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 (CMS-10398 #13). The time required to complete this information collection is estimated to average 40 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.

Overview

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

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

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

For each facility, please complete one of the following templates:

- OP Cost for cost-based demonstrations (e.g., cost-to-charge ratio x Medicaid covered OP charges)
- **OP Payment** for payment-based demonstrations (e.g., payment-to-charge ratio X Medicaid covered OP charges)

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

Information Requested:

Within each outpatient UPL template, CMS requests the following information for each outpatient hospital:

- **Demonstration Information** asks for basic information such as the state, demonstration rate year, service type (or demonstration type (cost, payment, DRG, other)
- **Provider Identification** asks for provider identification numbers and names for each facility included, the ownersh non-state government owned, state-government owned), and whether the hospital is a critical access hospital
- **Medicare Cost and Charge Data for Base Period** asks for Medicare base year data relevant to the calculation of th
- Medicaid (Charge and) Payment Data for Base Period asks for Medicaid charge data used to calculate the UPL, as 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 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 inflationar 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 (e.g., providemonstrations)
- Calculation of UPL Gap instructs the state to calculate the UPL gap for each facility by subtracting (adjusted/inflate from the calculated UPL

<u>Payment and Cost Data:</u> Enter to the nearest dollar (i.e. \$1,234,567.89 should be entered as \$1,234,568) <u>Proportion and Percentage Data:</u> Enter with no more than four decimal places (i.e., 0.12345 should be entered as 0.12345 should be 0.

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

Table 1. CMS UPL Outpatient Template Data Dictionary

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

		Variable numbering scheme is used for i	nternal identification of each variable and is not meant to be presented in numerical order	
Variable Number	Variable Format	Short Description	Long Description	Variable Status
100	2-character text	State	2-character state ID (e.g., Kentucky = KY)	0: Variables Included in All OP Templates
101	4-digit number	State Demonstration Rate Year	State demonstration rate year (e.g., 2014)	0: Variables Included in All OP Templates
102	2-character text	Service Type	Service type: OP = Outpatient	0: Variables Included in All OP Templates
104	Text	Demonstration Type (Cost, Payment, DRG, Per Diem)	Demonstration type (Cost= Cost-based; or Payment= Payment-based)	0: Variables Included in All OP Templates
105	Unspecified	Other State Provider ID Number	State provider ID number that is not a MCD ID number (if applicable)	0: Variables Included in All OP Templates
112	6-digit number	MCR Certification Number (MCR ID)	MCR ID Number	0: Variables Included in All OP Templates
107	Unspecified	State-specific Provider ID (MCD ID)	MCD ID number	0: Variables Included in All OP Templates
108	Text	Provider Name	Provider name	0: Variables Included in All OP Templates
109	10-11 digit number	National Provider ID (NPI)	National Provider Identification Number	0: Variables Included in All OP Templates
110	Text	Ownership Category Type (Private, NSGO, SGO)	Ownership category type (private= private; NSGO= non-state government owned; SGO= state government owned)	0: Variables Included in All OP Templates
113	Text	Critical Access Hospital (CAH) Status (Y/N)	Y= critical access hospital; N= not a critical access hospital	0: Variables Included in All OP Templates
200.1	Date [DD/MM/YYYY]	MCR Cost Report Begin Date	MCR Cost Report begin date of MCR data provided that is used to calculate the UPL	0: Variables Included in All OP Templates
200.2	Date [DD/MM/YYYY]	MCR Cost Report End Date	MCR Cost Report end date of MCR data provided that is used to calculate the UPL	0: Variables Included in All OP Templates
202	Text	MCR Cost Report Filing Status	MCR Cost Report filing status (filed or settled)	0: Variables Included in All OP Templates
204	\$ Amount	MCR Charges	Base year MCR charges used to calculate the MCR Cost-to-Charge Ratio (CCR) (Variable 208)	0: Variables Included in All OP Templates
300.1	Date [DD/MM/YYYY]	Time Period of MCD Charge and Payment Data - Begin Date	Beginning date of base year MCD payment and charge data (note: should match MCR Cost Report data period)	0: Variables Included in All OP Templates
300.2	Date [DD/MM/YYYY]	Time Period of MCD Charge and Payment Data - End Date	End date of base year MCD payment and charge data (note: should match MCR Cost Report data period)	0: Variables Included in All OP Templates
301	\$ Amount	MCD Charges	Base year MCD charges, which are applied to the MCR CCR (Variable 208) to derive the Calculated MCD UPL Amount (Variable 400)	0: Variables Included in All OP Templates
302	\$ Amount	MCD Regular Payments	Total MCD non-supplemental payments for base year	0: Variables Included in All OP Templates
303.1	\$ Amount	MCD Supplemental Payments	Total MCD supplemental payments for base year	0: Variables Included in All OP Templates
303.2	\$ Amount	MCD Supplemental Payments - GME / Training	Total MCD supplemental payments for base year (GME=Graduate Medical Education / Training)	0: Variables Included in All OP Templates
303.3	\$ Amount	MCD Supplemental Payments - Other	Total MCD supplemental payments for base year (Other)	0: Variables Included in All OP Templates
306	\$ Amount	Total MCD Payments	Sum of MCD regular and supplemental payments for the base year	0: Variables Included in All OP Templates
307	Text	MCD Inflation Factor Type	Description of MCD payment trend factor used to reflect changes in the MCD program between the base and current rate year periods (e.g., Market Basket)	e 0: Variables Included in All OP Templates
308	Proportion	MCD Inflation Factor	Cumulative MCD payment trend factor used to reflect changes in the MCD program between the base and current rate year periods (note: 1.00= no change) (use "mid-point to mid-point approach"	0: Variables Included in All OP Templates
309	Proportion	Other Adjustment to MCD Payments	Cumulative other adjustment (e.g., volume adjustment) factor used to reflect changes in the MCD program between the base and current rate year periods (note: 1.00= no change) (use "mid-point t mid-point approach")	o 0: Variables Included in All OP Templates
318	\$ Amount	Inflated MCD Payments to Demonstration Year	Calculated as Total MCD Payments (Variable 306) x MCD Inflation Factor (Variable 308) x Other Adjustment to MCD Payments (Variable 309)	0: Variables Included in All OP Templates
400	\$ Amount	Calculated MCD UPL Amount	Calculated UPL amount based on instructions provided in spreadsheet (e.g., for cost-based demonstration: base year MCR CCR x base year MCD charges)	0: Variables Included in All OP Templates
404	Text	UPL Inflation Factor Type	Description of trend factor used to inflate the Calculated MCD UPL Amount (Variable 400) from the base year to the rate year (e.g., Market Basket)	0: Variables Included in All OP Templates
405	Proportion	UPL Inflation Factor	Cumulative trend factor used to inflate the Calculated MCD UPL Amount (Variable 400) from the base year to the rate year (note: 1.00= no change) (use "mid-point to mid-point approach")	0: Variables Included in All OP Templates
406	\$ Amount	Inflated UPL Amount	Calculated as MCD UPL Amount (Variable 400) x UPL Inflation Factor (Variable 405)	0: Variables Included in All OP Templates
402	\$ Amount	Other Adjustments to the UPL Amount	Adjustments made to the UPL that are not otherwise accounted for in the UPL calculation (e.g., adjustments for managed care transition)	0: Variables Included in All OP Templates
403	\$ Amount	Adjusted MCD UPL Amount	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]	e 0: Variables Included in All OP Templates
407	\$ Amount	UPL Gap Amount	Calculated as Adjusted MCD UPL Amount (Variable 403) - Inflated MCD Payments to Demonstration Year (Variable 318)	0: Variables Included in All OP Templates
408	\$ Amount	Adjustment to the UPL Gap	Adjustments made to the UPL gap that are not otherwise accounted for in MCD payments or the UPL calculation	0: Variables Included in All OP Templates
409	\$ Amount	Adjusted UPL Gap	Calculated as UPL Gap Amount (Variable 407) + Adjustment to the UPL Gap (Variable 408)	0: Variables Included in All OP Templates

Dictionary

Inpatient Hospital Upper Payment Limit (UPL) Data Template

٧	ariable Number	Variable Format	Short Description
2	03	\$ Amount	MCR Costs
2	08	Proportion	MCR Cost-To-Charge Ratio (CCR)
4	01	\$ Amount	MCD Provider Tax Cost
2	05	\$ Amount	MCR Payments
2	09	Proportion	MCR Payment-To-Charge Ratio (PTC)

Long Description
Base year MCR costs used to calculate the MCR Cost-to-Charge Ratio (CCR) (Variable 208)
Calculated as MCR Costs (Variable 203) / MCR Charges (Variable 204)
For cost-based demonstrations, MCD provider tax costs can be added to the UPL separately
Base year MCR payments used to calculate the MCR Payment-to-Charge Ratio (PTC) (Variable 209) state should ensure appropriate matching to MCR charges (gross payments to gross charges or net payments to net charges).

Calculated as MCR Payments (Variable 205) / MCR Charges (Variable 204)

Variable Status

- 1: Variables Included in OP Cost Template But NOT Included Across All OP Templates
- 1: Variables Included in OP Cost Template But NOT Included Across All OP Templates
- 1: Variables Included in OP Cost Template But NOT Included Across All OP Templates
- 2: Variables Included in OP Payment Template But NOT Included Across All OP Templates
- 2: Variables Included in OP Payment Template But NOT Included Across All OP Templates

Data Dictionary 5

	Α	В	С	D	E	F	G	Н	I	J	K	L	М	N
		Demo Info:	Demo Info:	Demo Info:	Demo Info:	Provider Info:	Provider Info:	Provider Info:	Provider Info:	Provider Info:	Provider Info:	Provider Info:	MCR Cost Charge Info:	MCR Cost Charge Info:
2	Database Description &	State	State Demonstration Rate Year	Service Type	Demonstration Type	Other State Provider ID Number	National Provider ID (NPI)	Medicare Certification Number (Medicare ID)	State-specific Provider ID (Medicaid ID)	Provider Name	Ownership Category Type	Critical Access Hospital Status	Medicare Cost Report Begin Date	Medicare Cost Report End Date
	Variable Number	[100]	[101]	[102]	[104]	[105]	[109]	[112]	[107]	[108]	[110]	[113]	[200.1]	[200.2]
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2	Database Description &	State	State Demonstration Rate Year	Service Type	Demonstration Type	Other State Provider ID Number	National Provider ID (NPI)	Medicare Certification Number (Medicare ID)	State-specific Provider ID (Medicaid ID)	Provider Name	Ownership Category Type	Critical Access Hospital Status	Medicare Cost Report Begin Date	Medicare Cost Report End Date
	Variable Number	[100]	[101]	[102]	[104]	[105]	[109]	[112]	[107]	[108]	[110]	[113]	[200.1]	[200.2]
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2	Database Description &	State	State Demonstration Rate Year	Service Type	Demonstration Type	Other State Provider ID Number	National Provider ID (NPI)	Medicare Certification Number (Medicare ID)	State-specific Provider ID (Medicaid ID)	Provider Name	Ownership Category Type	Critical Access Hospital Status	Medicare Cost Report Begin Date	Medicare Cost Report End Date
	Variable Number	[100]	[101]	[102]	[104]	[105]	[109]	[112]	[107]	[108]	[110]	[113]	[200.1]	[200.2]
3	EXAMPLE	КҮ	2015	OP	Cost	A123456	1234567890	180000	34035324	EXAMPLE HOSPITAL	Private	N	7/1/2012	6/30/2013
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2	Database Description &	State	State Demonstration Rate Year	Service Type	Demonstration Type	Other State Provider ID Number	National Provider ID (NPI)	Medicare Certification Number (Medicare ID)	State-specific Provider ID (Medicaid ID)	Provider Name	Ownership Category Type	Critical Access Hospital Status	Medicare Cost Report Begin Date	Medicare Cost Report End Date
	Variable Number	[100]	[101]	[102]	[104]	[105]	[109]	[112]	[107]	[108]	[110]	[113]	[200.1]	[200.2]
3	EXAMPLE	KY	2015	OP	Cost	A123456	1234567890	180000	34035324	EXAMPLE HOSPITAL	Private	N	7/1/2012	6/30/2013
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Outpatient Hospital Upper Payment Limit (UPL) Data Template

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2	Medicare Cost Report Filing Status	Medicare Costs	Medicare Charges	Medicare Cost- To-Charge Ratio	Time Period of Medicaid Charge and Payment Data - Begin Date	Time Period of Medicaid Charge and Payment Data - End Date	Medicaid Charges	Medicaid Regular Payments	Medicaid Supplemental Payments	Medicaid Supplemental Payments (GME/Training)	Medicaid Supplemental Payments (Other)	Total Medicaid Payments	MCD Inflation Factor Type
	[202]	[203]	[204]	[208]	[300.1]	[300.2]	[301]	[302]	[303.1]	[303.2]	[303.3]	[306]	[307]
3	Filed	\$5,000,000	\$10,000,000	50.00%	7/1/2012	6/30/2013	\$12,000,000	\$4,000,000	\$500,000	\$500,000	\$500,000	\$4,500,000	None
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2	Medicare Cost Report Filing Status	Medicare Costs	Medicare Charges	Medicare Cost- To-Charge Ratio	Time Period of Medicaid Charge and Payment Data - Begin Date	Time Period of Medicaid Charge and Payment Data - End Date	Medicaid Charges	Medicaid Regular Payments	Medicaid Supplemental Payments	Medicaid Supplemental Payments (GME/Training)	Medicaid Supplemental Payments (Other)	Total Medicaid Payments	MCD Inflation Factor Type
	[202]	[203]	[204]	[208]	[300.1]	[300.2]	[301]	[302]	[303.1]	[303.2]	[303.3]	[306]	[307]
3	Filed	\$5,000,000	\$10,000,000	50.00%	7/1/2012	6/30/2013	\$12,000,000	\$4,000,000	\$500,000	\$500,000	\$500,000	\$4,500,000	None
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2	Medicare Cost Report Filing Status	Medicare Costs	Medicare Charges	Medicare Cost- To-Charge Ratio	Time Period of Medicaid Charge and Payment Data - Begin Date	Time Period of Medicaid Charge and Payment Data - End Date	Medicaid Charges	Medicaid Regular Payments	Medicaid Supplemental Payments	Medicaid Supplemental Payments (GME/Training)	Medicaid Supplemental Payments (Other)	Total Medicaid Payments	MCD Inflation Factor Type
	[202]	[203]	[204]	[208]	[300.1]	[300.2]	[301]	[302]	[303.1]	[303.2]	[303.3]	[306]	[307]
3	Filed	\$5,000,000	\$10,000,000	50.00%	7/1/2012	6/30/2013	\$12,000,000	\$4,000,000	\$500,000	\$500,000	\$500,000	\$4,500,000	None
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	MCR Cost Charge Info:	MCR Cost Charge Info:	MCR Cost Charge Info:	MCR Cost Charge Info:	MCD Charge and Payment Info:	MCD Charge and Payment Info:	MCD Charge and Payment Info:	MCD Charge and Payment Info:	MCD Charge and Payment Info:	MCD Charge and Payment Info:	MCD Charge and Payment Info:	MCD Charge and Payment Info:	MCD Inflated Payment Info:
2	Medicare Cost Report Filing Status	Medicare Costs	Medicare Charges	Medicare Cost- To-Charge Ratio	Time Period of Medicaid Charge and Payment Data - Begin Date	Time Period of Medicaid Charge and Payment Data - End Date	Medicaid Charges	Medicaid Regular Payments	Medicaid Supplemental Payments	Medicaid Supplemental Payments (GME/Training)	Medicaid Supplemental Payments (Other)	Total Medicaid Payments	MCD Inflation Factor Type
	[202]	[203]	[204]	[208]	[300.1]	[300.2]	[301]	[302]	[303.1]	[303.2]	[303.3]	[306]	[307]
3	Filed	\$5,000,000	\$10,000,000	50.00%	7/1/2012	6/30/2013	\$12,000,000	\$4,000,000	\$500,000	\$500,000	\$500,000	\$4,500,000	None
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	MCR Cost Charge Info:	MCR Cost Charge Info:	MCR Cost Charge Info:	MCR Cost Charge Info:	MCD Charge and Payment Info:	MCD Charge and Payment Info:	MCD Charge and Payment Info:	MCD Charge and Payment Info:	MCD Charge and Payment Info:	MCD Charge and Payment Info:	MCD Charge and Payment Info:	MCD Charge and Payment Info:	MCD Inflated Payment Info:
2	Medicare Cost Report Filing Status	Medicare Costs	Medicare Charges	Medicare Cost- To-Charge Ratio	Time Period of Medicaid Charge and Payment Data - Begin Date	Time Period of Medicaid Charge and Payment Data - End Date	Medicaid Charges	Medicaid Regular Payments	Medicaid Supplemental Payments	Medicaid Supplemental Payments (GME/Training)	Medicaid Supplemental Payments (Other)	Total Medicaid Payments	MCD Inflation Factor Type
	[202]	[203]	[204]	[208]	[300.1]	[300.2]	[301]	[302]	[303.1]	[303.2]	[303.3]	[306]	[307]
3	Filed	\$5,000,000	\$10,000,000	50.00%	7/1/2012	6/30/2013	\$12,000,000	\$4,000,000	\$500,000	\$500,000	\$500,000	\$4,500,000	None
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Outpatient Hospital Upper Payment Limit (UPL) Data Template

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2	MCR Cost Charge Info: Medicare Cost Report Filing Status	MCR Cost Charge Info: Medicare Costs	MCR Cost Charge Info: Medicare Charges	MCR Cost Charge Info: Medicare Cost- To-Charge Ratio	MCD Charge and Payment Info: Time Period of Medicaid Charge and Payment Data - Begin Date [300.1]	MCD Charge and Payment Info: Time Period of Medicaid Charge and Payment Data - End Date [300.2]	MCD Charge and Payment Info: Medicaid Charges [301]	MCD Charge and Payment Info: Medicaid Regular Payments [302]	MCD Charge and Payment Info: Medicaid Supplemental Payments [303.1]	MCD Charge and Payment Info: Medicaid Supplemental Payments (GME/Training)	MCD Charge and Payment Info: Medicaid Supplemental Payments (Other)	MCD Charge and Payment Info: Total Medicaid Payments	MCD Inflated Payment Info: MCD Inflation Factor Type
3	Filed	\$5,000,000	\$10,000,000	50.00%	7/1/2012	6/30/2013	\$12,000,000	\$4,000,000	\$500,000	\$500,000	\$500,000	\$4,500,000	None
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Medicaid Payments to Demonstration Year Amount Provider Tax Cost the UPL Amount Amount Provider Tax Cost the UPL Amount Amount Provider Tax Cost the UPL Amount Provi	Amount to the Ga [407] [40	e UPL UPL Gap ap
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[308] [309] [318] [400] [404] [405] [406] [401] [402] [403] [407] [408] [3	2		Adjustment to Medicaid	Payments to	Amount	UPL Inflation Factor Type		A	Medicaid Provider Tax Cost	Other Adjustments to the UPL Amount	Adjusted Medicaid UPL Amount	UPL Gap Amount	to the UPL	Adjusted UPL Gap
63		[308]		[318]	[400]	[404]	[405]	[406]	[401]	[402]	[403]	[407]	[408]	[409]
71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 86 87 87 88 88 88 89 99 100 101 102 102 103 104		1.000	1.030	\$4,635,000	\$6,000,000	Market Basket	1.055	\$6,328,350	\$200,000	\$0	\$6,528,350	\$1,893,350	\$0	\$1,893,350
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2	MCD Inflation Factor	Other Adjustment to Medicaid Payments	Inflated Medicaid Payments to Demonstration Year	Calculated Medicaid UPL Amount	UPL Inflation Factor Type	UPL Inflation Factor	A ma a cont	Medicaid Provider Tax Cost	Other Adjustments to the UPL Amount	Adjusted Medicaid UPL Amount	UPL Gap Amount	Adjustment to the UPL Gap	Adjusted UPL Gap
	[308]	[309]	[318]	[400]	[404]	[405]	[406]	[401]	[402]	[403]	[407]	[408]	[409]
3	1.000	1.030	\$4,635,000	\$6,000,000	Market Basket	1.055	\$6,328,350	\$200,000	\$0	\$6,528,350	\$1,893,350	\$0	\$1,893,350
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	MCD Inflated Payment Info:	MCD Inflated Payment Info:	MCD Inflated Payment 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:
2	MCD Inflation Factor	Other Adjustment to Medicaid Payments	Inflated Medicaid Payments to Demonstration Year	Calculated Medicaid UPL Amount	UPL Inflation Factor Type	UPL Inflation Factor	A	Medicaid Provider Tax Cost	Other Adjustments to the UPL Amount	Adjusted Medicaid UPL Amount	UPL Gap Amount	Adjustment to the UPL Gap	Adjusted UPL Gap
	[308]	[309]	[318]	[400]	[404]	[405]	[406]	[401]	[402]	[403]	[407]	[408]	[409]
3	1.000	1.030	\$4,635,000	\$6,000,000	Market Basket	1.055	\$6,328,350	\$200,000	\$0	\$6,528,350	\$1,893,350	\$ 0	\$1,893,350
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	MCD Inflated Payment Info:	MCD Inflated Payment Info:	MCD Inflated Payment 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:
2	MCD Inflation Factor	Other Adjustment to Medicaid Payments	Inflated Medicaid Payments to Demonstration Year	Calculated Medicaid UPL Amount	UPL Inflation Factor Type	UPL Inflation Factor	A ma a cont	Medicaid Provider Tax Cost	Other Adjustments to the UPL Amount	Adjusted Medicaid UPL Amount	UPL Gap Amount	Adjustment to the UPL Gap	Adjusted UPL Gap
	[308]	[309]	[318]	[400]	[404]	[405]	[406]	[401]	[402]	[403]	[407]	[408]	[409]
3	1.000	1.030	\$4,635,000	\$6,000,000	Market Basket	1.055	\$6,328,350	\$200,000	\$0	\$6,528,350	\$1,893,350	\$0	\$1,893,350
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2	MCD Inflated Payment Info: MCD Inflation Factor	MCD Inflated Payment Info: Other Adjustment to Medicaid Payments	Payment Info: Inflated Medicaid Payments to Demonstration Year	UPL Calc Info: Calculated Medicaid UPL Amount	UPL Calc Info: UPL Inflation Factor Type	UPL Inflation Factor	Inflated UPL Amount	UPL Adjustment Info: Medicaid Provider Tax Cost	Info: Other	UPL Adjustment Info: Adjusted Medicaid UPL Amount	UPL Gap Info: UPL Gap Amount	UPL Gap Info: Adjustment to the UPL Gap	UPL Gap Info: Adjusted UPL Gap
	[308]	[309]	[318]	[400]	[404]	[405]	[406]	[401]	[402]	[403]	[407]	[408]	[409]
3	1.000	1.030	\$4,635,000	\$6,000,000	Market Basket	1.055	\$6,328,350	\$200,000	\$0	\$6,528,350	\$1,893,350	\$0	\$1,893,350
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2	Database Description &	State	State Demonstration Rate Year	Service Type	Demonstration Type	Other State Provider ID Number	National Provider ID (NPI)	Medicare Certification Number (Medicare ID)	State-specific Provider ID (Medicaid ID)	Provider Name	Ownership Category Type	Critical Access Hospital Status
	Variable Number	[100]	[101]	[102]	[104]	[105]	[109]	[112]	[107]	[108]	[110]	[113]
3	EXAMPLE	КҮ	2015	OP	Payment	A654321	1234567890	180001	34035325	EXAMPLE HOSPITAL	NSGO	N
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		Demo Info:	Demo Info:	Demo Info:	Demo Info:	Provider Info:	Provider Info:	Provider Info:	Provider Info:	Provider Info:	Provider Info:	Provider Info:
2	Database Description &	State	State Demonstration Rate Year	Service Type	Demonstration Type	Other State Provider ID Number	National Provider ID (NPI)	Medicare Certification Number (Medicare ID)	State-specific Provider ID (Medicaid ID)	Provider Name	Ownership Category Type	Critical Access Hospital Status
	Variable Number	[100]	[101]	[102]	[104]	[105]	[109]	[112]	[107]	[108]	[110]	[113]
3	EXAMPLE	КҮ	2015	OP	Payment	A654321	1234567890	180001	34035325	EXAMPLE HOSPITAL	NSGO	N
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		Demo Info:	Demo Info:	Demo Info:	Demo Info:	Provider Info:	Provider Info:	Provider Info:	Provider Info:	Provider Info:	Provider Info:	Provider Info:
2	Database Description &	State	State Demonstration Rate Year	Service Type	Demonstration Type	Other State Provider ID Number	National Provider ID (NPI)	Medicare Certification Number (Medicare ID)	State-specific Provider ID (Medicaid ID)	Provider Name	Ownership Category Type	Critical Access Hospital Status
	Variable Number	[100]	[101]	[102]	[104]	[105]	[109]	[112]	[107]	[108]	[110]	[113]
3	EXAMPLE	KY	2015	OP	Payment	A654321	1234567890	180001	34035325	EXAMPLE HOSPITAL	NSGO	N
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2	Database Description &	State	State Demonstration Rate Year	Service Type	Demonstration Type	Other State Provider ID Number	National Provider ID (NPI)	Medicare Certification Number (Medicare ID)	State-specific Provider ID (Medicaid ID)	Provider Name	Ownership Category Type	Critical Access Hospital Status
	Variable Number	[100]	[101]	[102]	[104]	[105]	[109]	[112]	[107]	[108]	[110]	[113]
3	EXAMPLE	КҮ	2015	OP	Payment	A654321	1234567890	180001	34035325	EXAMPLE HOSPITAL	NSGO	N
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		Demo Info:	Demo Info:	Demo Info:	Demo Info:	Provider Info:	Provider Info:	Provider Info:	Provider Info:	Provider Info:	Provider Info:	Provider Info:
2	Database Description &	State	State Demonstration Rate Year	Service Type	Demonstration Type	Other State Provider ID Number	National Provider ID (NPI)	Medicare Certification Number (Medicare ID)	State-specific Provider ID (Medicaid ID)	Provider Name	Ownership Category Type	Critical Access Hospital Status
	Variable Number	[100]	[101]	[102]	[104]	[105]	[109]	[112]	[107]	[108]	[110]	[113]
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	Database Description & Variable Number	[100]	Rate Year [101]	[102]	[104]	Number [105]	[109]	Number (Medicare ID) [112]	(Medicaid ID)	[108]	Type [110]	Hospital Status
3	EXAMPLE	KY	2015	OP	Payment	A654321	1234567890	180001	34035325	EXAMPLE HOSPITAL	NSGO	N
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2	Medicare Cost Report Begin Date	Medicare Cost Report End Date	Medicare Cost Report Filing Status	Medicare Payments	Medicare Charges	Medicare Payment-To- Charge Ratio	Time Period of Medicaid Charge and Payment Data - Begin Date	Time Period of Medicaid Charge and Payment Data - End Date	Medicaid Charges	Medicaid Regular Payments	Medicaid Supplemental Payments	Medicaid Supplemental Payments (GME/Training)	Medicaid Supplemental Payments (Other)
	[200.1]	[200.2]	[202]	[205]	[204]	[209]	[300.1]	[300.2]	[301]	[302]	[303.1]	[303.2]	[303.3]
3	7/1/2013	6/30/2014	Filed	\$6,000,000	\$10,000,000	60.00%	7/1/2013	6/30/2014	\$9,000,000	\$5,000,000	\$100,000	\$50,000	\$50,000
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2	Medicare Cost Report Begin Date	Medicare Cost Report End Date	Medicare Cost Report Filing Status	Medicare Payments	Medicare Charges	Medicare Payment-To- Charge Ratio	Time Period of Medicaid Charge and Payment Data - Begin Date	Time Period of Medicaid Charge and Payment Data - End Date	Medicaid Charges	Medicaid Regular Payments	Medicaid Supplemental Payments	Medicaid Supplemental Payments (GME/Training)	Medicaid Supplemental Payments (Other)
	[200.1]	[200.2]	[202]	[205]	[204]	[209]	[300.1]	[300.2]	[301]	[302]	[303.1]	[303.2]	[303.3]
3	7/1/2013	6/30/2014	Filed	\$6,000,000	\$10,000,000	60.00%	7/1/2013	6/30/2014	\$9,000,000	\$5,000,000	\$100,000	\$50,000	\$50,000
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2	Medicare Cost Report Begin Date	Medicare Cost Report End Date	Medicare Cost Report Filing Status	Medicare Payments	Medicare Charges	Medicare Payment-To- Charge Ratio	Time Period of Medicaid Charge and Payment Data - Begin Date	Time Period of Medicaid Charge and Payment Data - End Date	Medicaid Charges	Medicaid Regular Payments	Medicaid Supplemental Payments	Medicaid Supplemental Payments (GME/Training)	Medicaid Supplemental Payments (Other)
	[200.1]	[200.2]	[202]	[205]	[204]	[209]	[300.1]	[300.2]	[301]	[302]	[303.1]	[303.2]	[303.3]
3	7/1/2013	6/30/2014	Filed	\$6,000,000	\$10,000,000	60.00%	7/1/2013	6/30/2014	\$9,000,000	\$5,000,000	\$100,000	\$50,000	\$50,000
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2	Medicare Cost Report Begin	Medicare Cost Report End	Medicare Cost Report Filing Status	Medicare Payments	Medicare Charges	Medicare Payment-To-	Time Period of Medicaid Charge and Payment Data -	Time Period of Medicaid Charge	Medicaid Charges	Medicaid Regular Payments	Medicaid Supplemental	Medicaid Supplemental	Medicaid Supplemental
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2	Medicare Cost Report Begin Date	Medicare Cost Report End Date	Medicare Cost Report Filing Status	Medicare Payments	Medicare Charges	Medicare Payment-To- Charge Ratio	Time Period of Medicaid Charge and Payment Data - Begin Date	Time Period of Medicaid Charge and Payment Data - End Date	Medicaid Charges	Medicaid Regular Payments	Medicaid Supplemental Payments	Medicaid Supplemental Payments (GME/Training)	Medicaid Supplemental Payments (Other)
	[200.1]	[200.2]	[202]	[205]	[204]	[209]	[300.1]	[300.2]	[301]	[302]	[303.1]	[303.2]	[303.3]
3	7/1/2013	6/30/2014	Filed	\$6,000,000	\$10,000,000	60.00%	7/1/2013	6/30/2014	\$9,000,000	\$5,000,000	\$100,000	\$50,000	\$50,000
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	Date	Date	Status			Charge Ratio	Begin Date	End Date	-		Payments	(GME/Training)	Payments (Other)
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3	7/1/2013	6/30/2014	Filed	\$6,000,000	\$10,000,000	60.00%	7/1/2013	6/30/2014	\$9,000,000	\$5,000,000	\$100,000	\$50,000	\$50,000
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2	Total Medicaid Payments	MCD Inflation Factor Type	MCD Inflation Factor	Other Adjustment to Medicaid Payments	Inflated Medicaid Payments to Demonstration Year	Calculated Medicaid UPL Amount	UPL Inflation Factor Type	UPL Inflation Factor	Inflated UPL Amount	Other Adjustments to the UPL Amount	Adjusted Medicaid UPL Amount	UPL Gap Amount	Adjustment to the UPL Gap	Adjusted UPL Gap
	[306]	[307]	[308]	[309]	[318]	[400]	[404]	[405]	[406]	[402]	[403]	[407]	[408]	[409]
3	\$5,200,000	Market Basket	1.029	0.980	\$5,243,784	\$5,400,000	Market Basket	1.029	\$5,556,600	\$200,000	\$5,756,600	\$512,816	-\$100,000	\$412,816
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2	Total Medicaid Payments	MCD Inflation Factor Type	MCD Inflation Factor	Other Adjustment to Medicaid Payments	Inflated Medicaid Payments to Demonstration Year	Calculated Medicaid UPL Amount	UPL Inflation Factor Type	UPL Inflation Factor	Inflated UPL Amount	Other Adjustments to the UPL Amount	Adjusted Medicaid UPL Amount	UPL Gap Amount	Adjustment to the UPL Gap	Adjusted UPL Gap
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3	\$5,200,000	Market Basket	1.029	0.980	\$5,243,784	\$5,400,000	Market Basket	1.029	\$5,556,600	\$200,000	\$5,756,600	\$512,816	-\$100,000	\$412,816
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2	Total Medicaid Payments	MCD Inflation Factor Type	MCD Inflation Factor	Other Adjustment to Medicaid Payments	Inflated Medicaid Payments to Demonstration Year	Calculated Medicaid UPL Amount	UPL Inflation Factor Type	UPL Inflation Factor	Inflated UPL Amount	Other Adjustments to the UPL Amount	Adjusted Medicaid UPL Amount	UPL Gap Amount	Adjustment to the UPL Gap	Adjusted UPL Gap
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3	\$5,200,000	Market Basket	1.029	0.980	\$5,243,784	\$5,400,000	Market Basket	1.029	\$5,556,600	\$200,000	\$5,756,600	\$512,816	-\$100,000	\$412,816
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2	Total Medicaid Payments	MCD Inflation Factor Type	MCD Inflation Factor	Other Adjustment to Medicaid Payments	Inflated Medicaid Payments to Demonstration Year	Calculated Medicaid UPL Amount	UPL Inflation Factor Type	UPL Inflation Factor	Inflated UPL Amount	Other Adjustments to the UPL Amount	Adjusted Medicaid UPL Amount	UPL Gap Amount	Adjustment to the UPL Gap	Adjusted UPL Gap
	[306]	[307]	[308]	[309]	[318]	[400]	[404]	[405]	[406]	[402]	[403]	[407]	[408]	[409]
3	\$5,200,000	Market Basket	1.029	0.980	\$5,243,784	\$5,400,000	Market Basket	1.029	\$5,556,600	\$200,000	\$5,756,600	\$512,816	-\$100,000	\$412,816
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2	Total Medicaid Payments	MCD Inflation Factor Type	MCD Inflation Factor	Other Adjustment to Medicaid Payments	Inflated Medicaid Payments to Demonstration Year	Calculated Medicaid UPL Amount	UPL Inflation Factor Type	UPL Inflation Factor	Inflated UPL Amount	Other Adjustments to the UPL Amount	Adjusted Medicaid UPL Amount	UPL Gap Amount	Adjustment to the UPL Gap	Adjusted UPL Gap
	[306]	[307]	[308]	[309]	[318]	[400]	[404]	[405]	[406]	[402]	[403]	[407]	[408]	[409]
3	\$5,200,000	Market Basket	1.029	0.980	\$5,243,784	\$5,400,000	Market Basket	1.029	\$5,556,600	\$200,000	\$5,756,600	\$512,816	-\$100,000	\$412,816
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2		Factor Type	Factor	Adjustment to Medicaid Payments	Payments to Demonstration Year	Medicaid UPL Amount	Factor Type	Factor	Amount	to the UPL Amount	UPL Amount	Amount	to the UPL Gap	UPL Gap
	[306]	[307]	[308]	[309]	[318]	[400]	[404]	[405]	[406]	[402]	[403]	[407]	[408]	[409]
3		Market Basket	1.029	0.980	\$5,243,784	\$5,400,000	Market Basket	1.029	\$5,556,600	\$200,000	\$5,756,600	\$512,816	-\$100,000	\$412,816
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