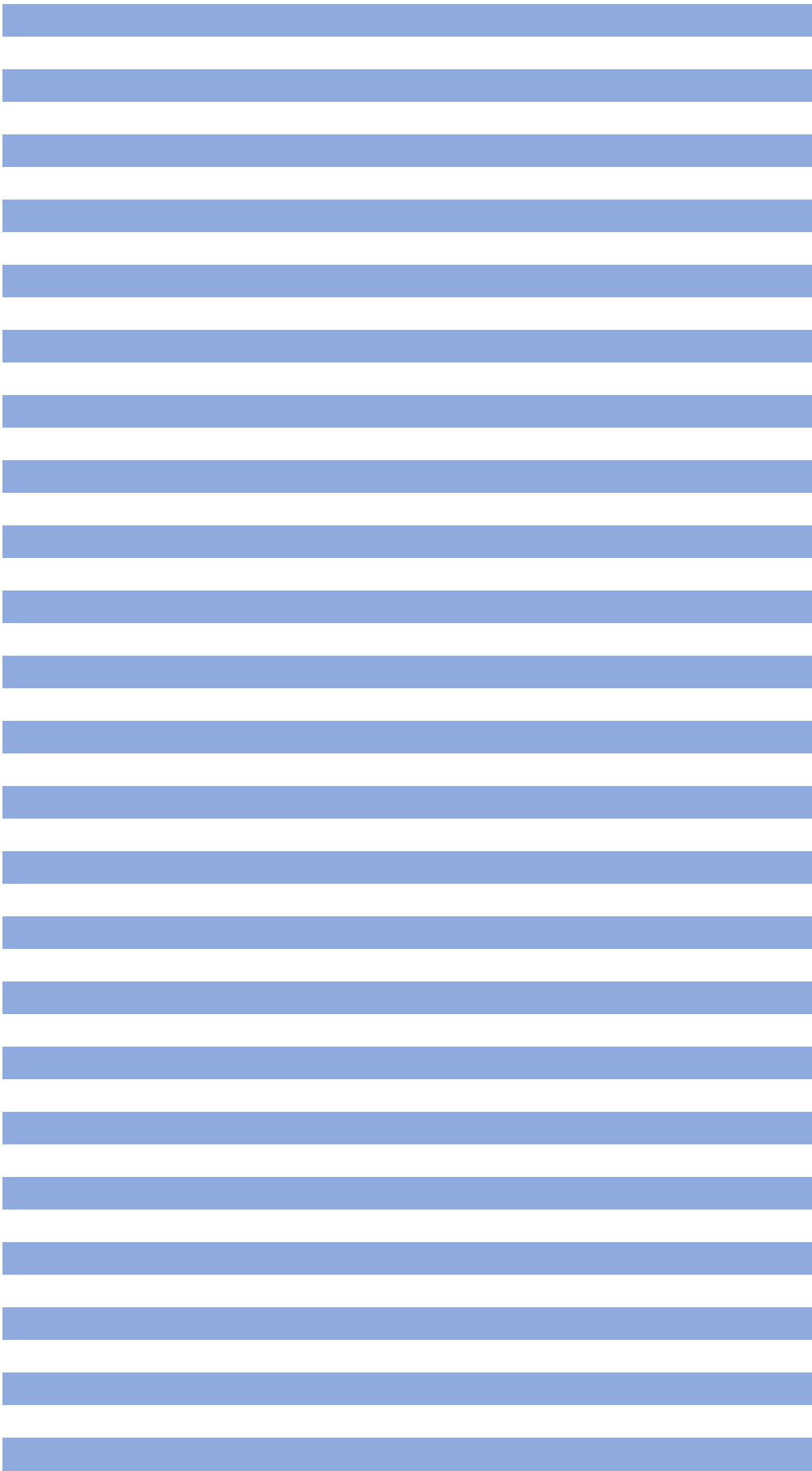


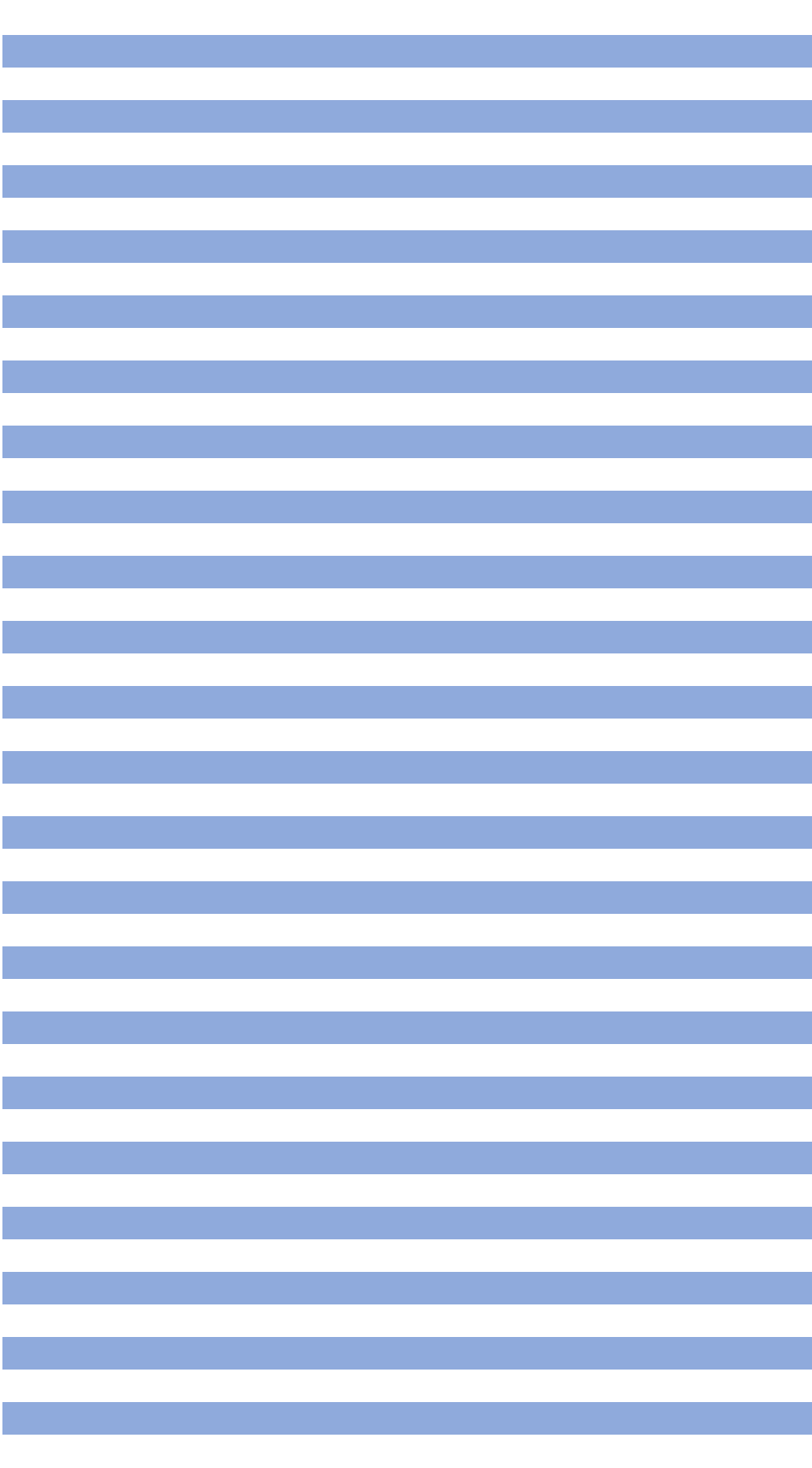


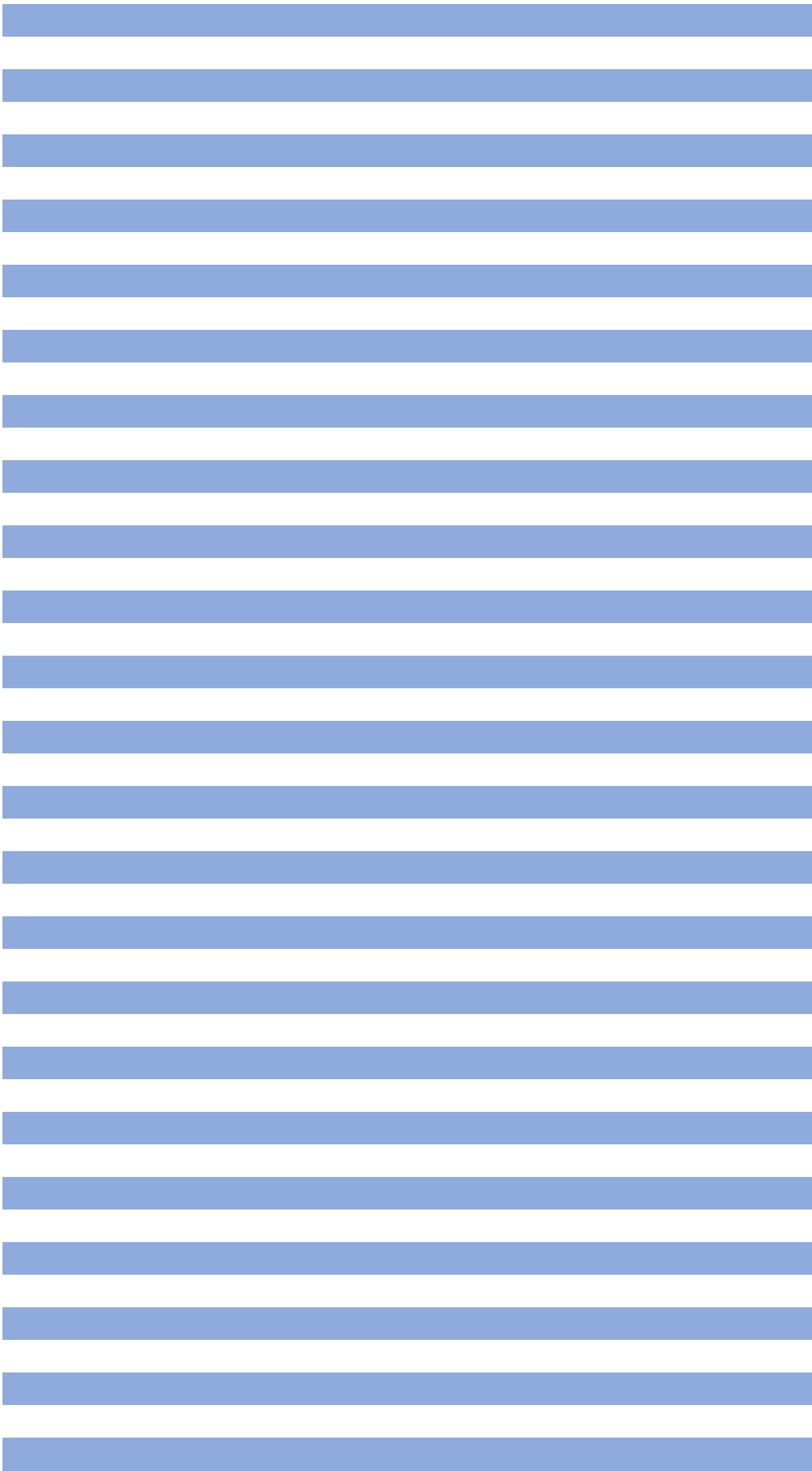


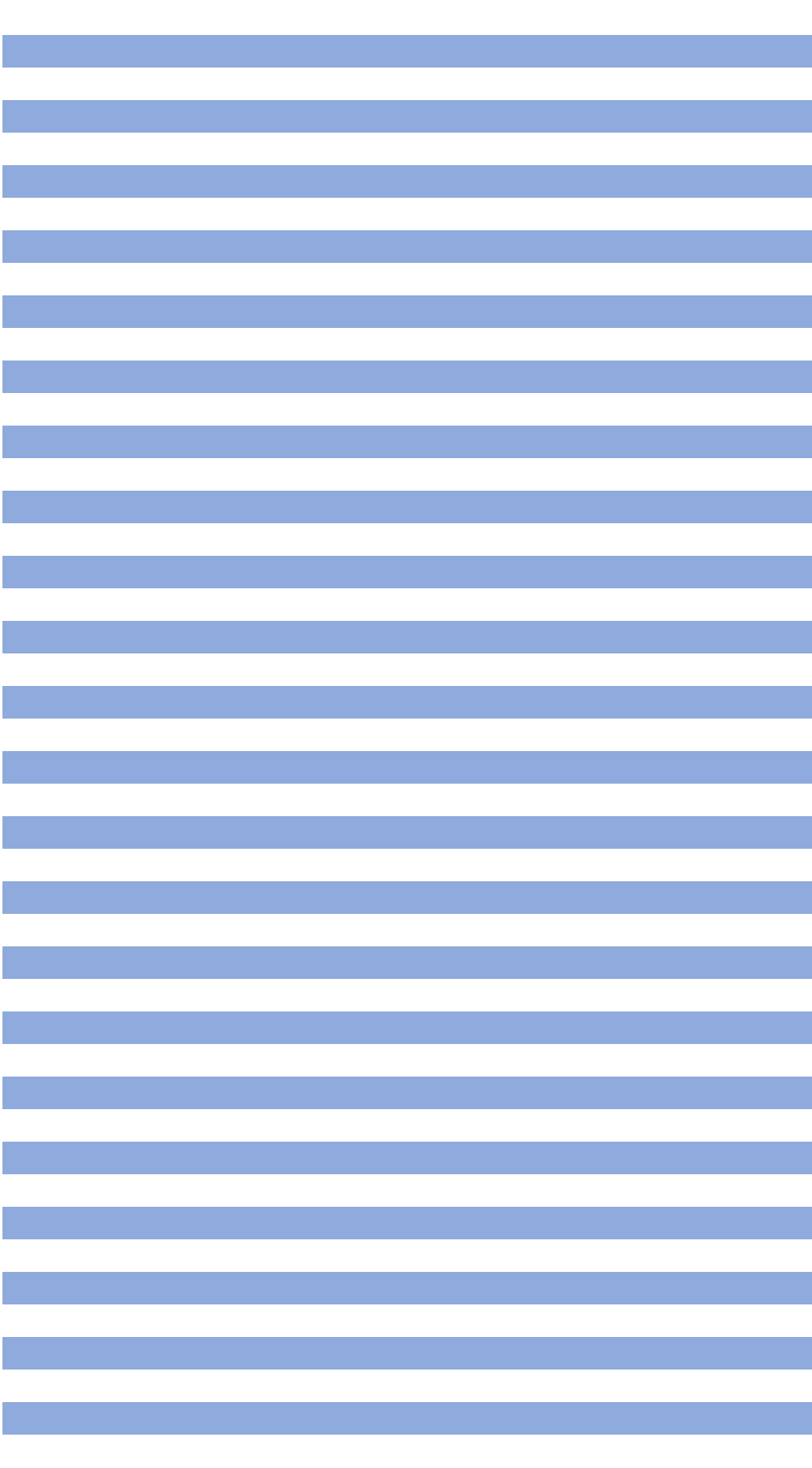


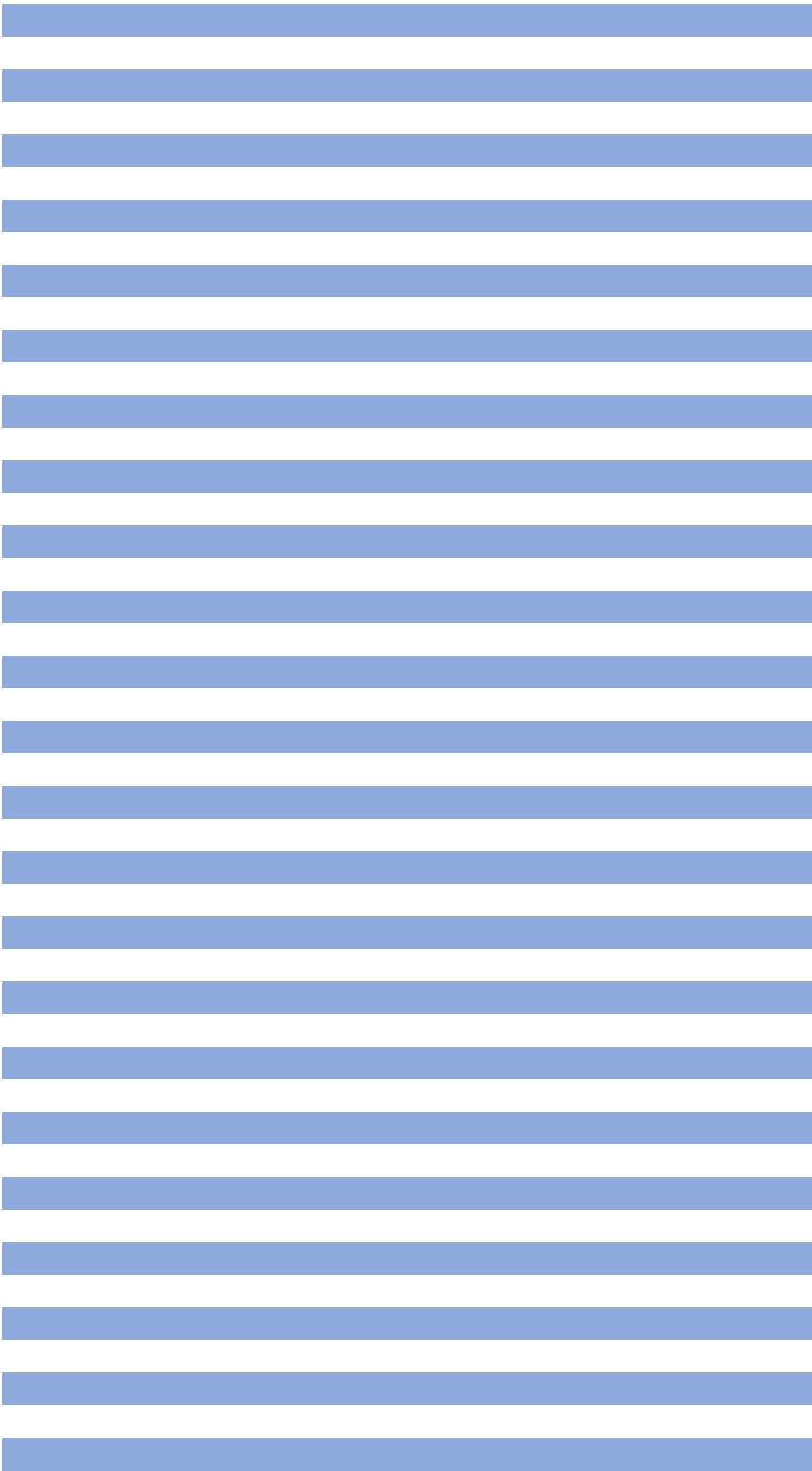


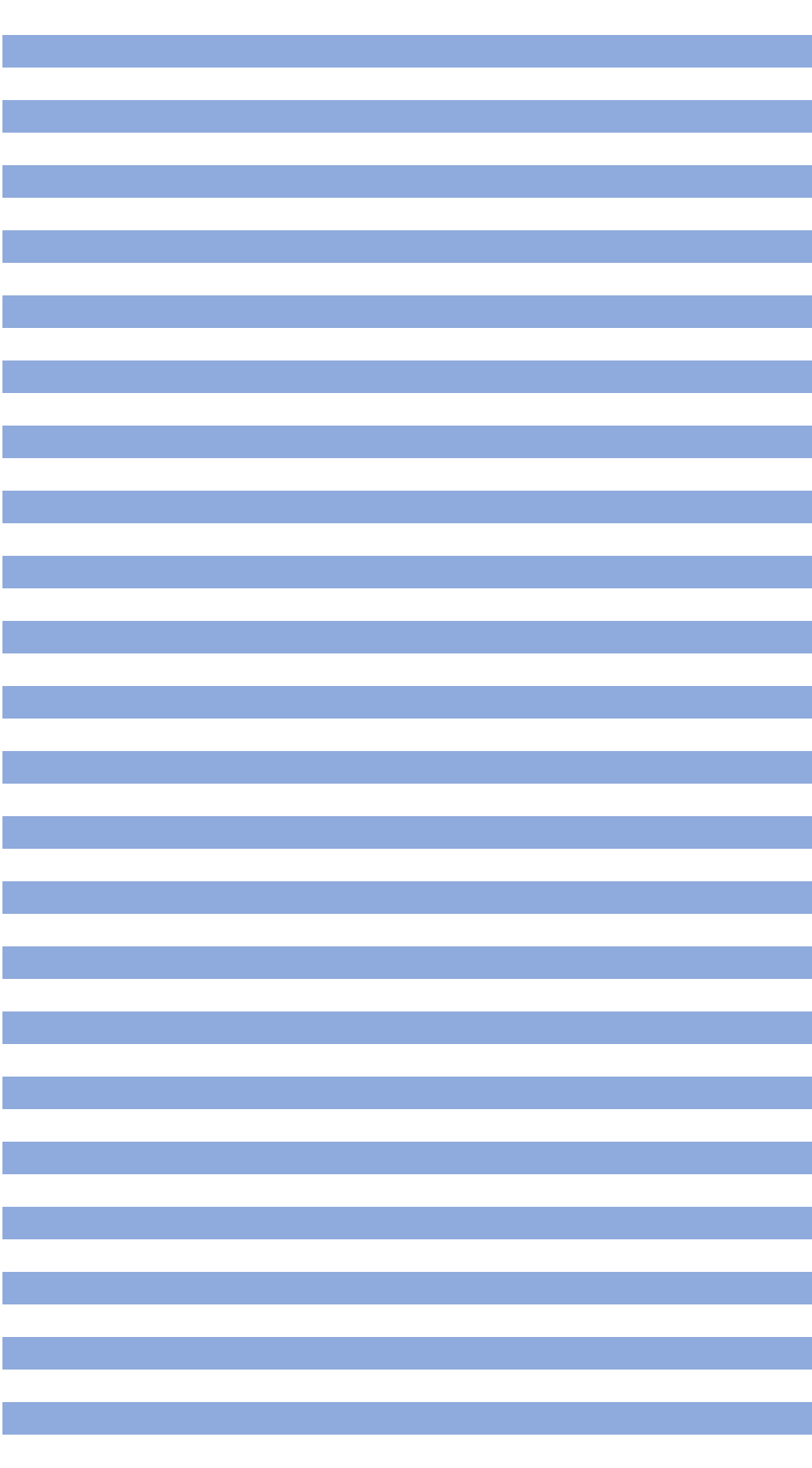


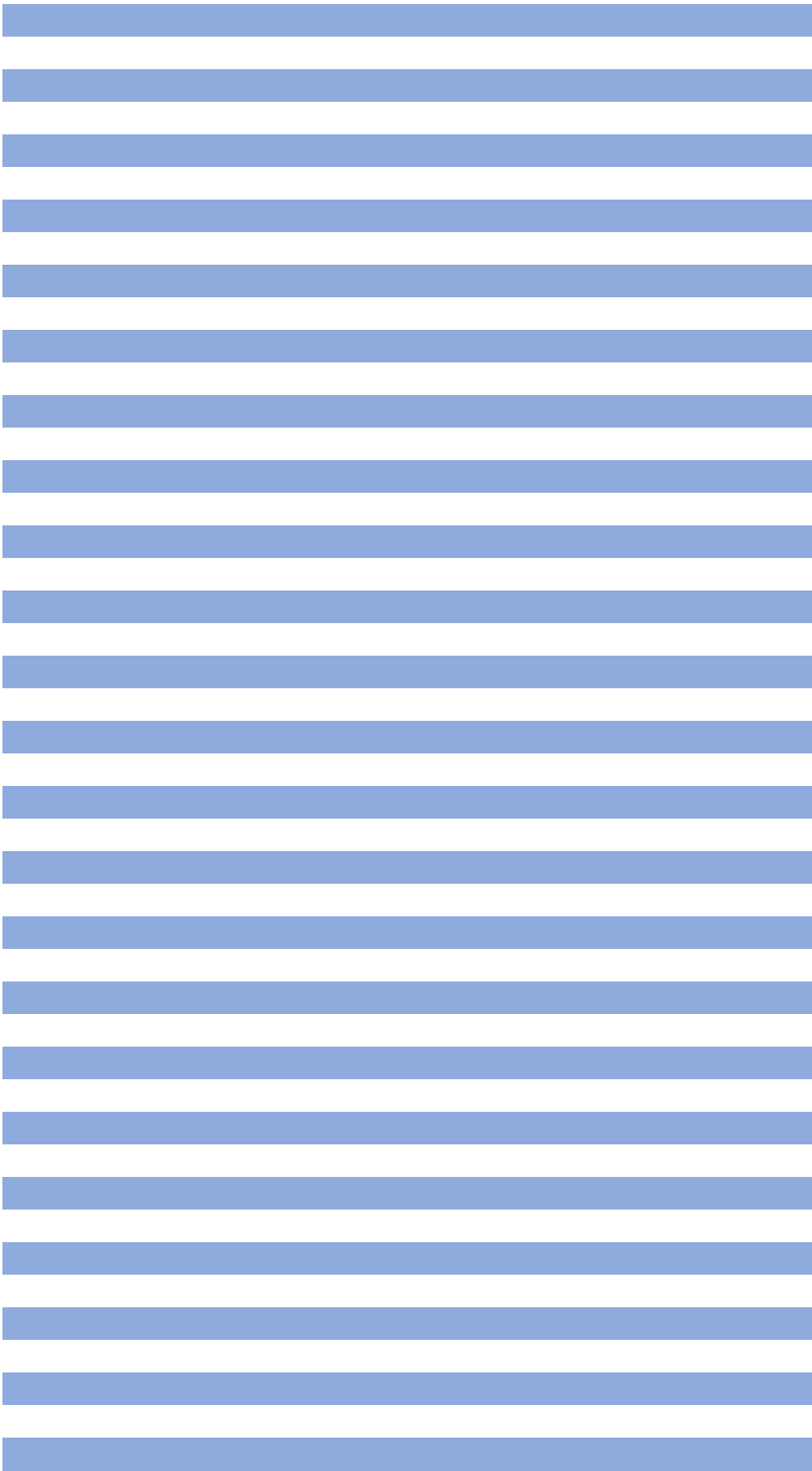




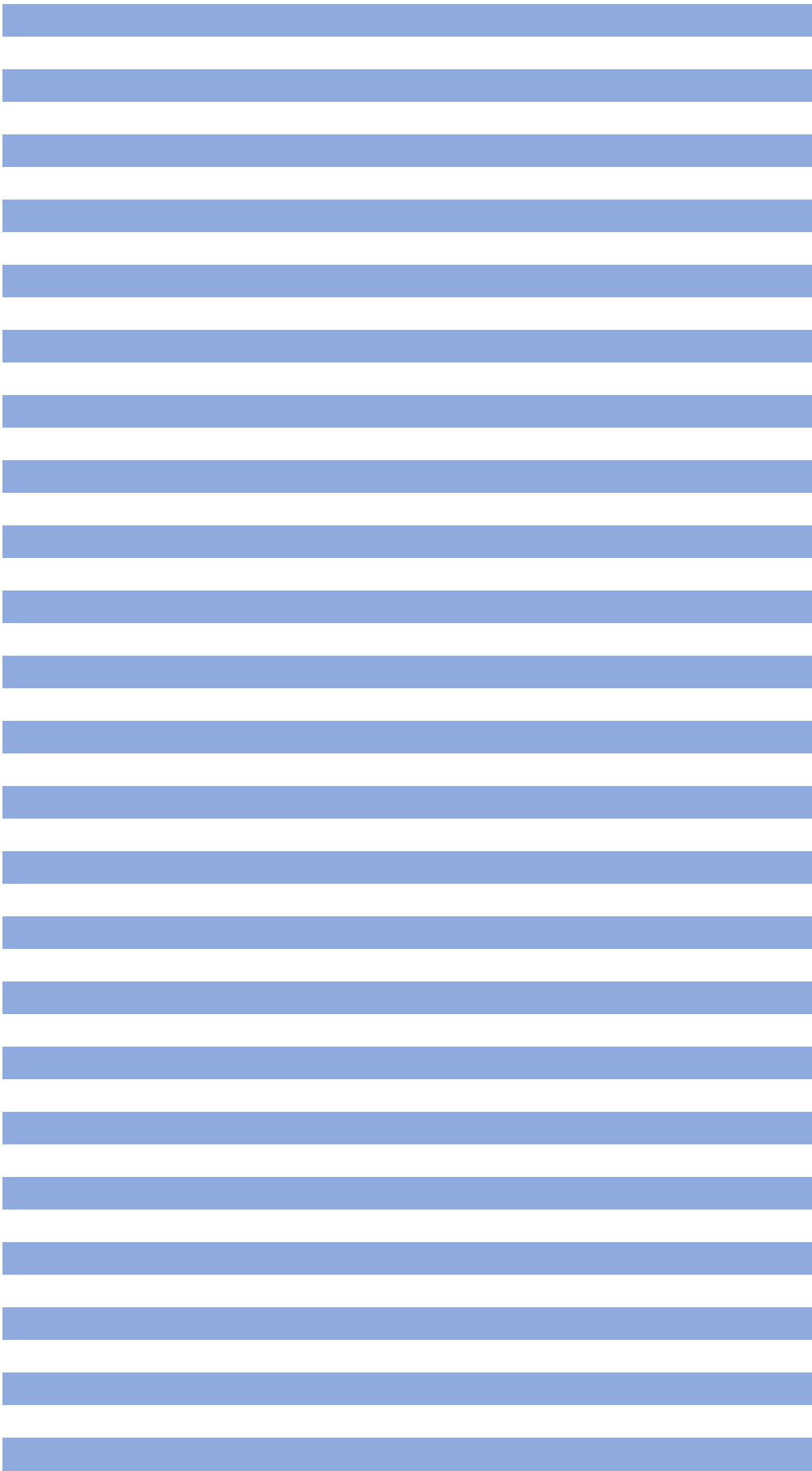


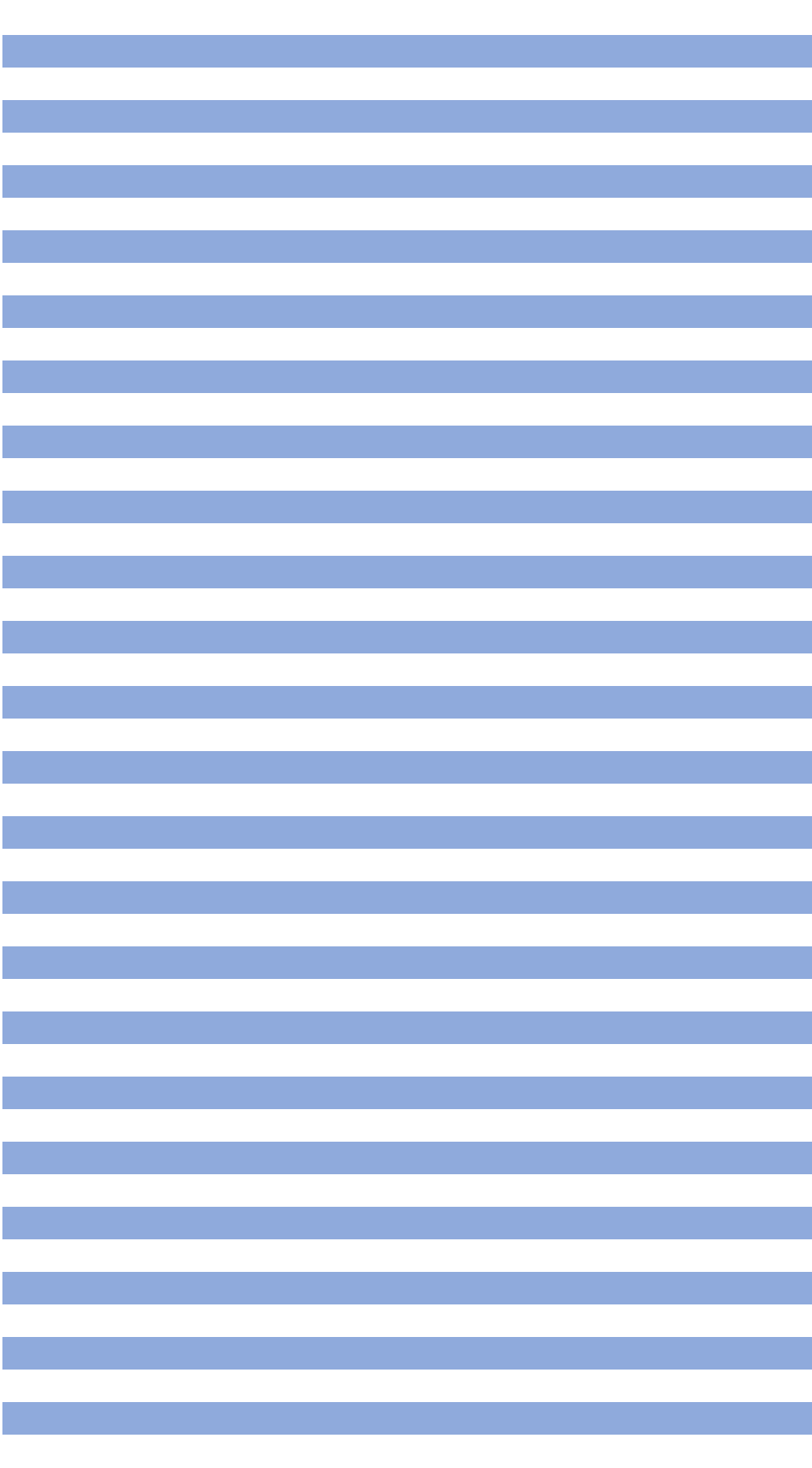


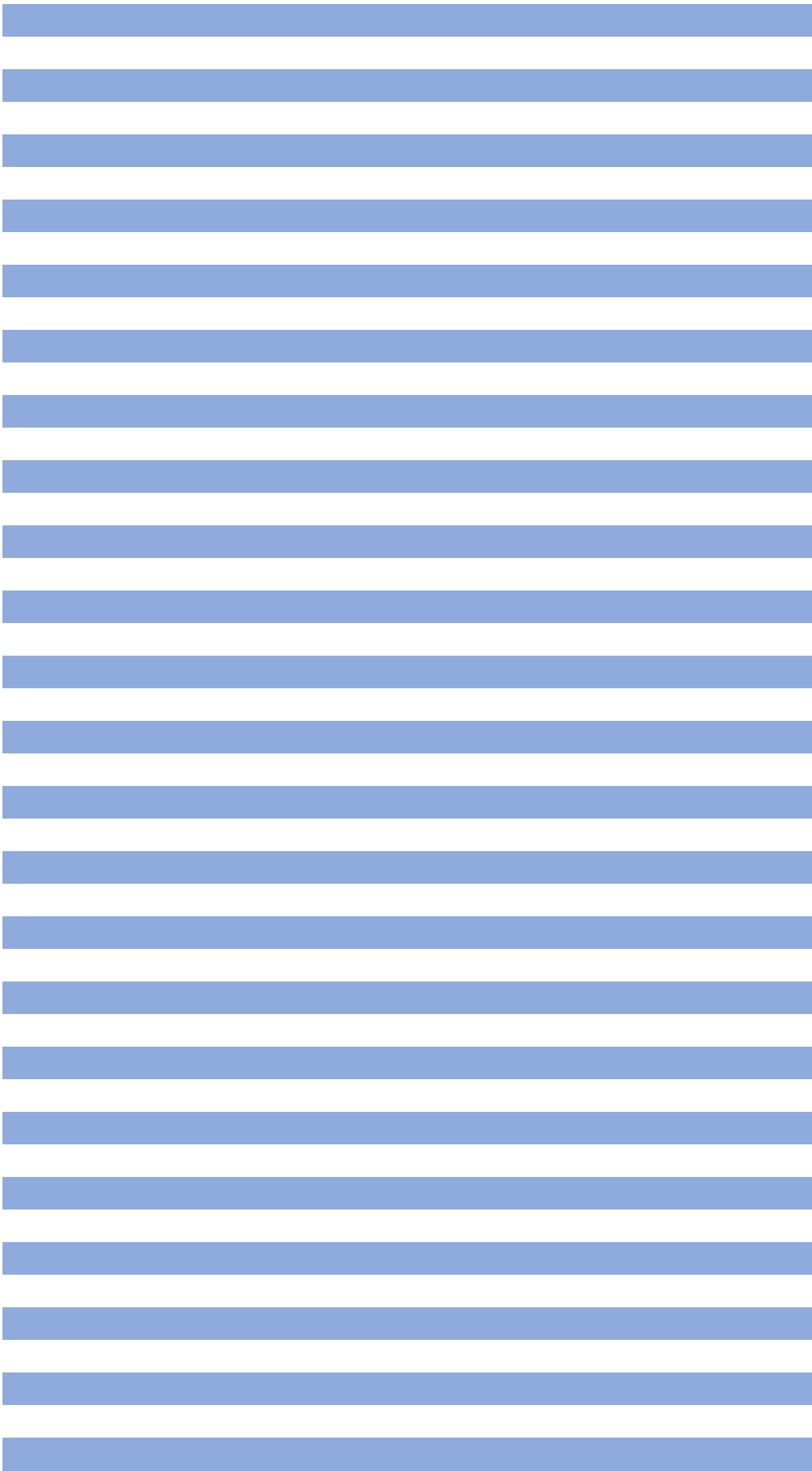


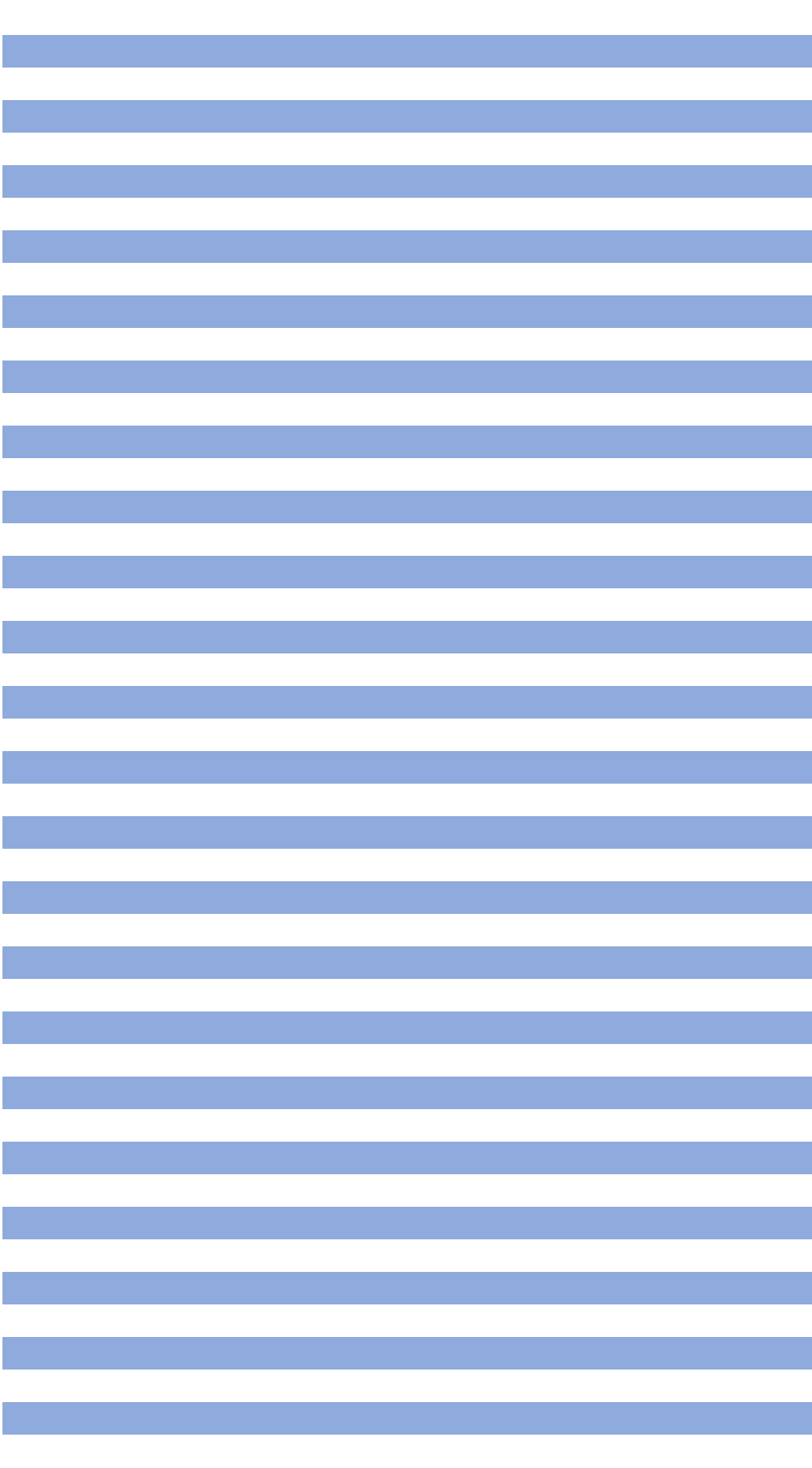


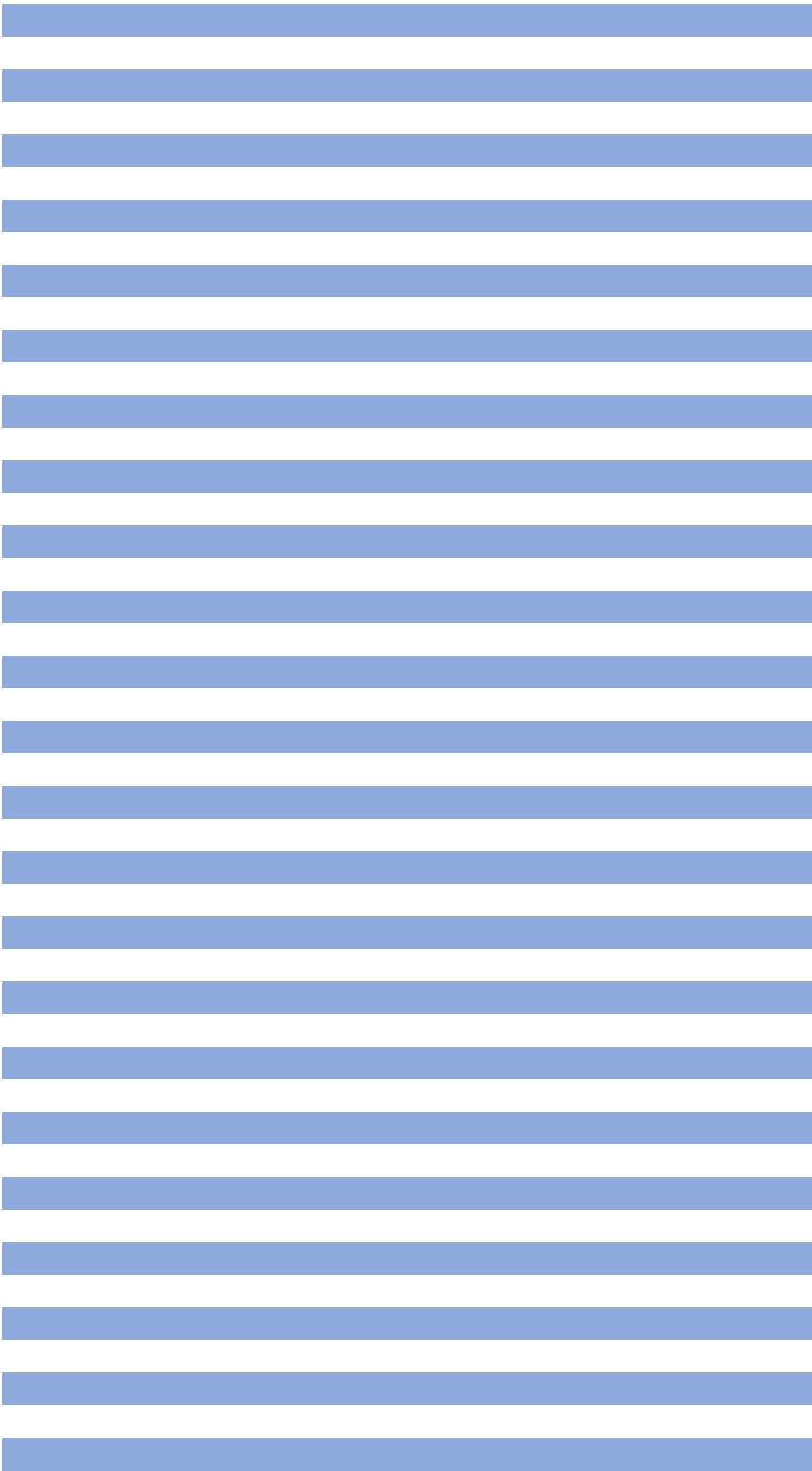


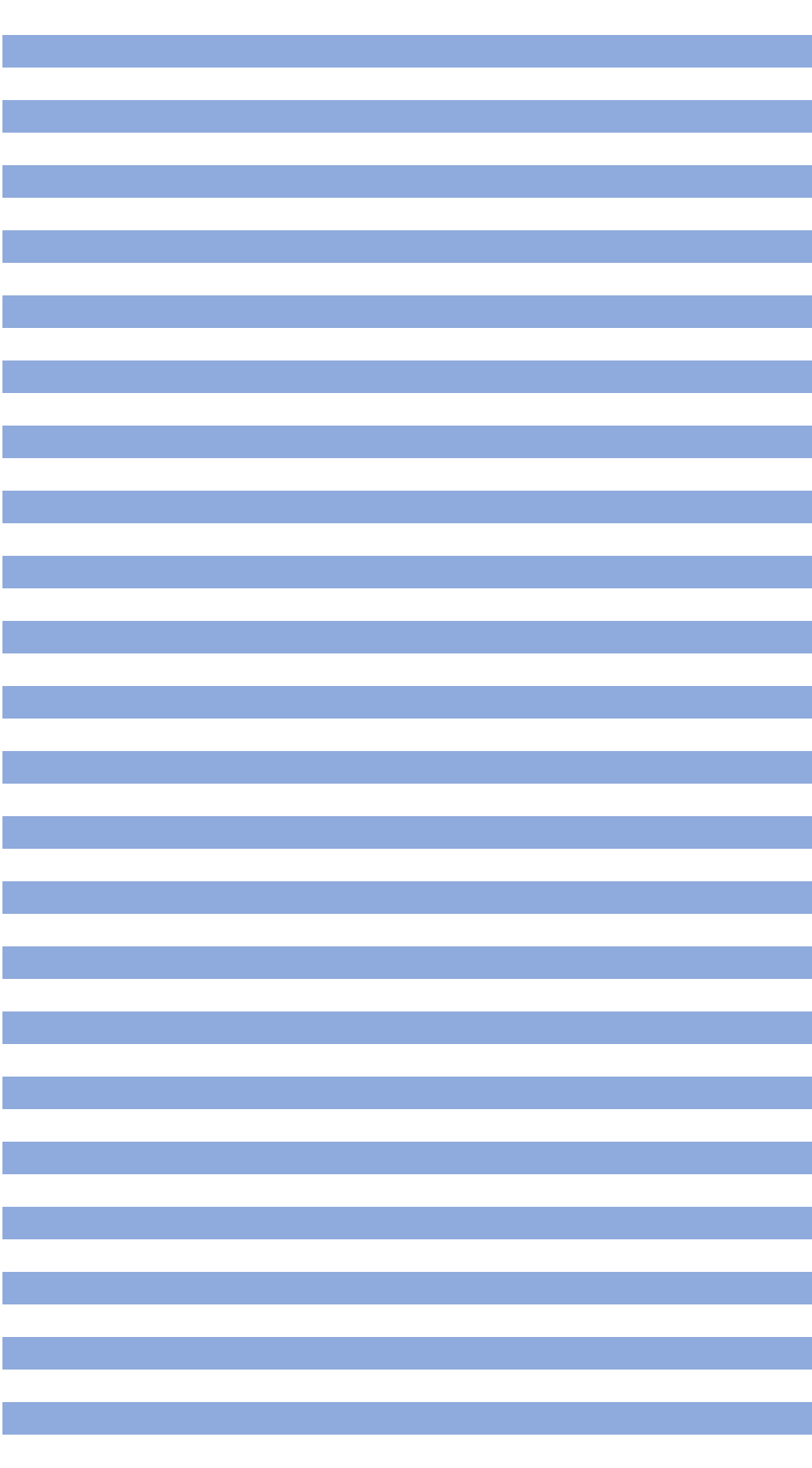


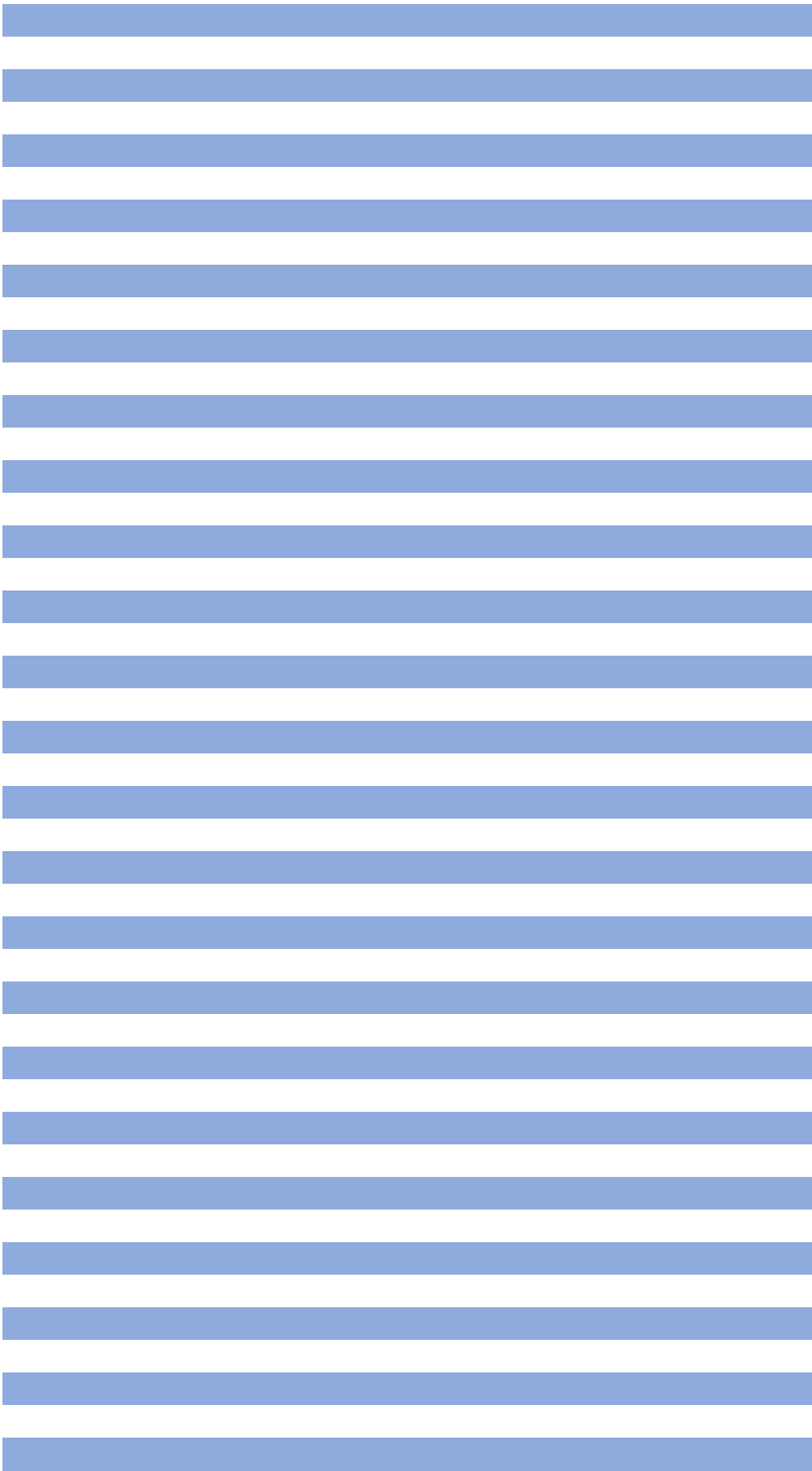




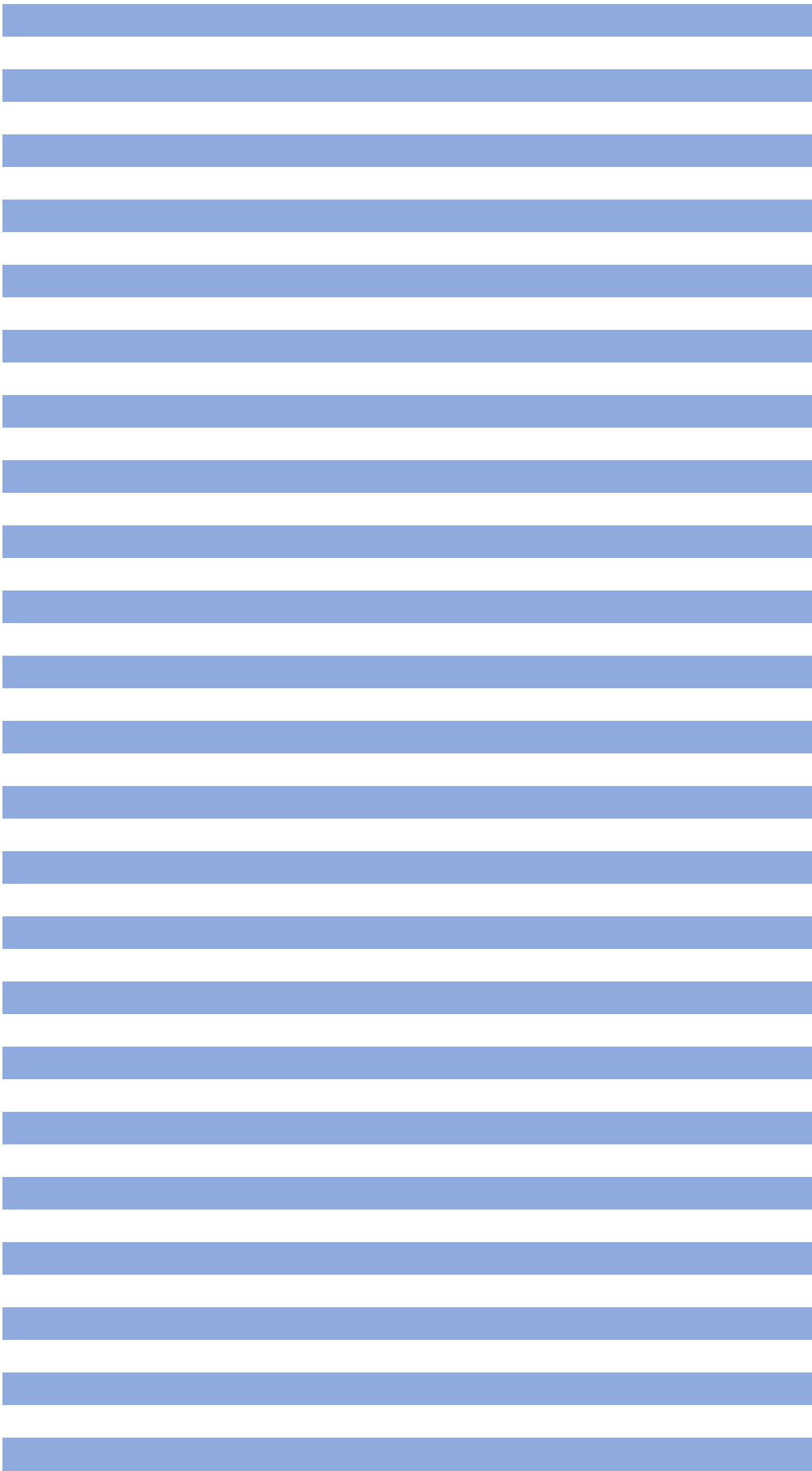


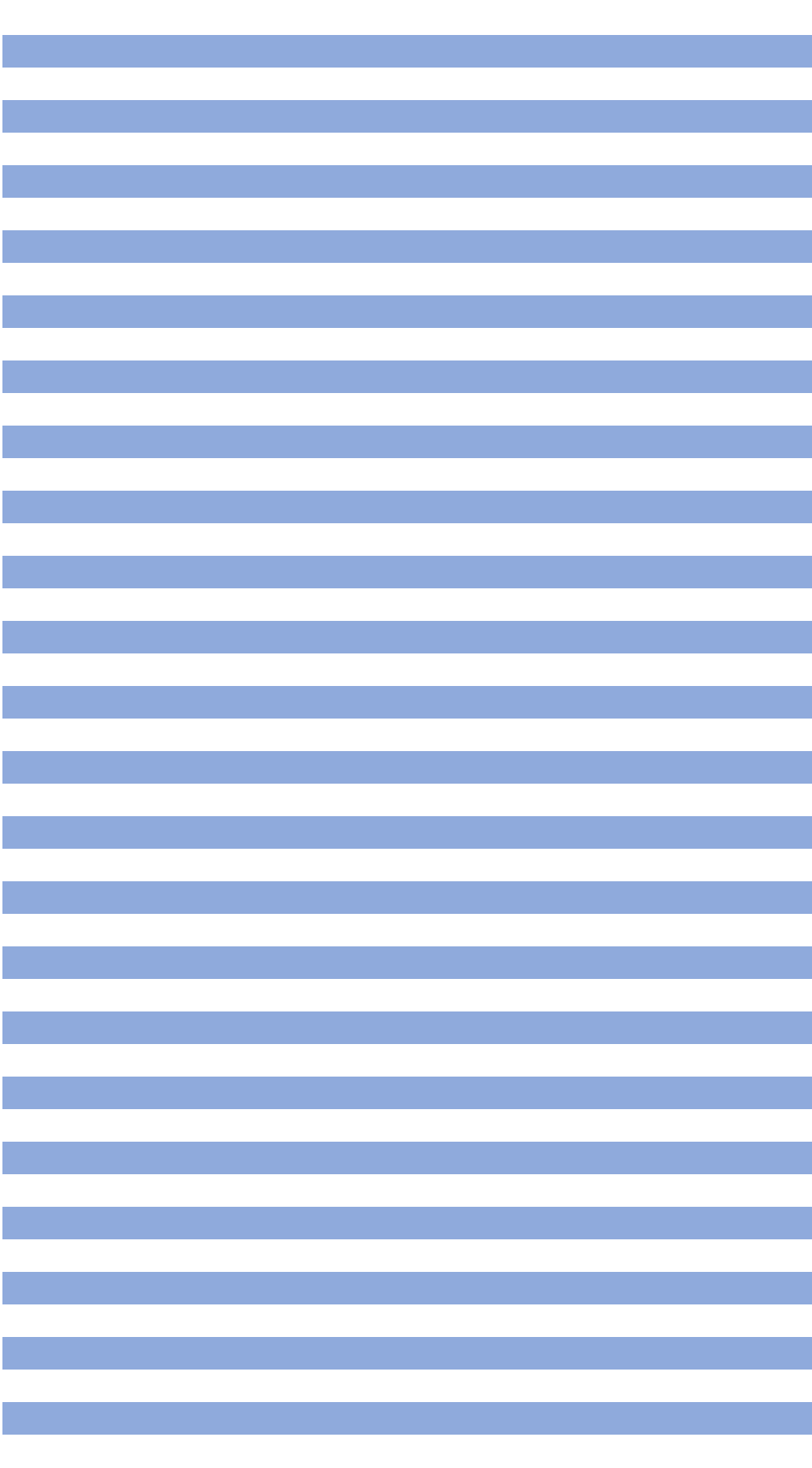


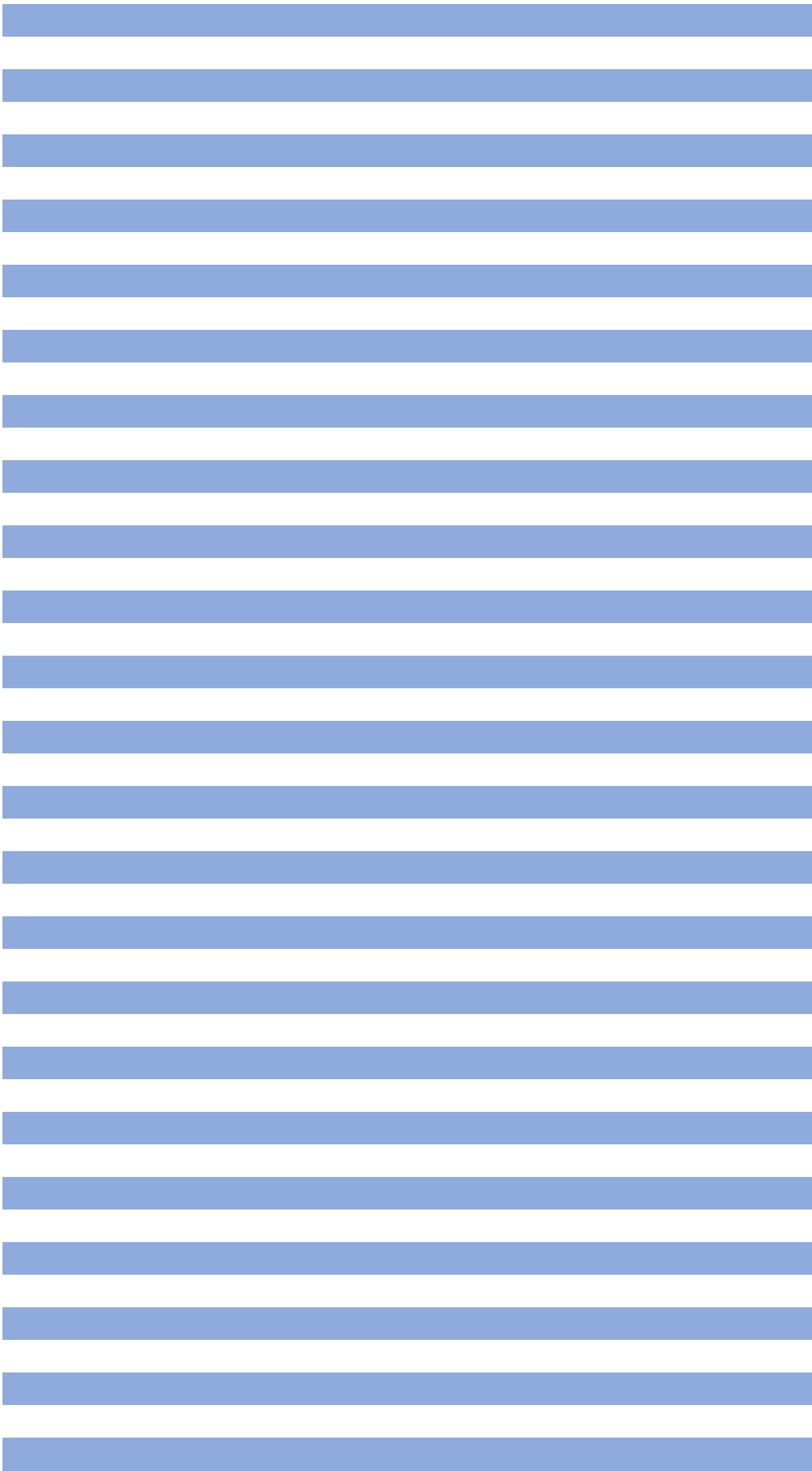


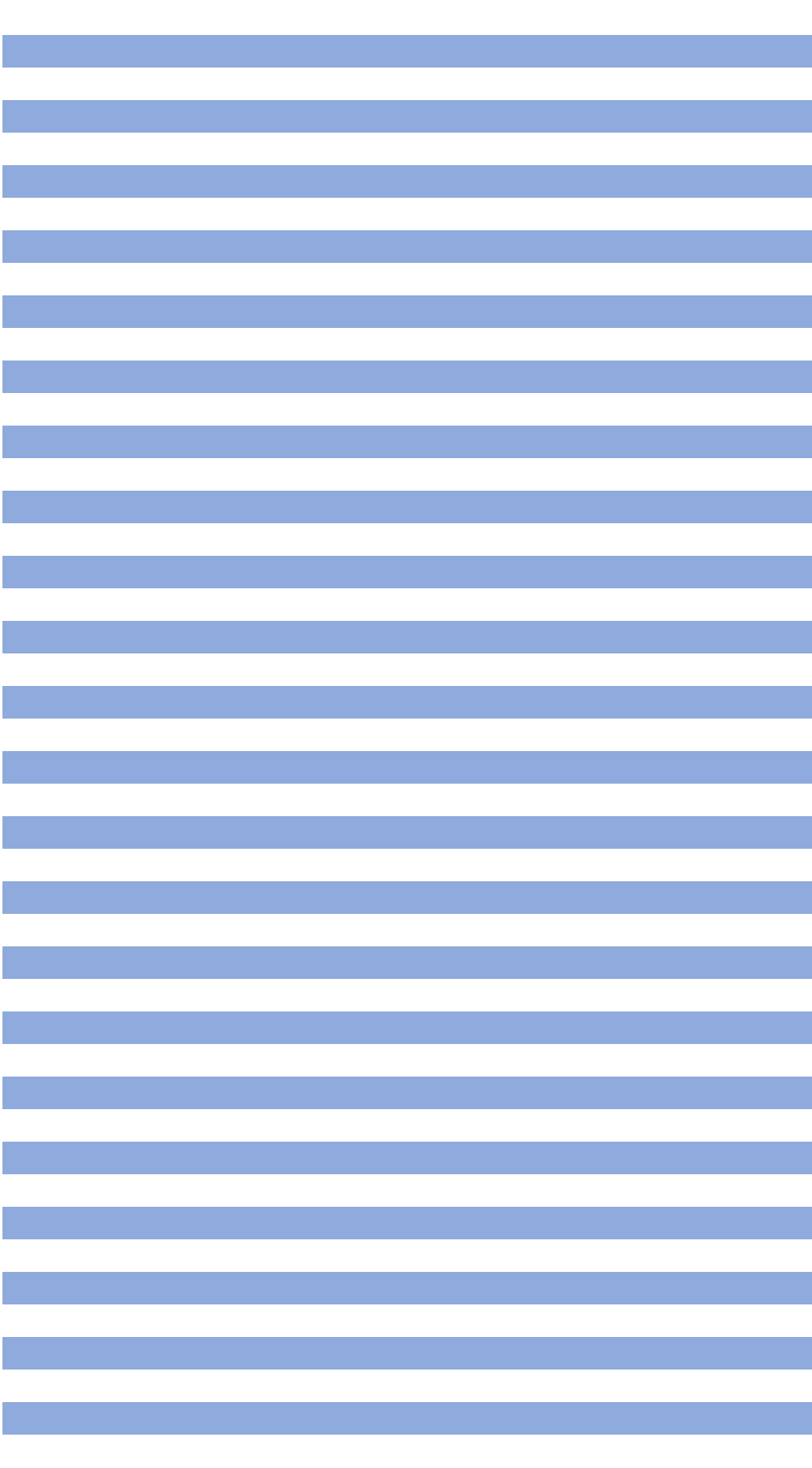


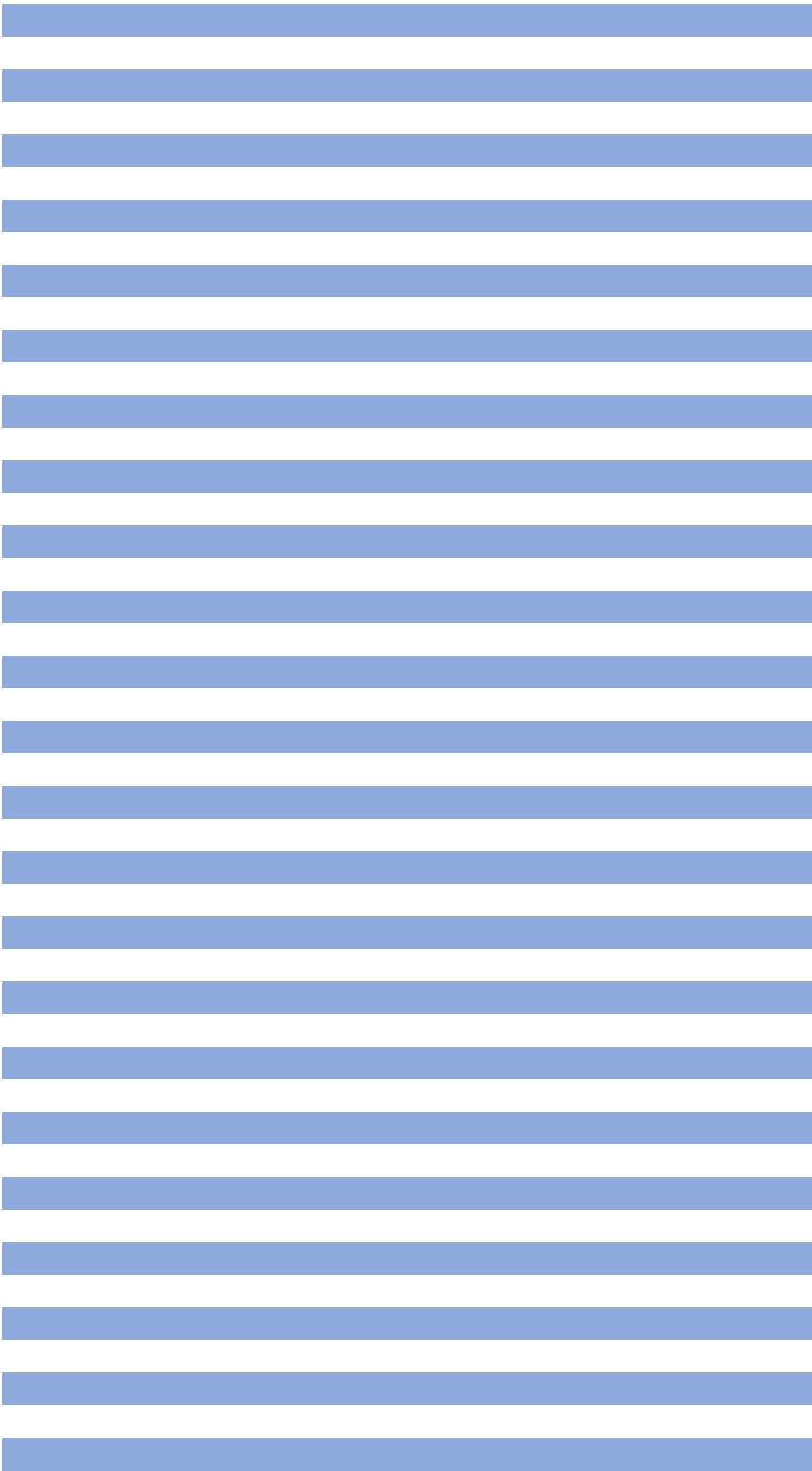


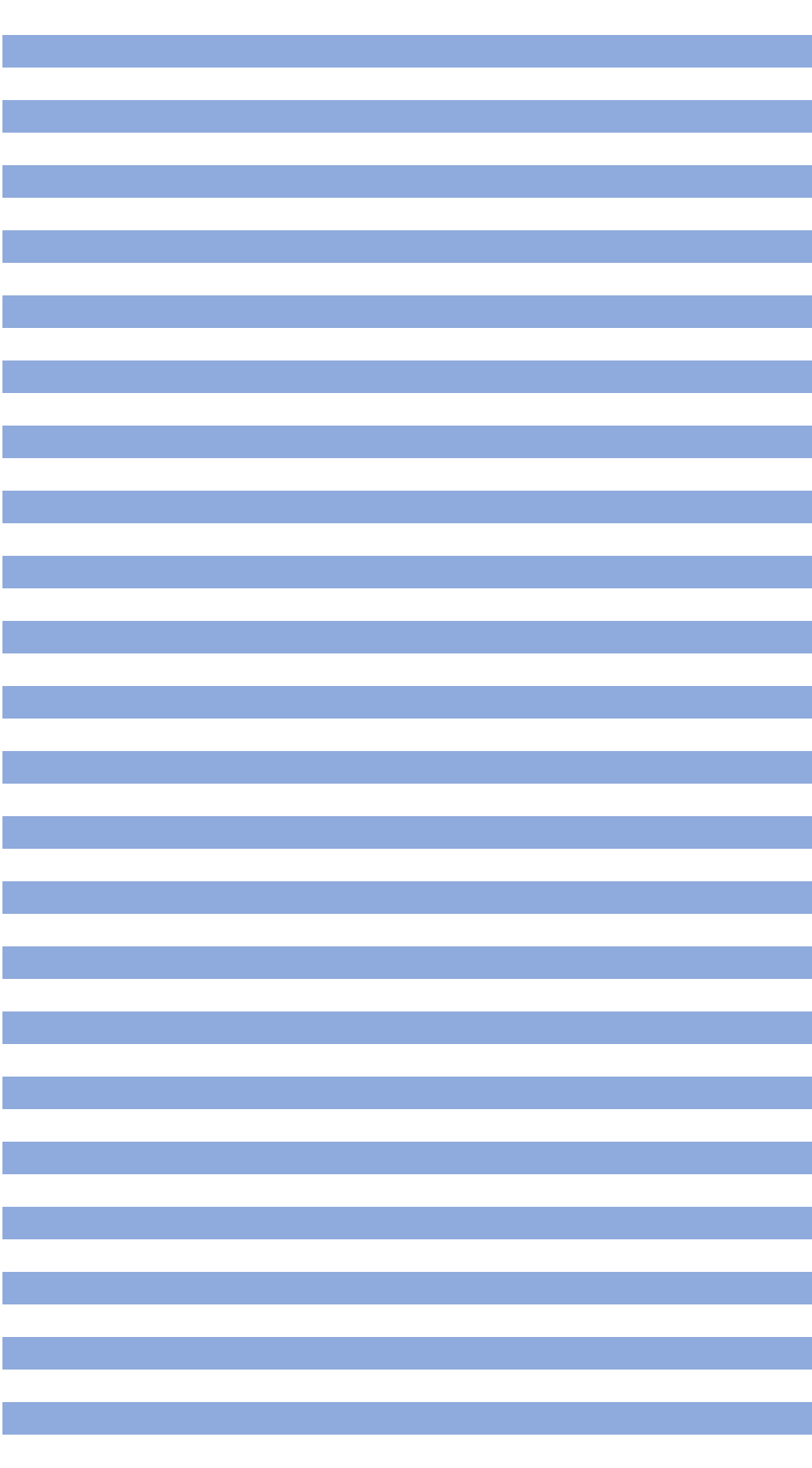


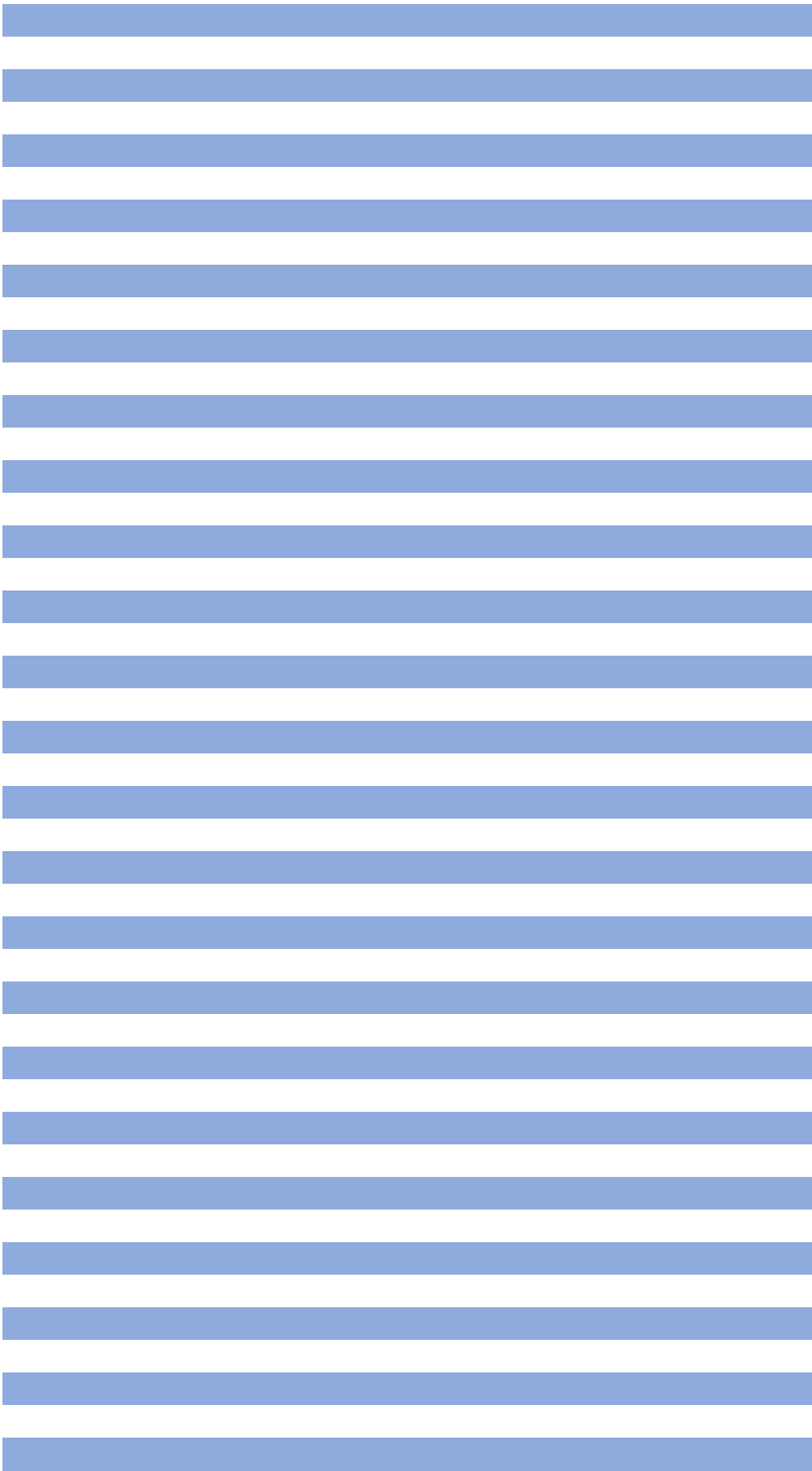




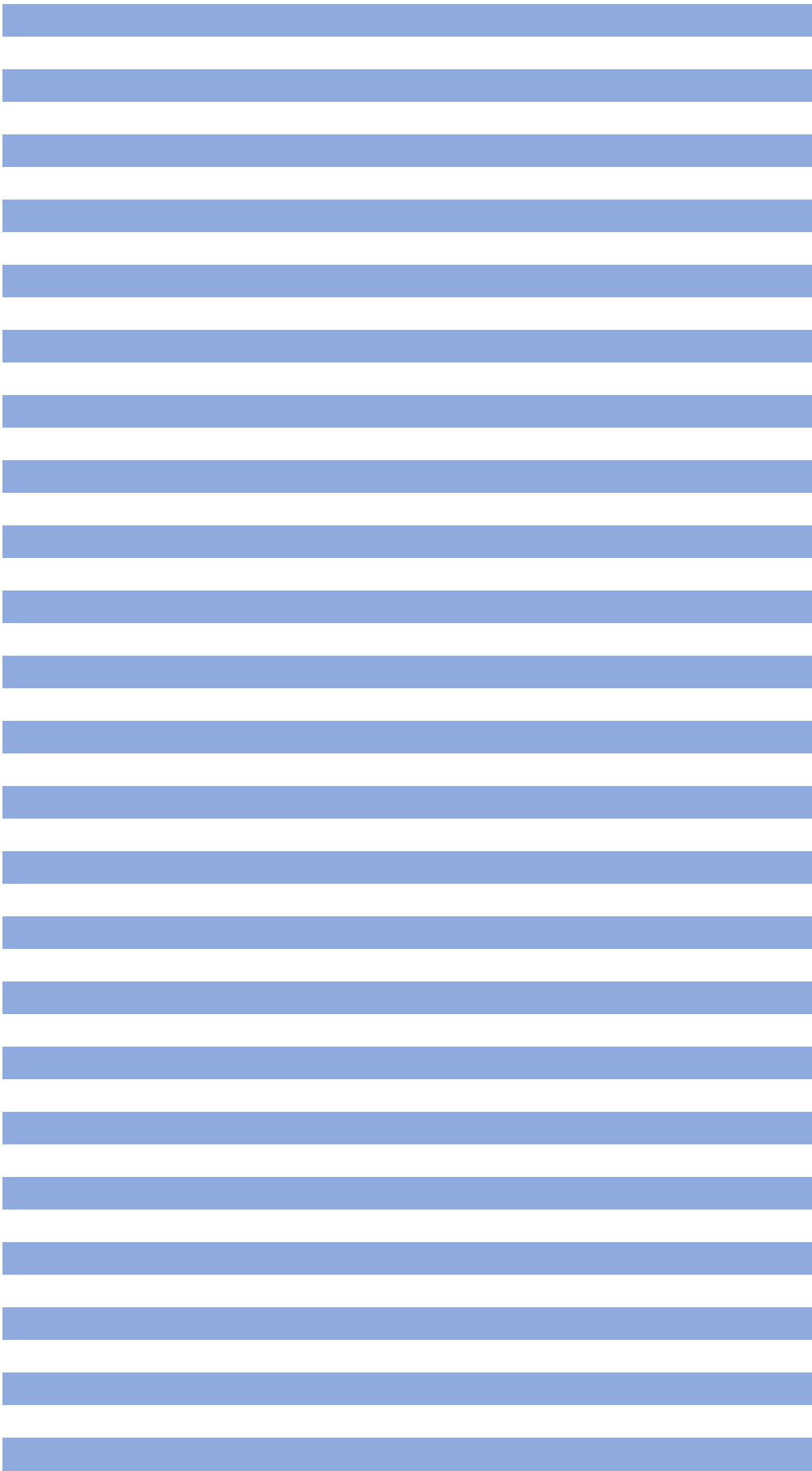


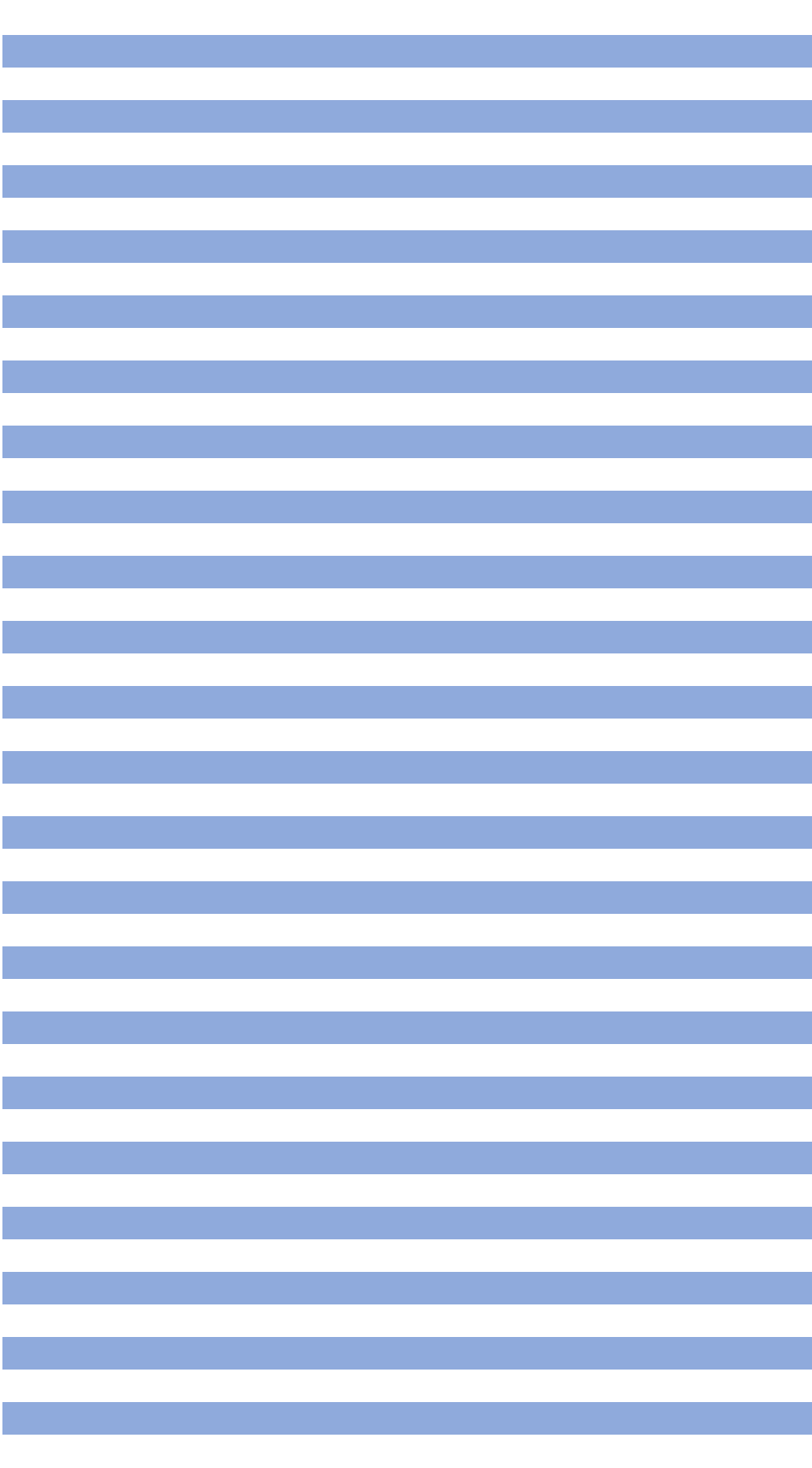


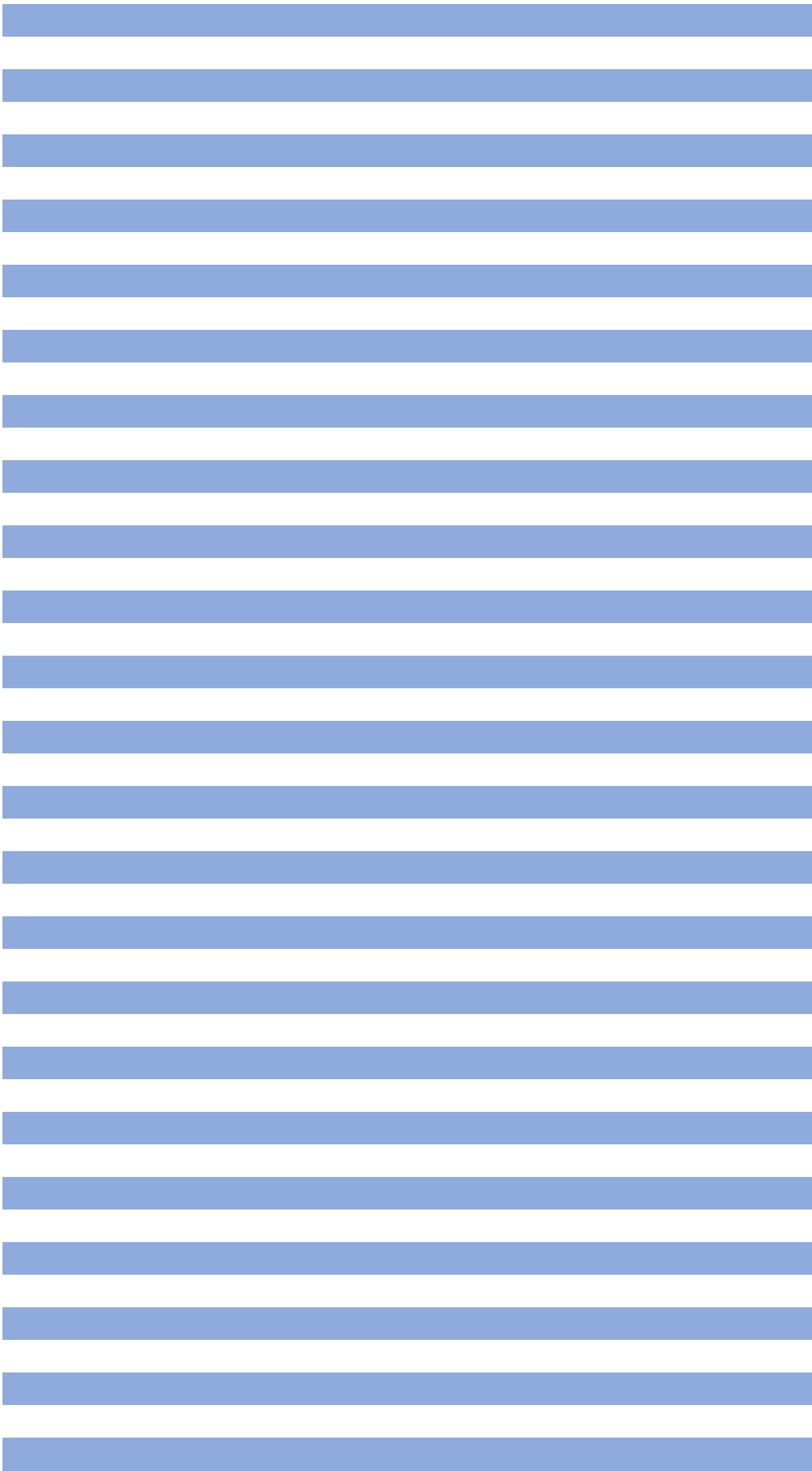


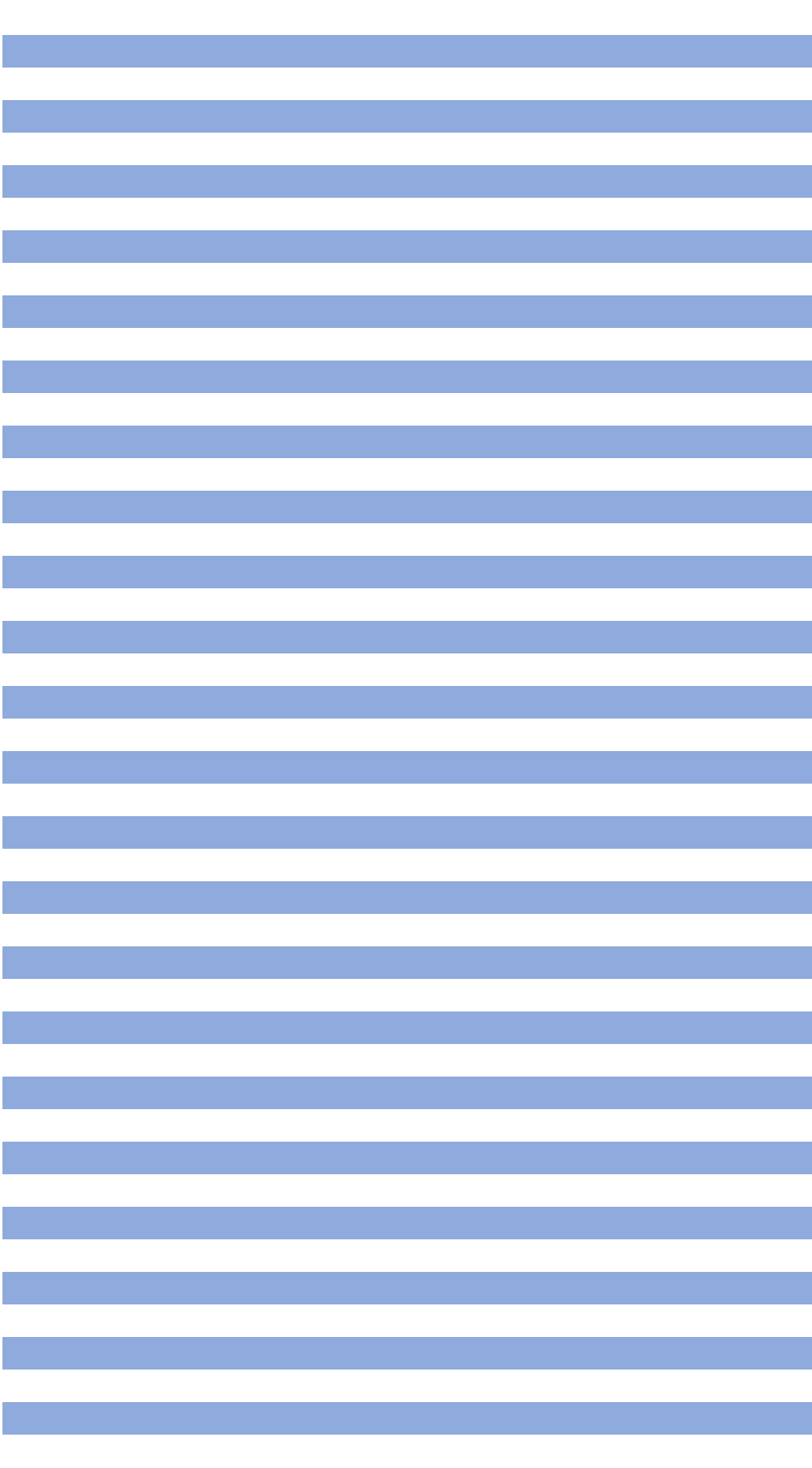


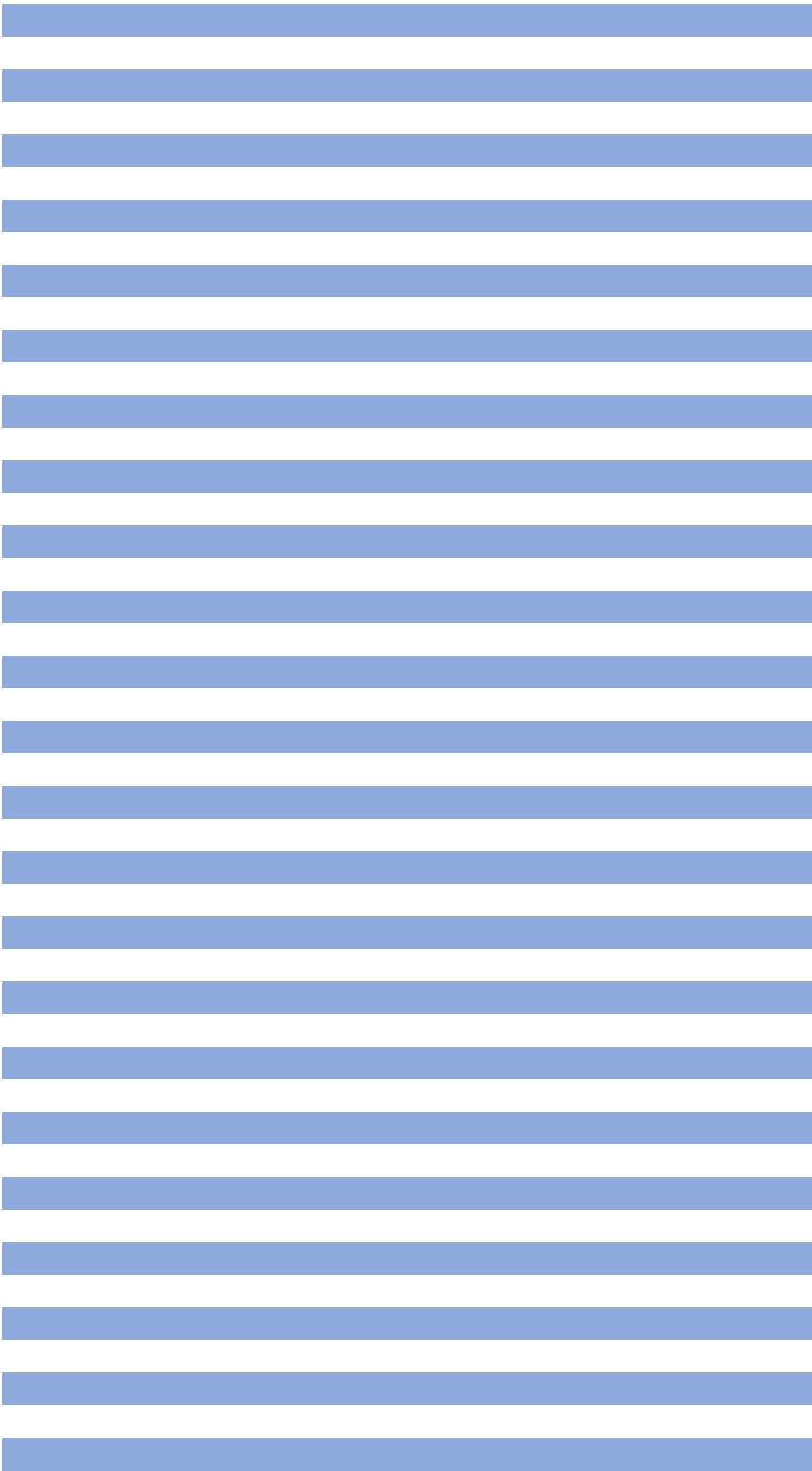


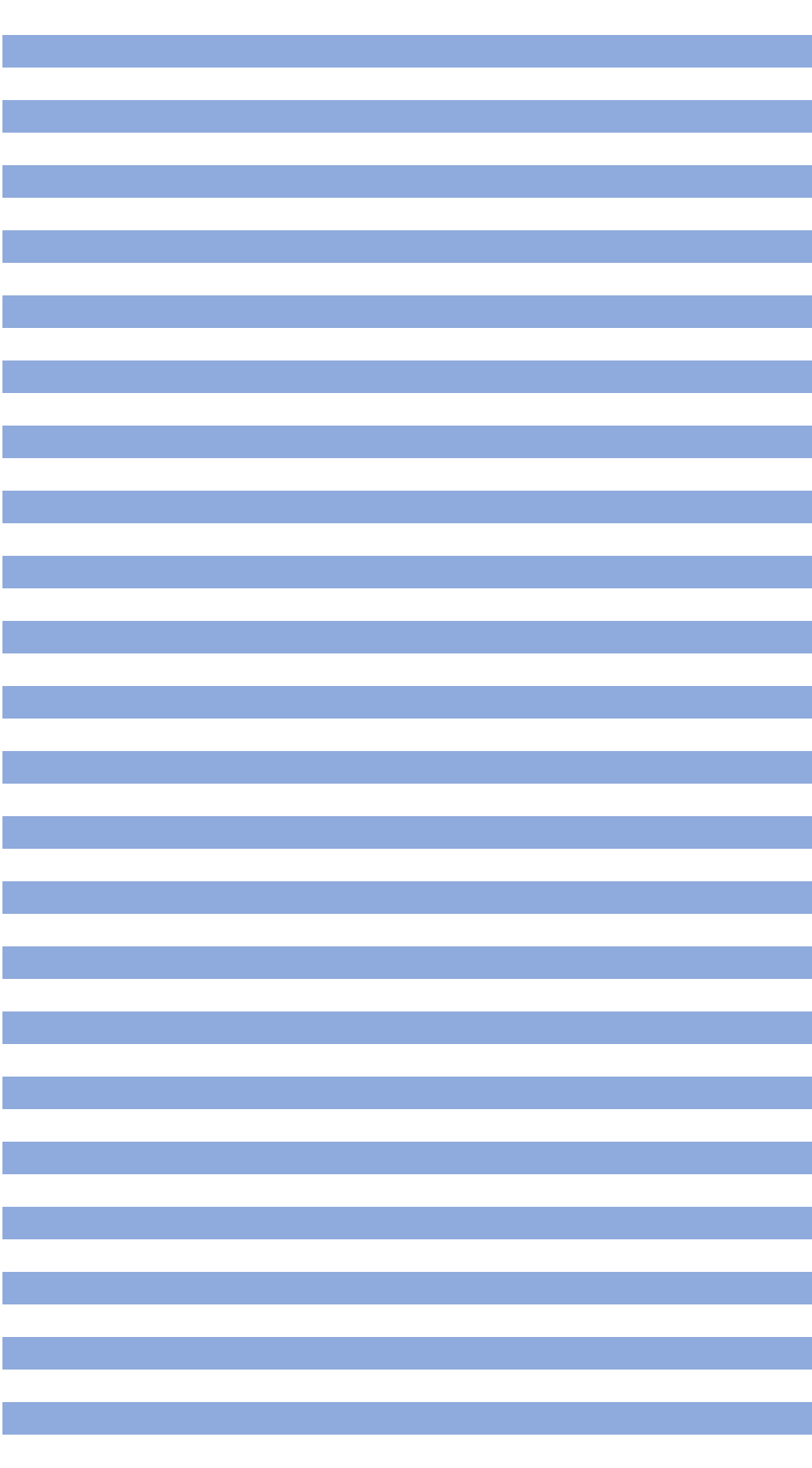


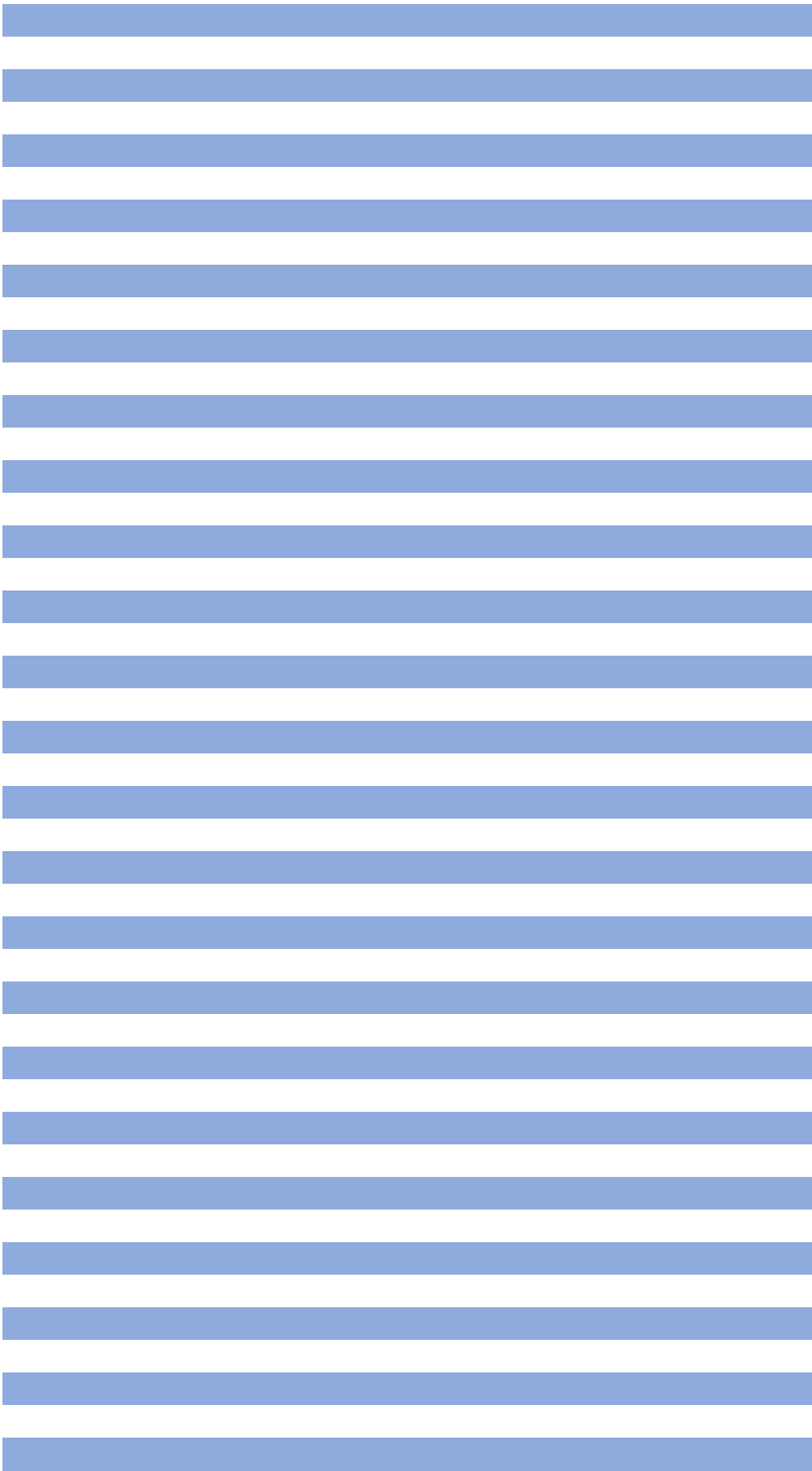




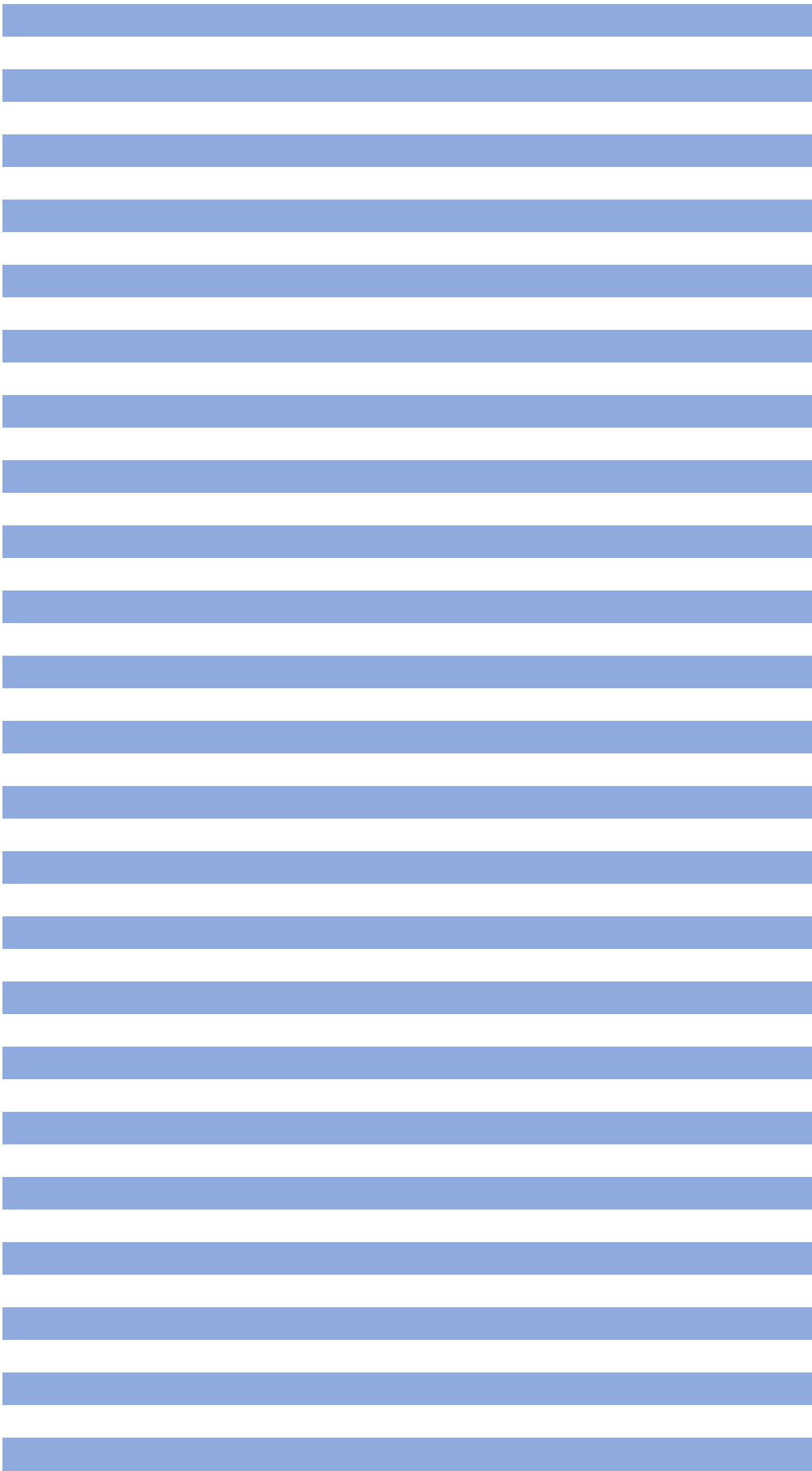


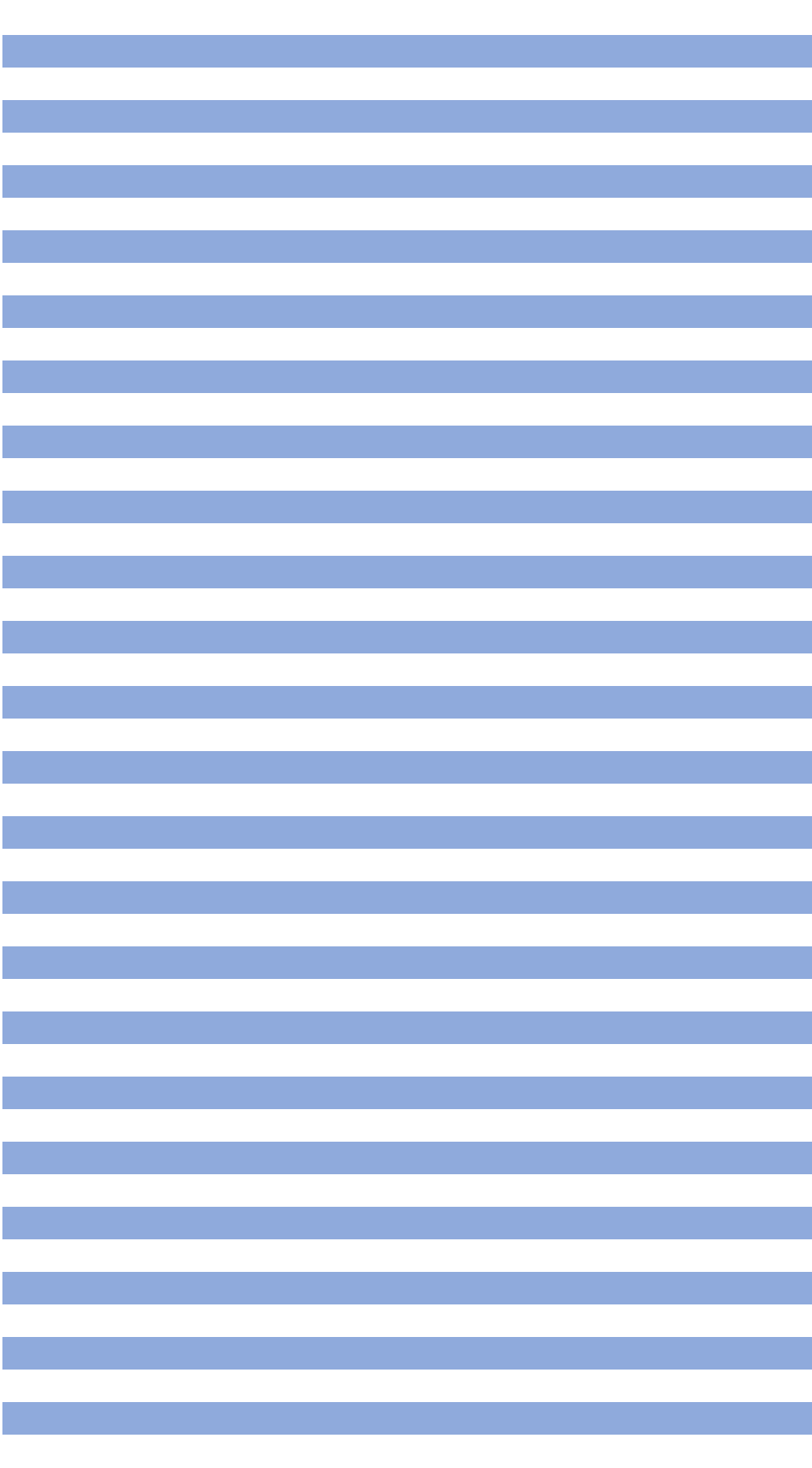


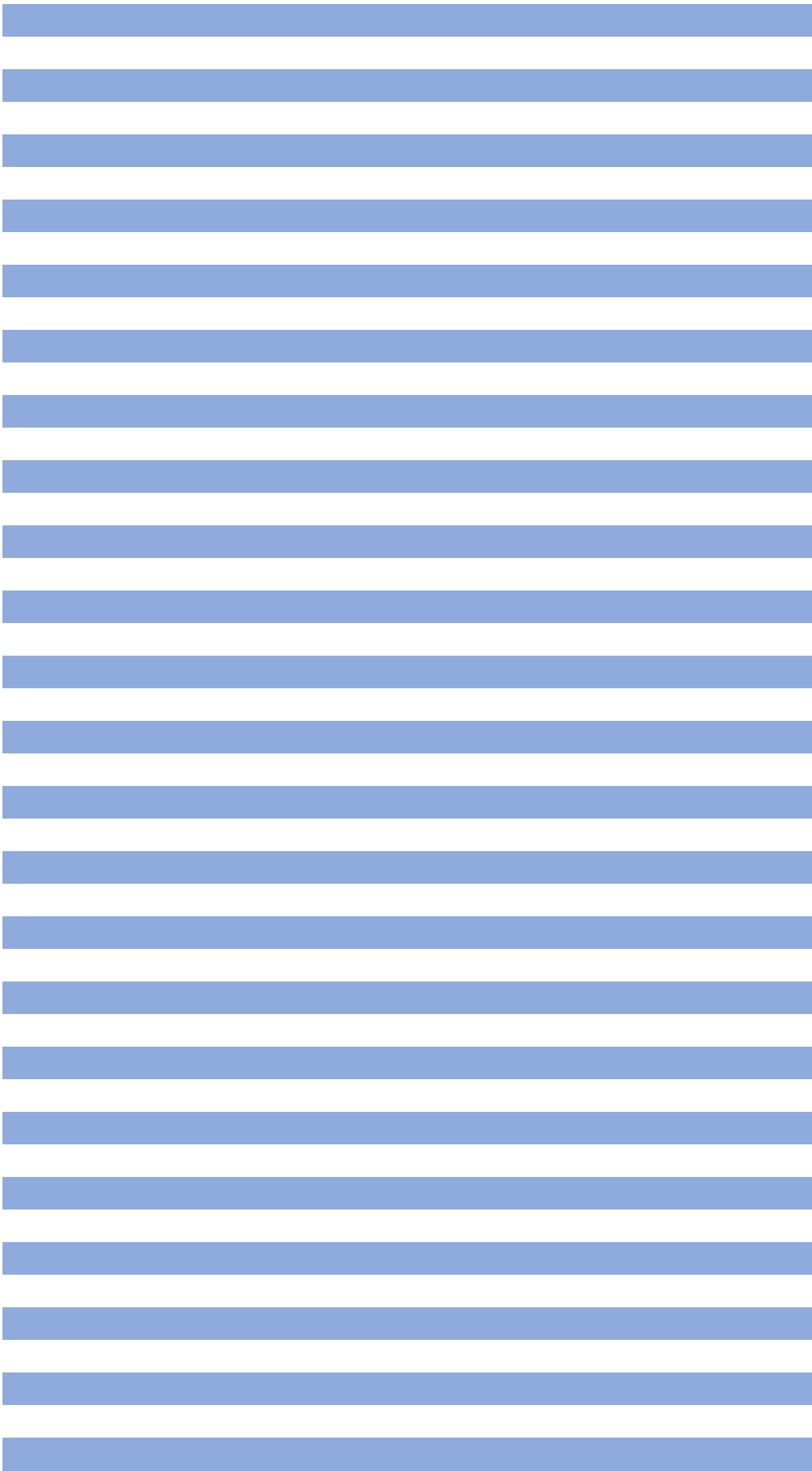


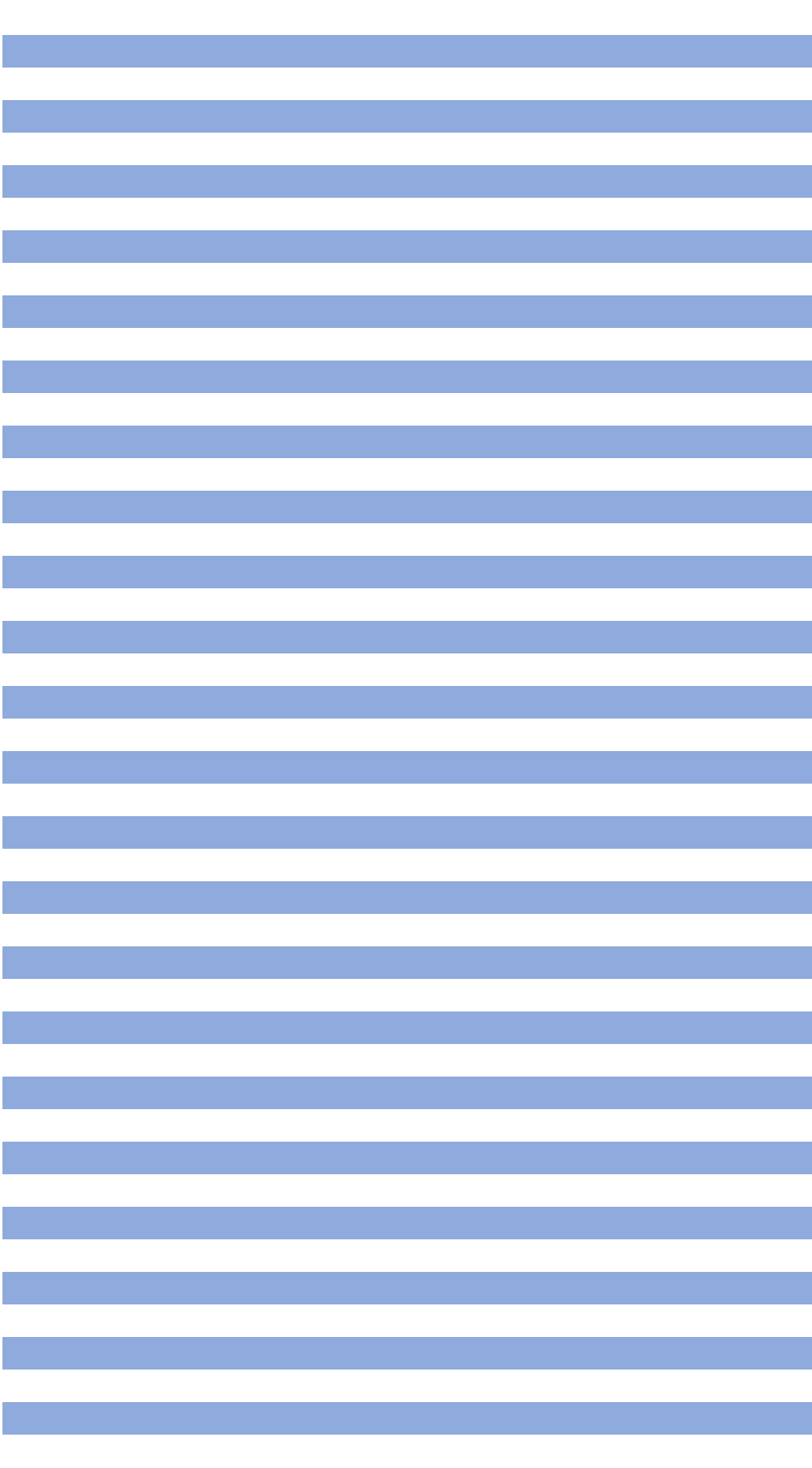


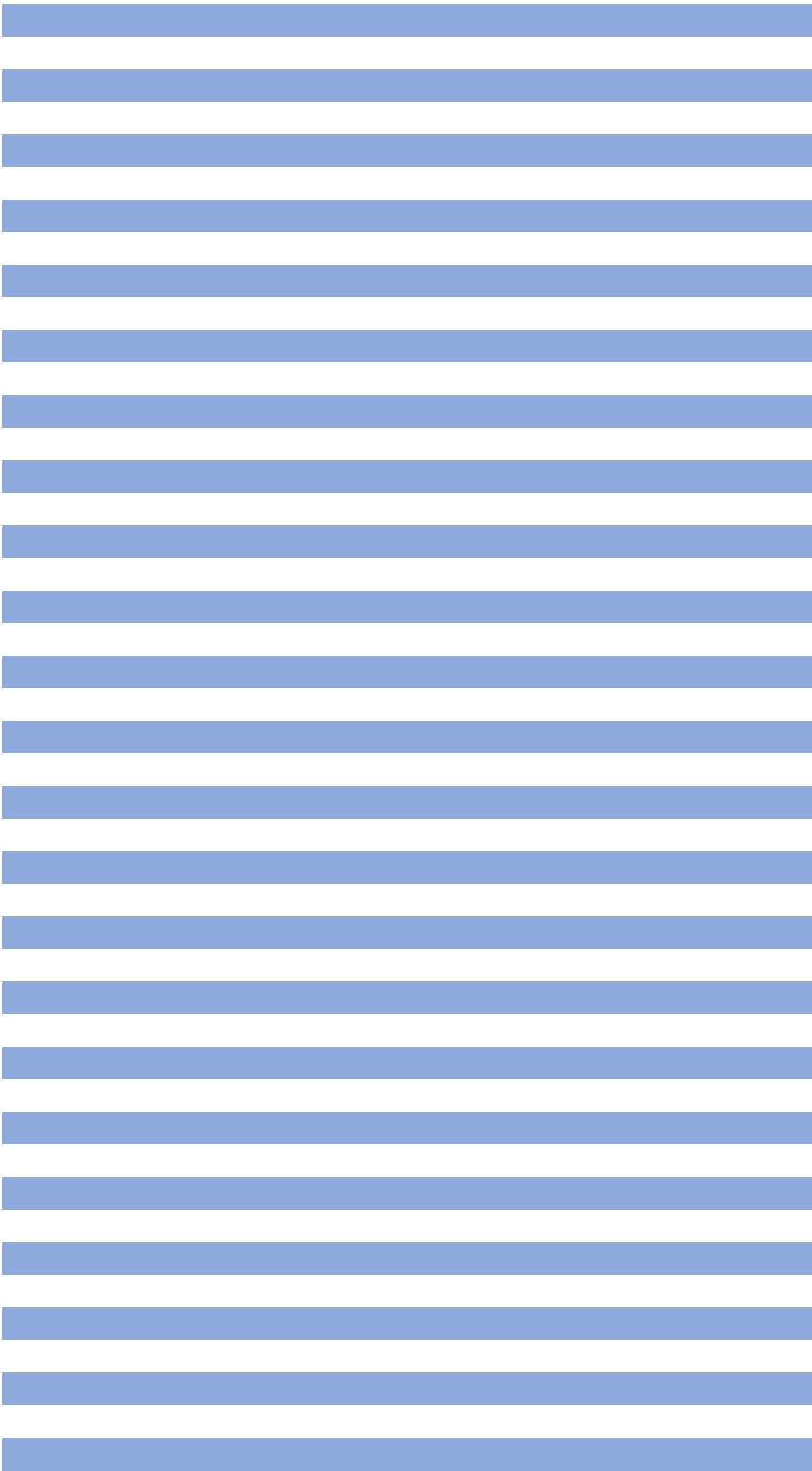


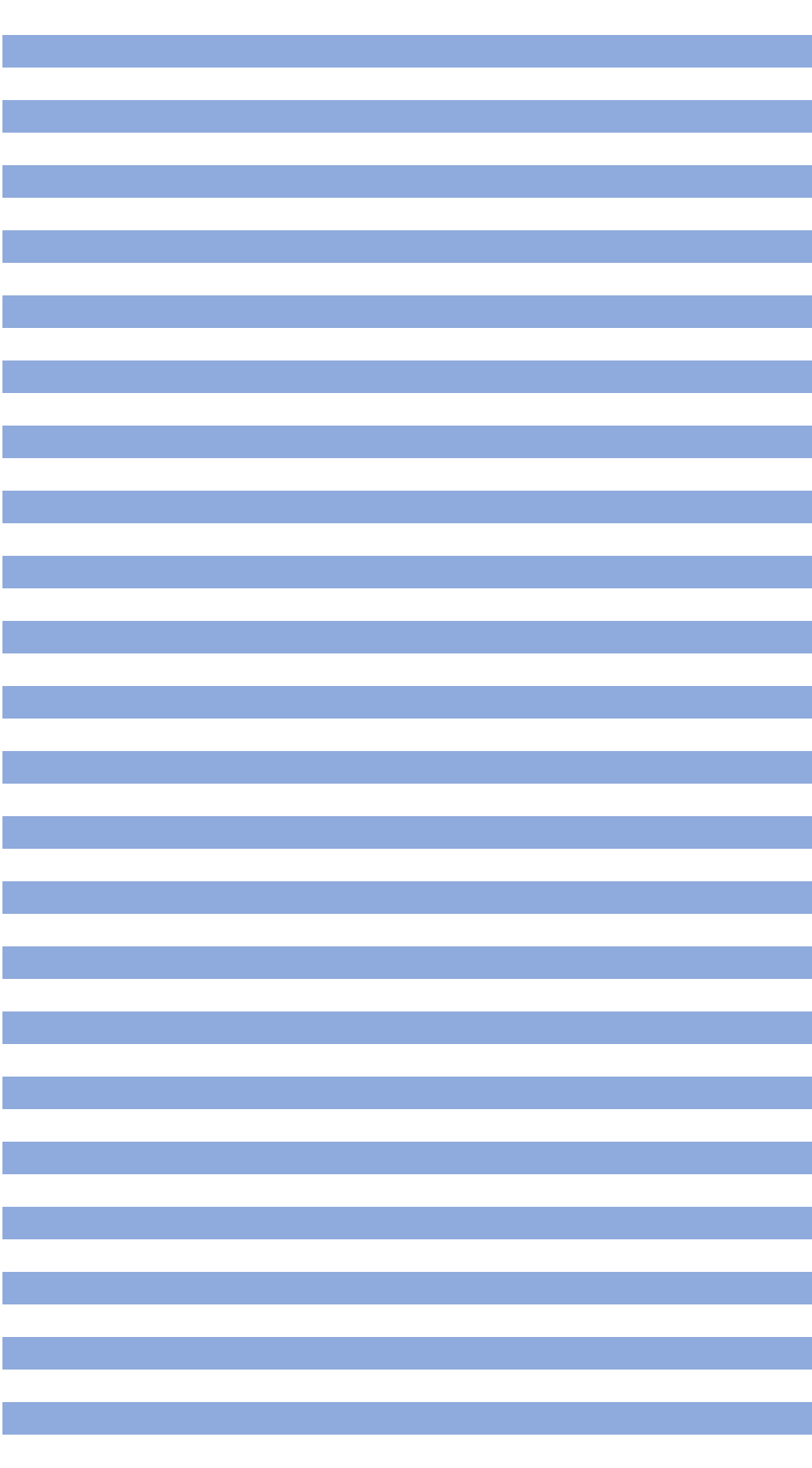


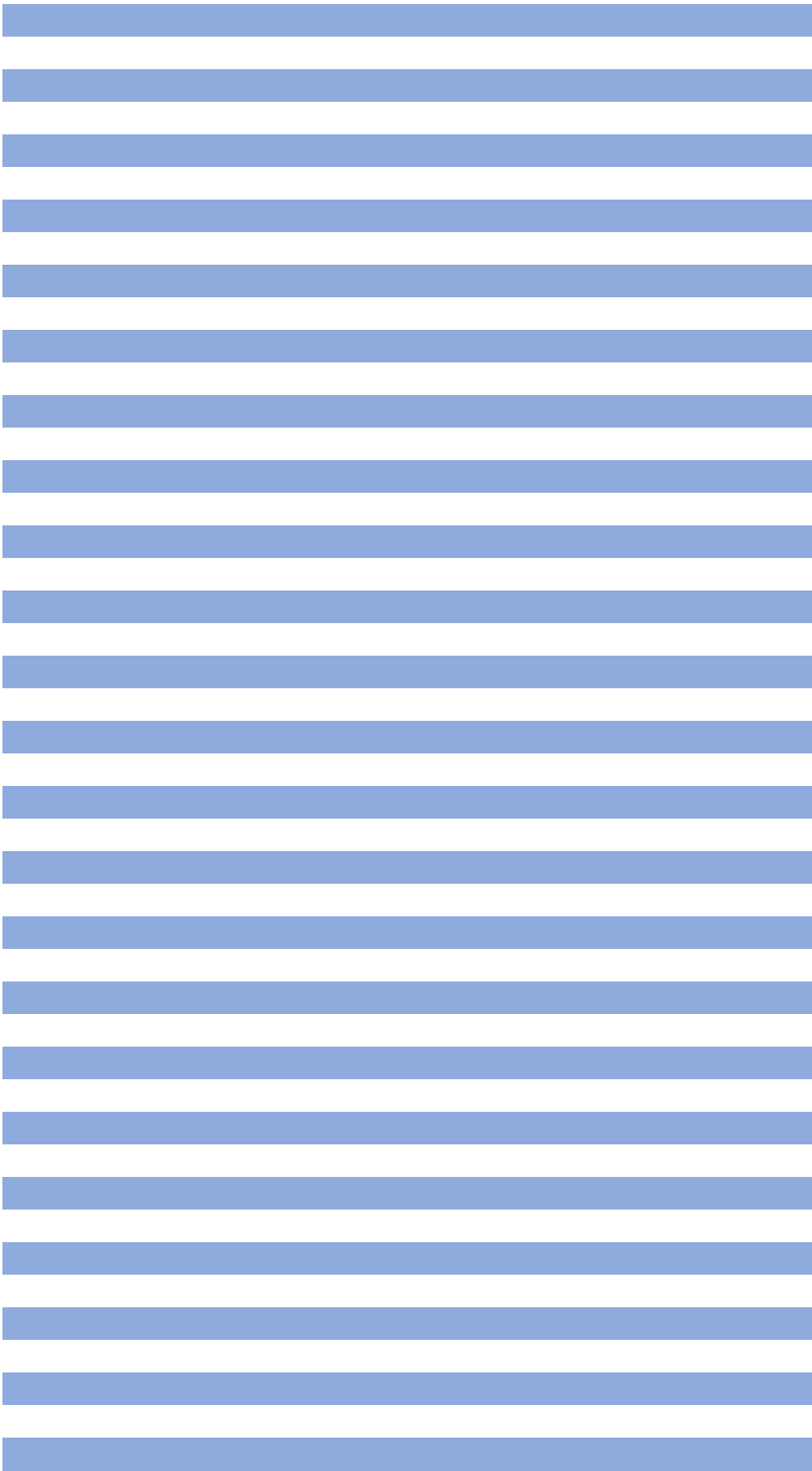


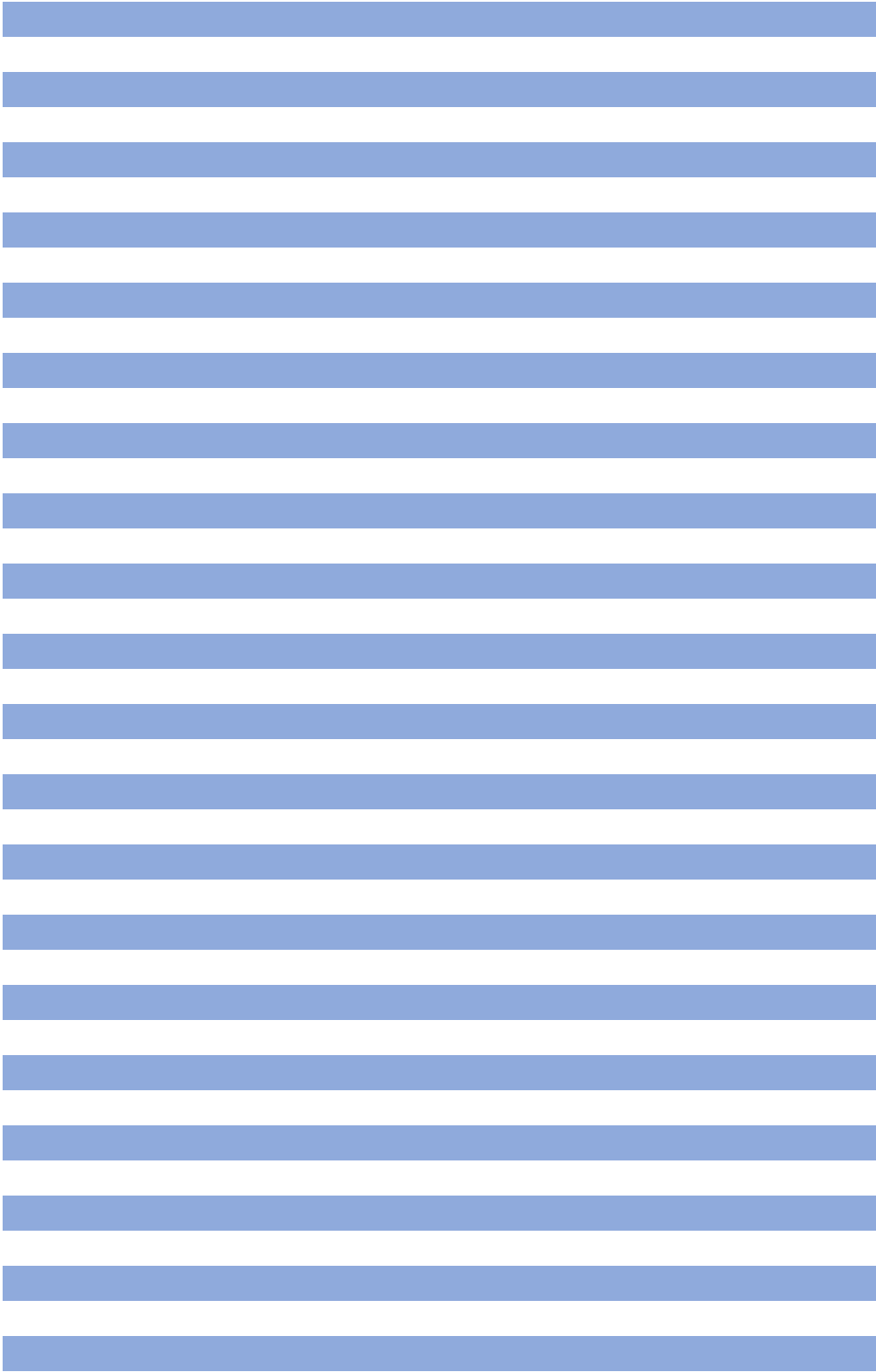


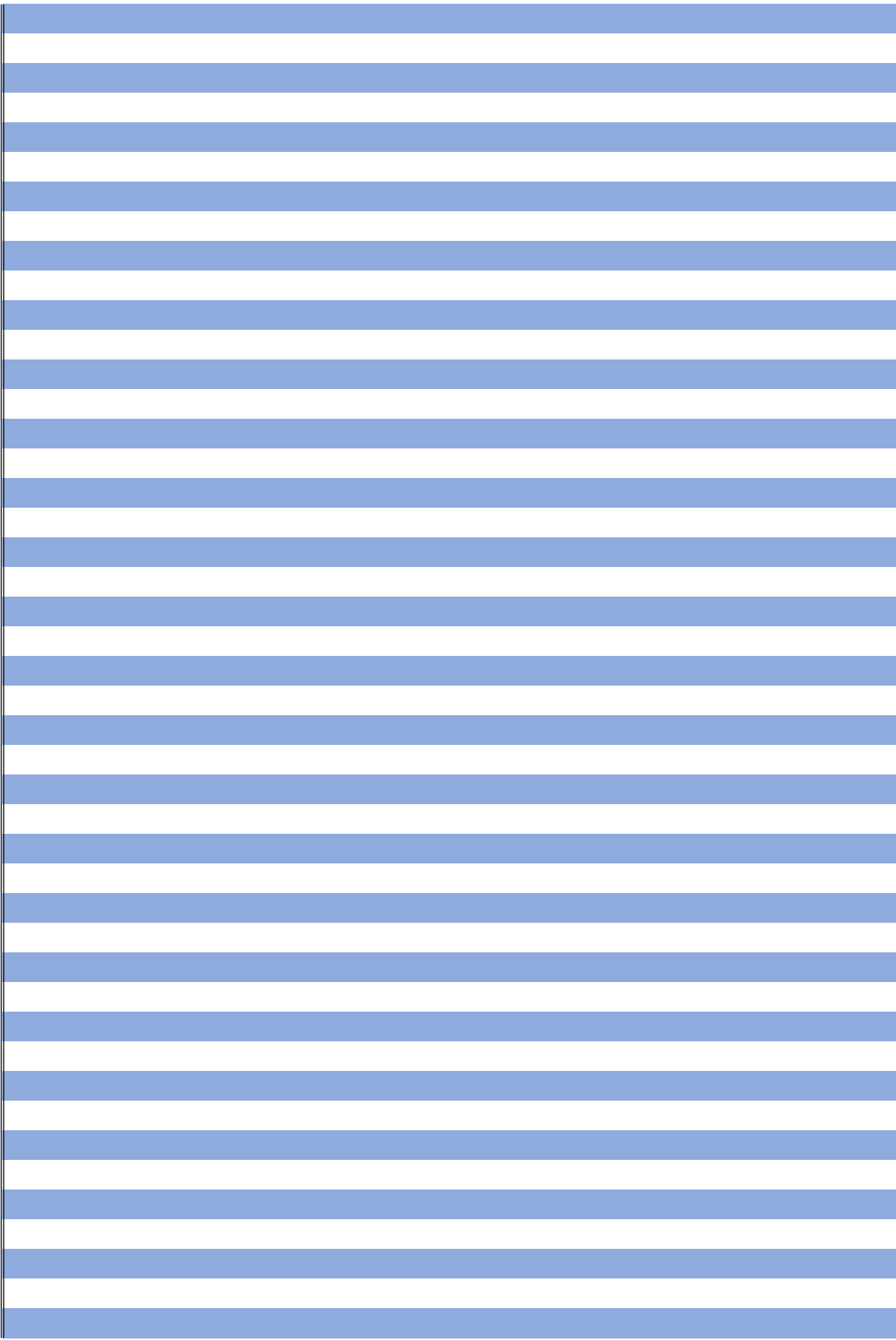


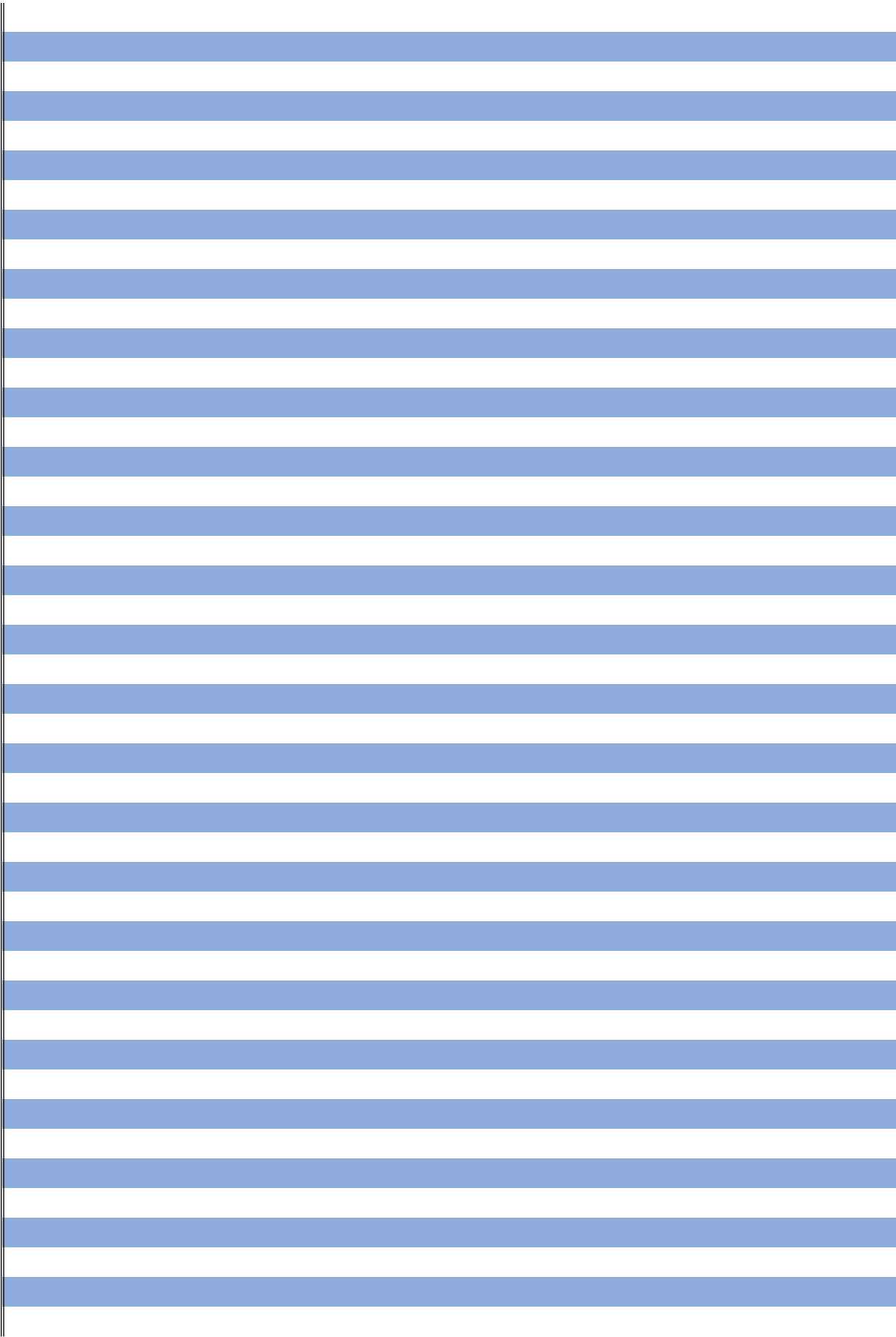


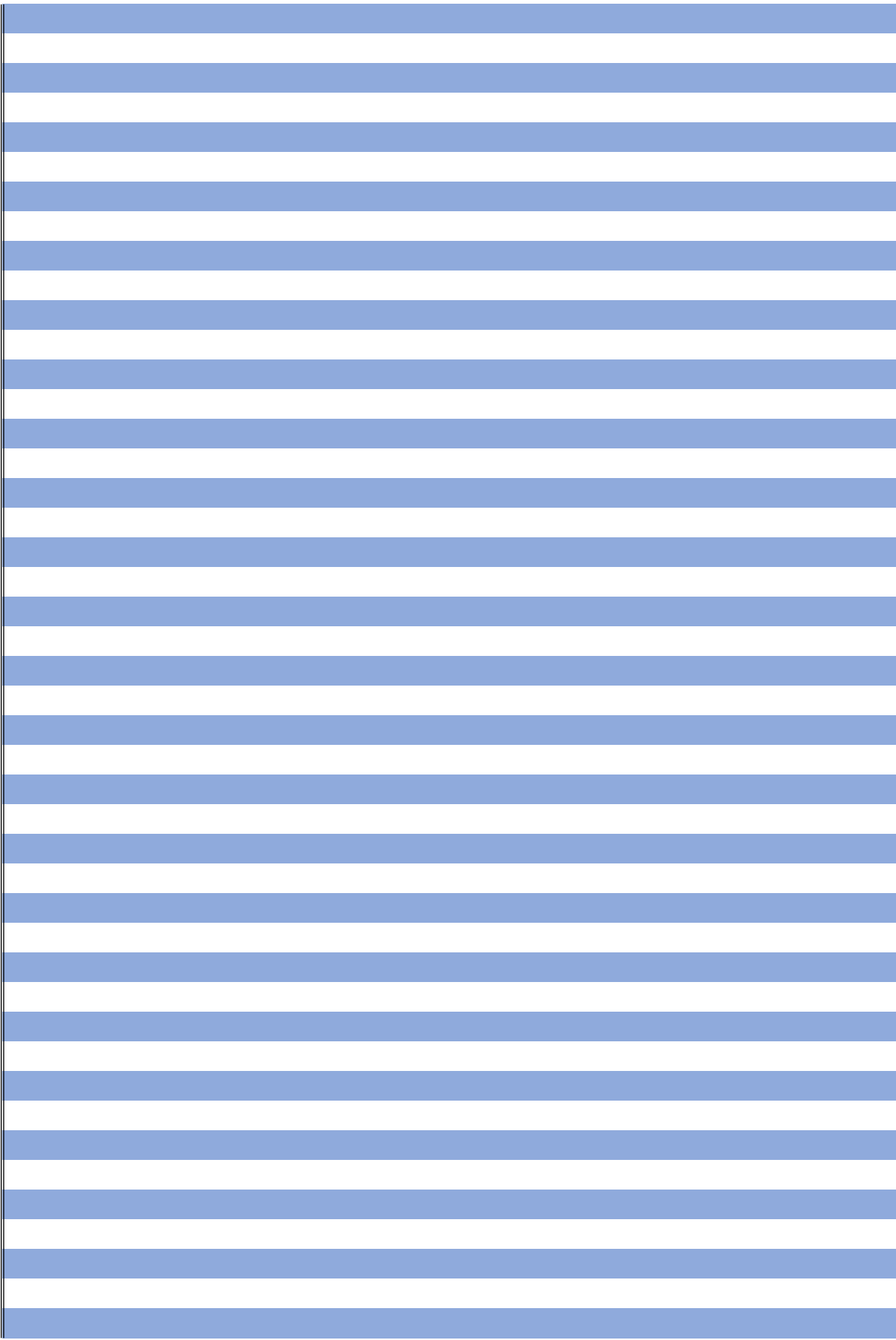


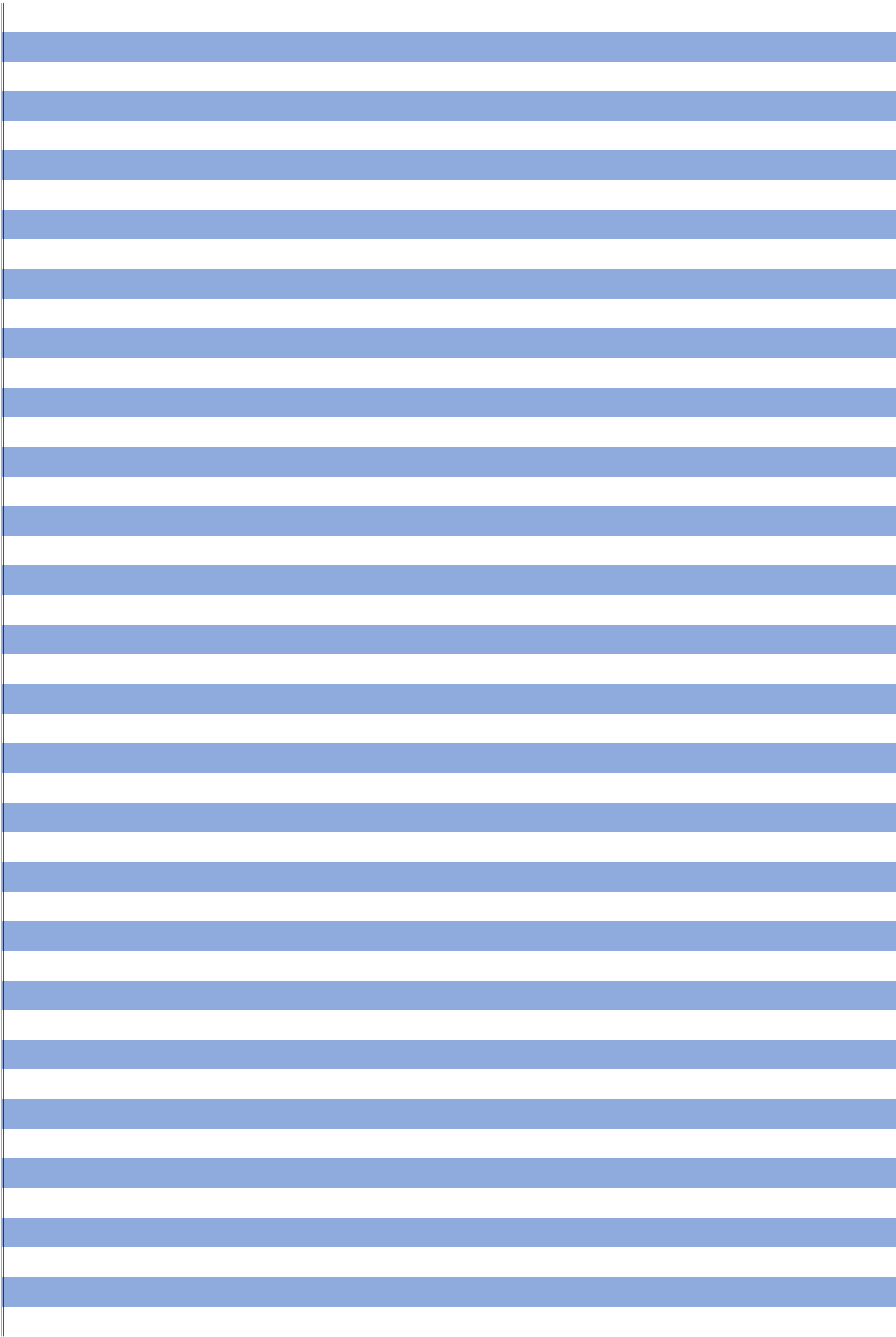


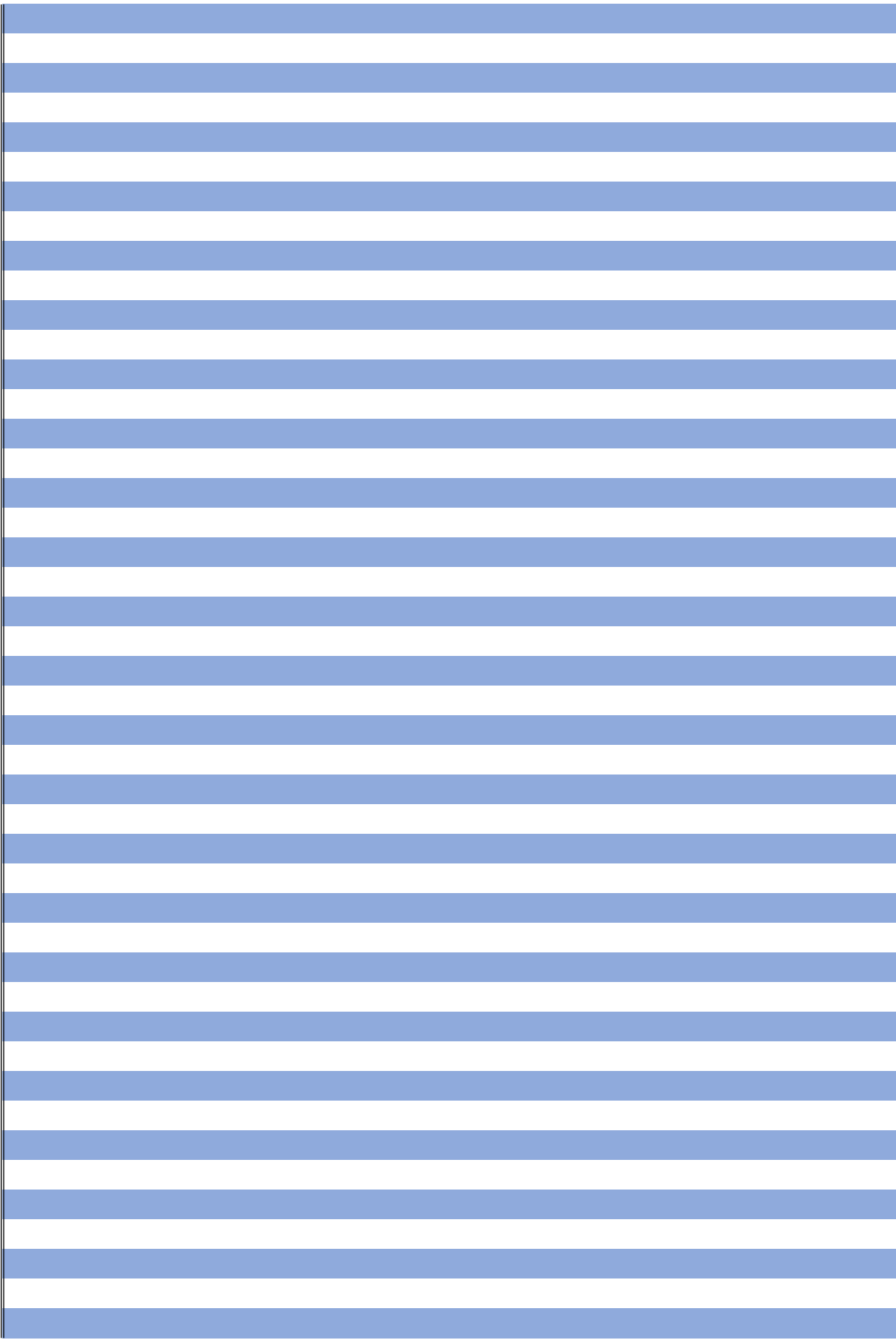


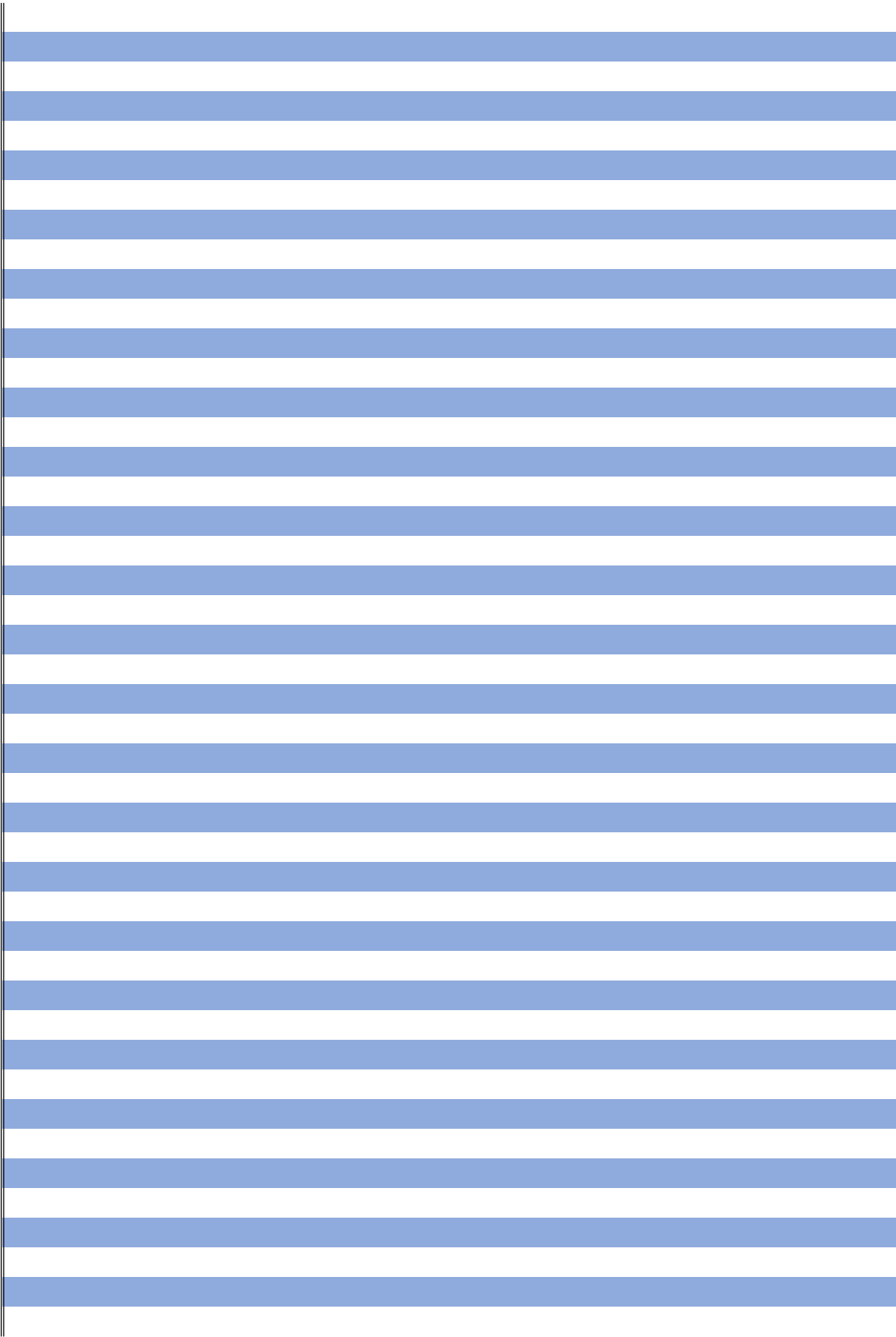


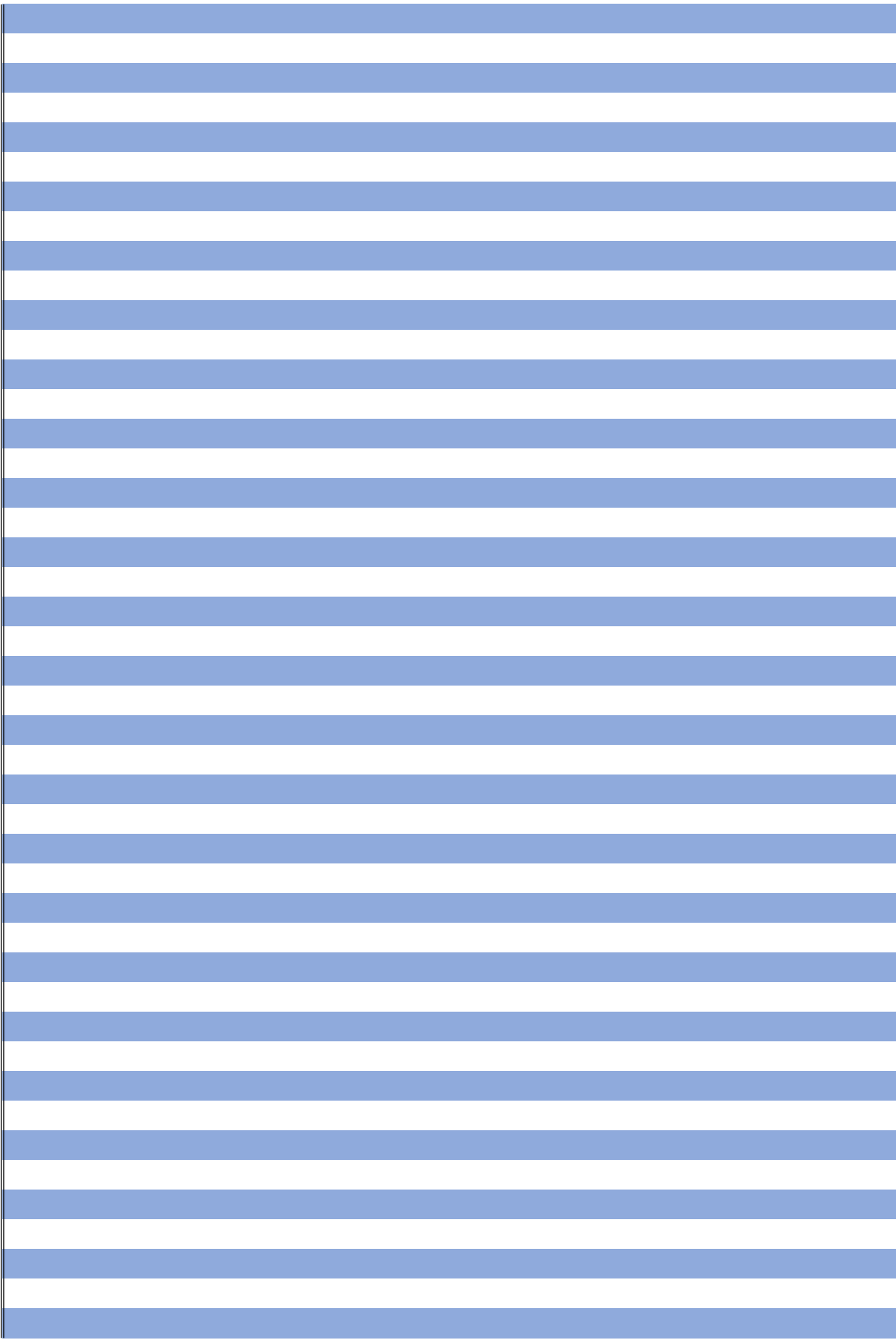


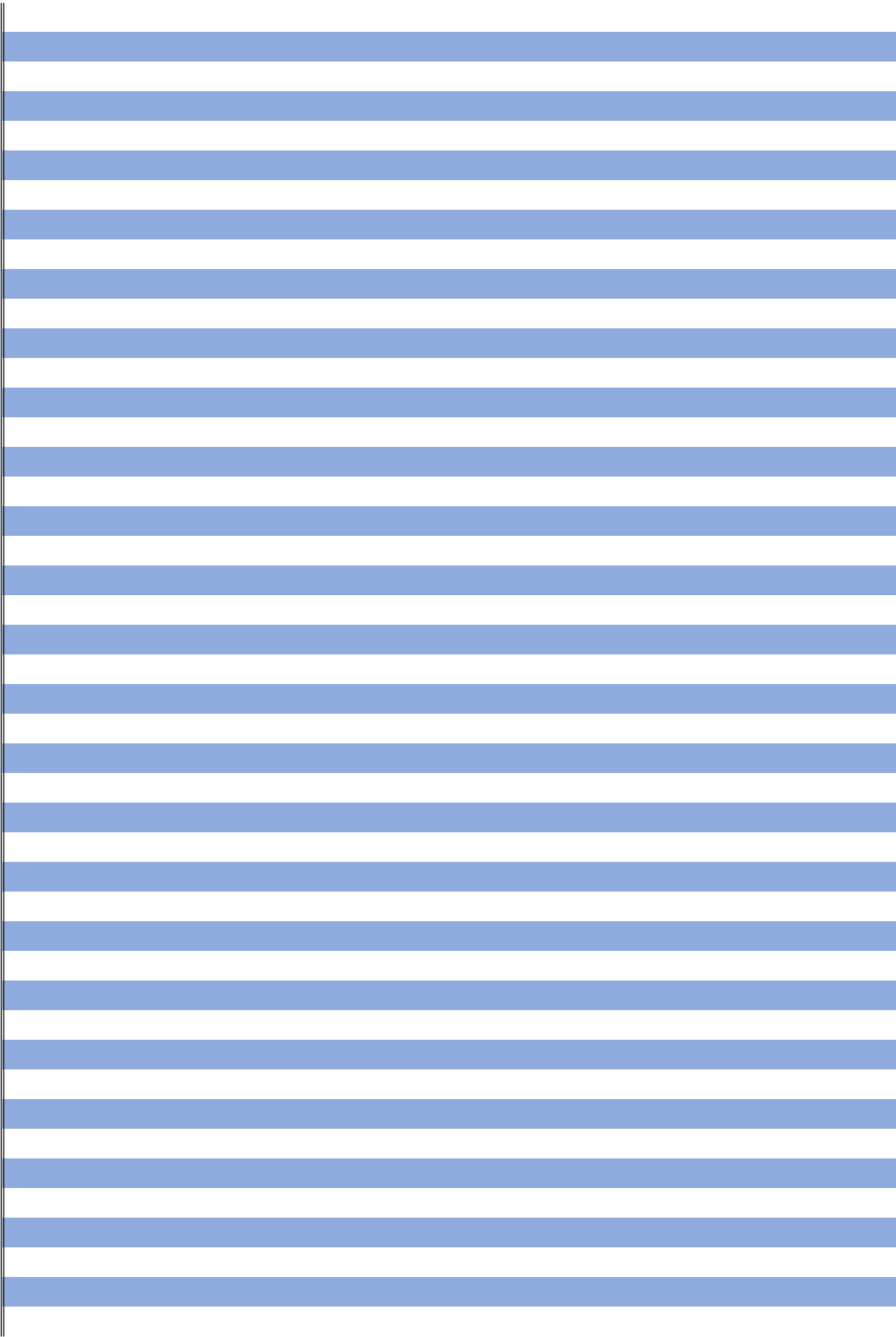


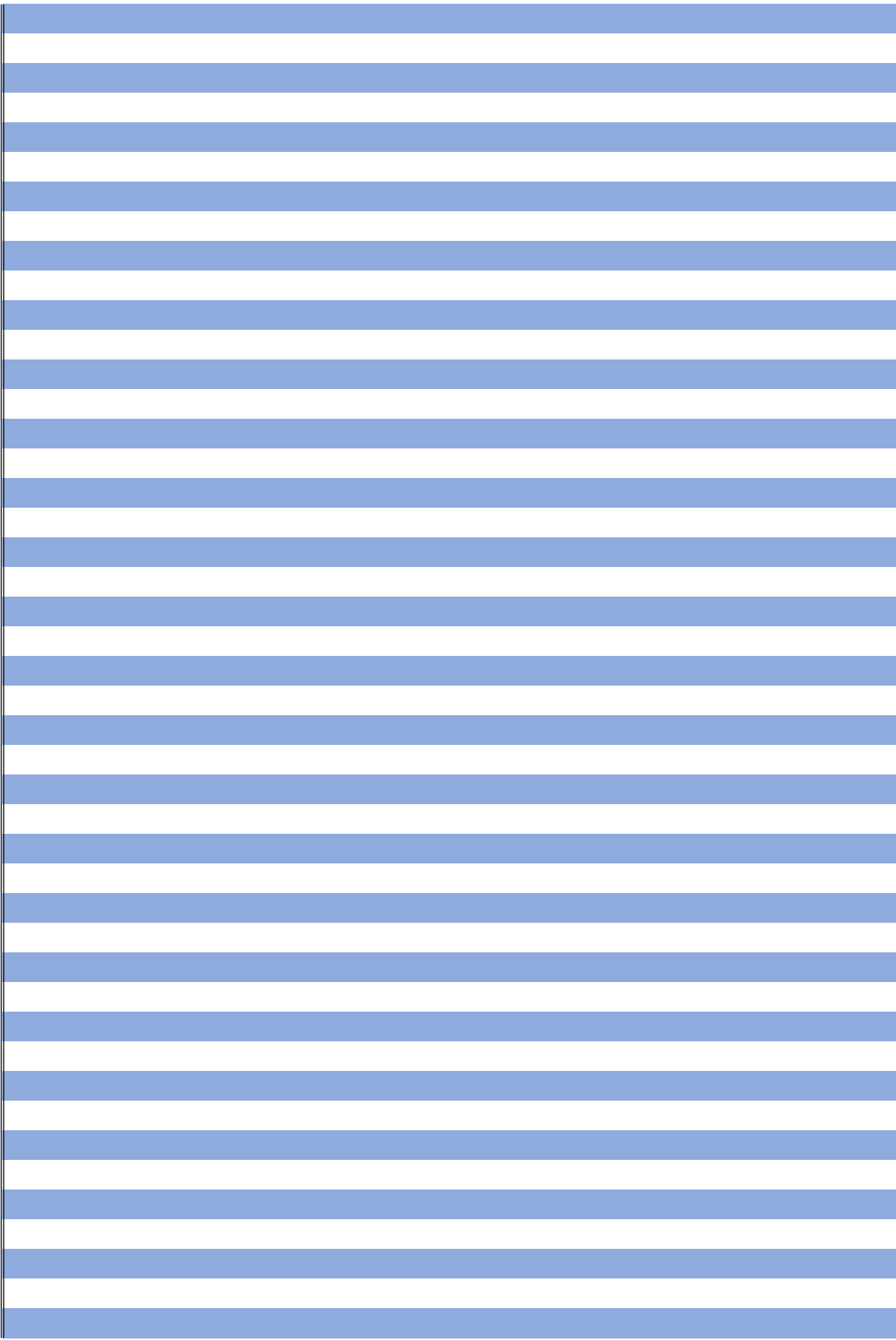


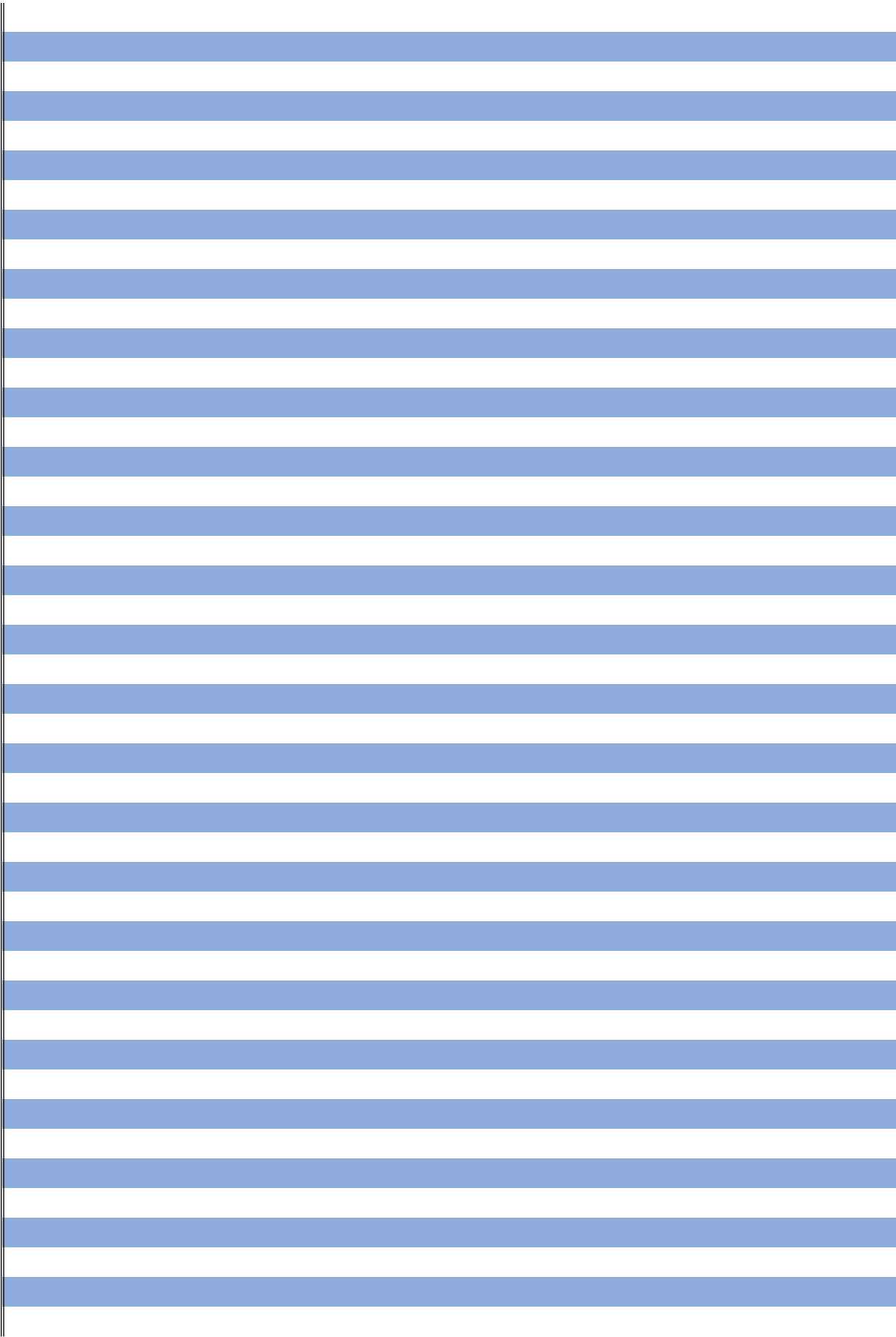


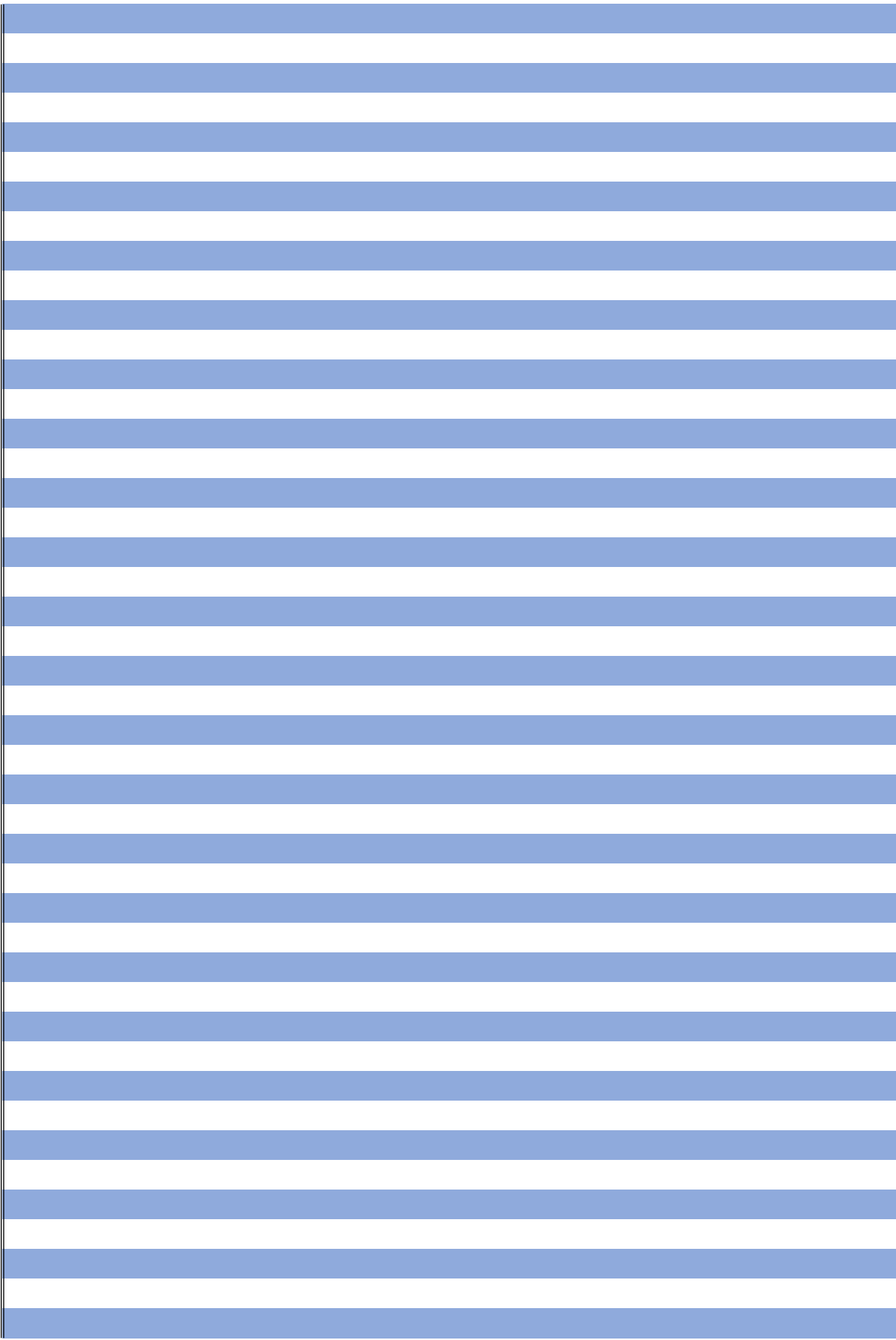


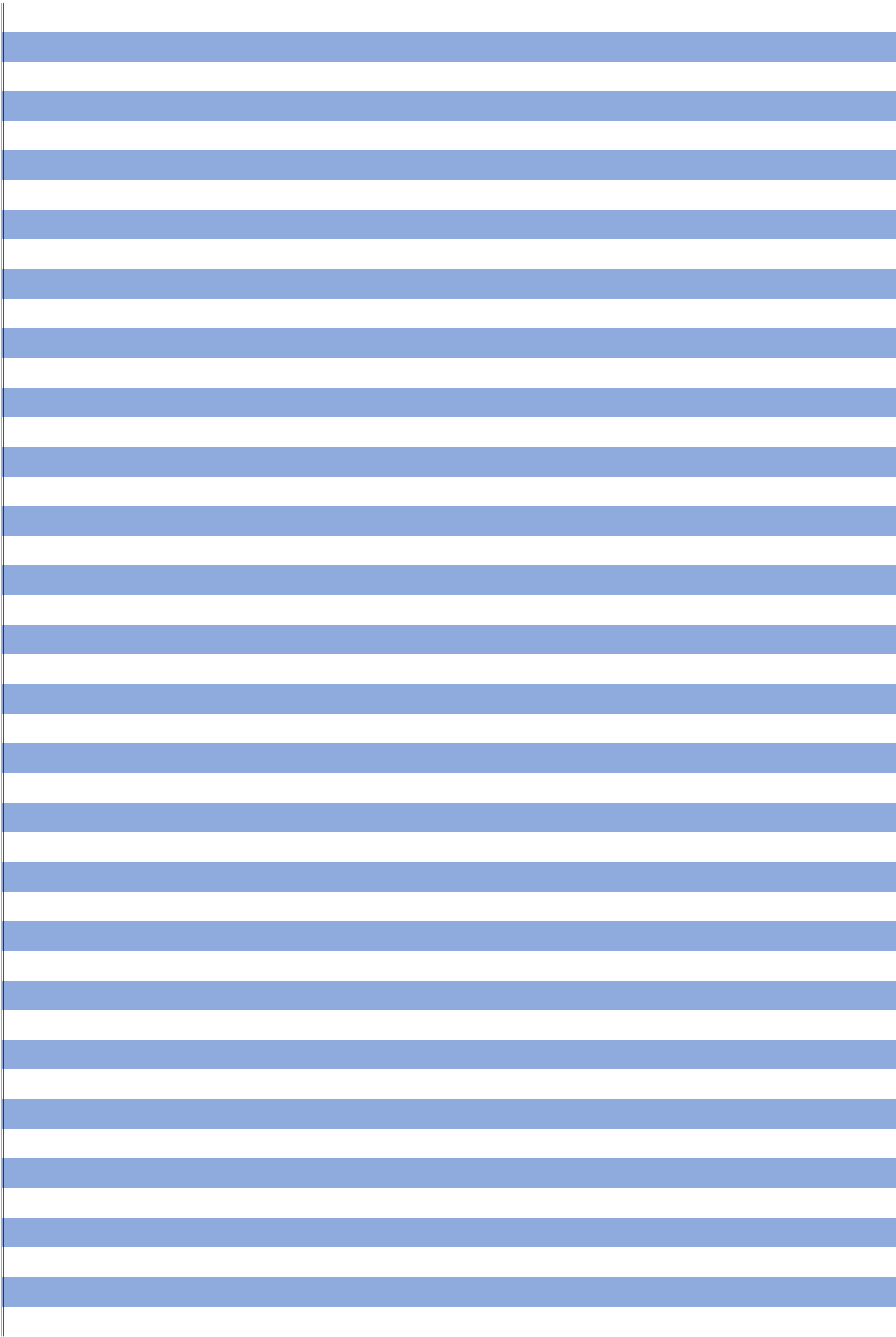


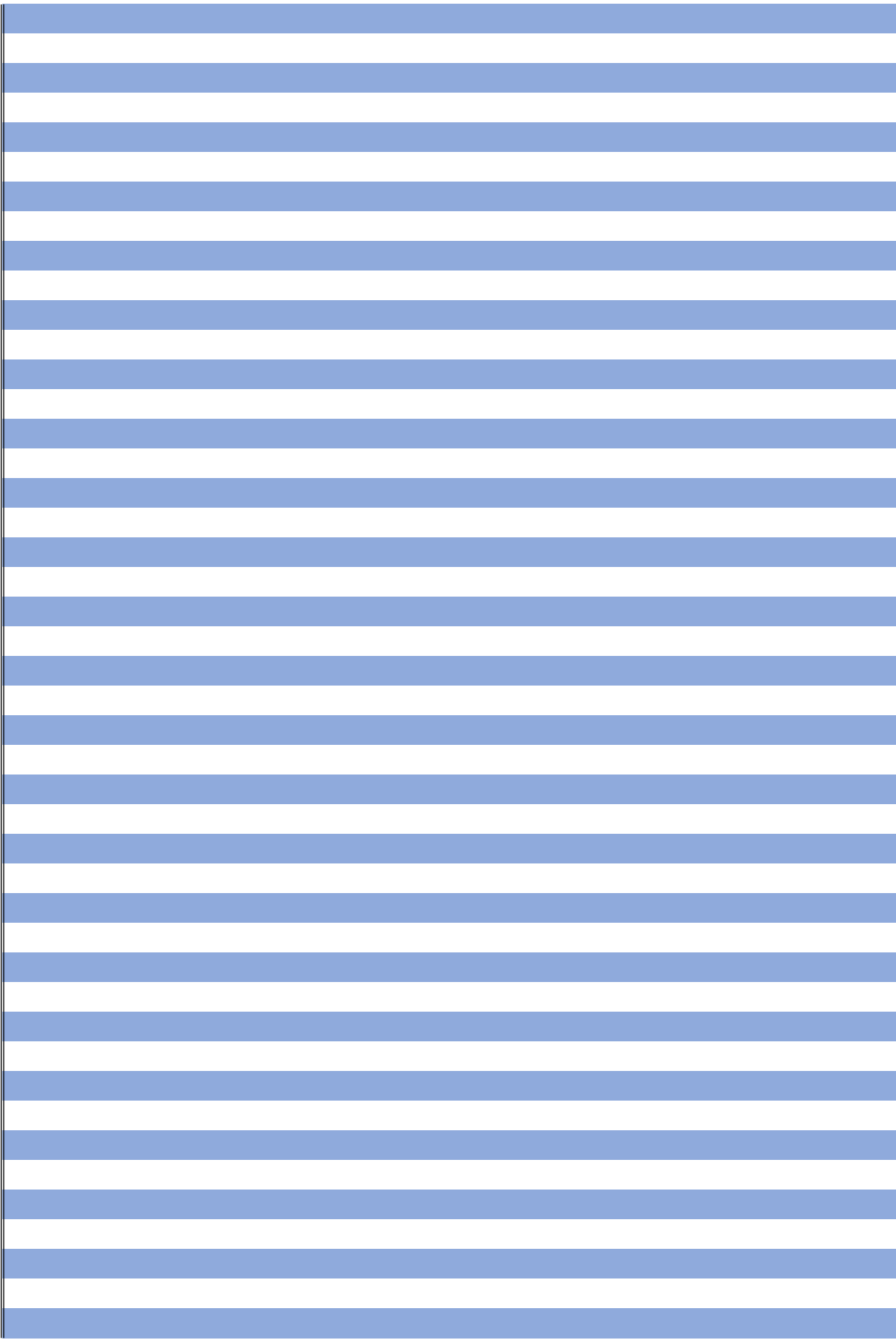


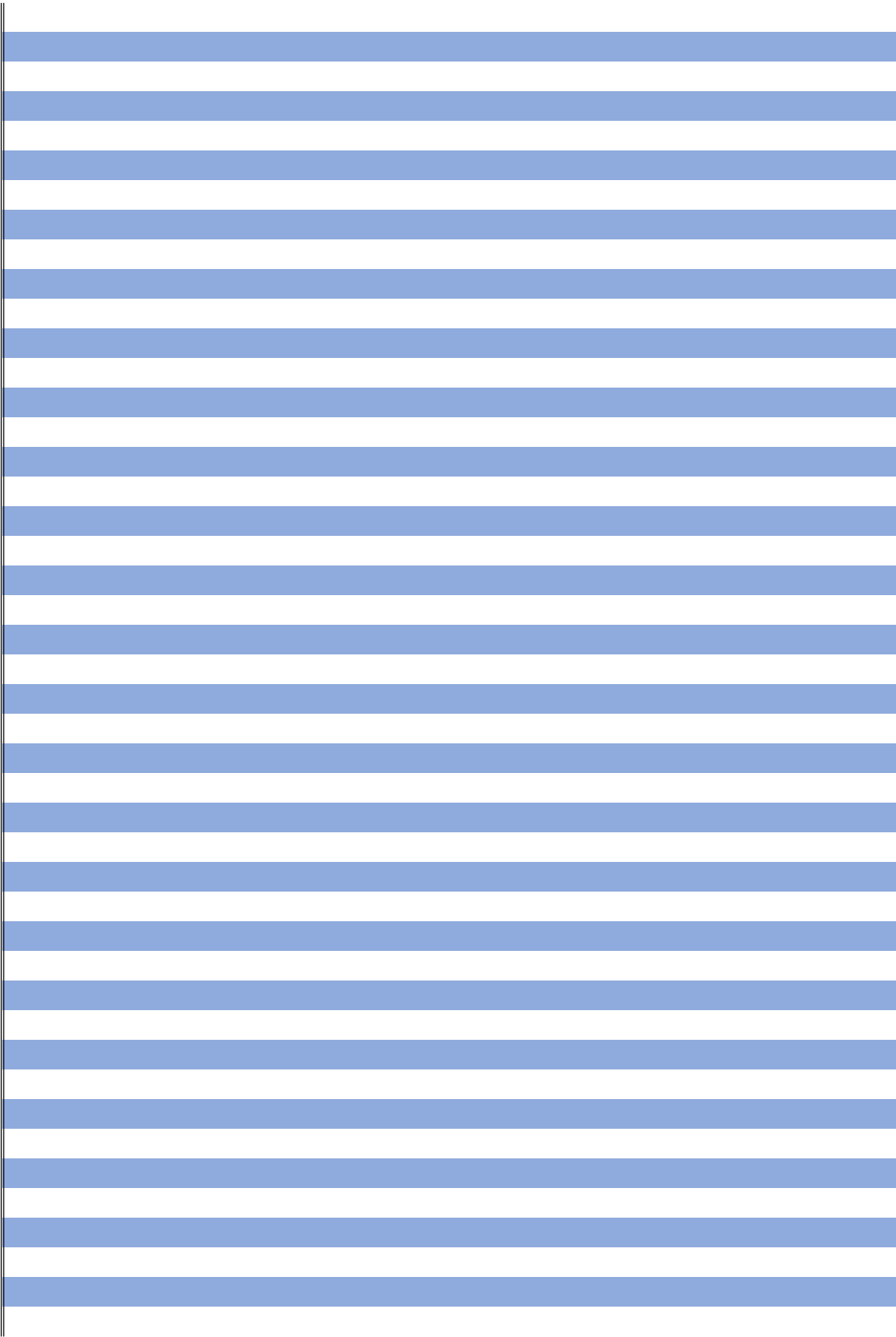


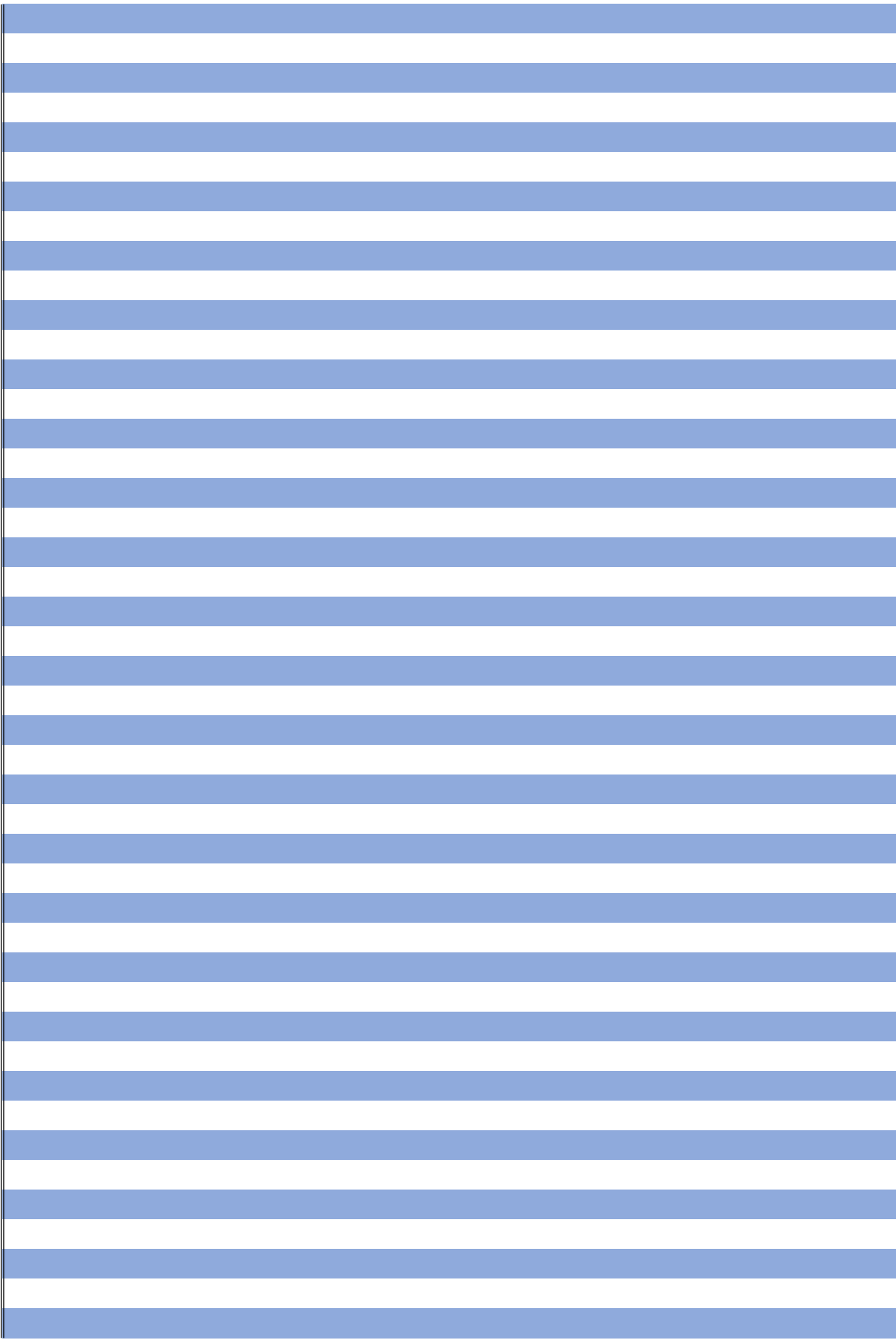


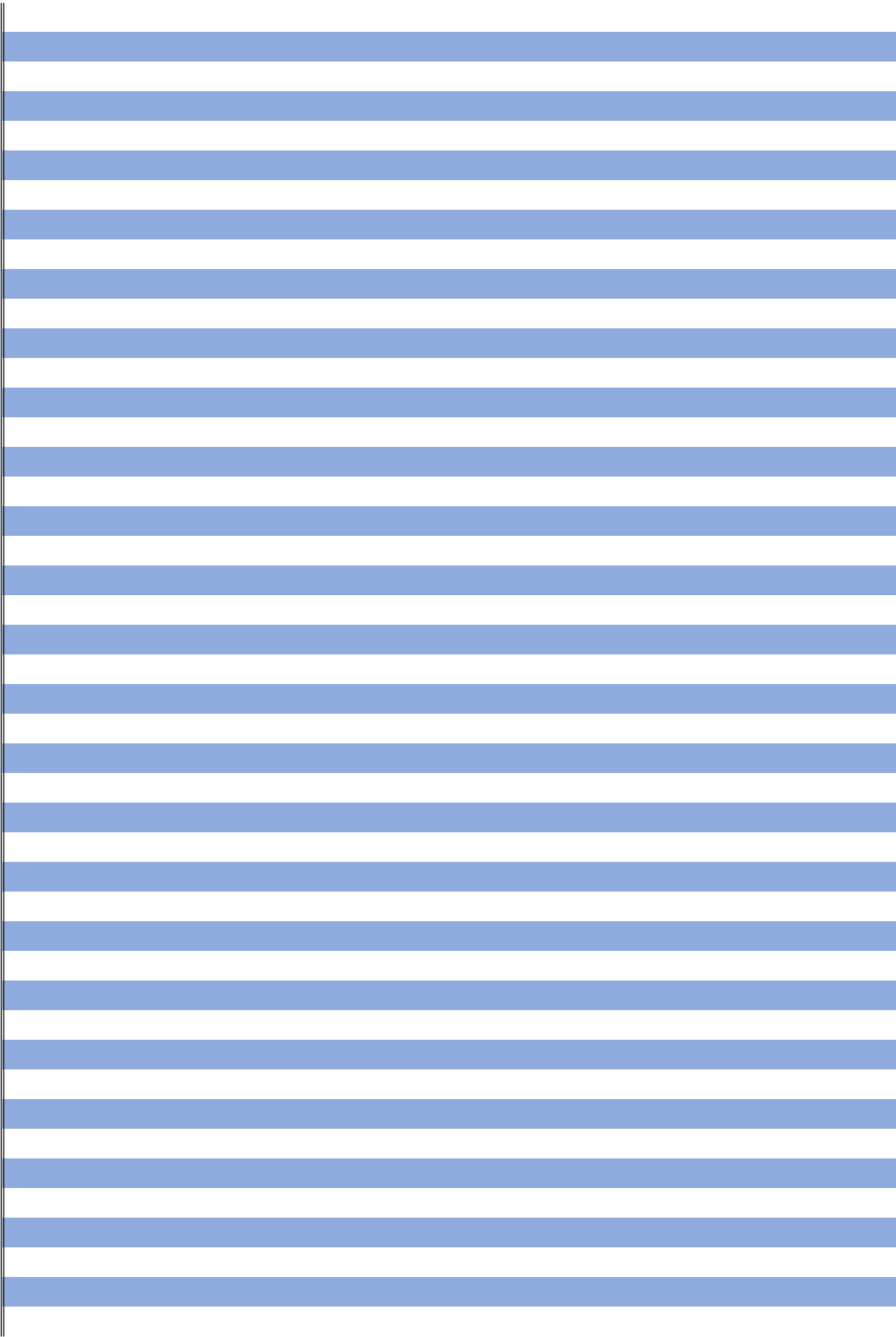


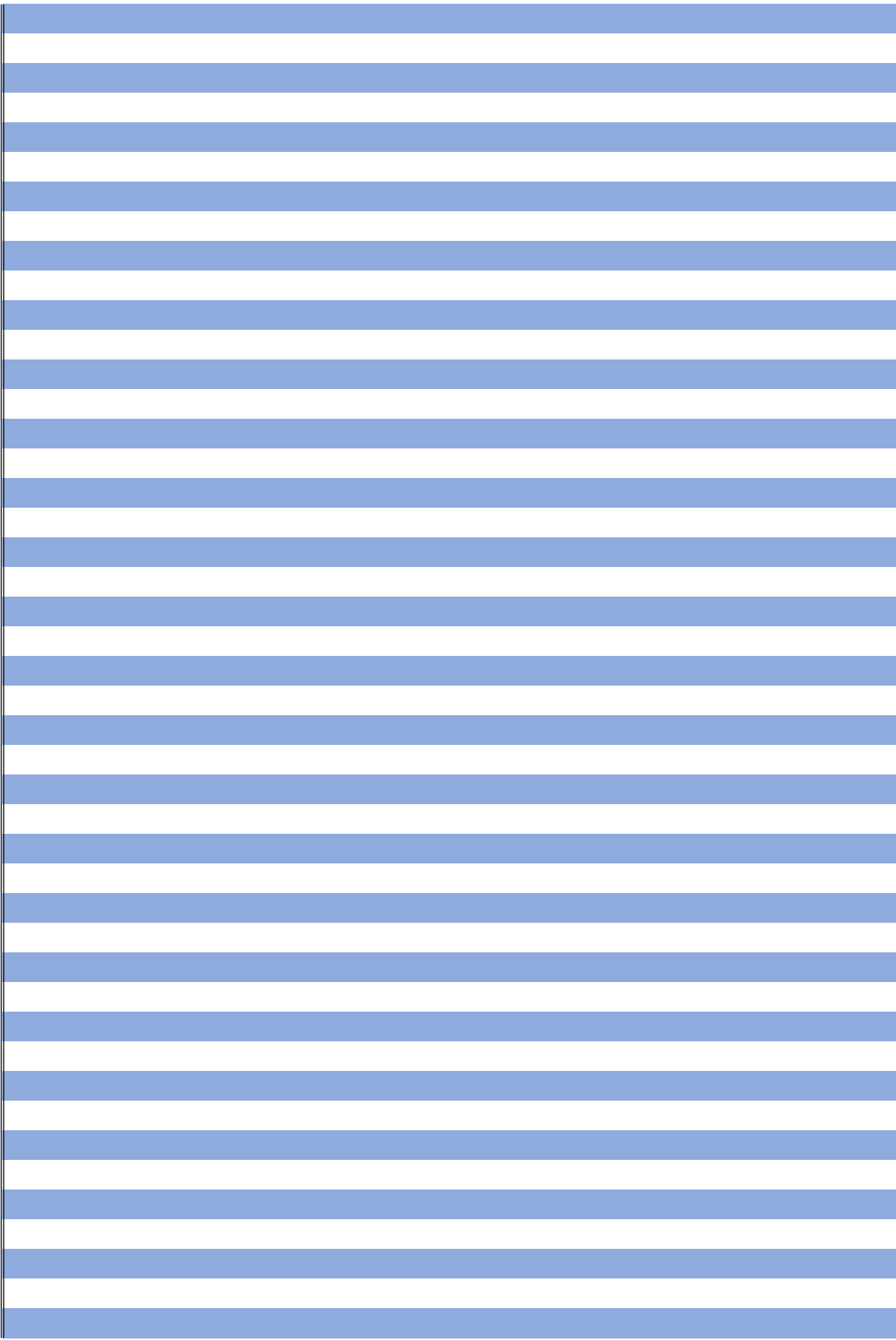


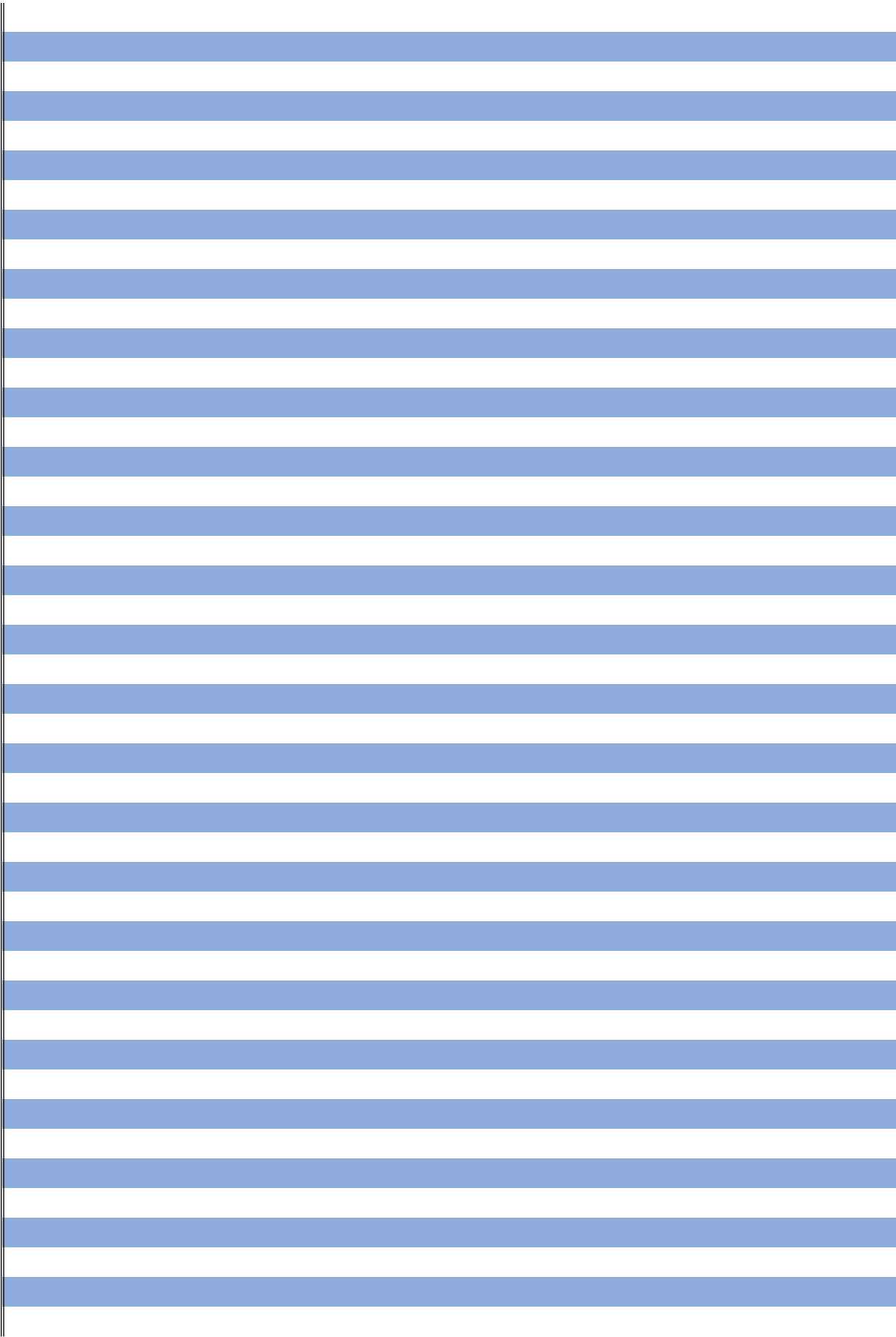


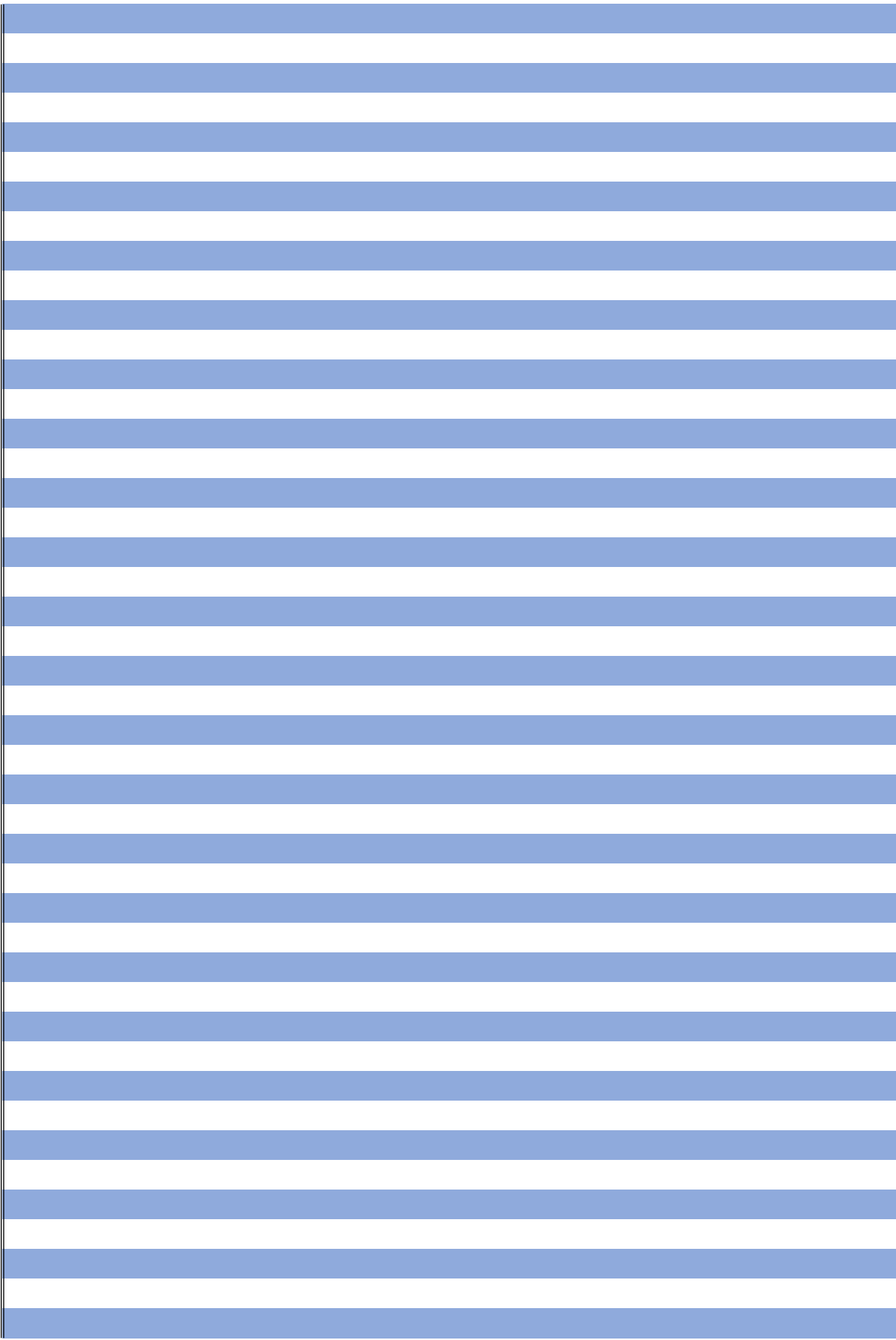


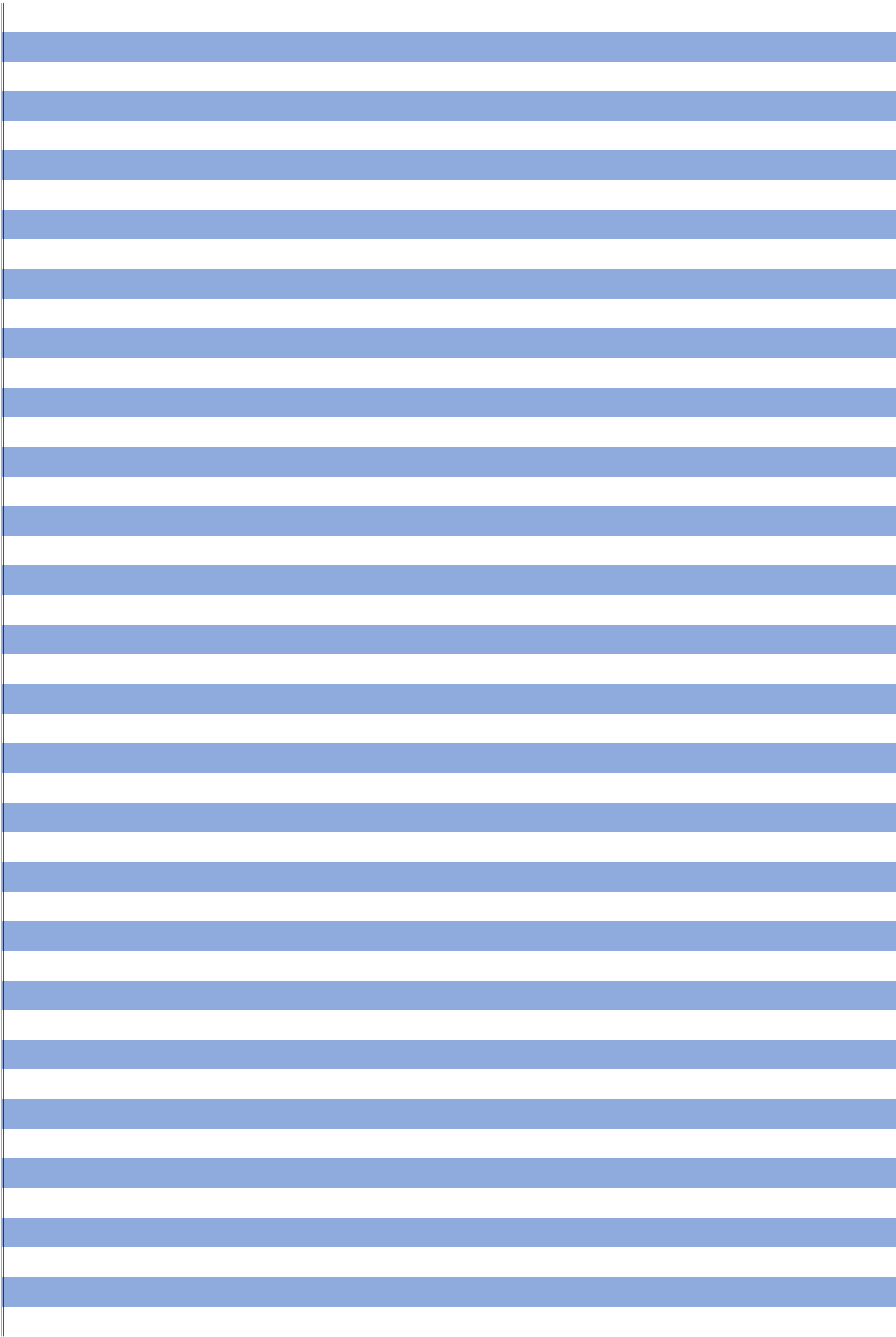


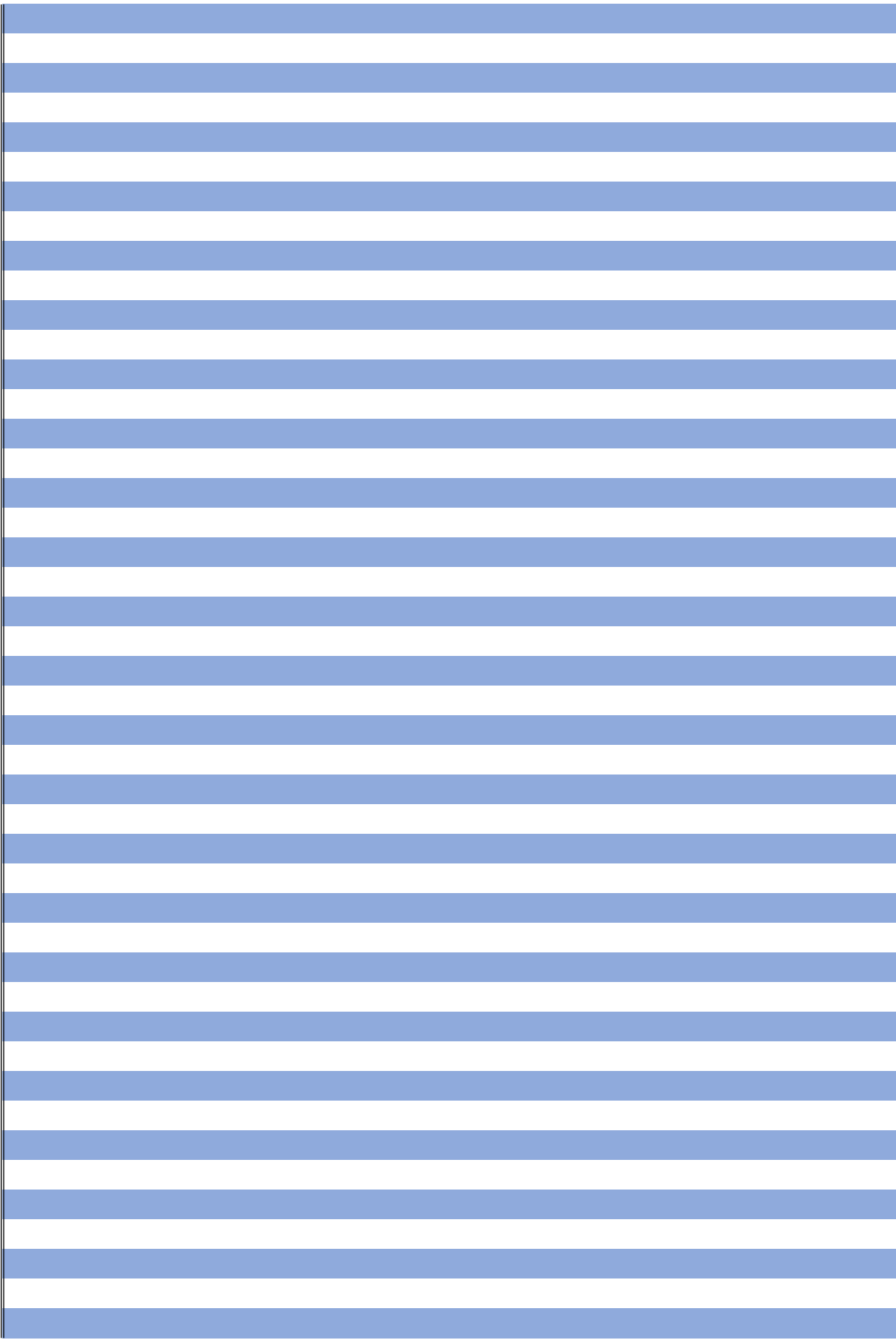


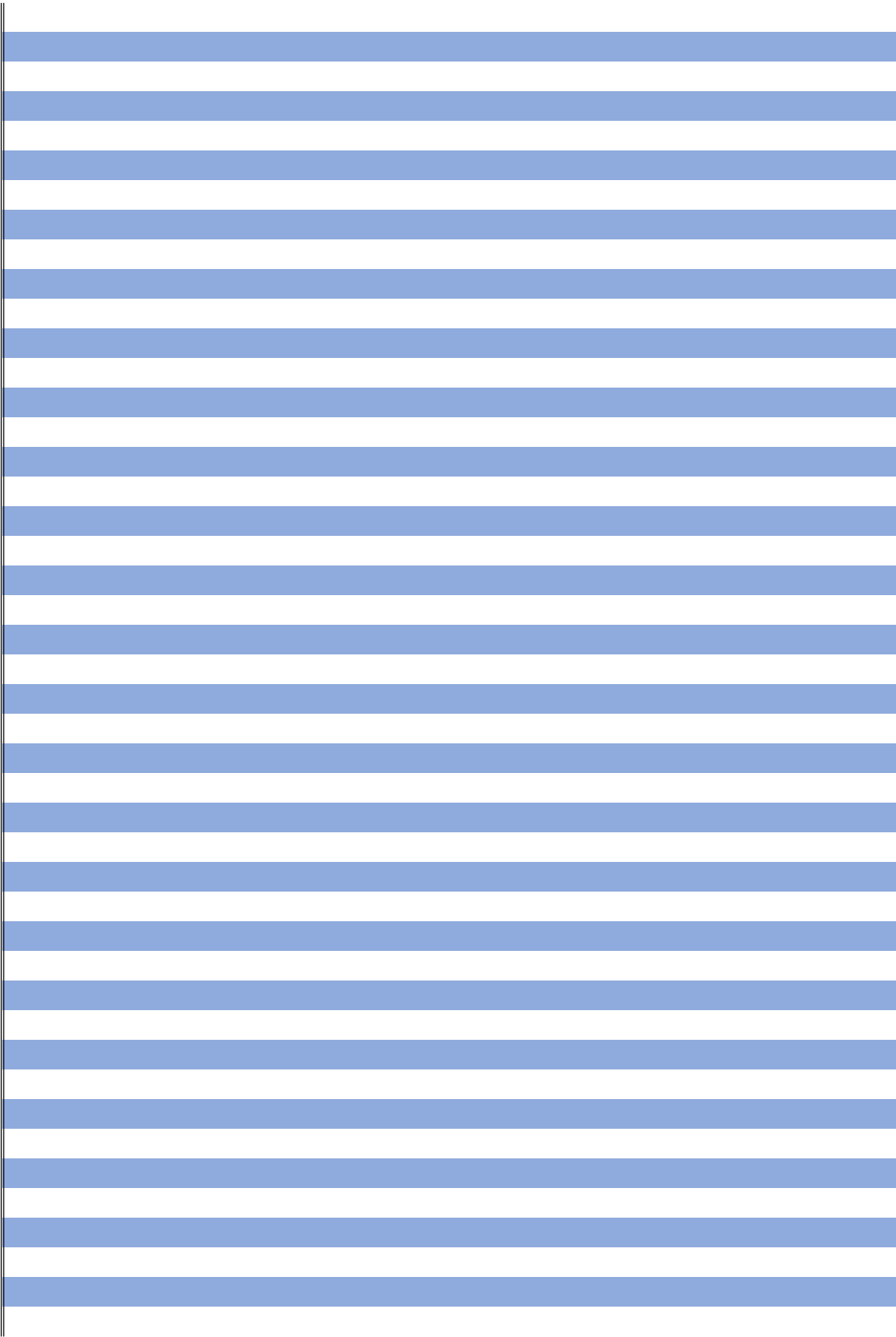


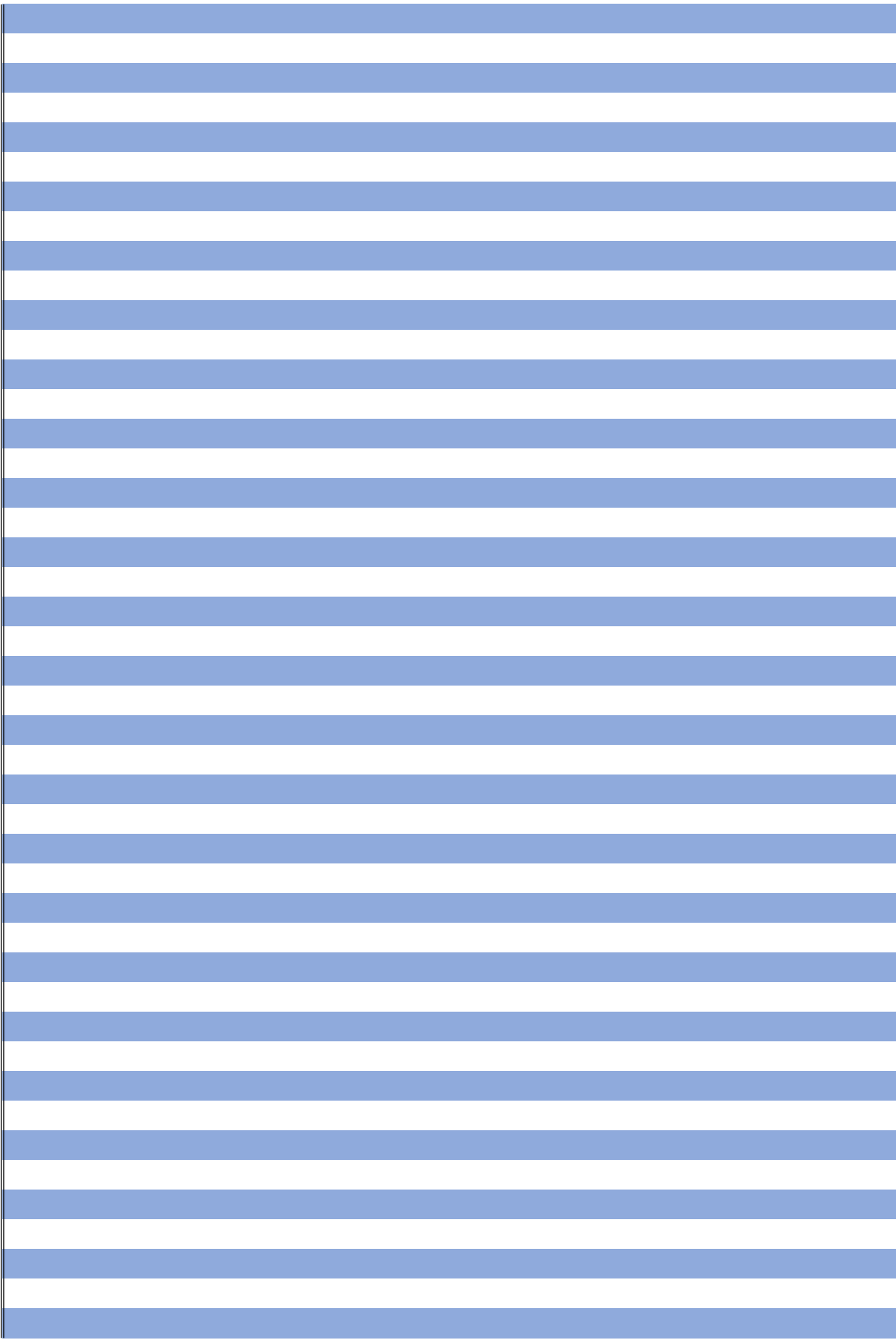


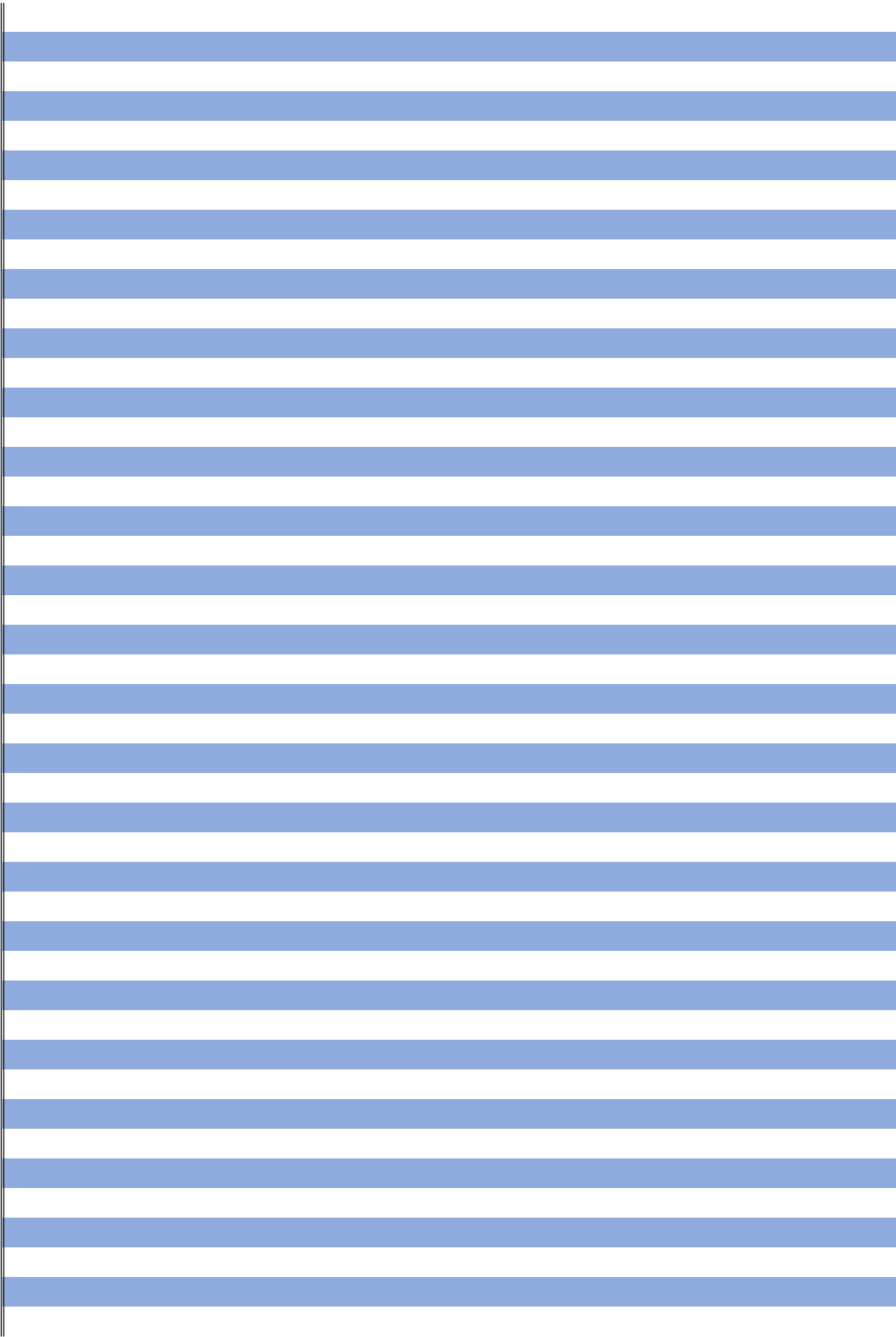


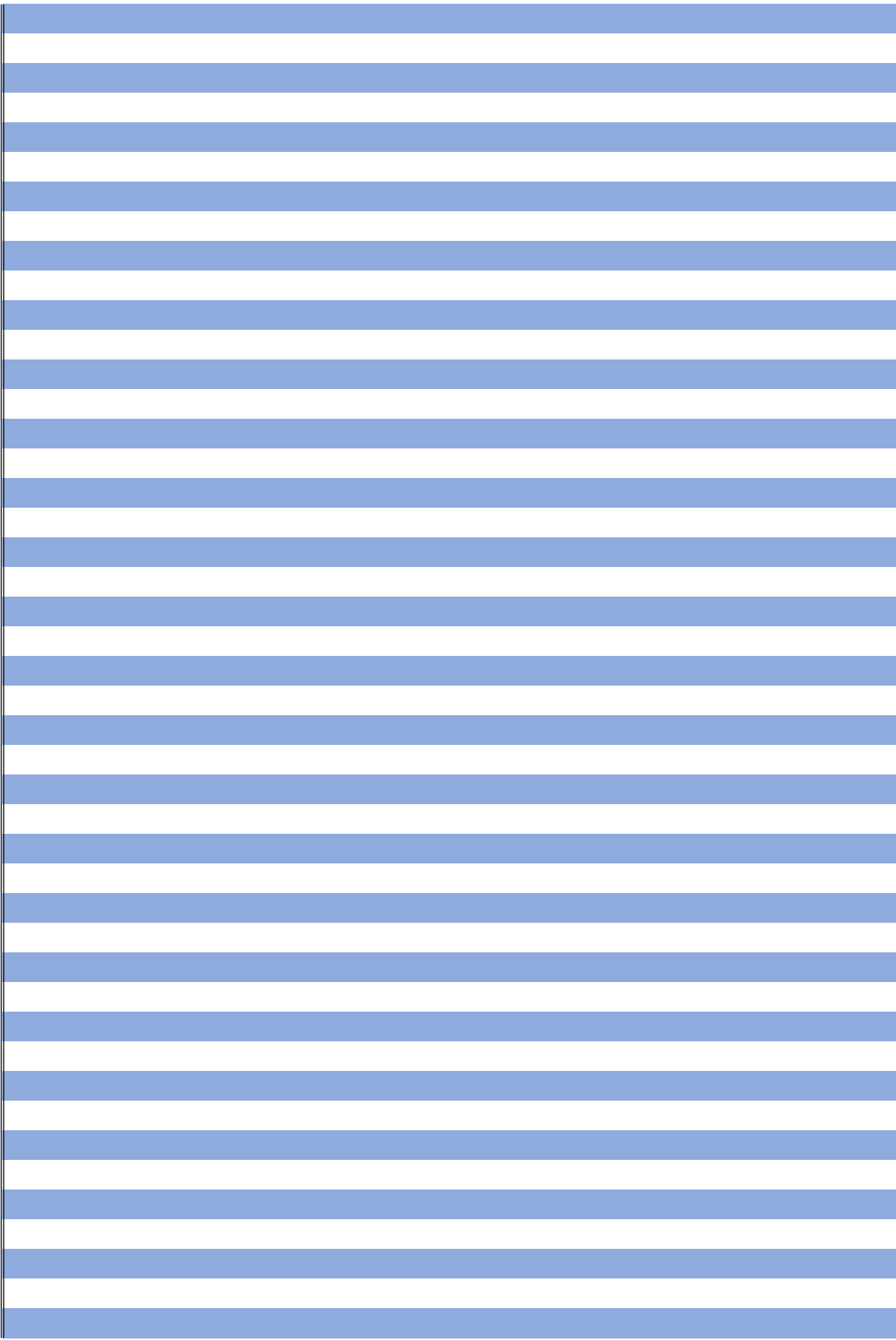


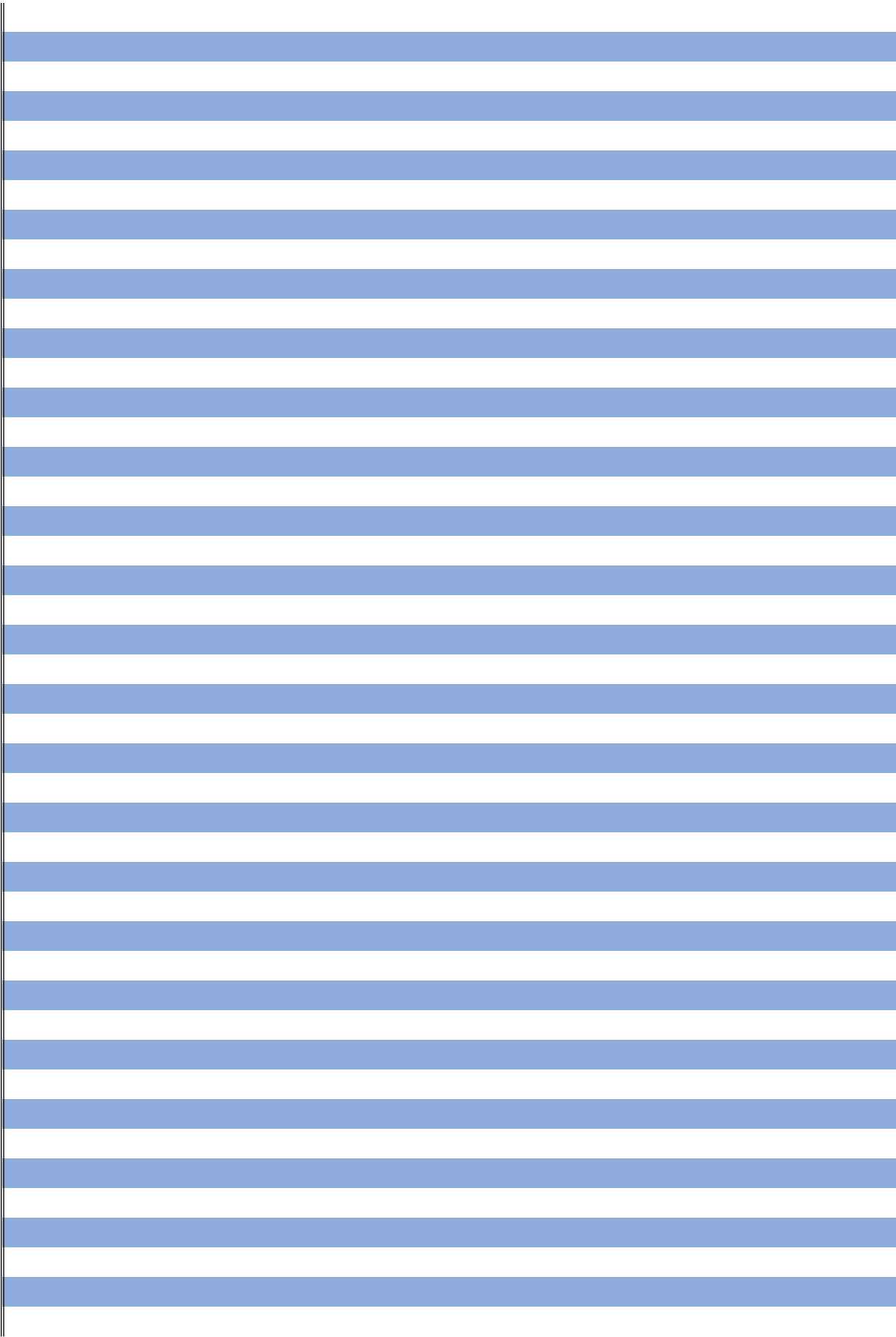


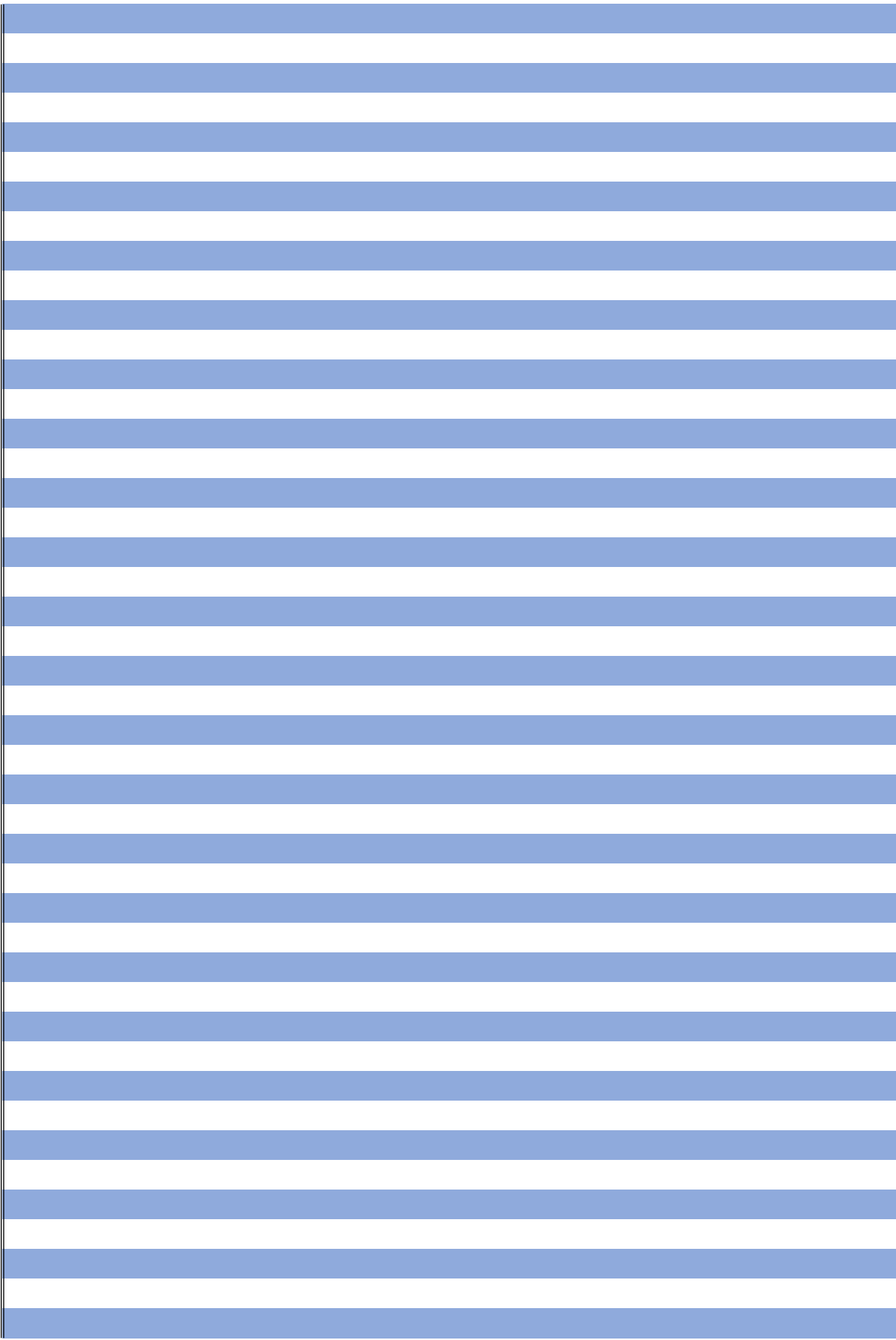


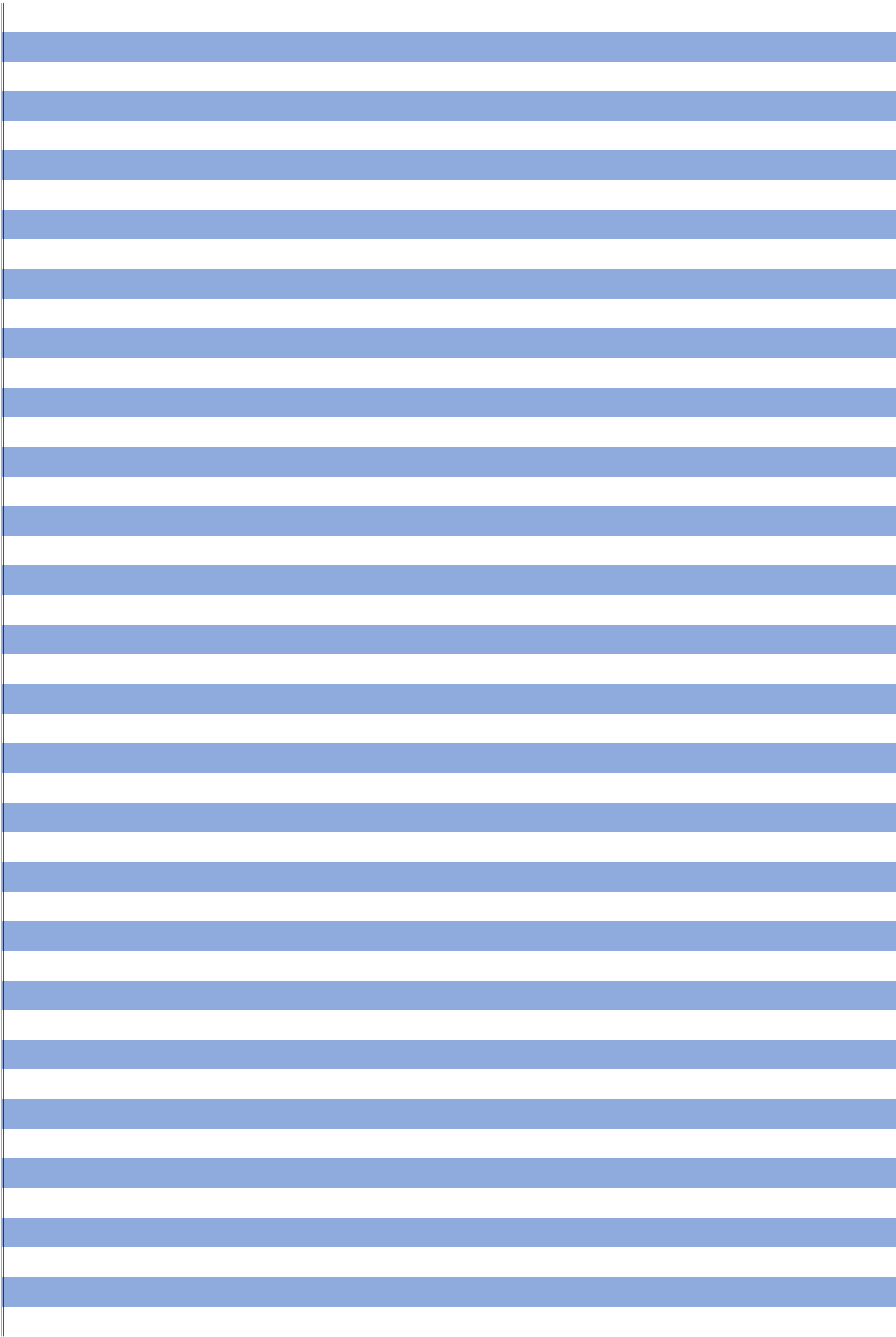


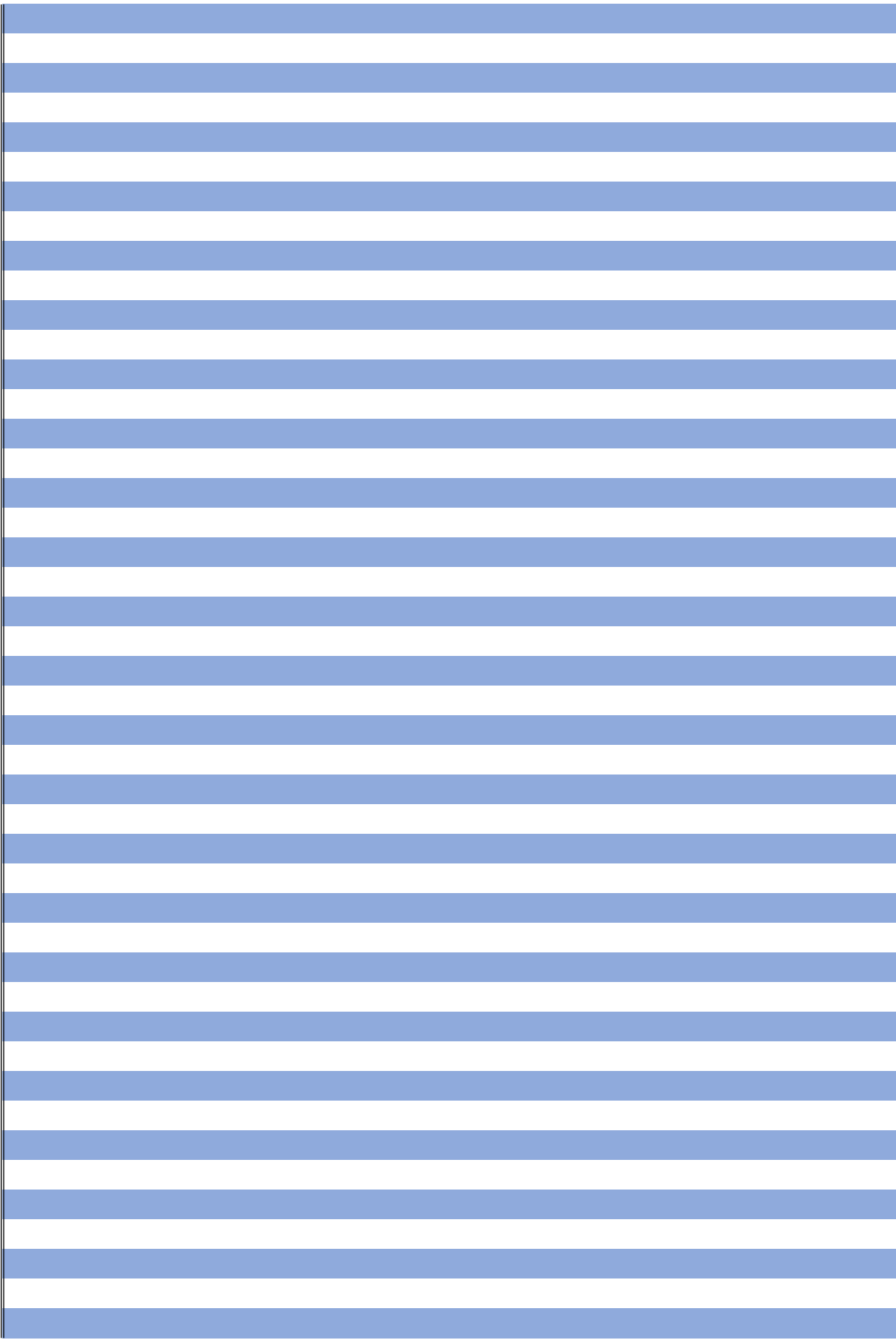


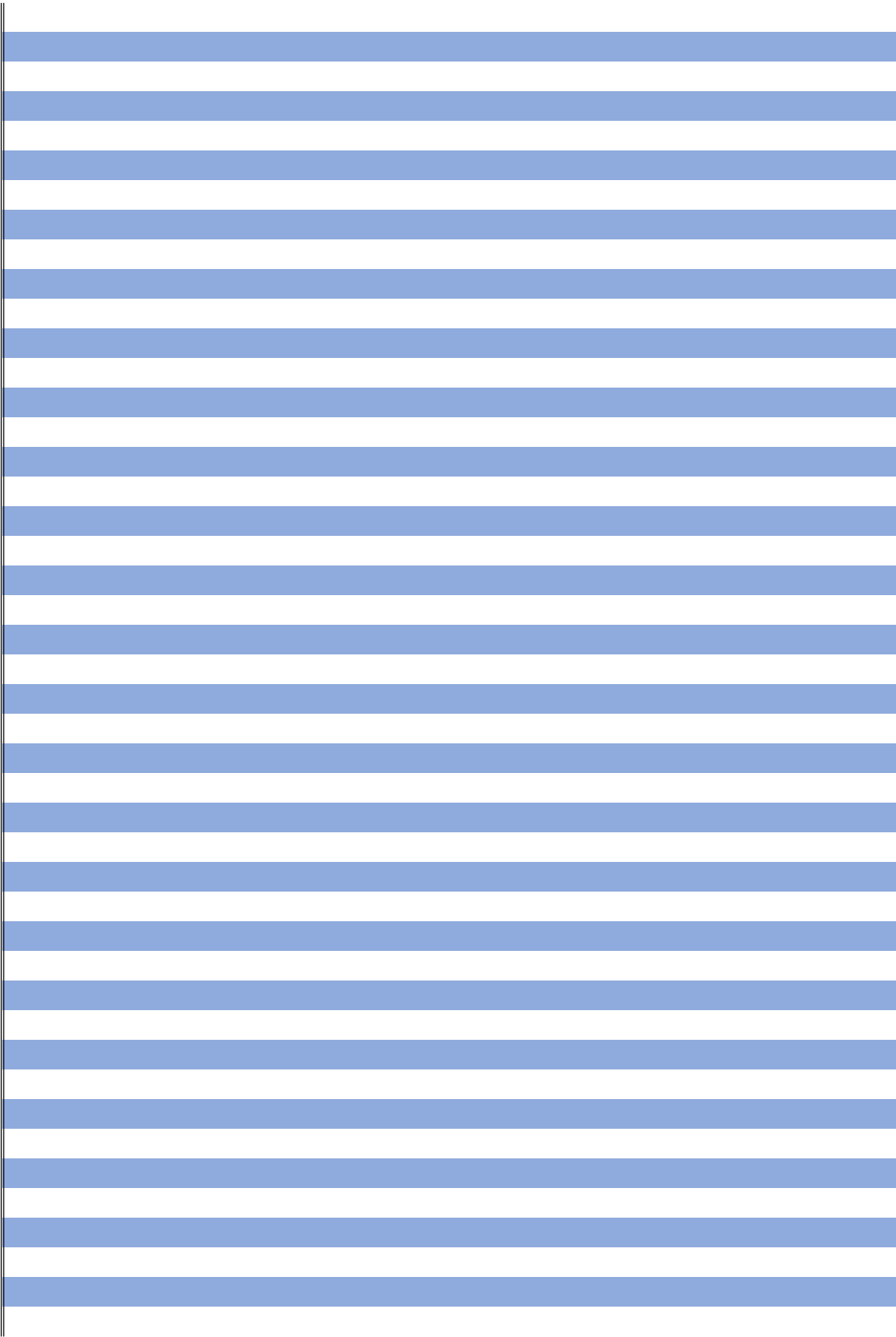


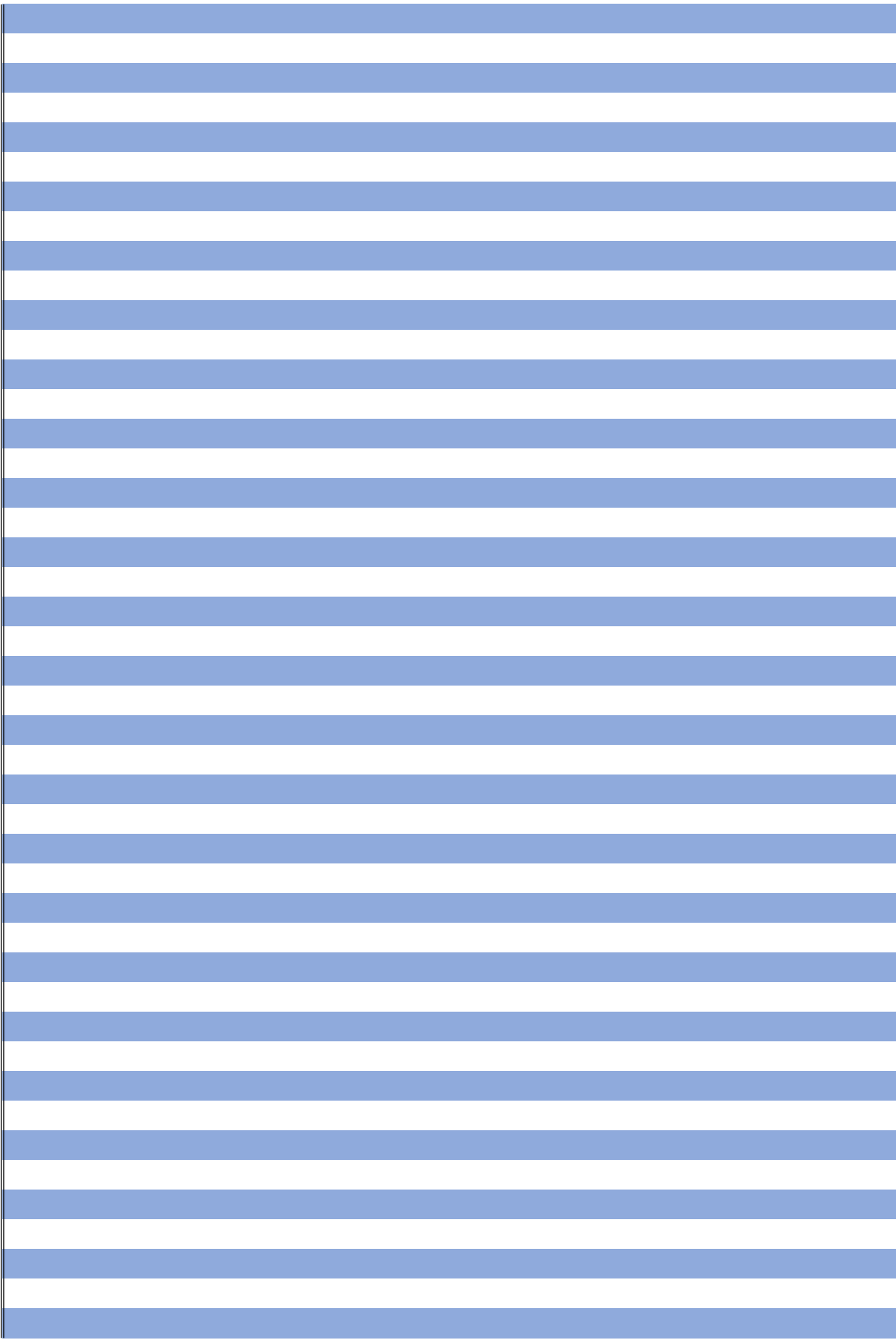


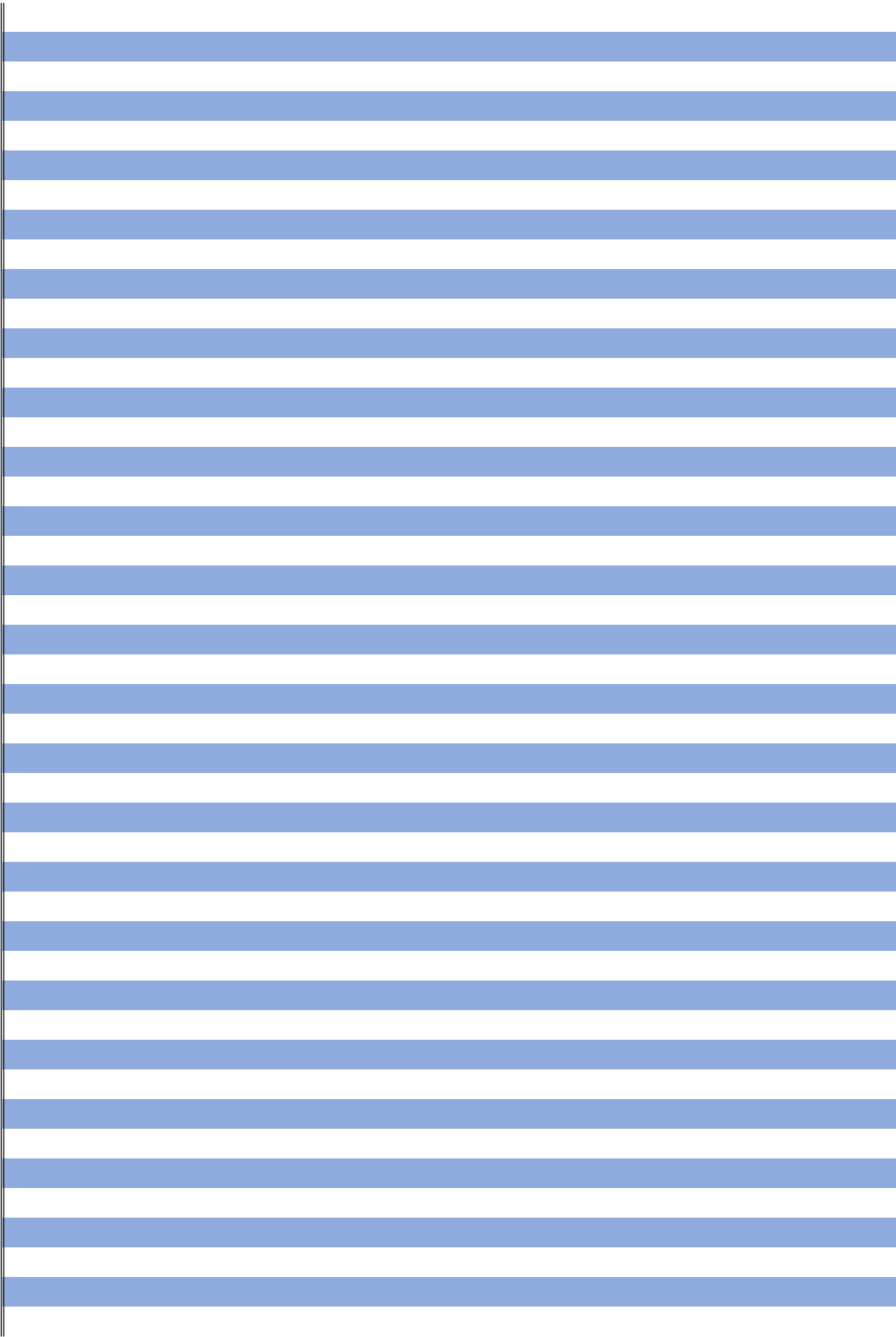


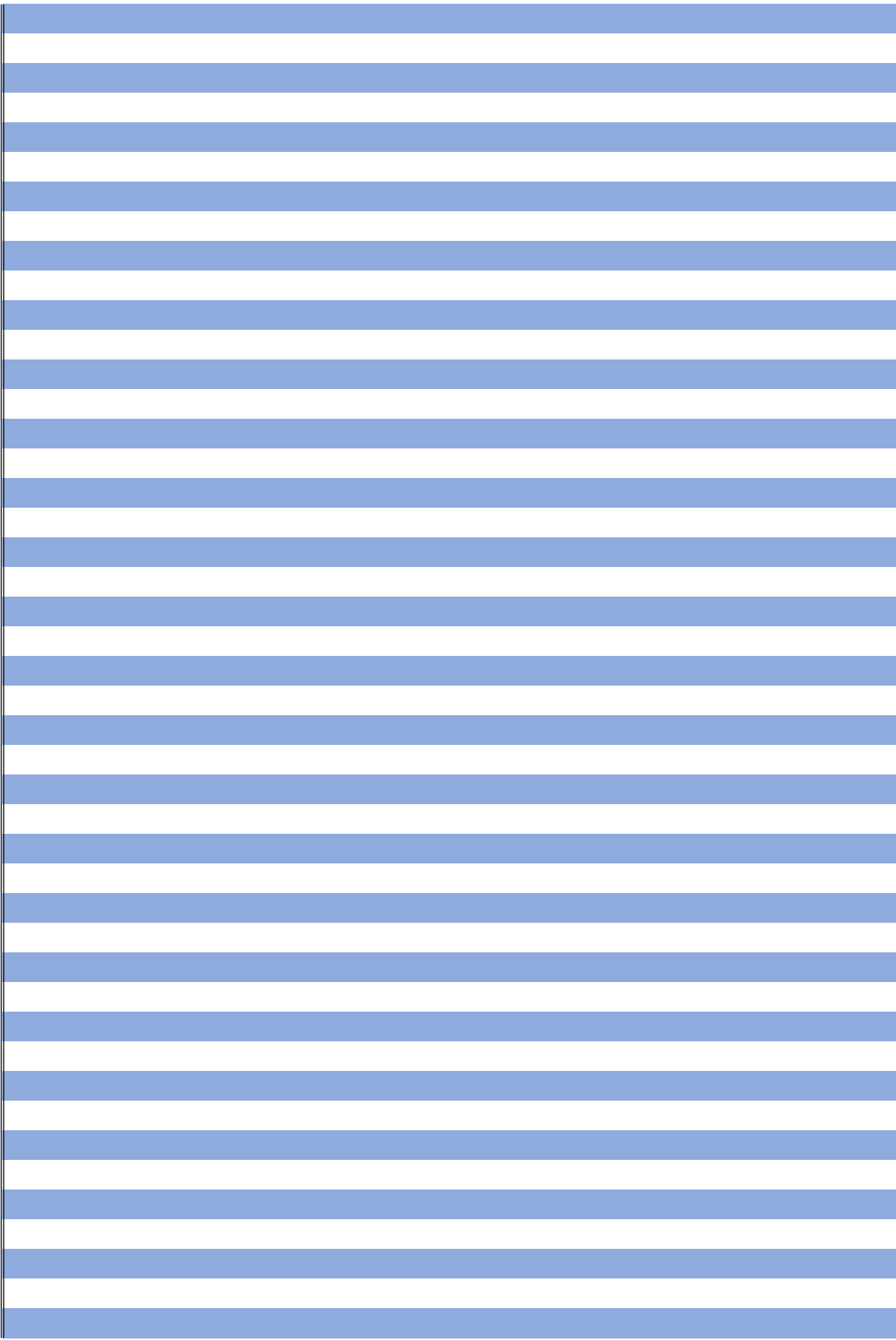


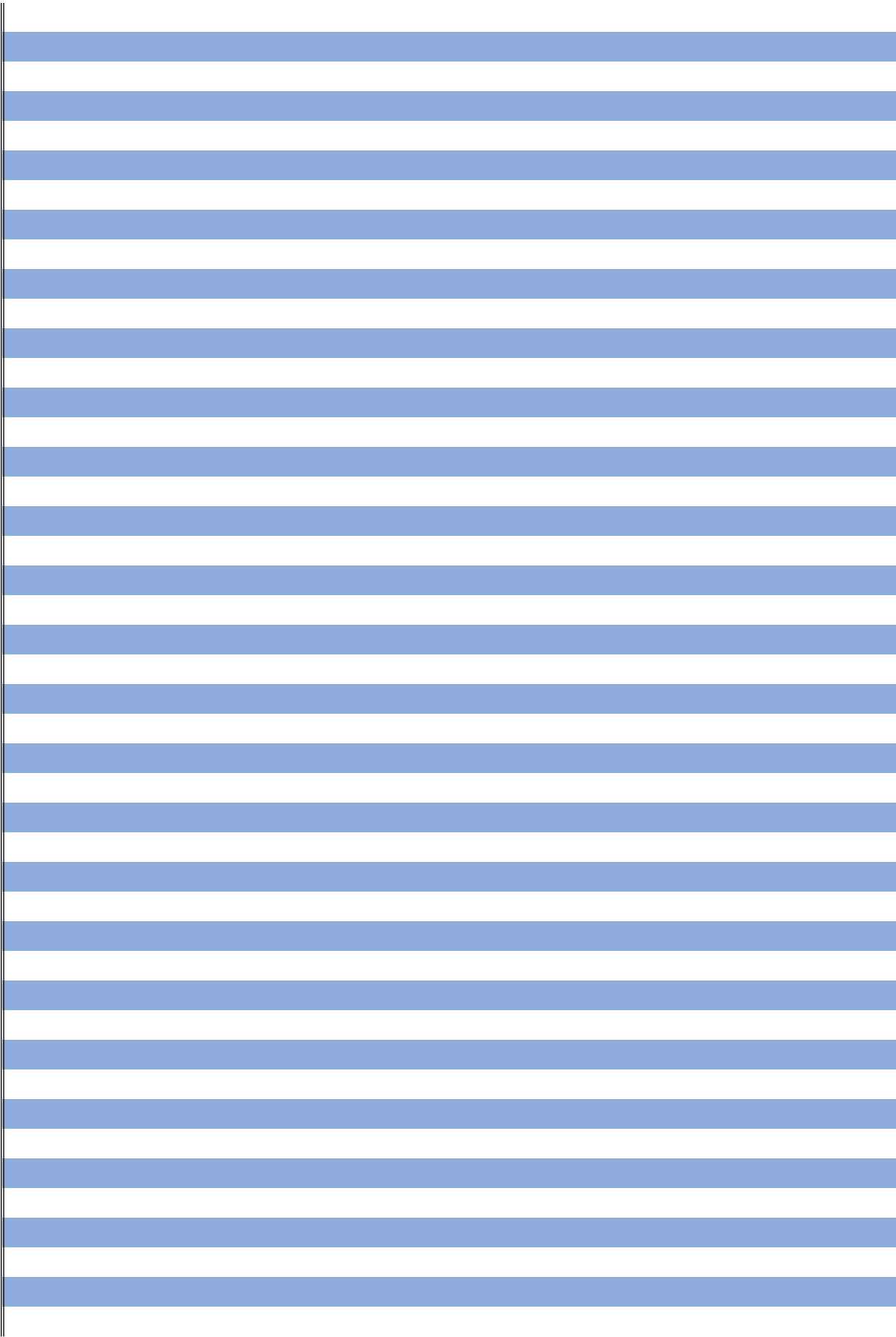


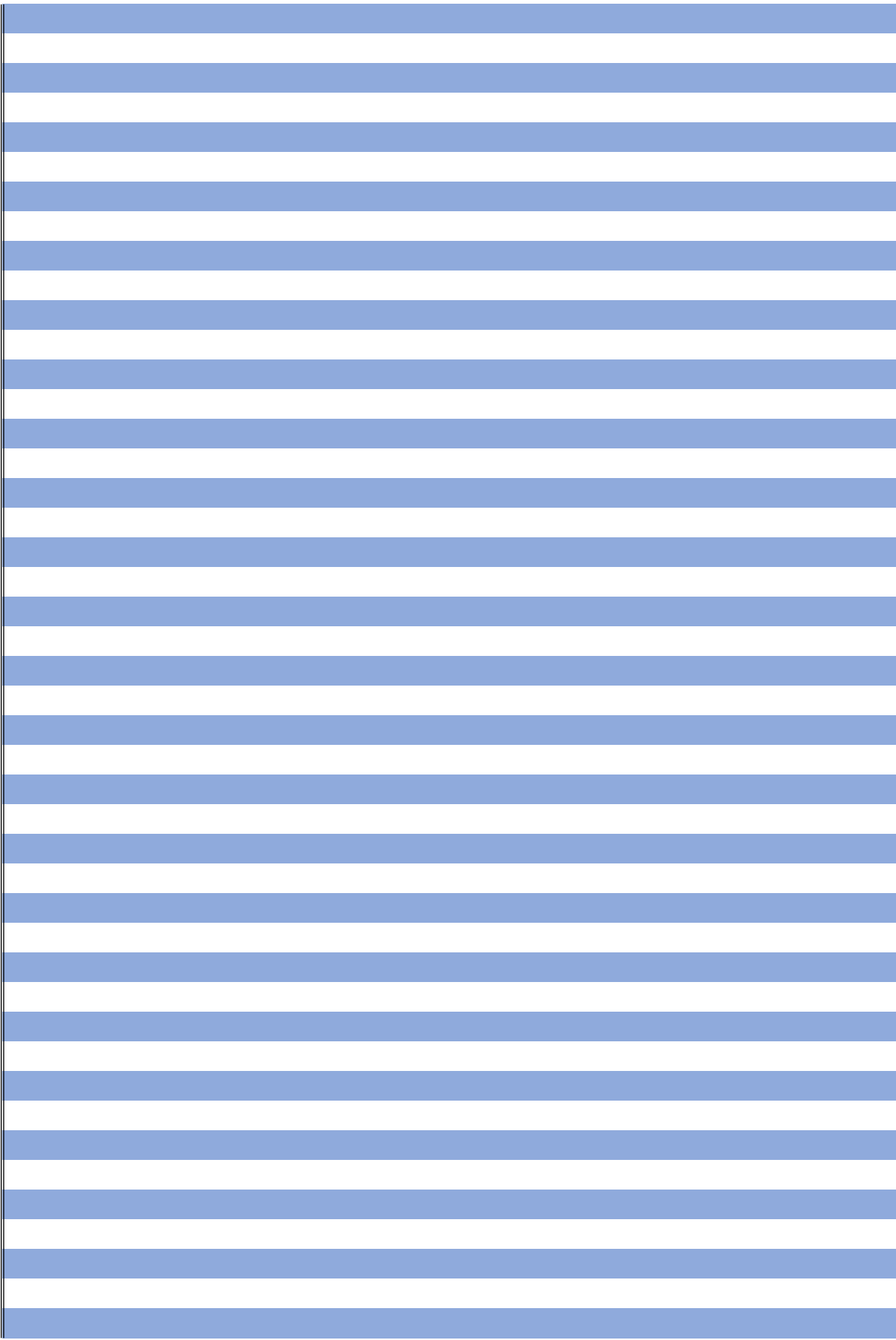


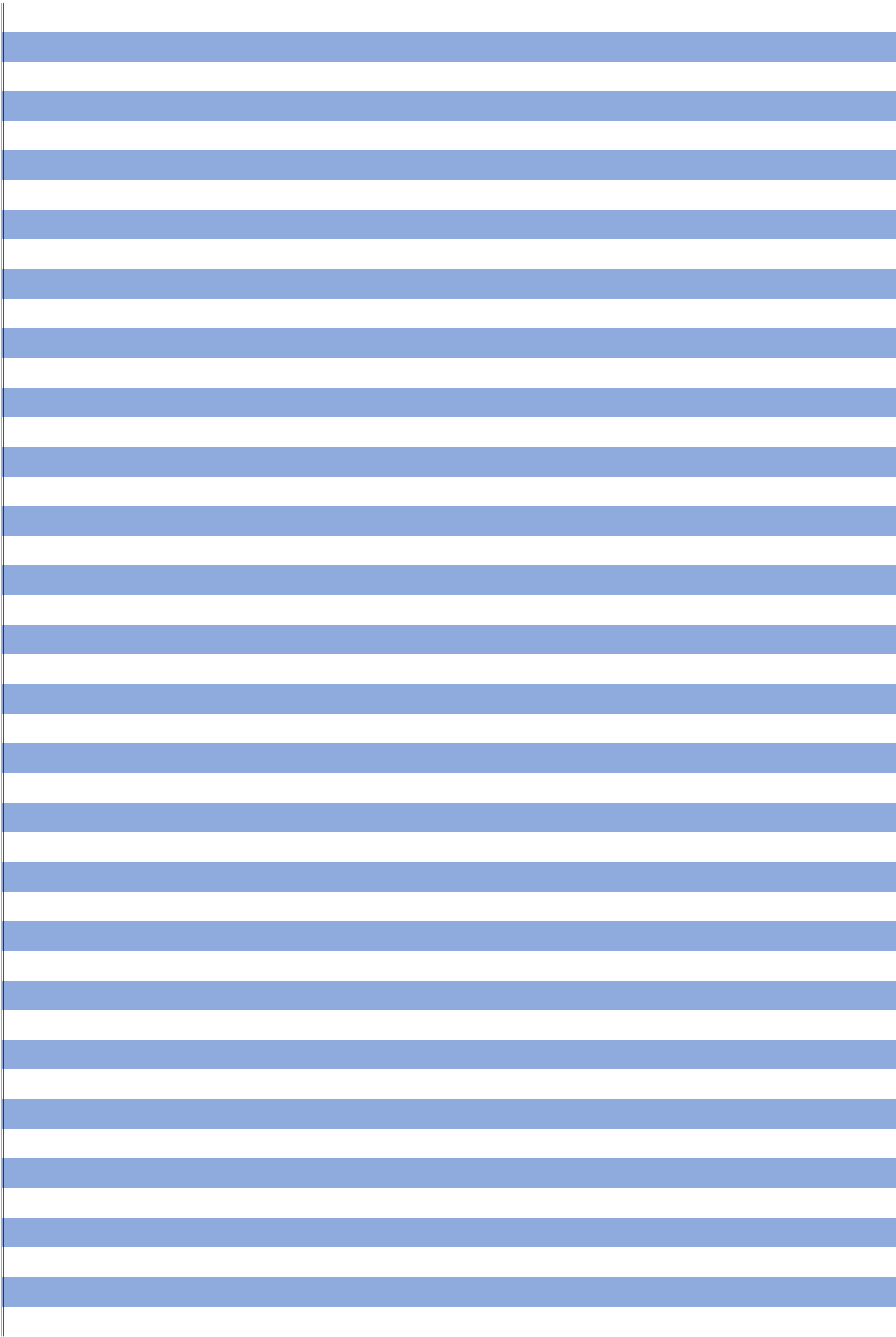


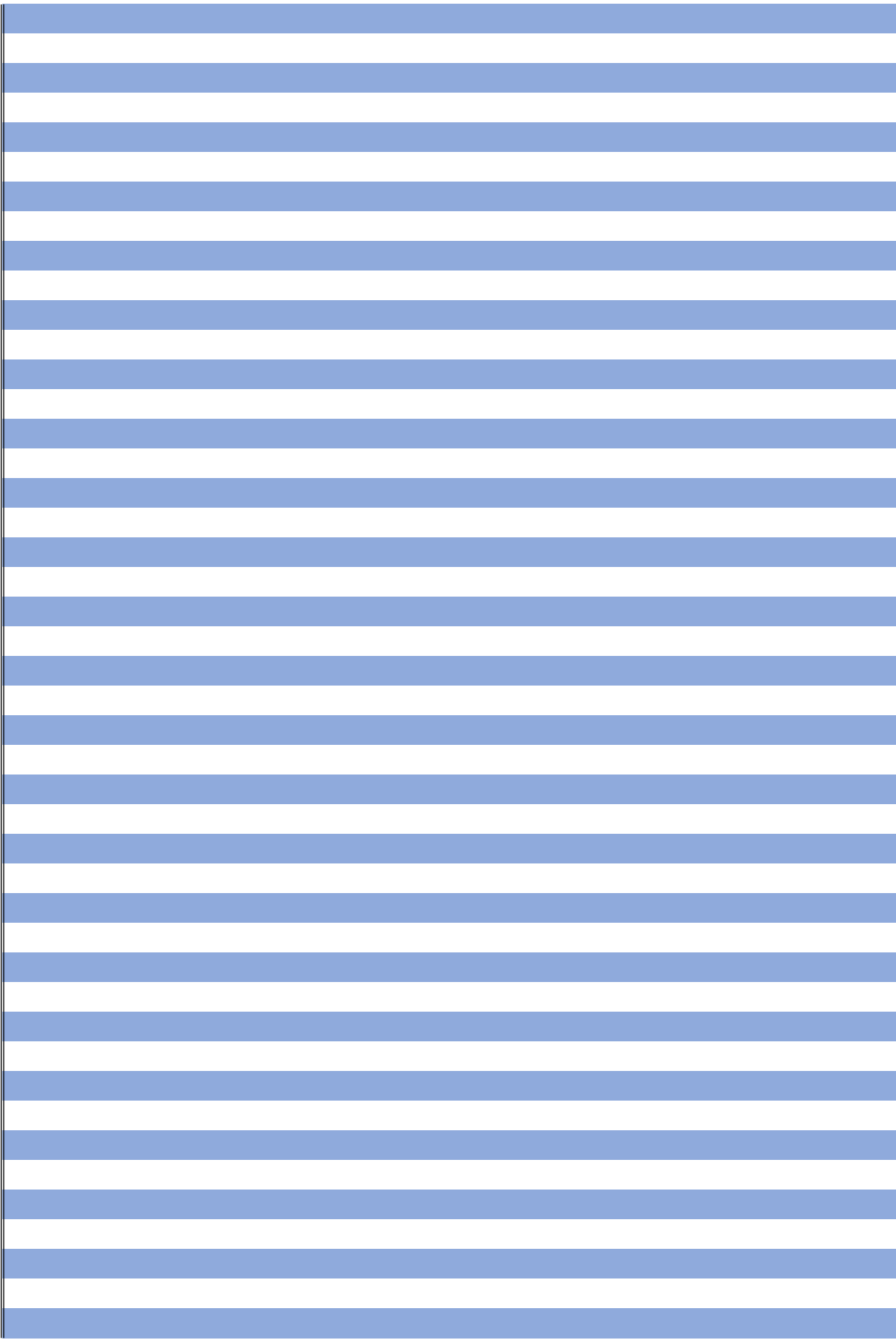


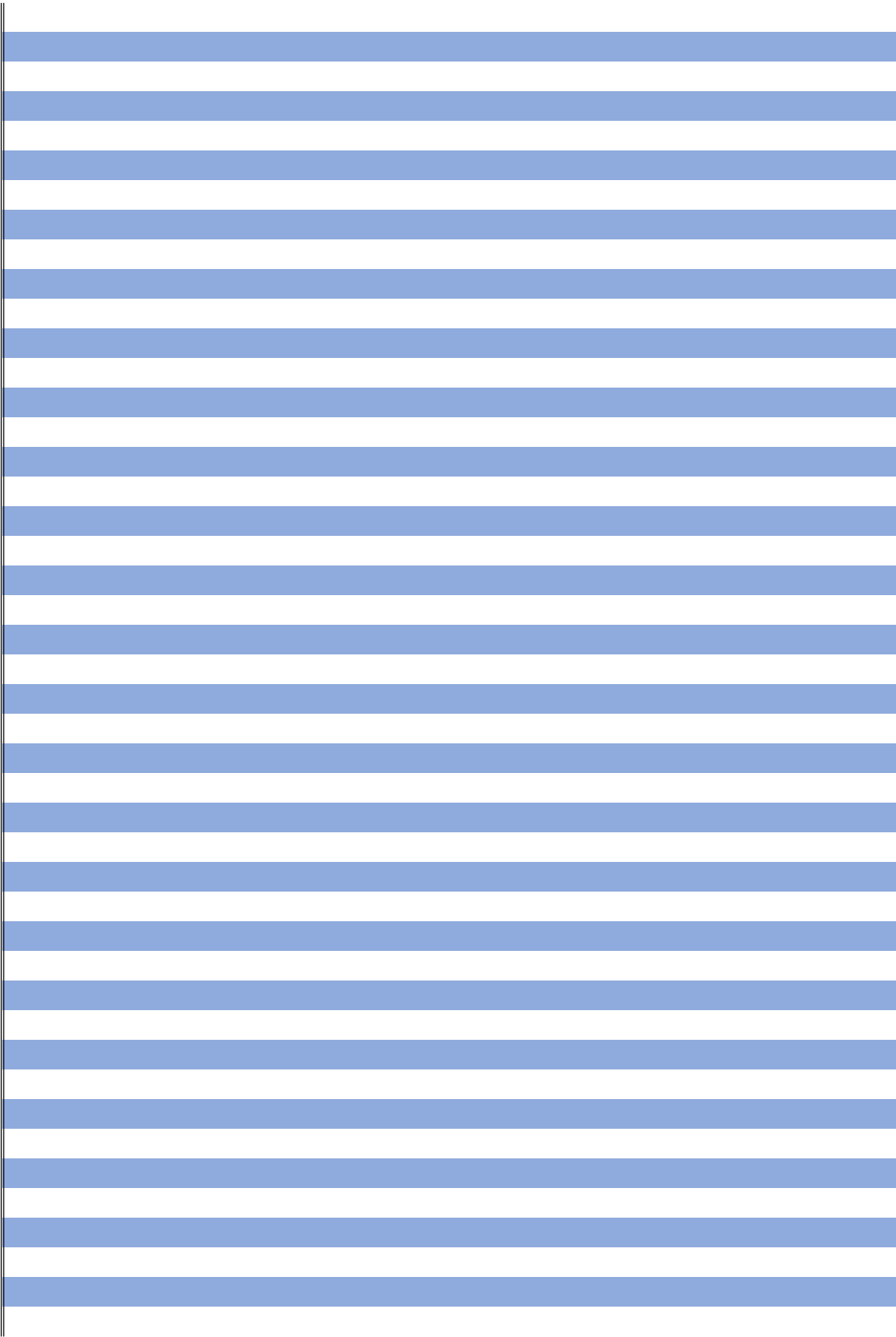


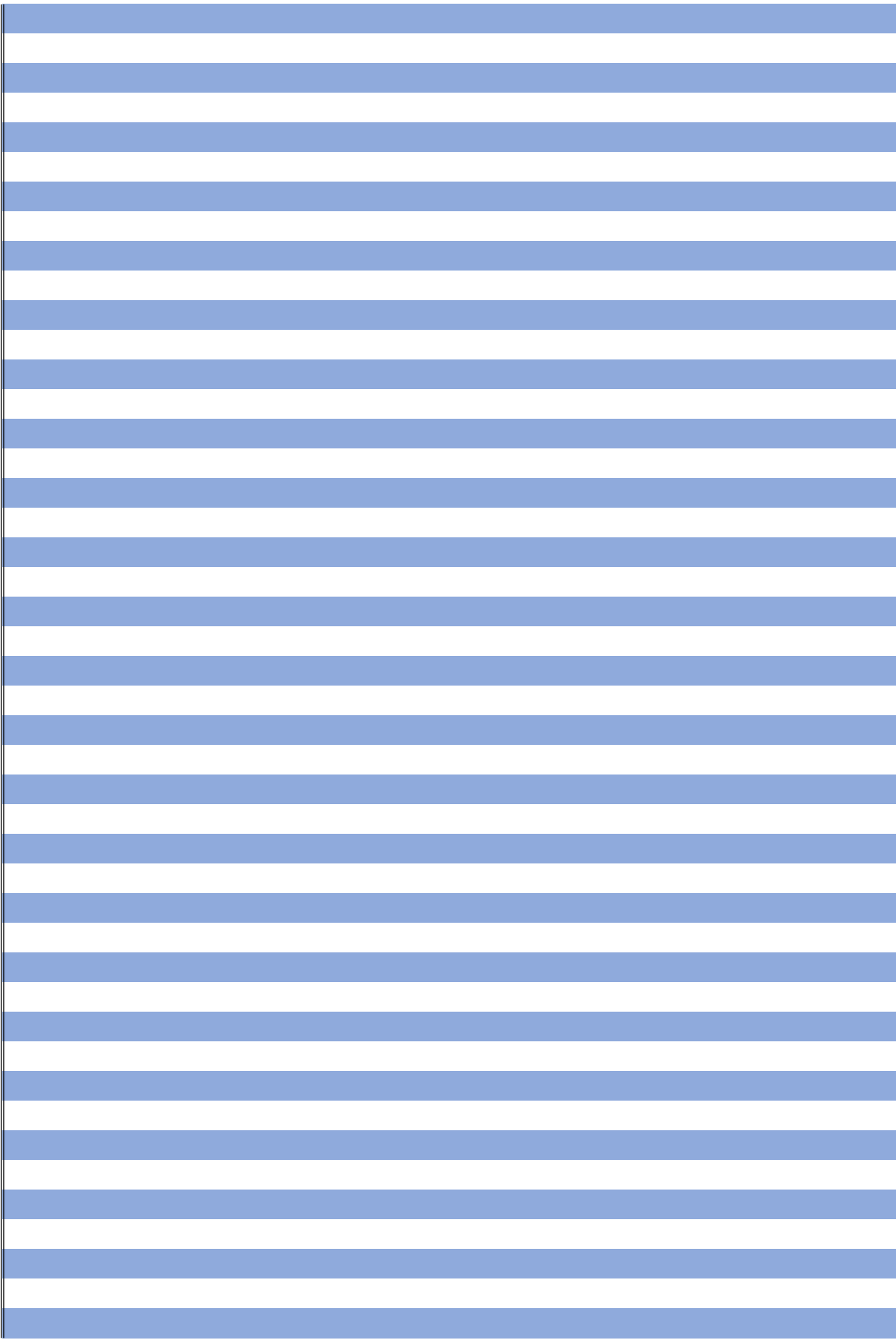


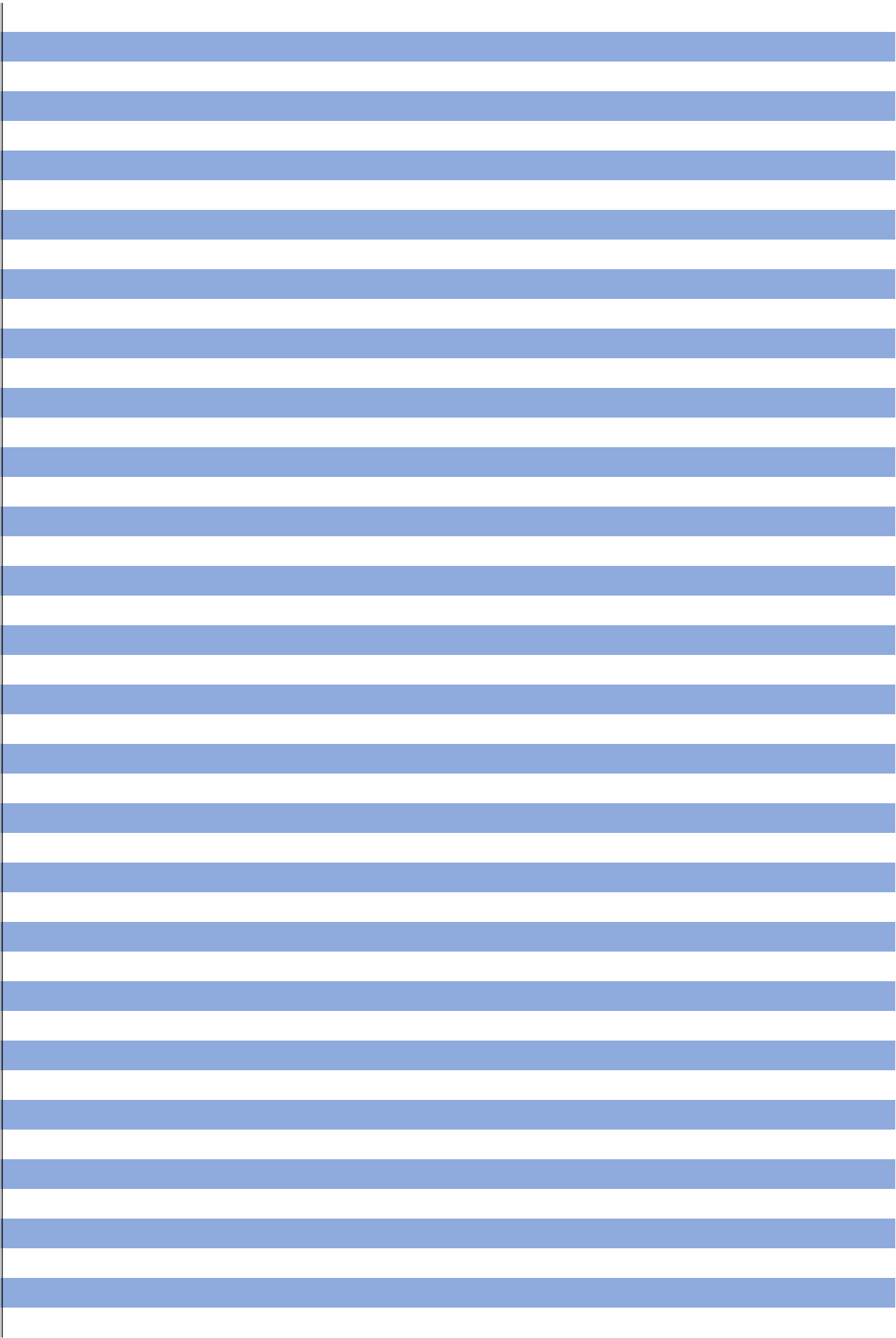


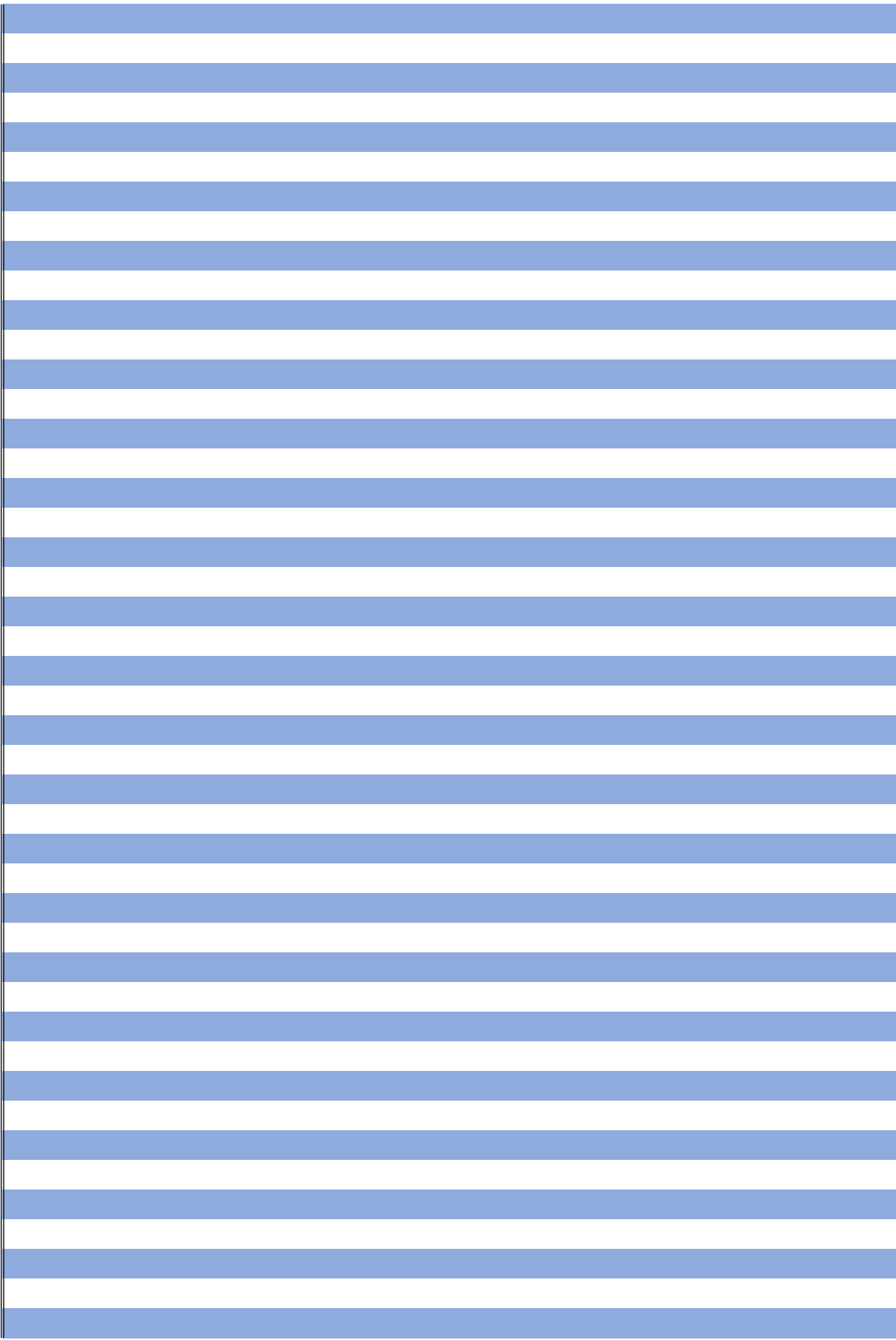


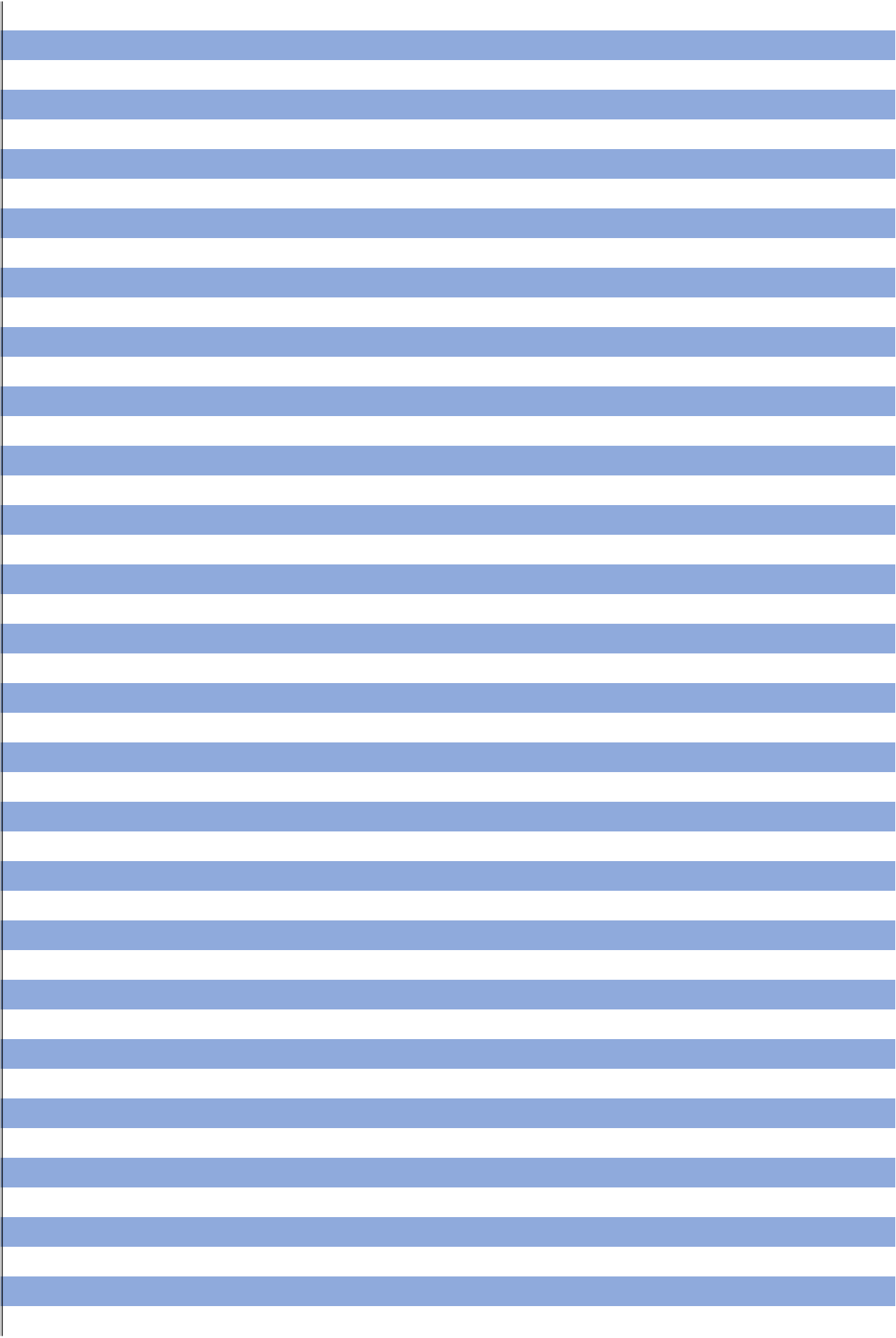


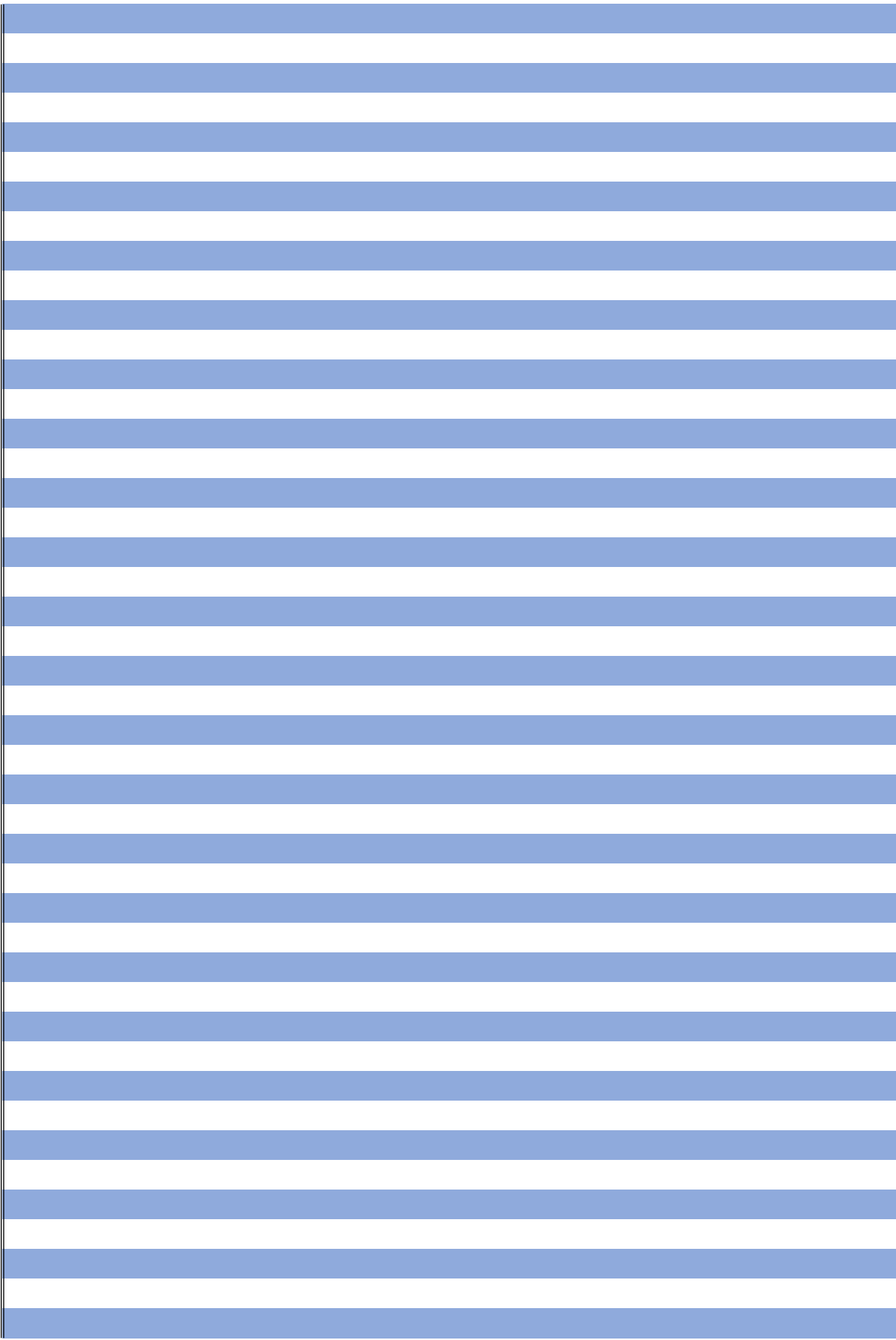






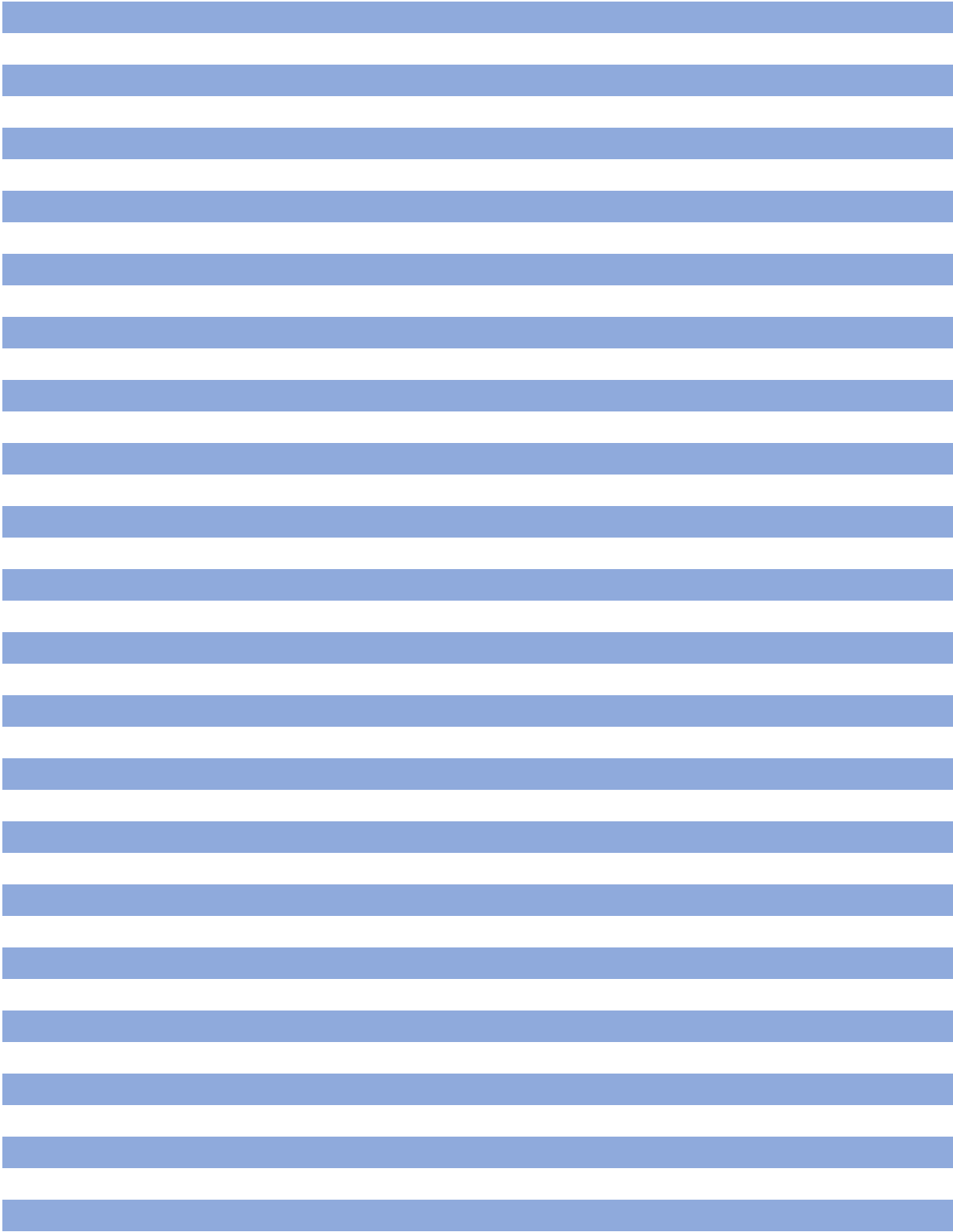






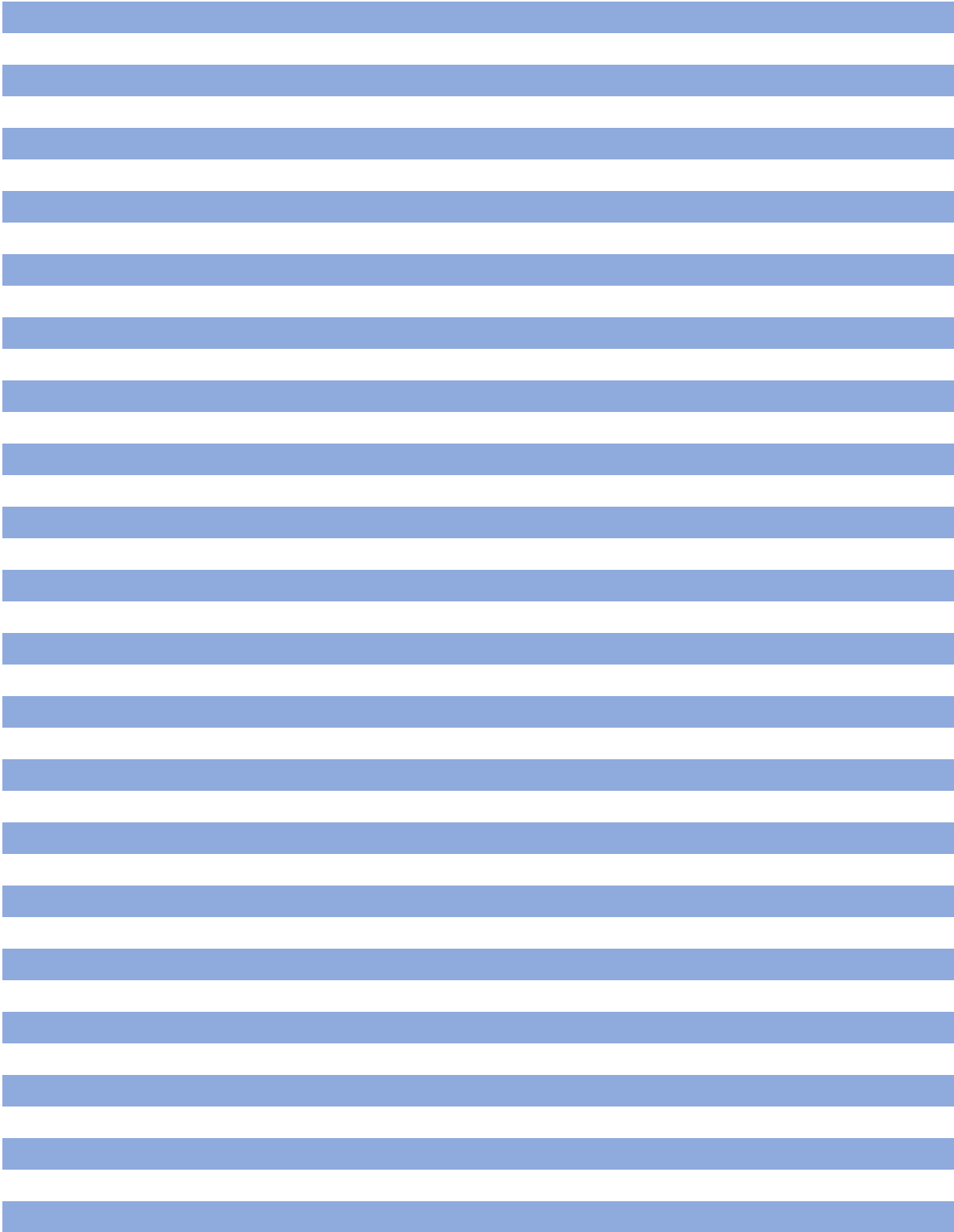
MCD Info:	MCD Info:	MCD Info:
(Required)	(Required)	(Required)
Time Period of Medicaid Rates - Begin Date	Time Period of Medicaid Rates- End Date	Medicaid Base Payment Per Diem
[311.1]	[311.2]	[312]

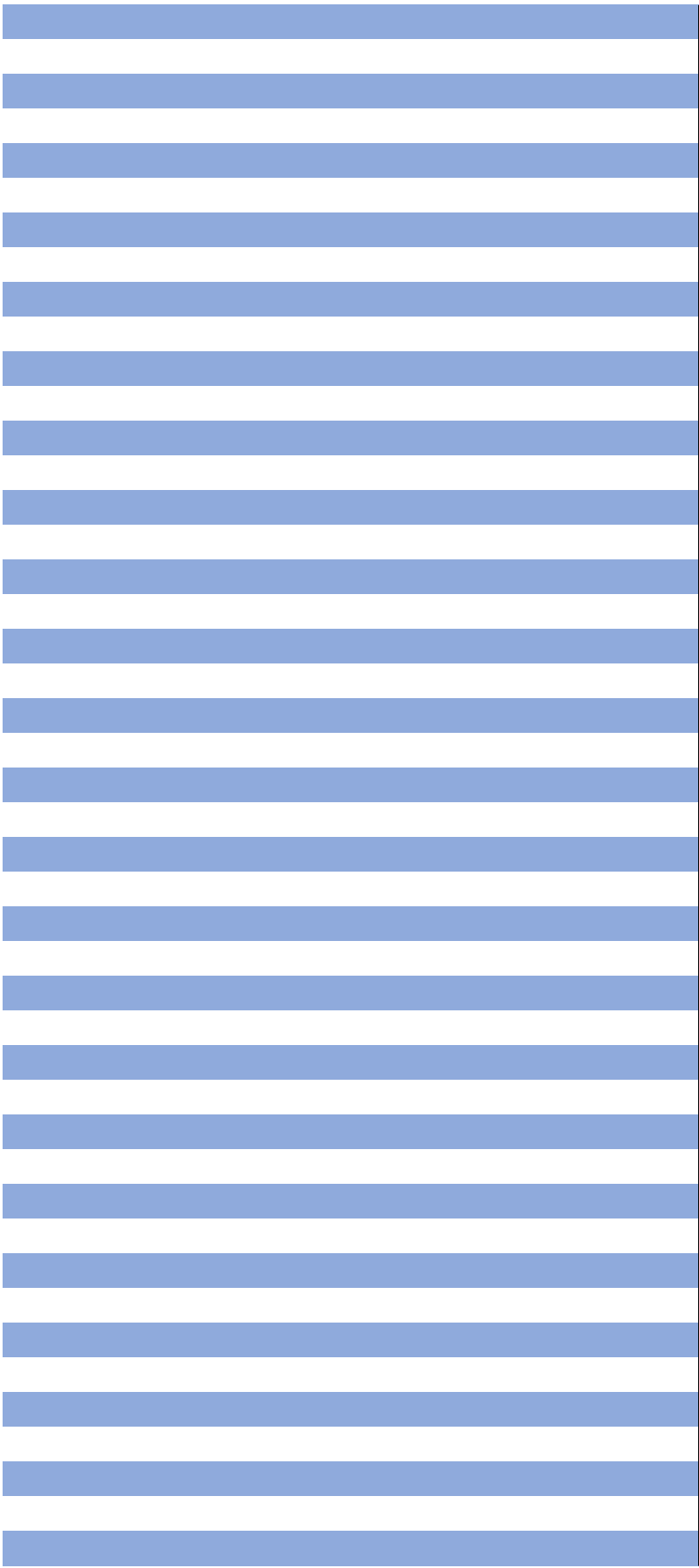
Blank blue horizontal lines for data entry.

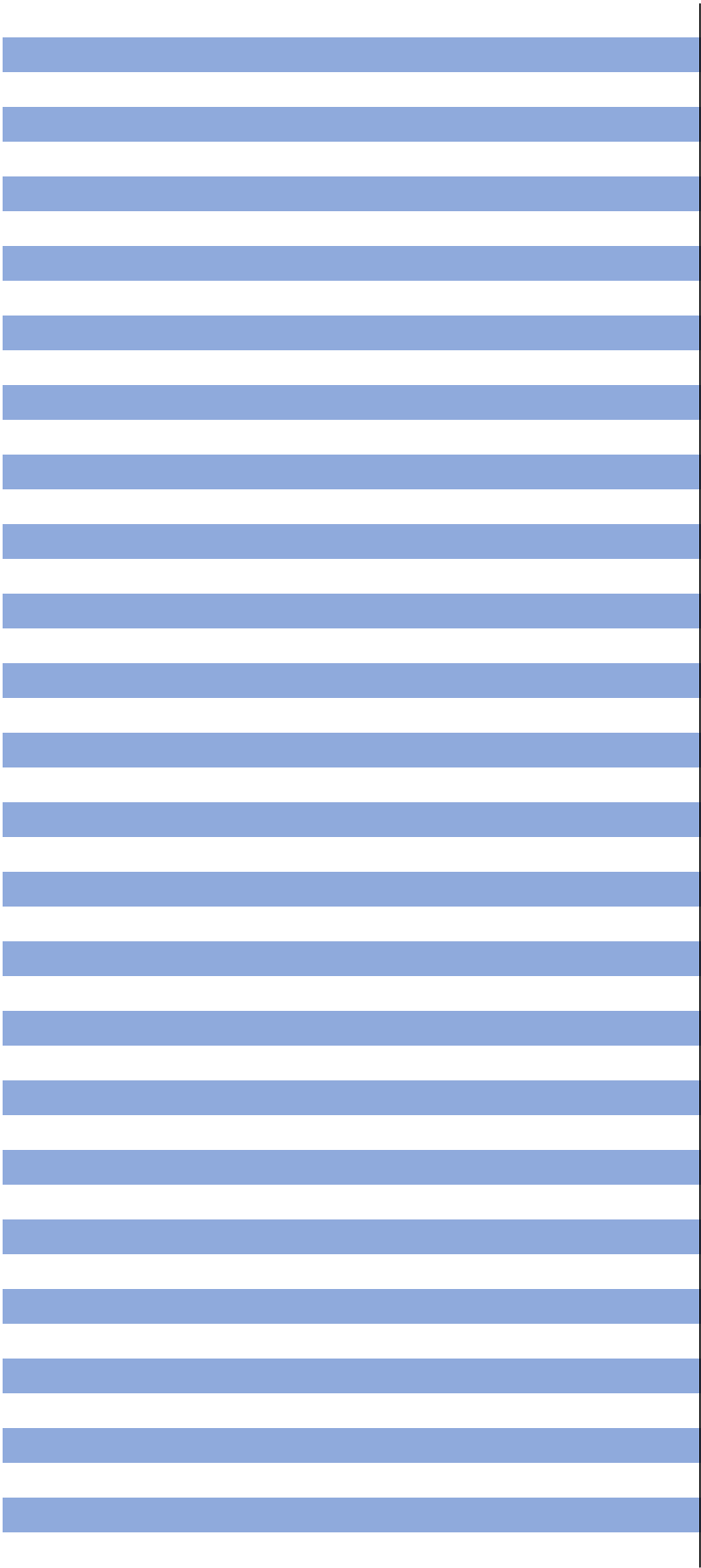


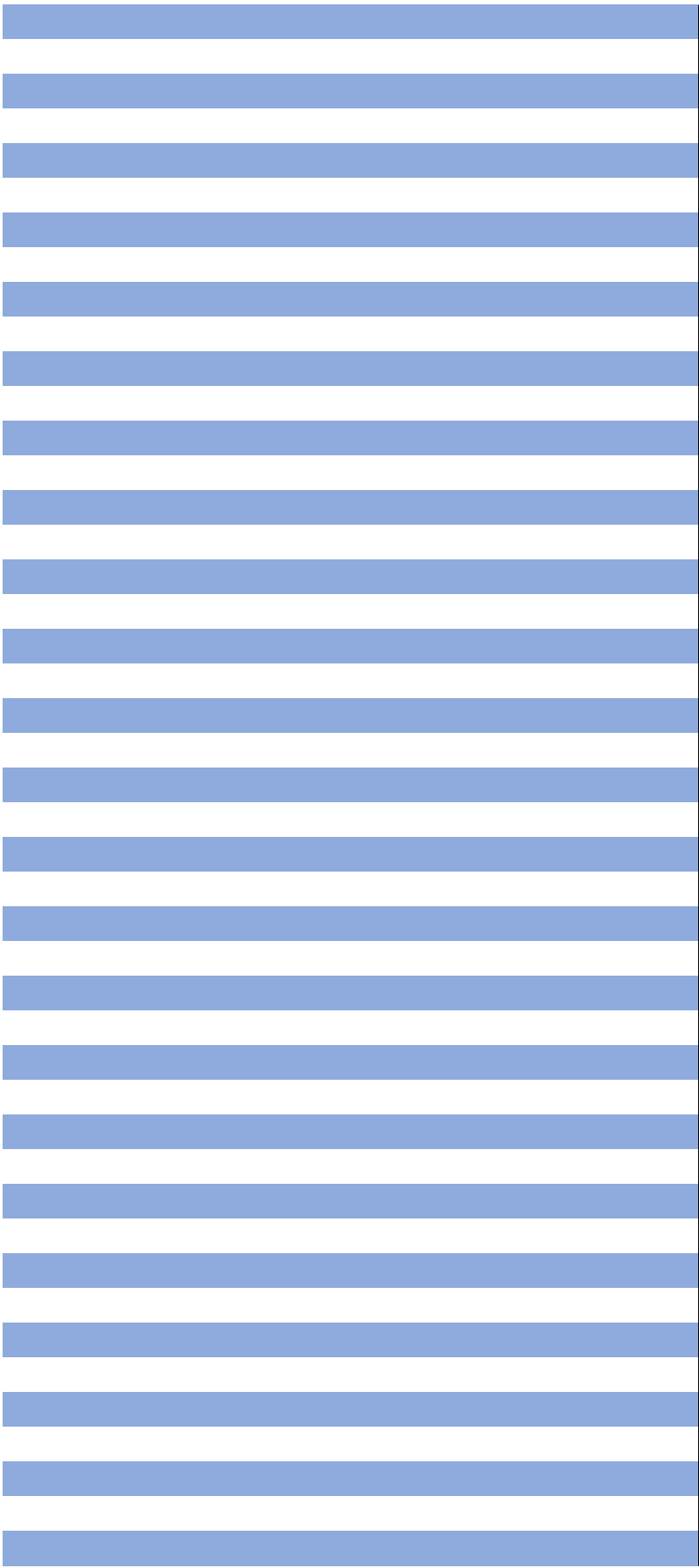
MCD Info: (Required) Medicaid Supplemental Payment Per Diem [313.1]	MCD Info: (Required) Medicaid Supplemental Payment Per Diem (GME/Training) [313.2]	MCD Info: (Required) Medicaid Supplemental Payment Per Diem (Other) [313.3]
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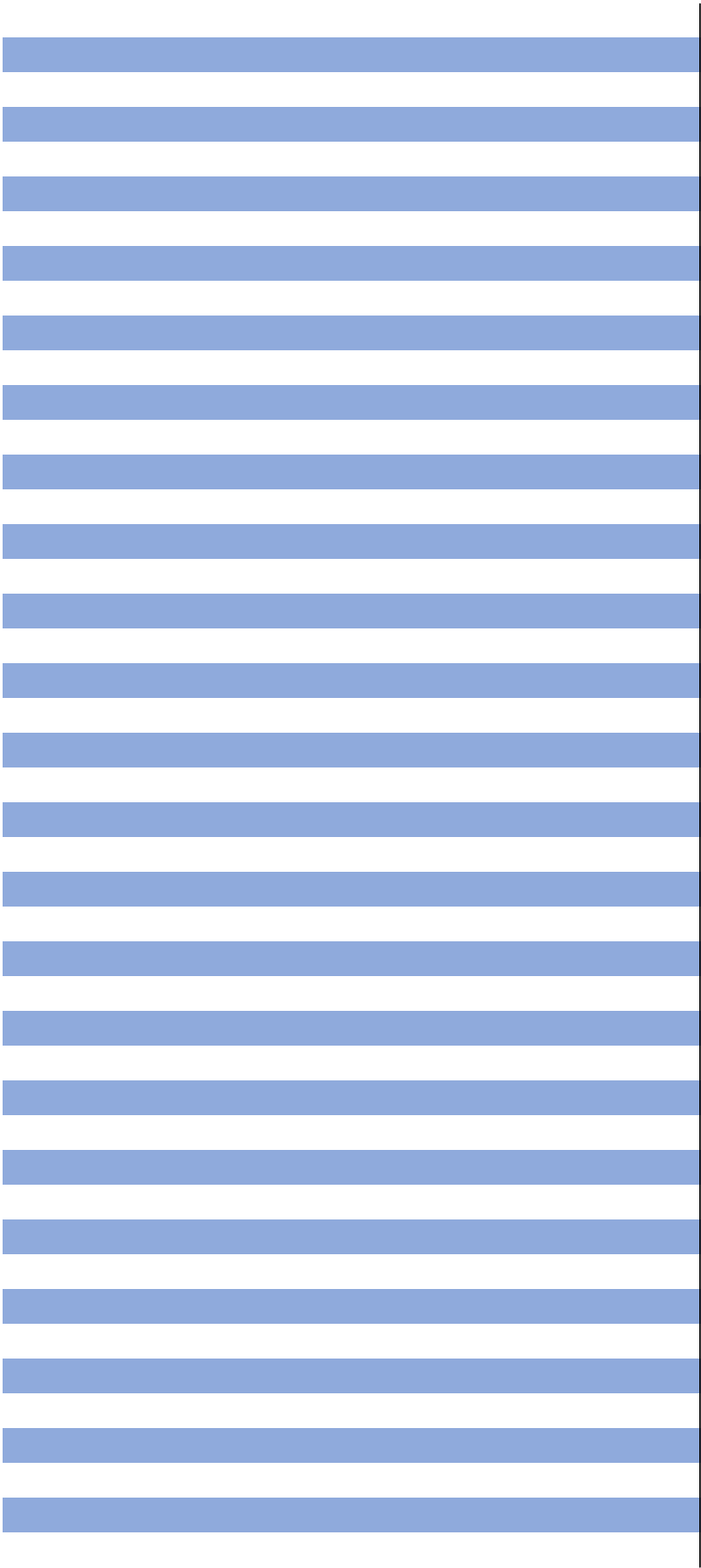
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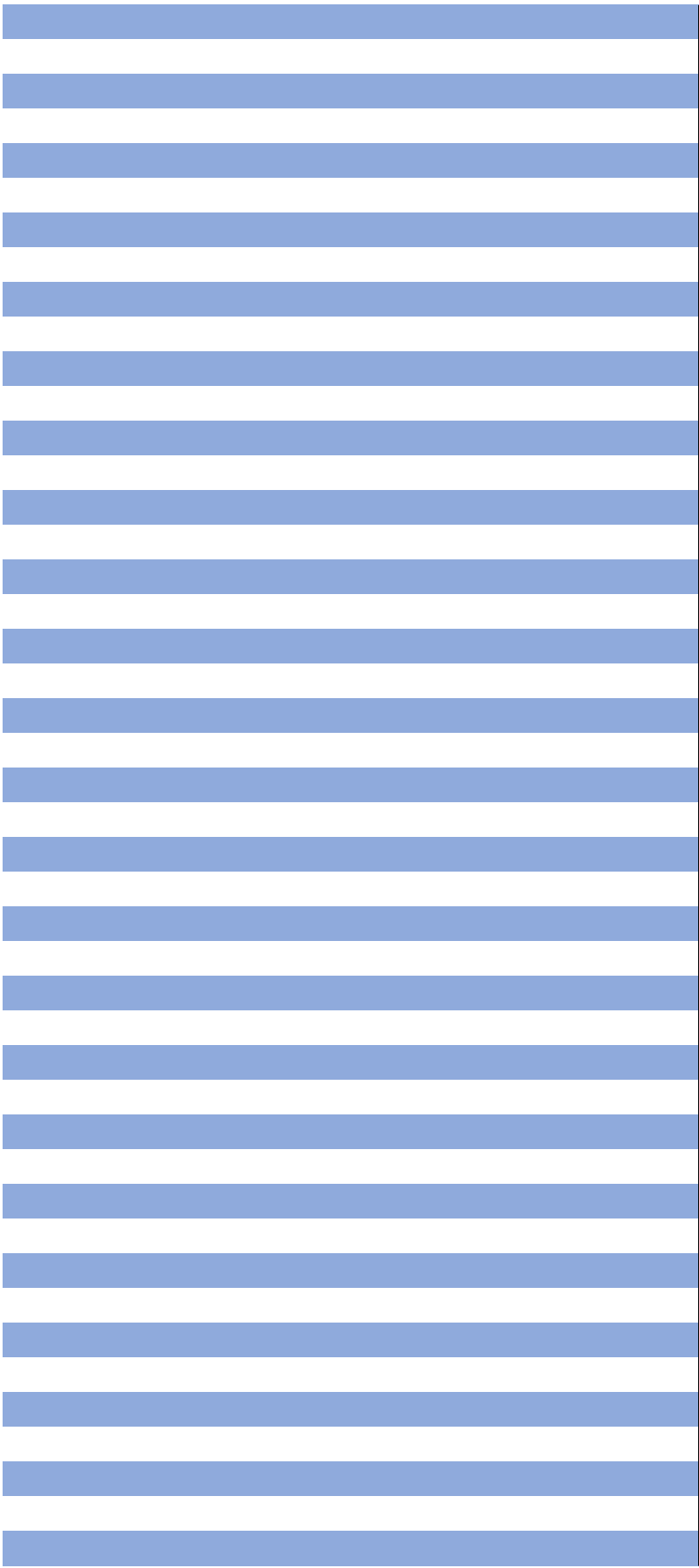


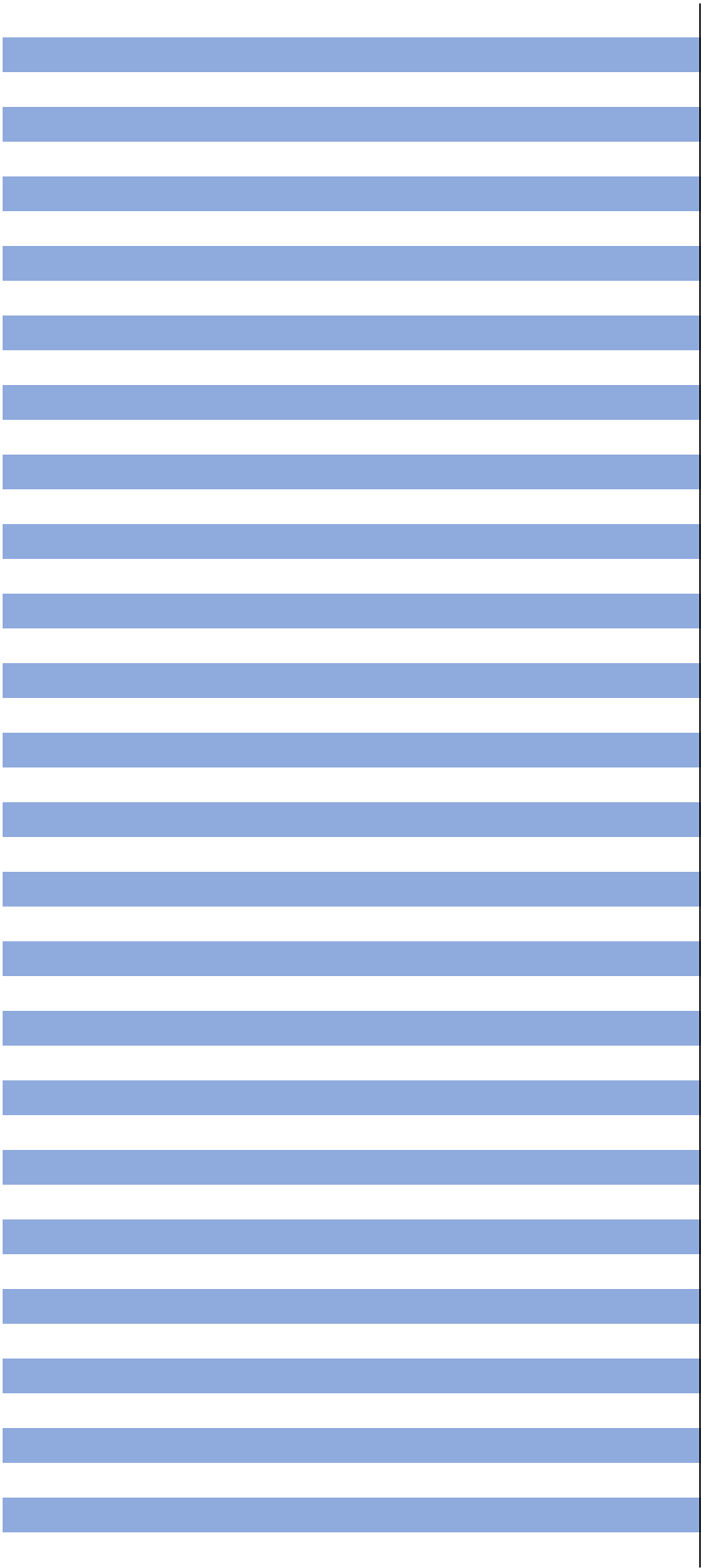


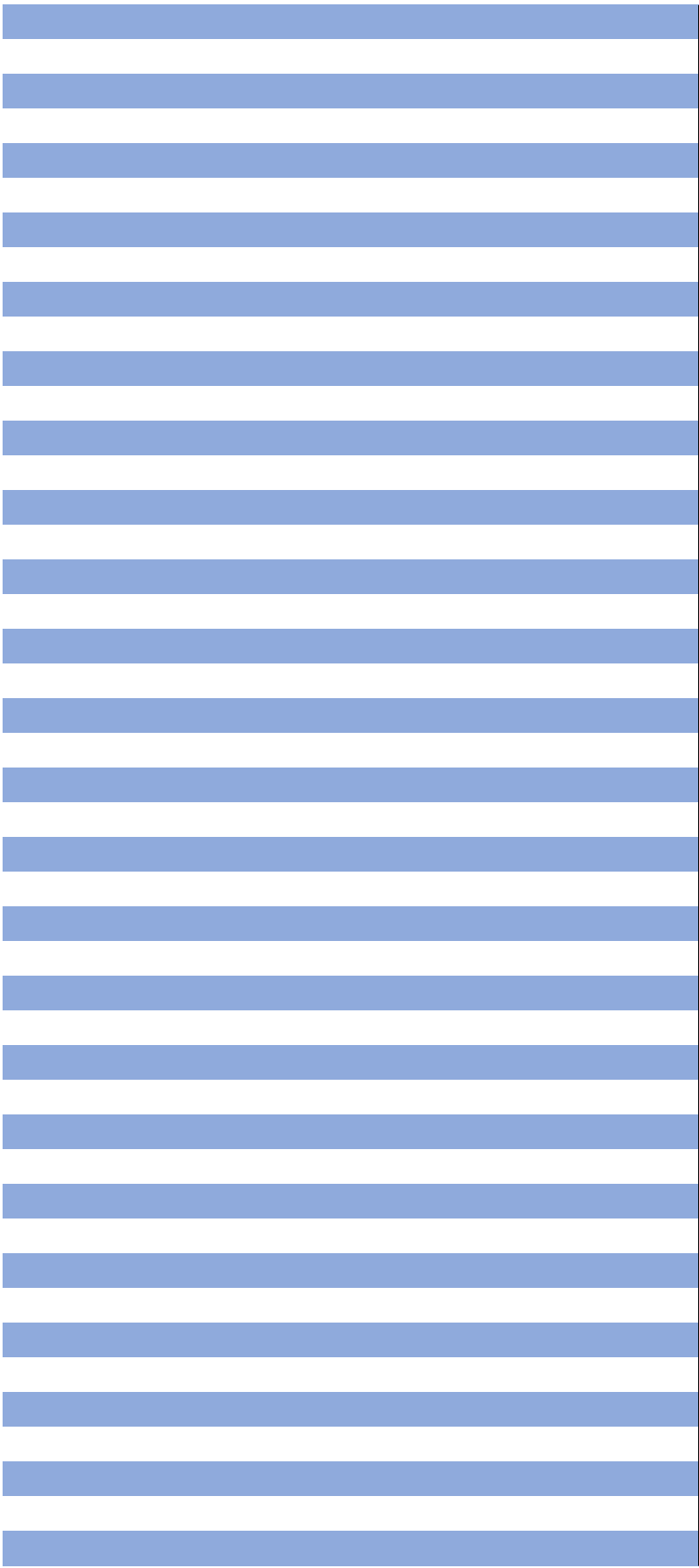


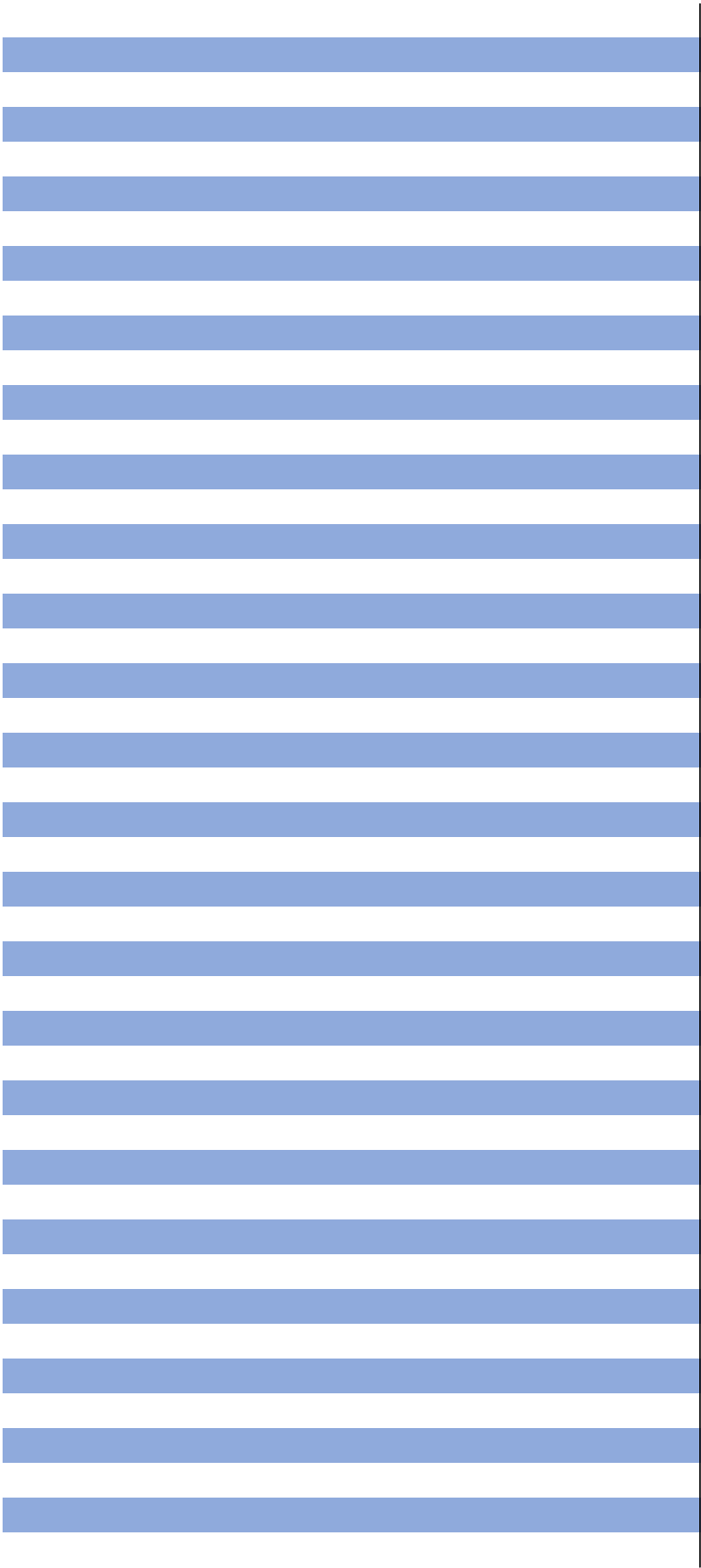


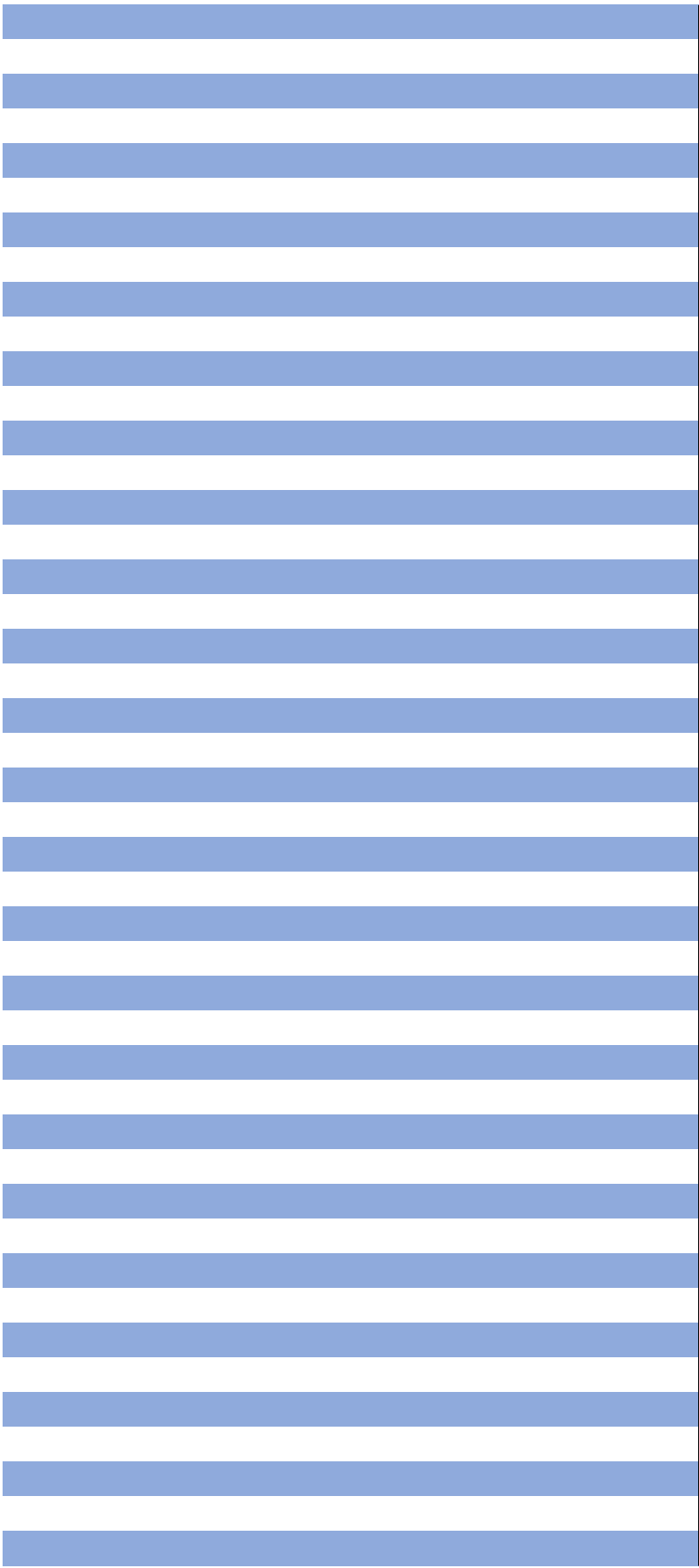


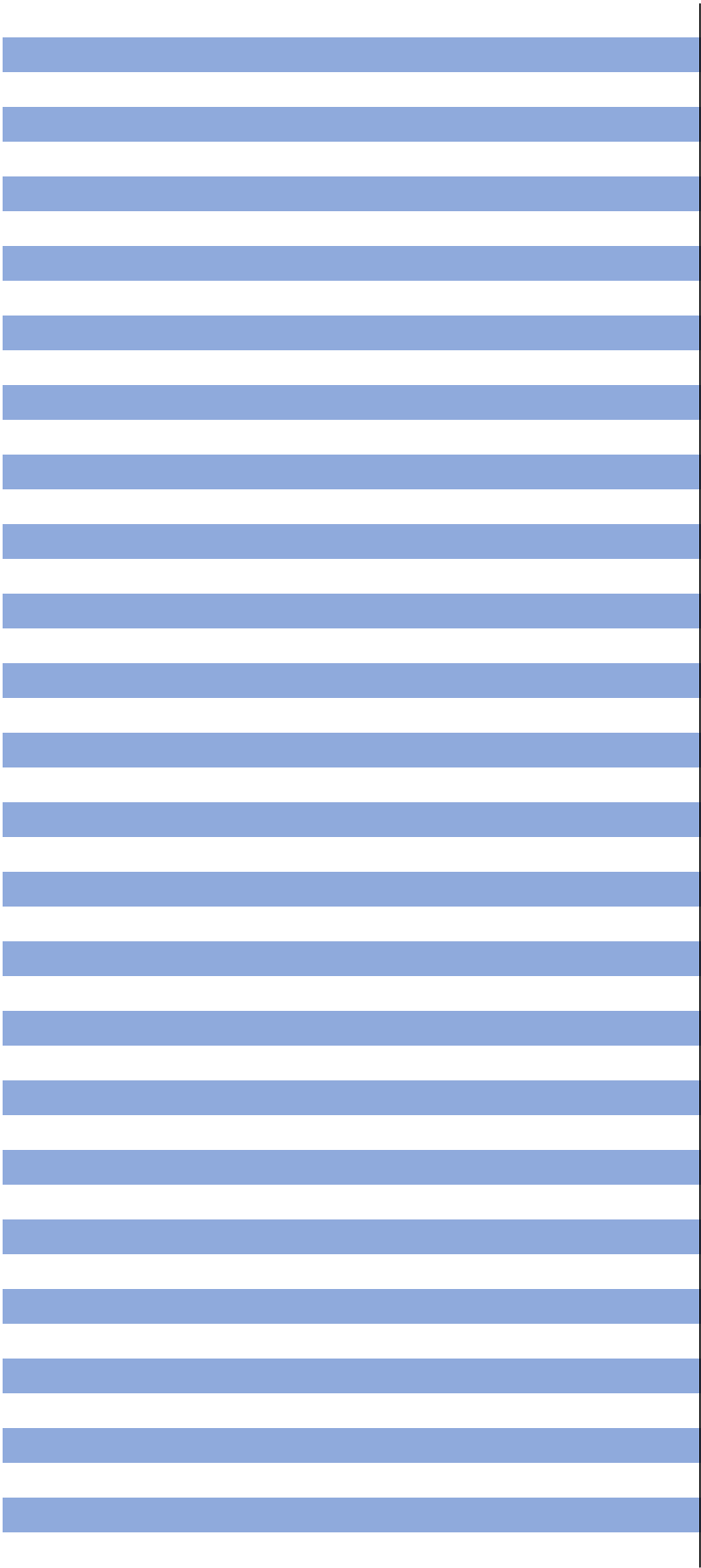


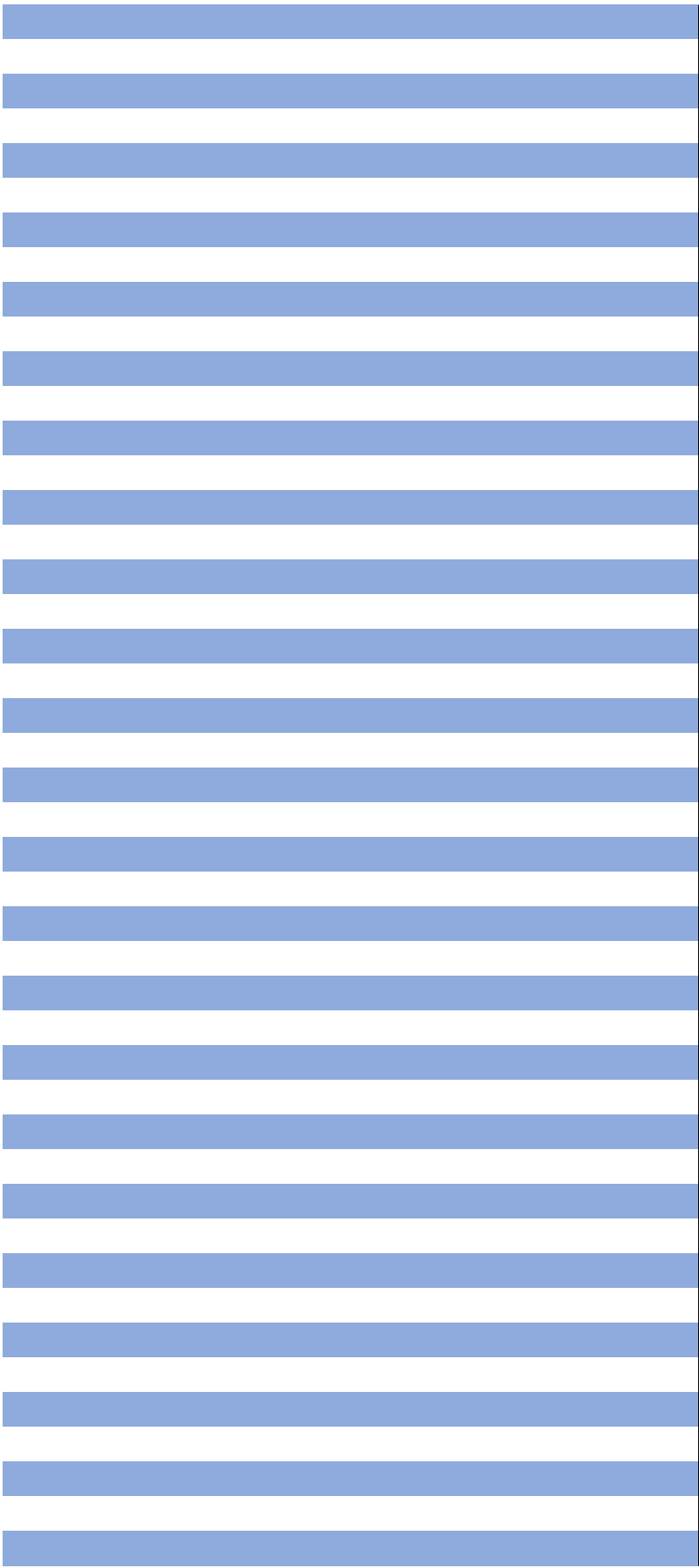


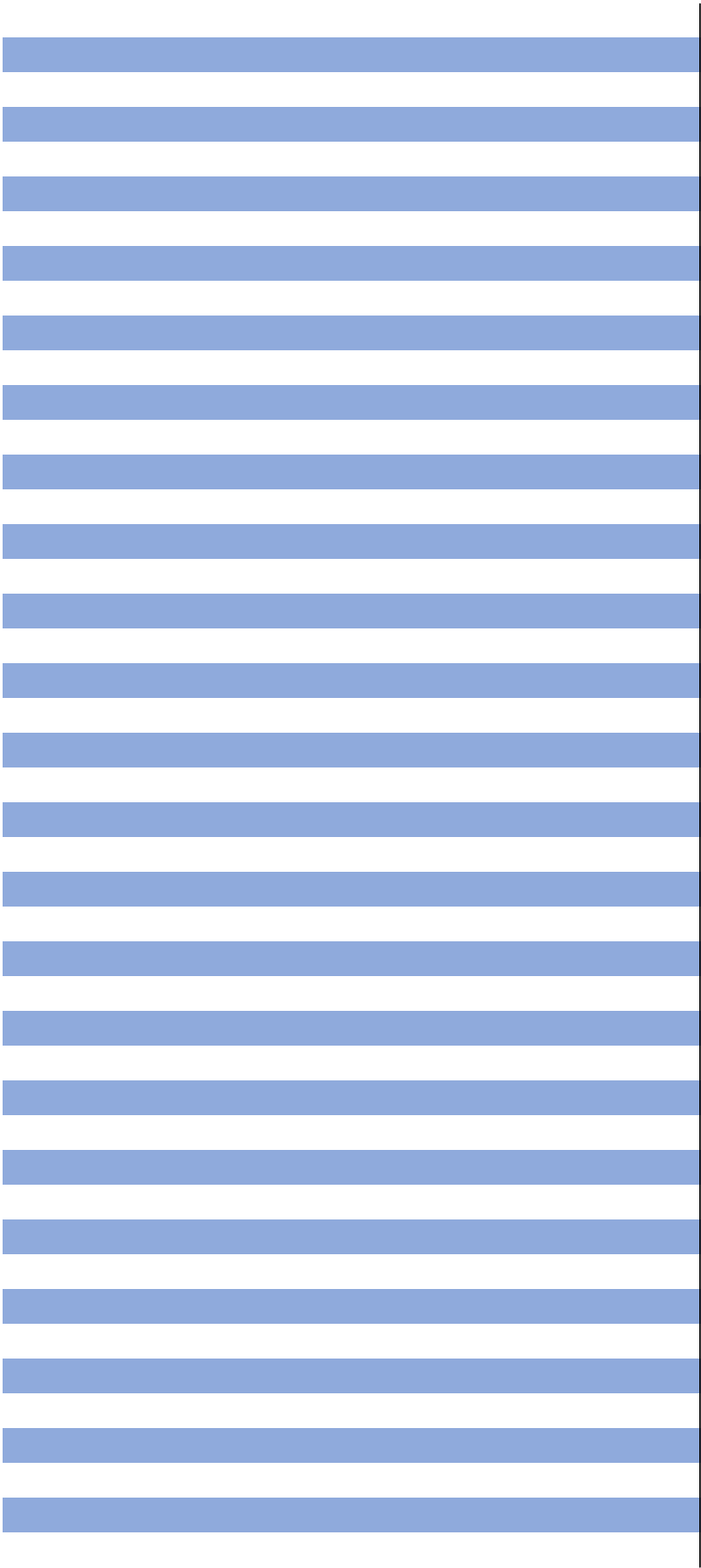


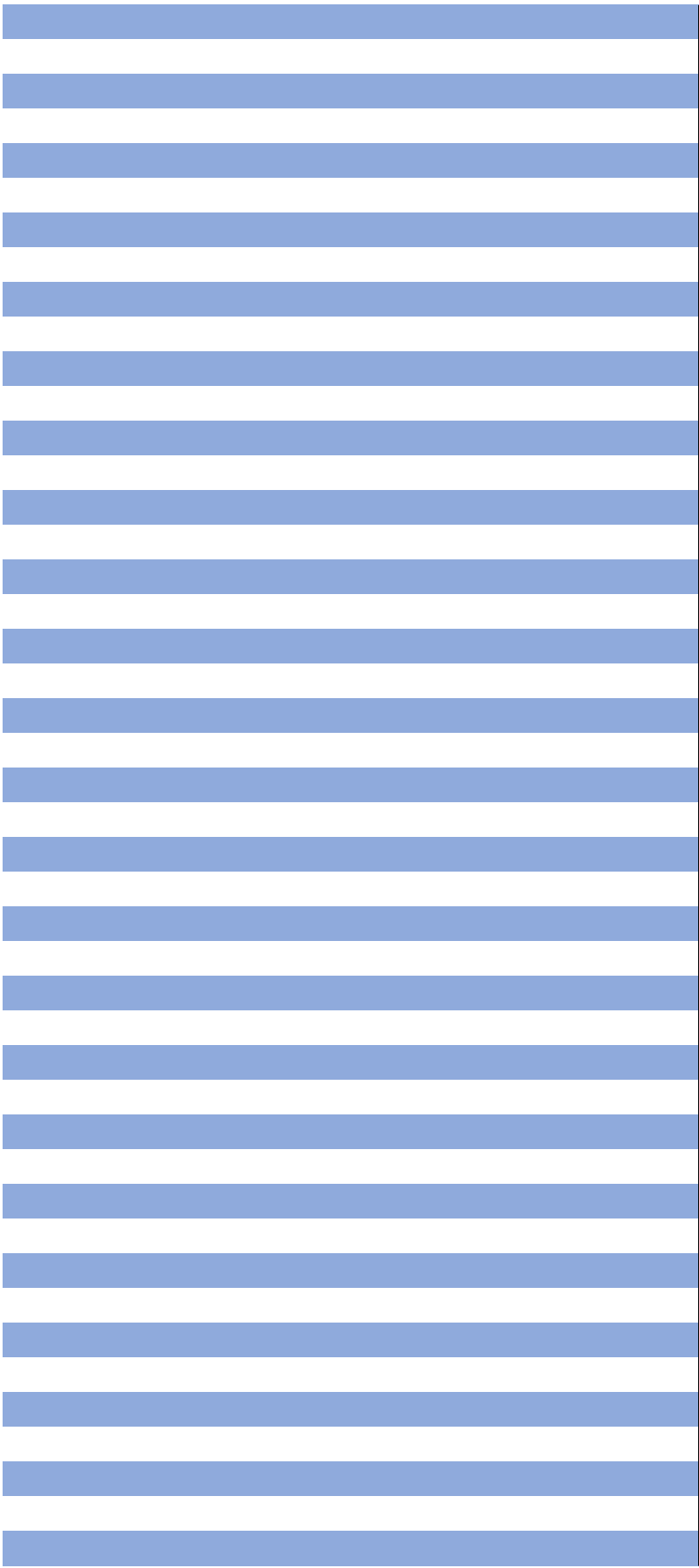


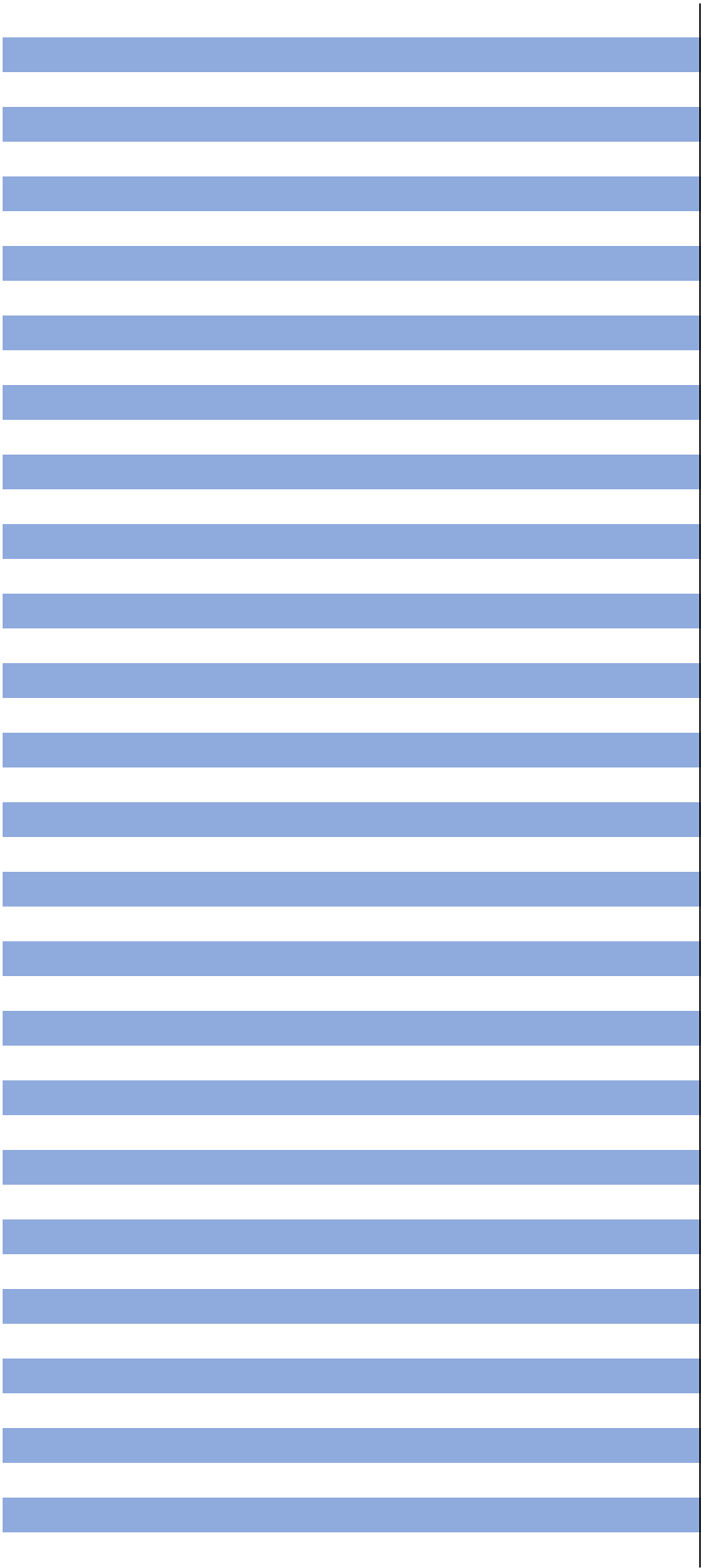


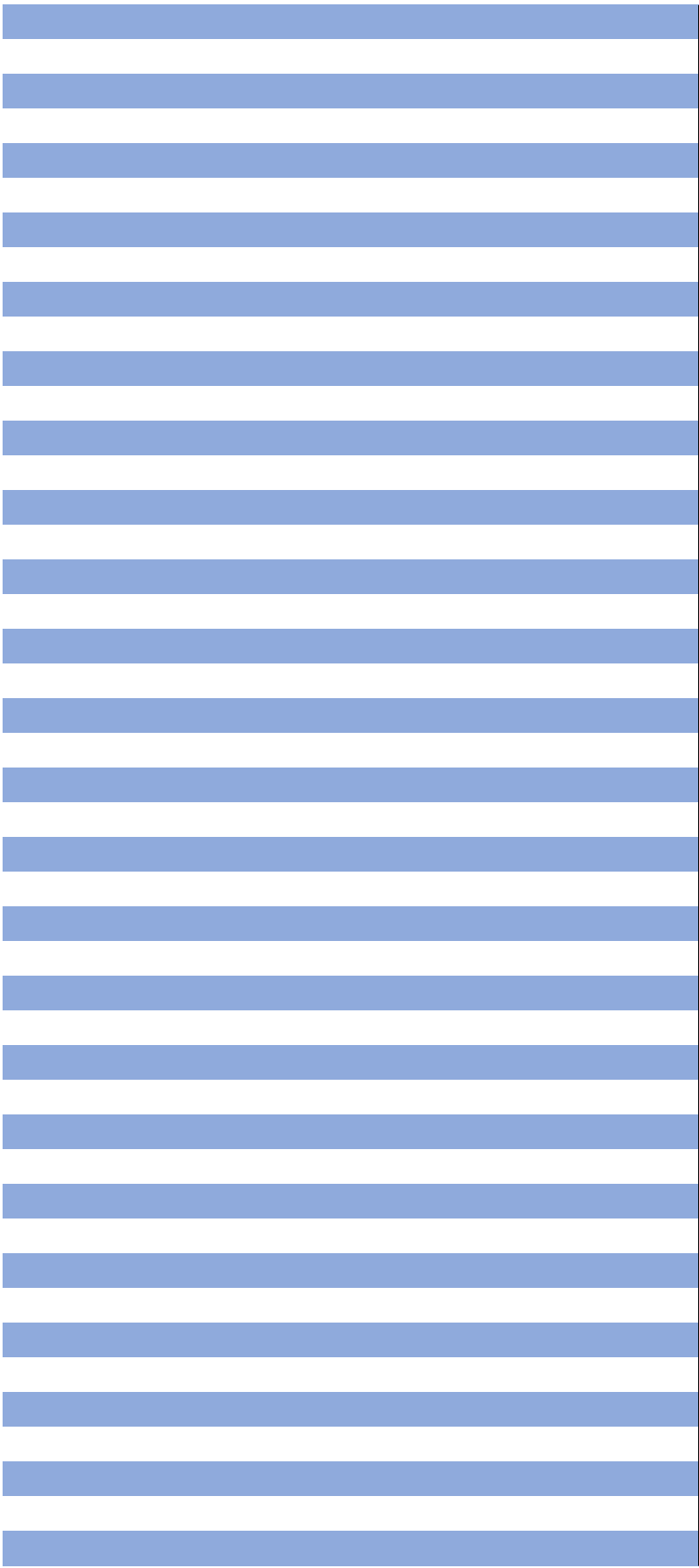


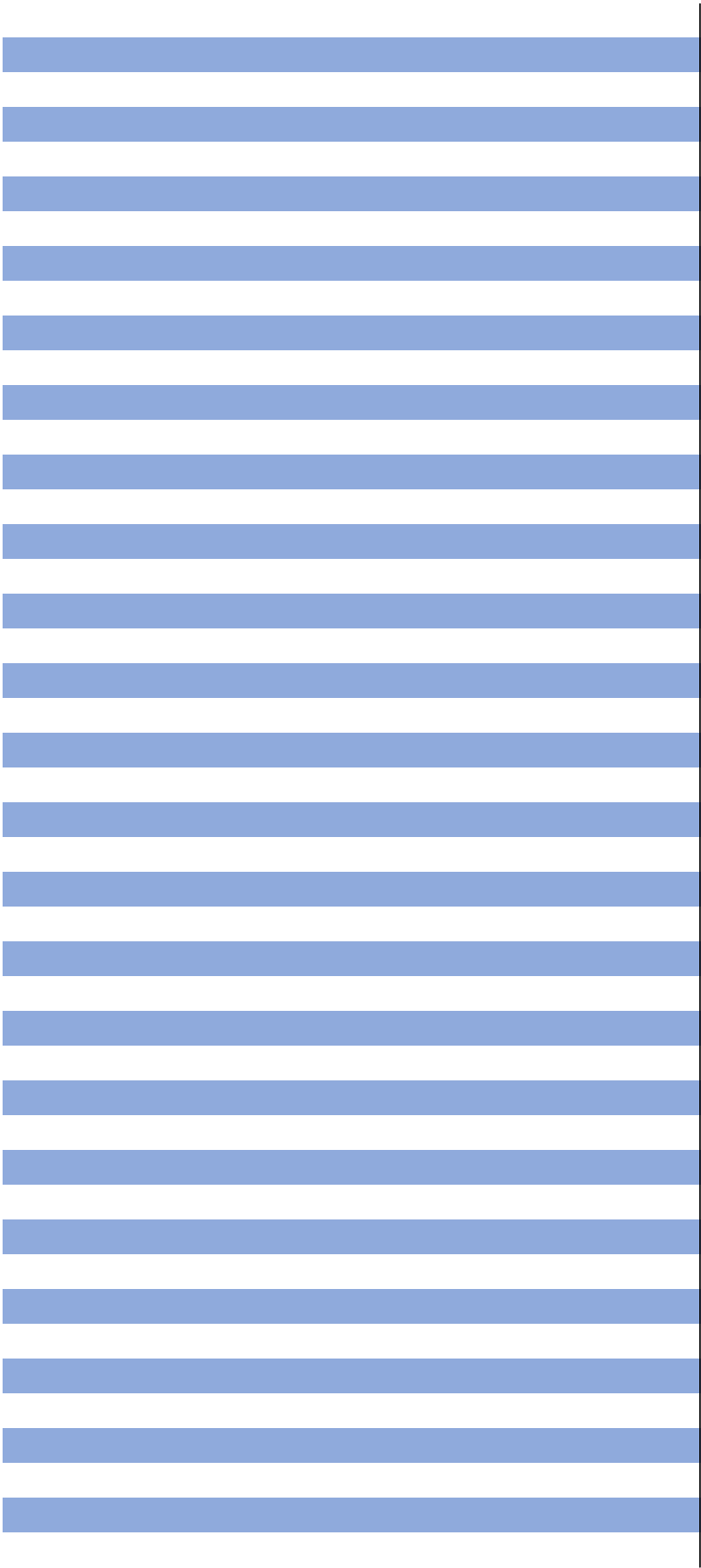


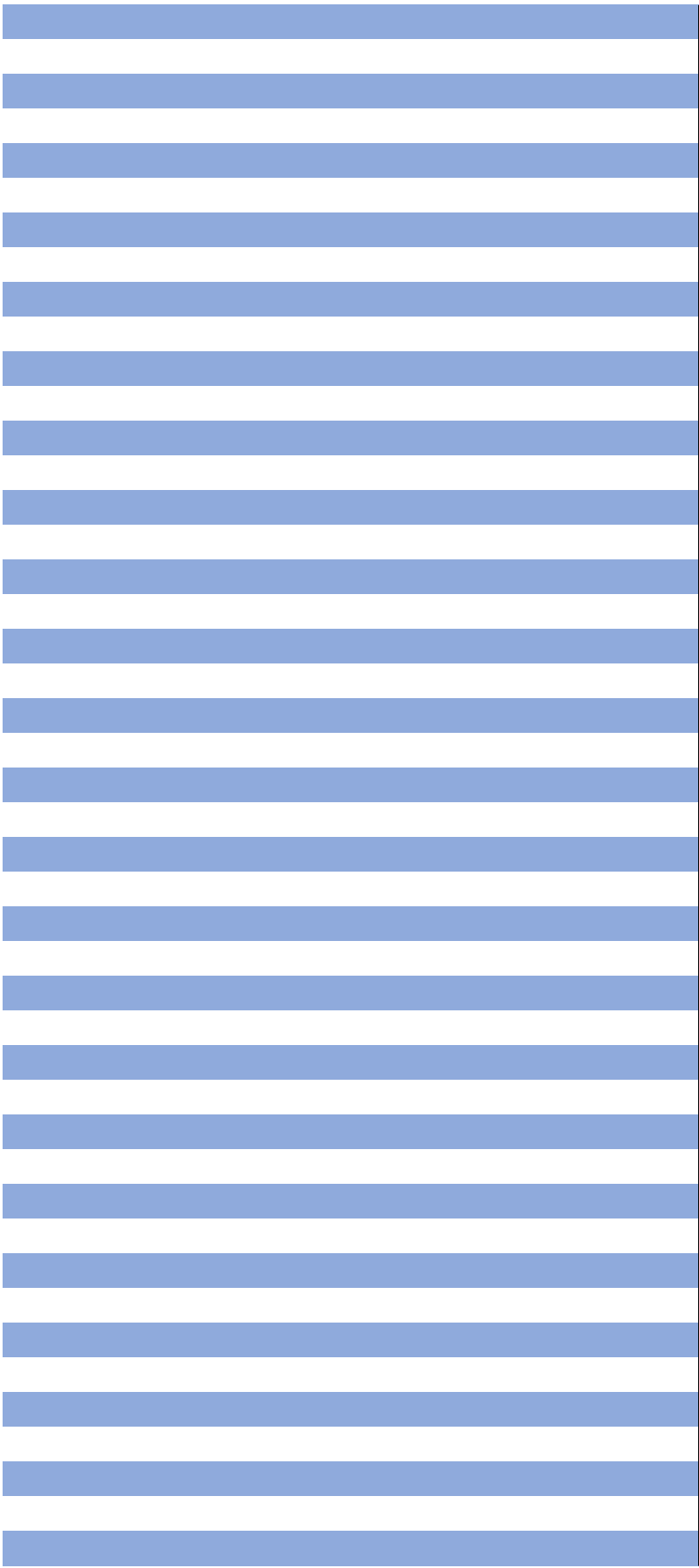


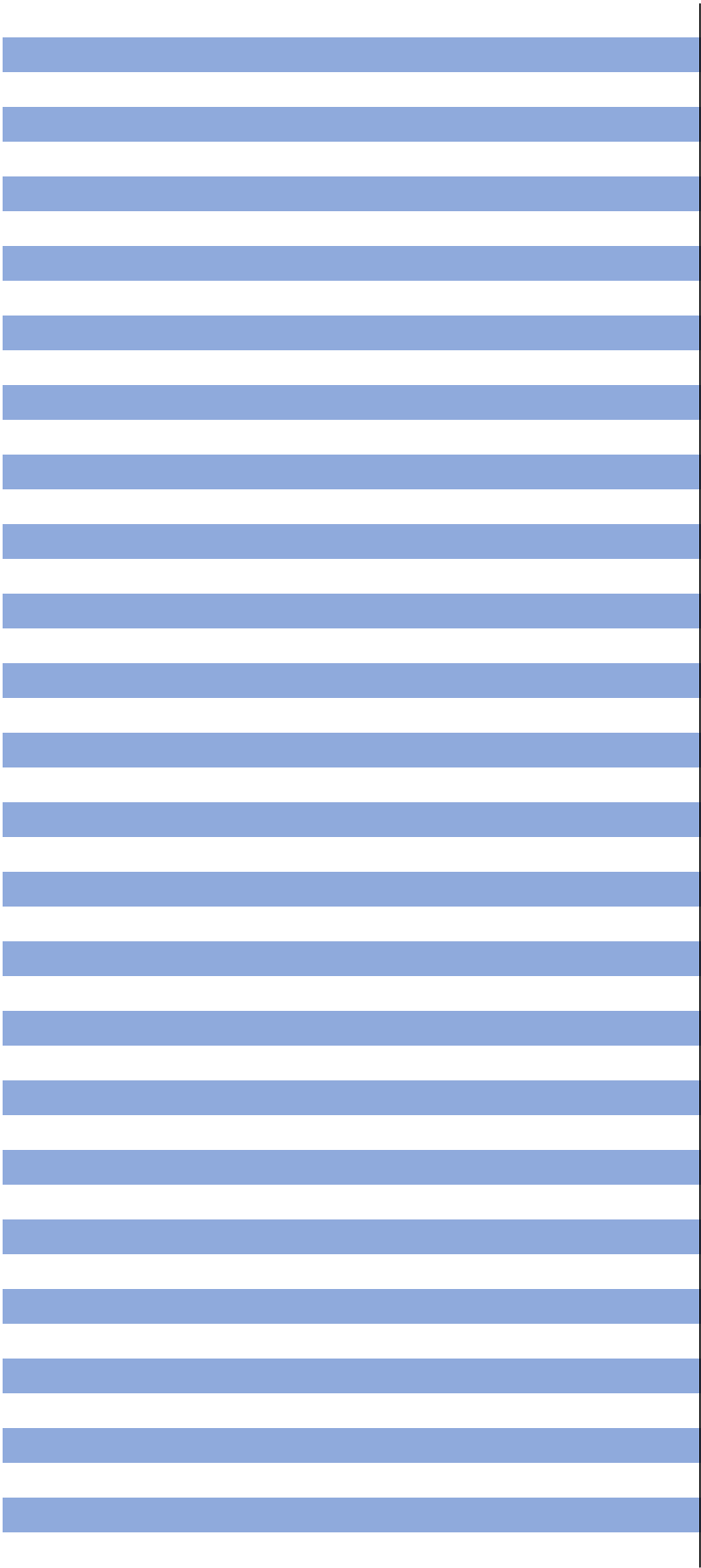


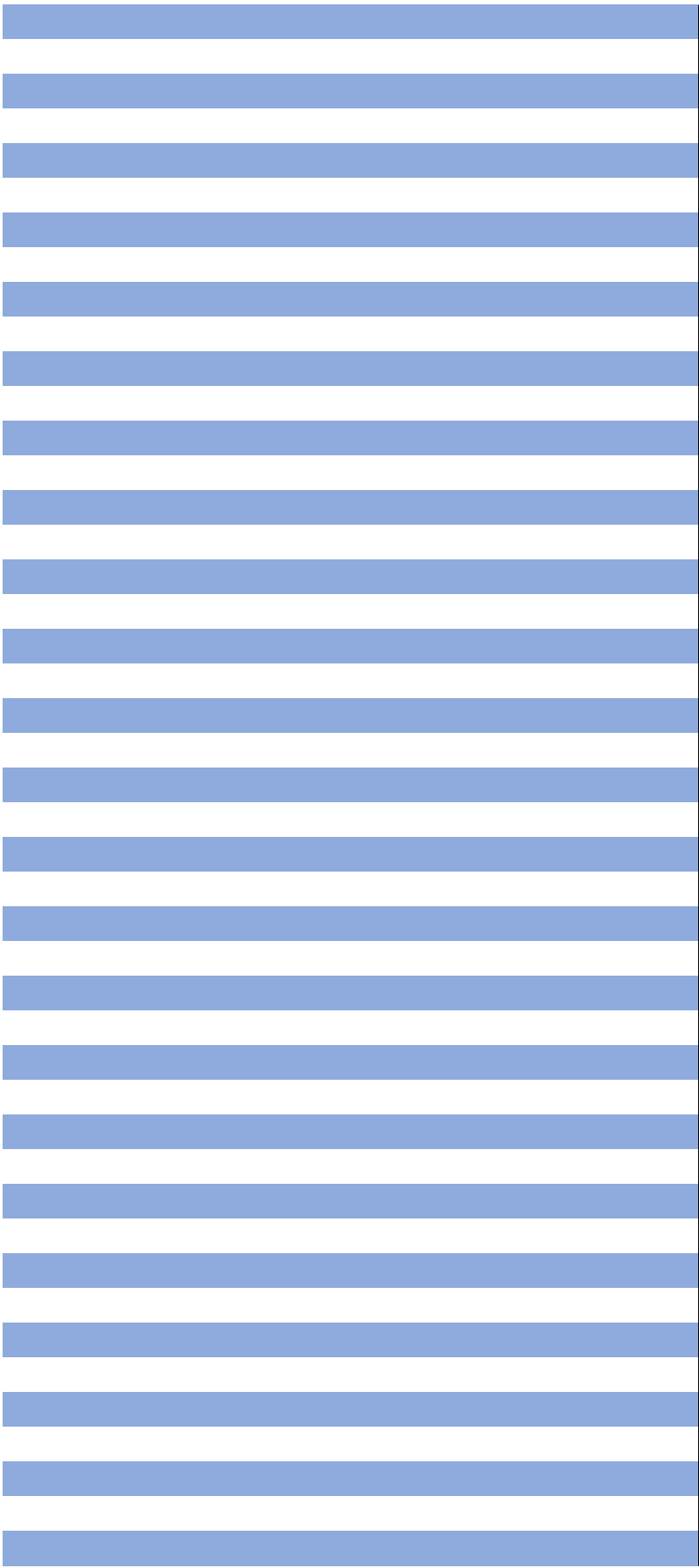


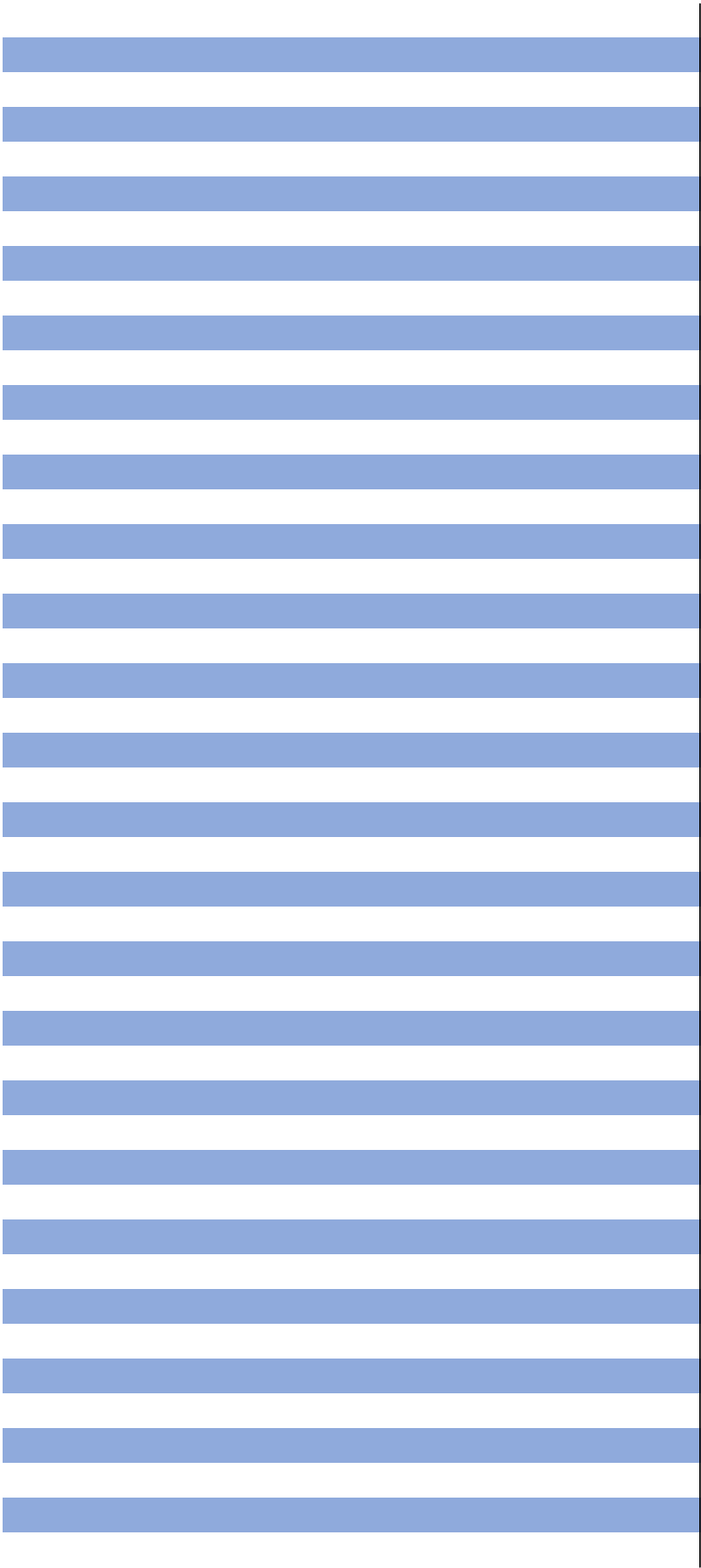


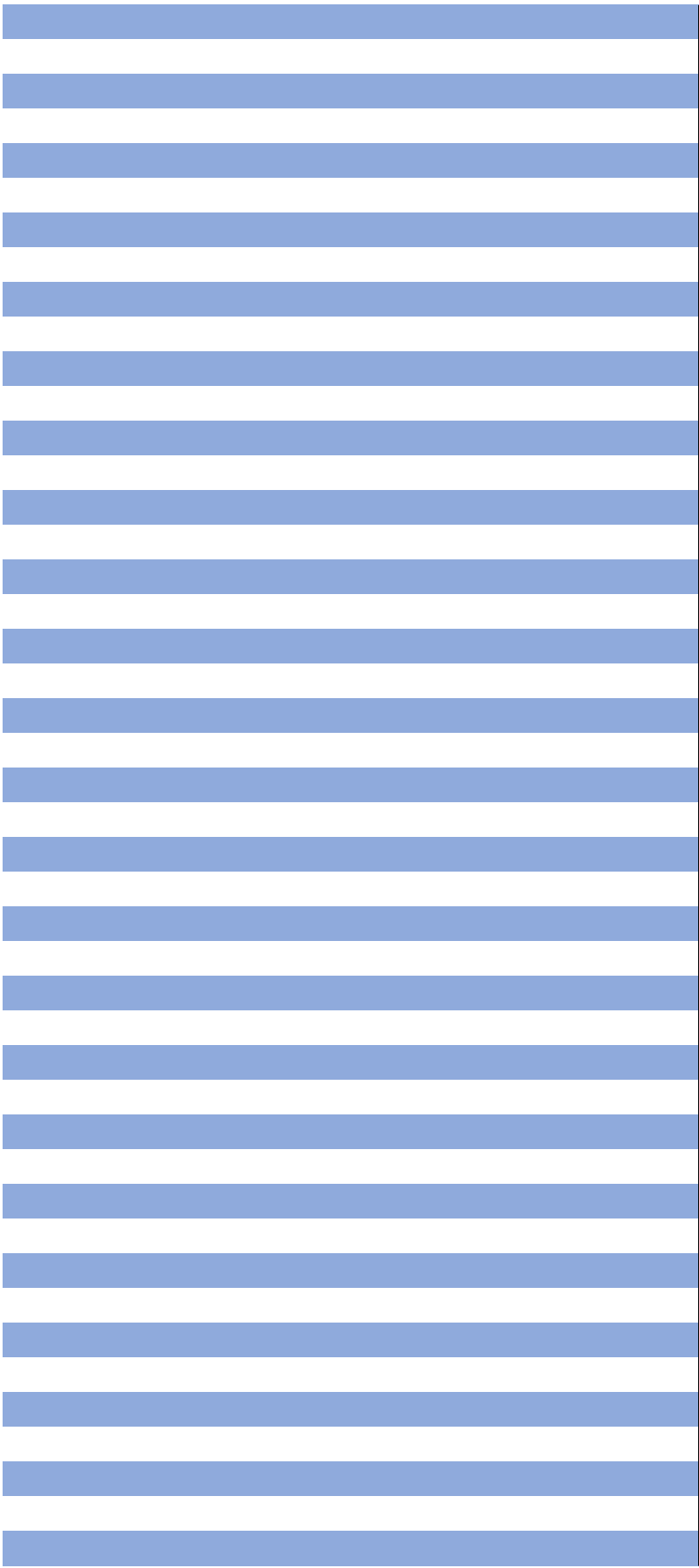


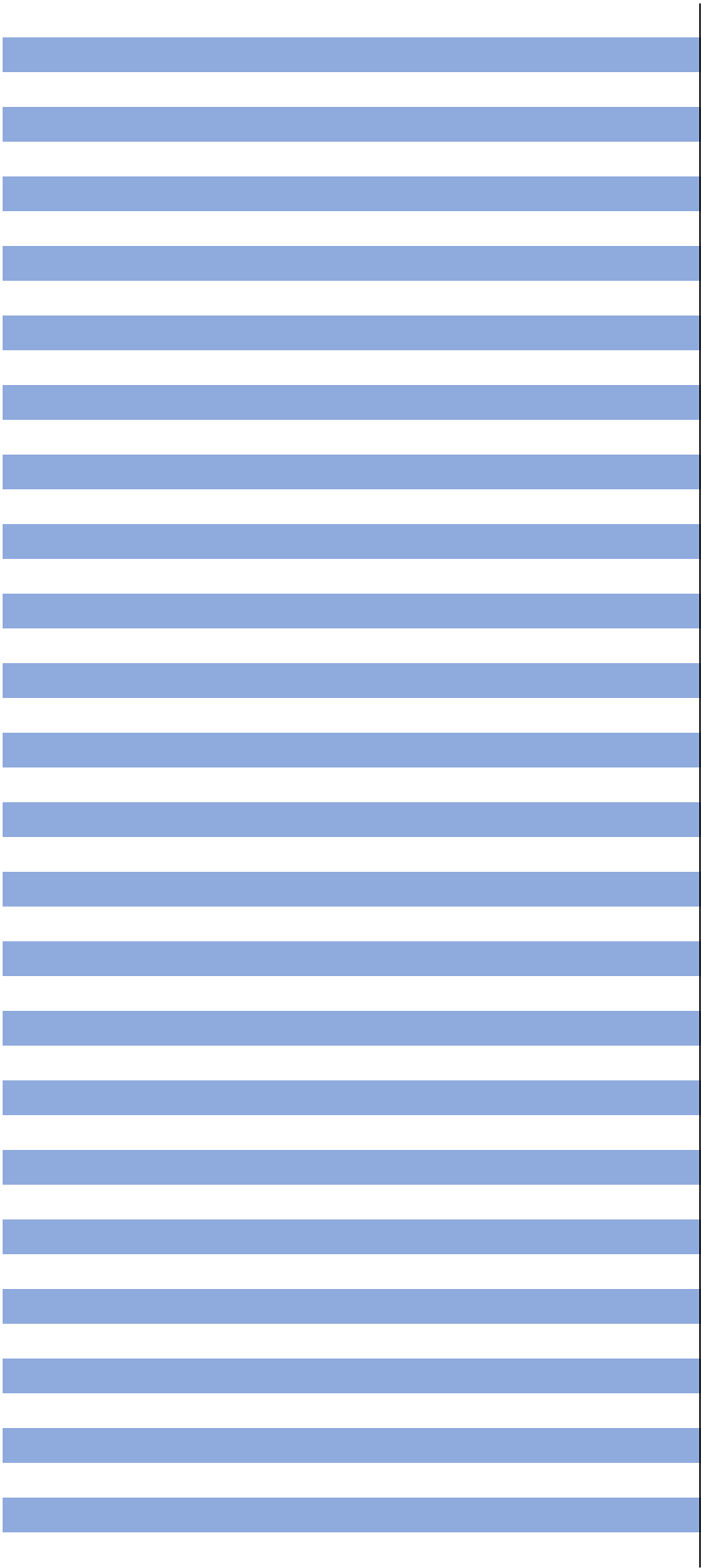


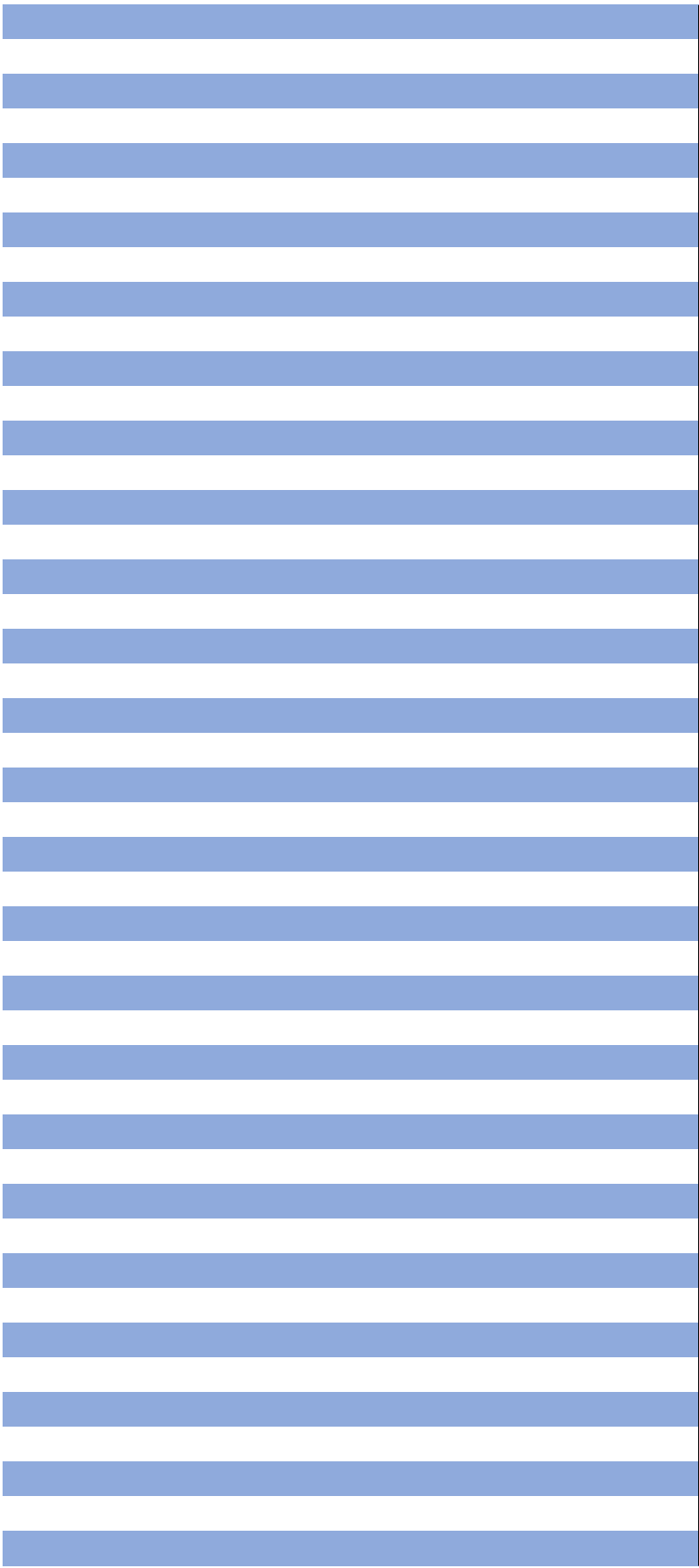


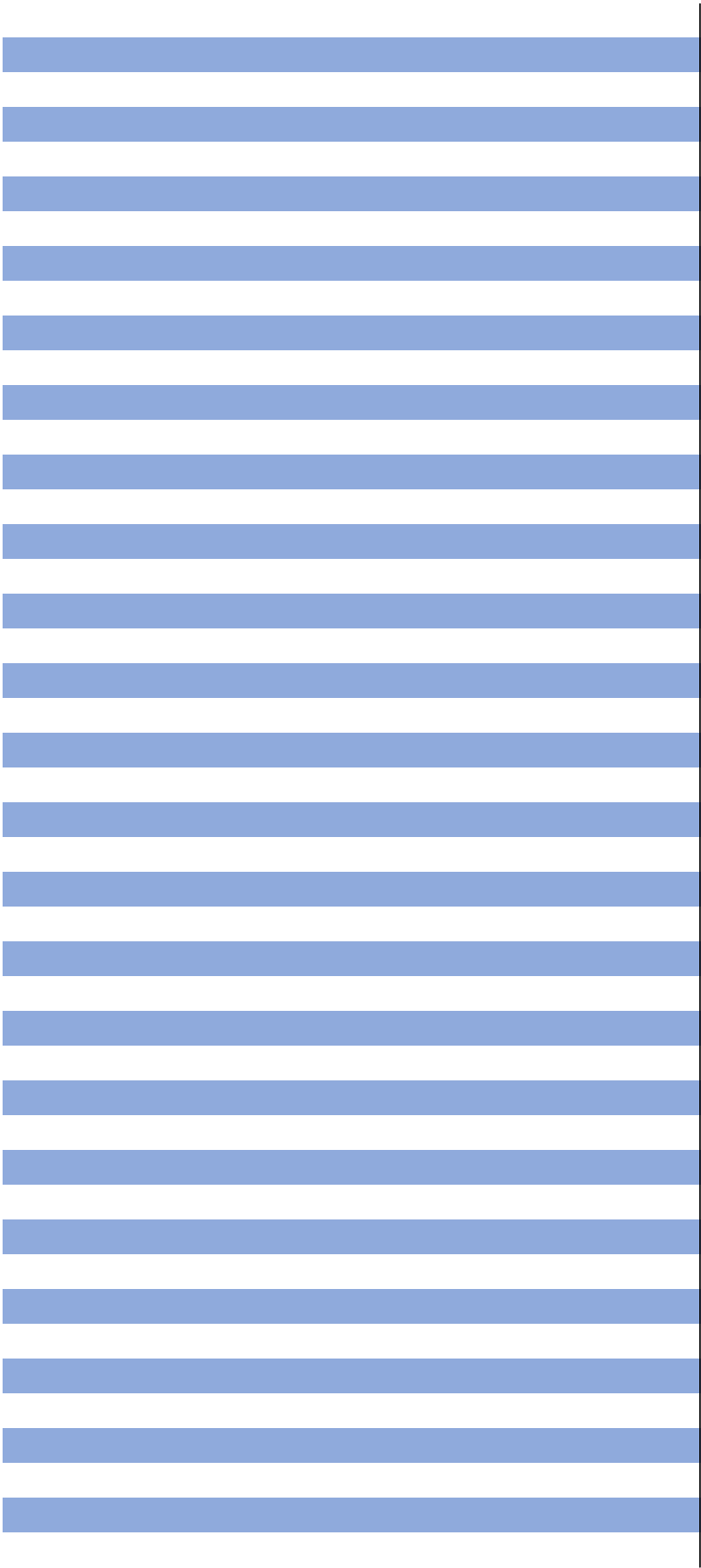


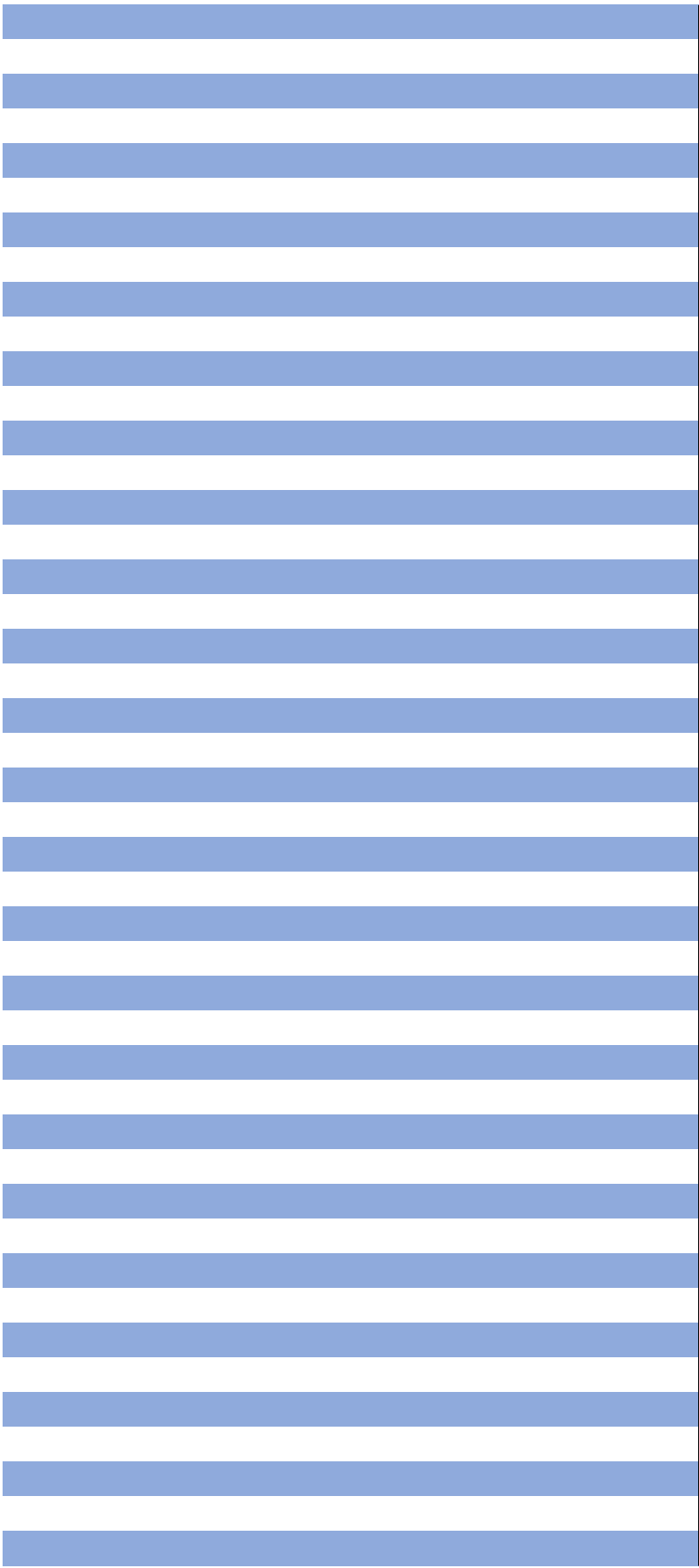


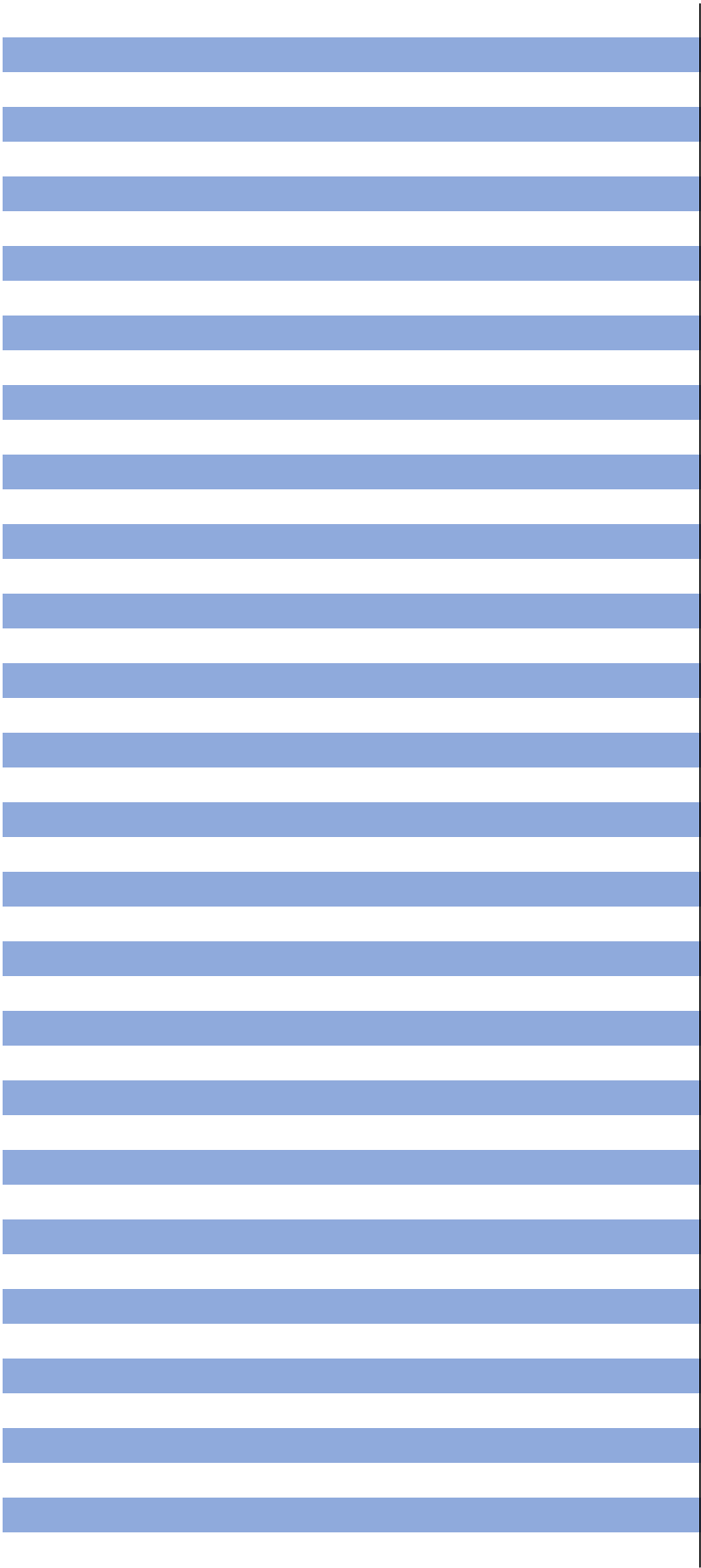


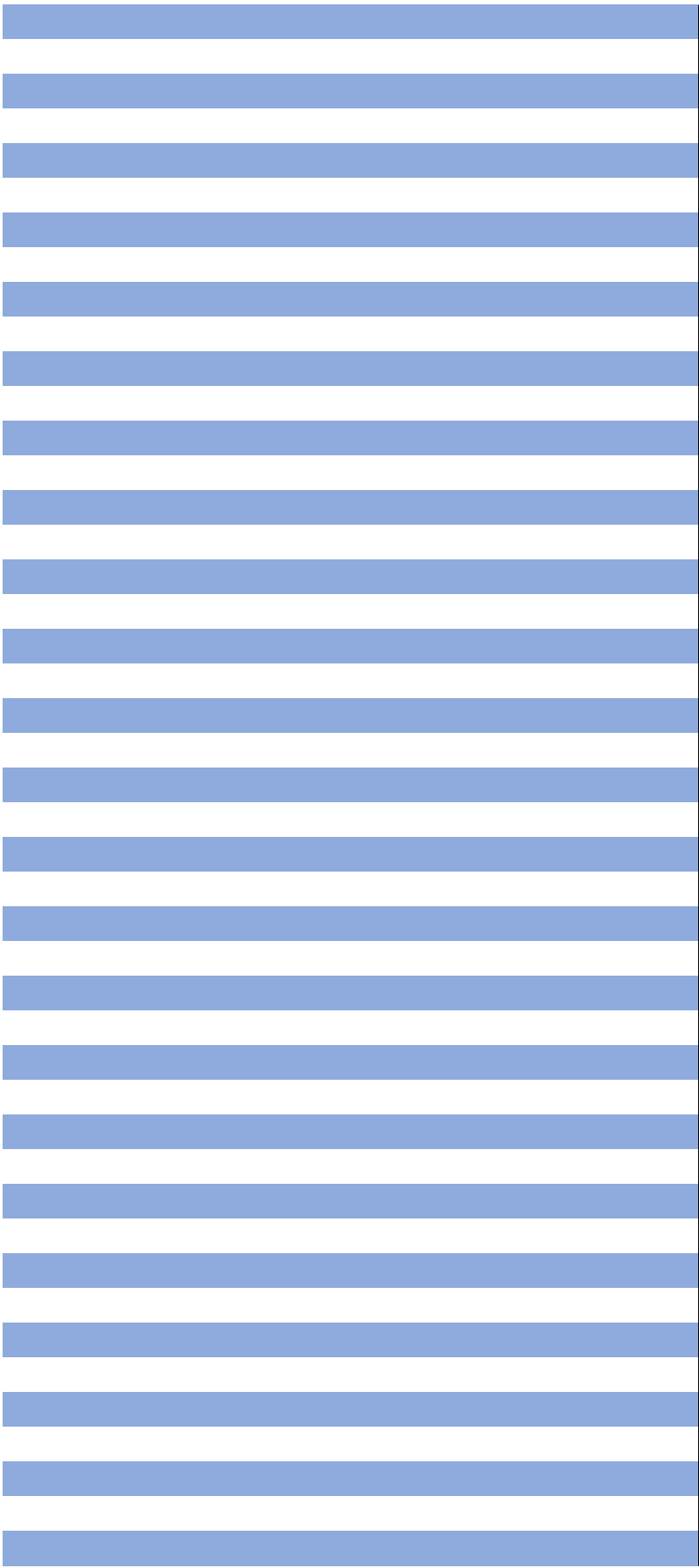


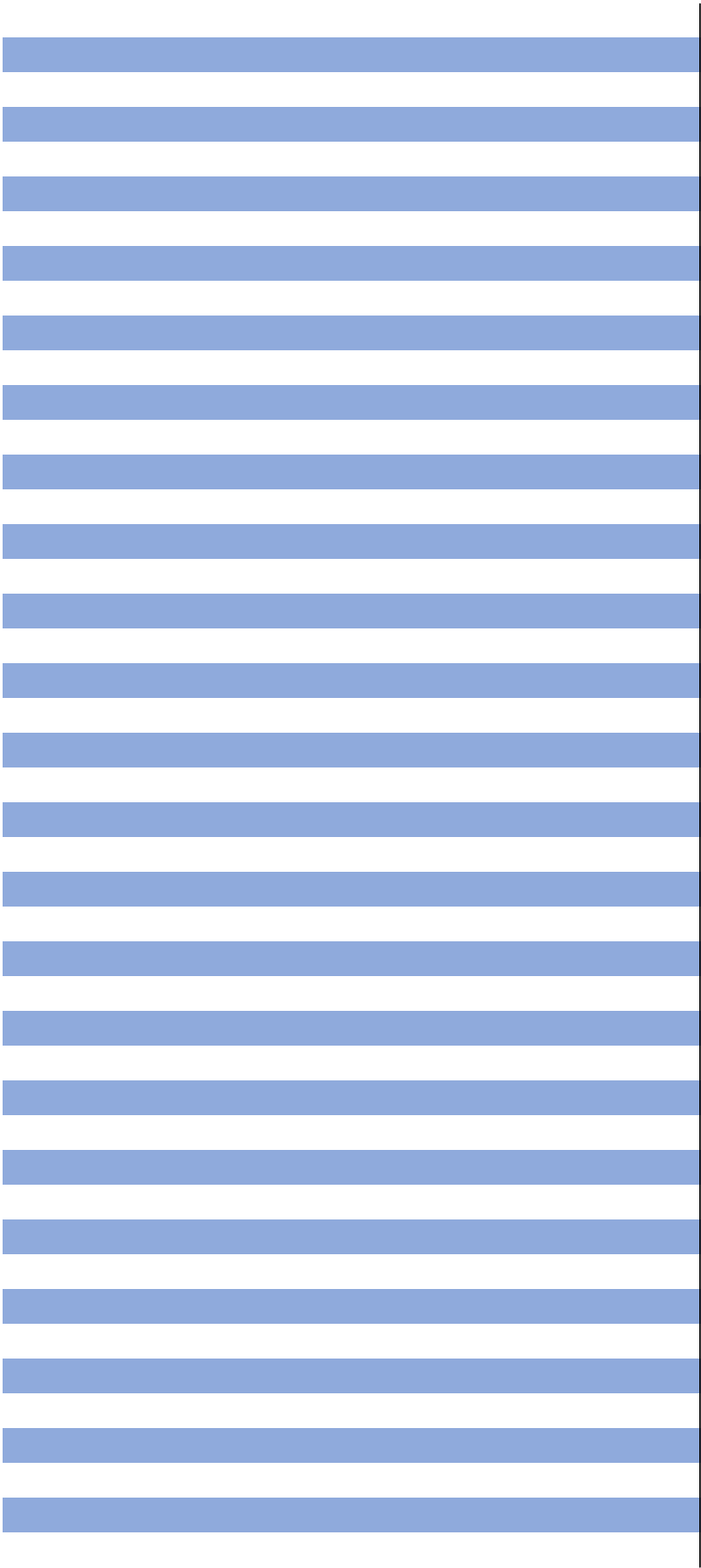


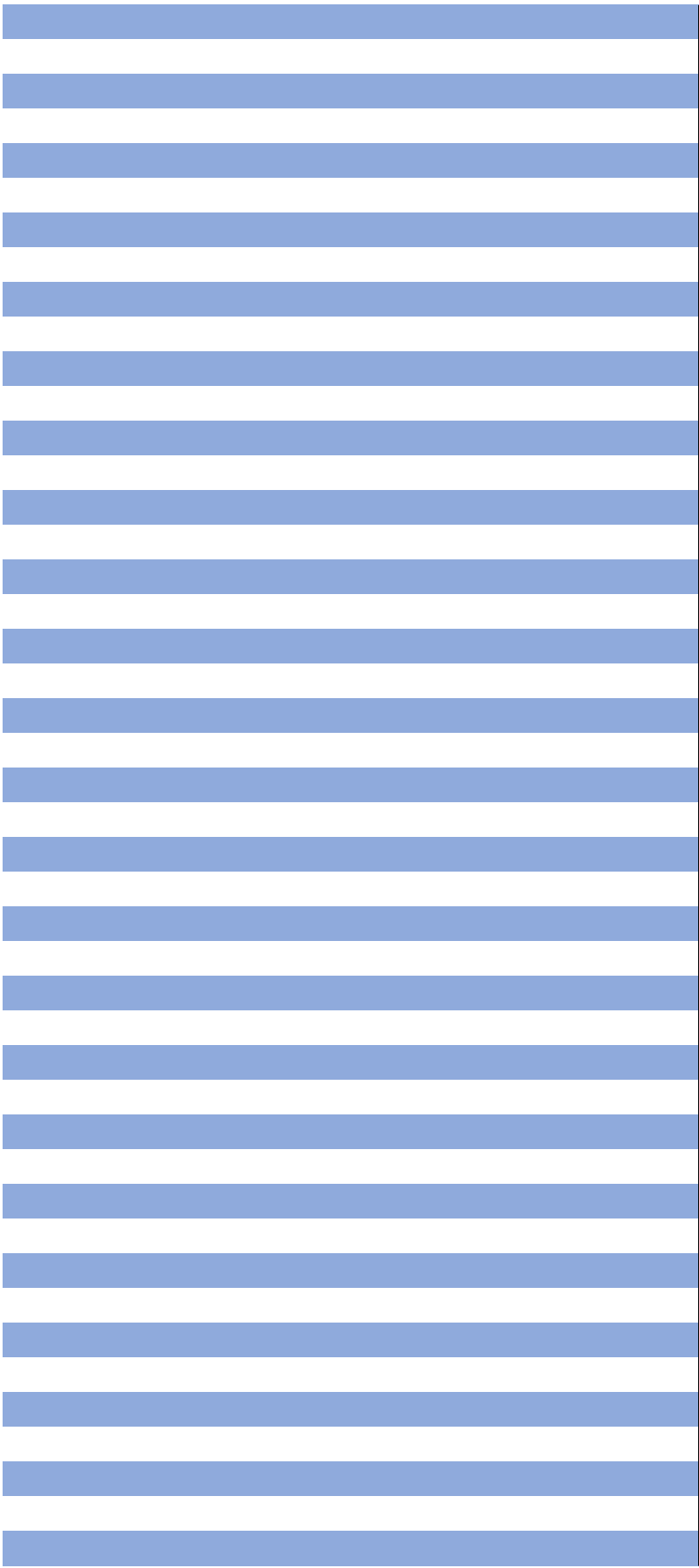


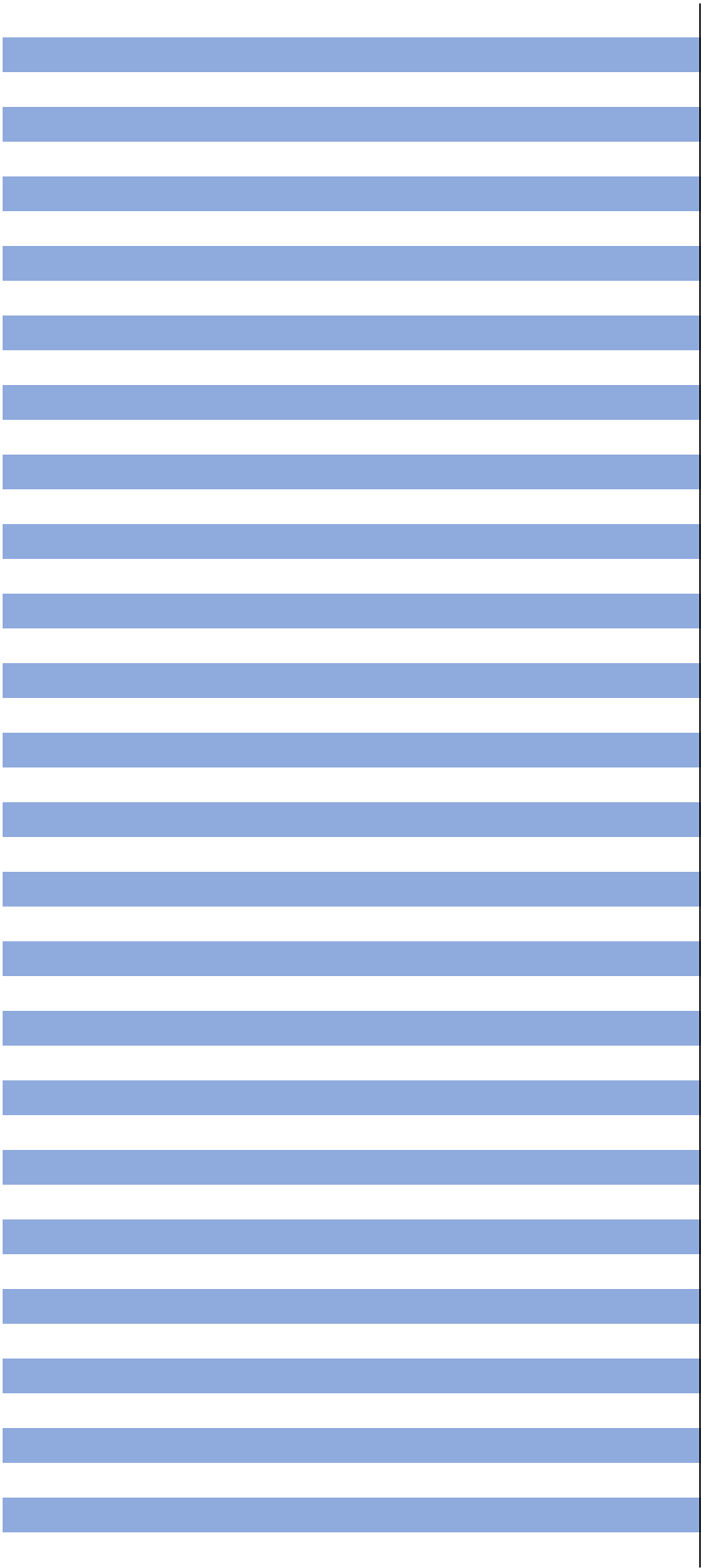


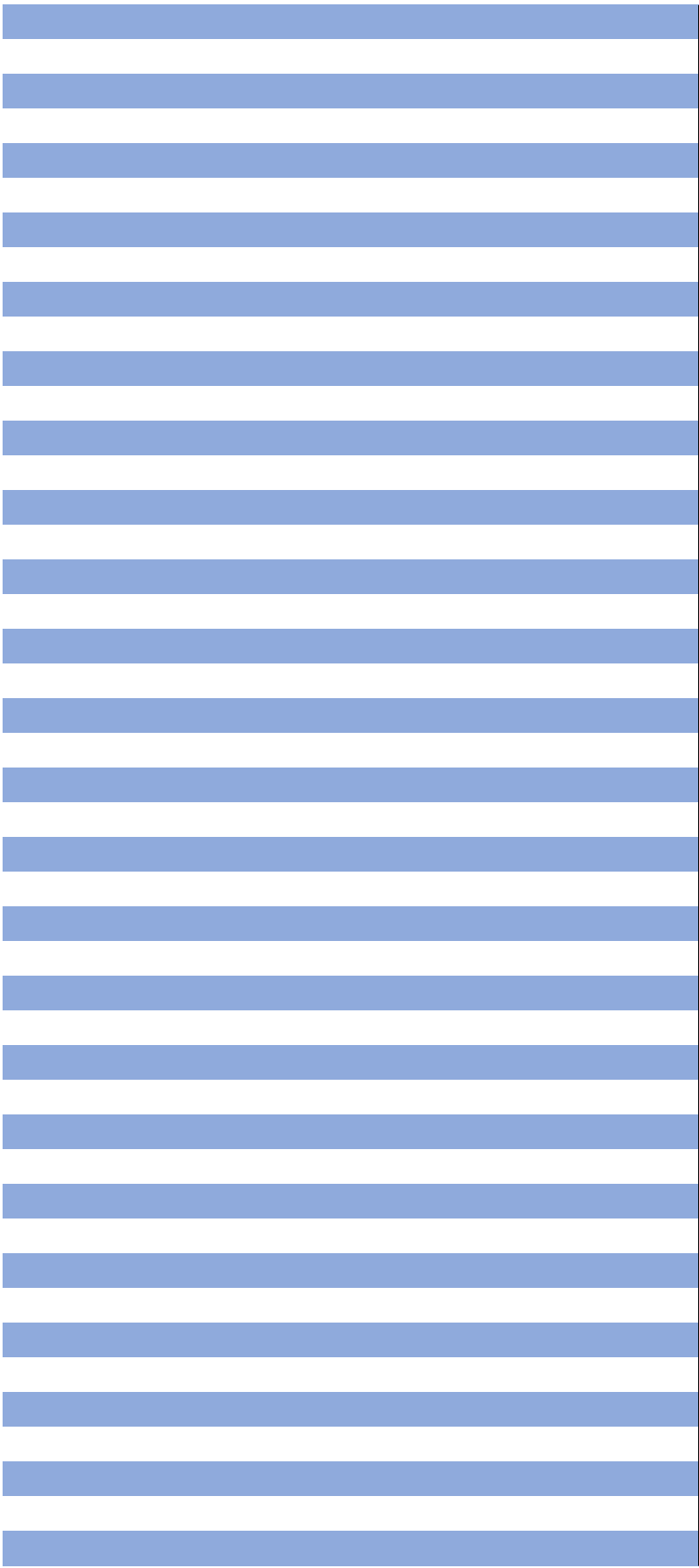


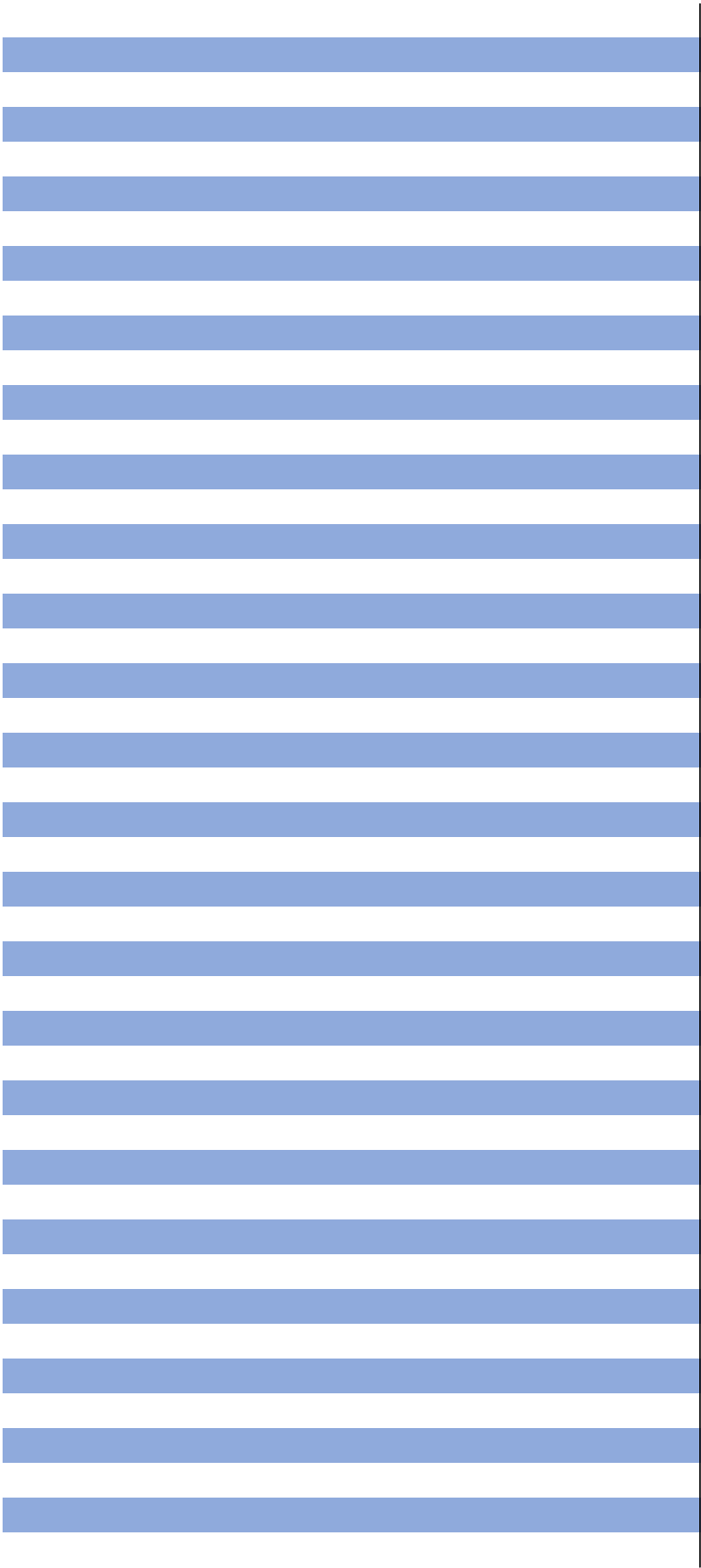


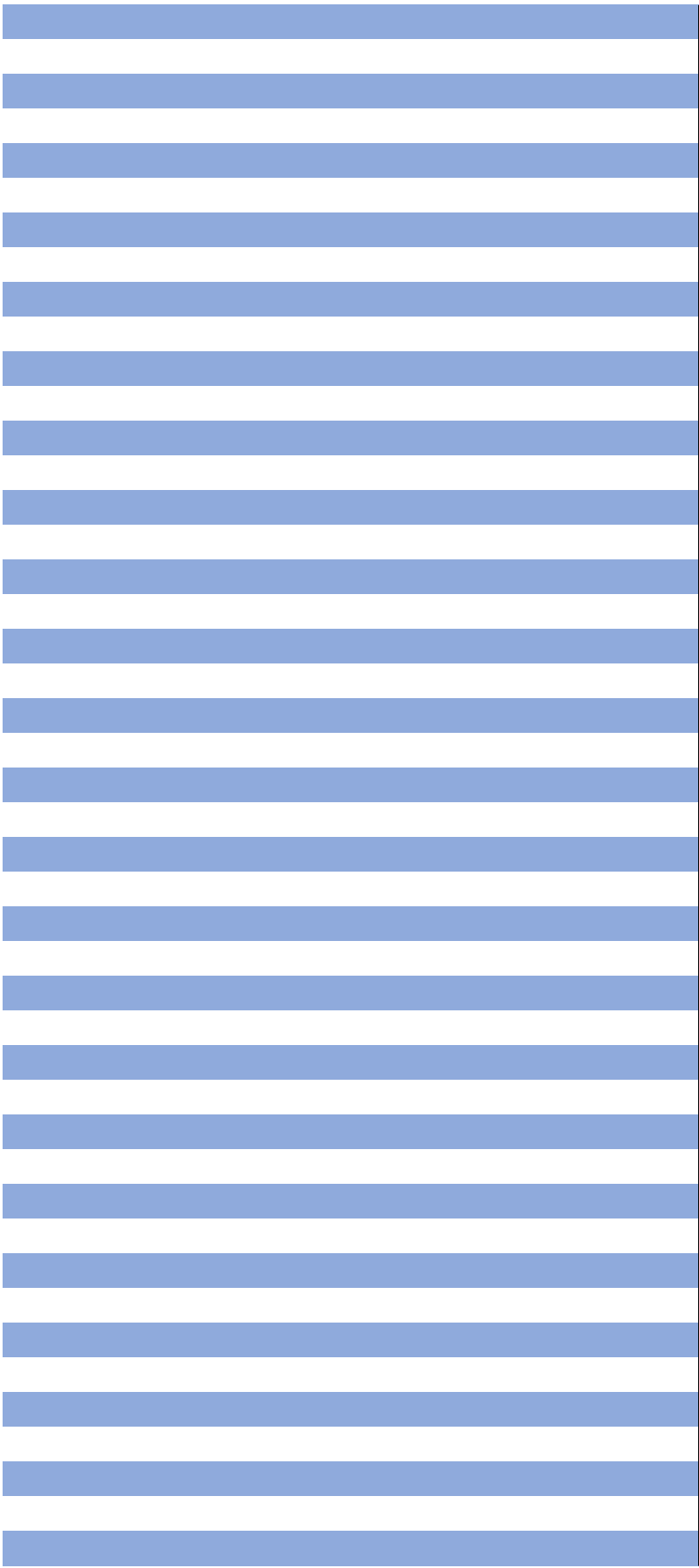


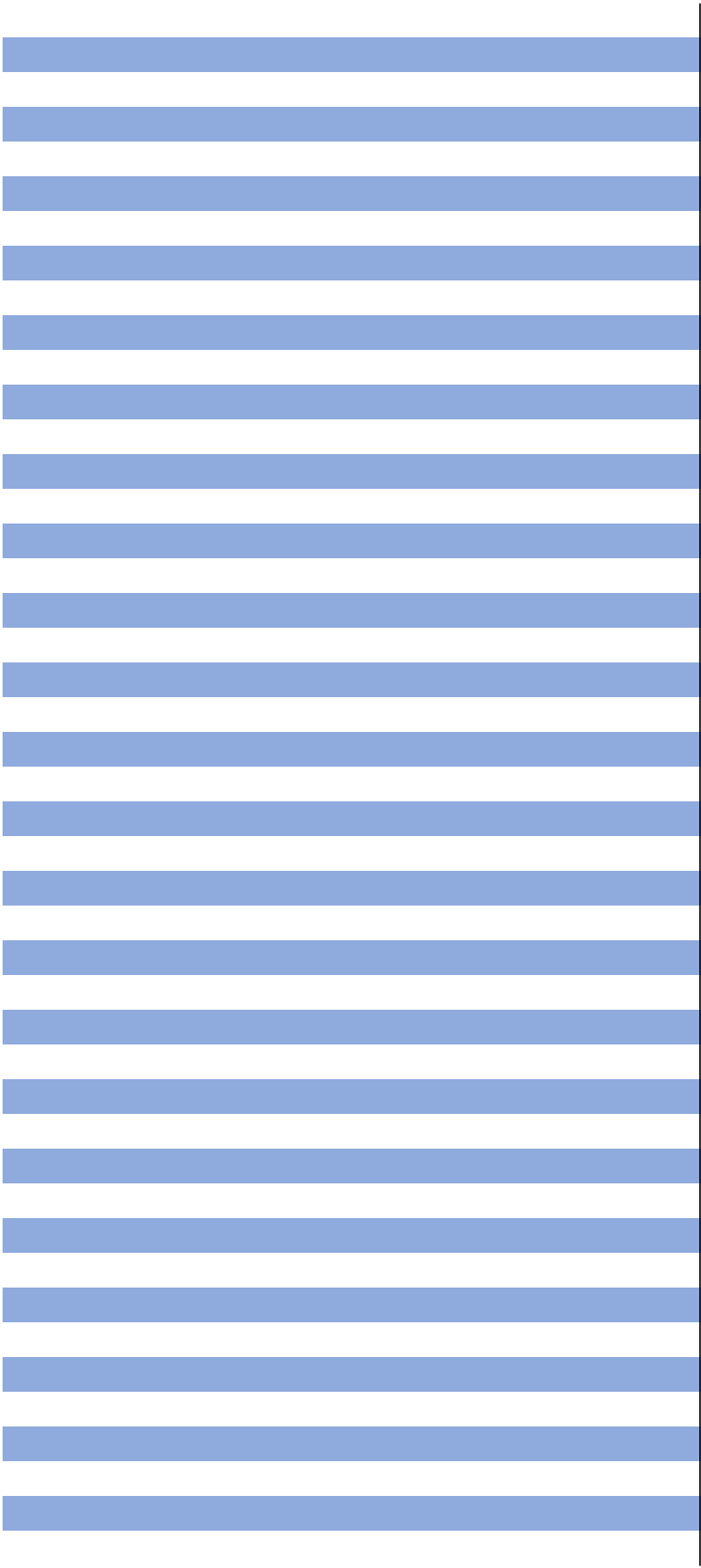


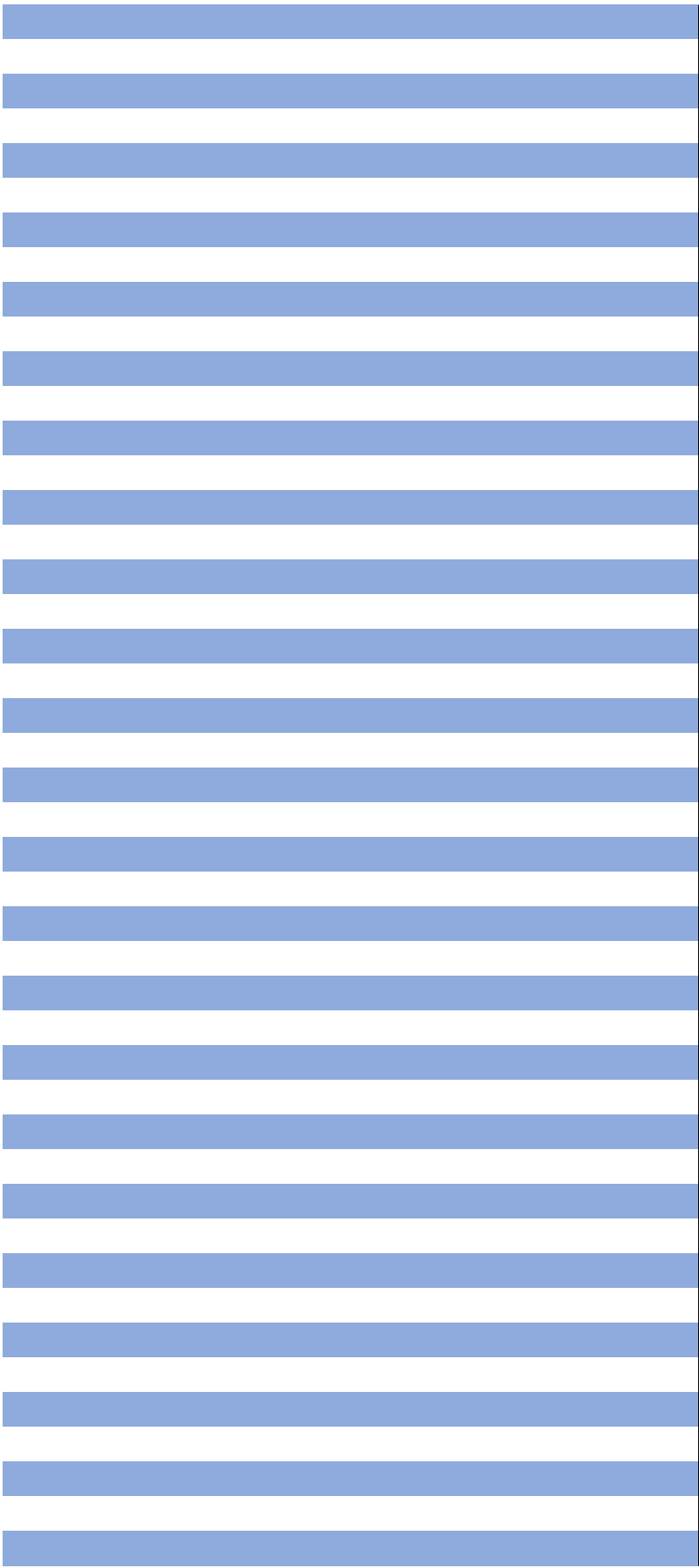


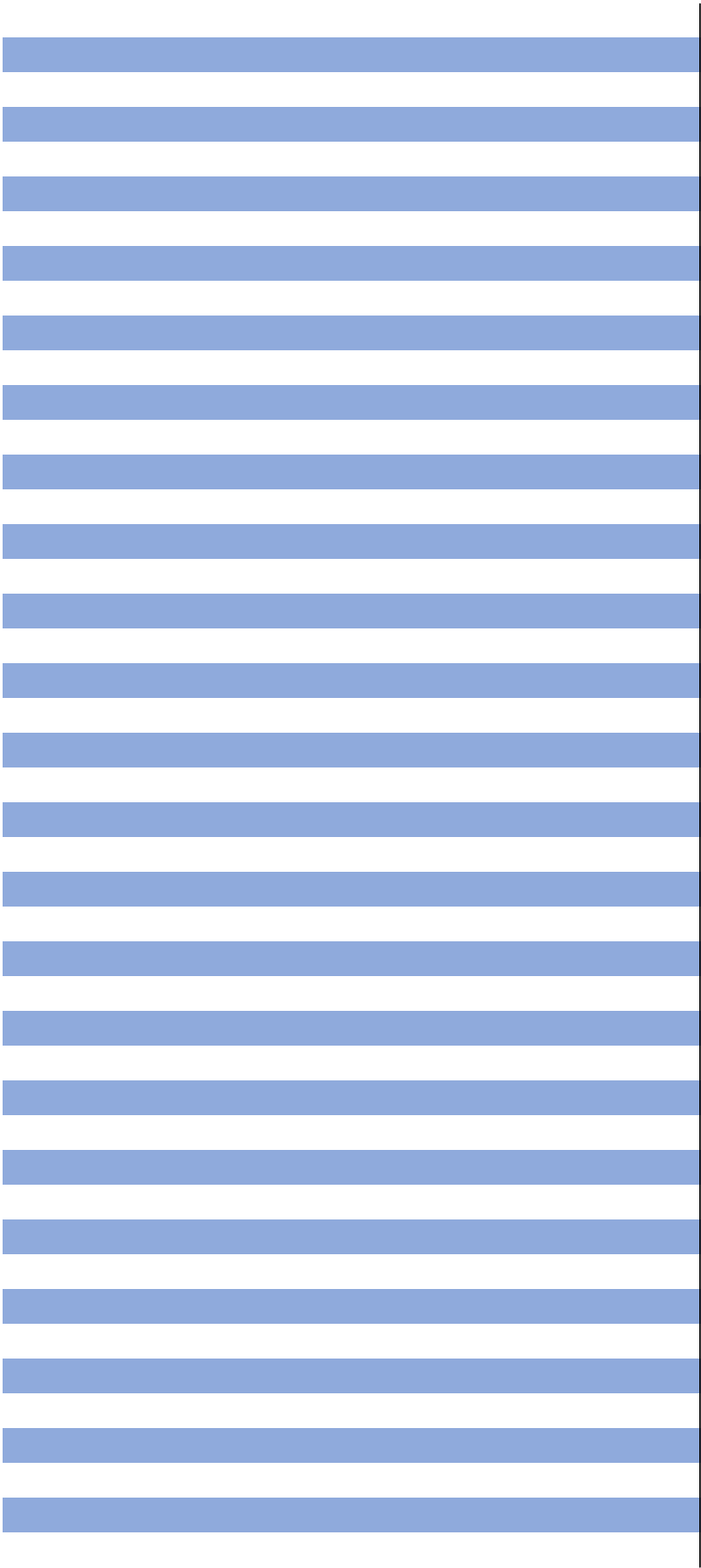


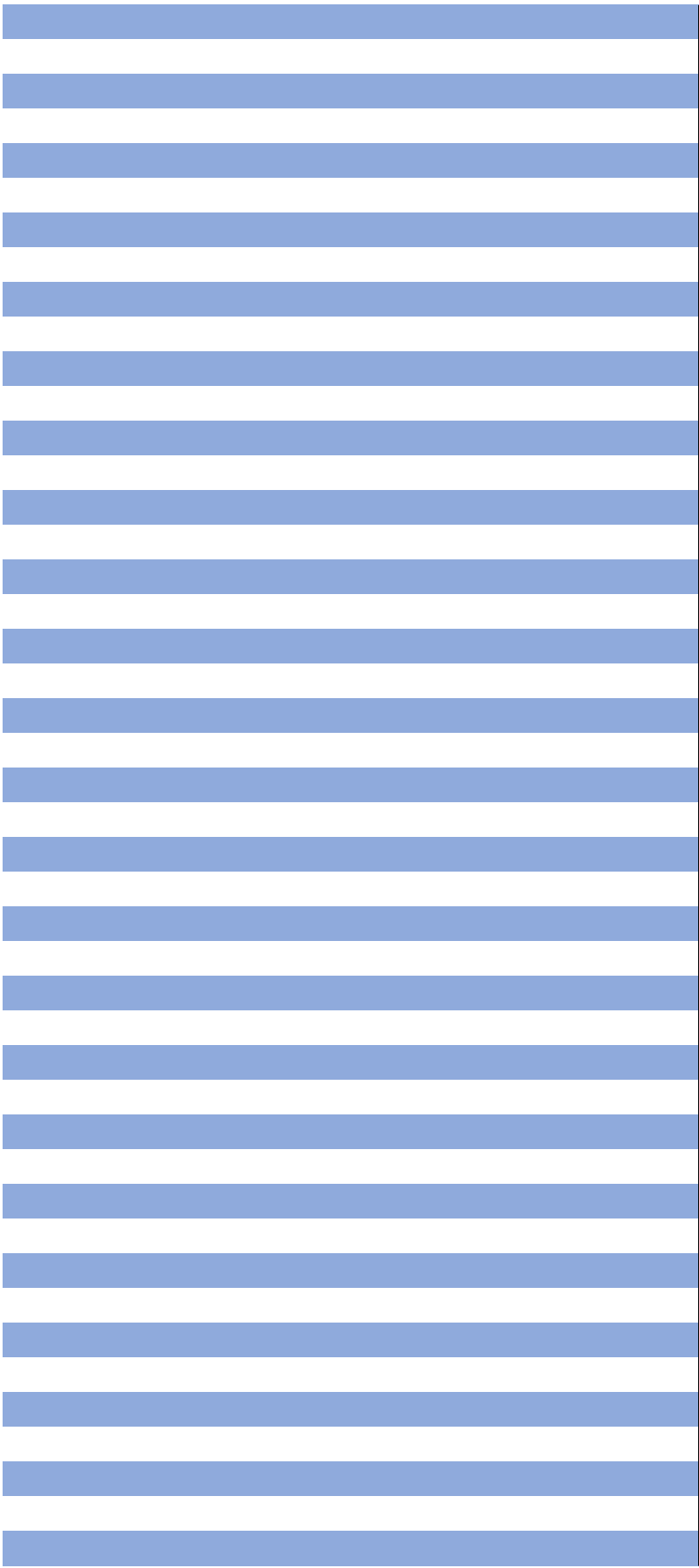


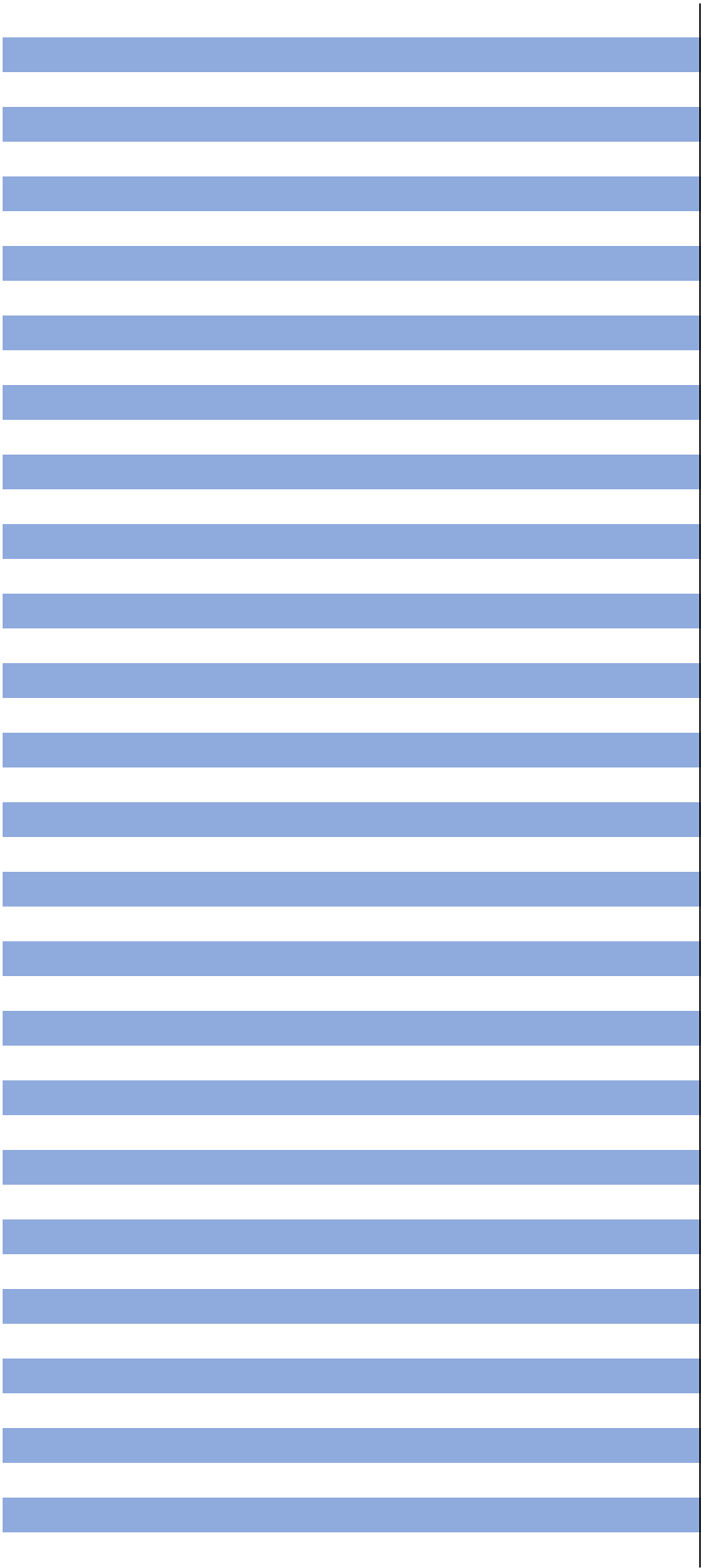


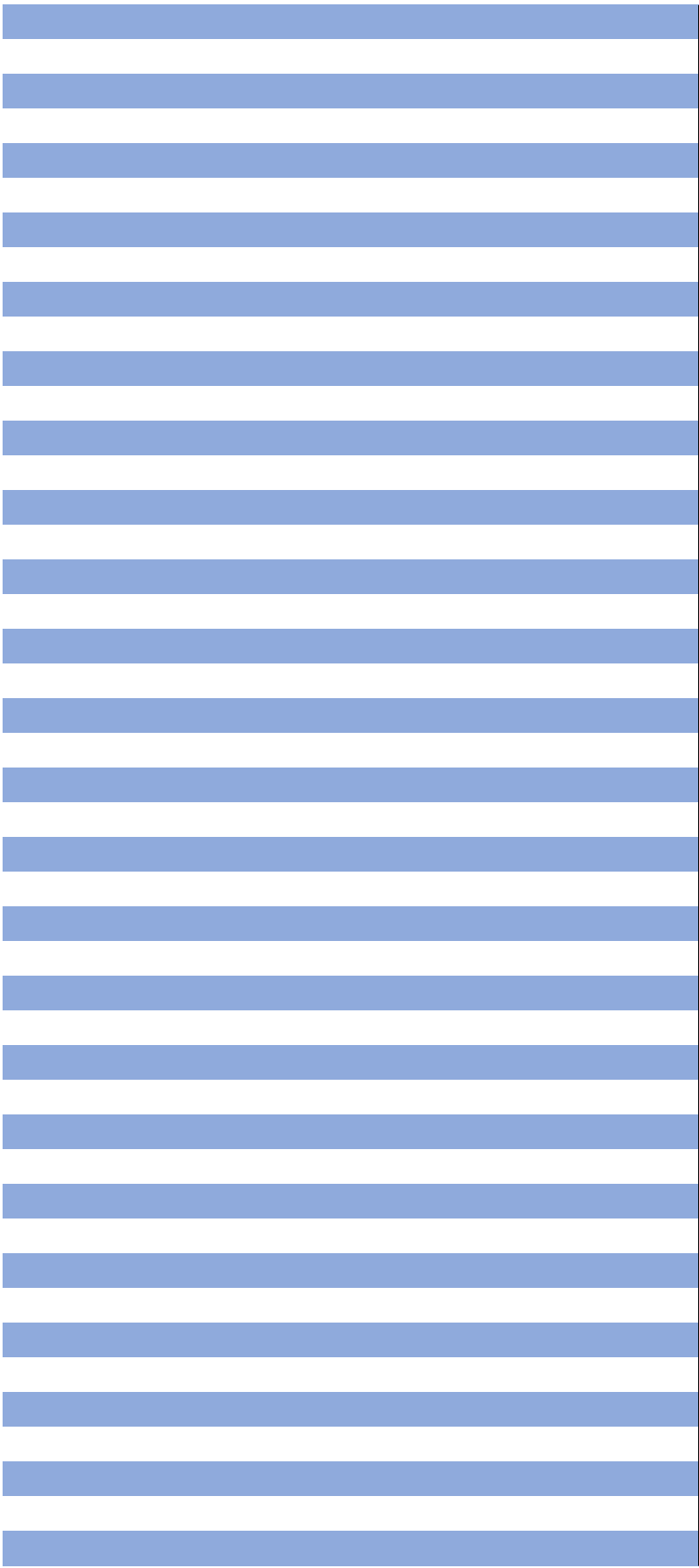


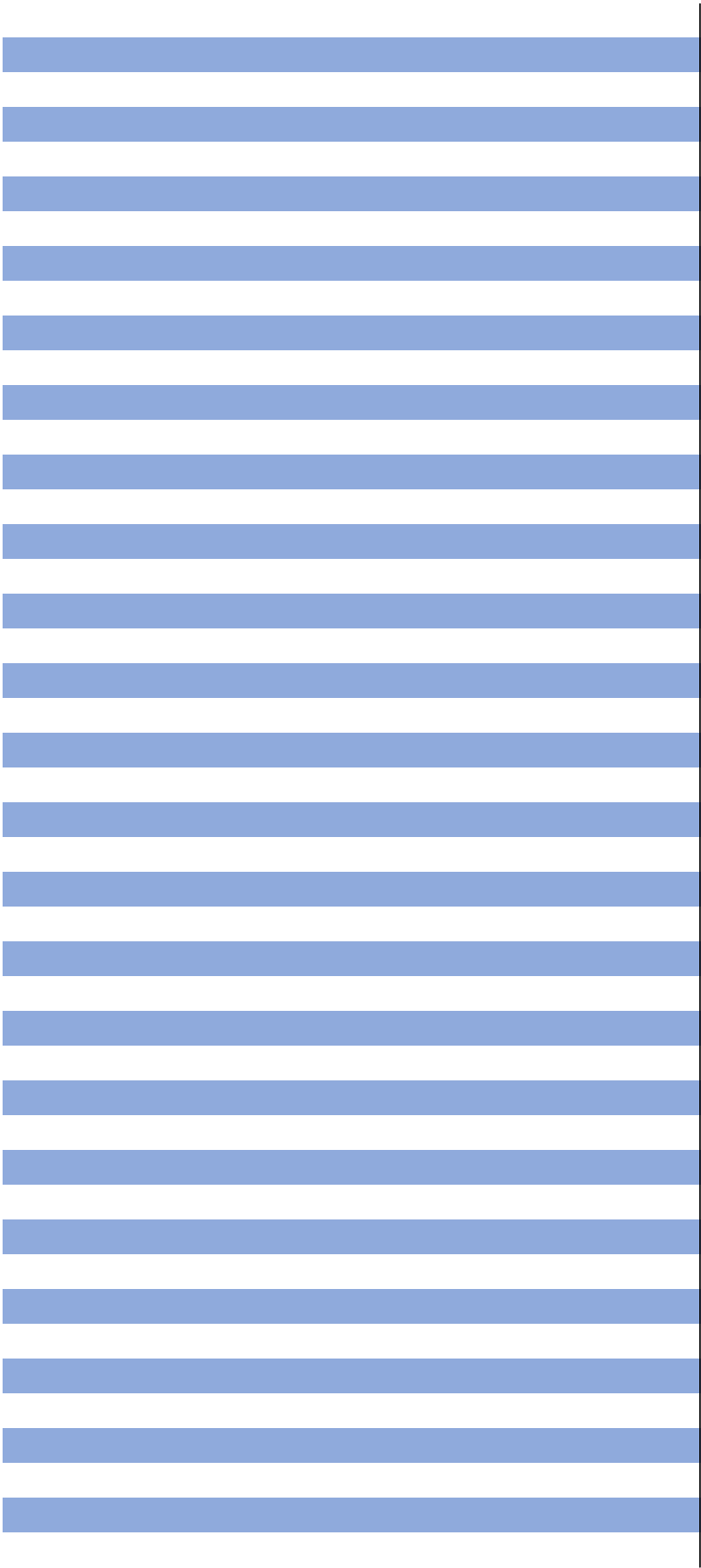


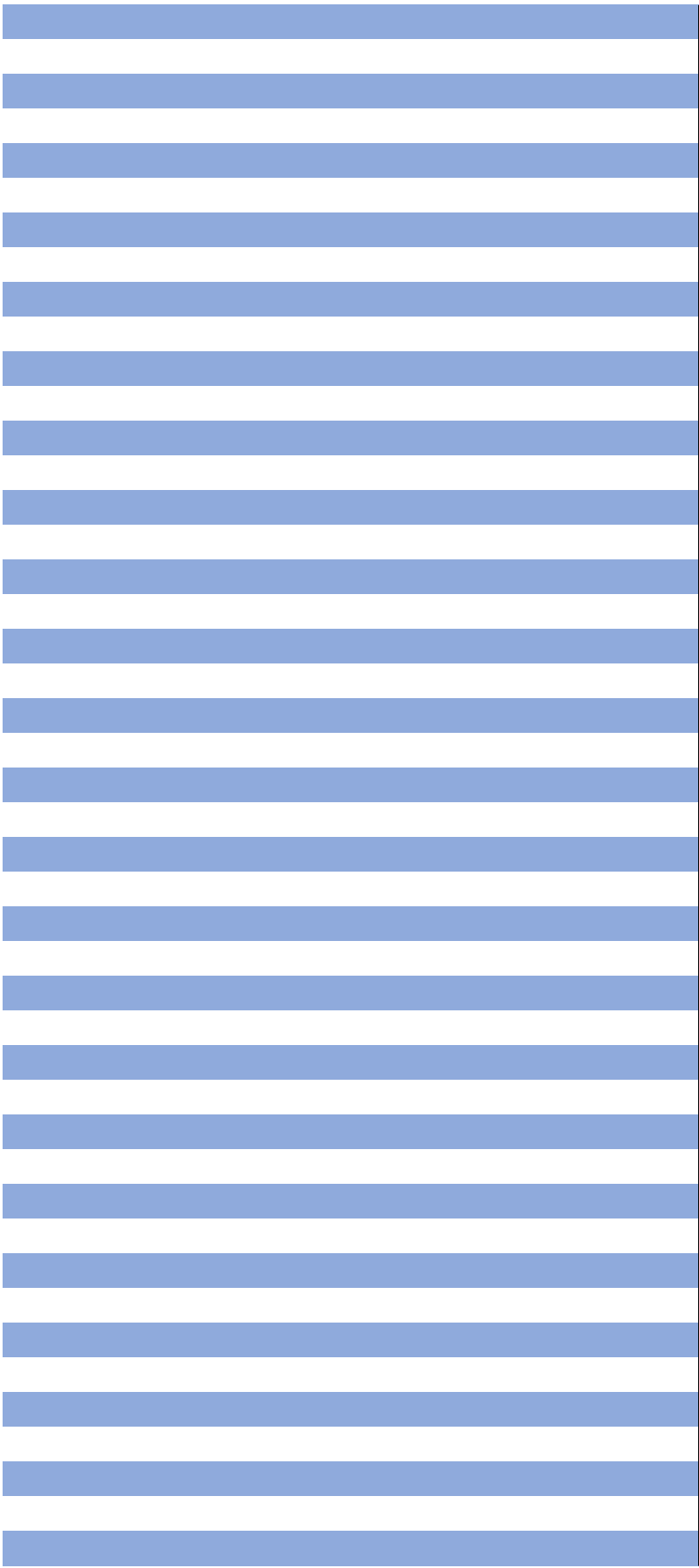


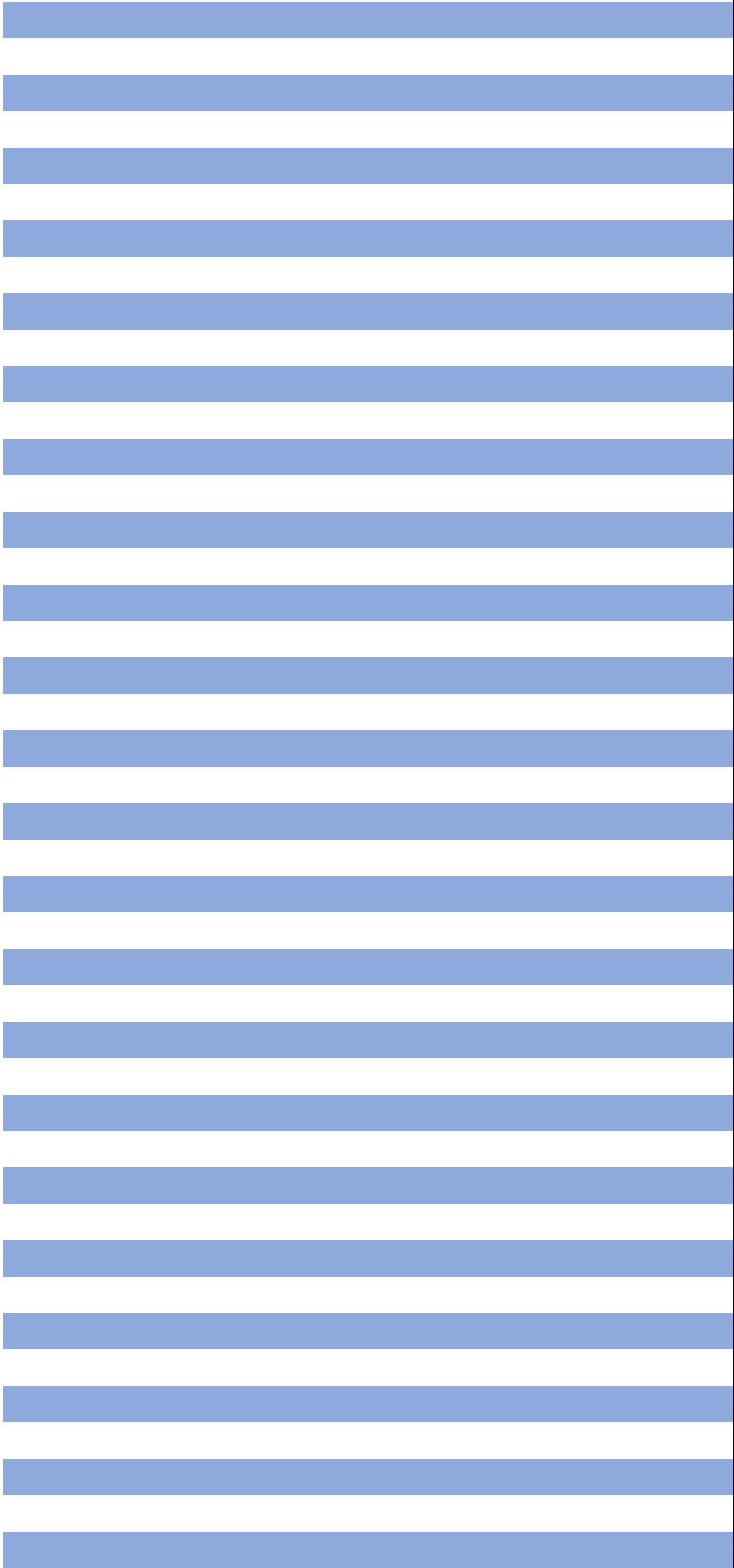


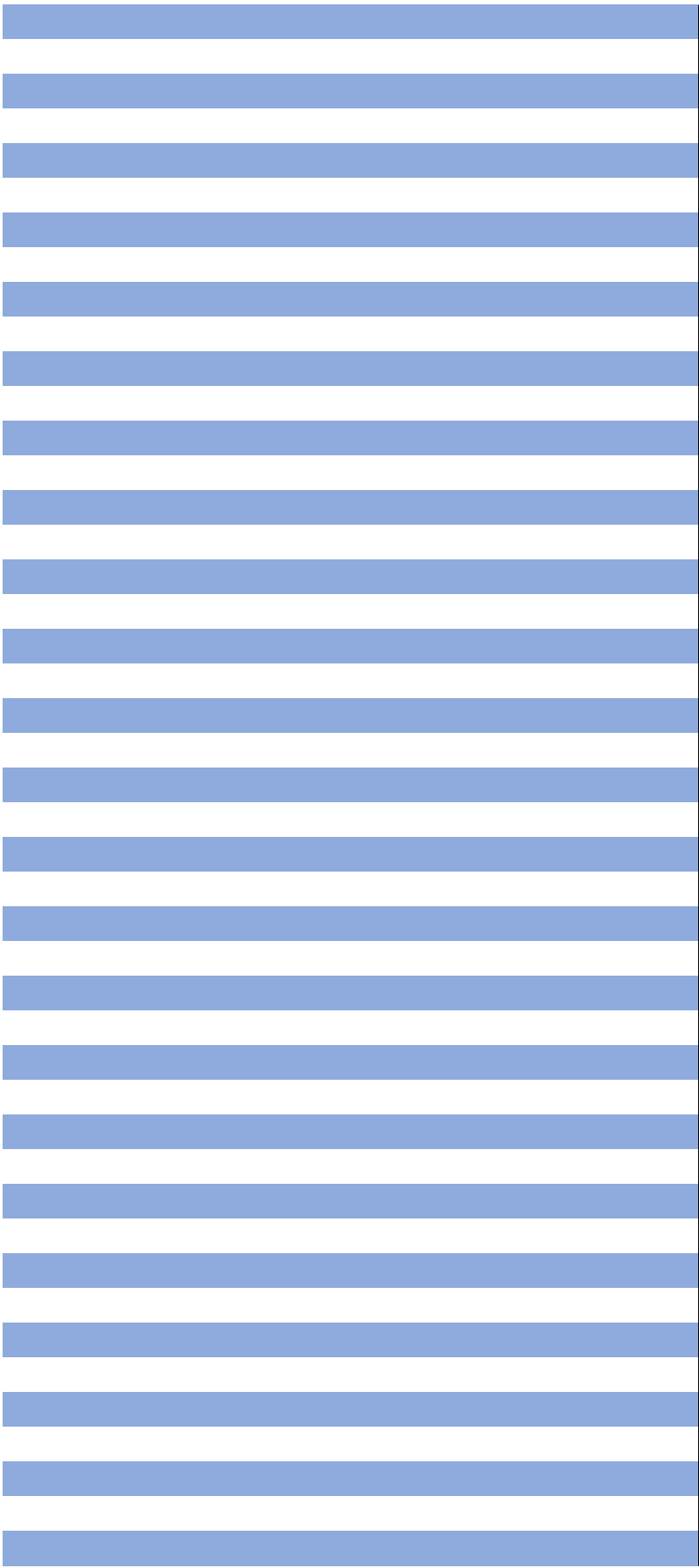


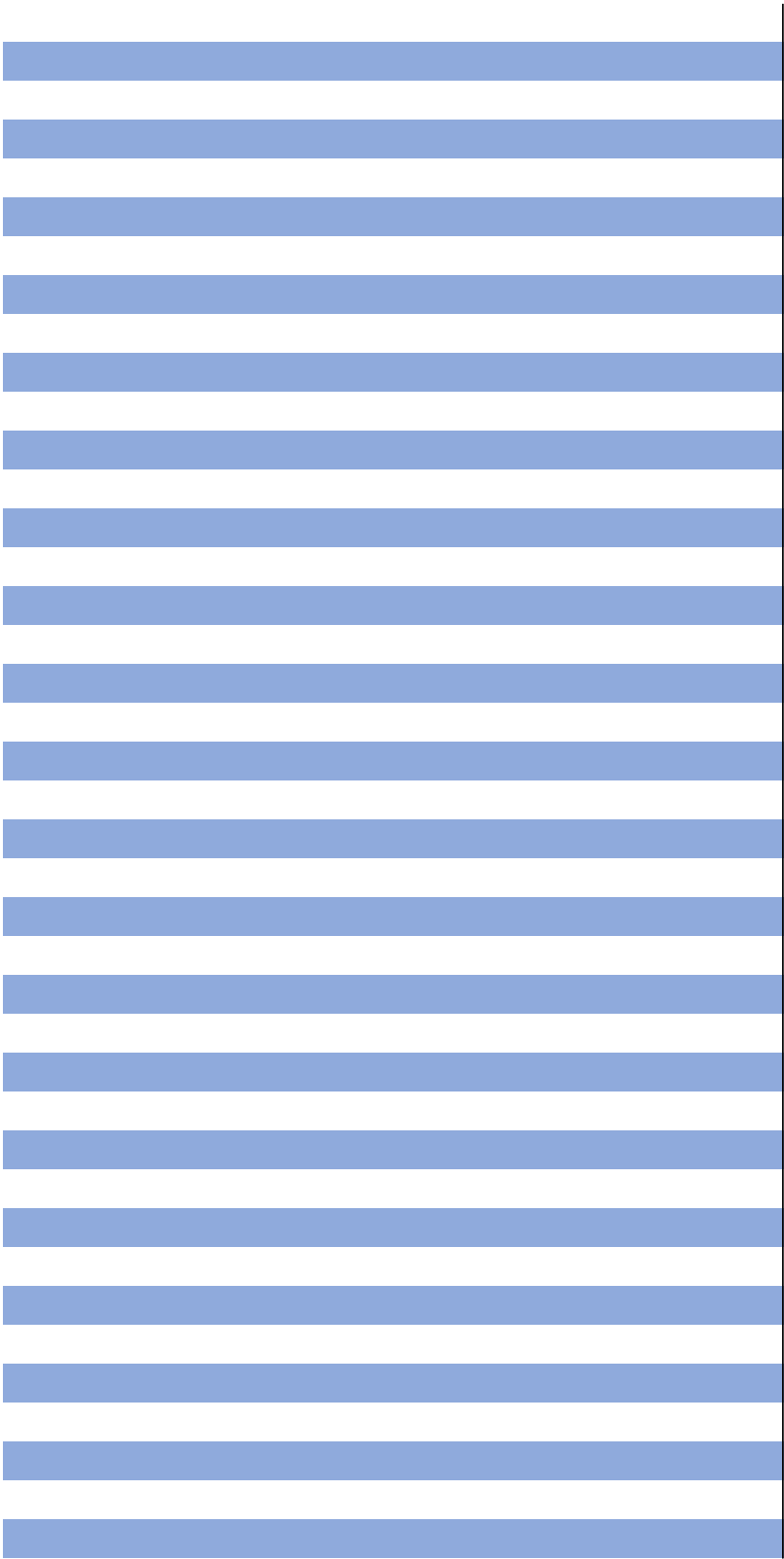


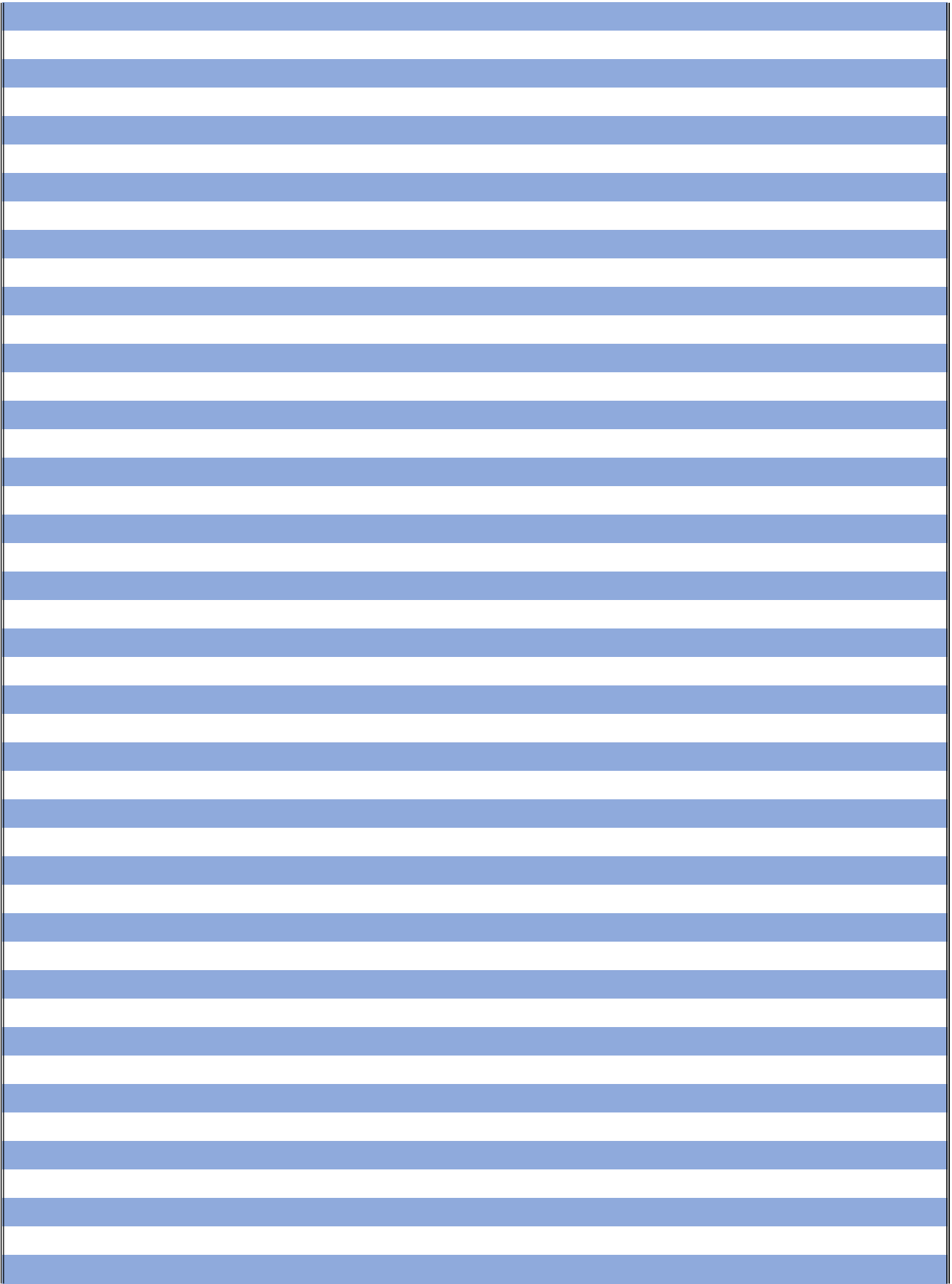


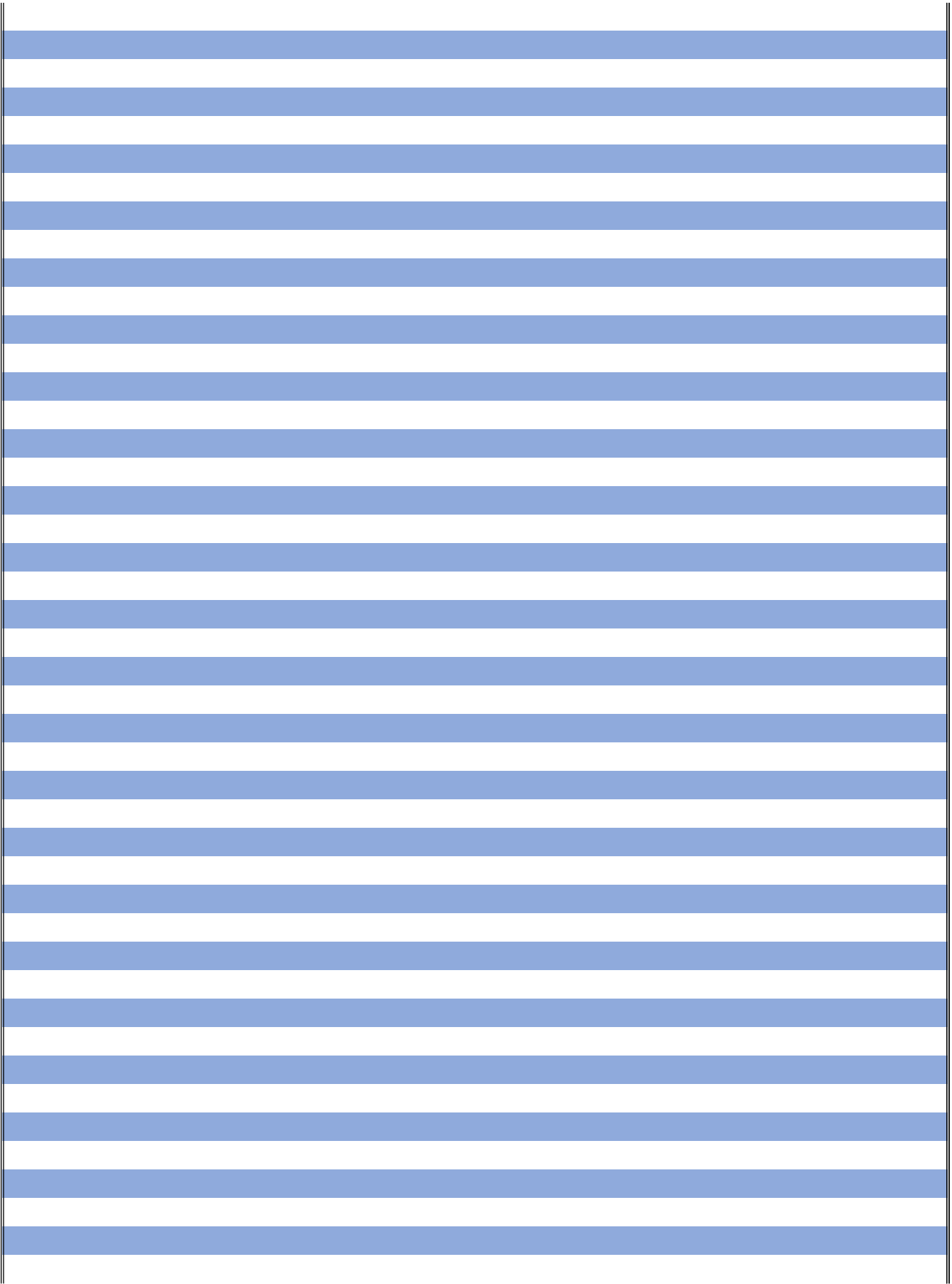


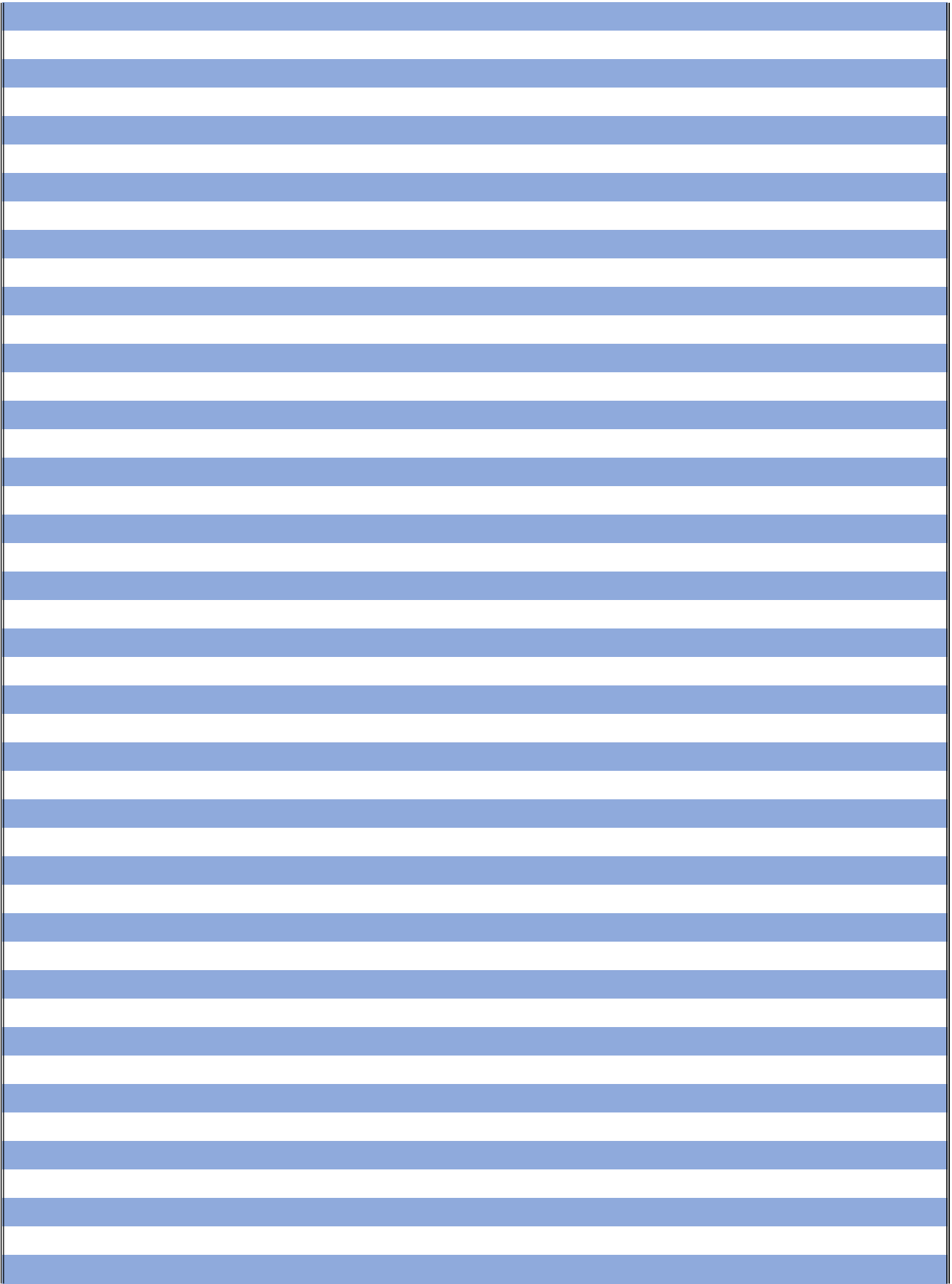


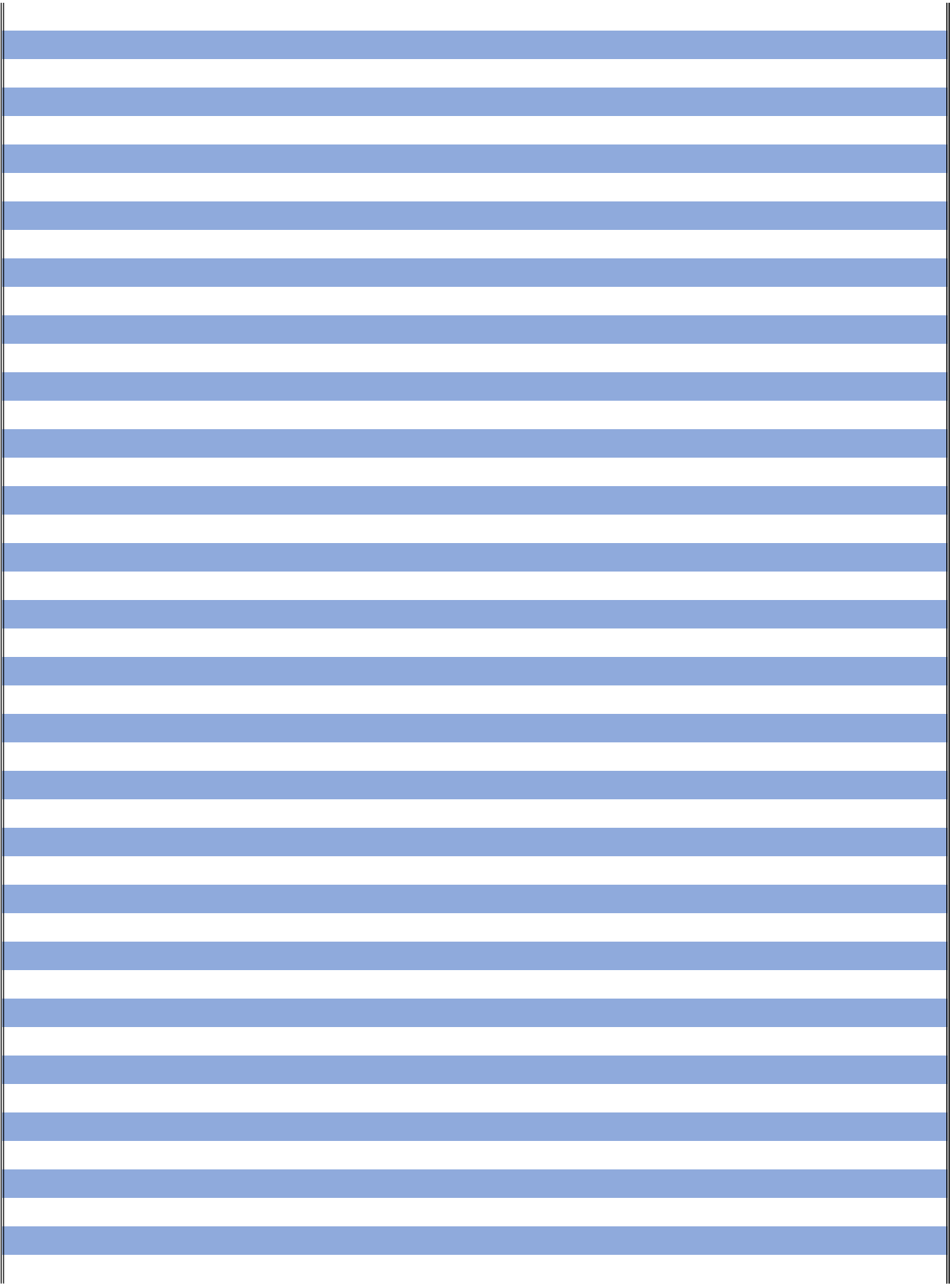


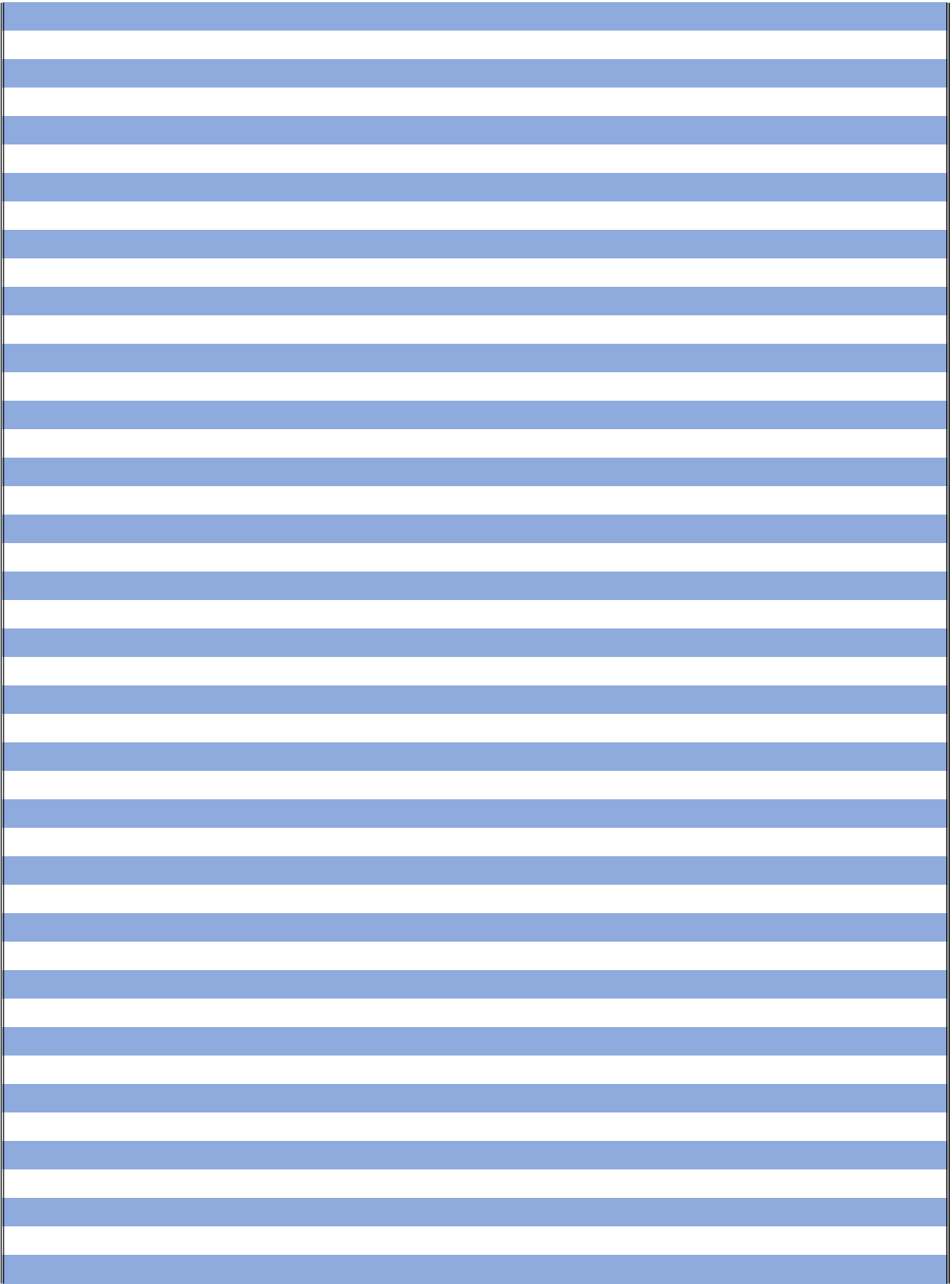


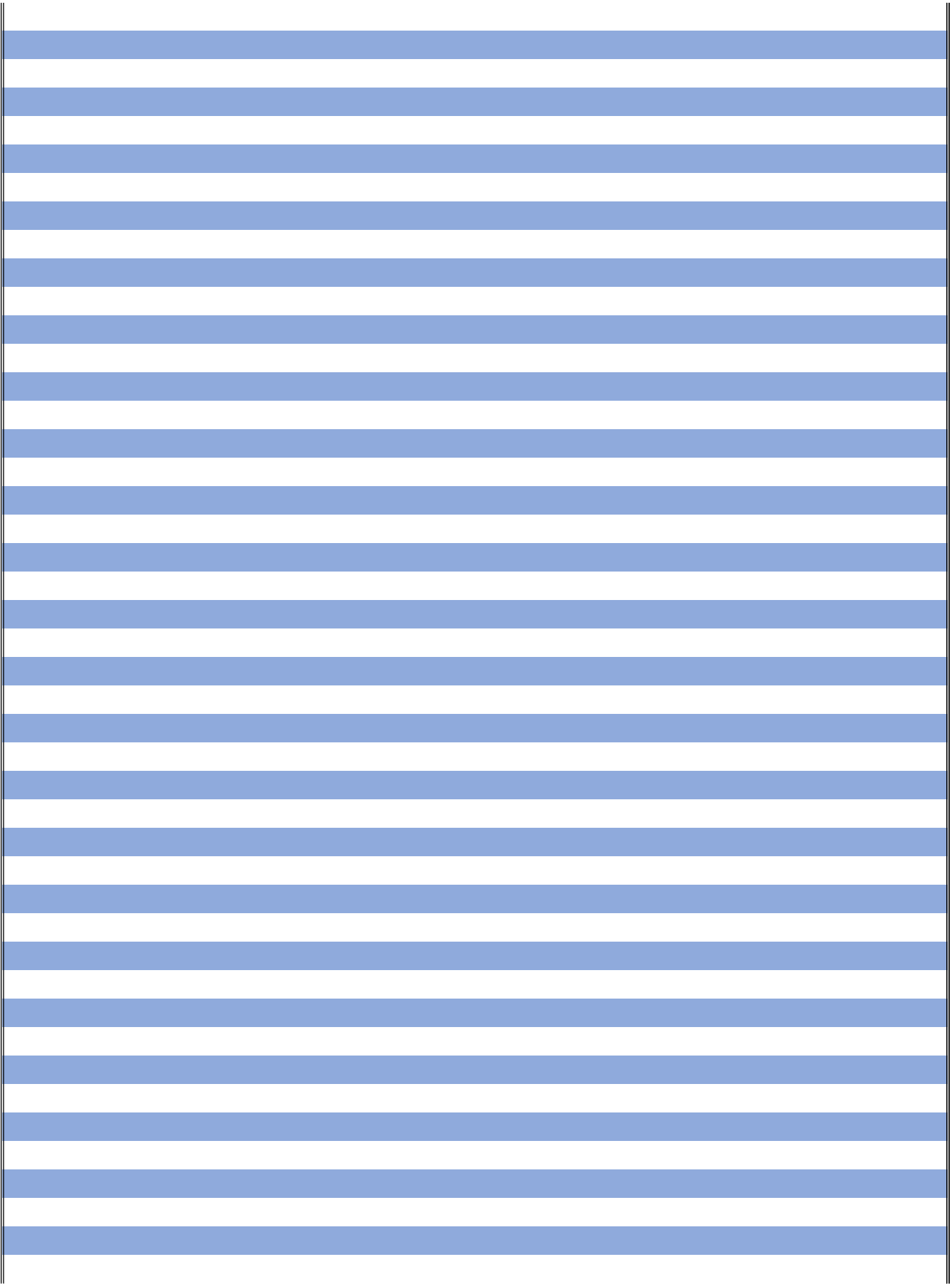


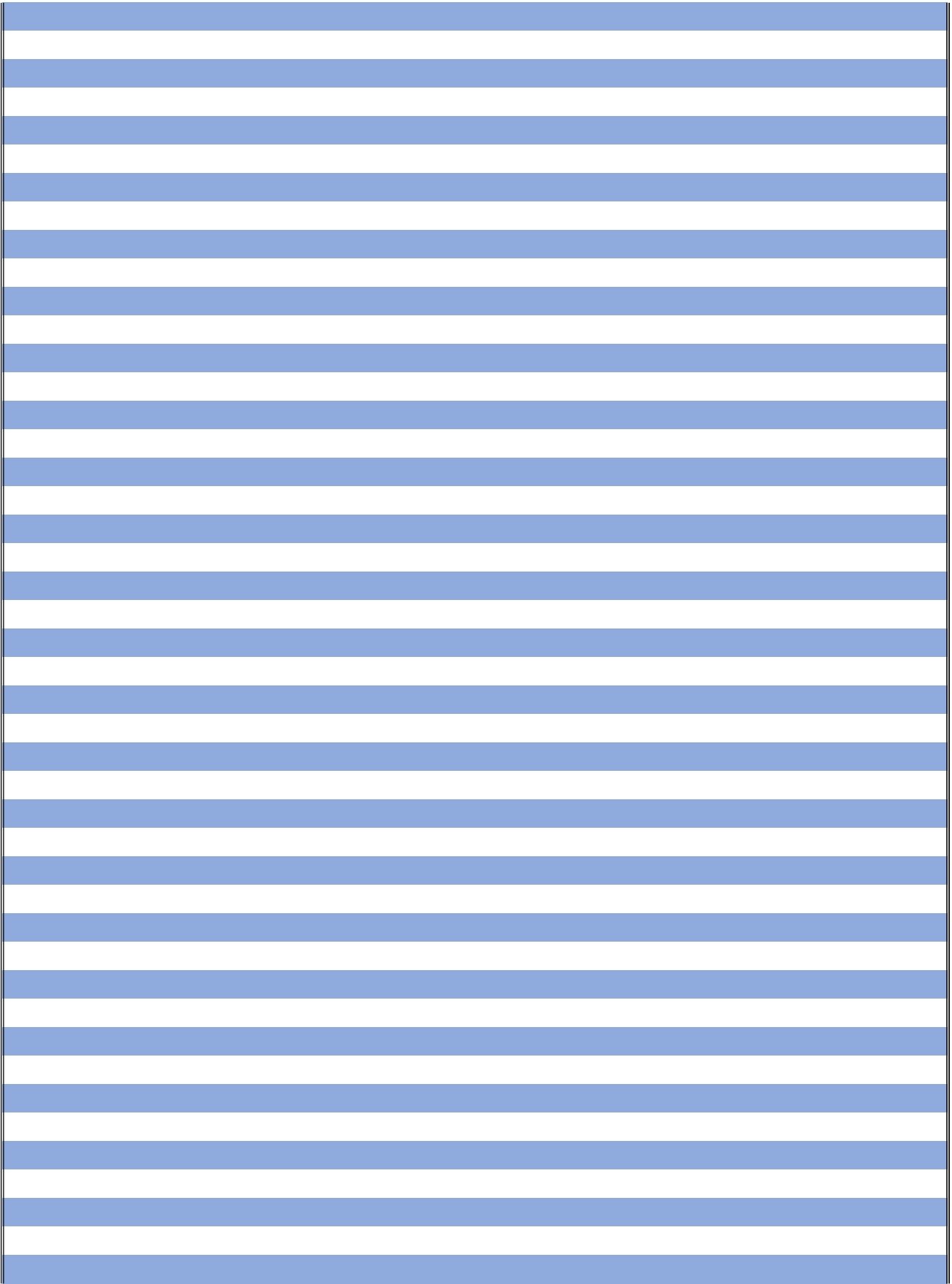


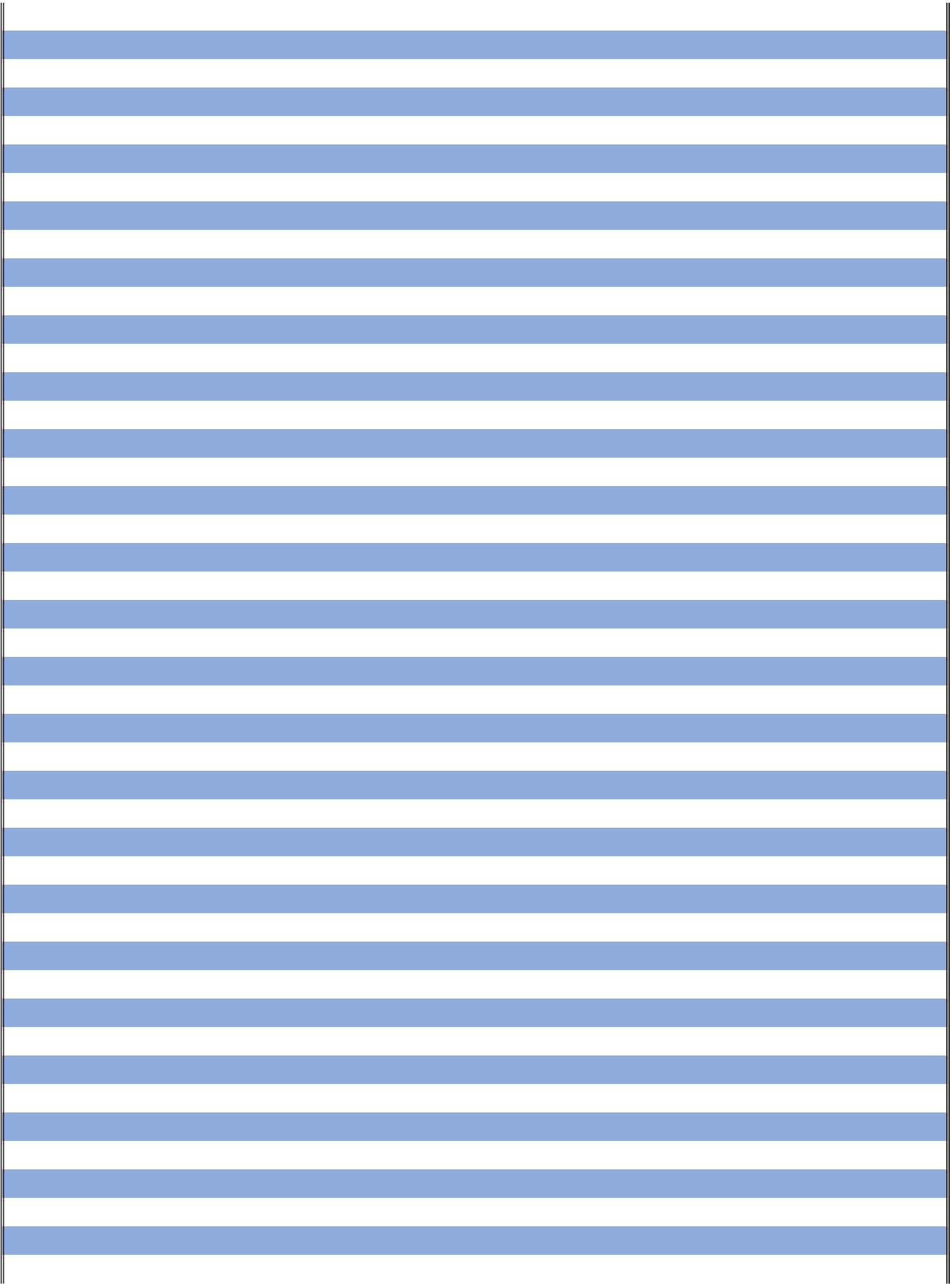


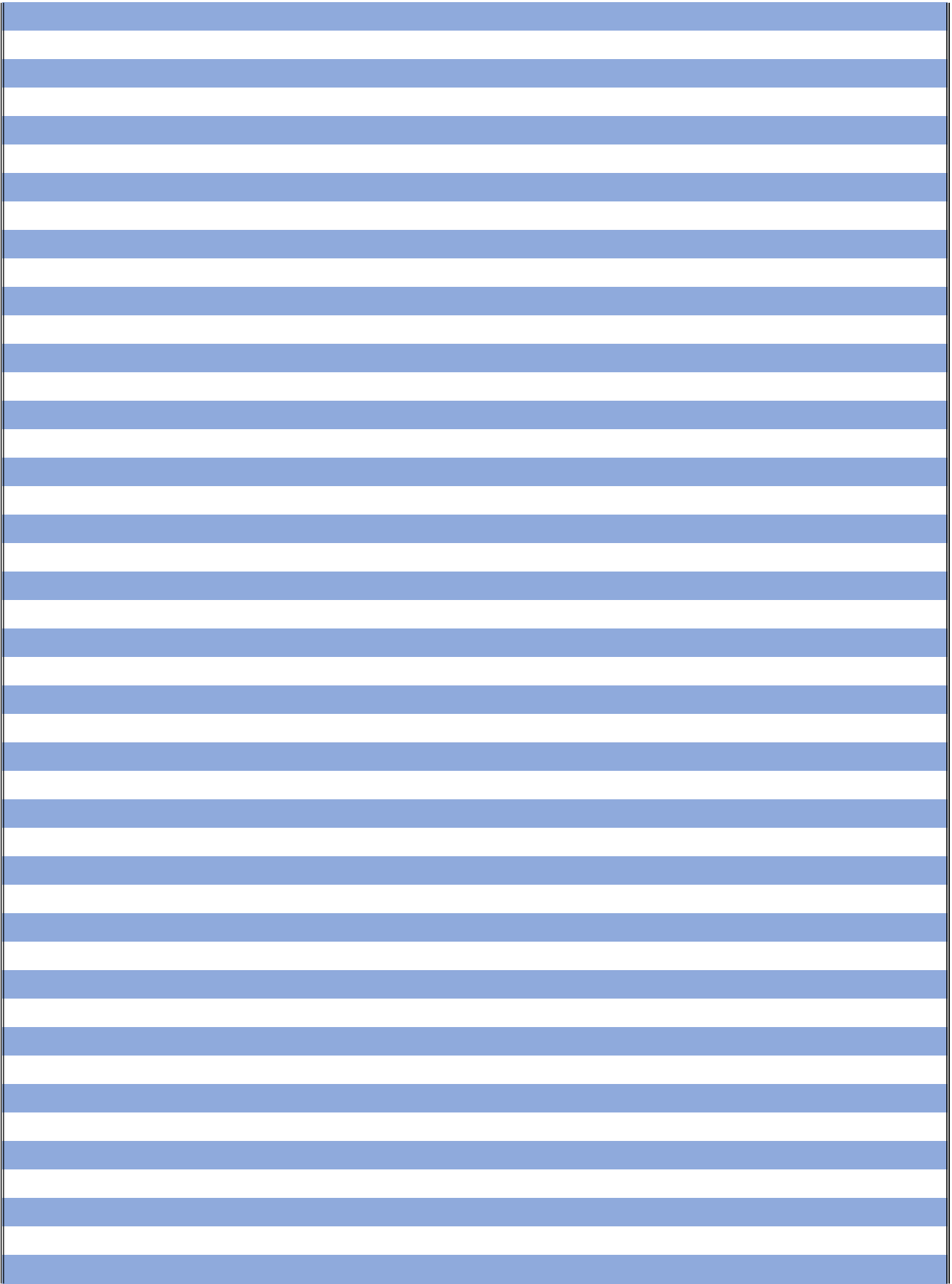


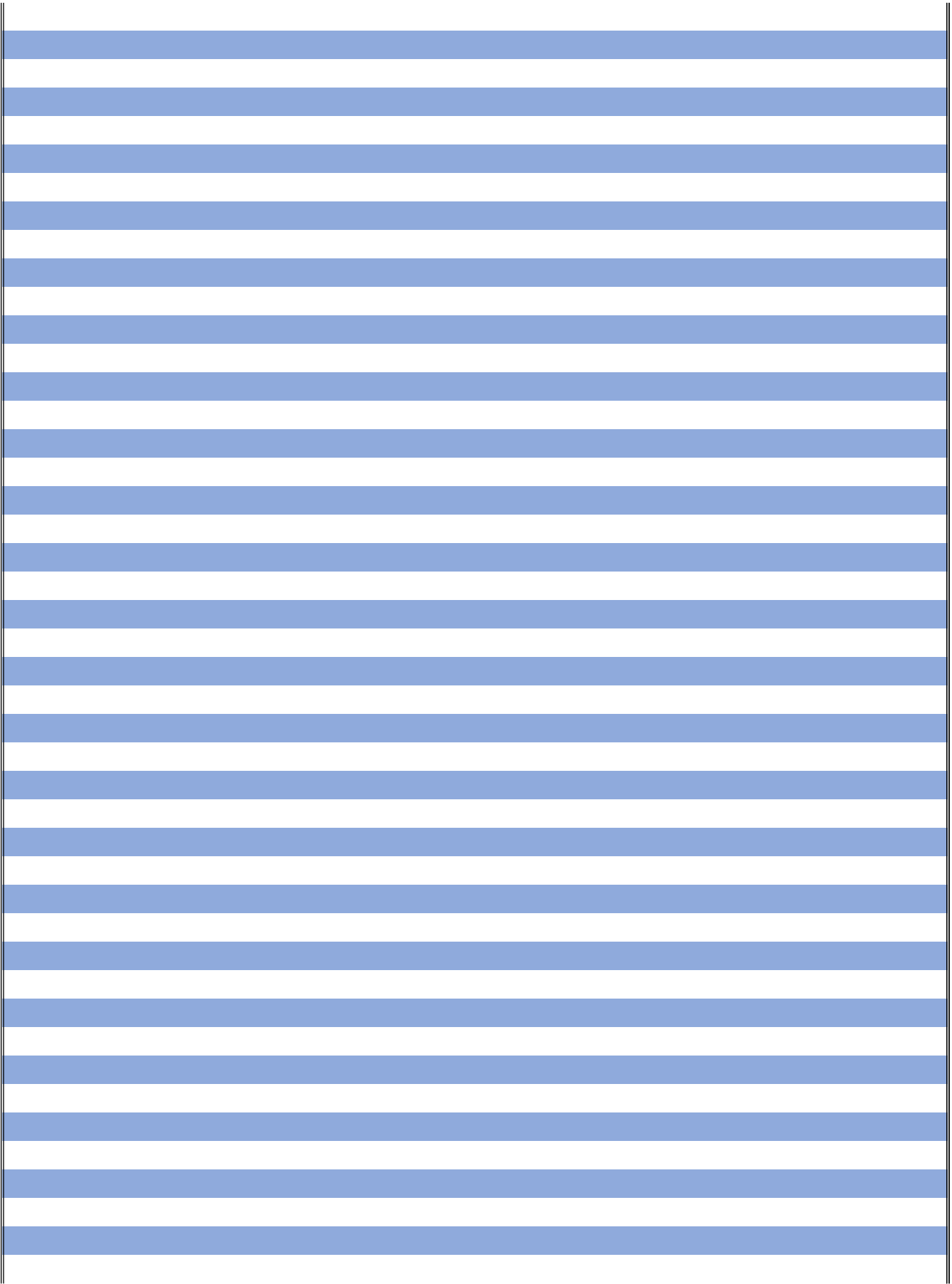


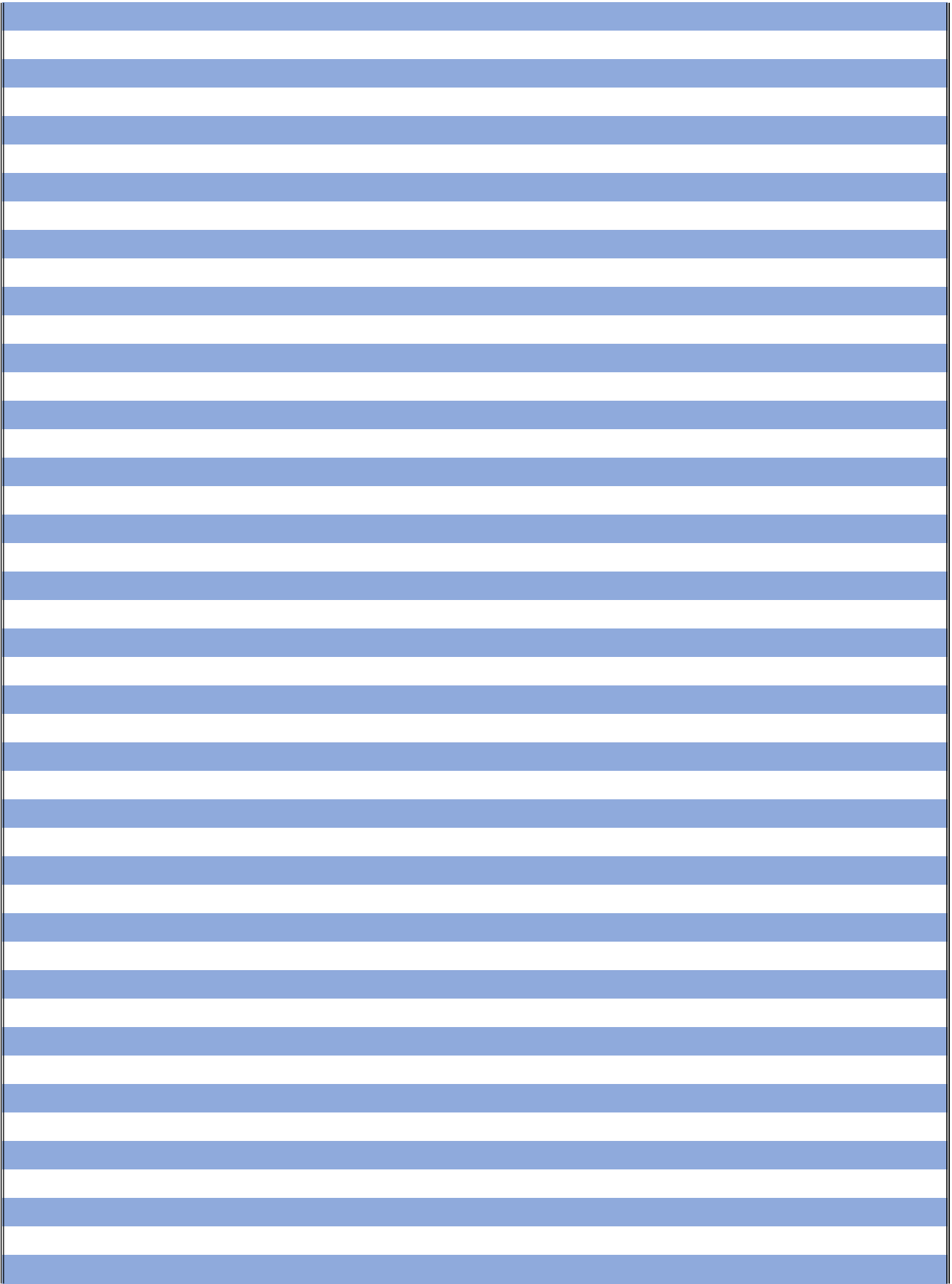


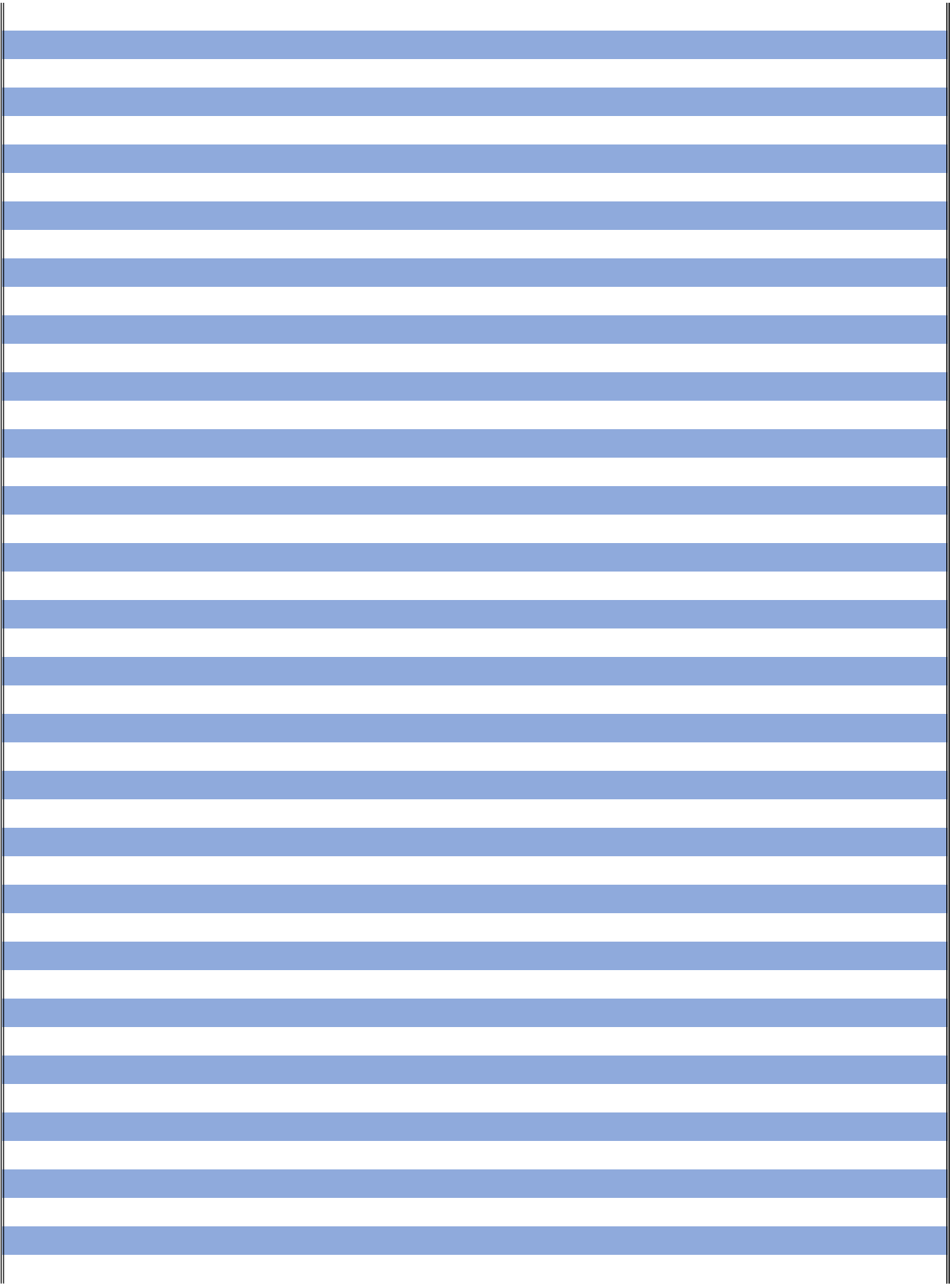


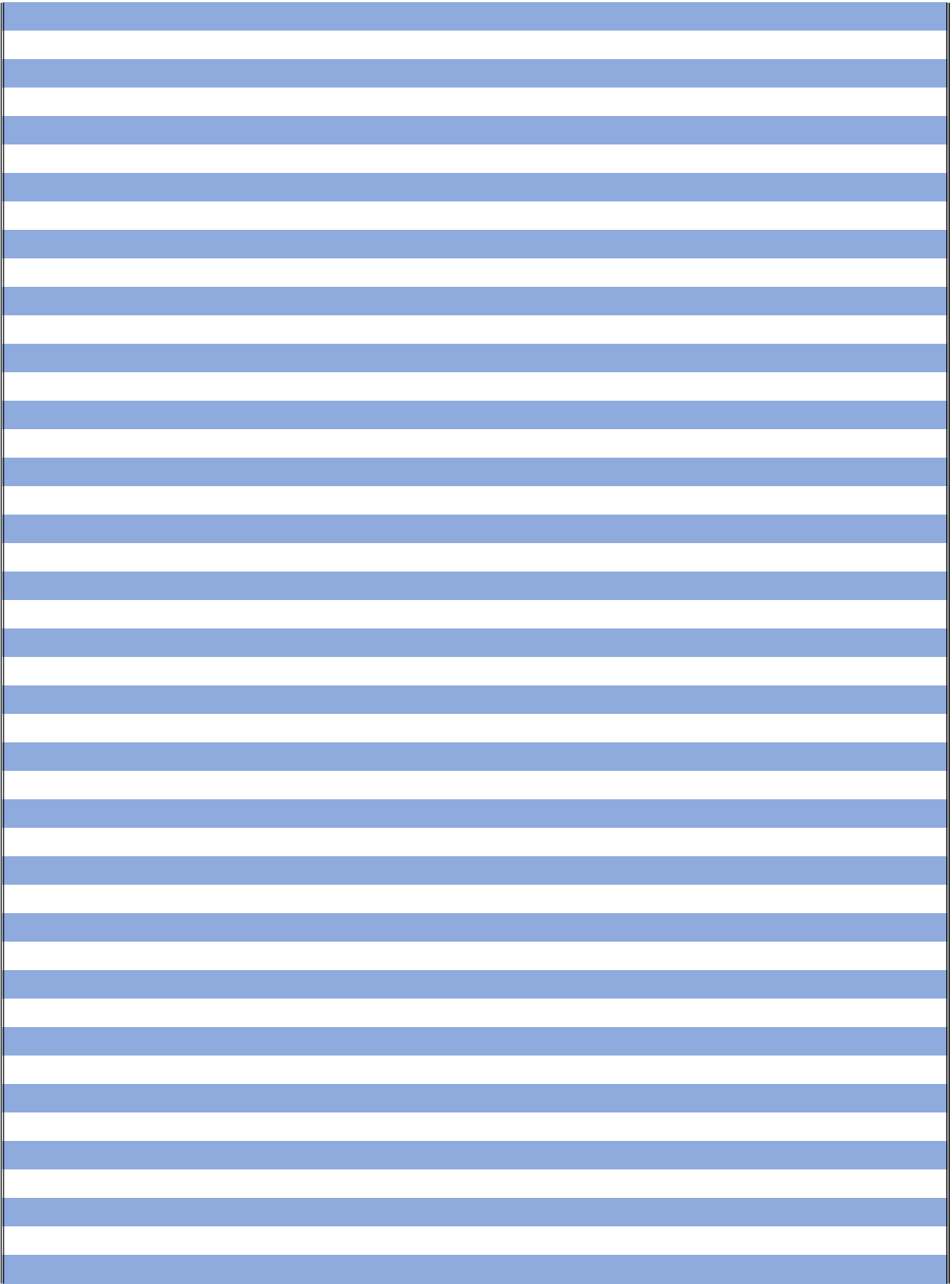


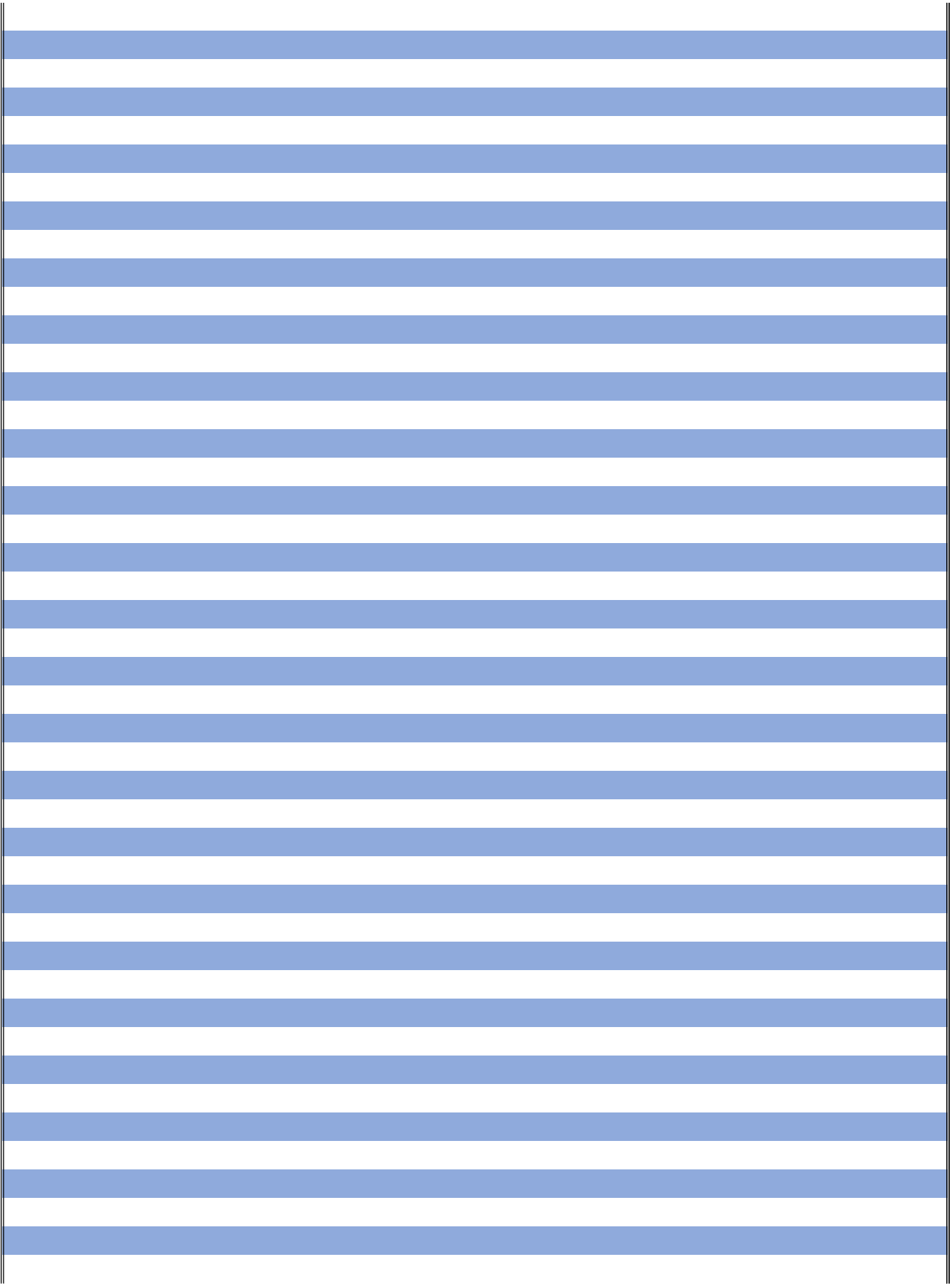


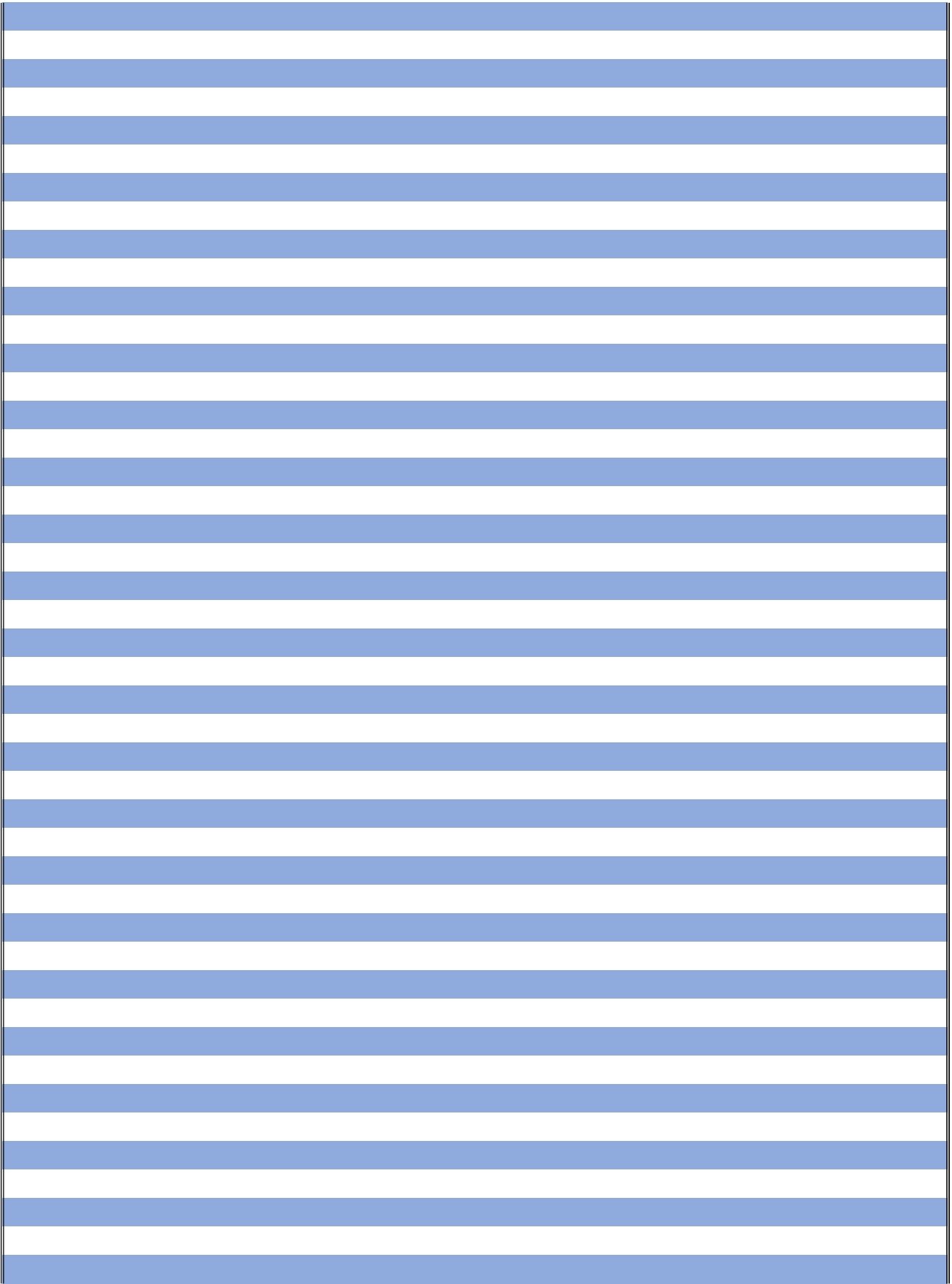


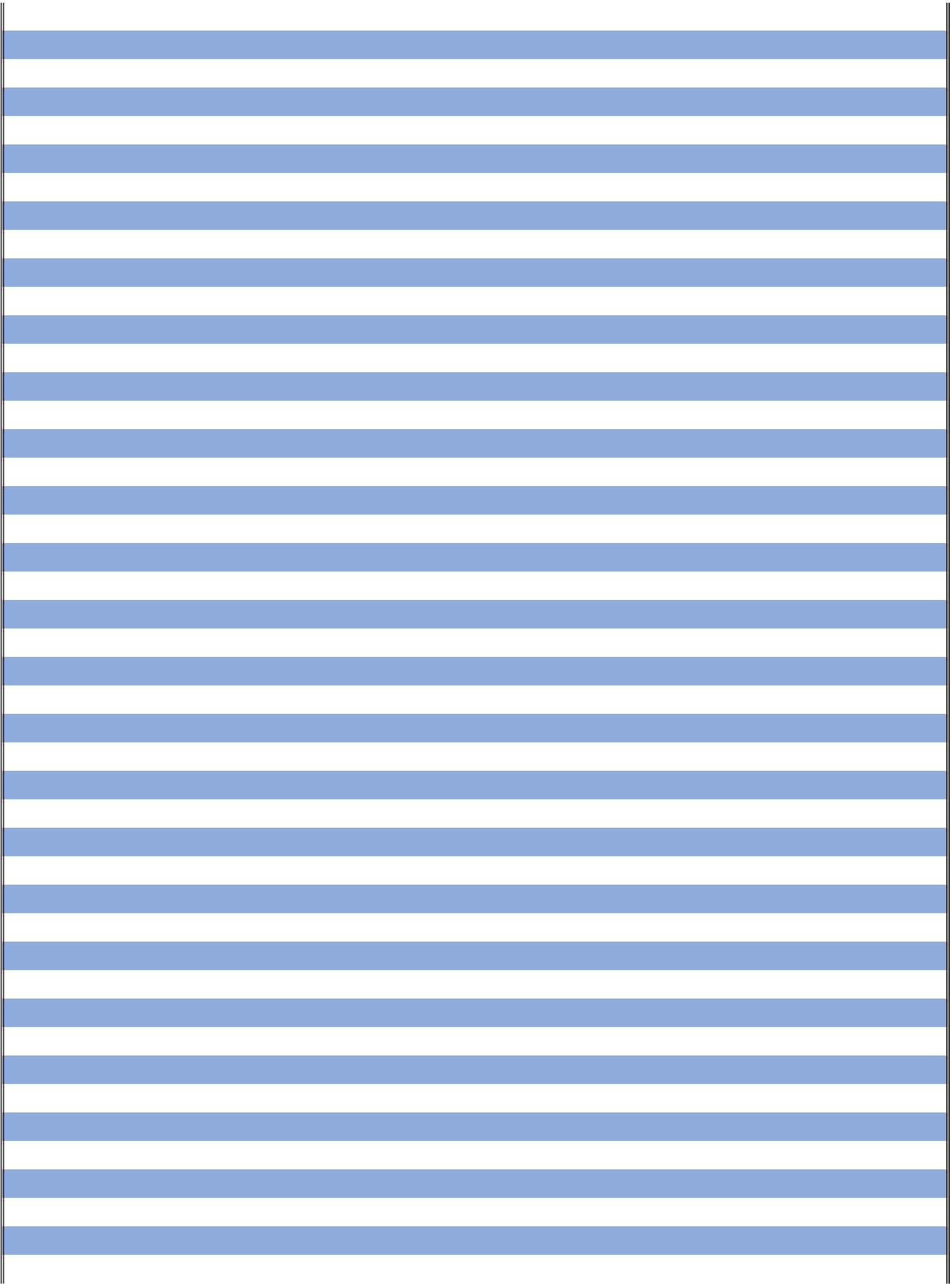


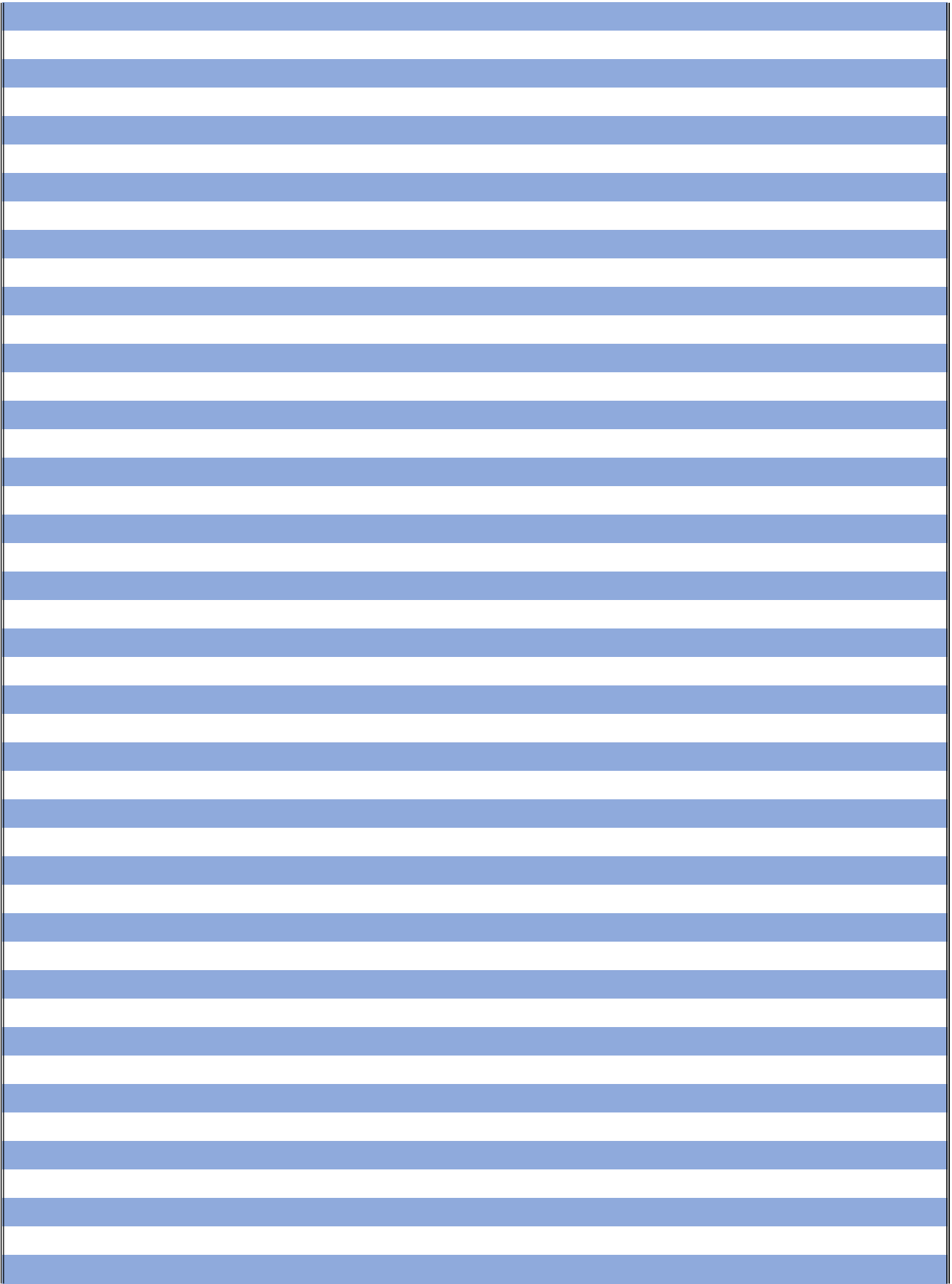


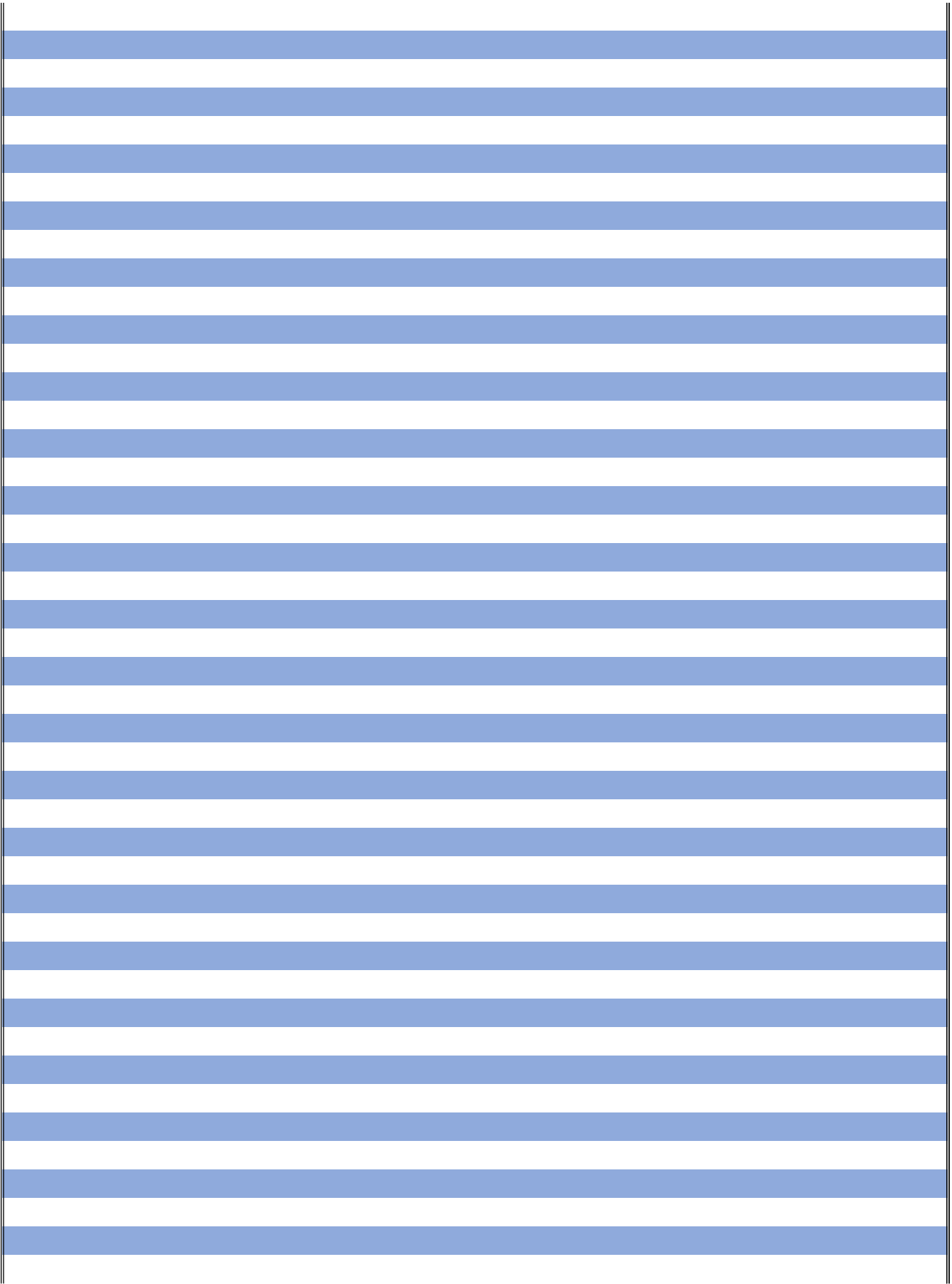


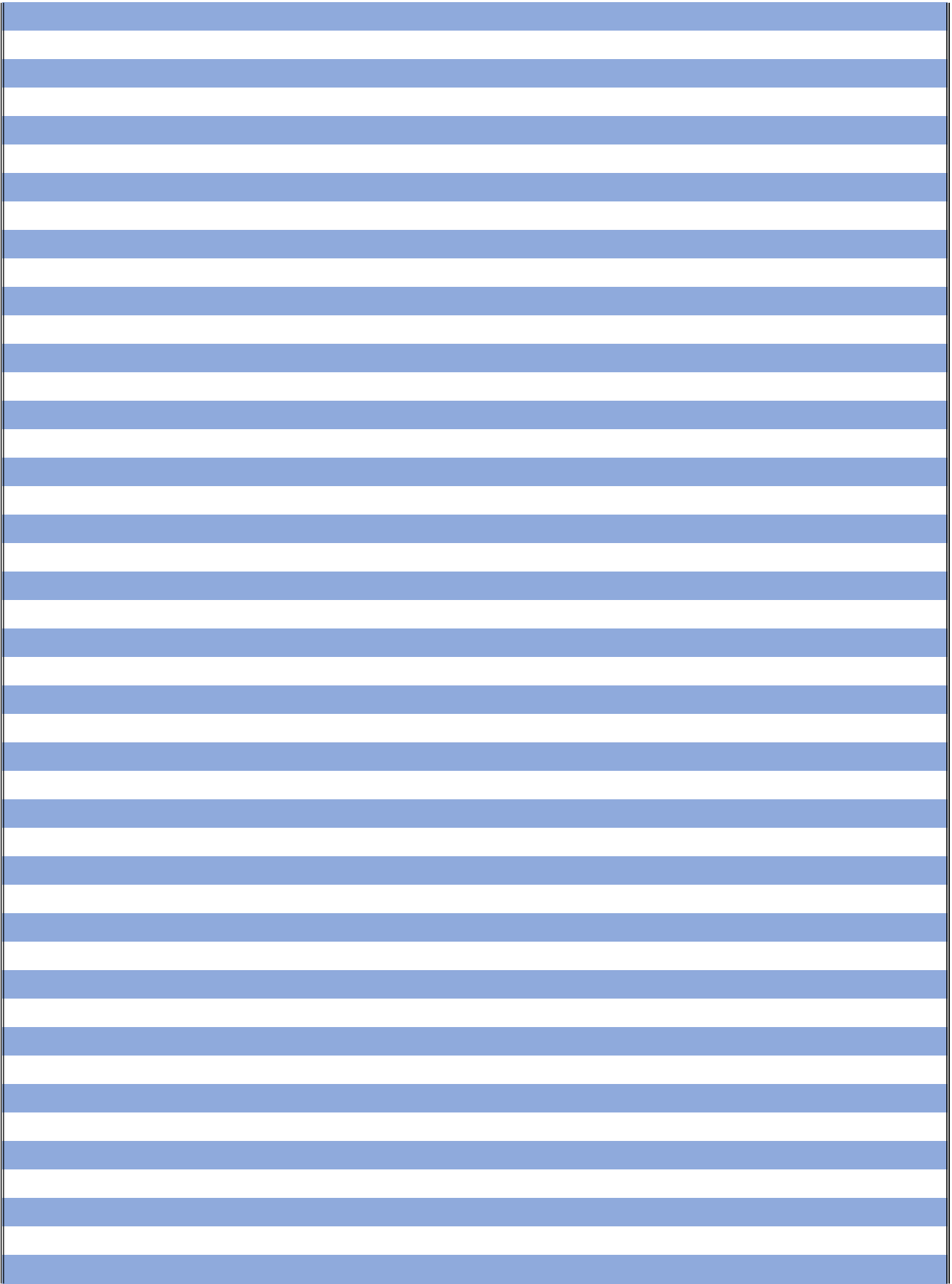


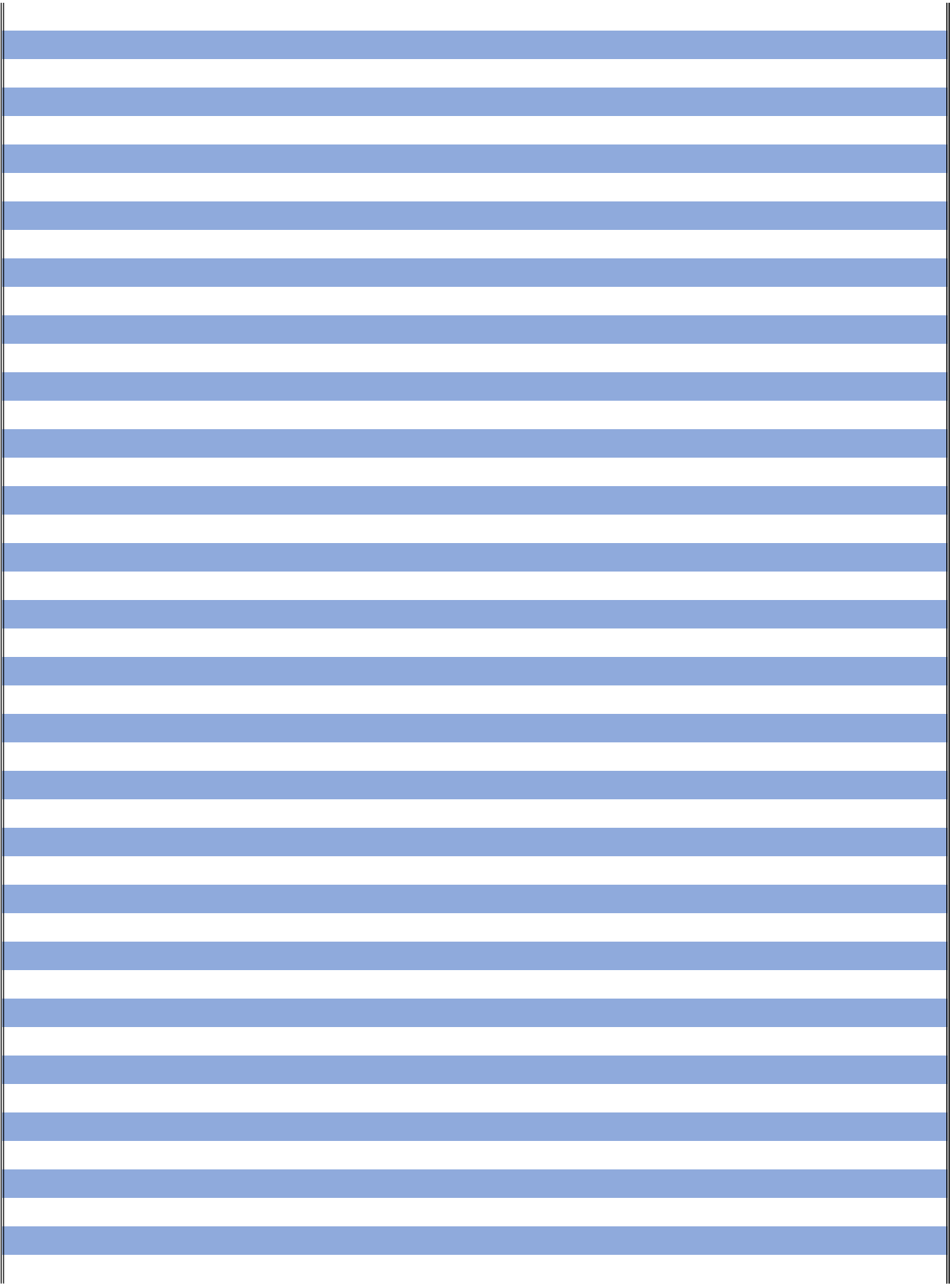


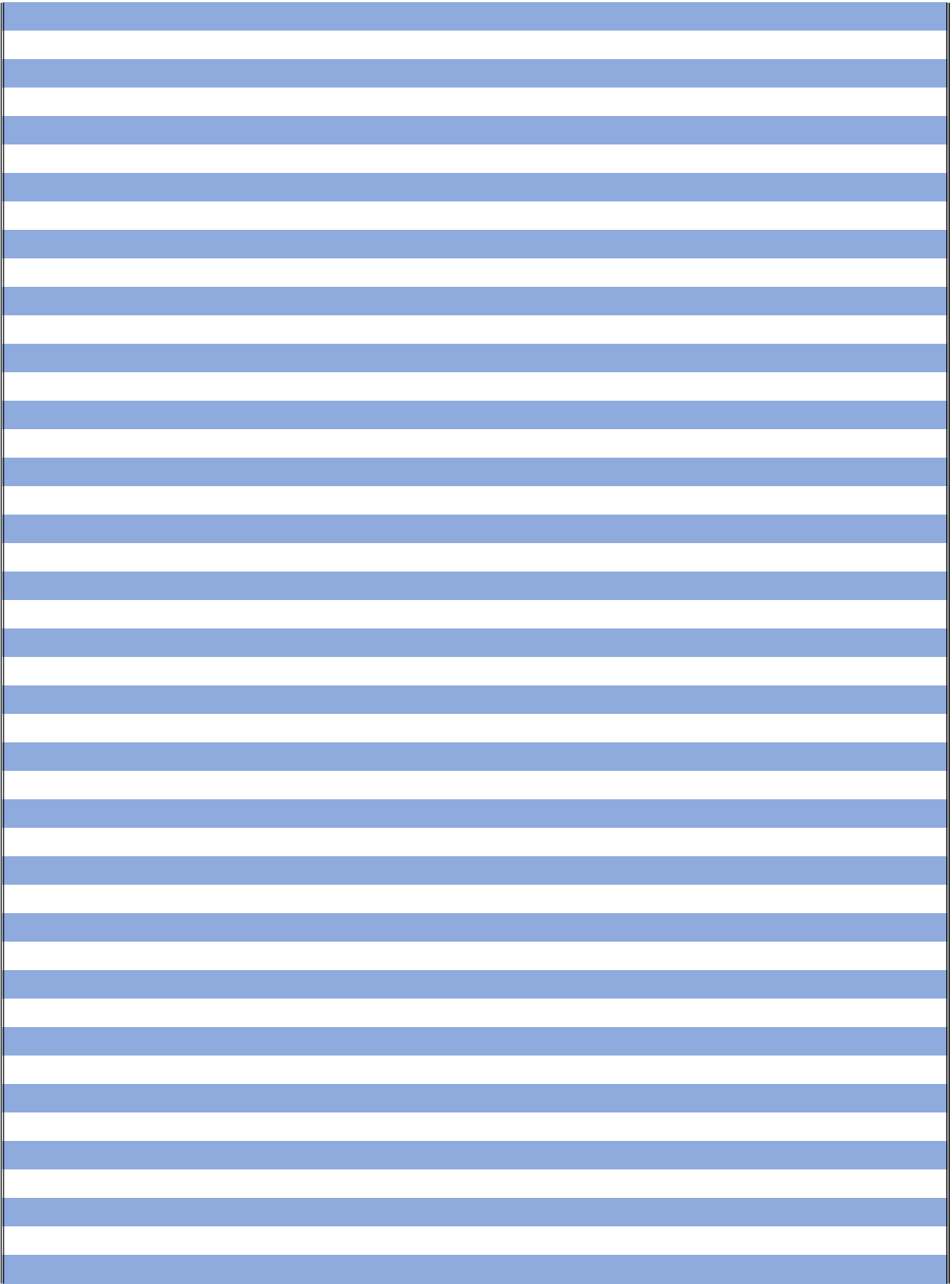


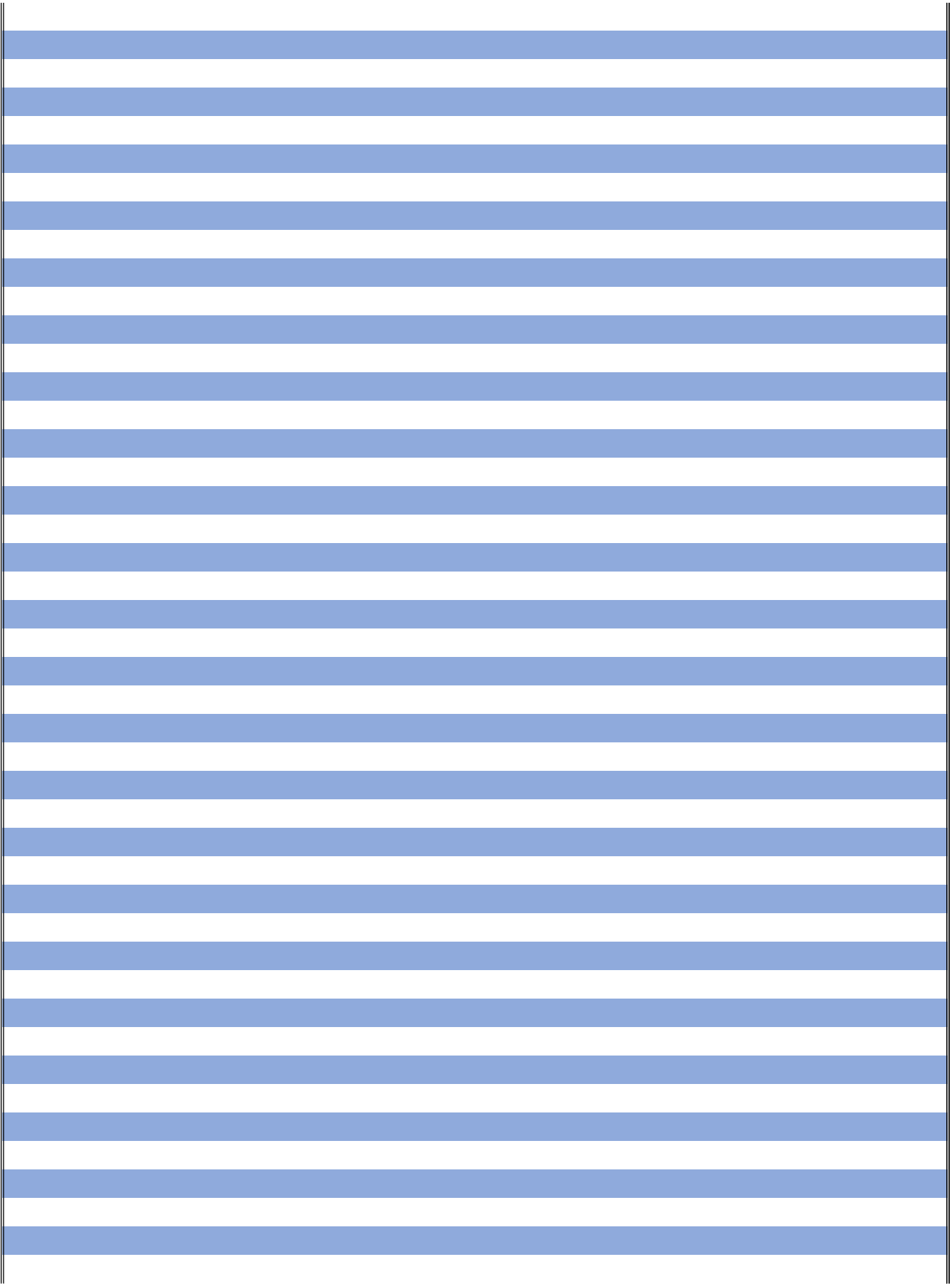


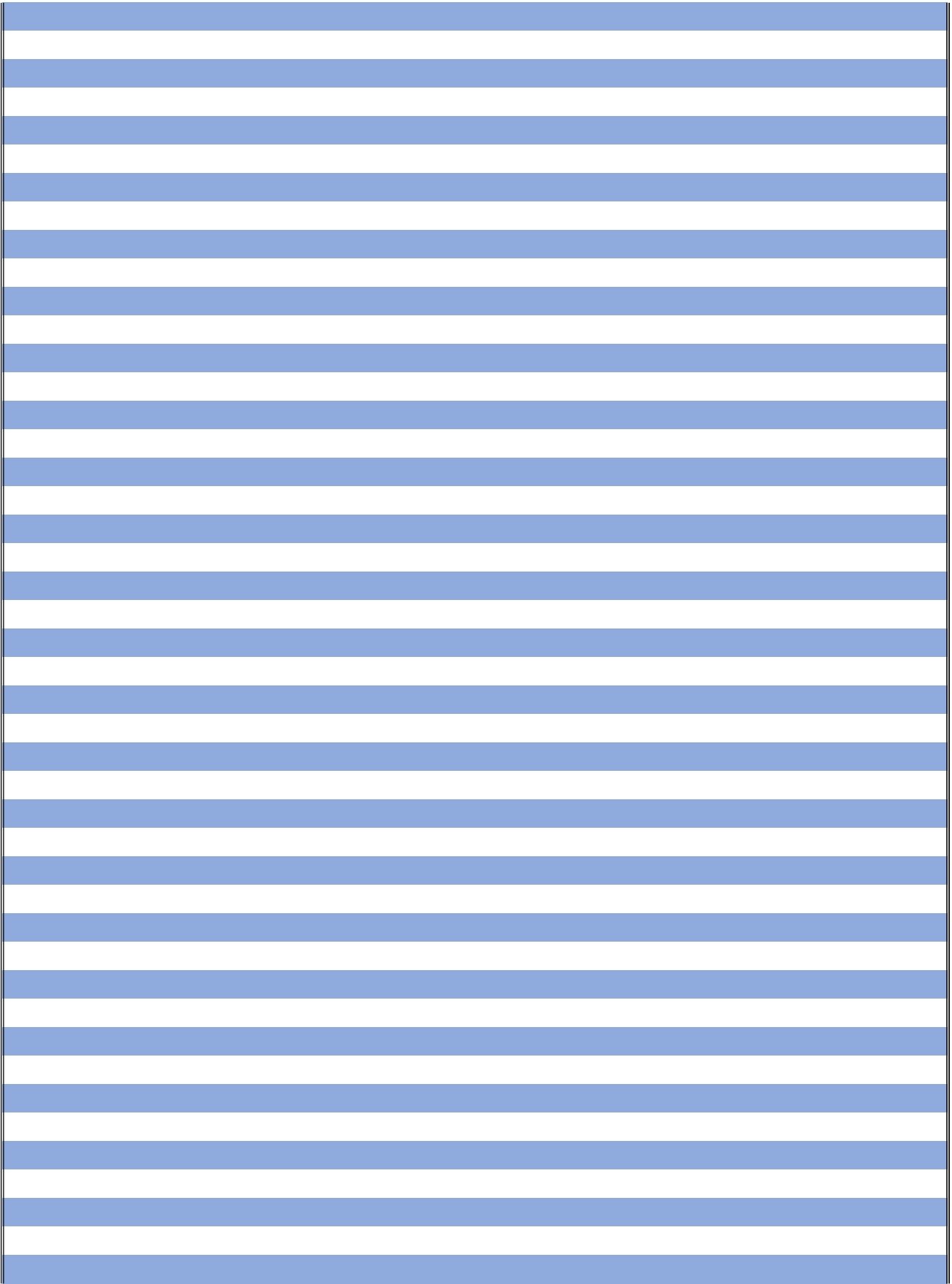


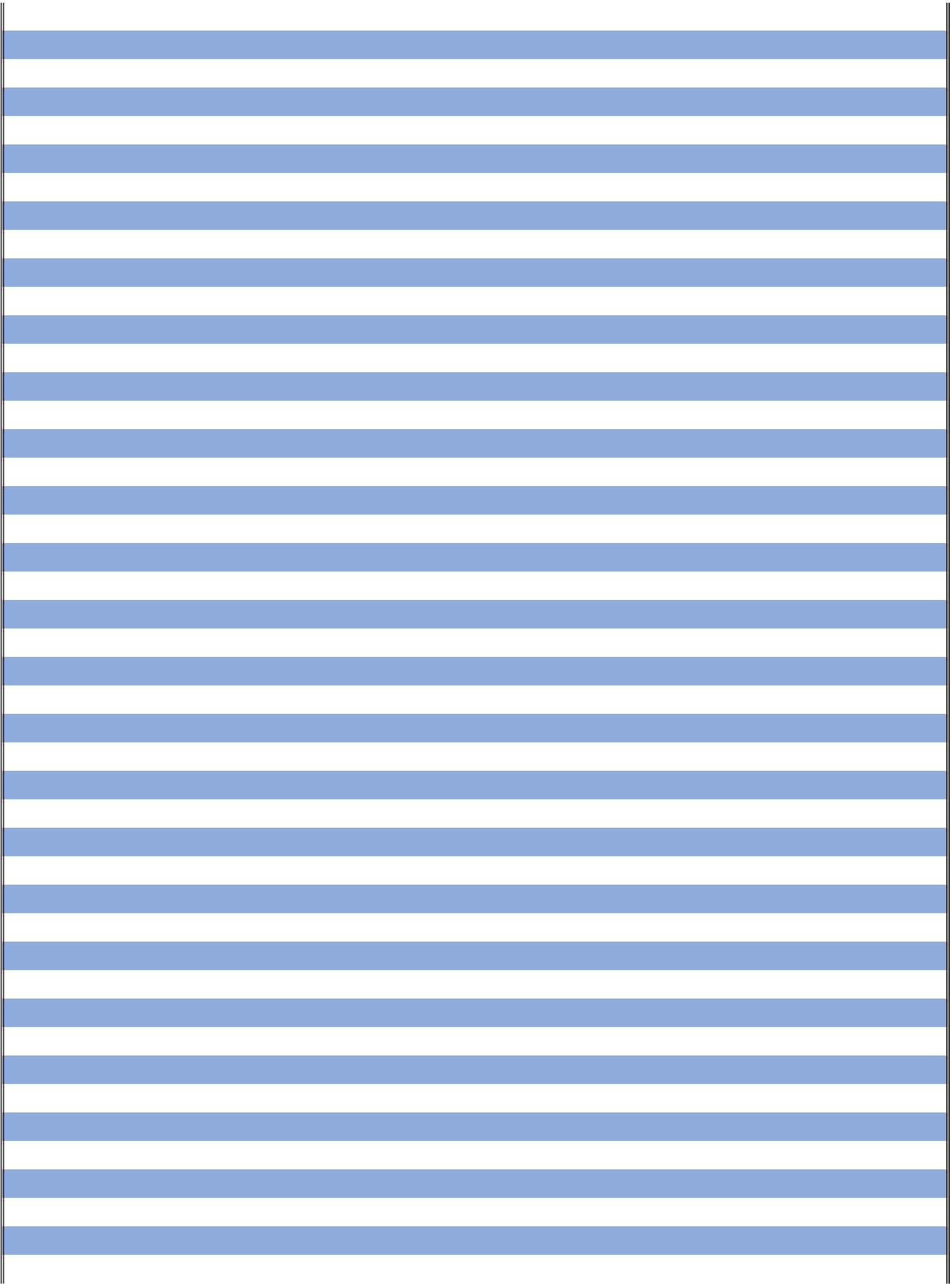


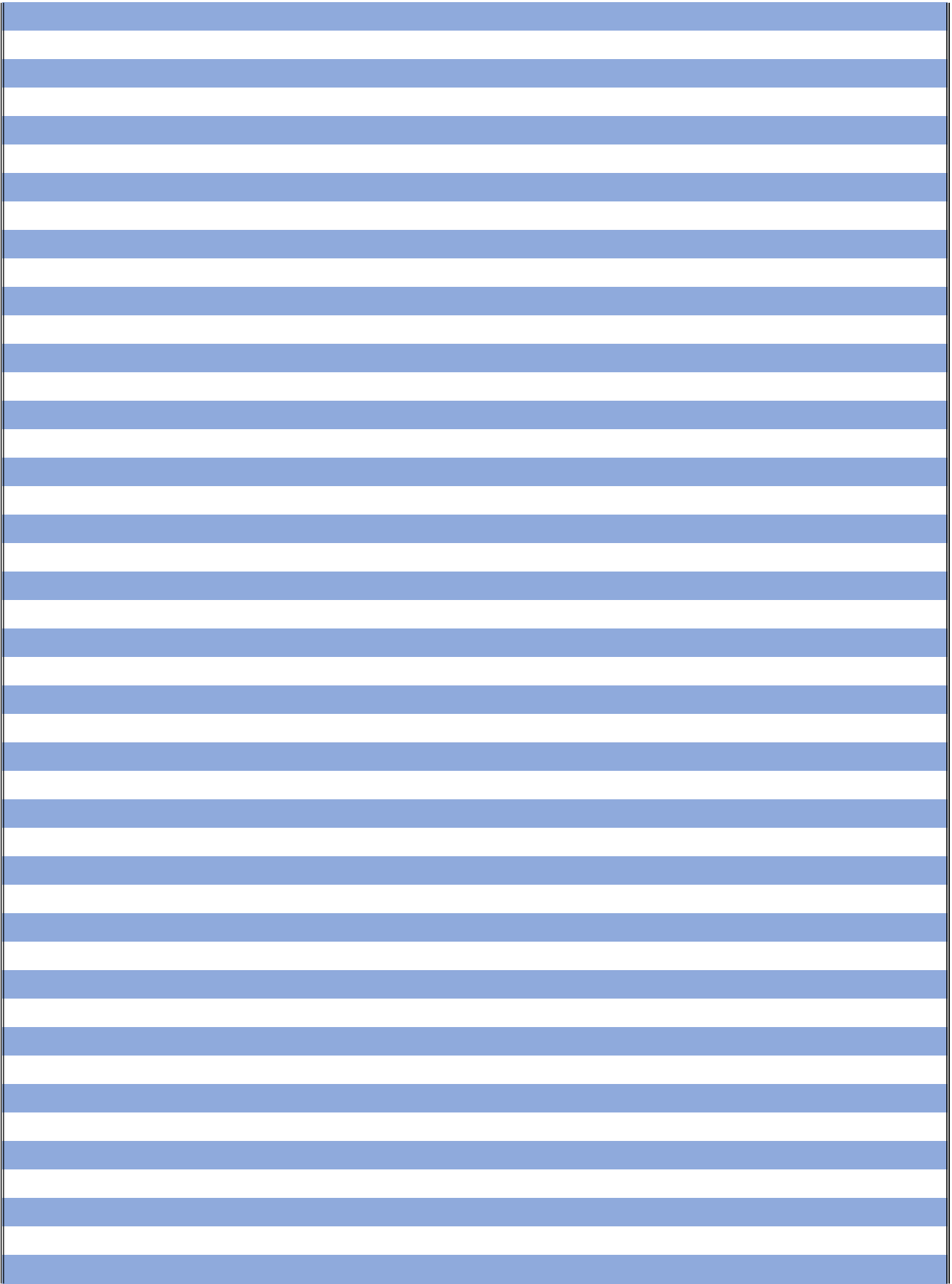


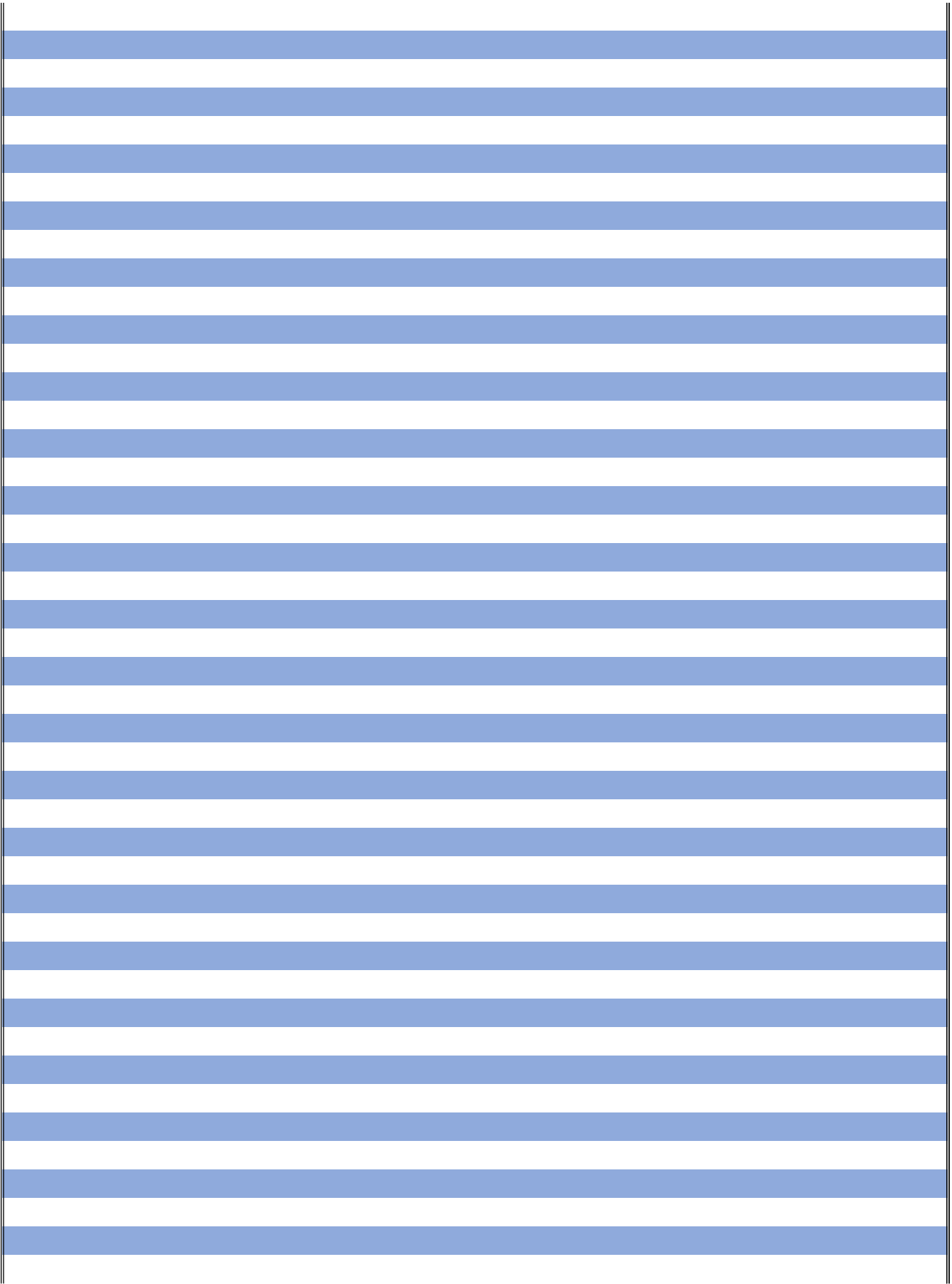


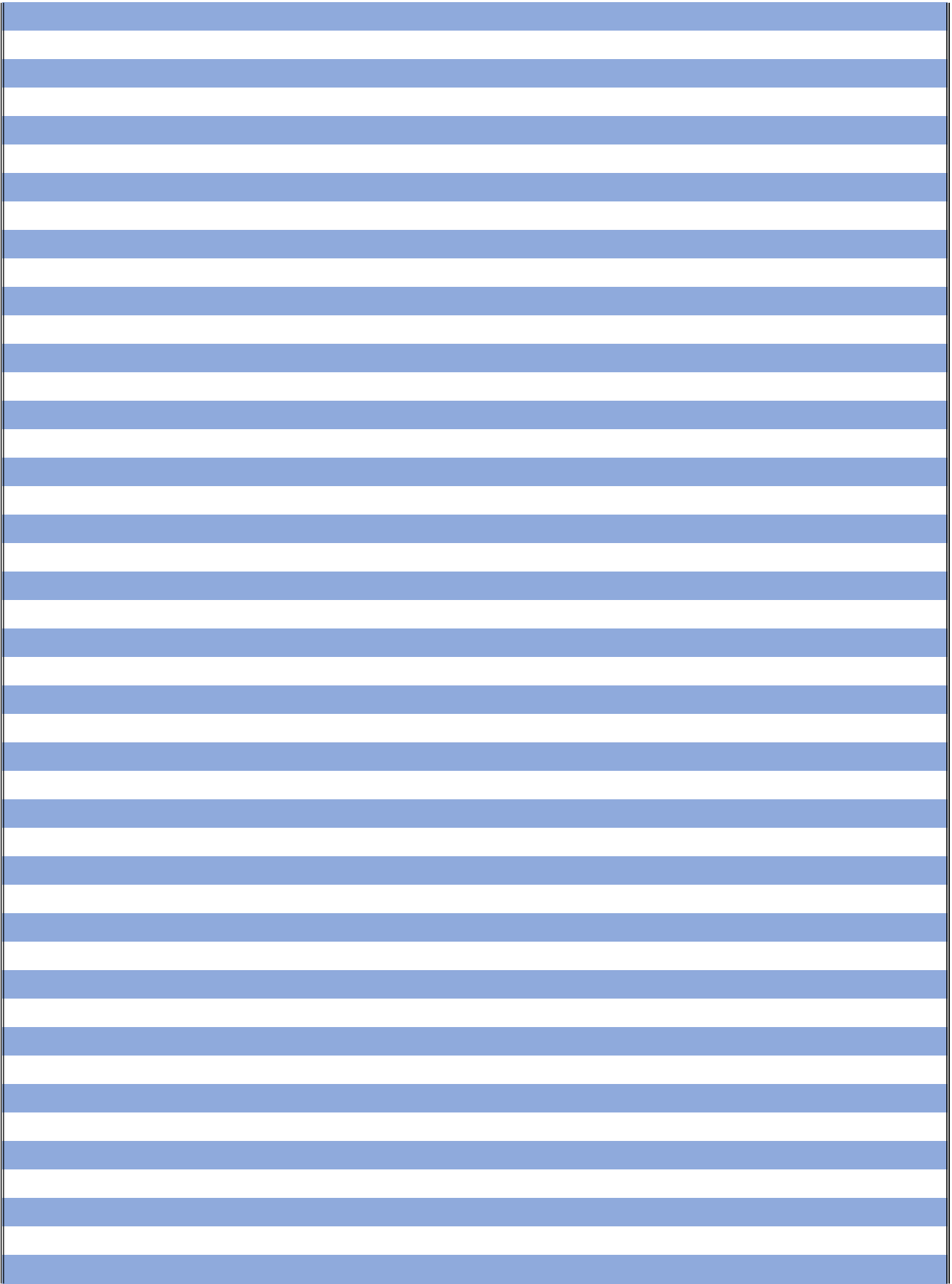


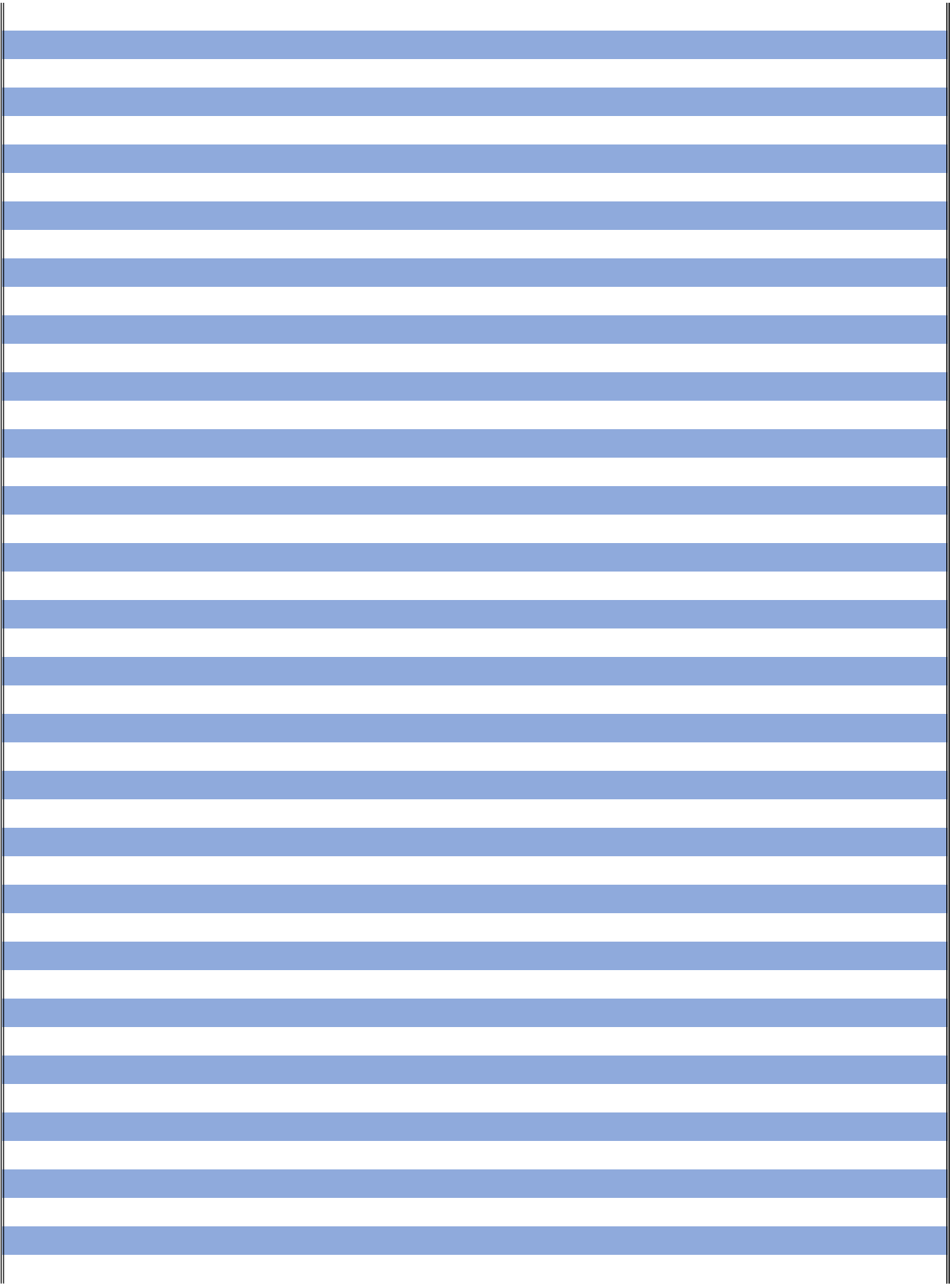


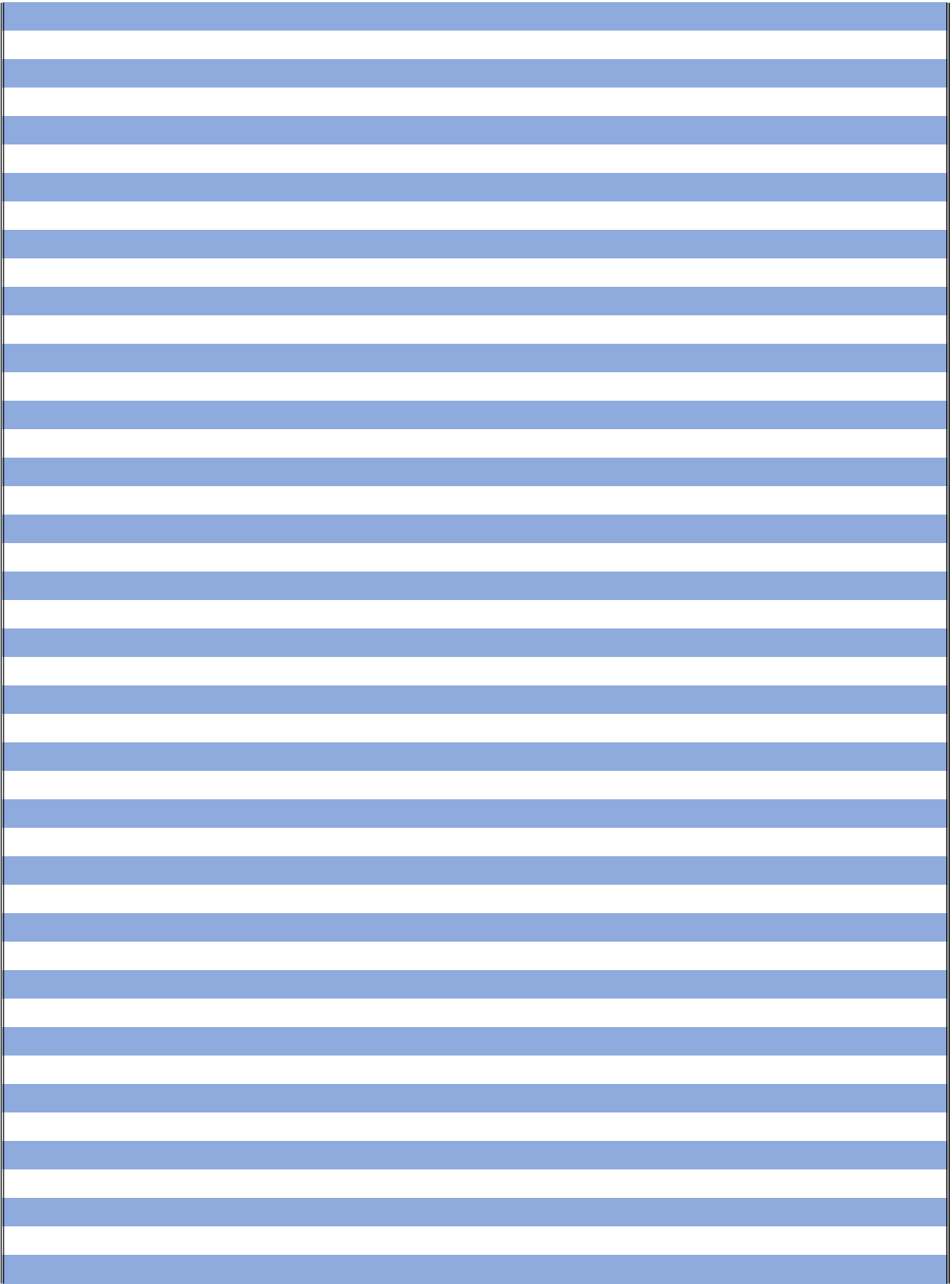


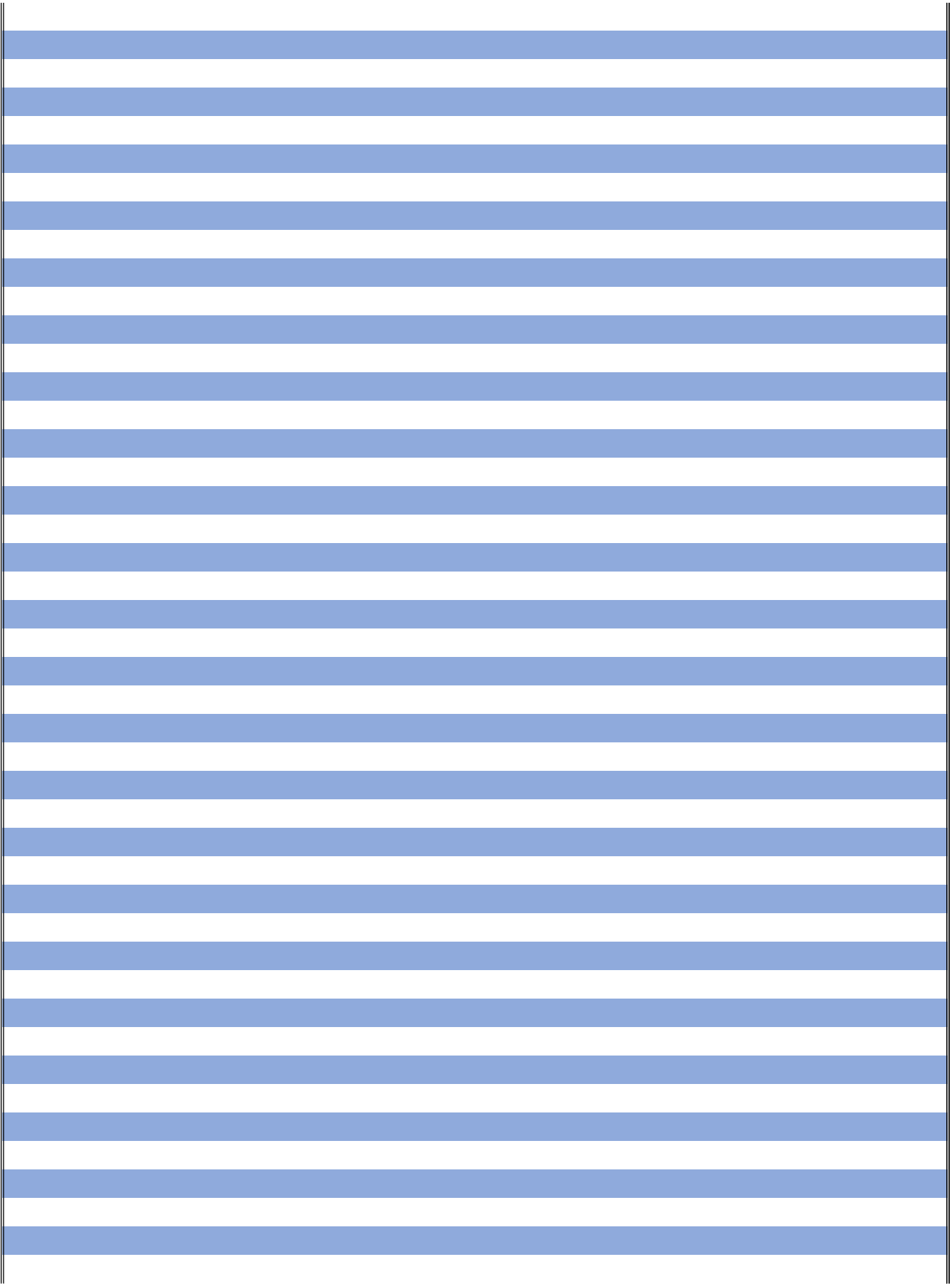


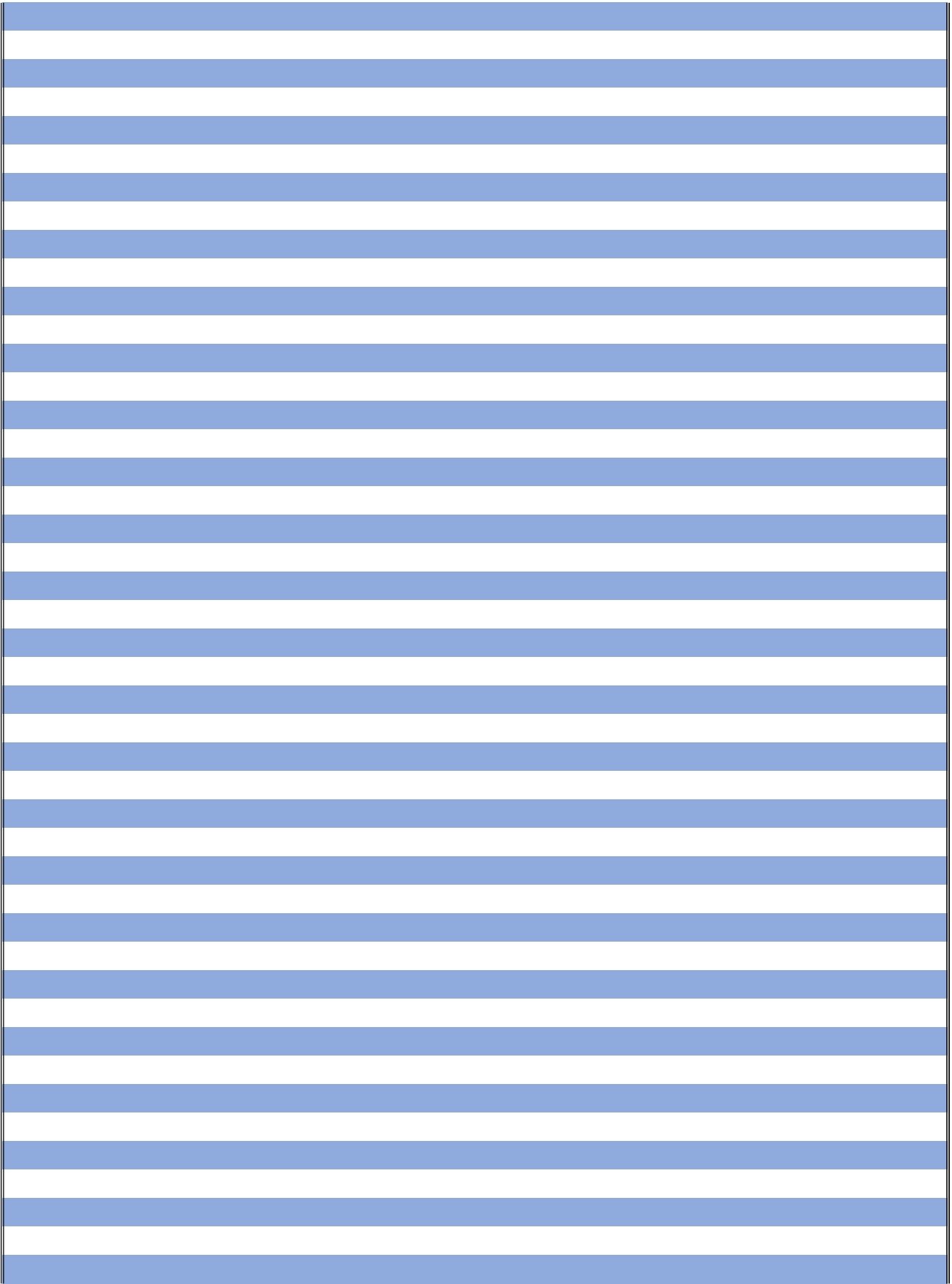


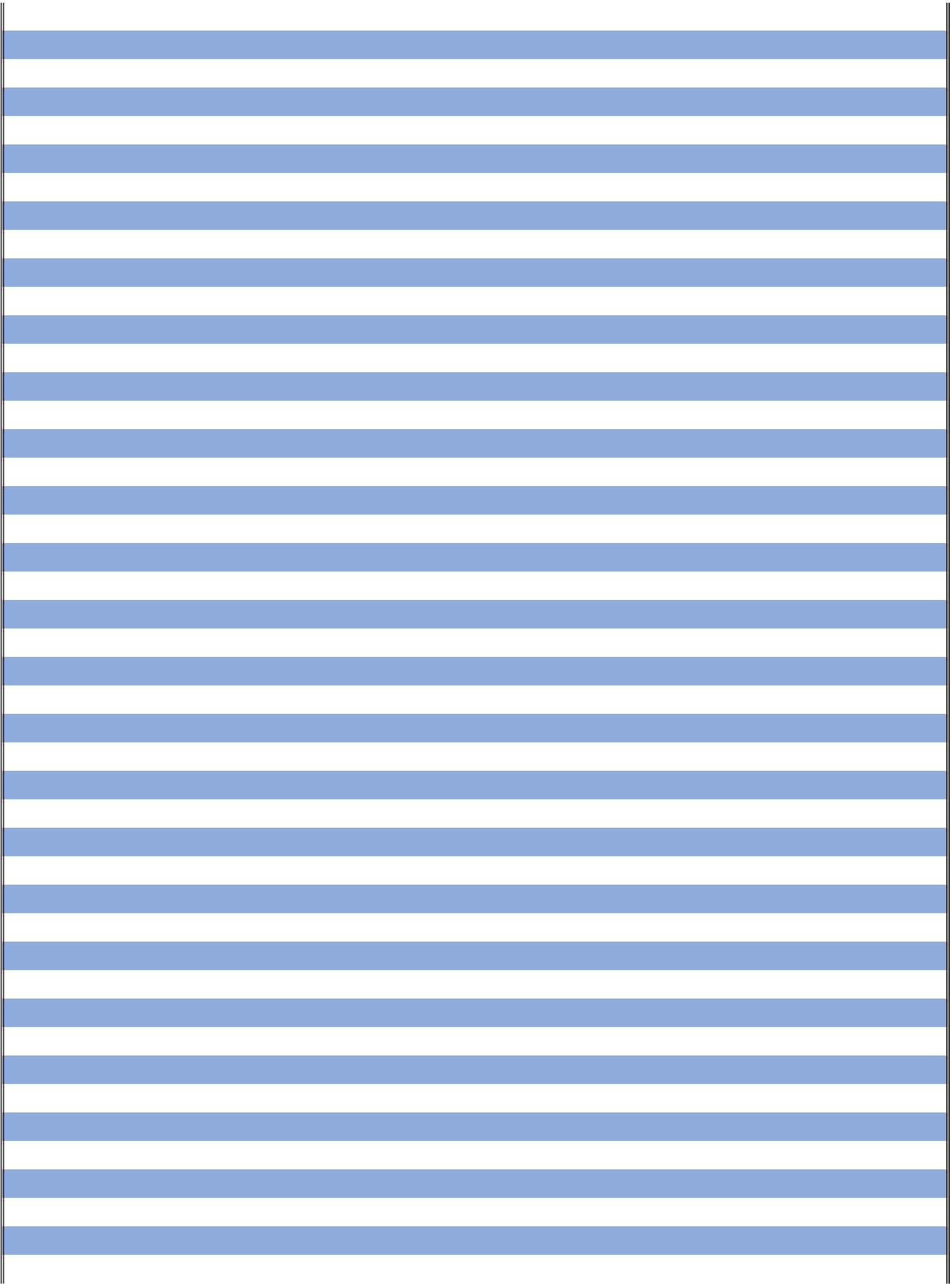


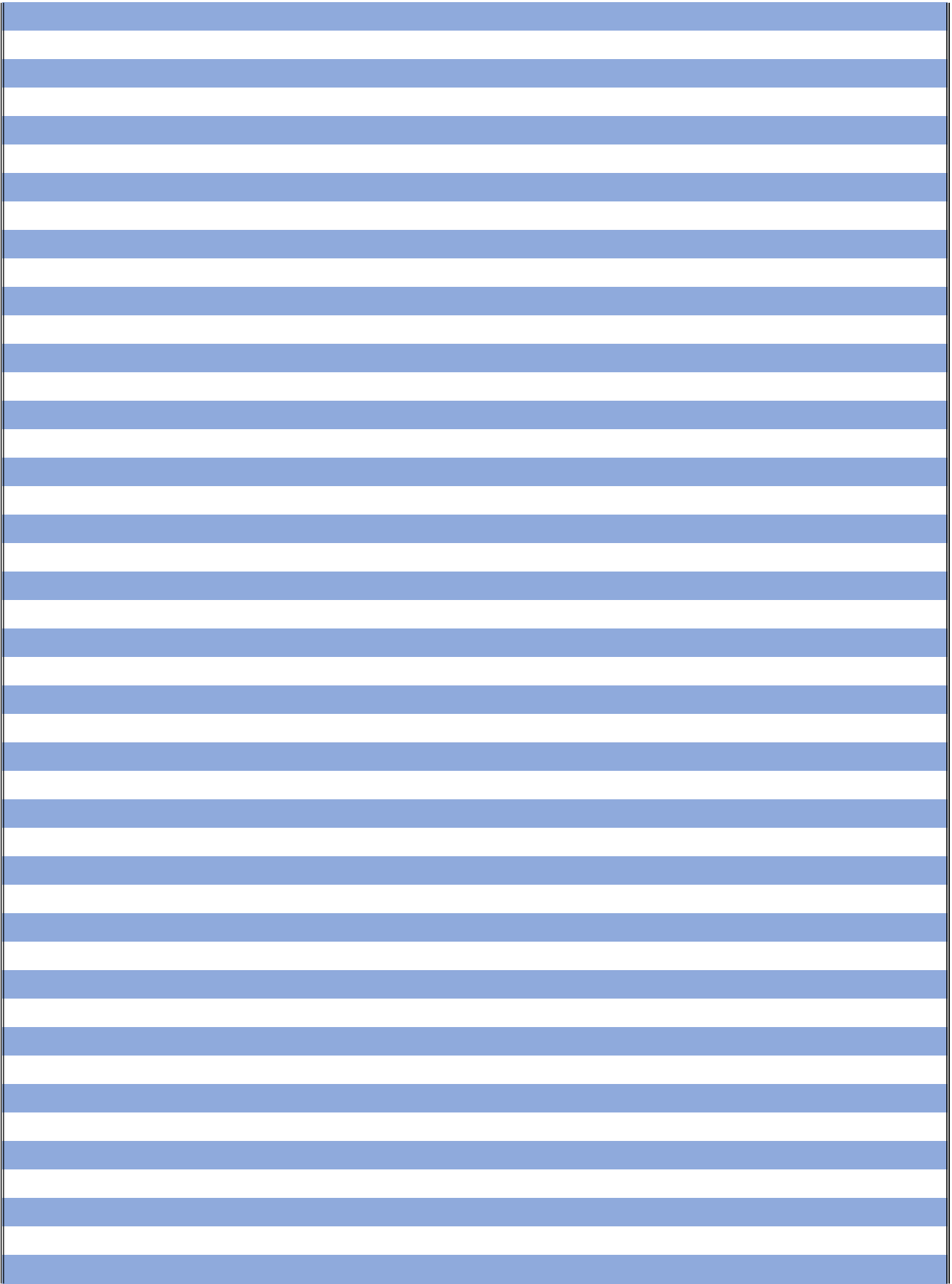


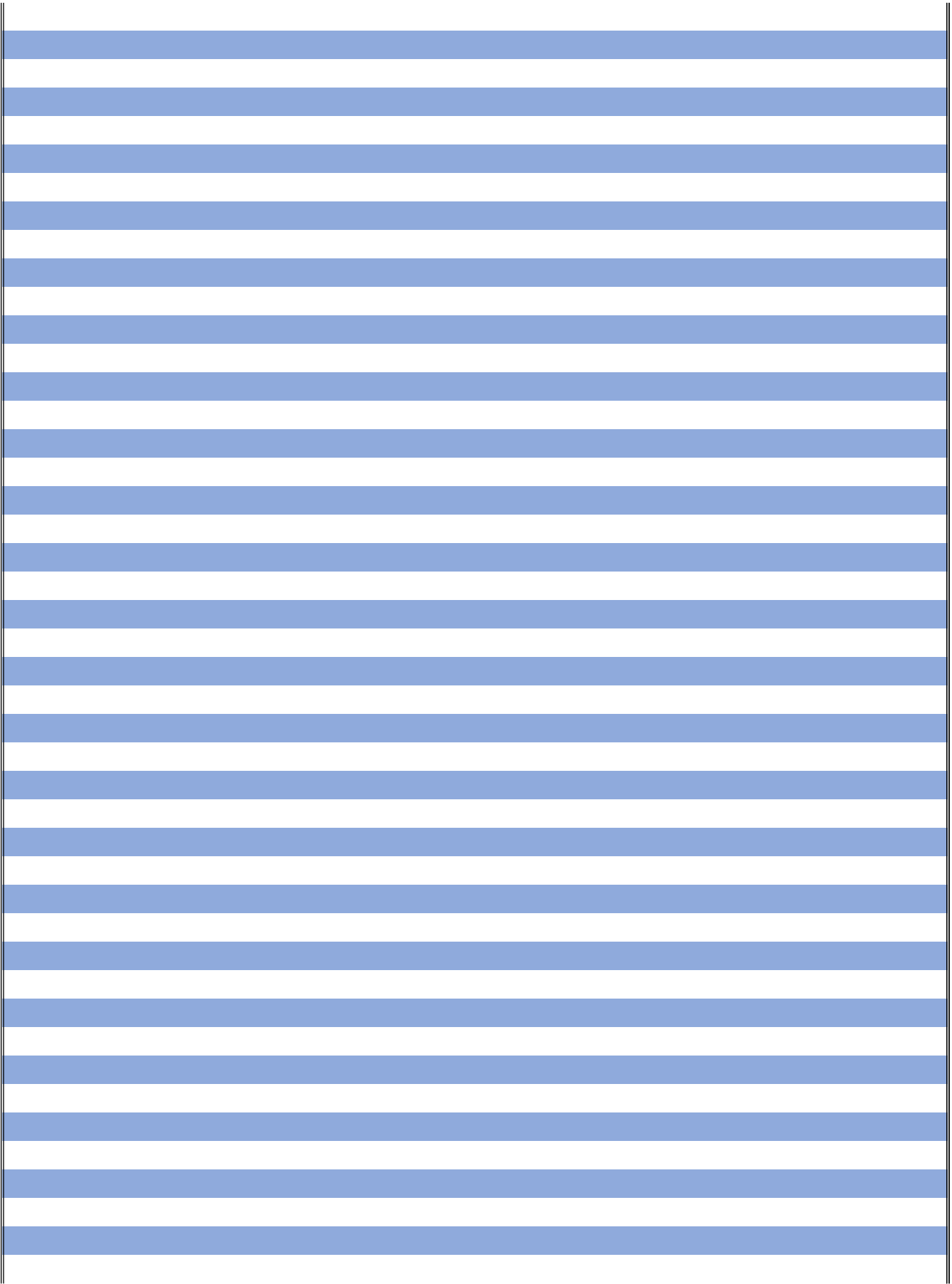


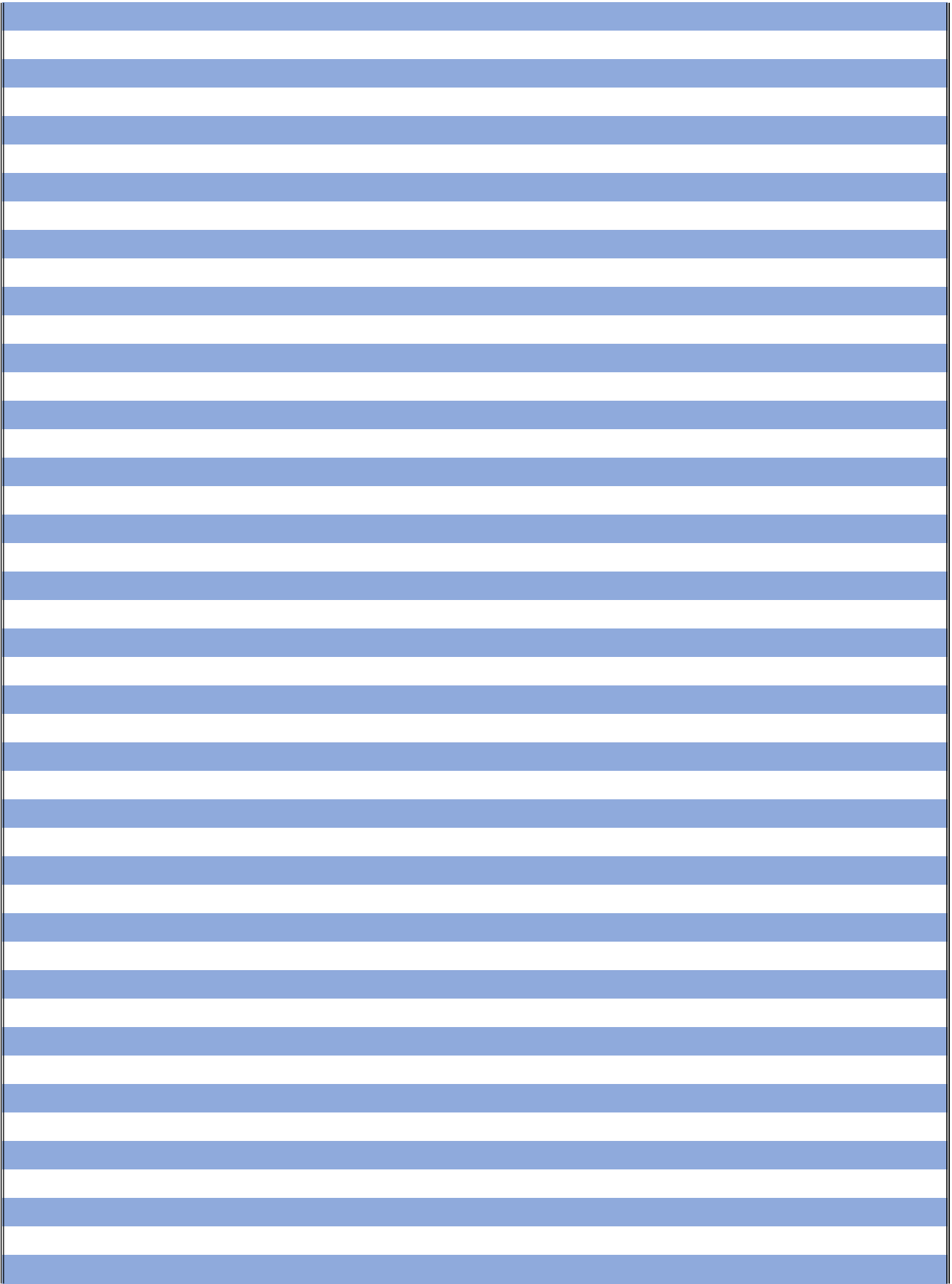


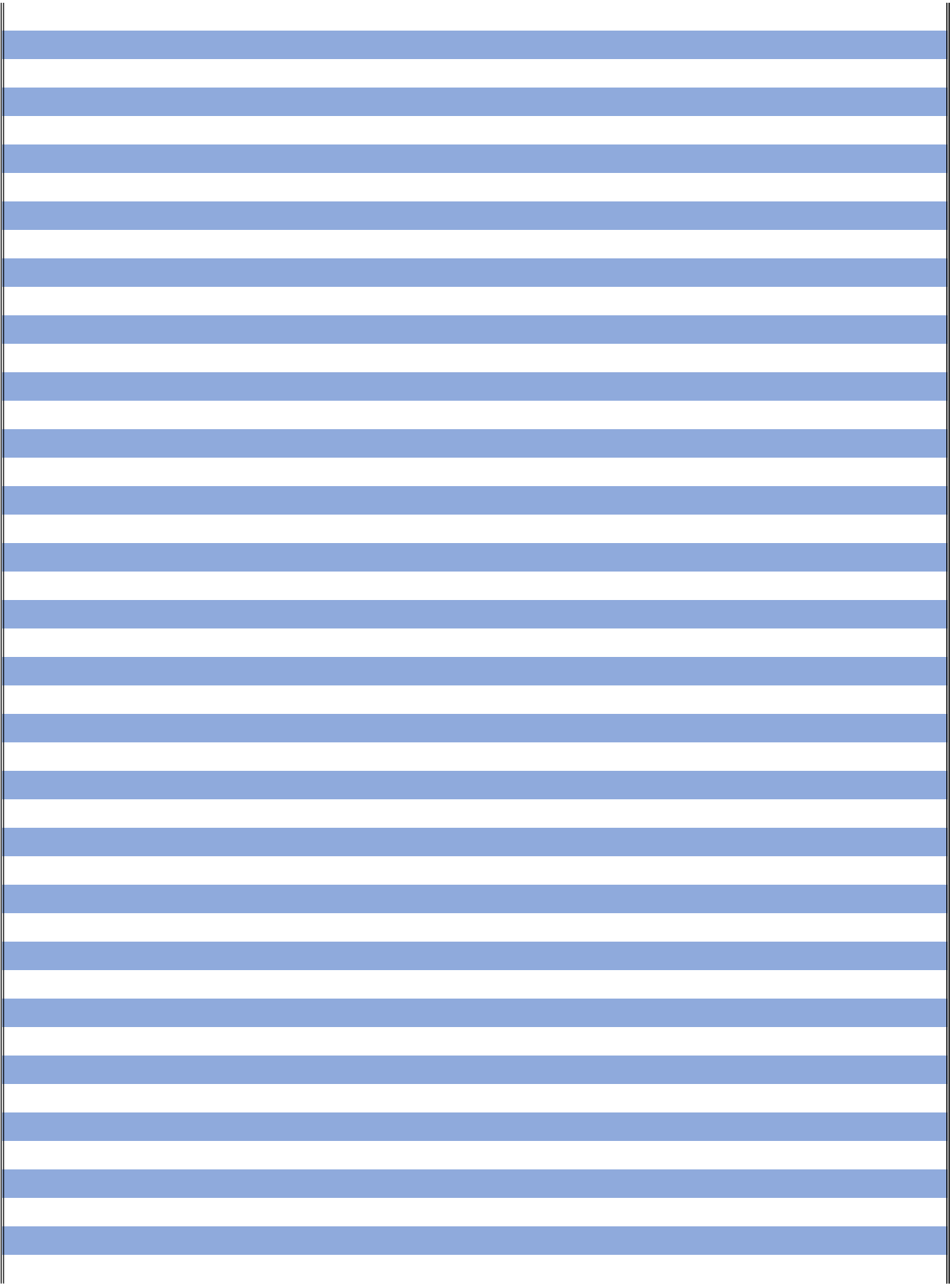


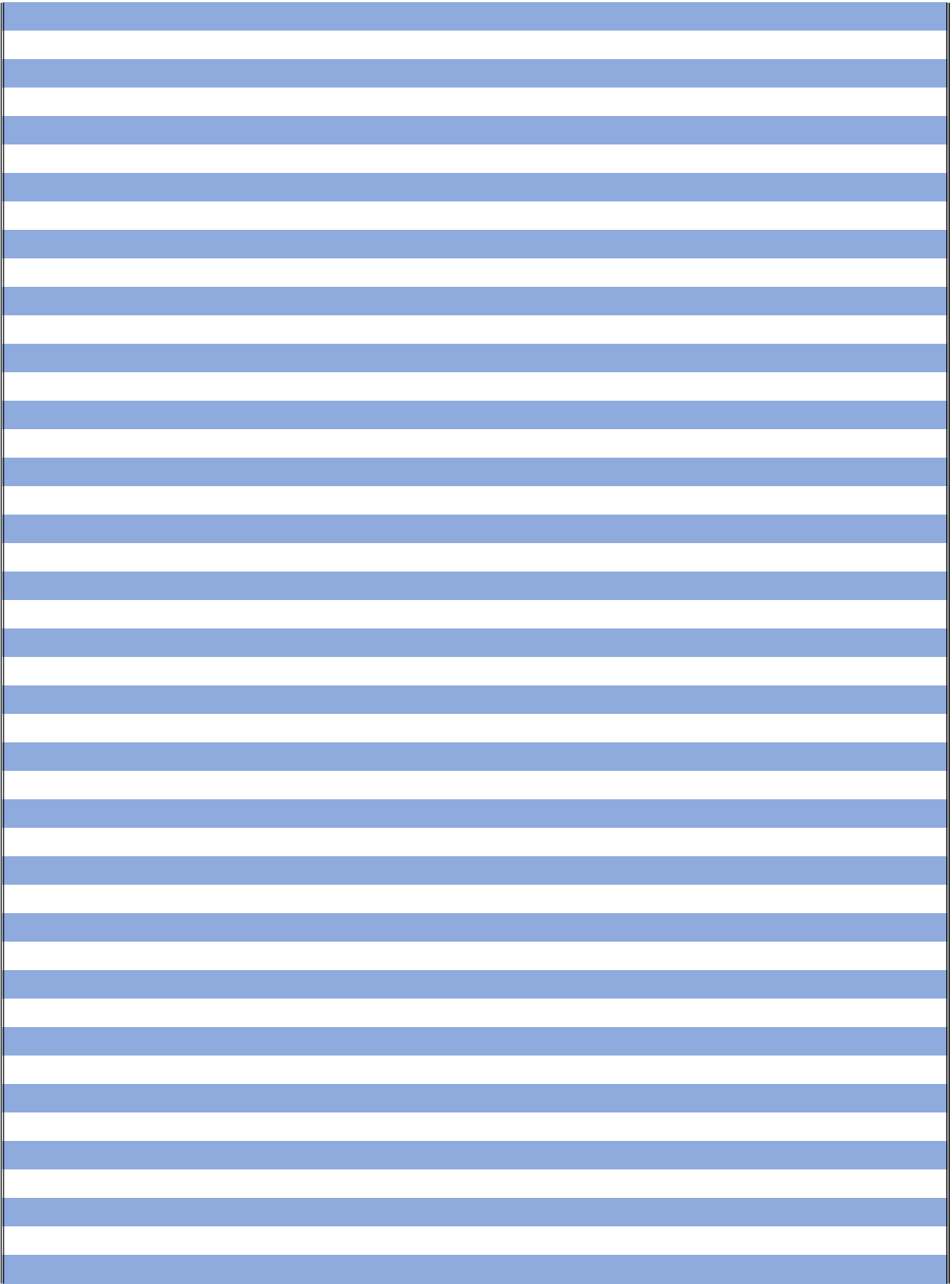


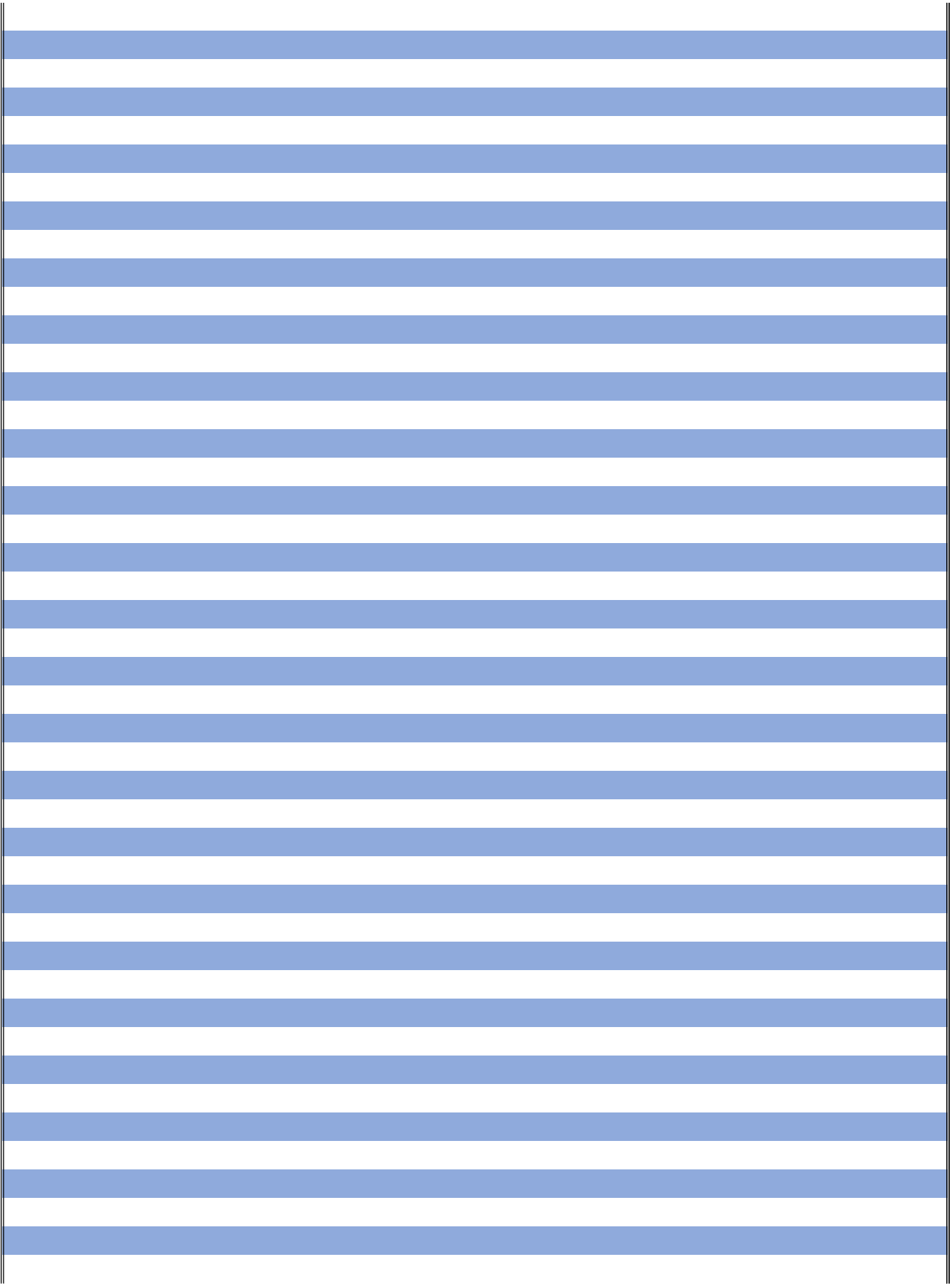


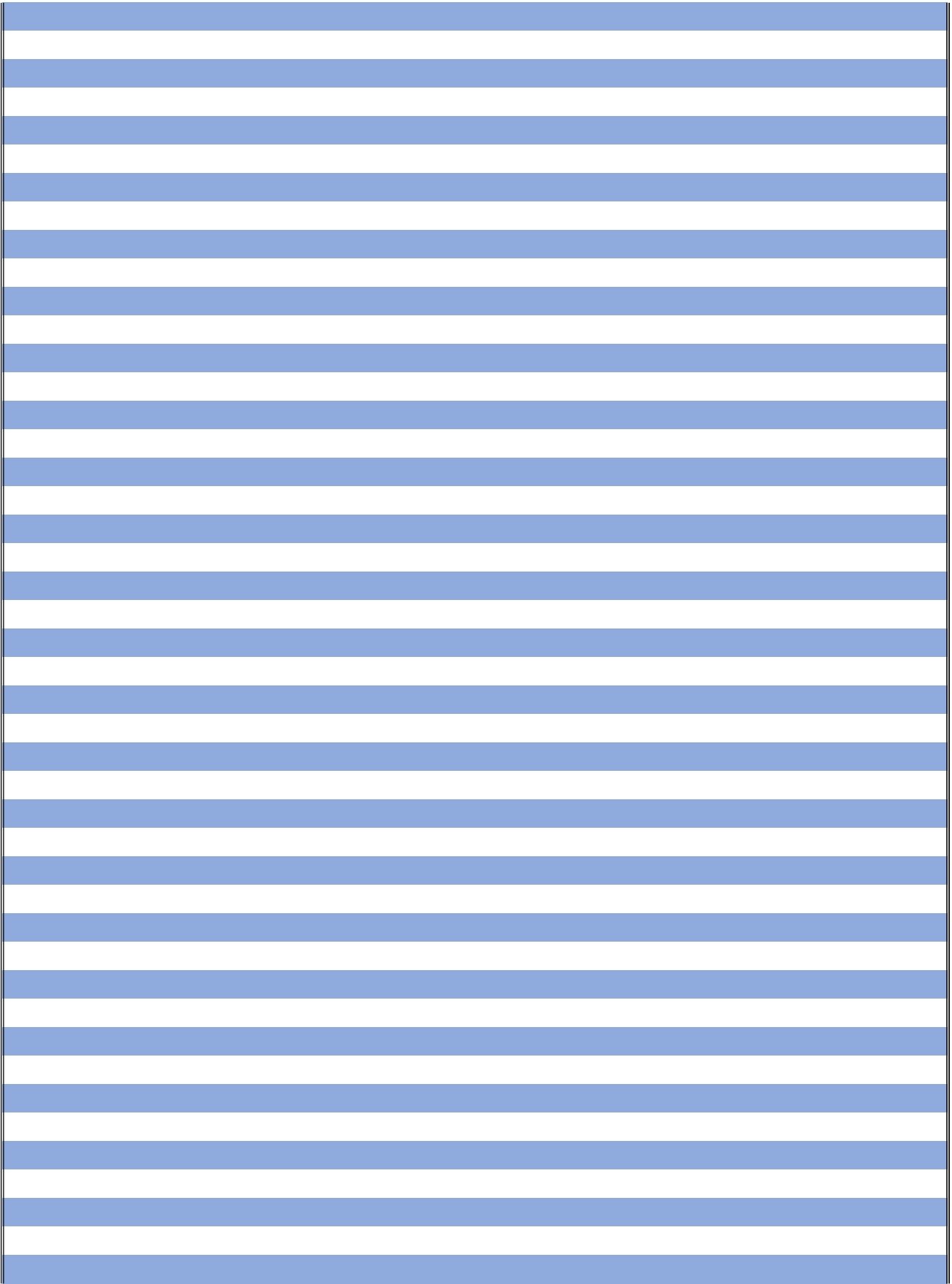


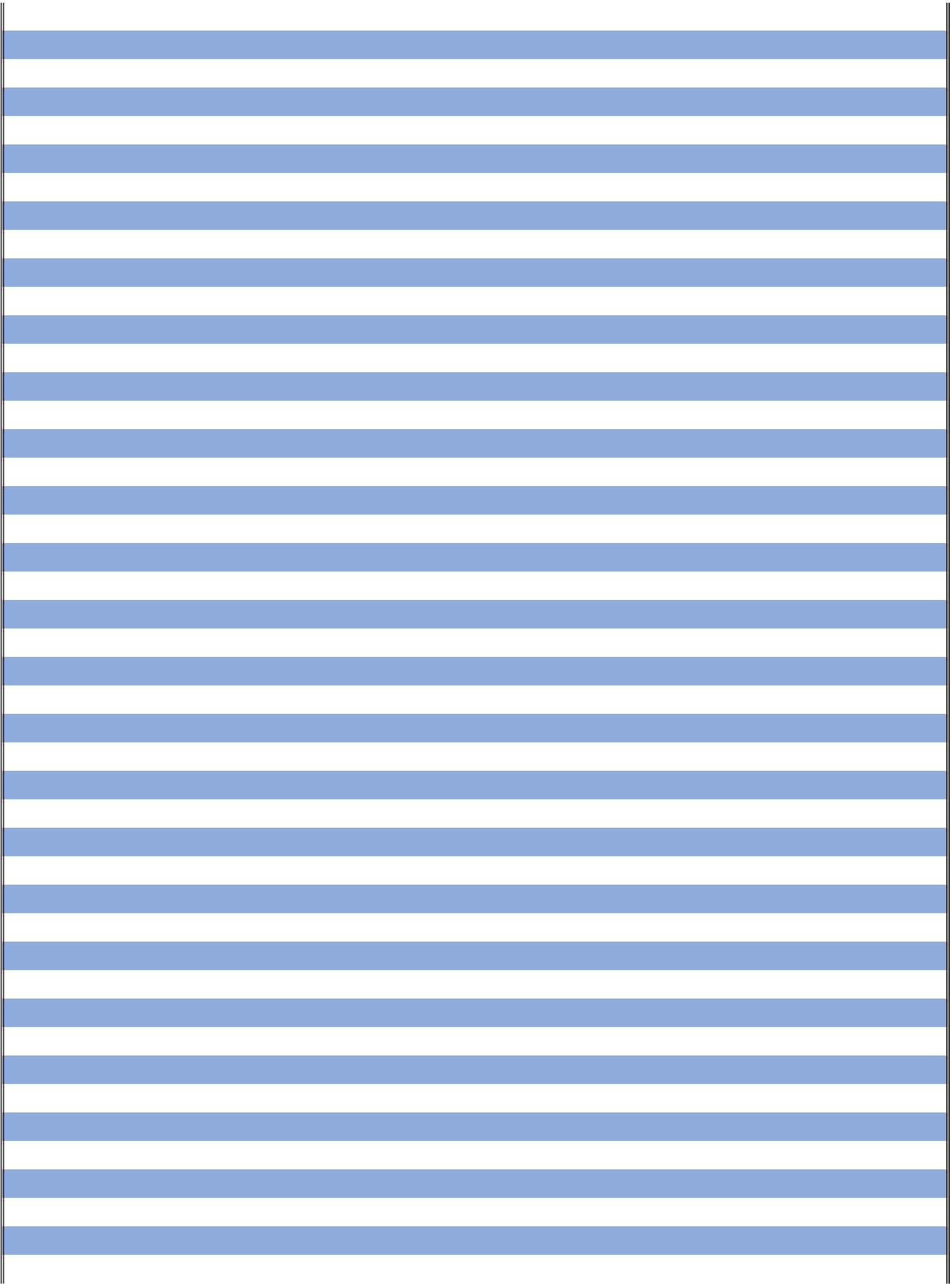


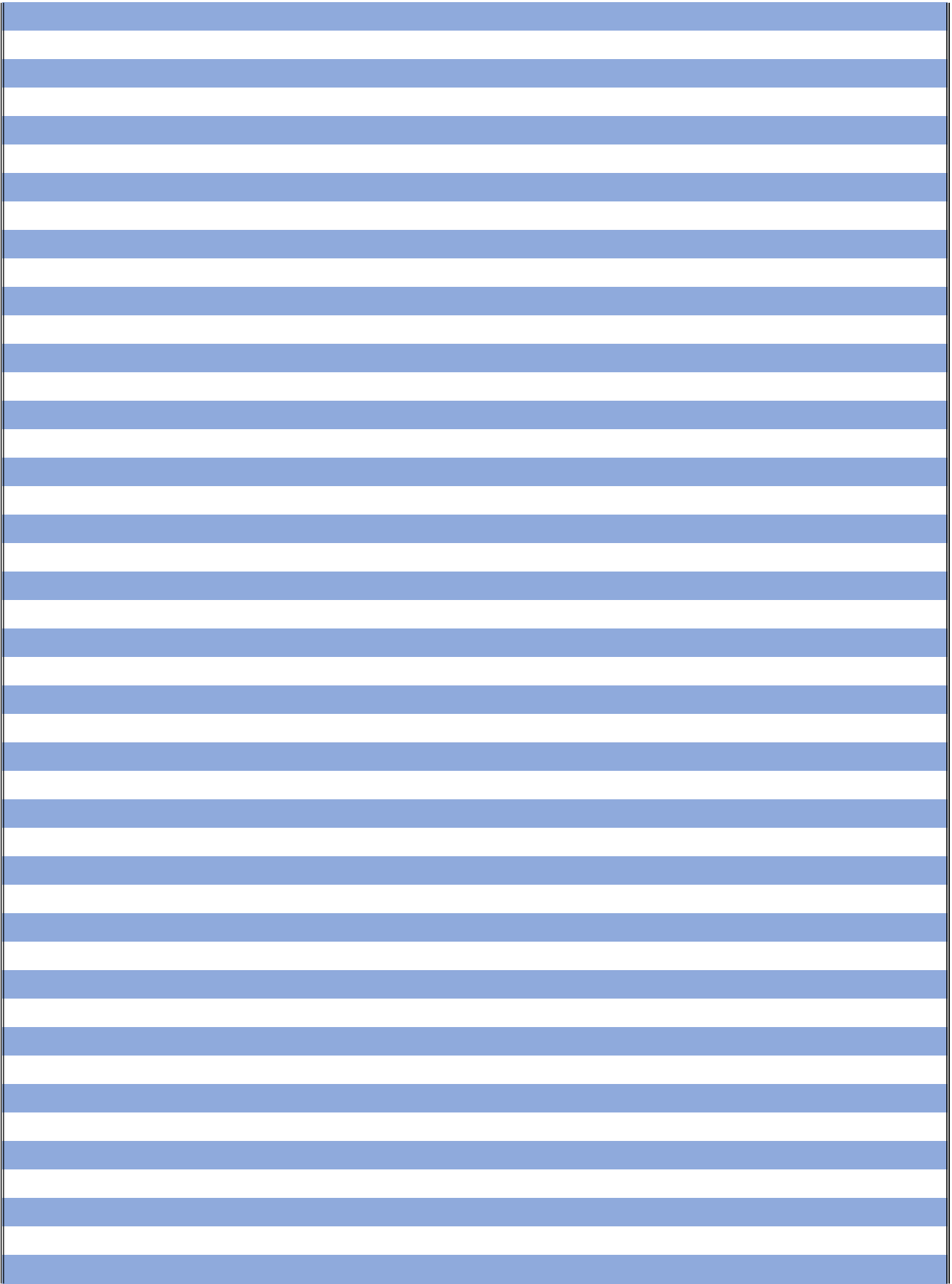


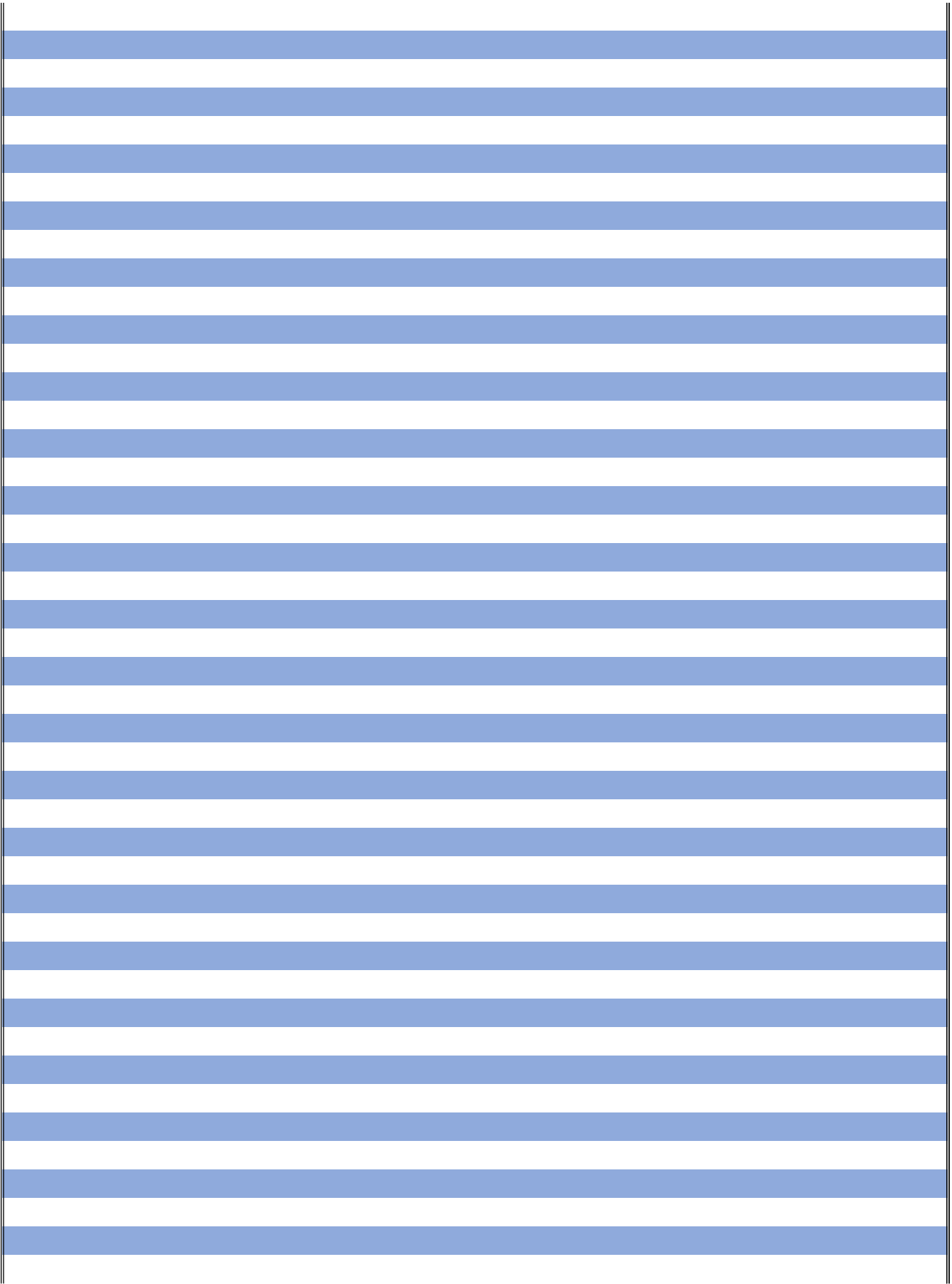


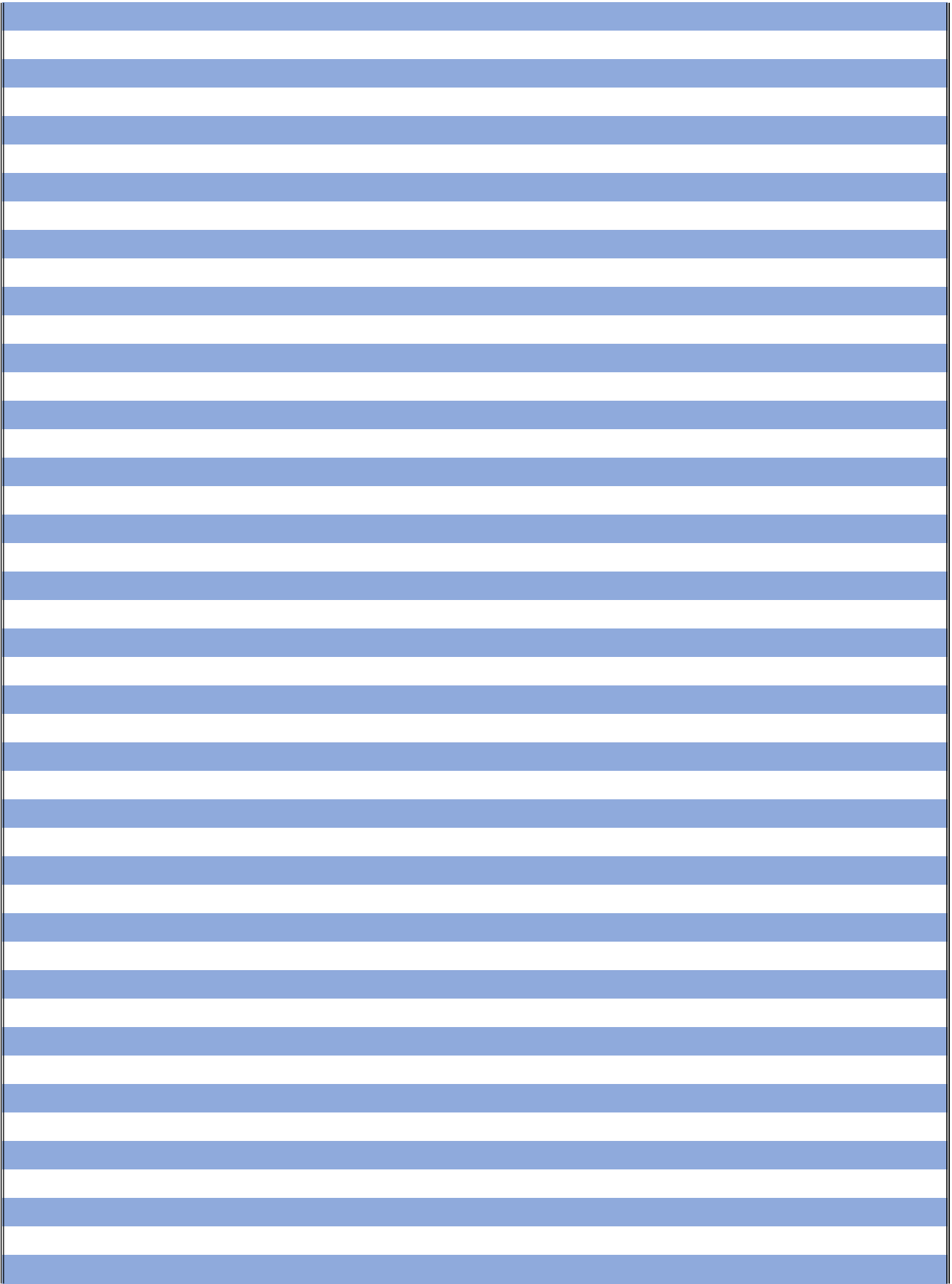


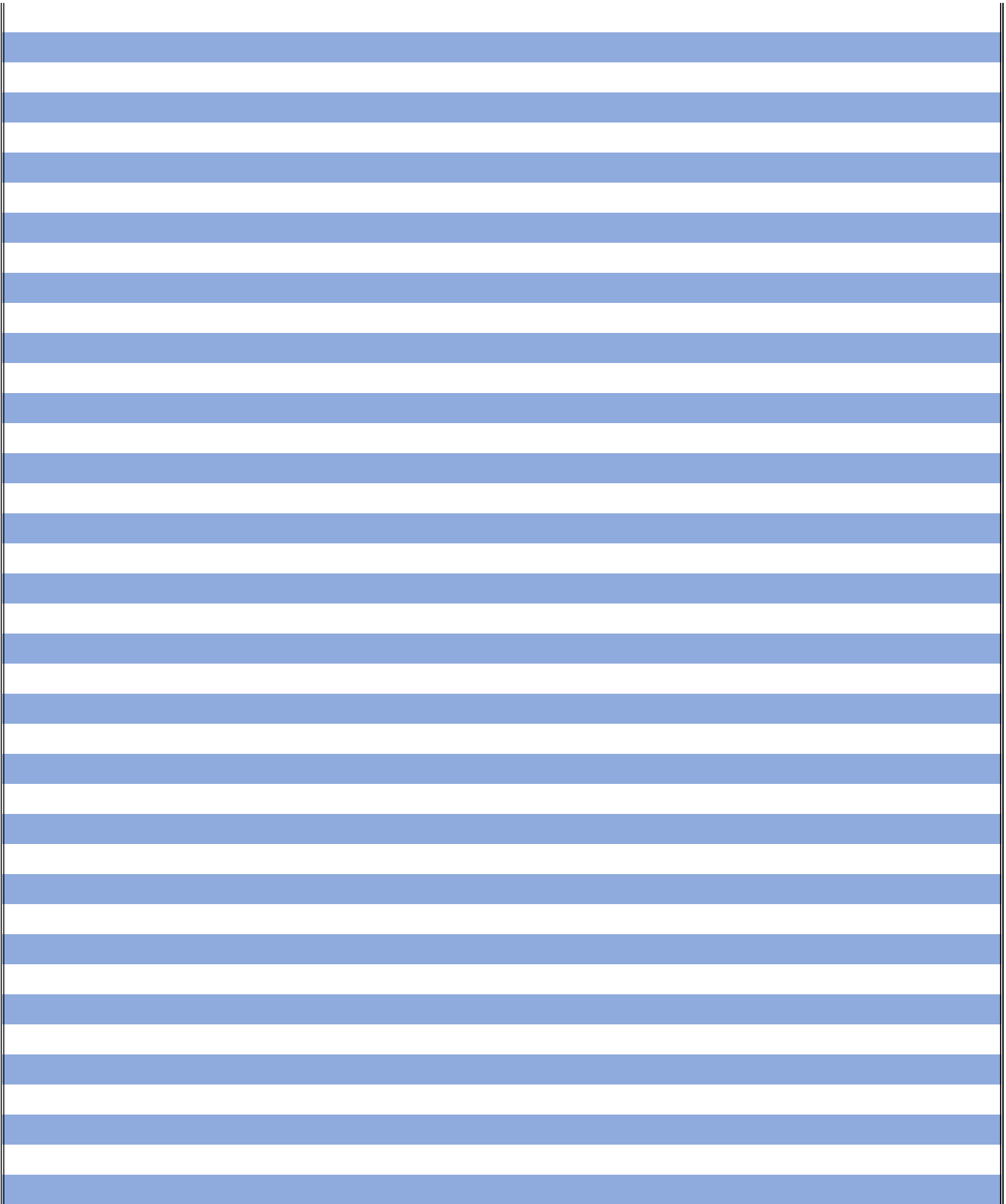




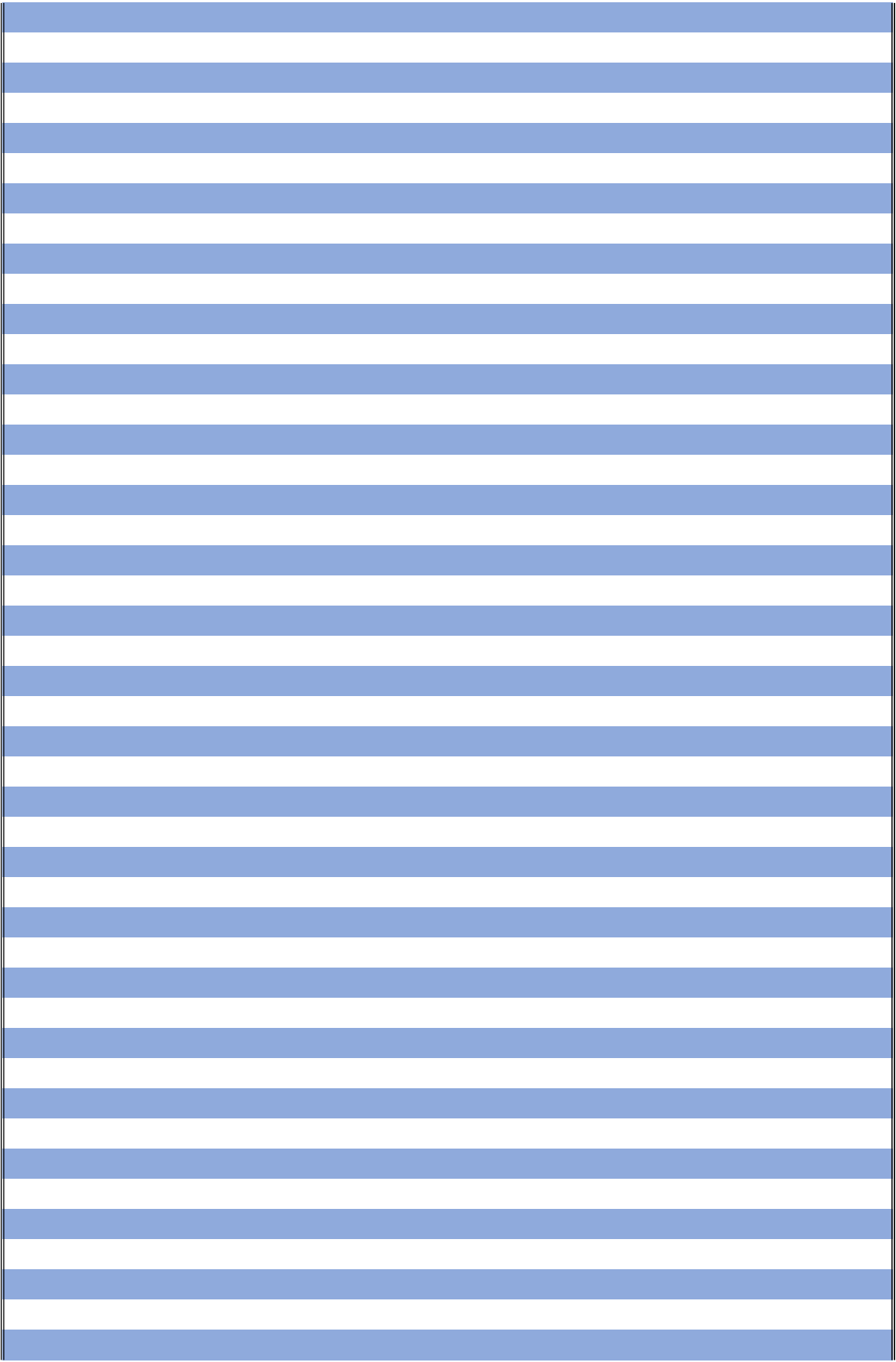


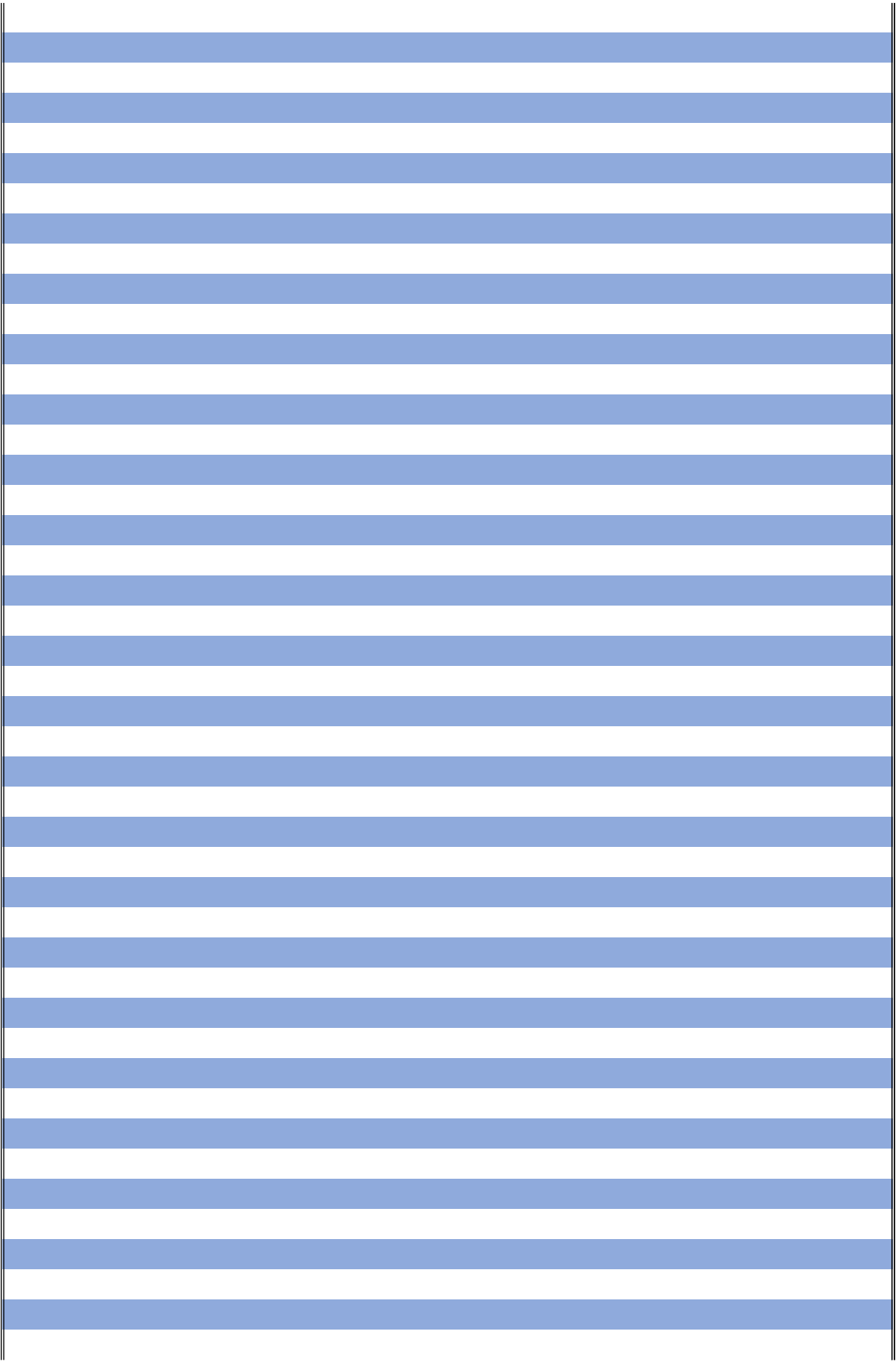


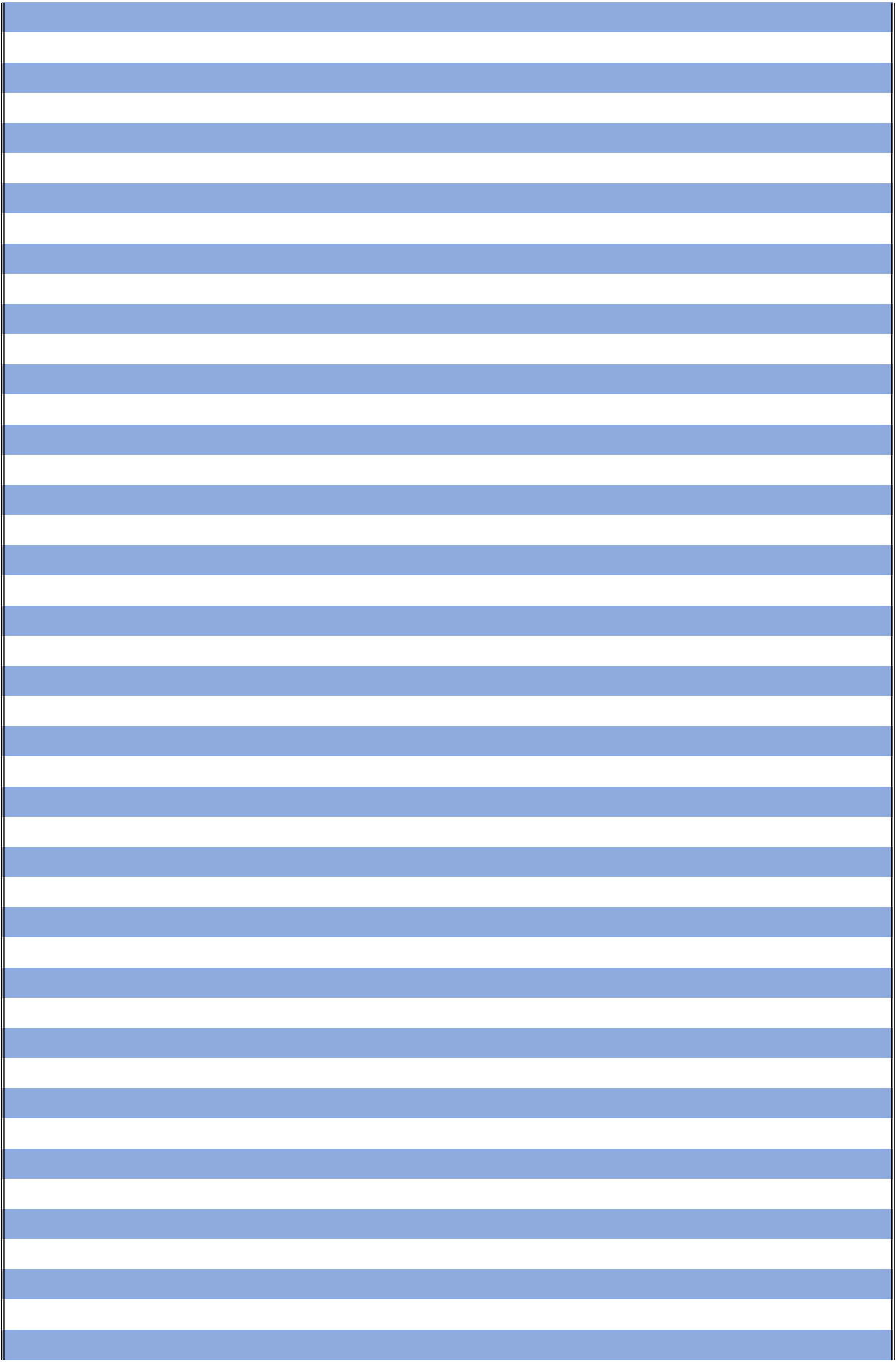


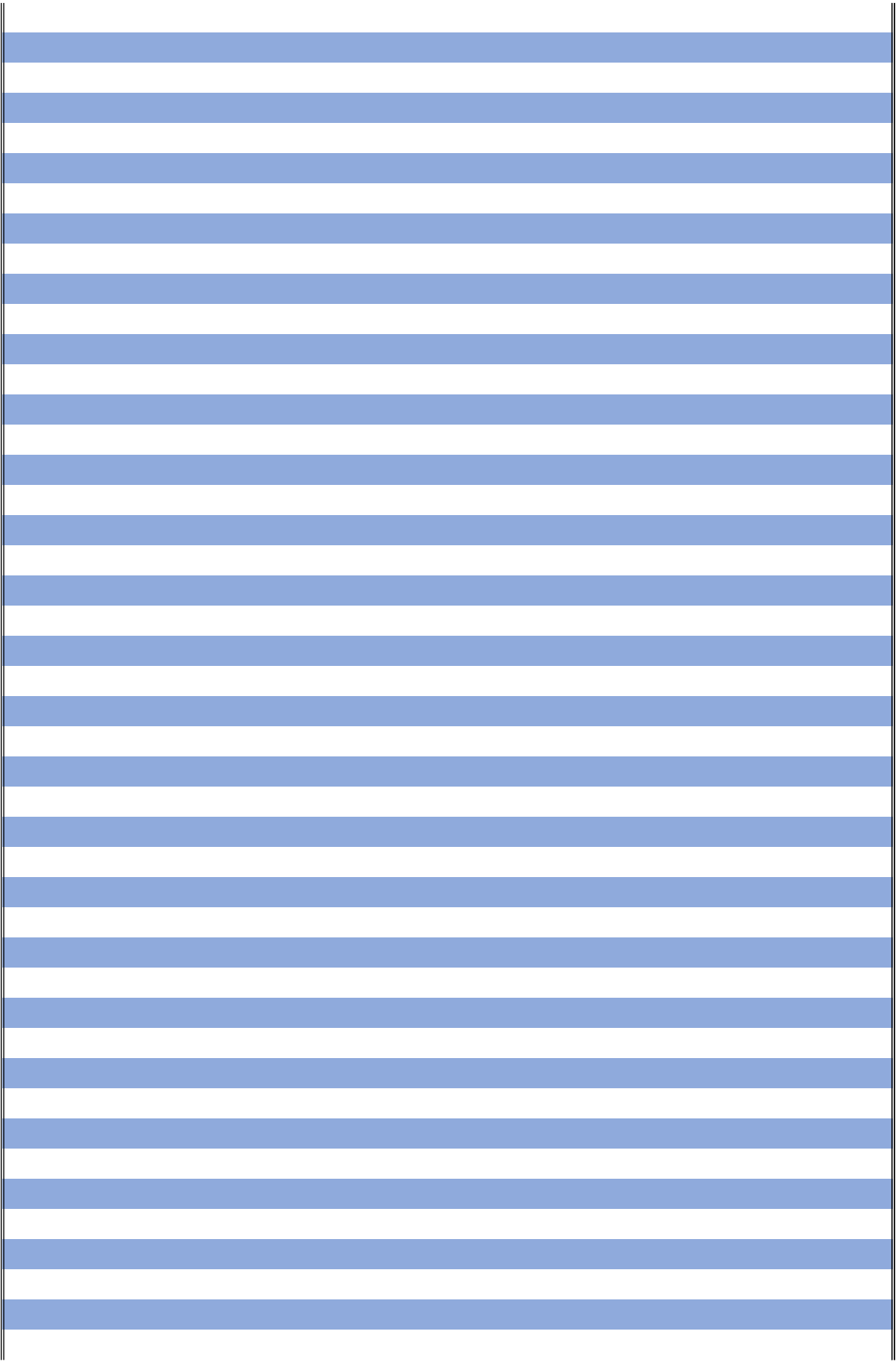


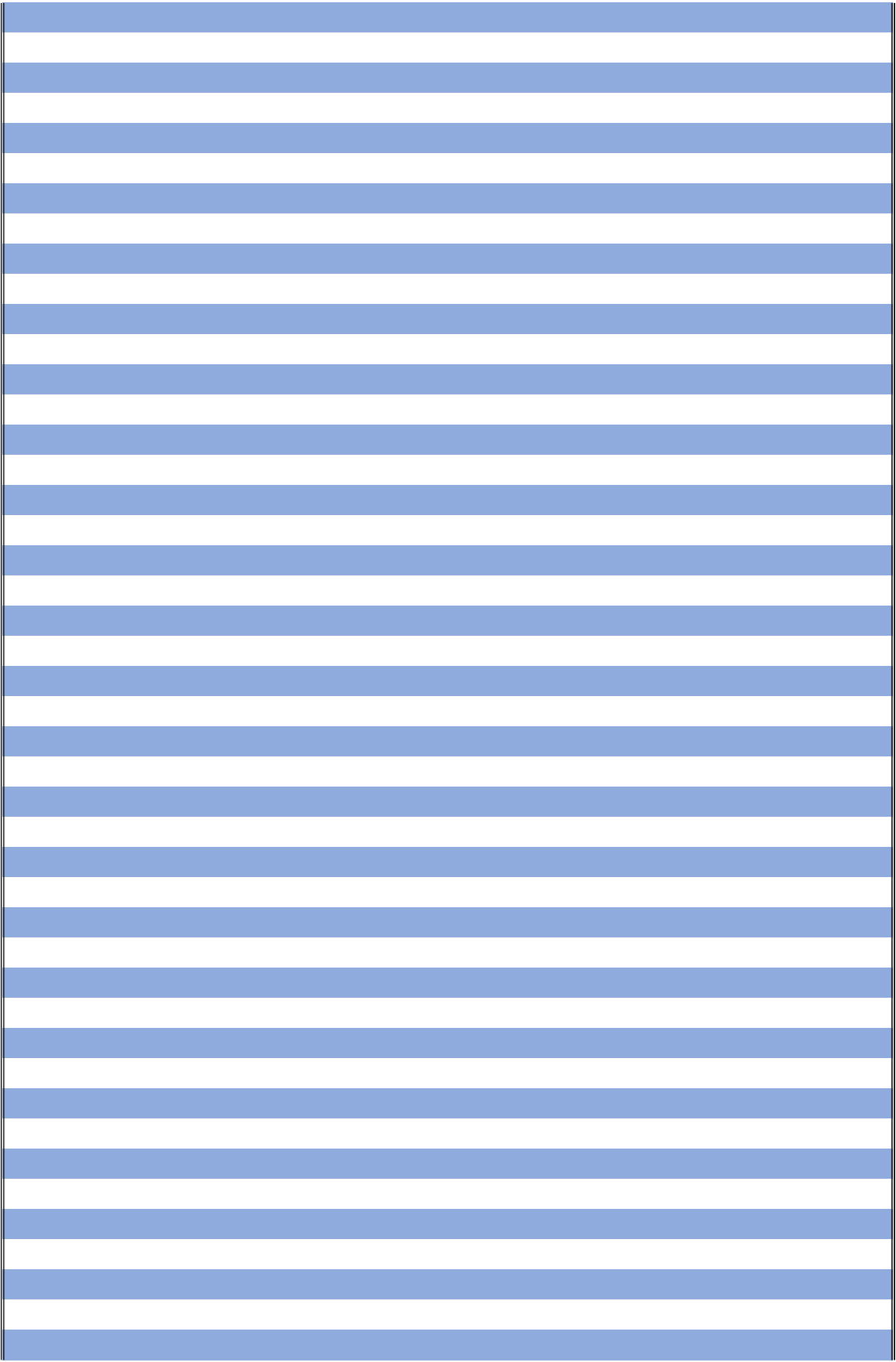
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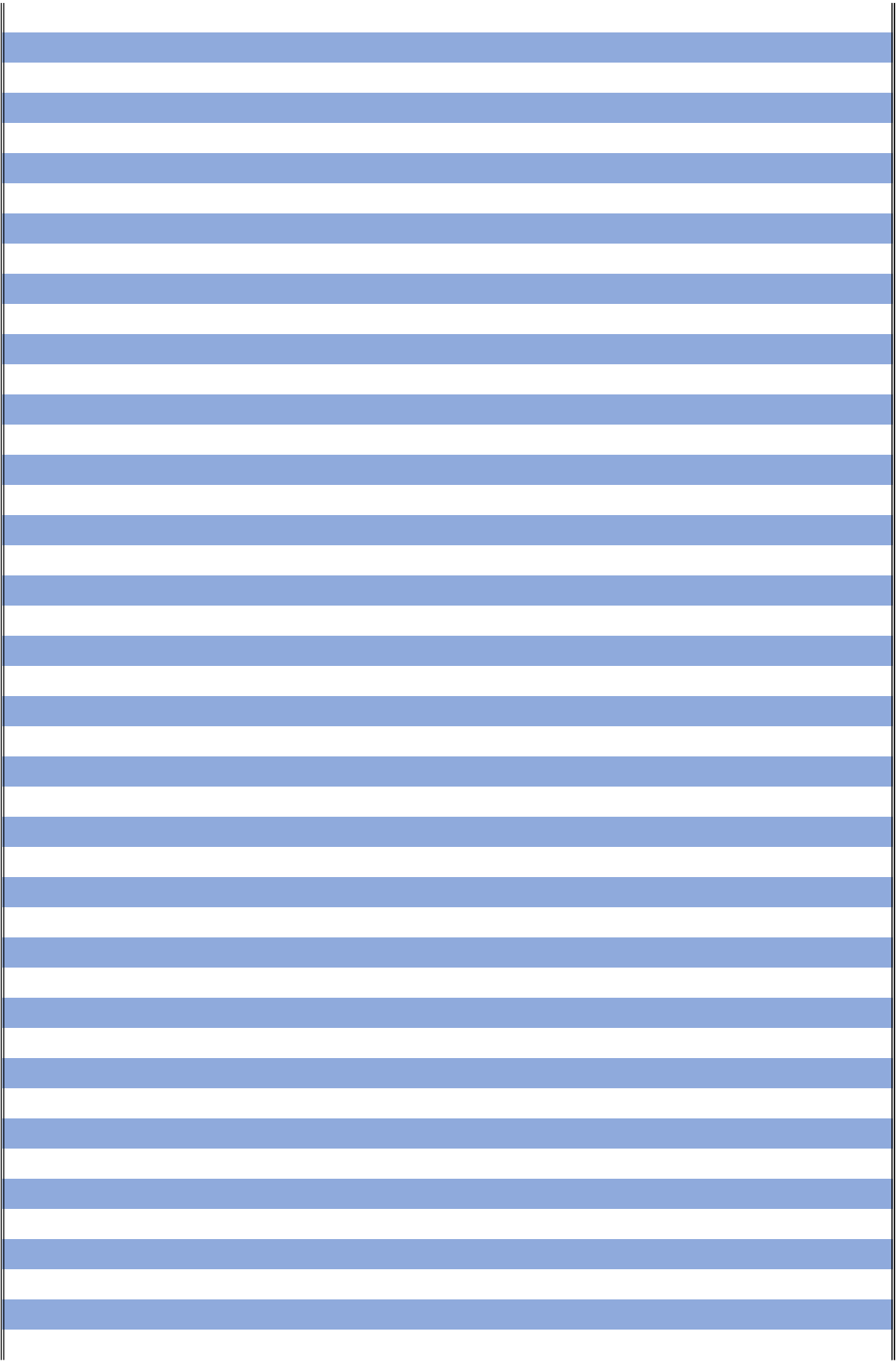


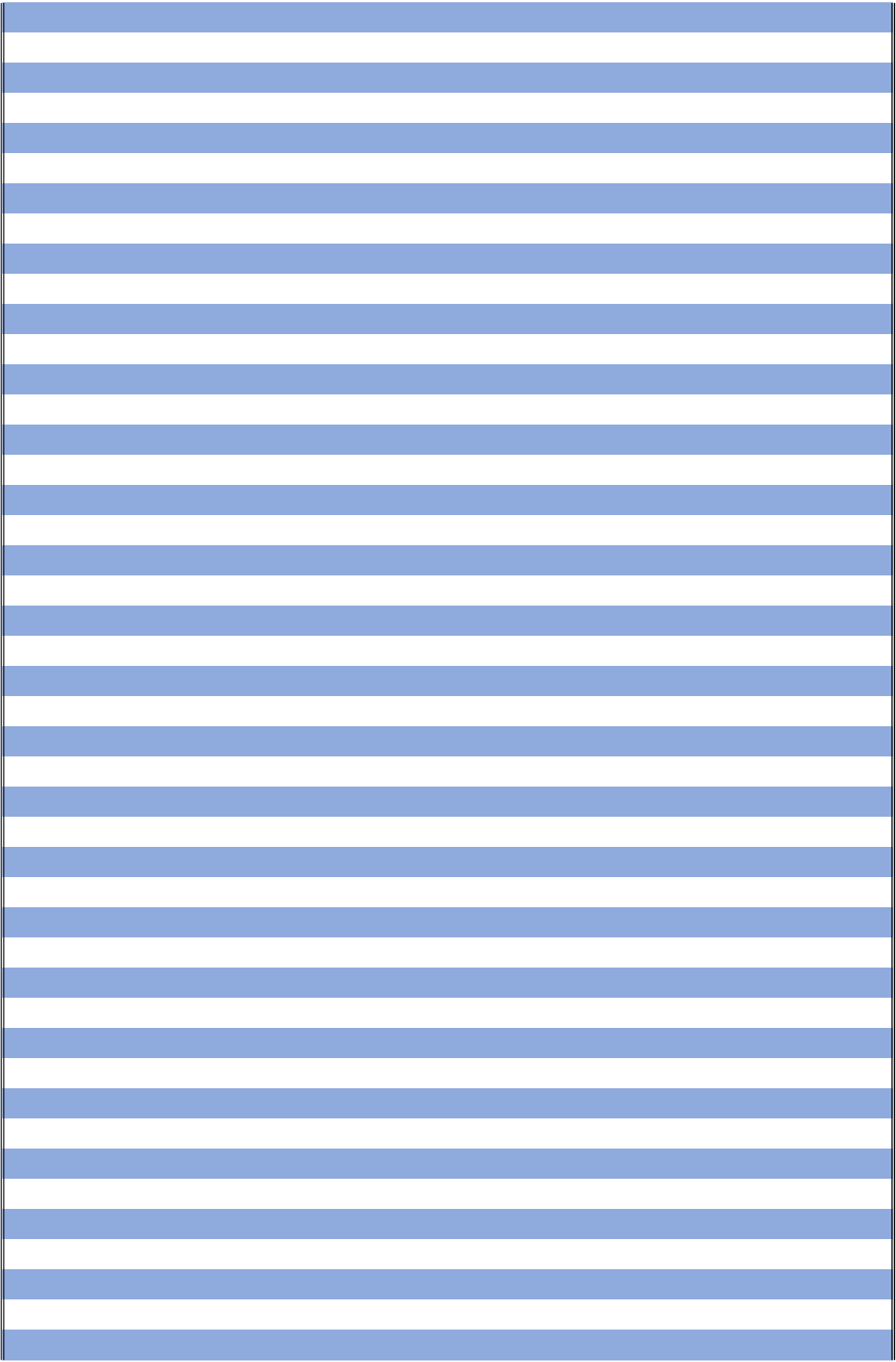


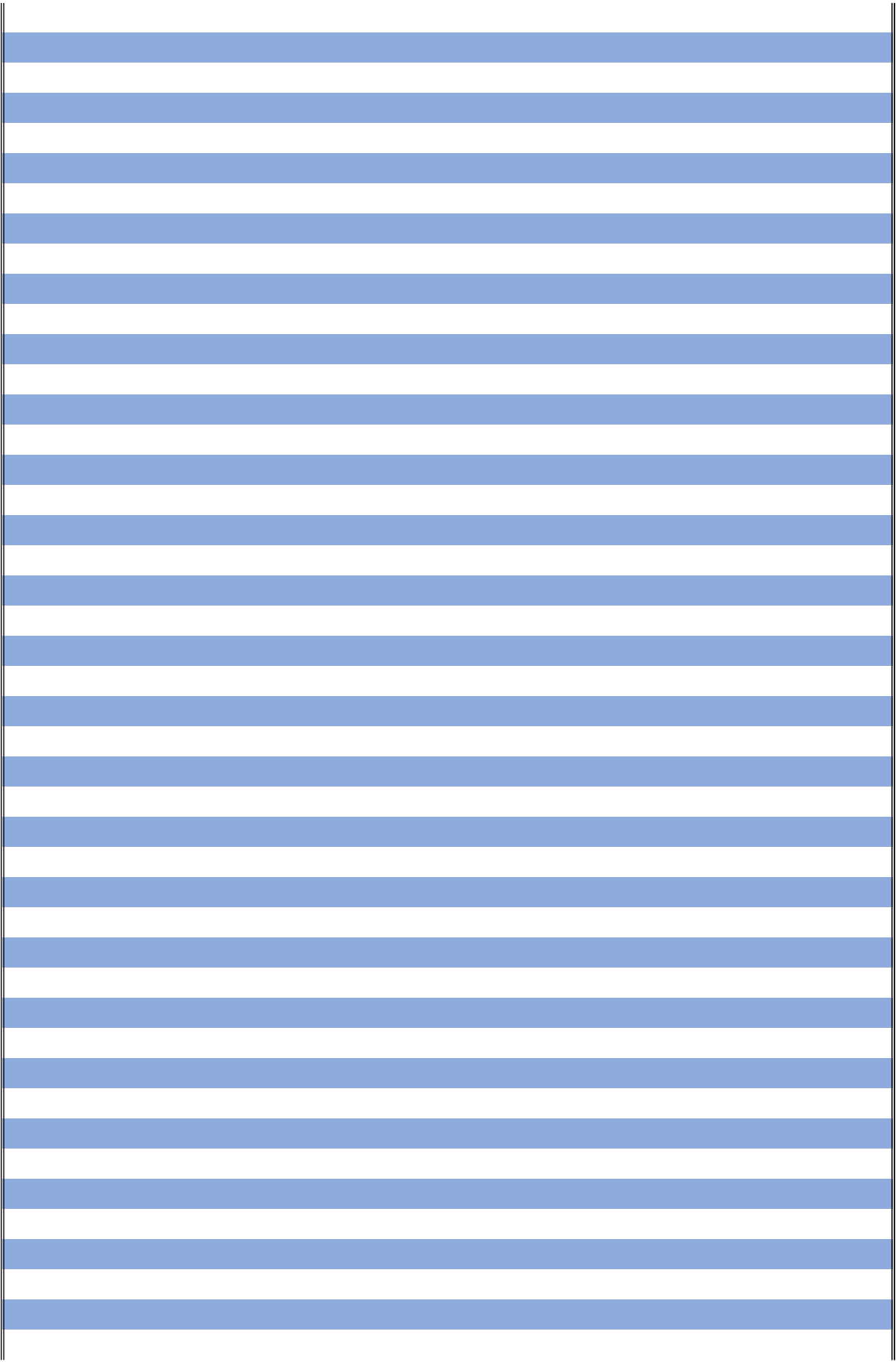


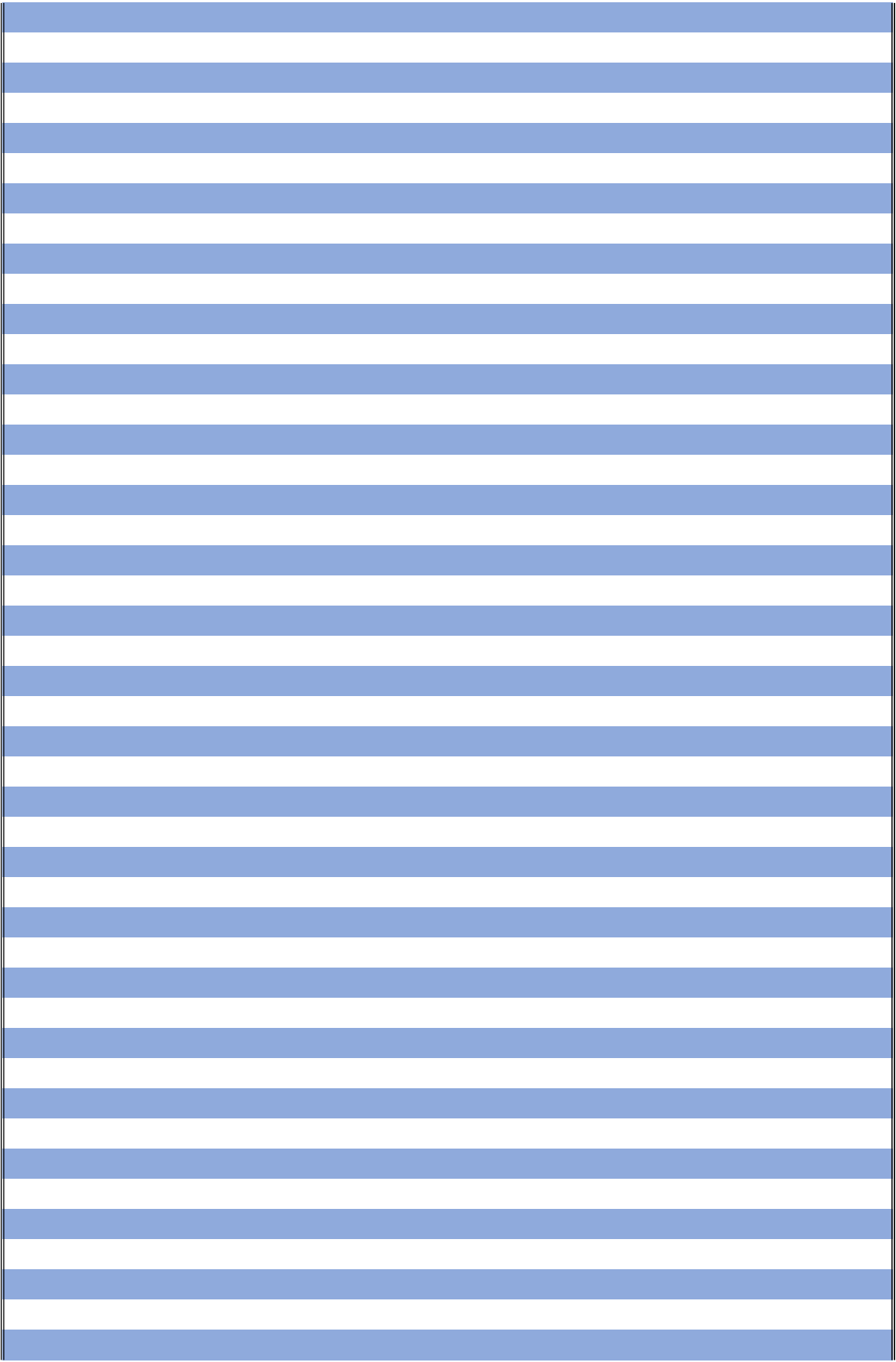


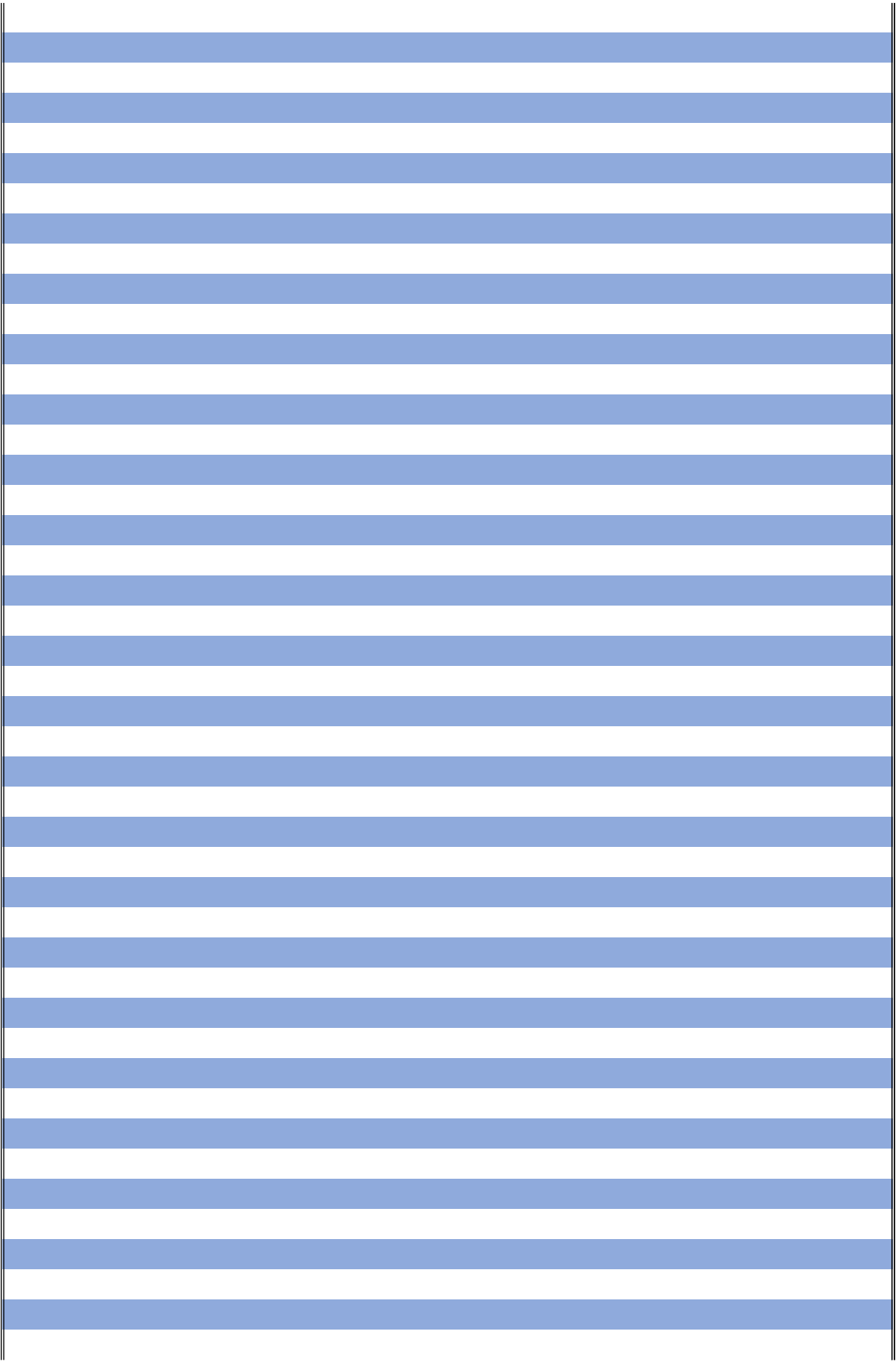


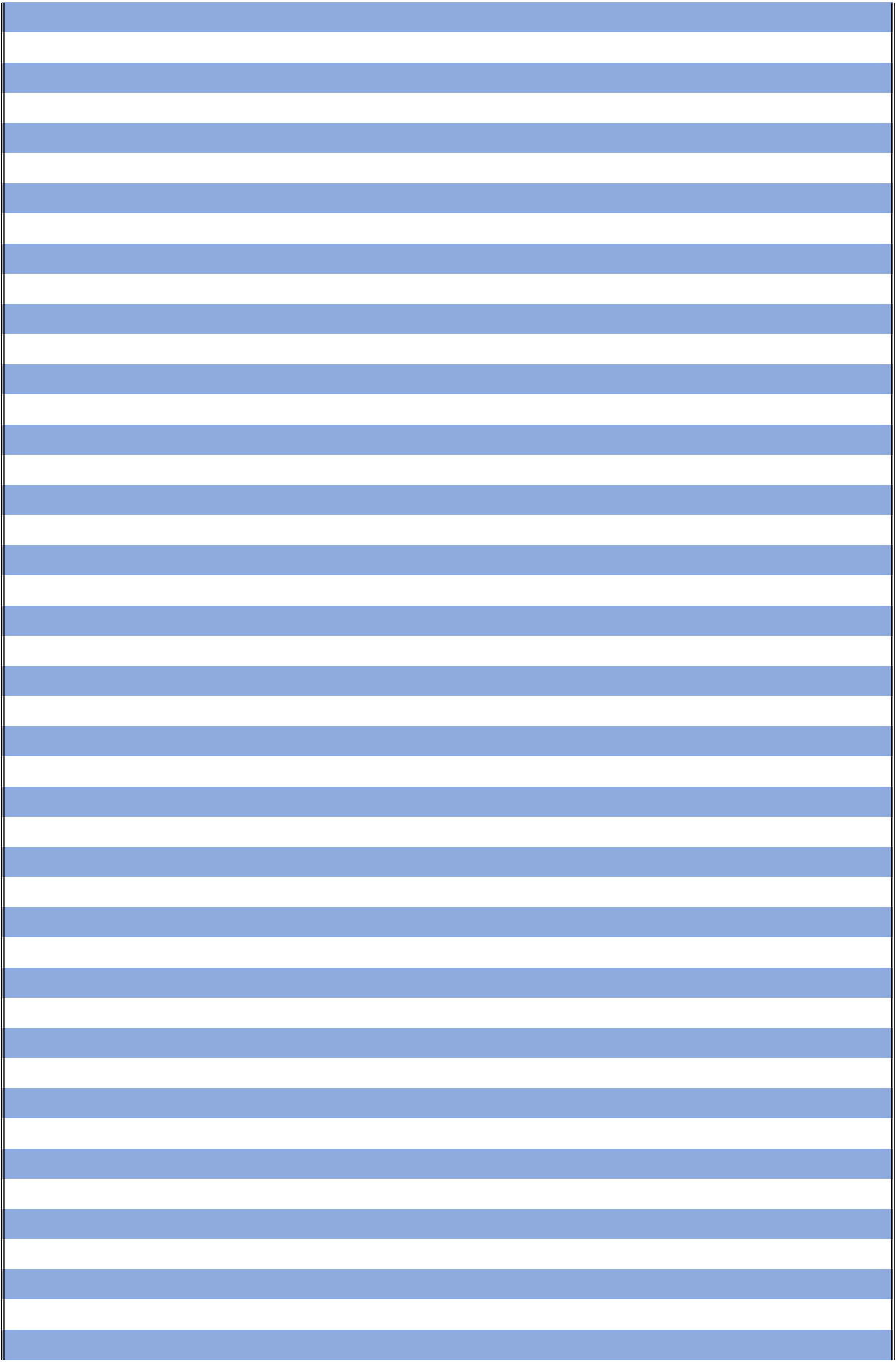


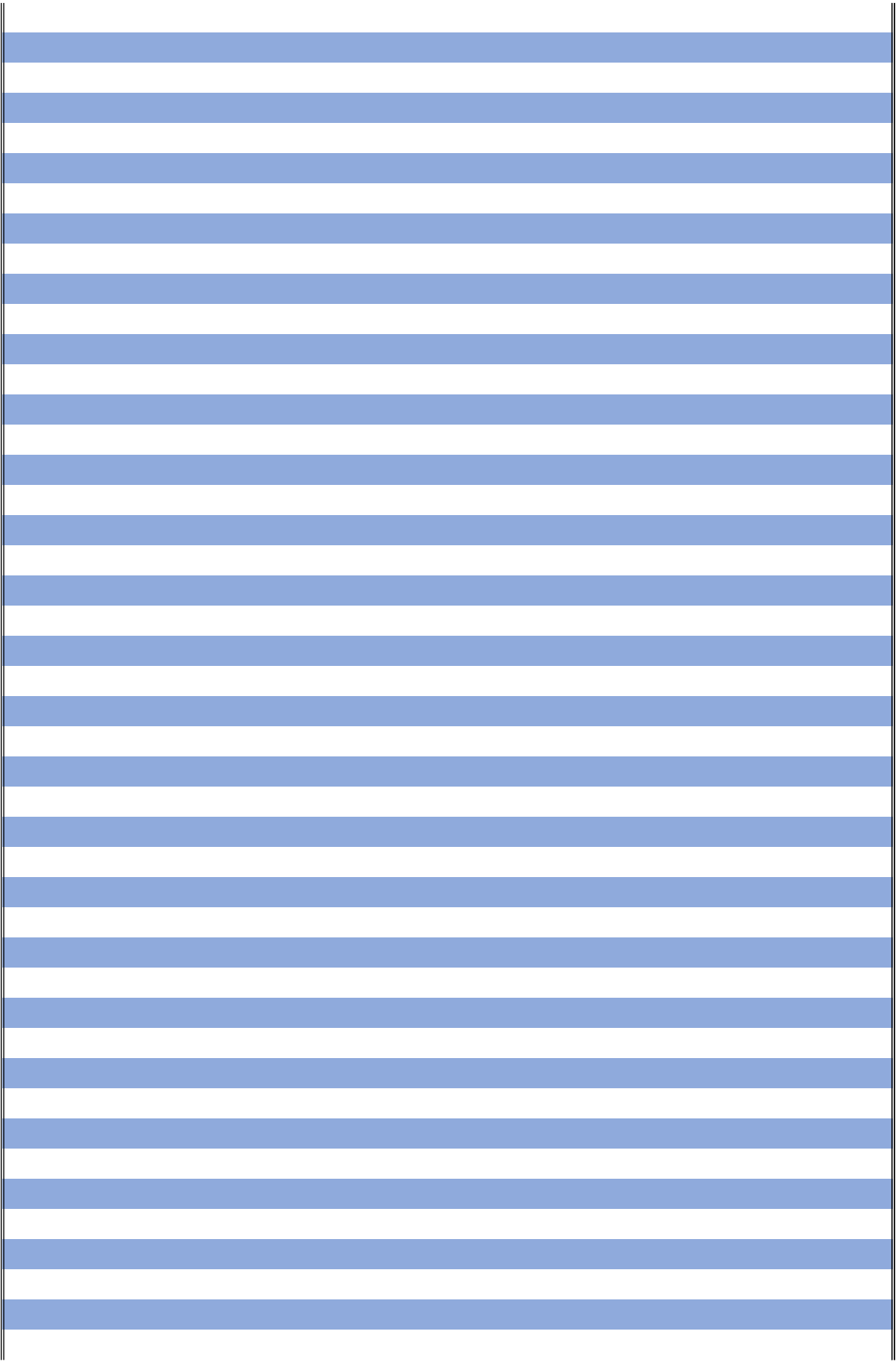


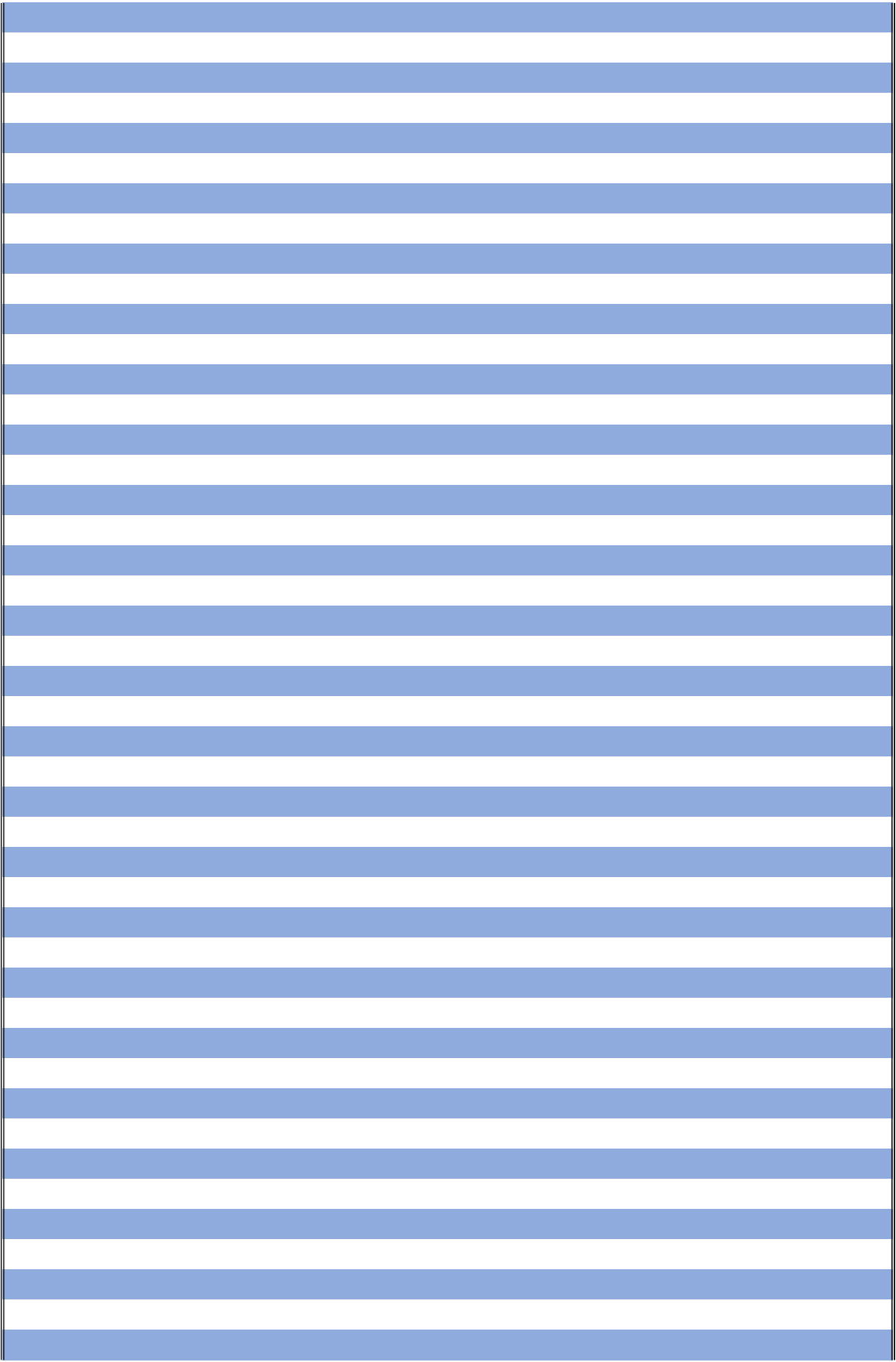


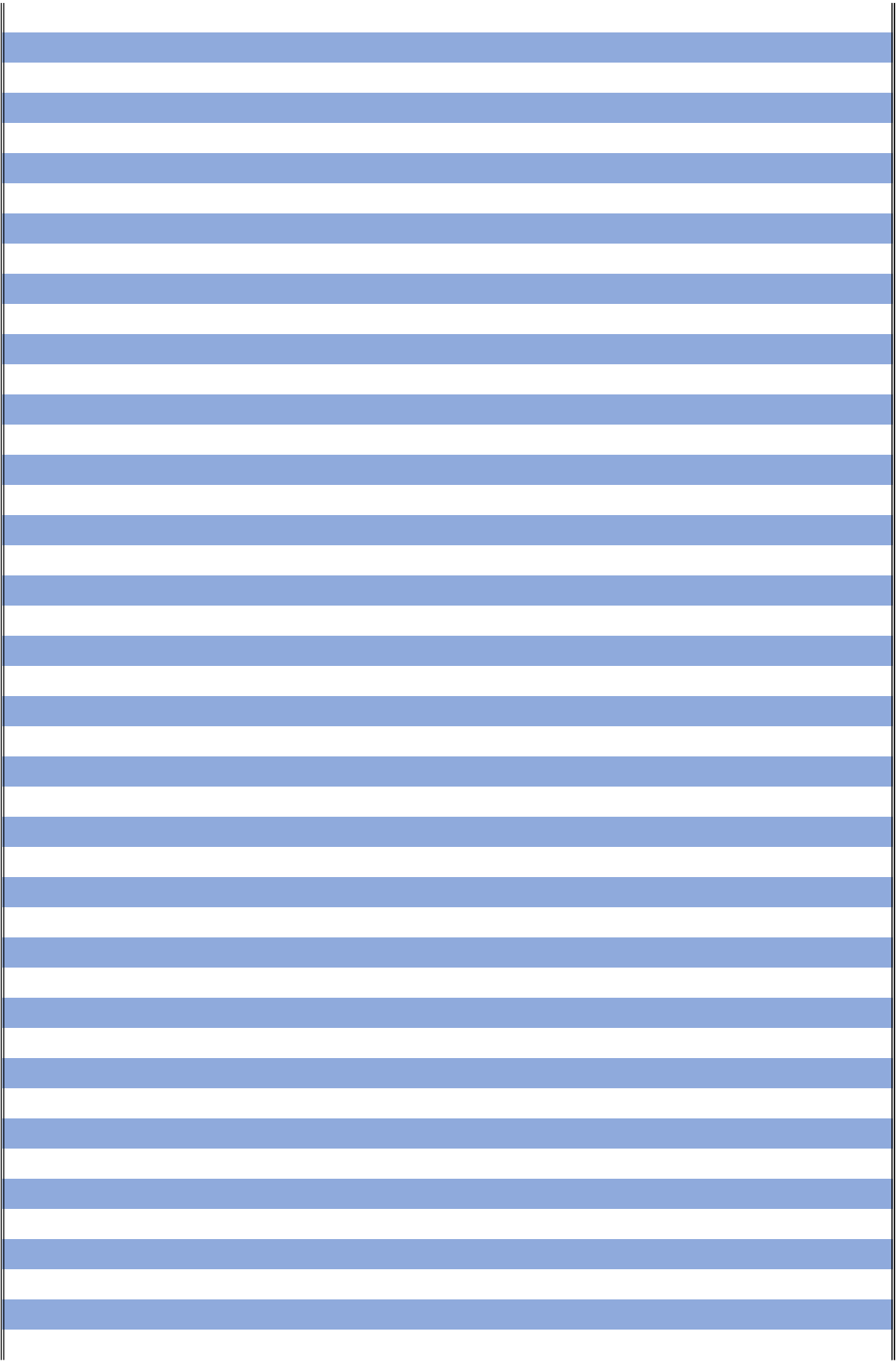


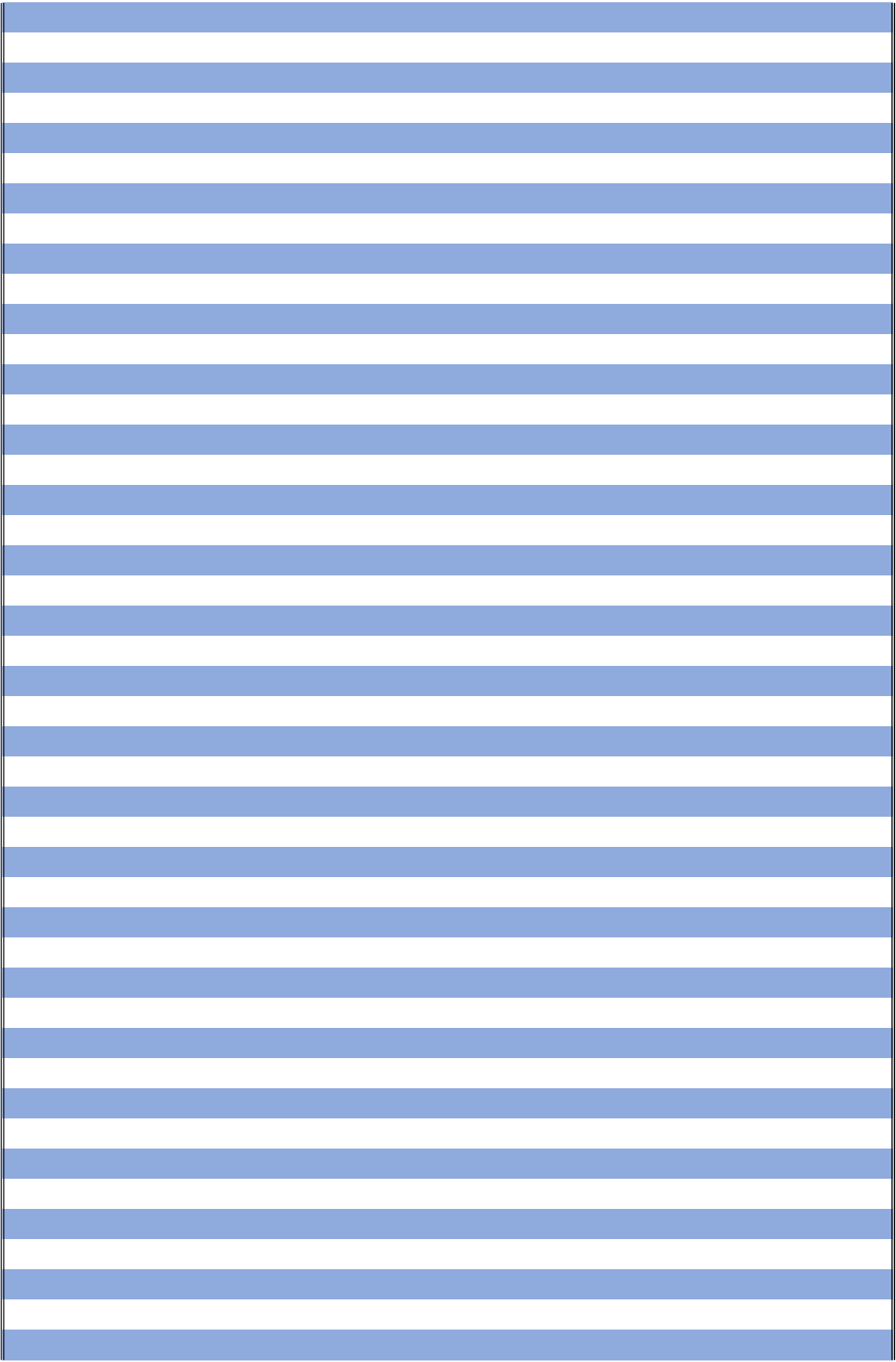


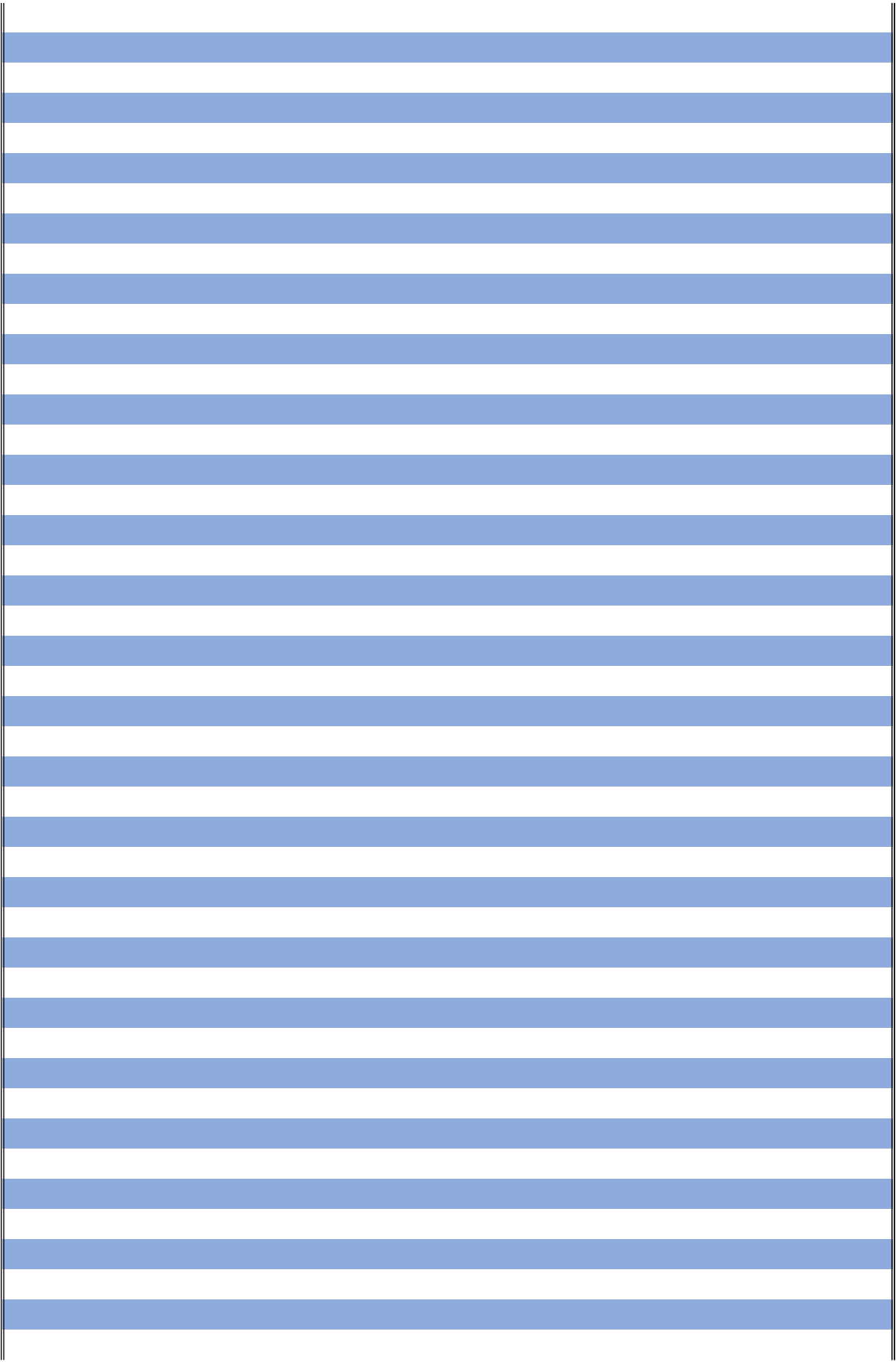


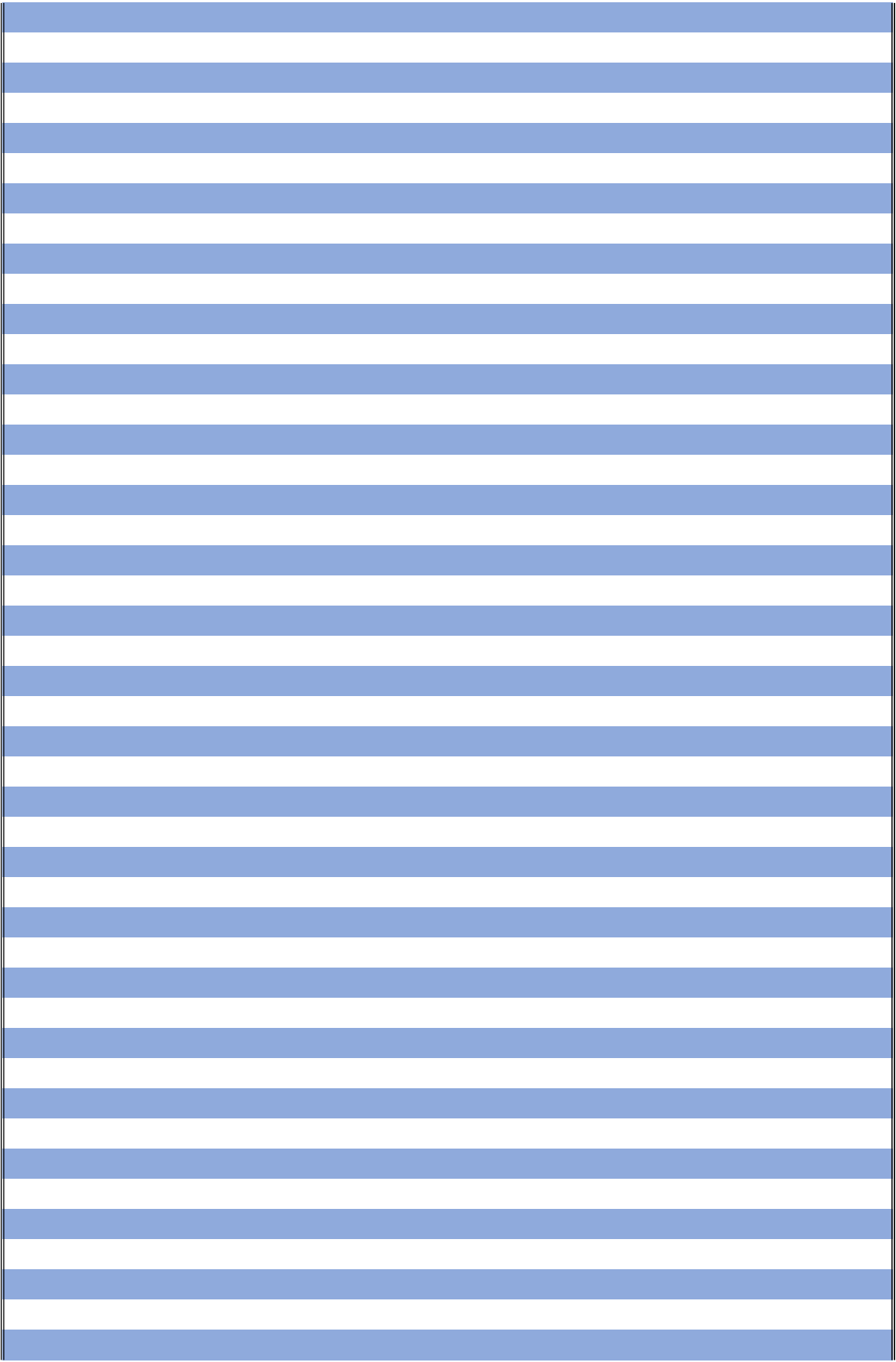


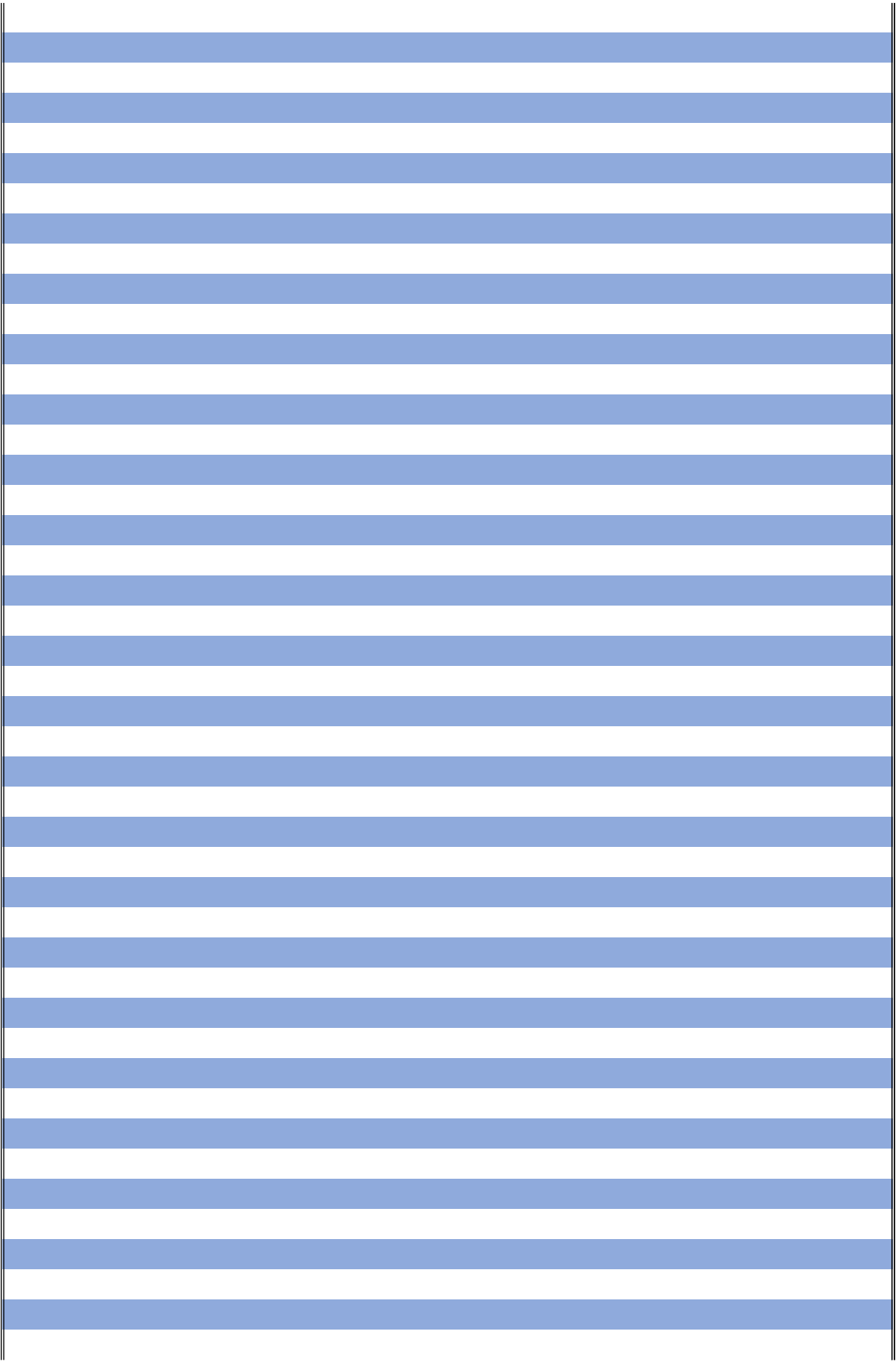


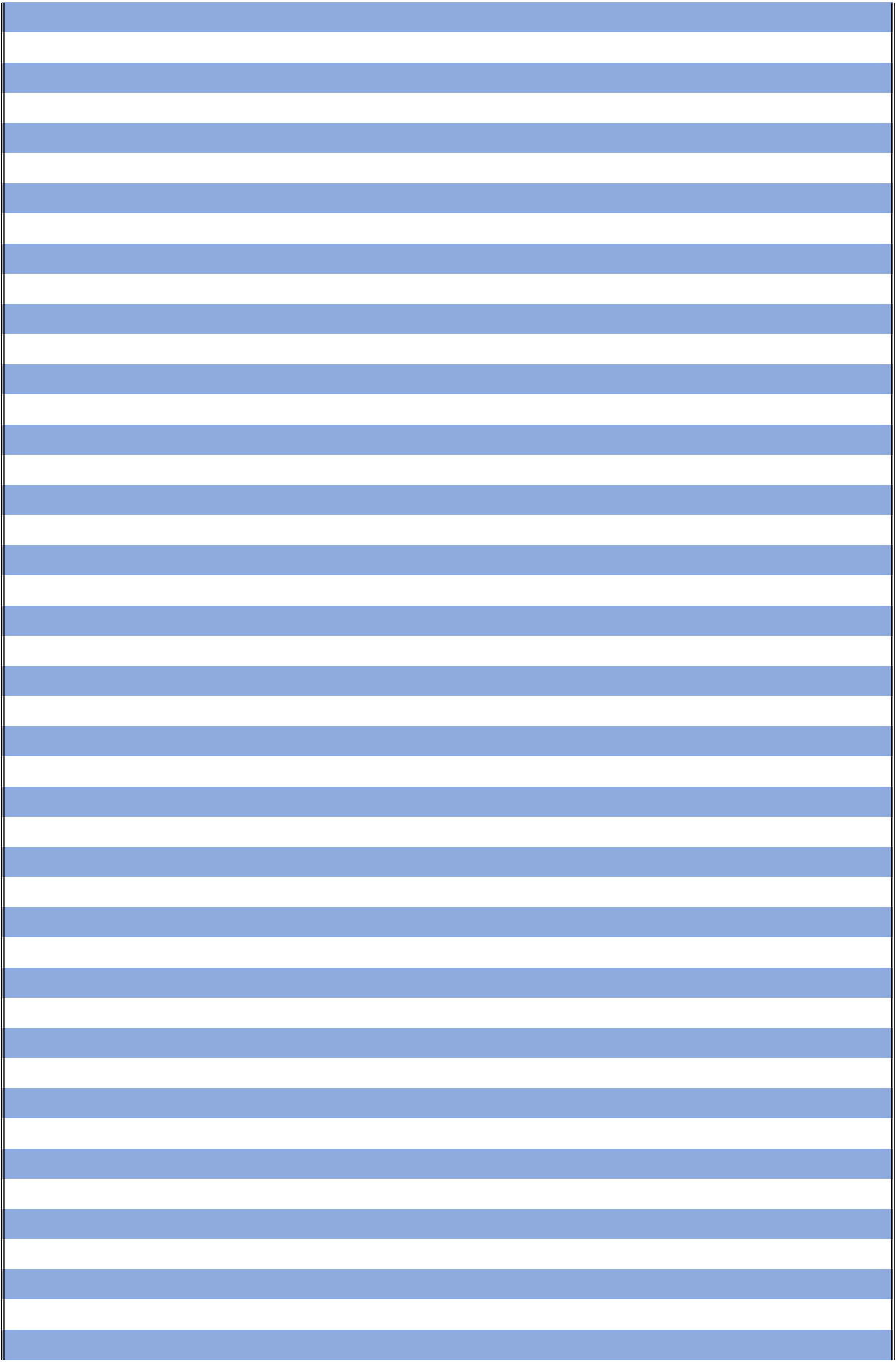


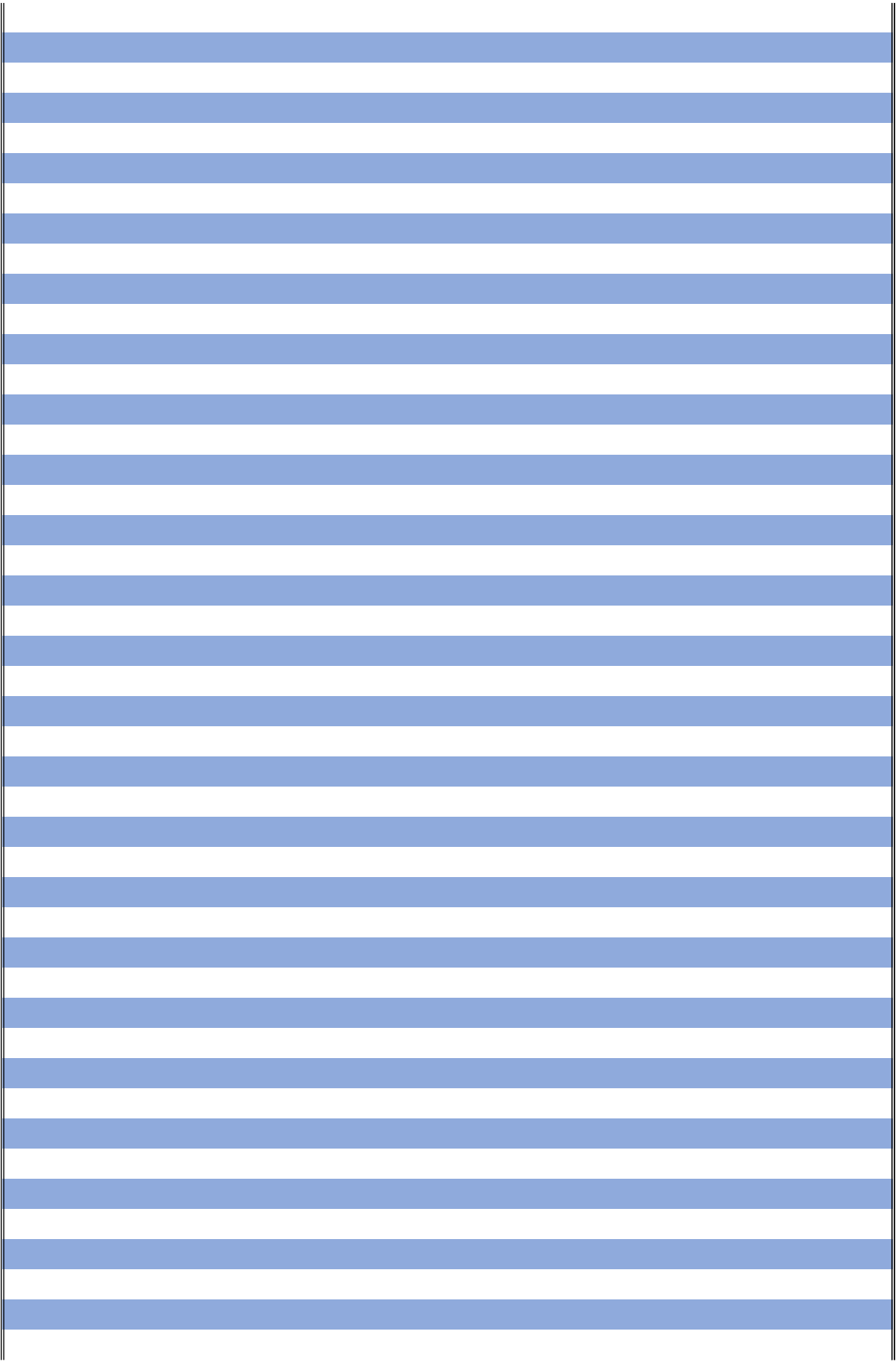


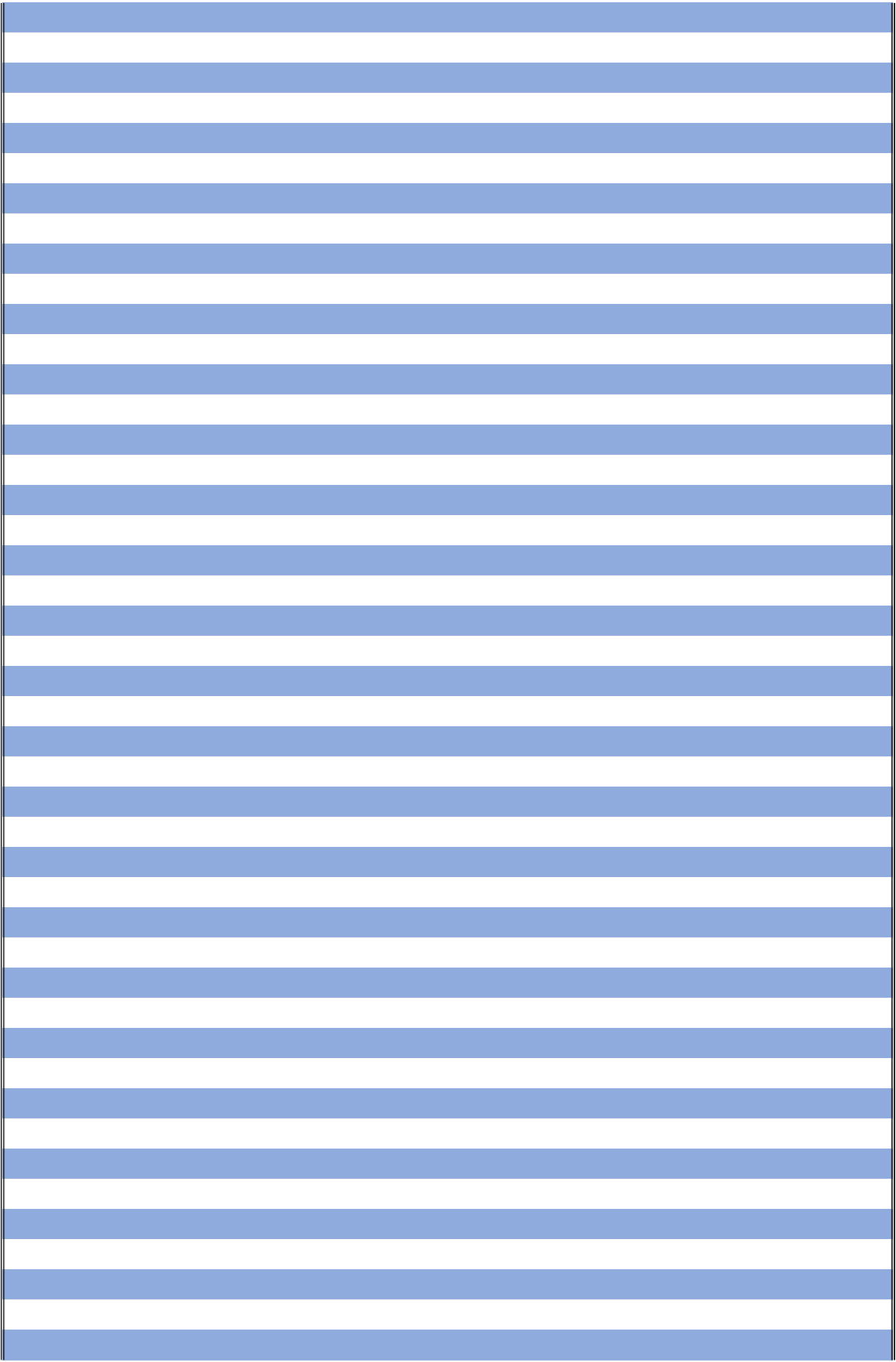


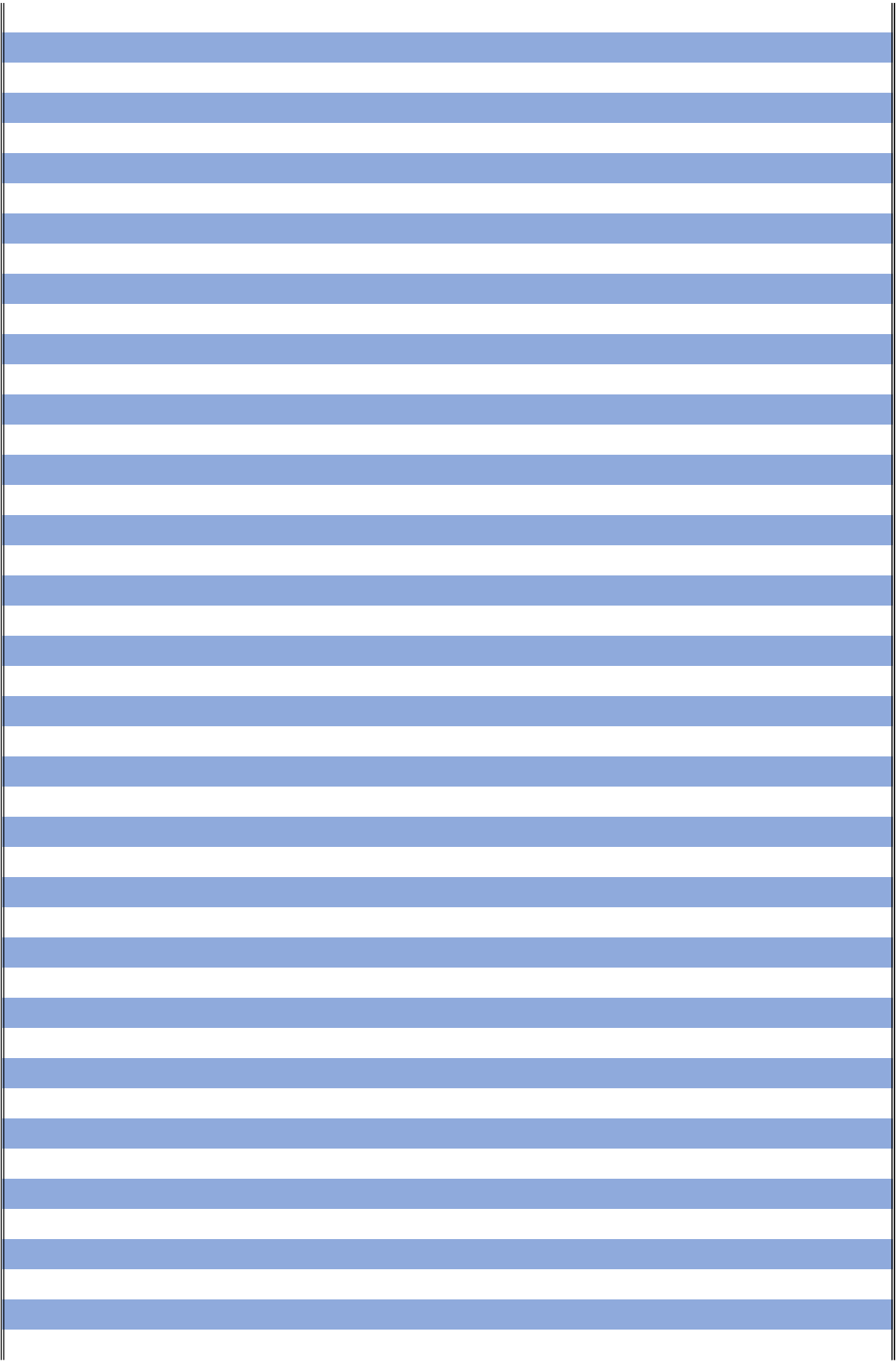


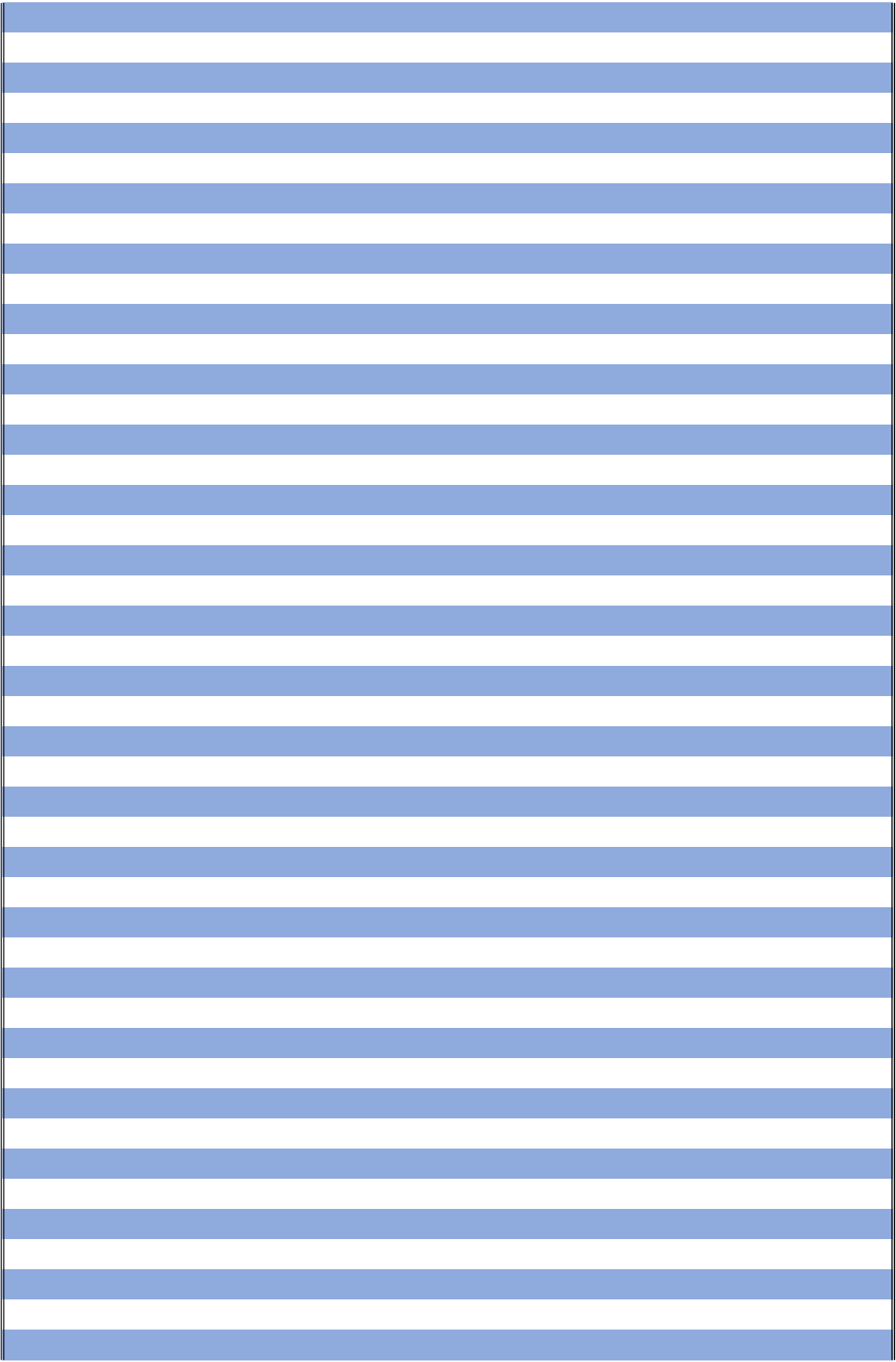


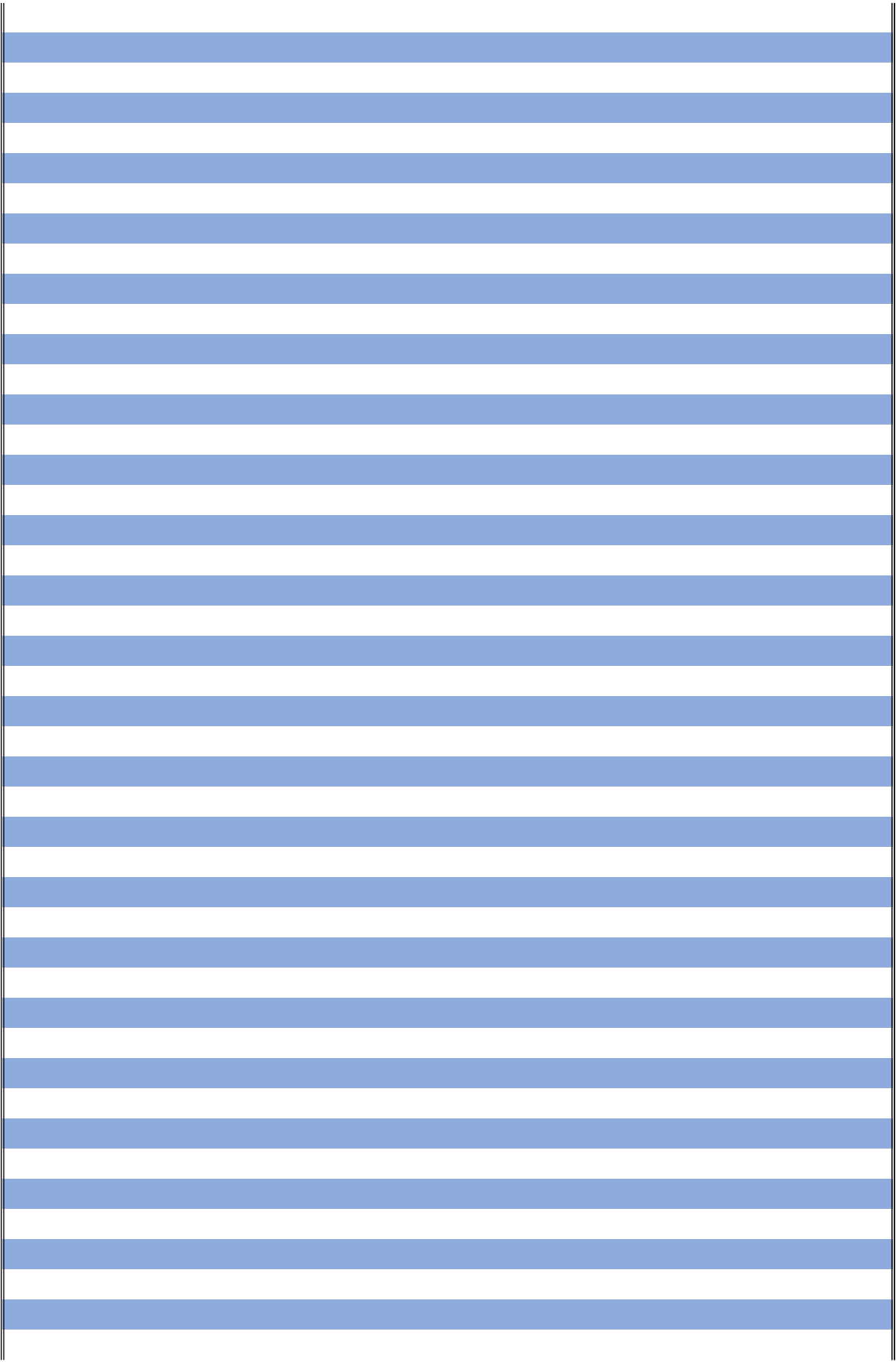


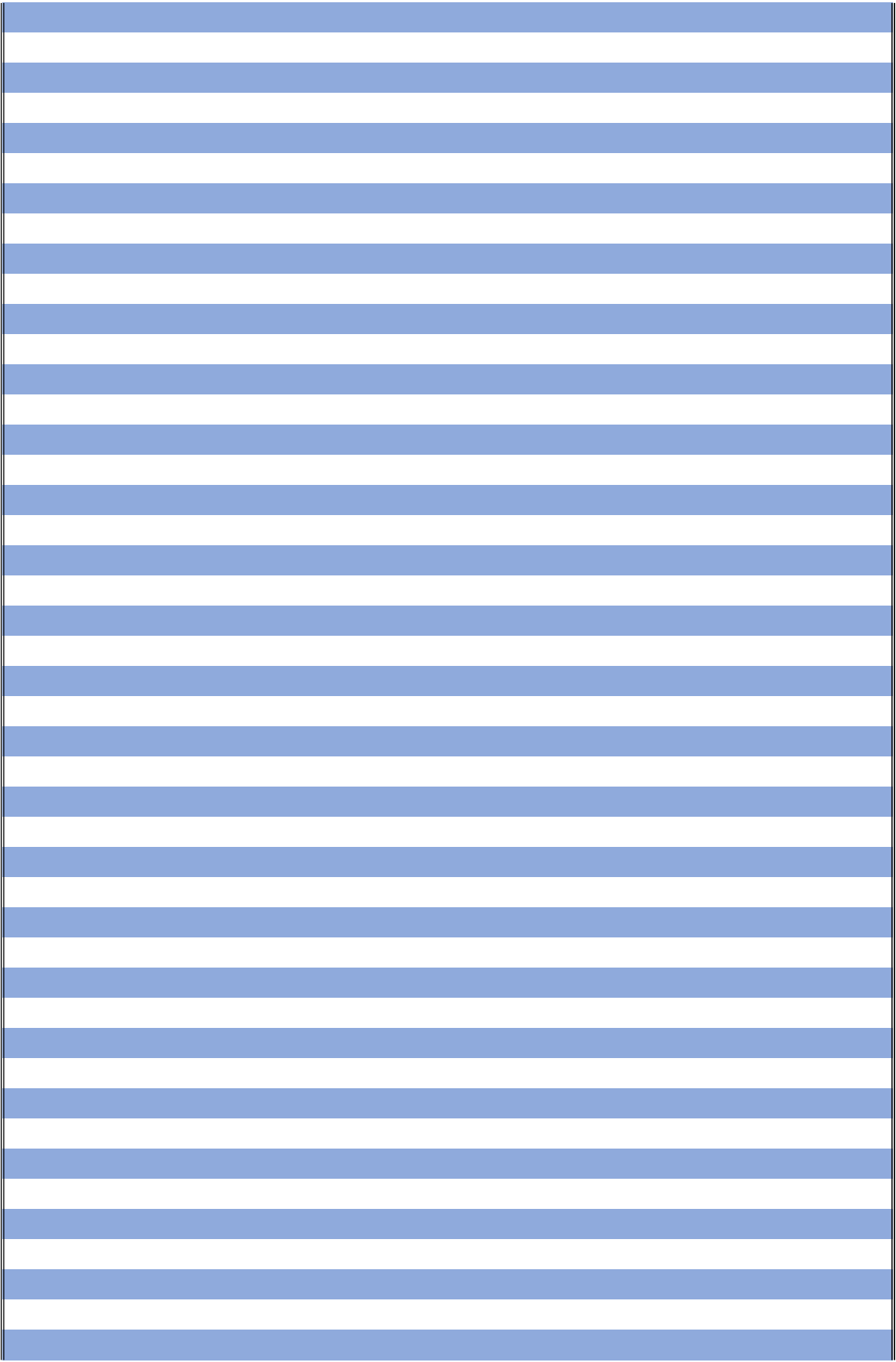


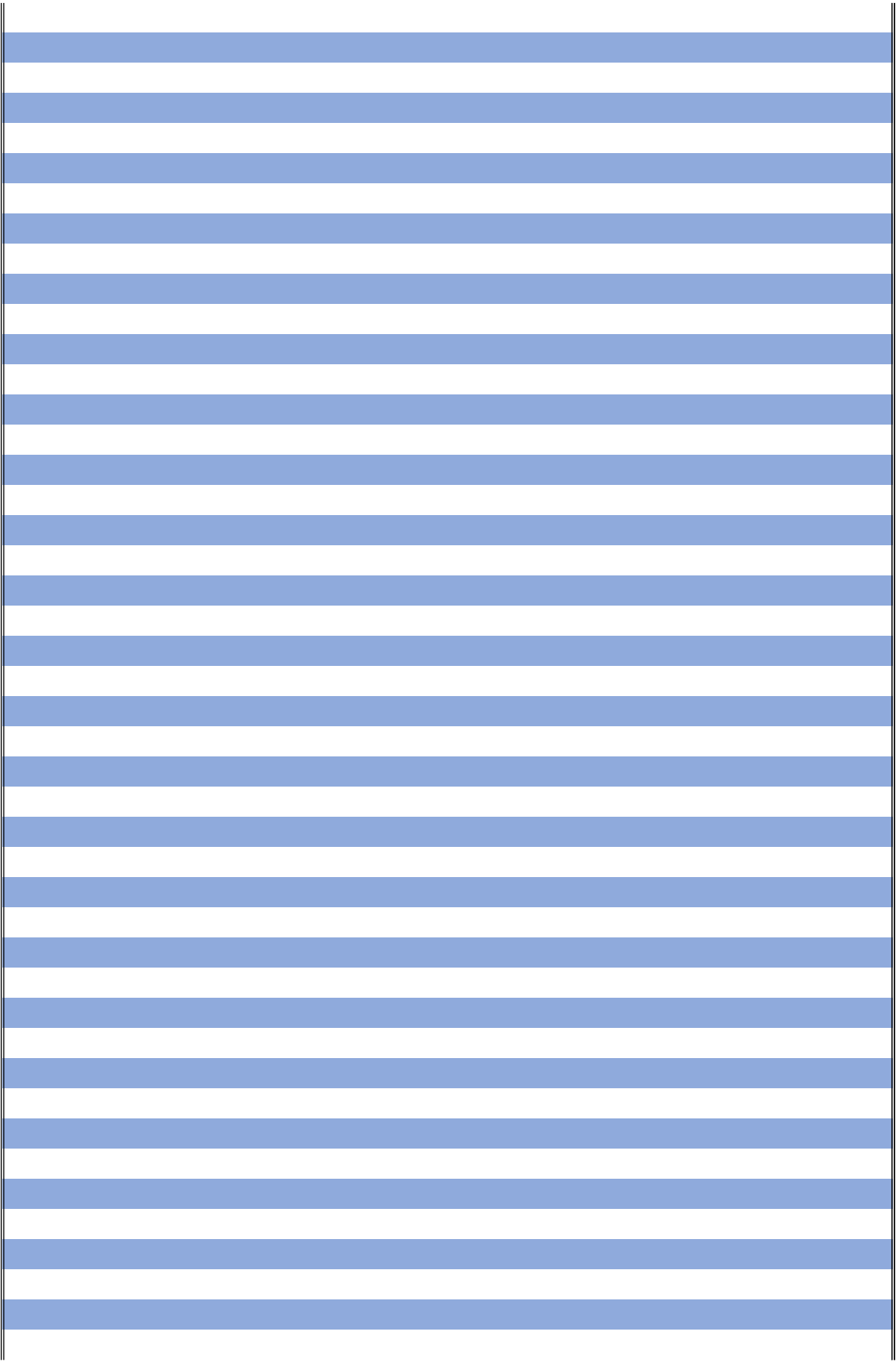


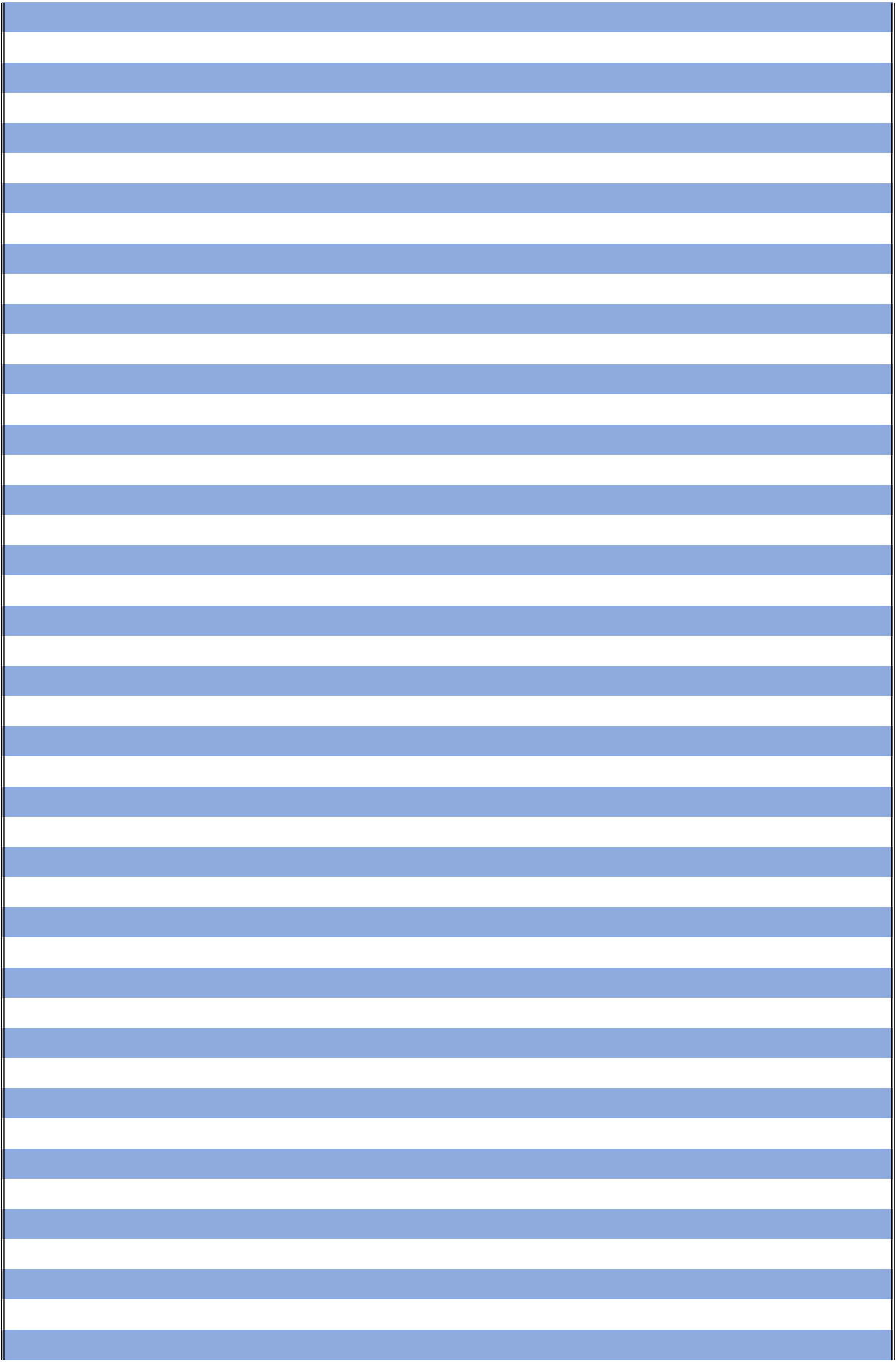


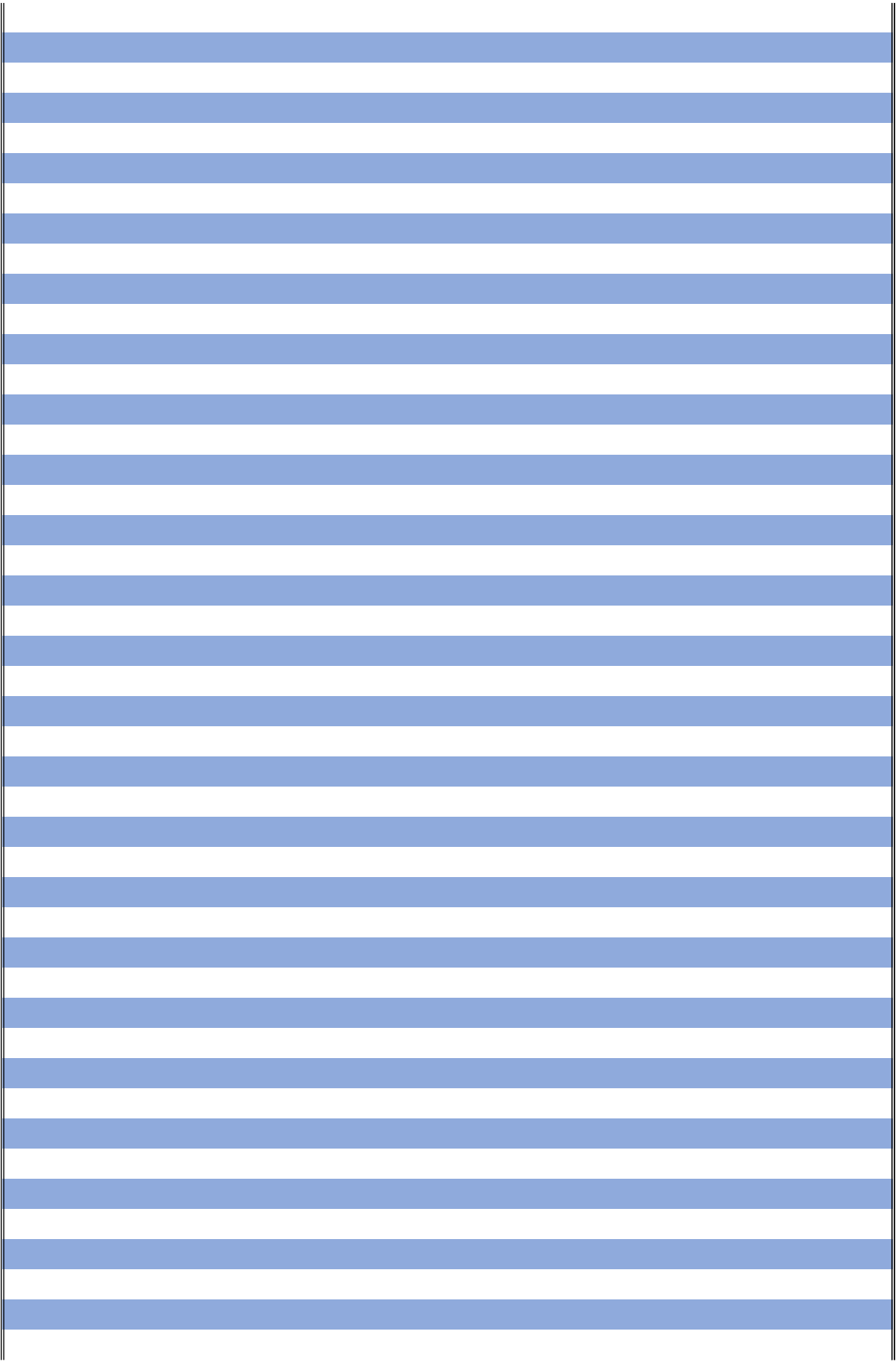


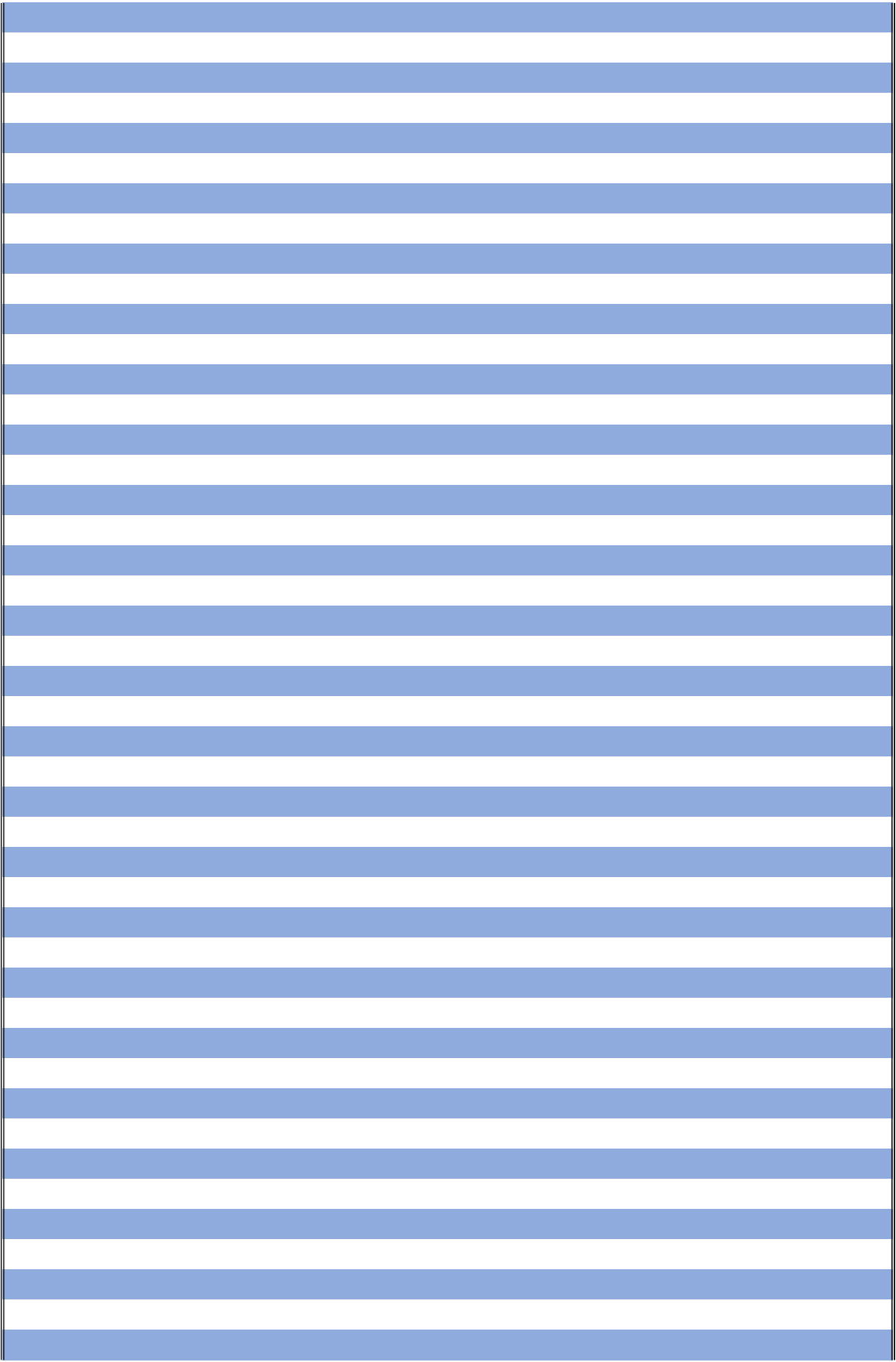


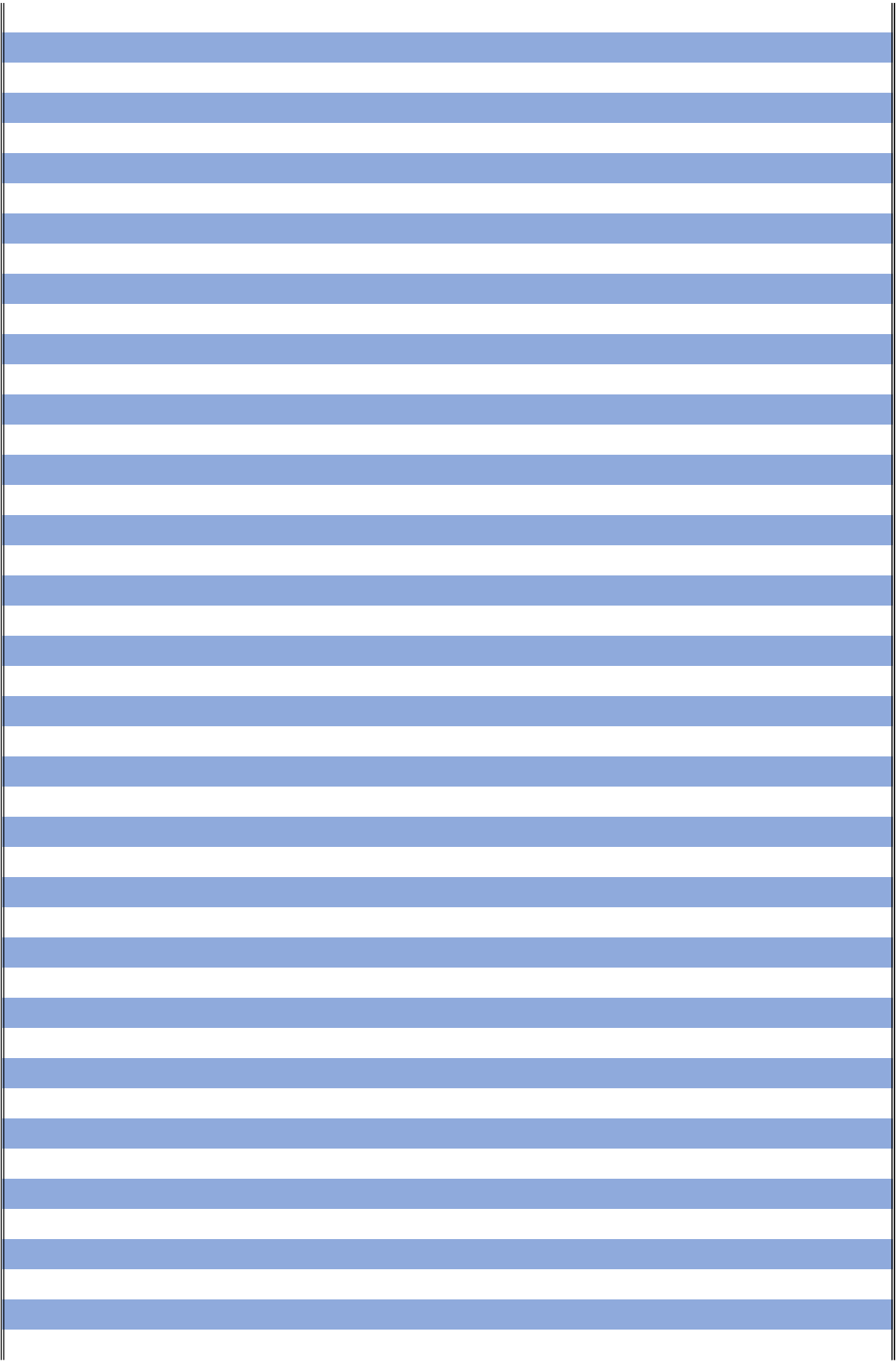


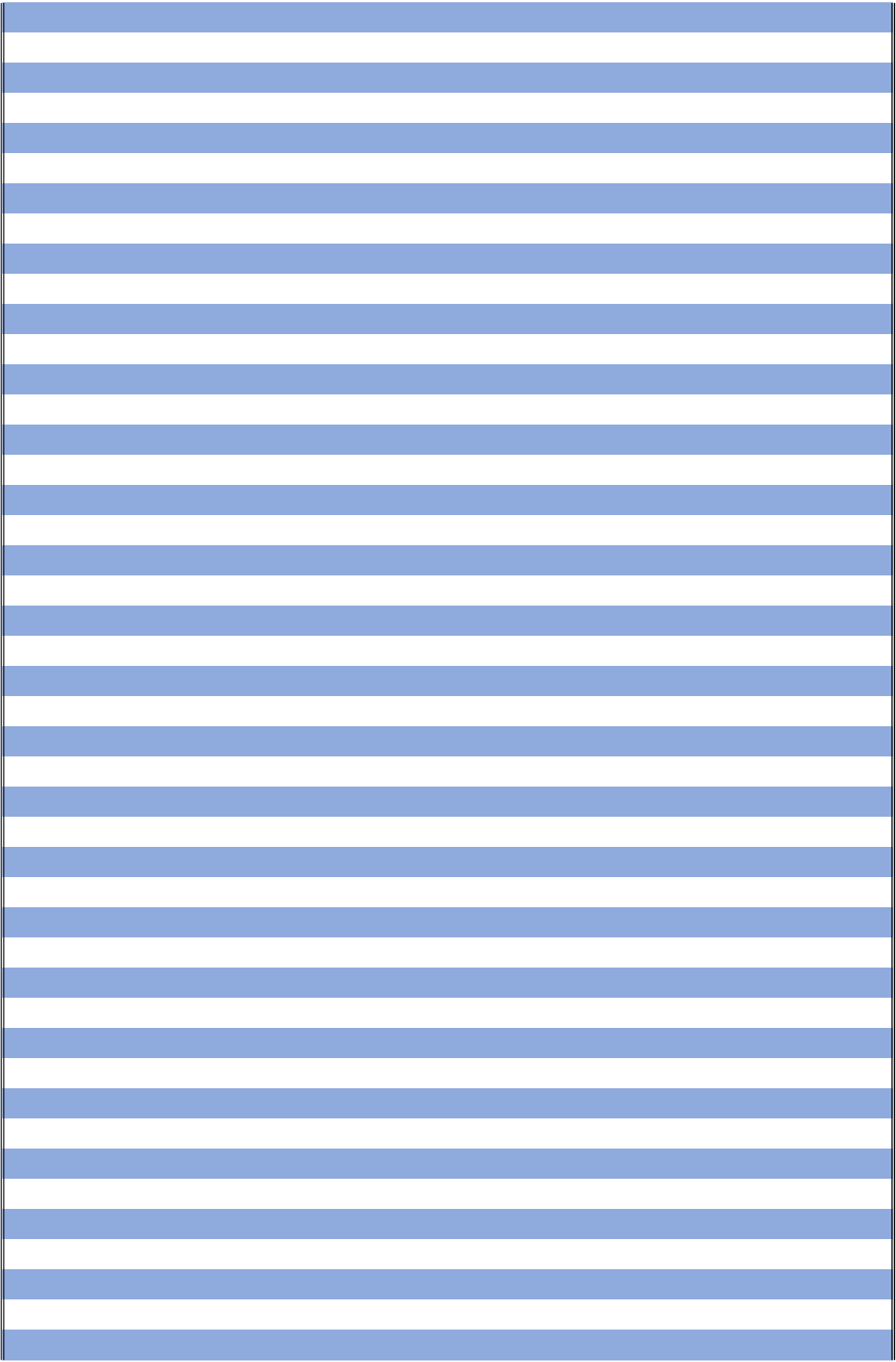


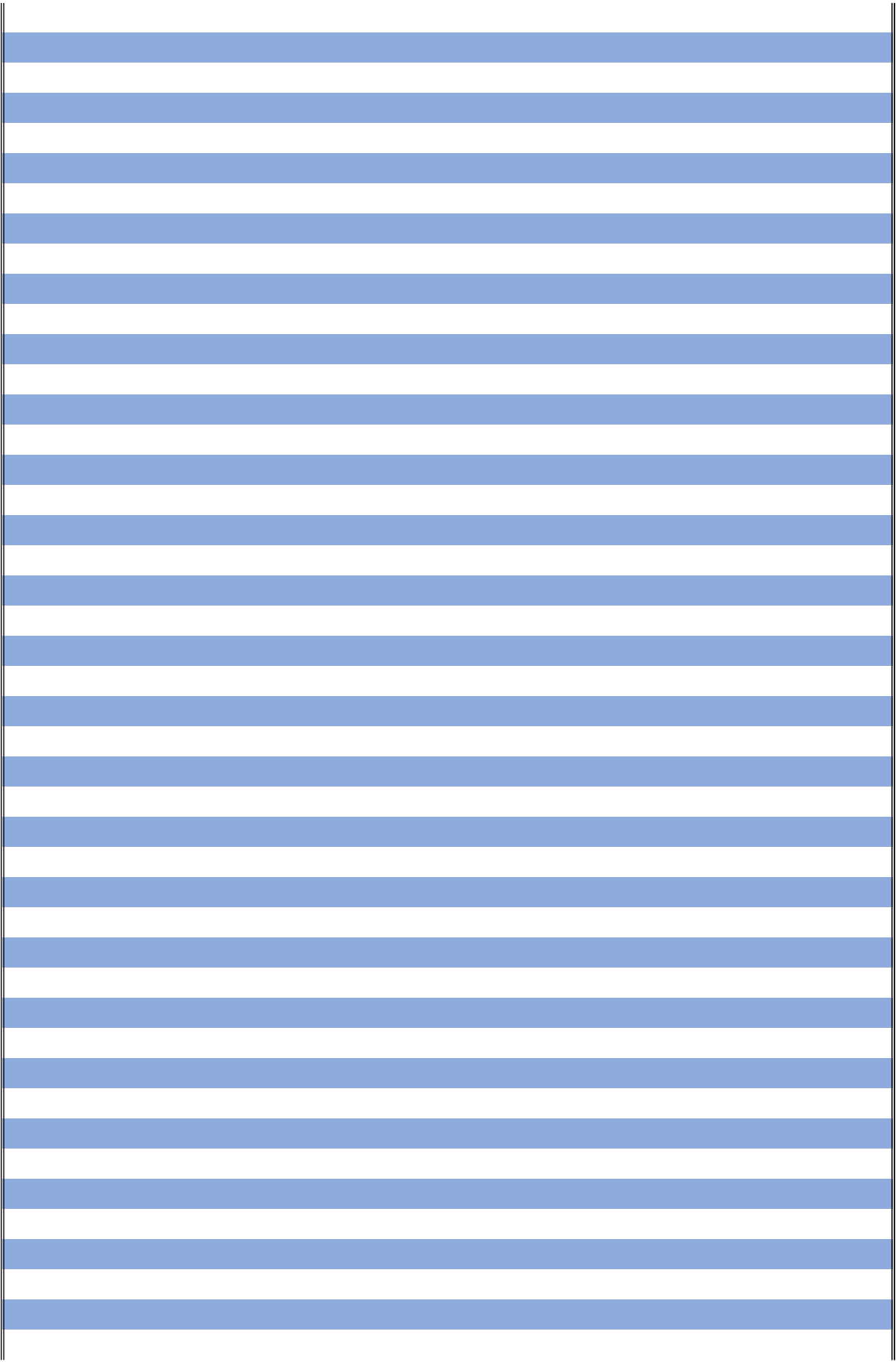


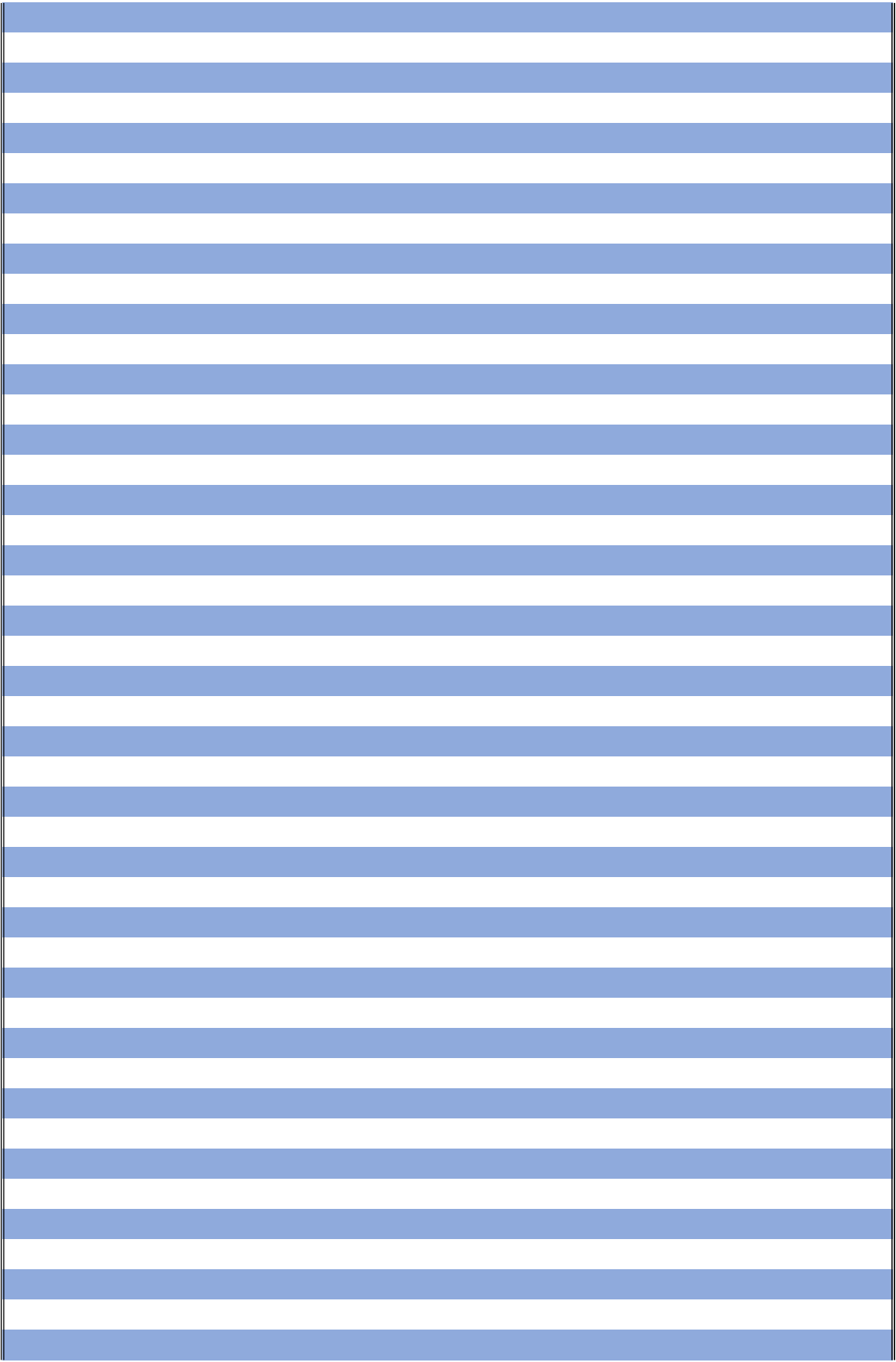


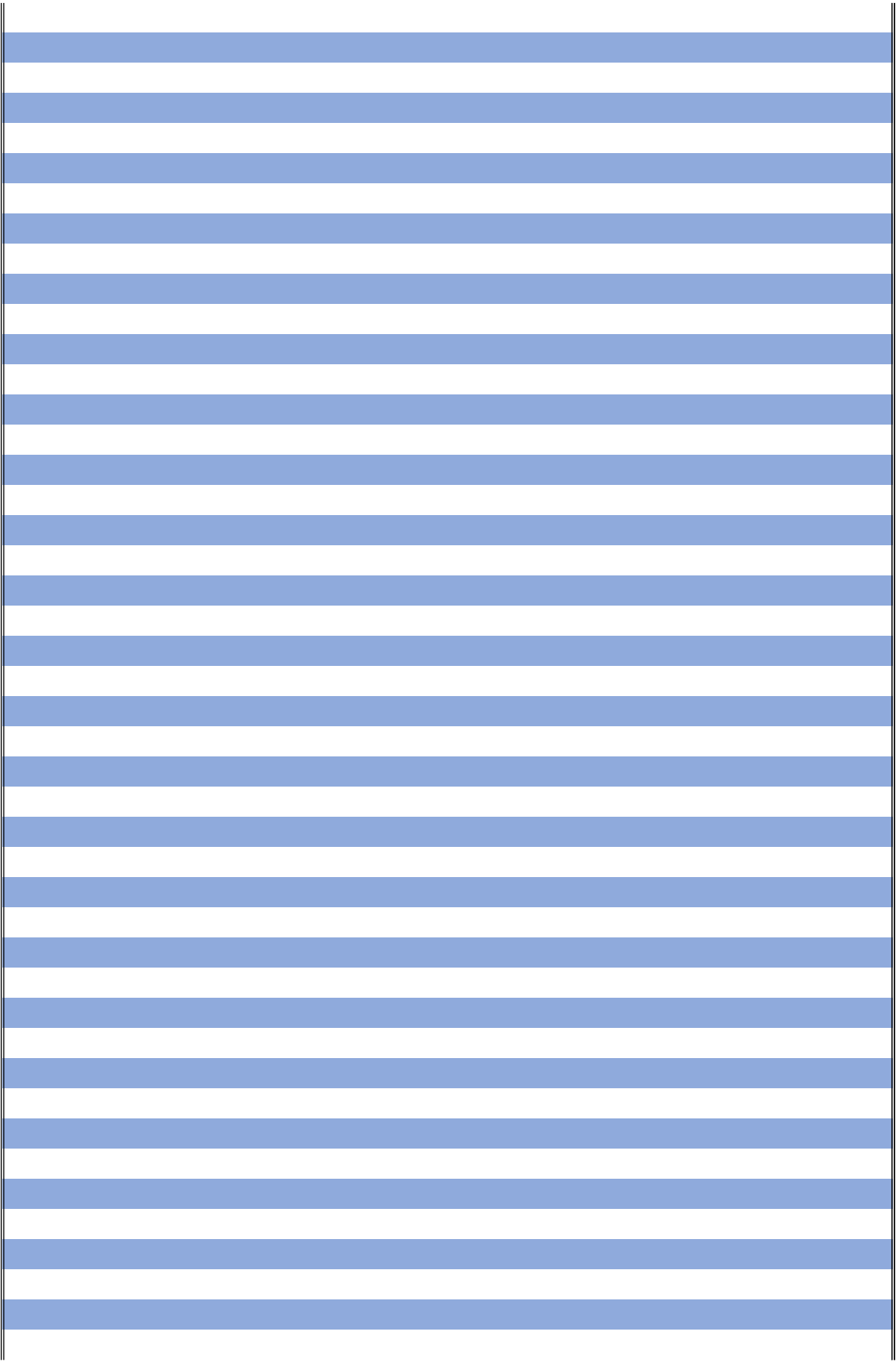


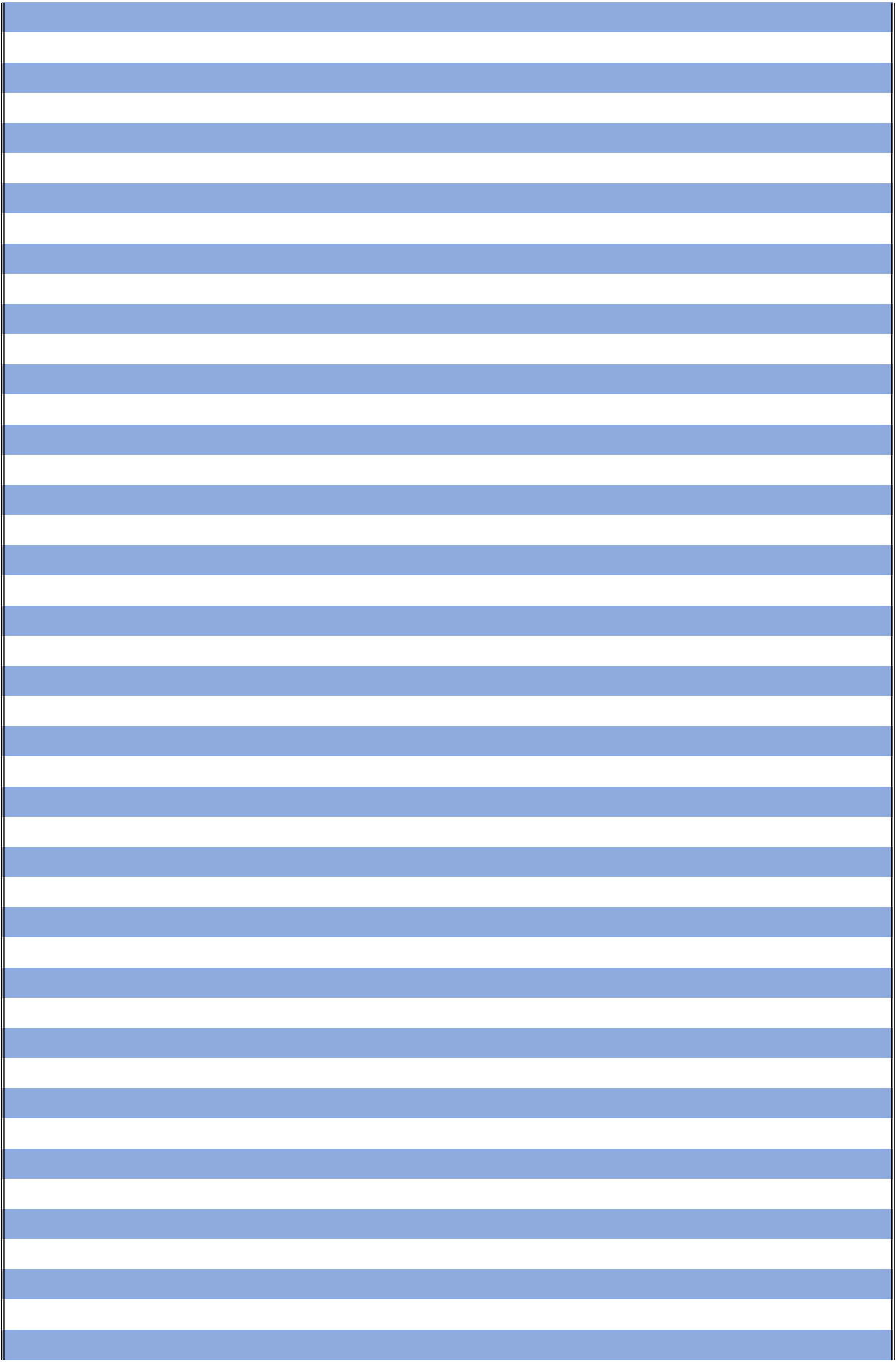


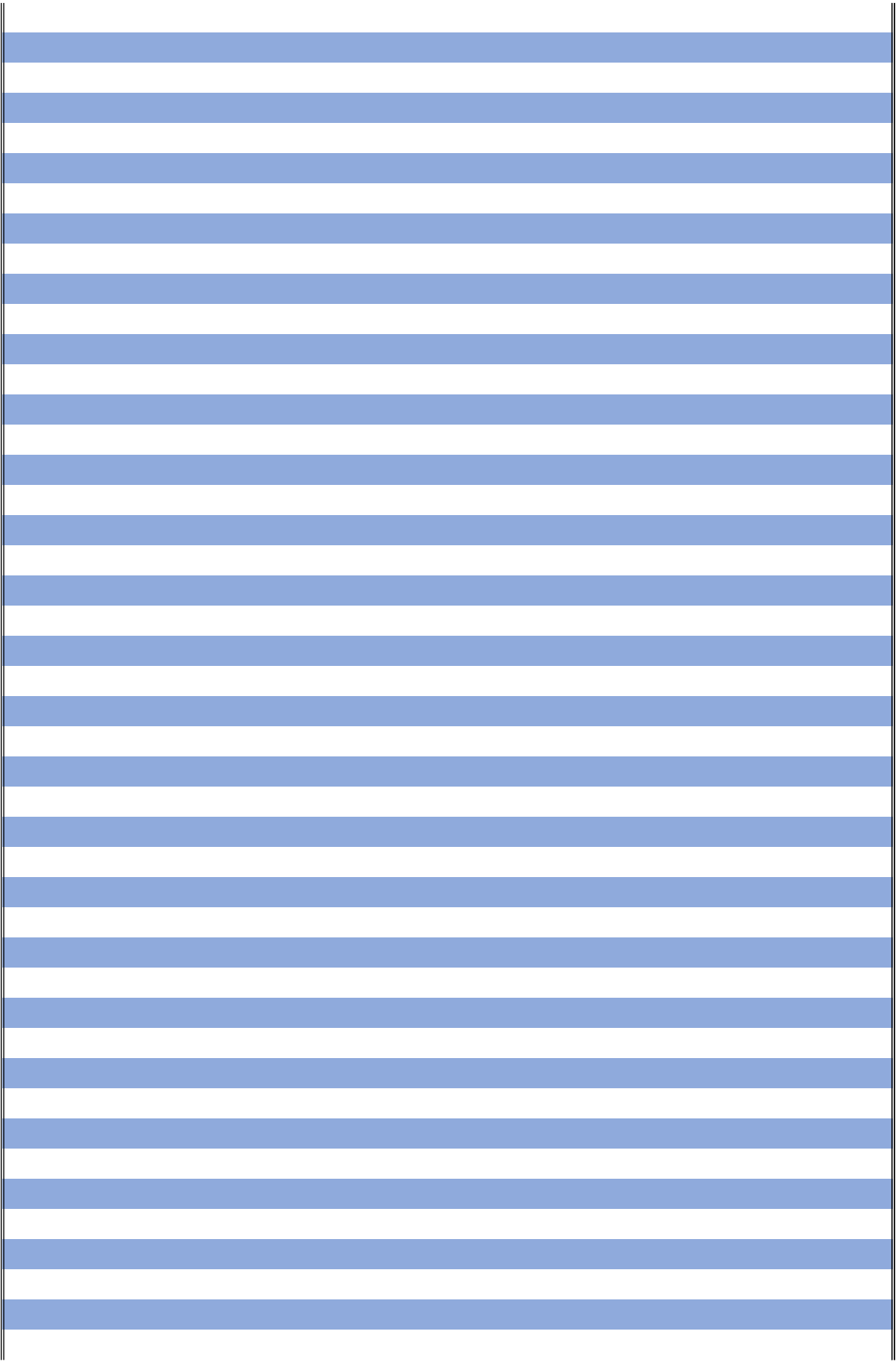


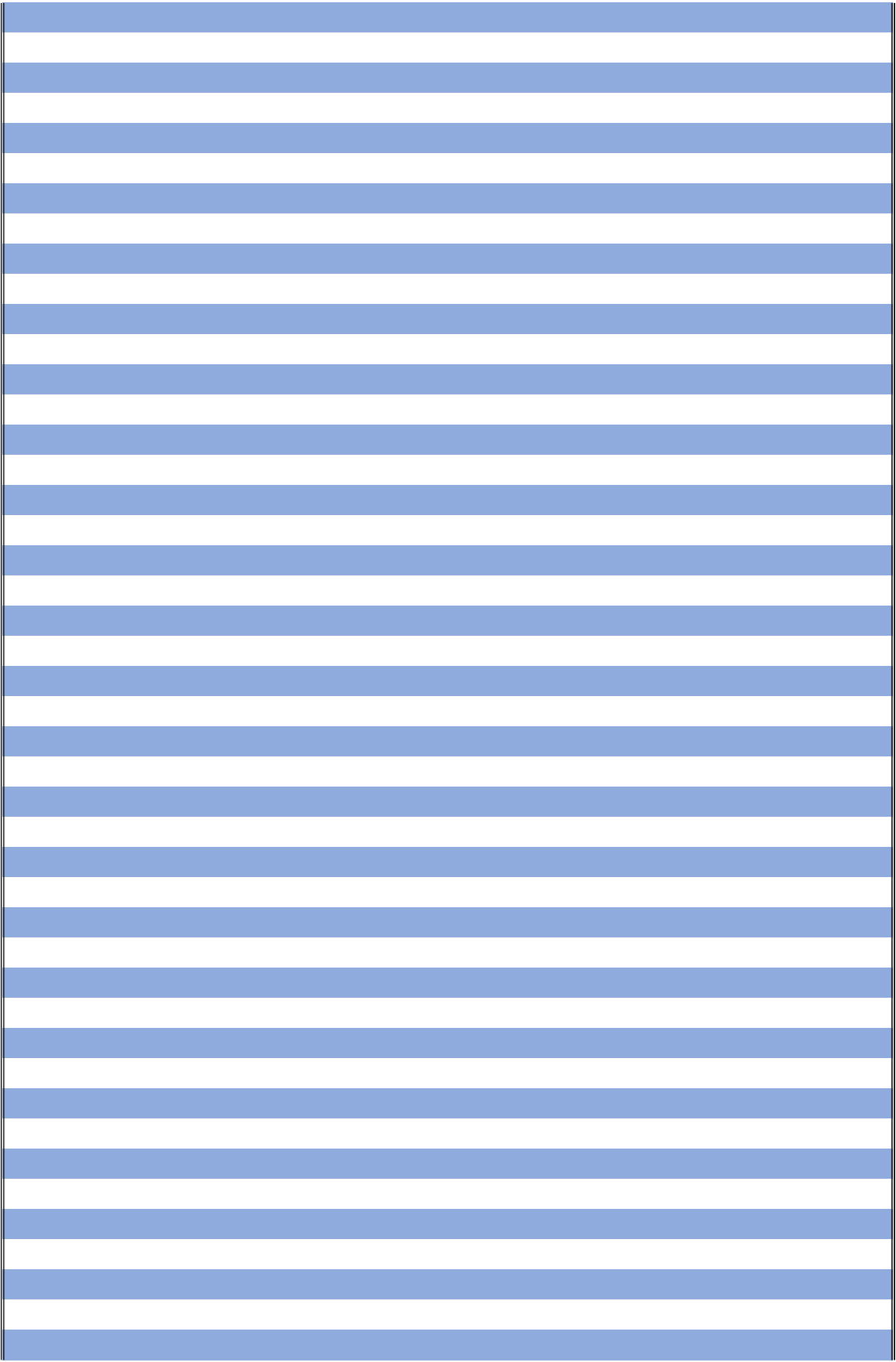


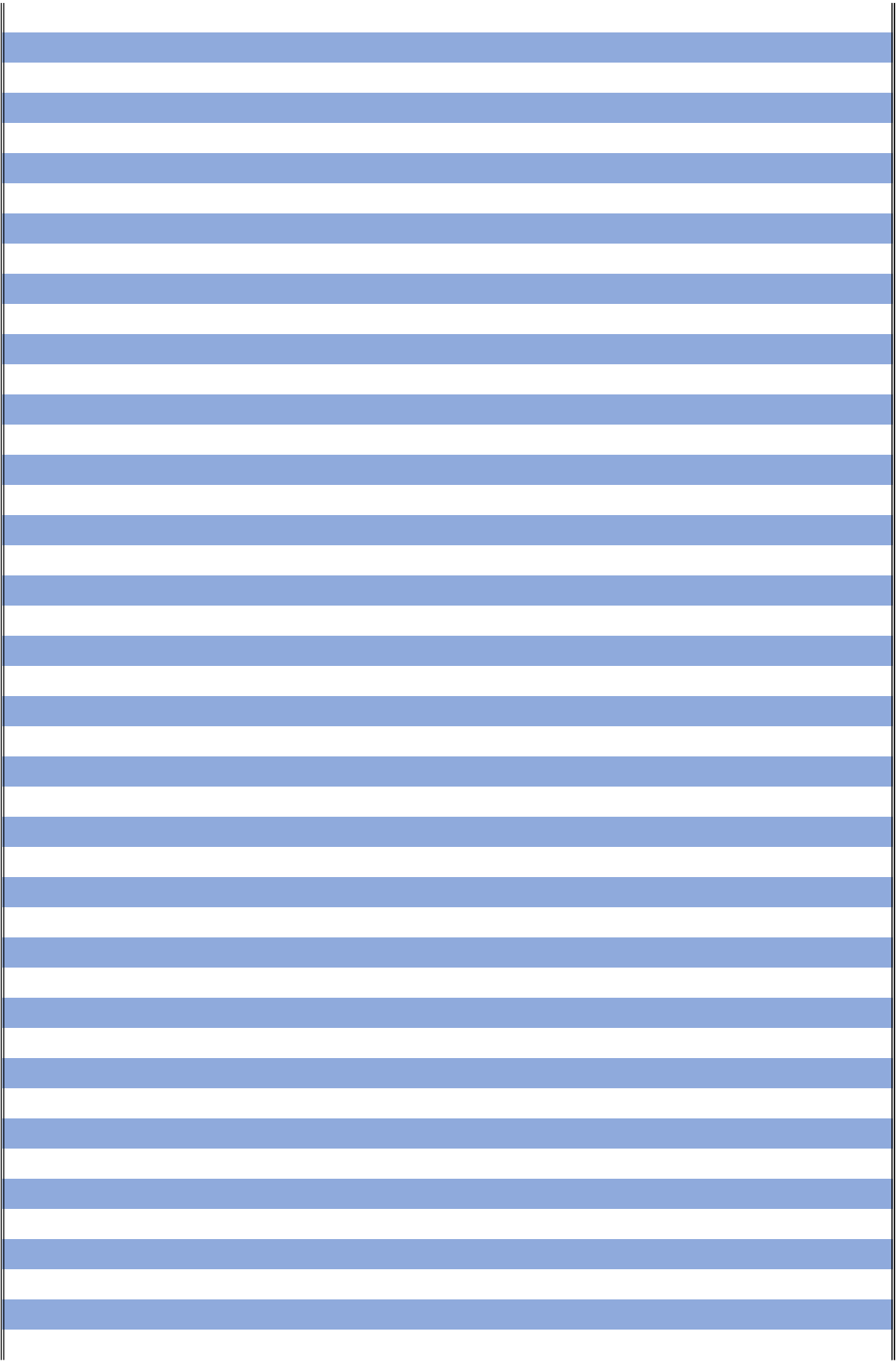


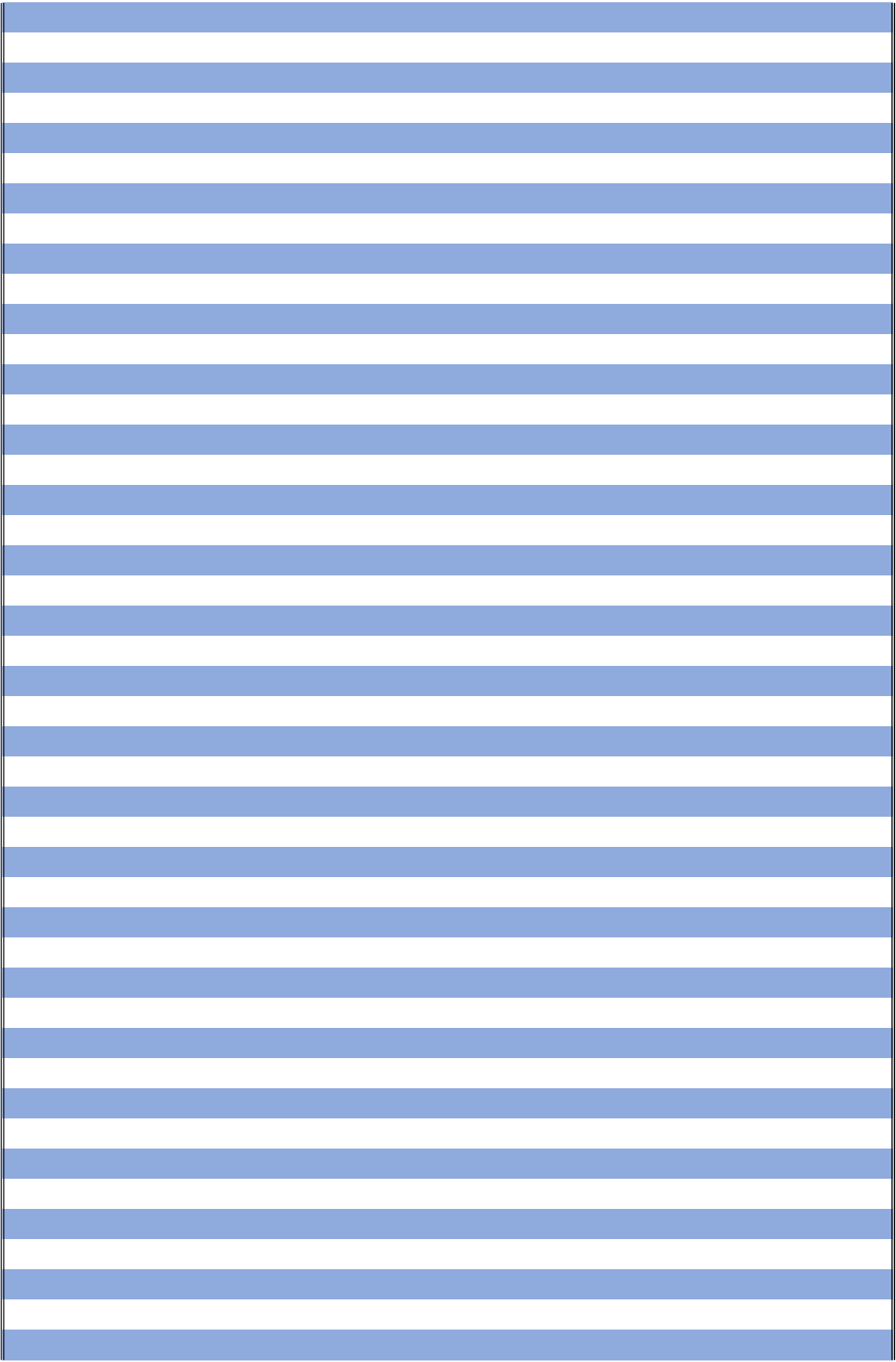


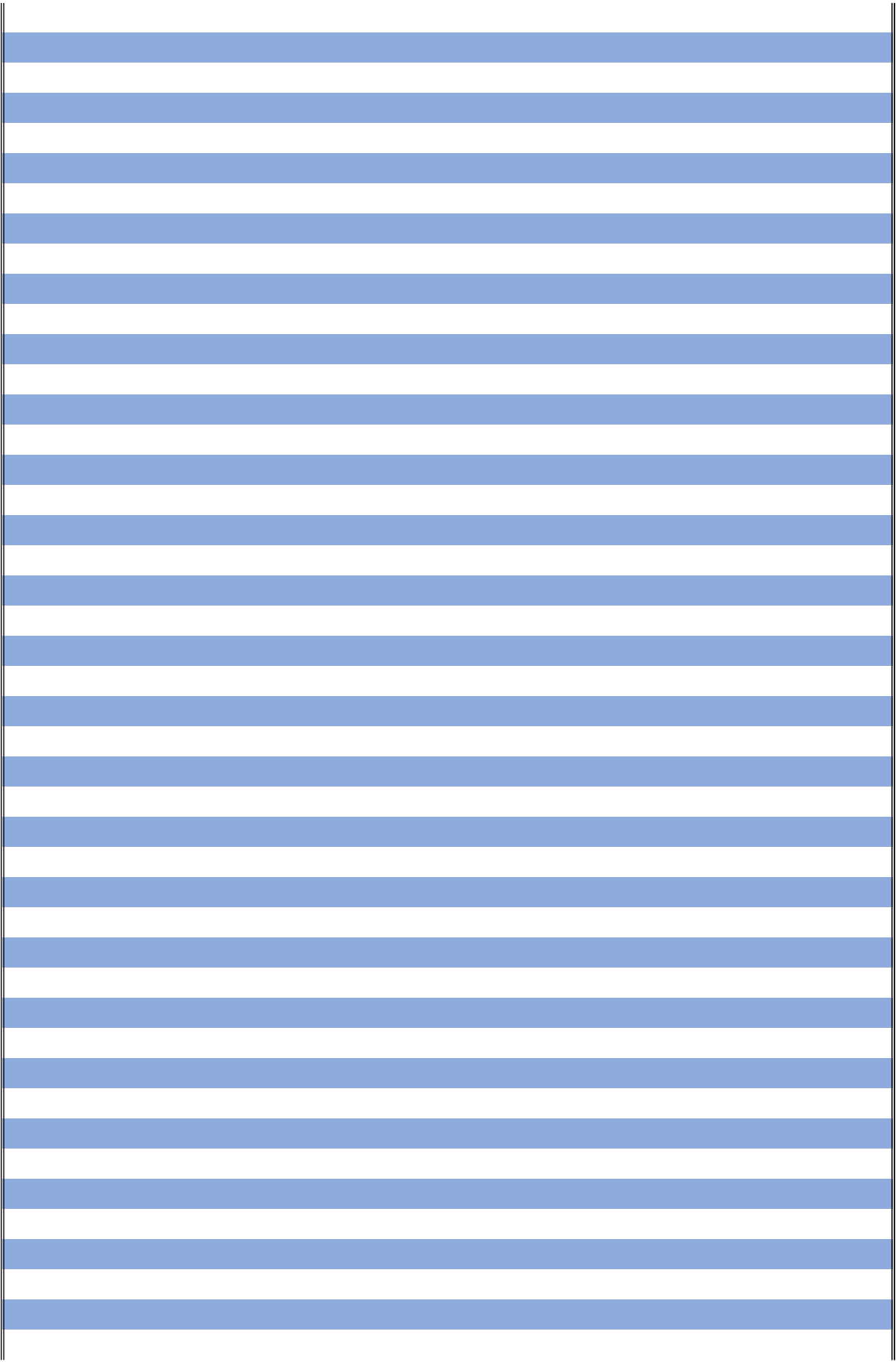


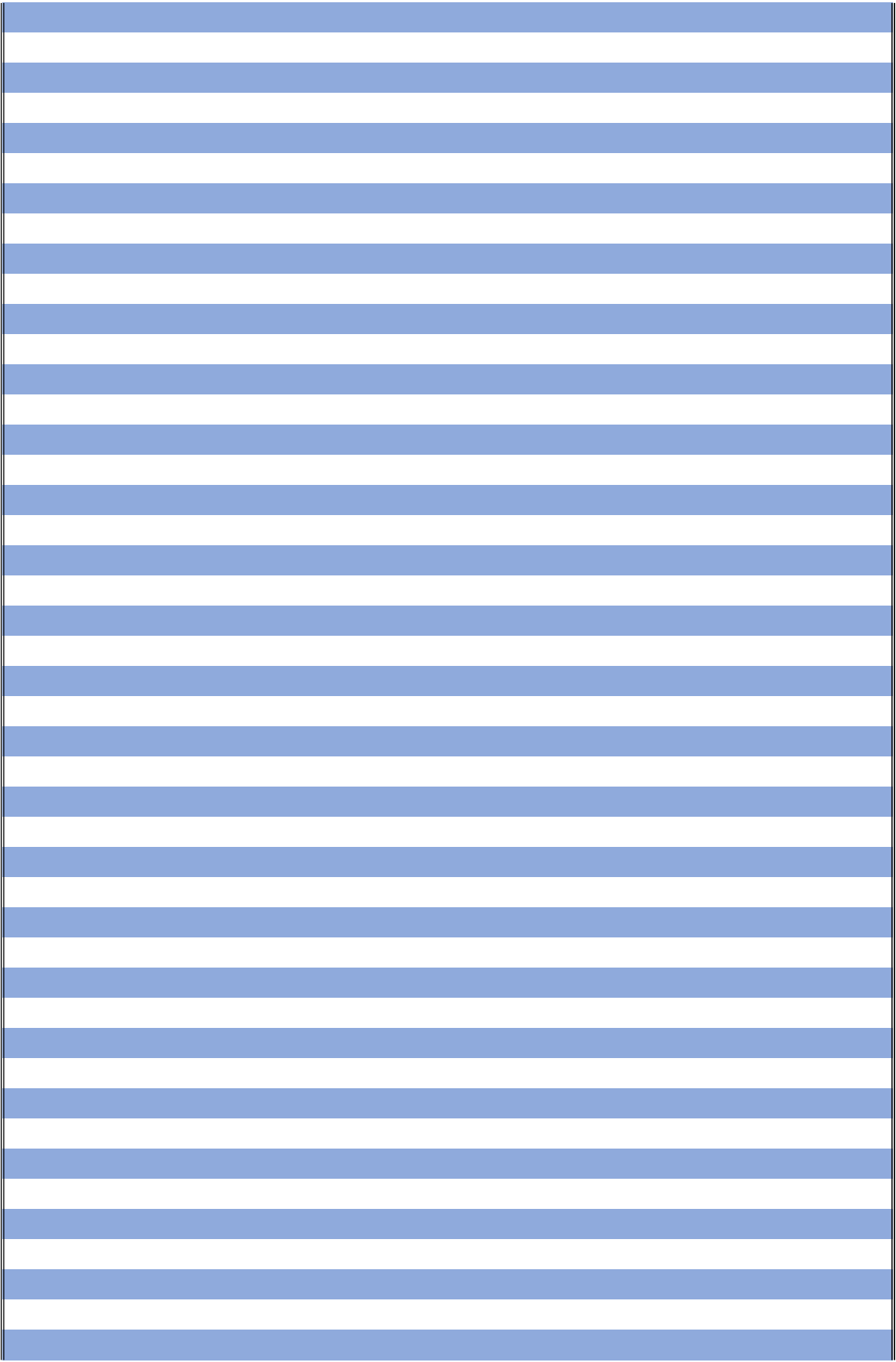


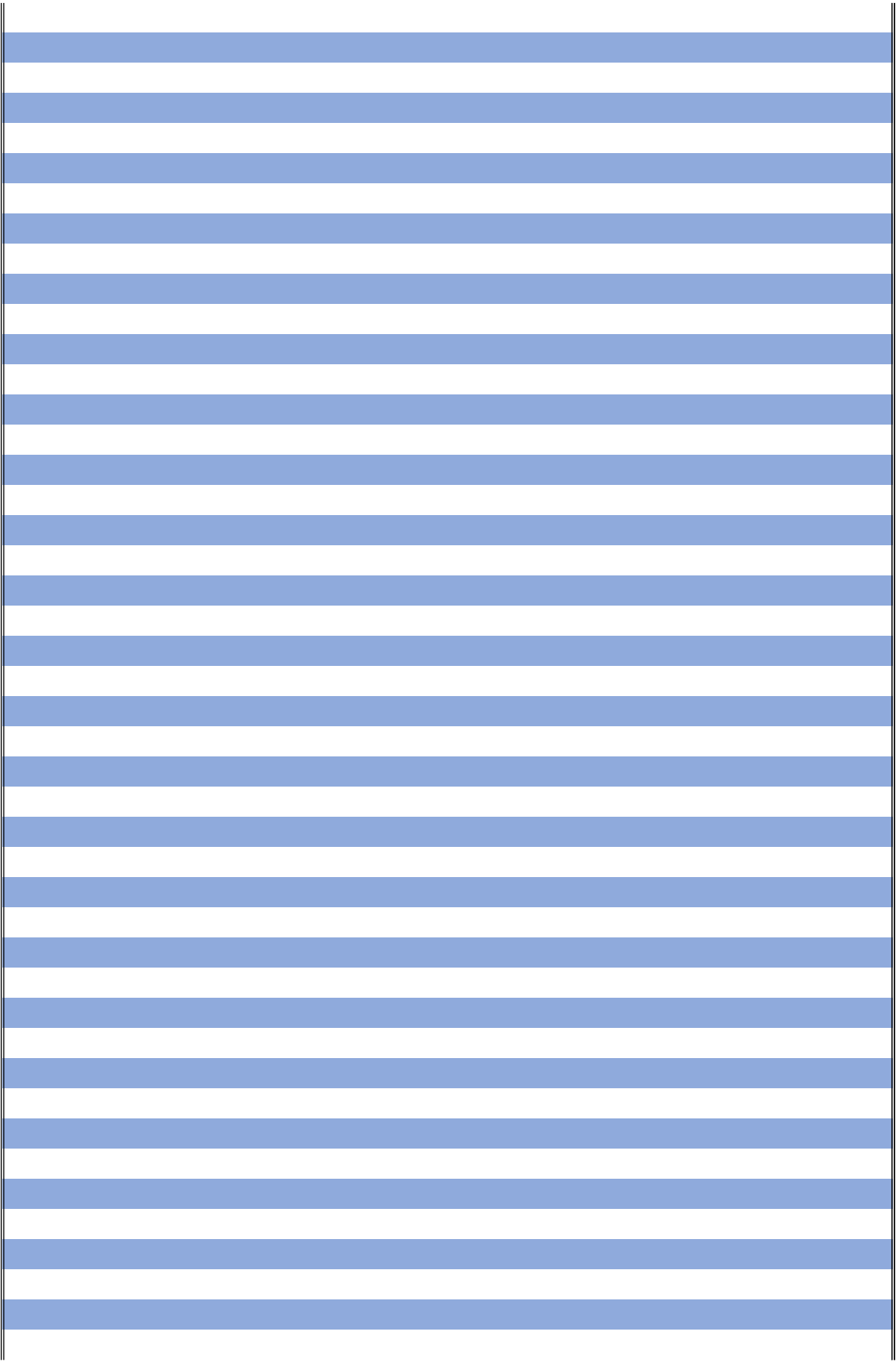


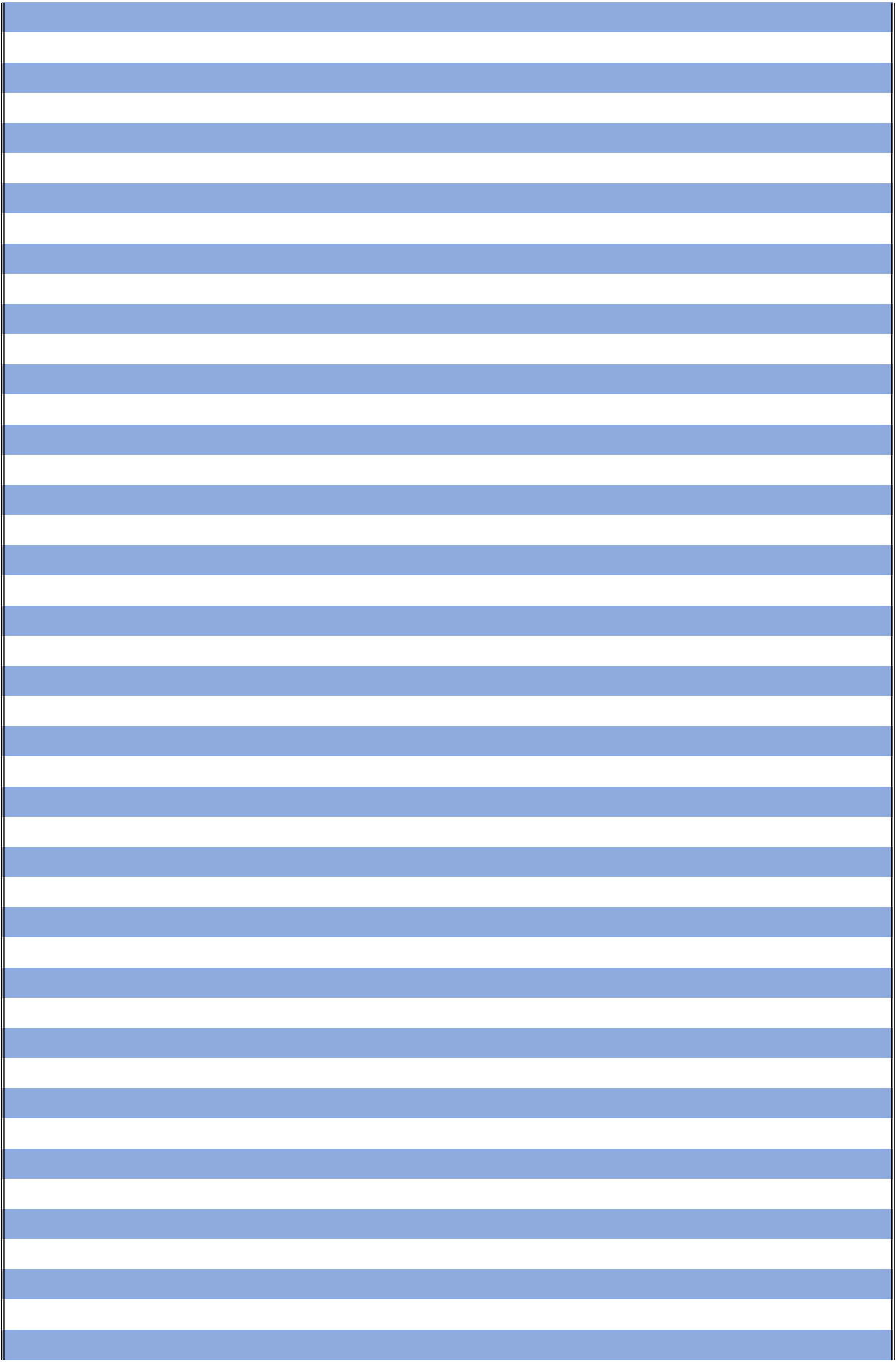


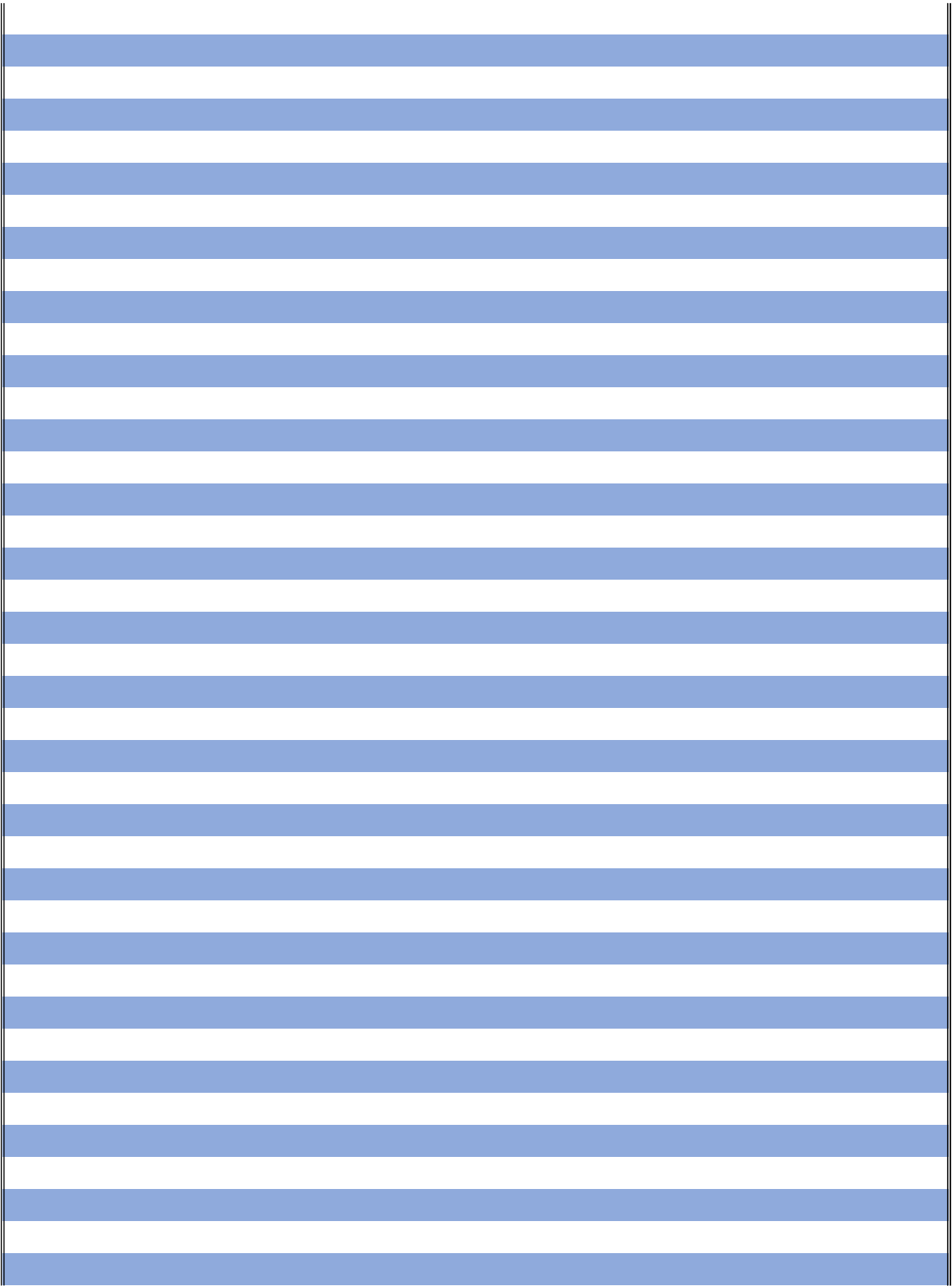


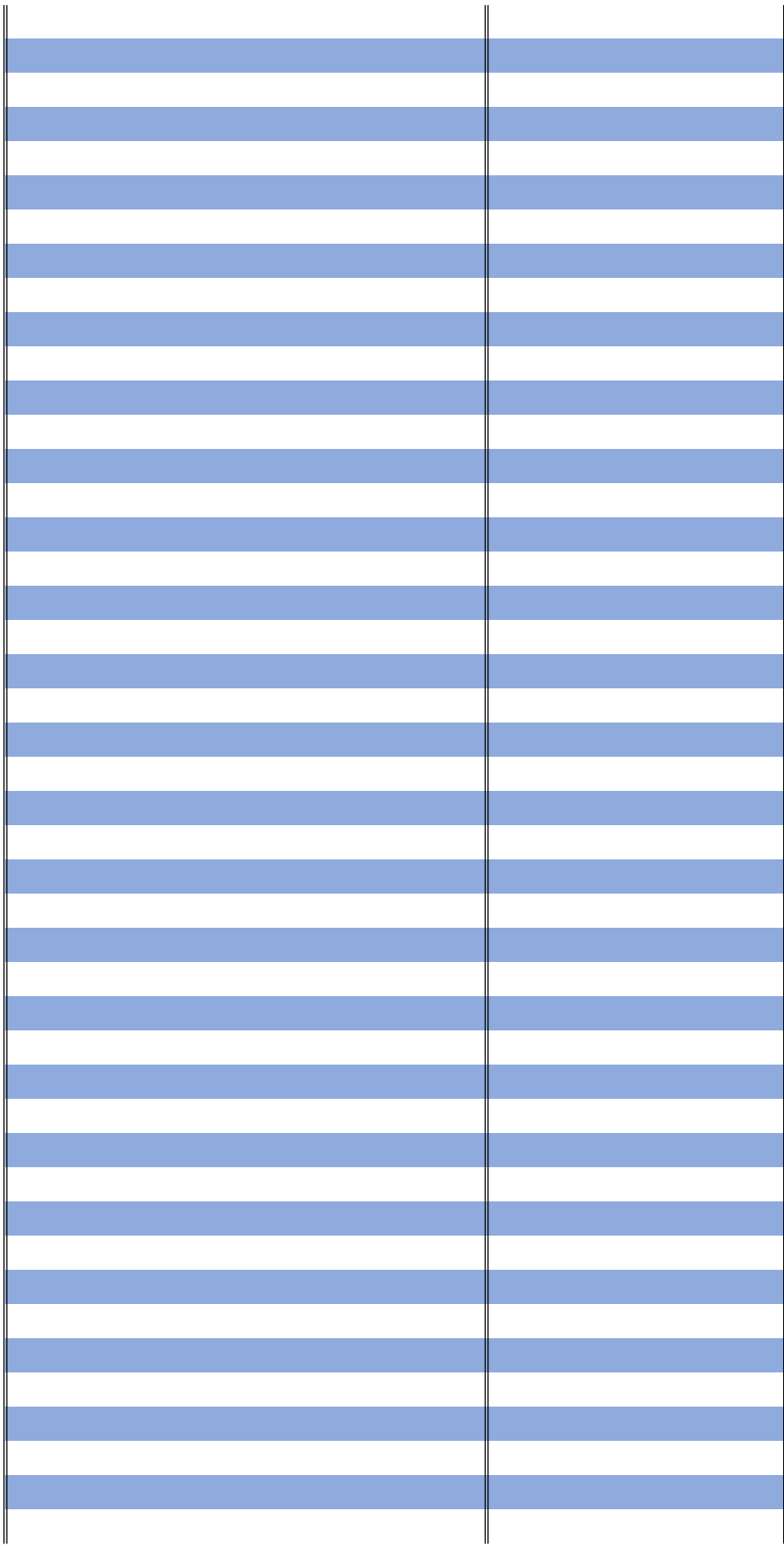


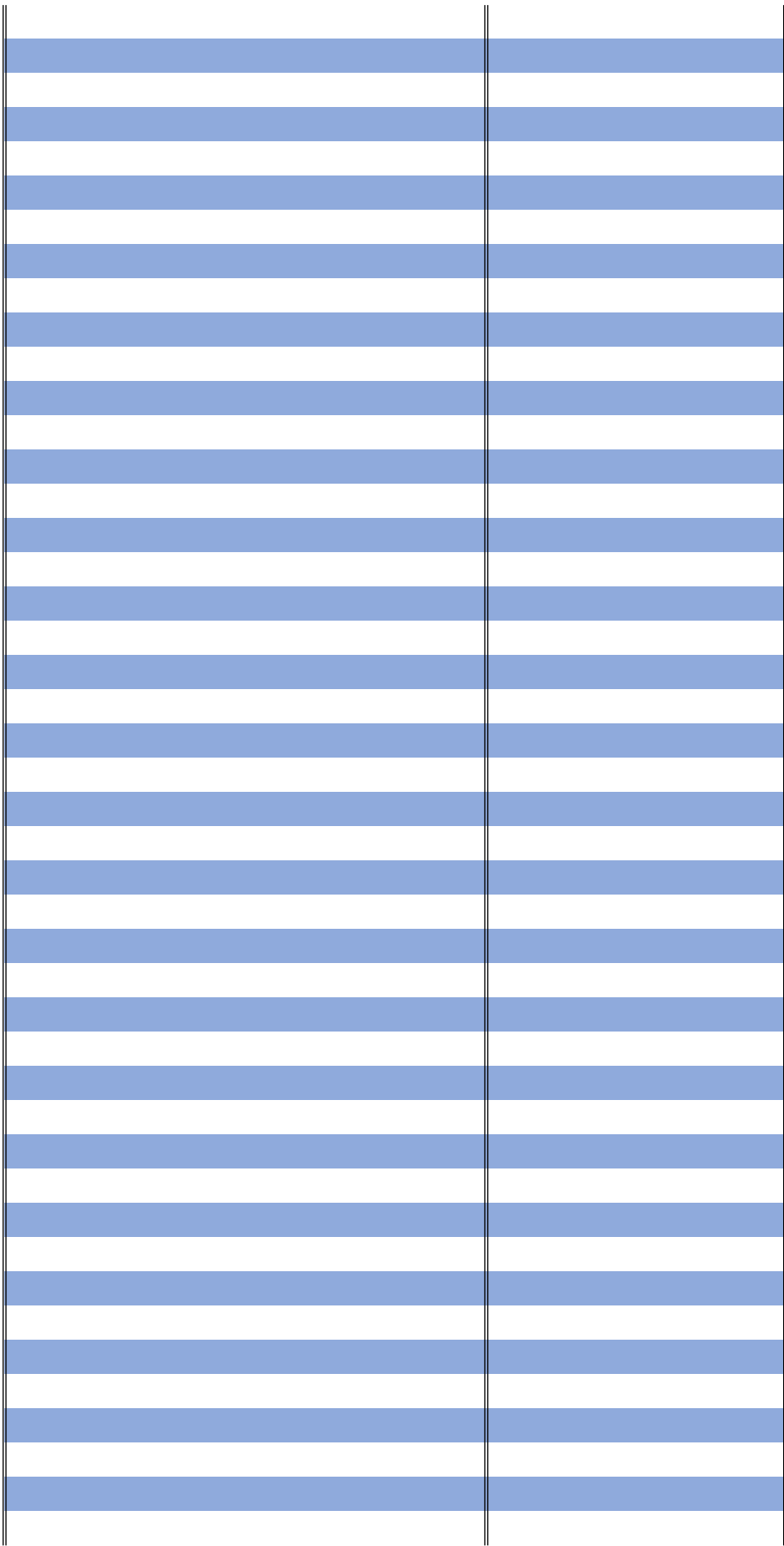


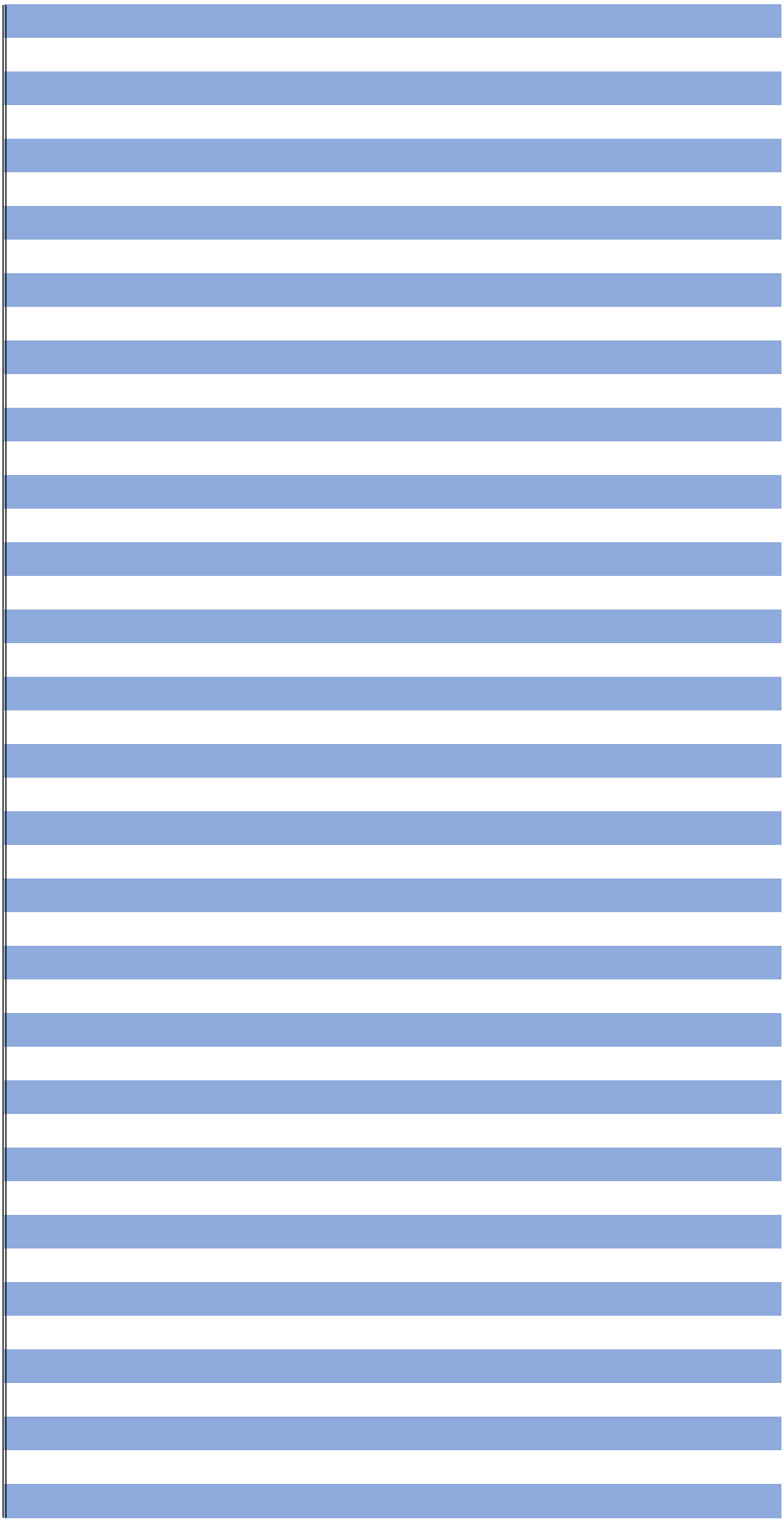


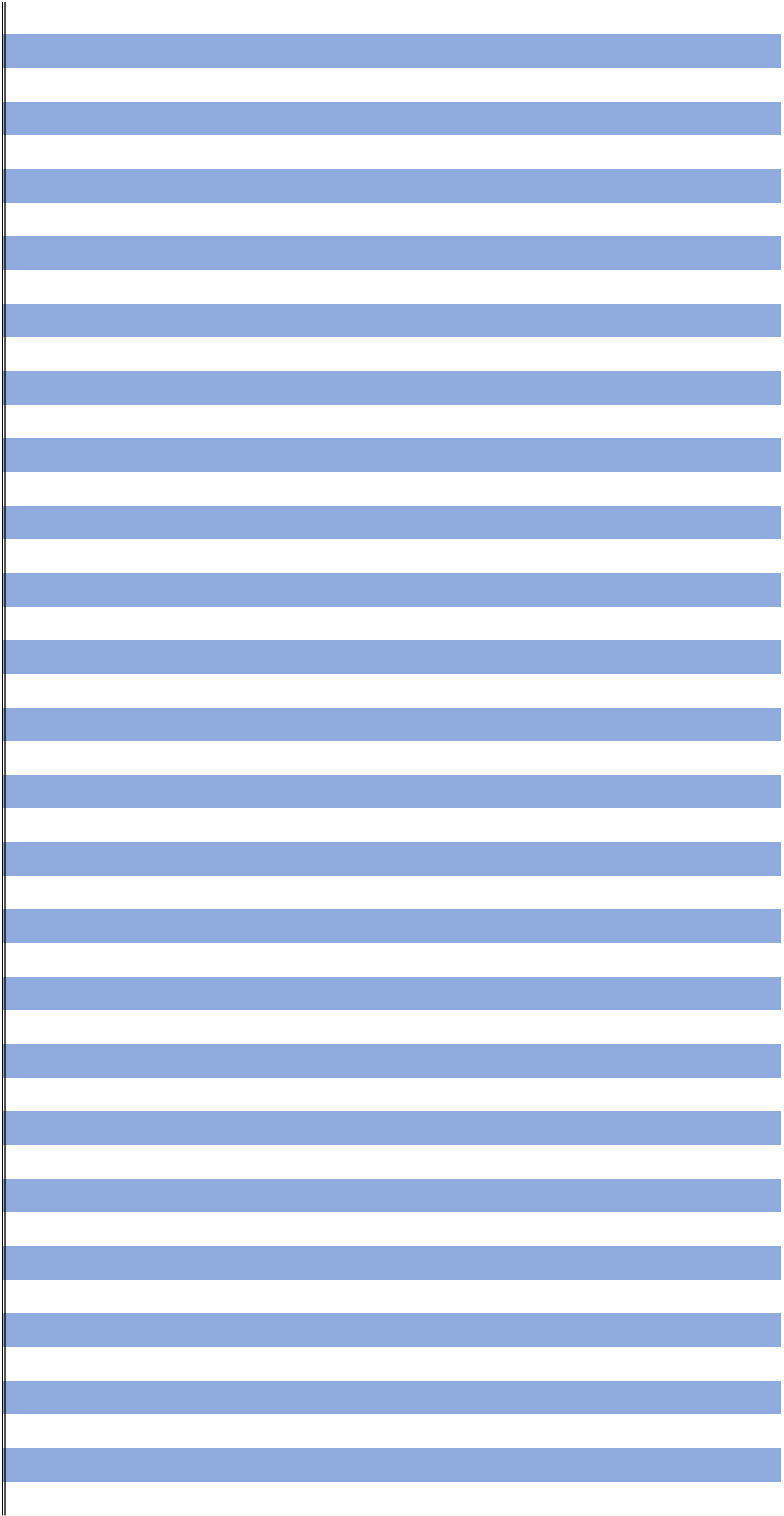


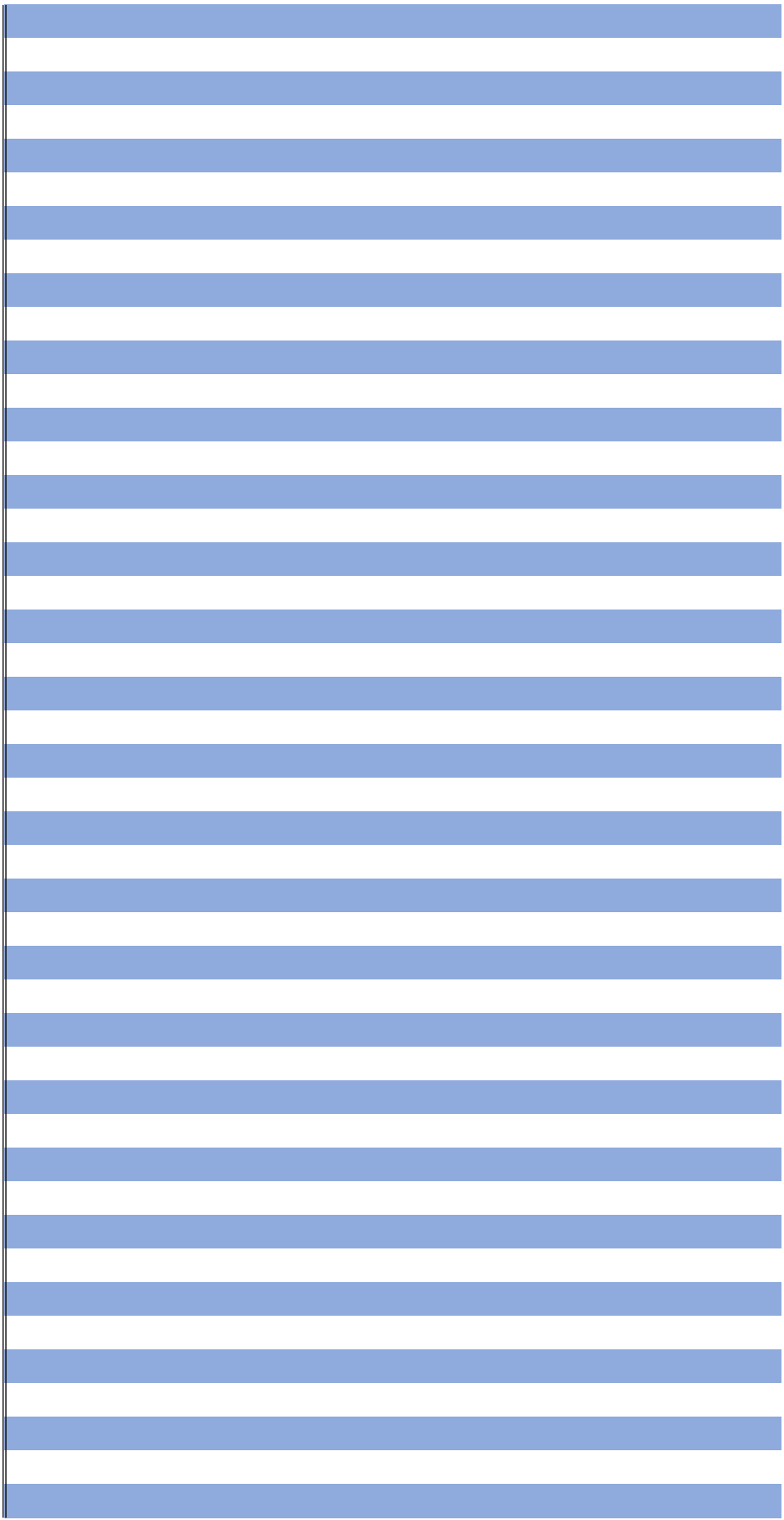


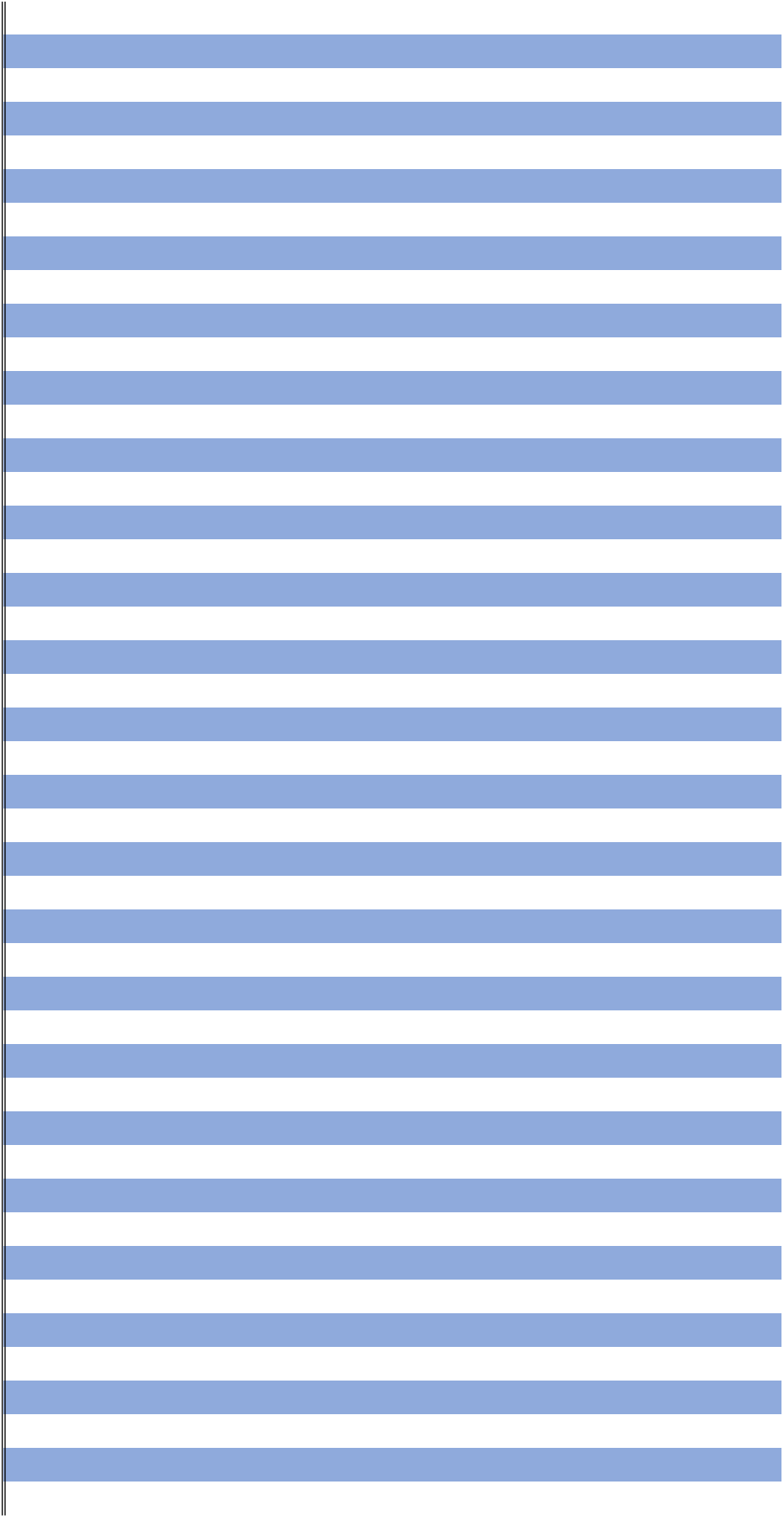


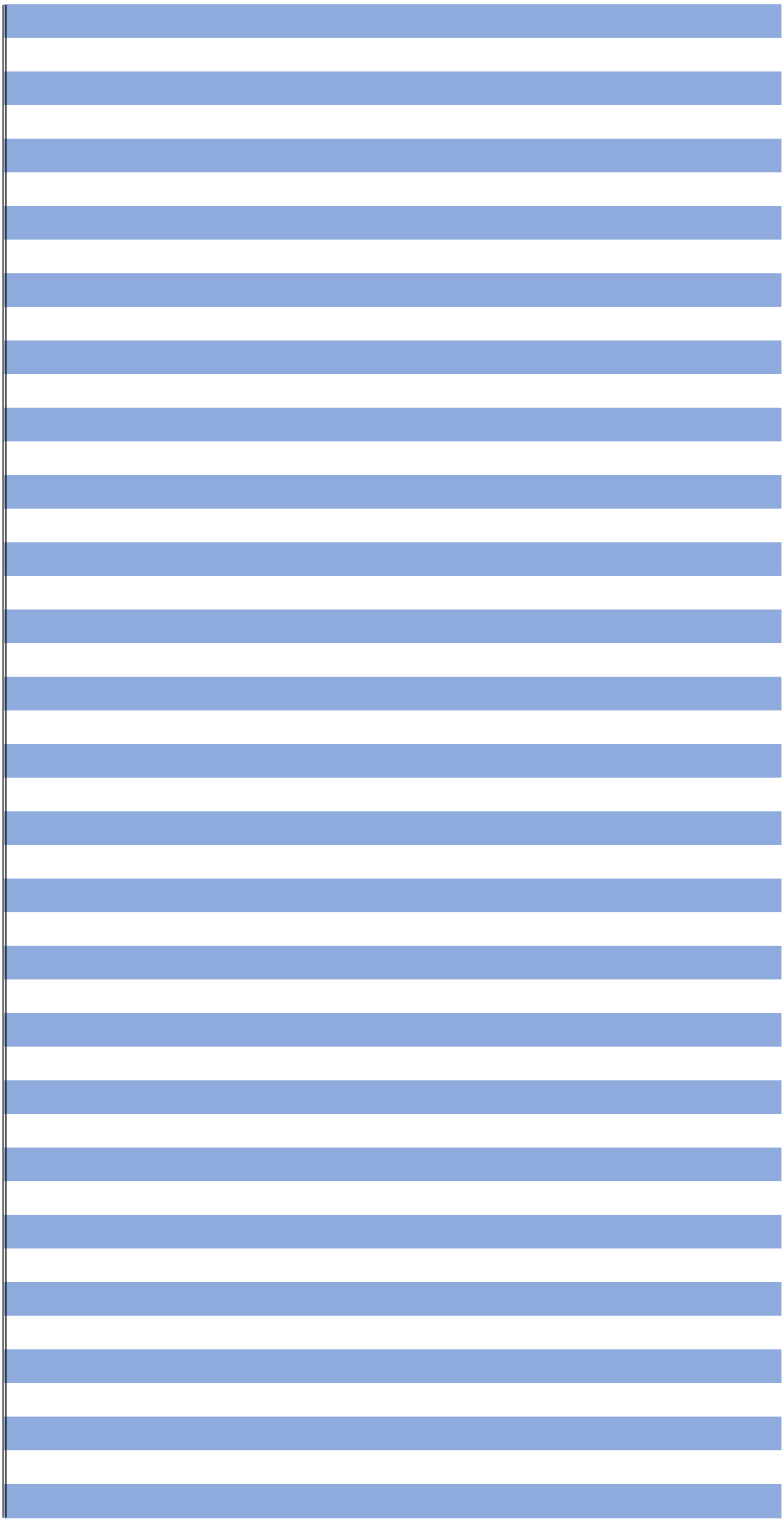


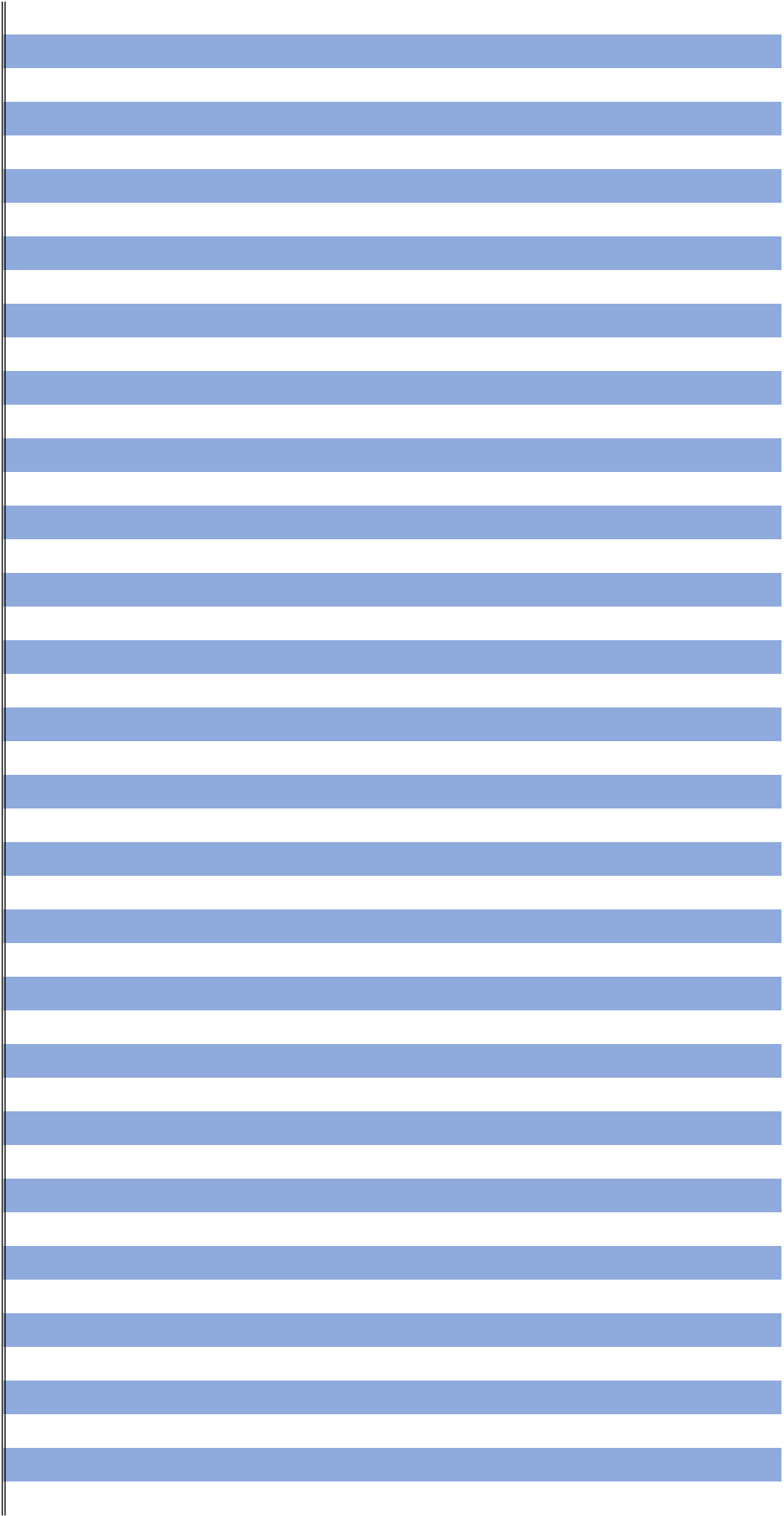


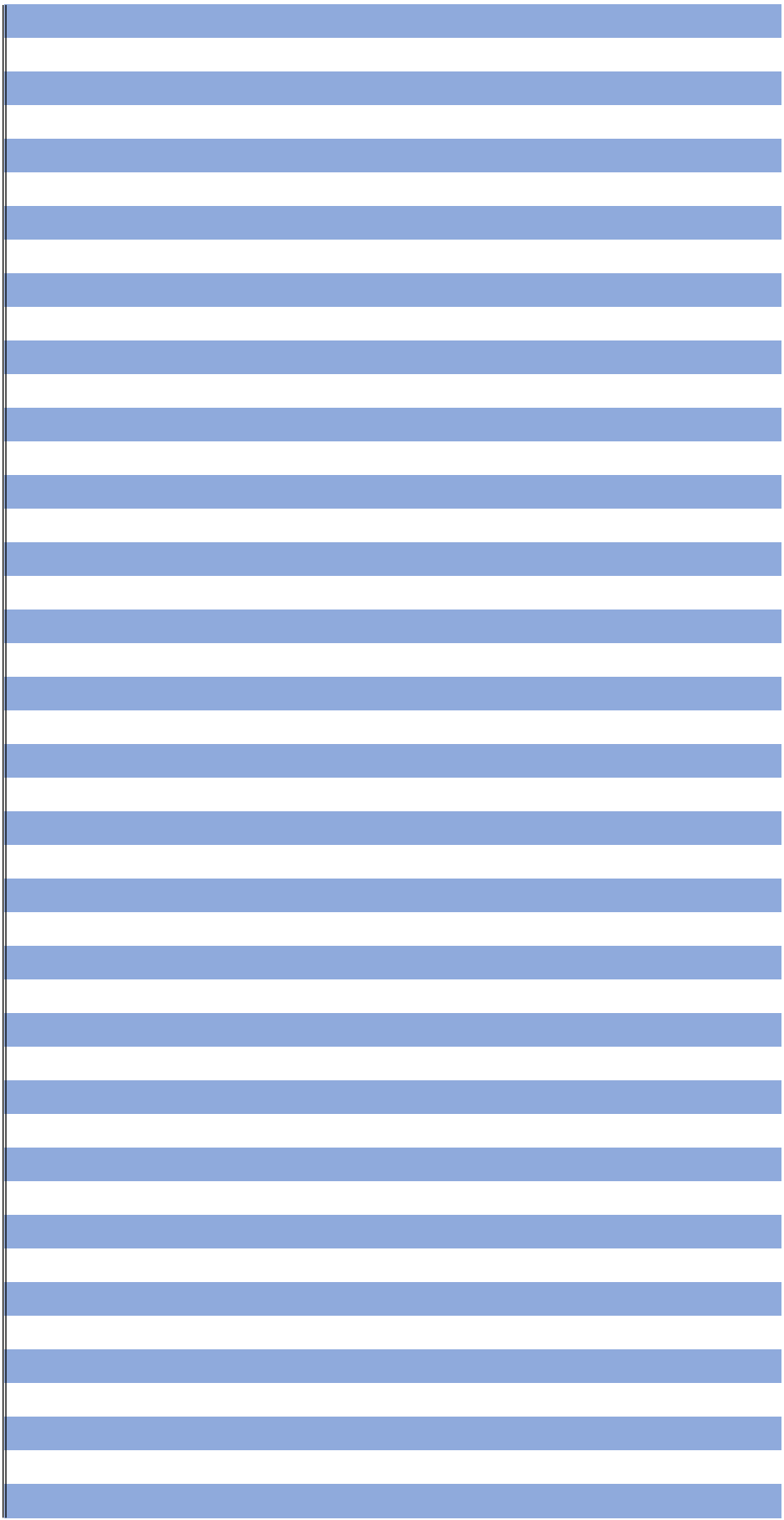


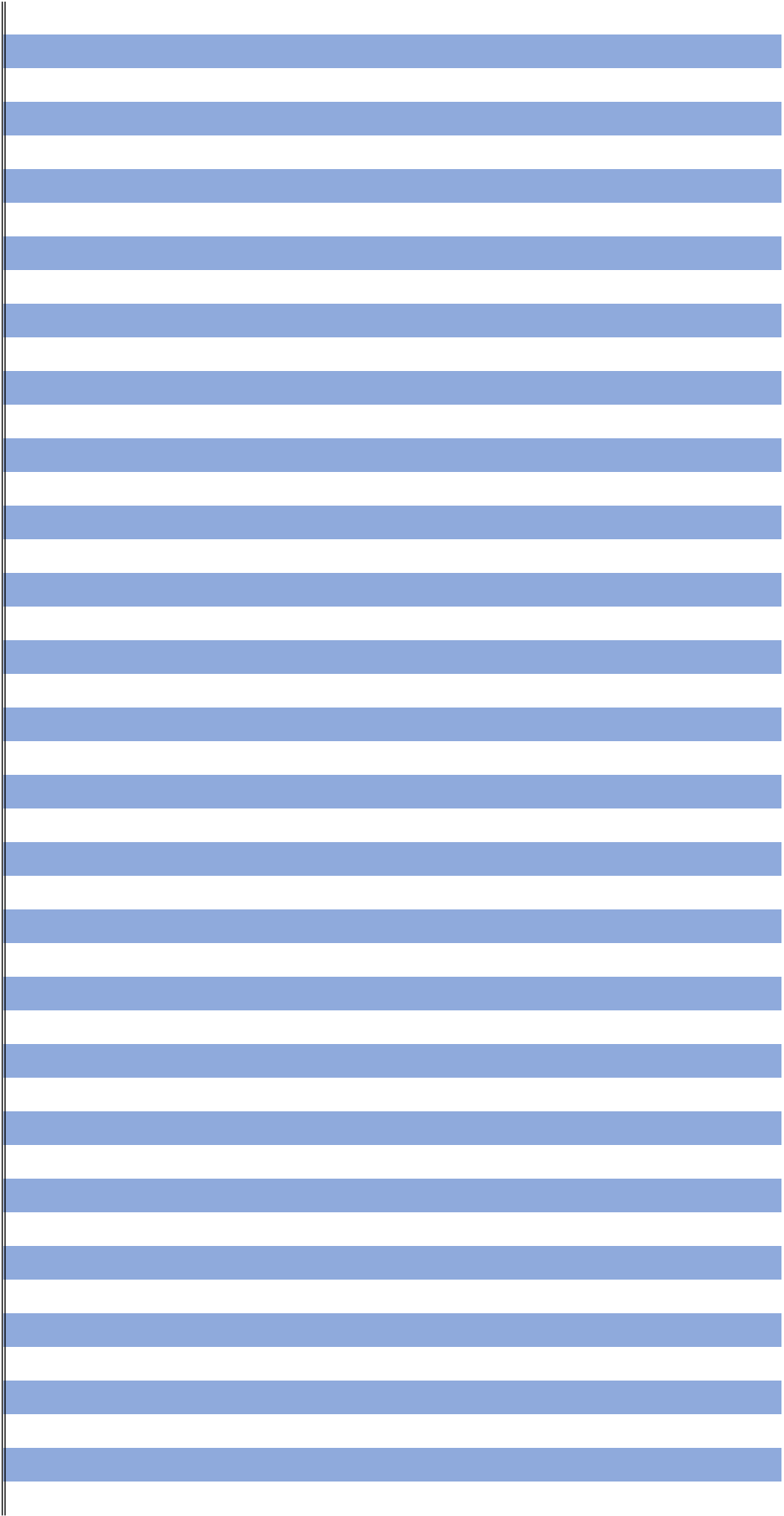


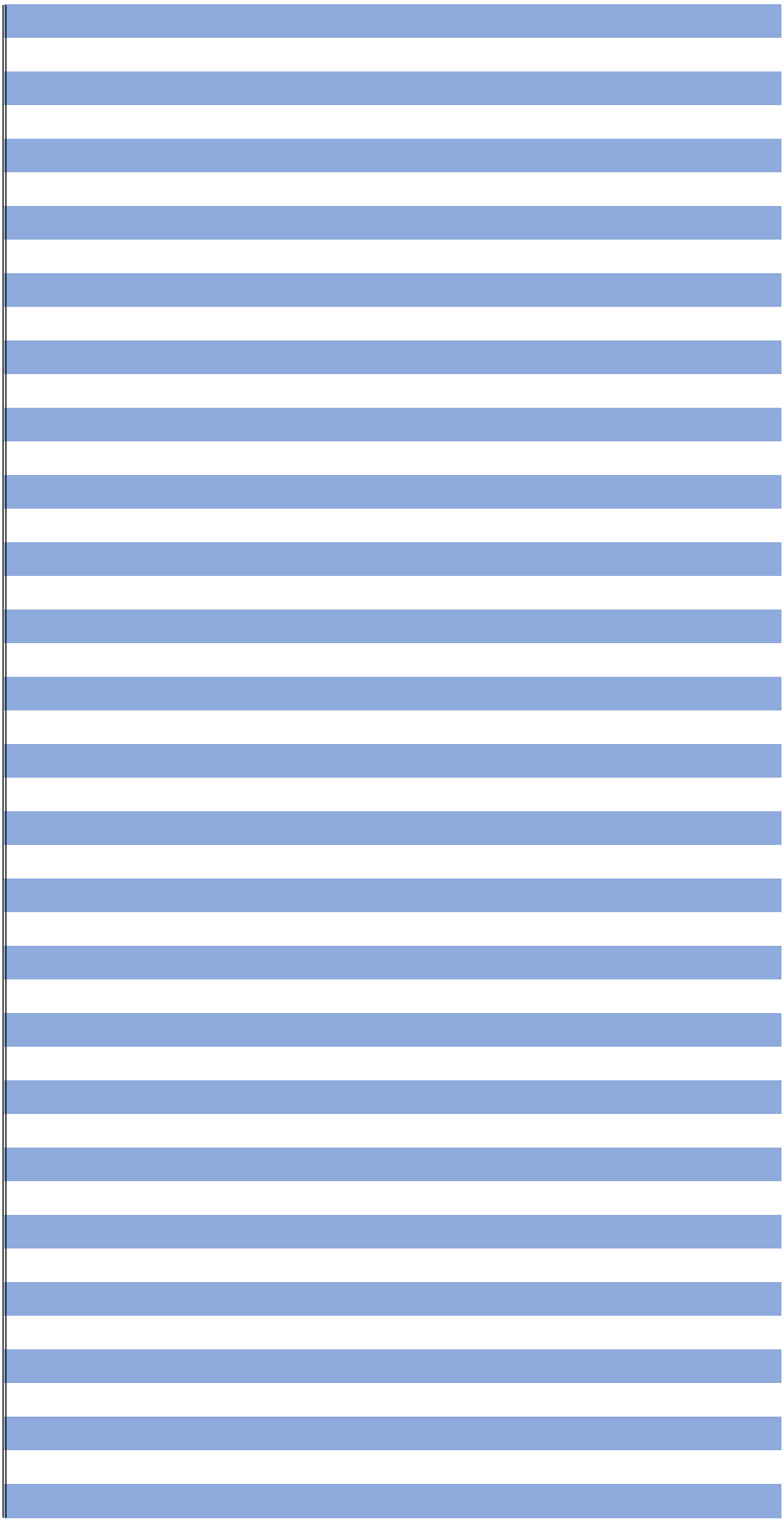


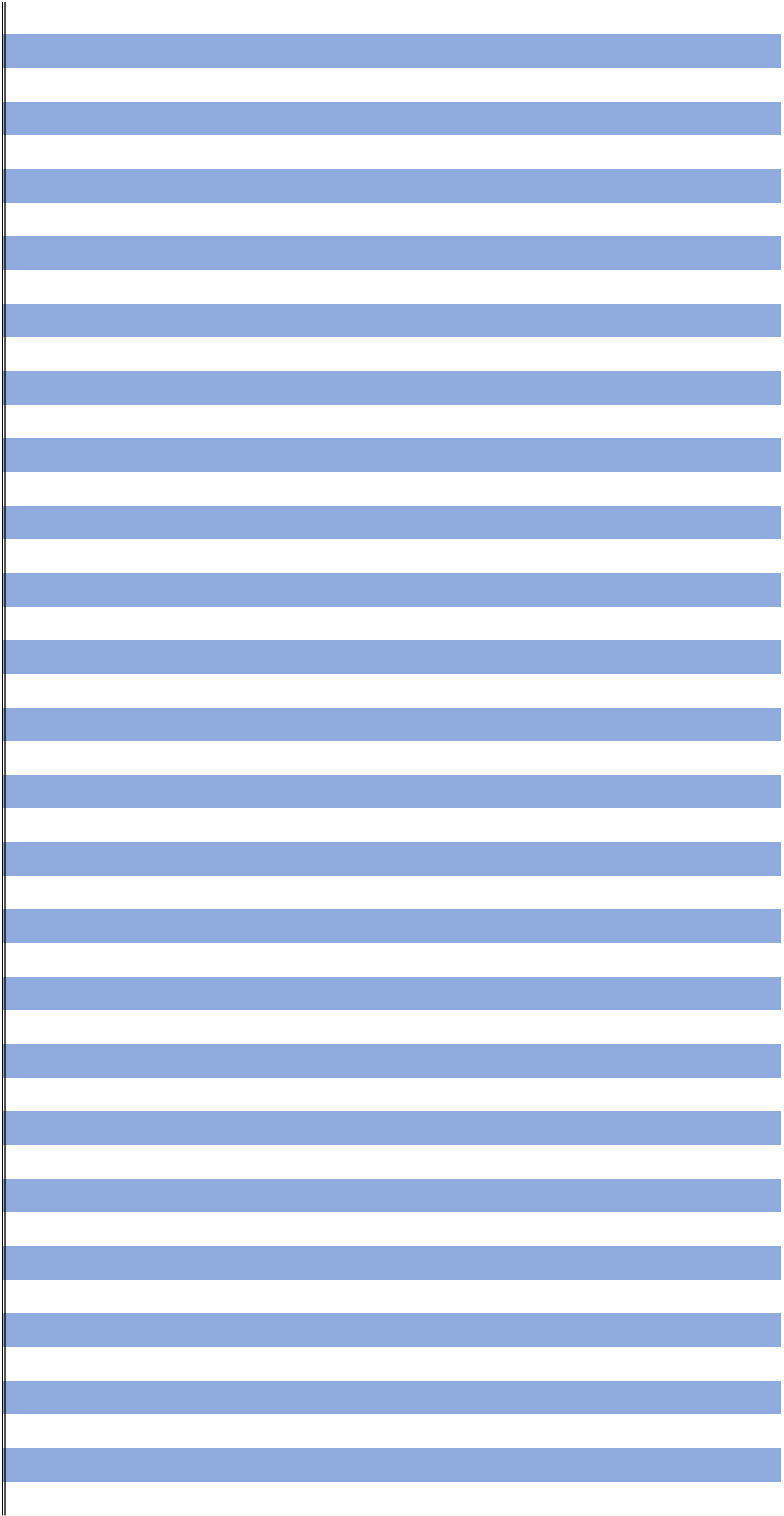


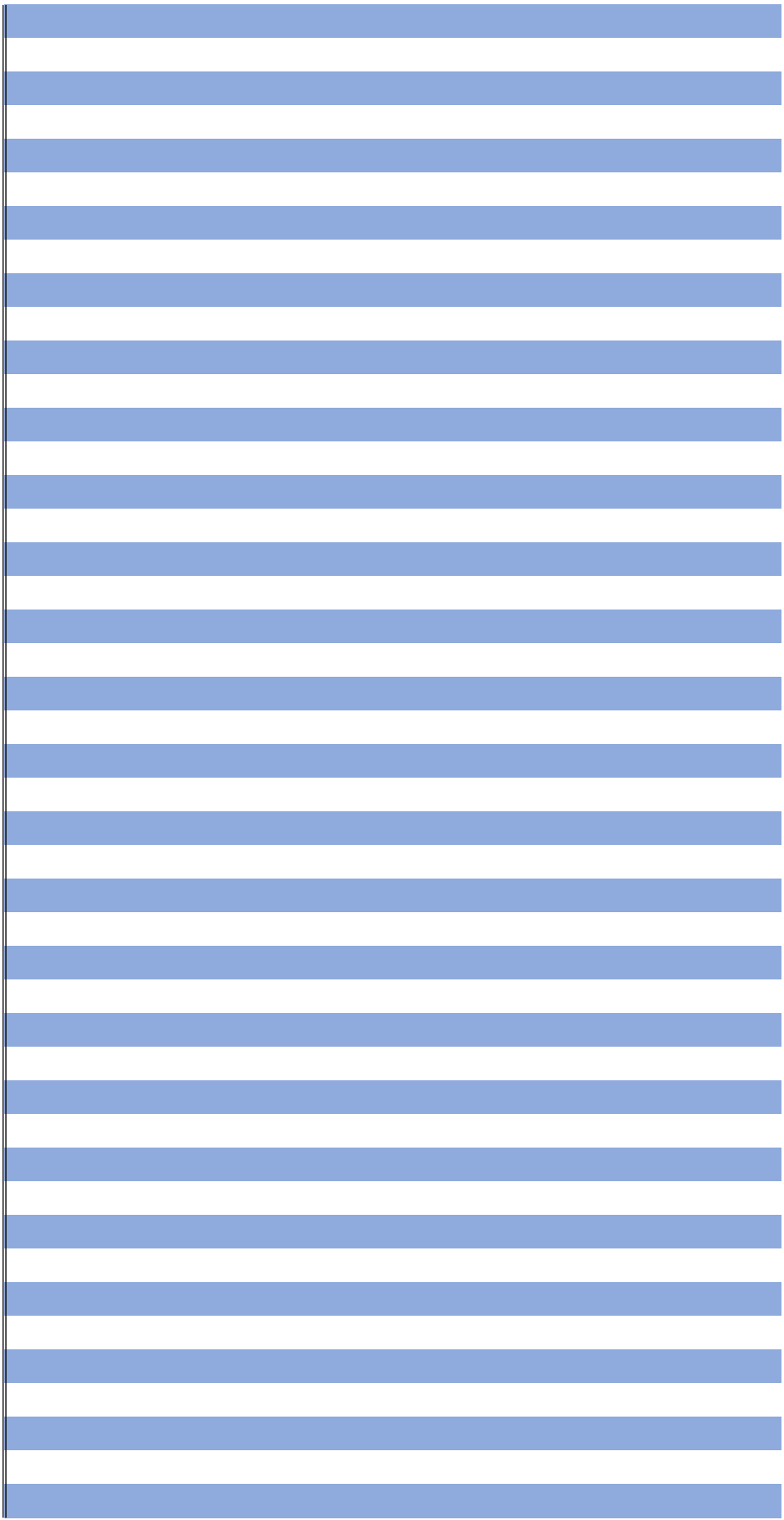


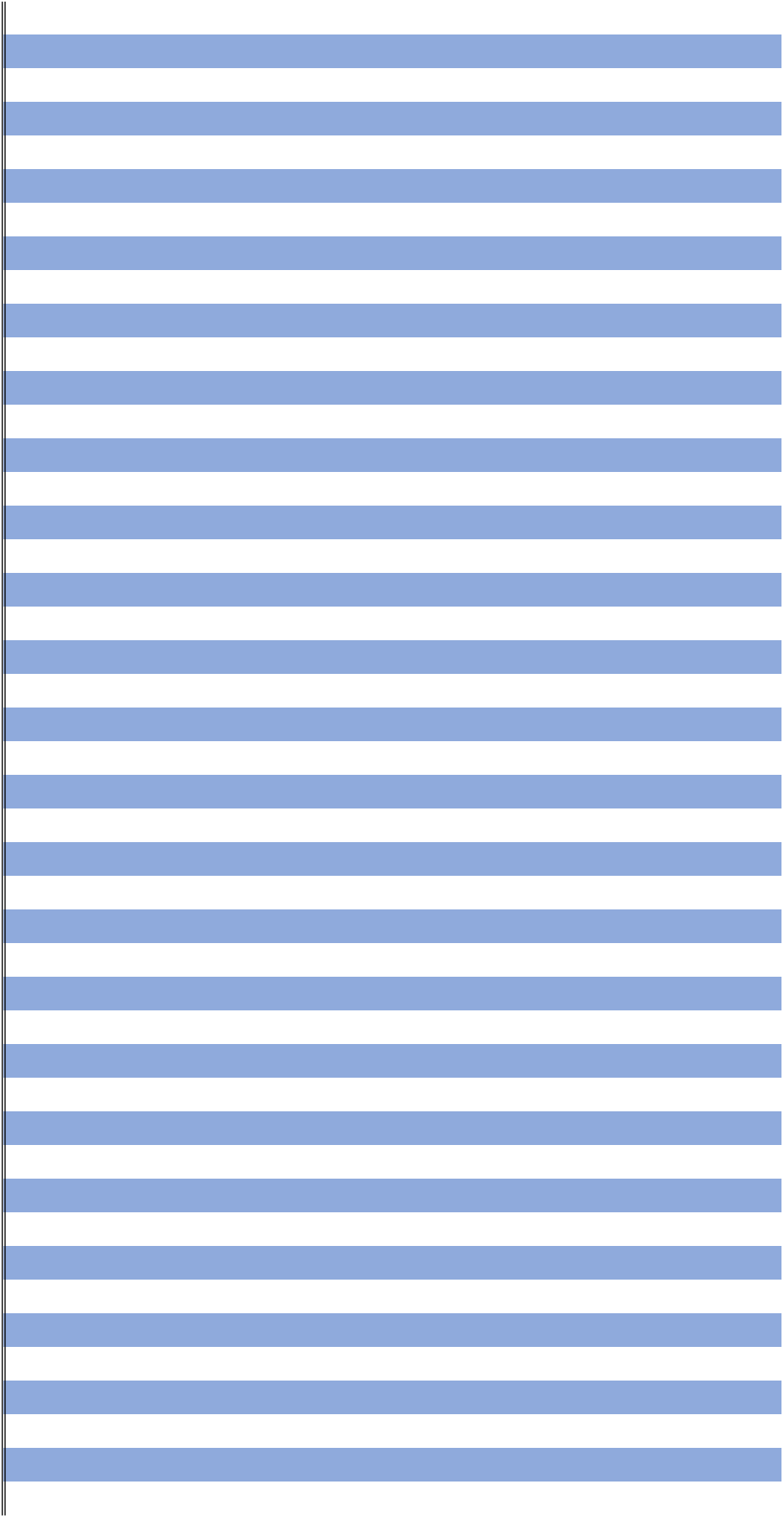


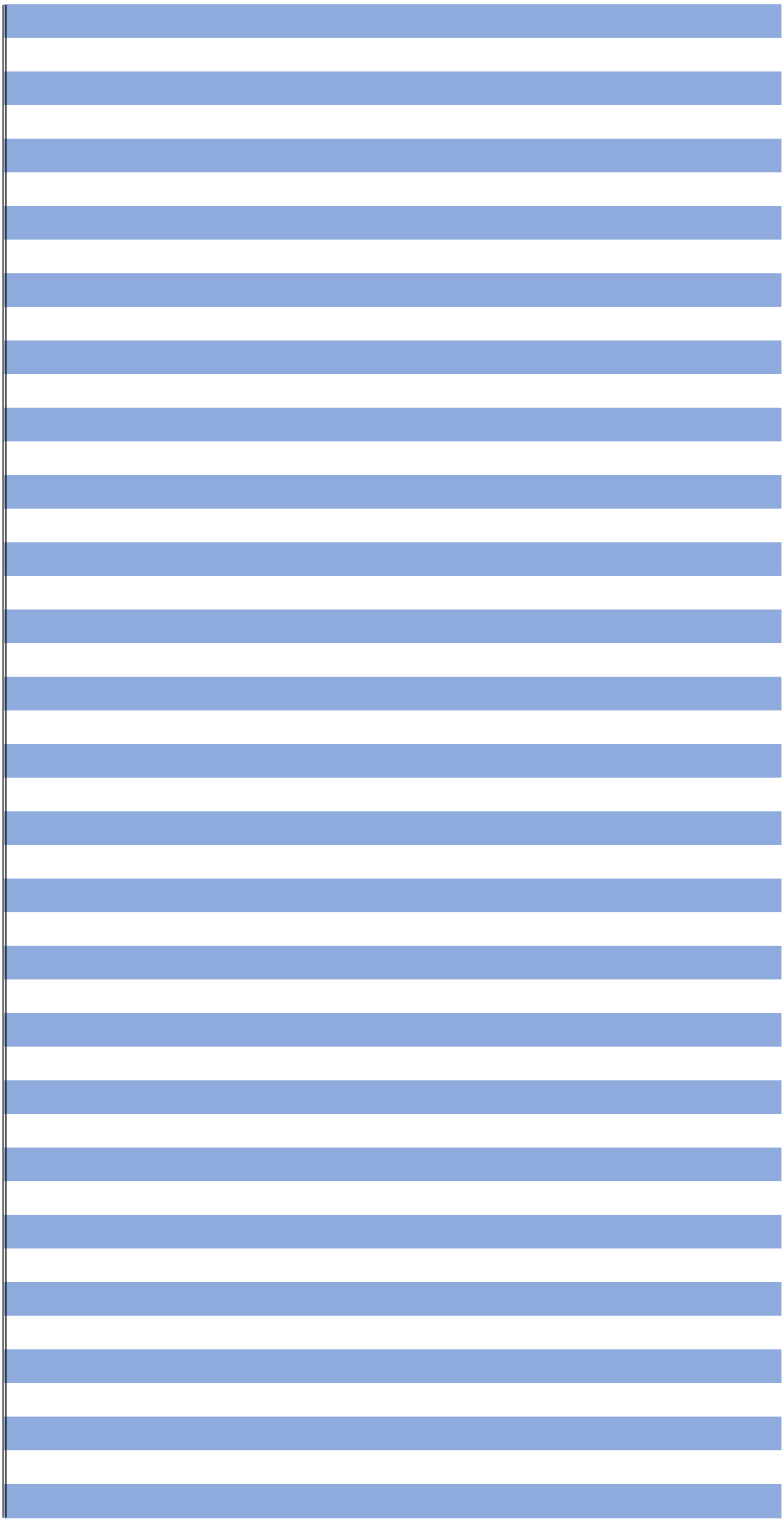


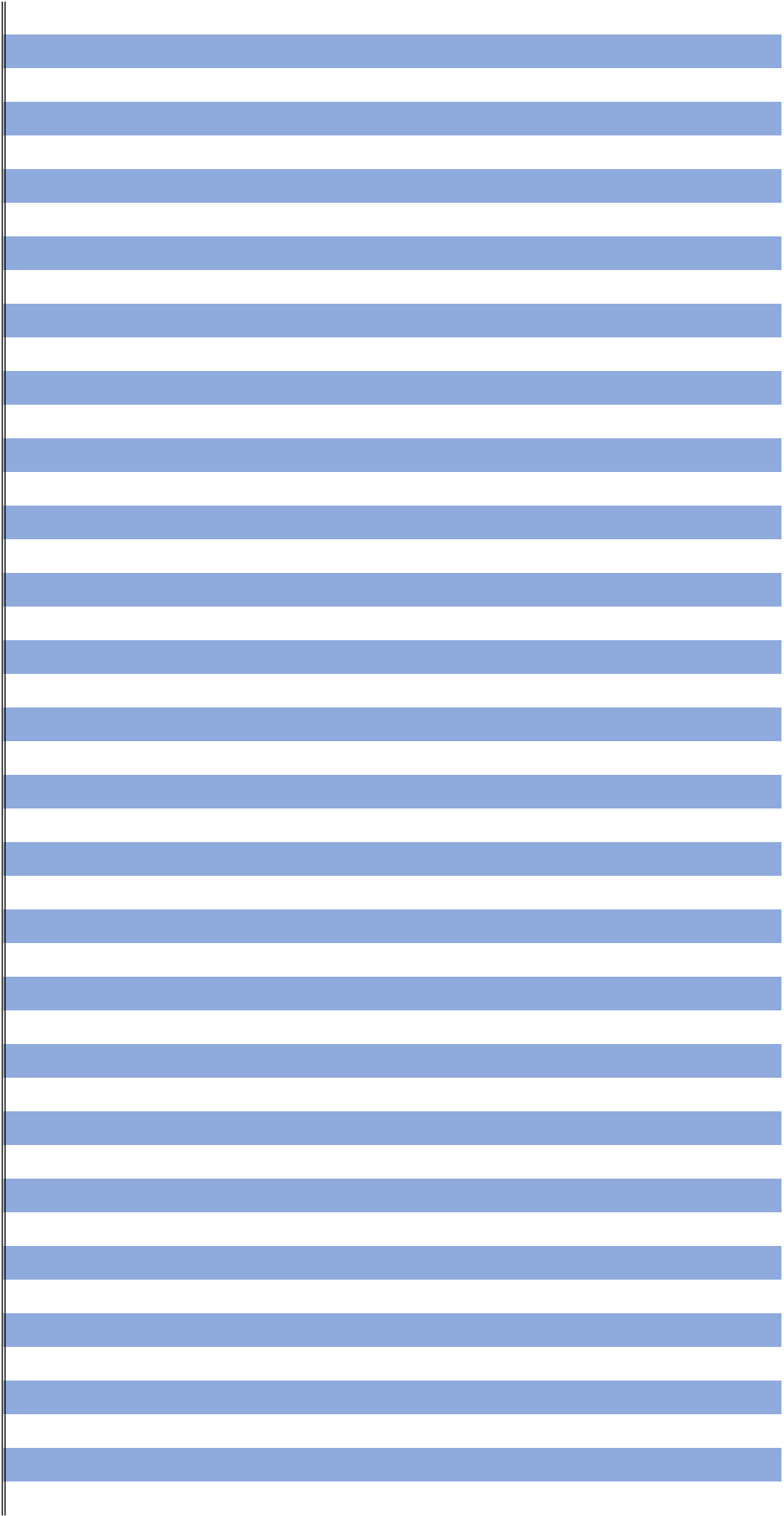


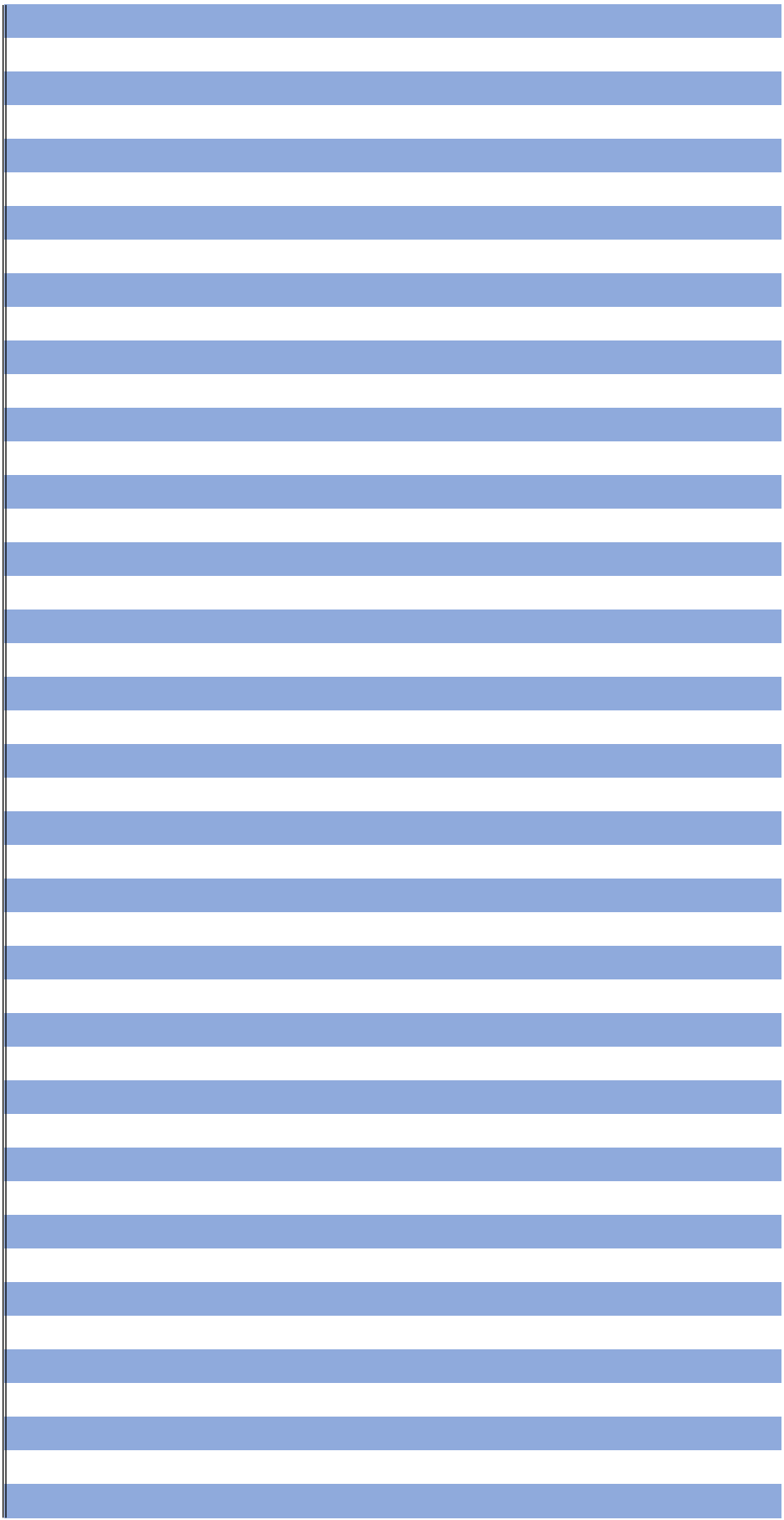


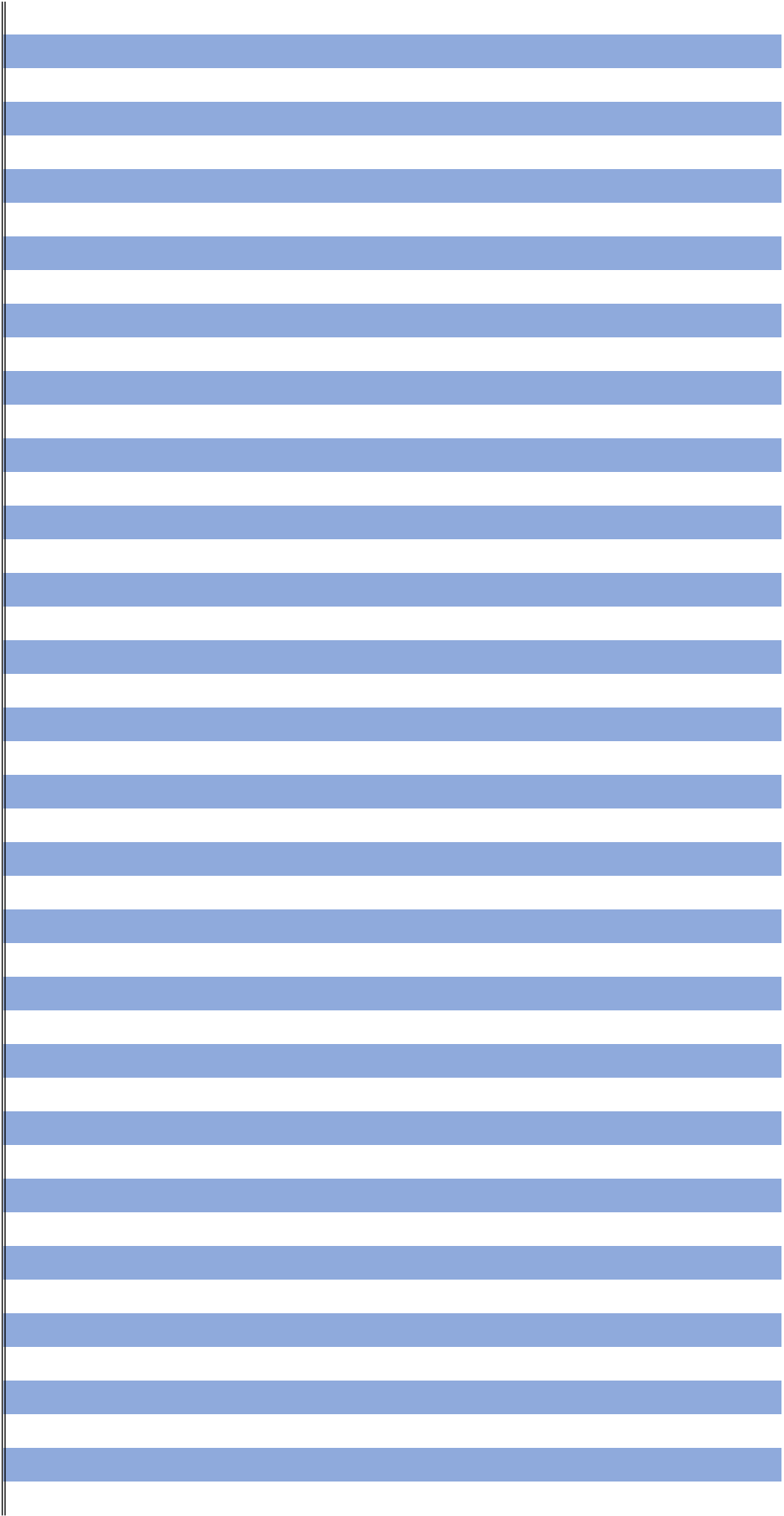


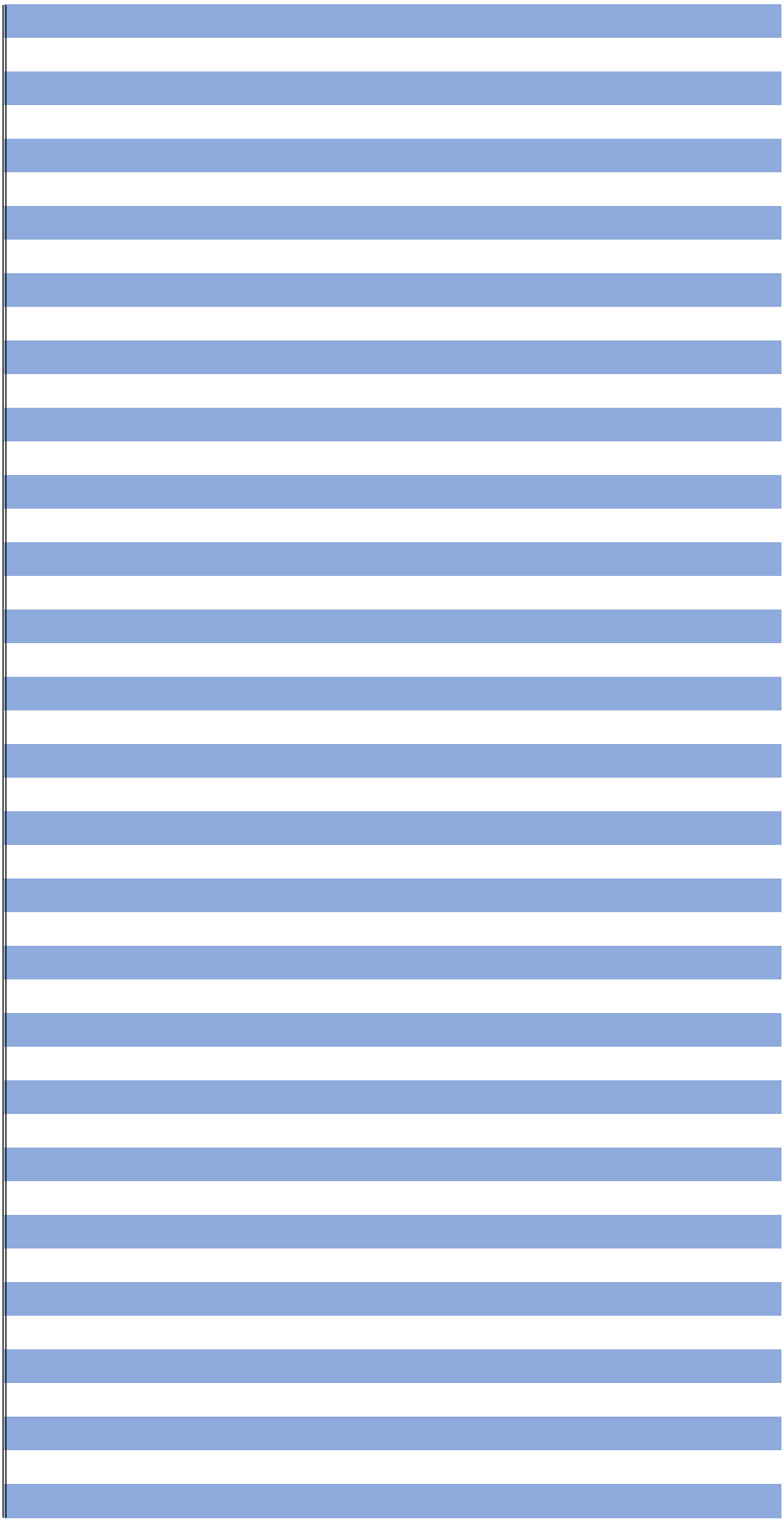


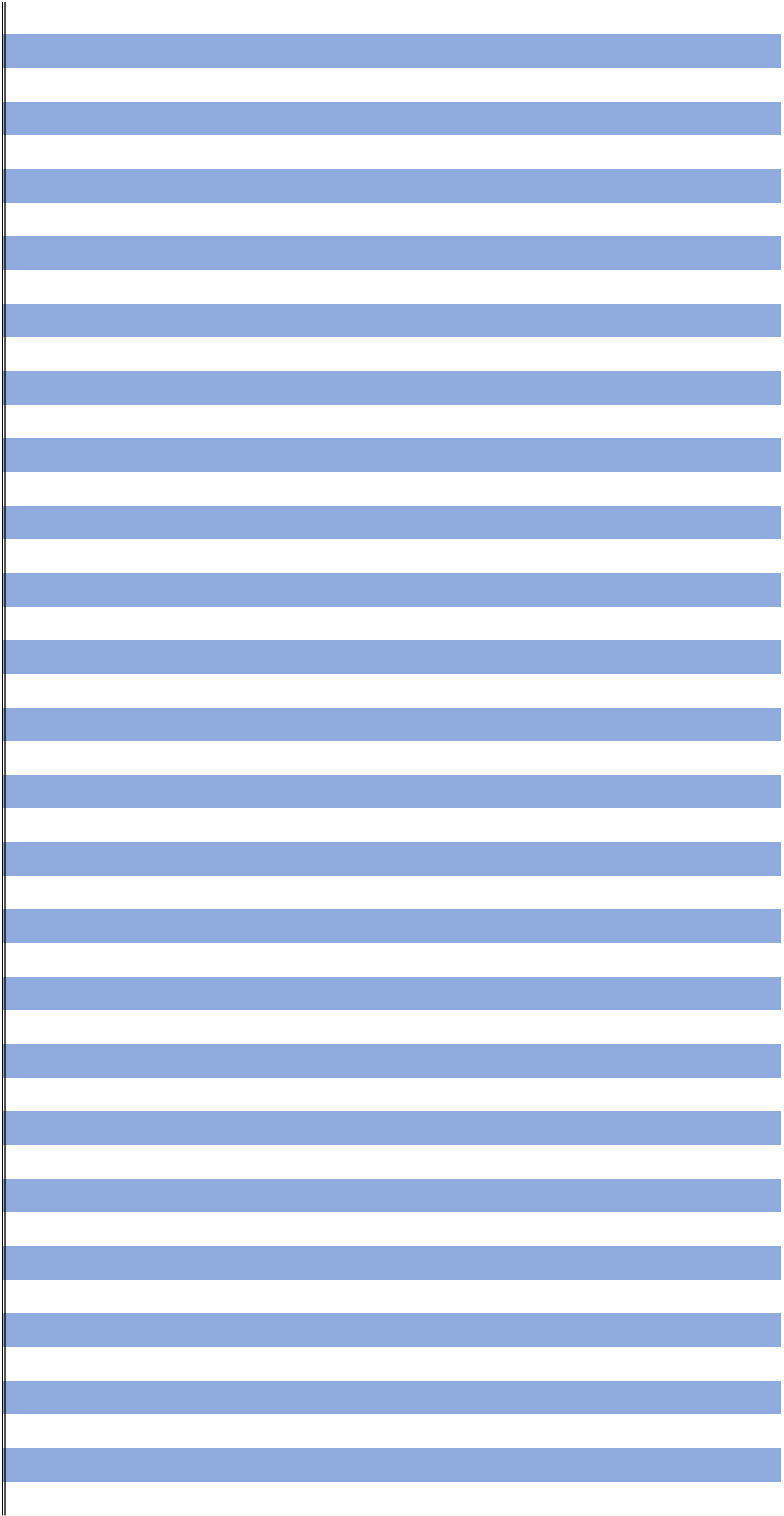


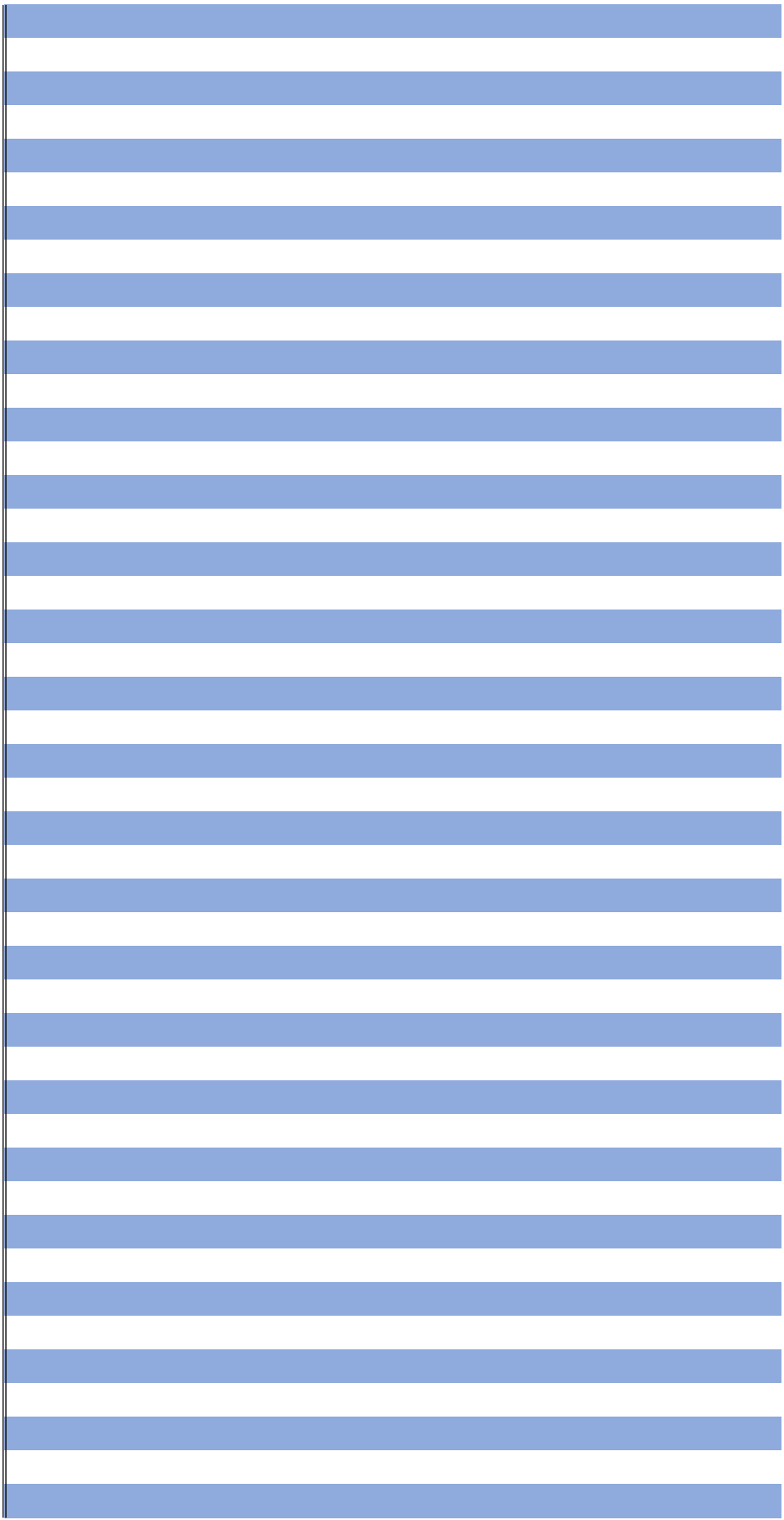


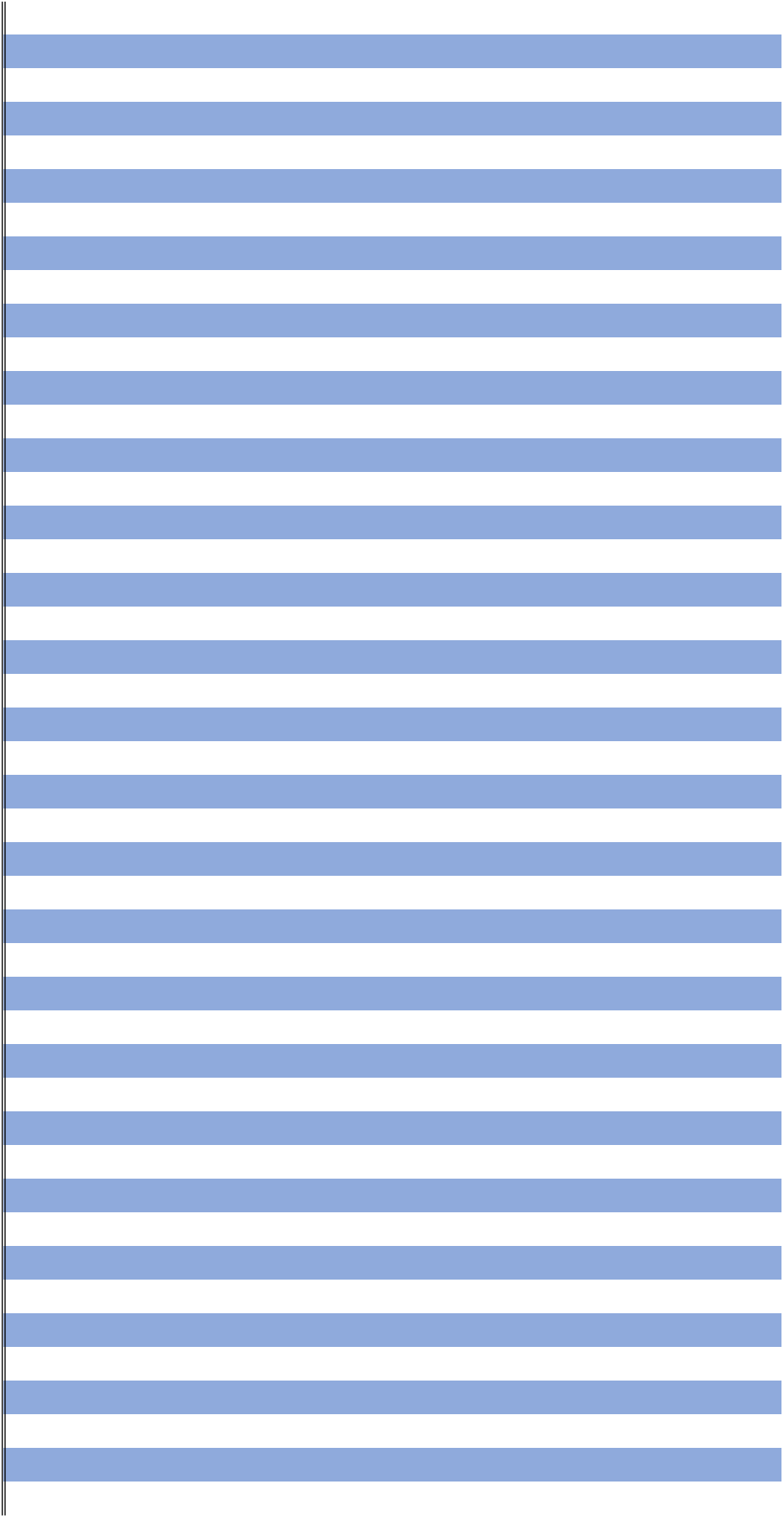


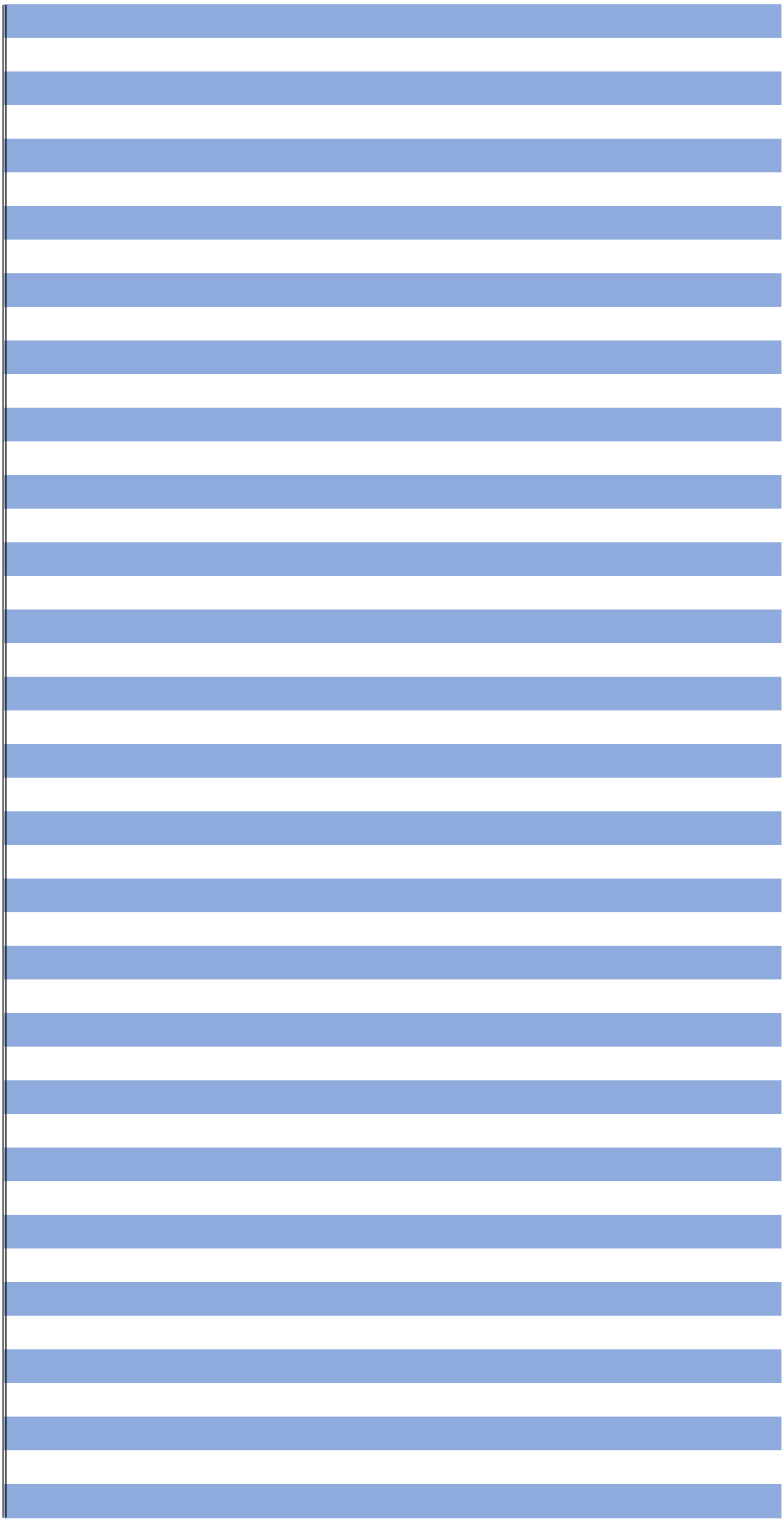


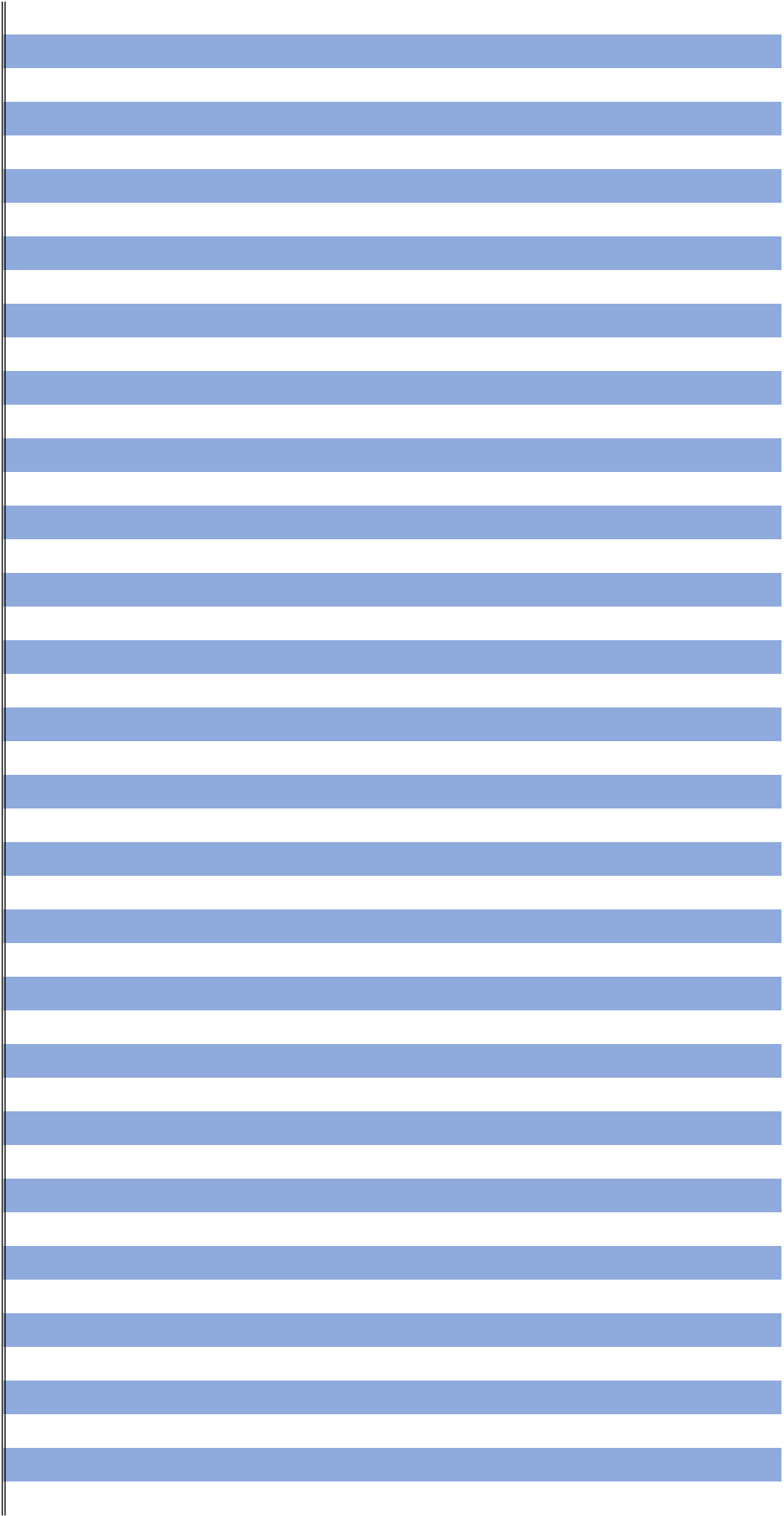


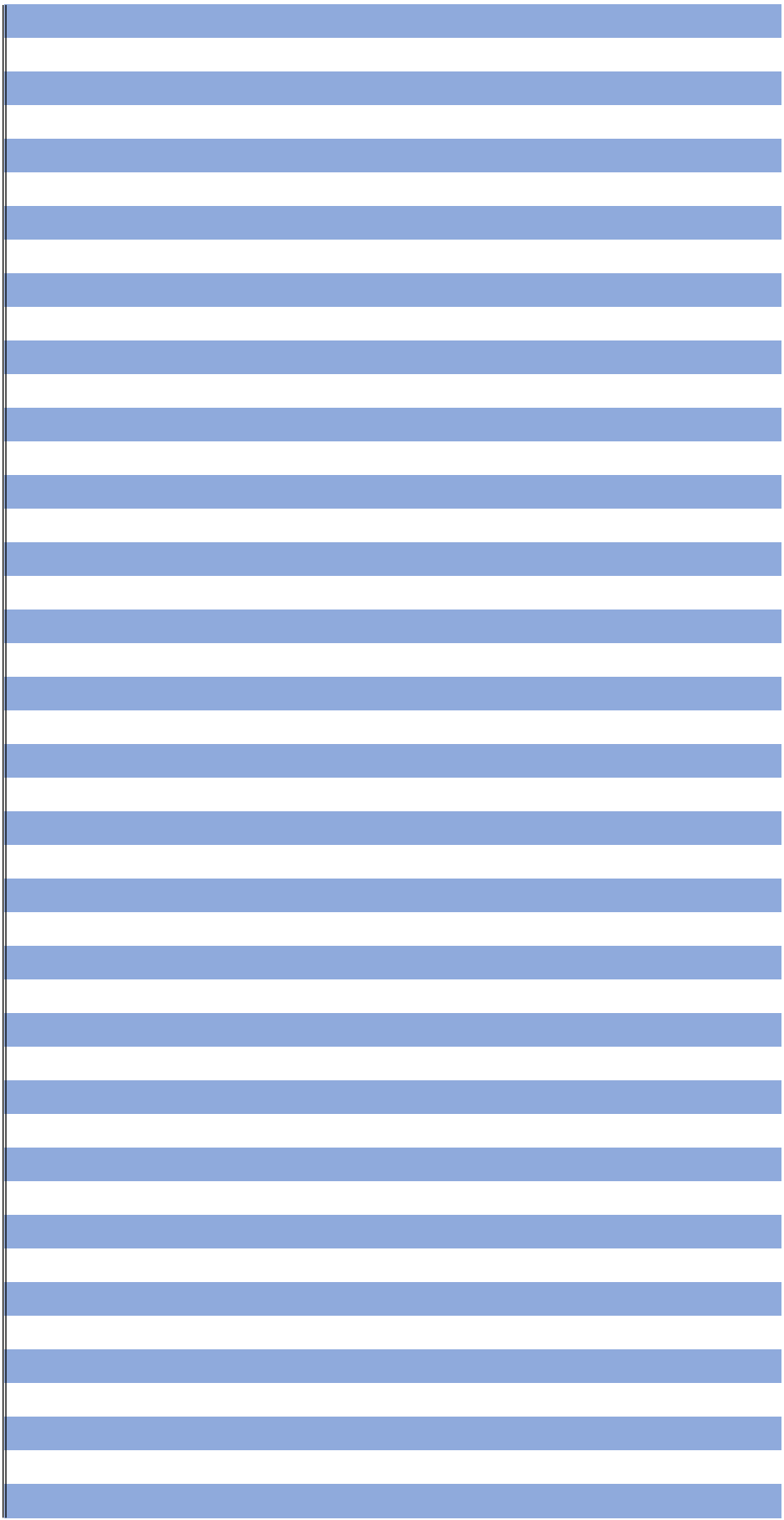


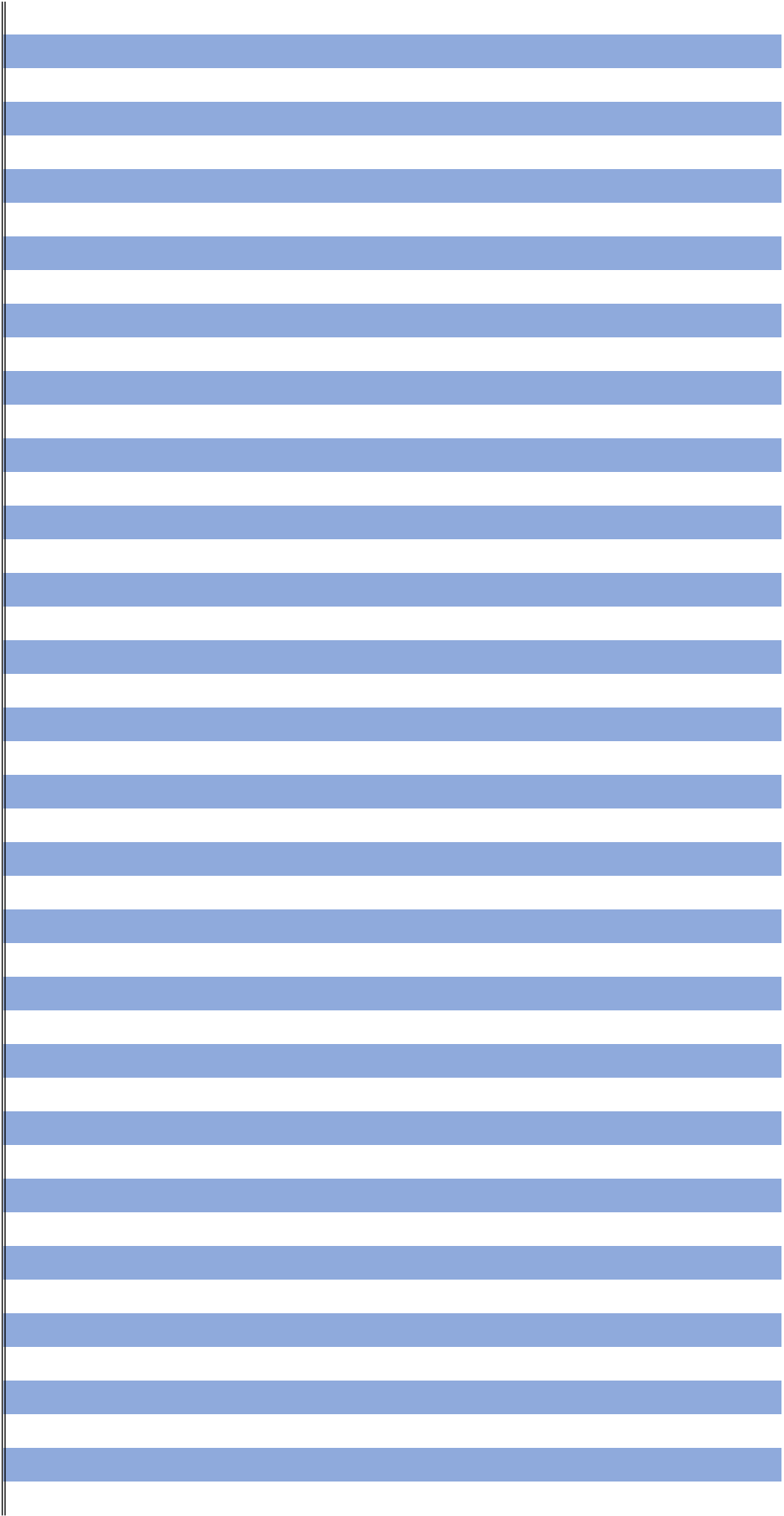


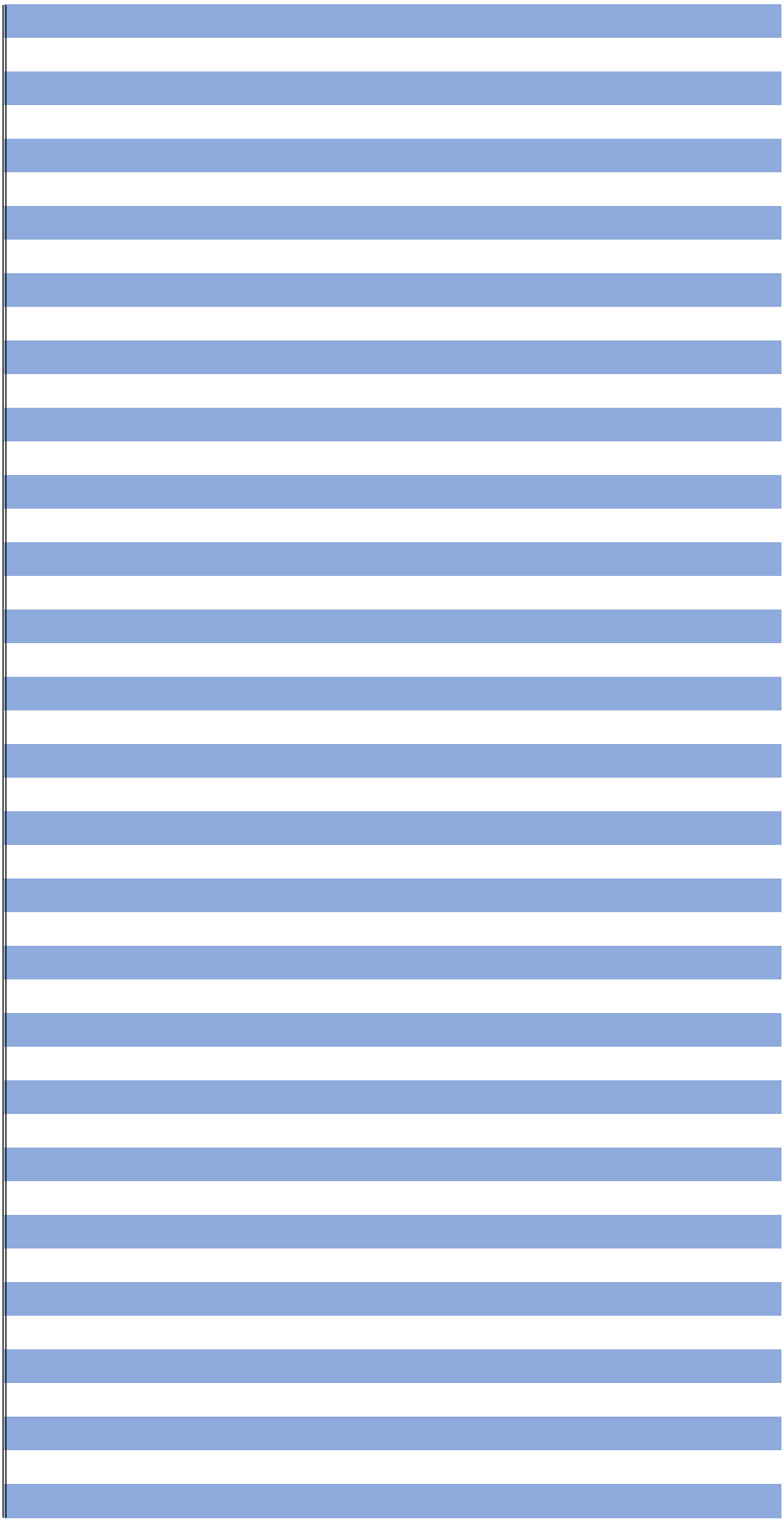


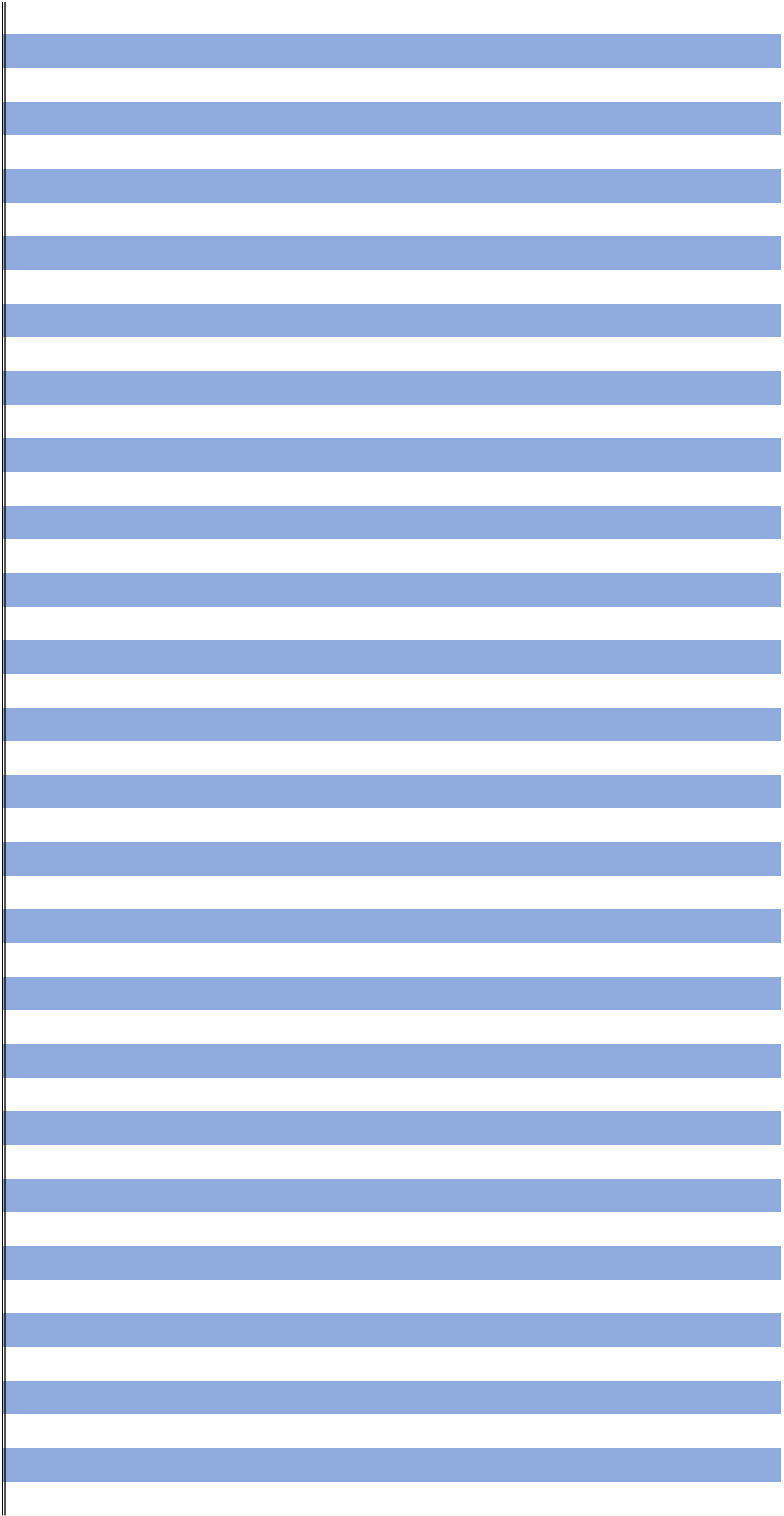


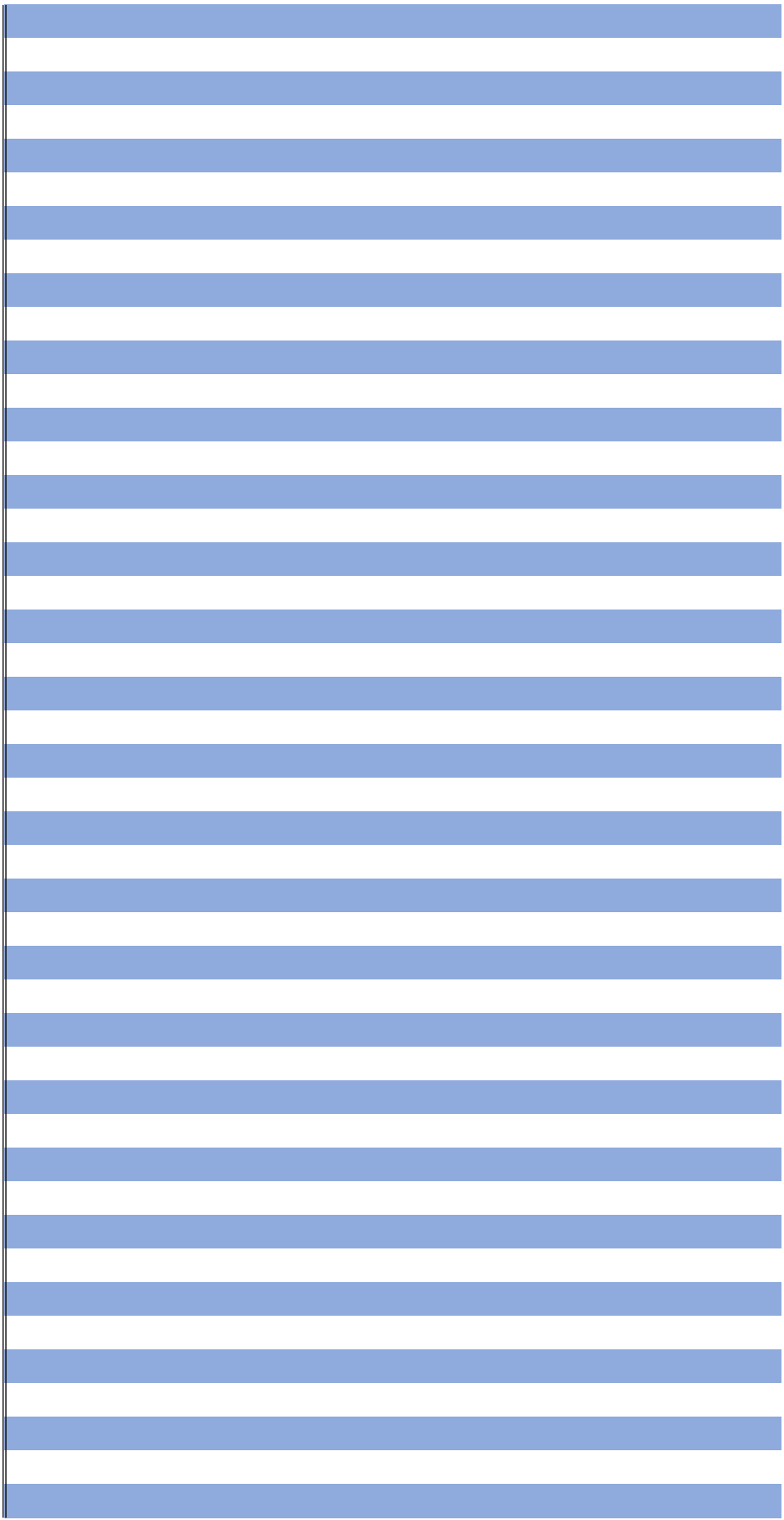


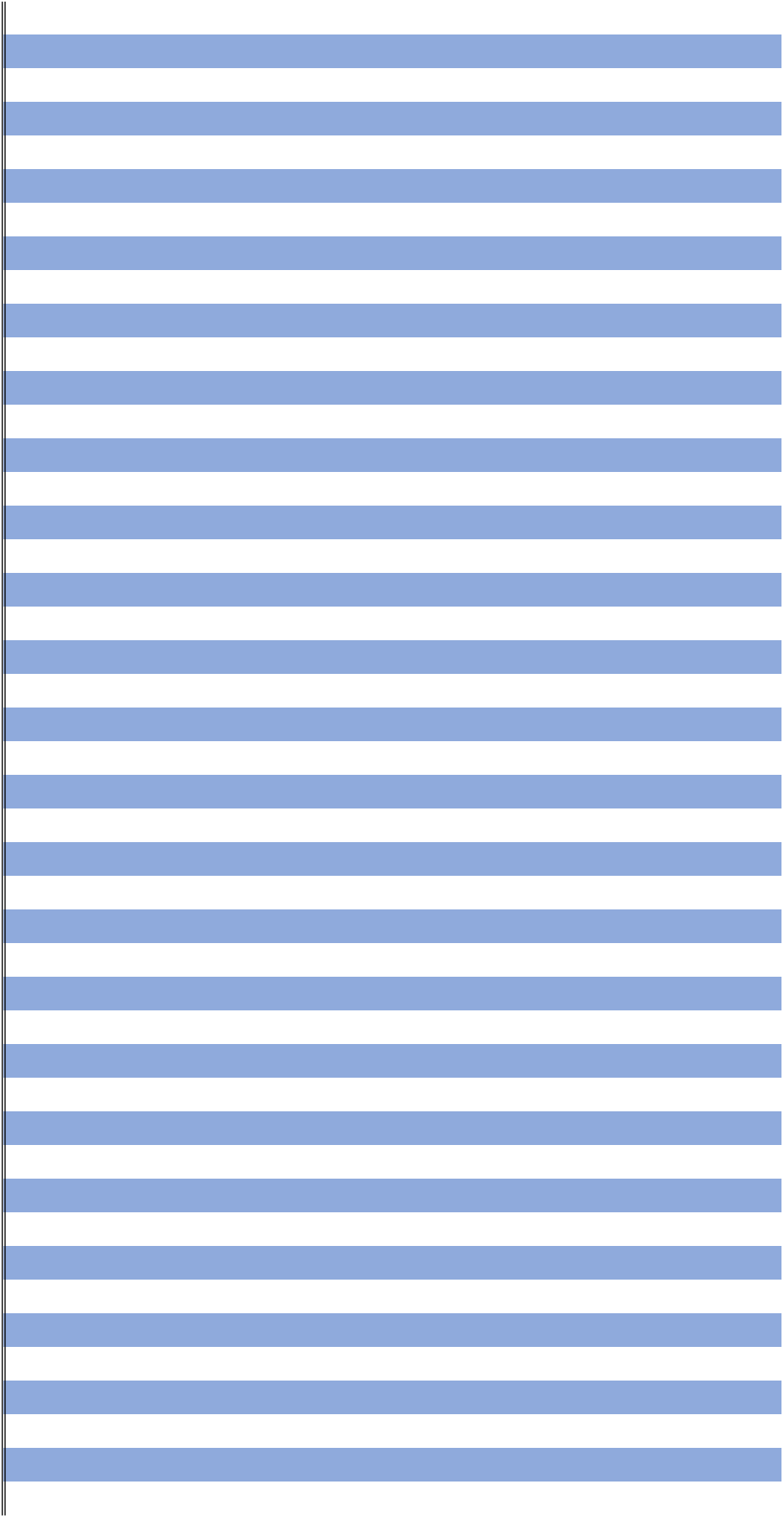


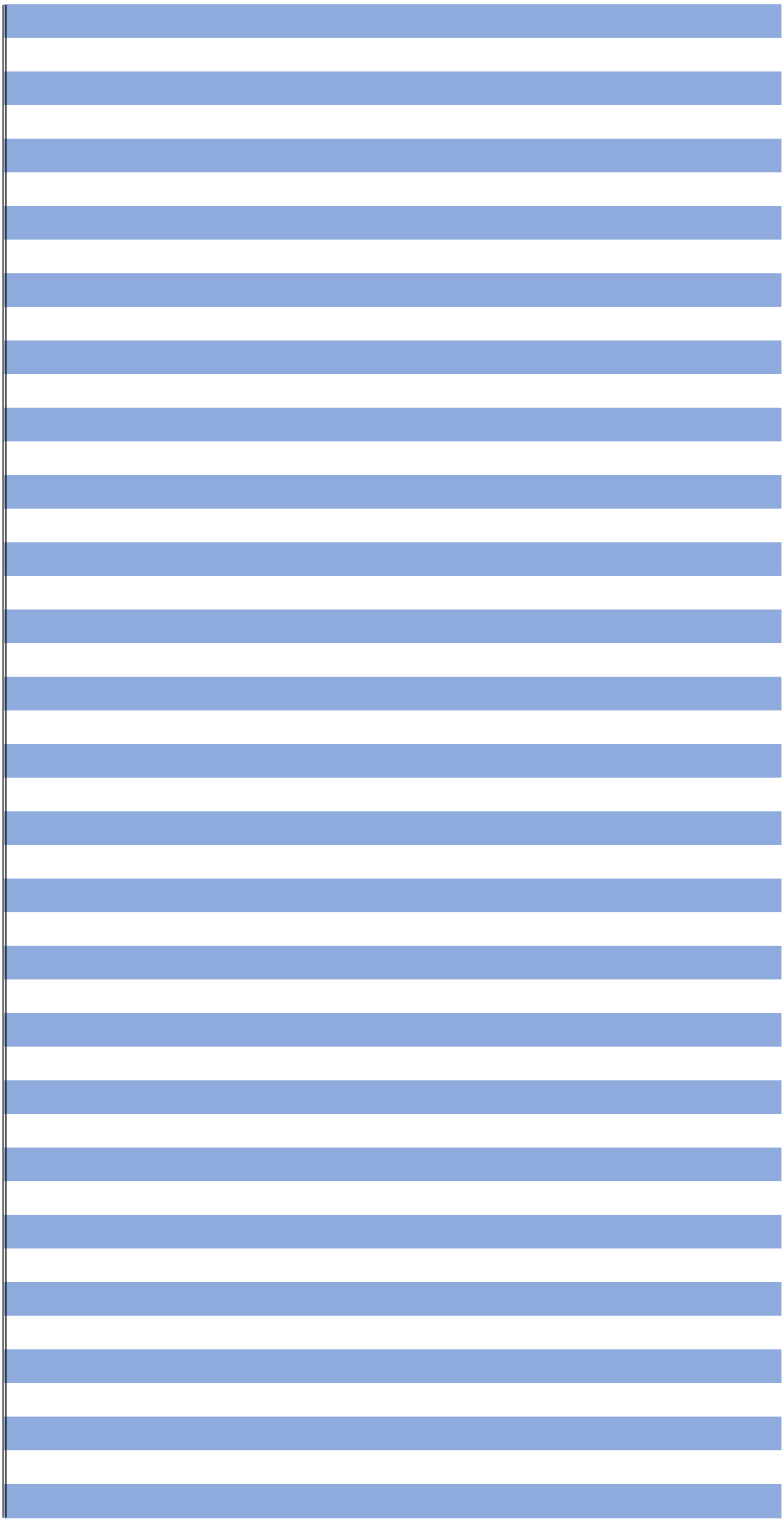


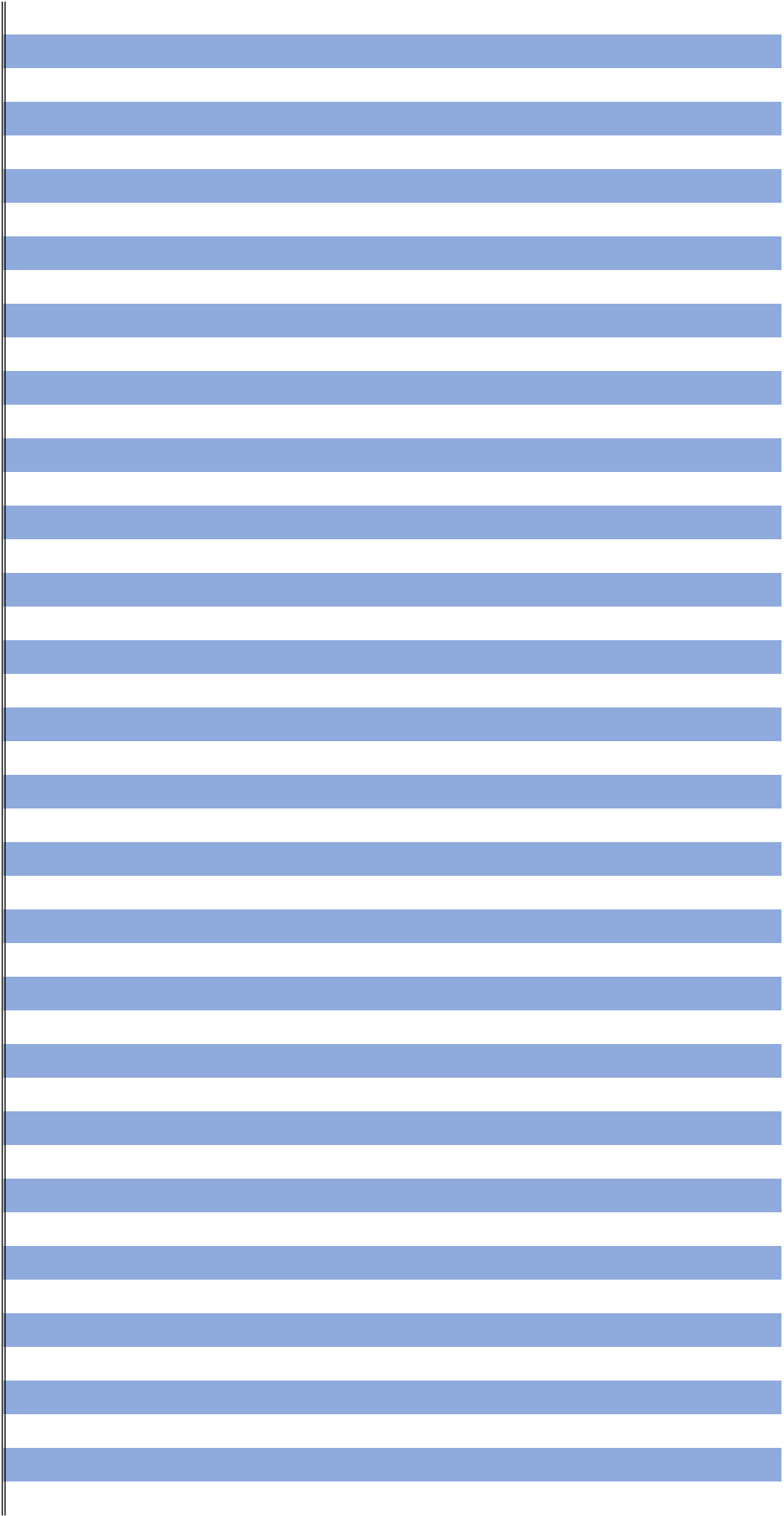


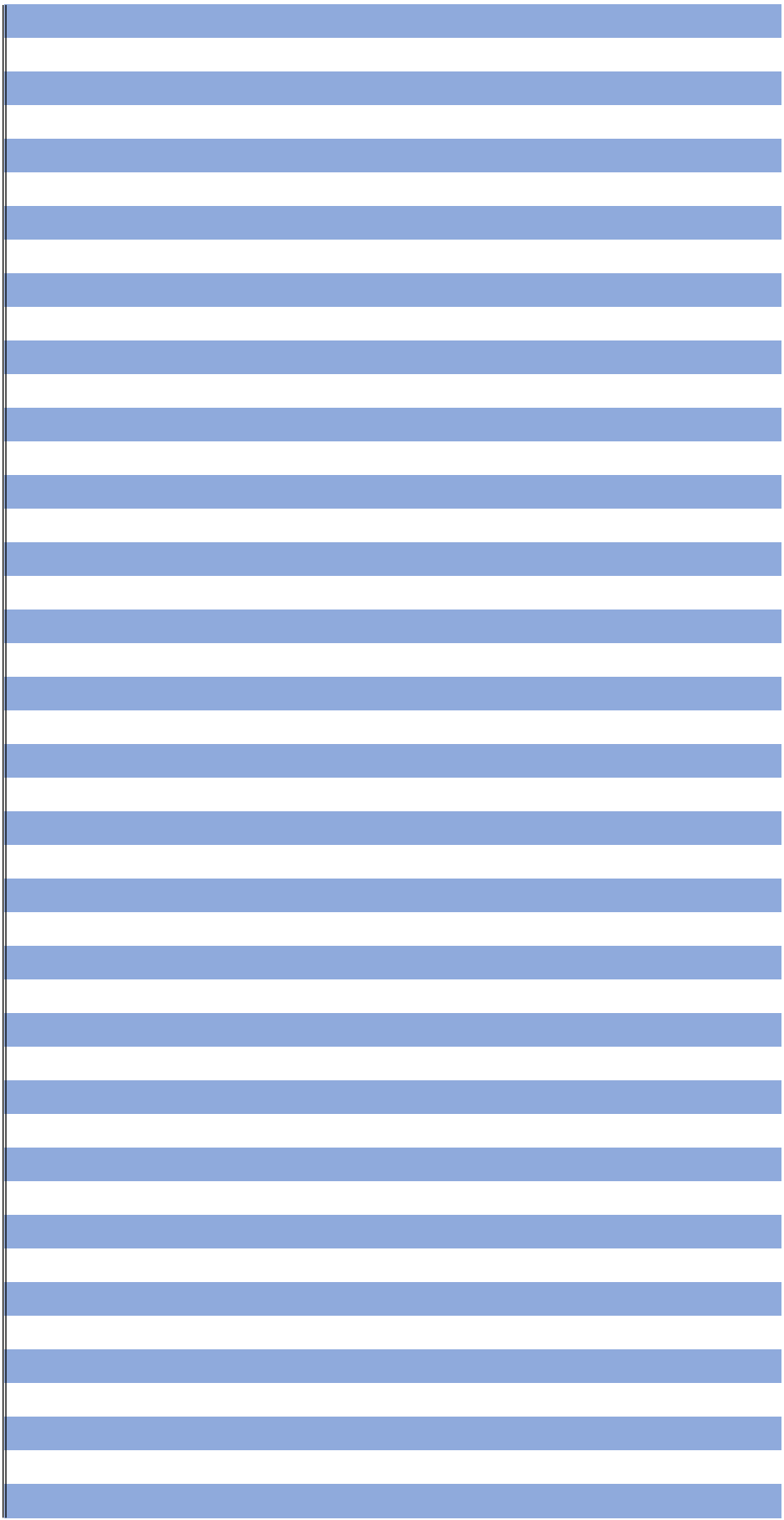


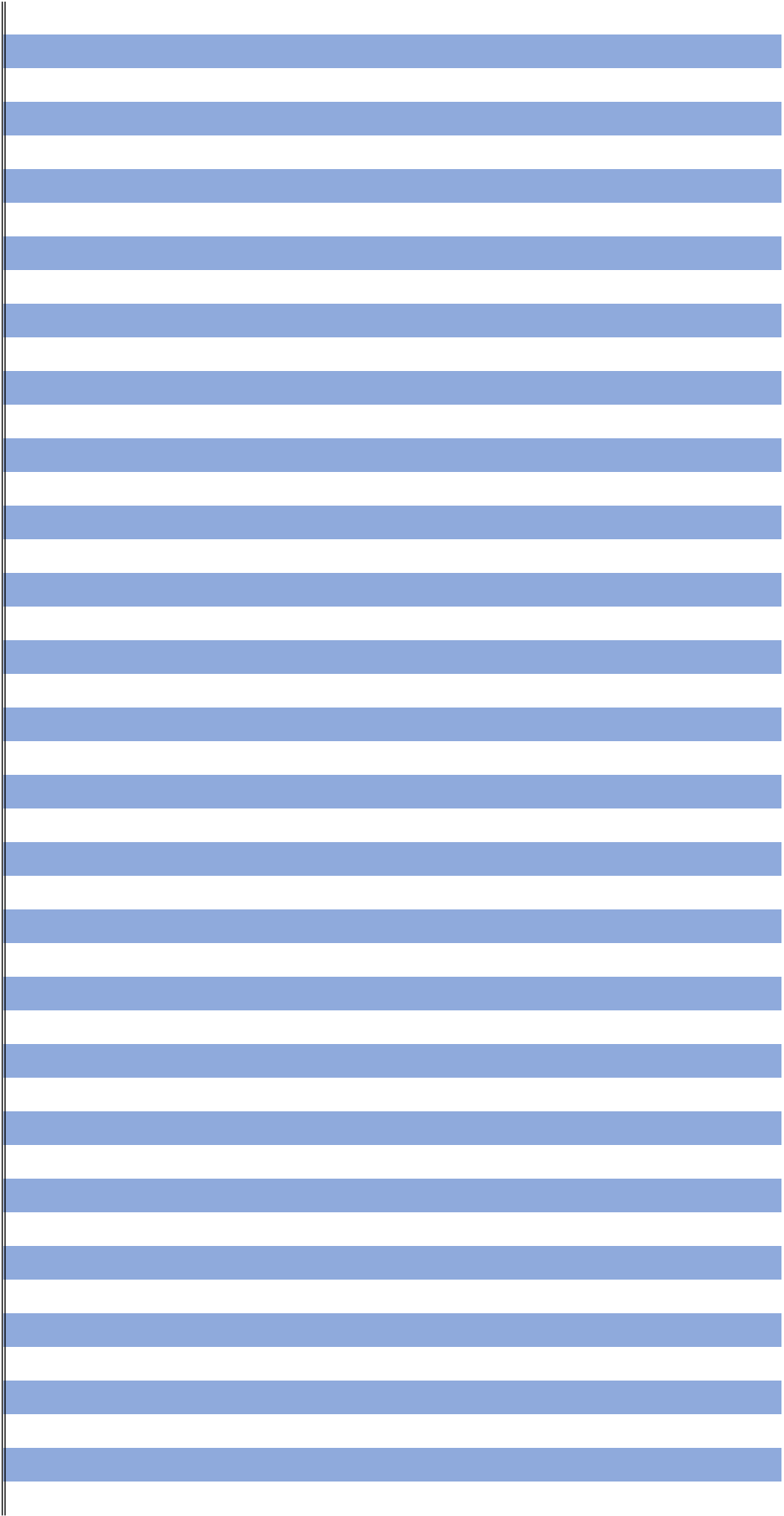


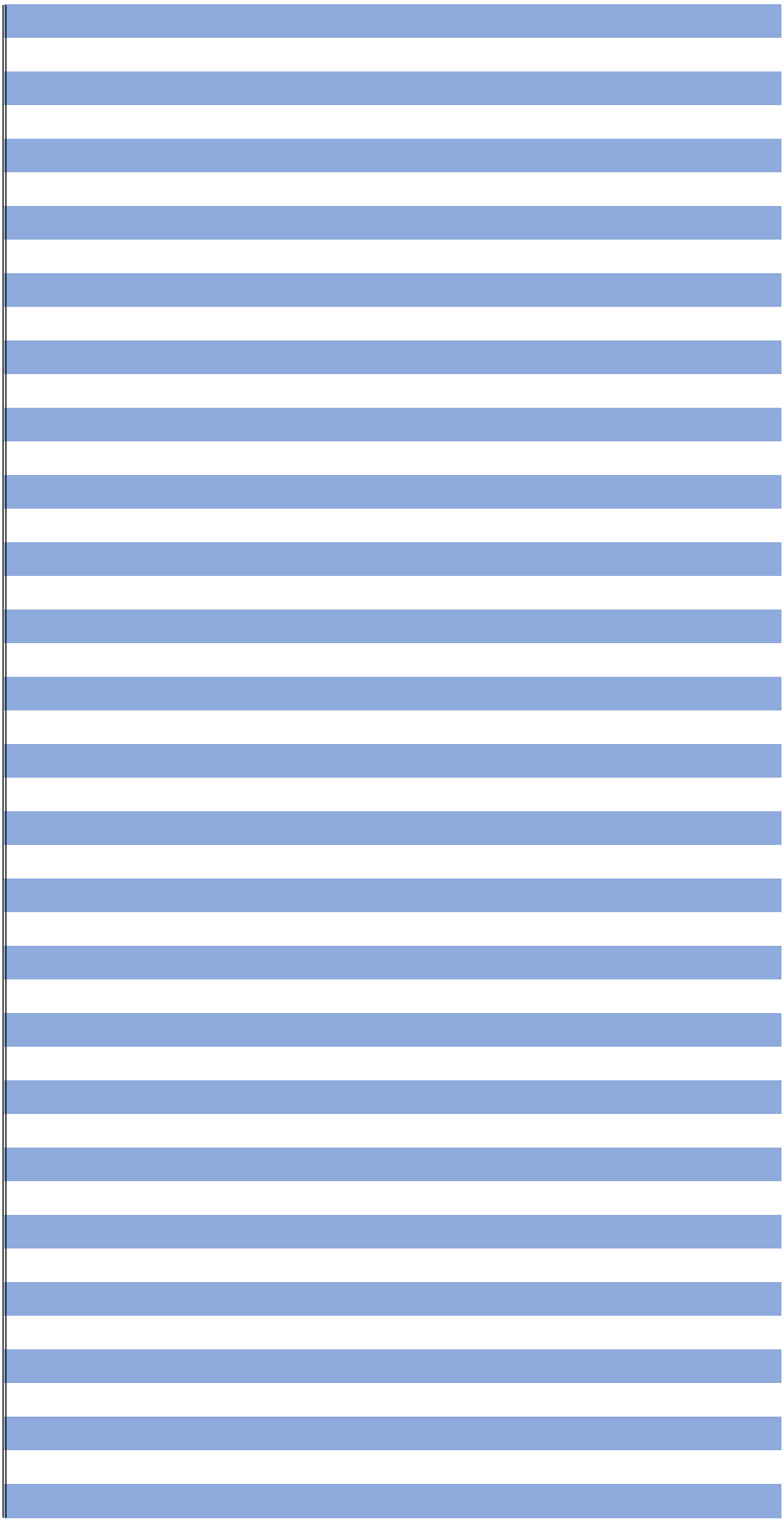


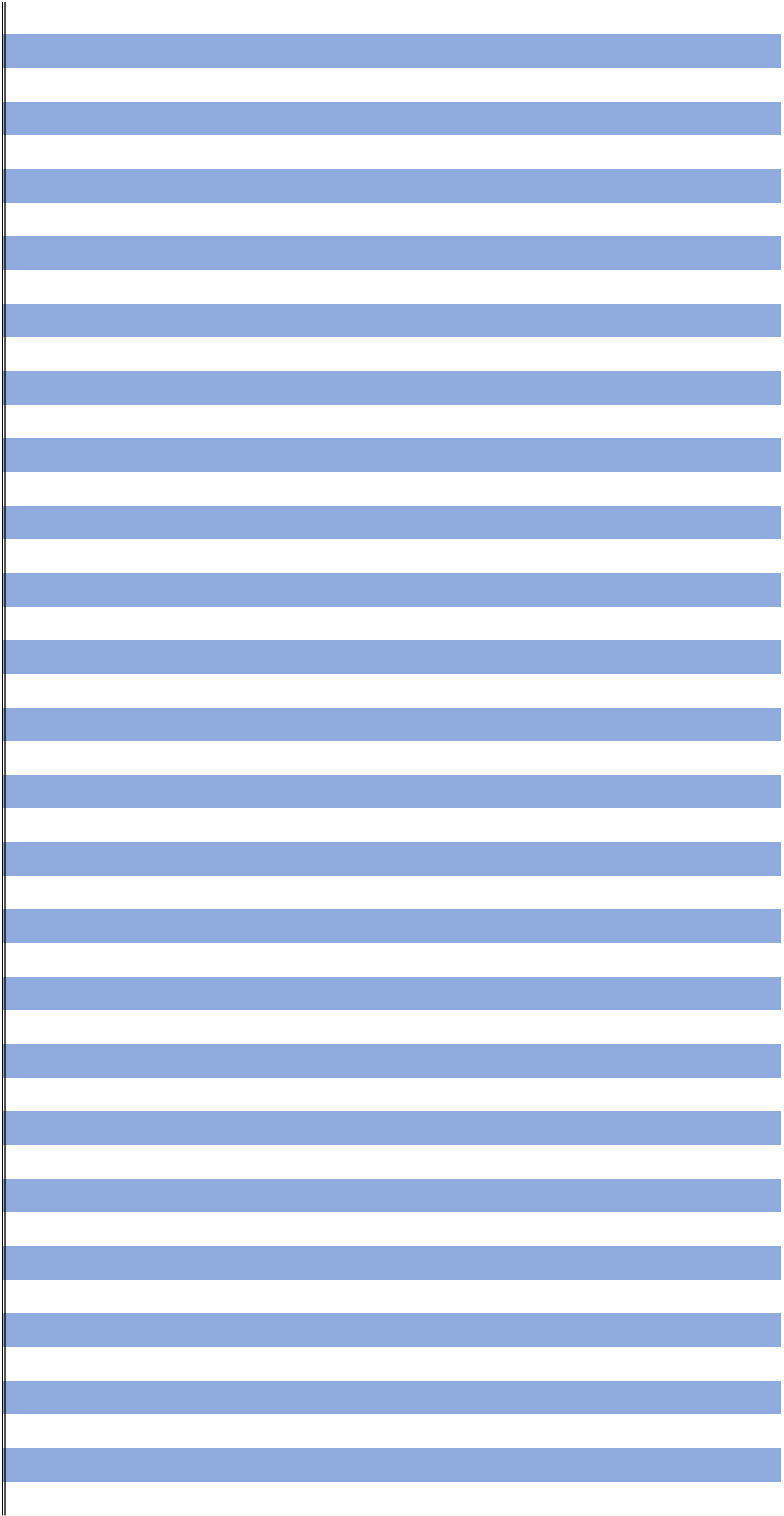


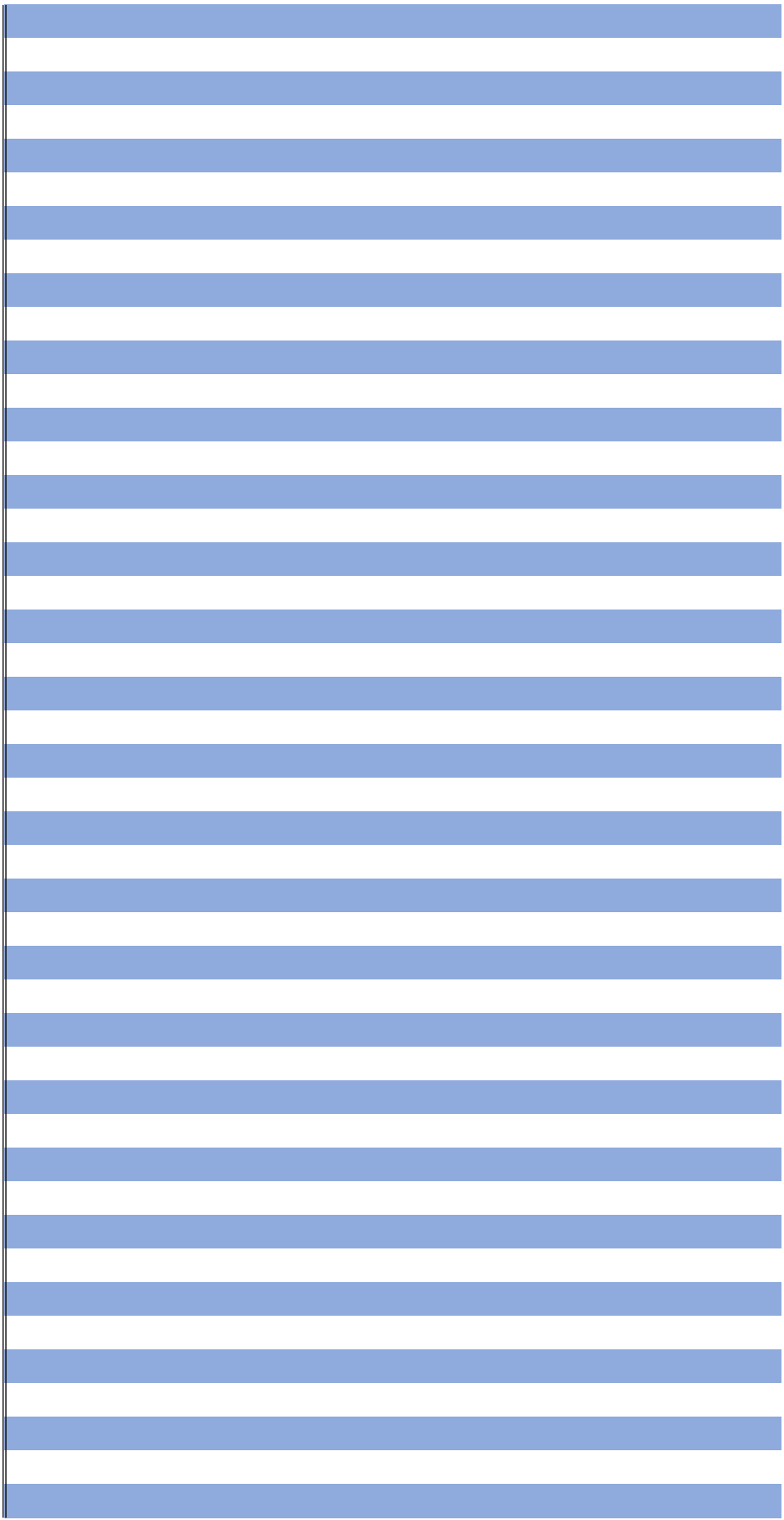


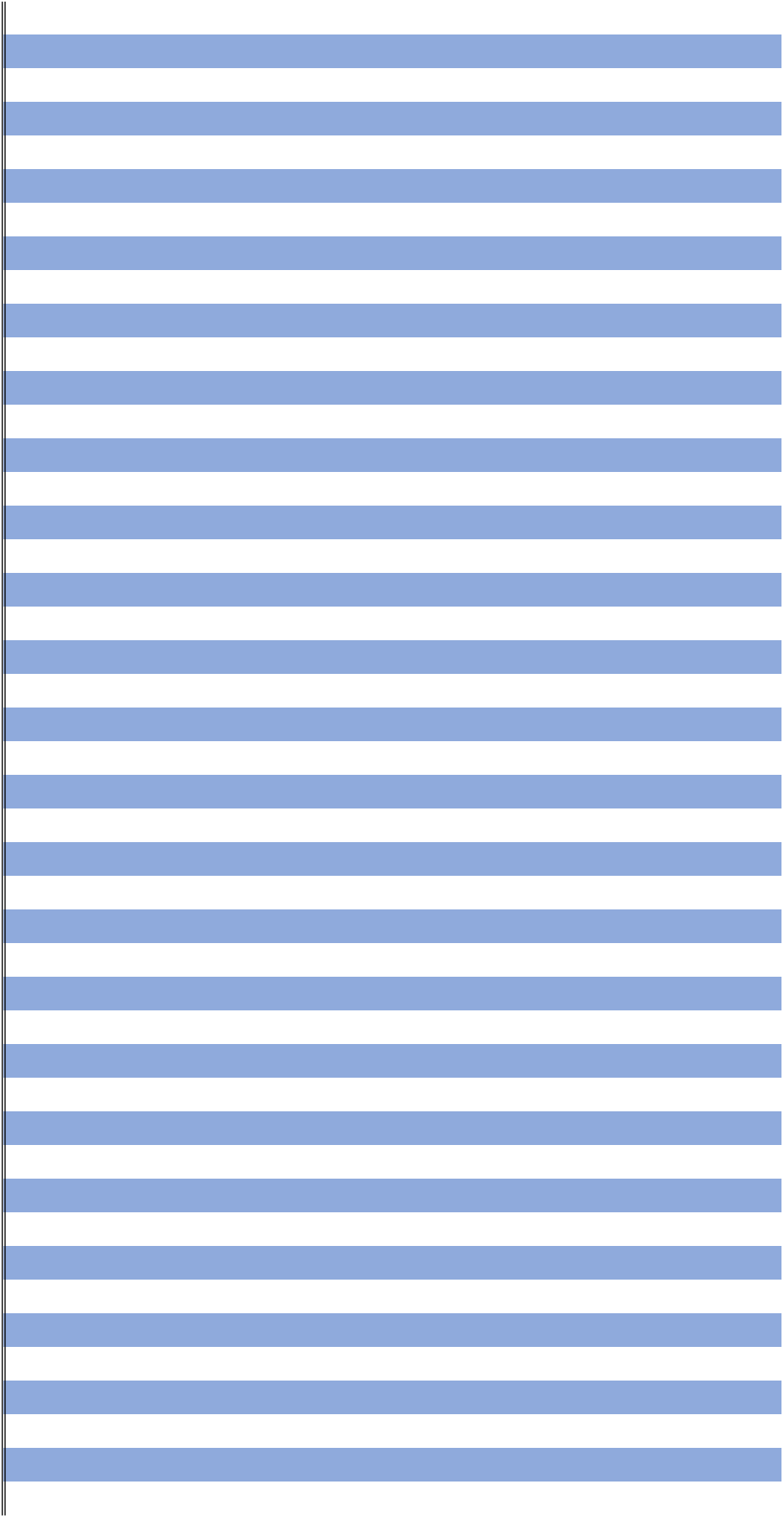


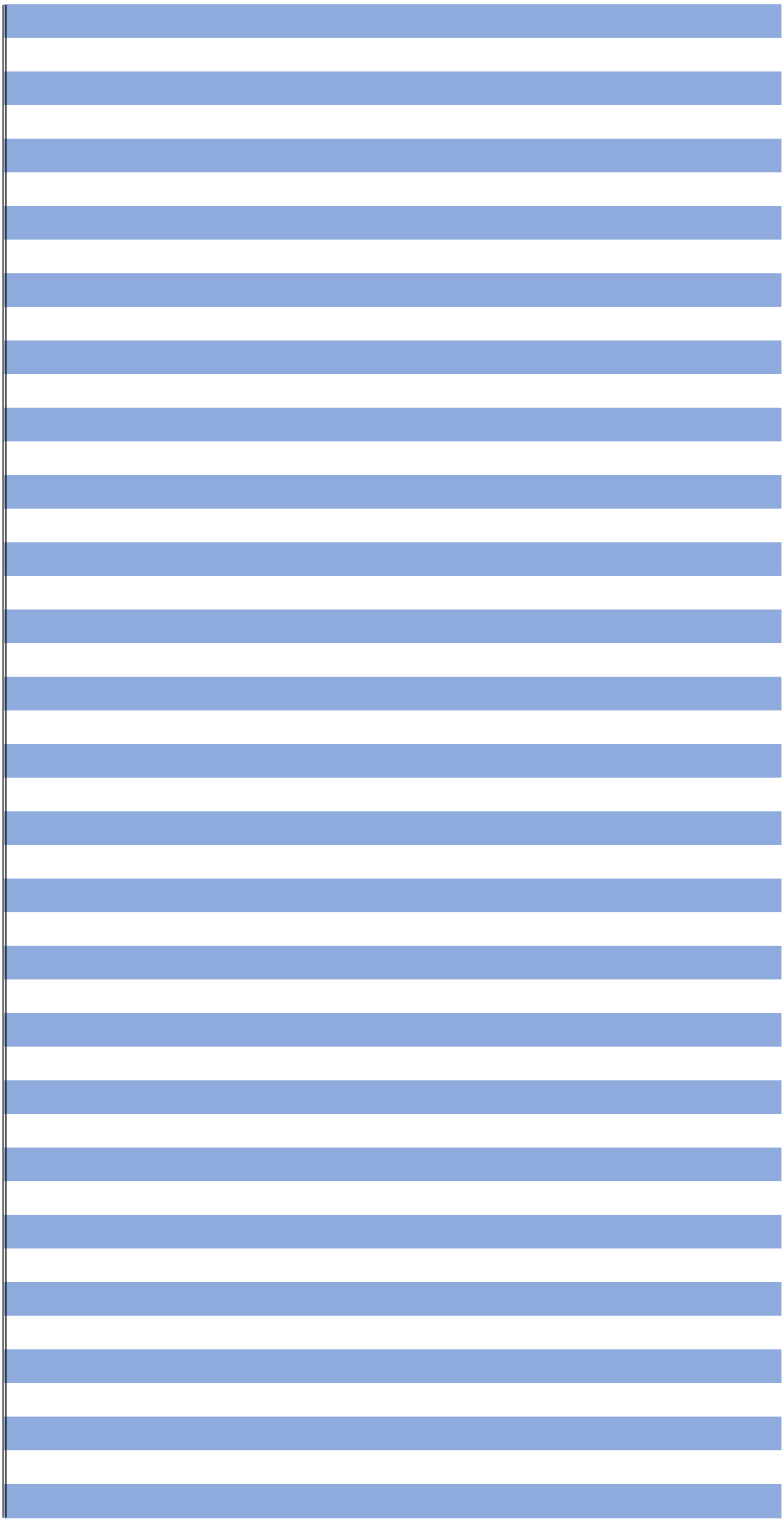


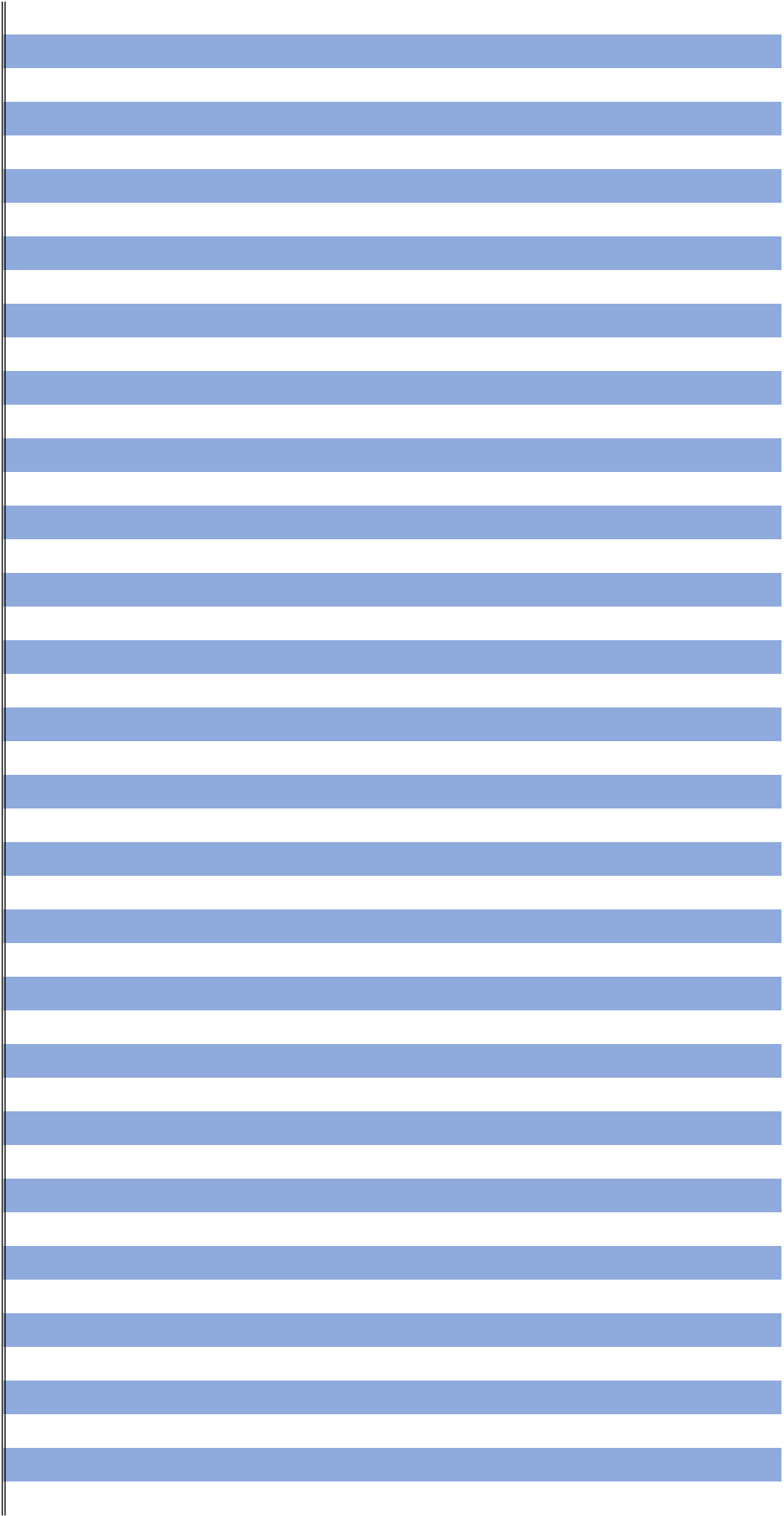


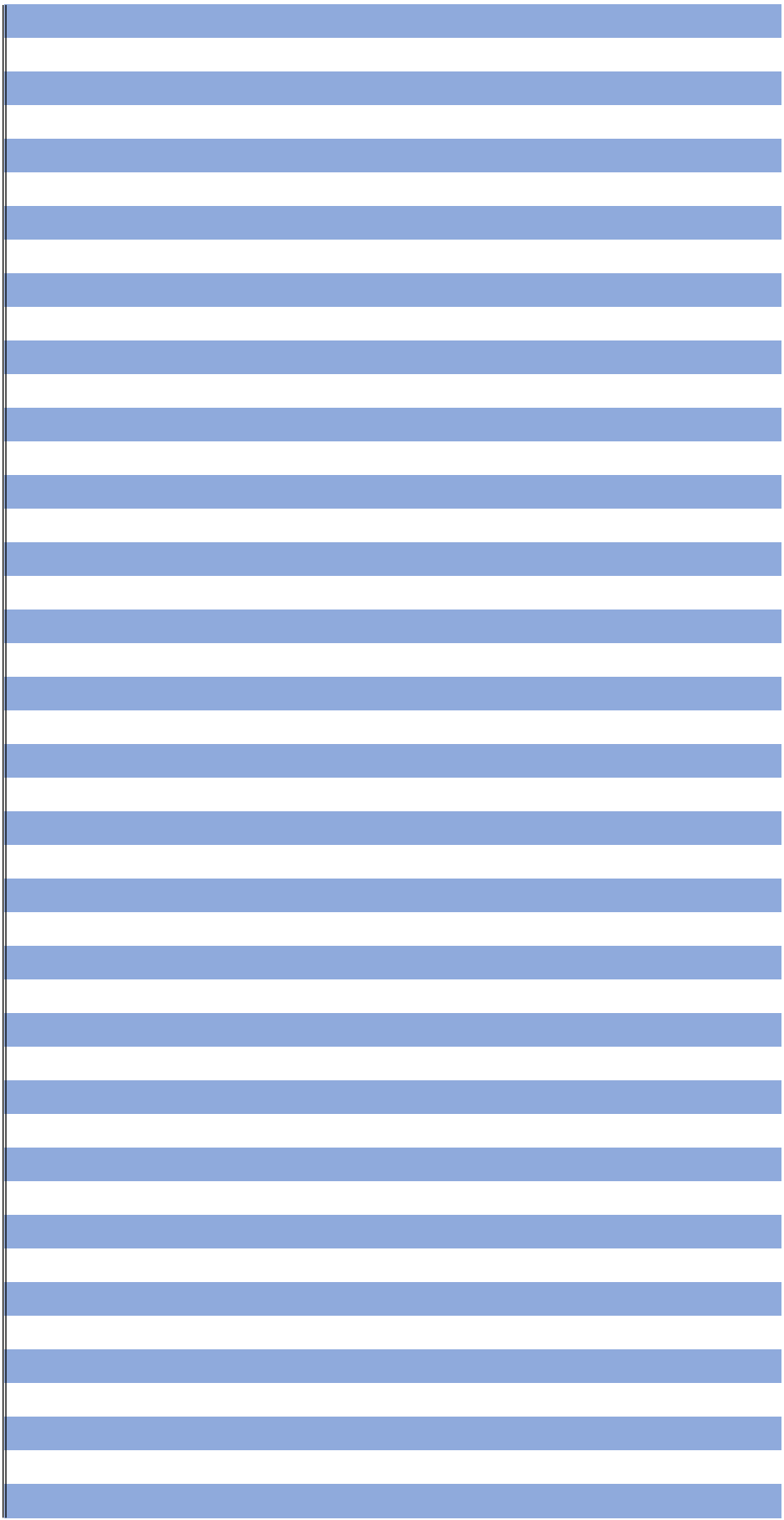


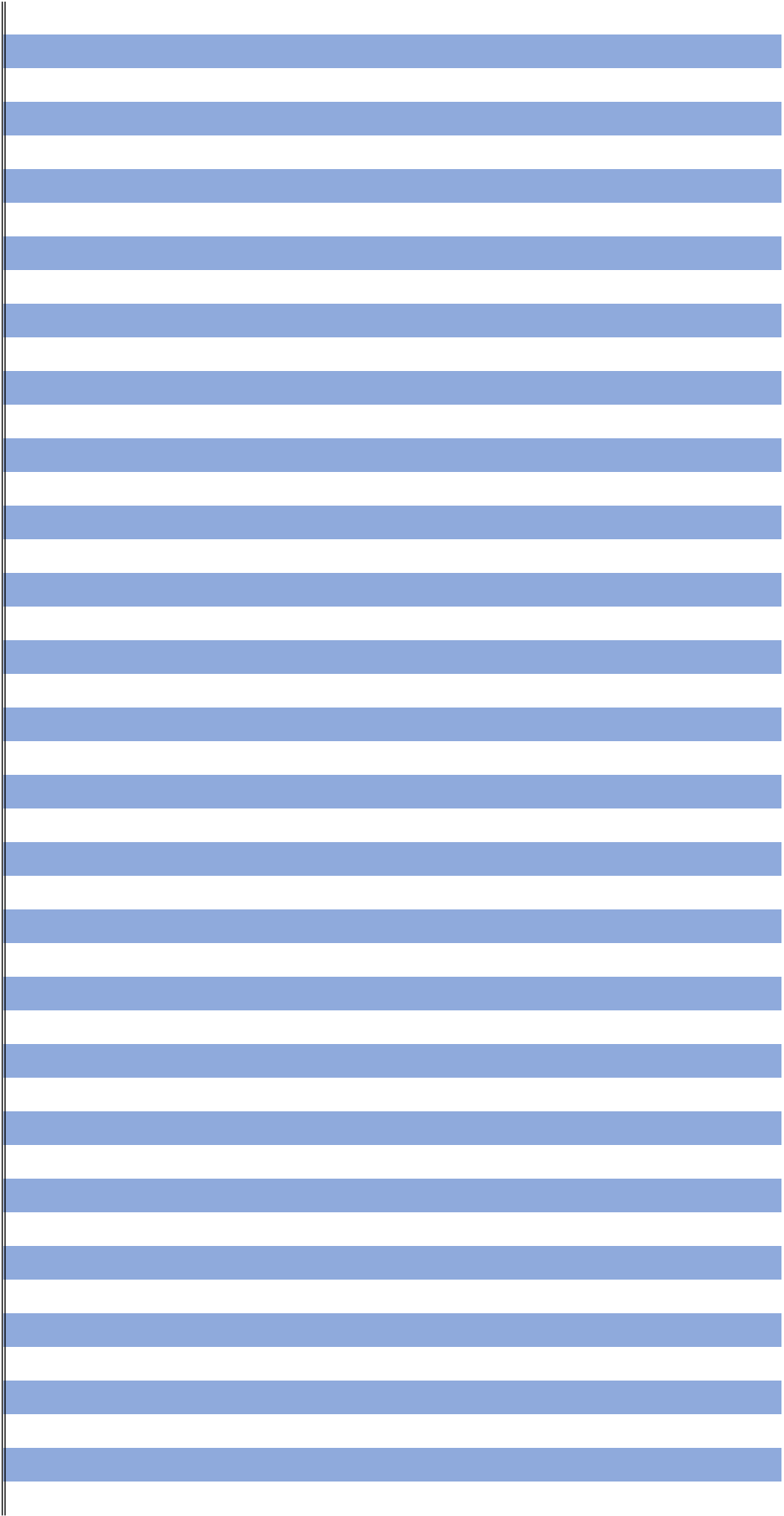


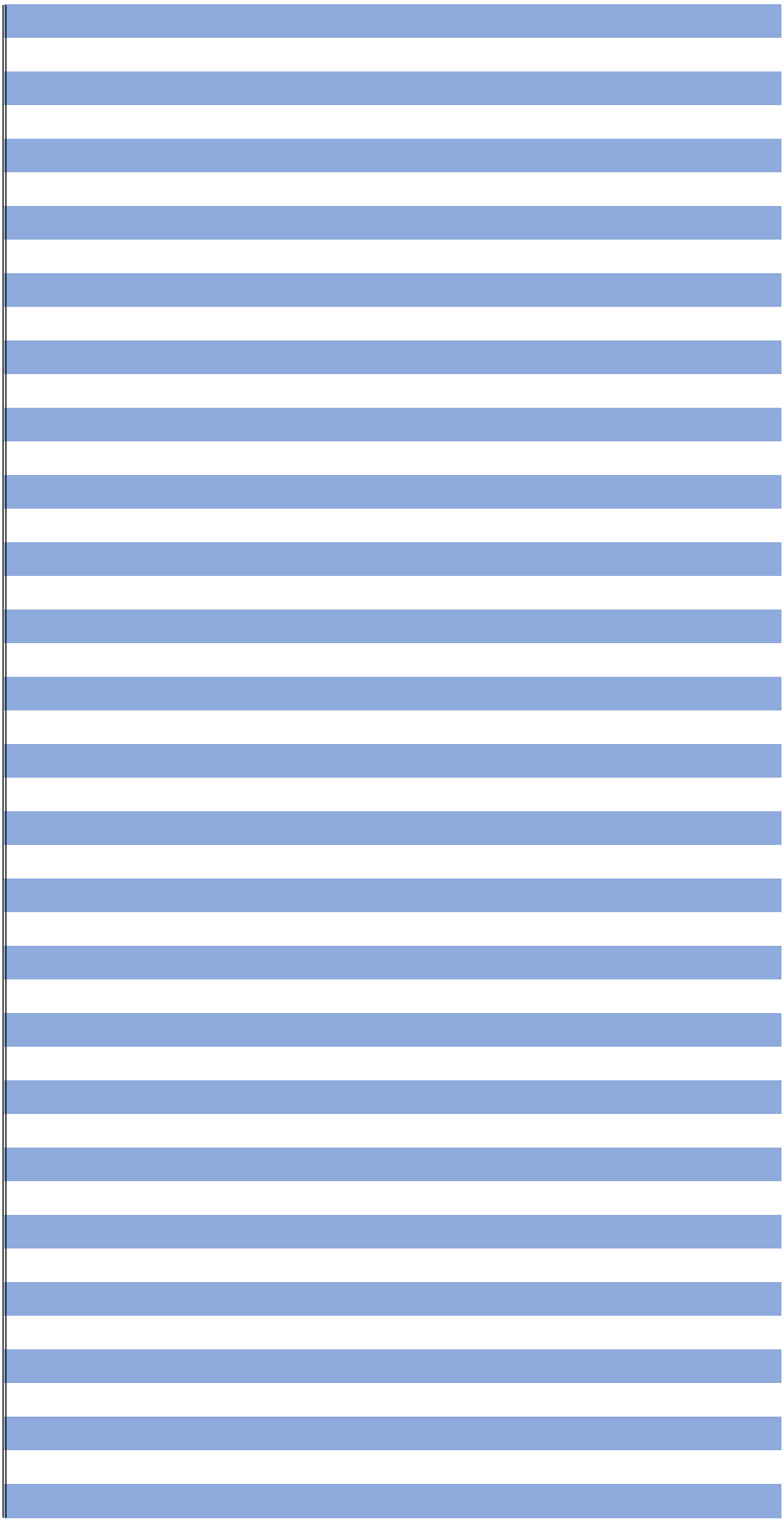


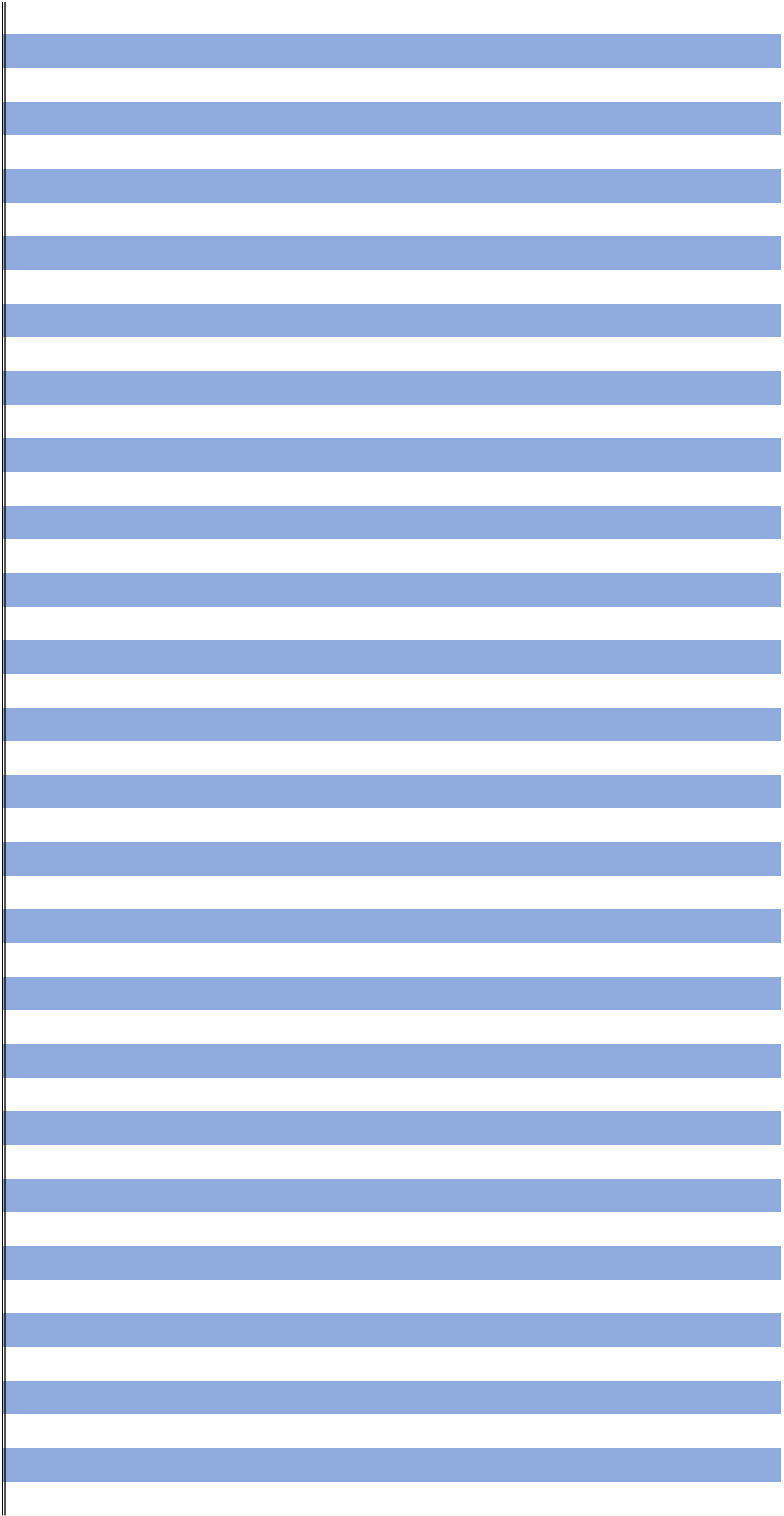


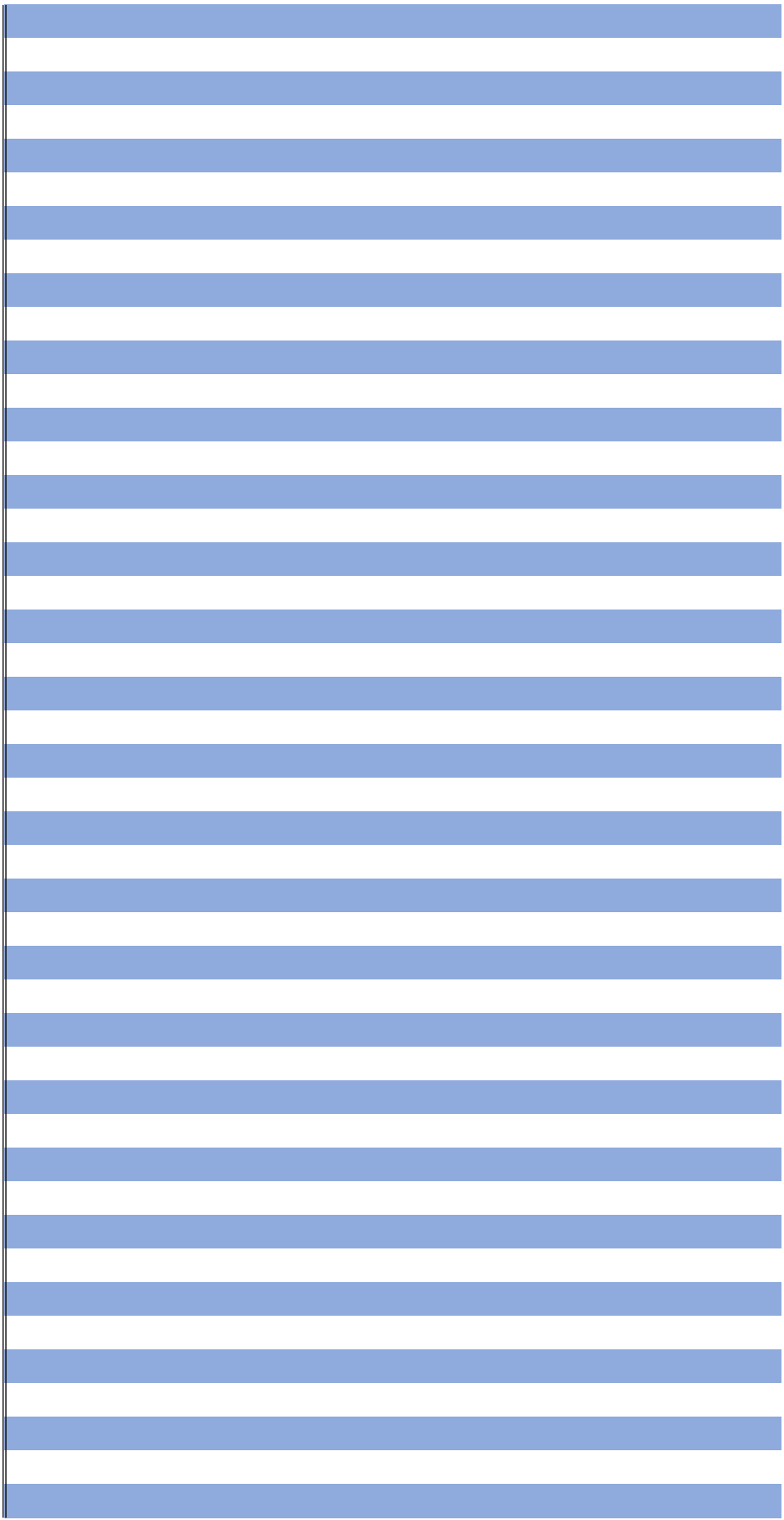


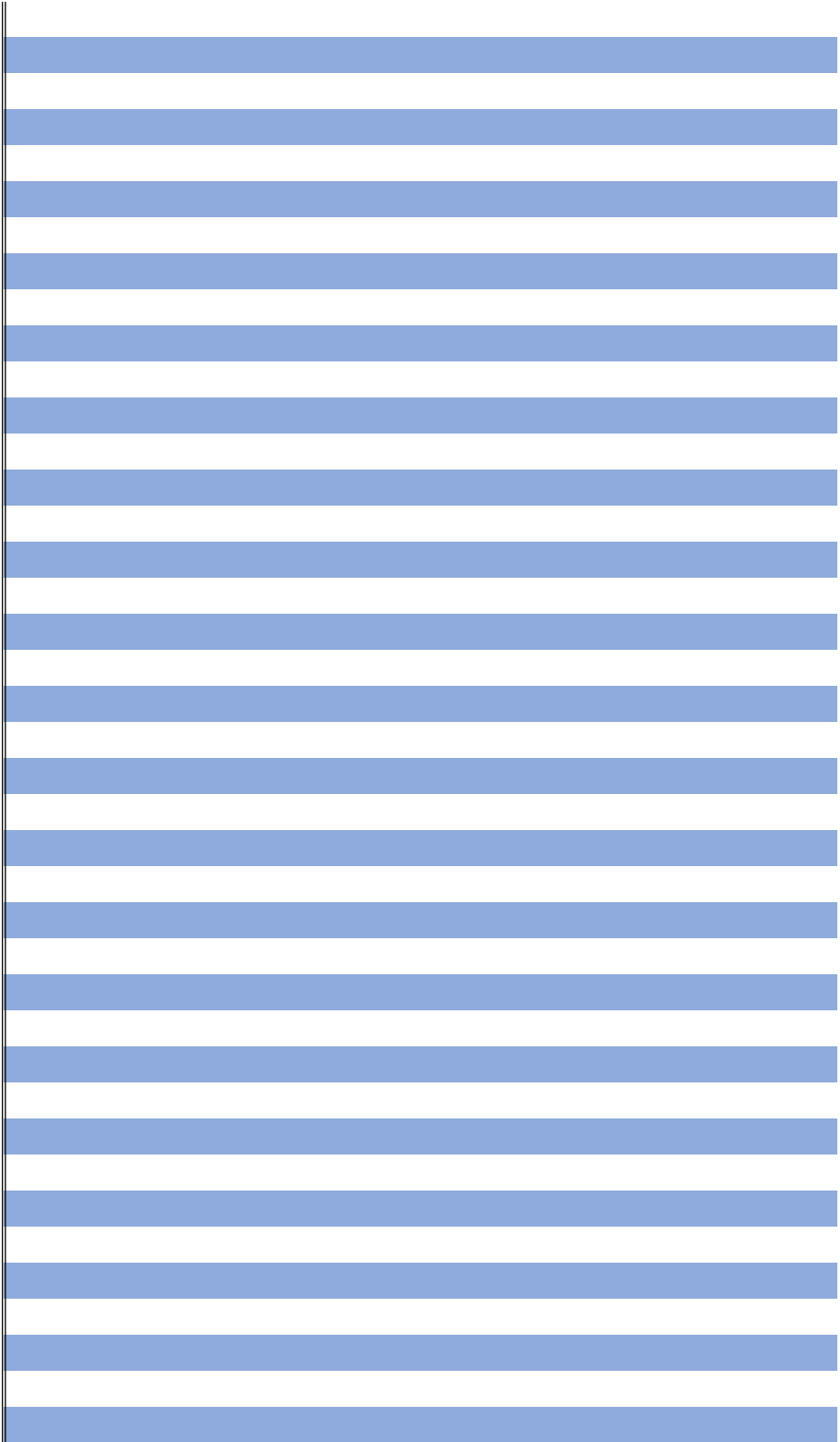


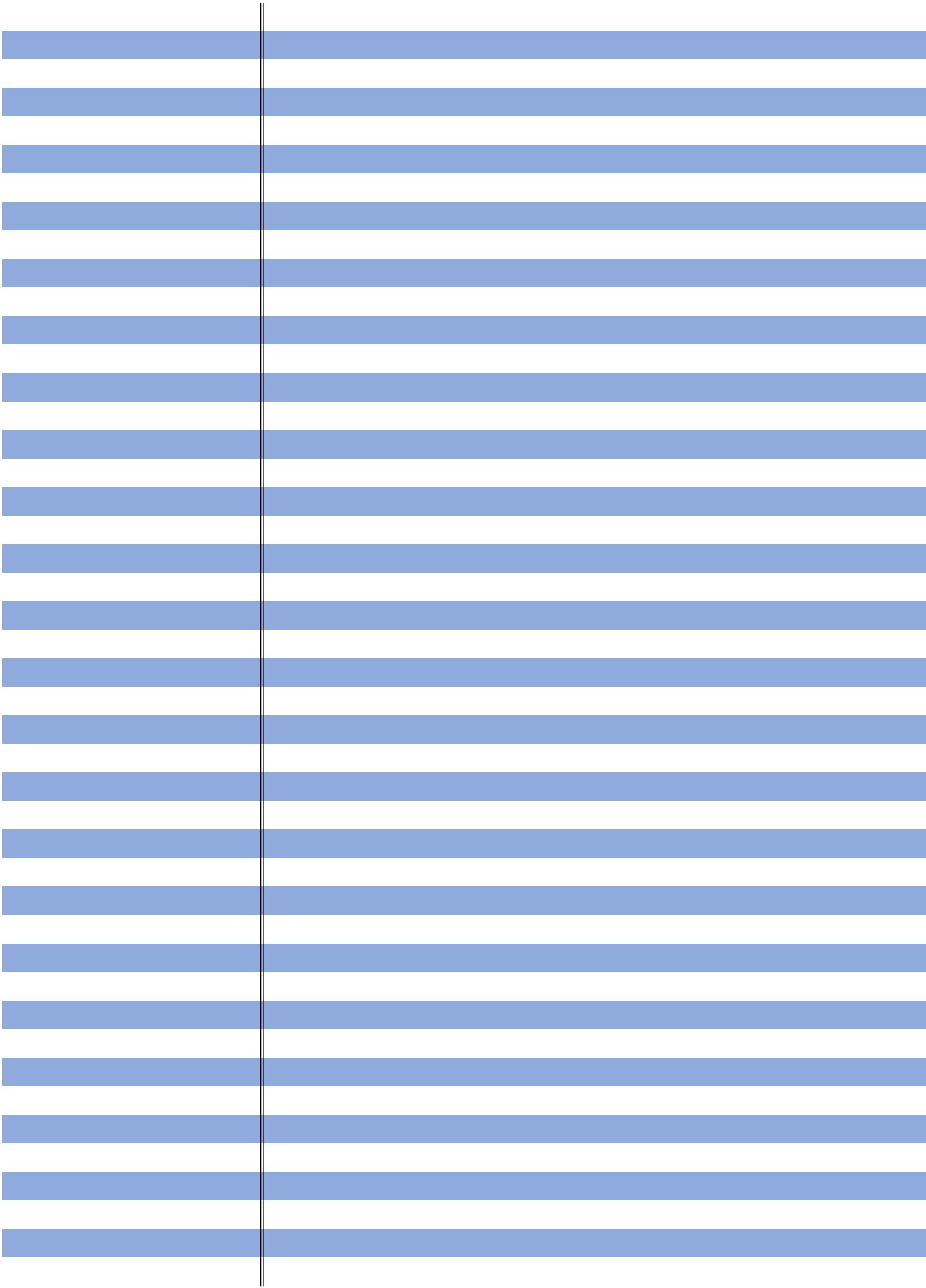


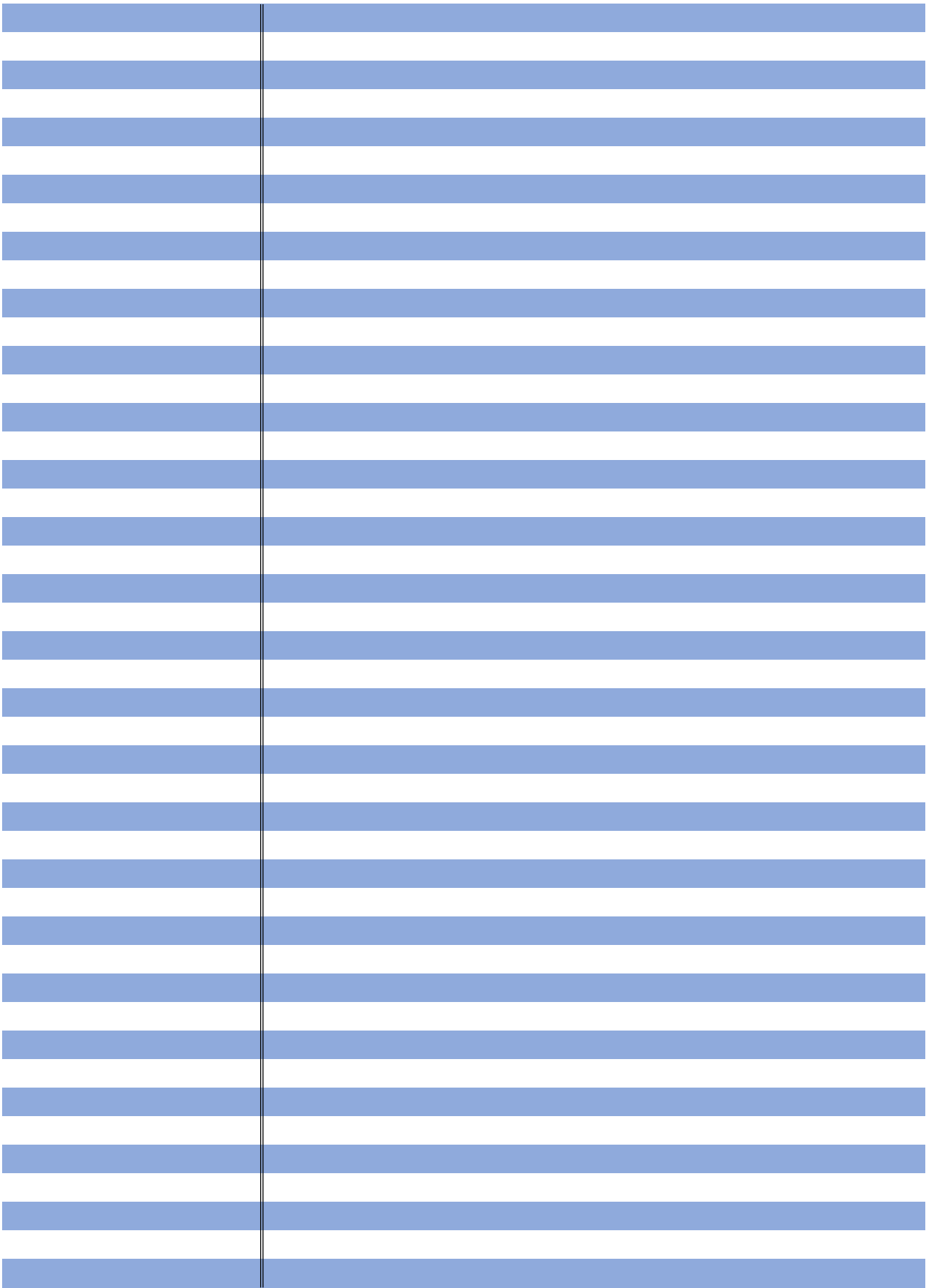


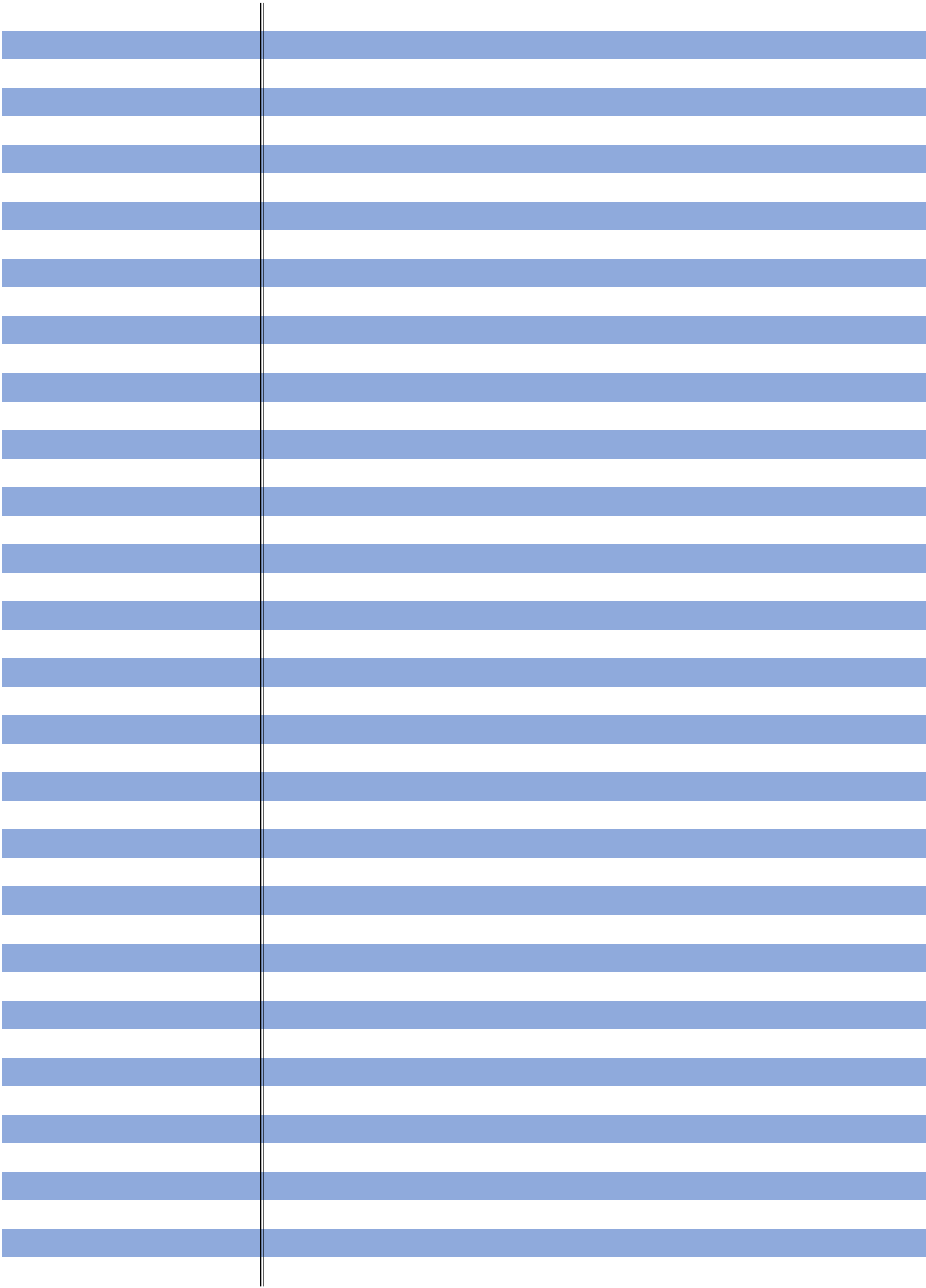


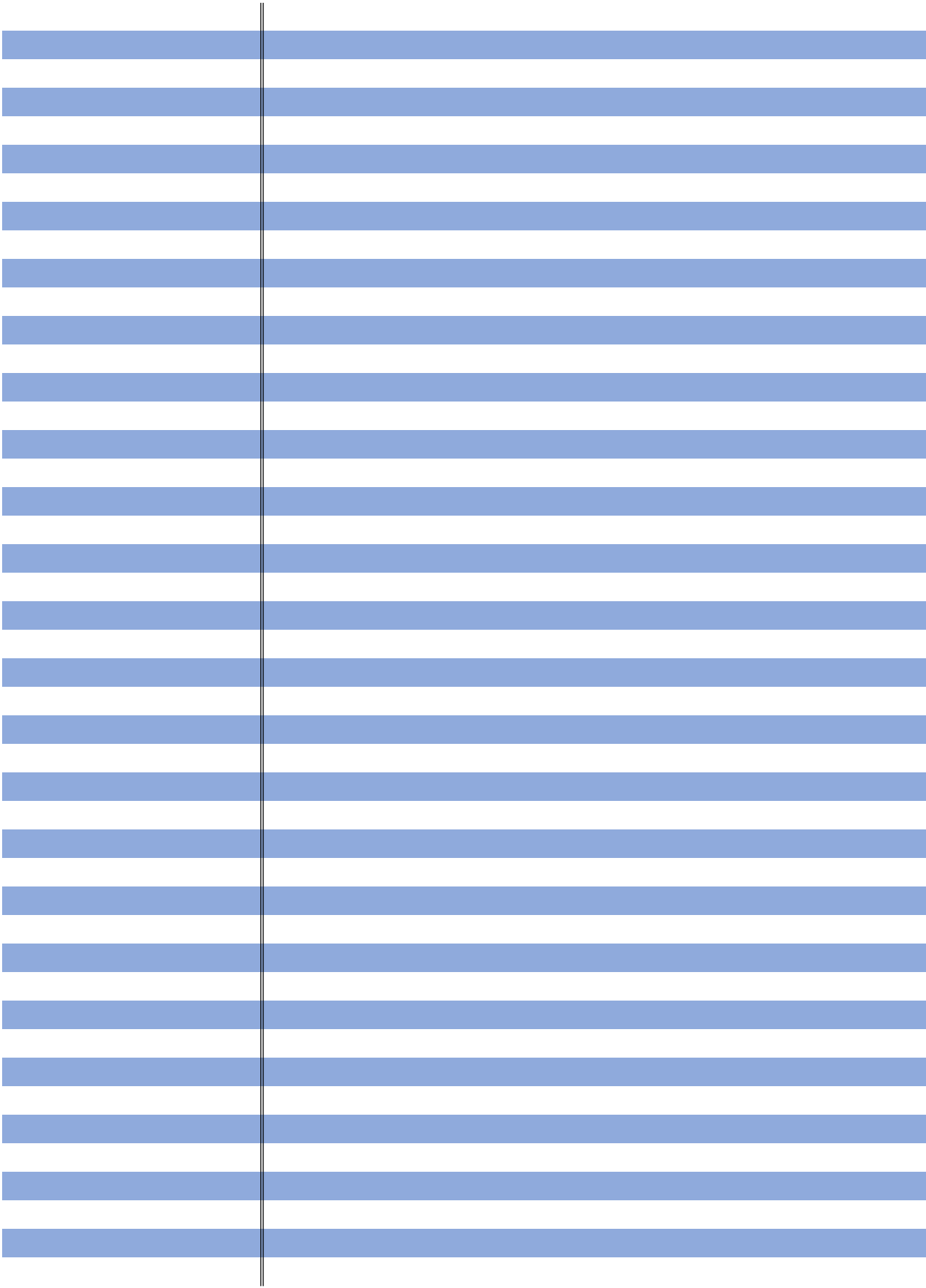


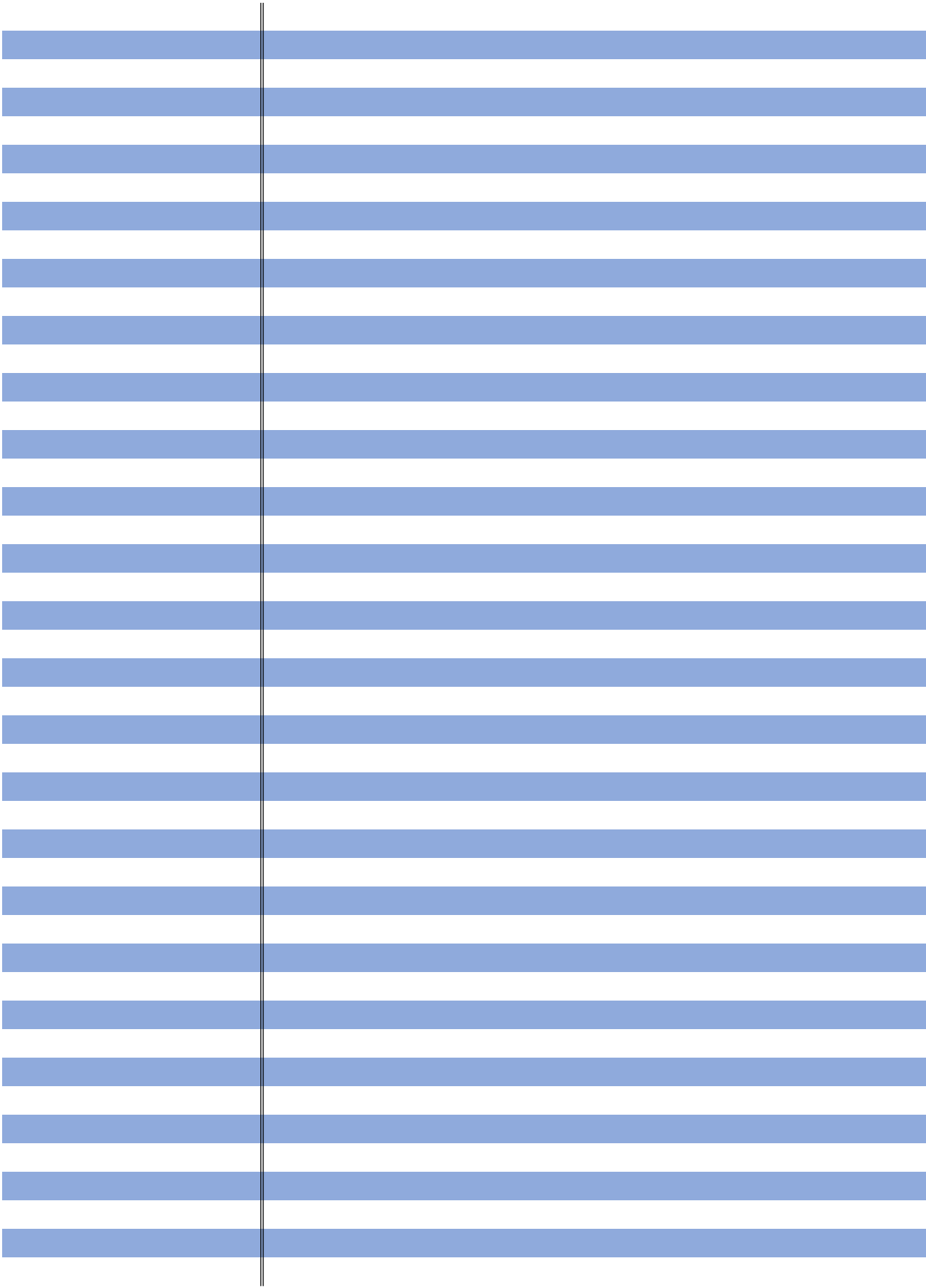


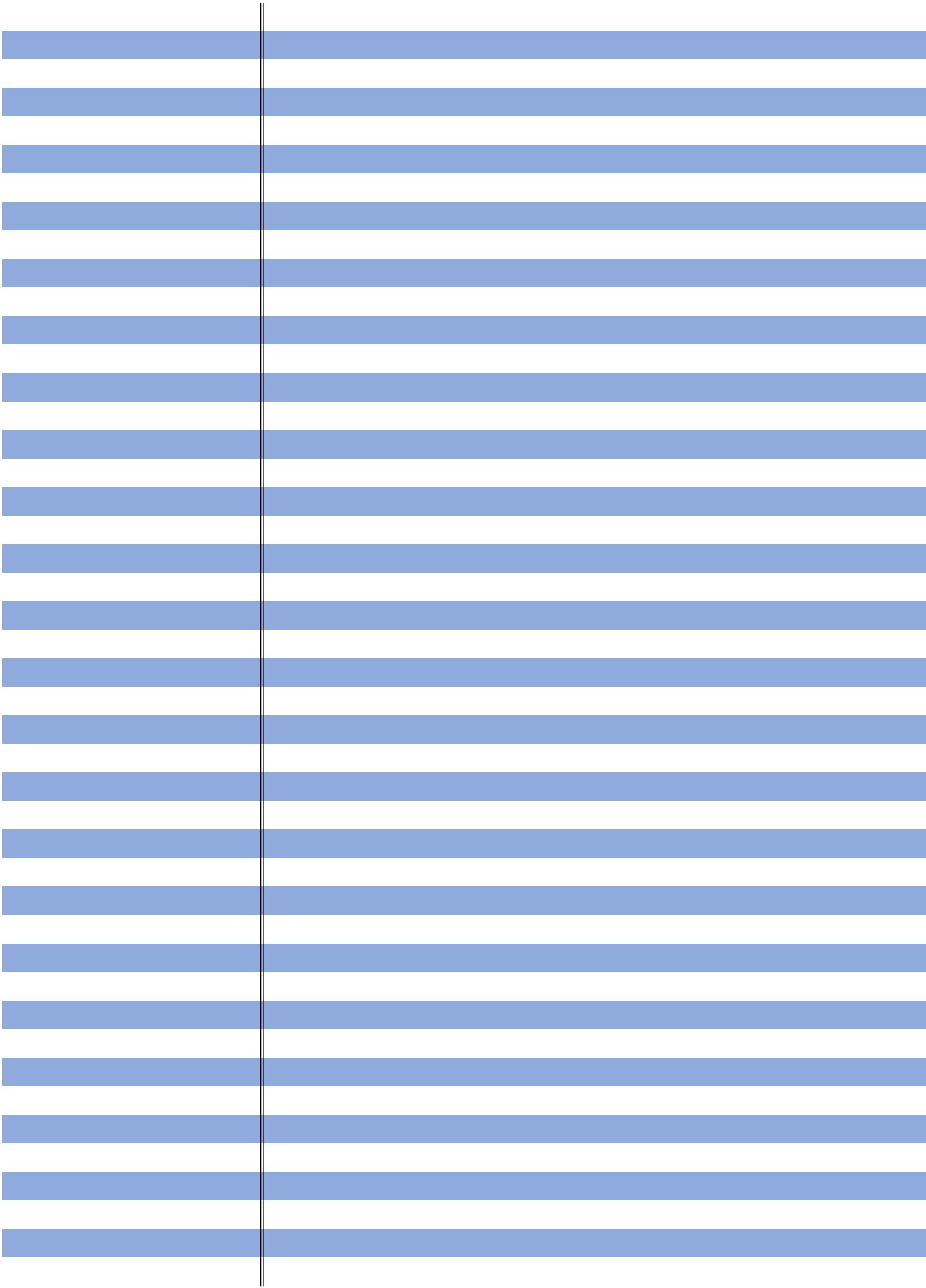


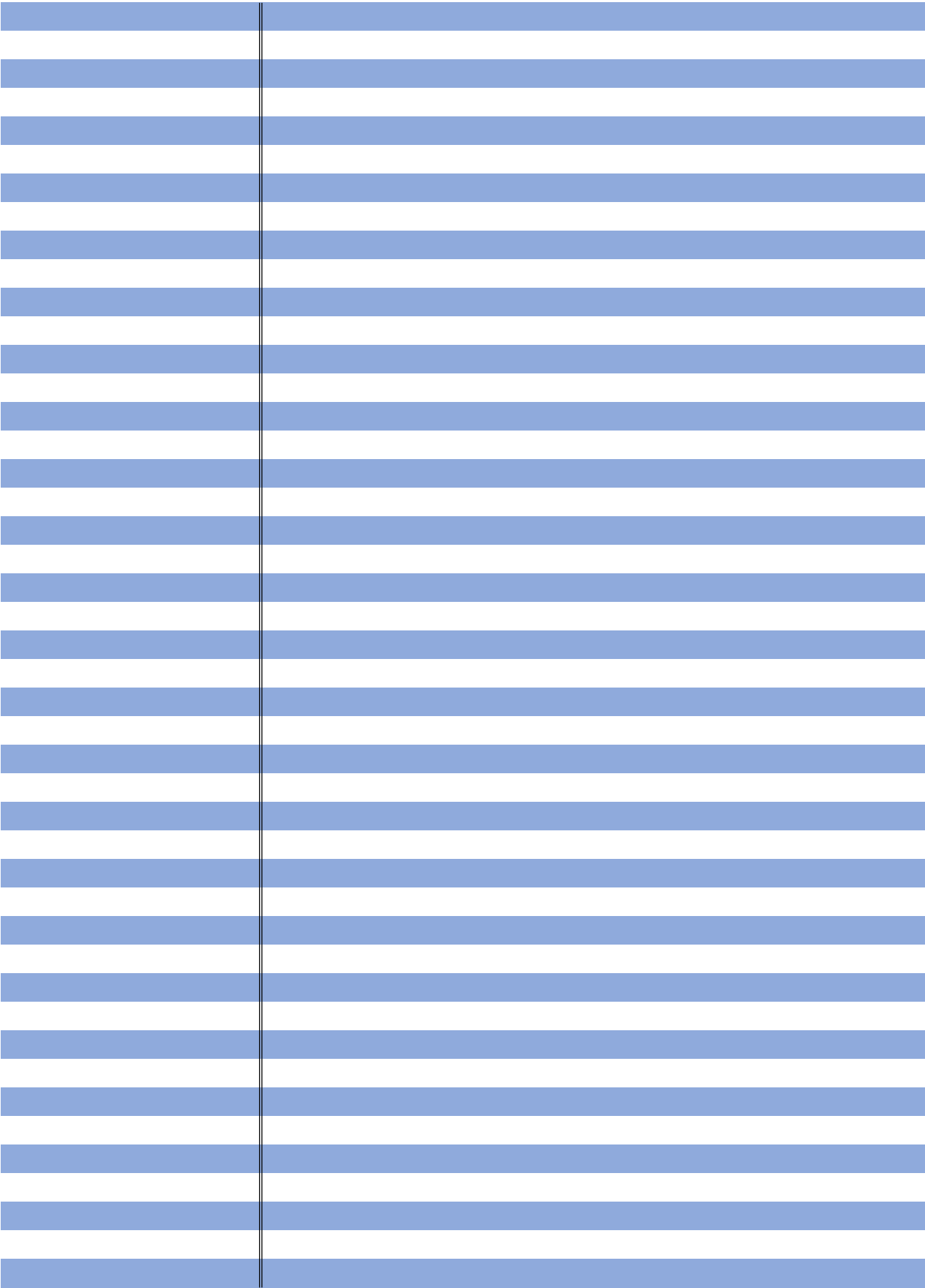


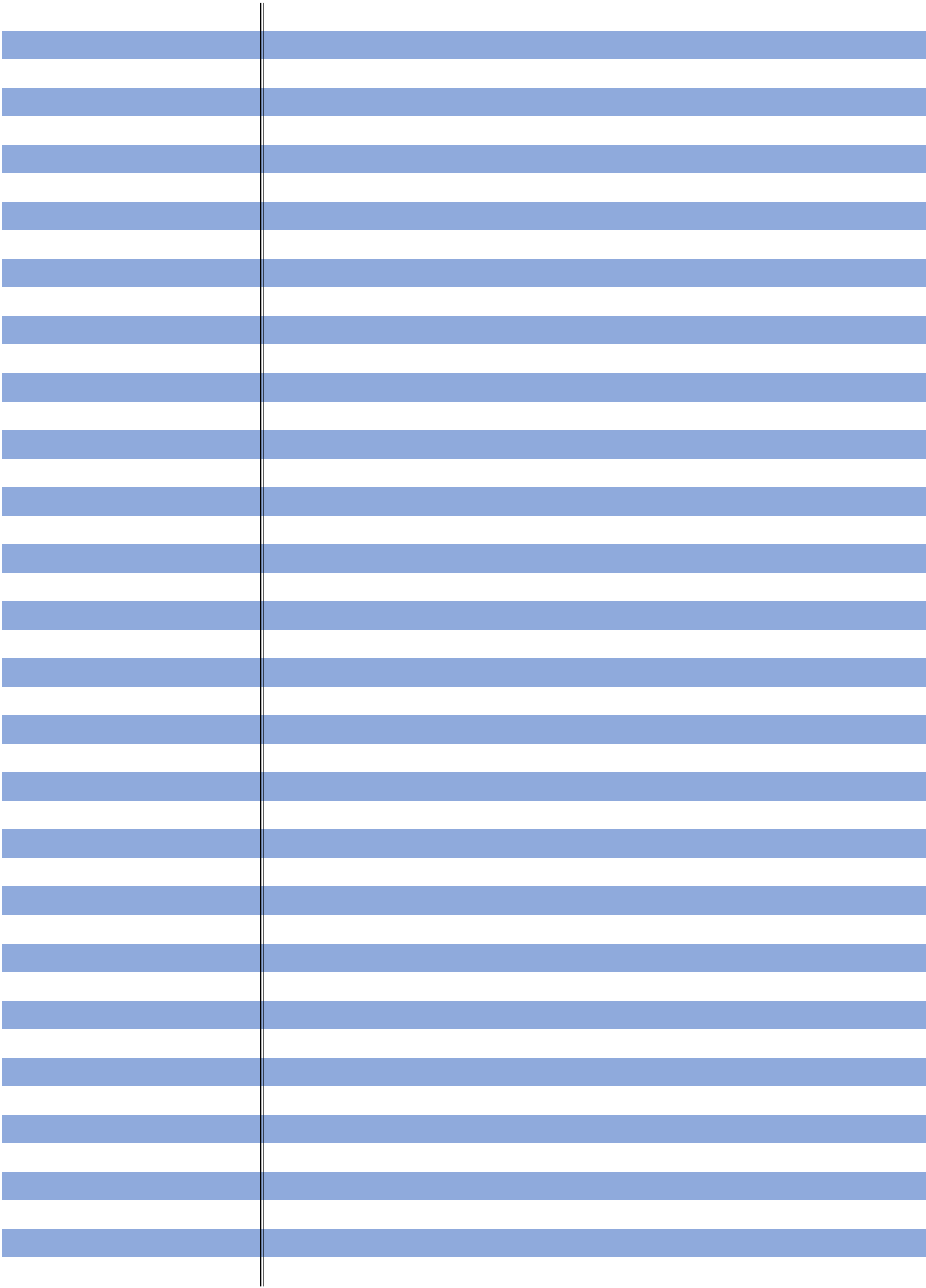


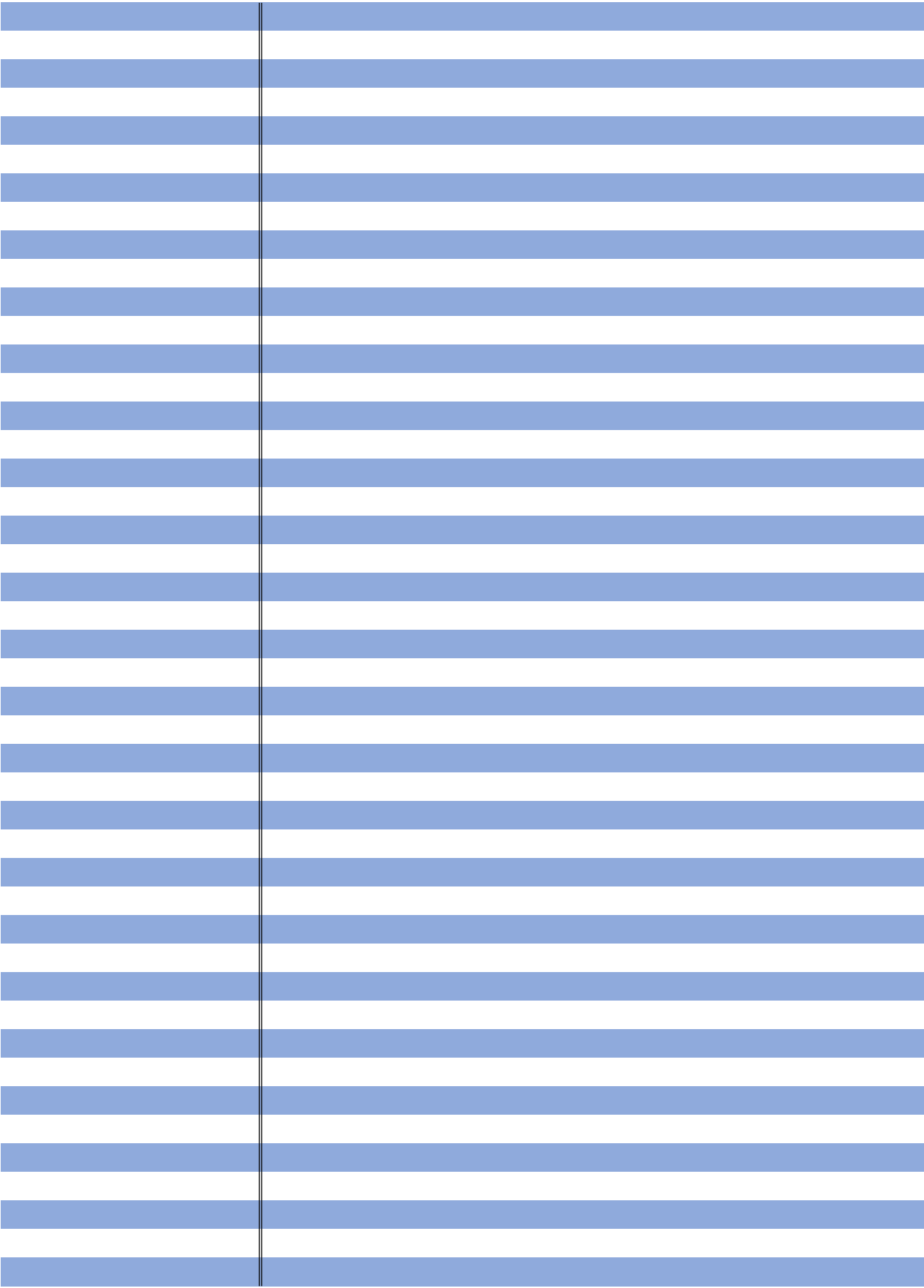


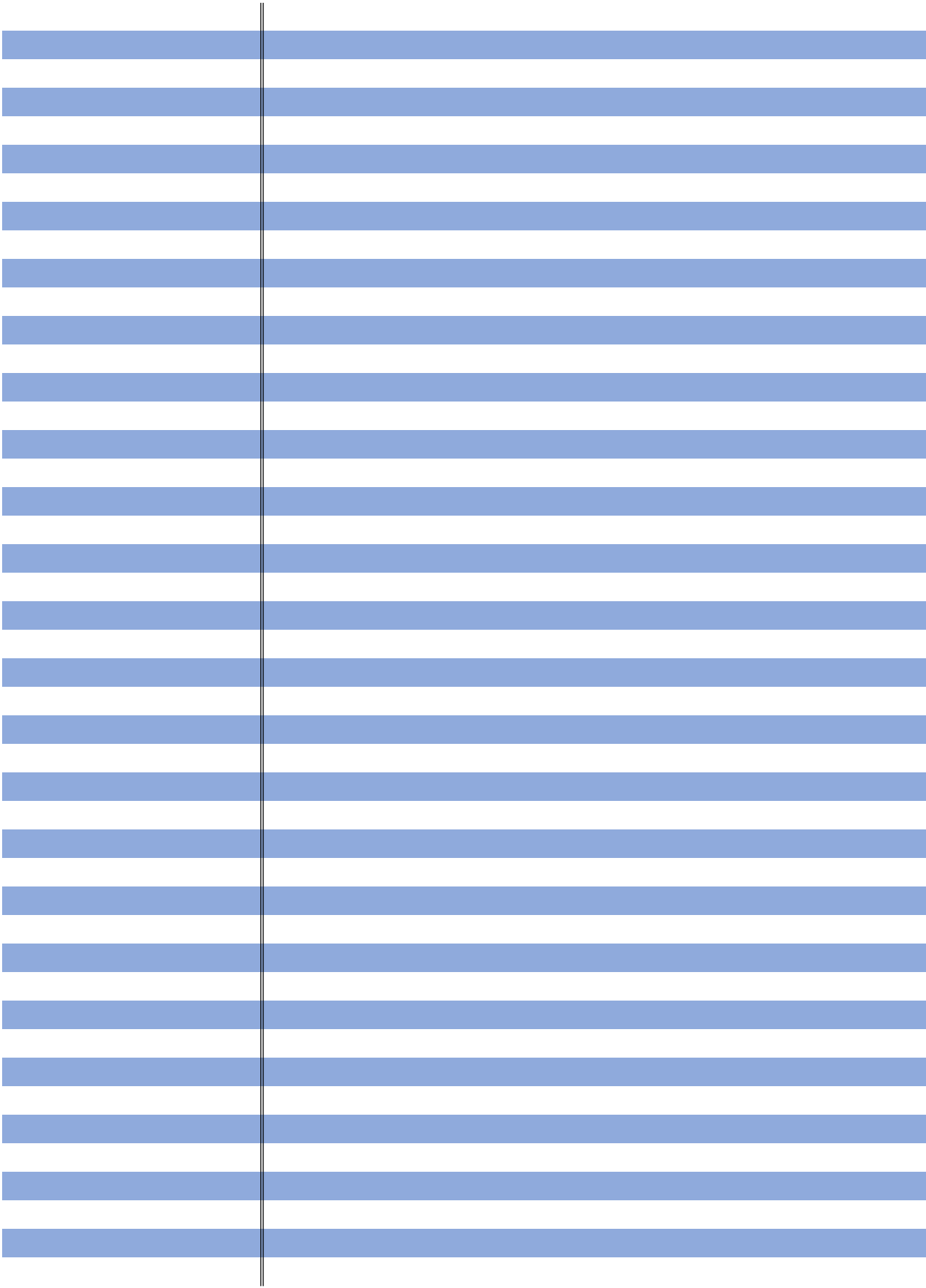


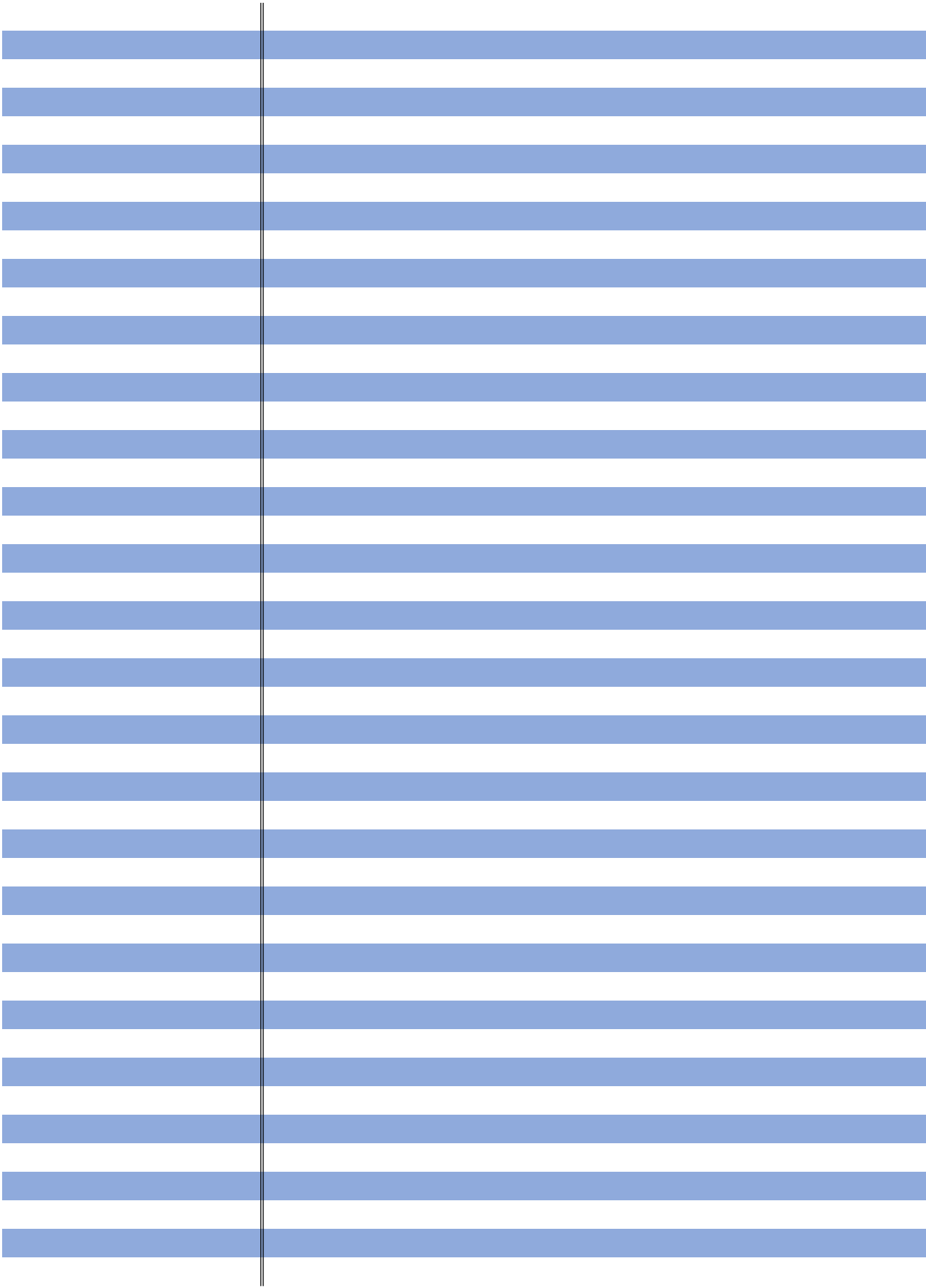


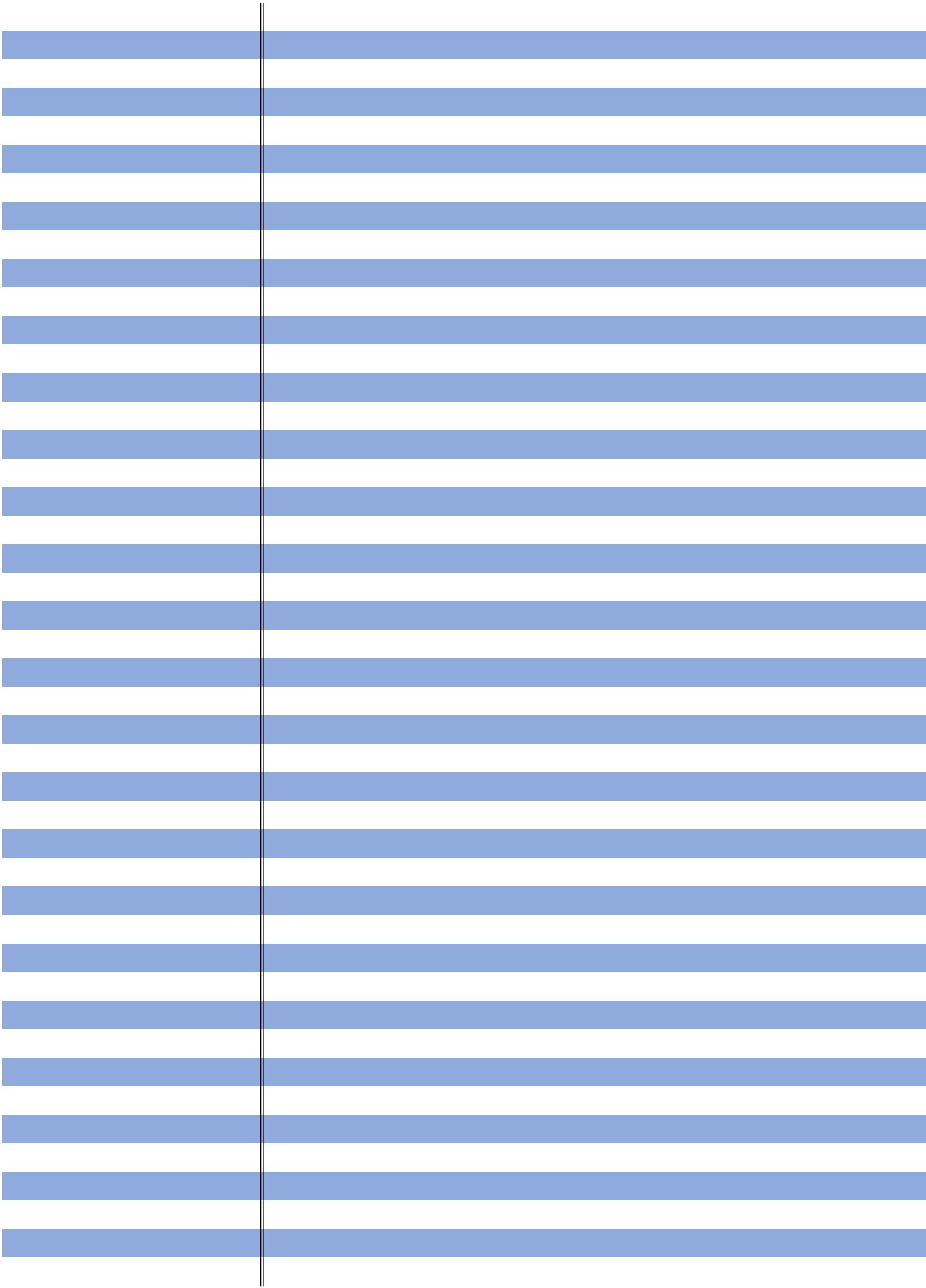


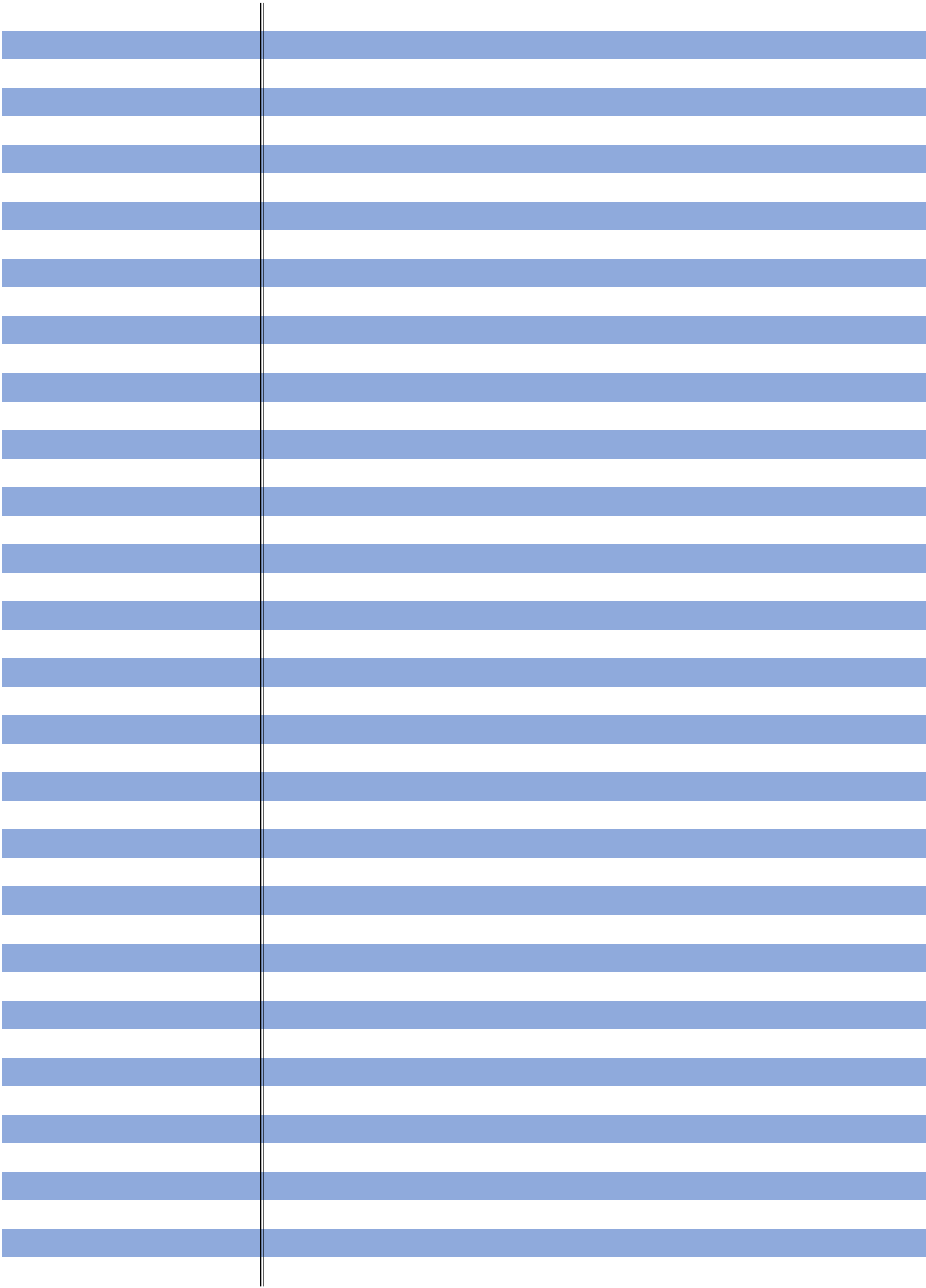


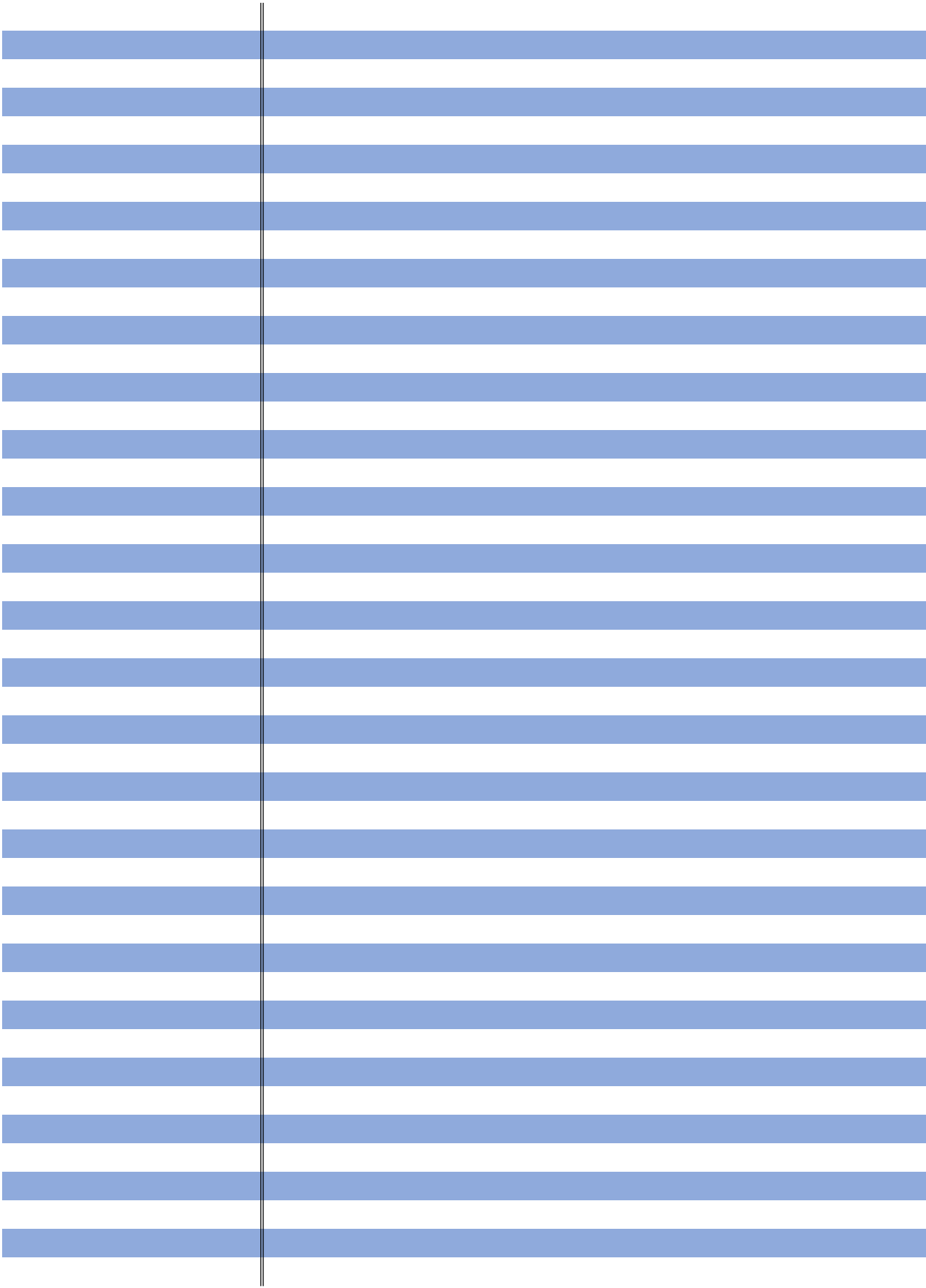


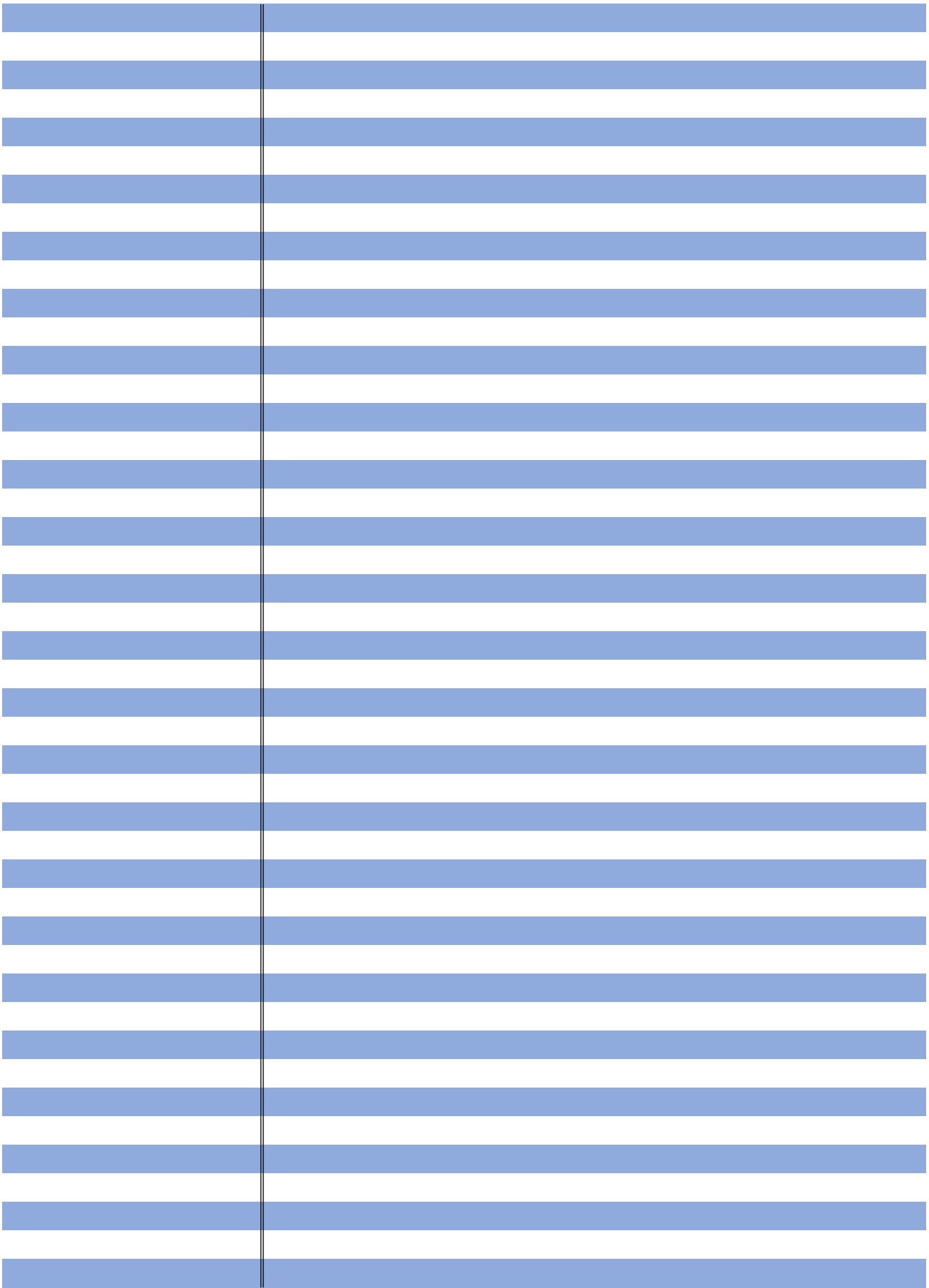


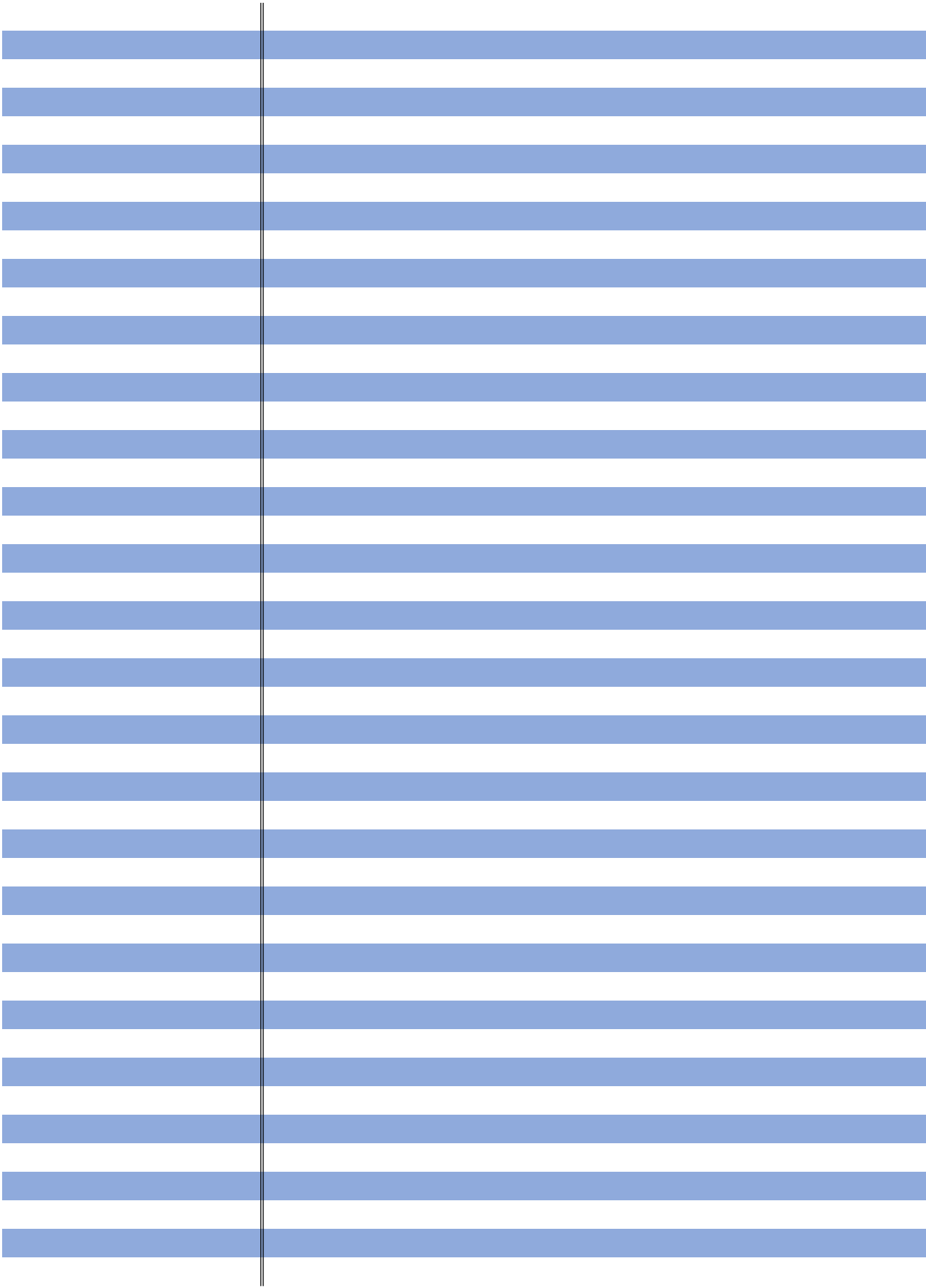


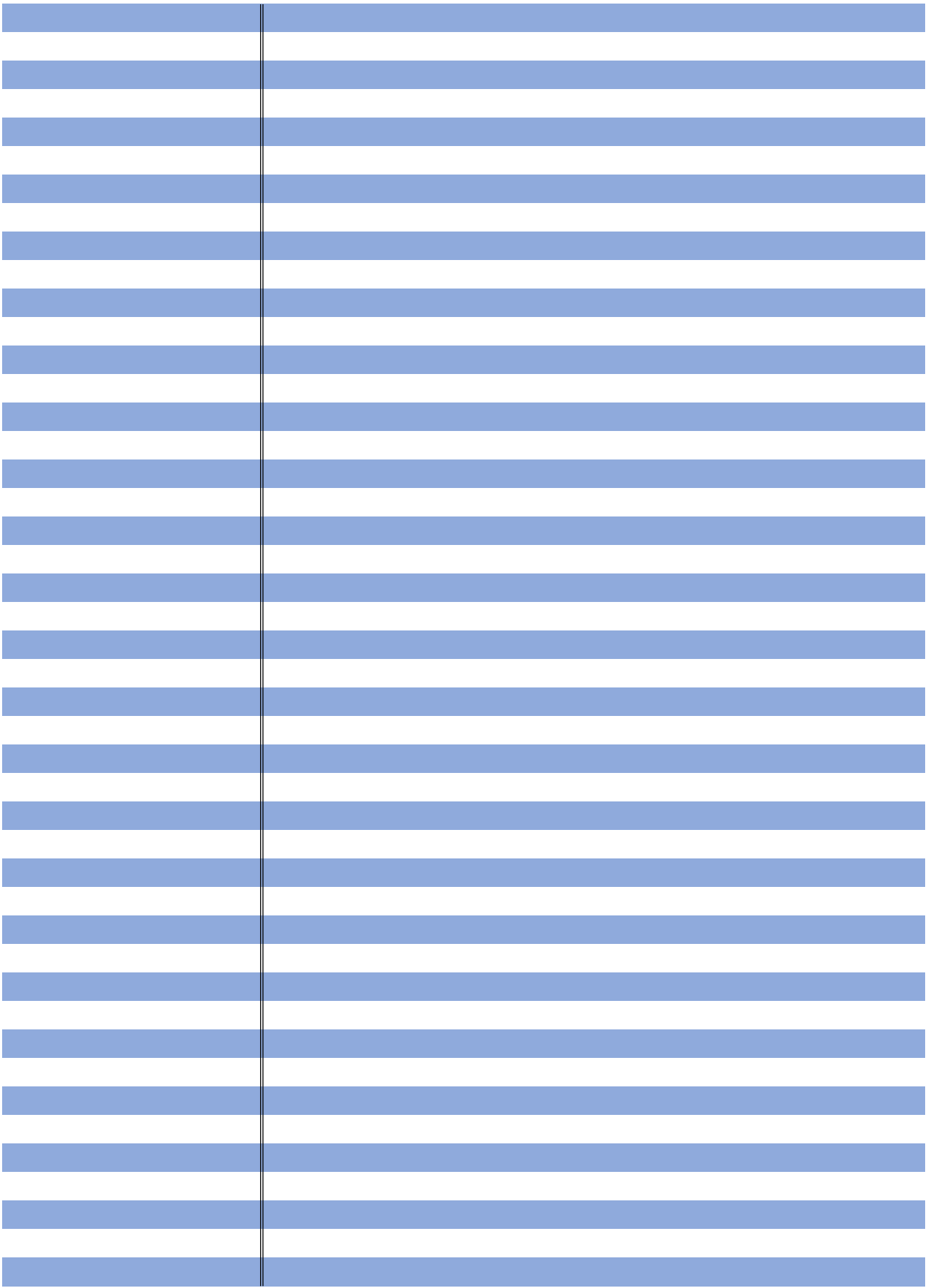


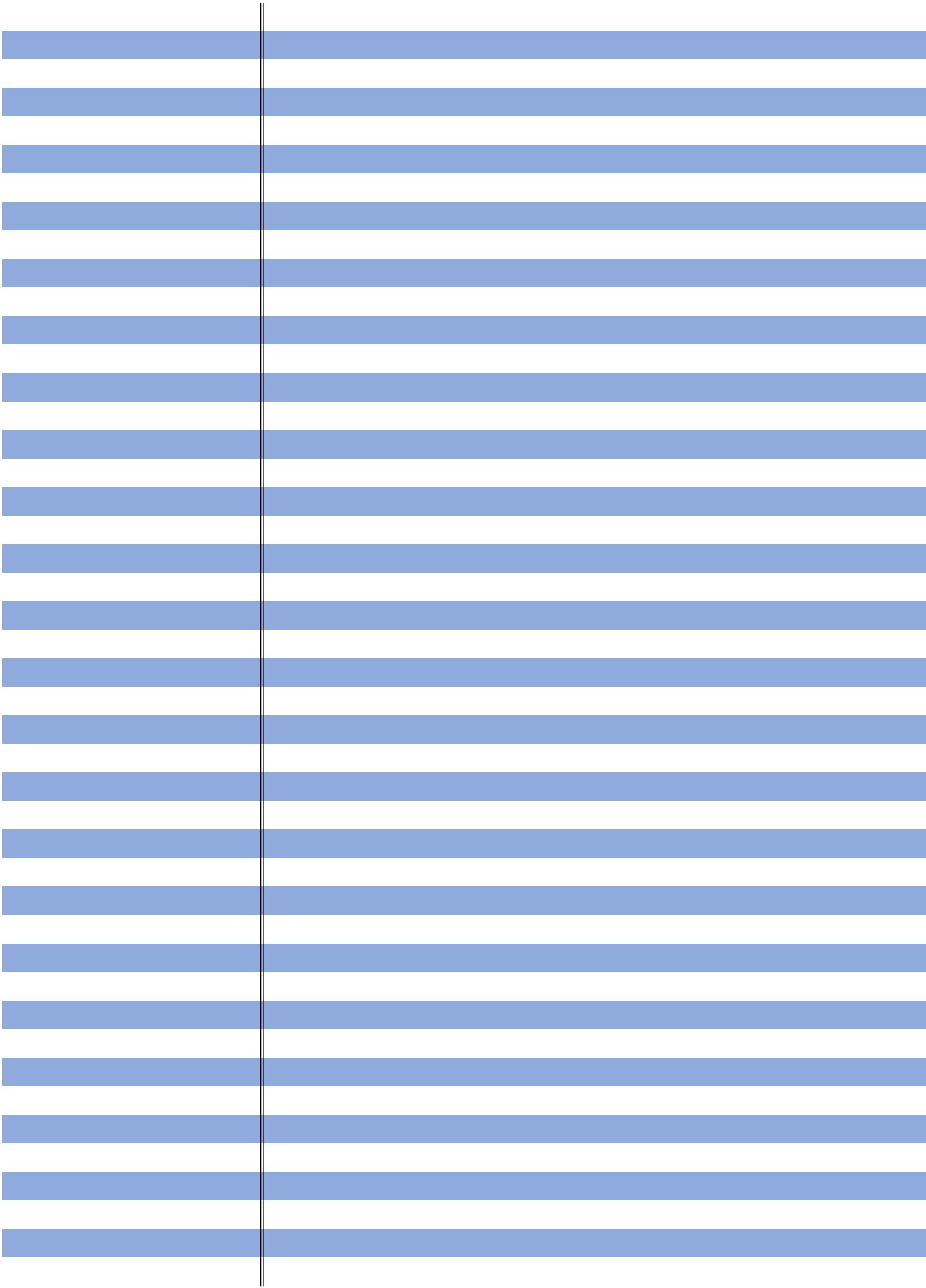


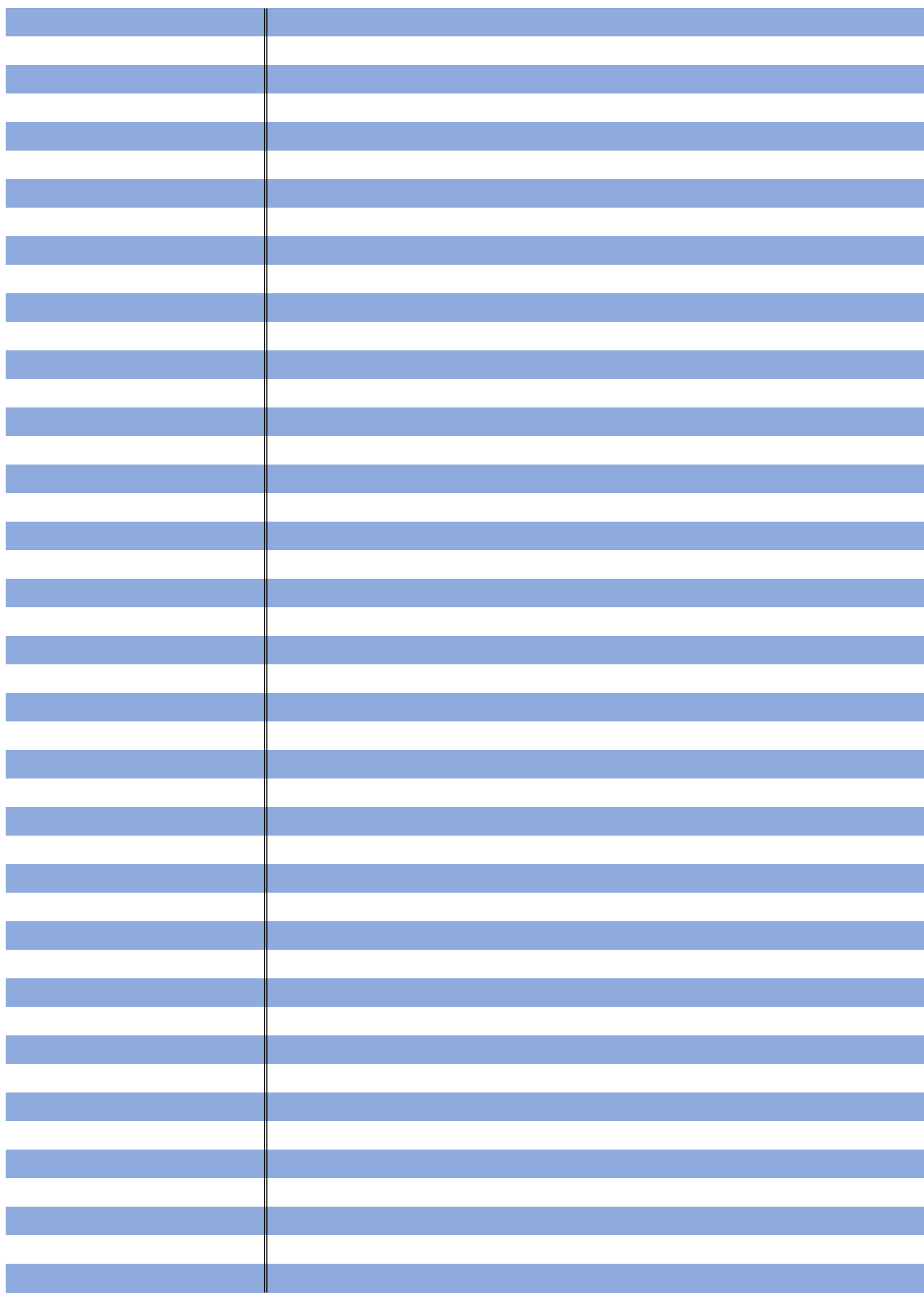


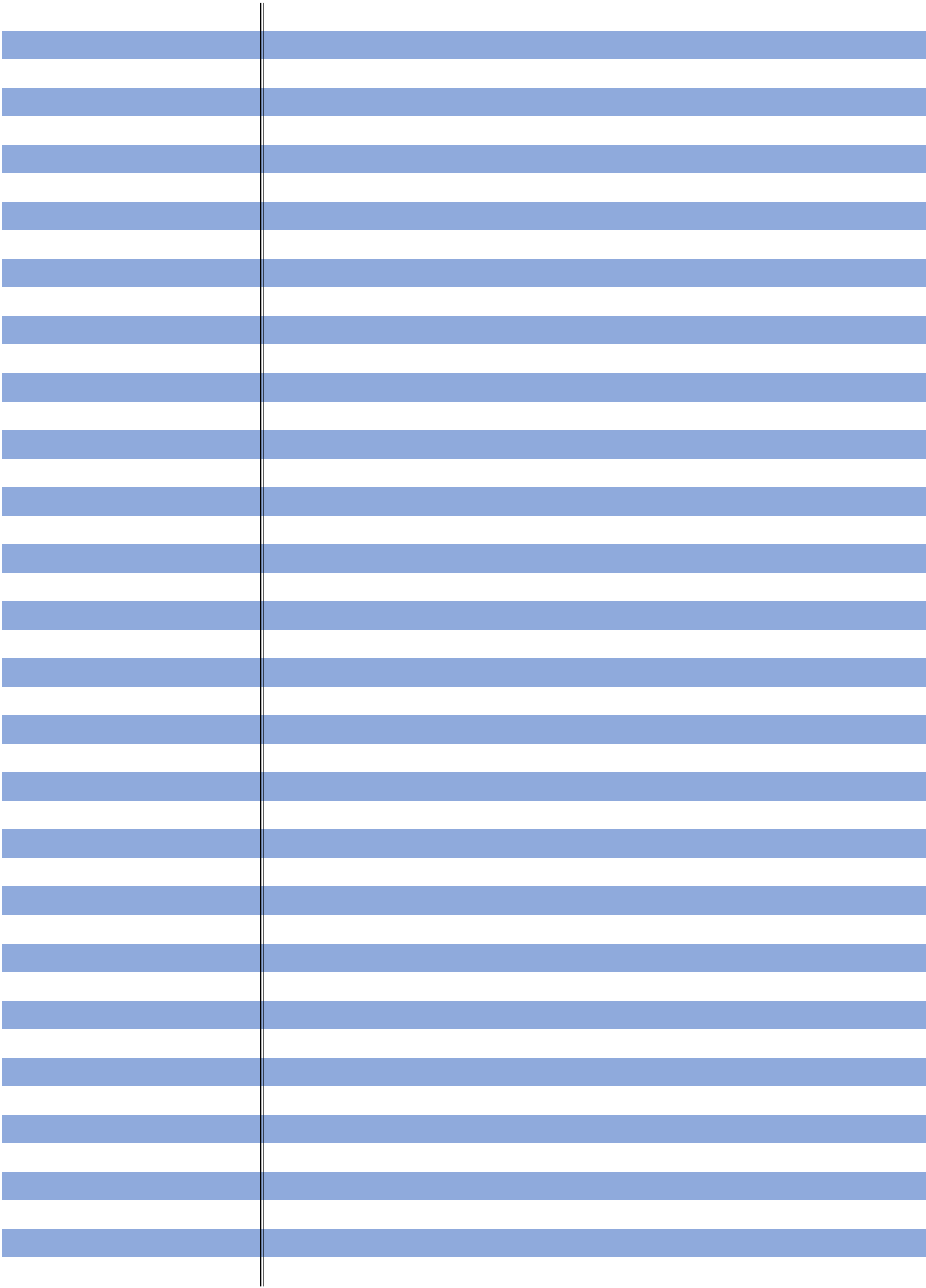


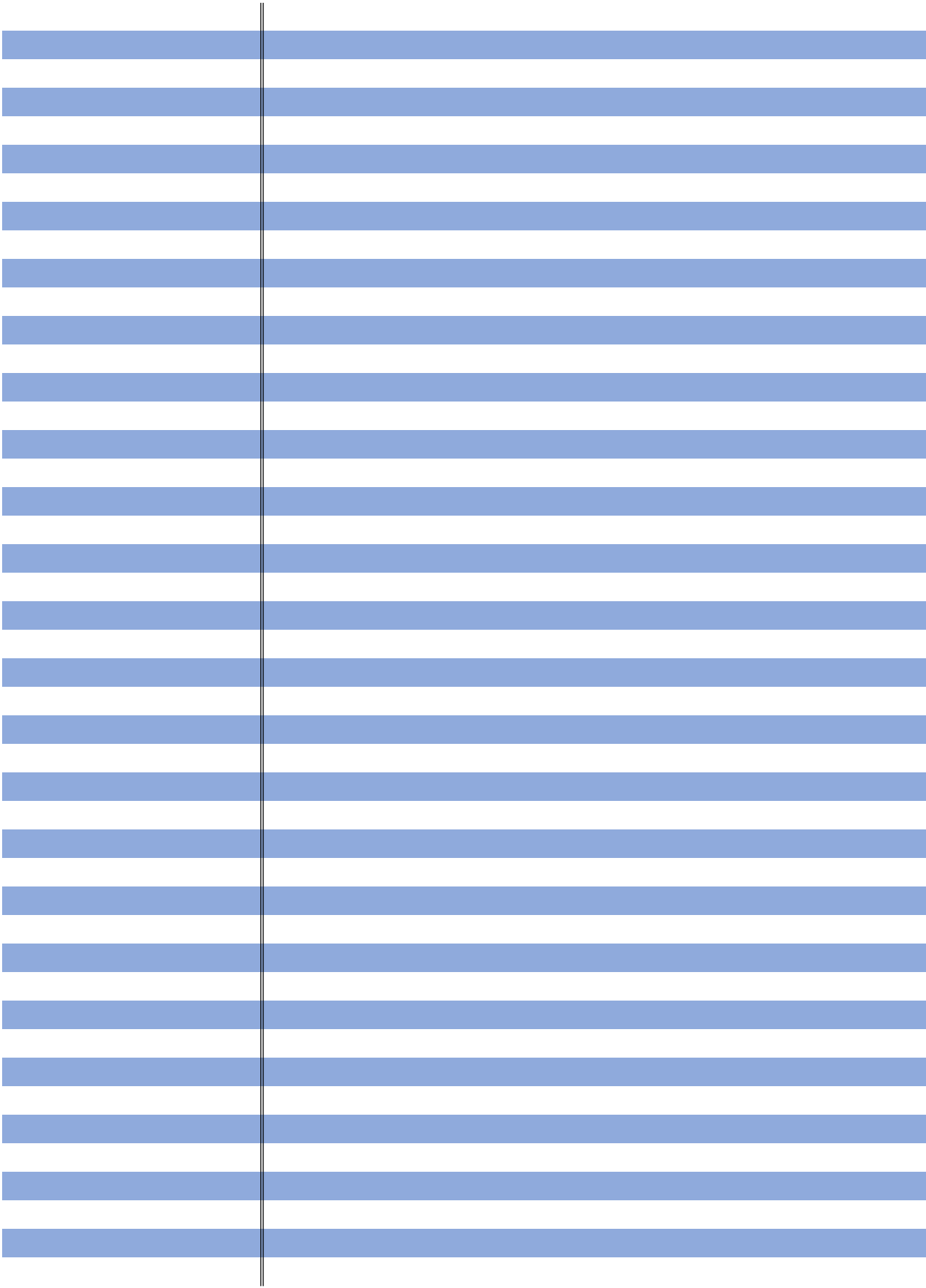


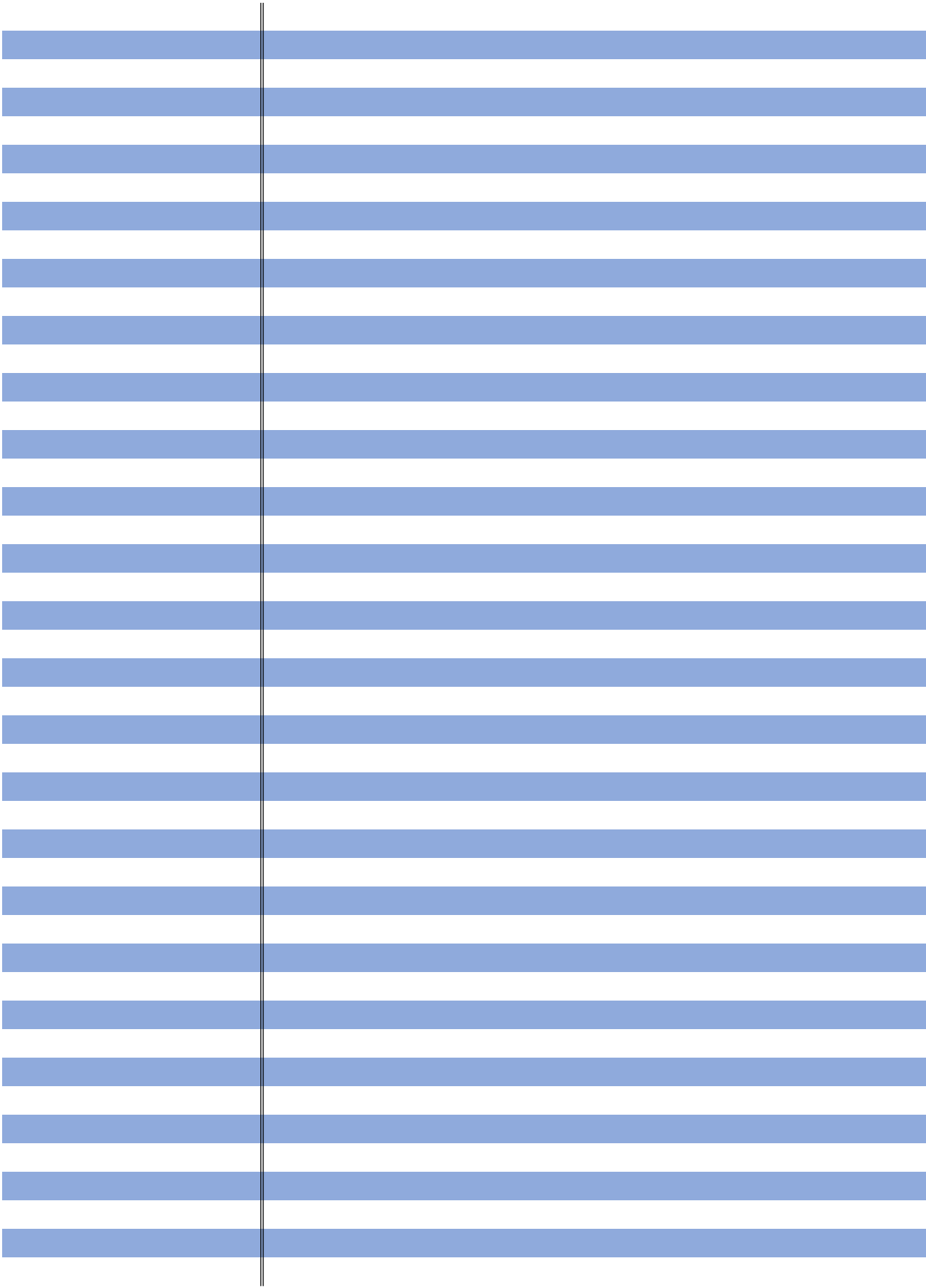


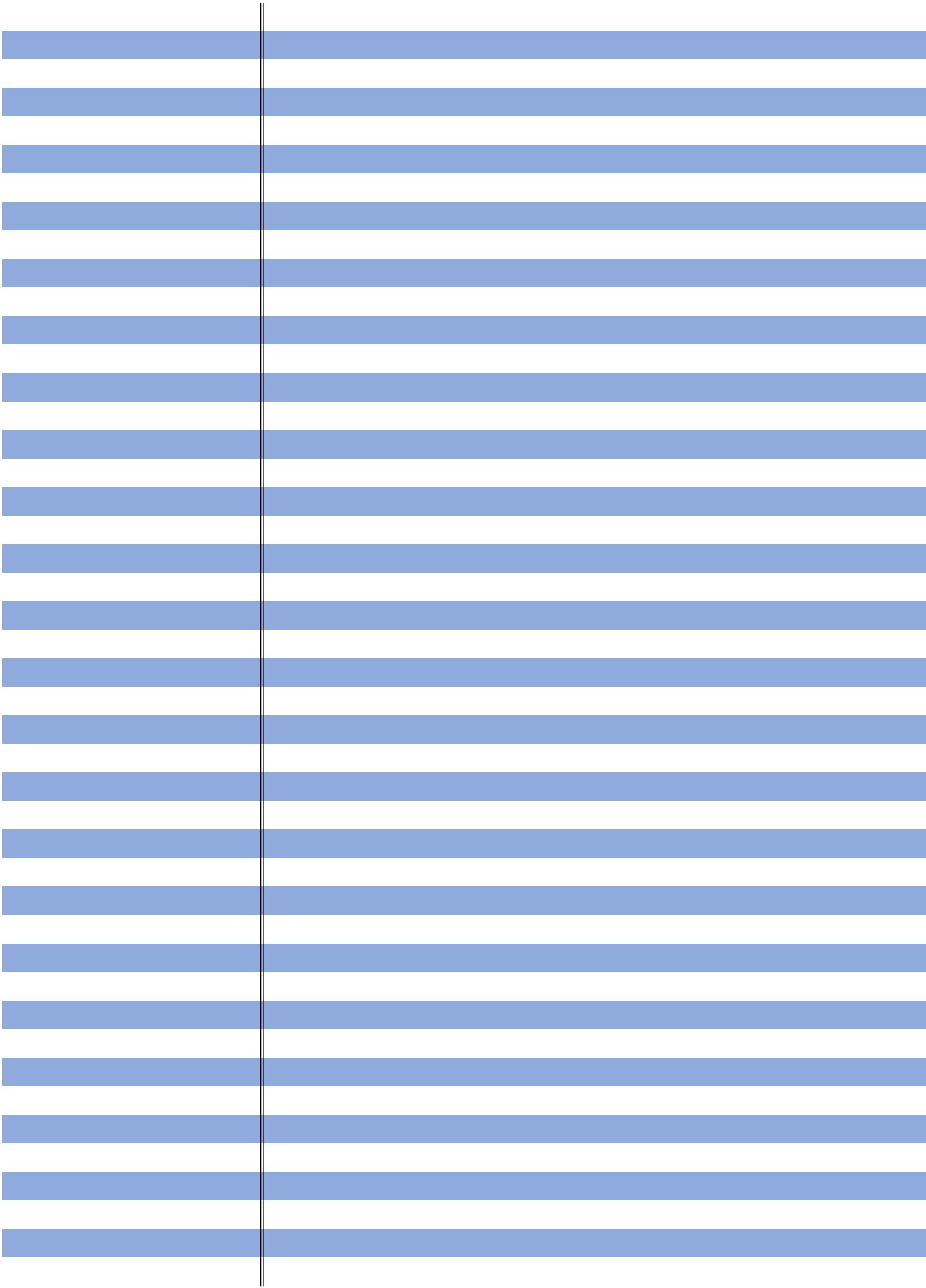


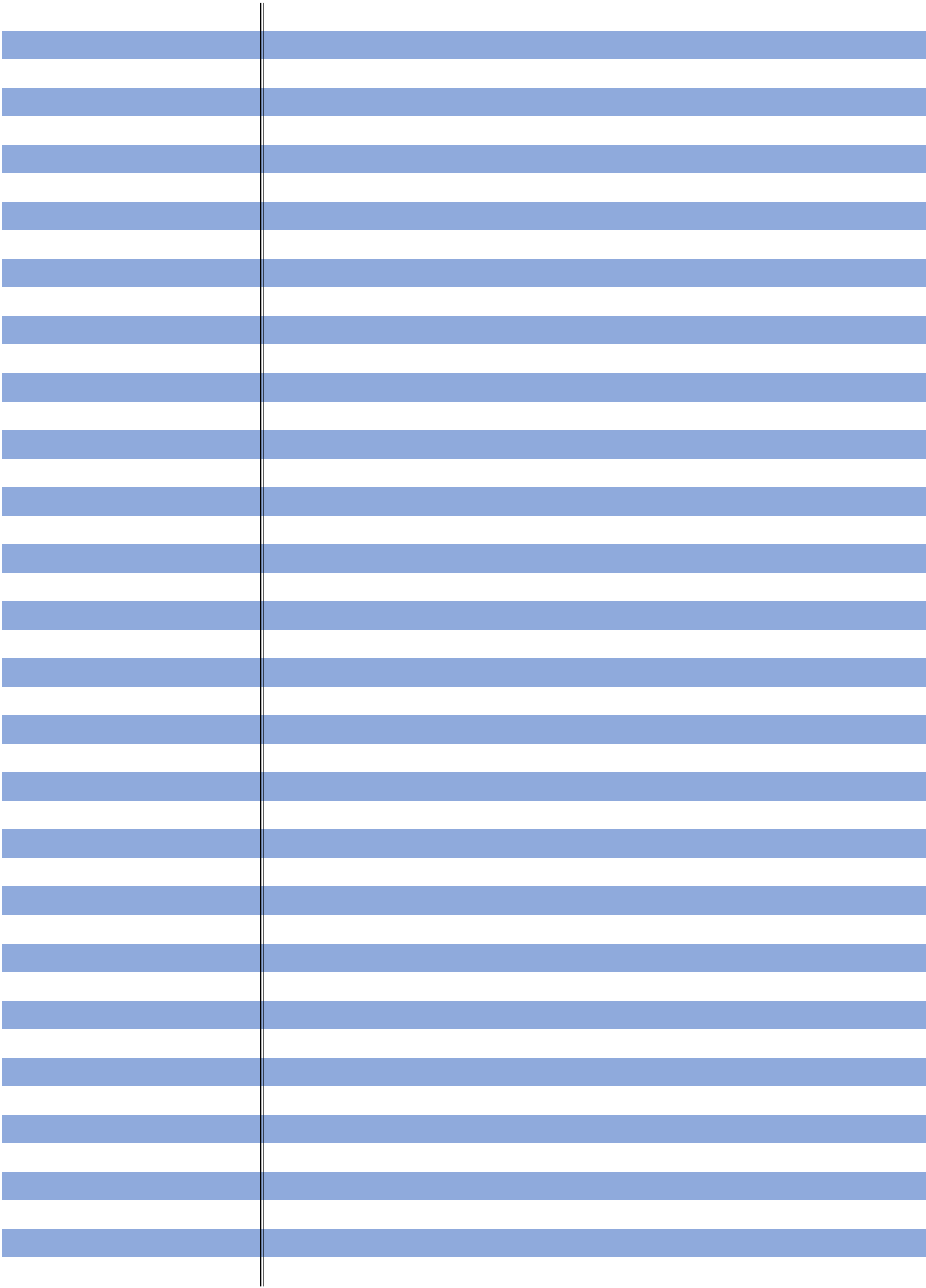


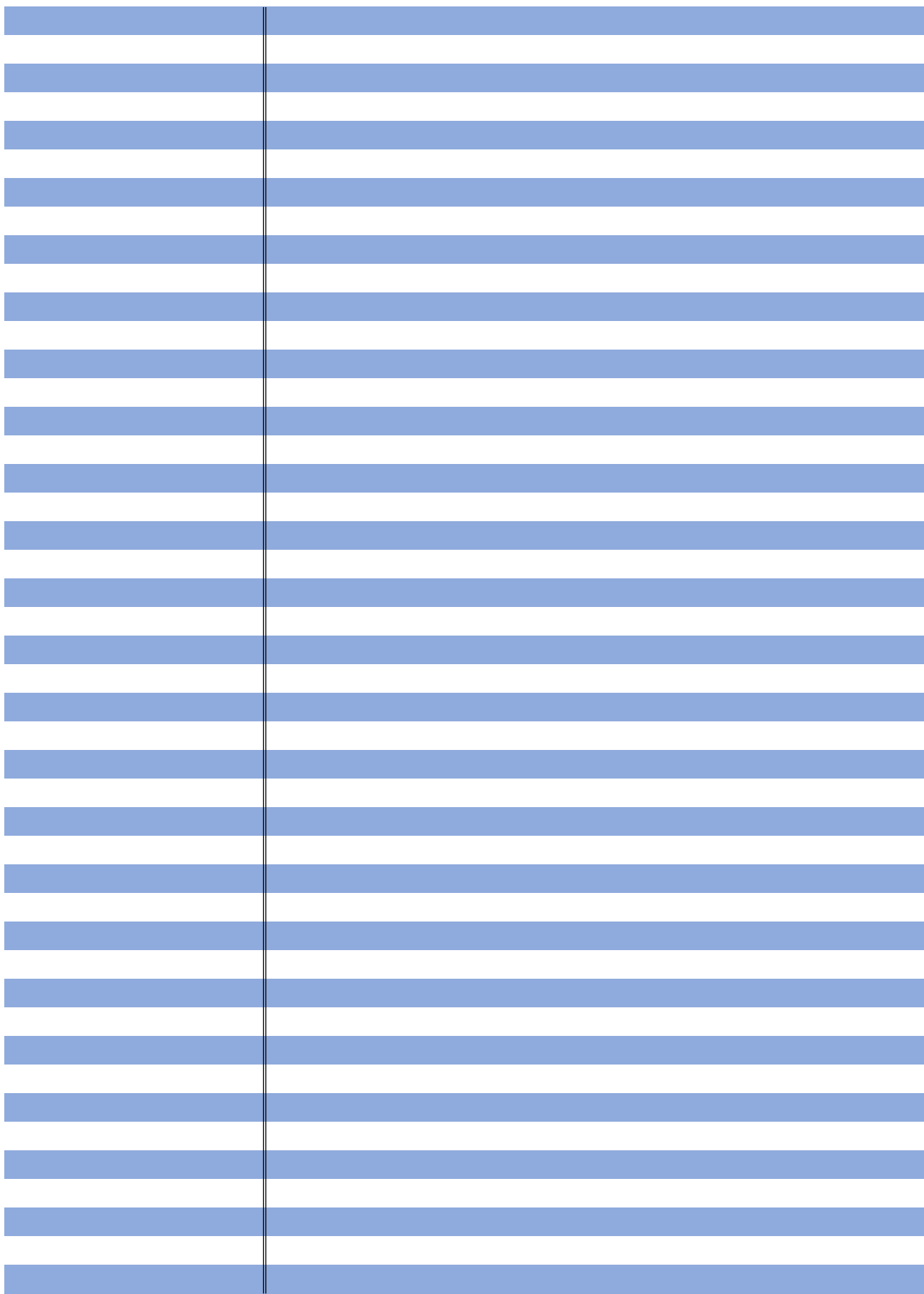


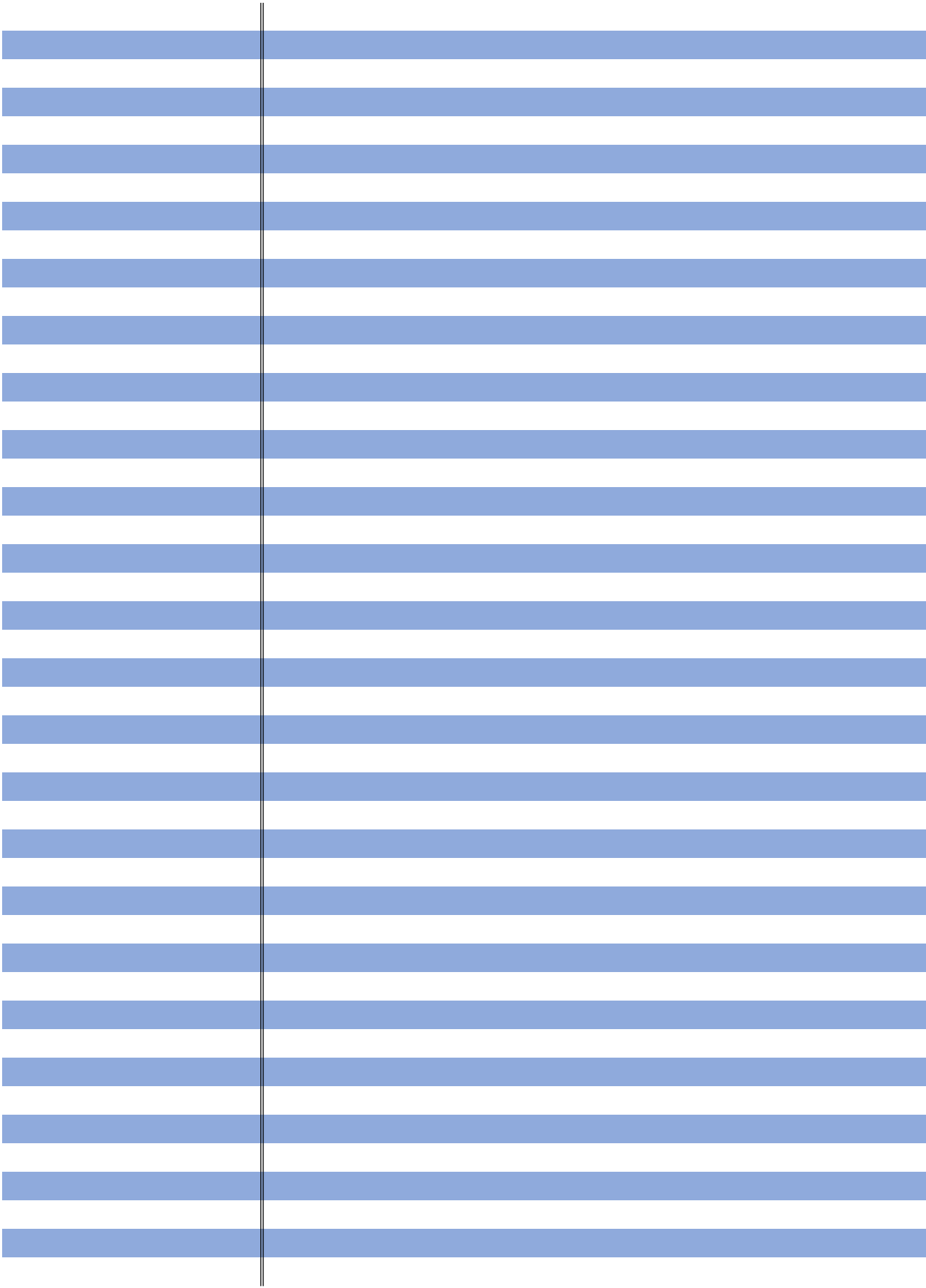


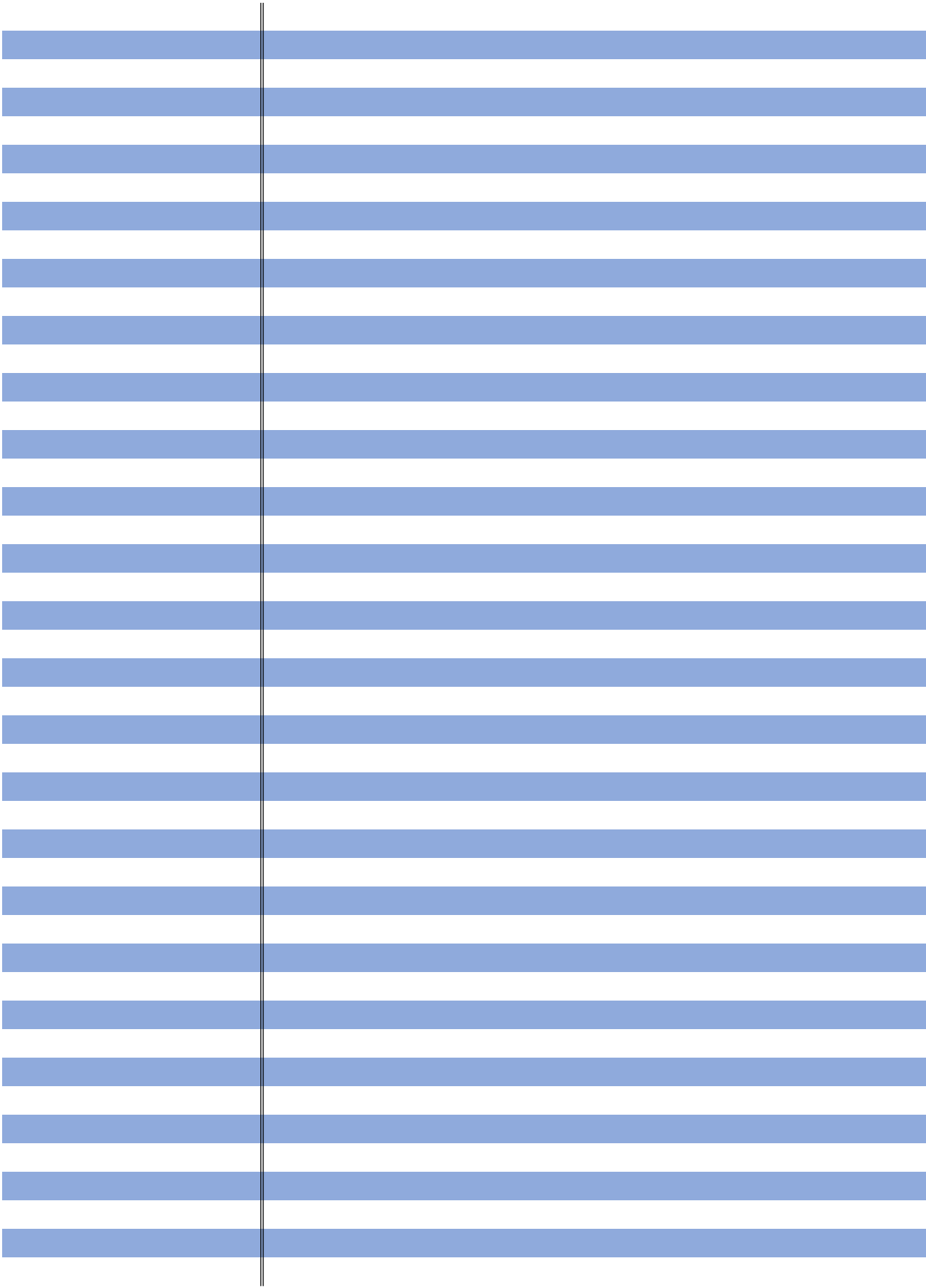


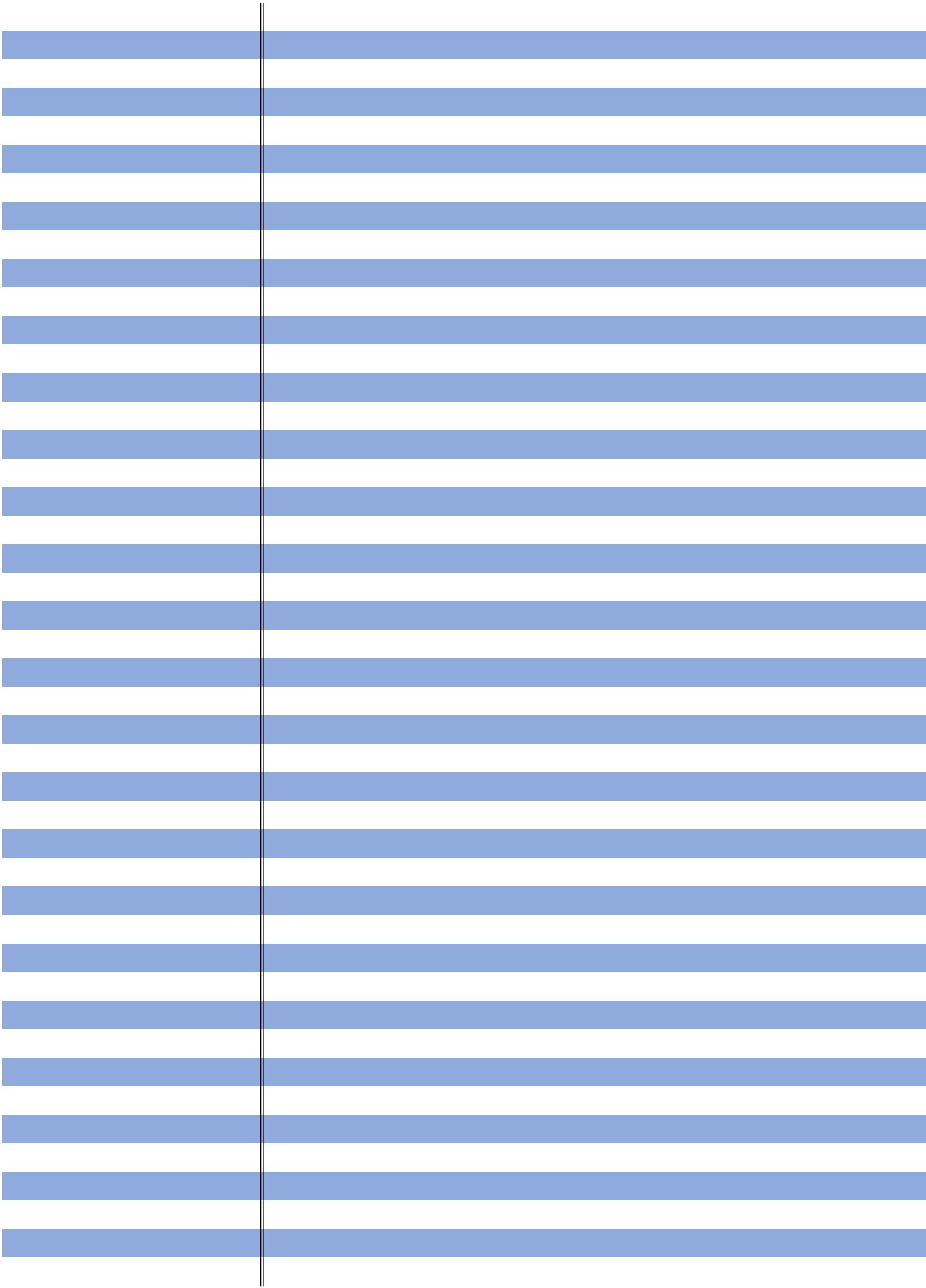


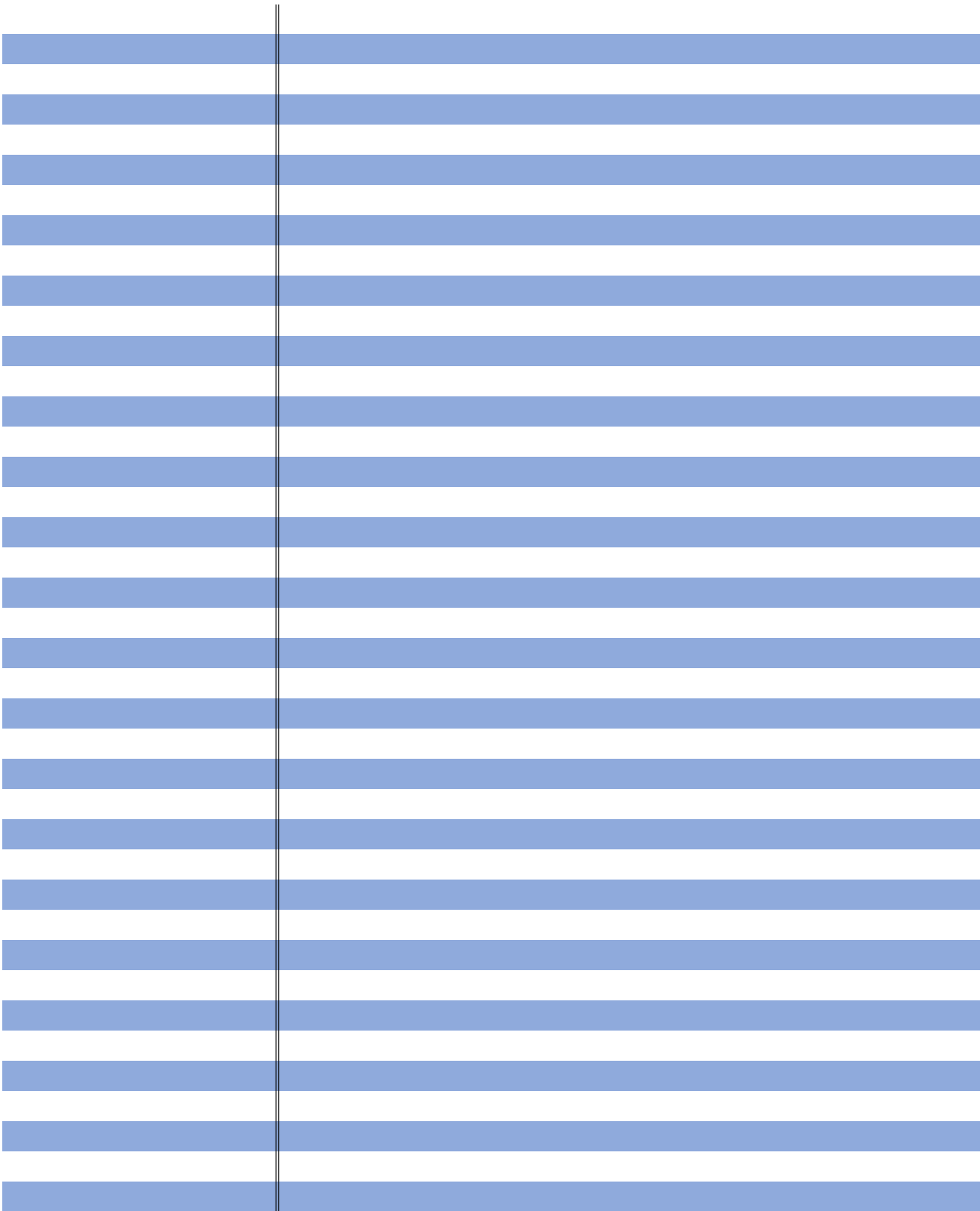


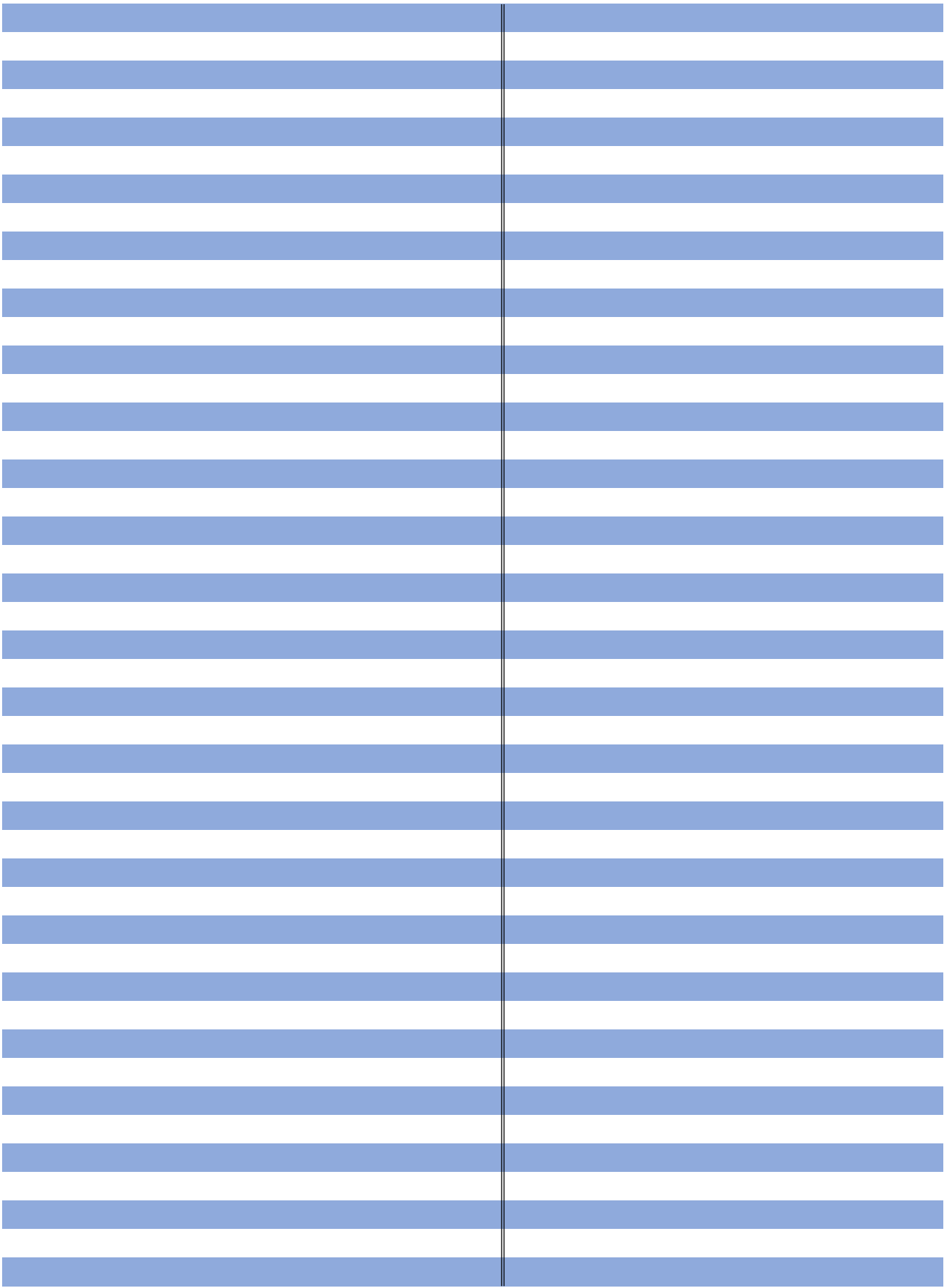


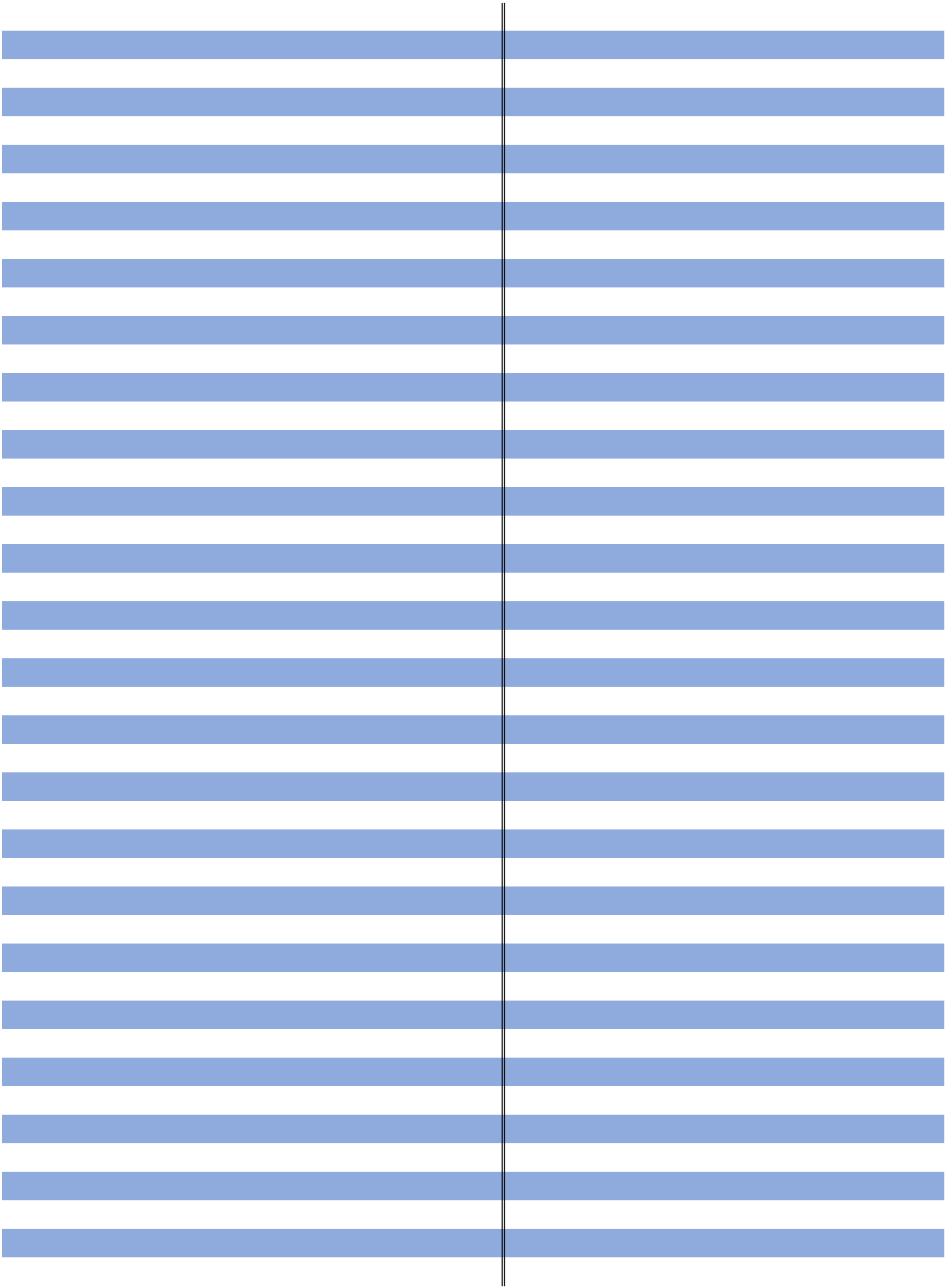


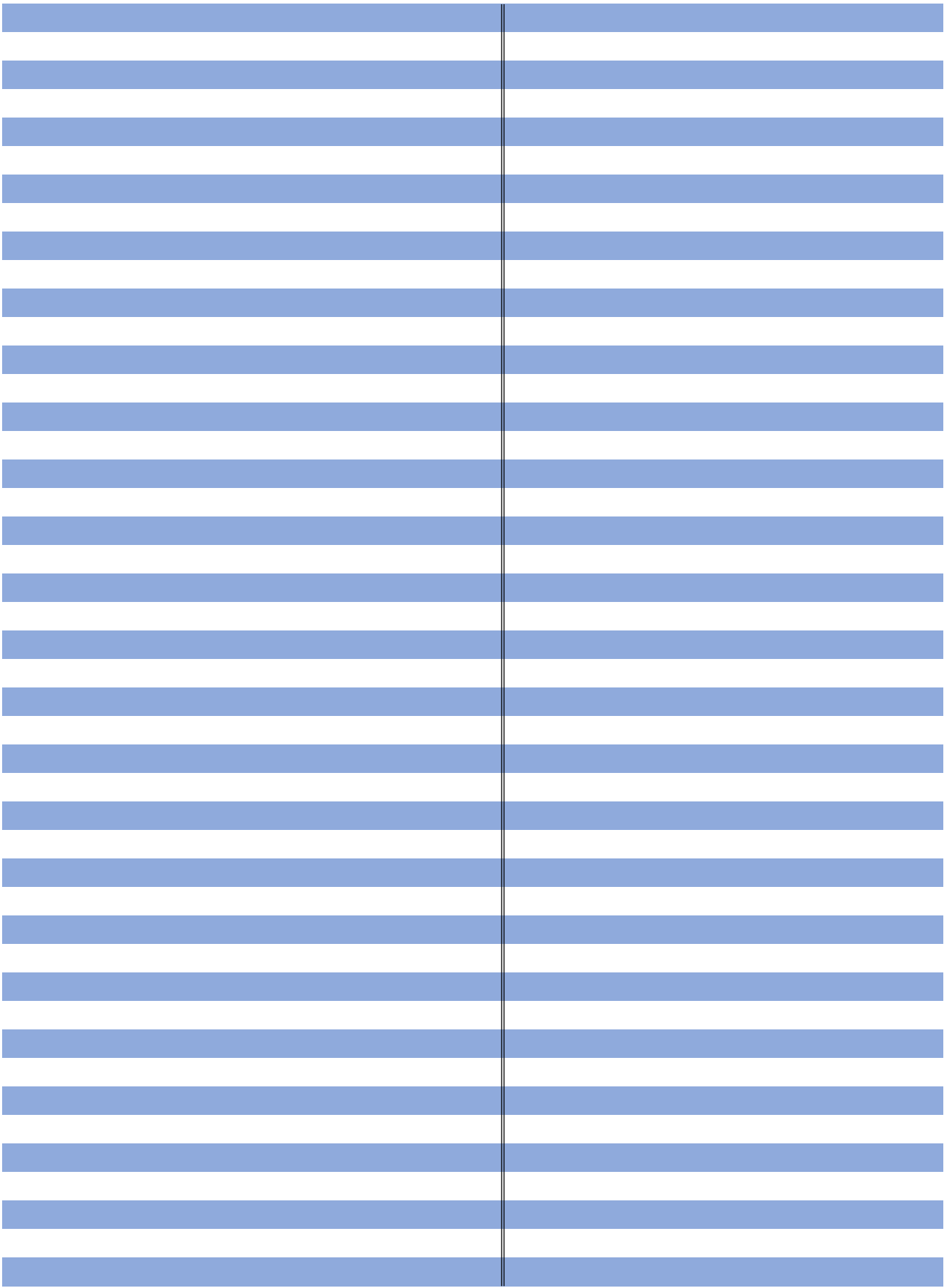


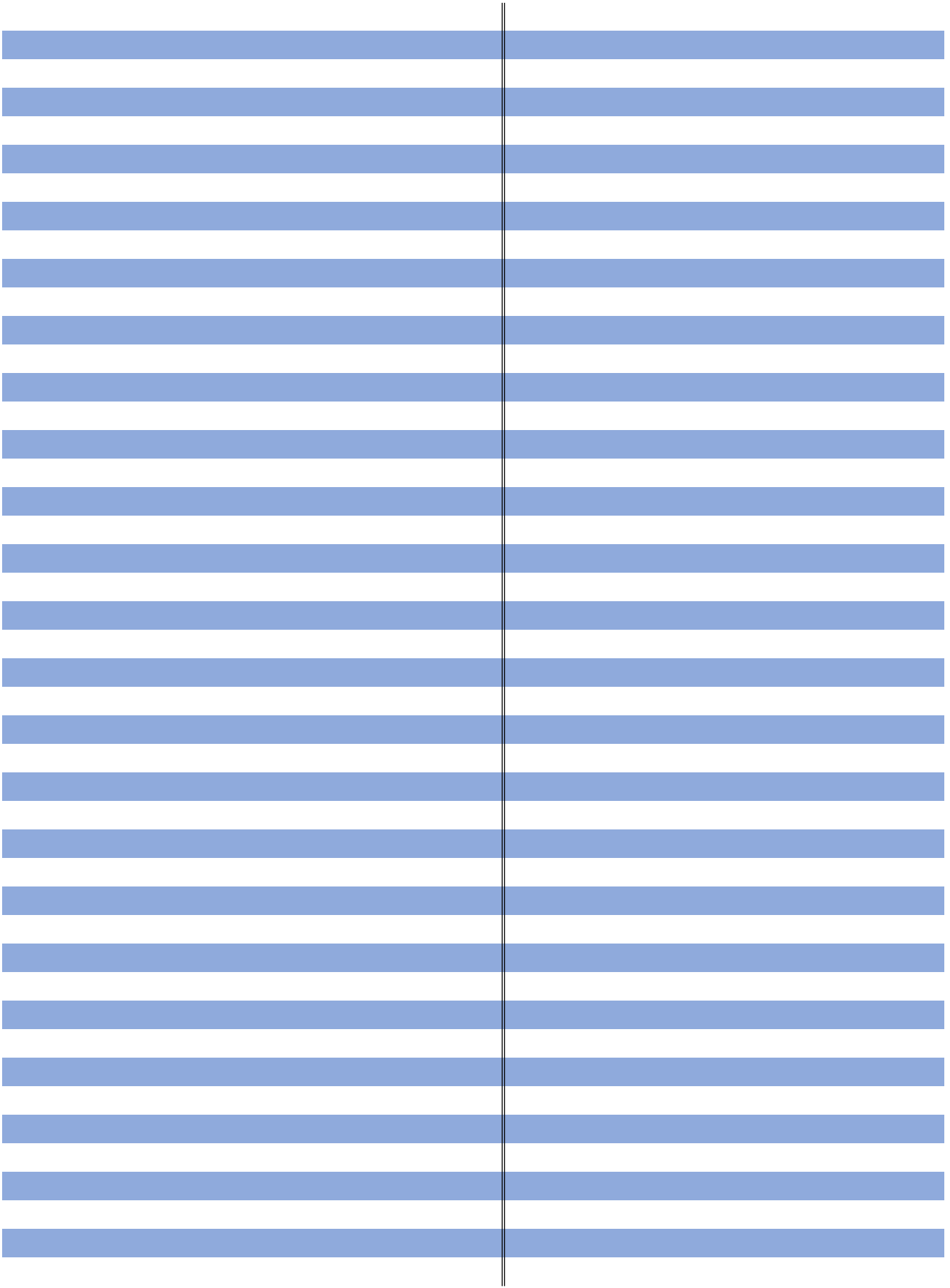


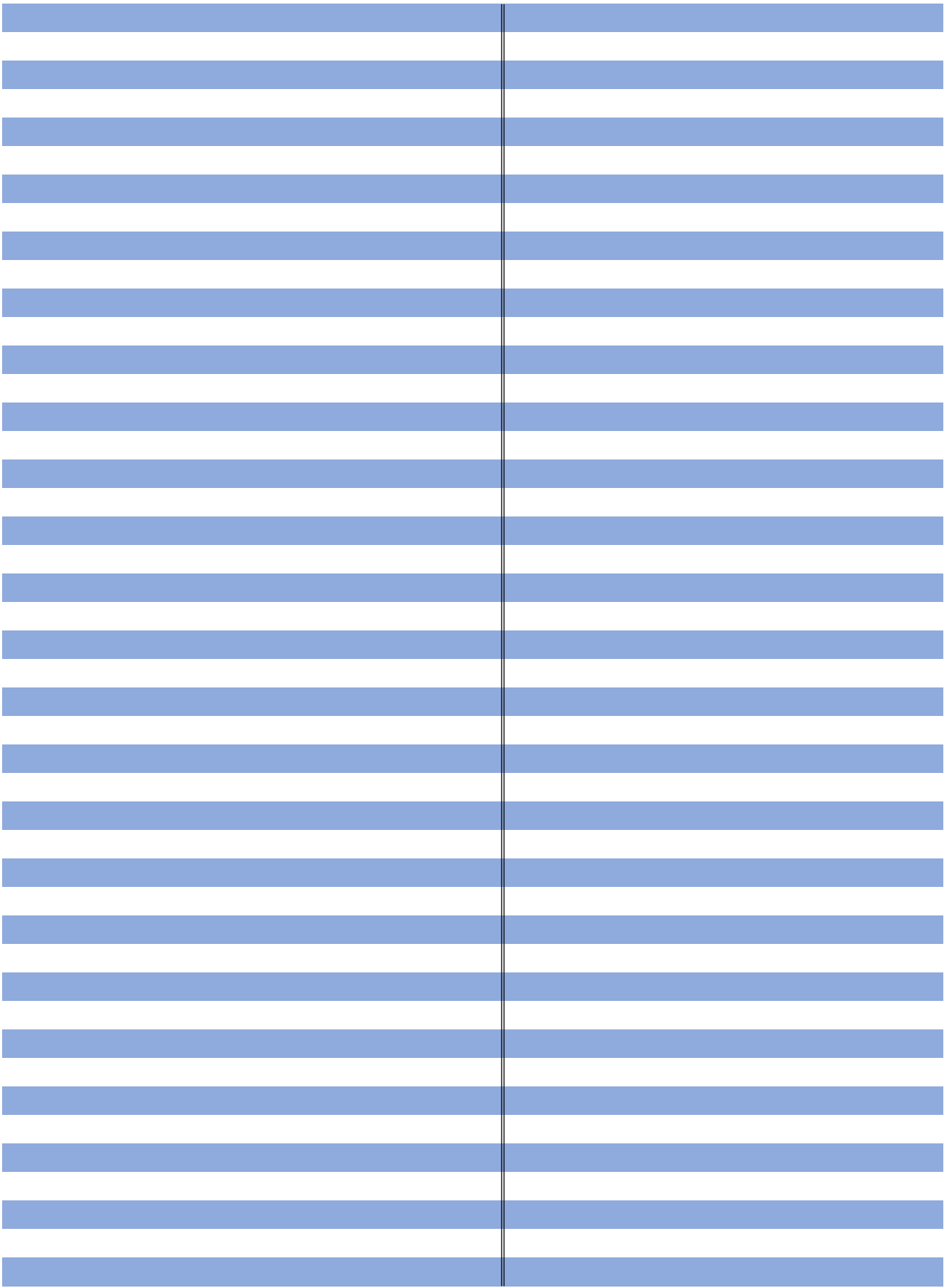


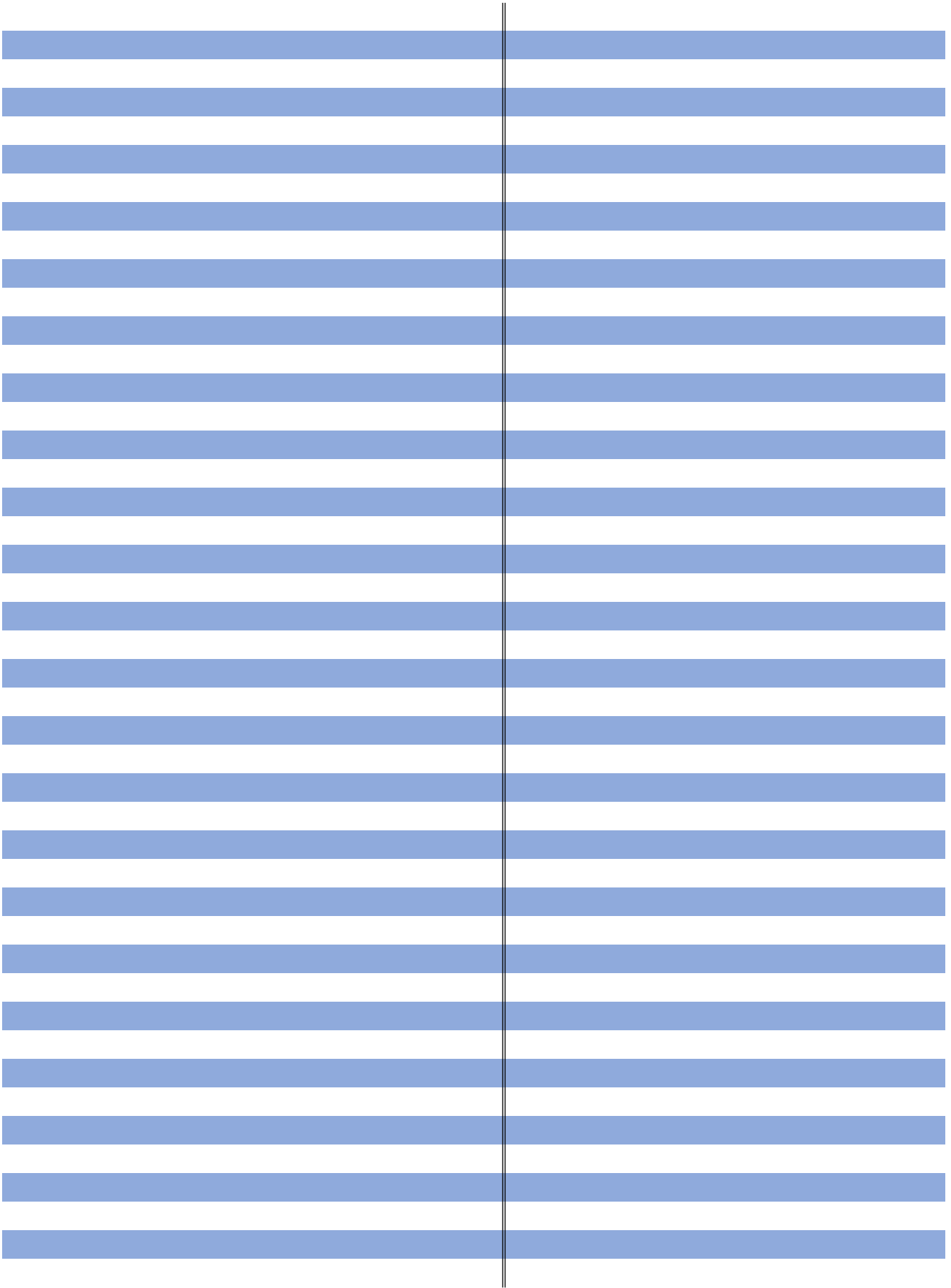


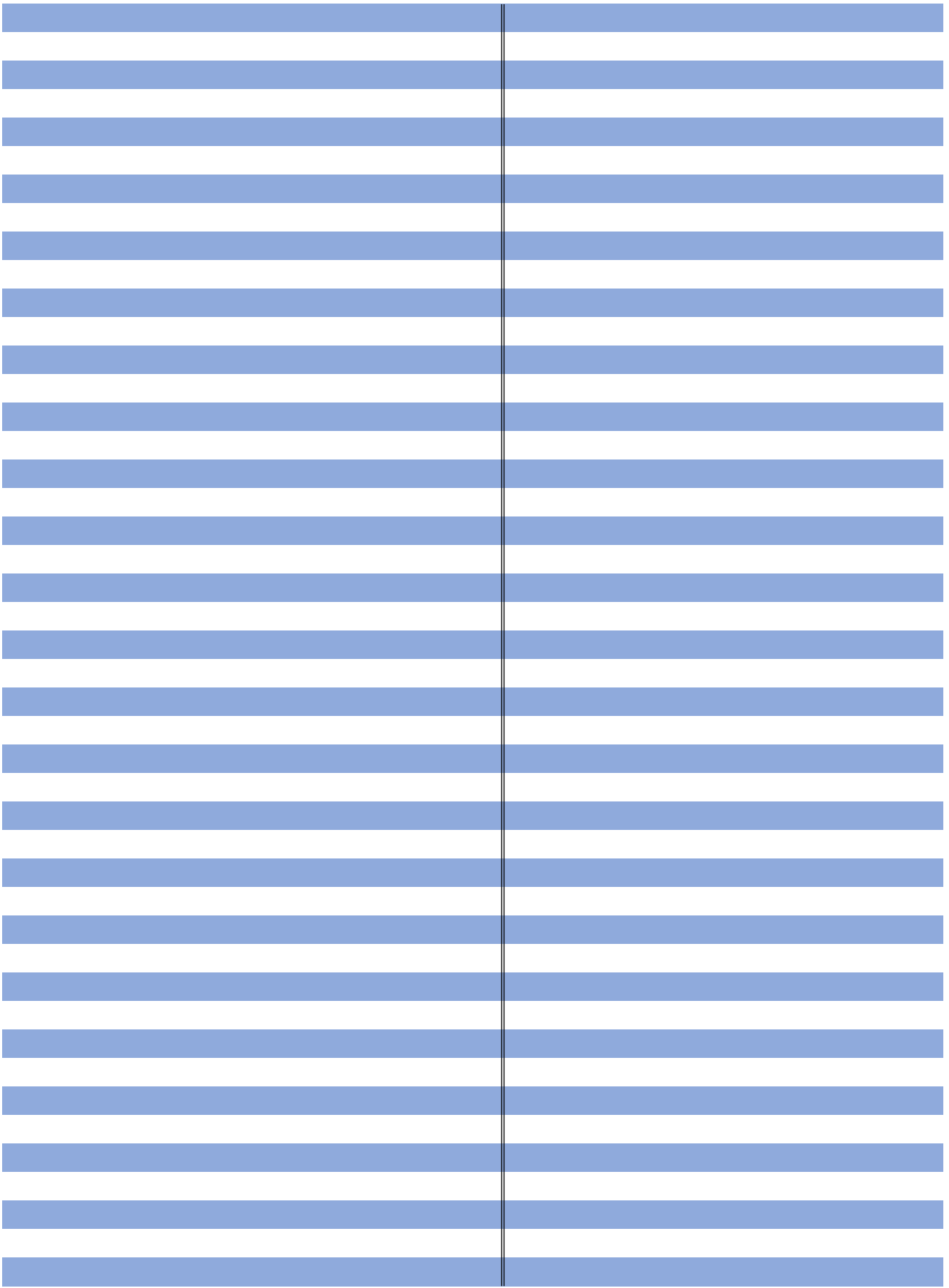


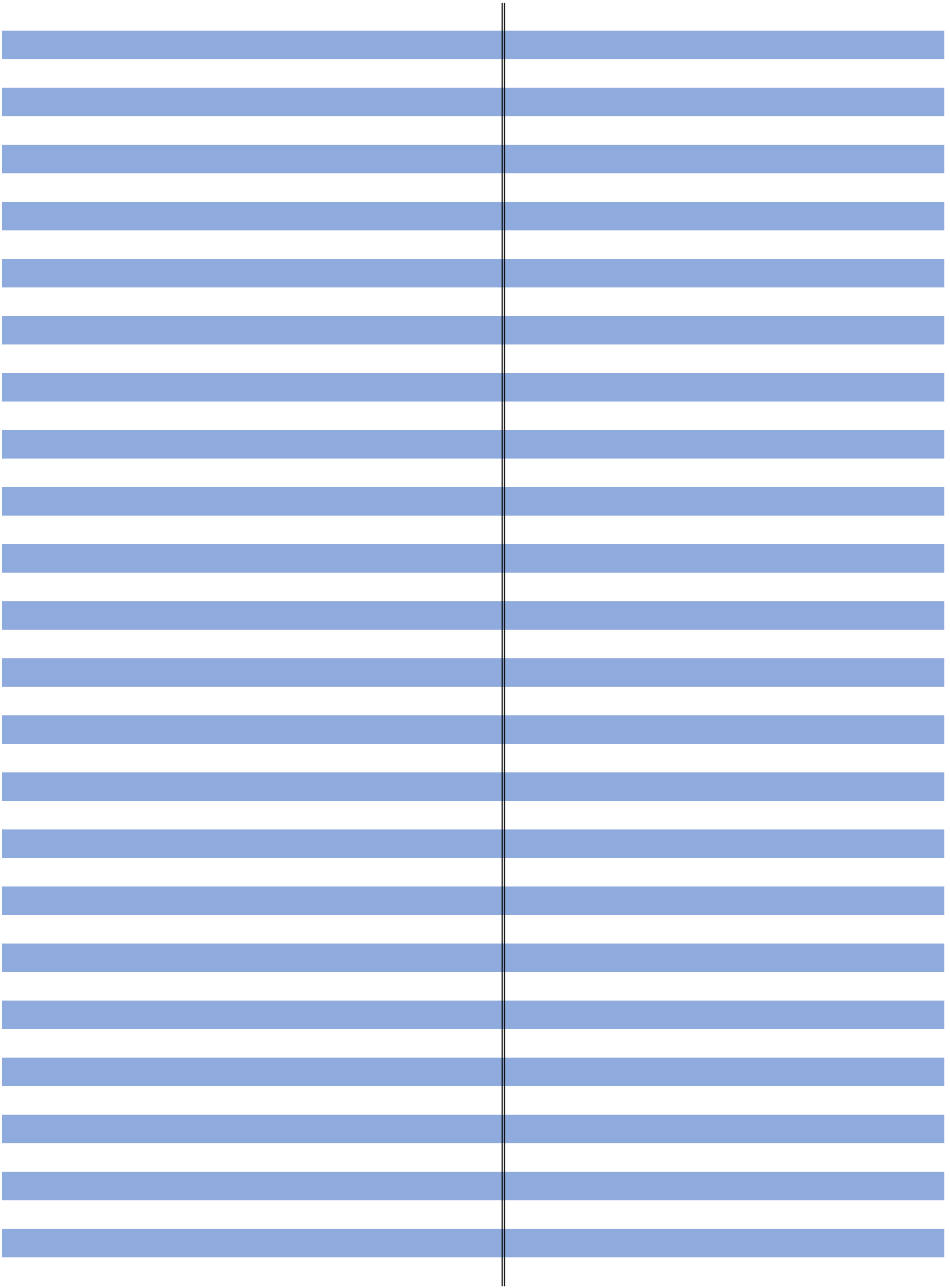


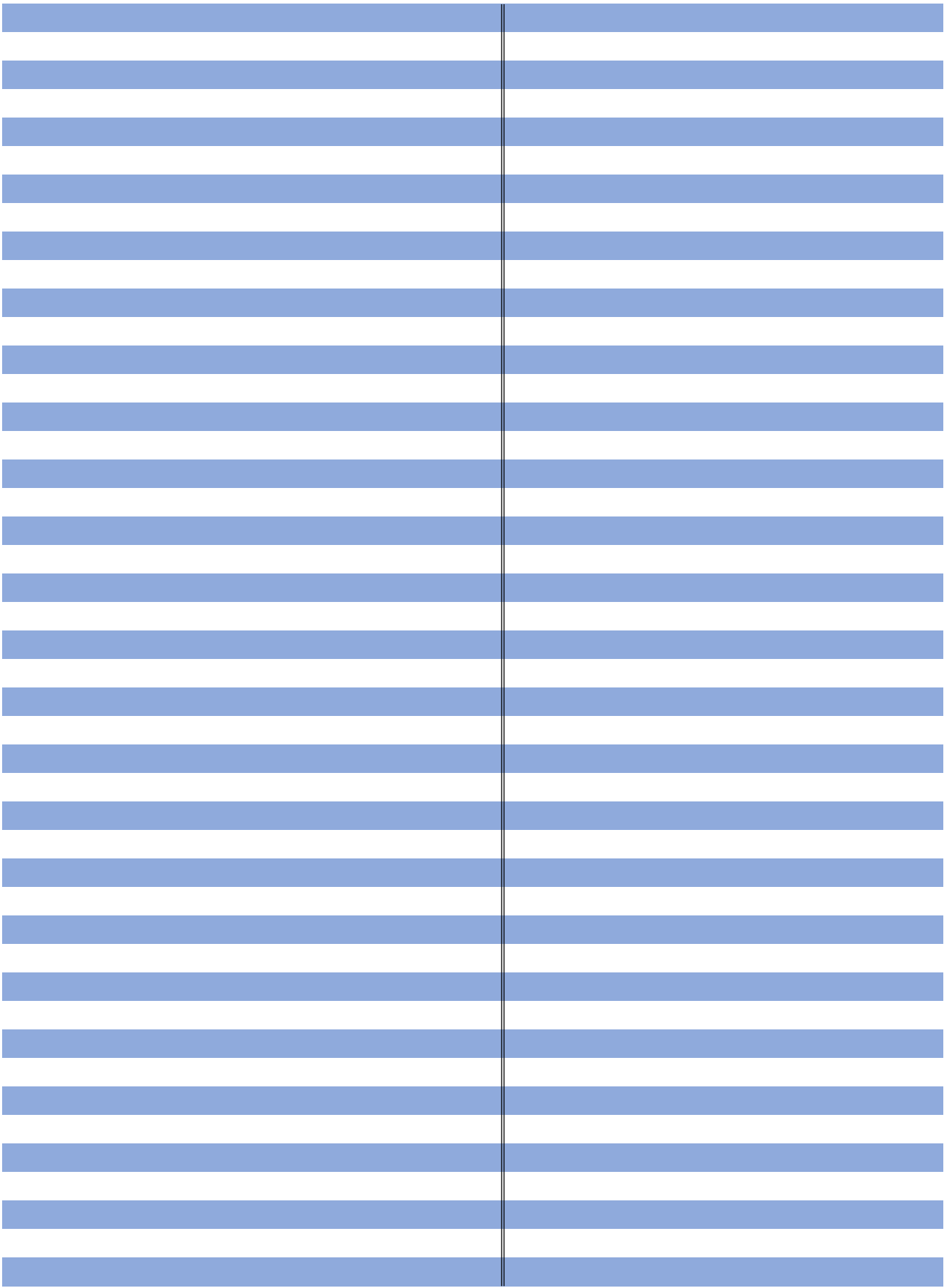


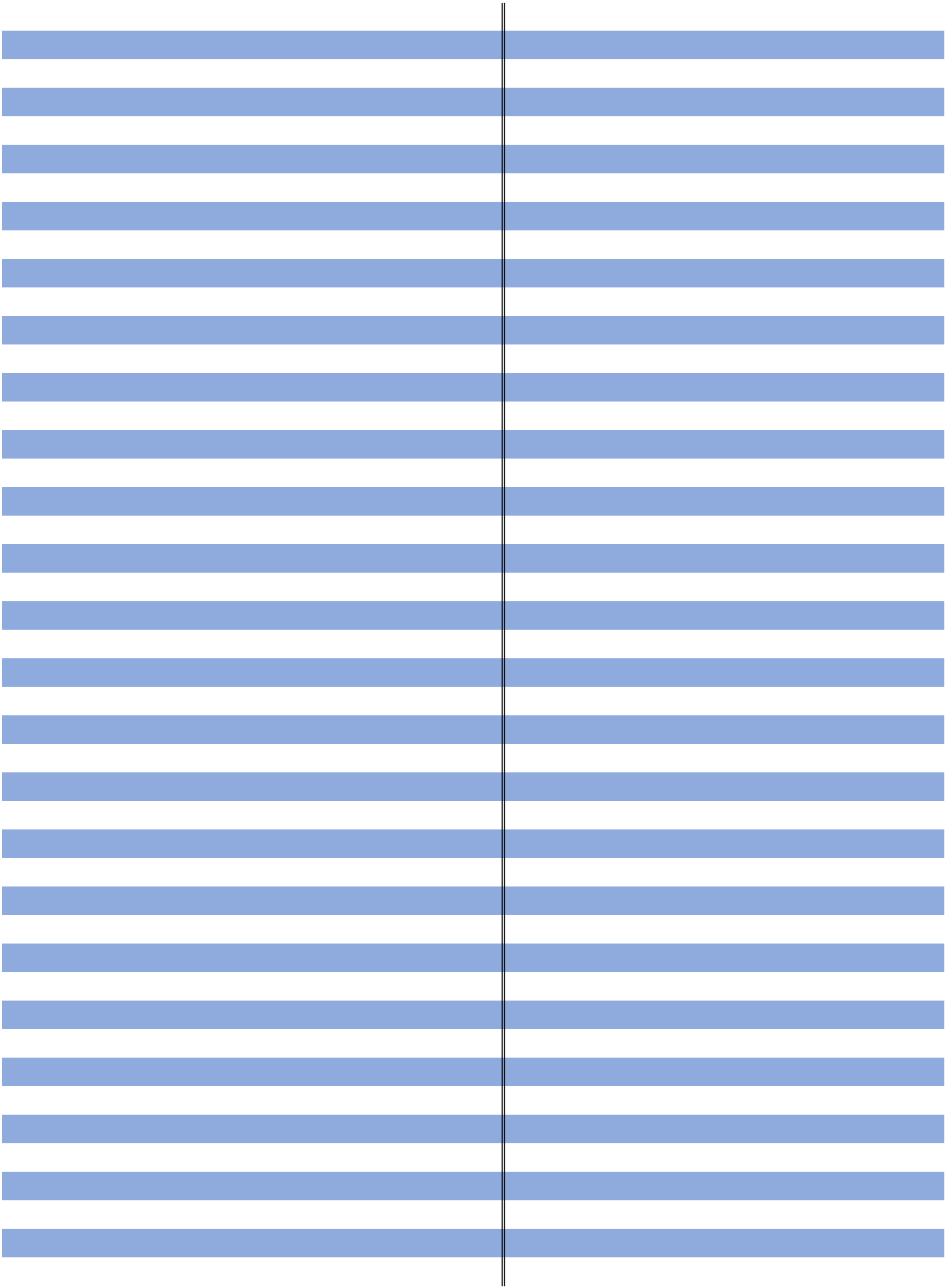


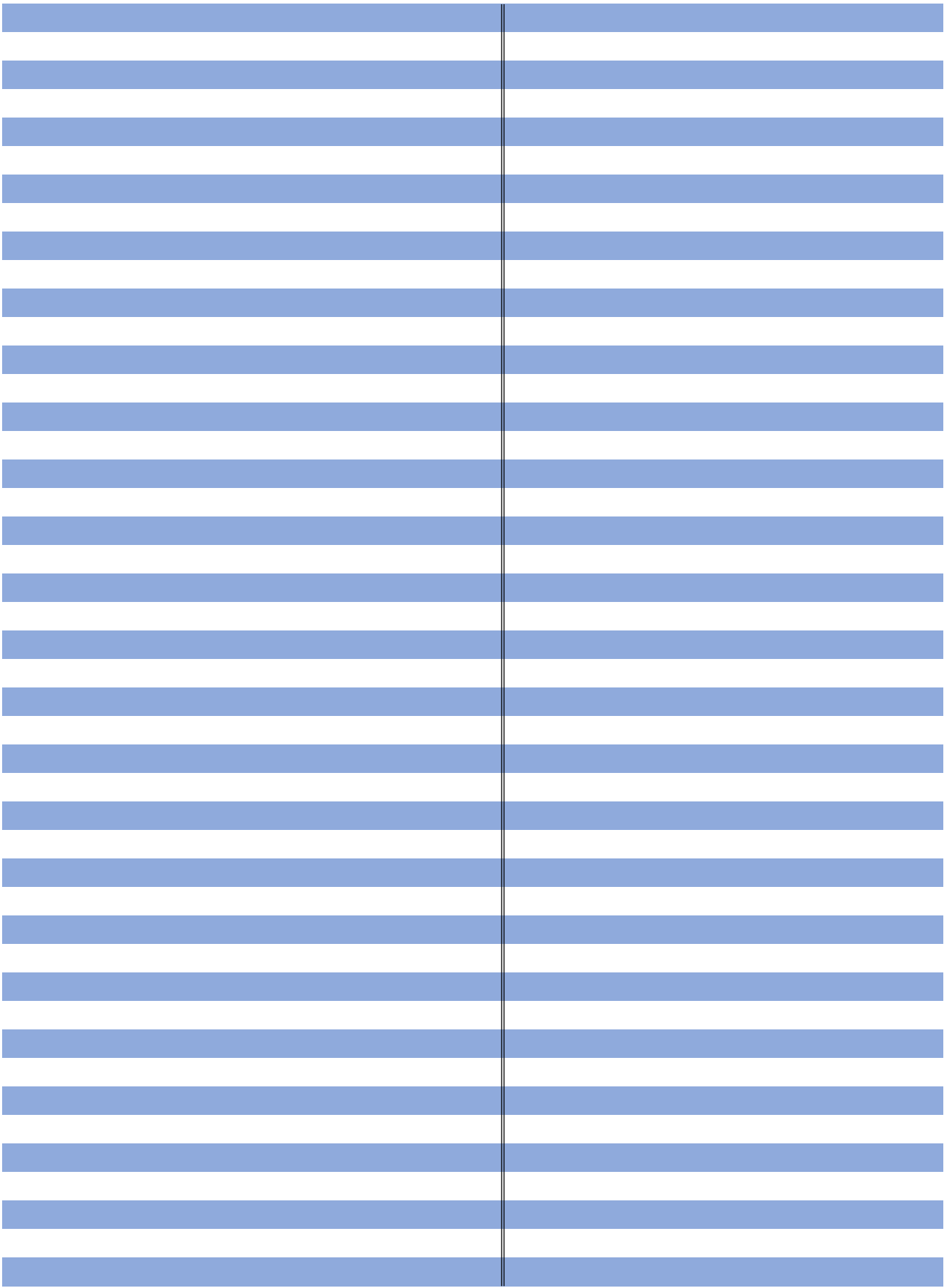


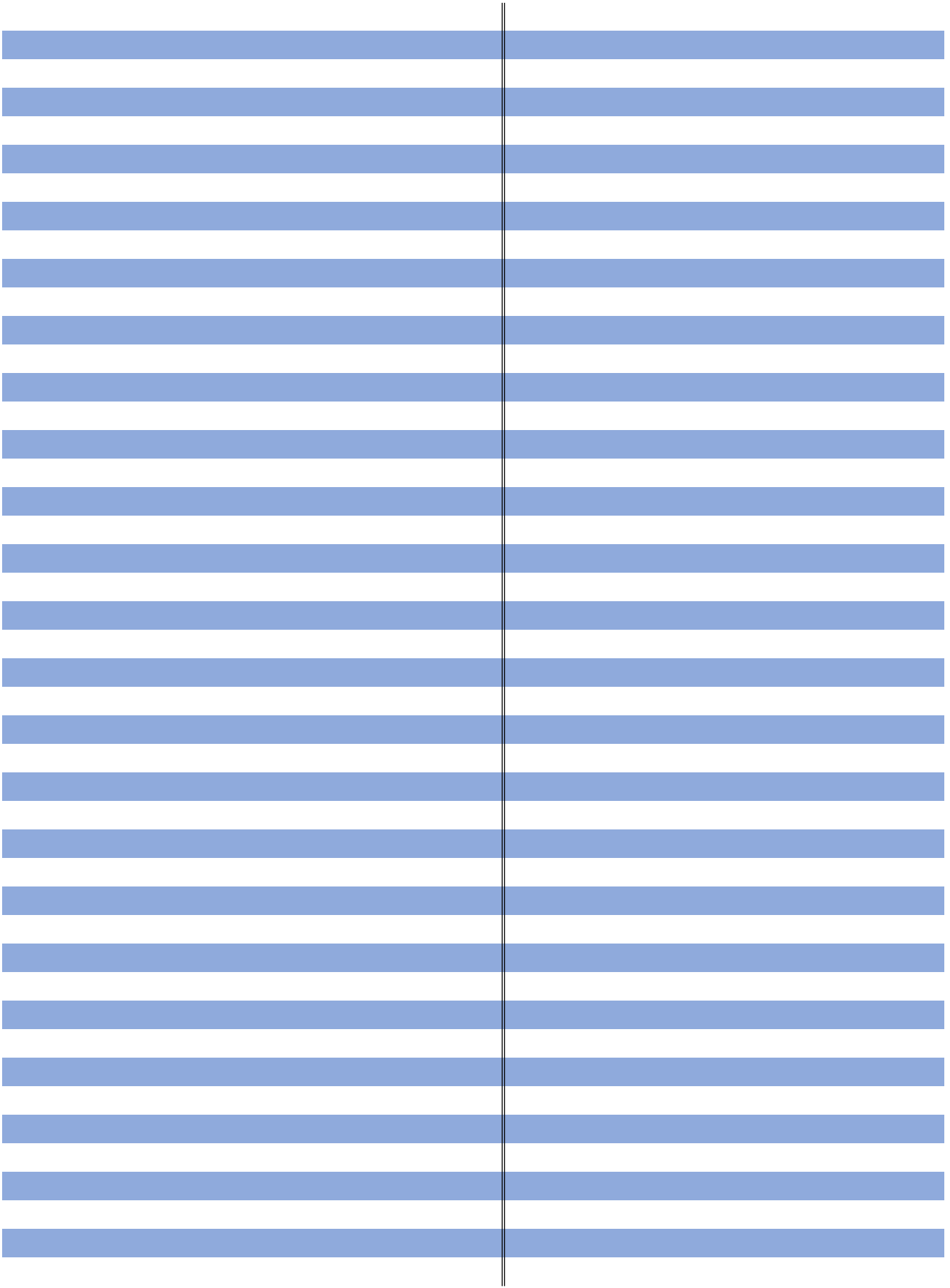


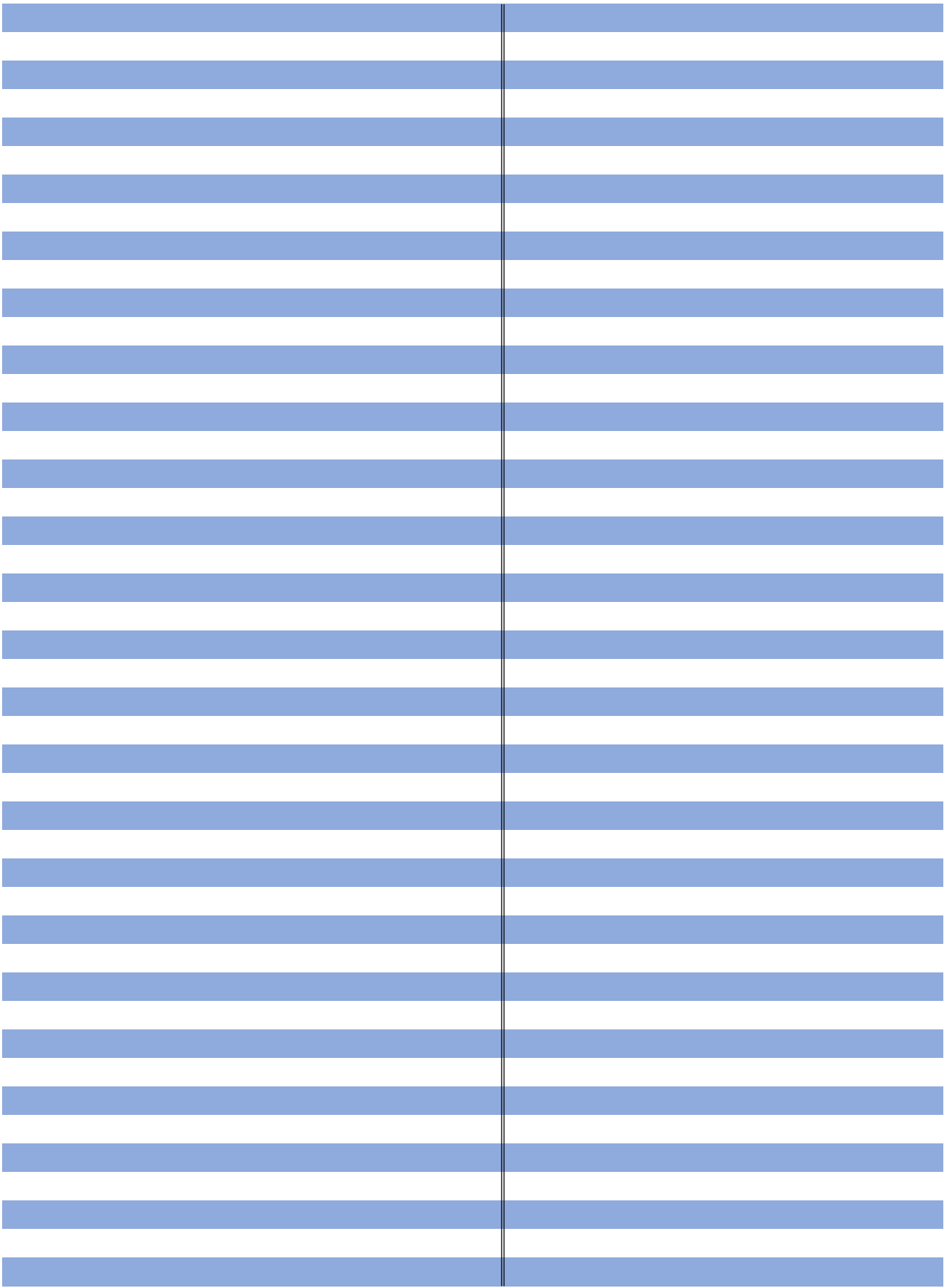


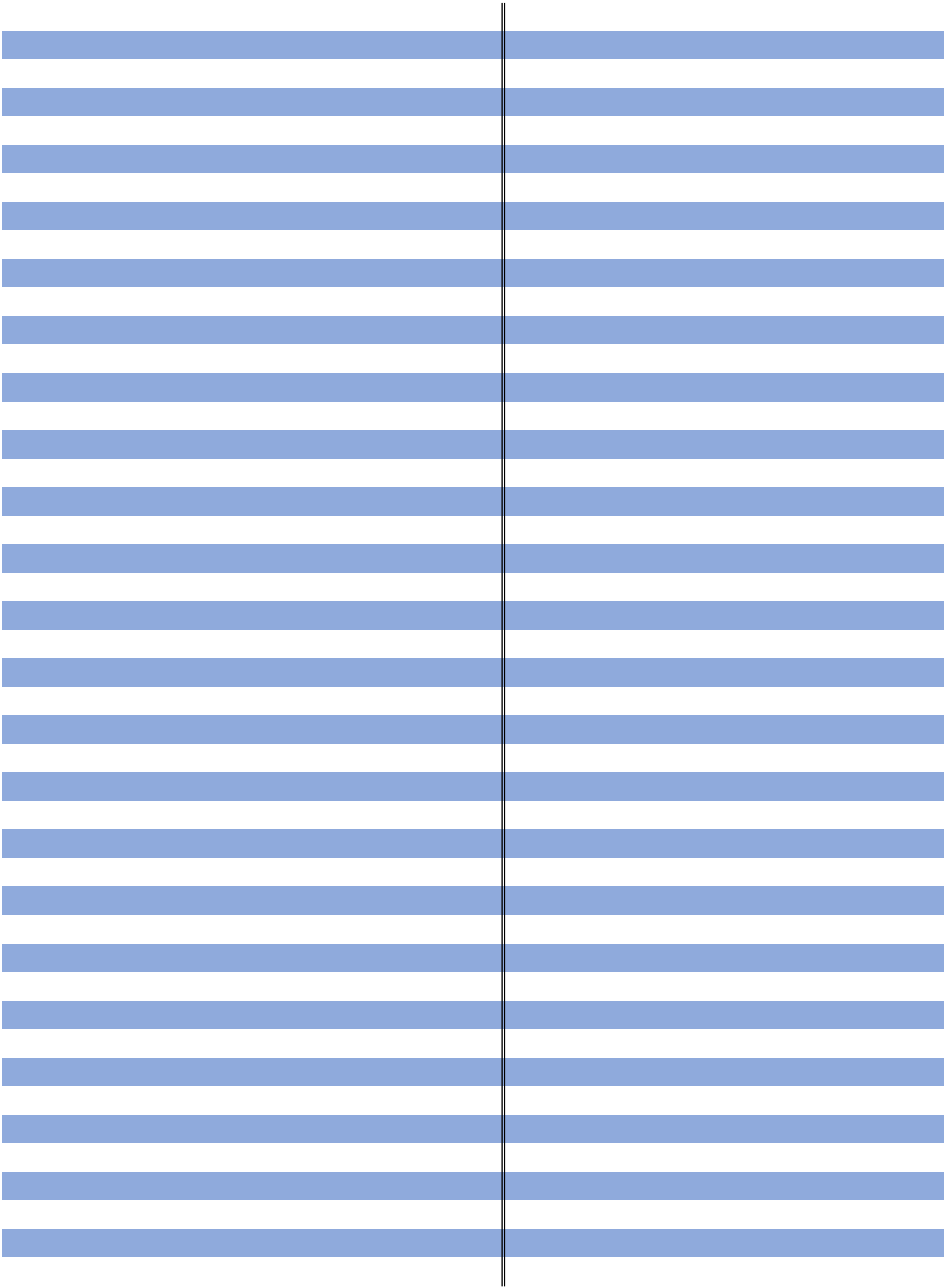


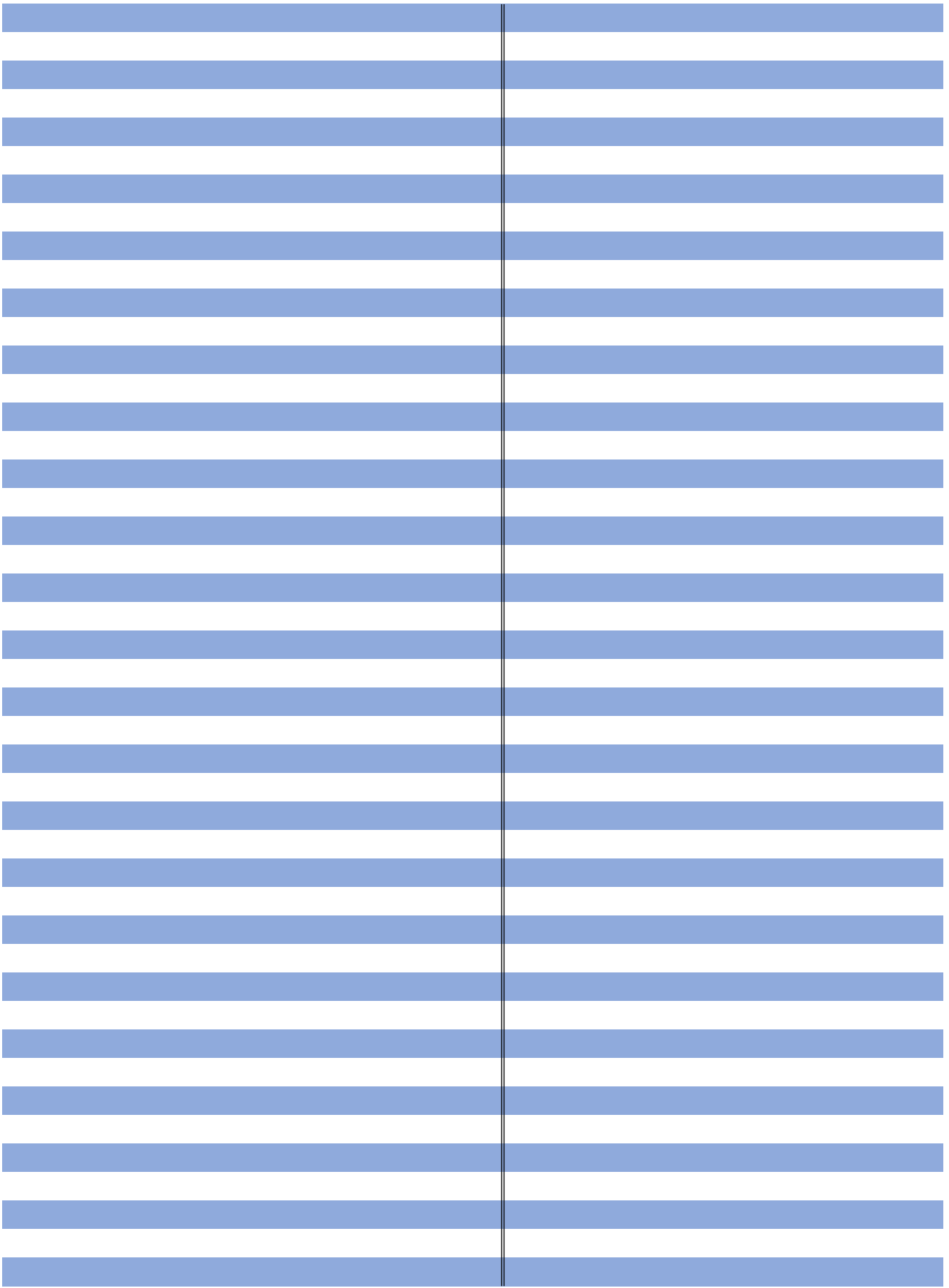


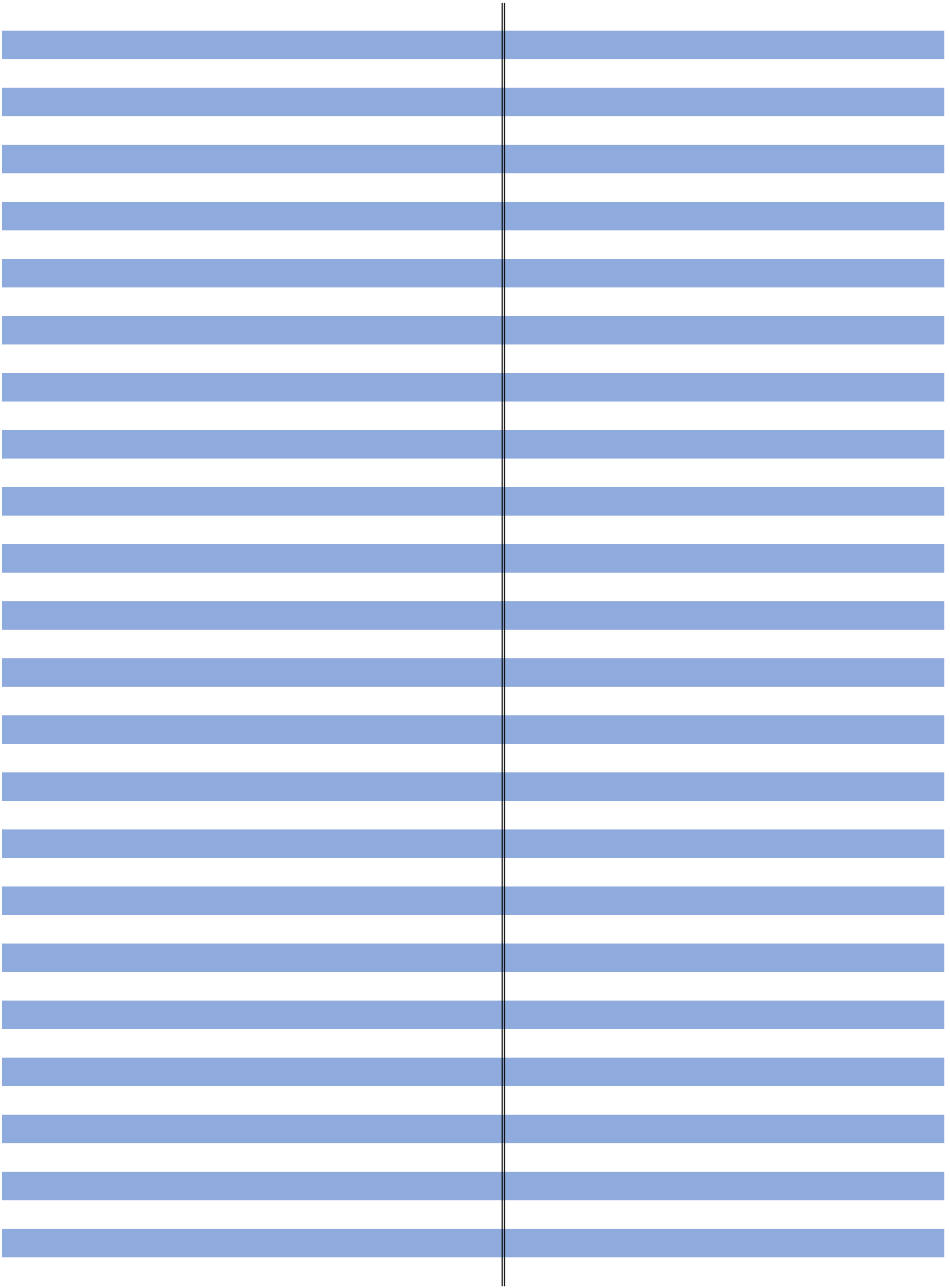


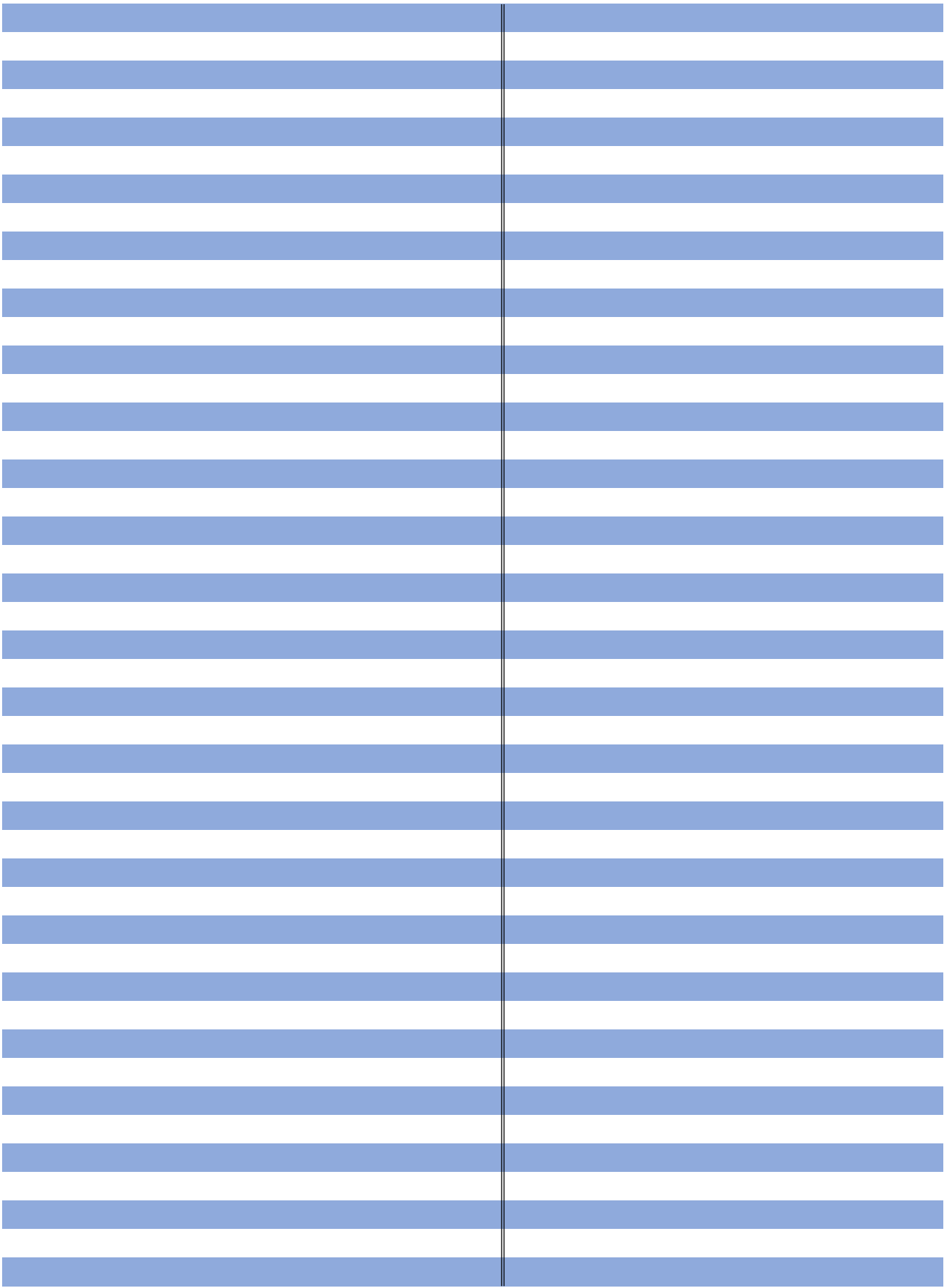


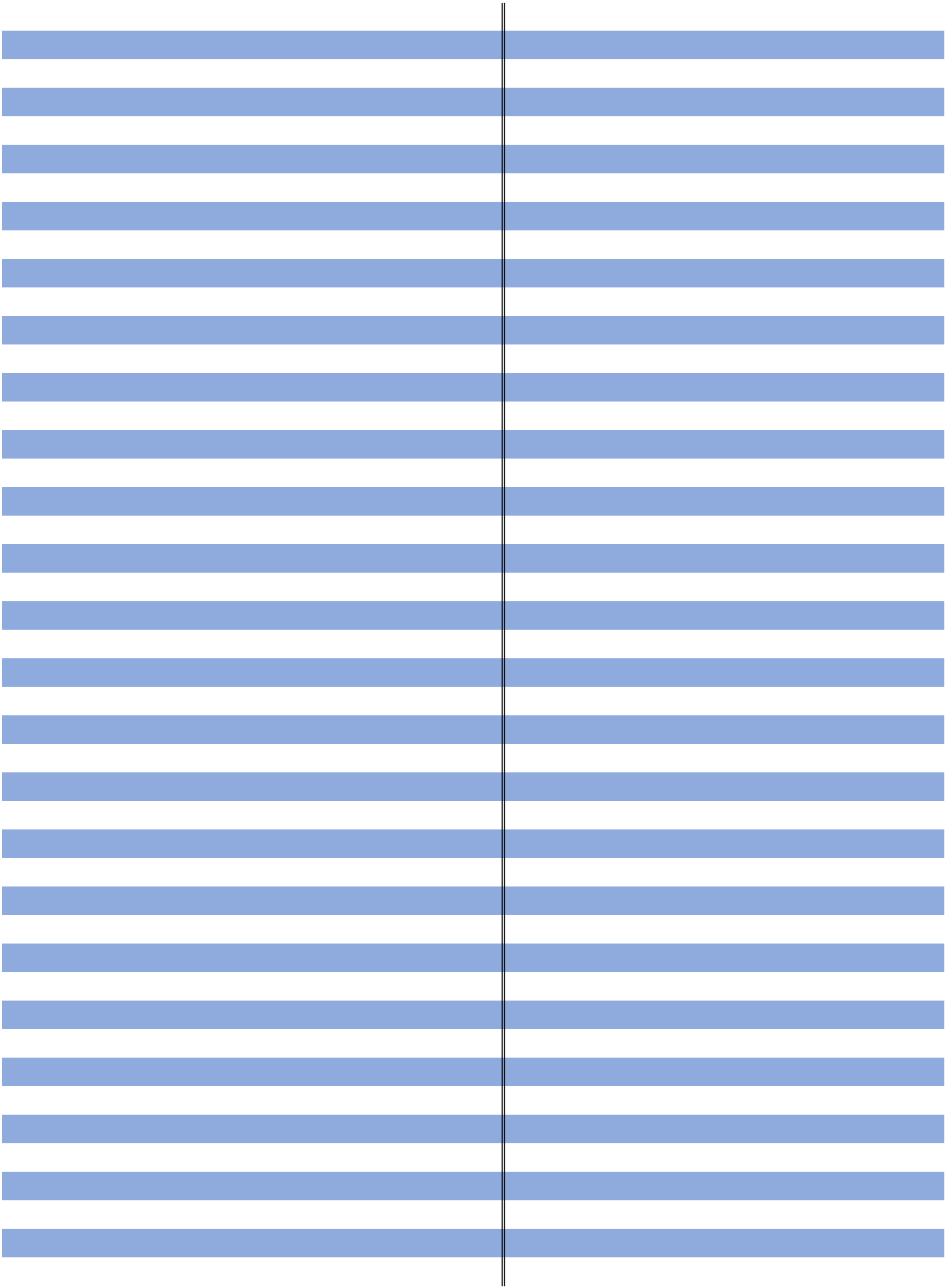


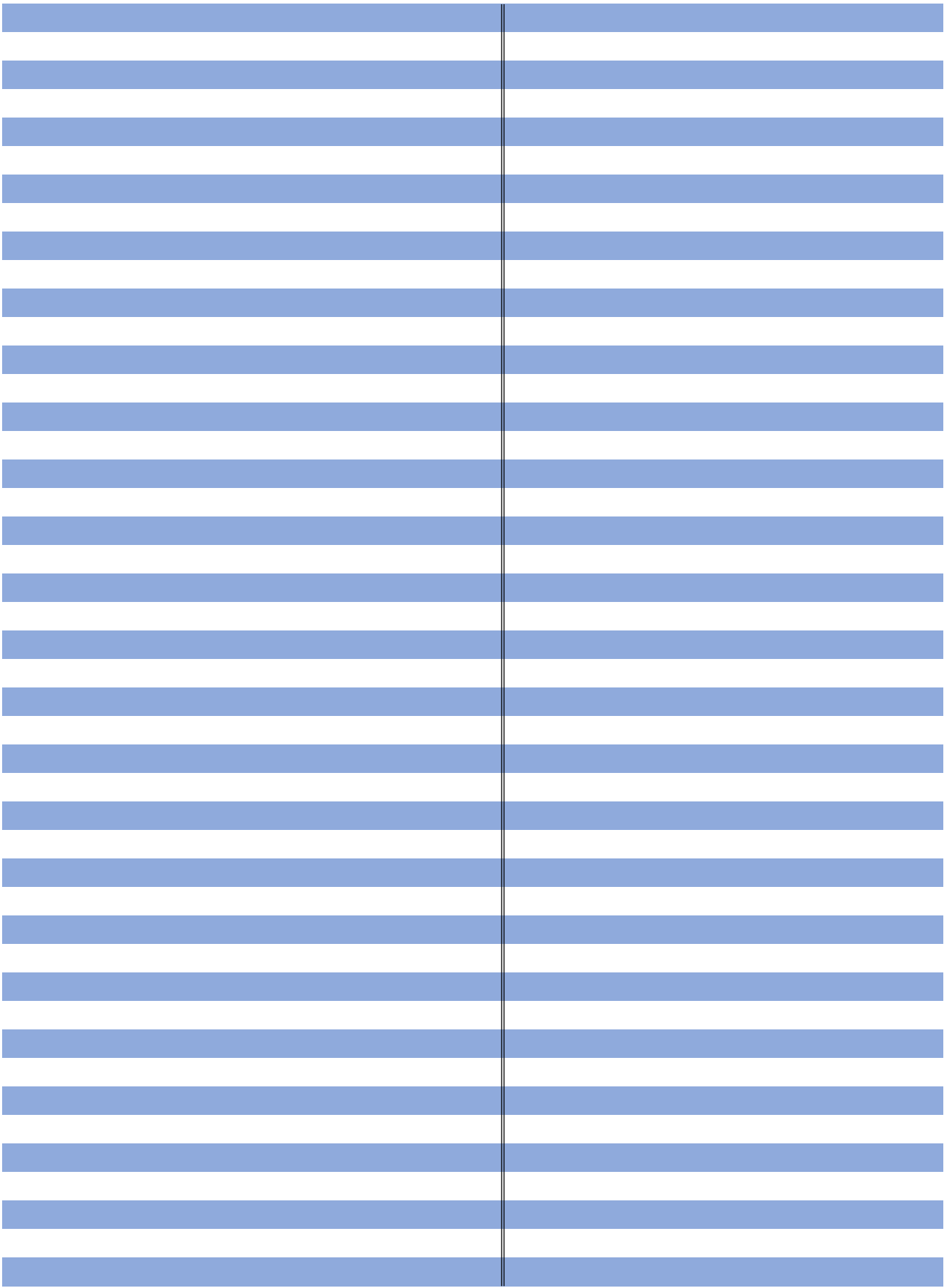


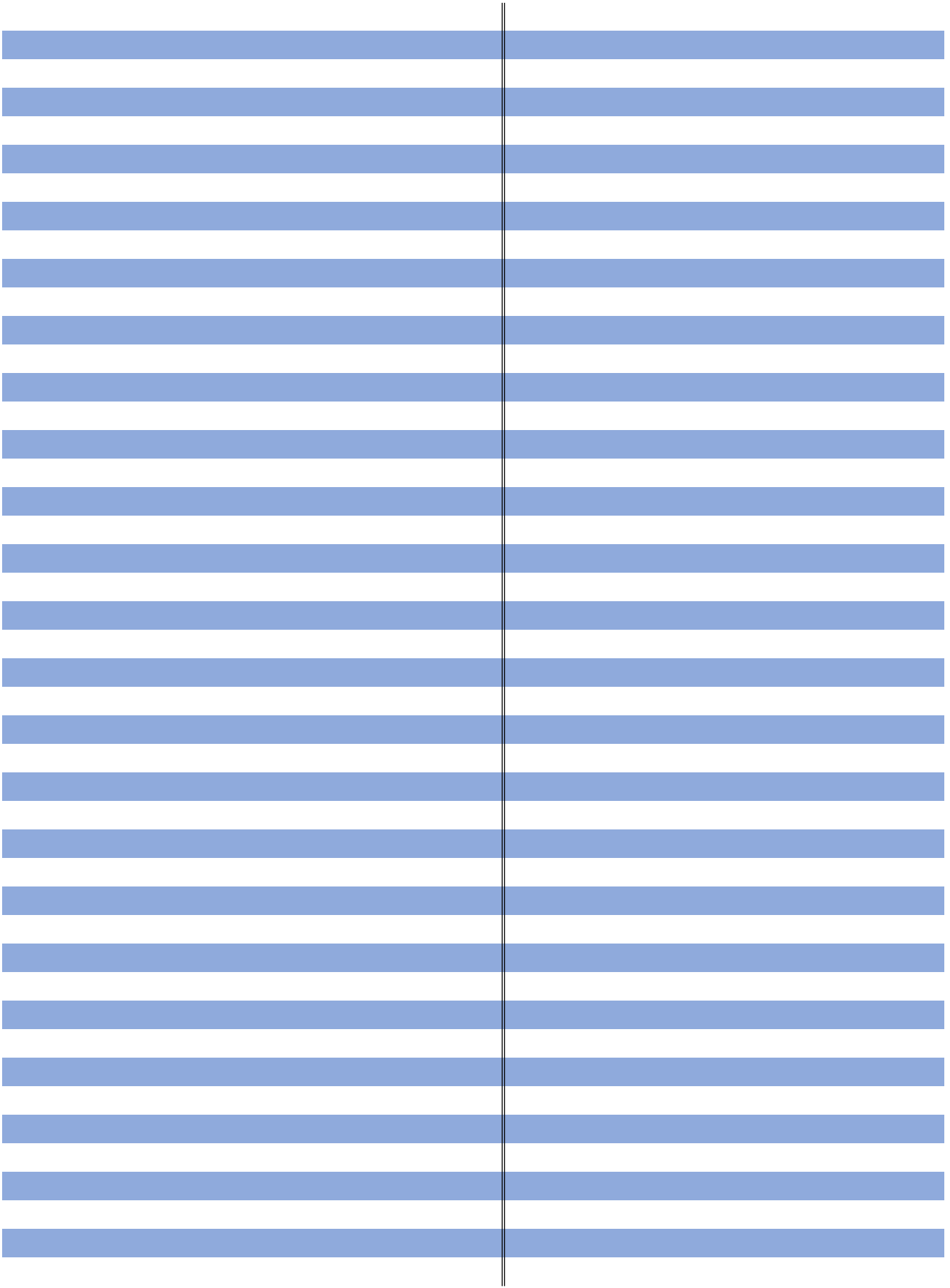


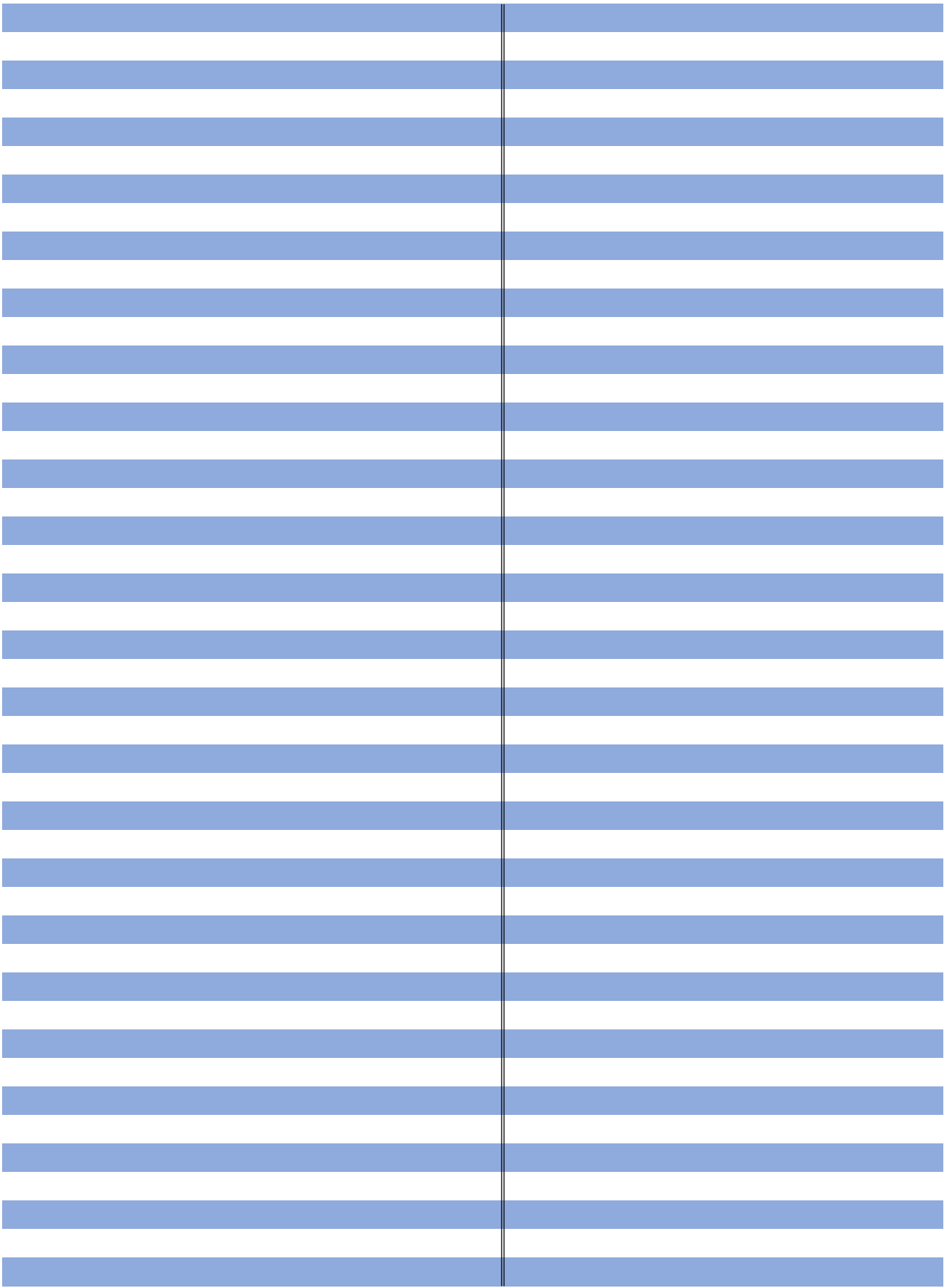


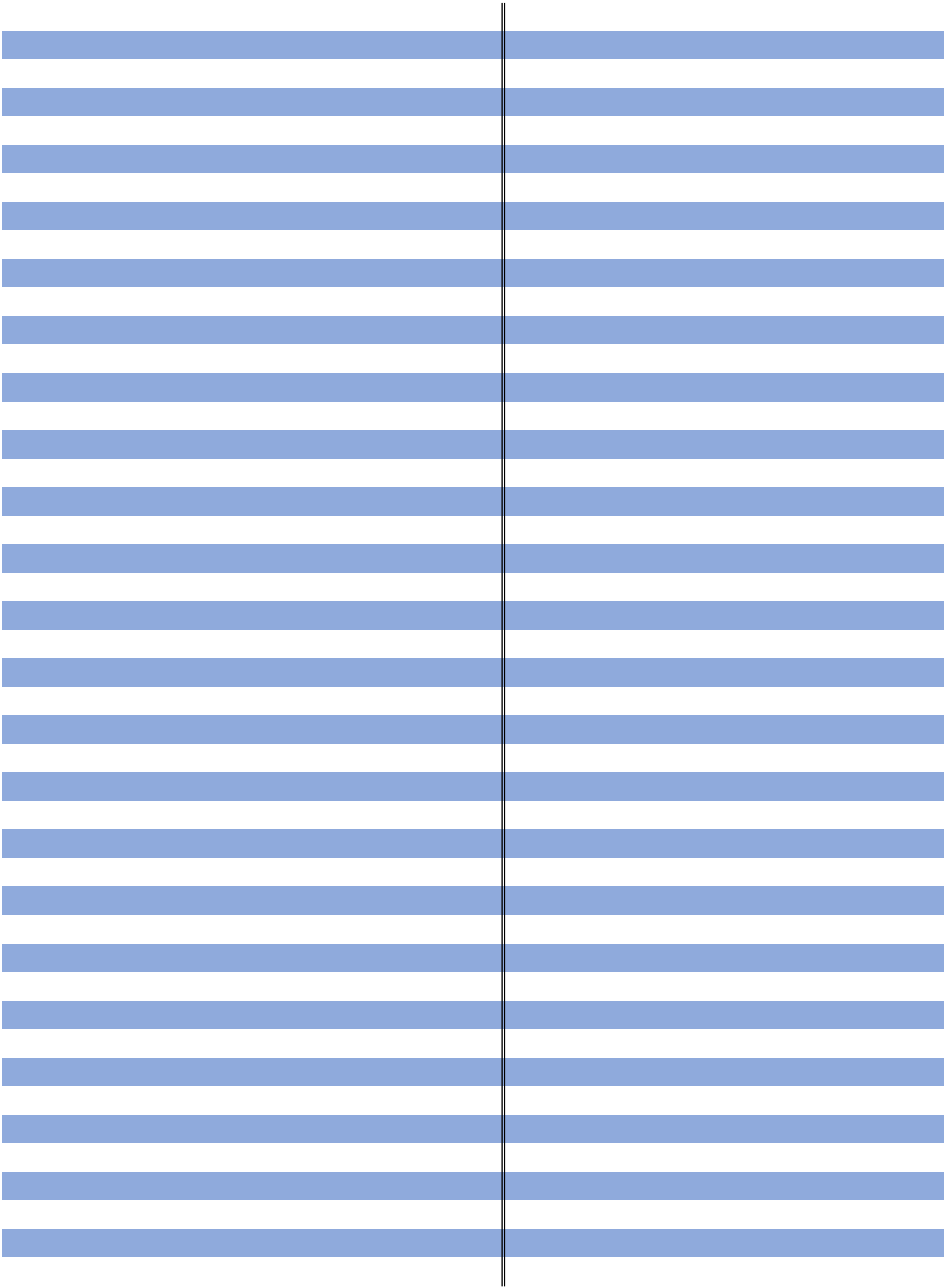


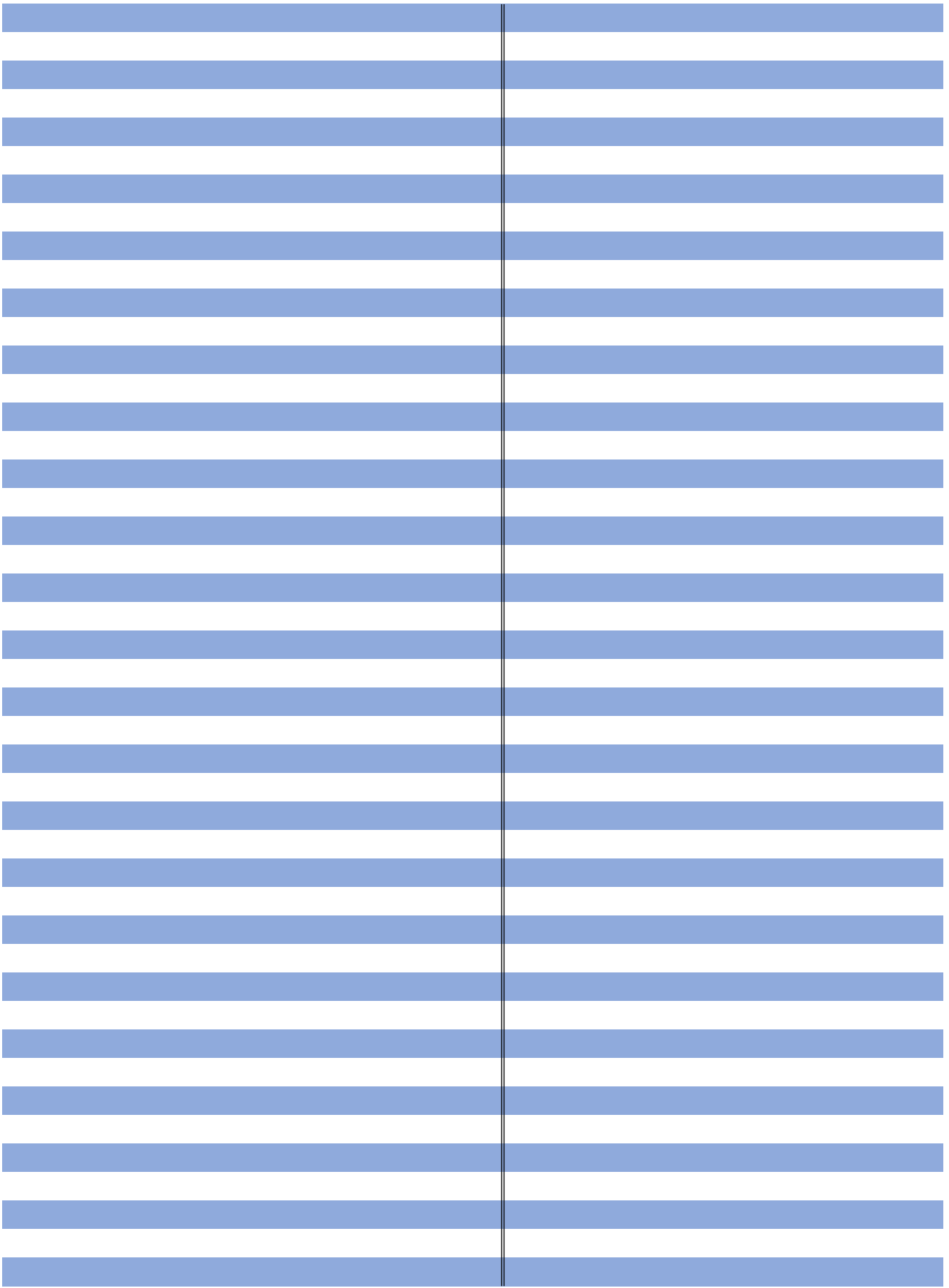


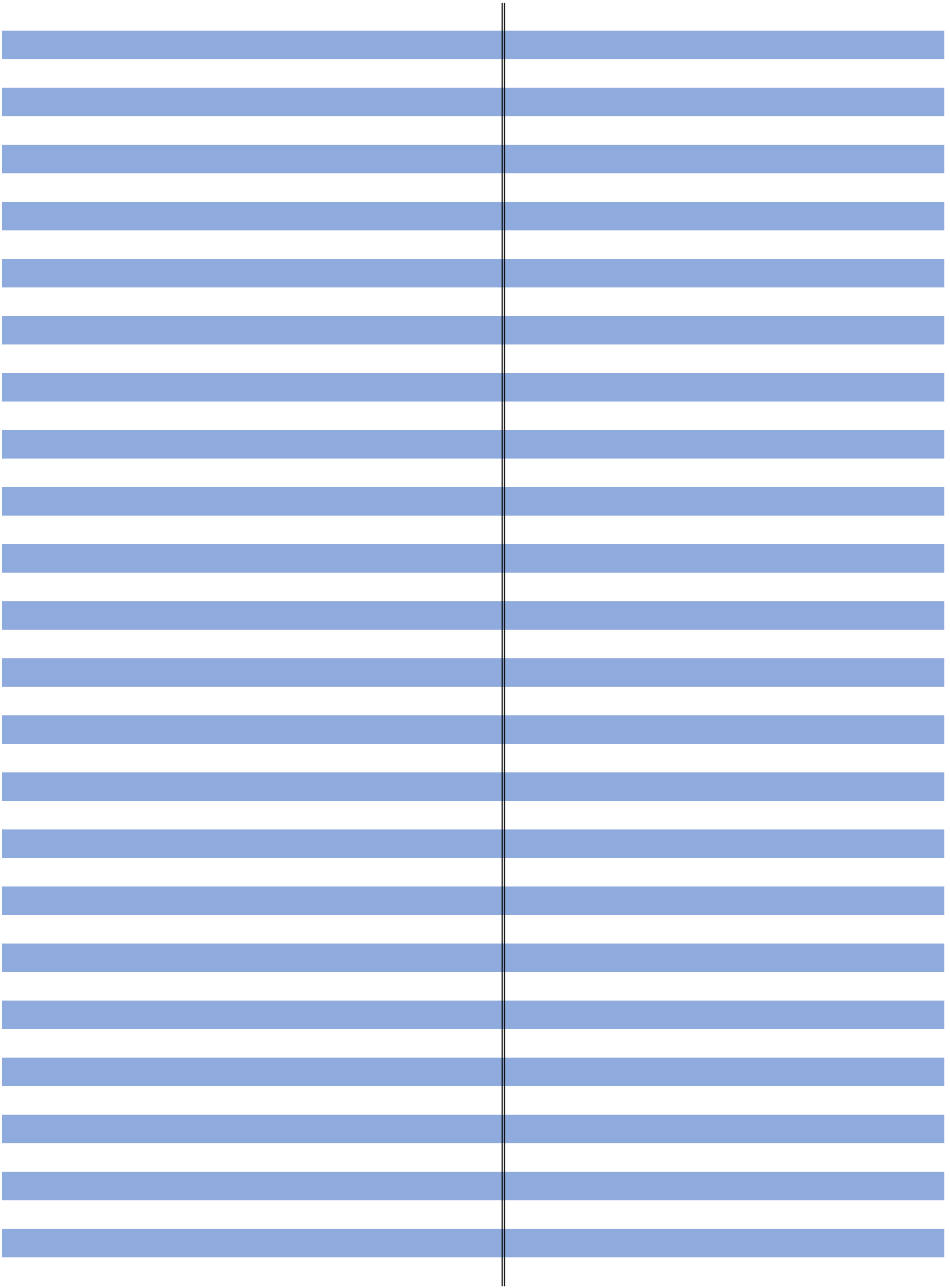


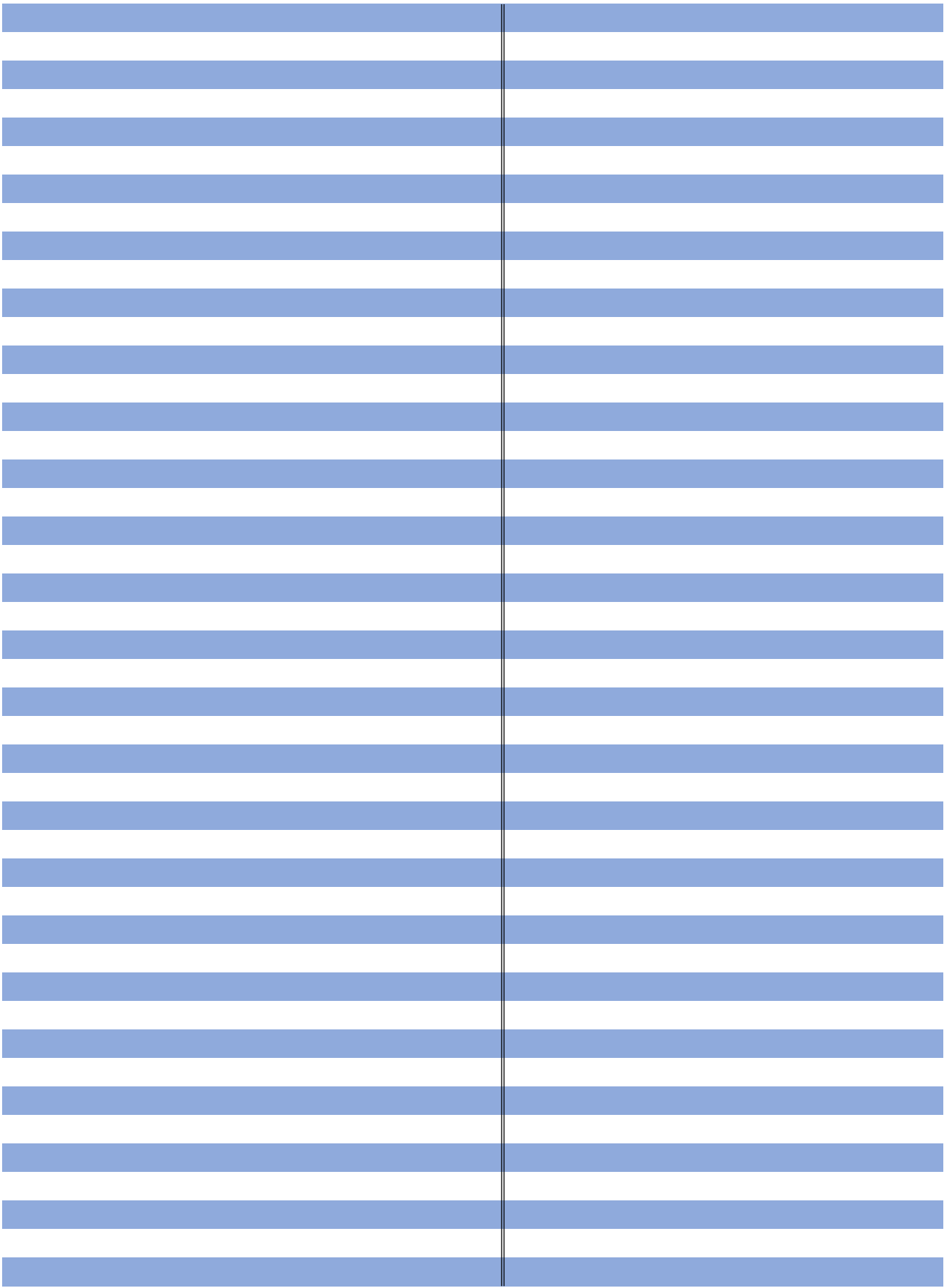


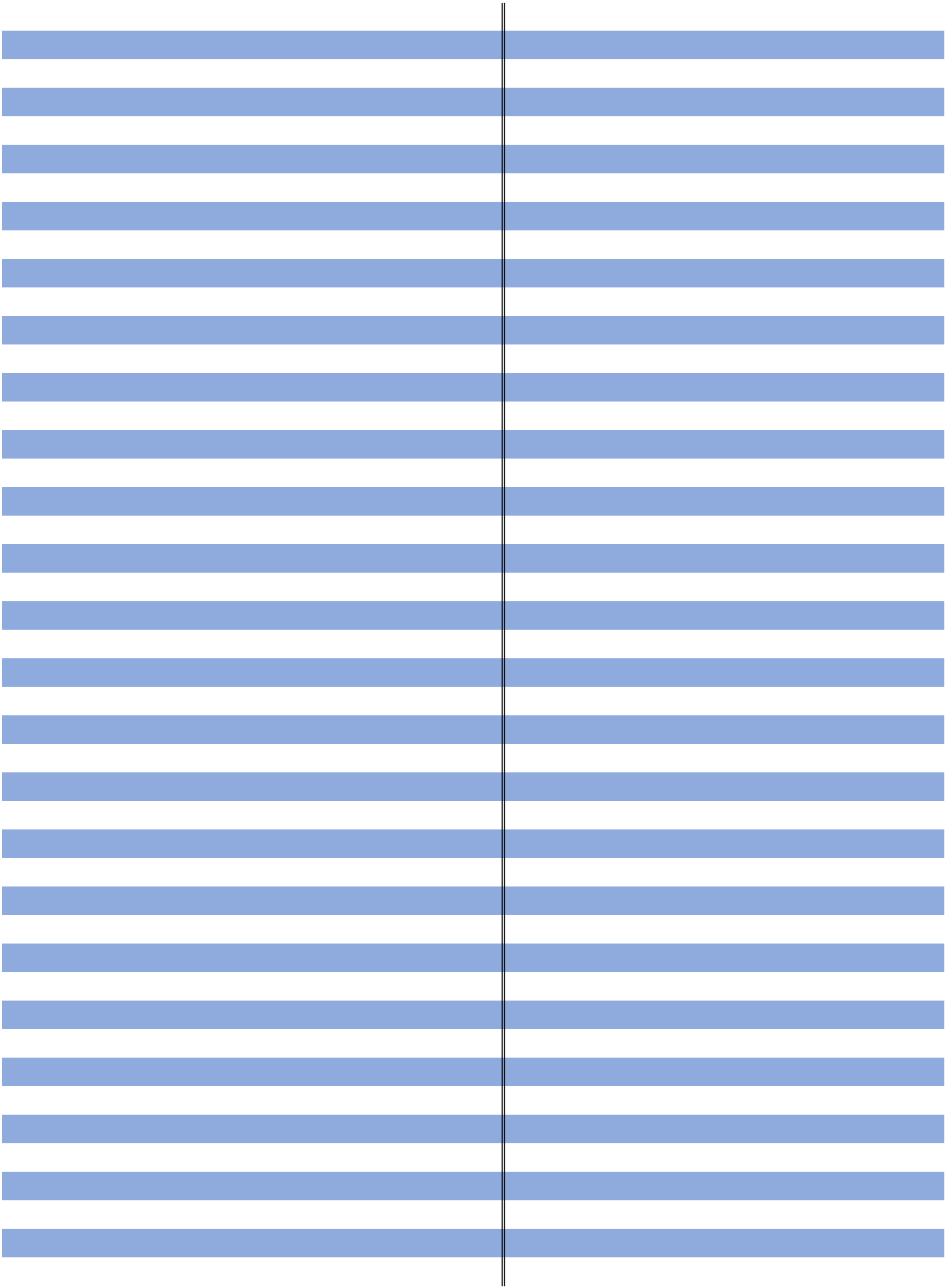


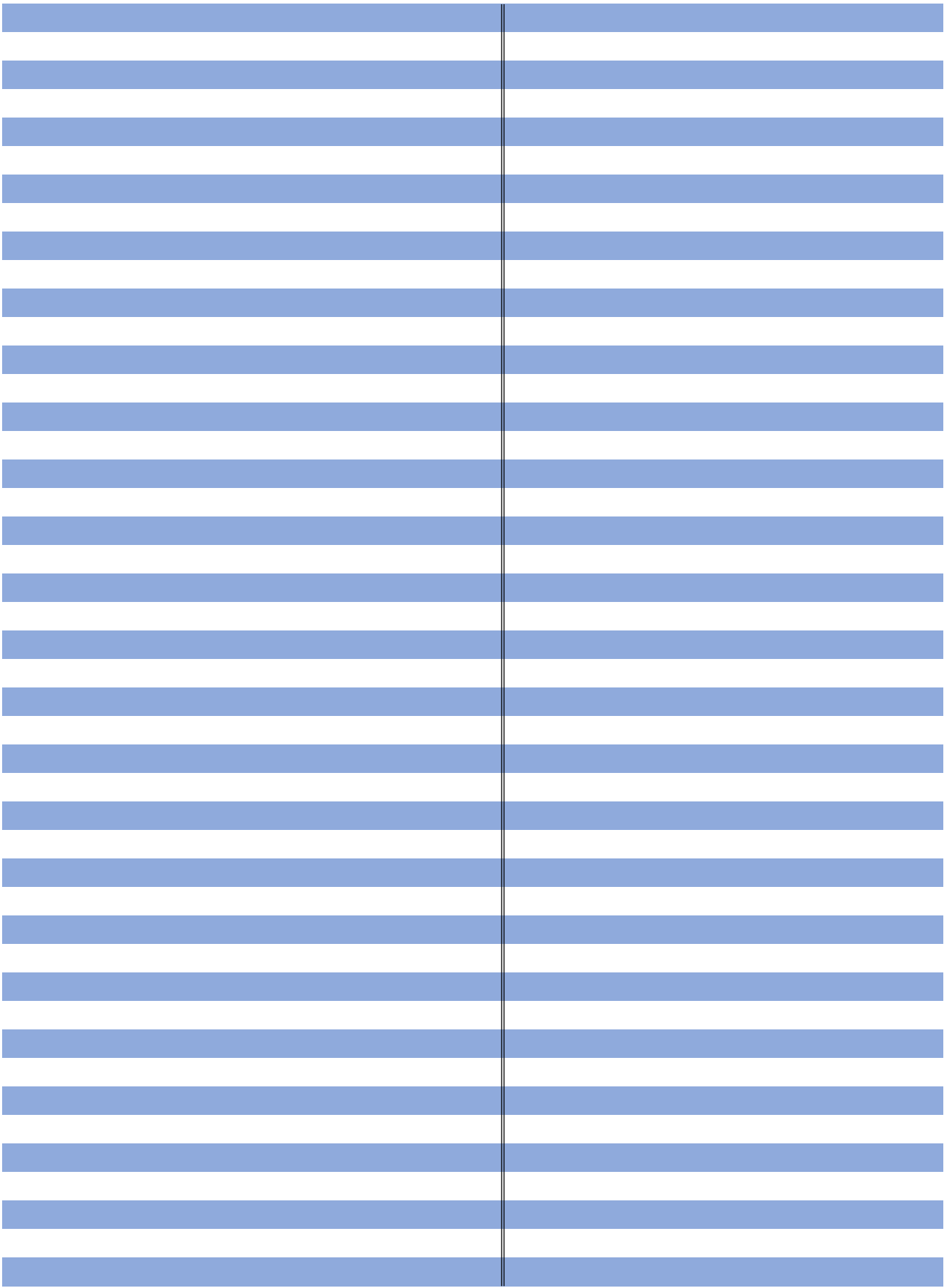


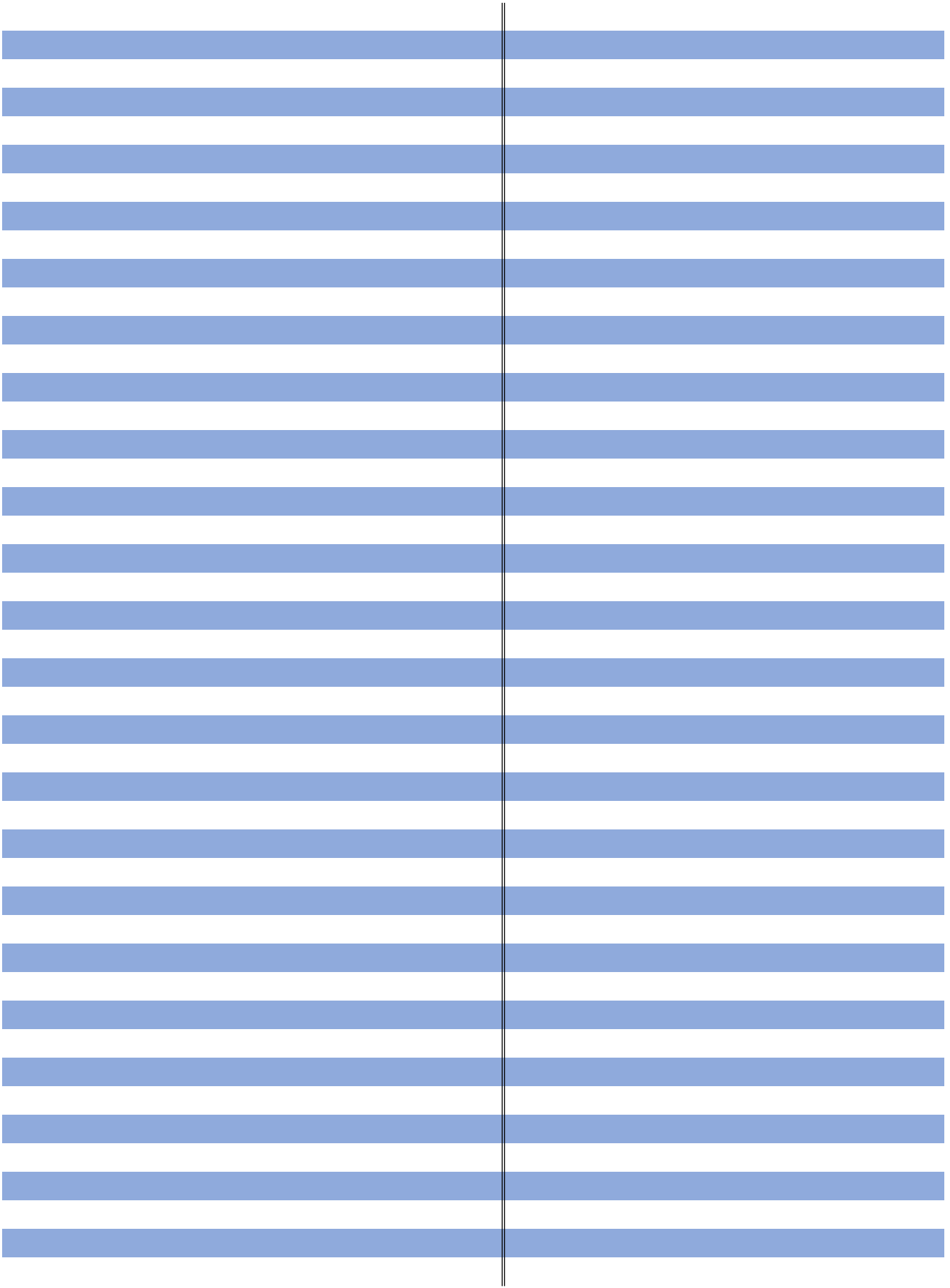


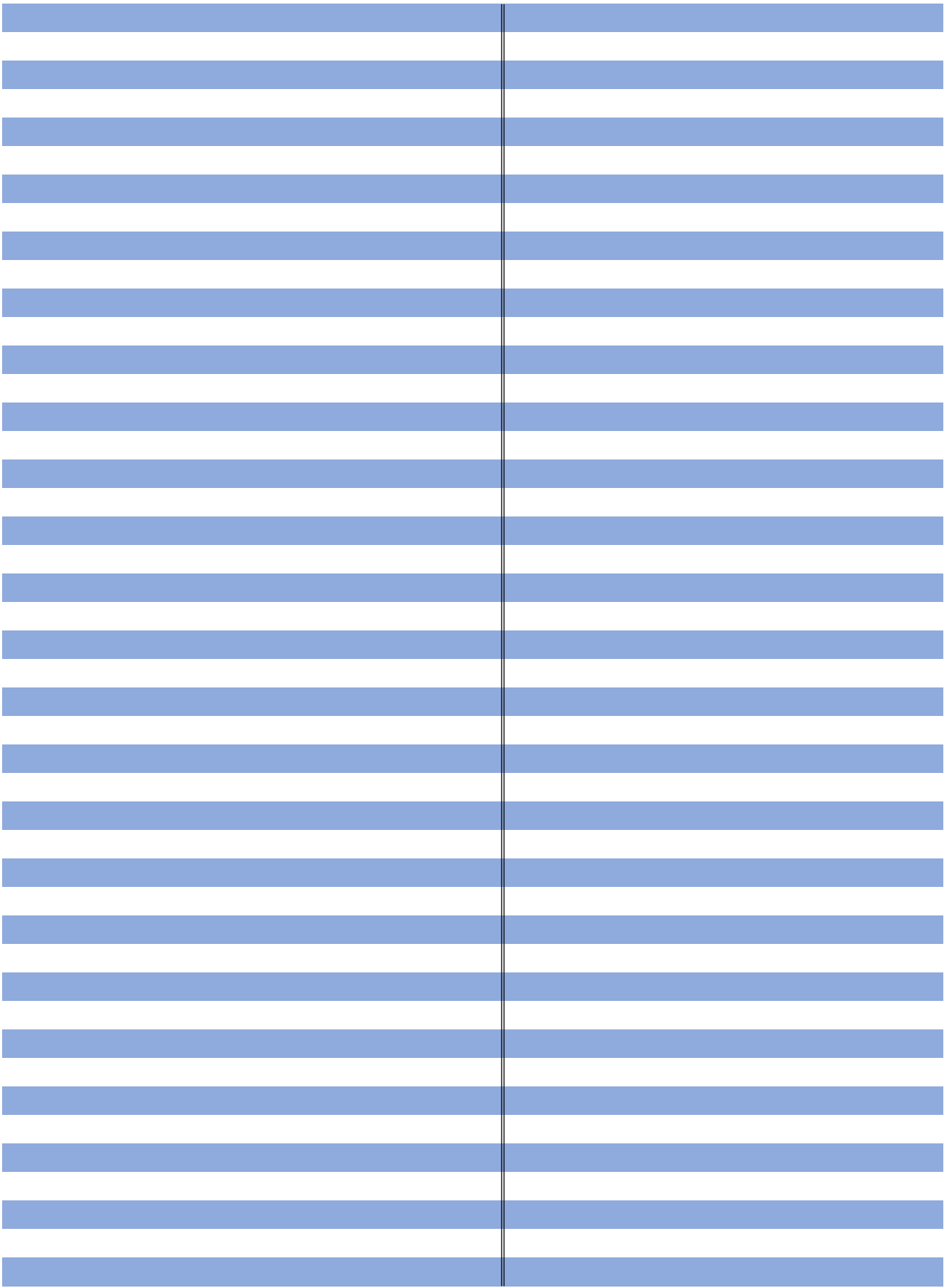


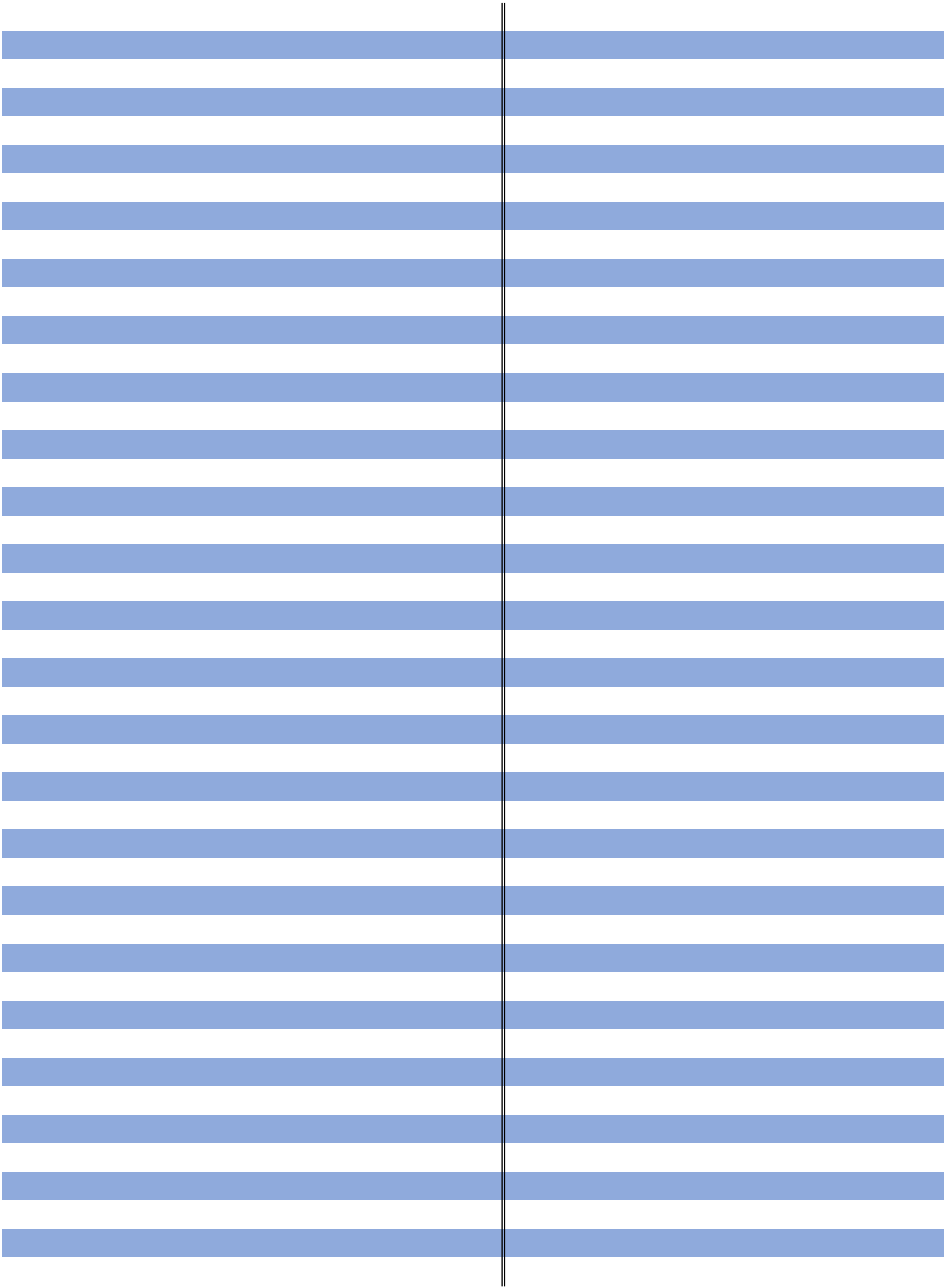


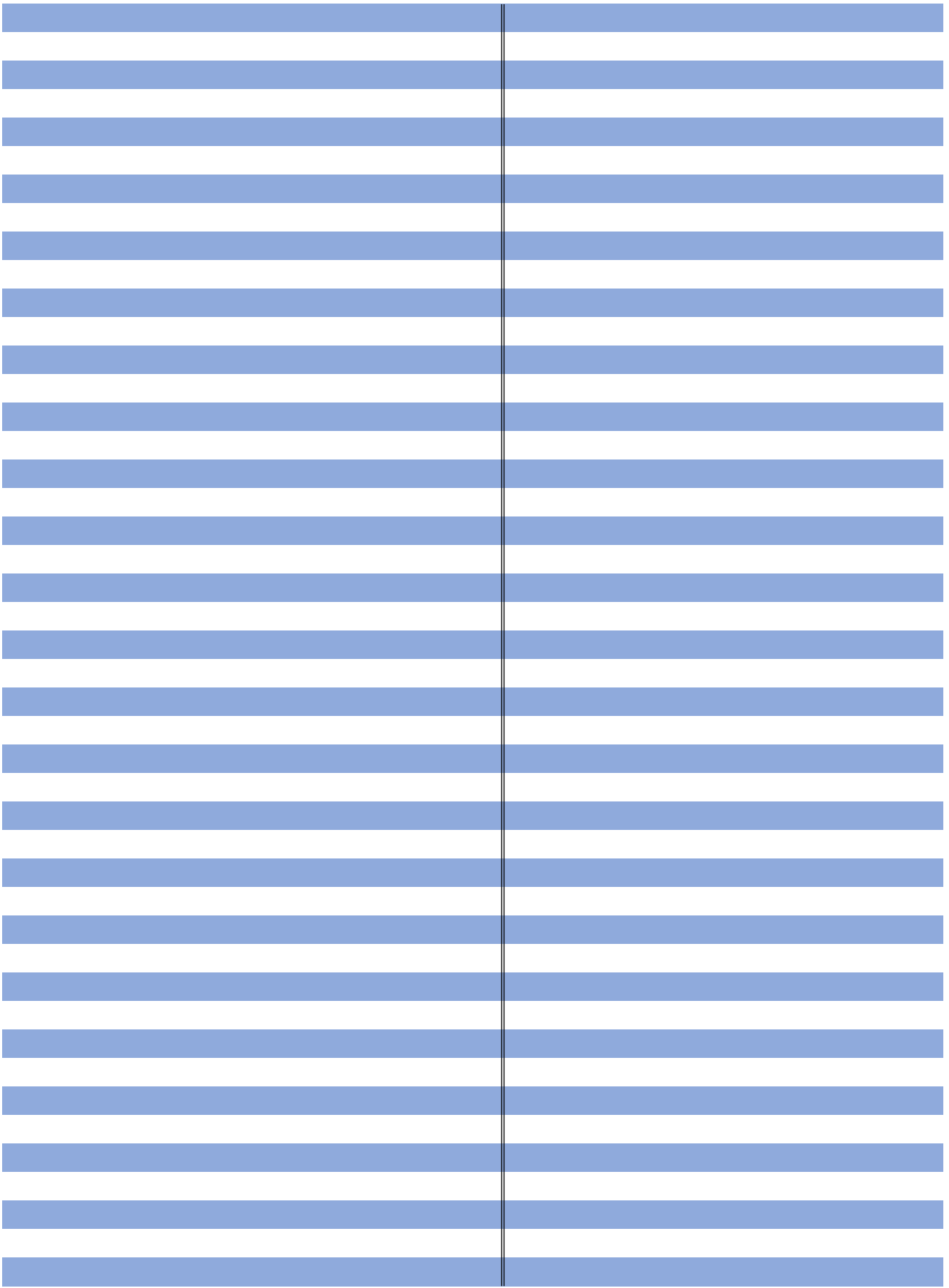


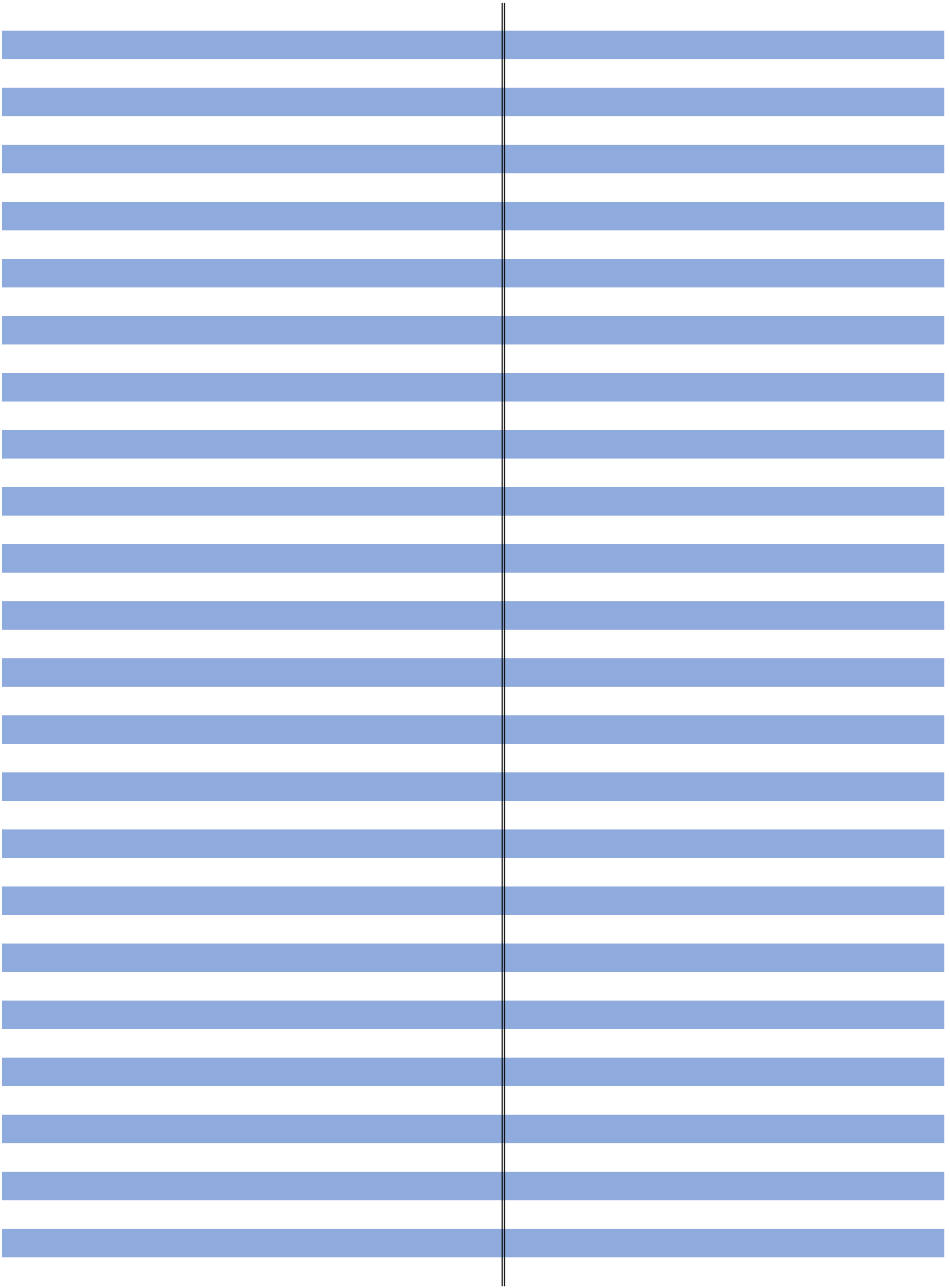


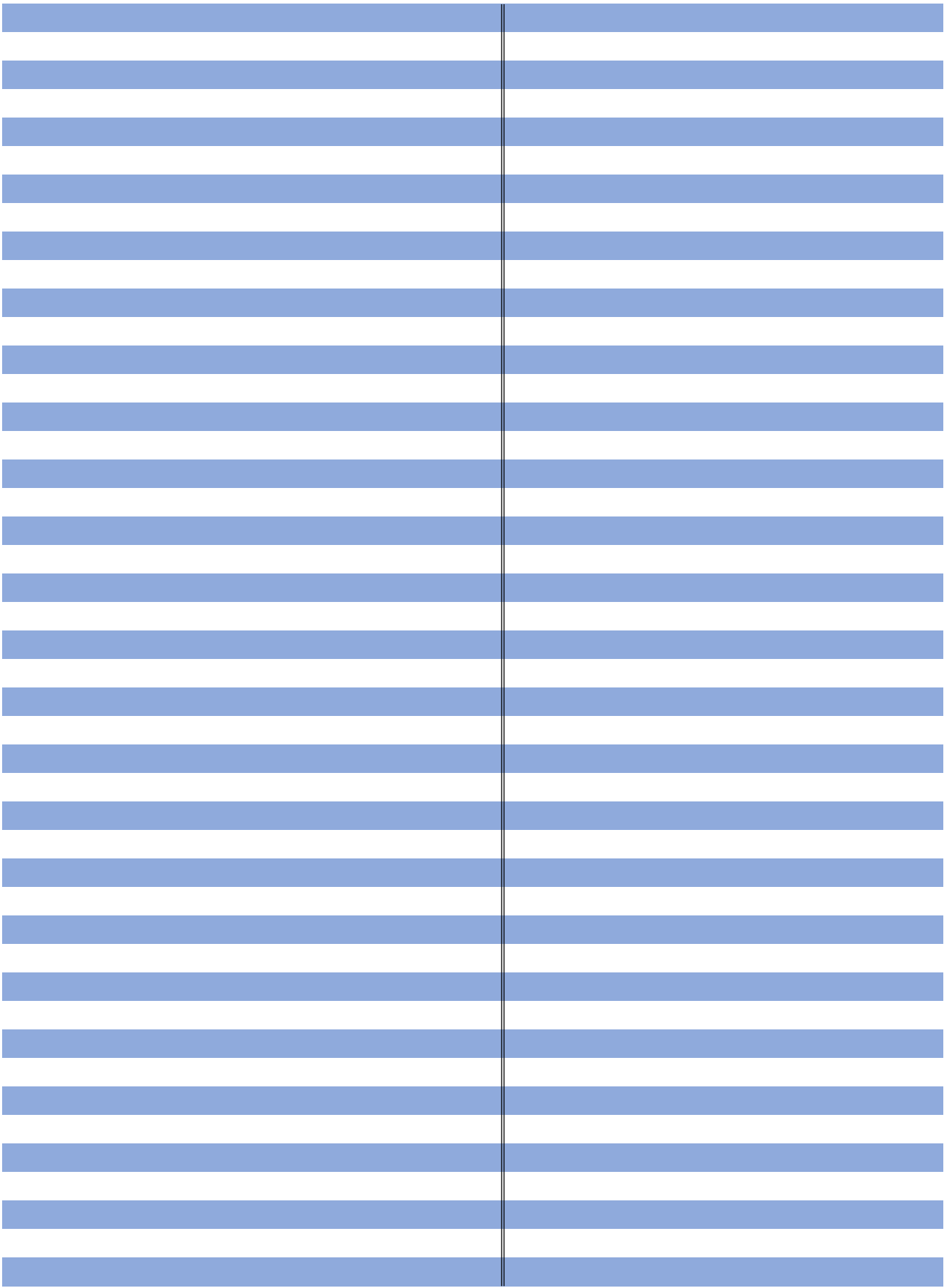


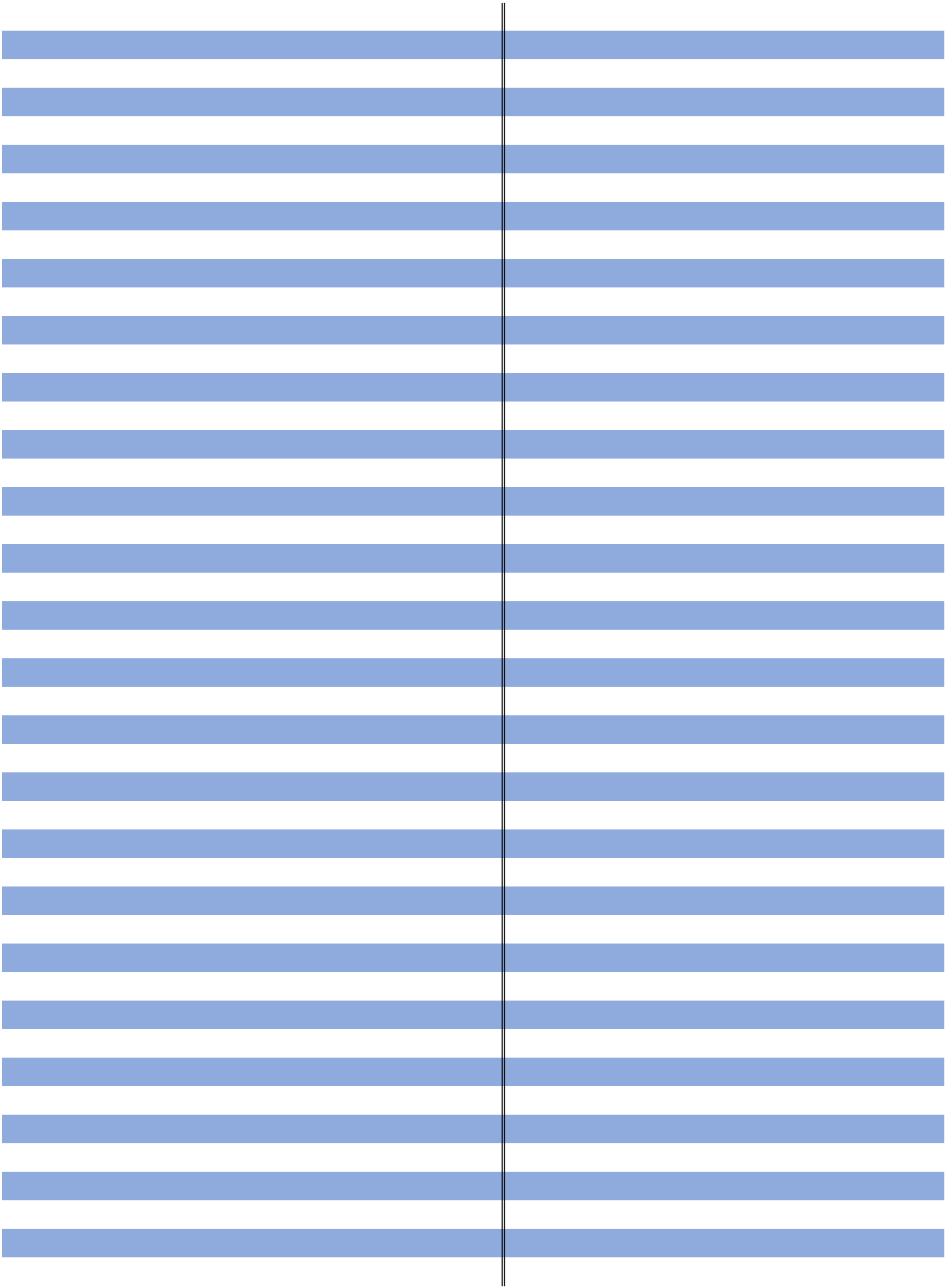


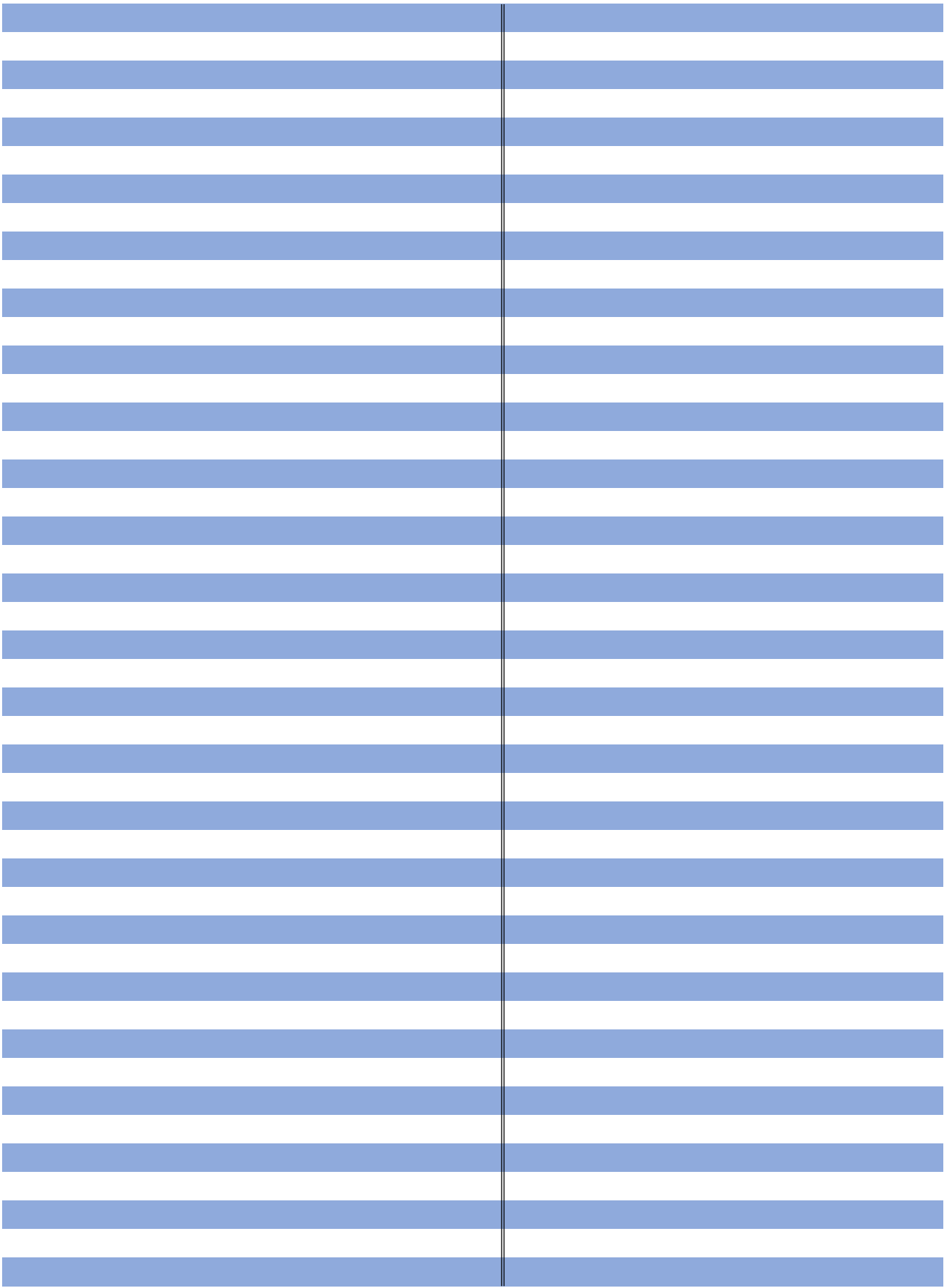


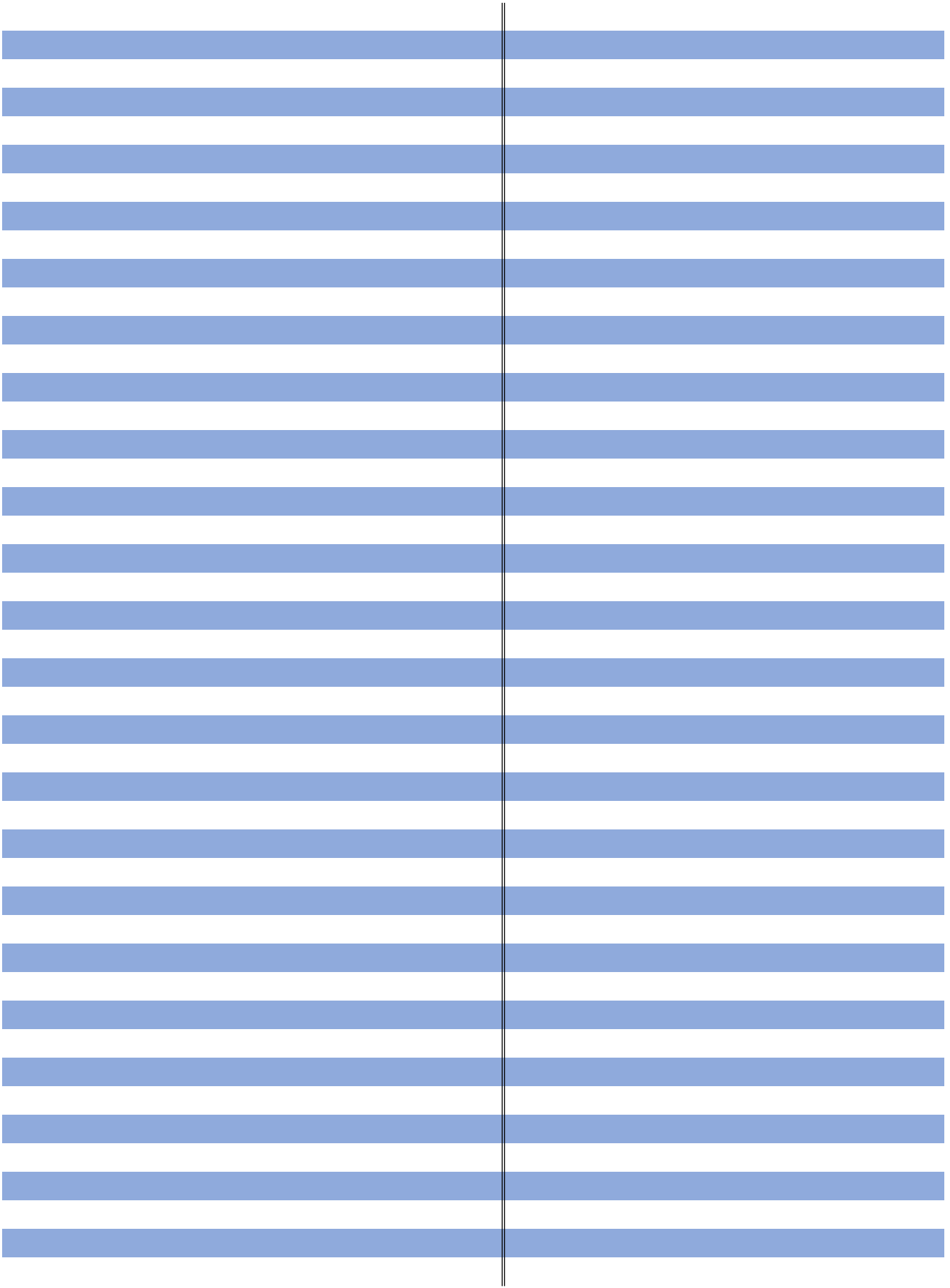


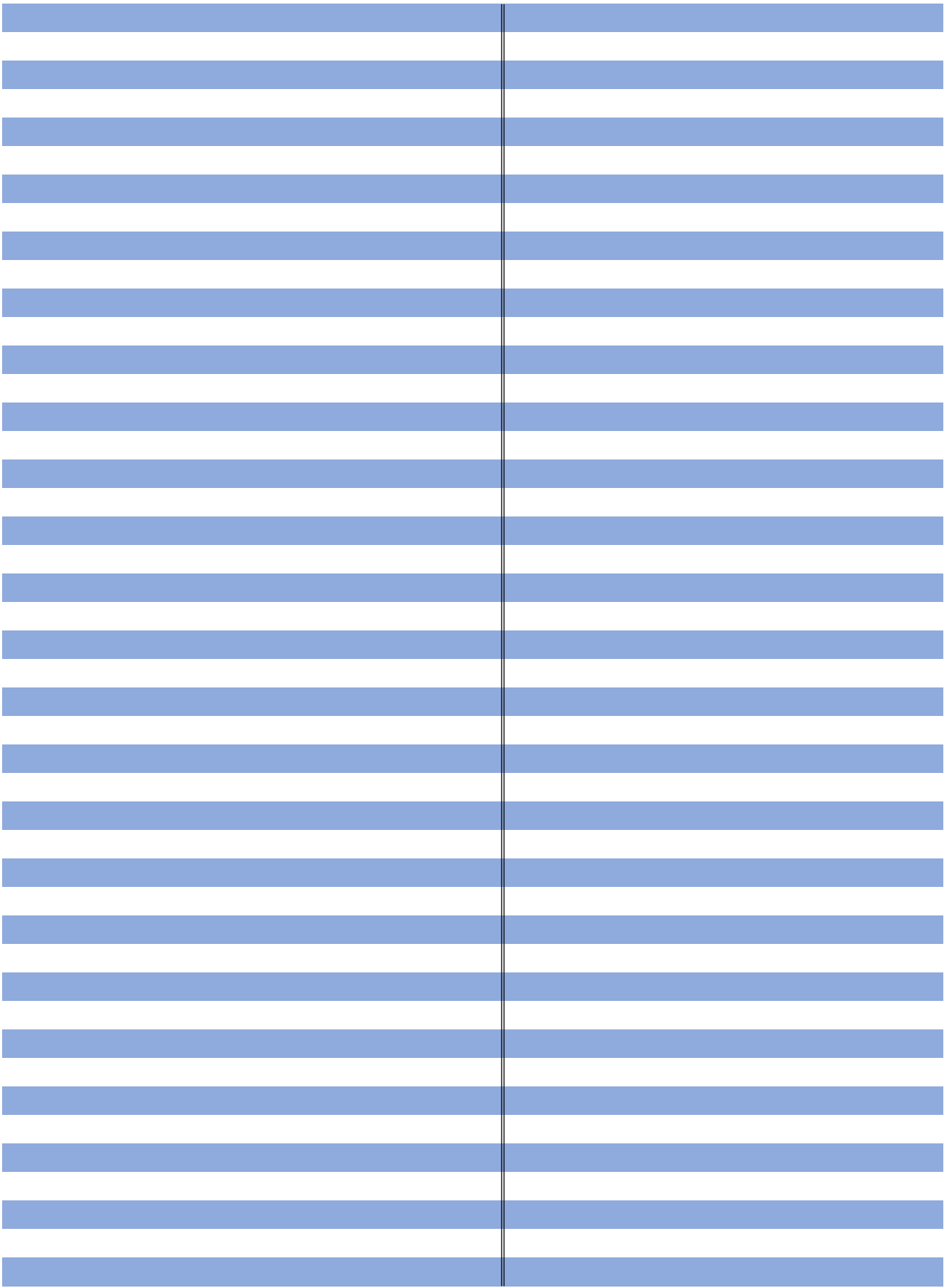


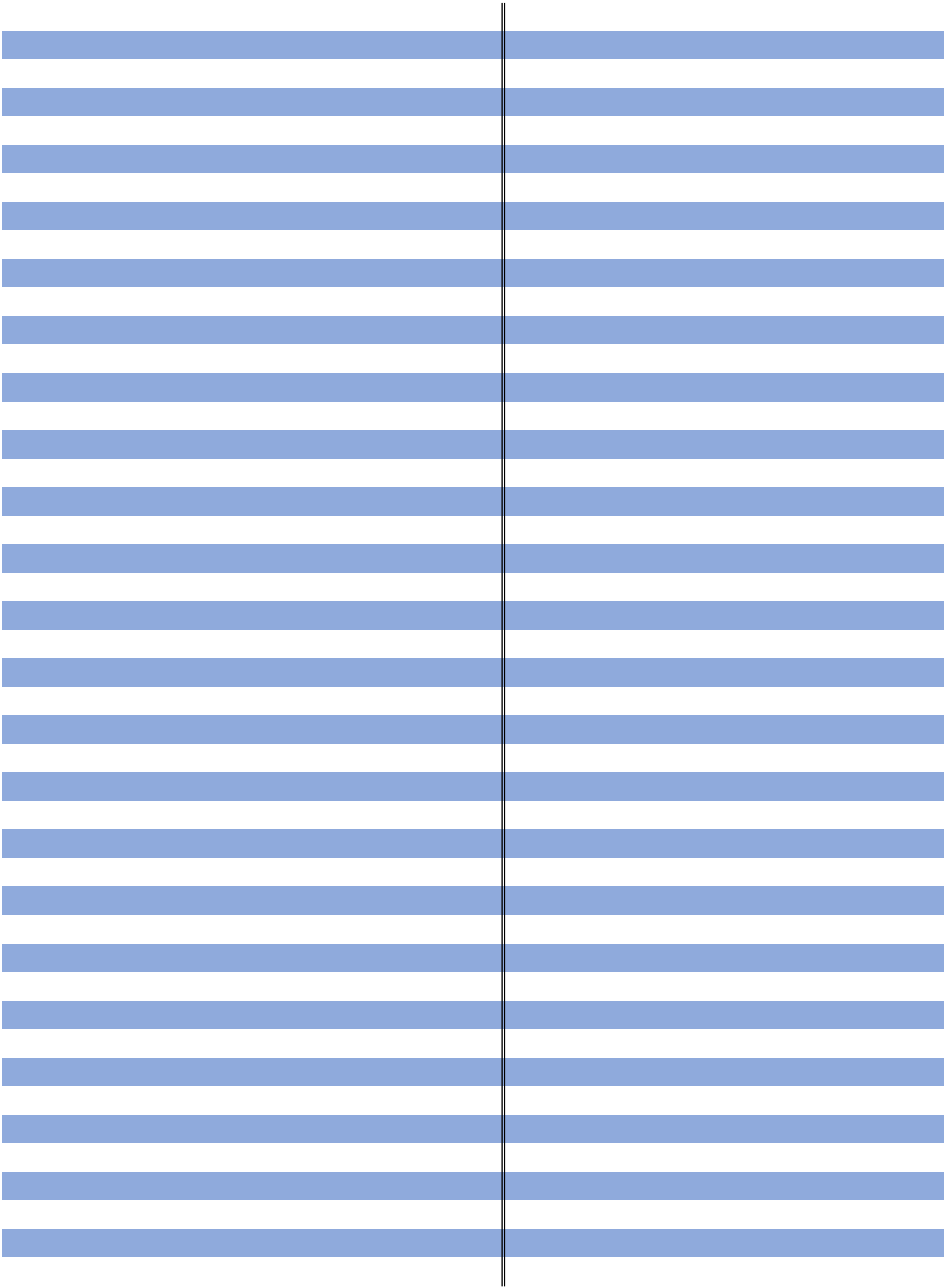


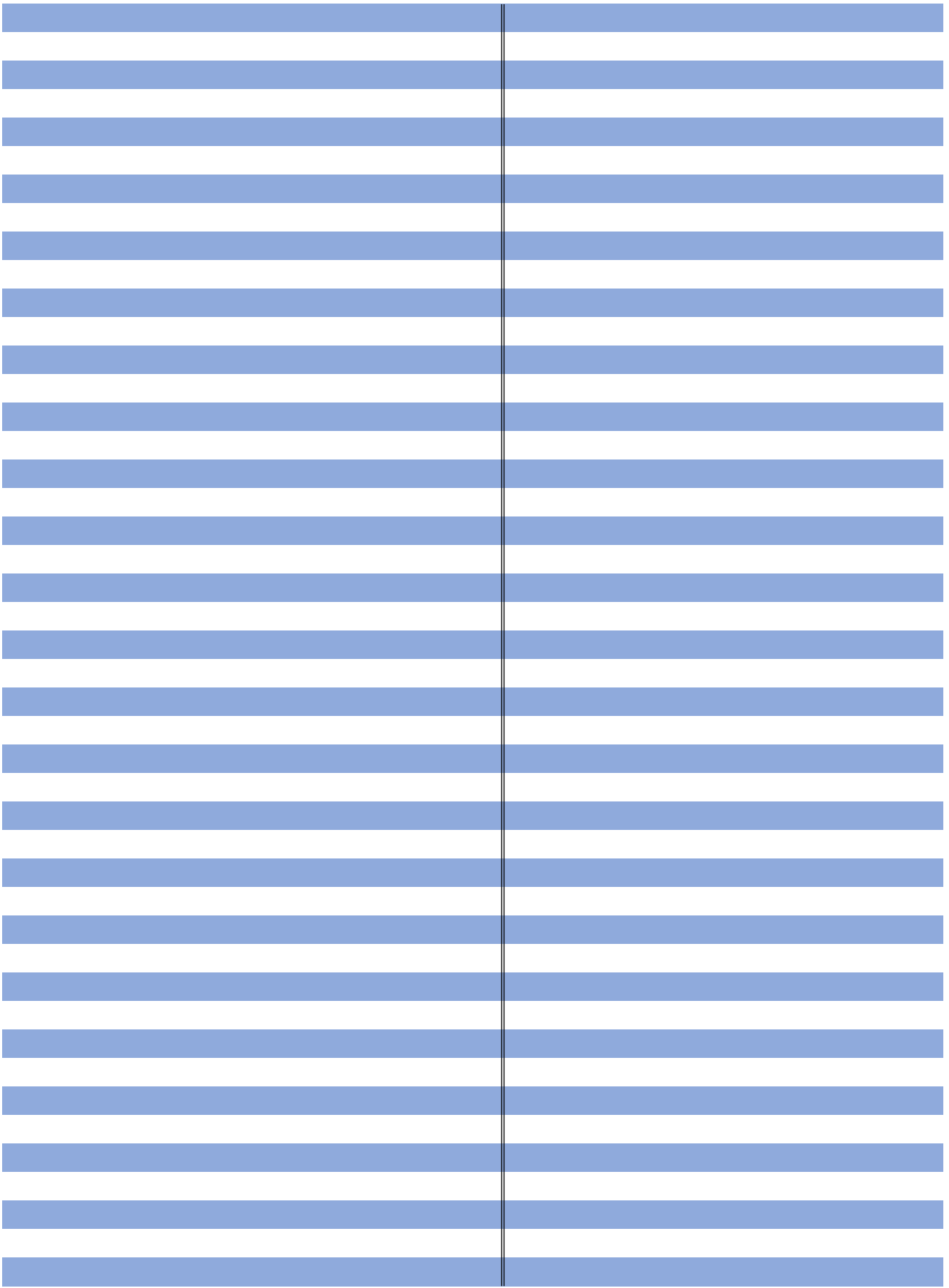


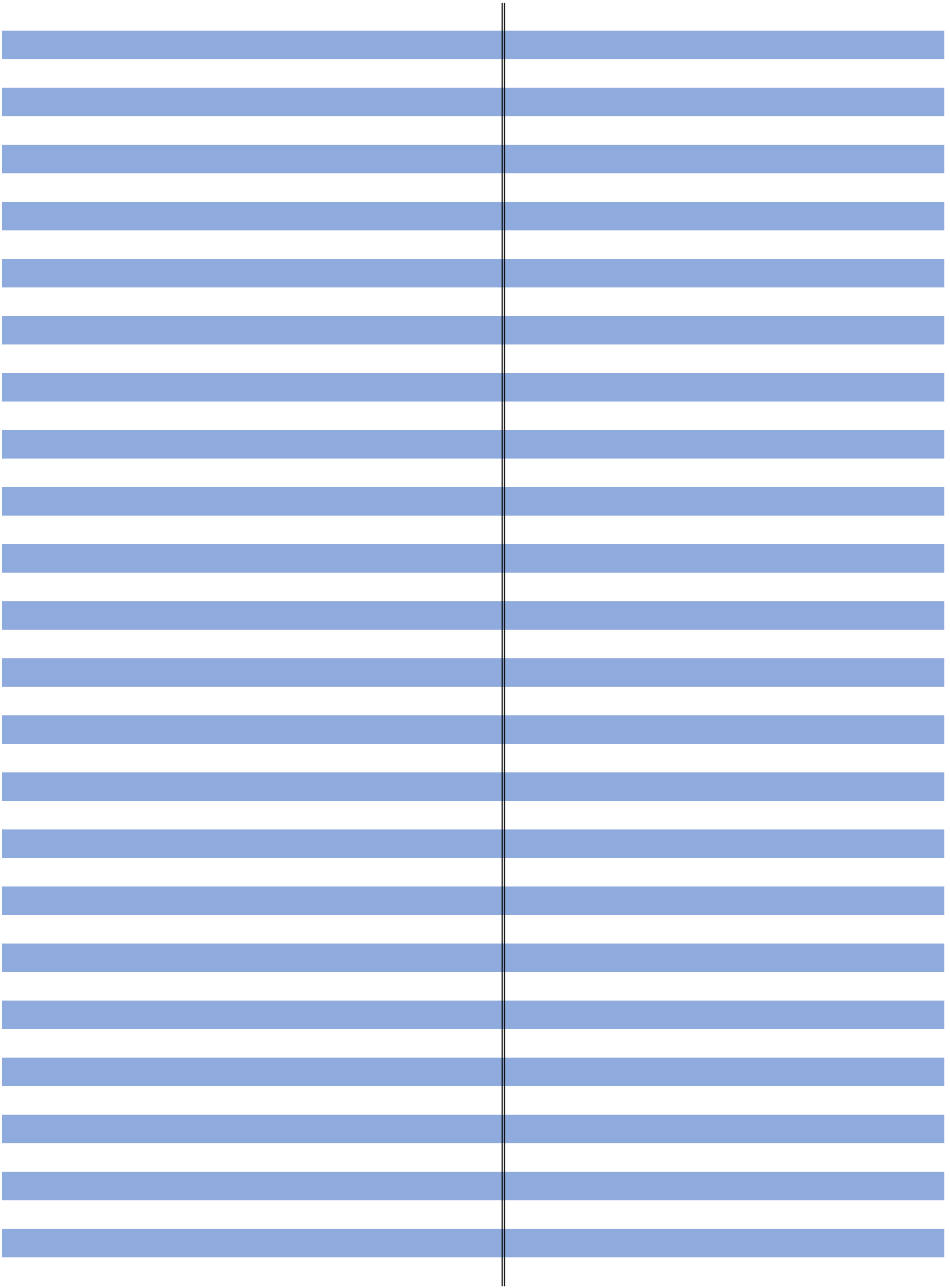


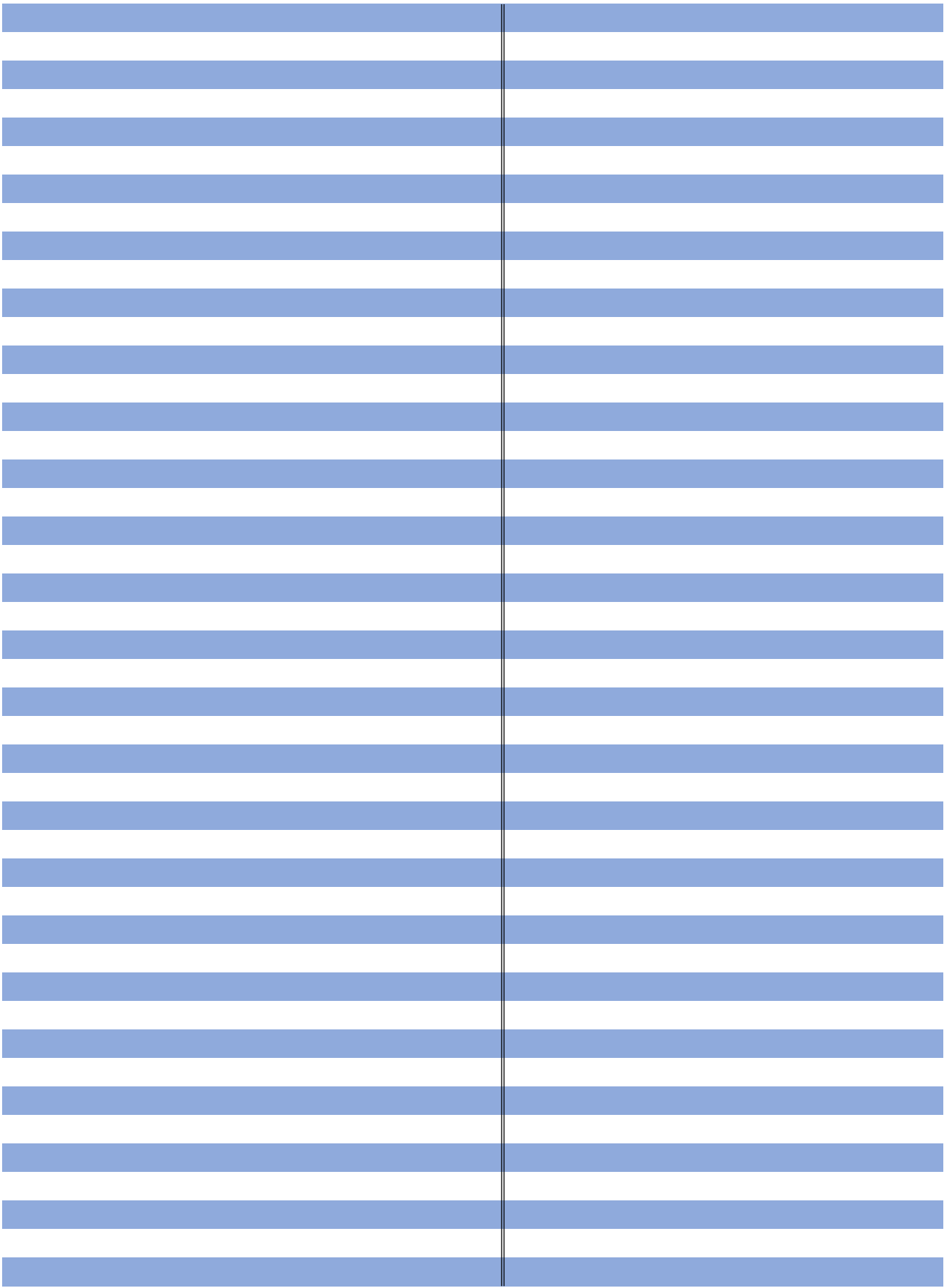


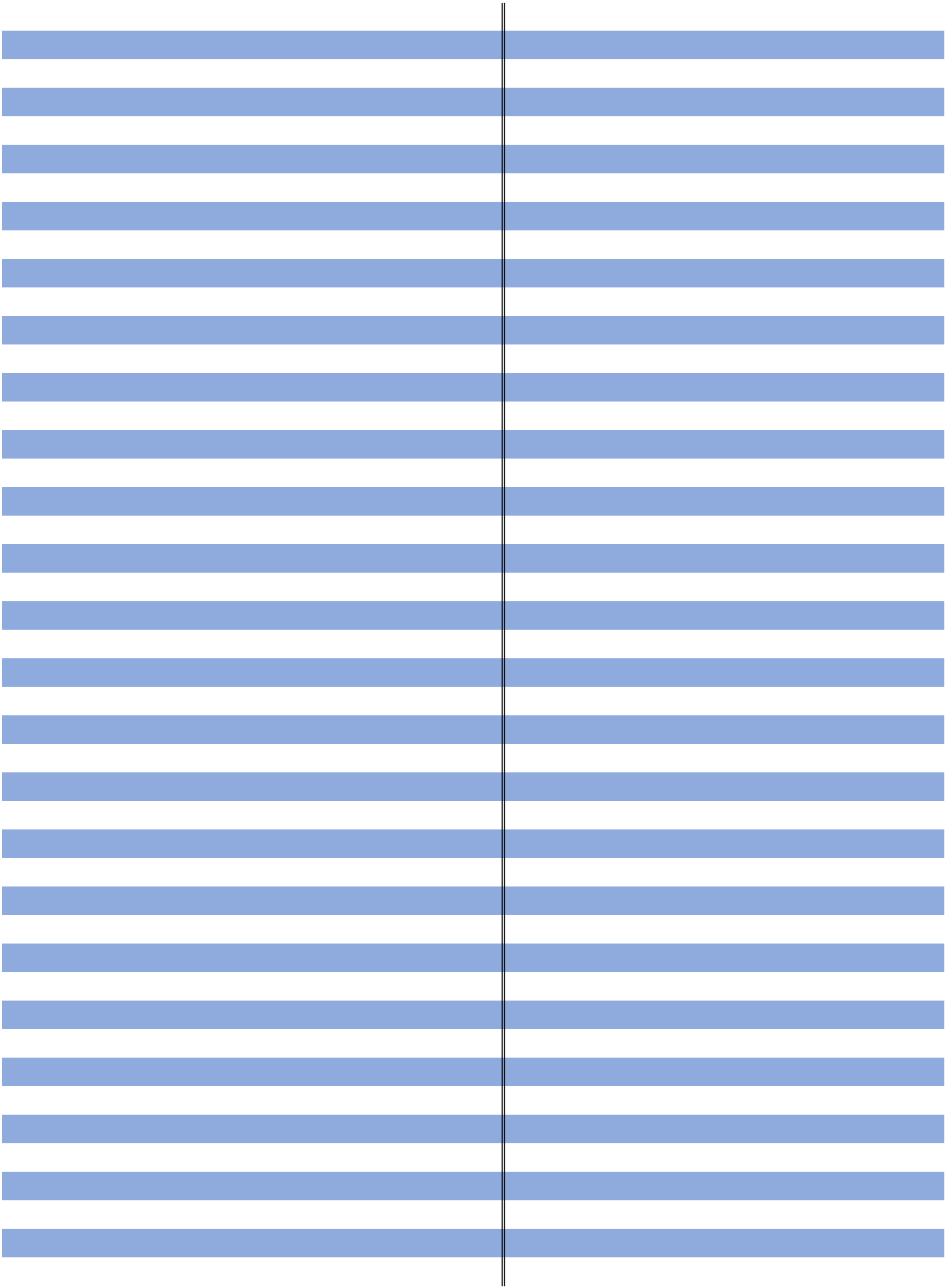


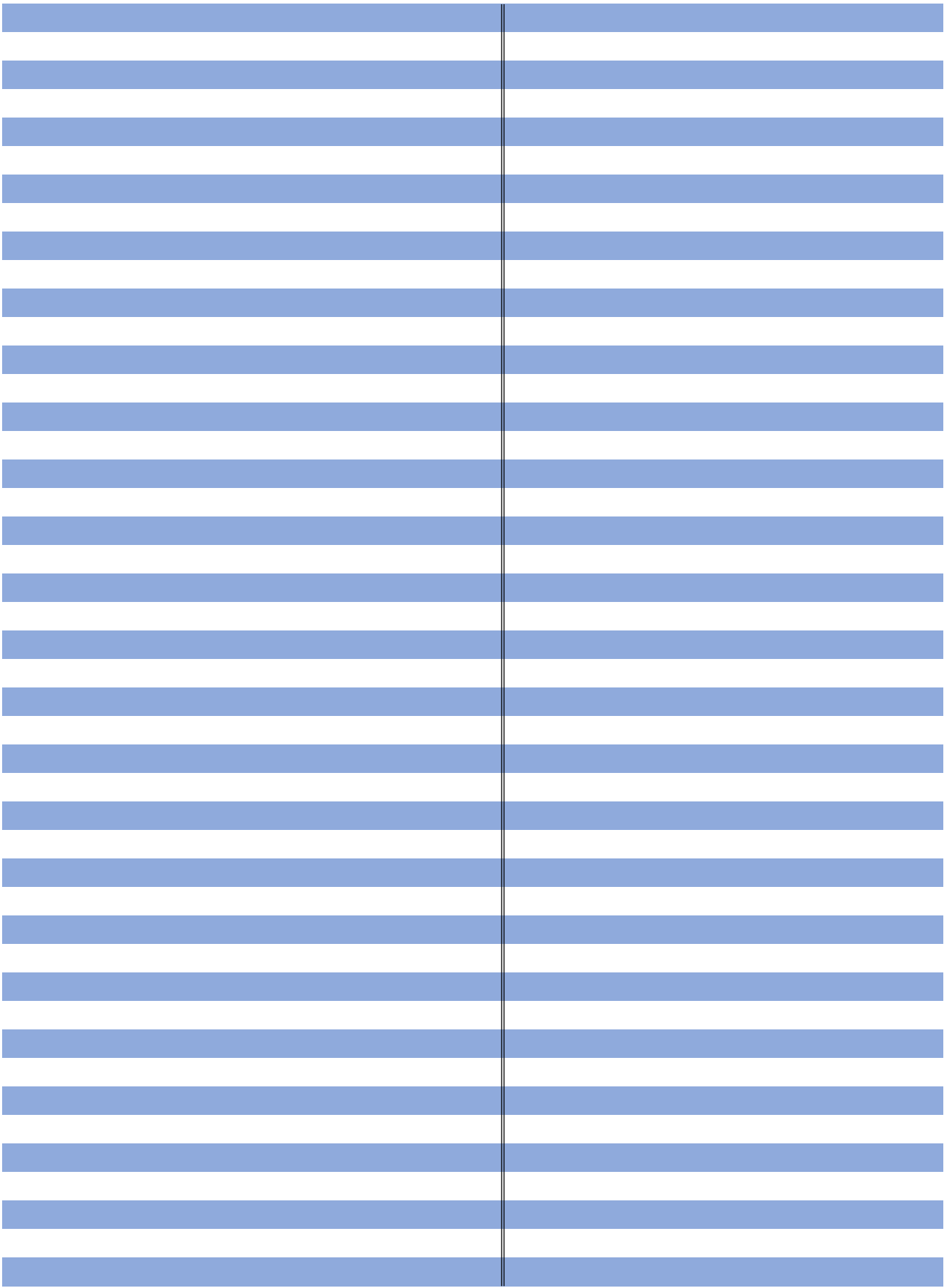


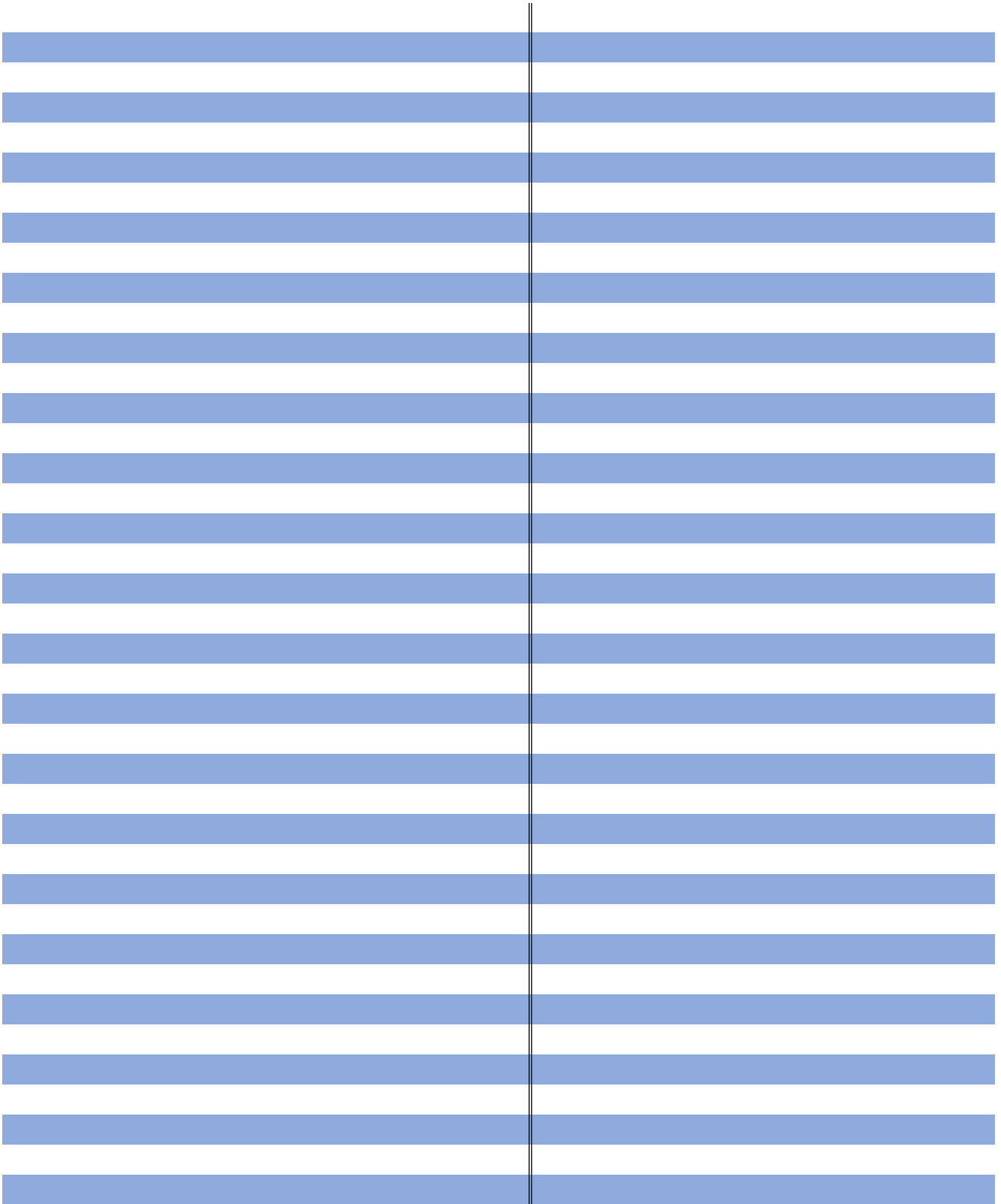


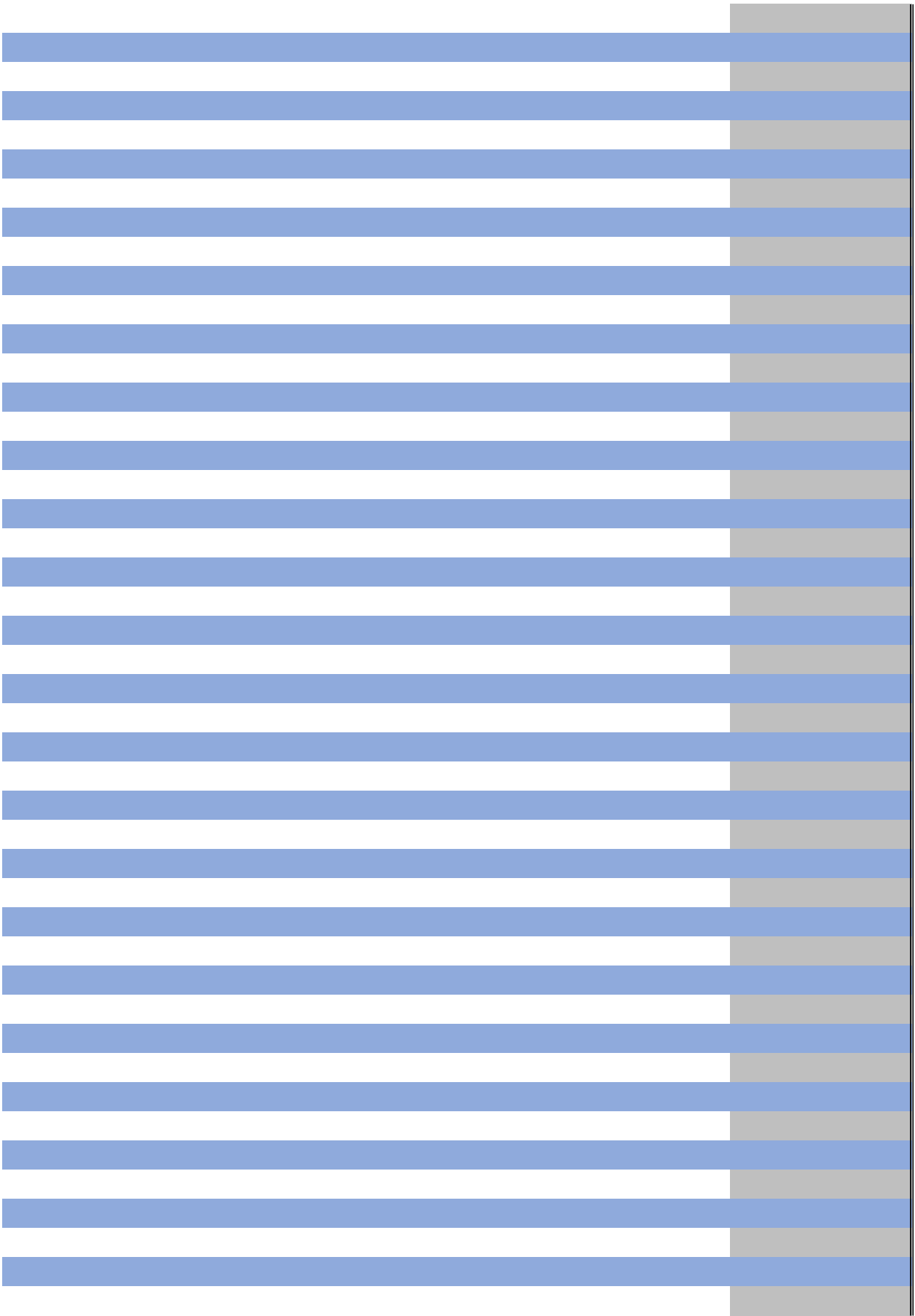


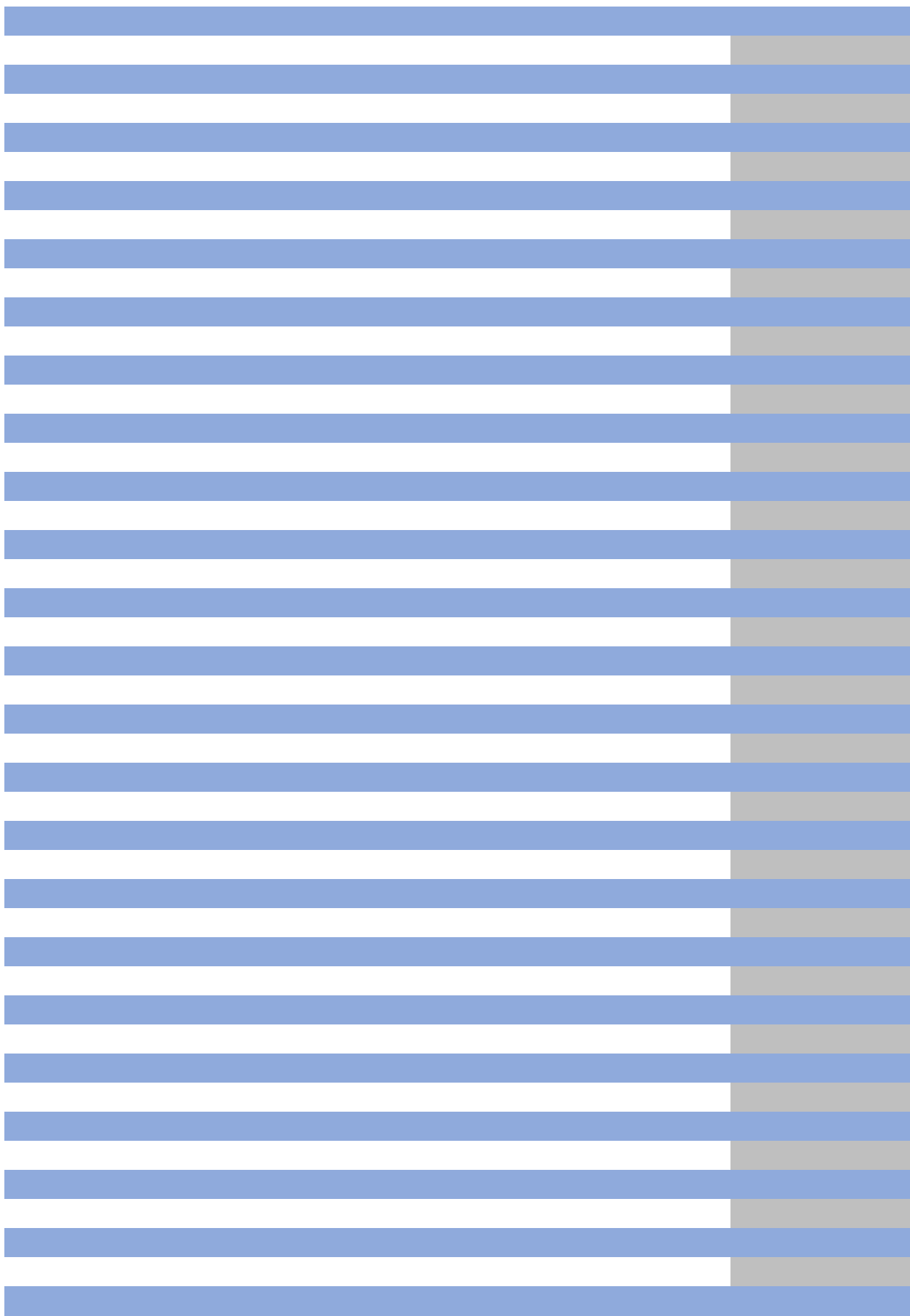


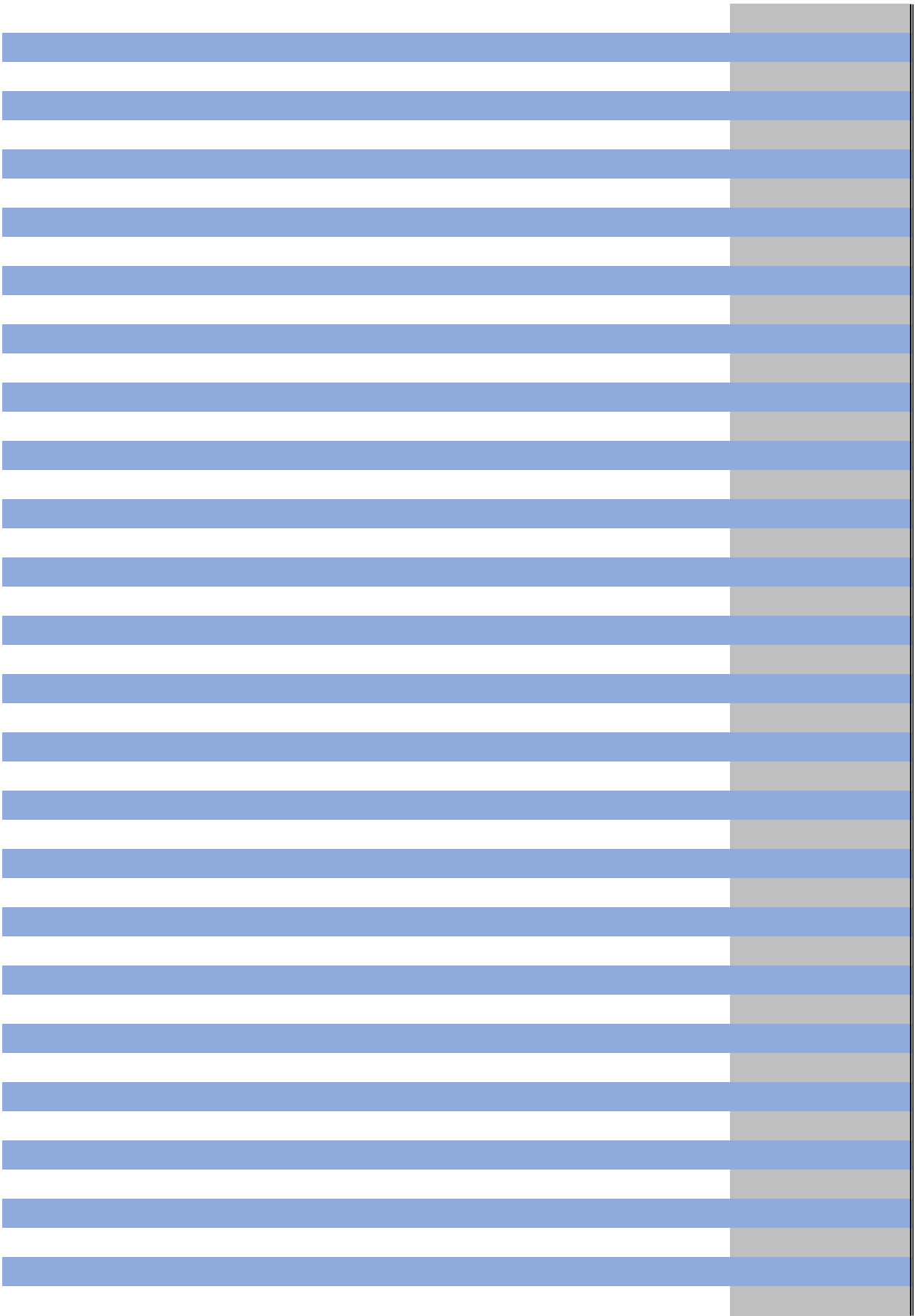


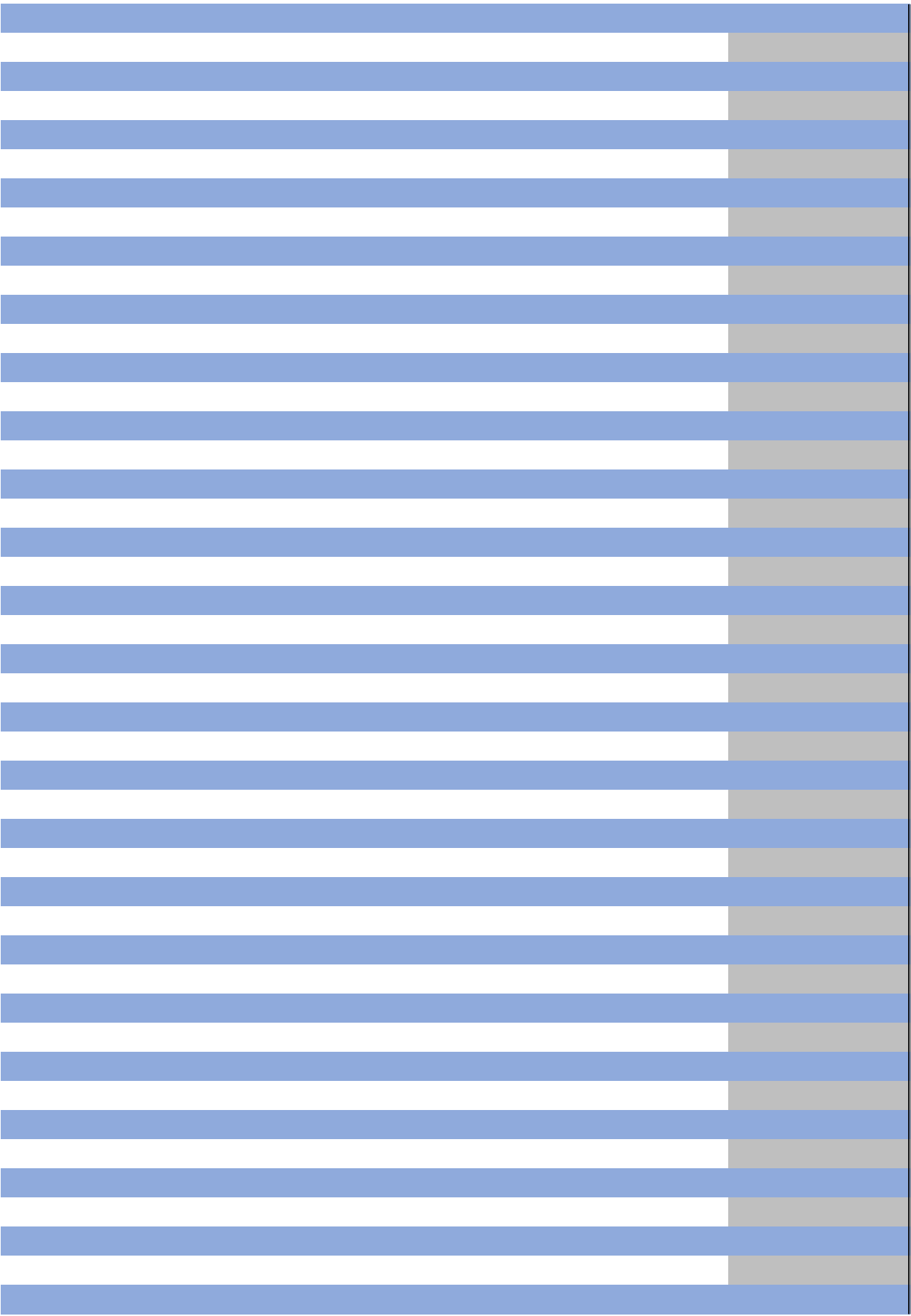


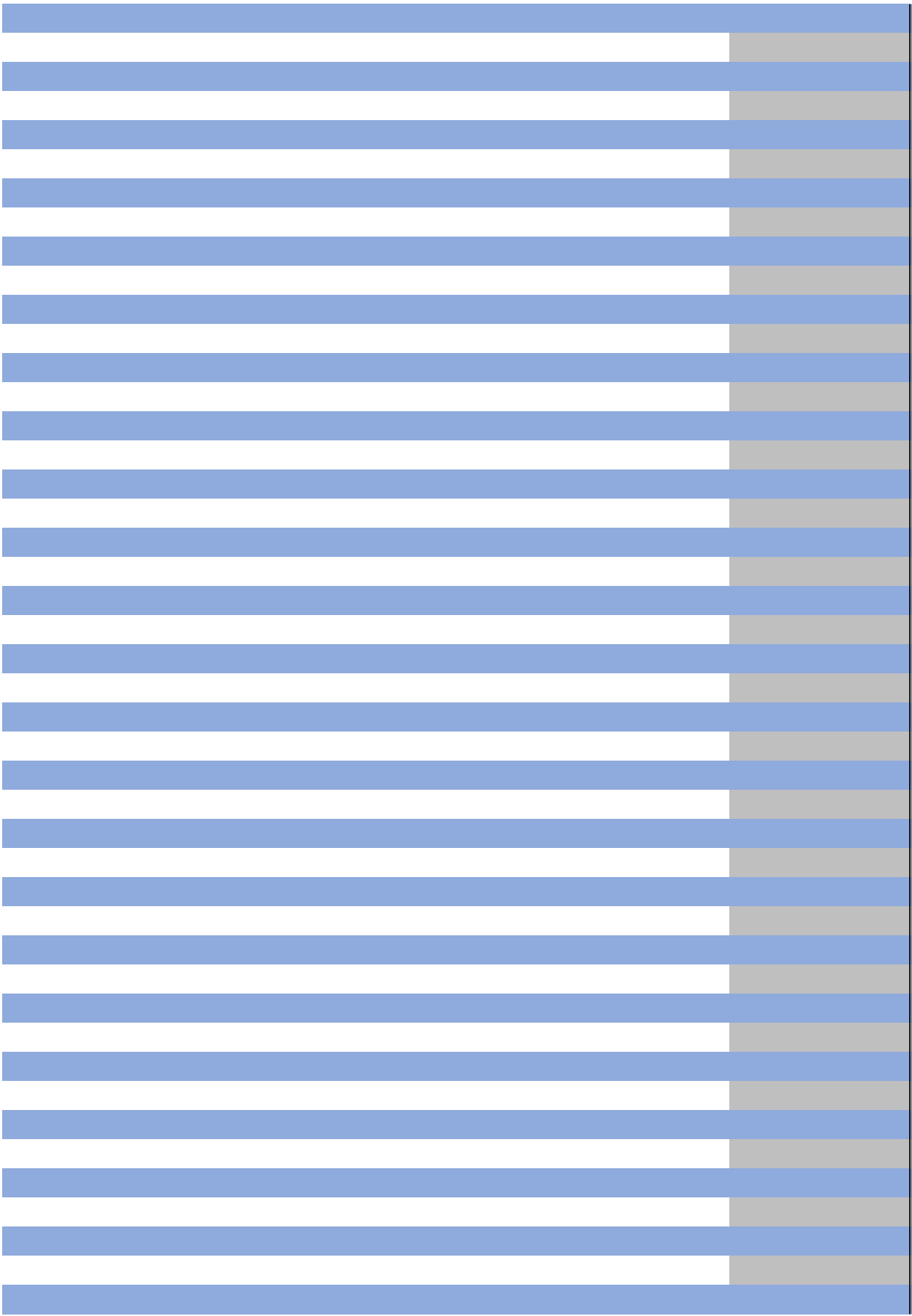


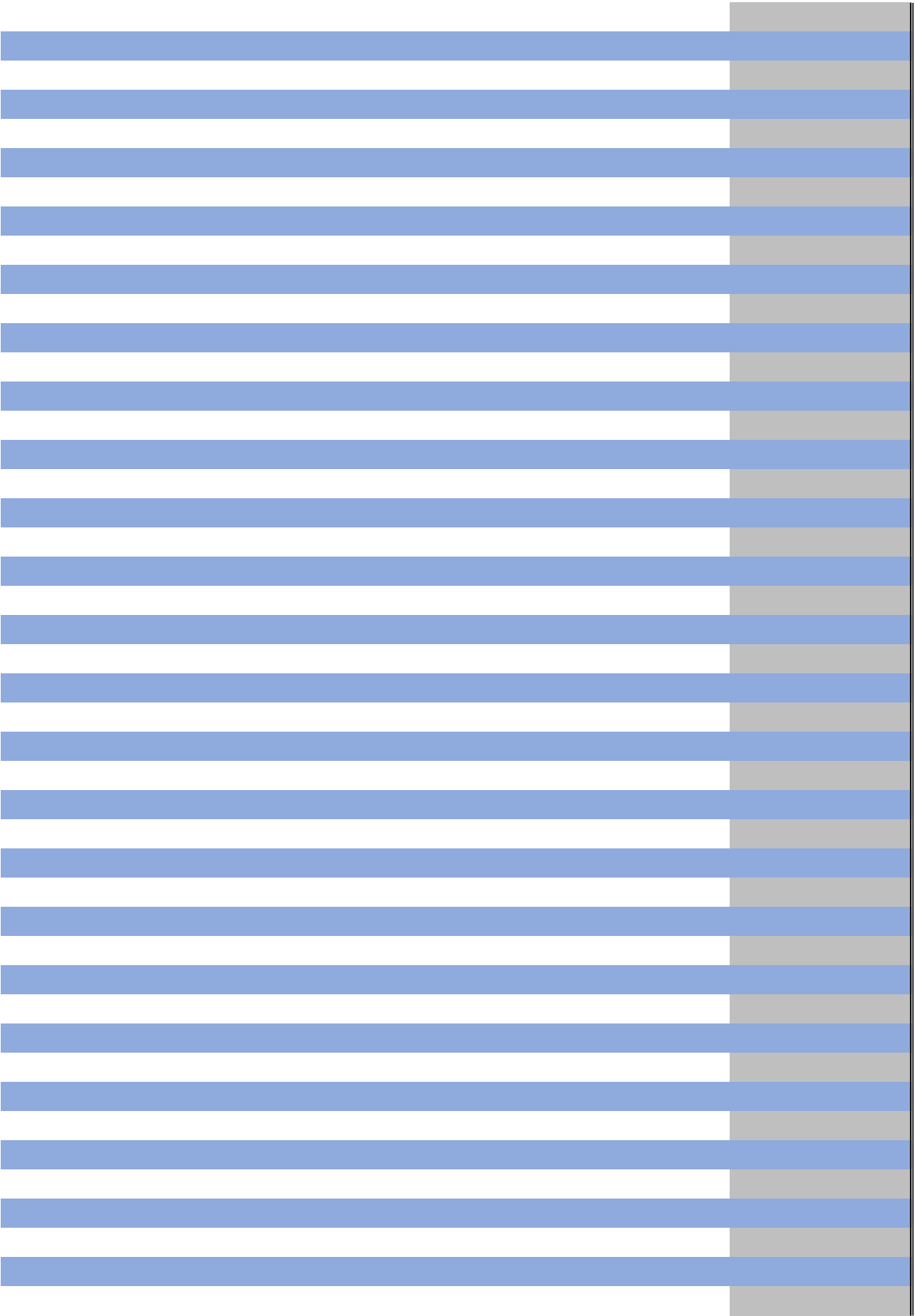


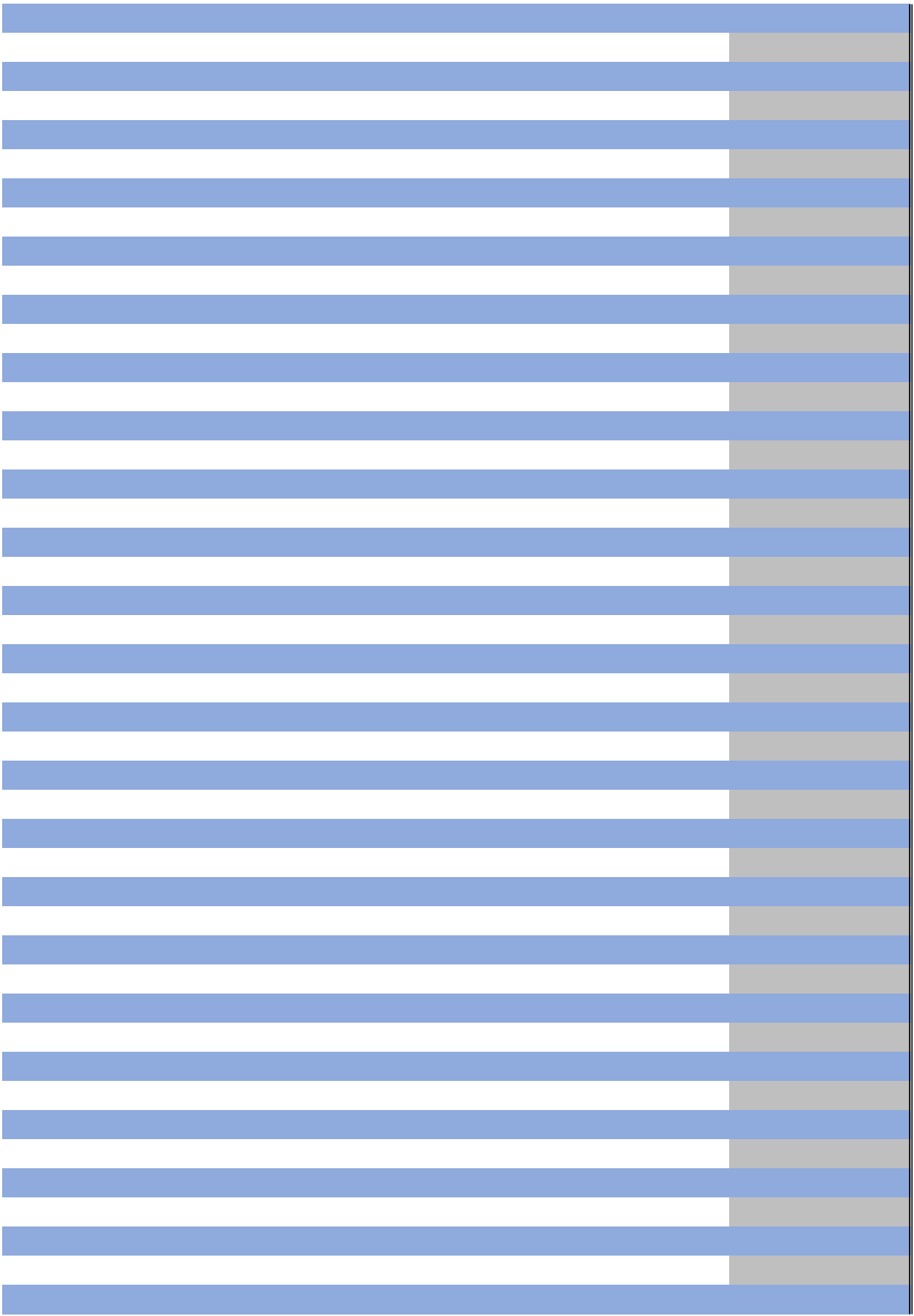


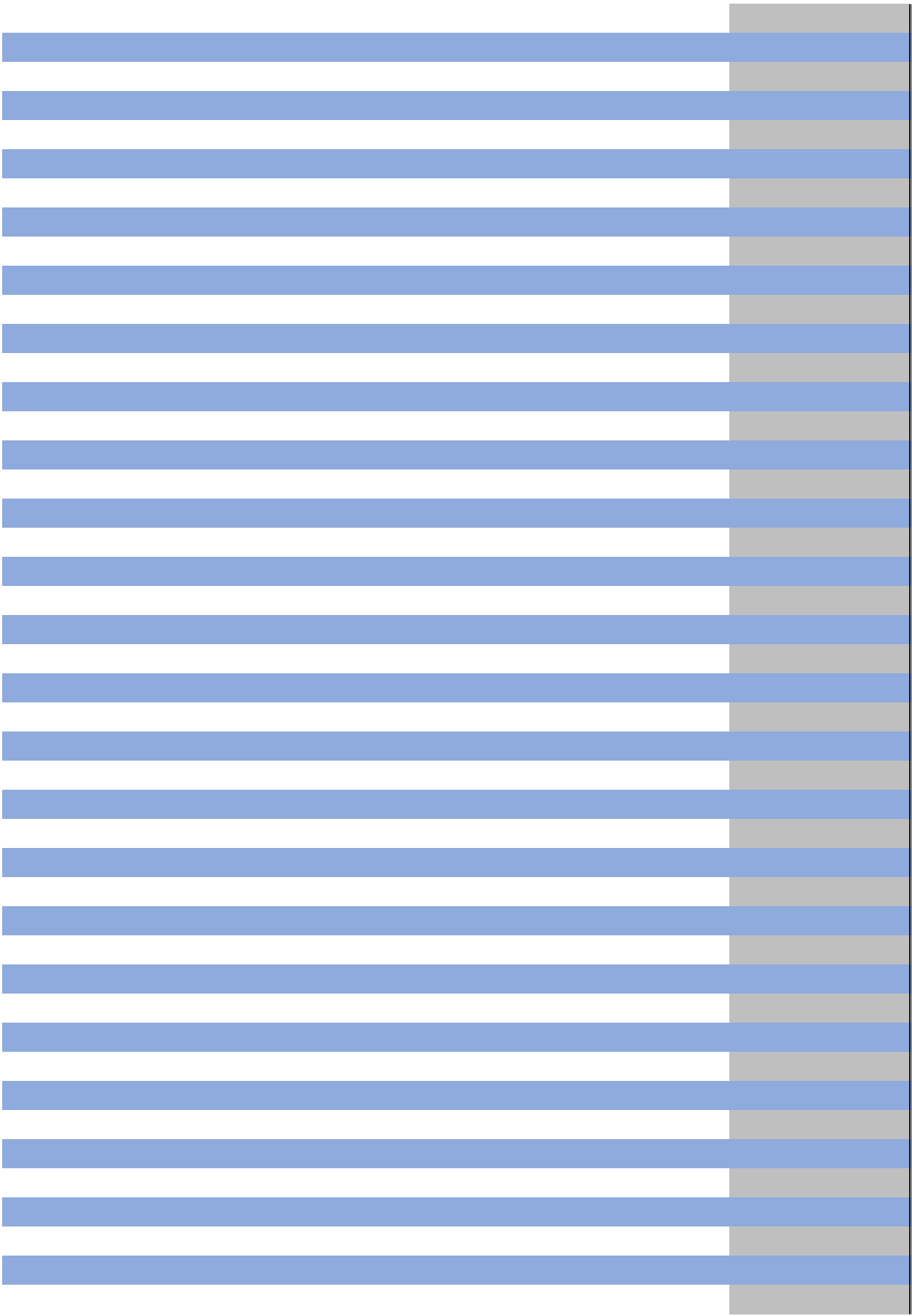


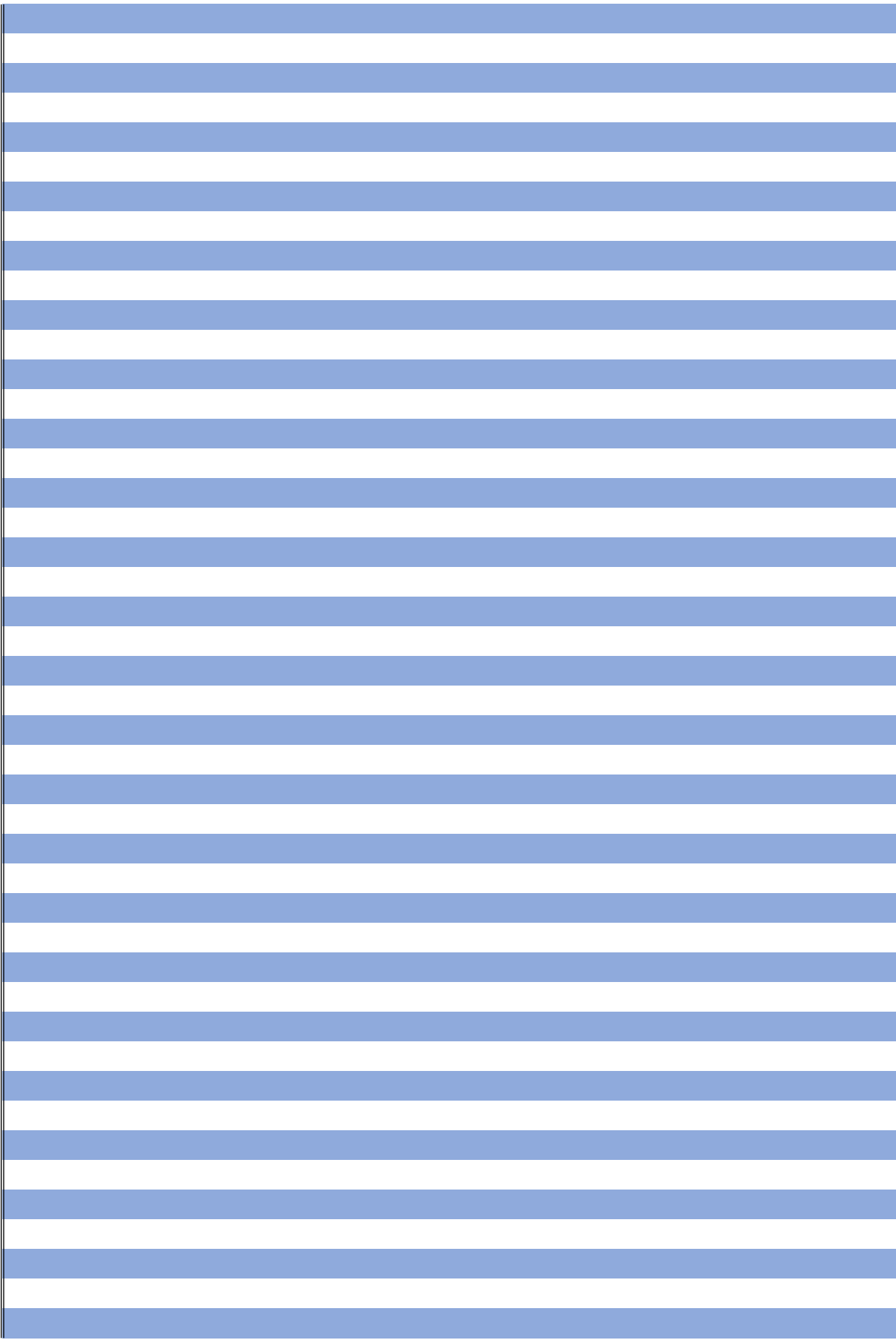


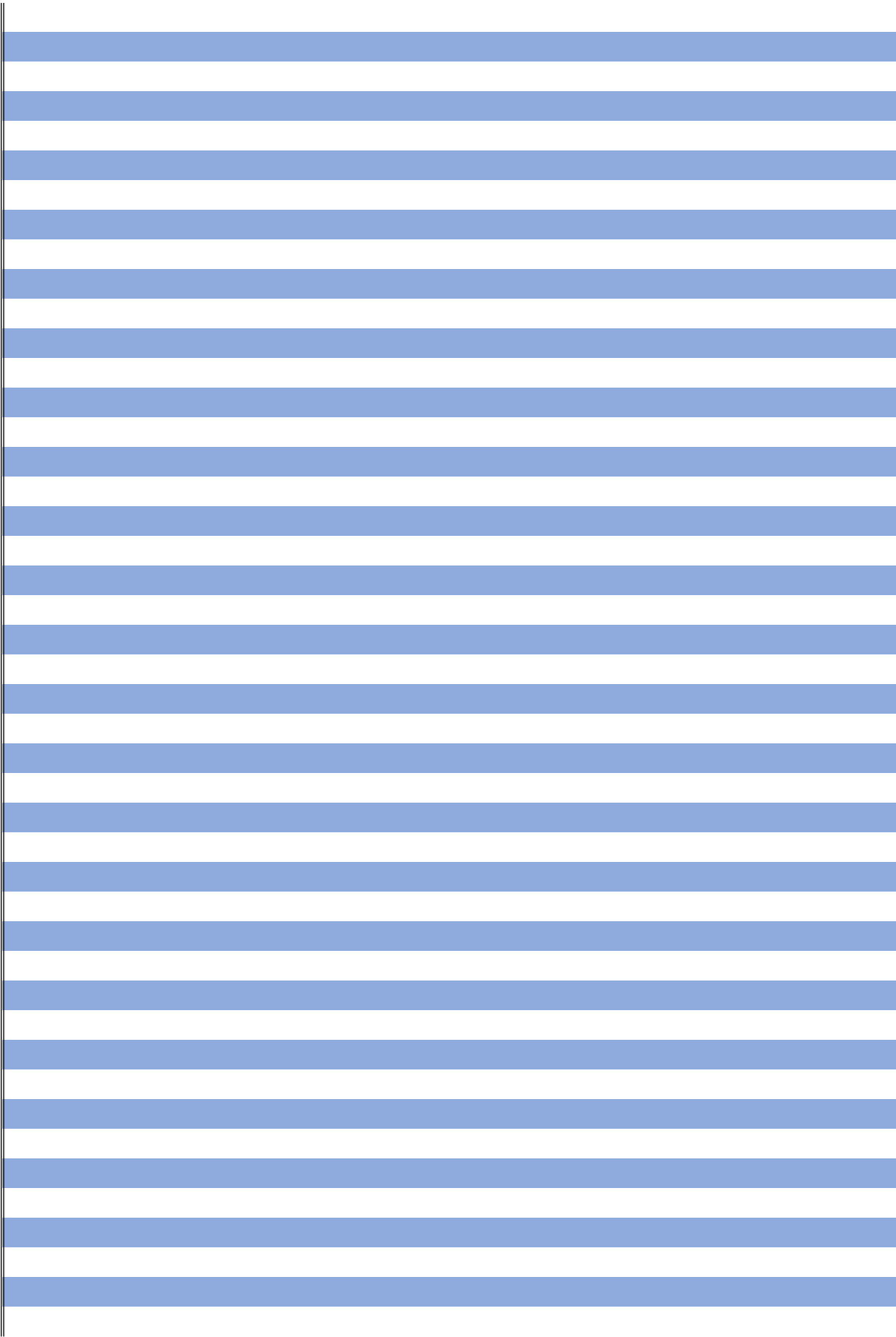


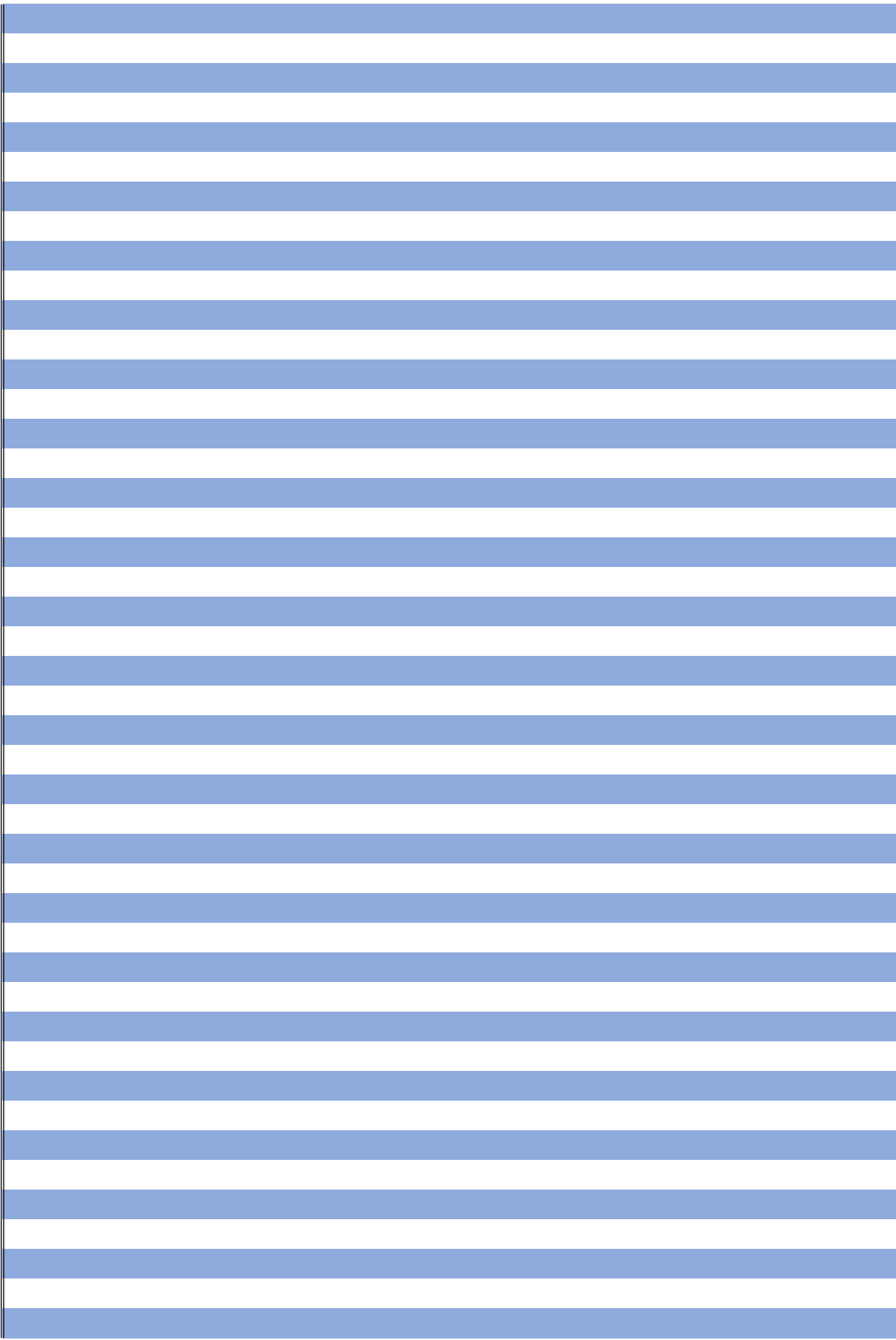


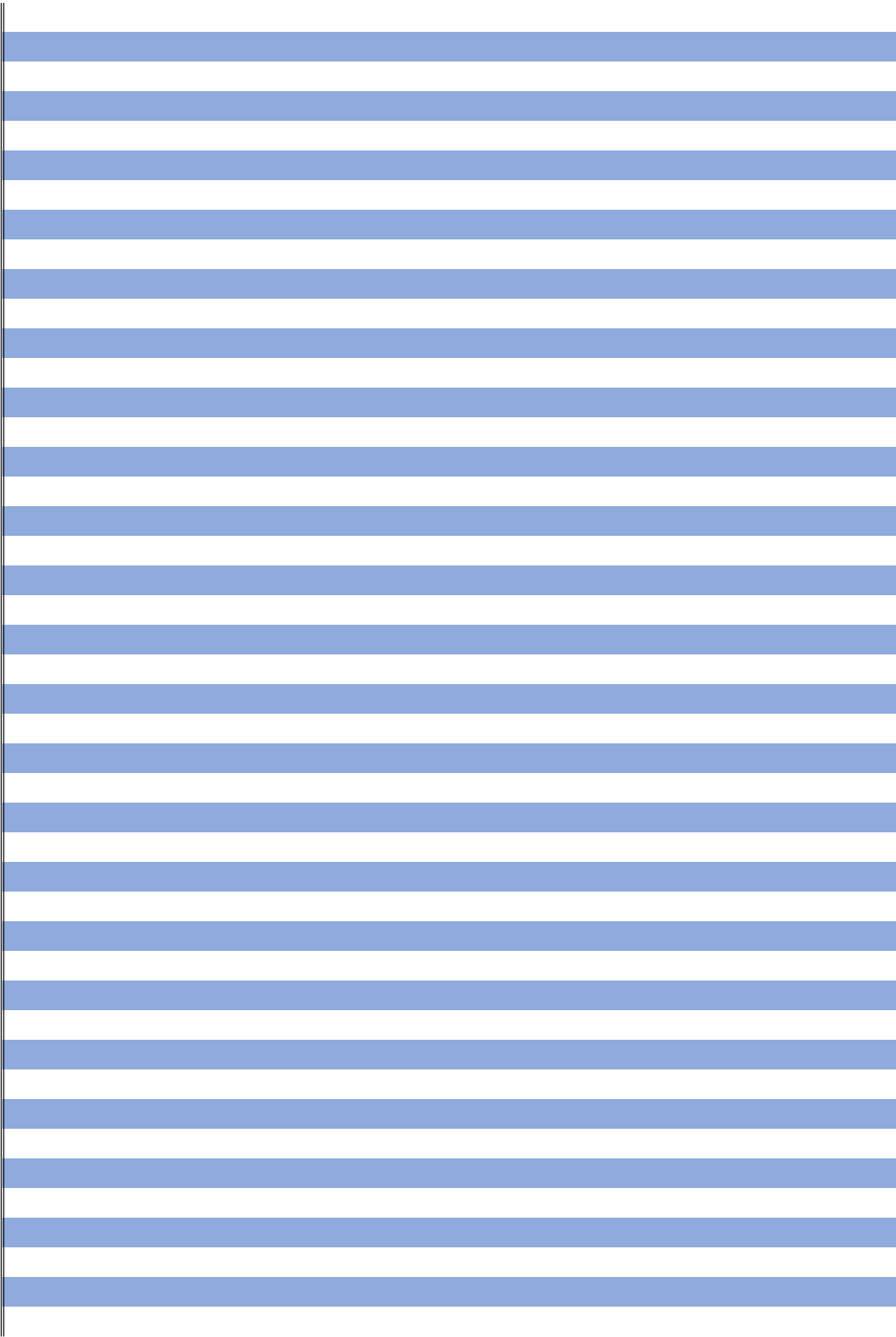


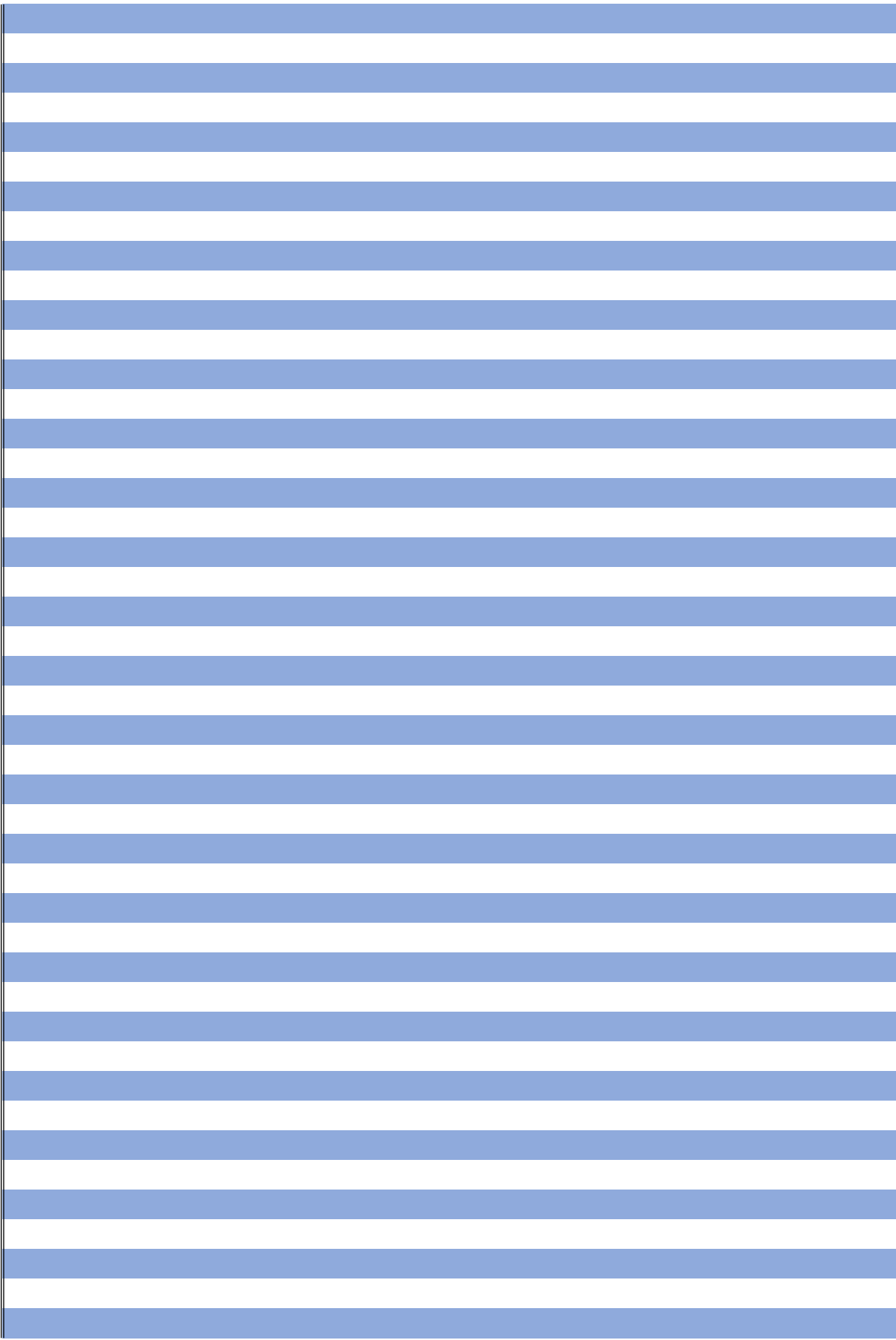


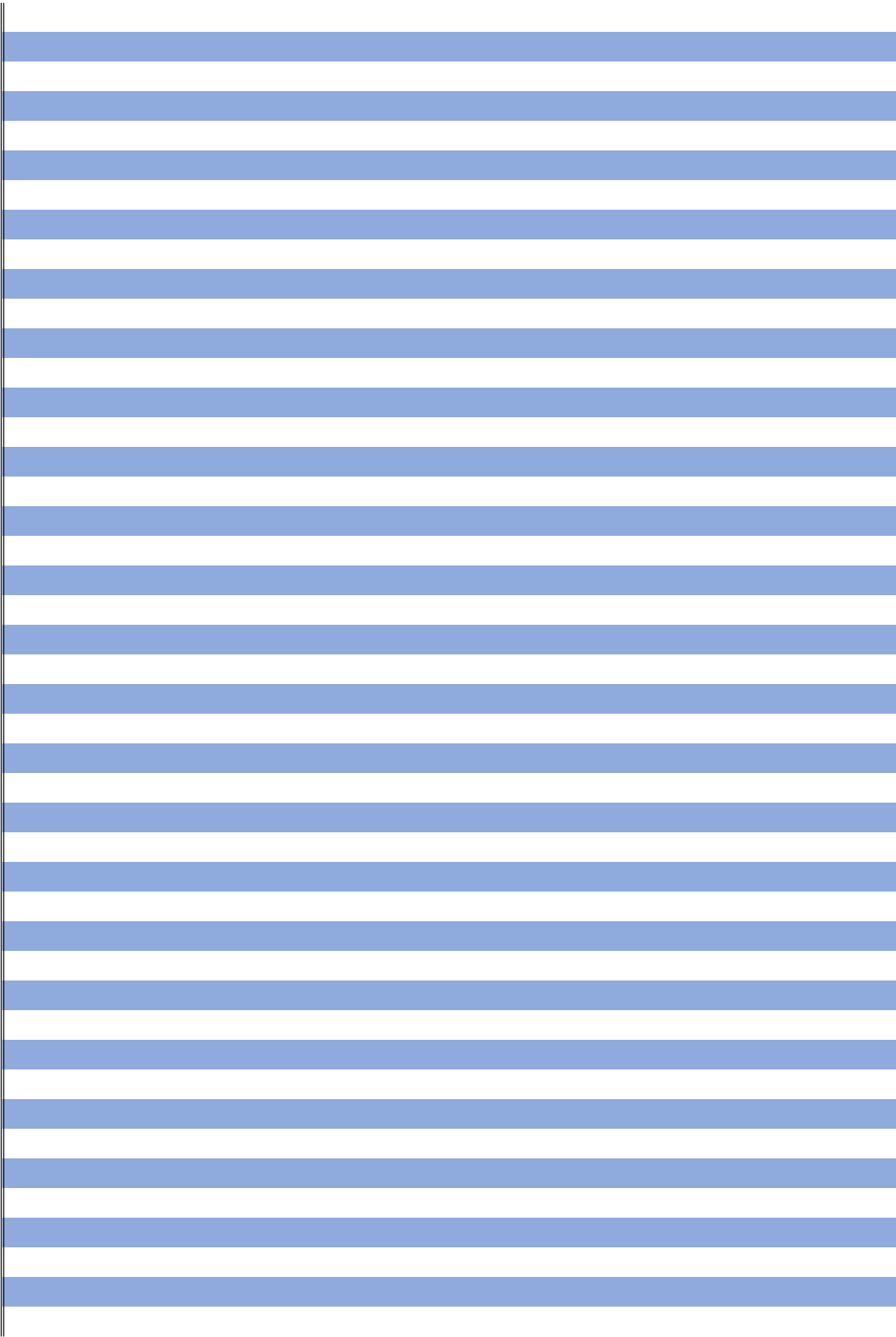


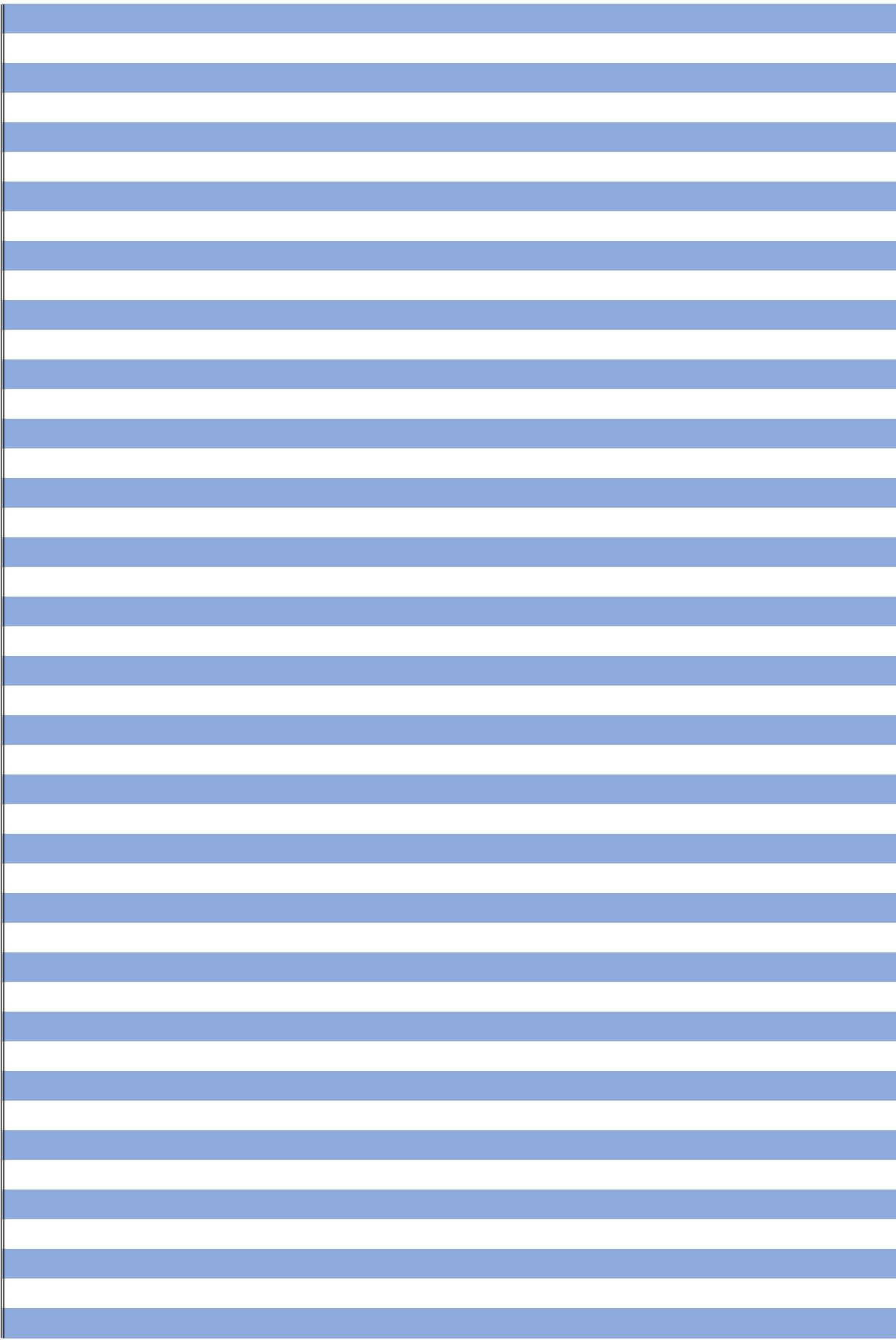


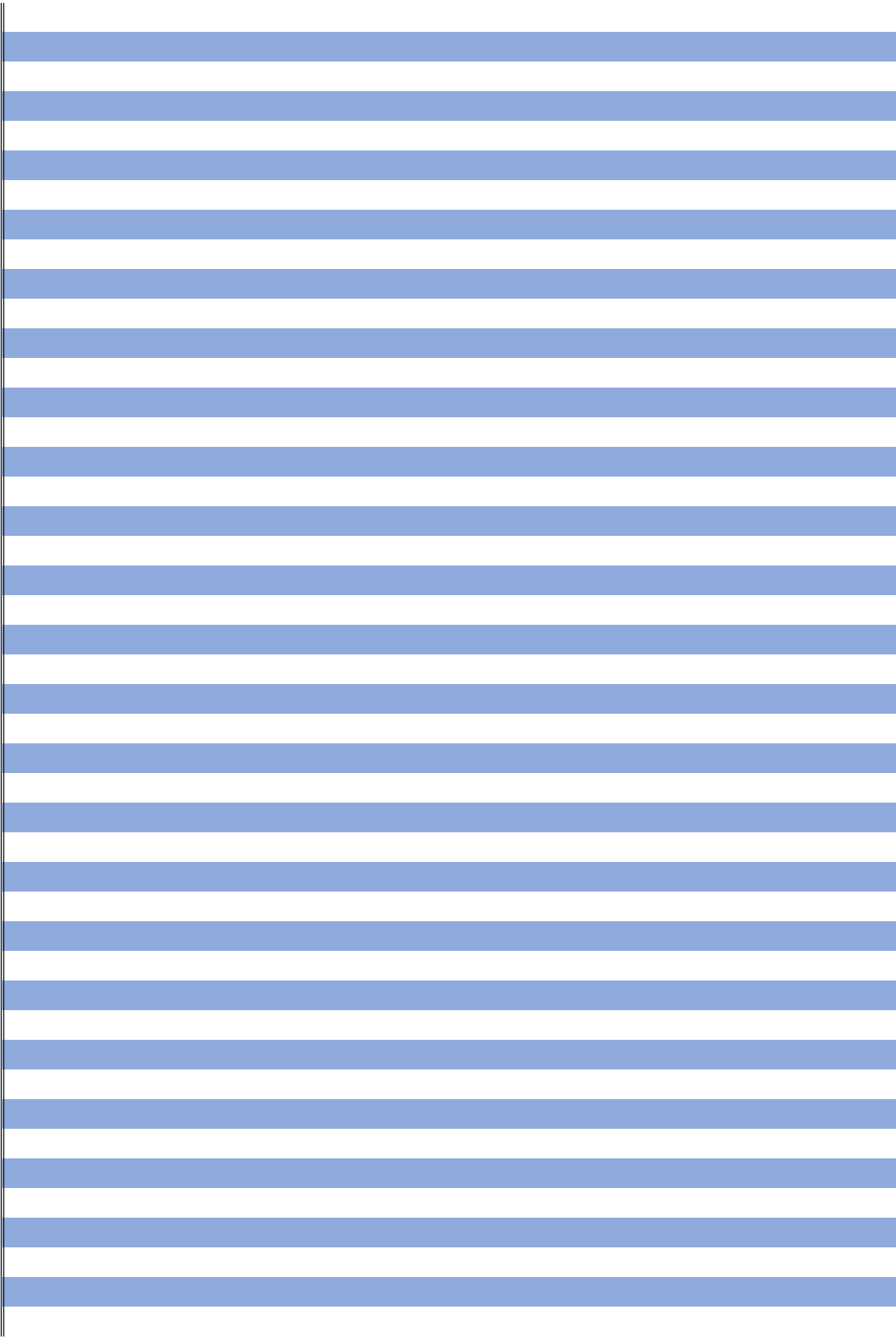


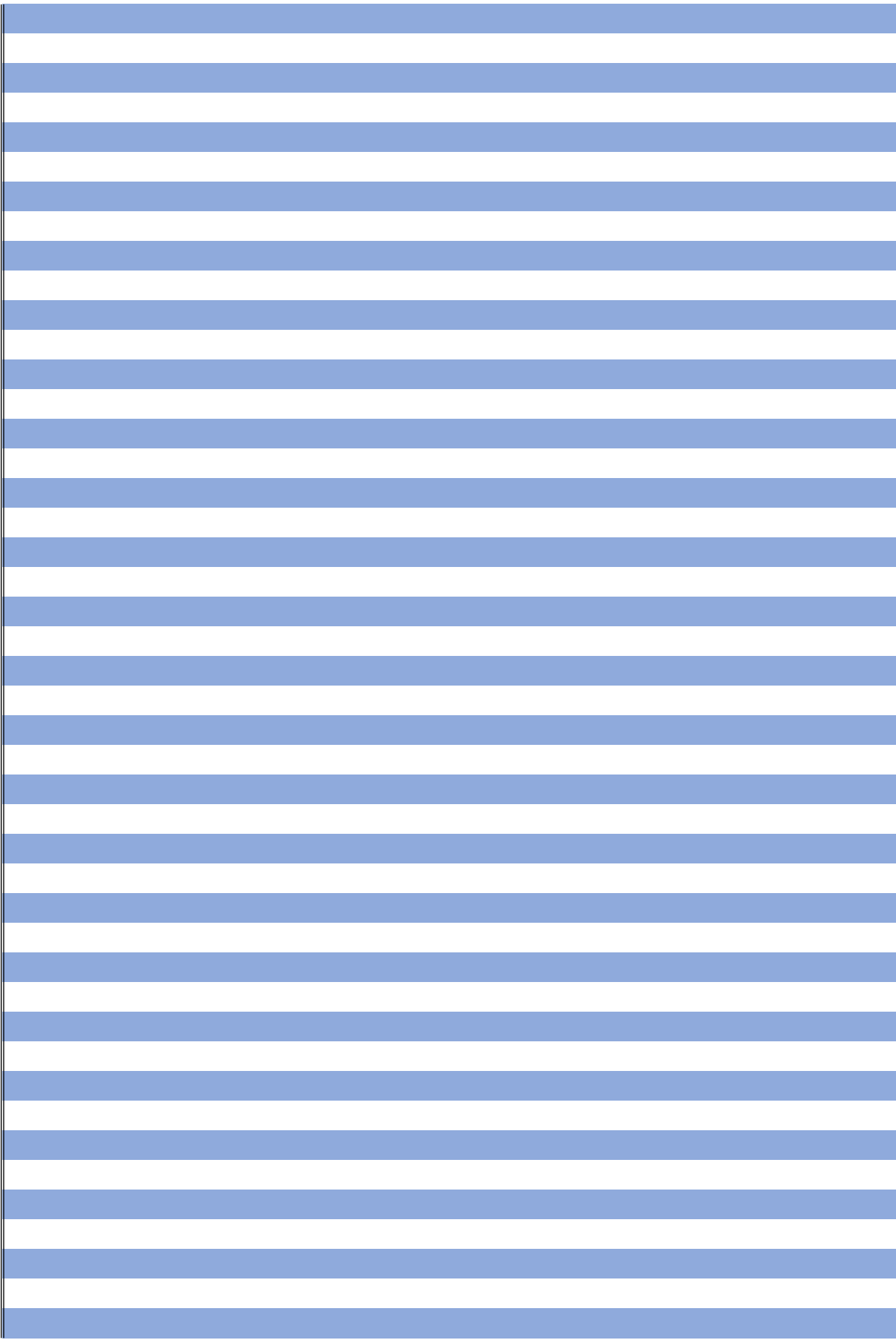


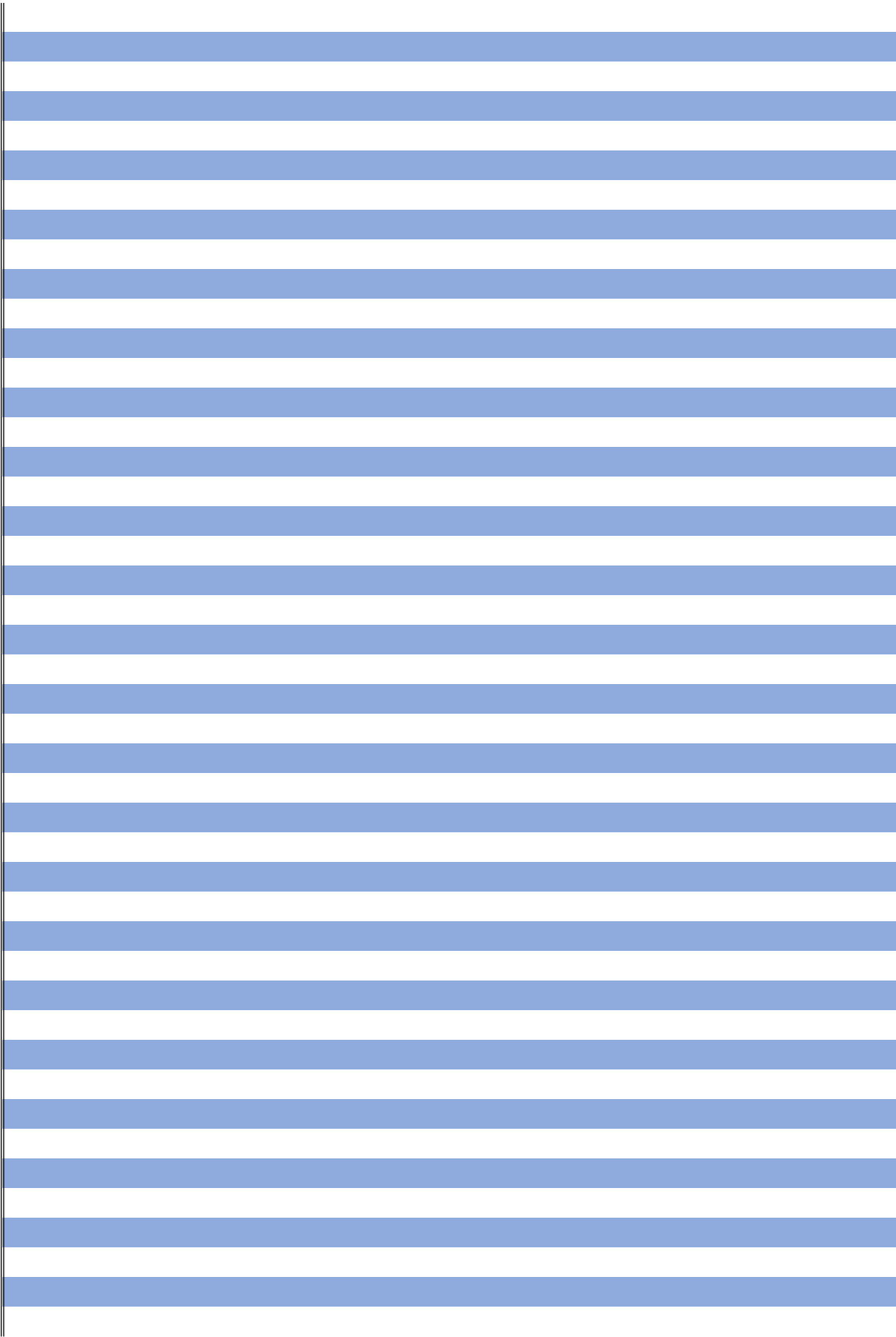


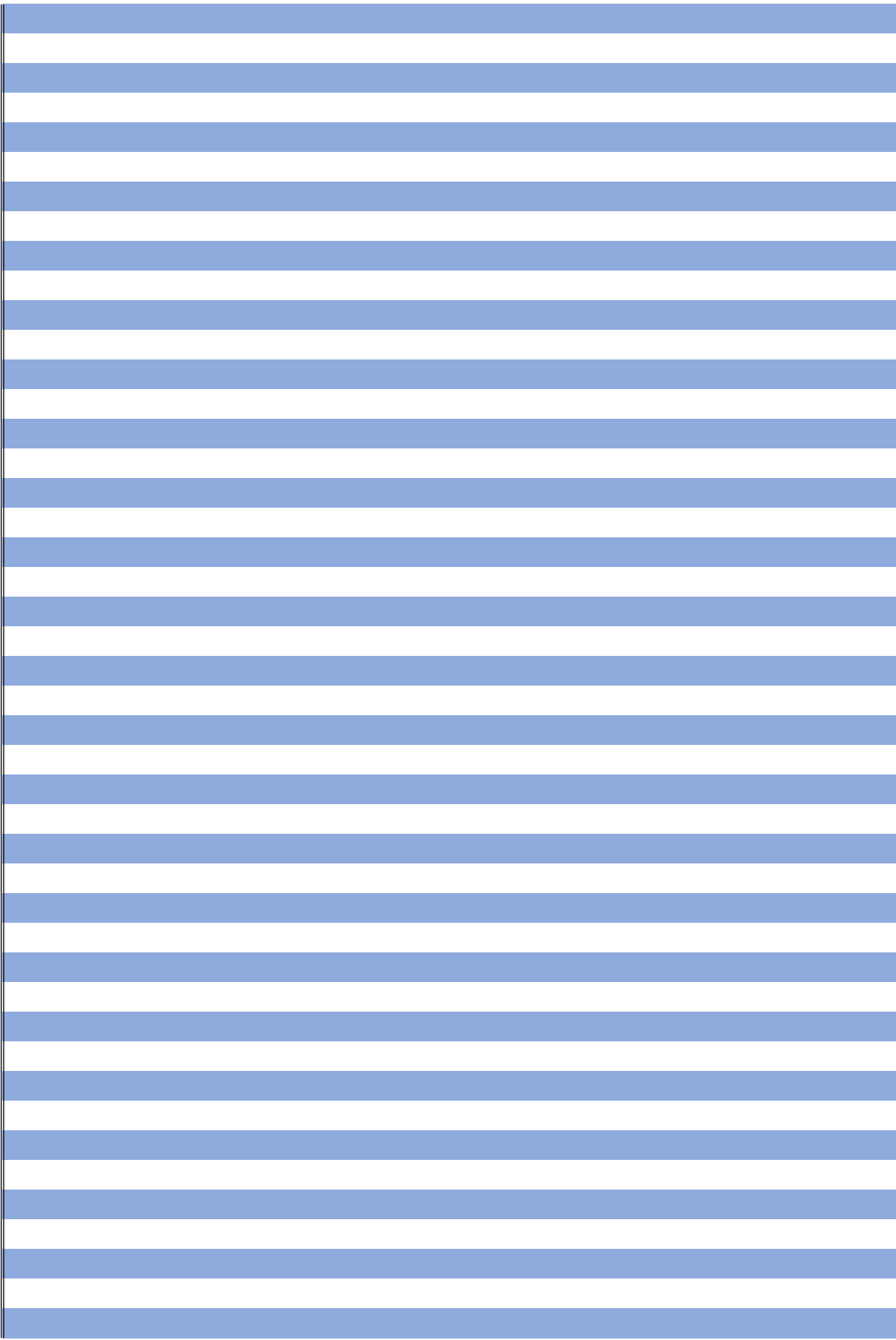


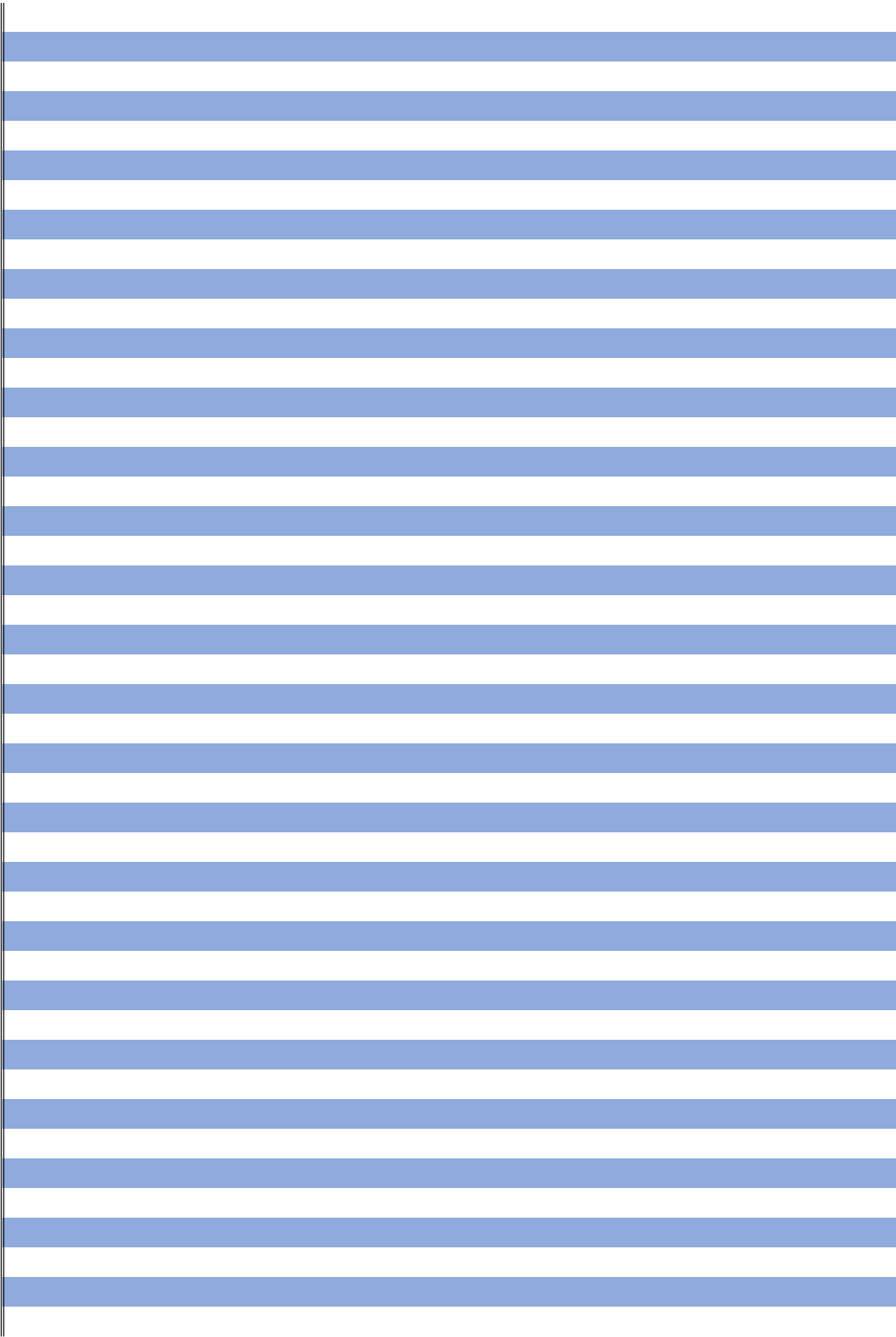


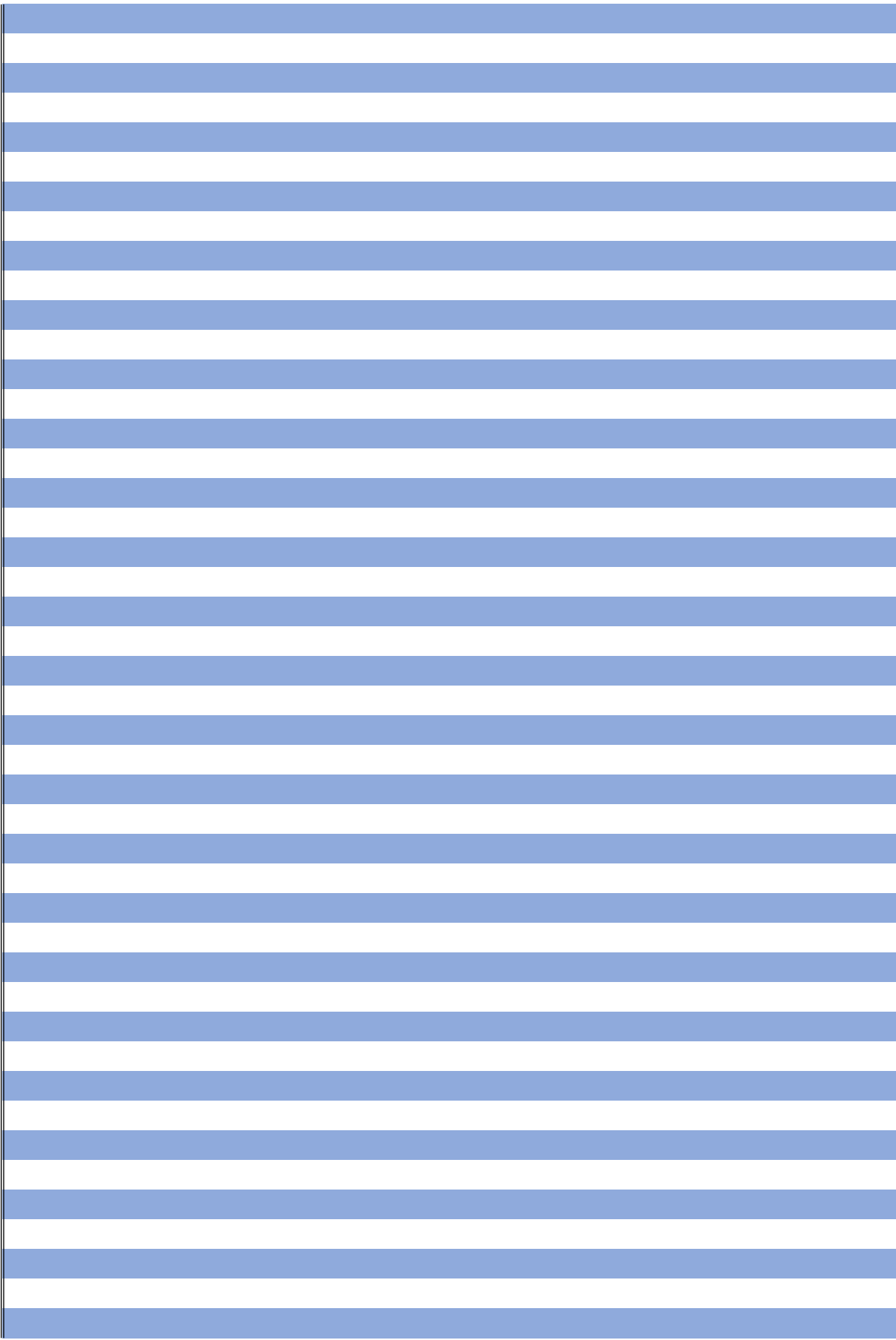


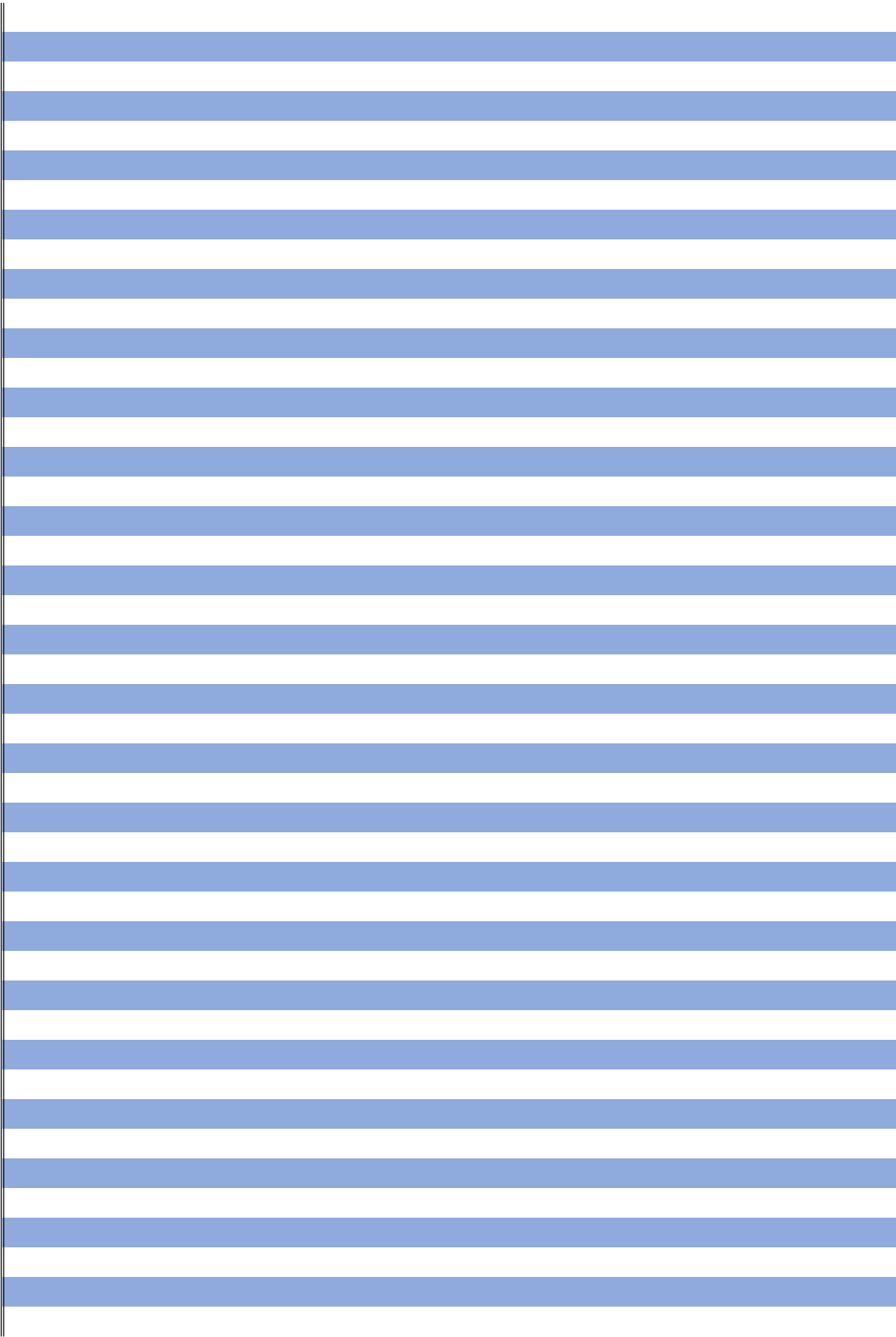


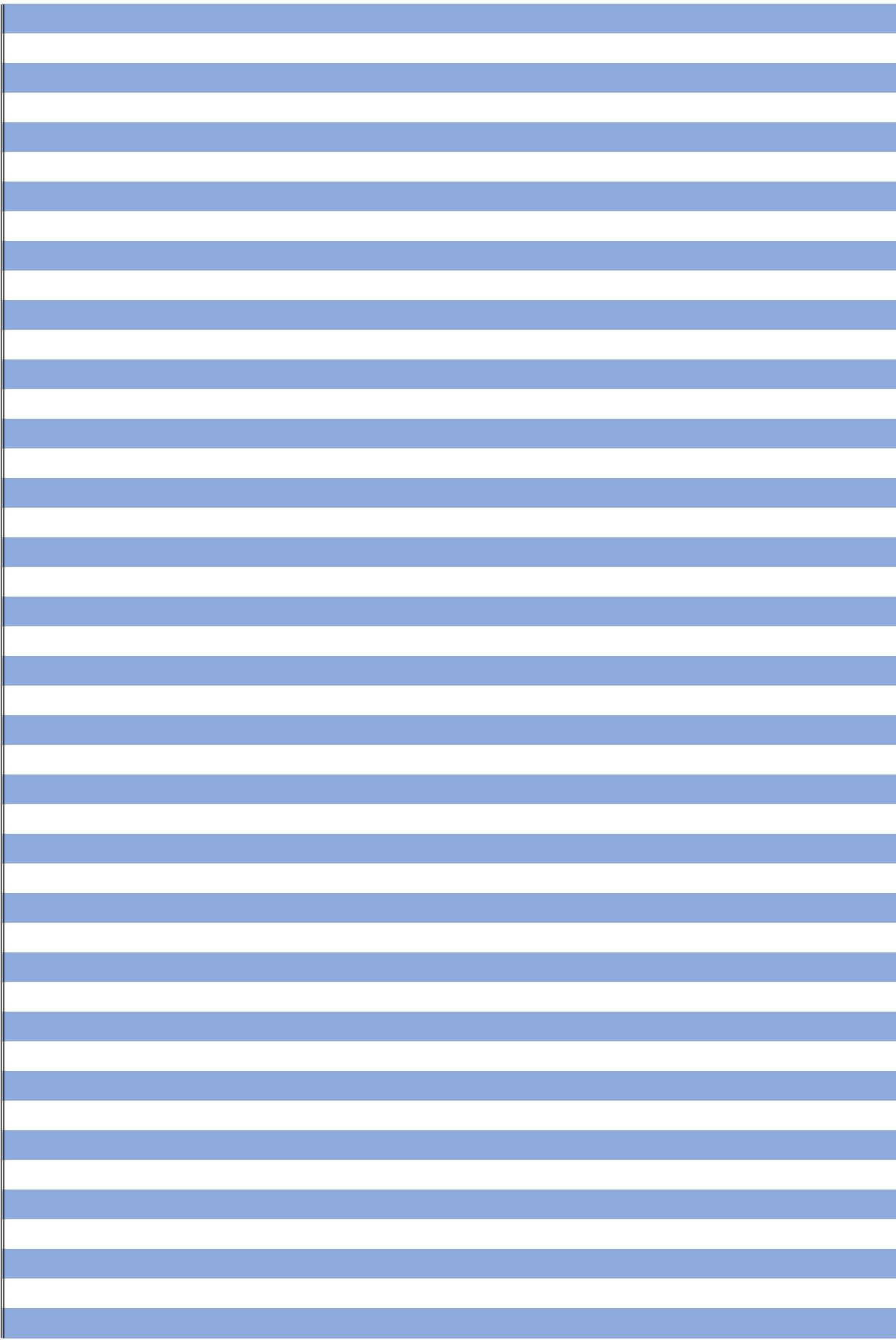


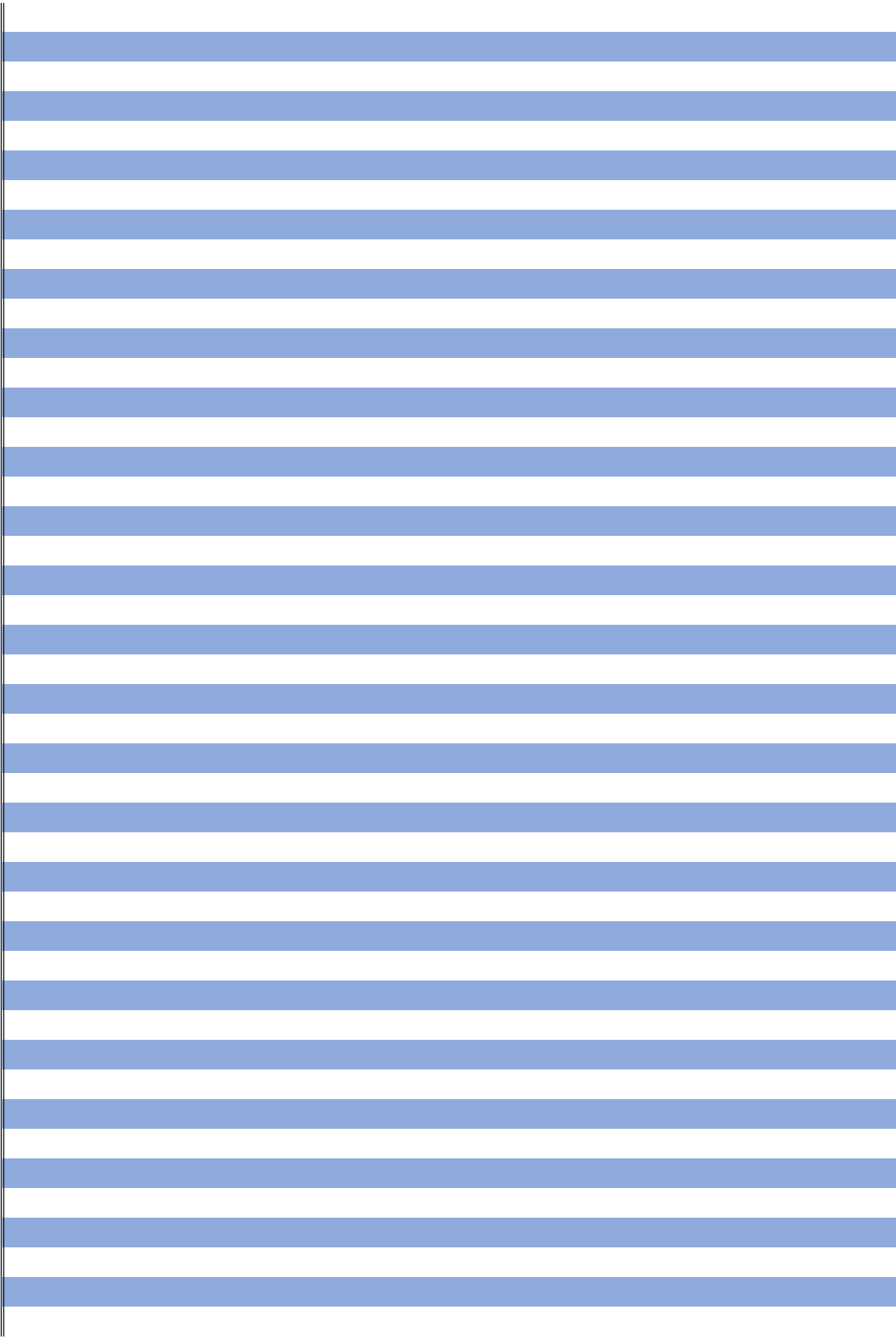


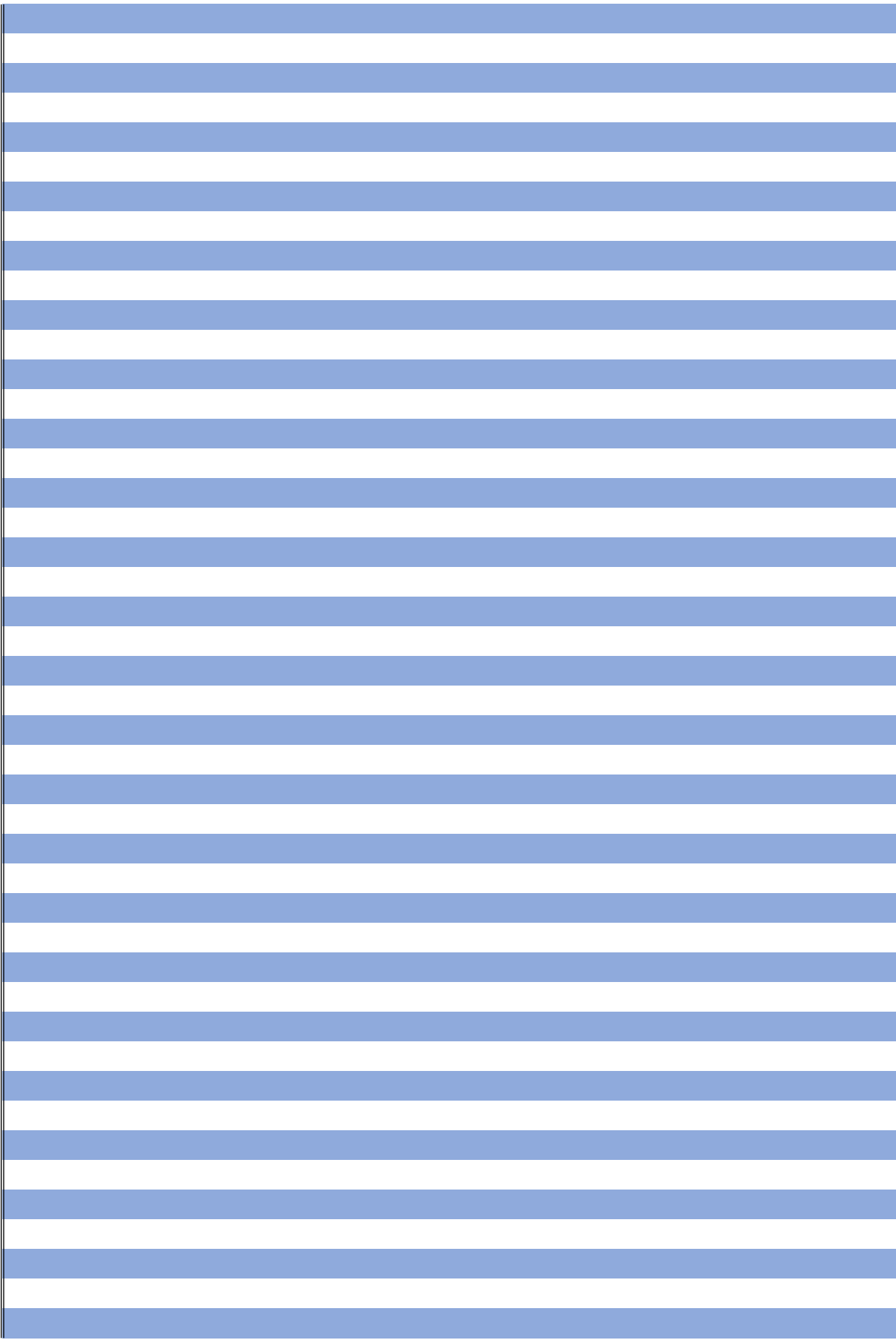


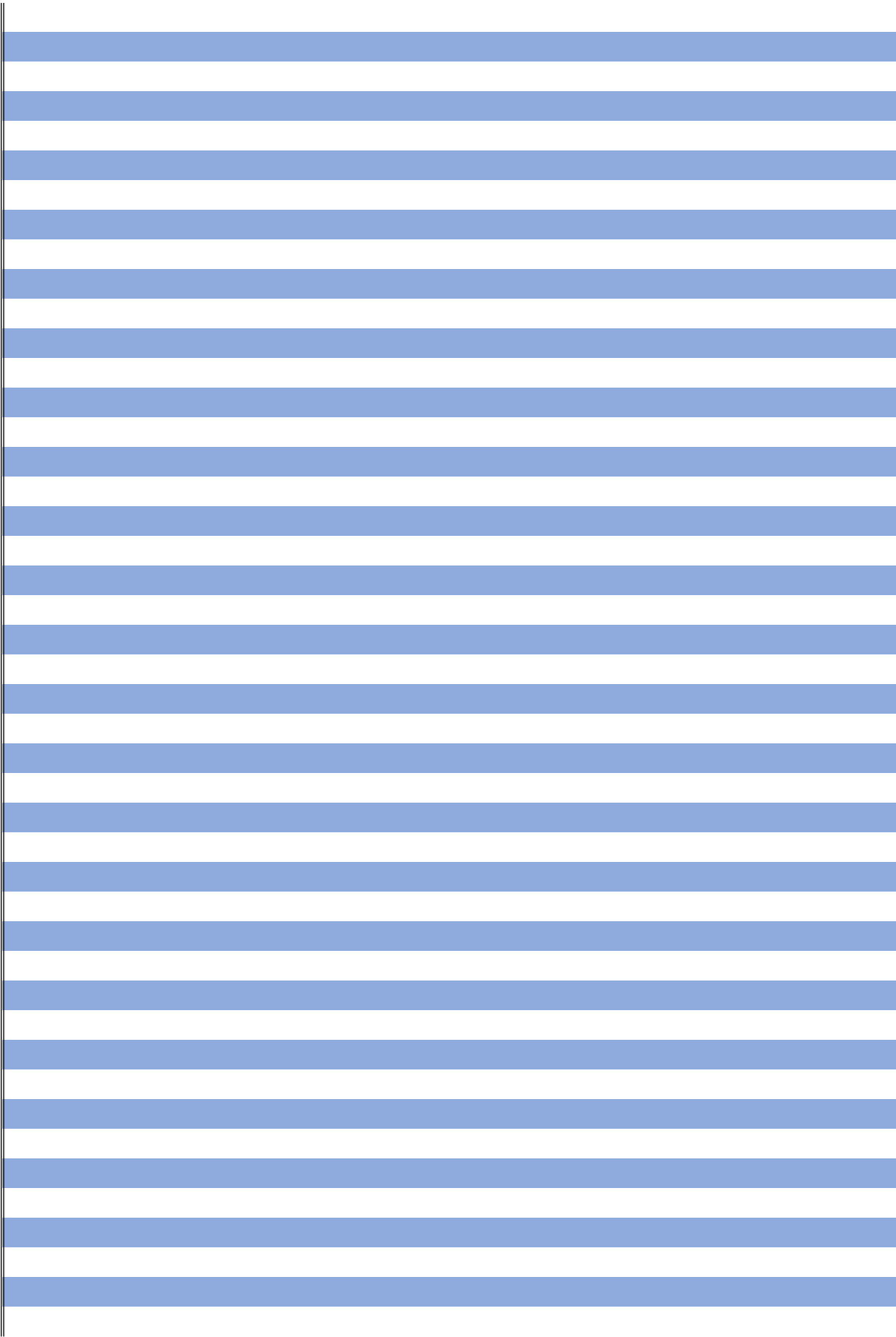


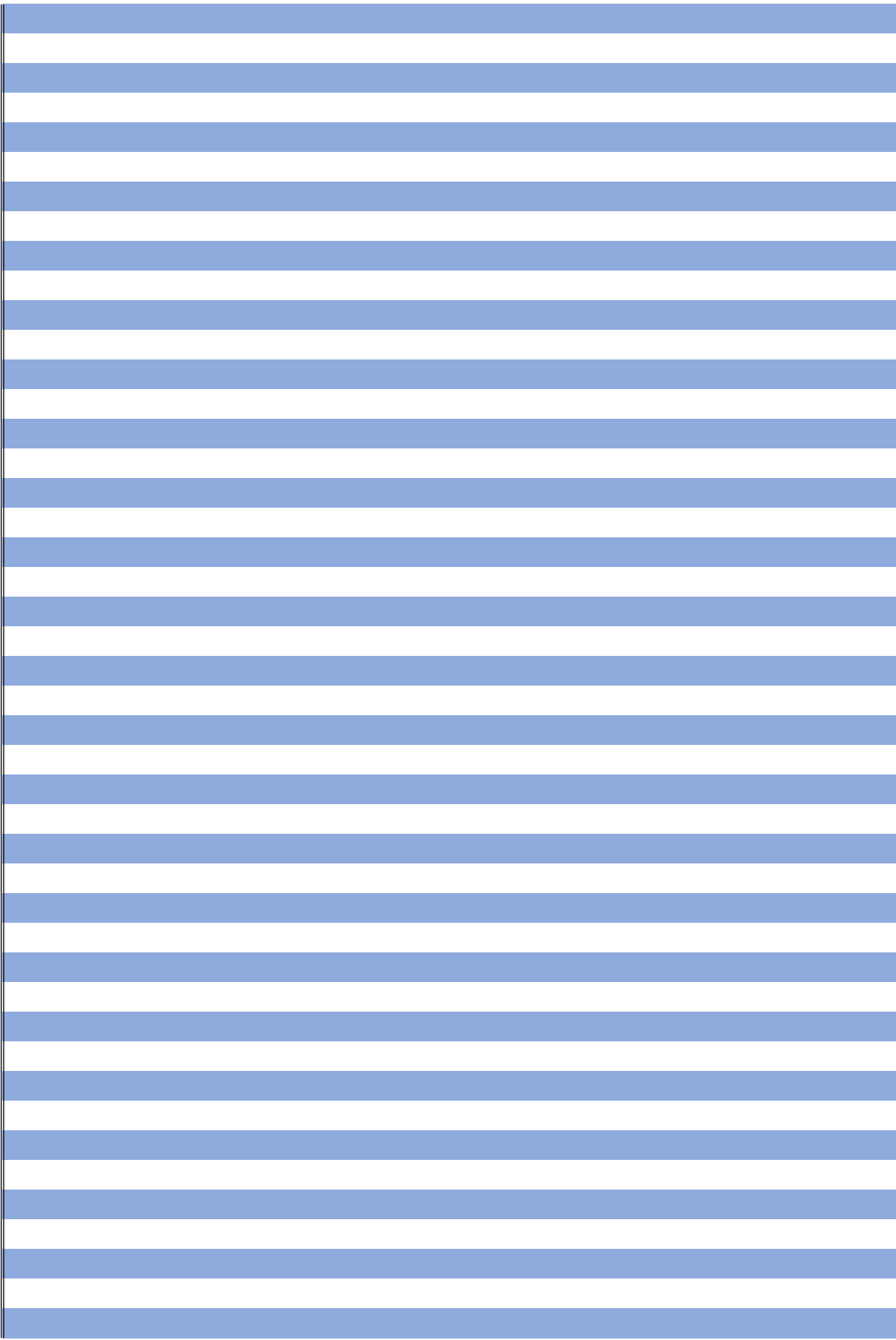


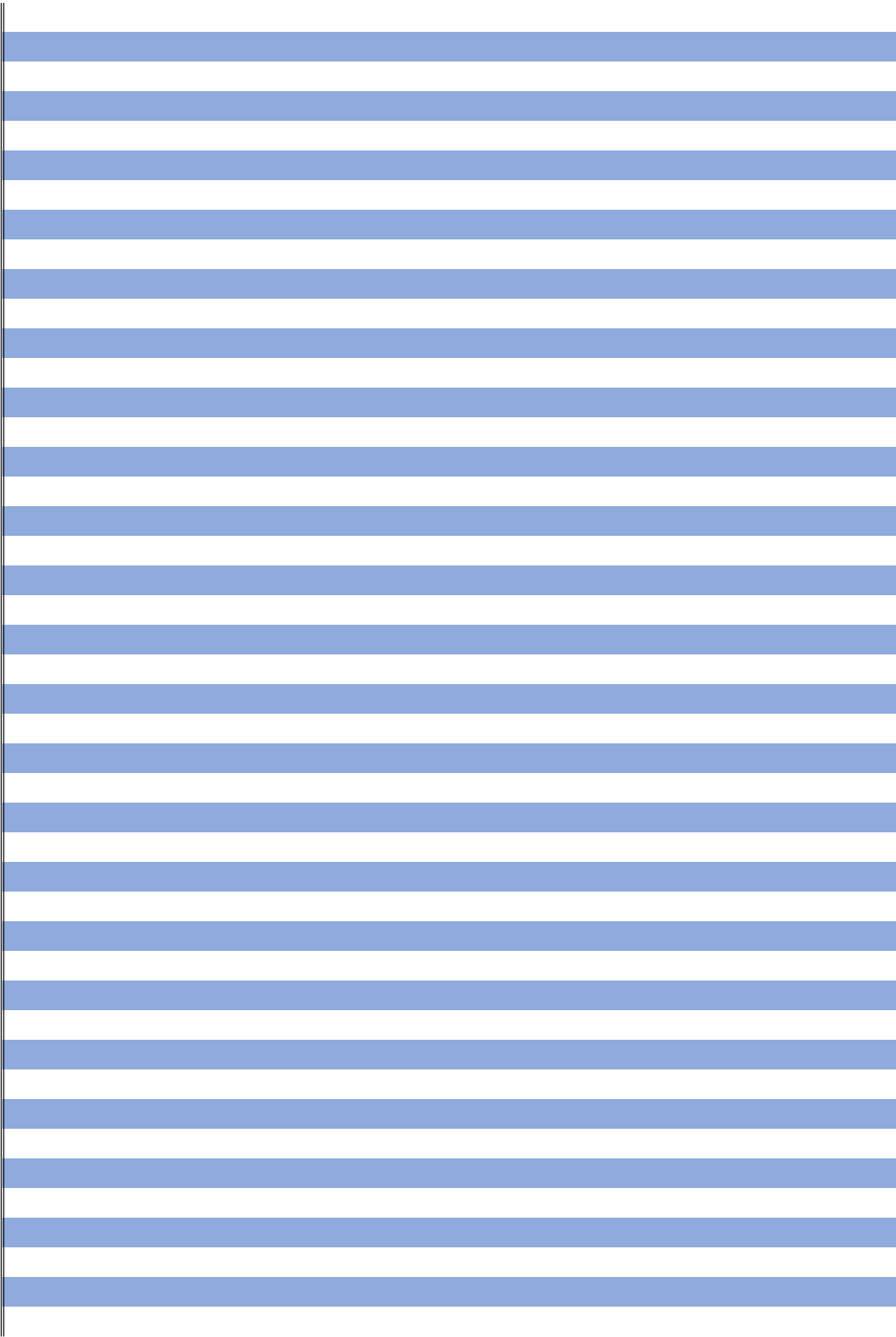


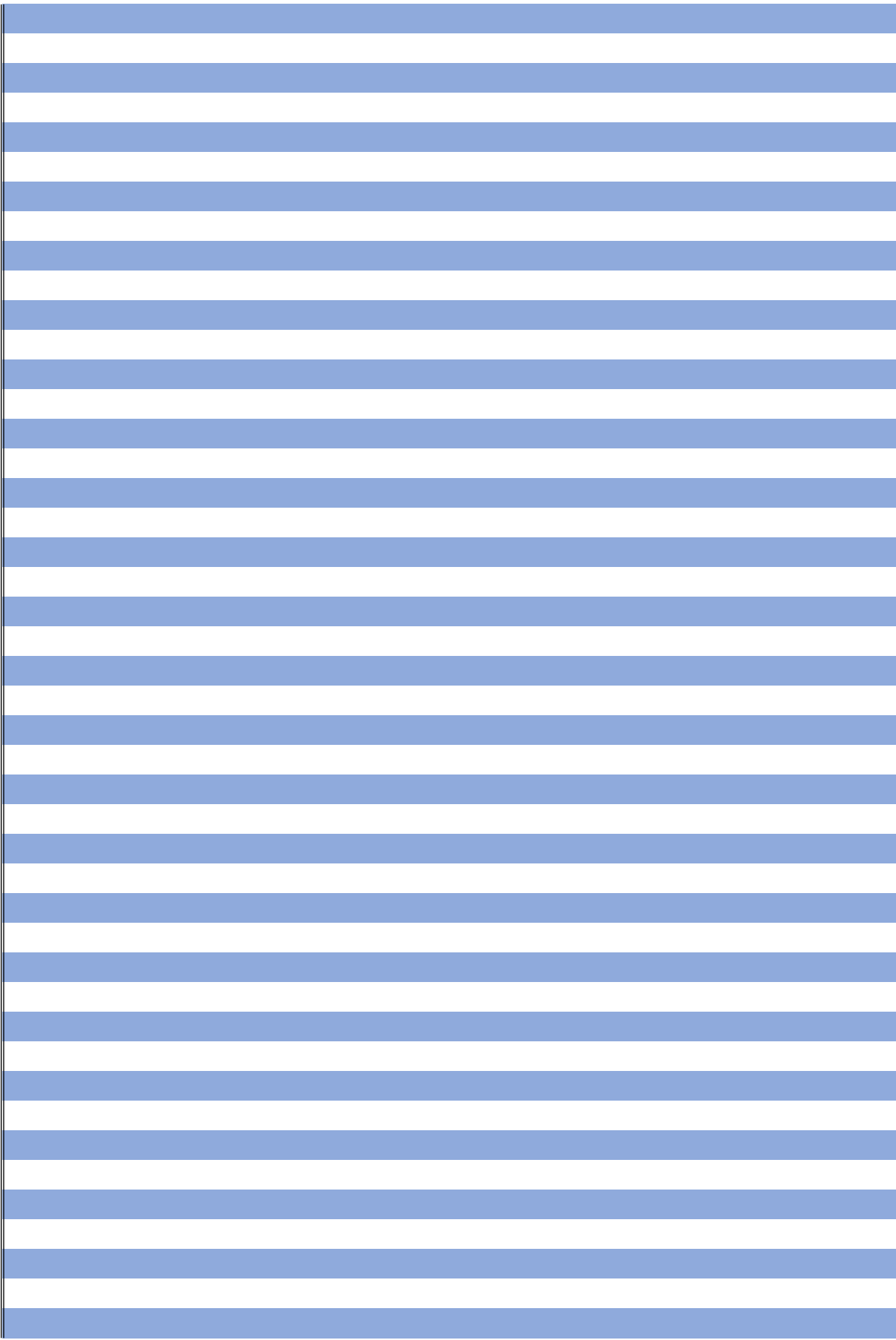


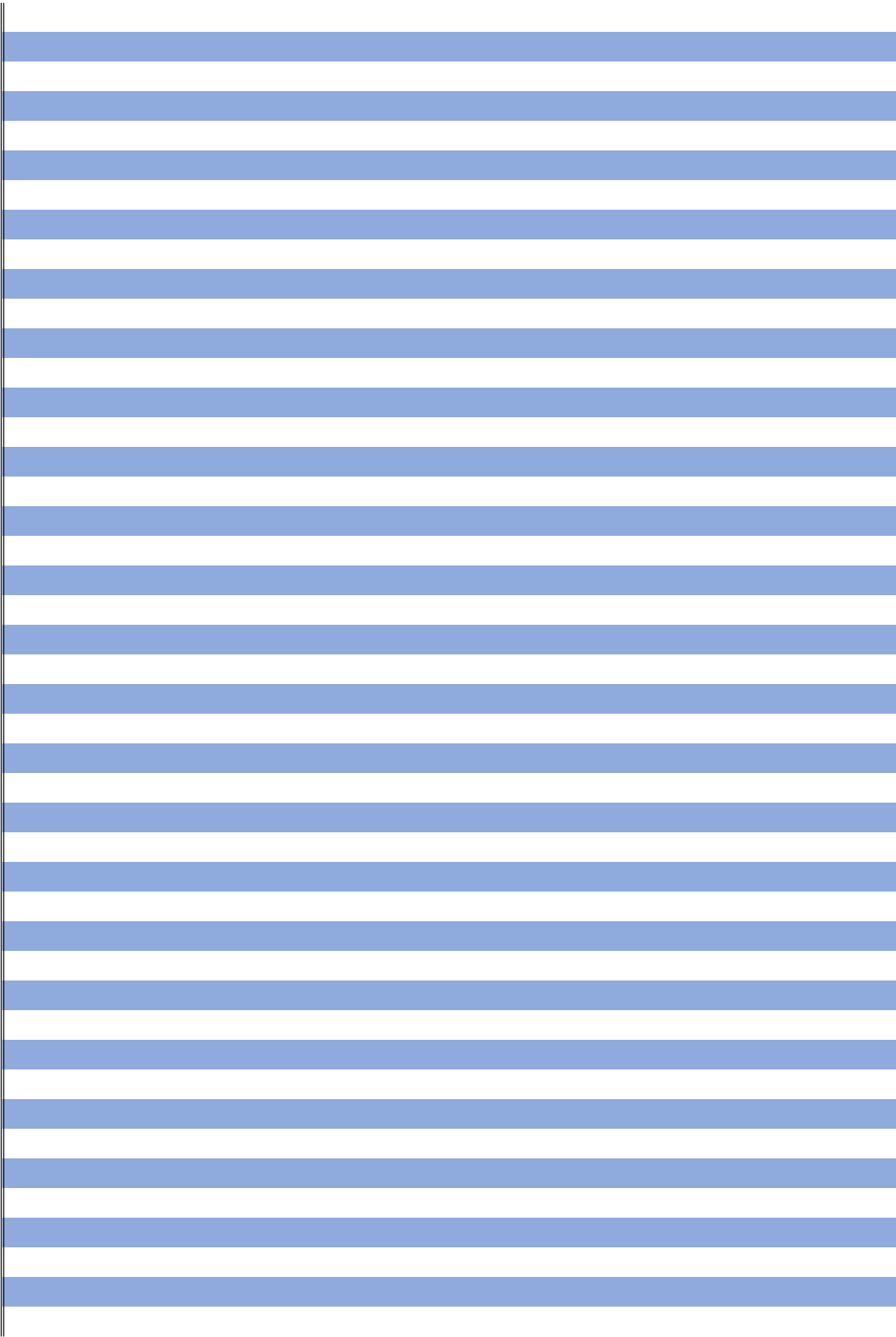


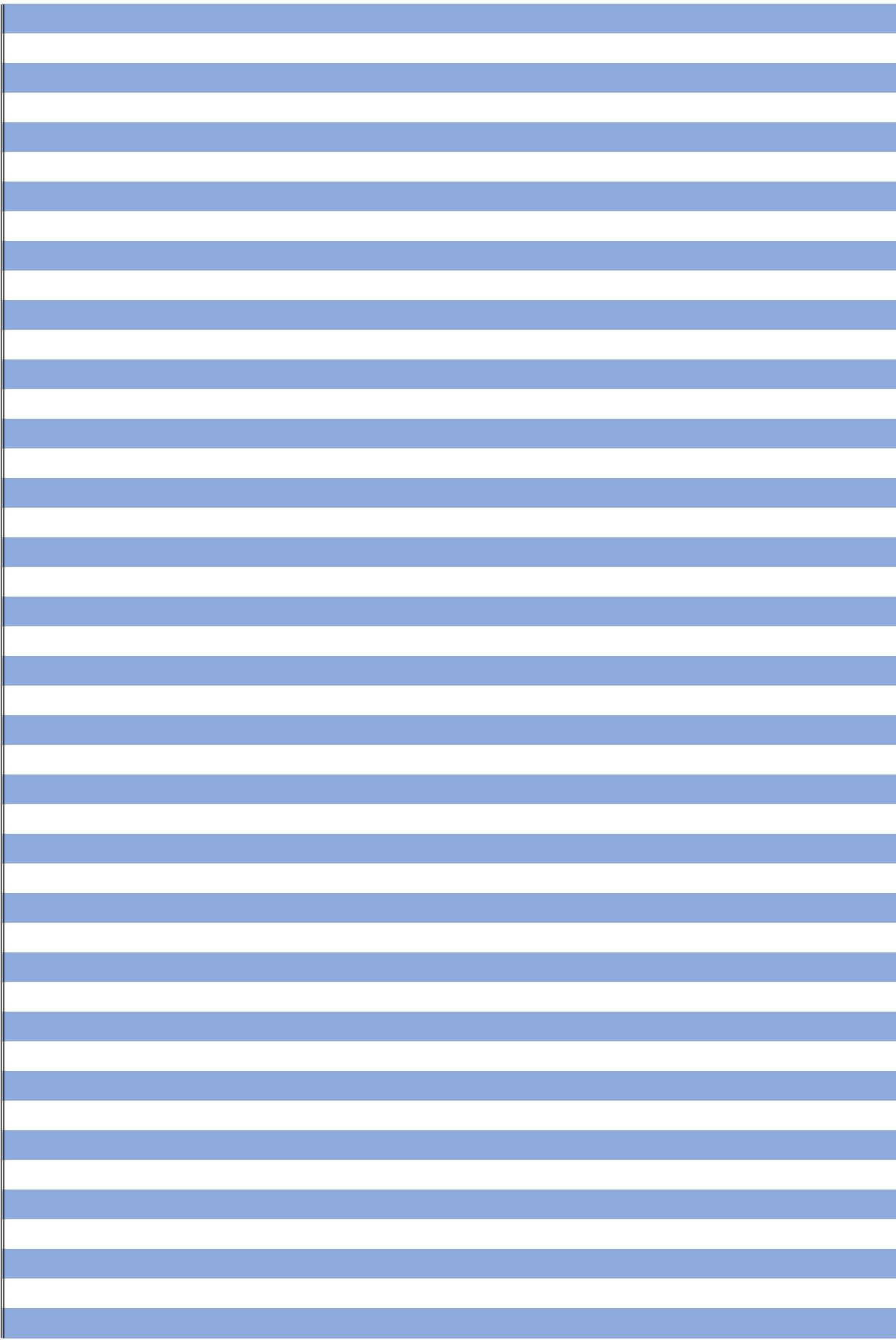


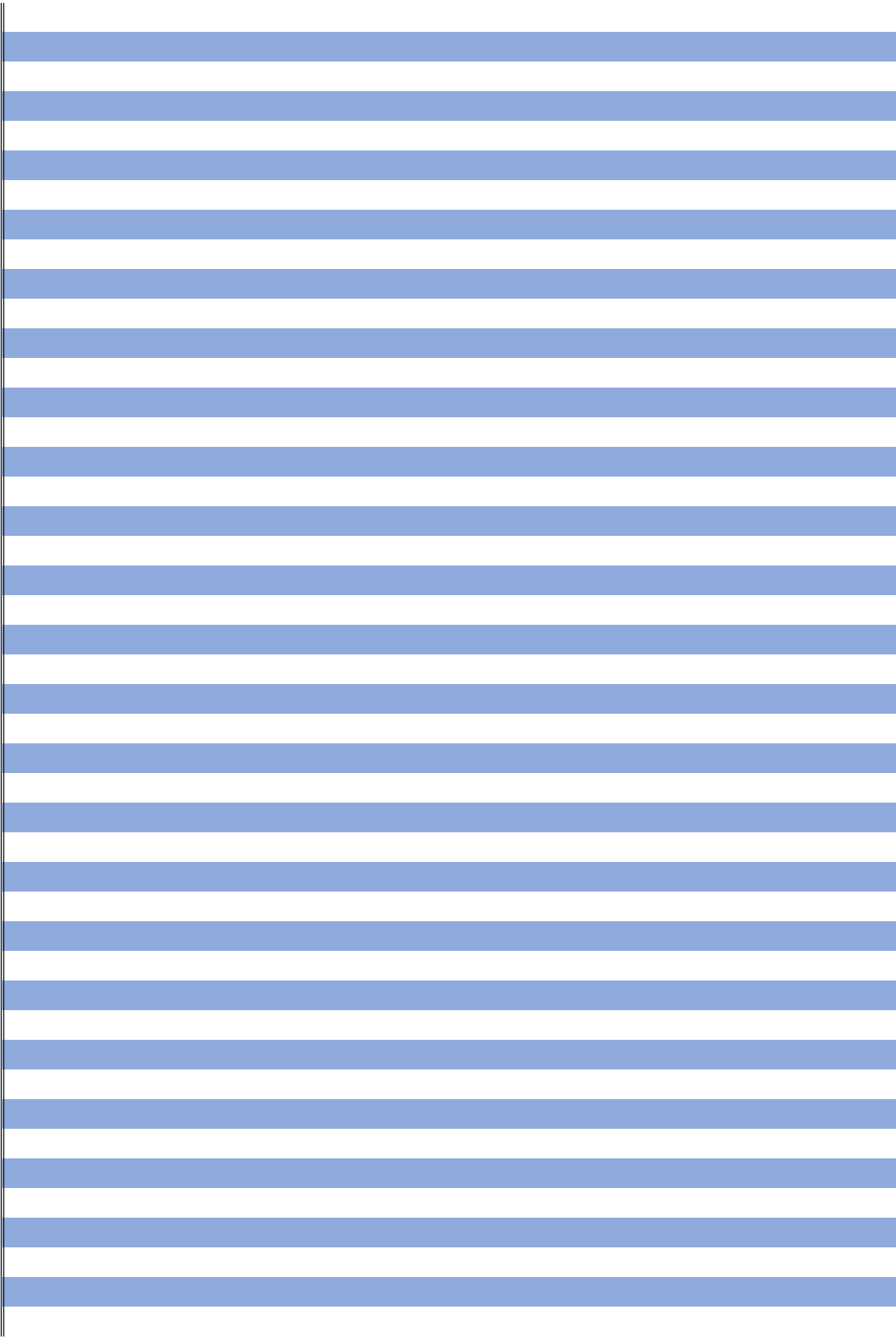


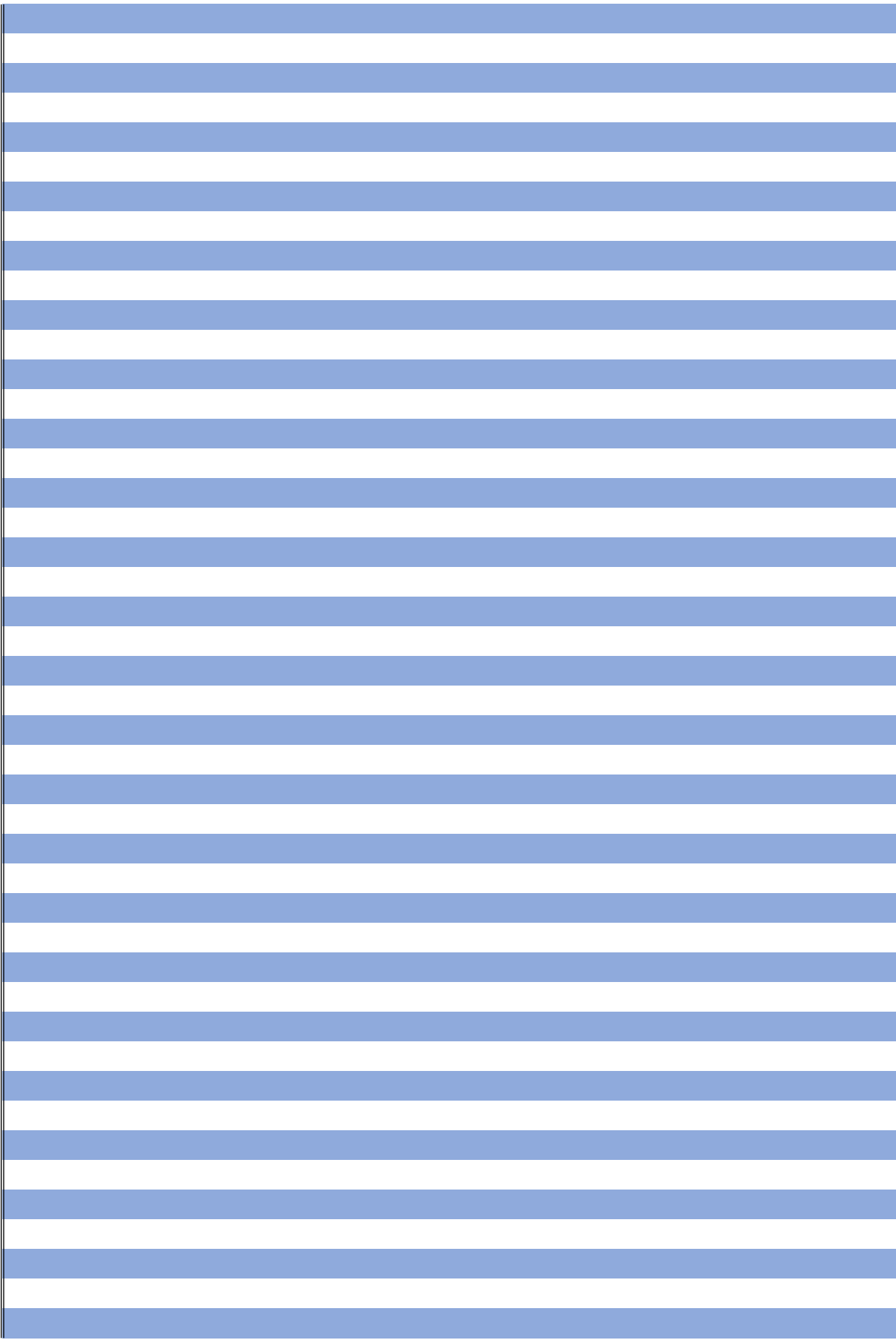


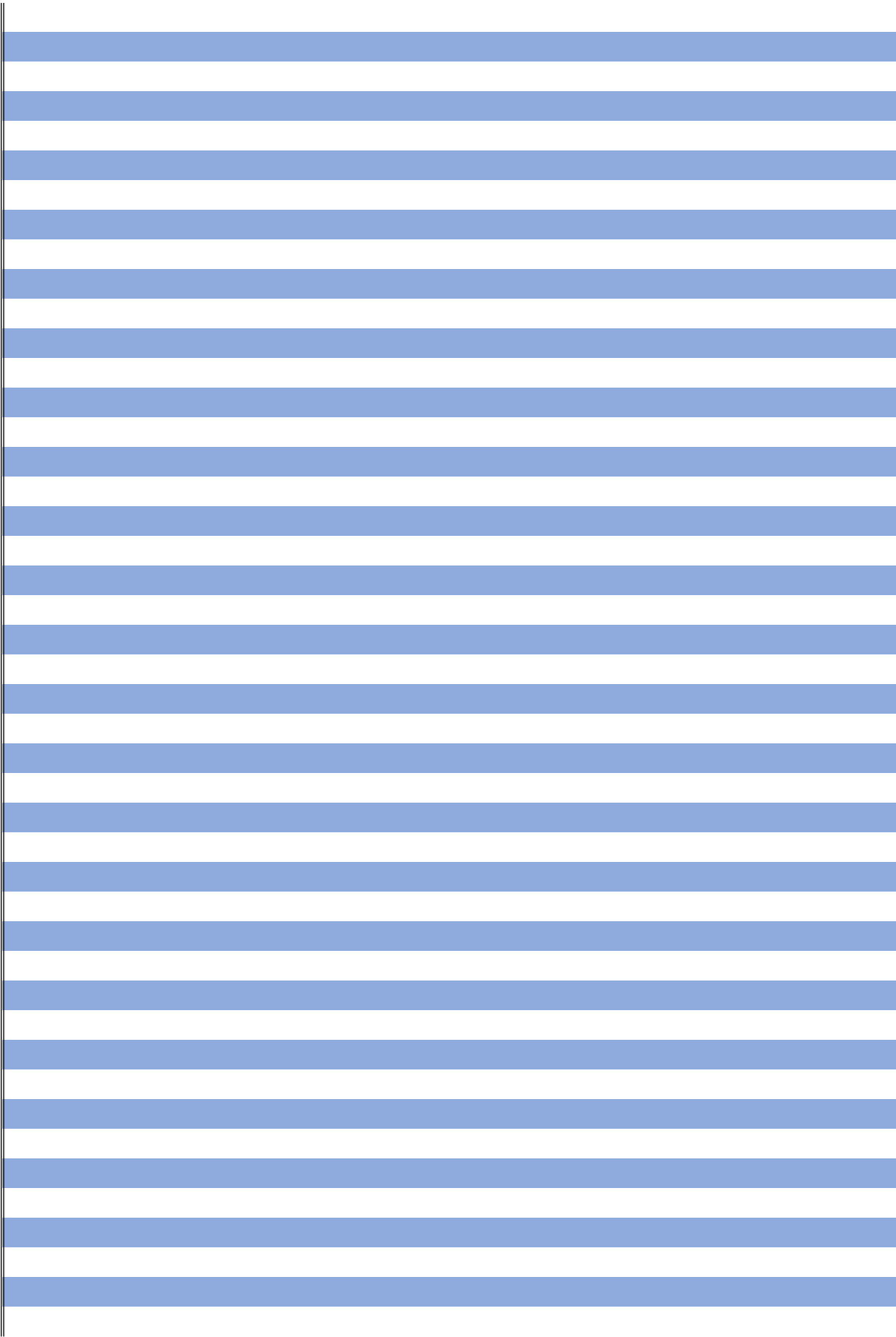


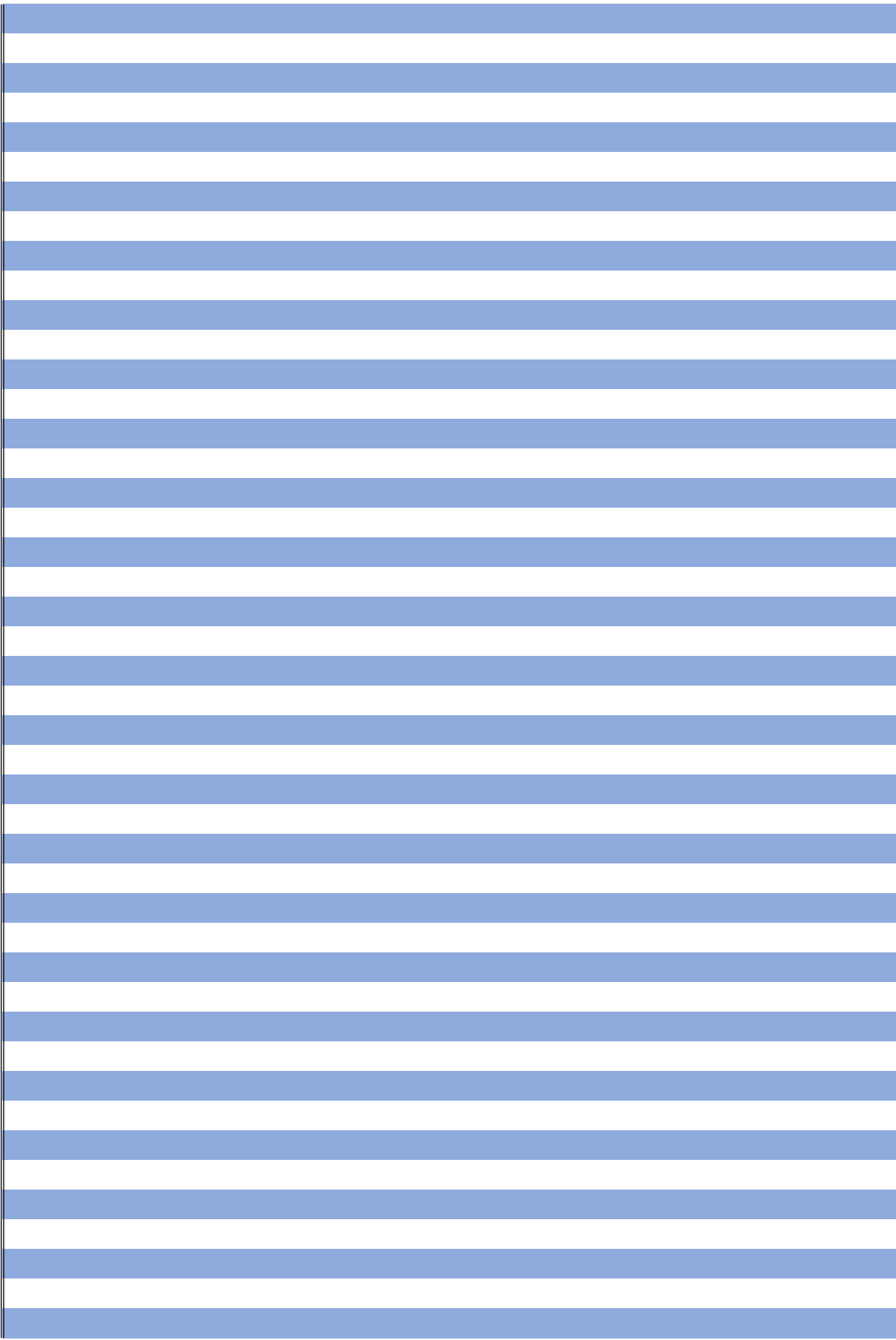


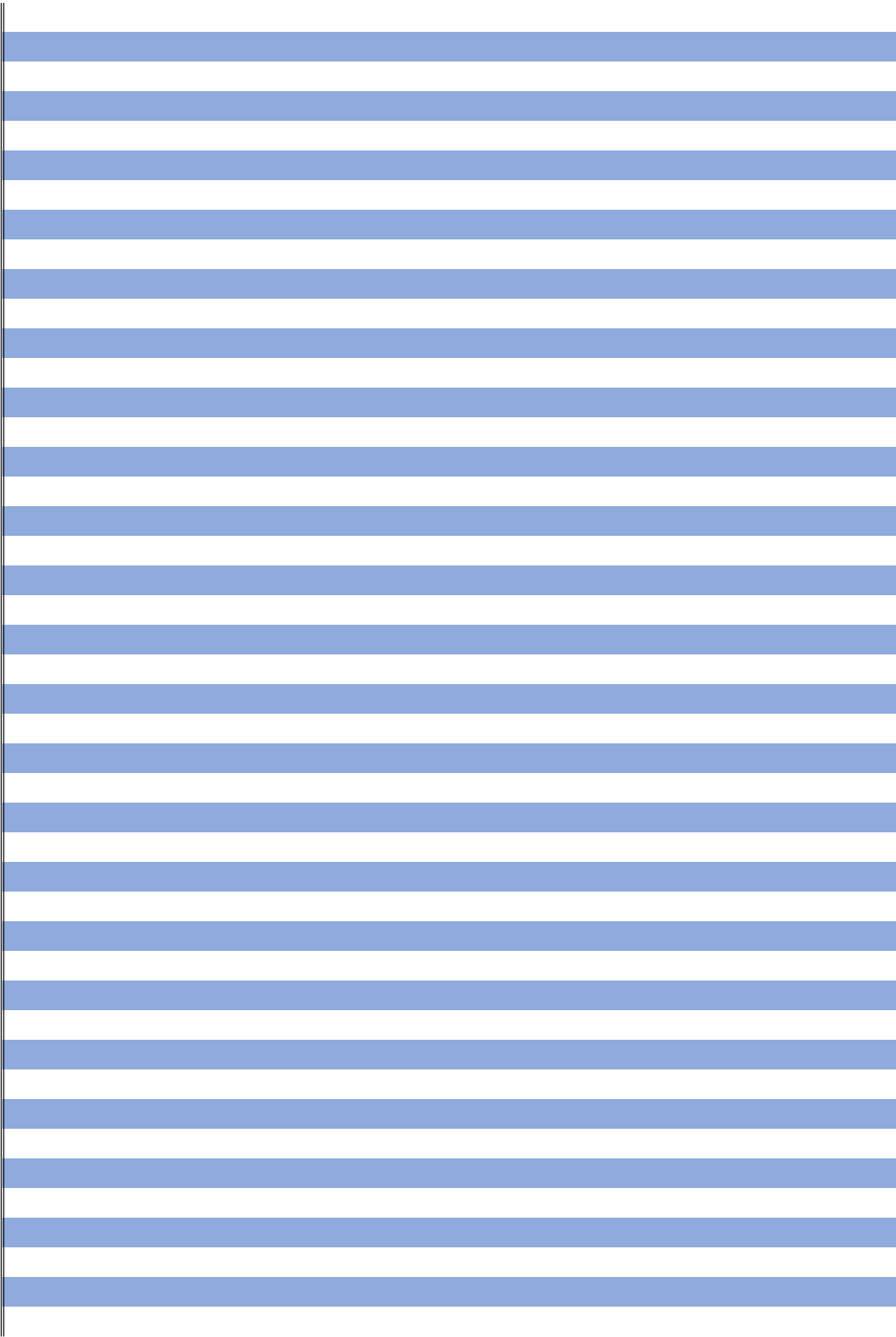


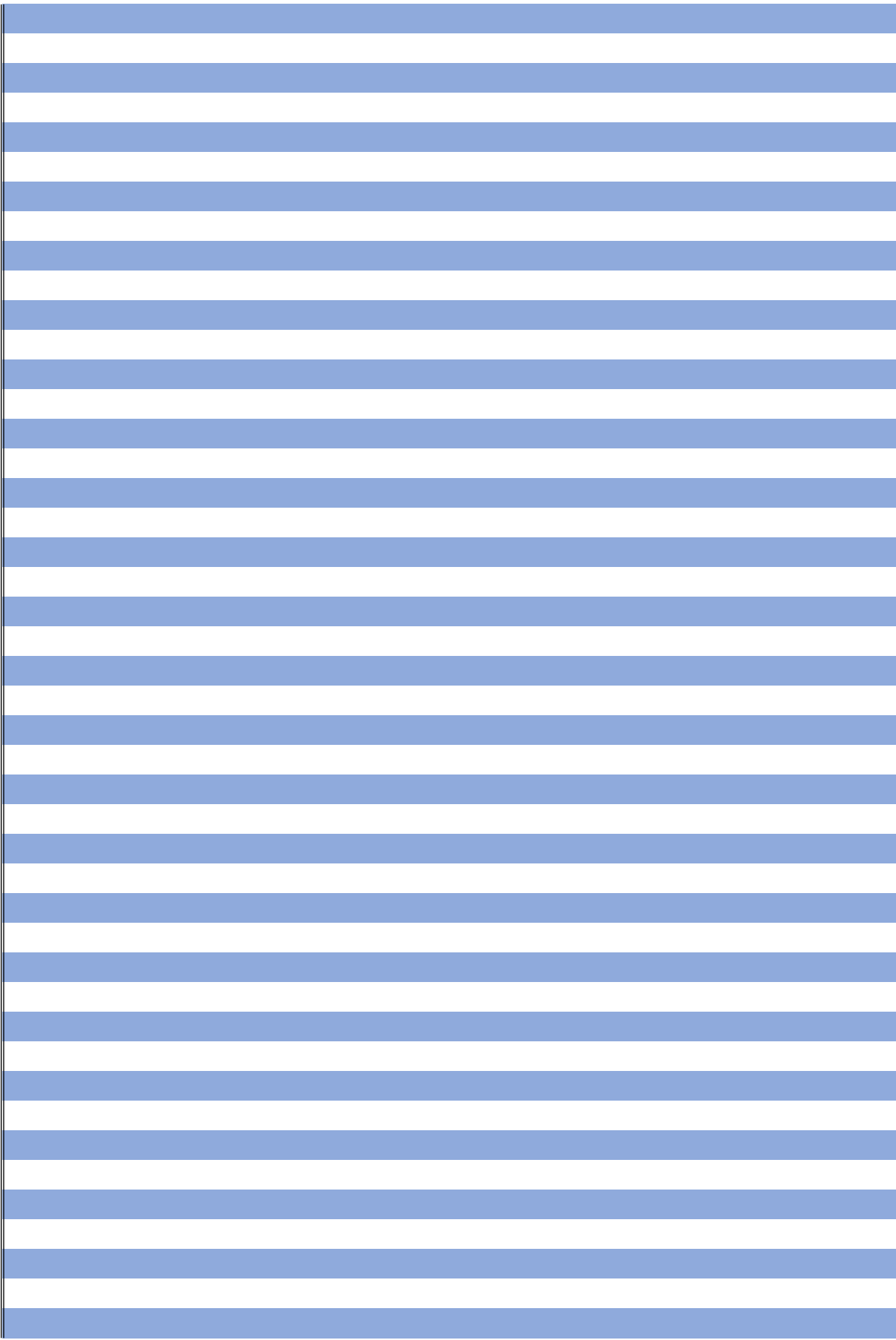


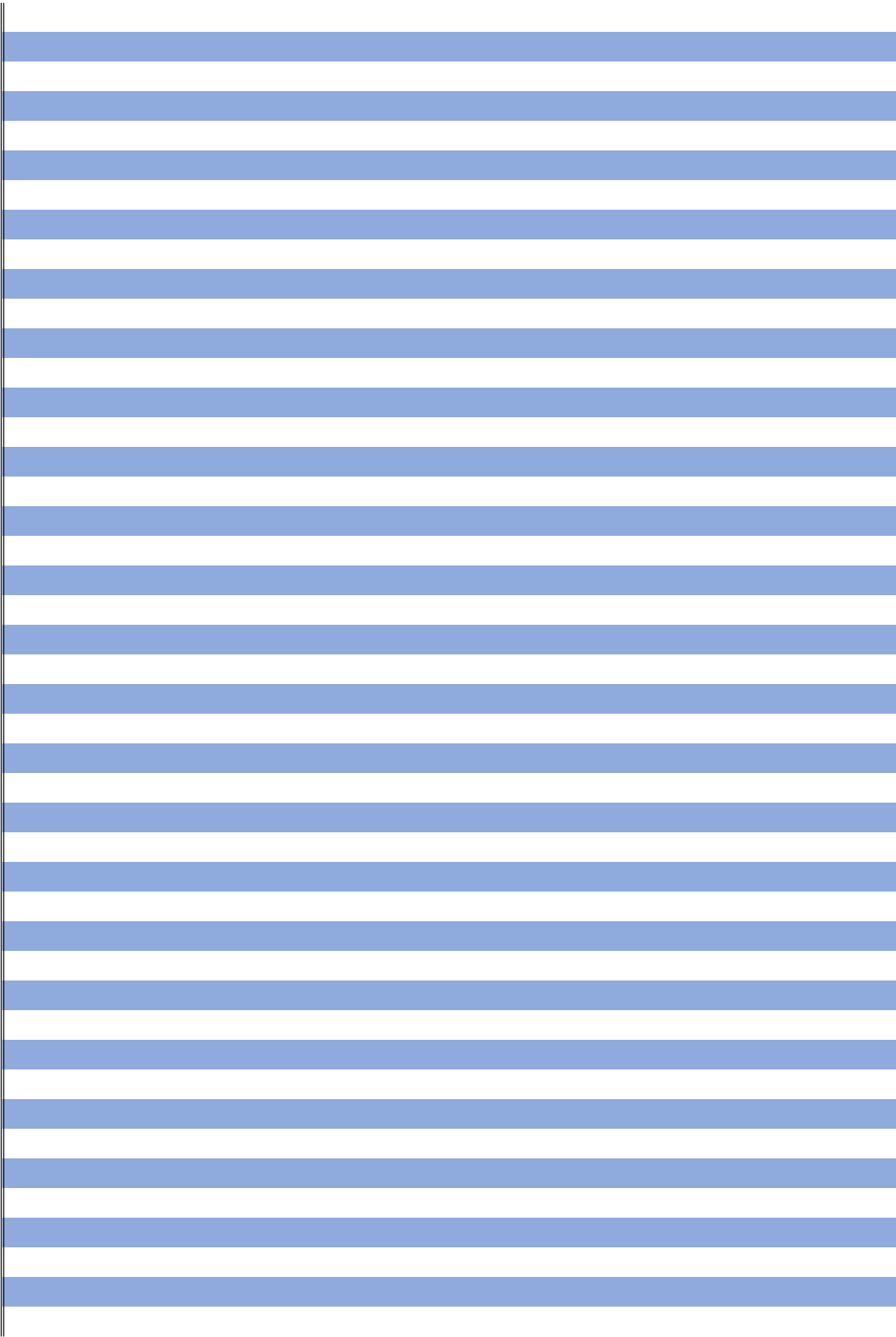


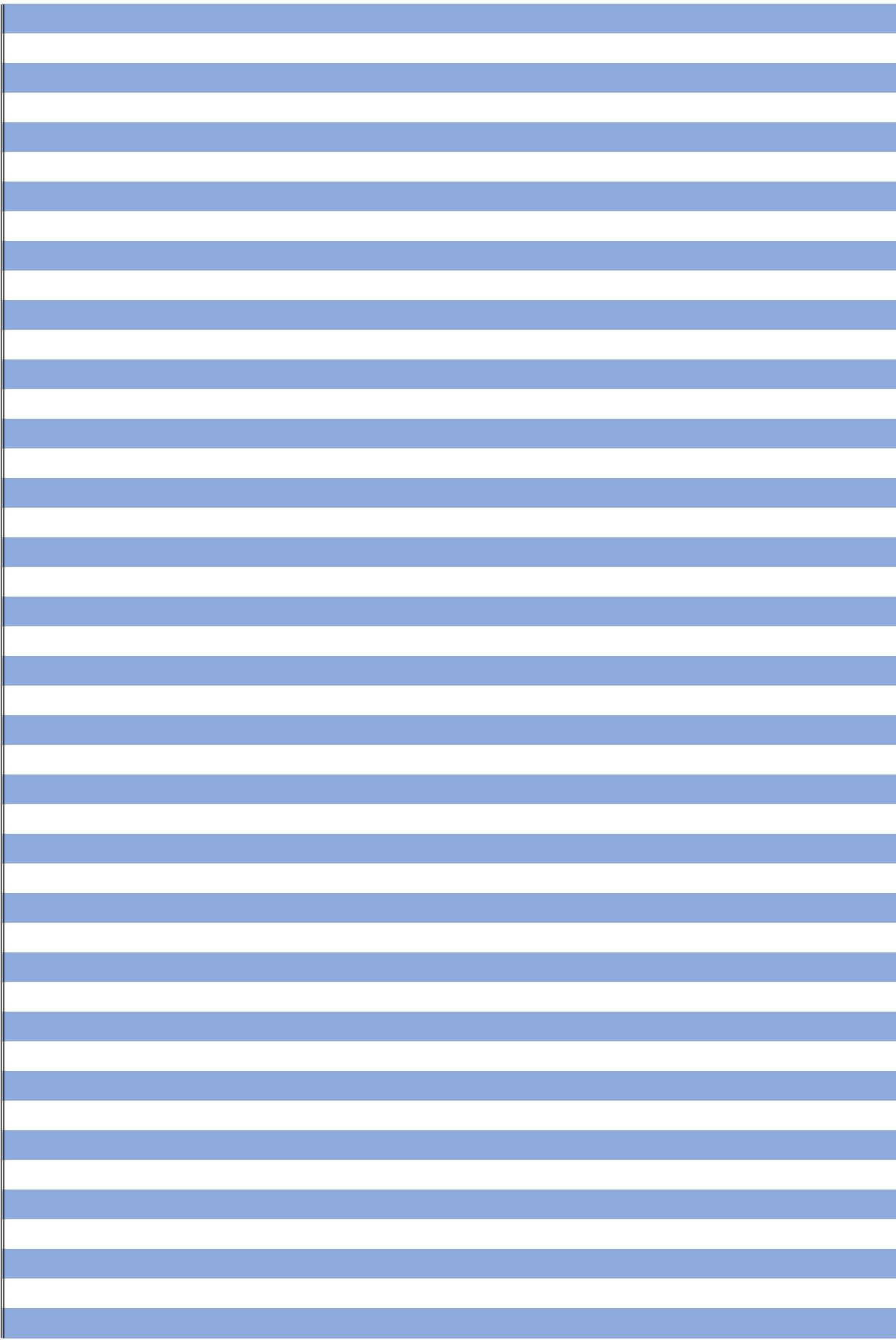


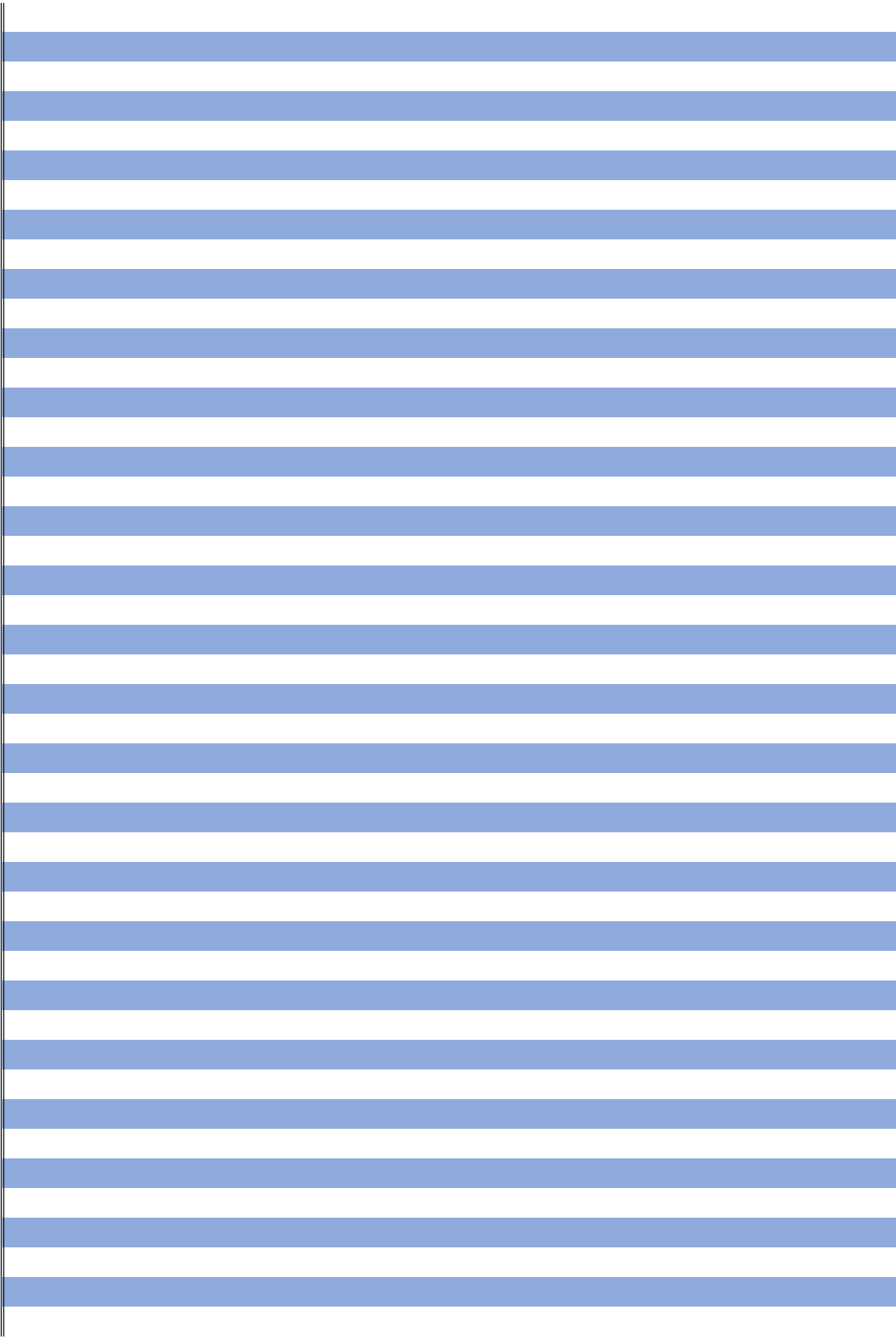


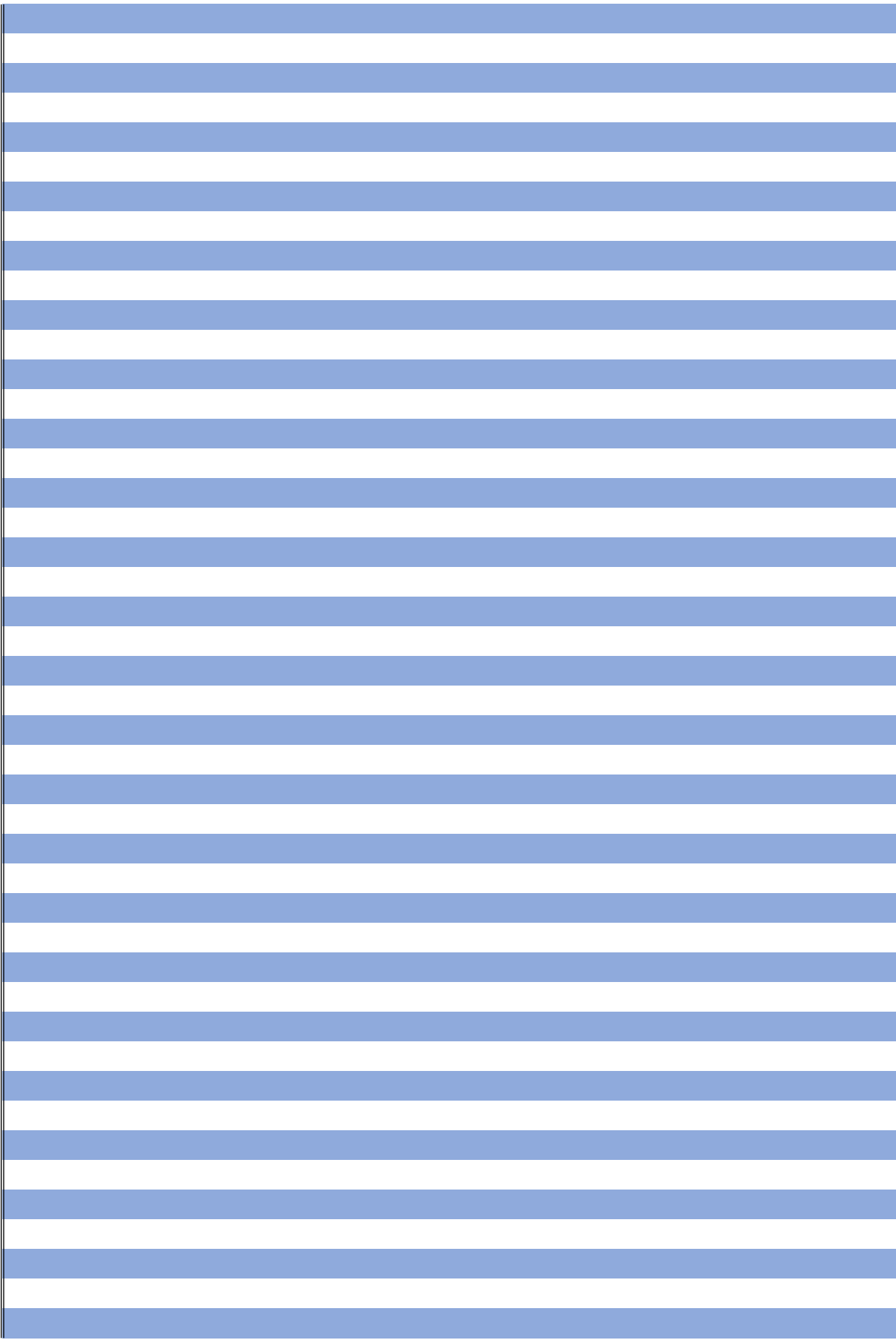


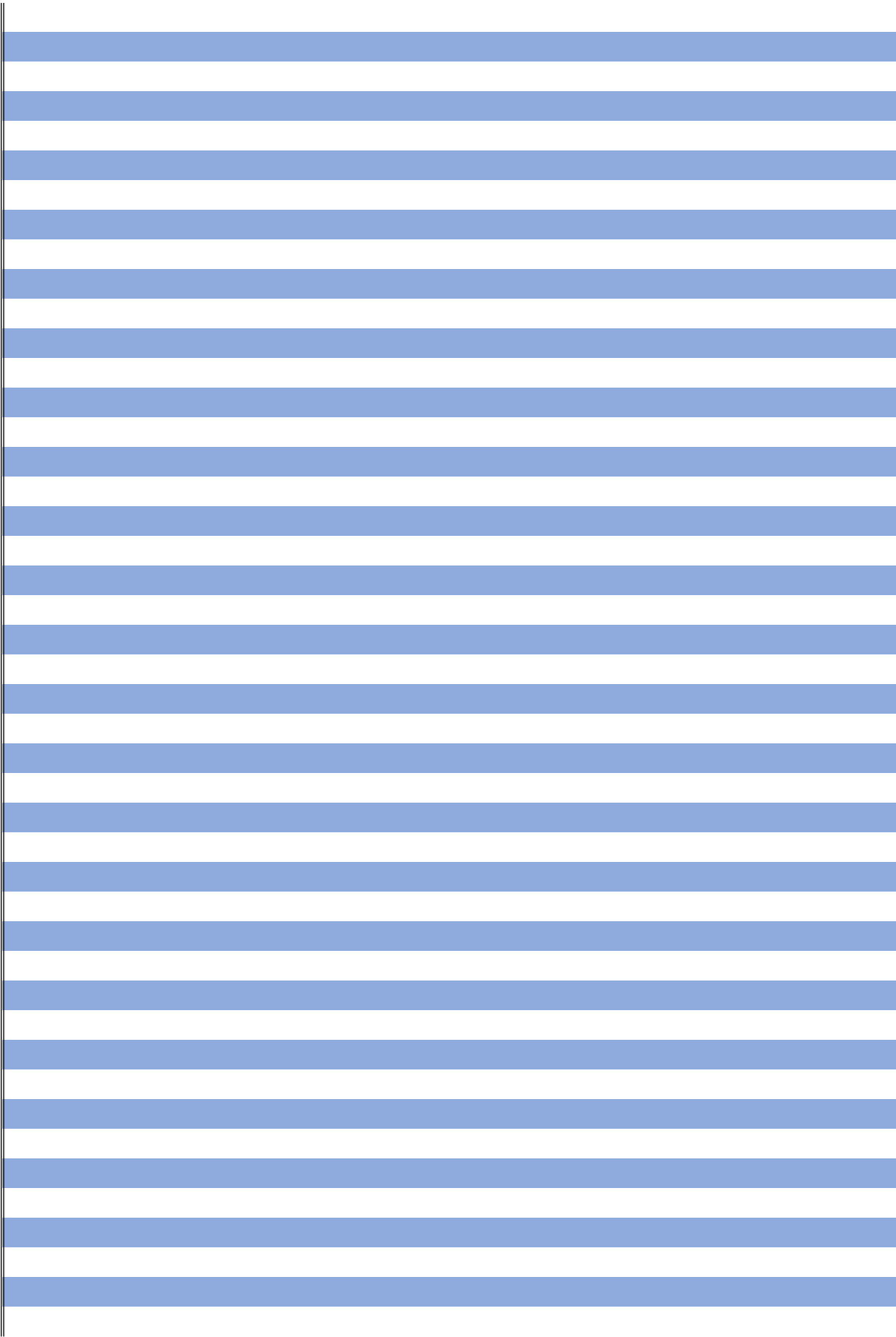


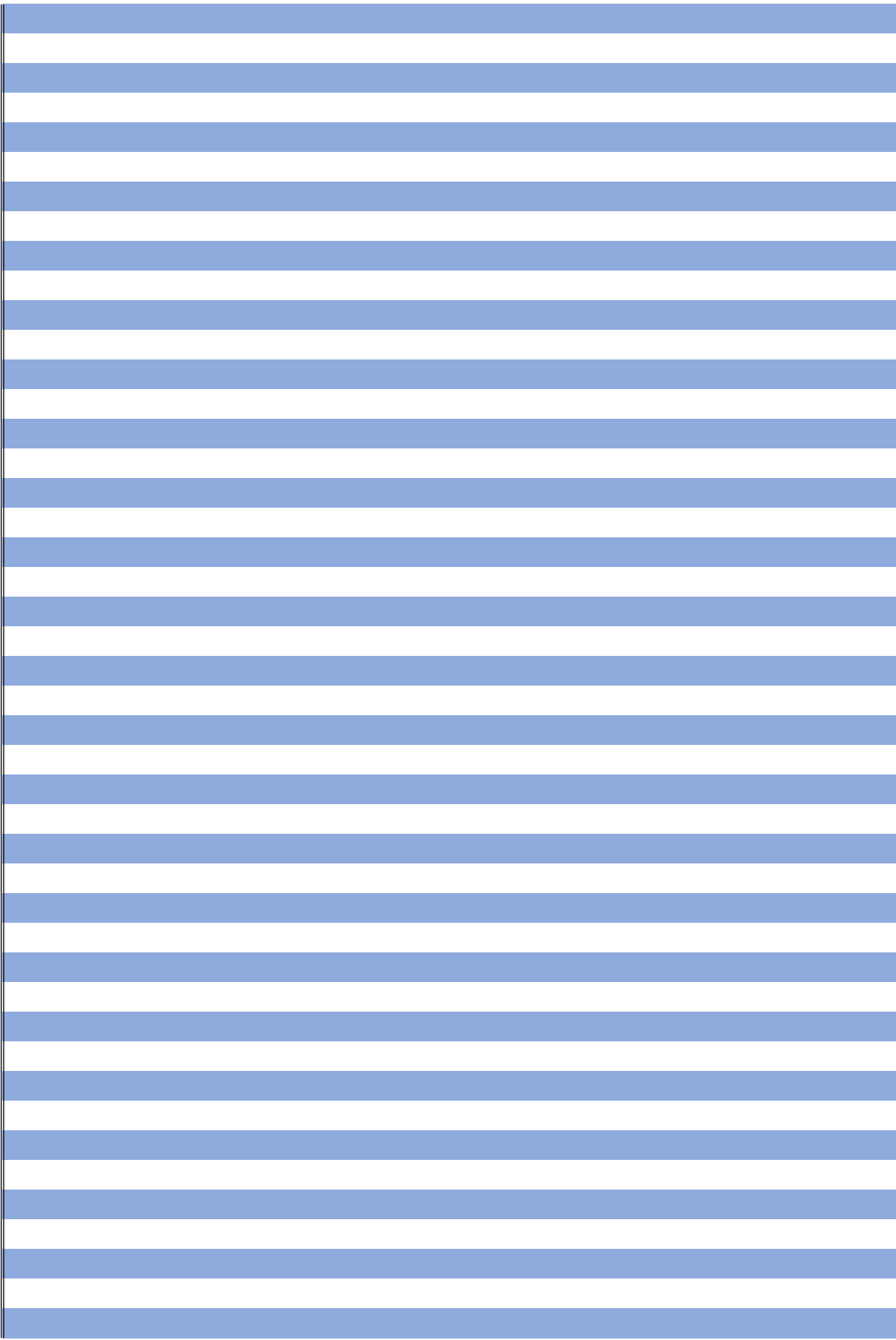


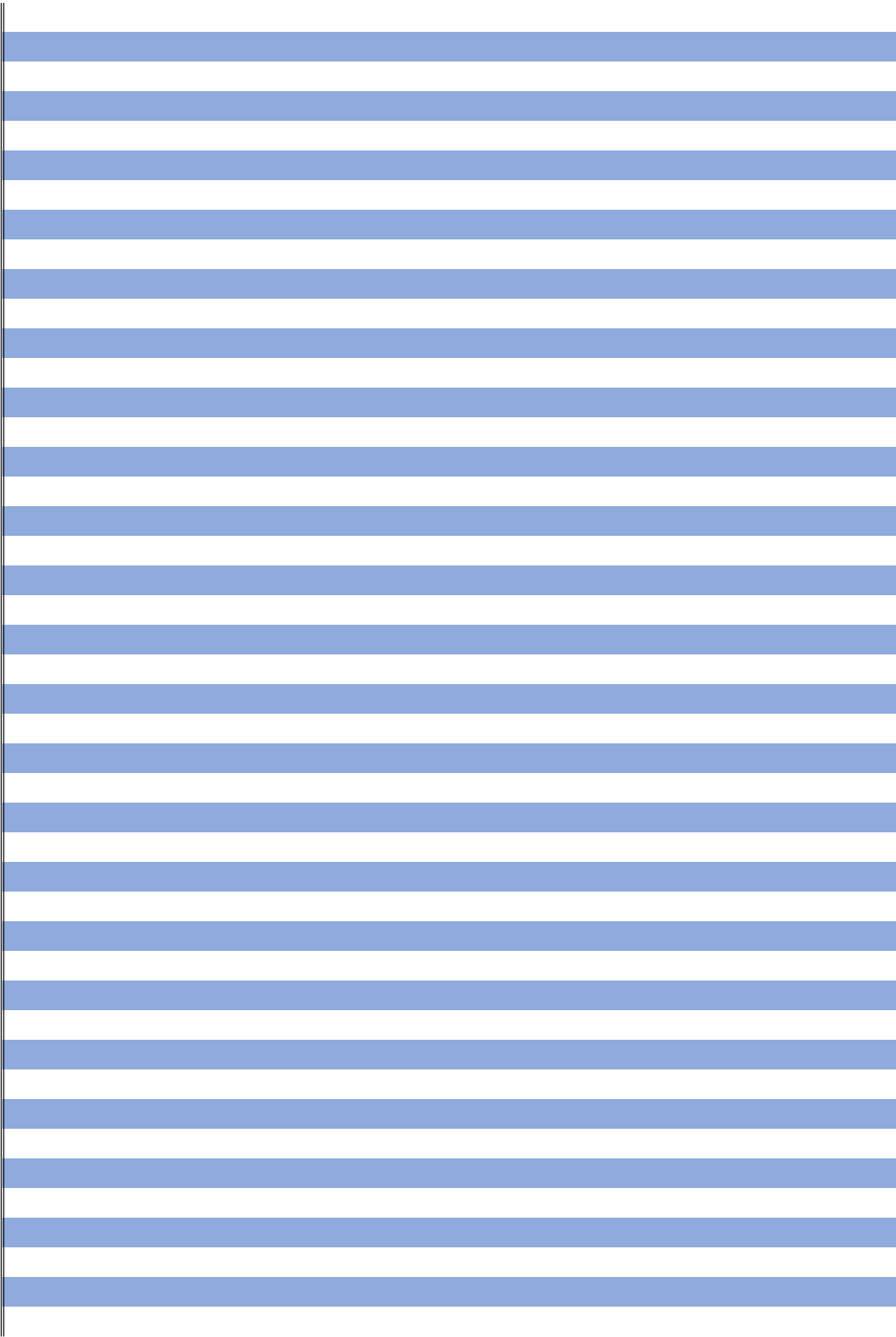


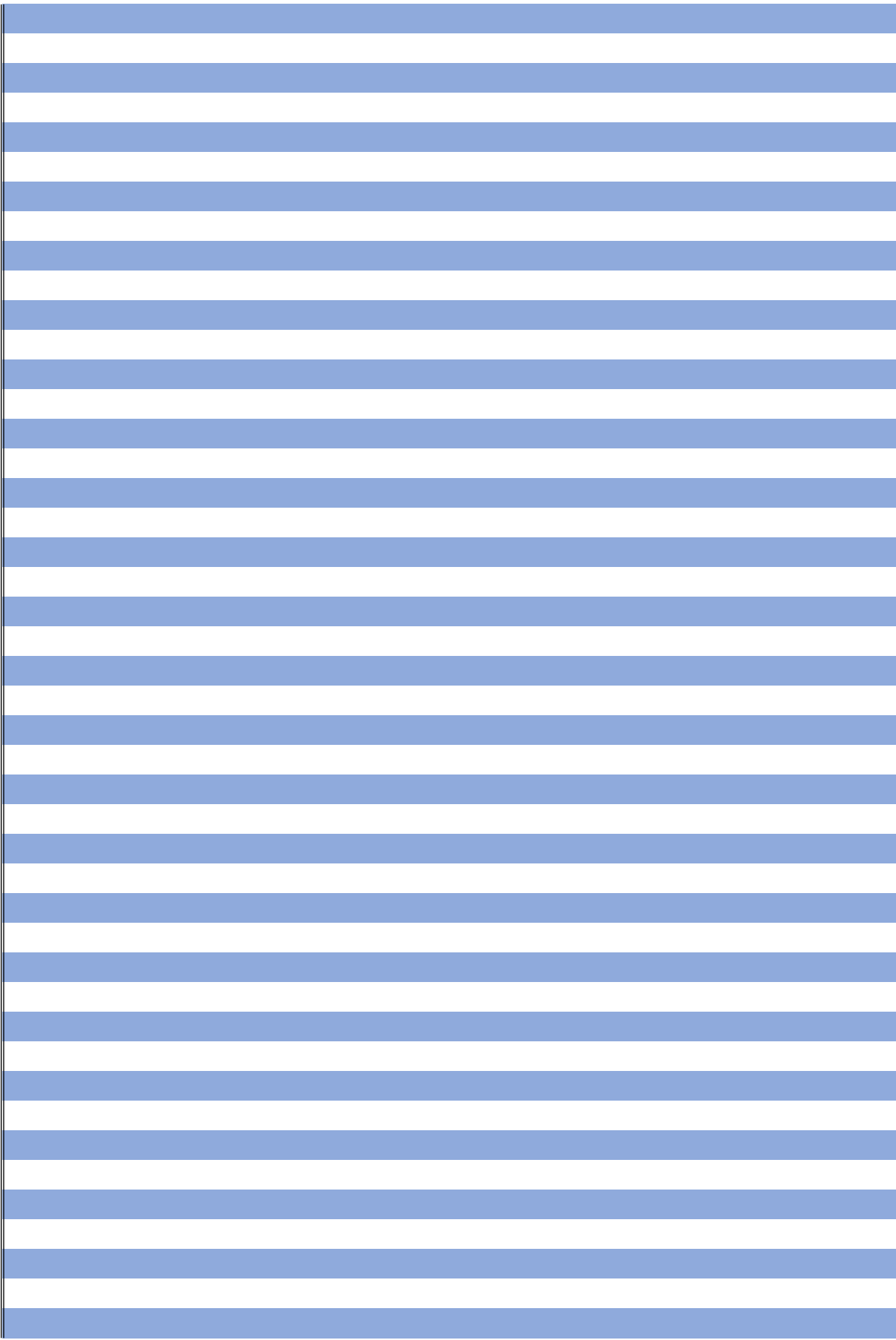


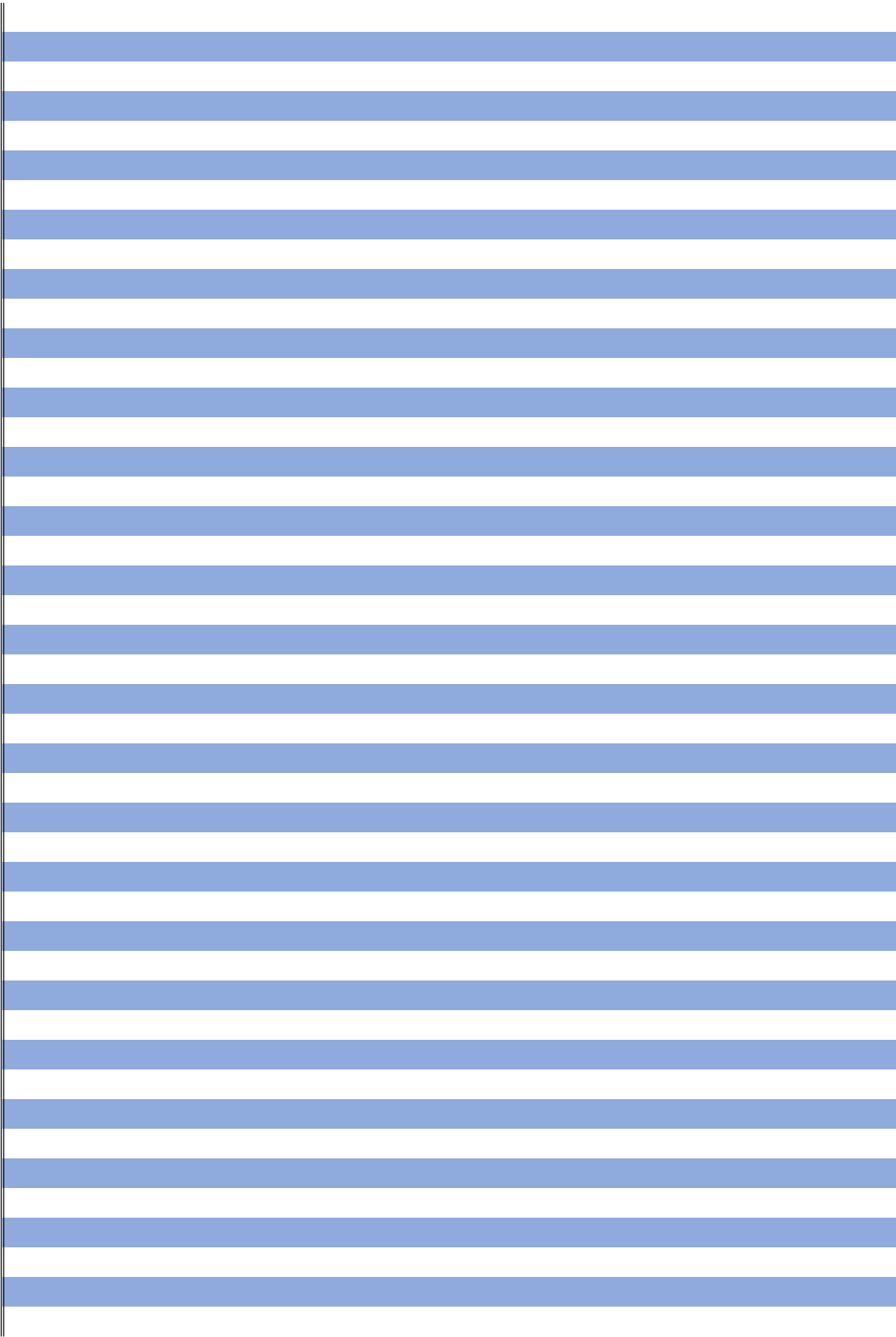


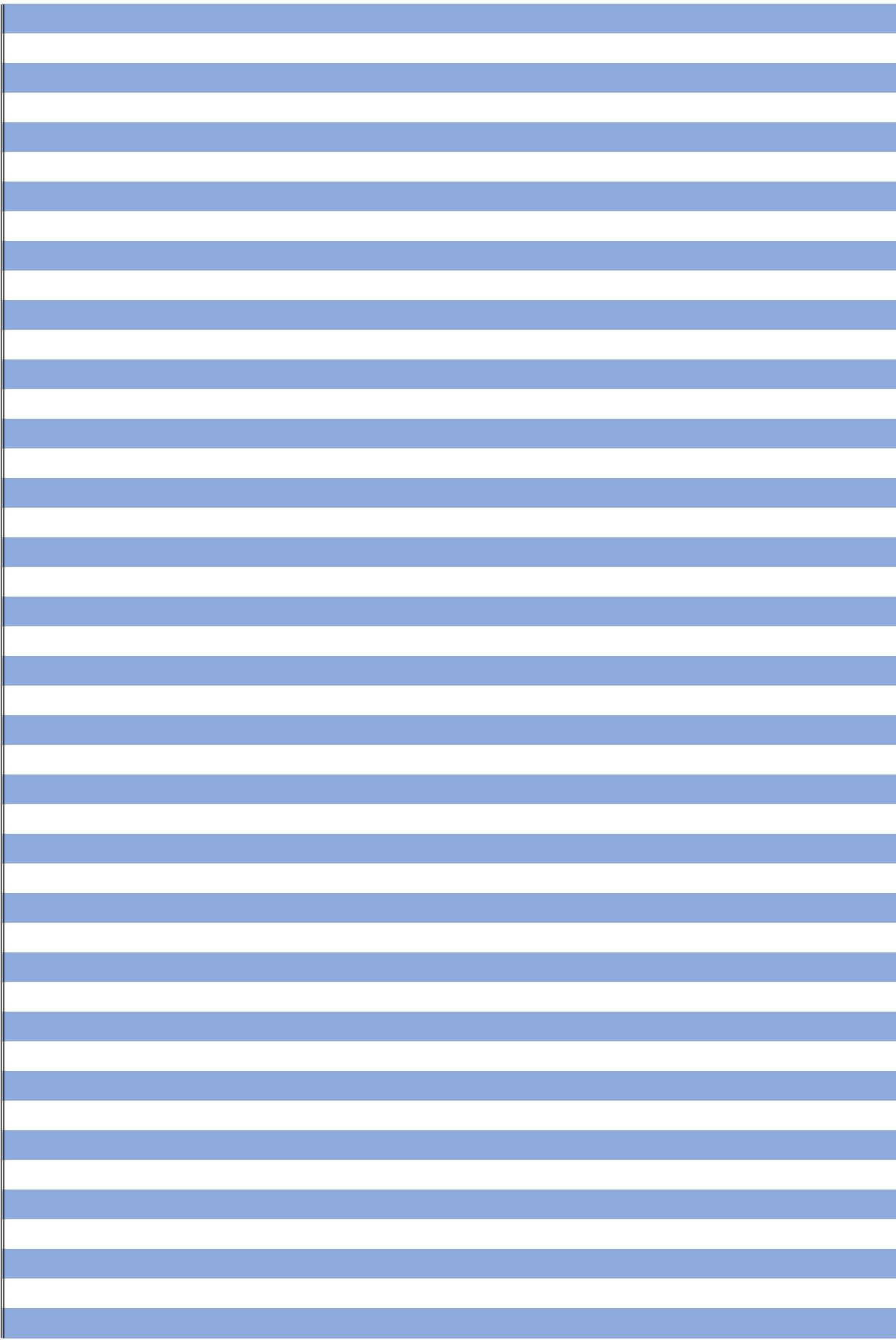


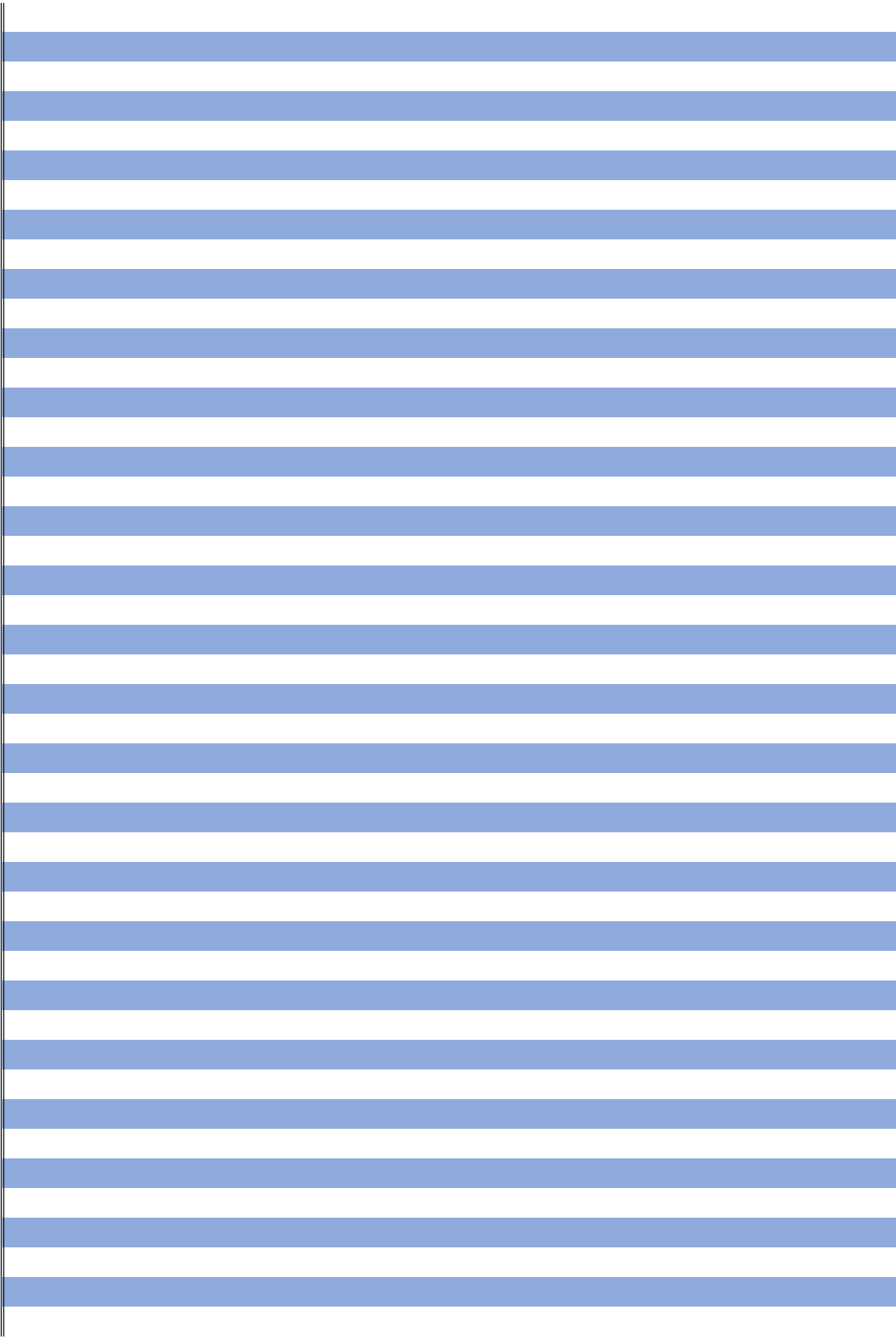


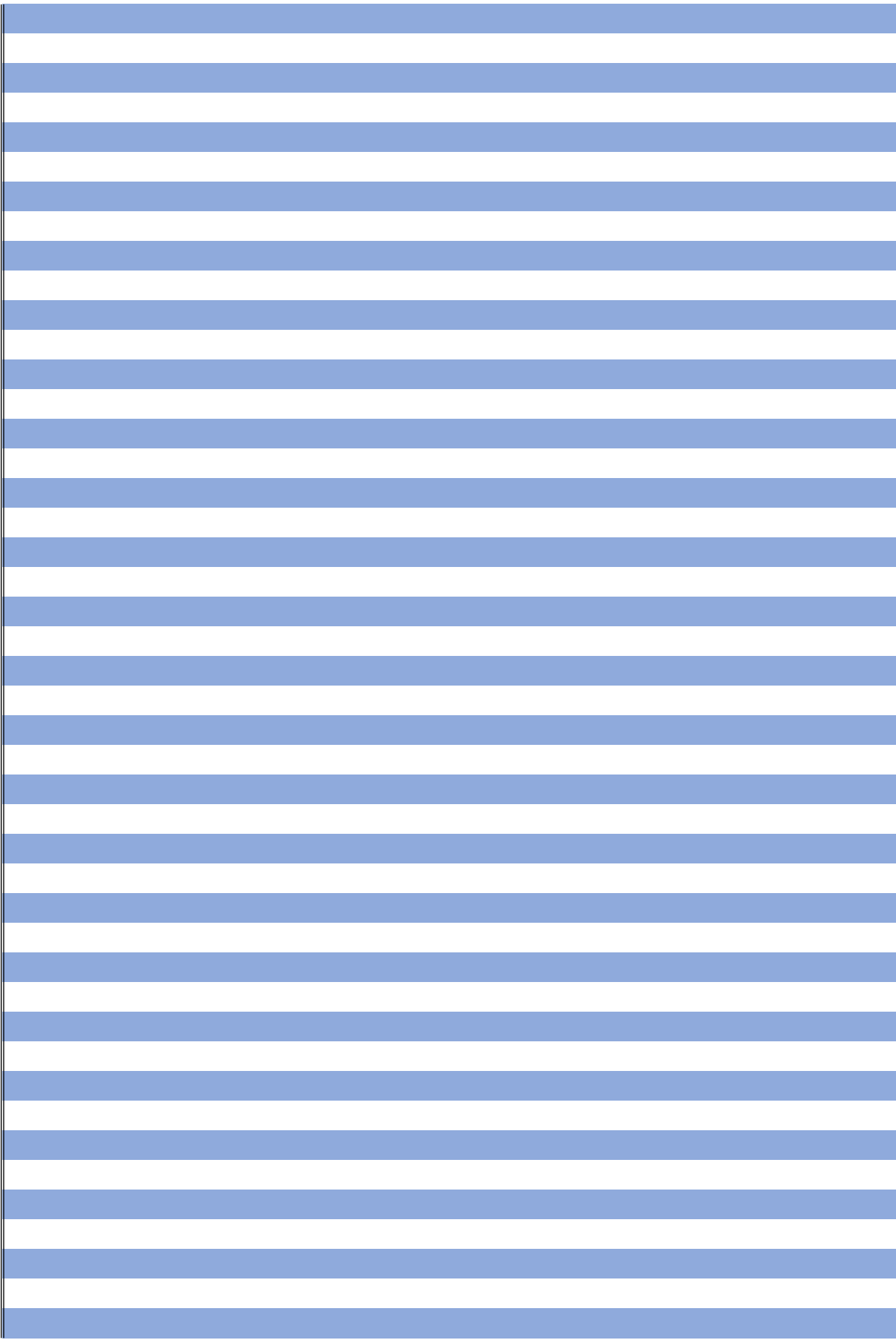


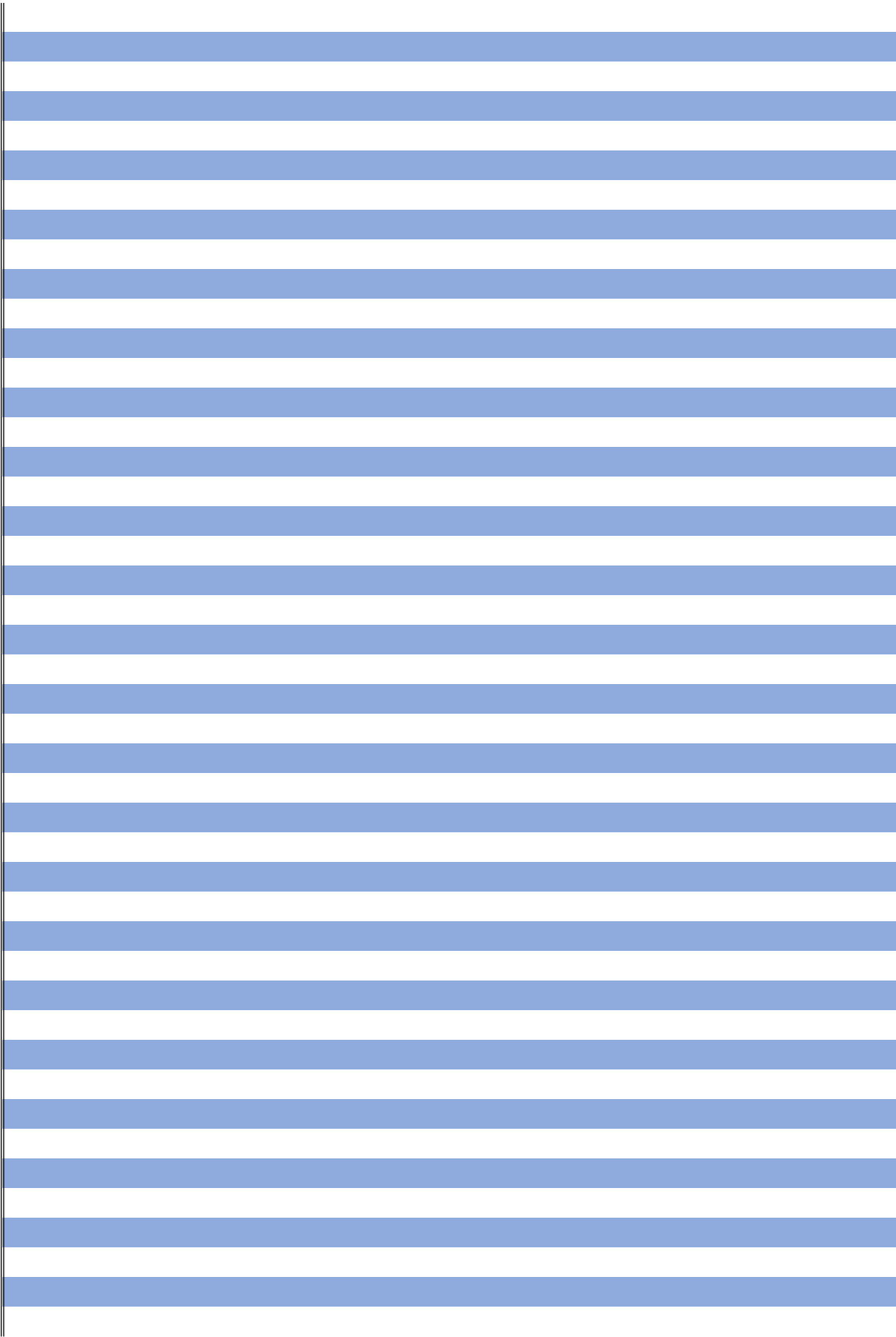


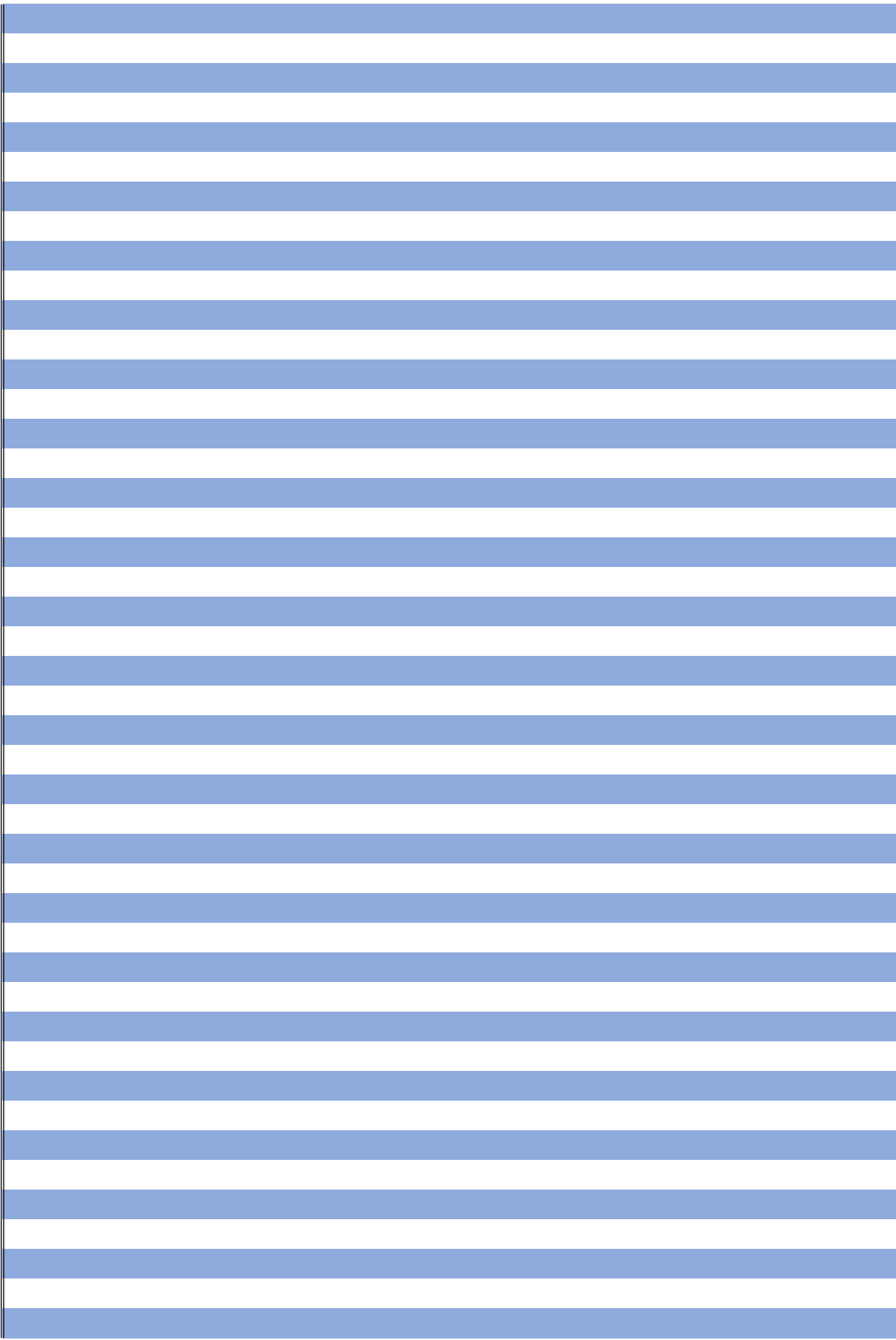


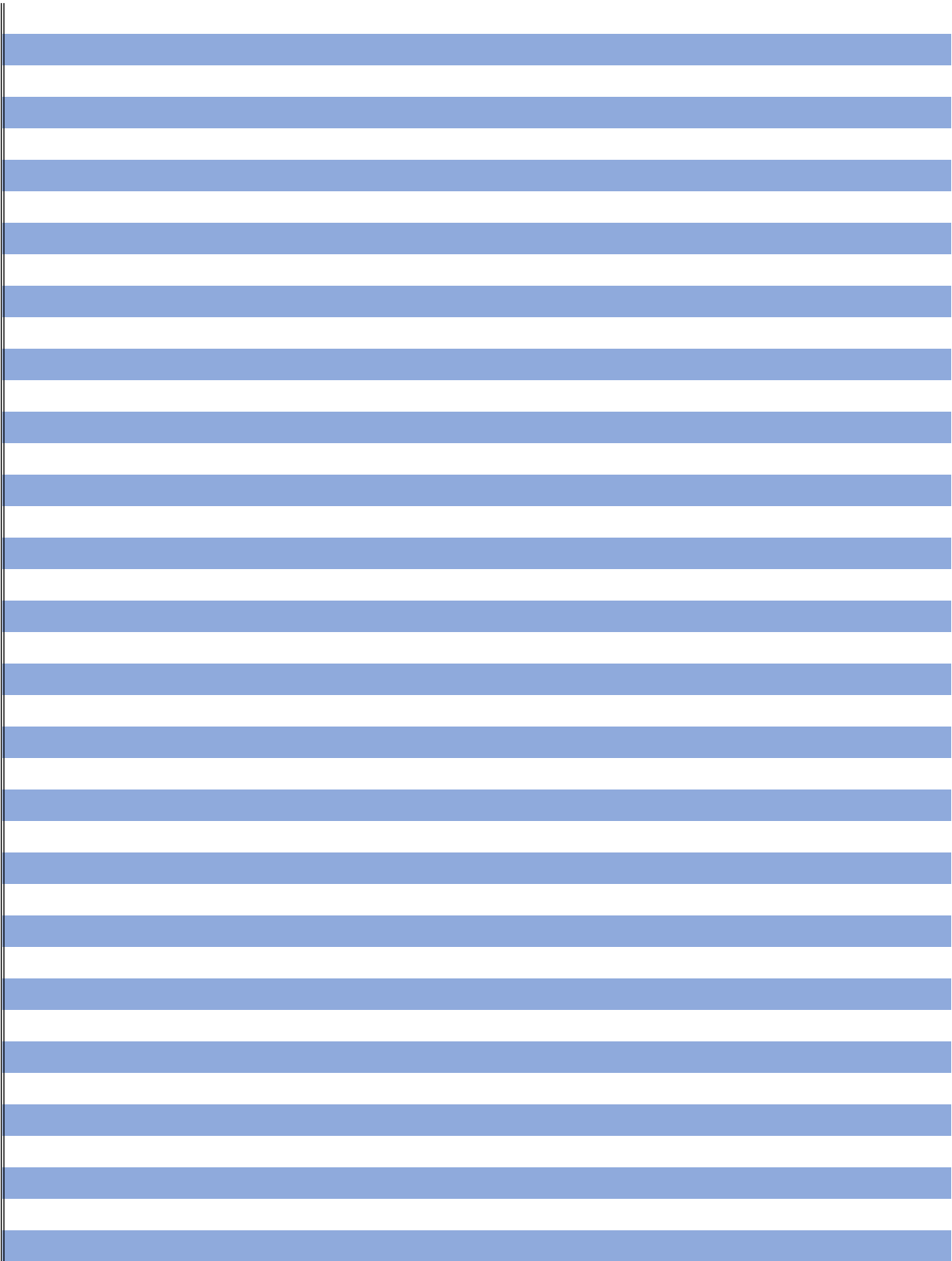






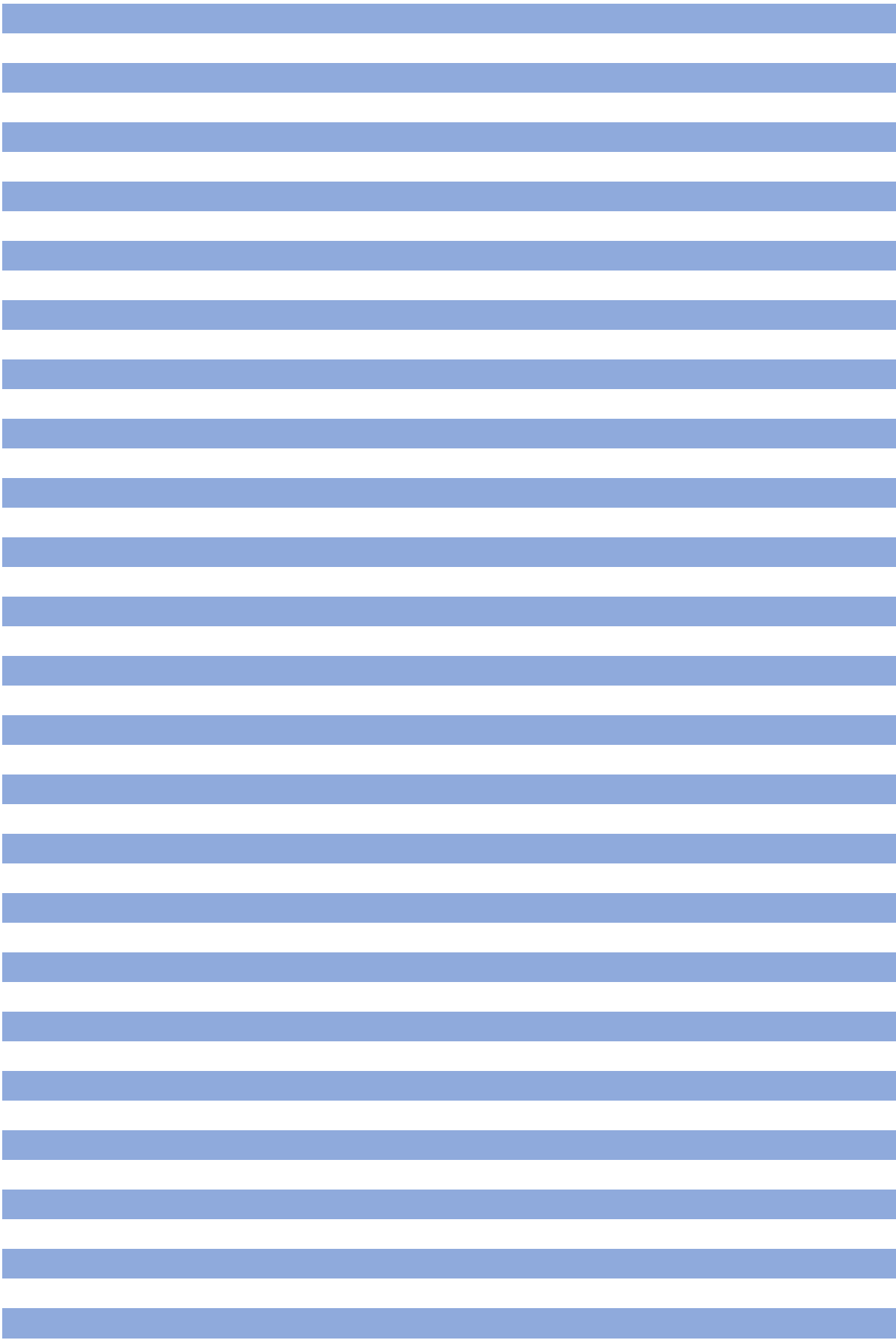


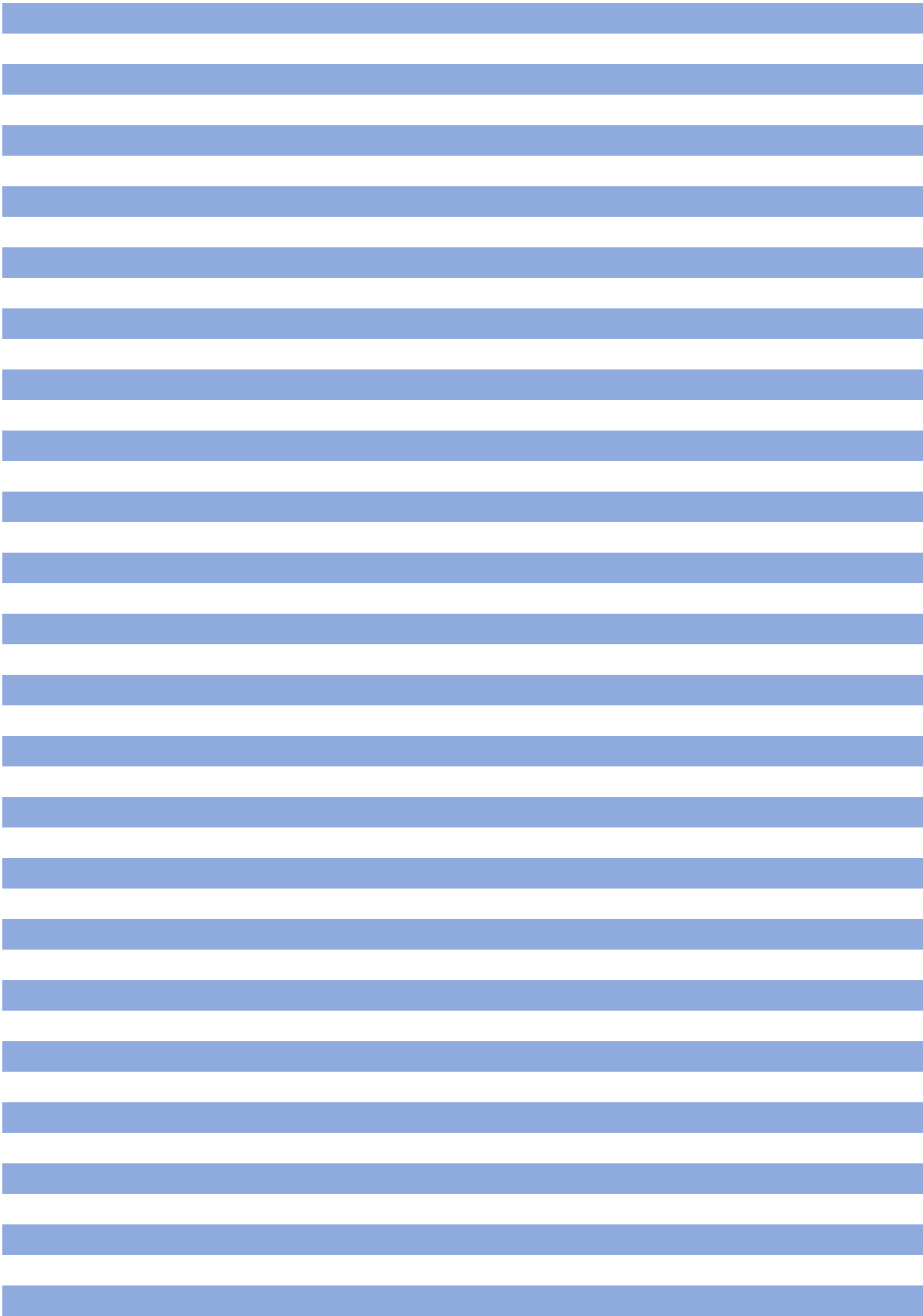


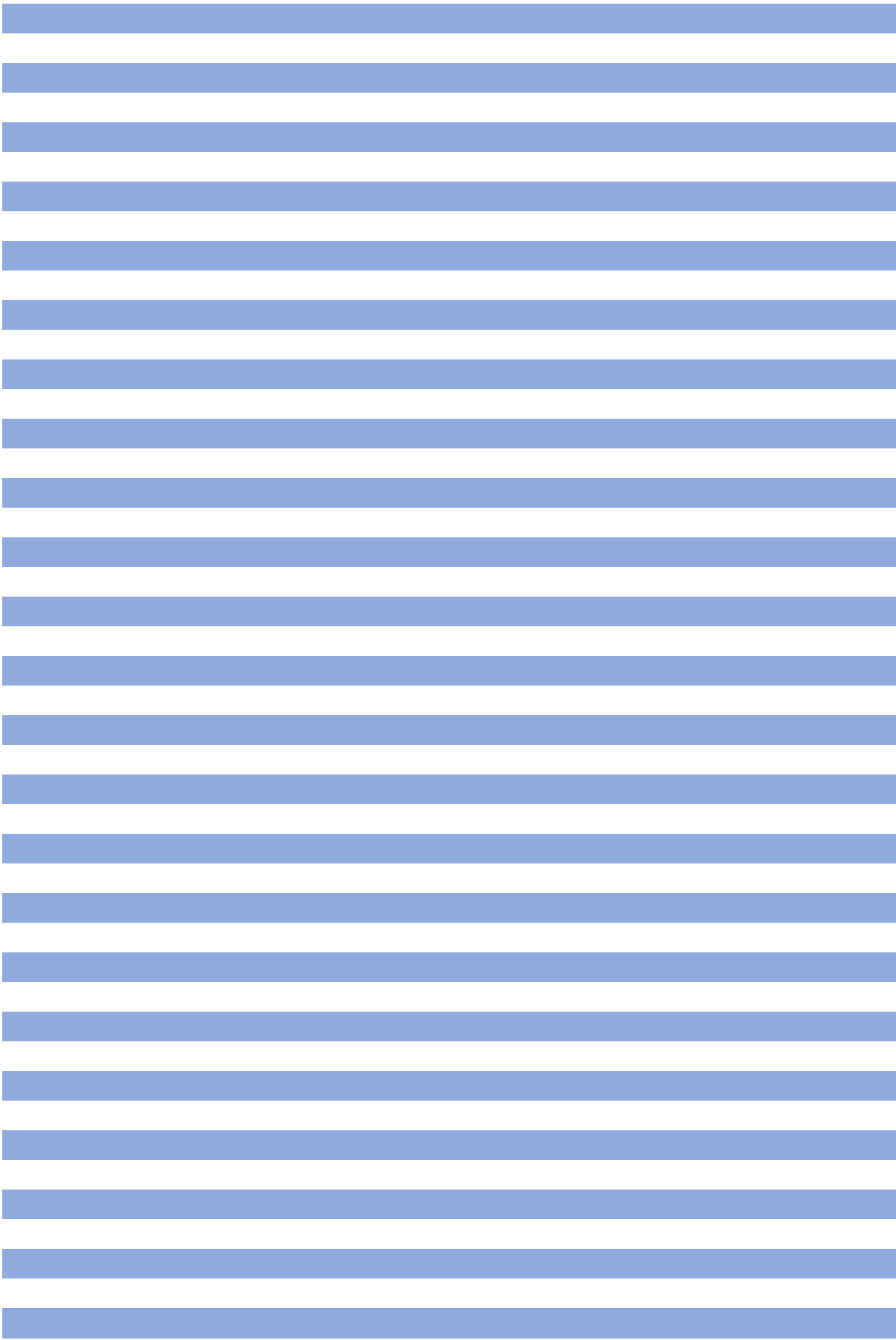


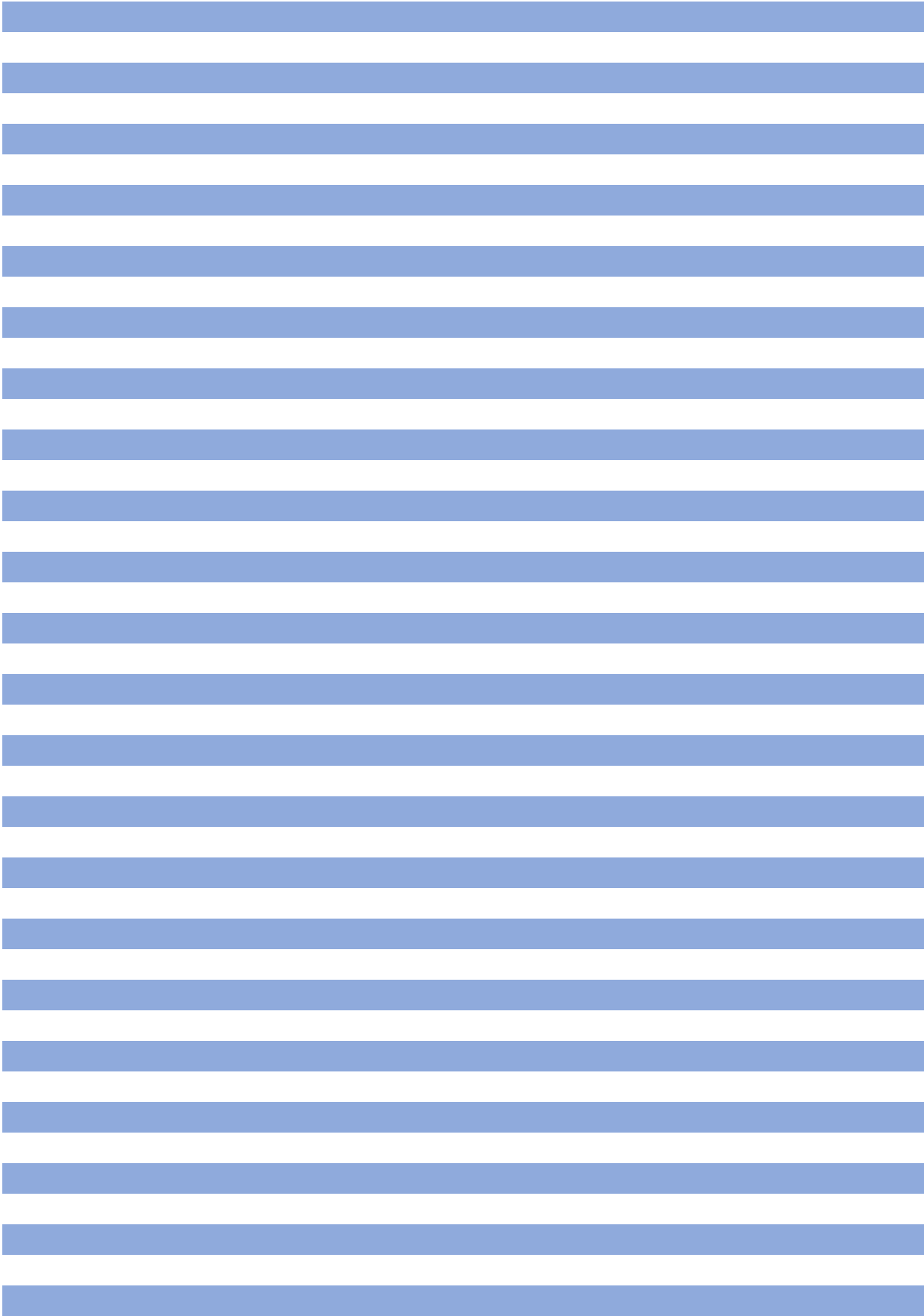
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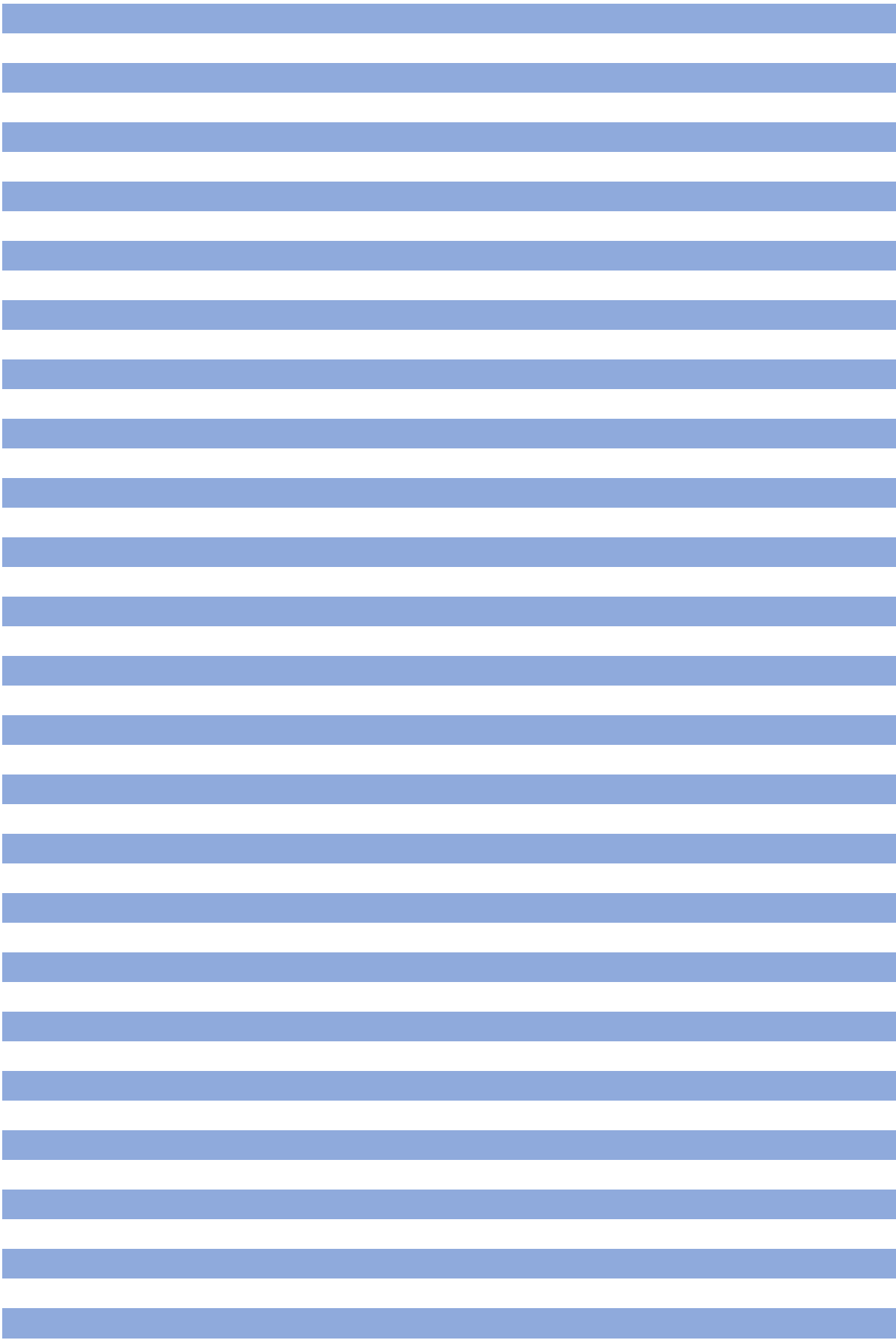
Blue horizontal bars representing data rows.

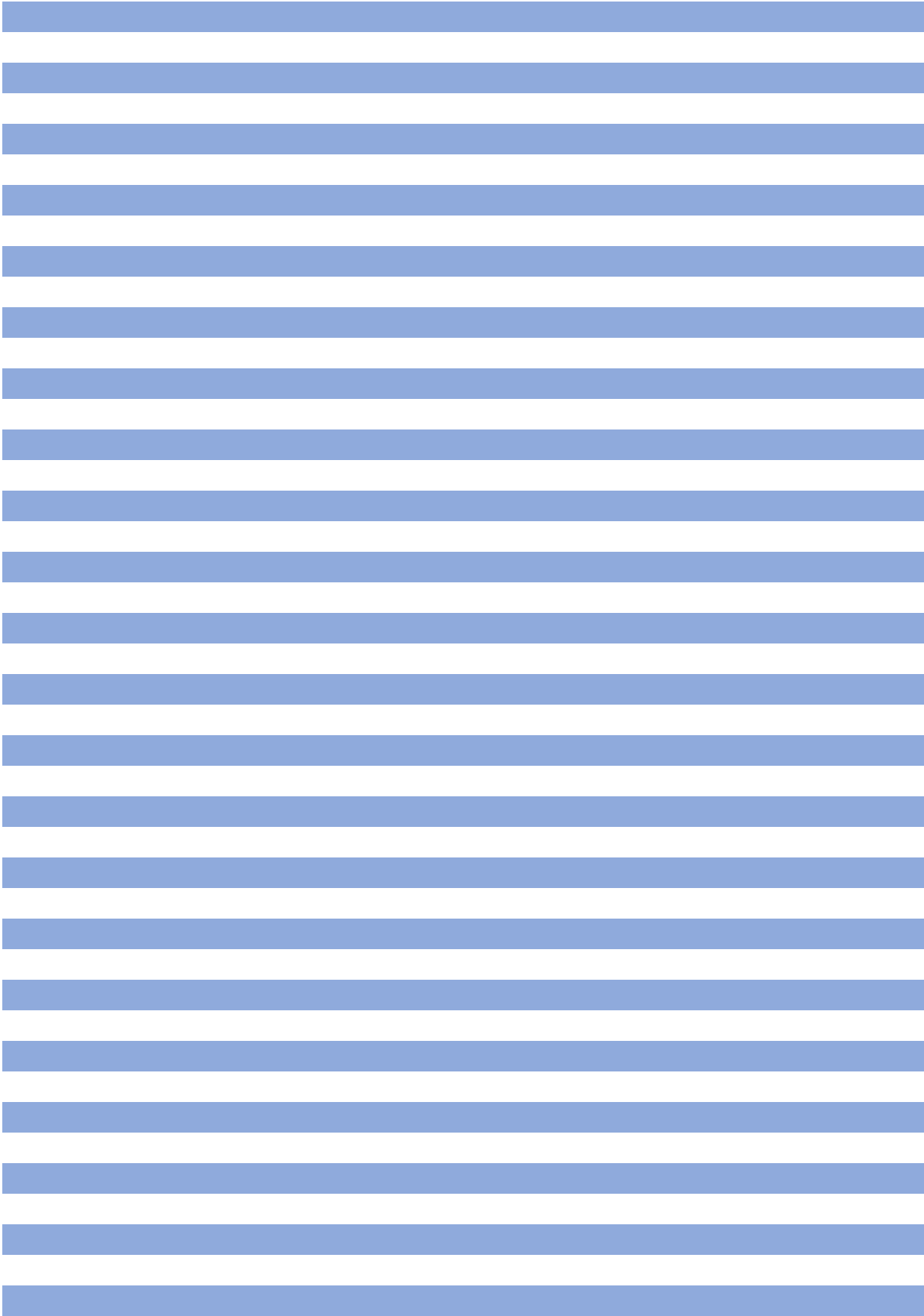


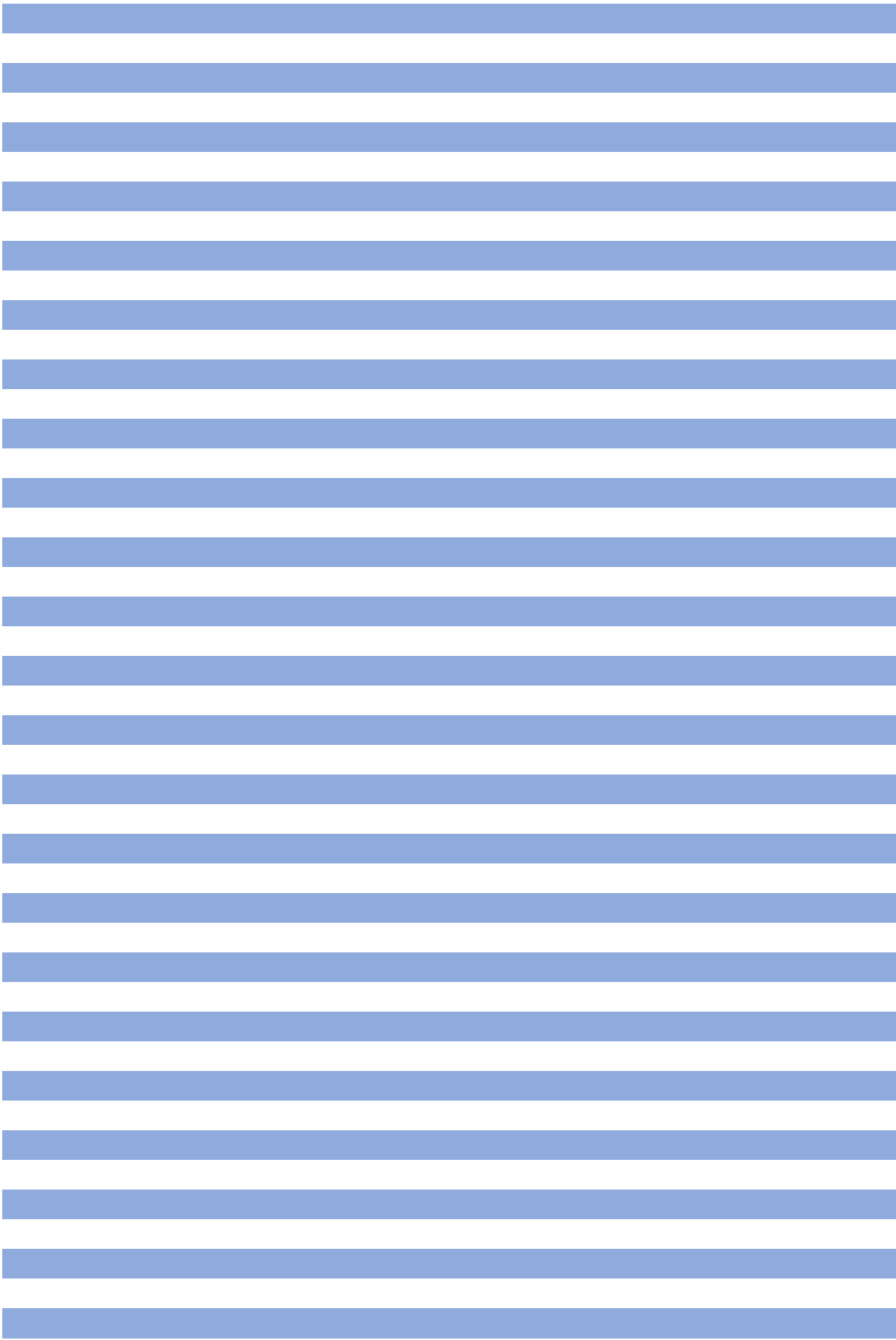


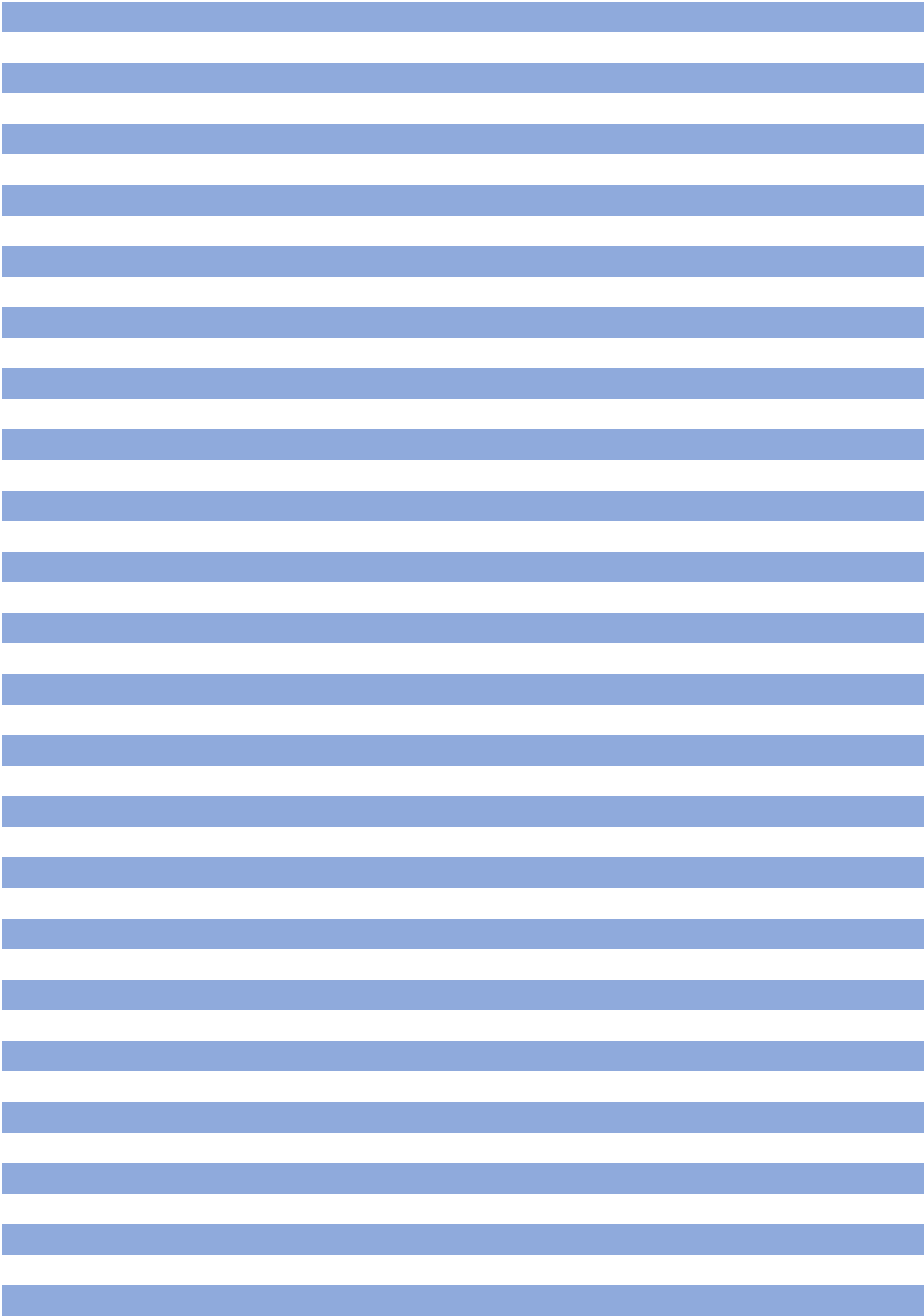


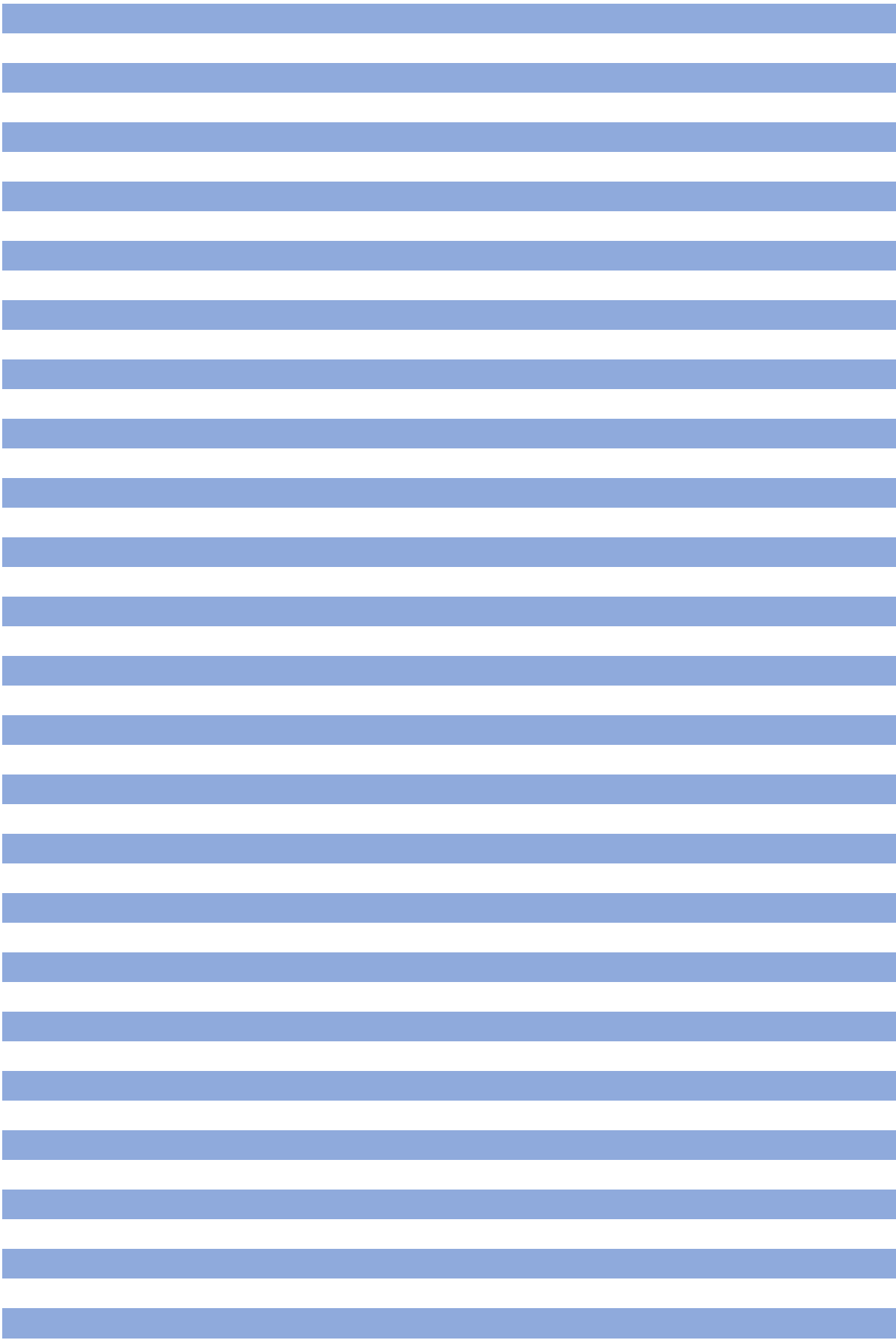


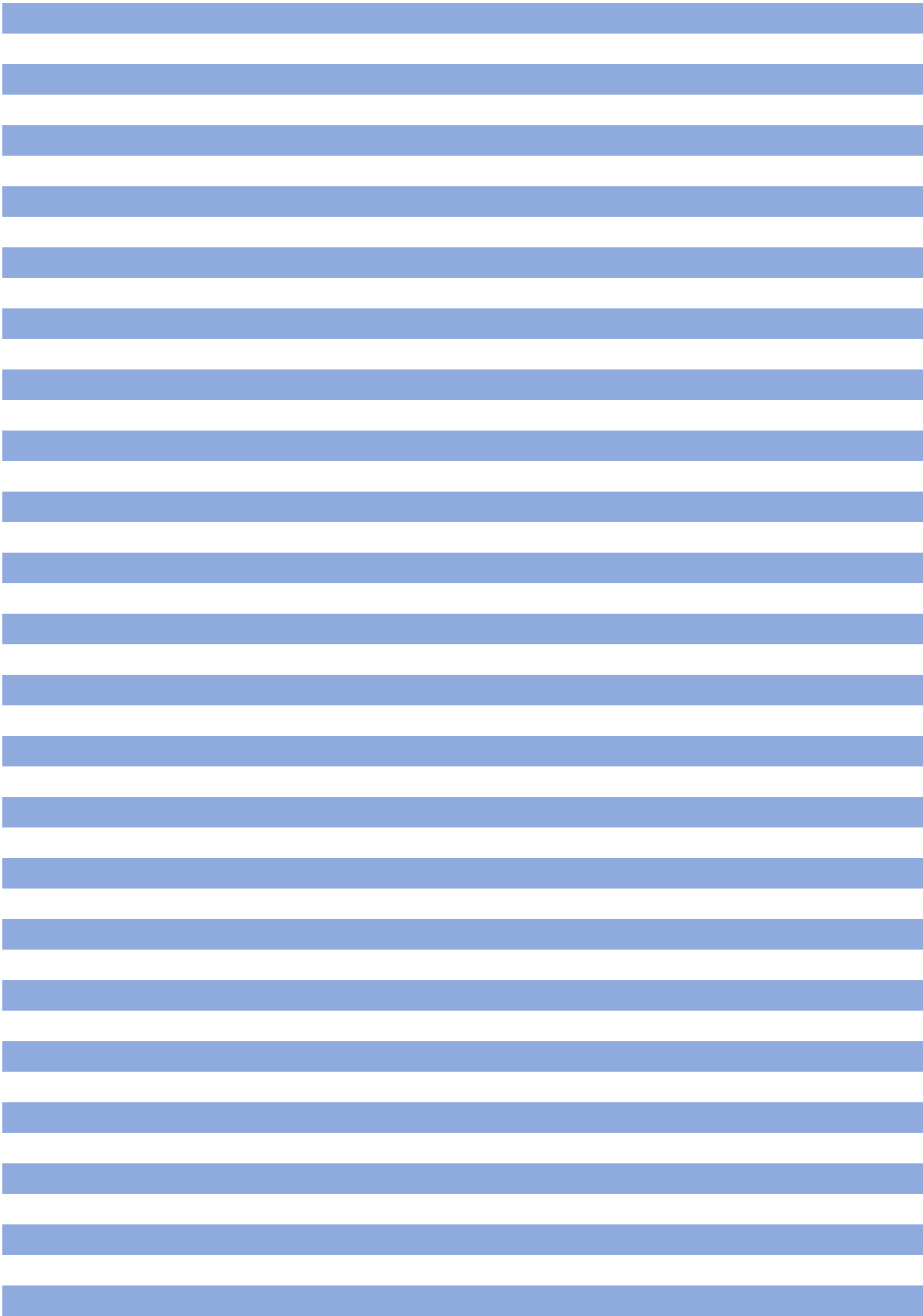


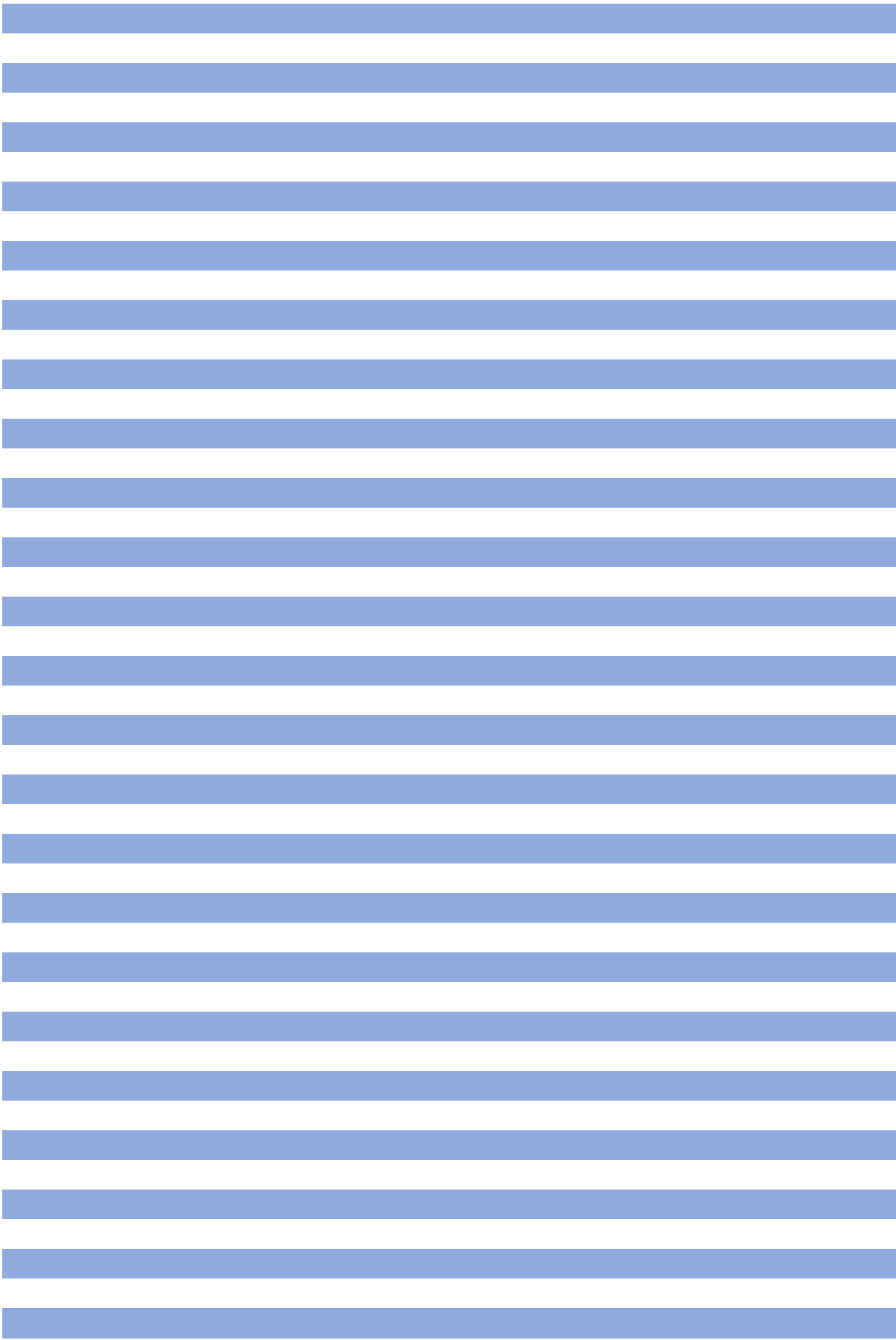


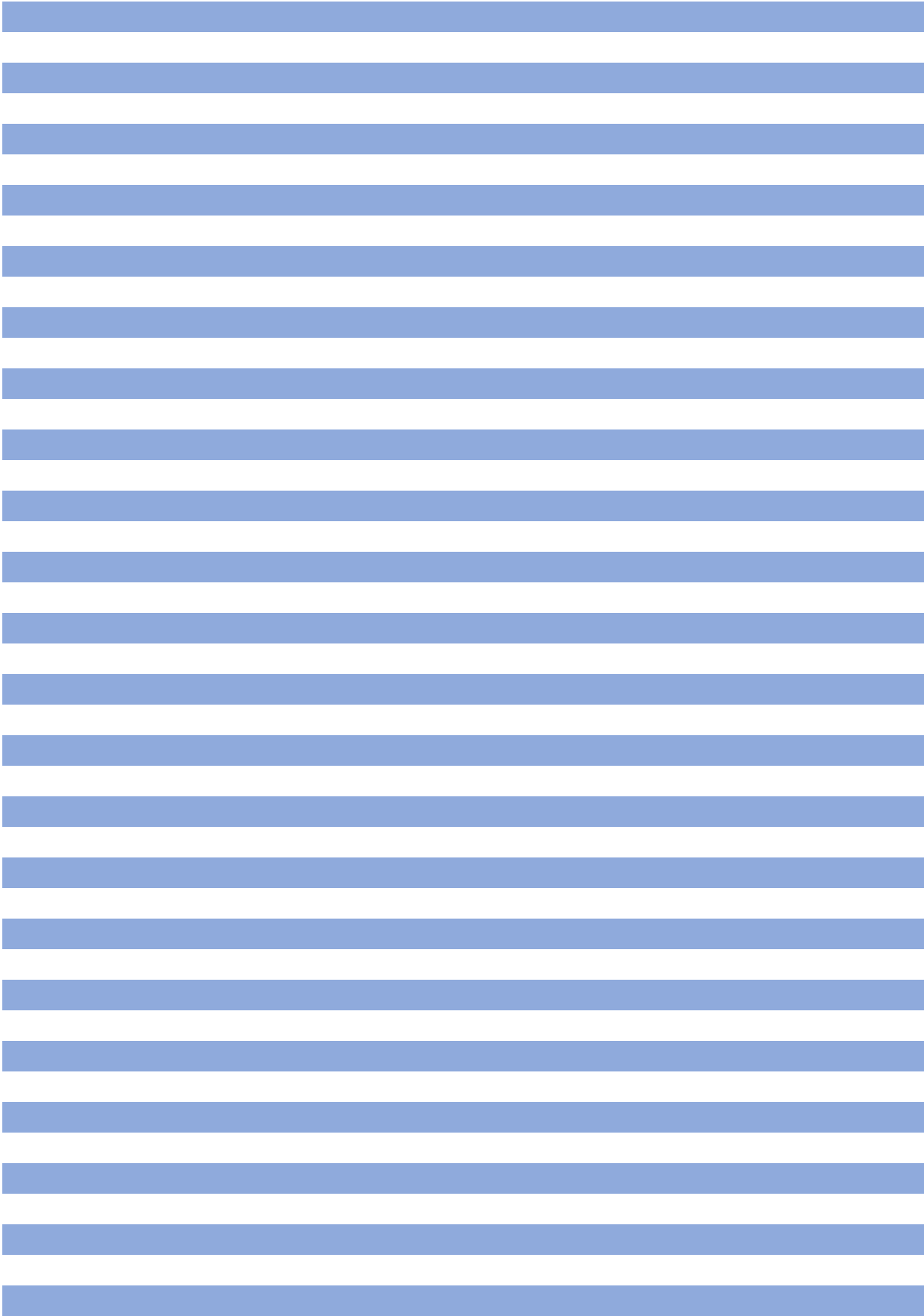


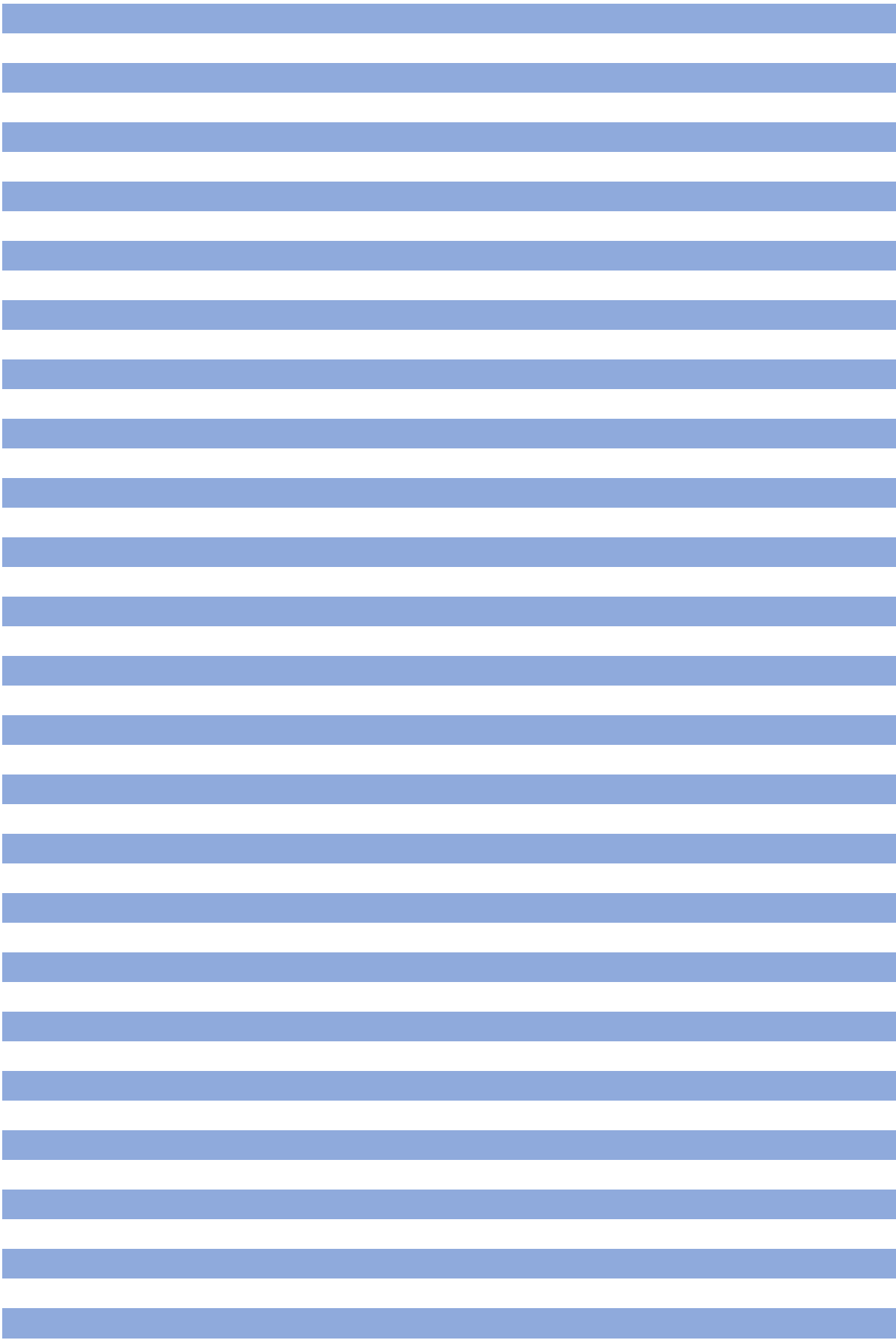


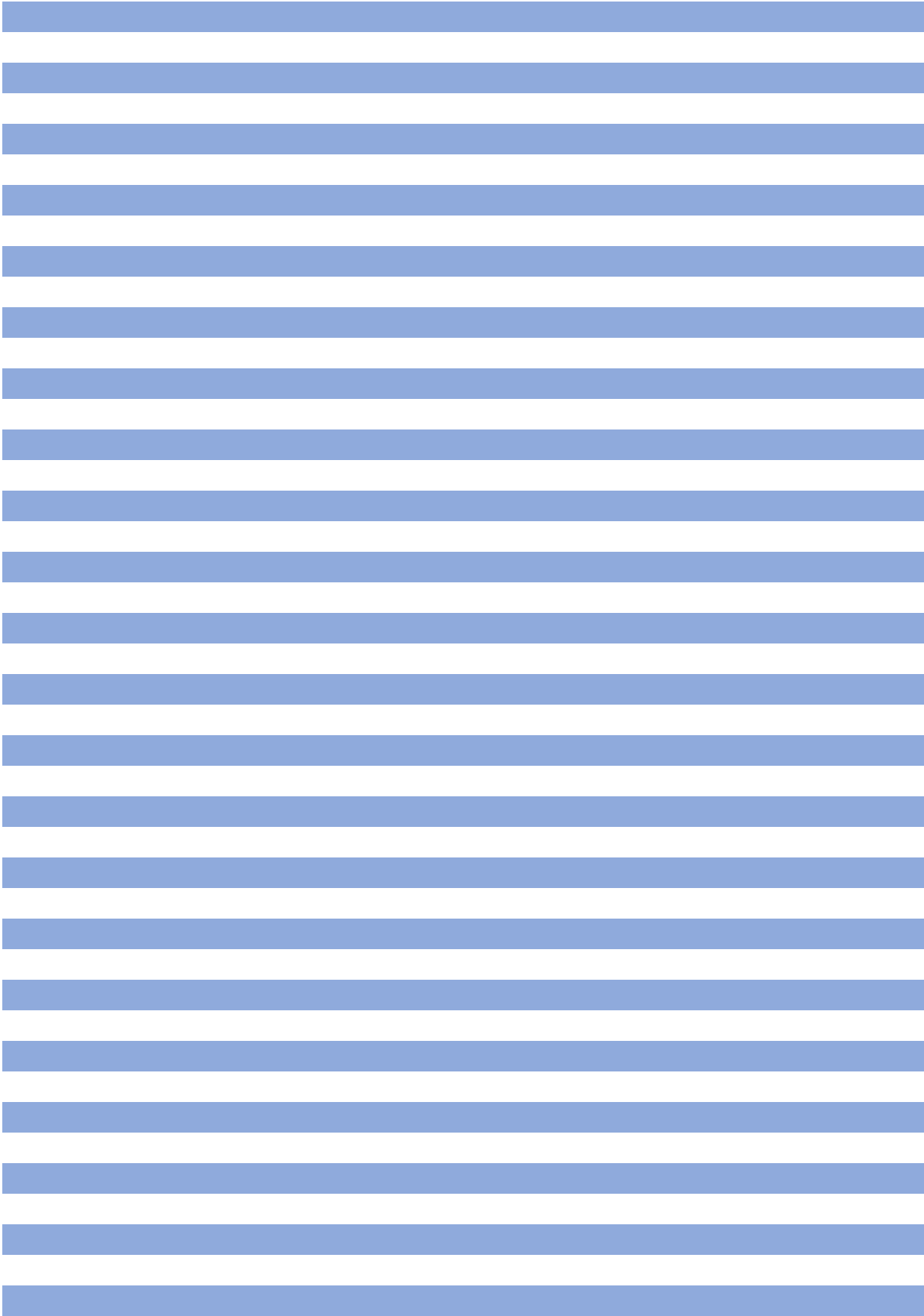


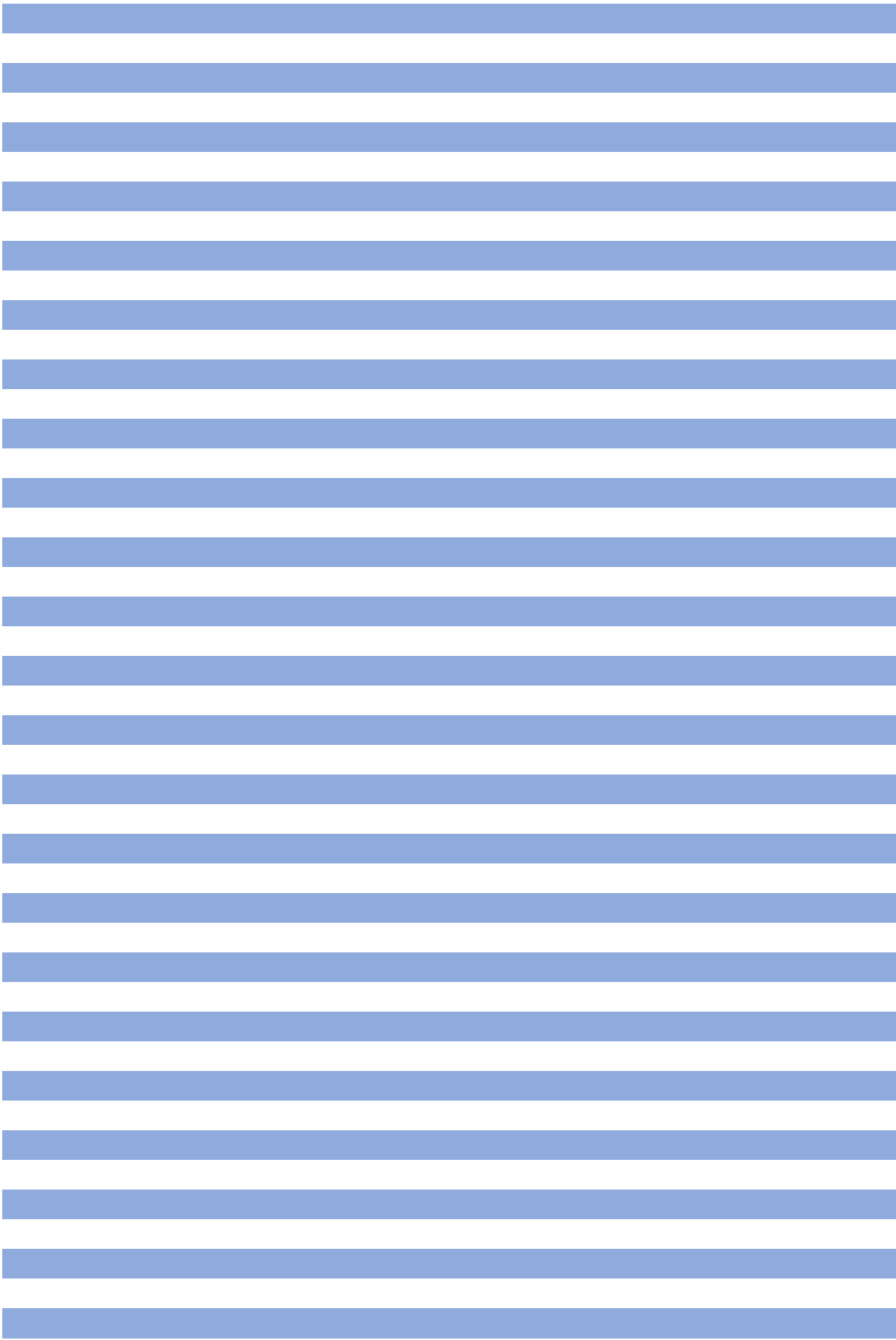


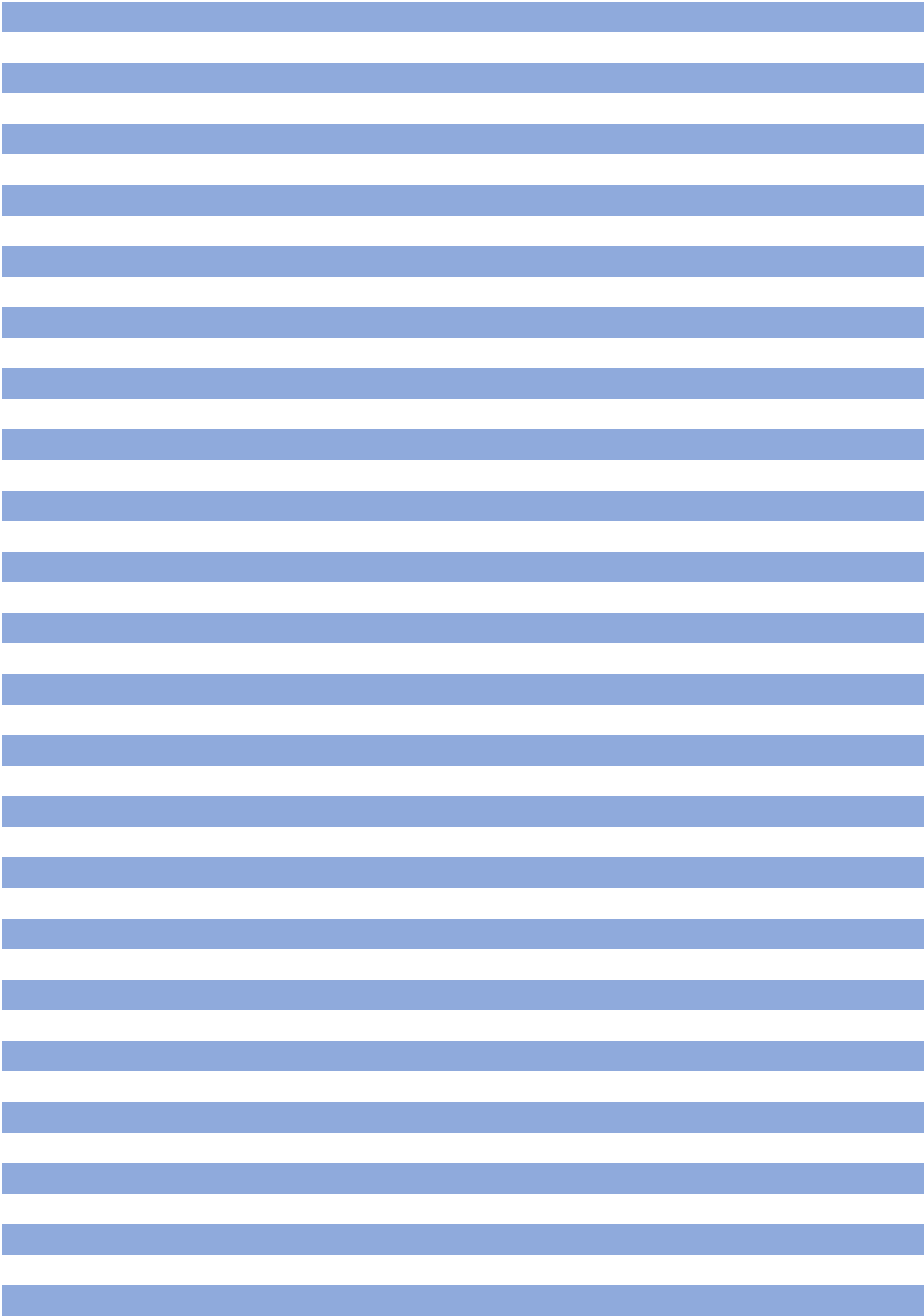


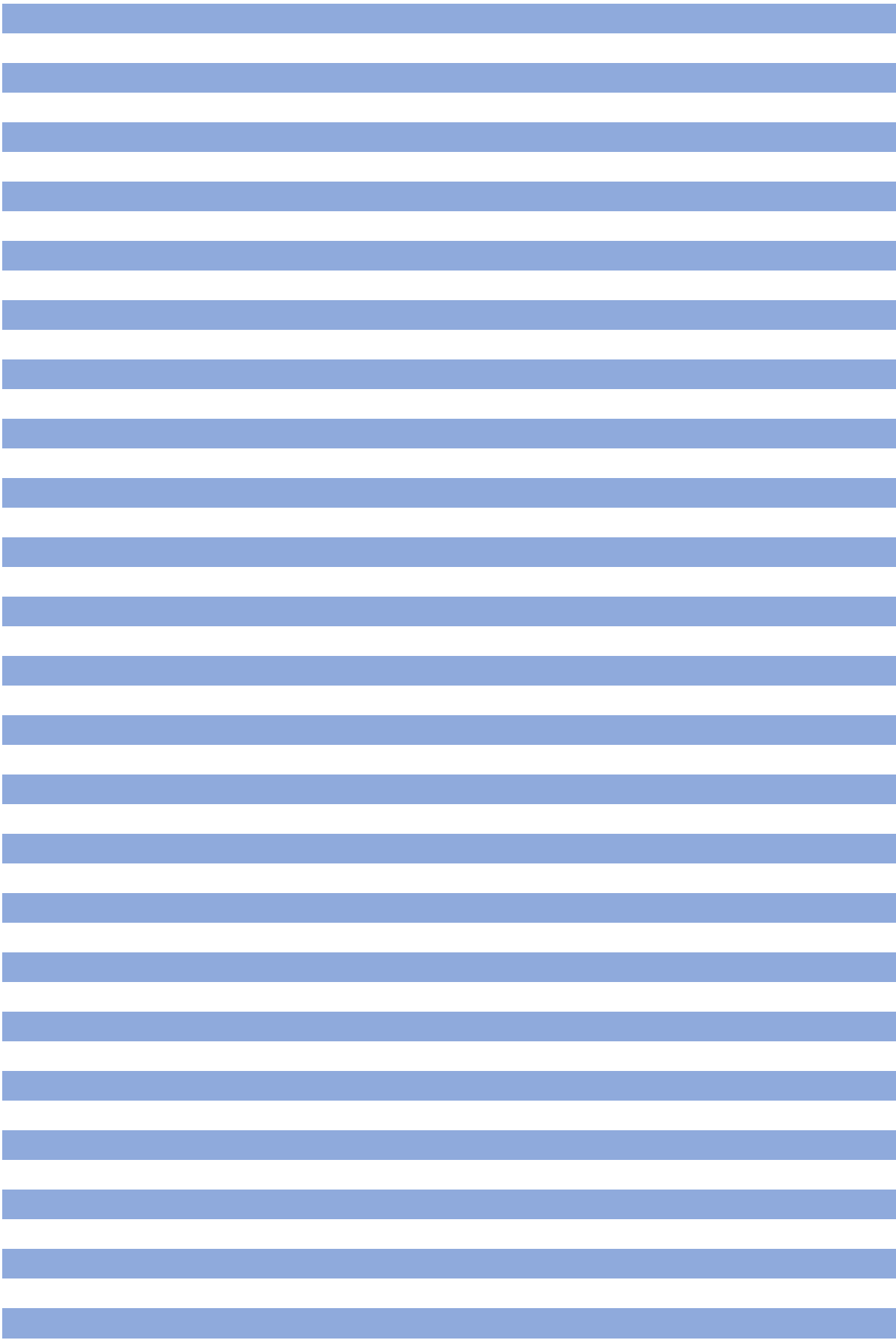


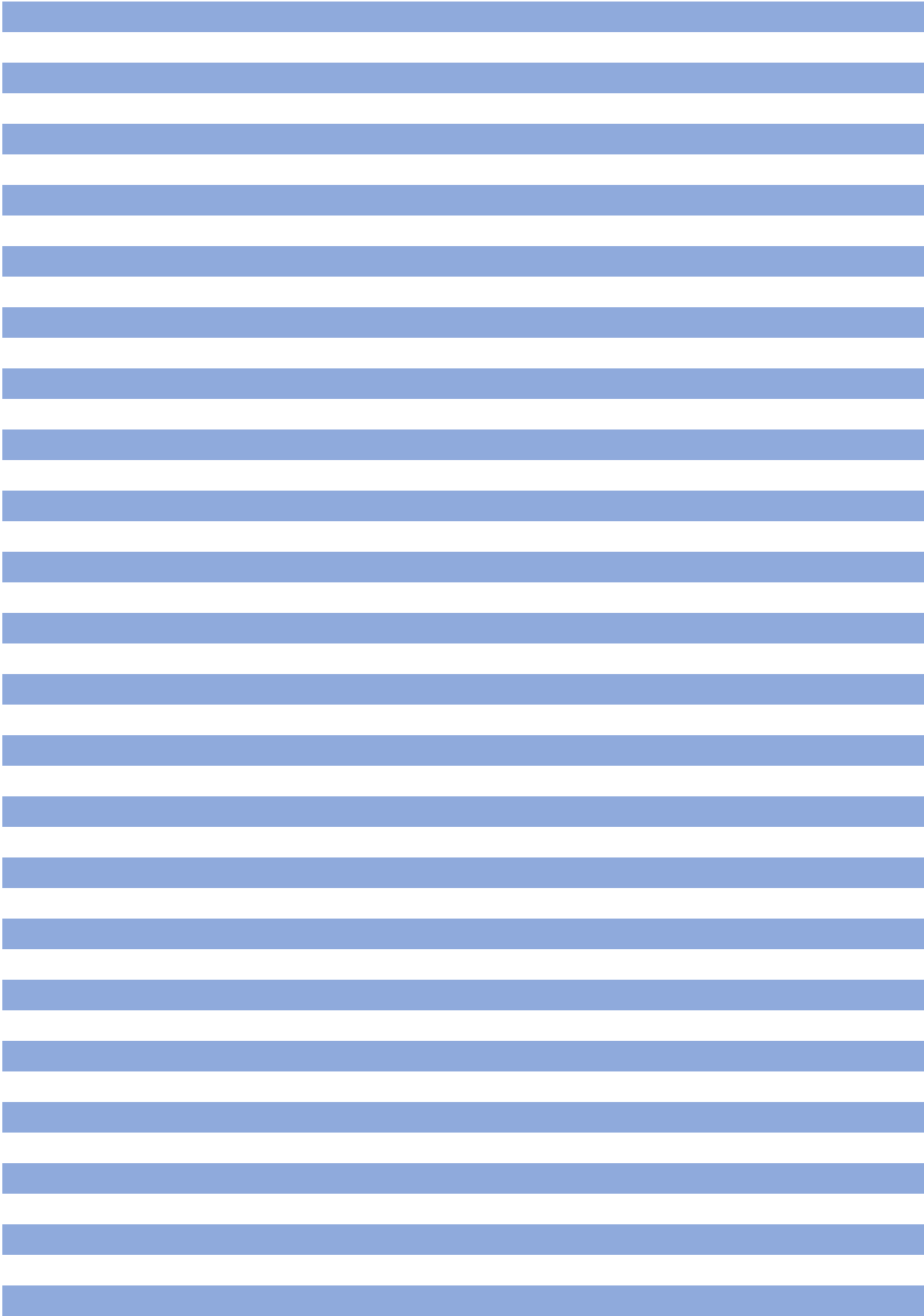


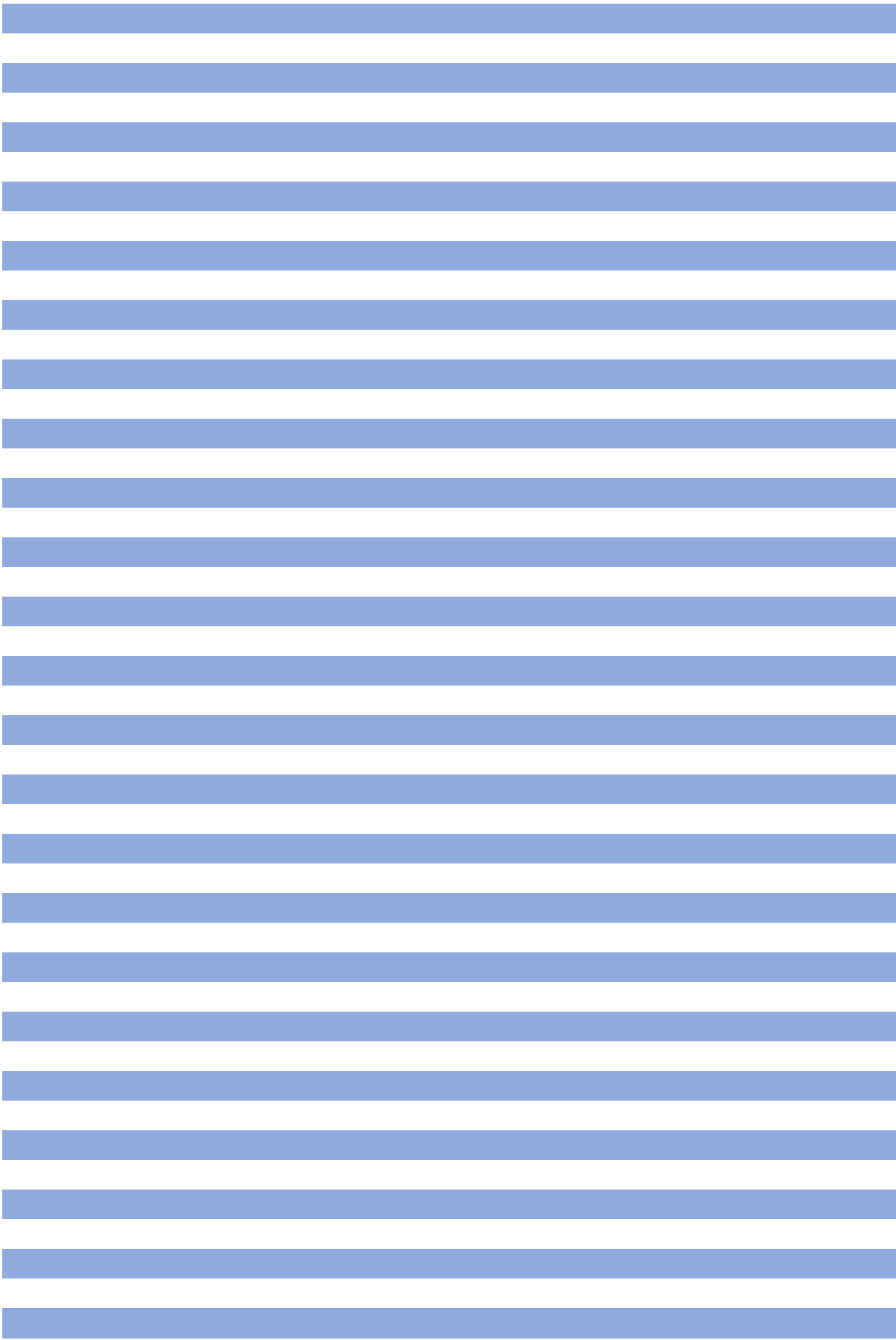


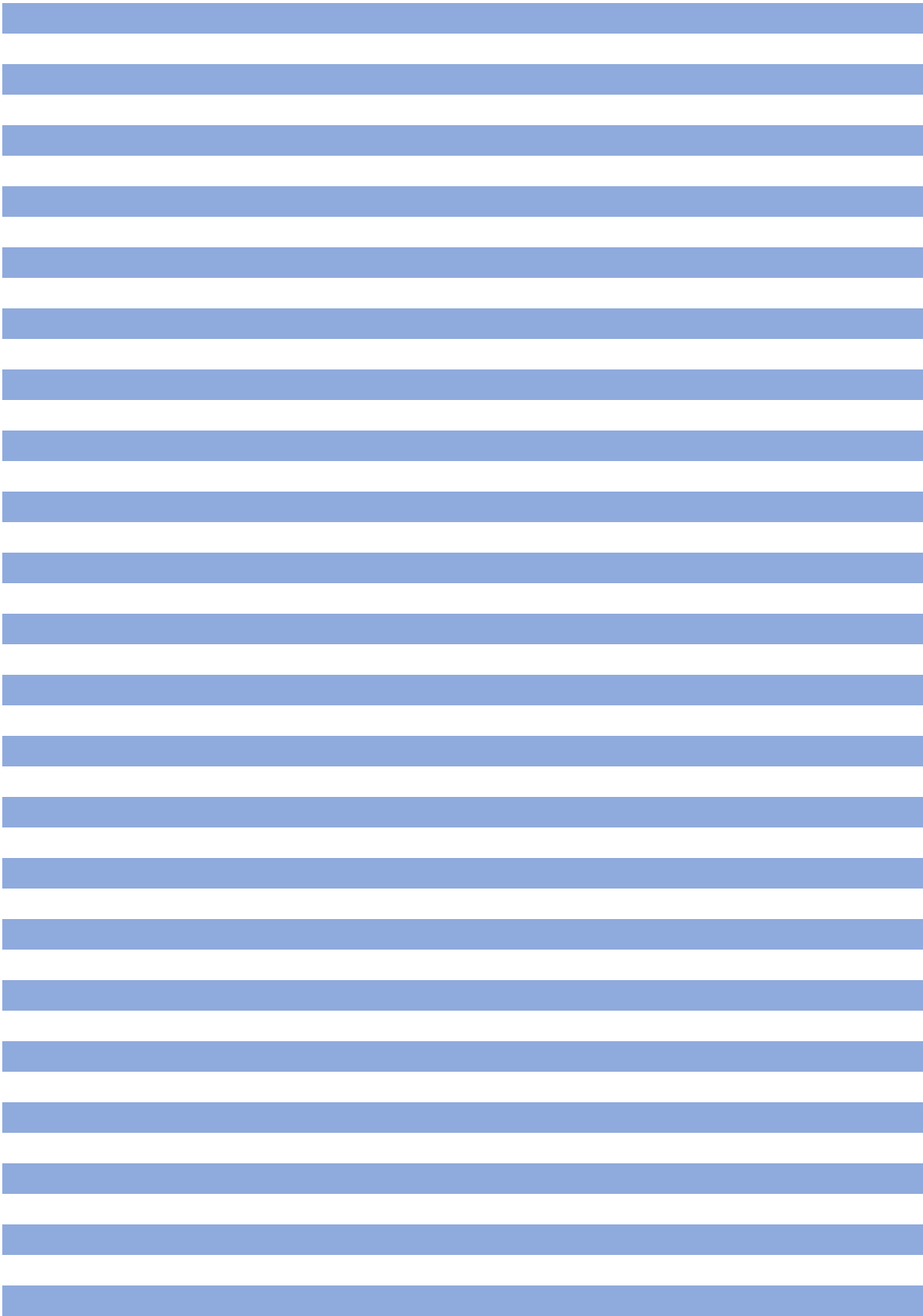


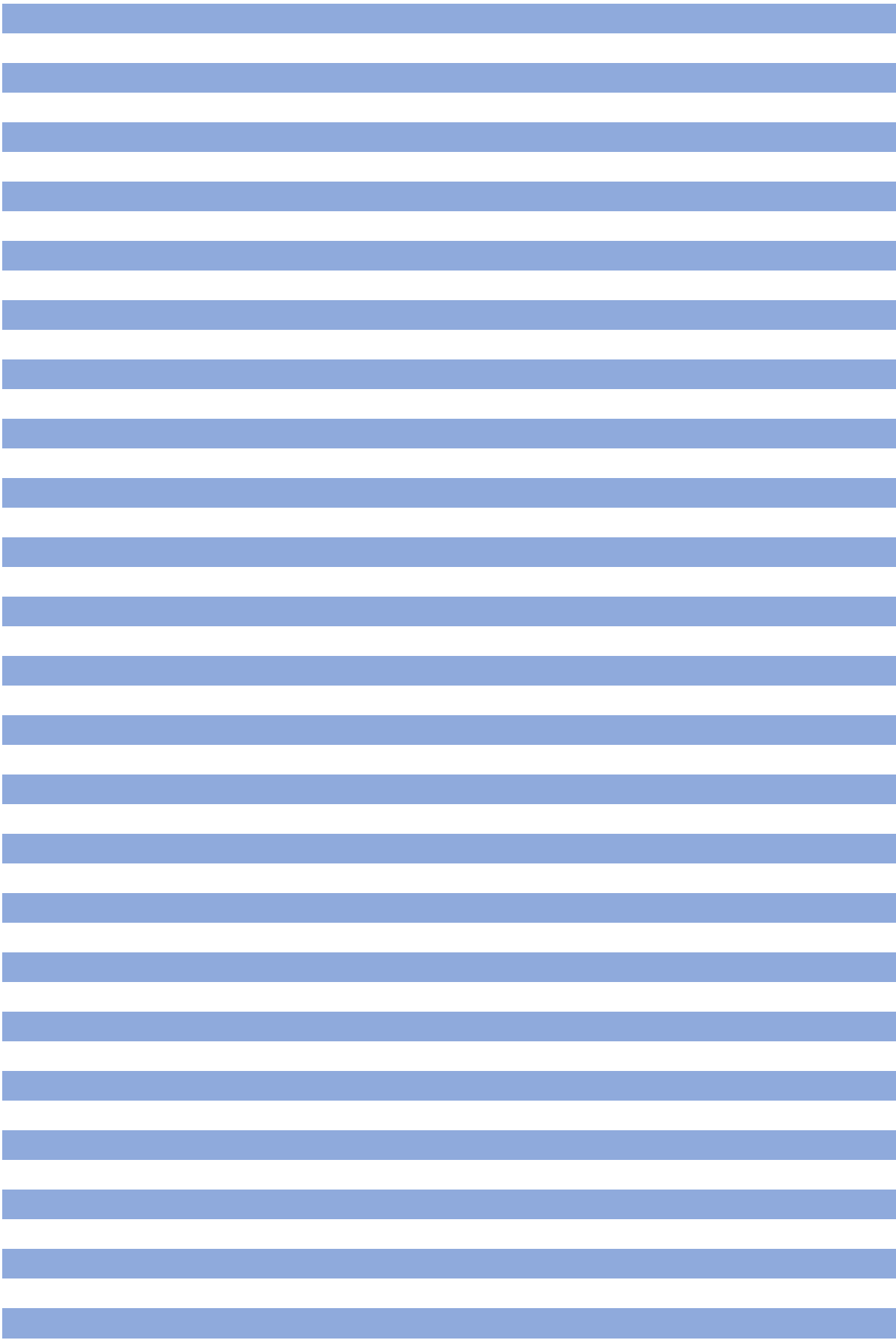


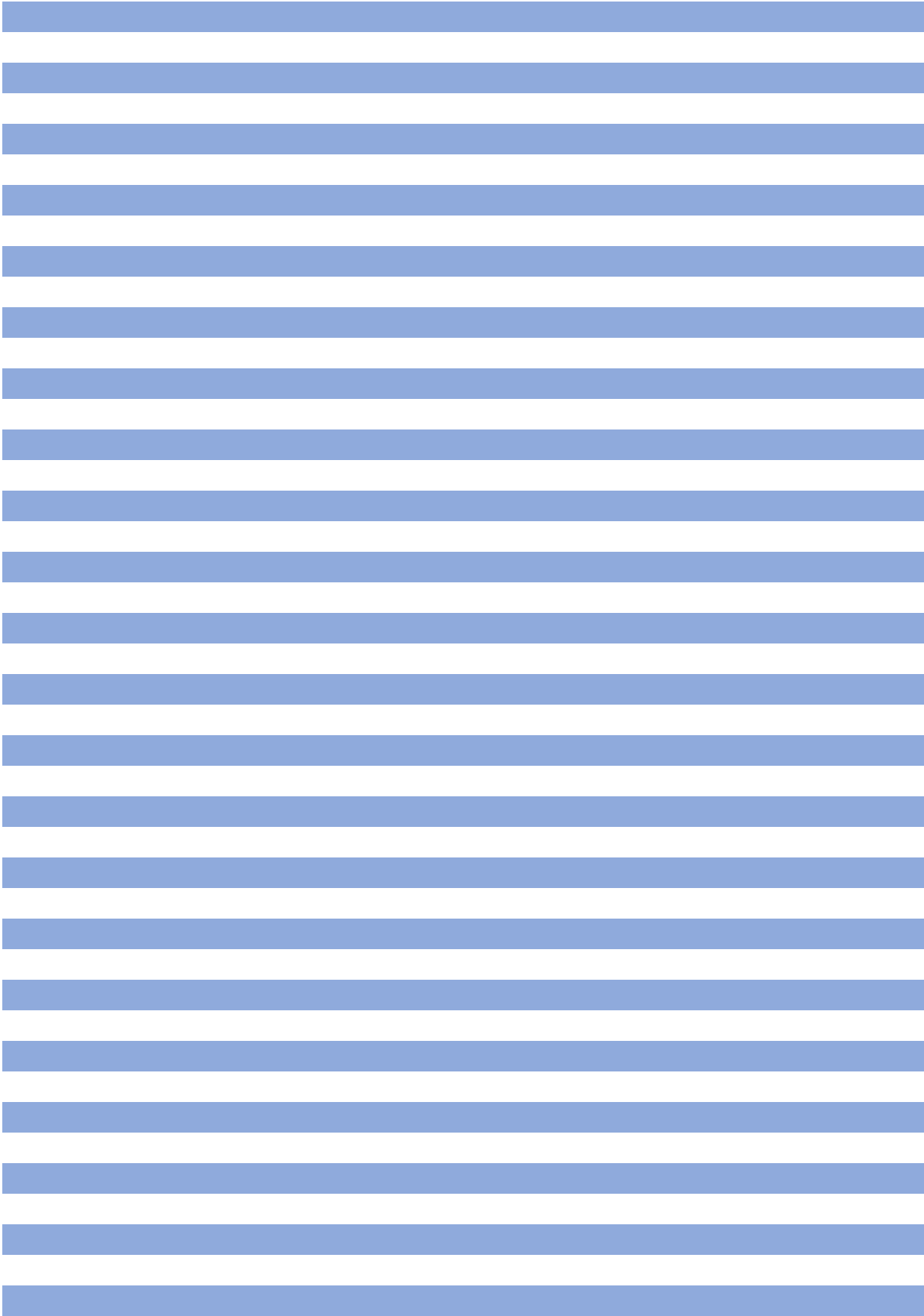


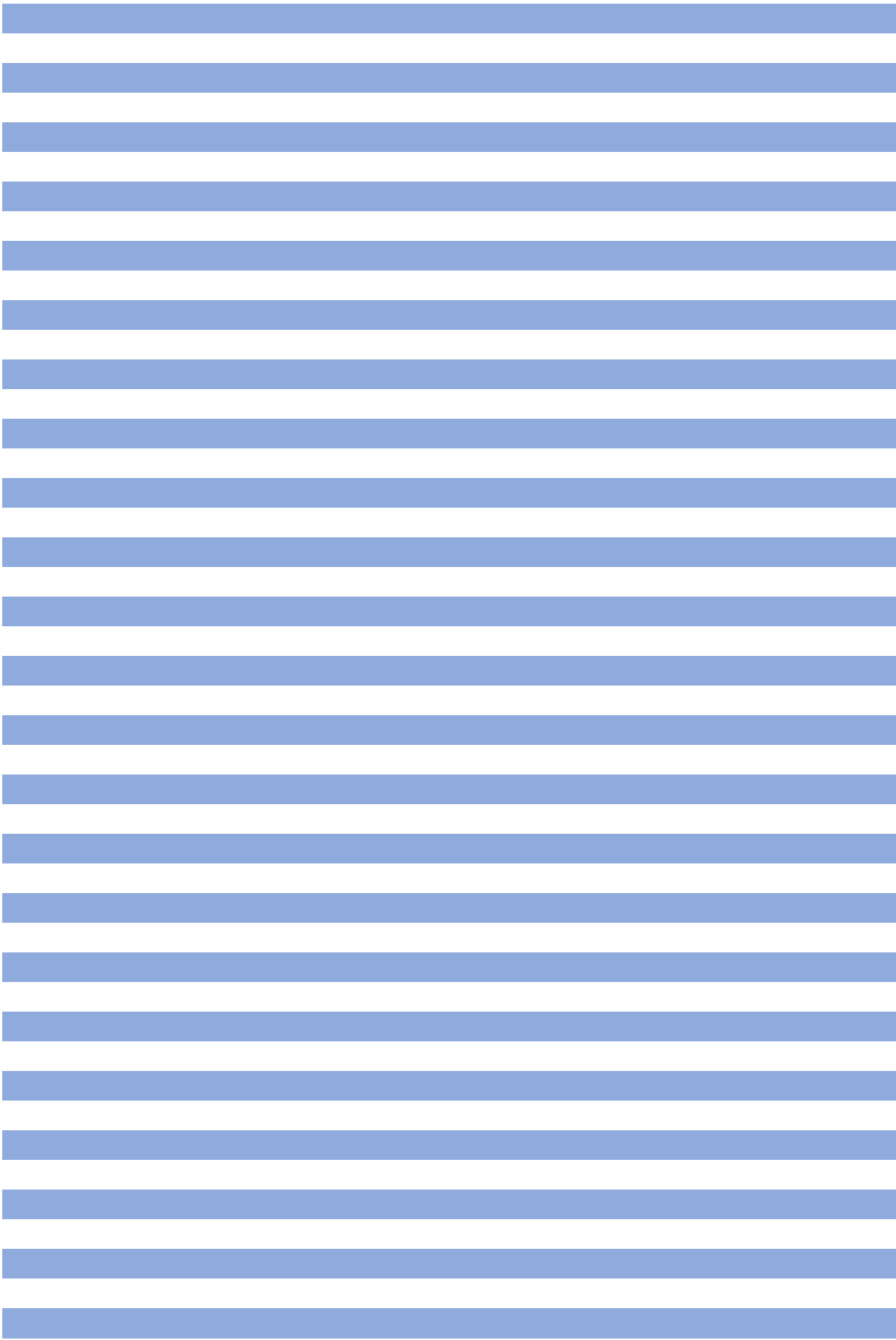


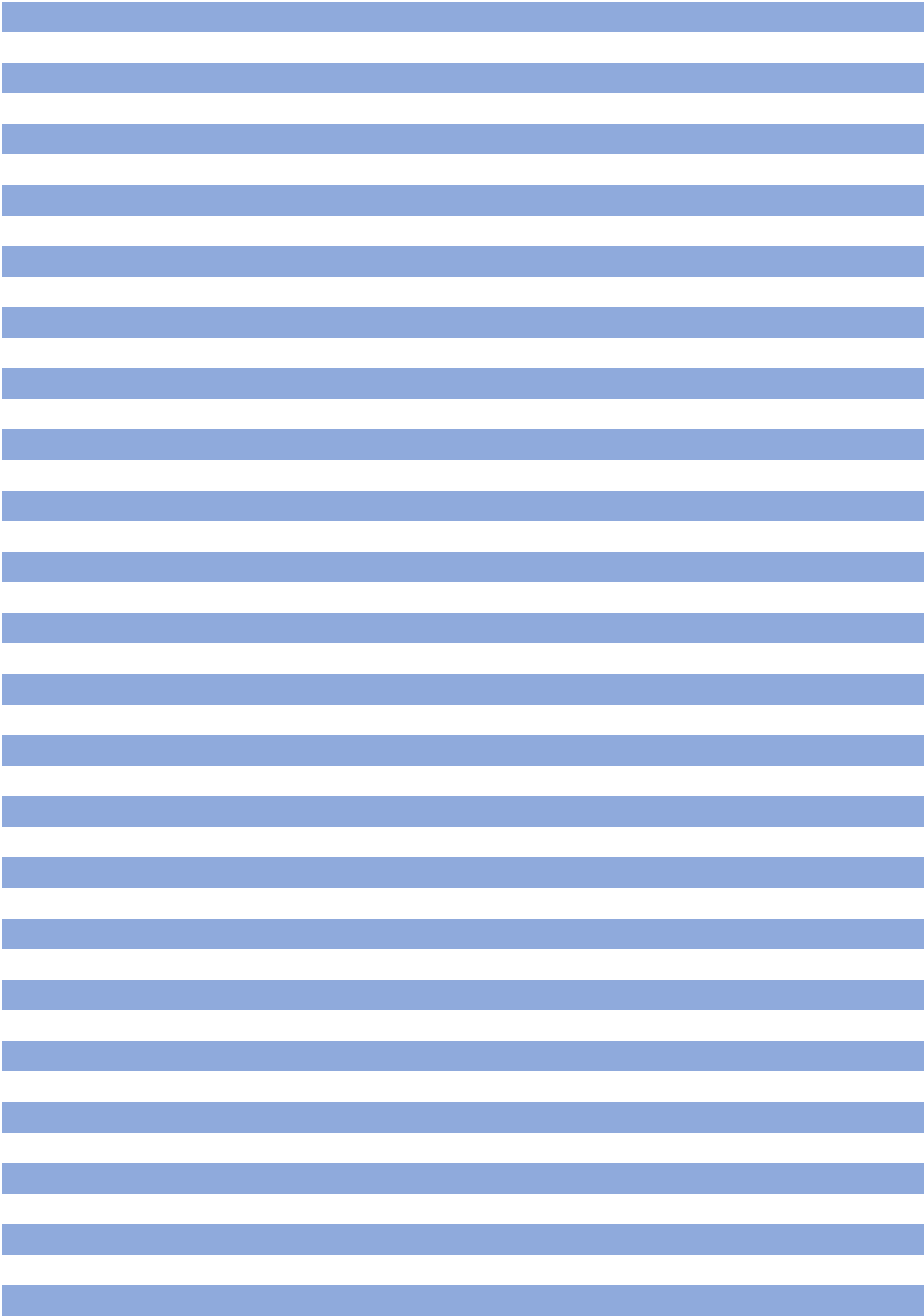


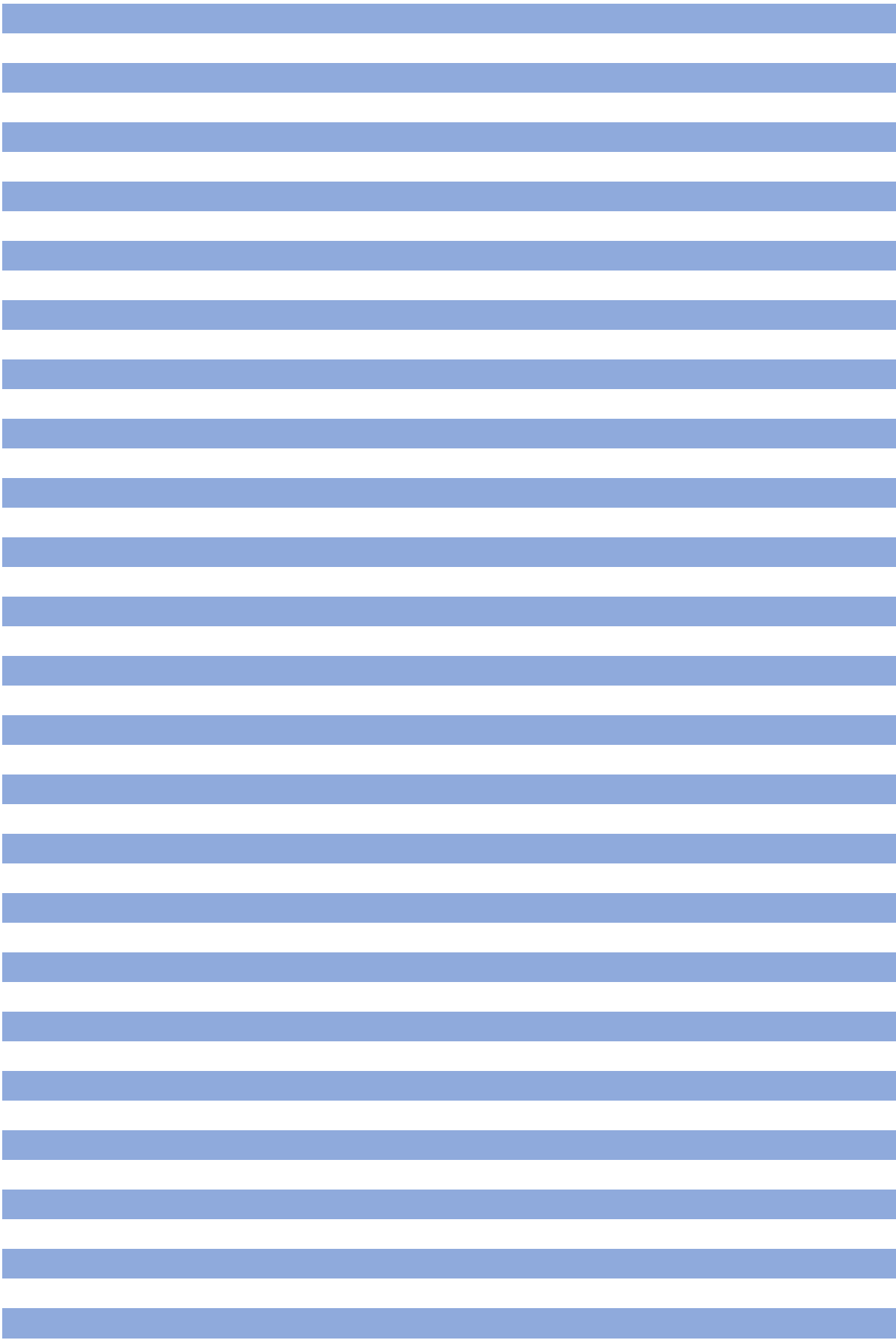


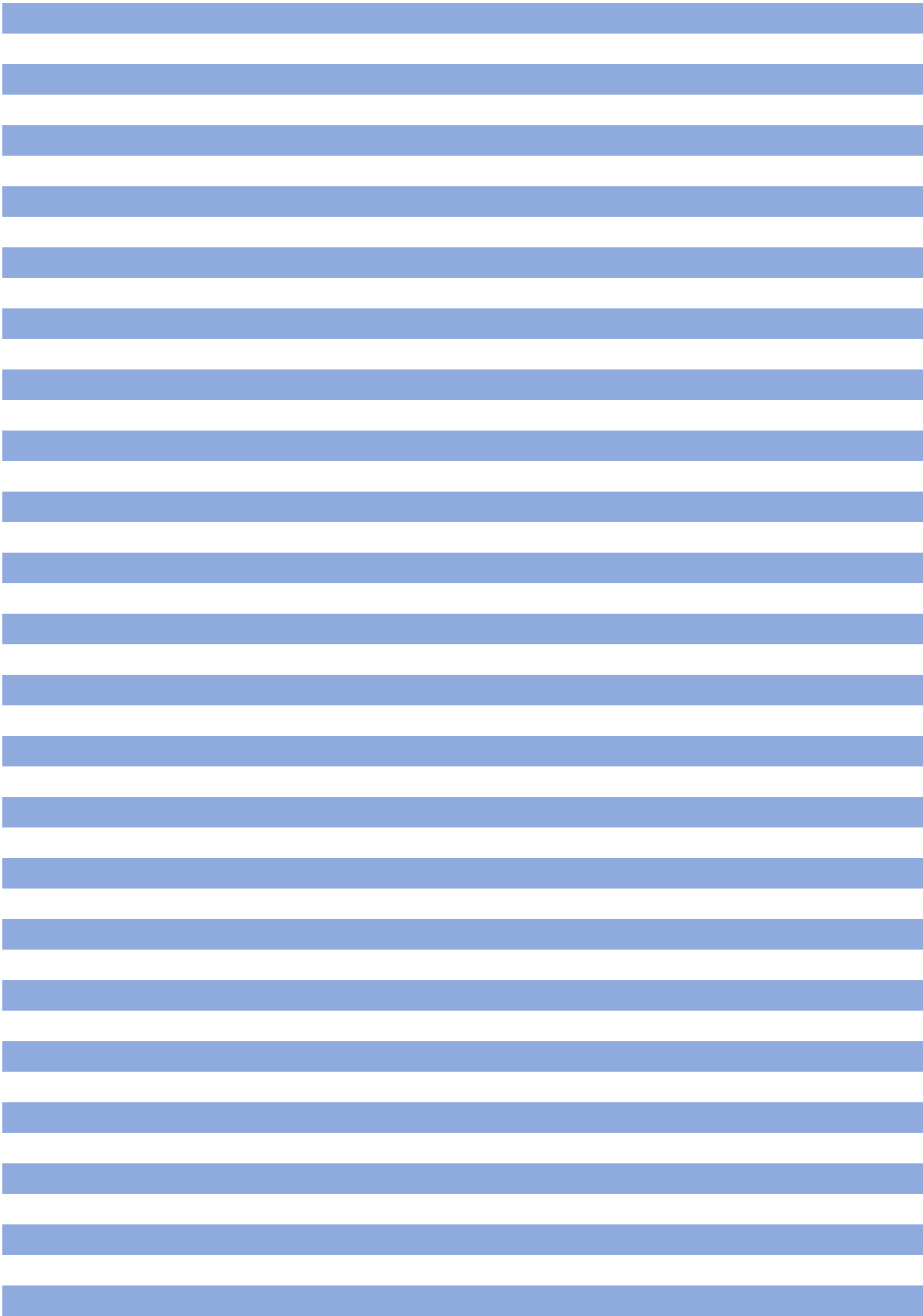


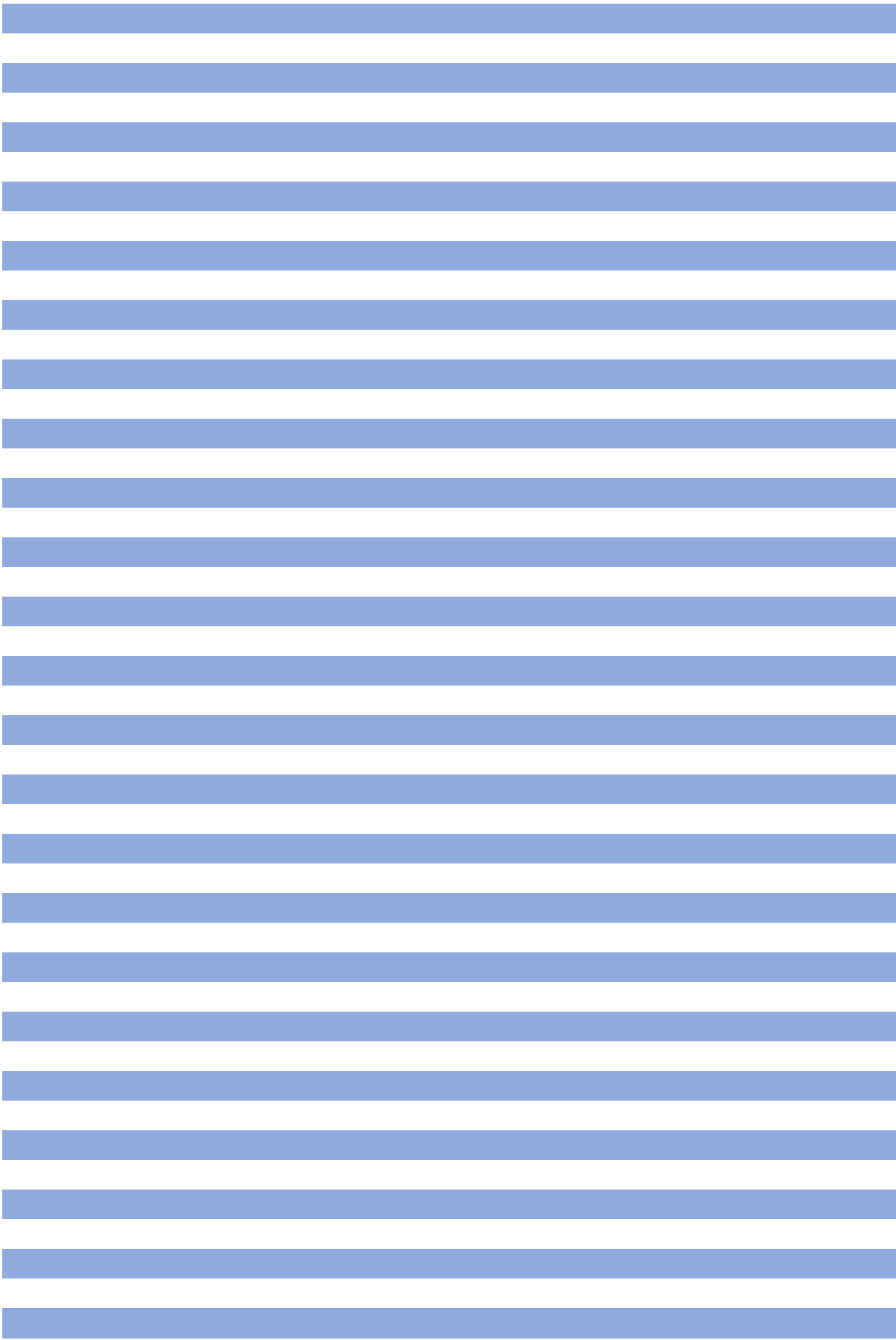


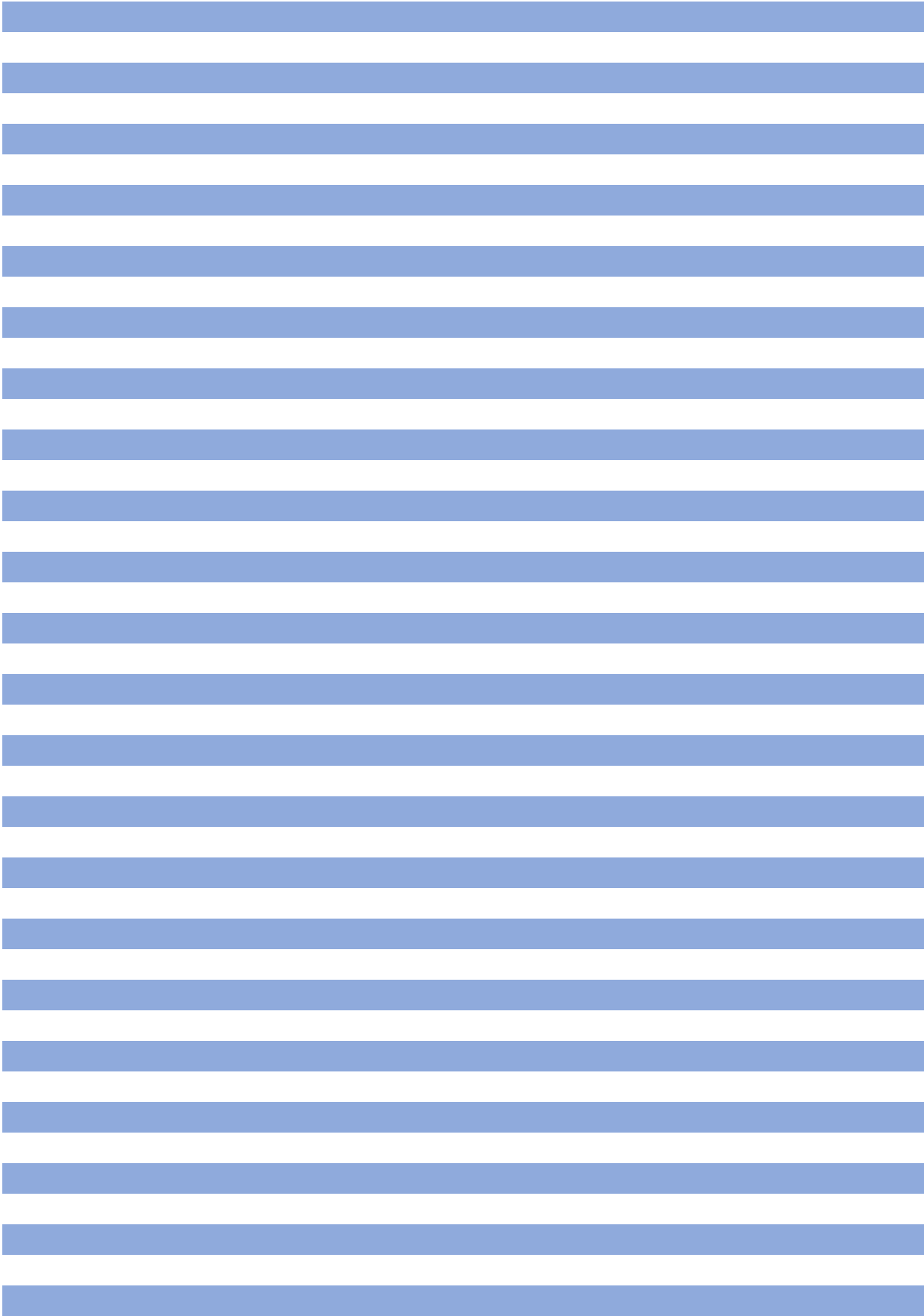


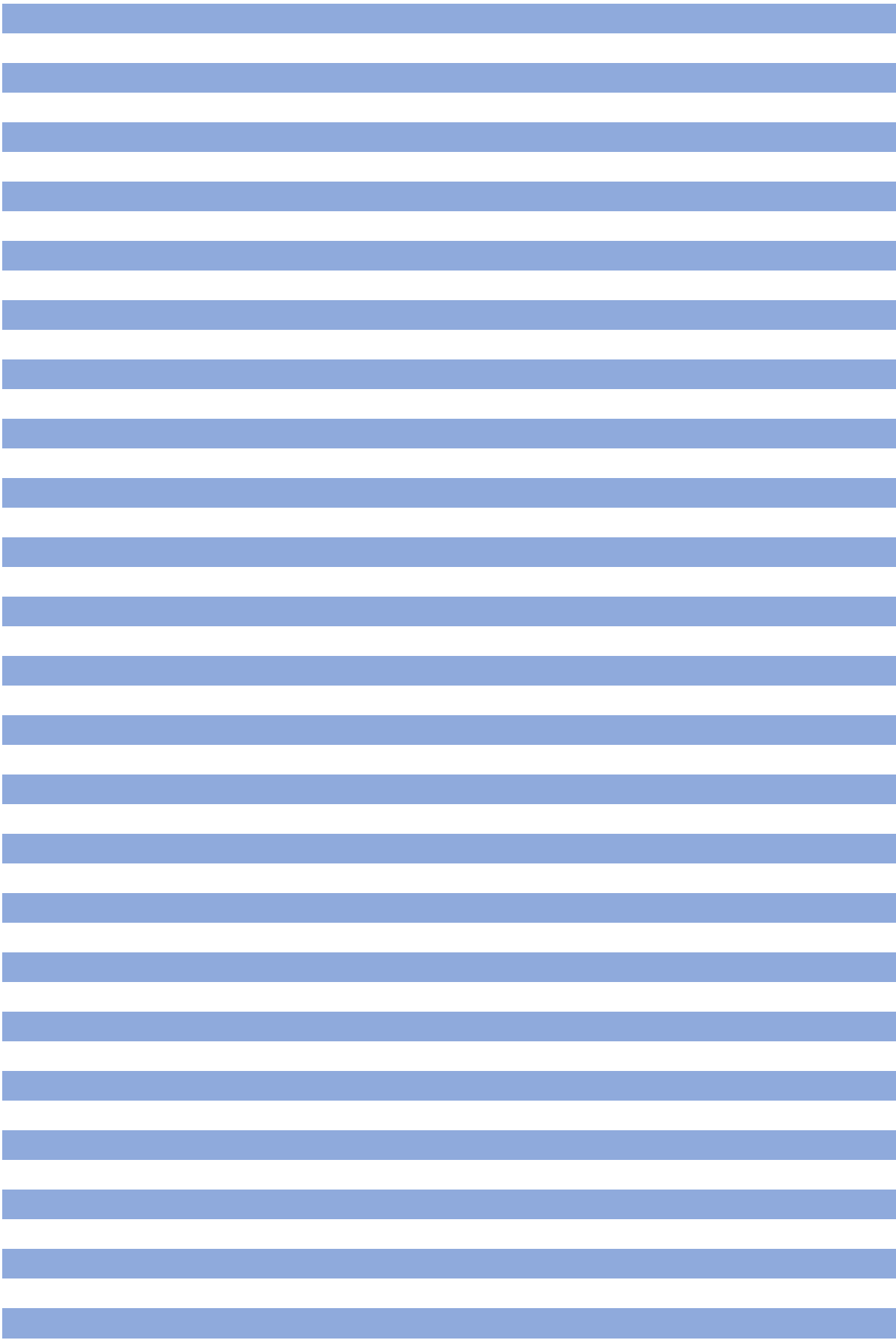


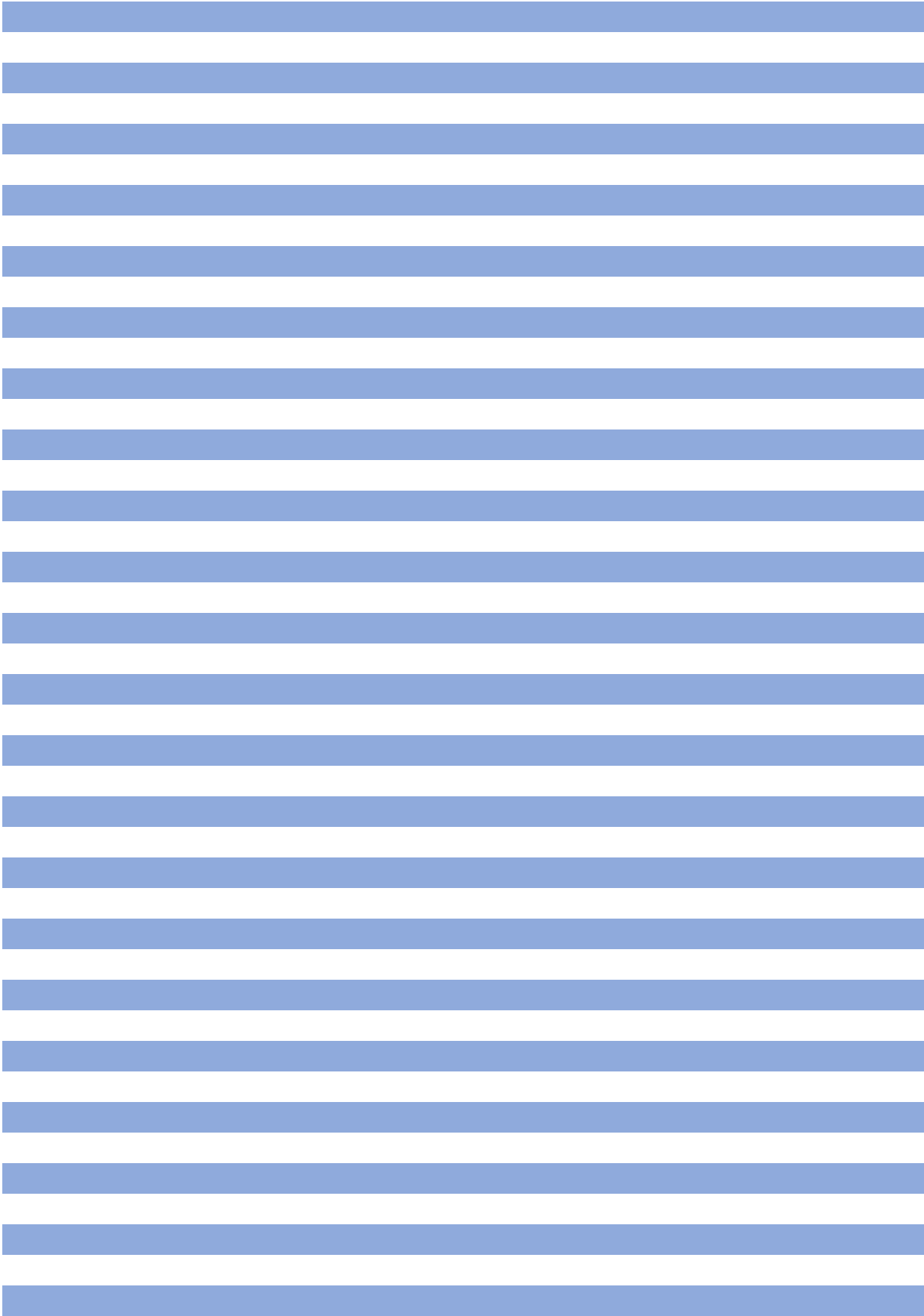


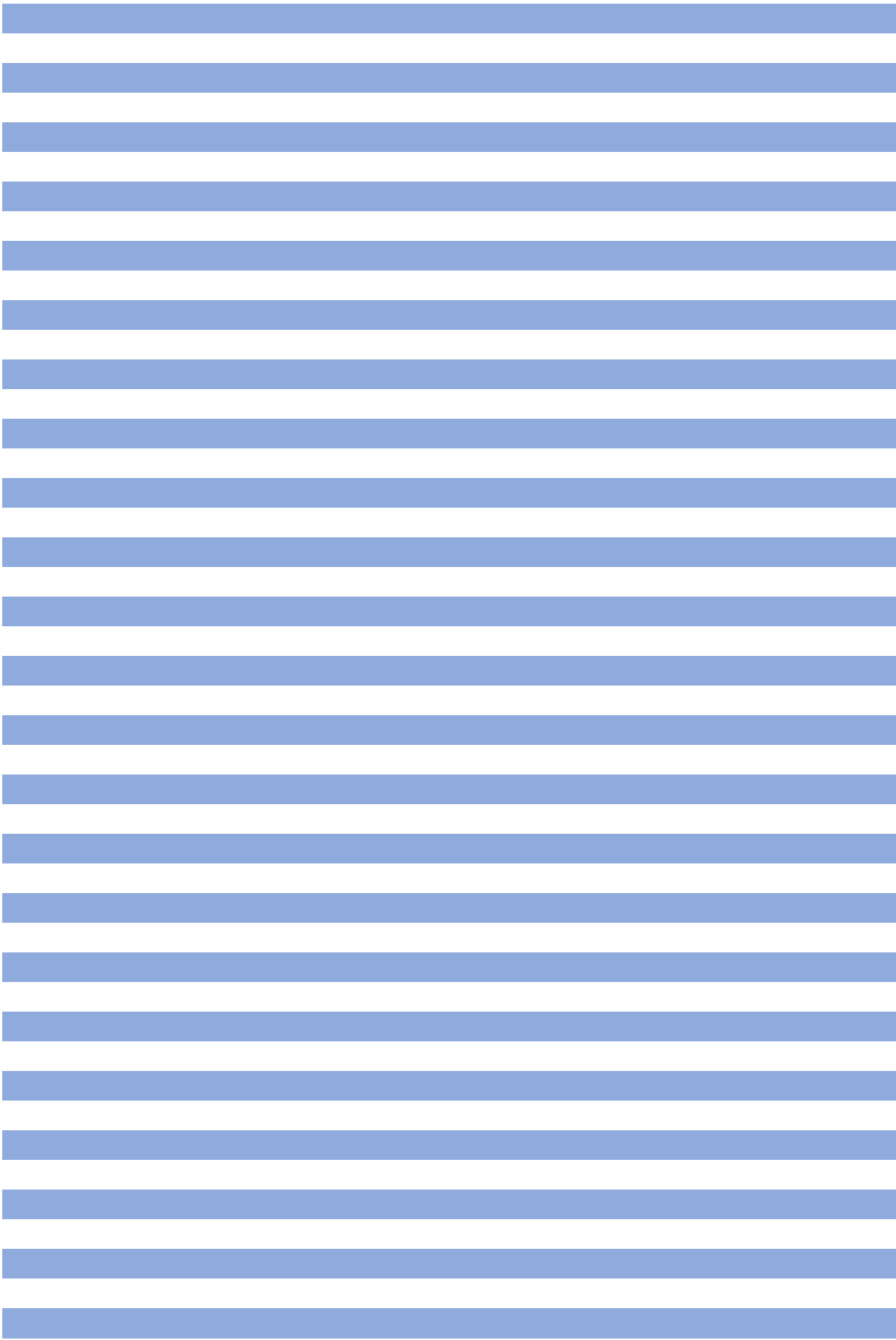


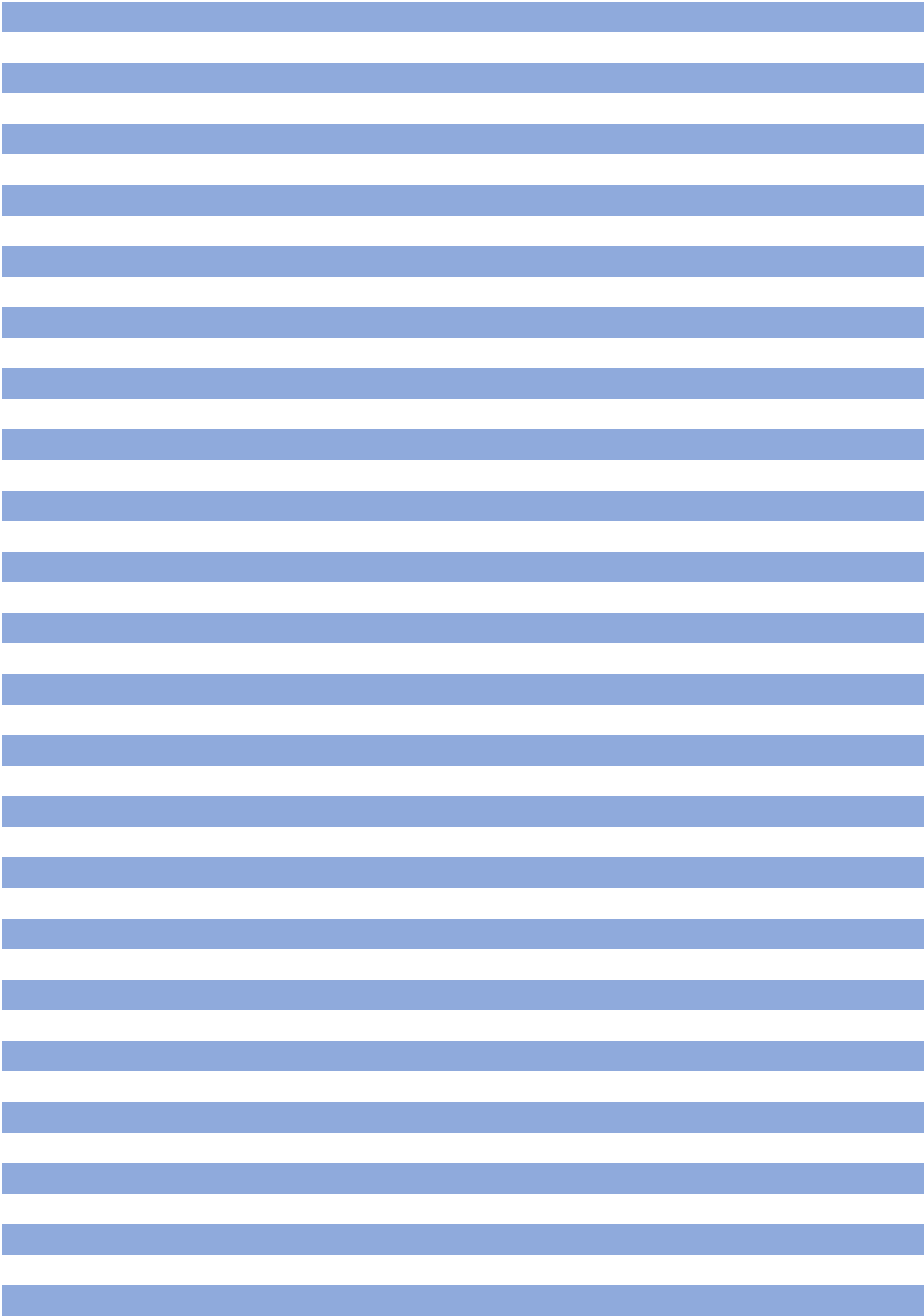


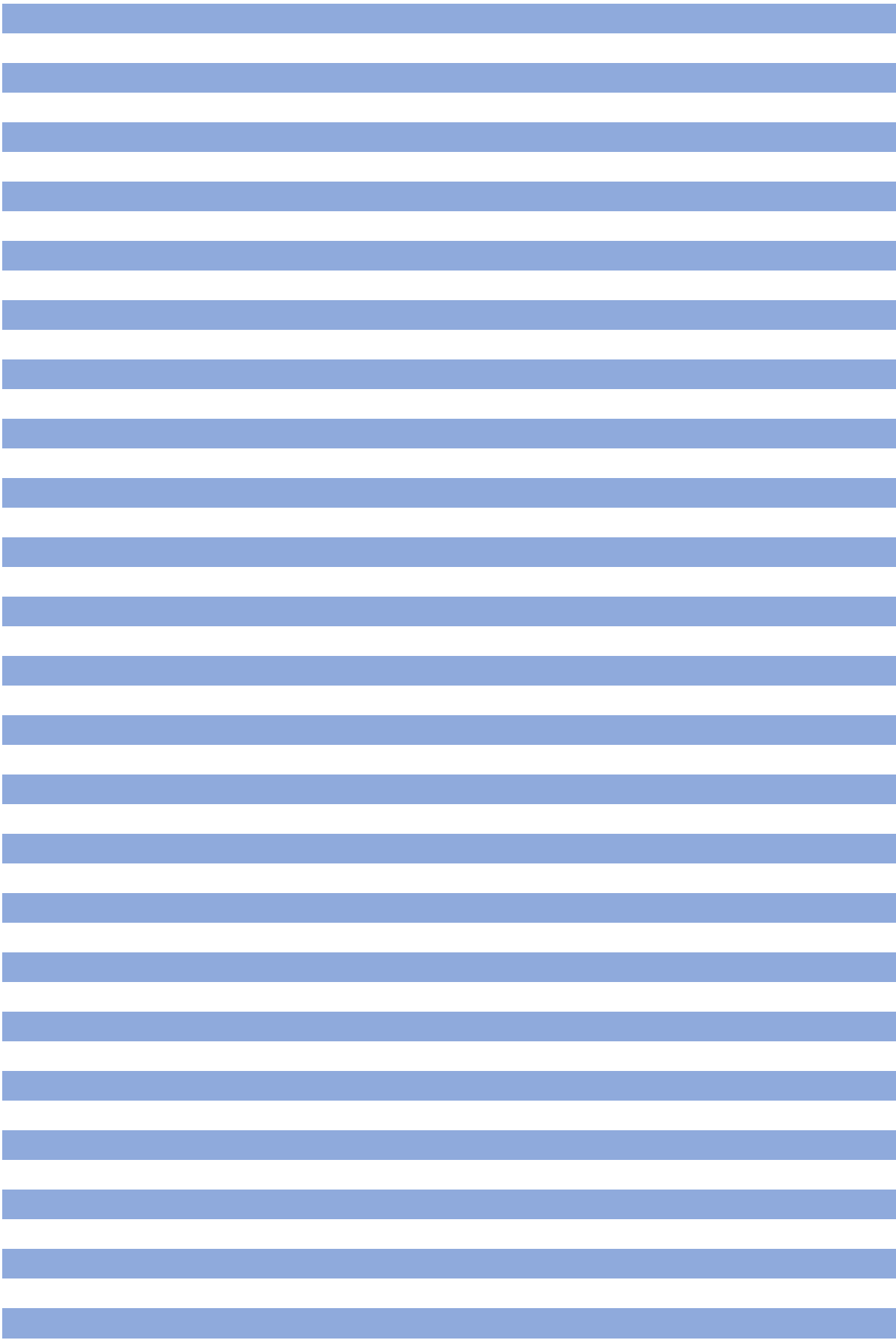


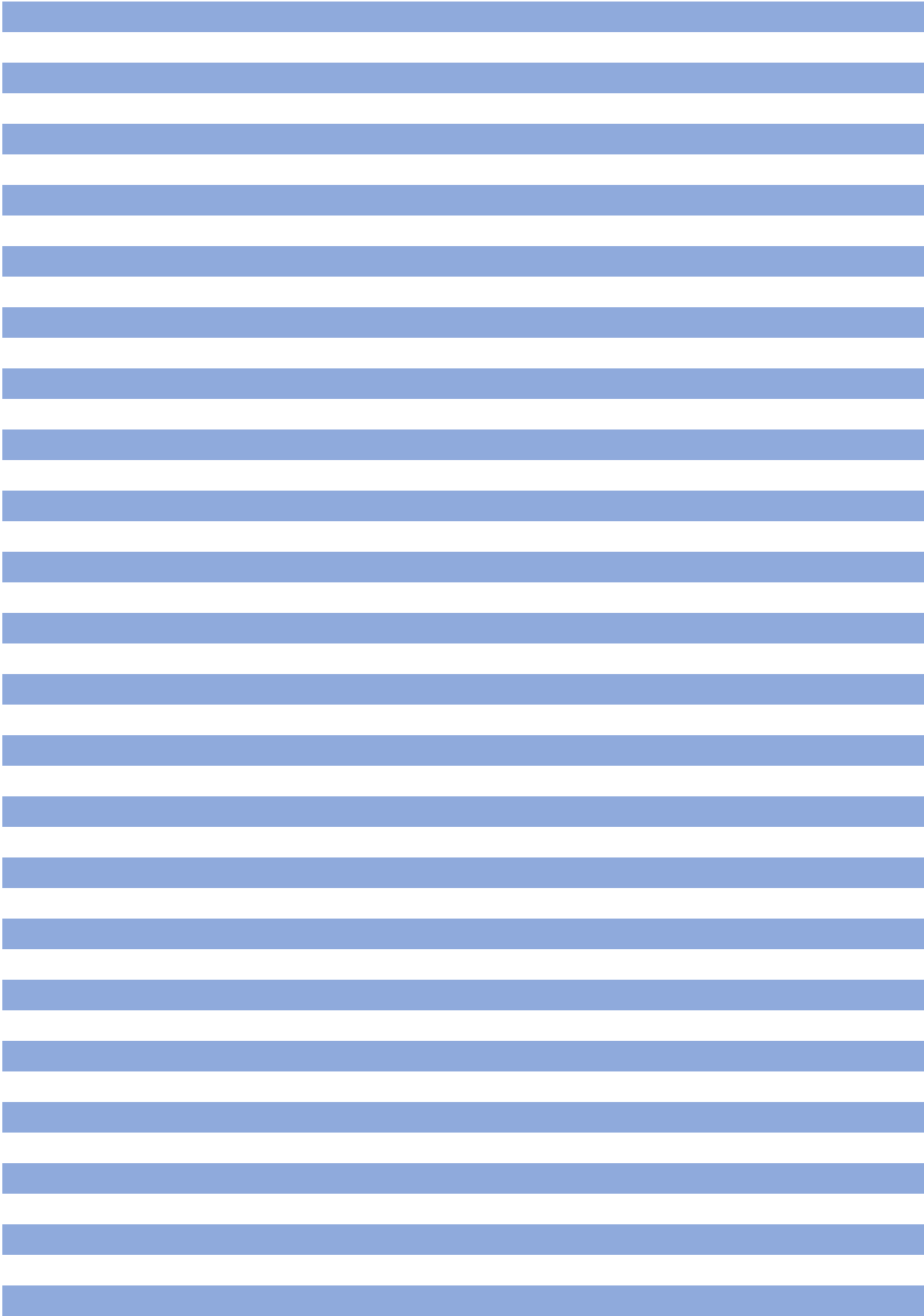


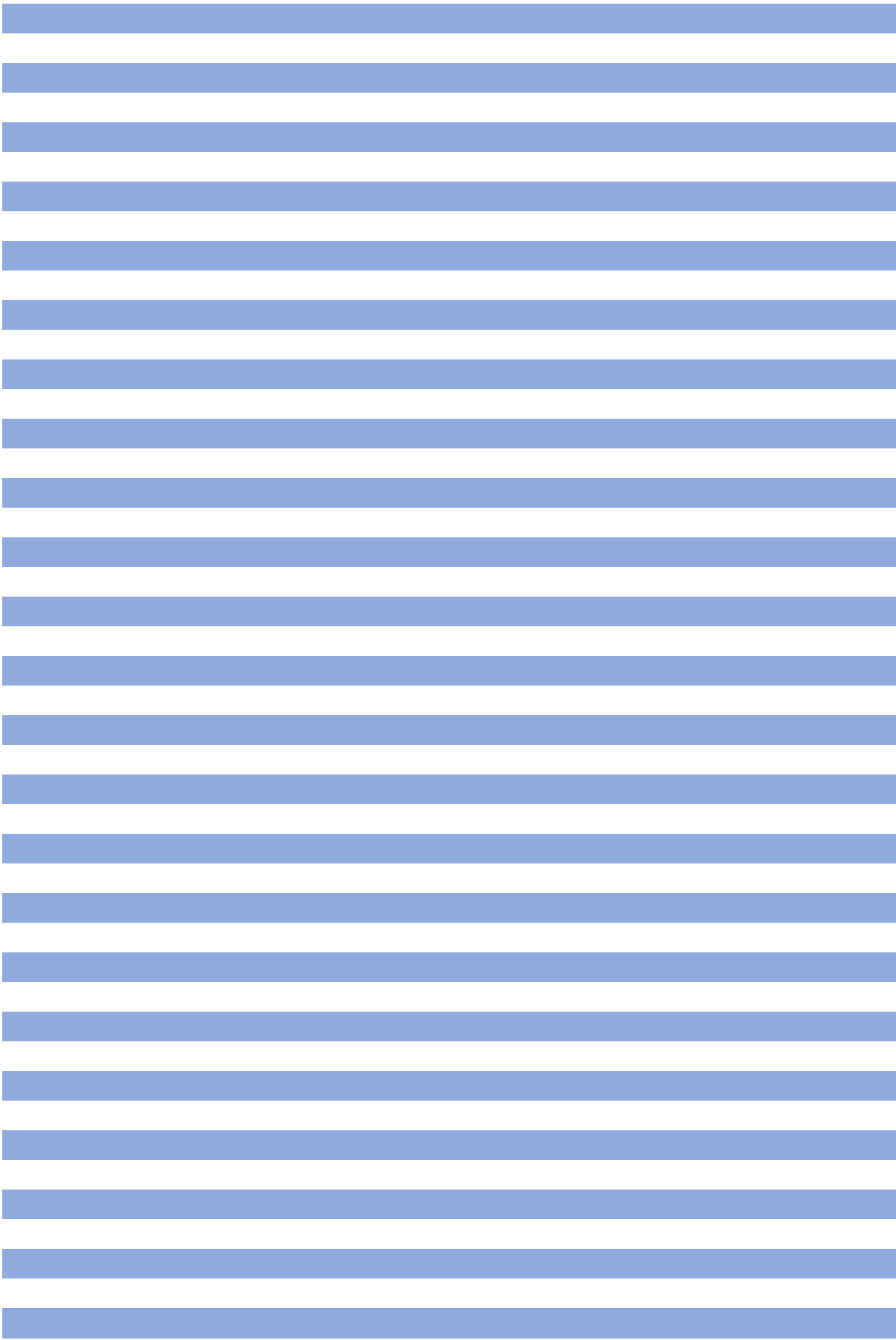


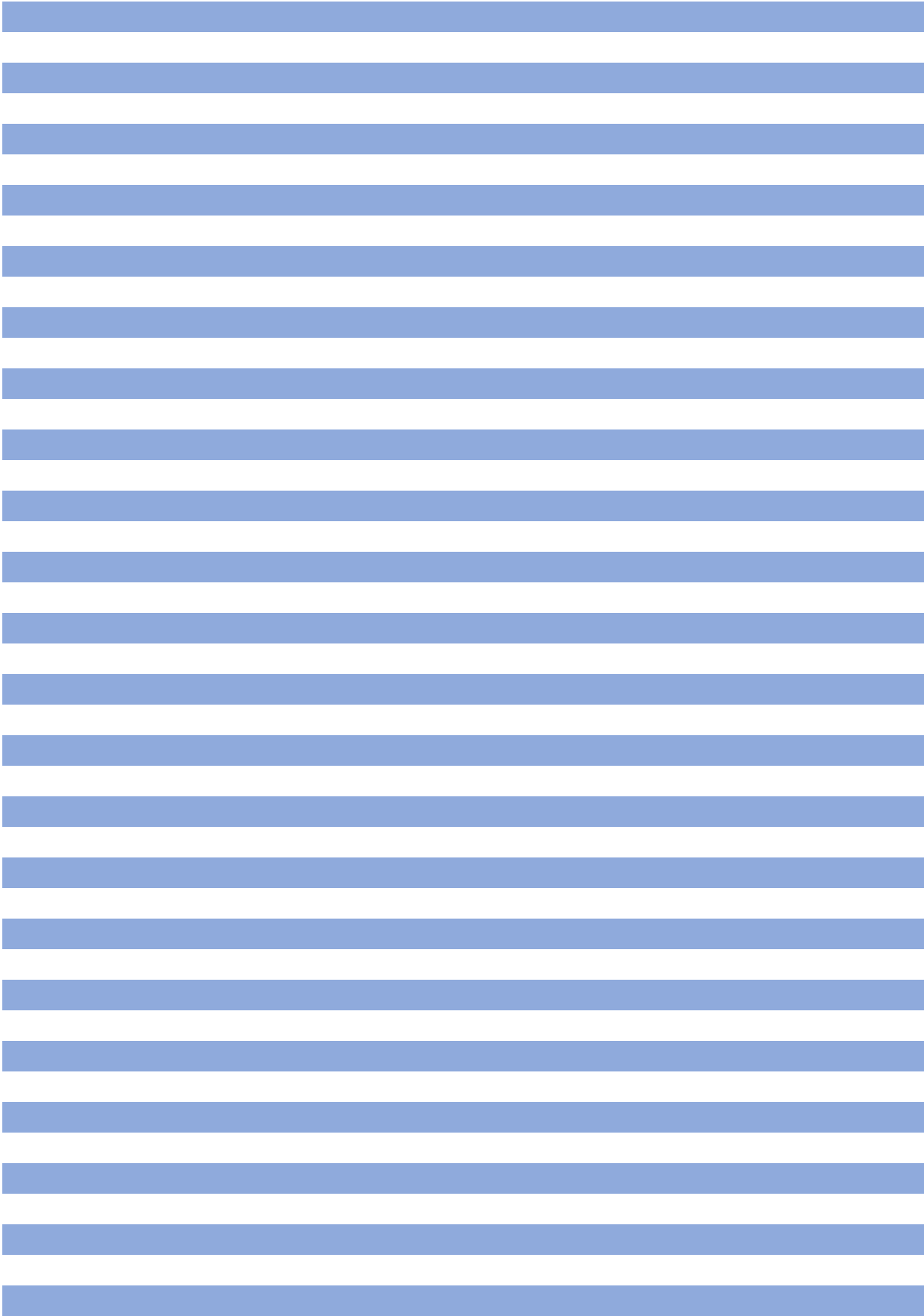


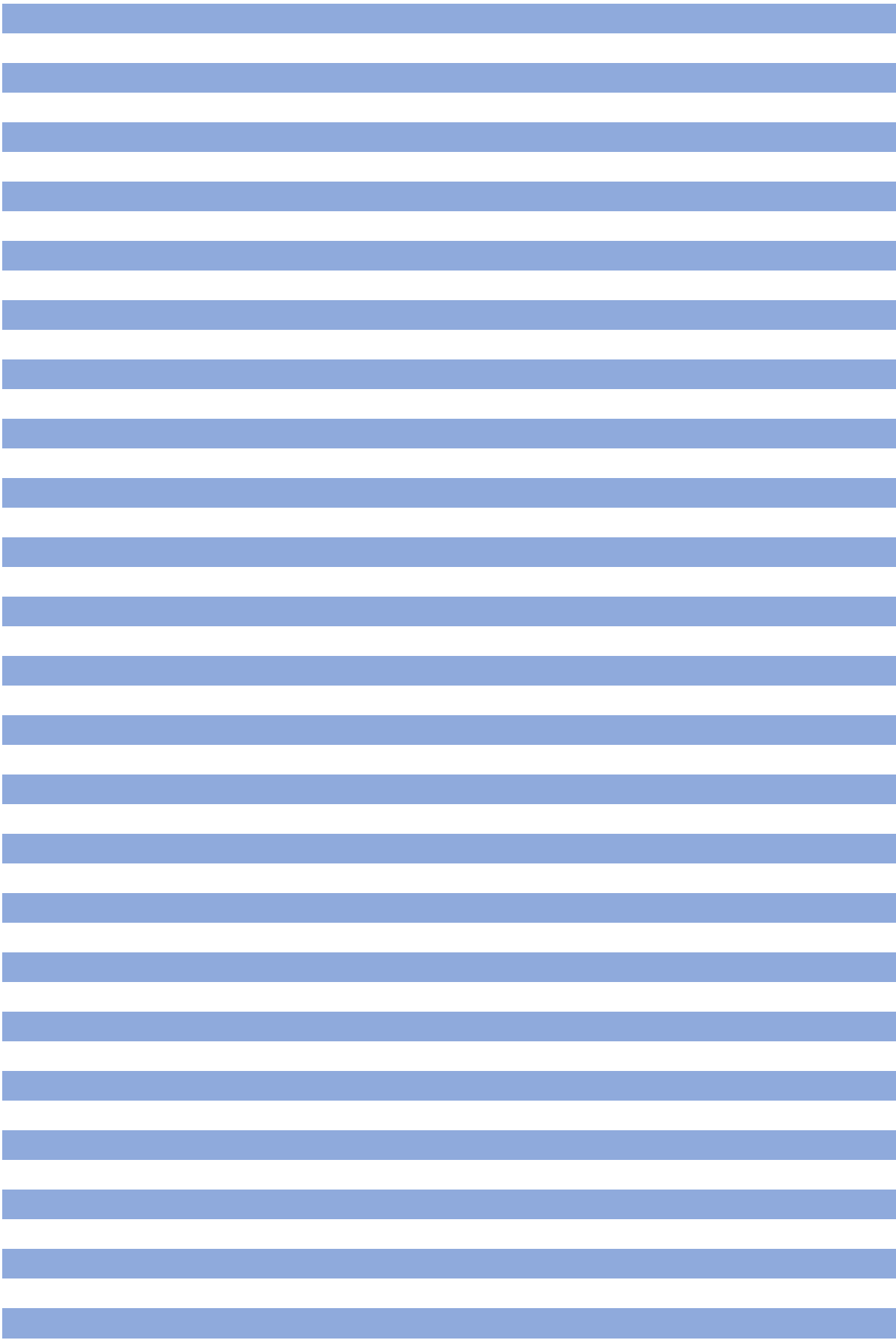


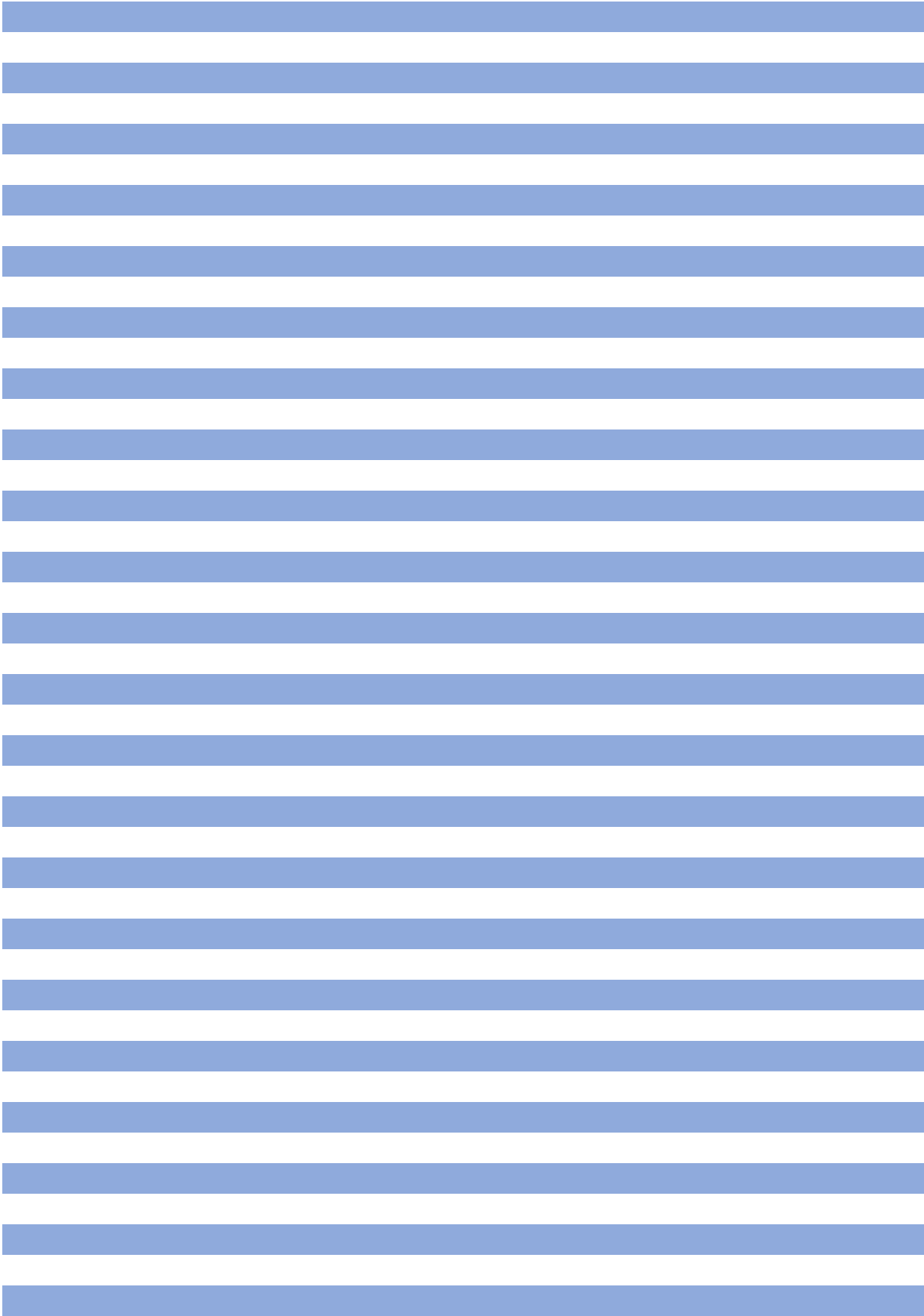


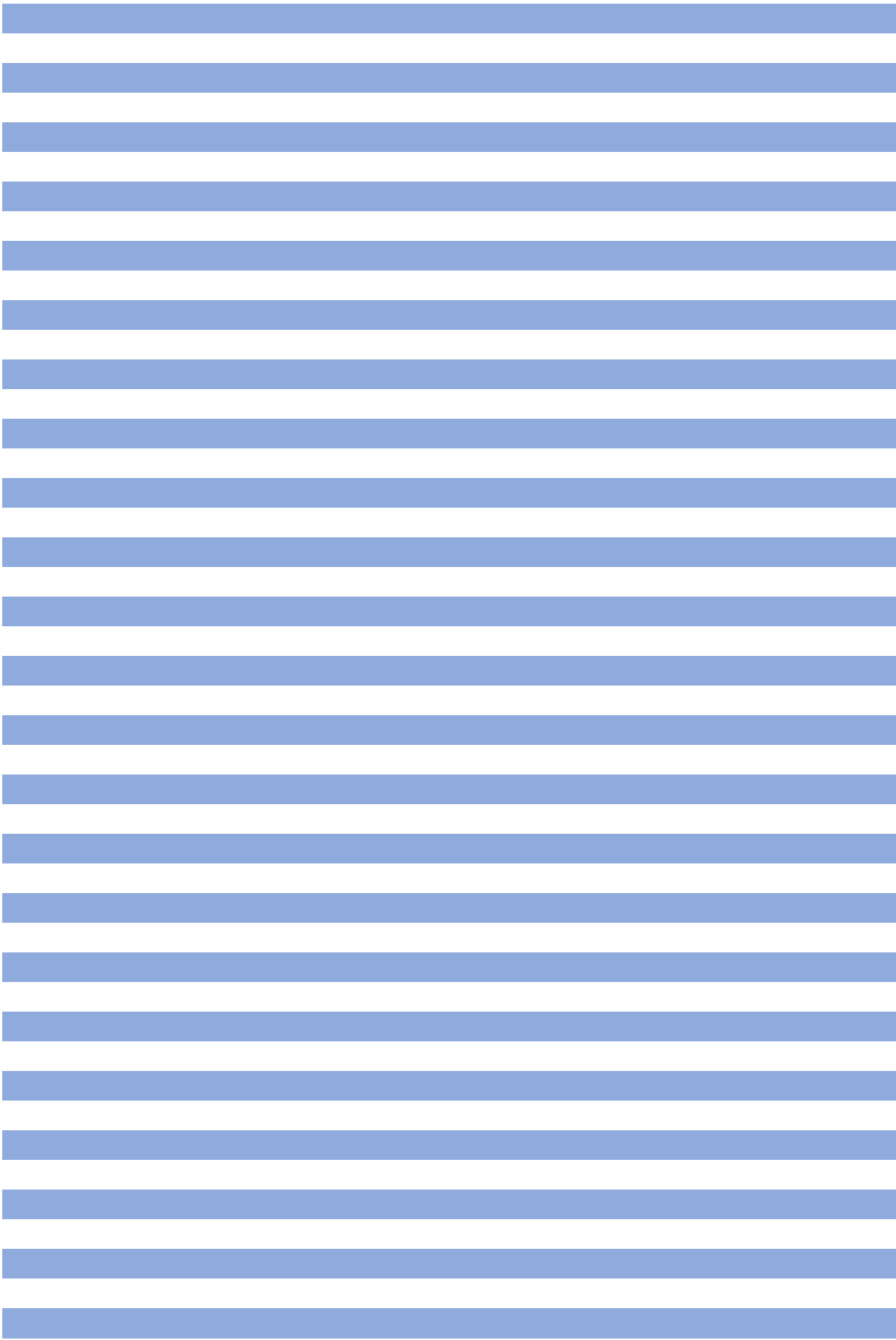


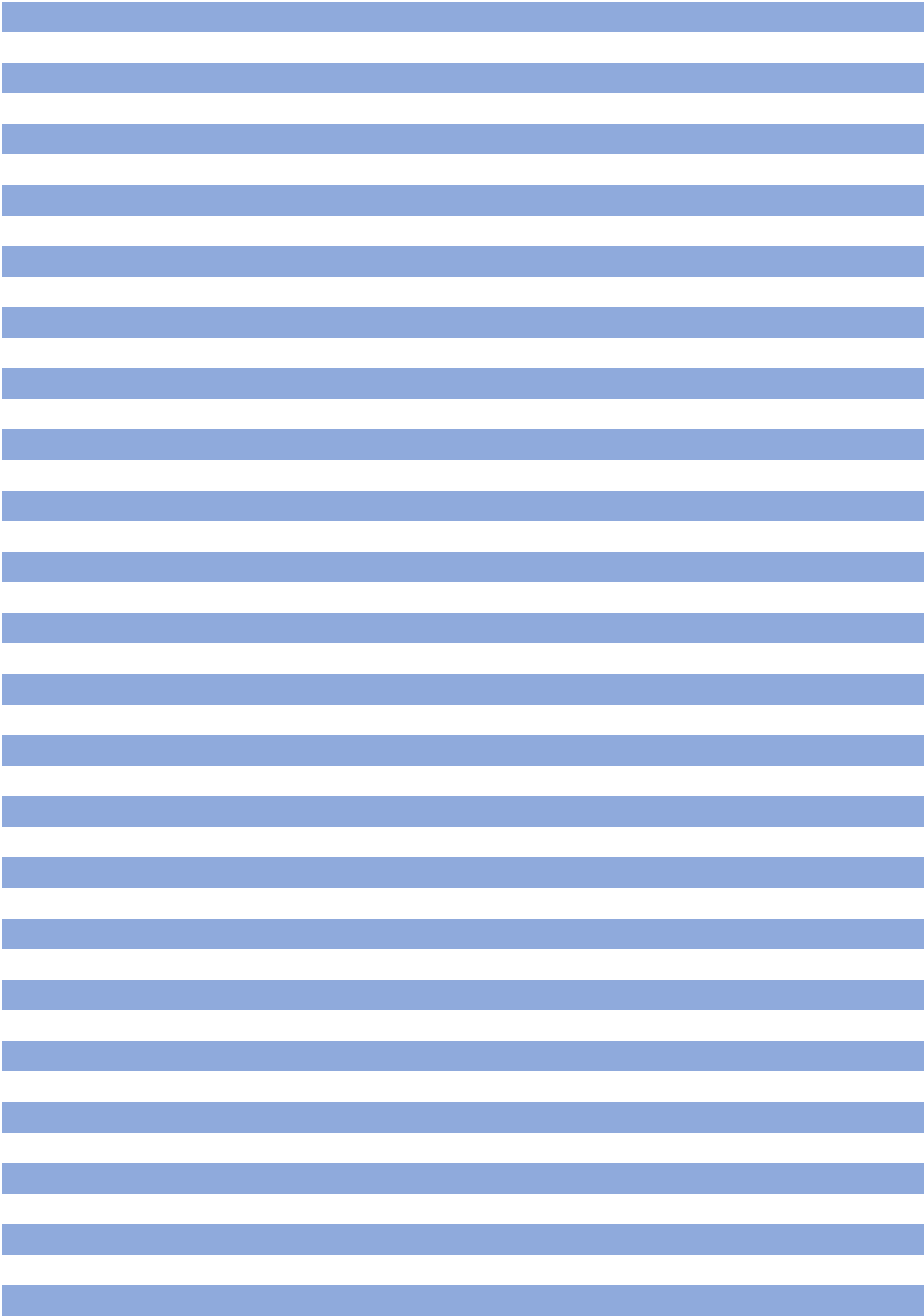


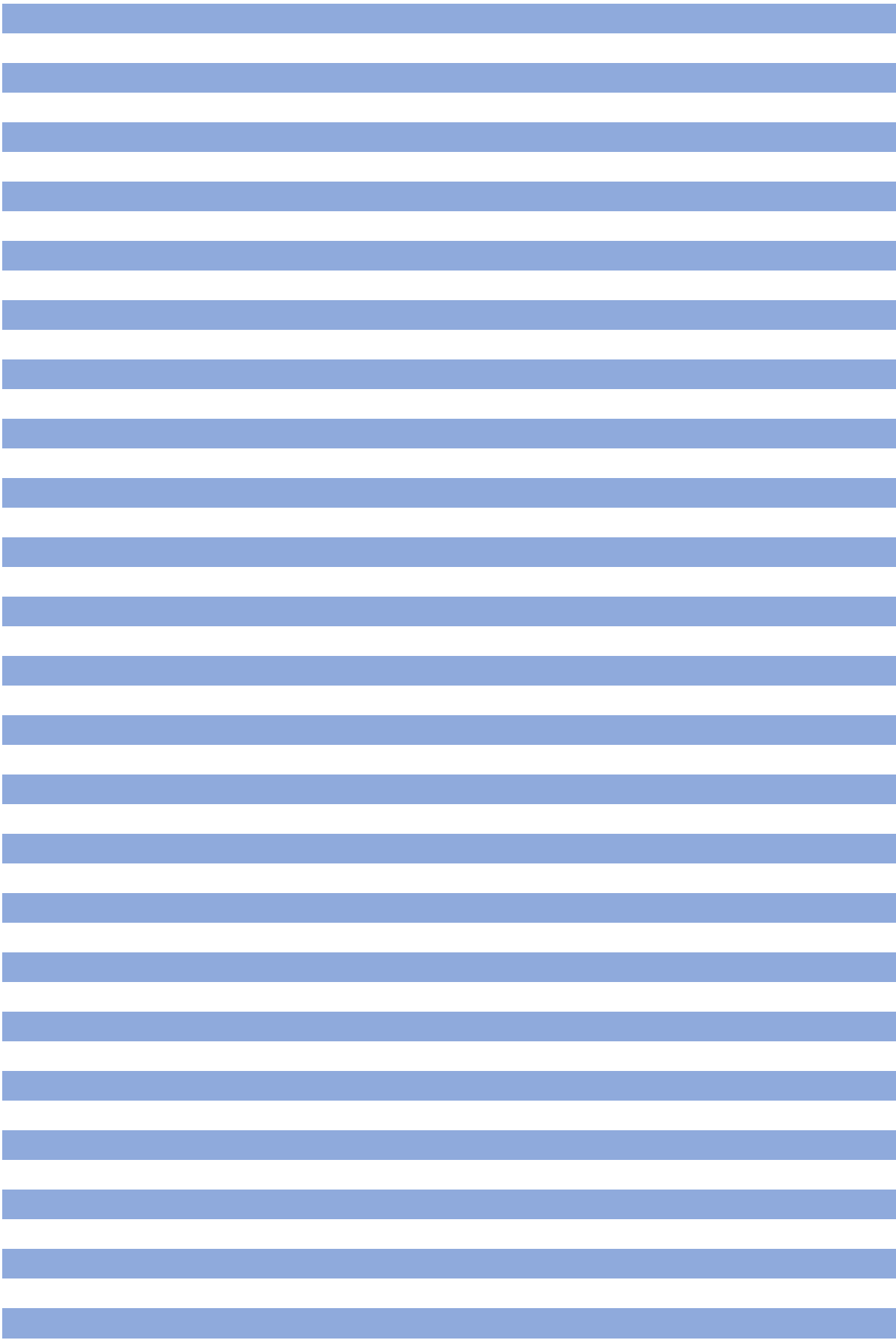


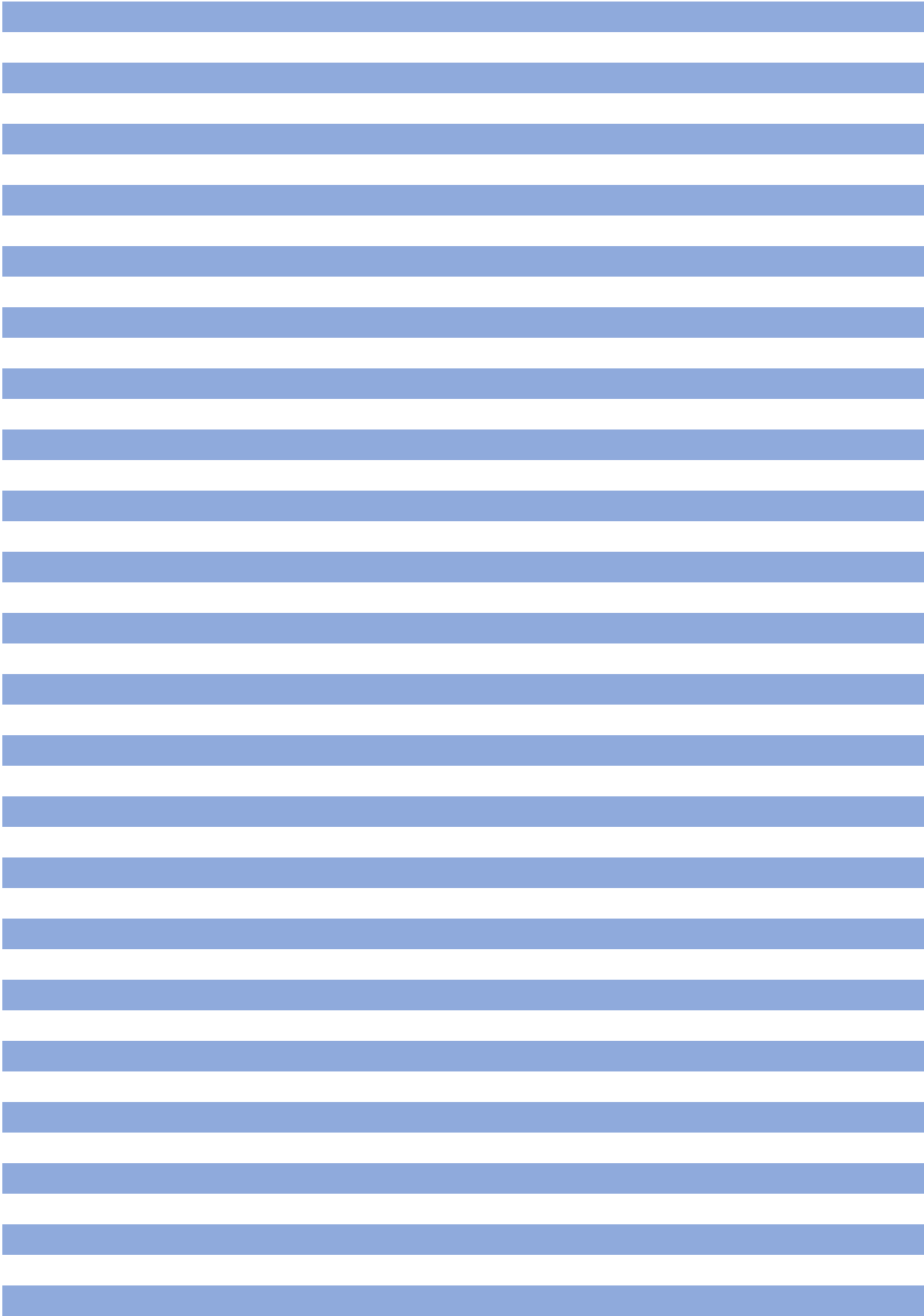


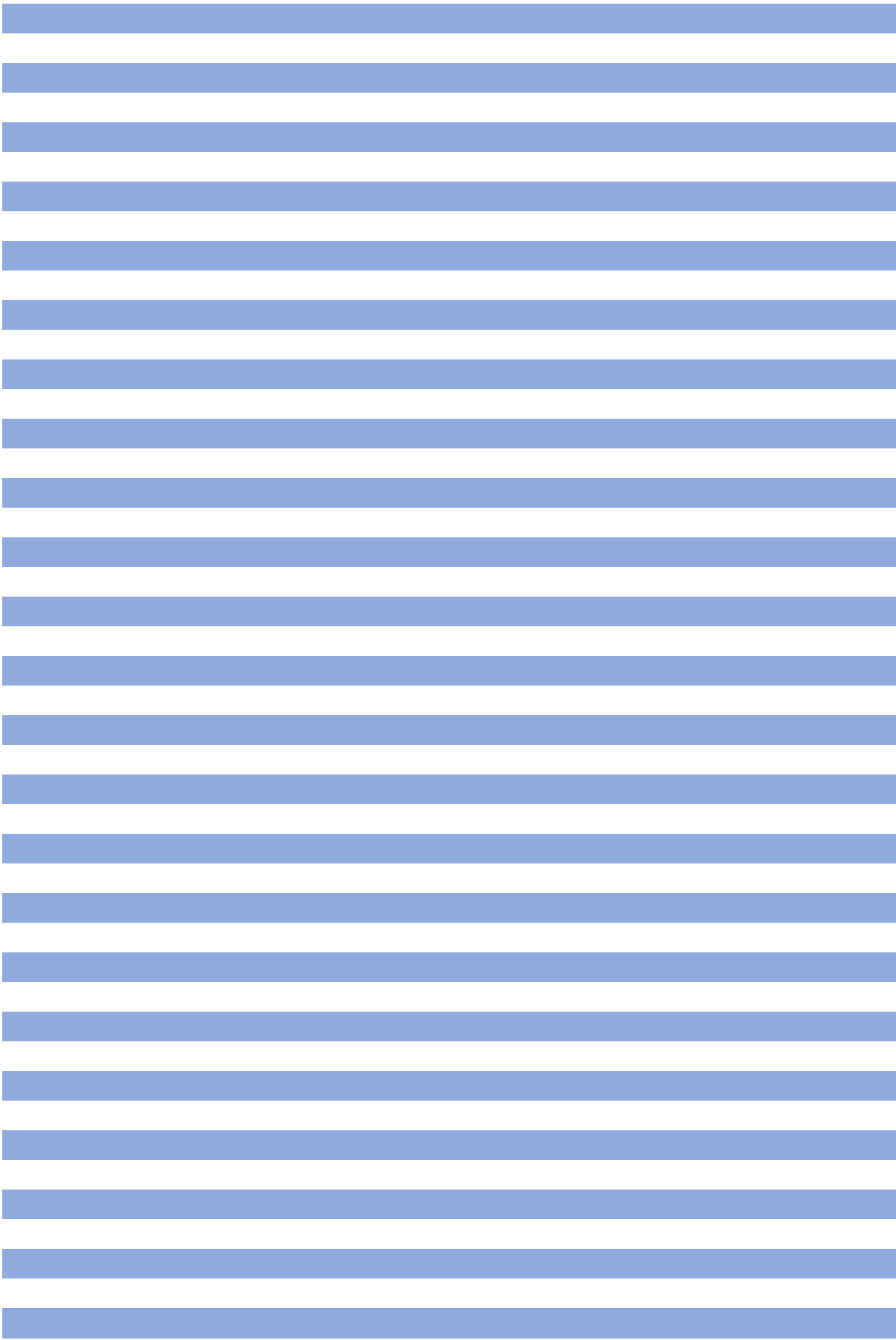


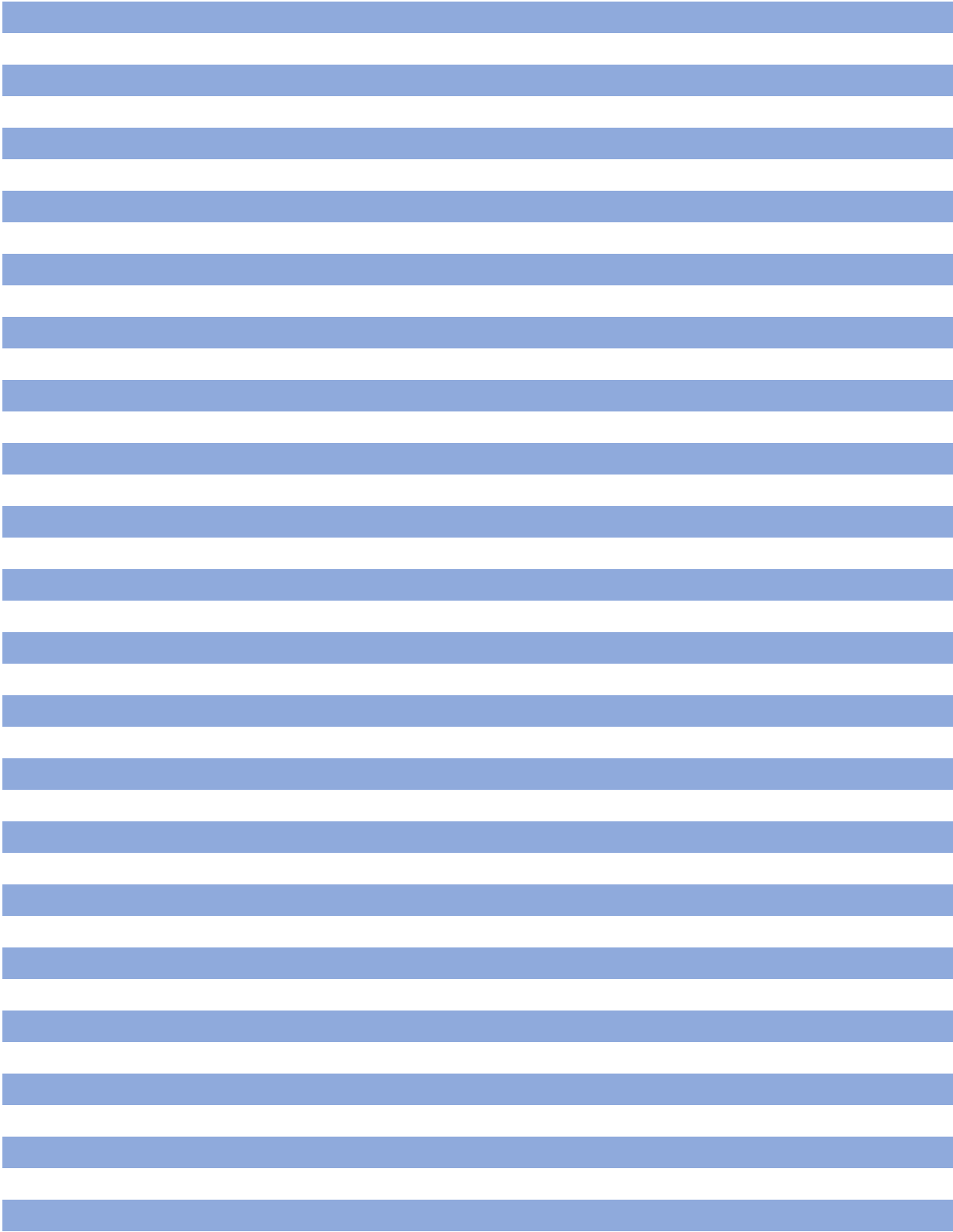






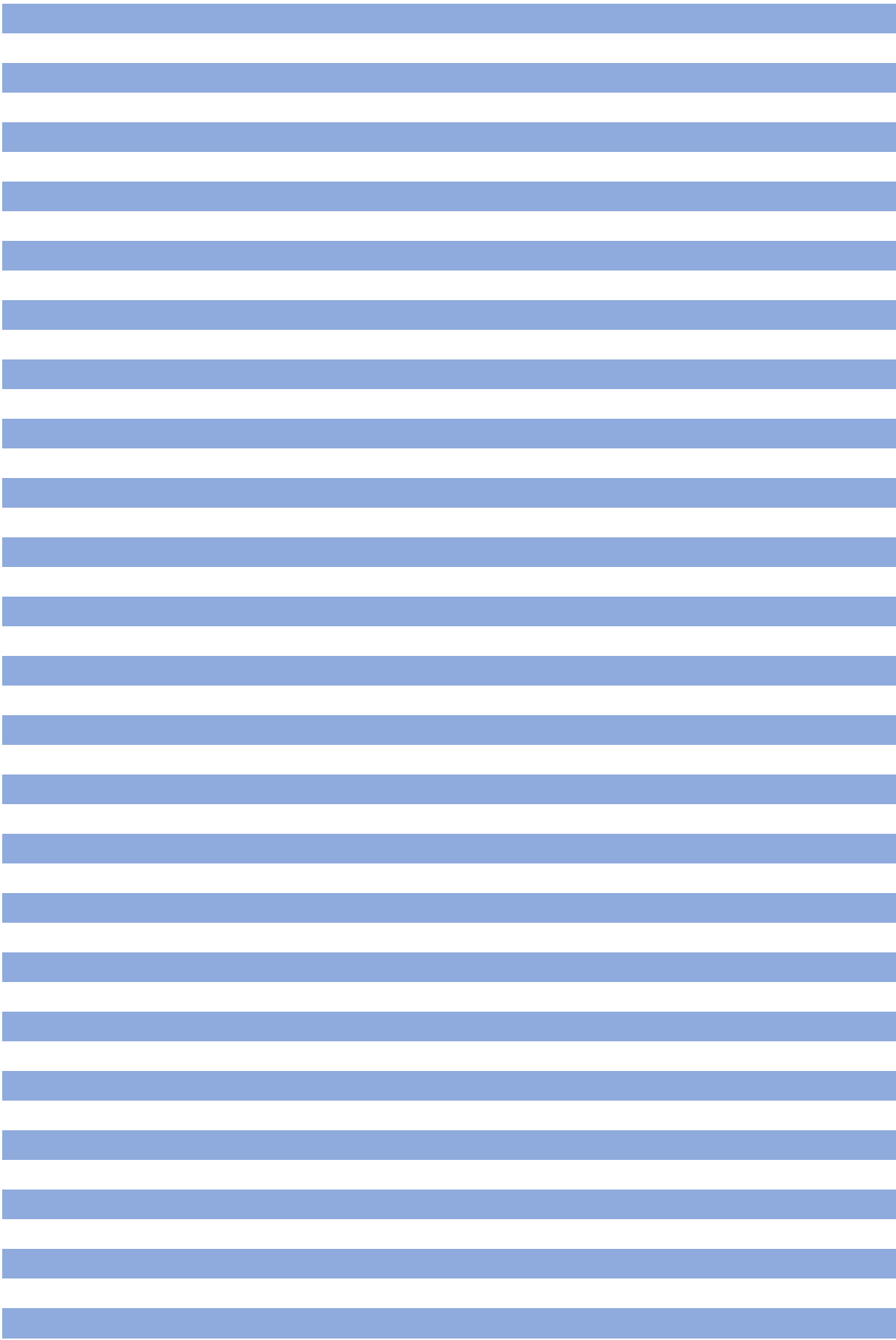


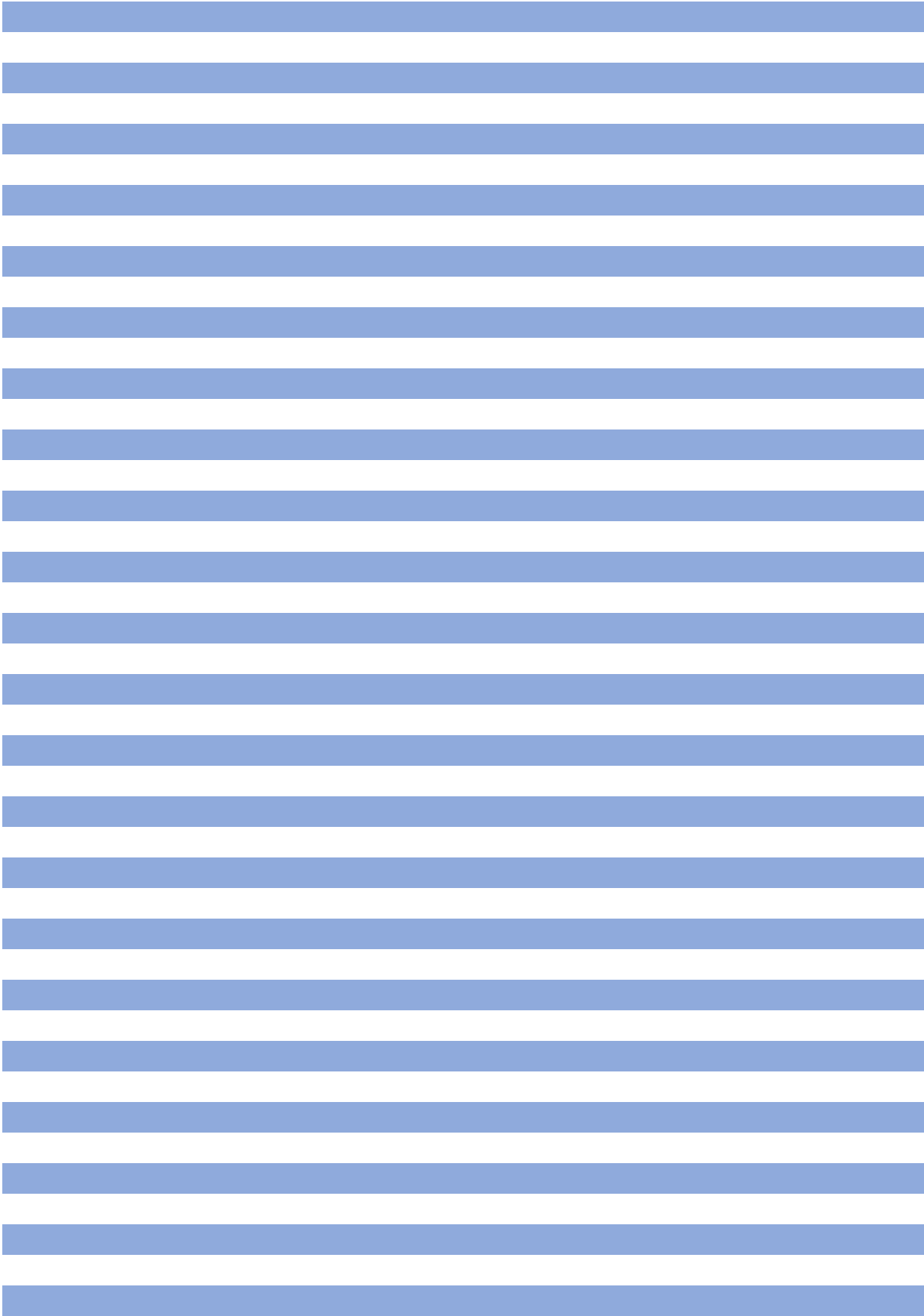


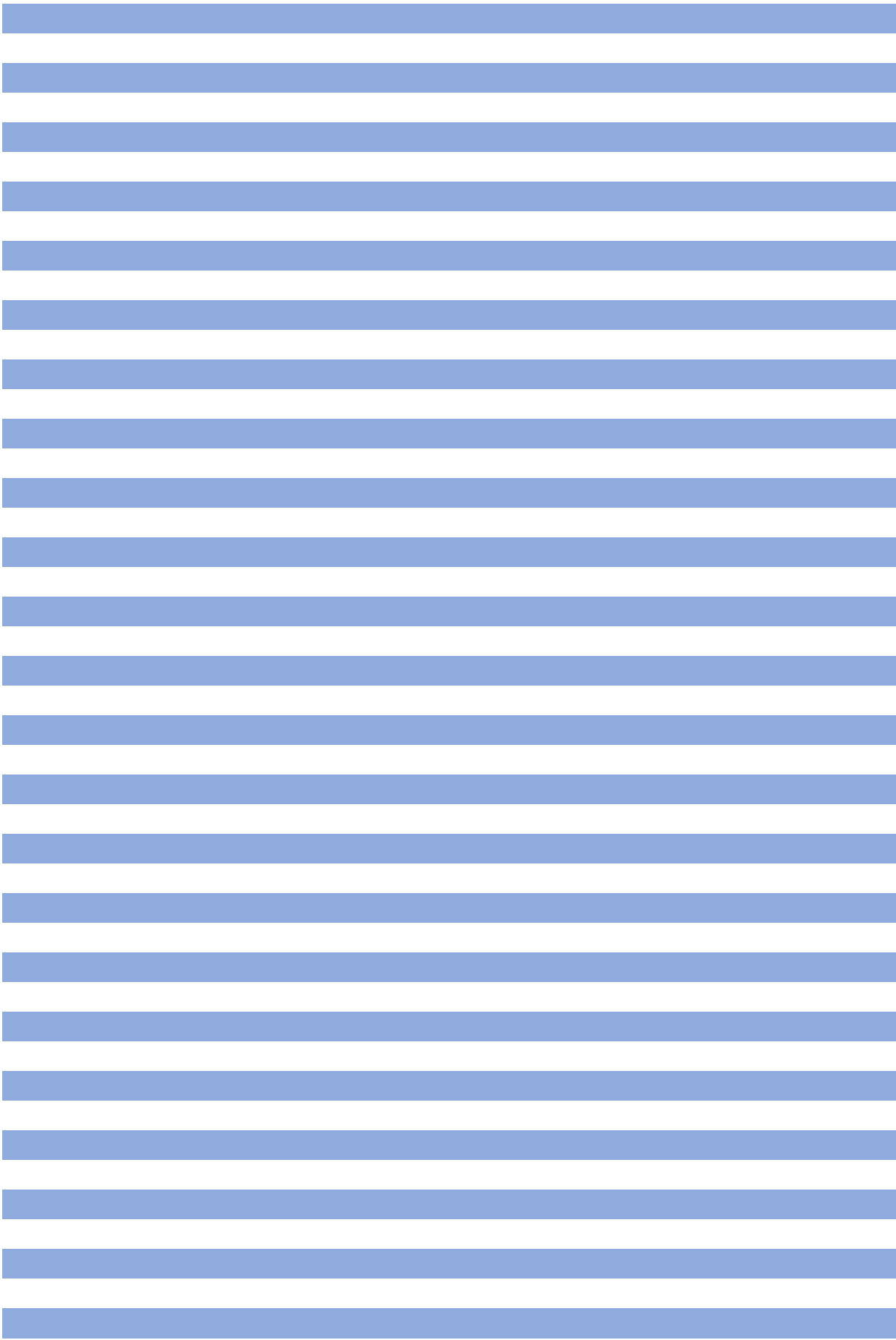


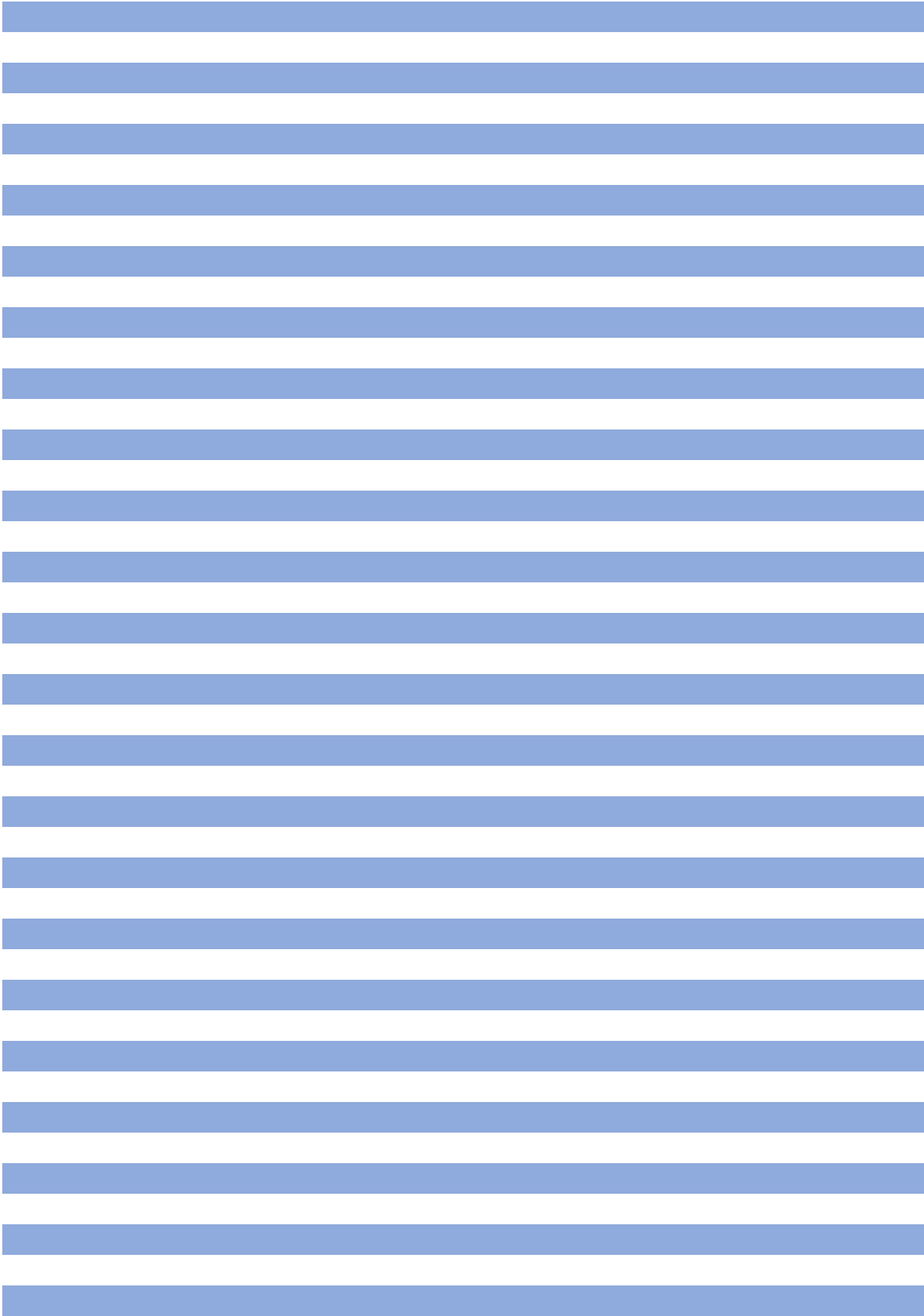
MCD Info: (Required) Medicaid Supplemental Payment Per Diem [313.1]	MCD Info: (Required) Medicaid Supplemental Payment Per Diem (GME/Training) [313.2]	MCD Info: (Required) Medicaid Supplemental Payment Per Diem (Other) [313.3]
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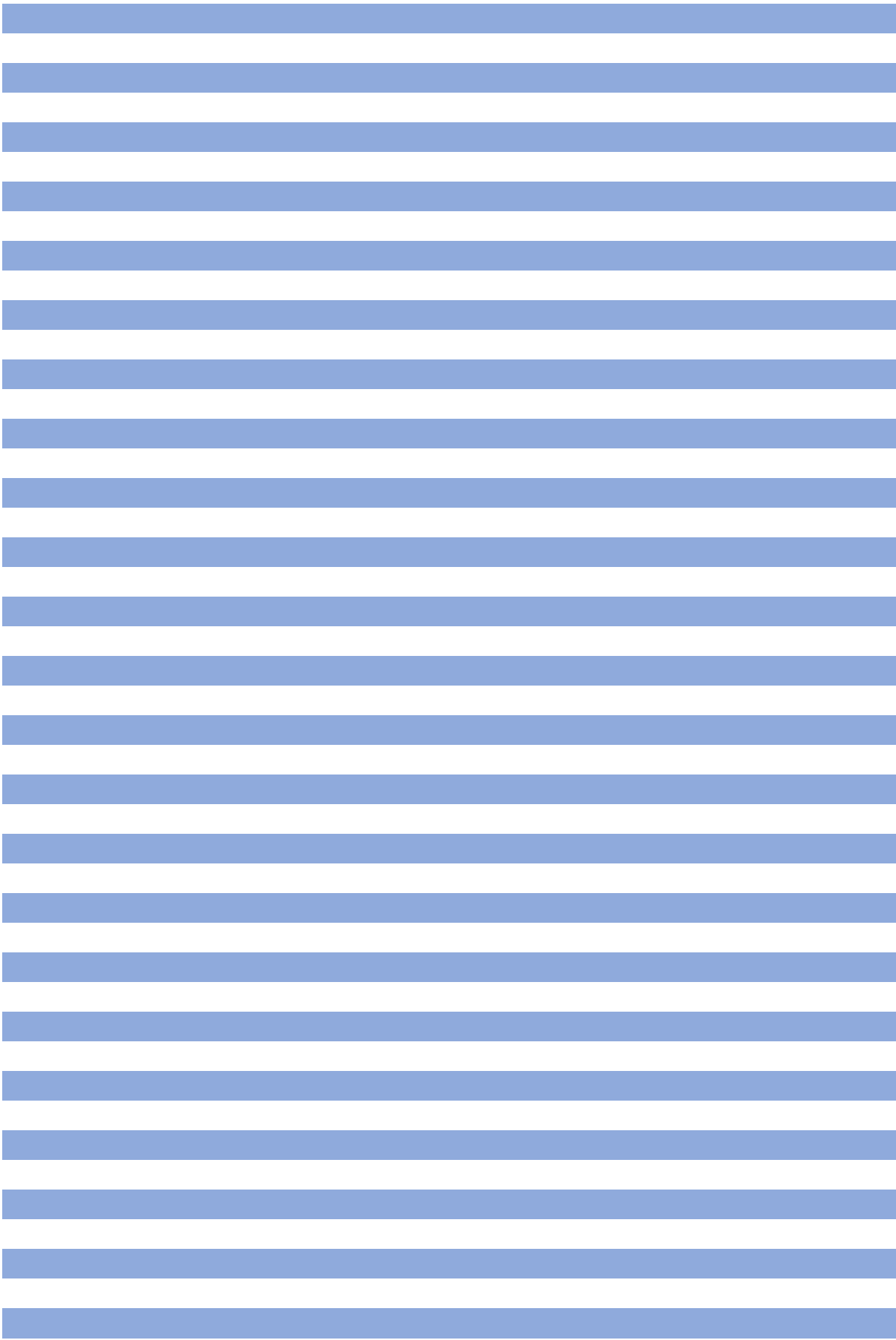
12 horizontal blue bars for data entry.

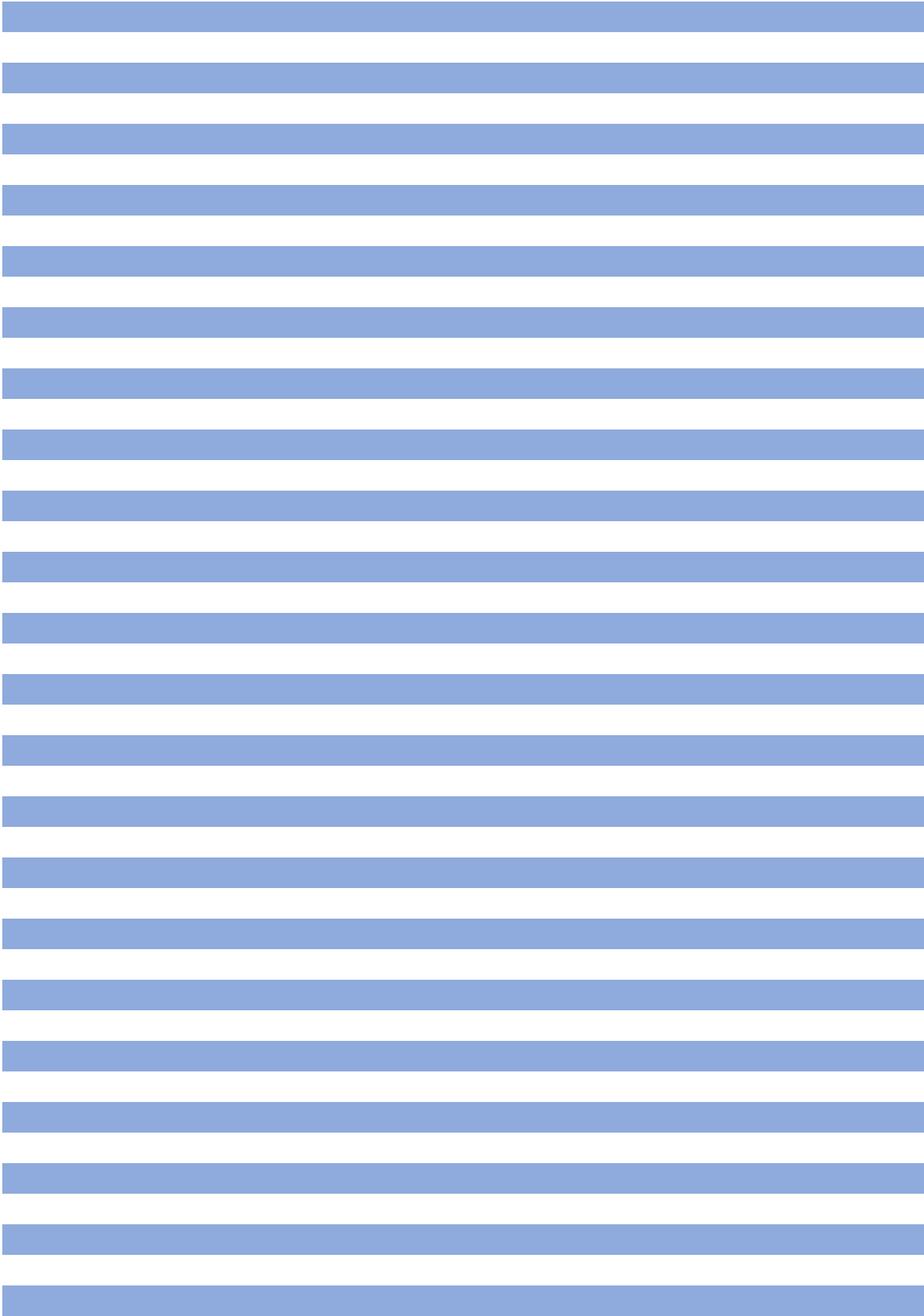


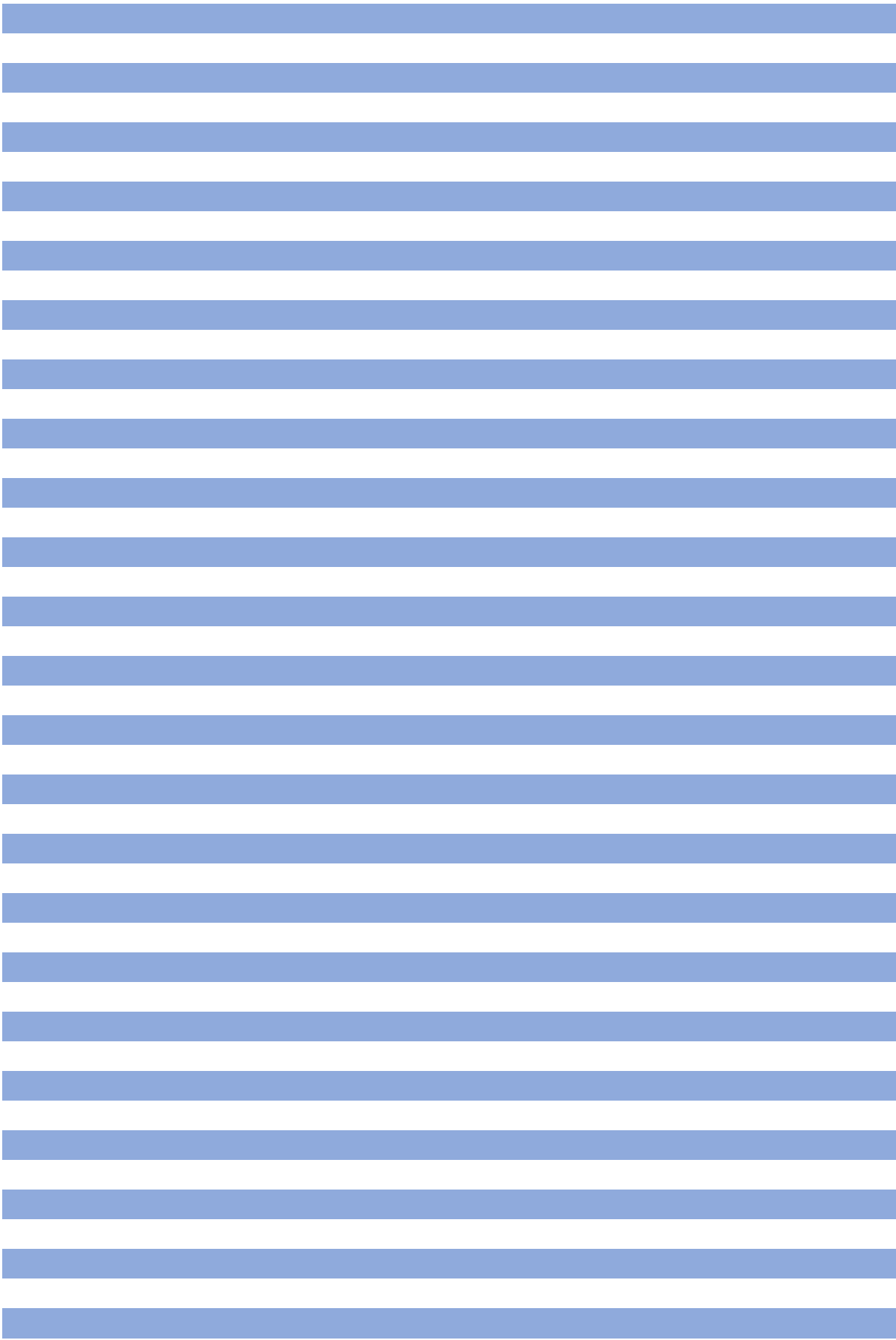


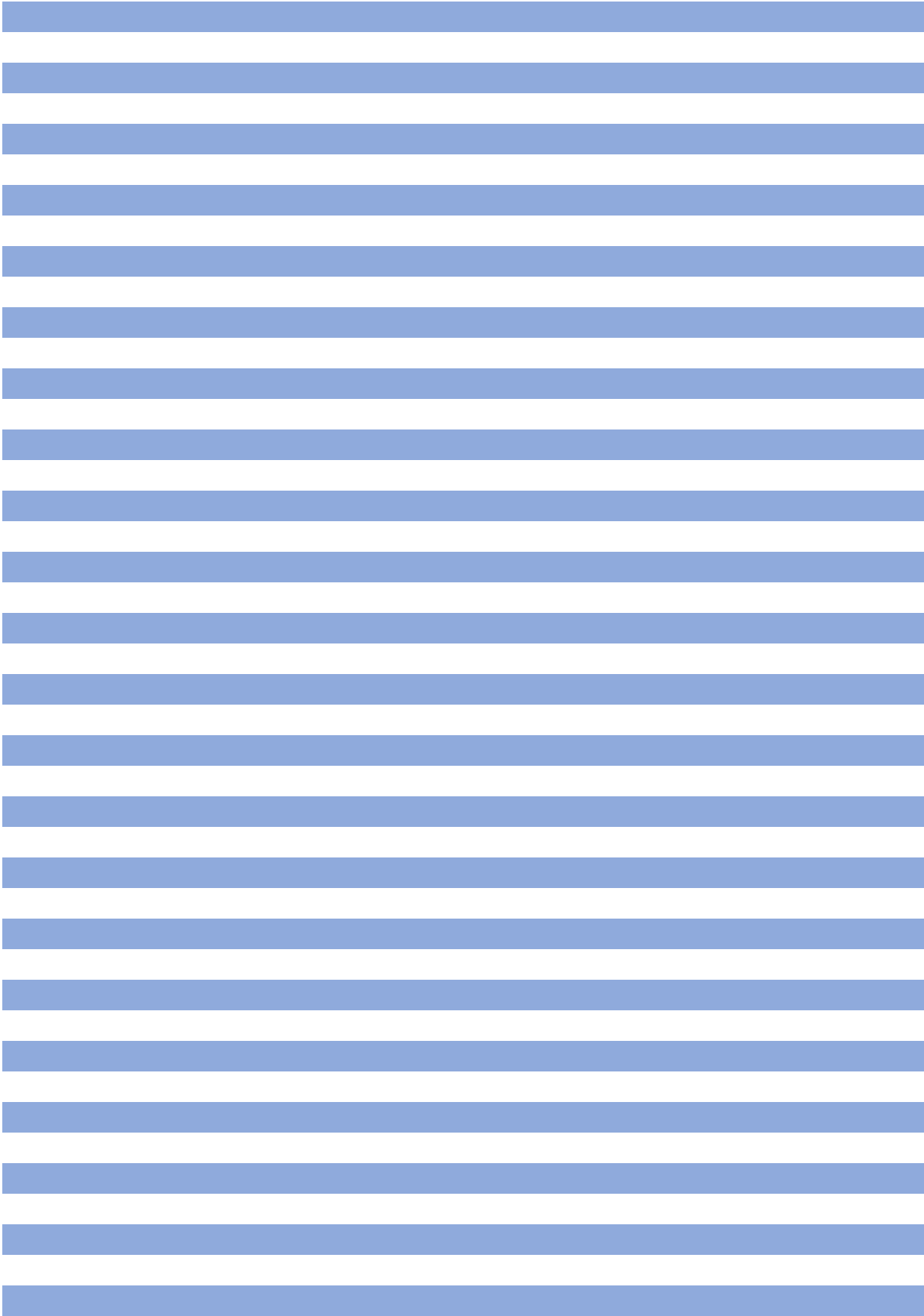


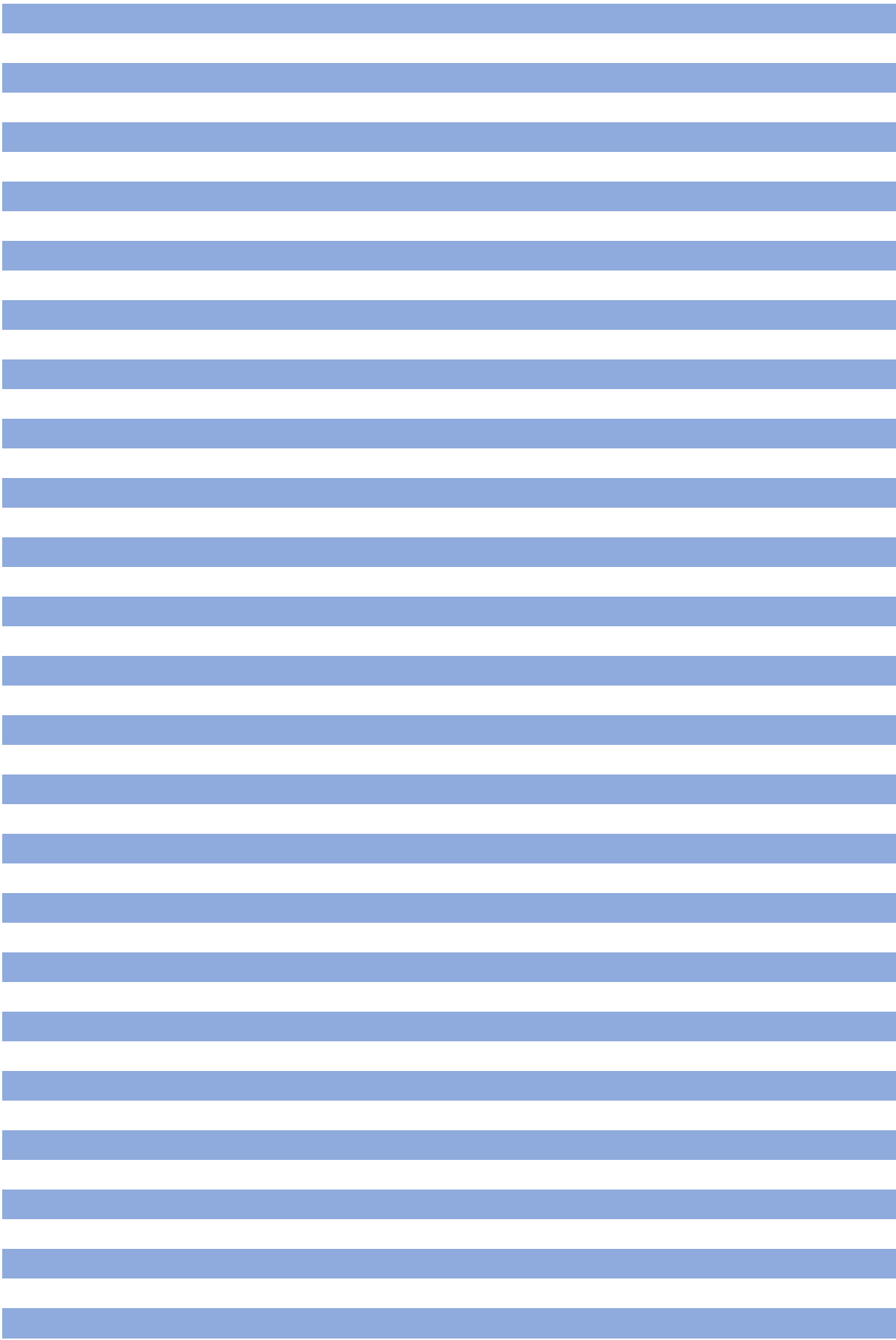


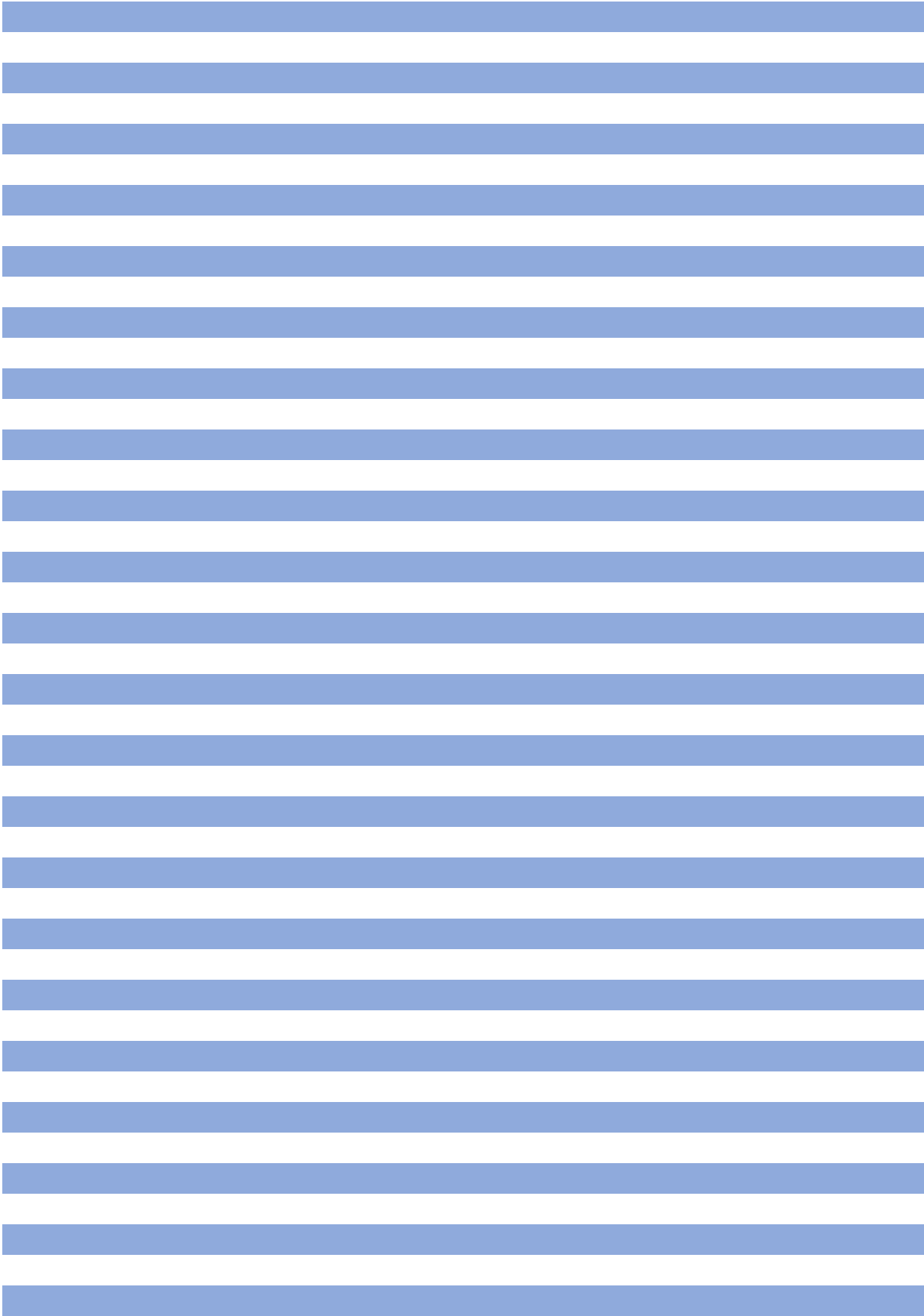


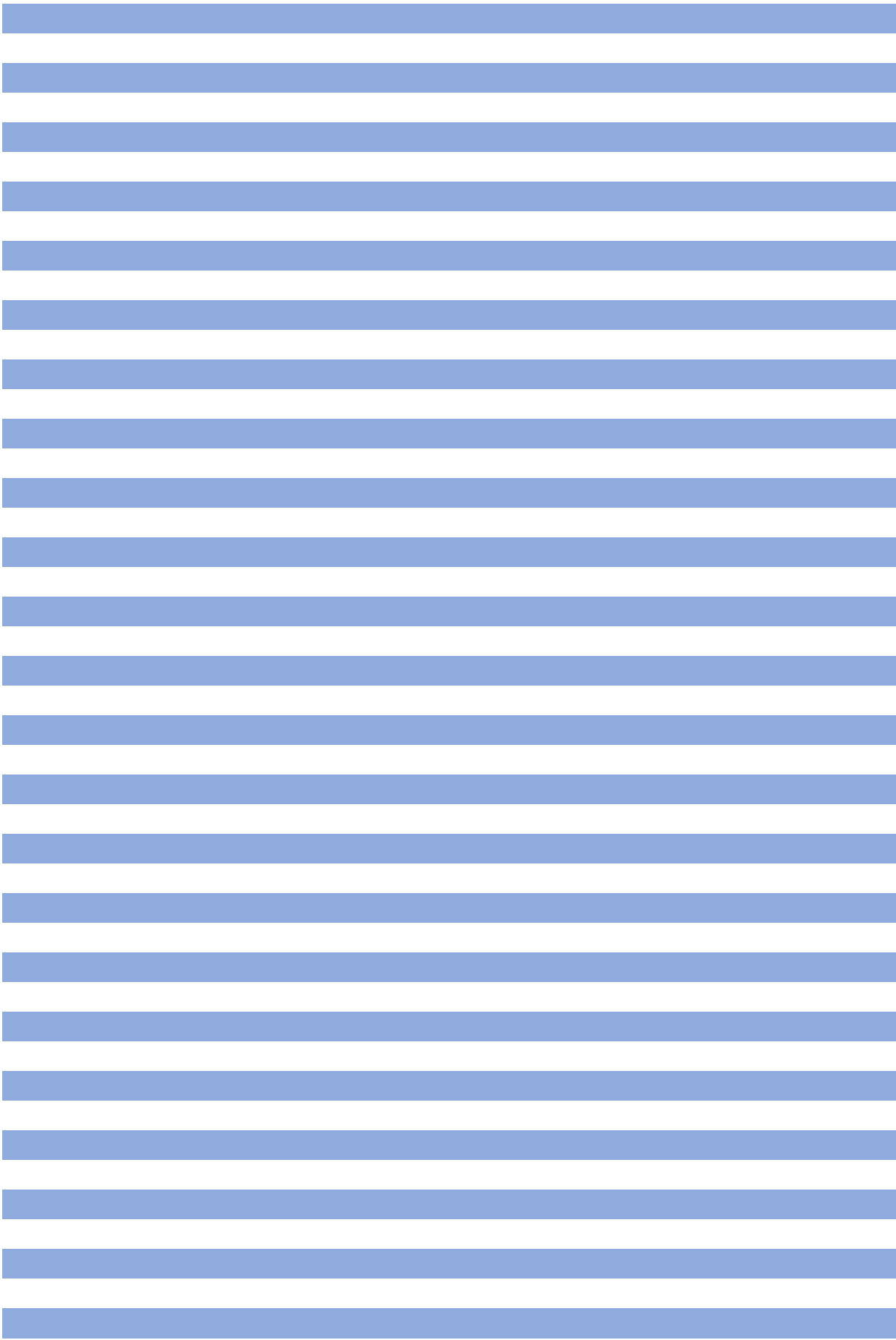


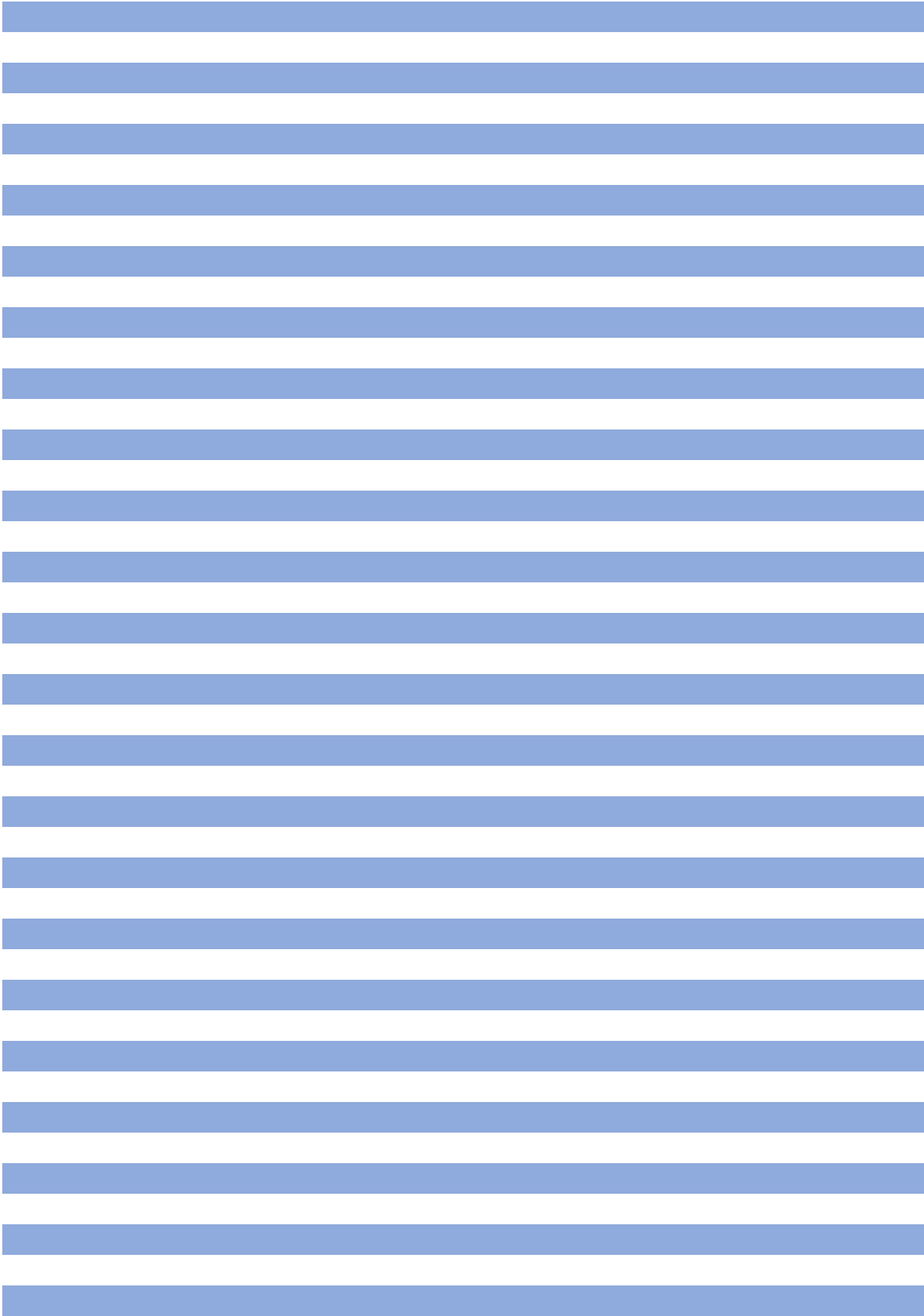


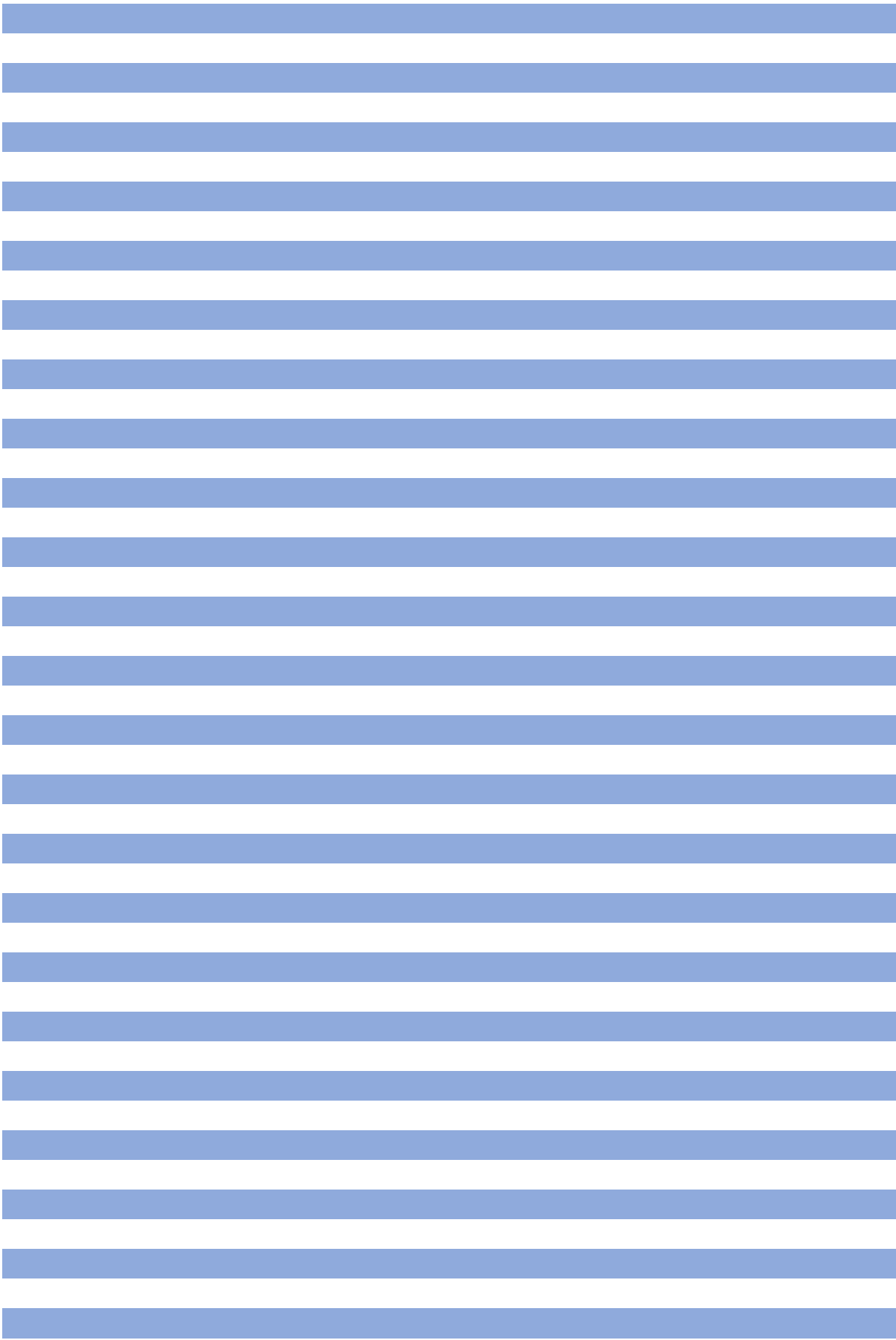


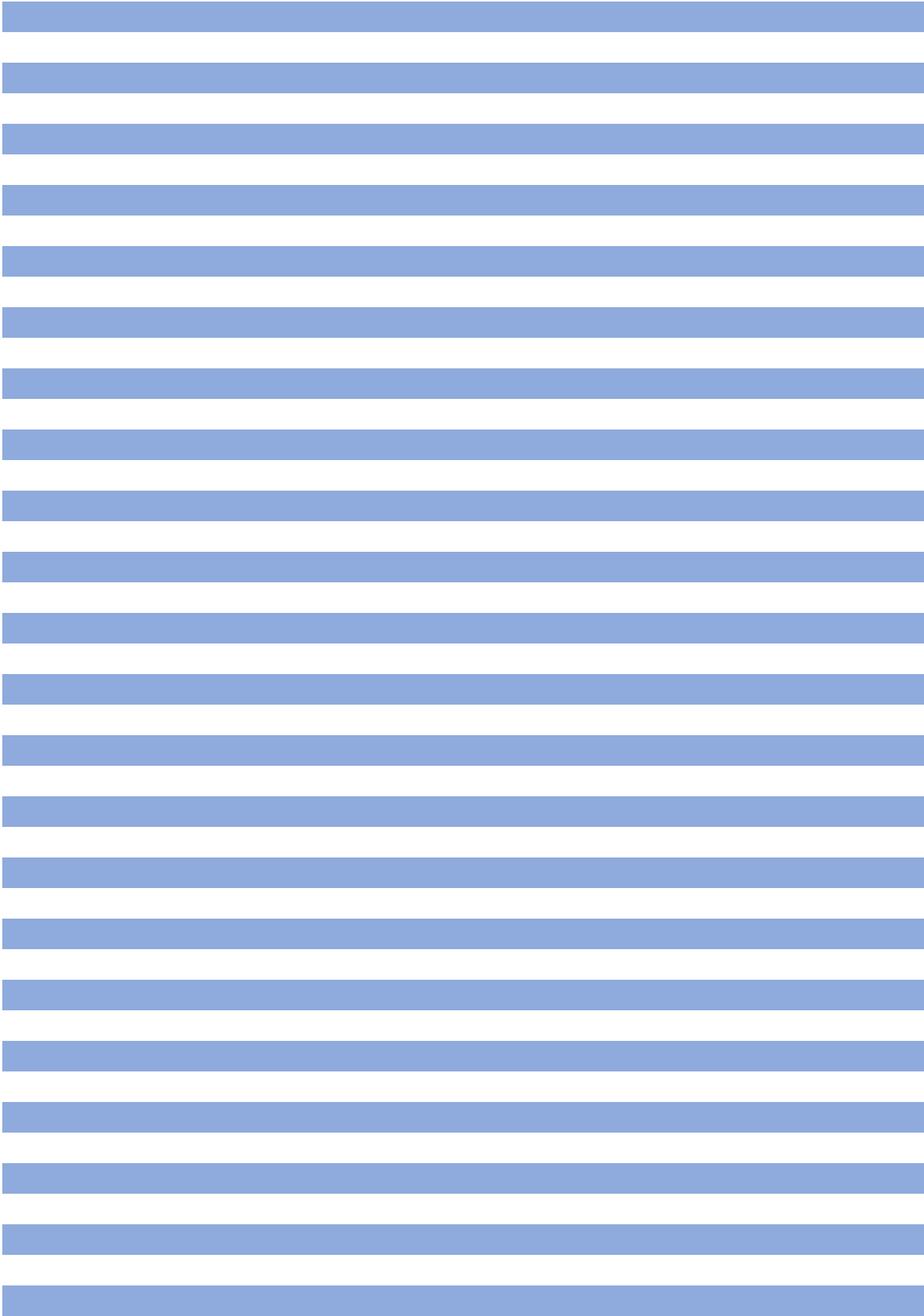


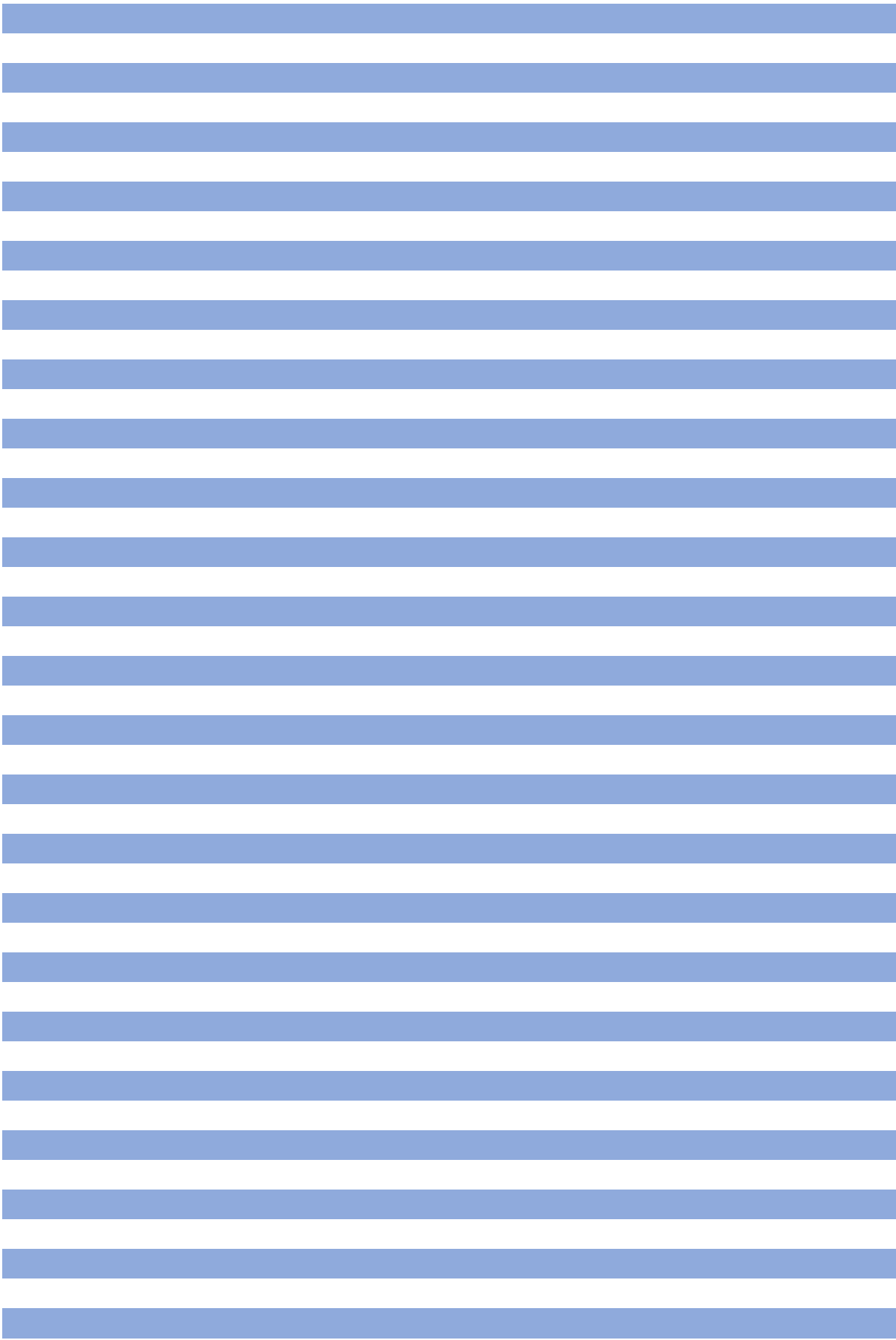


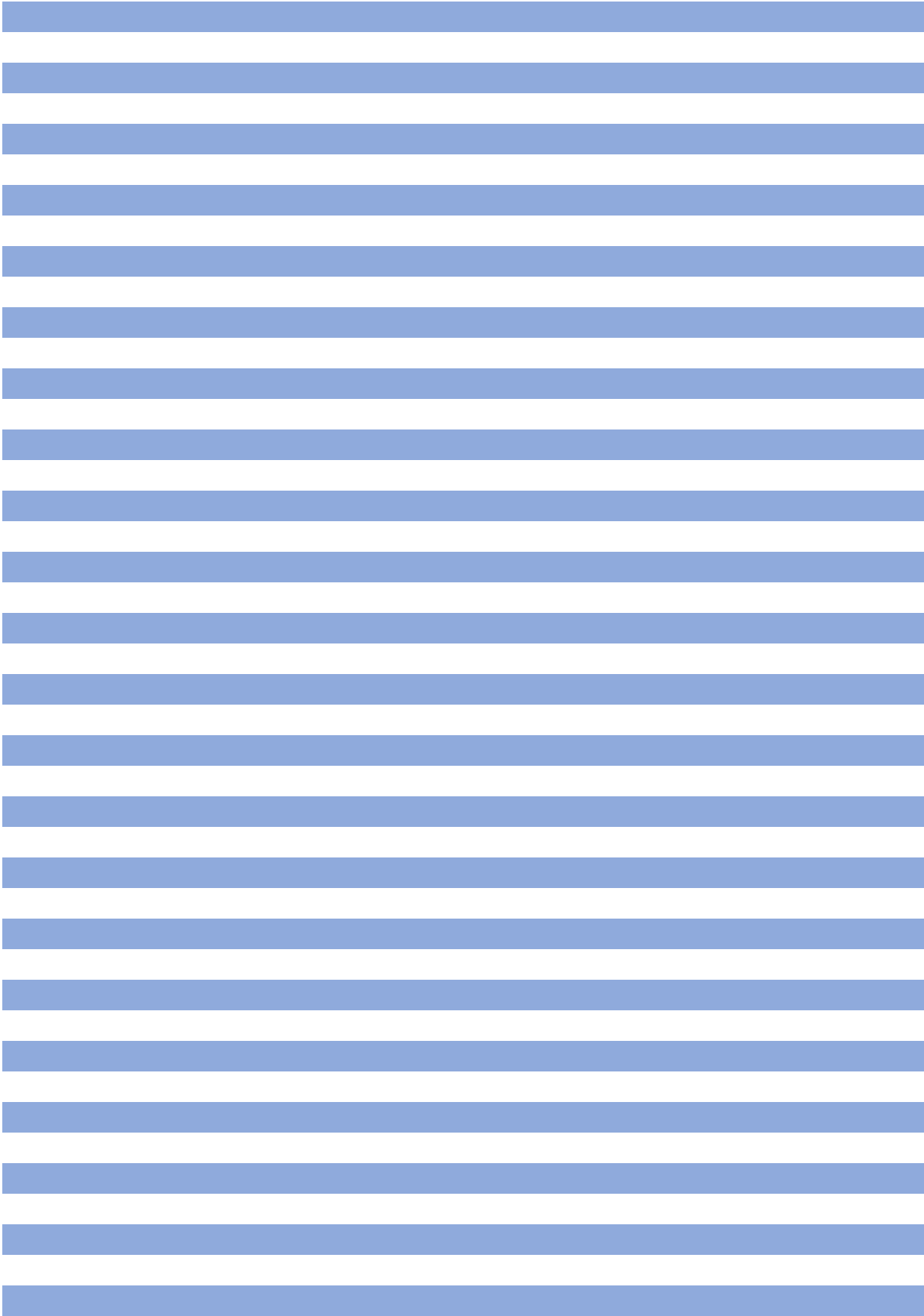


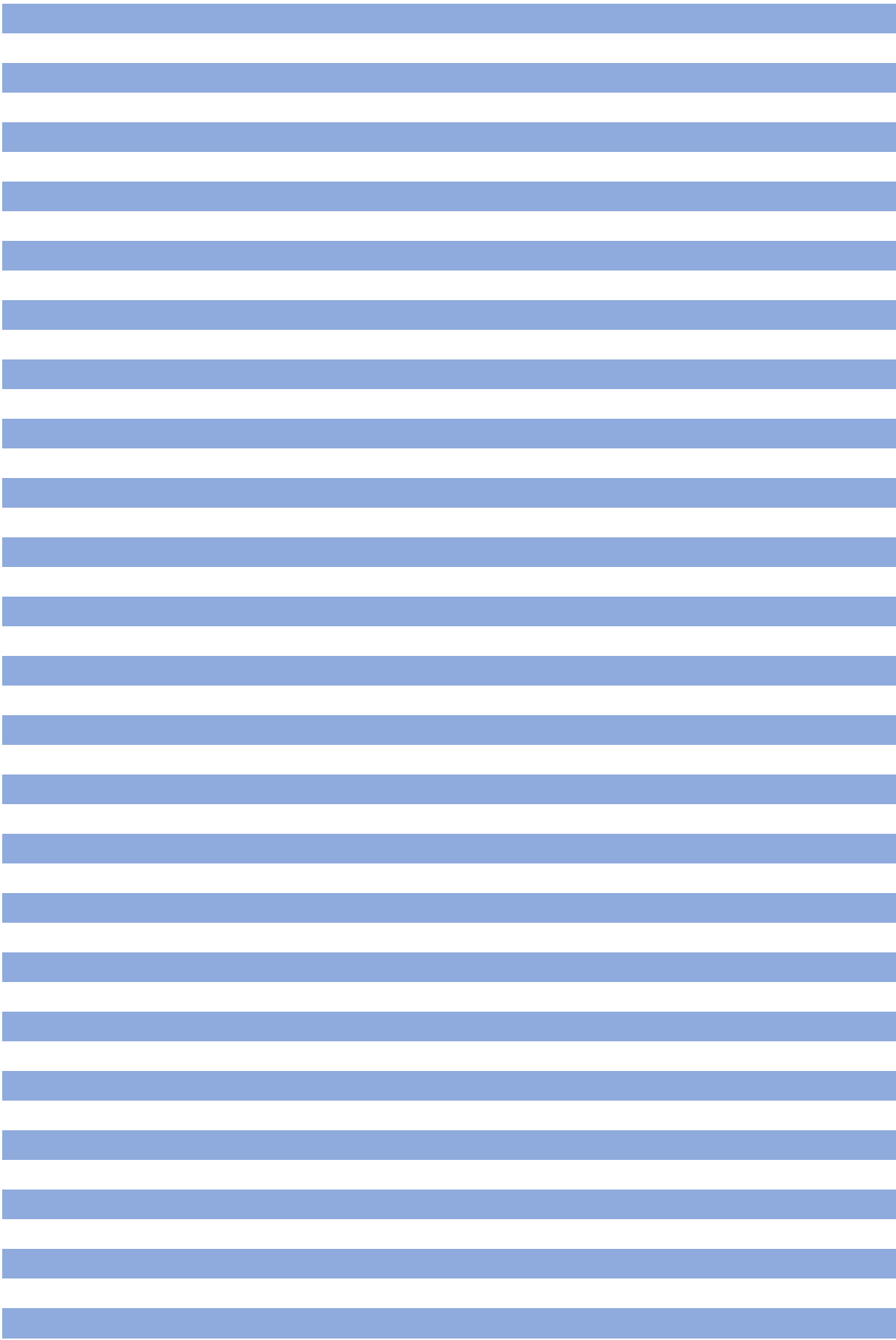


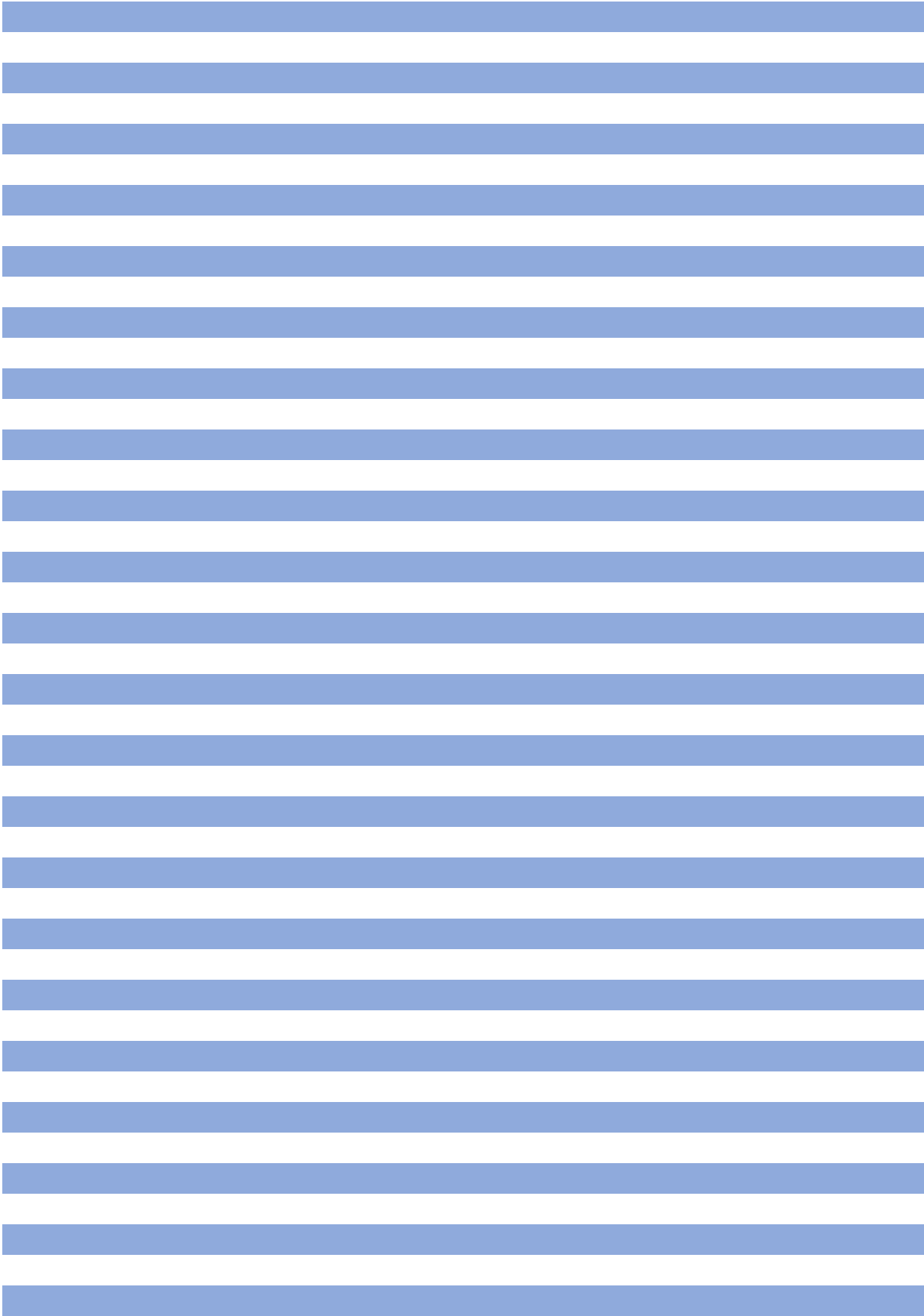


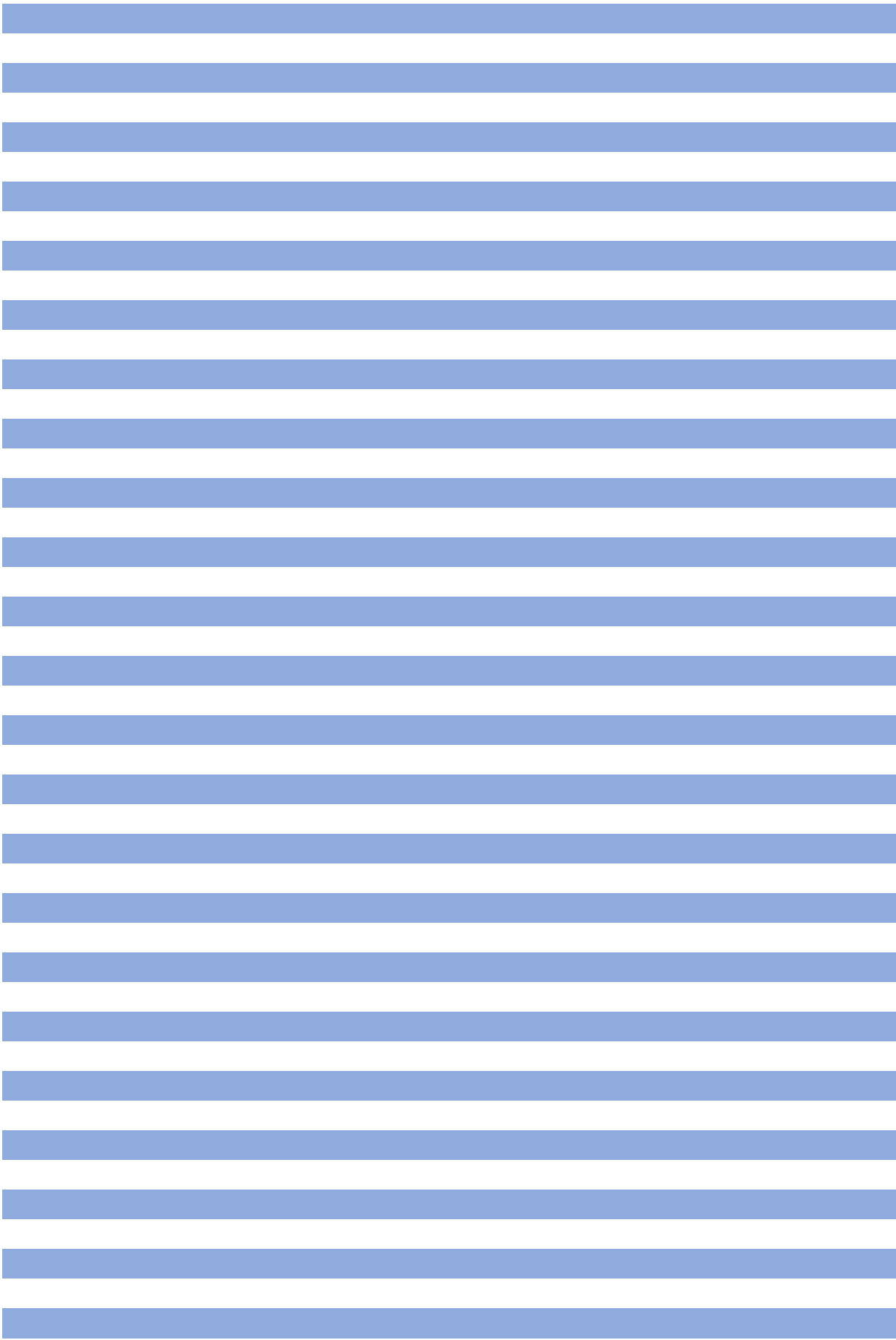


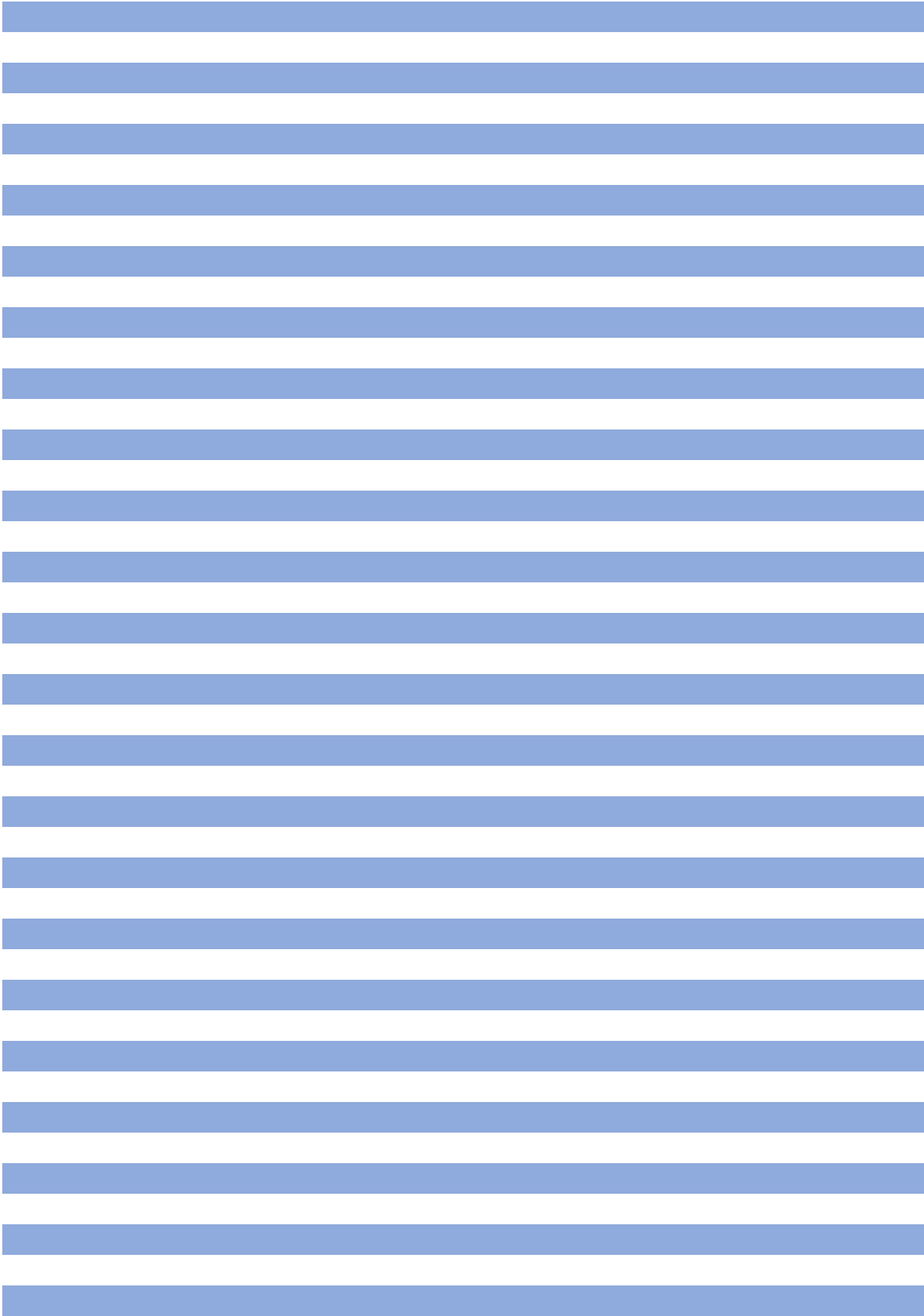


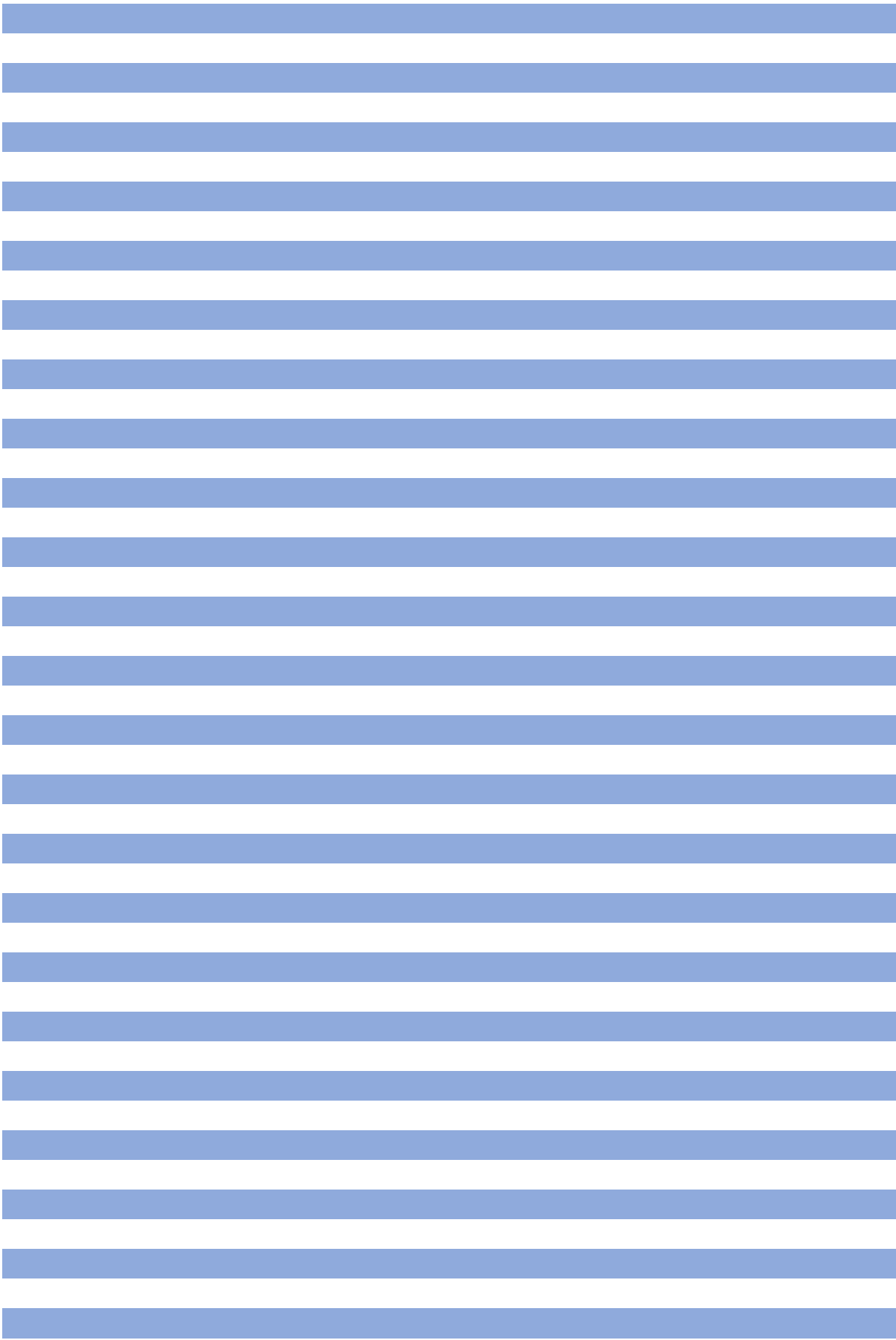


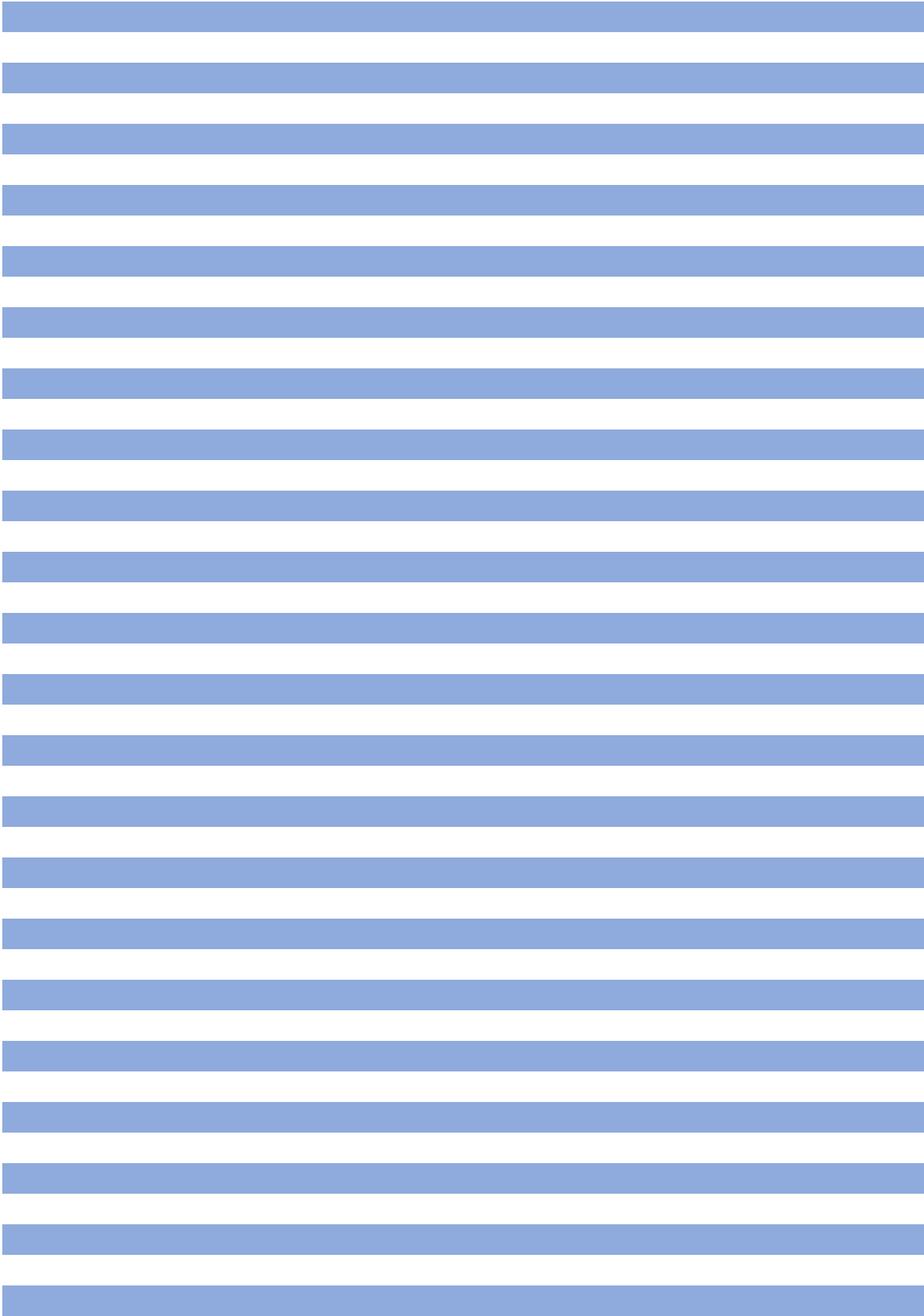


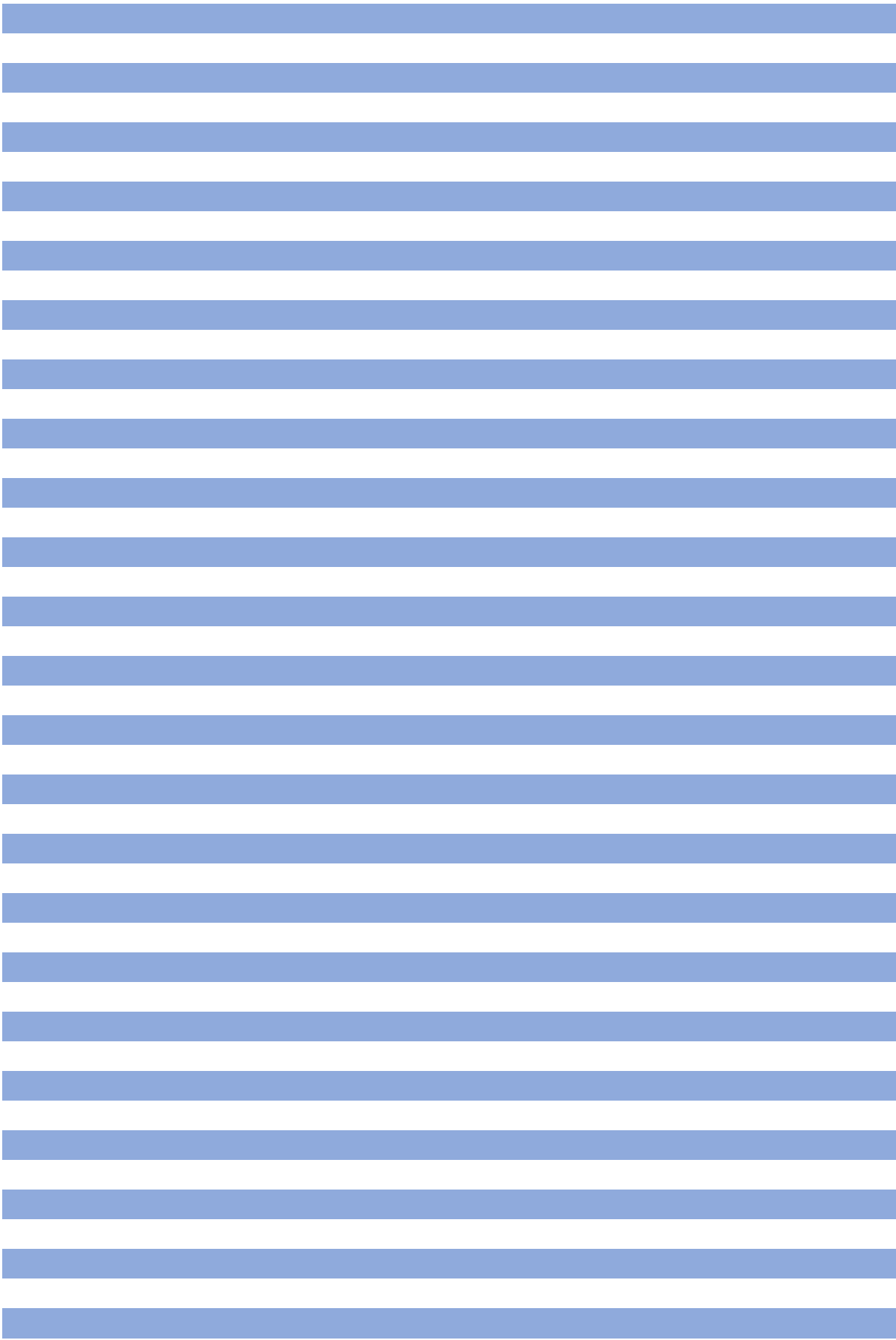


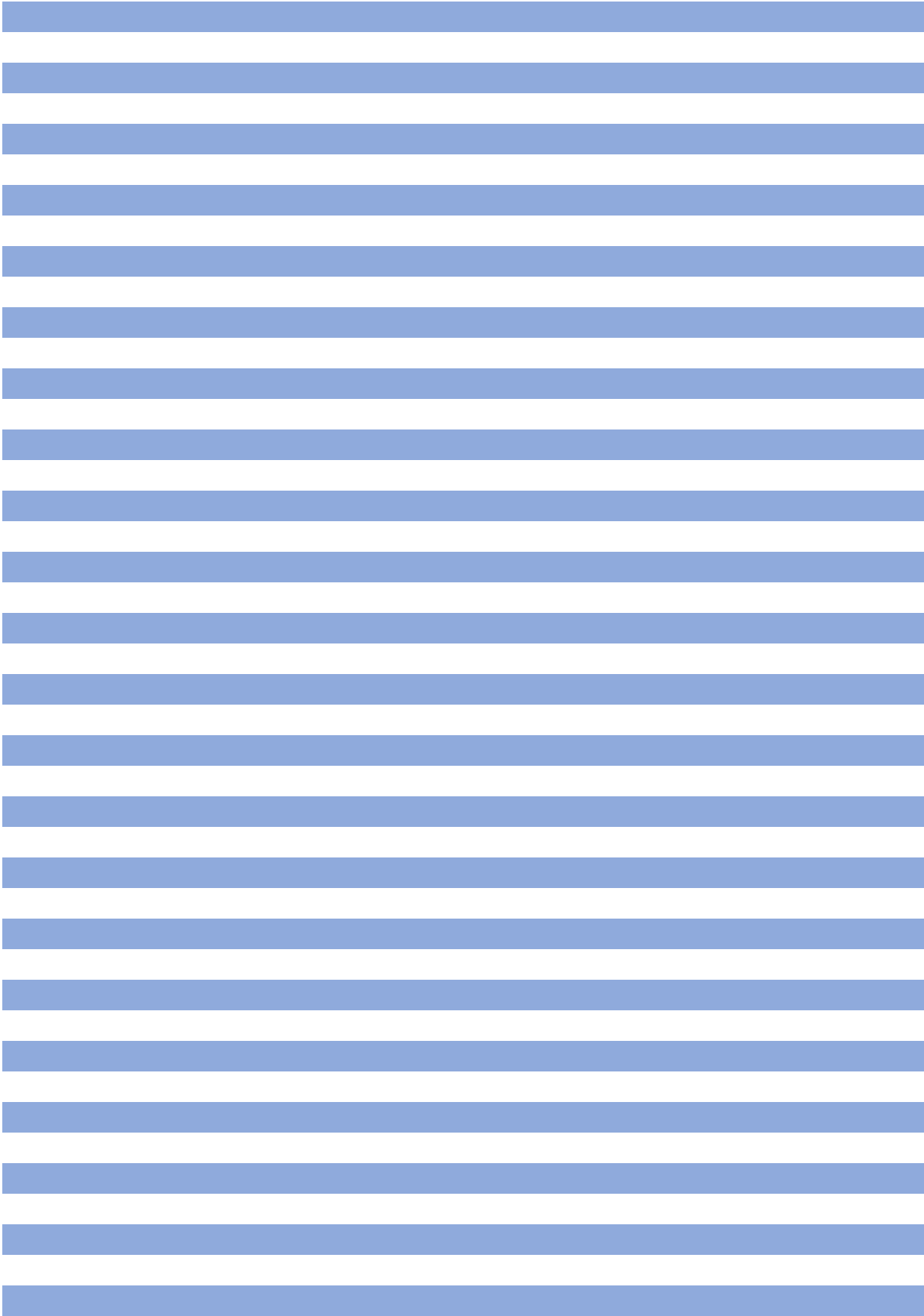


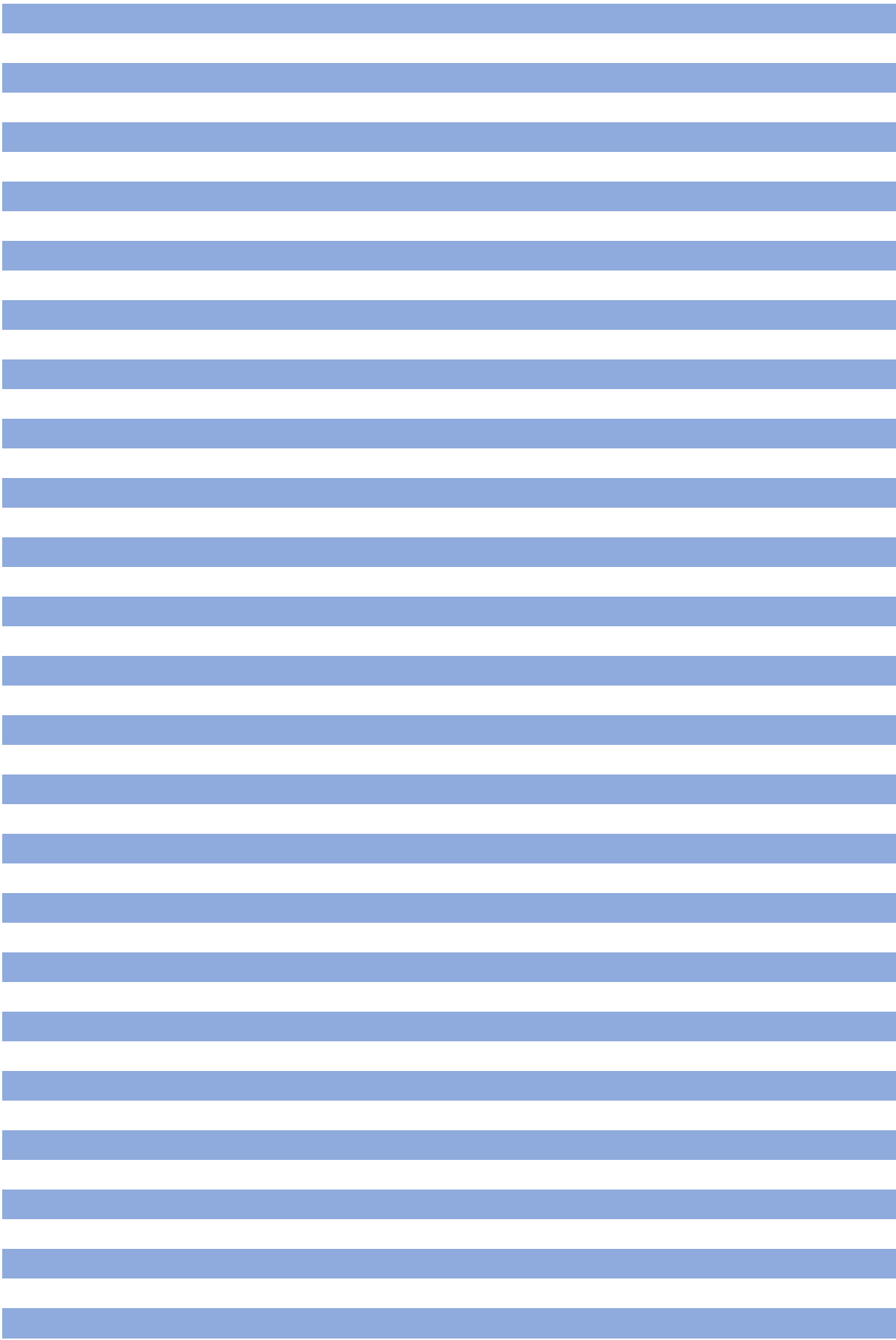


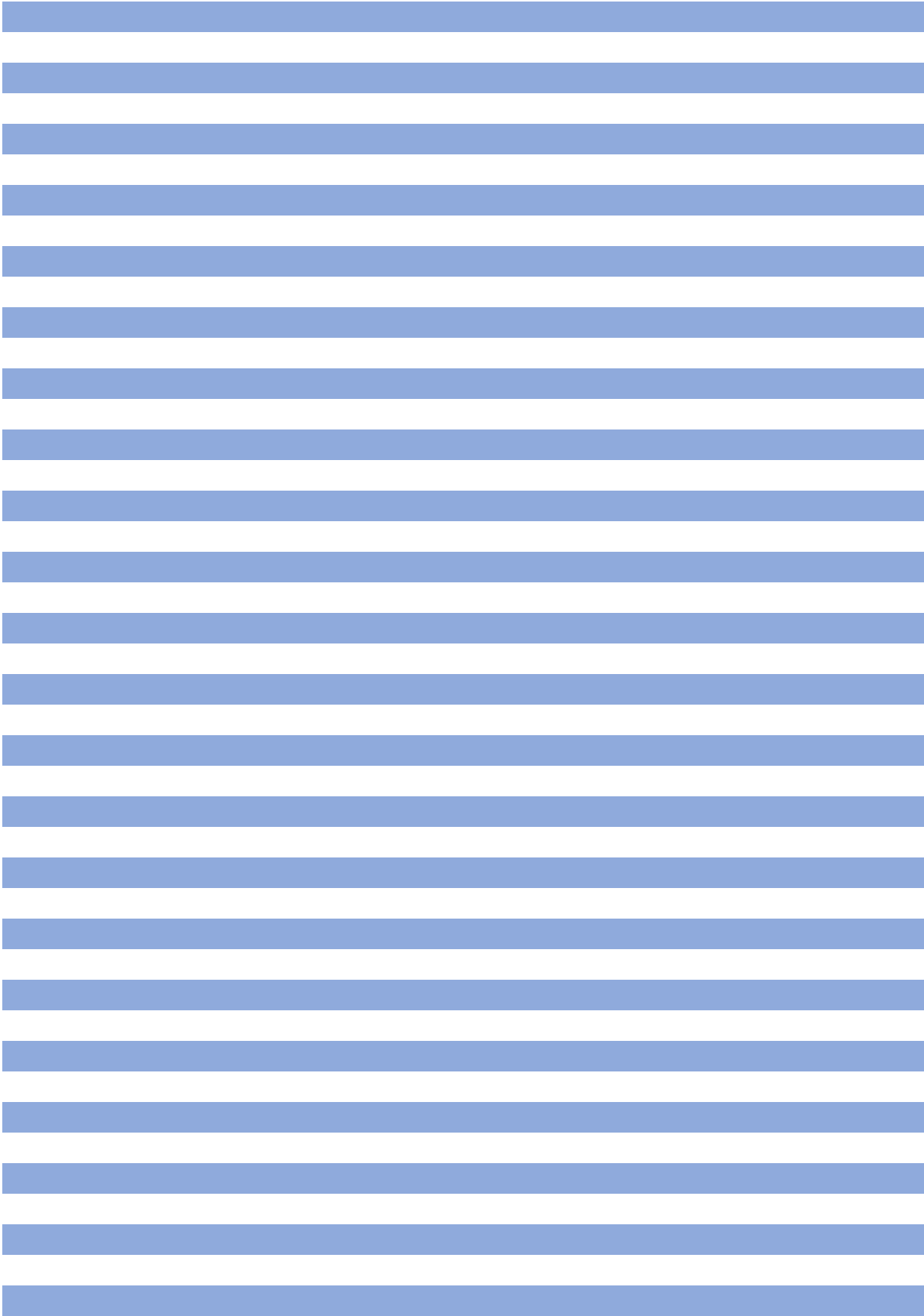


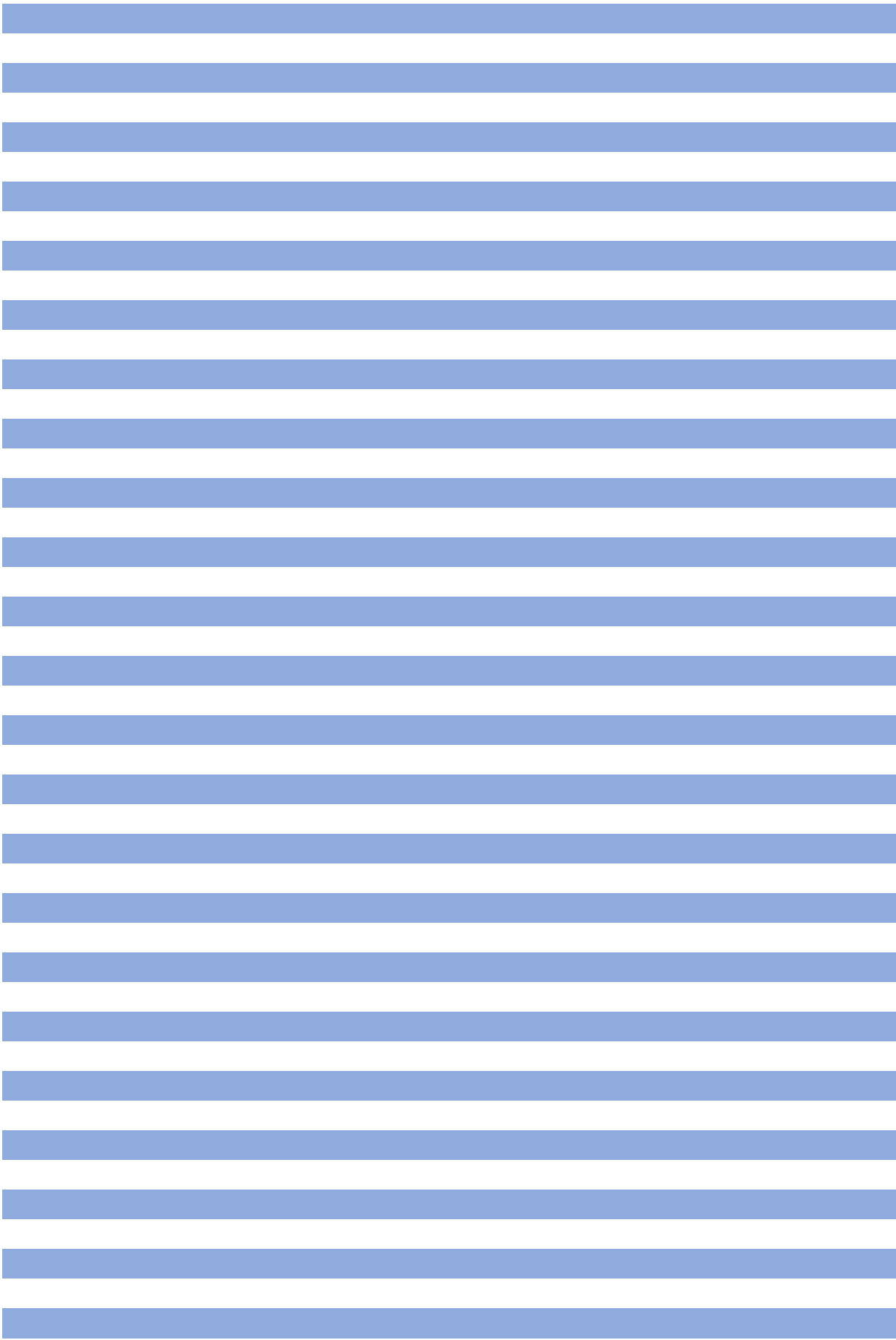


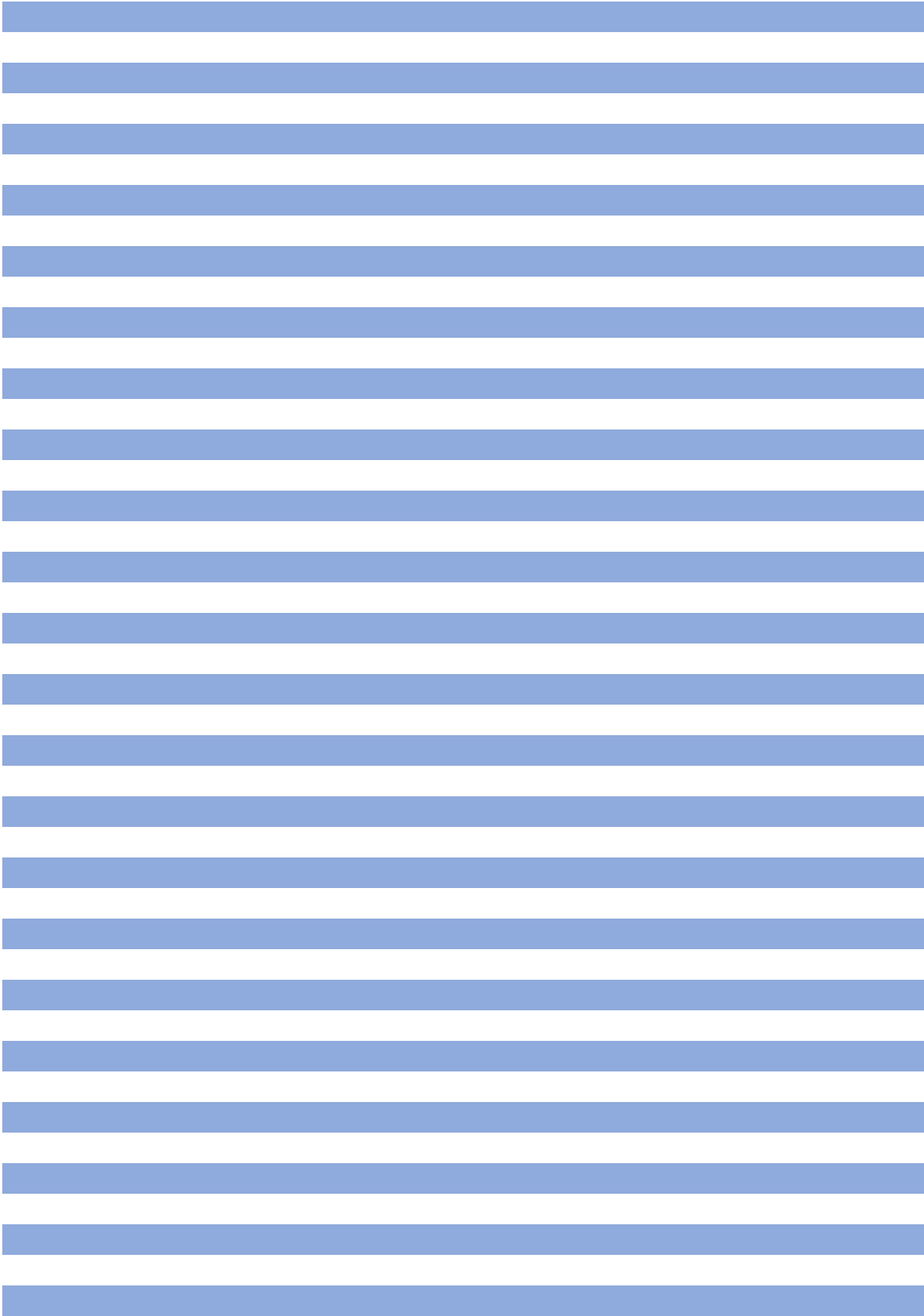


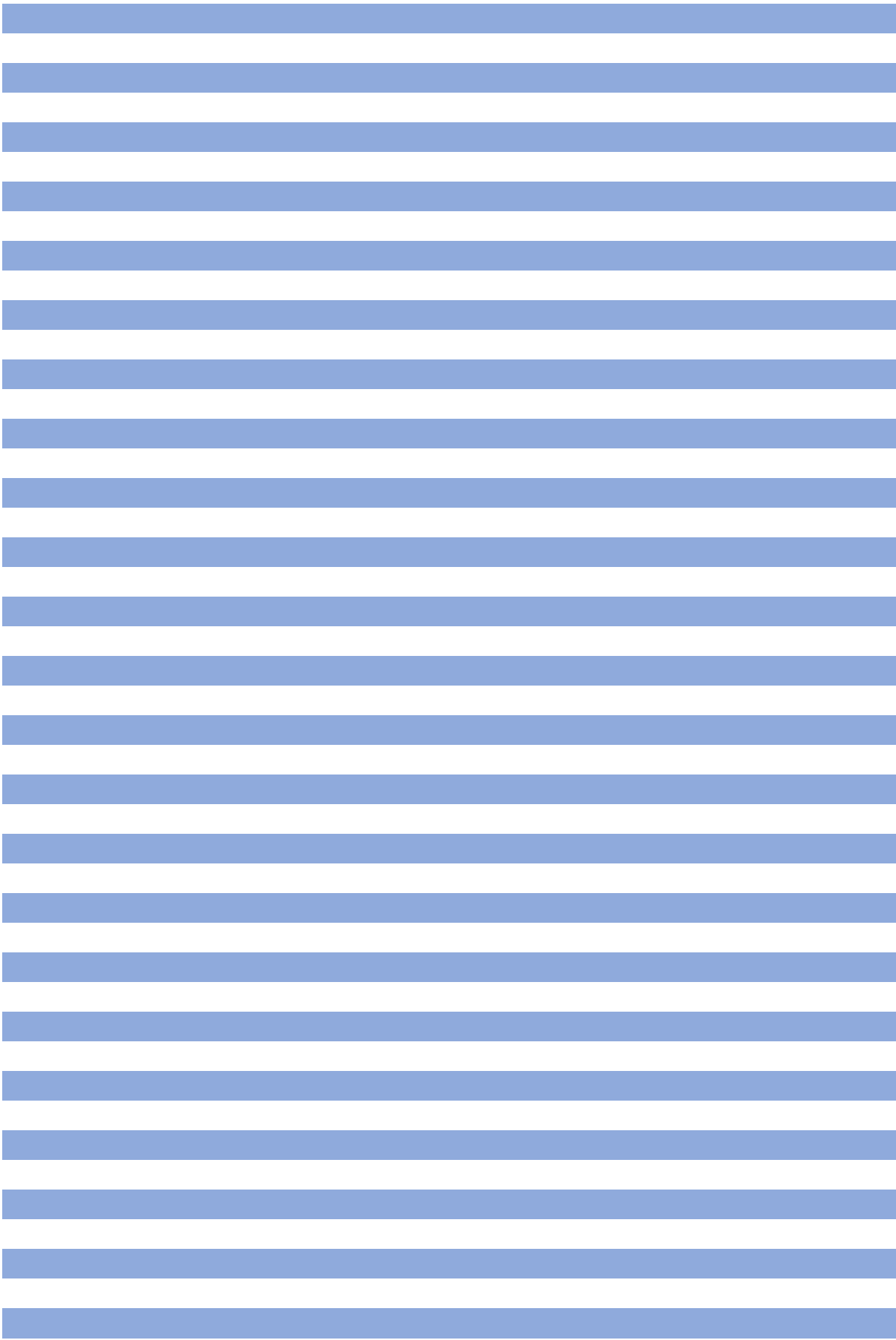


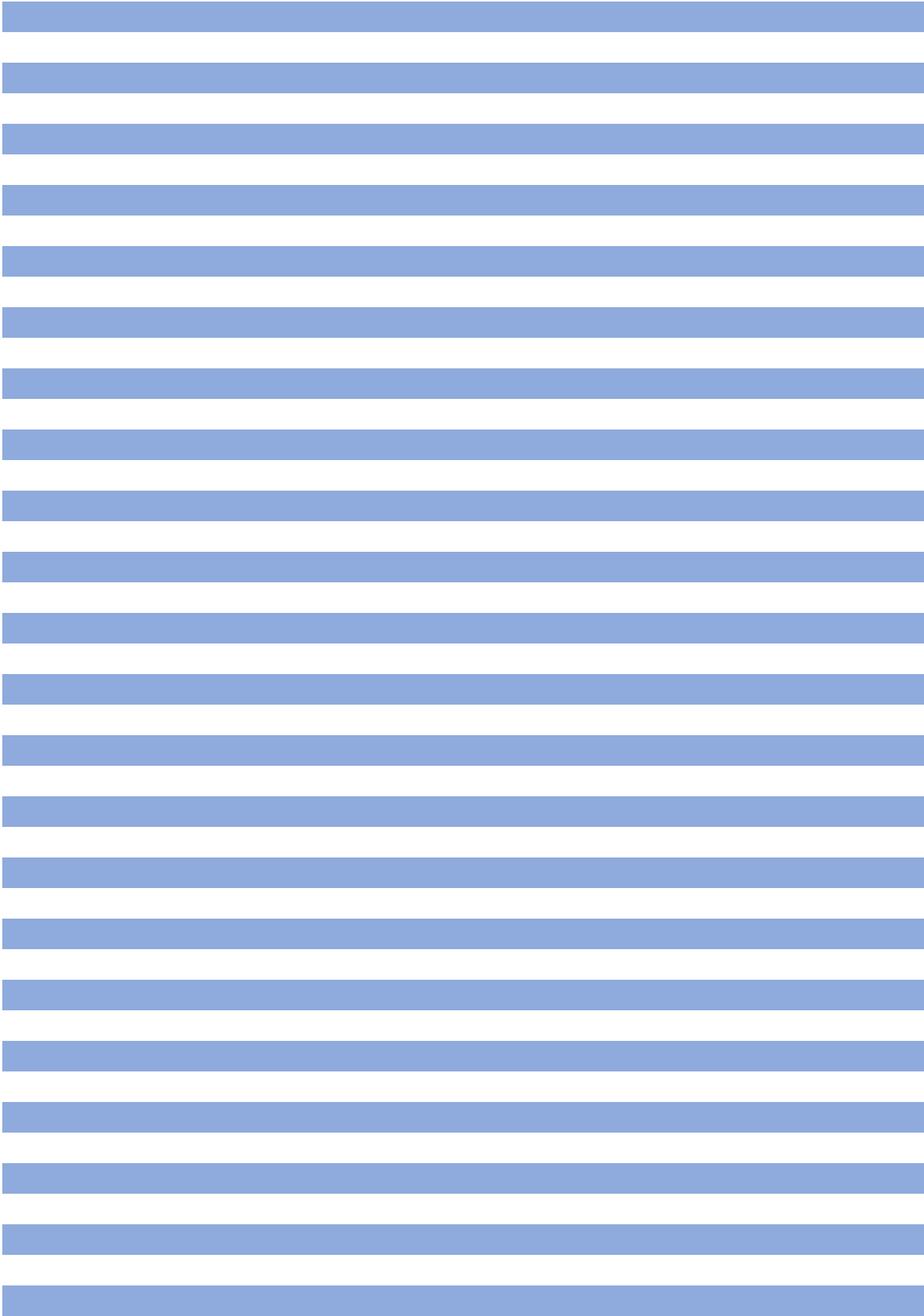


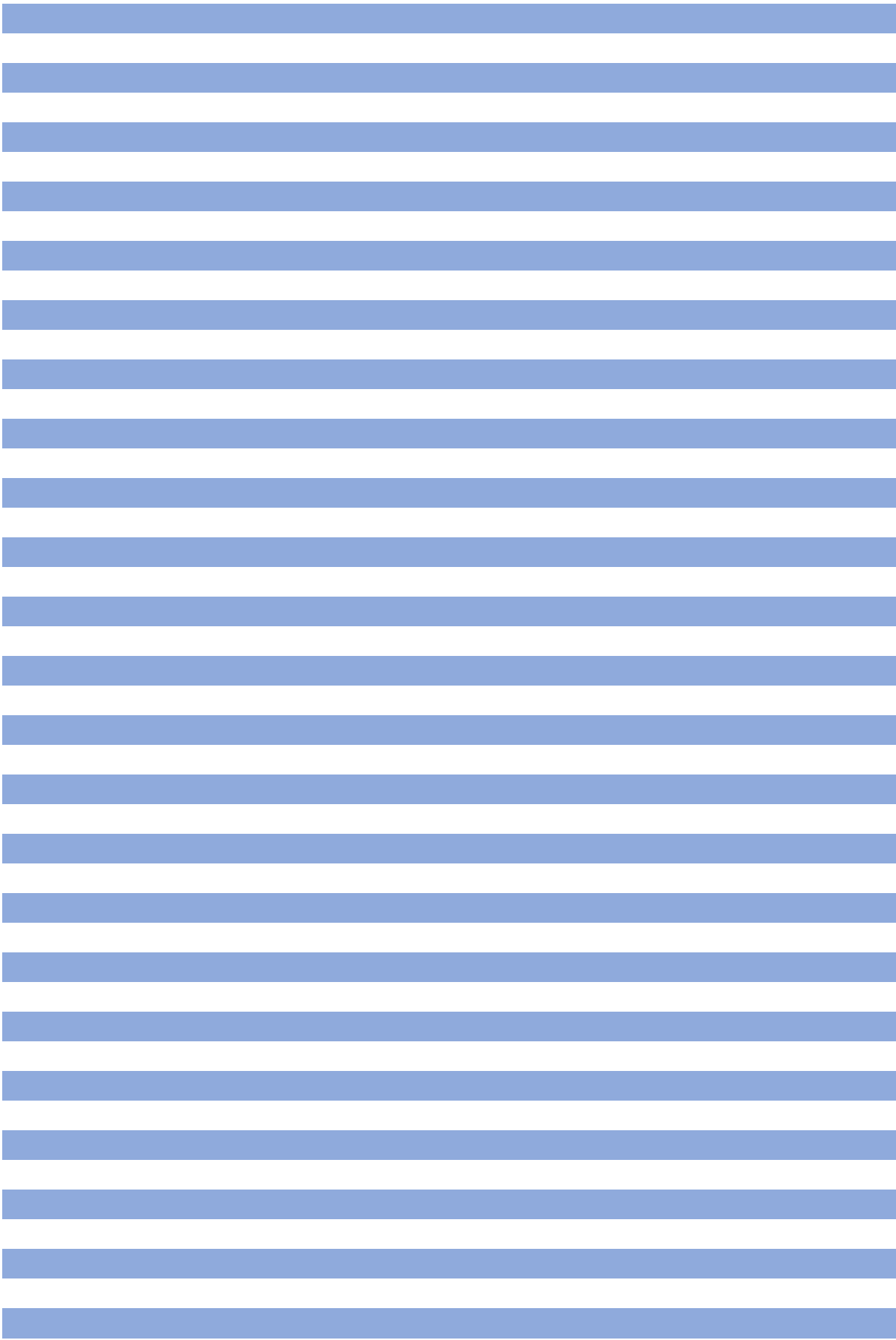


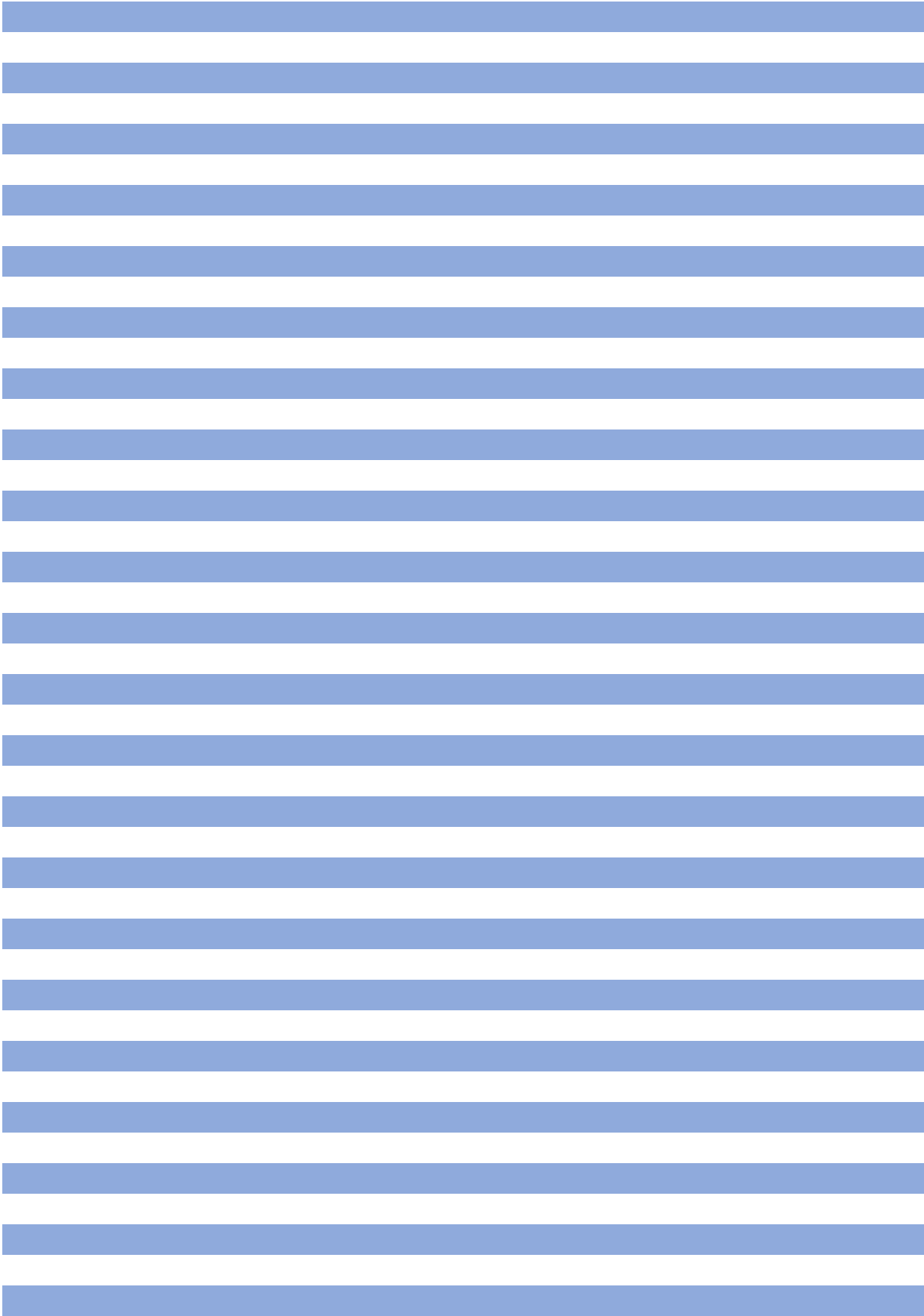


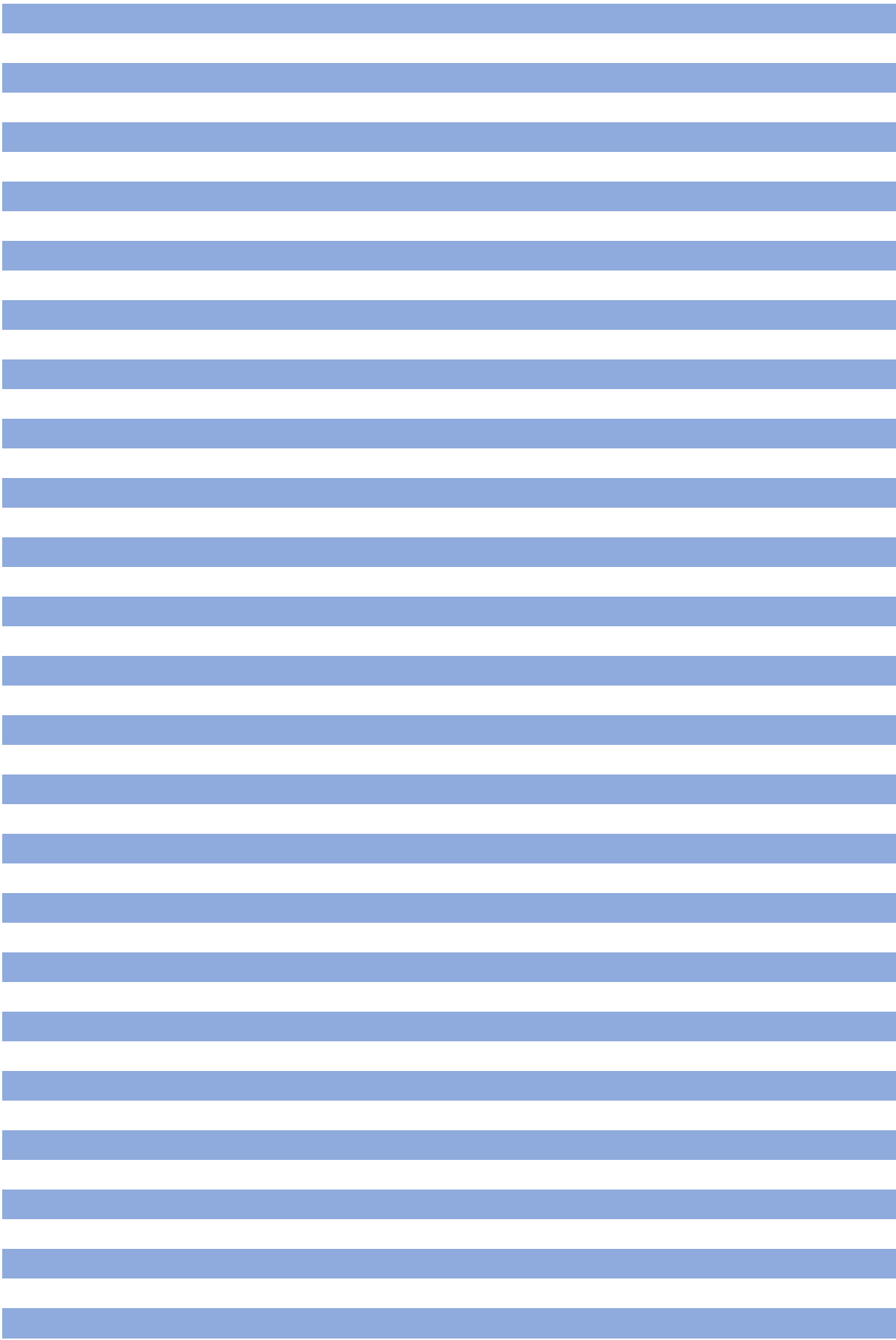


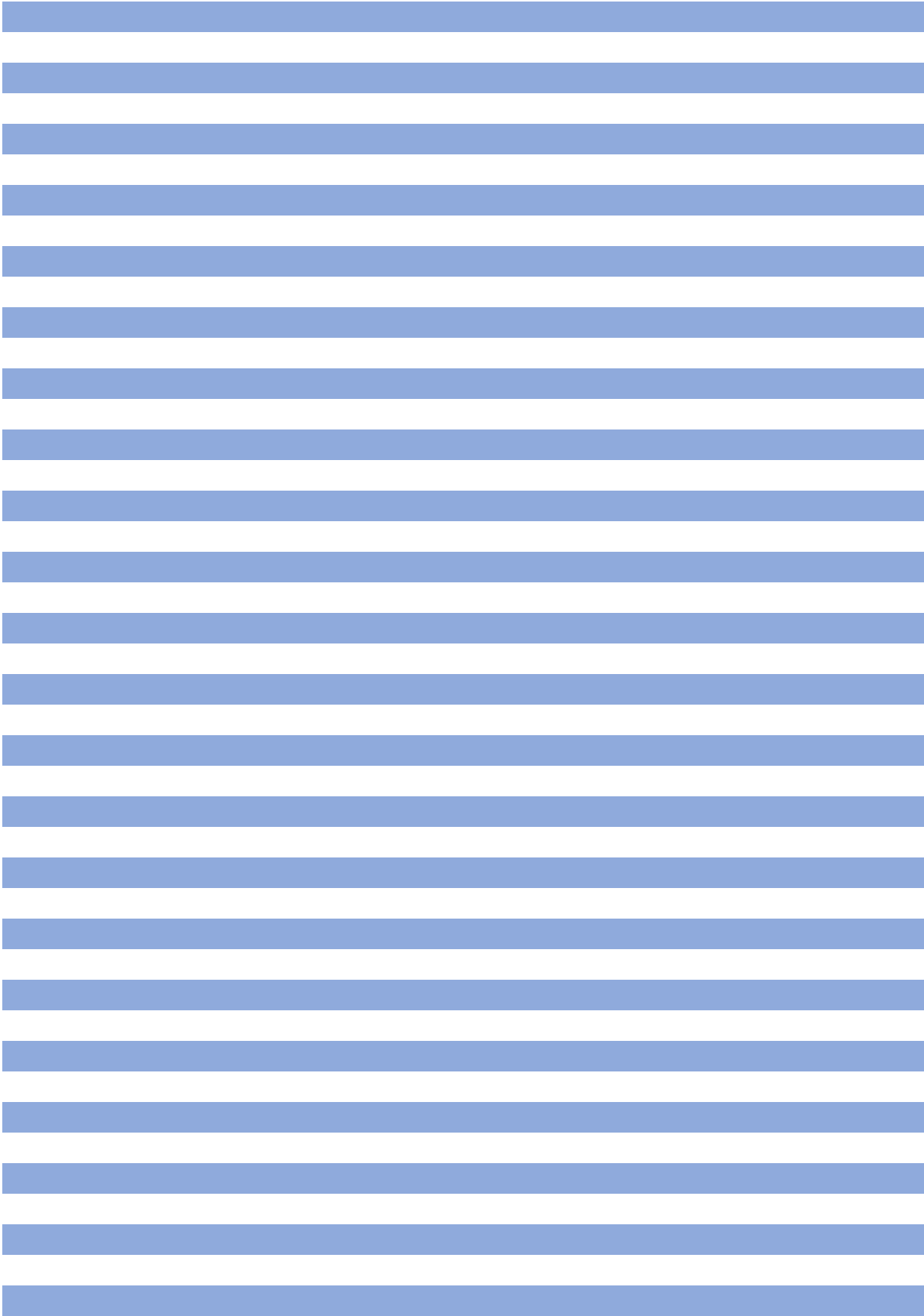


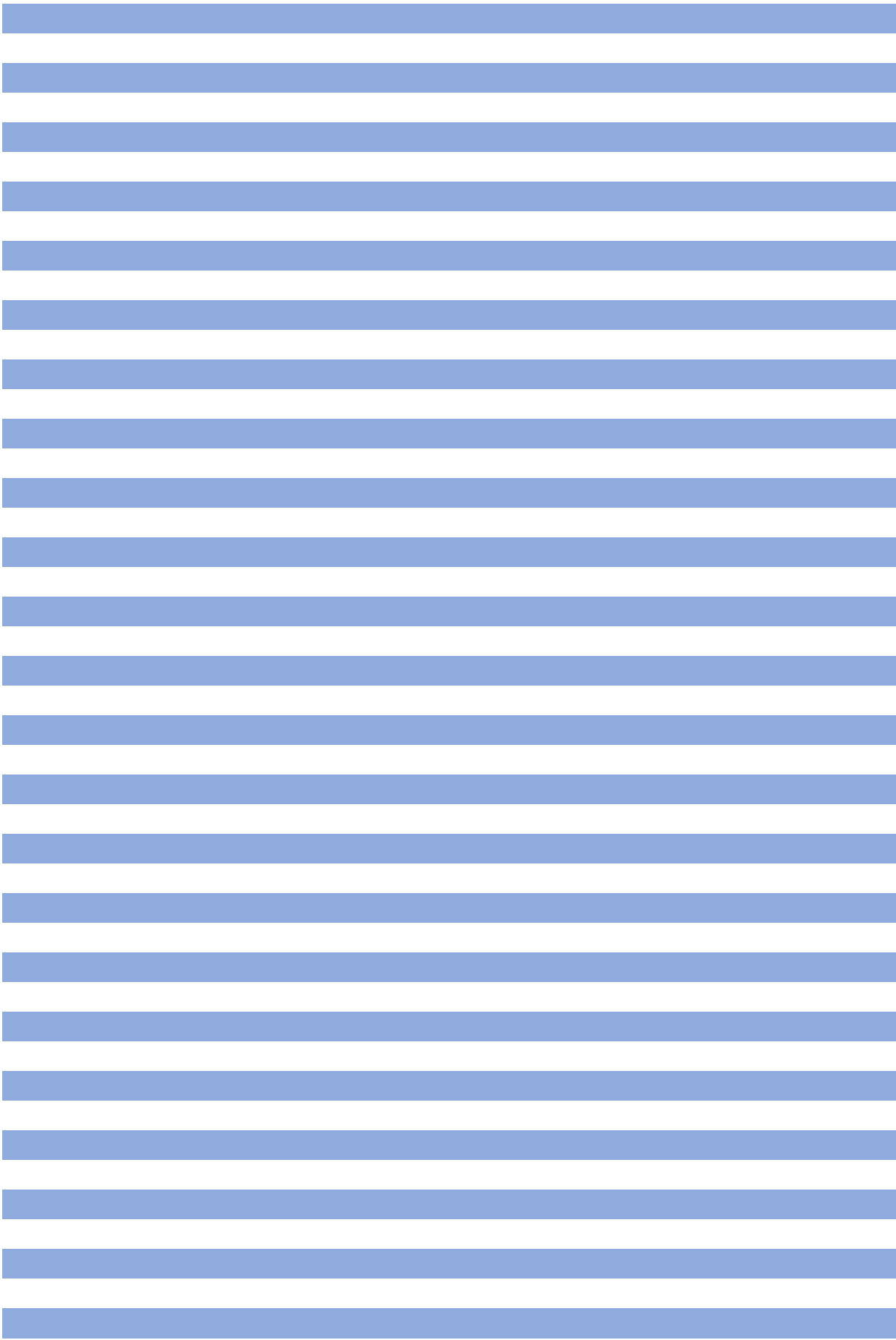


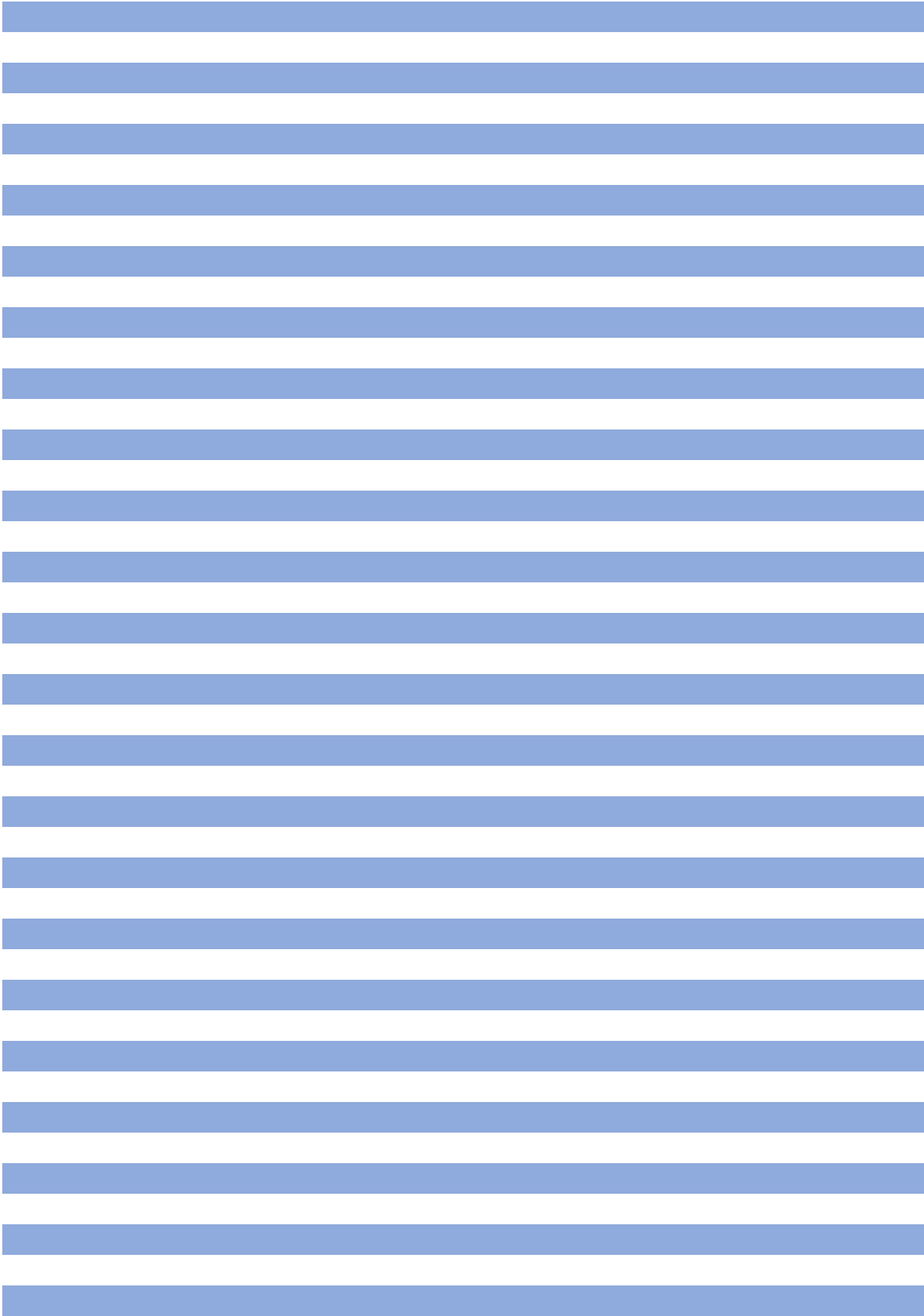


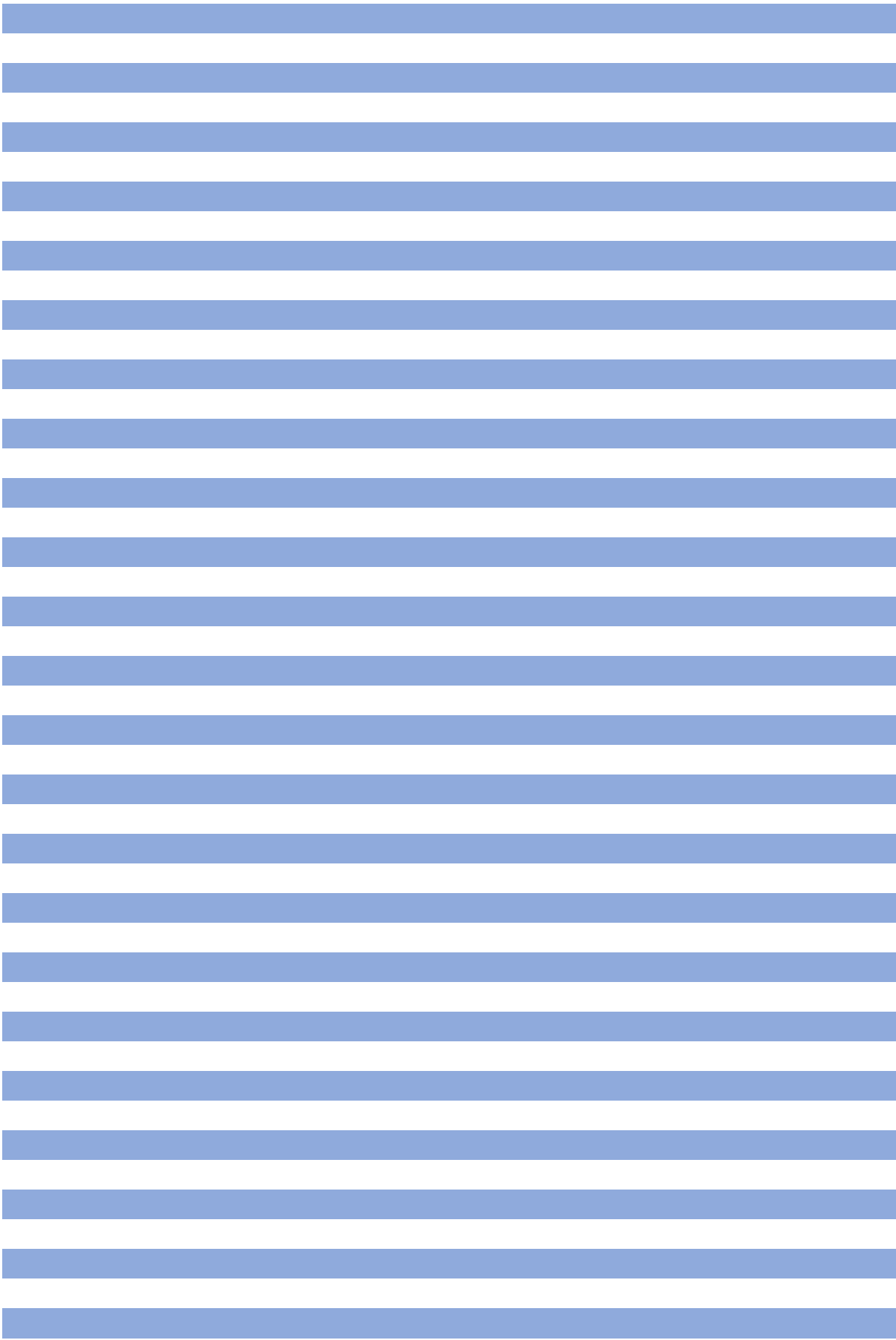


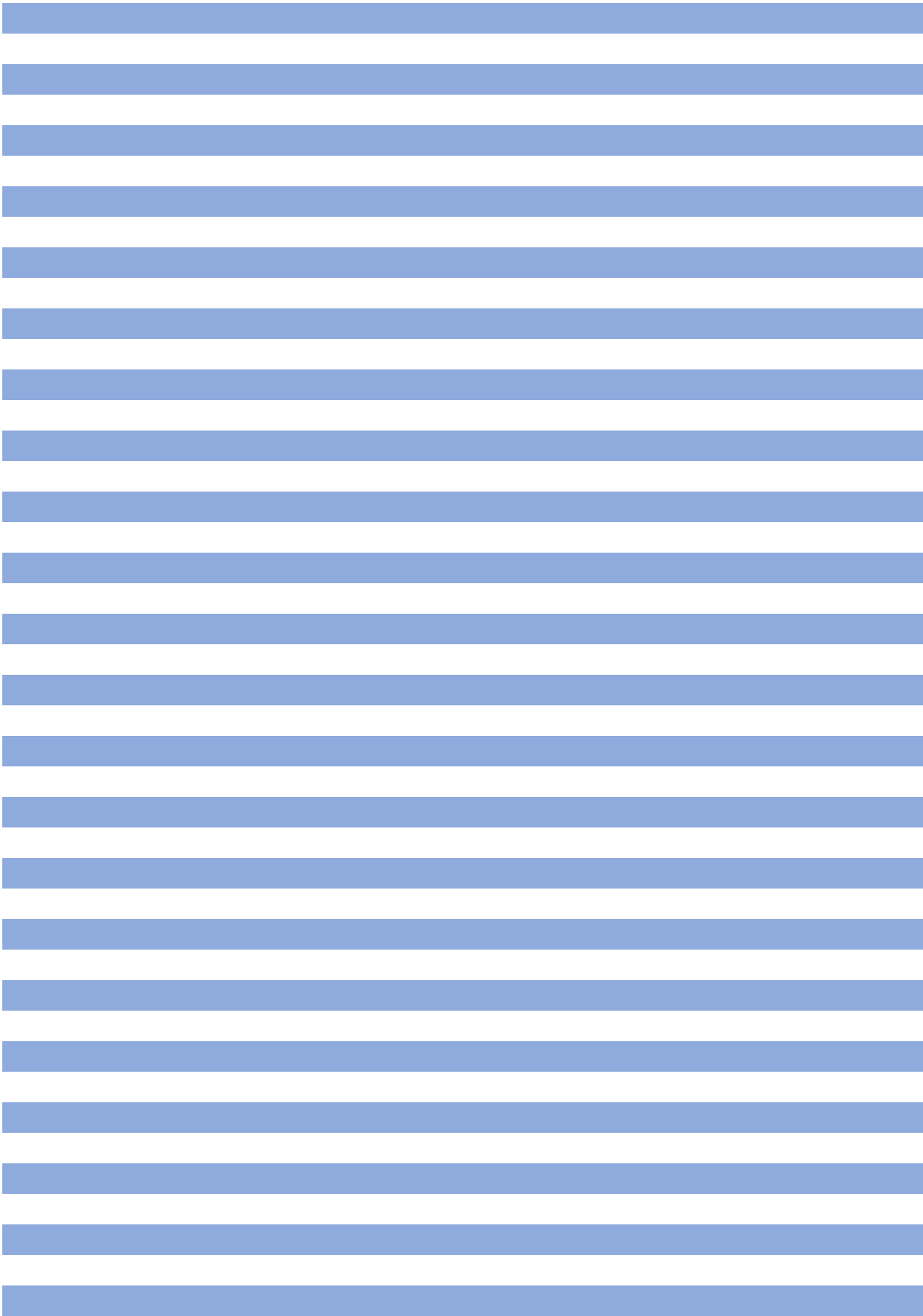


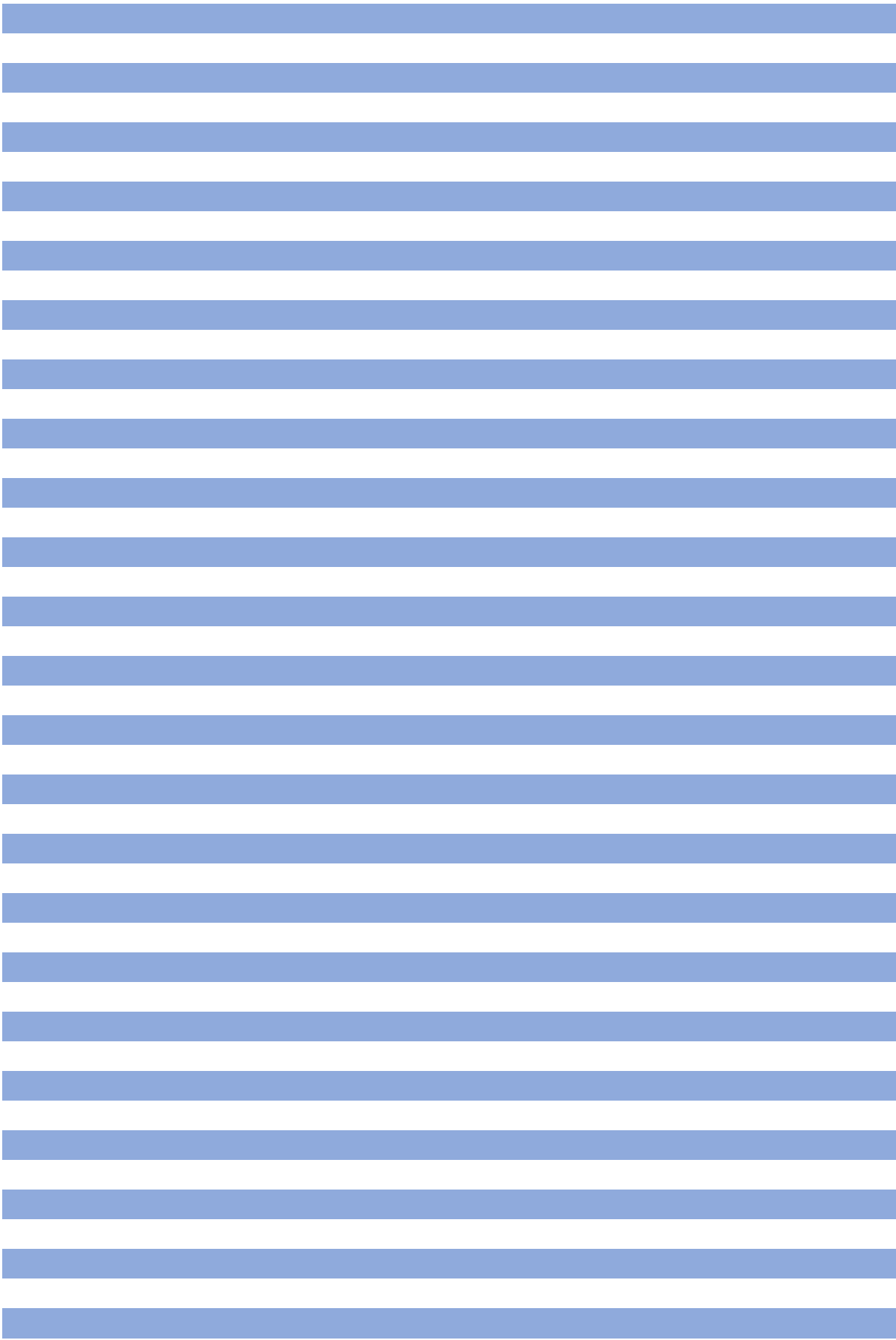


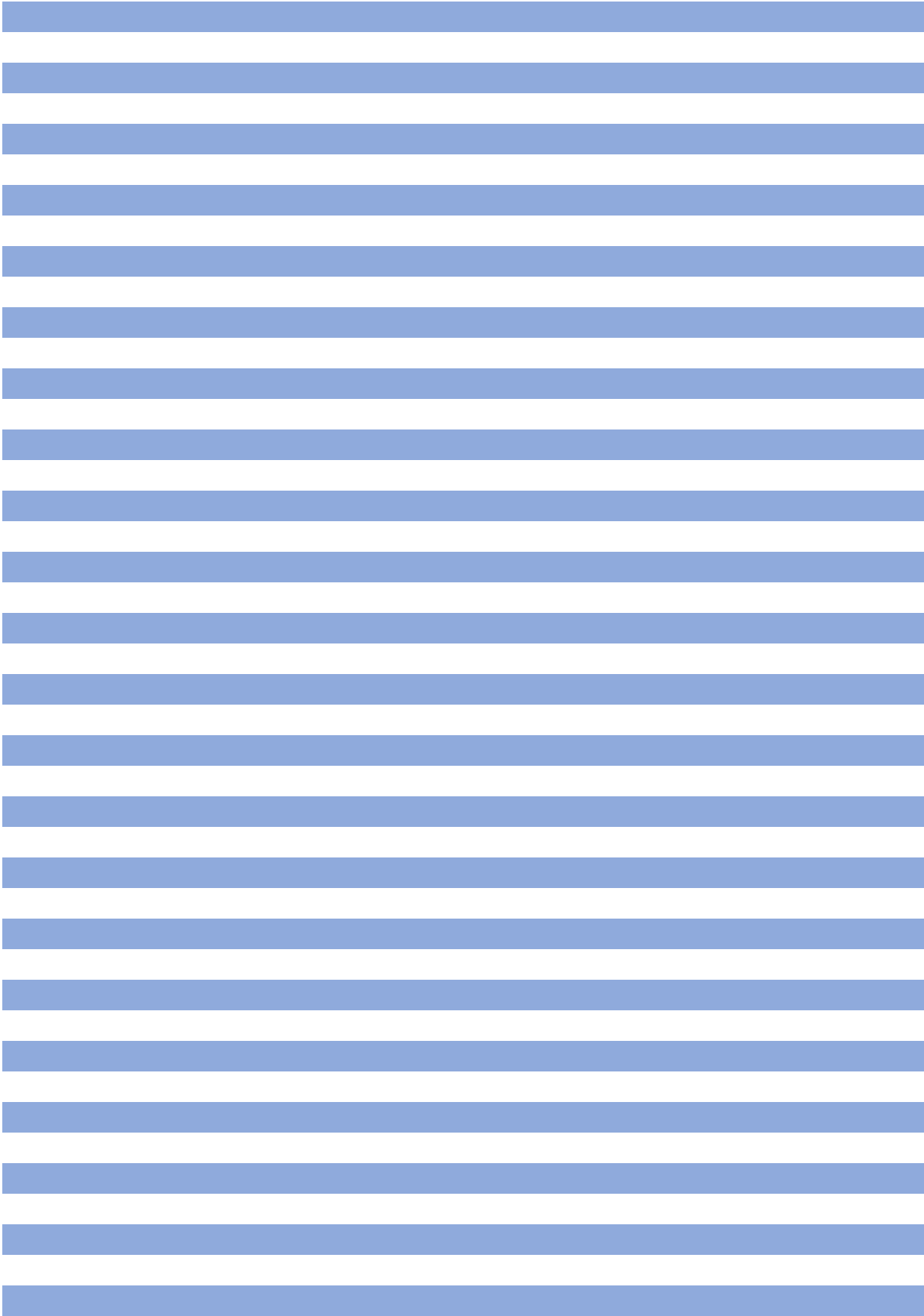


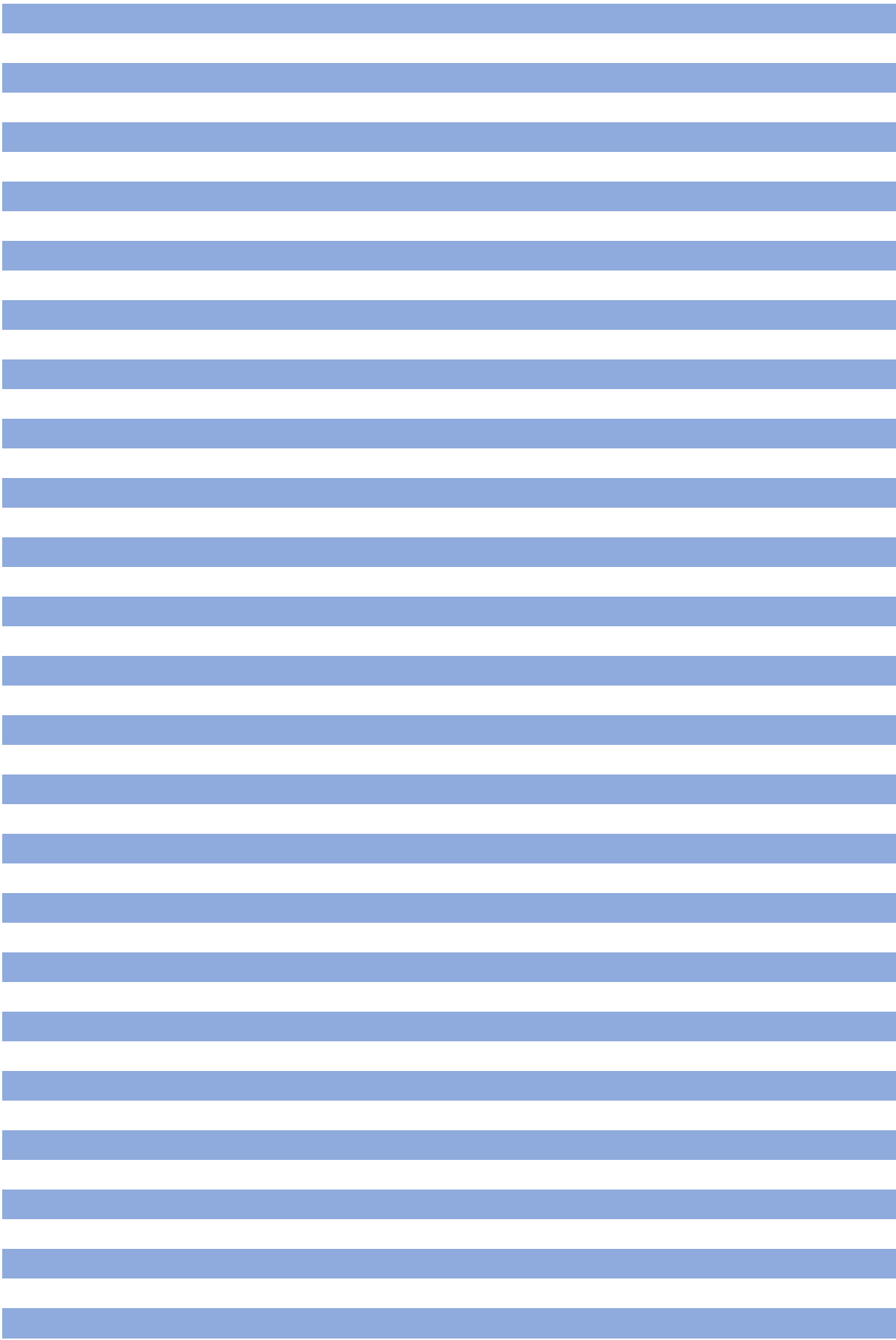


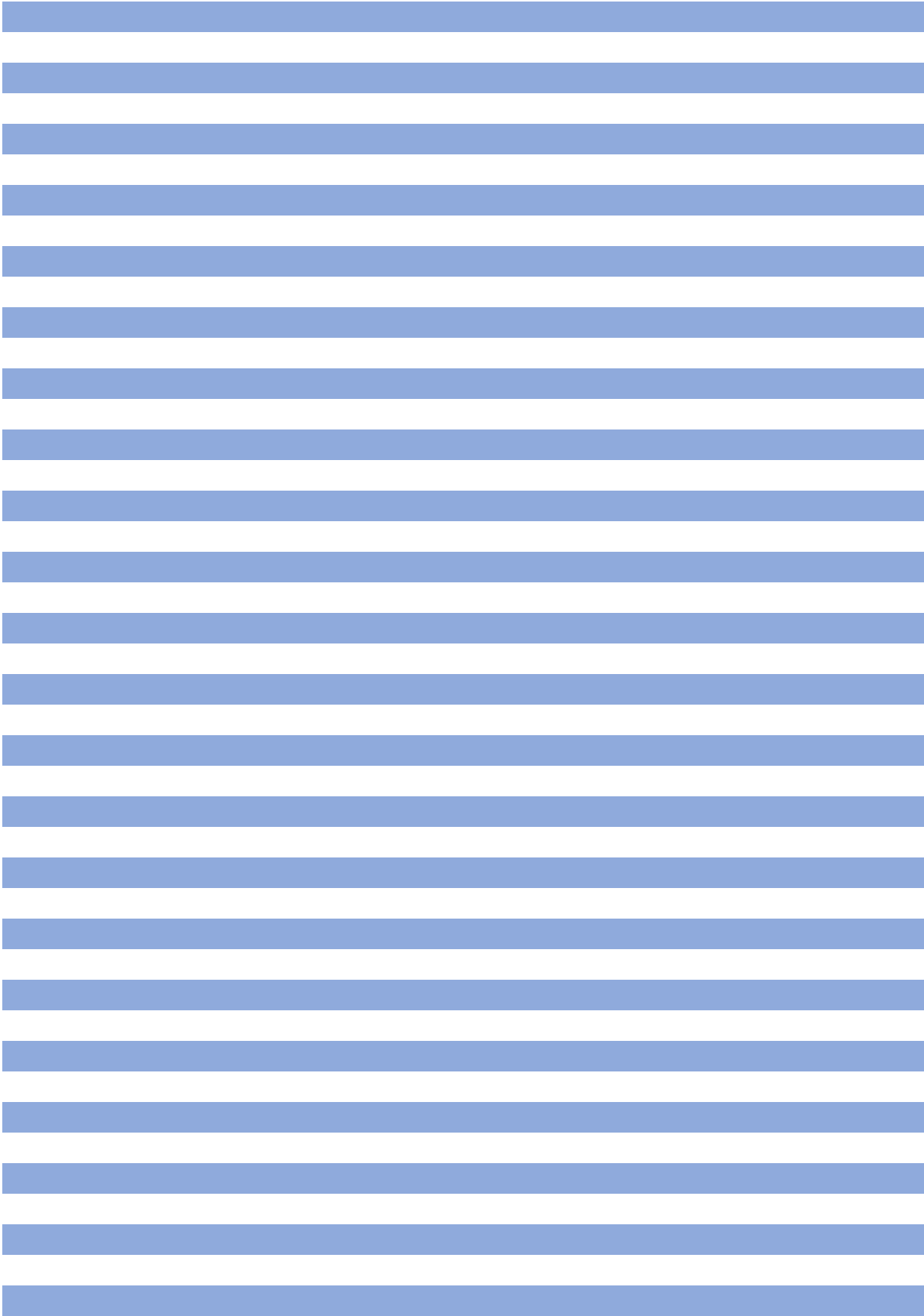


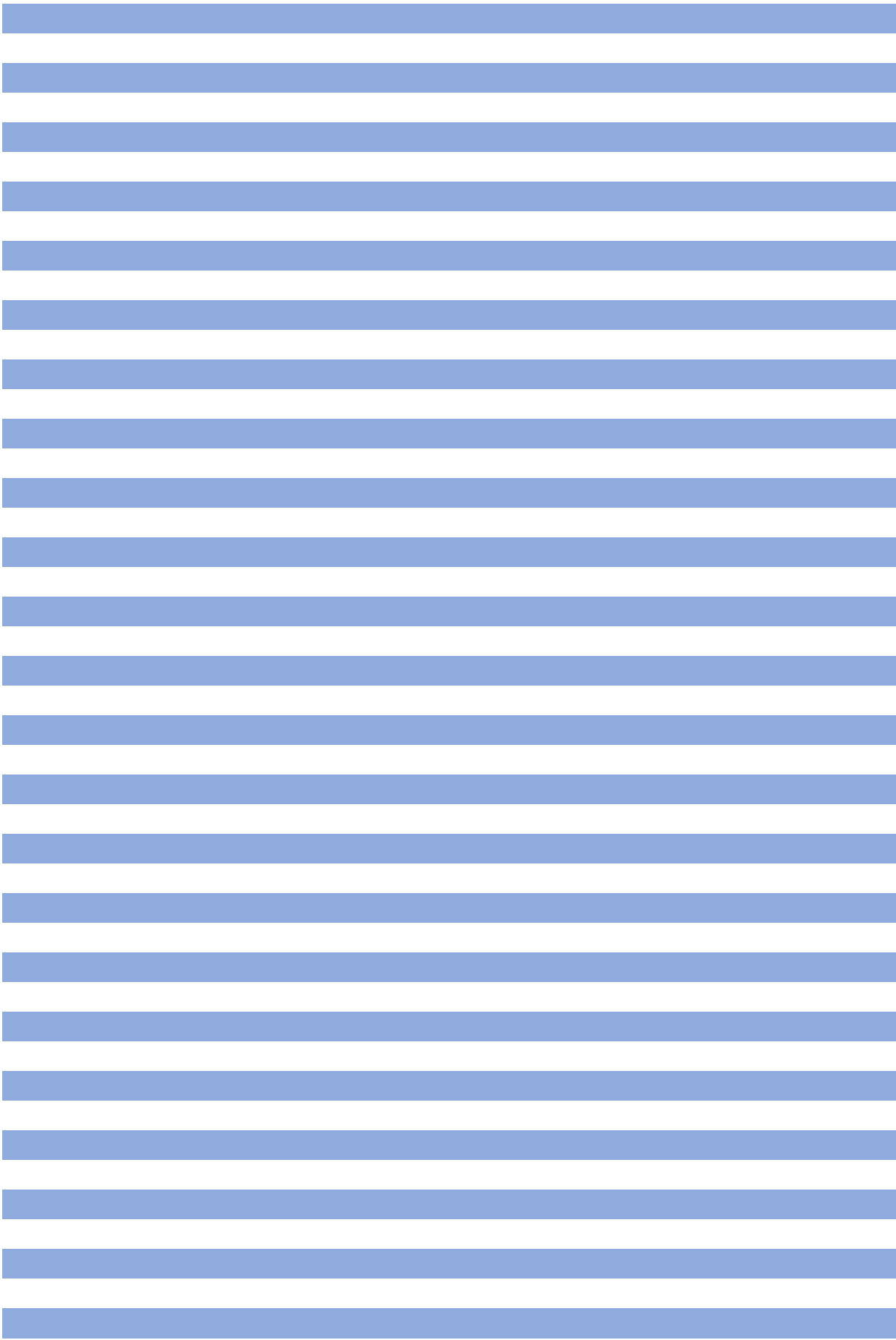


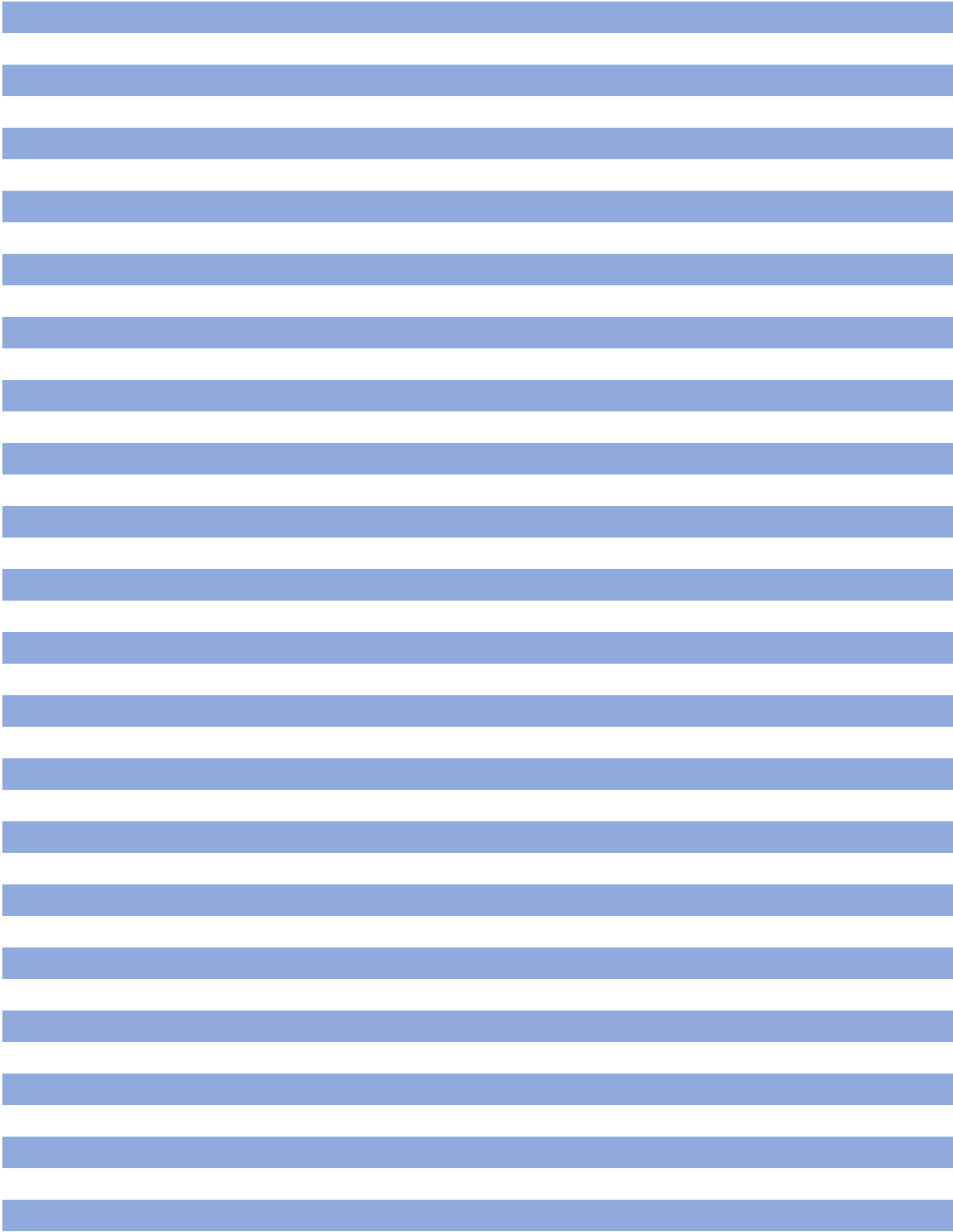




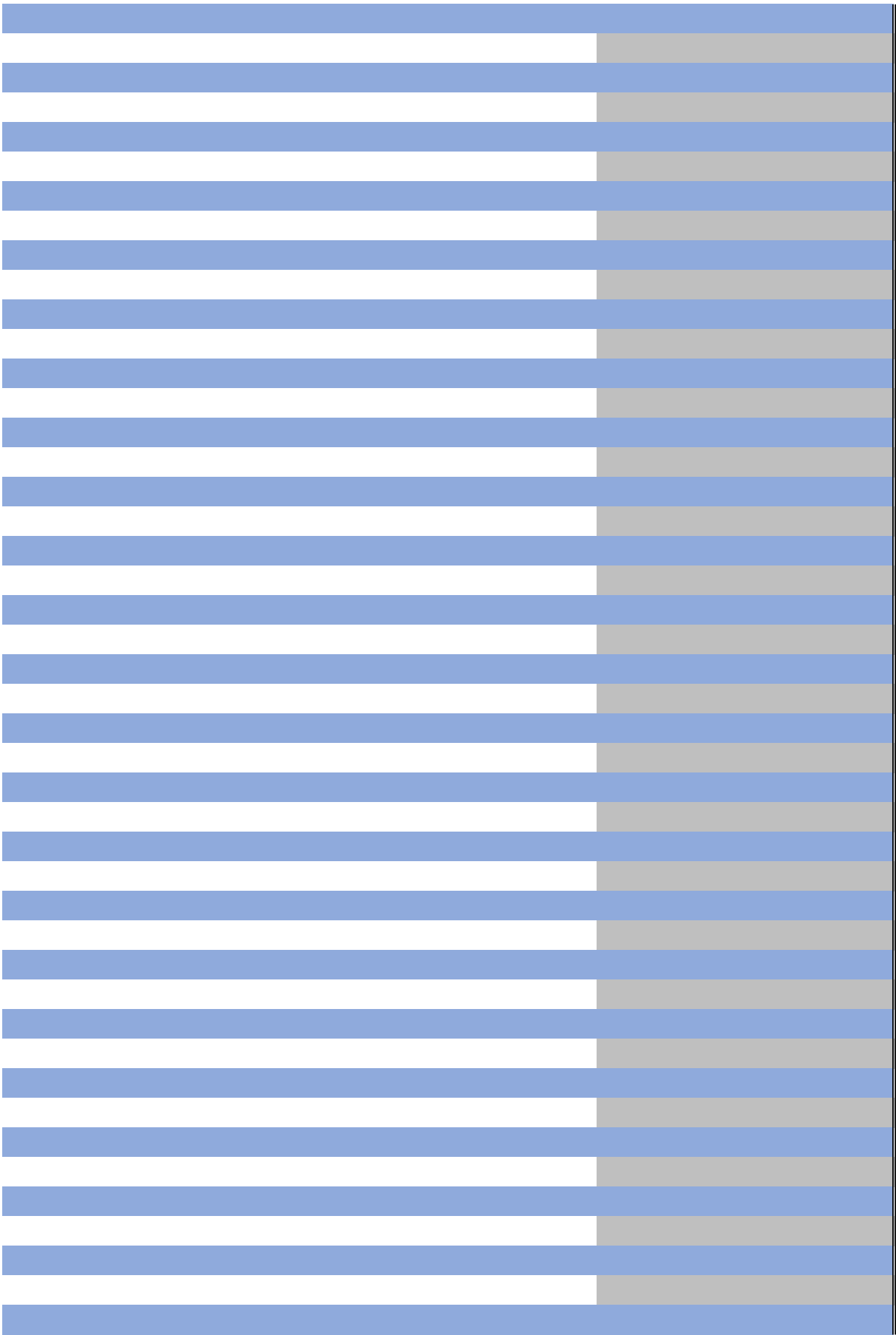


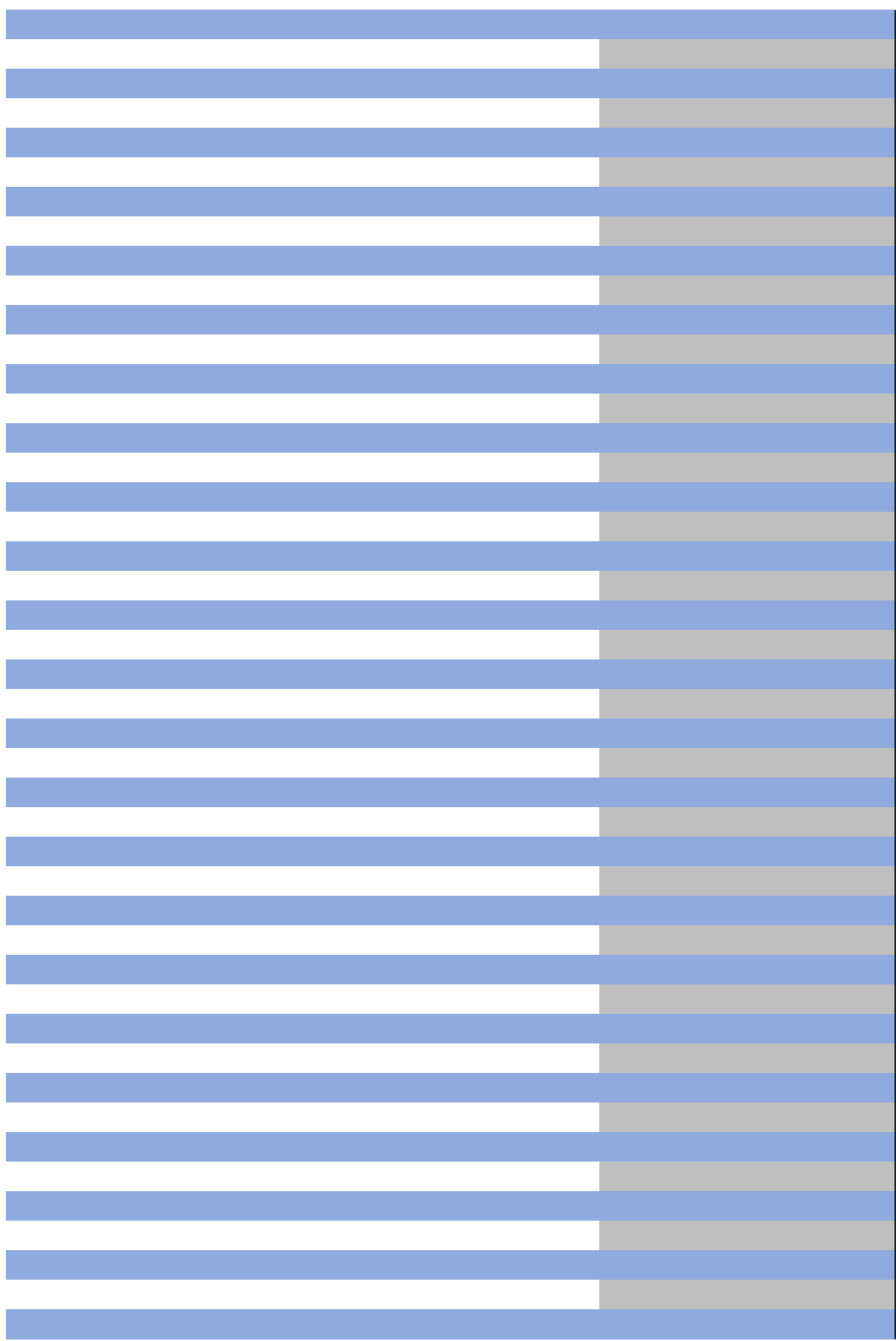


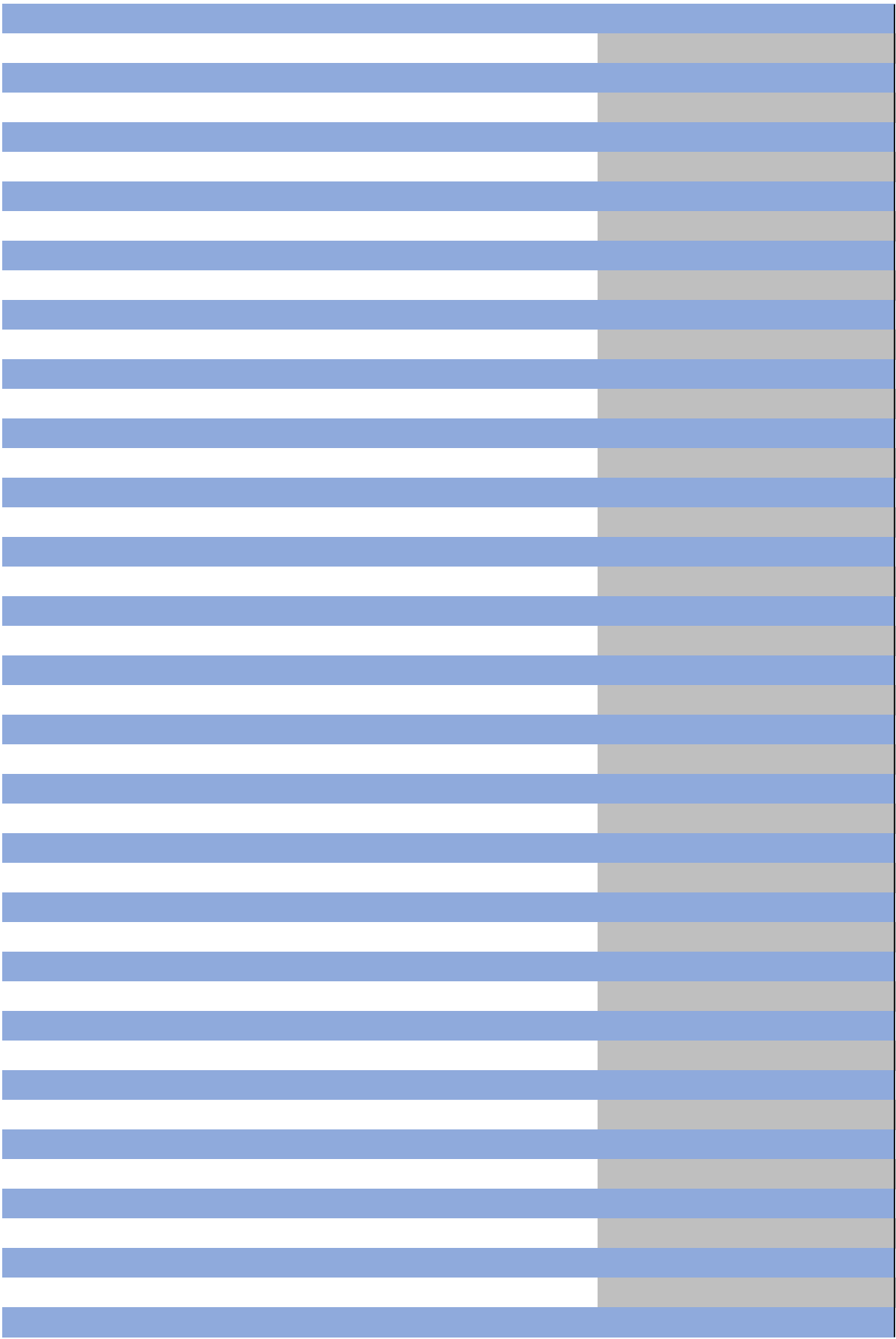




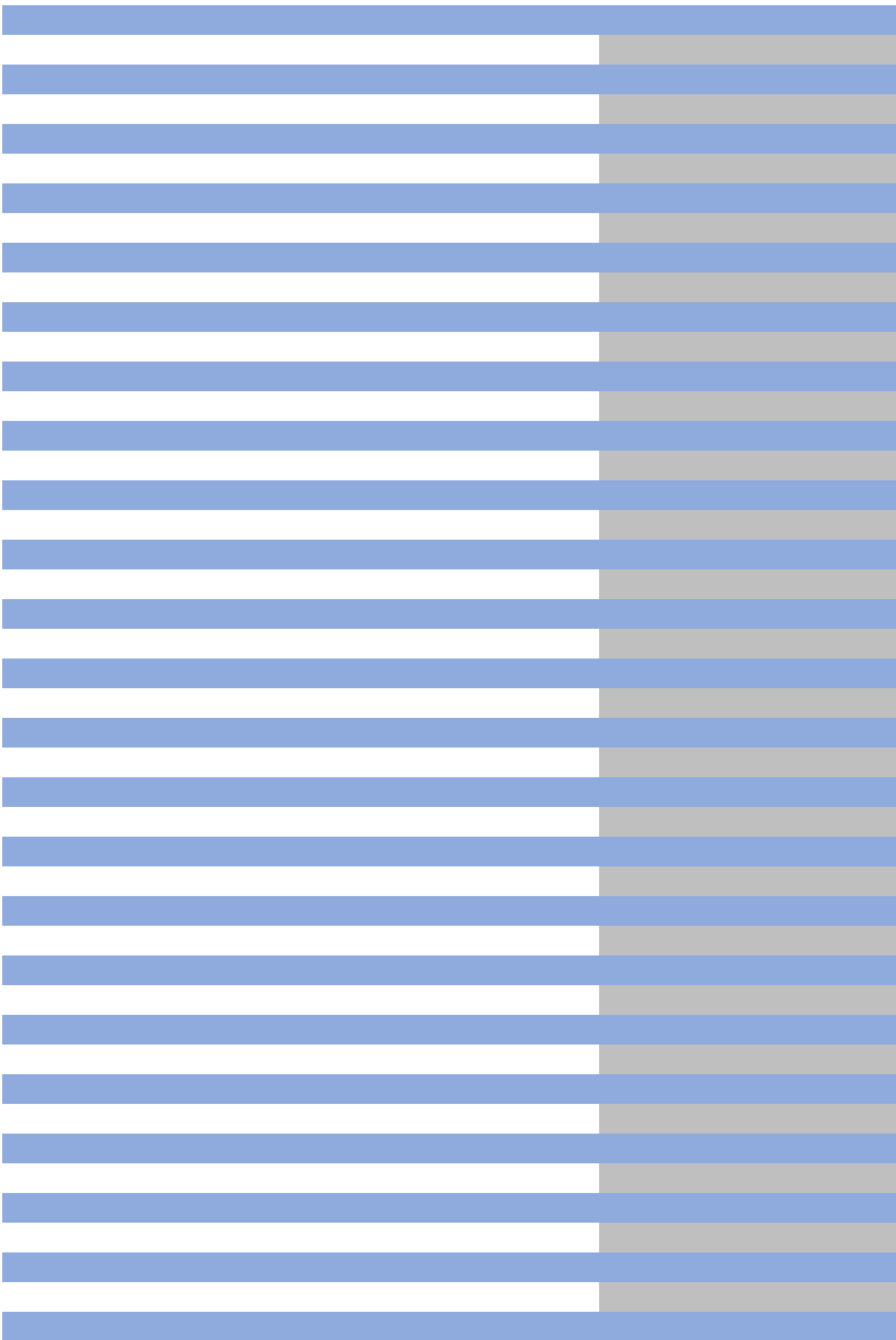
<p>MCD Info: (Required) Adjustment to Medicaid Per Diem #1 [314.1]</p>	<p>MCD Info: (Required) Adjustment to Medicaid Per Diem #2 [314.2]</p>	<p>MCD Info: (Calculated) Total Medicaid Supplemental Payments Per Diem with Adjustments [317]</p>
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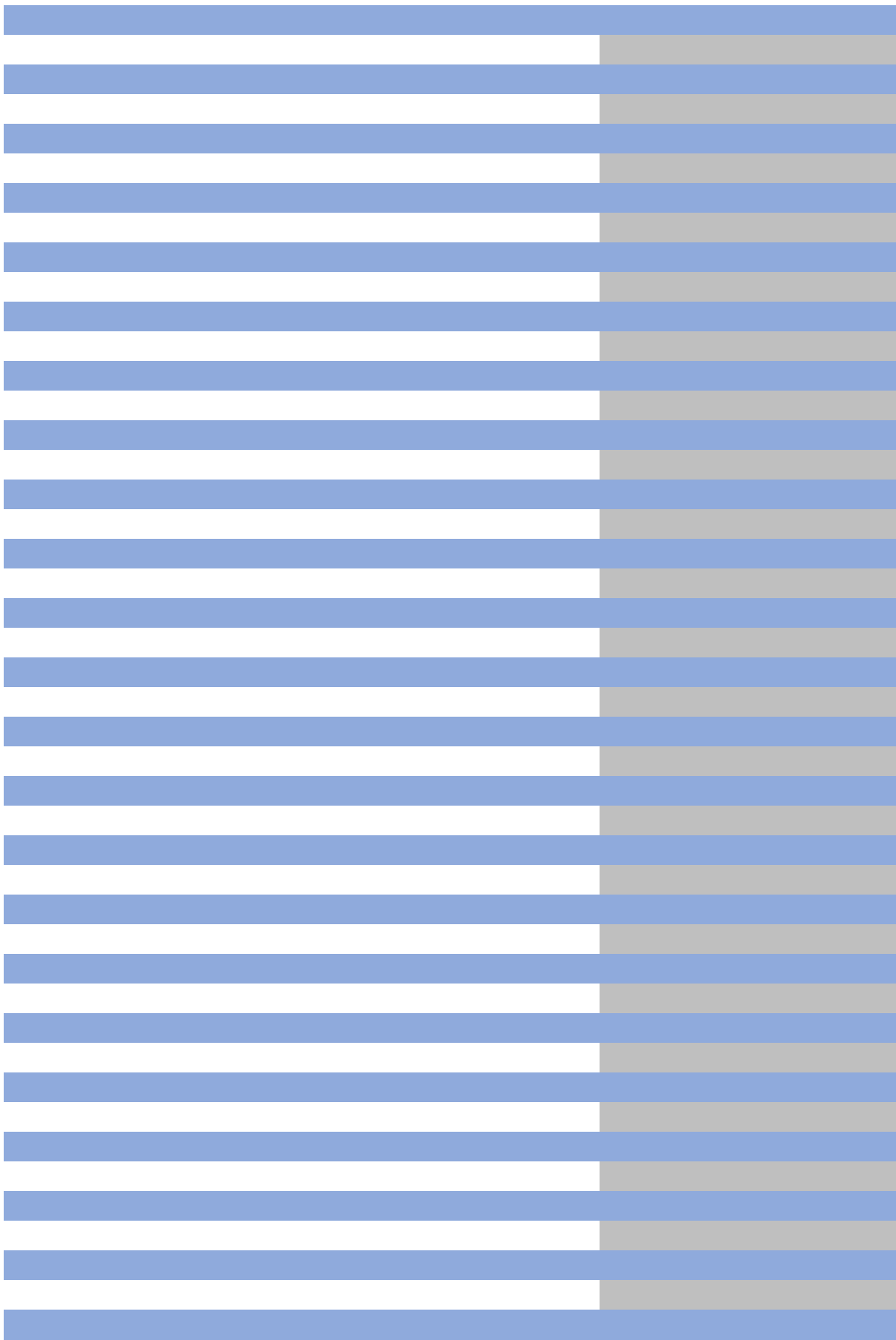




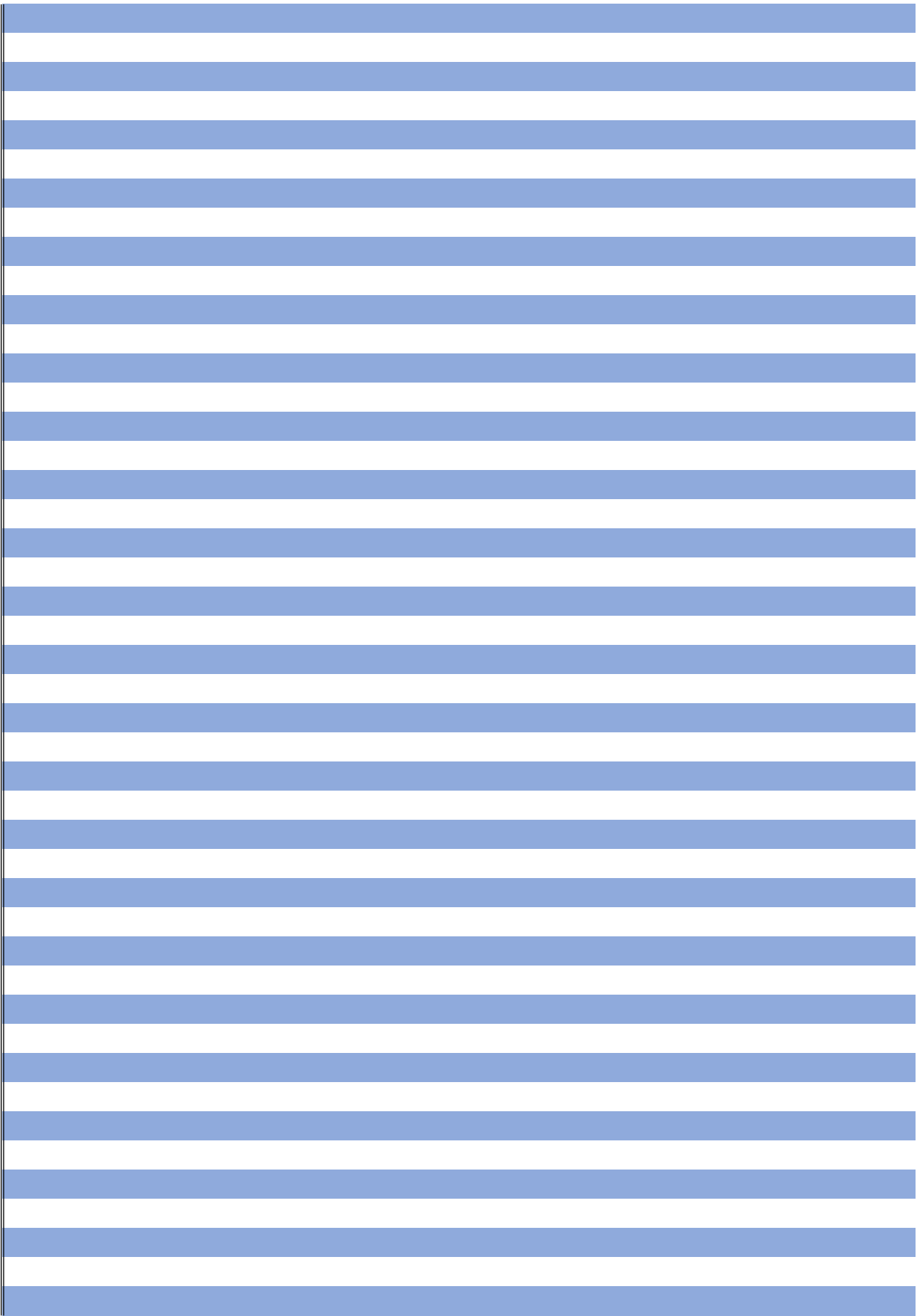


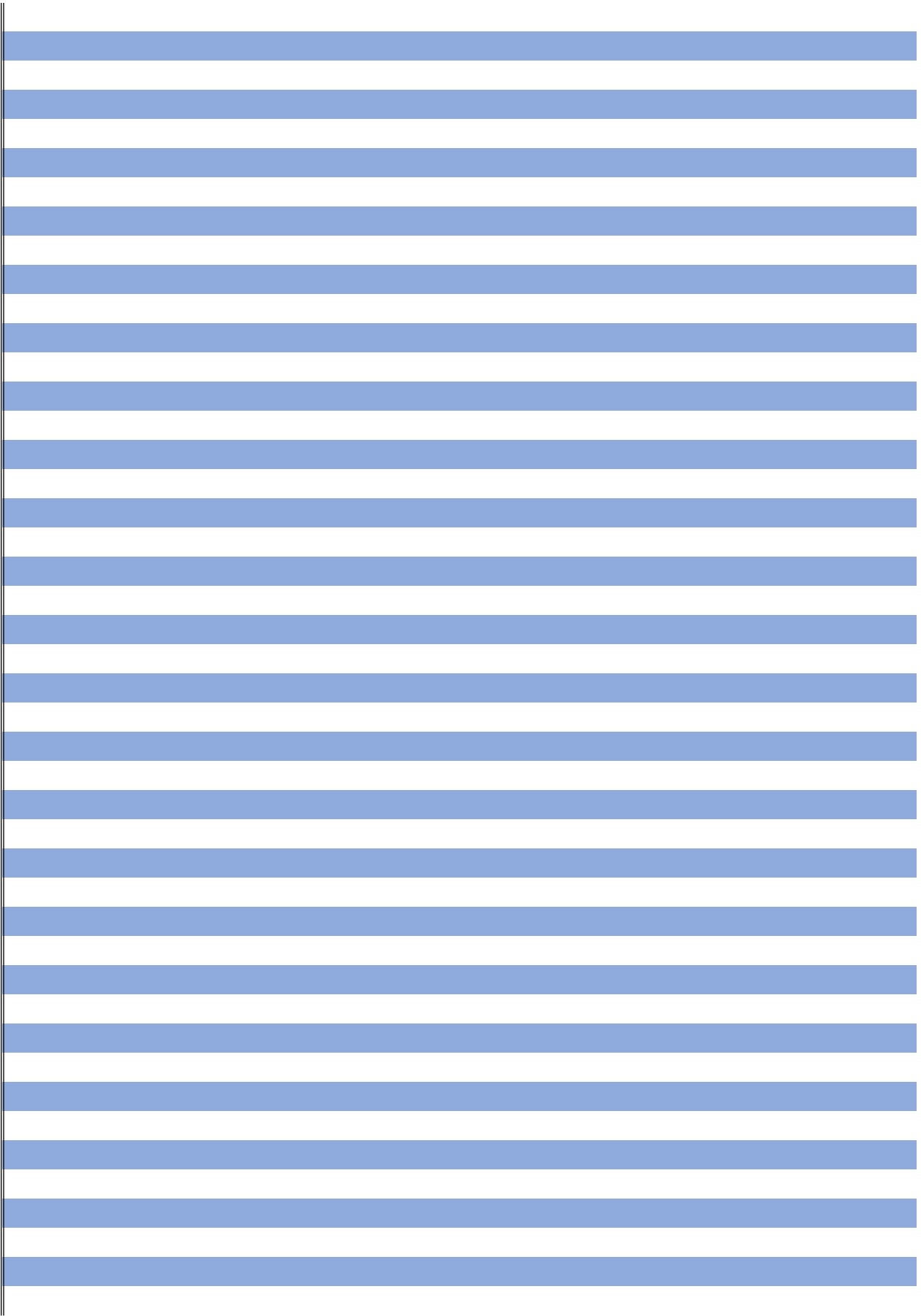
The image shows a vertical list of 20 rows. Each row consists of two adjacent horizontal bars. The left bar in every row is filled with a solid blue color and extends to approximately 75% of the row's width. The right bar is filled with a solid grey color and completes the row's width. The bars are uniform in height and are separated by thin white gaps. The entire set of bars is contained within a thin black rectangular border.

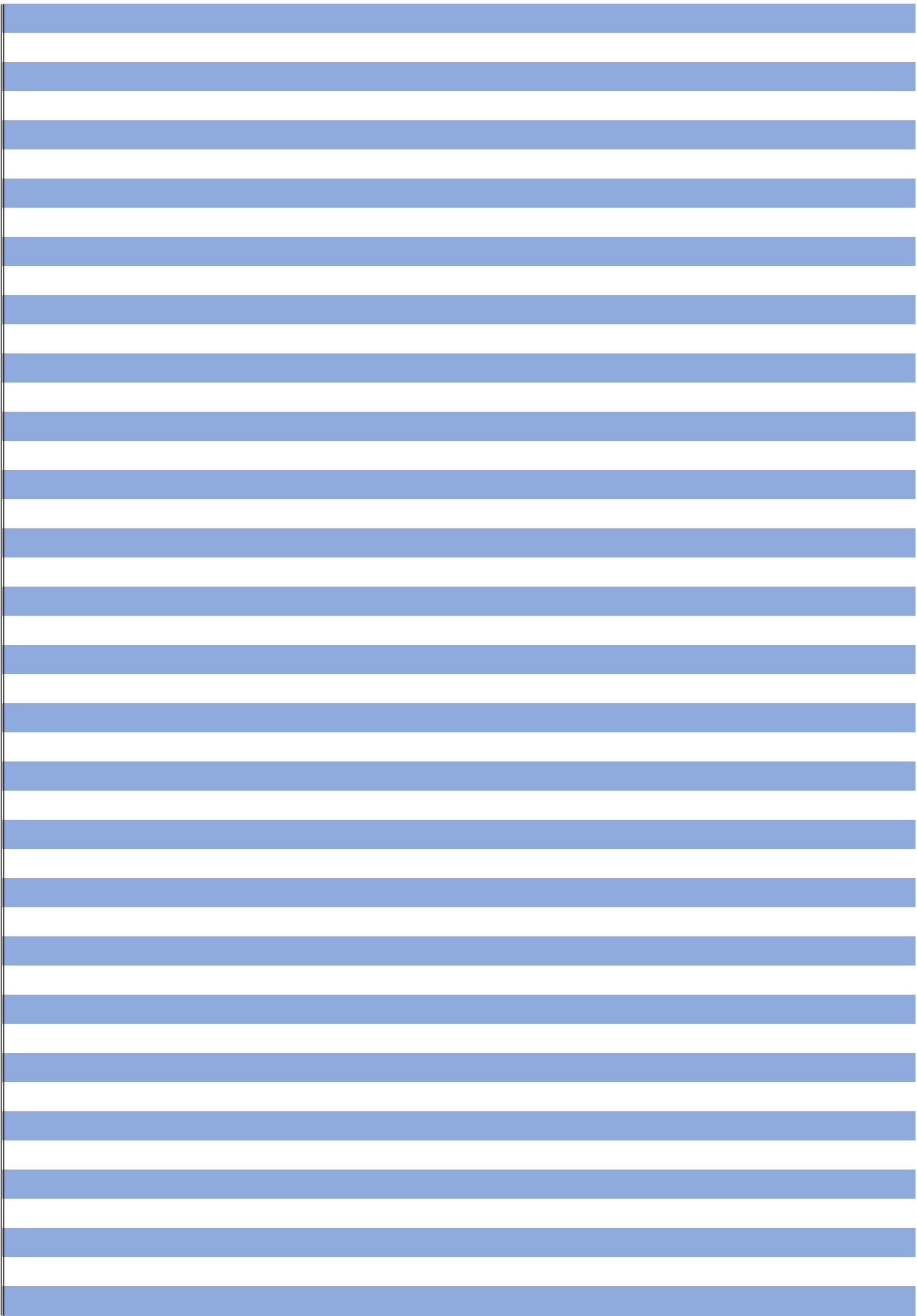


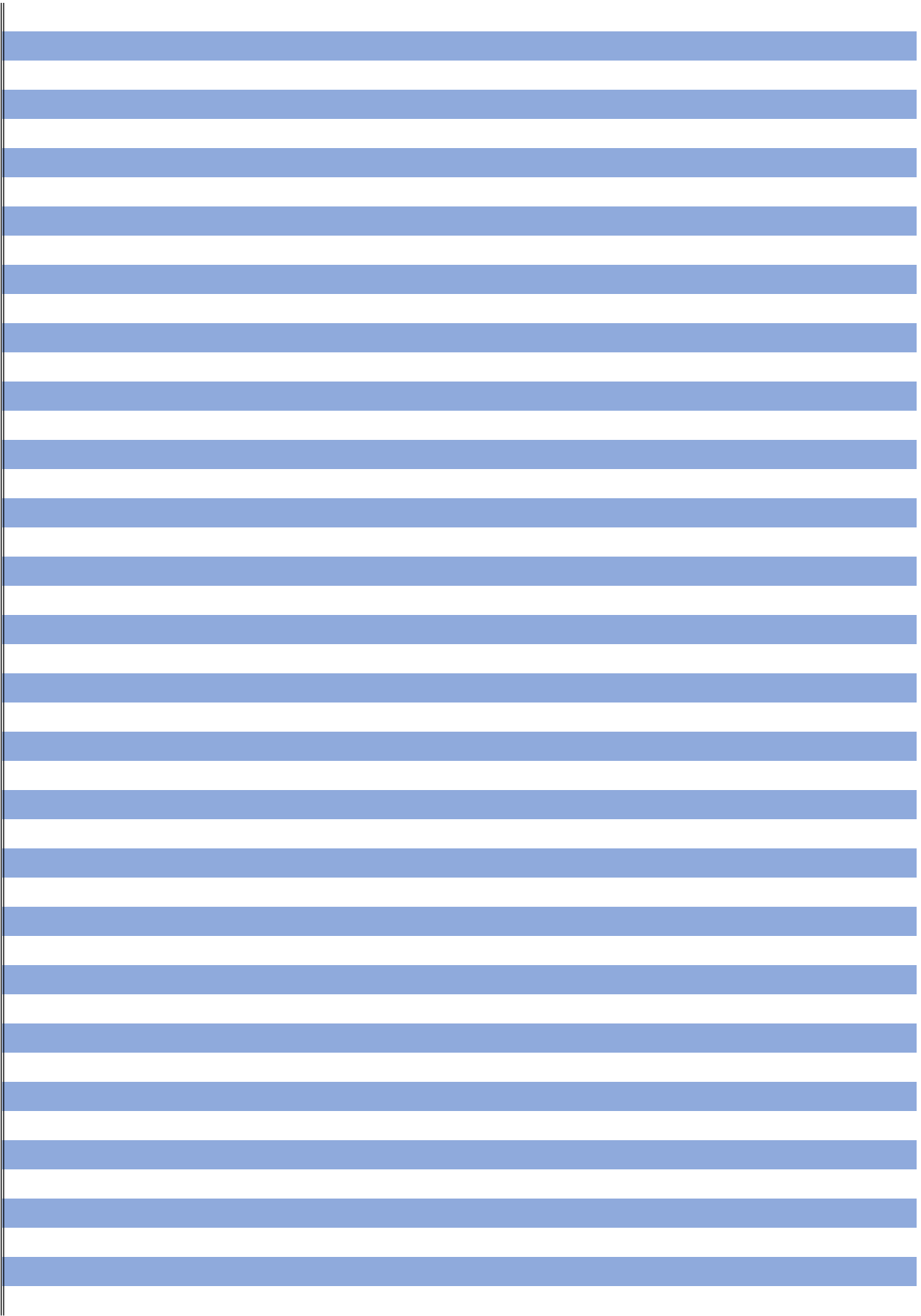


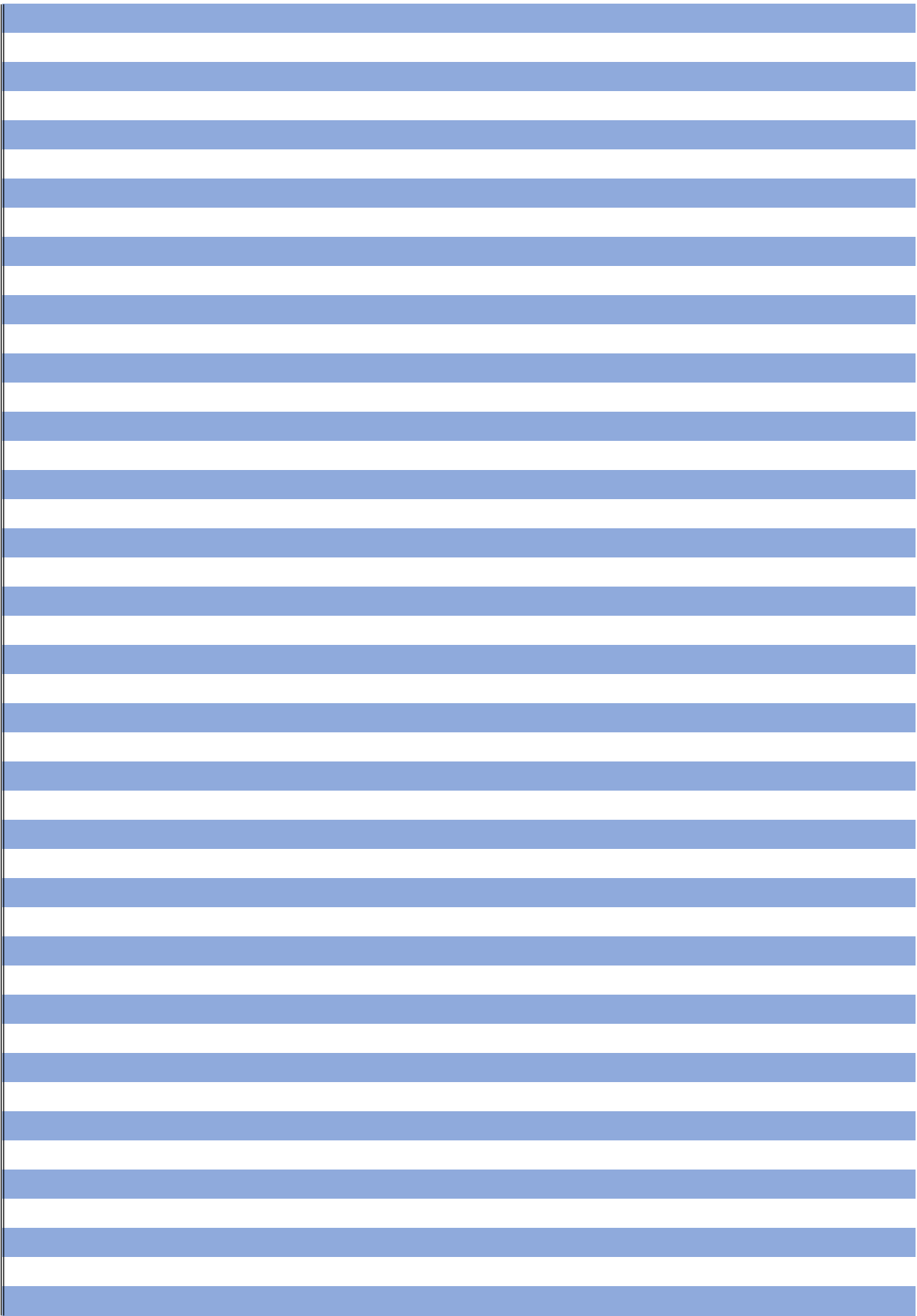
The image shows a document that has been almost entirely redacted. The redaction consists of alternating horizontal bands of blue and grey, which completely obscure any text or graphics that might have been present. The redaction covers the entire width of the page and most of its height, leaving only a small white margin at the bottom. The bands appear to be approximately 12 pixels high each. The overall appearance is that of a document where the content has been intentionally hidden.

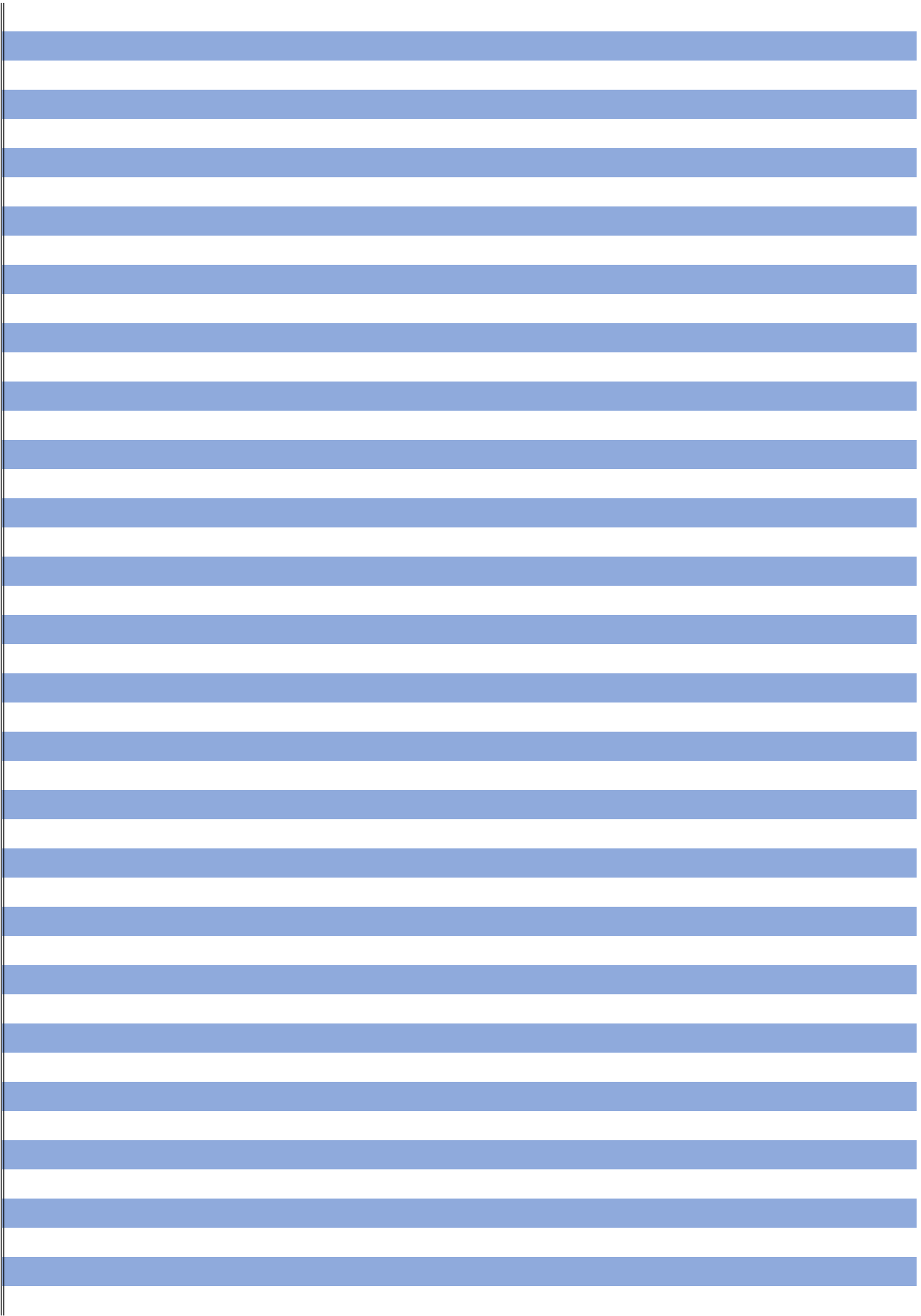


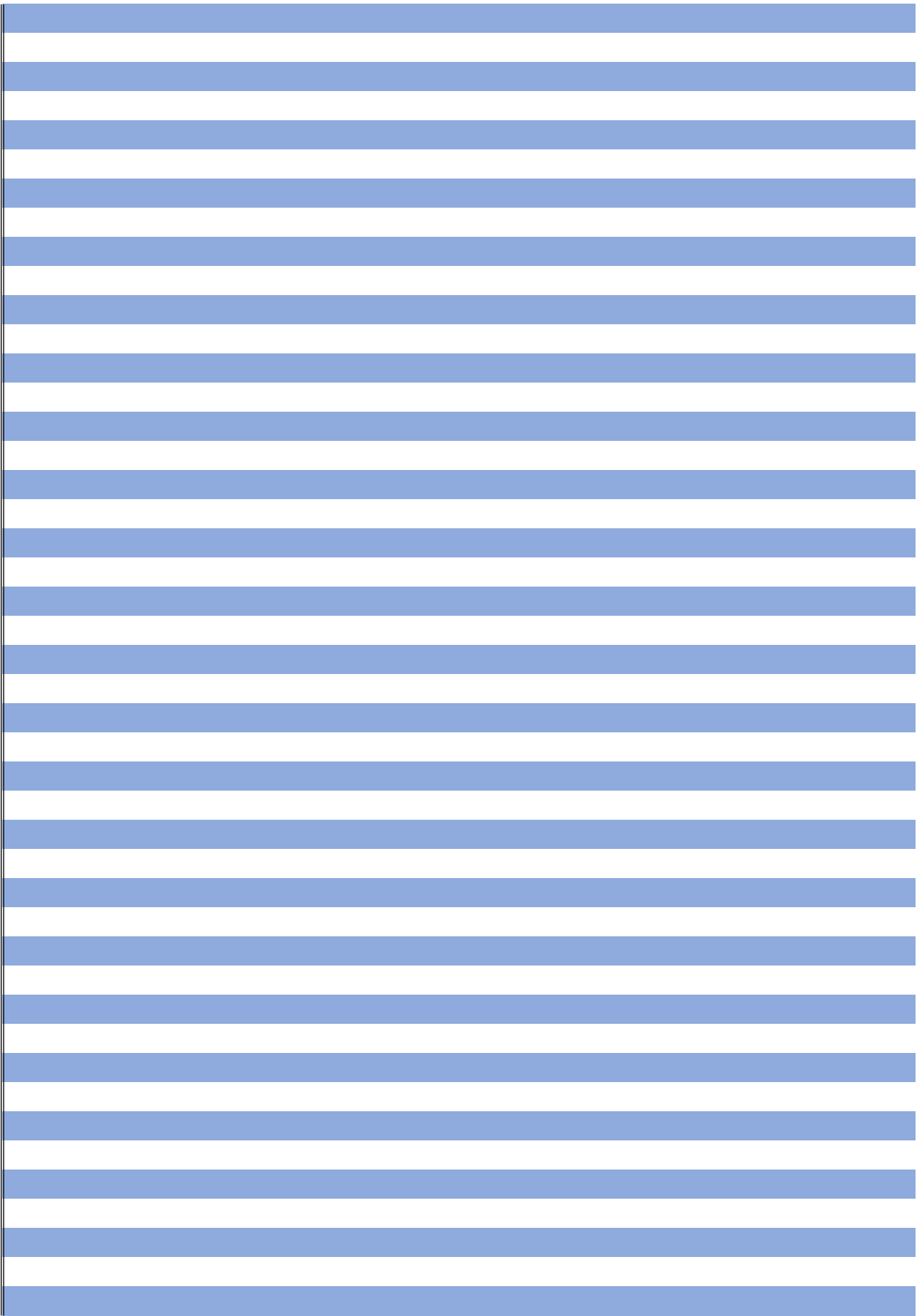


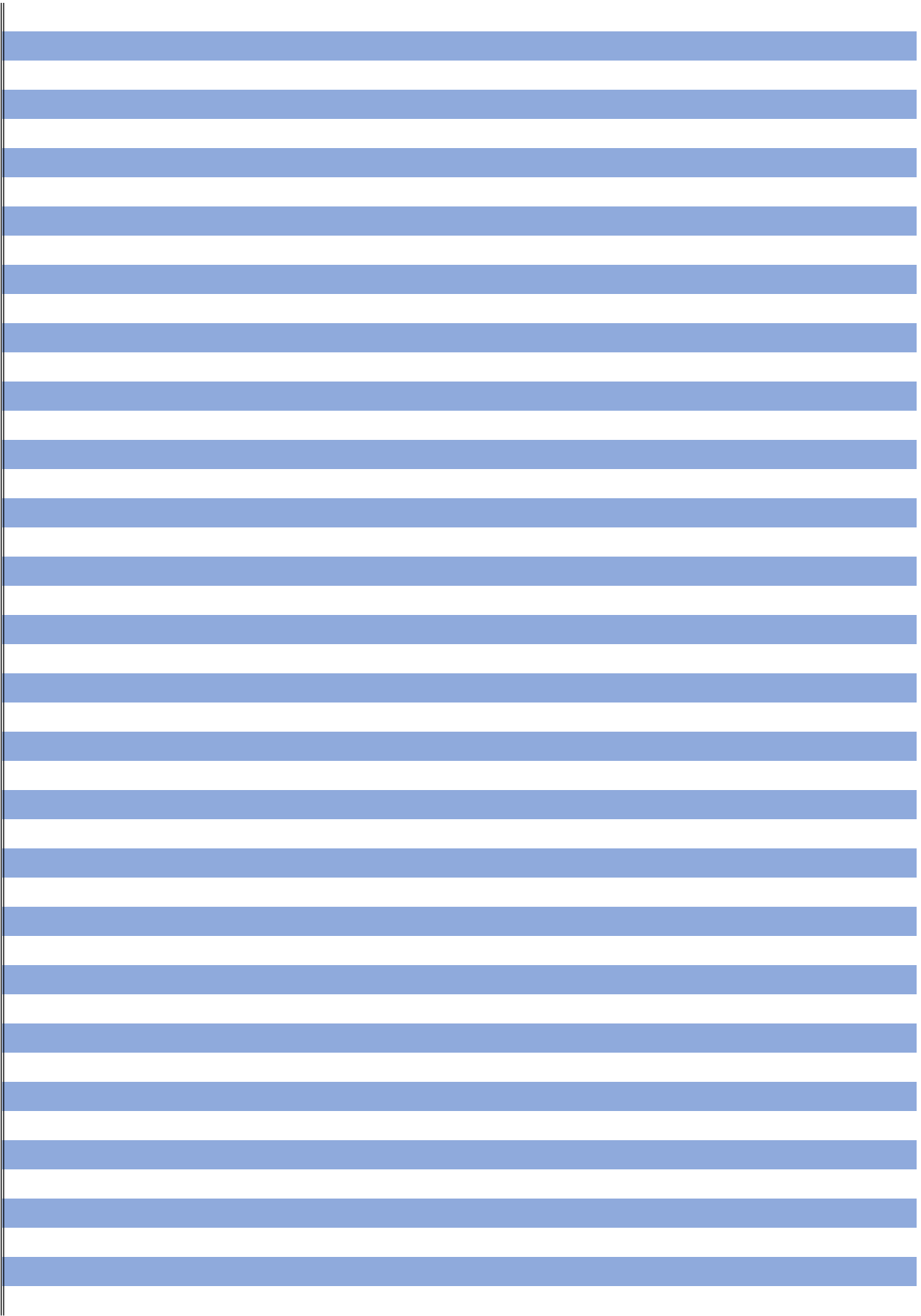


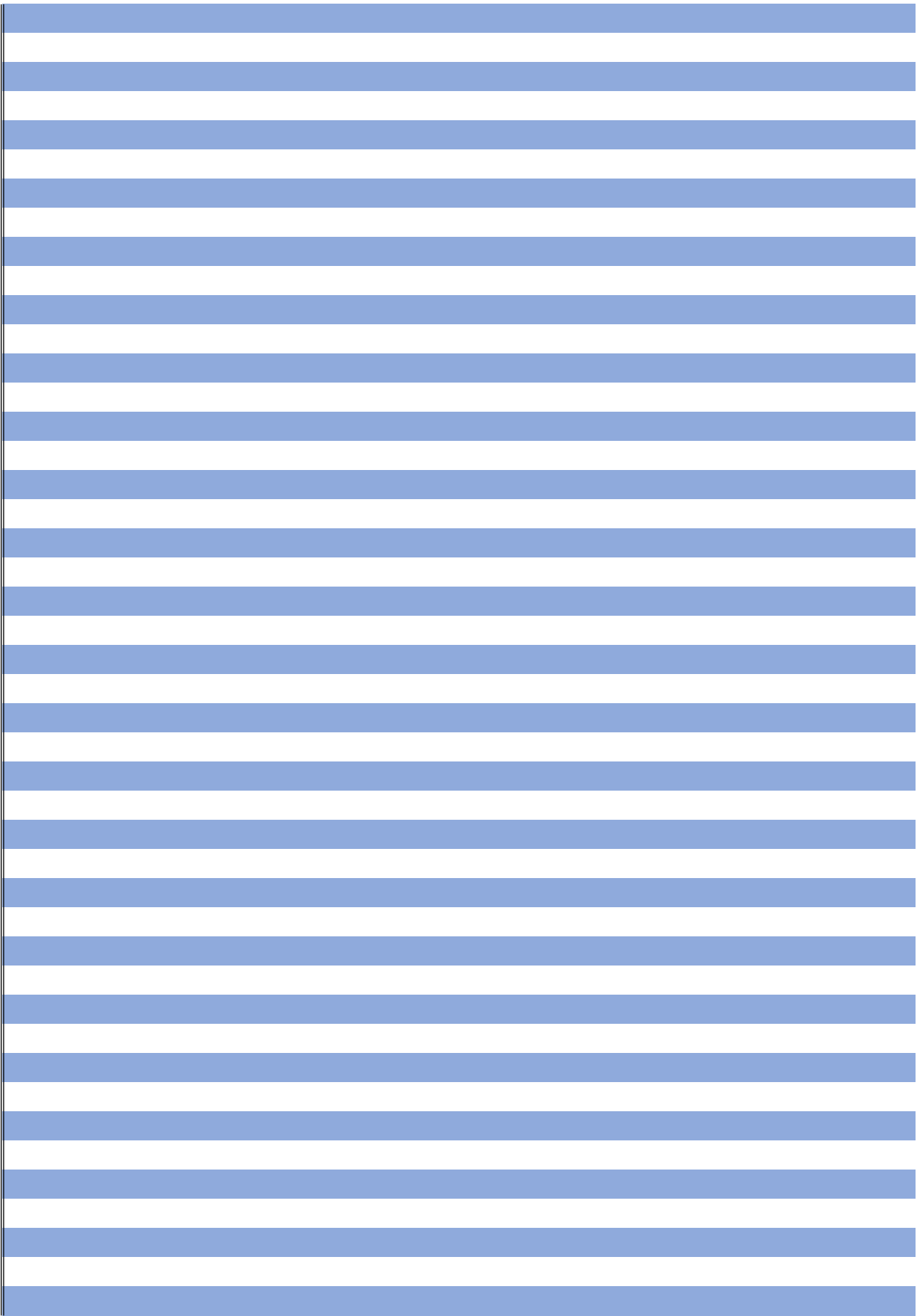


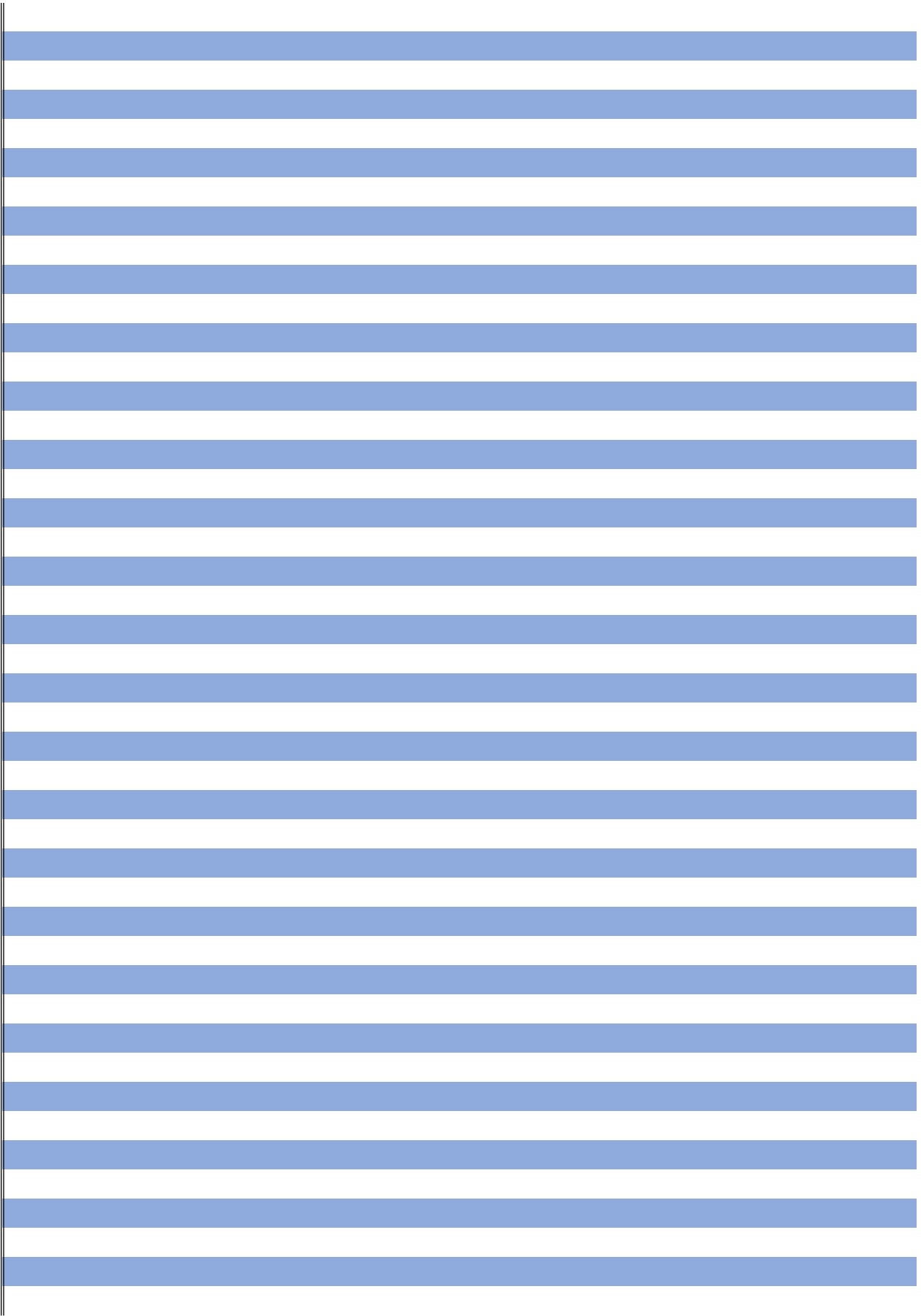


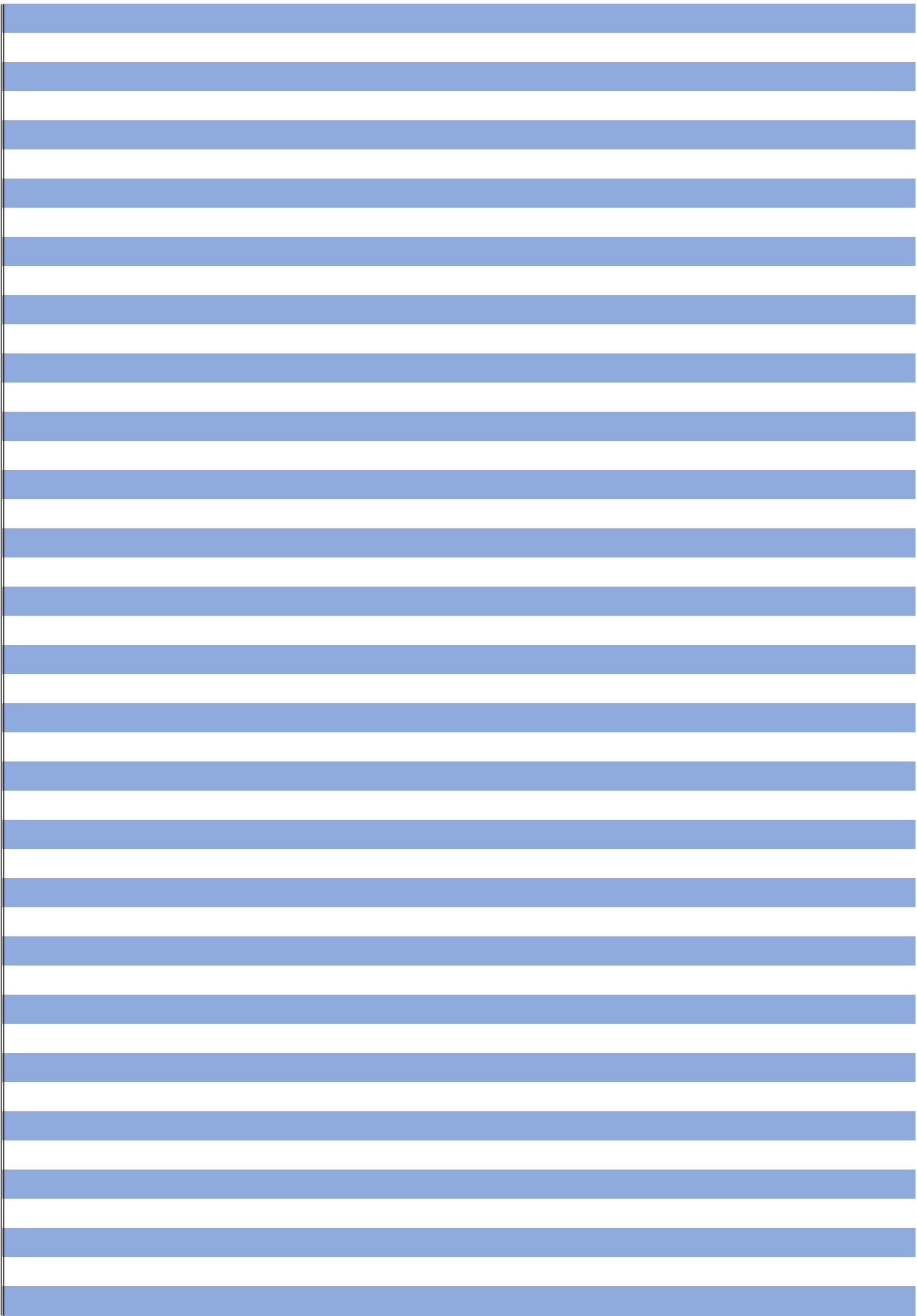


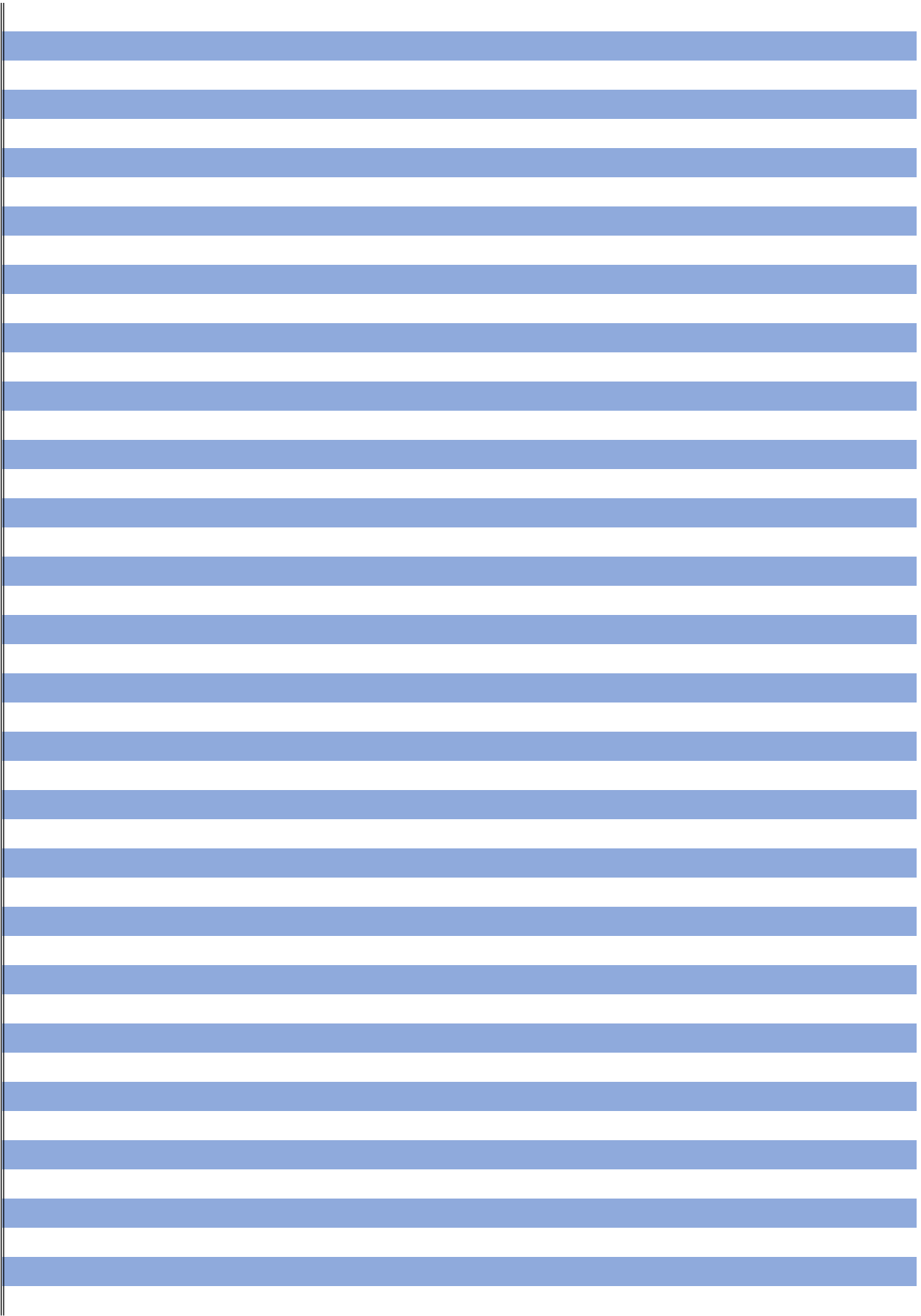


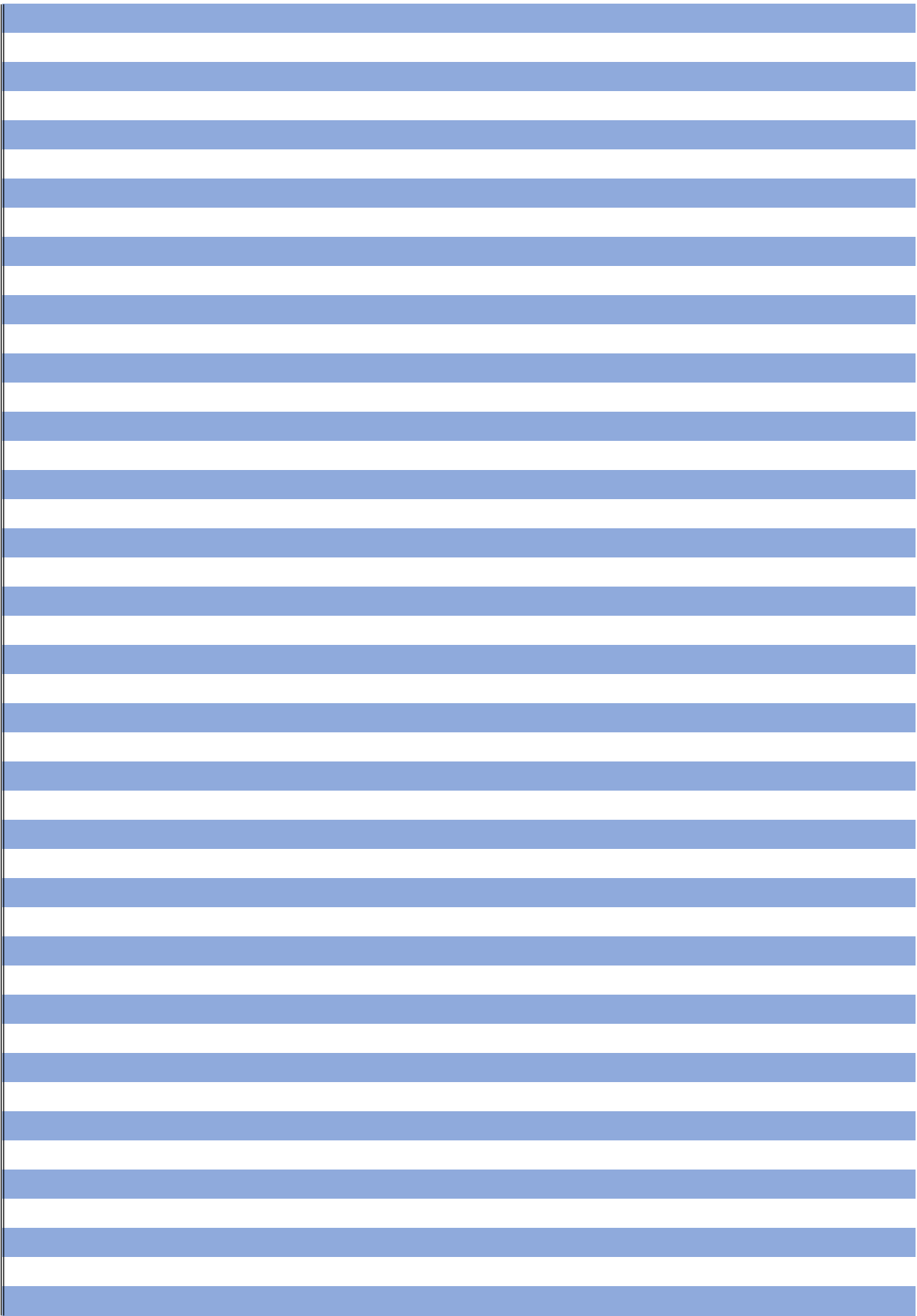


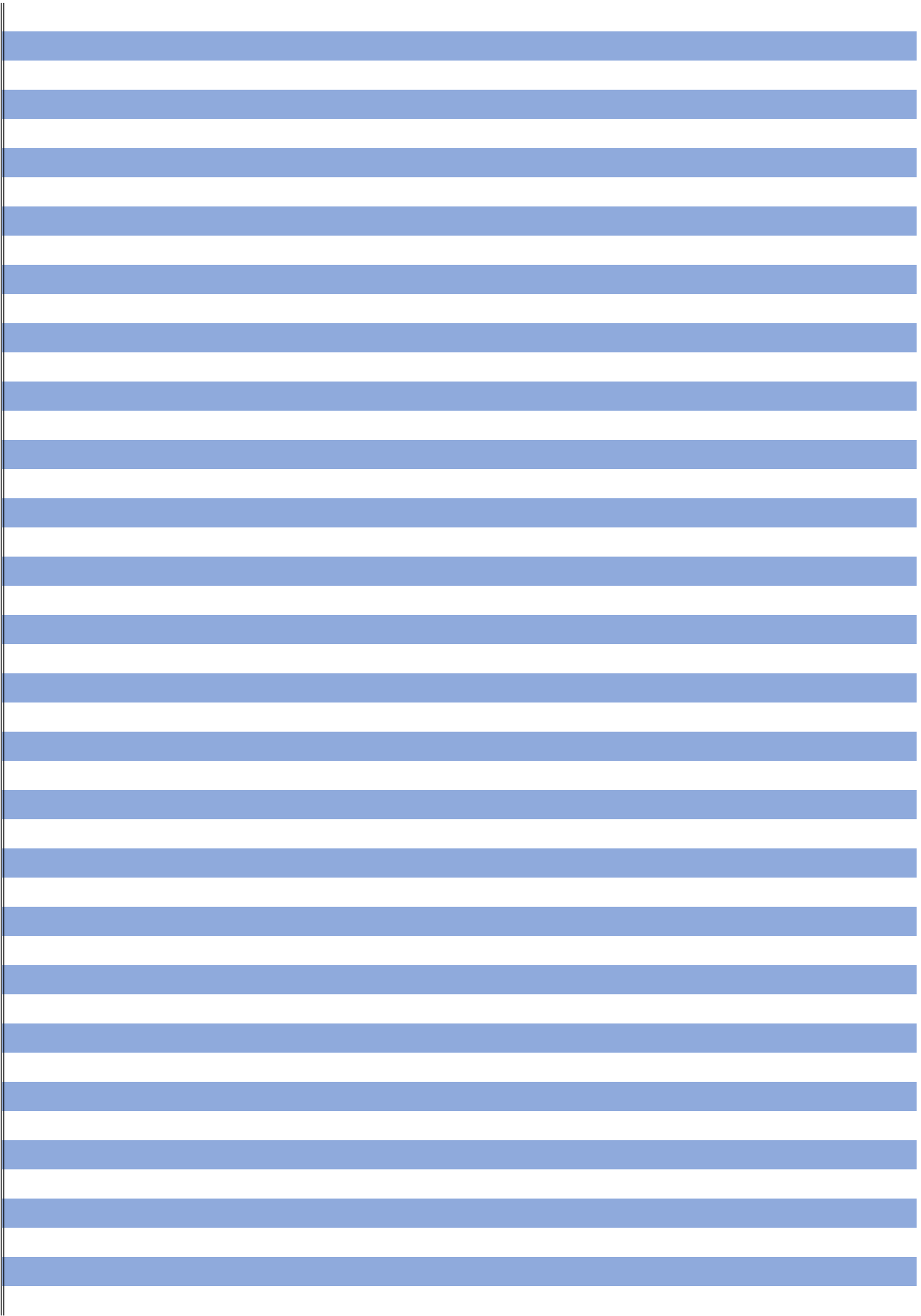


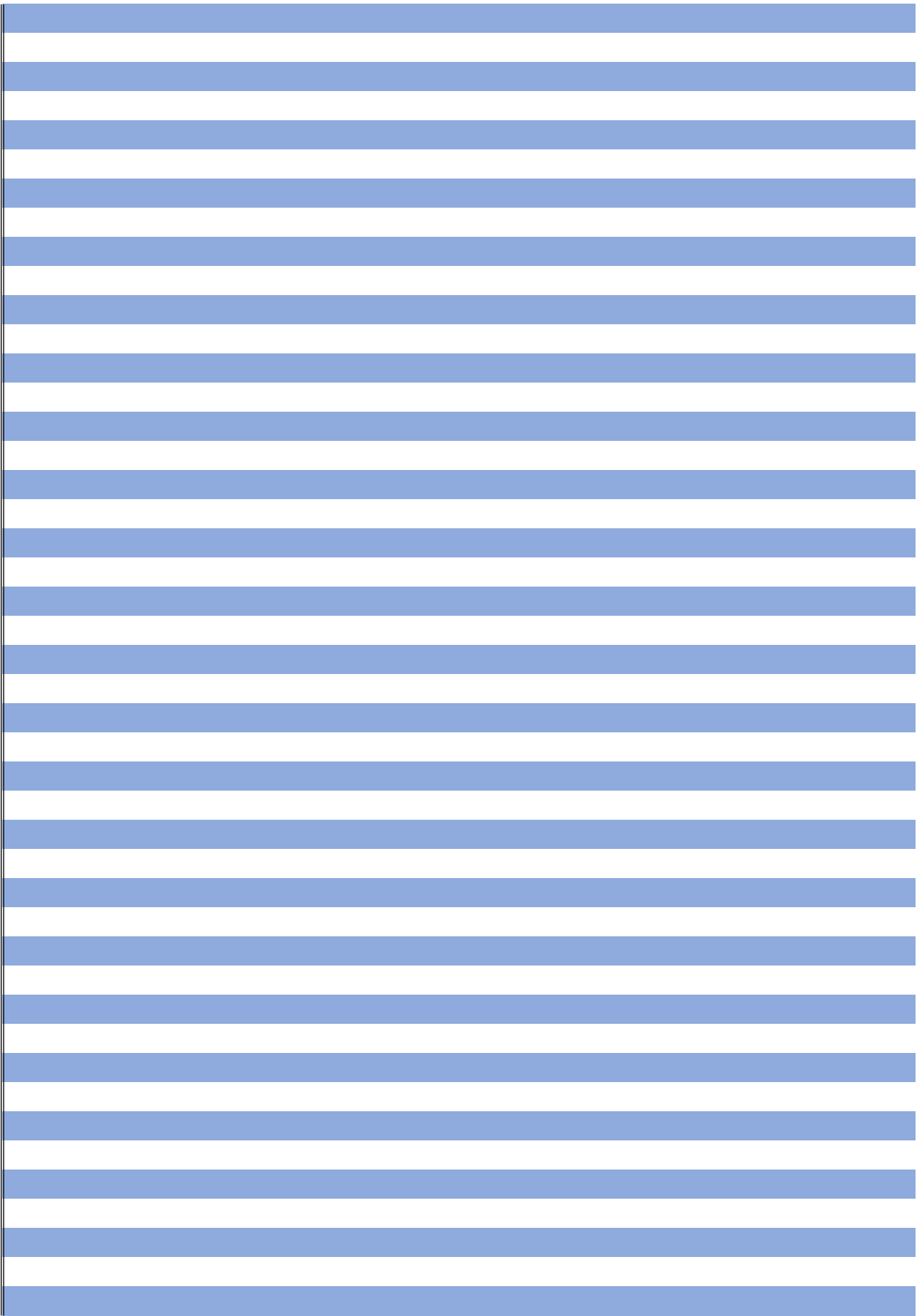


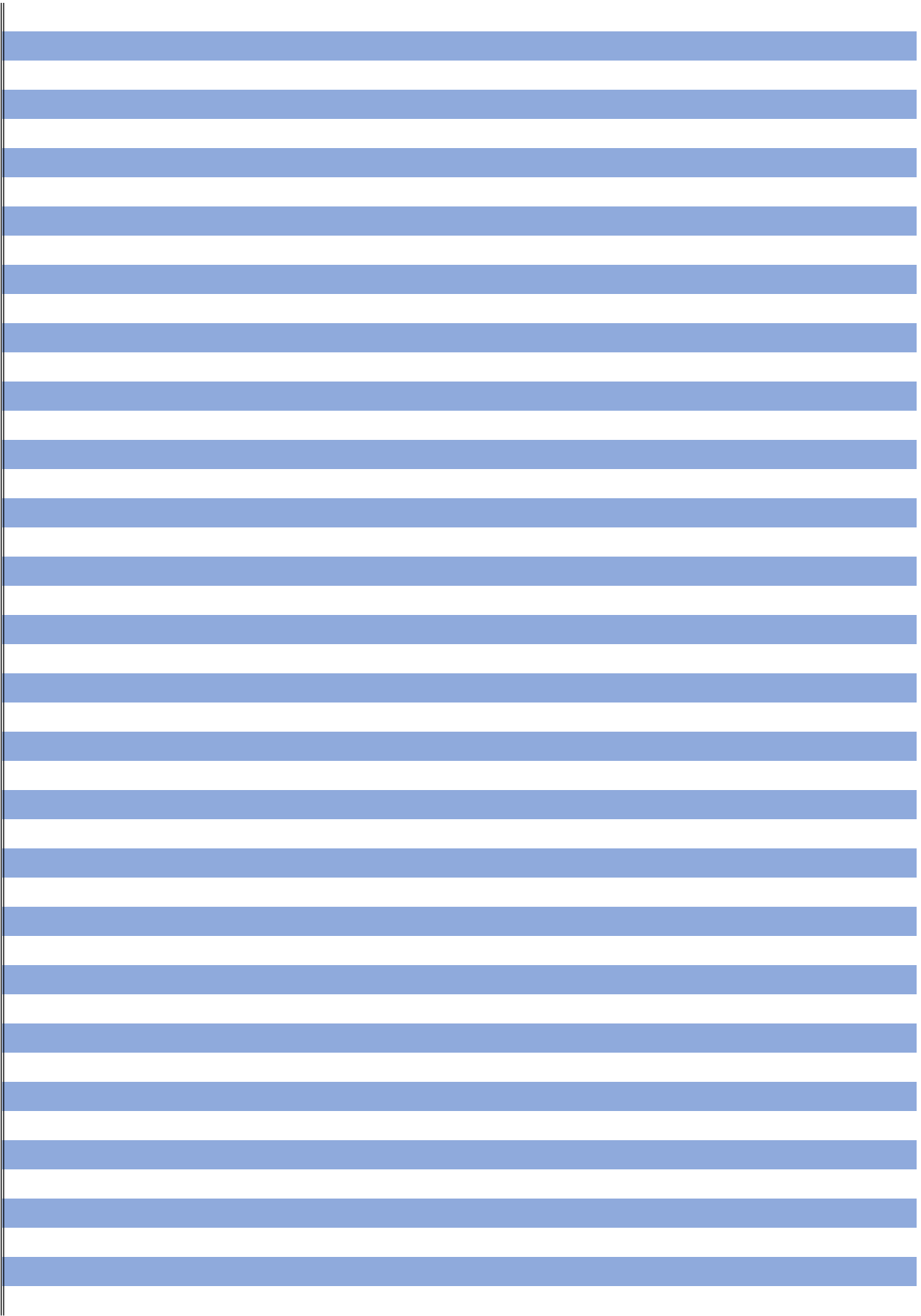


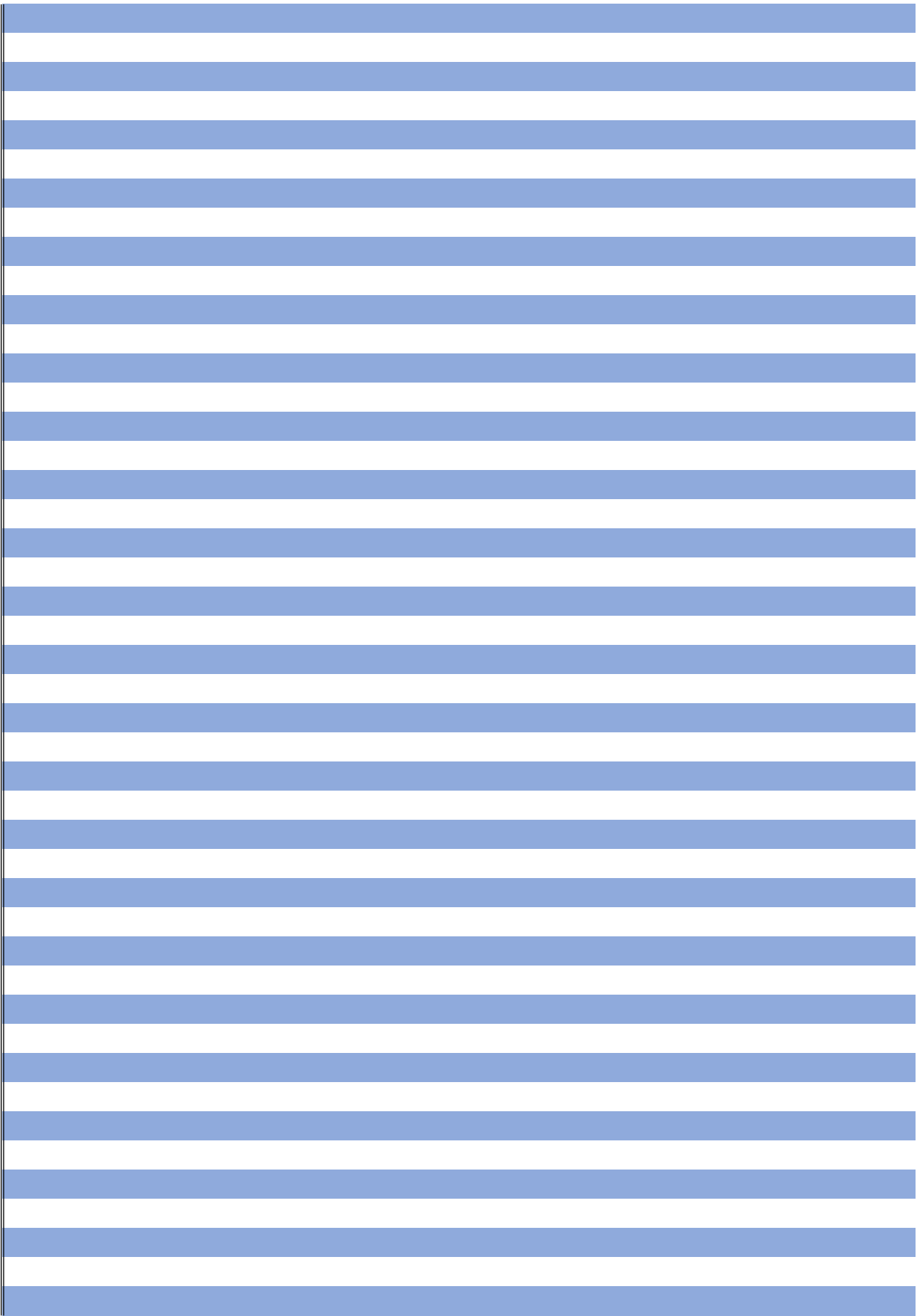


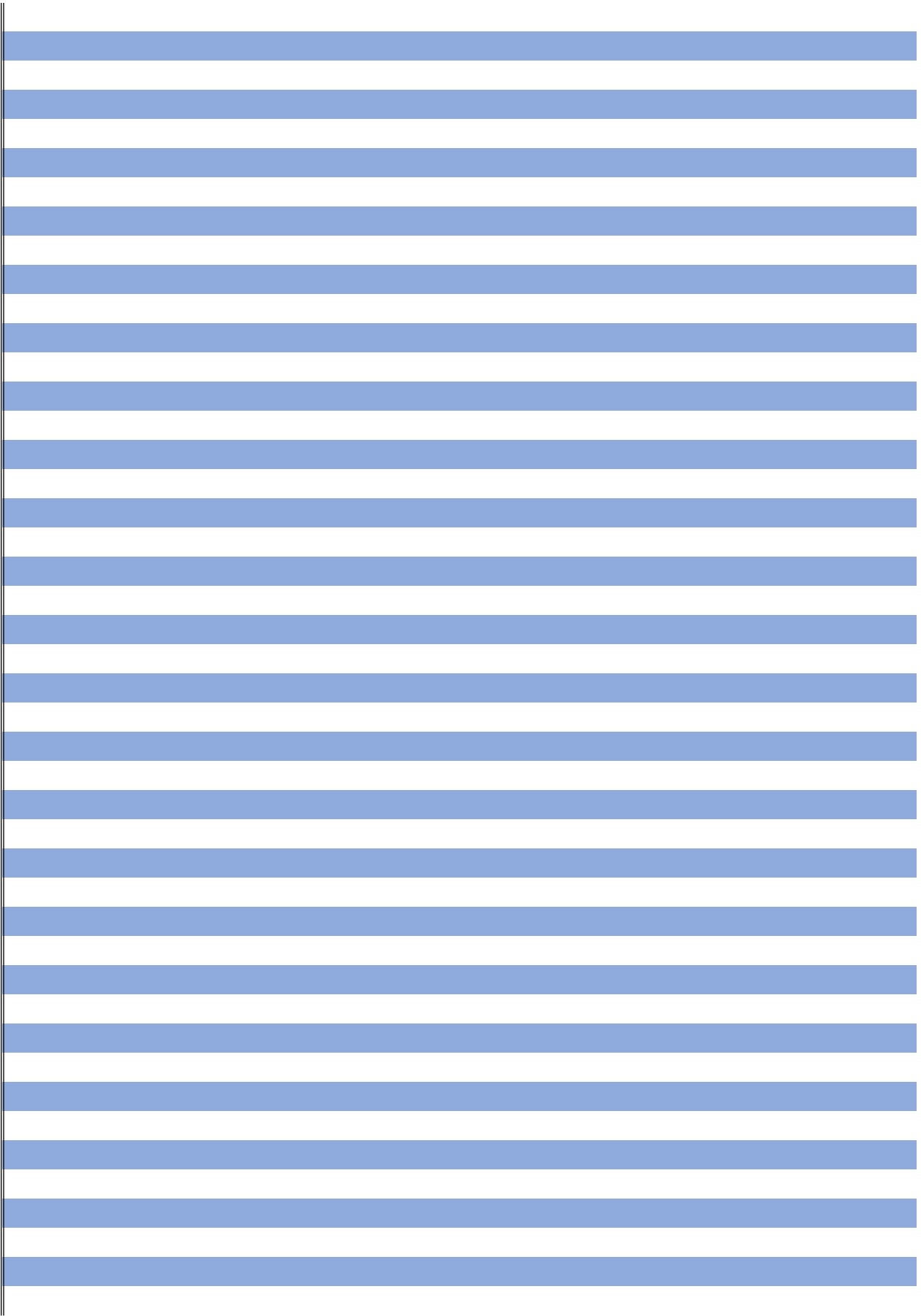


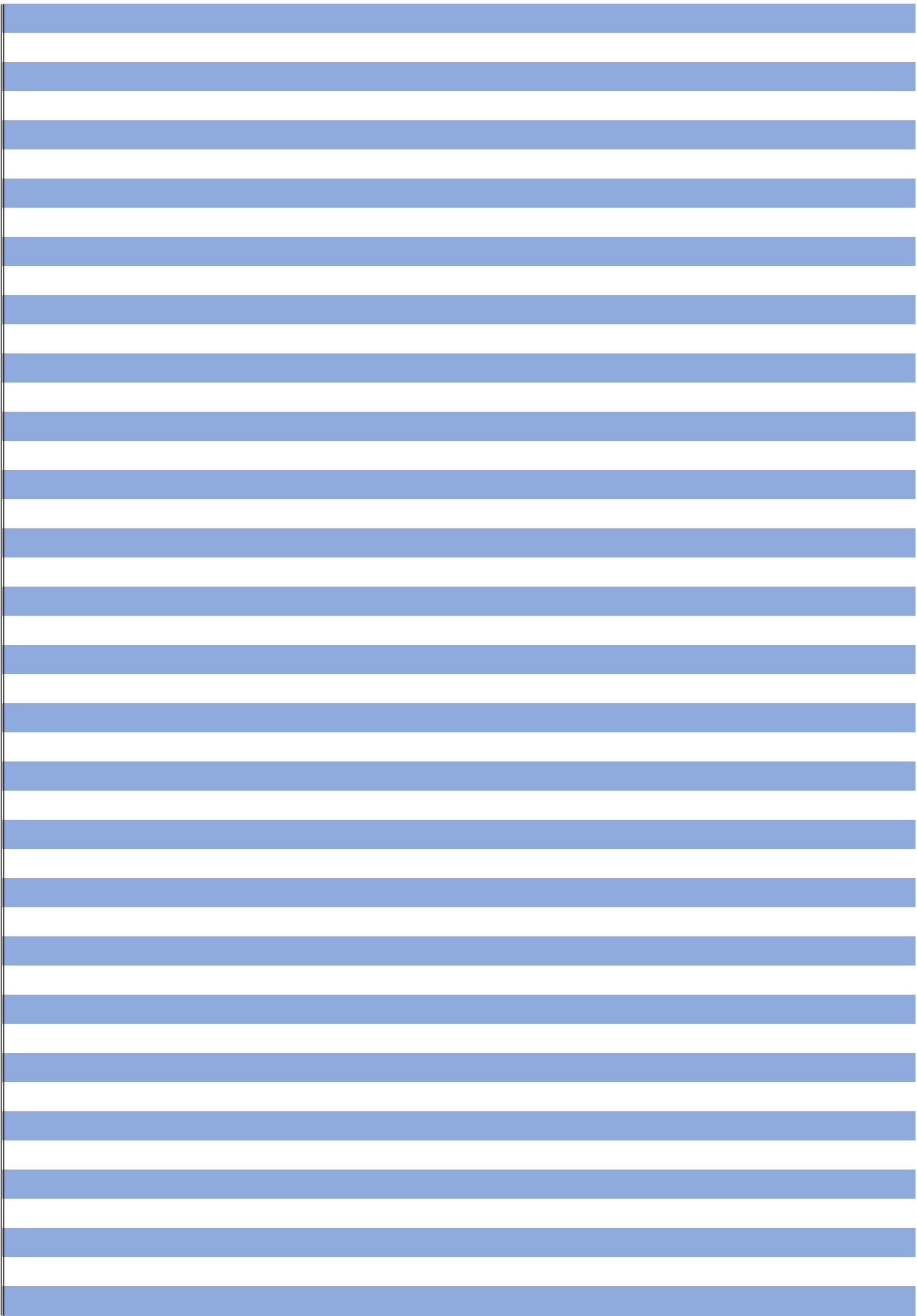


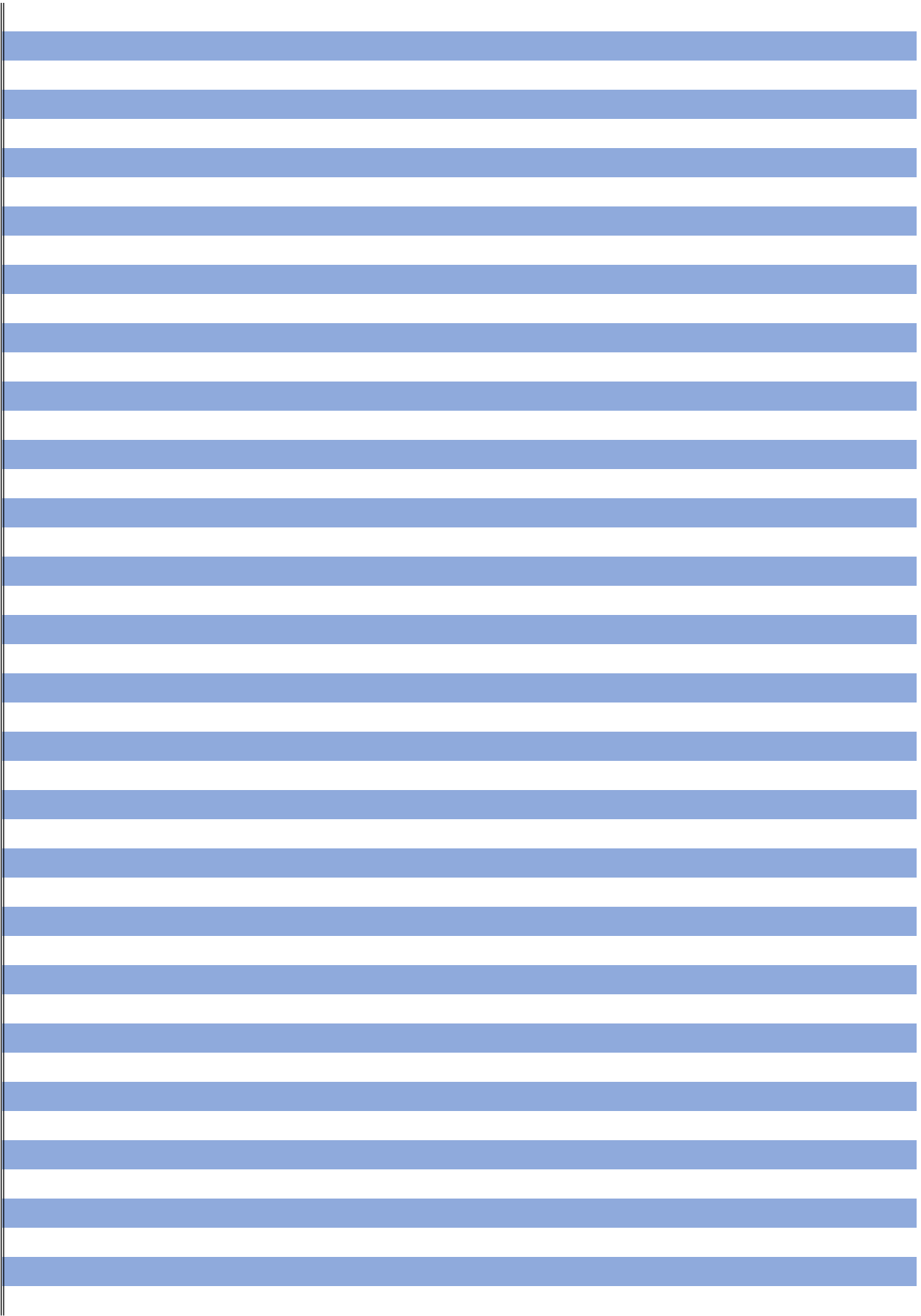


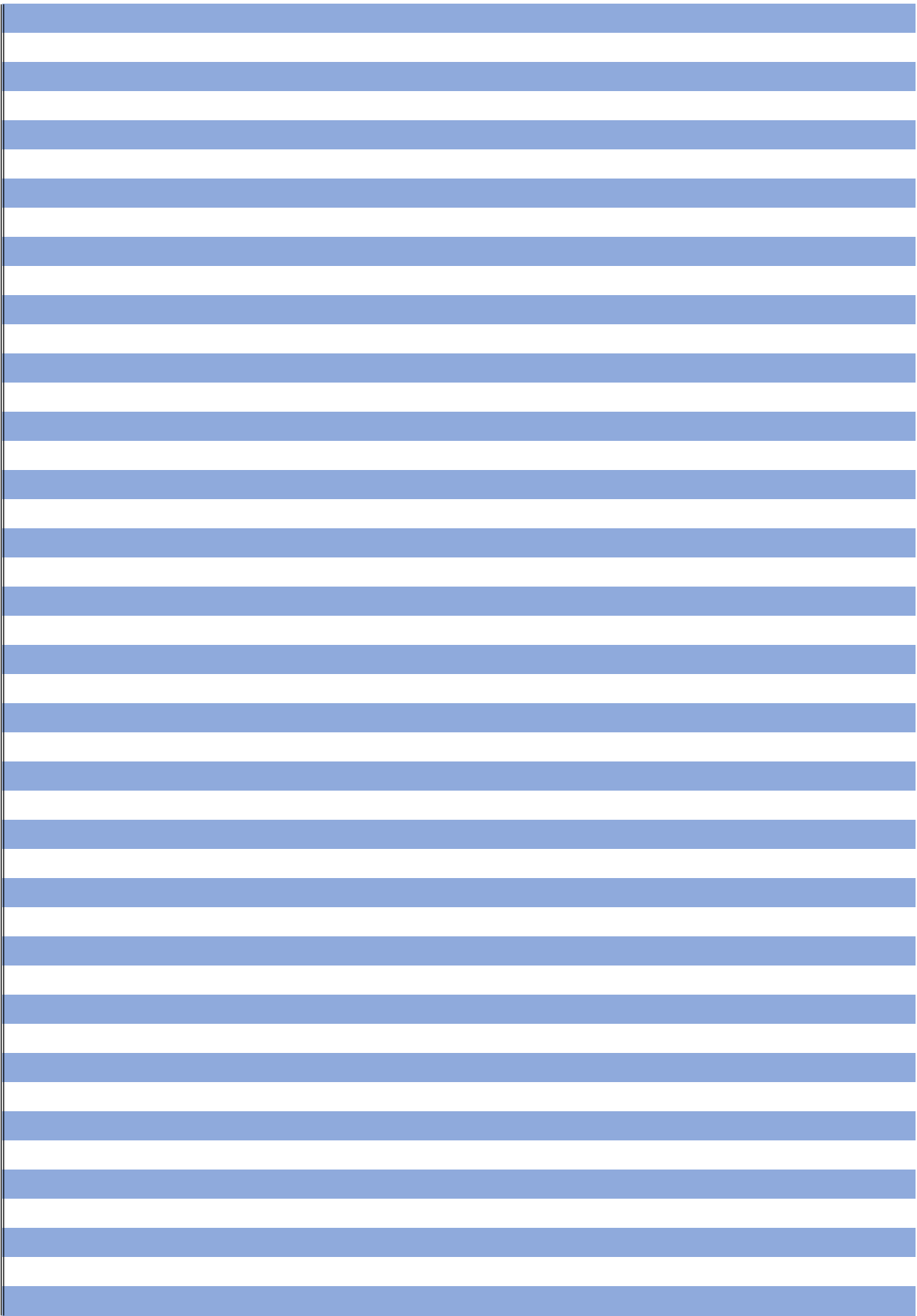


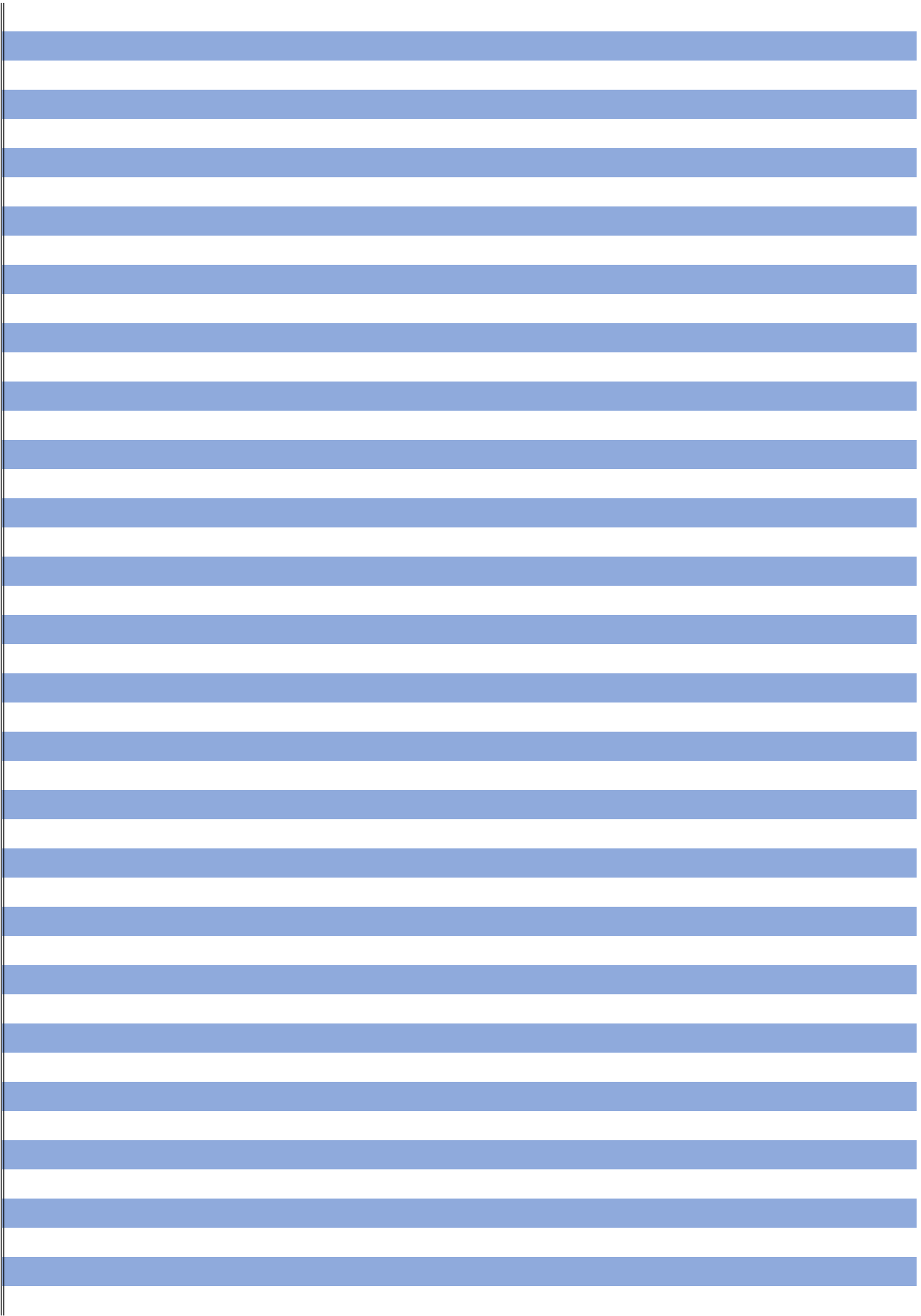


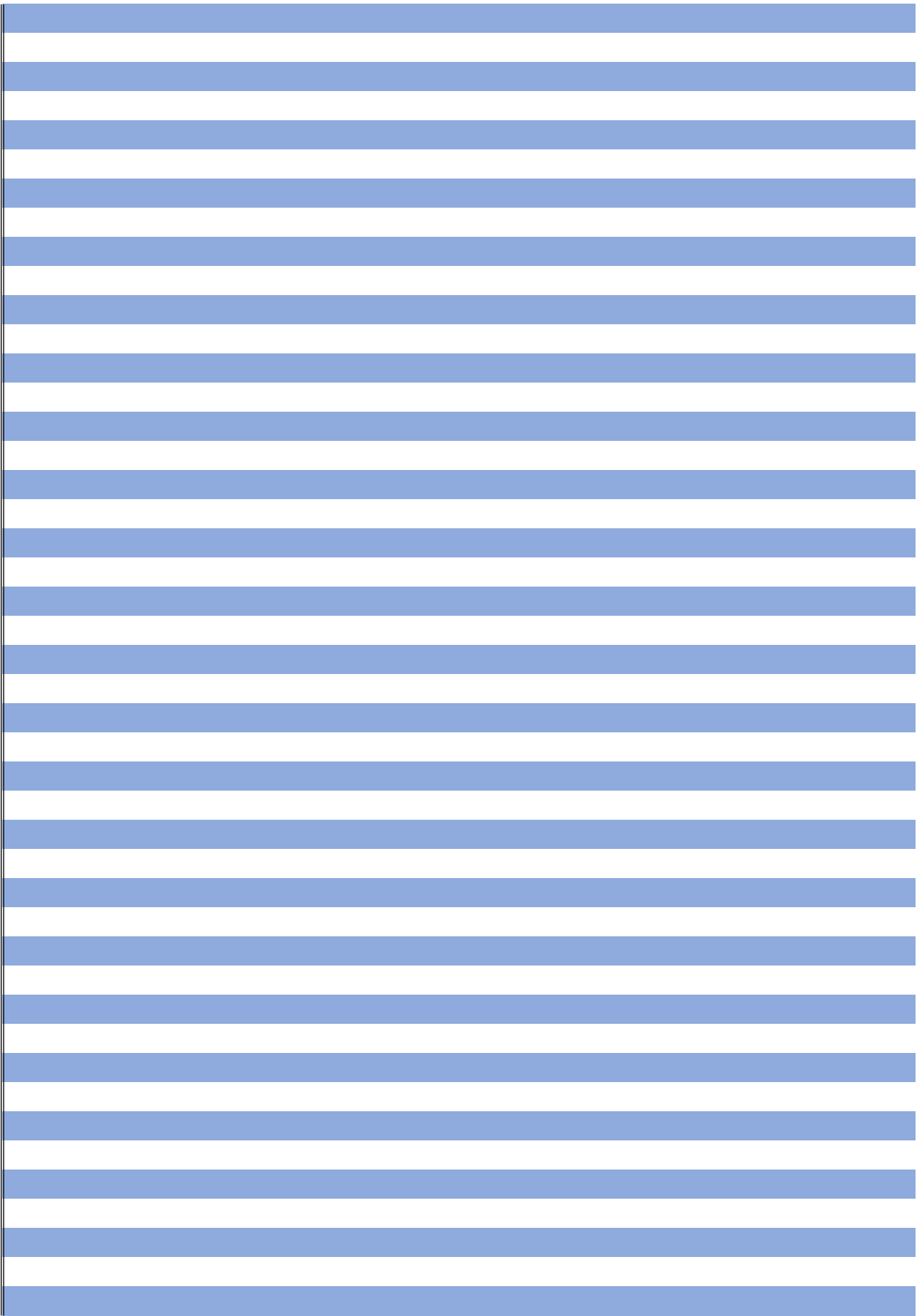


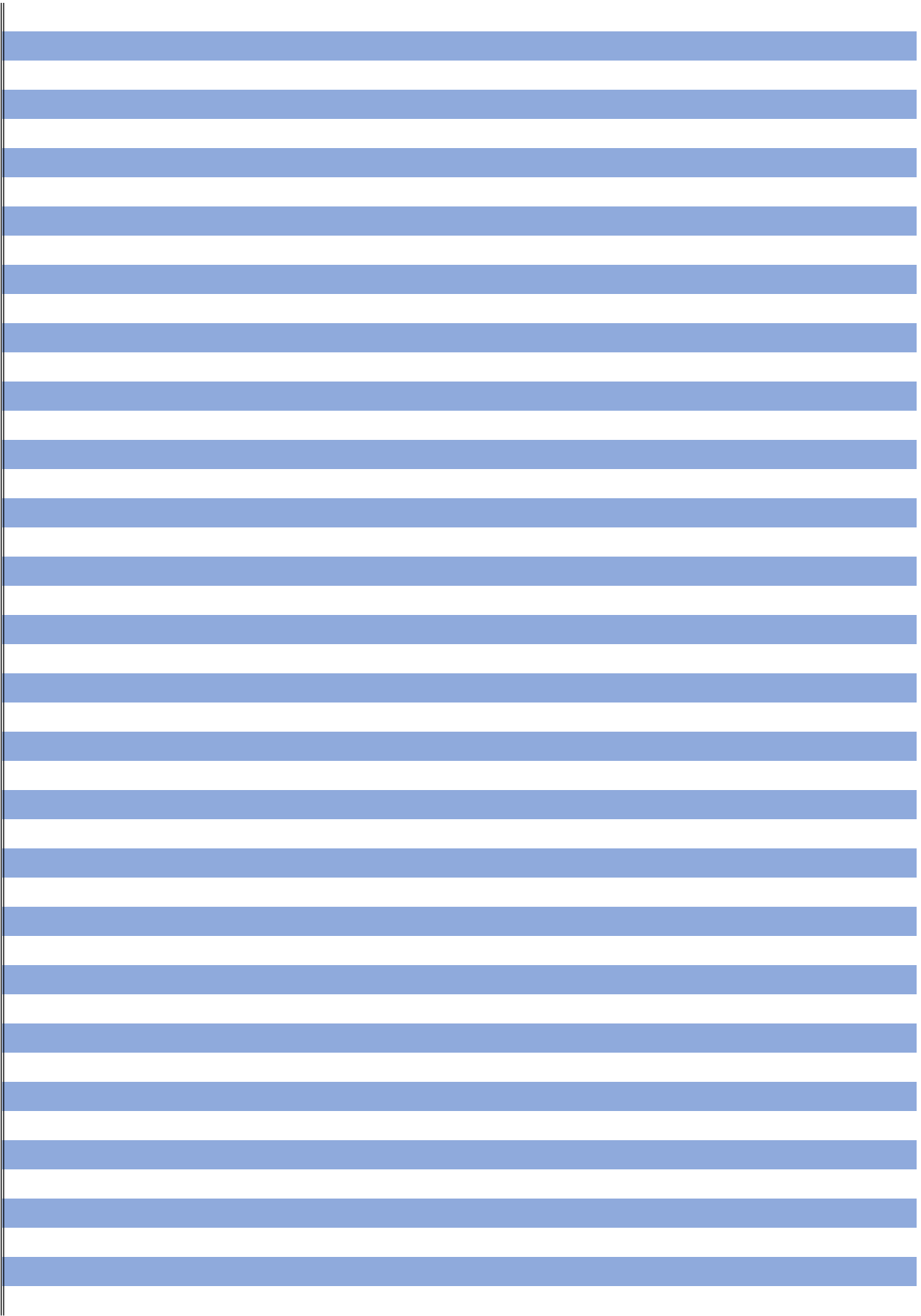


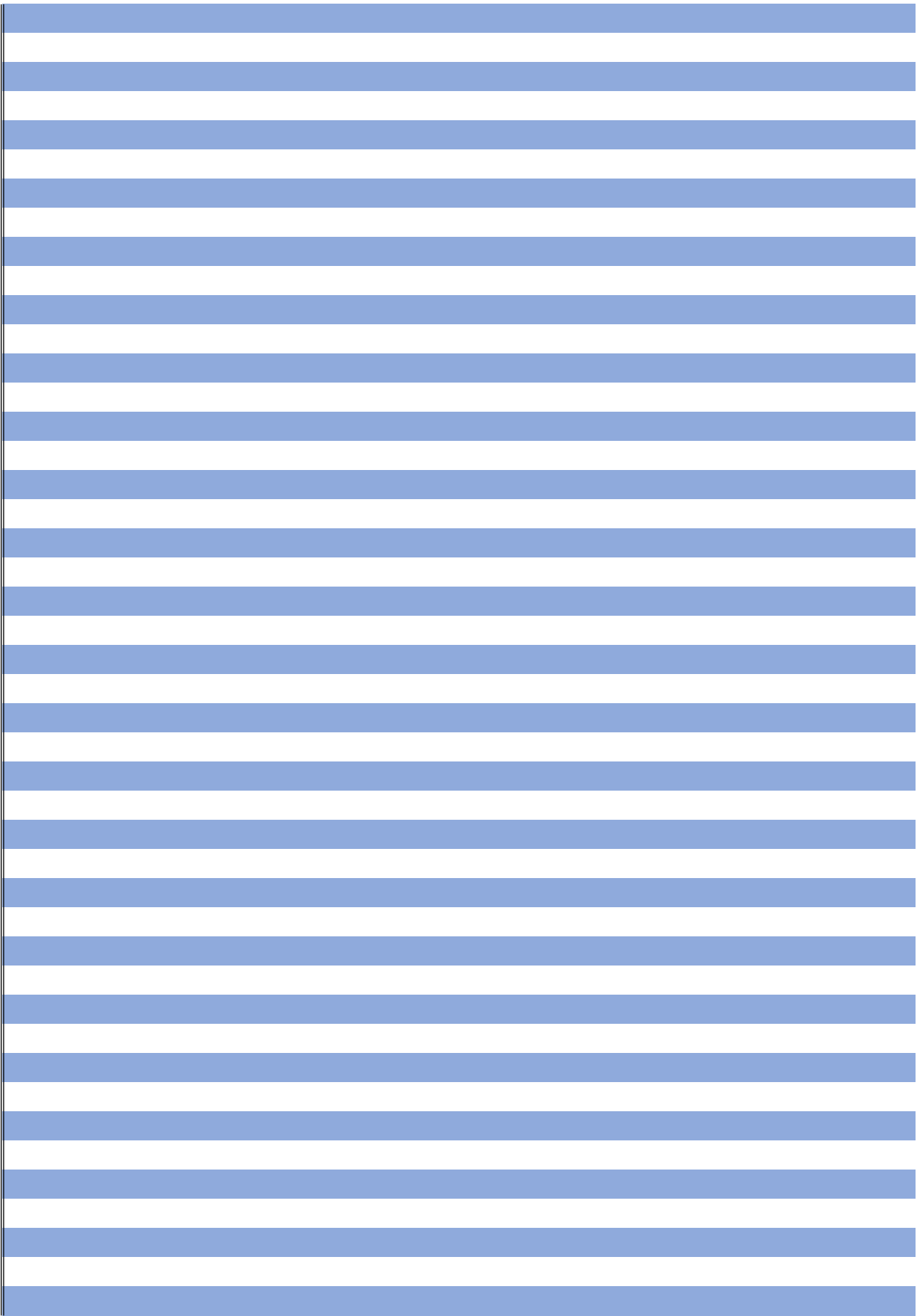


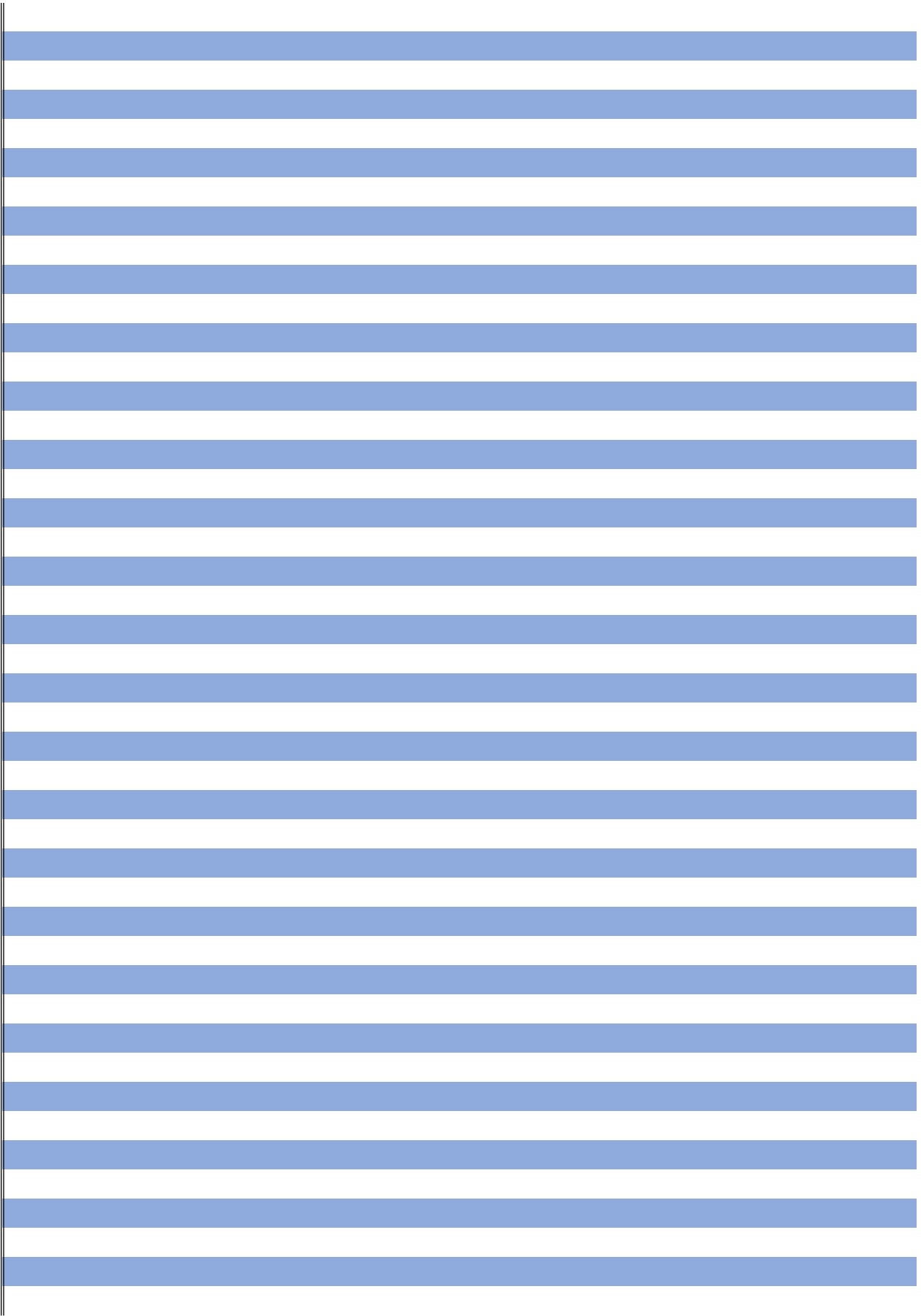


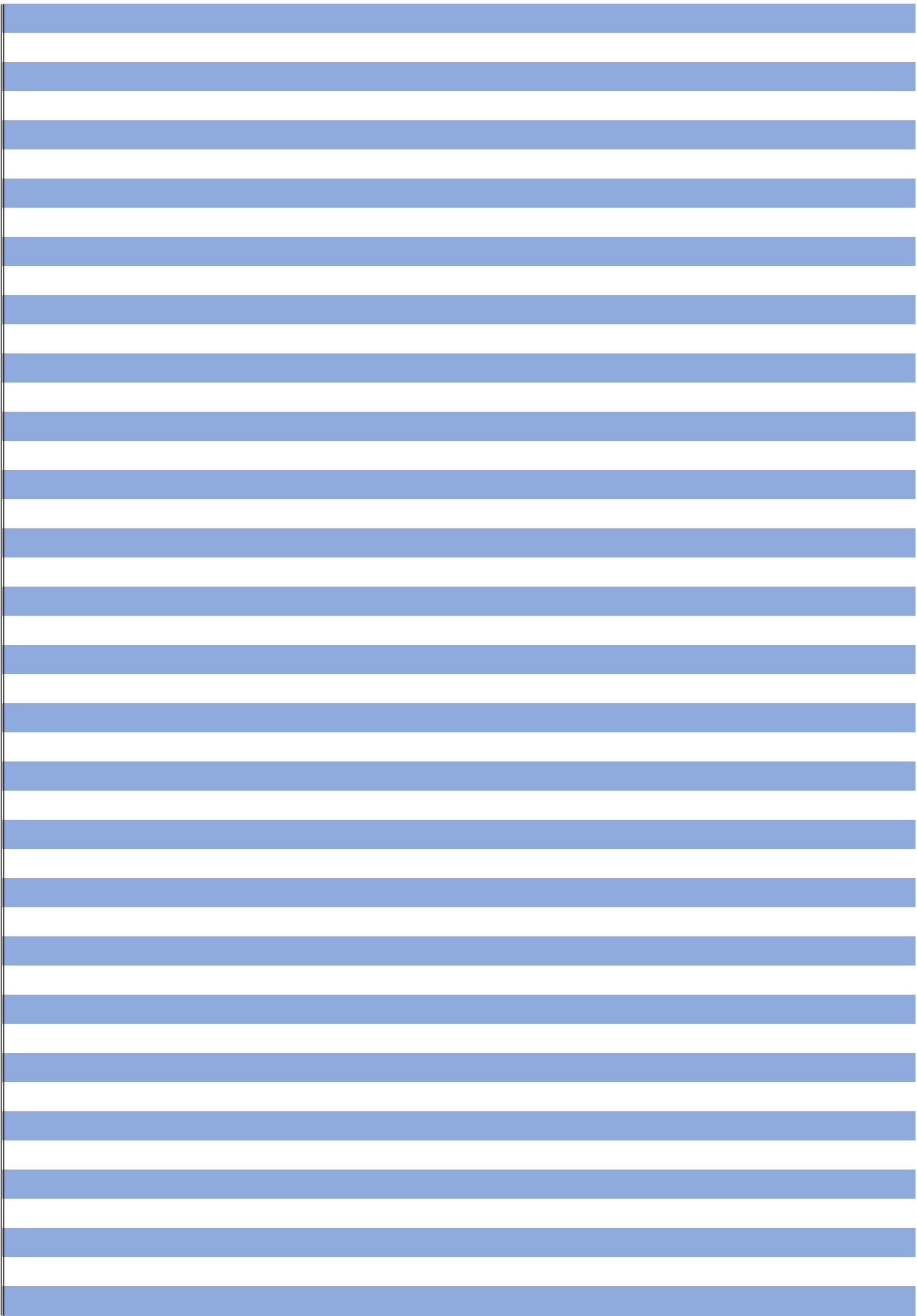


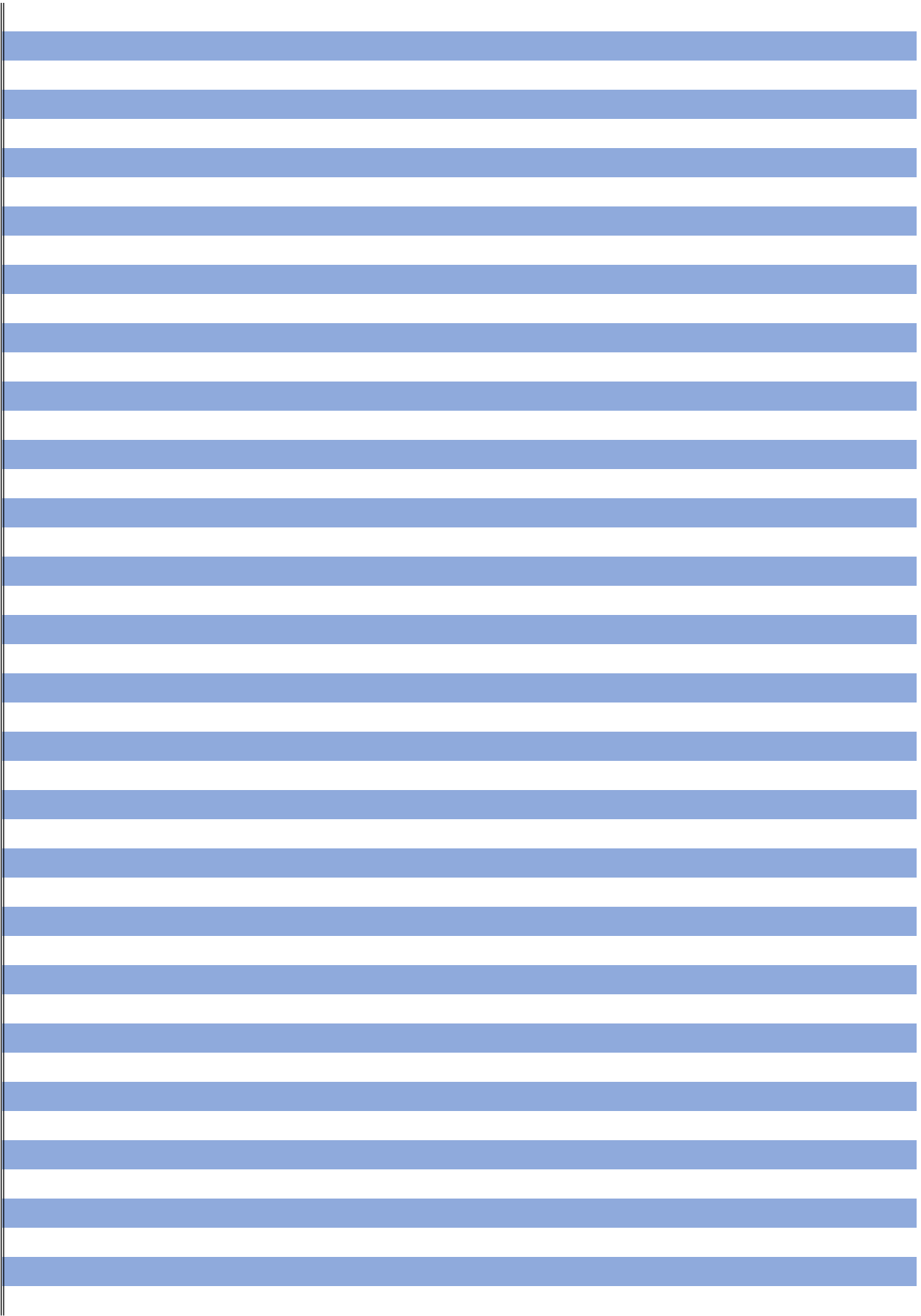


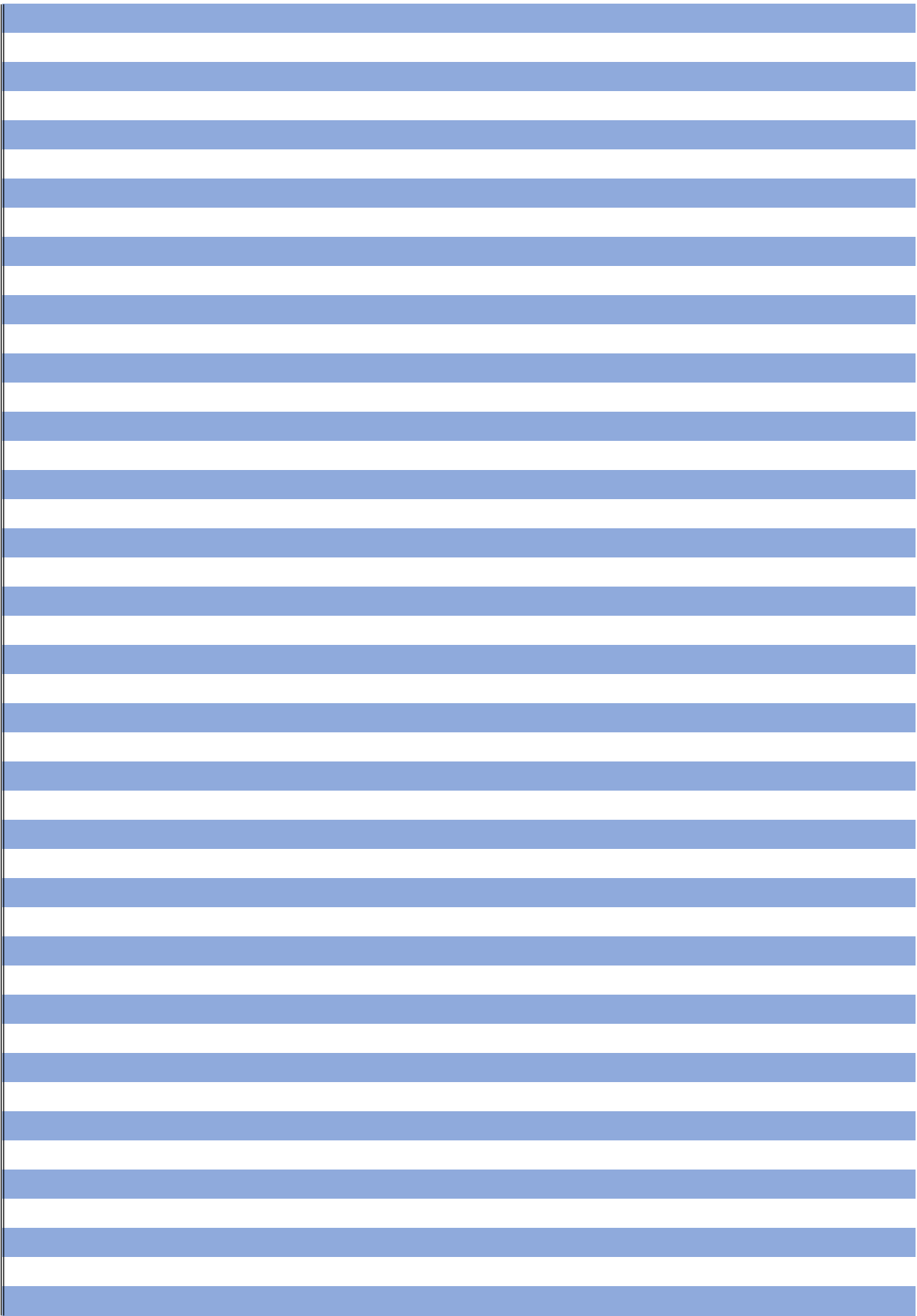


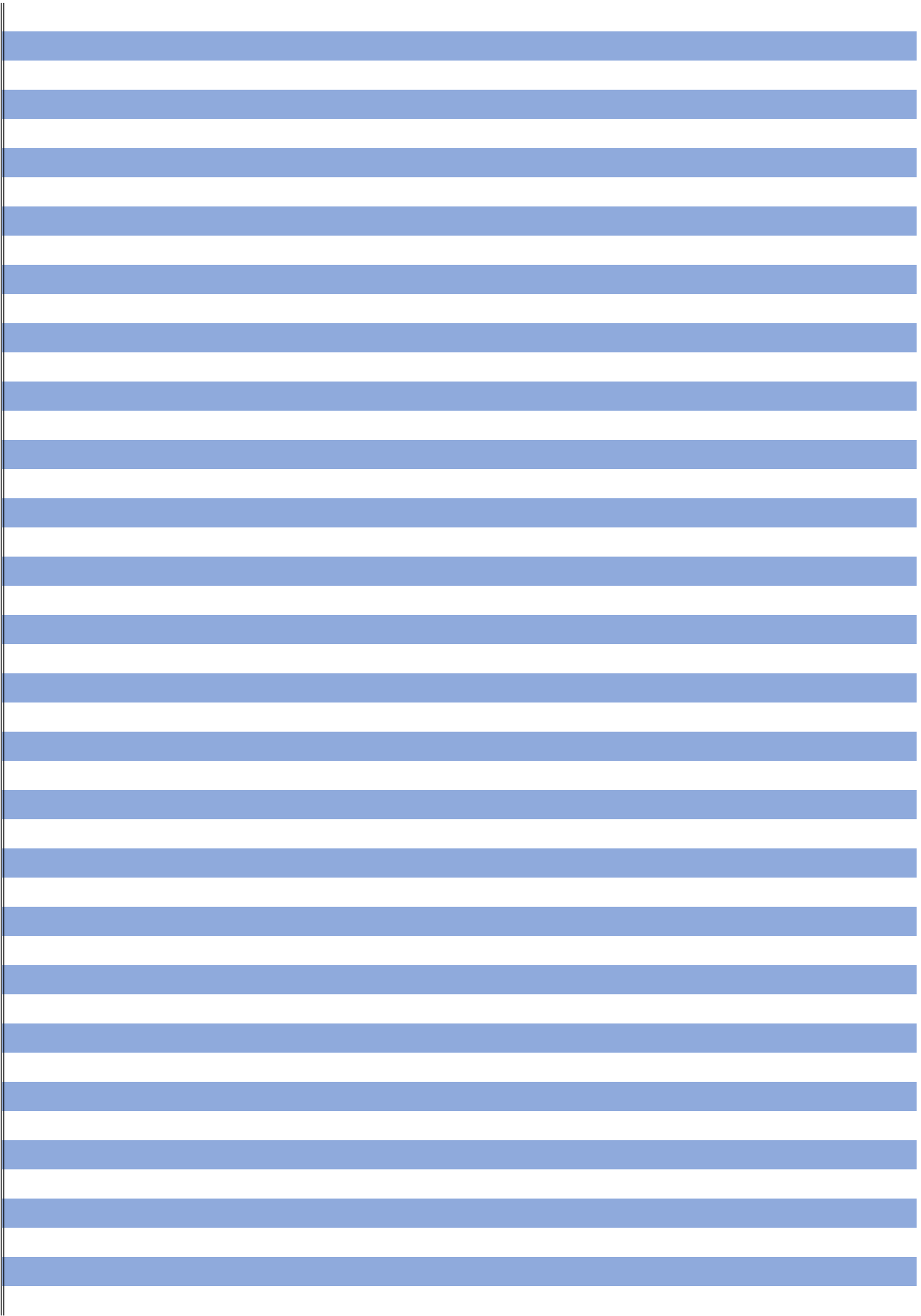


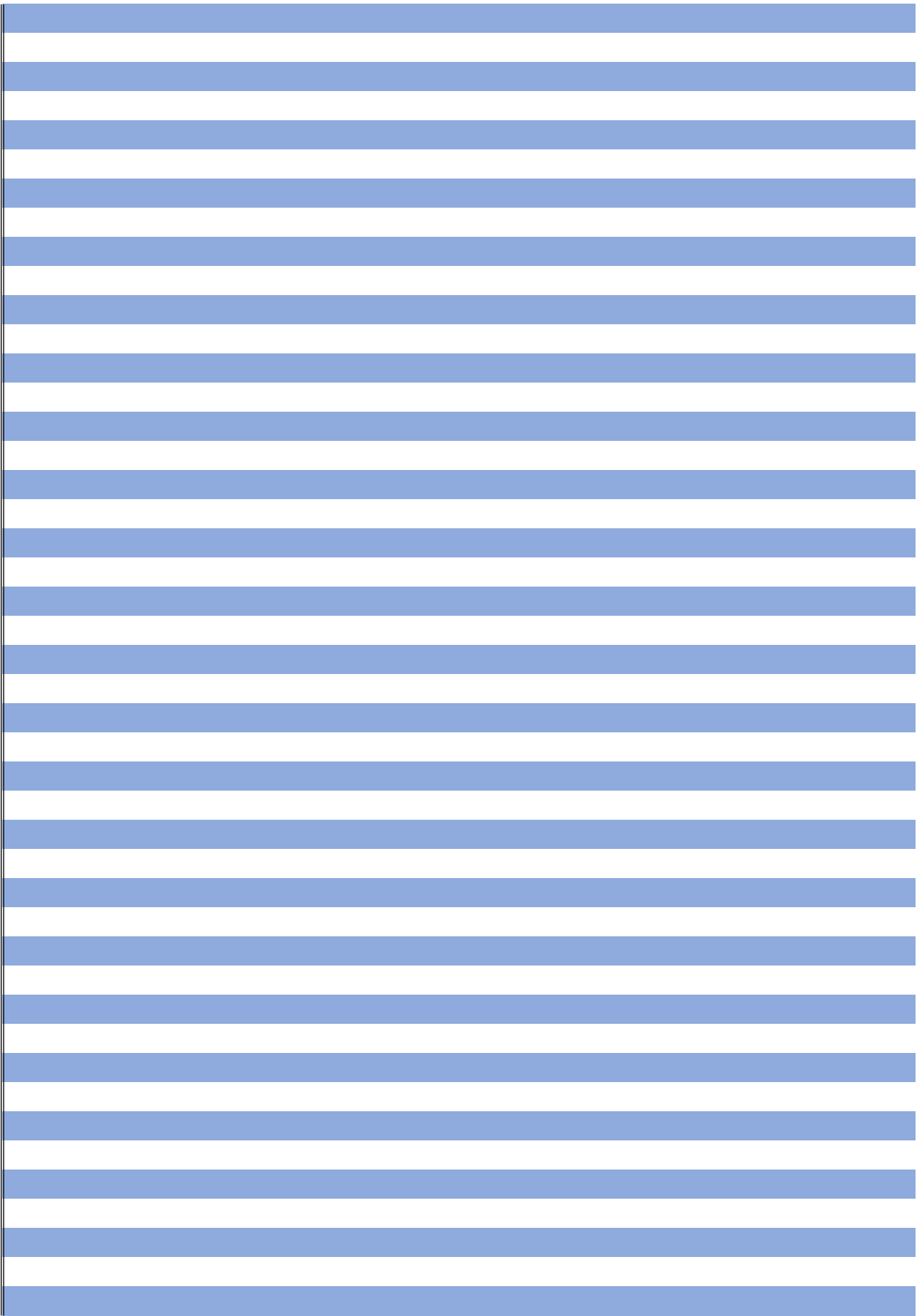


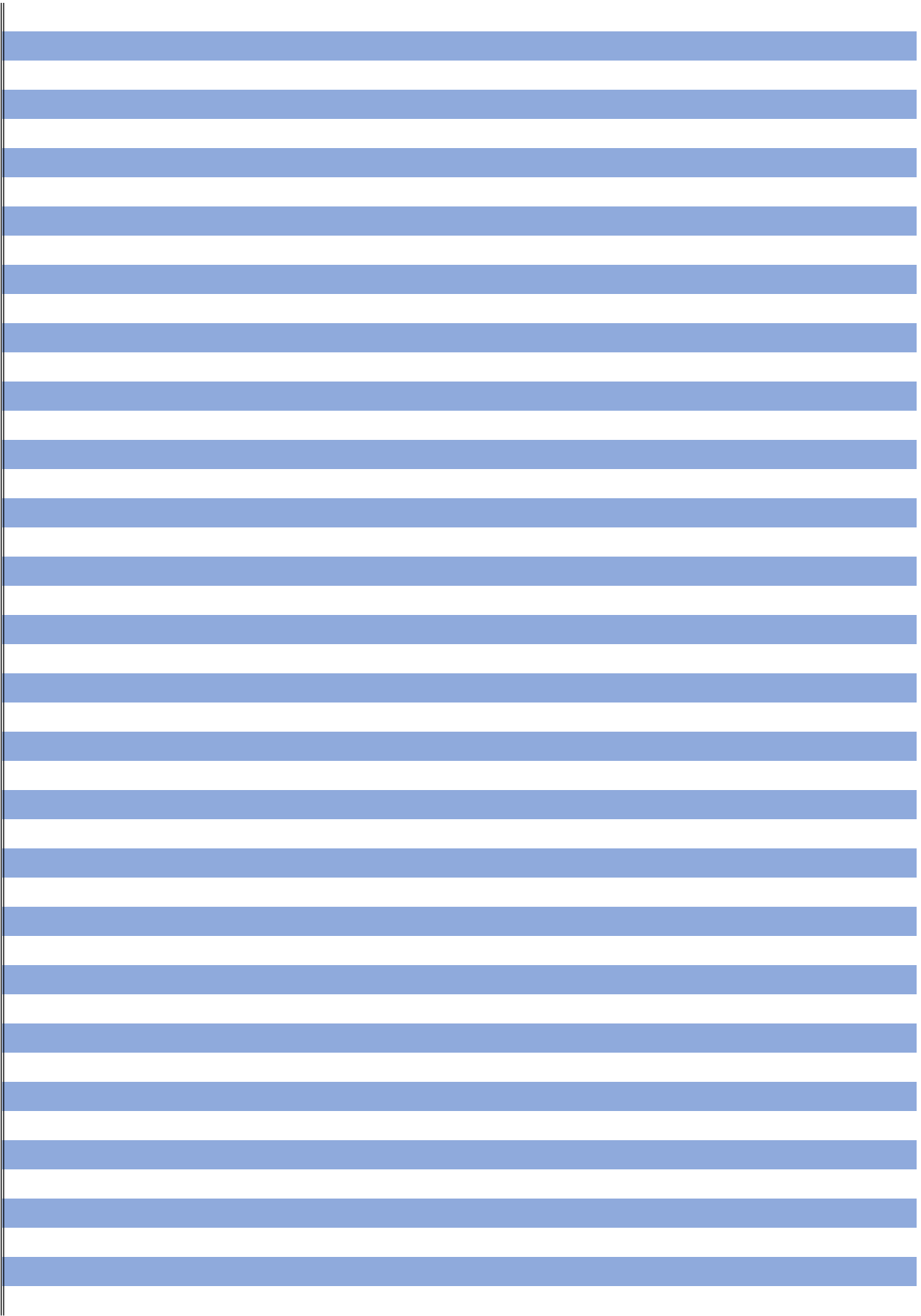


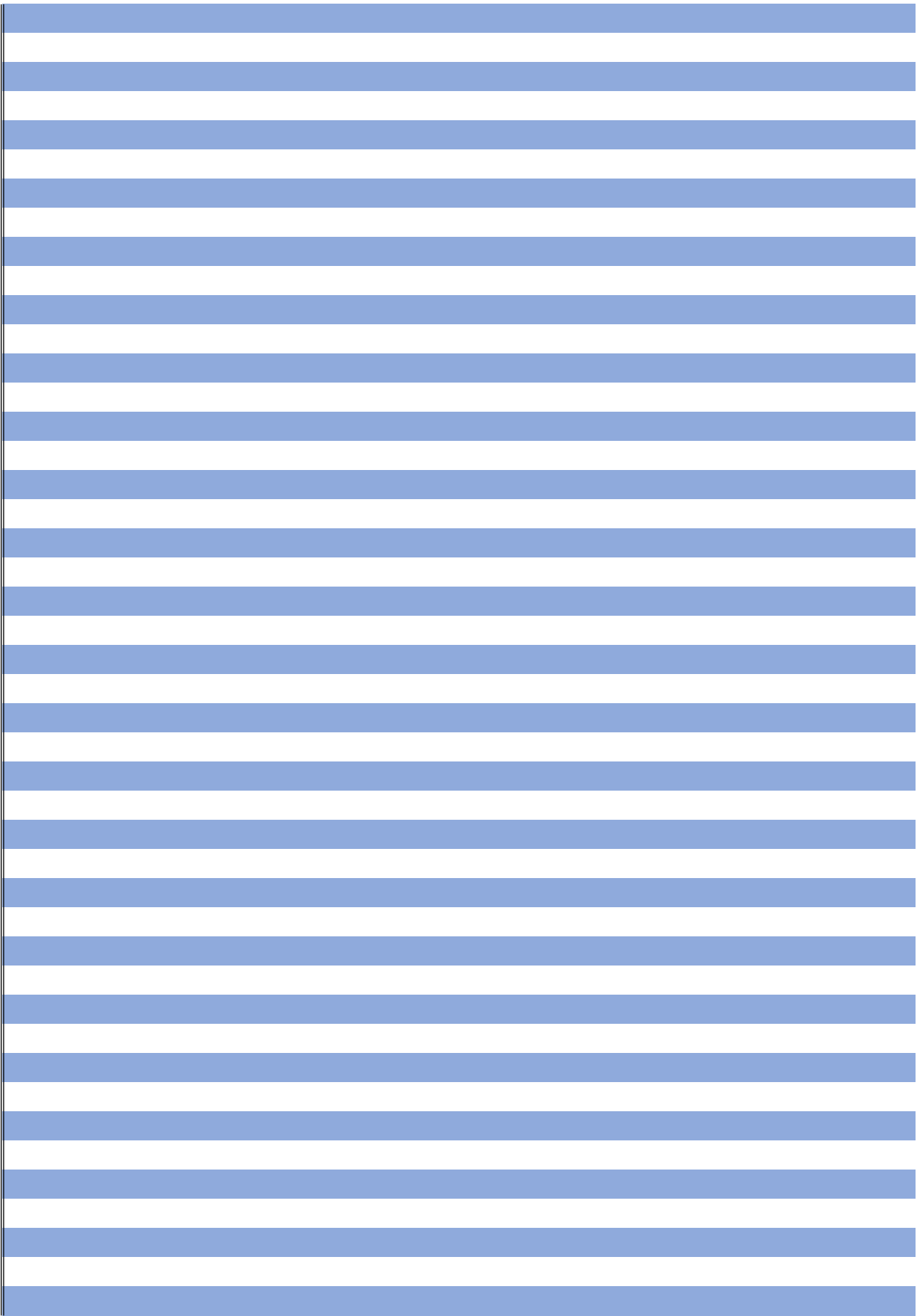


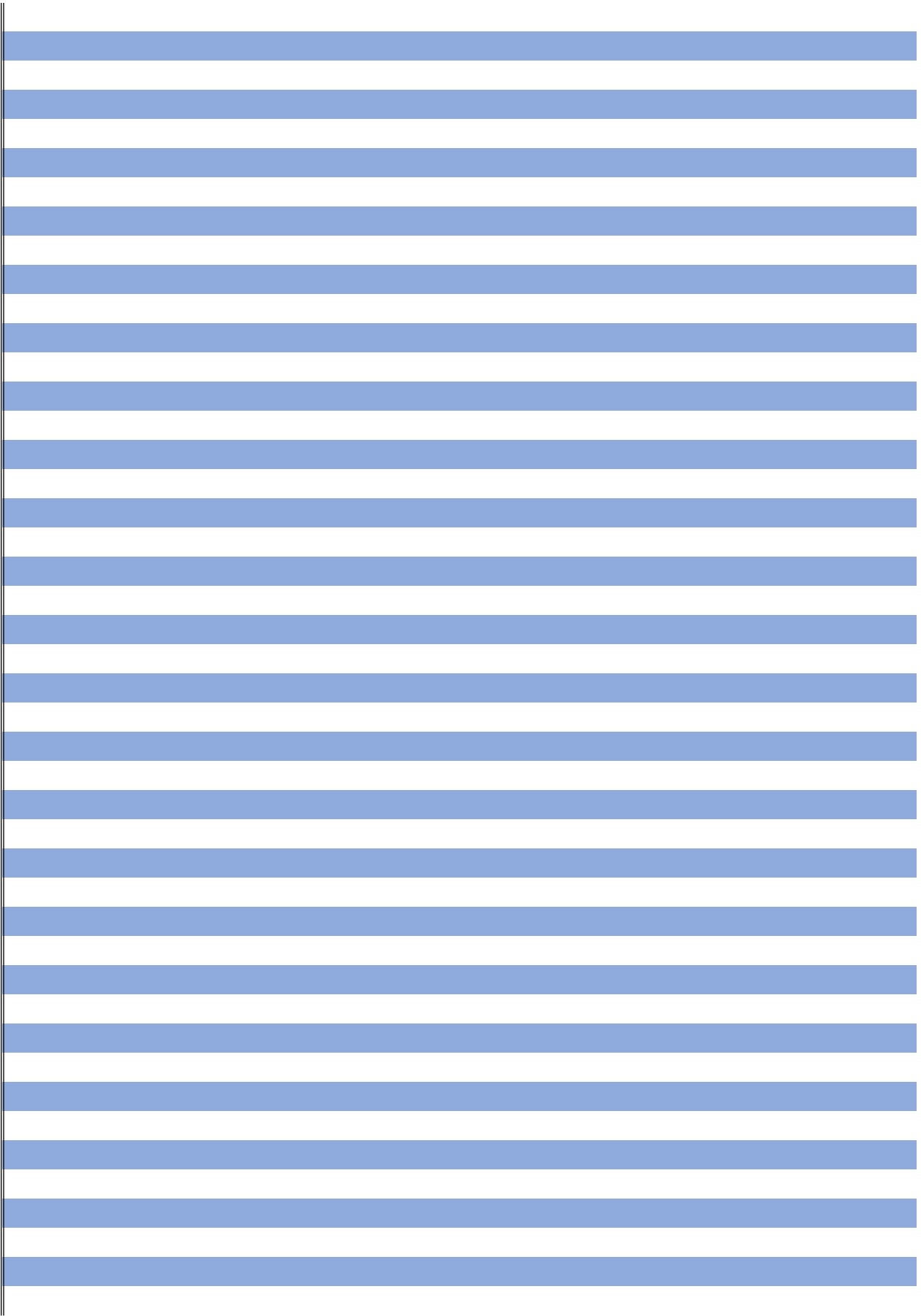


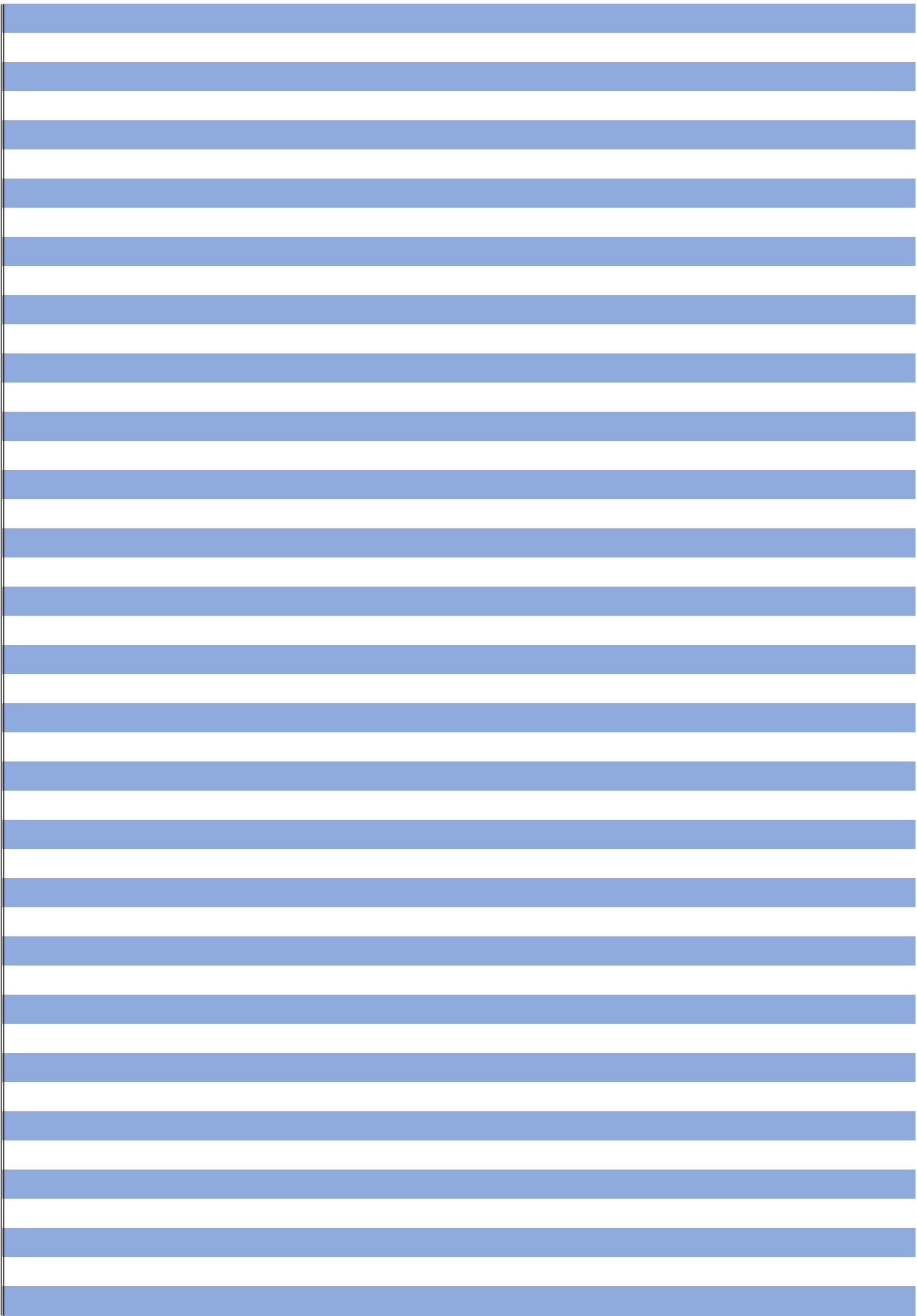


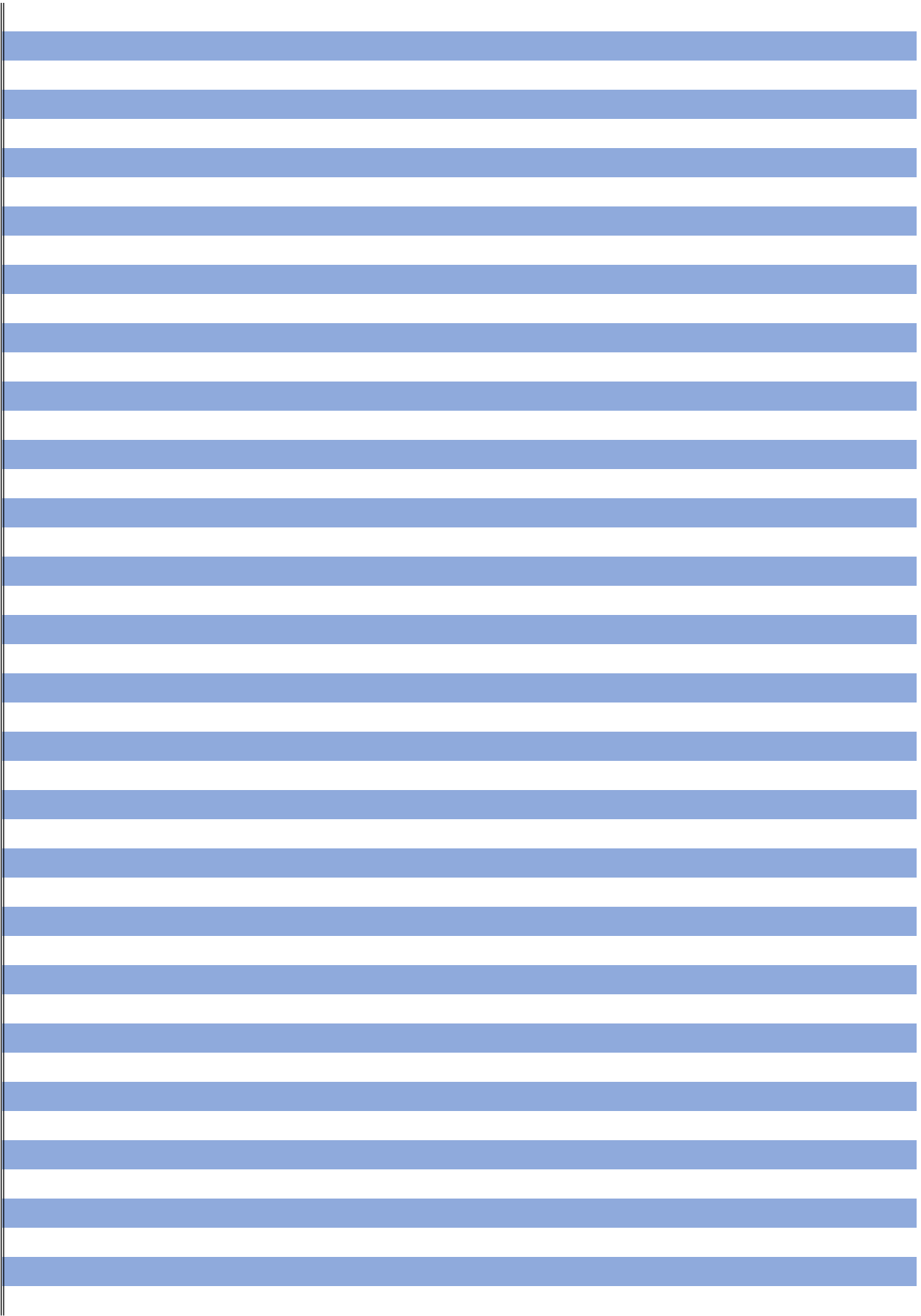


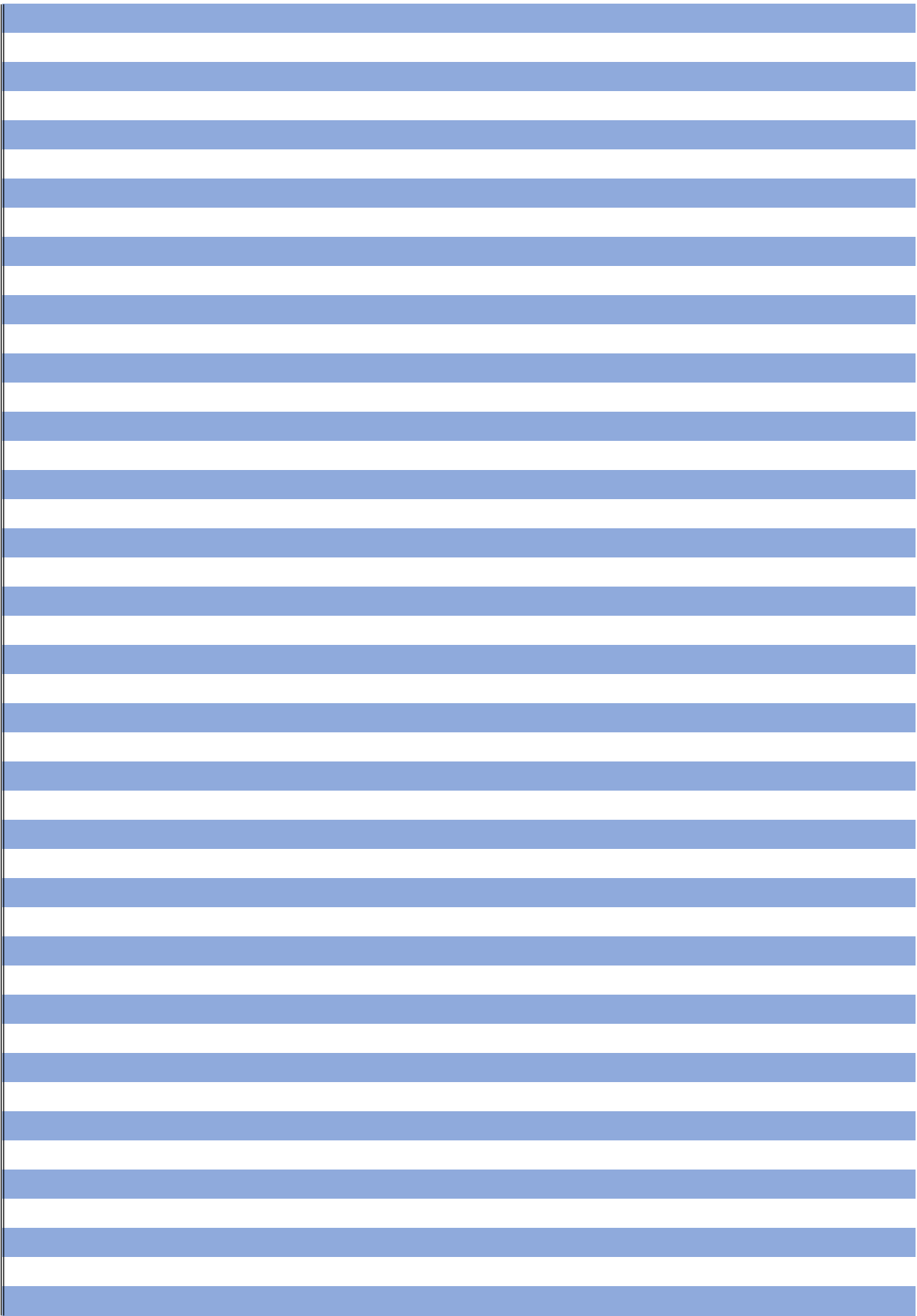


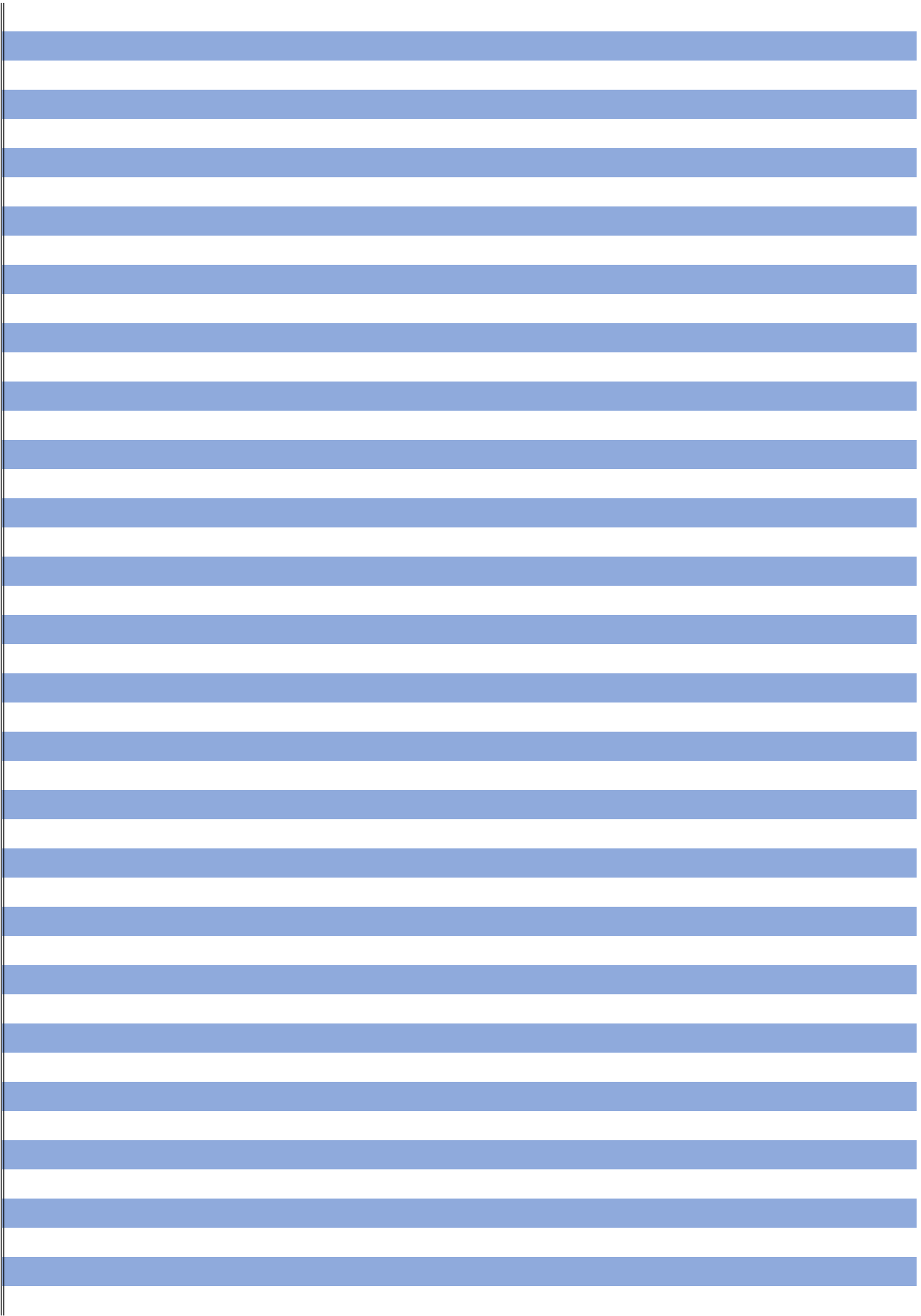


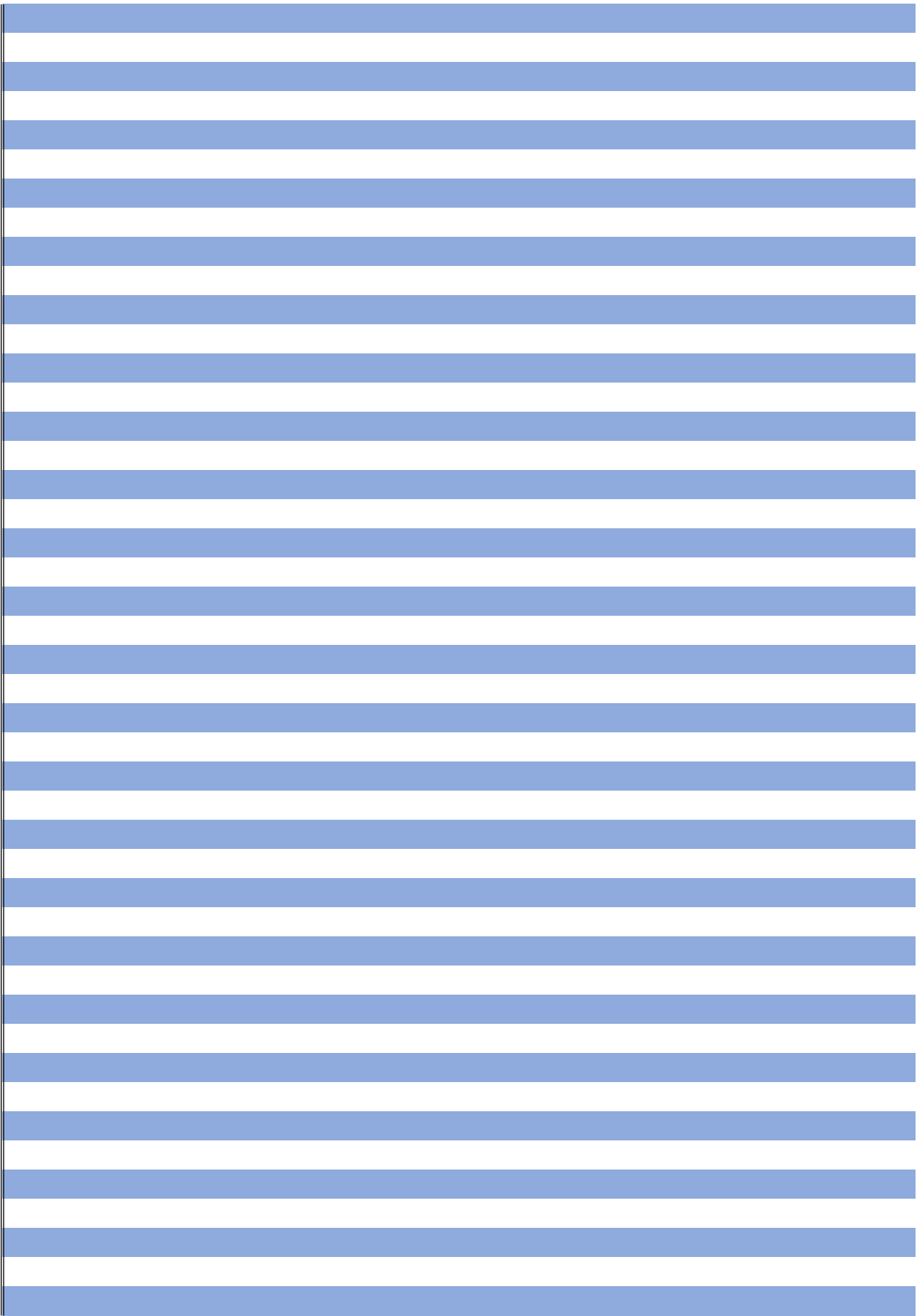


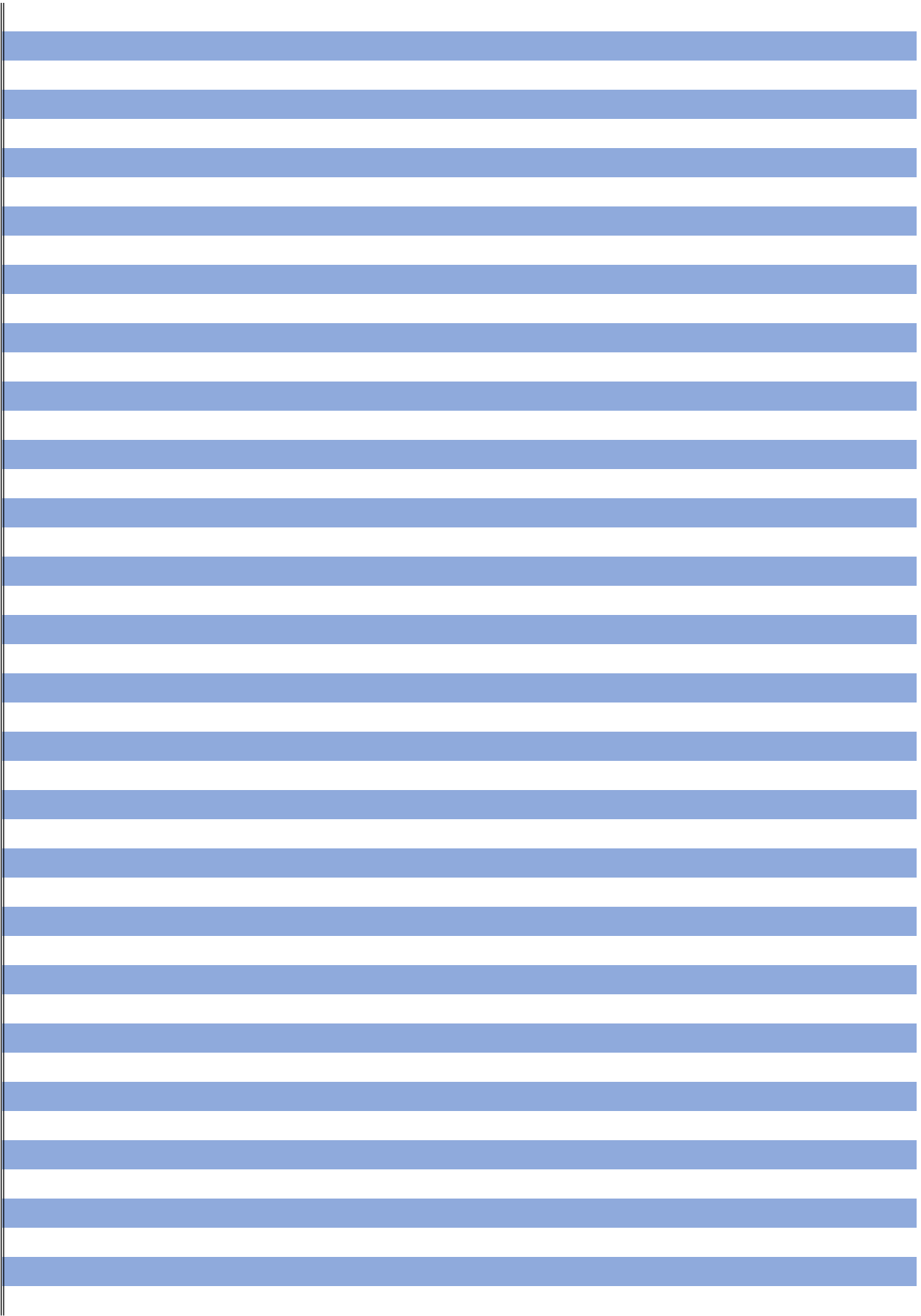


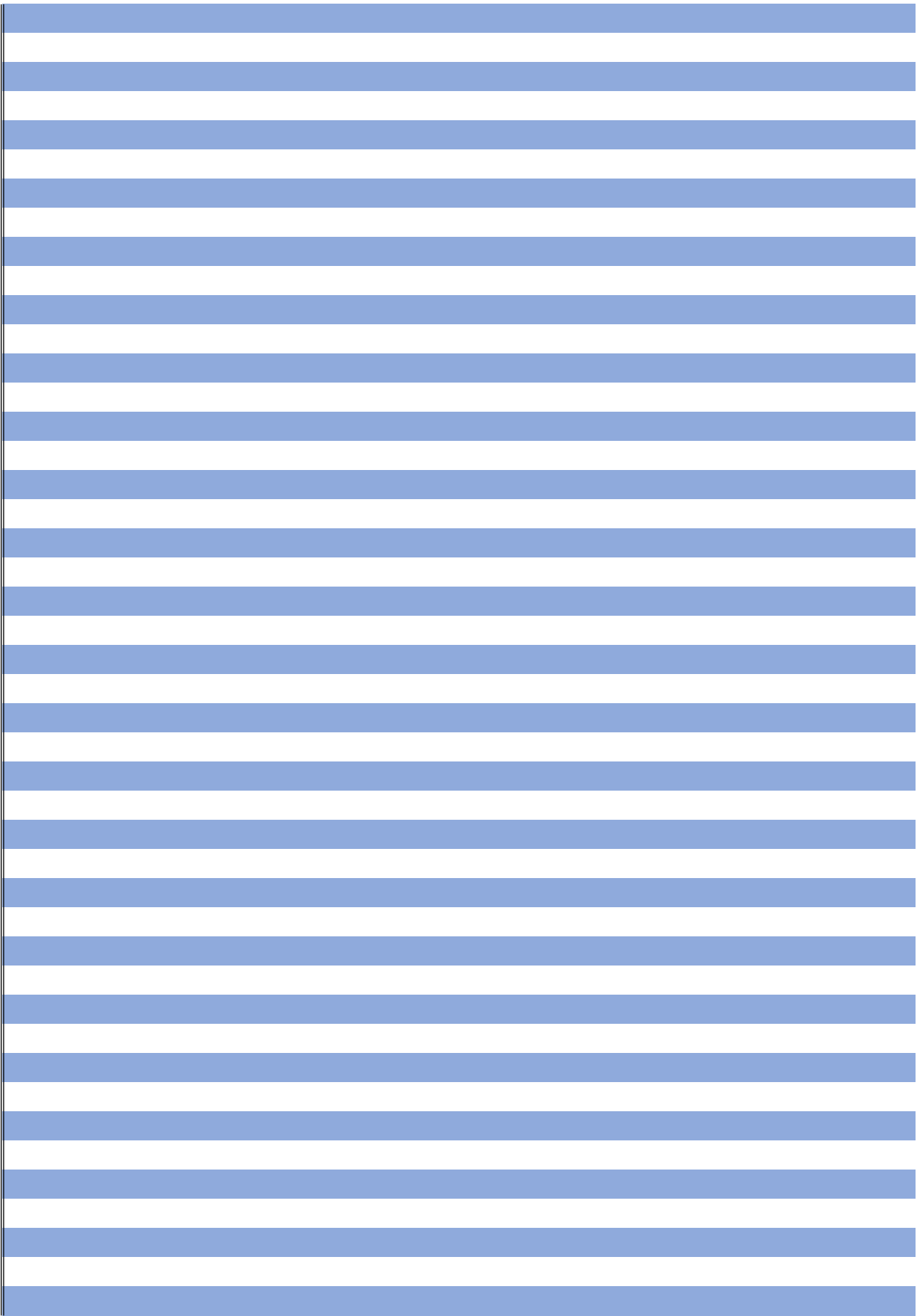


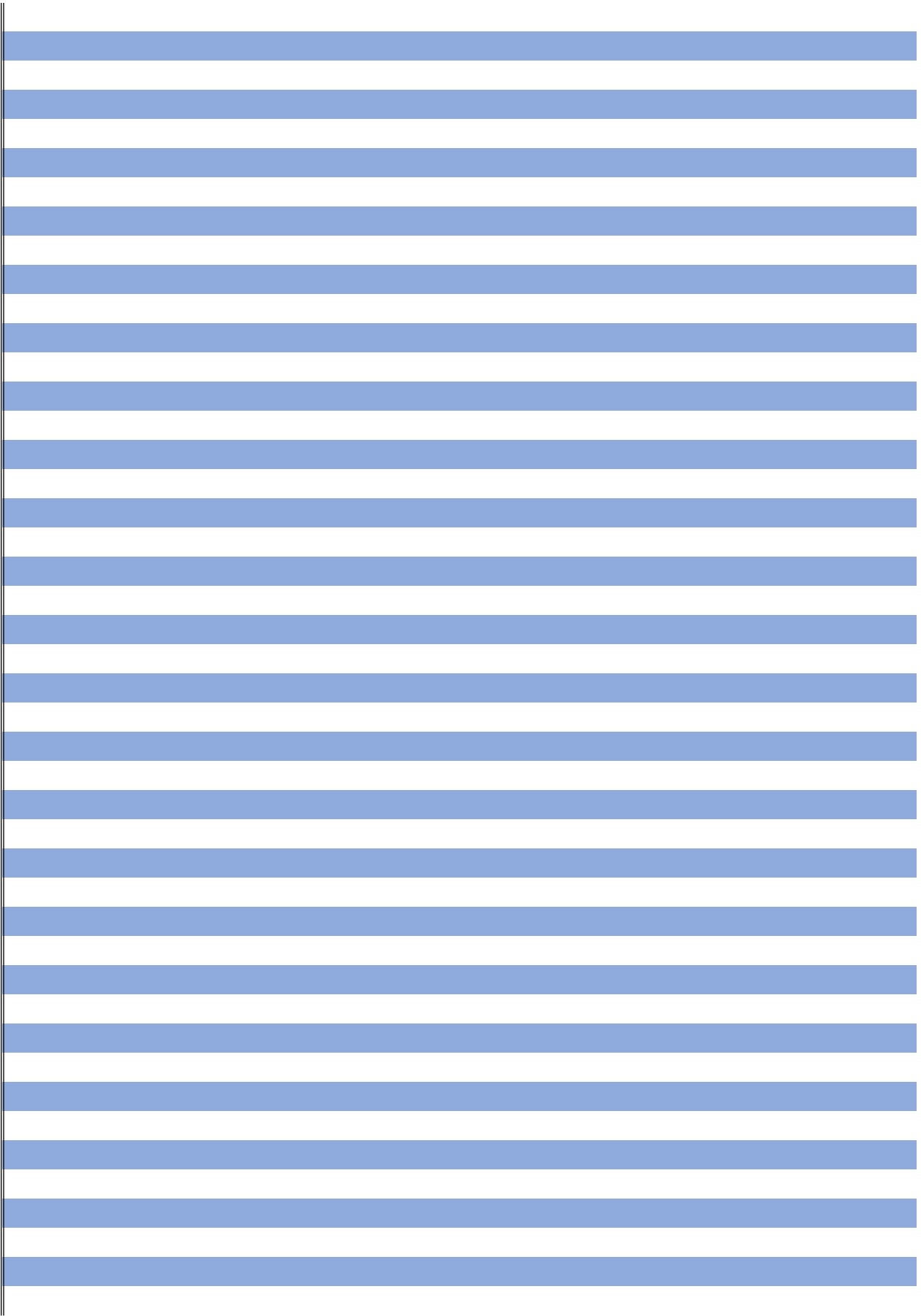


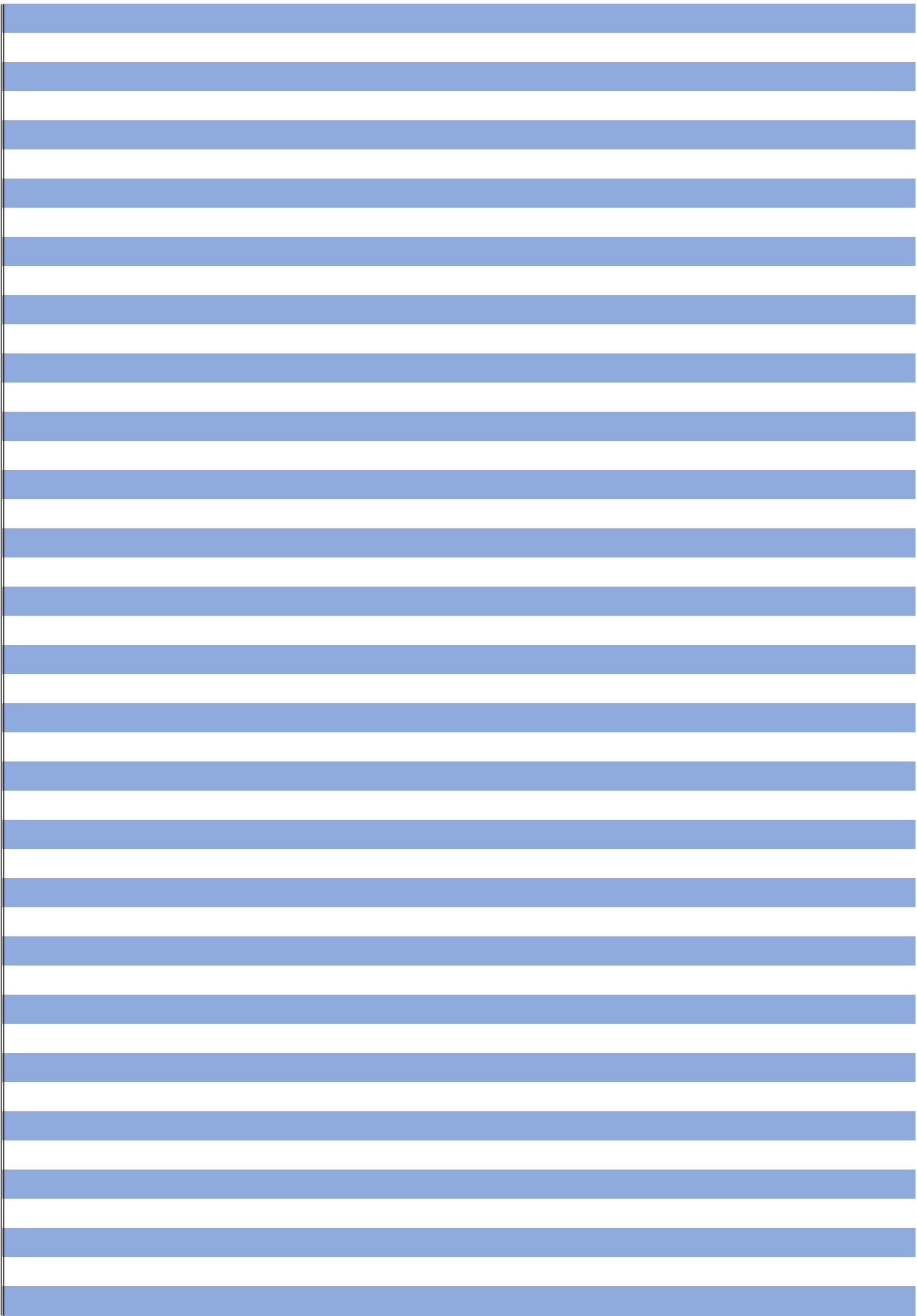


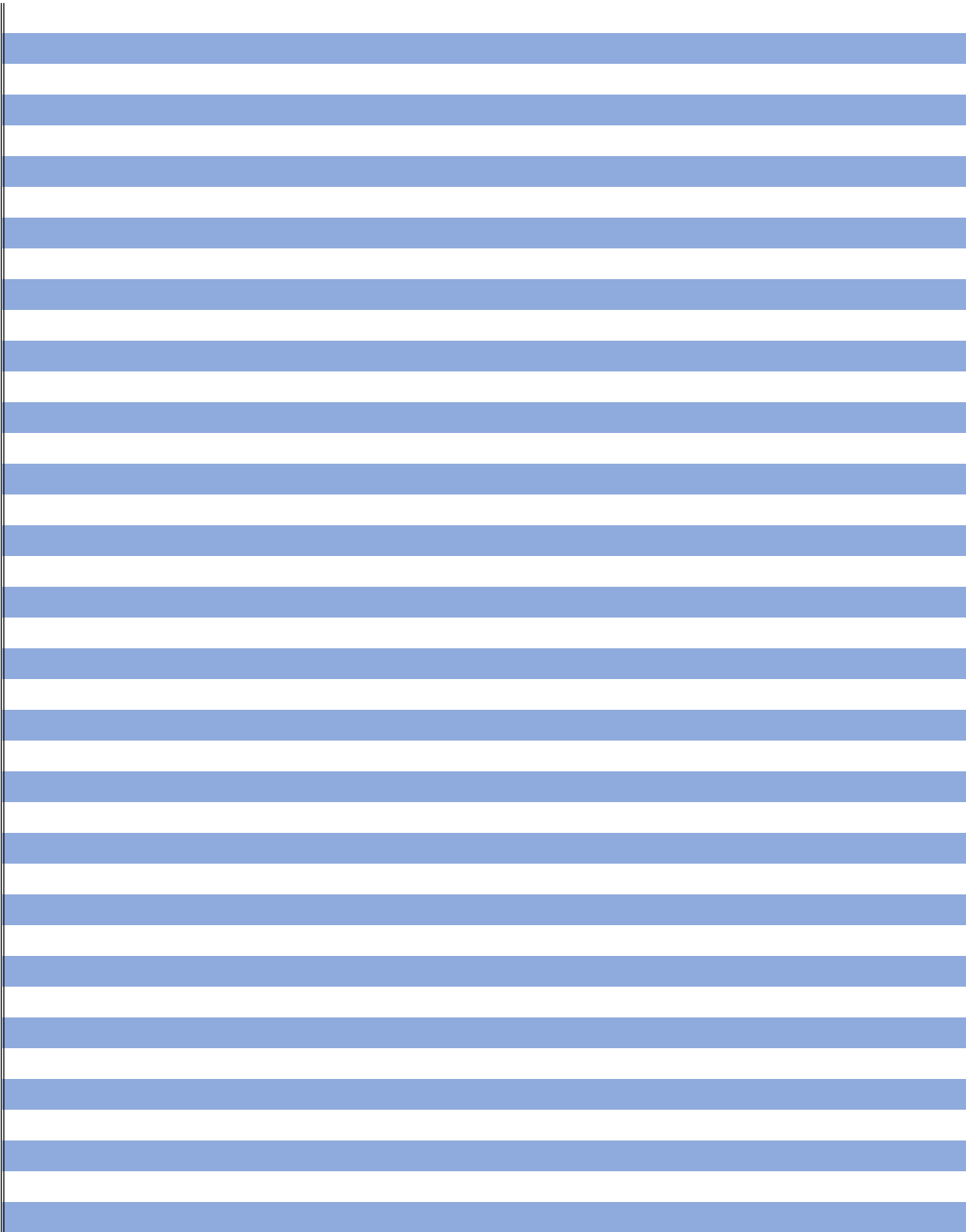


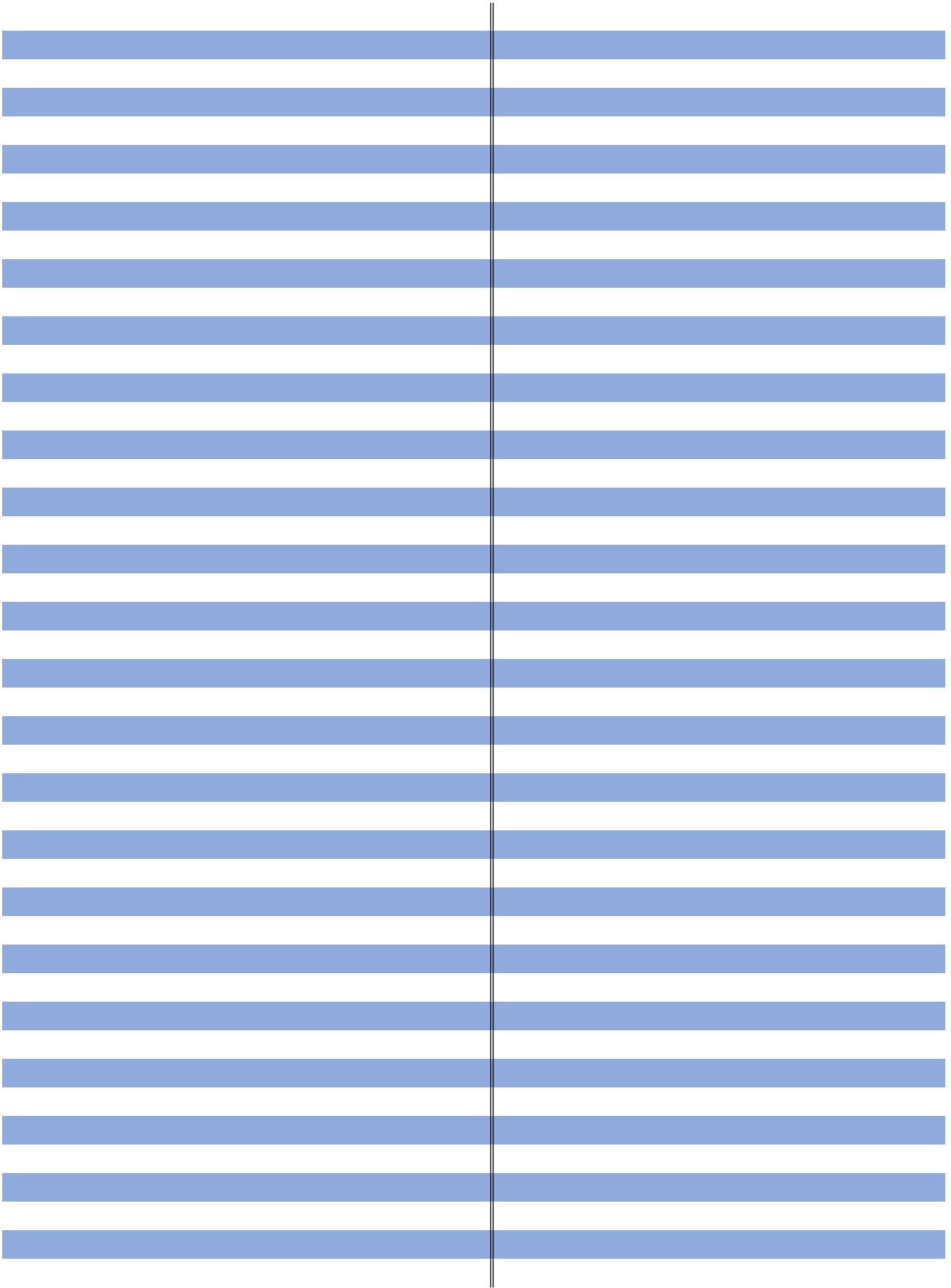


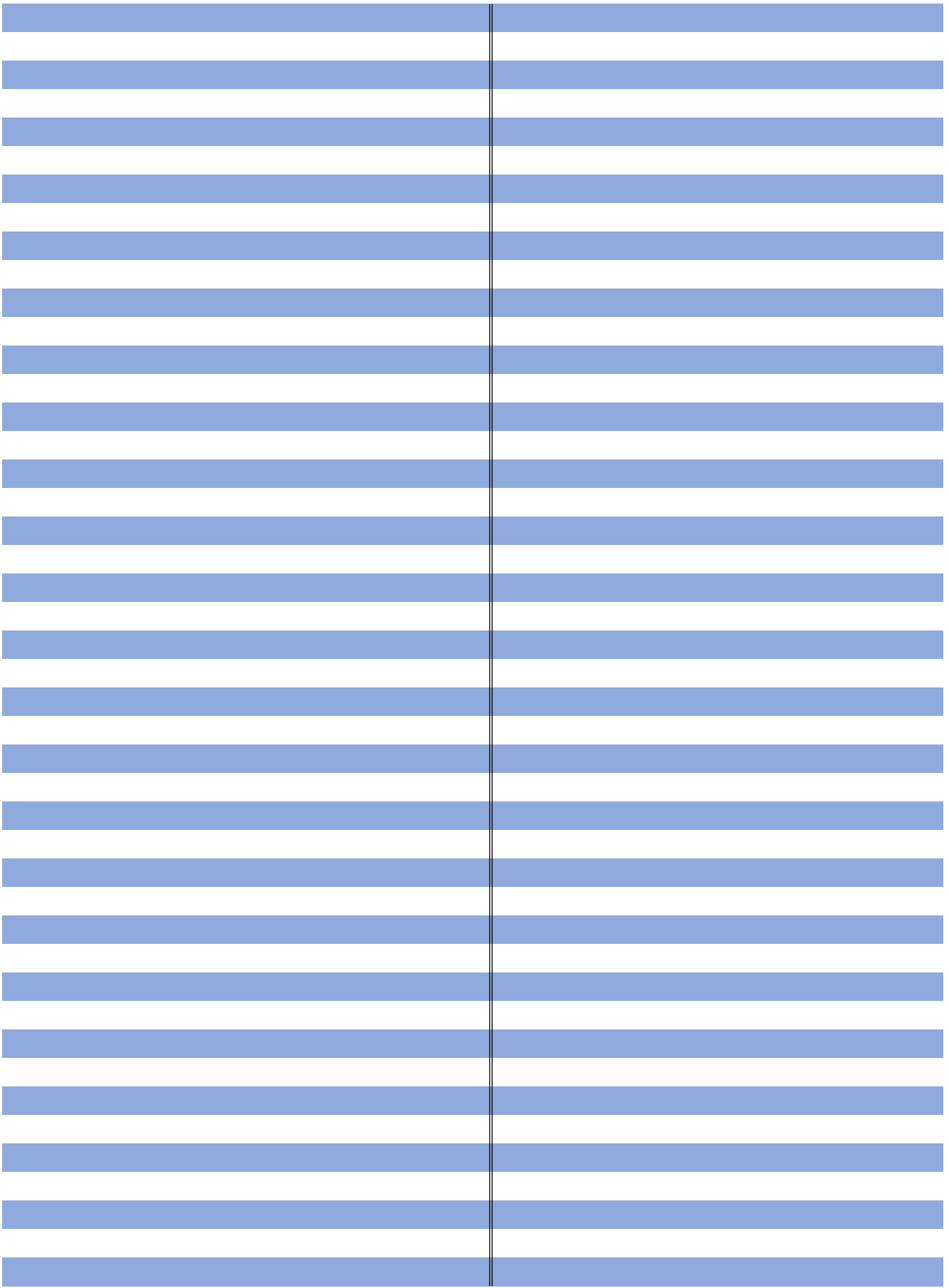


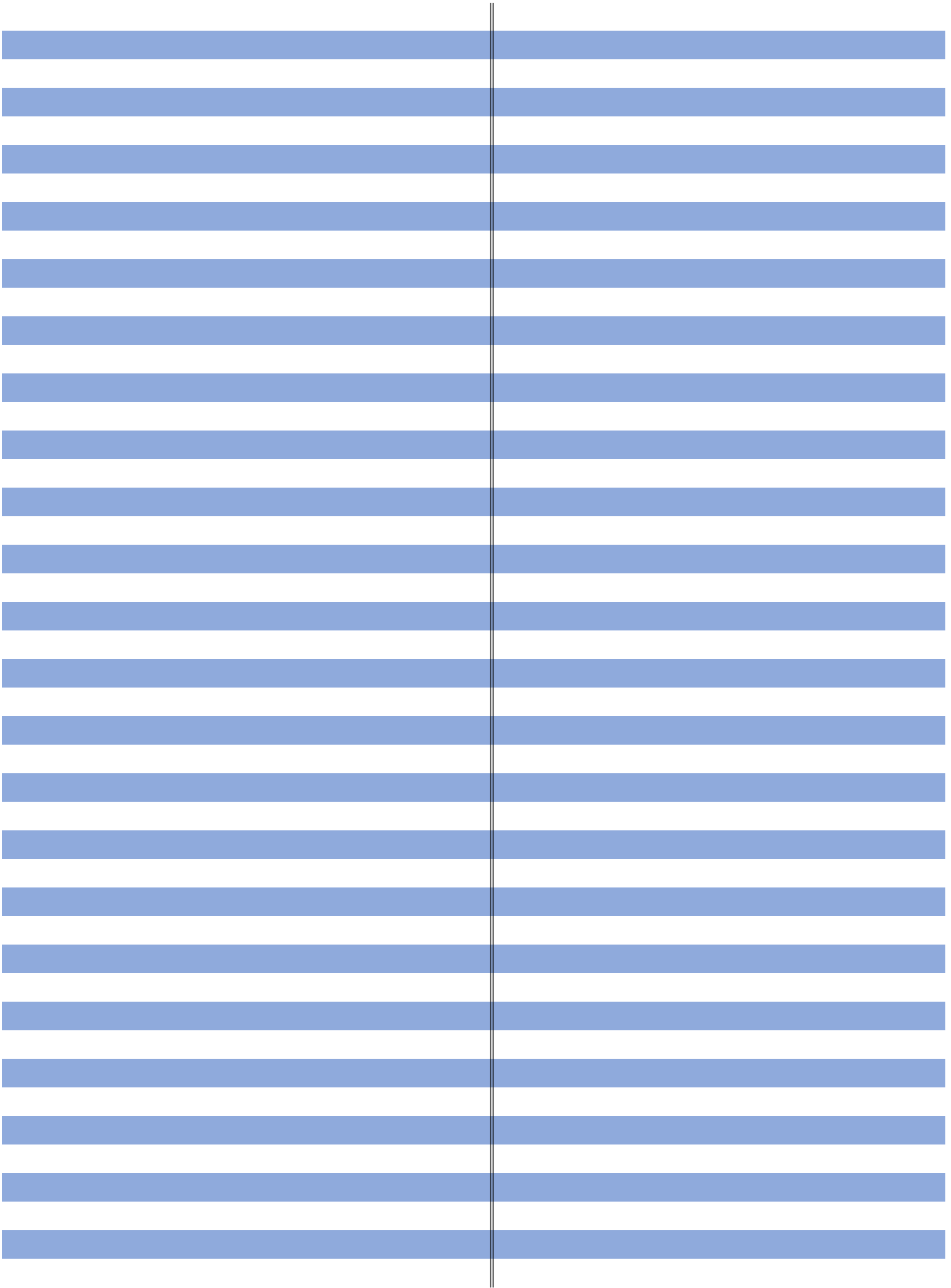


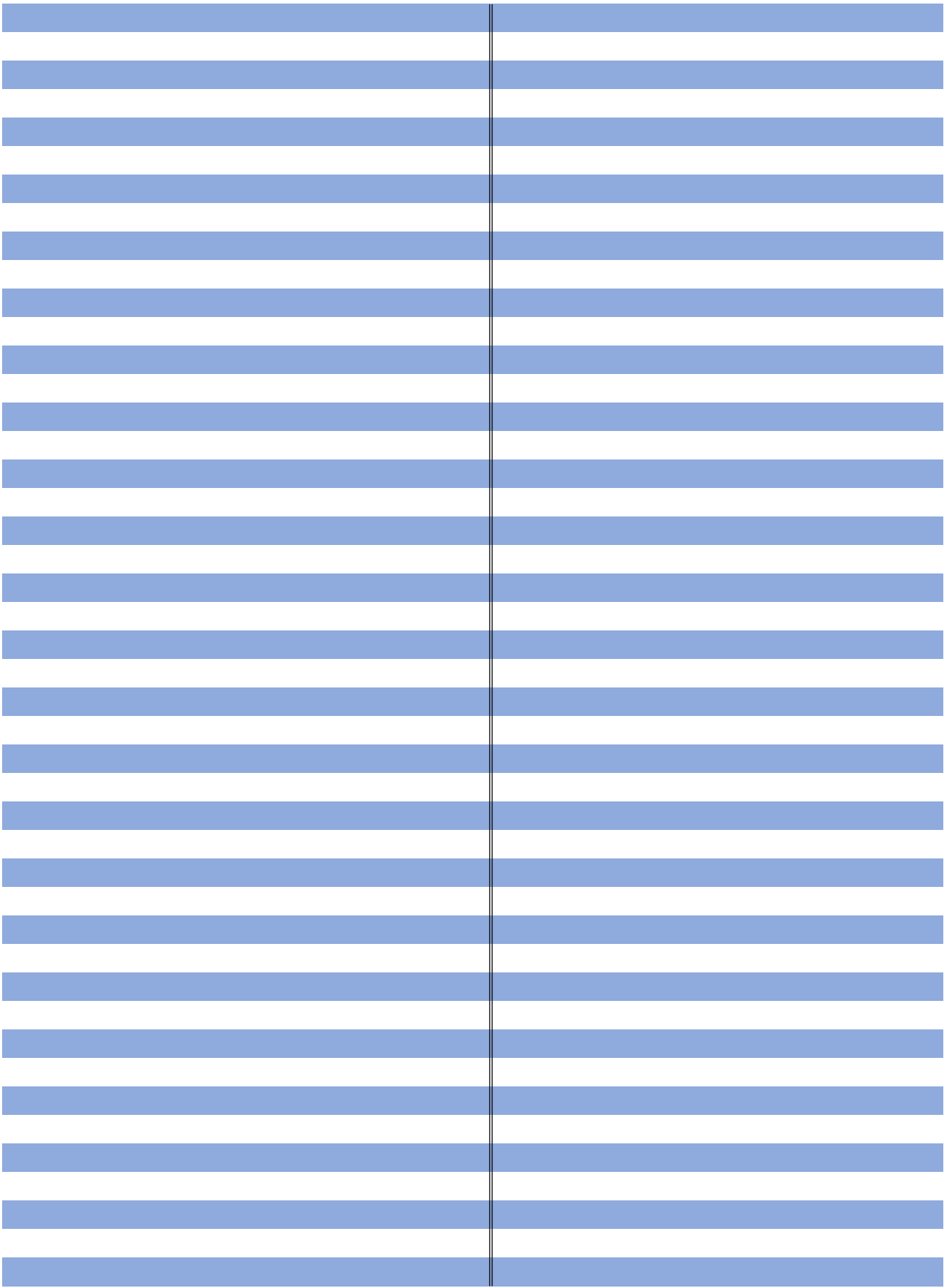


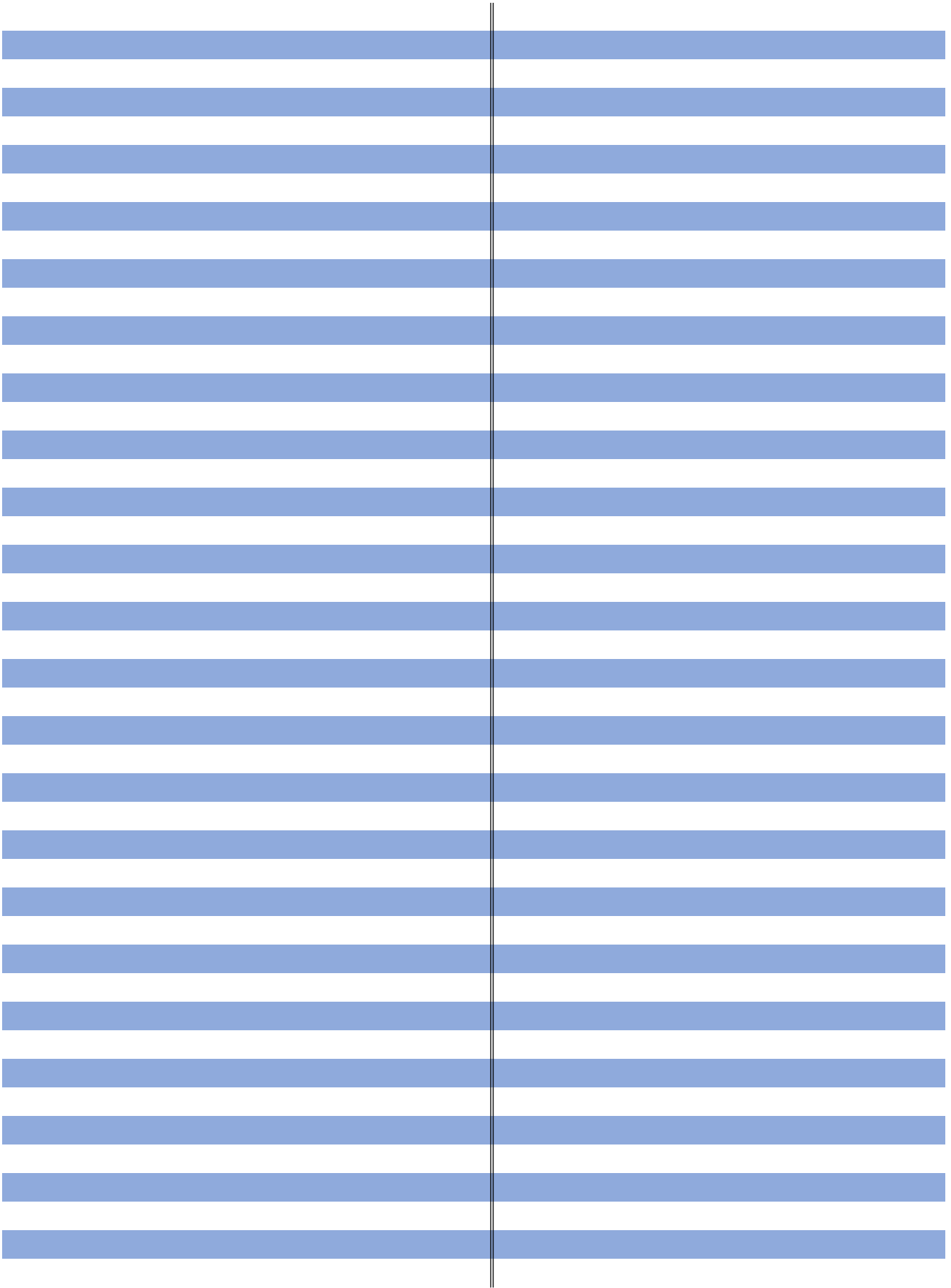


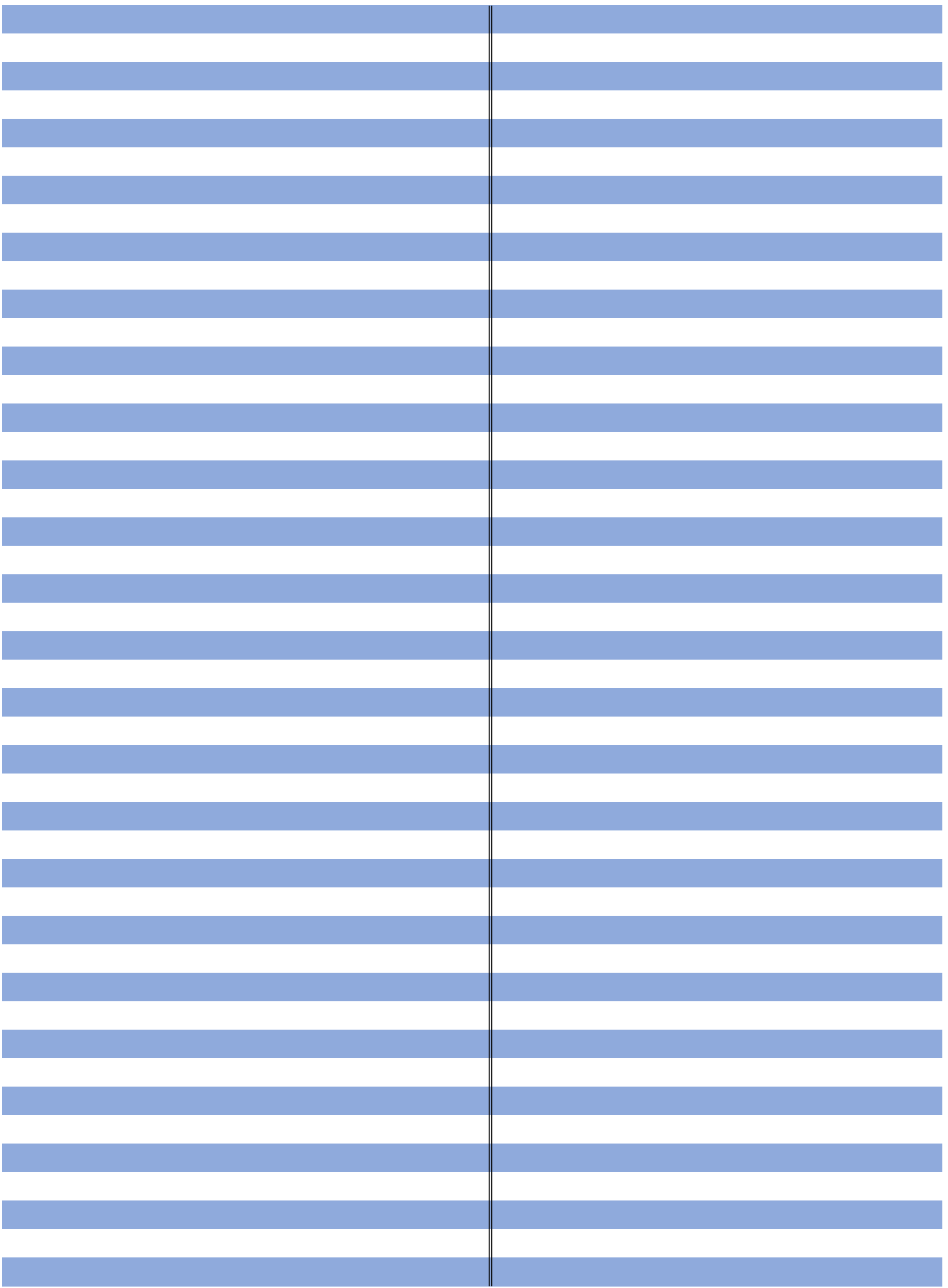


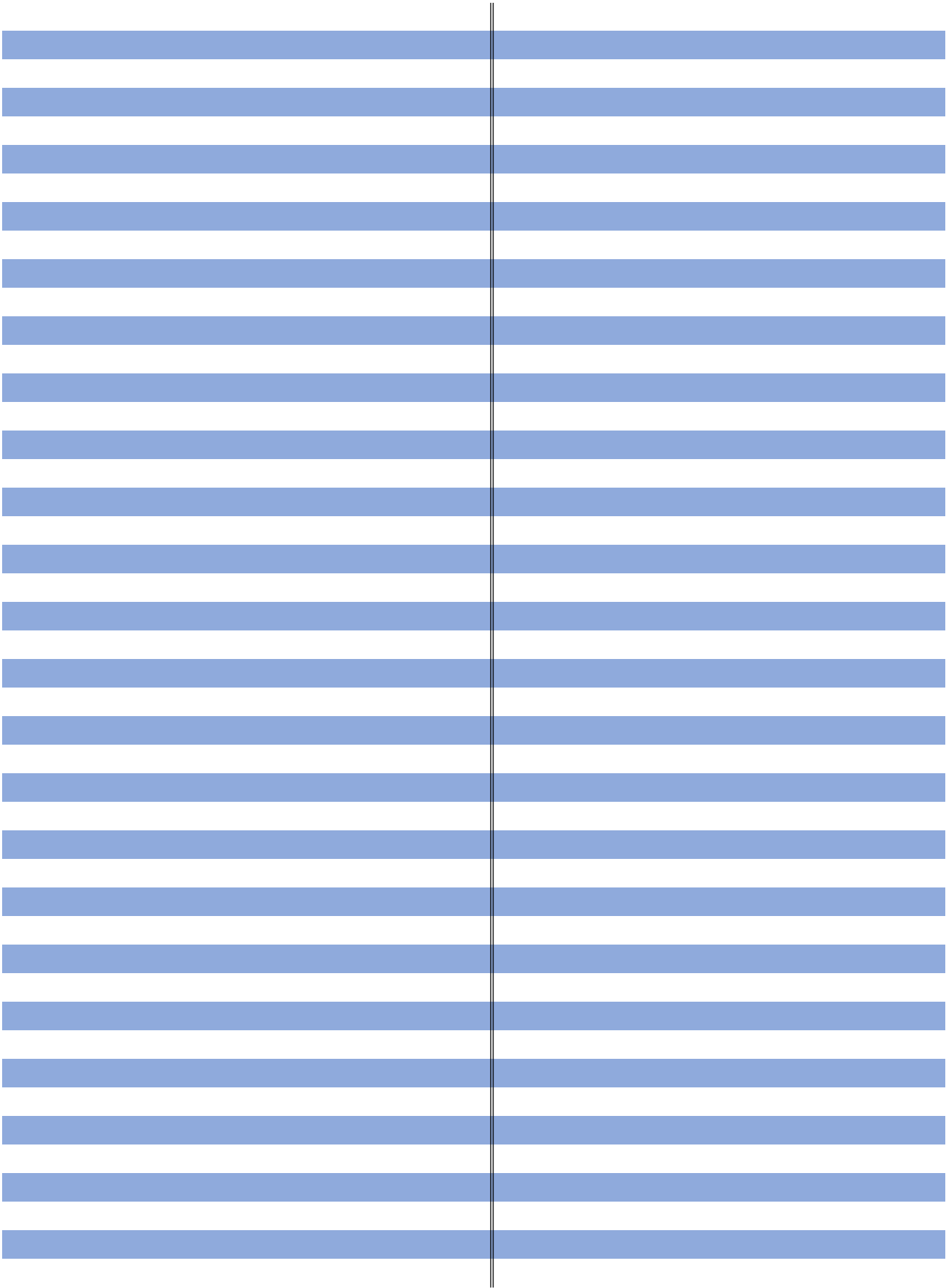


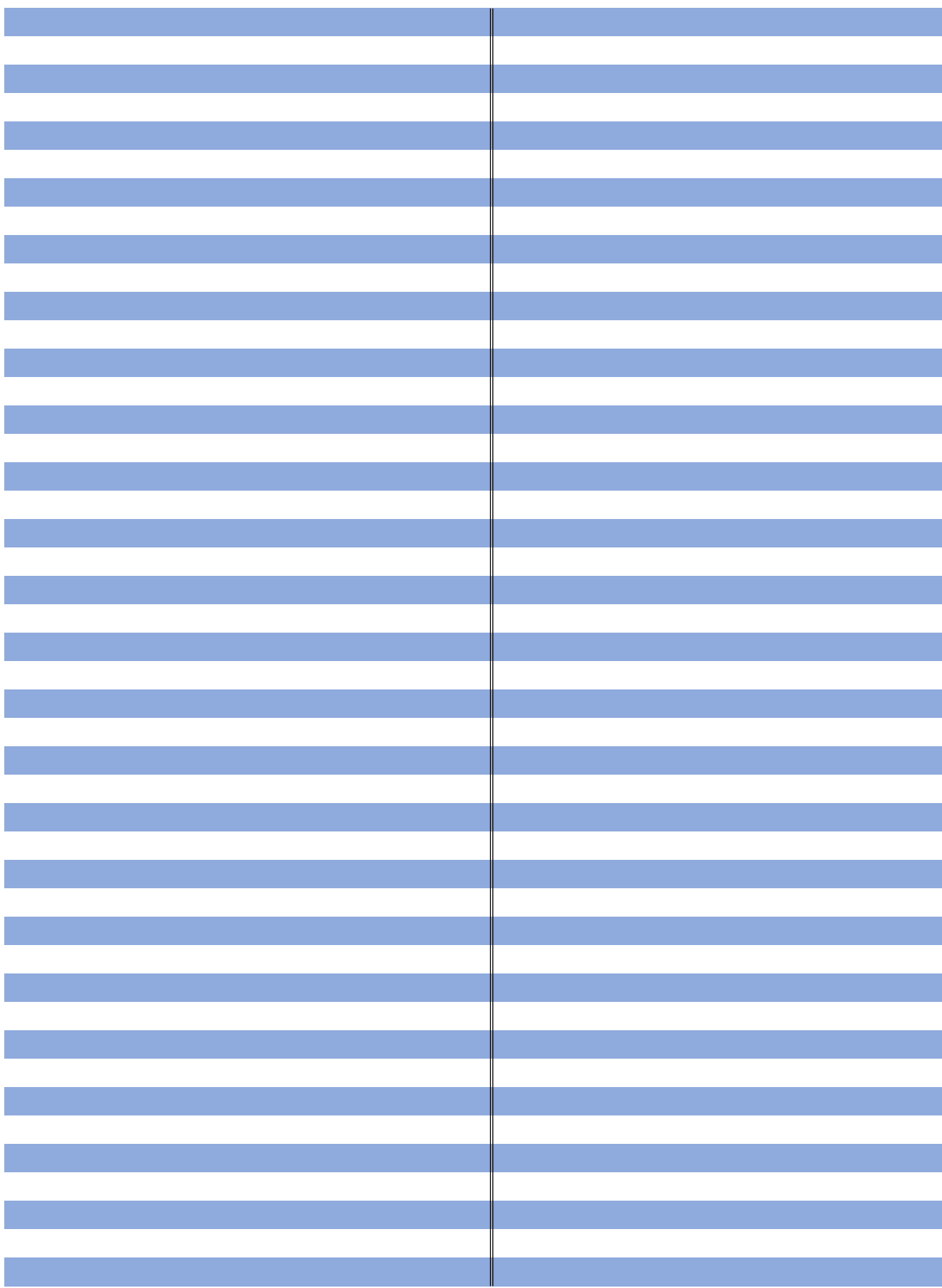


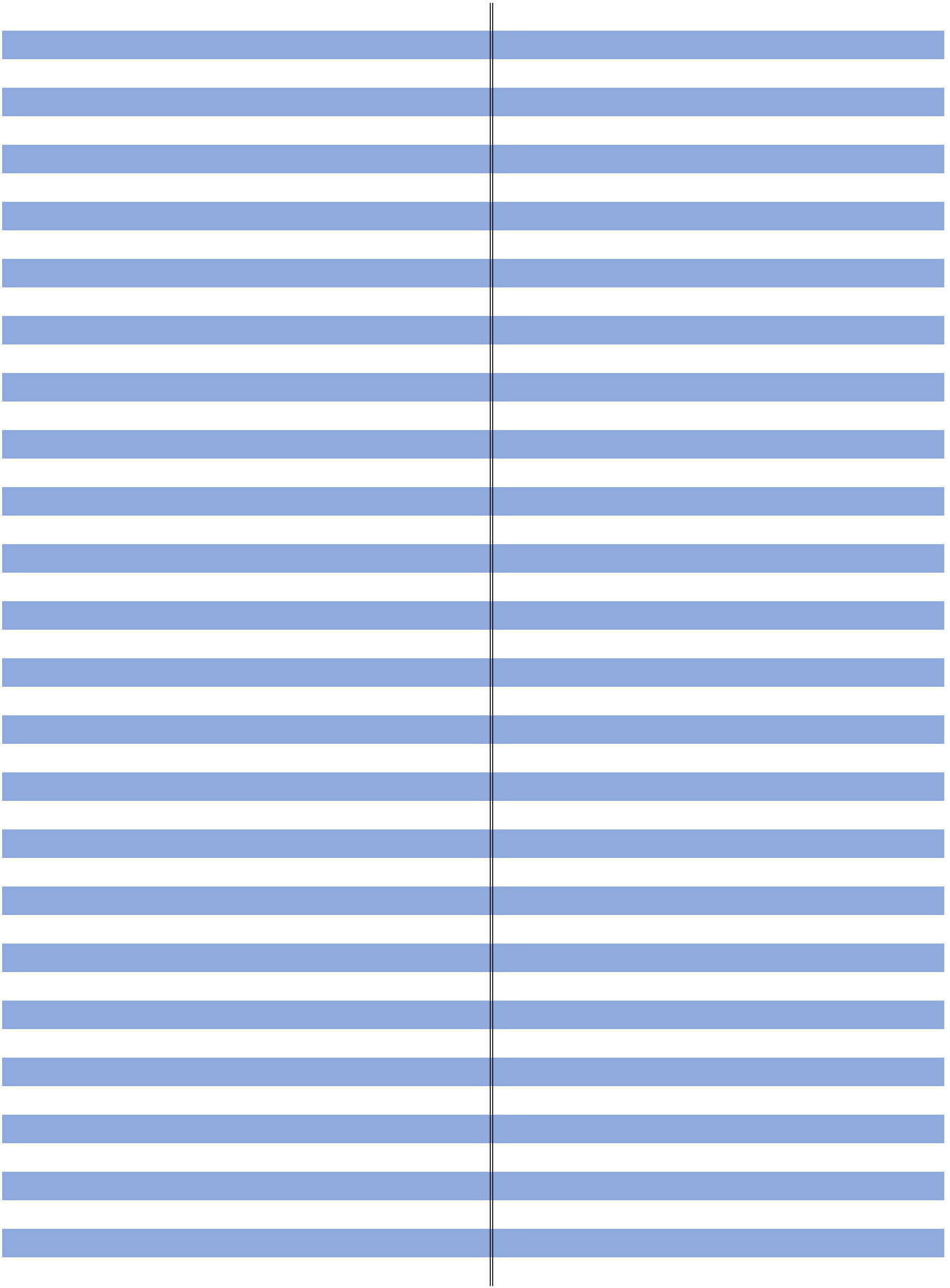


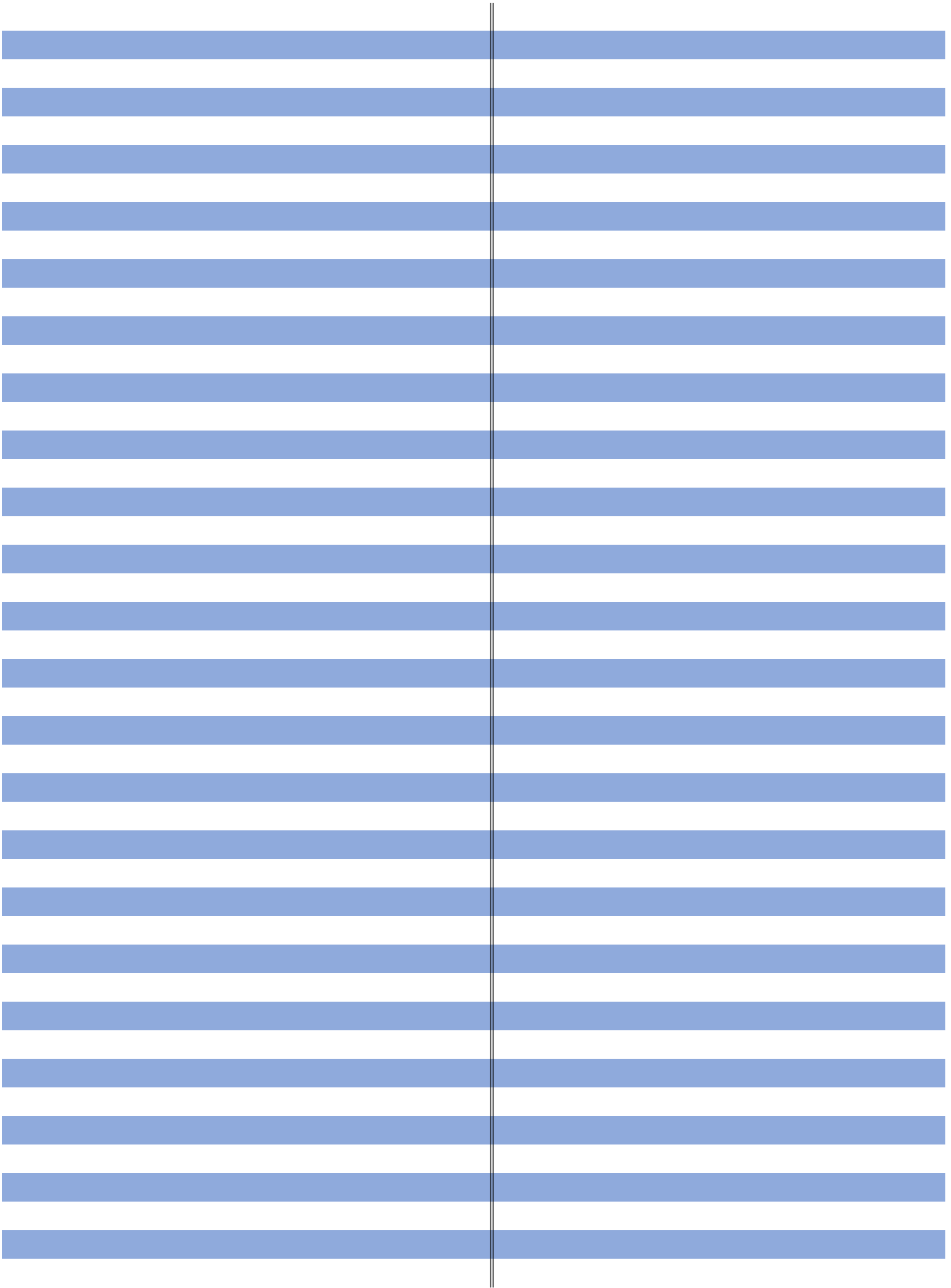


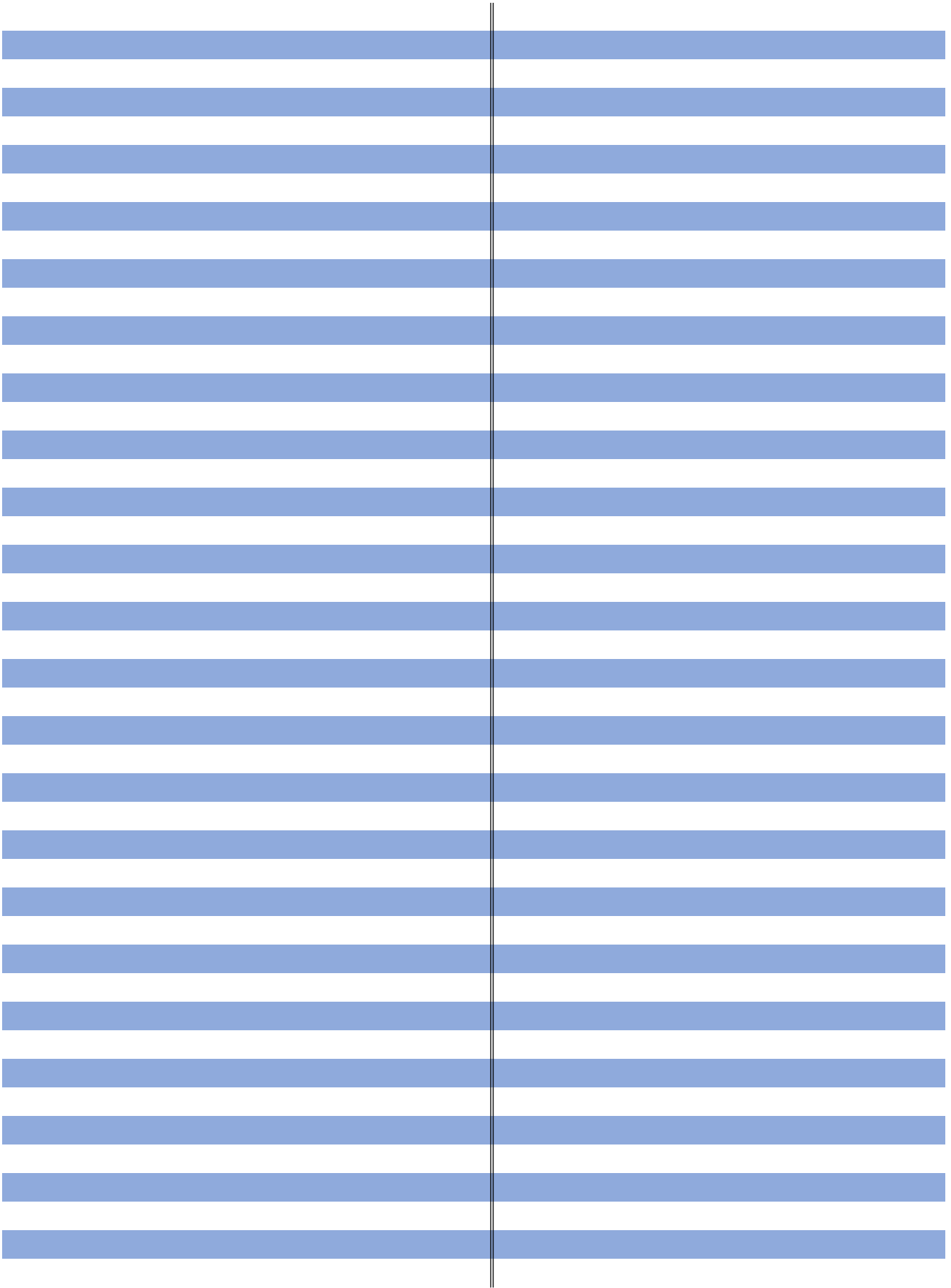


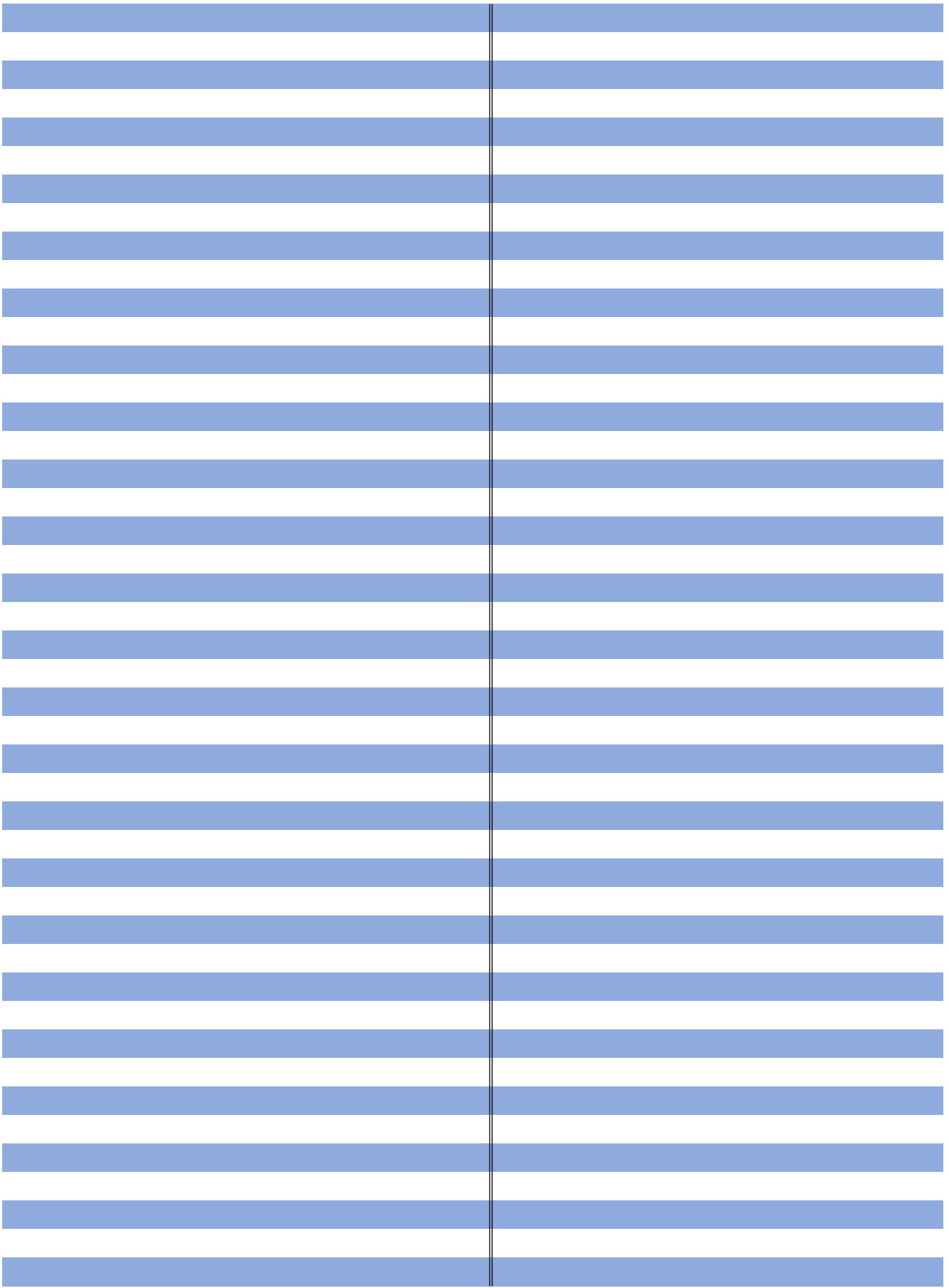


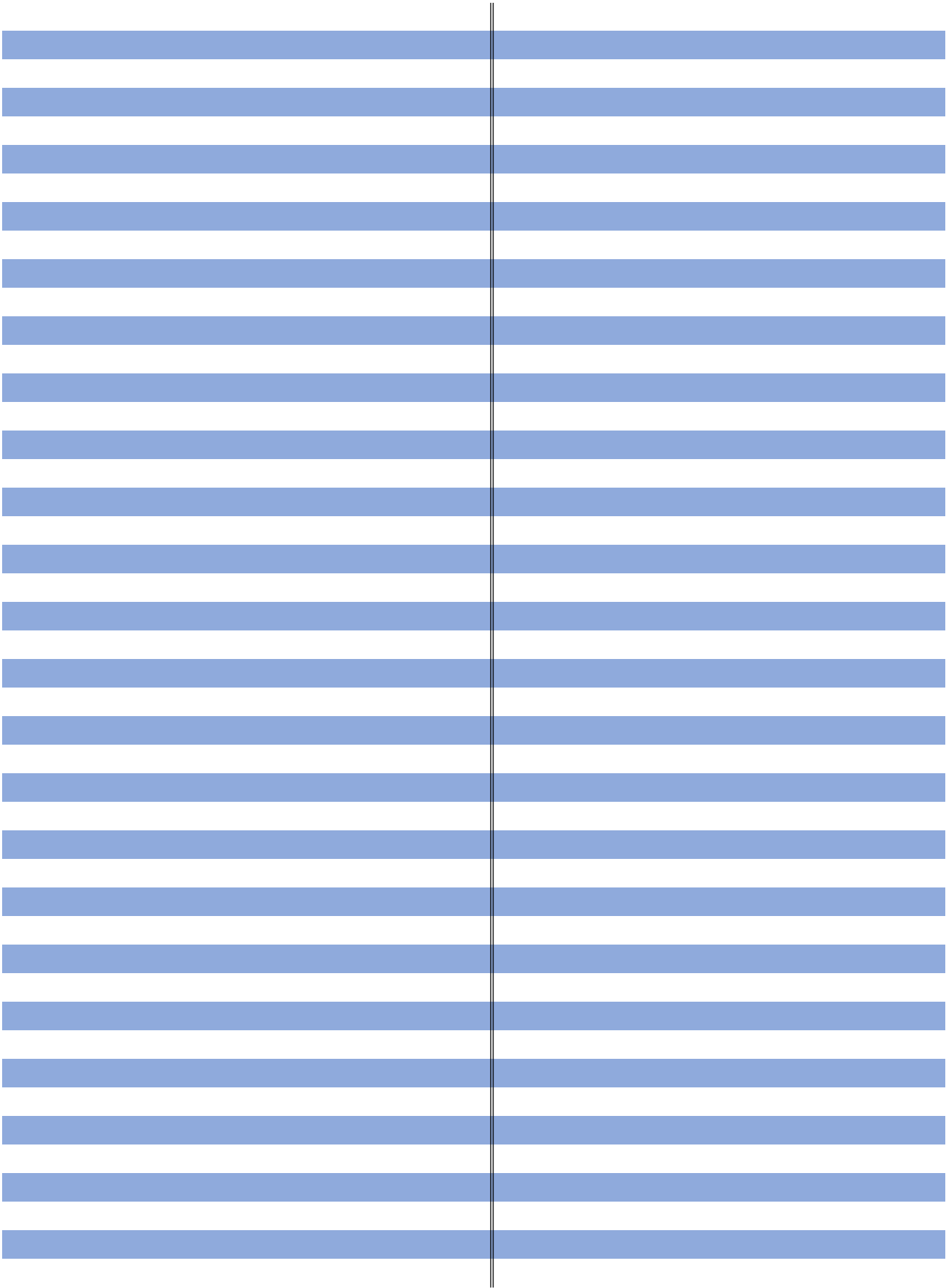


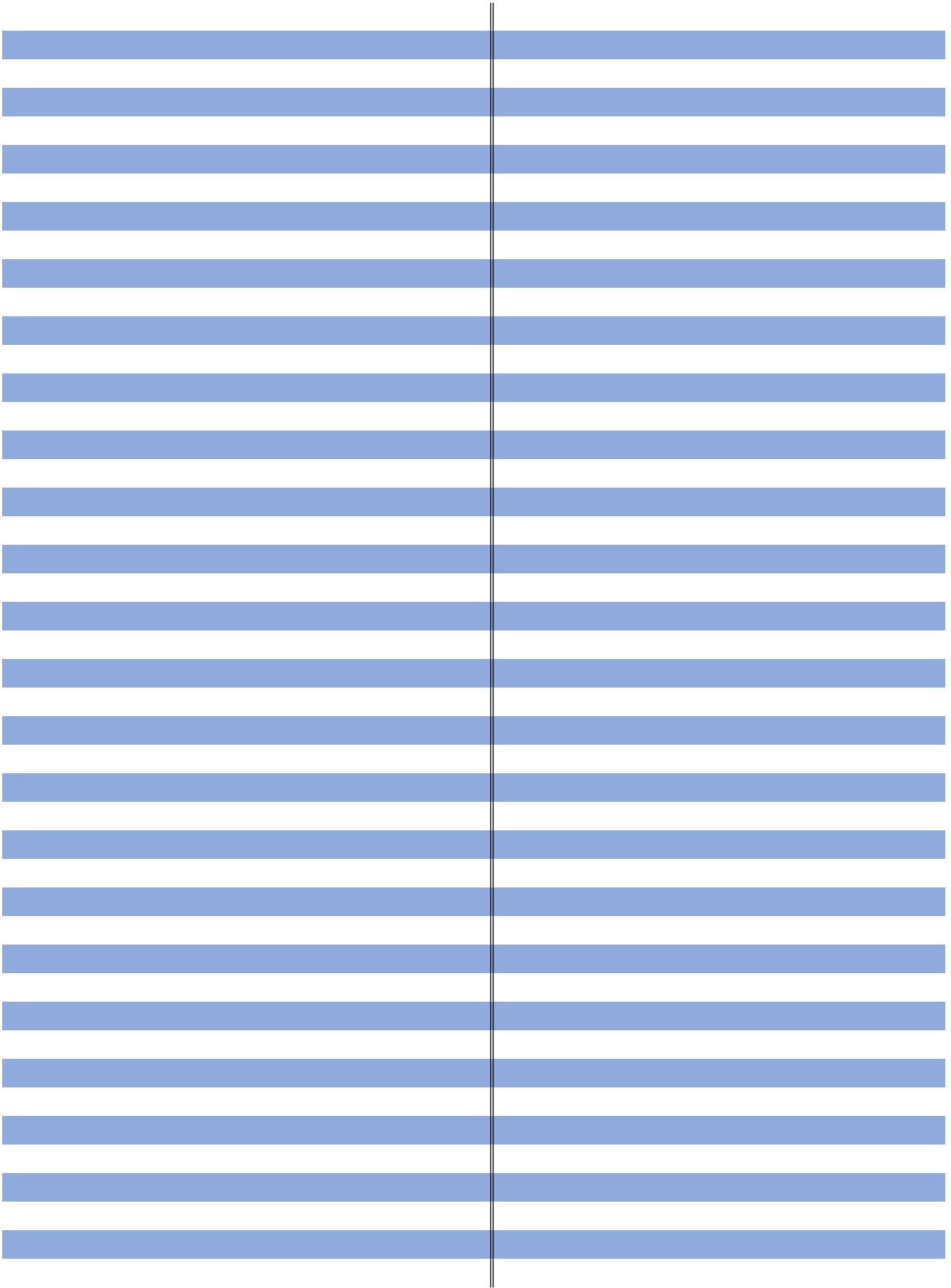


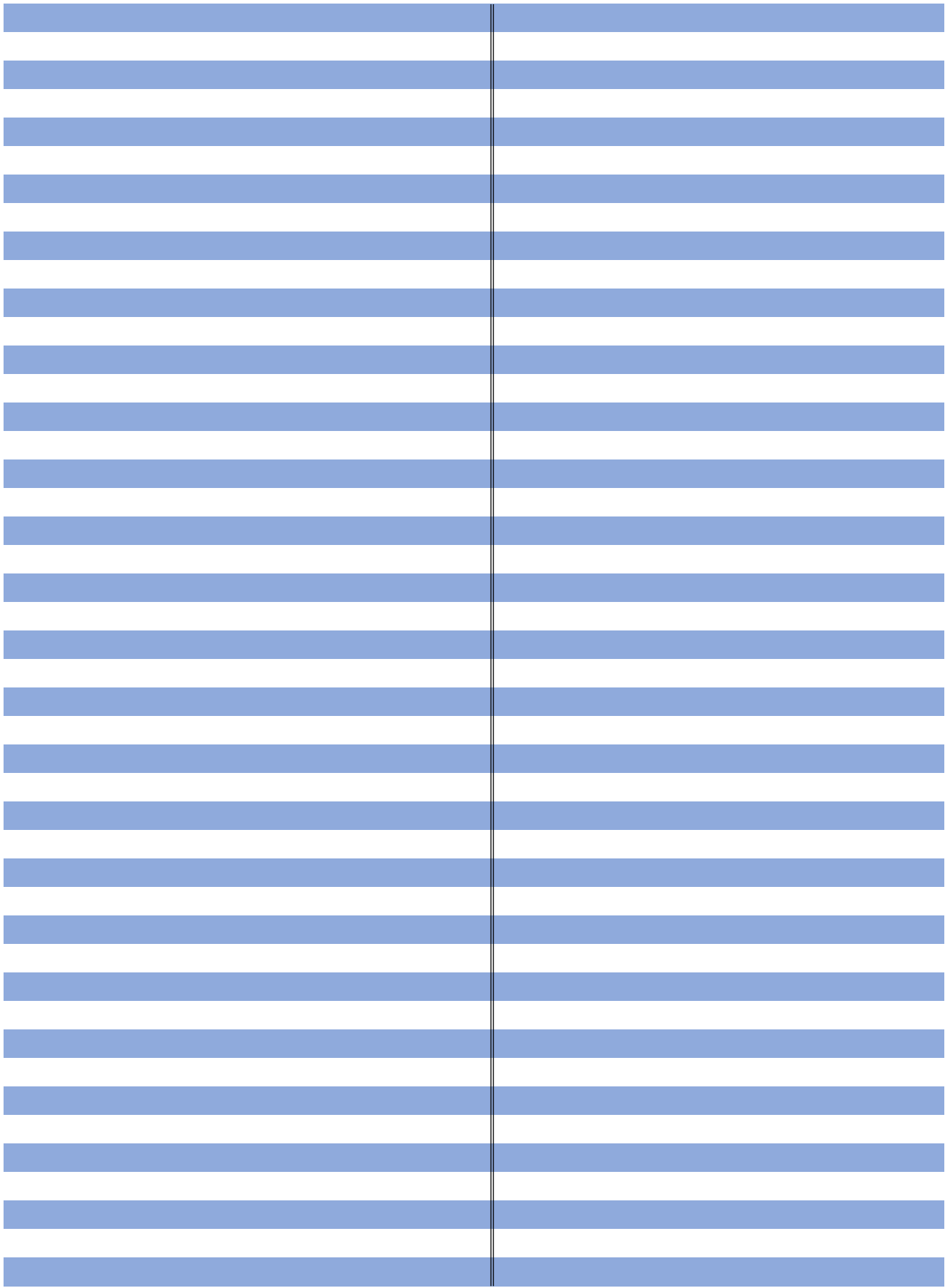


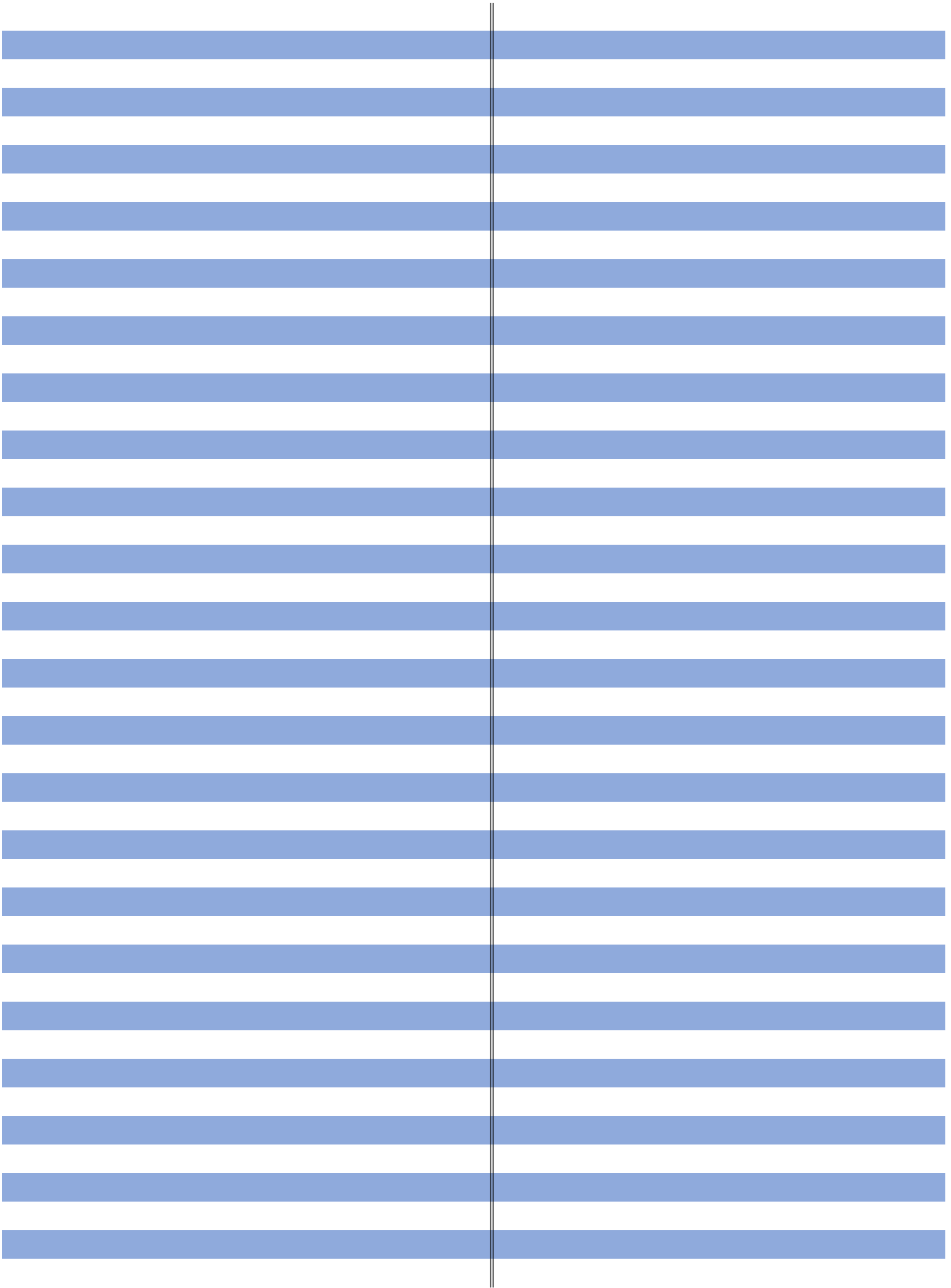


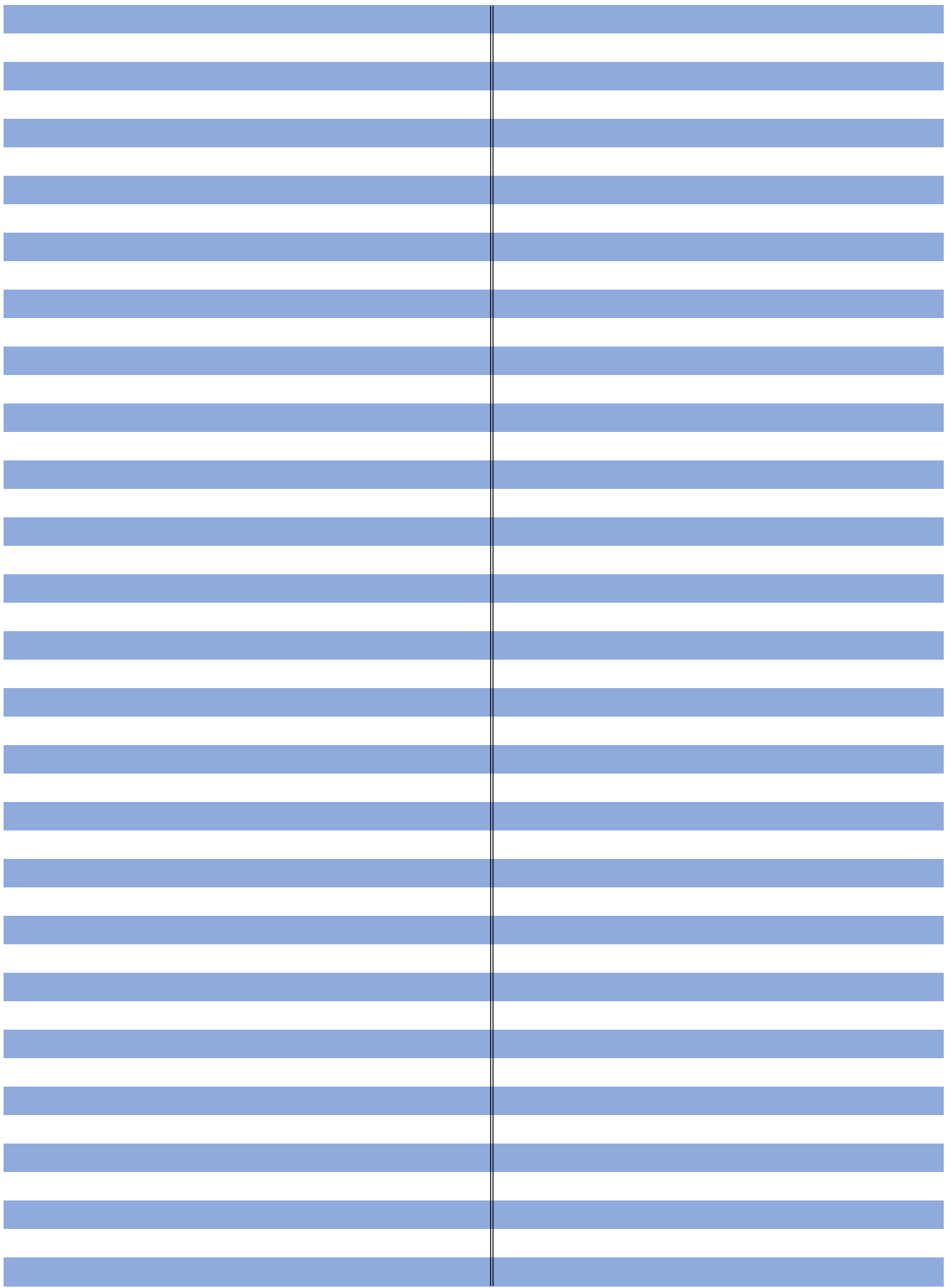


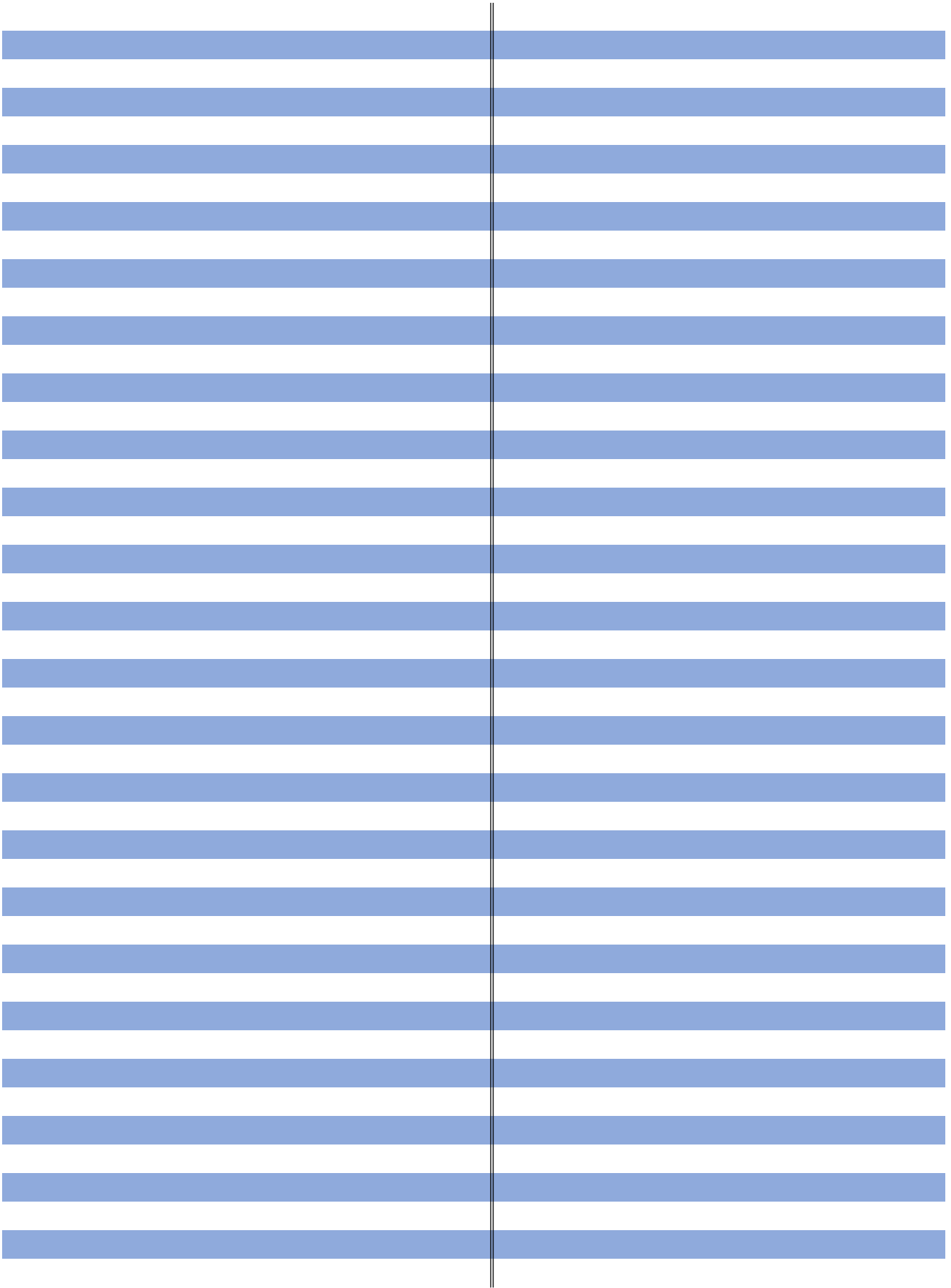


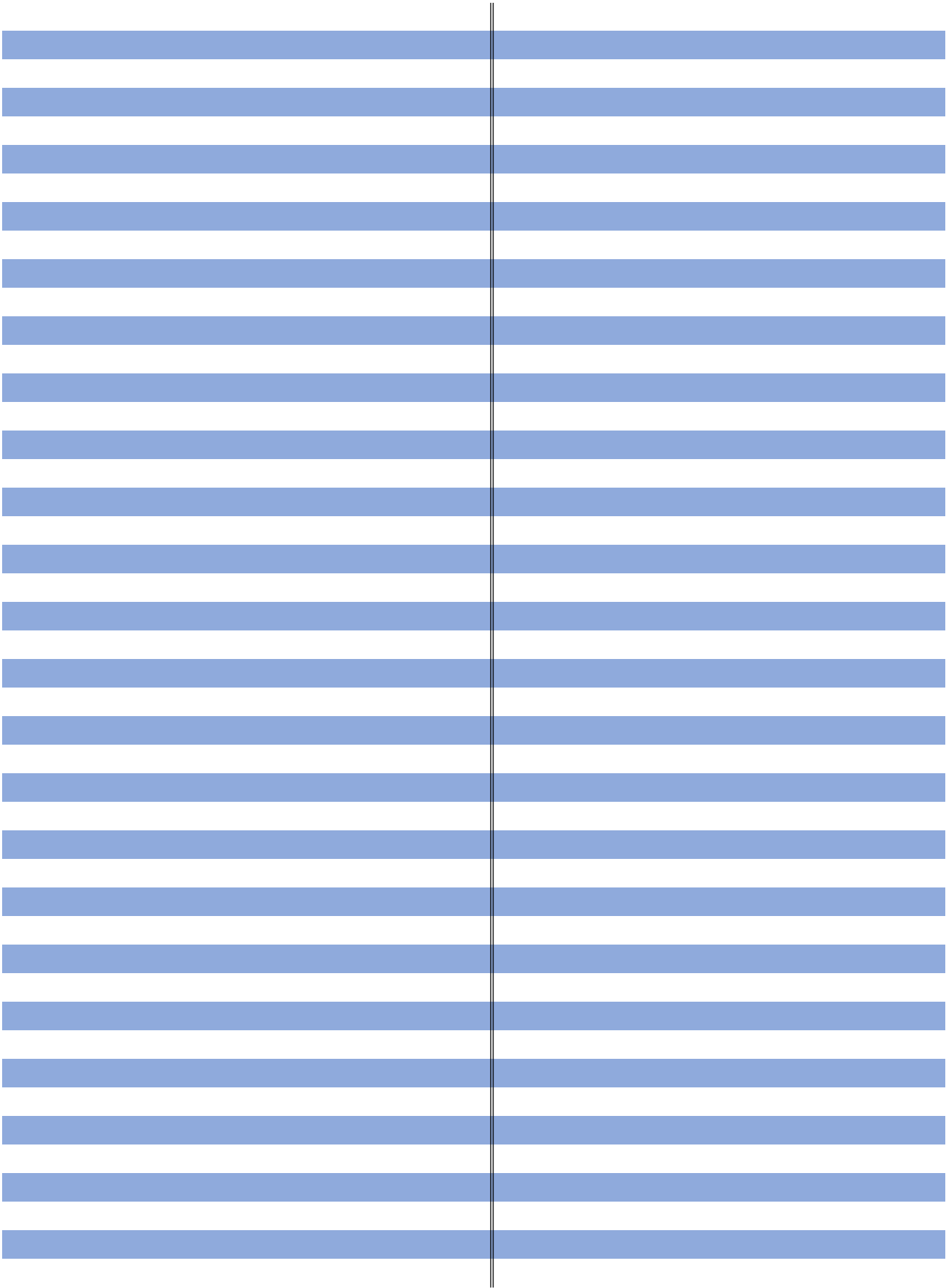


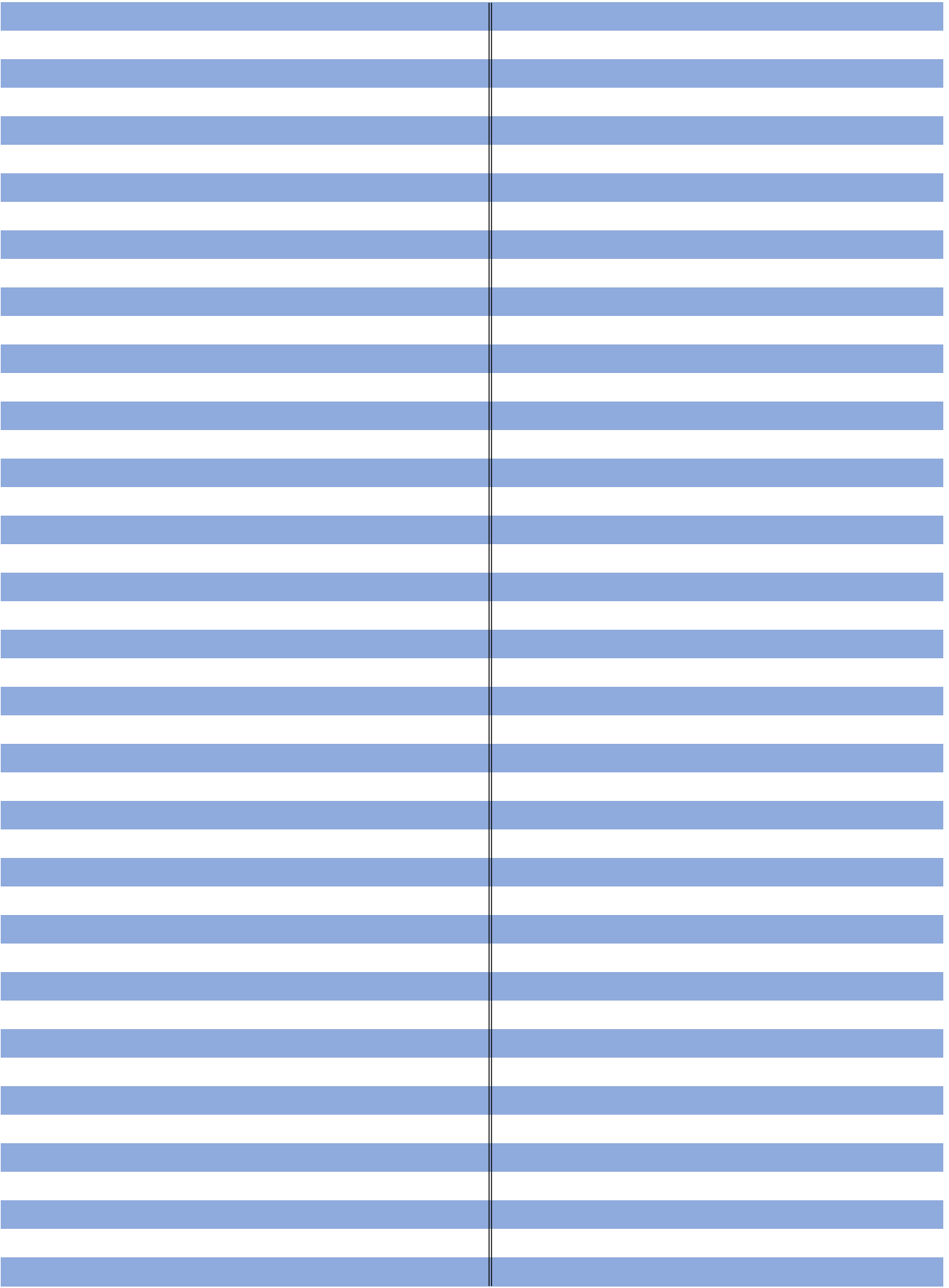


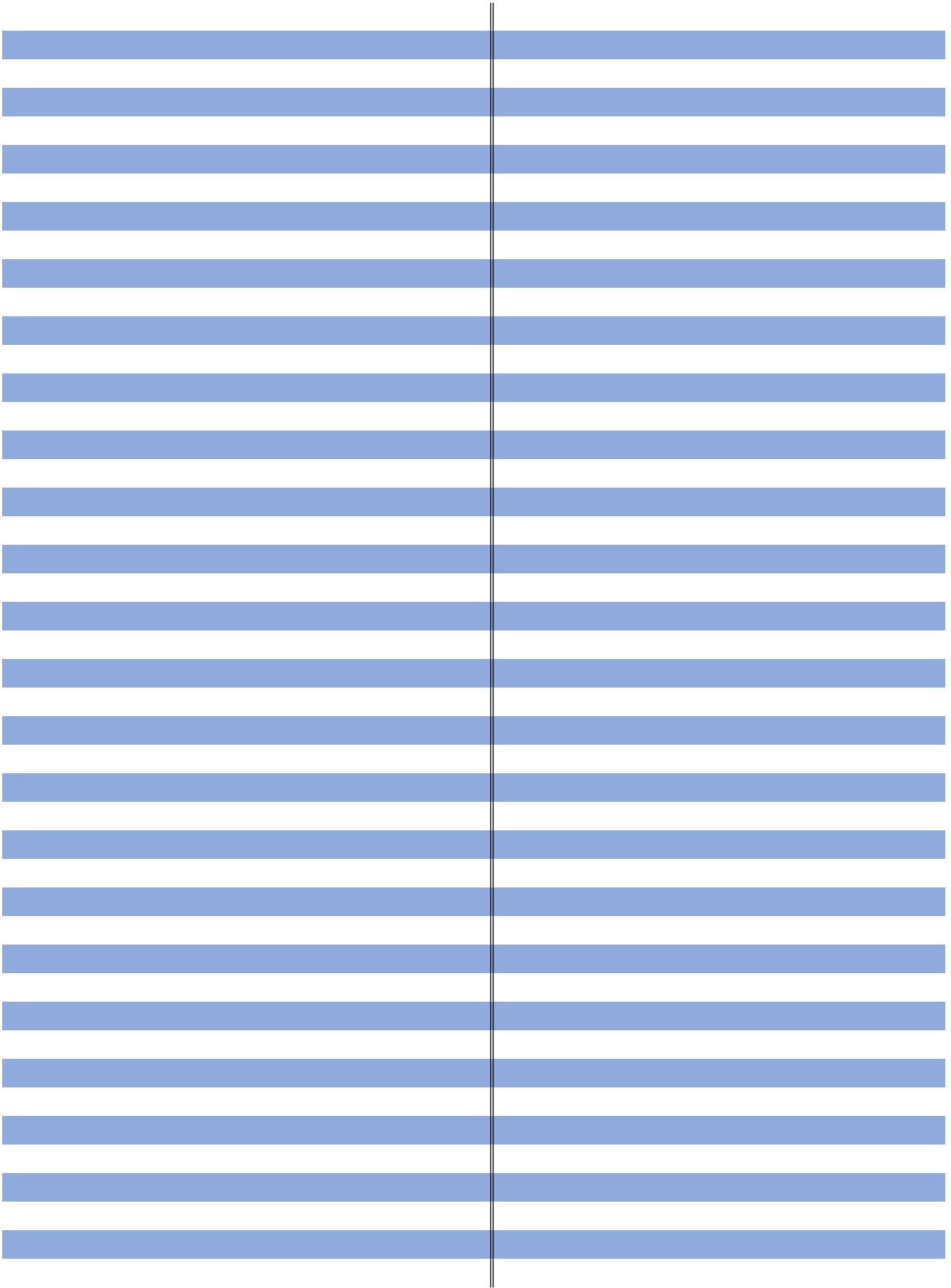


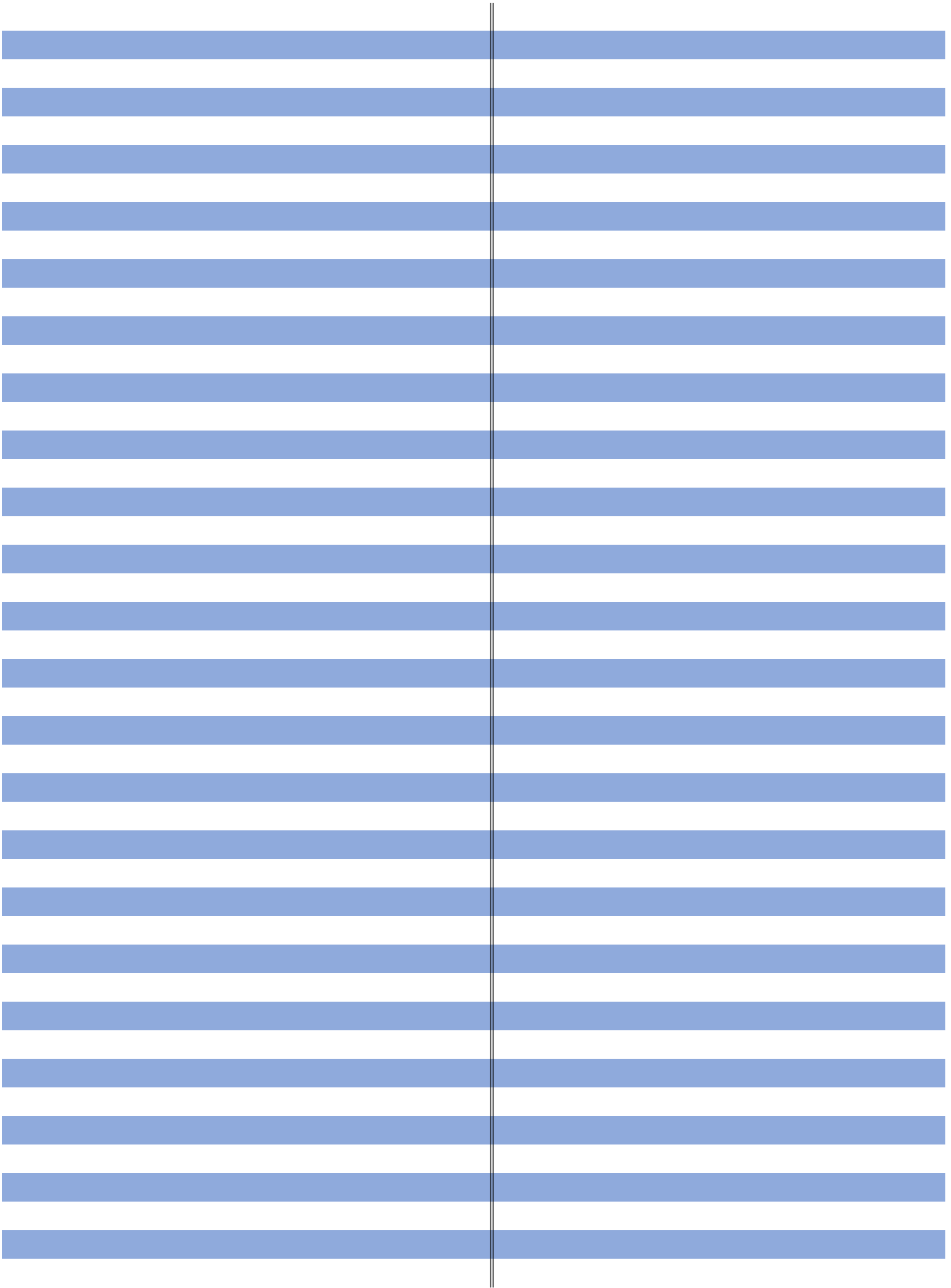


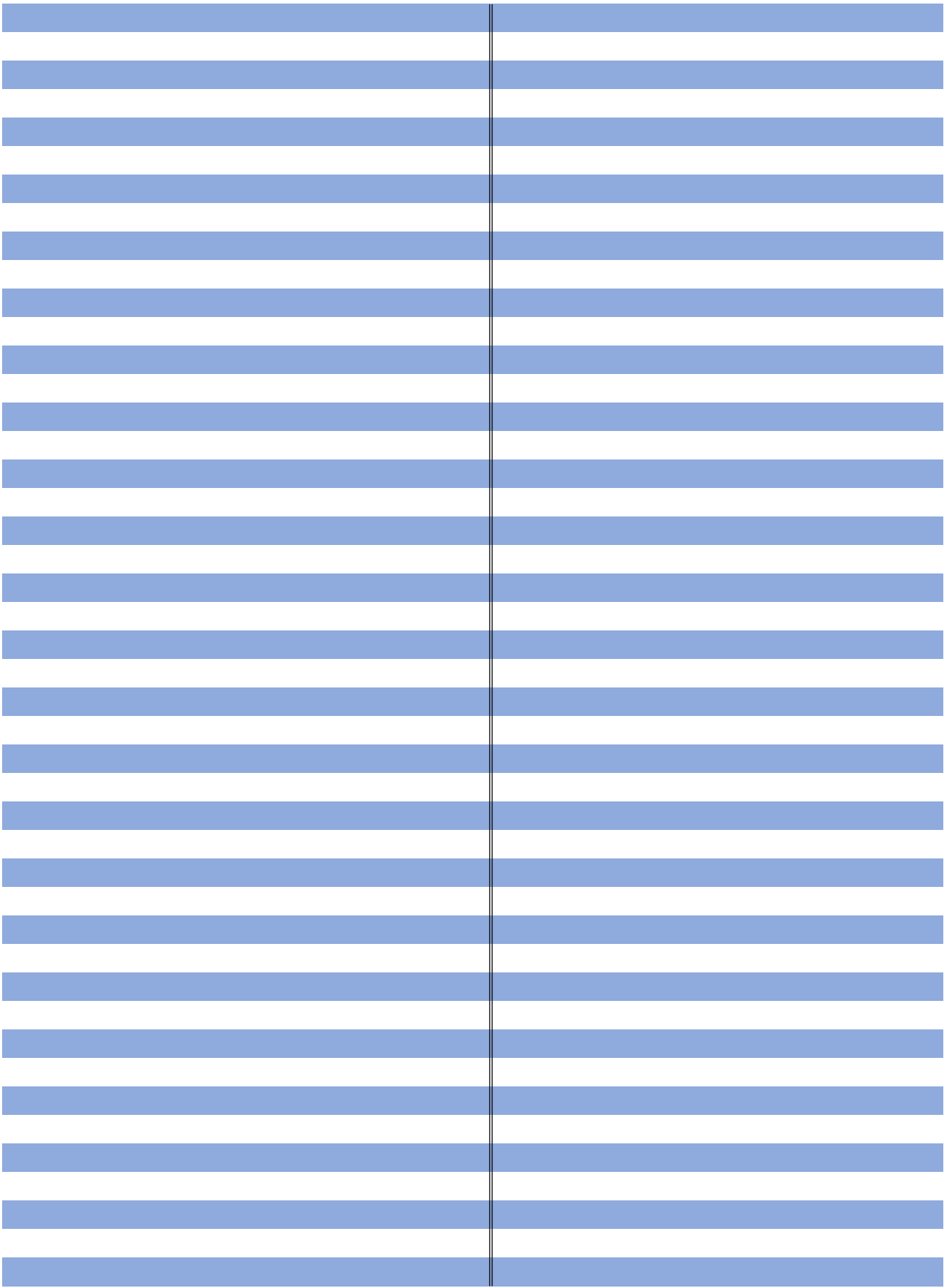


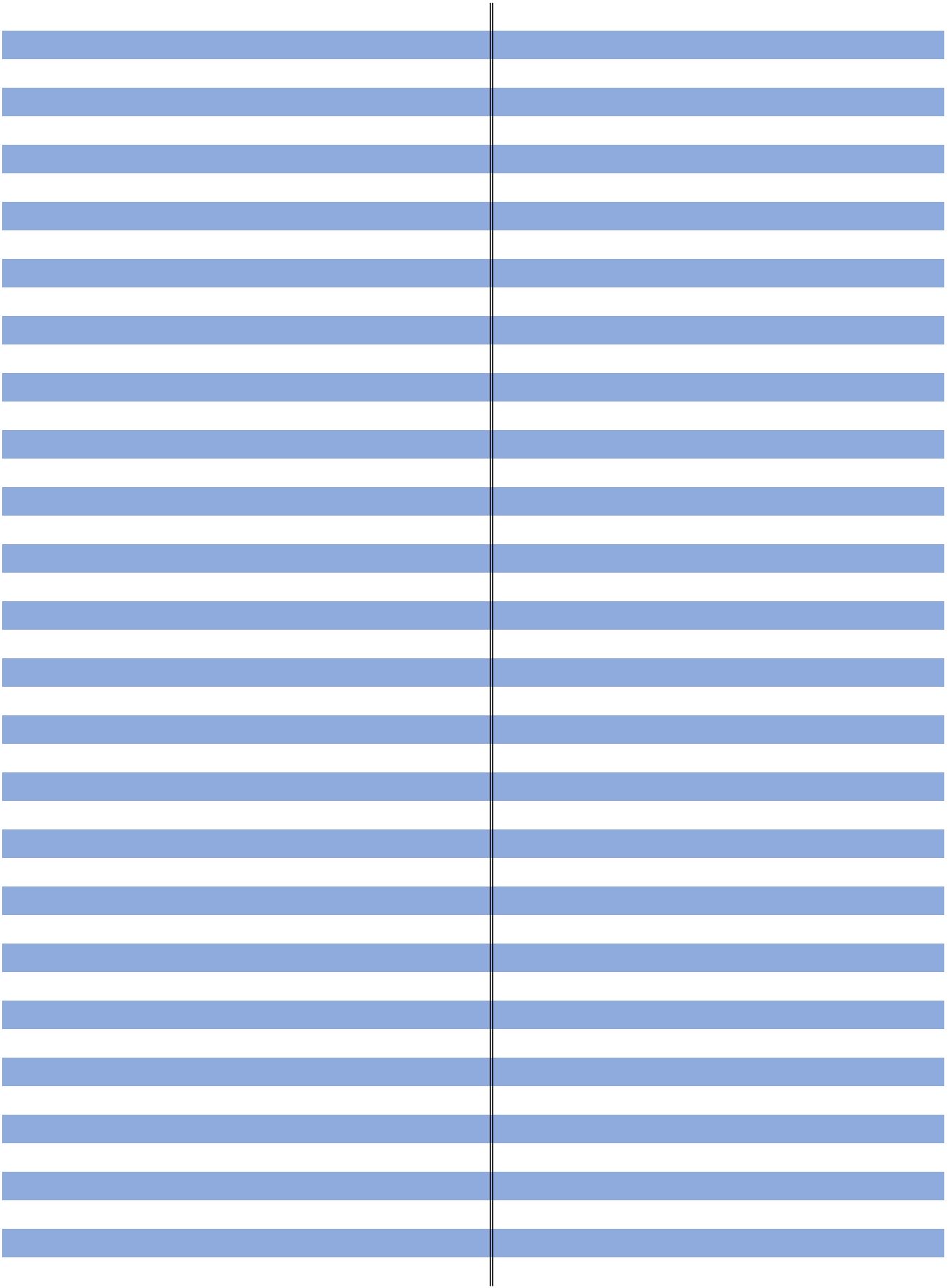


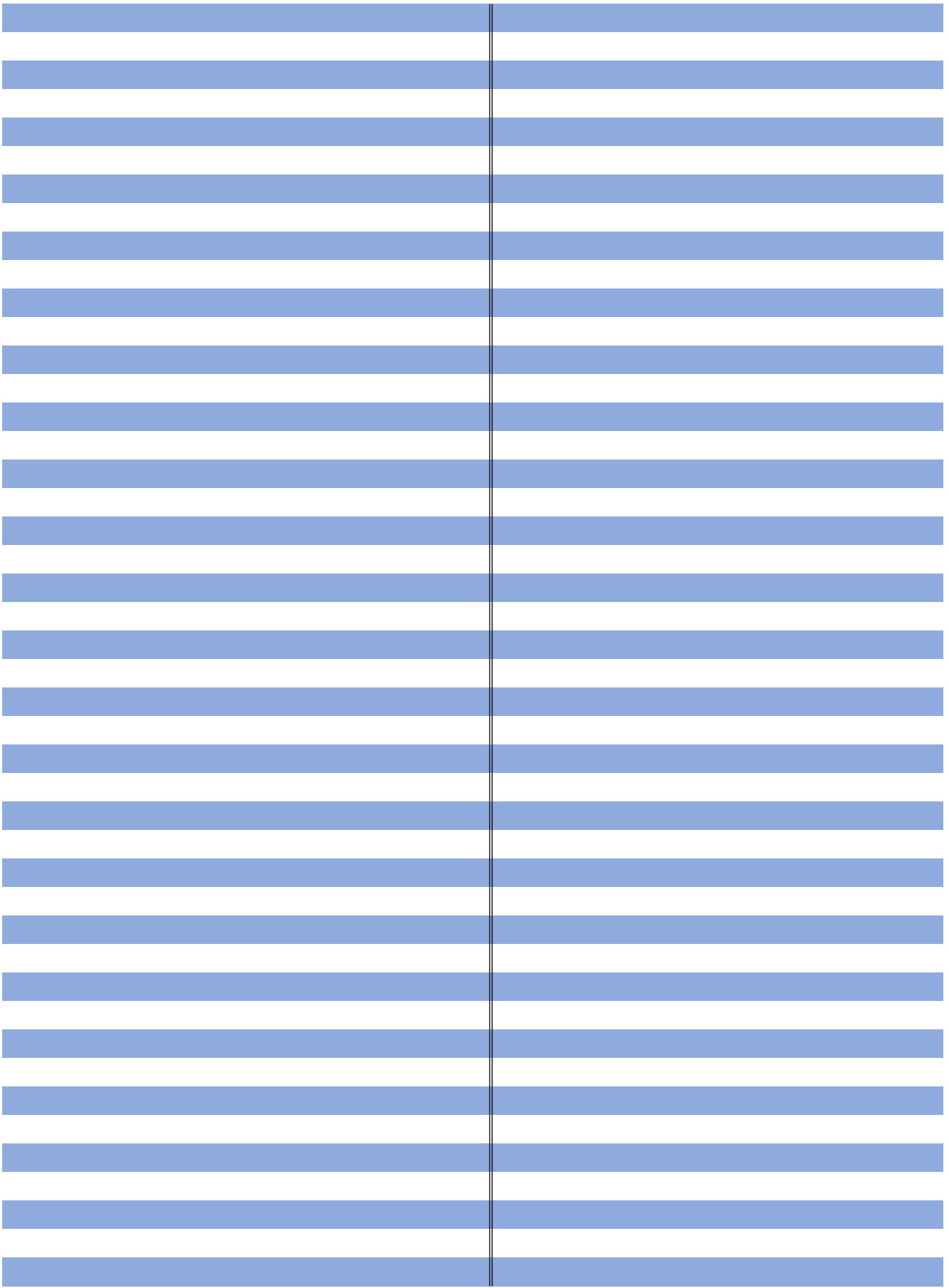


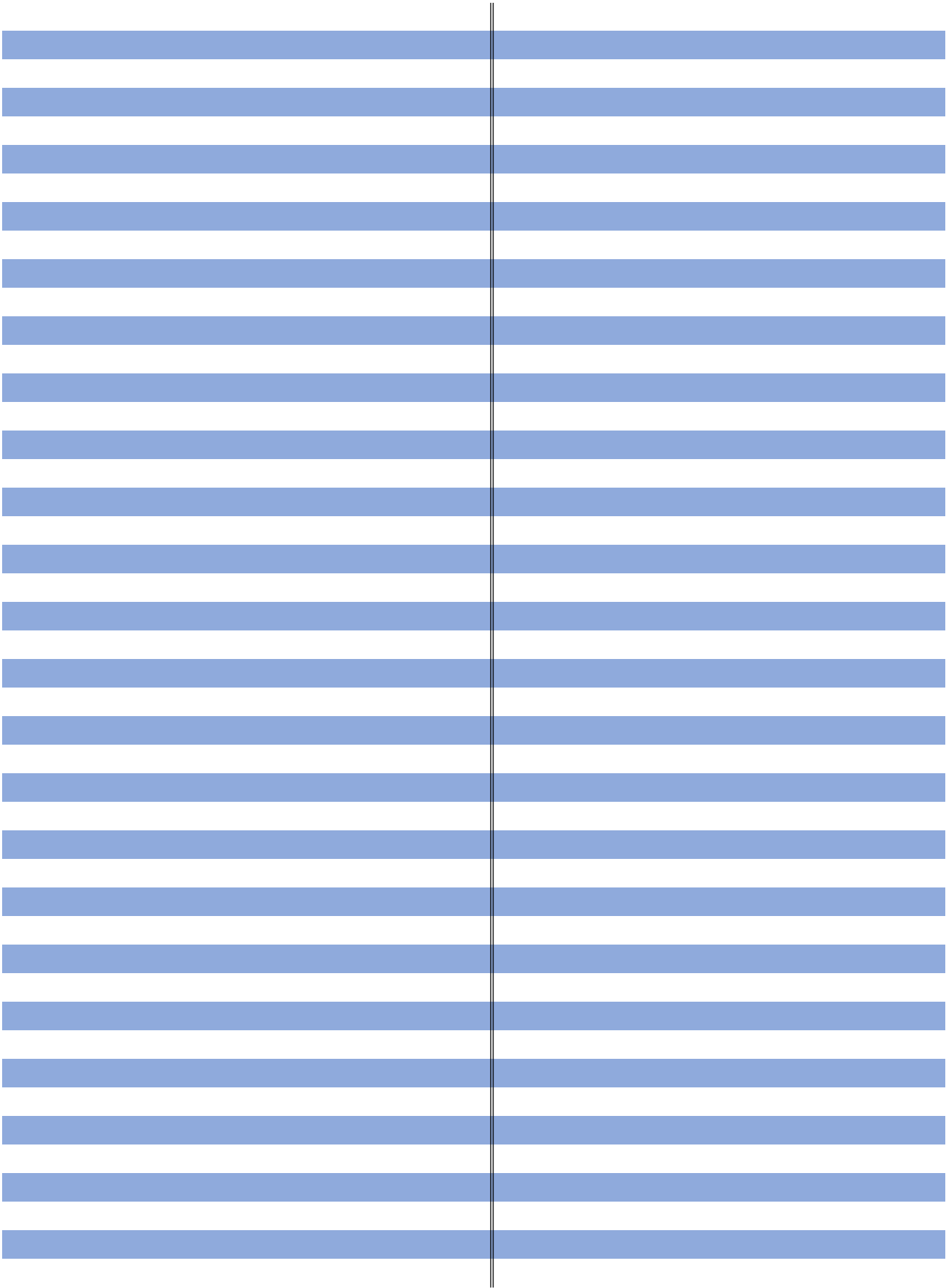


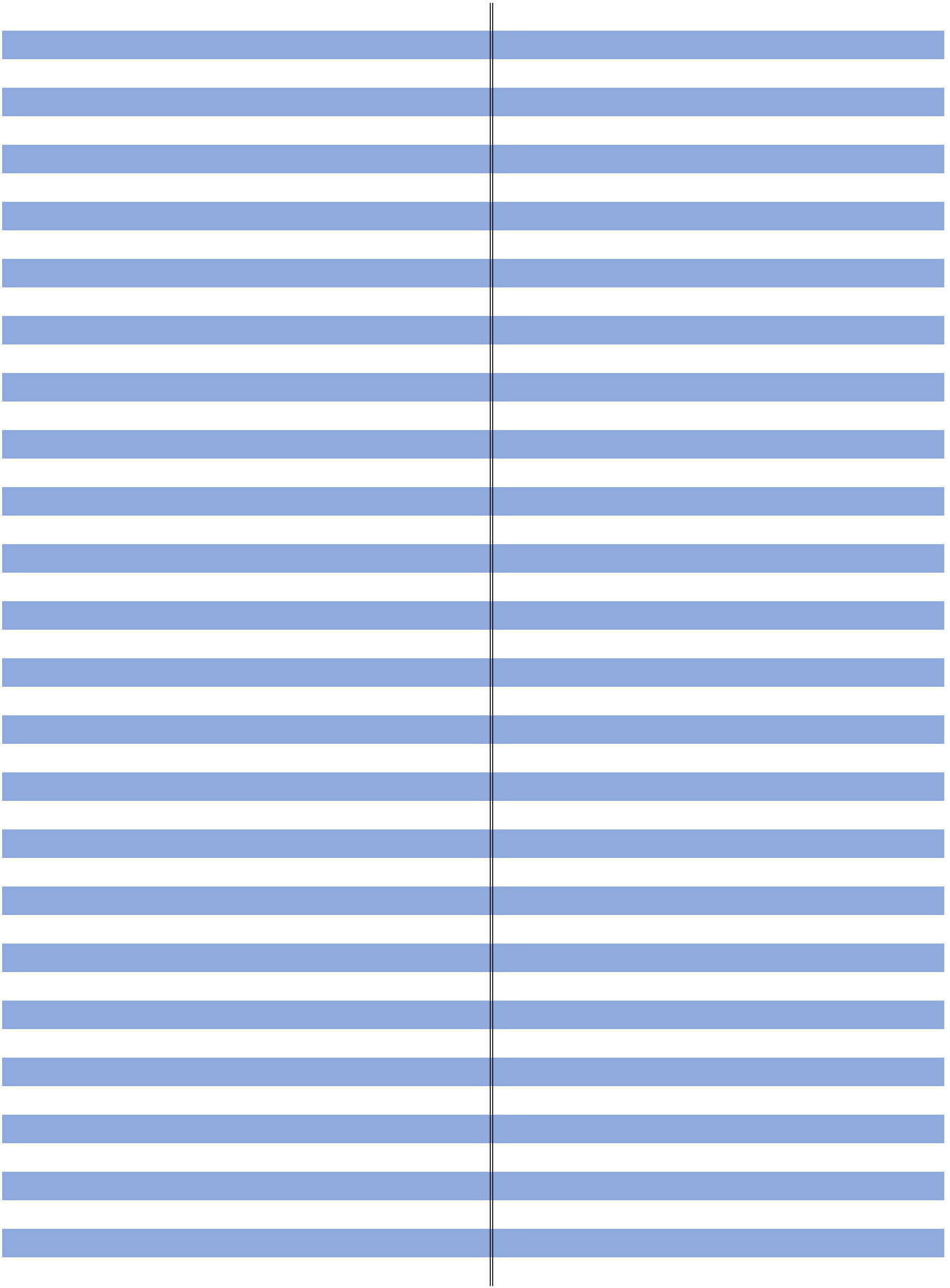


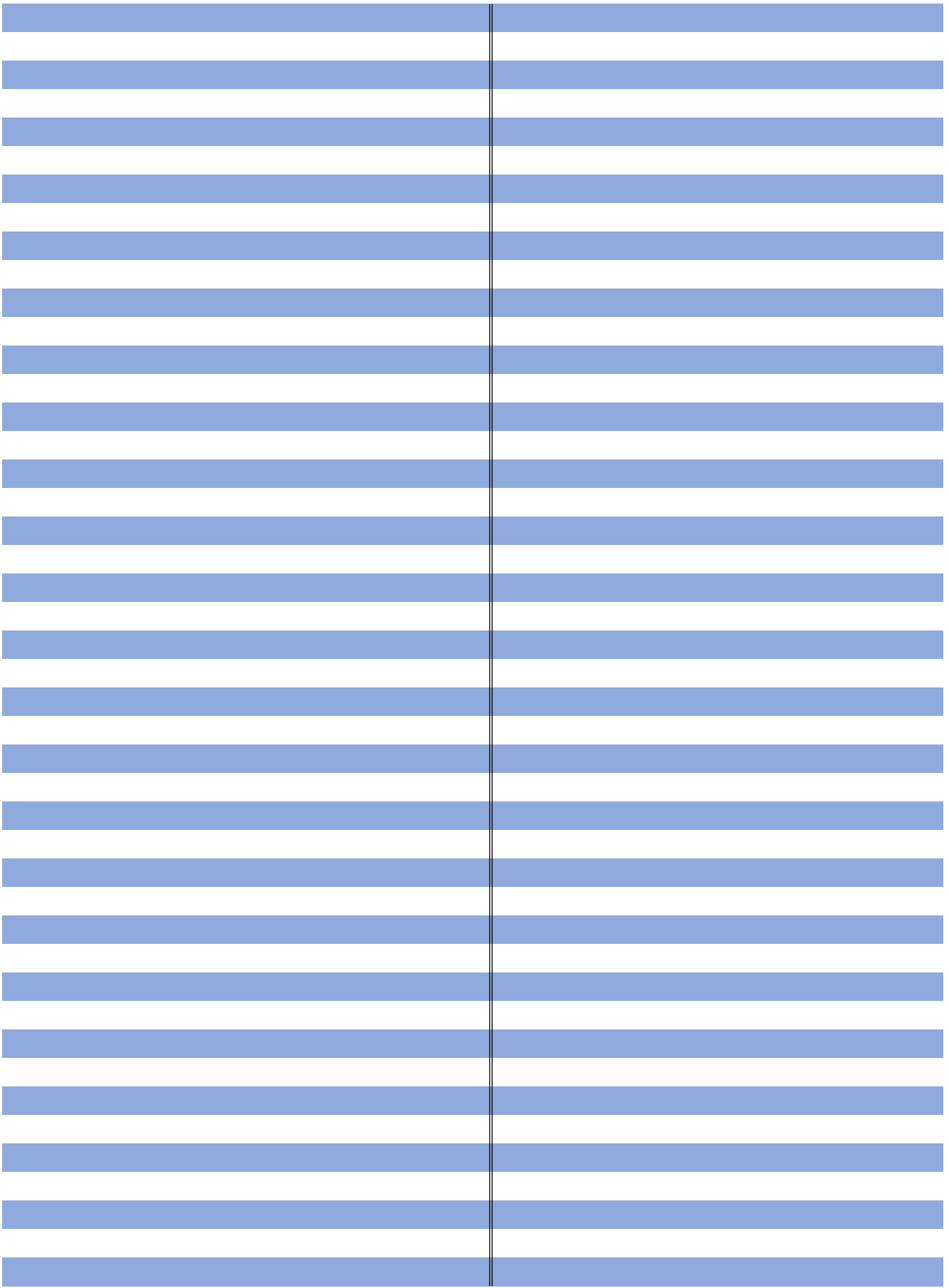


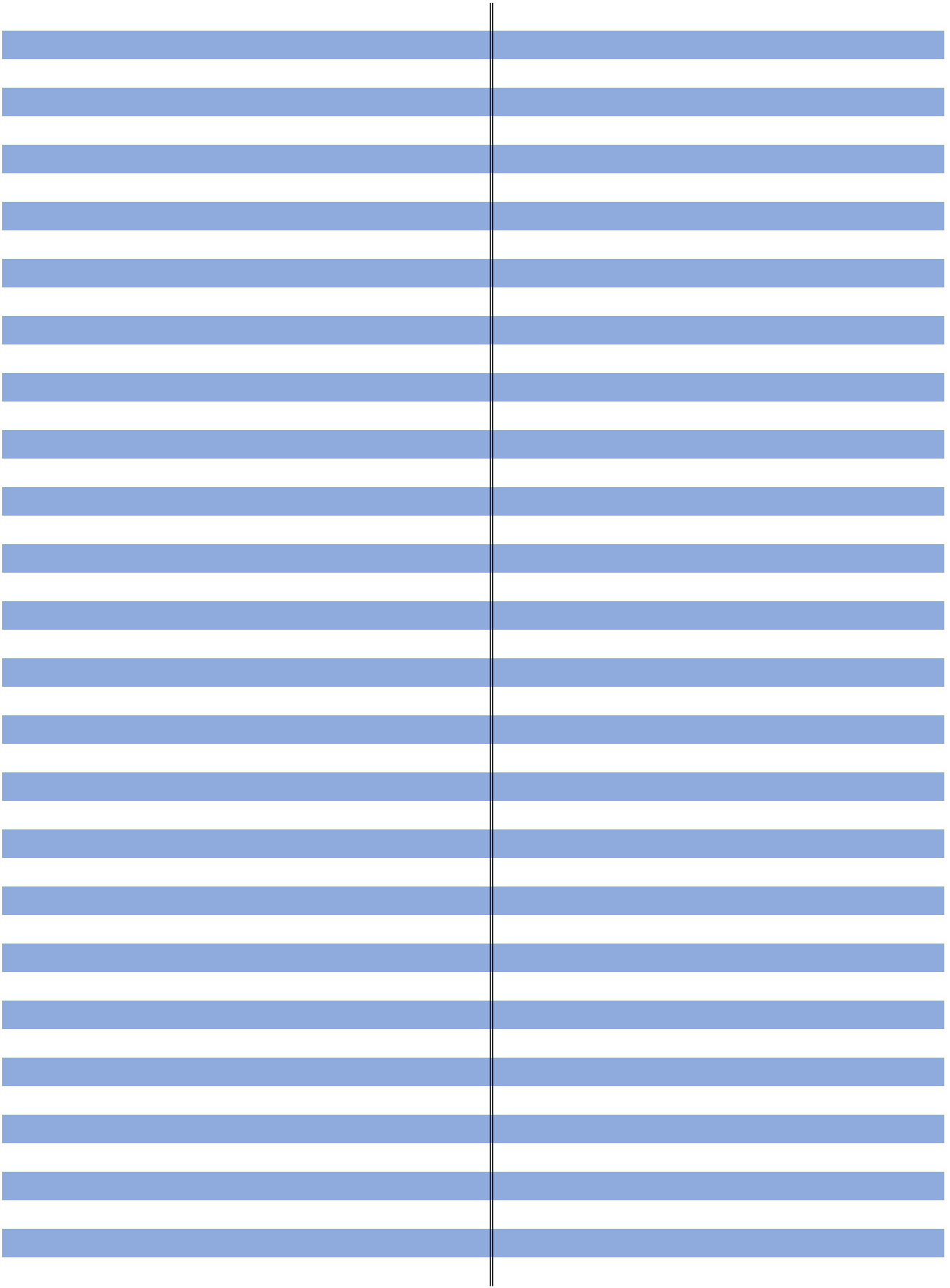


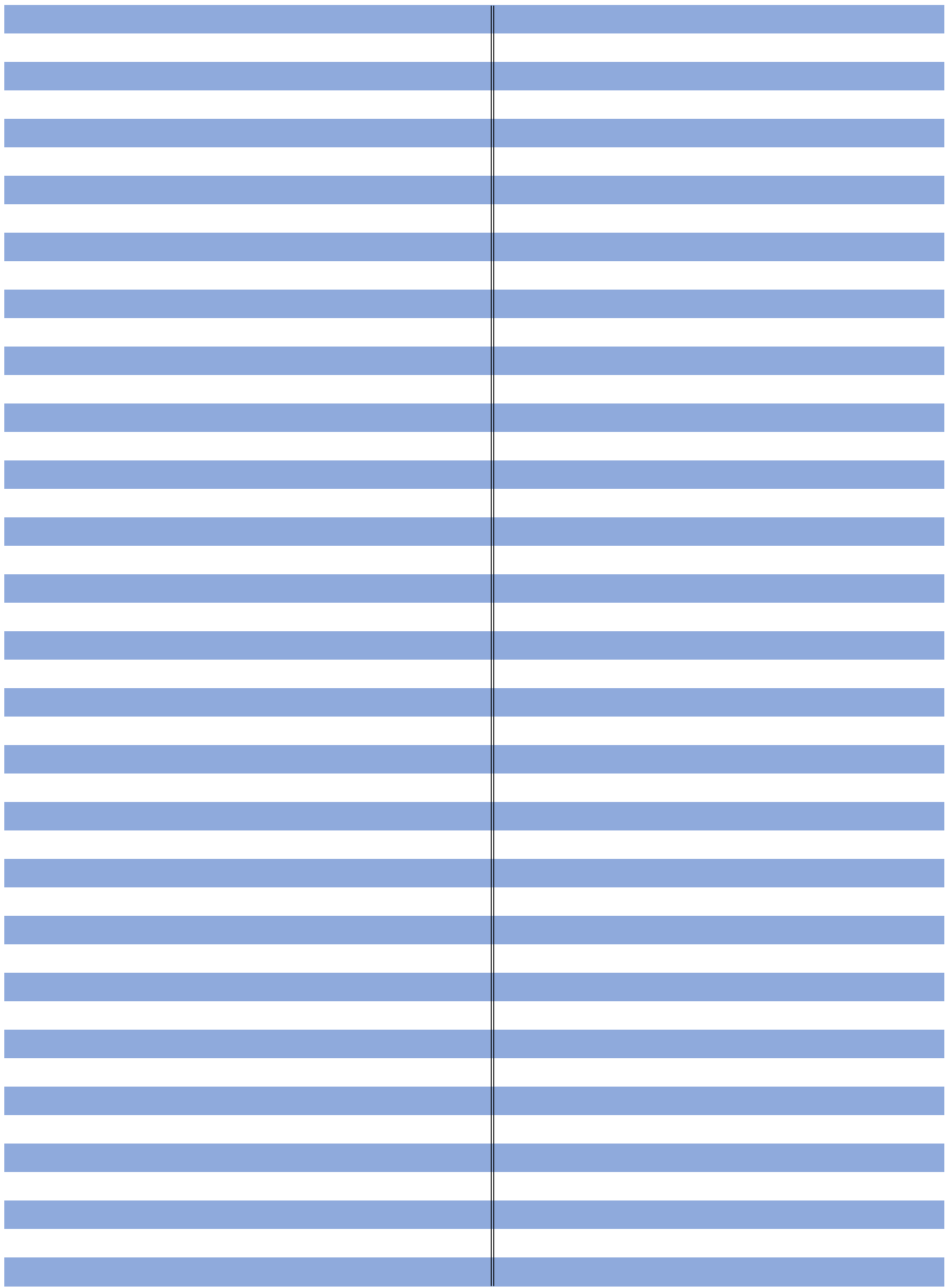


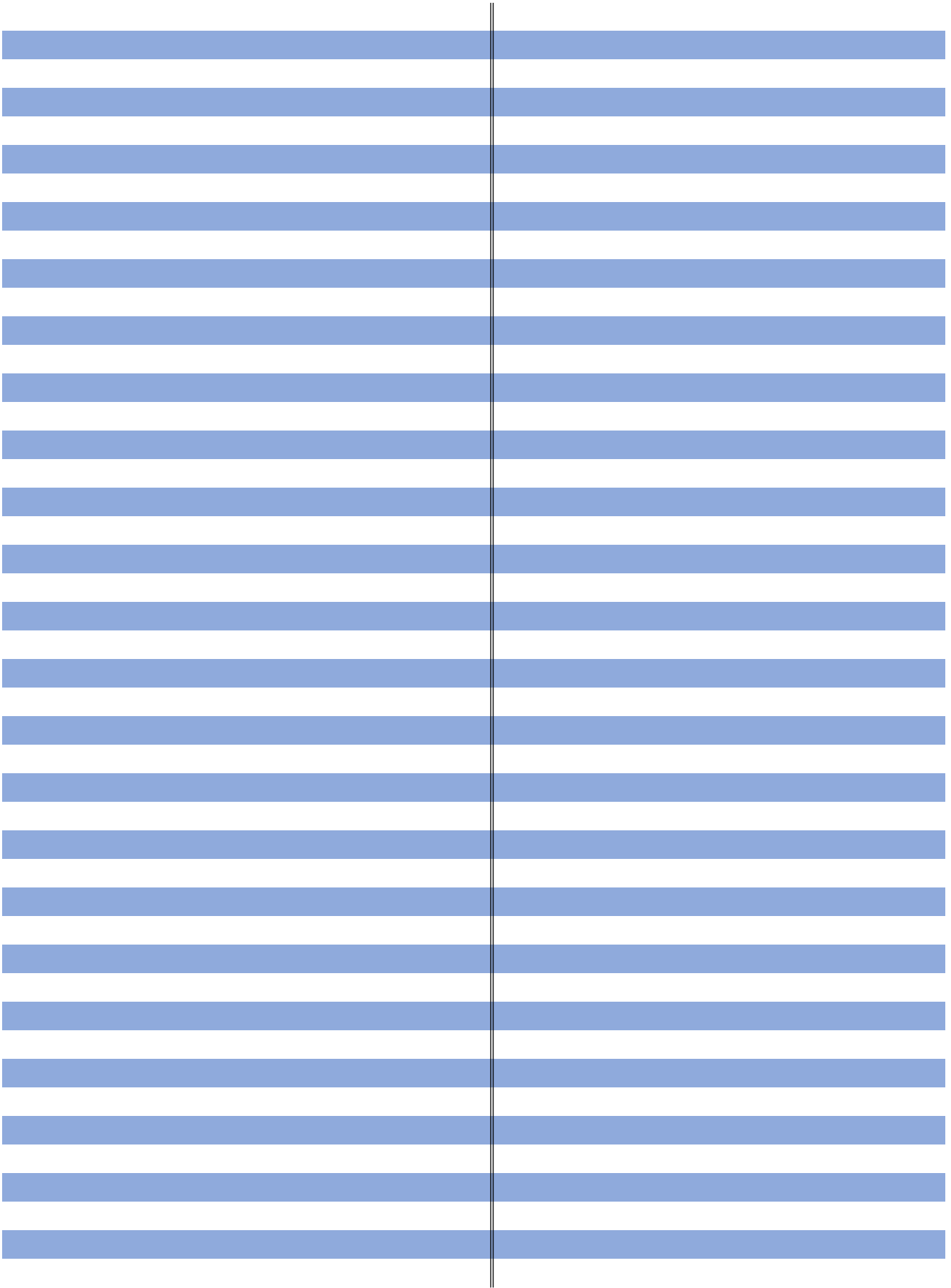


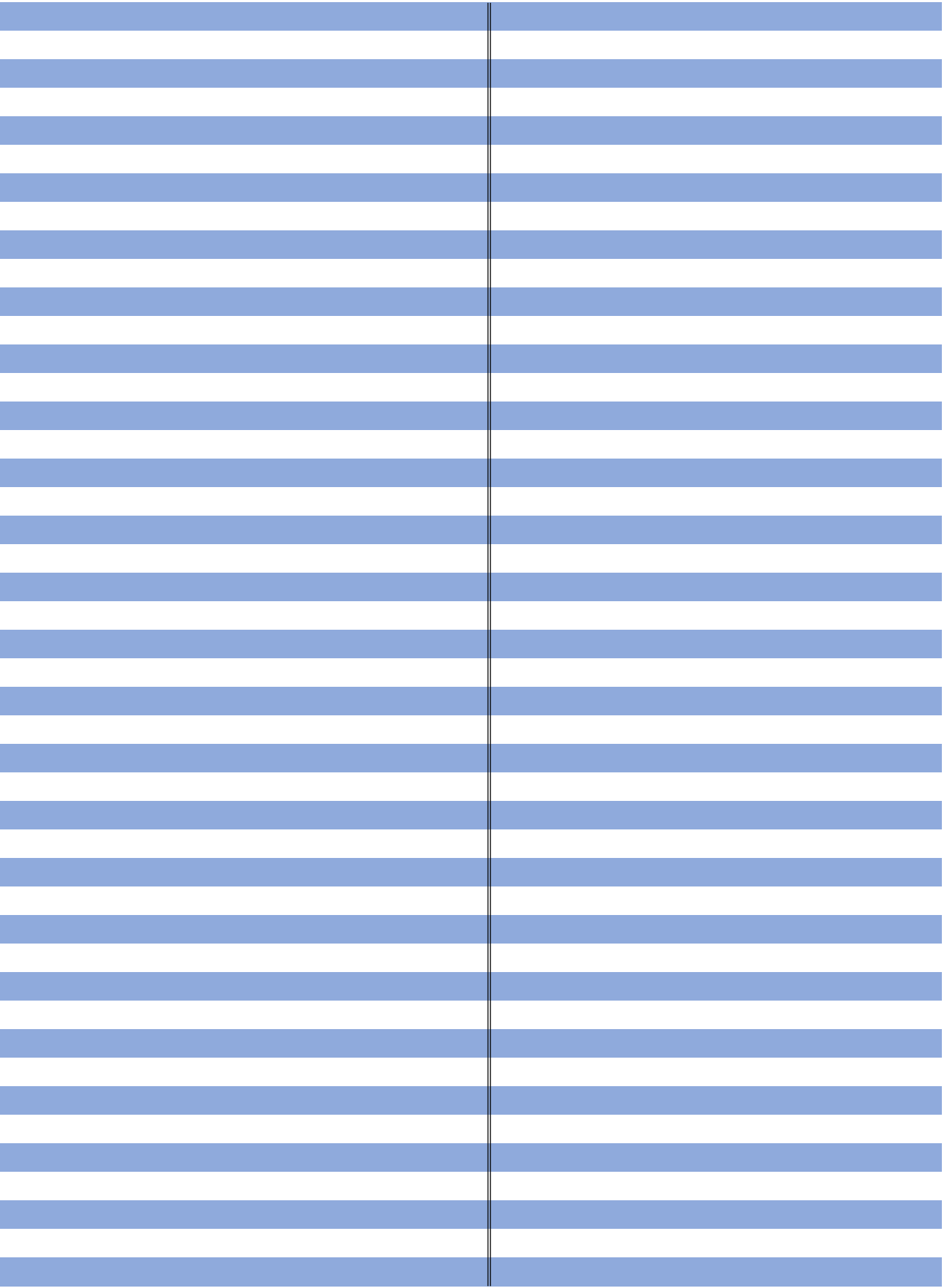


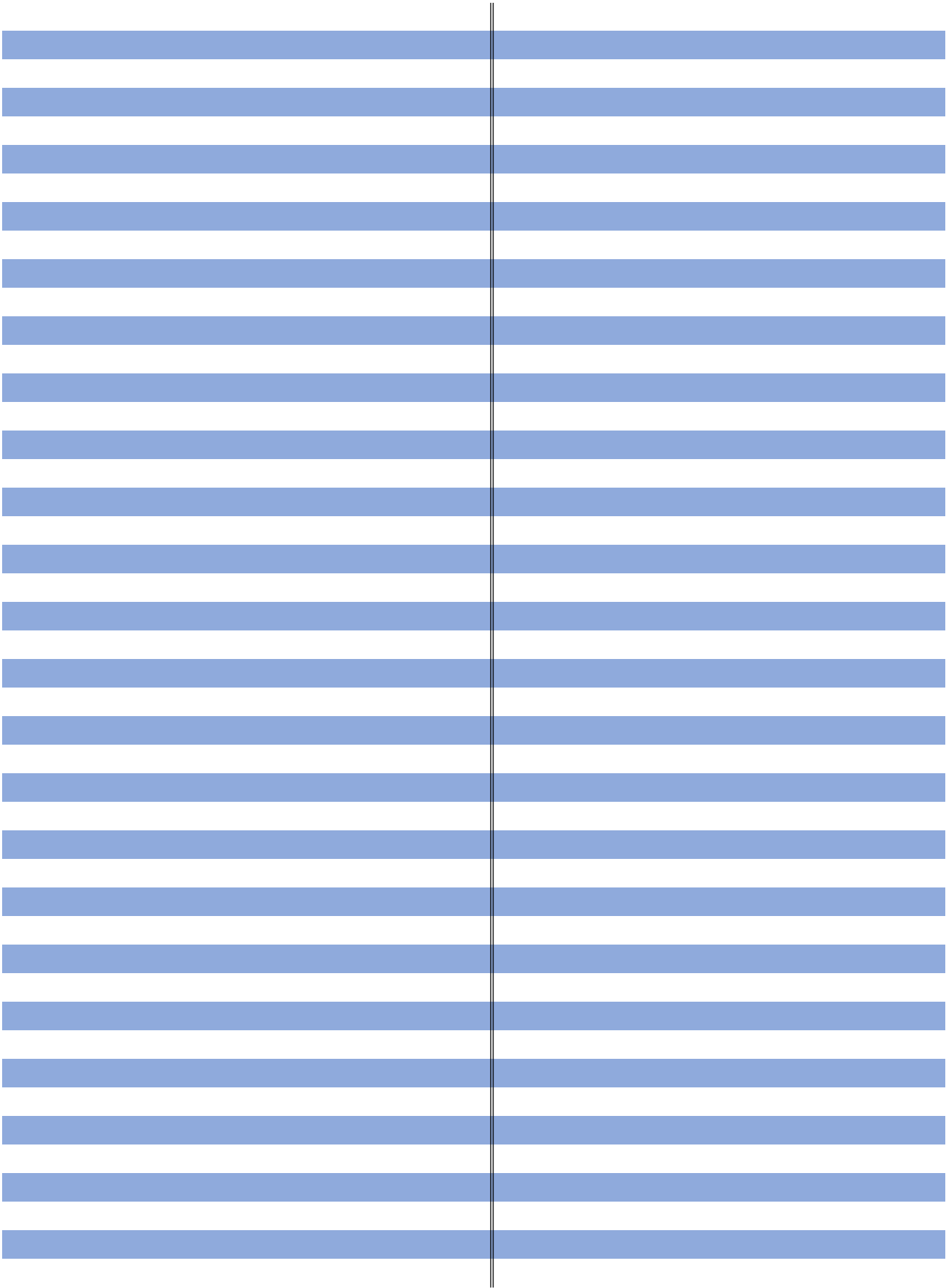


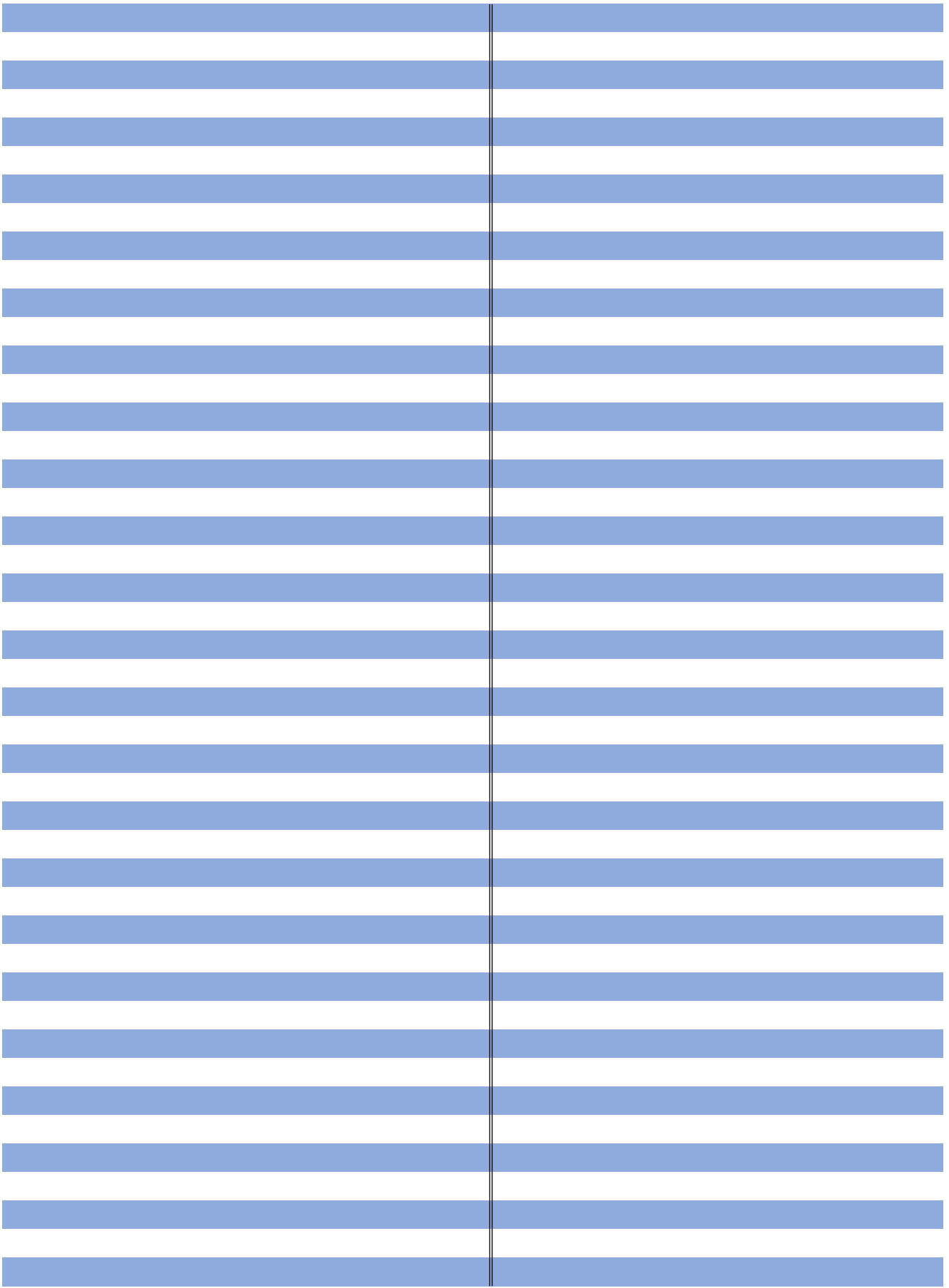


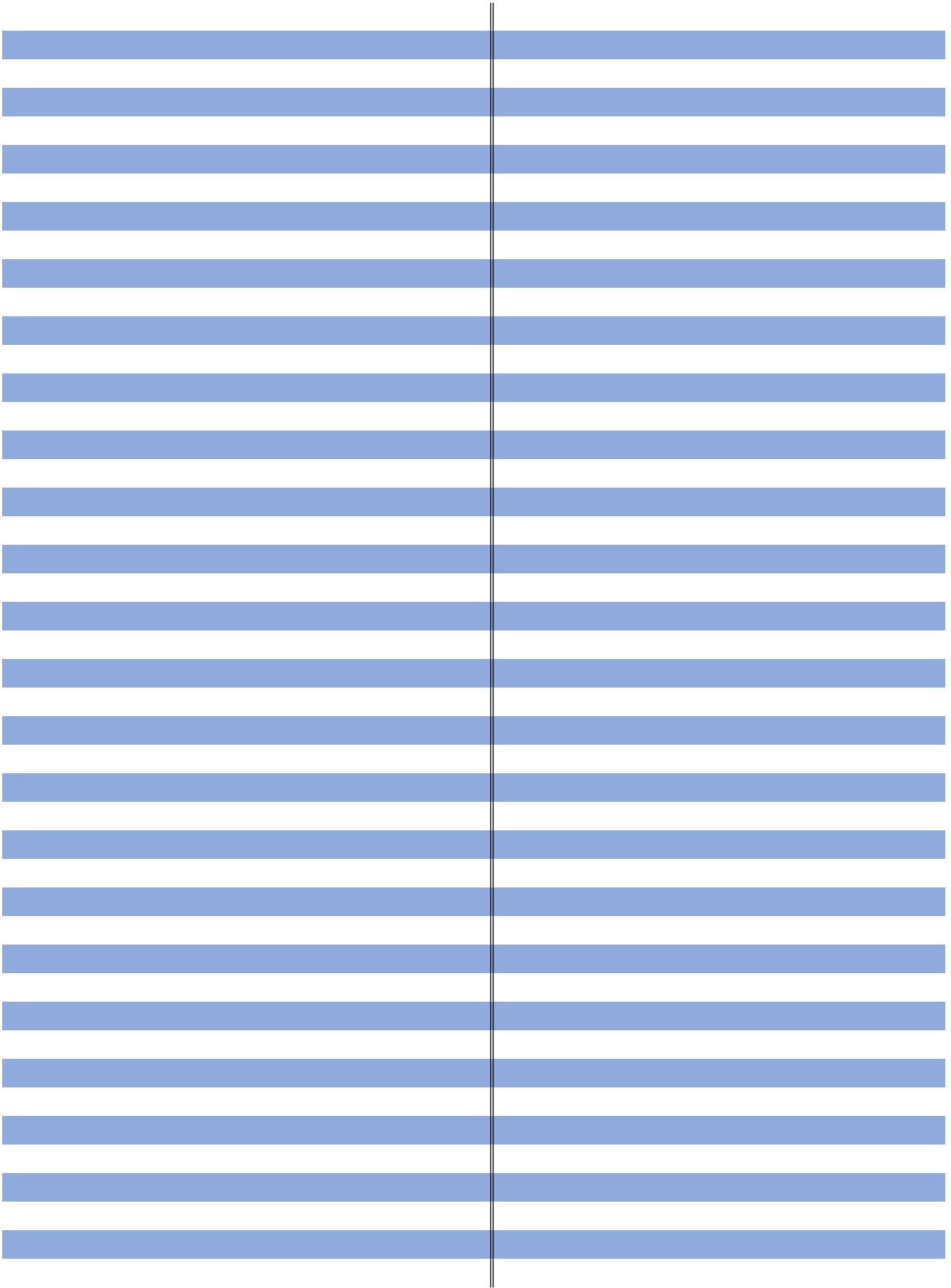


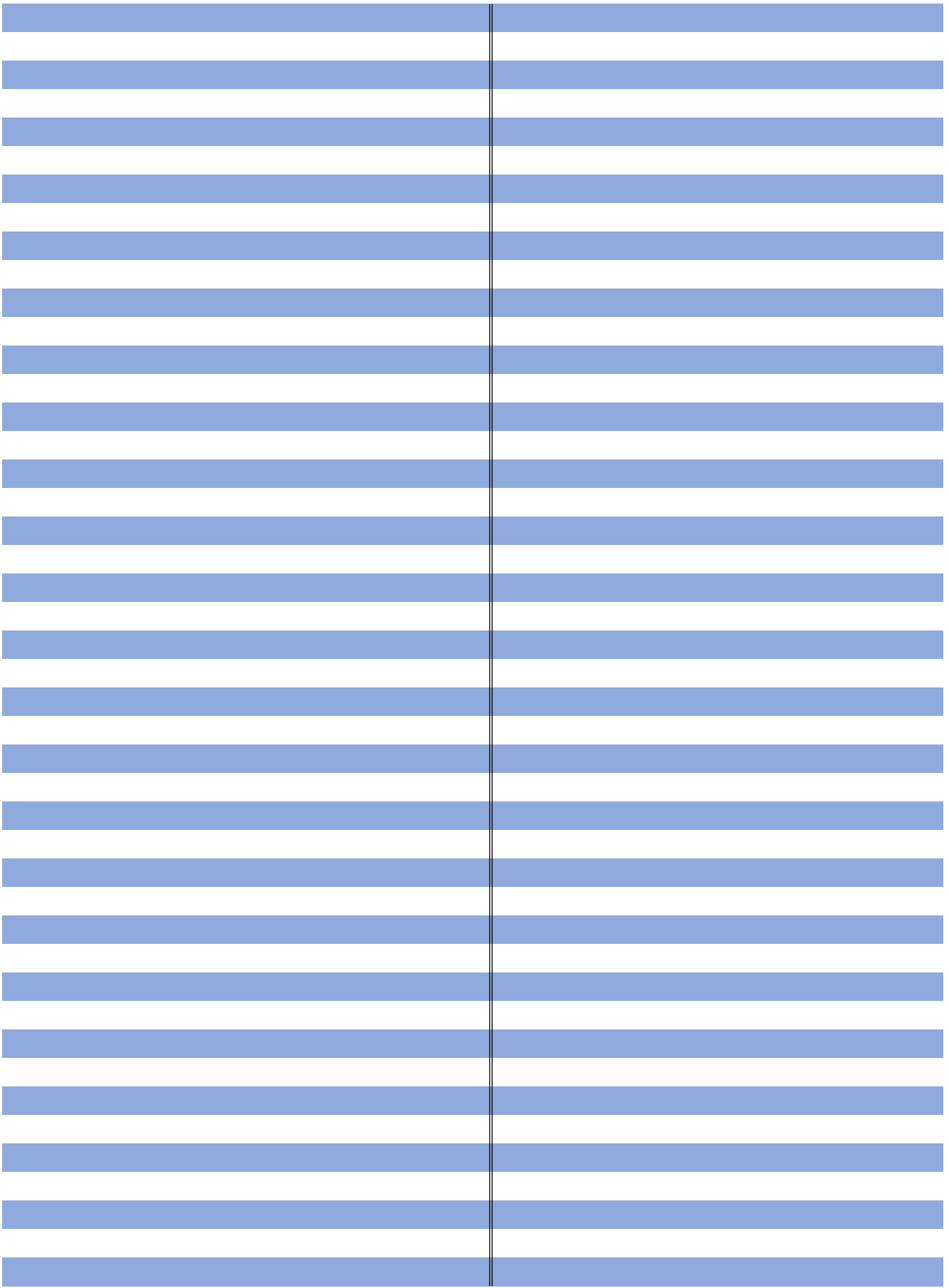


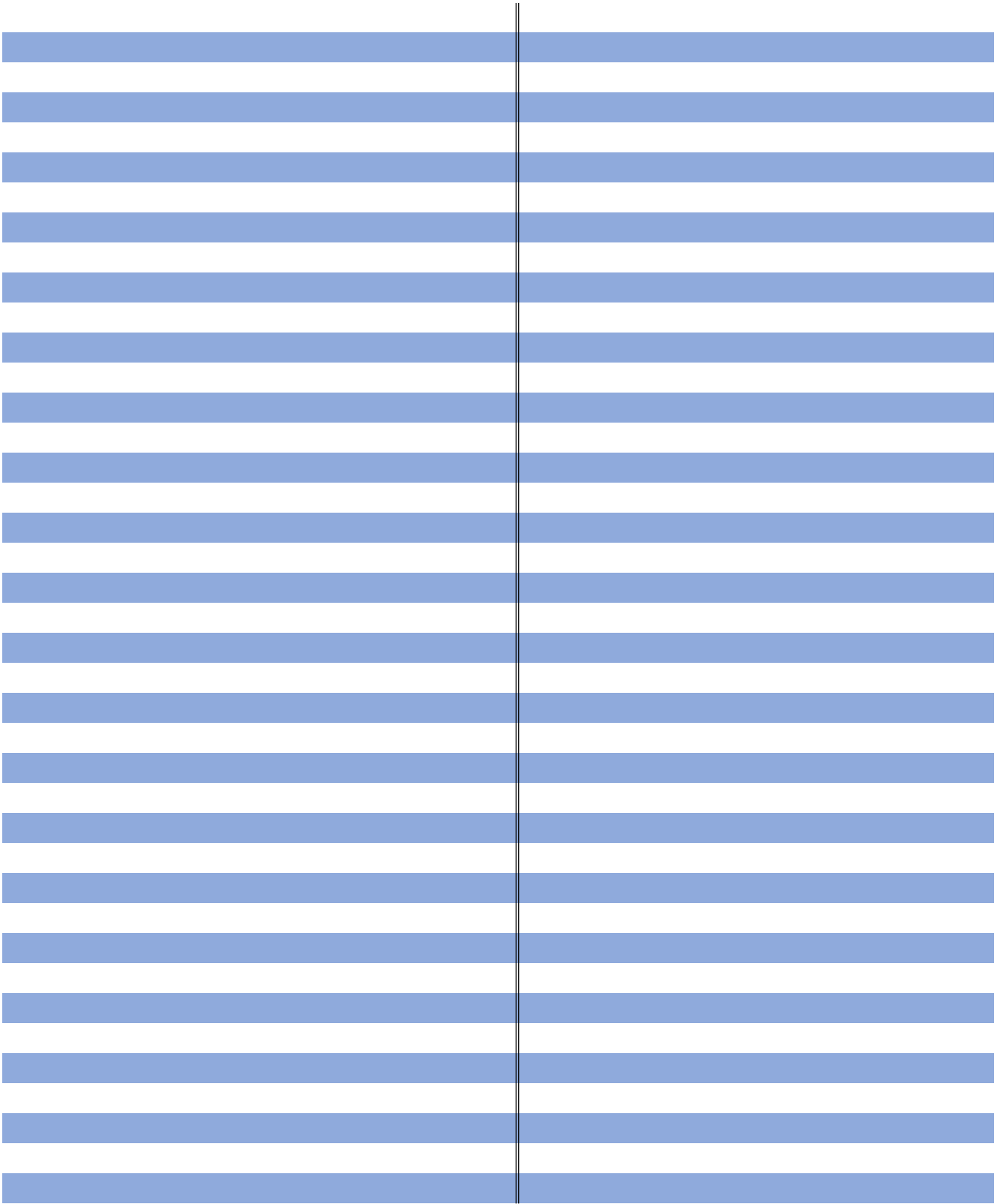


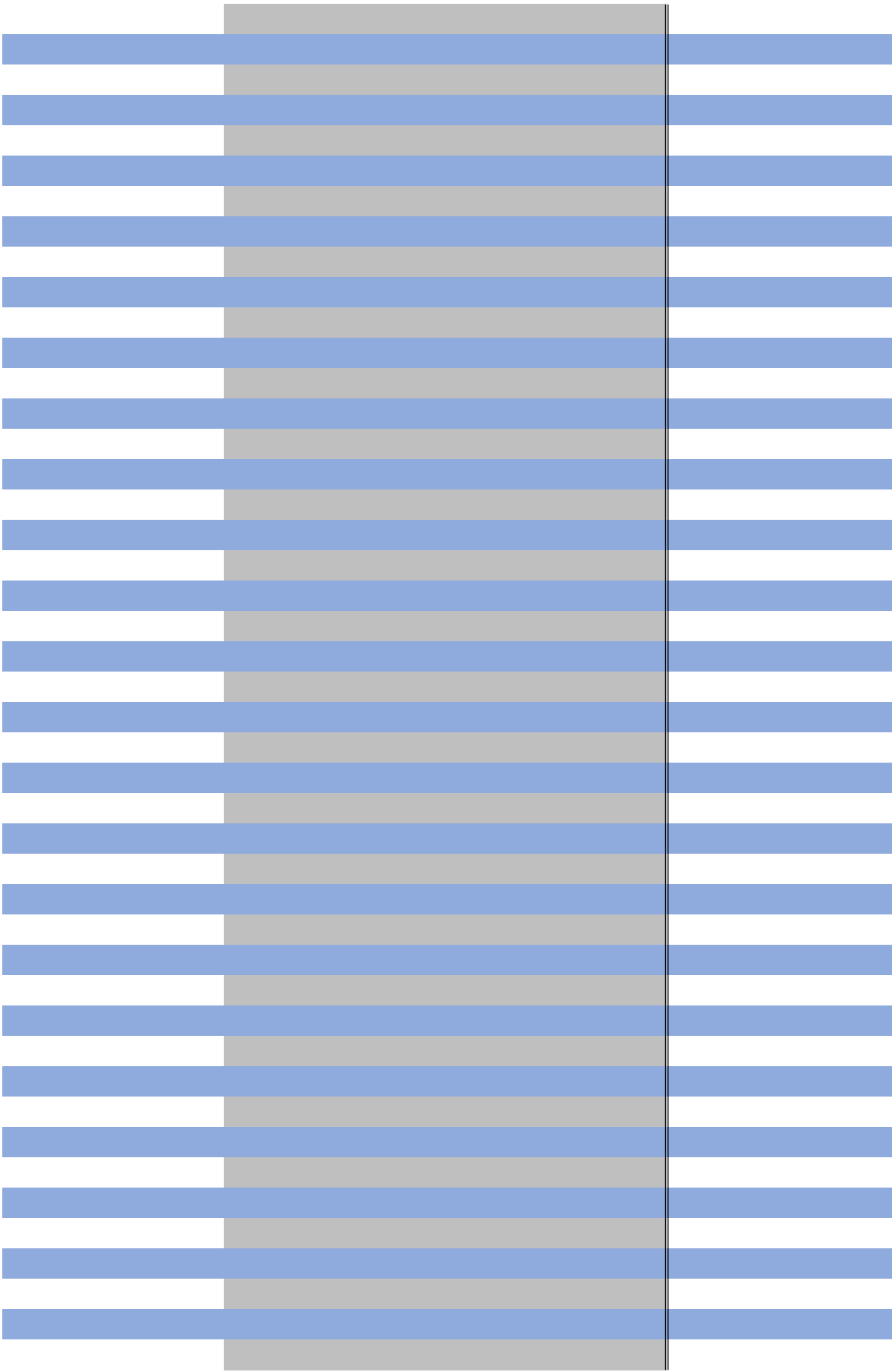


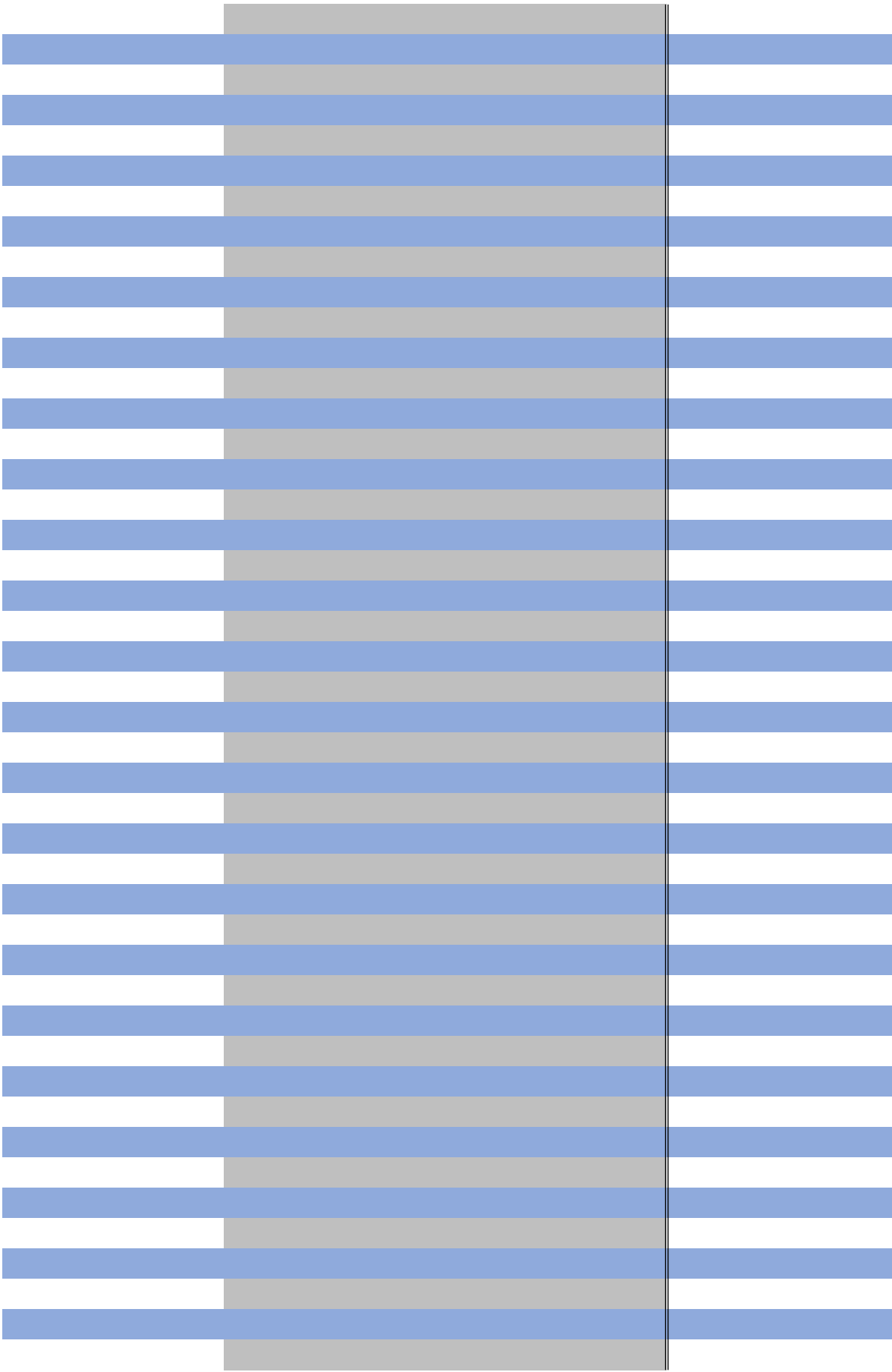


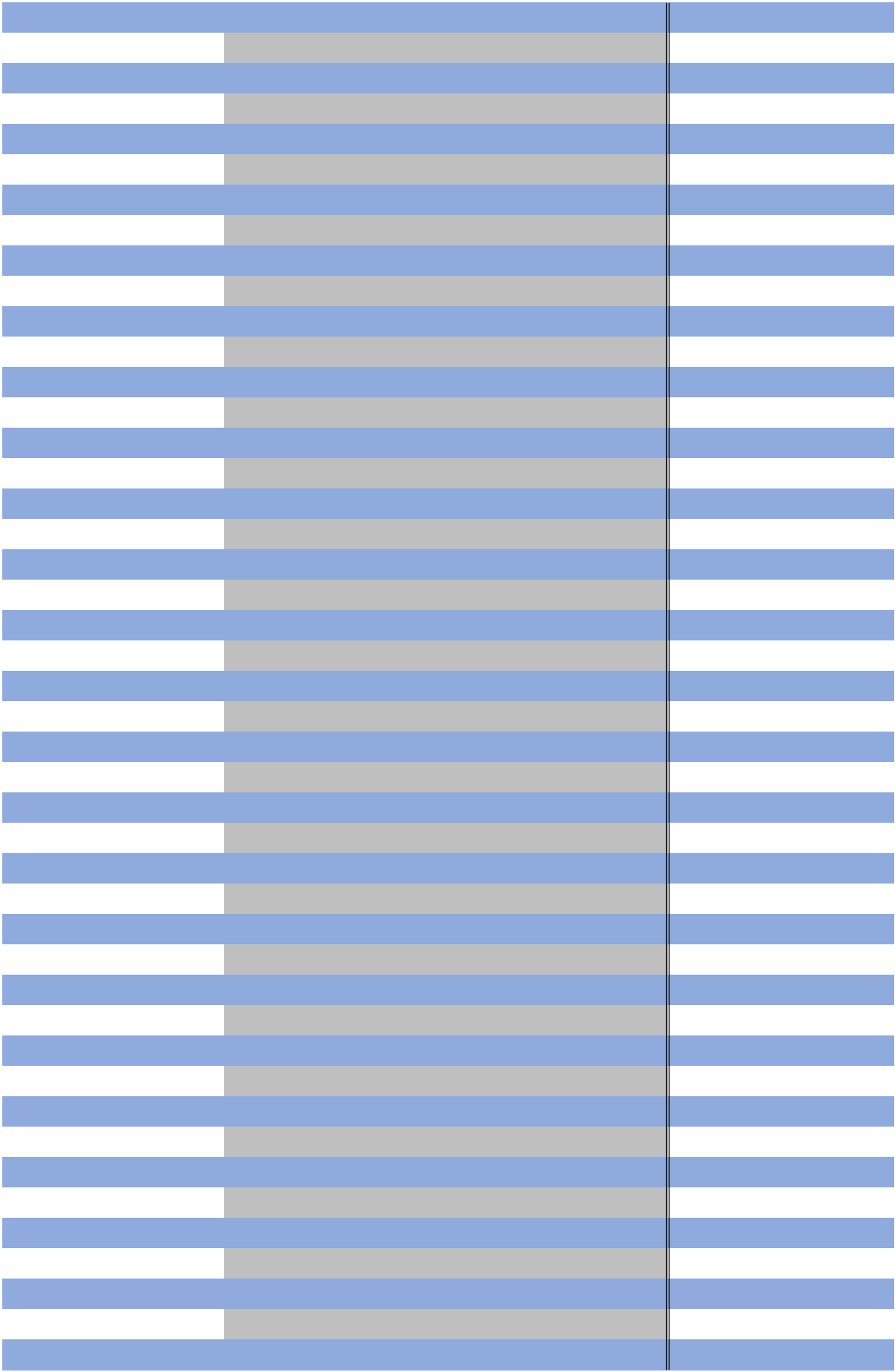


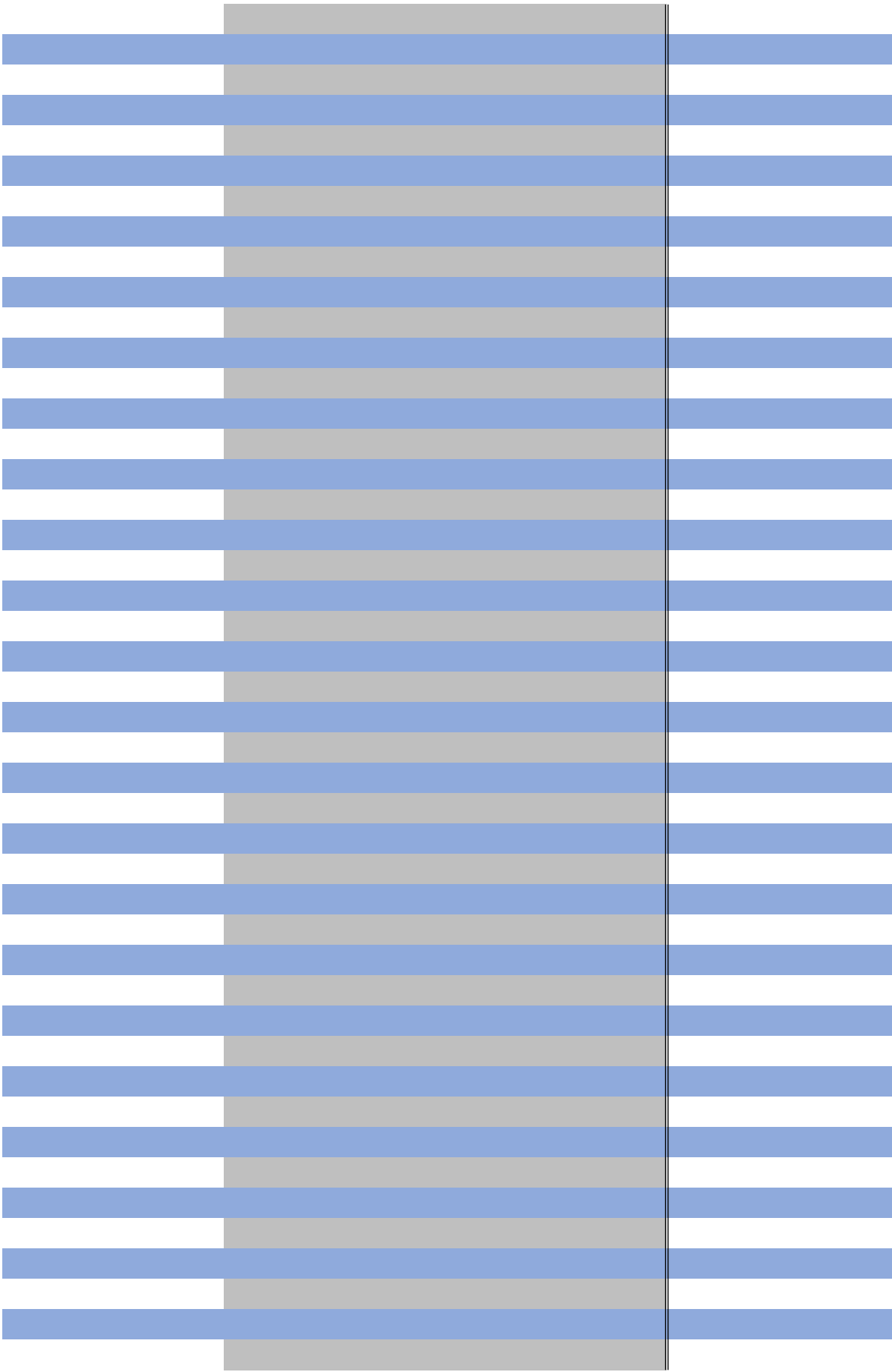


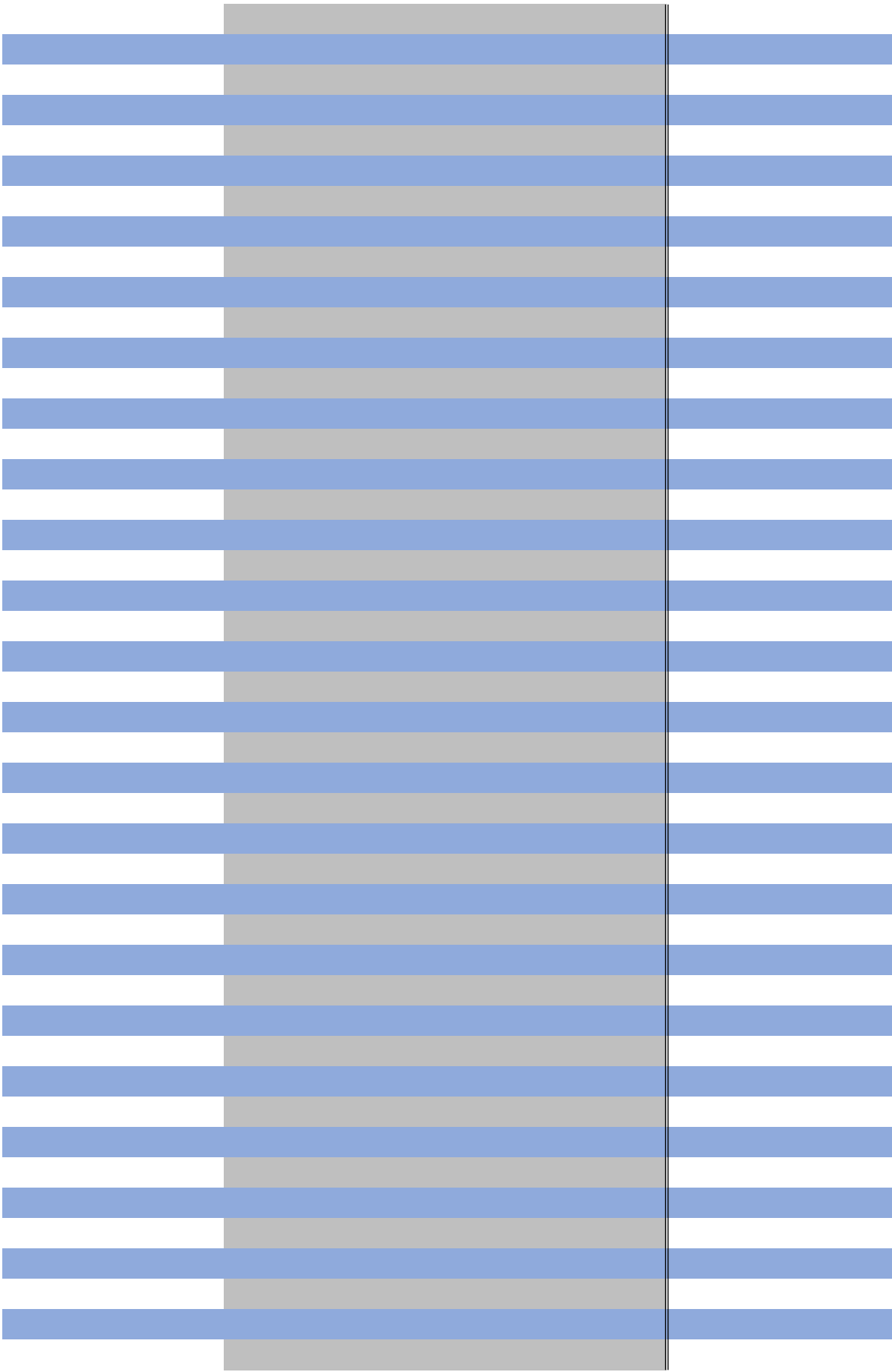


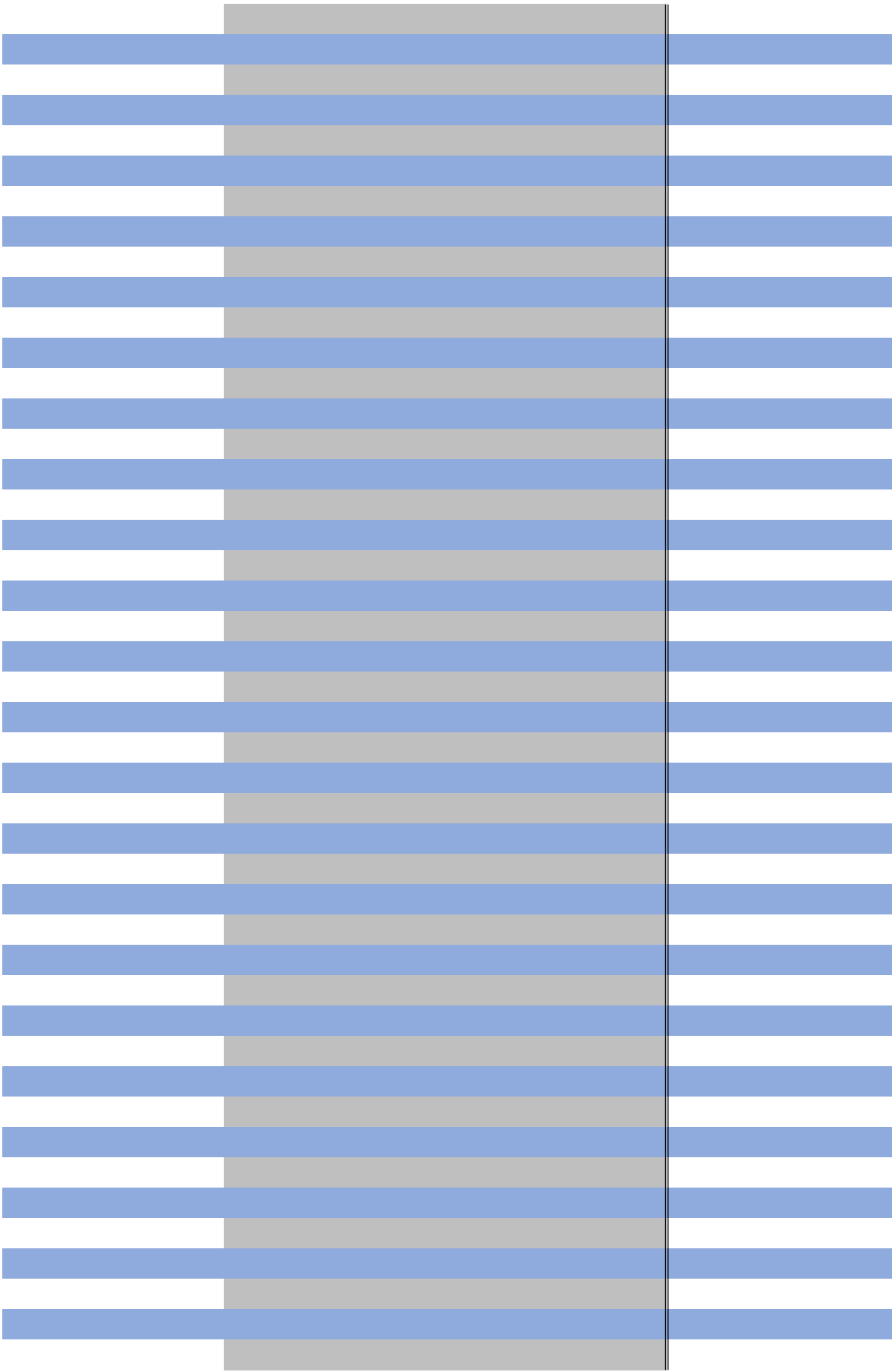


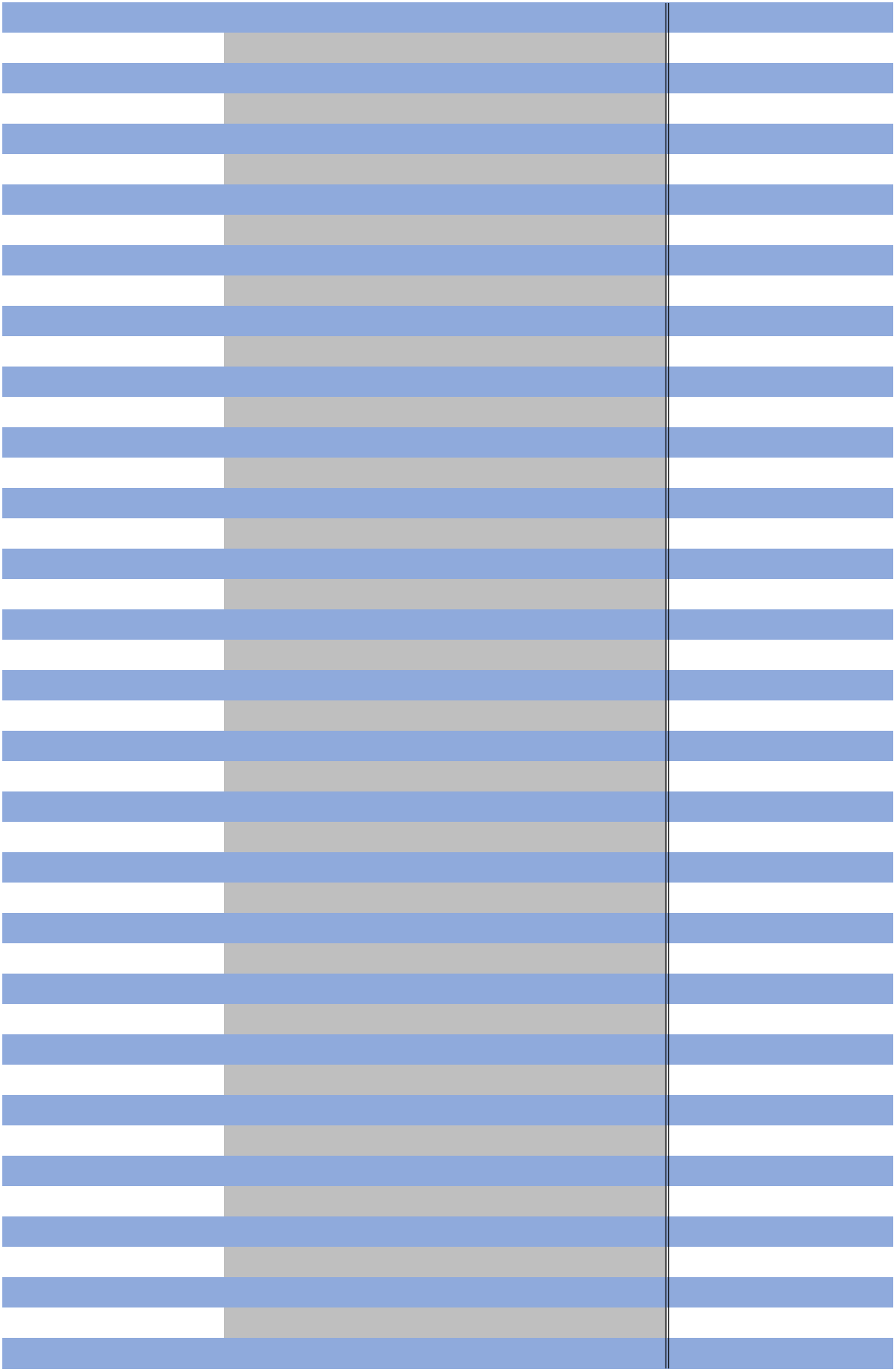


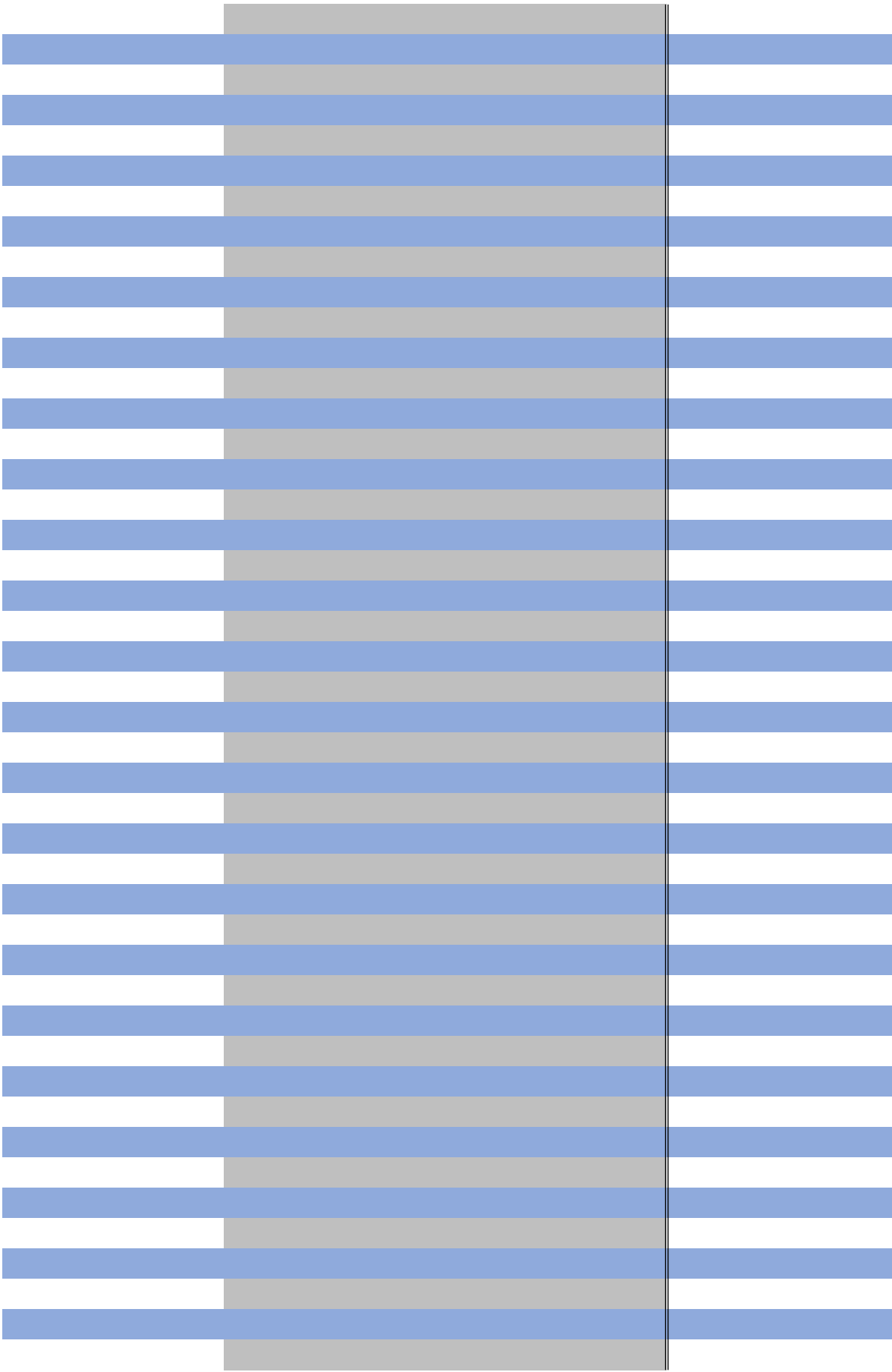


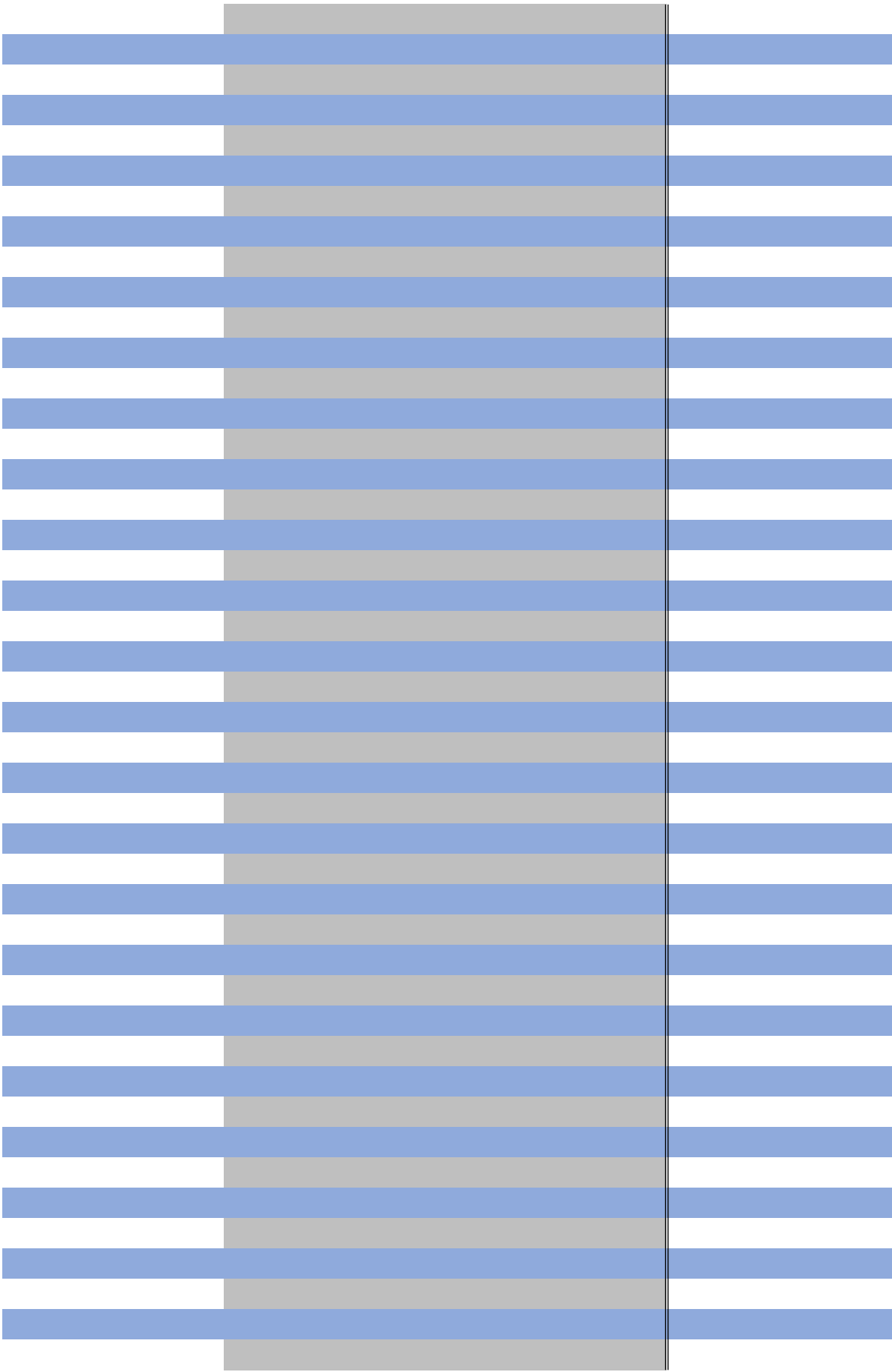


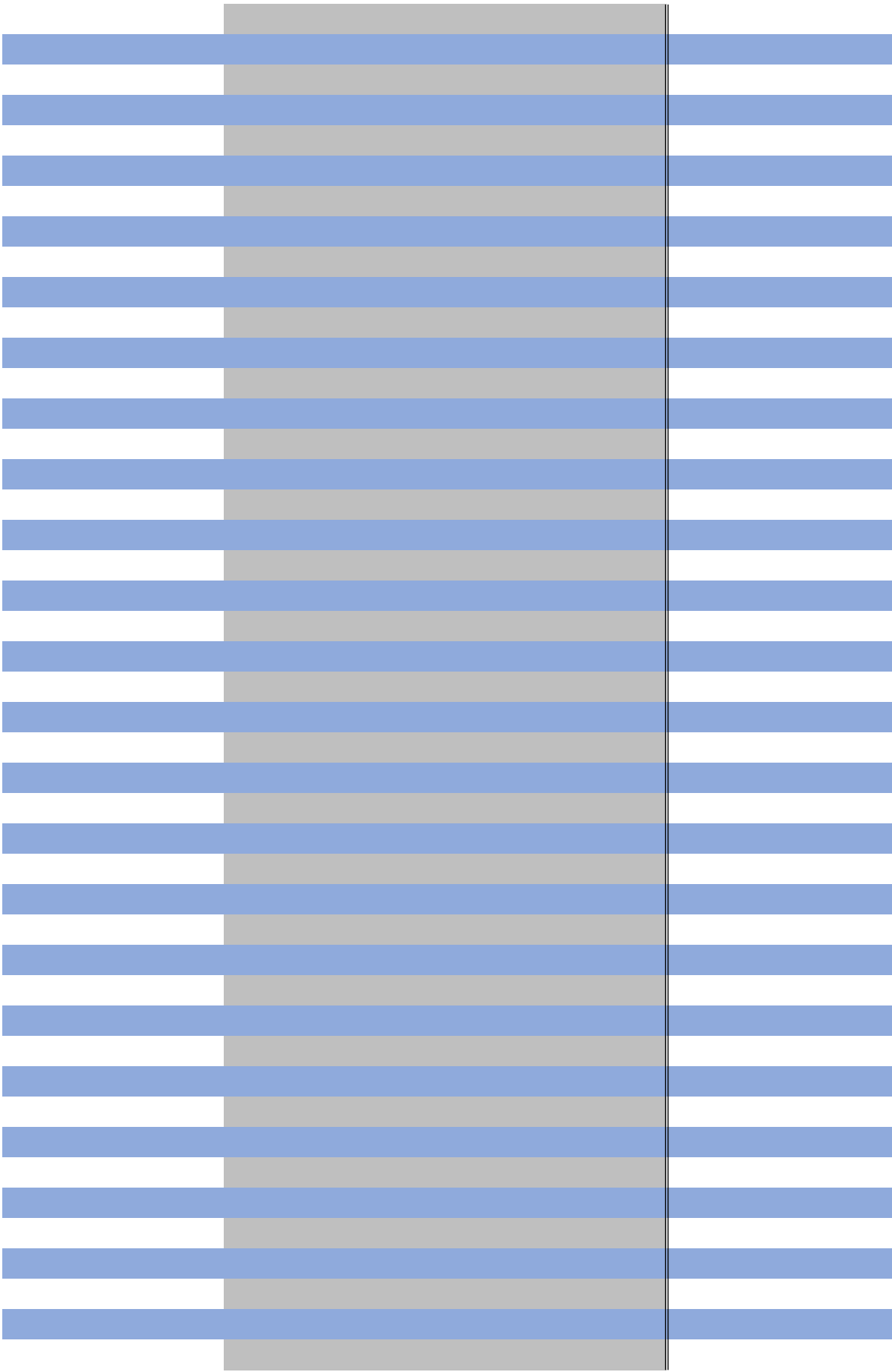


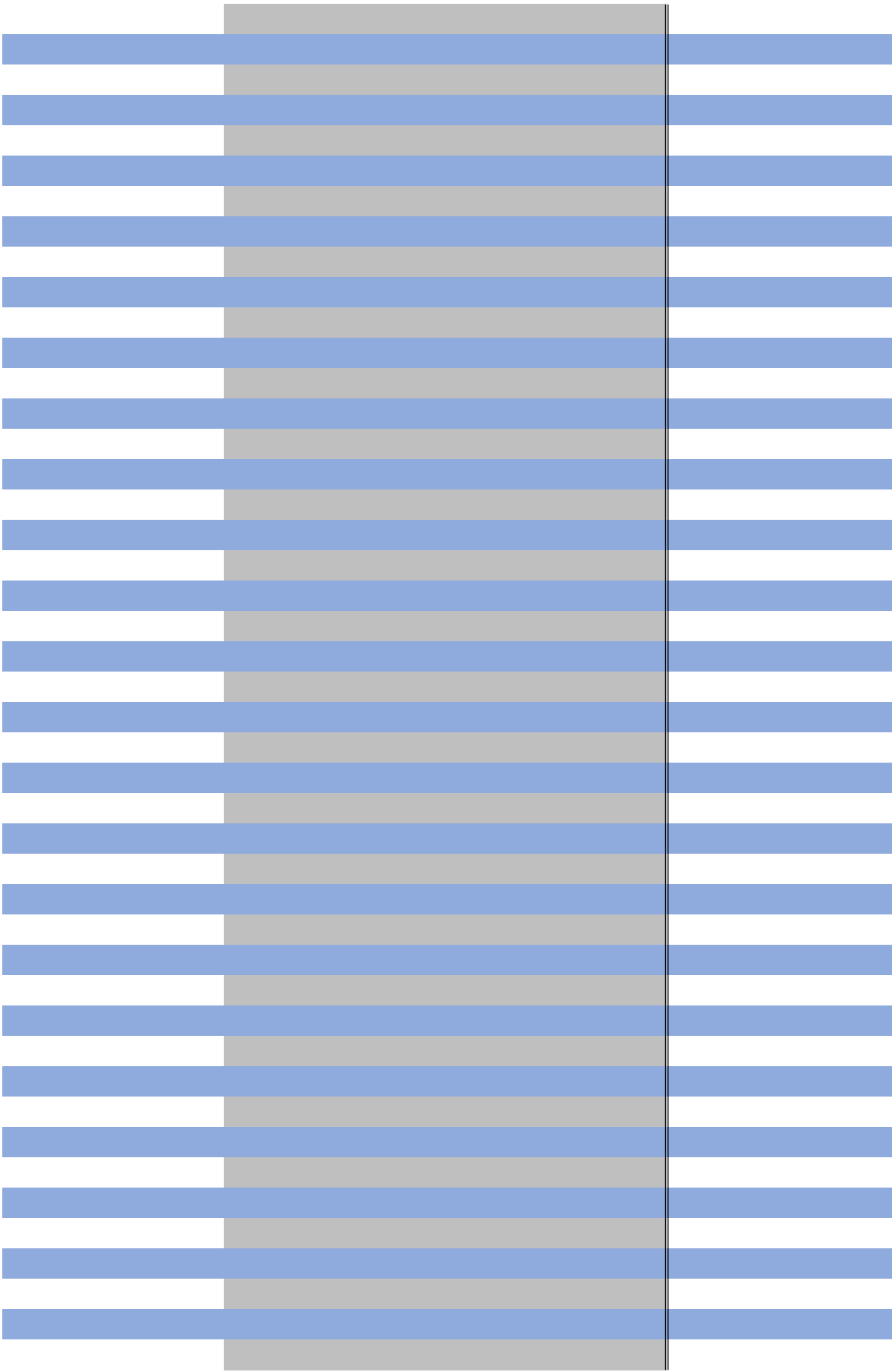


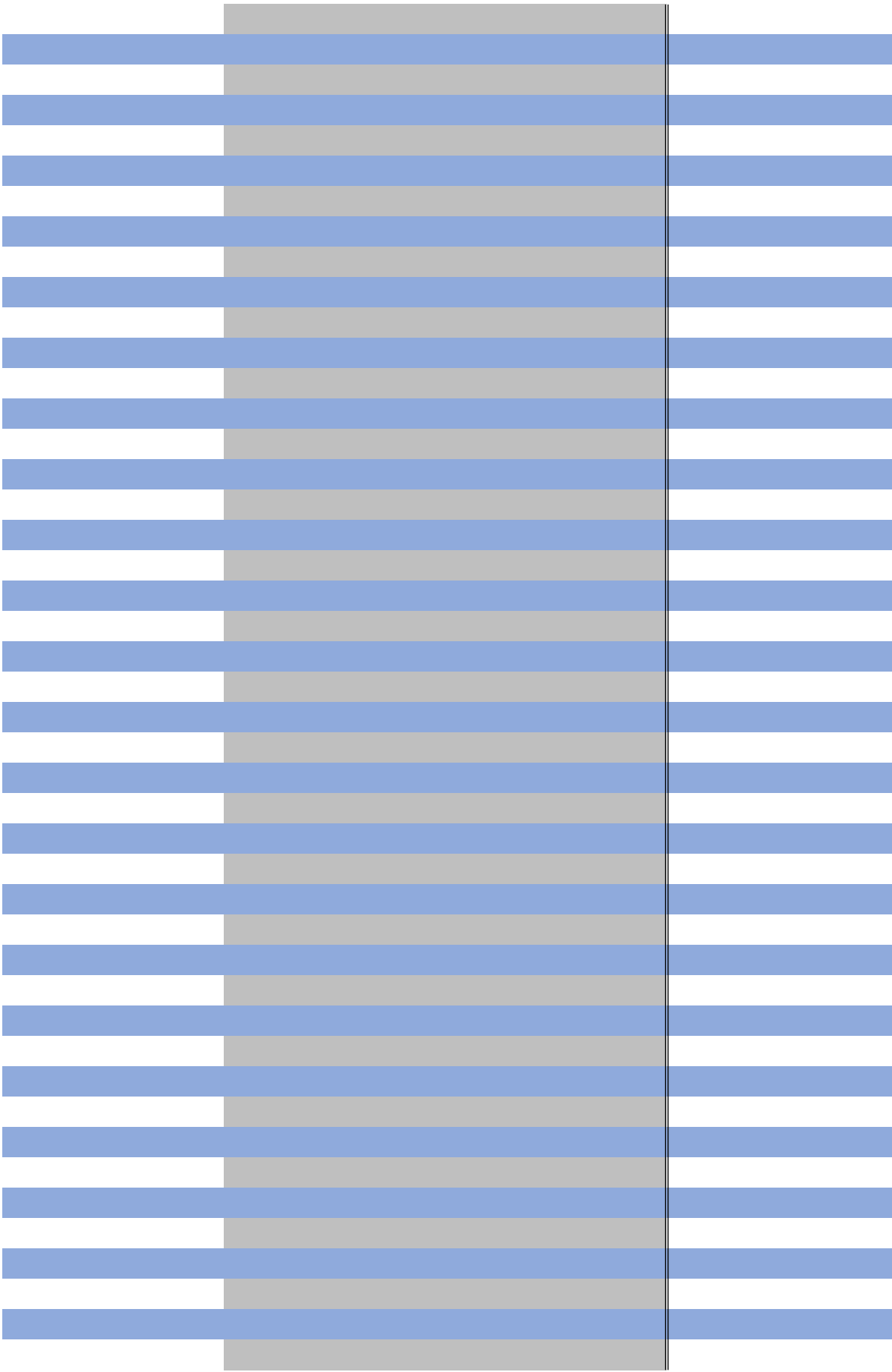


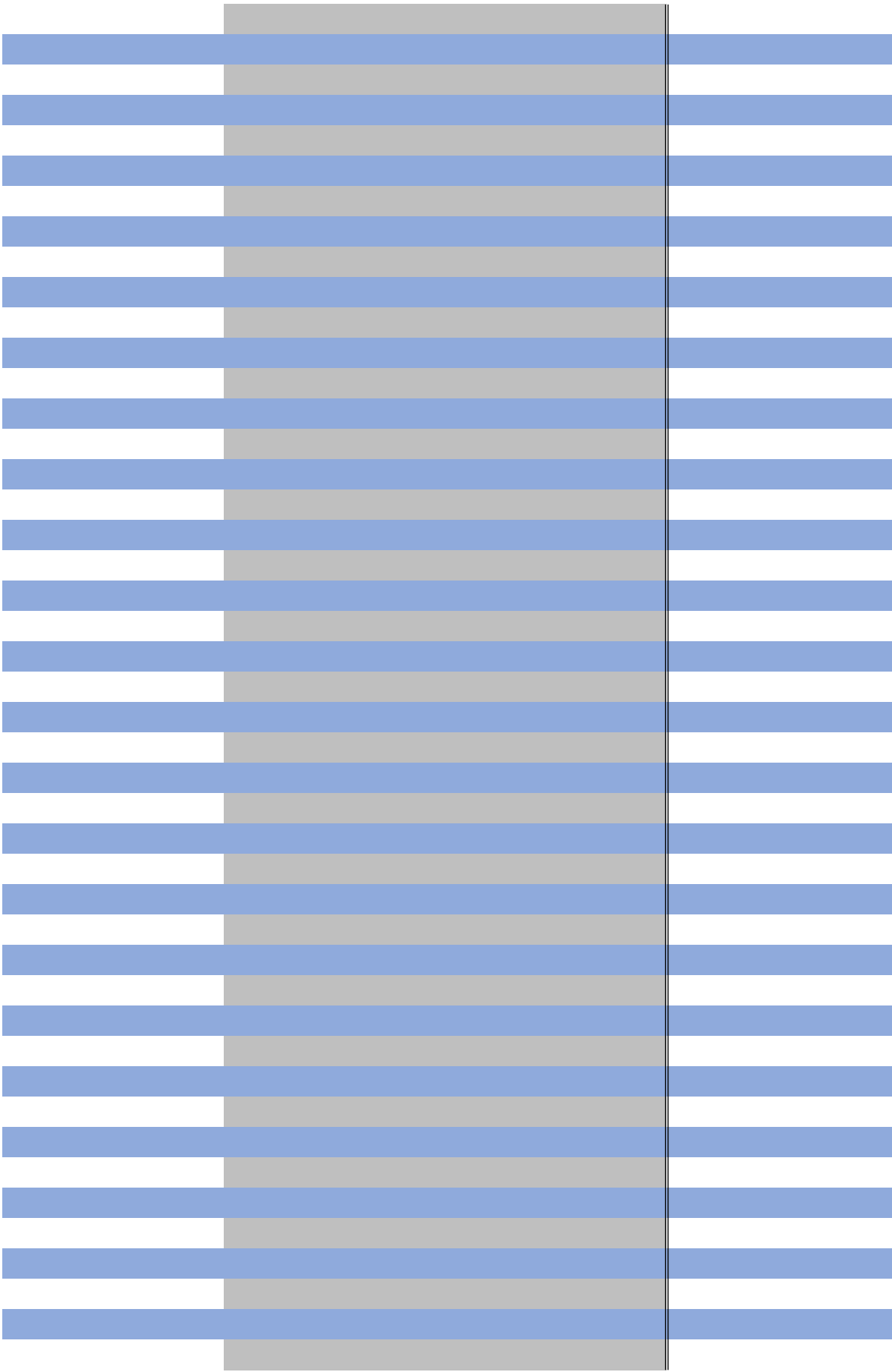


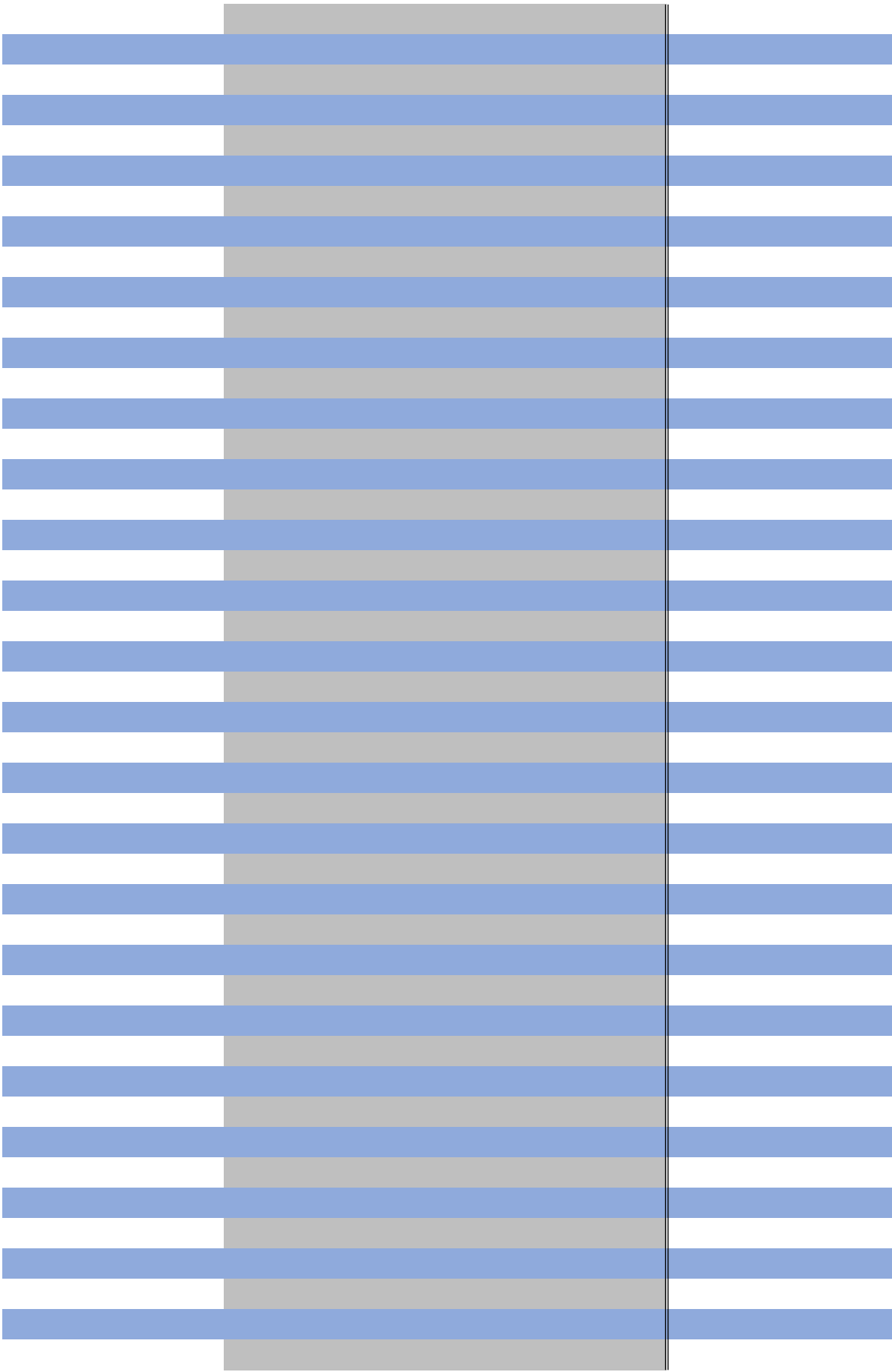


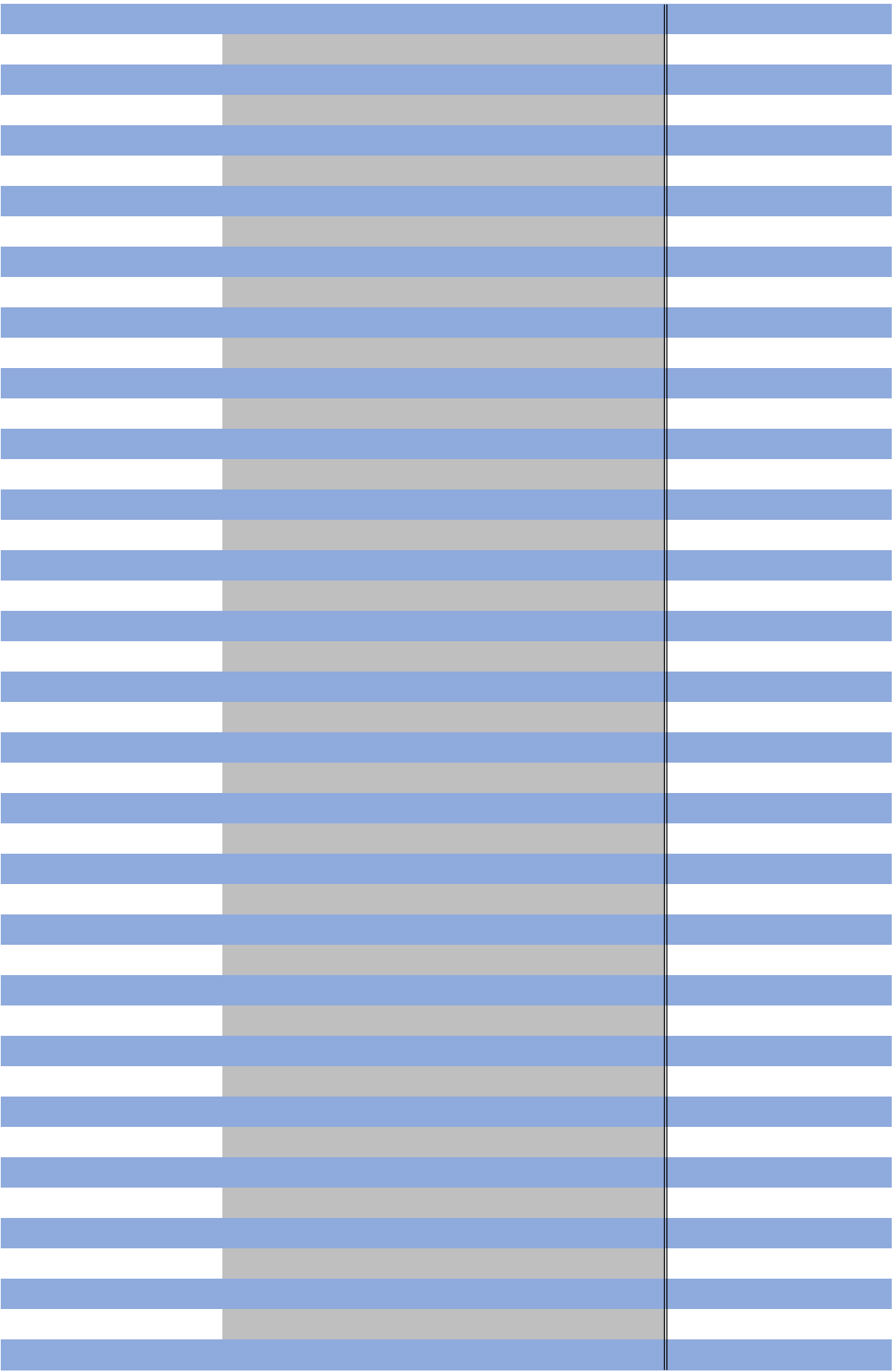


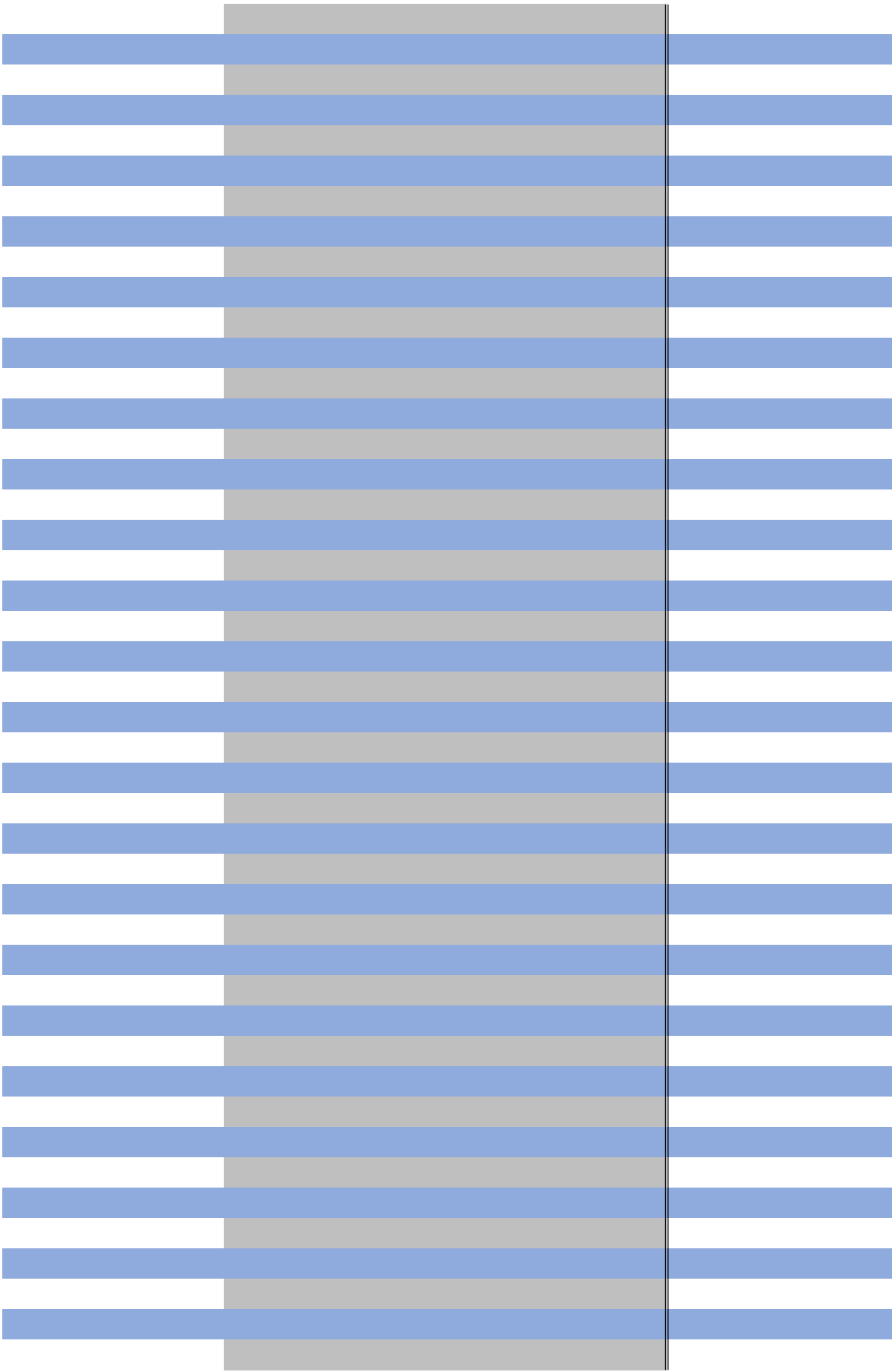


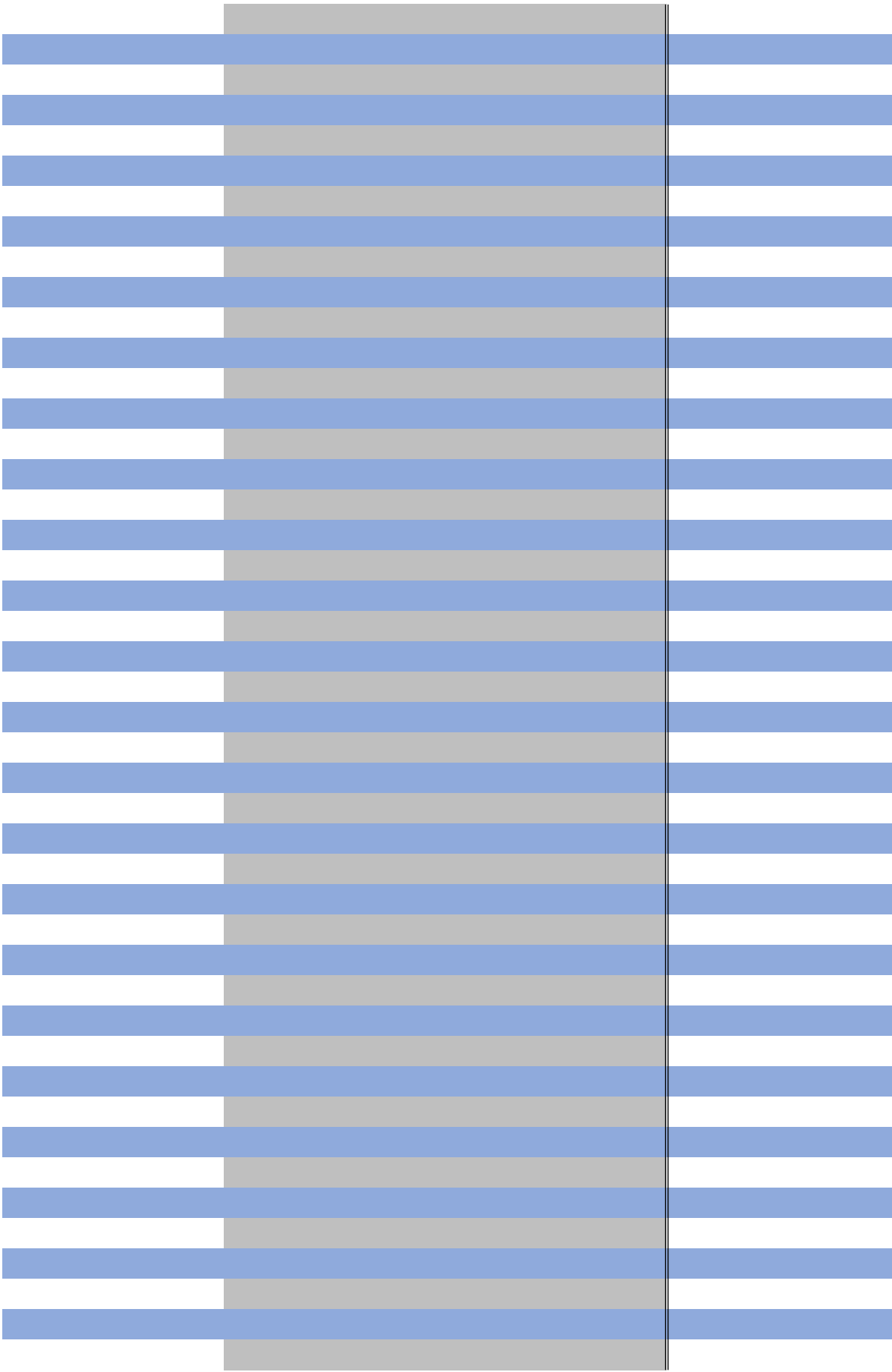


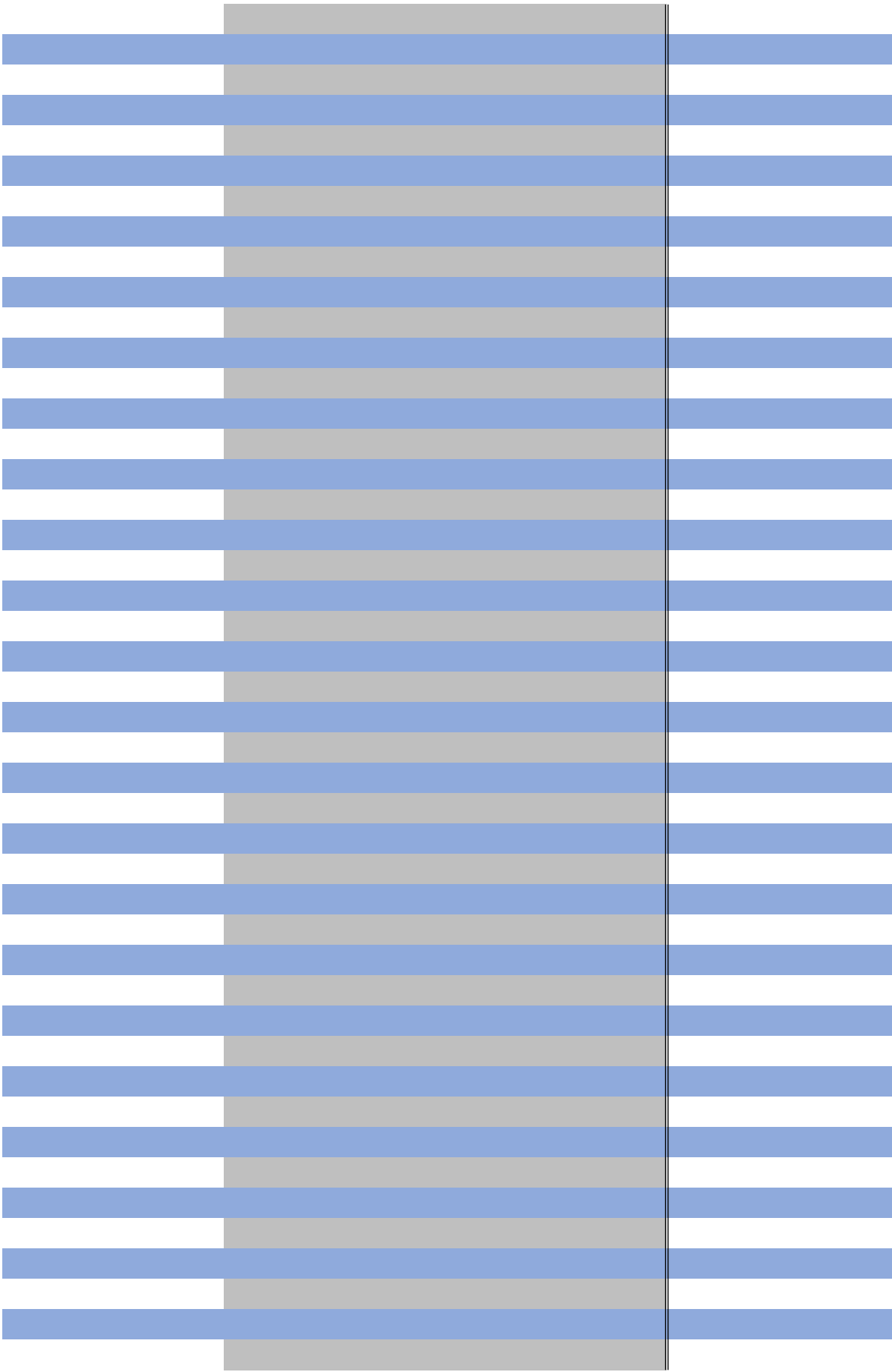


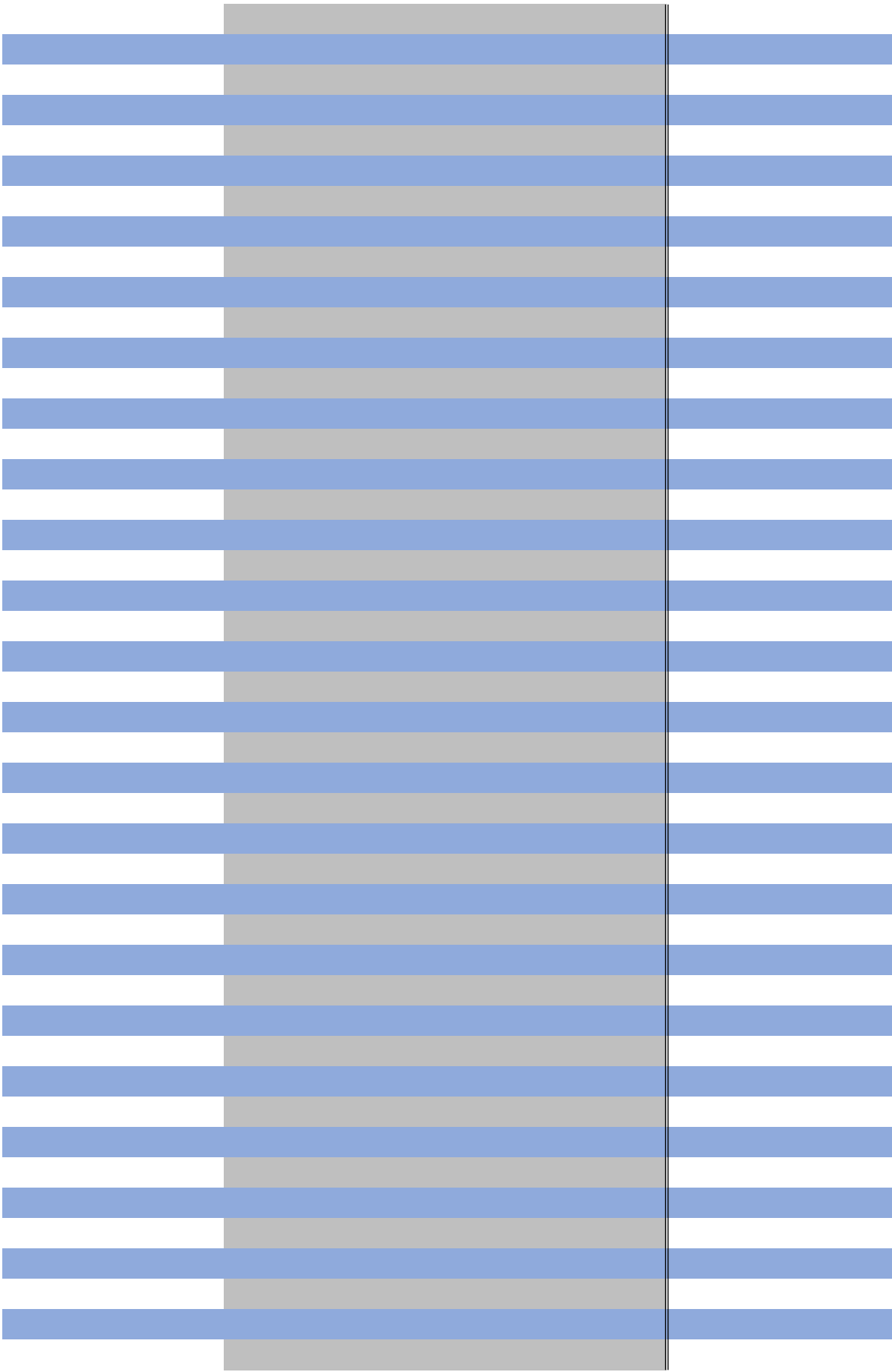


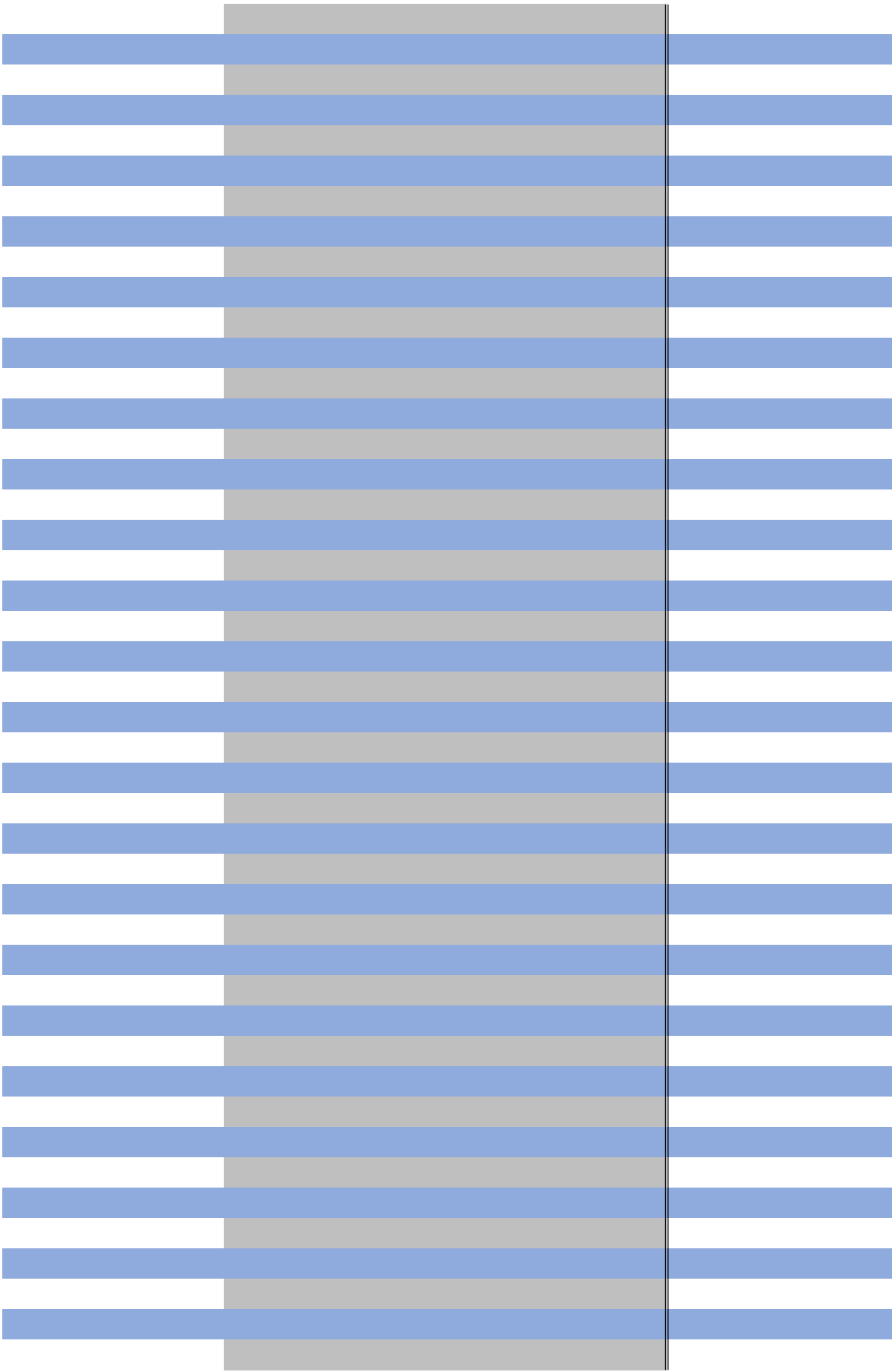


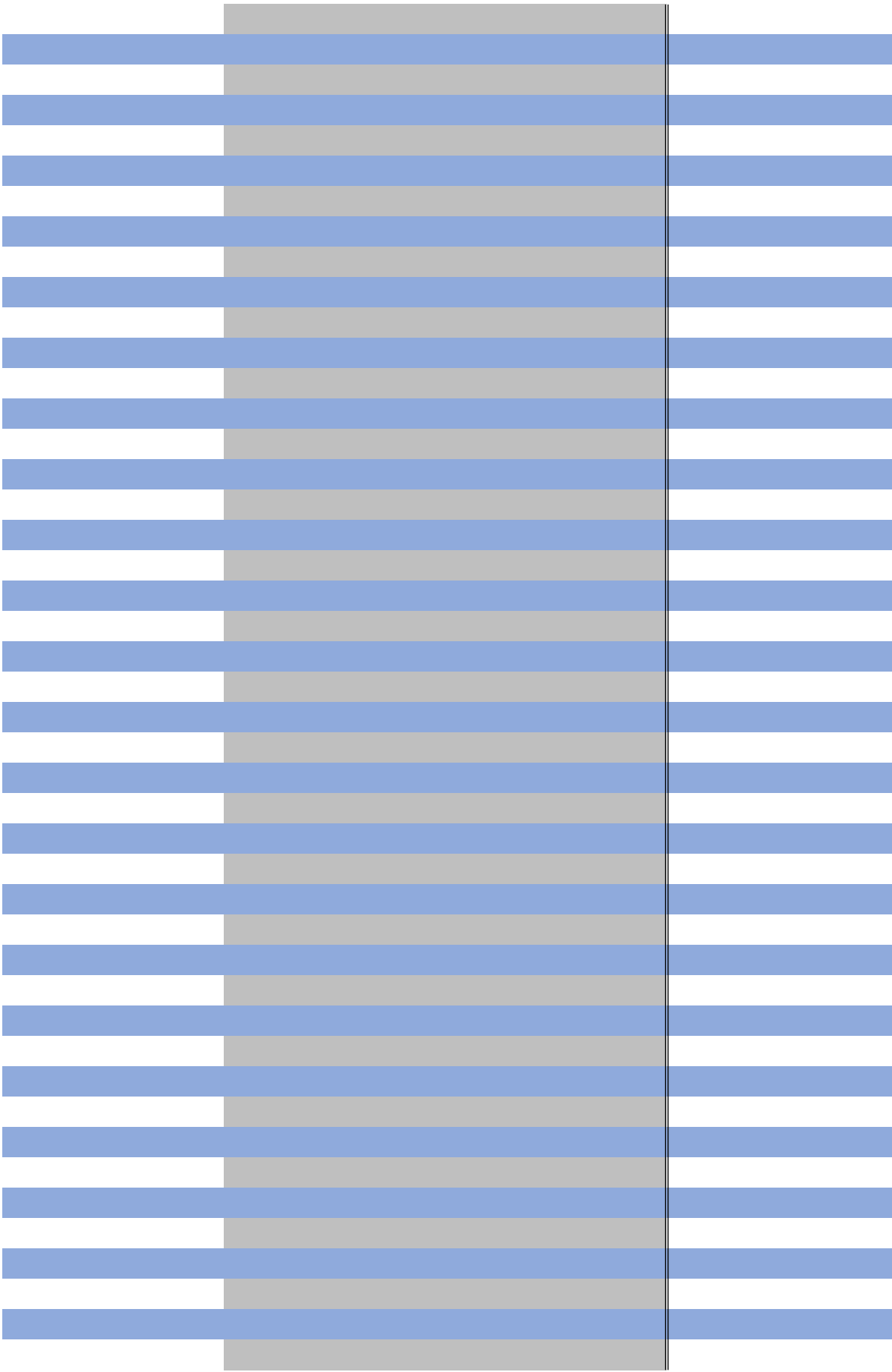


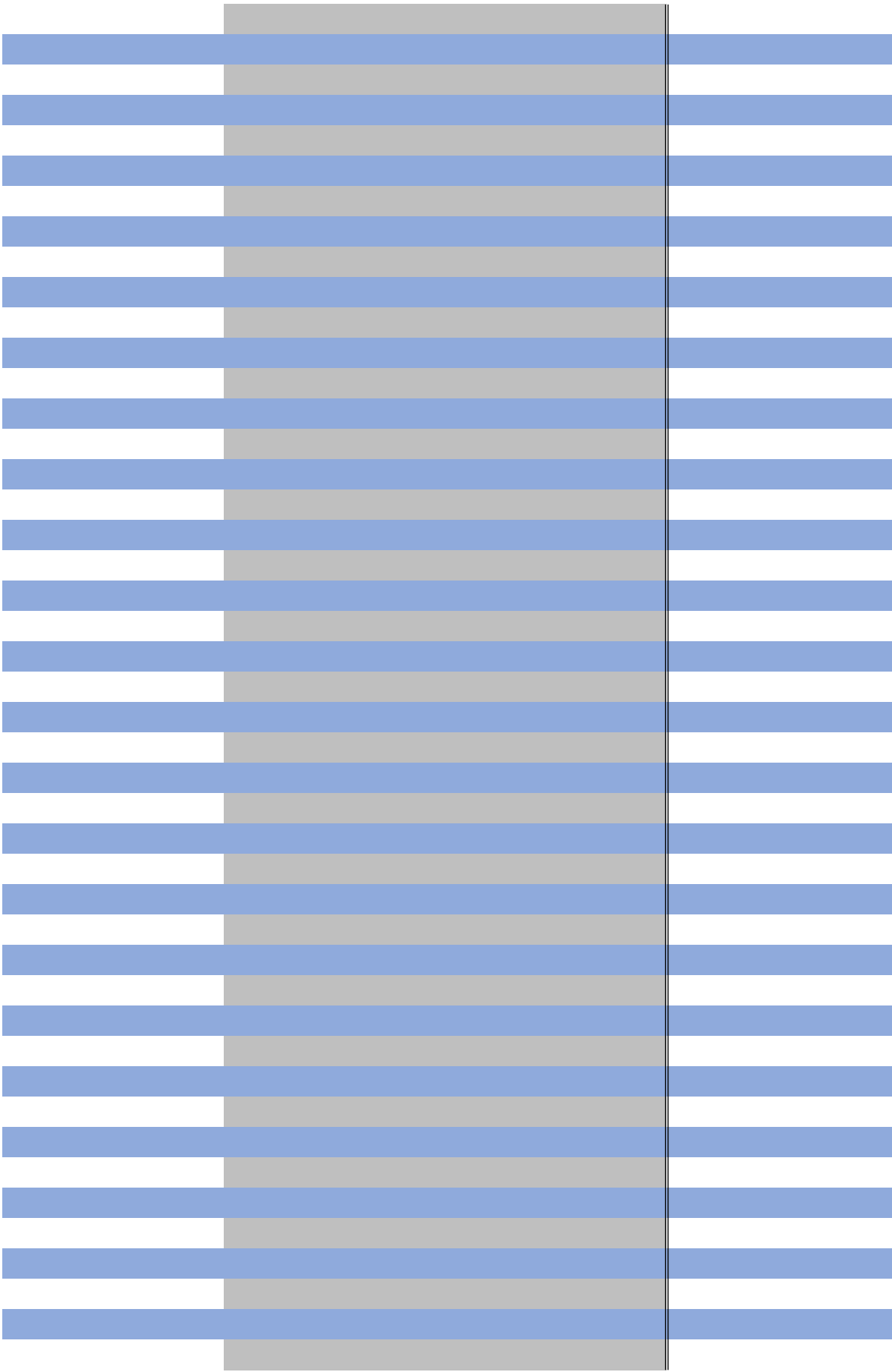


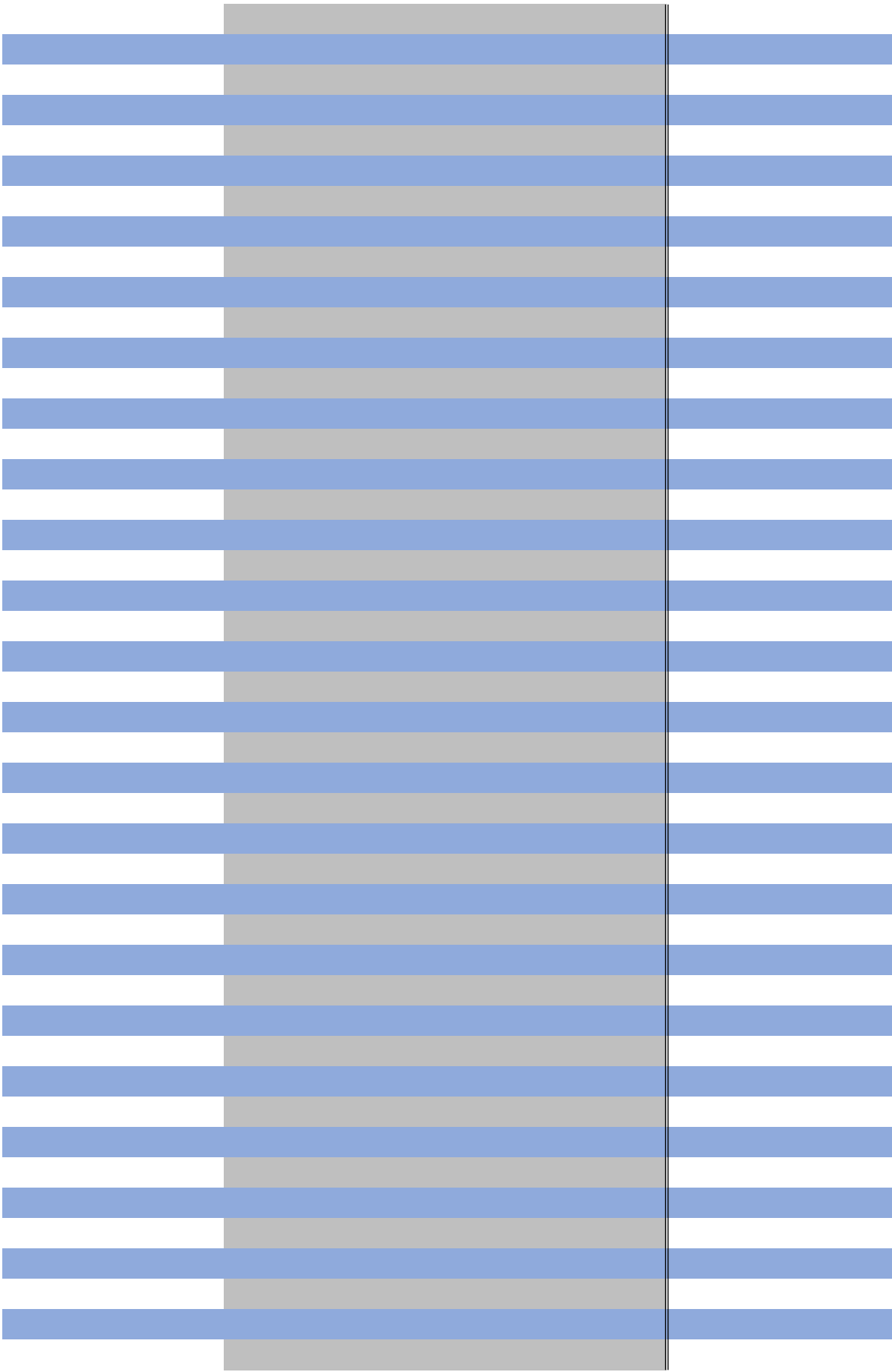


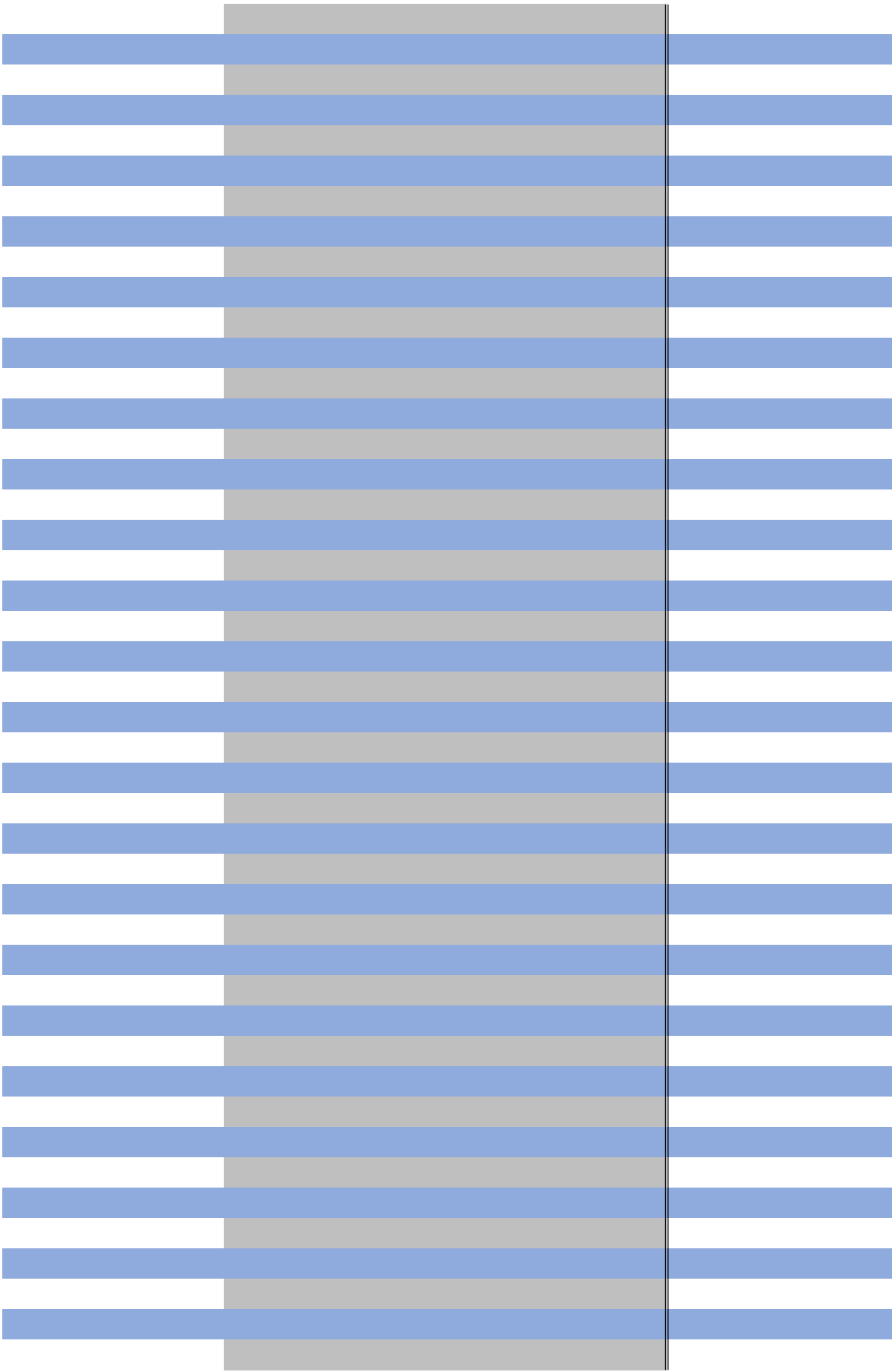


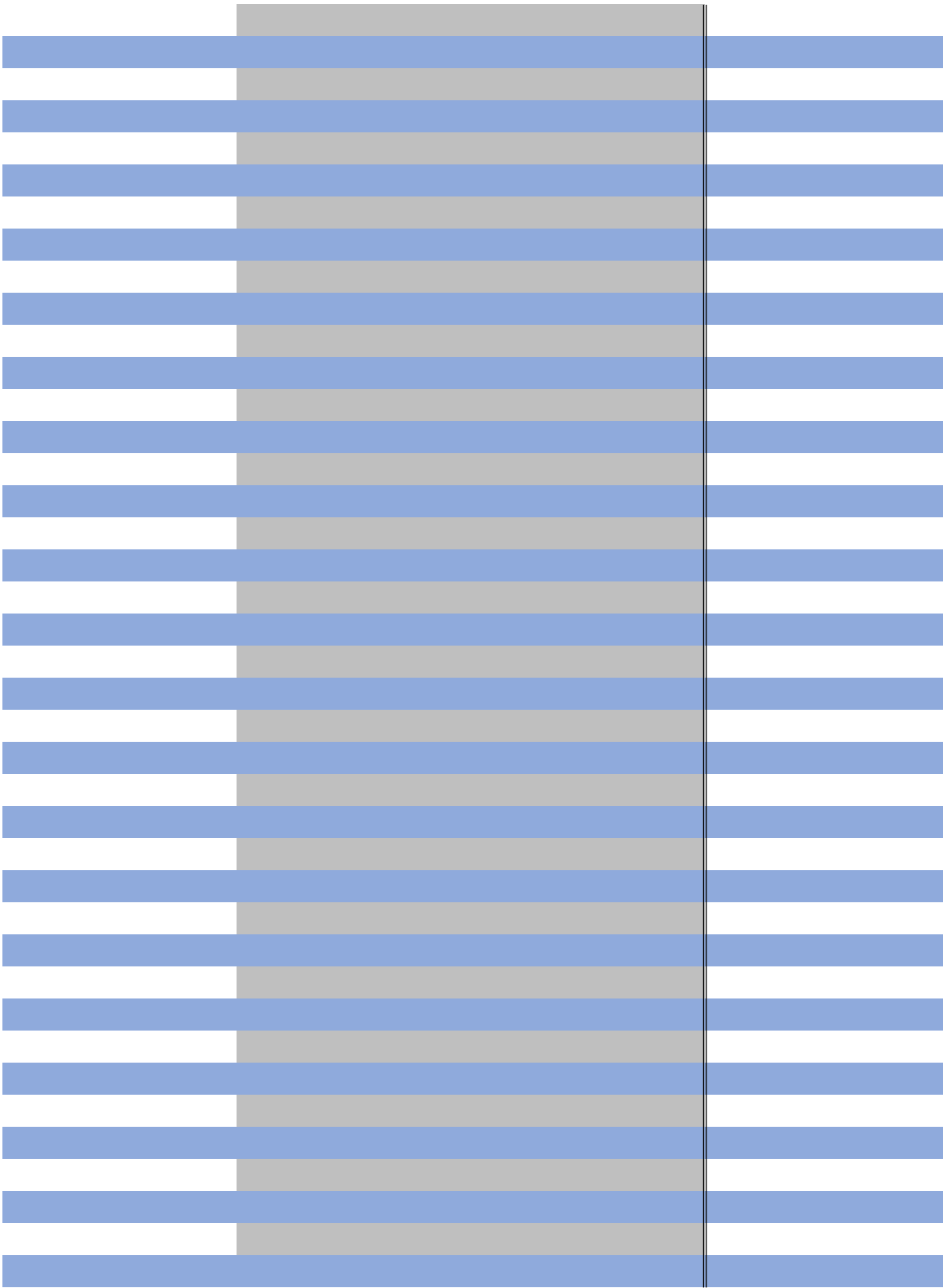


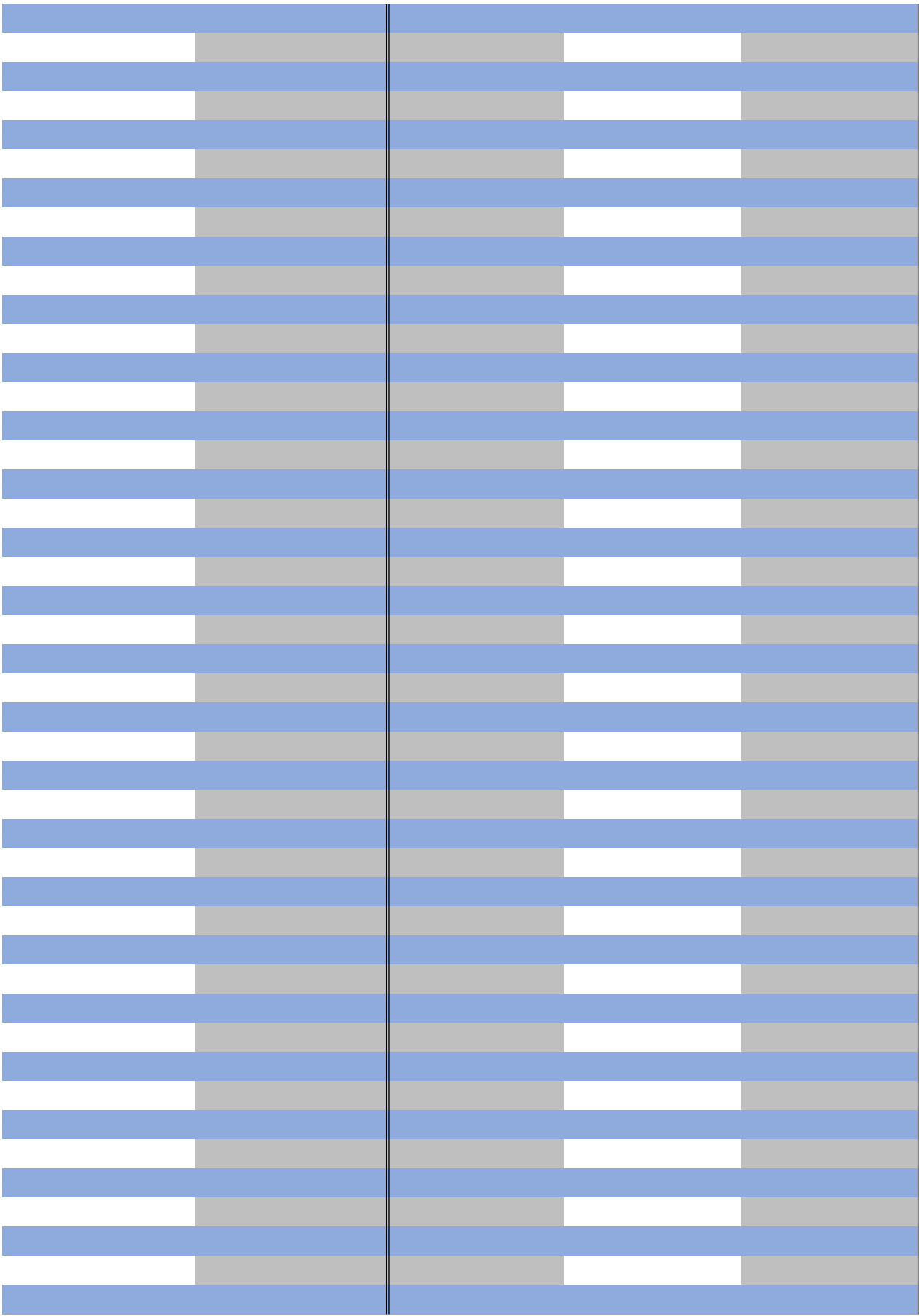


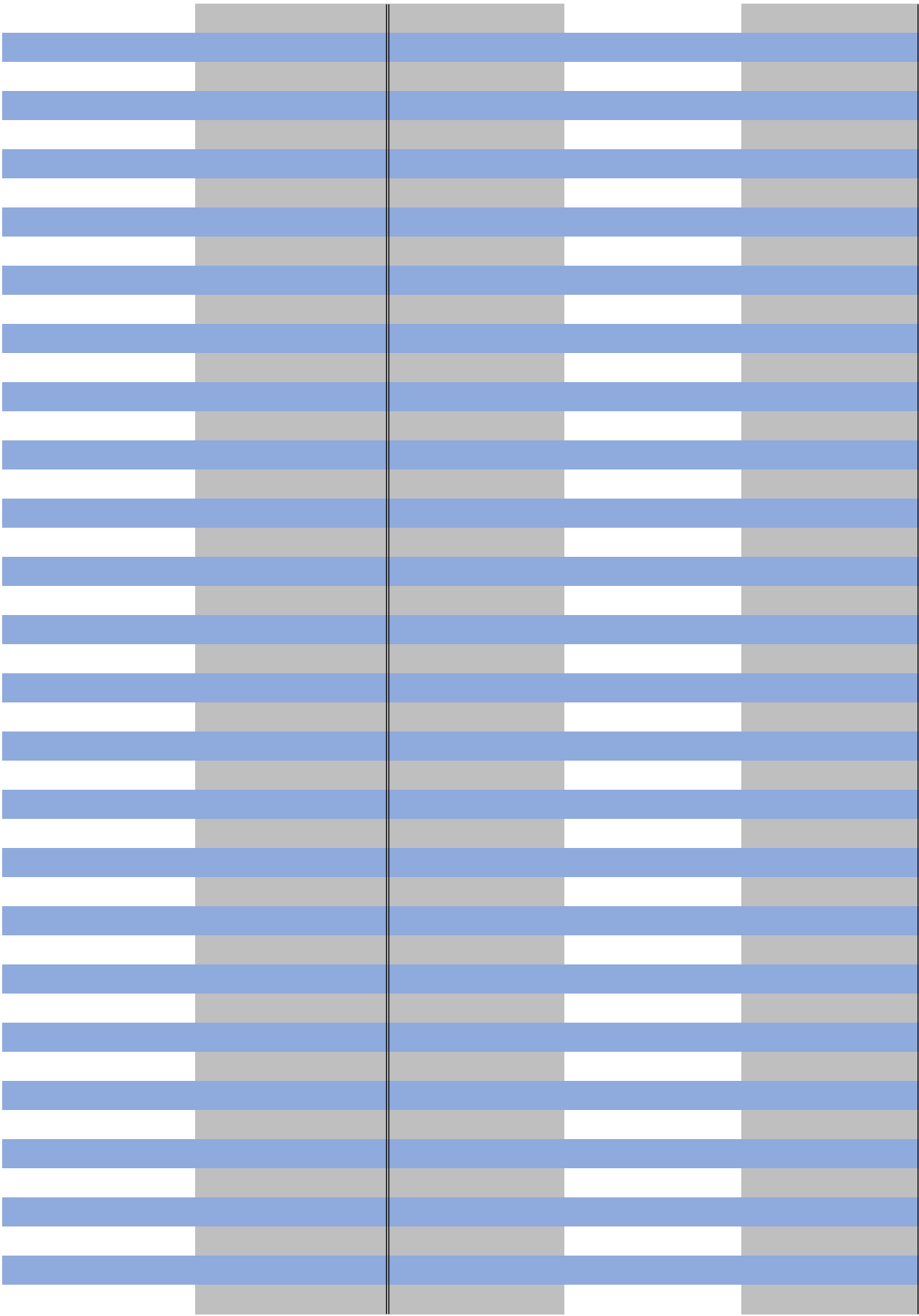


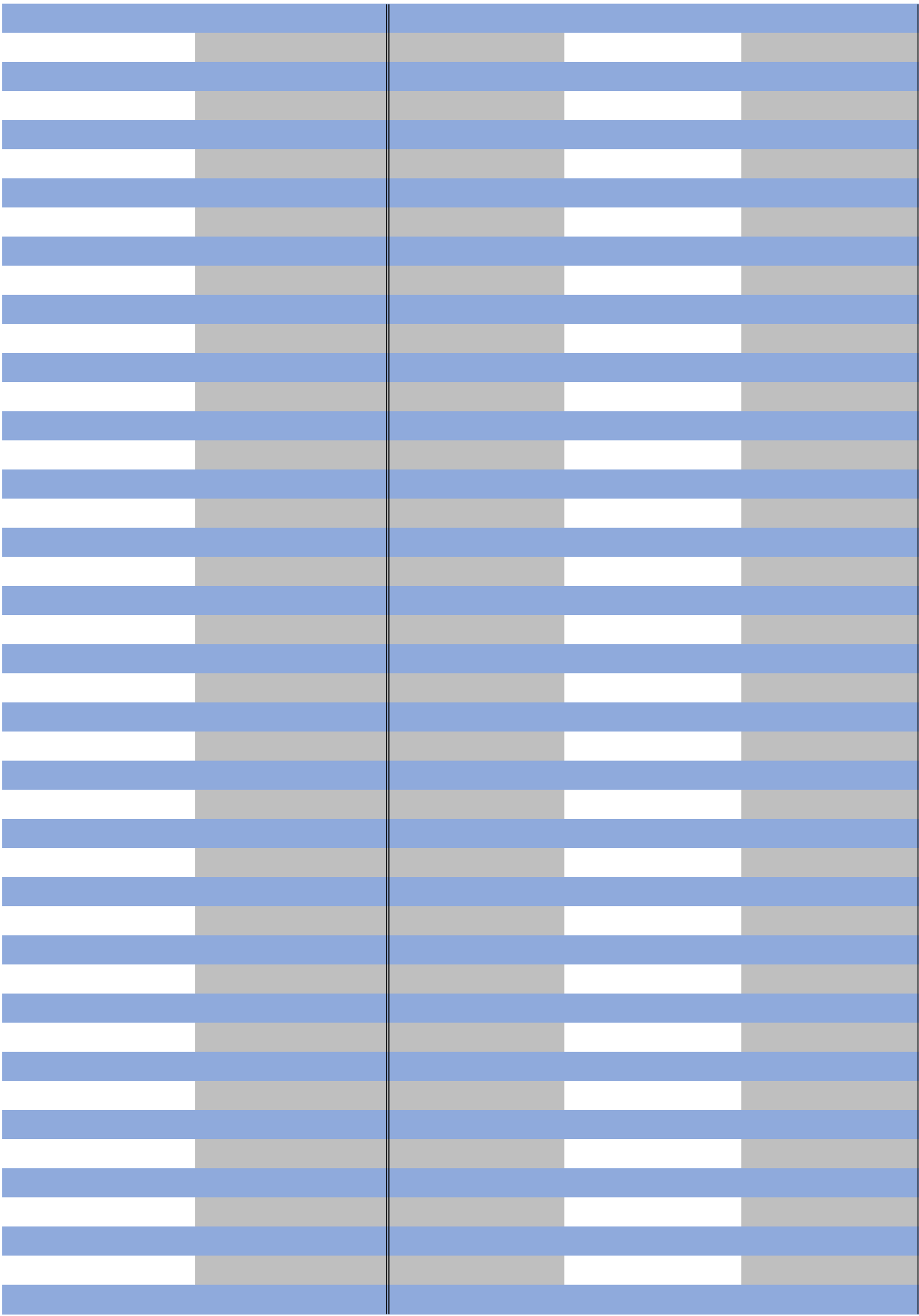


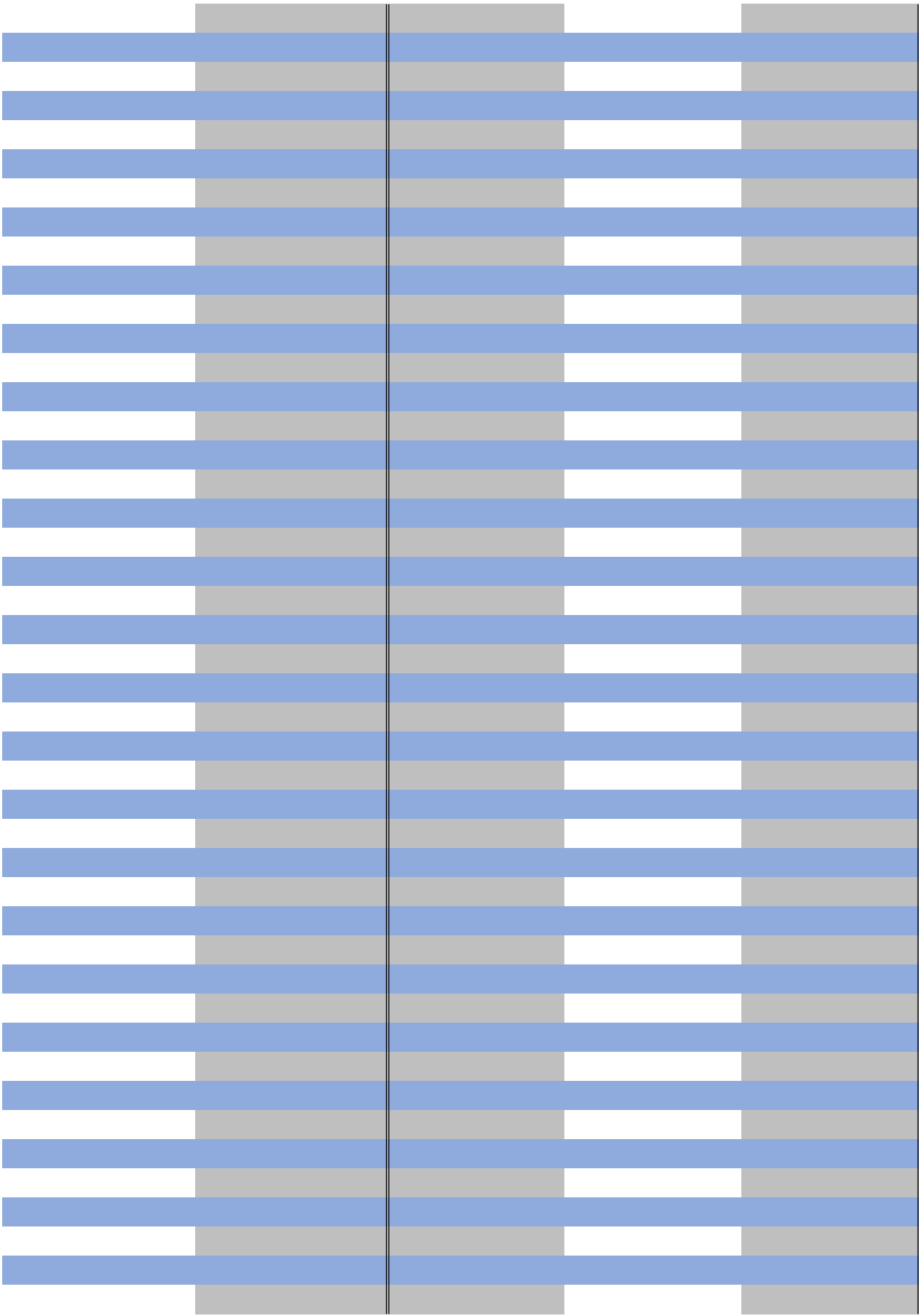


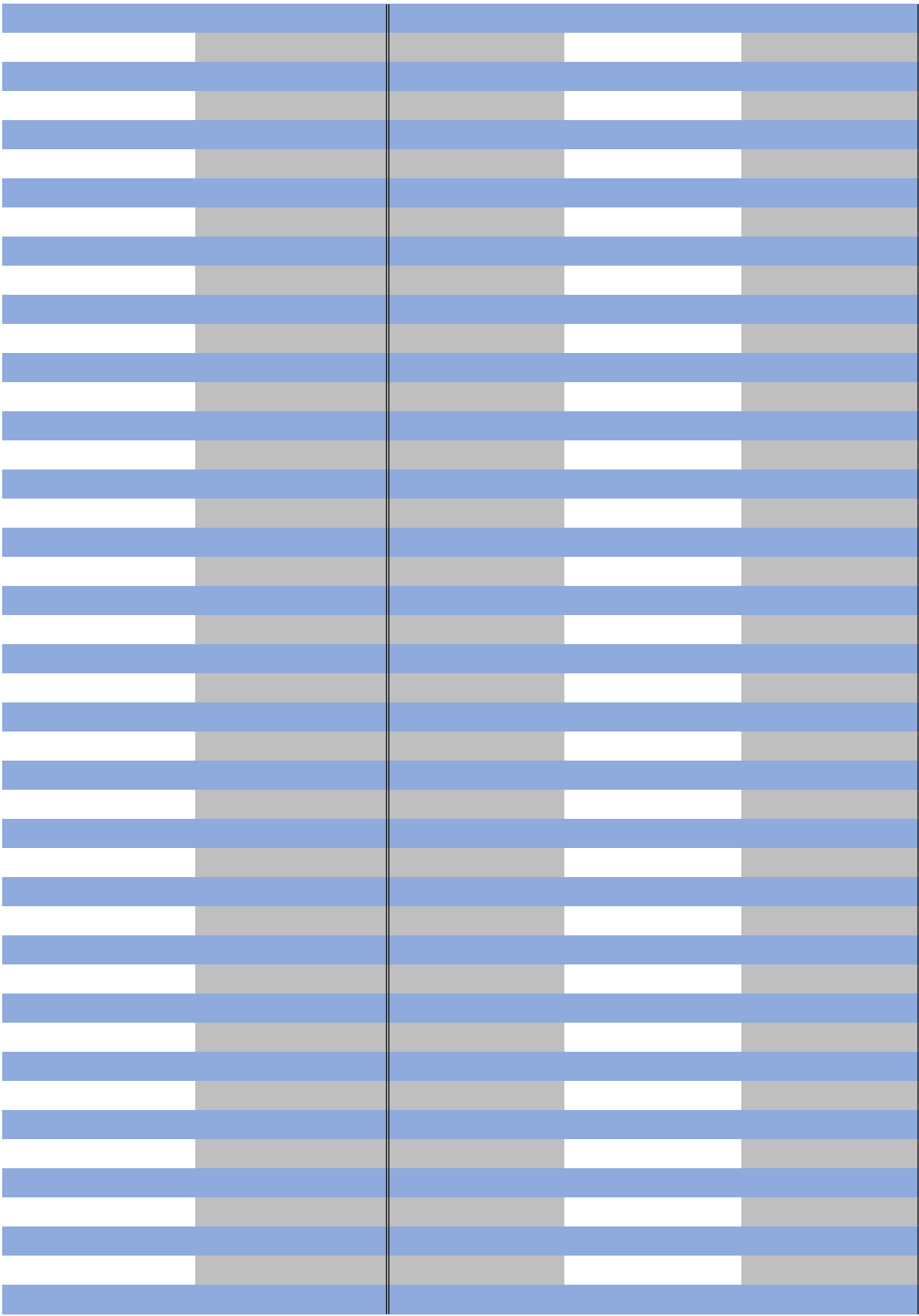


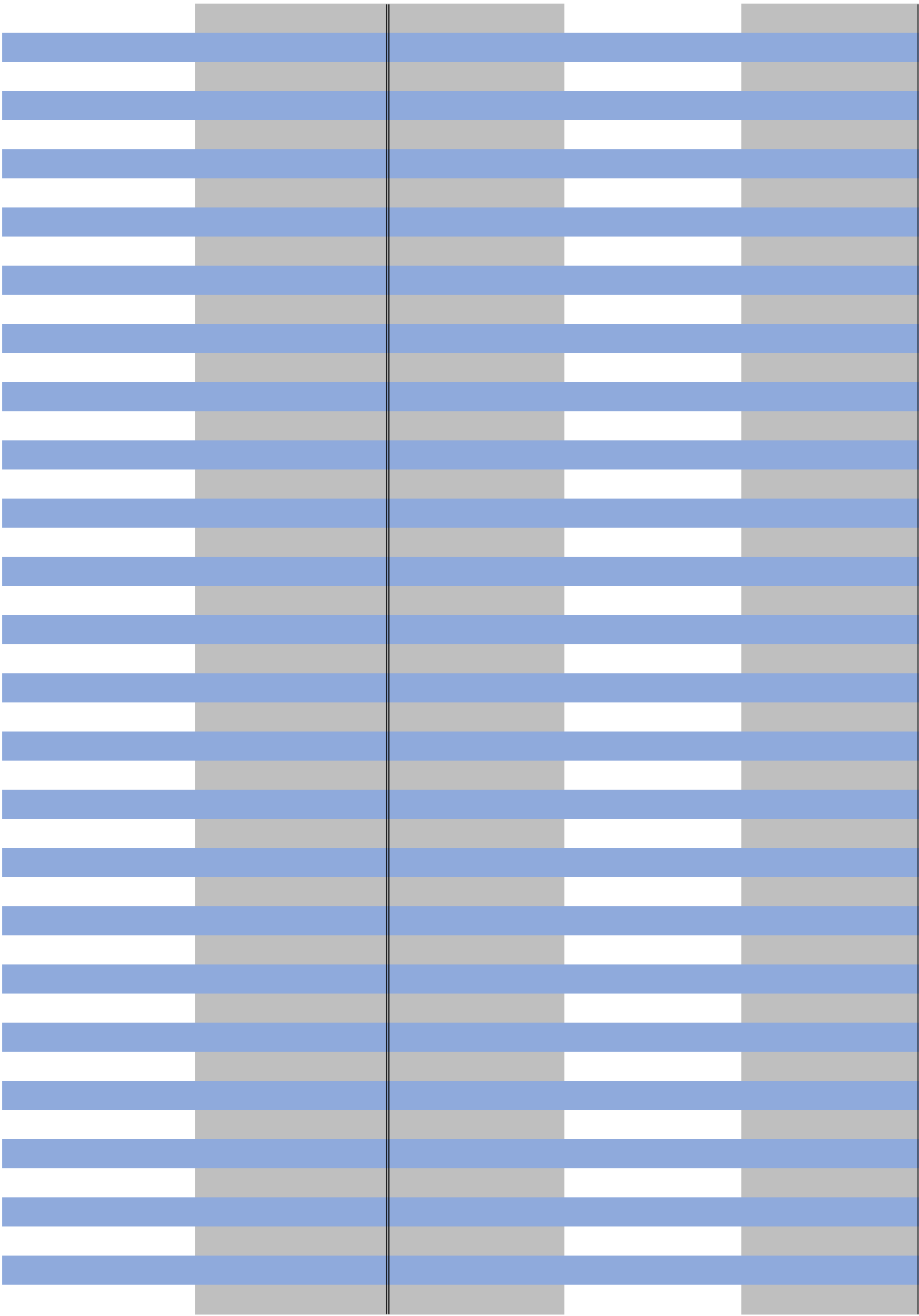


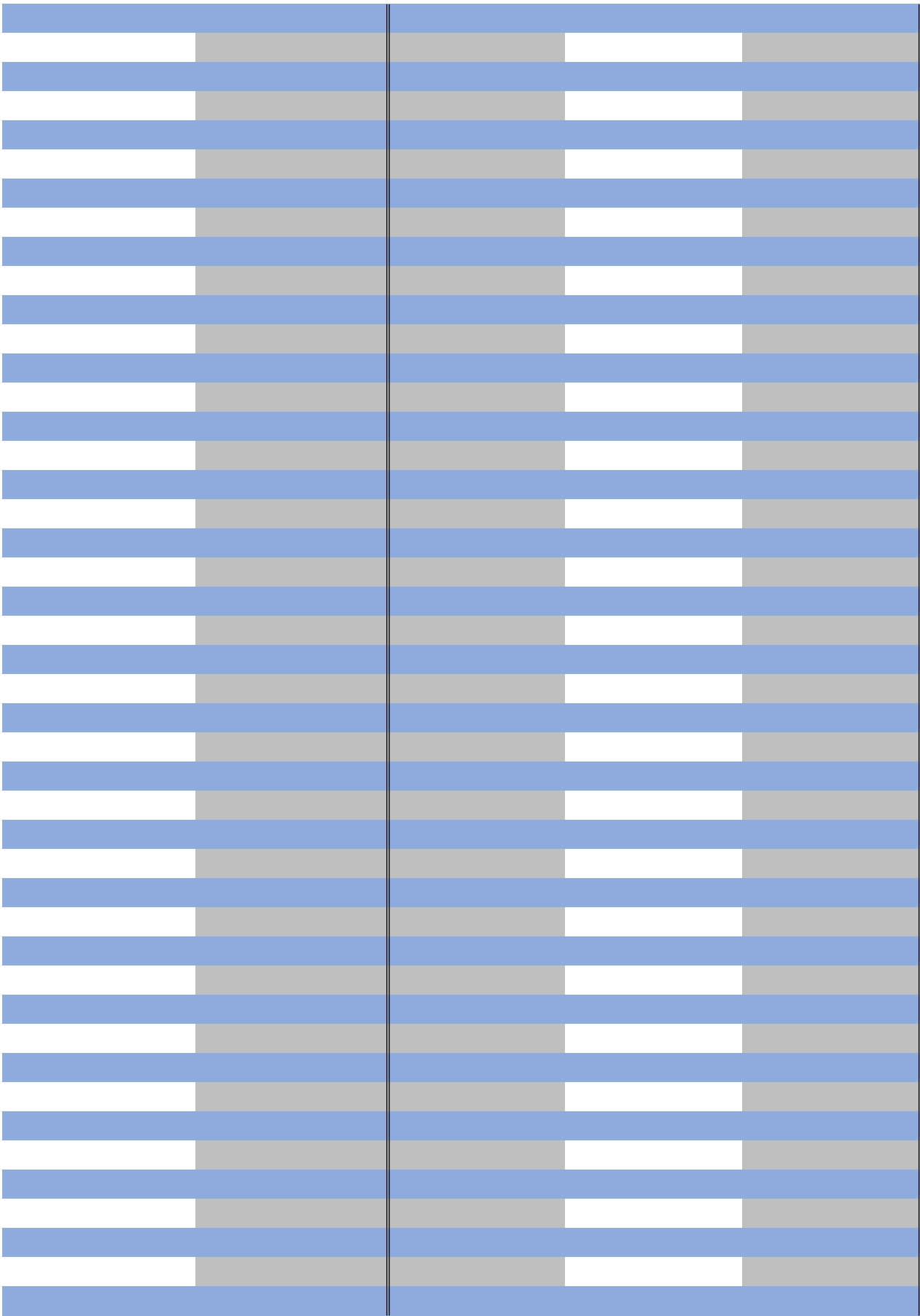


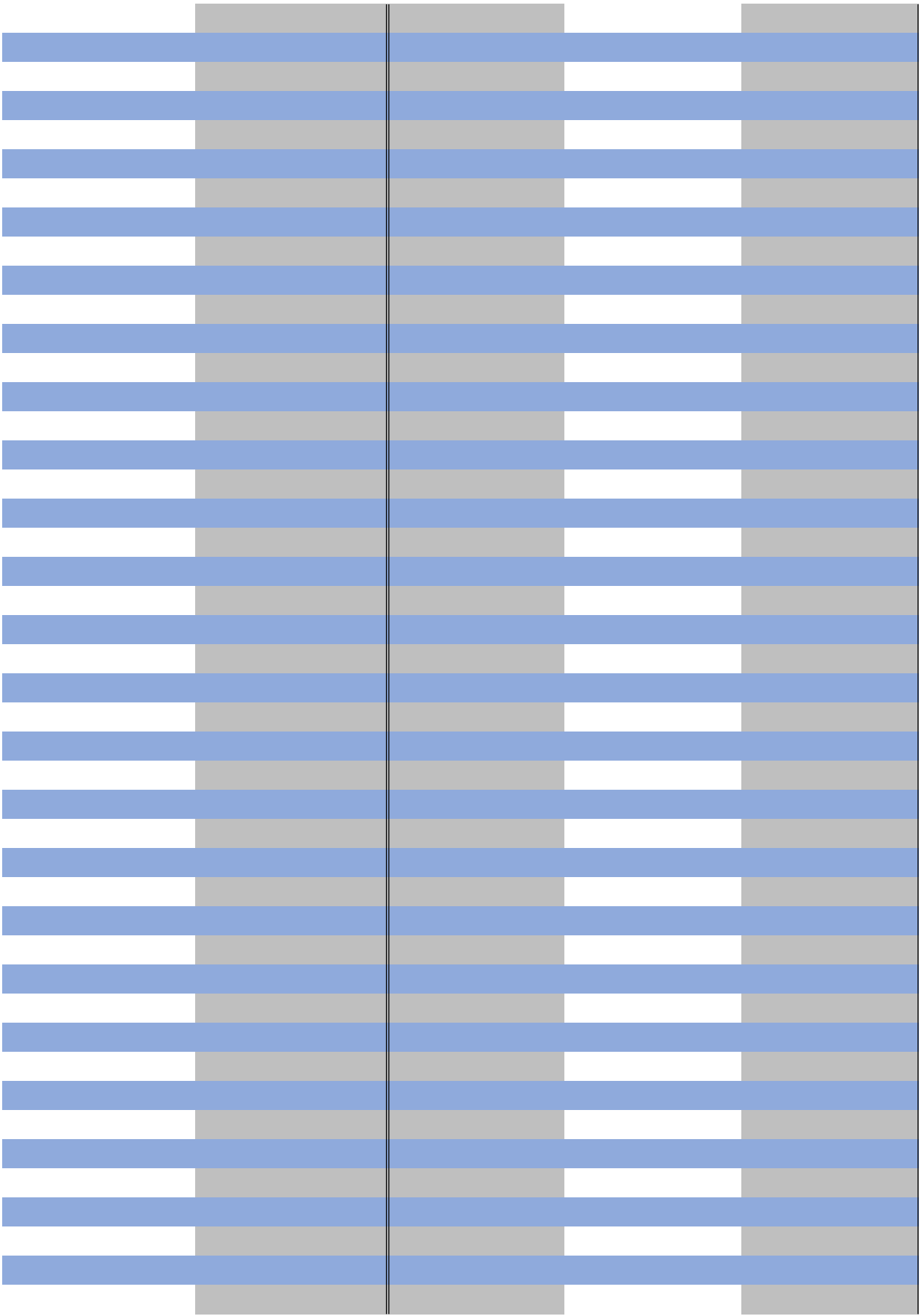


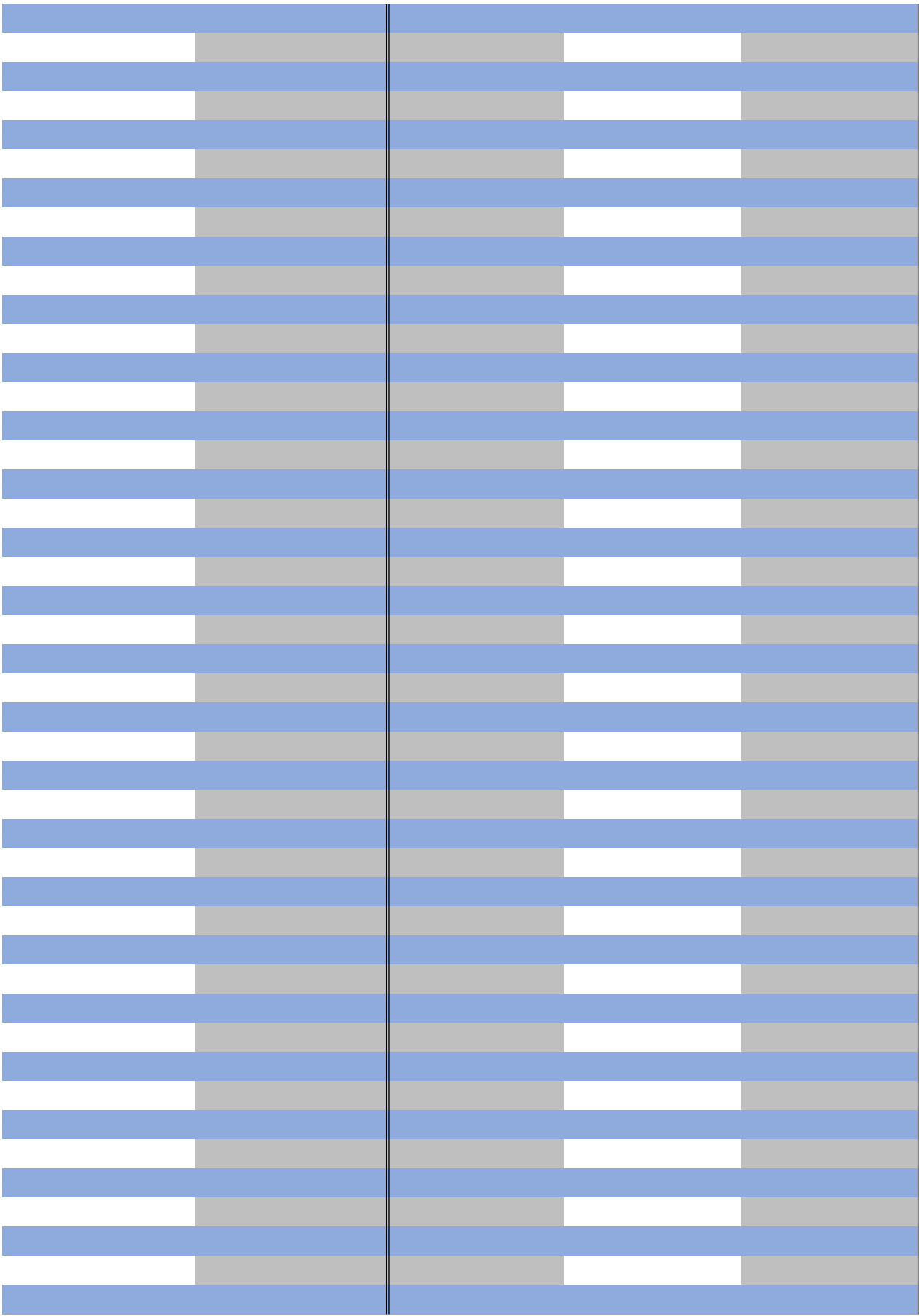


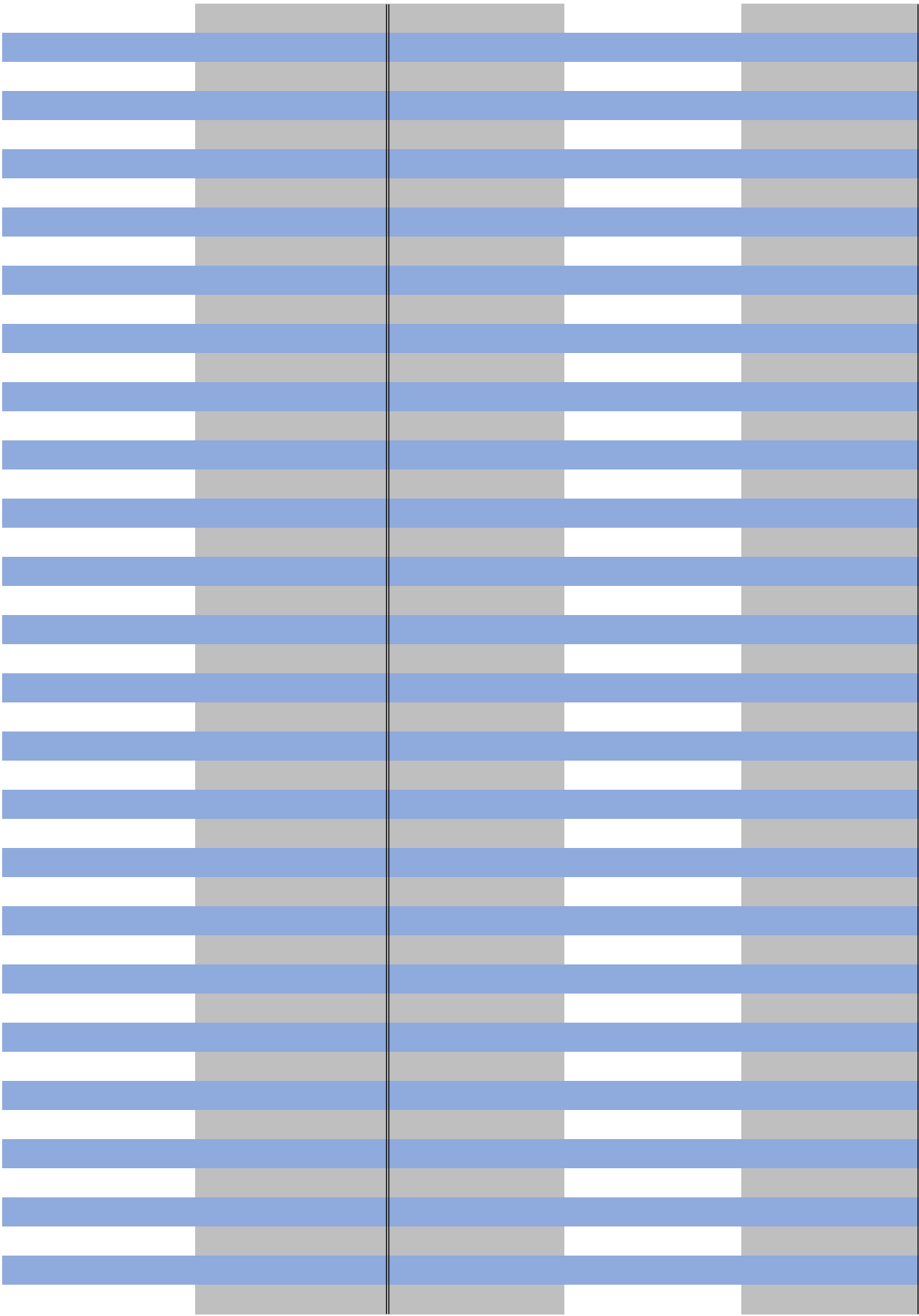


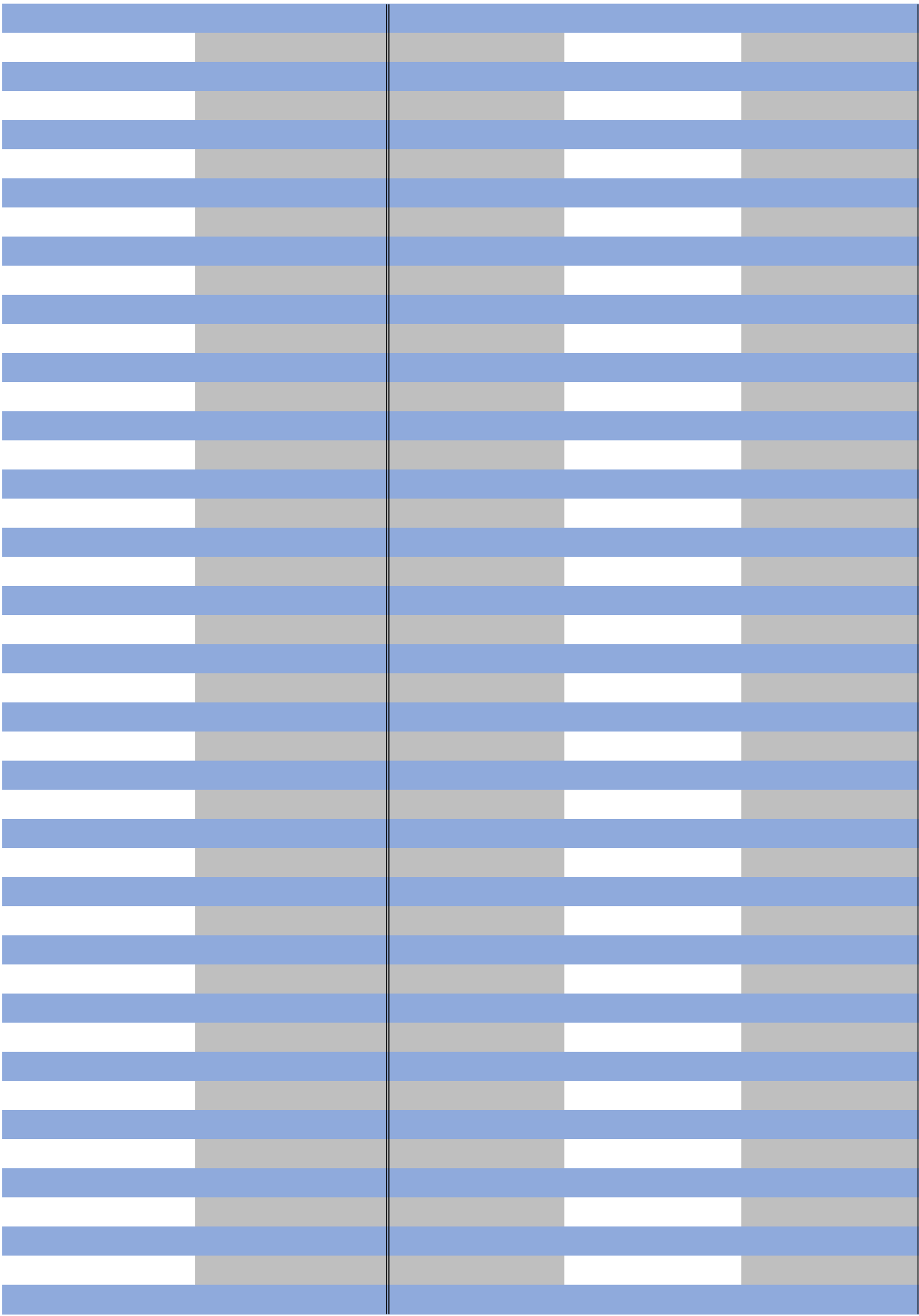


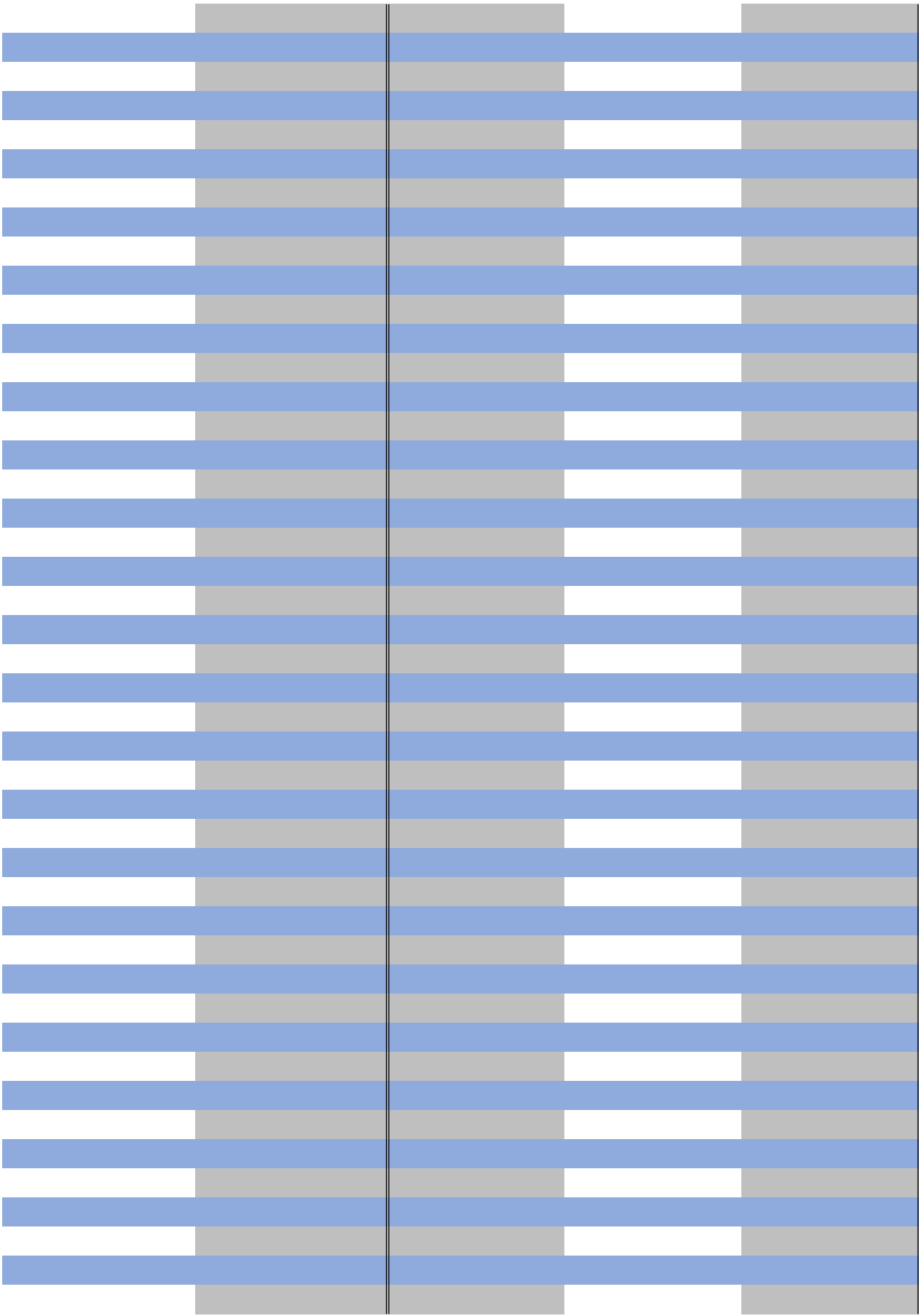


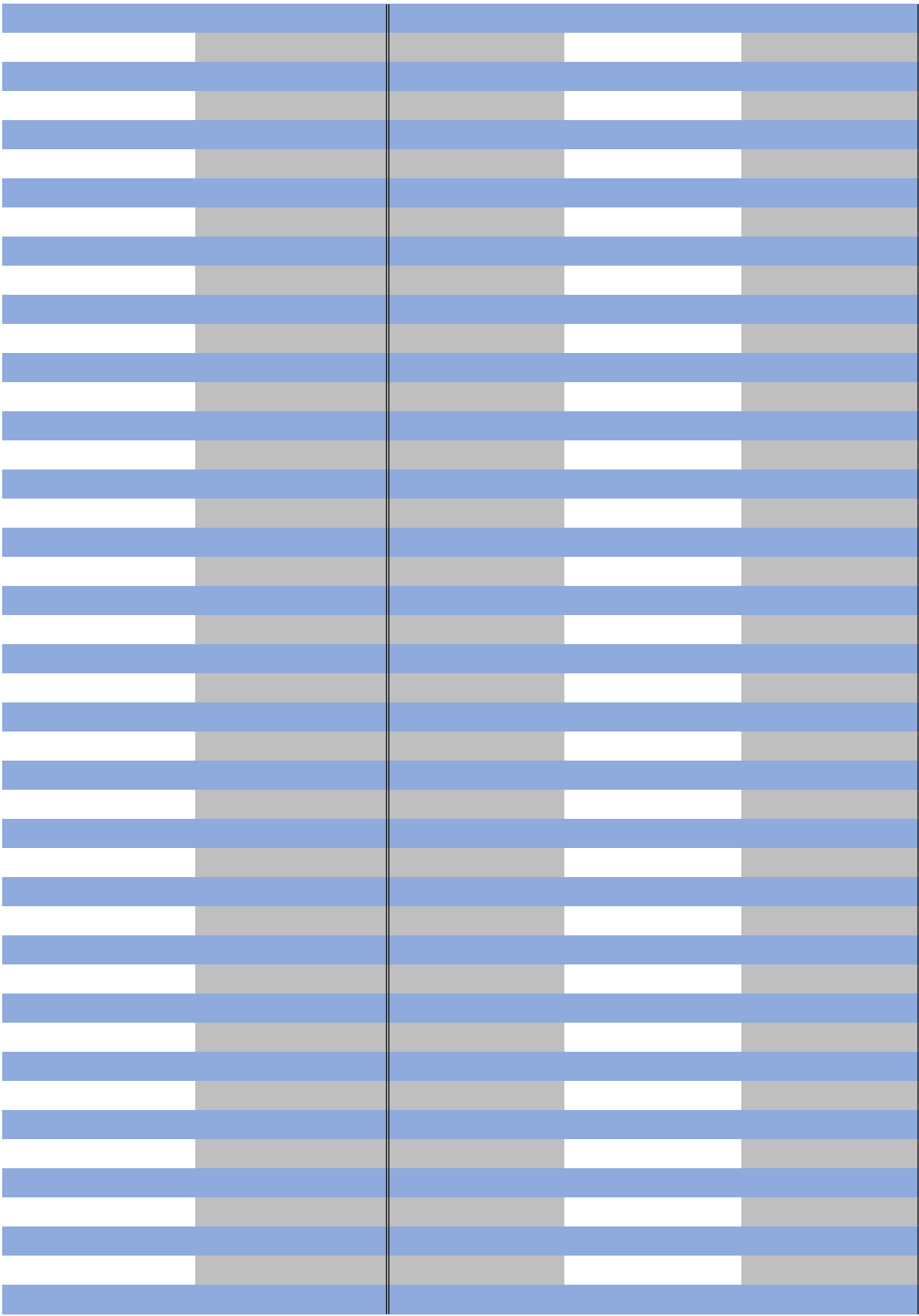


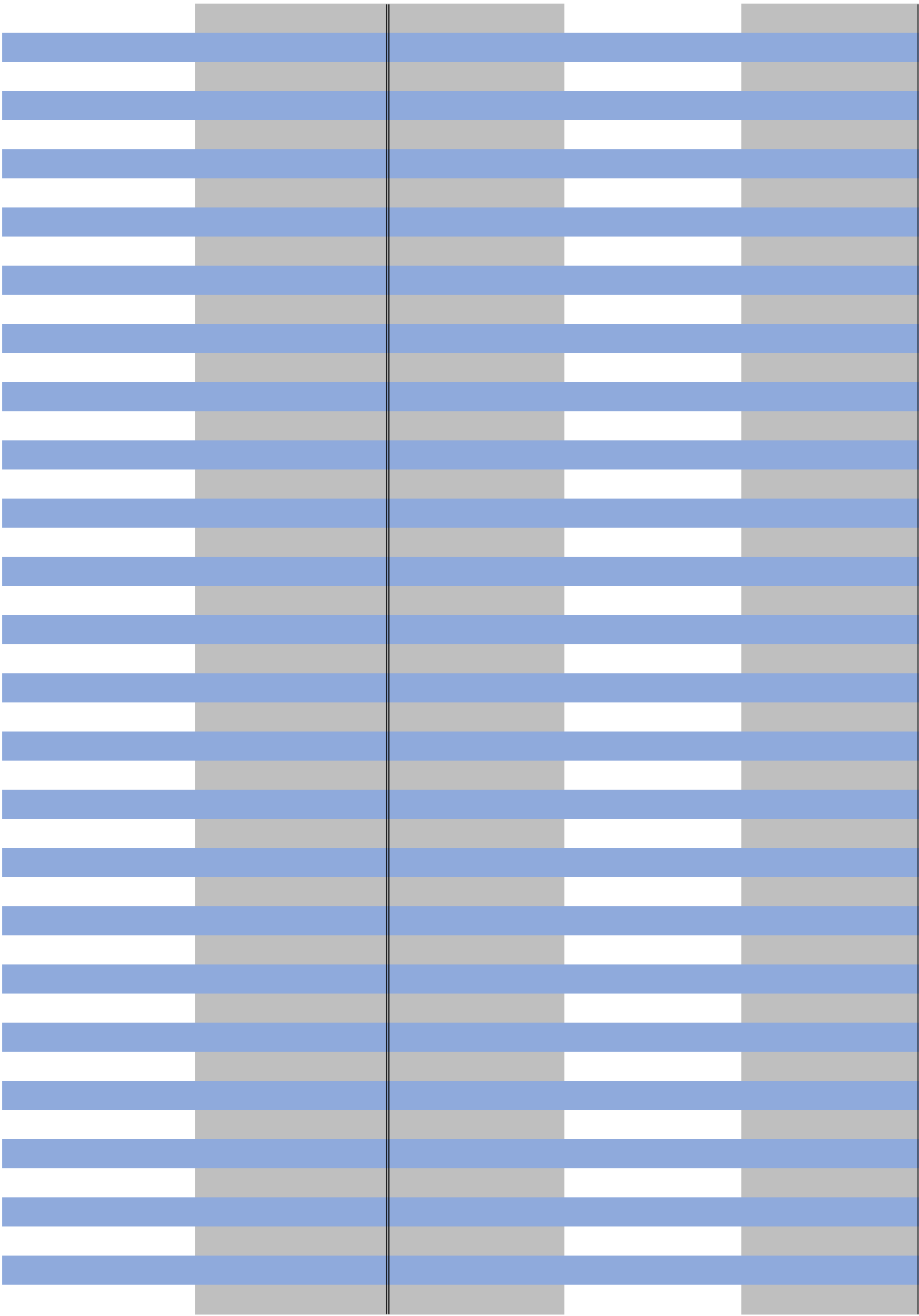


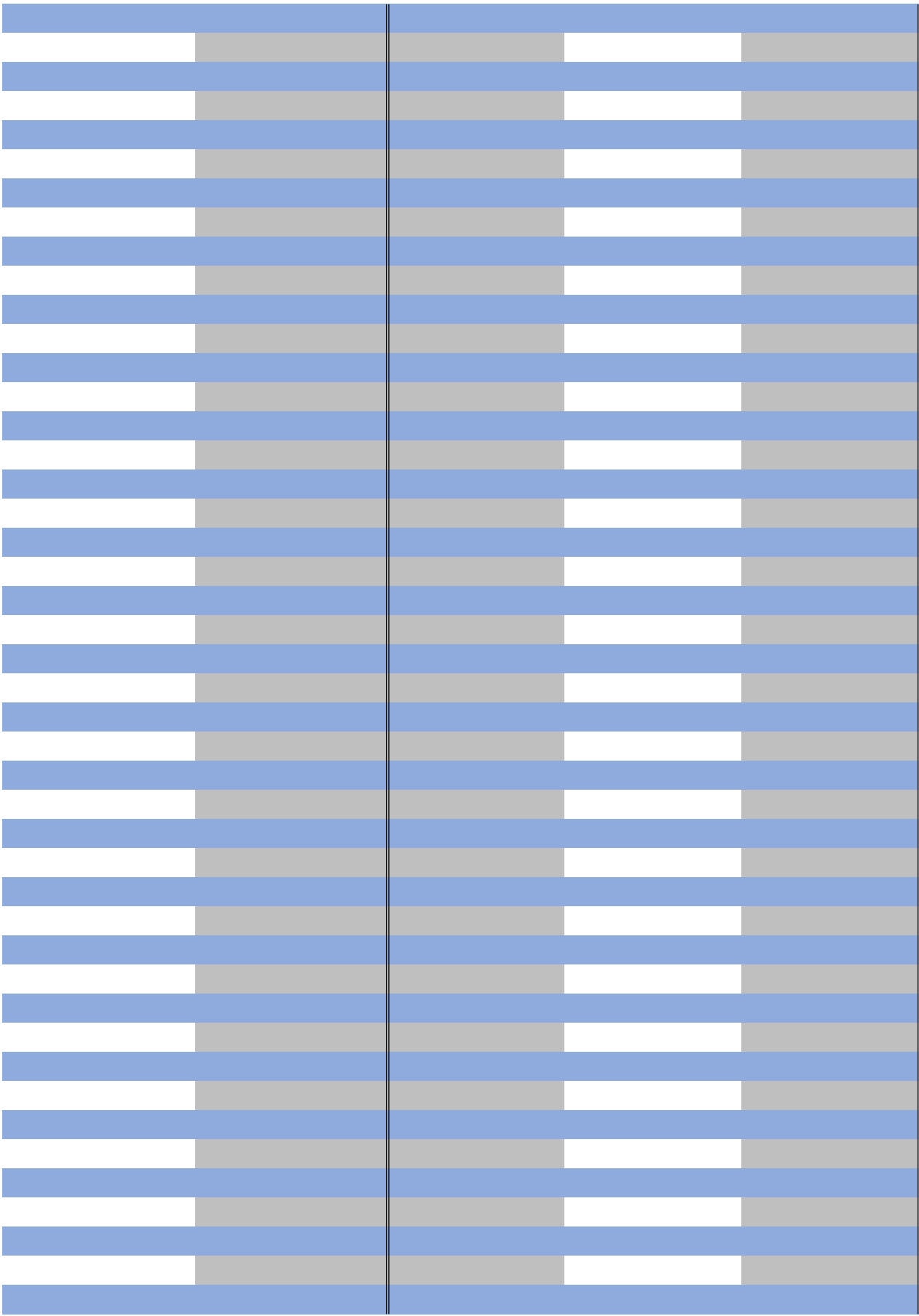


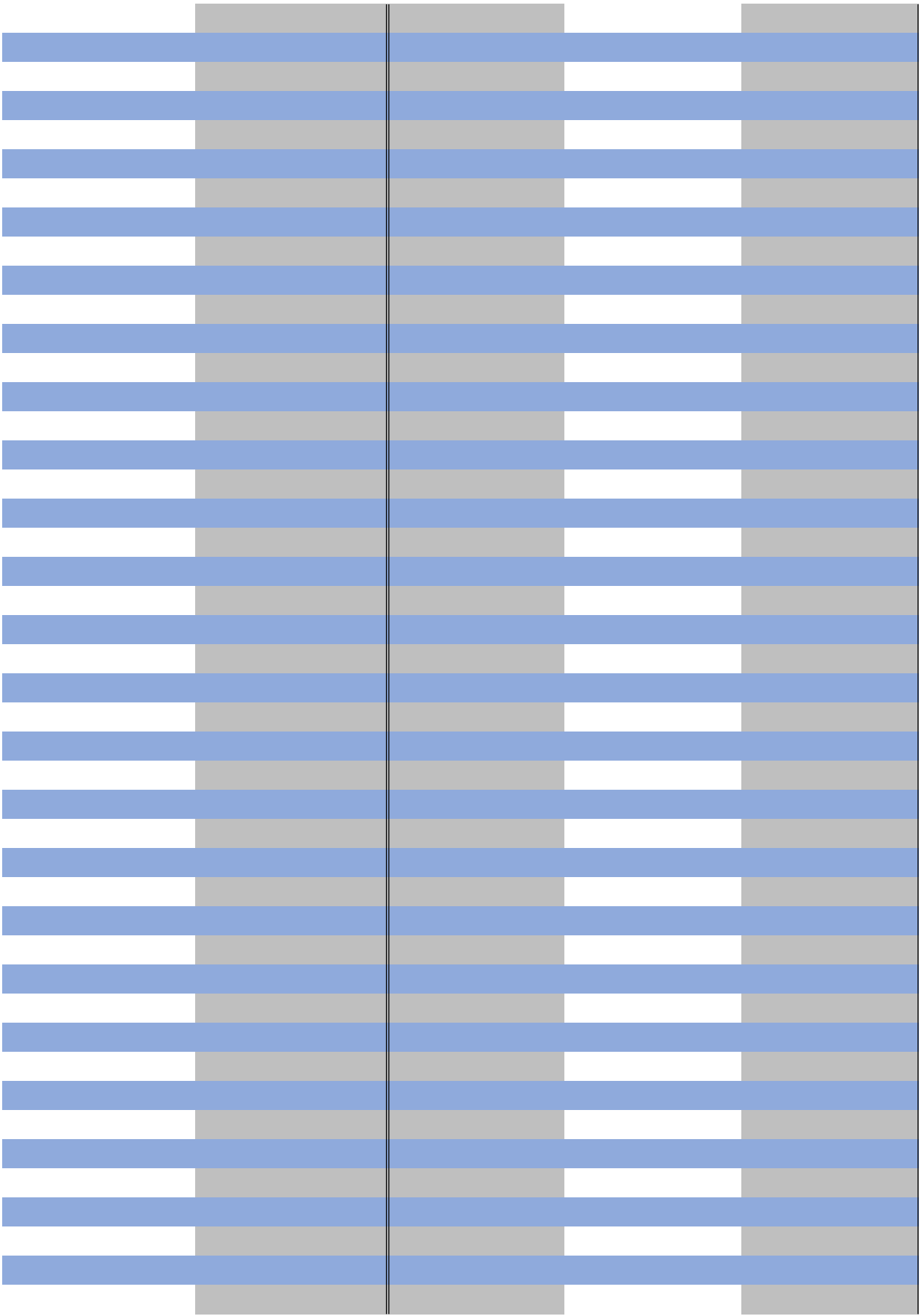


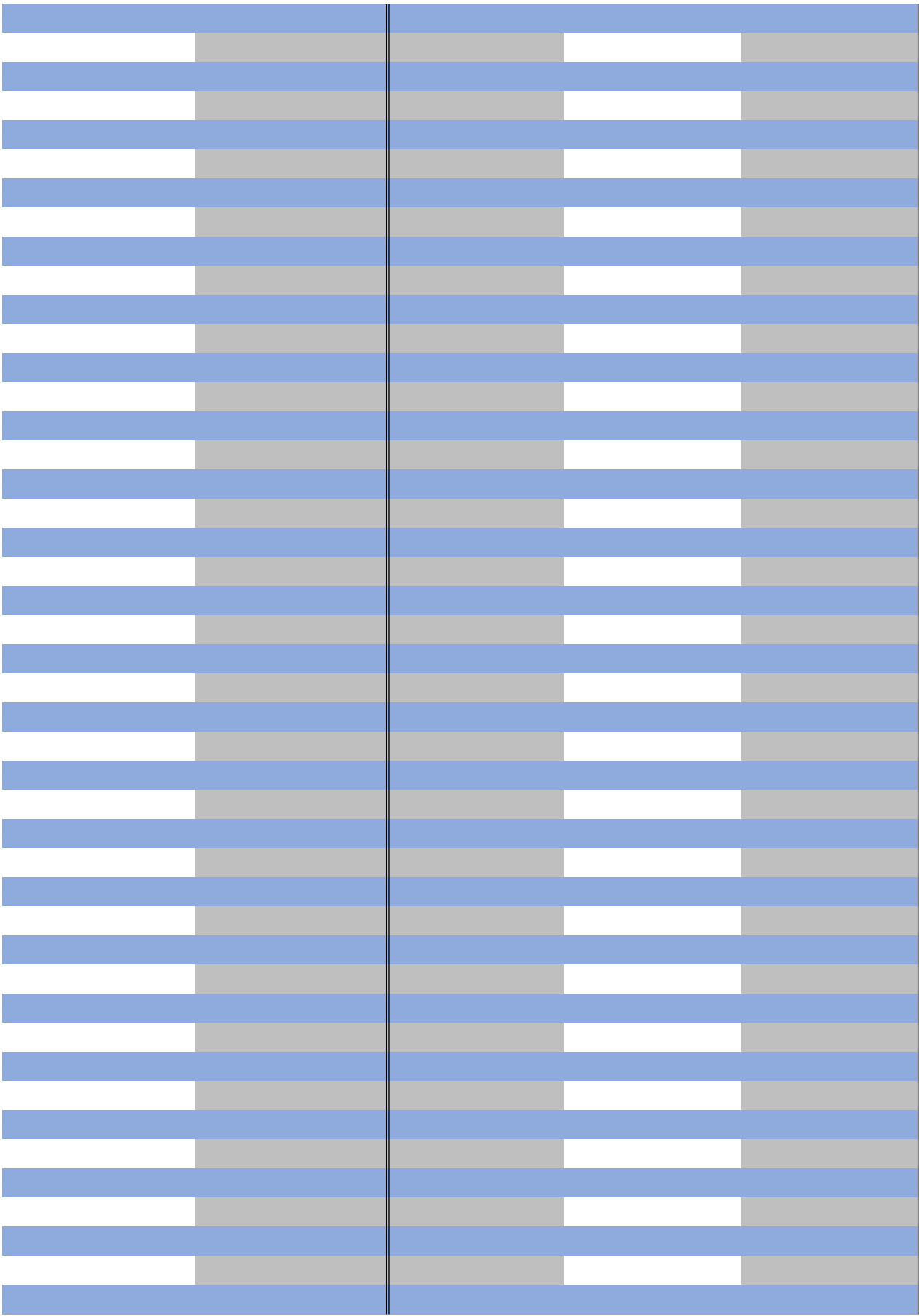


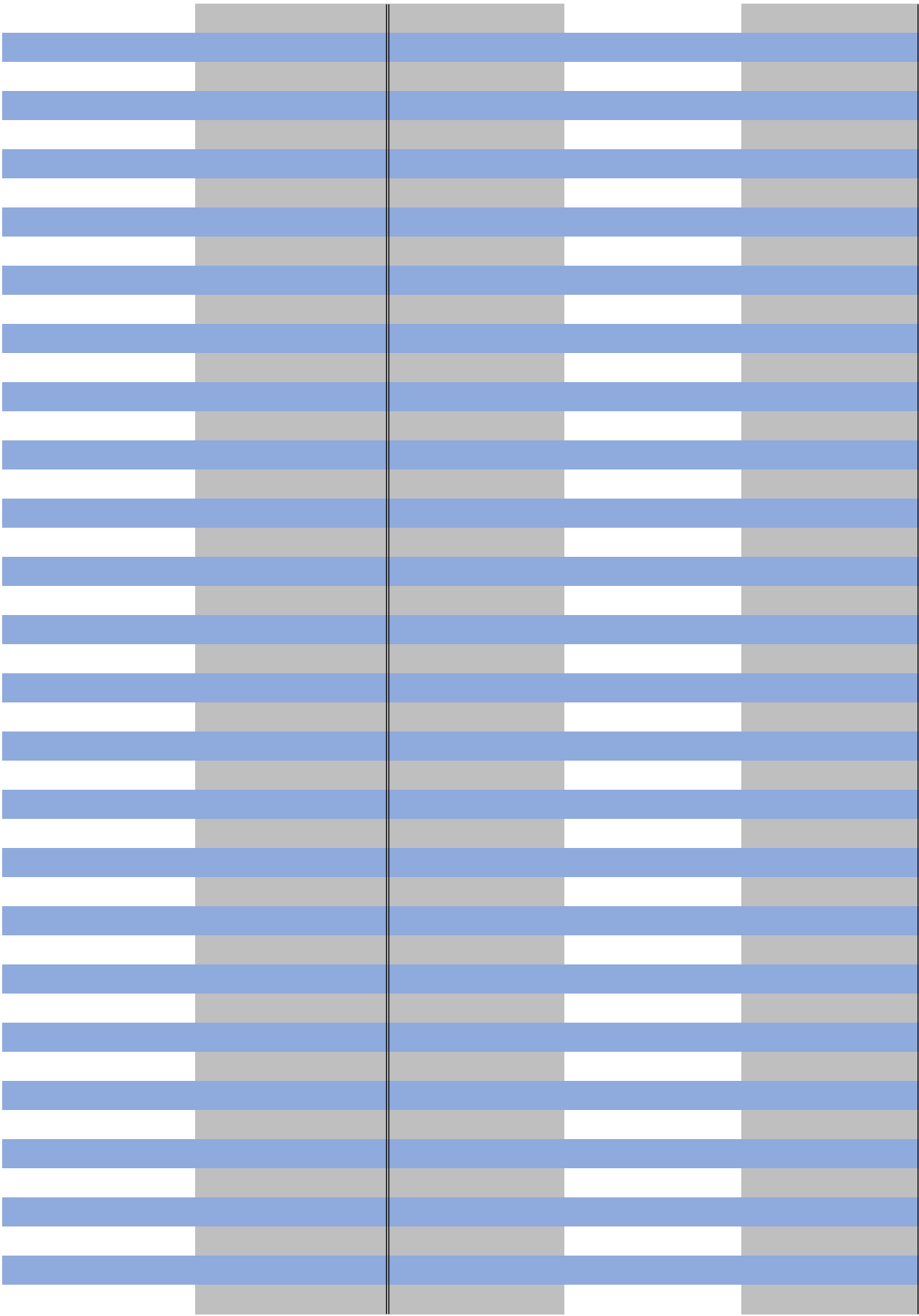


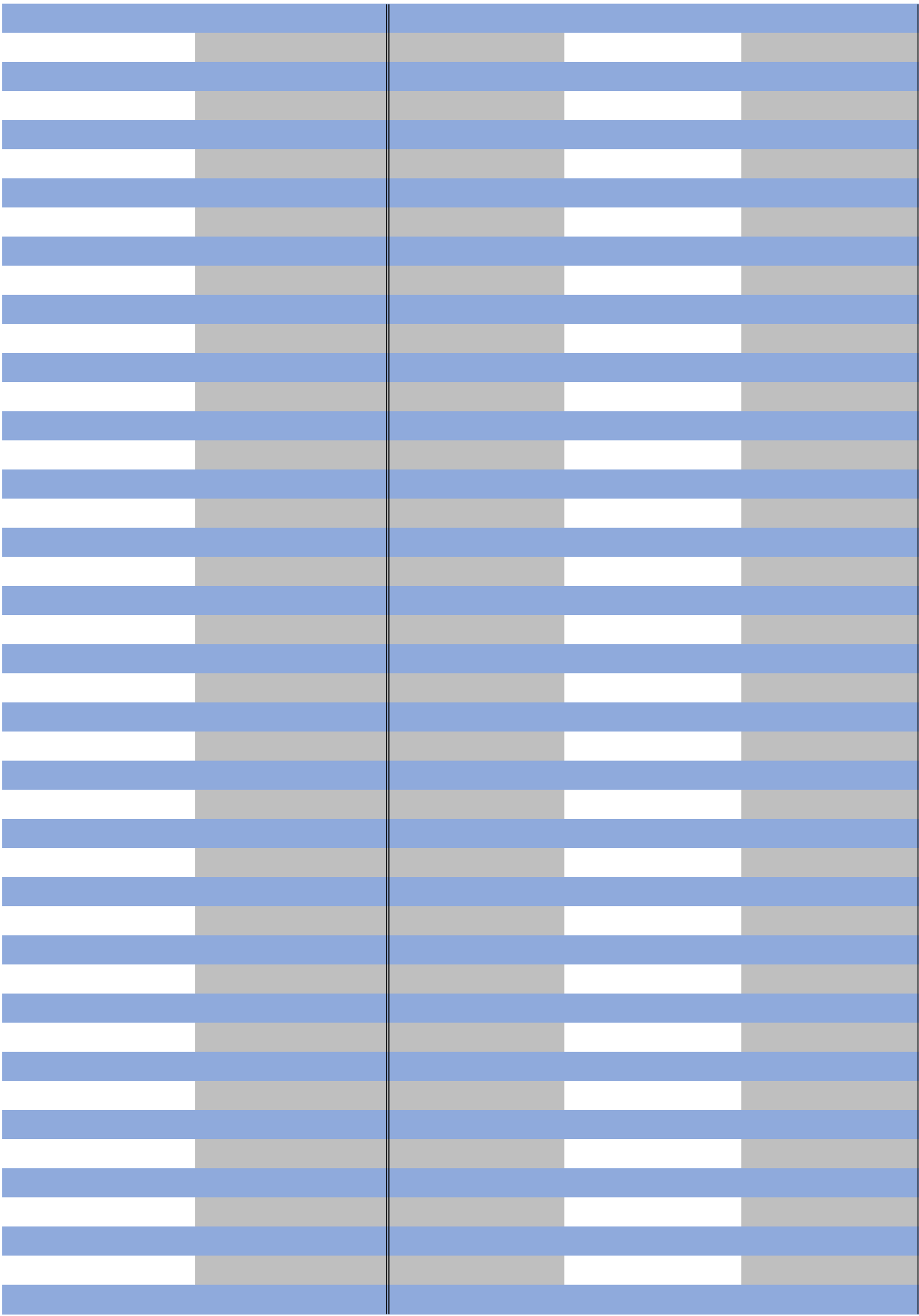


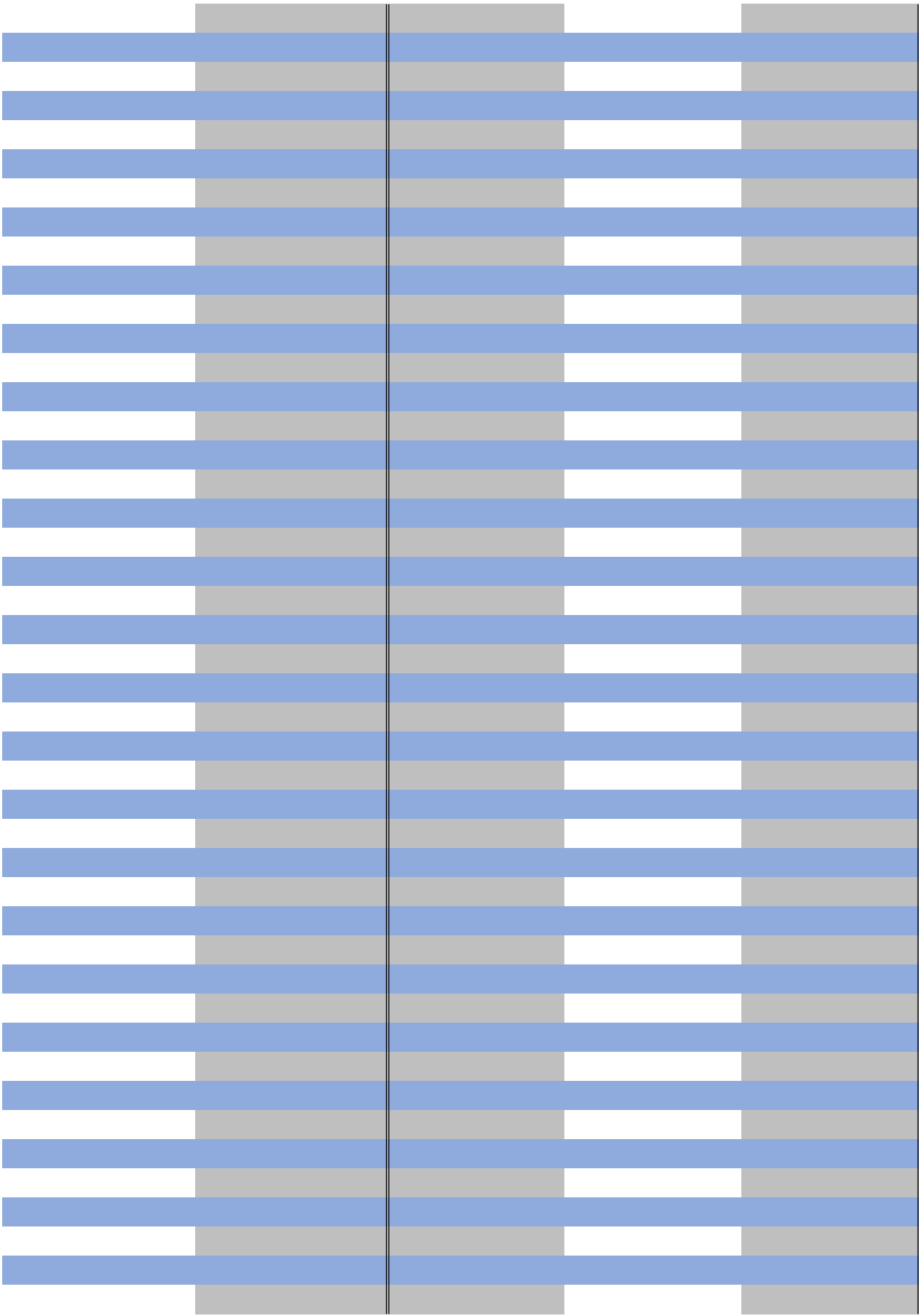


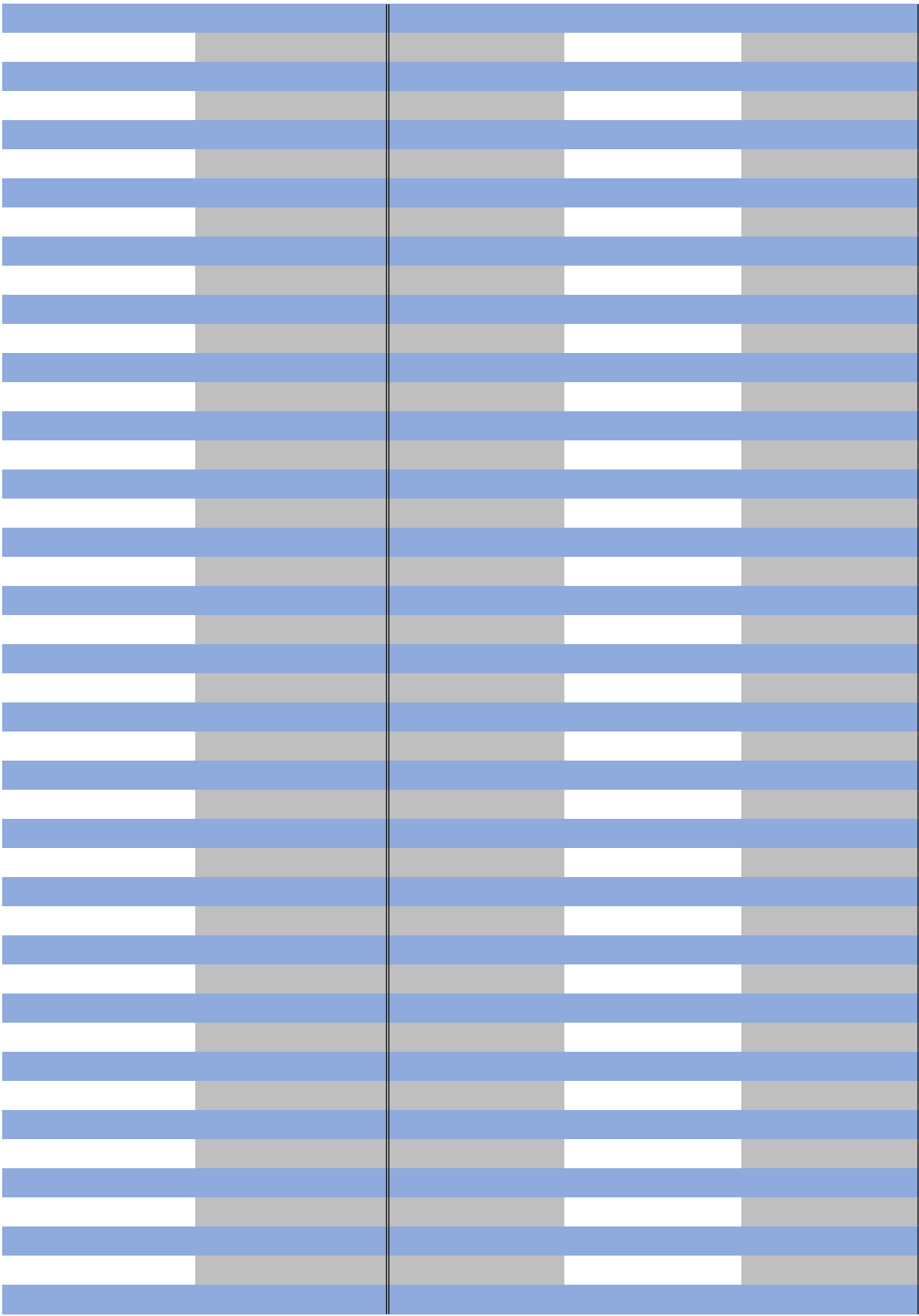


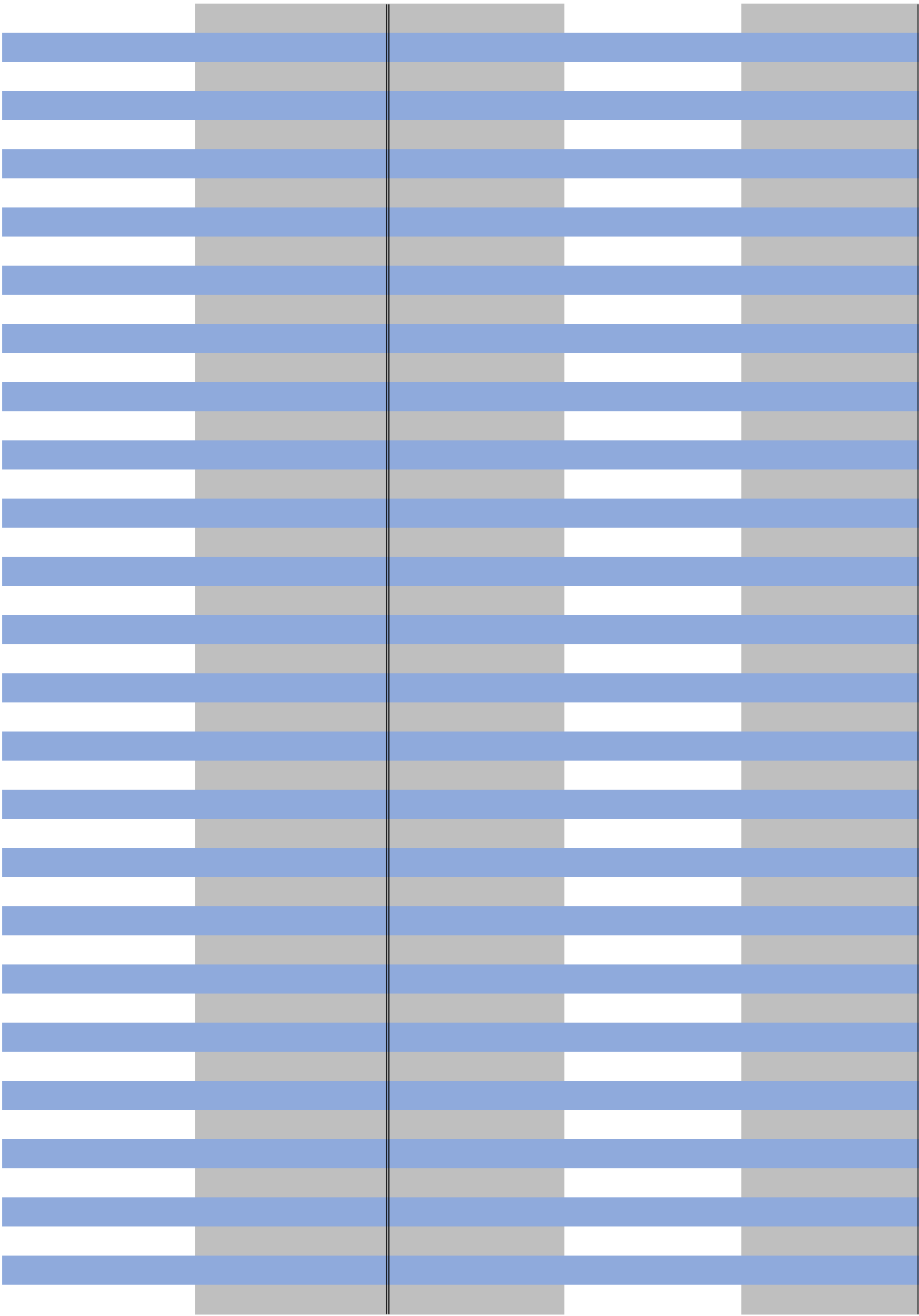


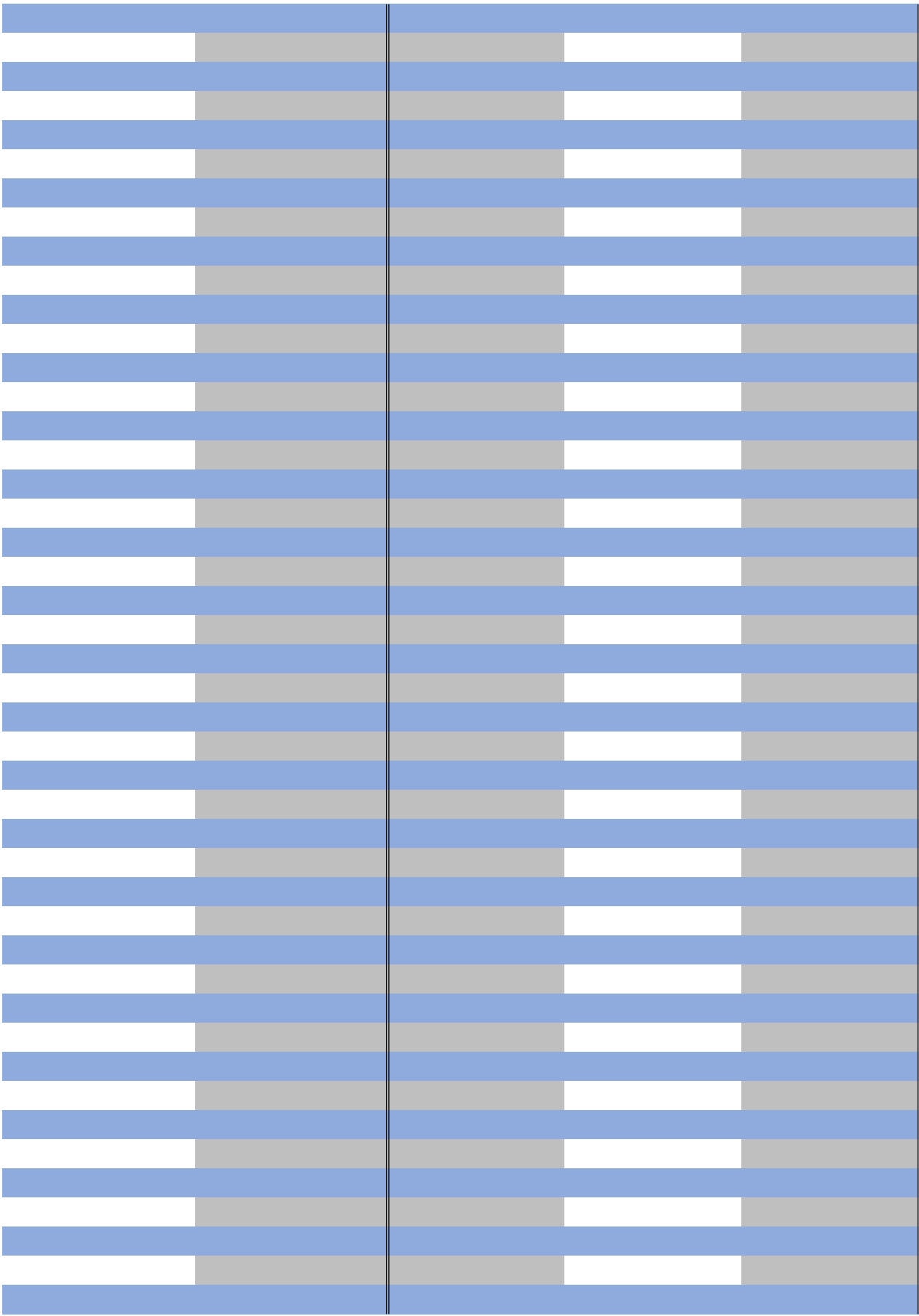


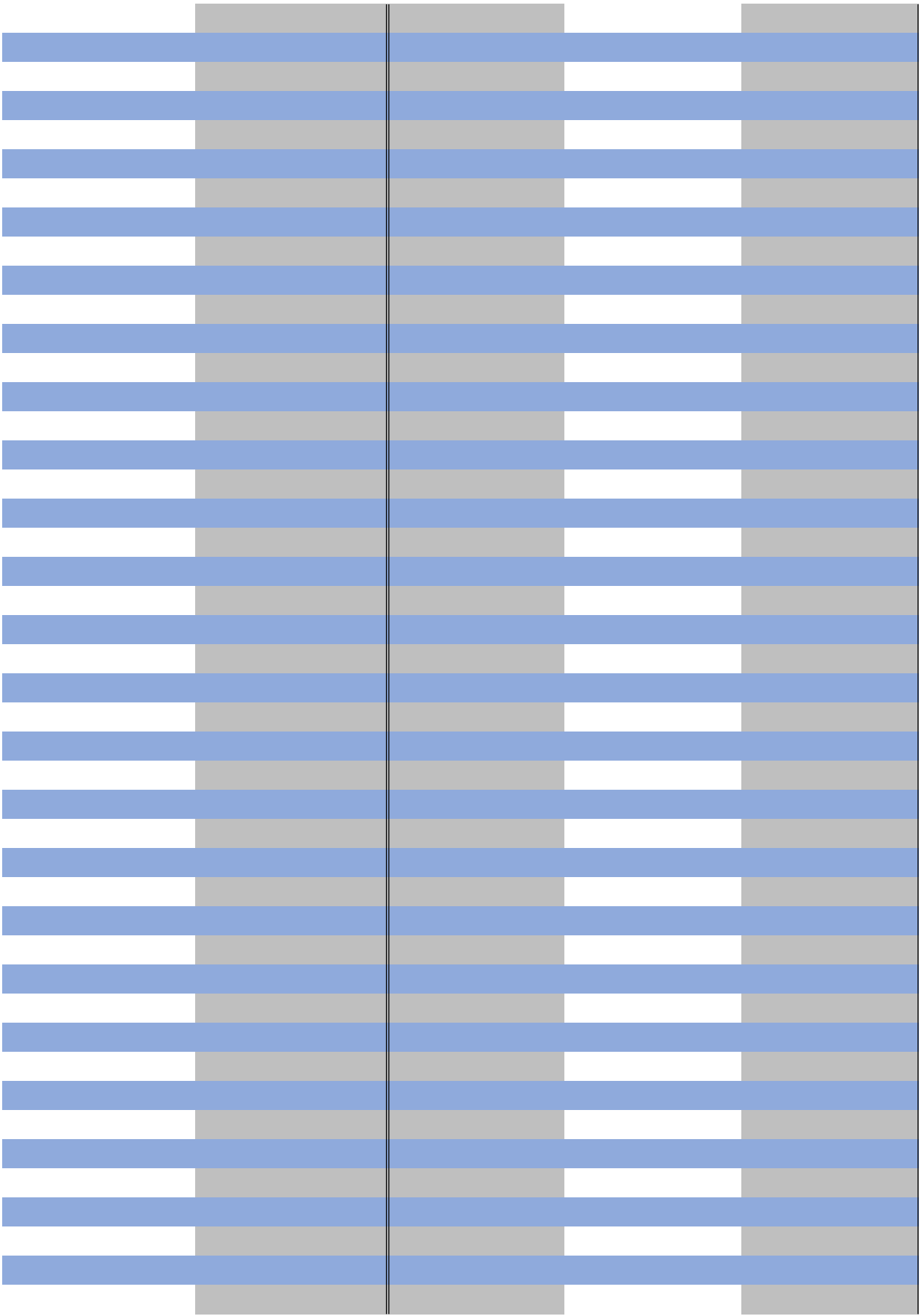


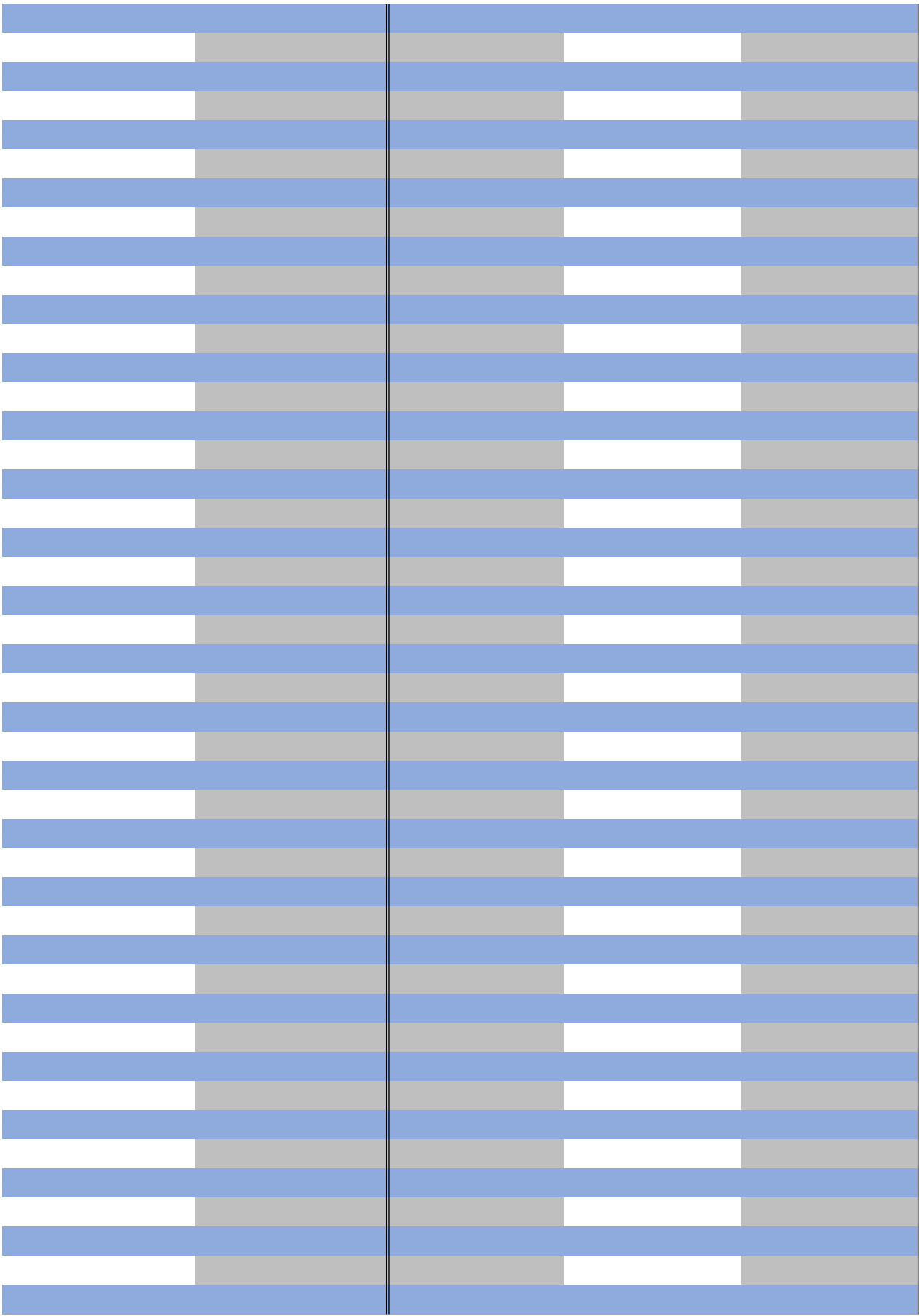


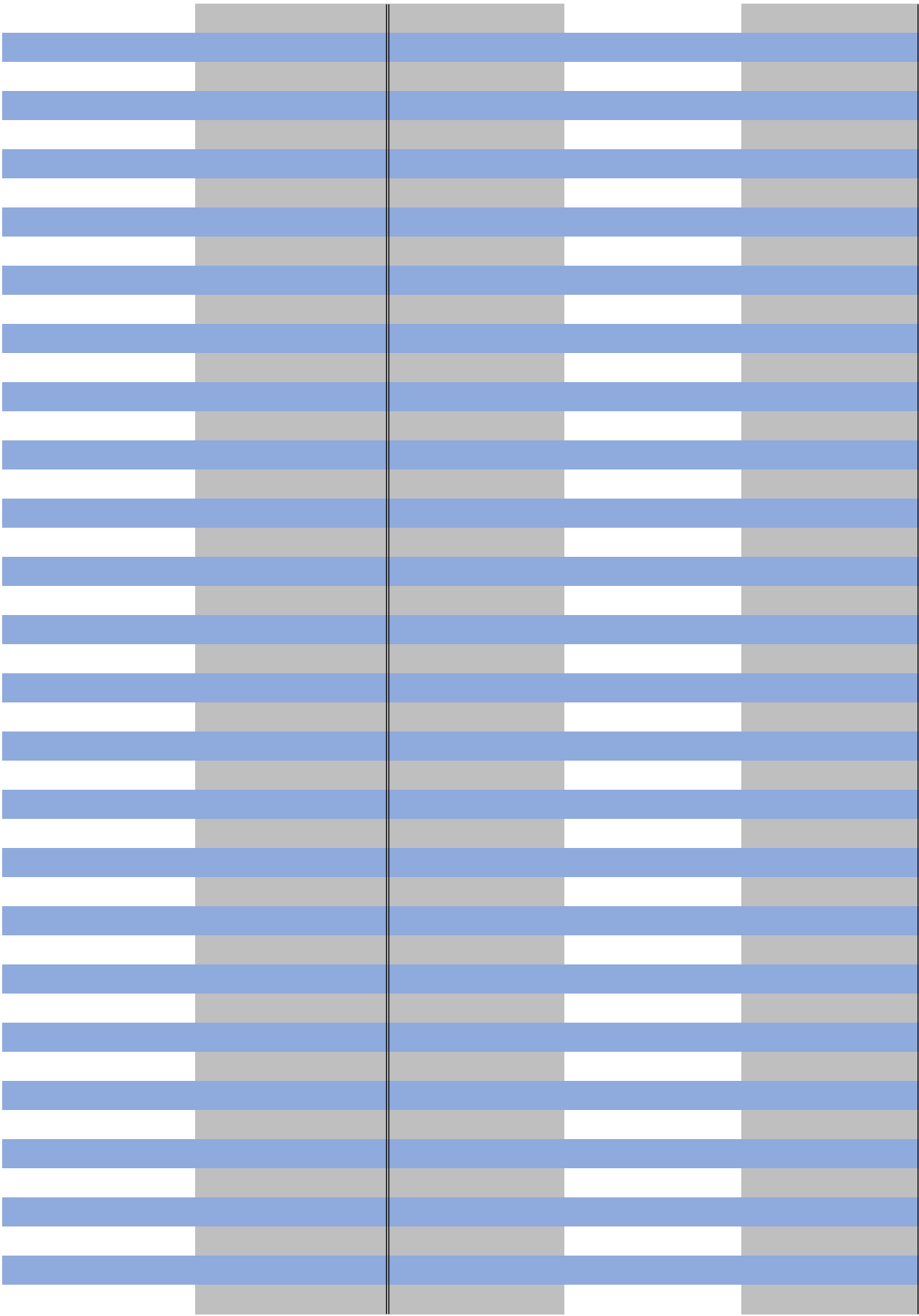


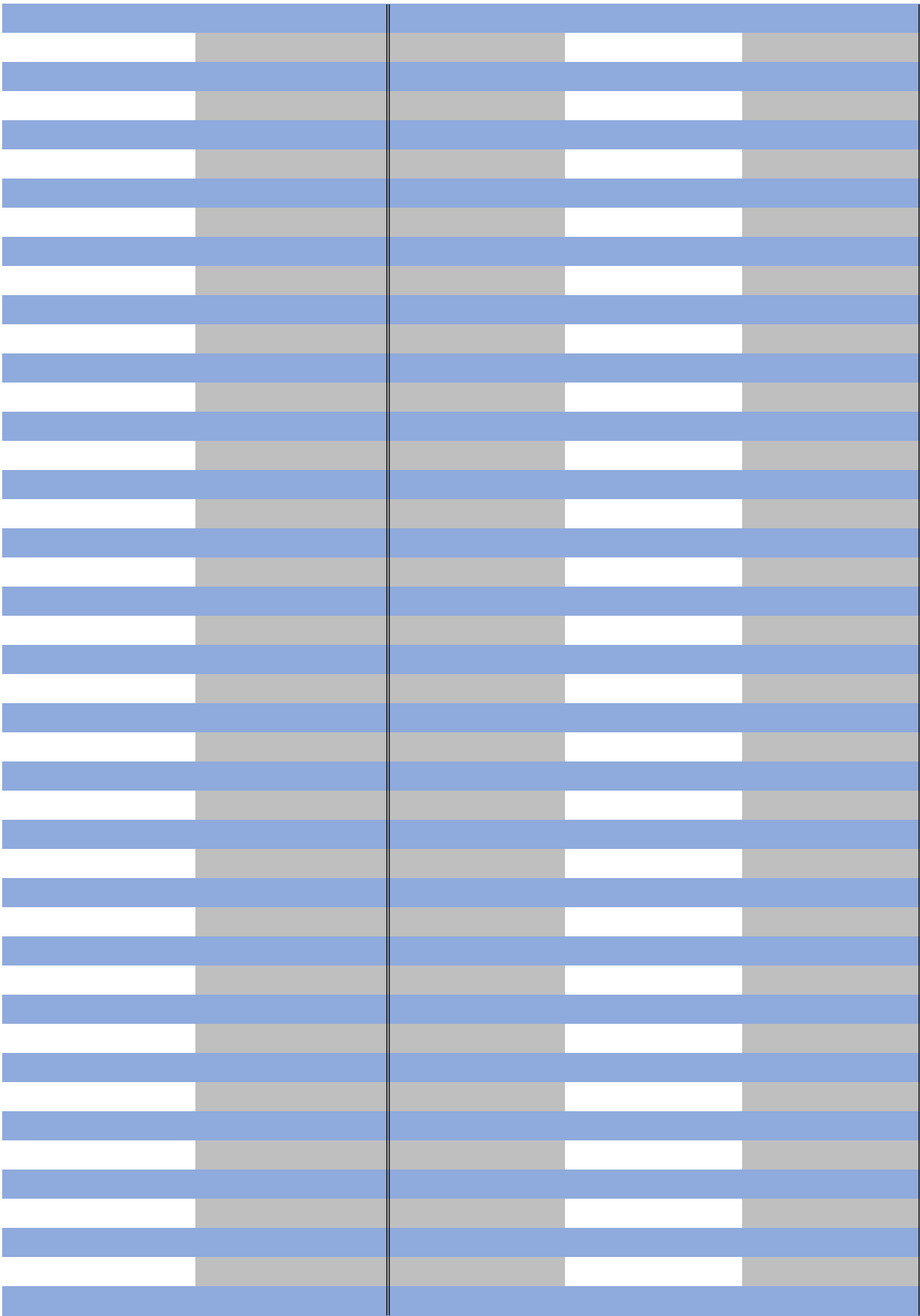


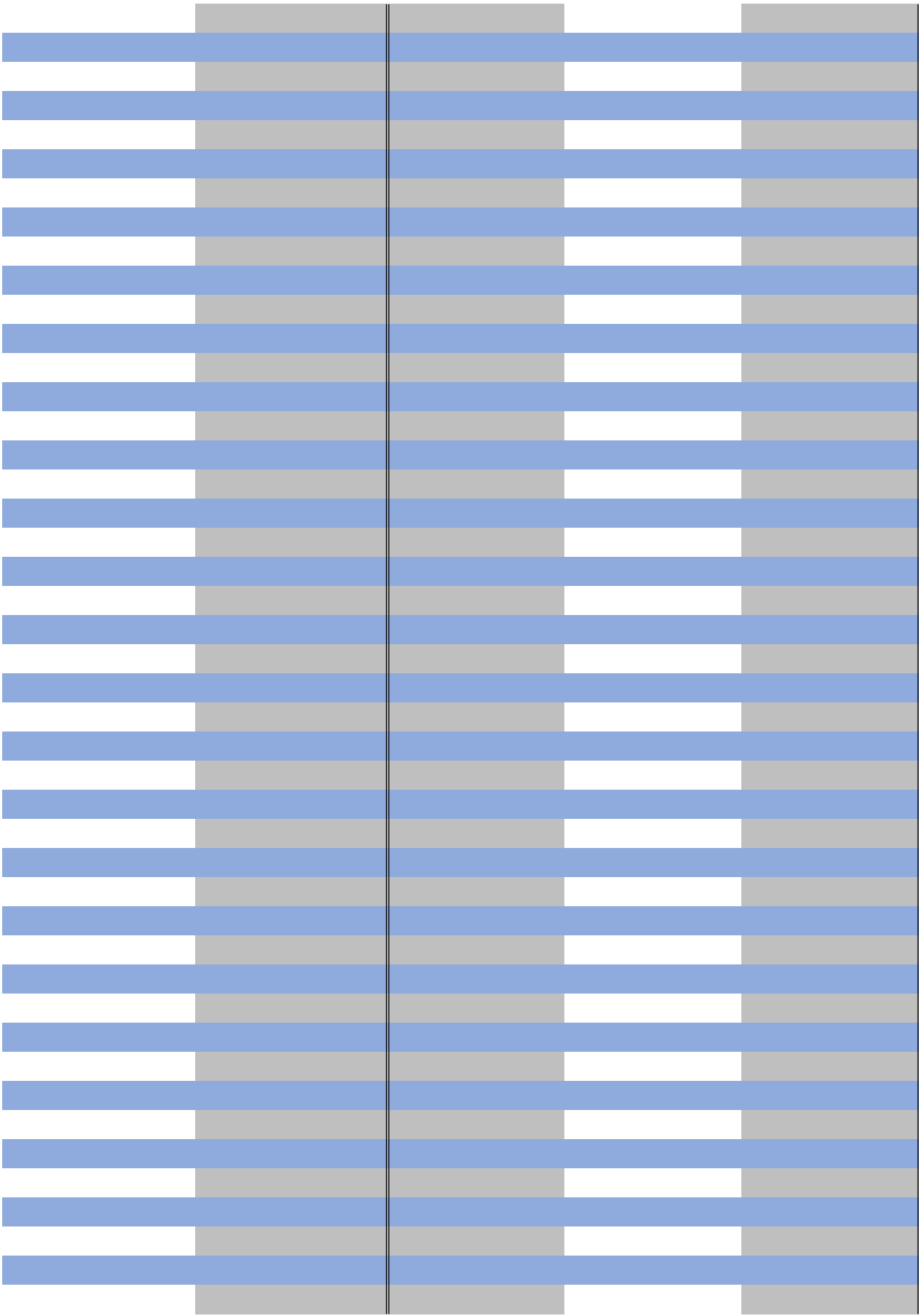


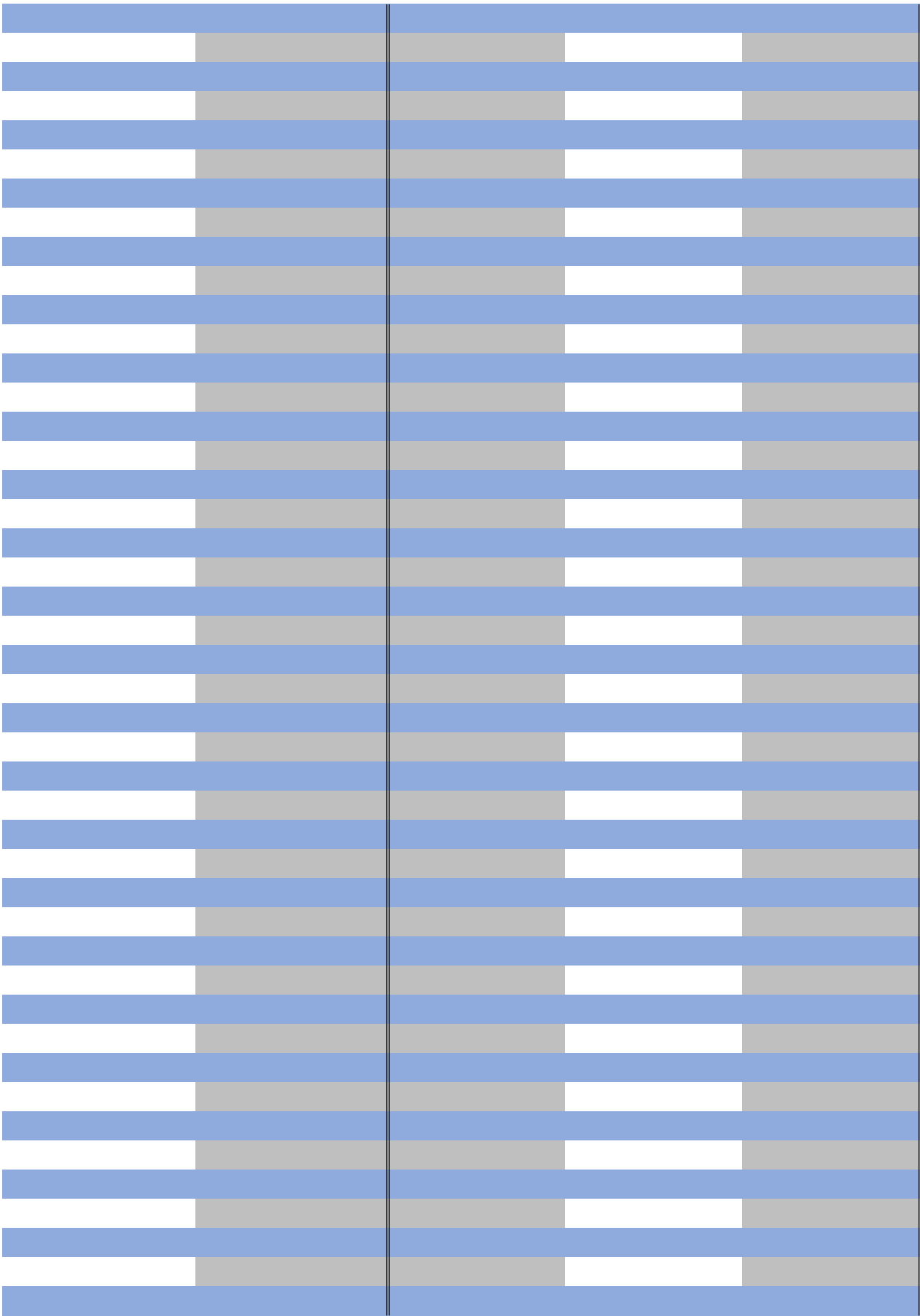


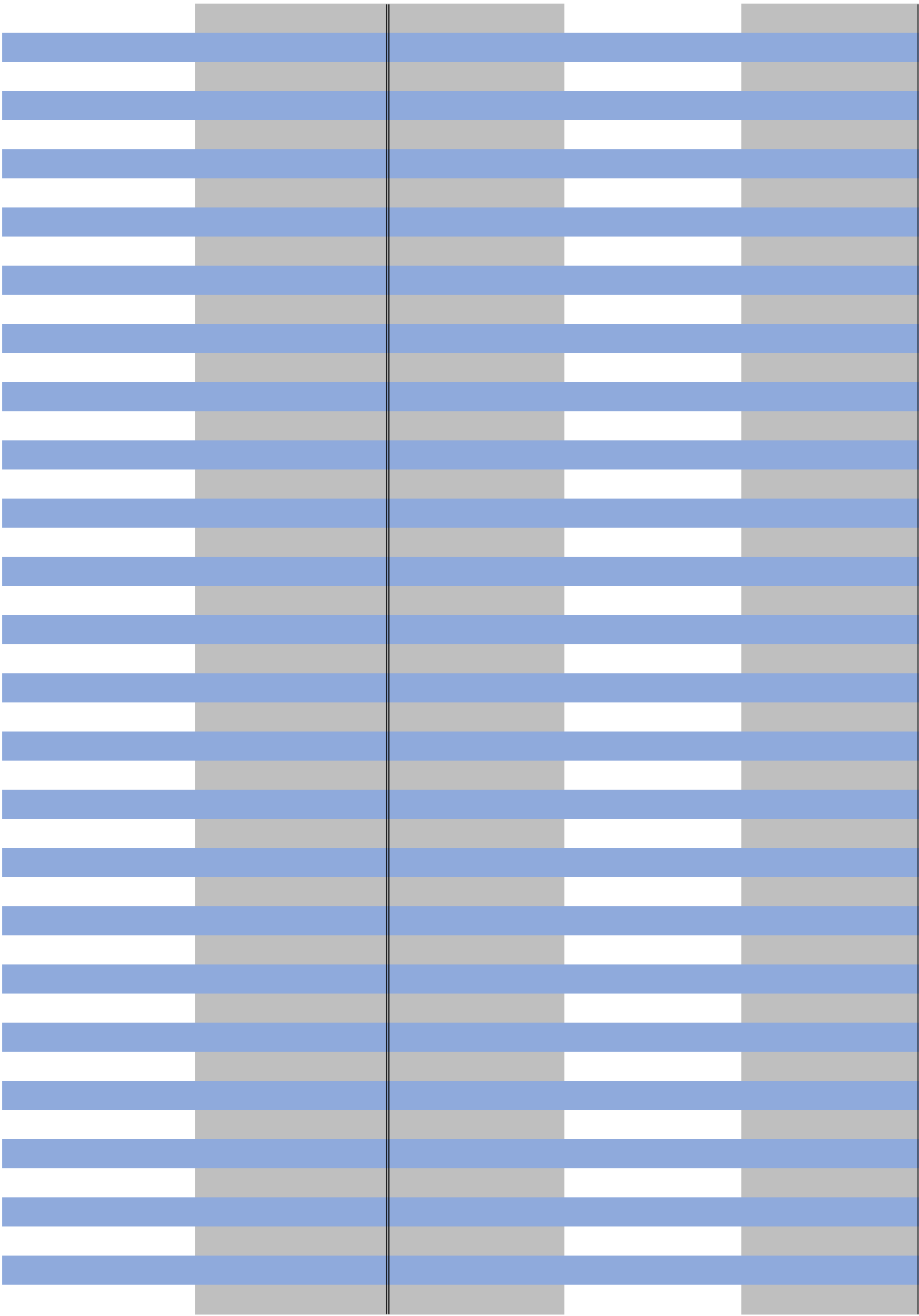


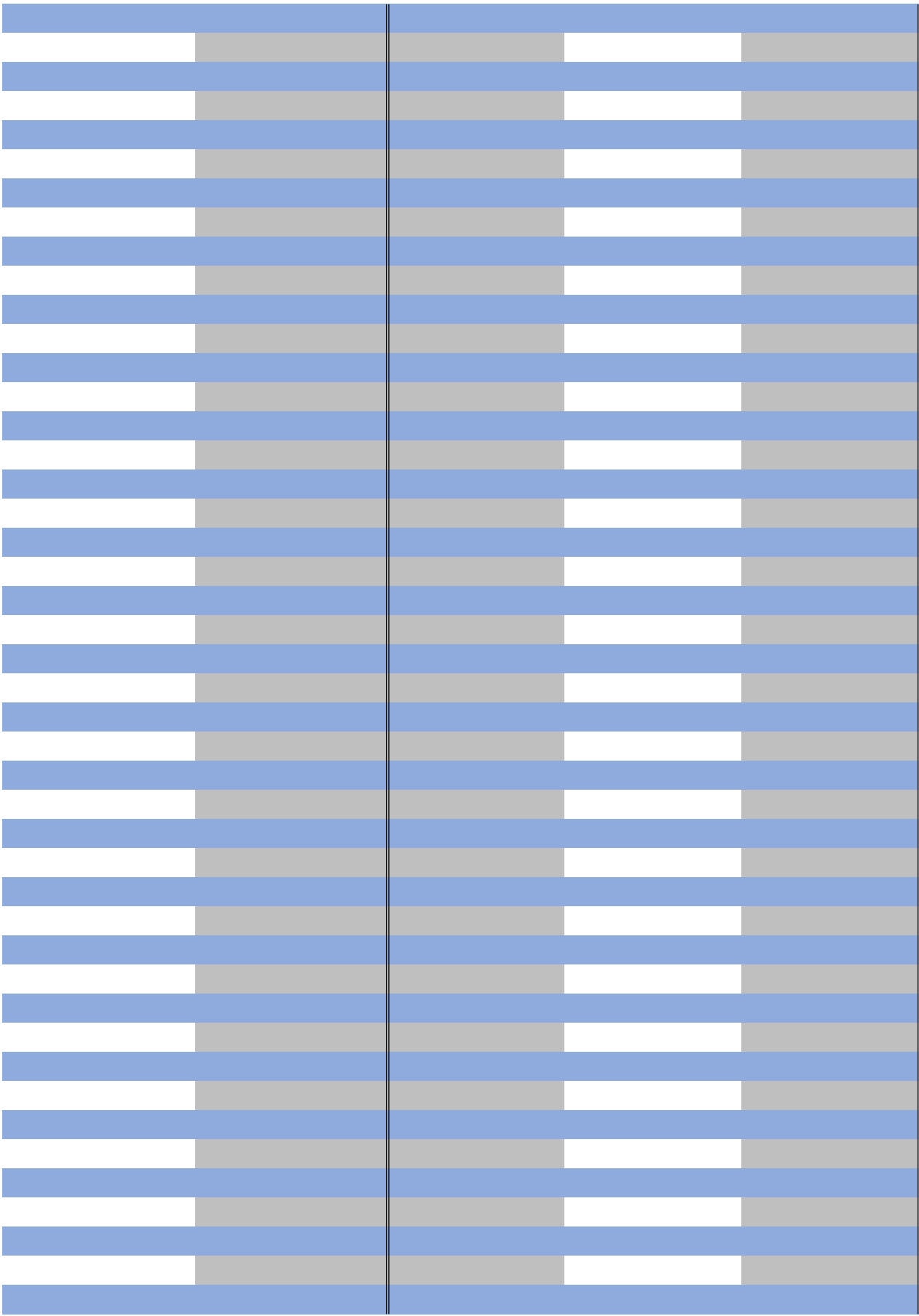


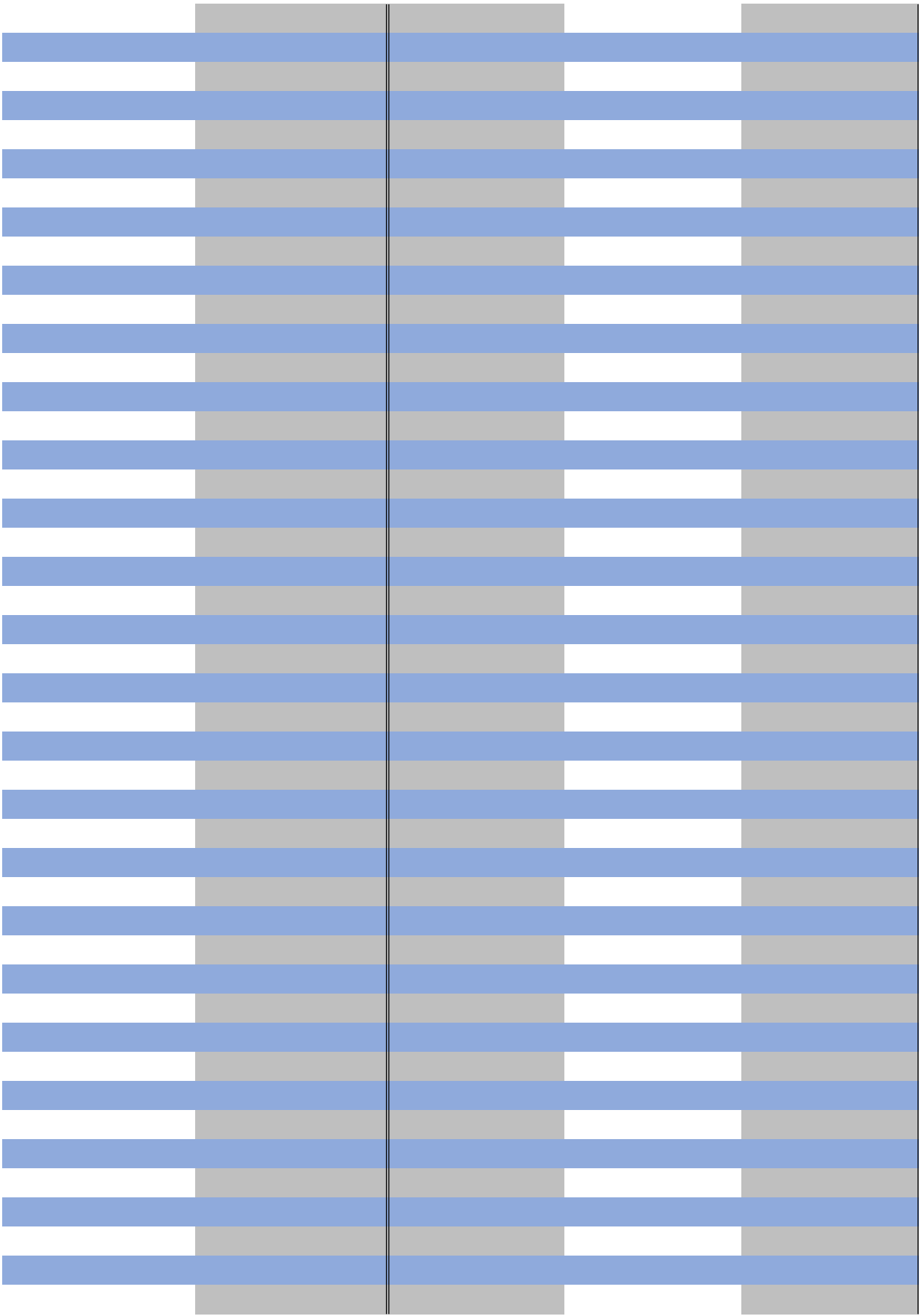


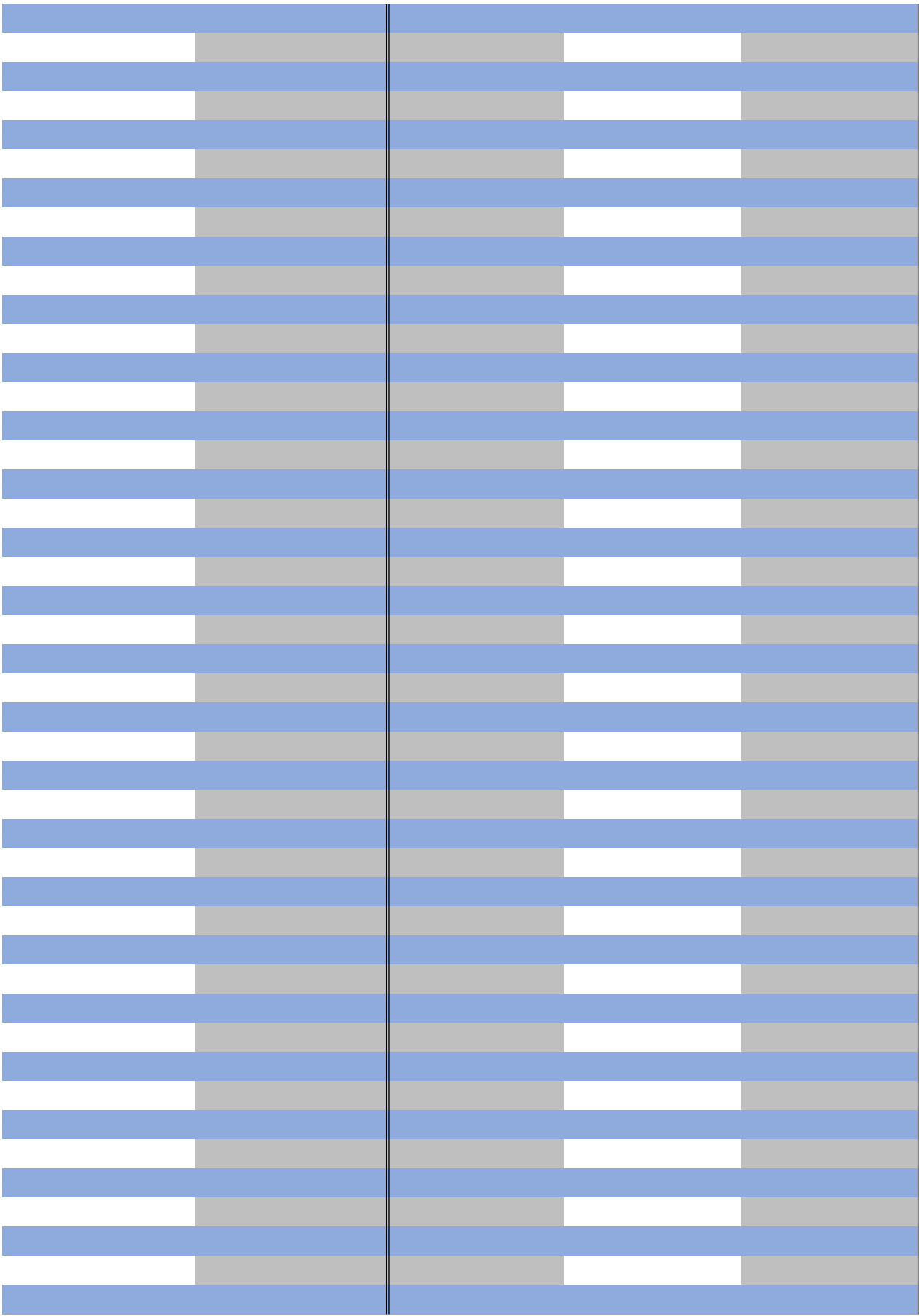


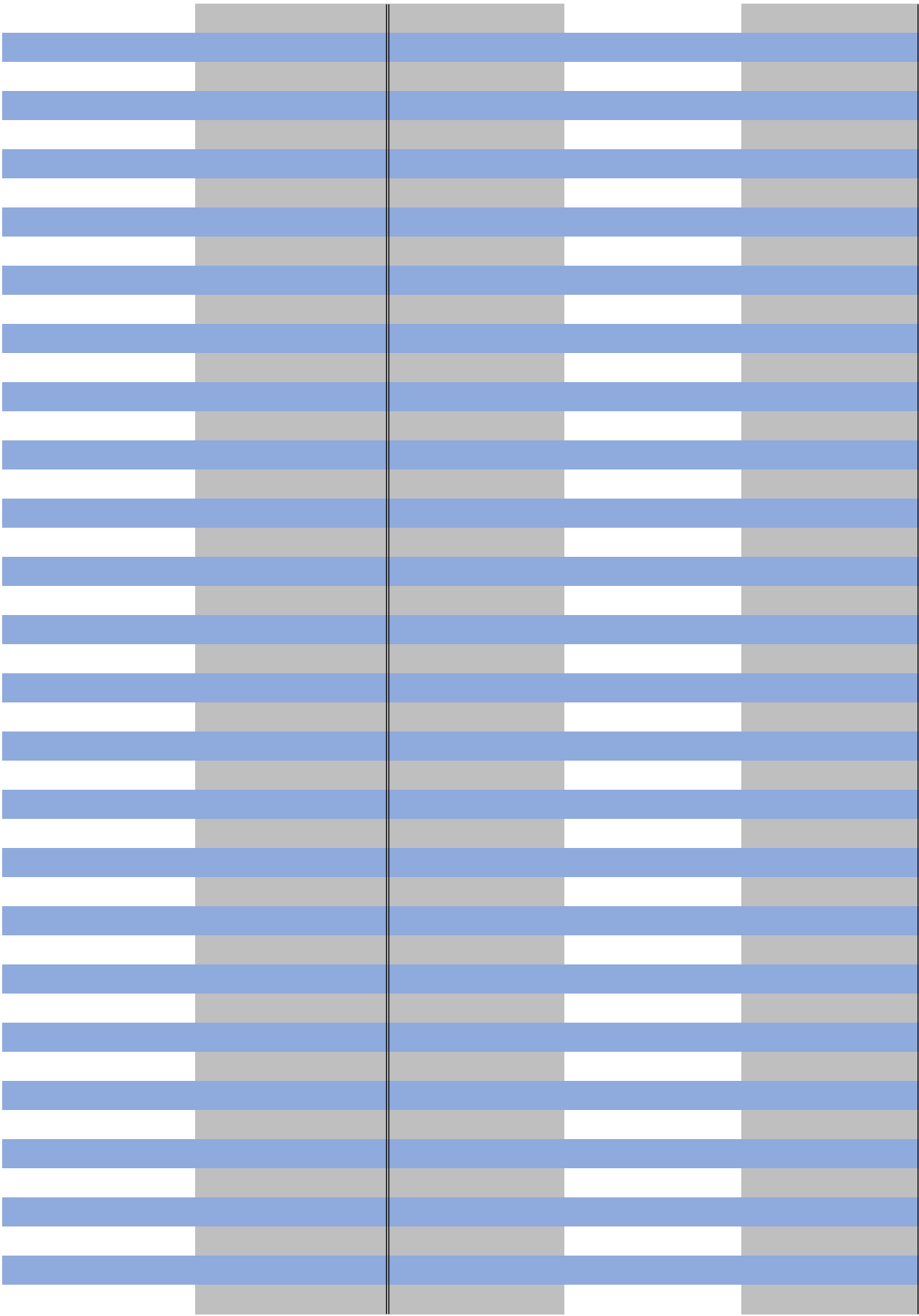


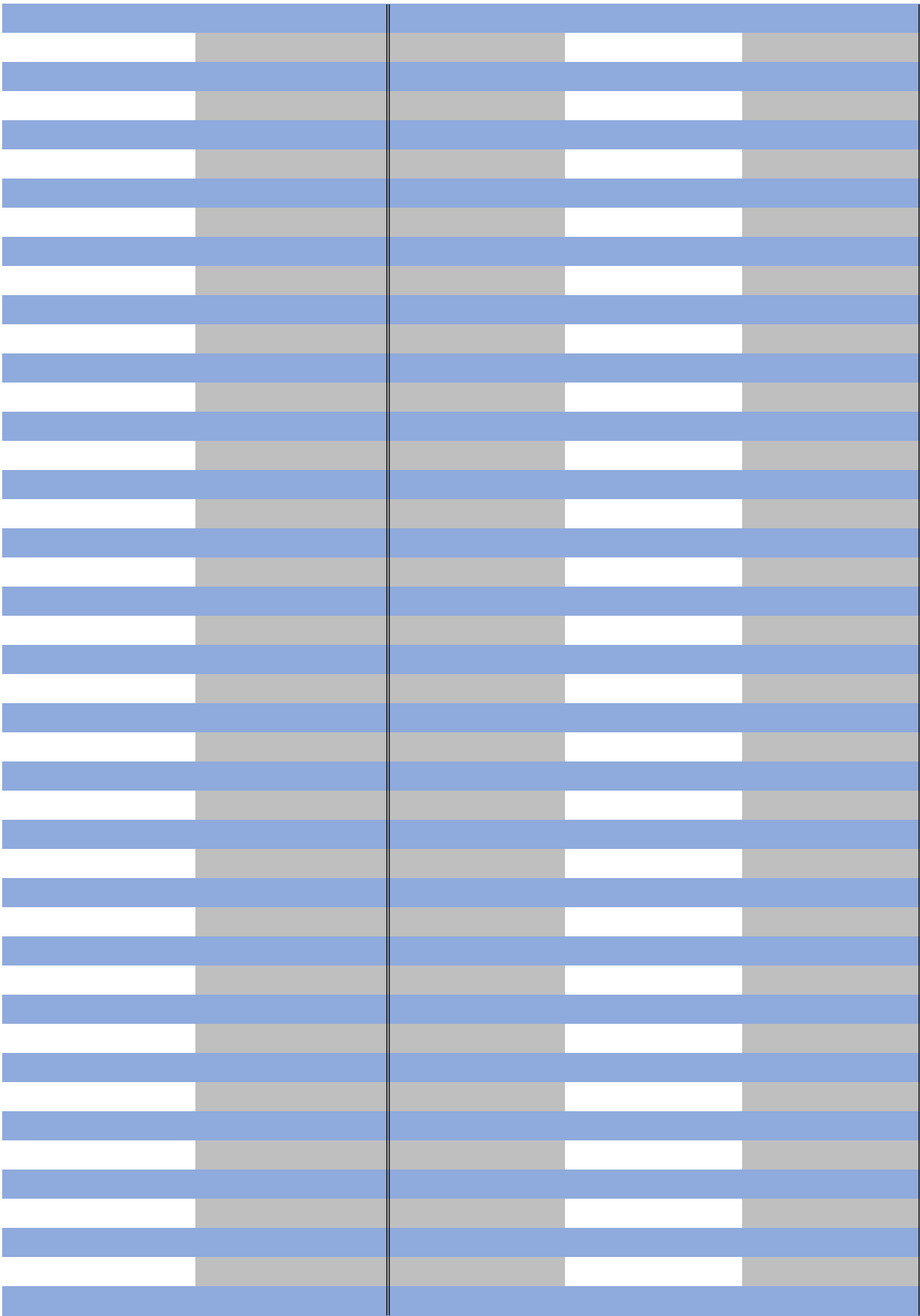


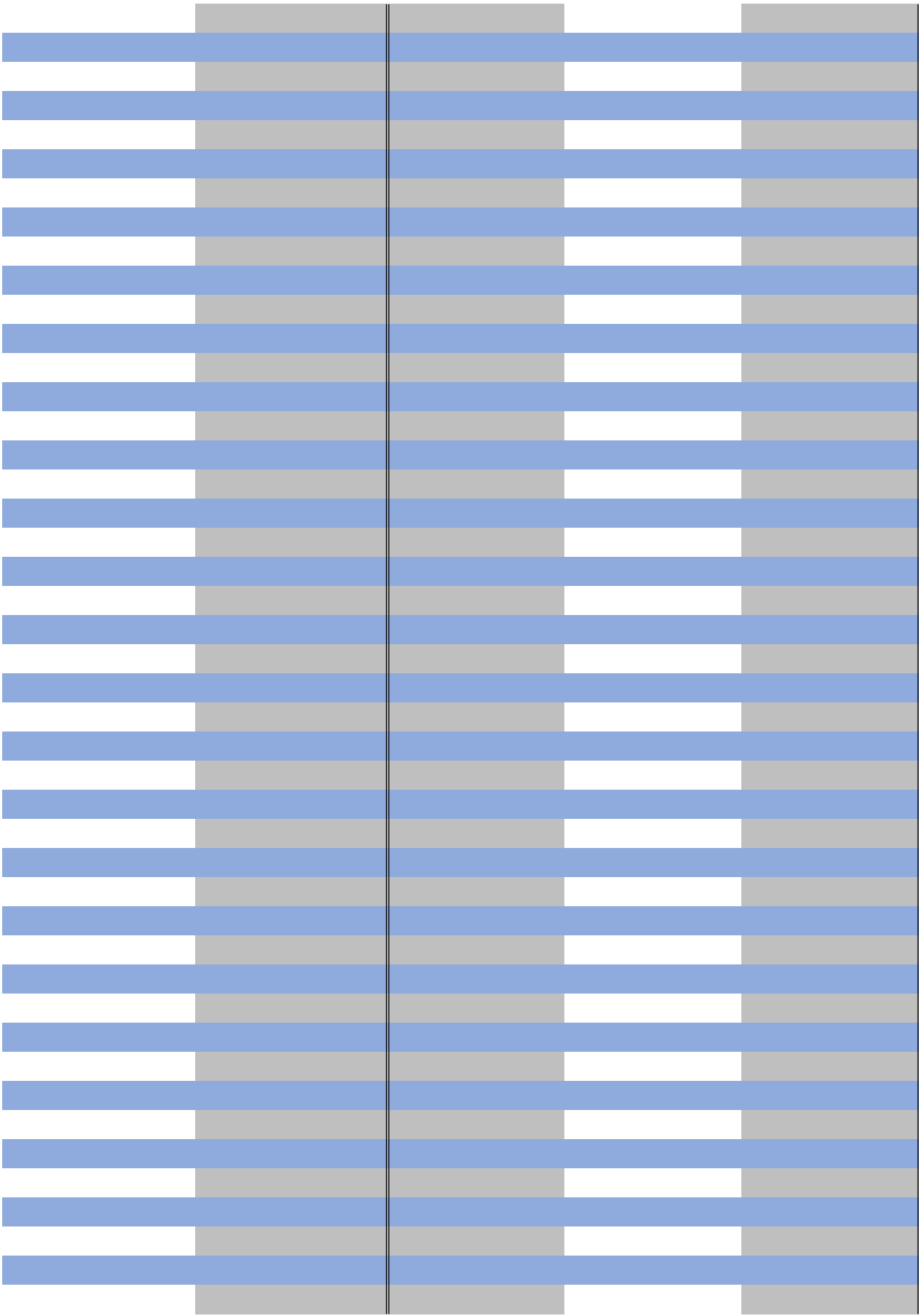


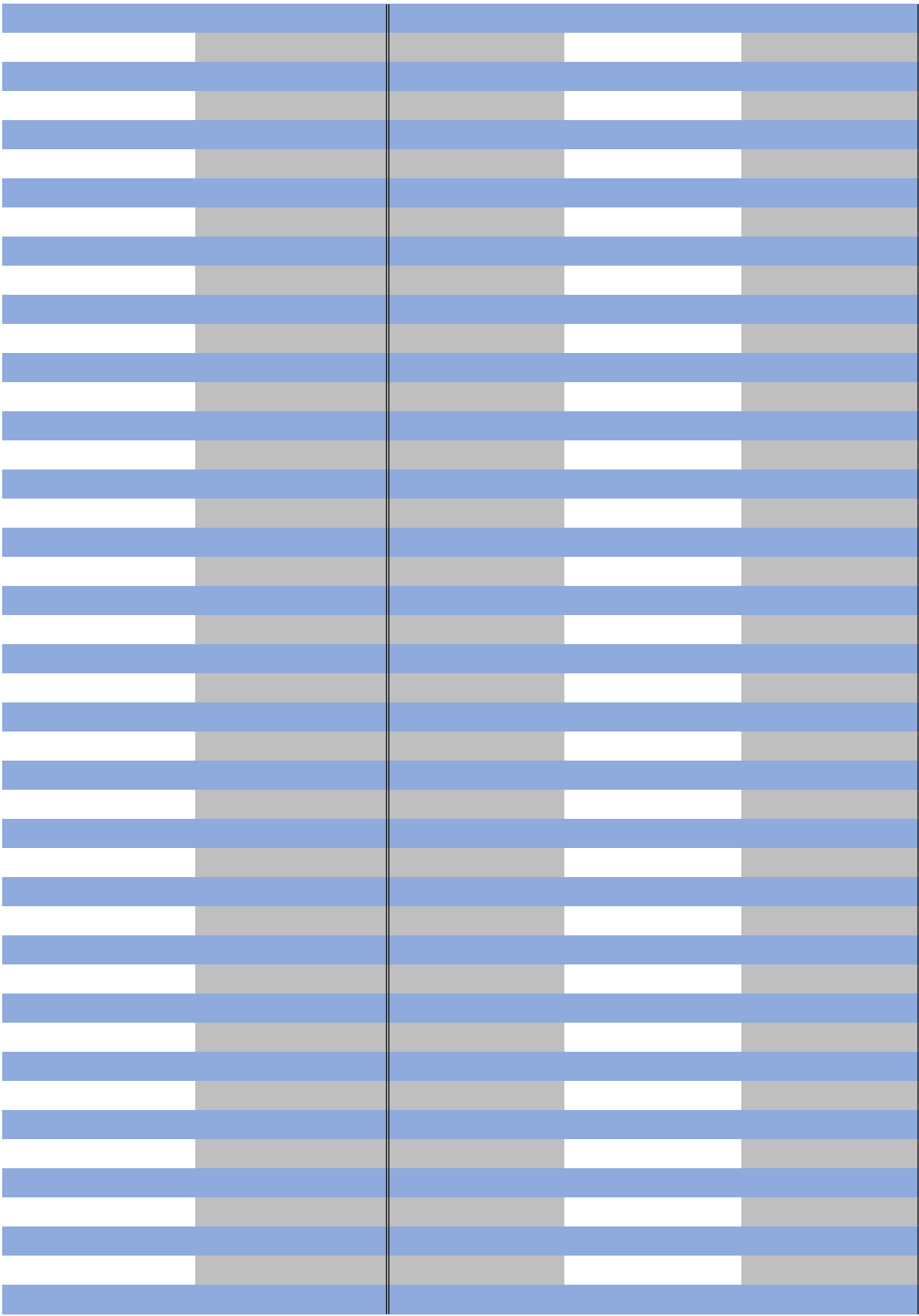


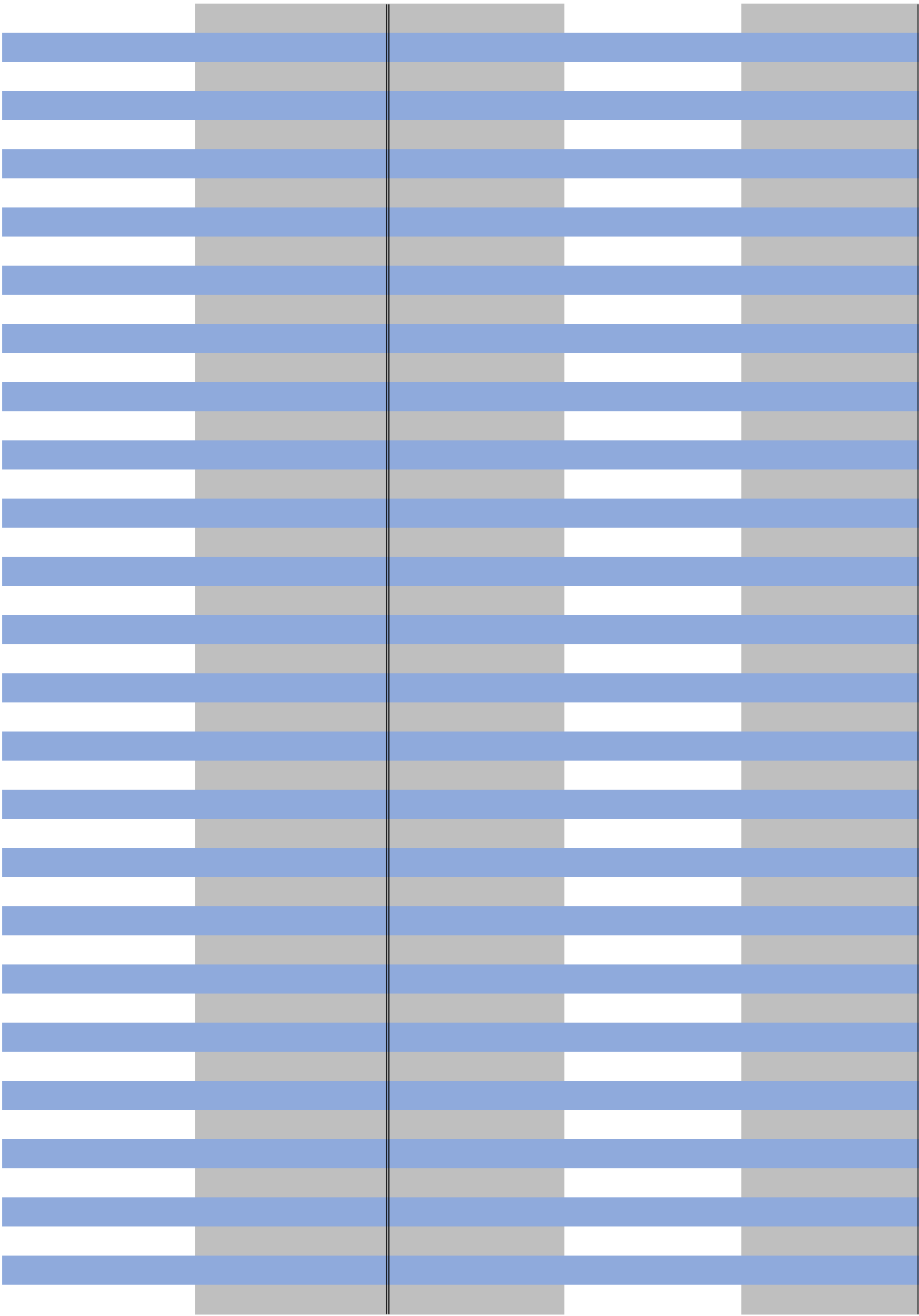


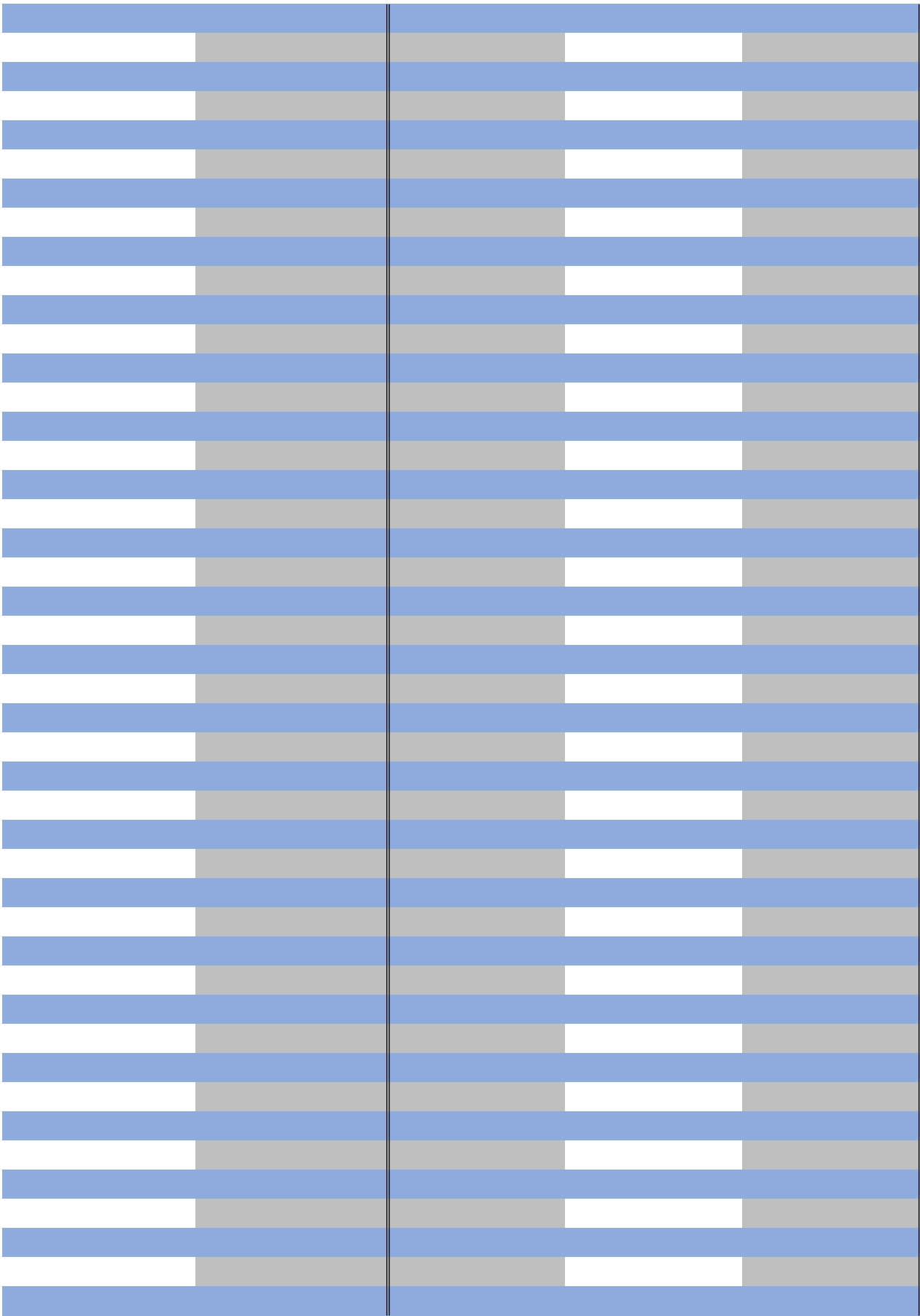


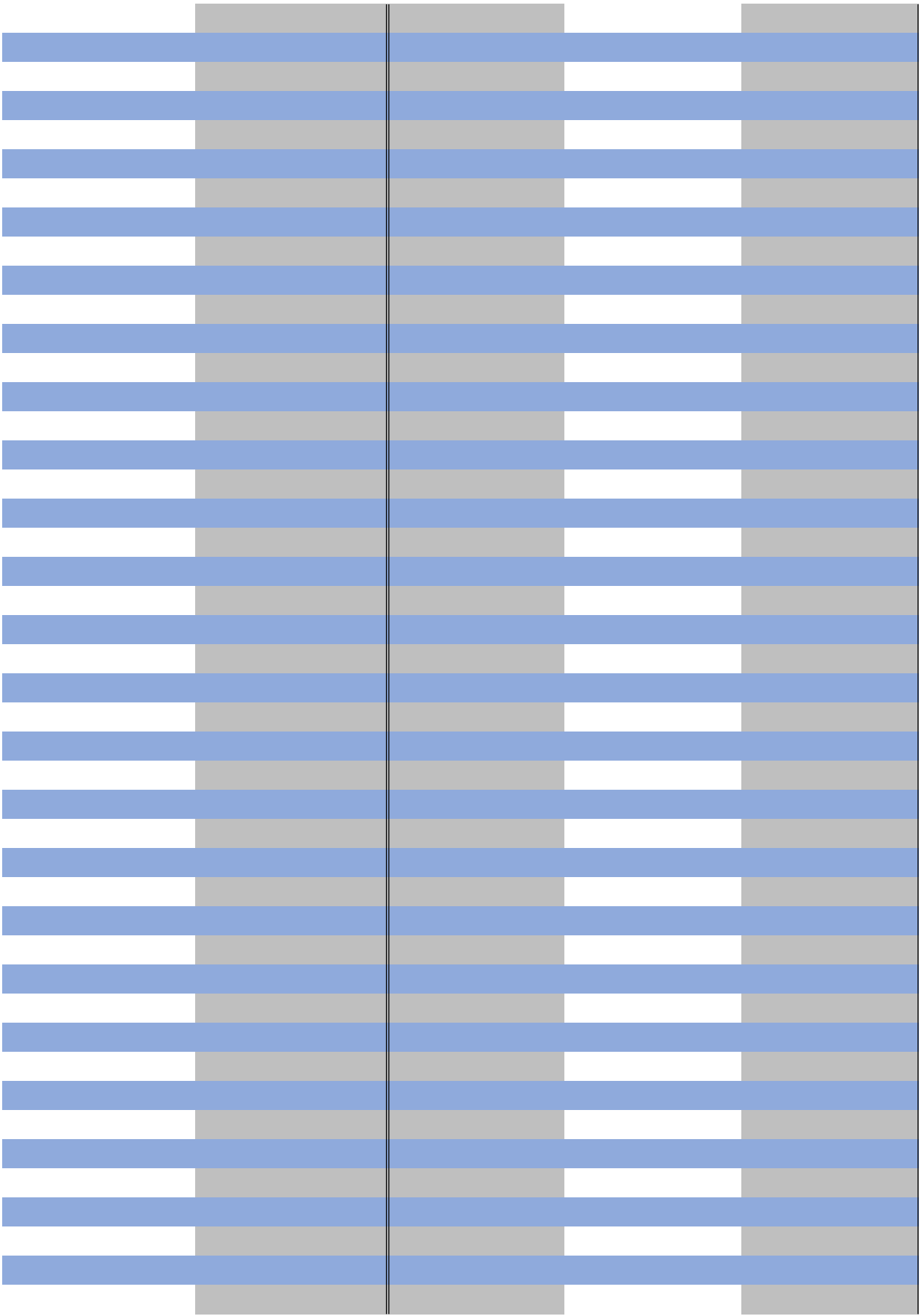


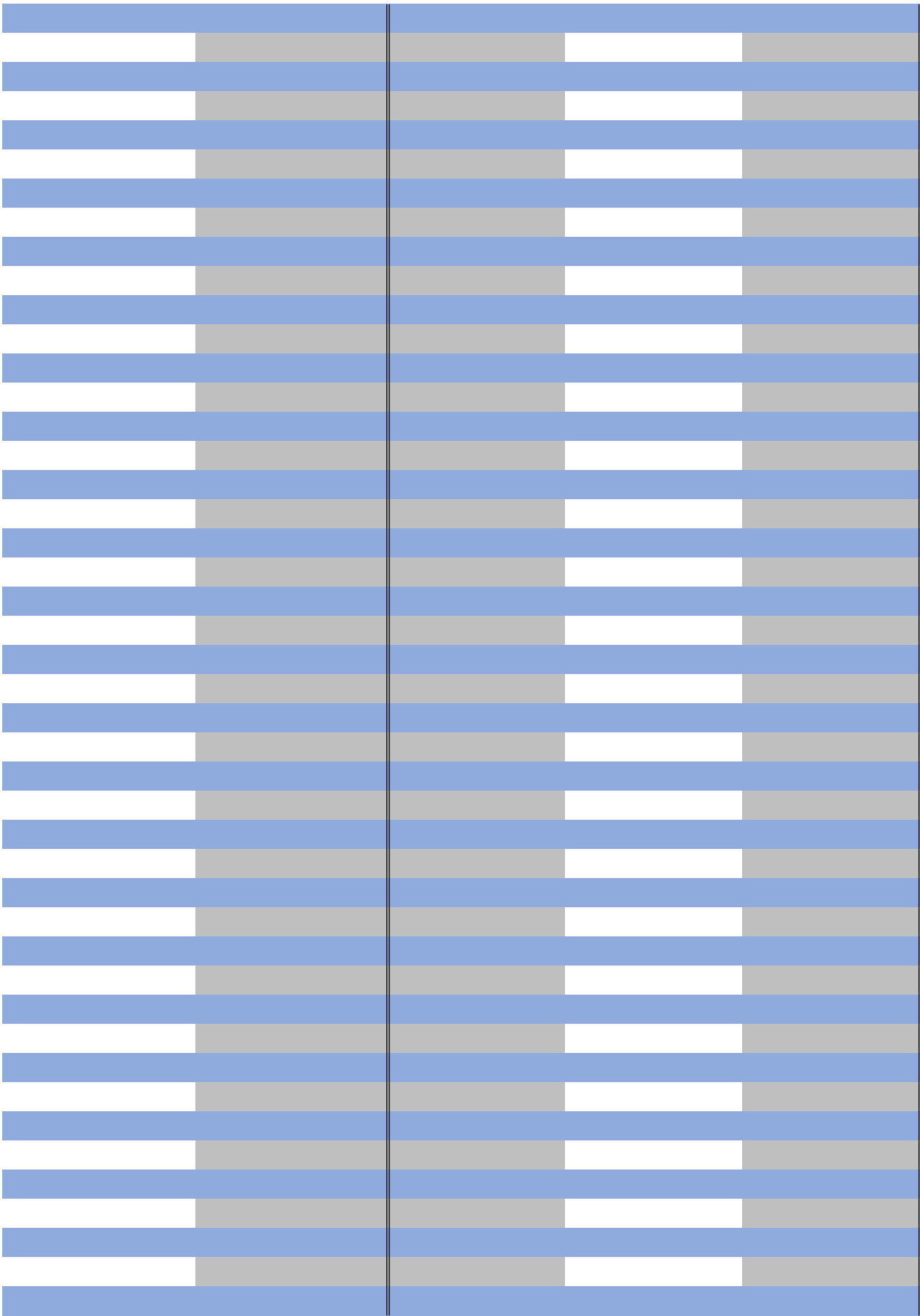


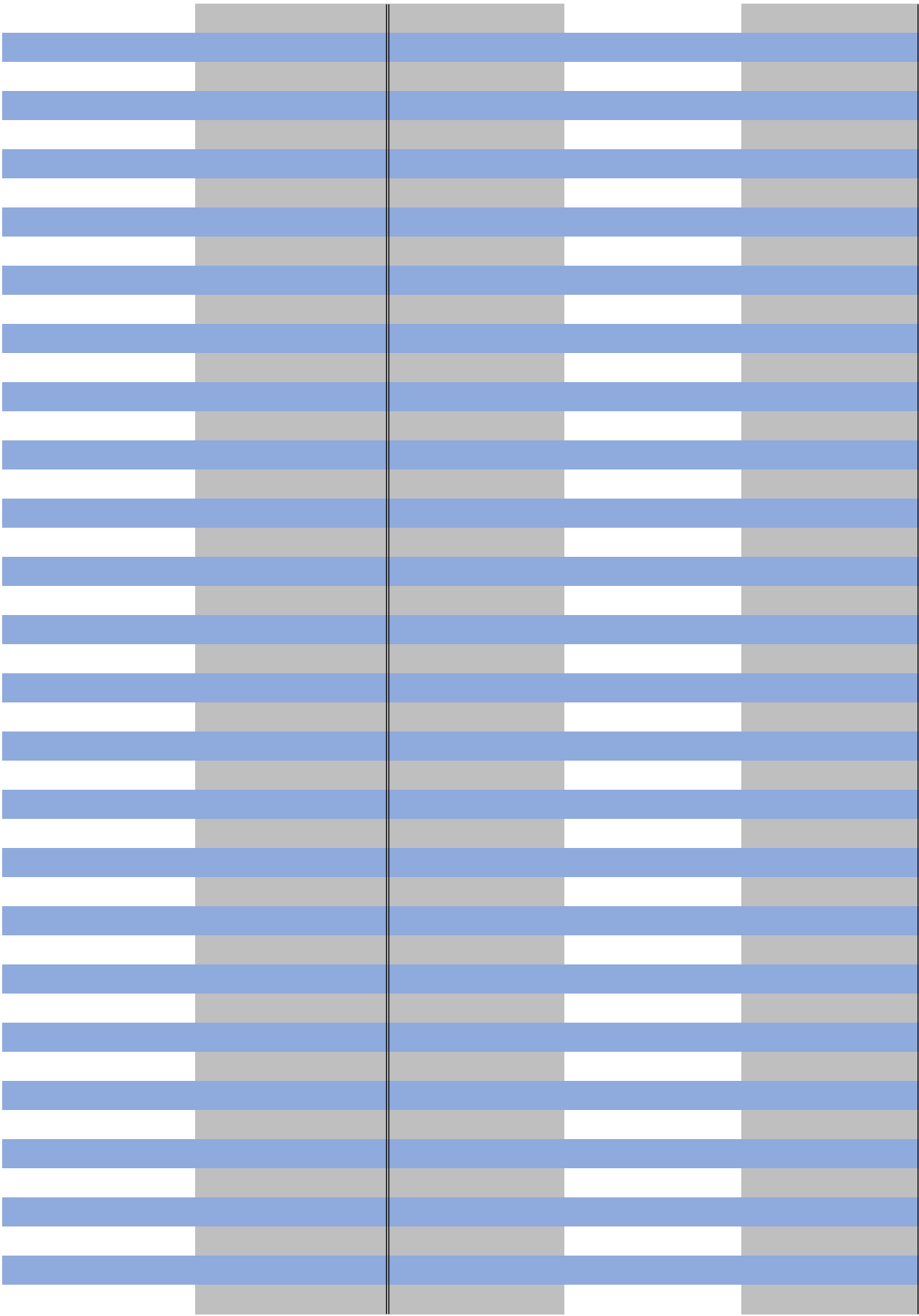


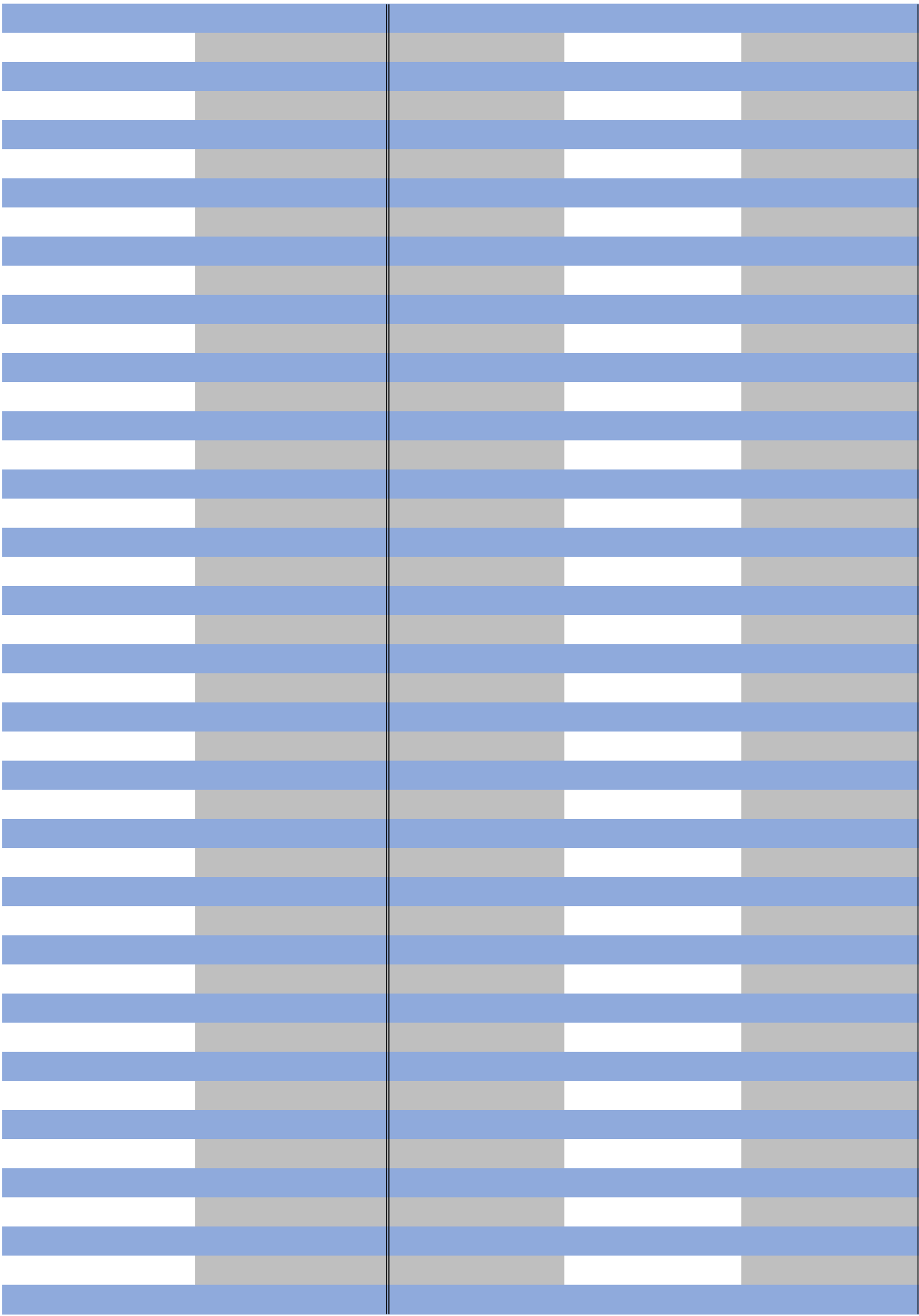


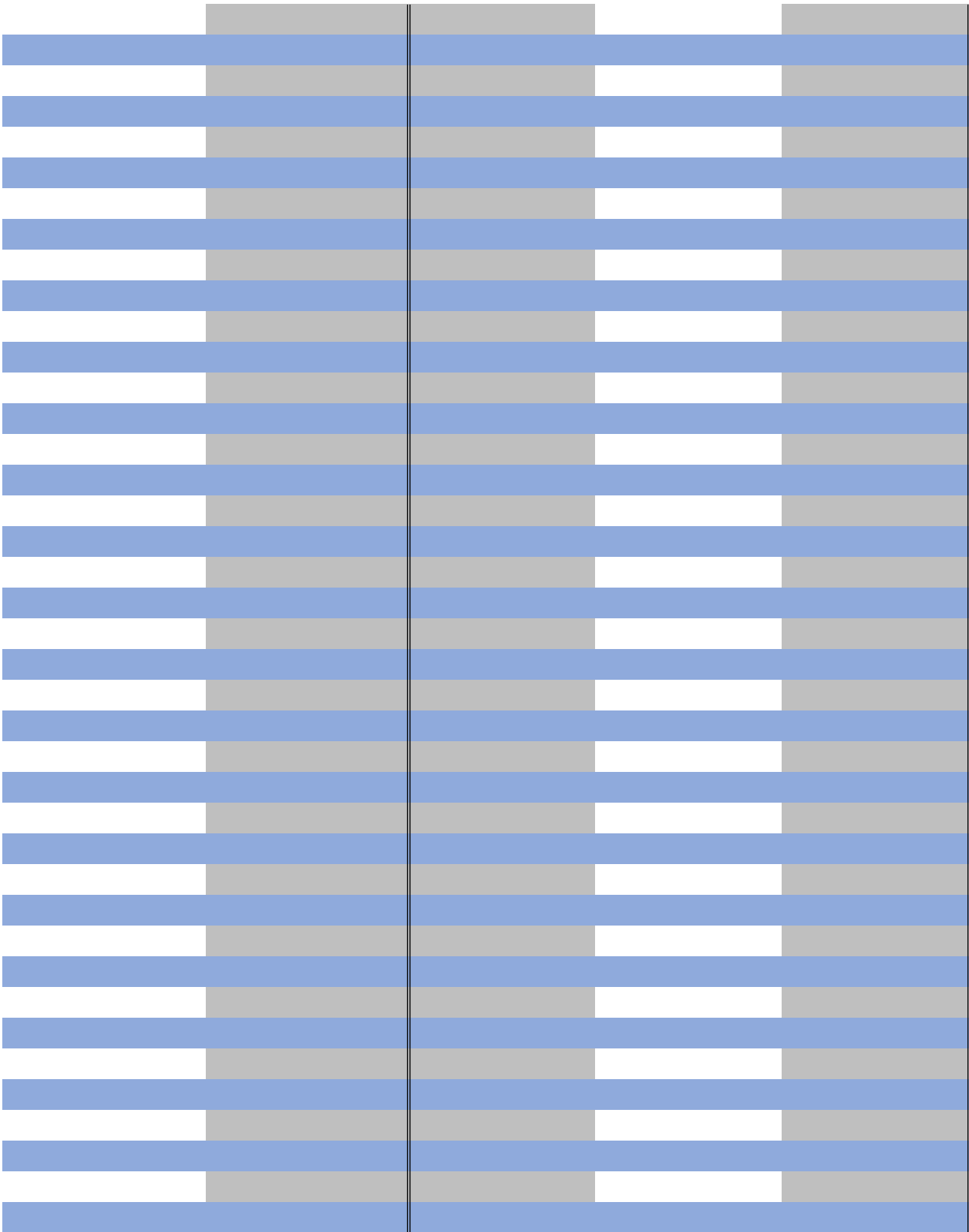












Total Dollars by Ownership Type For: Total Base Payments ([312]*[310

Ownership Category	Total Base Payments
Private	\$0
NSGO	\$0
SGO	\$0
Total	\$0

0]), Total Supplemental Payments ([317]*[310]), and Total Adjusted UPL Gap [409]	
Total Supplemental Payments	Total Adjusted UPL Gaps
\$0	\$0
\$0	\$0
\$0	\$0
\$0	\$0

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