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

report prepared by:

(please ins

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

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

- 2. I certify that the costs reported in this Upper Paymer consistent with 45 CFR part 75 and 2 CFR part 200, with
- **3.** State and/or local funds are available and will be use are in accordance with all applicable federal requirement by Federal law to be used to match other Federal funds other Federally funded programs).
- **4.** I understand that this information may be used as a civil or criminal law.
- **5.** I certify that, to the best of my knowledge and belief used to complete the template. I certify that, to the best of the template has been used for this submission.
- **6.** I certify that, to the best of my knowledge and belief guidelines and directions have been followed in comple
- 7. I am the officer authorized by the relevant state gove

Electronic Signature: Title & Contact Information:

Upper Payment Limit Demonstration Report

| tatement and that I have examined the accompanying electronically filed and/or manually submitted Upper Payment Lim |
|--|
| ert the state Medicaid official (or other person who prepared this UPL demonstration report) Name(s), title(s), and Contac |
| |
| pelief, this report is true, accurate, and complete, and except as noted, have been prepared from the books and records o licable instructions. I further certify that I am familiar with the laws and regulations regarding the provision of health care imit demonstration report are provided in compliance with such laws and regulations. |
| nt Limit demonstration represent a reasonable estimate of the amount that Medicare would pay for these Medicaid servi expenditure/cost data trended forward based on historical data. |
| ed to pay for total computable allowable expenditures included in this statement, and the source(s) of such state and/or long for the non-federal share of expenditures (including that the funds are not Federal funds in origin or are Federal funds, and that the federal funds received to match the claimed expenditures will not be used to meet matching requirements |
| basis for claims for federal funds, and that falsification and concealment of a material fact may be prosecuted under fede |
| , all necessary information has been provided to support the determination of the UPL amount, including supplemental nest of my knowledge and belief, none of the calculations or formulas in the template have been changed, and the most reconstructions. |
| the structure of this OMB approved and locked template has not been altered in any way, all applicable instructions in the ting this UPL demonstration, and the template has been completed consistent with the definitions in the data dictionary. |
| ernment agency to submit this form and I have made a good faith effort to ensure that all information reported is true an |
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Overview

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

CMS Accountability Guidance

CMS has created templates with a single data input tab for all demonstration types within a single service type to simplify data entry. These templates have been developed to assist states in meeting UPL requirements and increase comparability across states. This workbook contains templates for the outpatient hospital UPL demonstrations.

For each facility, please complete the tab labeled "Required State Input – OPH." Data for multiple demonstration types may be entered into the "Required State Input – OPH" tab. Valid demonstration types for this template include:

- 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)

If a cell has a red background, critical data for that variable is missing or invalid. Once the data is filled in with valid data for the specified cell, the template will remove the red color from the cell. For details about the valid data format and valid values for each variable, please see the Data Dictionary tab. If a cell has a gray background, that means that variable is not relevant for that record based on the demonstration type selected in variable 104.

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

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

Please ensure the top section of each input tab in the template is completed, which includes the state, the start date for the demonstration, and the end date for the demonstration. This is used to ensure that there are no gaps between yearly submissions.

States may apply different UPL formulas for state government owned or operated facilities, non-state government owned or operated facilities and private facilities; however, the formula should be consistently applied to each provider within the category. Additionally, each facility should only be included in one type of UPL demonstration. In filling out the input tab within this template, data for each individual provider should be included on one separate row. Additionally, all supplemental payments made by the state should be reported for each individual provider and reported separately from regular Medicaid payments. There may be instances where a variable is not applicable to your UPL calculation. Please leave these variables blank, enter a 0, or enter a 1 based on the variable instructions.

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), and demonstration type (cost, payment, DRG, other)
- **Provider Information** asks for provider identification numbers and names for each facility included, the ownership category type (private, non-state government owned, state-government owned), and whether the hospital is a critical access hospital
- Medicare Information for the Base Period asks for Medicare base year data relevant to the calculation of the UPL
- Medicaid Information for the Base Period asks for Medicaid charge data used to calculate the UPL, as well as Medicaid payment data that is used to determine whether or not the state has made payments in excess of the UPL
- **Medicaid Payments Inflated to Demonstration Year** asks for inflationary or volume adjustment data that are made by the state to reflect changes in the Medicaid program that have occurred between the base and current rate year periods
- **UPL Calculation & Inflation to Demonstration Year** instructs the state to calculate the UPL and asks for inflationary adjustments to appropriately trend UPL data from the base to the current rate year
- **Adjustments to UPL** asks for other adjustments to the UPL that are not included in the UPL calculation (e.g., provider taxes for cost-based demonstrations)
- Calculation of UPL Gap instructs the state to calculate the UPL gap for each facility by subtracting (adjusted/inflated) Medicaid payments from the calculated UPL

CMS has developed an instructional document for outpatient facilities to help states create their UPL demonstration. For example, detailed information on where to find the source data from the Medicare cost reports can be found in section III of the Outpatient Hospital Services UPL Instructions document. This document can be downloaded from:

CMS UPL Instructions for Outpatient Hospital Services

<u>Proportion and Percentage 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 0.1235) Detailed descriptions for each variable are provided in the next sheet labeled "Data Dictionary." A hypothetical hospital's data has also been entered for each template to provide guidance and formulas regarding the data requested for each column.

PRA Disclosure Statement:

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

End of Worksheet

| Variable Number | Variable Designation | Variable Format |
|-----------------|--|---------------------|
| 001 | Required | 2-character text |
| 002 | Required | Date [DD/MM/YYYY] |
| 003 | Required | Date [MM/DD/YYYY] |
| 100 | Required | 2-character text |
| 101 | Required | 4-digit number |
| 102 | Required | 2-character text |
| 103 | Not Applicable to this Template (N/A) | N/A |
| 104 | Required | Text |
| 105 | Provide if Applicable (PIA) | Unspecified |
| 106 | N/A | N/A |
| 107 | Required | Unspecified |
| 108 | Required | Text |
| 109 | Provide if Applicable (PIA) | 10-11 digit number |
| 110 | Required | Text |
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| 111 | N/A | N/A |
| 112 | Required | 6-digit number |
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| 113 | Provide if Applicable (PIA) | Text |
| 114-115 | N/A | N/A |
| 116 | Provide if Applicable (PIA) | Text |
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| 117 | Provide if Applicable (PIA) | 10-character text |
| 11, | Trovide in Applicable (1174) | 10 character text |
| 200.1 | Required | Date [MM/DD/YYYY] |
| 200.1 | Required | Date [MM, DB, 1111] |
| 200.2 | Required | Date [MM/DD/YYYY] |
| 200.2 | Regaired | |
| 201 | N/A | N/A |
| 202 | Required | Text |
| 203 | Required if Cost | \$ Amount |
| 200 | Demonstration | φ Allioulit |

| 204 | Required | \$ Amount |
|------------------|--------------------------------------|--------------------------|
| | | |
| 205 | Required if Payment Demonstration | \$ Amount |
| 206-207 208 | N/A Calculated | N/A Proportion |
| 209 | Calculated | Proportion |
| 210-226 300.1 | N/A Required | N/A Date [MM/DD/YYYY] |
| 300.2 | Required | Date [MM/DD/YYYY] |
| 301 | Required | \$ Amount |
| 302 303.1 | Required Required | \$ Amount \$ Amount |
| 303.2 | Required | \$ Amount |
| 303.3 | Required | \$ Amount |
| 304-305 306 | N/A Calculated | N/A \$ Amount |
| 307 | Provide if Applicable (PIA) | Text |

| 308 | Required | Proportion |
|----------------|-----------------------------------|------------------|
| 309 | Required | Proportion |
| 310-317 318 | N/A Calculated | N/A \$ Amount |
| 400 | Calculated | \$ Amount |
| | | |
| 401 | Required if Cost Demonstration | \$ Amount |
| 402 | Required | \$ Amount |
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| 403 | Calculated | \$ Amount |
| 404 | Provide if Applicable (PIA) | Text |
| 405 | Required | Proportion |
| 406 | Calculated | \$ Amount |
| 407 | Calculated | \$ Amount |

| 408 | Required | \$ Amount |
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| 409 | Calculated | \$ Amount |
| 410-424 | N/A | N/A |

Table 1. CMS UPL Out

Variable numbering scheme is used for internal identificatio

Short Description

State

Demonstration Begin Date

Demonstration End Date

State

State Demonstration Rate Year

Service Type

N/A

Demonstration Type (Cost, Payment, DRG, Per Diem)

Other State Provider ID Number

N/A

State-specific Provider ID (MCD ID)

Provider Name

National Provider ID (NPI)

Ownership Category Type (Private, NSGO, SGO)

N/A

MCR Certification Number (MCR ID)

Critical Access Hospital (CAH) Status (Y/N)

N/A

Retrospective/Prospective Demonstration

State Plan Amendment (SPA) Number

MCR Cost Report Begin Date

MCR Cost Report End Date

N/A

MCR Cost Report Filing Status

MCR Costs

| MCR Charges | |
|--|--|
| MCR Payments | |
| N/A MCR Cost-To-Charge Ratio (CCR) | |
| MCR Payment-To-Charge Ratio (PTC) | |
| N/A Time Period of MCD Charge and Payment Data - Begin Date | |
| Time Period of MCD Charge and Payment Data - End Date | |
| MCD Charges | |
| MCD Base Payments MCD Supplemental Payments | |
| MCD Supplemental Payments - GME / Training | |
| MCD Supplemental Payments - Other | |
| N/A Total MCD Supplemental Payments | |
| MCD Inflation Factor Type | |

| MCD Inflation Factor |
|--|
| Other Adjustment to MCD Payments |
| N/A Inflated MCD Payments to Demonstration Year |
| Calculated MCD UPL Amount |
| MCD Provider Tax Cost |
| Other Adjustments to the UPL Amount |
| Adjusted MCR UPL Amount |
| UPL Inflation Factor Type |
| UPL Inflation Factor |
| Inflated UPL Amount |
| UPL Gap Amount |

| Adjustment to the UPL Gap | |
|---------------------------|--|
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| Adjusted UPL Gap | |

N/A

Enc

patient Template Data Dictionary

on of each variable and is not meant to be presented in numerical order

Long Description

2-character state ID (e.g., Kentucky = KY)

Start date of the State demonstration rate year

End date of the State demonstration rate year

2-character state ID (e.g., Kentucky = KY)

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

Service type: OP = Outpatient

N/A

Demonstration type (Cost= Cost-based; or Payment= Payment-based)

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

N/A

Medicaid (MCD) ID number.

Provider name

National Provider Identification Number

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

N/A

Medicare (MCR) ID number.

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

Y= critical access hospital; N= not a critical access hospital

N/A

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

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

Medicare (MCR) Cost Report begin date of MCR data provided that is used to calculate the UPL.

Medicare (MCR) Cost Report end date of MCR data provided that are used to calculate the UPL.

N/A

Medicare (MCR) Cost Report filing status (filed or settled).

Base year Medicare (MCR) costs used to calculate the MCR Cost-to-Charge Ratio (CCR) (Variable 208).

These costs are usually input as the total costs, regardless of payer, as reported in the Medicare 2552 cost report.

Values of blank or zero will trigger an error for this field.

Base year Medicare (MCR) charges used to calculate the MCR Cost-to-Charge Ratio (CCR) (Variable 208).

These charges are usually input as the total charges, regardless of payer, as reported in the Medicare 2552 cost report.

Values of blank or zero will trigger an error for this field.

Base year Medicare (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).

Values of blank or zero will trigger an error for this field.

N/A

Calculated as MCR Costs (Variable 203) / MCR Charges (Variable 204).

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

N/A

Beginning date of base year Medicaid (MCD) payment and charge data (note: should match Medicare (MCR) Cost Report data period).

End date of base year Medicaid (MCD) payment and charge data (note: should match Medicare (MCR) Cost Report data period).

Base year Medicaid (MCD) charges, which are applied to the MCR CCR (Variable 208) or MCR PTC (Variable 209) to derive the Calculated MCD UPL Amount (Variable 400).

Total Medicaid non-supplemental payments for base year.

Medicaid supplemental payments associated with the UPL demonstration year. In the notes section, the state should explain the type(s) of payment reported and the related amount(s). The state may not report DSH payments as supplemental payments. If not applicable, this variable should be populated with \$0.

Medicaid supplemental payments associated with the UPL demonstration year for GME (Graduate Medical Education). In the notes section the state should explain the type(s) of payment reported and the related amount(s). The state may not report DSH payments as supplemental payments. If not applicable, this variable should be populated with \$0.

Other Medicaid supplemental payments (not previously reported in Variables 303.1 or 303.2) associated with the UPL demonstration year. In the notes section the state should explain the type(s) of payment reported and the related amount(s). The state may not report DSH payments as supplemental payments. If not applicable, this variable should be populated with \$0.

N/A

Sum of Medicaid (MCD) Supplemental Payments for the expected payment associated with the demonstration year, includes the following variables: Variable 303.1 + Variable 303.2 + Variable 303.3.

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

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

Cumulative Medicaid (MCD) payment trend factor used to reflect changes in the Medicaid program between the base (midpoint of Variable 300.1 and Variable 300.2) and current UPL Demonstration year periods (note: 1.00 = no change) (use "mid-point to mid-point approach"). A value less than 1 or greater than 1.04 for this field will trigger an error.

Cumulative other adjustment (e.g., volume adjustment) factor used to reflect changes in the Medicaid (MCD) program between the base (midpoint of variable 300.1 & variable 300.2) and current UPL Demonstration year periods (note: 1.00 = no change) (use "mid-point to mid-point approach"). Values of blank or zero will trigger an error for this field.

N/A

Calculated as Total MCD Supplemental Payments (Variable 306) + (MCD Base Payments (Variable 302) * MCD Inflation Factor (Variable 308) * Other Adjustment to MCD Payments (Variable 309)).

Calculated UPL amount based on instructions provided in spreadsheet (e.g., for cost-based demonstration: base year MCR CCR base year * MCD charges) For Cost:

(MCR Cost-To-Charge Ratio (CCR) (var 208) * MCD Charges (var 301)) For Payment:

MCR Payment-To-Charge Ratio (PTC) (var 209) * MCD Charges (var 301)).

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

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

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

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

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

Cumulative trend factor used to inflate the Calculated MCD UPL Amount (Variable 400) from the base year (midpoint of Variable 200.1 and Variable 200.2 to the UPL Demonstration year (note: 1.00 = no change) (use "mid-point to mid-point approach"). A value less than 1 or greater than 1.04 for this field will trigger an error.

Computed as Calculated MCD UPL Amount (Variable 400) * UPL Inflation Factor (Variable 405).

Calculated as Adjusted MCD UPL Amount (Variable 403) - Inflated MCD Payments to Demonstration Year (Variable 318).

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

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

N/A

d of Worksheet

Variable Status

- 0: Variable relevant to all OP demonstration types
- 0: Variable relevant to all OP demonstration types
- 0: Variable relevant to all OP demonstration types
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N/A

- 0: Variable relevant to all OP demonstration types
- 1: Variable relevant to OP Cost But NOT relevant across all OP demonstration types

| 0: Variable relevant to all OP demonstration types |
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| 2: Variable relevant to OP Payment But NOT relevant across all OP demonstration types |
| N/A |
| 1: Variable relevant to OP Cost But NOT relevant across all OP demonstration types |
| 2: Variable relevant to OP Payment But NOT relevant across all OP demonstration types |
| N/A |
| 0: Variable relevant to all OP demonstration types |
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| (Required) | (Required) | (Required) | (PIA) |
|------------|-----------------------------|---------------------------|---|
| State | Demonstration Begin Date | Demonstration End Date | Retrospective/ Prospective Demonstration |
| [001] | [002] | [003] | [116] |
| | • | | |

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















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(PIA)

State Plan Amendment Number (SPA)

[117]

<u>Data Validation Key</u> EXAMPLE Grey Shading, White

| | | EXAMPLE | Grey Shading, Whi |
|---------------|-----------------------|----------------------|-------------------------|
| | • | EXAMPLE | Red Shading only: |
| Demo Info: | Provider Info: | Provider Info: | Provider Info: |
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| (Required) | (PIA) | (PIA) | (Required) |
| Demonstration | Other State | National | Medicare |
| Туре | Provider ID Number | Provider ID (NPI) | Certification Number |
| | | | (Medicare ID) |
| [104] | [105] | [109] | [112] |
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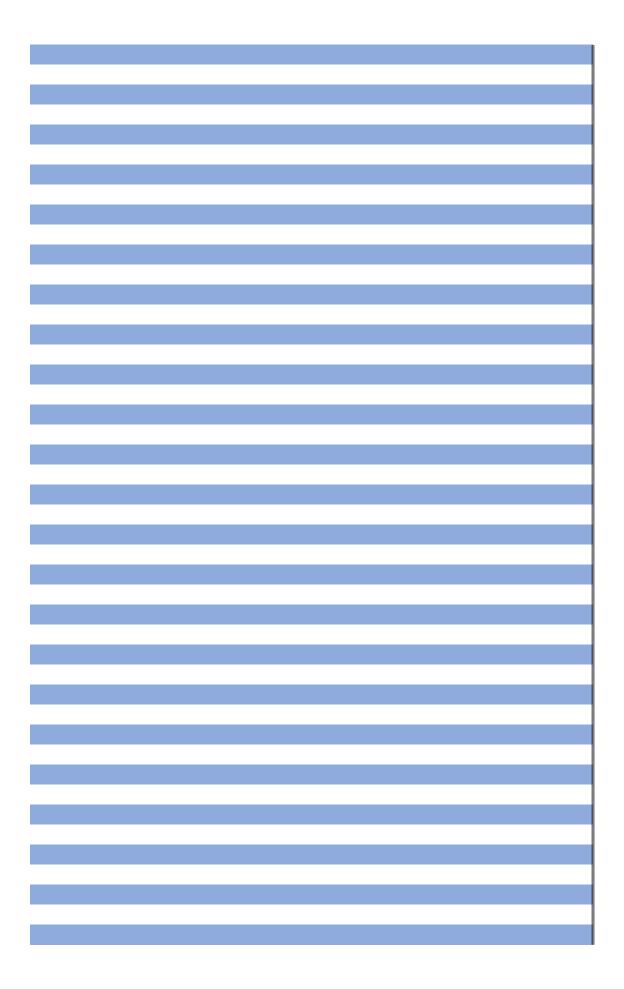


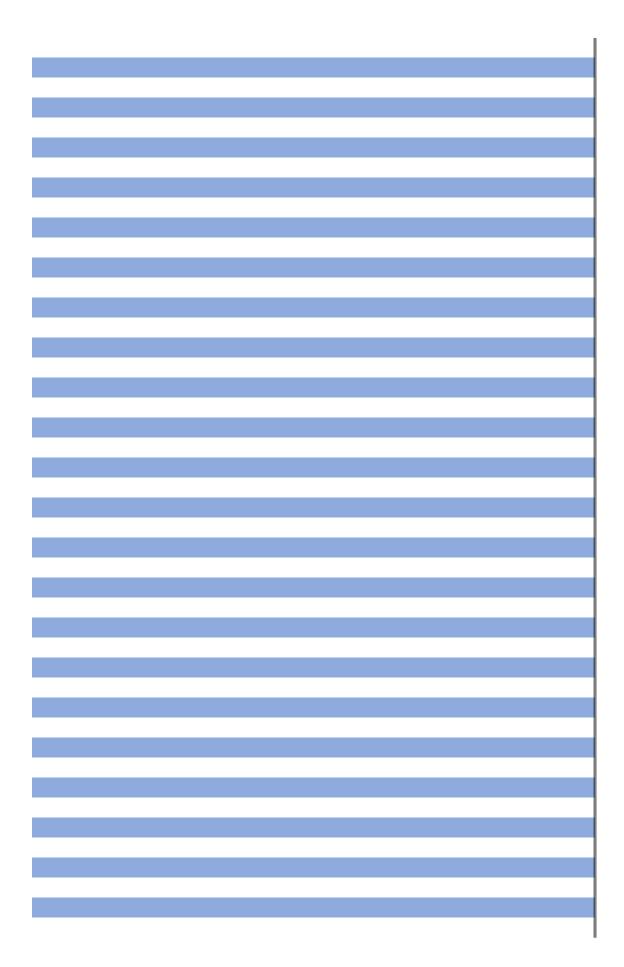


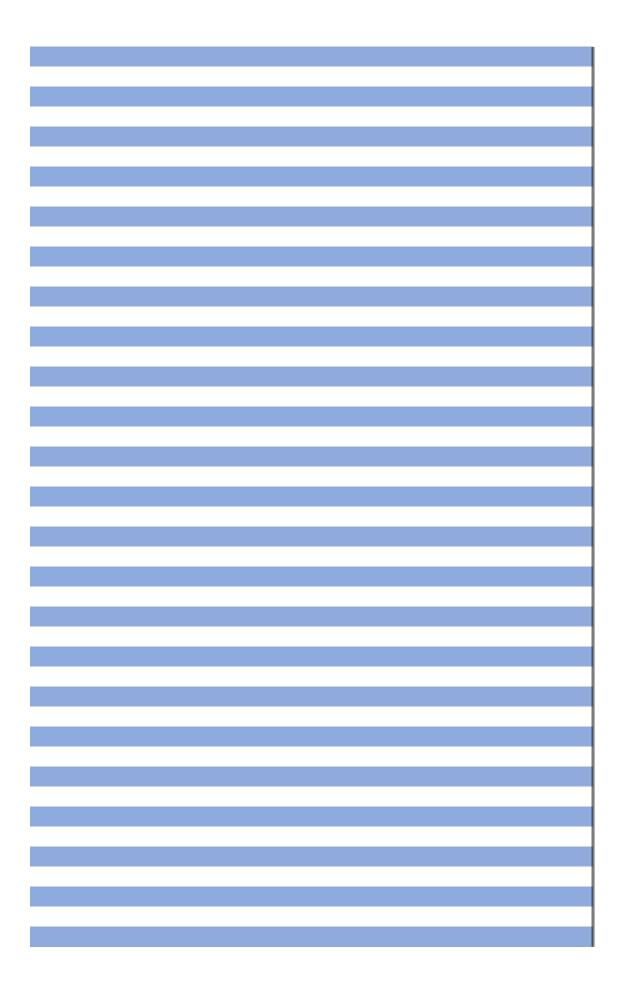
te *Italic* Font: Field does not apply to Demonstration Type entered for row.

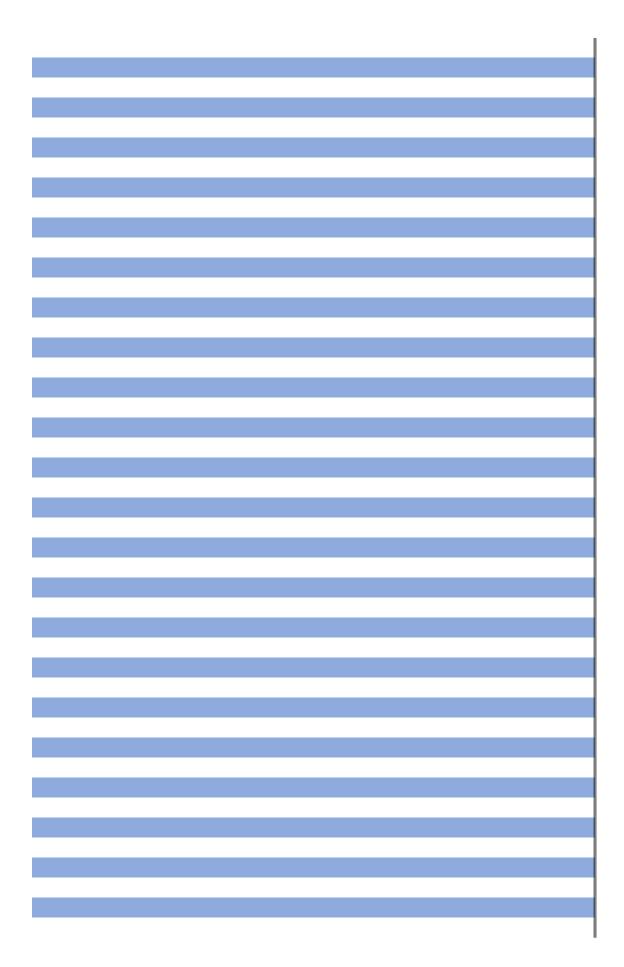
Required field is left blank. Red Shading, White **BOLD** font: Invalid value entered in field.

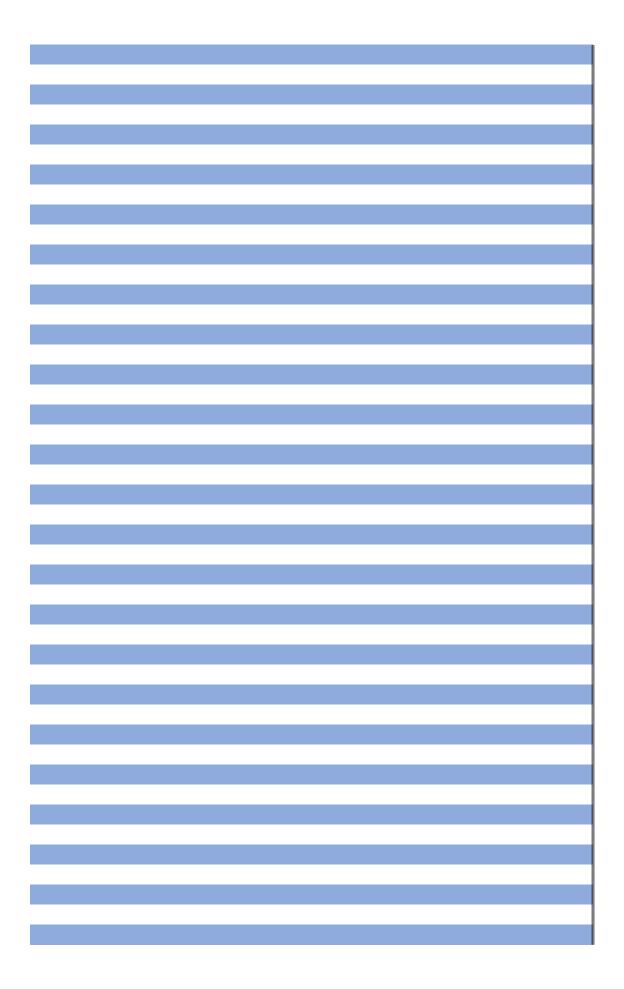
| Provider Info: | Provider Info: | Provider Info: | Provider Info: |
|--|----------------|-------------------------------|--|
| (Required) | (Required) | (Required) | (PIA) |
| State-specific Provider ID (Medicaid ID) | Provider Name | Ownership Category Type | Critical Access Hospital Status |
| [107] | [108] | [110] | [113] |
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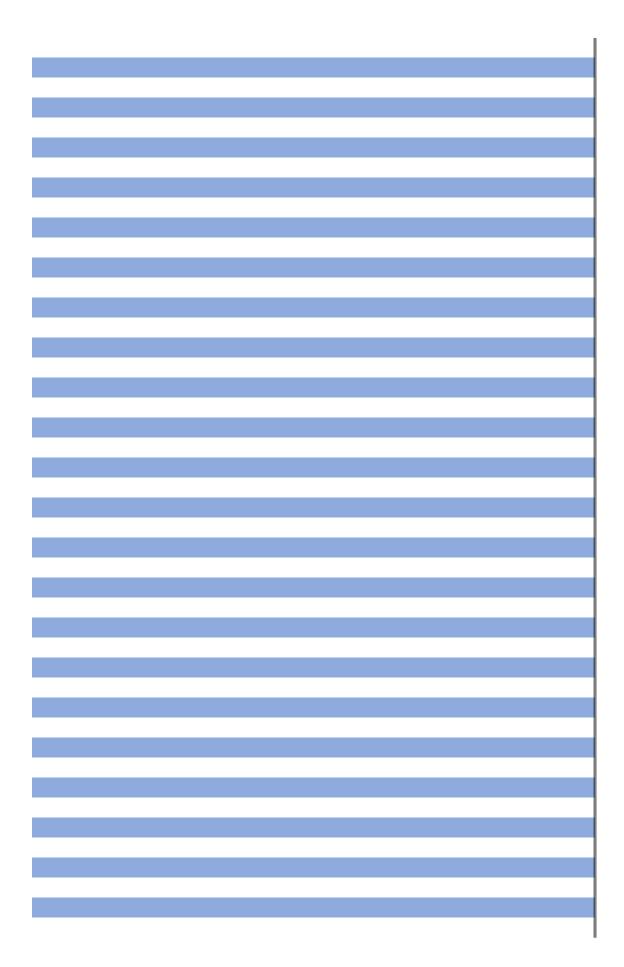


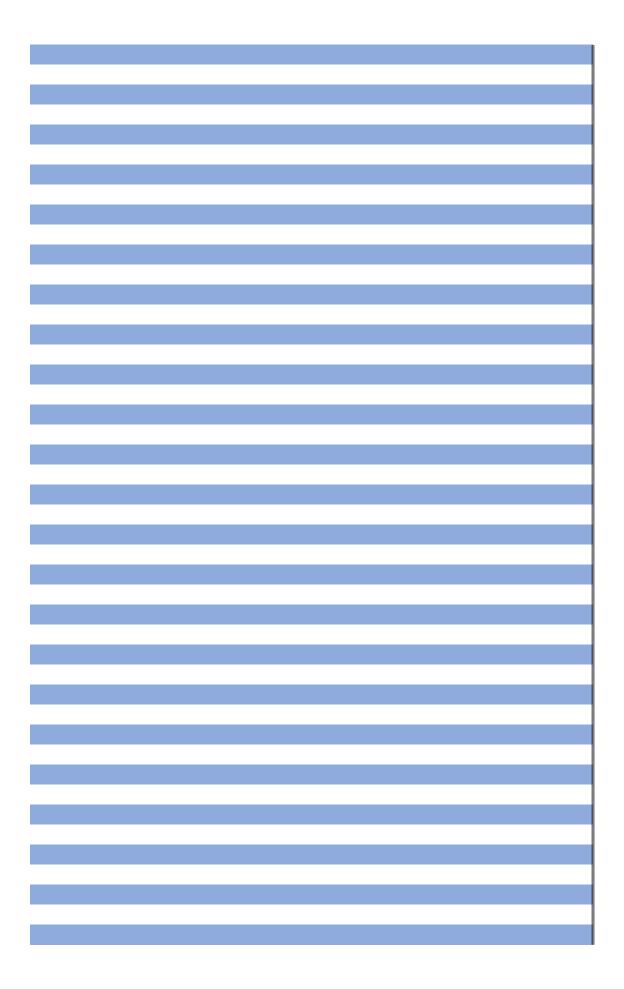


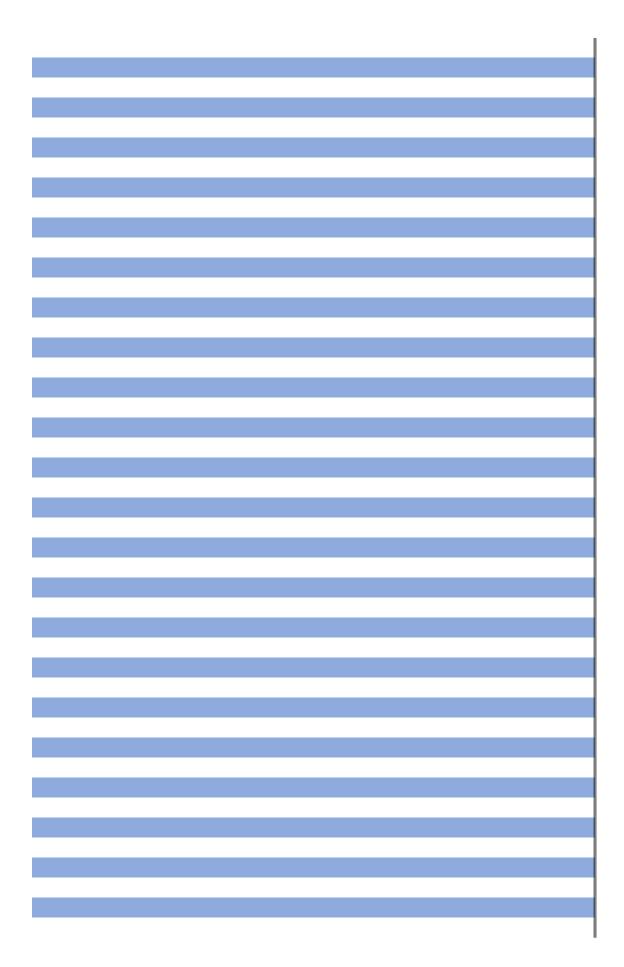


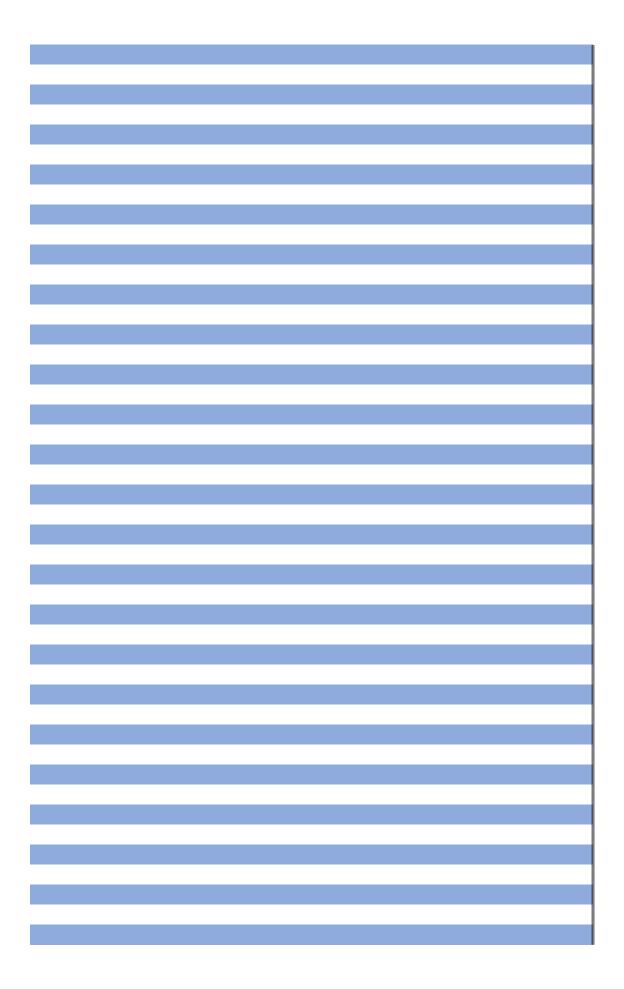


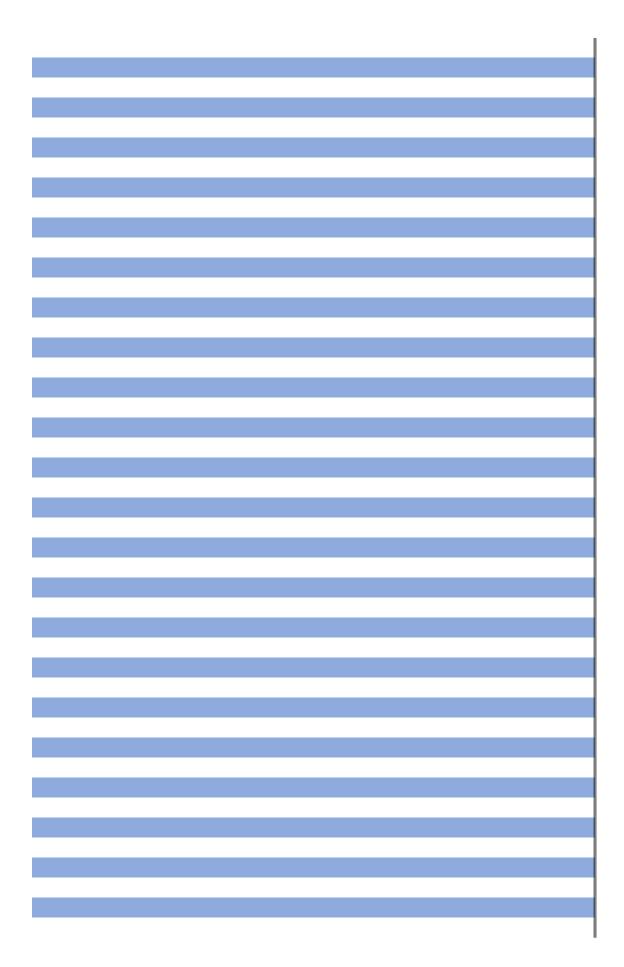


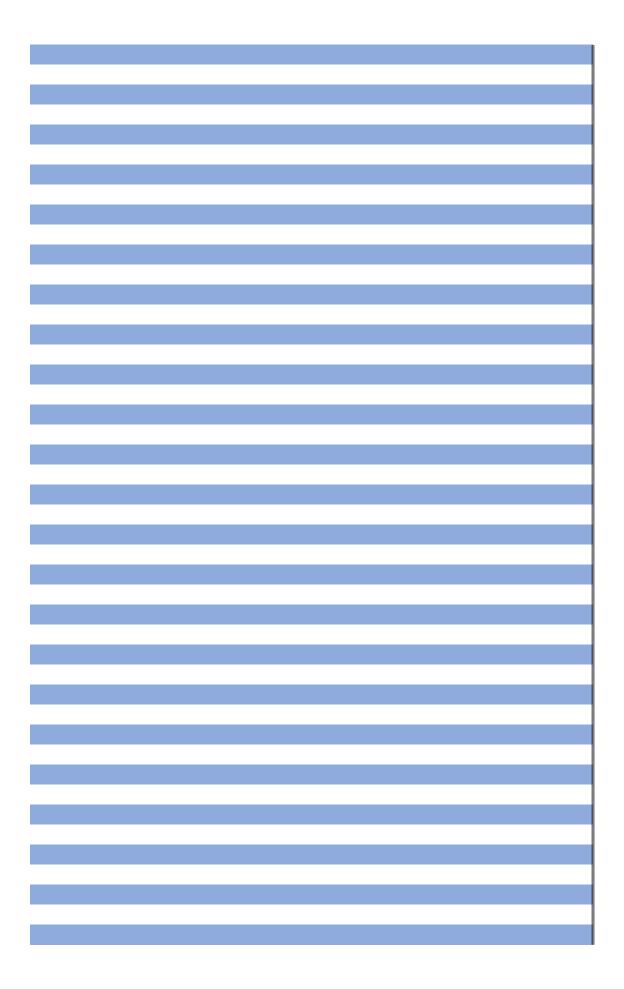


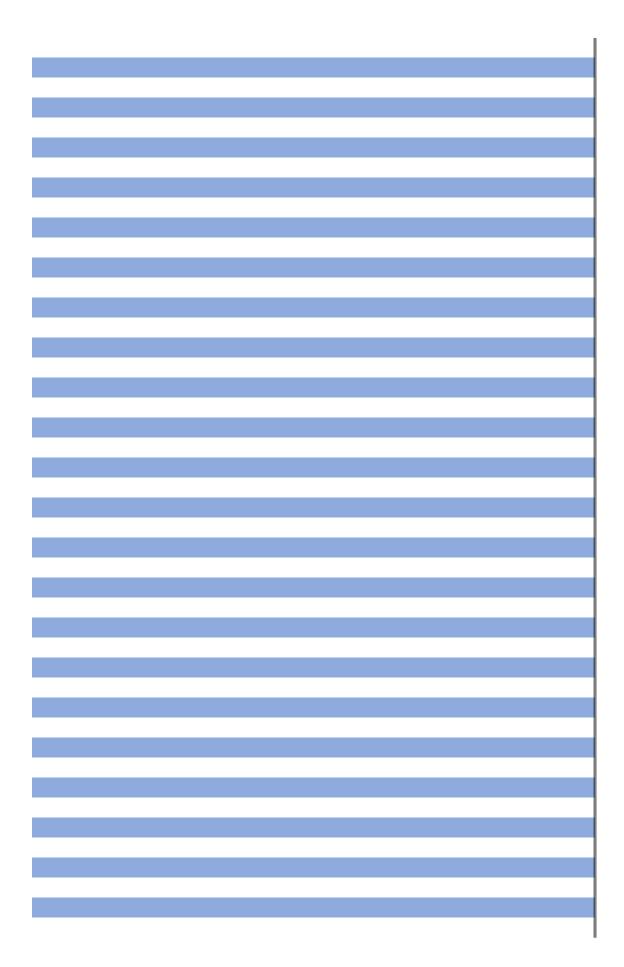


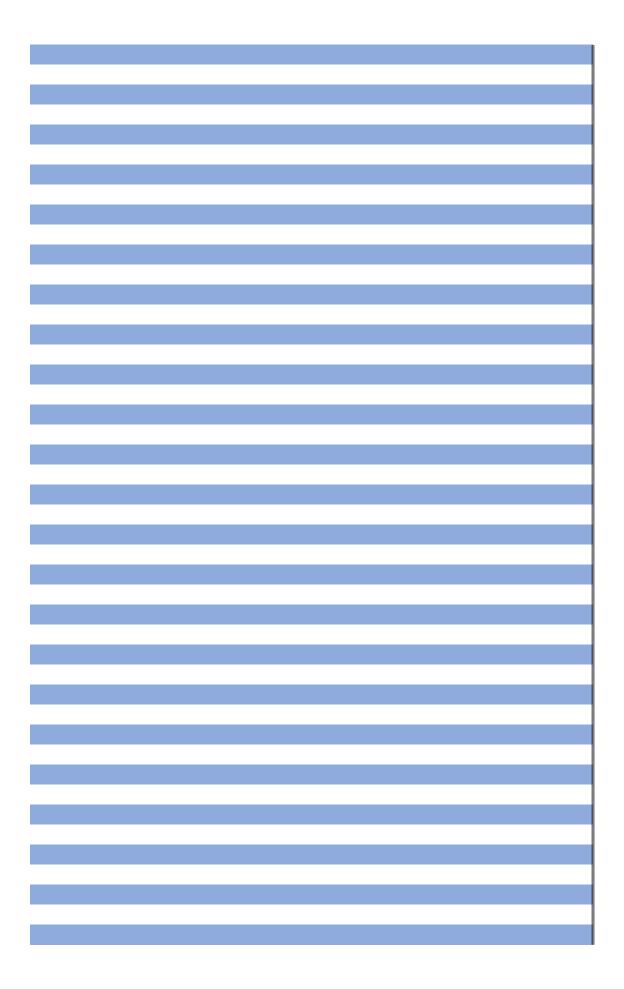


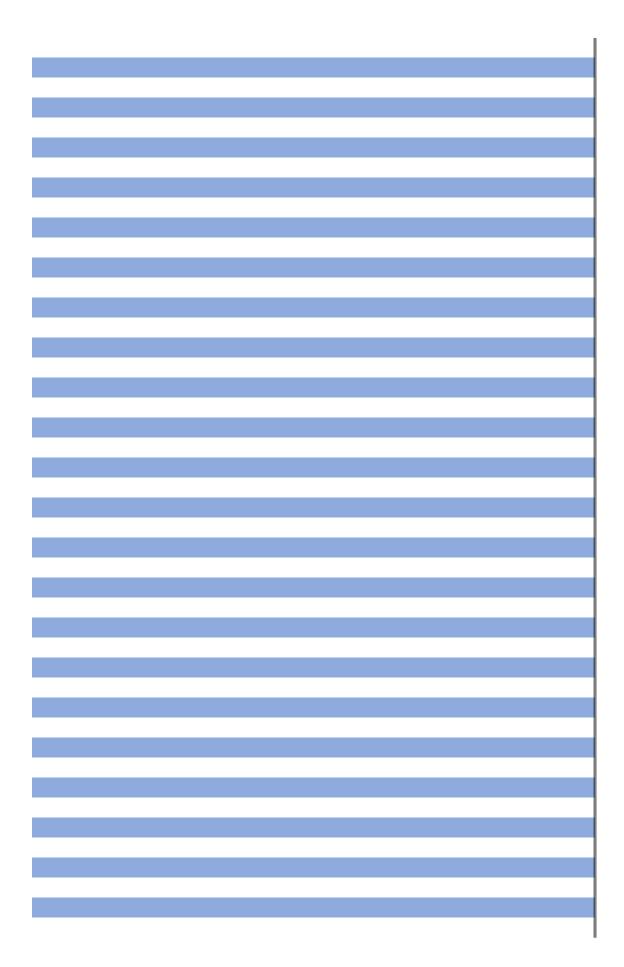


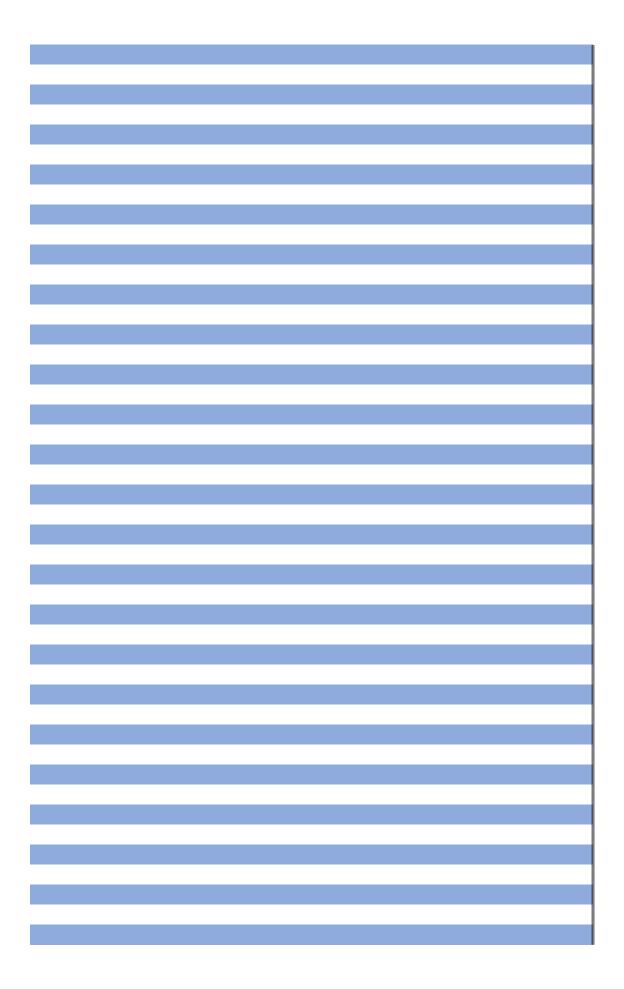


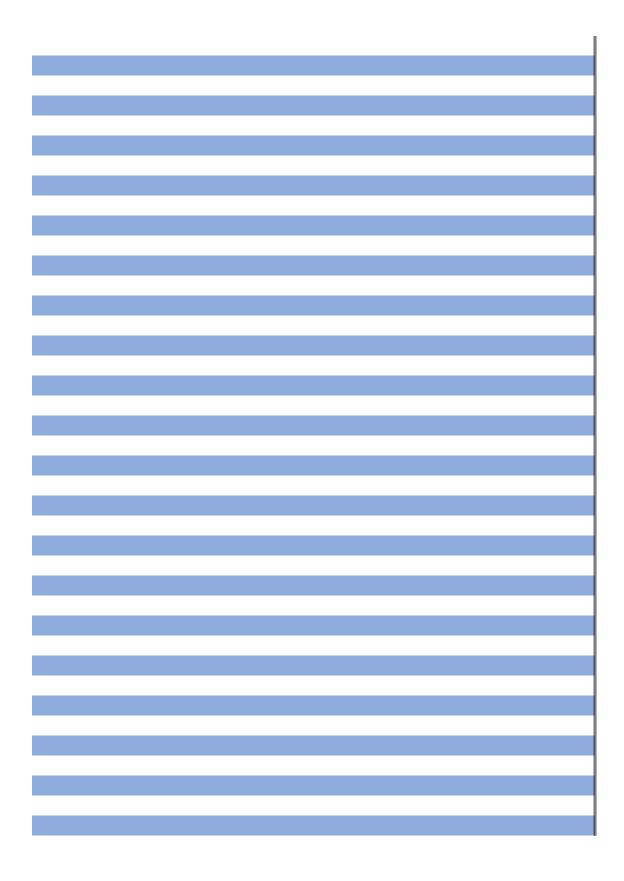






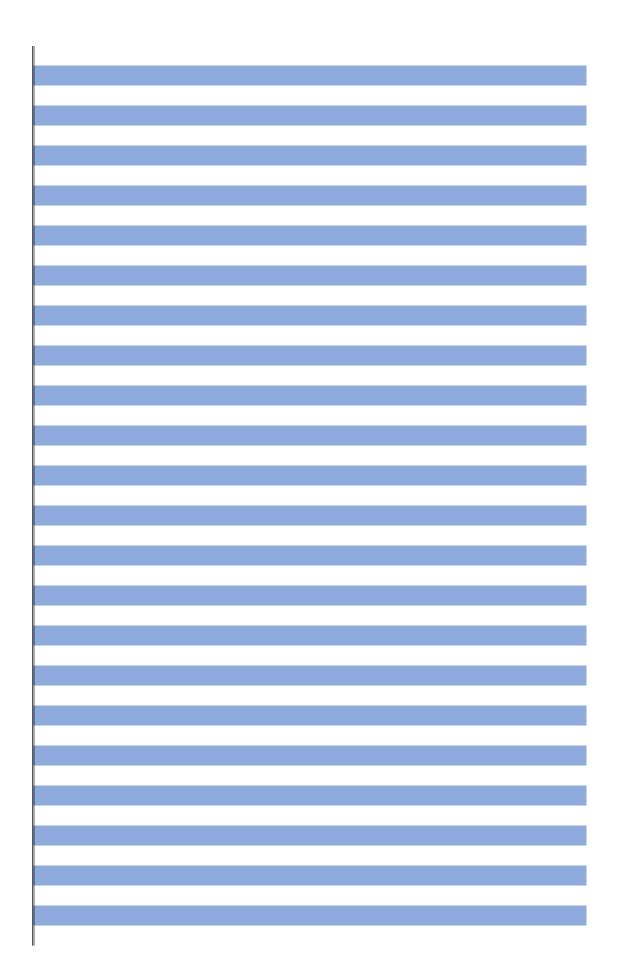


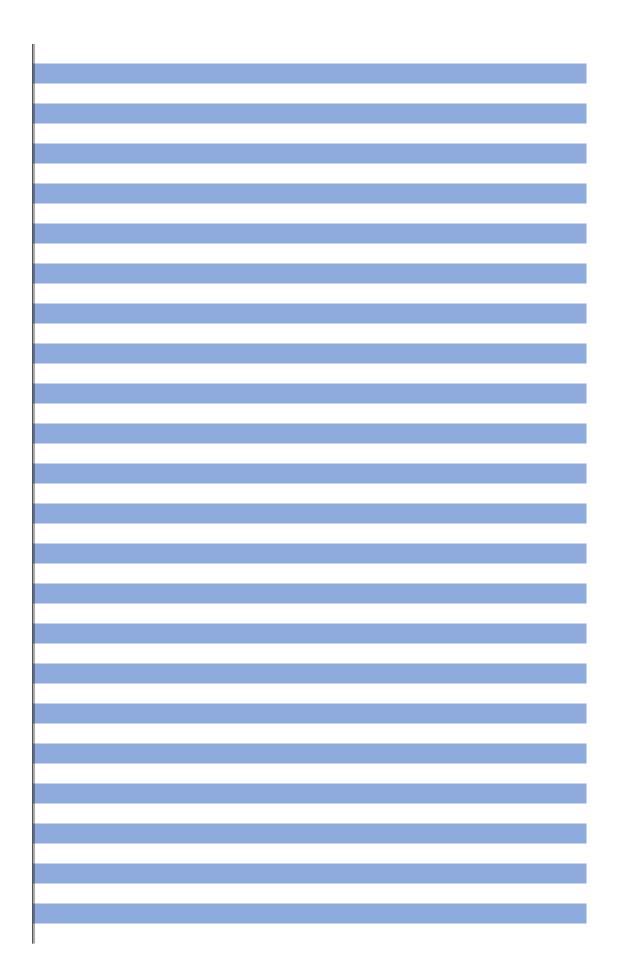


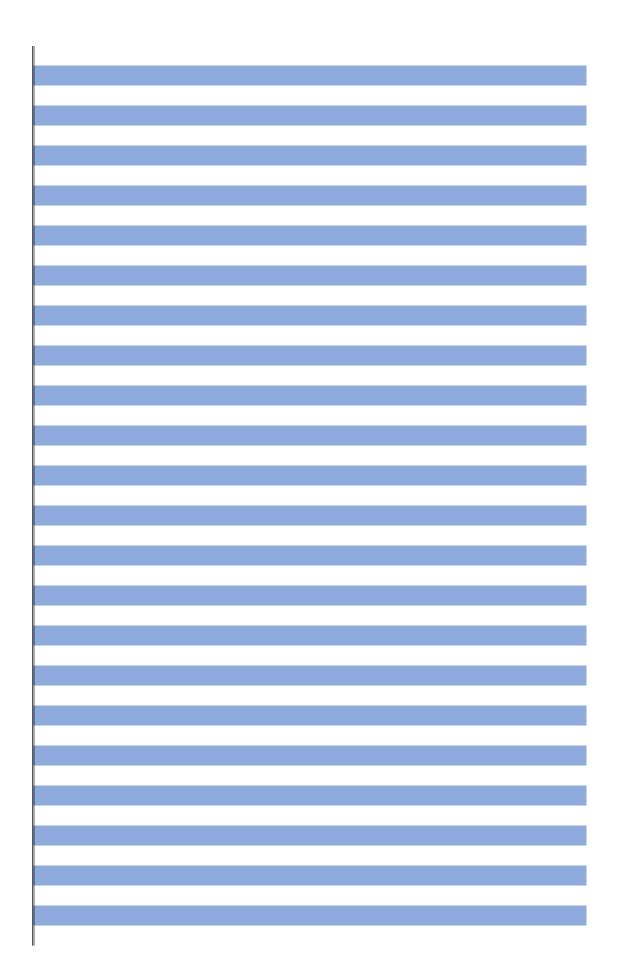


EXAMPLE Yellow Shading, Black **BOLD** Font: Duplicate provide

| MCR Info: | MCR Info: | MCR Info: | MCR Info: |
|--|--|---|---|
| (Required) Medicare Cost Report Begin Date (DOS) [200.1] | (Required) Medicare Cost Report End Date (DOS) [200.2] | (Required) Medicare Cost Report Filing Status [202] | (Required if Payment Demonstration) Medicare Payments [205] |
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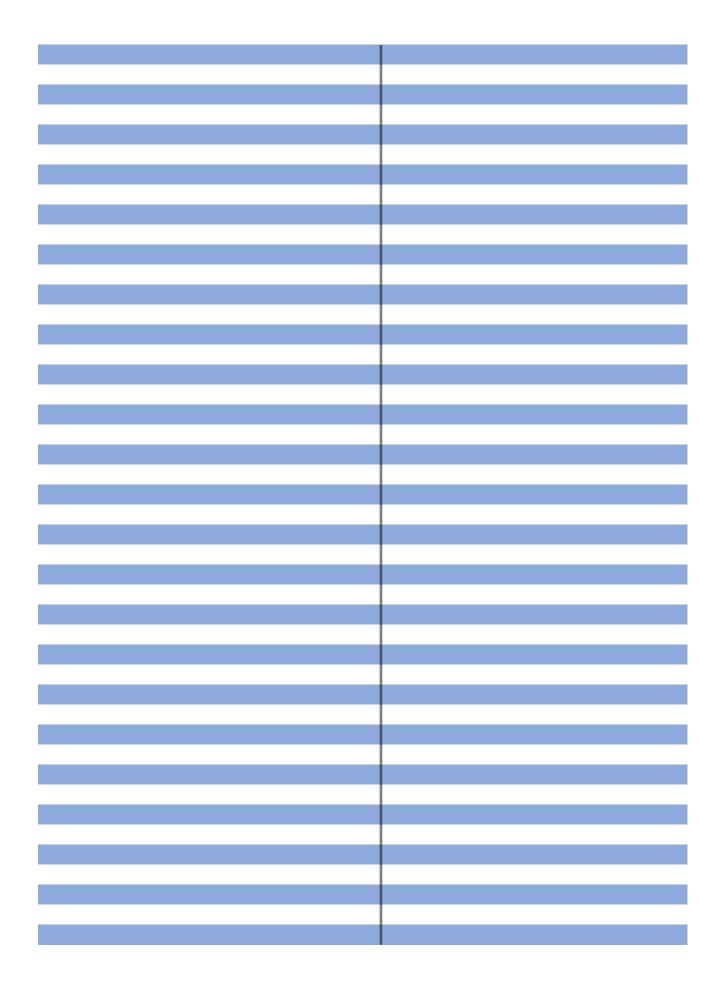


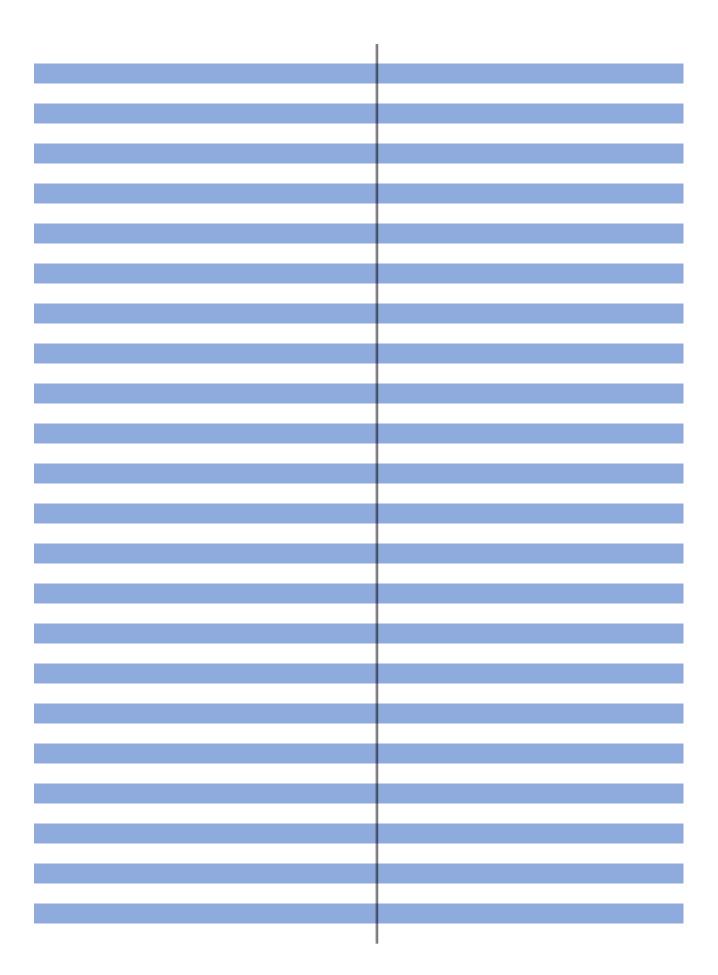


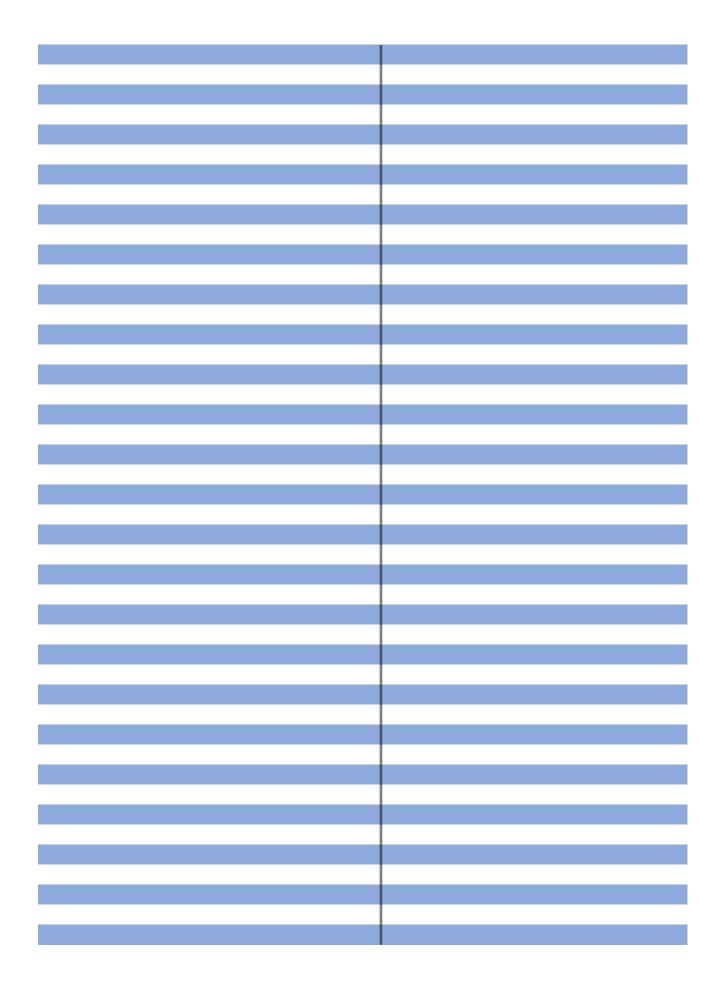


r info values entered for 1) Elements 105, 112, 107, 108, or 2) Element 109

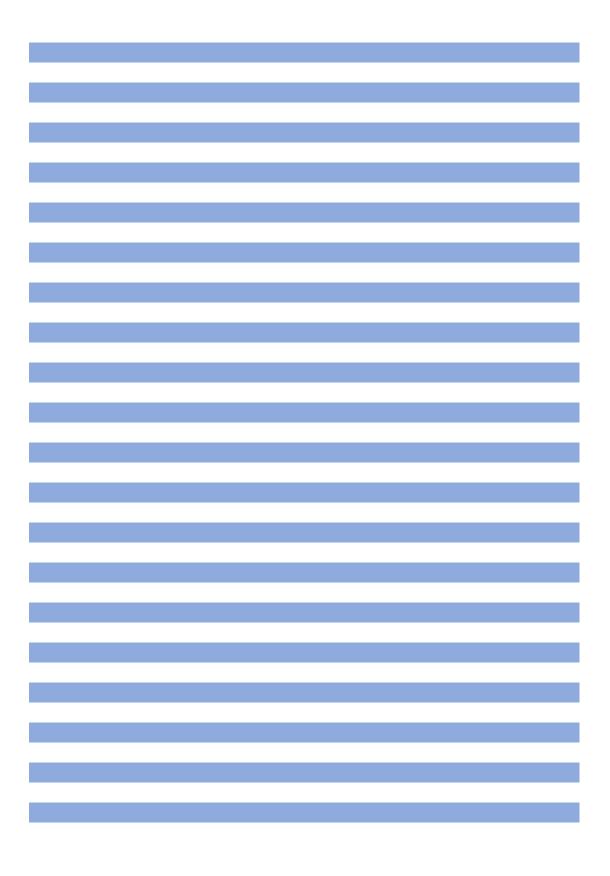
| MCR Info: | MCR Info: | MCD Info: | MCD Info: |
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| | | | |
| (Required if Cost Demonstration) Medicare Costs | (Required) Medicare Charges | (Required) Time Period of Medicaid Charge and Payment Data - | (Required) Time Period of Medicaid Charge and Payment Data - |
| | | Begin Date (DOS) | End Date (DOS) |
| [203] | [204] | [300.1] | [300.2] |
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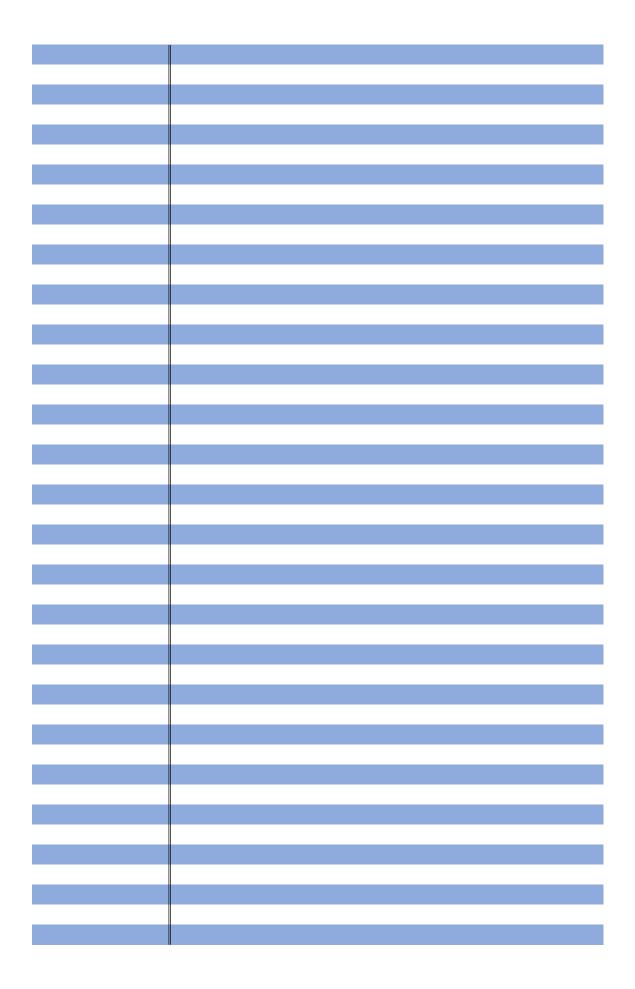




| MCD Info: | MCD Info: | MCD Info: | MCD Info: |
|---------------------|------------------------------|--------------------------------------|--|
| (Required) | (Required) | (Required) | (Required) |
| Medicaid Charges | Medicaid Base Payments | Medicaid Supplemental Payments | Medicaid Supplemental Payments (GME/Training) |
| [301] | [302] | [303.1] | [303.2] |



| MCD Info: | MCD Inflated Payment Info: | MCD Inflated Payment Info: |
|--|-----------------------------------|---------------------------------|
| (Required) | (PIA) | (Required) |
| Medicaid Supplemental Payments (Other) | Medicaid Inflation Factor Type | Medicaid Inflation Factor |
| [303.3] | [307] | [308] |
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| Other | UPL Inflation |
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| [309] | [404] |
| [667] | [] |
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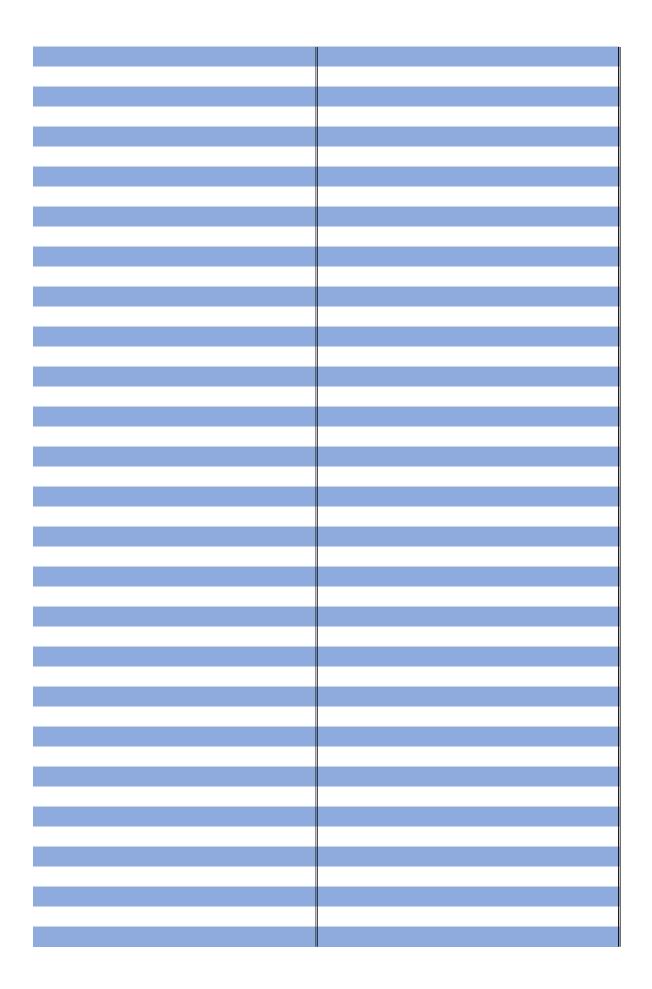
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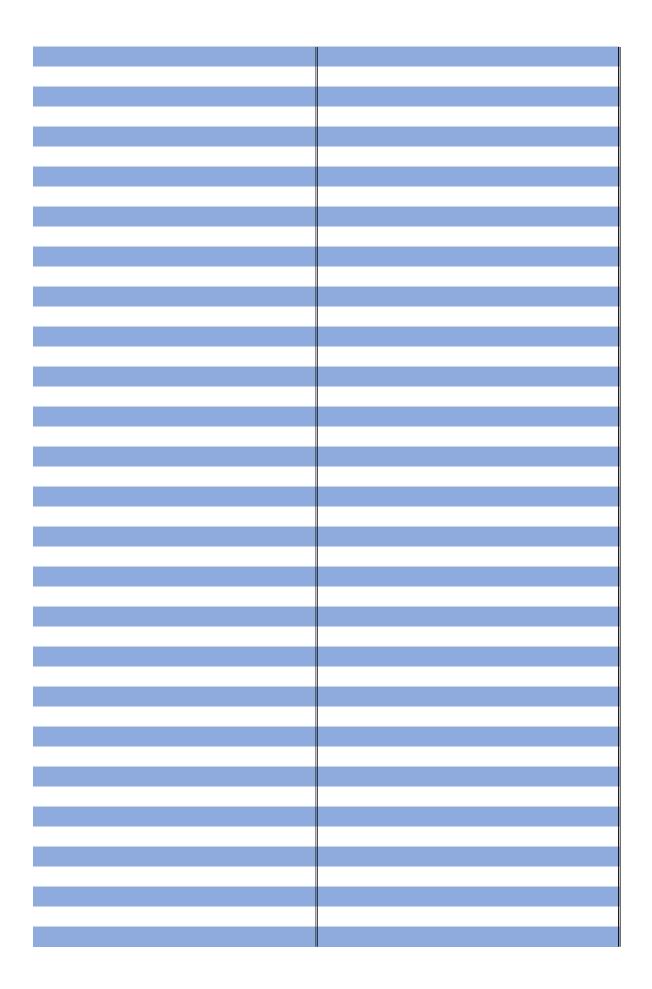
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| UPL Calc Info: (Required) UPL Inflation Factor [405] | UPL Adjustment Info: (Required if Cost Demonstration) Medicaid Provider Tax Cost [401] | UPL Adjustment Info: (Required) Other Adjustments to the UPL Amount |
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UPL Gap Info: (Required) Adjustment to the UPL Gap [408]









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| [001] | [002] | [003] | [116] |
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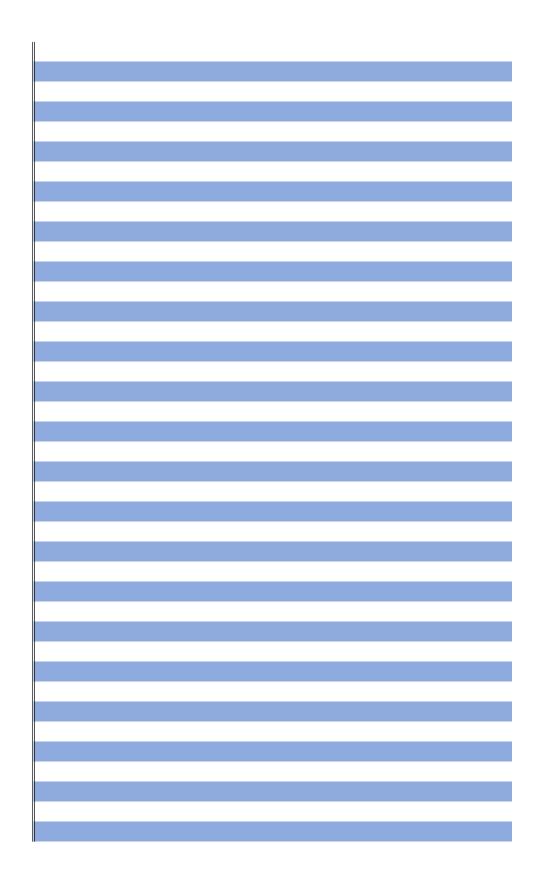
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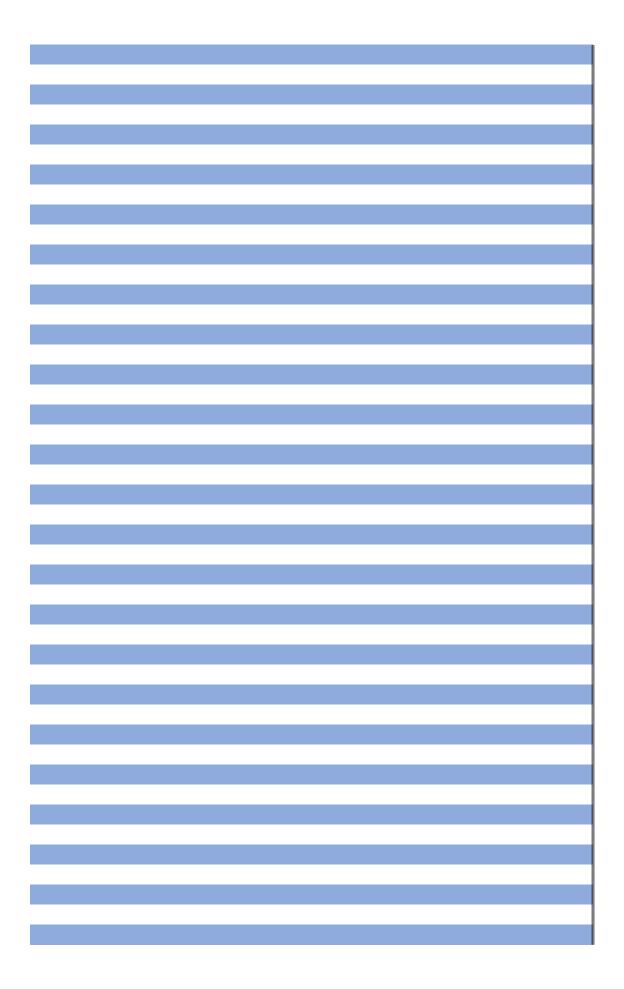
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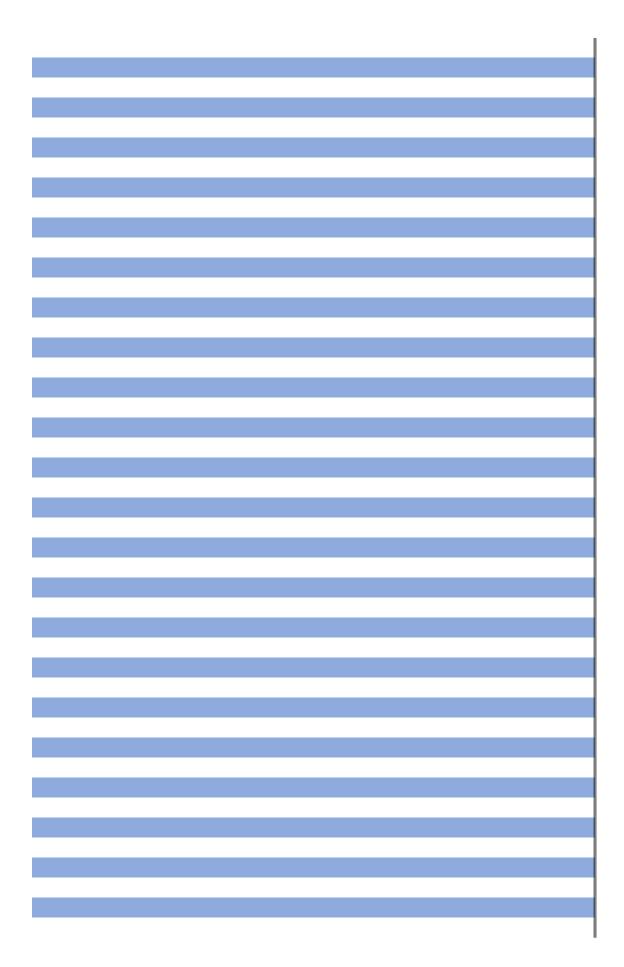
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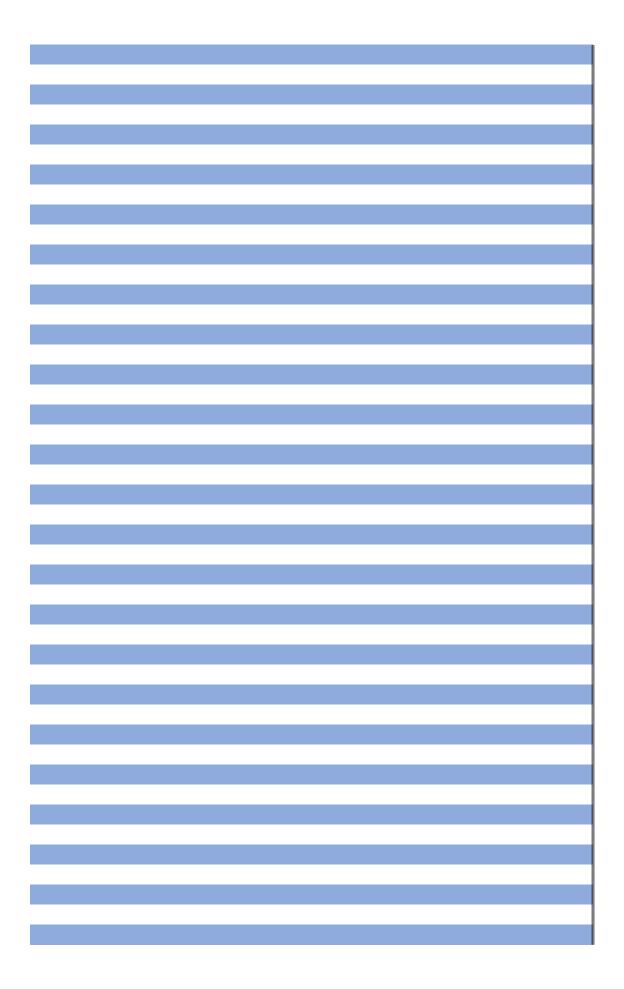
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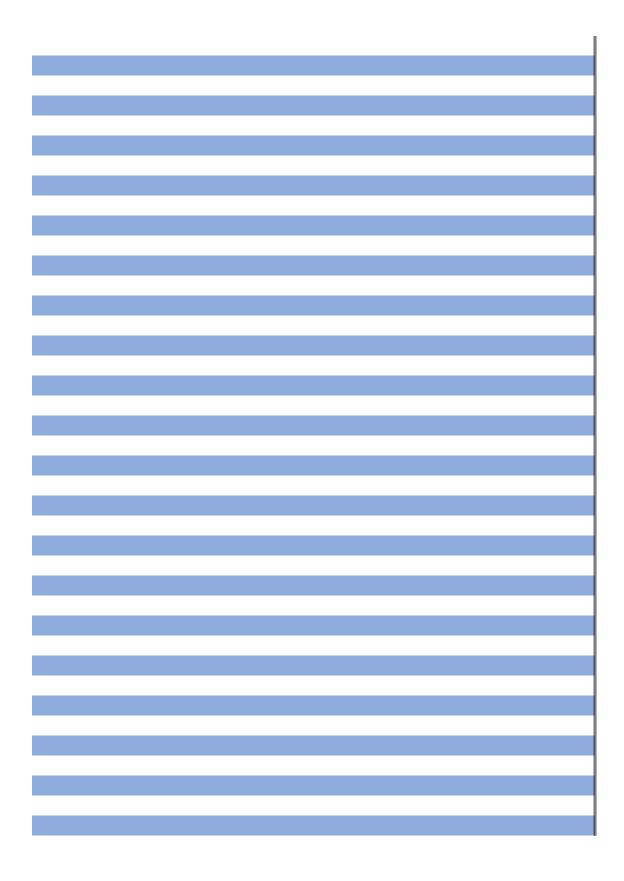
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| Provider Info: | Provider Info: | Provider Info: | Provider Info: |
|--|----------------|-------------------------------|--|
| (Required) | (Required) | (Required) | (PIA) |
| State-specific Provider ID (Medicaid ID) | Provider Name | Ownership Category Type | Critical Access Hospital Status |
| [107] | [108] | [110] | [113] |
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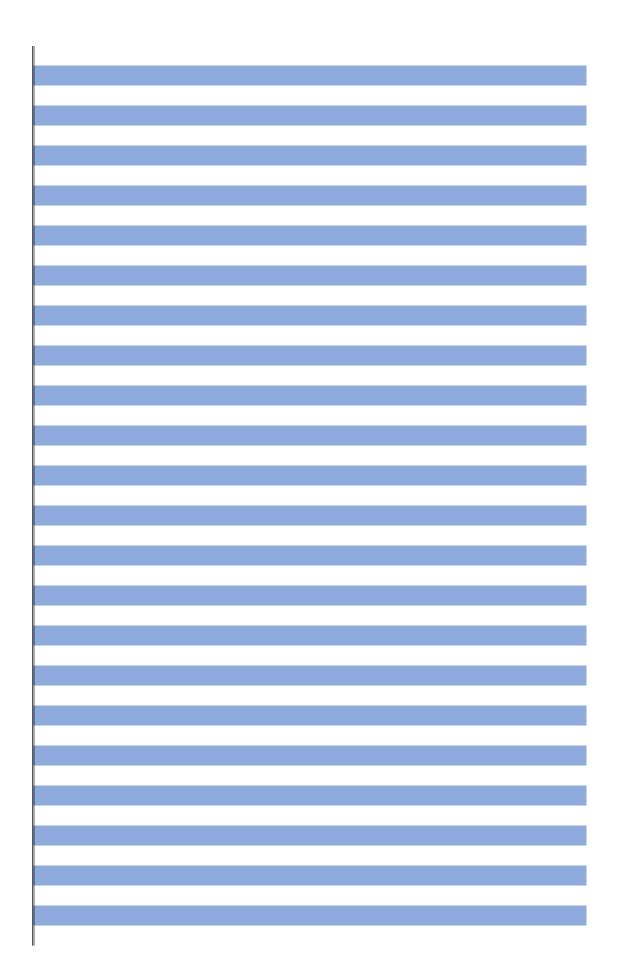






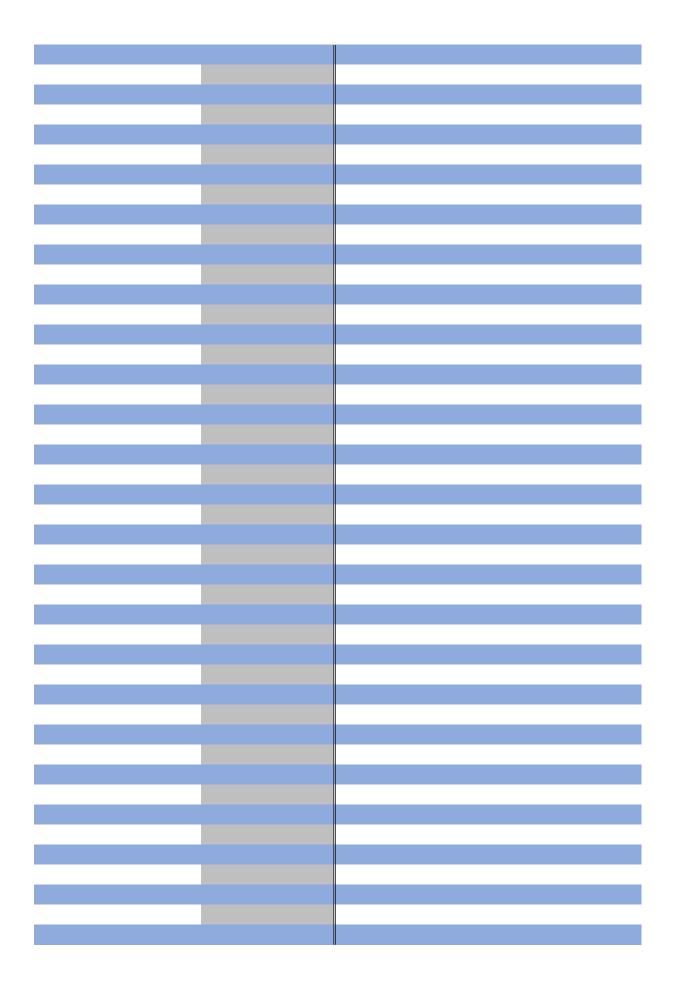


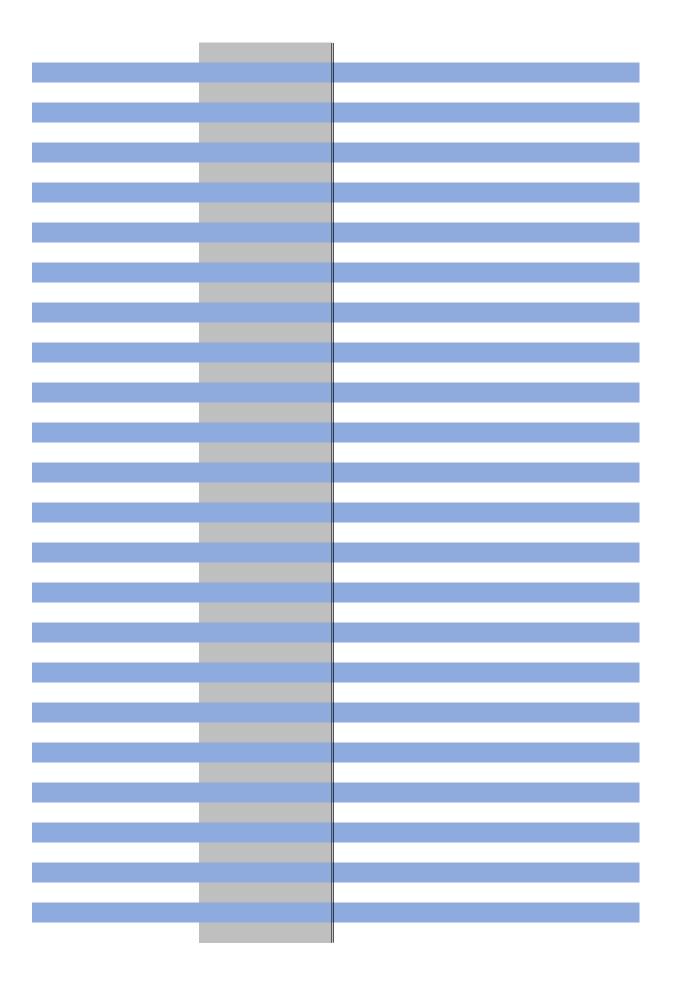
| MCR Info: | MCR Info: | MCR Info: | MCR Info: |
|---|---|--|--|
| (Required) Medicare Cost Report Begin Date (DOS) | (Required) Medicare Cost Report End Date (DOS) | (Required) Medicare Cost Report Filing Status | (Required if Cost Demonstration) Medicare Costs |
| [200.1] | [200.2] | [202] | [203] |

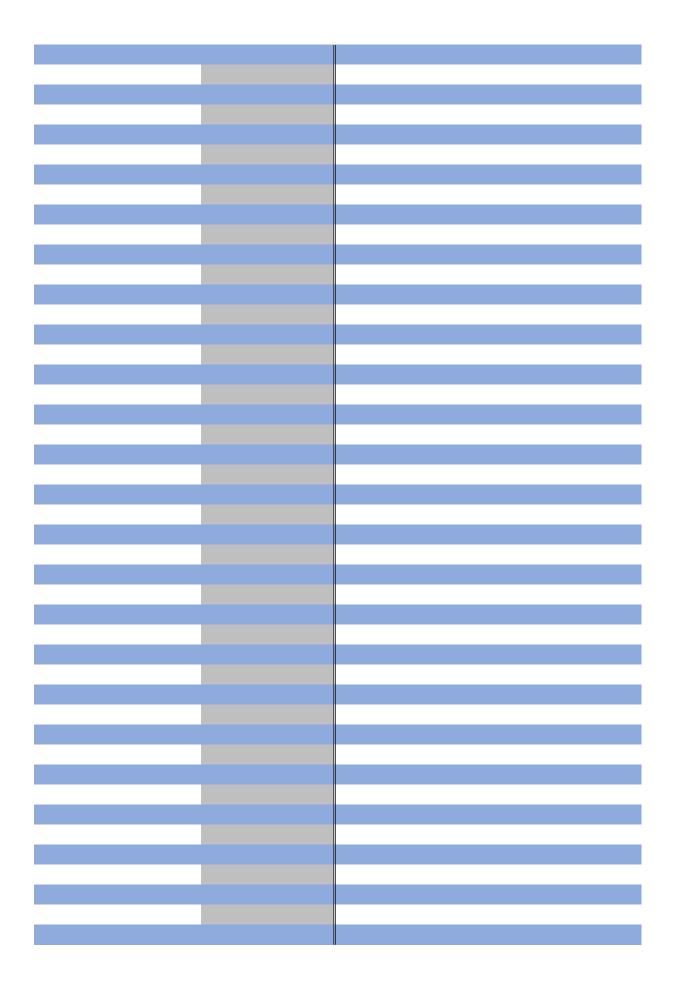


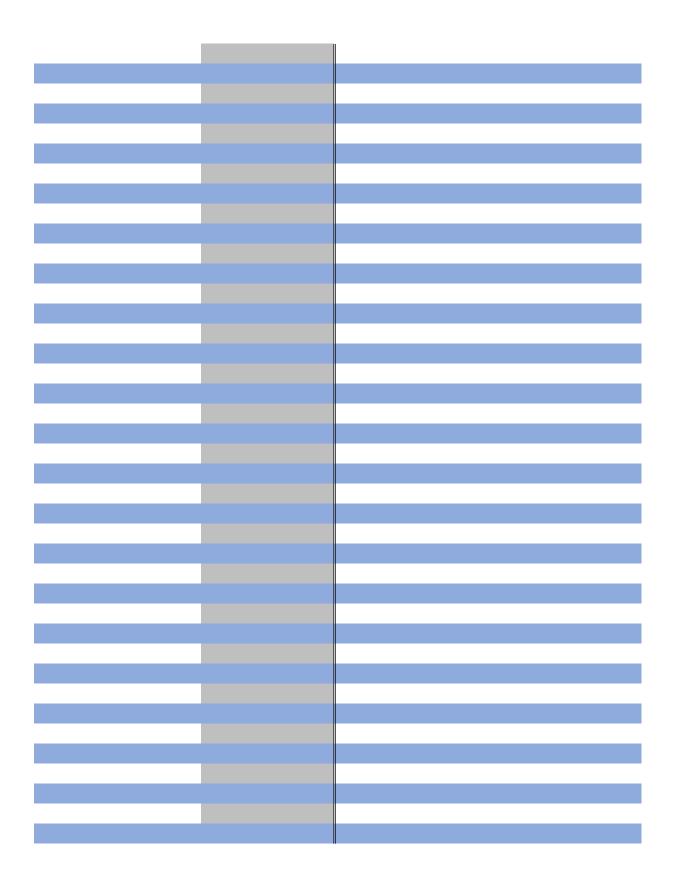
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| MCR Info: | MCR Info: | MCD Info: | MCD Info: |
|------------|--------------|--------------------|--------------------|
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| (Required) | (Calculated) | (Required) | (Required) |
| Medicare | Medicare | Time Period of | Time Period of |
| Charges | Cost-To- | Medicaid Charge | Medicaid Charge |
| | Charge Ratio | and Payment Data - | and Payment Data - |
| | | Begin Date (DOS) | End Date (DOS) |
| [204] | [208] | [300.1] | [300.2] |
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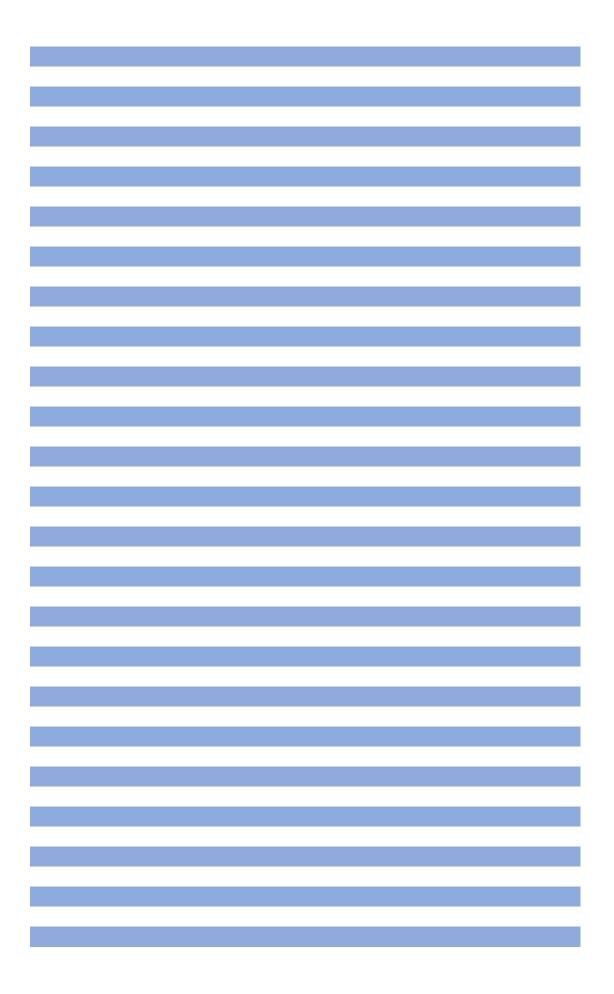


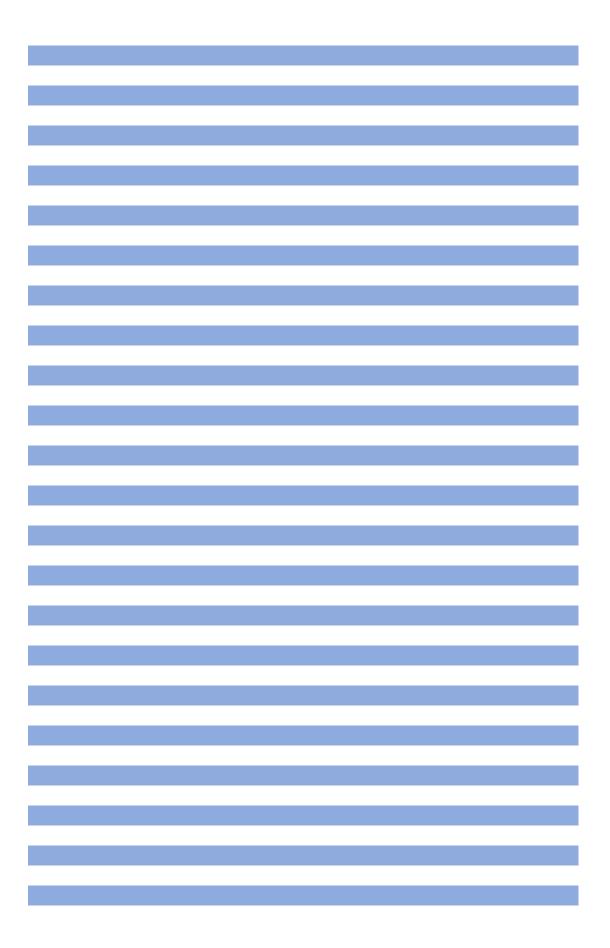


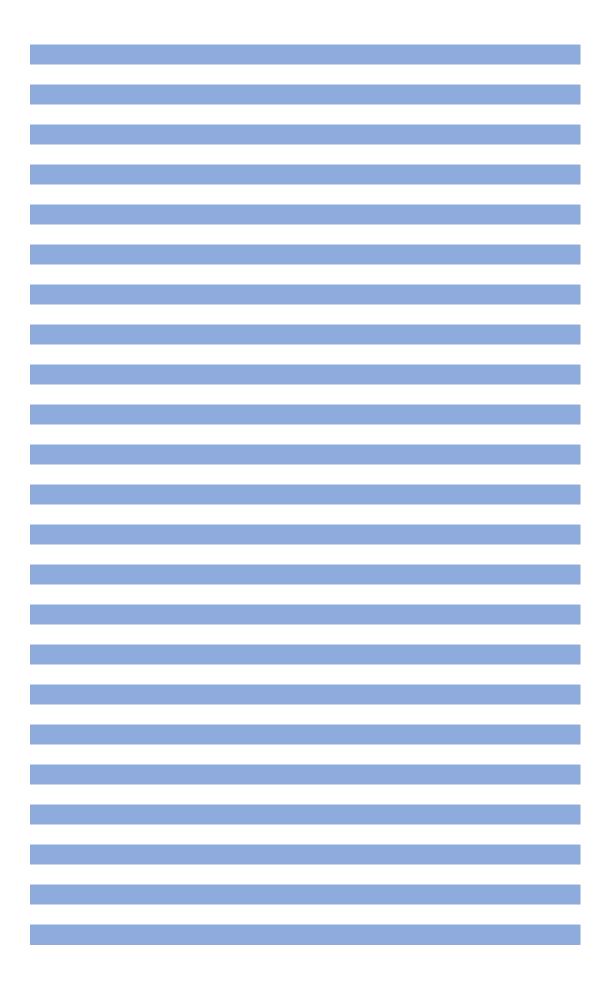


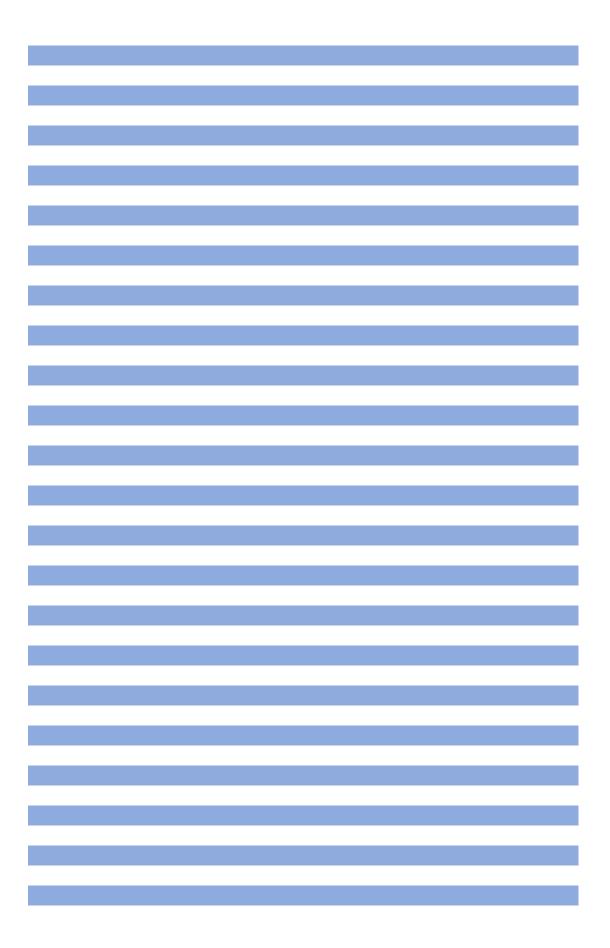


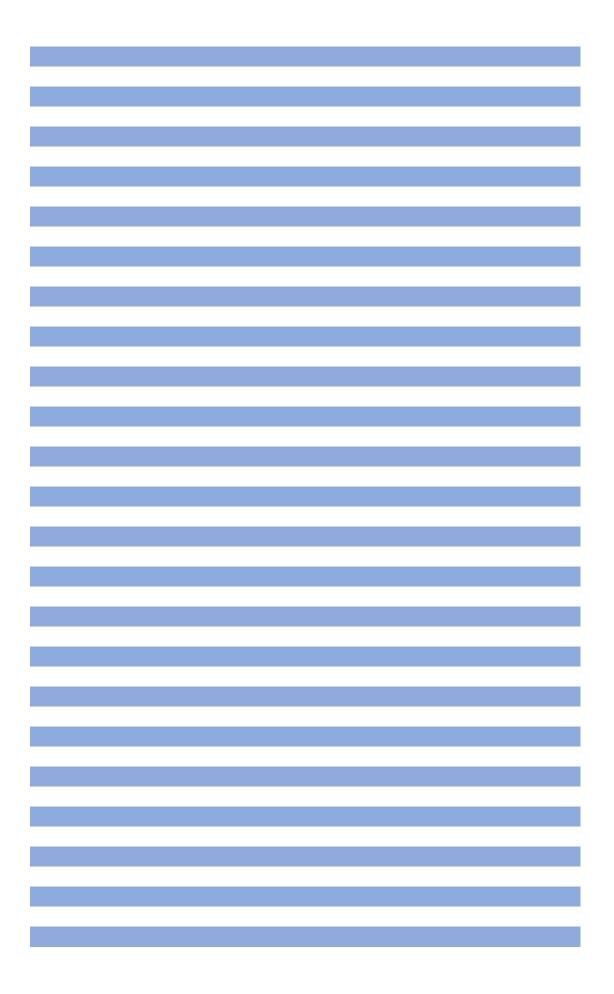
| MCD Info: | MCD Info: | MCD Info: | MCD Info: |
|---------------------|------------------------------|--------------------------------------|--|
| (Required) | (Required) | (Required) | (Required) |
| Medicaid Charges | Medicaid Base Payments | Medicaid Supplemental Payments | Medicaid Supplemental Payments (GME/Training) |
| [301] | [302] | [303.1] | [303.2] |

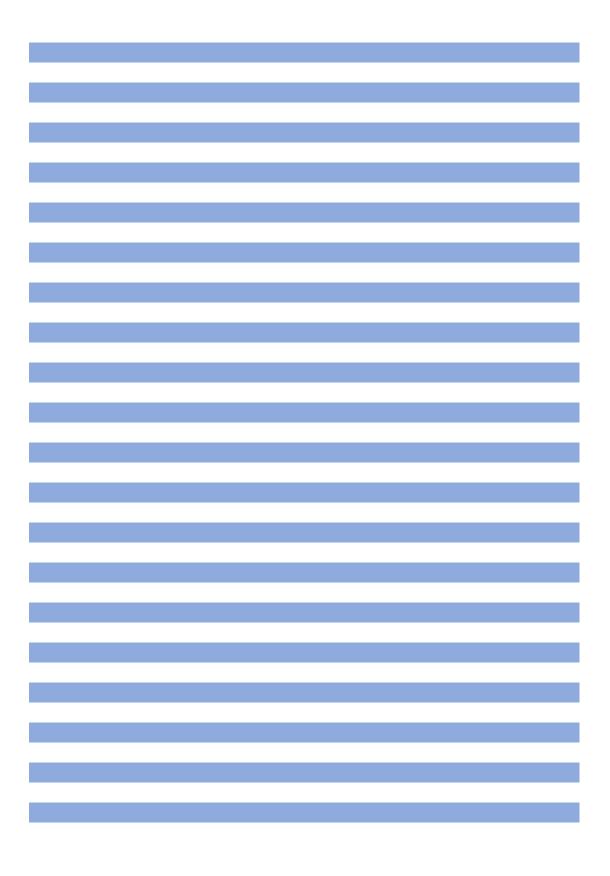




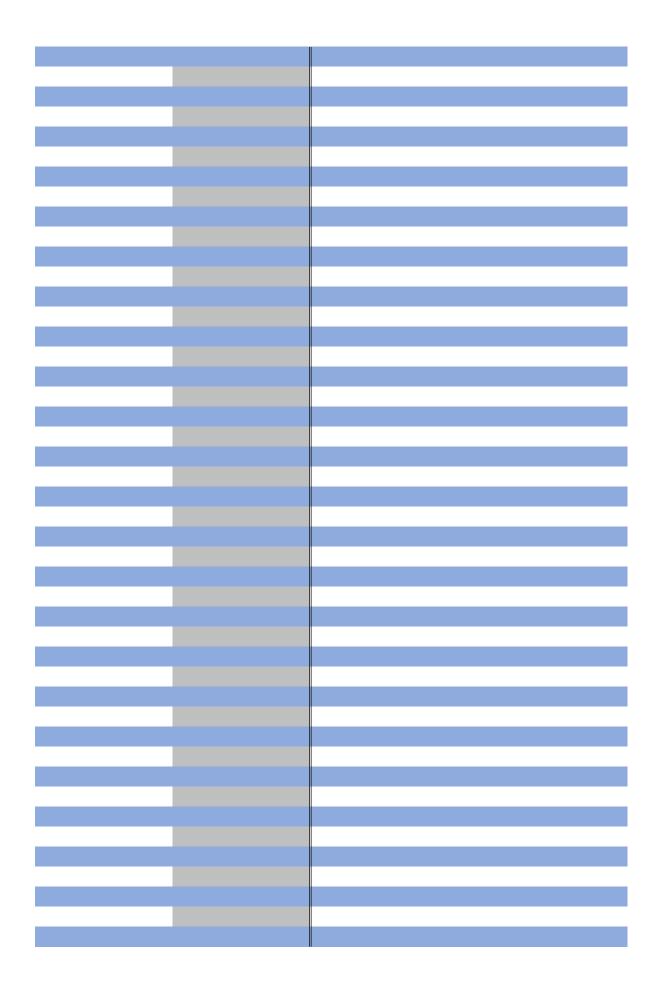


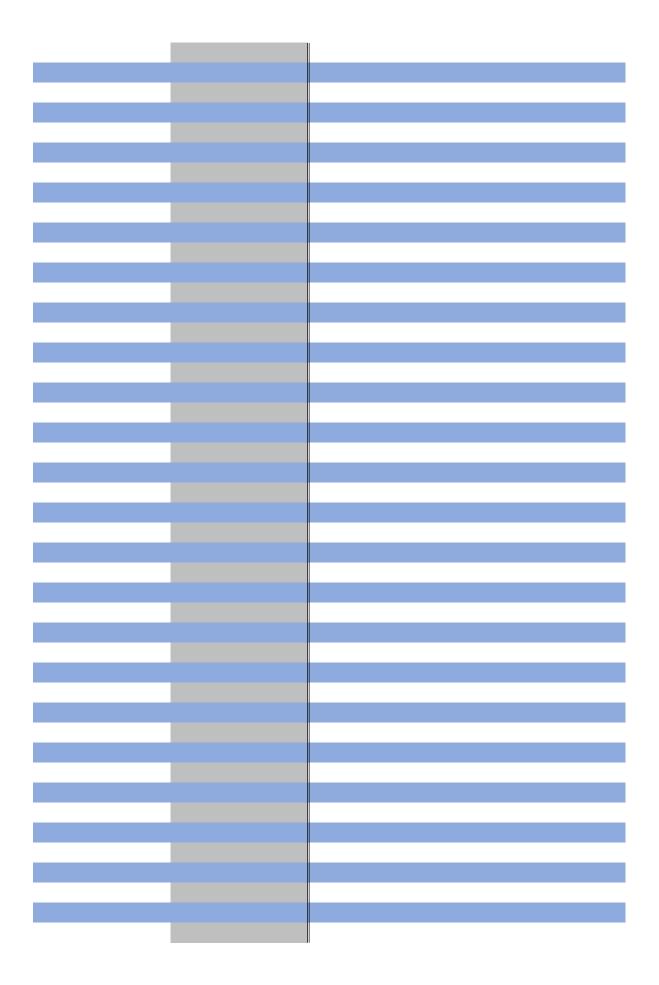


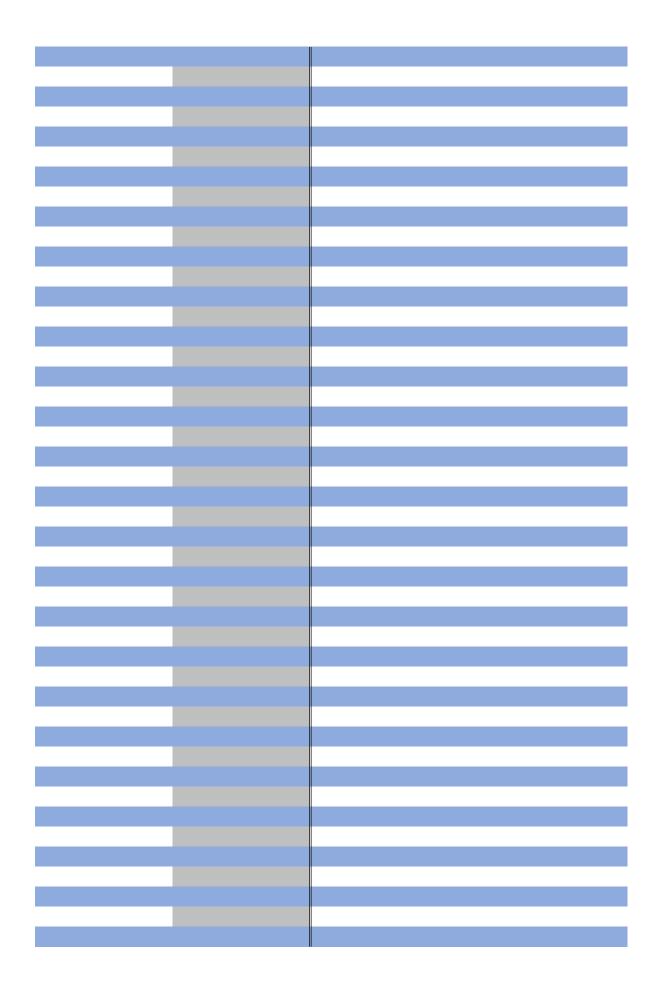


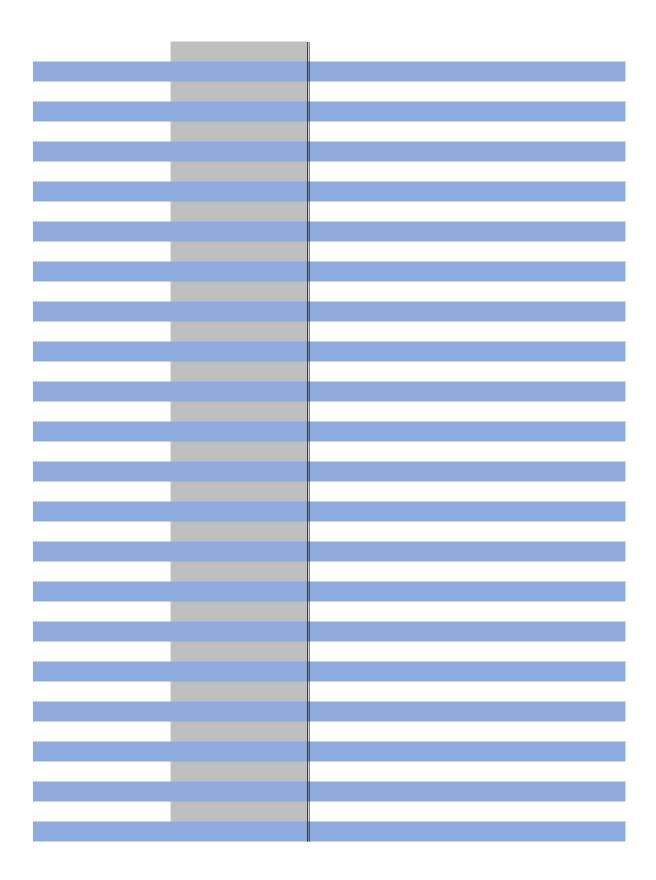


| MCD Info: | MCD Info: | MCD Inflated Payment Info: |
|-------------------------------|--------------------------------------|-------------------------------|
| (Required) | (Calculated) | (PIA) |
| Medicaid | Total | Medicaid Inflation |
| Supplemental Payments (Other) | Medicaid Supplemental Payments | Factor Type |
| [303.3] | [306] | [307] |
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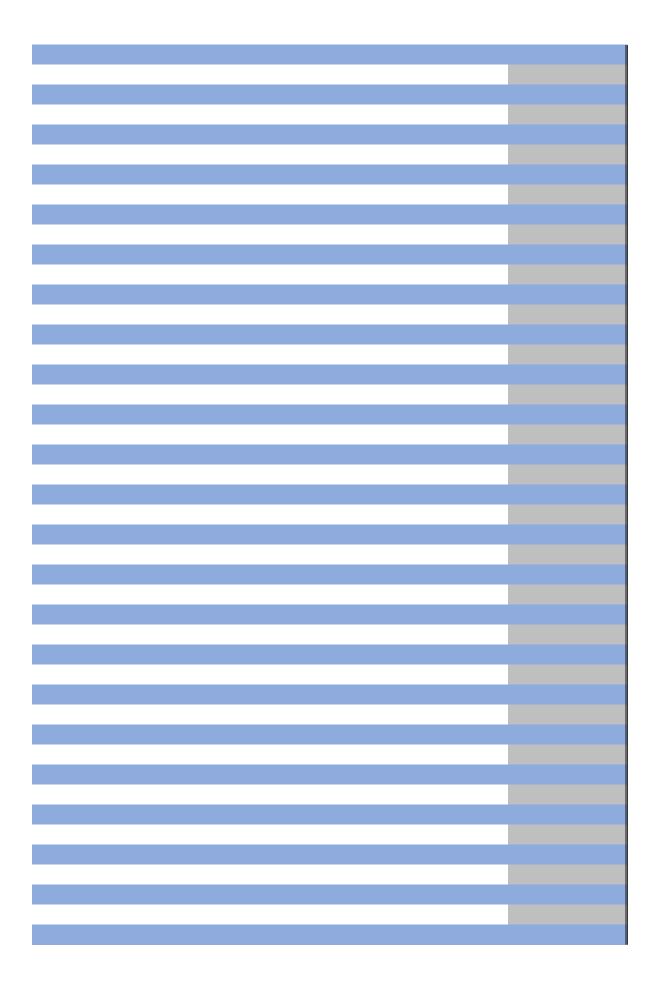


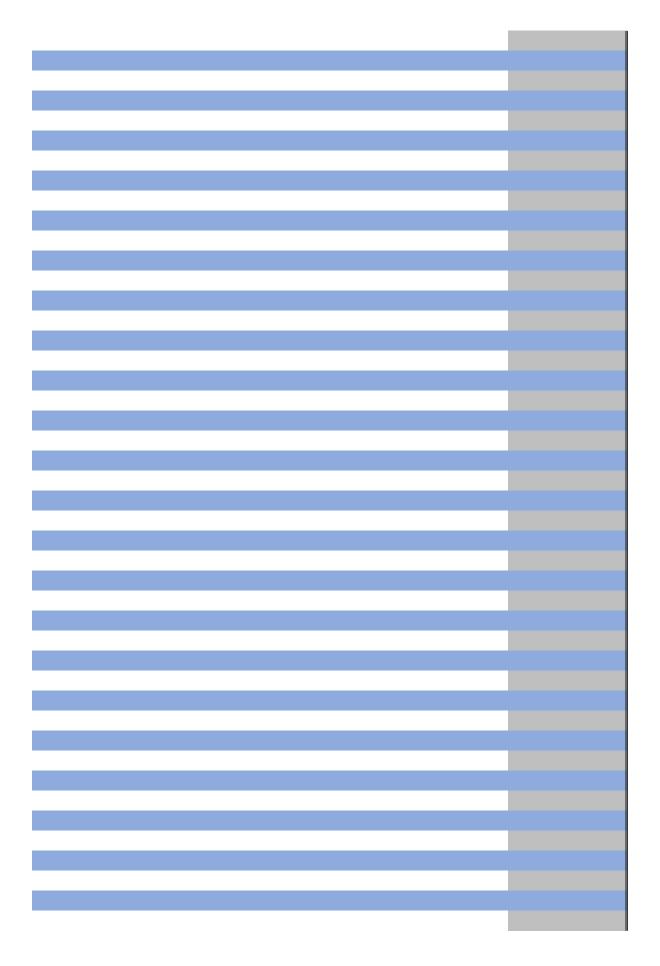


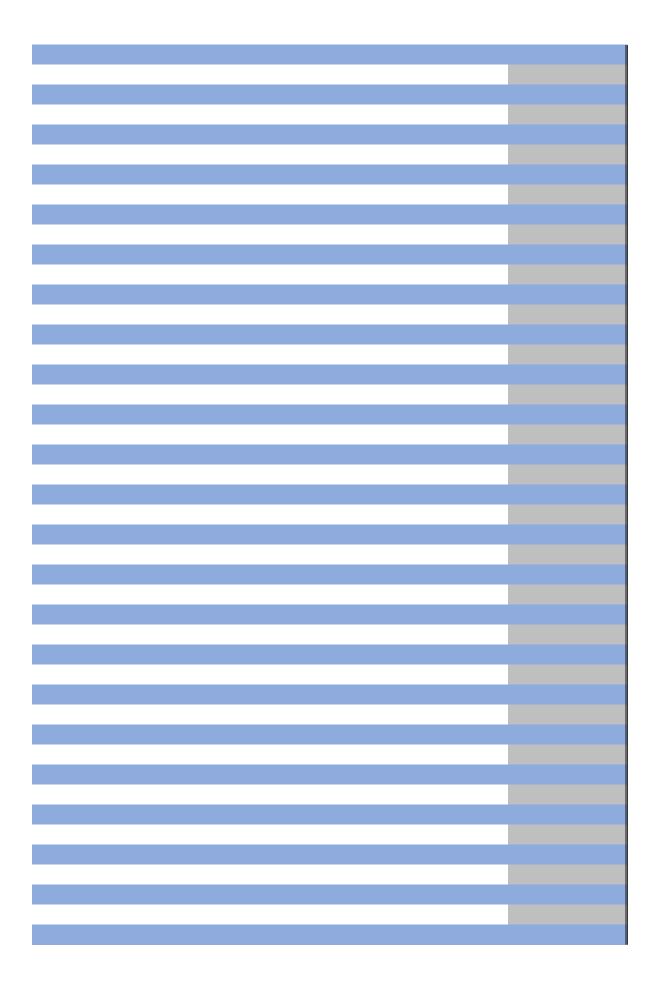


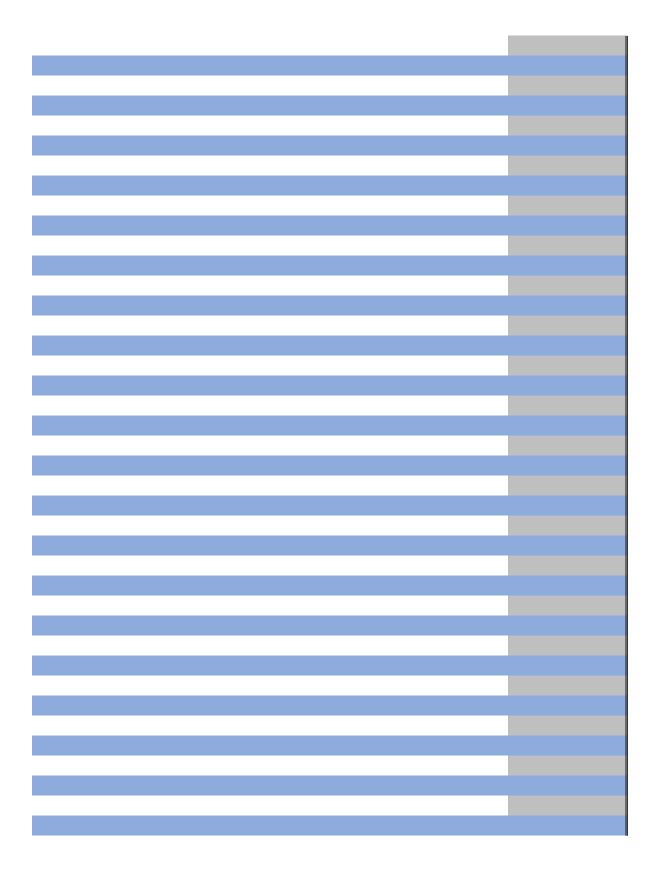
| MCD Inflated Payment Info: | MCD Inflated Payment Info: | MCD Inflated Payment Info: | UPL Calc Info: |
|---------------------------------|--|--|------------------------|
| (Required) | (Required) | (Calculated) | (Calculated) |
| Medicaid Inflation Factor | Other Adjustment to Medicaid Payments | Medicaid Payments Inflated to Demonstration Year | Medicaid UPL Amount |
| [308] | [309] | [318] | [400] |
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| UPL Calc Info: | UPL Calc Info: | UPL Calc |
|----------------|----------------|--------------|
| | | Info: |
| (PIA) | (Required) | (Calculated) |
| UPL Inflation | UPL Inflation | Inflated UPL |
| Factor Type | Factor | Amount |
| | | |
| [Land | [405] | [404] |
| [404] | [405] | [406] |
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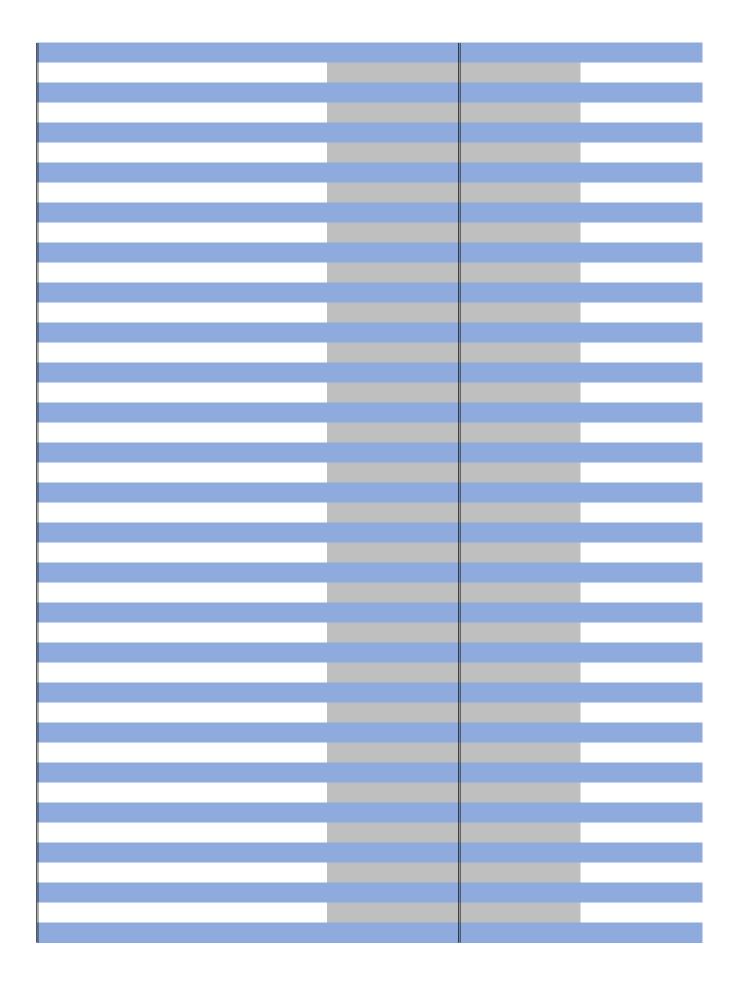


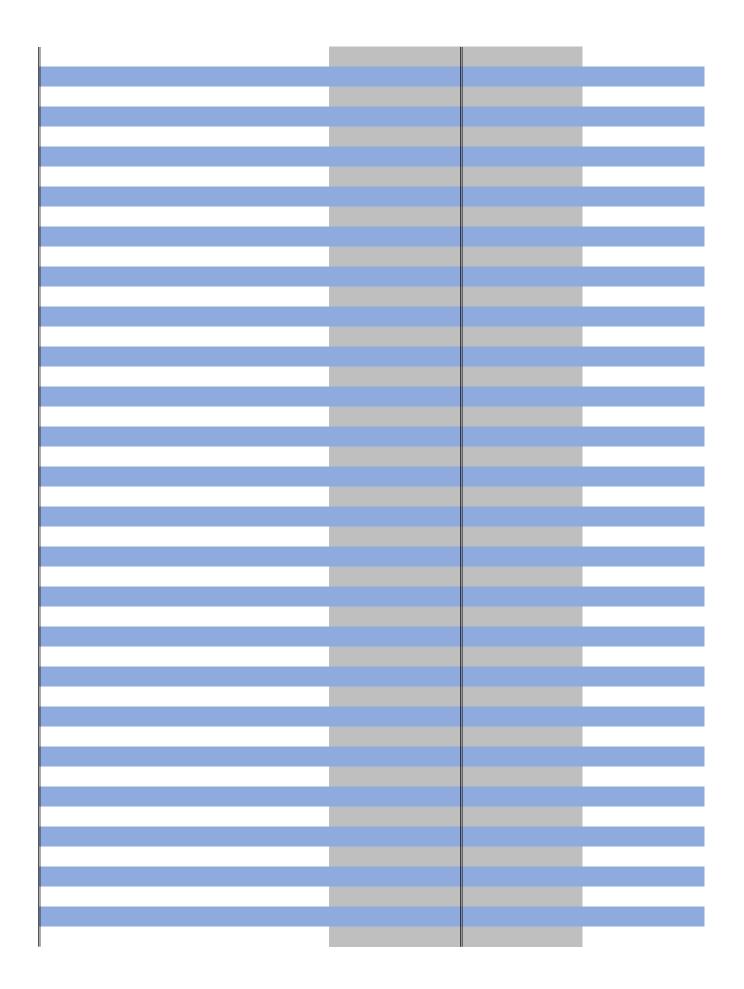


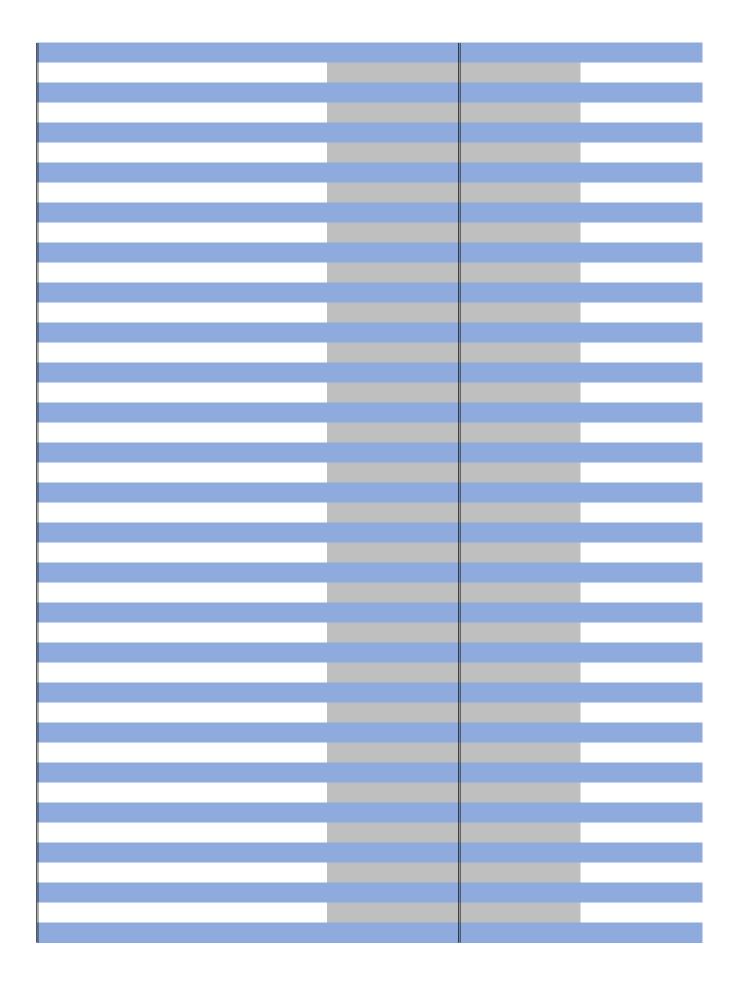


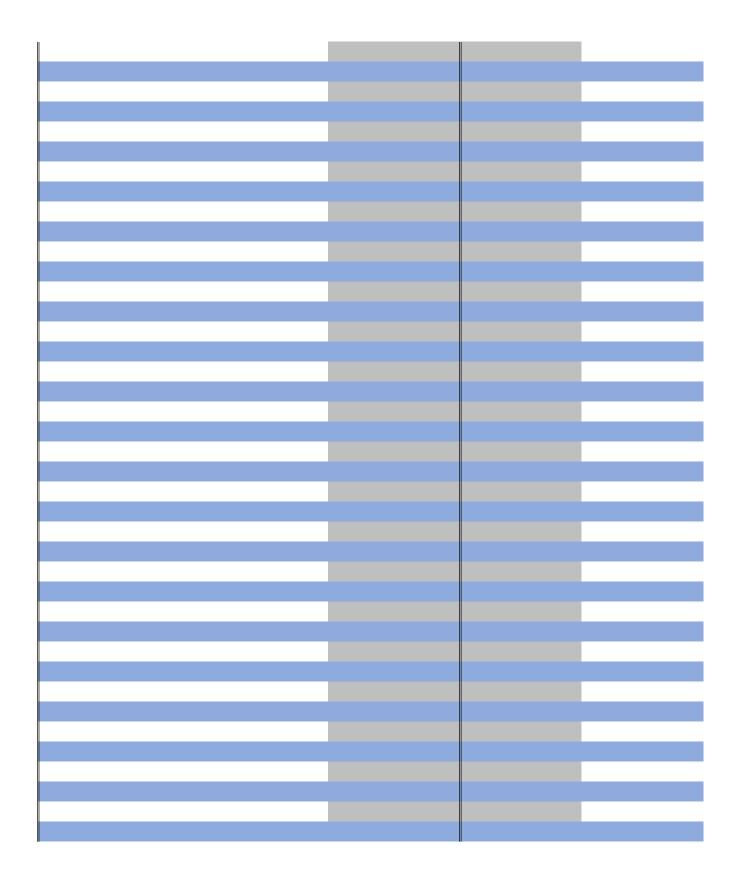


| UPL Adjustment Info: | UPL Adjustment Info: | UPL Adjustment Info: | UPL Gap Info: | UPL Gap Info: |
|-------------------------------------|---|------------------------------------|-------------------|------------------------------|
| (Required if Cost Demonstration) | (Required) | (Calculated) | (Calculated) | (Required) |
| Medicaid Provider Tax Cost | Other Adjustments to the UPL Amount | Adjusted Medicare UPL Amount | UPL Gap Amount | Adjustment to the UPL Gap |
| [401] | [402] | [403] | [407] | [408] |
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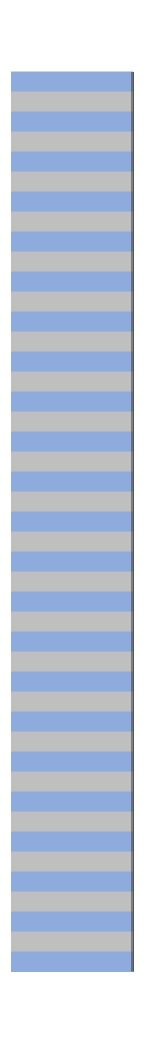


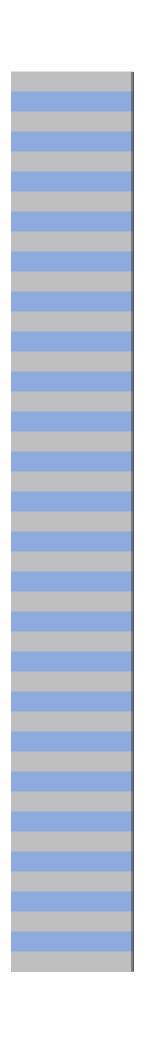
UPL Gap Info:

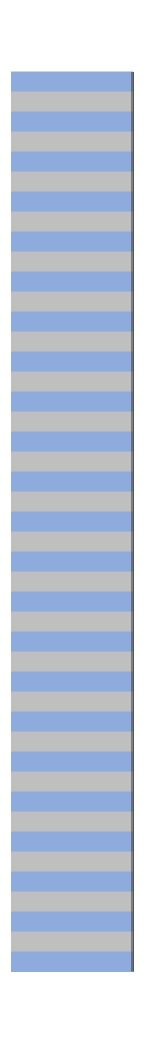
(Calculated)

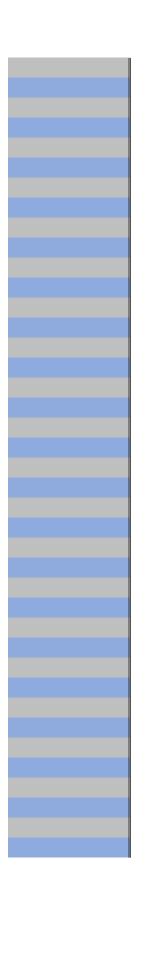
Adjusted UPL Gap

[409]



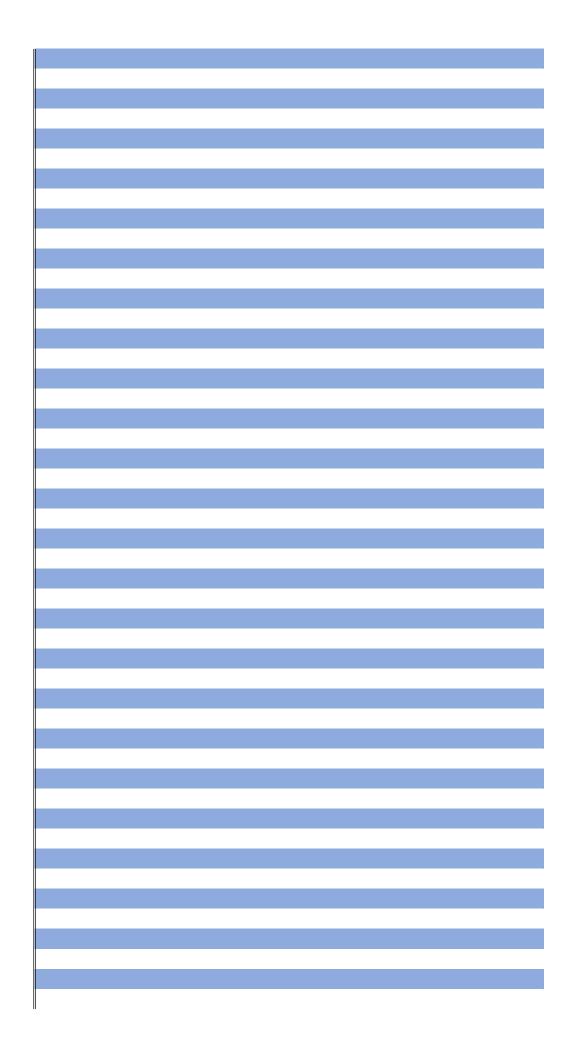






| (Required) | (Required) | (Required) | (PIA) |
|------------|-----------------------------|---------------------------|--|
| State | Demonstration Begin Date | Demonstration End Date | Retrospective/ Prospective Demonstration [116] |
| [001] | [002] | [003] | () |

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



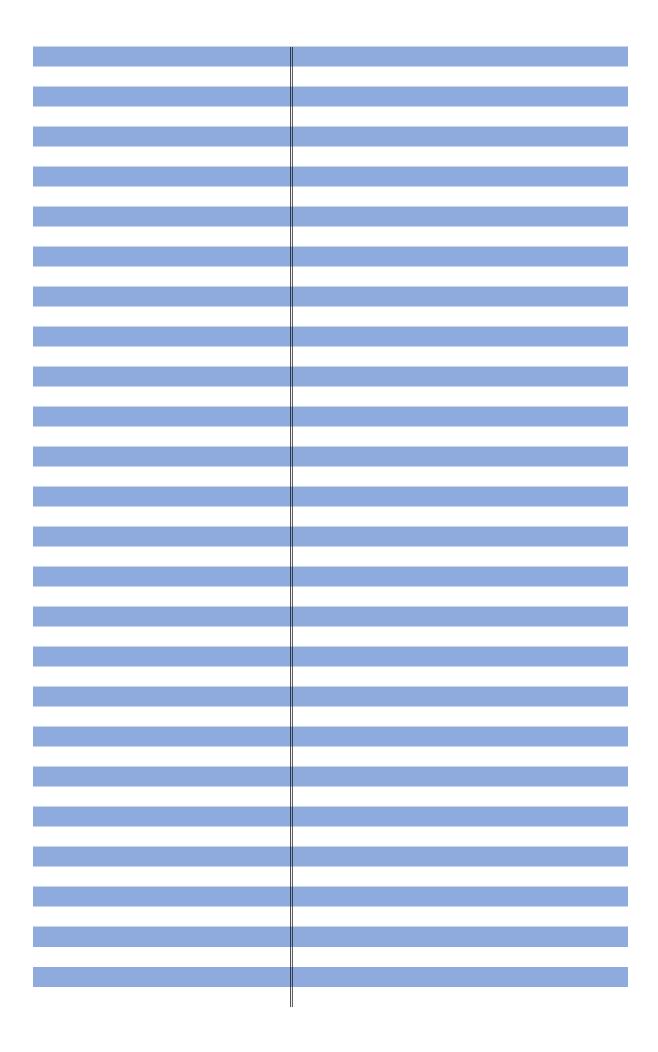


(PIA)

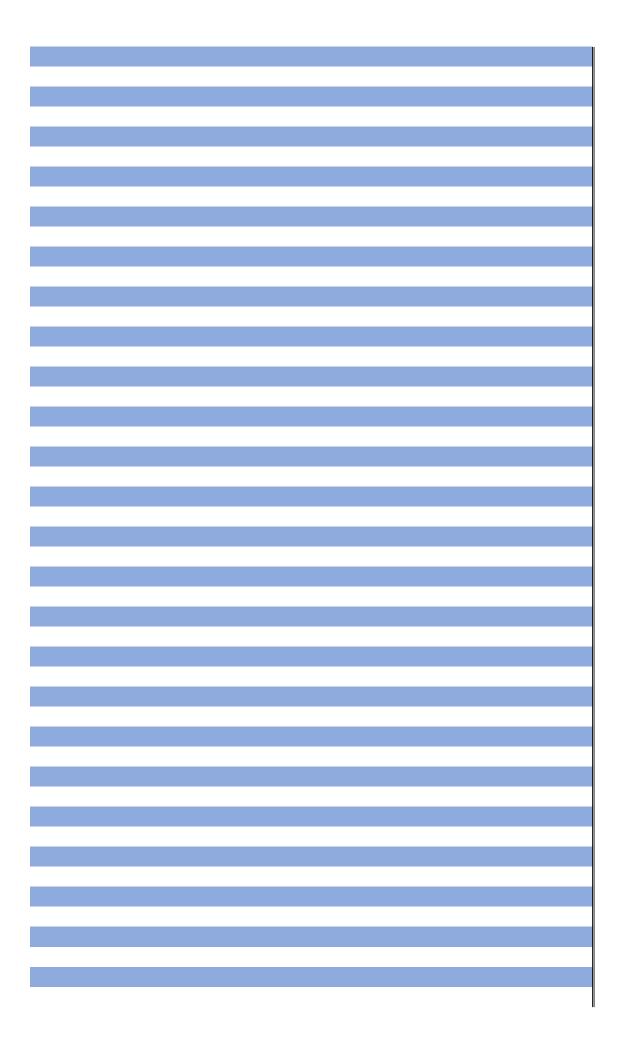
State Plan Amendment Number (SPA)

[117]

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| Demo Info: | Provider Info: | Provider Info: | Provider Info: |
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| (Paguirod) | (PIA) | (PIA) | (Doguirod) |
| (Required) | (PIA) | (PIA) | (Required) |
| Demonstration | Other State | National | Medicare |
| Type | Provider ID | Provider ID | Certification |
| | Number | (NPI) | Number |
| | | | (Medicare ID) |
| [104] | [105] | [109] | [112] |
| [104] | [103] | [107] | [112] |
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| Provider Info: | Provider Info: | Provider | Provider |
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| Provider iiiio. | Provider into. | Info: | Info: |
| (Required) | (Required) | (Required) | (PIA) |
| State-specific | Provider Name | Ownership | Critical |
| Provider ID (Medicaid ID) | | Category Type | Access Hospital |
| (Iviculcald ID) | | Турс | Status |
| [107] | [108] | [110] | [113] |
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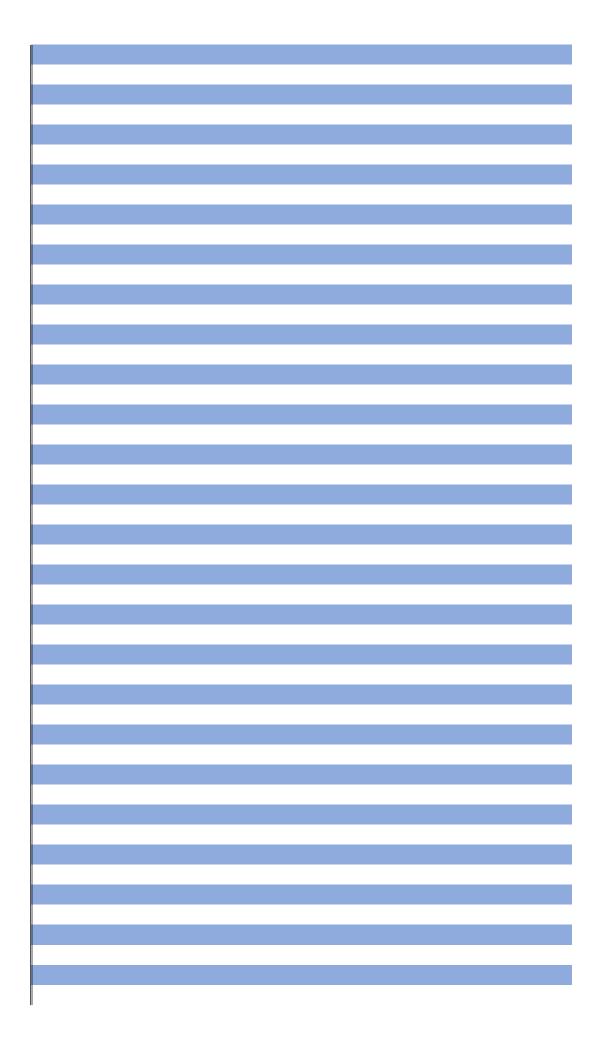
| (Required) Medicare Cost Report Begin Date (DOS) [200.1] | (Required) Medicare Cost Report End Date (DOS) [200.2] | (Required) Medicare Cost Report Filing Status [202] | (Required if Payment Demonstration) Medicare Payments [205] |
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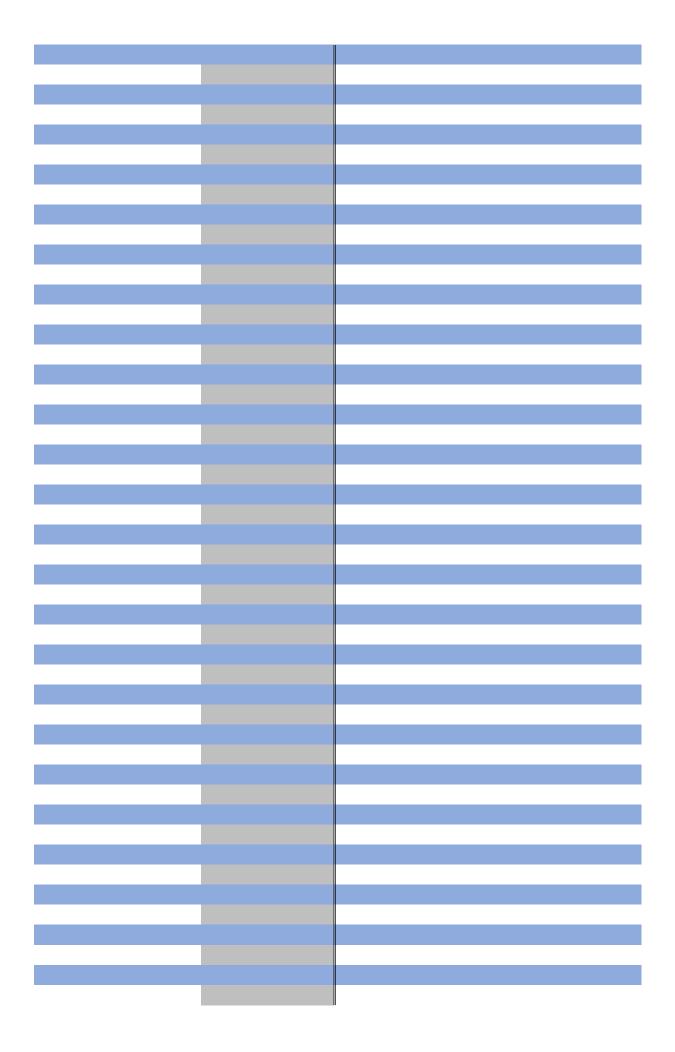
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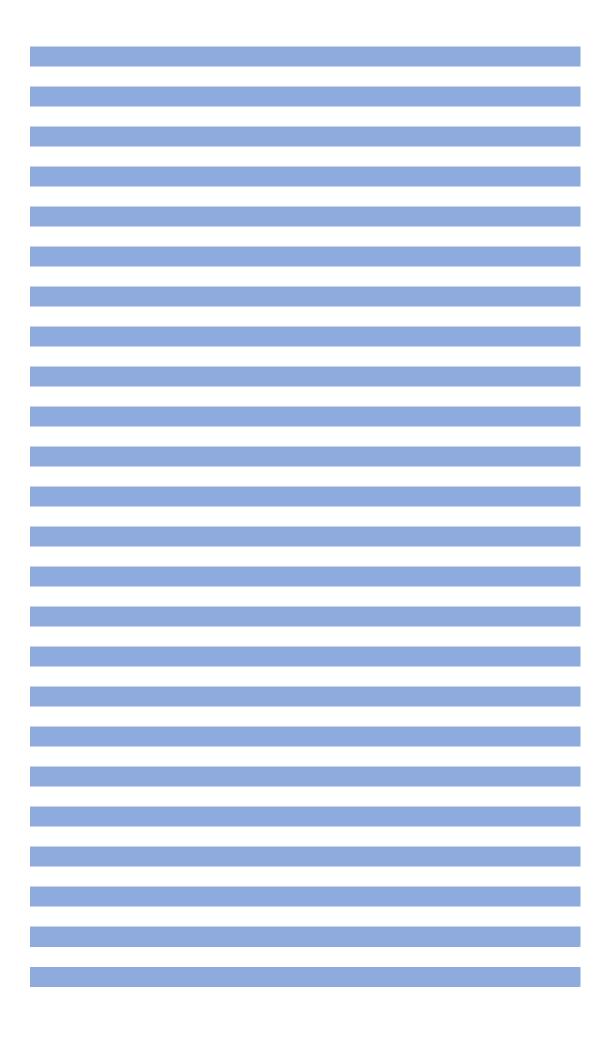


| MCR Info: | MCR Info: | MCD Info: | MCD Info: |
|---------------------|-------------------------|-----------------------------------|-----------------------------------|
| | | | |
| (Required) | (Calculated) | (Required) | (Required) |
| | | | |
| Medicare Charges | Medicare Payment-To- | Time Period of Medicaid Charge | Time Period of Medicaid Charge |
| Charges | Charge Ratio | and Payment Data - | and Payment Data - |
| | | Begin Date (DOS) | End Date (DOS) |
| [204] | [209] | [300.1] | [300.2] |
| [204] | [207] | [000.1] | [500.2] |
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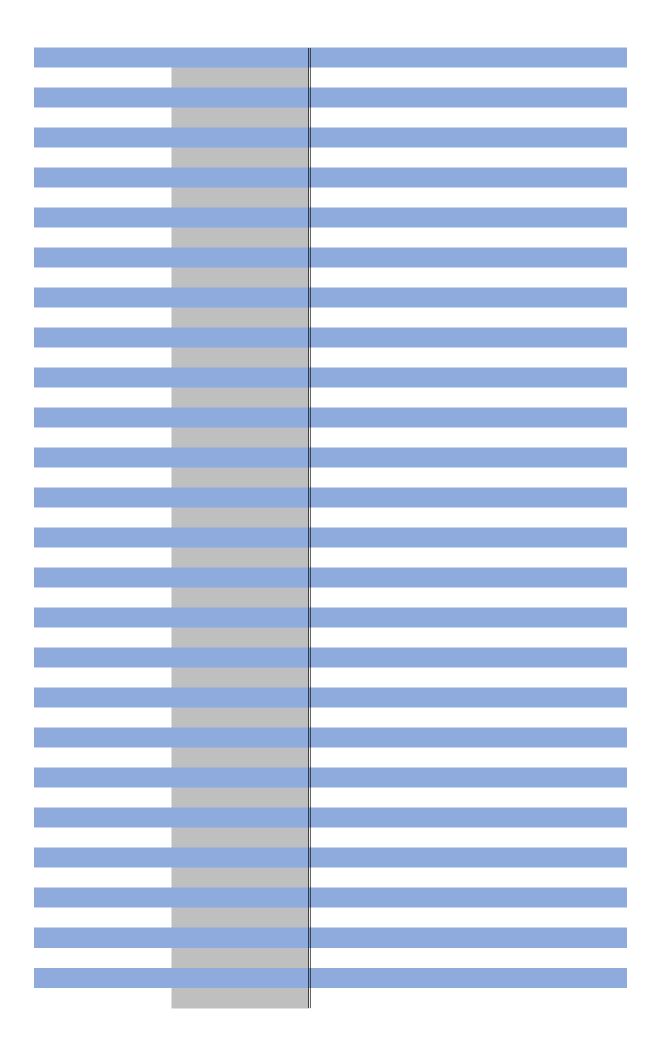




| MCD Info: | MCD Info: | MCD Info: | MCD Info: |
|---------------------|------------------------------|--------------------------------------|--|
| (Required) | (Required) | (Required) | (Required) |
| Medicaid Charges | Medicaid Base Payments | Medicaid Supplemental Payments | Medicaid Supplemental Payments (GME/Training) |
| [301] | [302] | [303.1] | [303.2] |

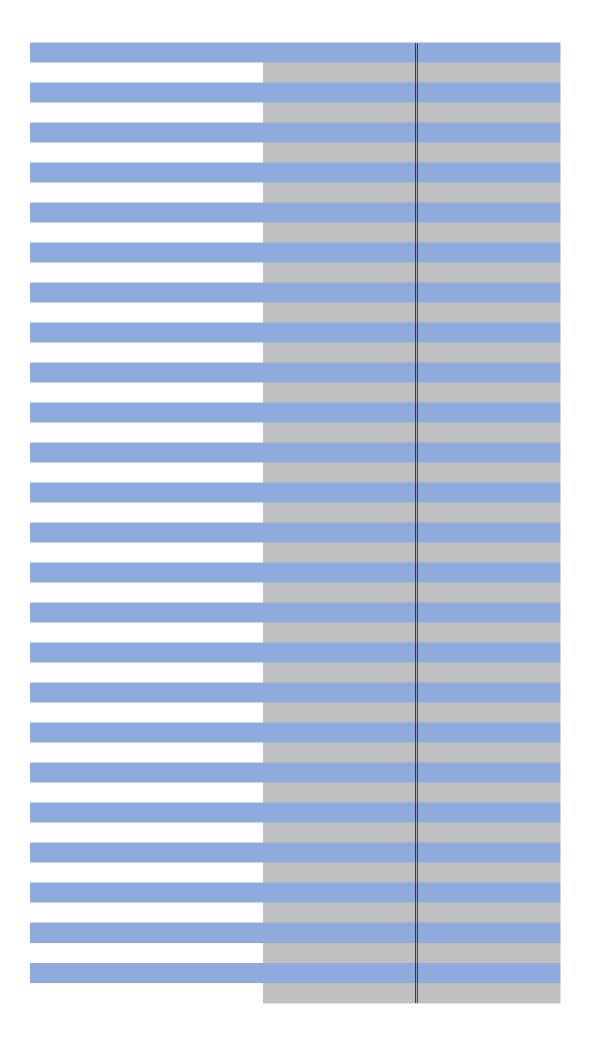


| MCD Info: | MCD Info: | MCD Inflated Payment Info: |
|----------------------------------|-------------------|-----------------------------------|
| (D - m : 1) | (Calaulata IV | |
| (Required) | (Calculated) | (PIA) |
| Medicaid Supplemental | Total Medicaid | Medicaid Inflation Factor Type |
| Supplemental Payments (Other) | Supplemental | ructor Type |
| | Payments | |
| [303.3] | [306] | [307] |
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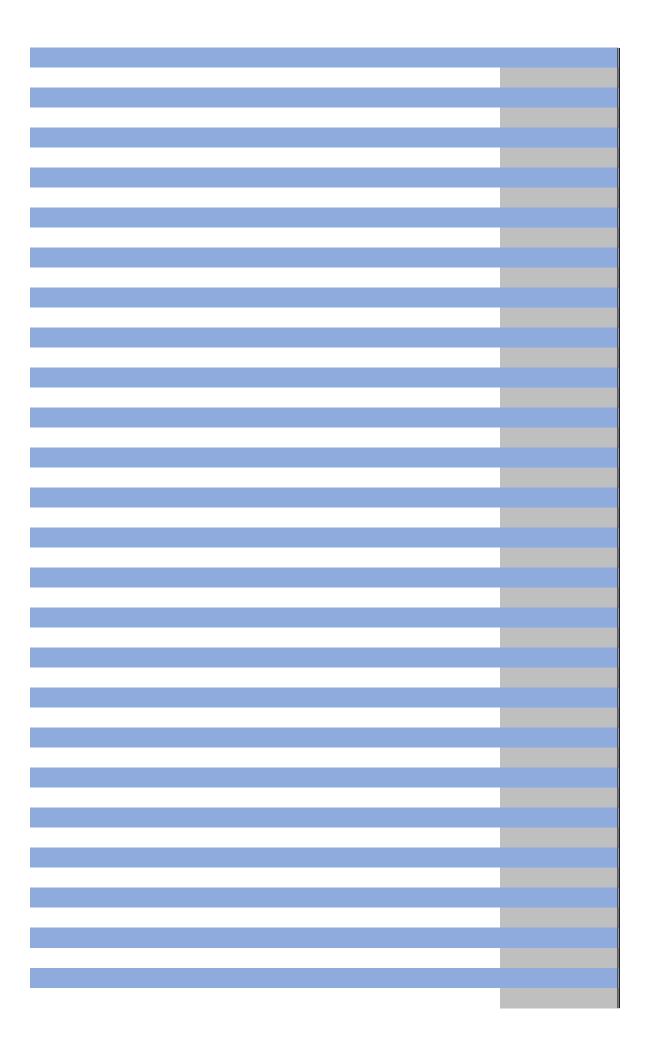




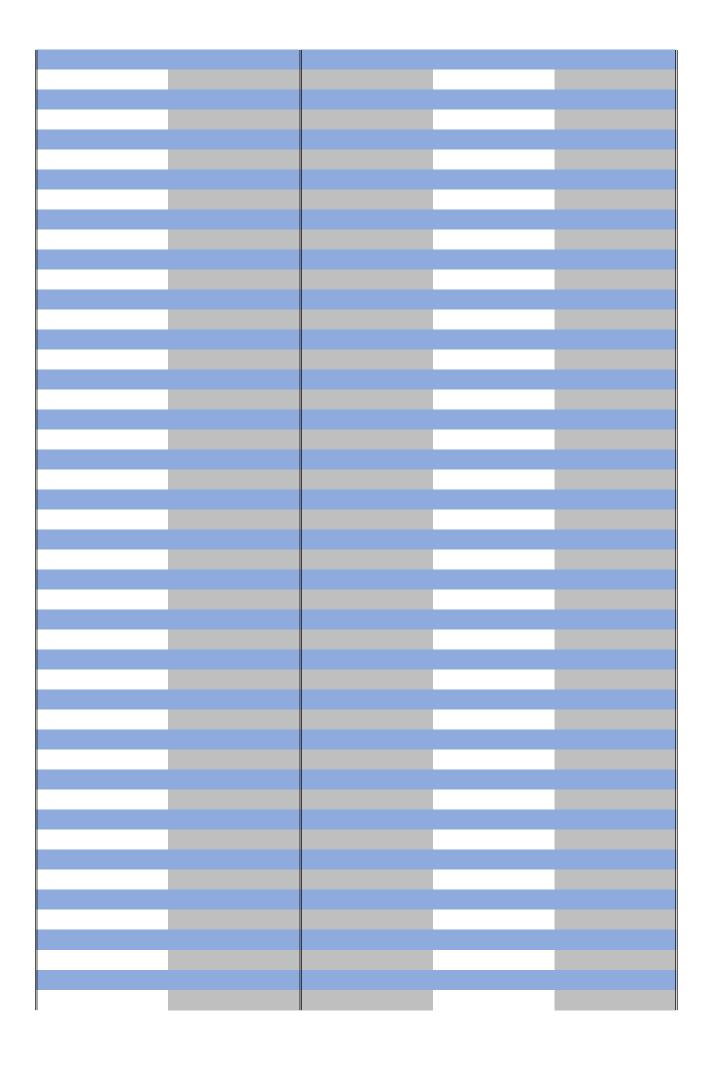
| MCD Inflated | MCD Inflated | MCD Inflated | UPL Calc Info: |
|---------------------|---------------------------|-----------------------------------|----------------|
| Payment Info: | Payment Info: | Payment Info: | |
| (Required) | (Required) | (Calculated) | (Calculated) |
| Medicaid | Other | Medicaid Payments | Medicaid UPL |
| Inflation Factor | Adjustment to Medicaid | Inflated to Demonstration Year | Amount |
| Factor | Payments | Demonstration real | |
| [308] | [309] | [318] | [400] |
| [300] | [307] | [310] | [400] |
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| UPL Calc Info: | UPL Calc Info: | UPL Calc |
|----------------|-------------------------|------------------------|
| | | Info: |
| (PIA) | (Required) | (Calculated) |
| | | |
| UPL Inflation | UPL Inflation Factor | Inflated UPL Amount |
| Factor Type | Factor | Amount |
| | | |
| [404] | [405] | [406] |
| [404] | [403] | [400] |
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| UPL Adjustment Info: | UPL Adjustment Info: | UPL Gap Info: | UPL Gap Info: | UPL Gap Info: |
|---|------------------------------------|-------------------|------------------------------|---------------------|
| (Required) | (Calculated) | (Calculated) | (Required) | (Calculated) |
| Other Adjustments to the UPL Amount | Adjusted Medicare UPL Amount | UPL Gap Amount | Adjustment to the UPL Gap | Adjusted UPL Gap |
| [402] | [403] | [407] | [408] | [409] |
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| Total Dollars by Ownership Type For: Total Base Payments [302], Total Supplemental Payments [306], and | | | |
|--|---------------------|-----------------------------|--|
| Ownership Category | Total Base Payments | Total Supplemental Payments | |
| Private | \$O | \$0 | |
| NSGO | \$O | \$O | |
| SGO | \$O | \$0 | |
| Total | \$O | \$0 | |

| Total Adjusted UPL Gap [409] | |
|------------------------------|--|
| Total Adjusted UPL Gaps | |
| \$0 | |
| \$0 | |
| \$0 | |
| \$0 | |

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