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

report prepared by:

(please ins

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

and ending (*MM/DD/YYYY*):

I further certify that, to the best of my knowledge and b
providers and Medicaid agency in accordance with appl
and that the services identified in this Upper Payment L

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

3. State and/or local funds are available and will be use
are in accordance with all applicable federal requireme
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
civil or criminal law.

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

6. I certify that, to the best of my knowledge and belief
guidelines and directions have been followed in comple

7. I am the officer authorized by the relevant state gov

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 Limi

ert 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
licable instructions. I further certify that I am familiar with the laws and regulations regarding the provision of health care s
limit demonstration report are provided in compliance with such laws and regulations.

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

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

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

, all necessary information has been provided to support the determination of the UPL amount, including supplemental m
st of my knowledge and belief, none of the calculations or formulas in the template have been changed, and the most rece

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

ernment agency to submit this form and I have made a good faith effort to ensure that all information reported is true and

Overview

States are required to demonstrate, and Centers for Medicare and Medicaid Services (CMS) has accepted a reasonable estimate of the Upper Payment Limit (UPL) based on a comparison of Medicaid (MCD) payments to equivalent Medicare (MCR) payment, Medicaid cost using Medicare principles, or customary/prevailing charges. 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 Institutions for Mental Diseases (IMD) UPL demonstrations.

For each facility, please complete the "Required State Input – IMD" 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 "IMD" 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 – IMD" 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 separately 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 IMD:
- **Demonstration Information** asks for basic information such as the state, demonstration rate year, service type (IMD), and demonstration type (cost, charges, payment)
- **Provider Identification** asks for provider identification numbers and names for each facility included, and the ownership category type (private, non-state government owned, state-government owned)
- **Customary or Prevailing Charge Data** asks for base year data relevant to the calculation of the UPL
- **Medicaid Payment and Utilization Data for Base Period** 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 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 and asks for inflationary adjustments to appropriately trend UPL data from the base to the current rate year
- **Adjustments to UPL** asks for other adjustments to the UPL that are not included in the UPL calculation
- **Calculation of UPL Gap** instructs the state to calculate the UPL gap for each facility by subtracting (adjusted/inflated) Medicaid payments from the calculated UPL

CMS has developed an instructional document for Institutions for Mental Diseases to help states create their UPL demonstration. This document can be downloaded from:

CMS UPL Instructions for Other Inpatient and Outpatient 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 IMD's data has also been entered for each template to provide guidance 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 Descriptions	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	3-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]
201-212.2	N/A	N/A
212.3	Required	$ Amount
213-214	N/A	N/A
215	Calculated	$ Amount
216-222	N/A	N/A
223	Required	$ Amount
224-226	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
409	Calculated	$ Amount
410-424	N/A	N/A

Table 1. CMS UPL Institutions for Mental D

Variable numbering scheme is used for internal identification of each

Short Description
State
Demonstration Begin Date
Demonstration End Date
State
State Demonstration Rate Year
Service Type
N/A

Demonstration Type (Charge, Cost, Payment)

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

Begin Date for Charge, Cost or Payment Data
Ending Date for Charge, Cost or Payment Data
N/A
Adjustments to Per Diem Charge, Cost or Payment
N/A
Total Per Diem Charge, Cost or Payment

N/A
Per Diem Charge, Cost or Payment

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 Works

iseases 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: IMD = Institutions for Mental Diseases

N/A

Demonstration type (Charge = Charge-based, Cost = Cost-based, Payment = Payment-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).

Begin date of charge, cost or payment data provided that is used to calculate the UPL.

End date of charge, cost or payment data provided that is used to calculate the UPL.

N/A

Adjustments to per diem charge, cost, or payment.

N/A

Calculated as Per Diem Charge, Cost, or Payment (Variable 223) + Adjustments to MCR Per Diem Charge, Cost or Payment (Variable 212.3)

N/A

Per diem charge, cost, or payment used to calculate the UPL from the period specified in Variables 200.1 and 200.2.

N/A

Beginning date of base year Medicaid (MCD) days (note: should match charge, cost, or payment data period).

End date of base year Medicaid (MCD) days (note: should match charge, cost, or payment data period).

N/A

Description of Medicaid (MCD) payment 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 trend factor used to reflect changes in the Medicaid program between the base (midpoint of Variables 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 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 time 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 (e.g., drugs, therapy, lab, radiology).

Adjustment to Medicaid (MCD) base payments per diem (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 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 as Total Per Diem Charge, Cost, or Payment (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 trend factor used to inflate the Total Per Diem Charge, Cost, or Payment from the base year to the UPL Demonstration rate 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 trend factor used to inflate the Total Per Diem Charge, Cost, or Payment from the base year (midpoint of Variable 200.1 and Variable 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.

Total UPL amount 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

heet

Variable Status
0: Variables Included in IMD Template
0: Variables Included in IMD Template
0: Variables Included in IMD Template
0: Variables Included in IMD Template
0: Variables Included in IMD Template
0: Variables Included in IMD Template
N/A

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0: Variables Included in IMD Template

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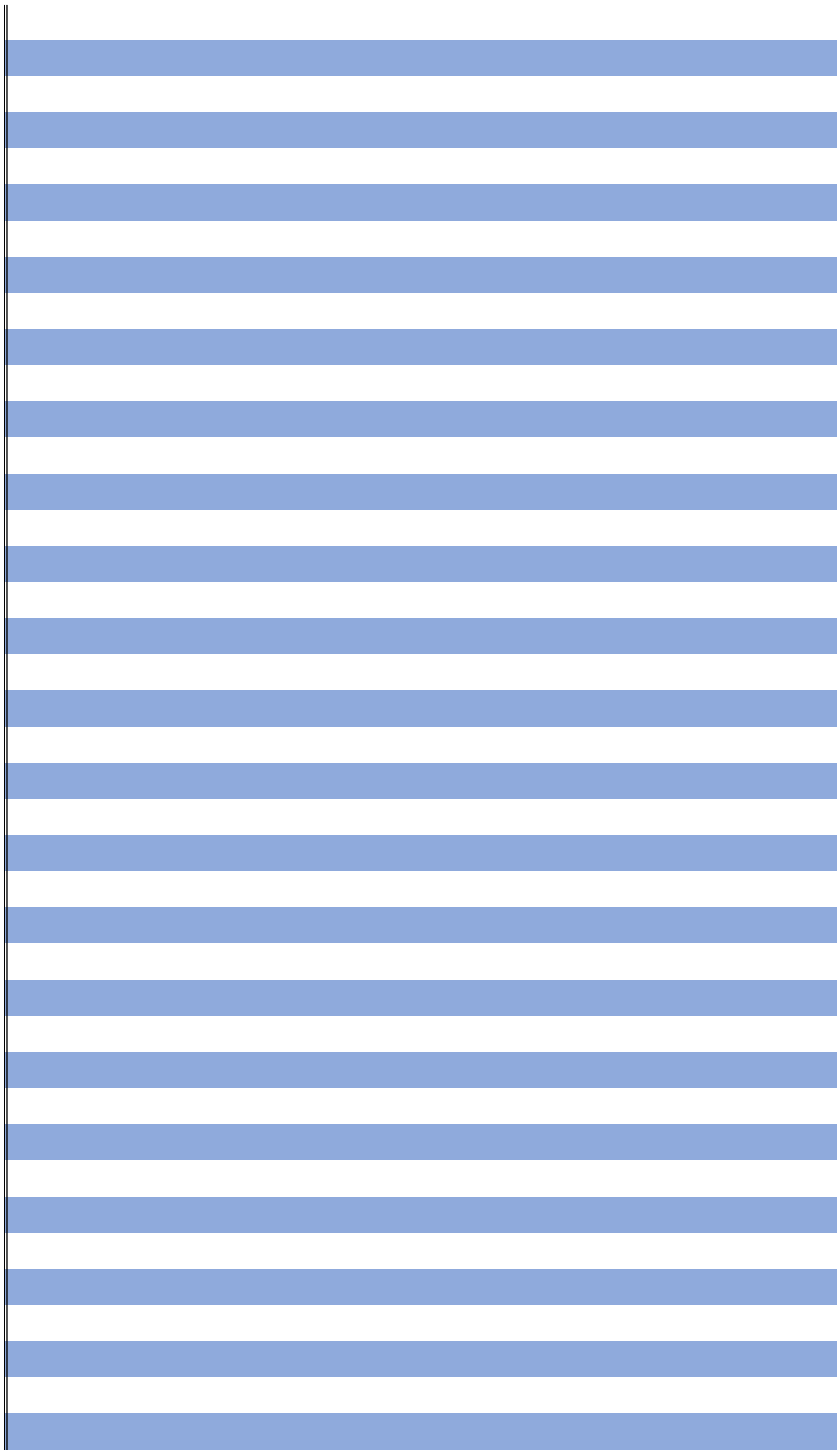
0: Variables Included in IMD Template

N/A

(Required) State [001]	(Required) Demonstration Begin Date [002]	(Required) Demonstration End Date [003]	(PIA) Retrospective/ Prospective Demonstration [116]

Database Description & Variable Number	Demo Info: (Required) State [100]	Demo Info: (Required) State Demonstration Rate Year [101]	Demo Info: (Required) Service Type [102]



(PIA) State Plan Amendment Number (SPA) [117]

Data Validation Key

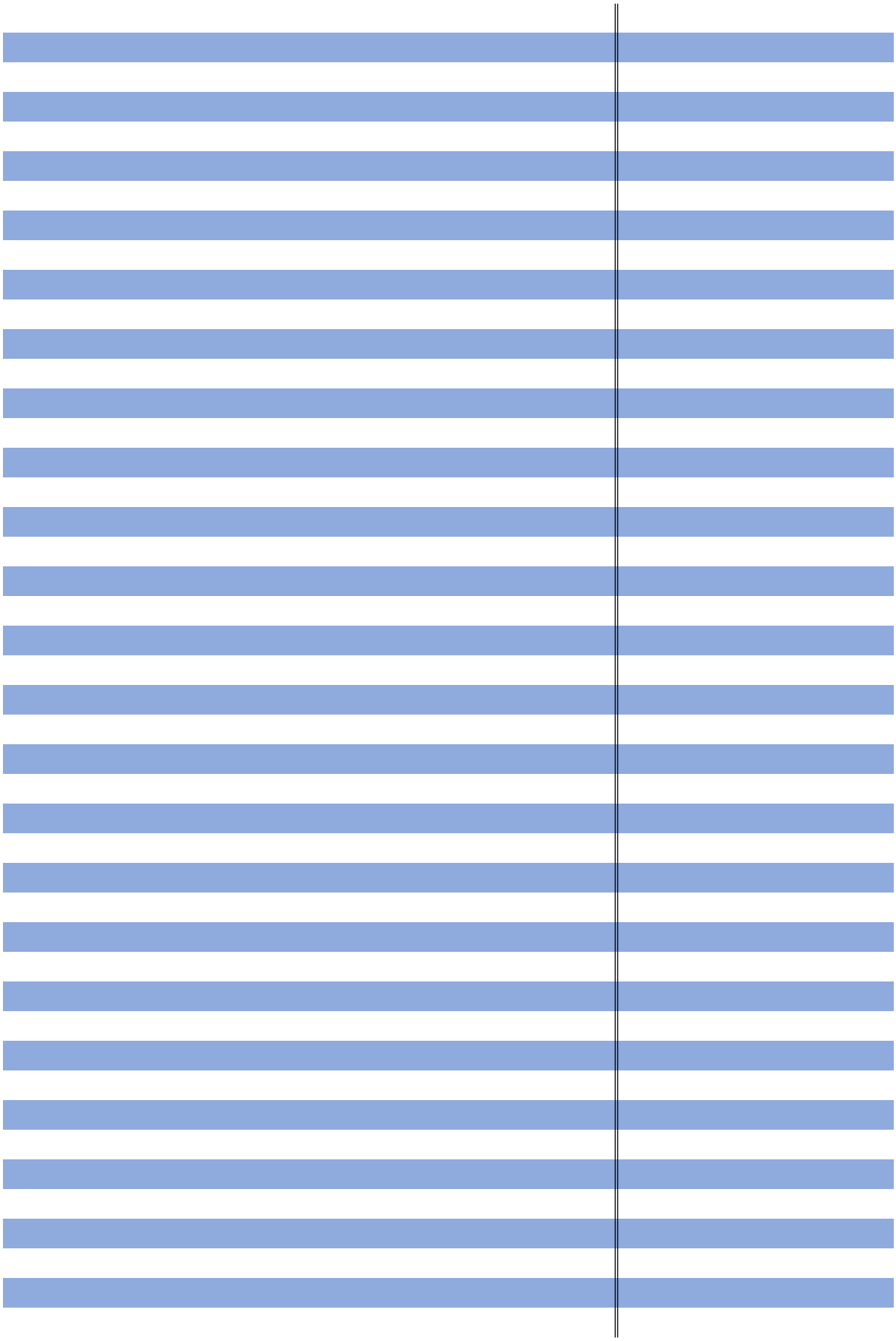
EXAMPLE	Grey Shading, White *Italic* Font: Field does
EXAMPLE	Red Shading only: Required field is left blar

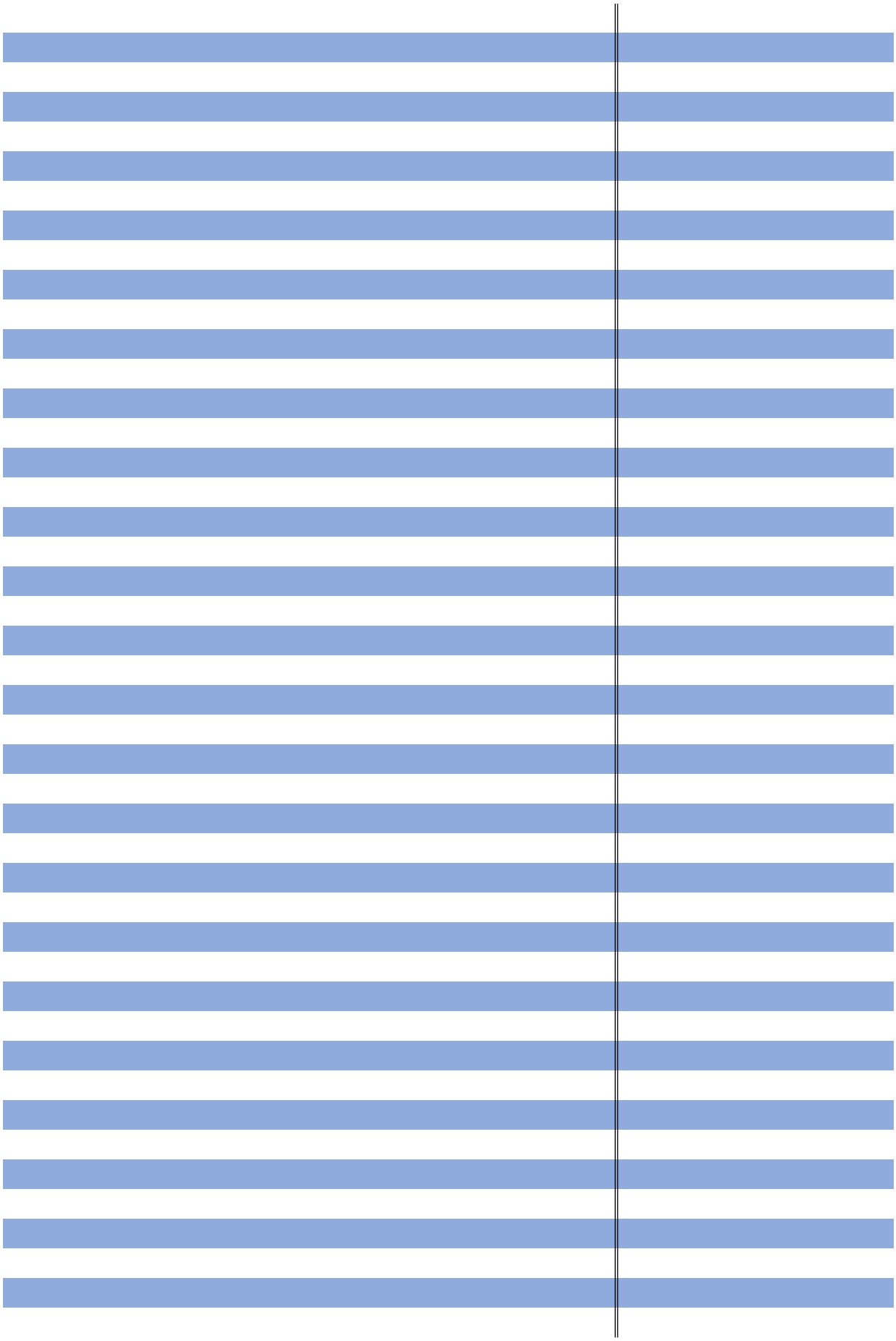
Demo Info:	Provider Info:	Provider Info:	Provider Info:	Provider Info:
(Required)	(PIA)	(PIA)	(Required)	(Required)
Demonstration Type	Other State Provider ID Number	National Provider ID (NPI)	Medicare Certification Number (Medicare ID)	State-specific Provider ID (Medicaid ID)
[104]	[105]	[109]	[112]	[107]

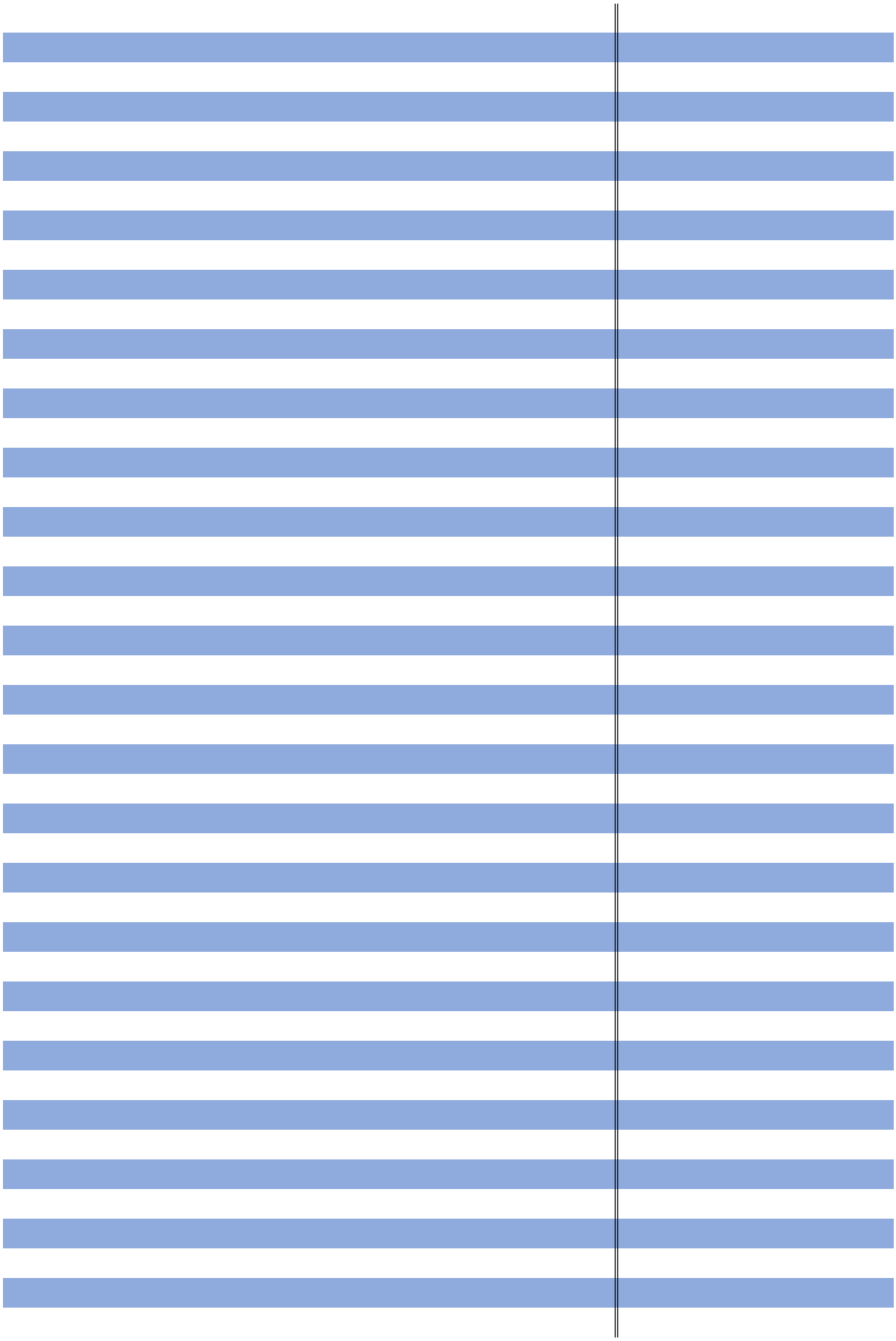
not apply to Demonstration Type entered for row.

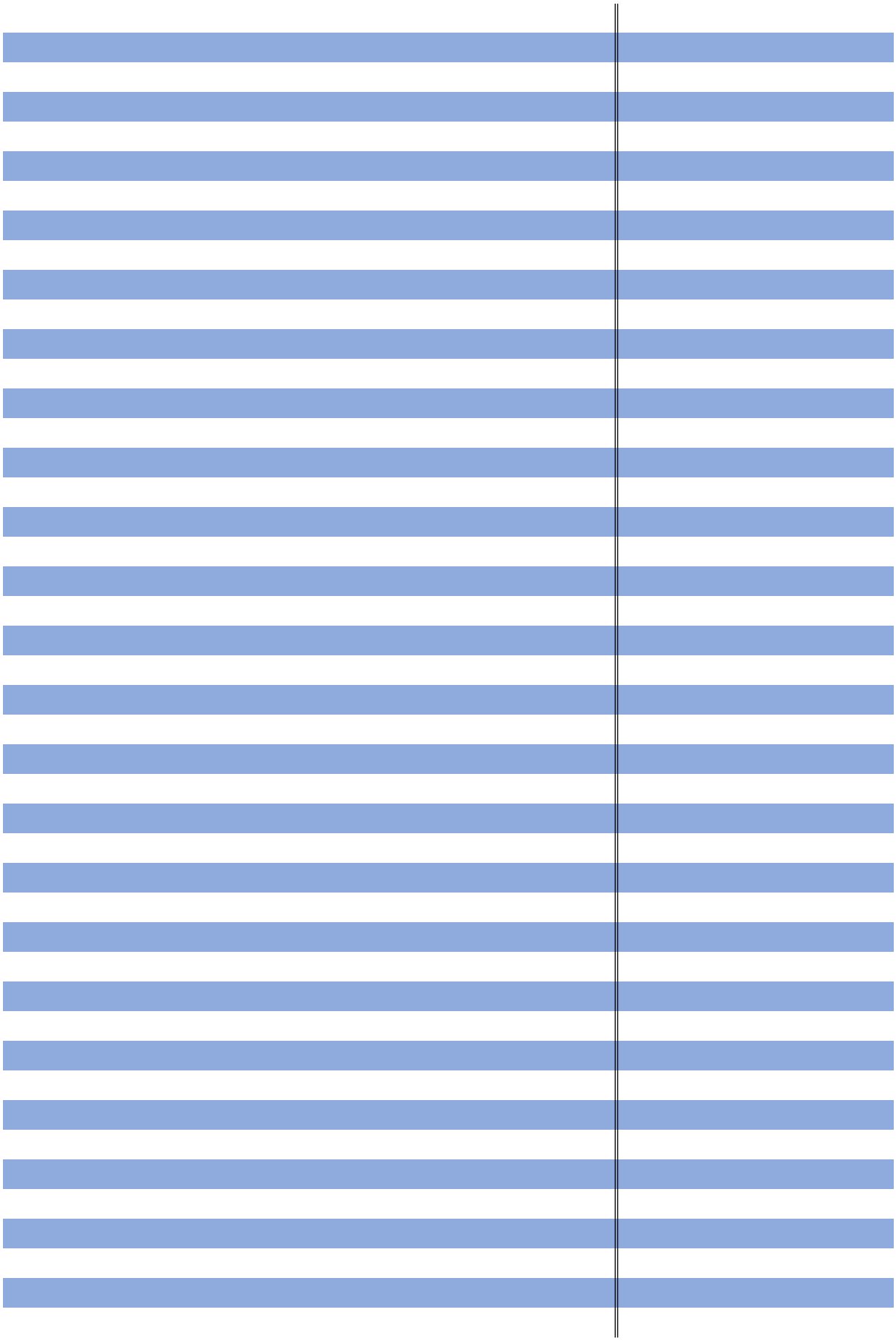
ık. Red Shading, White **BOLD** font: Invalid value entered in field.

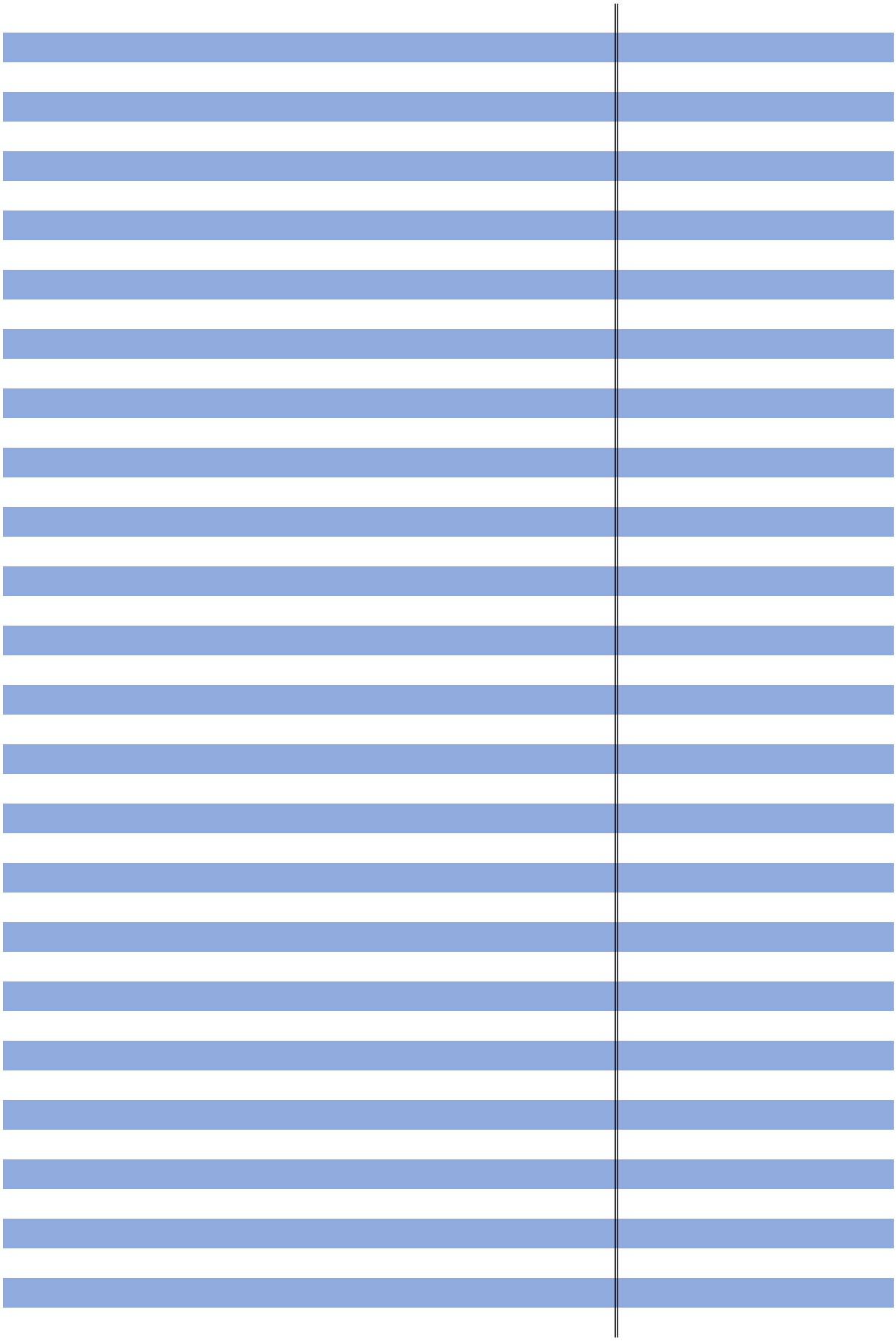
Provider Info: (Required) Provider Name [108]	Provider Info: (Required) Ownership Category Type [110]	Customary or Prevailing Charge info: (Required) Begin Date for Charge, Cost, or Payment Data [200.1]

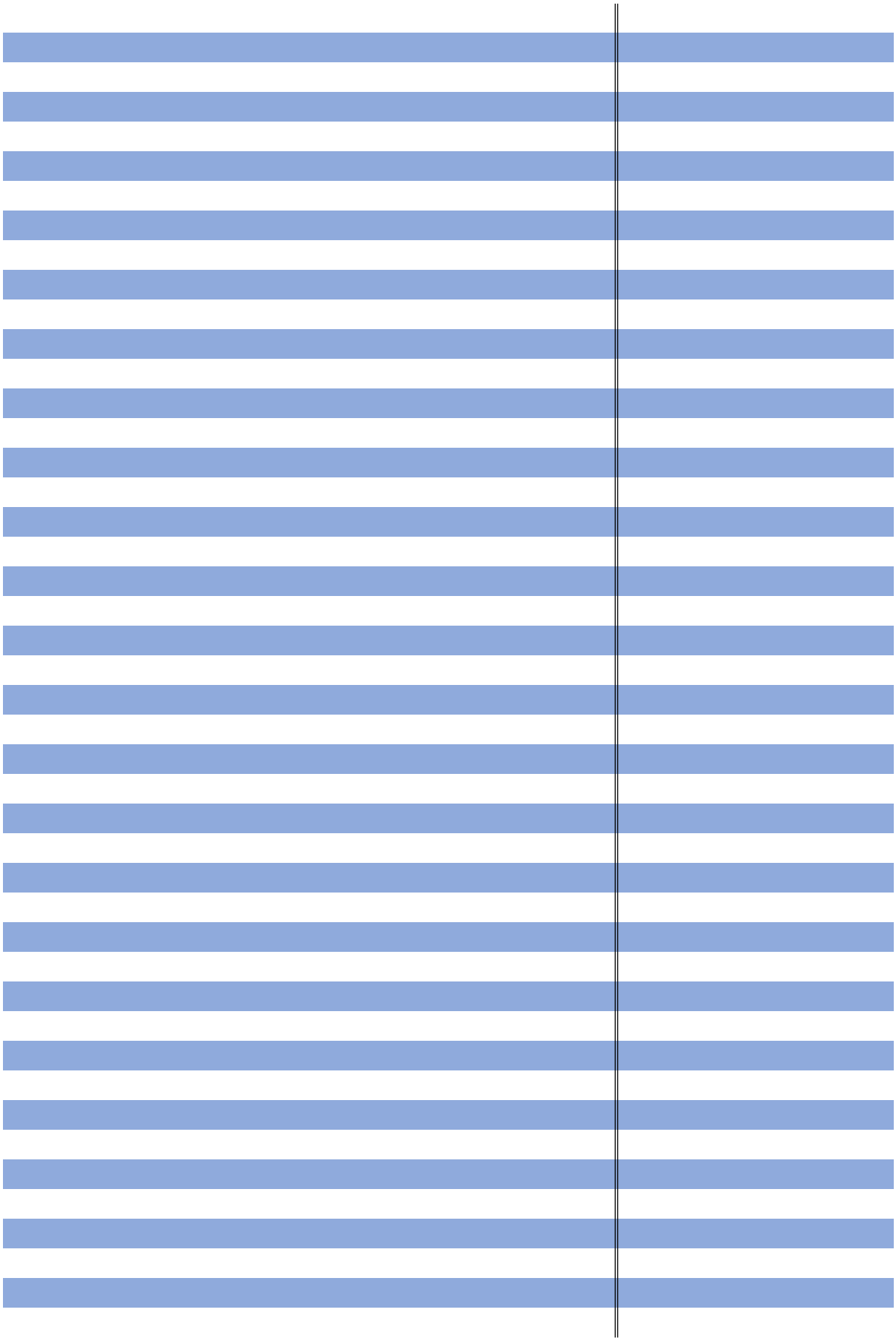


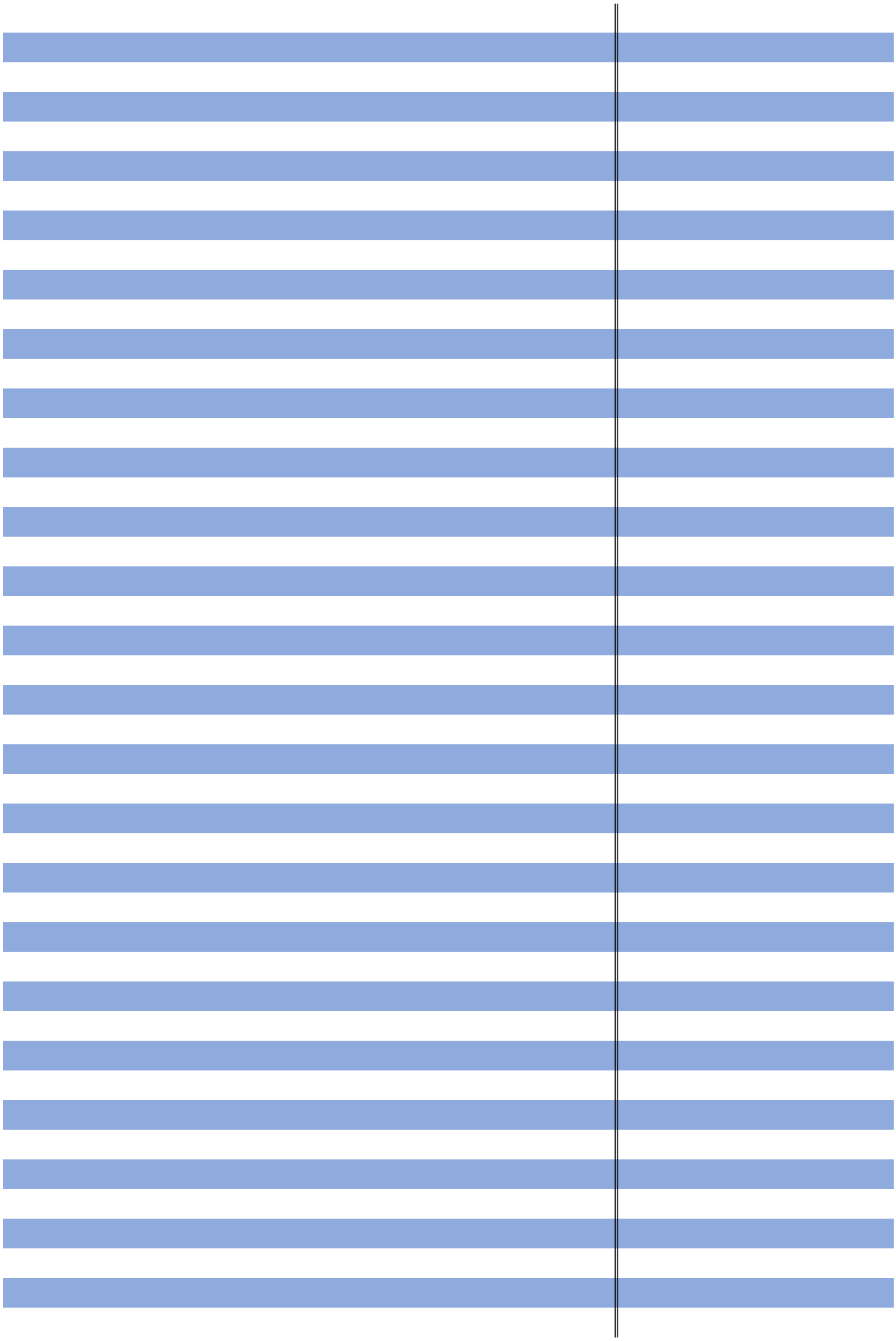


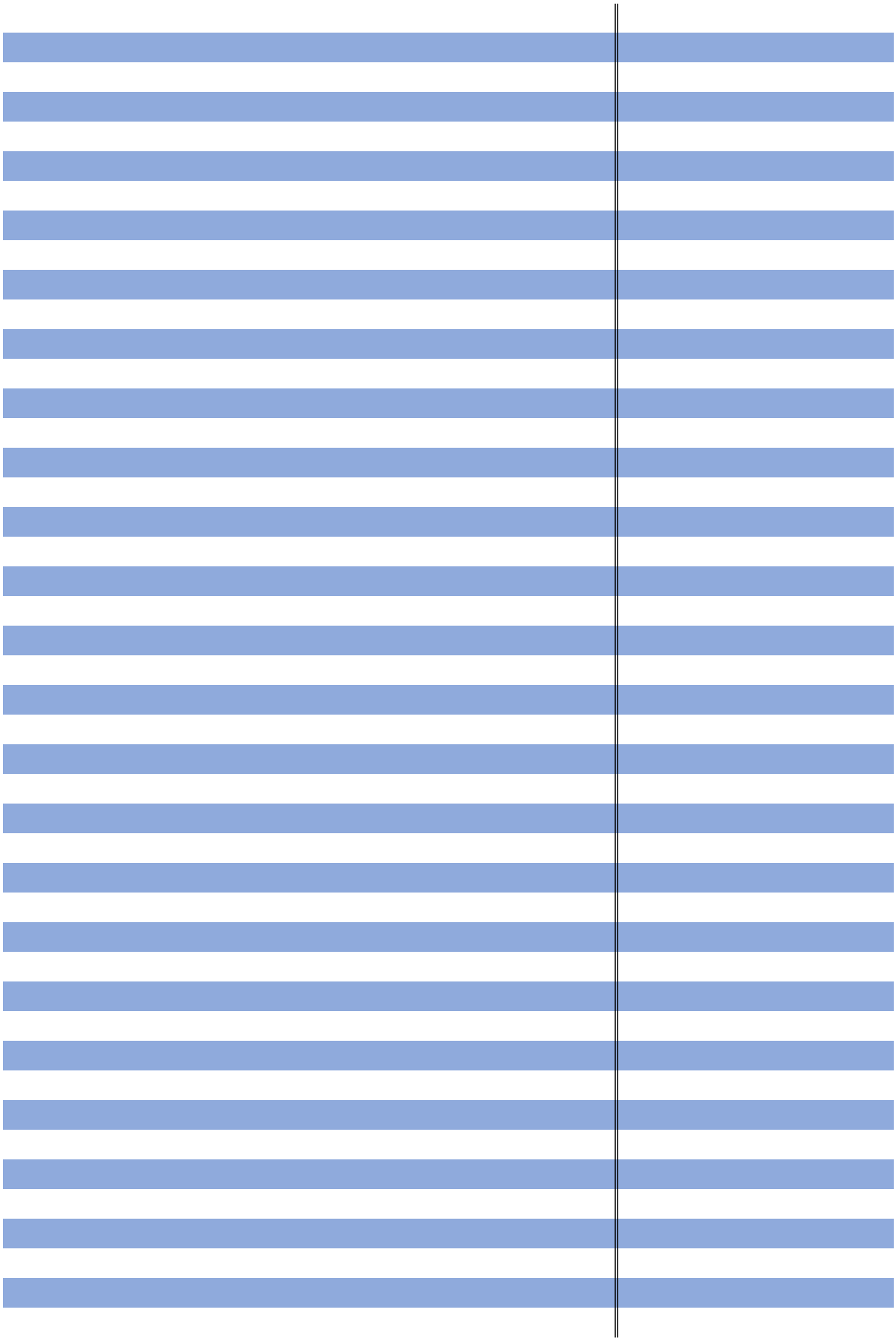


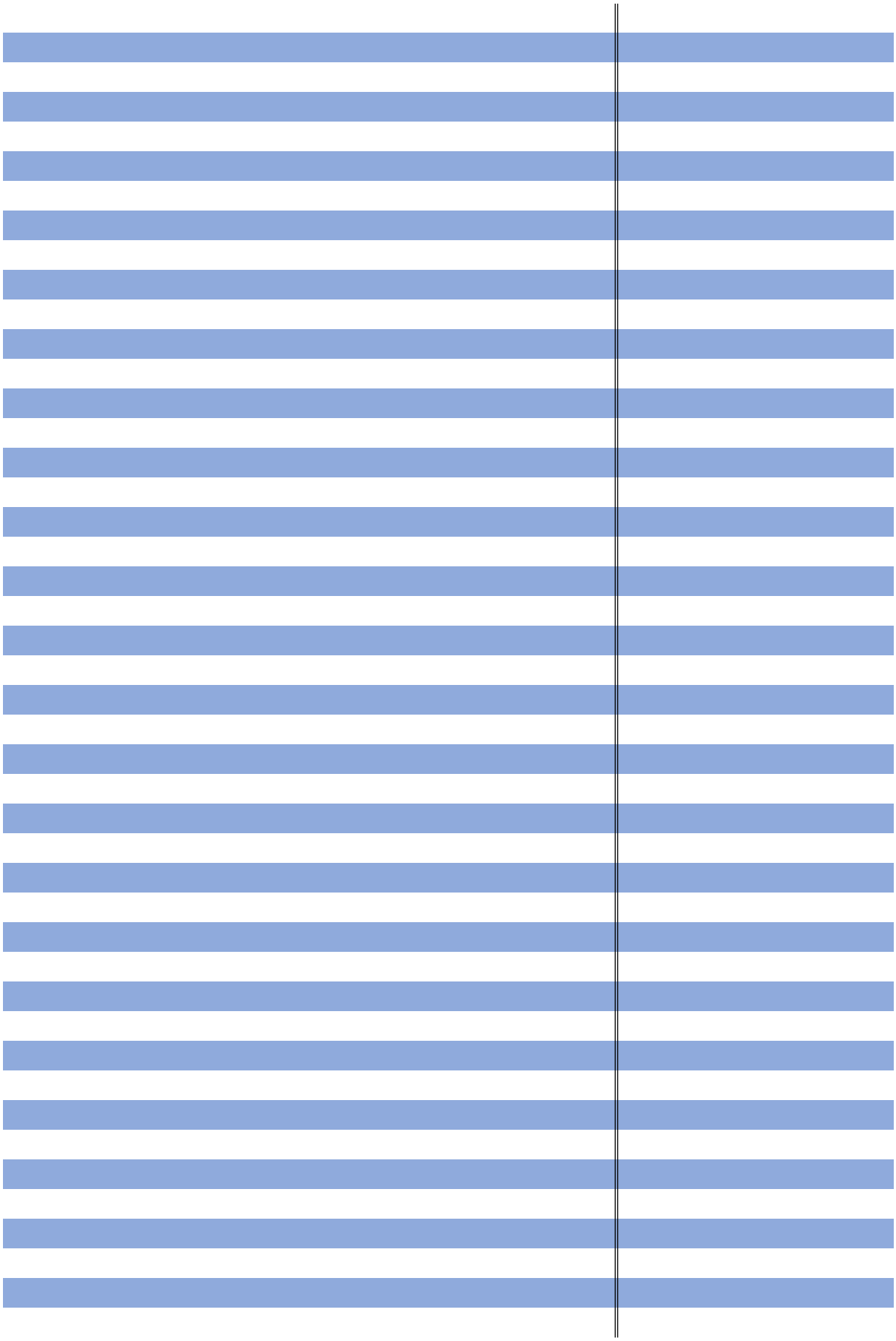


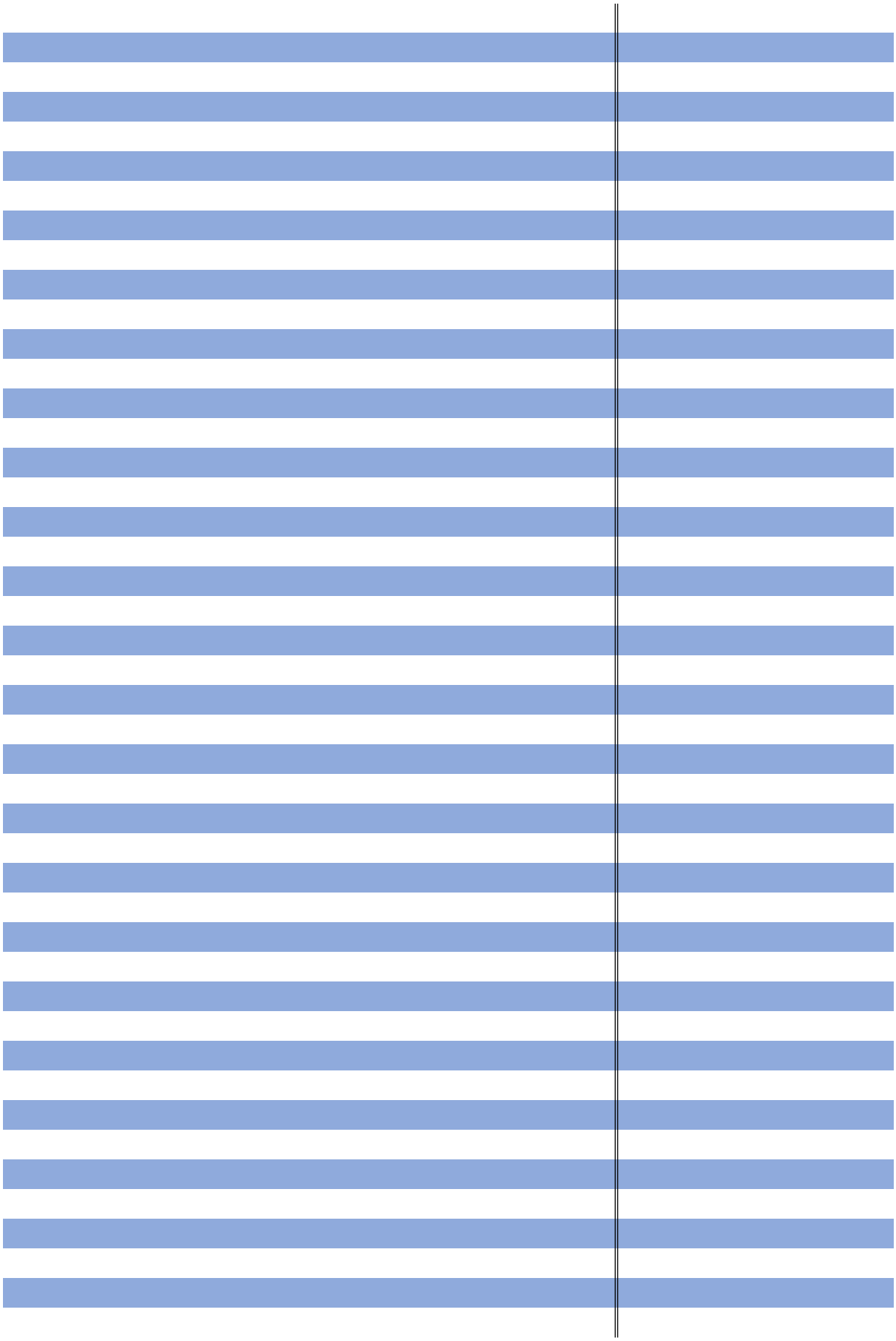


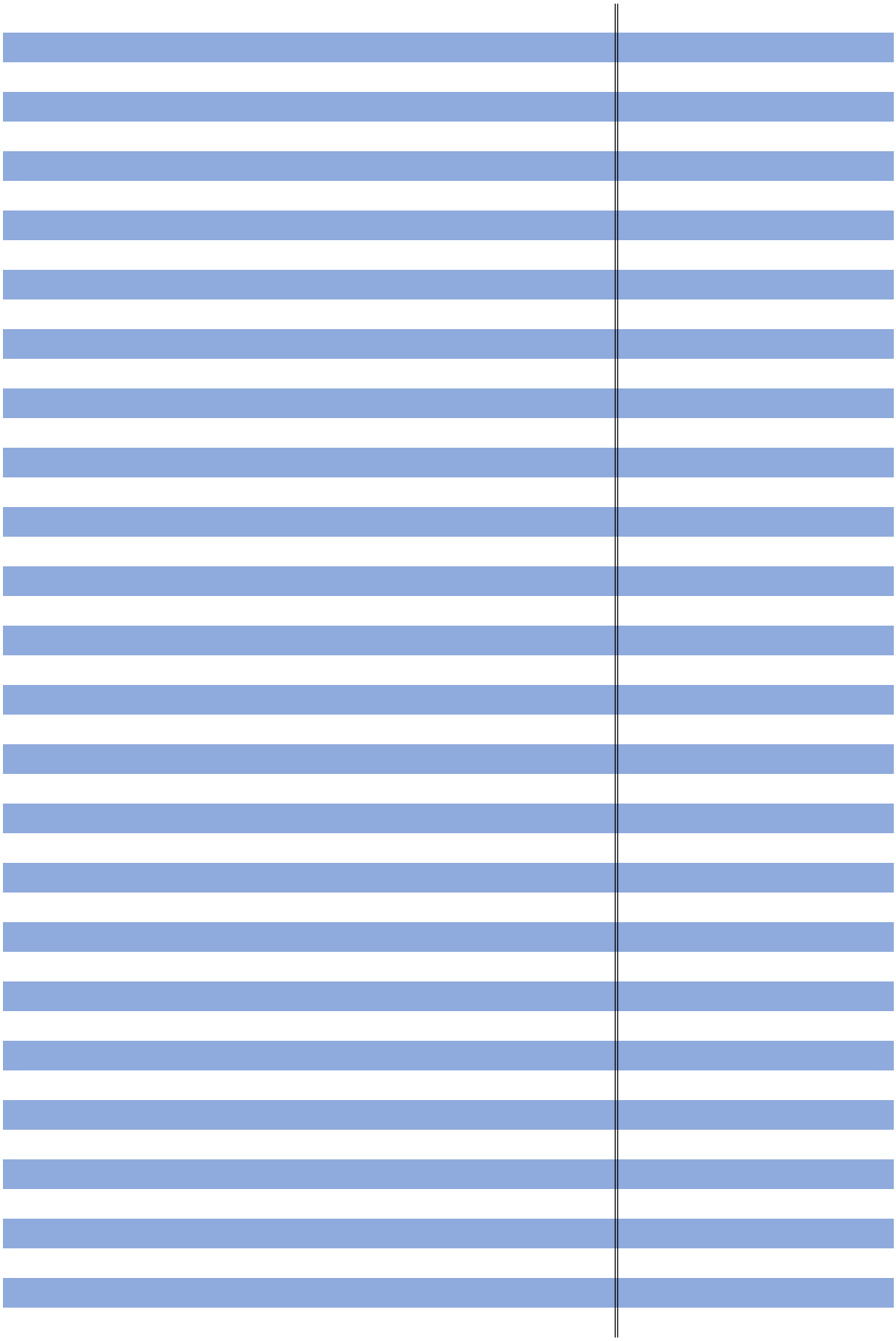


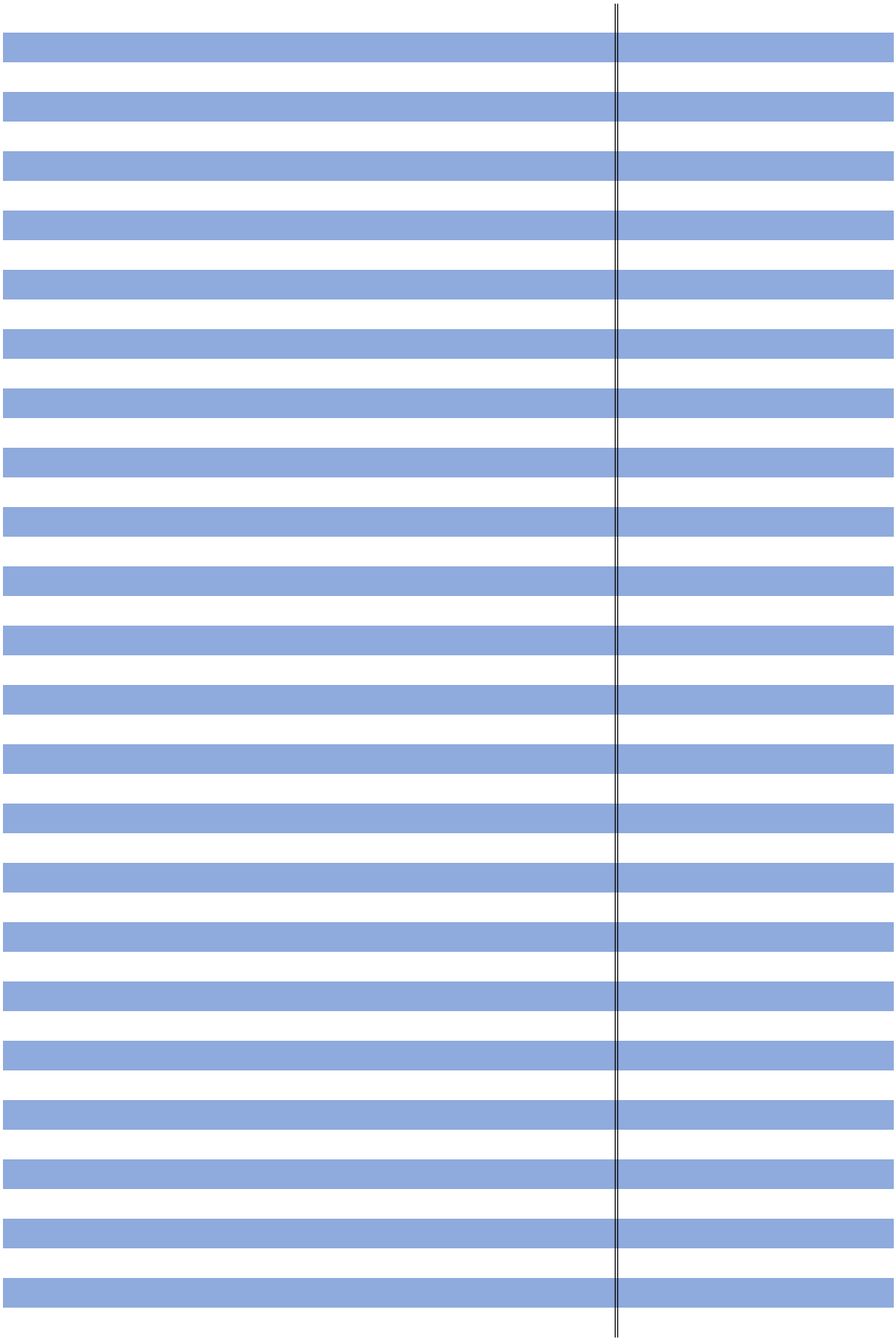


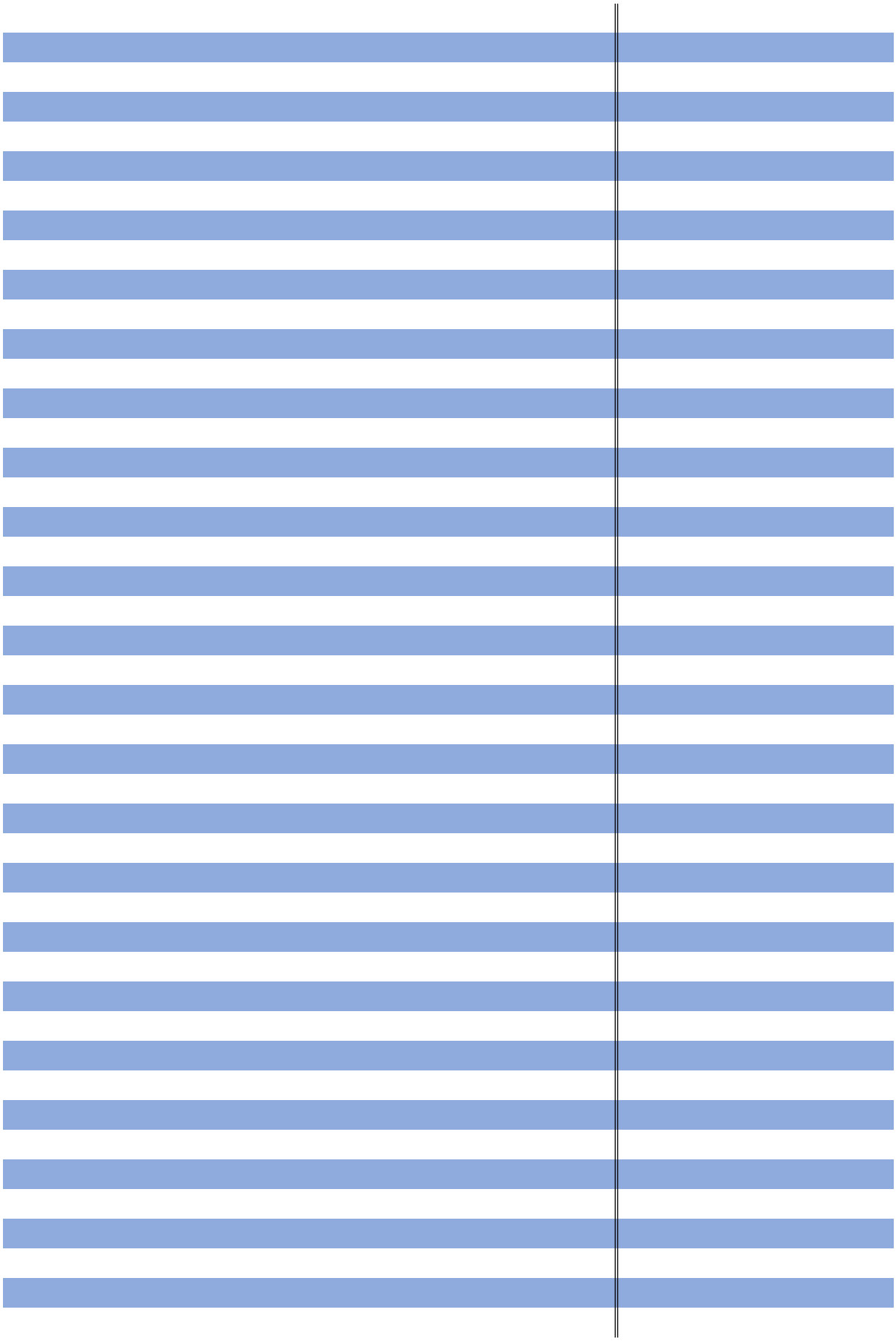


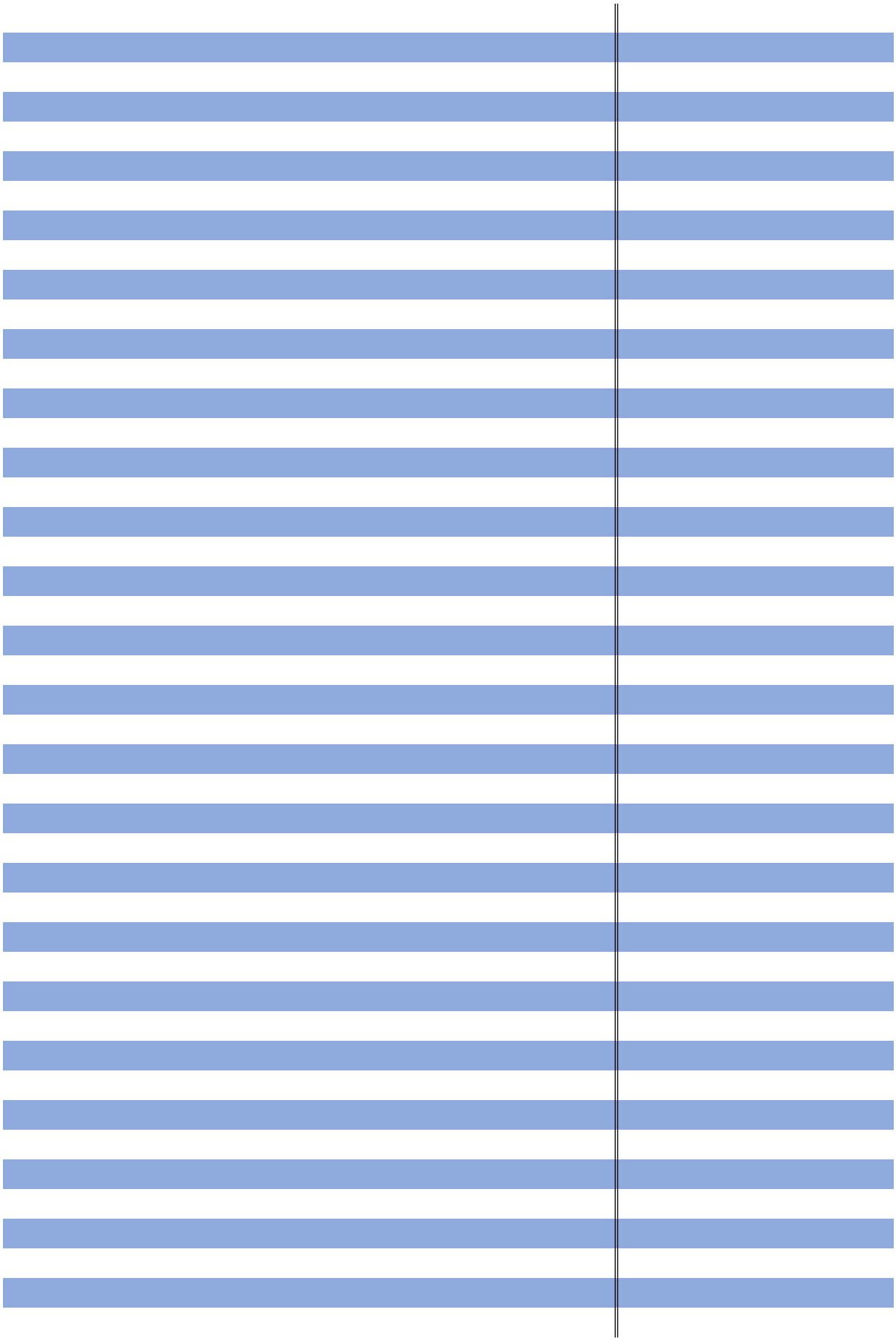


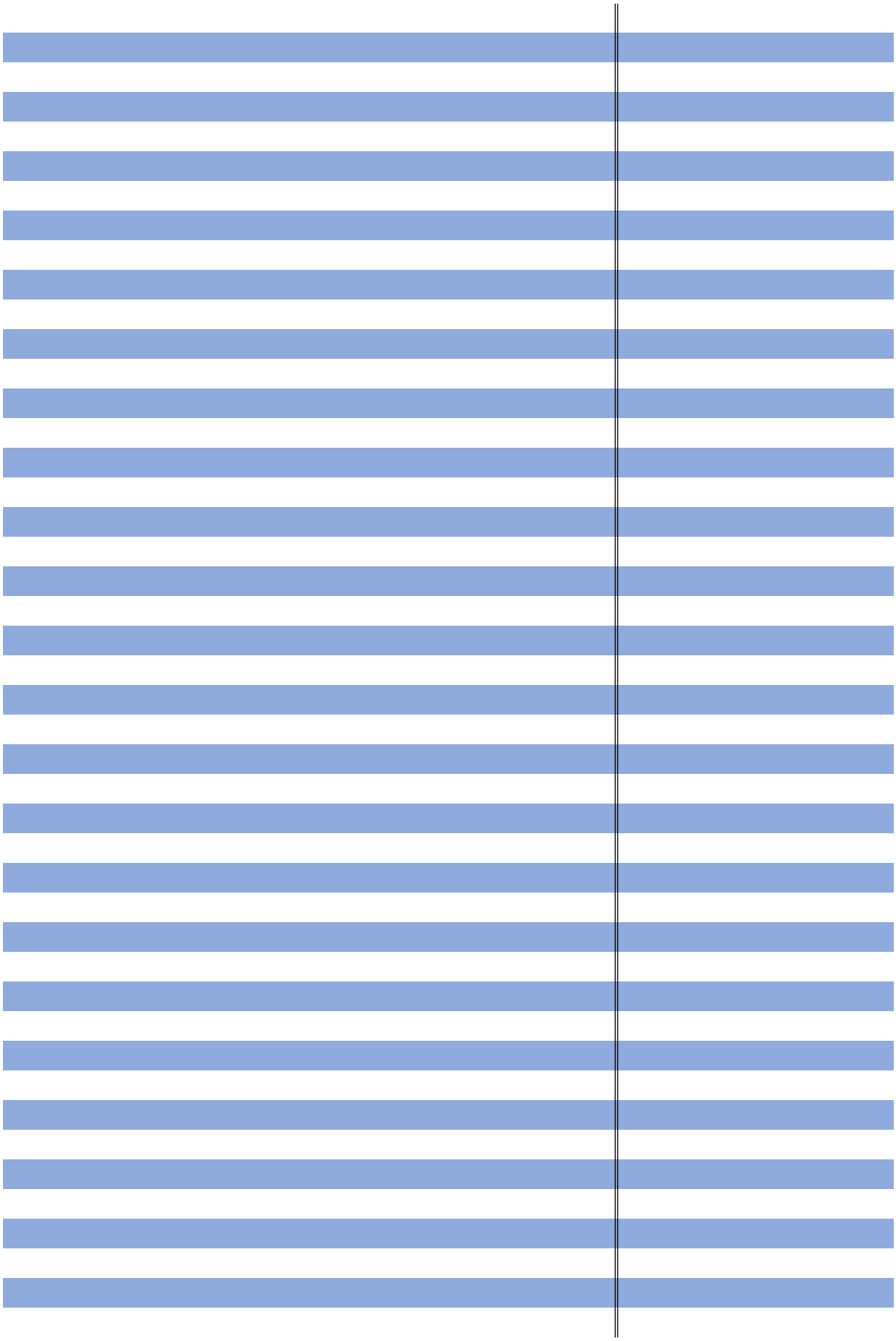


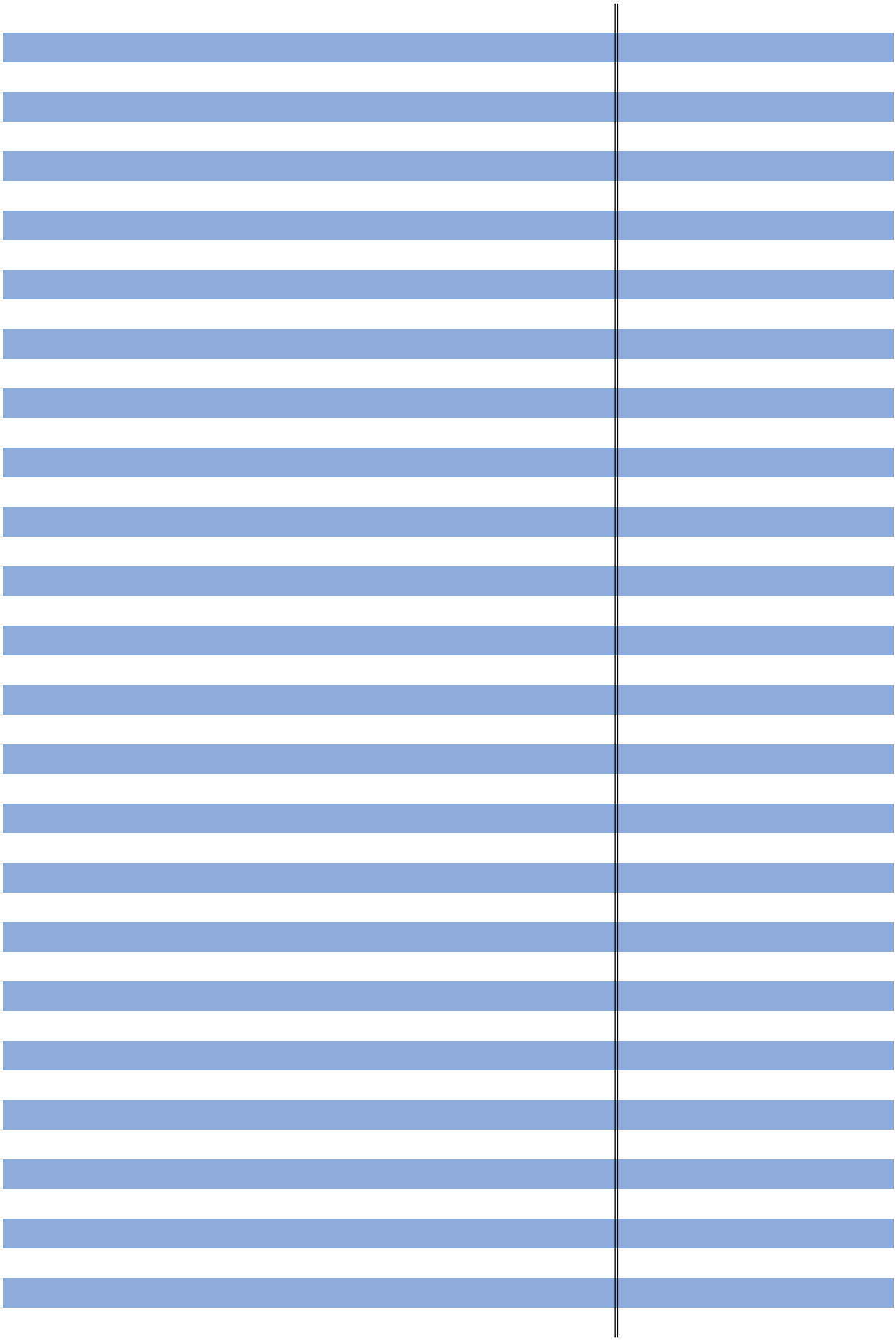


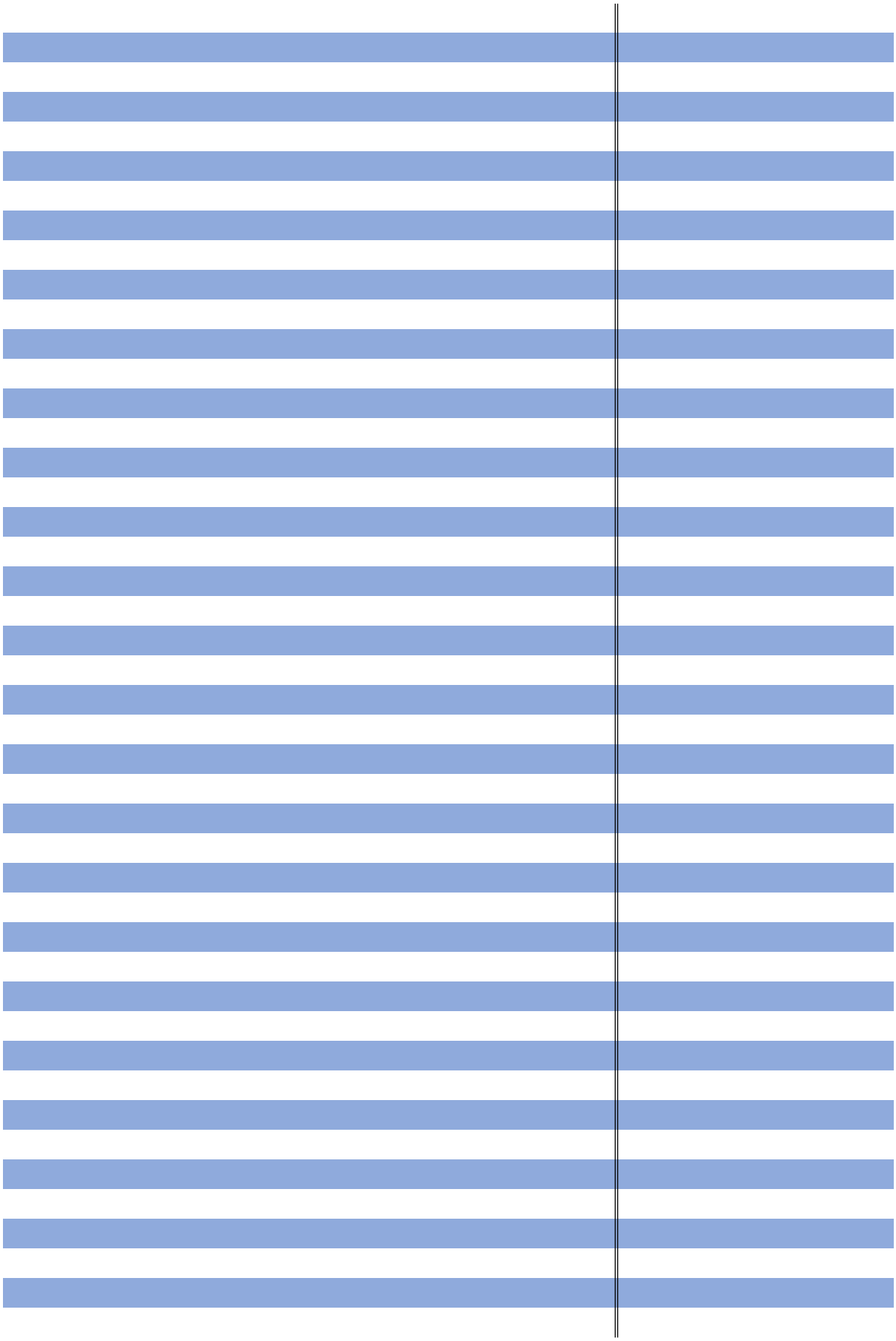


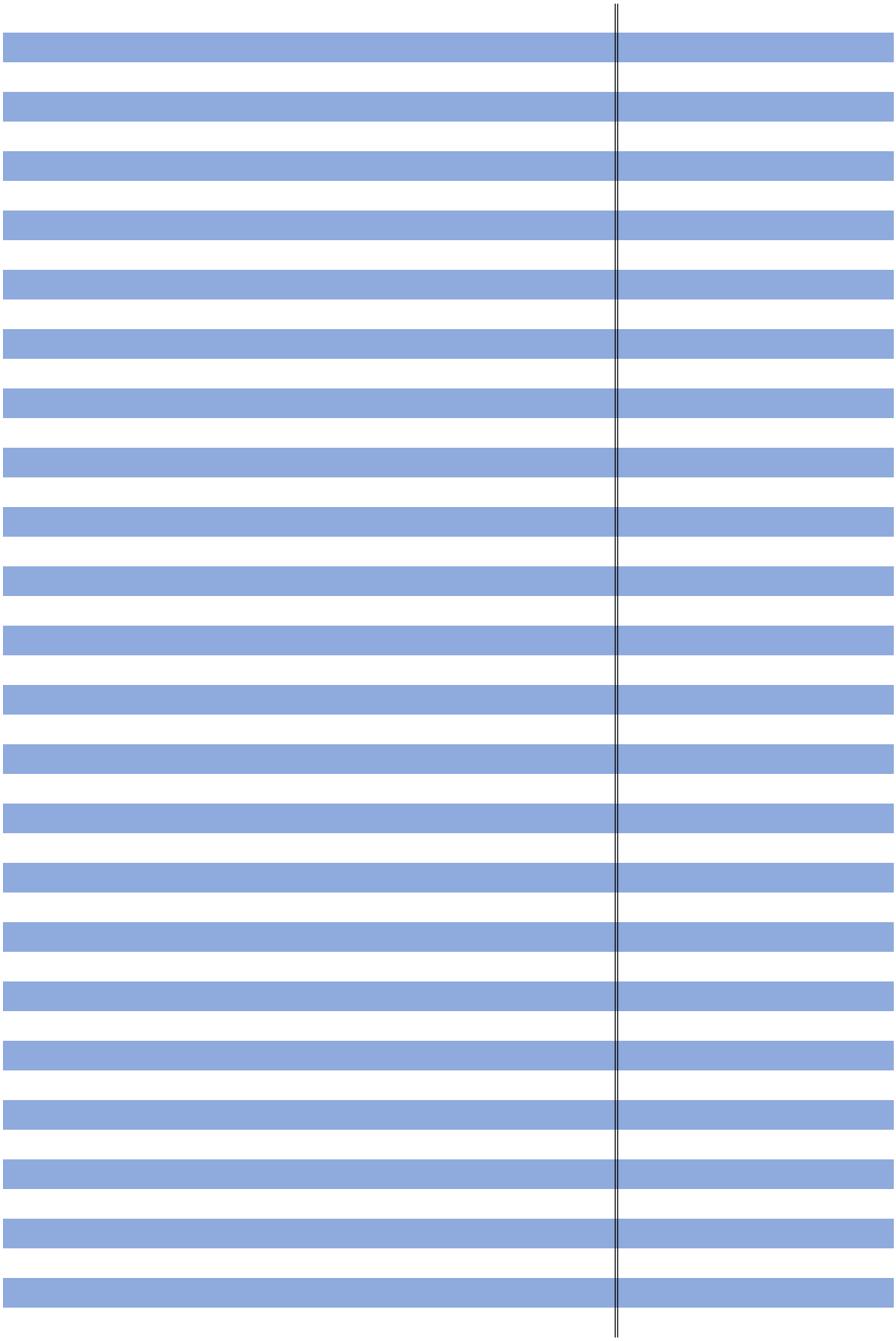


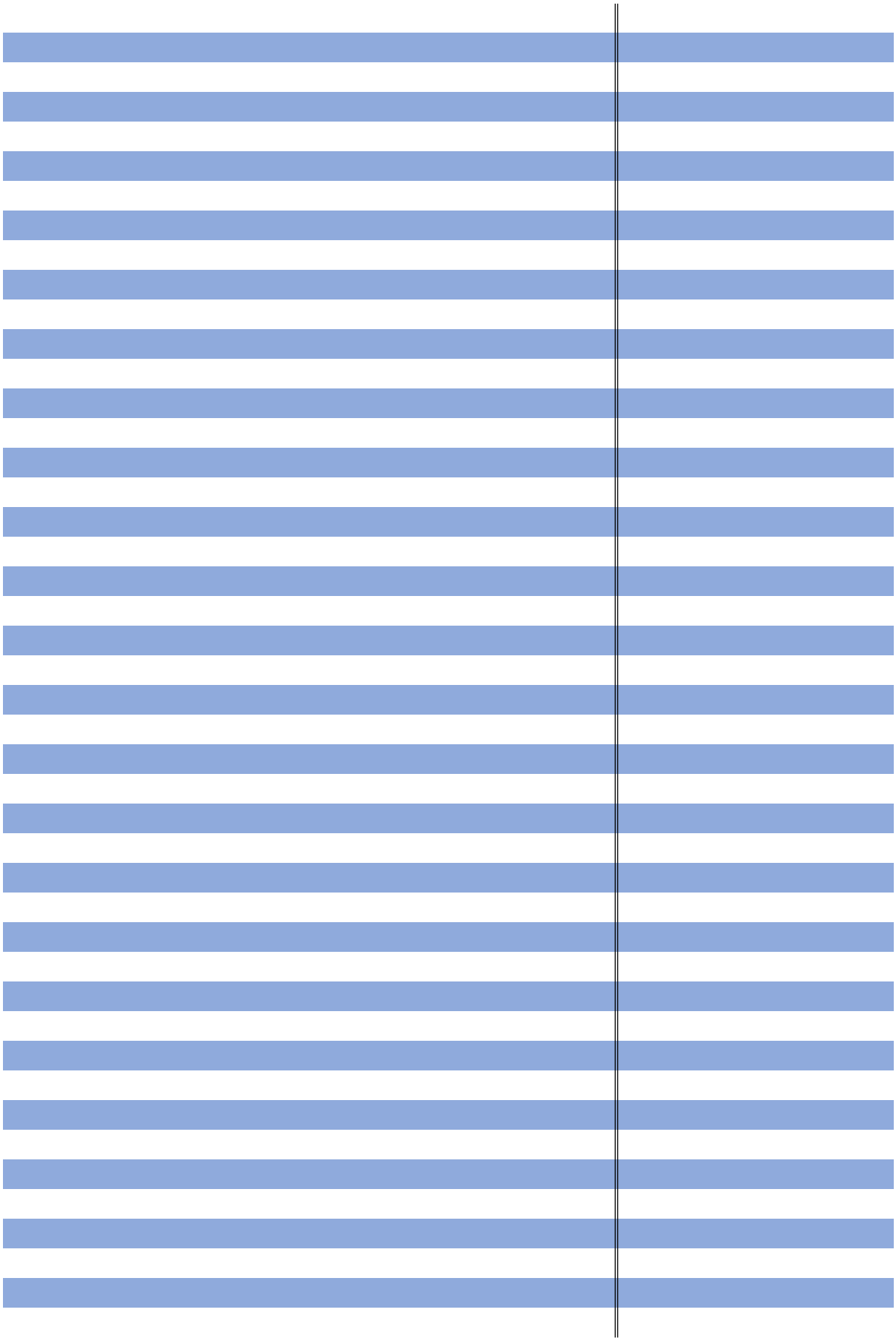


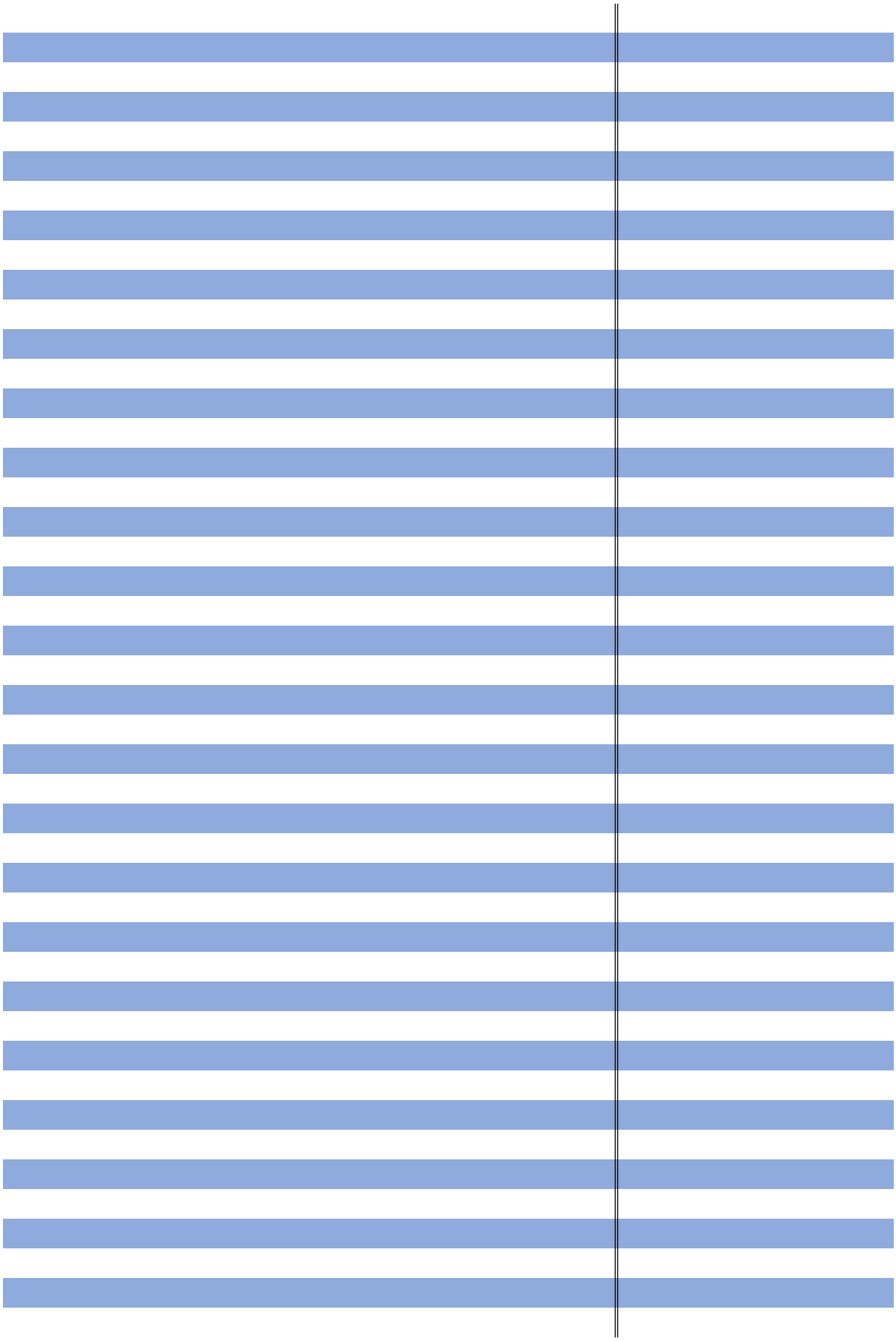


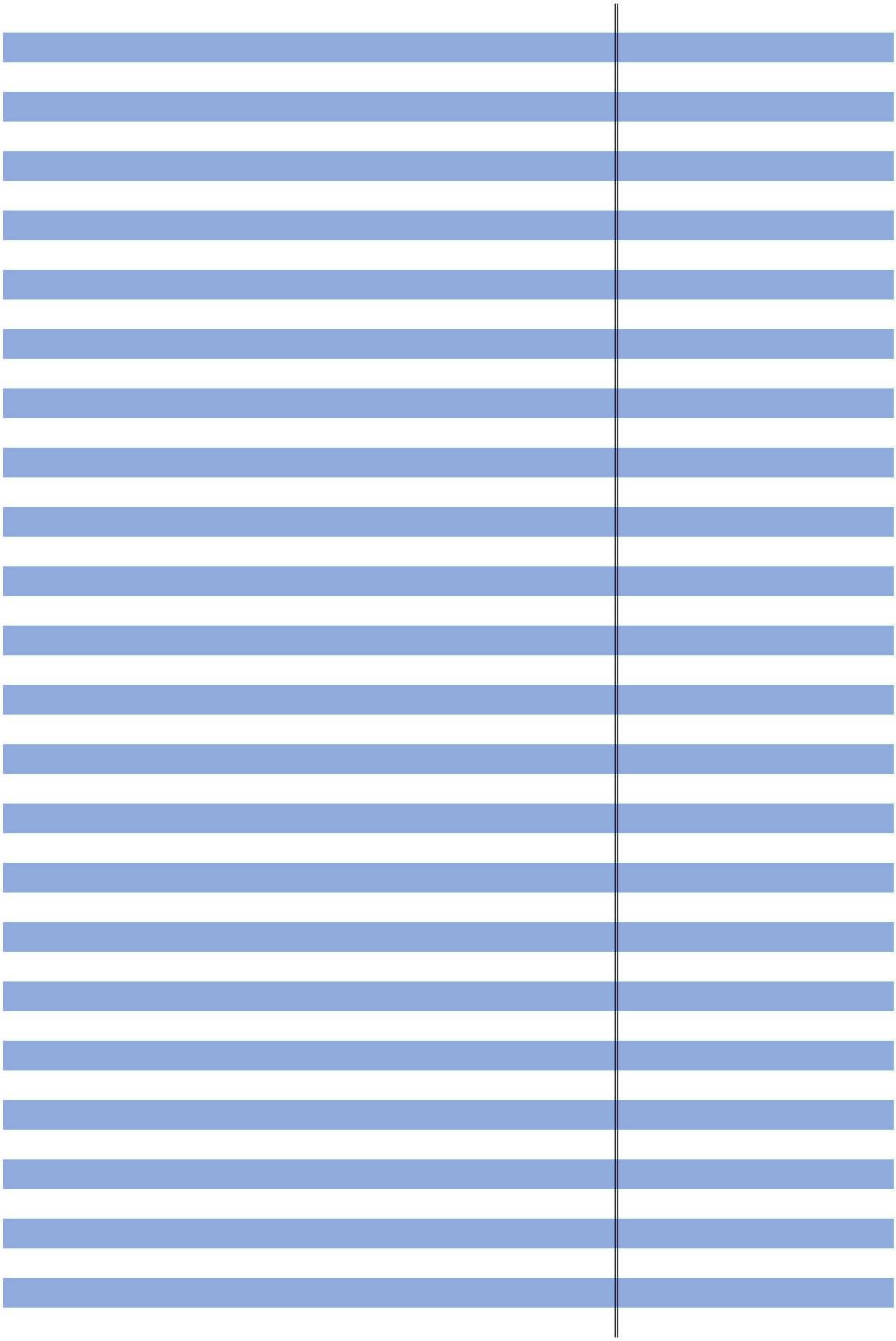


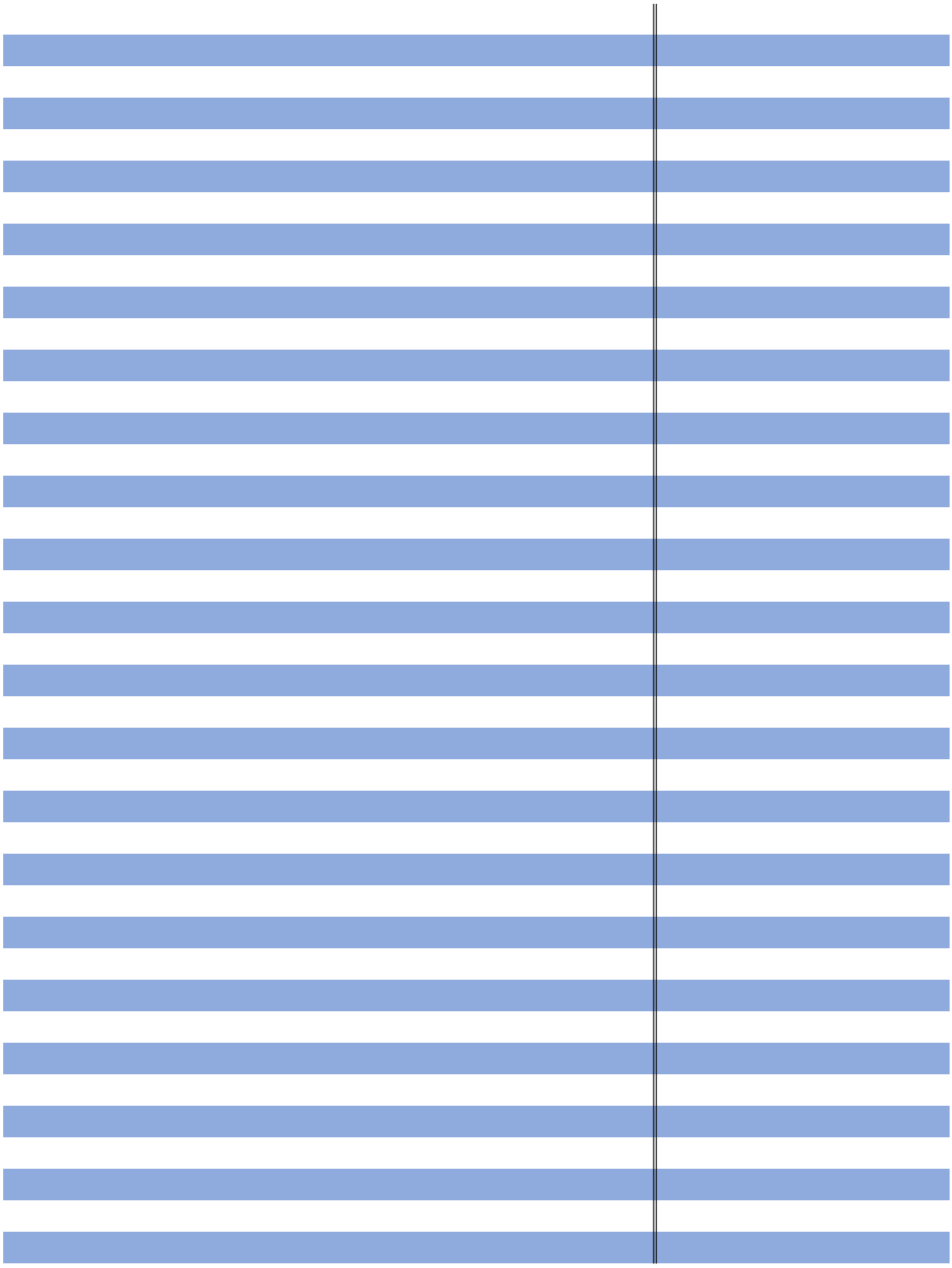












EXAMPLE Yellow Shading, Black **BOLD** Font: Duplicate provider info values

Customary or Prevailing Charge info: (Required) Ending Date for Charge, Cost, Payment Data [200.2]	Customary or Prevailing Charge info: (Required) Per Diem Charge, Cost, or Payment [223]	Customary or Prevailing Charge info: (Required) Adjustments to Per Diem Charge, Cost, or Payment [212.3]

s entered for 1) Elements 105, 112, 107, 108, or 2) Element 109

MCD Info: (Required) Time Period of Medicaid Days - Begin Date [300.1]	MCD Info: (Required) Time Period of Medicaid Days - End Date [300.2]	MCD Info: (Required) Medicaid Days [310]	MCD Info: (Required) Time Period of Medicaid Rates - Begin Date [311.1]

MCD Info: (Required) Time Period of Medicaid Rates - End Date [311.2]	MCD Info: (Required) Medicaid Base Payment Per Diem [312]	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]	MCD Info: (Required) Adjustment to Medicaid Per Diem #1 [314.1]	MCD Info: (Required) Adjustment to Medicaid Per Diem #2 [314.2]

MCD Inflated Payment Info: (PIA) Medicaid Inflation Factor Type [307]	MCD Inflated Payment Info: (Required) Medicaid Inflation Factor [308]	MCD Inflated Payment Info: (Required) Other Adjustment to Medicaid Payments [309]

UPL Calc Info: (PIA) UPL Inflation Factor Type [404]	UPL Calc Info: (Required) UPL Inflation Factor [405]

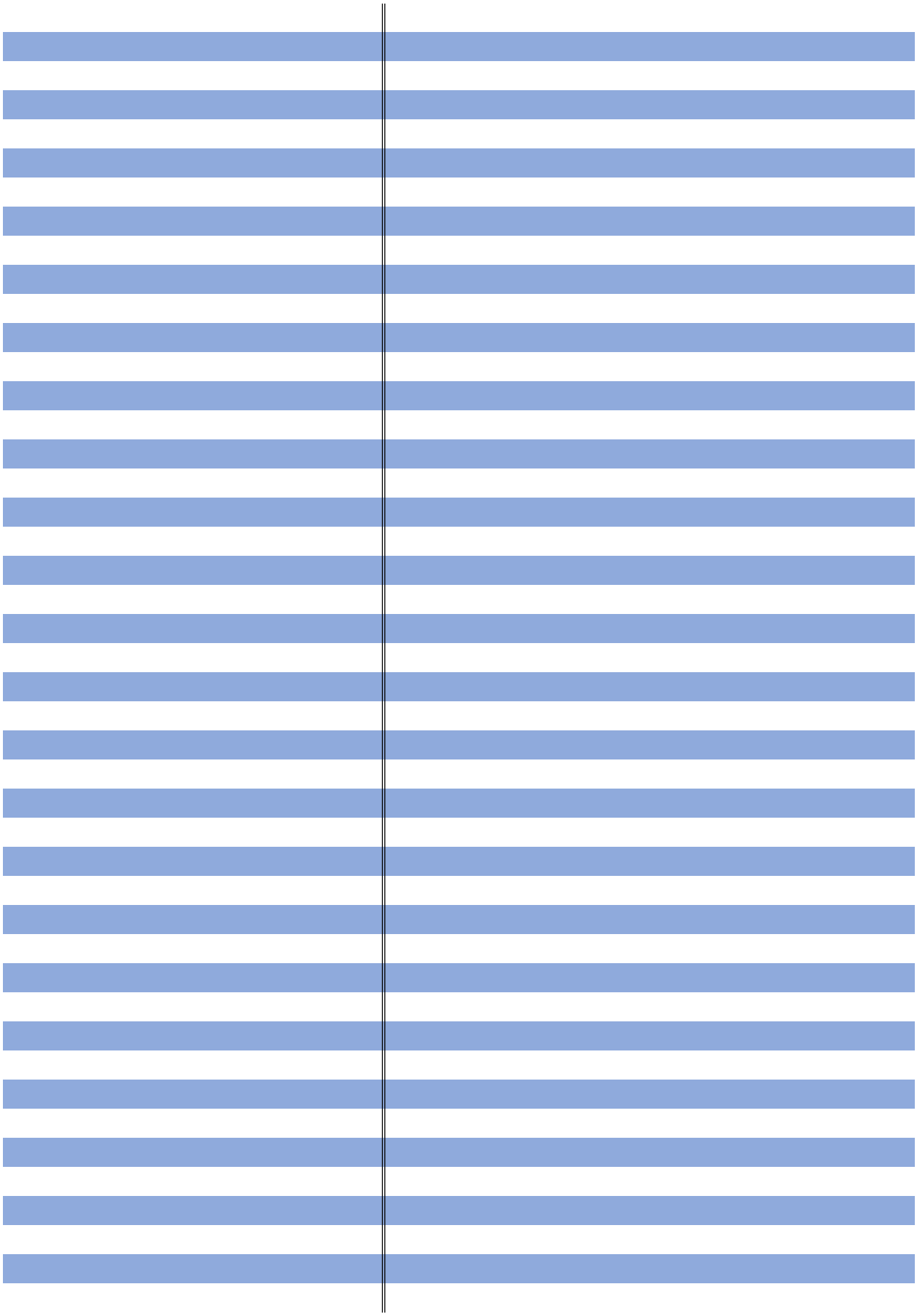
UPL Adjustment Info: (Required) Medicaid Provider Tax Cost [401]	UPL Adjustment Info: (Required) Other Adjustments to the UPL Amount [402]	UPL Gap Info: (Required) Adjustment to the UPL Gap [408]

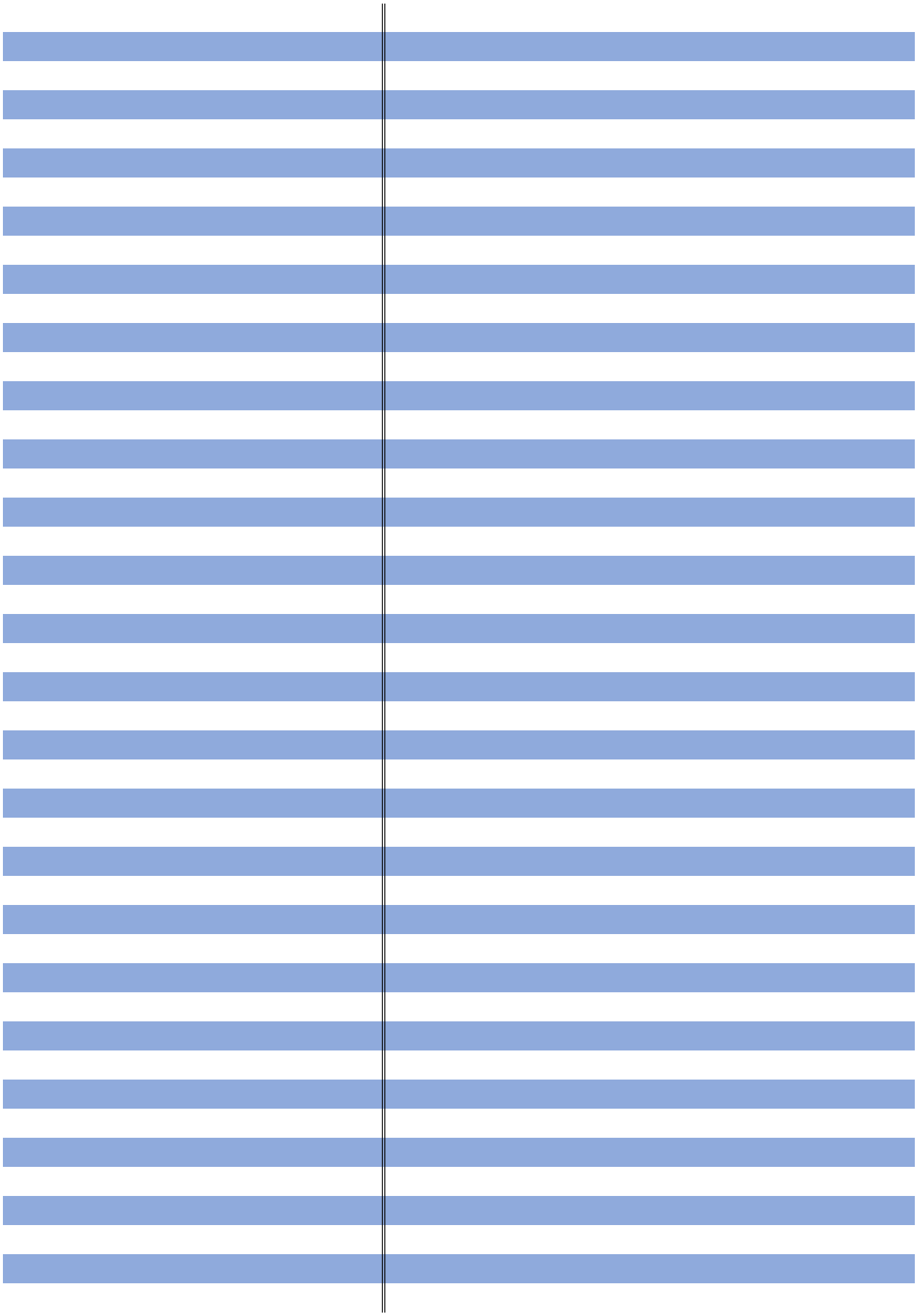
(Required) State [001]	(Required) Demonstration Begin Date [002]	(Required) Demonstration End Date [003]	(PIA) Retrospective/ Prospective Demonstration [116]

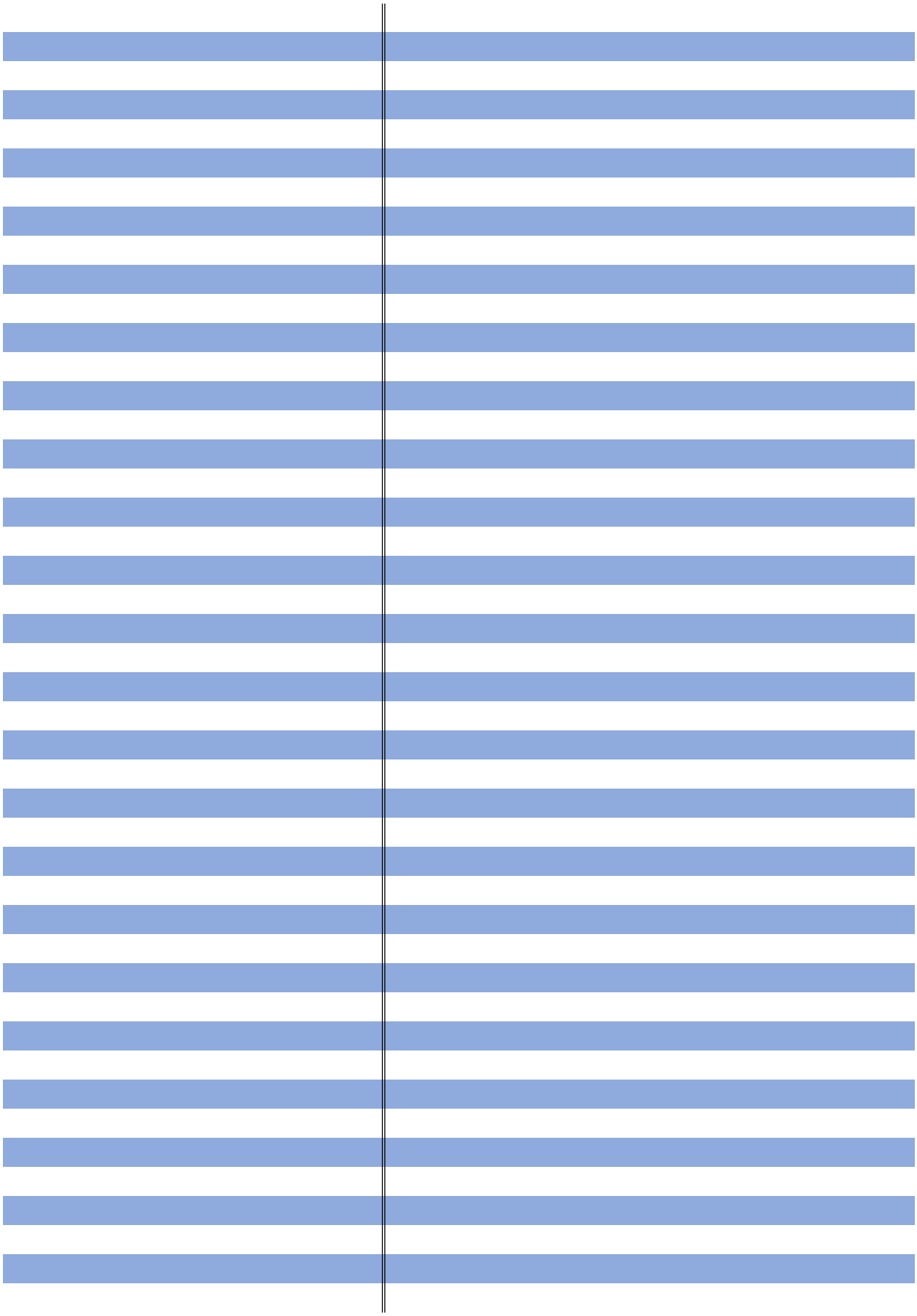
Database Description & Variable Number	Demo Info: (Required) State [100]	Demo Info: (Required) State Demonstration Rate Year [101]	Demo Info: (Required) Service Type [102]

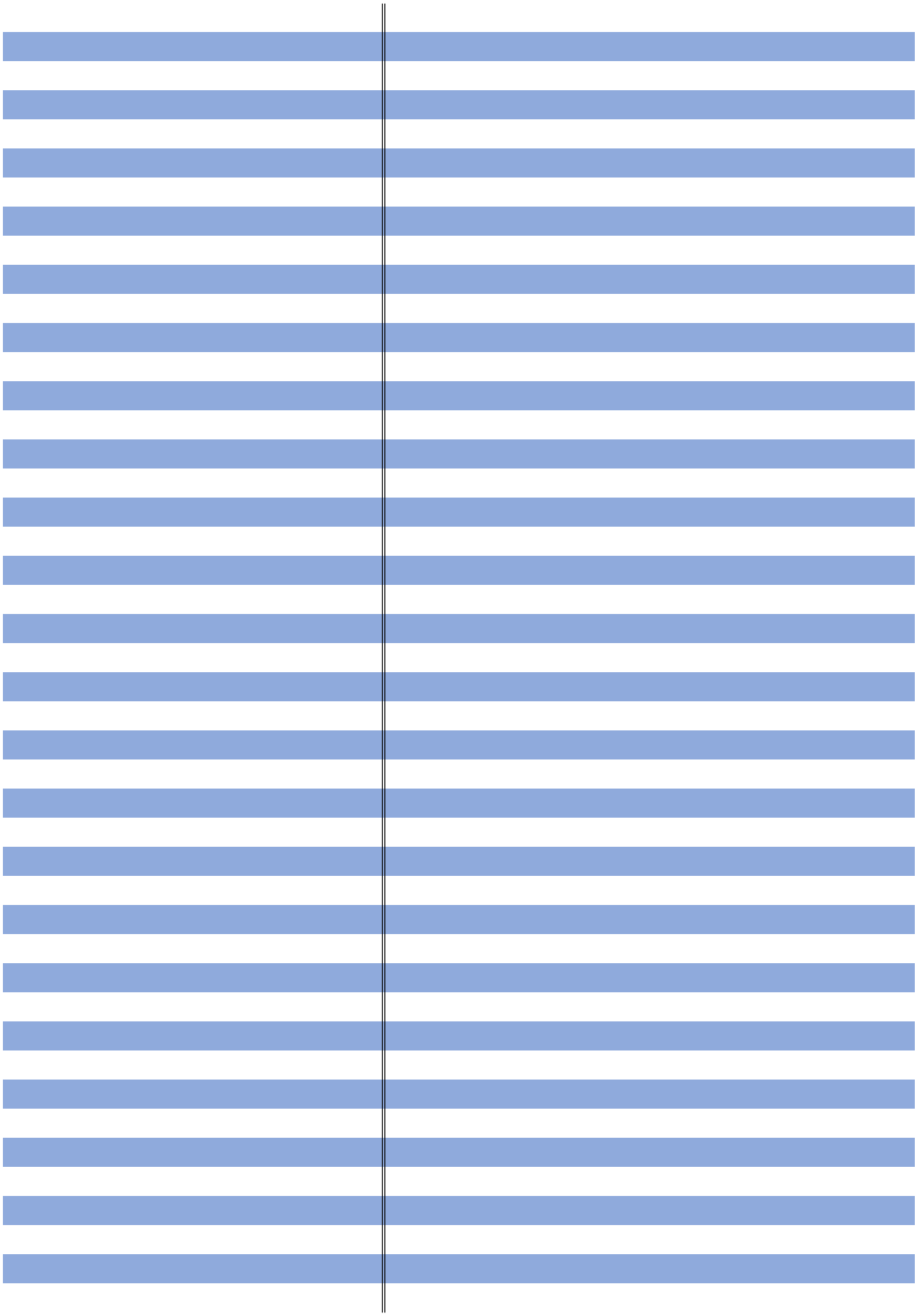
(PIA) State Plan Amendment Number (SPA) [117]

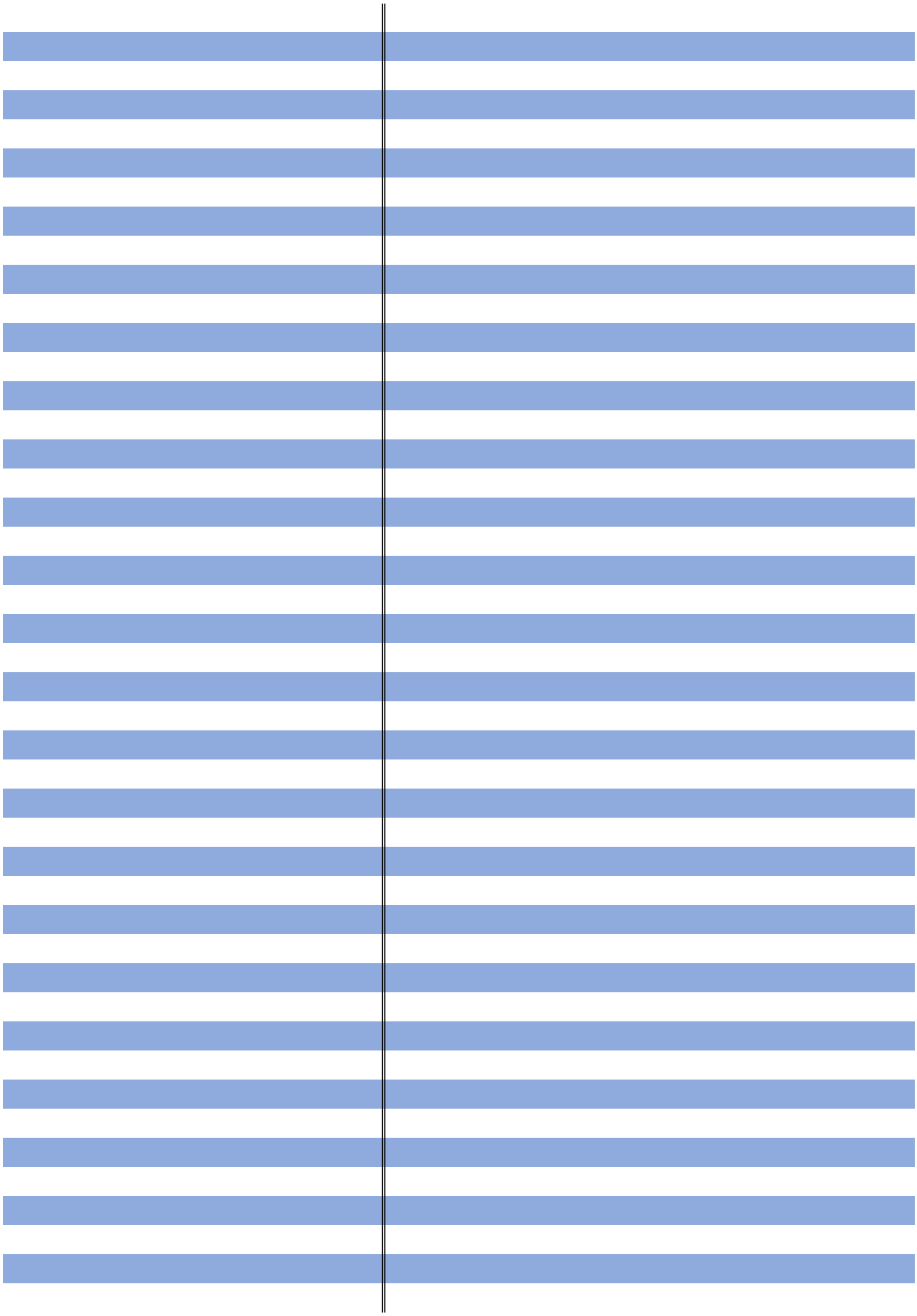
Demo Info: (Required) Demonstration Type [104]	Provider Info: (PIA) Other State Provider ID Number [105]	Provider Info: (PIA) National Provider ID (NPI) [109]	Provider Info: (Required) Medicare Certification Number (Medicare ID) [112]

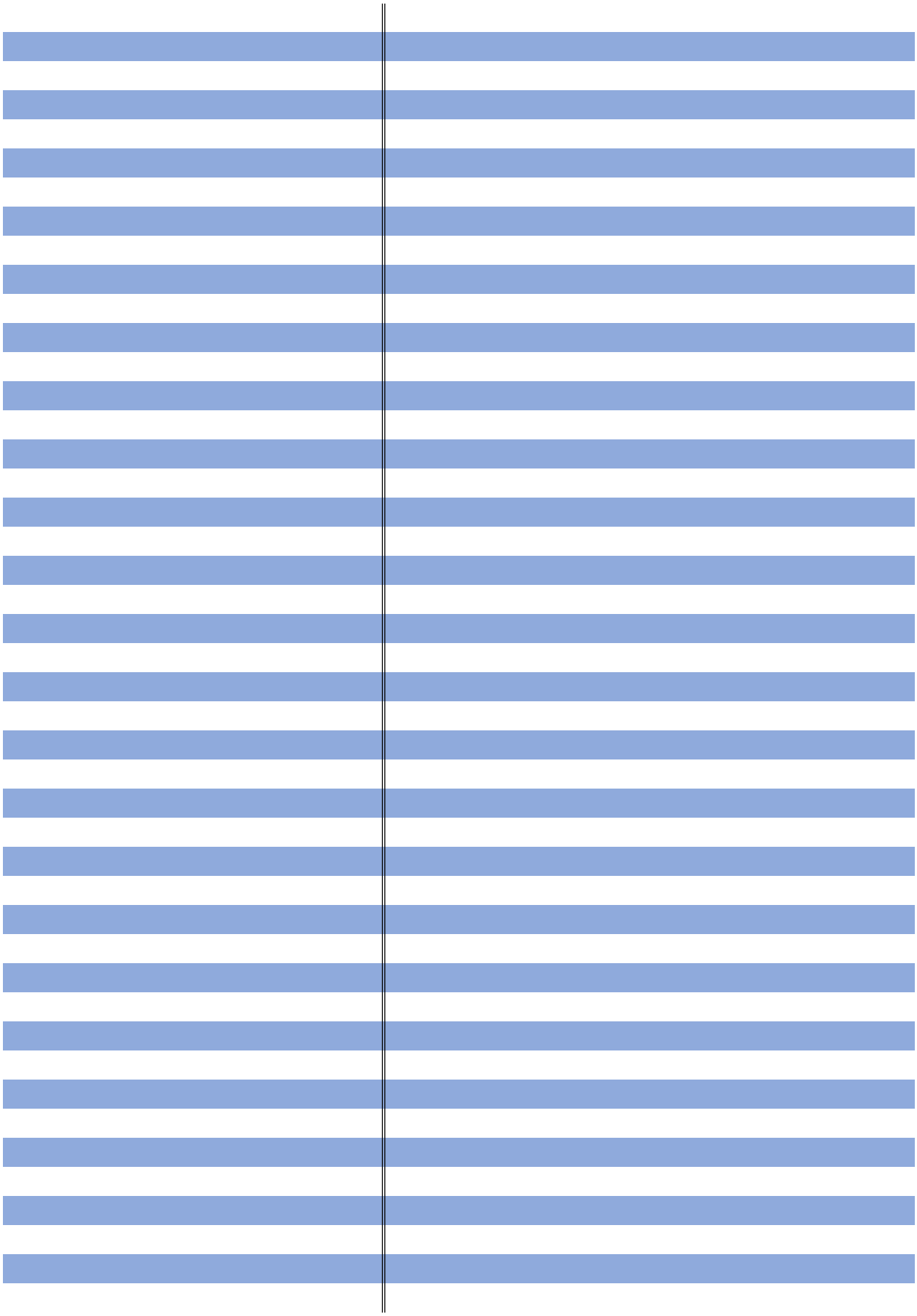


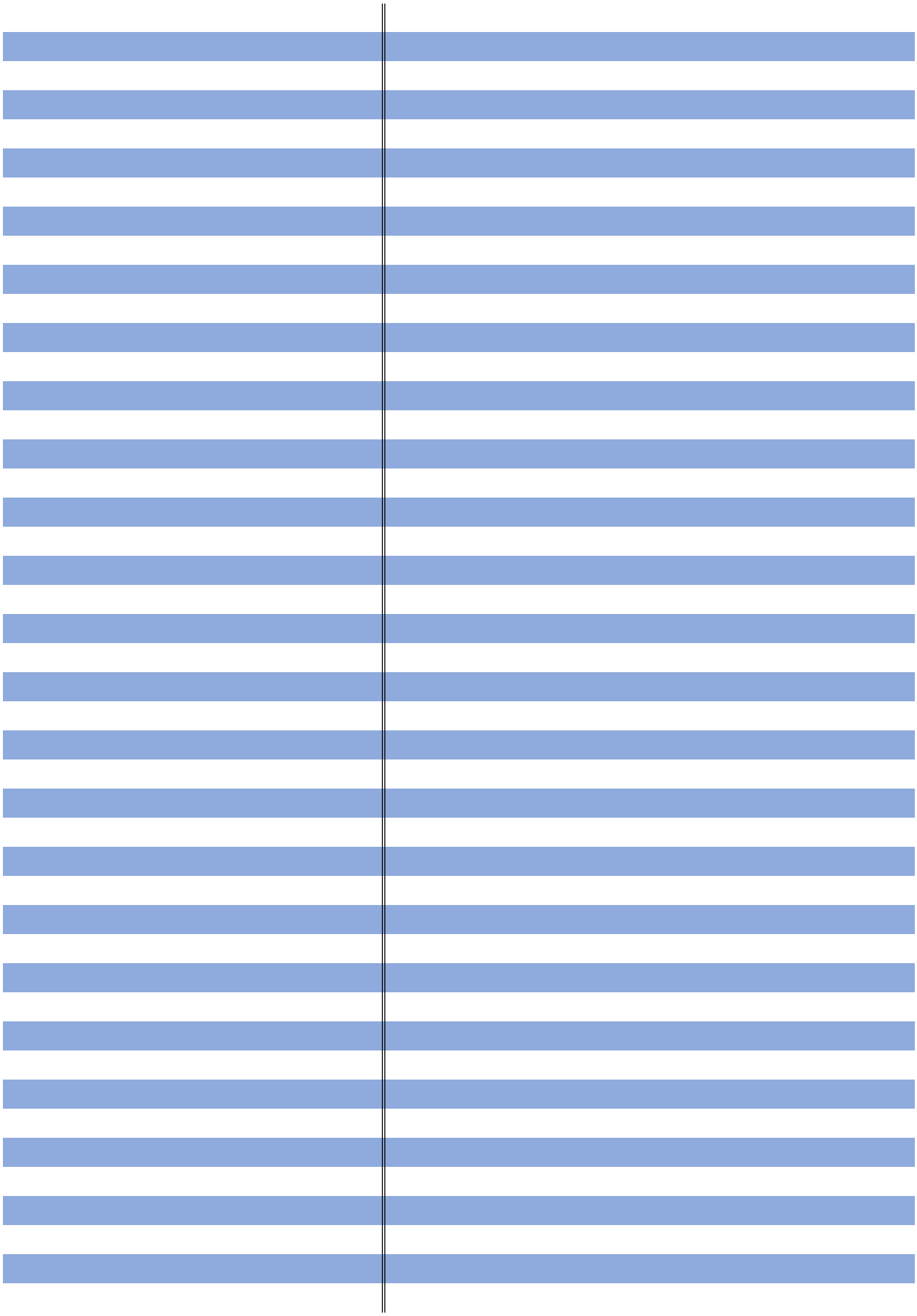


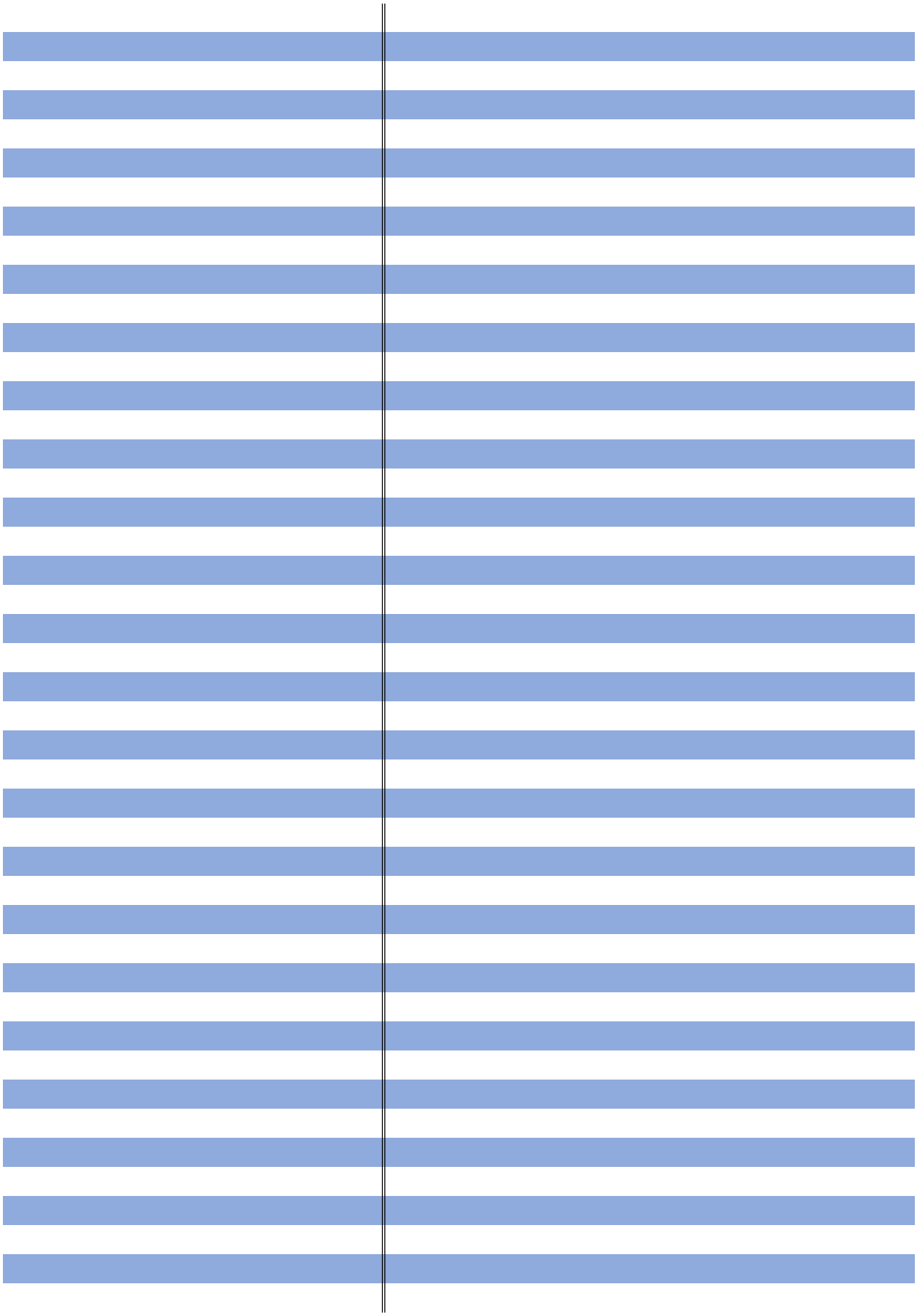


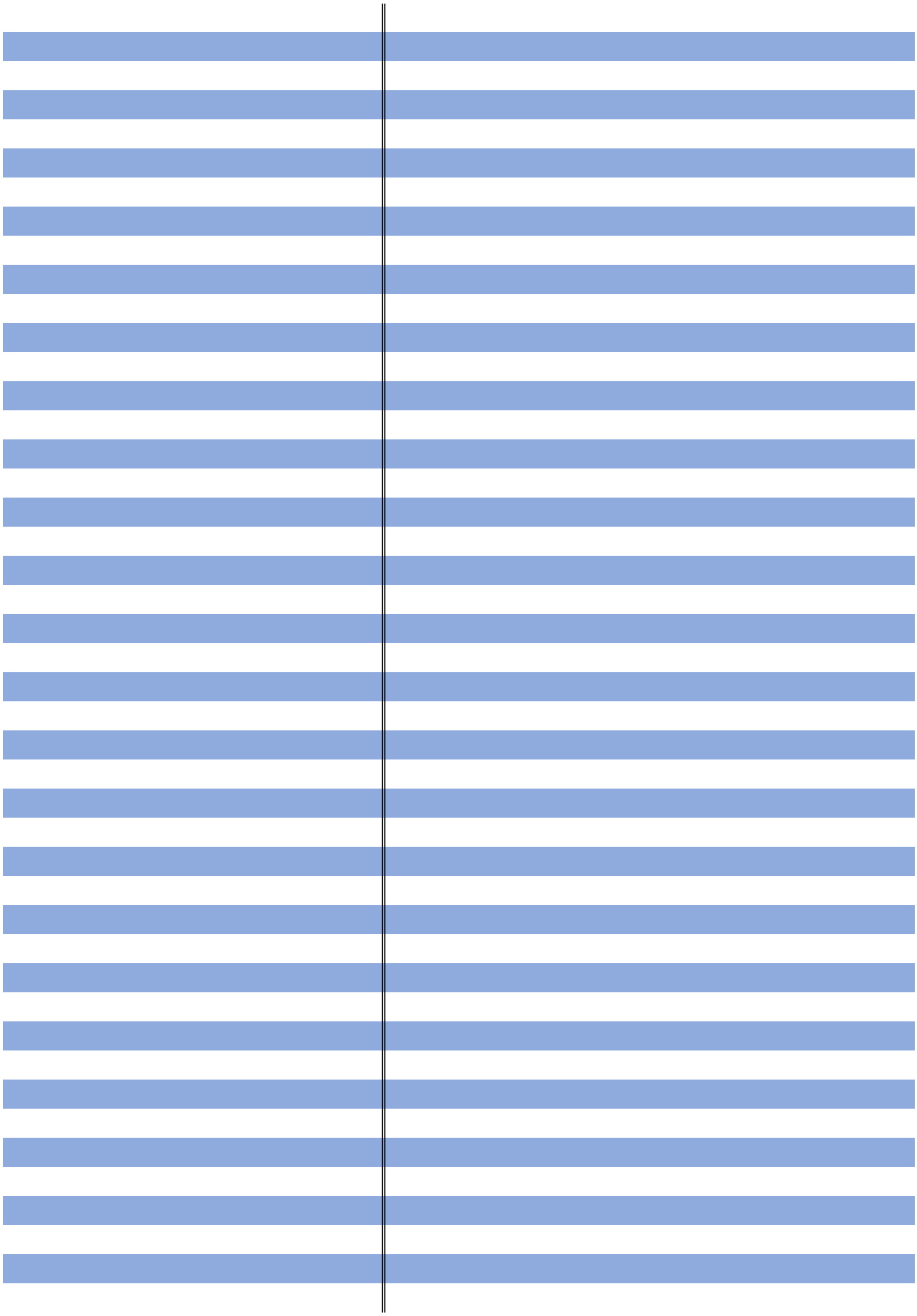


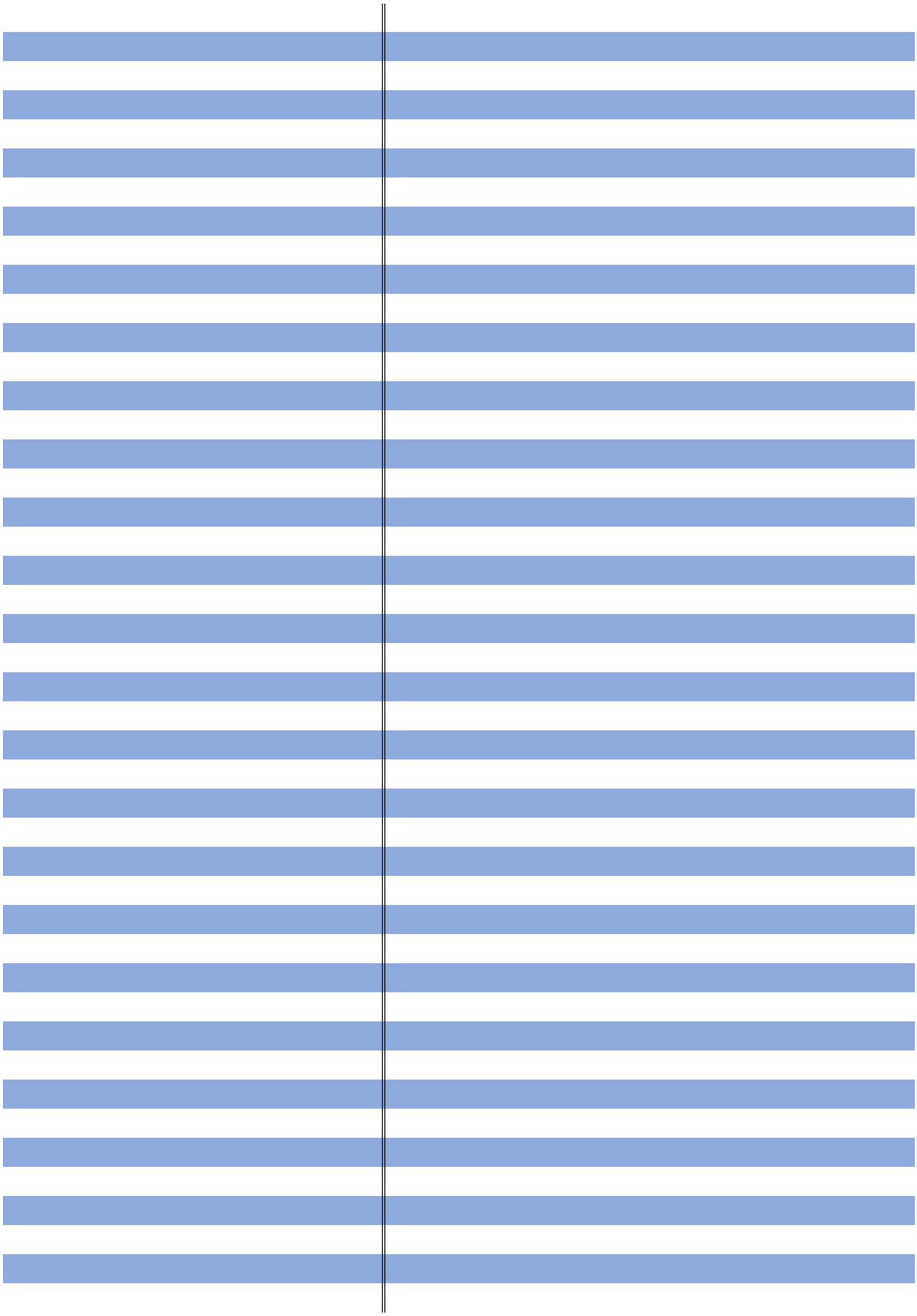


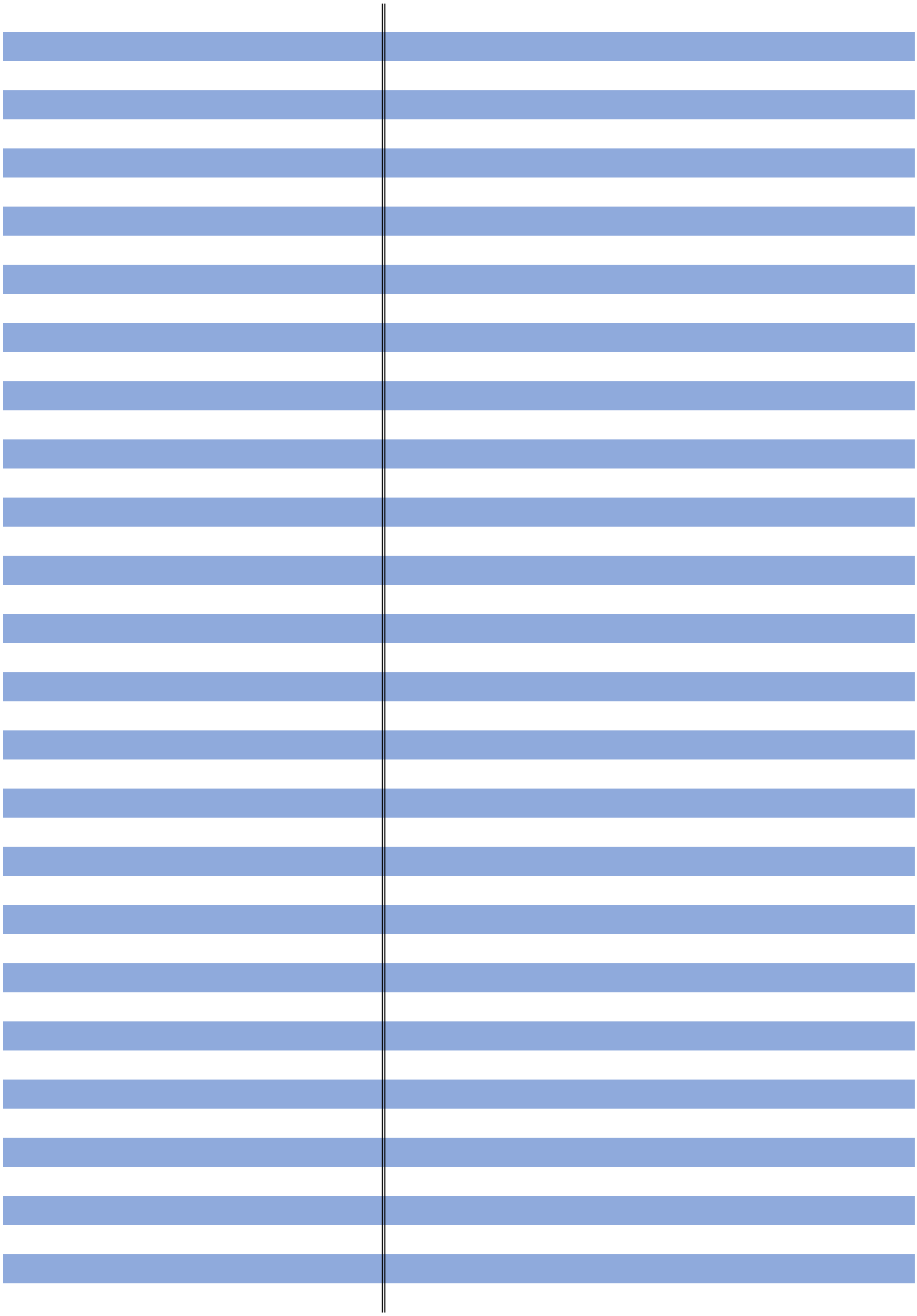


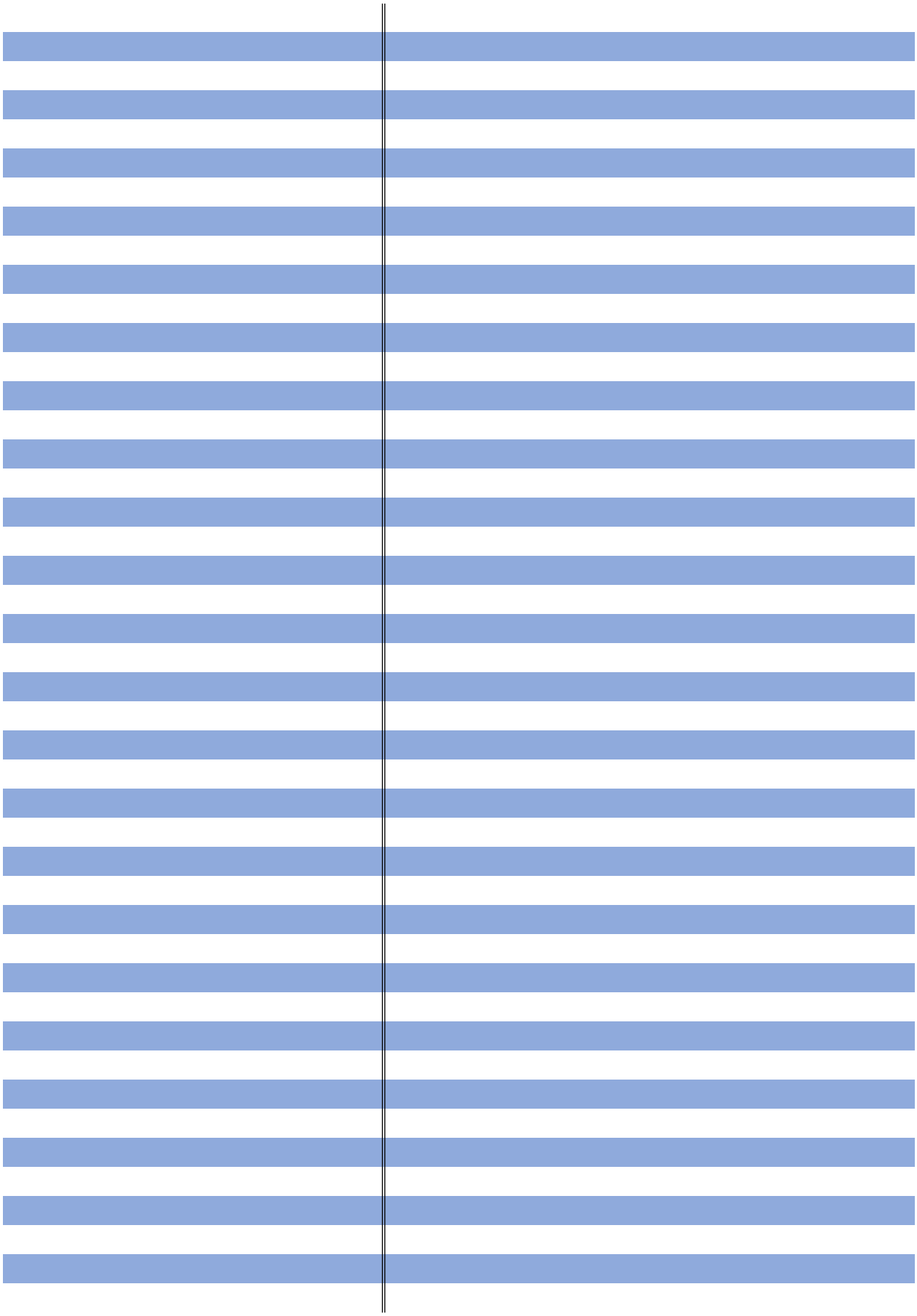


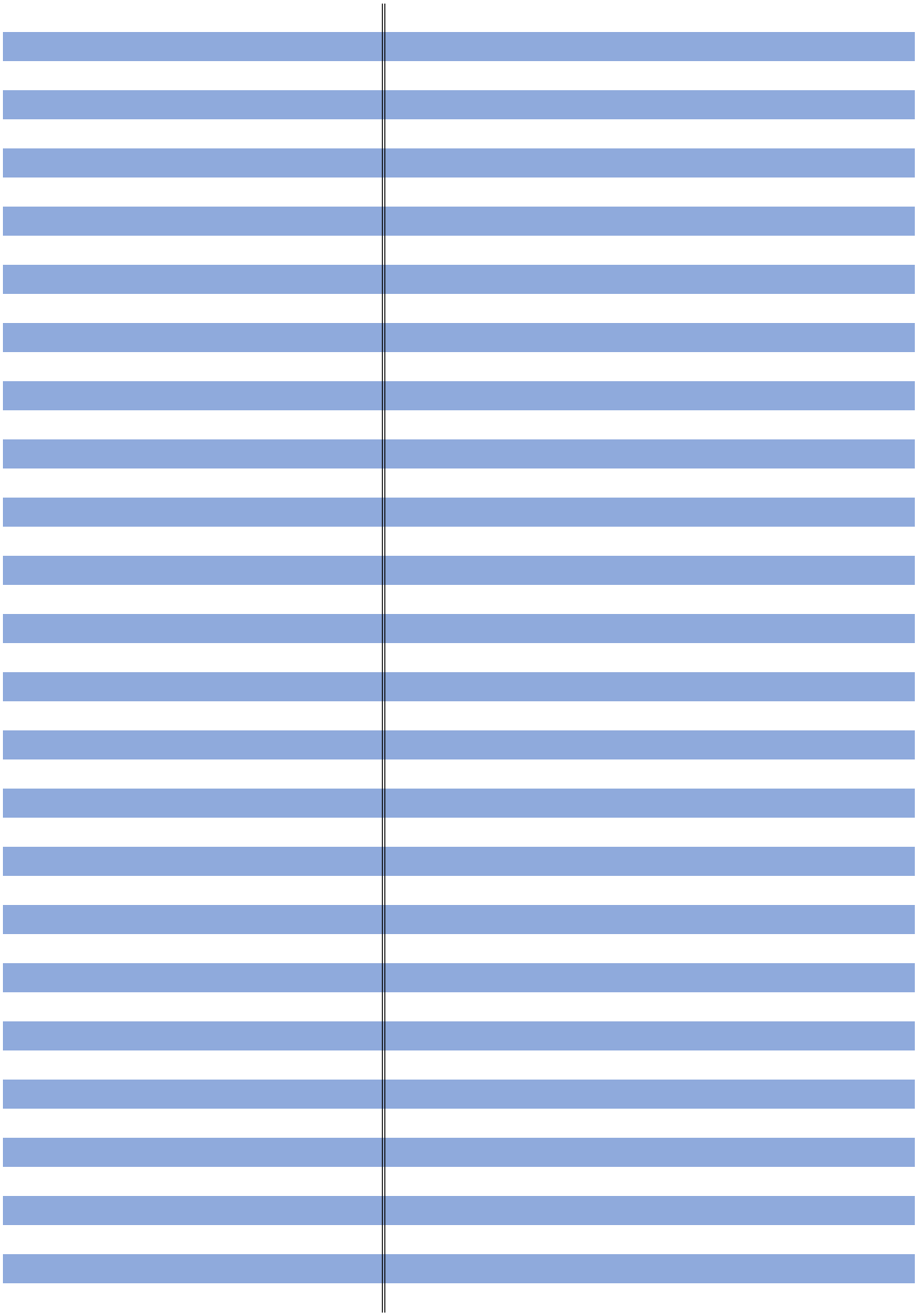


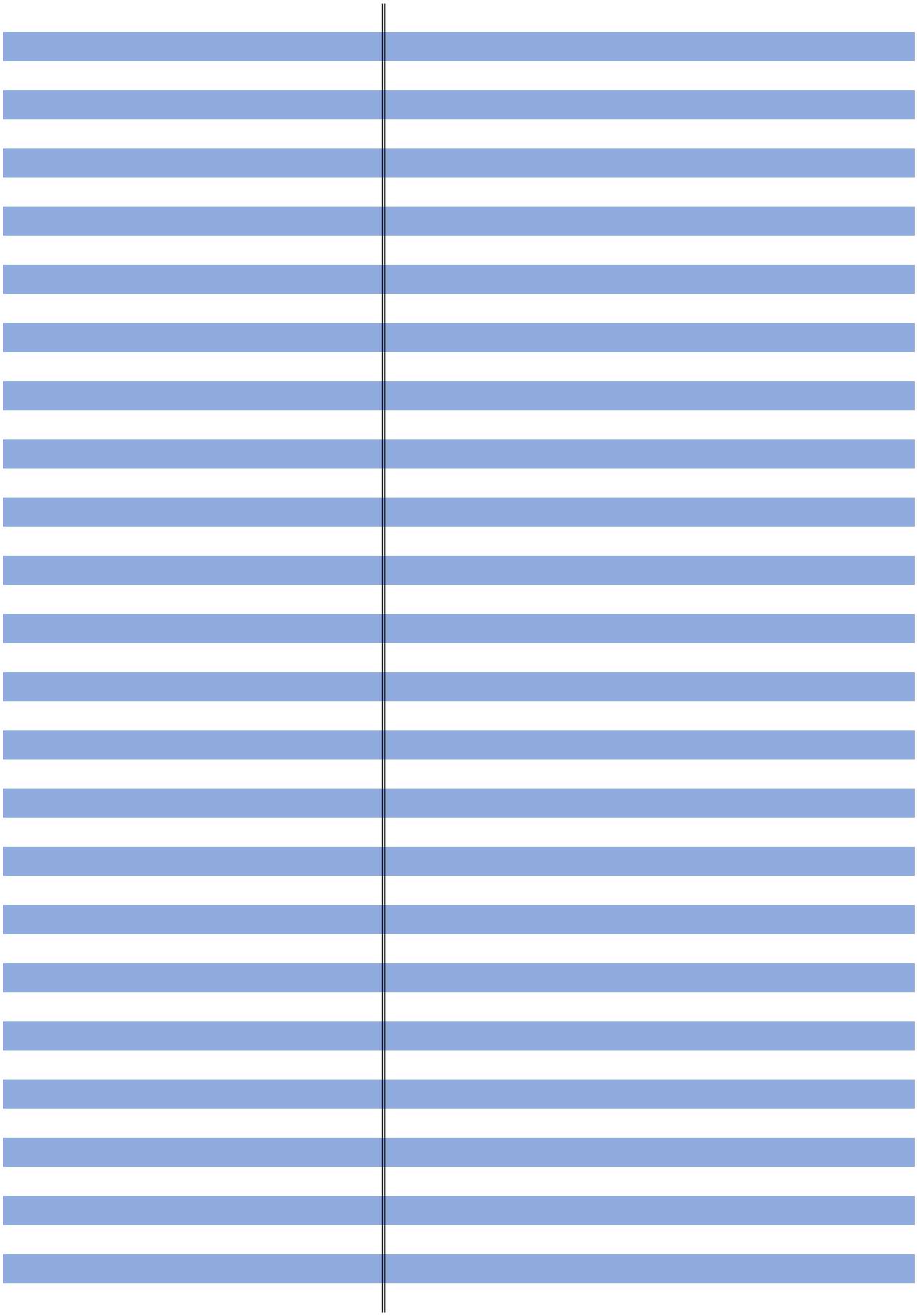


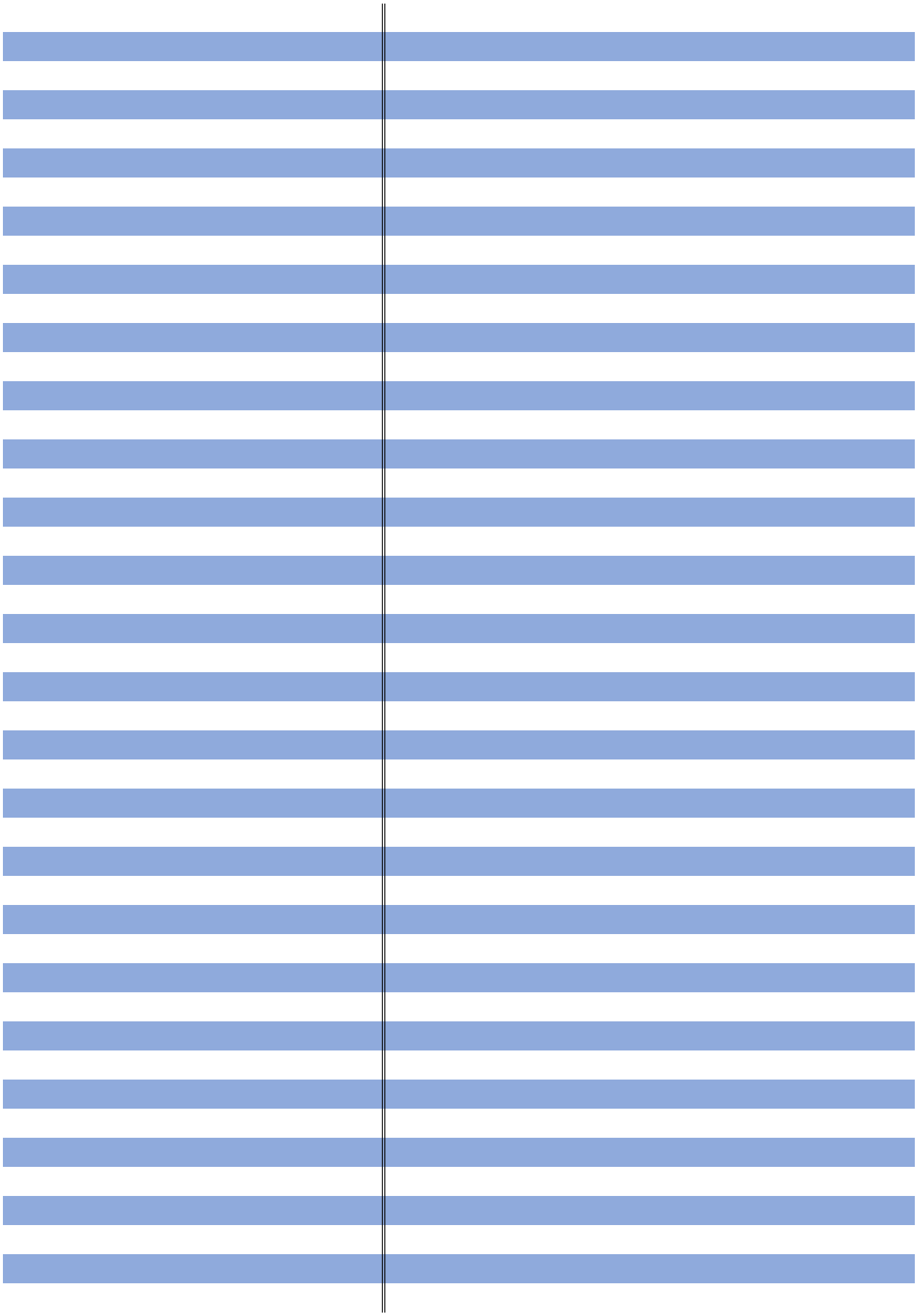


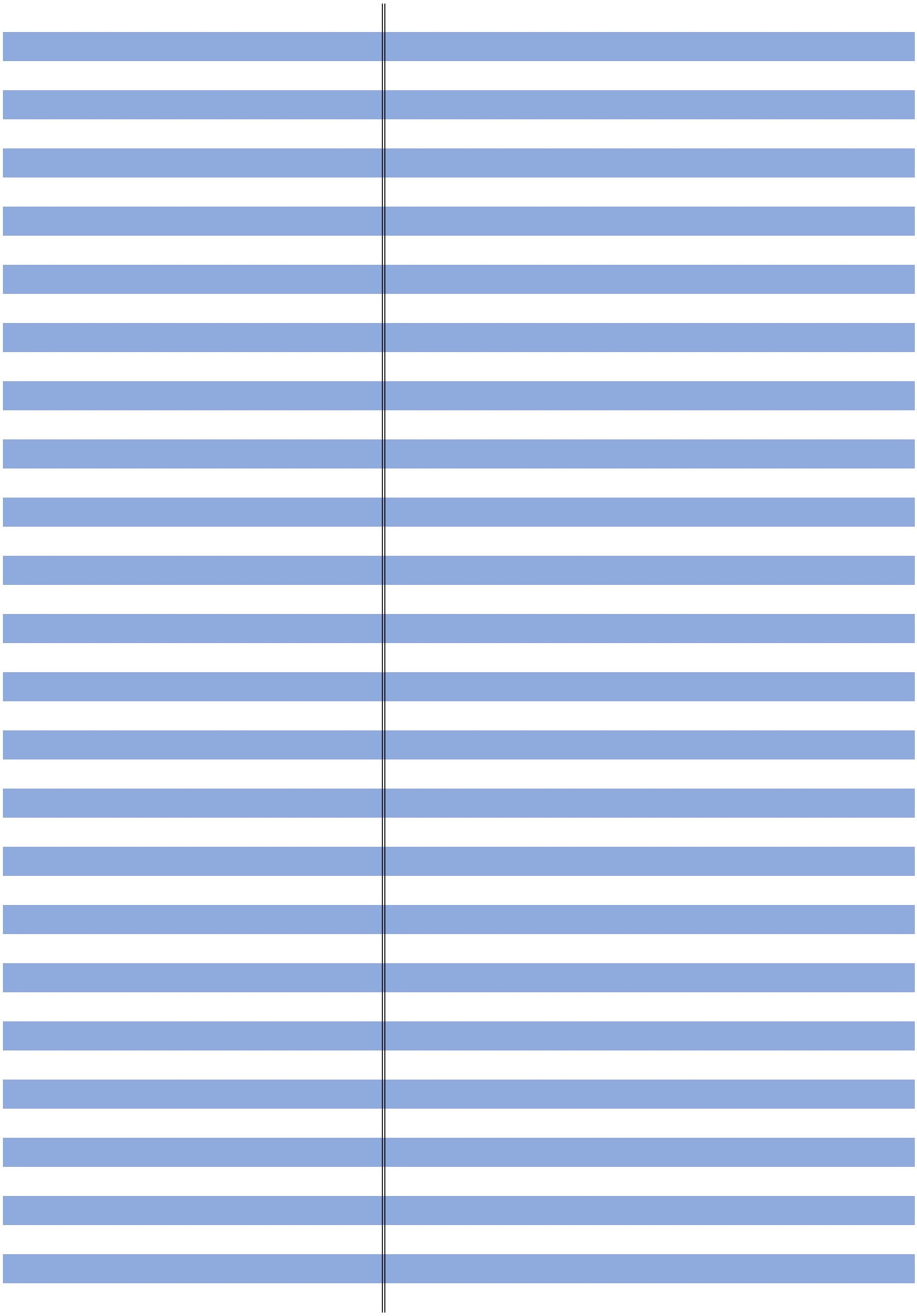


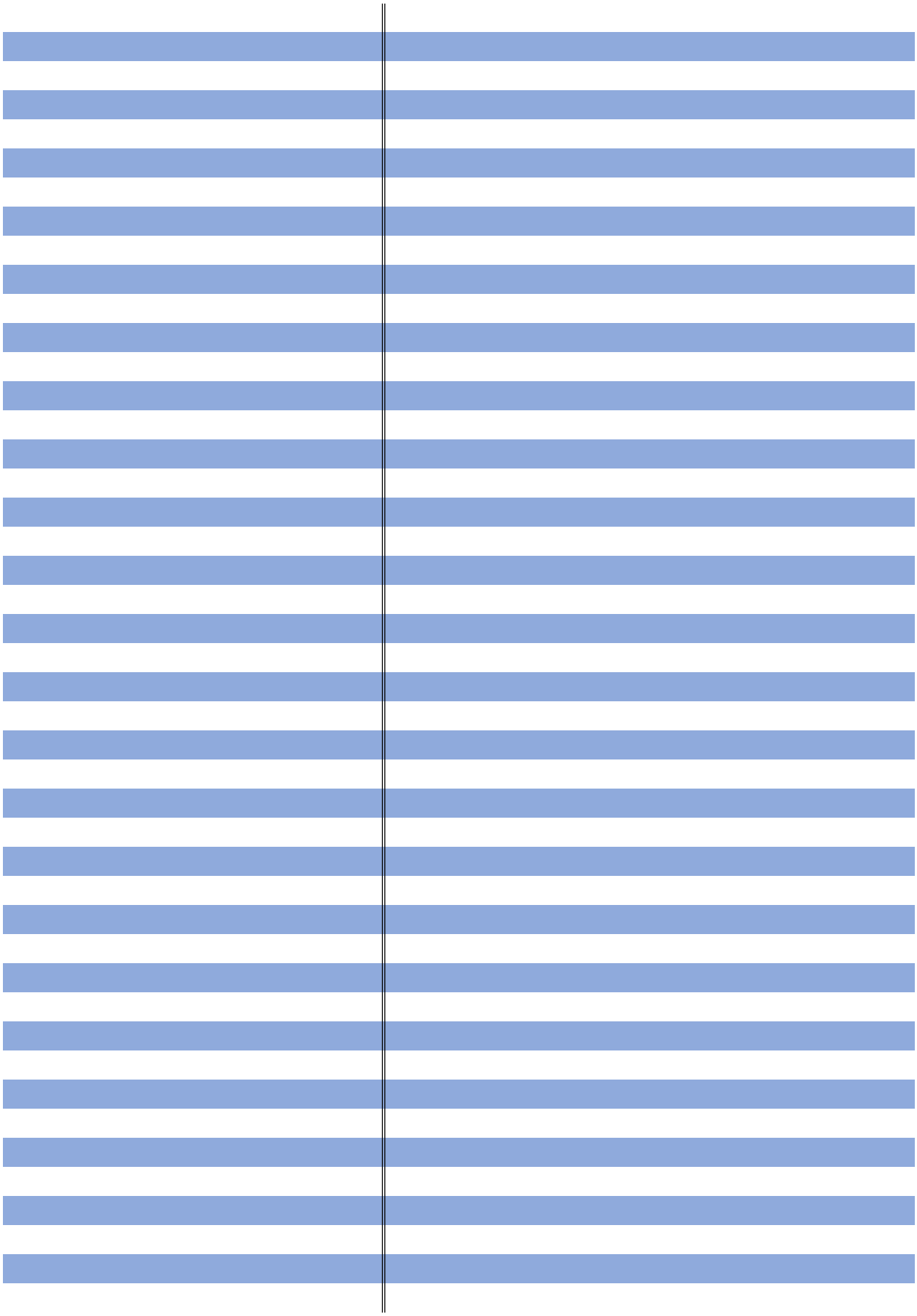


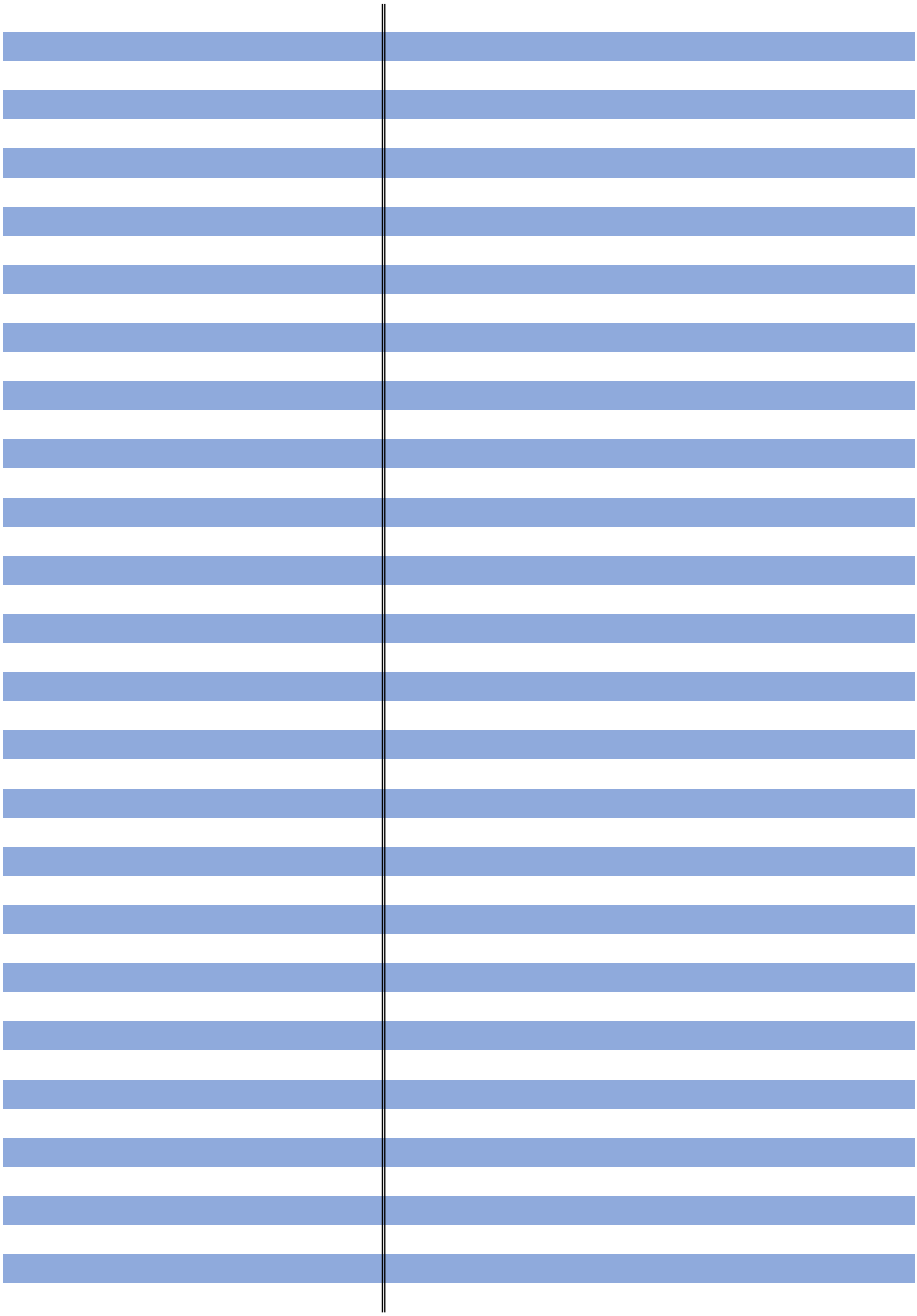


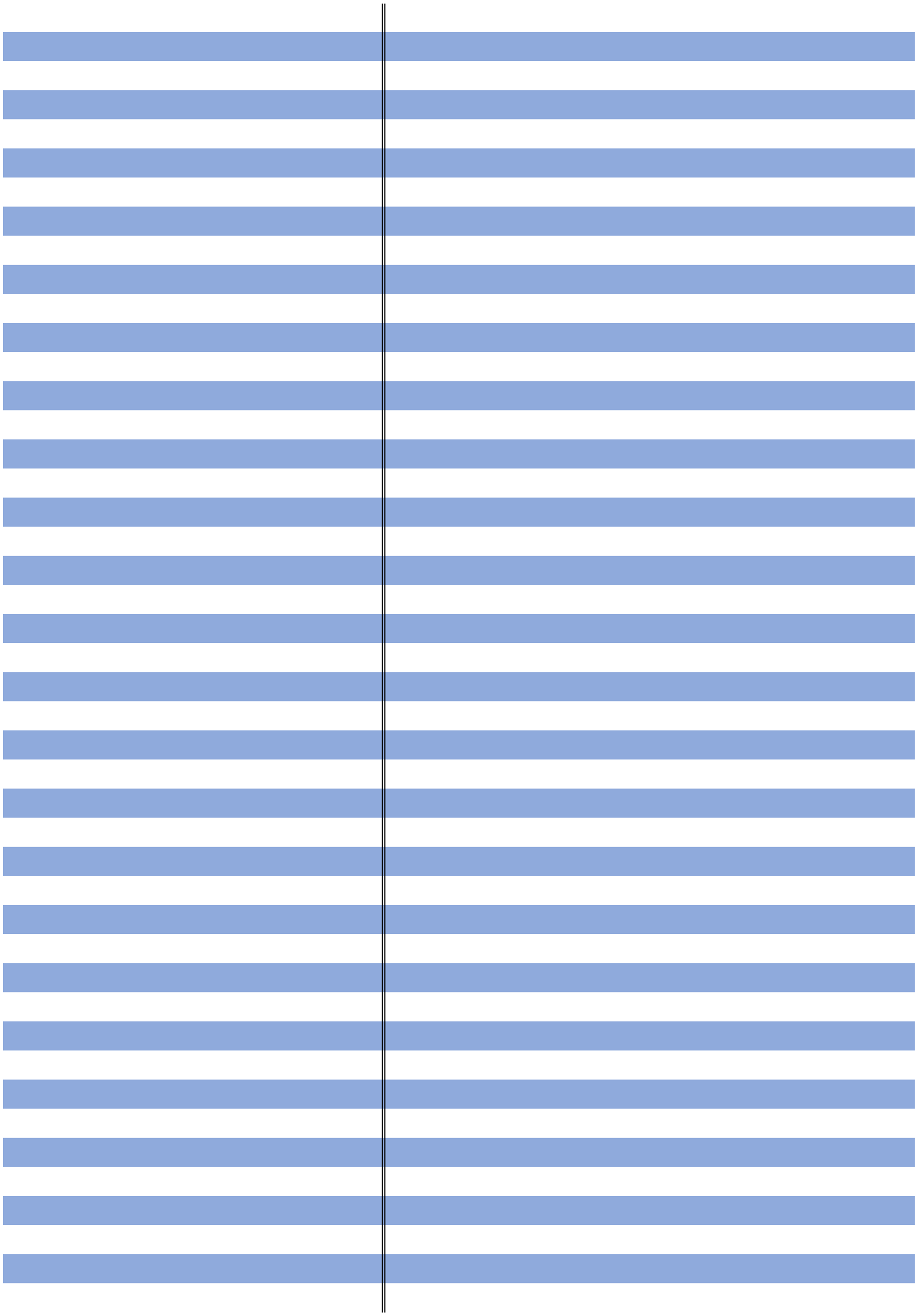


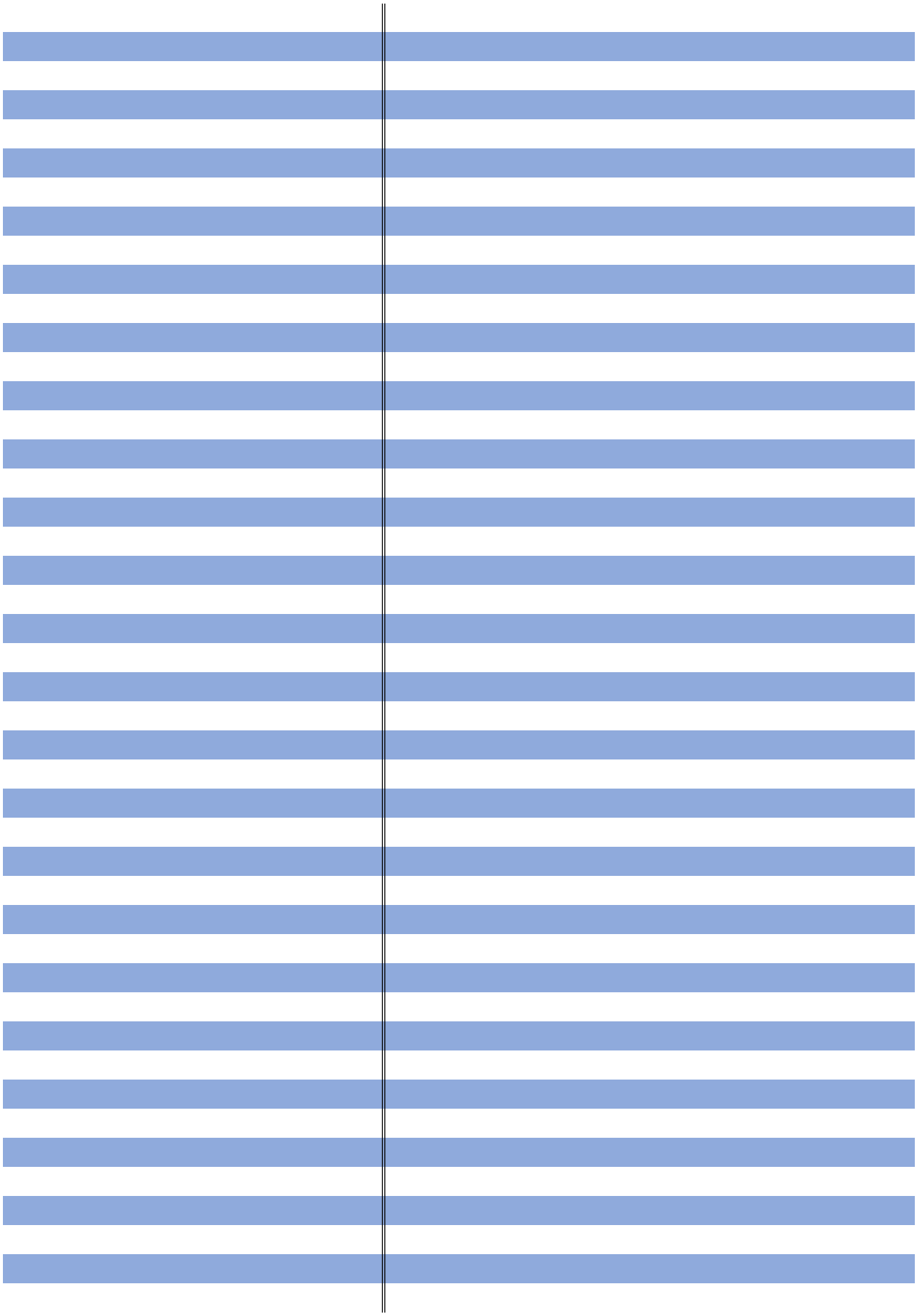


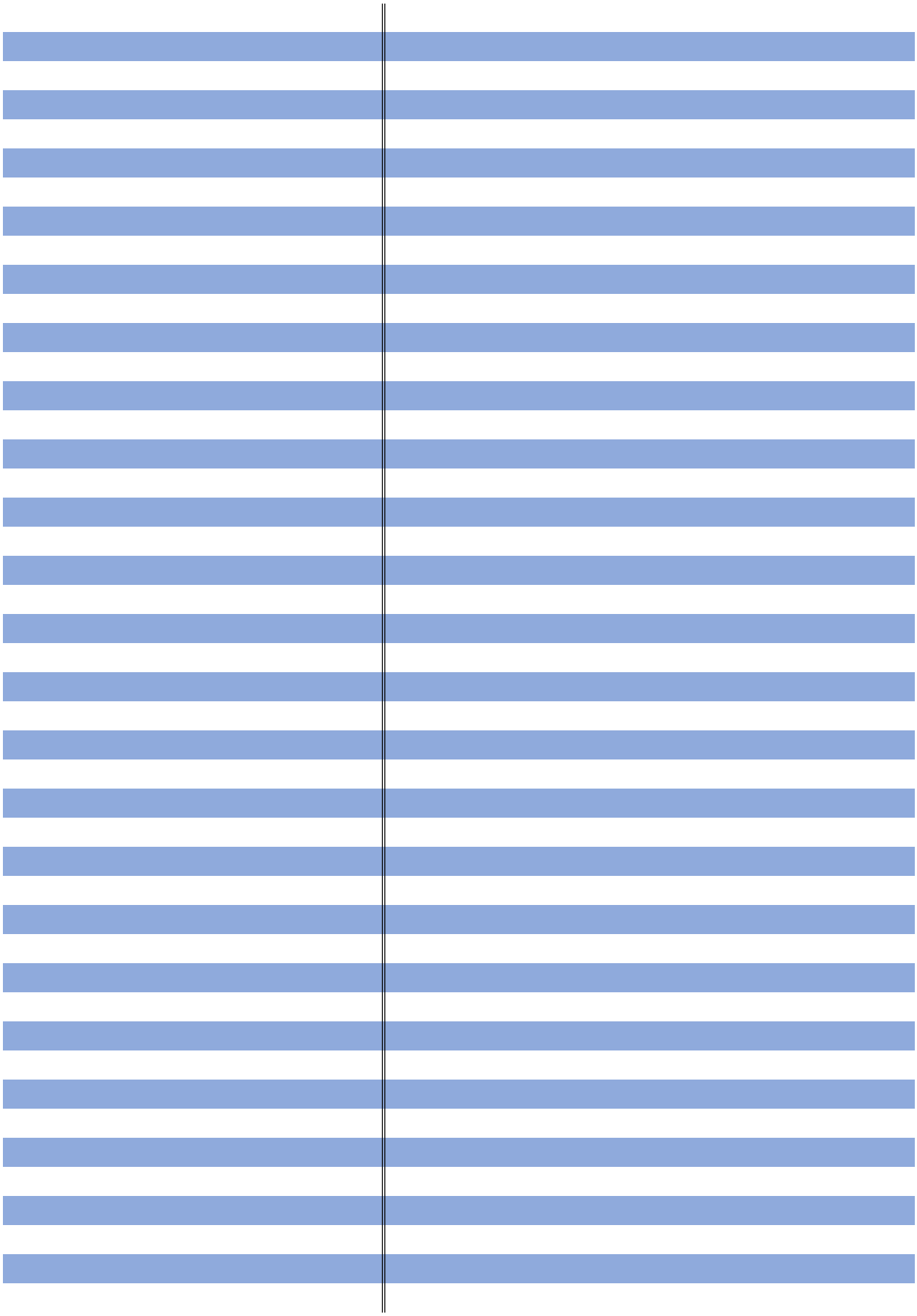




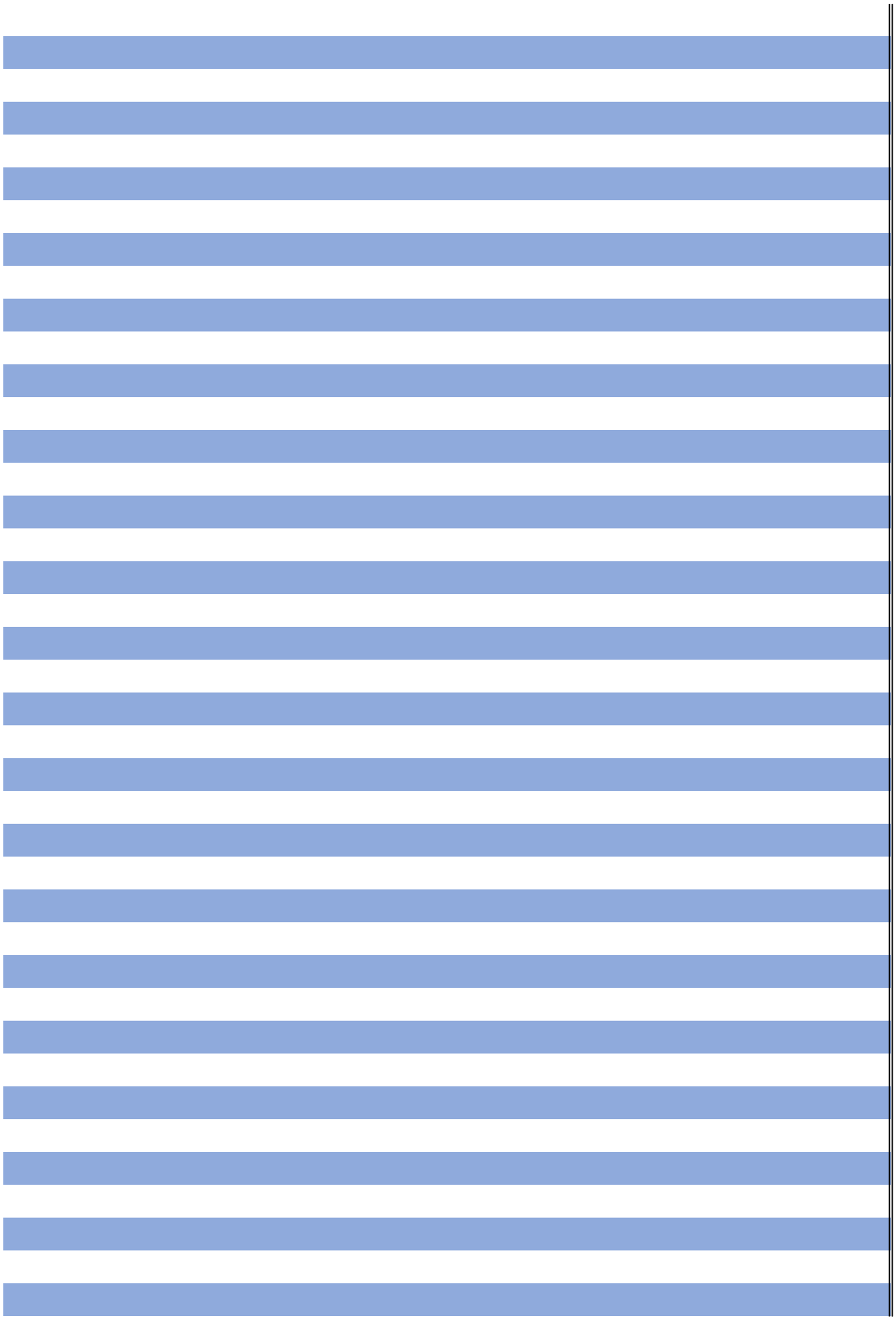






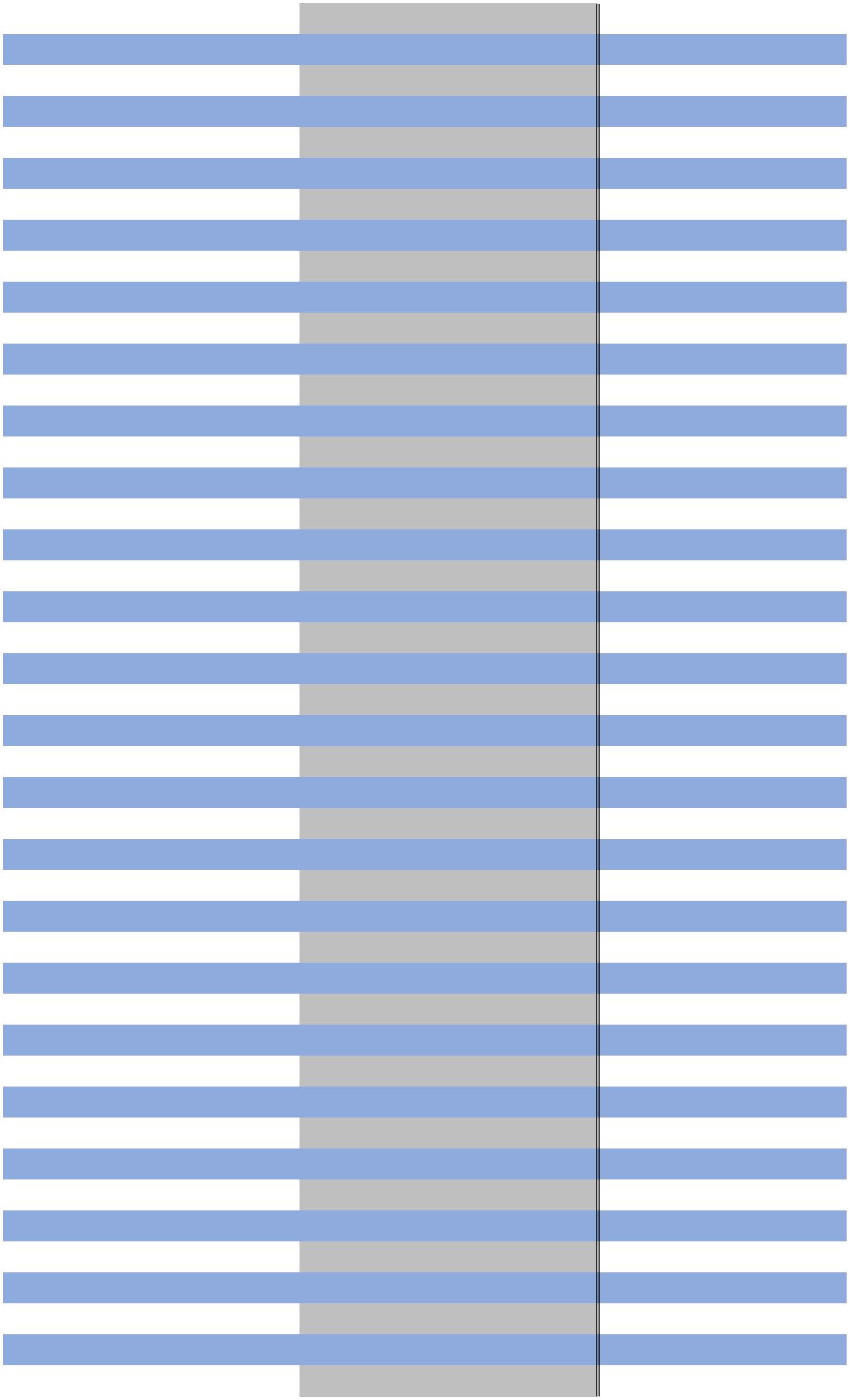


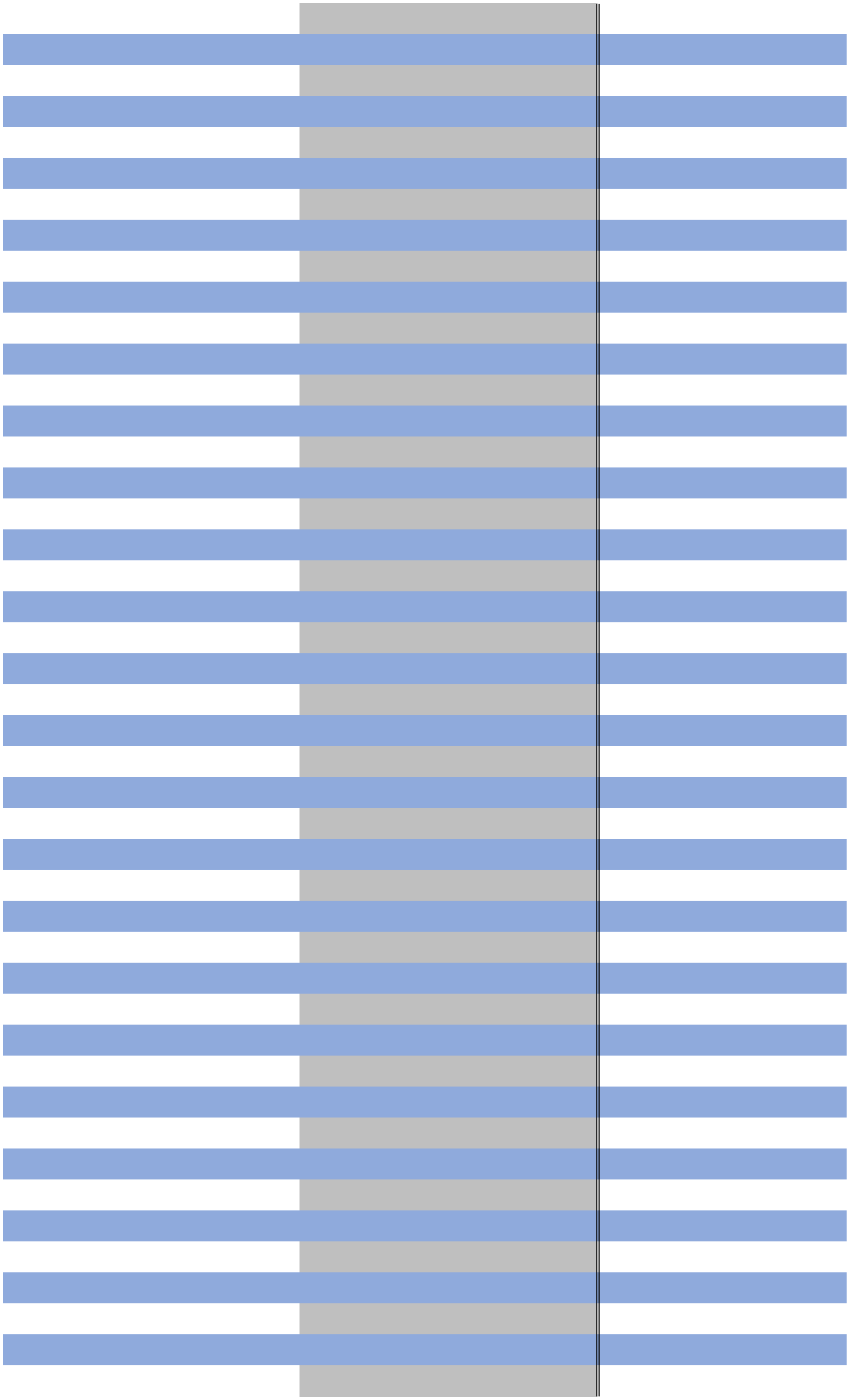
Provider Info: (Required) State-specific Provider ID (Medicaid ID) [107]	Provider Info: (Required) Provider Name [108]	Provider Info: (Required) Ownership Category Type [110]

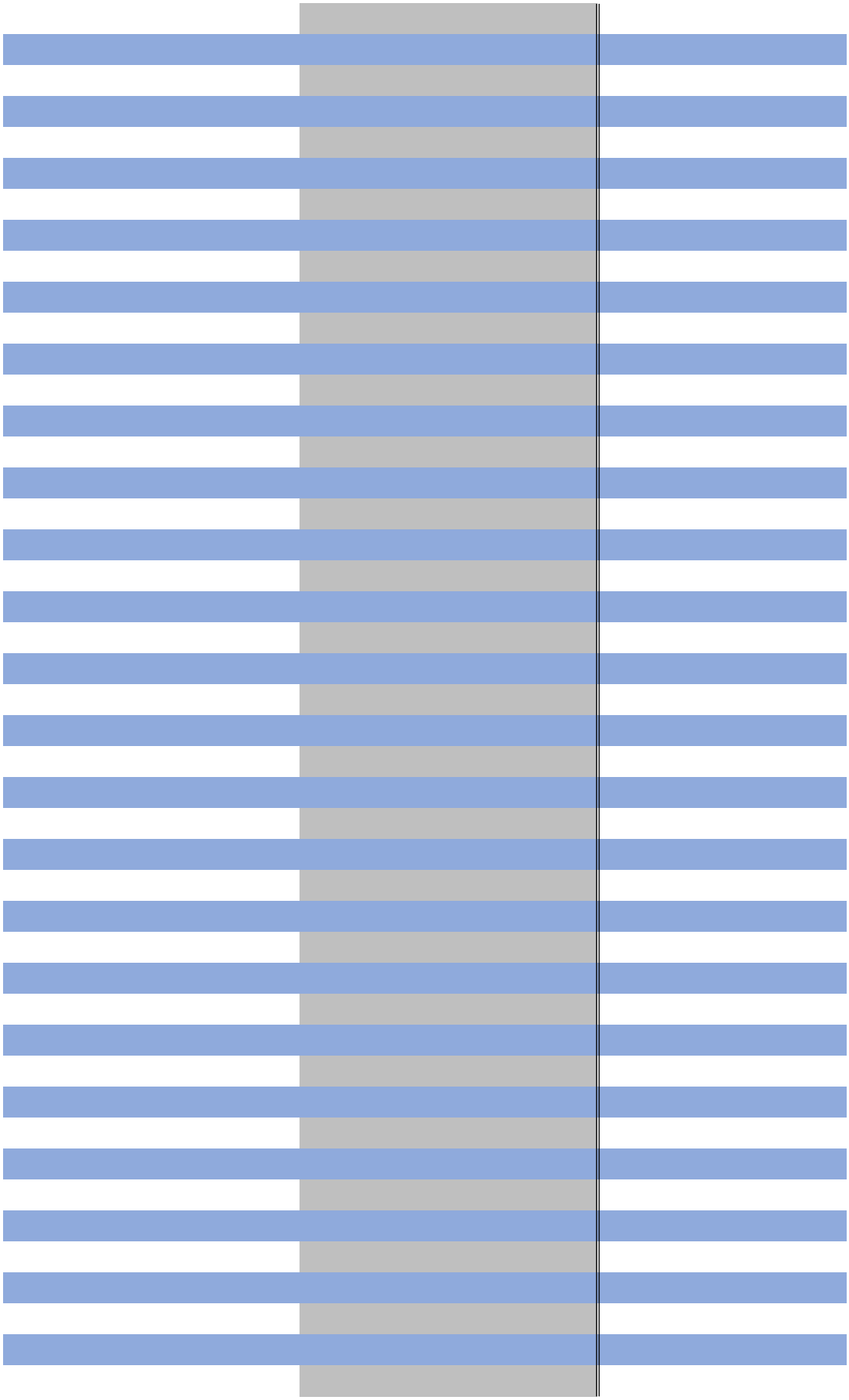


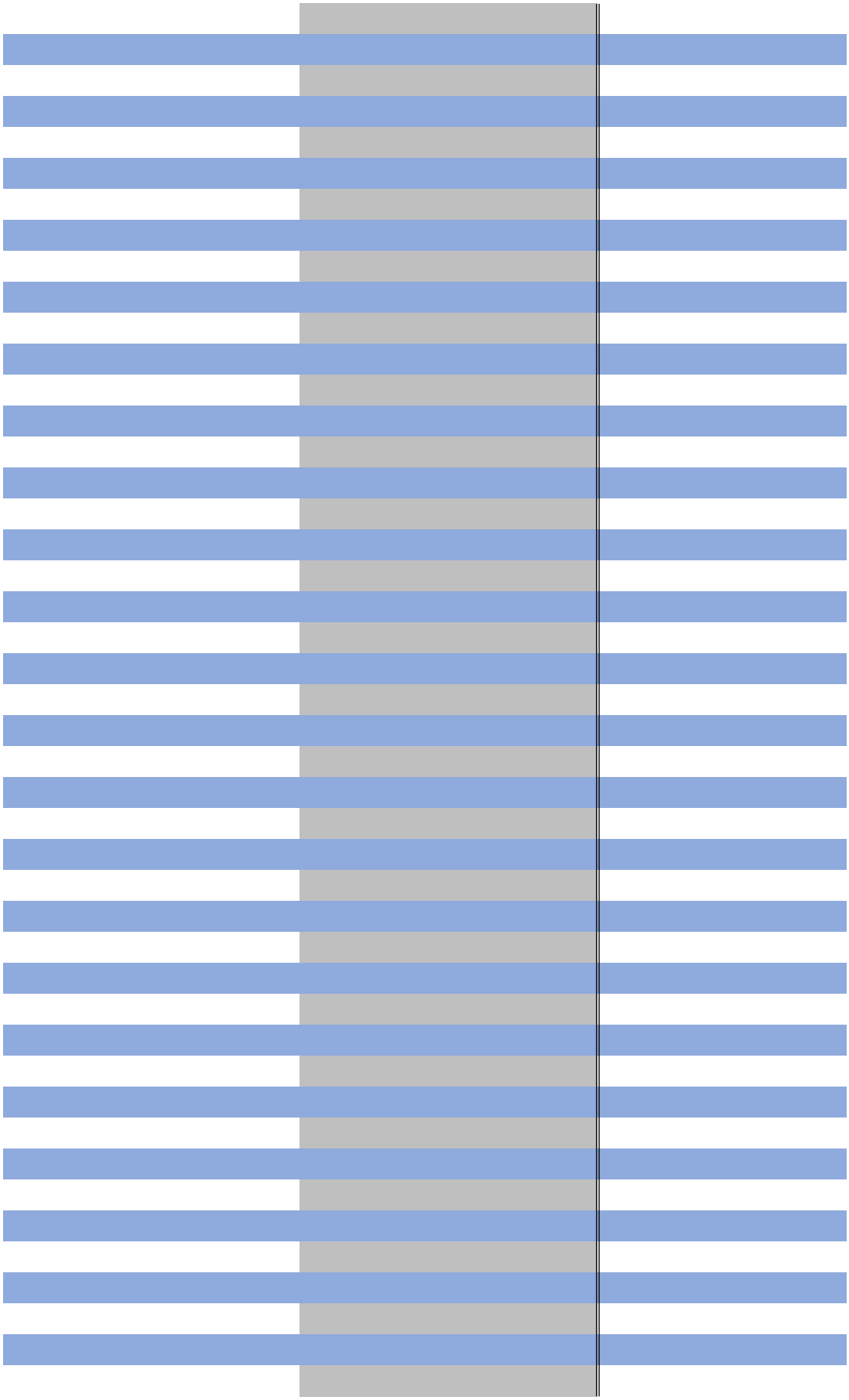
Customary or Prevailing Charge info: (Required) Begin Date for Charge, Cost, or Payment Data [200.1]	Customary or Prevailing Charge info: (Required) Ending Date for Charge, Cost, Payment Data [200.2]	Customary or Prevailing Charge info: (Required) Per Diem Charge, Cost, or Payment [223]

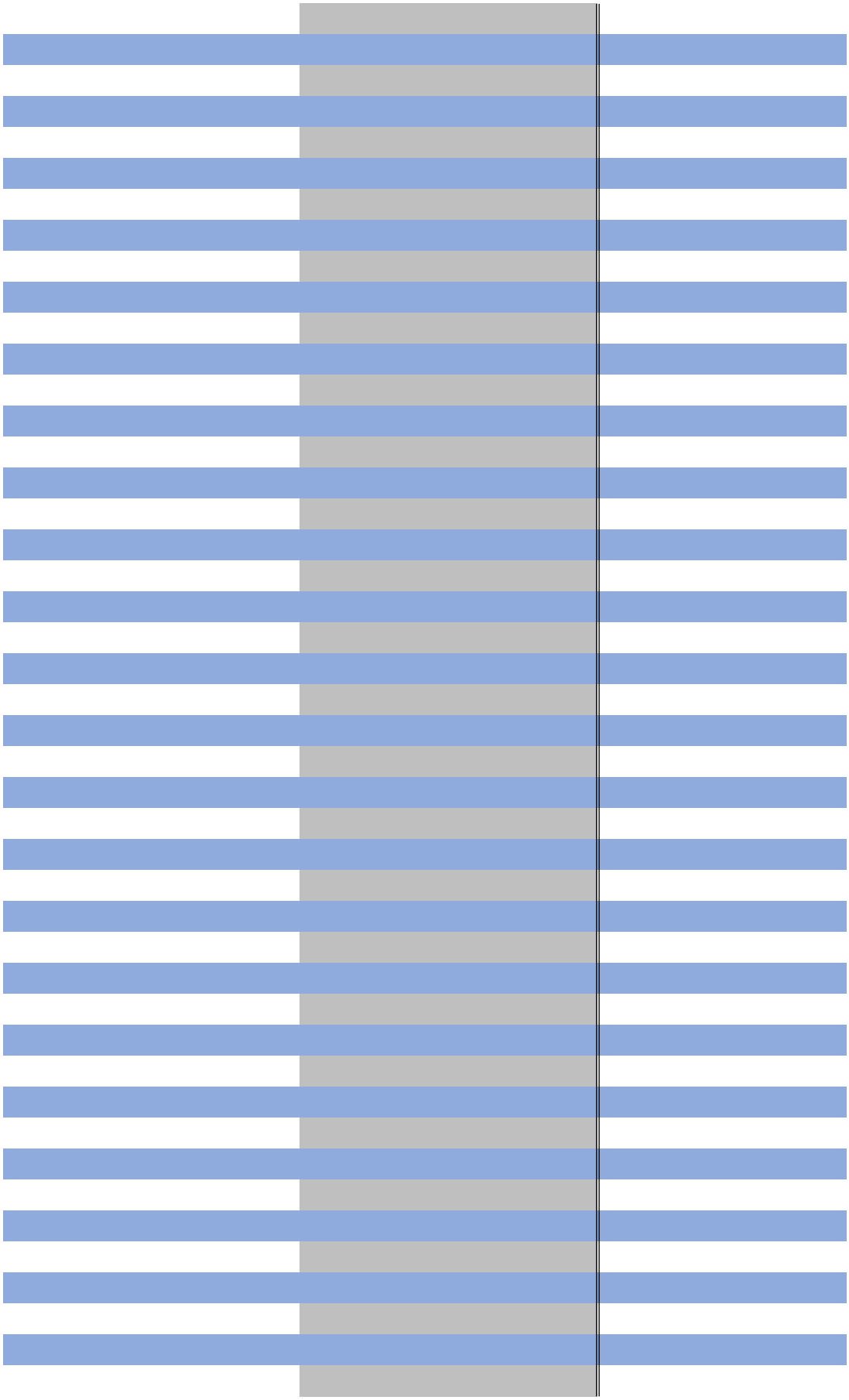
Customary or Prevailing Charge info: (Required) Adjustments to Per Diem Charge, Cost, or Payment [212.3]	Customary or Prevailing Charge info: (Calculated) Total Per Diem Charge, Cost, or Payment [215]	MCD Info: (Required) Time Period of Medicaid Days - Begin Date [300.1]

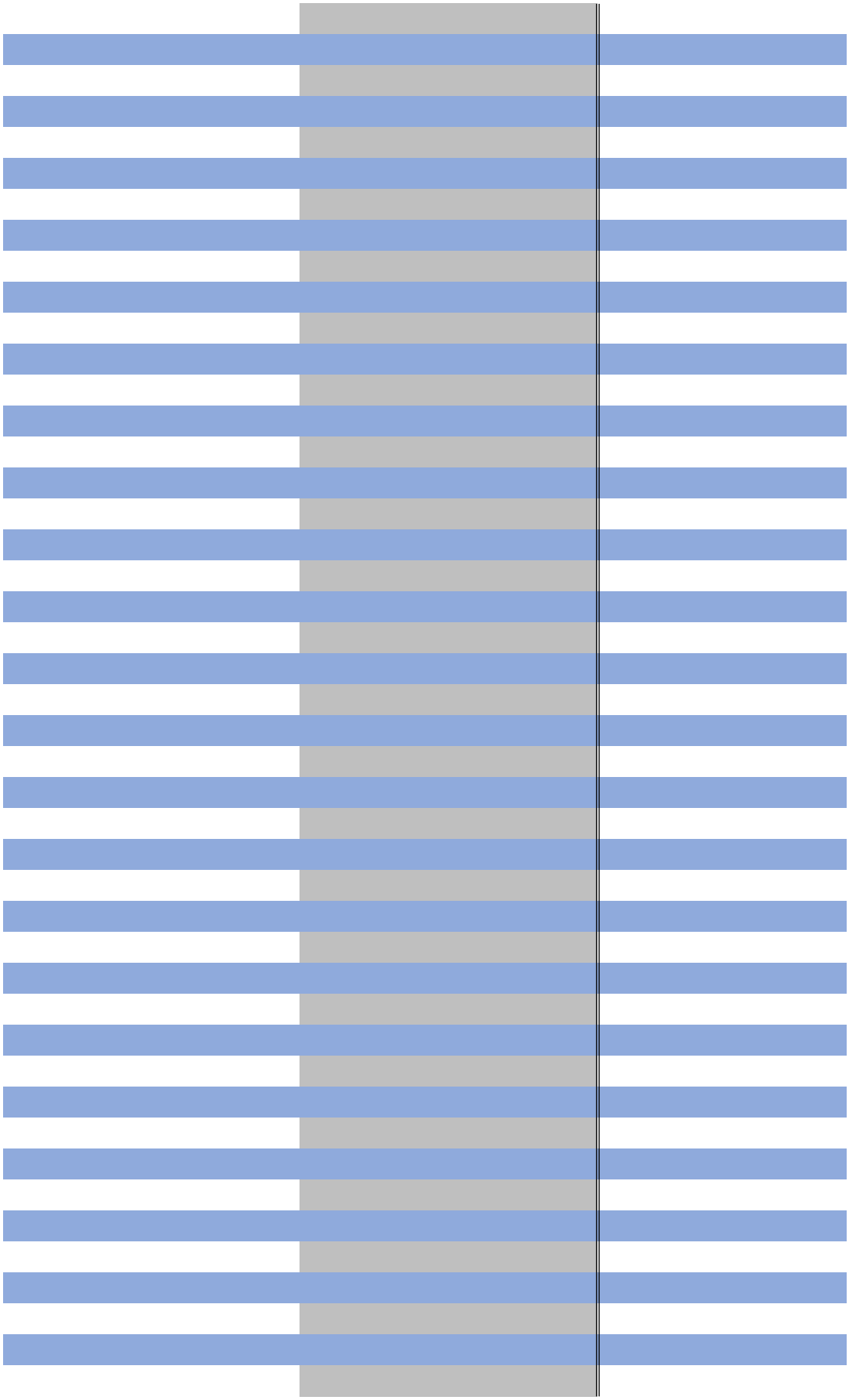


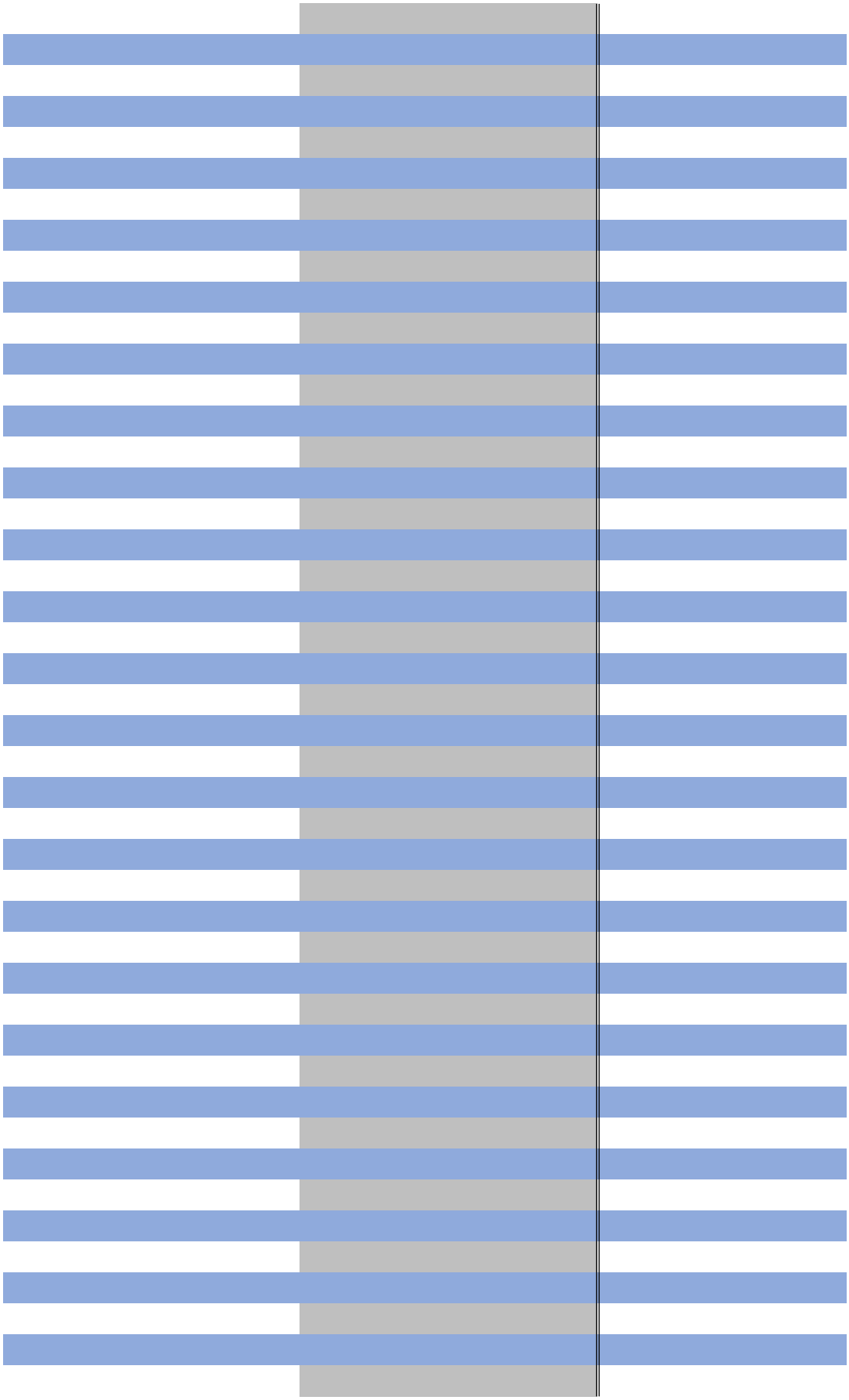


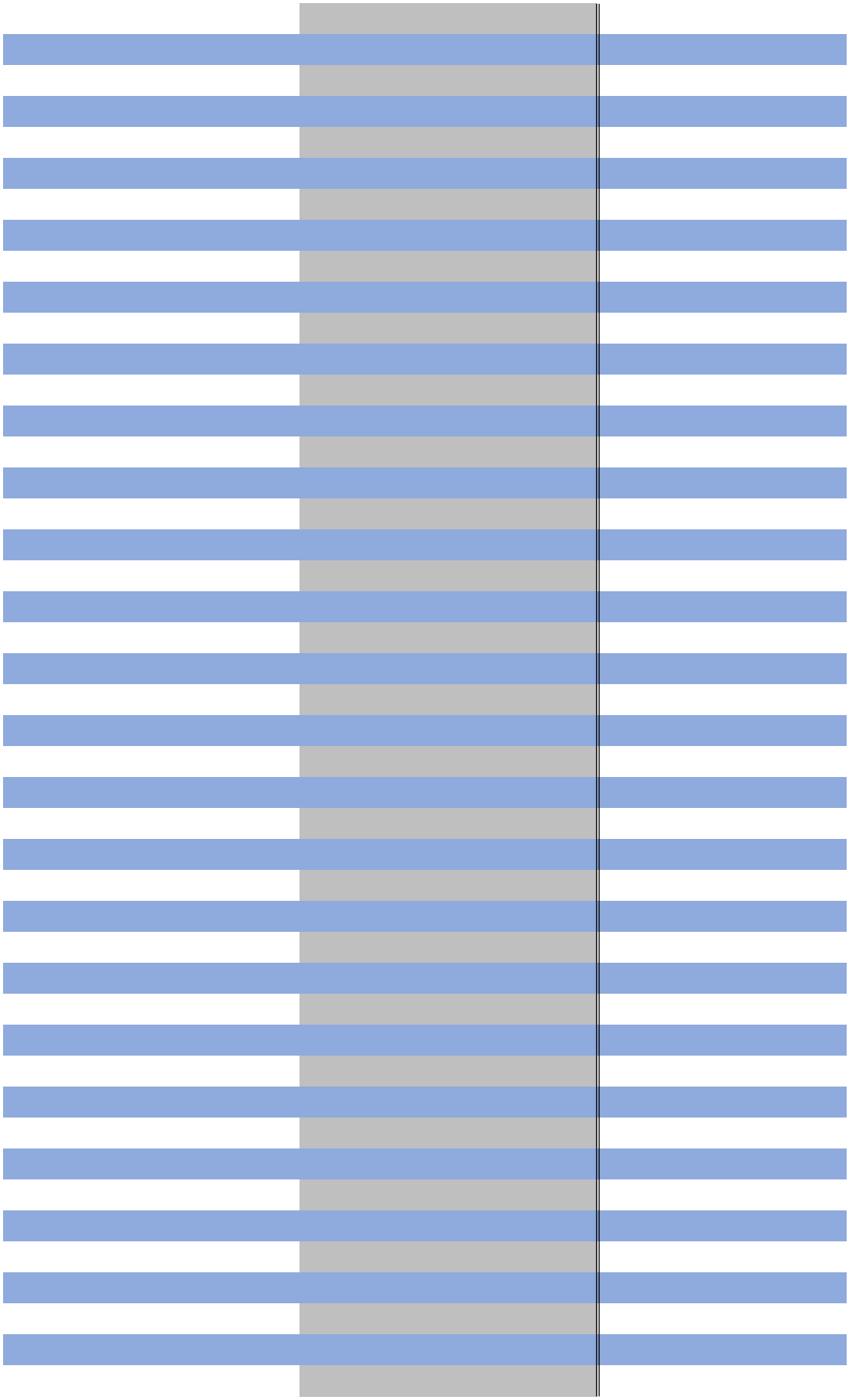


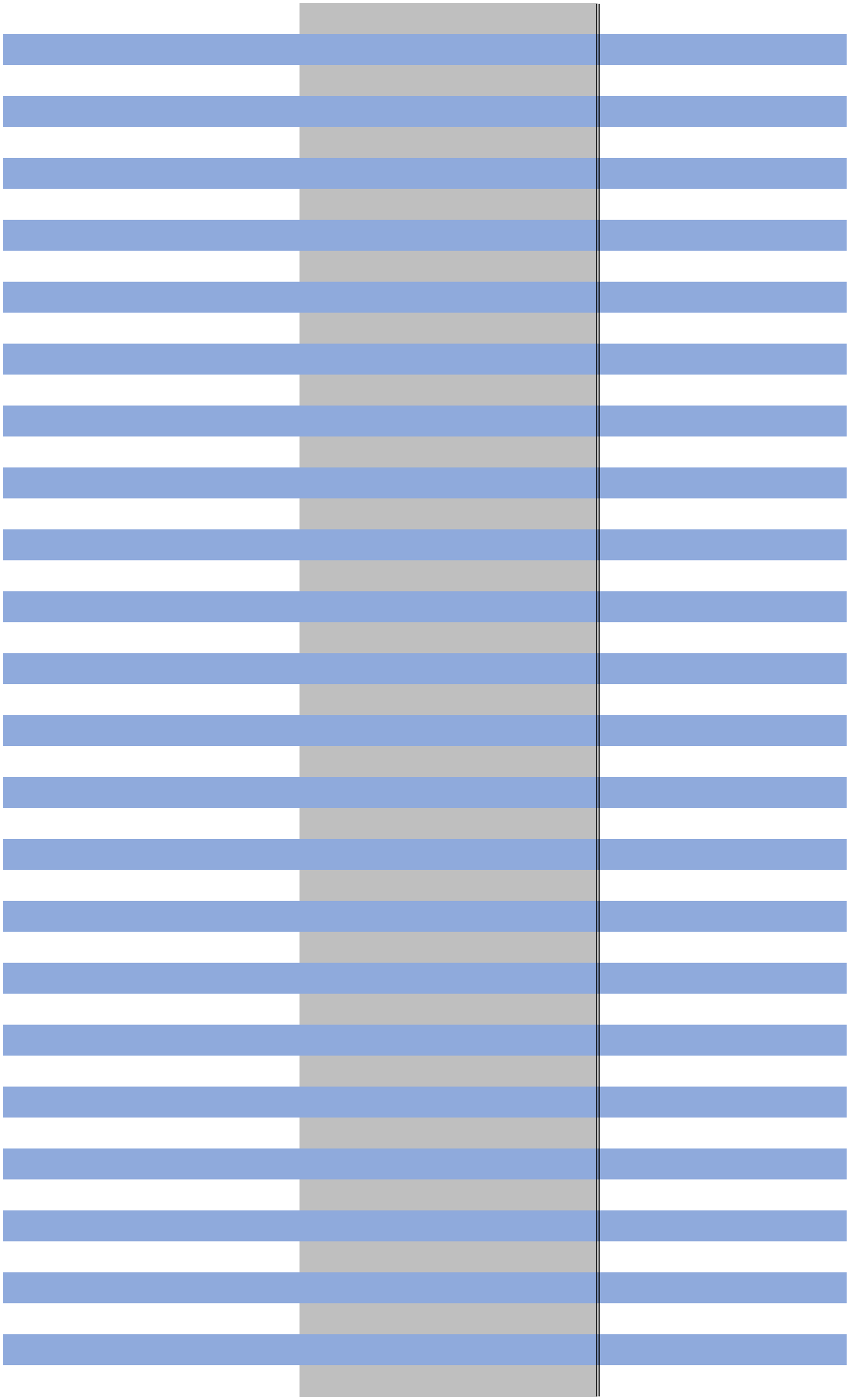


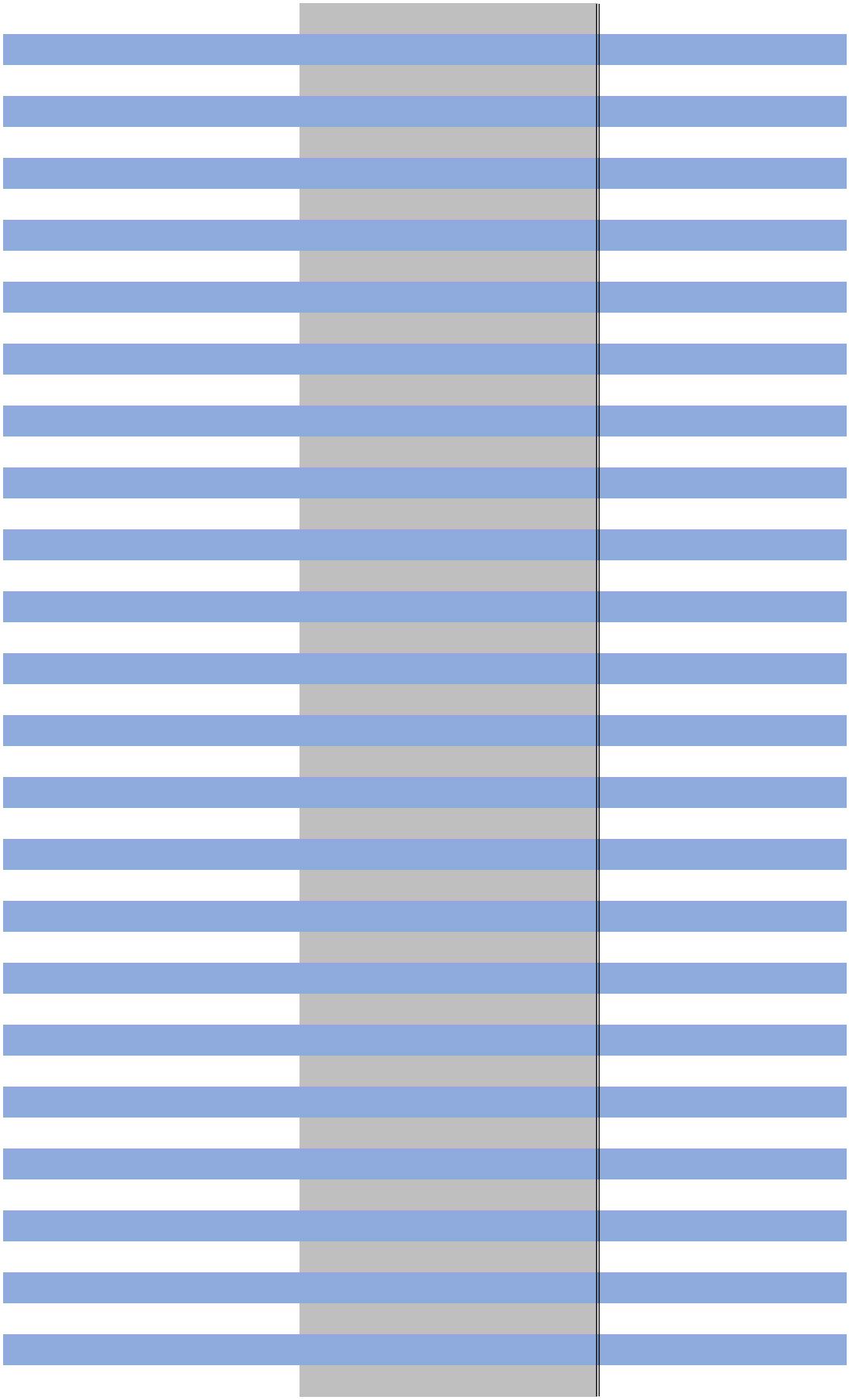


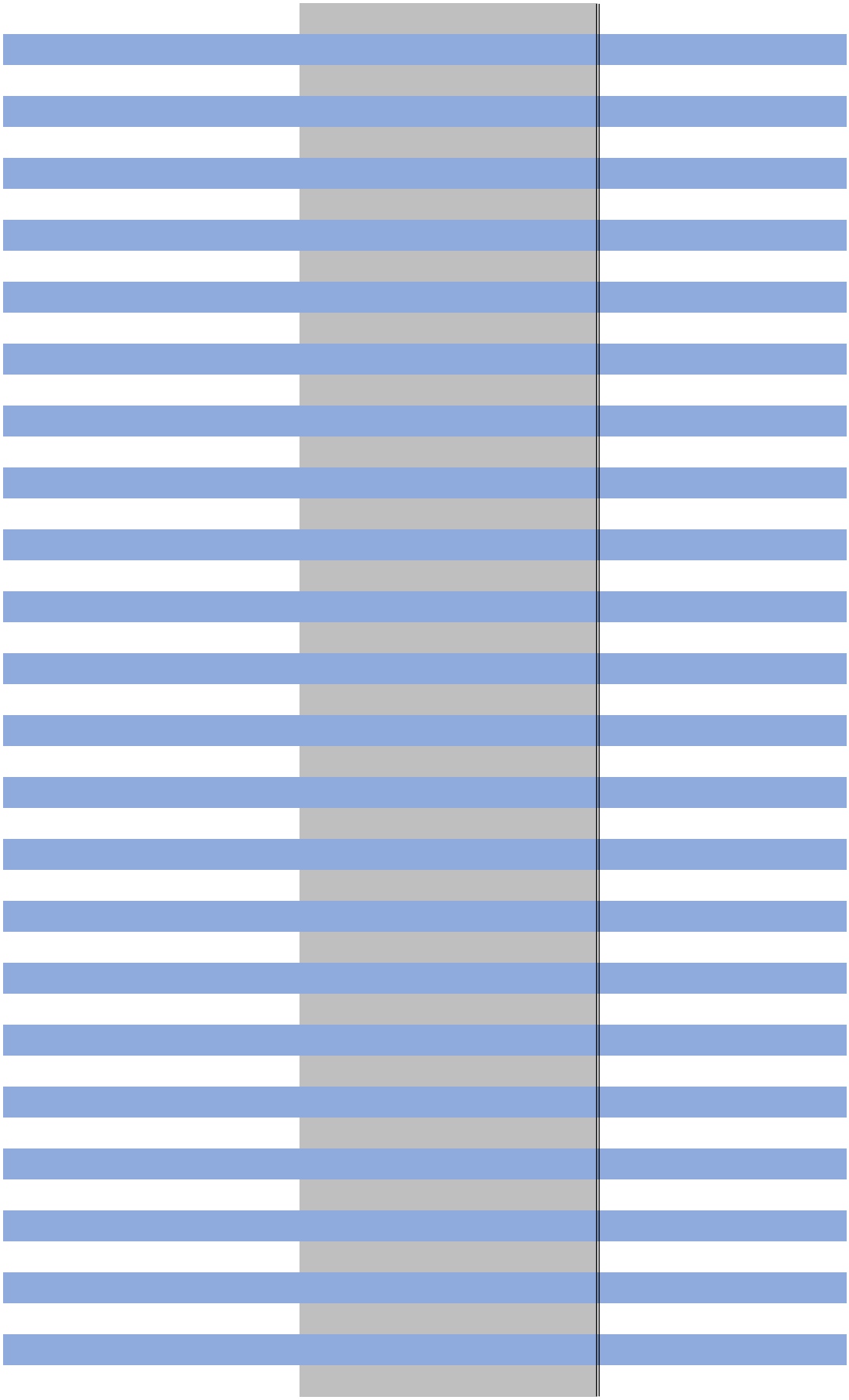


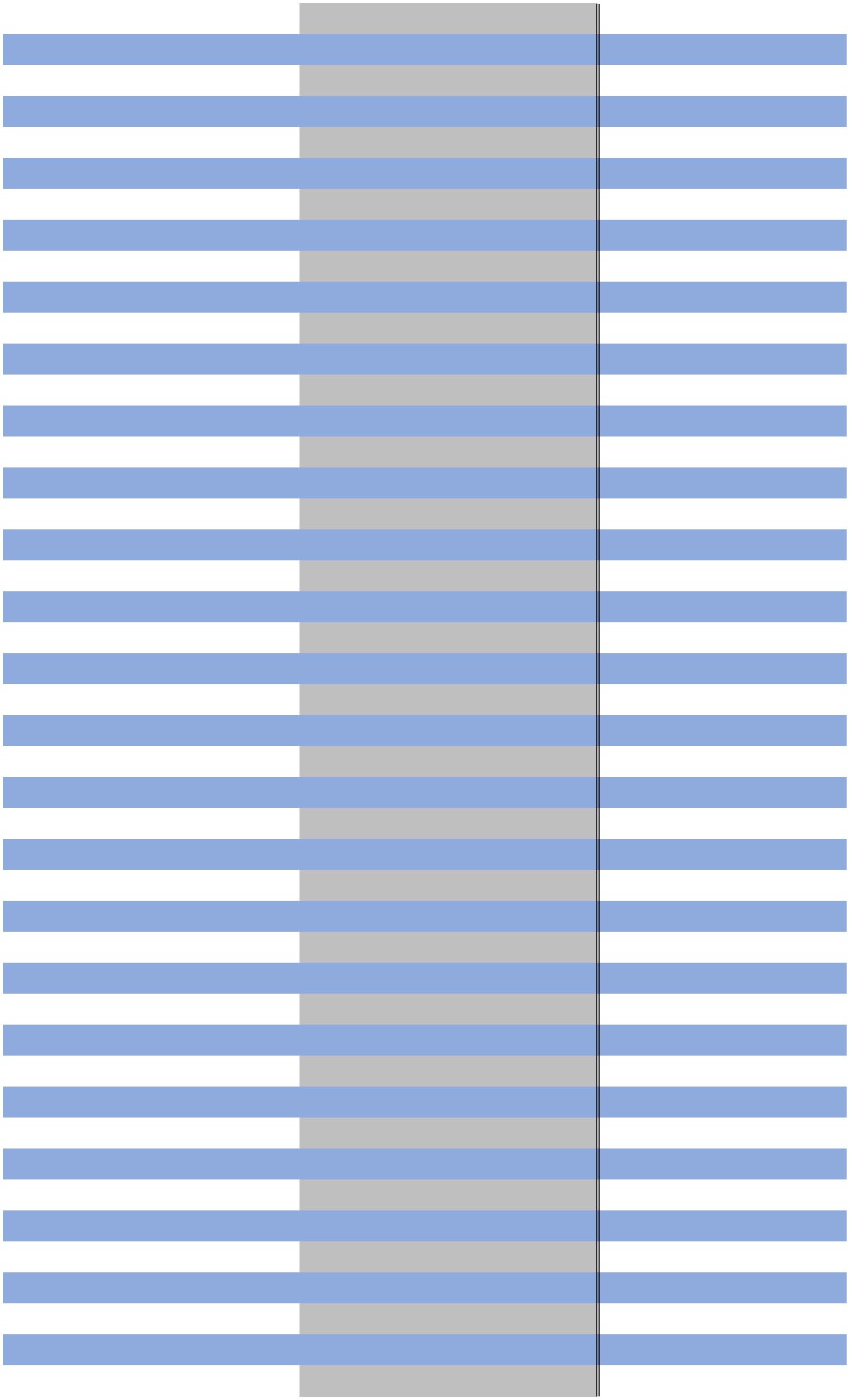


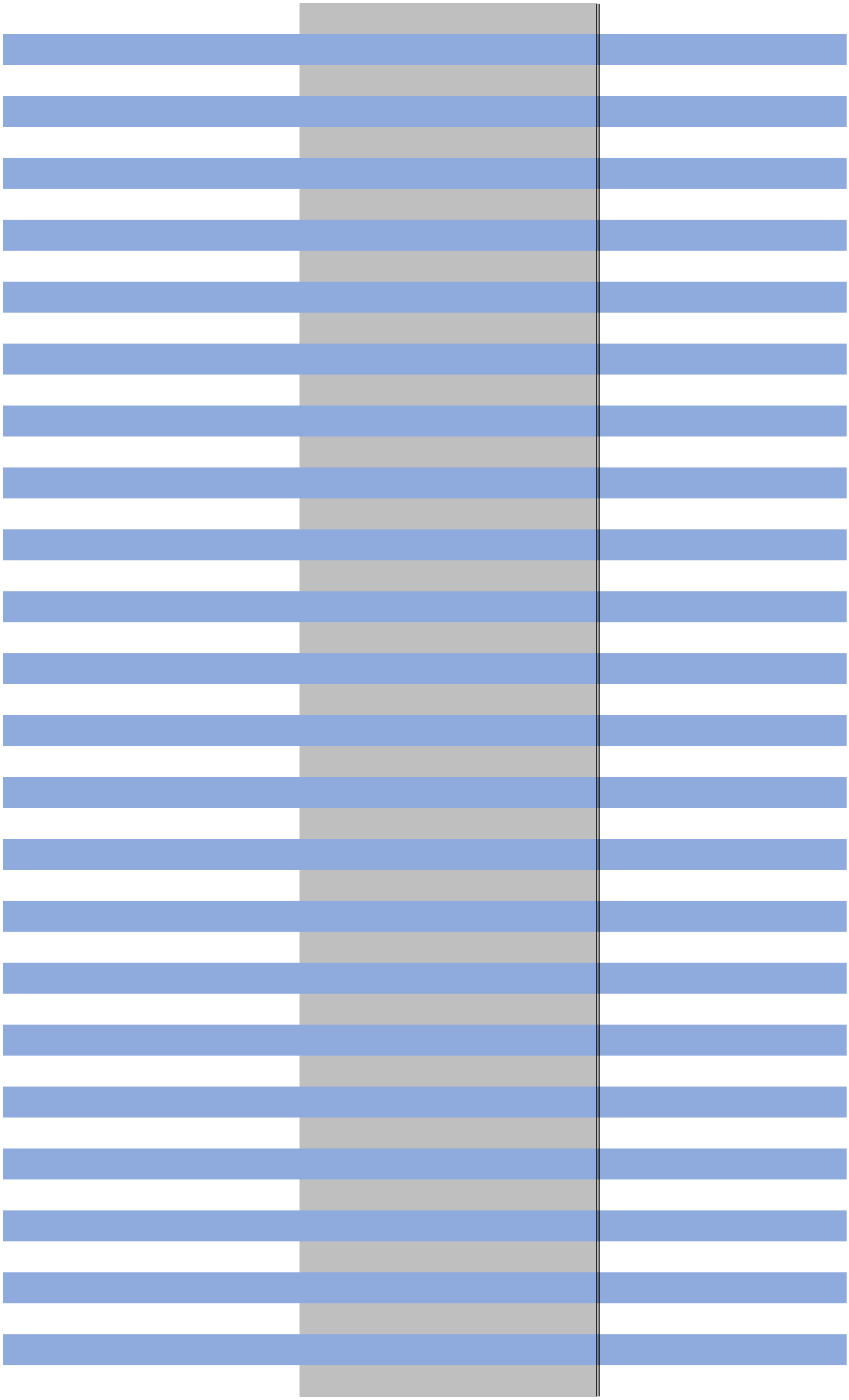


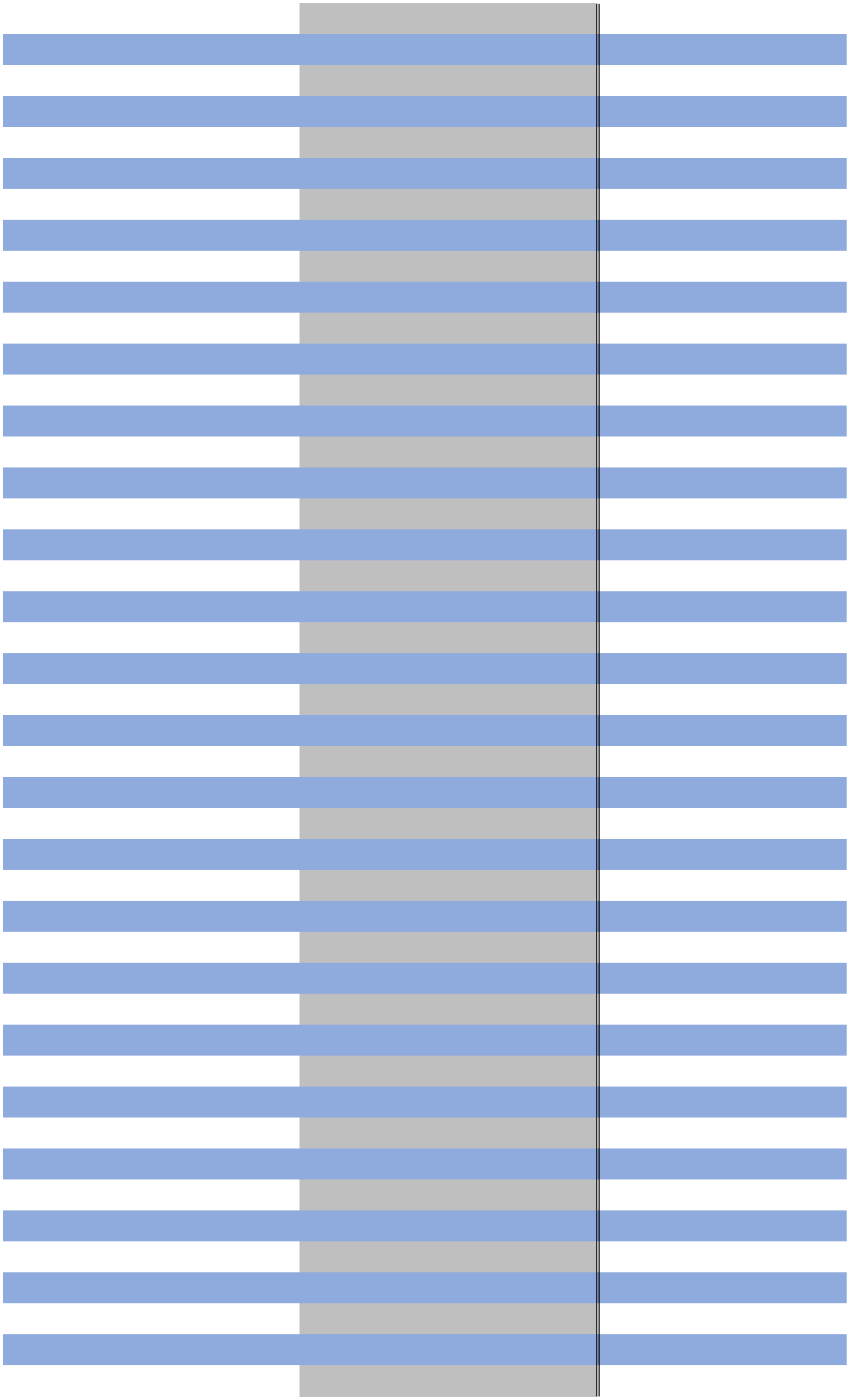


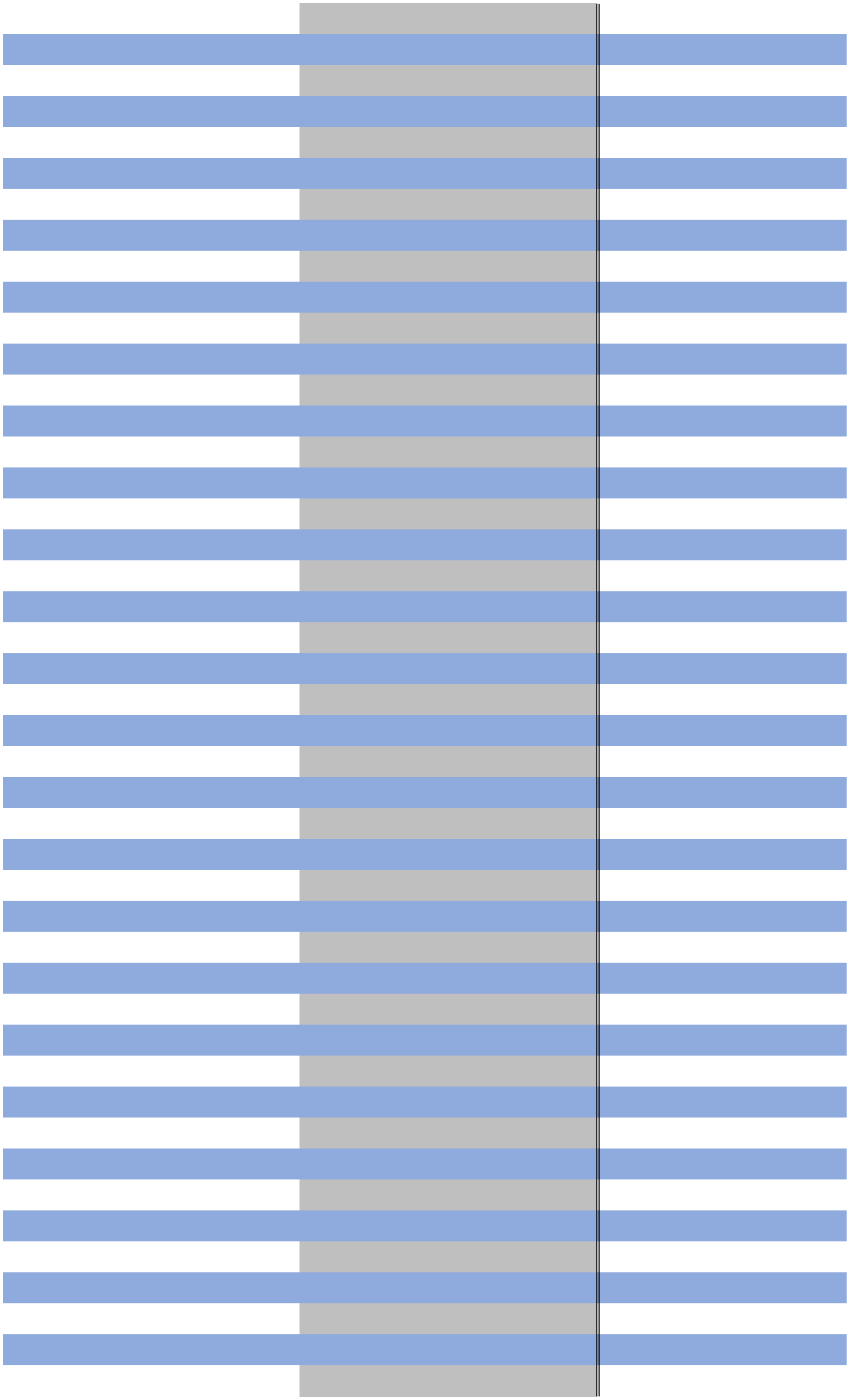


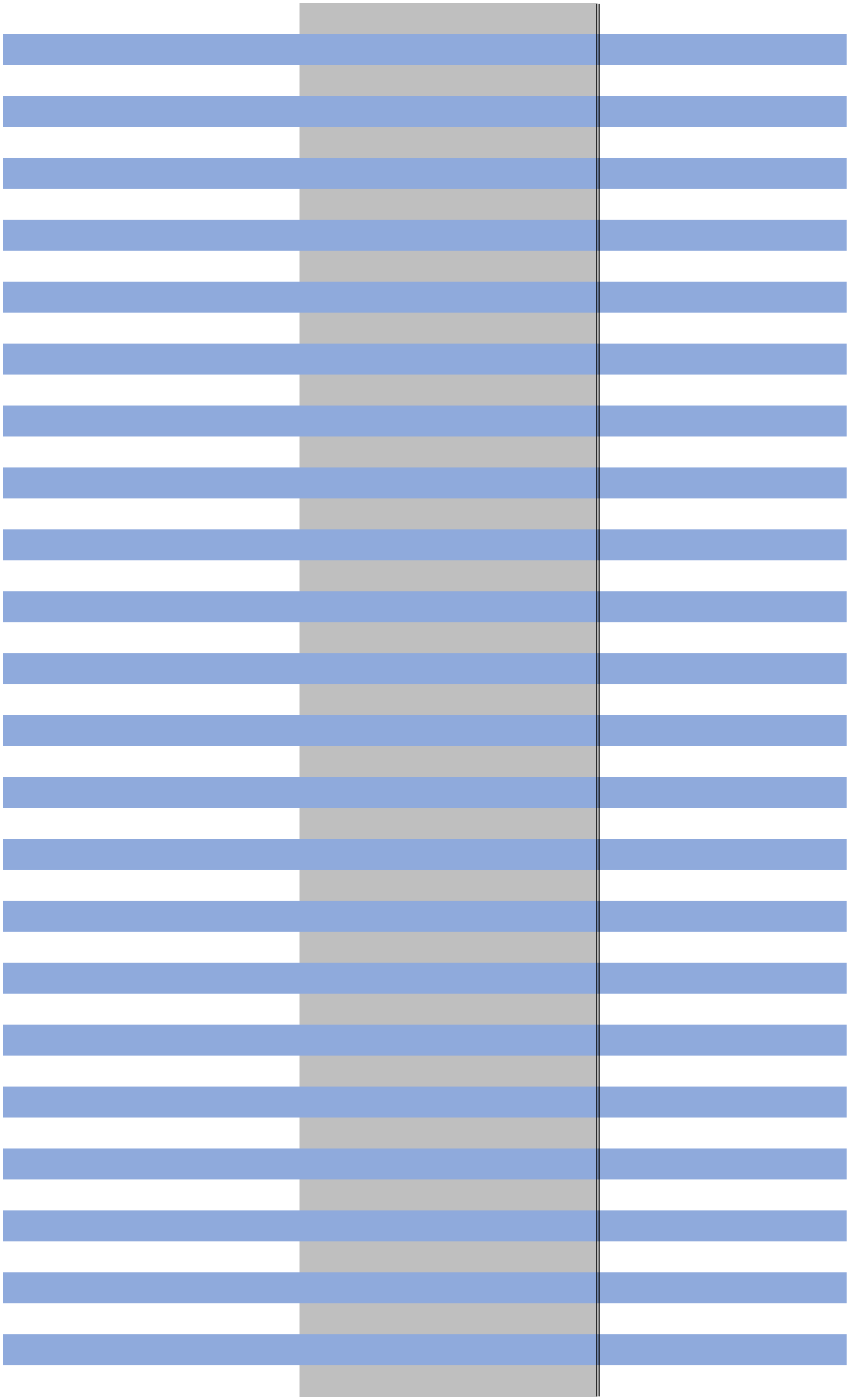


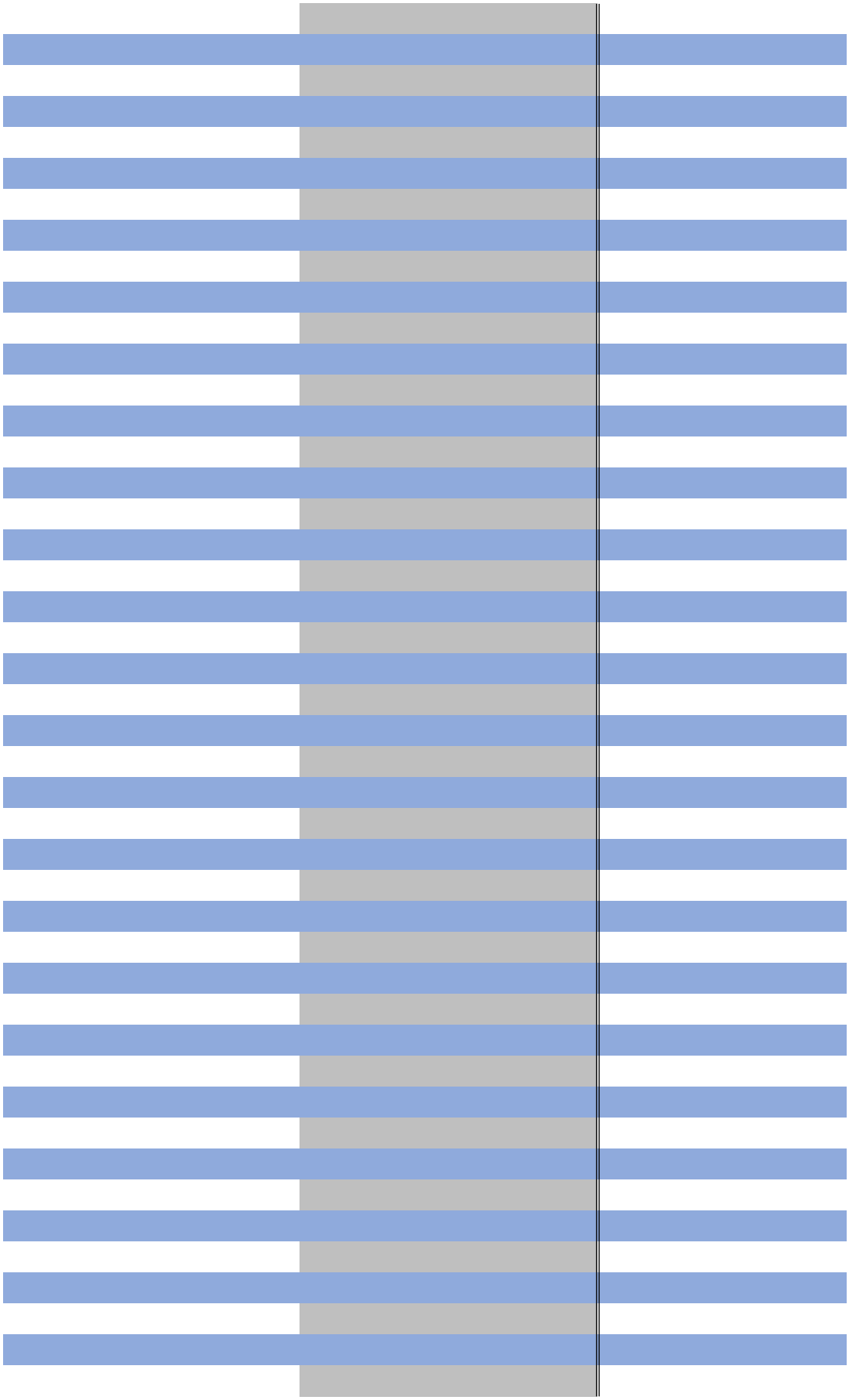


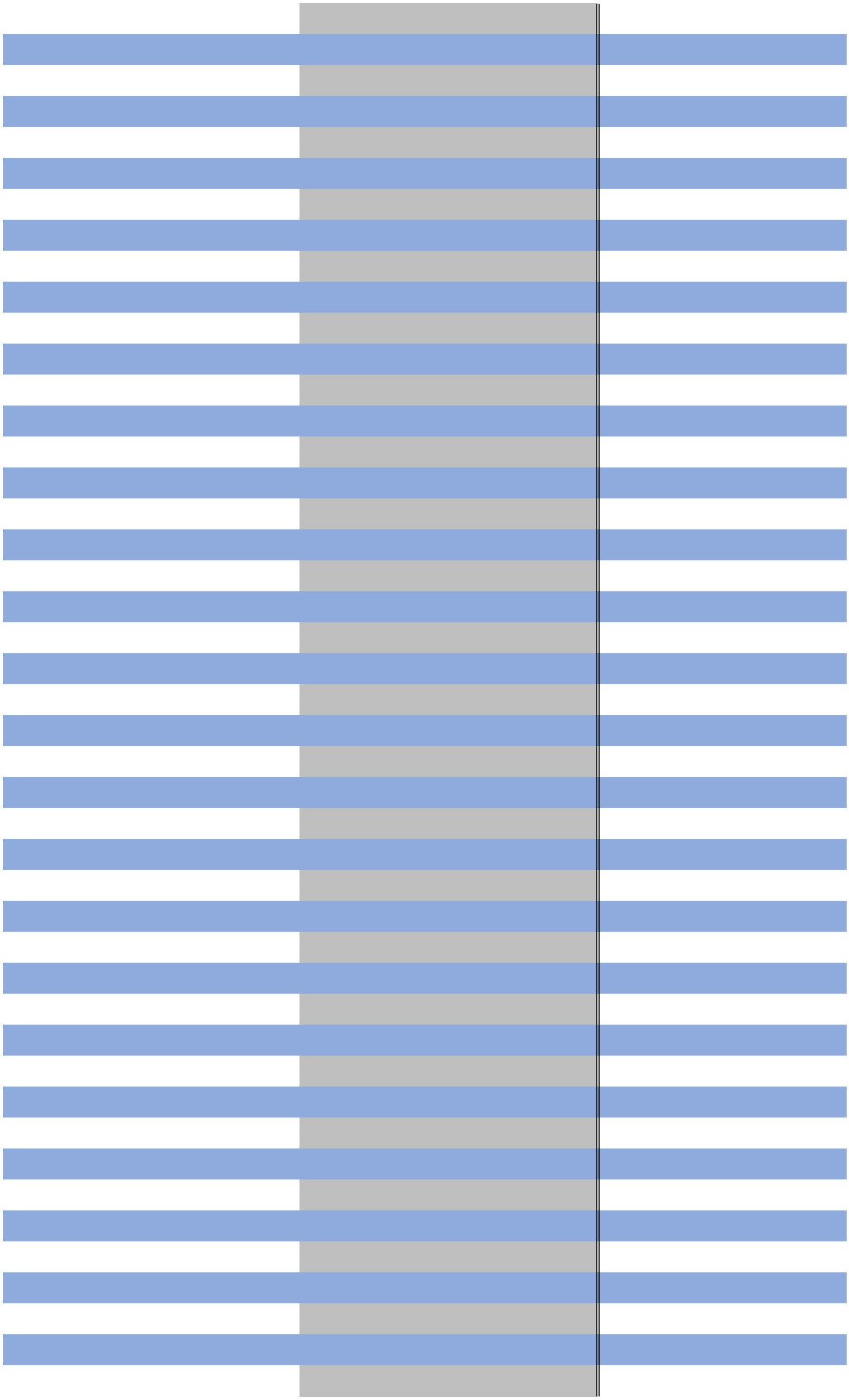


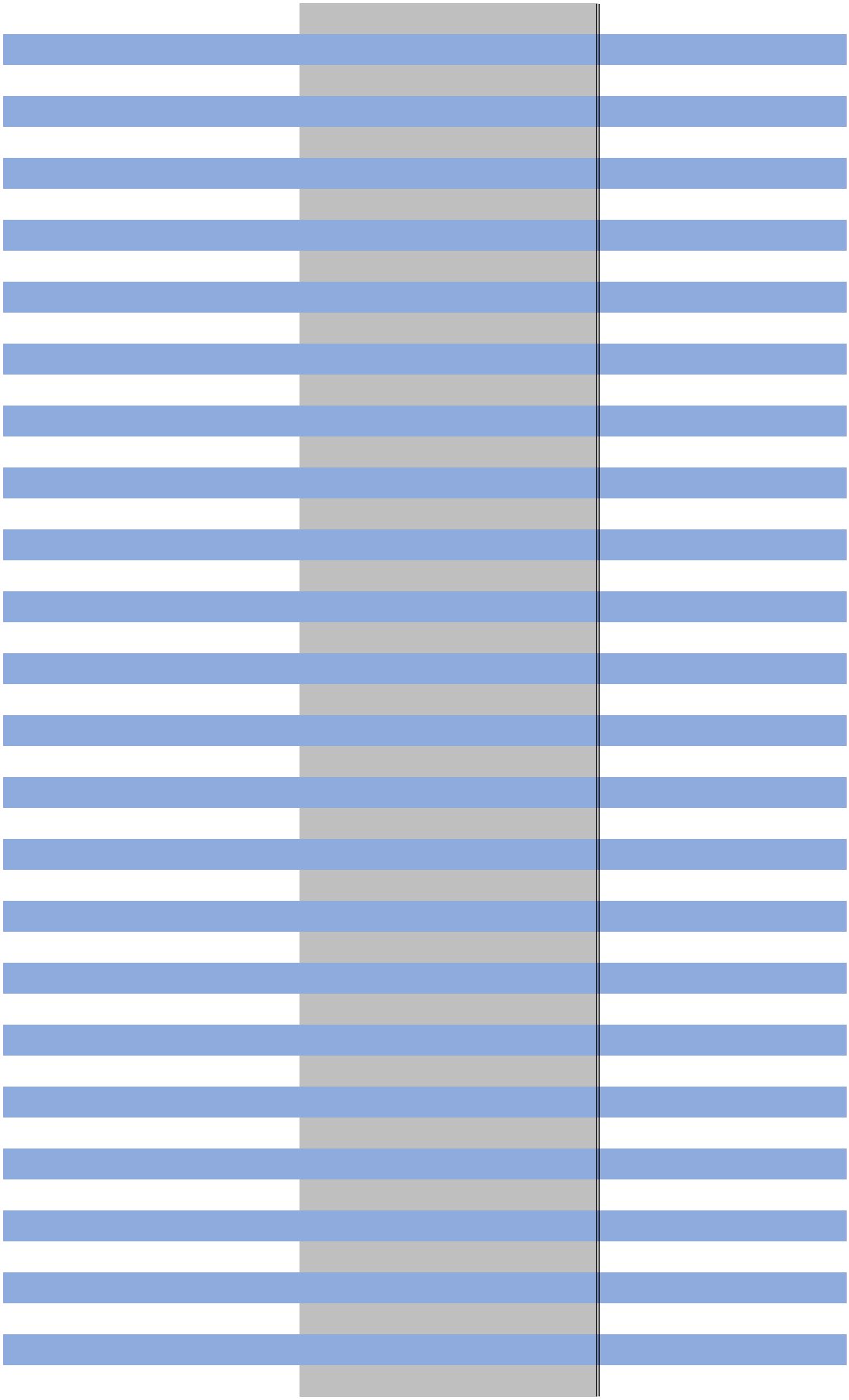


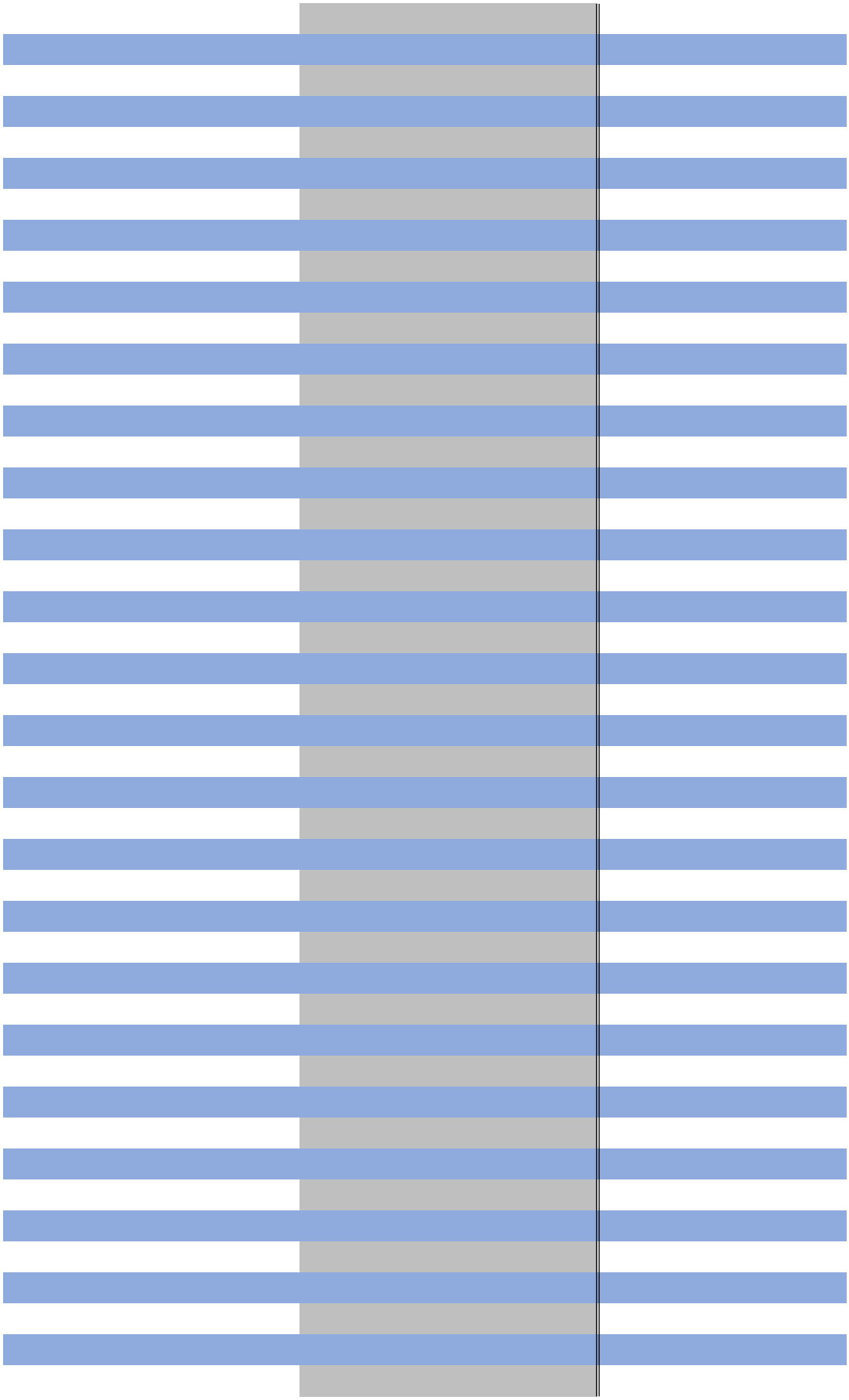


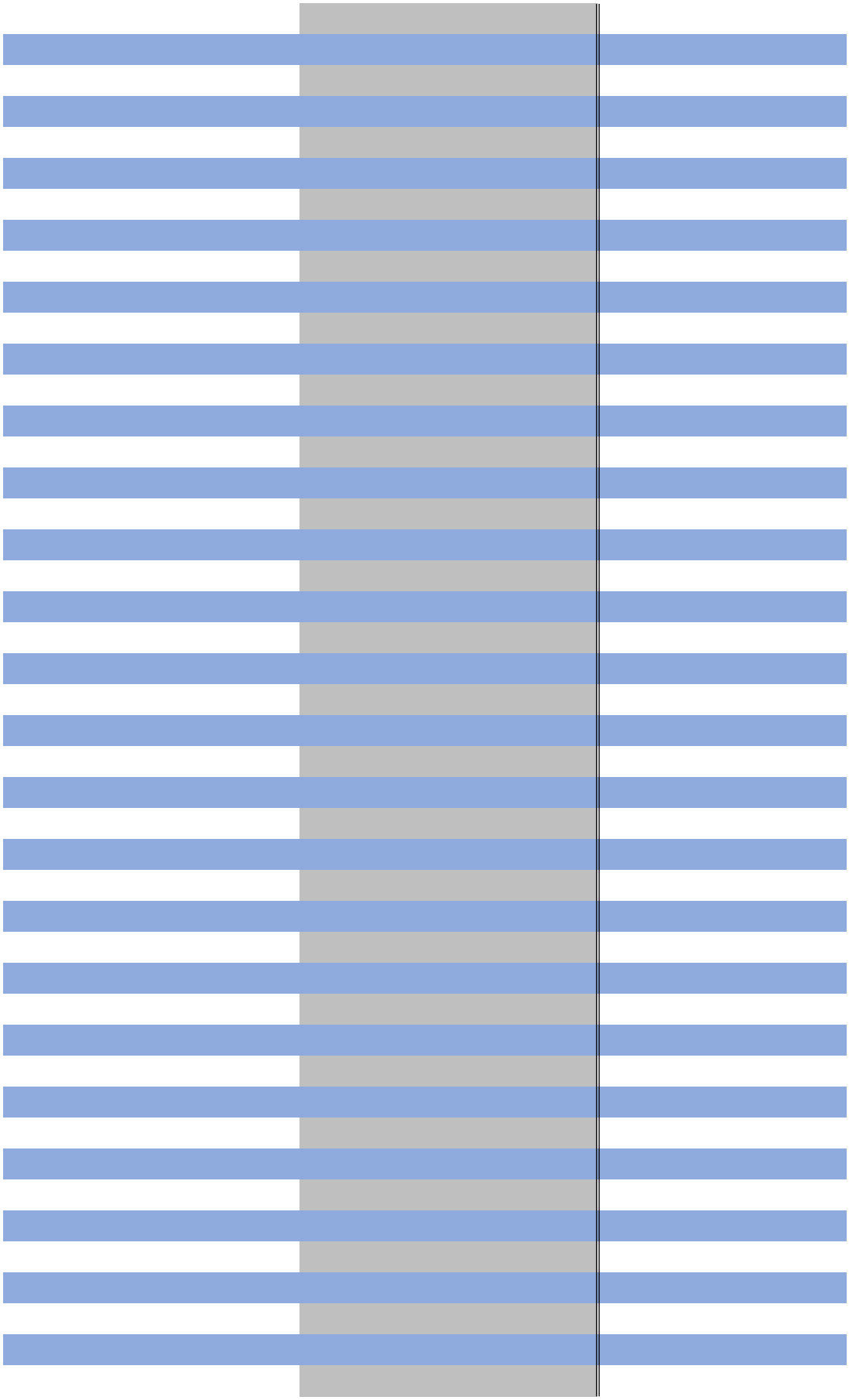


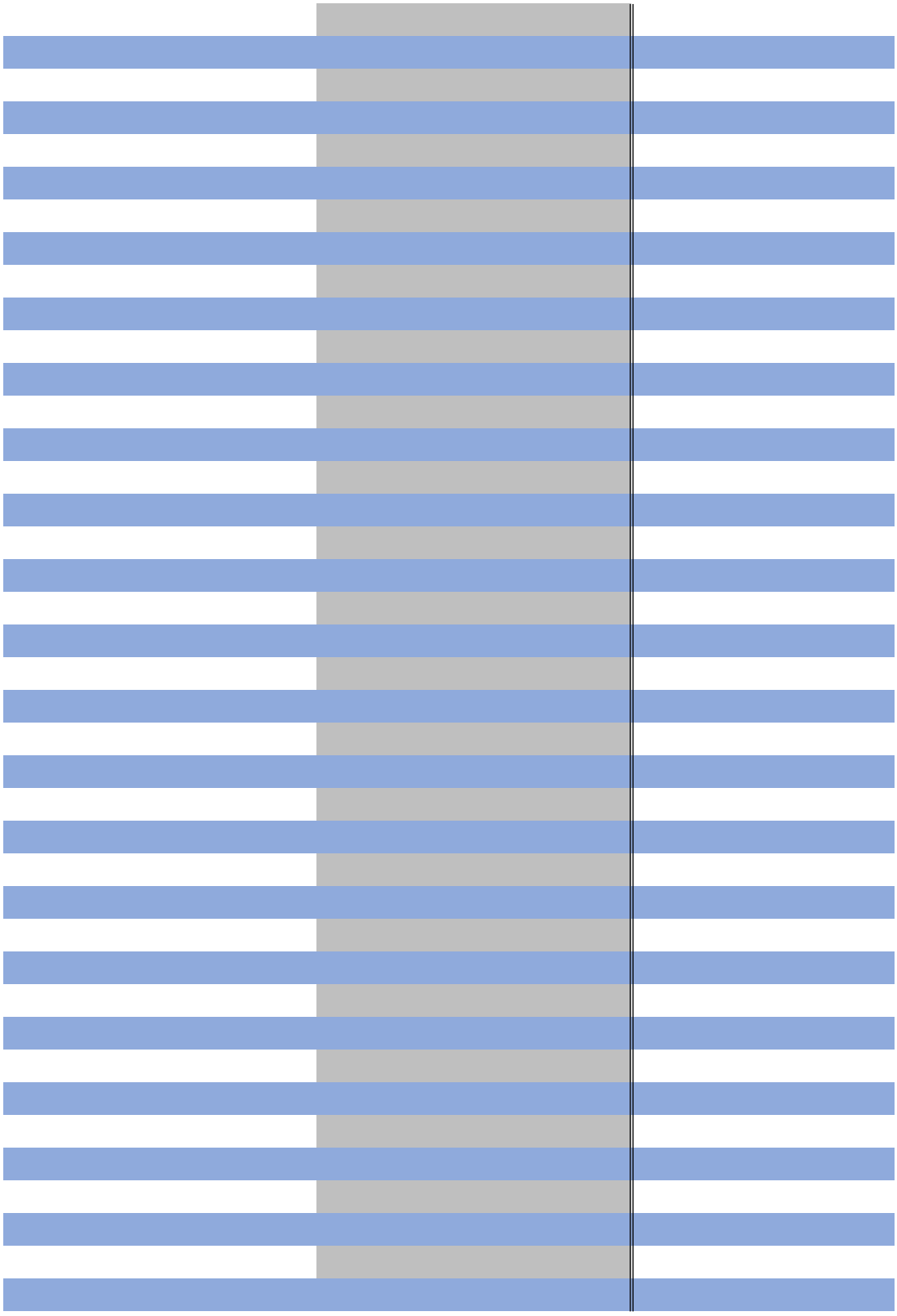








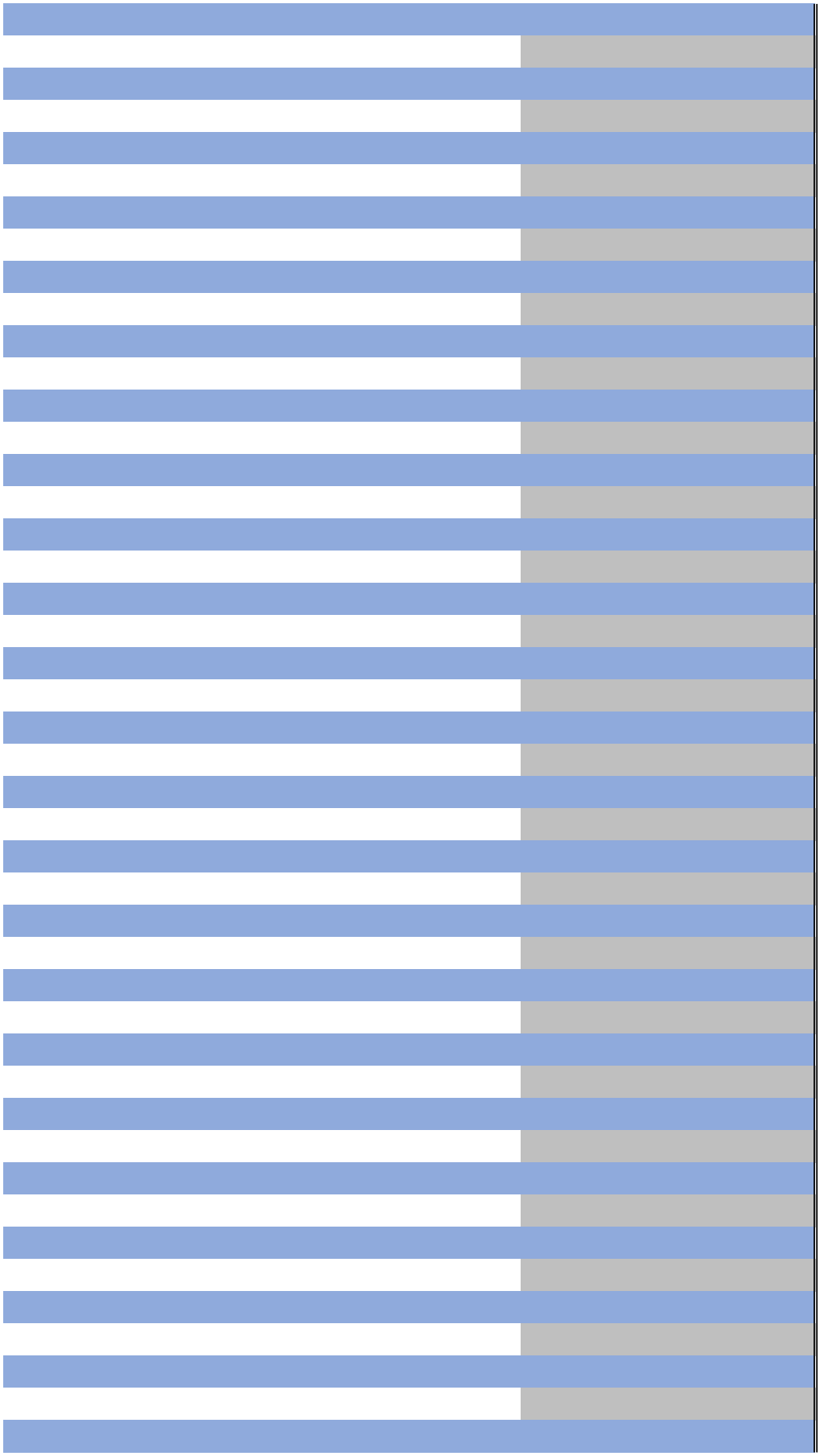


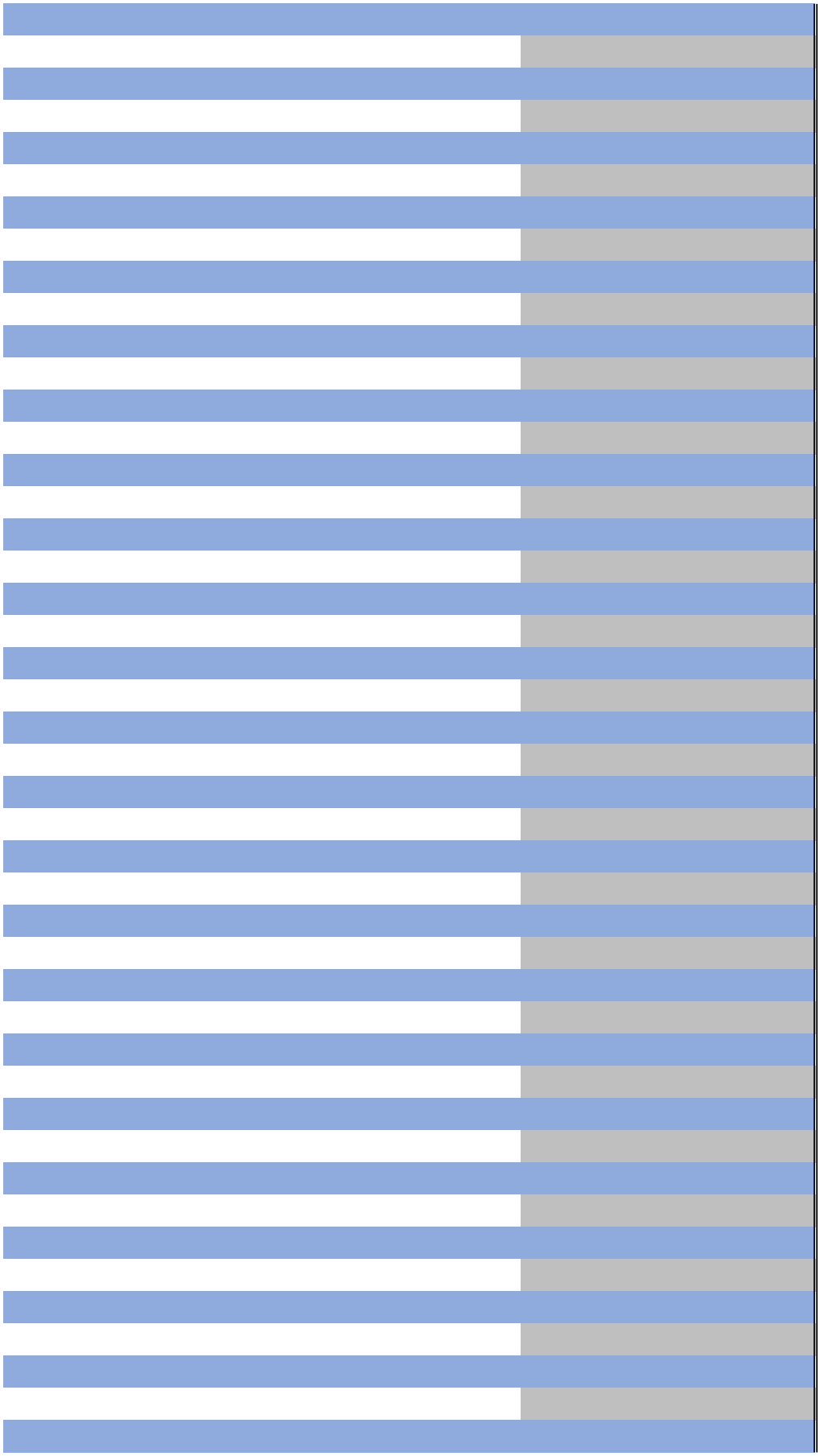


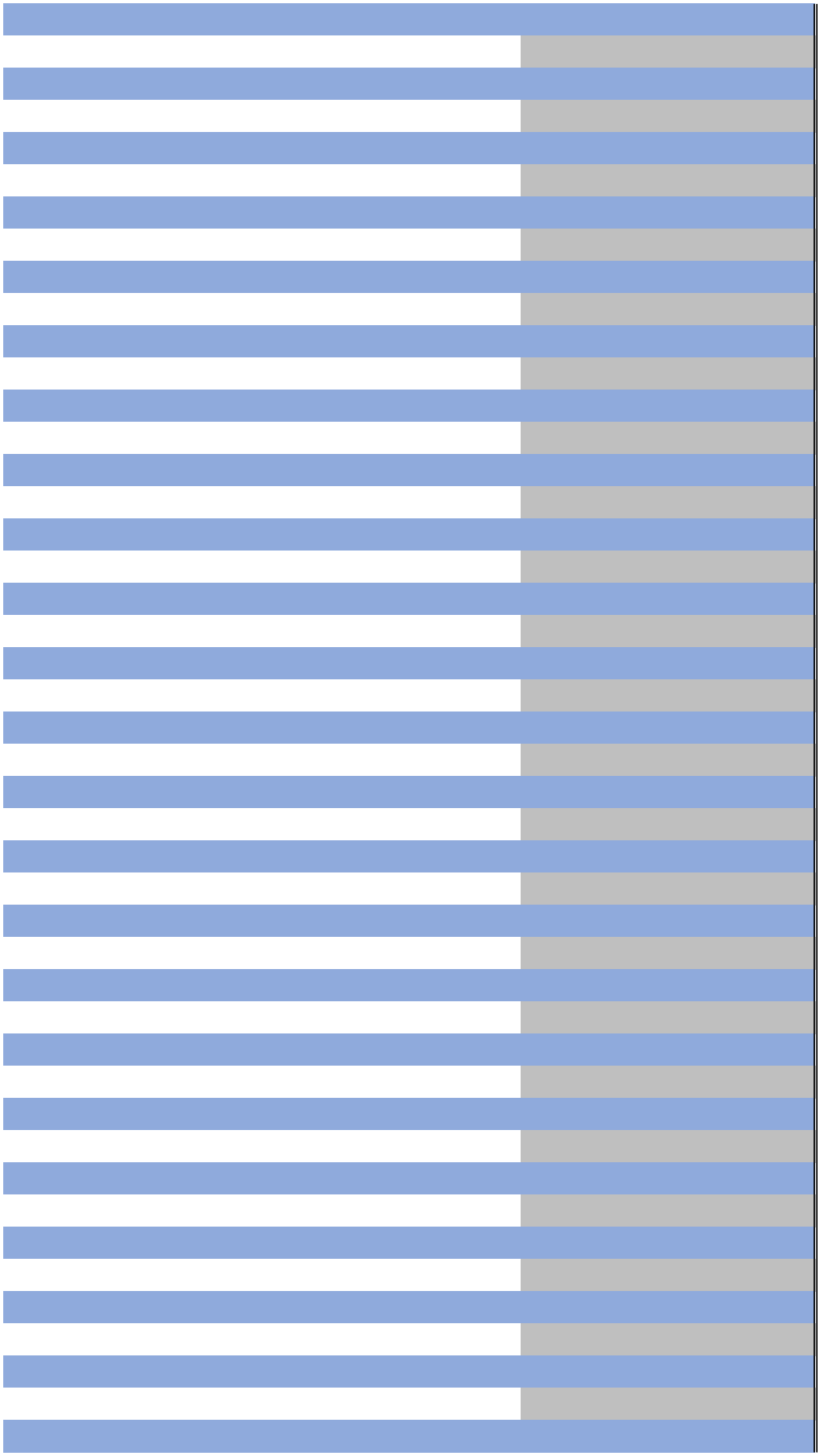
MCD Info: (Required) Time Period of Medicaid Days - End Date [300.2]	MCD Info: (Required) Medicaid Days [310]	MCD Info: (Required) Time Period of Medicaid Rates - Begin Date [311.1]	MCD Info: (Required) Time Period of Medicaid Rates - End Date [311.2]

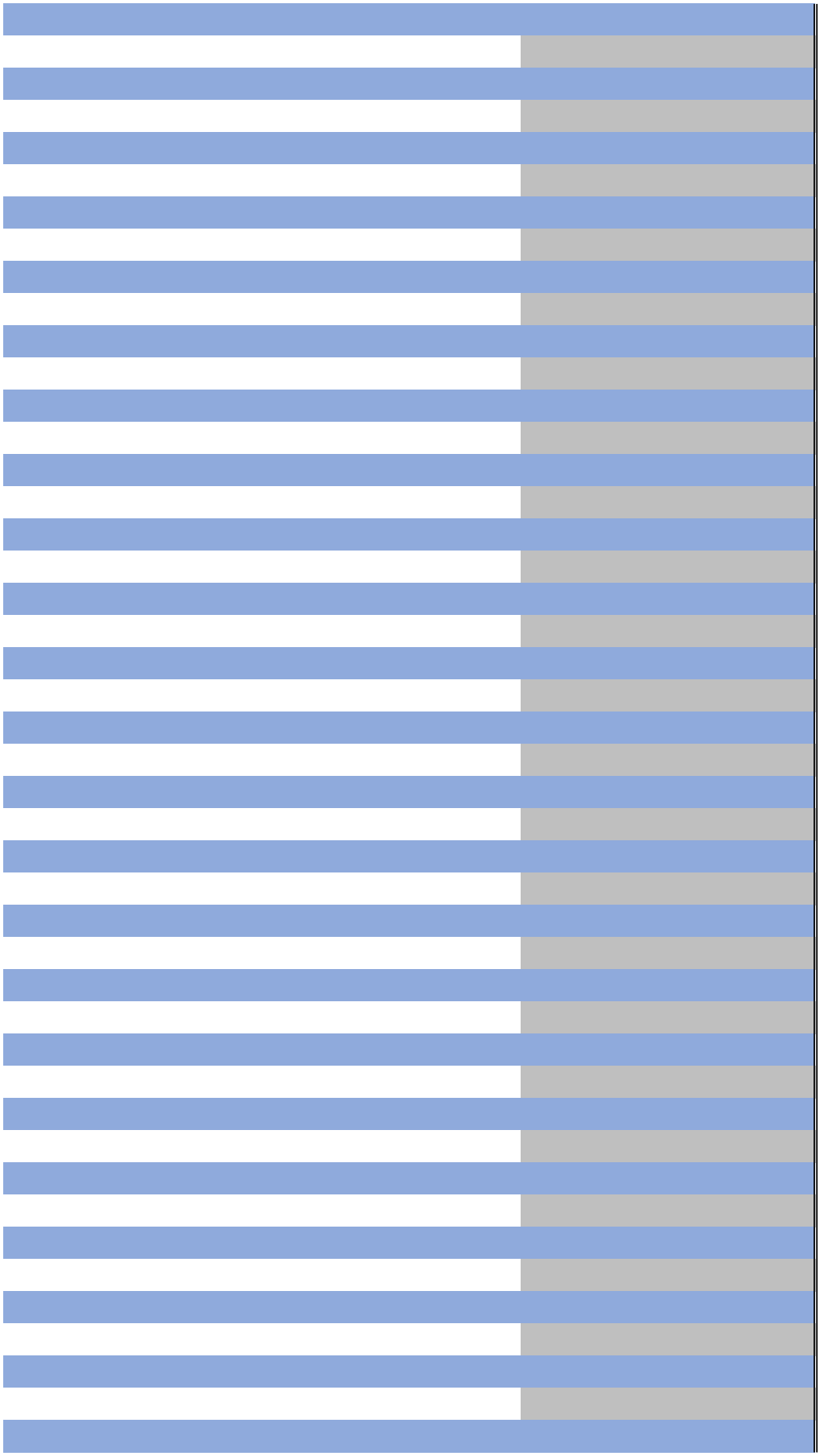
MCD Info:	MCD Info:	MCD Info:	MCD Info:
(Required) Medicaid Base Payment Per Diem [312]	(Required) Medicaid Supplemental Payment Per Diem [313.1]	(Required) Medicaid Supplemental Payment Per Diem (GME/Training) [313.2]	(Required) Medicaid Supplemental Payment Per Diem (Other) [313.3]

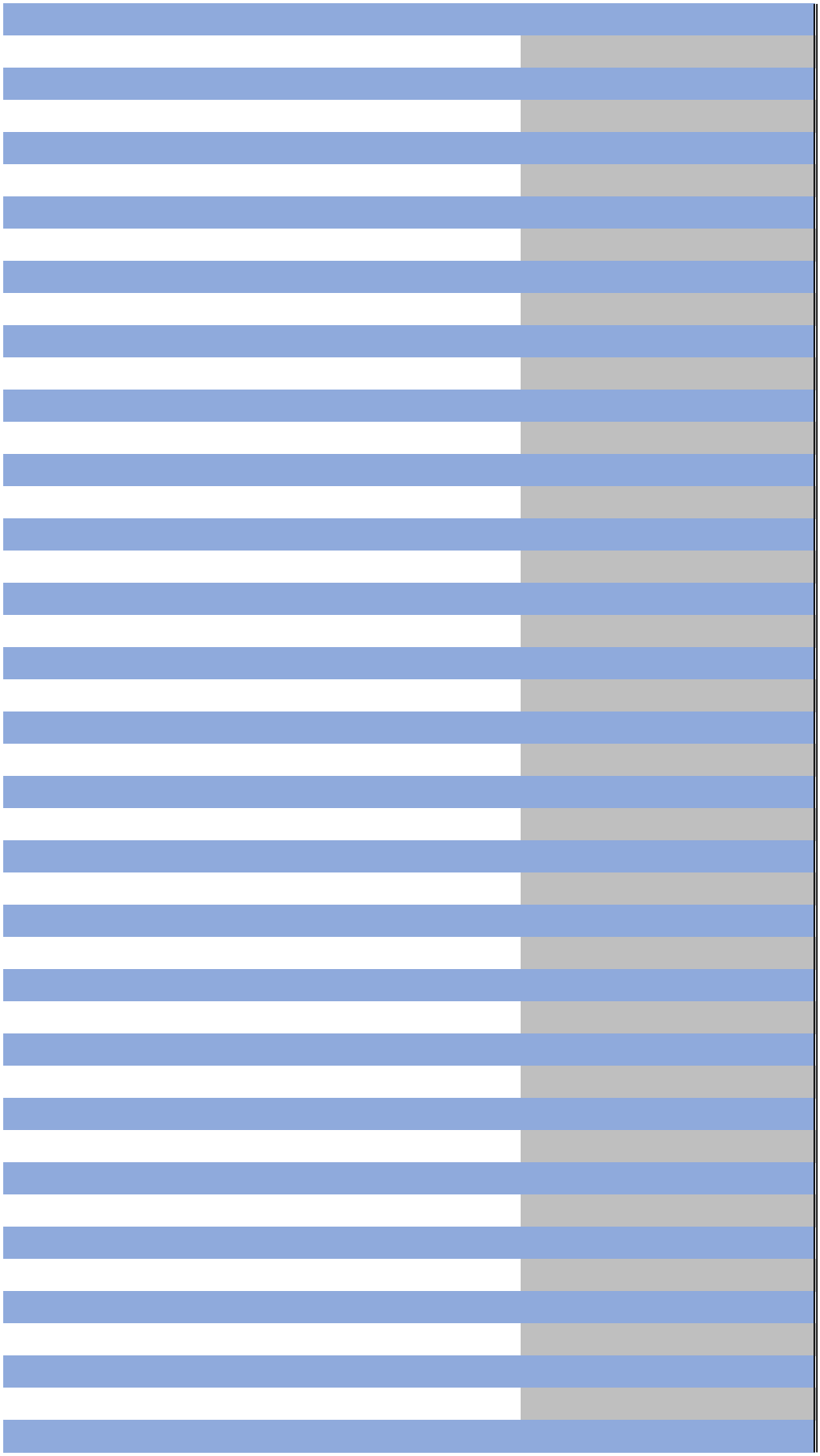
MCD Info: (Required) Adjustment to Medicaid Per Diem #1 [314.1]	MCD Info: (Required) Adjustment to Medicaid Per Diem #2 [314.2]	MCD Info: (Calculated) Total Medicaid Supplemental Payment Per Diem with Adjustments [317]

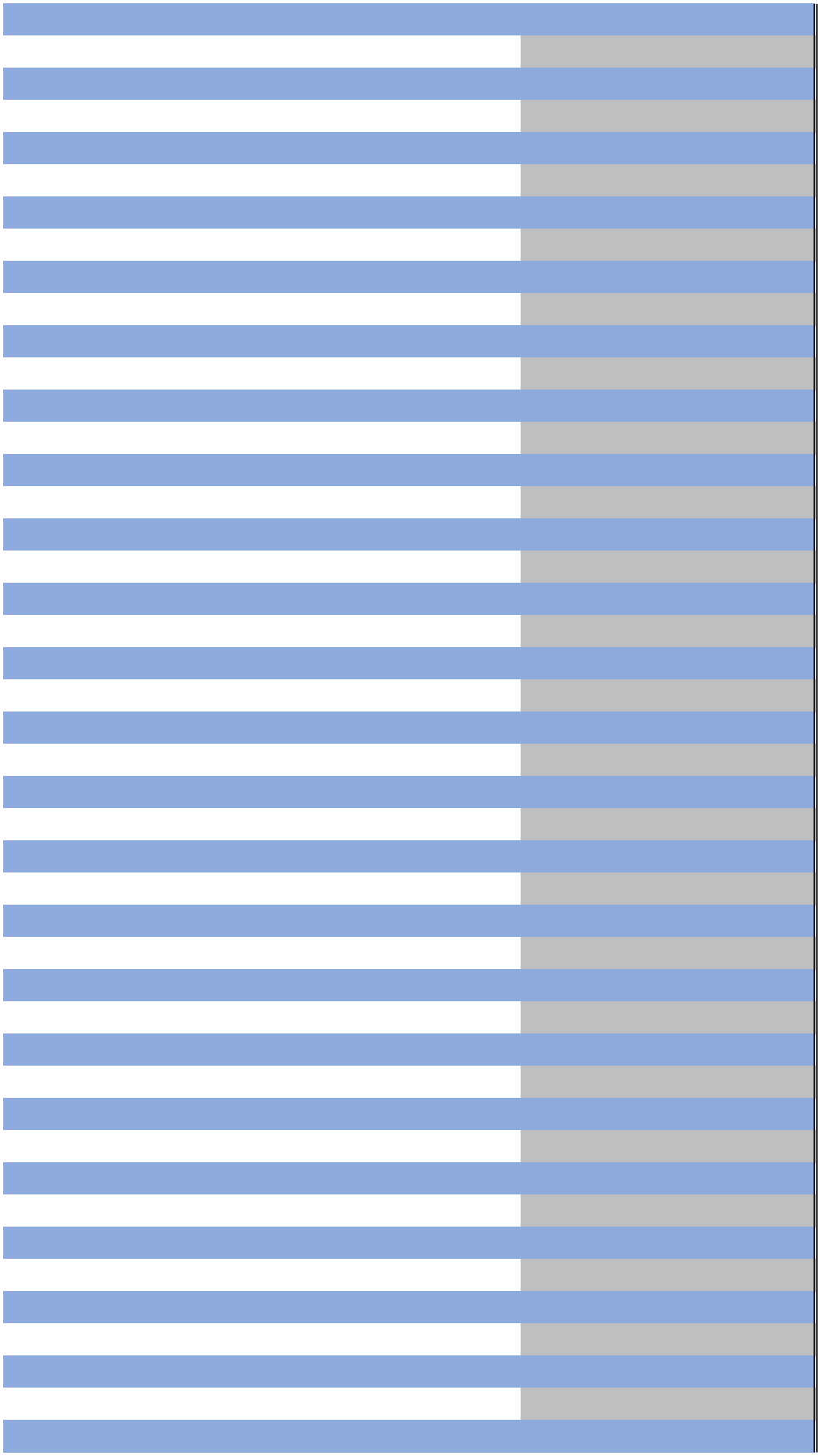


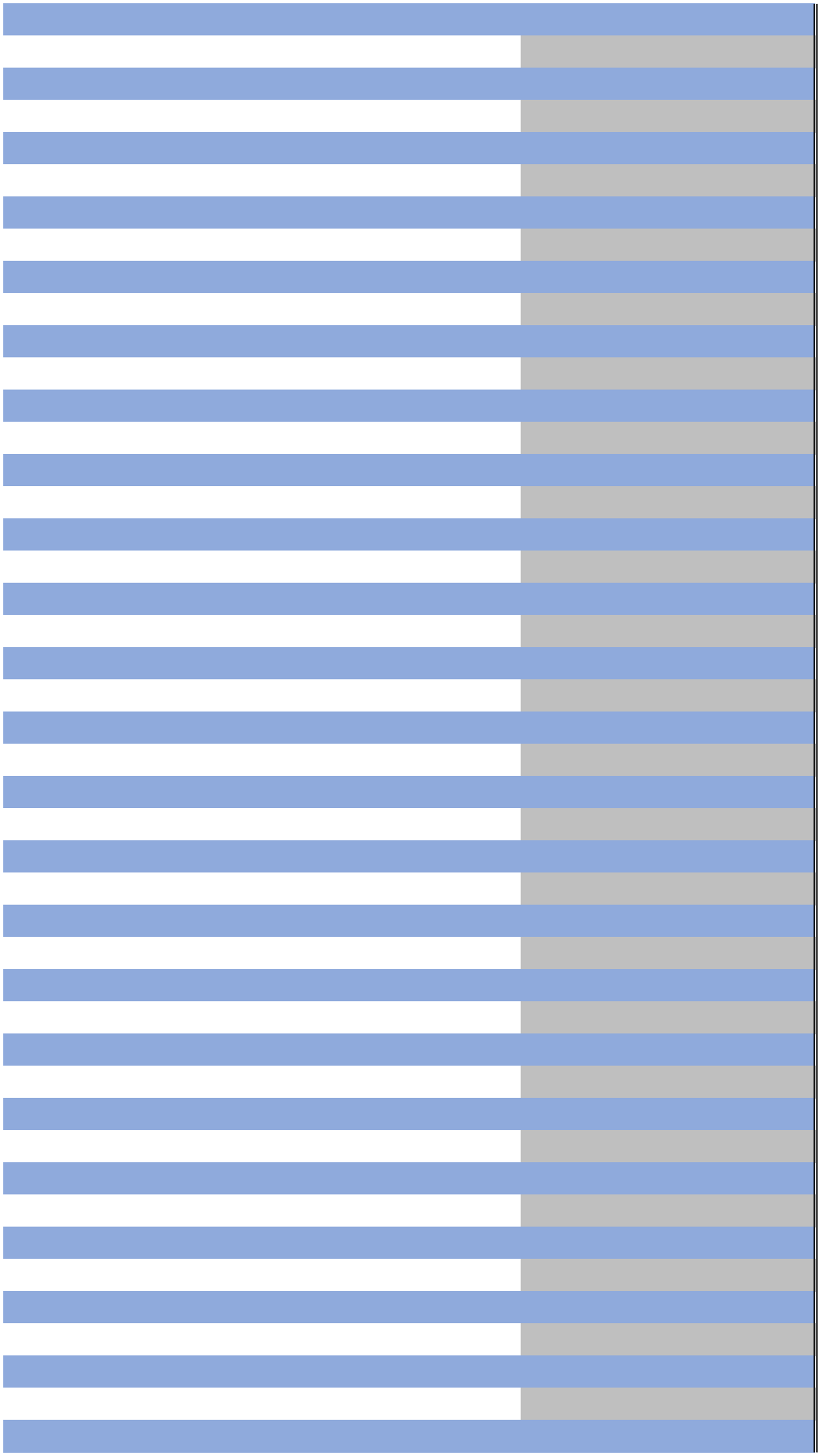


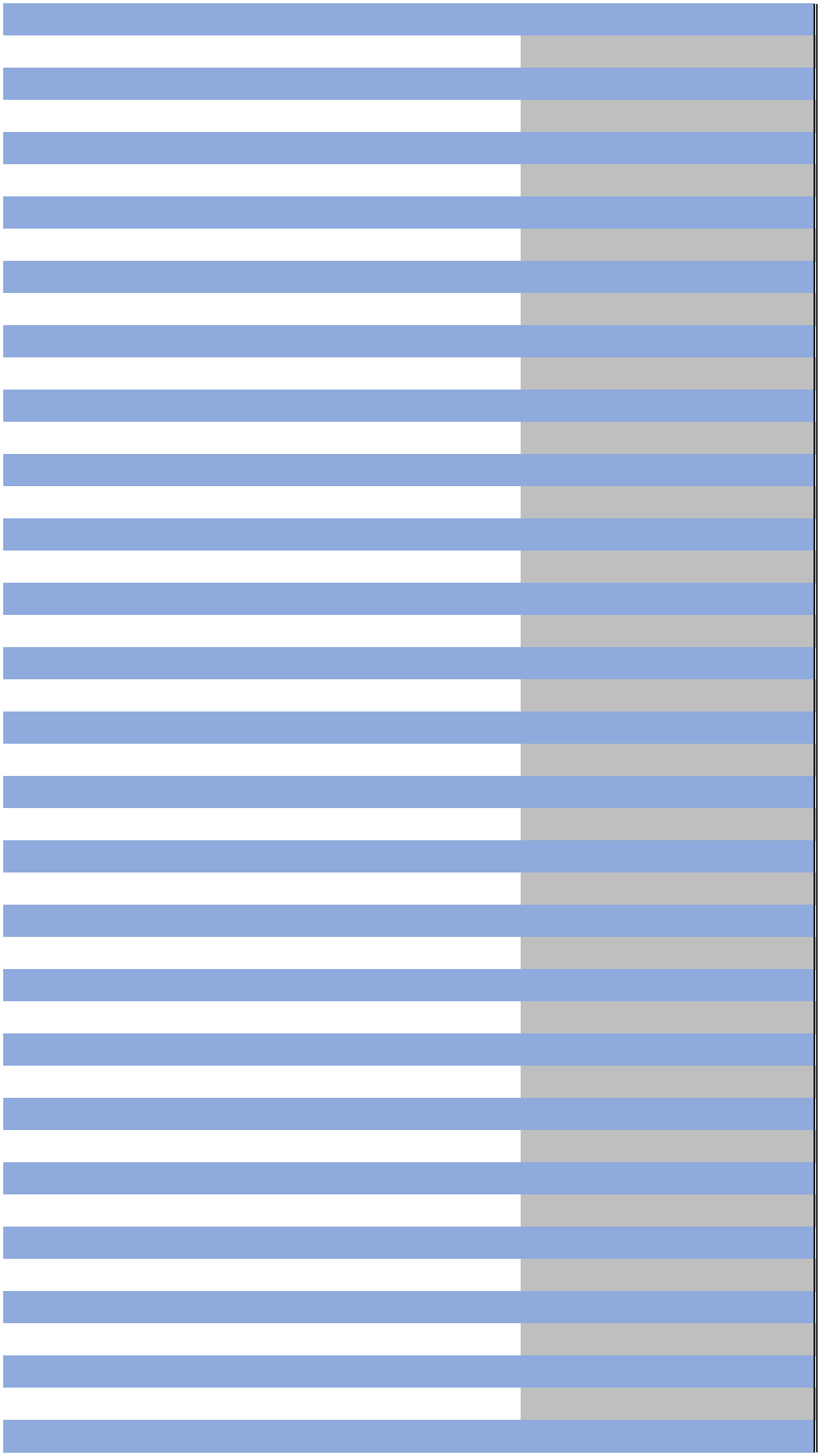


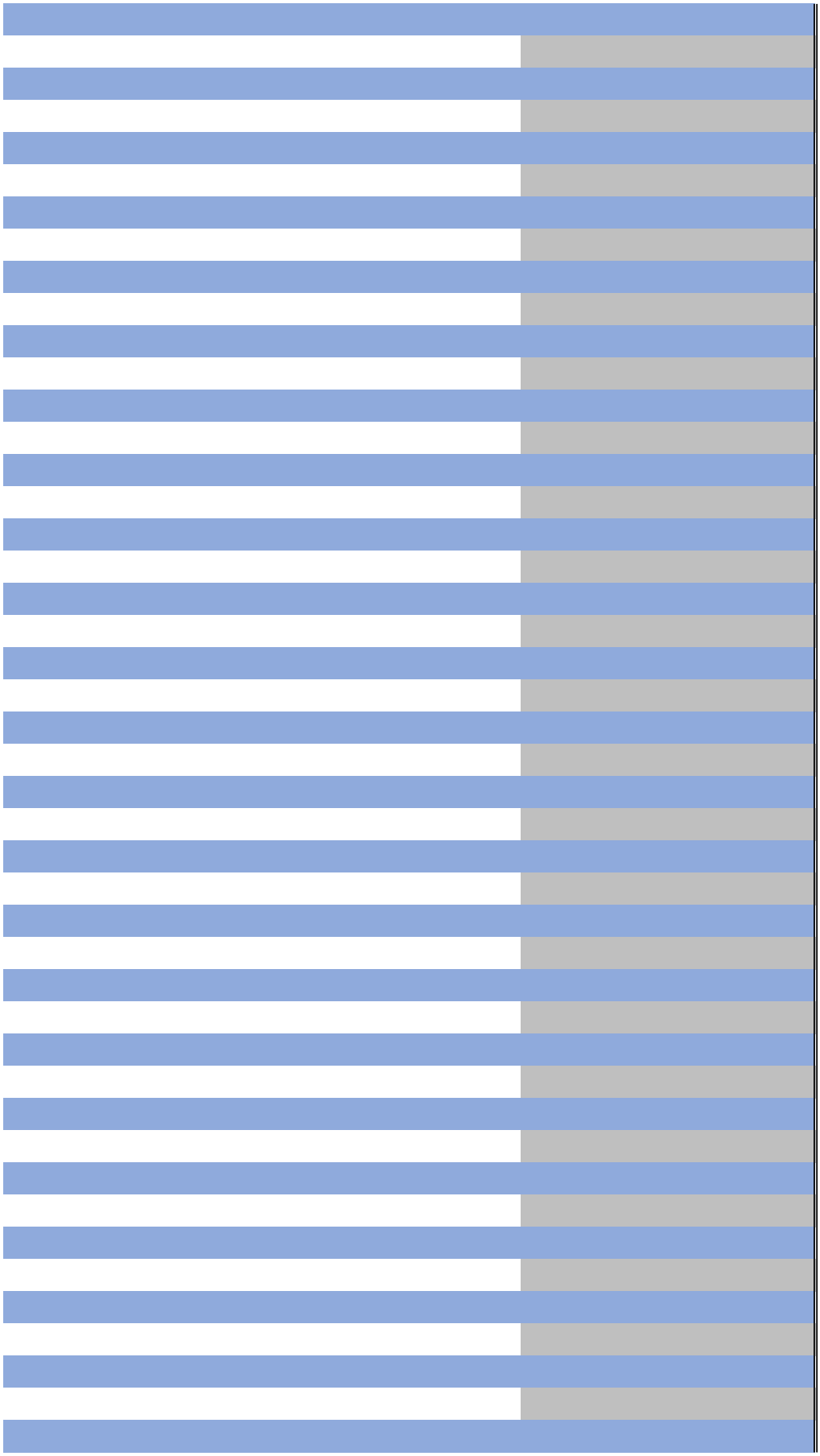


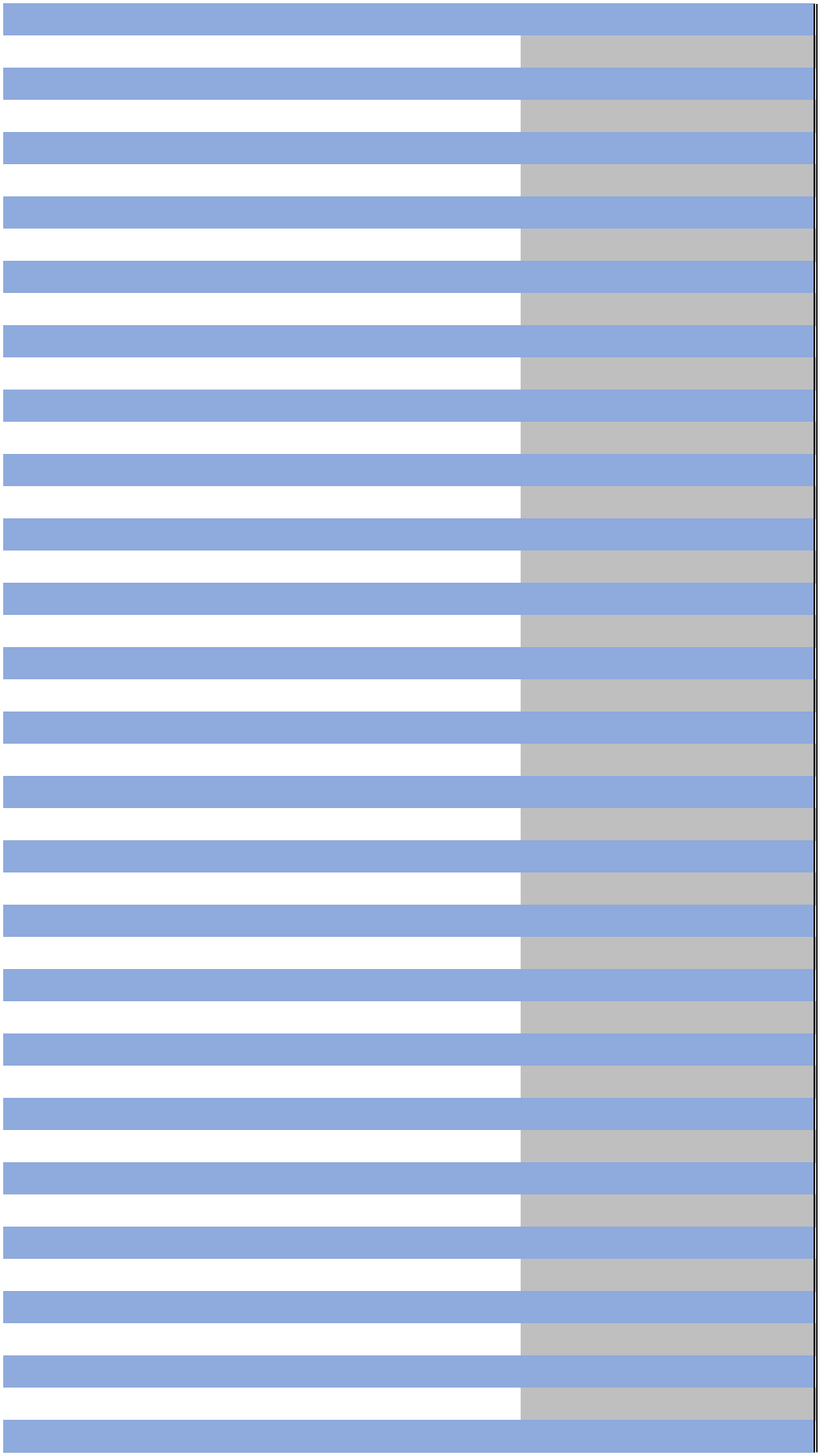


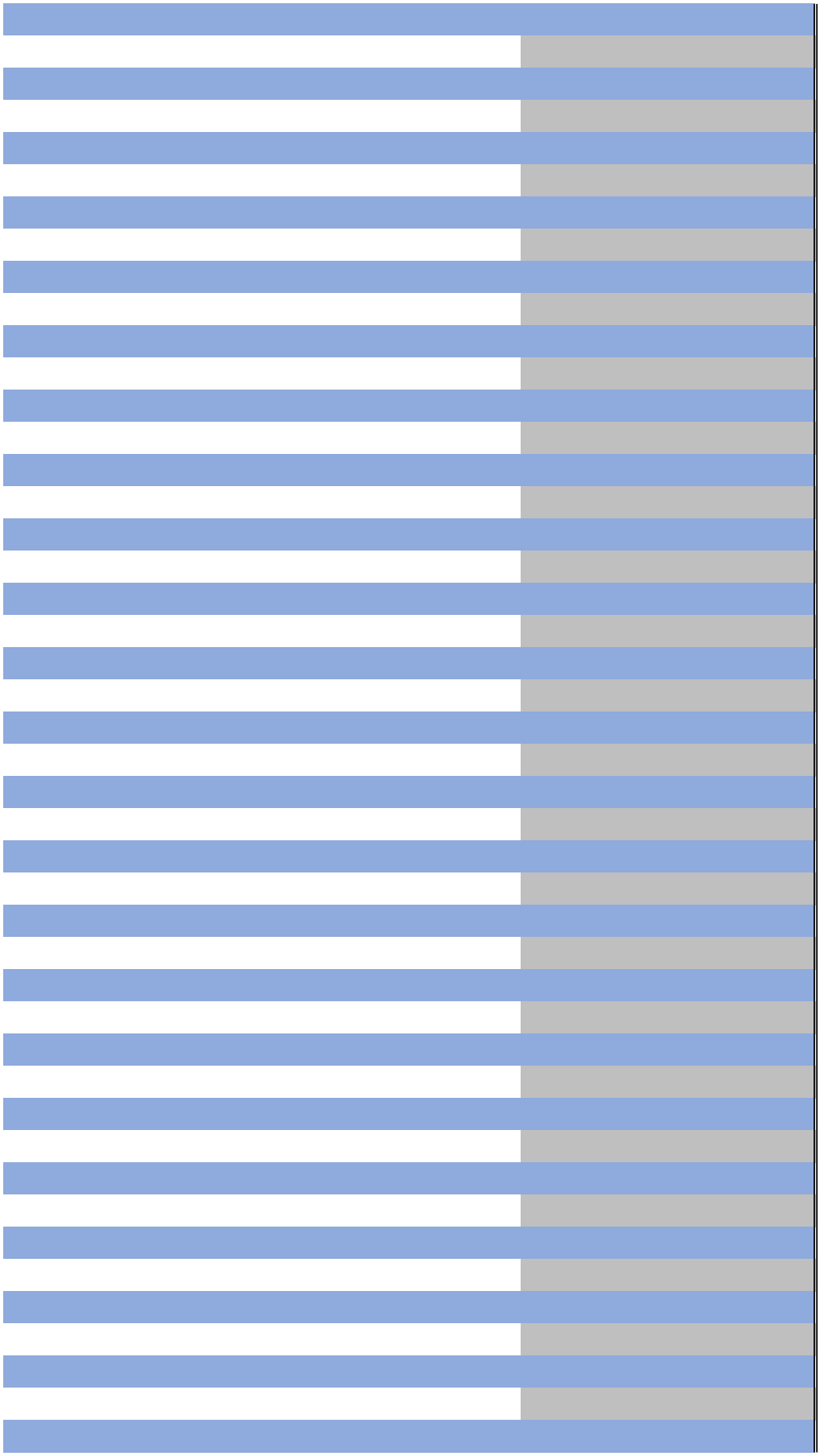


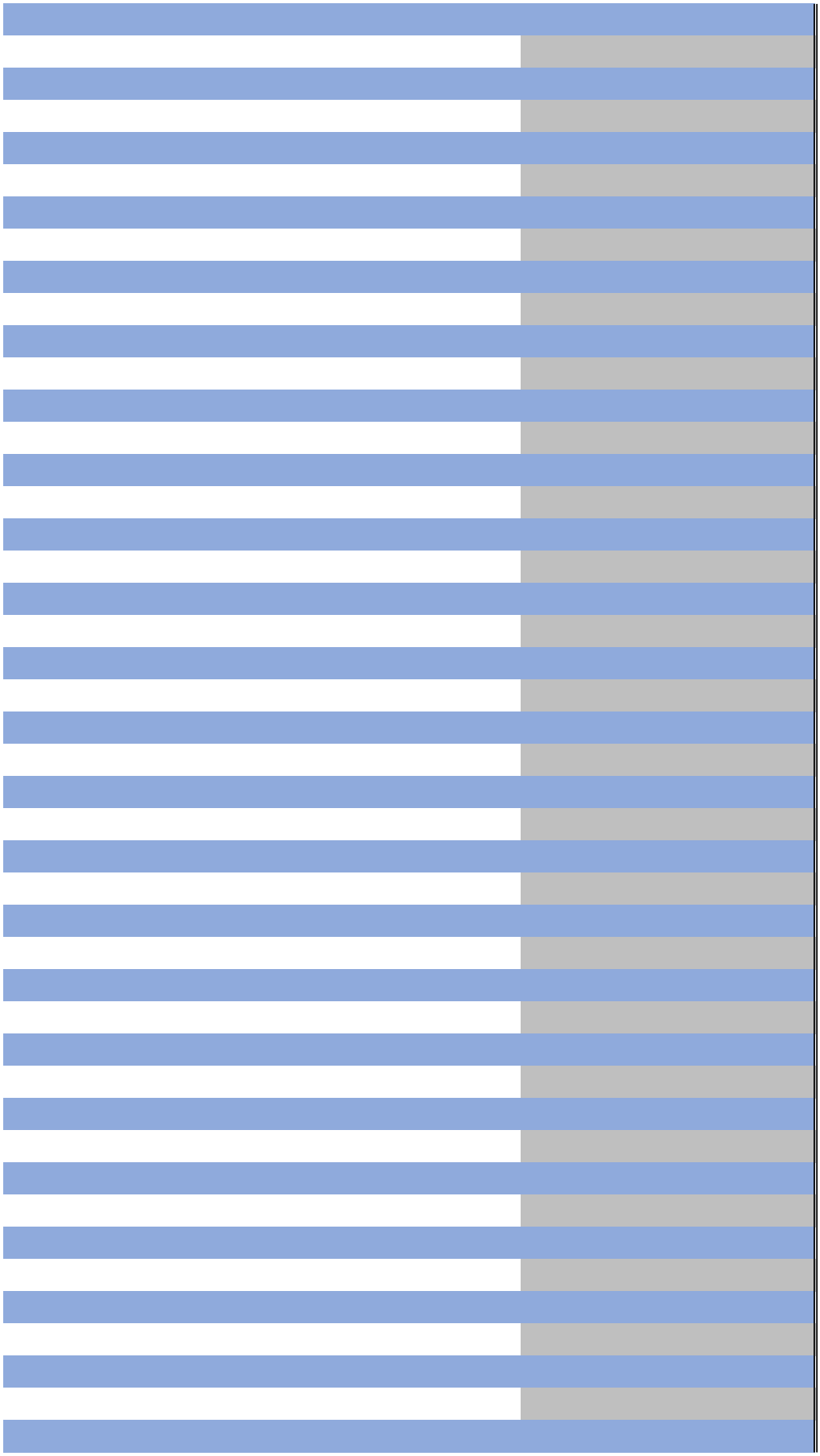


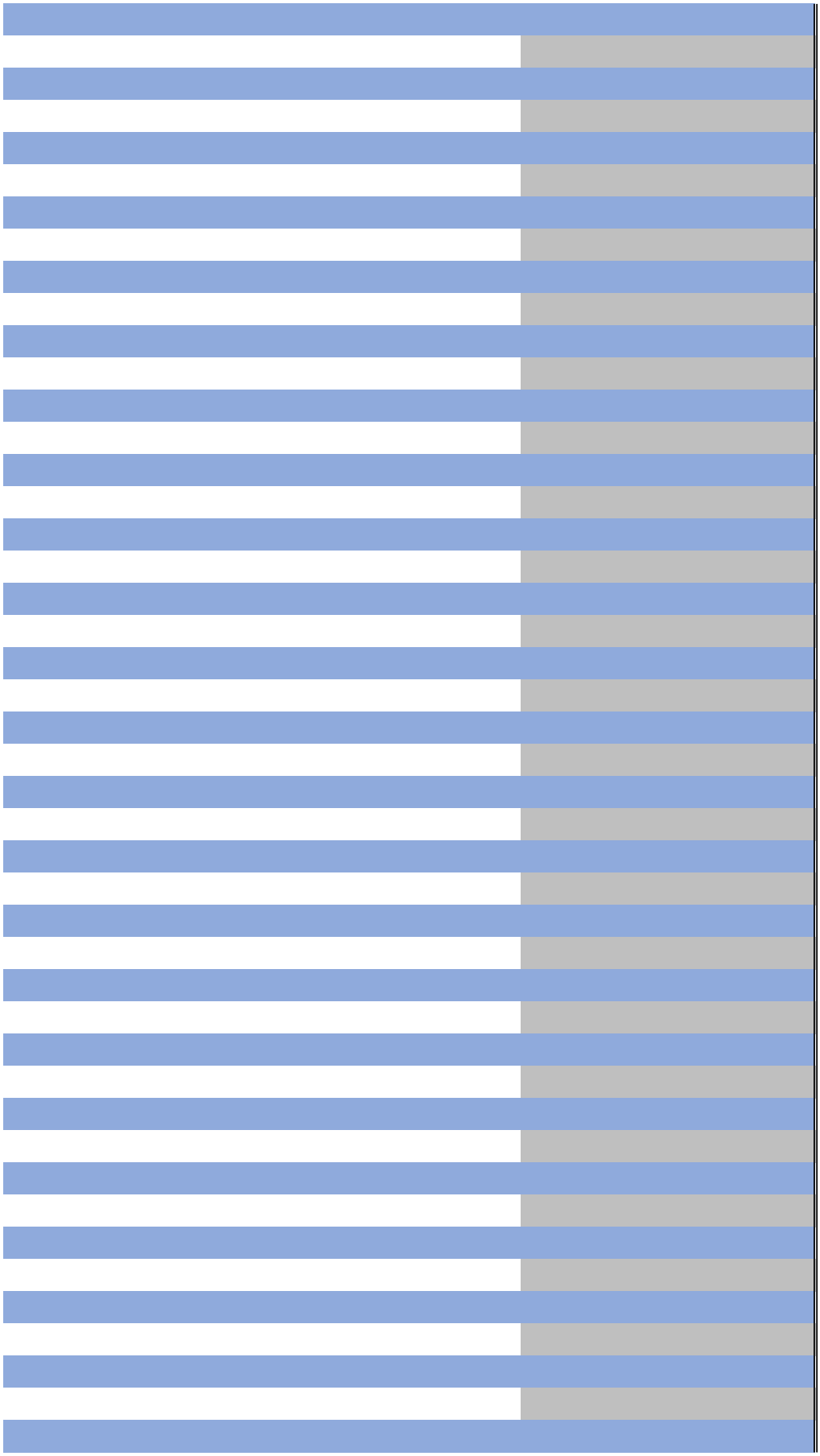


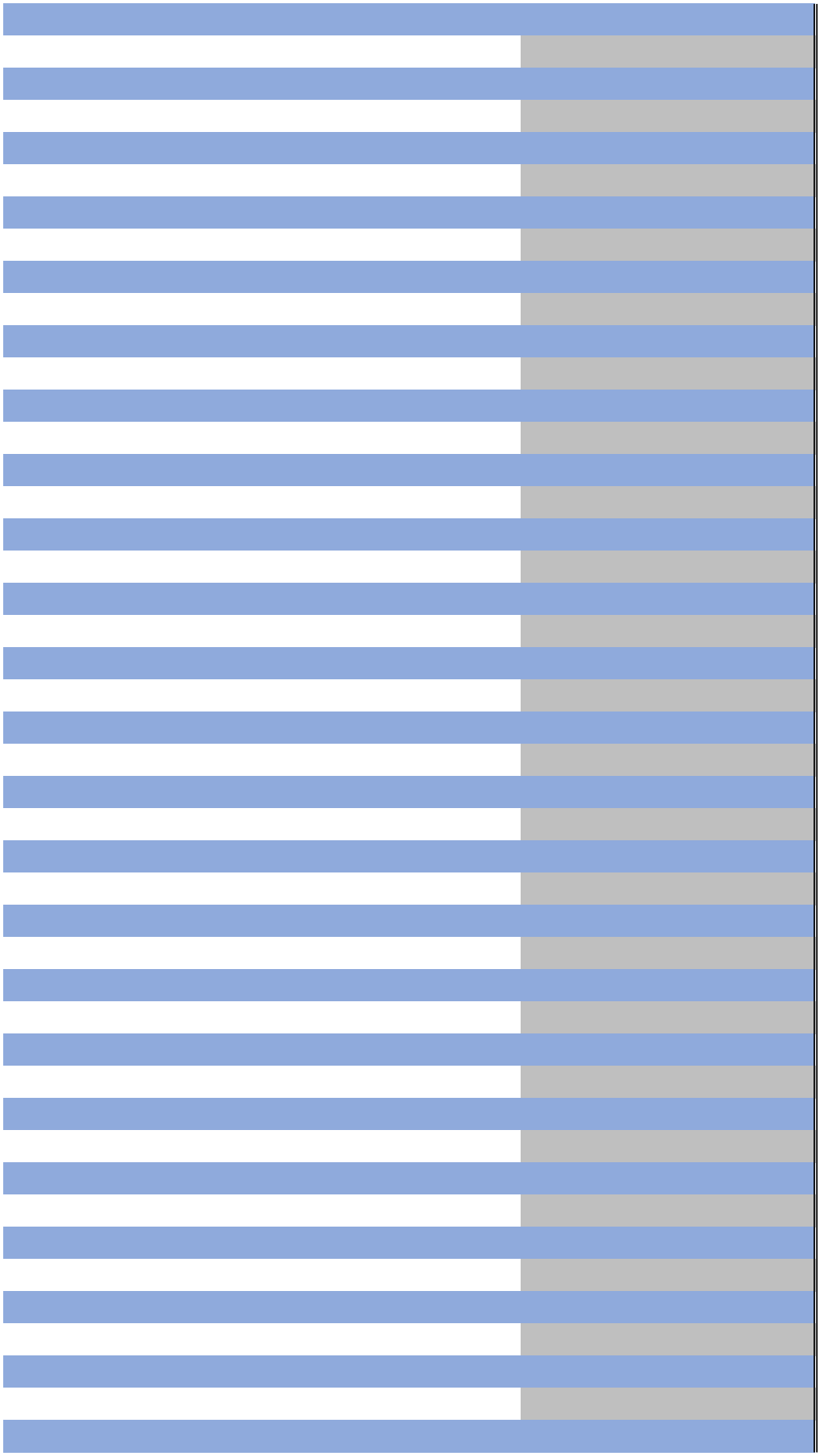


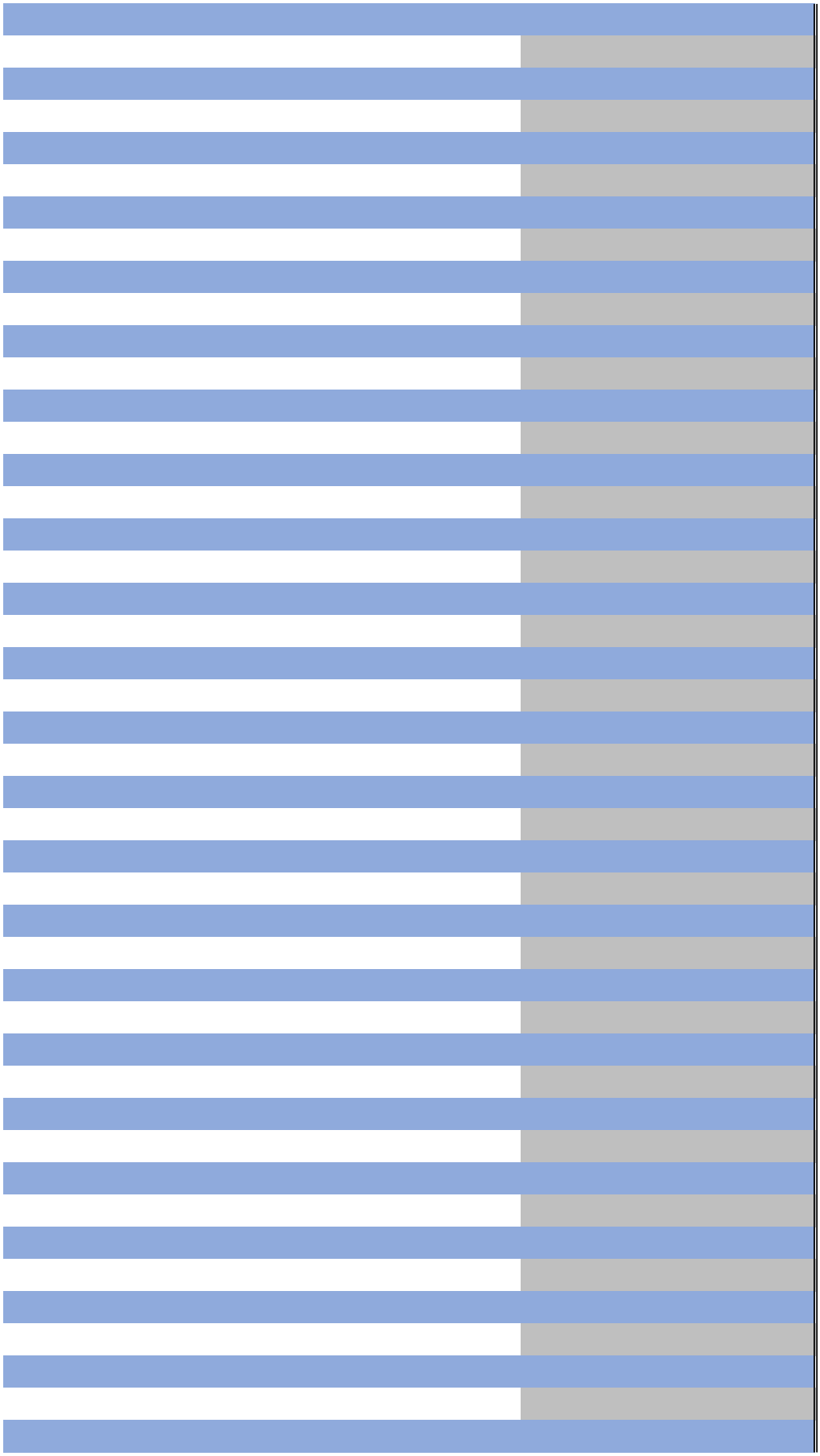


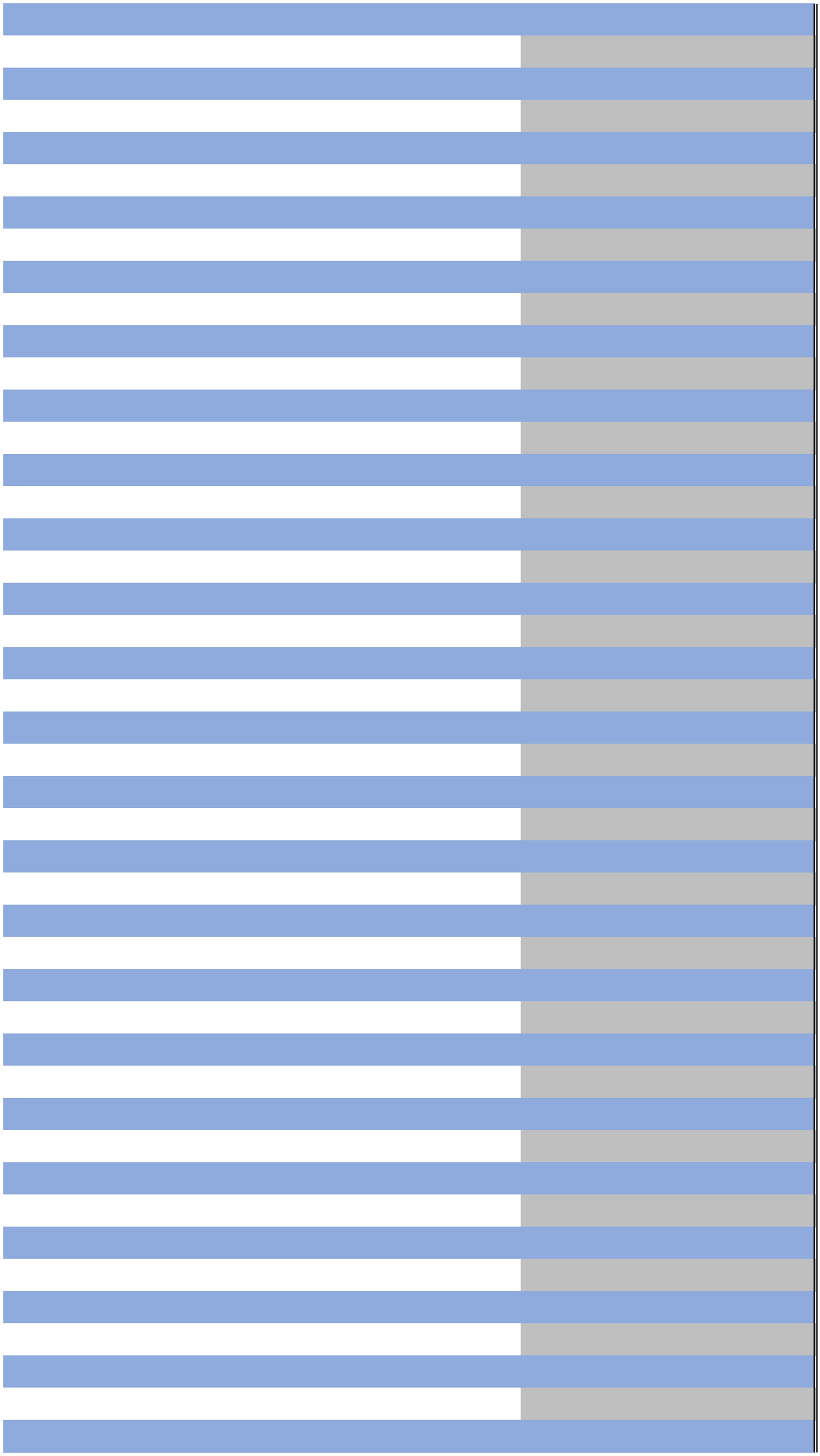


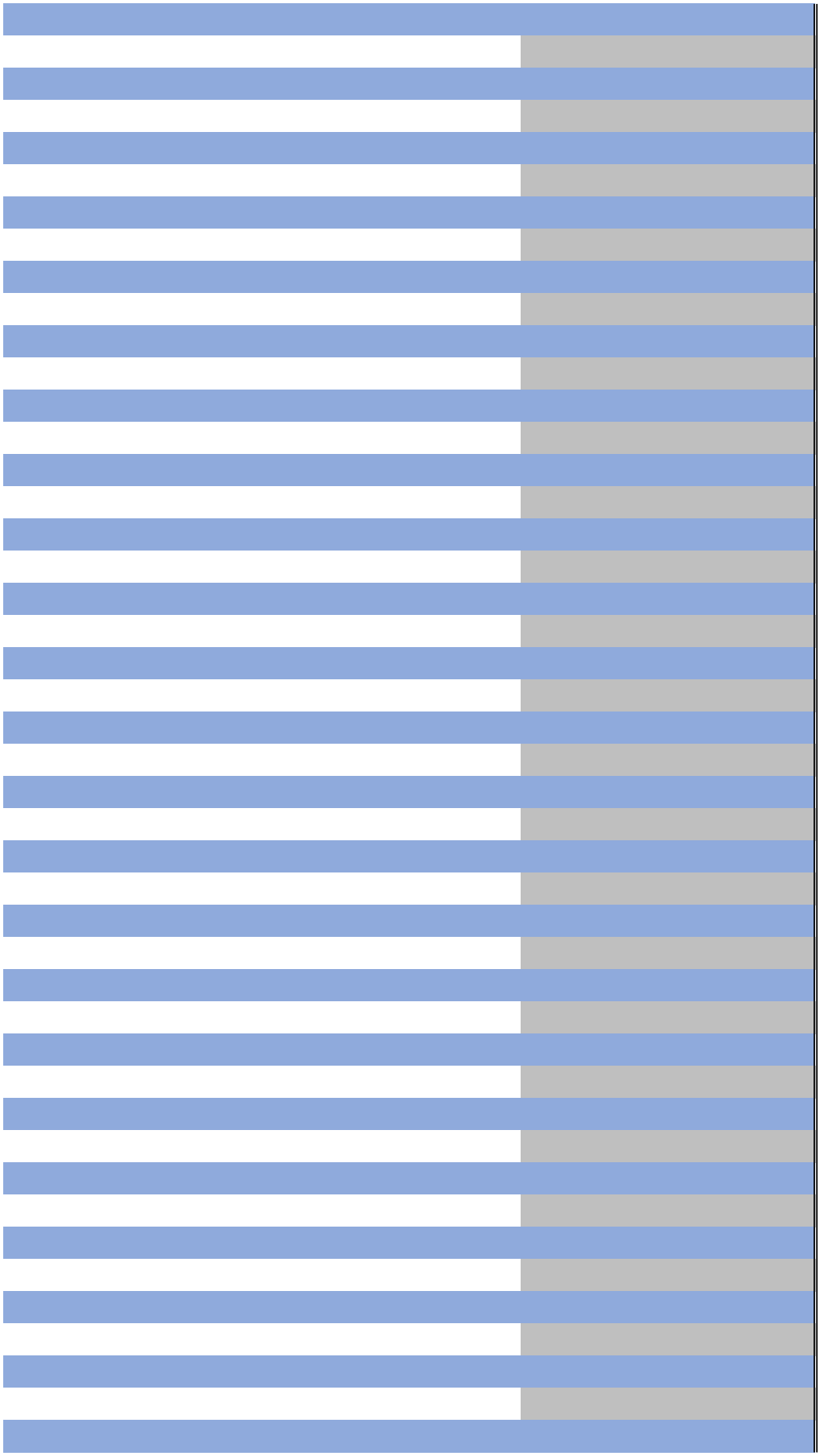


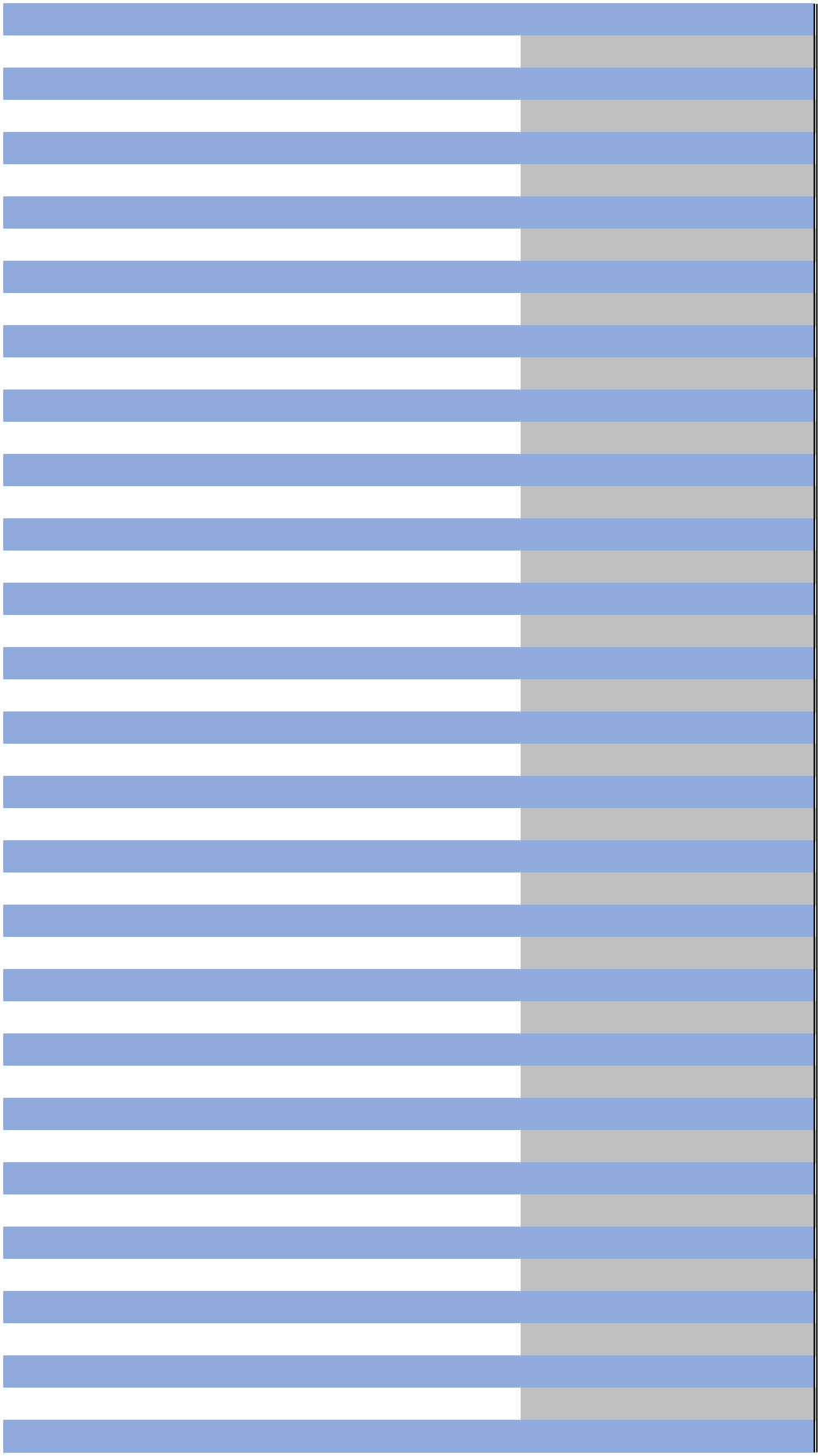


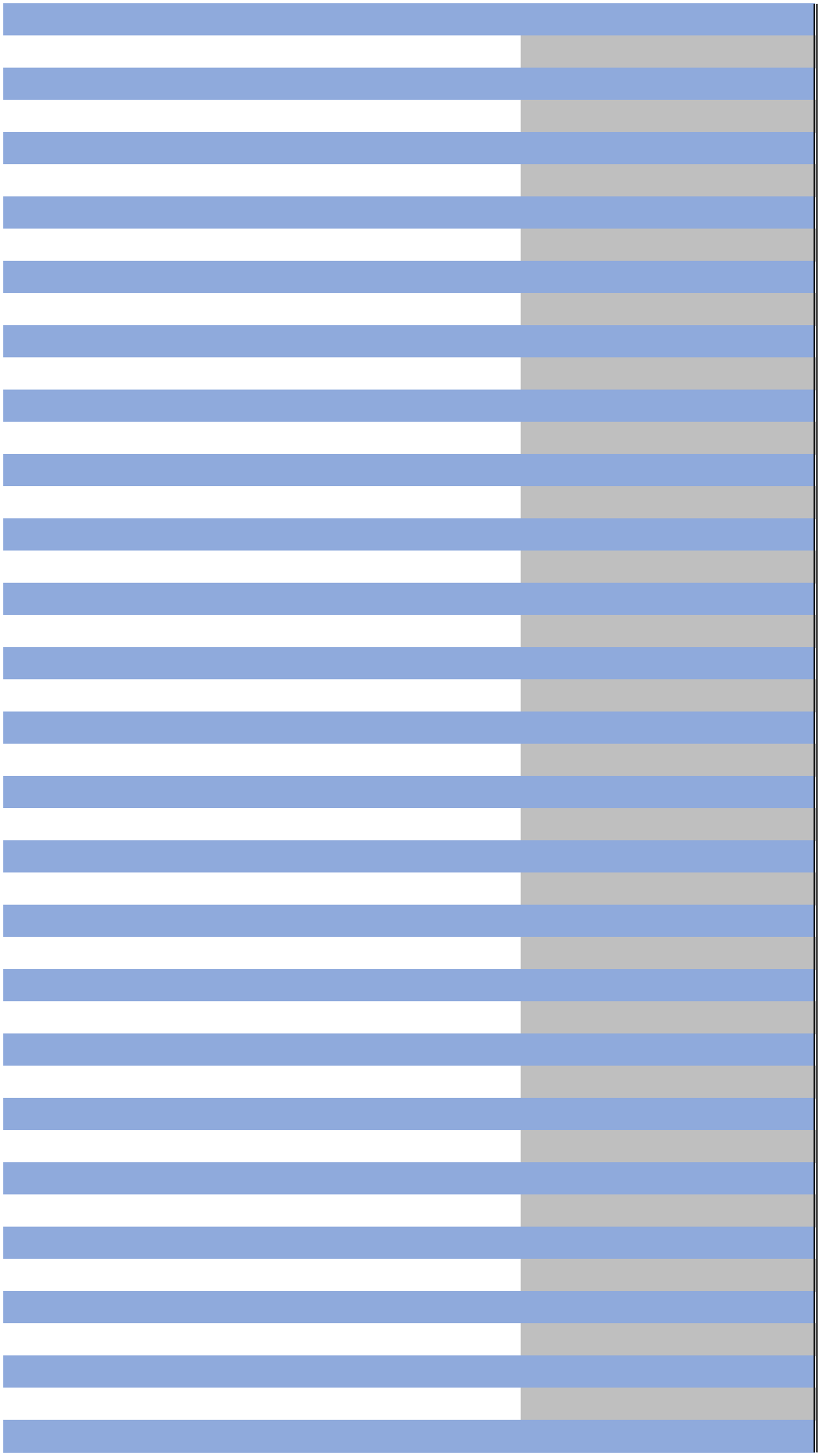


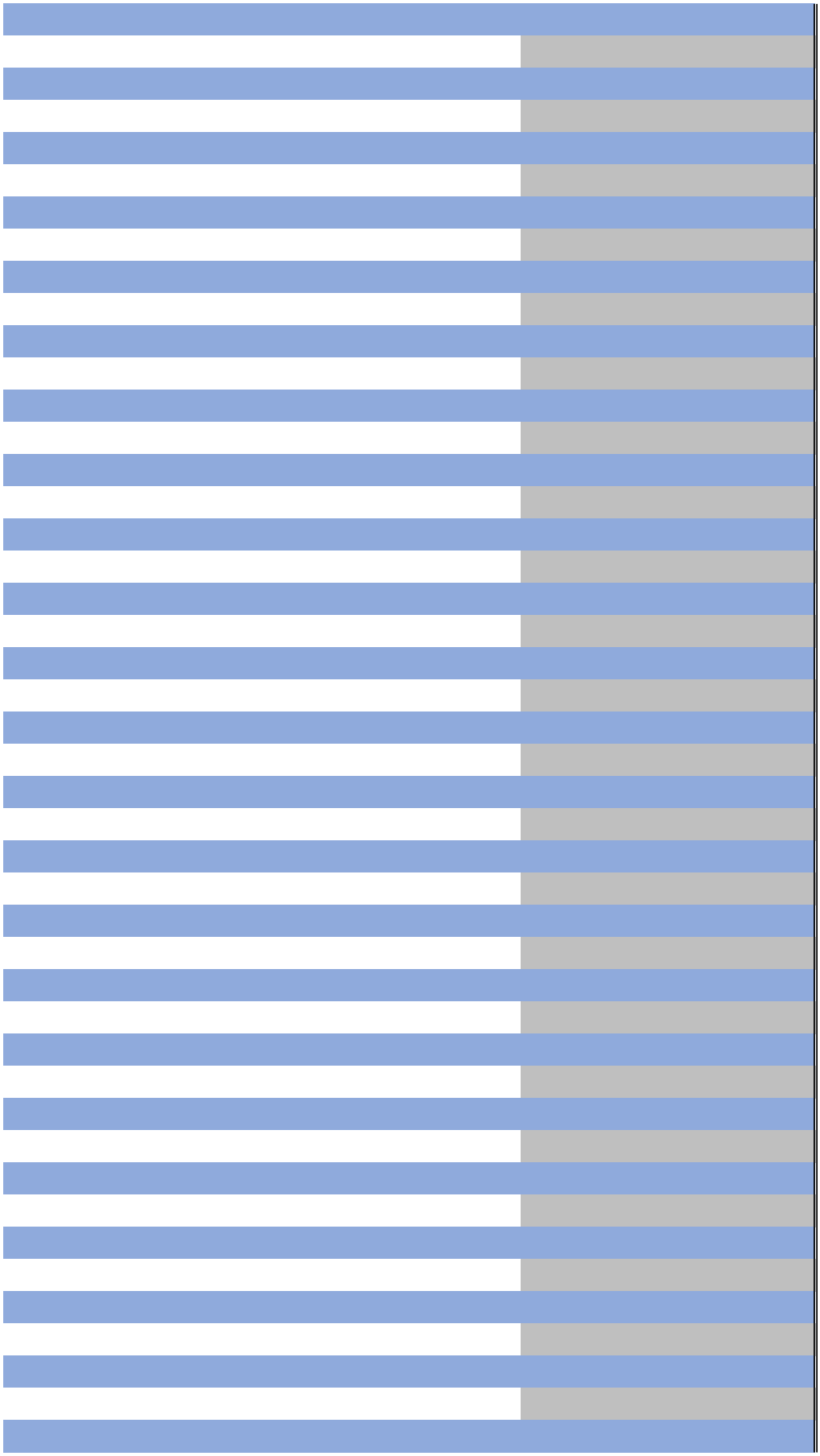


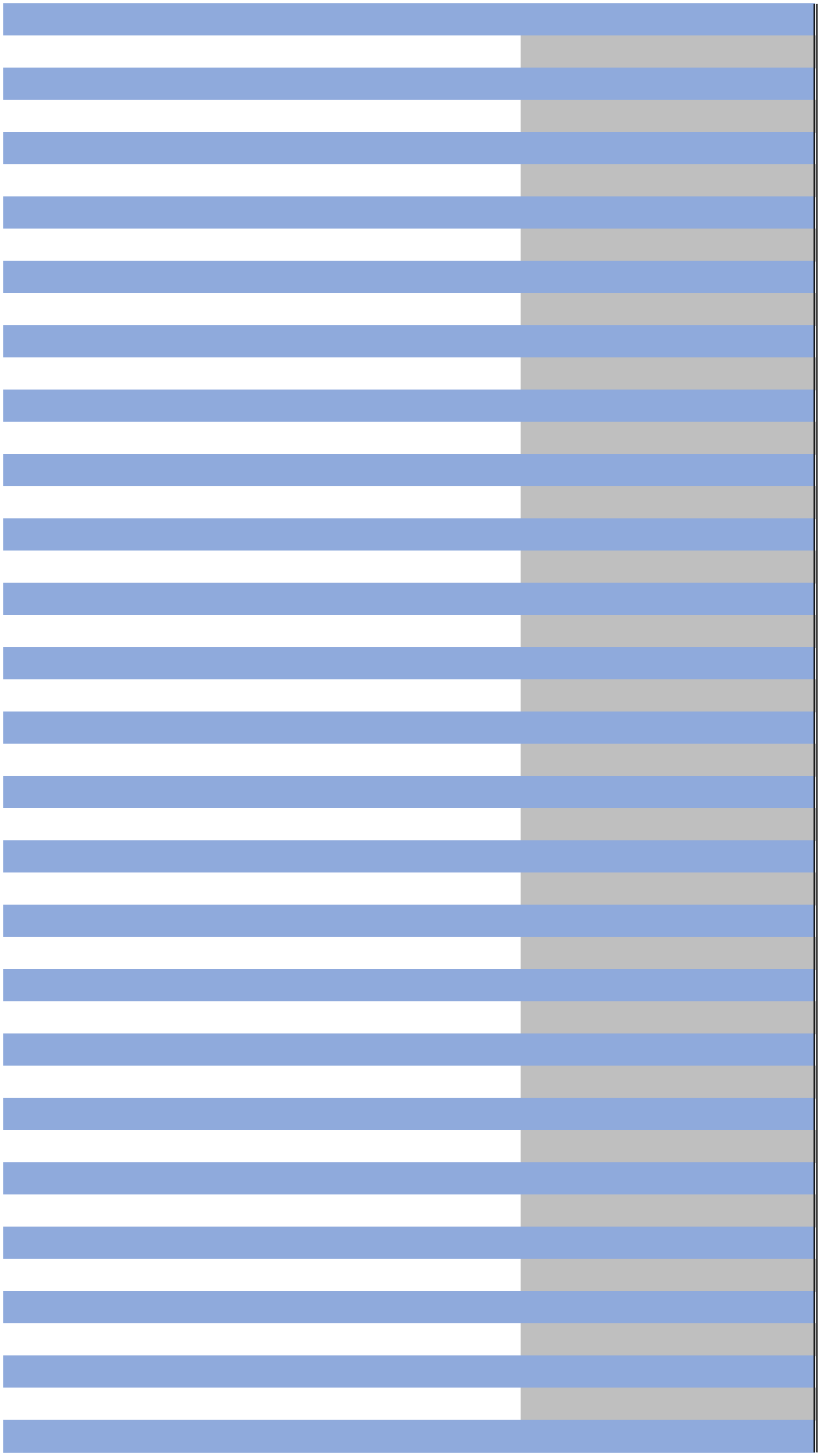


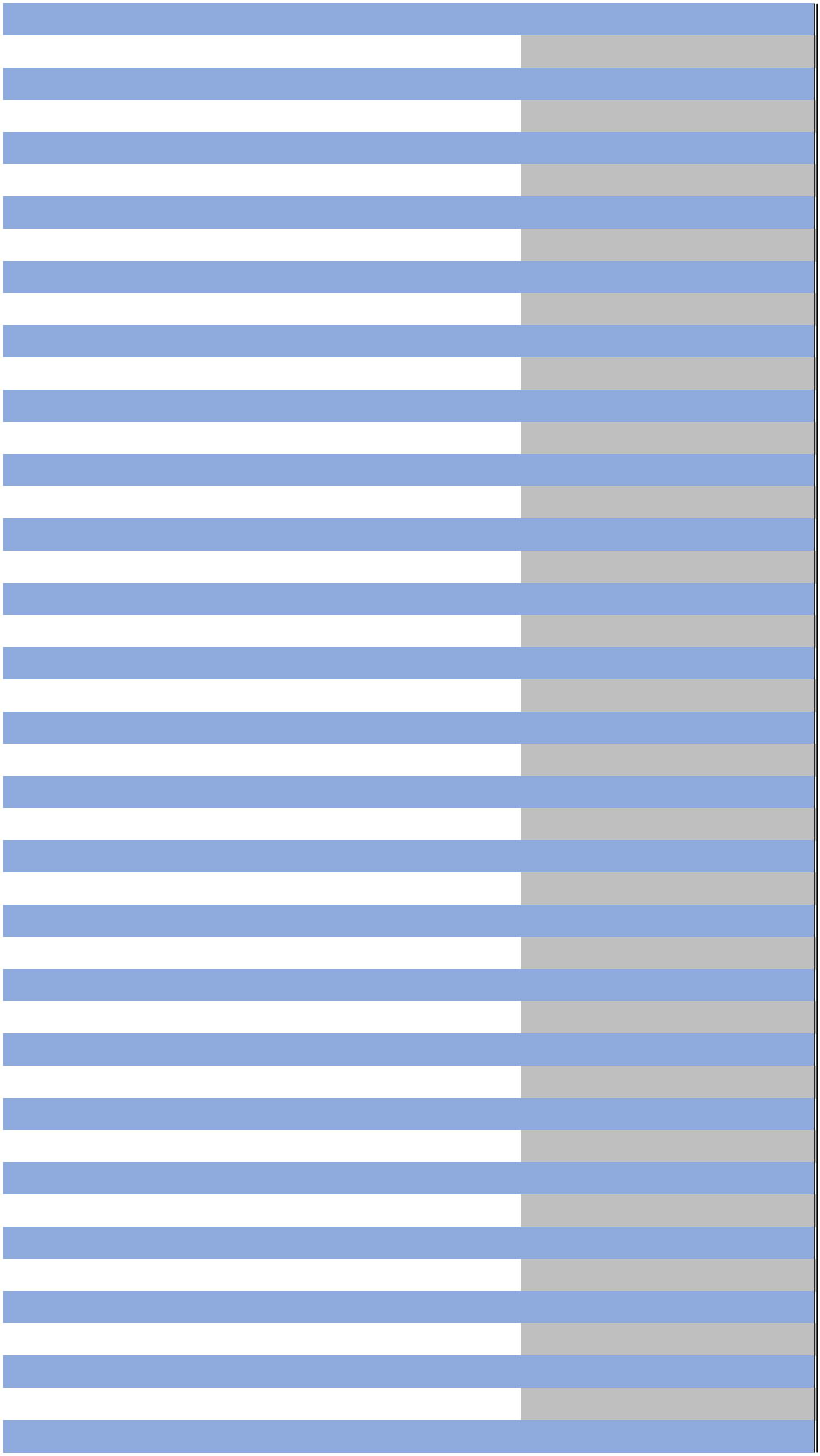


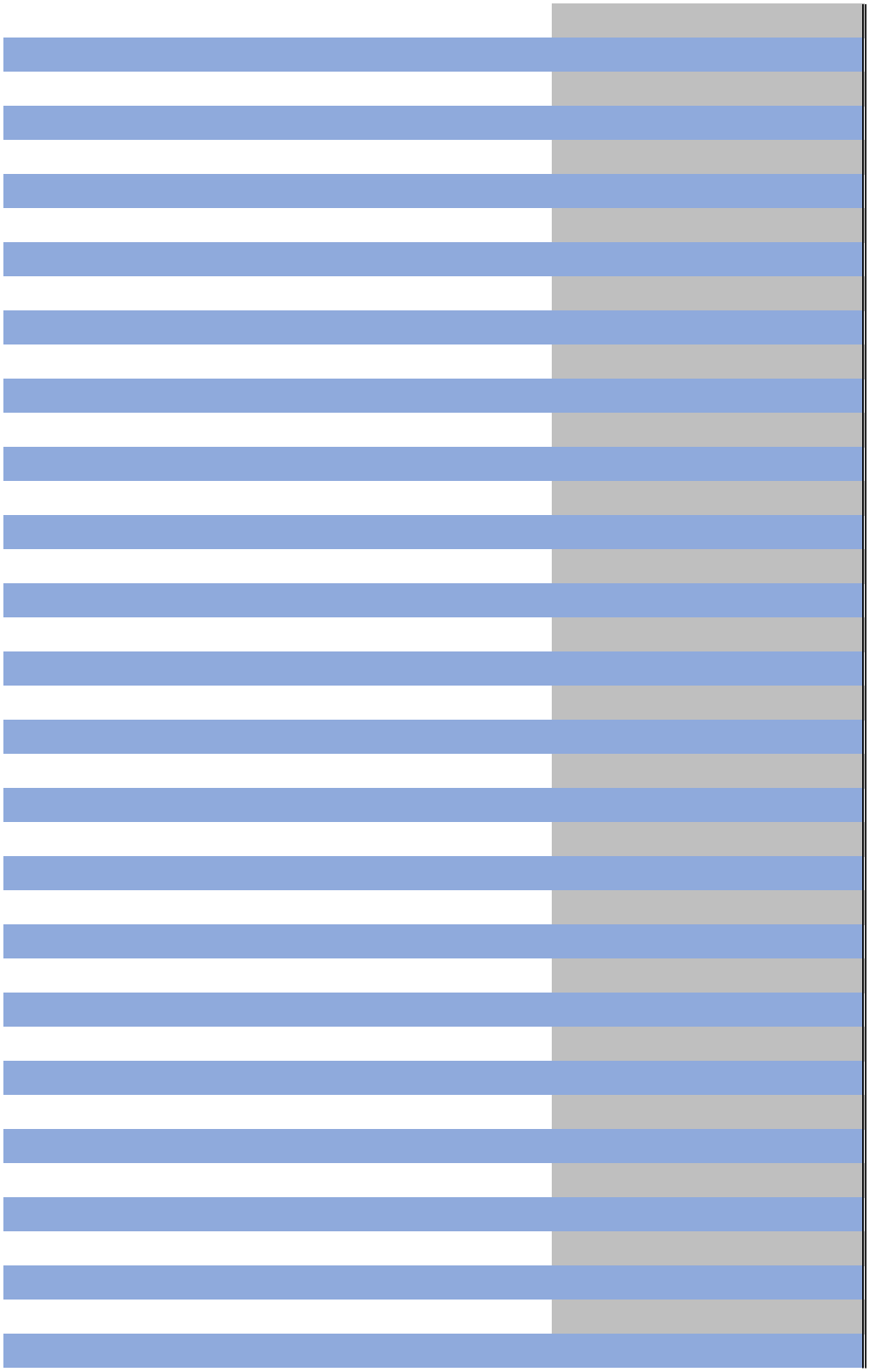






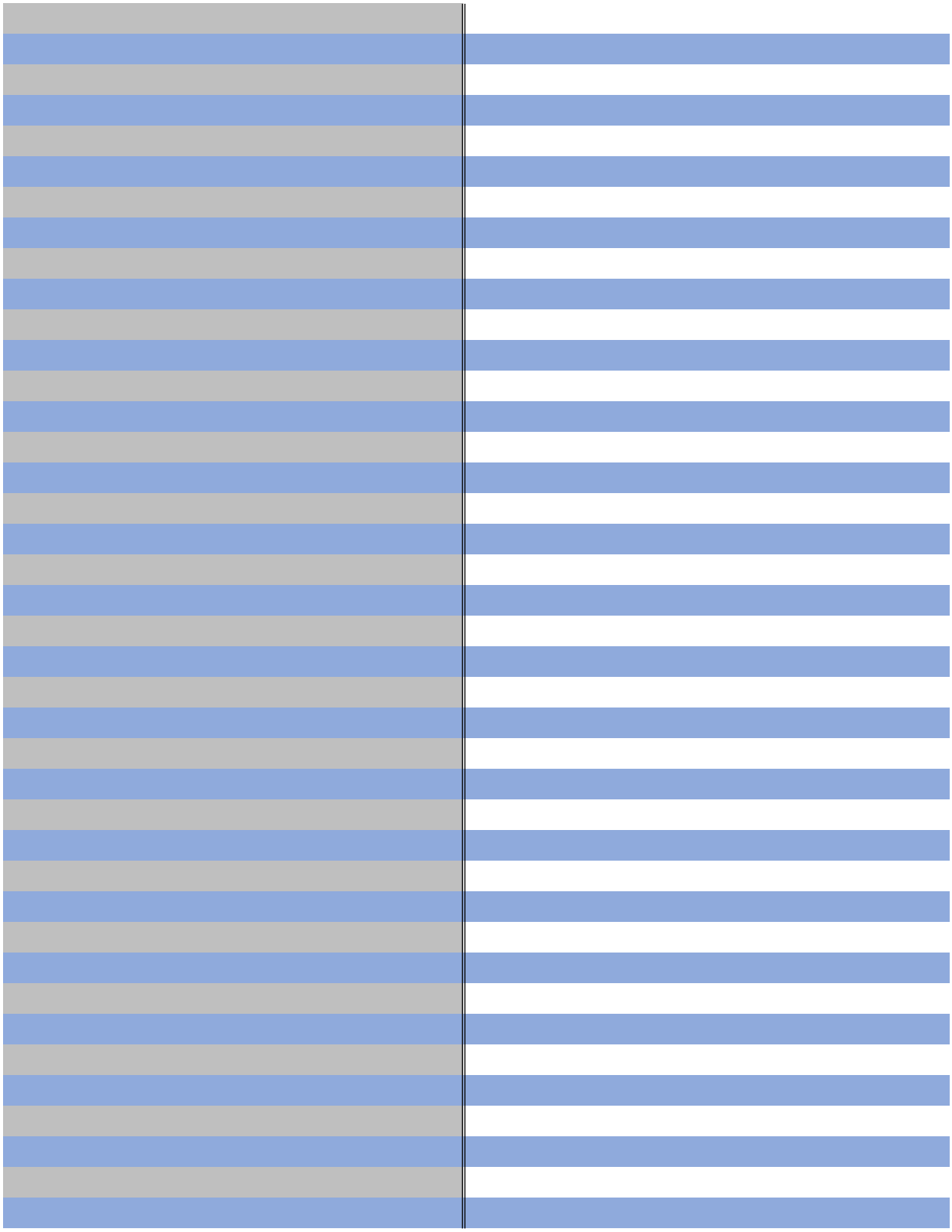




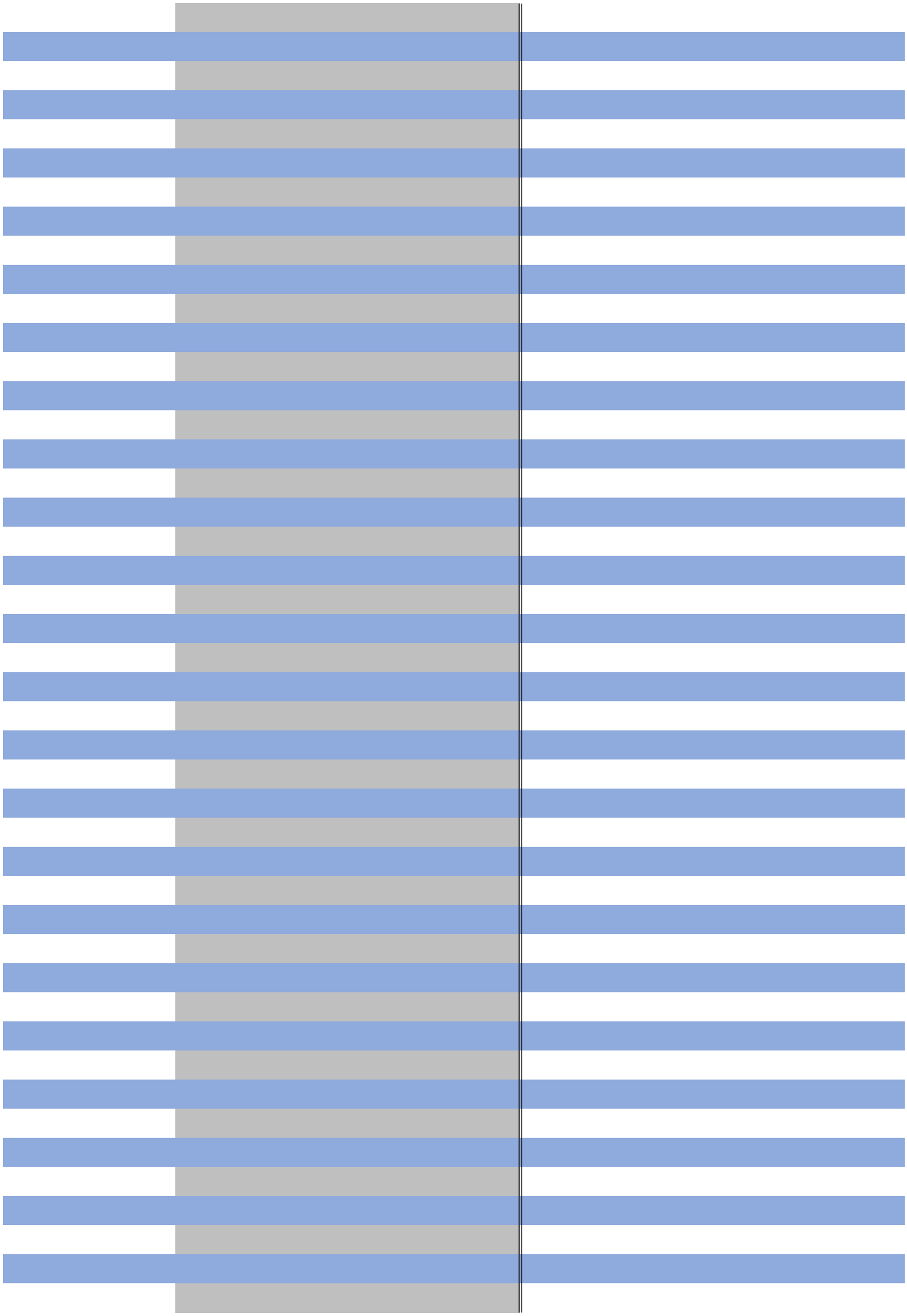


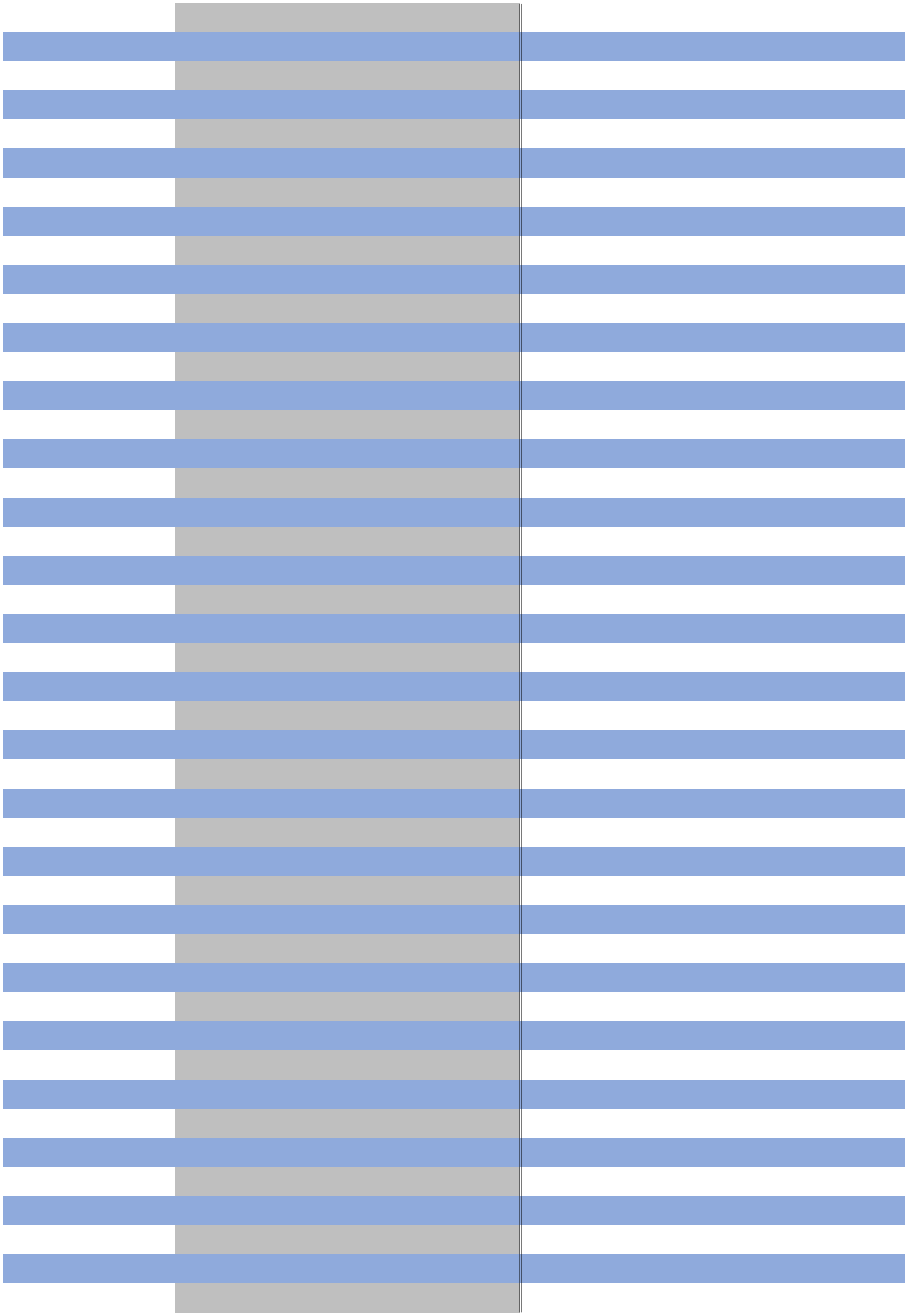
MCD Inflated Payment Info: (PIA) Medicaid Inflation Factor Type [307]	MCD Inflated Payment Info: (Required) Medicaid Inflation Factor [308]	MCD Inflated Payment Info: (Required) Other Adjustment to Medicaid Payments [309]

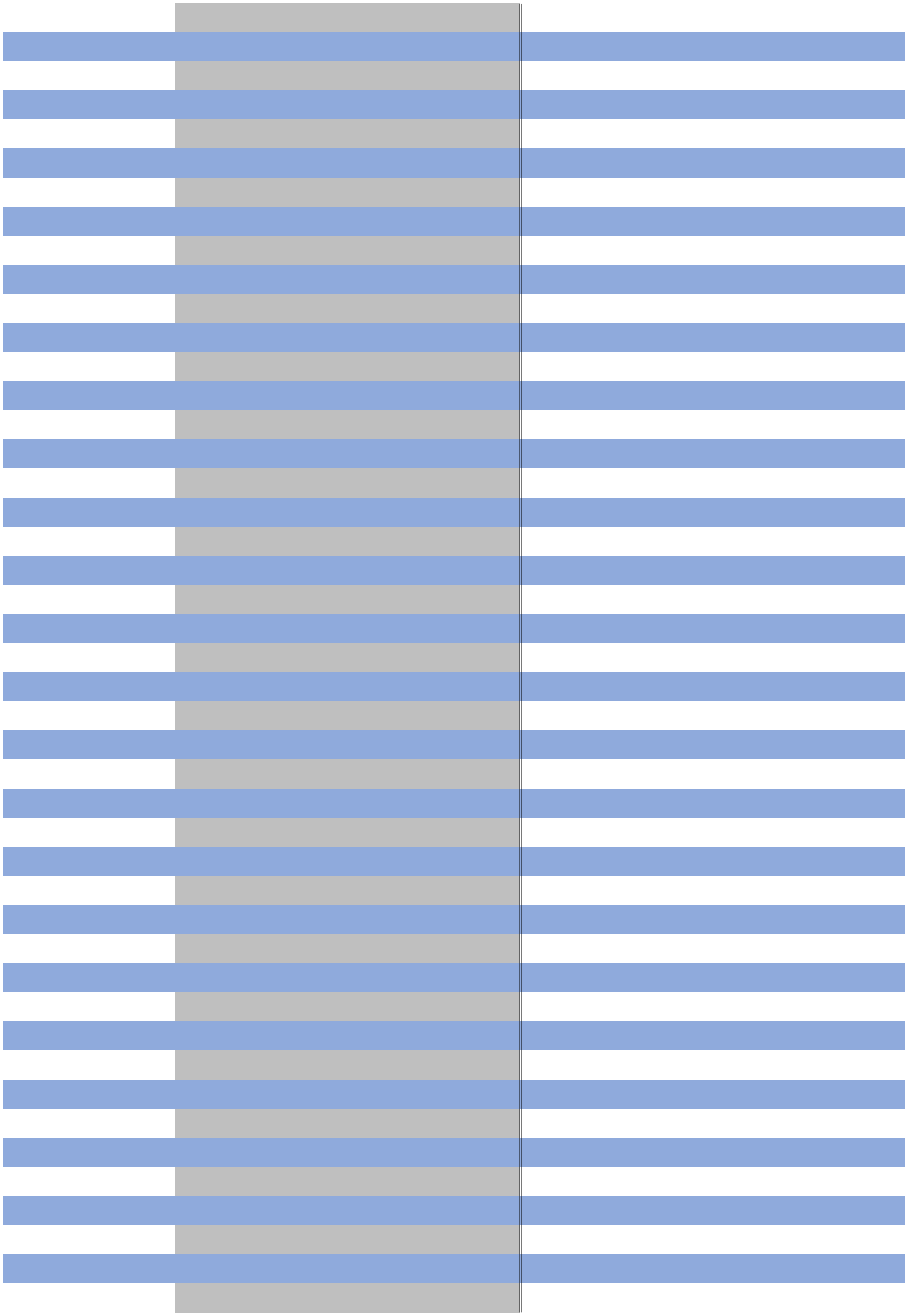
MCD Inflated Payment Info: (Calculated) Inflated and Adjusted Medicaid Payment Per Diem [315]	MCD Inflated Payment Info: (Calculated) Total Medicaid Payments [316]	UPL Calc Info: (PIA) UPL Inflation Factor Type [404]

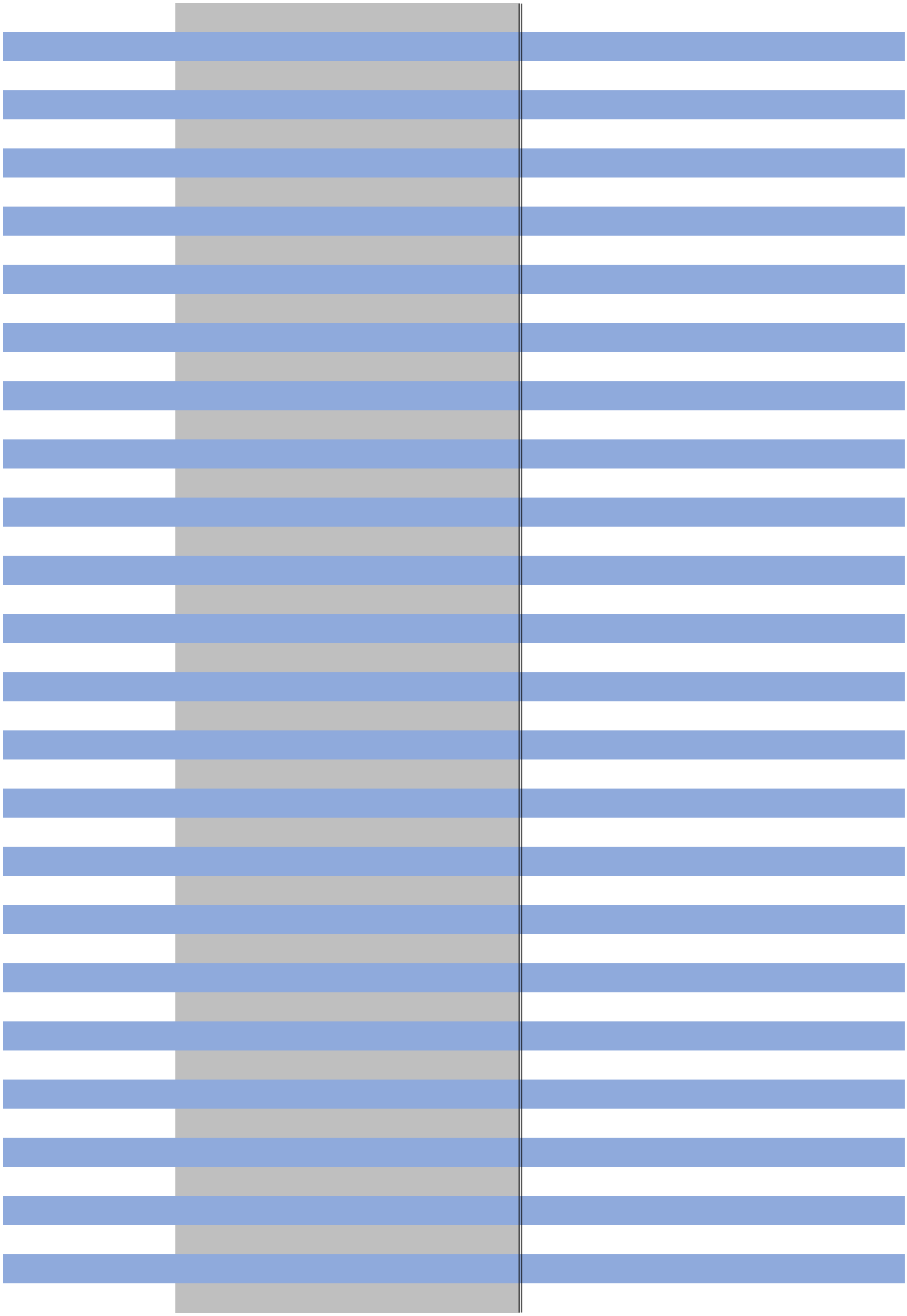


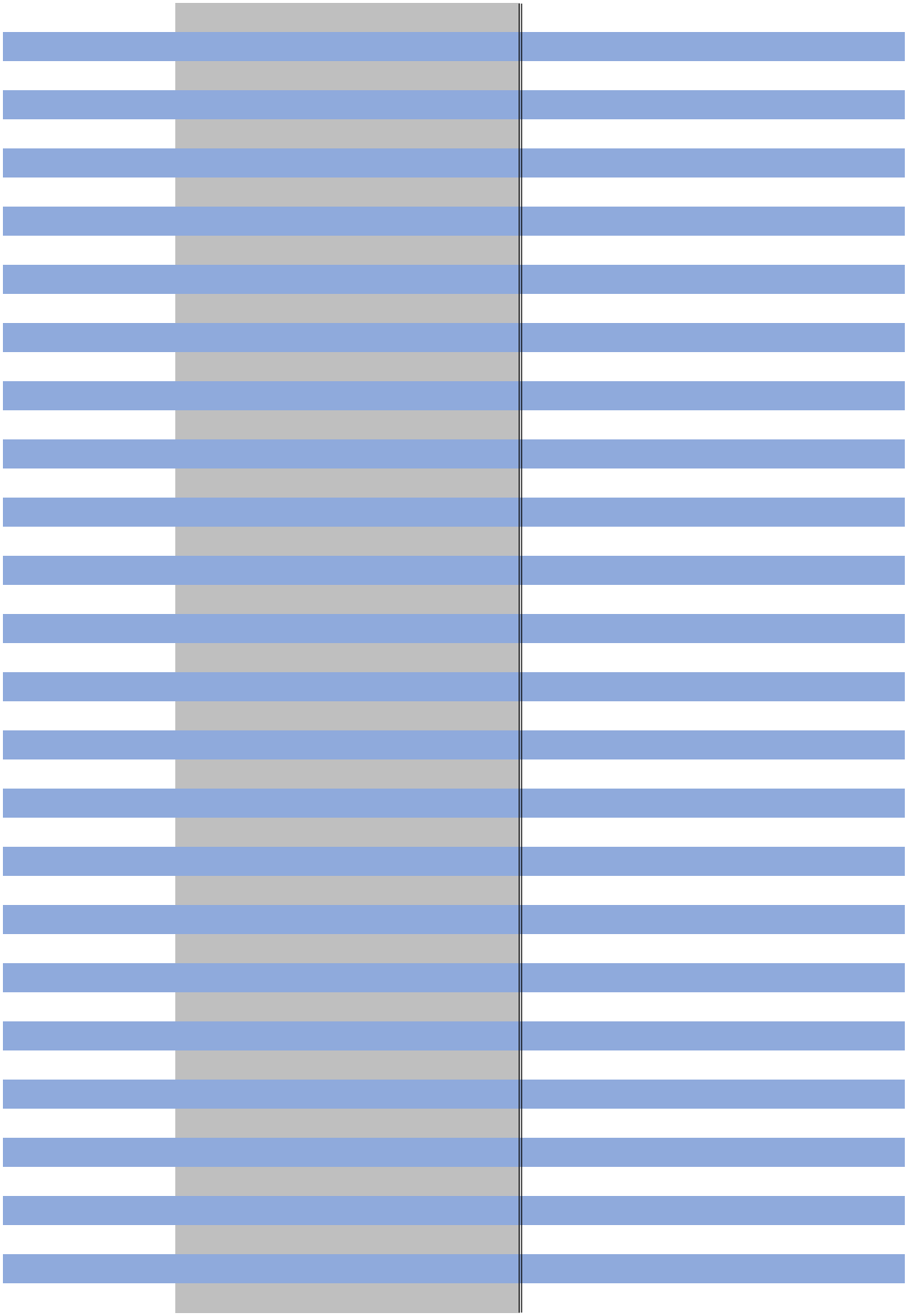
UPL Calc Info: (Required) UPL Inflation Factor [405]	UPL Calc Info: (Calculated) Inflated UPL Per Diem [400]	UPL Calc Info: (Calculated) Inflated UPL Amount [406]	UPL Adjustment Info: (Required) Medicaid Provider Tax Cost [401]	UPL Adjustment Info: (Required) Other Adjustments to the UPL Amount [402]

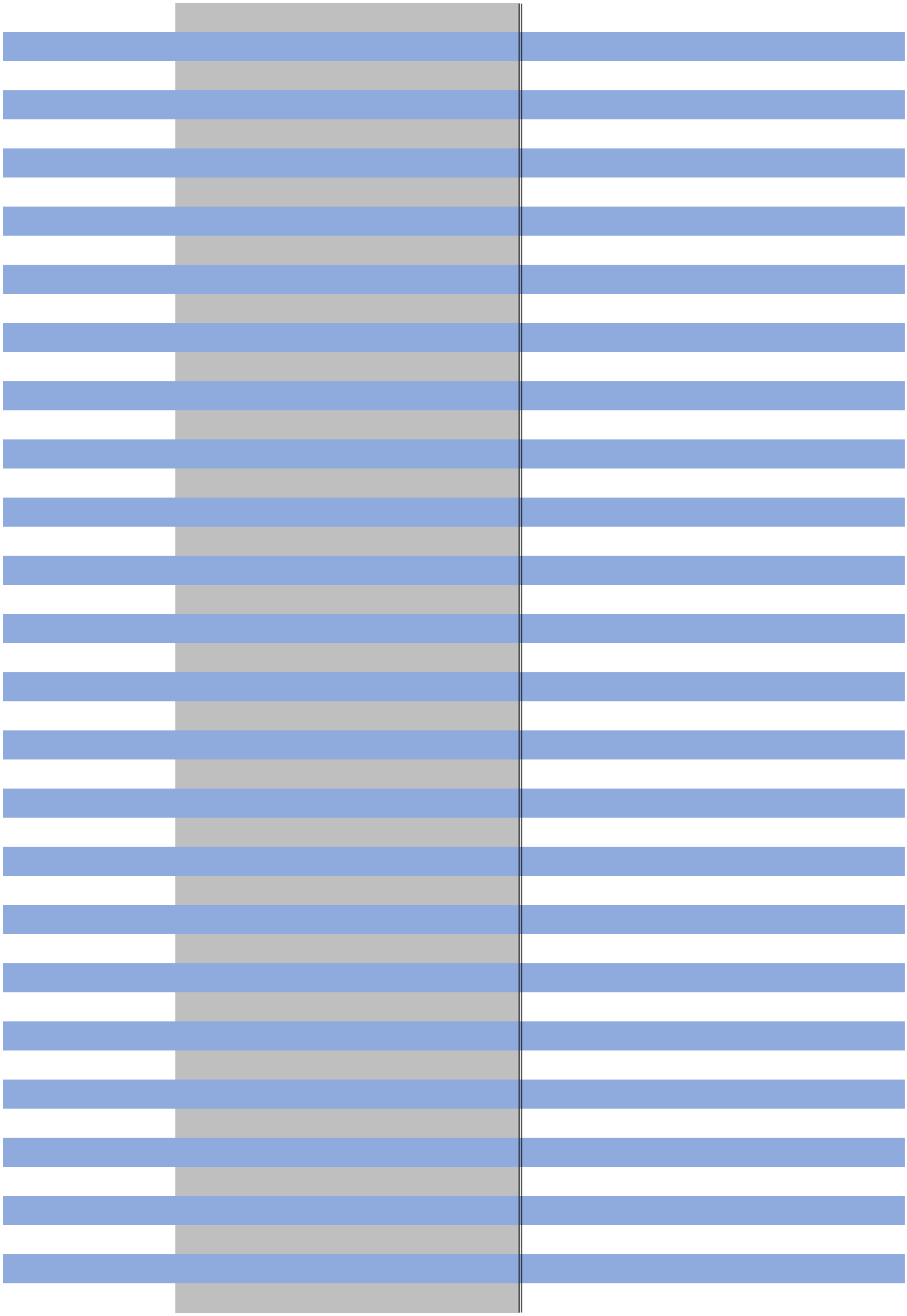


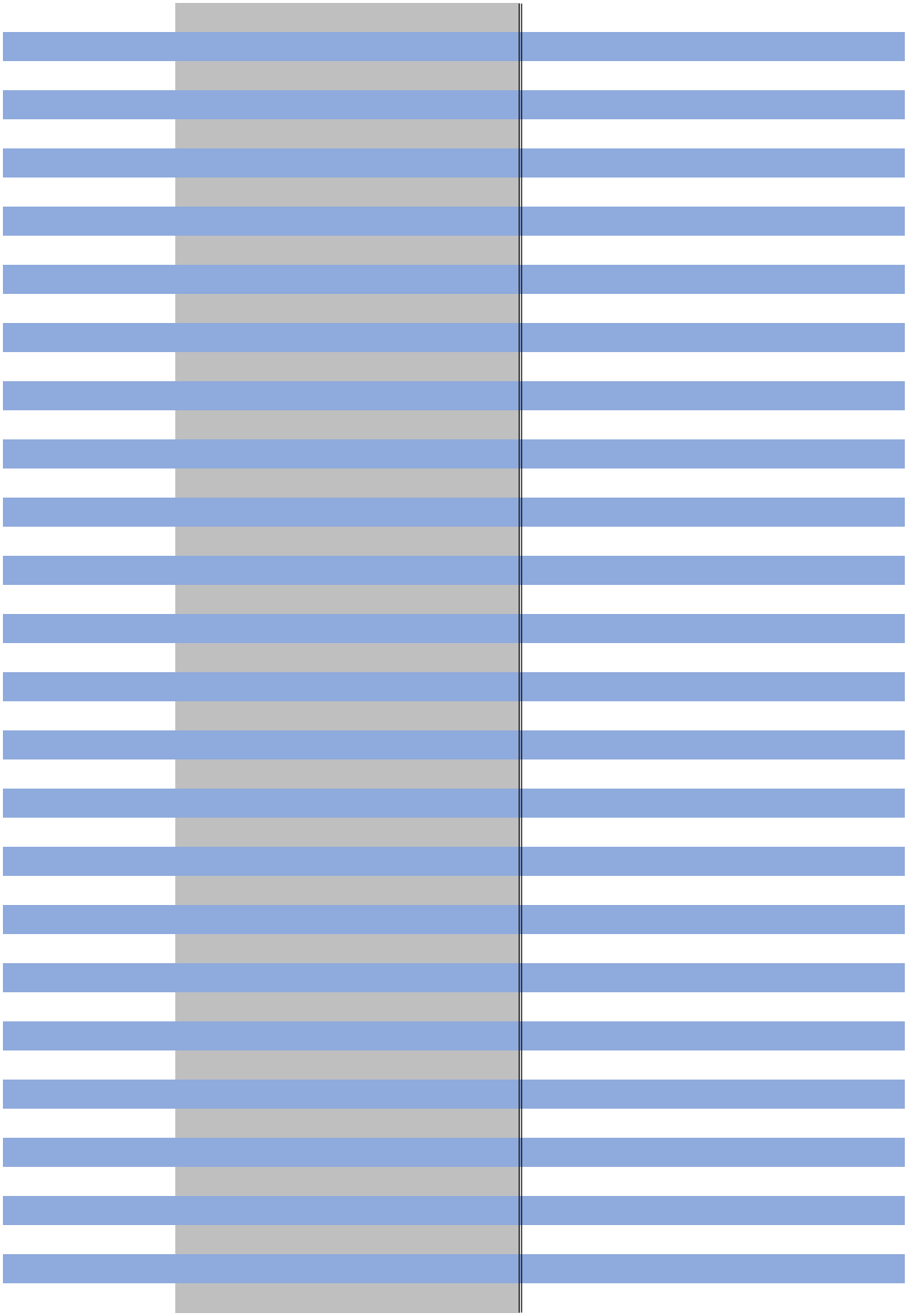


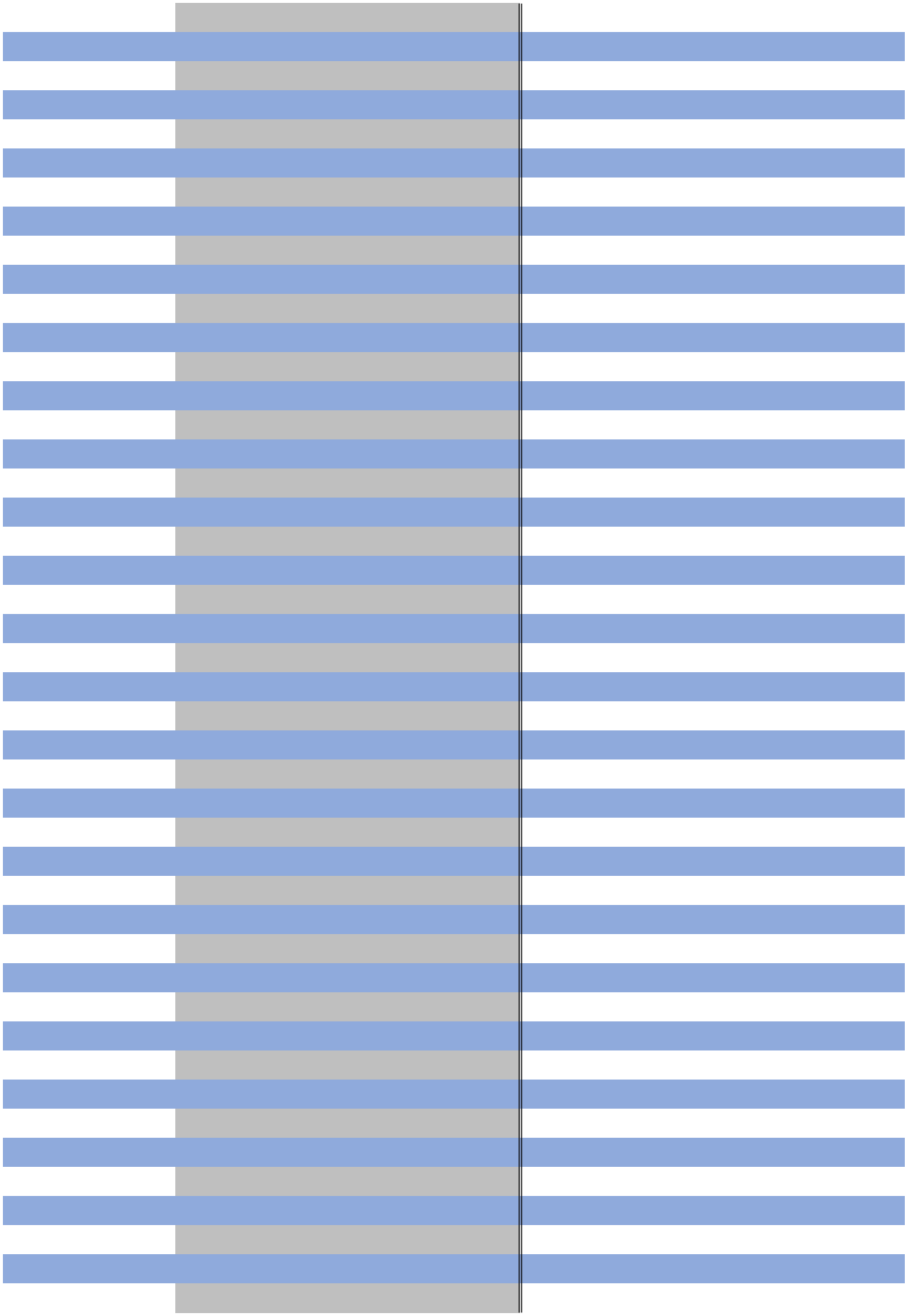


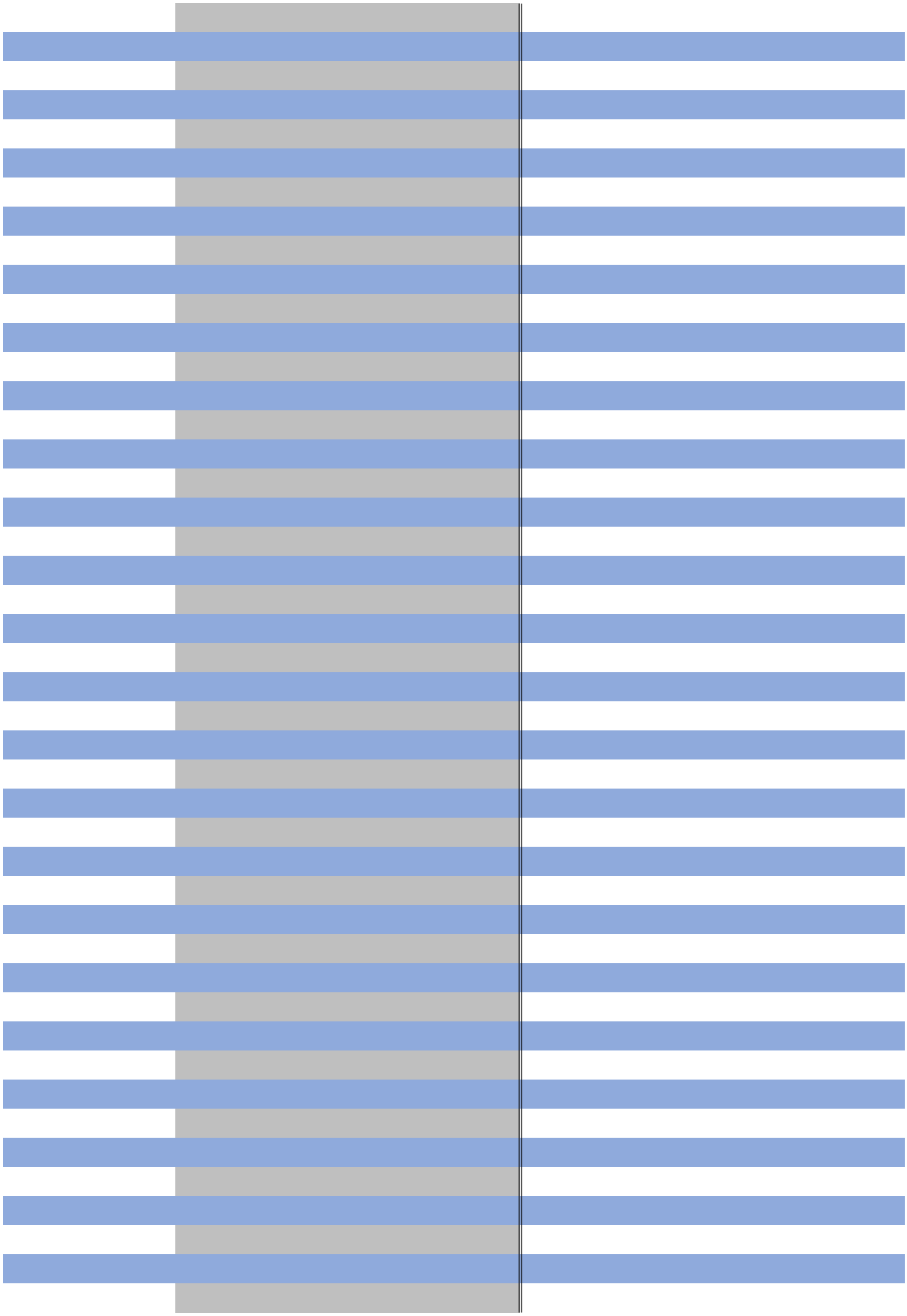


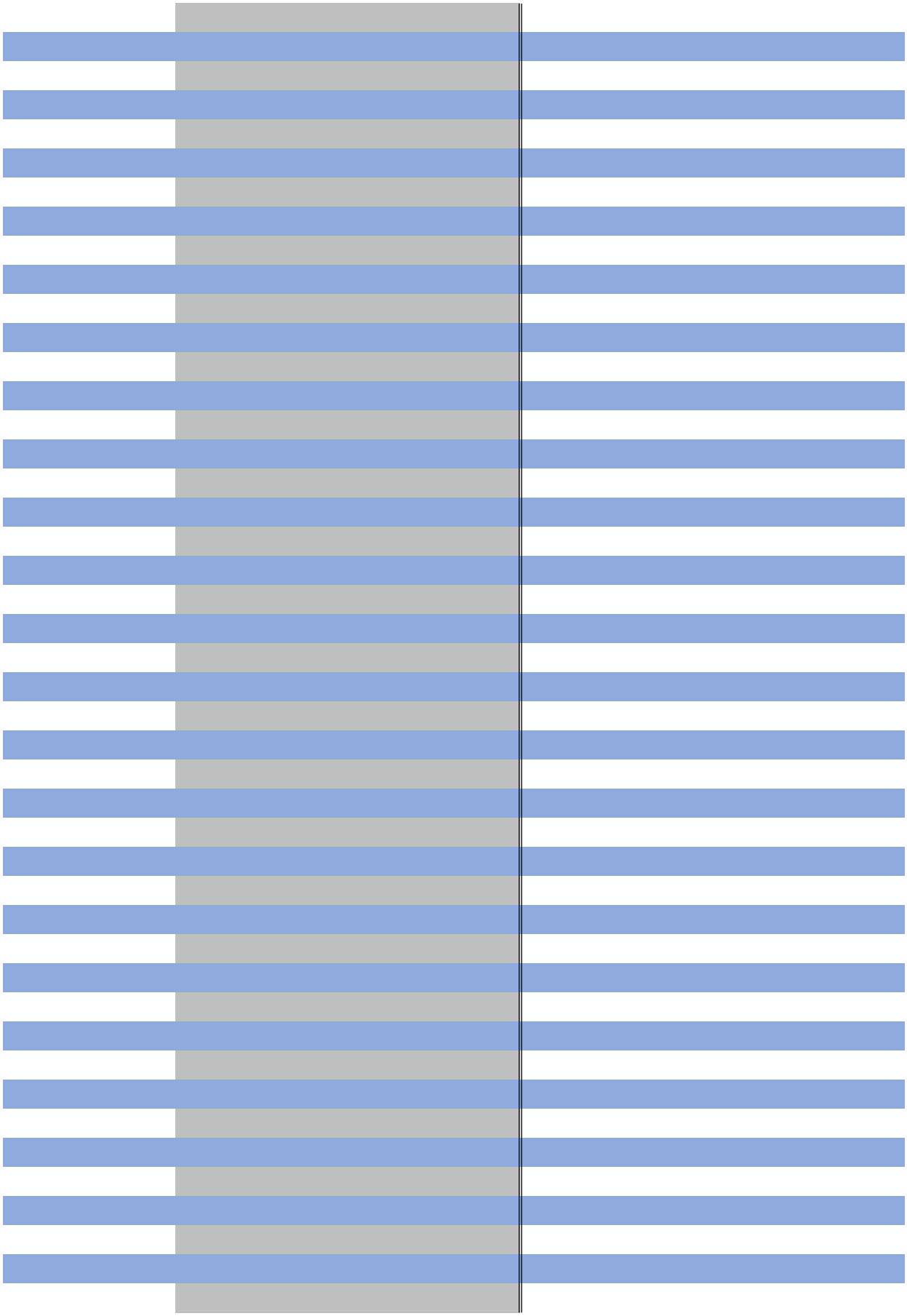


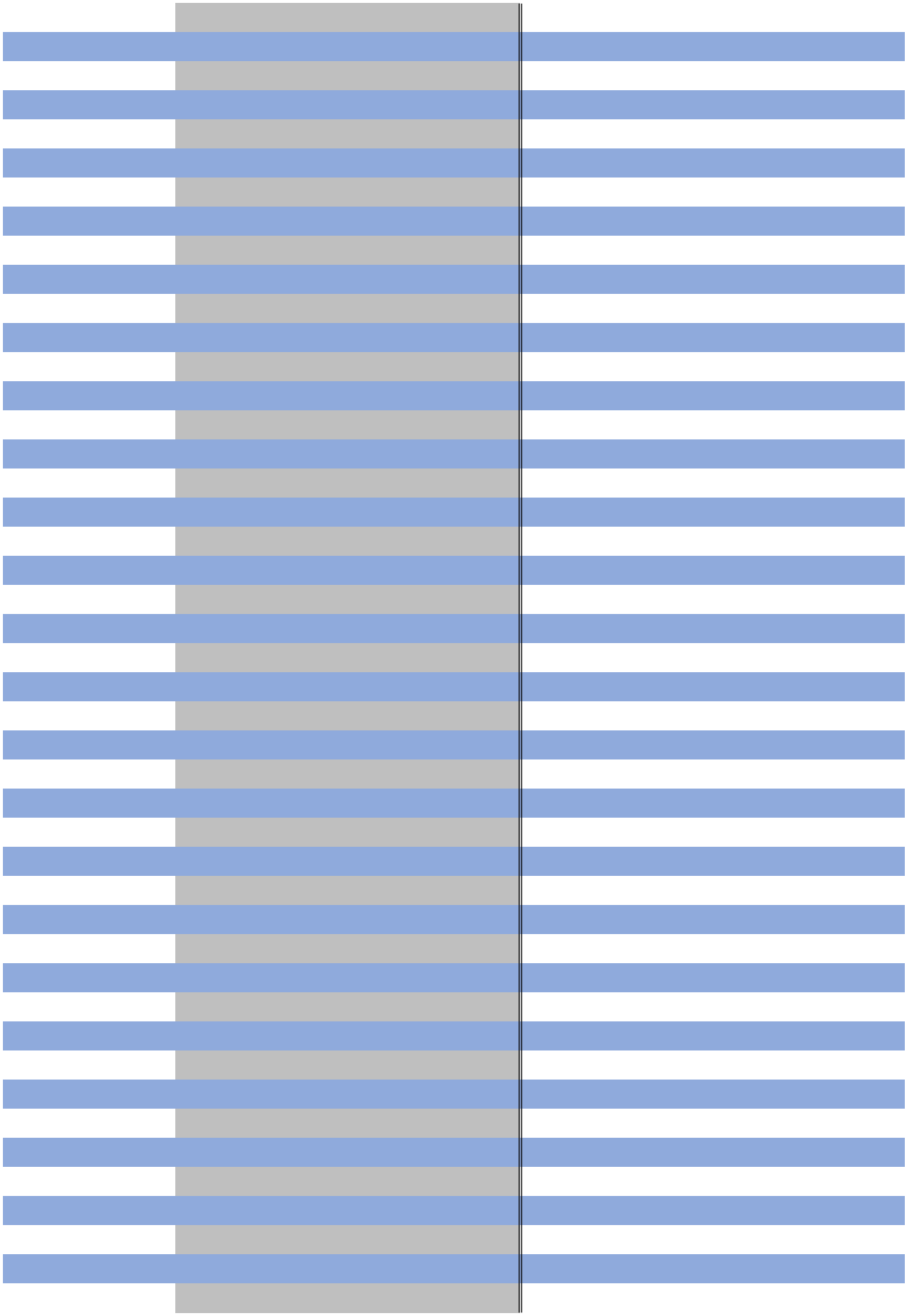


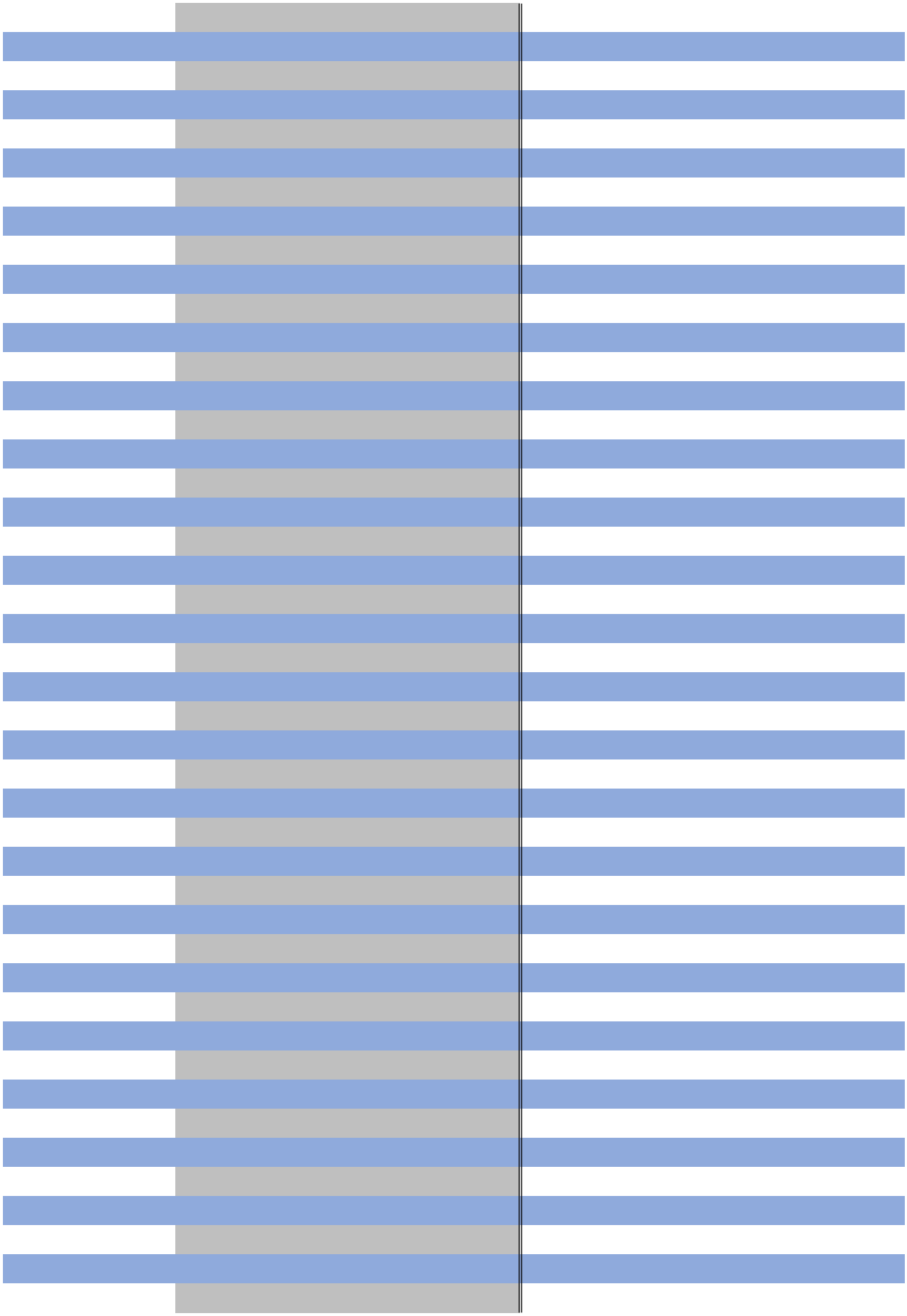


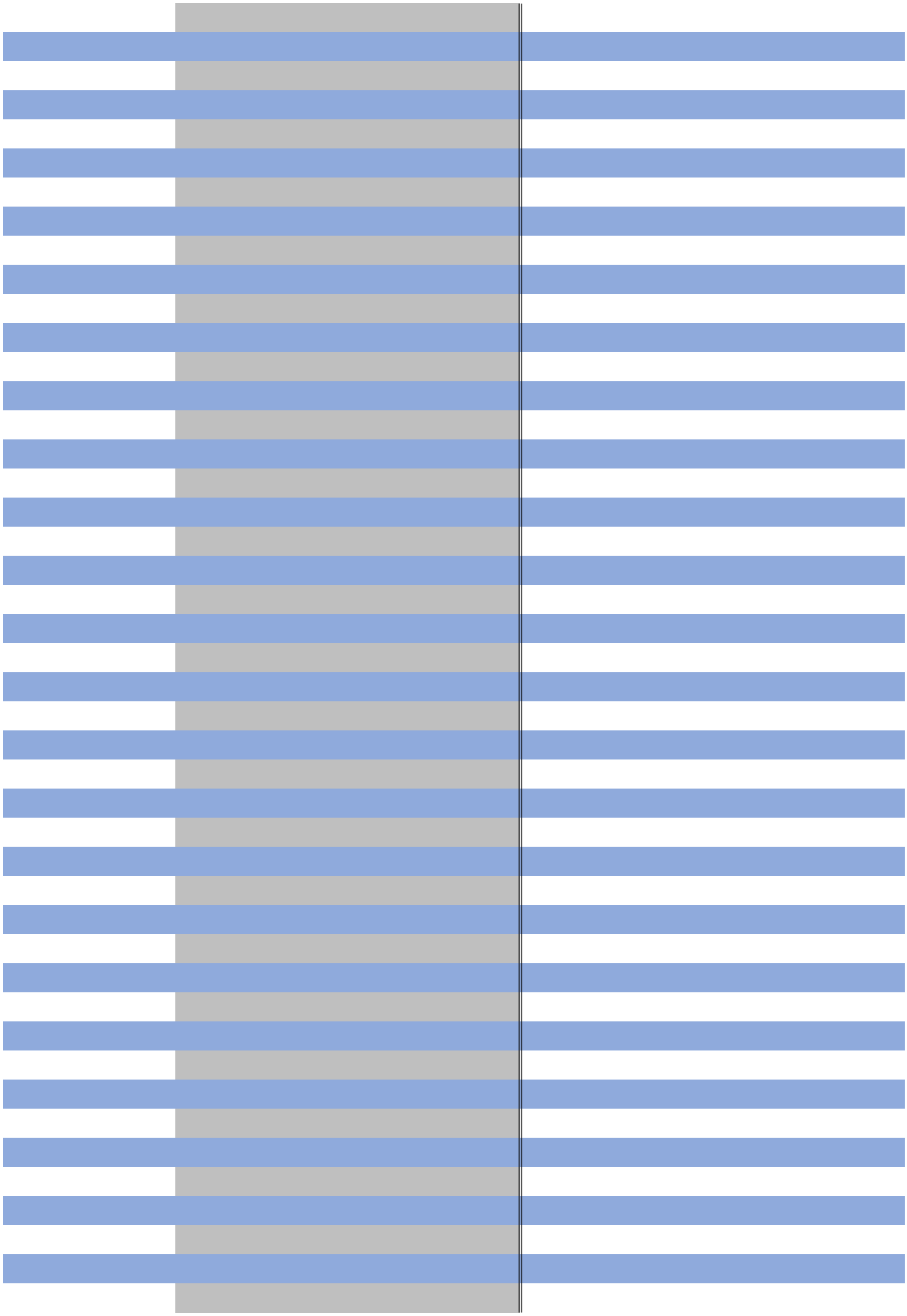


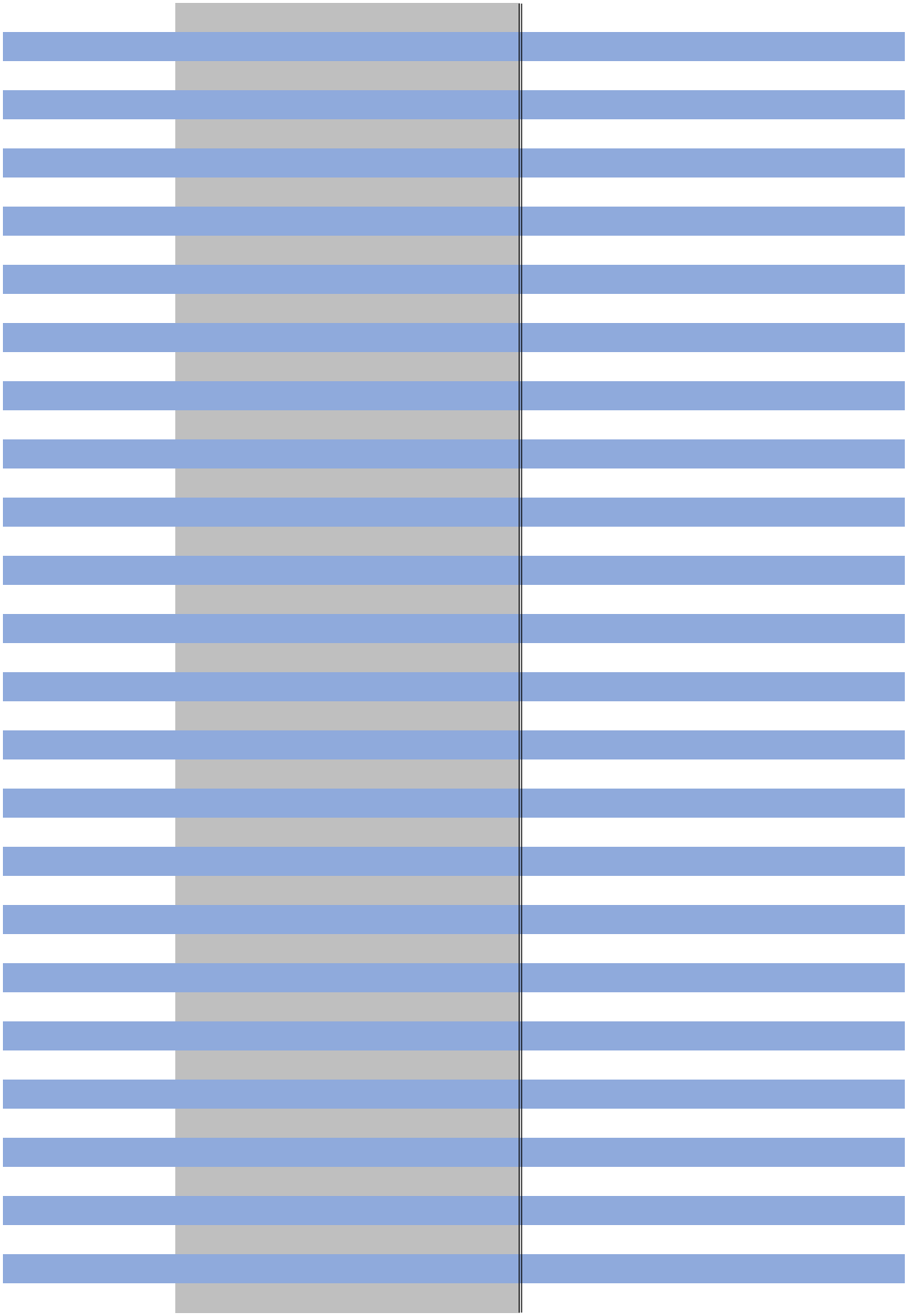


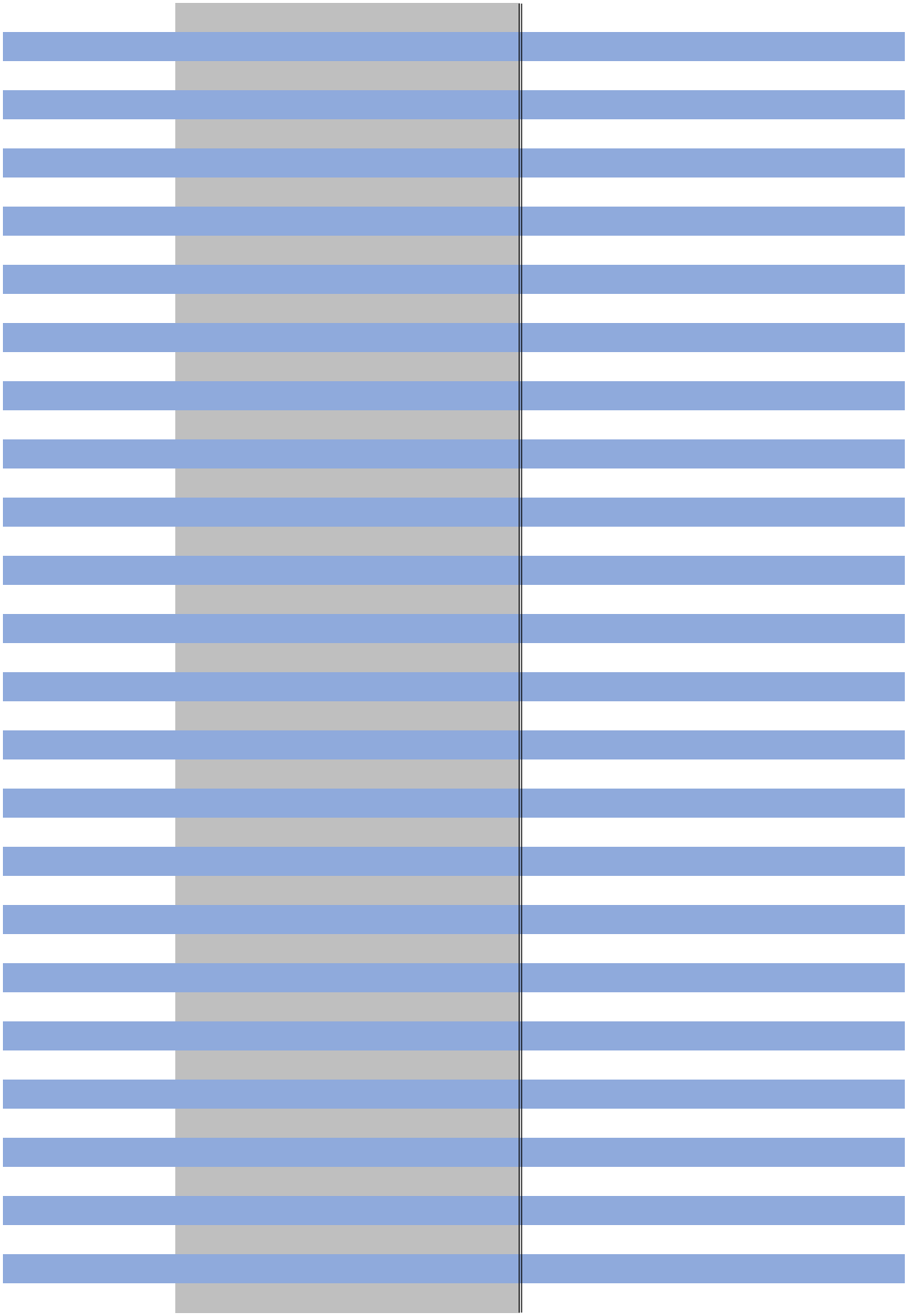


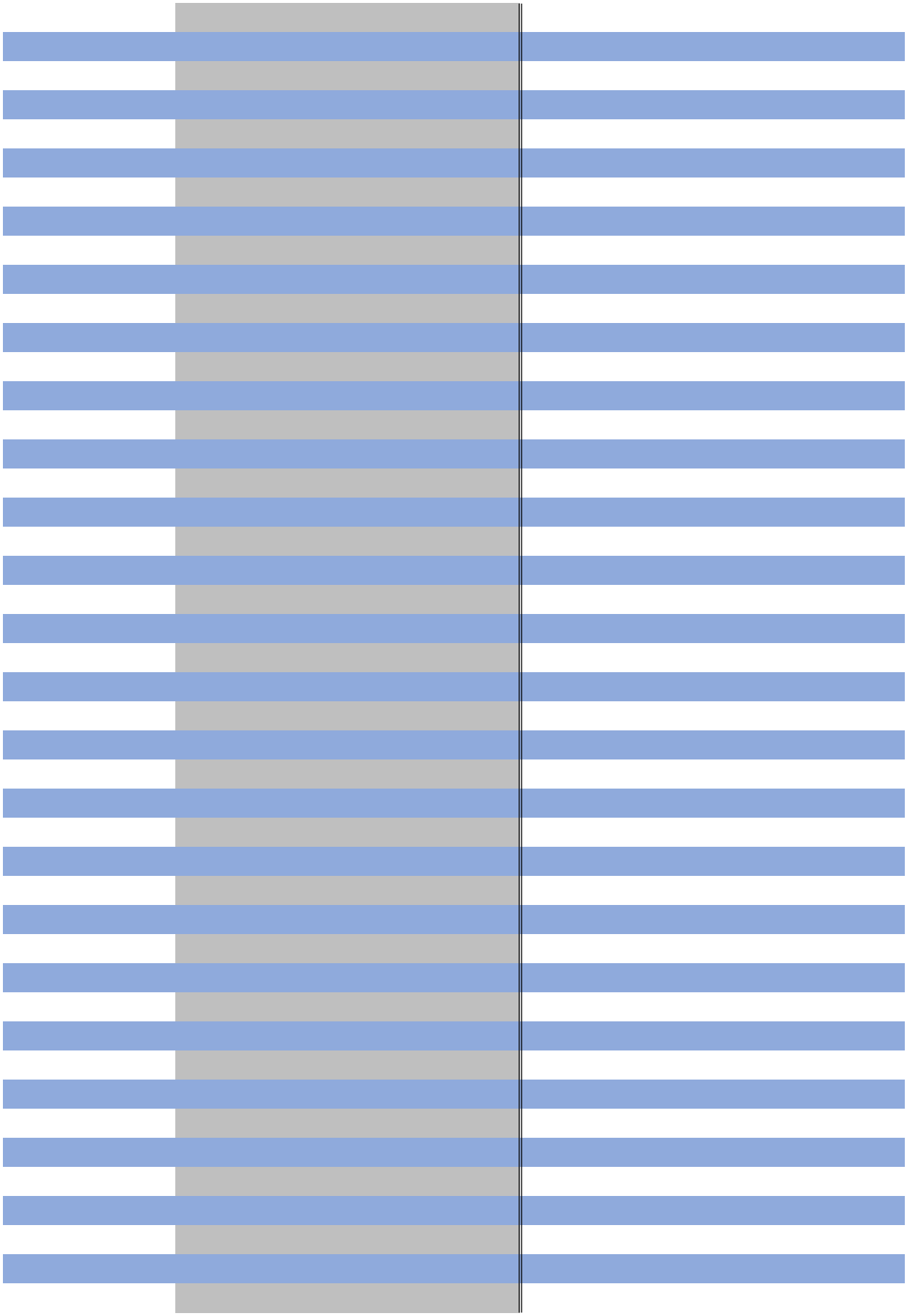


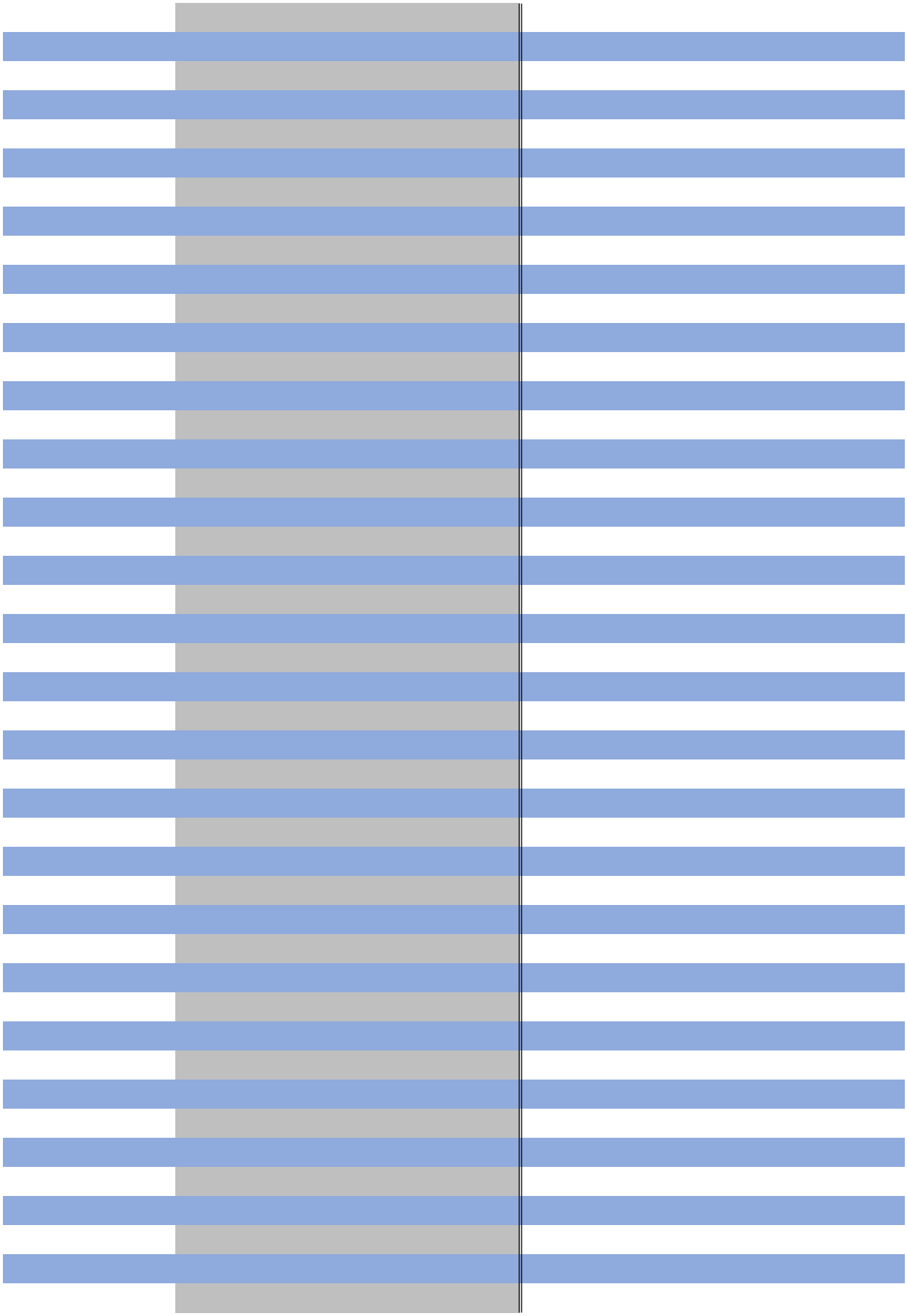


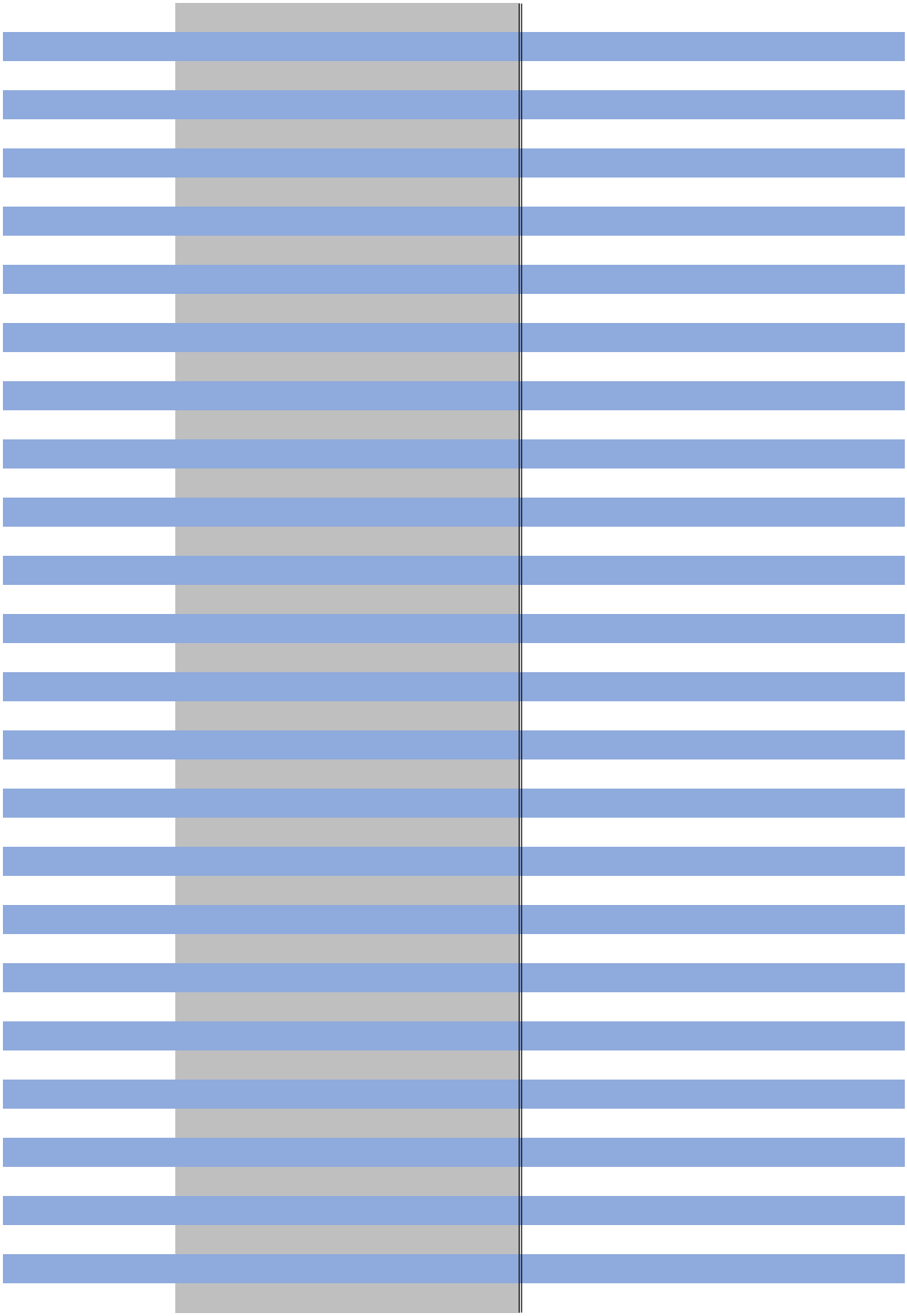


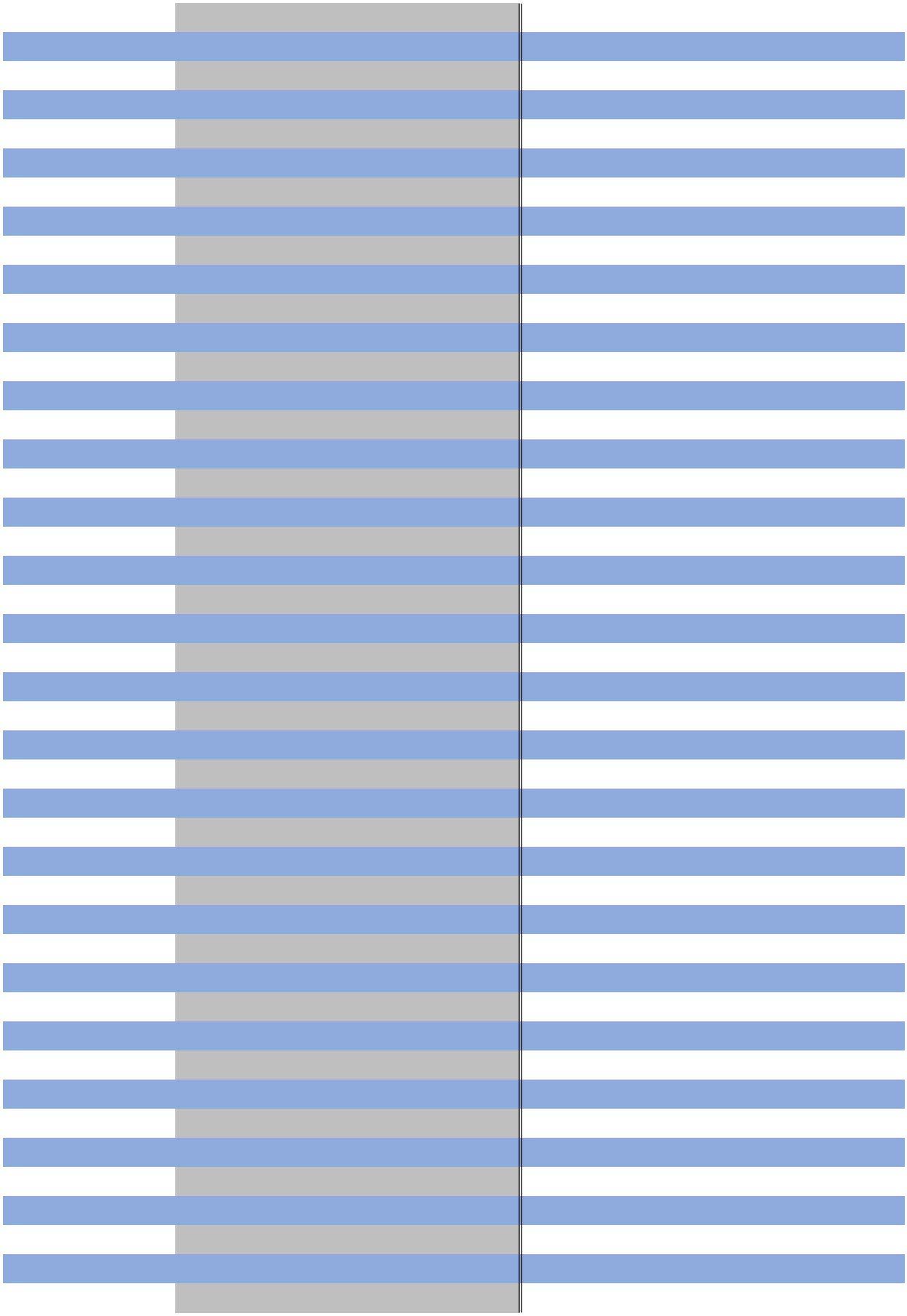


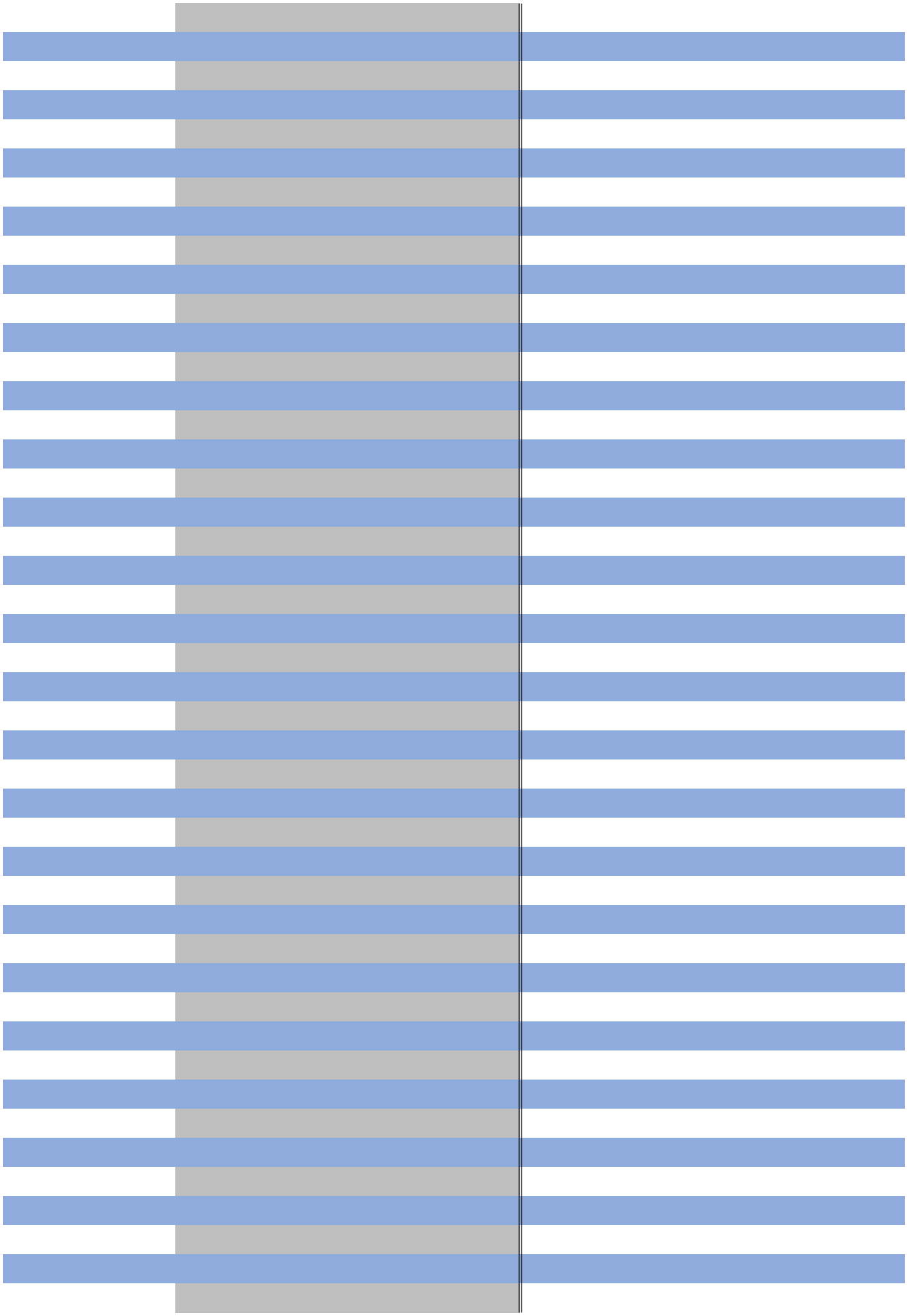


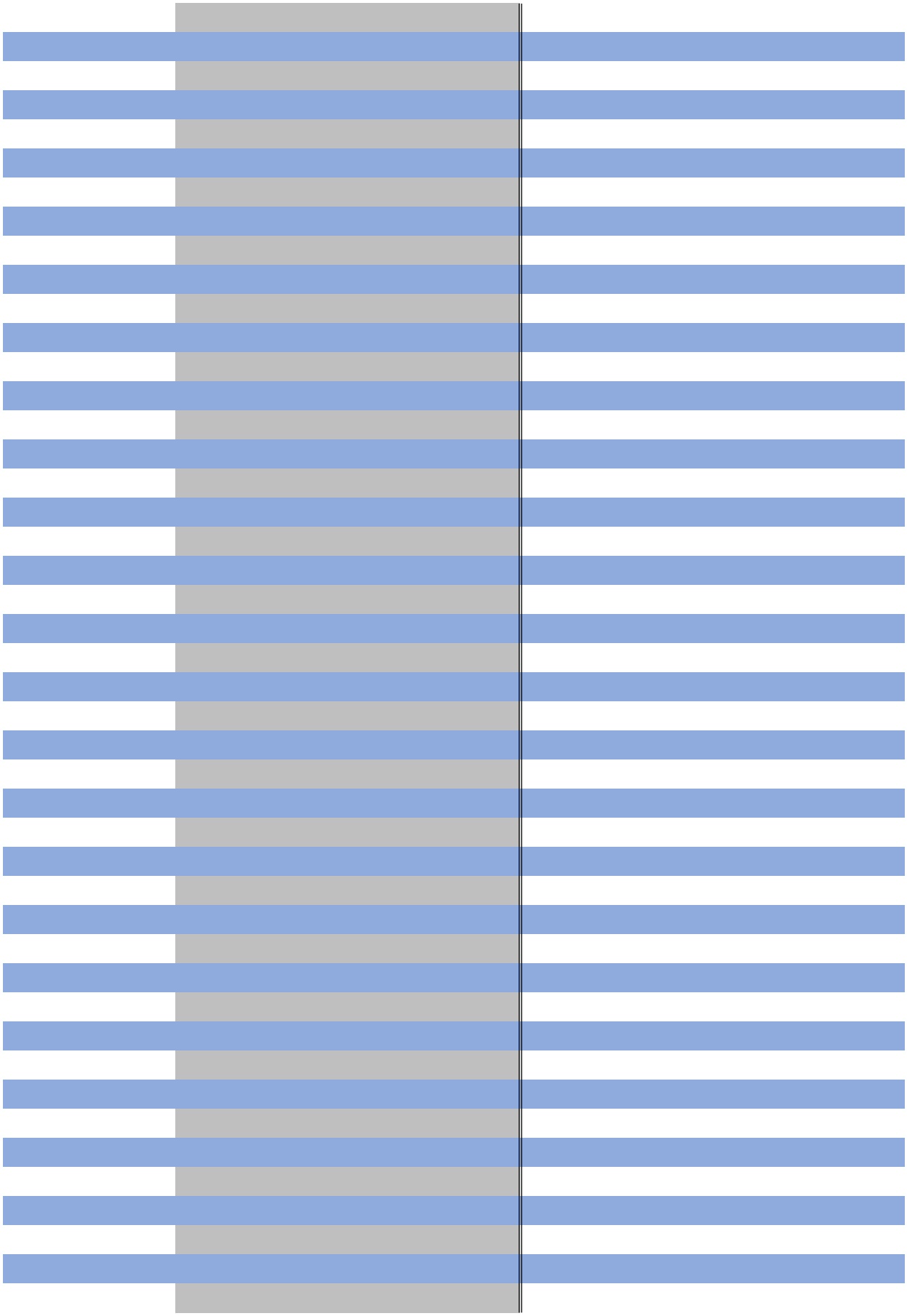


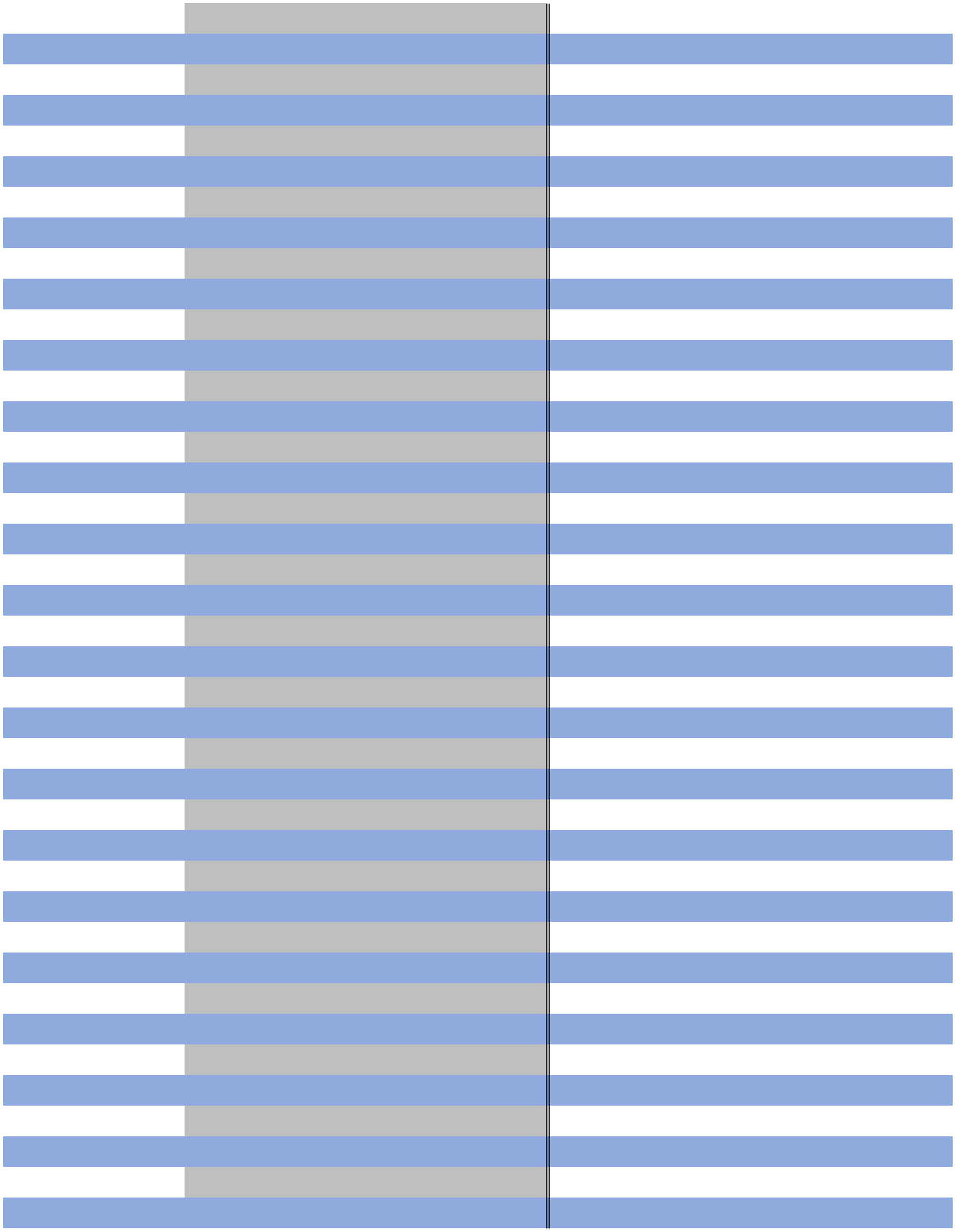




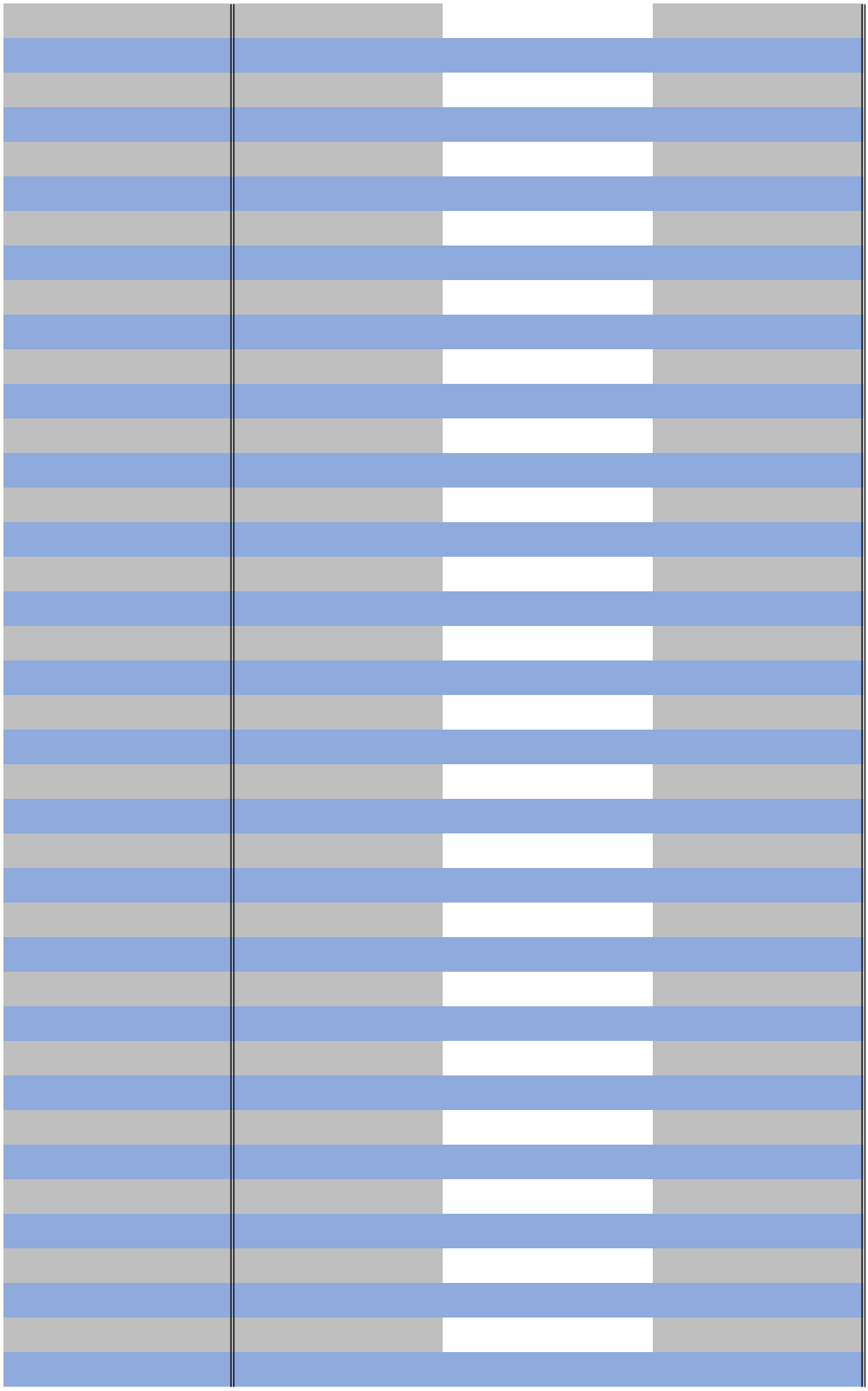








UPL Adjustment Info: (Calculated) Adjusted Medicare UPL Amount [403]	UPL Gap Info: (Calculated) UPL Gap Amount [407]	UPL Gap Info: (Required) Adjustment to the UPL Gap [408]	UPL Gap Info: (Calculated) Adjusted UPL Gap [409]



Total Dollars by Ownership Type For: Total Base Payments ([312]*[310])	
Ownership Category	**Total Base Payments**
Private	$0
NSGO	$0
SGO	$0
Total	$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

This sheet is optional. Please use optional sheets to add any supporting data relevant to the calculation of th

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