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

report prepared by:

(please ins

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

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

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

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

3. State and/or local funds are available and will be use
are in accordance with all applicable federal requireme
by Federal law to be used to match other Federal funds
other Federally funded programs).

4. I understand that this information may be used as a
civil or criminal law.

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

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

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

Electronic Signature:

Title & Contact Information:

Upper Payment Limit Demonstration Report

statement and that I have examined the accompanying electronically filed and/or manually submitted Upper Payment Limi

ert the state Medicaid official (or other person who prepared this UPL demonstration report) Name(s), title(s), and Contact

belief, this report is true, accurate, and complete, and except as noted, have been prepared from the books and records of
licable instructions. I further certify that I am familiar with the laws and regulations regarding the provision of health care s
limit demonstration report are provided in compliance with such laws and regulations.

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

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

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

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

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

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

Overview

States can provide enhanced payments to physicians and practitioners that are affiliated with academic medical in order to ensure access to their services for Medicaid (MCD) beneficiaries. However, payments are required to efficiency, economy and quality of care" as determined by Average Commercial Rates (ACR). An enhanced paym allowed amounts (provider payment + patient cost-sharing) of the top (5) commercial payers that are subject to Medicare (MCR), Worker's Comp. and managed care plans that pay a sub-capitated amount]. Data must be deriv provider's billing system, must be within 2 years of the ACR demonstration period, provided for each Current Pr code eligible for enhanced payment in SPA, and should include only professional services (i.e., technical compor anesthesia are excluded). Centers for Medicare and Medicaid Services (CMS) has developed guidance document statutory and regulatory requirements that can be downloaded from:

CMS Accountability Guidance

CMS is also introducing templates specific to each service type, which have been developed to assist states in m Limit (UPL) requirements and increase comparability across states. This workbook contains templates for the Qu Average Commercial Rate (ACR) UPL demonstrations.

For each facility, please complete the "Required State Input – PHYS" tab. **Please ensure the top section of the in completed, which includes the state, the start date for the demonstration, and the end date for the demonstr that there are no gaps between yearly submissions.**

If a cell has a red background, critical data for that variable is missing or invalid. Once the data is filled in with va the template will remove the red color from the cell. For details about the valid data format and valid values for Data Dictionary tab.

States may not enter data into the tab labeled "Physician." The template calculates the content on these tabs au 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 supplement the content for the "Required State Input – PHYS" tab. These sheets are optional. If you choose to enter data in t please provide a brief explanation of the content at the top of the worksheet.

States may apply different UPL formulas for state government owned or operated facilities, non-state governme facilities and private facilities; however, the formula should be consistently applied to each provider within the c facility should only be included in one type of UPL demonstration. **In filling out the input tabs within these temp individual provider should be included on one separate row. Additionally, all supplemental payments made by for each individual provider and reported separately from regular Medicaid payments.** There may be instances applicable to your UPL calculation. Please leave these variables blank unless otherwise noted in the data dictiona

Information Requested:
CMS requests the following information for each qualified practitioner:
- **Demonstration Information** asks for basic information such as the state, demonstration rate year, and service
- **Provider Identification** asks for provider identification numbers and names for each provider included
- **Medicare Payment Data** asks for base year Medicare payment rates for Healthcare Common Procedure Codin relevant to the ACR demonstration and multiplied by the corresponding Medicaid service volume
- Medicaid Payment and Volume Data for Base Period asks for Medicaid volume data used to calculate the UPL data that is used to determine whether or not the state has made payments in excess of the UPL
- Average Commercial Rate Data asks for data on the average payment rates for the top 5 commercial insurers to the ACR demonstration and multiplied by the corresponding Medicaid service volumes
- **ACR and Maximum Supplemental Payment Calculation** asks for the state to calculate the enhanced payment average commercial rate or Medicare equivalent and determine the maximum supplemental payments that can

CMS has developed an instructional document for qualified practitioner services to help states create their UPL document can be downloaded from:

CMS UPL Instructions for Qualified Practitioner Services

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

Detailed descriptions for each variable are provided in the next sheet labeled "Data Dictionary." A hypothetica 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 inform OMB control number. The valid OMB control number for this information collection is 0938-1148. The time requ information collection is estimated to average 40 hours per response, including the time to review instructions, resources, gather the data needed, and complete and review the information collection. If you have comments time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PR 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 [MM/DD/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
110-111	N/A	N/A
112	Required	6-digit number
113-115	N/A	N/A
116	Provide if Applicable (PIA)	Text
117	Provide if Applicable (PIA)	2-character text with 2-digit numbers and 4-digit number separated by hyphen
200.1	Required if Medicare Equivalent of ACR Approach	Date [MM/DD/YYYY]
200.2	Required if Medicare Equivalent of ACR Approach	Date [MM/DD/YYYY]
201-224	N/A	N/A

225	Required if Medicare Equivalent of ACR Approach	$ Amount
226	Required if Medicare Equivalent of ACR Approach	Proportion
300.1	Required	Date [MM/DD/YYYY]
300.2	Required	Date [MM/DD/YYYY]
301	N/A	N/A
302	Required	$ Amount
303	N/A	N/A
304	Required	Number
305-318	N/A	N/A
400-419	N/A	N/A
420.1	Required if ACR Approach	Date [MM/DD/YYYY]
420.2	Required if ACR Approach	Date [MM/DD/YYYY]
421	N/A	N/A
422	Required if ACR Approach	$ Amount
423	State Calculated	$ Amount
424	Calculated	$ Amount

Table 1. CMS Physician

Variable numbering scheme is used for internal identification

Short Description

State

Demonstration Begin Date

Demonstration End Date

State

State Demonstration Rate Year

Service Type

N/A

Demonstration Type (ACR, MCR Equivalent)

Other State Provider ID Number

N/A

State-specific Provider ID (MCD ID)

Provider Name

National Provider ID (NPI)

N/A

MCR Certification Number (MCR ID)

N/A

Retrospective/Prospective Demonstration

State Plan Amendment (SPA) Number

MCR Rate Period - Begin Date

MCR Rate Period - End Date

N/A

MCR Payment Amount

ACR as Percent of MCR Rate

Time Period of MCD Payment Data - Begin Date
Time Period of MCD Payment Data - End Date
N/A
MCD Base Payments
N/A
MCD Volume of Services

N/A
N/A
Time Period of Commercial Rate Data - Begin Date

Time Period of Commercial Rate Data - End Date

N/A
Average Commercial Rate (ACR)

Enhanced Payment Amount

Maximum Supplemental Payments

End

UPL Template Data Dictionary

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

Long Description

2-character state ID (e.g., Connecticut = CT)

Start date of the State demonstration rate year

End date of the State demonstration rate year

2-character state ID (e.g., Connecticut = CT)

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

Service type: Physician

N/A

Demonstration type. Enter either "ACR" or "MCR Equivalent" (ACR = Average Commercial Rate; MCR Equivalent = MCR Equivalent Payment)

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

N/A

Medicare (MCR) ID number.

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

N/A

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

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

Medicare (MCR) Physician Fee Schedule begin date. Leave blank if using an average commercial rate (ACR) Approach.

If variable 104 has a value of "Medicare Equivalent," then variable 200.1 should be populated with data.

Medicare (MCR) Physician Fee Schedule end date. Leave blank if using an average commercial rate (ACR) Approach.

If variable 104 has a value of "Medicare Equivalent," then variable 200.2 should be populated with data.

N/A

Calculated as the practitioner's average Medicare (MCR) payment rate multiplied by its Medicaid (MCD) volume. Leave blank if using an average commercial rate (ACR) Approach.

If variable 104 has a value of "Medicare Equivalent," then variable 225 should be populated with data.

Provider's average commercial rate (ACR) divided by its average Medicare (MCR) rate. Leave blank if using an ACR Approach.

If variable 104 has a value of "Medicare Equivalent," then variable 226 should be populated with data.

Beginning date of base year Medicaid (MCD) payment data.

End date of base year Medicaid (MCD) payment data.

N/A

Total Medicaid non-supplemental payments for base year.

N/A

Volume of services used for computing service weighted Medicaid payments and enhanced payment amount.

N/A

N/A

Beginning date of commercial rate data. Leave blank if using a Medicare Equivalent of ACR Approach.

If variable 104 has a value of "ACR," then variable 420.1 should be populated with data.

End date of commercial rate data. Leave blank if using a Medicare Equivalent of ACR Approach.

If variable 104 has a value of "ACR," then variable 420.2 should be populated with data.

N/A

Calculated as the provider's average commercial rate (ACR) multiplied by its Medicaid volume. Leave blank if using a Medicare Equivalent of ACR Approach.

If variable 104 has a value of "ACR," then variable 422 should be populated with data.

If using the ACR approach - set equal to Average Commercial Rate (Variable 422)

If using the MCR equivalent approach calculate as MCR Payment Amount (Variable 225) * ACR as Percent of MCR Rate (Variable 226)

The state must calculate this as described using formulas.

Calculate as Enhanced Payment Amount (Variable 423) - MCD Base Payments (Variable 302).

of Worksheet

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

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

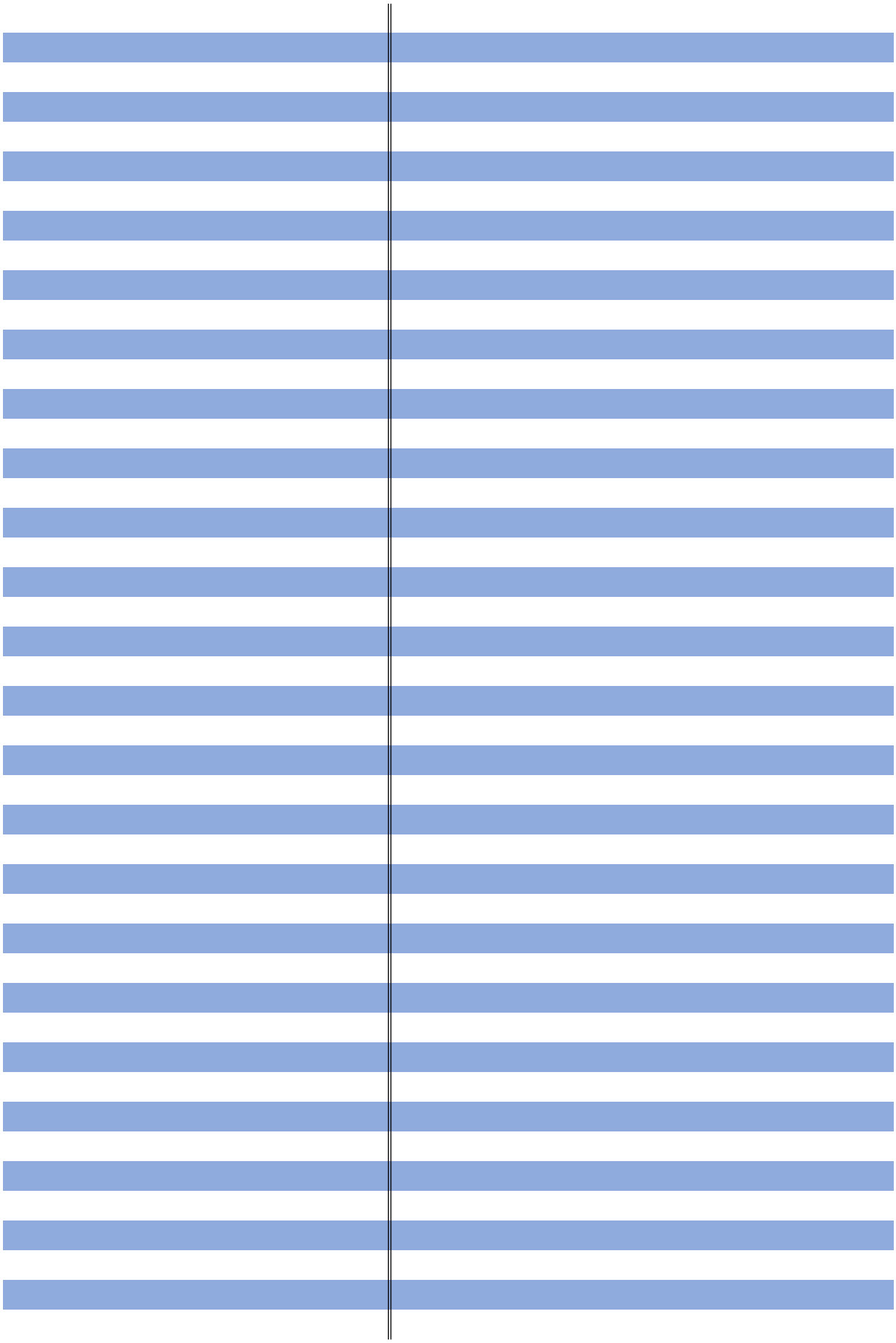
Database Description & Variable Number	Demo Info: (Required) State [100]	Demo Info: (Required) State Demonstration Rate Year [101]	Demo Info: (Required) Service Type [102]

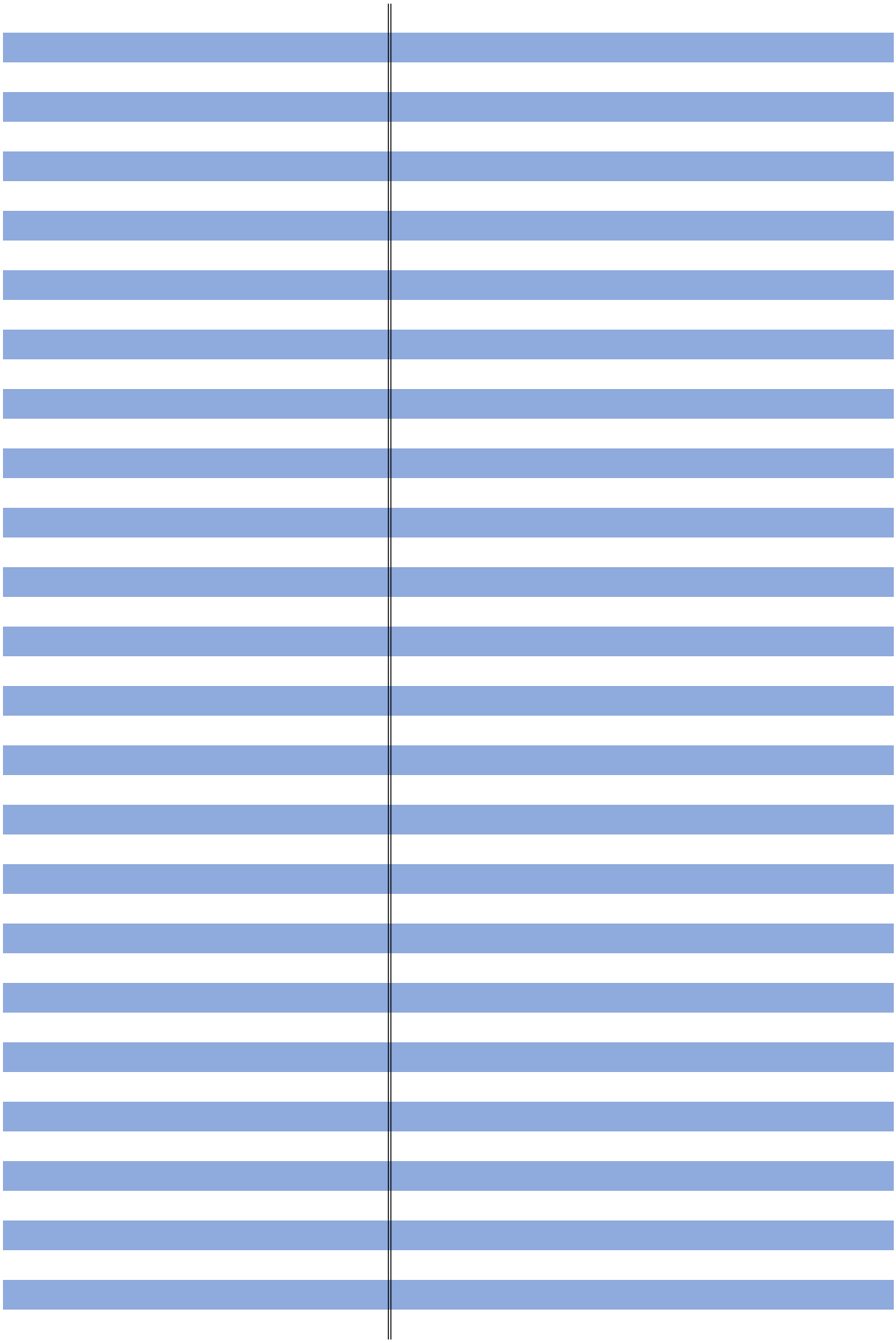
(PIA) State Plan Amendment Number (SPA) [117]

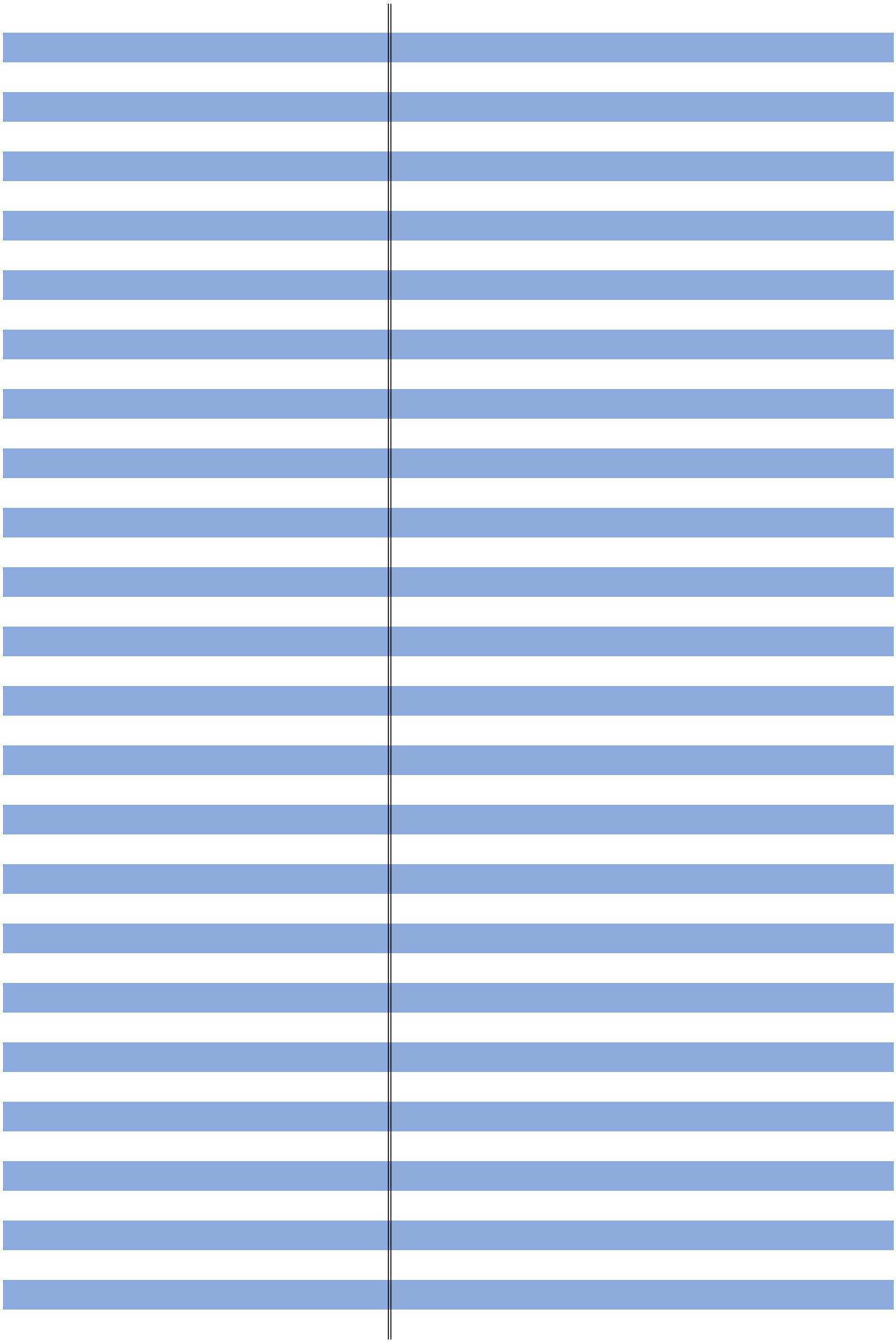
Data Validation Key

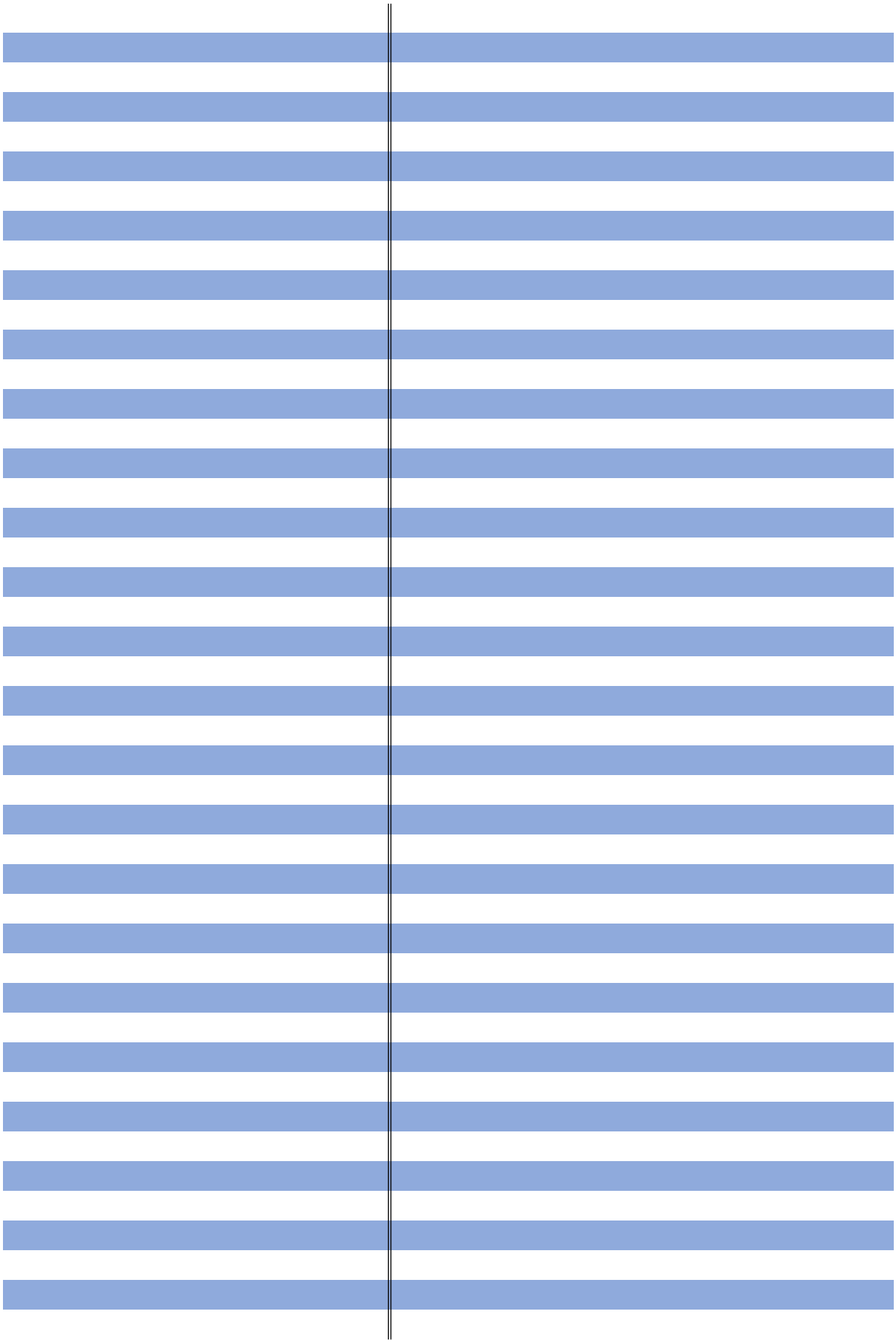
EXAMPLE	Grey Shading, Whit
EXAMPLE	Red Shading only: R

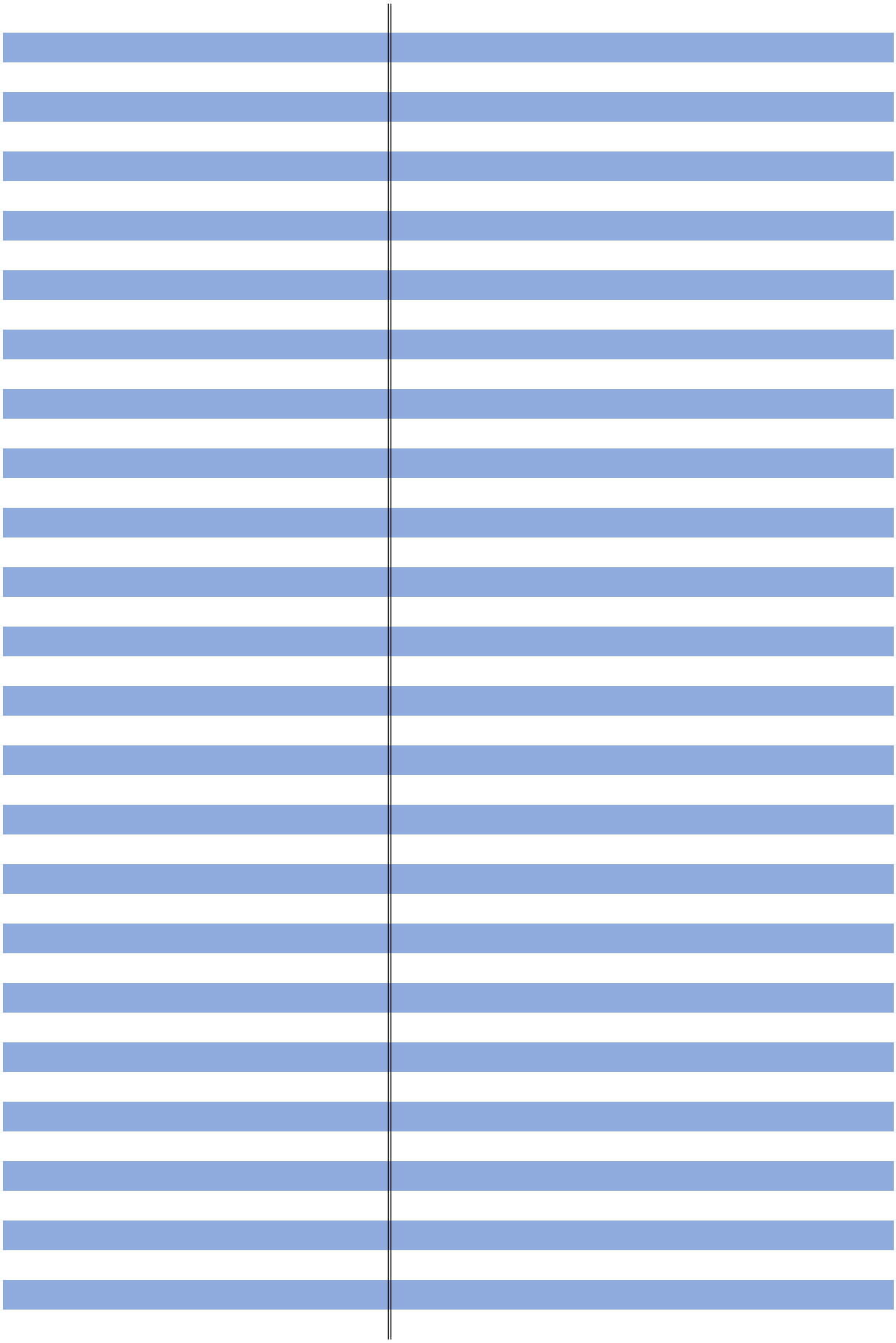
Demo Info:	Provider Info:	Provider Info:	Provider Info:
(Required)	(PIA)	(PIA)	(Required)
Demonstration Type	Other State Provider ID Number	National Provider ID (NPI)	Medicare Certification Number (Medicare ID)
[104]	[105]	[109]	[112]

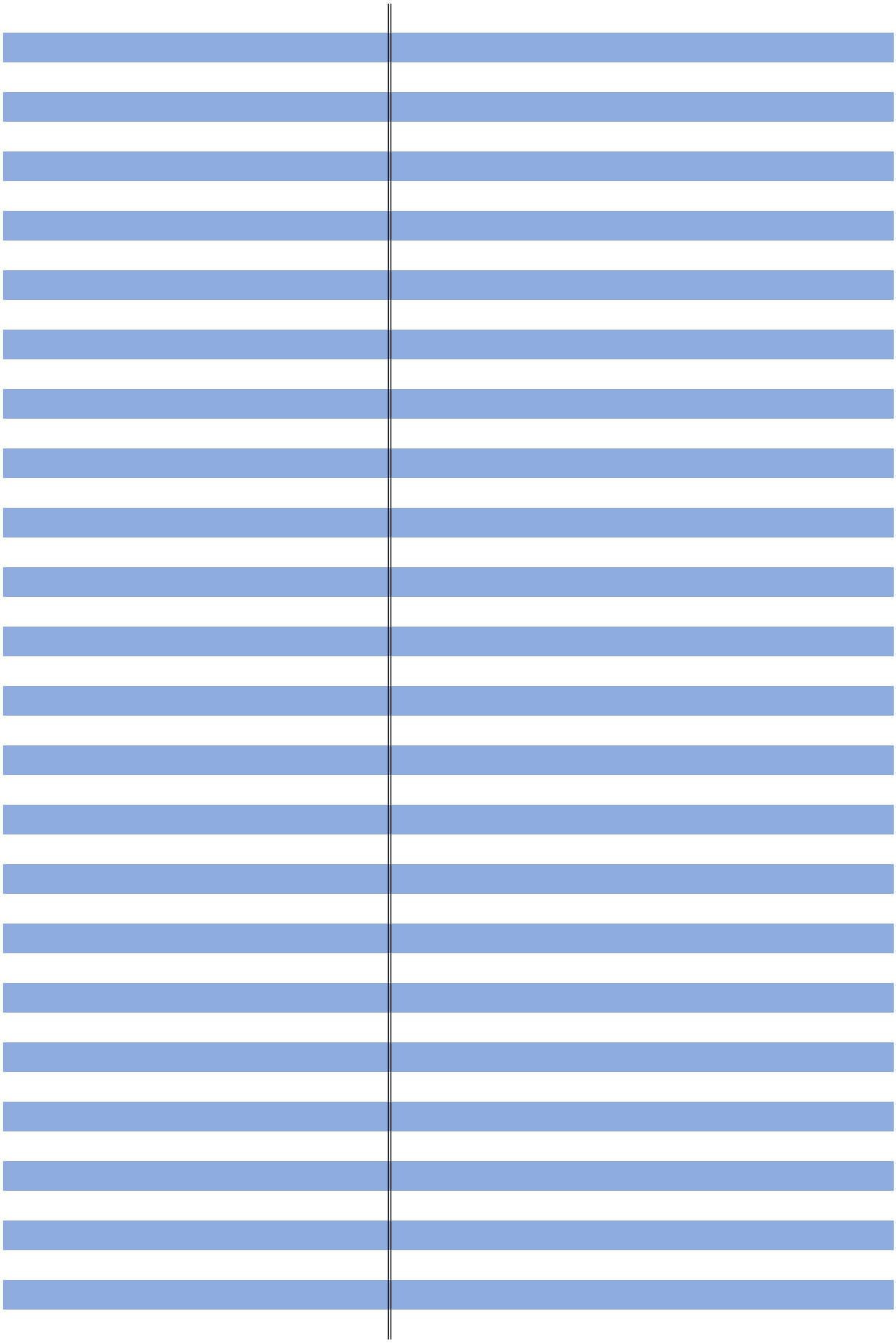


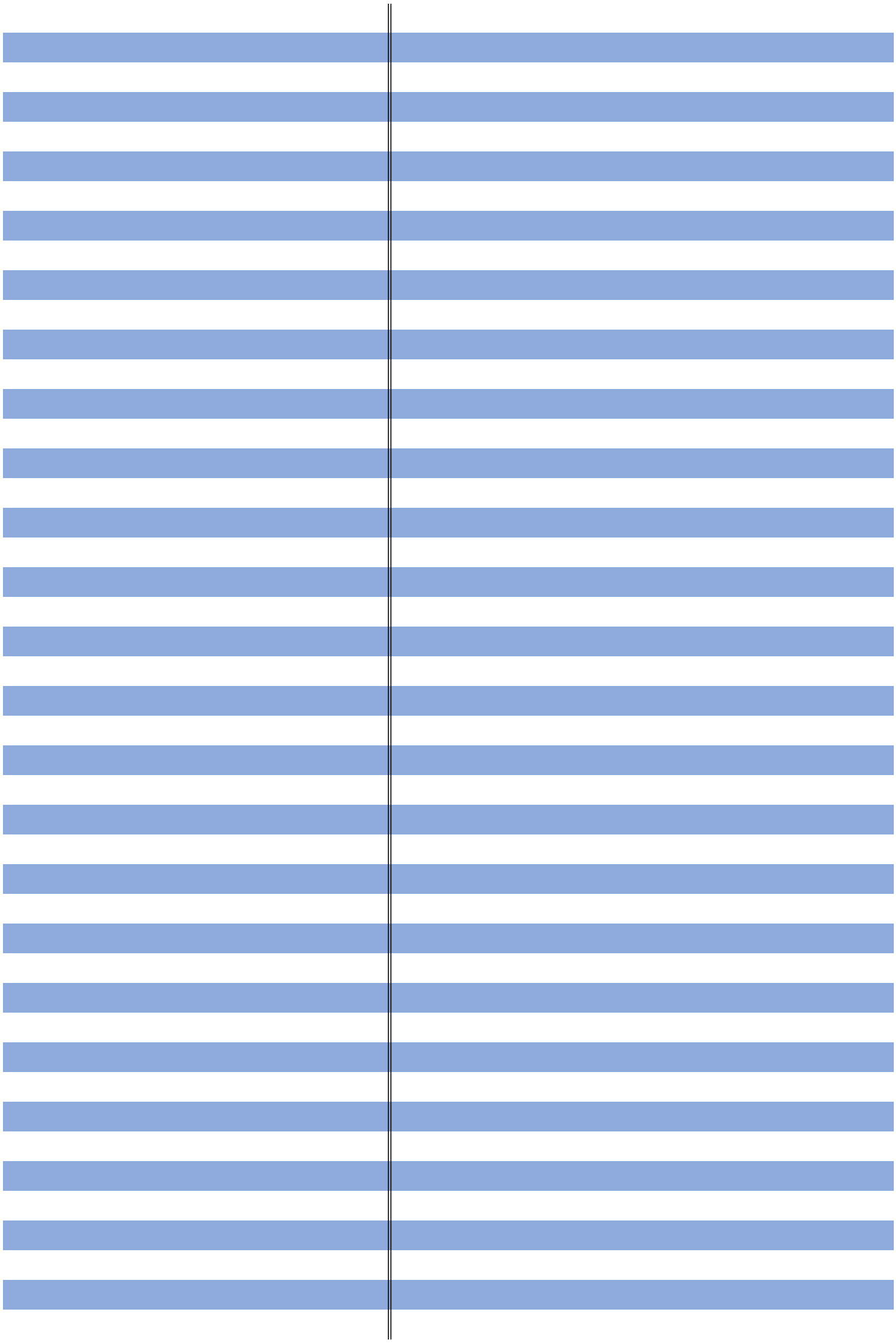


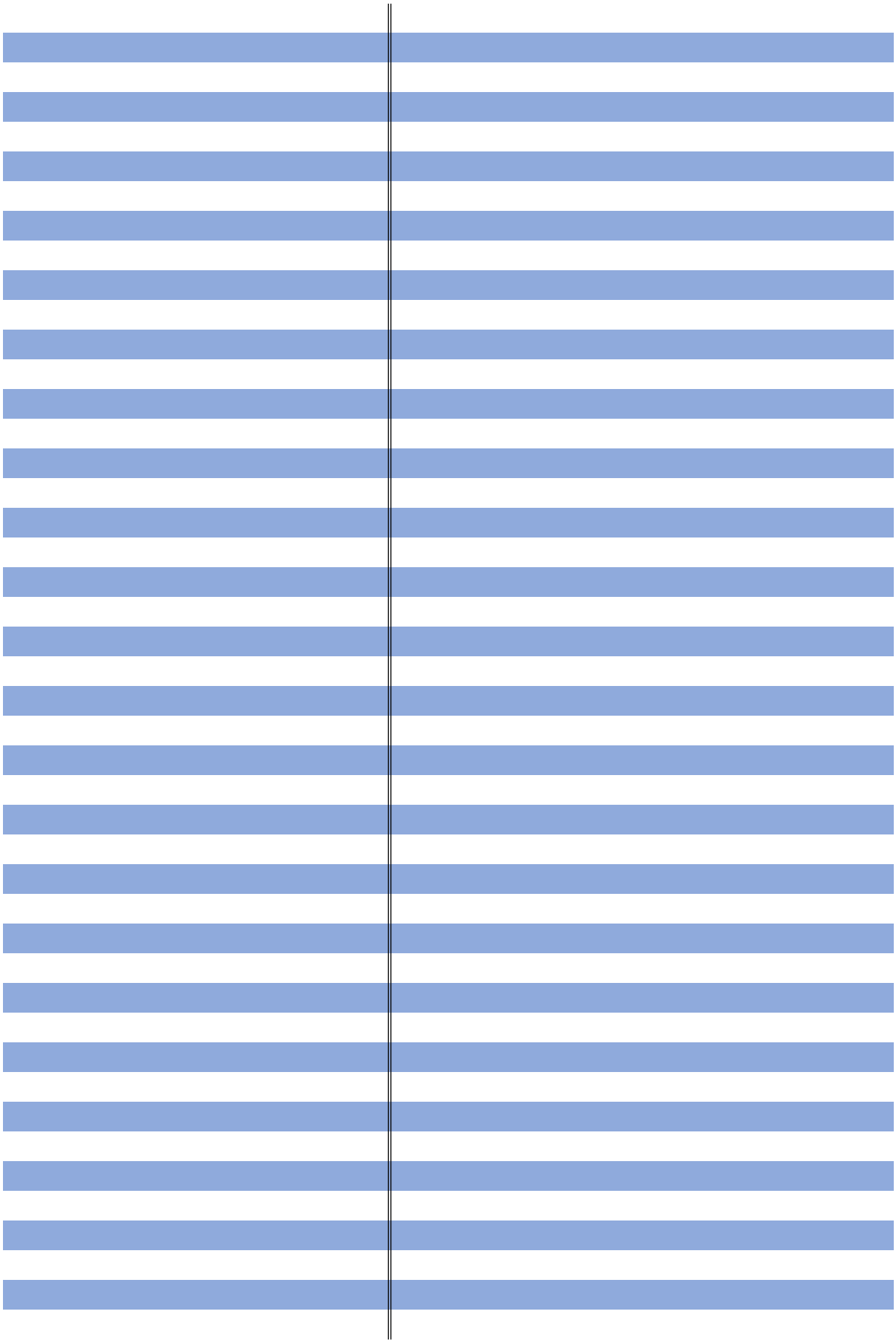


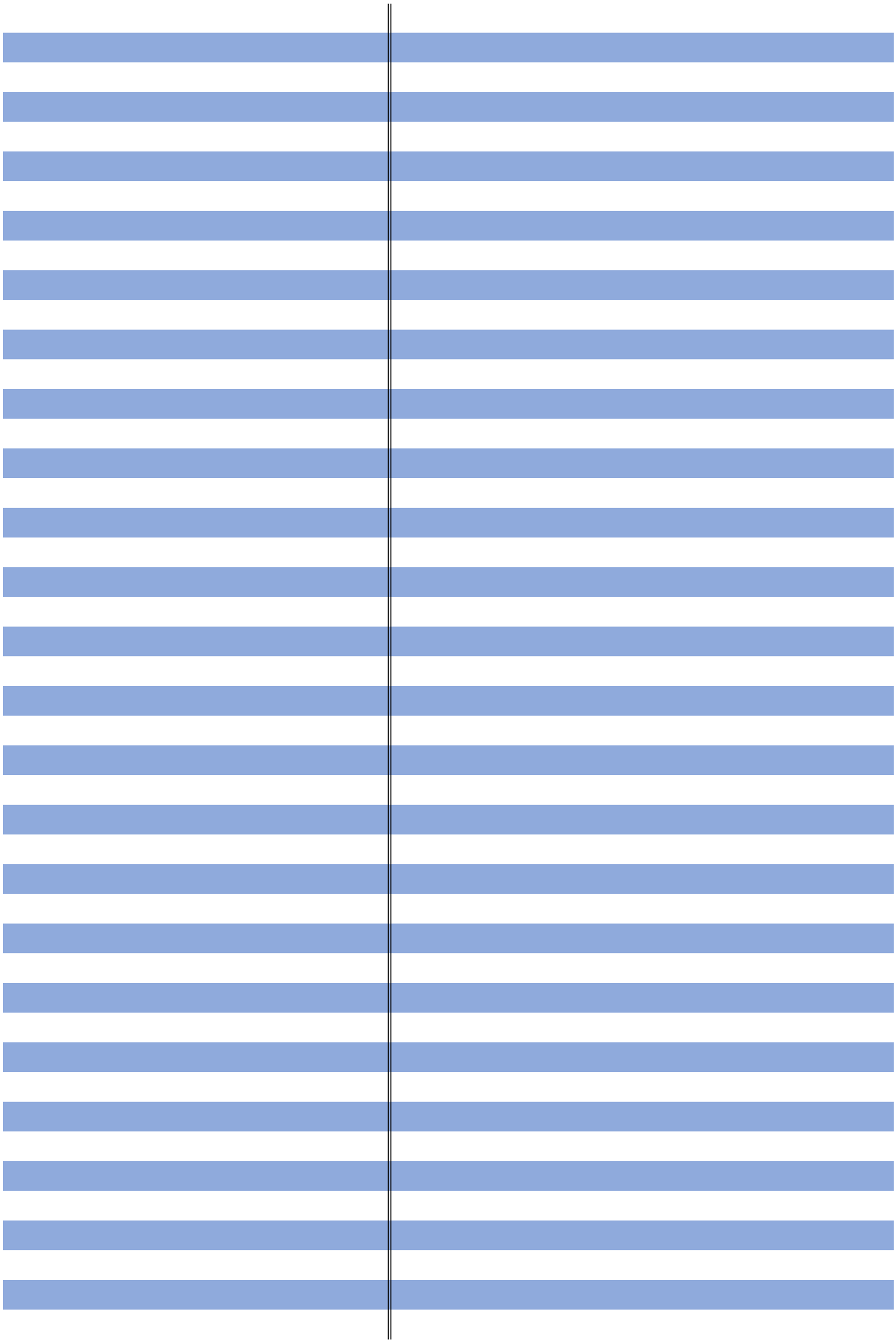


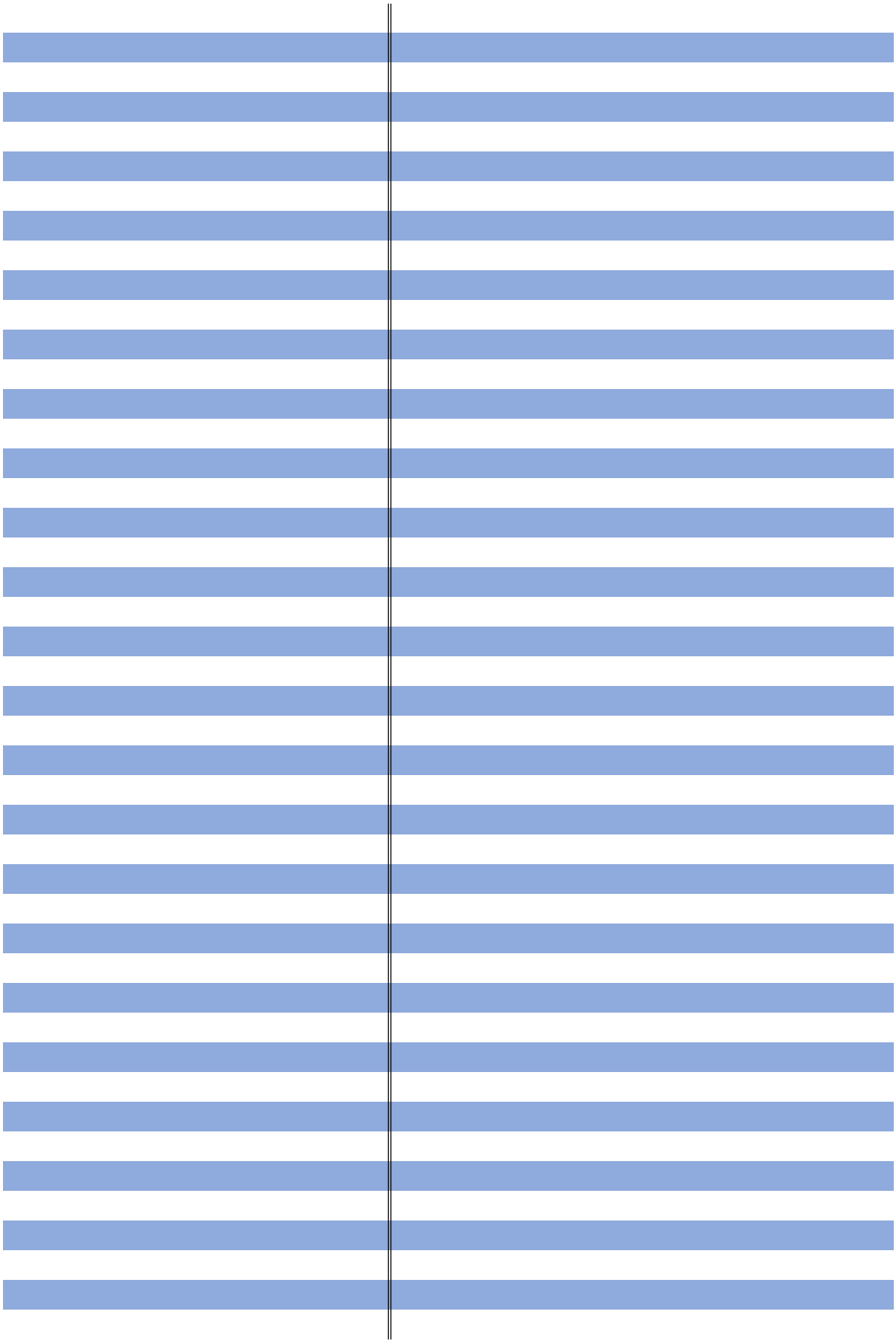


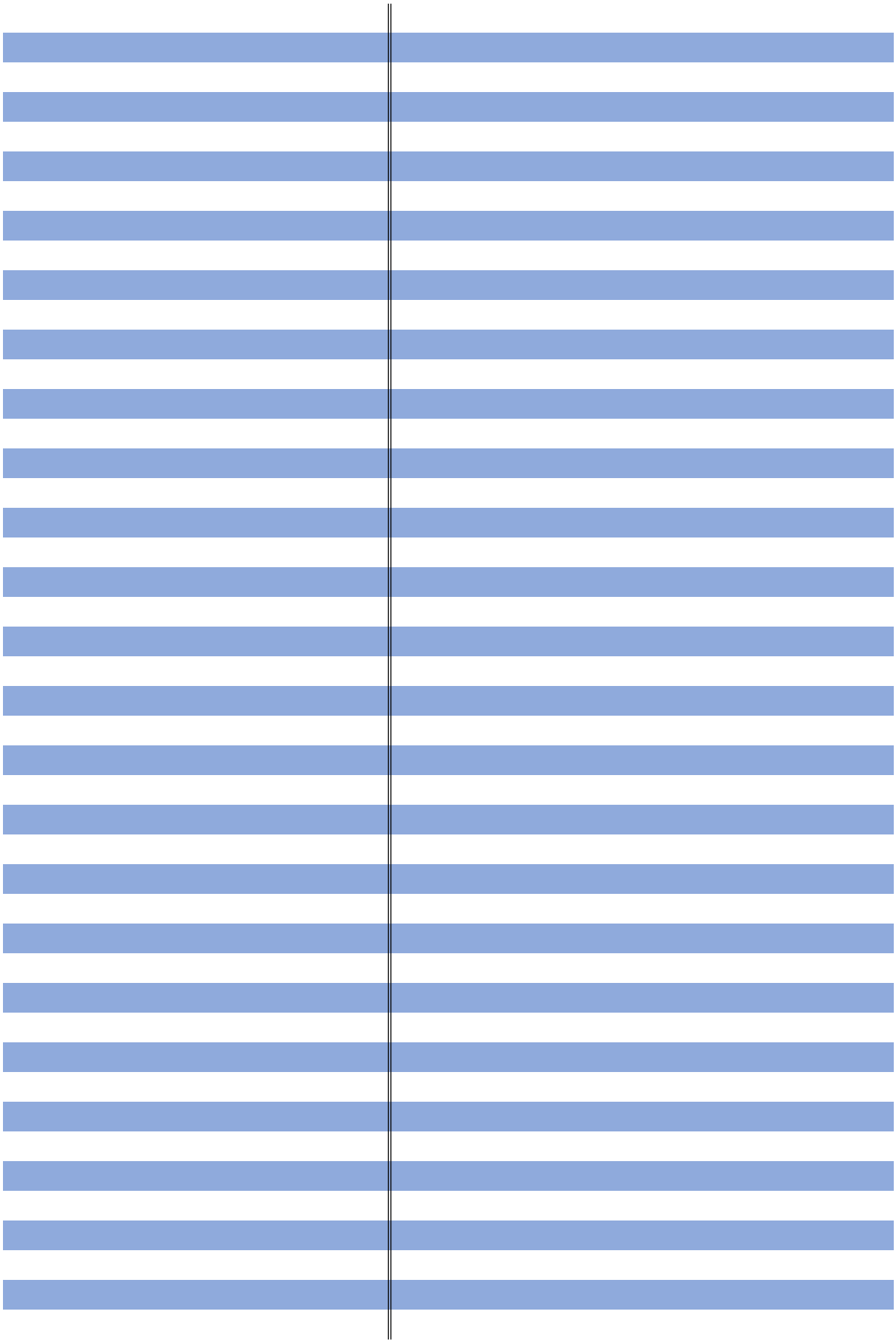


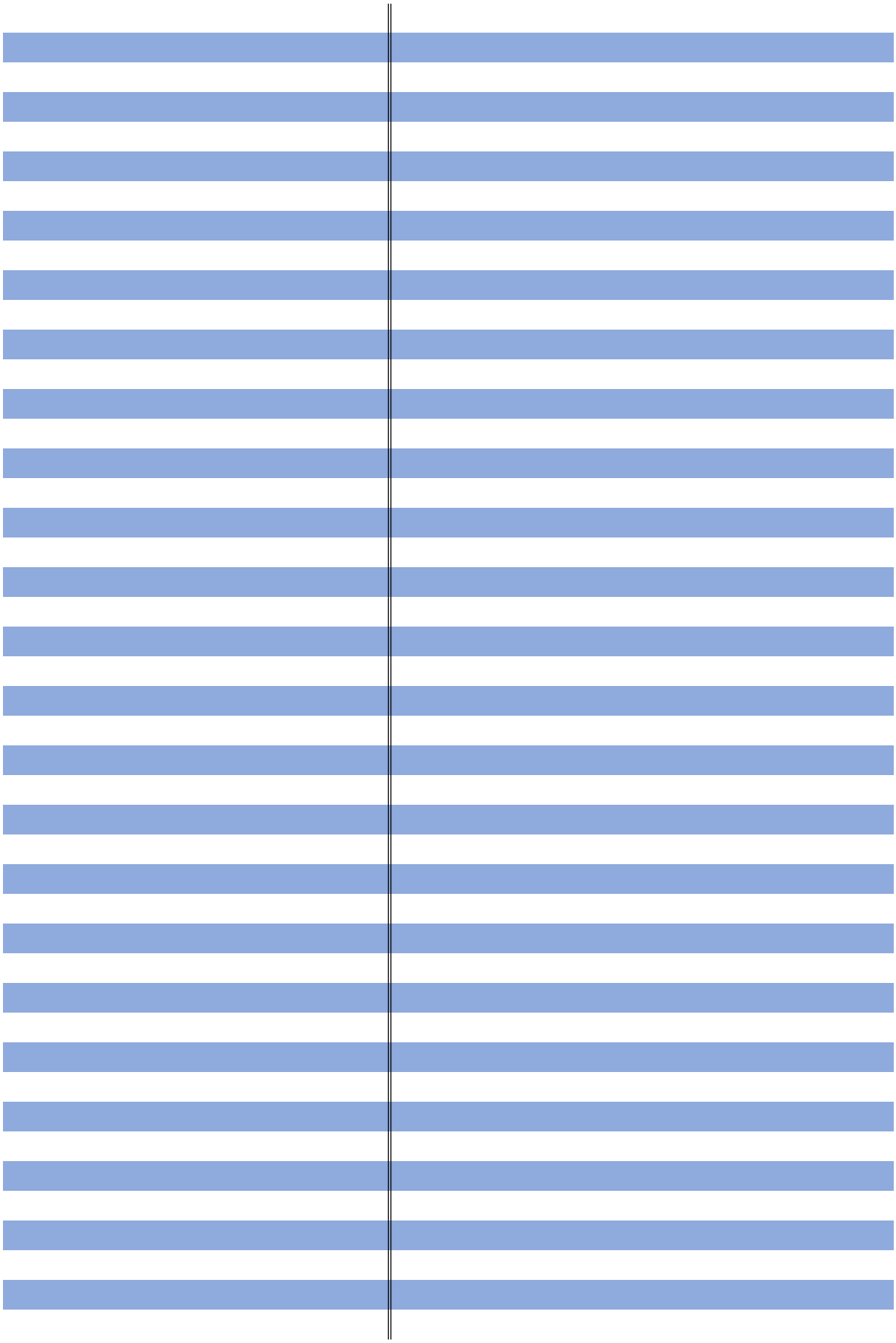


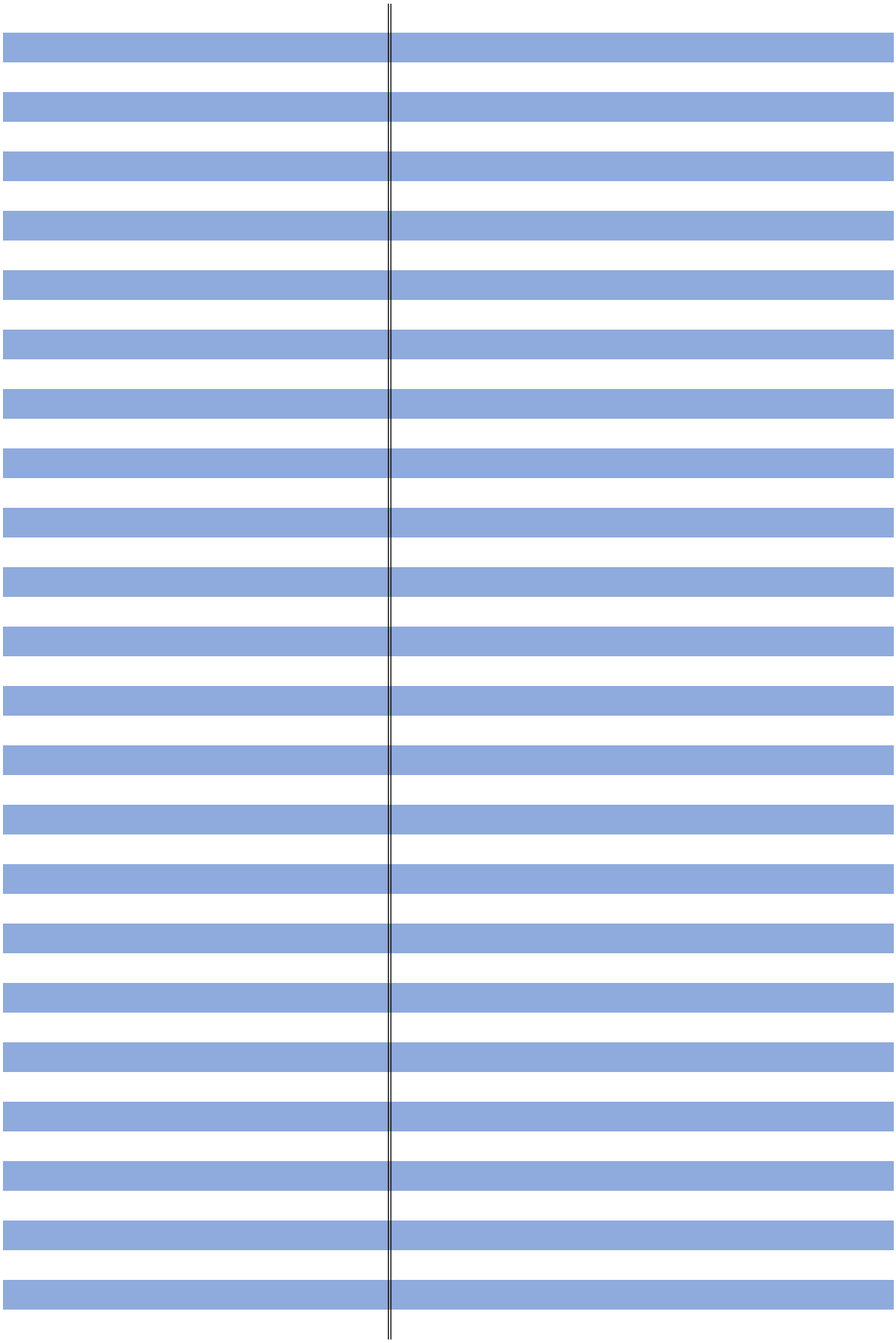


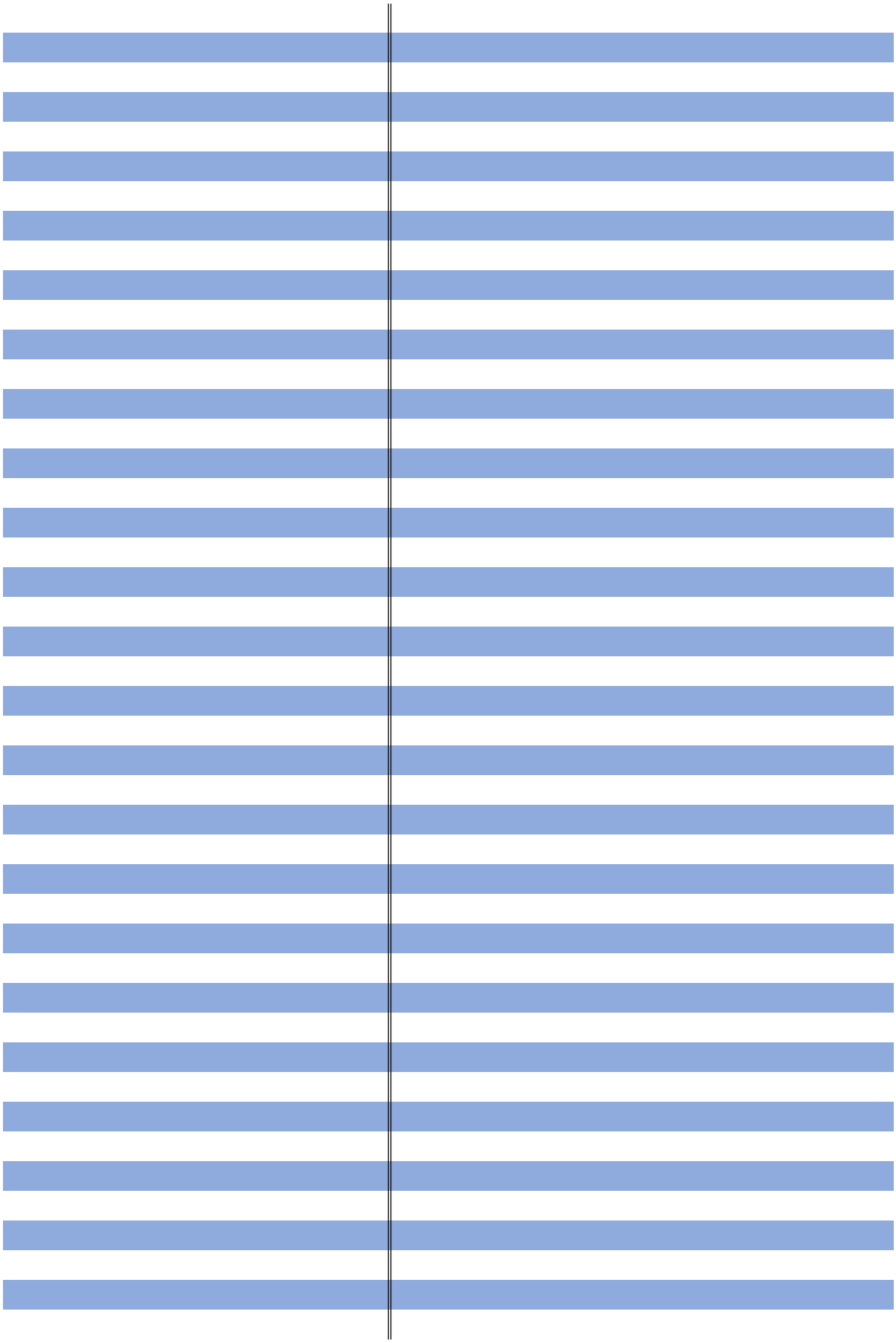


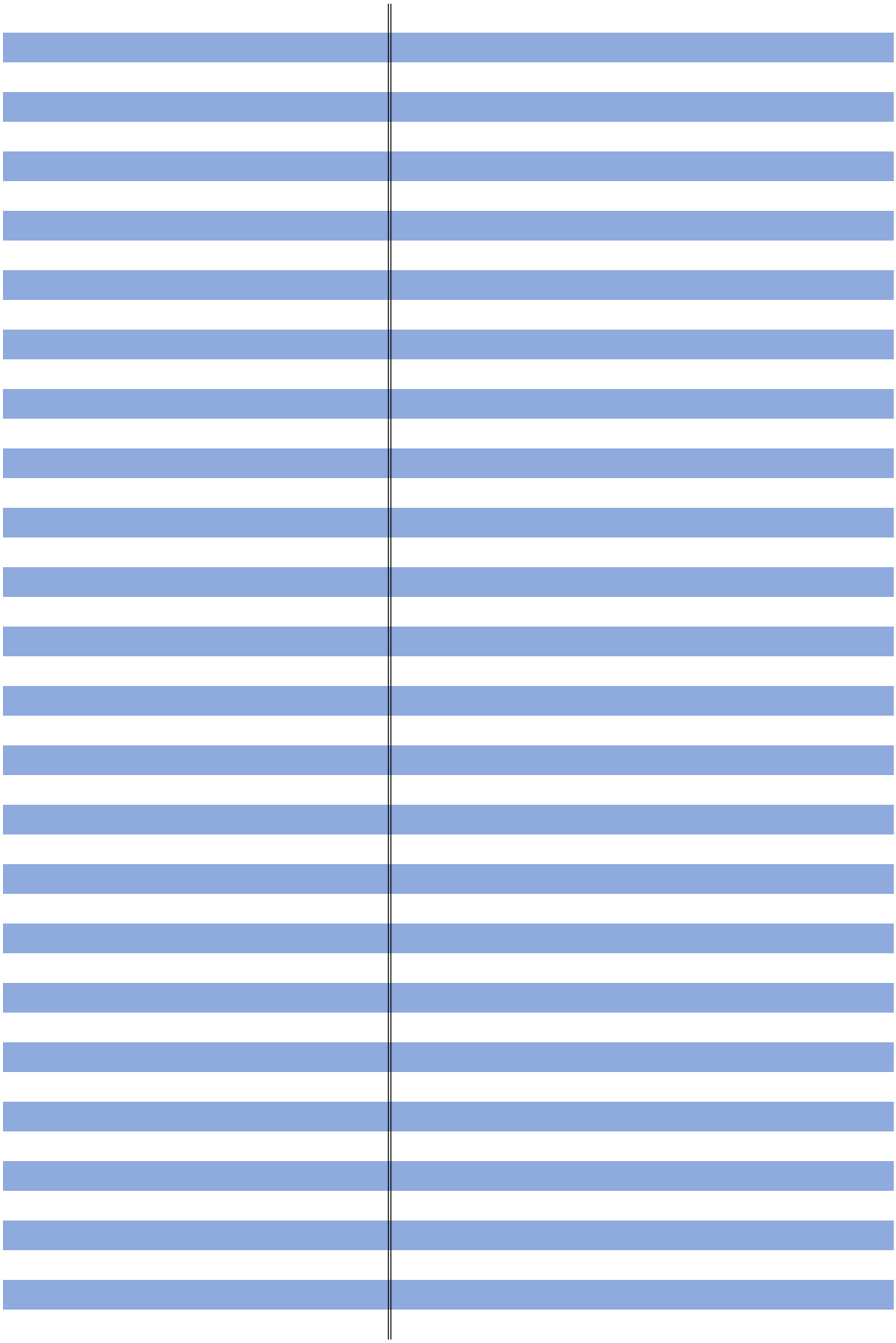


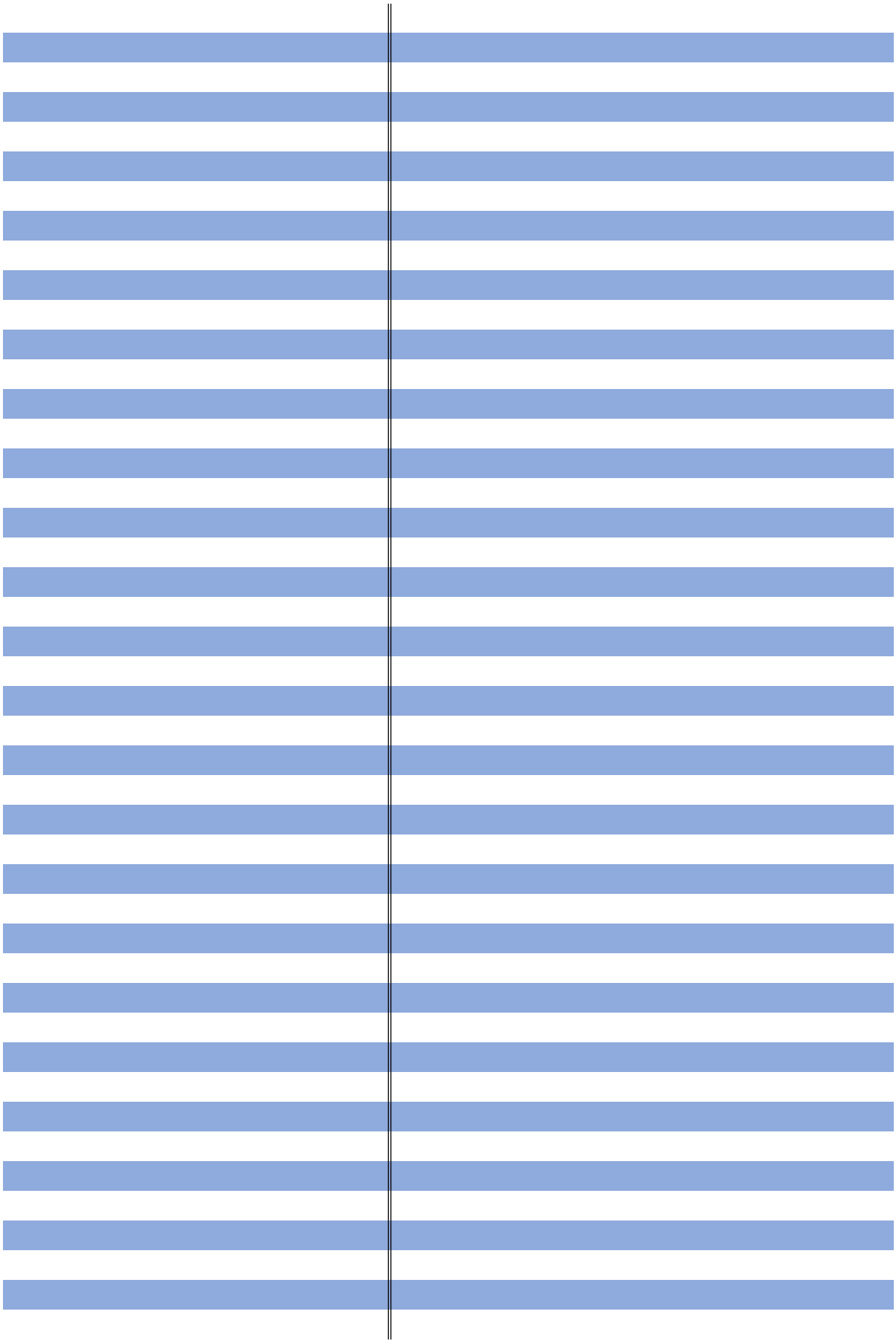


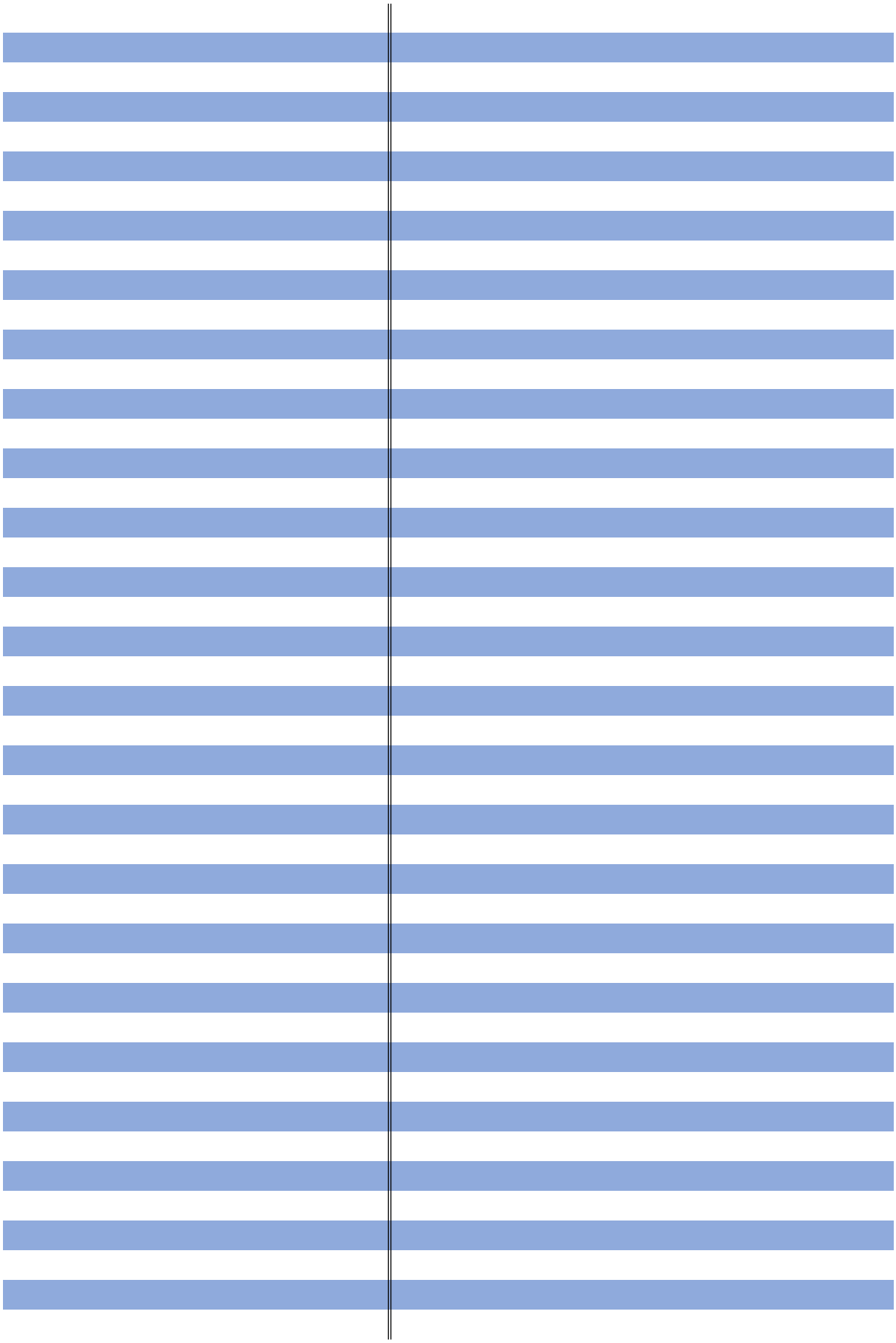


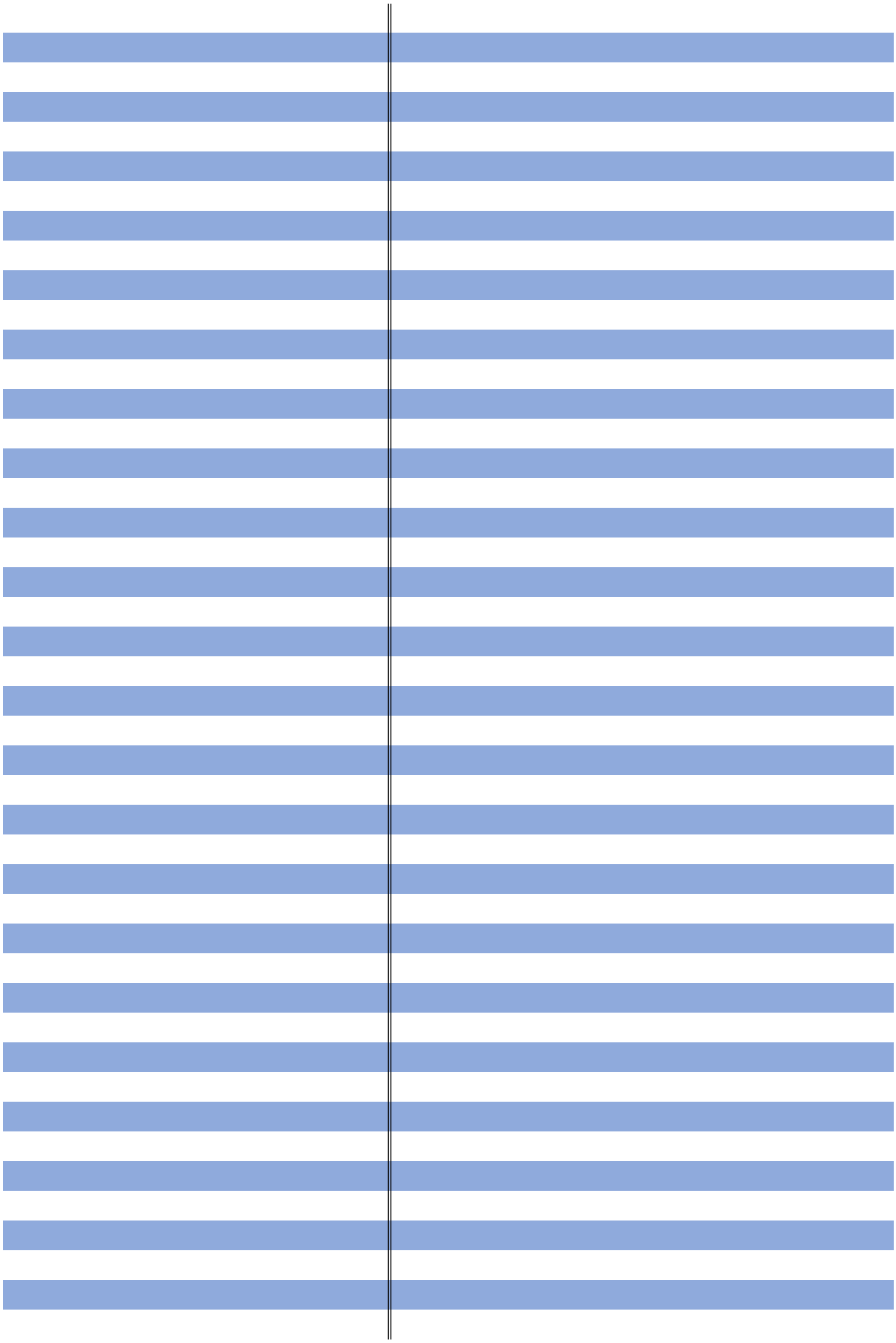


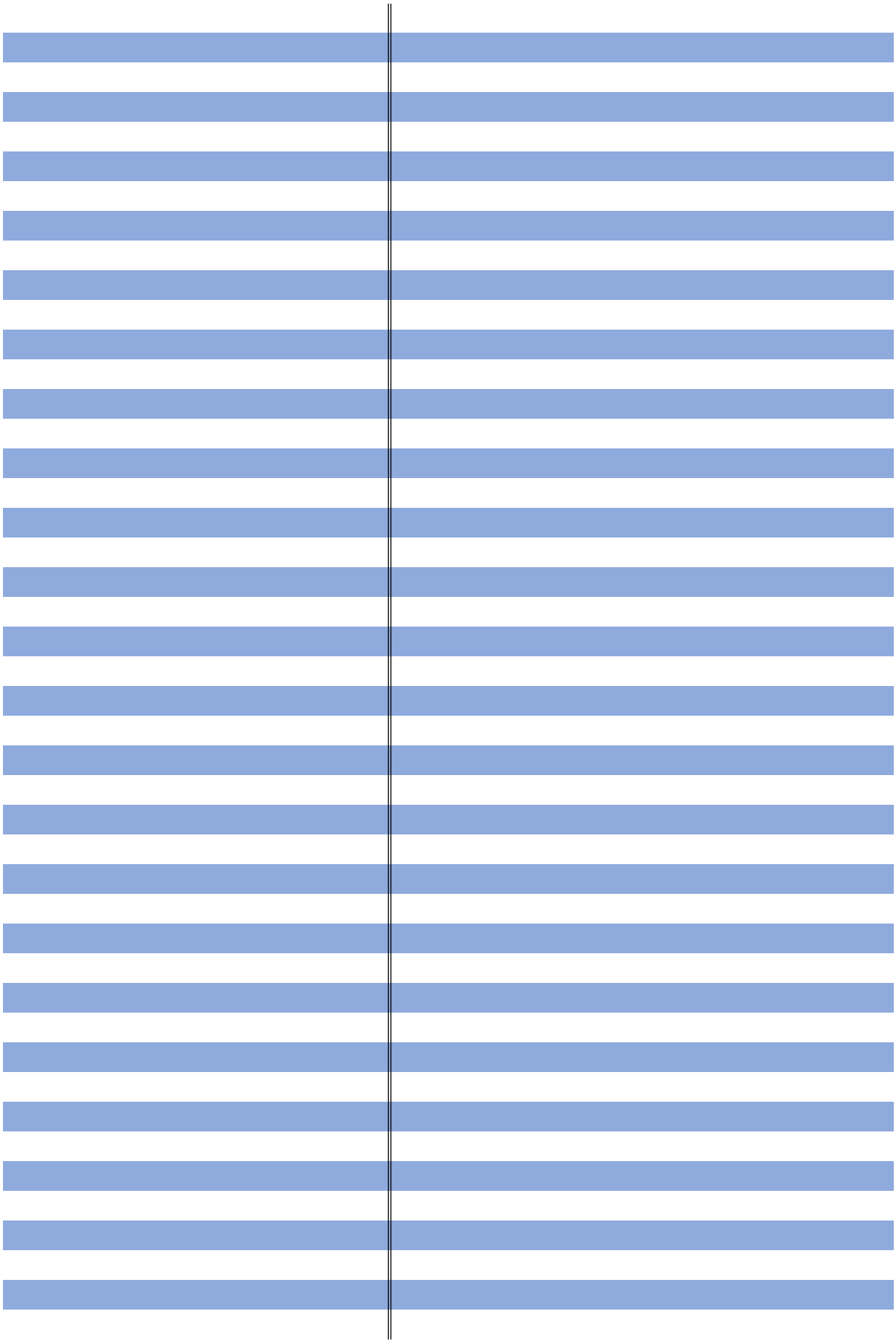


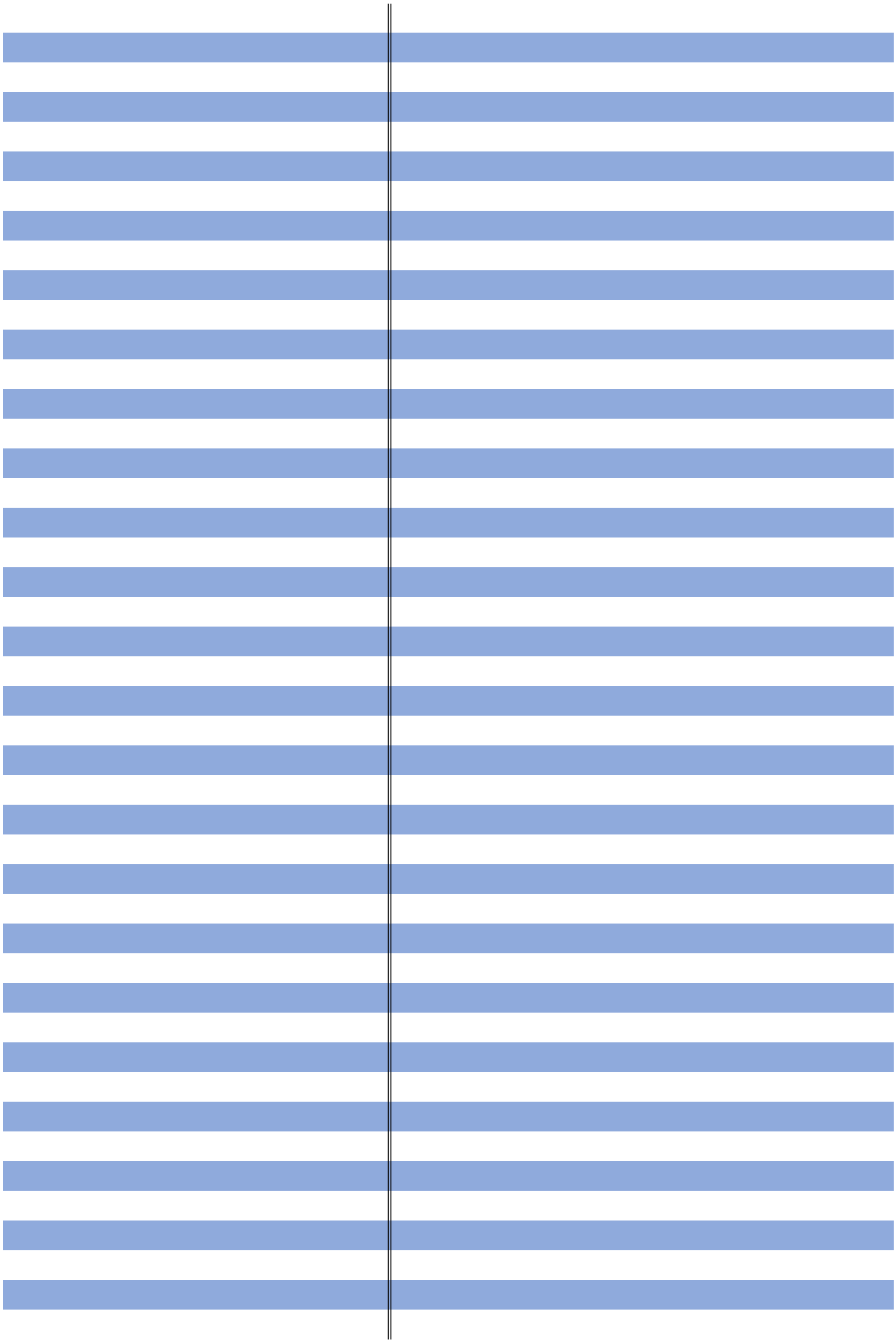


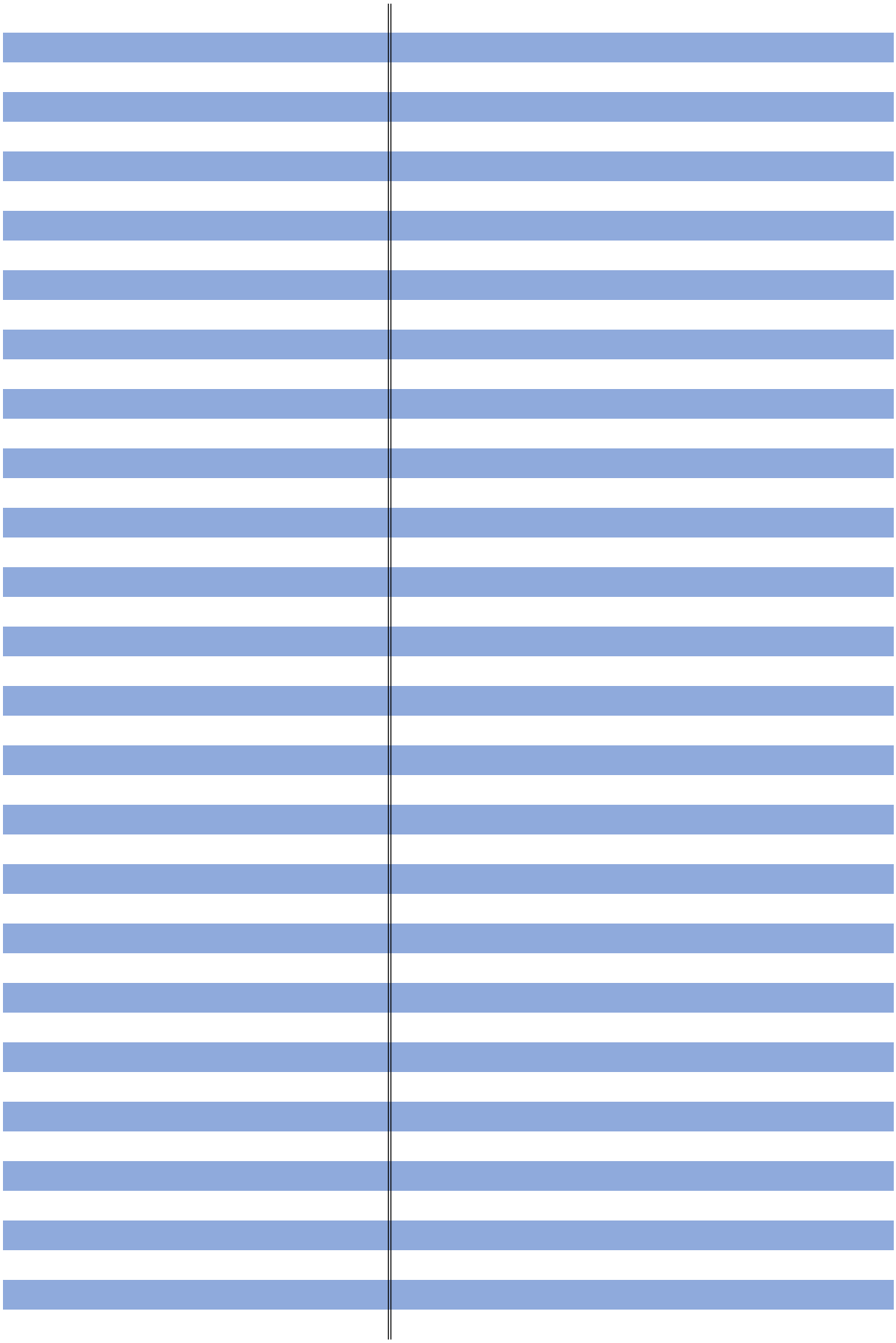












e *Italic* Font: Field does not apply to Demonstration Type entered for row.
Required field is left blank. Red Shading, White **BOLD** font: Invalid value entered i

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

EXAMPLE

n field.

MCR Payment Info: (Required if Medicare Equivalent of ACR approach) Time Period of Medicare Rates - Begin Date [200.1]	MCR Payment Info: (Required if Medicare Equivalent of ACR approach) Time Period of Medicare Rates - End Date [200.2]

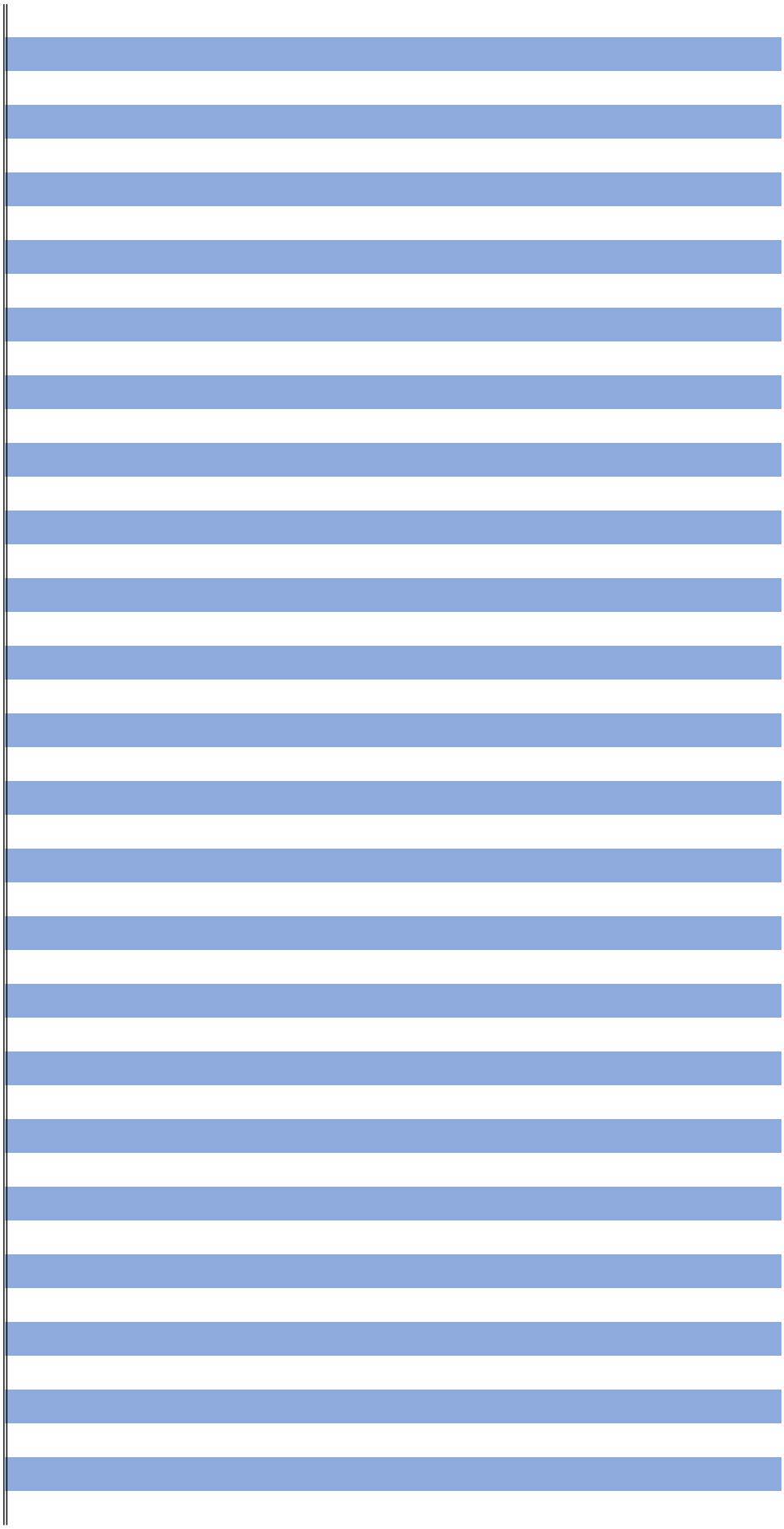
Yellow Shading, Black **BOLD** Font: Duplicate provider info values entered for 1) Elements

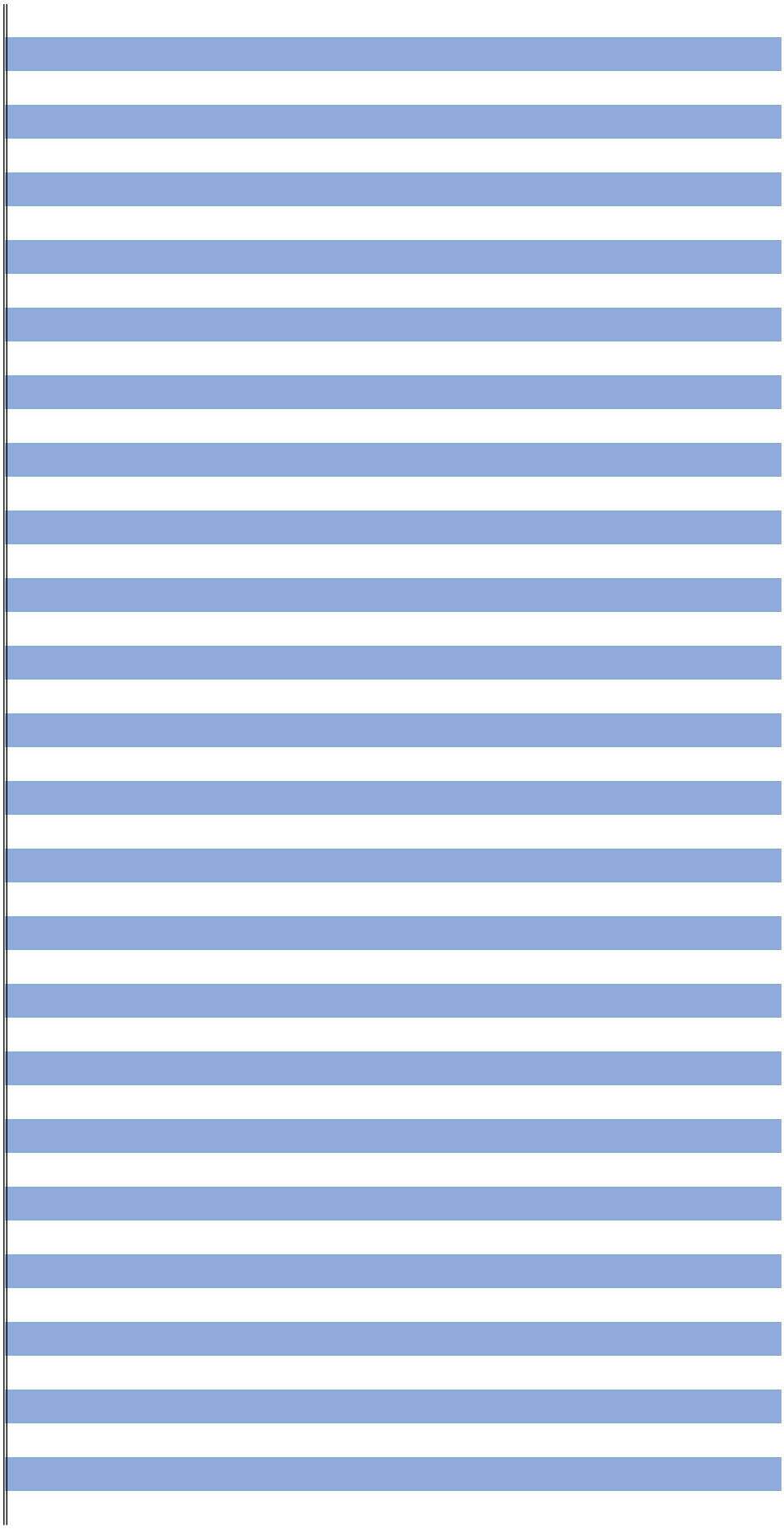
MCR Payment Info: (Required if Medicare Equivalent of ACR approach) Medicare Payment Amount [225]	MCR Payment Info: (Required if Medicare Equivalent of ACR approach) ACR as Percent of Medicare Rate [226]

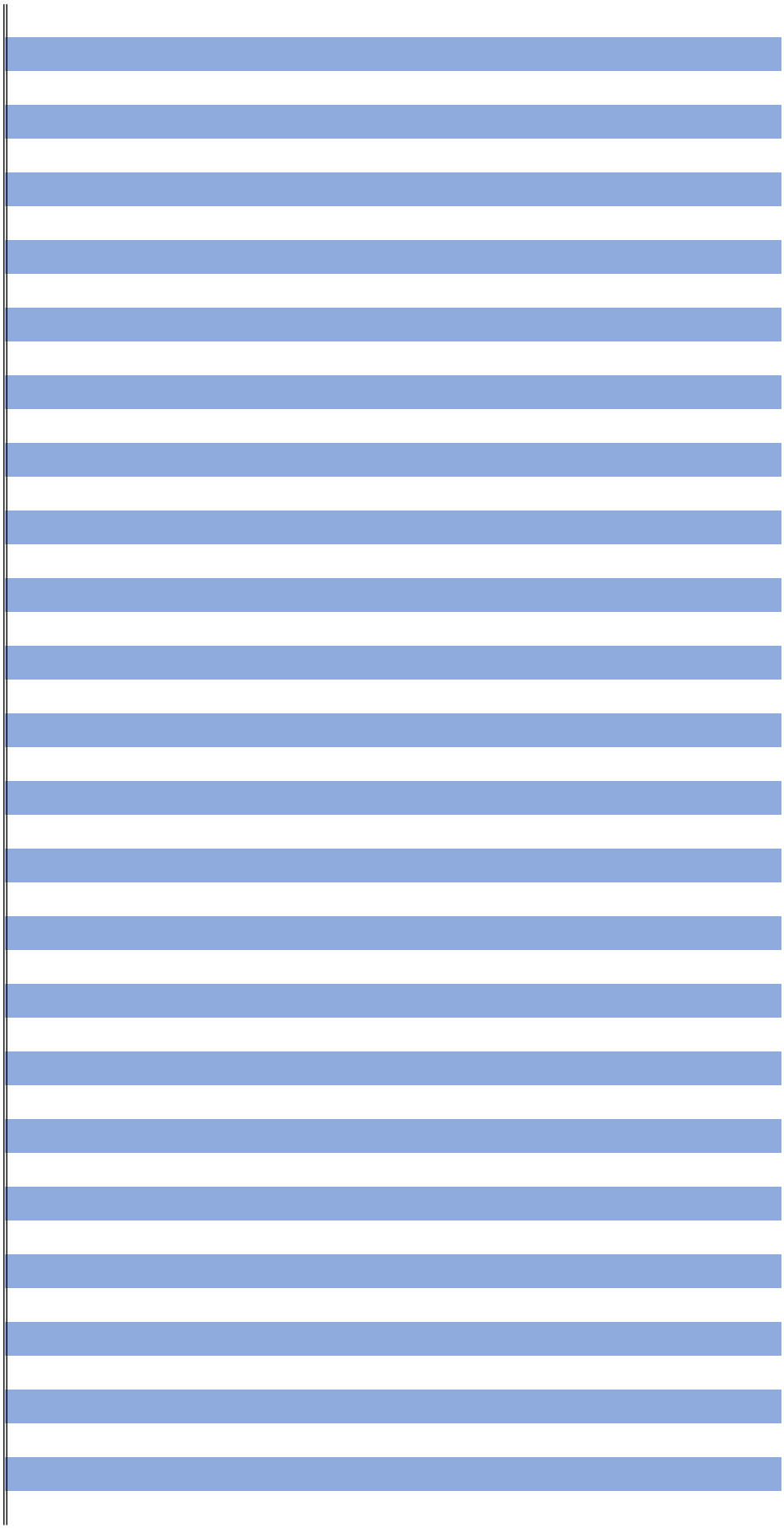
; 105, 112, 107, 108, or 2) Element 109

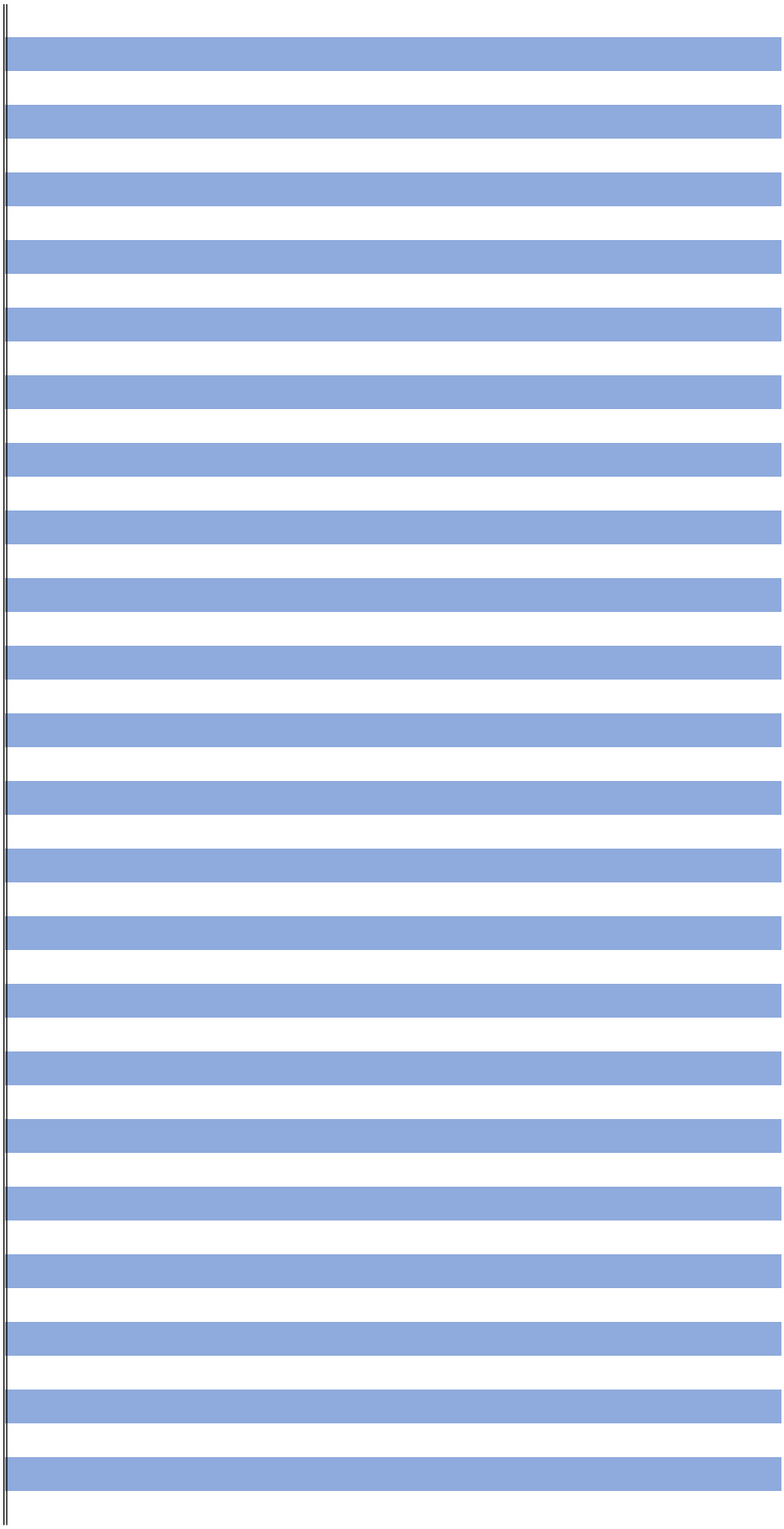
MCD Payment and Volume Info: (Required) Time Period of Medicaid Payment Data - Begin Date [300.1]	MCD Payment and Volume Info: (Required) Time Period of Medicaid Payment Data - End Date [300.2]	MCD Payment and Volume Info: (Required) Medicaid Base Payments [302]	MCD Payment and Volume Info: (Required) Medicaid Volume of Services [304]

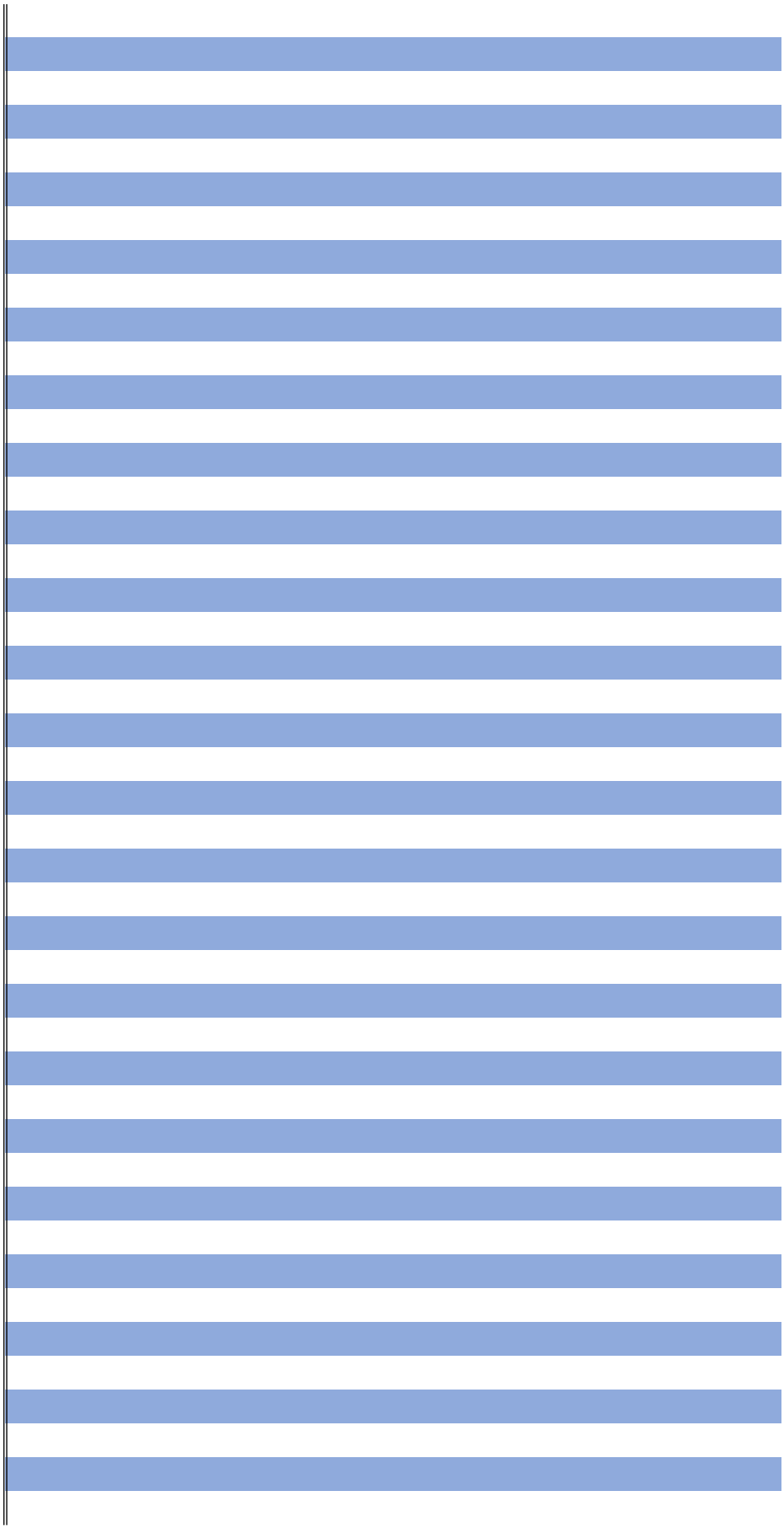
Avg Commercial Rate Info: (Required if ACR approach) Time Period of Commercial Rate Data - Begin Date [420.1]	Avg Commercial Rate Info: (Required if ACR approach) Time Period of Commercial Rate Data - End Date [420.2]

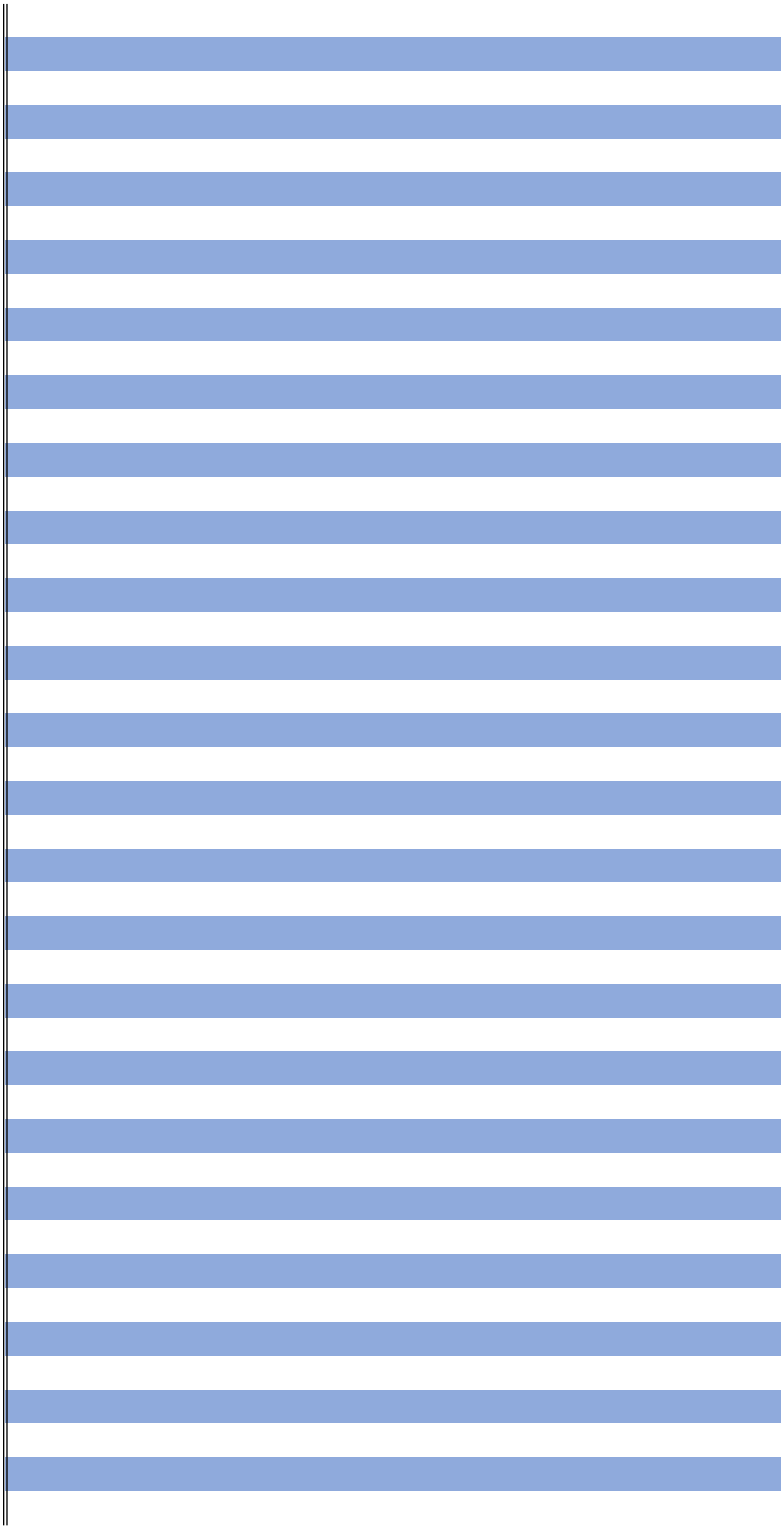


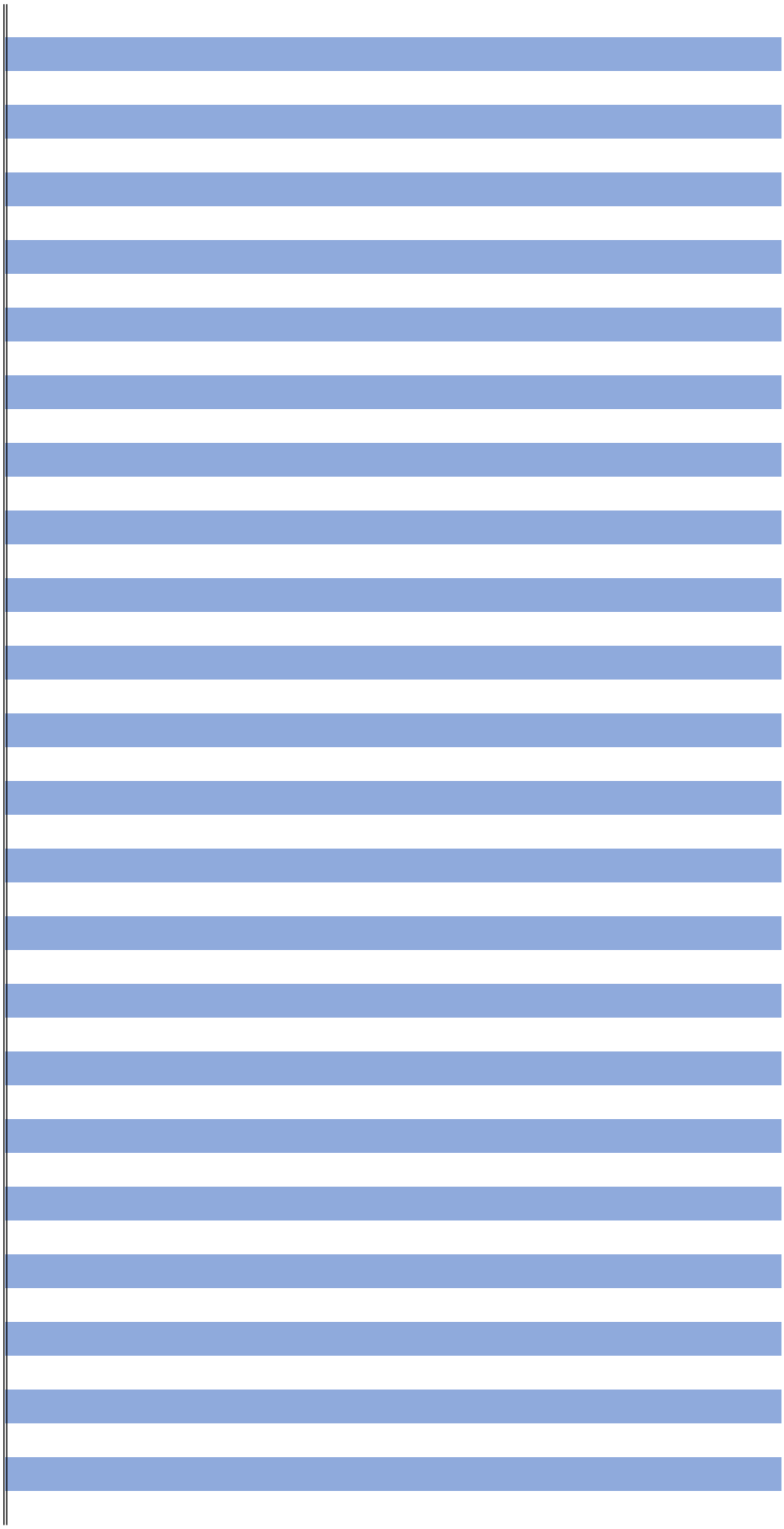


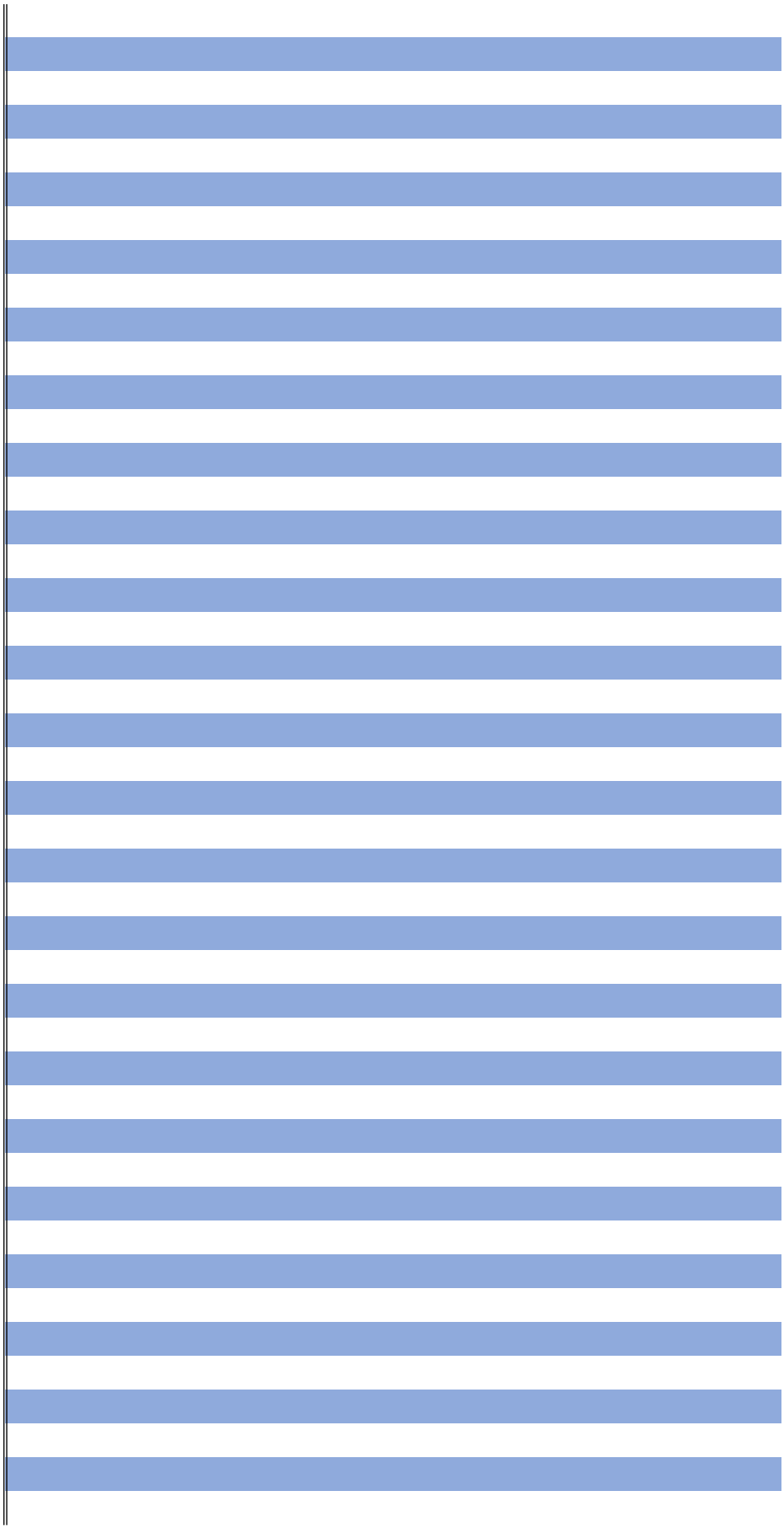


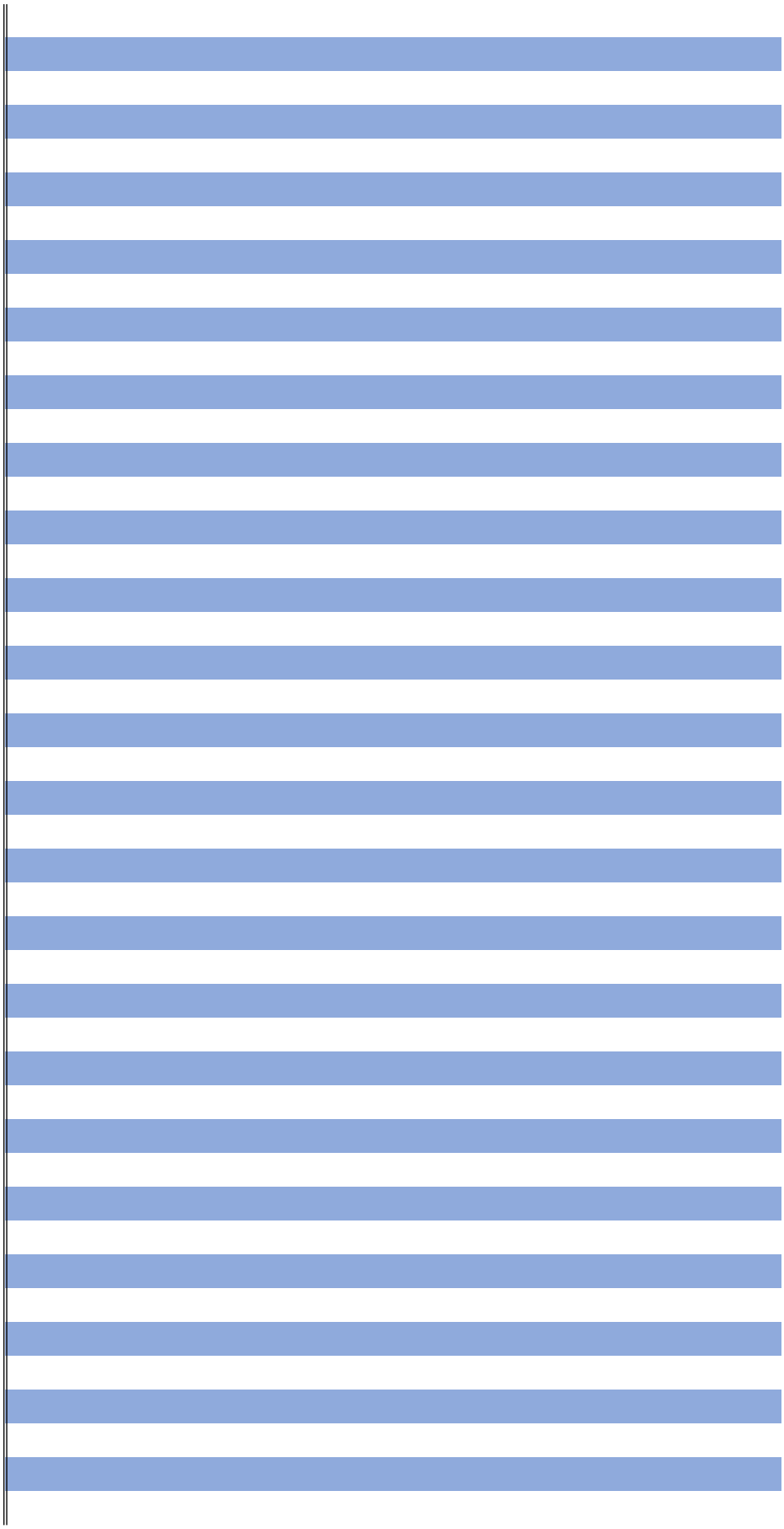


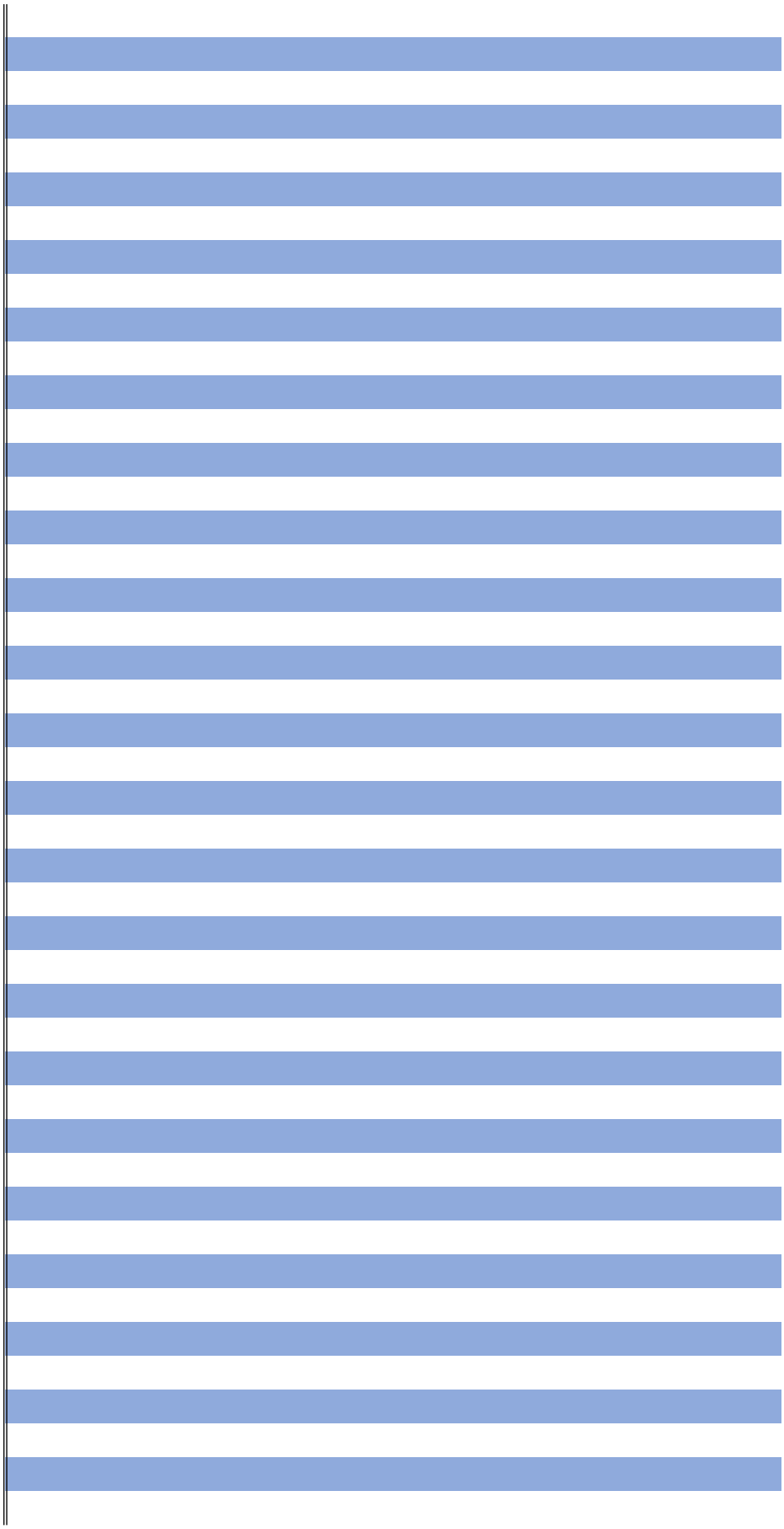


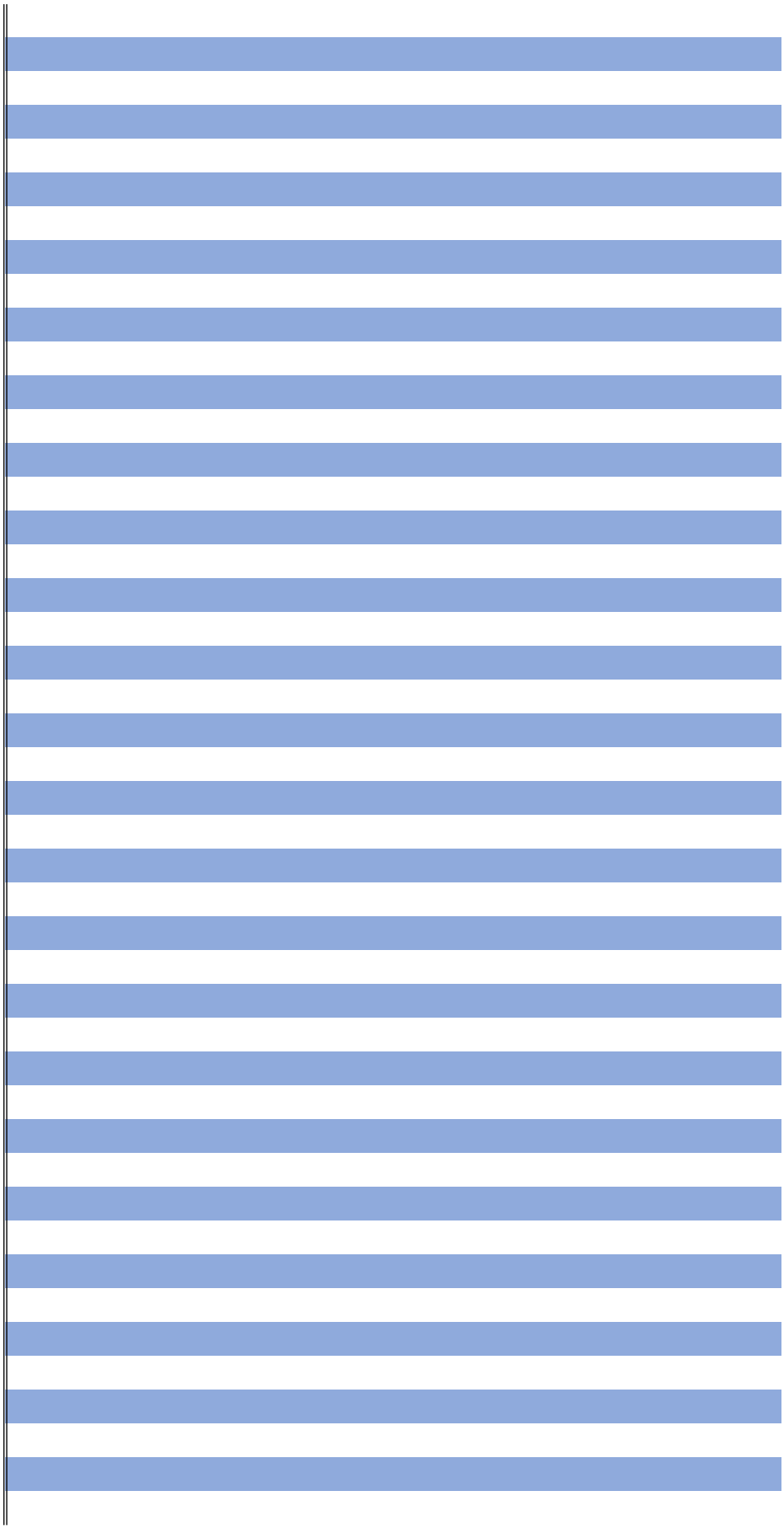


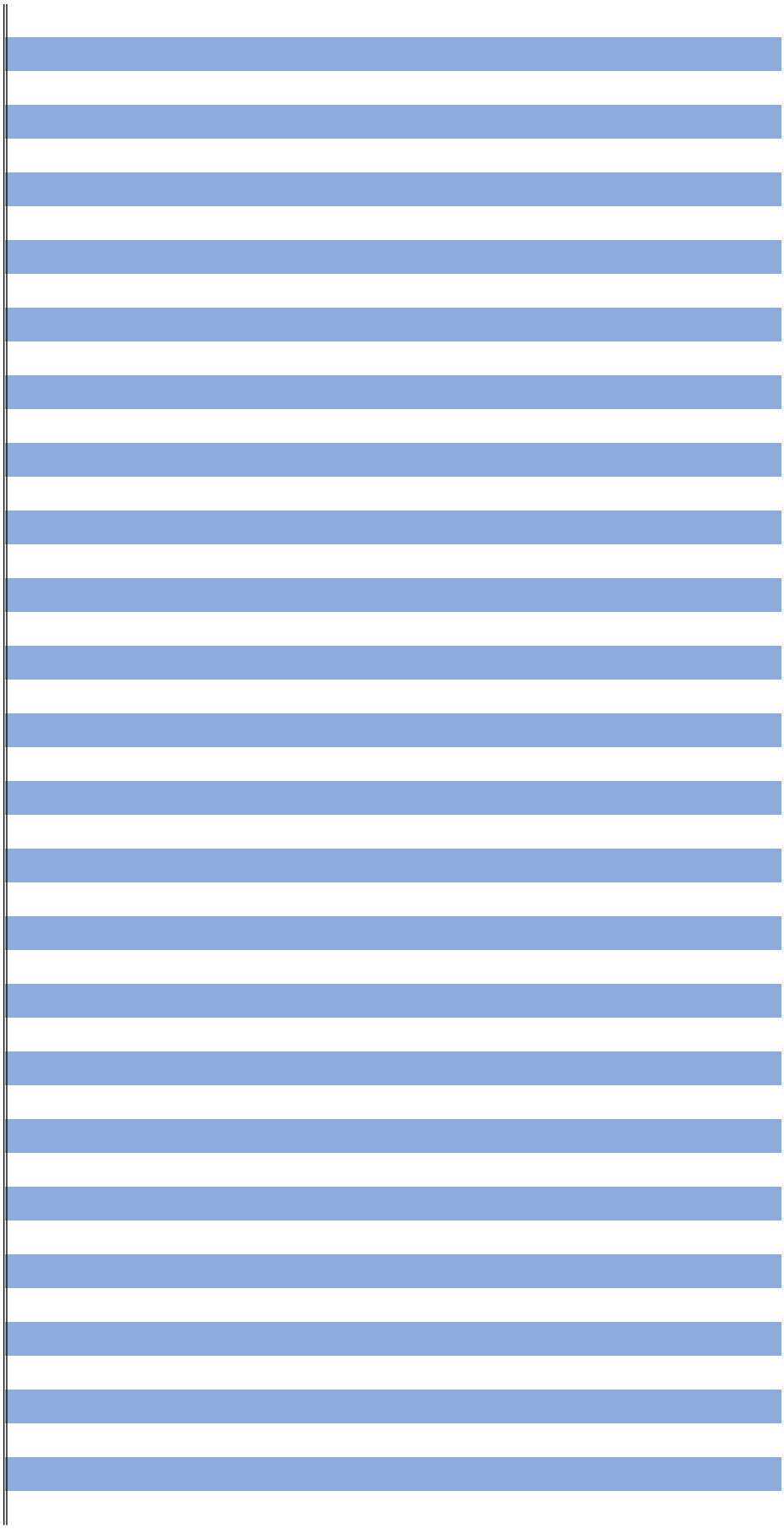


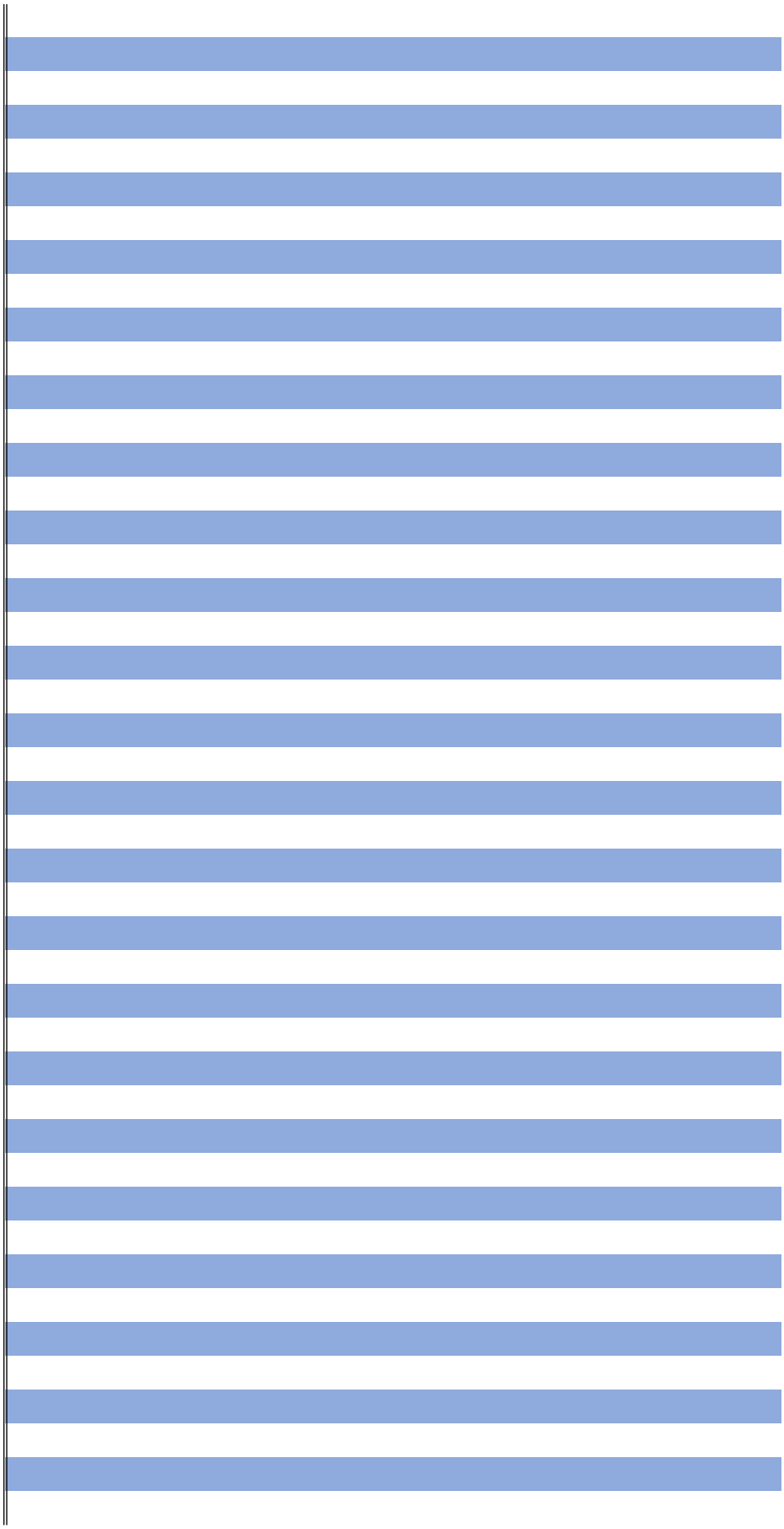


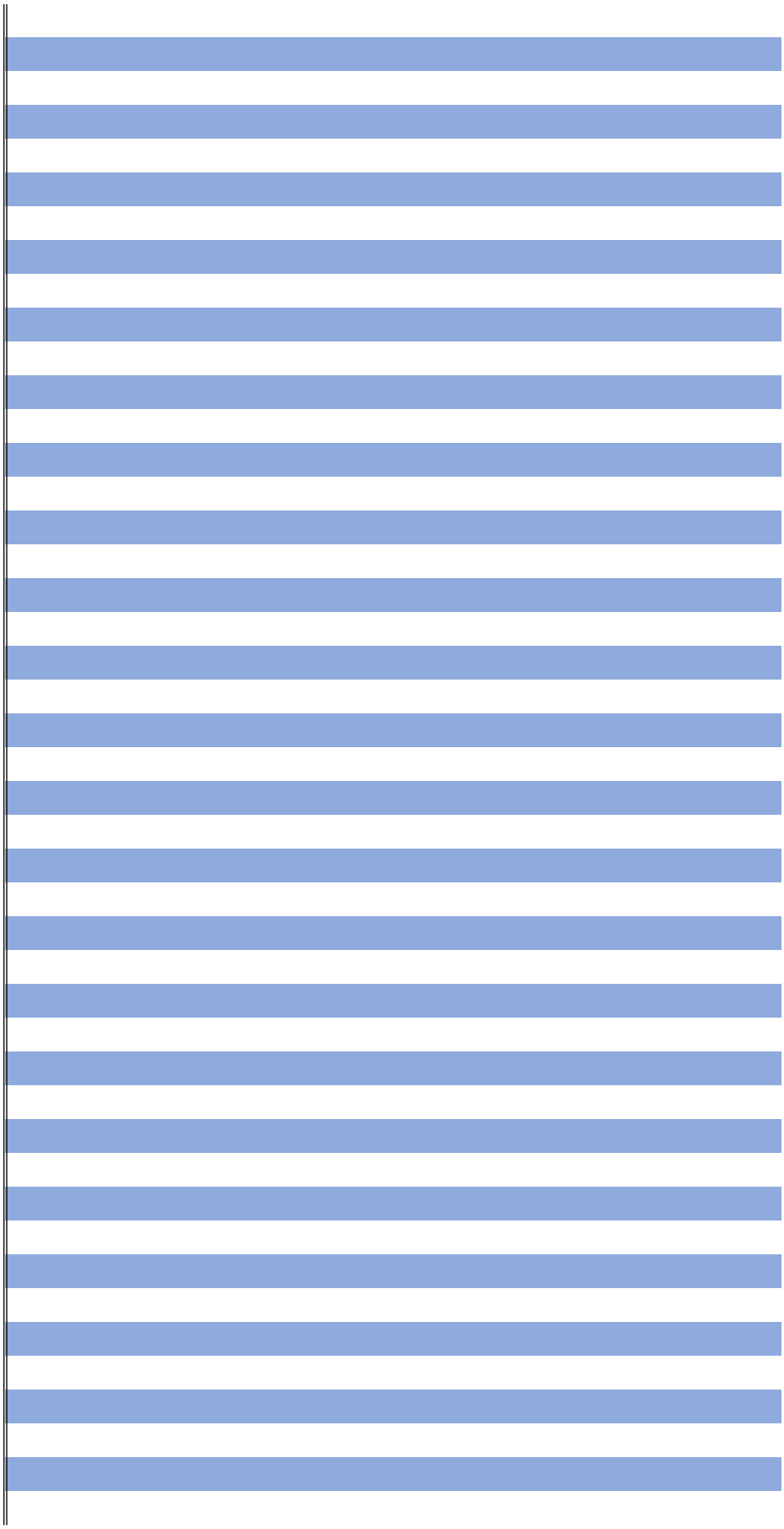


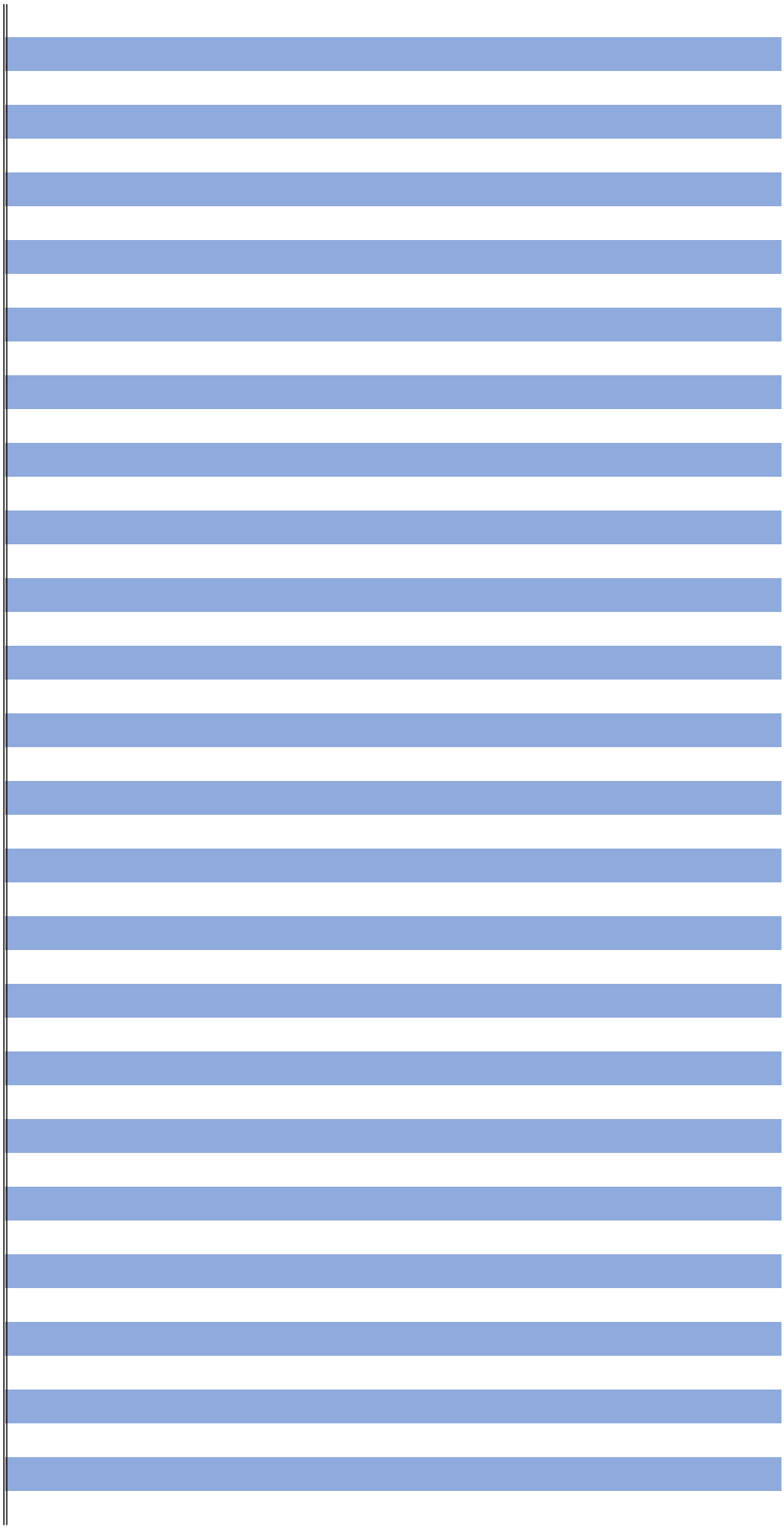


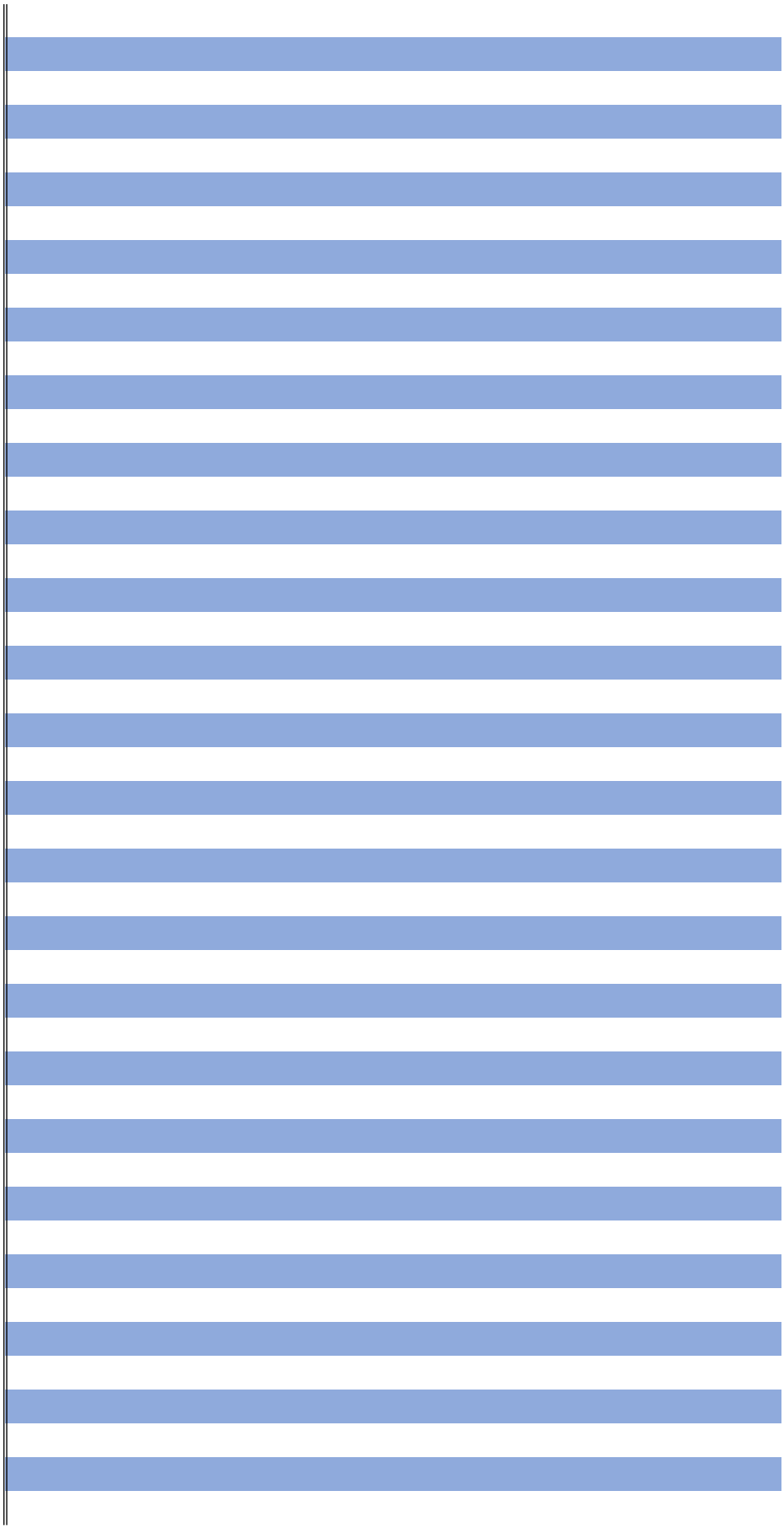


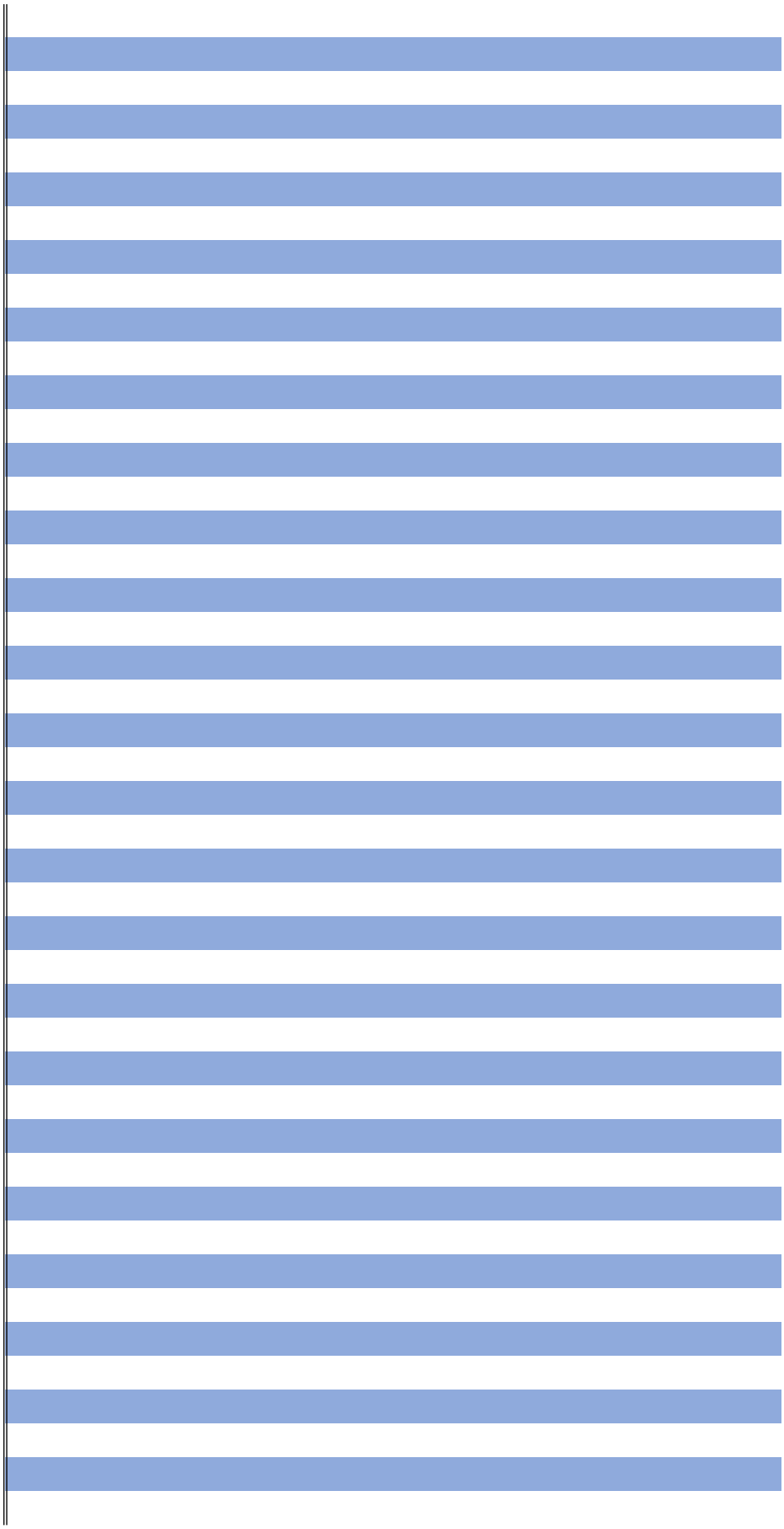


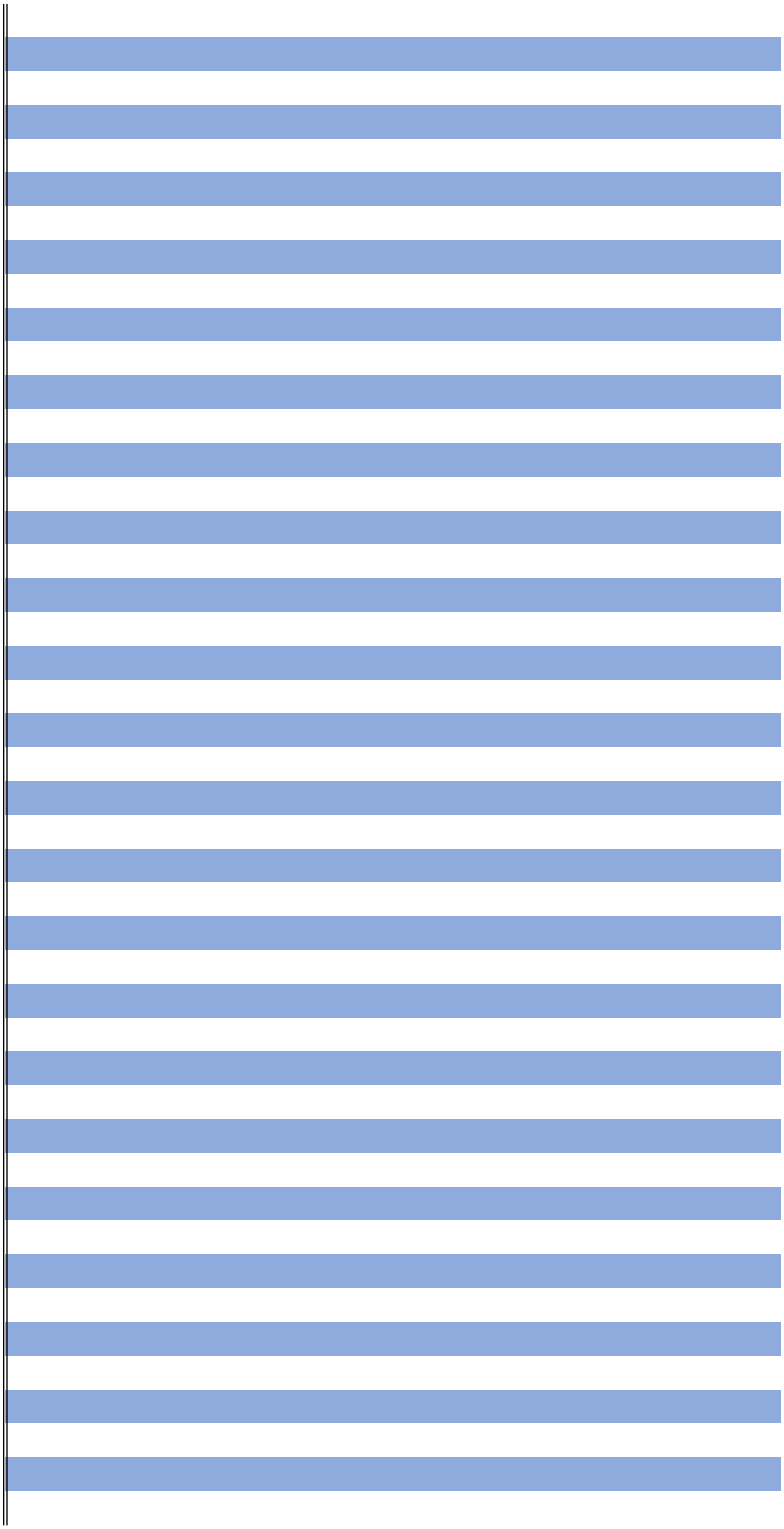


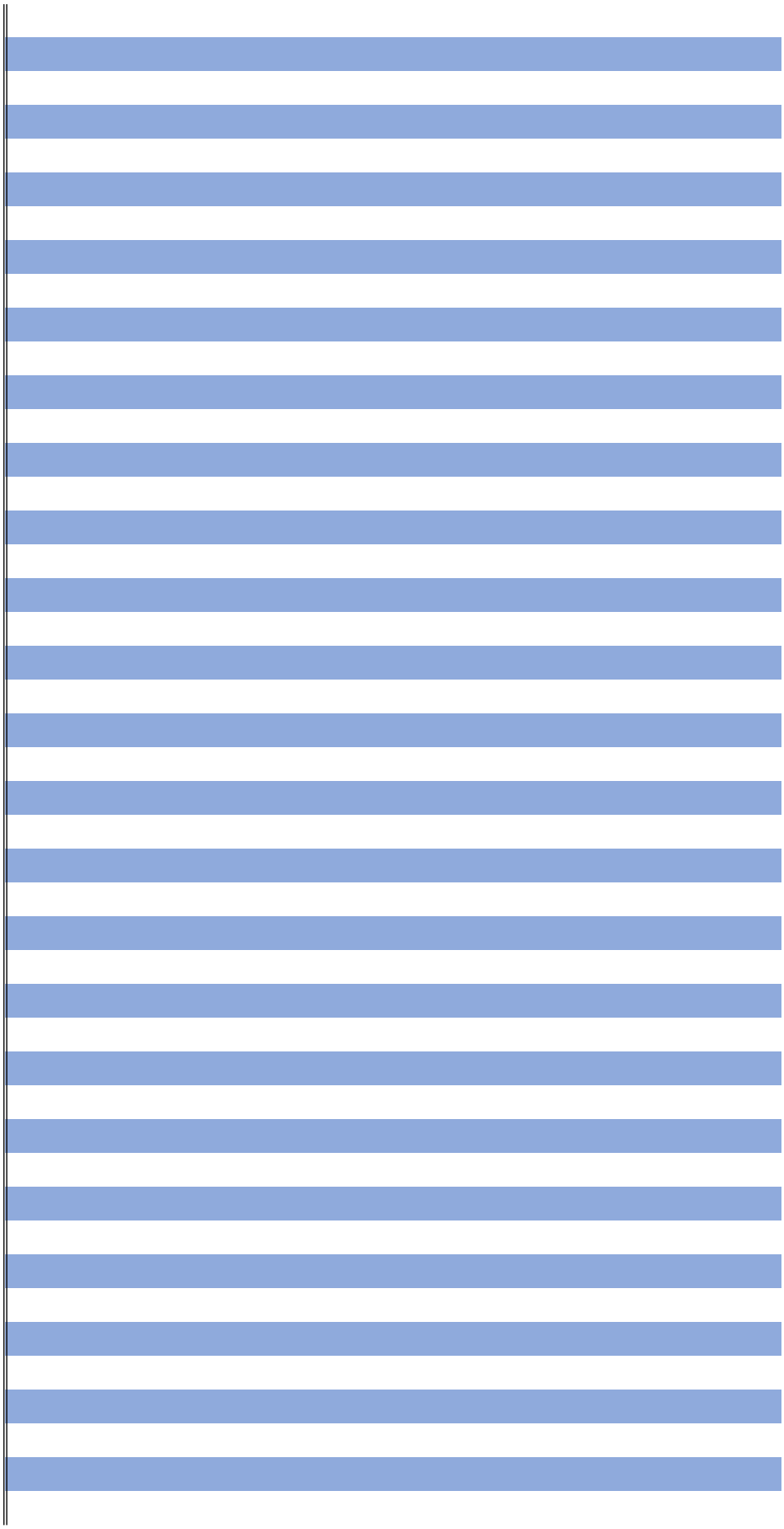


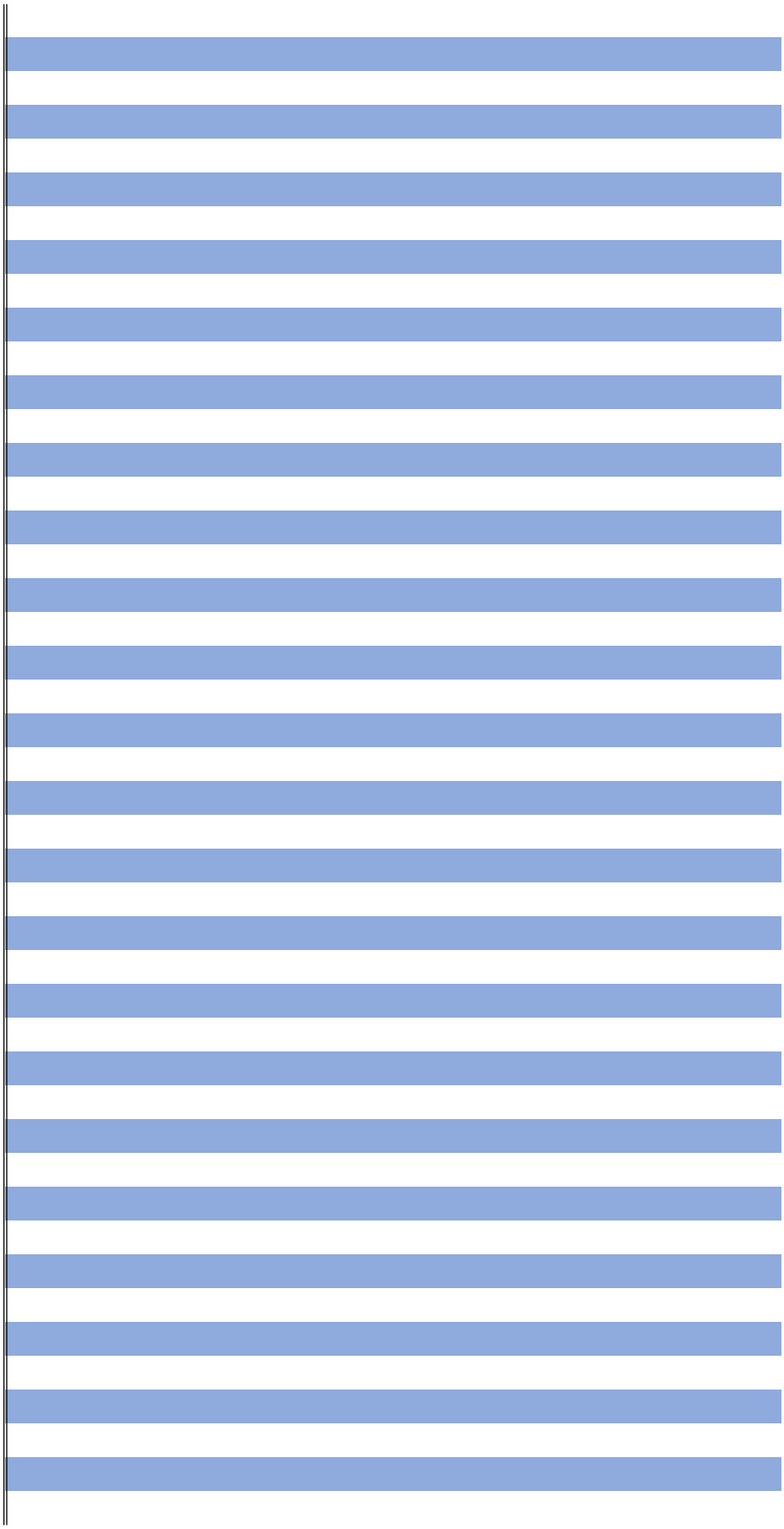


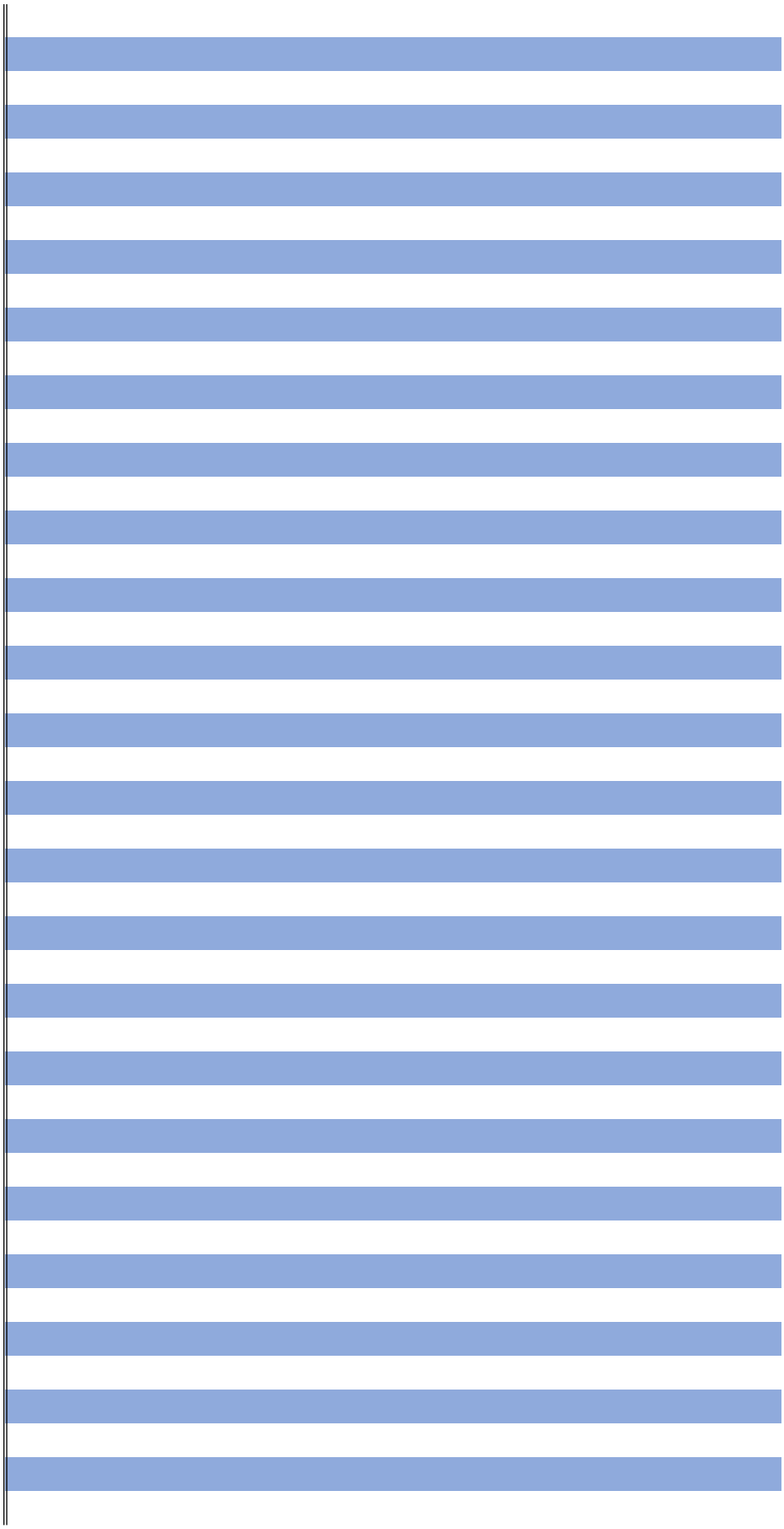


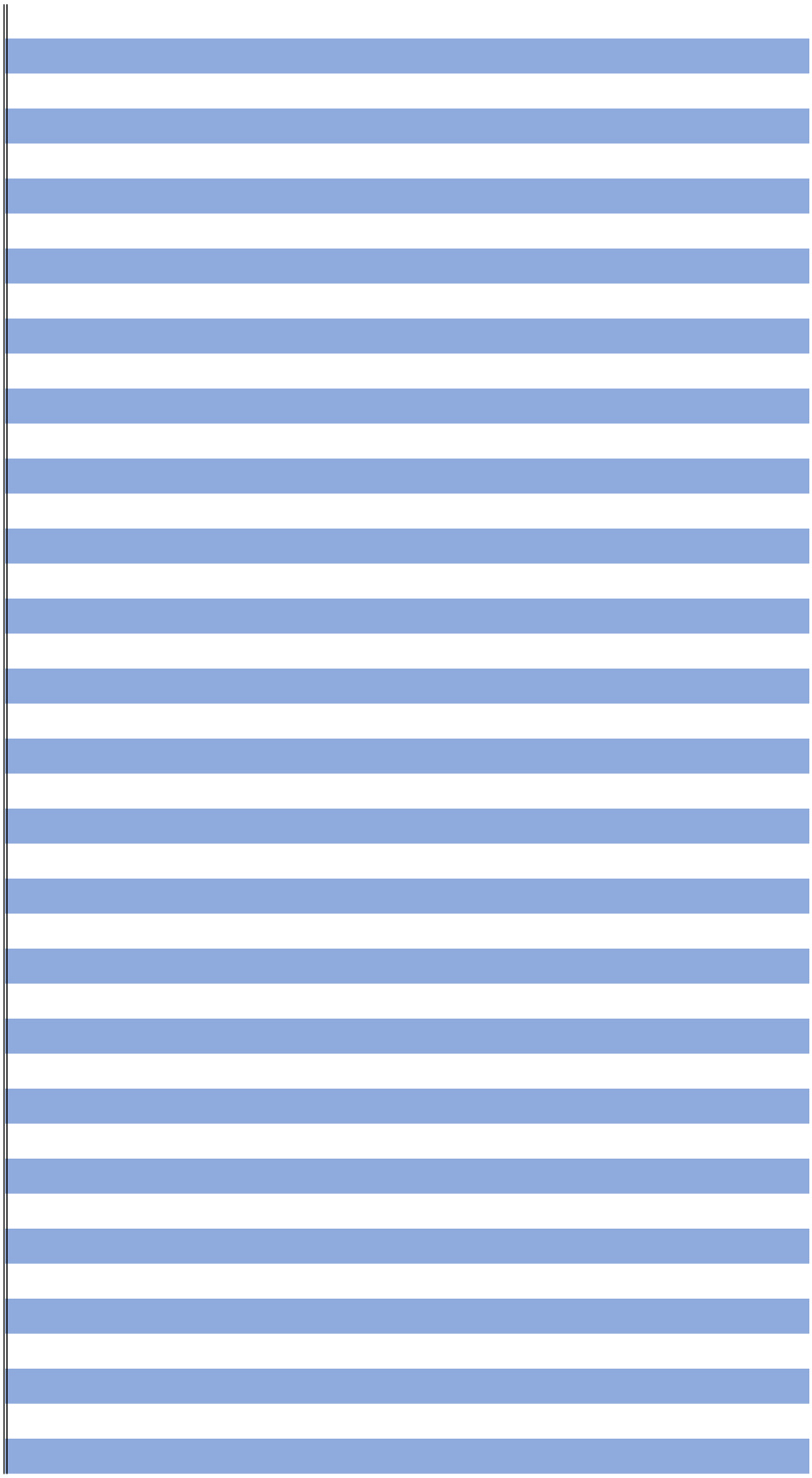








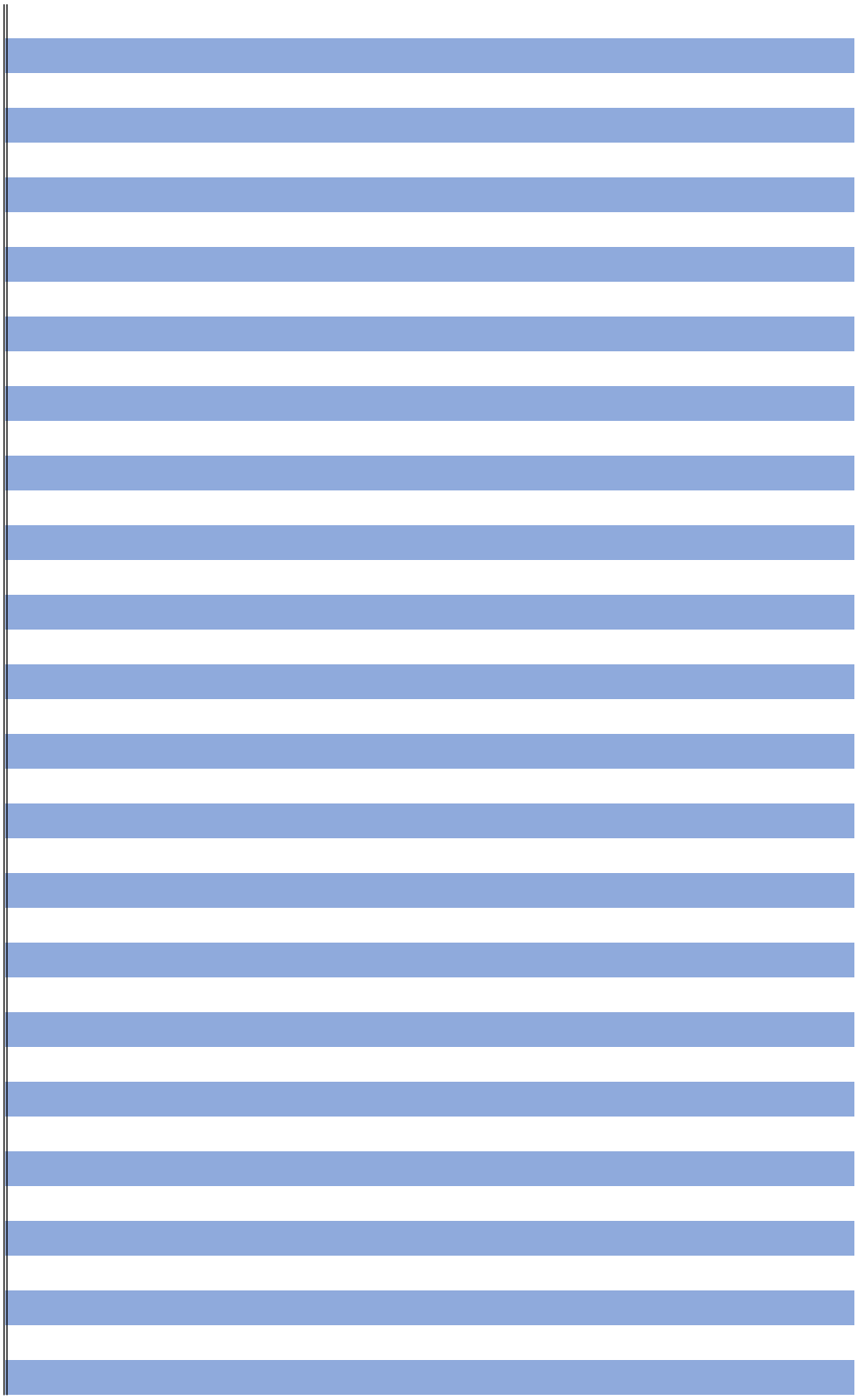




Avg Commercial Rate Info: (Required if ACR approach) Average Commercial Rate (ACR) [422]	ACR Max. Supplemental Payment Info: (State Calculated) Enhanced Payment Amount [423]

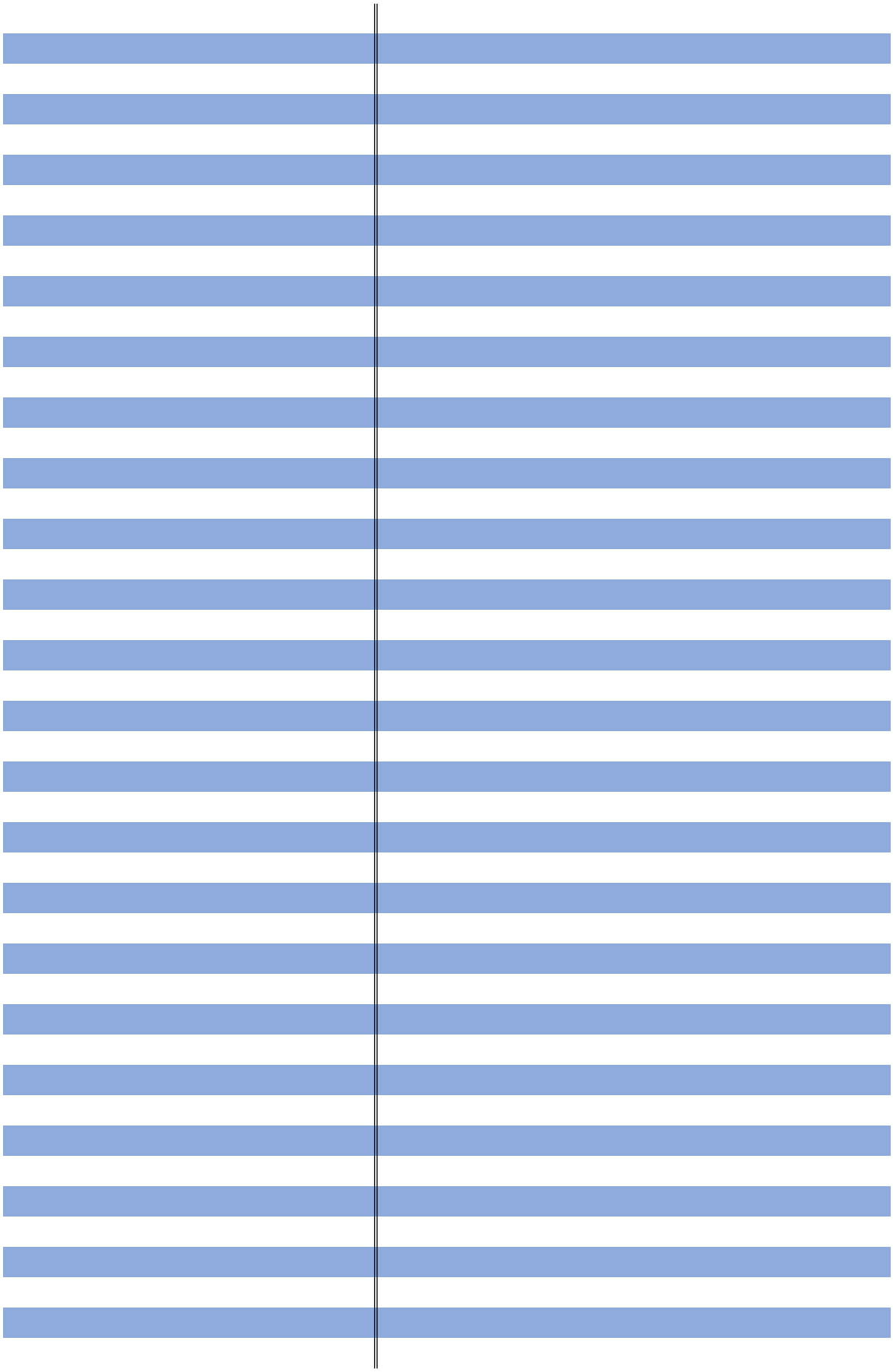
(Required) State [001]	(Required) Demonstration Begin Date [002]	(Required) Demonstration End Date [003]	(PIA) Retrospective/ Prospective Demonstration [116]

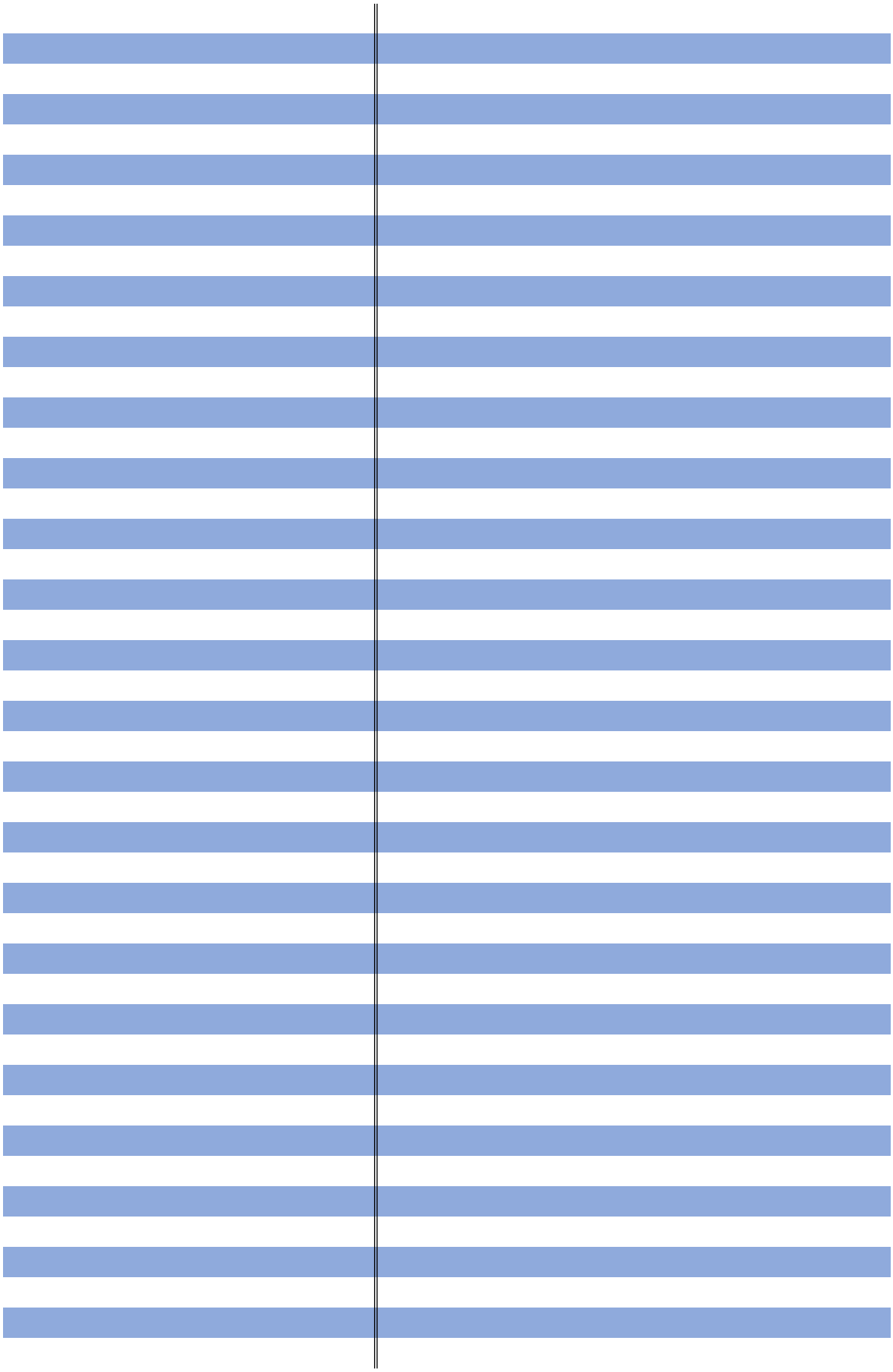
Database Description & Variable Number	Demo Info: (Required) State [100]	Demo Info: (Required) State Demonstration Rate Year [101]	Demo Info: (Required) Service Type [102]

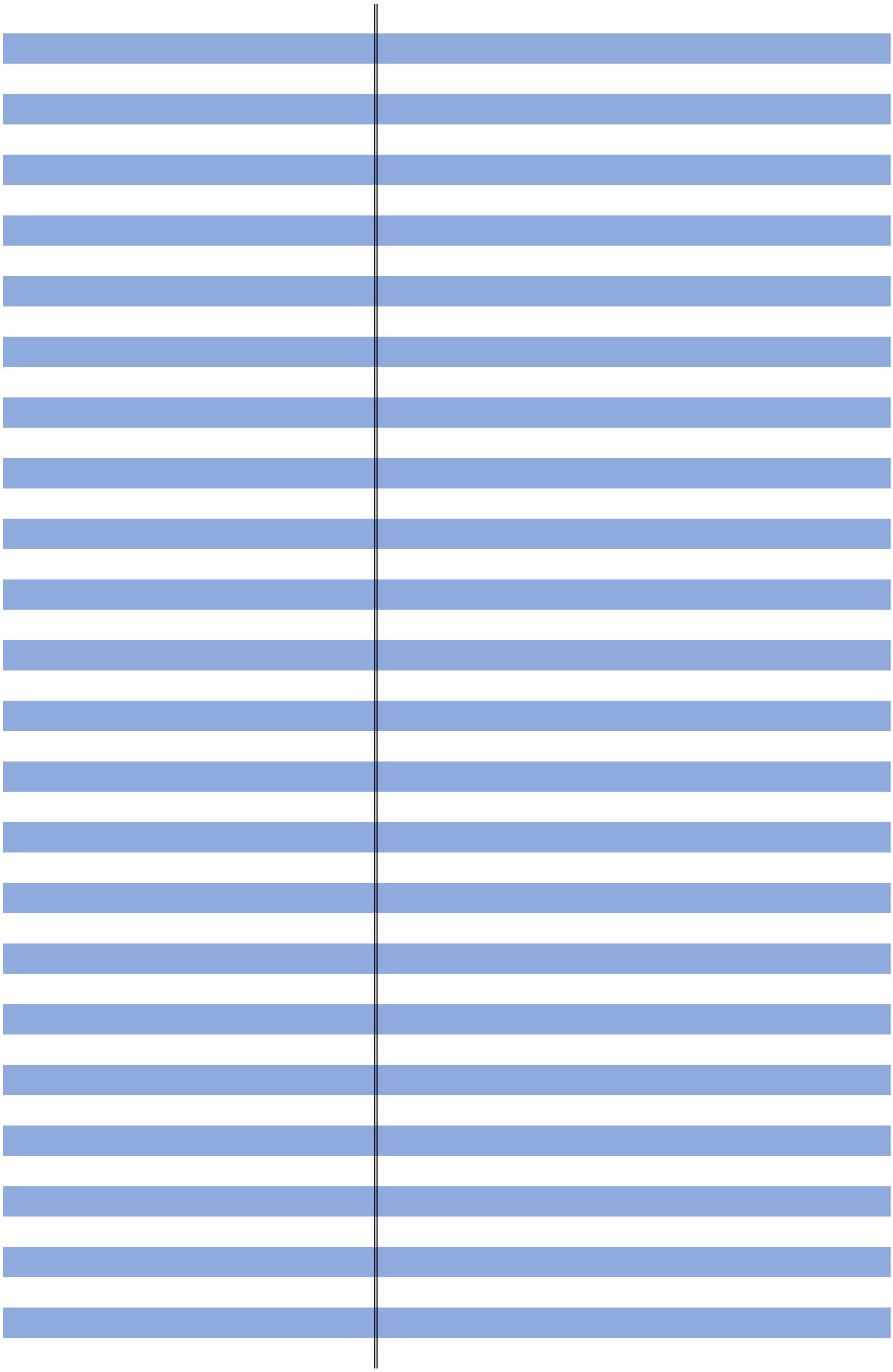


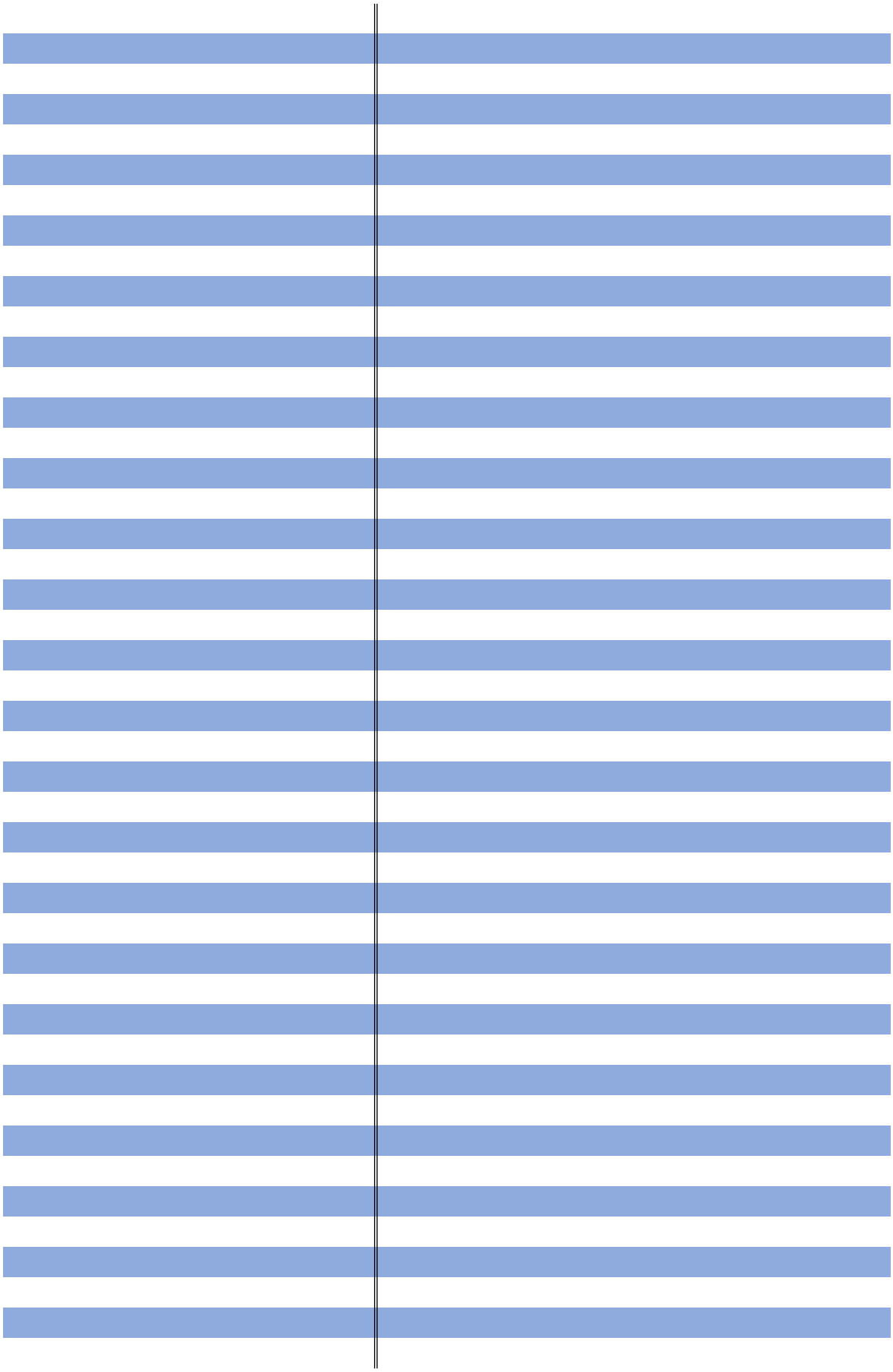
(PIA) State Plan Amendment Number (SPA) [117]

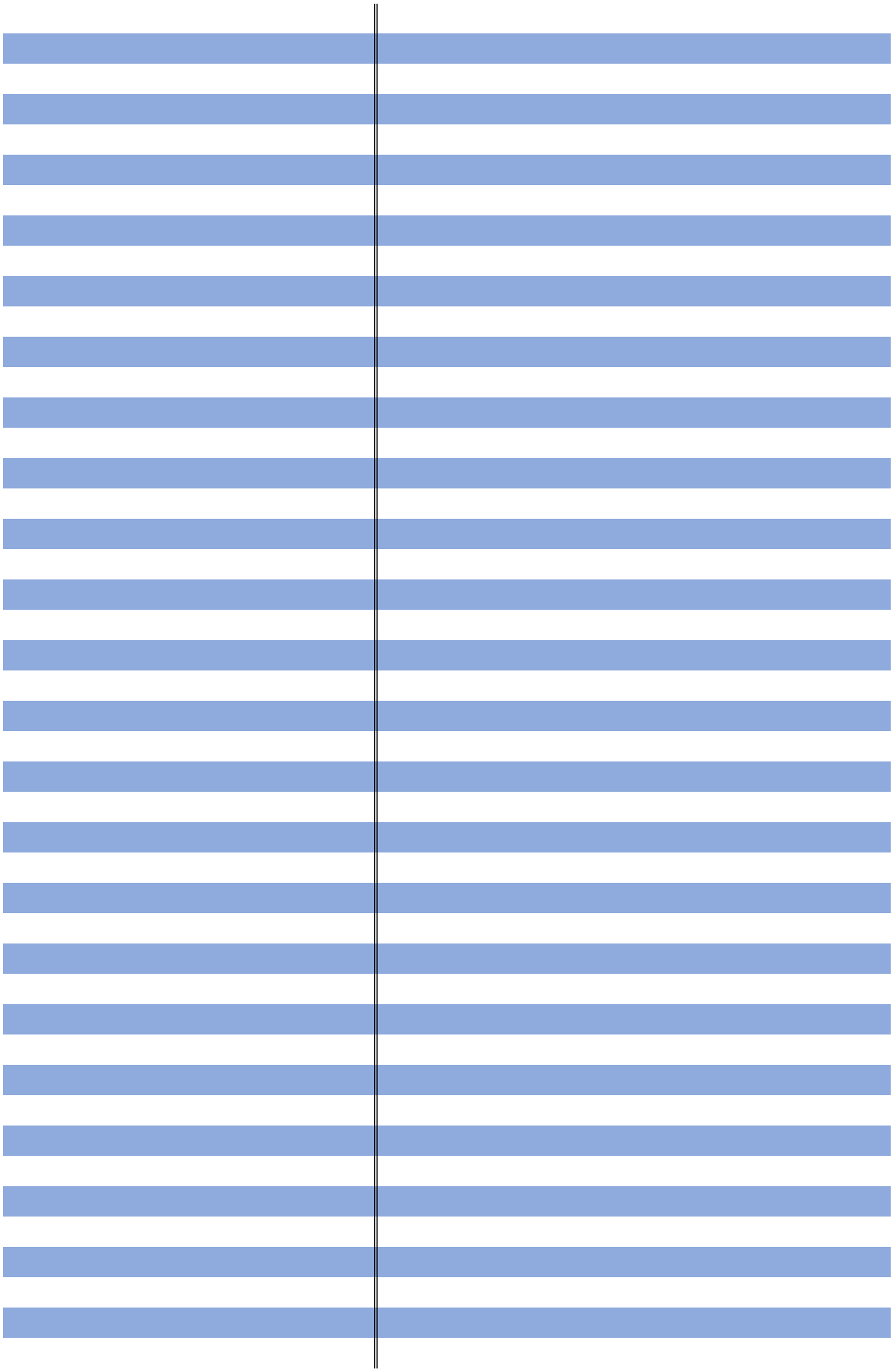
Demo Info: (Required) Demonstration Type [104]	Provider Info: (PIA) Other State Provider ID Number [105]	Provider Info: (PIA) National Provider ID (NPI) [109]	Provider Info: (Required) Medicare Certification Number (Medicare ID) [112]

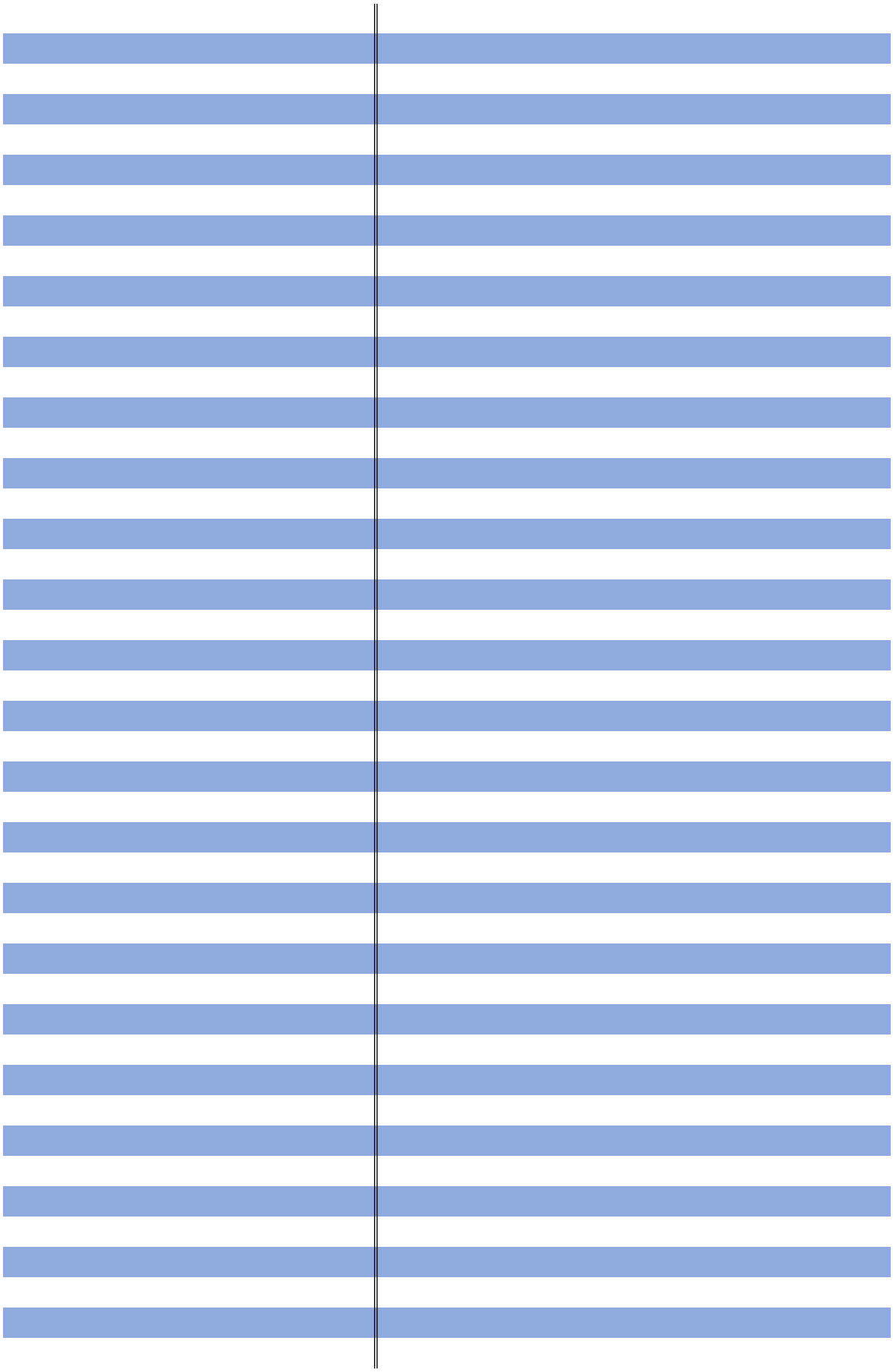


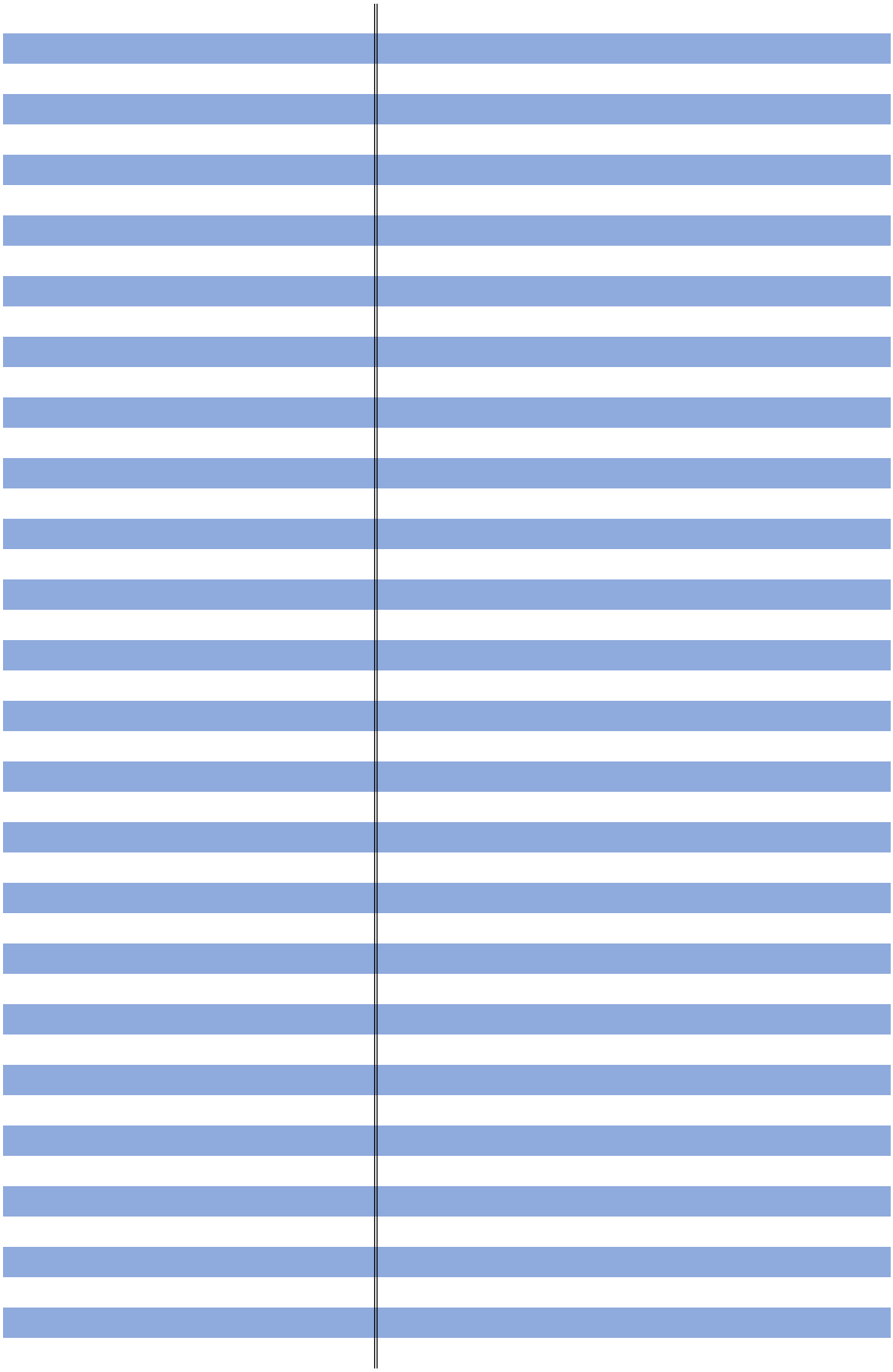


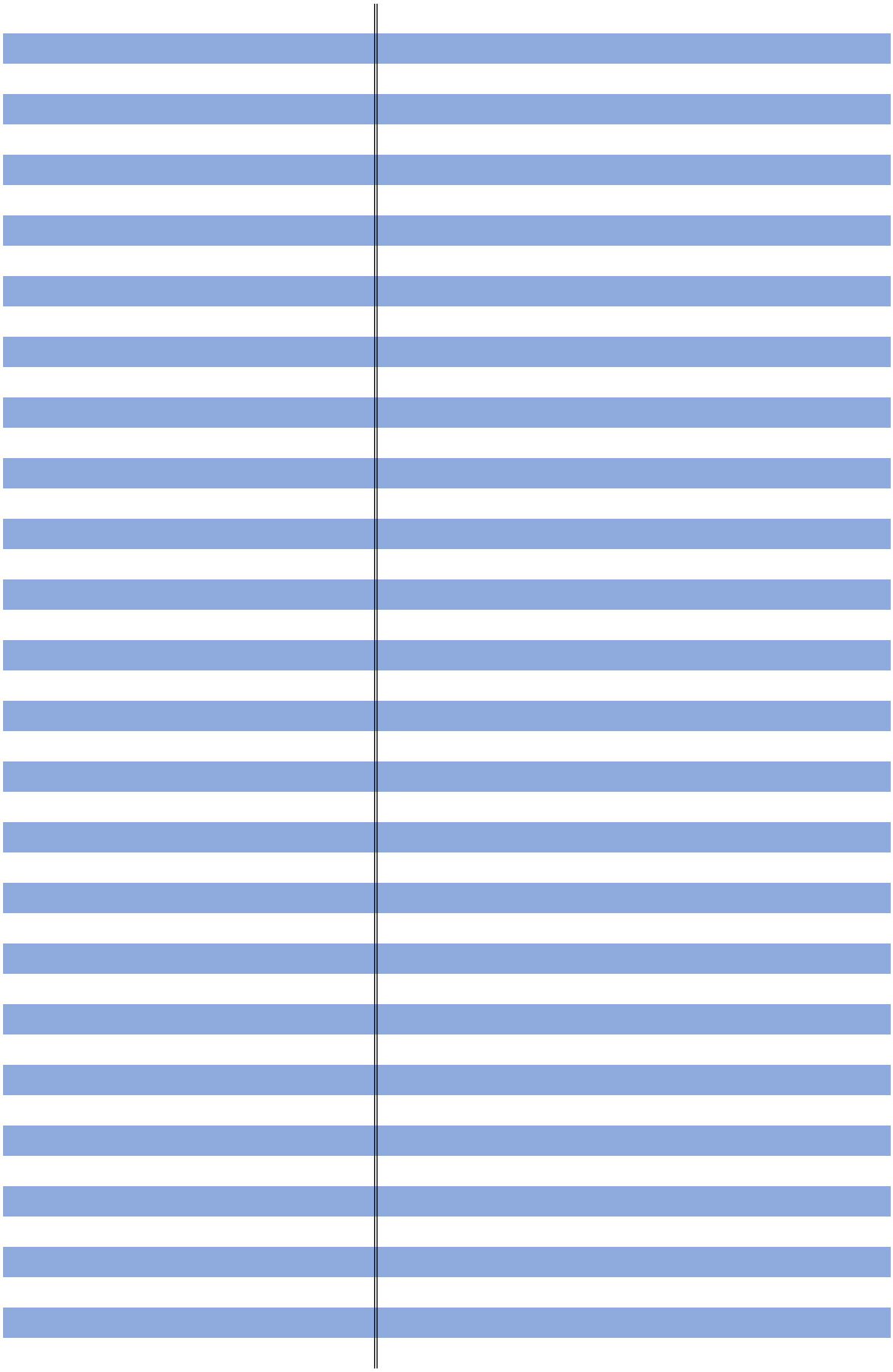


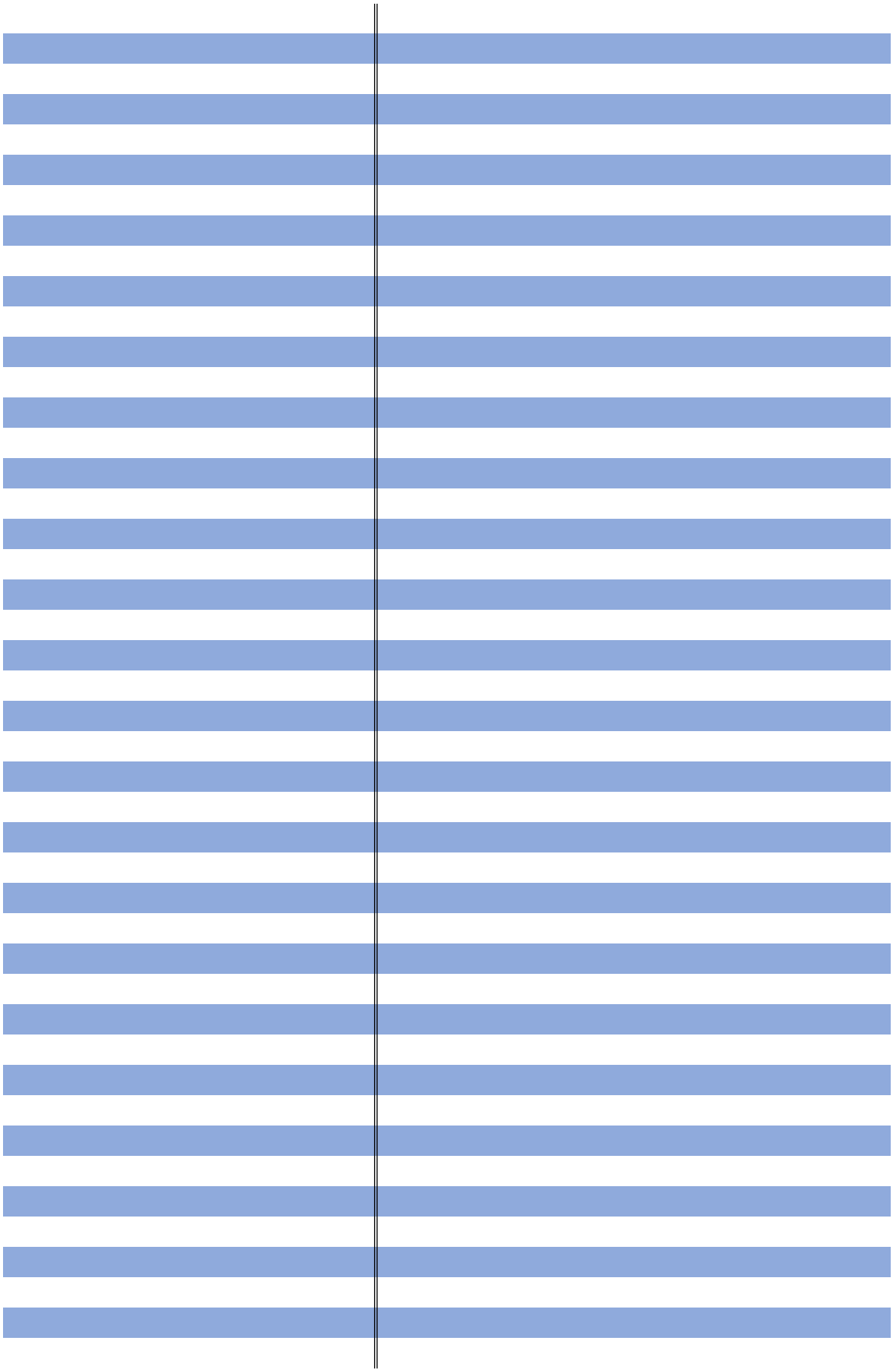


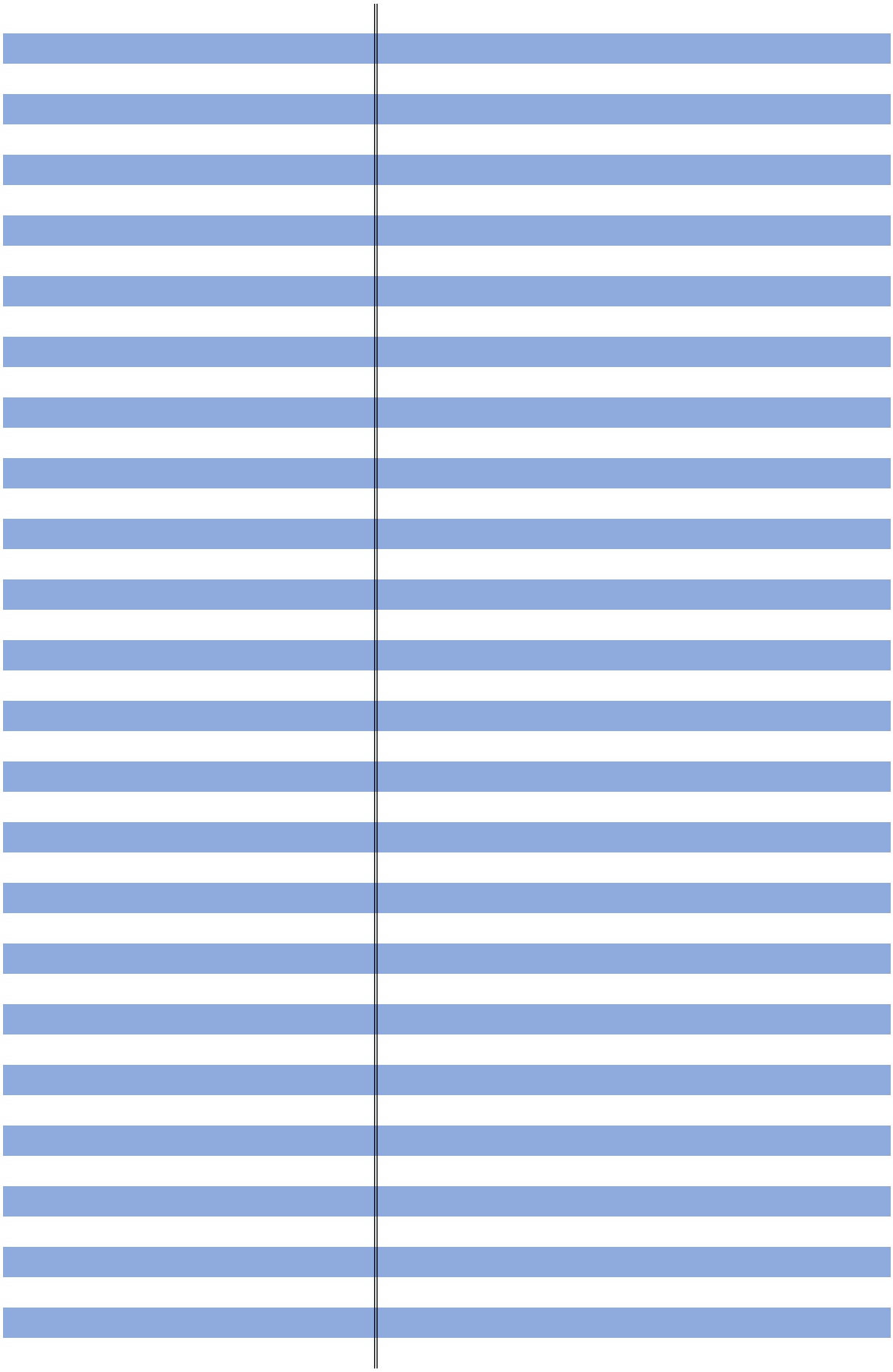


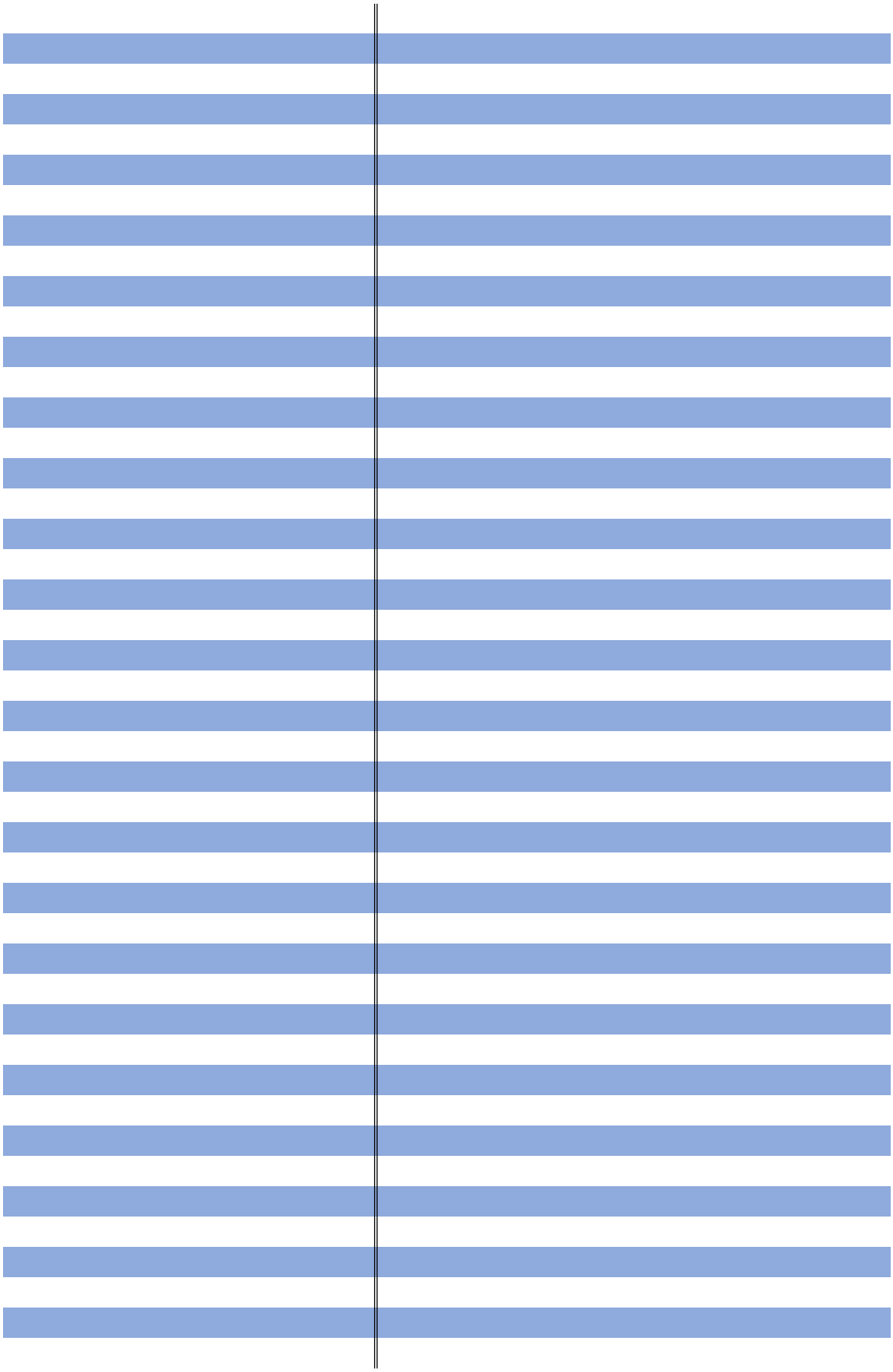


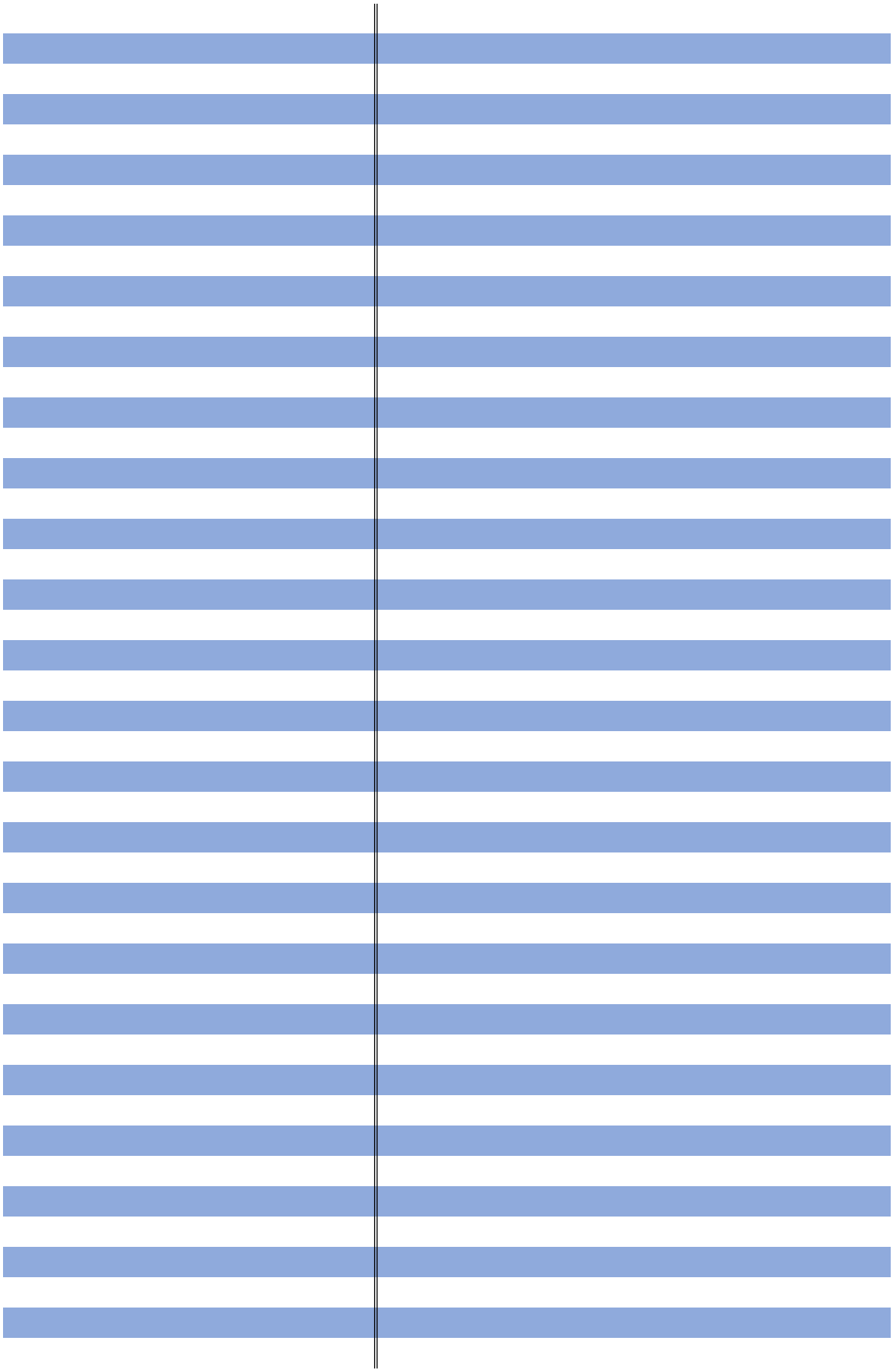


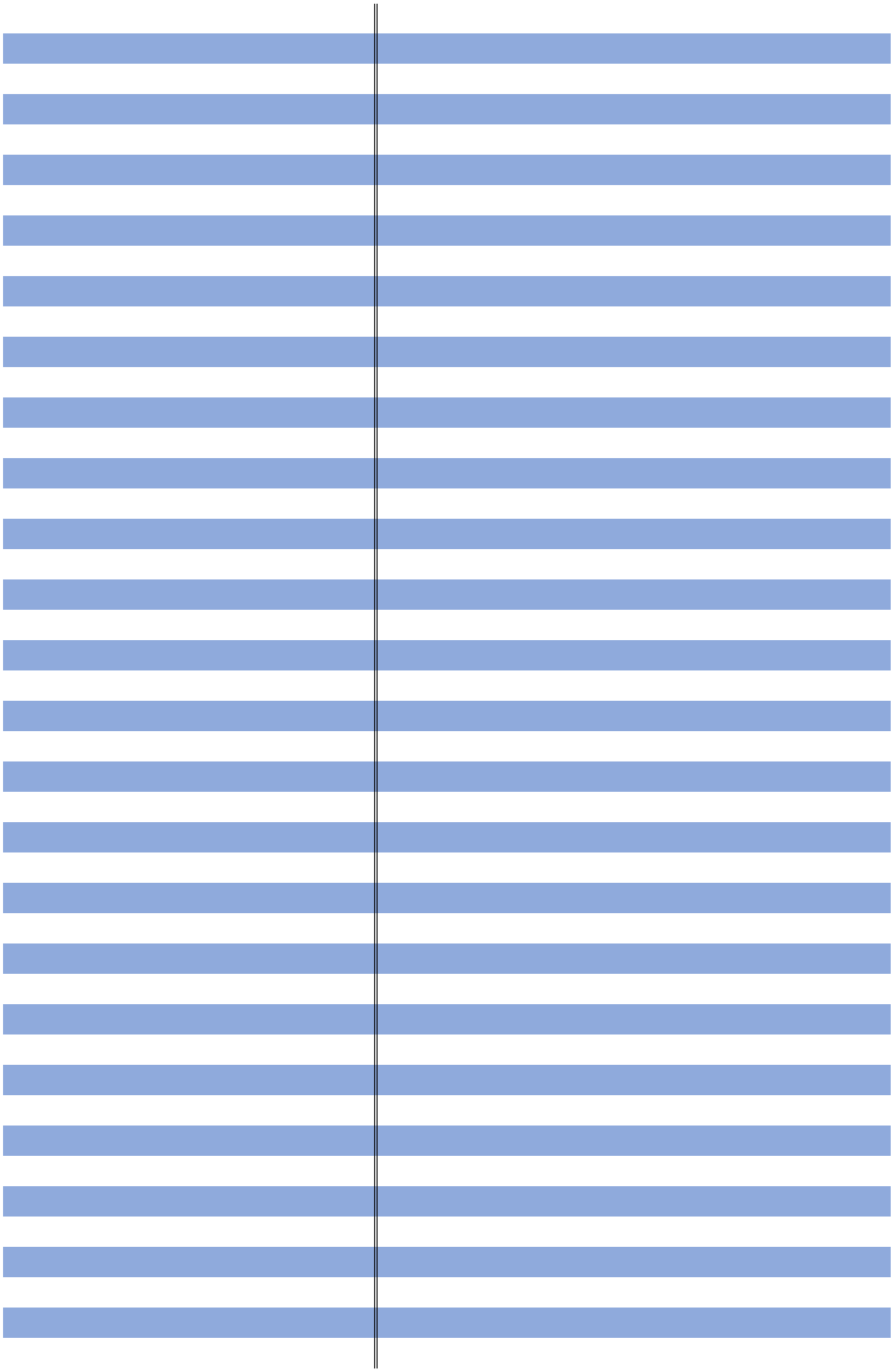


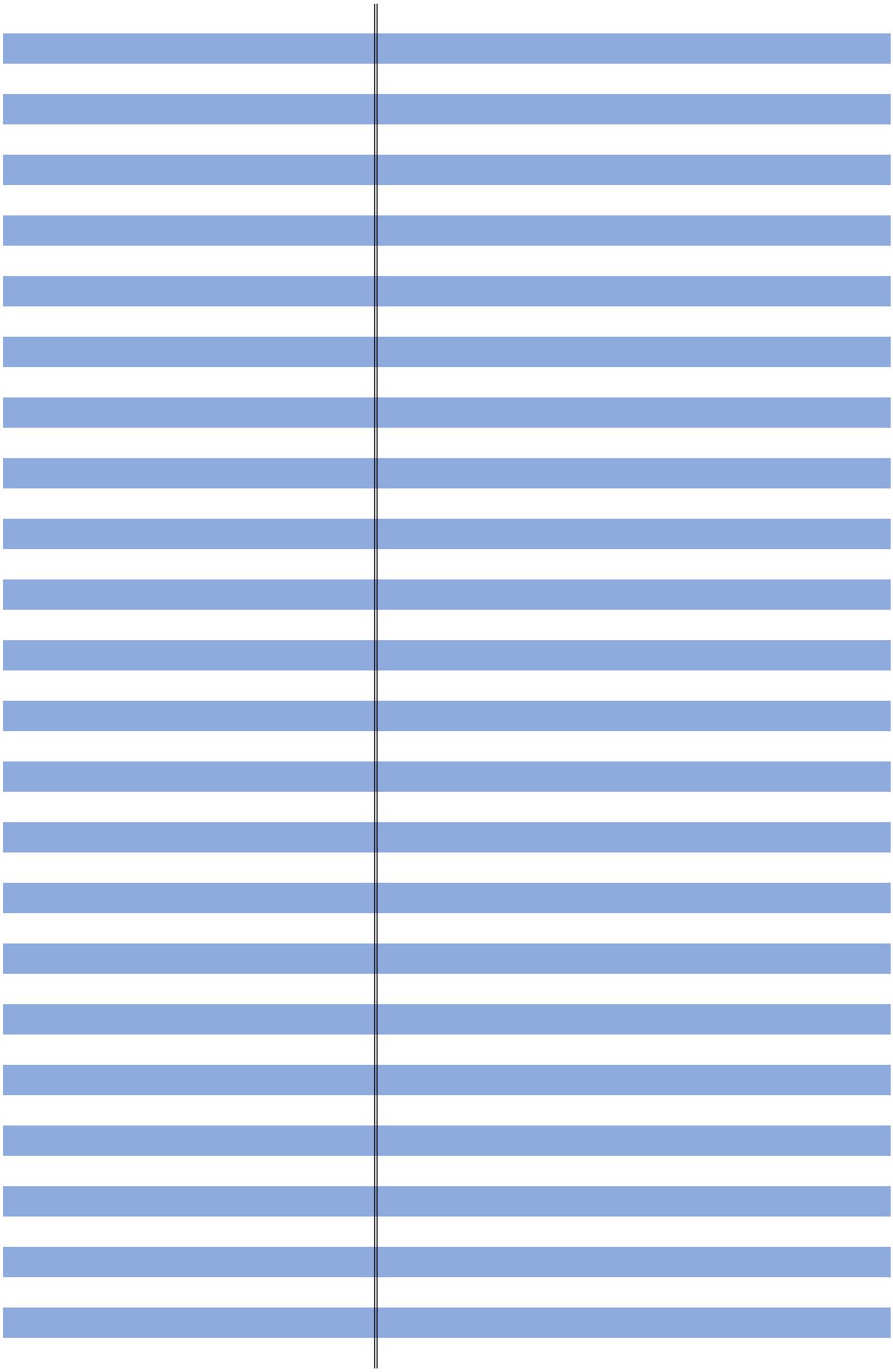


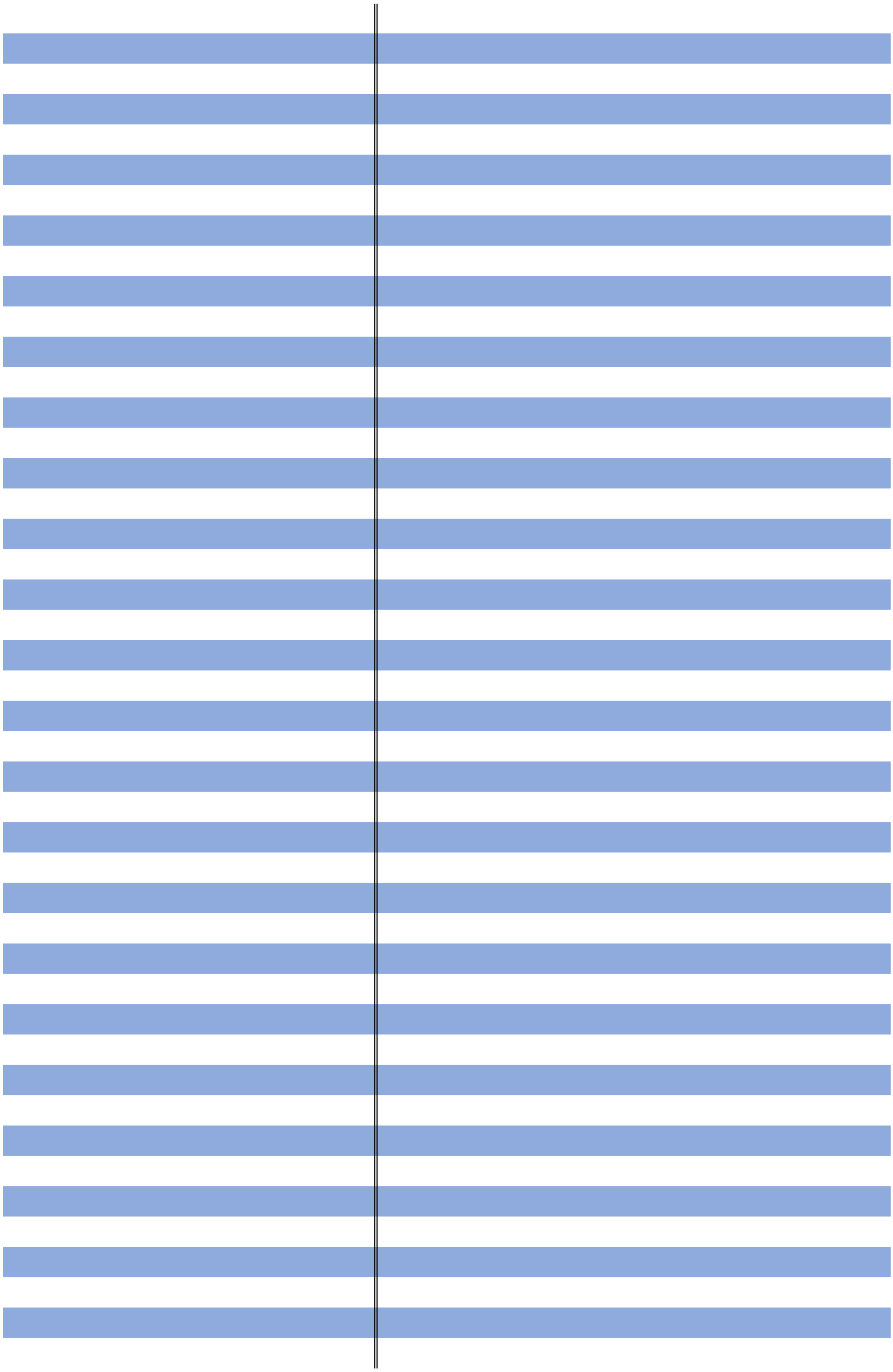


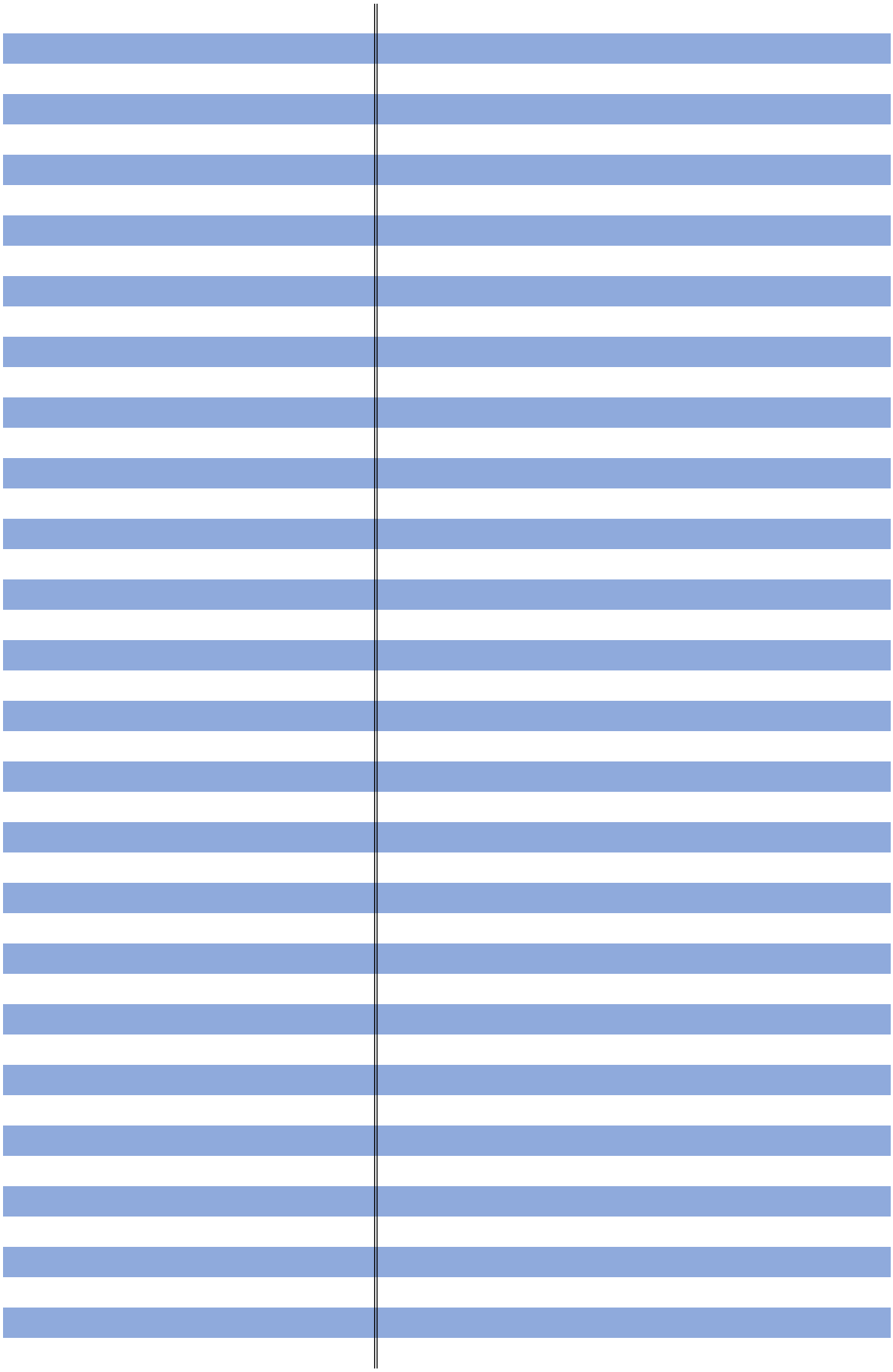


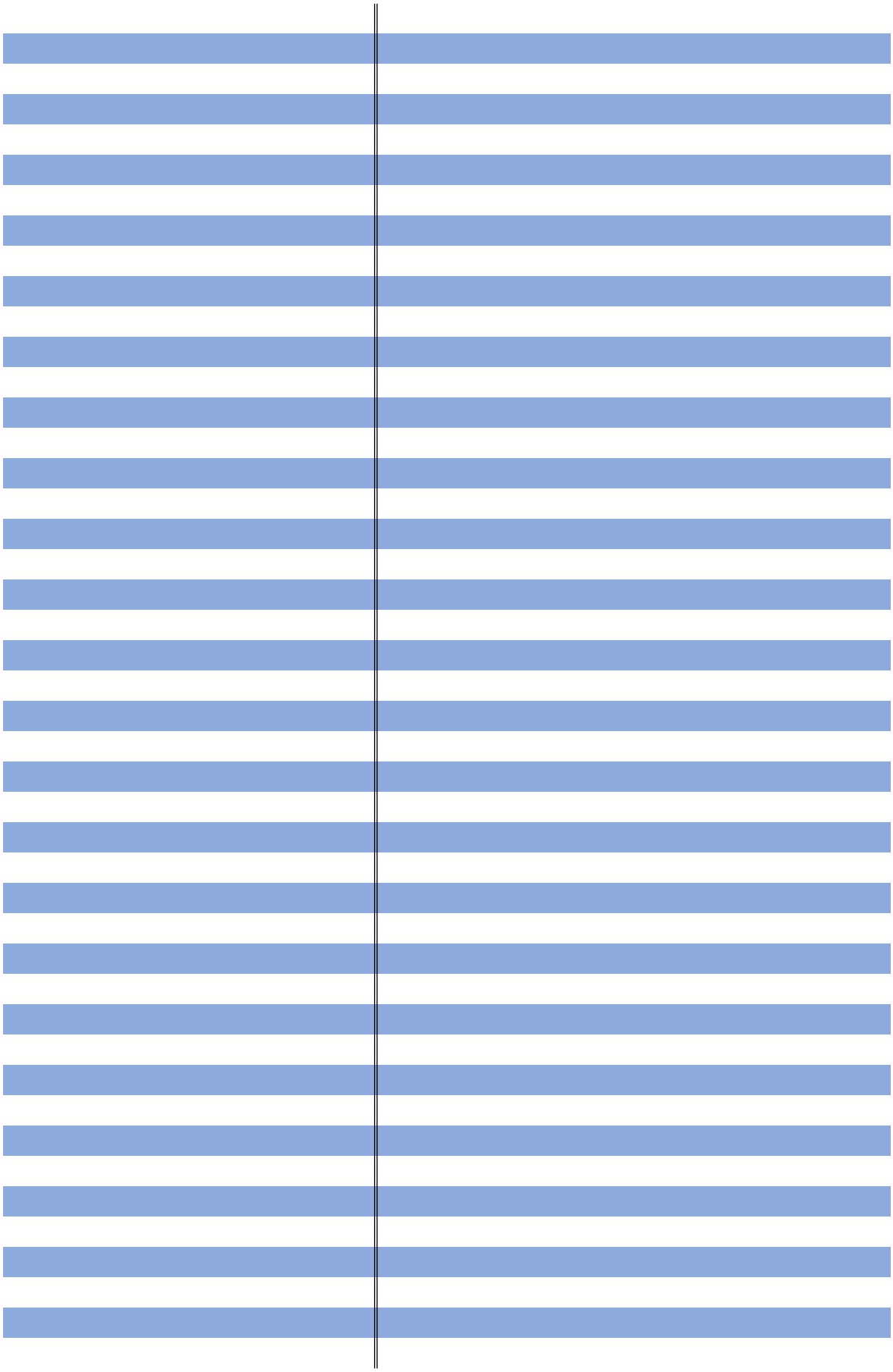


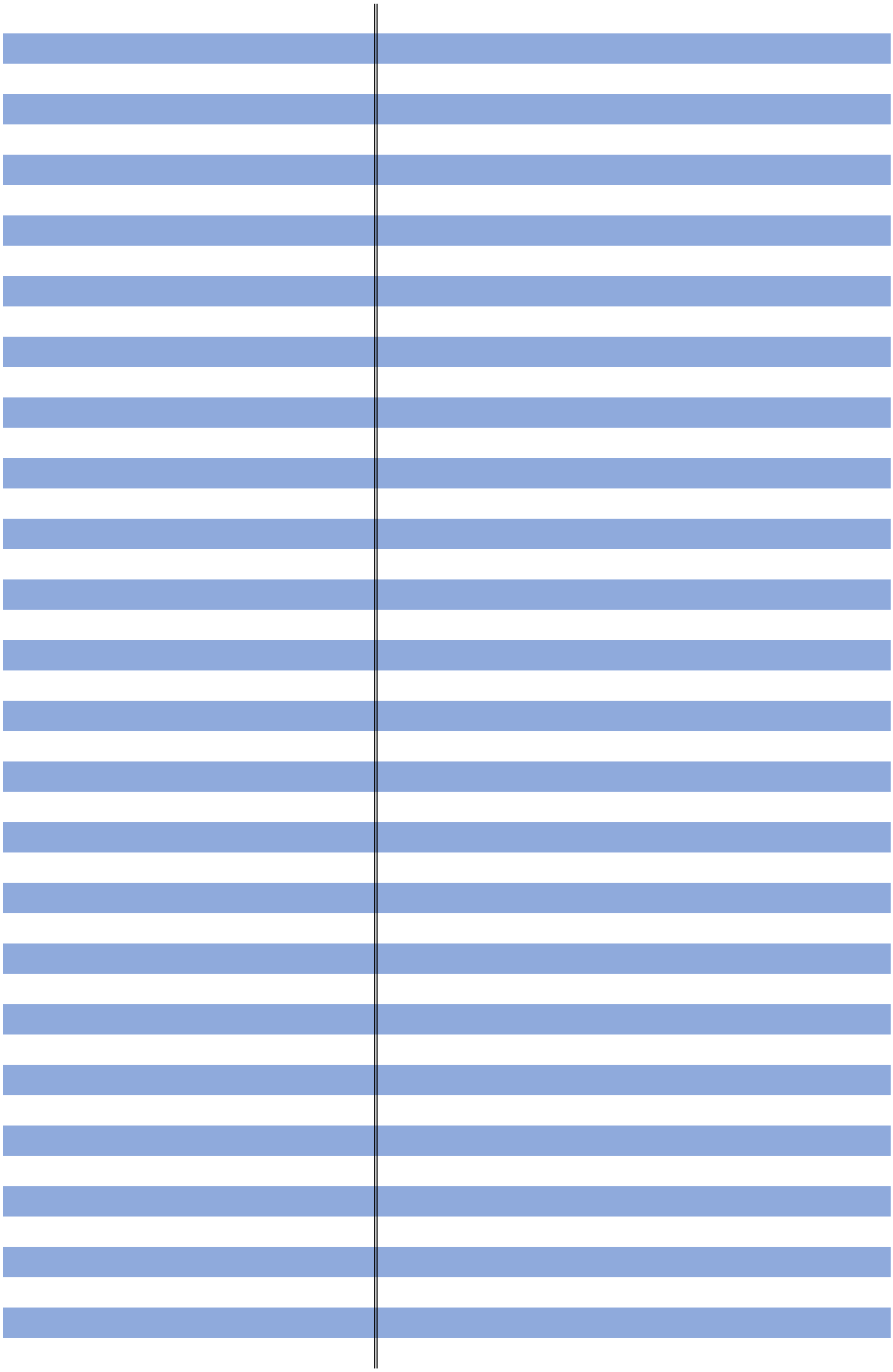


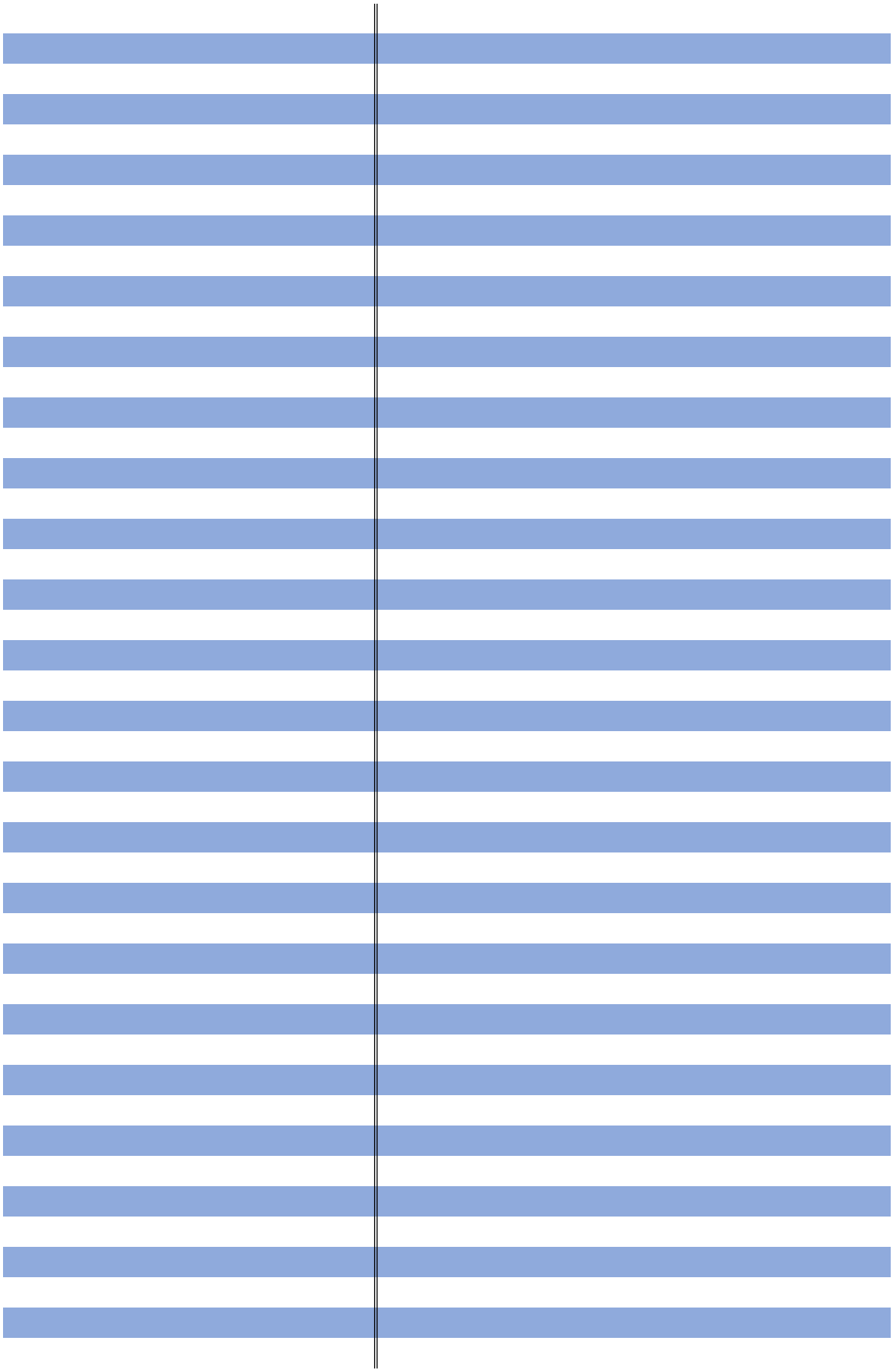


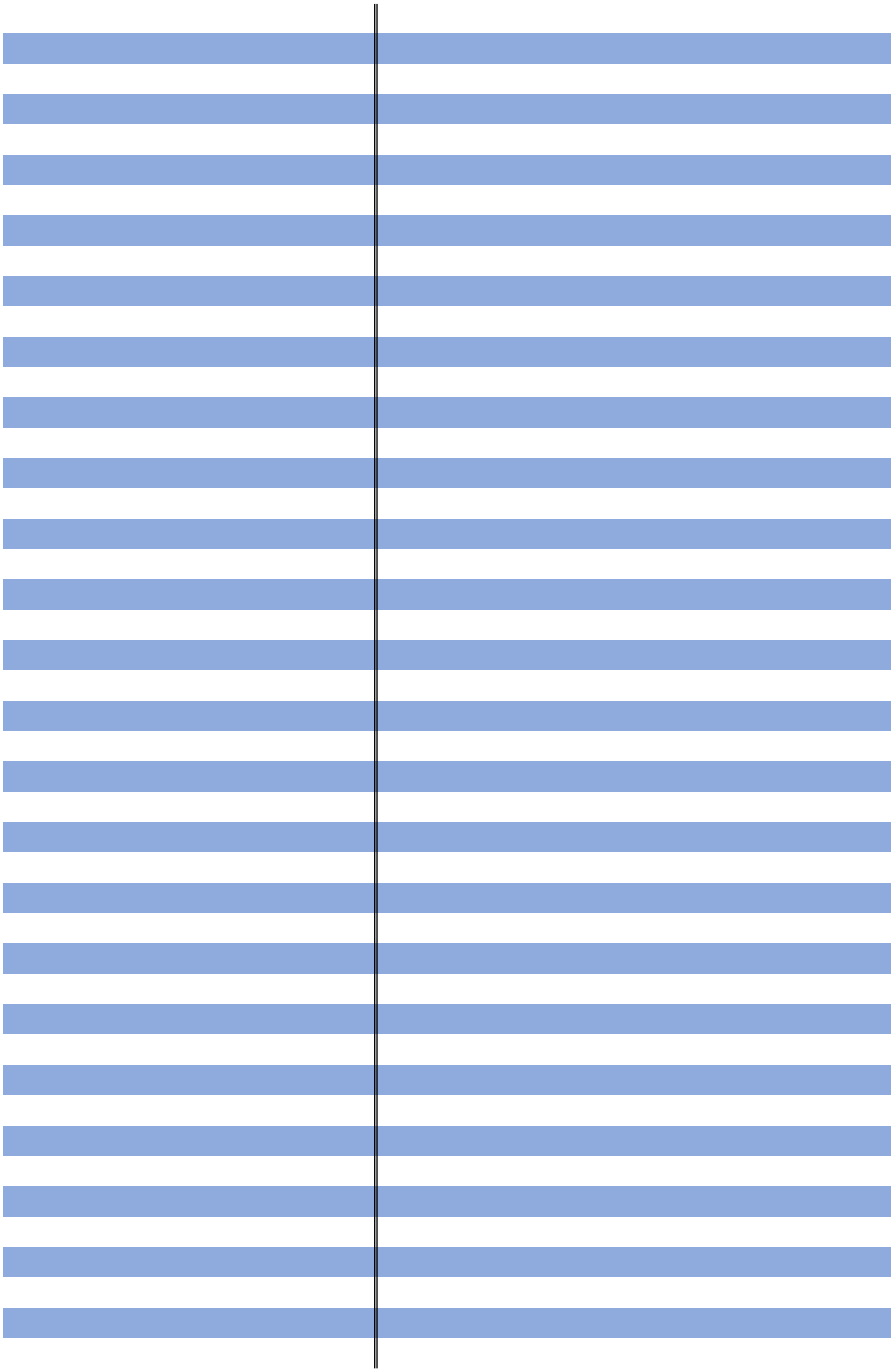


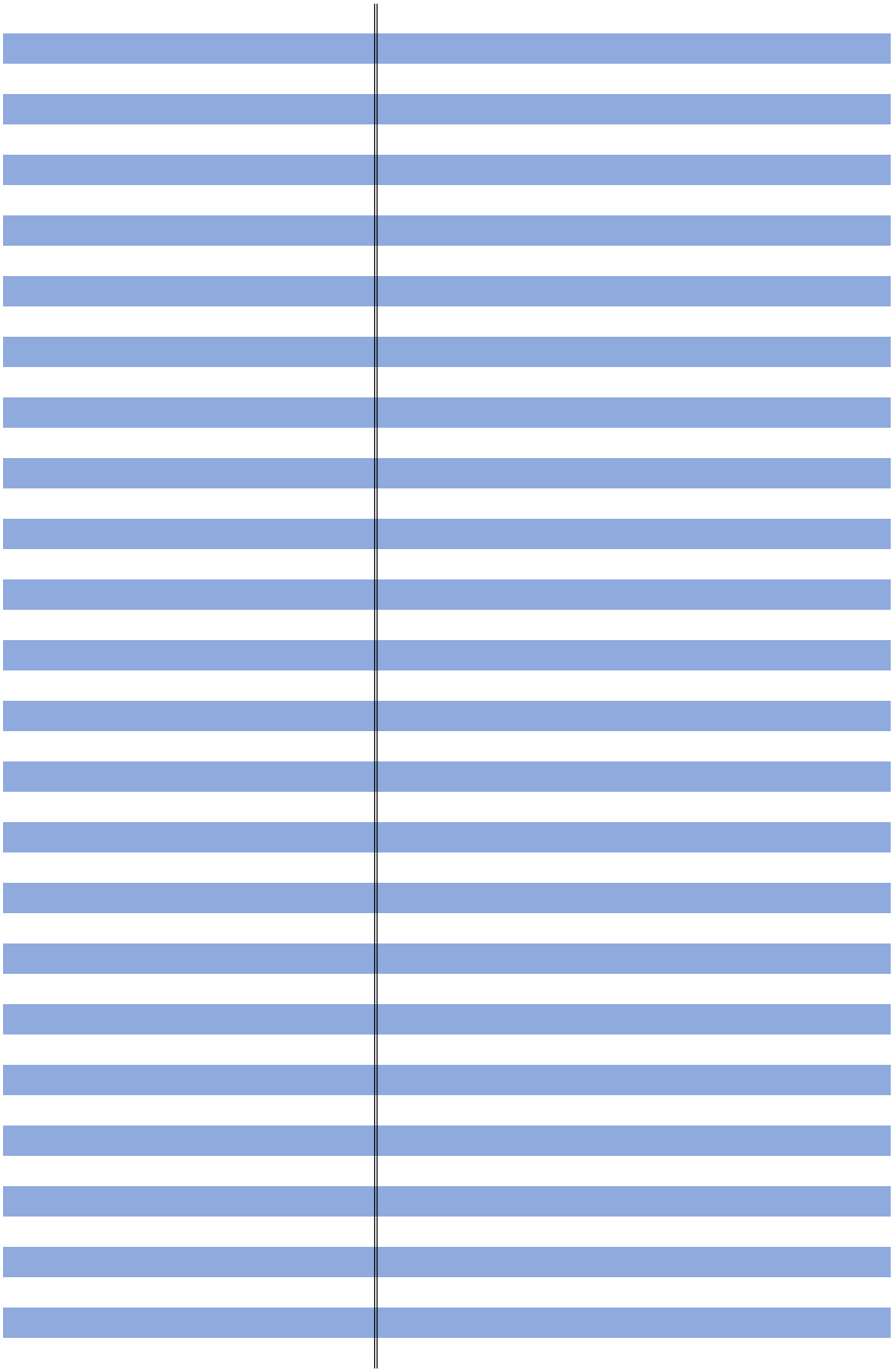












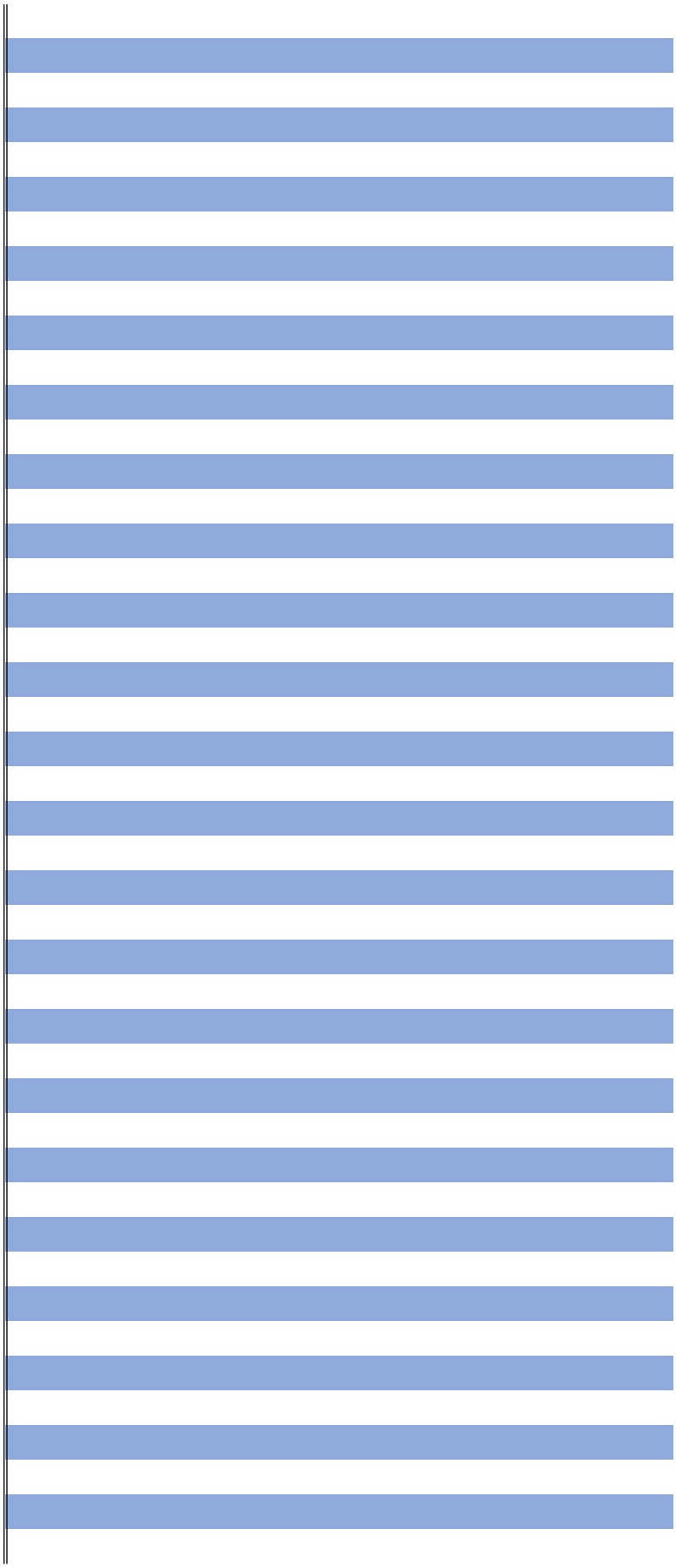
Provider Info:	Provider Info:
(Required)	(Required)
State-specific Provider ID (Medicaid ID)	Provider Name
[107]	[108]

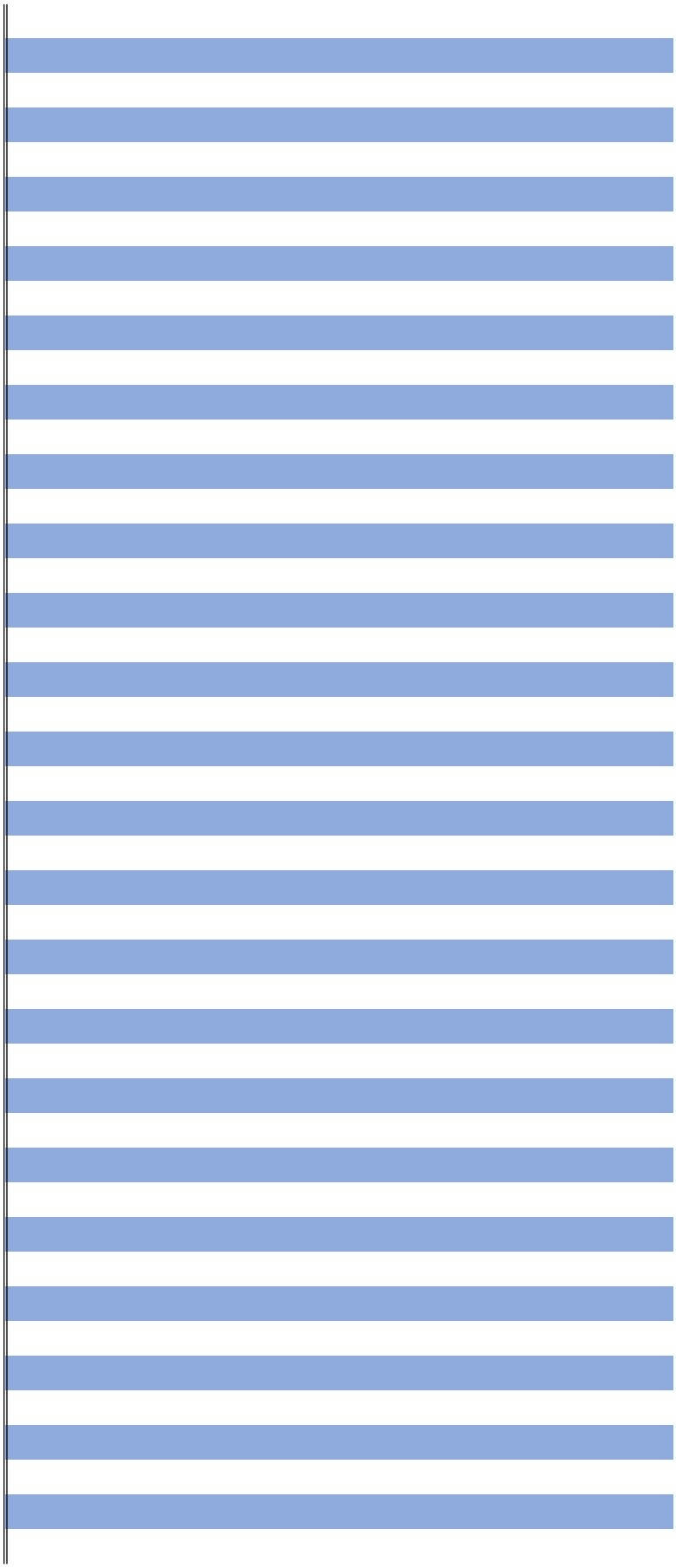
MCR Payment Info:

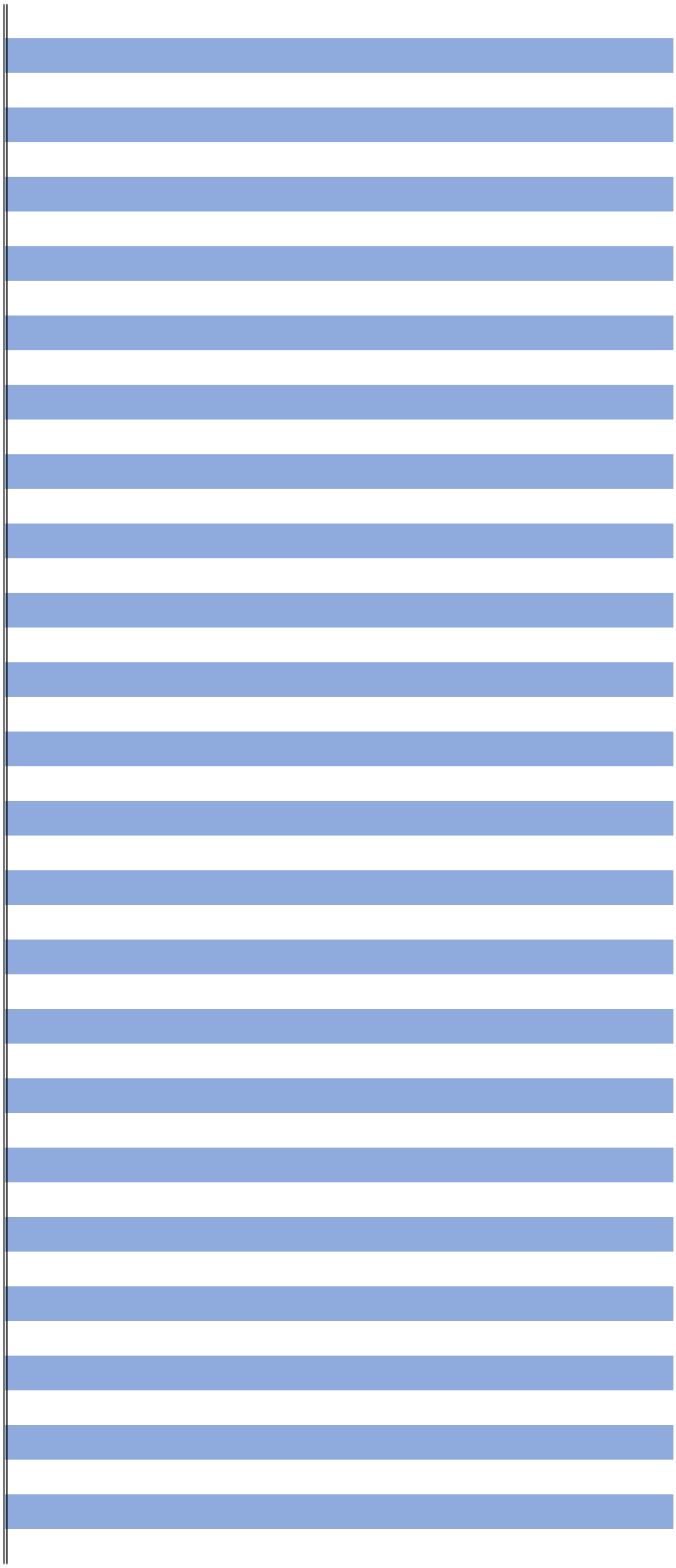
(Required if Medicare Equivalent of ACR approach)

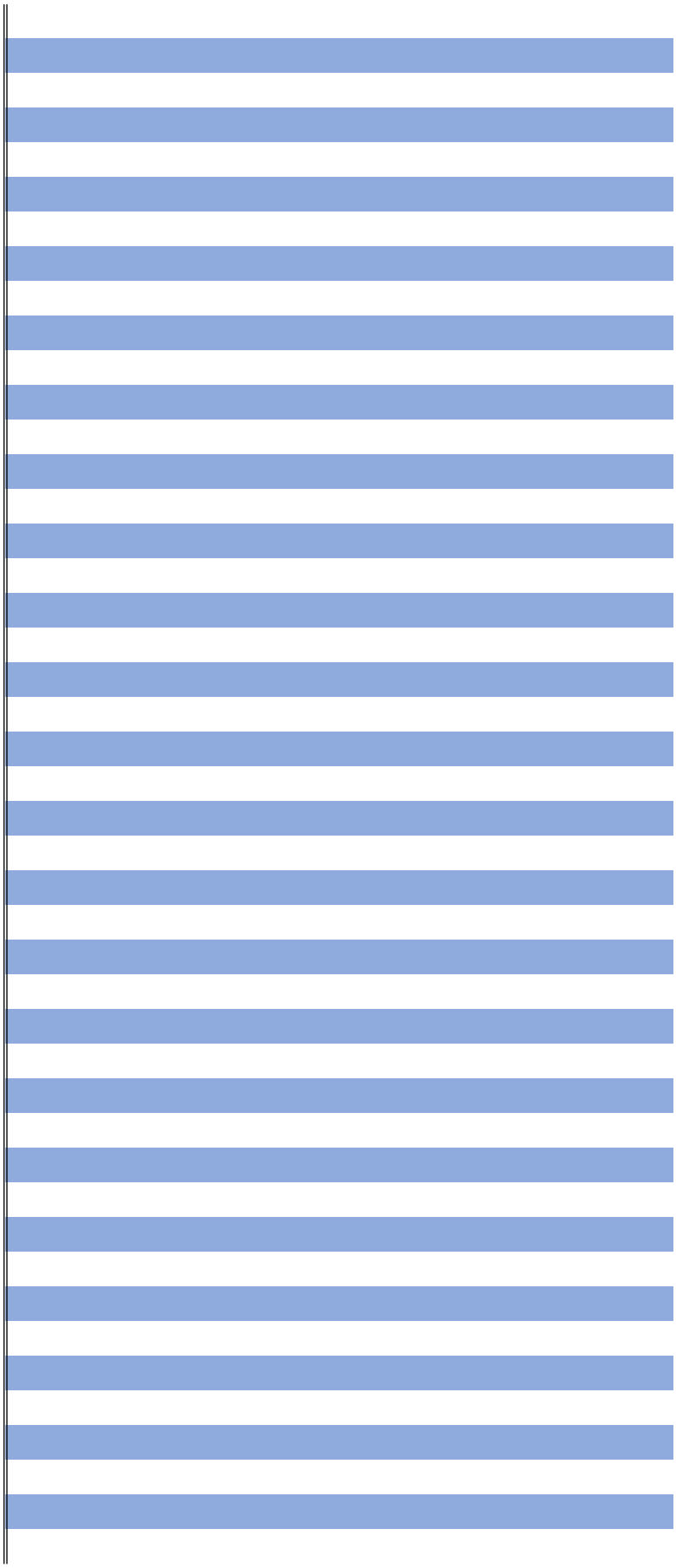
Time Period of
Medicare Rates -
Begin Date

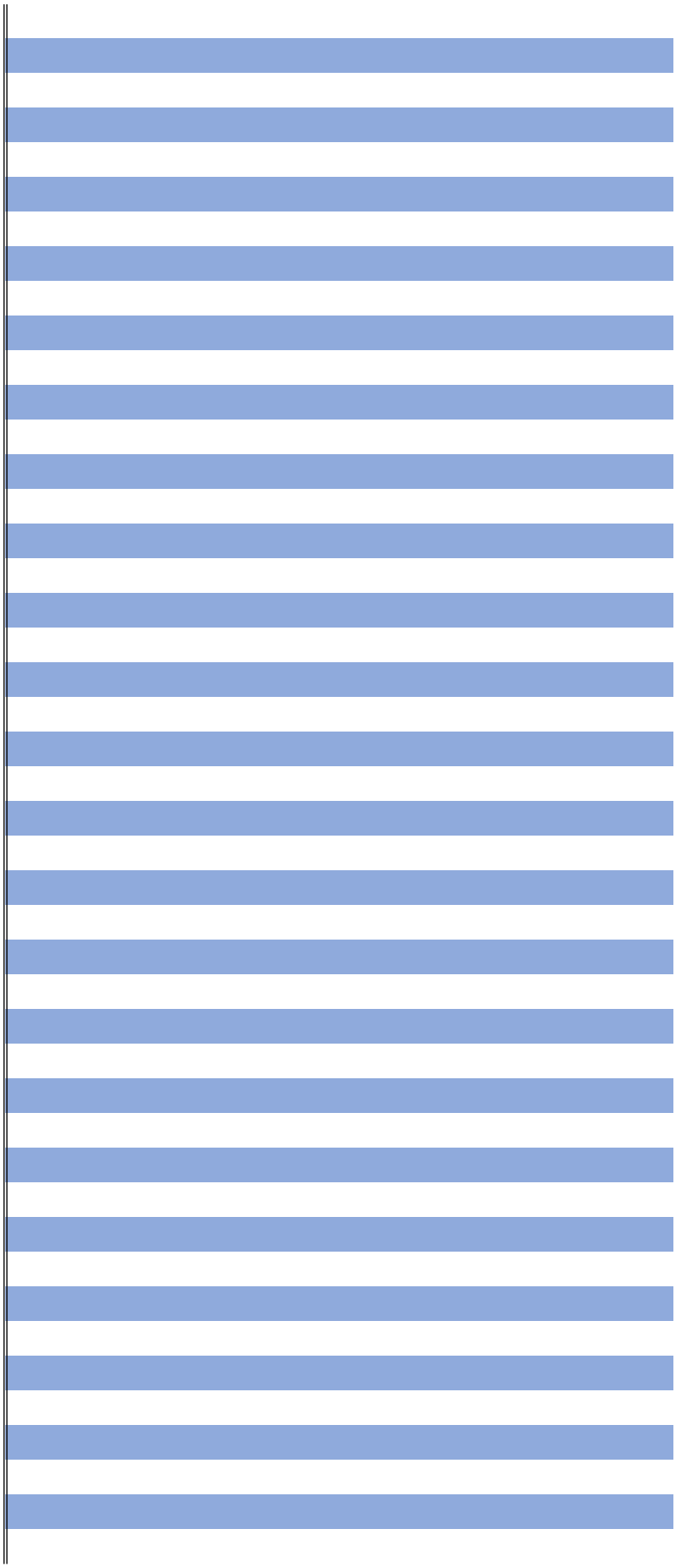
[200.1]

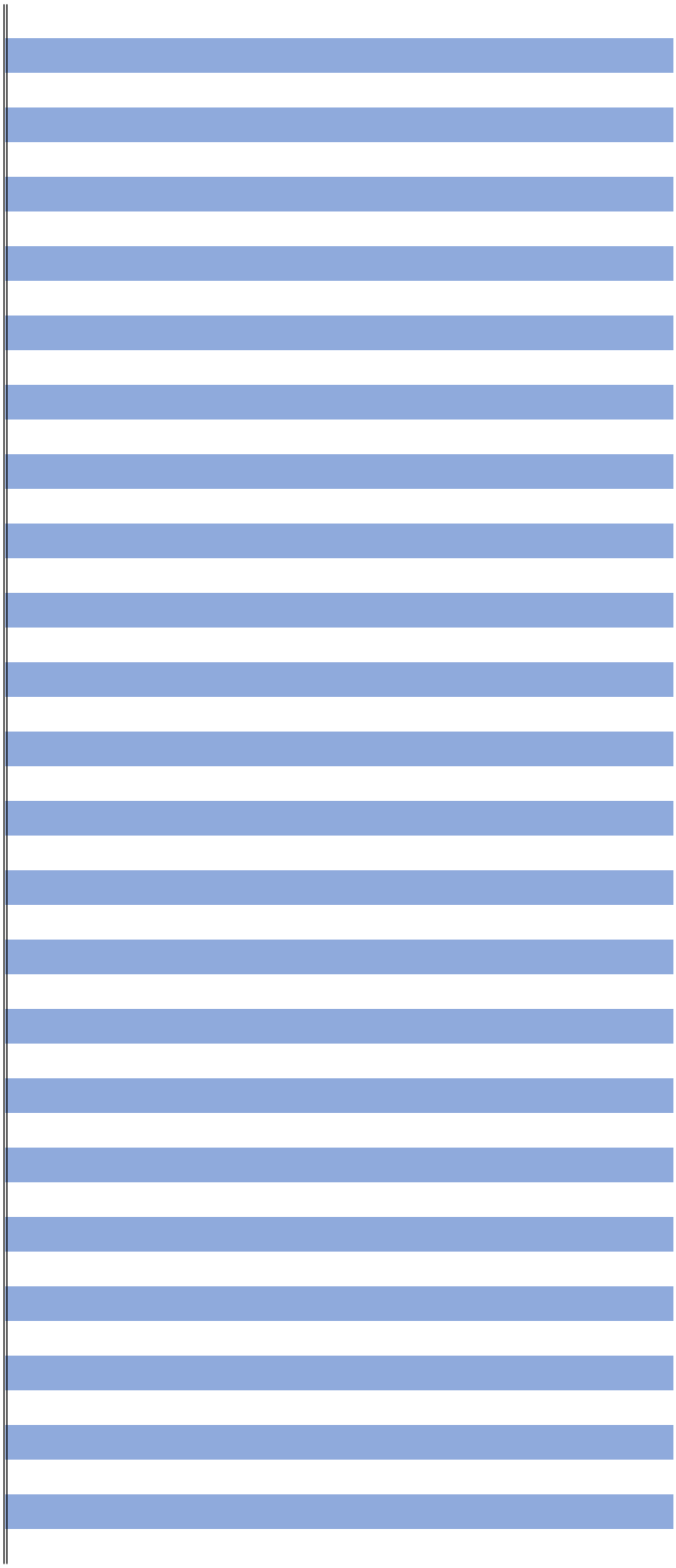


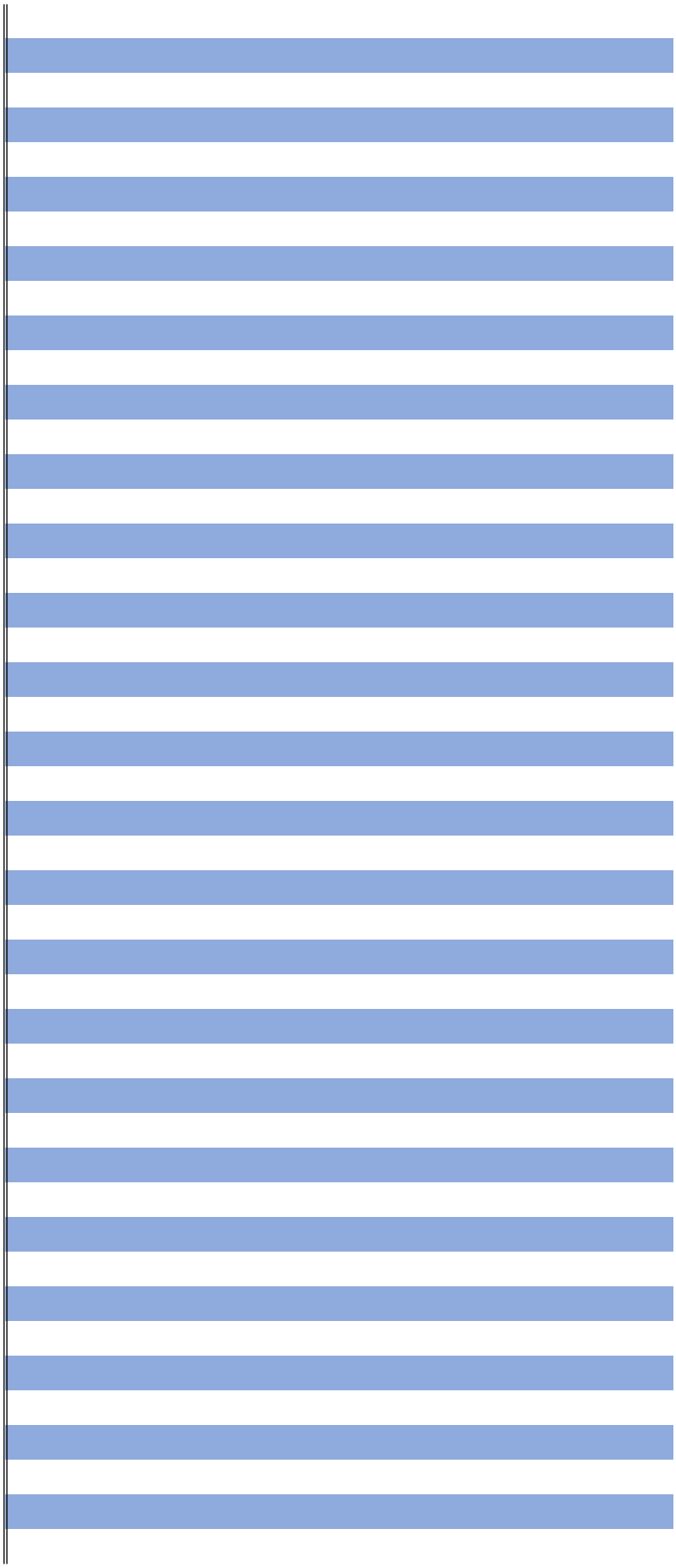


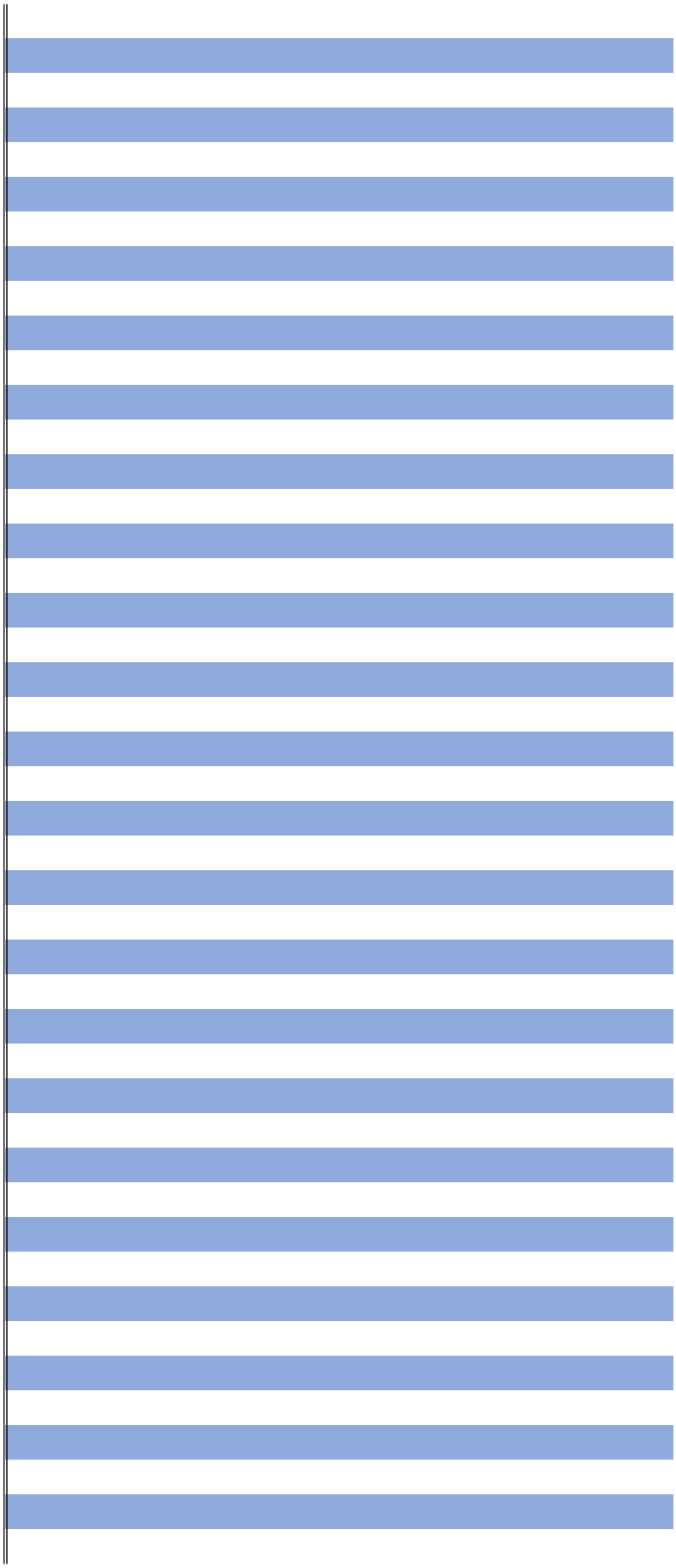


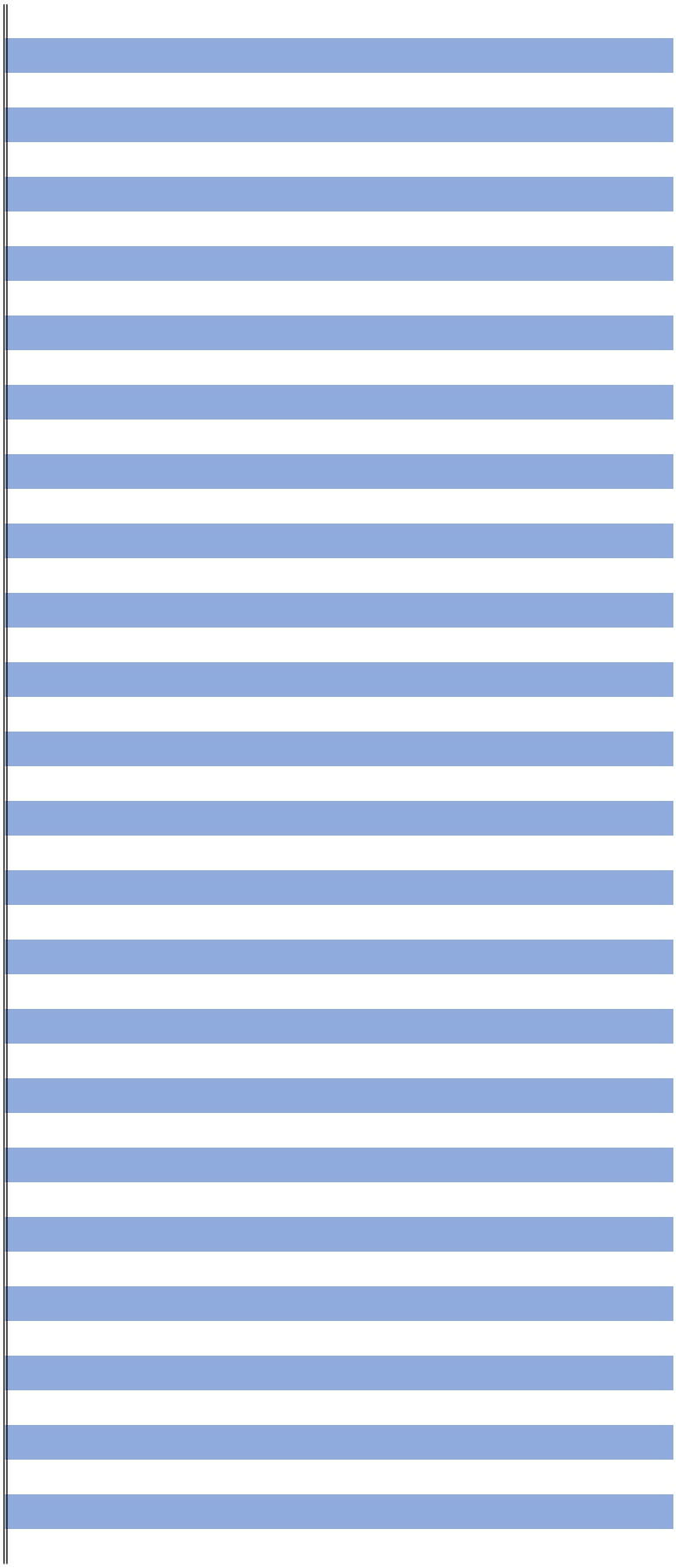


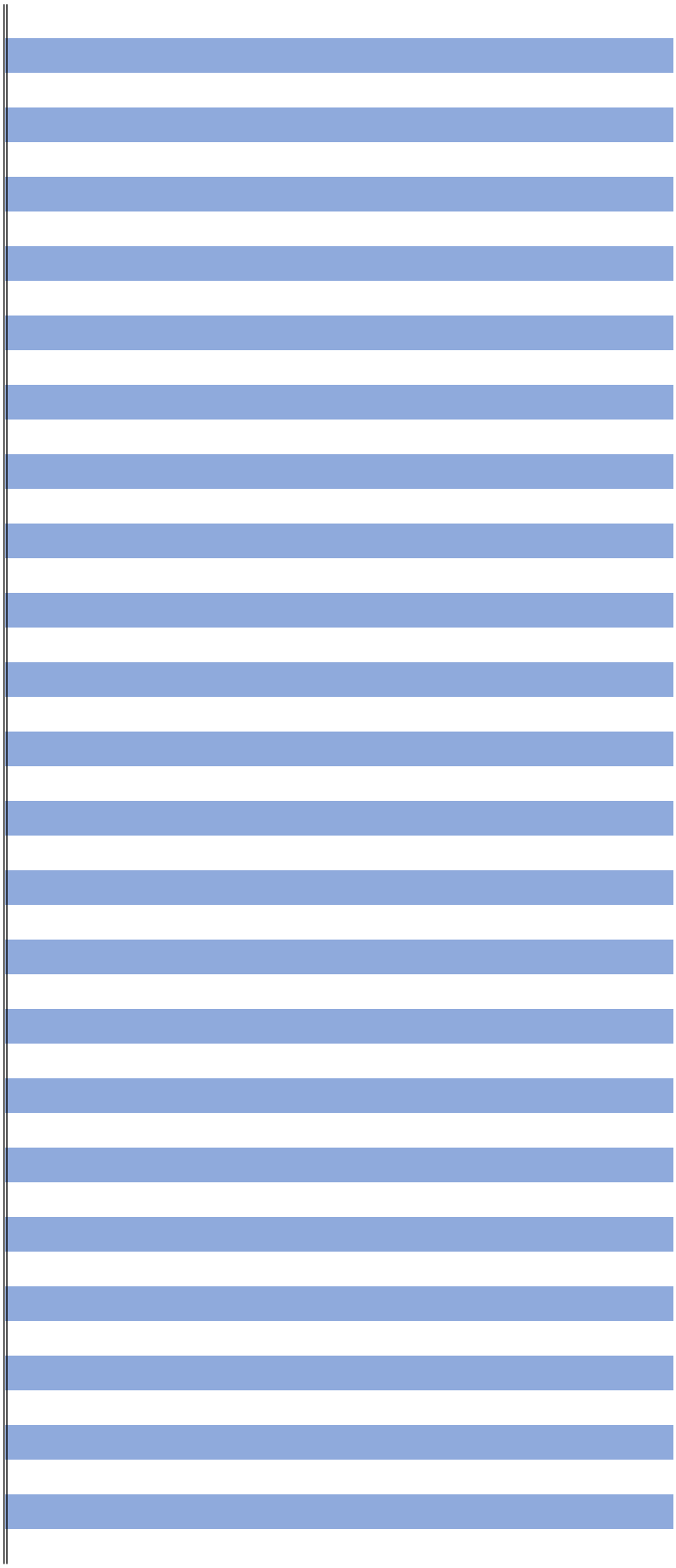


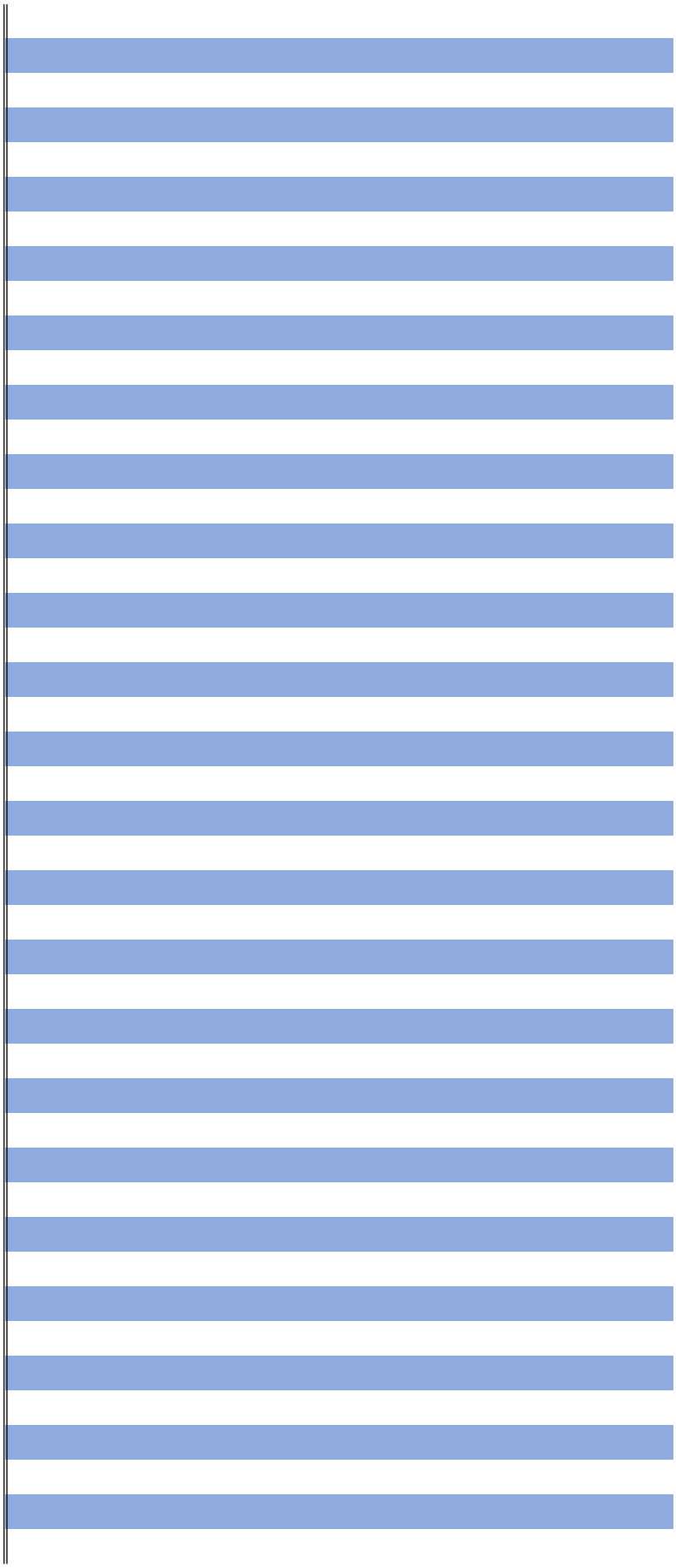


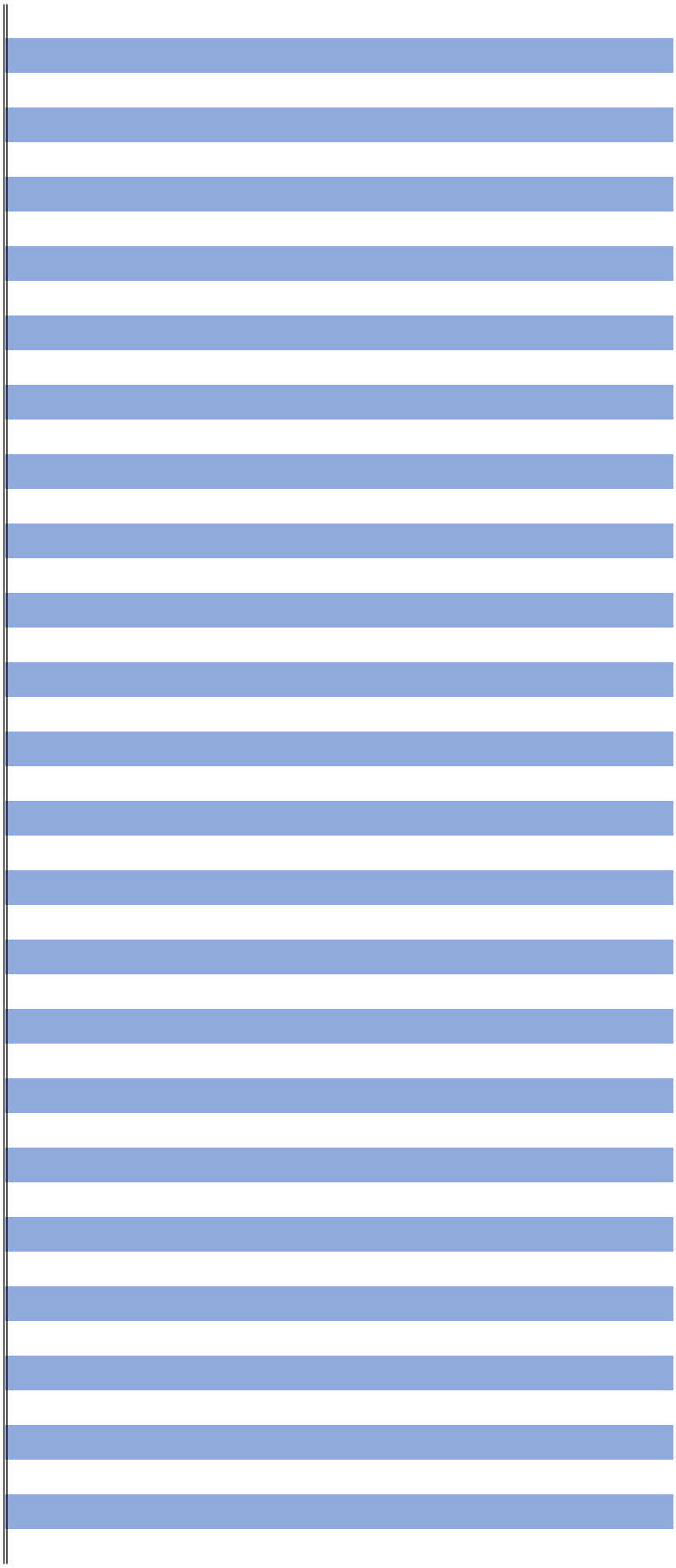


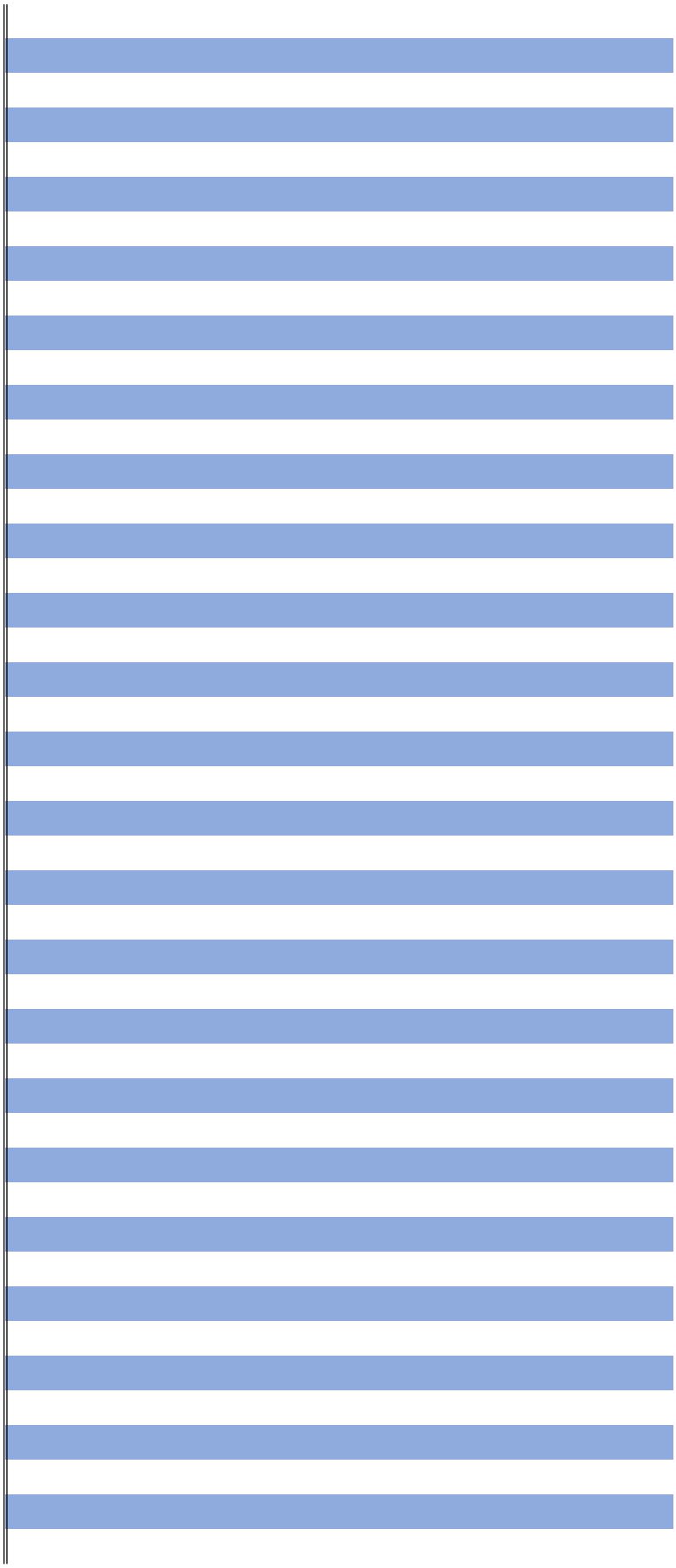


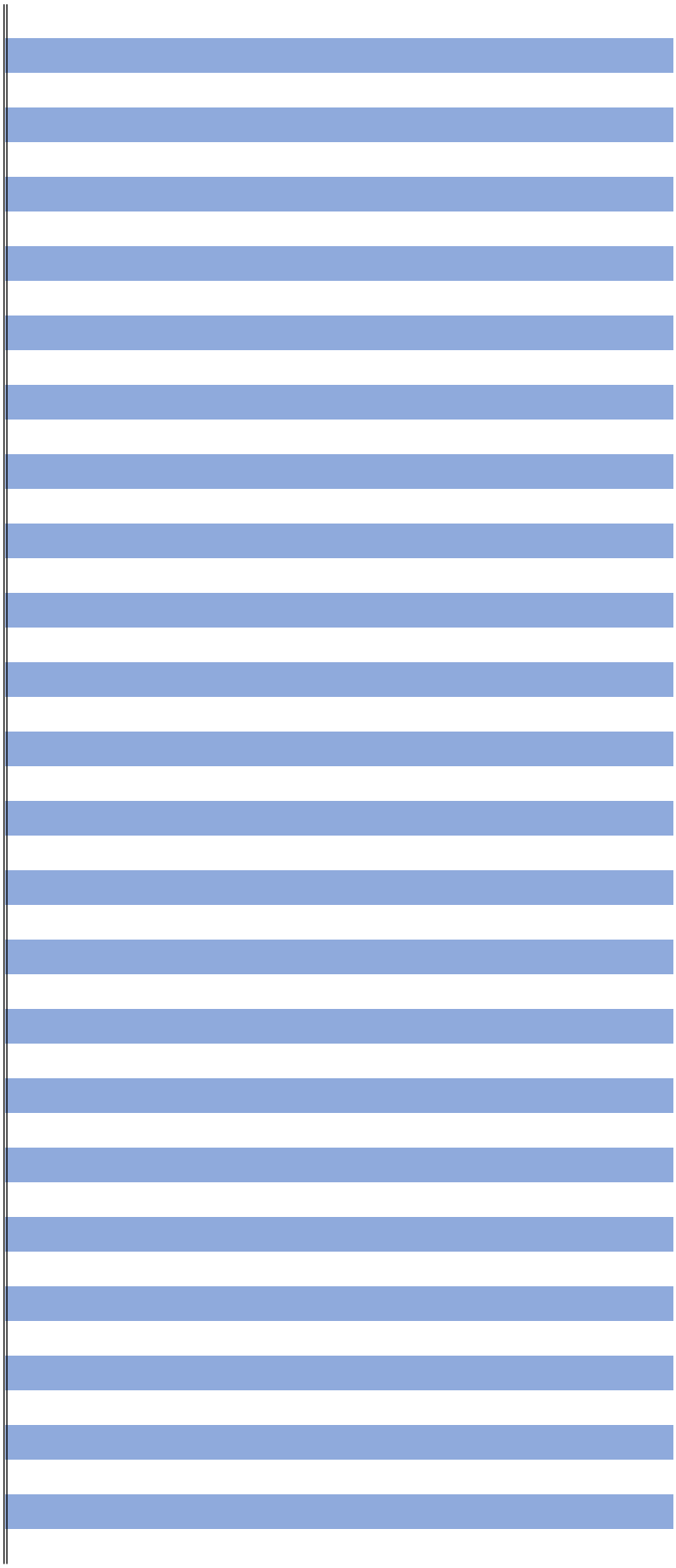


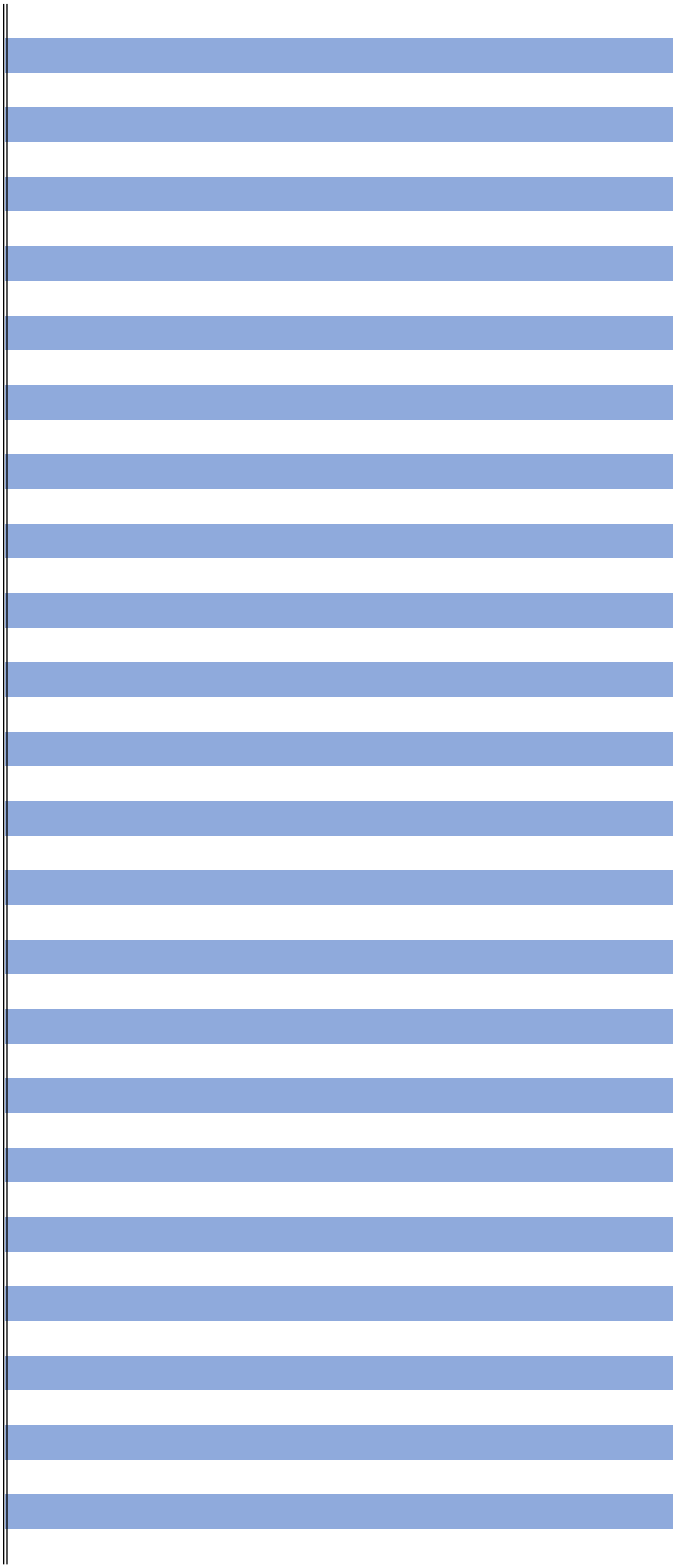


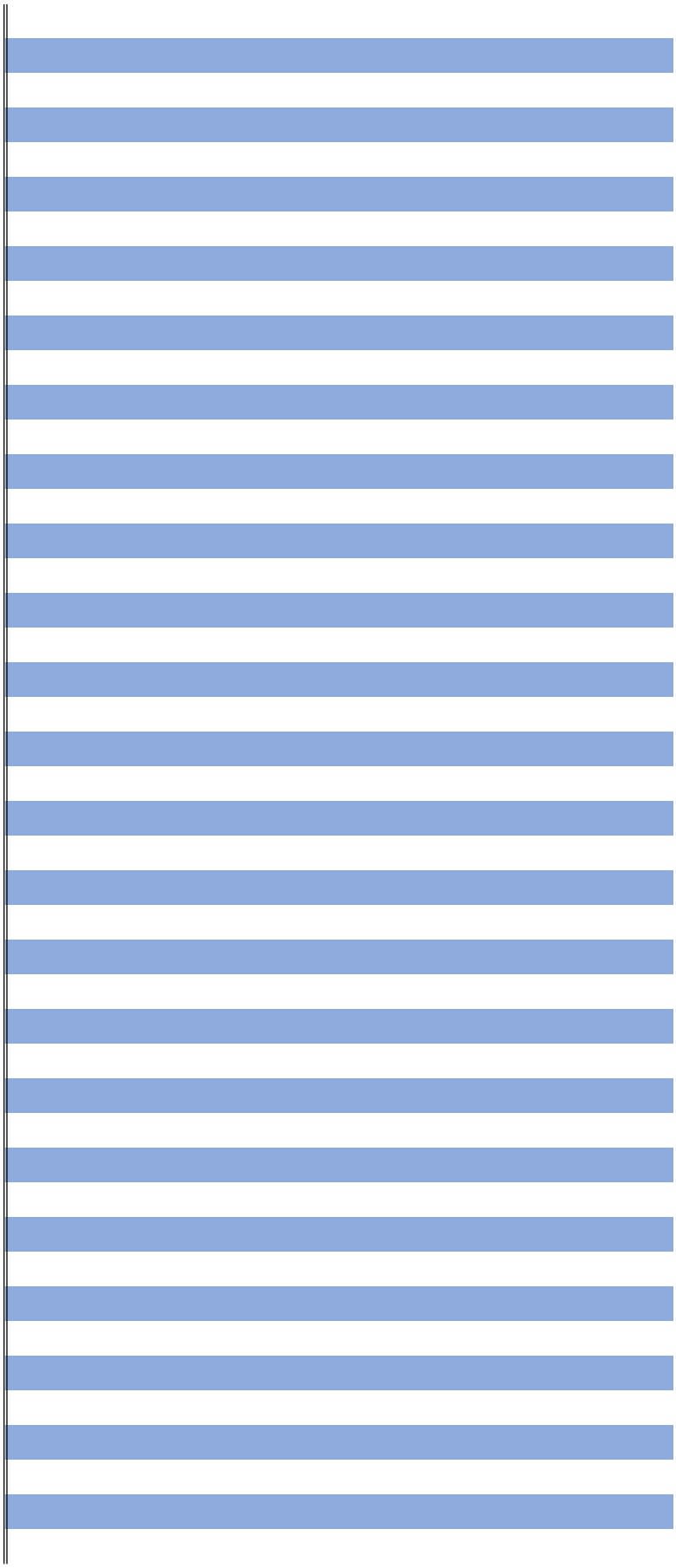


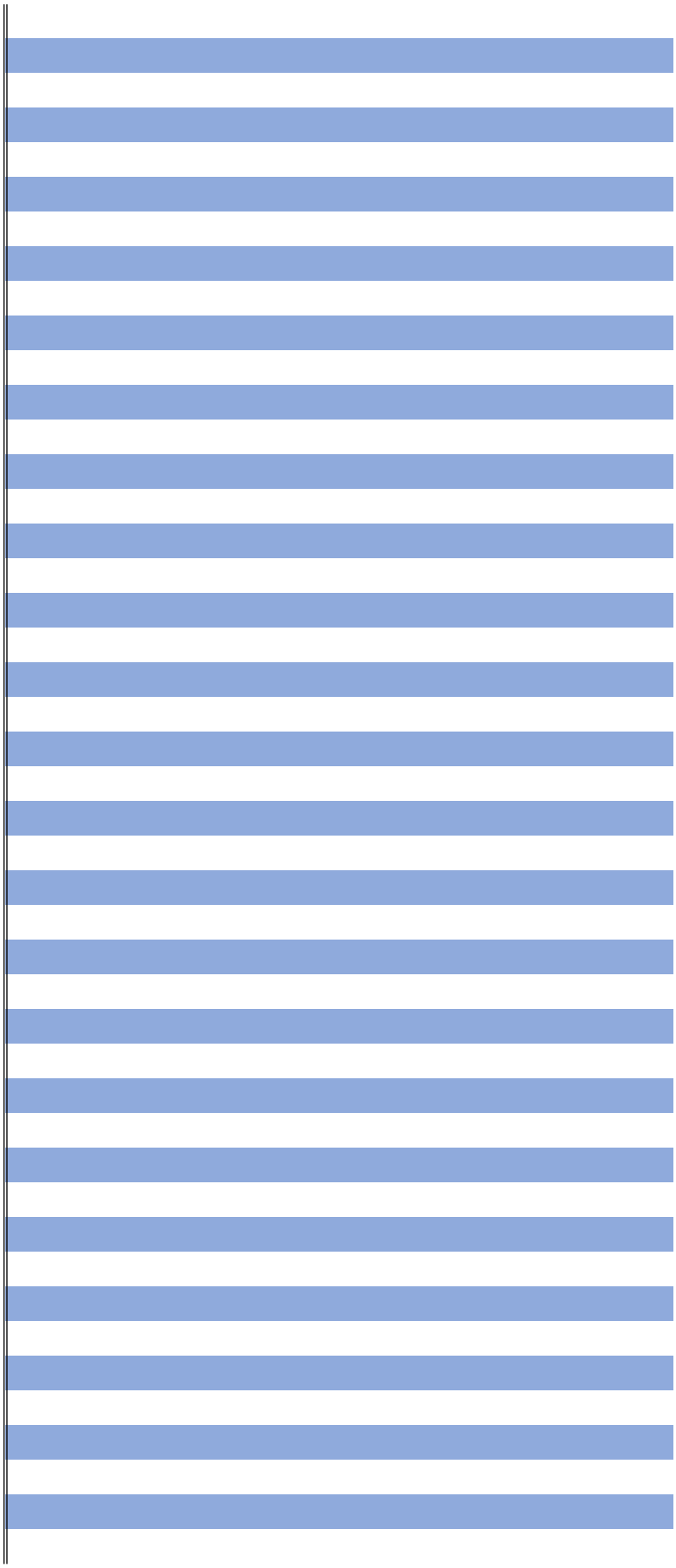


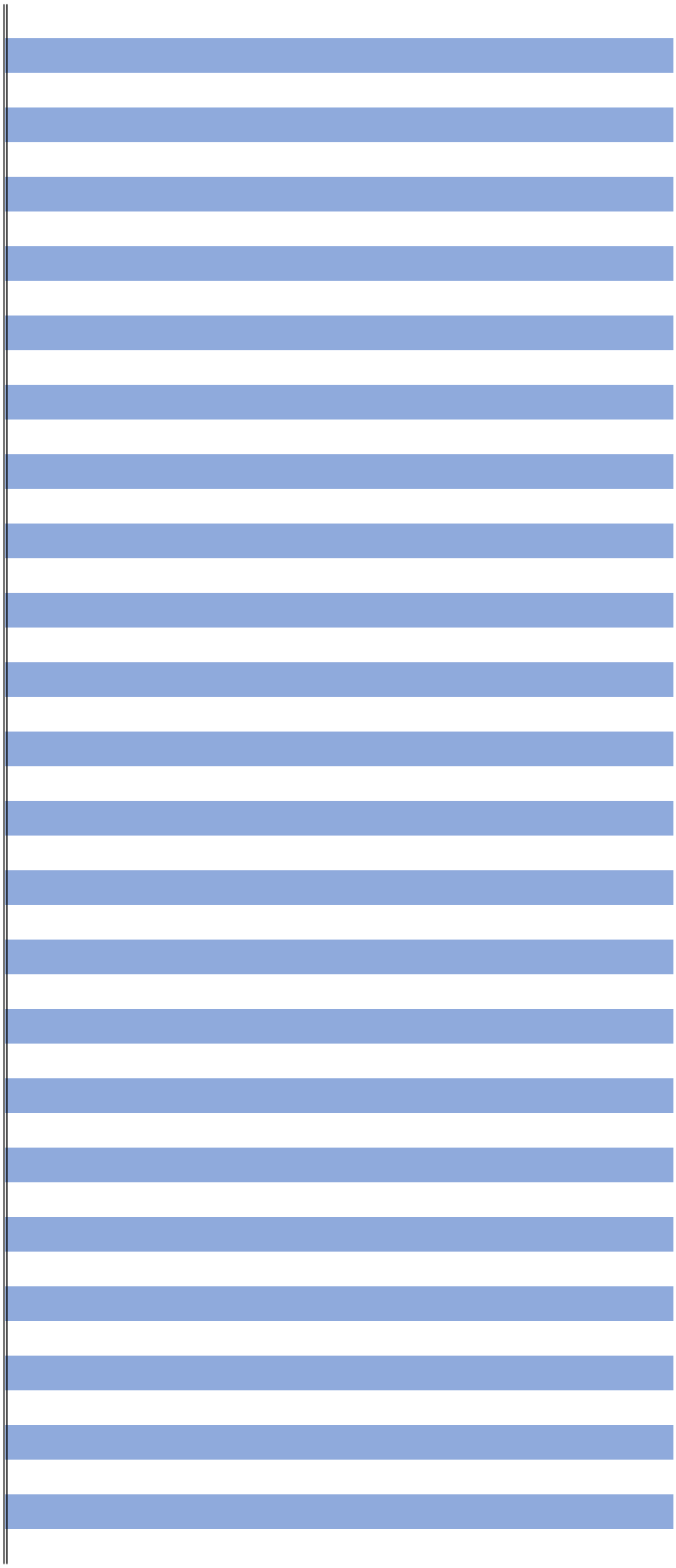


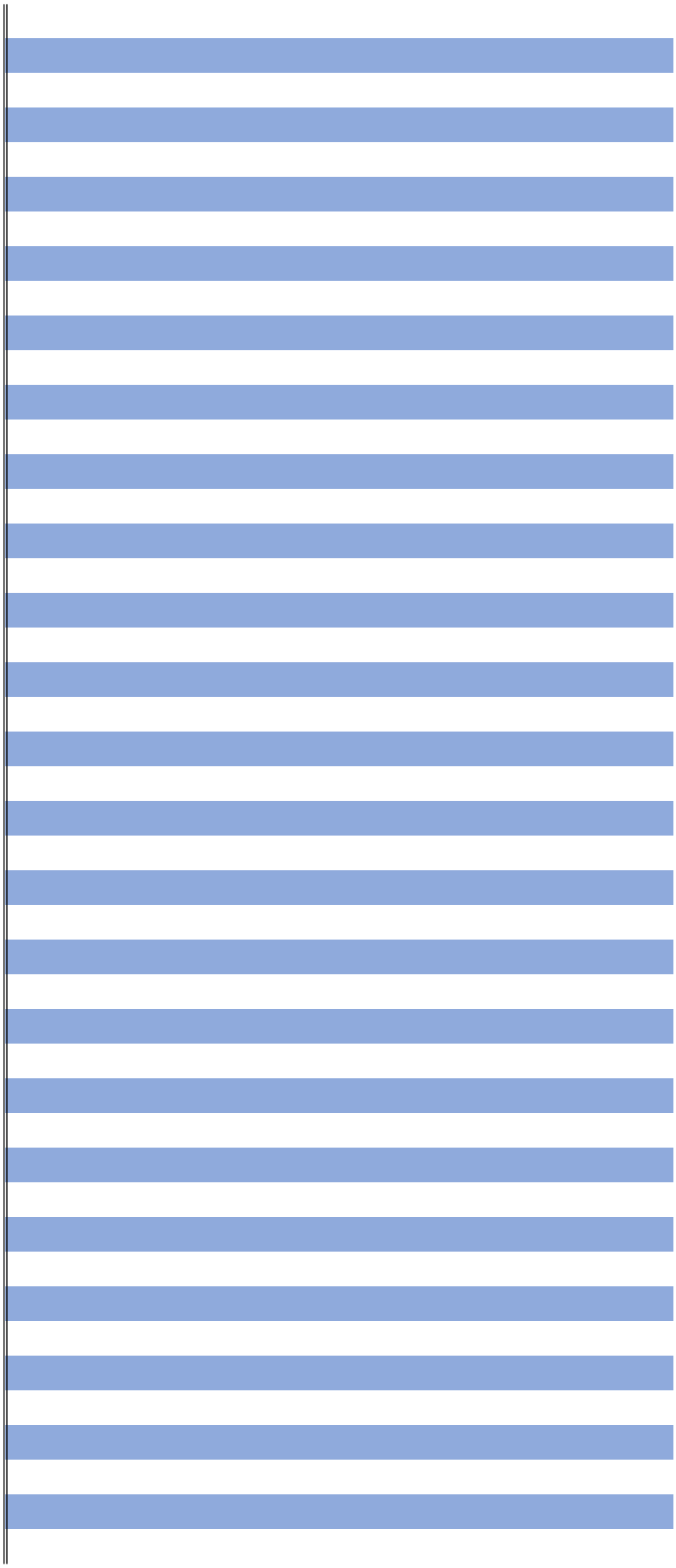


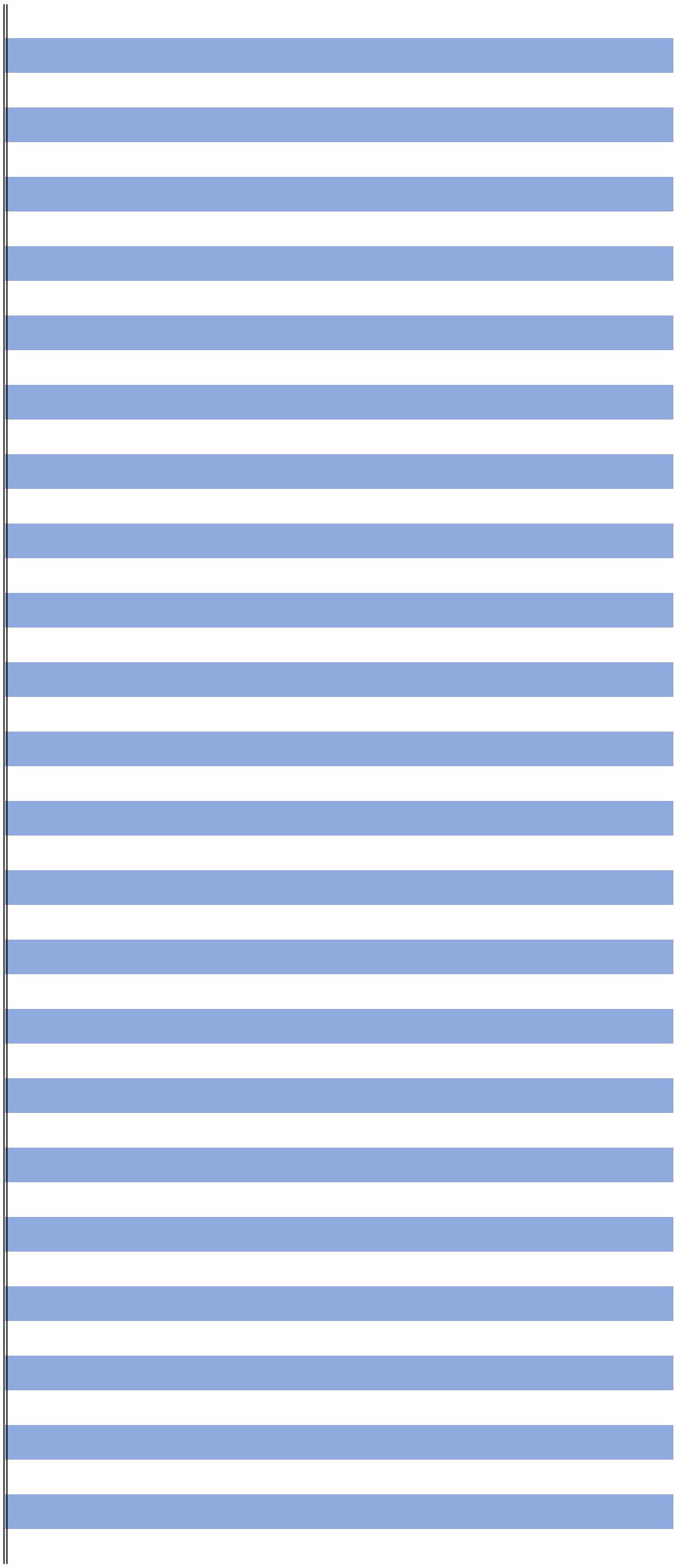


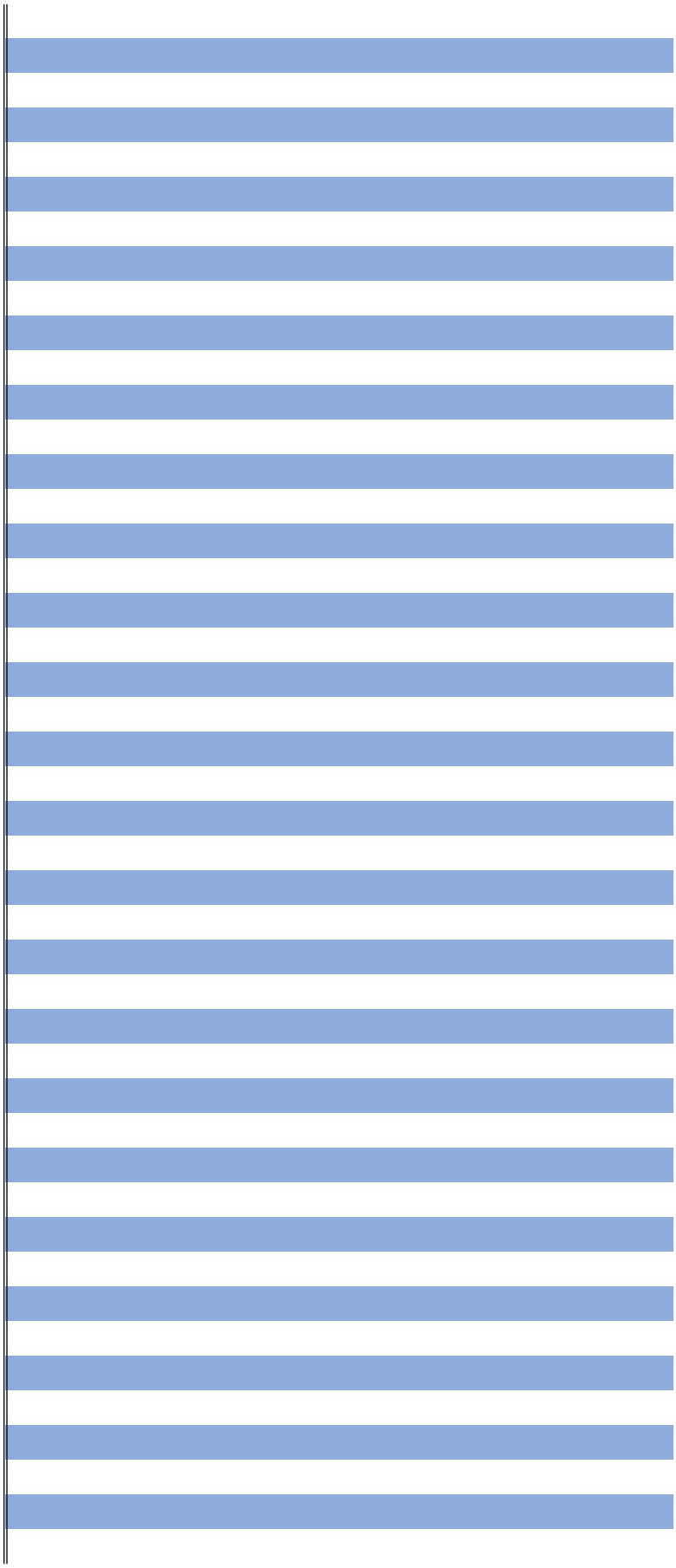


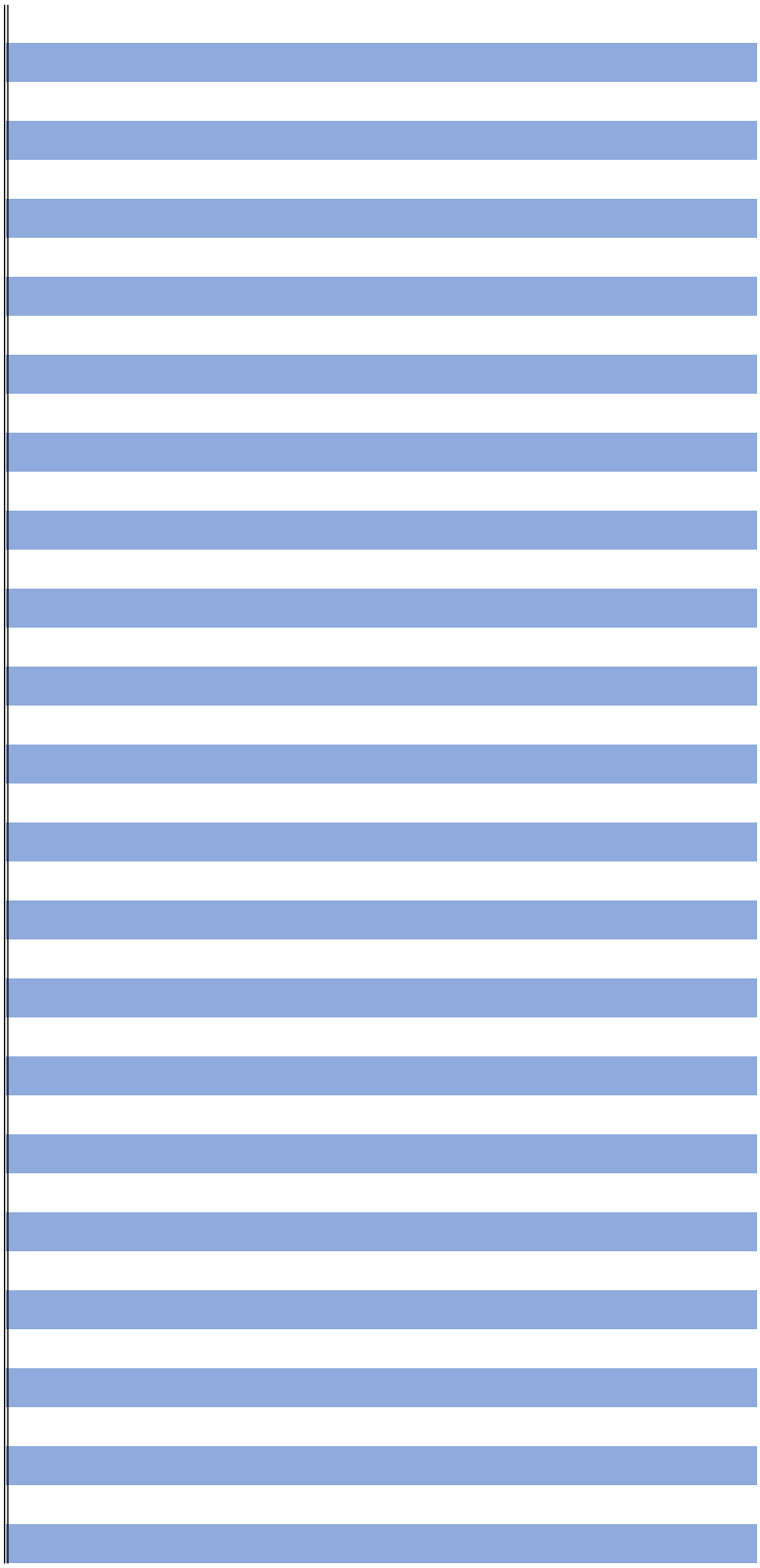












MCR Payment Info:

(Required if Medicare Equivalent of ACR approach)

Time Period of
Medicare Rates -
End Date

[200.2]

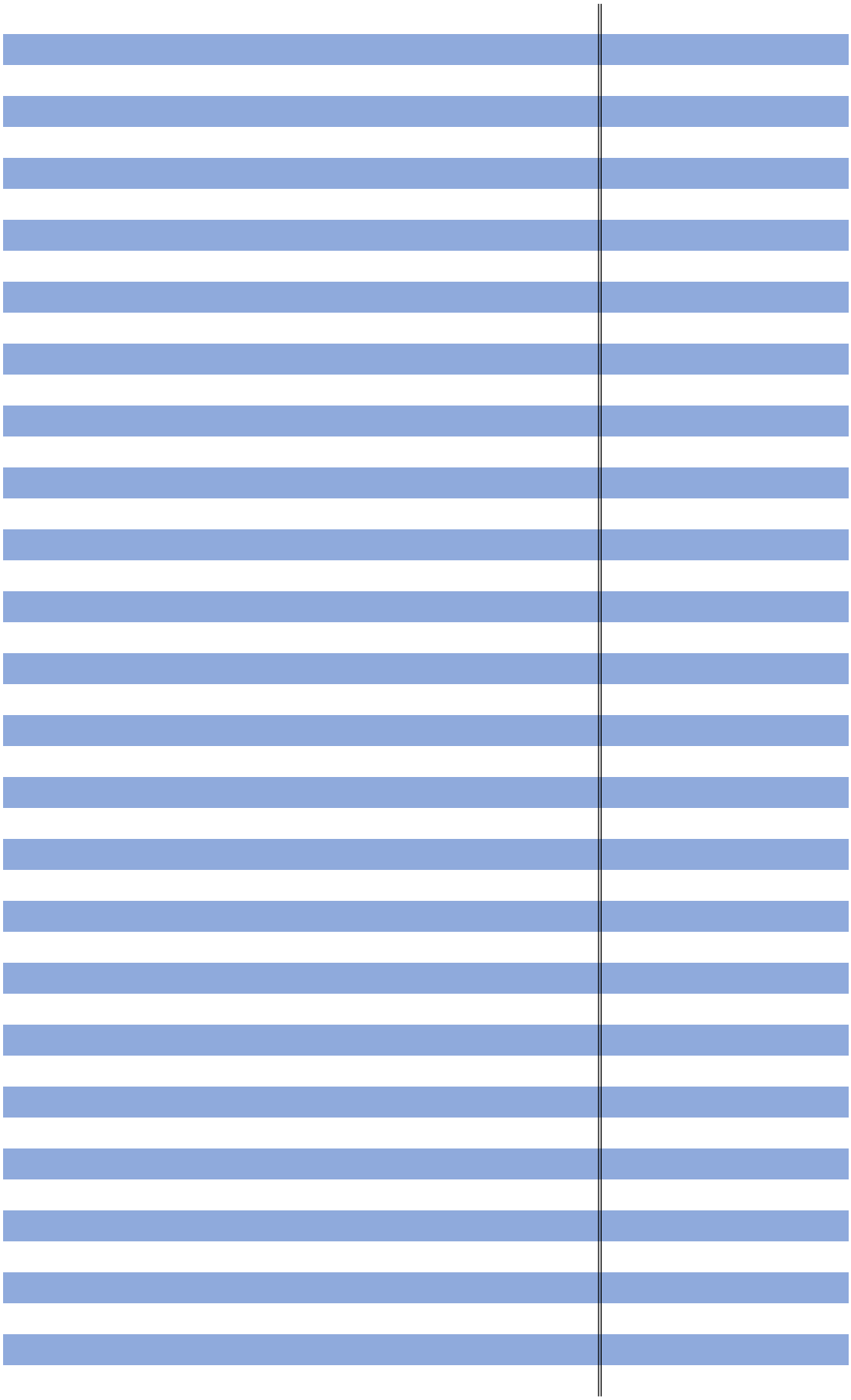
MCR Payment Info:

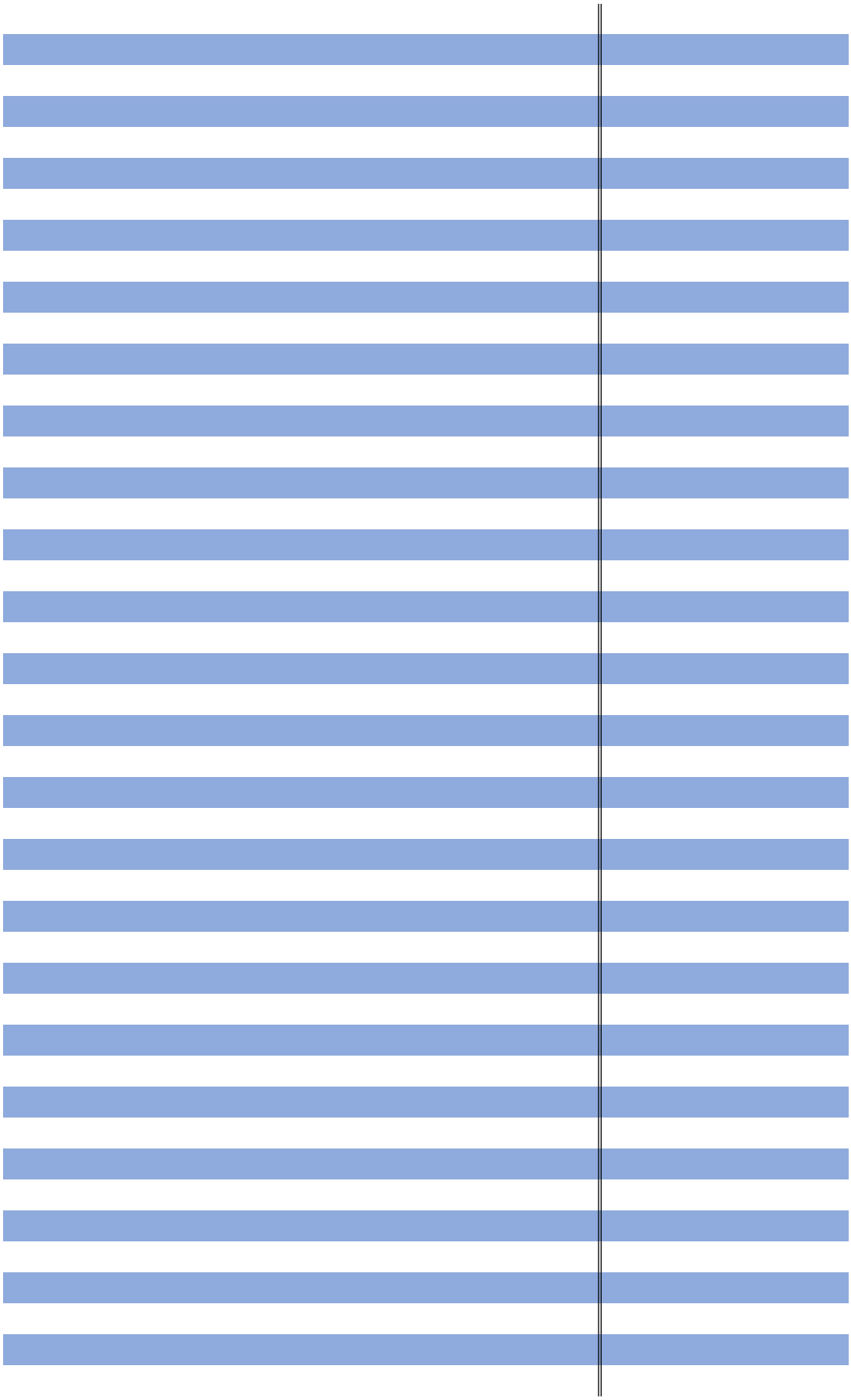
(Required if Medicare Equivalent of ACR approach)

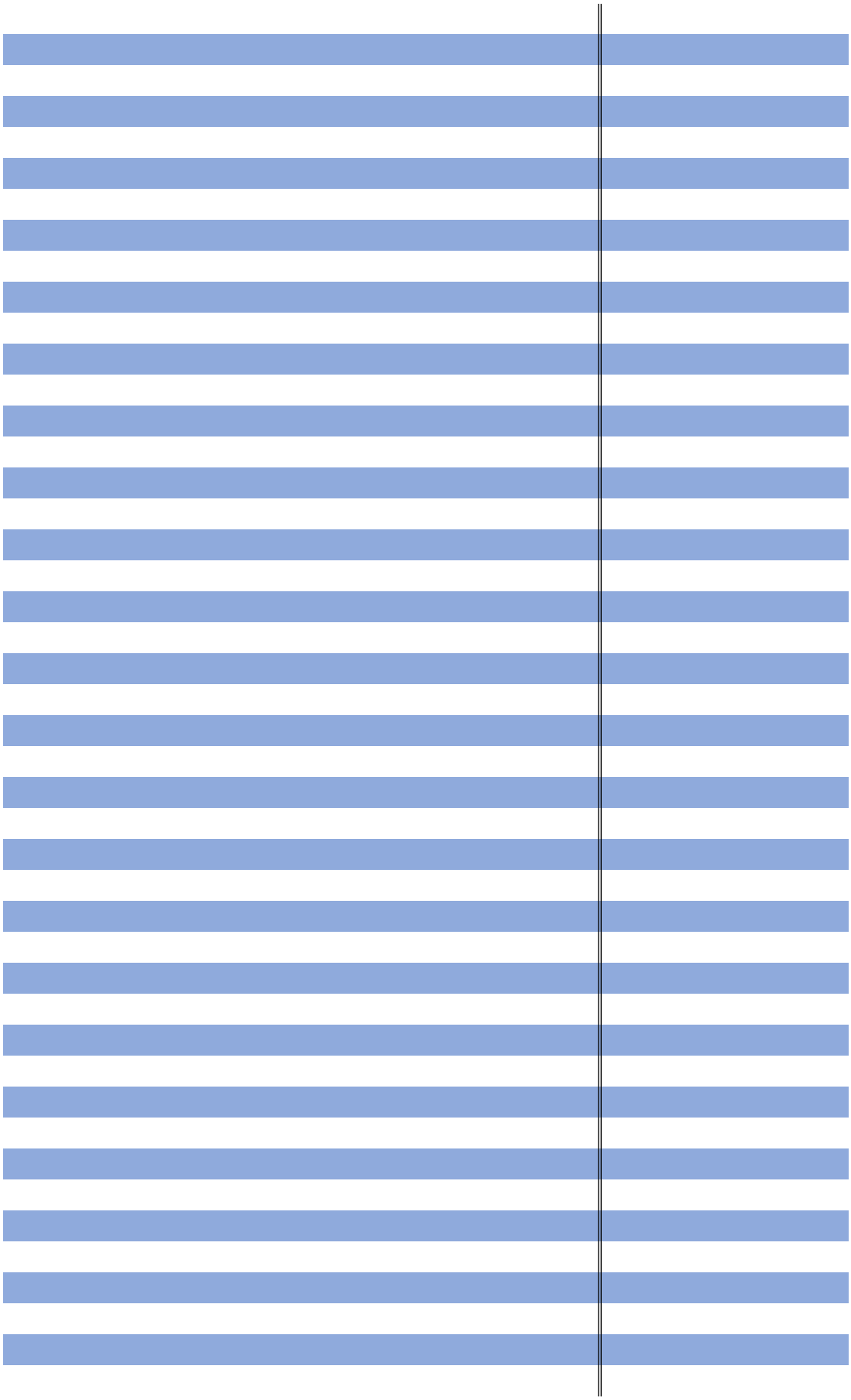
Medicare
Payment
Amount

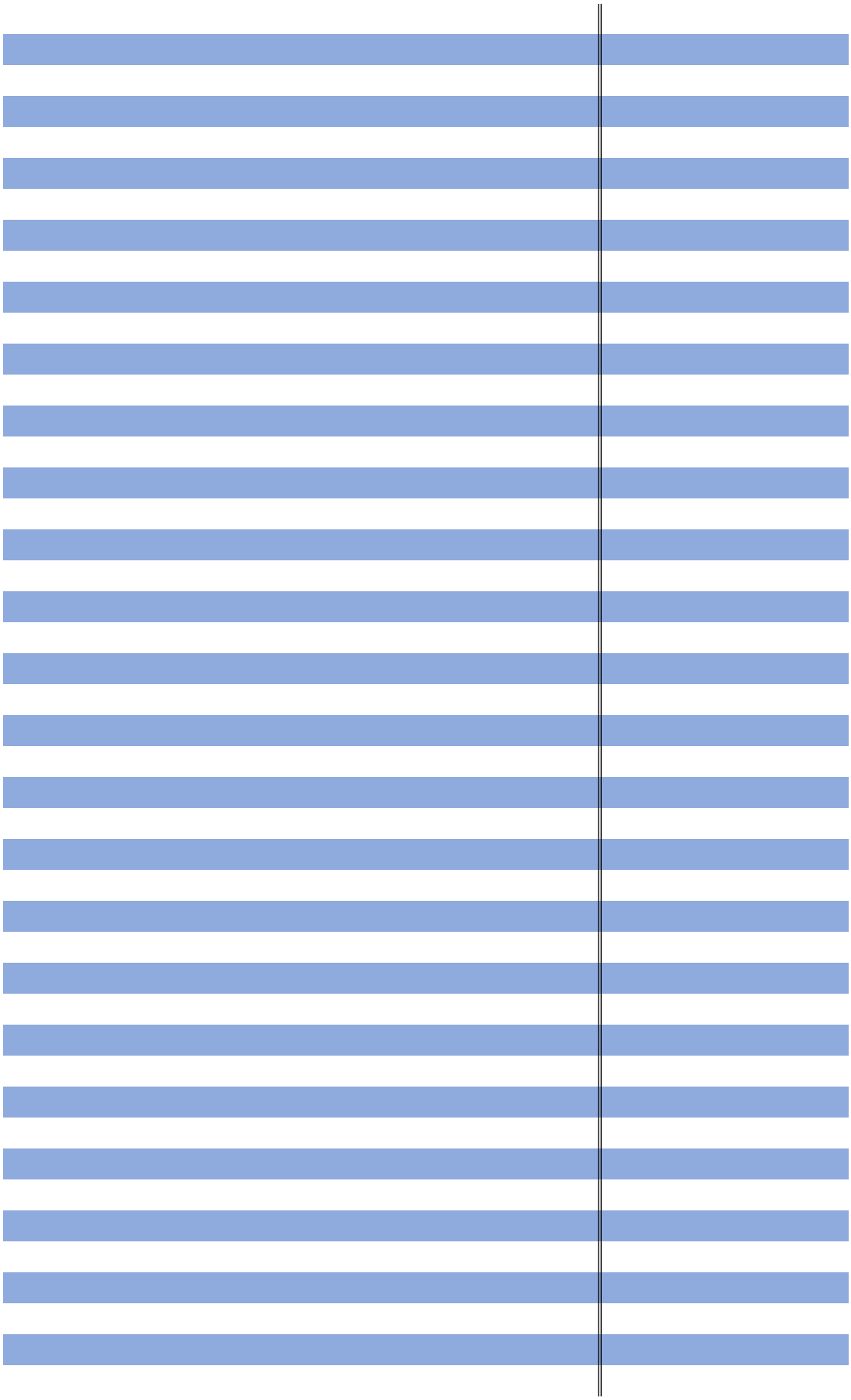
[225]

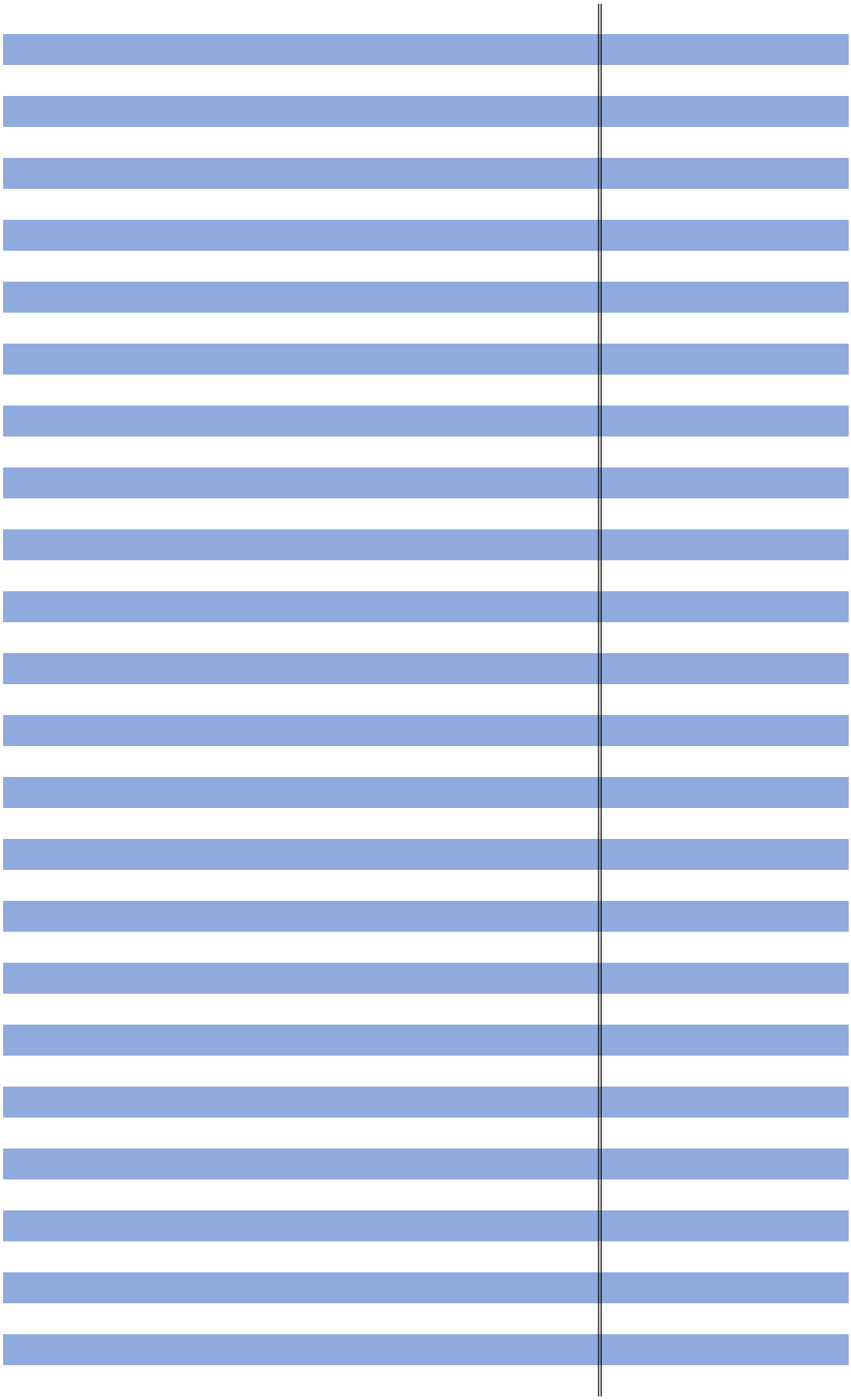
MCR Payment Info: (Required if Medicare Equivalent of ACR approach) ACR as Percent of Medicare Rate [226]	MCD Payment and Volume Info: (Required) Time Period of Medicaid Payment Data - Begin Date [300.1]

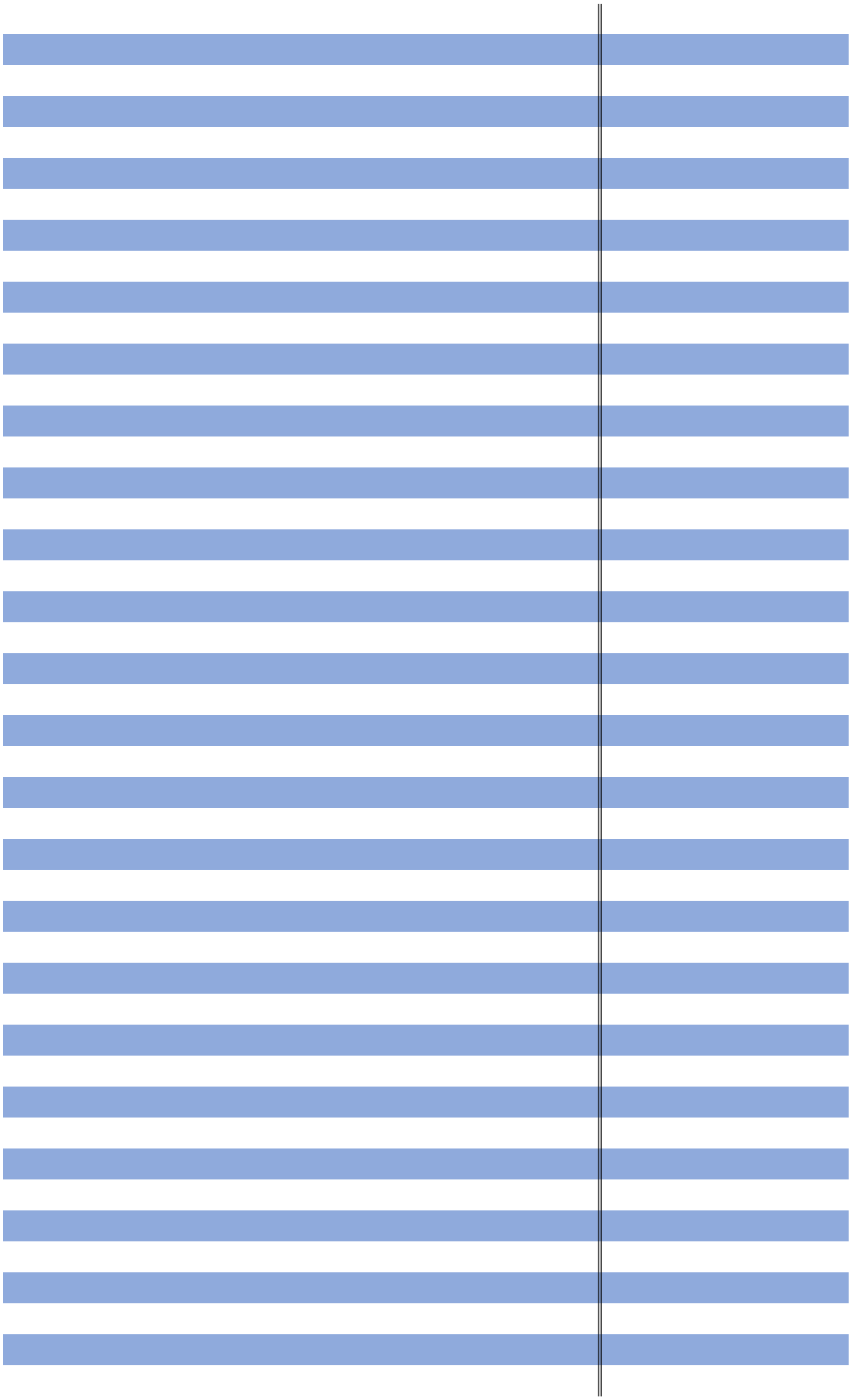


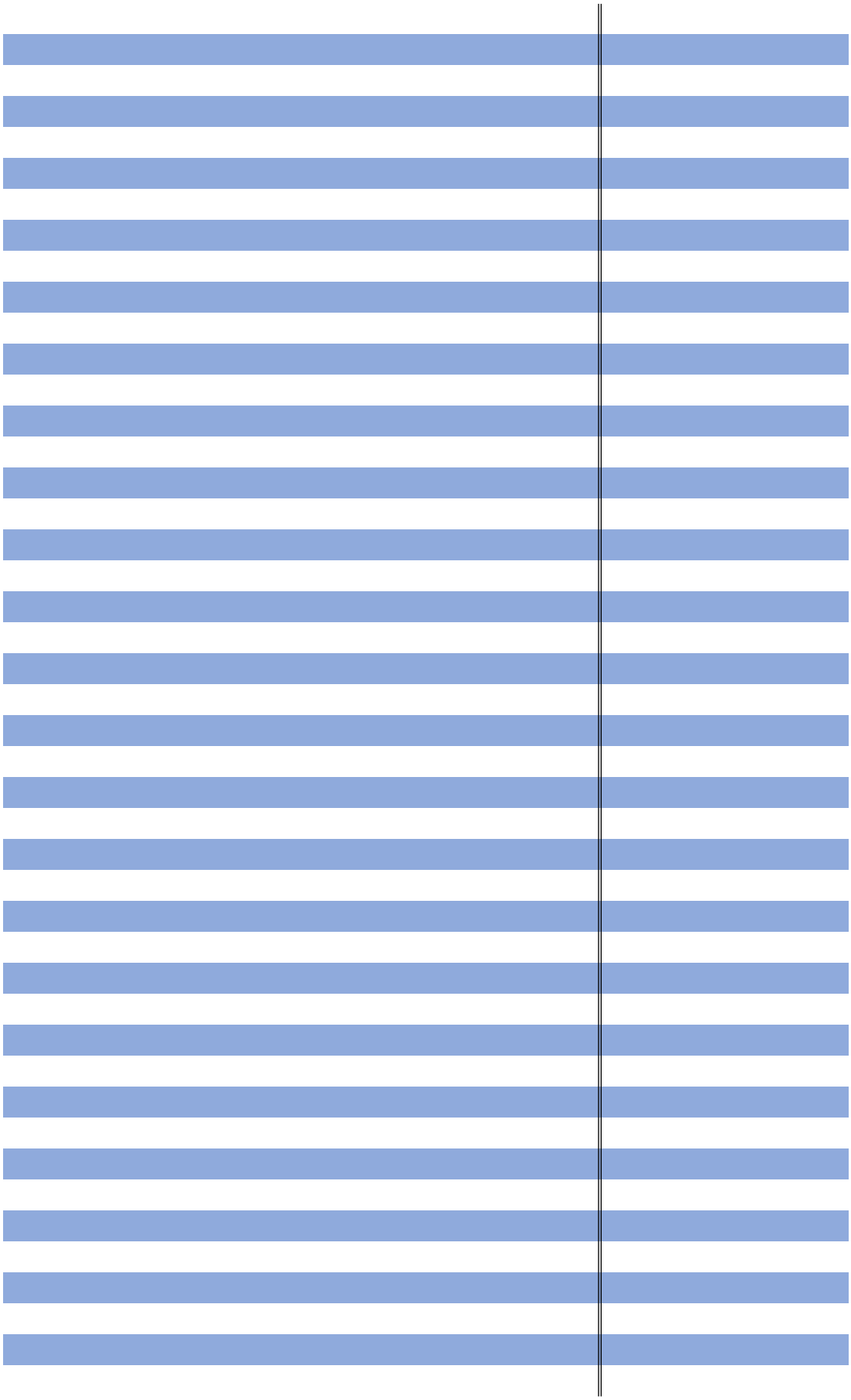


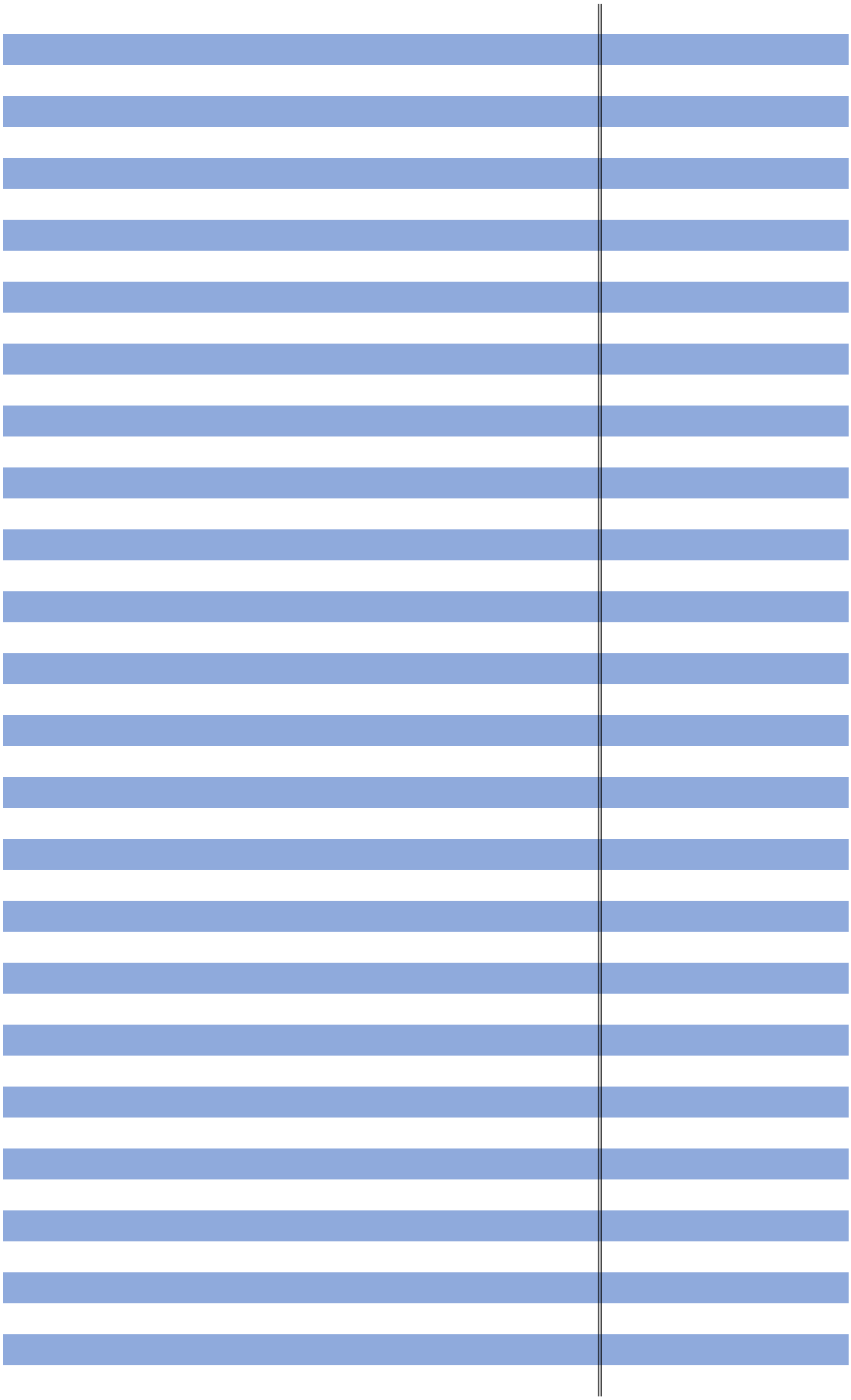


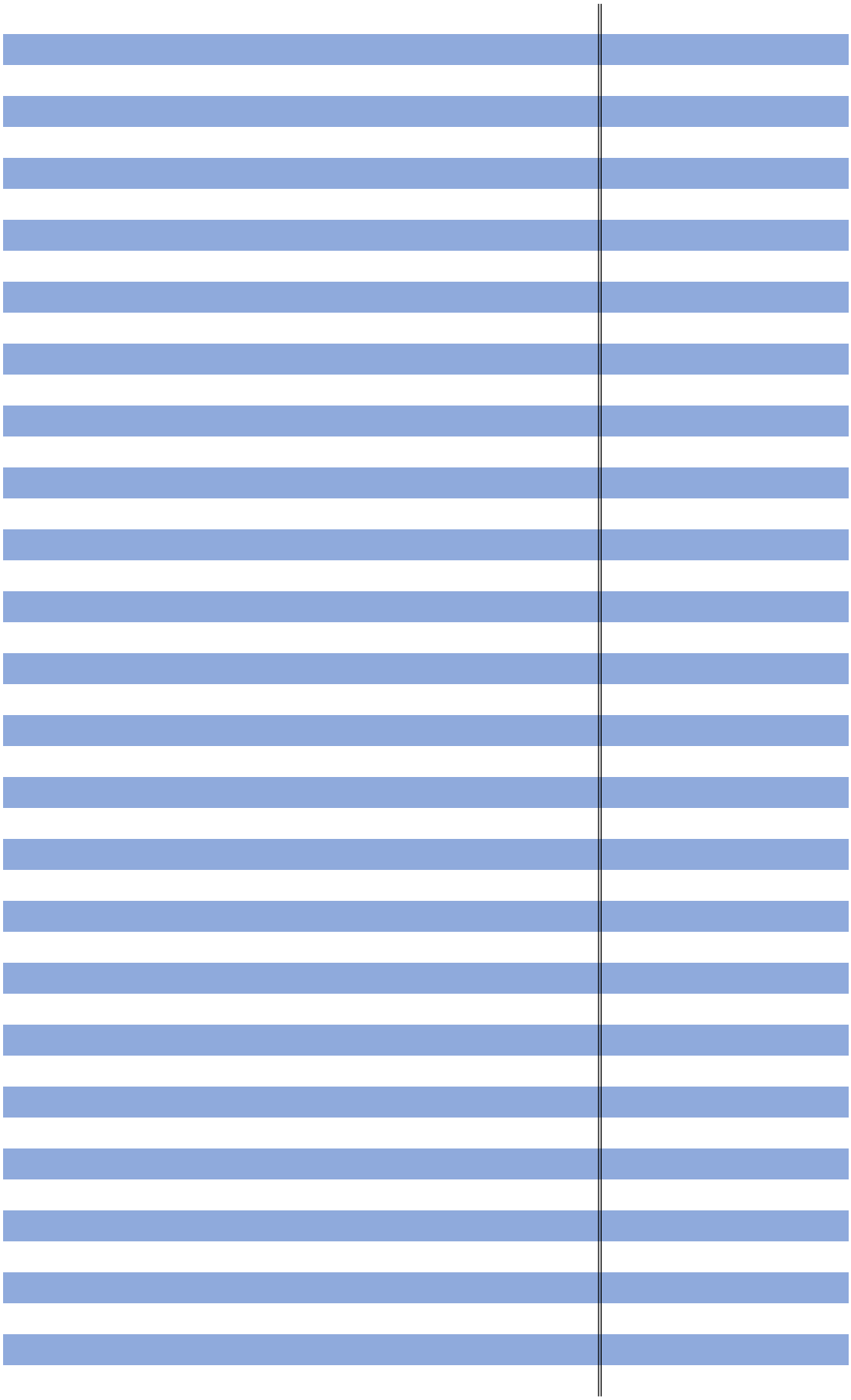


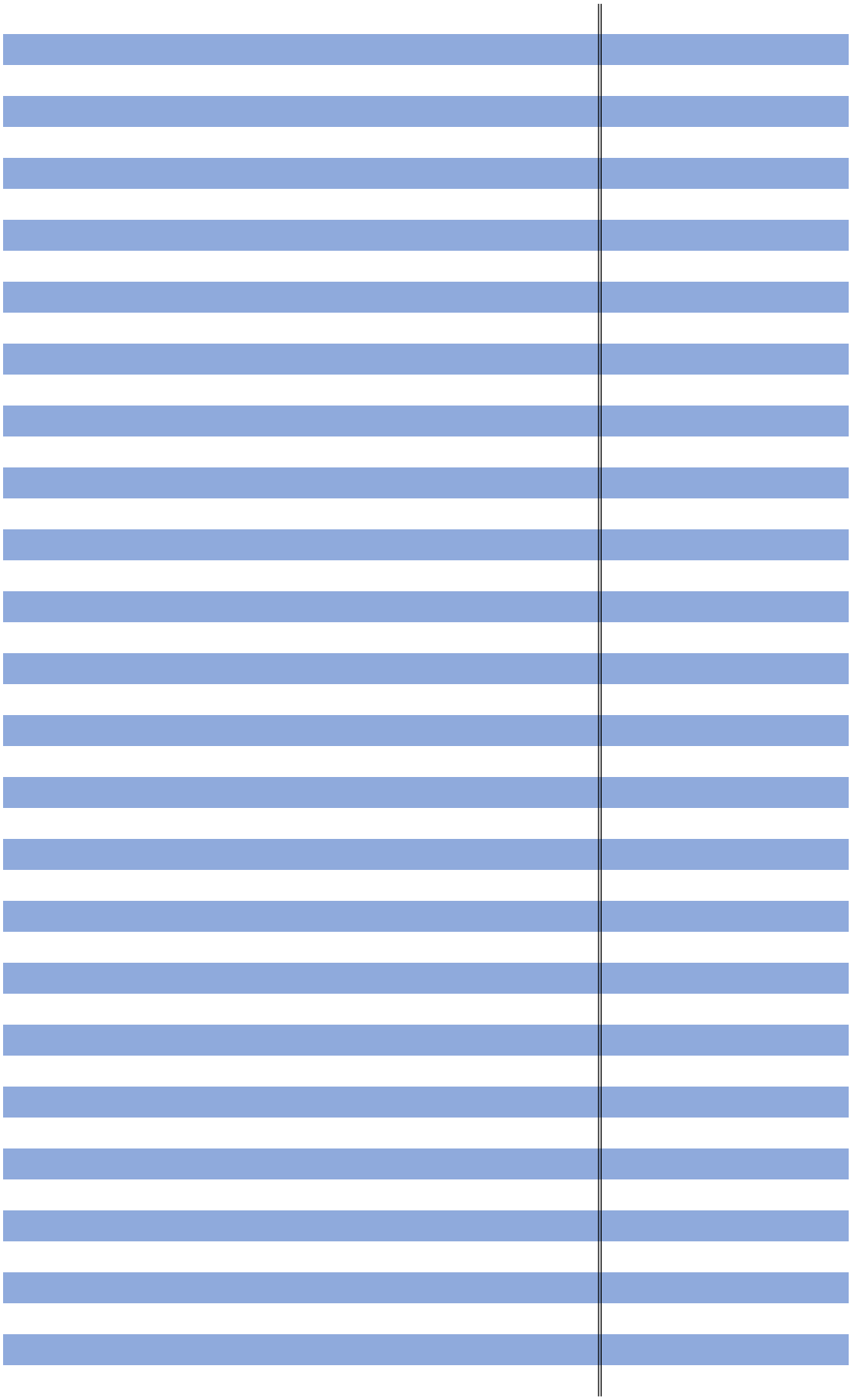


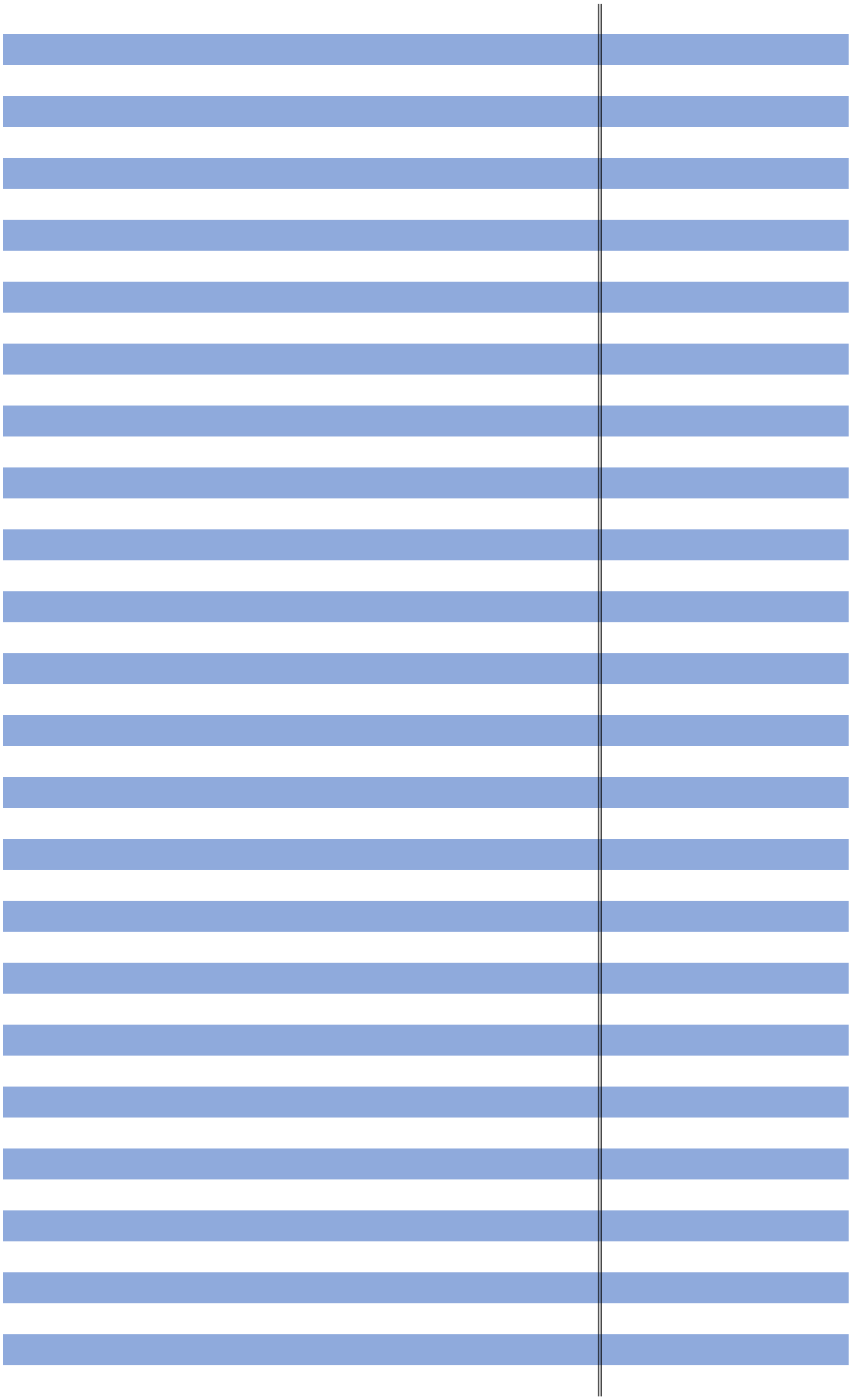


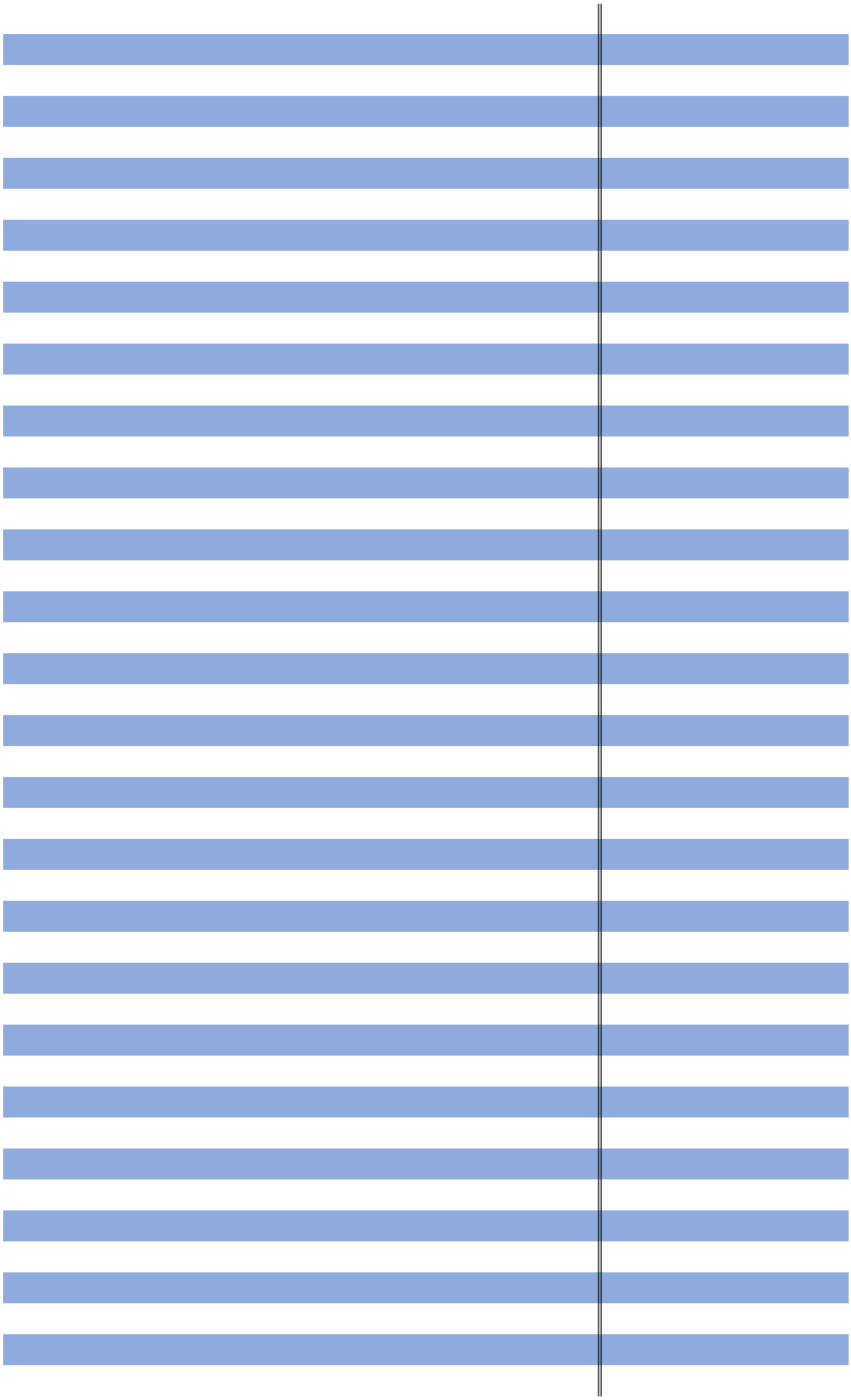


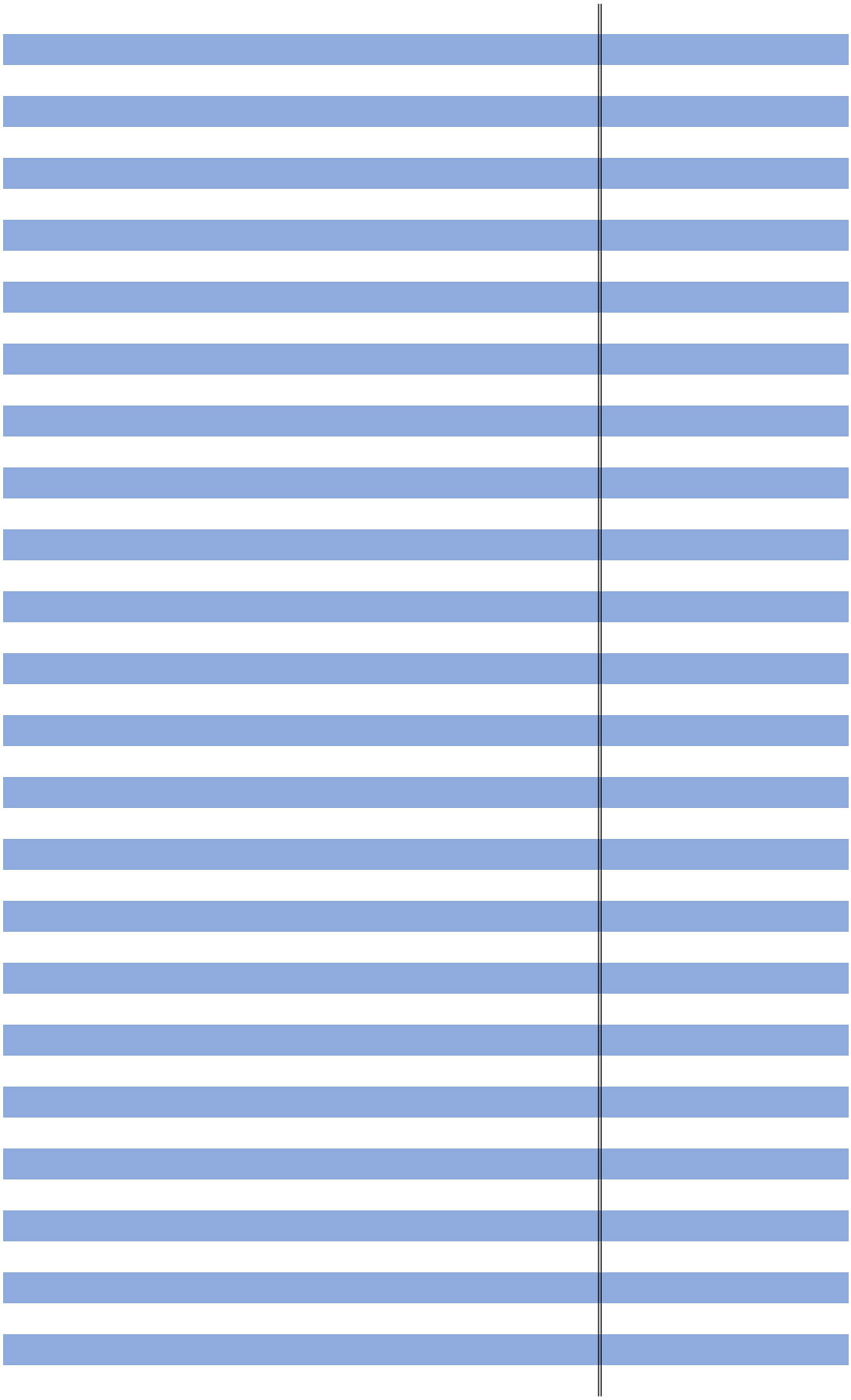


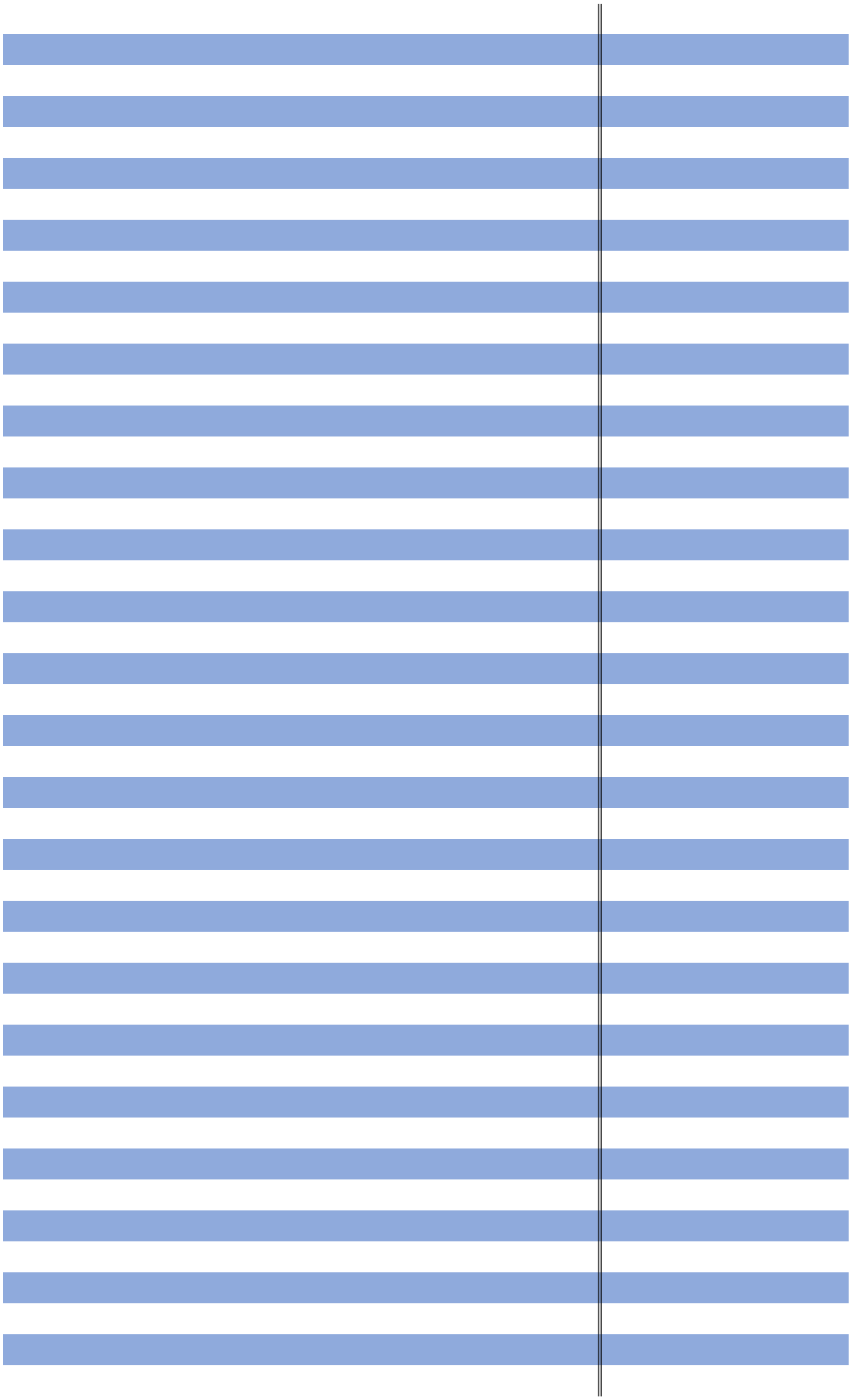


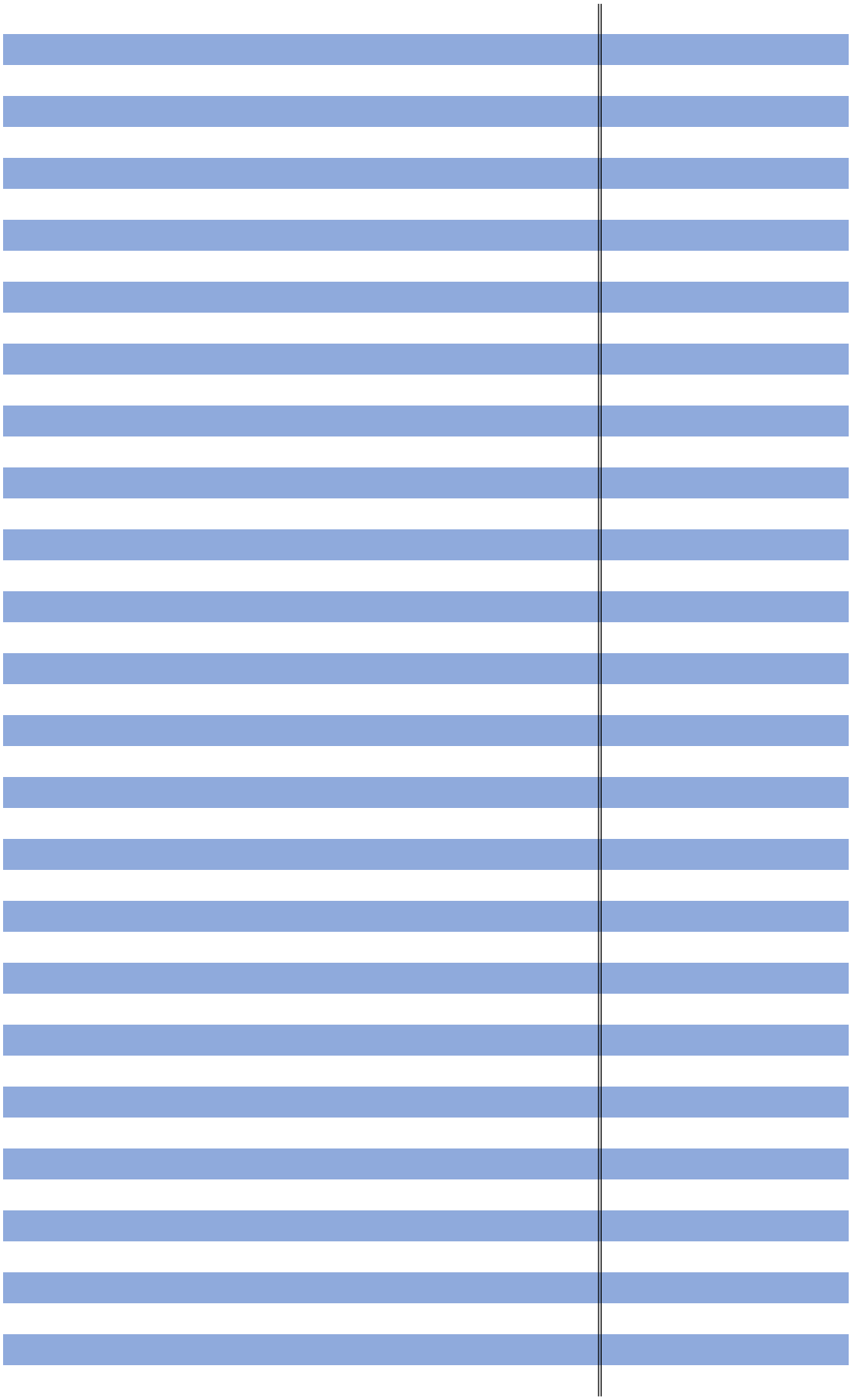


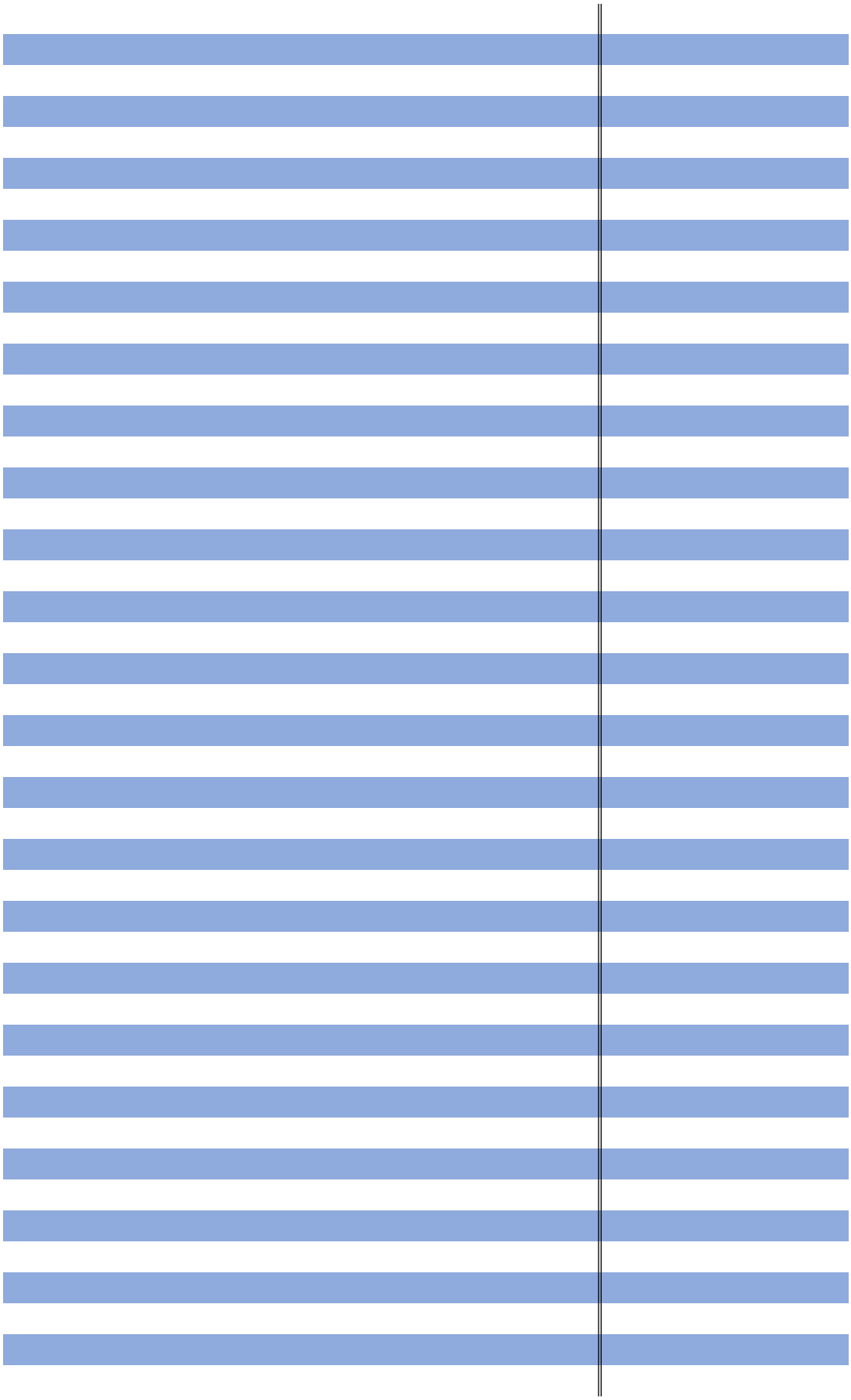


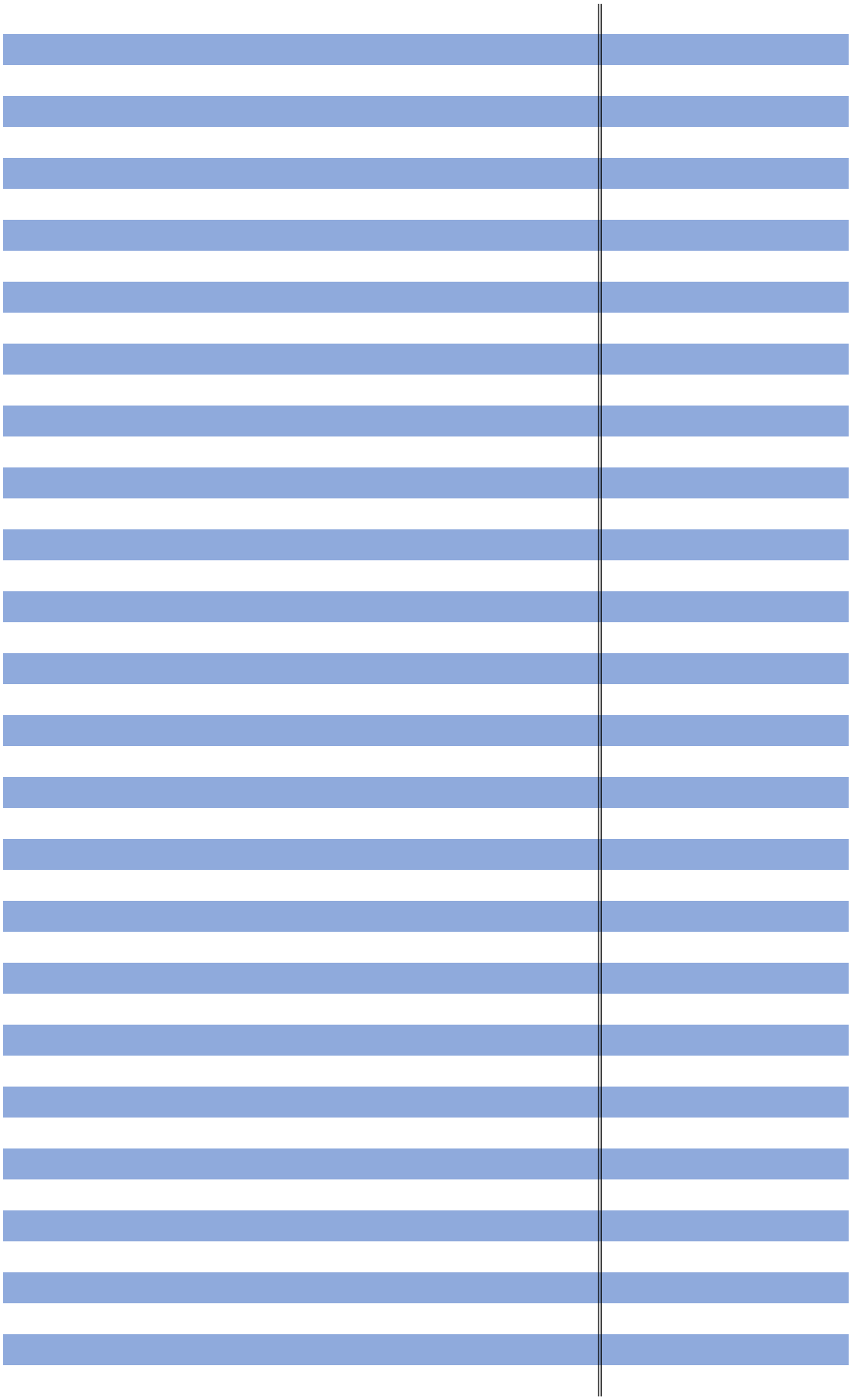


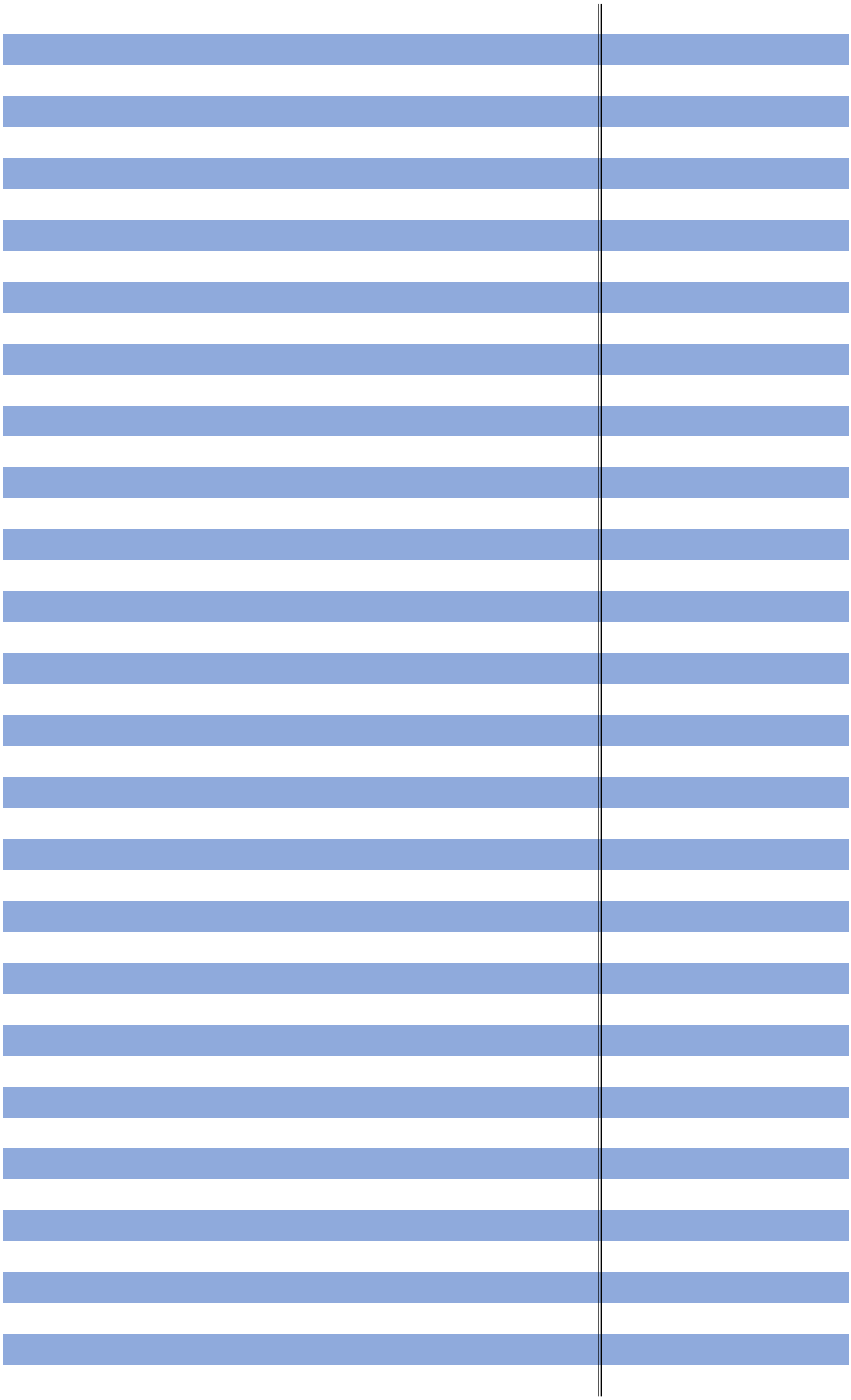


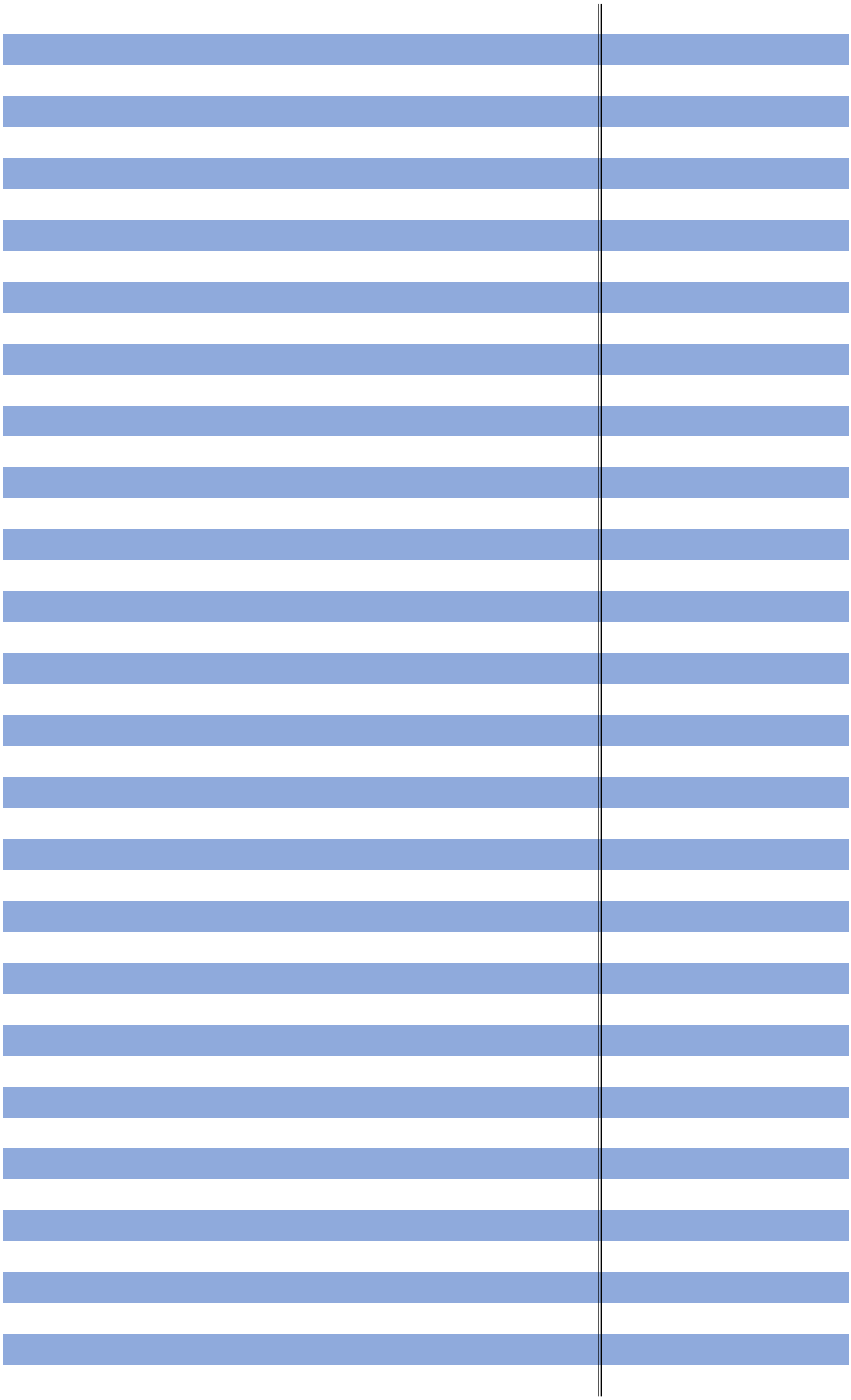


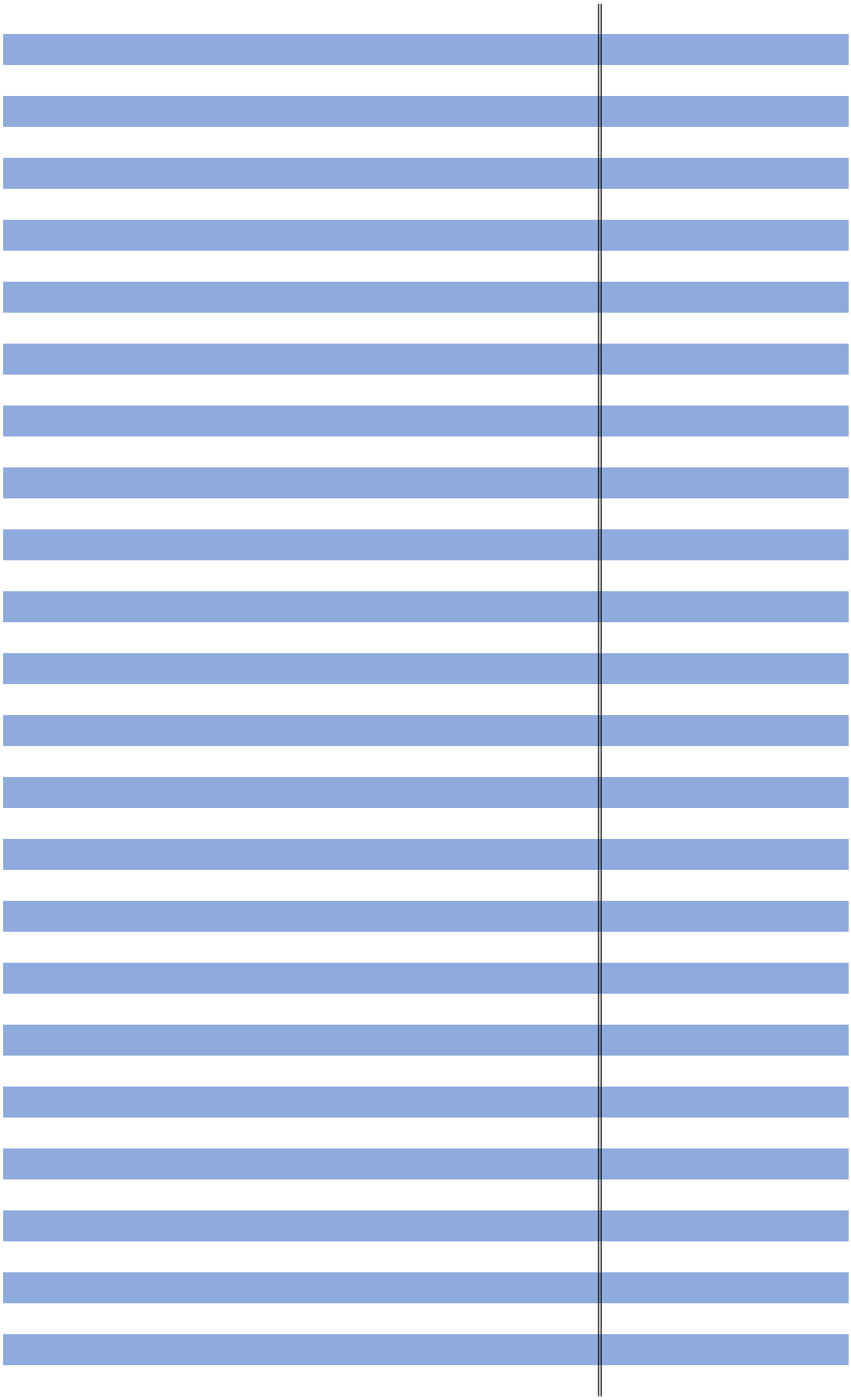


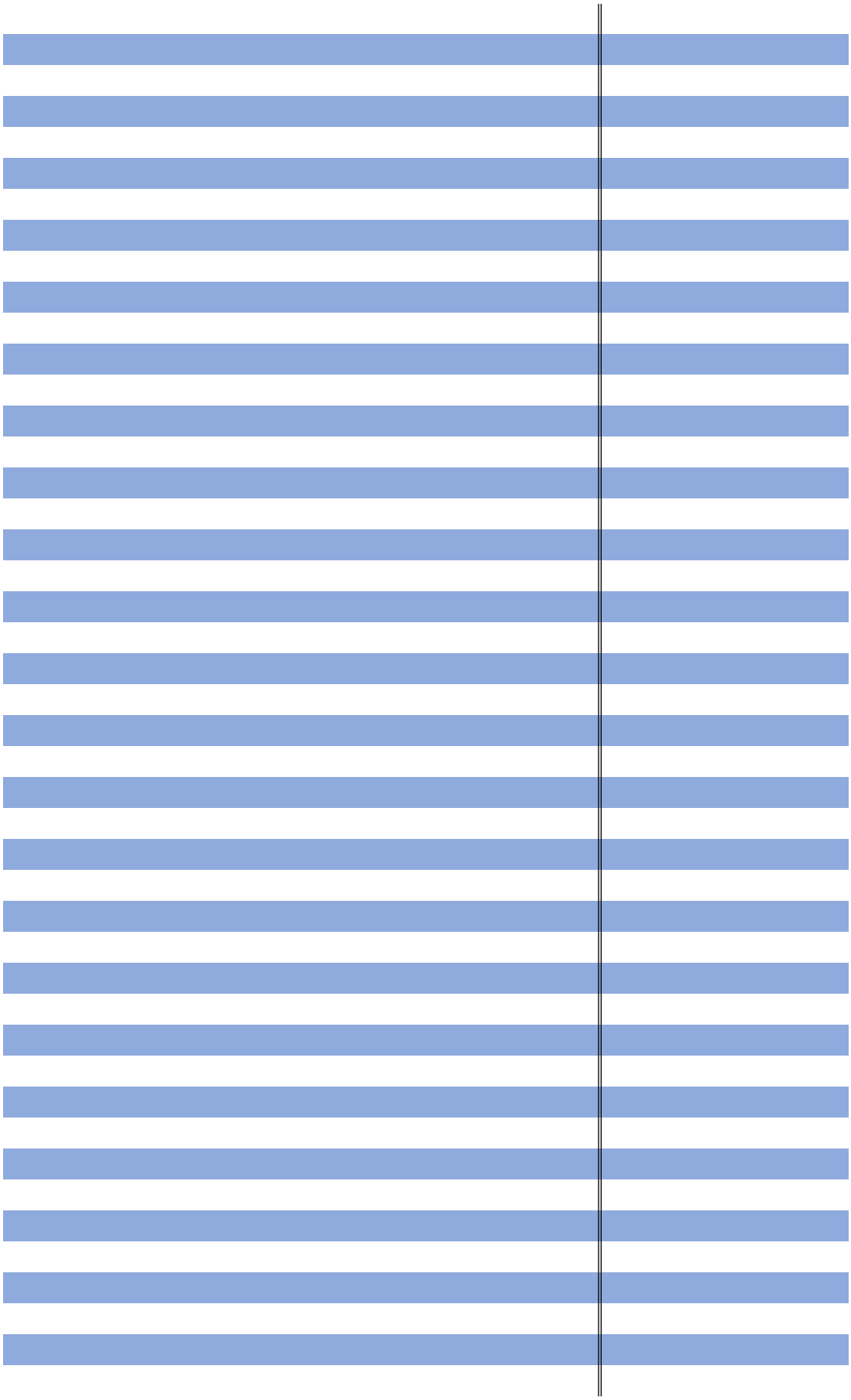


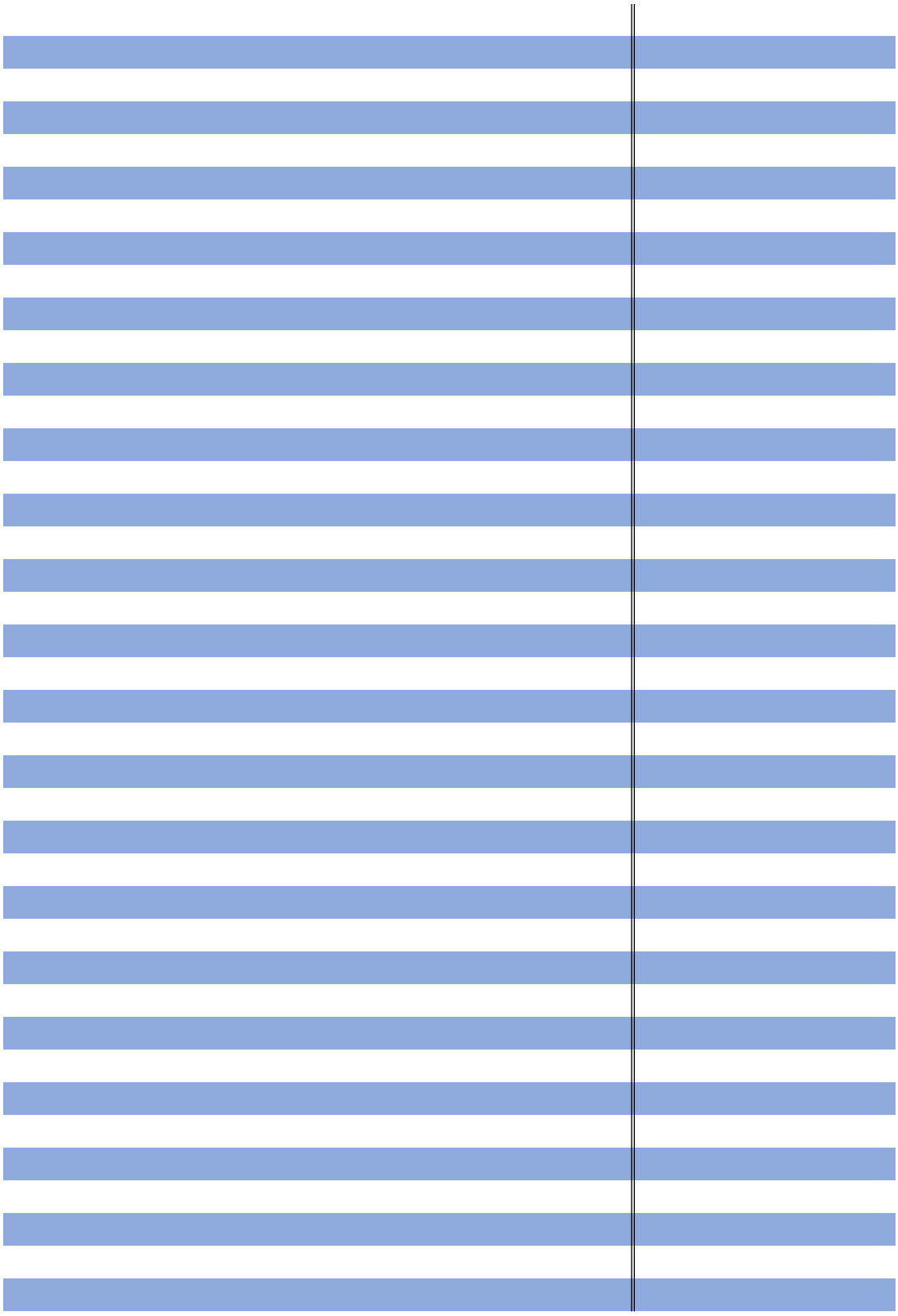






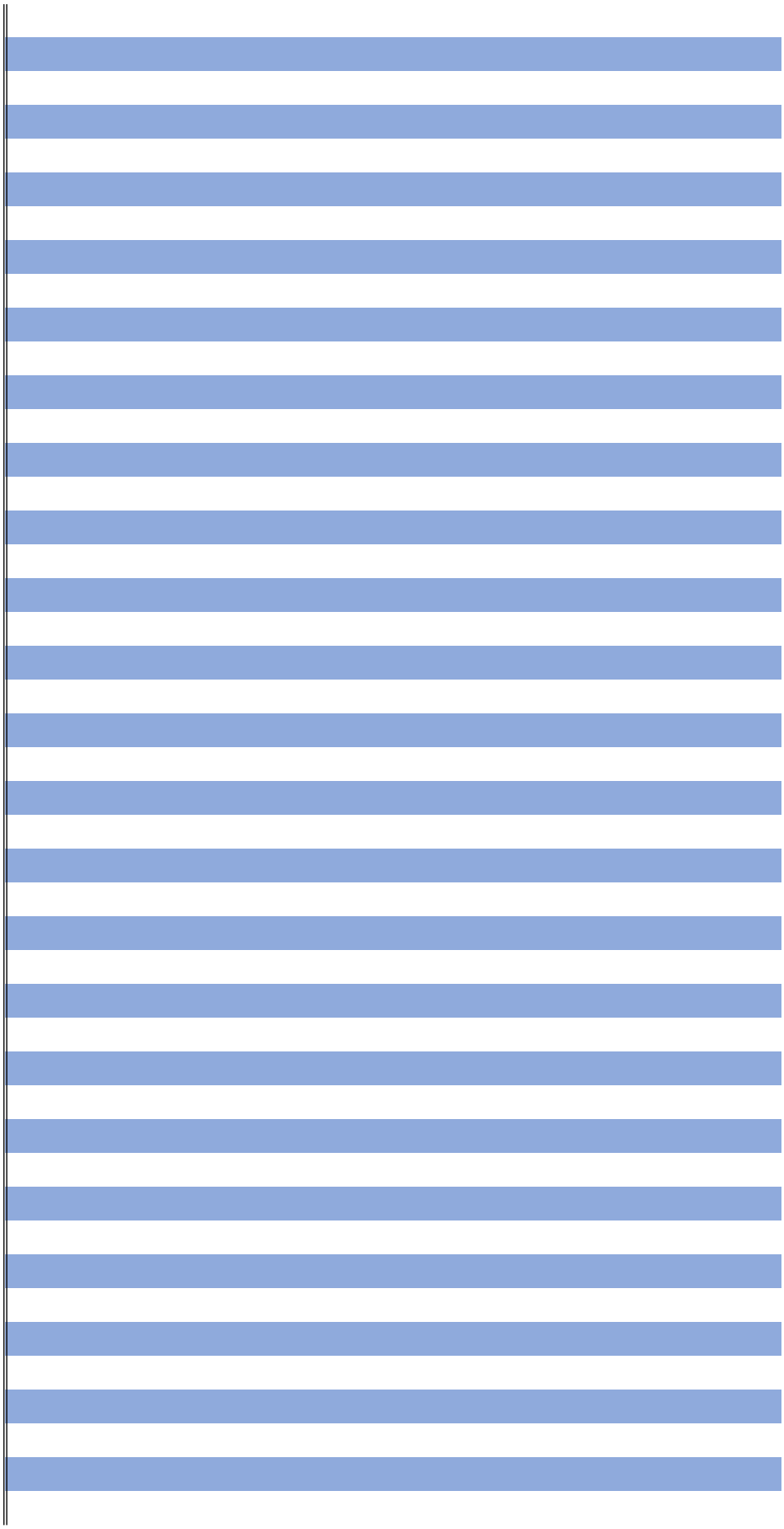


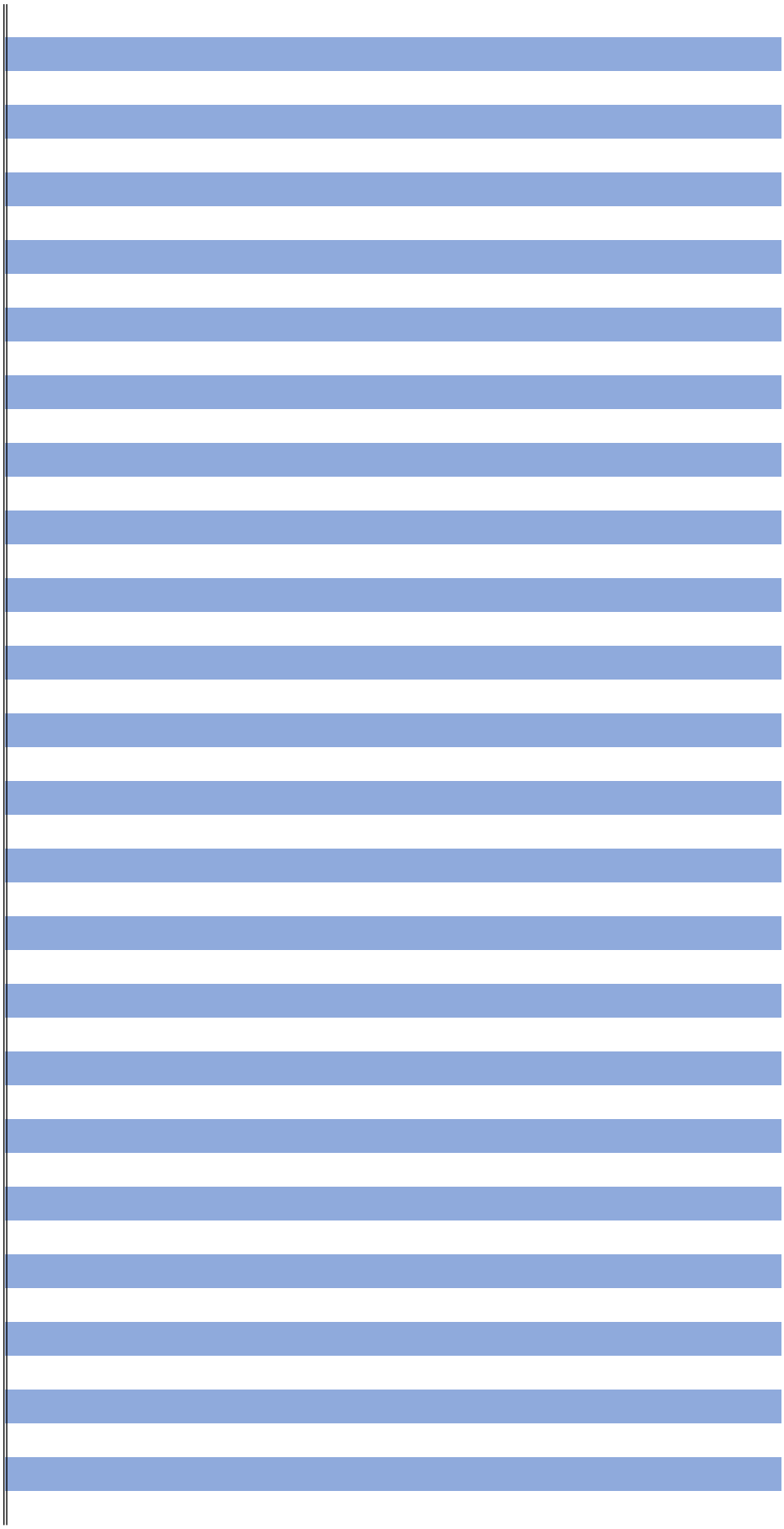


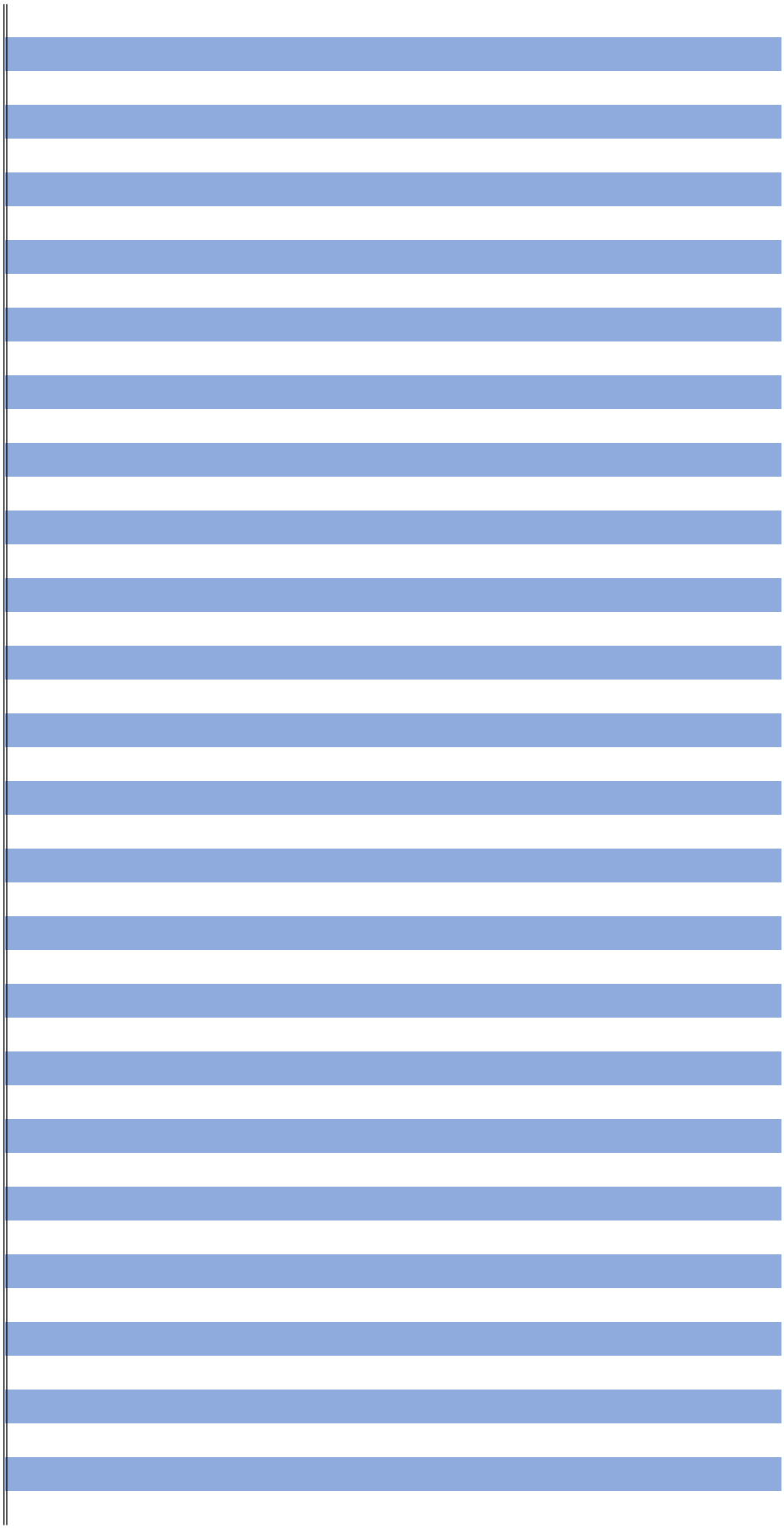


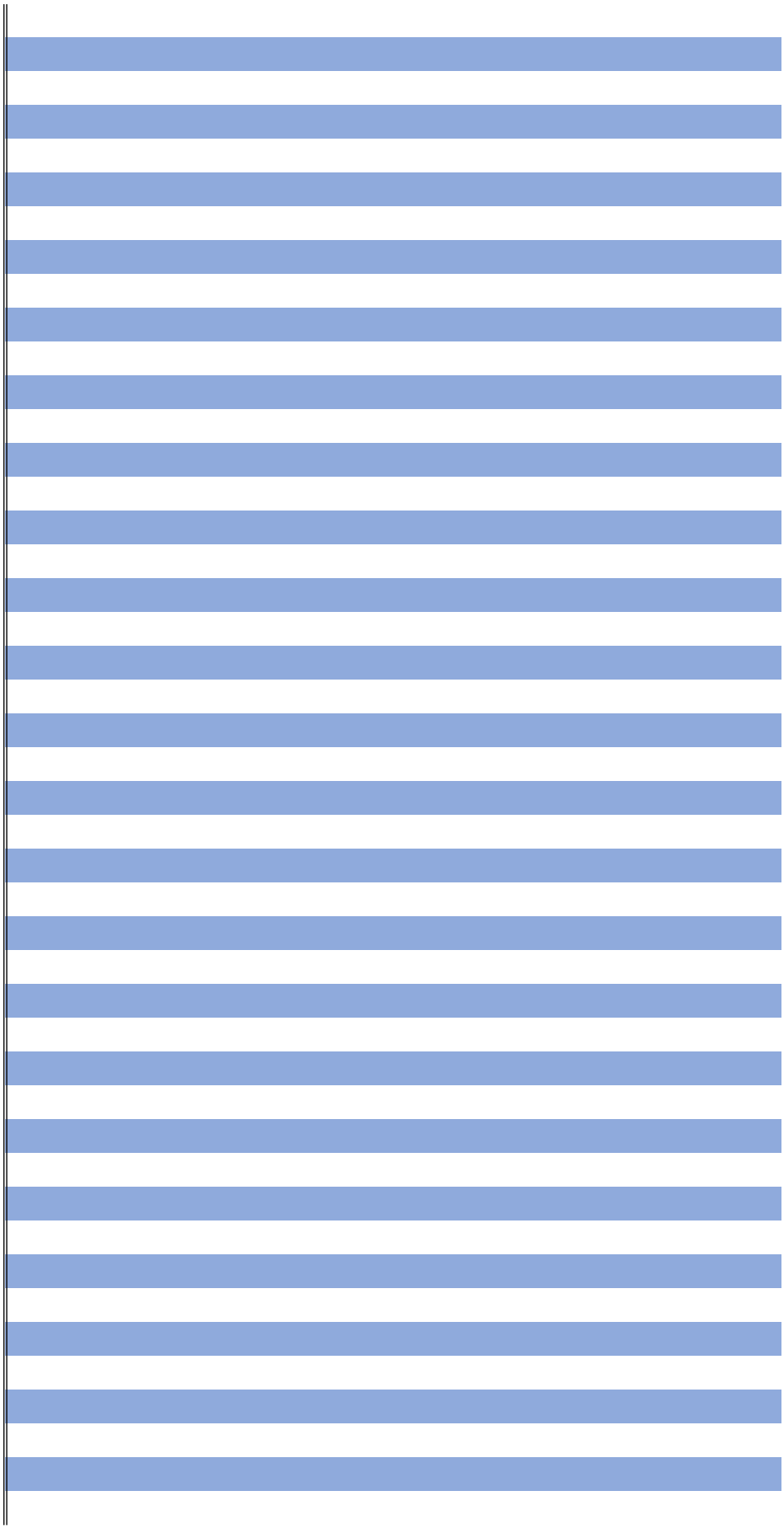
MCD Payment and Volume Info: (Required) Time Period of Medicaid Payment Data - End Date [300.2]	MCD Payment and Volume Info: (Required) Medicaid Base Payments [302]	MCD Payment and Volume Info: (Required) Medicaid Volume of Services [304]

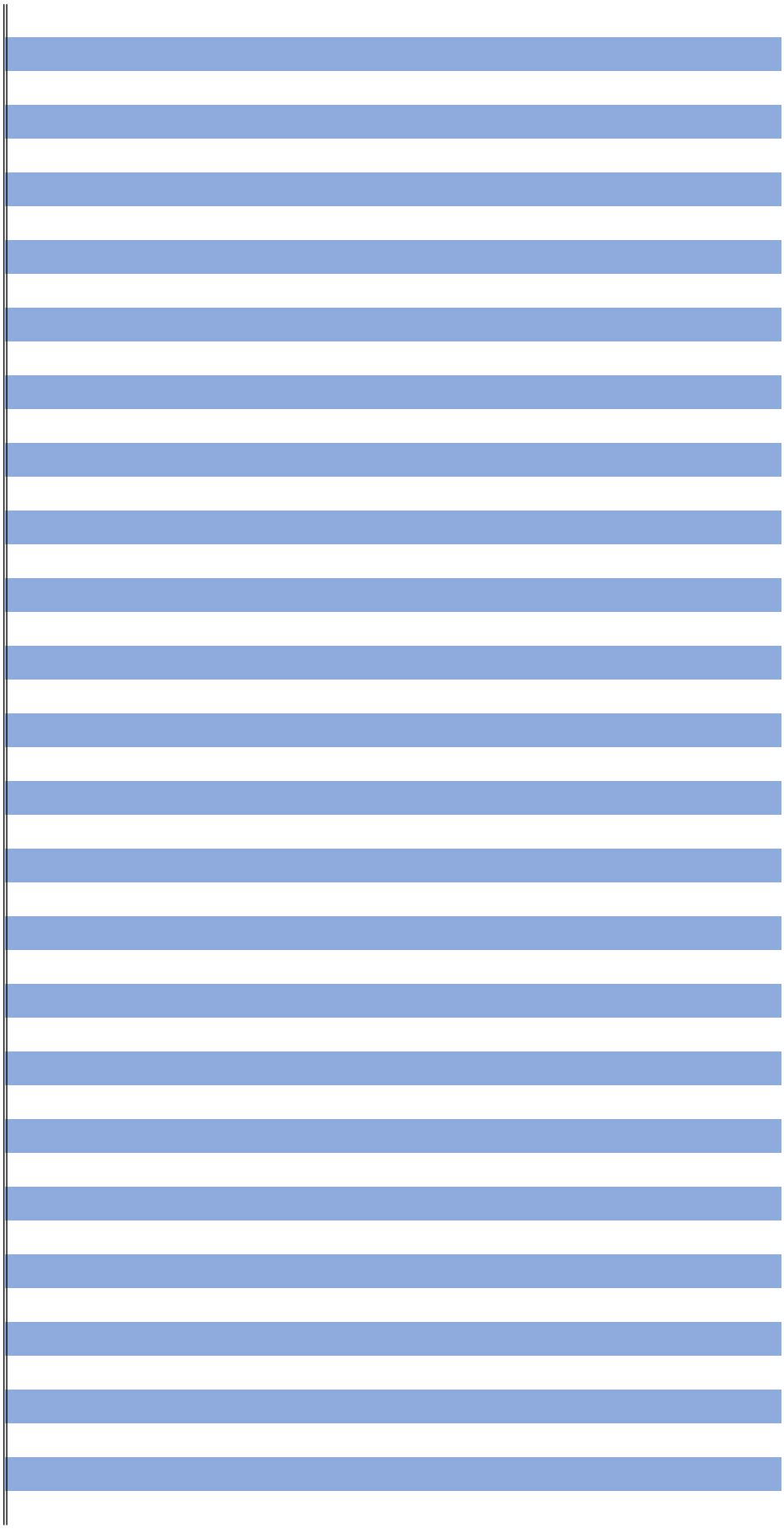
Avg Commercial Rate Info: (Required if ACR approach) Time Period of Commercial Rate Data - Begin Date [420.1]	Avg Commercial Rate Info: (Required if ACR approach) Time Period of Commercial Rate Data - End Date [420.2]

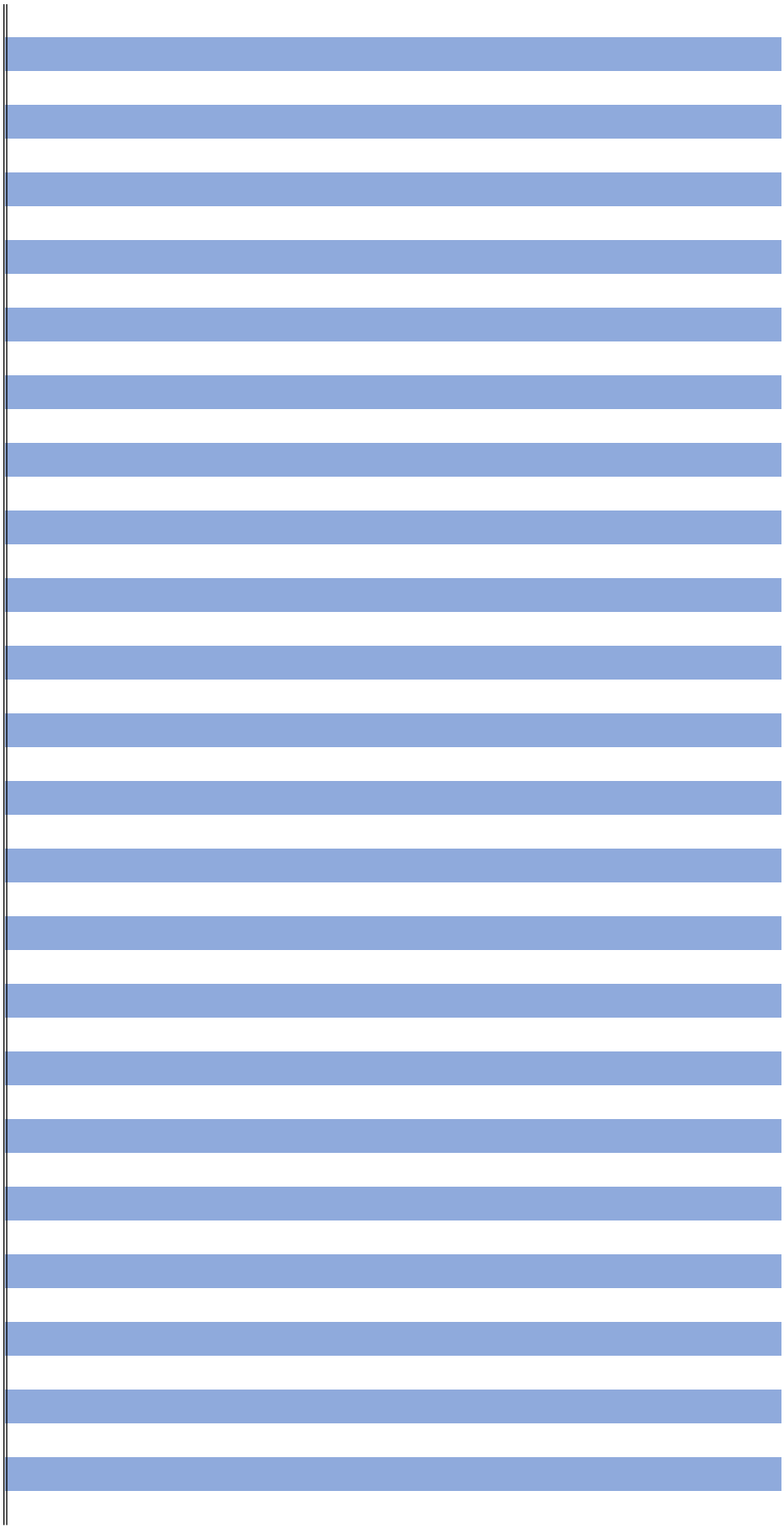


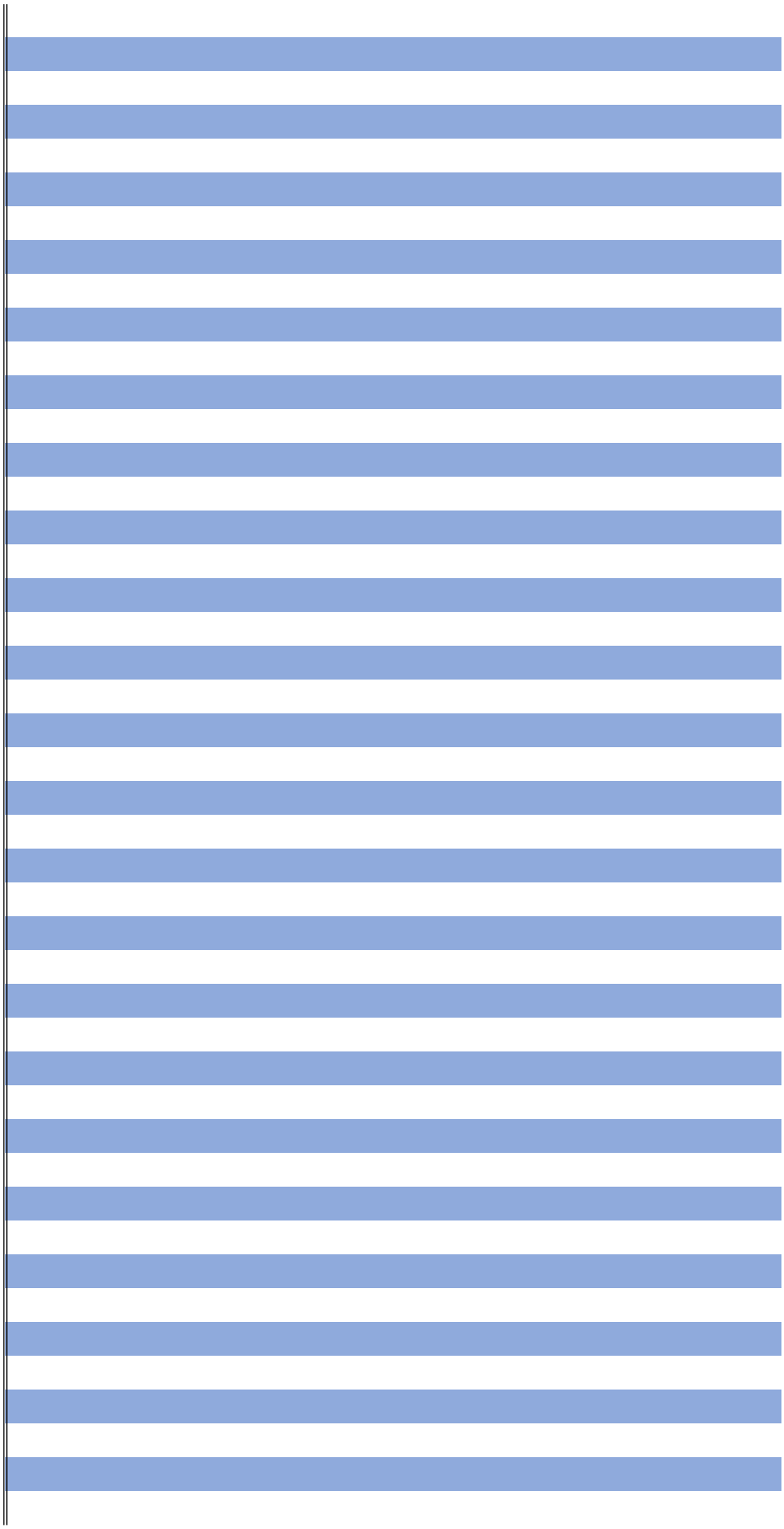


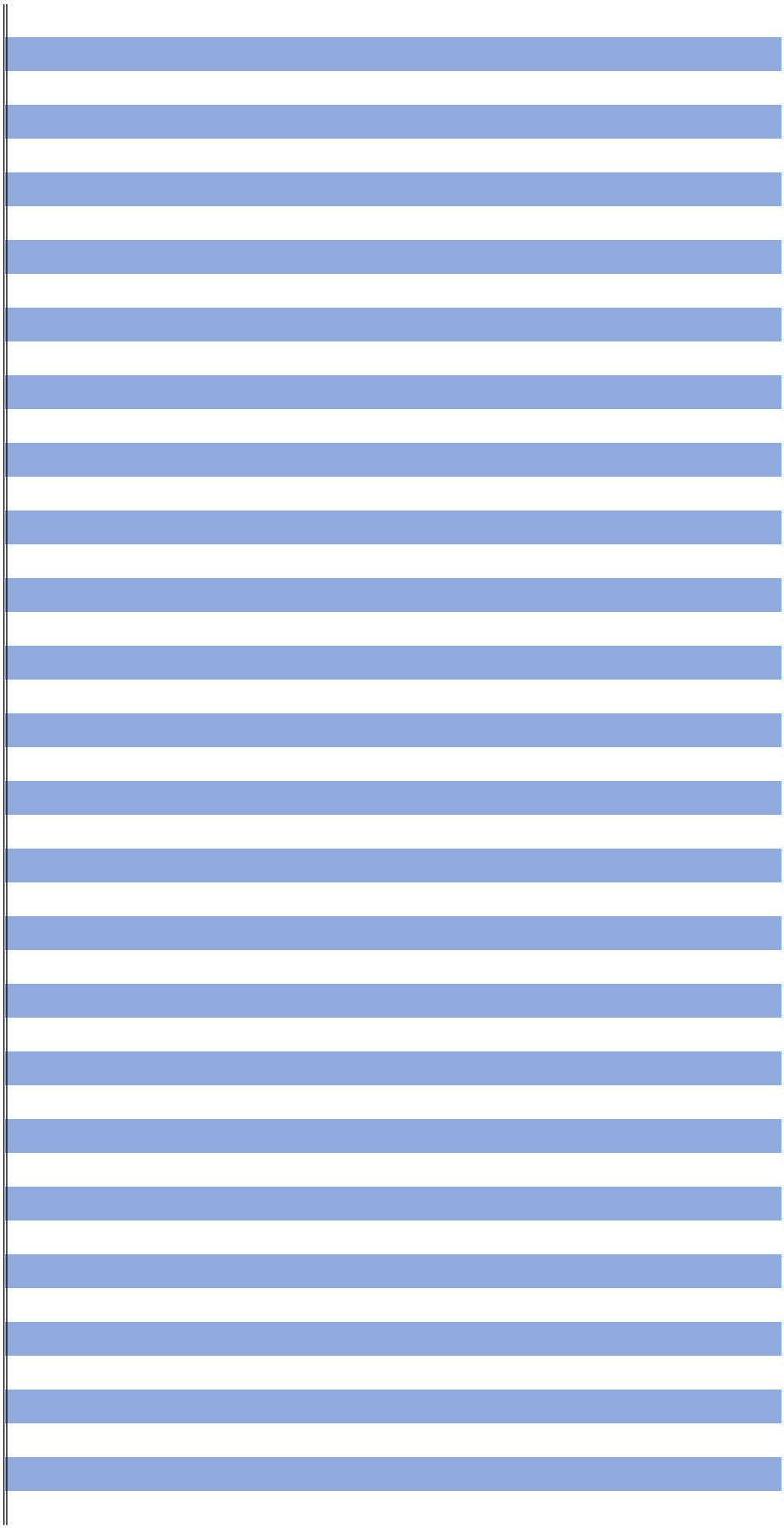


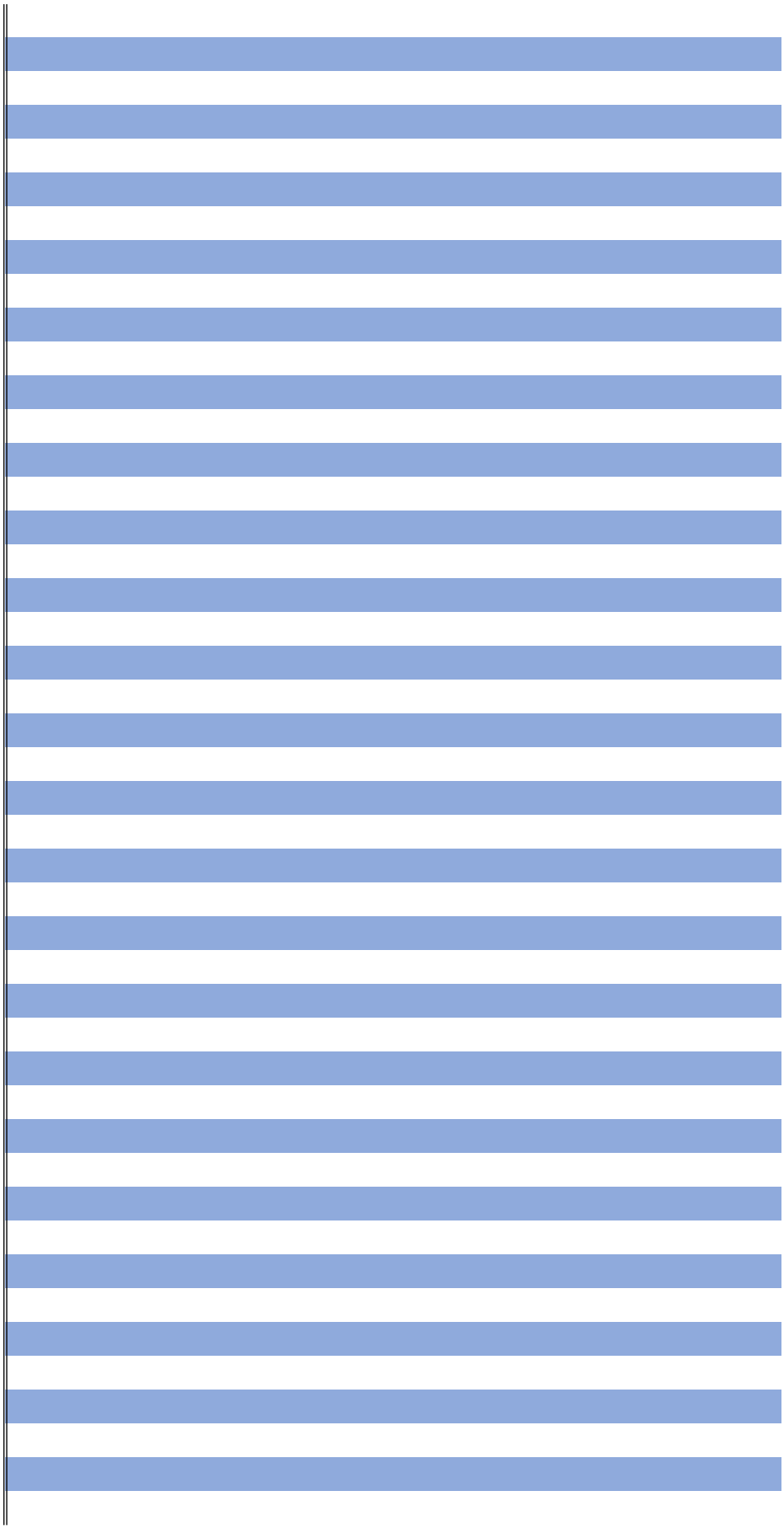


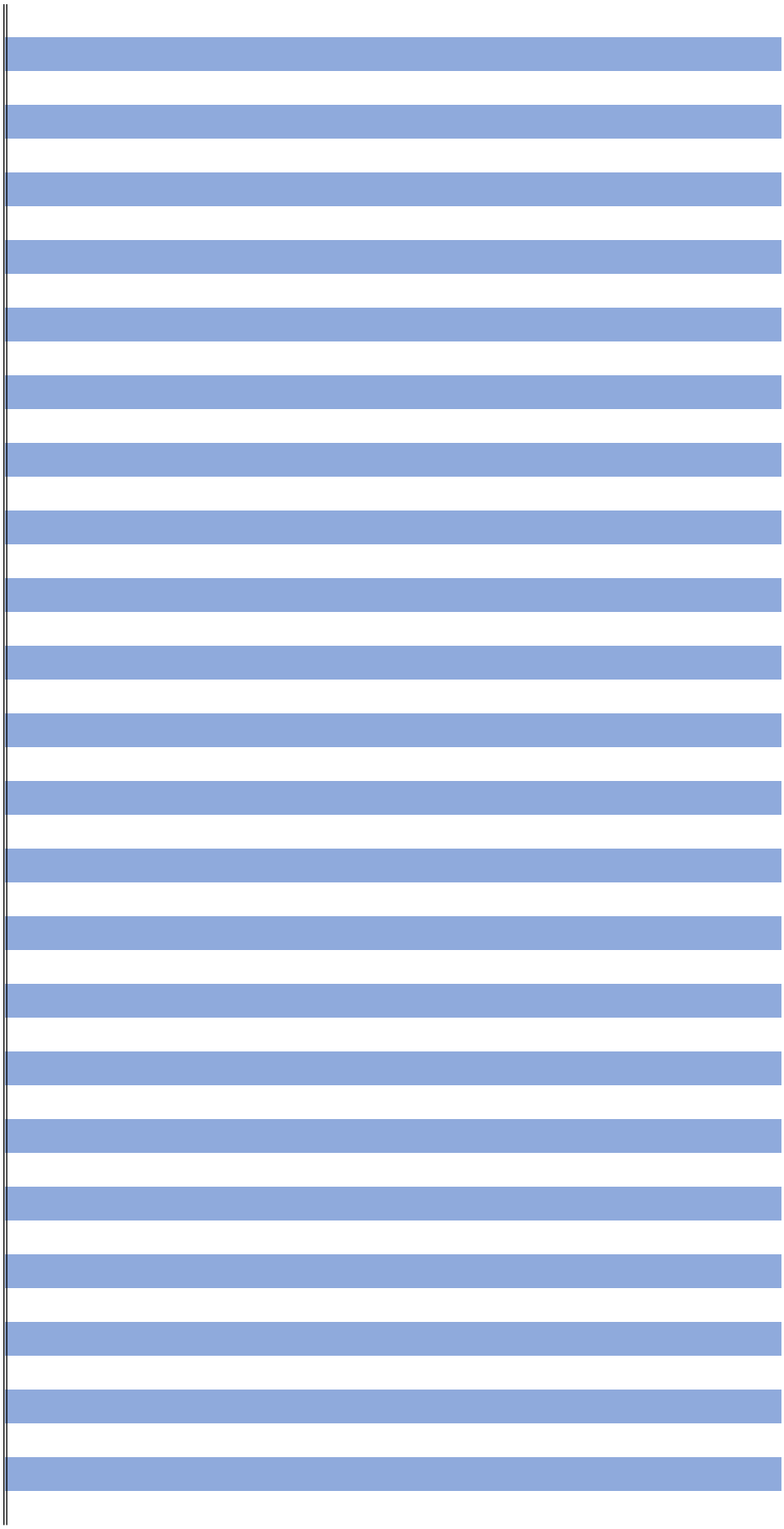


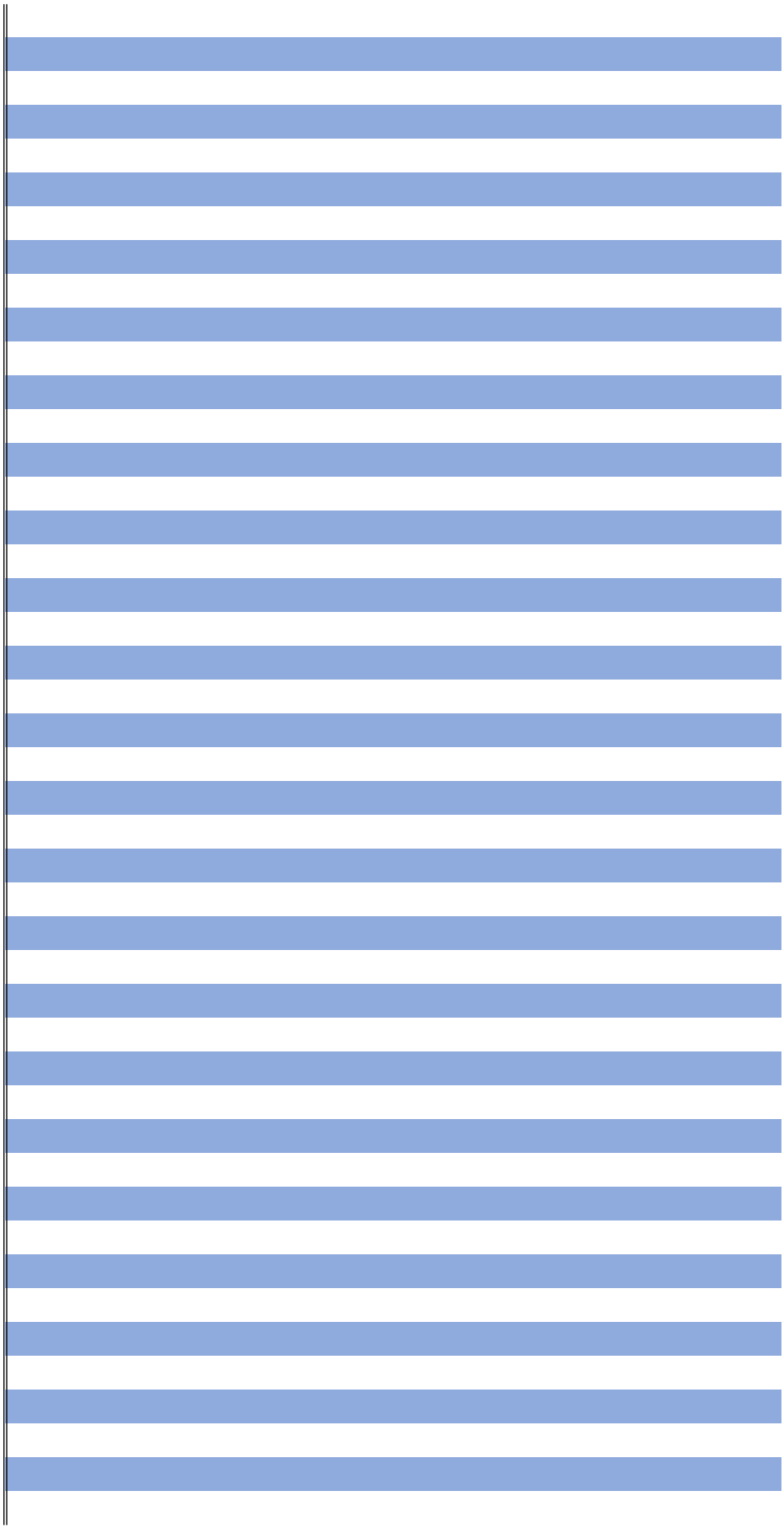


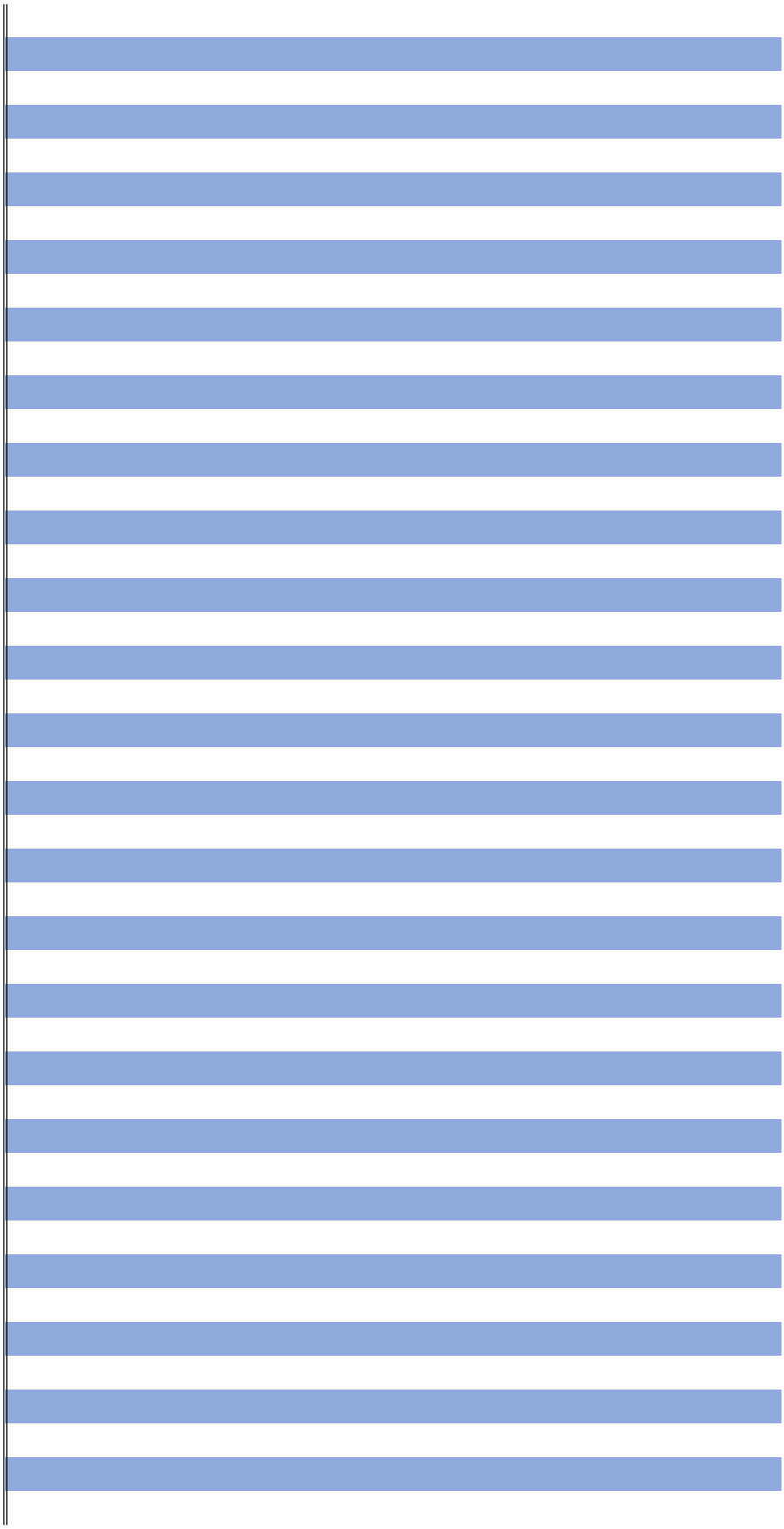


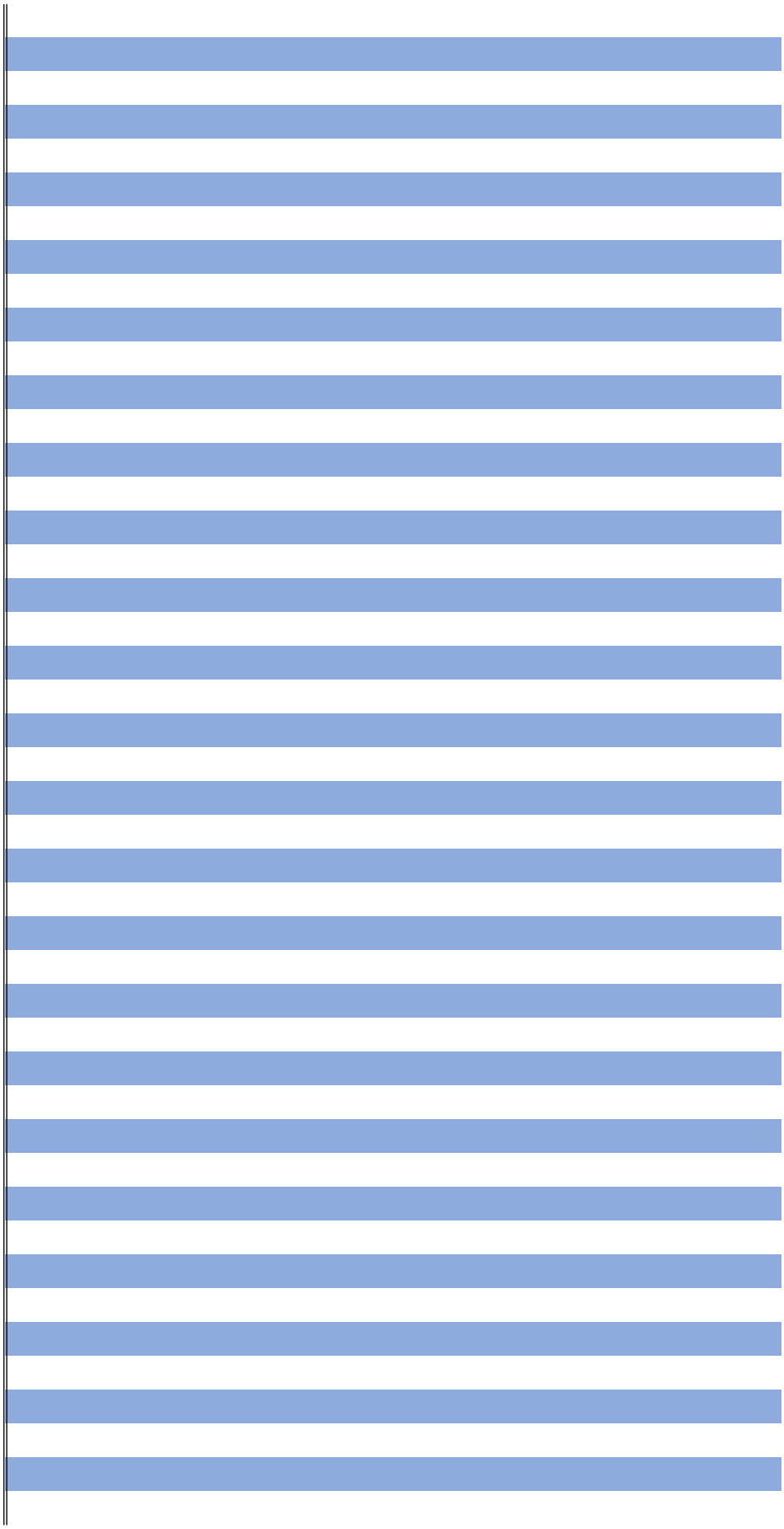


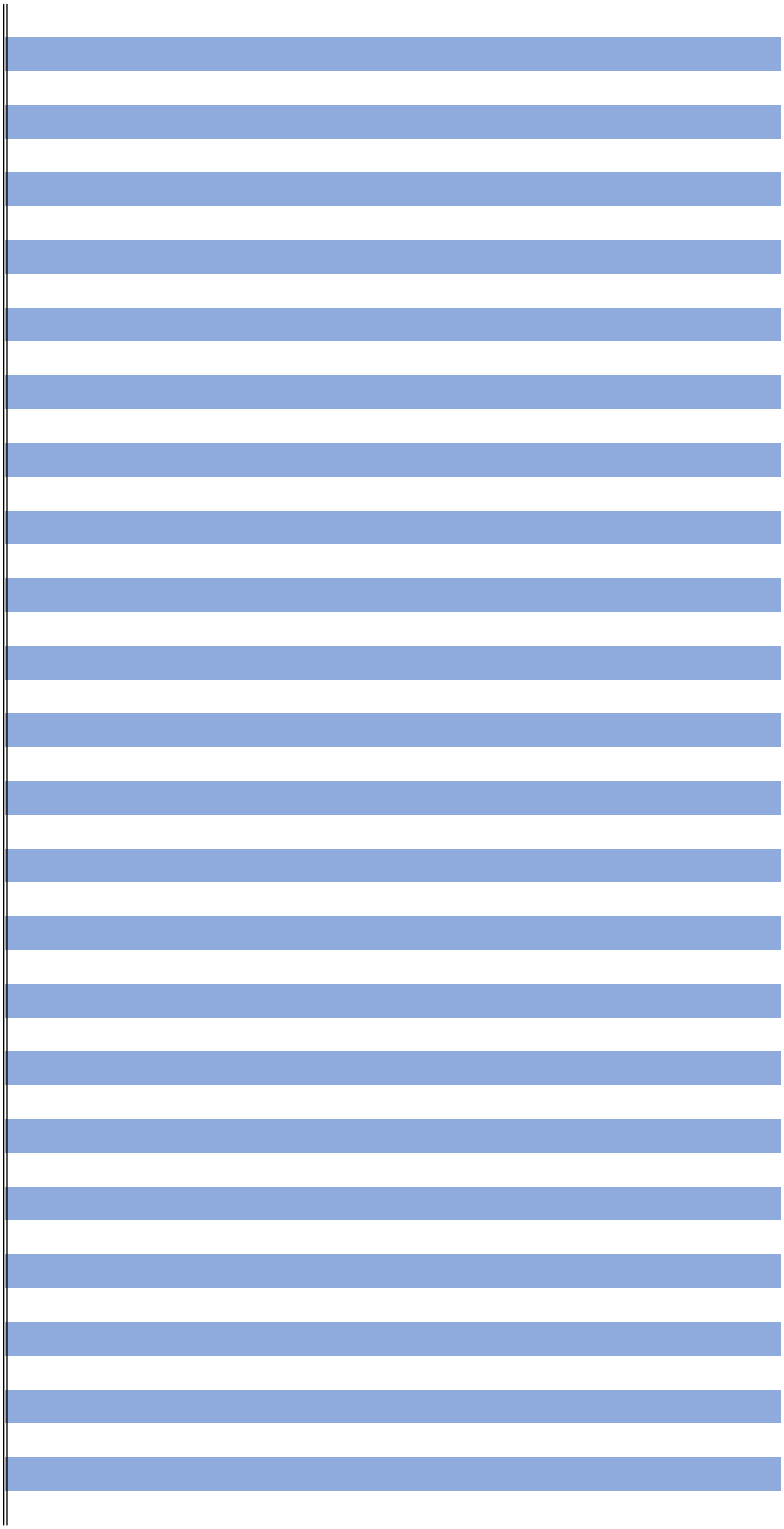


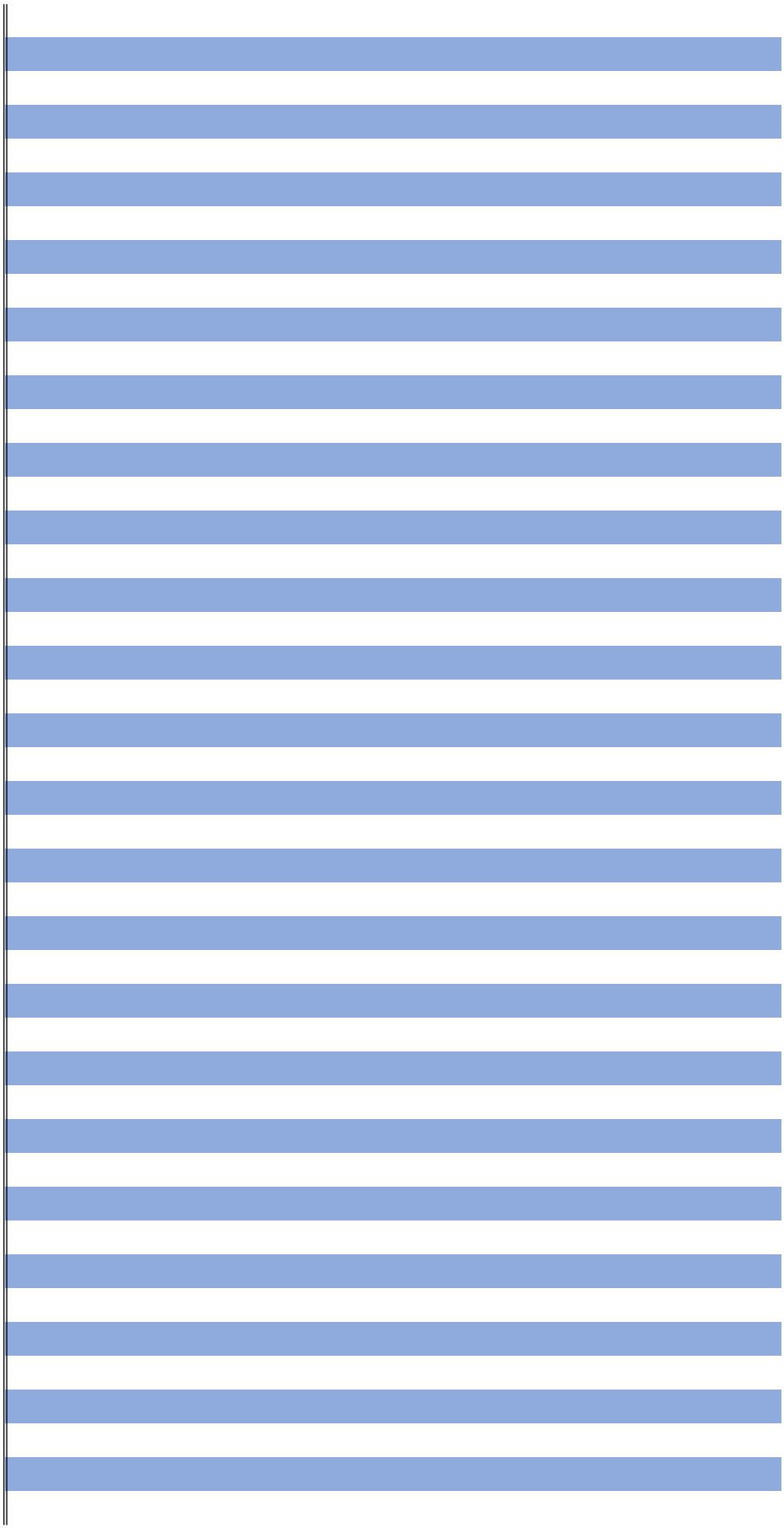


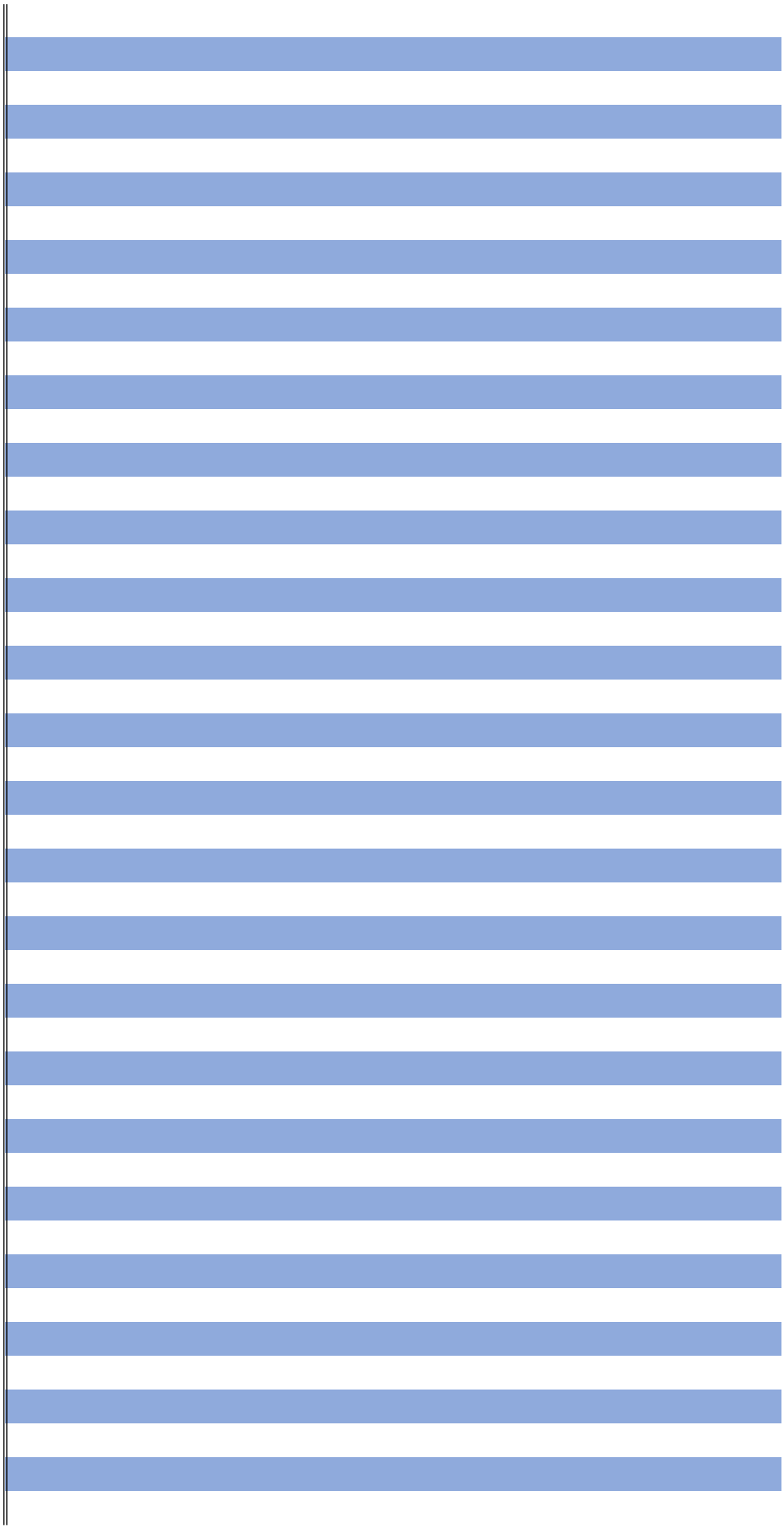


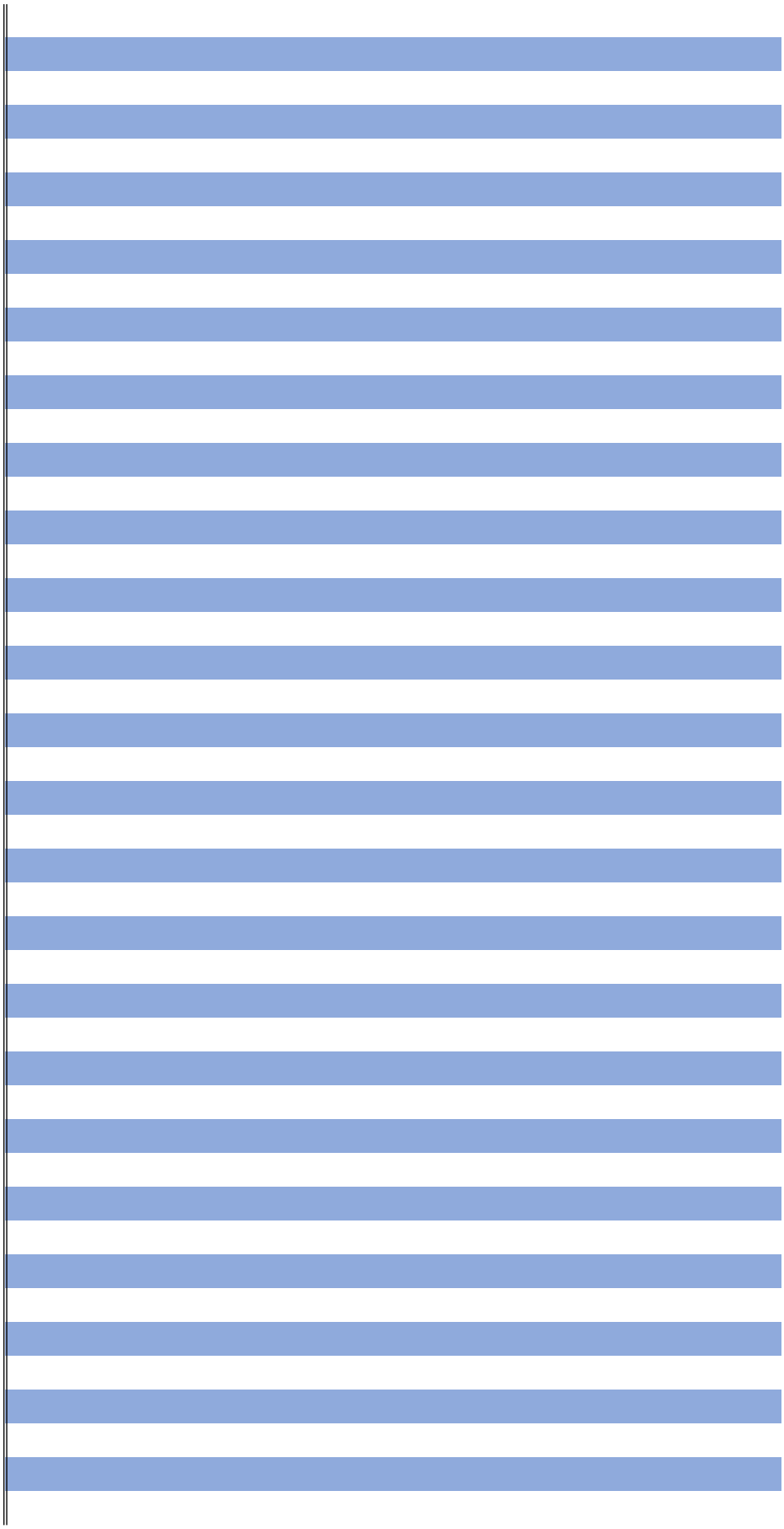


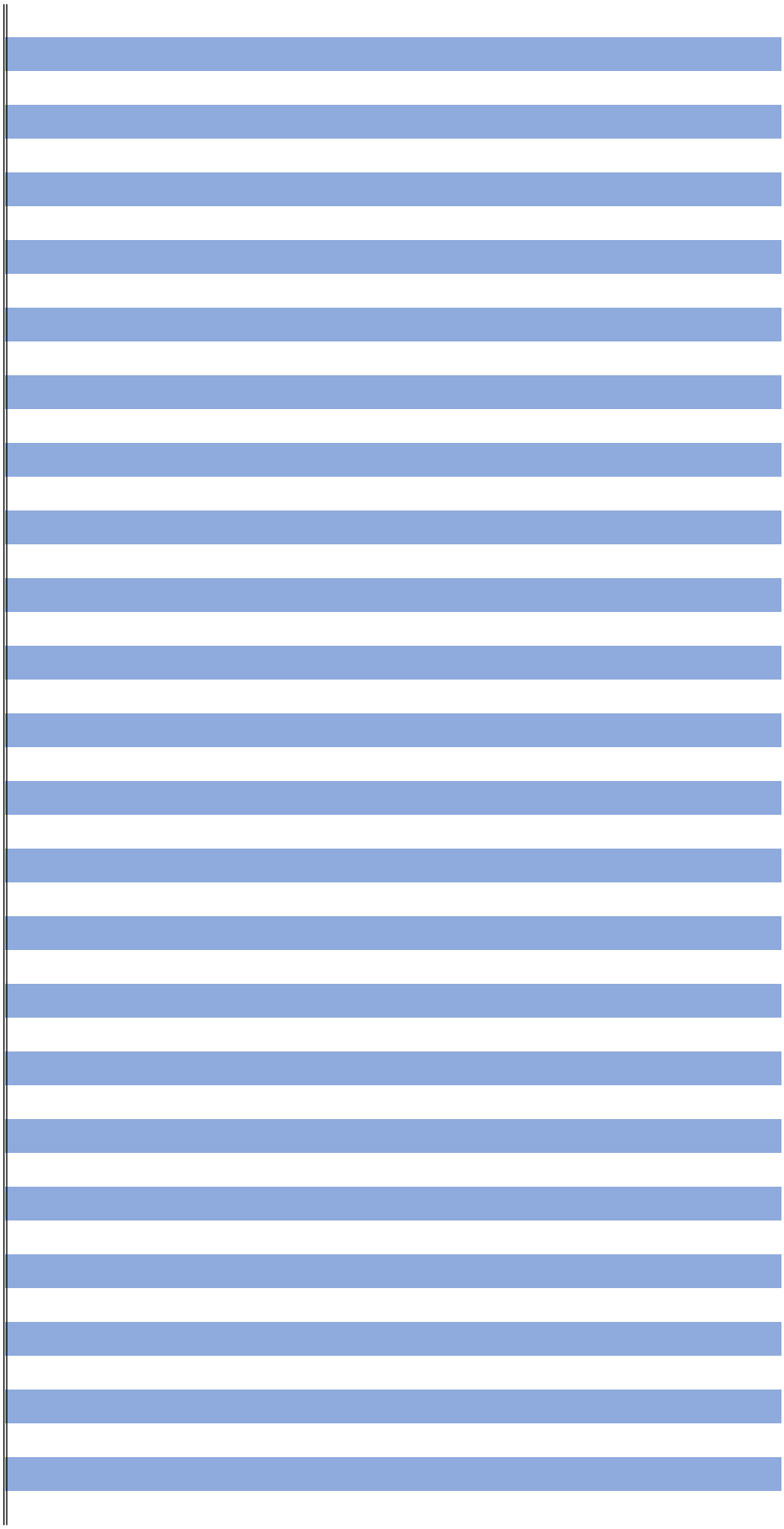


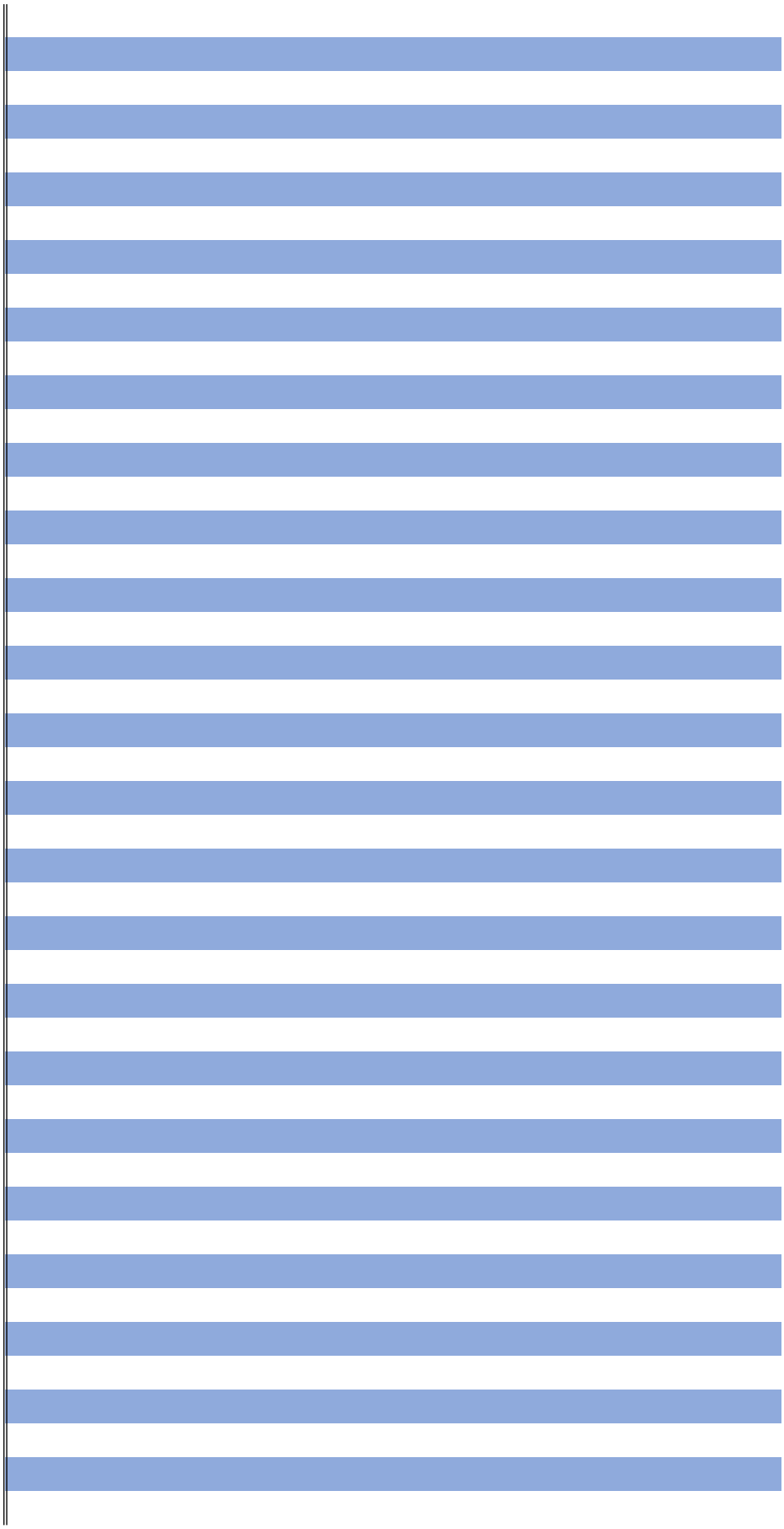


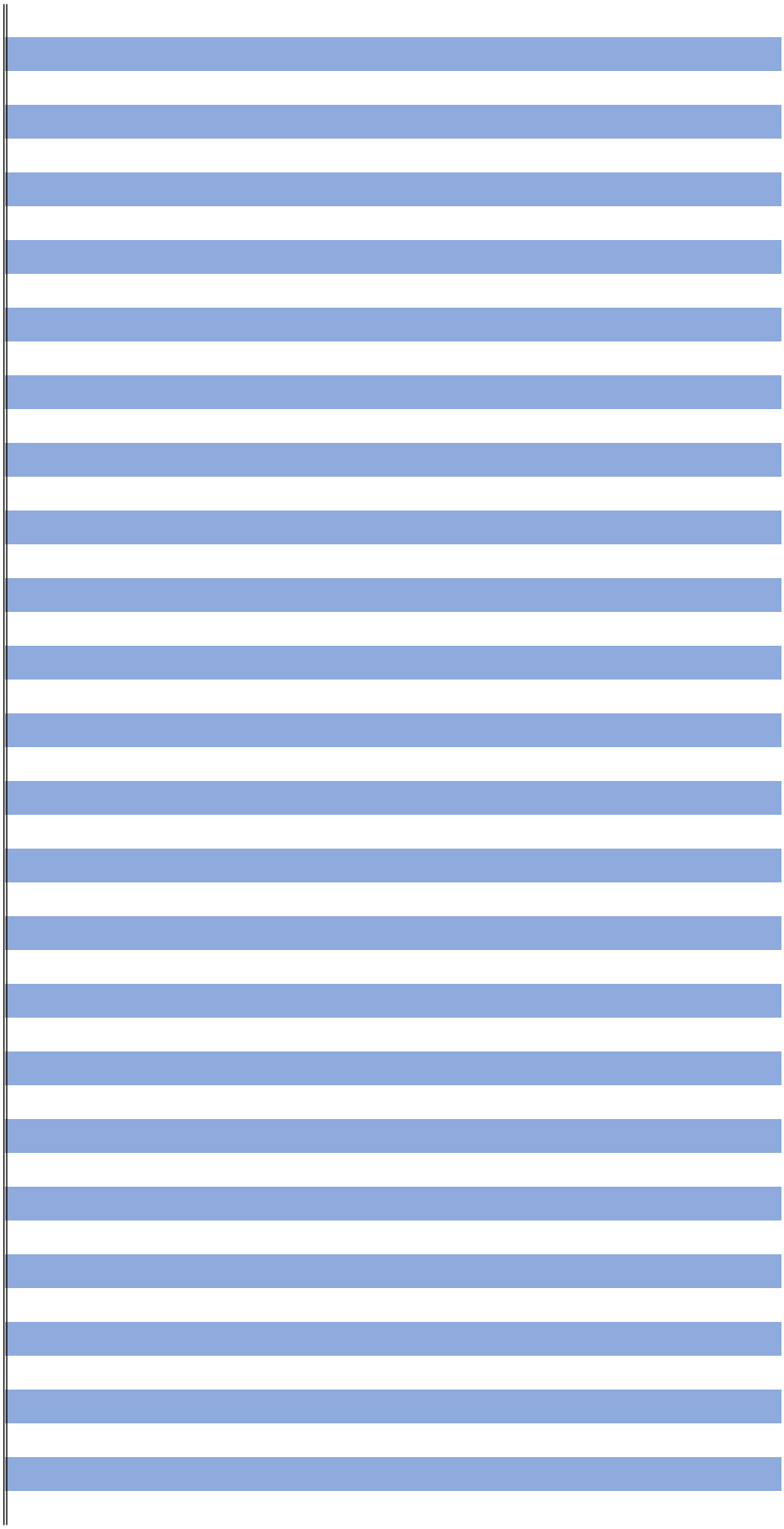


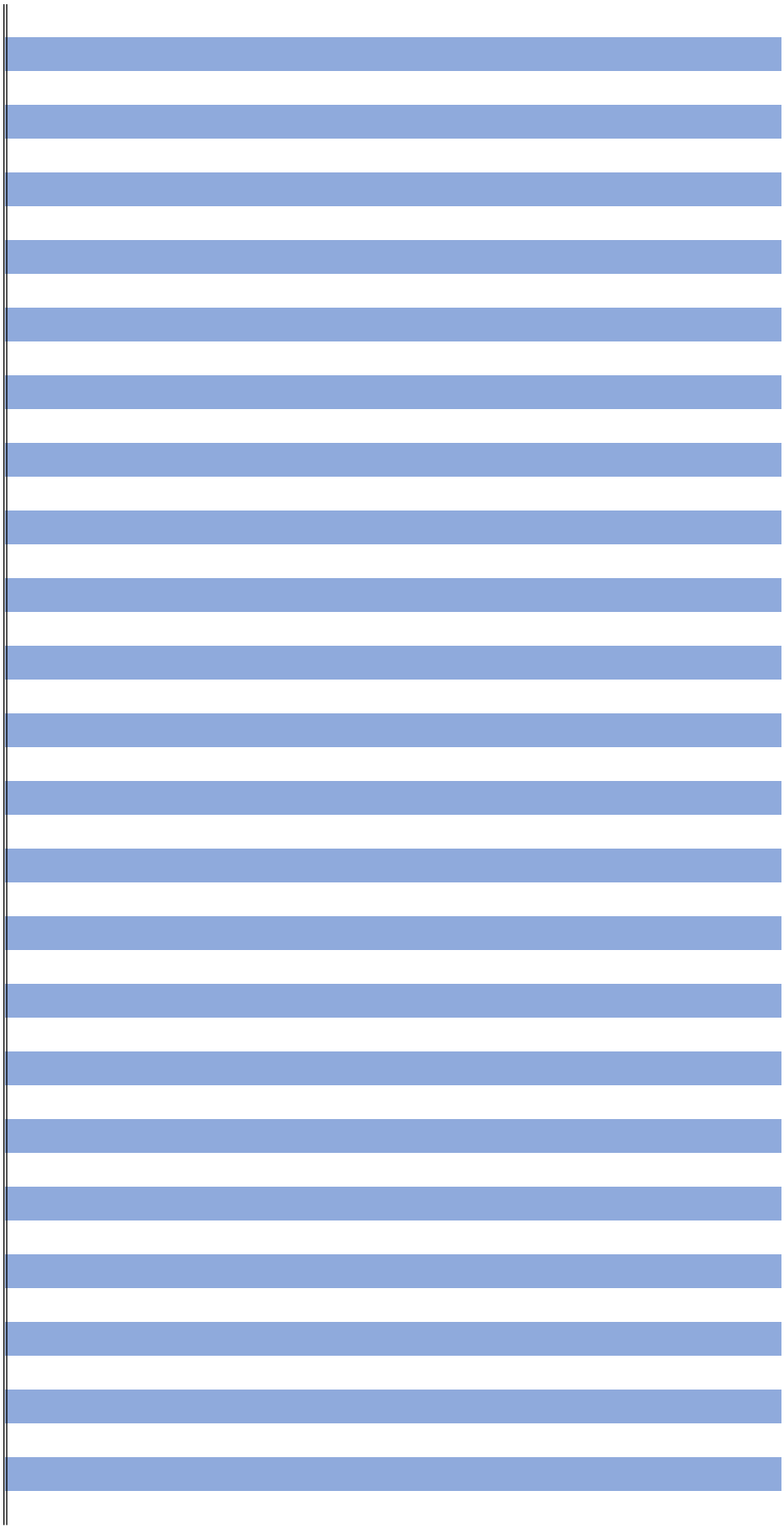


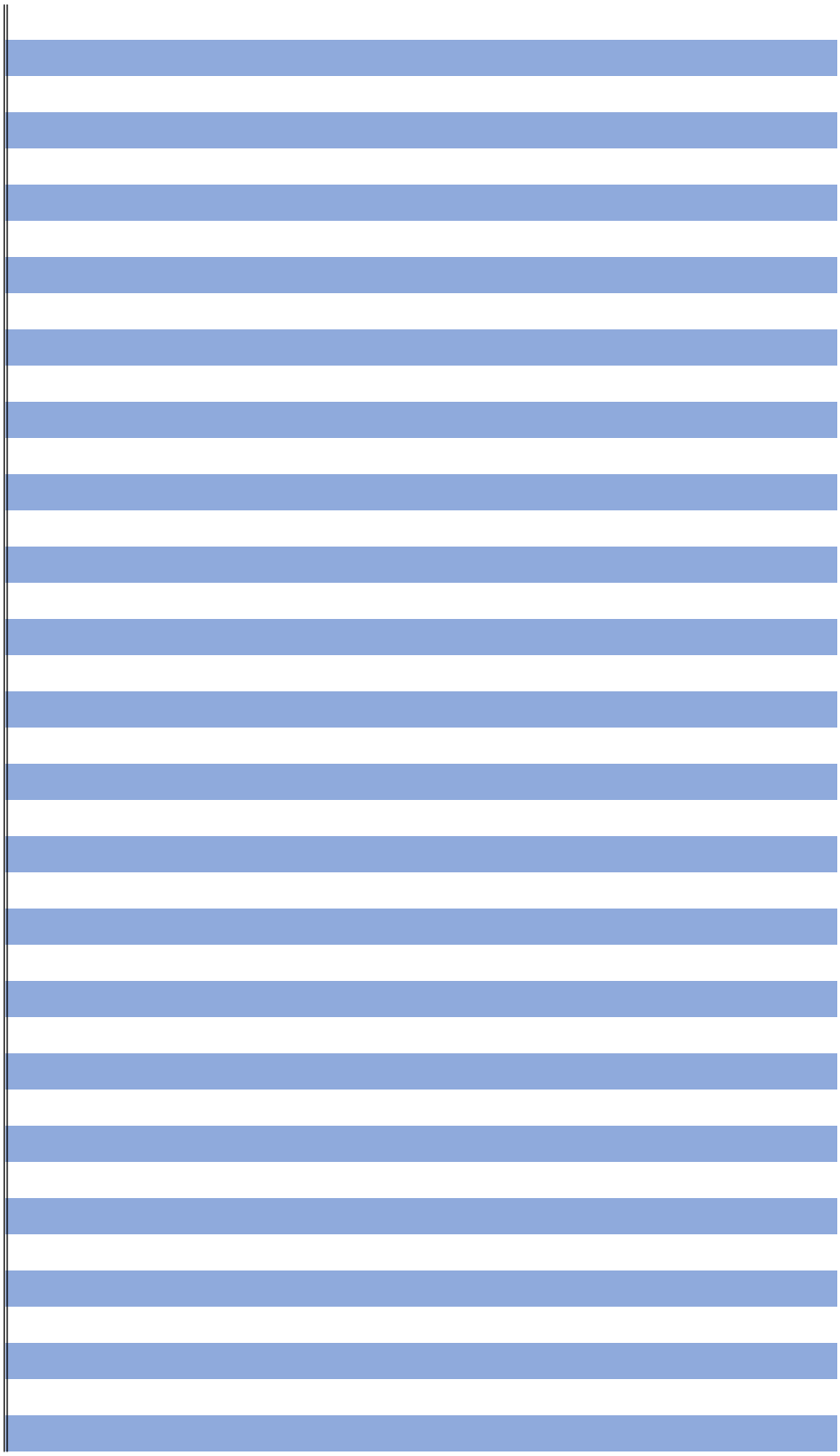












Avg Commercial Rate Info: (Required if ACR approach) Average Commercial Rate (ACR) [422]	ACR Max. Supplemental Payment Info: (State Calculated) Enhanced Payment Amount [423]	ACR Max. Supplemental Payment Info: (Calculated) Maximum Supplemental Payments [424]

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

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