

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

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

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

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

Information Requested:

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 (outpatient), demonstration type (cost, payment, DRG, other)
- **Provider Identification** asks for provider identification numbers and names for each facility included, the ownership (state government owned, non-state government owned, state-government owned), 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 the UPL
- **Medicaid (Charge and) Payment Data for Base Period** asks for Medicaid charge data used to calculate the UPL, as well 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 to account for changes in the Medicaid program that have occurred between the base and current rate year periods
- **UPL Calculation & Inflation to Demonstration Year** instructs the state to calculate the UPL and asks for inflationary or volume adjustment data to appropriately trend UPL data from the base to the current rate year
- **Adjustments to UPL** asks for other adjustments to the UPL that are not included in the UPL calculation (e.g., provider discounts, other demonstrations)
- **Calculation of UPL Gap** instructs the state to calculate the UPL gap for each facility by subtracting (adjusted/inflated) UPL from the calculated UPL

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

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

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

Inpatient Hospital Upper Payment Limit (UPL) Data Template

Table 1. CMS UPL 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 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)	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 to mid-point approach")	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]	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

Inpatient Hospital Upper Payment Limit (UPL) Data Template

Variable Number	Variable Format	Short Description	Long Description	Variable Status
203	\$ Amount	MCR Costs	Base year MCR costs used to calculate the MCR Cost-to-Charge Ratio (CCR) (Variable 208)	1: Variables Included in OP Cost Template But NOT Included Across All OP Templates
208	Proportion	MCR Cost-To-Charge Ratio (CCR)	Calculated as MCR Costs (Variable 203) / MCR Charges (Variable 204)	1: Variables Included in OP Cost Template But NOT Included Across All OP Templates
401	\$ Amount	MCD Provider Tax Cost	For cost-based demonstrations, MCD provider tax costs can be added to the UPL separately	1: Variables Included in OP Cost Template But NOT Included Across All OP Templates
205	\$ Amount	MCR Payments	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)	2: Variables Included in OP Payment Template But NOT Included Across All OP Templates
209	Proportion	MCR Payment-To-Charge Ratio (PTC)	Calculated as MCR Payments (Variable 205) / MCR Charges (Variable 204)	2: Variables Included in OP Payment Template But NOT Included Across All OP Templates

Outpatient Hospital Upper Payment Limit (UPL) Data Template

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
2	Database Description & Variable Number	Demo Info: State [100]	Demo Info: State Demonstration Rate Year [101]	Demo Info: Service Type [102]	Demo Info: Demonstration Type [104]	Provider Info: Other State Provider ID Number [105]	Provider Info: National Provider ID (NPI) [109]	Provider Info: Medicare Certification Number (Medicare ID) [112]	Provider Info: State-specific Provider ID (Medicaid ID) [107]	Provider Info: Provider Name [108]	Provider Info: Ownership Category Type [110]	Provider Info: Critical Access Hospital Status [113]	MCR Cost Charge Info: Medicare Cost Report Begin Date [200.1]	MCR Cost Charge Info: Medicare Cost Report End Date [200.2]
3	EXAMPLE	KY	2015	OP	Cost	A123456	1234567890	180000	34035324	EXAMPLE HOSPITAL	Private	N	7/1/2012	6/30/2013
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														
21														
22														
23														
24														
25														
26														
27														
28														
29														
30														
31														
32														
33														
34														
35														
36														
37														
38														
39														
40														
41														
42														
43														
44														
45														
46														
47														
48														
49														
50														
51														
52														
53														
54														
55														
56														
57														
58														
59														
60														
61														

Outpatient Hospital Upper Payment Limit (UPL) Data Template

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
2	Database Description & Variable Number	Demo Info: State [100]	Demo Info: State Demonstration Rate Year [101]	Demo Info: Service Type [102]	Demo Info: Demonstration Type [104]	Provider Info: Other State Provider ID Number [105]	Provider Info: National Provider ID (NPI) [109]	Provider Info: Medicare Certification Number (Medicare ID) [112]	Provider Info: State-specific Provider ID (Medicaid ID) [107]	Provider Info: Provider Name [108]	Provider Info: Ownership Category Type [110]	Provider Info: Critical Access Hospital Status [113]	MCR Cost Charge Info: Medicare Cost Report Begin Date [200.1]	MCR Cost Charge Info: Medicare Cost Report End Date [200.2]
3	EXAMPLE	KY	2015	OP	Cost	A123456	1234567890	180000	34035324	EXAMPLE HOSPITAL	Private	N	7/1/2012	6/30/2013
62														
63														
64														
65														
66														
67														
68														
69														
70														
71														
72														
73														
74														
75														
76														
77														
78														
79														
80														
81														
82														
83														
84														
85														
86														
87														
88														
89														
90														
91														
92														
93														
94														
95														
96														
97														
98														
99														
100														
101														
102														
103														
104														
105														
106														
107														
108														
109														
110														
111														
112														
113														
114														
115														
116														
117														
118														
119														

Outpatient Hospital Upper Payment Limit (UPL) Data Template

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
2	Database Description & Variable Number	Demo Info: State [100]	Demo Info: State Demonstration Rate Year [101]	Demo Info: Service Type [102]	Demo Info: Demonstration Type [104]	Provider Info: Other State Provider ID Number [105]	Provider Info: National Provider ID (NPI) [109]	Provider Info: Medicare Certification Number (Medicare ID) [112]	Provider Info: State-specific Provider ID (Medicaid ID) [107]	Provider Info: Provider Name [108]	Provider Info: Ownership Category Type [110]	Provider Info: Critical Access Hospital Status [113]	MCR Cost Charge Info: Medicare Cost Report Begin Date [200.1]	MCR Cost Charge Info: Medicare Cost Report End Date [200.2]
3	EXAMPLE	KY	2015	OP	Cost	A123456	1234567890	180000	34035324	EXAMPLE HOSPITAL	Private	N	7/1/2012	6/30/2013
120														
121														
122														
123														
124														
125														
126														
127														
128														
129														
130														
131														
132														
133														
134														
135														
136														
137														
138														
139														
140														
141														
142														
143														
144														
145														
146														
147														
148														
149														
150														
151														
152														
153														
154														
155														
156														
157														
158														
159														
160														
161														
162														
163														
164														
165														
166														
167														
168														
169														
170														
171														
172														
173														
174														
175														
176														
177														

Outpatient Hospital Upper Payment Limit (UPL) Data Template

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
2	Database Description & Variable Number	Demo Info: State [100]	Demo Info: State Demonstration Rate Year [101]	Demo Info: Service Type [102]	Demo Info: Demonstration Type [104]	Provider Info: Other State Provider ID Number [105]	Provider Info: National Provider ID (NPI) [109]	Provider Info: Medicare Certification Number (Medicare ID) [112]	Provider Info: State-specific Provider ID (Medicaid ID) [107]	Provider Info: Provider Name [108]	Provider Info: Ownership Category Type [110]	Provider Info: Critical Access Hospital Status [113]	MCR Cost Charge Info: Medicare Cost Report Begin Date [200.1]	MCR Cost Charge Info: Medicare Cost Report End Date [200.2]
3	EXAMPLE	KY	2015	OP	Cost	A123456	1234567890	180000	34035324	EXAMPLE HOSPITAL	Private	N	7/1/2012	6/30/2013
178														
179														
180														
181														
182														
183														
184														
185														
186														
187														
188														
189														
190														
191														
192														
193														
194														
195														
196														
197														
198														
199														
200														
201														
202														
203														
204														
205														
206														
207														
208														
209														
210														
211														
212														
213														
214														
215														
216														
217														
218														
219														
220														
221														
222														
223														
224														
225														
226														
227														
228														
229														
230														
231														
232														
233														
234														
235														

Outpatient Hospital Upper Payment Limit (UPL) Data Template

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
2	Database Description & Variable Number	Demo Info: State [100]	Demo Info: State Demonstration Rate Year [101]	Demo Info: Service Type [102]	Demo Info: Demonstration Type [104]	Provider Info: Other State Provider ID Number [105]	Provider Info: National Provider ID (NPI) [109]	Provider Info: Medicare Certification Number (Medicare ID) [112]	Provider Info: State-specific Provider ID (Medicaid ID) [107]	Provider Info: Provider Name [108]	Provider Info: Ownership Category Type [110]	Provider Info: Critical Access Hospital Status [113]	MCR Cost Charge Info: Medicare Cost Report Begin Date [200.1]	MCR Cost Charge Info: Medicare Cost Report End Date [200.2]
3	EXAMPLE	KY	2015	OP	Cost	A123456	1234567890	180000	34035324	EXAMPLE HOSPITAL	Private	N	7/1/2012	6/30/2013
236														
237														
238														
239														
240														
241														
242														
243														
244														
245														
246														
247														
248														
249														
250														
251														
252														
253														
254														
255														
256														
257														
258														
259														
260														
261														
262														
263														
264														
265														
266														
267														
268														
269														
270														
271														
272														
273														
274														
275														
276														
277														
278														
279														
280														
281														
282														
283														
284														
285														
286														
287														
288														
289														
290														
291														
292														
293														

Outpatient Hospital Upper Payment Limit (UPL) Data Template

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
2	Database Description & Variable Number	Demo Info: State [100]	Demo Info: State Demonstration Rate Year [101]	Demo Info: Service Type [102]	Demo Info: Demonstration Type [104]	Provider Info: Other State Provider ID Number [105]	Provider Info: National Provider ID (NPI) [109]	Provider Info: Medicare Certification Number (Medicare ID) [112]	Provider Info: State-specific Provider ID (Medicaid ID) [107]	Provider Info: Provider Name [108]	Provider Info: Ownership Category Type [110]	Provider Info: Critical Access Hospital Status [113]	MCR Cost Charge Info: Medicare Cost Report Begin Date [200.1]	MCR Cost Charge Info: Medicare Cost Report End Date [200.2]
3	EXAMPLE	KY	2015	OP	Cost	A123456	1234567890	180000	34035324	EXAMPLE HOSPITAL	Private	N	7/1/2012	6/30/2013
294														
295														
296														
297														
298														
299														
300														
301														
302														
303														
304														
305														
306														
307														
308														
309														
310														
311														
312														
313														
314														
315														
316														
317														
318														
319														
320														
321														
322														
323														
324														
325														
326														
327														
328														

Outpatient Hospital Upper Payment Limit (UPL) Data Template

	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA
2	MCR Cost Charge Info: Medicare Cost Report Filing Status [202]	MCR Cost Charge Info: Medicare Costs [203]	MCR Cost Charge Info: Medicare Charges [204]	MCR Cost Charge Info: Medicare Cost-To-Charge Ratio [208]	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) [303.2]	MCD Charge and Payment Info: Medicaid Supplemental Payments (Other) [303.3]	MCD Charge and Payment Info: Total Medicaid Payments [306]	MCD Inflated Payment Info: MCD Inflation Factor Type [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
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20													
21													
22													
23													
24													
25													
26													
27													
28													
29													
30													
31													
32													
33													
34													
35													
36													
37													
38													
39													
40													
41													
42													
43													
44													
45													
46													
47													
48													
49													
50													
51													
52													
53													
54													
55													
56													
57													
58													
59													
60													
61													

Outpatient Hospital Upper Payment Limit (UPL) Data Template

	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA
2	MCR Cost Charge Info: Medicare Cost Report Filing Status [202]	MCR Cost Charge Info: Medicare Costs [203]	MCR Cost Charge Info: Medicare Charges [204]	MCR Cost Charge Info: Medicare Cost-To-Charge Ratio [208]	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) [303.2]	MCD Charge and Payment Info: Medicaid Supplemental Payments (Other) [303.3]	MCD Charge and Payment Info: Total Medicaid Payments [306]	MCD Inflation Payment Info: MCD Inflation Factor Type [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
62													
63													
64													
65													
66													
67													
68													
69													
70													
71													
72													
73													
74													
75													
76													
77													
78													
79													
80													
81													
82													
83													
84													
85													
86													
87													
88													
89													
90													
91													
92													
93													
94													
95													
96													
97													
98													
99													
100													
101													
102													
103													
104													
105													
106													
107													
108													
109													
110													
111													
112													
113													
114													
115													
116													
117													
118													
119													

Outpatient Hospital Upper Payment Limit (UPL) Data Template

	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA
2	MCR Cost Charge Info: Medicare Cost Report Filing Status [202]	MCR Cost Charge Info: Medicare Costs [203]	MCR Cost Charge Info: Medicare Charges [204]	MCR Cost Charge Info: Medicare Cost-To-Charge Ratio [208]	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) [303.2]	MCD Charge and Payment Info: Medicaid Supplemental Payments (Other) [303.3]	MCD Charge and Payment Info: Total Medicaid Payments [306]	MCD Inflated Payment Info: MCD Inflation Factor Type [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
120													
121													
122													
123													
124													
125													
126													
127													
128													
129													
130													
131													
132													
133													
134													
135													
136													
137													
138													
139													
140													
141													
142													
143													
144													
145													
146													
147													
148													
149													
150													
151													
152													
153													
154													
155													
156													
157													
158													
159													
160													
161													
162													
163													
164													
165													
166													
167													
168													
169													
170													
171													
172													
173													
174													
175													
176													
177													

Outpatient Hospital Upper Payment Limit (UPL) Data Template

	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA
2	MCR Cost Charge Info: Medicare Cost Report Filing Status [202]	MCR Cost Charge Info: Medicare Costs [203]	MCR Cost Charge Info: Medicare Charges [204]	MCR Cost Charge Info: Medicare Cost-To-Charge Ratio [208]	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) [303.2]	MCD Charge and Payment Info: Medicaid Supplemental Payments (Other) [303.3]	MCD Charge and Payment Info: Total Medicaid Payments [306]	MCD Inflated Payment Info: MCD Inflation Factor Type [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
178													
179													
180													
181													
182													
183													
184													
185													
186													
187													
188													
189													
190													
191													
192													
193													
194													
195													
196													
197													
198													
199													
200													
201													
202													
203													
204													
205													
206													
207													
208													
209													
210													
211													
212													
213													
214													
215													
216													
217													
218													
219													
220													
221													
222													
223													
224													
225													
226													
227													
228													
229													
230													
231													
232													
233													
234													
235													

Outpatient Hospital Upper Payment Limit (UPL) Data Template

	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA
2	MCR Cost Charge Info: Medicare Cost Report Filing Status [202]	MCR Cost Charge Info: Medicare Costs [203]	MCR Cost Charge Info: Medicare Charges [204]	MCR Cost Charge Info: Medicare Cost-To-Charge Ratio [208]	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) [303.2]	MCD Charge and Payment Info: Medicaid Supplemental Payments (Other) [303.3]	MCD Charge and Payment Info: Total Medicaid Payments [306]	MCD Inflated Payment Info: MCD Inflation Factor Type [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
236													
237													
238													
239													
240													
241													
242													
243													
244													
245													
246													
247													
248													
249													
250													
251													
252													
253													
254													
255													
256													
257													
258													
259													
260													
261													
262													
263													
264													
265													
266													
267													
268													
269													
270													
271													
272													
273													
274													
275													
276													
277													
278													
279													
280													
281													
282													
283													
284													
285													
286													
287													
288													
289													
290													
291													
292													
293													

Outpatient Hospital Upper Payment Limit (UPL) Data Template

	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA
2	MCR Cost Charge Info: Medicare Cost Report Filing Status [202]	MCR Cost Charge Info: Medicare Costs [203]	MCR Cost Charge Info: Medicare Charges [204]	MCR Cost Charge Info: Medicare Cost-To-Charge Ratio [208]	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) [303.2]	MCD Charge and Payment Info: Medicaid Supplemental Payments (Other) [303.3]	MCD Charge and Payment Info: Total Medicaid Payments [306]	MCD Inflation Payment Info: MCD Inflation Factor Type [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
294													
295													
296													
297													
298													
299													
300													
301													
302													
303													
304													
305													
306													
307													
308													
309													
310													
311													
312													
313													
314													
315													
316													
317													
318													
319													
320													
321													
322													
323													
324													
325													
326													
327													
328													

Outpatient Hospital Upper Payment Limit (UPL) Data Template

	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN
2	MCD Inflated Payment Info: MCD Inflation Factor [308]	MCD Inflated Payment Info: Other Adjustment to Medicaid Payments [309]	MCD Inflated Payment Info: Inflated Medicaid Payments to Demonstration Year [318]	UPL Calc Info: Calculated Medicaid UPL Amount [400]	UPL Calc Info: UPL Inflation Factor Type [404]	UPL Calc Info: UPL Inflation Factor [405]	UPL Calc Info: Inflated UPL Amount [406]	UPL Adjustment Info: Medicaid Provider Tax Cost [401]	UPL Adjustment Info: Other Adjustments to the UPL Amount [402]	UPL Adjustment Info: Adjusted Medicaid UPL Amount [403]	UPL Gap Info: UPL Gap Amount [407]	UPL Gap Info: Adjustment to the UPL Gap [408]	UPL Gap Info: Adjusted UPL Gap [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
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20													
21													
22													
23													
24													
25													
26													
27													
28													
29													
30													
31													
32													
33													
34													
35													
36													
37													
38													
39													
40													
41													
42													
43													
44													
45													
46													
47													
48													
49													
50													
51													
52													
53													
54													
55													
56													
57													
58													
59													
60													
61													

Outpatient Hospital Upper Payment Limit (UPL) Data Template

	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN
2	MCD Inflated Payment Info: MCD Inflation Factor [308]	MCD Inflated Payment Info: Other Adjustment to Medicaid Payments [309]	MCD Inflated Payment Info: Inflated Medicaid Payments to Demonstration Year [318]	UPL Calc Info: Calculated Medicaid UPL Amount [400]	UPL Calc Info: UPL Inflation Factor Type [404]	UPL Calc Info: UPL Inflation Factor [405]	UPL Calc Info: Inflated UPL Amount [406]	UPL Adjustment Info: Medicaid Provider Tax Cost [401]	UPL Adjustment Info: Other Adjustments to the UPL Amount [402]	UPL Adjustment Info: Adjusted Medicaid UPL Amount [403]	UPL Gap Info: UPL Gap Amount [407]	UPL Gap Info: Adjustment to the UPL Gap [408]	UPL Gap Info: Adjusted UPL Gap [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
62													
63													
64													
65													
66													
67													
68													
69													
70													
71													
72													
73													
74													
75													
76													
77													
78													
79													
80													
81													
82													
83													
84													
85													
86													
87													
88													
89													
90													
91													
92													
93													
94													
95													
96													
97													
98													
99													
100													
101													
102													
103													
104													
105													
106													
107													
108													
109													
110													
111													
112													
113													
114													
115													
116													
117													
118													
119													

Outpatient Hospital Upper Payment Limit (UPL) Data Template

	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN
2	MCD Inflated Payment Info: MCD Inflation Factor [308]	MCD Inflated Payment Info: Other Adjustment to Medicaid Payments [309]	MCD Inflated Payment Info: Inflated Medicaid Payments to Demonstration Year [318]	UPL Calc Info: Calculated Medicaid UPL Amount [400]	UPL Calc Info: UPL Inflation Factor Type [404]	UPL Calc Info: UPL Inflation Factor [405]	UPL Calc Info: Inflated UPL Amount [406]	UPL Adjustment Info: Medicaid Provider Tax Cost [401]	UPL Adjustment Info: Other Adjustments to the UPL Amount [402]	UPL Adjustment Info: Adjusted Medicaid UPL Amount [403]	UPL Gap Info: UPL Gap Amount [407]	UPL Gap Info: Adjustment to the UPL Gap [408]	UPL Gap Info: Adjusted UPL Gap [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
120													
121													
122													
123													
124													
125													
126													
127													
128													
129													
130													
131													
132													
133													
134													
135													
136													
137													
138													
139													
140													
141													
142													
143													
144													
145													
146													
147													
148													
149													
150													
151													
152													
153													
154													
155													
156													
157													
158													
159													
160													
161													
162													
163													
164													
165													
166													
167													
168													
169													
170													
171													
172													
173													
174													
175													
176													
177													

Outpatient Hospital Upper Payment Limit (UPL) Data Template

	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN
2	MCD Inflated Payment Info: MCD Inflation Factor [308]	MCD Inflated Payment Info: Other Adjustment to Medicaid Payments [309]	MCD Inflated Payment Info: Inflated Medicaid Payments to Demonstration Year [318]	UPL Calc Info: Calculated Medicaid UPL Amount [400]	UPL Calc Info: UPL Inflation Factor Type [404]	UPL Calc Info: UPL Inflation Factor [405]	UPL Calc Info: Inflated UPL Amount [406]	UPL Adjustment Info: Medicaid Provider Tax Cost [401]	UPL Adjustment Info: Other Adjustments to the UPL Amount [402]	UPL Adjustment Info: Adjusted Medicaid UPL Amount [403]	UPL Gap Info: UPL Gap Amount [407]	UPL Gap Info: Adjustment to the UPL Gap [408]	UPL Gap Info: Adjusted UPL Gap [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
178													
179													
180													
181													
182													
183													
184													
185													
186													
187													
188													
189													
190													
191													
192													
193													
194													
195													
196													
197													
198													
199													
200													
201													
202													
203													
204													
205													
206													
207													
208													
209													
210													
211													
212													
213													
214													
215													
216													
217													
218													
219													
220													
221													
222													
223													
224													
225													
226													
227													
228													
229													
230													
231													
232													
233													
234													
235													

Outpatient Hospital Upper Payment Limit (UPL) Data Template

	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN
2	MCD Inflated Payment Info: MCD Inflation Factor [308]	MCD Inflated Payment Info: Other Adjustment to Medicaid Payments [309]	MCD Inflated Payment Info: Inflated Medicaid Payments to Demonstration Year [318]	UPL Calc Info: Calculated Medicaid UPL Amount [400]	UPL Calc Info: UPL Inflation Factor Type [404]	UPL Calc Info: UPL Inflation Factor [405]	UPL Calc Info: Inflated UPL Amount [406]	UPL Adjustment Info: Medicaid Provider Tax Cost [401]	UPL Adjustment Info: Other Adjustments to the UPL Amount [402]	UPL Adjustment Info: Adjusted Medicaid UPL Amount [403]	UPL Gap Info: UPL Gap Amount [407]	UPL Gap Info: Adjustment to the UPL Gap [408]	UPL Gap Info: Adjusted UPL Gap [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
236													
237													
238													
239													
240													
241													
242													
243													
244													
245													
246													
247													
248													
249													
250													
251													
252													
253													
254													
255													
256													
257													
258													
259													
260													
261													
262													
263													
264													
265													
266													
267													
268													
269													
270													
271													
272													
273													
274													
275													
276													
277													
278													
279													
280													
281													
282													
283													
284													
285													
286													
287													
288													
289													
290													
291													
292													
293													

Outpatient Hospital Upper Payment Limit (UPL) Data Template

	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN
2	MCD Inflated Payment Info: MCD Inflation Factor [308]	MCD Inflated Payment Info: Other Adjustment to Medicaid Payments [309]	MCD Inflated Payment Info: Inflated Medicaid Payments to Demonstration Year [318]	UPL Calc Info: Calculated Medicaid UPL Amount [400]	UPL Calc Info: UPL Inflation Factor Type [404]	UPL Calc Info: UPL Inflation Factor [405]	UPL Calc Info: Inflated UPL Amount [406]	UPL Adjustment Info: Medicaid Provider Tax Cost [401]	UPL Adjustment Info: Other Adjustments to the UPL Amount [402]	UPL Adjustment Info: Adjusted Medicaid UPL Amount [403]	UPL Gap Info: UPL Gap Amount [407]	UPL Gap Info: Adjustment to the UPL Gap [408]	UPL Gap Info: Adjusted UPL Gap [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
294													
295													
296													
297													
298													
299													
300													
301													
302													
303													
304													
305													
306													
307													
308													
309													
310													
311													
312													
313													
314													
315													
316													
317													
318													
319													
320													
321													
322													
323													
324													
325													
326													
327													
328													

Outpatient Hospital Upper Payment Limit (UPL) Data Template

	A	B	C	D	E	F	G	H	I	J	K	L
2	Database Description & Variable Number	Demo Info: State [100]	Demo Info: State Demonstration Rate Year [101]	Demo Info: Service Type [102]	Demo Info: Demonstration Type [104]	Provider Info: Other State Provider ID Number [105]	Provider Info: National Provider ID (NPI) [109]	Provider Info: Medicare Certification Number (Medicare ID) [112]	Provider Info: State-specific Provider ID (Medicaid ID) [107]	Provider Info: Provider Name [108]	Provider Info: Ownership Category Type [110]	Provider Info: Critical Access Hospital Status [113]
3	EXAMPLE	KY	2015	OP	Payment	A654321	1234567890	180001	34035325	EXAMPLE HOSPITAL	NSGO	N
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
21												
22												
23												
24												
25												
26												
27												
28												
29												
30												
31												
32												
33												
34												
35												
36												
37												
38												
39												
40												
41												
42												
43												
44												
45												
46												
47												
48												
49												
50												
51												
52												
53												
54												
55												
56												
57												
58												
59												
60												
61												

Outpatient Hospital Upper Payment Limit (UPL) Data Template

	A	B	C	D	E	F	G	H	I	J	K	L
2	Database Description & Variable Number	Demo Info: State [100]	Demo Info: State Demonstration Rate Year [101]	Demo Info: Service Type [102]	Demo Info: Demonstration Type [104]	Provider Info: Other State Provider ID Number [105]	Provider Info: National Provider ID (NPI) [109]	Provider Info: Medicare Certification Number (Medicare ID) [112]	Provider Info: State-specific Provider ID (Medicaid ID) [107]	Provider Info: Provider Name [108]	Provider Info: Ownership Category Type [110]	Provider Info: Critical Access Hospital Status [113]
3	EXAMPLE	KY	2015	OP	Payment	A654321	1234567890	180001	34035325	EXAMPLE HOSPITAL	NSGO	N
62												
63												
64												
65												
66												
67												
68												
69												
70												
71												
72												
73												
74												
75												
76												
77												
78												
79												
80												
81												
82												
83												
84												
85												
86												
87												
88												
89												
90												
91												
92												
93												
94												
95												
96												
97												
98												
99												
100												
101												
102												
103												
104												
105												
106												
107												
108												
109												
110												
111												
112												
113												
114												
115												
116												
117												
118												
119												

Outpatient Hospital Upper Payment Limit (UPL) Data Template

	A	B	C	D	E	F	G	H	I	J	K	L
2	Database Description & Variable Number	Demo Info: State [100]	Demo Info: State Demonstration Rate Year [101]	Demo Info: Service Type [102]	Demo Info: Demonstration Type [104]	Provider Info: Other State Provider ID Number [105]	Provider Info: National Provider ID (NPI) [109]	Provider Info: Medicare Certification Number (Medicare ID) [112]	Provider Info: State-specific Provider ID (Medicaid ID) [107]	Provider Info: Provider Name [108]	Provider Info: Ownership Category Type [110]	Provider Info: Critical Access Hospital Status [113]
3	EXAMPLE	KY	2015	OP	Payment	A654321	1234567890	180001	34035325	EXAMPLE HOSPITAL	NSGO	N
120												
121												
122												
123												
124												
125												
126												
127												
128												
129												
130												
131												
132												
133												
134												
135												
136												
137												
138												
139												
140												
141												
142												
143												
144												
145												
146												
147												
148												
149												
150												
151												
152												
153												
154												
155												
156												
157												
158												
159												
160												
161												
162												
163												
164												
165												
166												
167												
168												
169												
170												
171												
172												
173												
174												
175												
176												
177												

Outpatient Hospital Upper Payment Limit (UPL) Data Template

	A	B	C	D	E	F	G	H	I	J	K	L
2	Database Description & Variable Number	Demo Info: State [100]	Demo Info: State Demonstration Rate Year [101]	Demo Info: Service Type [102]	Demo Info: Demonstration Type [104]	Provider Info: Other State Provider ID Number [105]	Provider Info: National Provider ID (NPI) [109]	Provider Info: Medicare Certification Number (Medicare ID) [112]	Provider Info: State-specific Provider ID (Medicaid ID) [107]	Provider Info: Provider Name [108]	Provider Info: Ownership Category Type [110]	Provider Info: Critical Access Hospital Status [113]
3	EXAMPLE	KY	2015	OP	Payment	A654321	1234567890	180001	34035325	EXAMPLE HOSPITAL	NSGO	N
178												
179												
180												
181												
182												
183												
184												
185												
186												
187												
188												
189												
190												
191												
192												
193												
194												
195												
196												
197												
198												
199												
200												
201												
202												
203												
204												
205												
206												
207												
208												
209												
210												
211												
212												
213												
214												
215												
216												
217												
218												
219												
220												
221												
222												
223												
224												
225												
226												
227												
228												
229												
230												
231												
232												
233												
234												
235												

Outpatient Hospital Upper Payment Limit (UPL) Data Template

	A	B	C	D	E	F	G	H	I	J	K	L
2	Database Description & Variable Number	Demo Info: State [100]	Demo Info: State Demonstration Rate Year [101]	Demo Info: Service Type [102]	Demo Info: Demonstration Type [104]	Provider Info: Other State Provider ID Number [105]	Provider Info: National Provider ID (NPI) [109]	Provider Info: Medicare Certification Number (Medicare ID) [112]	Provider Info: State-specific Provider ID (Medicaid ID) [107]	Provider Info: Provider Name [108]	Provider Info: Ownership Category Type [110]	Provider Info: Critical Access Hospital Status [113]
3	EXAMPLE	KY	2015	OP	Payment	A654321	1234567890	180001	34035325	EXAMPLE HOSPITAL	NSGO	N
236												
237												
238												
239												
240												
241												
242												
243												
244												
245												
246												
247												
248												
249												
250												
251												
252												
253												
254												
255												
256												
257												
258												
259												
260												
261												
262												
263												
264												
265												
266												
267												
268												
269												
270												
271												
272												
273												
274												
275												
276												
277												
278												
279												
280												
281												
282												
283												
284												
285												
286												
287												
288												
289												
290												
291												
292												
293												

Outpatient Hospital Upper Payment Limit (UPL) Data Template

	A	B	C	D	E	F	G	H	I	J	K	L
2	Database Description & Variable Number	Demo Info: State [100]	Demo Info: State Demonstration Rate Year [101]	Demo Info: Service Type [102]	Demo Info: Demonstration Type [104]	Provider Info: Other State Provider ID Number [105]	Provider Info: National Provider ID (NPI) [109]	Provider Info: Medicare Certification Number (Medicare ID) [112]	Provider Info: State-specific Provider ID (Medicaid ID) [107]	Provider Info: Provider Name [108]	Provider Info: Ownership Category Type [110]	Provider Info: Critical Access Hospital Status [113]
3	EXAMPLE	KY	2015	OP	Payment	A654321	1234567890	180001	34035325	EXAMPLE HOSPITAL	NSGO	N
294												
295												
296												
297												
298												
299												
300												
301												
302												
303												
304												
305												
306												
307												
308												
309												
310												
311												
312												
313												
314												
315												
316												
317												
318												
319												
320												
321												
322												
323												
324												
325												
326												
327												
328												

Outpatient Hospital Upper Payment Limit (UPL) Data Template

	M	N	O	P	Q	R	S	T	U	V	W	X	Y
2	MCR Cost Charge Info: Medicare Cost Report Begin Date [200.1]	MCR Cost Charge Info: Medicare Cost Report End Date [200.2]	MCR Cost Charge Info: Medicare Cost Report Filing Status [202]	MCR Cost Charge Info: Medicare Payments [205]	MCR Cost Charge Info: Medicare Charges [204]	MCR Cost Charge Info: Medicare Payment-To-Charge Ratio [209]	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) [303.2]	MCD Charge and Payment Info: Medicaid Supplemental Payments (Other) [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
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20													
21													
22													
23													
24													
25													
26													
27													
28													
29													
30													
31													
32													
33													
34													
35													
36													
37													
38													
39													
40													
41													
42													
43													
44													
45													
46													
47													
48													
49													
50													
51													
52													
53													
54													
55													
56													
57													
58													
59													
60													
61													

Outpatient Hospital Upper Payment Limit (UPL) Data Template

	M	N	O	P	Q	R	S	T	U	V	W	X	Y
2	MCR Cost Charge Info: Medicare Cost Report Begin Date [200.1]	MCR Cost Charge Info: Medicare Cost Report End Date [200.2]	MCR Cost Charge Info: Medicare Cost Report Filing Status [202]	MCR Cost Charge Info: Medicare Payments [205]	MCR Cost Charge Info: Medicare Charges [204]	MCR Cost Charge Info: Medicare Payment-To-Charge Ratio [209]	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) [303.2]	MCD Charge and Payment Info: Medicaid Supplemental Payments (Other) [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
62													
63													
64													
65													
66													
67													
68													
69													
70													
71													
72													
73													
74													
75													
76													
77													
78													
79													
80													
81													
82													
83													
84													
85													
86													
87													
88													
89													
90													
91													
92													
93													
94													
95													
96													
97													
98													
99													
100													
101													
102													
103													
104													
105													
106													
107													
108													
109													
110													
111													
112													
113													
114													
115													
116													
117													
118													
119													

Outpatient Hospital Upper Payment Limit (UPL) Data Template

	M	N	O	P	Q	R	S	T	U	V	W	X	Y
2	MCR Cost Charge Info: Medicare Cost Report Begin Date [200.1]	MCR Cost Charge Info: Medicare Cost Report End Date [200.2]	MCR Cost Charge Info: Medicare Cost Report Filing Status [202]	MCR Cost Charge Info: Medicare Payments [205]	MCR Cost Charge Info: Medicare Charges [204]	MCR Cost Charge Info: Medicare Payment-To-Charge Ratio [209]	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) [303.2]	MCD Charge and Payment Info: Medicaid Supplemental Payments (Other) [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
120													
121													
122													
123													
124													
125													
126													
127													
128													
129													
130													
131													
132													
133													
134													
135													
136													
137													
138													
139													
140													
141													
142													
143													
144													
145													
146													
147													
148													
149													
150													
151													
152													
153													
154													
155													
156													
157													
158													
159													
160													
161													
162													
163													
164													
165													
166													
167													
168													
169													
170													
171													
172													
173													
174													
175													
176													
177													

Outpatient Hospital Upper Payment Limit (UPL) Data Template

	M	N	O	P	Q	R	S	T	U	V	W	X	Y
2	MCR Cost Charge Info: Medicare Cost Report Begin Date [200.1]	MCR Cost Charge Info: Medicare Cost Report End Date [200.2]	MCR Cost Charge Info: Medicare Cost Report Filing Status [202]	MCR Cost Charge Info: Medicare Payments [205]	MCR Cost Charge Info: Medicare Charges [204]	MCR Cost Charge Info: Medicare Payment-To-Charge Ratio [209]	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) [303.2]	MCD Charge and Payment Info: Medicaid Supplemental Payments (Other) [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
178													
179													
180													
181													
182													
183													
184													
185													
186													
187													
188													
189													
190													
191													
192													
193													
194													
195													
196													
197													
198													
199													
200													
201													
202													
203													
204													
205													
206													
207													
208													
209													
210													
211													
212													
213													
214													
215													
216													
217													
218													
219													
220													
221													
222													
223													
224													
225													
226													
227													
228													
229													
230													
231													
232													
233													
234													
235													

Outpatient Hospital Upper Payment Limit (UPL) Data Template

	M	N	O	P	Q	R	S	T	U	V	W	X	Y
2	MCR Cost Charge Info: Medicare Cost Report Begin Date [200.1]	MCR Cost Charge Info: Medicare Cost Report End Date [200.2]	MCR Cost Charge Info: Medicare Cost Report Filing Status [202]	MCR Cost Charge Info: Medicare Payments [205]	MCR Cost Charge Info: Medicare Charges [204]	MCR Cost Charge Info: Medicare Payment-To-Charge Ratio [209]	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) [303.2]	MCD Charge and Payment Info: Medicaid Supplemental Payments (Other) [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
236													
237													
238													
239													
240													
241													
242													
243													
244													
245													
246													
247													
248													
249													
250													
251													
252													
253													
254													
255													
256													
257													
258													
259													
260													
261													
262													
263													
264													
265													
266													
267													
268													
269													
270													
271													
272													
273													
274													
275													
276													
277													
278													
279													
280													
281													
282													
283													
284													
285													
286													
287													
288													
289													
290													
291													
292													
293													

Outpatient Hospital Upper Payment Limit (UPL) Data Template

	M	N	O	P	Q	R	S	T	U	V	W	X	Y
2	MCR Cost Charge Info: Medicare Cost Report Begin Date [200.1]	MCR Cost Charge Info: Medicare Cost Report End Date [200.2]	MCR Cost Charge Info: Medicare Cost Report Filing Status [202]	MCR Cost Charge Info: Medicare Payments [205]	MCR Cost Charge Info: Medicare Charges [204]	MCR Cost Charge Info: Medicare Payment-To-Charge Ratio [209]	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) [303.2]	MCD Charge and Payment Info: Medicaid Supplemental Payments (Other) [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
294													
295													
296													
297													
298													
299													
300													
301													
302													
303													
304													
305													
306													
307													
308													
309													
310													
311													
312													
313													
314													
315													
316													
317													
318													
319													
320													
321													
322													
323													
324													
325													
326													
327													
328													

Outpatient Hospital Upper Payment Limit (UPL) Data Template

	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM
2	MCD Charge and Payment Info: Total Medicaid Payments [306]	MCD Inflated Payment Info: MCD Inflation Factor Type [307]	MCD Inflated Payment Info: MCD Inflation Factor [308]	MCD Inflated Payment Info: Other Adjustment to Medicaid Payments [309]	MCD Inflated Payment Info: Inflated Medicaid Payments to Demonstration Year [318]	UPL Calc Info: Calculated Medicaid UPL Amount [400]	UPL Calc Info: UPL Inflation Factor Type [404]	UPL Calc Info: UPL Inflation Factor [405]	UPL Calc Info: Inflated UPL Amount [406]	UPL Adjustment Info: Other Adjustments to the UPL Amount [402]	UPL Adjustment Info: Adjusted Medicaid UPL Amount [403]	UPL Gap Info: UPL Gap Amount [407]	UPL Gap Info: Adjustment to the UPL Gap [408]	UPL Gap Info: Adjusted UPL Gap [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
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														
21														
22														
23														
24														
25														
26														
27														
28														
29														
30														
31														
32														
33														
34														
35														
36														
37														
38														
39														
40														
41														
42														
43														
44														
45														
46														
47														
48														
49														
50														
51														
52														
53														
54														
55														
56														
57														
58														
59														
60														
61														

Outpatient Hospital Upper Payment Limit (UPL) Data Template

	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM
2	MCD Charge and Payment Info: Total Medicaid Payments [306]	MCD Inflated Payment Info: MCD Inflation Factor Type [307]	MCD Inflated Payment Info: MCD Inflation Factor [308]	MCD Inflated Payment Info: Other Adjustment to Medicaid Payments [309]	MCD Inflated Payment Info: Inflated Medicaid Payments to Demonstration Year [318]	UPL Calc Info: Calculated Medicaid UPL Amount [400]	UPL Calc Info: UPL Inflation Factor Type [404]	UPL Calc Info: UPL Inflation Factor [405]	UPL Calc Info: Inflated UPL Amount [406]	UPL Adjustment Info: Other Adjustments to the UPL Amount [402]	UPL Adjustment Info: Adjusted Medicaid UPL Amount [403]	UPL Gap Info: UPL Gap Amount [407]	UPL Gap Info: Adjustment to the UPL Gap [408]	UPL Gap Info: Adjusted UPL Gap [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
62														
63														
64														
65														
66														
67														
68														
69														
70														
71														
72														
73														
74														
75														
76														
77														
78														
79														
80														
81														
82														
83														
84														
85														
86														
87														
88														
89														
90														
91														
92														
93														
94														
95														
96														
97														
98														
99														
100														
101														
102														
103														
104														
105														
106														
107														
108														
109														
110														
111														
112														
113														
114														
115														
116														
117														
118														
119														

Outpatient Hospital Upper Payment Limit (UPL) Data Template

	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM
2	MCD Charge and Payment Info: Total Medicaid Payments [306]	MCD Inflated Payment Info: MCD Inflation Factor Type [307]	MCD Inflated Payment Info: MCD Inflation Factor [308]	MCD Inflated Payment Info: Other Adjustment to Medicaid Payments [309]	MCD Inflated Payment Info: Inflated Medicaid Payments to Demonstration Year [318]	UPL Calc Info: Calculated Medicaid UPL Amount [400]	UPL Calc Info: UPL Inflation Factor Type [404]	UPL Calc Info: UPL Inflation Factor [405]	UPL Calc Info: Inflated UPL Amount [406]	UPL Adjustment Info: Other Adjustments to the UPL Amount [402]	UPL Adjustment Info: Adjusted Medicaid UPL Amount [403]	UPL Gap Info: UPL Gap Amount [407]	UPL Gap Info: Adjustment to the UPL Gap [408]	UPL Gap Info: Adjusted UPL Gap [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
120														
121														
122														
123														
124														
125														
126														
127														
128														
129														
130														
131														
132														
133														
134														
135														
136														
137														
138														
139														
140														
141														
142														
143														
144														
145														
146														
147														
148														
149														
150														
151														
152														
153														
154														
155														
156														
157														
158														
159														
160														
161														
162														
163														
164														
165														
166														
167														
168														
169														
170														
171														
172														
173														
174														
175														
176														
177														

Outpatient Hospital Upper Payment Limit (UPL) Data Template

	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM
2	MCD Charge and Payment Info: Total Medicaid Payments [306]	MCD Inflated Payment Info: MCD Inflation Factor Type [307]	MCD Inflated Payment Info: MCD Inflation Factor [308]	MCD Inflated Payment Info: Other Adjustment to Medicaid Payments [309]	MCD Inflated Payment Info: Inflated Medicaid Payments to Demonstration Year [318]	UPL Calc Info: Calculated Medicaid UPL Amount [400]	UPL Calc Info: UPL Inflation Factor Type [404]	UPL Calc Info: UPL Inflation Factor [405]	UPL Calc Info: Inflated UPL Amount [406]	UPL Adjustment Info: Other Adjustments to the UPL Amount [402]	UPL Adjustment Info: Adjusted Medicaid UPL Amount [403]	UPL Gap Info: UPL Gap Amount [407]	UPL Gap Info: Adjustment to the UPL Gap [408]	UPL Gap Info: Adjusted UPL Gap [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
178														
179														
180														
181														
182														
183														
184														
185														
186														
187														
188														
189														
190														
191														
192														
193														
194														
195														
196														
197														
198														
199														
200														
201														
202														
203														
204														
205														
206														
207														
208														
209														
210														
211														
212														
213														
214														
215														
216														
217														
218														
219														
220														
221														
222														
223														
224														
225														
226														
227														
228														
229														
230														
231														
232														
233														
234														
235														

Outpatient Hospital Upper Payment Limit (UPL) Data Template

	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM
2	MCD Charge and Payment Info: Total Medicaid Payments [306]	MCD Inflated Payment Info: MCD Inflation Factor Type [307]	MCD Inflated Payment Info: MCD Inflation Factor [308]	MCD Inflated Payment Info: Other Adjustment to Medicaid Payments [309]	MCD Inflated Payment Info: Inflated Medicaid Payments to Demonstration Year [318]	UPL Calc Info: Calculated Medicaid UPL Amount [400]	UPL Calc Info: UPL Inflation Factor Type [404]	UPL Calc Info: UPL Inflation Factor [405]	UPL Calc Info: Inflated UPL Amount [406]	UPL Adjustment Info: Other Adjustments to the UPL Amount [402]	UPL Adjustment Info: Adjusted Medicaid UPL Amount [403]	UPL Gap Info: UPL Gap Amount [407]	UPL Gap Info: Adjustment to the UPL Gap [408]	UPL Gap Info: Adjusted UPL Gap [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
236														
237														
238														
239														
240														
241														
242														
243														
244														
245														
246														
247														
248														
249														
250														
251														
252														
253														
254														
255														
256														
257														
258														
259														
260														
261														
262														
263														
264														
265														
266														
267														
268														
269														
270														
271														
272														
273														
274														
275														
276														
277														
278														
279														
280														
281														
282														
283														
284														
285														
286														
287														
288														
289														
290														
291														
292														
293														

Outpatient Hospital Upper Payment Limit (UPL) Data Template

	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM
2	MCD Charge and Payment Info: Total Medicaid Payments [306]	MCD Inflated Payment Info: MCD Inflation Factor Type [307]	MCD Inflated Payment Info: MCD Inflation Factor [308]	MCD Inflated Payment Info: Other Adjustment to Medicaid Payments [309]	MCD Inflated Payment Info: Inflated Medicaid Payments to Demonstration Year [318]	UPL Calc Info: Calculated Medicaid UPL Amount [400]	UPL Calc Info: UPL Inflation Factor Type [404]	UPL Calc Info: UPL Inflation Factor [405]	UPL Calc Info: Inflated UPL Amount [406]	UPL Adjustment Info: Other Adjustments to the UPL Amount [402]	UPL Adjustment Info: Adjusted Medicaid UPL Amount [403]	UPL Gap Info: UPL Gap Amount [407]	UPL Gap Info: Adjustment to the UPL Gap [408]	UPL Gap Info: Adjusted UPL Gap [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
294														
295														
296														
297														
298														
299														
300														
301														
302														
303														
304														
305														
306														
307														
308														
309														
310														
311														
312														
313														
314														
315														
316														
317														
318														
319														
320														
321														
322														
323														
324														
325														
326														
327														
328														