	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
1	[Required]	[Required]	[Required]																
2	State	Demonstration Begin Date	Demonstration End Date																
3	text	text	text																
4	TX	10/1/2020	9/30/2025																
5	Demo Info	Demo Info	Demo Info	Demo Info	Demo Info	Provider Info	Provider Info	Provider Info	Provider Info	Provider Info	Provider Info	Provider Info	MCR Info	MCR Info	MCR Info	MCR Info	MCR Info	MCR Info	MCR Info
6	[Required] State	[Required] State Demonstration Rate Year	[Required] Service Type	[Required] Demonstration Type		[PK] Other State Provider ID Number	[PK] National Provider ID (NPI)	[Required] Medicare Certification Number - (Medicare ID)	[Required] State-specific Provider ID (Medicaid ID)	[Required] Provider Name	[Required] Ownership Category Type	[PK] Urban / Rural location	[Required] Medicare Cost Report Begin Date (DD/S)	[Required] Medicare Cost Report End Date (DD/S)	[Required] Medicare Cost Report Filing Status	[Required] Medicare Per Diem	[Required] Adjustments to Medicare Per Diem ID	[Required] Adjustments to Medicare Per Diem $$	[Calculated] Total Cost Per Diem
7	Variable Number																		
8	Length	Length	Length	Length	Length	Length	Length	Length	Length	Length	Length	Length	Length	Length	Length	Length	Length	Length	Length
9	EXAMPLE	MD	2014	NF	Cost	6555555	1999999999	215000	10700128	1000NPLE NURSING FACILITY	Private	Urban	1/1/2012	6/30/2013	Filed	1222.11	$1.01	$0.47	$1113.29
10		MD	2014	NF	Cost	6555555	1000555787	215000	10700128	Quasi-Memorial Hospital	State	Rural	10/1/2014	9/30/2015	Filed	1663.98	$0.00	$0.00	$1663.98
11																			
12																			
13																			

	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL
1																			
2																			
3																			
4																			
5	MCD Info	MCD Info	MCD Info	MCD Info	MCD Info	MCD Info	MCD Info	MCD Info	MCD Info	MCD Info	MCD Info	MCD Info	MCD Info	MCD Info	MCD Info	MCD Info	MCD Info	MCD Info	MCD Info
6	[Required] Time Period of Medicaid Days - Begin Date	[Required] Time Period of Medicaid Days - End Date	[Required] Medicaid Days	[Required] Time Period of Medicaid Rates - Begin Date	[Required] Time Period of Medicaid Rates - End Date	[Required] Medicaid Regular Payment Per Diem	[Required] Medicaid Supplemental Payment Per Diem	[Required] Medicaid Supplemental Payment Per Diem (SMR/Training)	[Required] Medicaid Supplemental Payment Per Diem (DSH)	[Required] Medicaid Per Diem ID	[Required] Adjustment to Medicaid Per Diem ID	[Required] Adjustment to Medicaid Per Diem $$	[Calculated] Total Medicaid Supplemental Payments Per Diem with Adjustments						
7																			
8	Length	Length	Length	Length	Length	Length	Length	Length	Length	Length	Length	Length	Length	Length	Length	Length	Length	Length	Length
9	1/1/2012	6/30/2013	4.128	7/1/2014	6/30/2015	$185.28	$4.88	$4.88	$4.88	$1.20	$0.00	$0.00	$10.88						
10	10/1/2014	9/30/2015	2.248	10/1/2015	9/30/2025	$250.26	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00						
11																			
12																			
13																			

	AM	AN	AO	AP	AQ	AR	AS	AT	AU	AV	AW	AX	AY	AZ	BA	BB	BC
1																	
2																	
3																	
4																	
5	MCD Inflated Payment Info	MCD Inflated Payment Info	MCD Inflated Payment Info	MCD Inflated Payment Info	UPL Calc Info	UPL Calc Info	UPL Calc Info	UPL Calc Info	UPL Adjustment Info	UPL Adjustment Info	UPL Adjustment Info	UPL Gap Info	UPL Gap Info	UPL Gap Info			
6	[PK] Medicaid Inflation Factor Type	[Required] Medicaid Inflation Factor	[Required] Other Adjustment to Medicaid Payments	[Calculated] Inflated and Adjusted Medicaid Payment Per Diem	[PK] UPL Inflation Factor Type	[Required] UPL Inflation Factor	[Calculated] Inflated UPL Per Diem	[Calculated] Inflated UPL Annual	[Required] Medicaid Provider Tax Cost	[Required] Other Adjustments to the UPL Amount	[Calculated] Adjusted Medicare UPL Annual	[Calculated] UPL Gap Annual	[Required] Adjustment to the UPL Gap	[Calculated] Adjusted UPL Gap			
7																	
8	Length	Length	Length	Length	Length	Length	Length	Length	Length	Length	Length	Length	Length	Length			
9	Rate	1.0000	1.0000	$103.43	Market Basket	1.0000	$103.43	$192,486	$180,000	$0	$0	$192,486	$0	$192,486			
10	Trend			$0.00	Market Basket	1.1663	$120.72	$1,001,313	$0	$0	$0	$1,001,313		$1,001,313			
11																	
12																	
13																	