

Section I. The Basis of the UPL Formula is:

The following check boxes are listed:

Cost-Based Demonstration (e.g. Cost-to-charge ratio X Medicaid covered I/P charges) or

Payment-Based Demonstration (e.g. Payment-to-charge ratio X Medicaid covered I/P charges)

Medicare DRG (Acuity-Adjusted Price-Based Demonstration)

Other (please describe below):

Text Box

Please provide a general description of the formula:

Section II. The source of the UPL Medicare Equivalent Data is:

The following check boxes are listed:

The Medicare Cost Report (CMS 2552-96 or 2552-10)

Filed

Settled

Medicare Price-Based

Diagnostic Related Group (DRG)

Indicate the year of the grouper:

Does the state have separate DRG amounts for state, non-state government, and private providers?

Were all claims included in the DRG demonstration or a sample?

Explain the sample and the basis for using sampling:

Describe the application of the DRG:

Please explain the pricer factors and how they tie to what Medicare has established for the providers in the base year. Also explain how mother and baby days are handled.

The following check box is listed:

The State calculates a per discharge amount per facility

Is the per discharge amount run through the Medicare grouper?

Please detail the calculation of the per discharge amount.

Please explain how the price-based demonstration adjusts for differences in Medicare and Medicaid patient acuity.

Please explain all other data source(s) used in the UPL calculation.

What is the time period of the data?

Section III. The State uses the Cost Report References below:

Cost-Based Demonstration (e.g. Ancillary Cost-to-Charge Ratio and Room and Board per Diems):

Describe which columns and lines that are used to determine the cost-to-charge ratios and, if applicable, the hospital routine per diem amounts used in the cost-based UPL.

Payment-to-Charge Demonstration (Payment to Charge Ratio) use:

Describe which worksheets, columns and lines that are used to determine the Medicare payments and charges to calculate the payment-to-charge ratio(s).

Does the Medicare payment data represent gross reported payment or are adjustments made to the data to capture the net payment?

For net reported payments, please explain the adjustments for primary payer payments, deductible, coinsurance and reimbursable bad debts. (Please note: if deductibles and coinsurance are added onto the Medicare payment, the state should remove reimbursable bad debts included in the Medicare payments).

Please describe all other cost report worksheets, columns and lines used in the demonstration:

If the state uses other worksheets, describe them and how they are applied.

Section IV: The state applies the Medicaid charge, day, or discharge data as described below to th

The following check boxes are listed:

The Medicaid covered charges/days/discharges are from paid claims reported from the MMIS.

The Medicaid covered charges/days/discharges are from another source.

Other source: _____.

Do the dates of service for the Medicaid charge/day/discharge data match the dates of services from the Medicare cost report data?

If no, please explain.

Does the state only include Medicaid charges from in-state Medicaid residents?

Does the charge data exclude crossover claims?

Are physicians and other professional service charges excluded?

Please explain the inclusion of any professional service charges and verify that those services are covered, billed and paid as Medicaid inpatient hospital service payments in accordance with the approved state plan inpatient hospital reimbursement methodology.

Section V. The UPL demonstration applies Medicaid payment data as follows:

Medicaid base payment data is reported from the MMIS.

If the source of the payment data is a different source, please explain:

Medicaid payment data includes ALL base and supplemental payments to inpatient hospital providers. Note: any reimbursement paid outside of MMIS should also be included (e.g. Organ Acquisition payments, GME payments, etc.). Within the demonstration the base and supplemental payments must be separately identified.

Please explain payments that are made outside of the MMIS.

Medicaid payment data exclude crossover claims.

Is the Medicaid payment reported gross or net of primary care payments, deductibles and co-pays?

Describe how Medicaid payment rate changes between the base period and the UPL period are accounted for in the demonstration?

Does the dollar amount of payments for the UPL base period equal the "claimed" amounts on the CMS-64, Medicaid Expenditures report for the UPL time period?

If no, please provide a reconciliation and explanation of the difference?

Section VI. The State trends or adjusts the UPL data, as follows:

The state trends the UPL for inflation

Explain the trending factor and its source.

Is the inflation trend applied from “mid-point to the mid-point” in order to most accurately project future experience?

The state trends the UPL for volume/utilization.

Explain the volume/utilization adjustment, including: how will it assure the UPL does not over or understate the volume of Medicaid inpatient hospital services provided in the rate year, how it is applied and that it is applied consistently to the Medicare equivalent and Medicaid payment data:

Please explain all additional trends or factors that are used in the demonstration and their application:

Does the state apply a claims completion factor to the charge/day/discharge data?

Please explain the claims completion factor and its application:

Does the state apply a claims completion factor to the payment data?

Is the claims completion factor equally applied to the payment and Medicaid charge/day/discharge data used in computing the Medicare UPL?

Please explain the claims completion factor and its application:

Section VII. The state UPL data demonstration is structured as follows:

The state conducted the UPL demonstration separately for state government owned or operated, non-state government owned or operated and privately owned or operated hospitals.

All Medicaid base and supplemental payments are included in the demonstration and are separately identified.

The data demonstration only includes in-state hospitals.

If the state includes out of state hospitals in the UPL calculation, please verify that data on cost/payments have been obtained from the cost report of the out of state hospitals and that the hospitals are included in the "private" provider category.

Are Critical Access Hospitals (CAHs) included?

Describe how the state accounts for CAHs in the UPL calculation?

If CAHs are excluded, please explain the decision to exclude them from the UPL and the basis for demonstrating compliance with 42 CFR 447.272.

Response (ORIGINAL)

No.
Section
1

Text Box

2

3

4

Text Box

5

The following options are listed:
Yes
No

6

The following options are listed:
Yes
No

7

Text Box

7a

Text Box

7b

Text Box

8

Section

The following options are listed:
Yes
No

1

Text Box

1a

Text Box

1b

Text Box

1c

Base year data: Text Box
Rate year data: Text Box

1d

2

The following options are listed:
Worksheet B
Worksheet C
Worksheet D-1

3

Text Box

4

The following option is listed:
Worksheet E, Part A (Payments) / Worksheet D-4 (Charges)

Section

Text Box

1

The folling options are listed:
Gross
Net

2

Text Box

3

Text Box

Section

e Medicare charge ratios, per diems, or adjusted DRG amounts:

1

2

The following options are listed
Yes
No

3

The following options are listed
Yes
No

4

The following options are listed
Yes
No

5

Text Box

Section

1

The following options are listed:
Yes
No

2

Text Box

3

The following options are listed:
Yes
No

4

Text Box

5

The following options are listed:
Yes
No

6

The following options are listed:
Gross
Net

6a

Text Box

Section

The following options are listed:
Yes
No

1

Text Box

1a

2

The following options are listed:
Yes
No

3

Text Box

4

The following options are listed:
Yes
No

5

The following options are listed:
Yes
No

5a

Text Box

Section

Text Box

1

The following options are listed:

Yes

No

2

Text Box

3

The following options are listed:

Yes

No

4

The following options are listed:

Yes

No

5

Text Box

1

The following options are listed:

Yes

No

2

The following options are listed: 3
Yes
No

The following options are listed: 4
Yes
No

The following options are listed: 5
Yes
No

The following options are listed: 6
Yes
No

Text Box 7

Text Box 8

UPL Guidance Question (UPDATED)

I. UPL Demonstration

Are there any significant changes to the prior year UPL methodology?

Does the UPL demonstration align with your state fiscal year?

Does the UPL demonstration trend data from the previous UPL demonstration submission or does it contain new data? If using trended data, please specify which data variables are trended.

Note:

Trended data may include variables 203 (Medicare Costs), 204 (Medicaid Charges), 205 (Medicare Payments), 205.1 (Medicare Payments Subject to CMI), and 205.2 (Medicare Payments not Subject to CMI).

Does the UPL demonstration include a full 12 months of data for each provider?

Is the beginning date of the data more than 2 years from the beginning date of the UPL demonstration period?

Does this UPL demonstration include Institutions for Mental Disease (IMDs)?

Has the provider count (providers enrolled in the Medicaid program and included in the UPL demonstration) changed from the previous UPL demonstration?

Please explain the changes, including any new providers, closed providers, or mergers. Please also cite the source of this data.

Please list any changes in the provider category designations (SGO, NSGO, and Private).

Indicate the percentage of managed care and FFS in the state's Medicaid program overall and also for inpatient hospital services.

I II. The Medicare Equivalent Data

What is the source of the Medicare Equivalent Data (200-level series variables in the template)?

Does the state have separate DRG amounts for state, non-state government, and private ownership categories?

Describe the methodology for calculating the DRG UPL (variables 205.1, 205.2, 207& 305, as calculated in variable 400 - the unadjusted UPL).

Explain the pricer factors and how they tie to what Medicare has established for the providers in the base year.

Does the State calculate a per discharge amount per facility? (variables 205.1, 205.2, 206, & 207)

How does the Medicare PPS demonstration adjust for differences in Medicare and Medicaid patient acuity?

What are the other data source(s) used in the UPL calculation?

Note: If no other data source(s) are used in the UPL calculation, then insert "No other sources were used in the calculation" as the response.

What is the time period of the data?

Note:

The response to this question is auto-generated based on the data in the IPH UPL submission.

Base year data means the 12 month period (this is a date range input) for which the state has Medicaid and Medicare data to calculate the DRG differential ratio factor.

Rate year data means the 12 month period (this is a date range input) for which the DRG differential ratio factor is applied to an estimated Medicaid payment to determine the UPL for the demonstration period. The rate year should be the current UPL demonstration year.

III. The State uses the Cost Report References below:

Cost-Based Demonstration (e.g., Ancillary Cost-to-Charge Ratio and Room and Board Per Diem)

Payment-to-Charge Demonstration (Payment to Charge Ratio) used (Note: More than one option can be selected)

Does the Medicare payment data represent gross reported payment, or are adjustments made to the data to capture the net payment?

IV. The State applies the Medicaid charge, day, or discharge data as described below t

Are the Medicaid covered charges/days/discharges from paid claims reported from MMIS?

Do the dates of service for the Medicaid charge/day/discharge data [variable 300.1 and variable 300.2] match the dates of services from the Medicare cost report data [variable 200.1 and variable 200.2]?

Does the state only include Medicaid charges from in-state Medicaid providers?

Note: If the state includes Medicaid charges from out-of-state, please place the provider in the private ownership category. (Variable 110)

Does the charge data exclude crossover claims?

Note: Crossover claims are claims that are both Medicare and Medicaid and are for dual eligible beneficiaries. These claims should be excluded for UPL demonstration purposes because Medicaid only pays the deductible/coinsurance or copay amount of the claim or the difference between the Medicaid and Medicare payment rate if the Medicaid rate is higher. The Medicaid portion of the claim would be much lower as a payer on the claim and would not represent the normal Medicaid payment. As such, the UPL gap would not reflect the true gap.

Are physicians and other professional service charges included?

IV: The UPL demonstration applies Medicaid payment data as follows:

Are Medicaid base payment data reported from the MMIS?

Are the dates of service for the Medicaid payment data consistent with the Medicaid charge data and the hospital cost reporting period?

Does the Medicaid payment data include ALL base and supplemental payments to inpatient hospital providers?

Do Medicaid payment data exclude crossover claims?

Note: Crossover claims are claims that are both Medicare and Medicaid and are for dual eligible beneficiaries. These claims should be excluded for UPL demonstration purposes because Medicaid only pays the deductible/coinsurance or copay amount of the claim or the difference between the Medicaid and Medicare payment rate if the Medicaid rate is higher. The Medicaid portion of the claim would be much lower as a payer on the claim and would not represent the normal Medicaid payment. As such, the UPL gap would not reflect the true gap.

Is the Medicaid payment reported gross or net of the primary payer payments, deductibles, and co-pays?

Describe how Medicaid payment rates change between the base period and the UPL period are accounted for in the demonstration?

Note:

For example, a SPA is approved between the base period data and the UPL demonstration period and it increased Medicaid payment rates. The state needs to account for the payment rate change because it is not represented in the base period data.

Instructions: In order to account for rate increases or decreases through the approval of a state plan amendment(s), a state will use variable 308 (Medicaid Inflation Factor), 309 (Other Adjustment to MCD Payments), or 408 (Adjustment to the UPL Gap) in the OMB-Approved Template. If the rate increase (or decrease) was implemented as a percentage of the prevailing rate at the time then the state should capture that percentage in either variable 308 or 309. The state has the option to include the increase or decrease in variable 308 along with an inflationary increase the state used to demonstrate the UPL or may include it in variable 309 apart from any inflationary increase. As well, if the rate increase or decrease was not implemented as a percentage change but as a specified amount for each provider then the state may show this in the OMB-Approved Template as specific amounts distributed across all facilities as appropriate in variable 408.

Are all adjustments related to approved SPAs between the Medicaid data base period and UPL demonstration period accounted for in the demonstration?

VI: The State trends or adjusts the UPL data, as follows:

Does the state trend the UPL for inflation?

Is the inflation factor trend applied from mid-point to mid-point in order to most accurately project future experience?

Does the state trend the UPL for volume/utilization?

Are there any additional trends or factors for the UPL (not for the Medicaid payments) that are used in the UPL demonstration and their application?

Does the state apply a claims completion factor (when a state does not have a full year of data for the trending factors) to the charge/day/discharge data?

Does the state apply a claims completion factor to the payment data?

If Yes, is the claims completion factor equally applied to the payment and Medicaid charge/day/discharge data used in computing the Medicare UPL (all data in the demonstration should be for a full year)?

| VII: The state UPL data demonstration is structured as follows:

Explain any significant increases or decreases in the UPL Gap from the prior year's UPL demonstration for each applicable provider category (SGO, NSGO, and Private).

Note: If there were no significant increase or decrease in the UPL Gap from the previous year, then insert "No significant increase or decrease from the previous year" as the response.

Does the demonstration include all inpatient hospitals that receive payments under Medicaid?

Does the UPL demonstration only include in-state hospitals?

Are Critical Access Hospitals (CAHs) included?

Are provider taxes included and/or adjusted for in the UPL data (variable 401)?

This question was removed as no longer relevant given the other questions asked.

This question was removed as no longer relevant given the other questions asked.

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Response or Follow-Up Questions (UPDATED)

Insert the following options:

Yes
No

If 'Yes' is selected, insert the following question:

If Yes, please explain.

Insert Text Box

Insert the following options:

Yes
No

If 'No' is selected, insert the following question:

If No, please explain.

Insert Text box

Add the following note:

Note: The UPL demonstration period should start the day after the previous UPL demonstration period's end date.

Insert the following options:

Data trended from previous submission

Add the following note:

Note: If using data trended from a previous submission the beginning date of that data must be no more than 2 years from the beginning date of the current UPL demonstration.

New data

Insert the following options:

Yes
No

If 'No' is selected, insert the following question:

If No, please explain.

Insert Text Box

Insert the following options:

Yes
No

If 'Yes' is selected, insert the following question:

If Yes, please explain.

Insert Text box

Insert the following options:

Yes

No

Insert the following options:

Yes

No

Insert text box

Insert text box

Insert text box

Insert the following options:

Note: The values Filed and Settled are from the UPL Demonstration spreadsheet.

Note: According to the submitted UPL demonstration the Medicare Cost Report filing status is "Filed".

Note: According to the submitted UPL demonstration the Medicare Cost Report filing status is "Filed and Settled".

Note: According to the submitted UPL demonstration the Medicare Cost Report filing status is "Settled".

The CMS 2552-10 Cost Report
Medicare Prospective Payment System (PPS)
Diagnostic Related Group (DRG)

If user selects DRG then add the following question:

Indicate the version of the grouper.

Insert text box.

System to populate the following:

MCR Cost Report Begin Date: System populated field in Variable 200.1

MCR Cost Report End Date: System populated field in Variable 200.2

If user selects DRG then add questions: 1a, 1b, 1c, 1d listed below.

Insert the following options:

Yes

No

If 'Yes' is selected, insert the following question:

If Yes, please explain how you calculated those amounts for each of the different ownership categories.

Insert Text Box

Please describe:

Insert text box

Please describe:

Insert text box

Insert the following options:

Yes

No

If 'Yes' is selected, insert the following question:

Is the per discharge amount run through the Medicare grouper? Insert the following options:

Yes

No

If 'Yes' is selected, insert the following question:

If Yes, please detail the calculation of the per discharge amount.

Insert Text box

Please describe:

Insert text box

Please describe:

Insert text box

The below text is Read-only for the user:

Base Year Data:

MCR Begin Date: System populated field in variable 200.1

MCR End Date: System populated field in variable 200.2

MCD Begin Date: System populated field in variable 300.1

MCD End Date: System populated field in variable 300.2

Rate Year Data:

State Demonstration Rate Year: System populated field in SFY

Demo Begin Date: System populated field in variable 002

Demo End Date: System populated field in variable 003

Insert the following options for the user to select:

Worksheet C

Worksheet B

Worksheet D-1

If Worksheet C is selected, insert the following options.

*Note the user should be able to select both options.

Medicare Cost Variable 203

Medicare Charges Variable 204

If Medicare Cost Variable 203 is selected then insert

WKST C, Part 1, Column 5, Sum of lines 30-76

If Medicare Charges Variable 204 is selected, insert the following options:

WKST C, Part 1, Column 6, Sum of lines 30-76, or

WKST D-3, Column 2, Sum of line 30-98

If both Medicare Charges Variable 203 and Variable 204 are selected, all worksheets shall be displayed to the user under each option.

If Worksheet B is selected, insert the following information:

Describe which columns and lines that are used to determine the cost-to-charge ratios.

Insert text box

If Worksheet D-1 is selected, insert the following information:

Describe which columns and lines that are used to determine the cost-to-charge ratios.

Insert text box

Insert the following options to select:

Medicare Payments Variable 205 (Medicare IPPS payments) – WKST E part A column 1, sum of lines 59 minus lines 68 and 69

Medicare Payments Variable 205 (TEFRA) – WKST E-3 part I column 1 line 4

Medicare Payments Variable 205 (Inpatient Psych Payments) – WKST E-3 part II column 1, sum of lines 16, 27 & 28 minus line 29

Medicare Payments Variable 205 (Inpatient Rehab payments) – WKST E-3 part III column 1, sum of lines 17,28 & 29 minus line 30

Medicare Payments Variable 205 (Long Term Acute Care payments) – WKST E-3 part IV column 1, sum of lines 7,18,19 minus line 20

Medicare payments Variable 205 (Critical Access Hospital Payments) WKST E-3 part V column 1, line 19 minus line 21

Medicare Charges Variable 204

WKST C part 1 column 6, sum of lines 30-76 or

WKST D-3 column 2 , sum of lines 30-98.

If no worksheets are selected, insert the following question:

If you are not utilizing the listed worksheets, please describe which worksheets, columns, and lines are used.

Insert Text Box

Insert the following options:

Note: The selection for this question must match the selection in "Section V", question 4.

Gross

Net

If Net, please explain the adjustments for primary payer payments, deductible, coinsurance and reimbursable bad debts. (Please note: if deductibles and coinsurance are added onto the Medicare payment, the state should remove reimbursable bad debts included in the Medicare payments).

Insert Text box

o the Medicare charge ratios, per diems, or adjusted DRG amounts:

Insert the following options:

Yes

No

If No, please name the other source.

Insert text Box

Insert the following options:

Yes

No

If 'No' is selected, insert the following question:

If No, please explain why.

Insert Text box

Insert the following options:

Yes

No

Insert the following options:

Yes

No

If No is selected insert the following:

Explain how including the crossovers would provide a more relevant estimate. If included, please explain the inclusion of all inpatient hospital service charges and verify that those services are covered, billed, and paid as Medicaid inpatient hospital service payments in accordance with the approved state plan inpatient hospital reimbursement methodology.

Insert Text box for this explanation.

Insert the following options:

Yes

No

If 'Yes' is selected, insert the following question:

If included, please explain the inclusion of any professional service charges and verify that those services are covered, billed, and paid as Medicaid Inpatient Hospital service payments in accordance with the approved state plan inpatient hospital reimbursement methodology. If the services are not covered, billed, and paid as Medicaid Inpatient Hospital service payments then the data for these services should be removed from the IPH UPL demonstration.

Insert Text box

Insert the following options:

Yes

No

If 'No' is selected, insert the following question:

If No, please explain the source of the payment data.

Insert Text box

Insert the following options:

Yes

No

If 'No' is selected, insert the following question:

If No, please explain.

Insert text box

Insert the following options:

Yes

No

If 'No' is selected, insert the following question:

If No, please explain the source of any payment that are made outside of the MMIS.

Insert Text Box

Insert the following options:

Yes

No

If 'No' is selected, insert the following question:

If crossover claims are included, please provide an explanation of how they are treated in the UPL.

Insert Text Box

Insert the following options:

I confirm that the Medicaid payment data are reported in the same manner as Medicare payment data in "Section III, question 3. The value from Section III, question 3 will be inserted.

Please describe:
Insert text box.

Insert the following options:

Yes
No
N/A

If 'No' is selected, insert the following question:
Please list each SPA number with a brief description of the adjustment.
Insert Text box

Insert the following options:

Yes
No

If 'Yes' is selected, insert the following question:
If Yes, please explain the inflation factor and its source (variable 404 - description).
Insert Text box

Insert the following options:

Yes
No

If 'No' is selected, insert the following question:
If No, please explain.
Insert Text box

Insert the following options:

Yes

No

If 'Yes' is selected, insert the following question:

If Yes, explain the volume/utilization adjustment, including:

How it will assure the UPL does not over or understate the volume of Medicaid nursing facility services provided in the rate year?

How it is applied?

Discuss how it is applied consistently to the Medicare equivalent and Medicaid payment data.

Please explain:

Insert Text box

Insert the following options:

Yes

No

If 'Yes' is selected, insert the following question:

If Yes, please explain all additional trends or factors for the UPL.

Insert Text box

Insert the following options:

Yes

No

If 'Yes' is selected, insert the following question:

If Yes, please explain the claims completion factor and its application.

Insert text box

Insert the following options:

Yes

No

If 'Yes' is selected, insert question 5a.

Insert the following options:

Yes

No

If 'No' is selected, insert the following question:

If No, please explain the claims completion factor and its application

Insert Text Box

Please explain:
Insert text box.

Insert the following options:

Yes
No

Insert the following options:

Yes
No

If "No" is selected, insert the following question:

If No, the hospitals should be included in the "private" provider category. The state should also verify that cost/payment data are obtained from the cost reports of the out-of-state hospitals.

Out-of-State hospitals are included in the "private" provider category.

Cost and payment data are obtained from the cost reports of the Out-of-State hospitals.

Insert the following options:

Yes
No

If 'Yes' is selected, insert the following question:

If Yes, describe how the state accounts for CAHs in the UPL calculation (identified in variable 113).

Insert Text box

If 'No' is selected, insert the following question:

If No, please explain the decision to exclude them from the UPL and the basis for demonstrating compliance with 42 CRF 447.272.

Insert text Box

Insert the following options:

Yes
No

If 'Yes' is selected, insert the following question:

If Yes, please provide an explanation of their inclusion and/or adjustment.

Insert text Box

Section I. The basis of the UPL formula:

The following check boxes are listed:

Cost-Based Demonstration (e.g. Cost-to-charge ratio X Medicaid covered O/P charges) or

Payment-Based Demonstration (e.g. Payment-to-charge ratio X Medicaid covered O/P charges)

Other (please describe below):

Text Box

Please provide a general description of the formula:

Section II. The source of the UPL Medicare equivalent data is:

The following check boxes are listed:

The Medicare Cost Report (CMS 2552)

Filed

Settled

Other Data Source (Please describe)

Text Box

What is the time period of the data?

Section III. The state uses the cost report references below:

Cost-Based Demonstration (Cost-to-Charge Ratio):

Describe which columns and lines that are used to determine the cost-to-charge ratios.

Payment-Based Demonstration (Payment to Charge Ratio):

Describe which columns and lines that are used to determine the payment-to-charge ratios.

Does the Medicare payment data represent gross reported payment or are adjustments made to the data to capture the net payment?

For net reported payments, please explain the adjustments for primary payer payments, deductible, coinsurance and reimbursable bad debts. (Please note: if deductibles and coinsurance are added onto the Medicare payment, the state should remove reimbursable bad debts included in the Medicare payments).

Other Cost Report Worksheets, Columns and Lines used:

If the state uses other worksheets, describe them and how they are applied.

Section IV. The State applies the Medicaid charge data, as described below to the N

The following check boxes are listed:

The Medicaid charges are from paid claims reported from the MMIS.

The Medicaid charges are from another source.

Other source: _____.

Do the dates of service for the Medicaid charge/day/discharge data match the dates of services from the Medicare cost report data?

If no, please explain.

Does the state only include Medicaid charges from in-state Medicaid residents?

Does the charge data exclude crossover claims?

Are physicians and other professional services excluded?

Please explain the inclusion of any professional service charges and verify that those services as covered, paid and billed as Medicaid outpatient hospital service payments in accordance with the State's approved State plan methodology.

Section V. The UPL demonstration applied Medicaid payment data as follows:

Medicaid base payment data is reported from the MMIS.

If the source of the payment data is a different source, please explain.

Are the dates of service for the Medicaid payment data consistent with the Medicaid charge data and the hospital cost reporting period?

If no, please explain:

Medicaid payment data includes ALL base and supplemental payments to outpatient hospital providers. Base and supplemental payments must be separately identified. Note: any reimbursement paid outside of the MMIS should be included.

Please explain payments that are made outside of the MMIS.

Medicaid payment data exclude crossover claims.

Is the Medicaid payment reported gross or net of primary care payments, deductibles and co-pays?

Describe how Medicaid payment rate changes between the base period and the UPL period are accounted for in the demonstration?

Does the dollar amount of payments for the UPL base period equal the "claimed" amounts on the CMS-64, Medicaid Expenditures report for the UPL time period?

If no, please provide a reconciliation and explanation of the difference?

Section VI. The State trends and adjusts the UPL Data, as below:

The state trends the UPL inflation

Explain the trending factor and its source.

Is the inflation trend applied from "mid-point to the mid-point" in order to most accurately project future experience?

The state trends the UPL for volume/utilization

Explain the volume/utilization adjustment, including: how it will assure the UPL does not over or understate the volume of Medicaid inpatient hospital services provided in the rate year, how it is applied and that it is applied consistently to the Medicare equivalent and Medicaid payment data:

Please explain all additional trends or factor that are used in the demonstration and their application:

Does the state apply a claims completion factor to the payment data?

Please explain the claims completion factor and its application:

Does the state apply a claims completion factor to the charge data?

Please explain the claims completion factor and its application:

Is the claims completion factor equally applied to the payment and charge data?

Section VII: The state UPL data demonstration is structured as follows:

The state conducted the UPL demonstration separately for state government owned or operated, non-state government owned or operated and privately owned or operated hospitals.

All Medicaid base and supplemental payments are included in the demonstration and are separately identified.

The demonstration includes all facilities that receive outpatient hospital payments under Medicaid.

The demonstration only includes in-state hospital

If the state includes out of state hospitals in the UPL calculation, please verify that data on cost/payments have been obtained from the cost report of the out of state hospitals and include the hospitals in the "private" bucket for purposes of the UPL.

Are Critical Access Hospitals included?

Describe how the state accounts for CAHs in the UPL calculation?

If CAHS are excluded, please explain the decision to exclude them from the UPL and the basis for demonstrating compliance with 42 CFR 447.321.

Response (ORIGINAL)

No.
Section

1

Text Box

2

3

4

Base year data: Text Box
Rate year data: Text Box

5

6

The following options are listed:
Worksheet C
Worksheet D

6a

Text Box

6b

The following option is listed:
Worksheet E, Part B (Payments) / Worksheet D, Part
V and VI (Charges)

7

Text Box

Section

The following options are listed:
Gross
Net

1

Text Box

2

Text Box

Section

Medicare charge ratio:

1

2

The following options are listed:

Yes

No

3

The following options are listed:
Yes
No

Section

The following options are listed:
Yes
No

1

Text Box

2

3

The following options are listed:
Yes
No

4

Text Box

5

The following options are listed:
Yes
No

Section

Text Box 1

The following options are listed:
Yes
No 2

Text Box 3

The following options are listed:
Yes
No 4

The following options are listed:
Gross
Net 5

Text Box

6

The following options are listed:
Yes
No

6a

Text Box

Section

1

The following options are listed:
Yes
No

1a

Text Box 2

The following options are listed:
Yes
No 3

The following options are listed:
Yes
No 4

Text Box 5

Text Box 5a

The following options are listed:
Yes
No **Section**

Text Box 1

The following options are listed: 2
Yes
No
Text Box 3

The following options are listed: 4
Yes
No

The following options are listed: 1
Yes
No

The following options are listed: 2
Yes
No

The following options are listed: 3
Yes
No

The following options are listed: 4
Yes
No

The following options are listed: 5
Yes
No

The following options are listed: 6
Yes
No

Text Box 7

Text Box 8

UPL Guidance Question (UPDATED)

I: UPL Demonstration Overview

Are there any significant changes to the prior year UPL methodology?

Does the UPL demonstration align with your state fiscal year?

Does the UPL demonstration trend data from the previous UPL demonstration submission or does it contain new data? If using trended data, please specify which data variables are trended.

Note:

Trended data may include variables 203 (Medicare Costs), 204 (Medicaid Charges), and 205 (Medicare Payments).

Does the UPL demonstration include a full 12 months of data for each provider?

Is the beginning date of the data more than 2 years from the beginning date of the UPL demonstration period?

Has the provider count (providers enrolled in the Medicaid program and included in the UPL demonstration) changed from the previous UPL demonstration?

Please explain the changes, including any new providers, closed providers, or mergers. Please also cite the source of this data.

Please list any changes in the provider category designations (SGO, NSGO, and Private).

Indicate the percentage of managed care and FFS in the state's Medicaid program overall and also for outpatient hospital services.

I II: The source of the UPL Medicare Equivalent Data is:

What is the source of the UPL Medicare equivalent data?

What is the time period of the data?

Note: The response to this question is auto-generated based on the data in the OPH UPL submission.

Base year data means the 12 month period (this is a date range input) for which the state has Medicaid and Medicare data that serves as the baseline for the UPL demonstration.

Rate year data means the 12 month period (this is a date range input) for which the UPL demonstration is being performed. The rate year should be the current UPL demonstration year.

I III: The State uses the Cost Report References below:

Cost-Based Demonstration (Cost-to-Charge Ratio)

Payment-to-Charge Demonstration (Payment to Charge Ratio)

Does the Medicare payment data represent gross reported payment or are adjustments made to the data to capture the net payment?

IV: The State applies the Medicaid charge data, as described below to the Medicare cl

Are the Medicaid covered charges/days from paid claims reported from the MMIS?

Do the dates of service for the Medicaid charge data match the dates of services from the Medicare cost report data?

Does the state only include Medicaid charges from in-state Medicaid providers?

Note: If the state includes Medicaid charges from out-of-state, please place the provider in the private ownership category. (Variable 110)

Does the charge data exclude crossover claims?

Note: Crossover claims are claims that are both Medicare and Medicaid and are for dual eligible beneficiaries. These claims should be excluded for UPL demonstration purposes because Medicaid only pays the deductible/coinsurance or copay amount of the claim or the difference between the Medicaid and Medicare payment rate if the Medicaid rate is higher. The Medicaid portion of the claim would be much lower as a payer on the claim and would not represent the normal Medicaid payment. As such, the UPL gap would not reflect the true gap.

Are physicians and other professional services excluded?

V: The UPL demonstration applies Medicaid payment data as follows:

Are Medicaid base payment data reported from the MMIS?

Are the dates of service for the Medicaid payment data consistent with the Medicaid charge data and the hospital cost reporting period?

Does the Medicaid payment data include ALL base and supplemental payments to outpatient hospital providers?

Do Medicaid payment data exclude crossover claims?

Note:

Crossover claims are claims that are both Medicare and Medicaid and are for dual eligible beneficiaries. These claims should be excluded for UPL demonstration purposes because Medicaid only pays the deductible/coinsurance or copay amount of the claim or the difference between the Medicaid and Medicare payment rate if the Medicaid rate is higher. The Medicaid portion of the claim would be much lower as a payer on the claim and would not represent the normal Medicaid payment. As such, the UPL gap would not reflect the true gap.

Is the Medicaid payment reported gross or net of the primary payer payments, deductibles, and co-pays?

Describe how Medicaid payment rates change between the base period and the UPL period are accounted for in the demonstration?

Note:

For example, a SPA is approved between the base period data and the UPL demonstration period and it increased Medicaid payment rates. The state needs to account for the payment rate change because it is not represented in the base period data.

Instructions: In order to account for rate increases or decreases through the approval of a state plan amendment(s), a state will use variable 308 (Medicaid Inflation Factor), 309 (Other Adjustment to MCD Payments), or 408 (Adjustment to the UPL Gap) in the OMB-Approved Template. If the rate increase (or decrease) was implemented as a percentage of the prevailing rate at the time then the state should capture that increase or decrease in either variable 308 or 309. The state has the option to include the increase or decrease in variable 308 along with an inflationary increase the state used to demonstrate the UPL or may include it in variable 309 apart from any inflationary increase. As well, if the rate increase or decrease was not implemented as a percentage change but as a specified amount for each provider then the state may show this in the OMB-Approved Template as specific amounts distributed across all facilities as appropriate in variable 408.

Are all adjustments related to SPAs between the Medicaid data base period and UPL demonstration period accounted for in the demonstration?

VI: The State trends or adjusts the UPL data, as follows:

Does the state trend the UPL for inflation?

Is the inflation factor trend applied from mid-point to mid-point in order to most accurately project future experience?

Does the state trend the UPL for volume/utilization?

Are there any additional trends or factors for the UPL (not for the Medicaid payments) that are used in the UPL demonstration and their application?

Does the state apply a claims completion factor (when a state does not have a full year of data for the trending factors) to the charge data?

Does the state apply a claims completion factor to the payment data?

If Yes, is the claims completion factor equally applied to the payment and Medicaid charge data used in computing the Medicare UPL (all data in the demonstration should be for a full year)?

¶ VII: The State UPL data demonstration is structured as follows:

Explain any significant increases or decreases in the UPL Gap from the prior year's UPL demonstration for each applicable provider category (SGO, NSGO, and Private).

Note: If there were no significant increase or decrease in the UPL Gap from the previous year, then insert "No significant increase or decrease from the previous year" as the response.

Does the demonstration include all outpatient hospitals that receive payments under Medicaid?

Does the demonstration only include in-state hospitals?

Are provider taxes included and/or adjusted for in the UPL data (variable 401)?

This question was removed as no longer relevant given the other questions asked.

This question was removed as no longer relevant given the other questions asked.

This question was removed as no longer relevant given the other questions asked.

This question was removed as no longer relevant given the other questions asked.

This question was removed as no longer relevant given the other questions asked.

This question was removed as no longer relevant given the other questions asked.

This question was removed as no longer relevant given the other questions asked.

This question was removed as no longer relevant given the other questions asked.

Response or Follow-Up Questions (UPDATED)

Insert the following options:

Yes
No

If 'Yes' is selected, insert the following question:

If Yes, please explain.

Insert Text Box

Insert the following options:

Yes
No

If 'No' is selected, insert the following question::

If No, please explain.

Insert Text box

Add the following note:

The UPL demonstration period should start the day after the previous UPL demonstration period's end date.

Insert the following options:

Data trended from previous submission

Add the following note:

Note: If using data trended from a previous submission the beginning date of that data must be no more than 2 years from the beginning date of the current UPL demonstration.

New data

Insert the following options:

Yes
No

If 'No' is selected, insert the following question:

If No, please explain.

Insert Text Box

Insert the following options:

Yes
No

If 'Yes' is selected, insert the following question:

If Yes, please explain.

Insert Text box

Insert the following options:

Yes
No

Insert Text Box

Insert Text Box

Insert Text Box

Insert the following options:
Medicare Cost Report (CMS 2552)
Other Data Source

If 'Medicare Cost Report (CMS 2552)' is selected, insert the following question and options.
Note that both Filed and Settled may be selected.

The Medicare Cost Report (CMS 2552) is:
Filed (System populated field in Variable 202 from spreadsheet - Read only)
Settled (System populated field in Variable 202 from spreadsheet - Read only)

If both "Filed and Settled" are shown in the data, the following text shall display:
The data from the Medicare Cost reports are Filed and Settled.

If only "Filed" is shown in the data, the following text shall display:
The data from the Medicare Cost reports are Filed.

If only "Settled" is shown in the data, the following text shall display:
The data from the Medicare Cost reports are Settled.

If 'Other Data Source' is selected, insert the following question:
If the UPL Medicare equivalent data is from a different source, please describe.
Insert text box.

The following Base Year Data and Rate Year Data should display as read-only:

Base Year Data:
MCR Begin Date: System populated field in variable 200.1
MCR End Date: System populated field in variable 200.2
MCD Begin Date: System populated field in variable 300.1
MCD End Date: System populated field in variable 300.2

Rate Year Data:
State Demonstration Rate Year: System populated field in SFY
Demo Begin Date: System populated field in variable 002
Demo End Date: System populated field in variable 003

Insert the following options:

Worksheet C

Worksheet D

If Worksheet C is selected, insert the following options:

*Note the user should be able to select both options.

Medicare Cost Variable 203

Medicare Charges Variable 204

If Medicare Cost Variable 203 is selected then insert

WKST C, Part 1, Column 5, Sum of lines 50-98

If Medicare Charges Variable 204 is selected, insert the following options:

WKST C, Part 1, Column 7, Sum of lines 50-98, or

WKST D, Part V, Columns 2-4, Sum of lines 50-98

If both Medicare Charges Variable 203 and Variable 204 are selected, all worksheets shall be displayed to the user under each option.

If Worksheet D is selected, insert the following information:

Describe which columns and lines that are used to determine the cost-to-charge ratios.

Insert text box

Insert the following option:

Worksheet E, Part B

Other

If Worksheet E, Part B is selected, insert the following options:

*Note the user should be able to select both options.

Medicare Payments Variable 205

Medicare Charges Variable 204

If Medicare Payments variable 205 is selected then insert:

For Medicare OPPS Gross Payments - WKST E, Part B, Sum of lines 21 and 24

For Medicare OPPS Net Payments - WKST E, Part B, Sum of lines 21, 24, 33, and 35 minus lines 25, 26, and 31.

If Medicare Charges variable 204 is selected then insert:

WKST C, Part 1, Column 7, Sum of lines 50-98, or

WKST D, Part V, Columns 2-4, Sum of lines 50-98

If both Medicare Charges Variable 205 and Variable 204 are selected, all worksheets shall be displayed to the user under each option.

If no worksheet is selected, insert the following question:

If you are not utilizing the listed worksheets, please describe which worksheets, columns, and lines are used.

Insert text box.

Insert the following options:

Note: The selection for this question must match the selection in "Section V", question 5

Gross

Net

If Net is selected, insert the following:

If Net, please explain the adjustments for primary payer payments, deductible, coinsurance, and reimbursable bad debts. (Please note: if deductibles and coinsurance are added onto the Medicare payment, the state should remove reimbursable bad debts included in the Medicare payments).

Insert Text box

Large ratios:

Insert the following options:

Yes
No

If No is selected, insert the following question:

Please name the other source.

Insert text Box

Insert the following options:

Yes
No

If 'No' is selected, insert the following question:

If No, please explain.

Insert Text box

Insert the following options:

Yes
No

Insert the following options:

Yes
No

If 'No' is selected, insert the following:

Explain how including the crossovers would provide a more relevant estimate. If included, please explain the inclusion of outpatient hospital service charges and verify that those services are covered, billed, and paid as Medicaid outpatient hospital service payments in accordance with the approved state plan outpatient hospital reimbursement methodology.

Insert Text box

Insert the following options:

Yes
No

If 'No' is selected, insert the following question:

If included, please explain the inclusion of any professional service charges and verify that those services are covered, billed, and paid as Medicaid Outpatient Hospital service payments in accordance with the State's approved state plan methodology. If the services are not covered, billed, and paid as Medicaid Outpatient Hospital service payments then the data for these services should be removed from the OPH UPL demonstration.

Insert Text box

Insert the following options:

Yes

No

If 'No' is selected, insert the following question:

If No, please explain the source of the payment data.

Insert Text box

Insert the following options:

Yes

No

If 'No' is selected, insert the following question:

If No, please explain.

Insert text box

Insert the following options:

Yes

No

If 'No' is selected, insert the following question:

If No, please explain payments that are made outside of the MMIS.

Insert Text Box

Insert the following options:

Yes

No

If 'No' is selected, insert the following question:

If crossover claims are included, please provide an explanation of how they are treated in the UPL.

Insert Text Box

Insert the following options:

I acknowledge the response for this question has been selected in "Section III", question 3. The value from Section III, question 3 will be inserted.

Please describe:
Insert text box.

Insert the following options:
Yes
No

If 'No' is selected, insert the following question:
Please list each SPA number with a brief description of the adjustment.
Insert Text box

Insert the following options:
Yes
No

If 'Yes' is selected, insert the following question:
If Yes, please explain the inflation factor and its source (variable 404- description).
Insert Text box

Insert the following options:
Yes
No

If 'No' is selected, insert the following question:
If No, please explain.
Insert Text box

Insert the following options:

Yes

No

If 'Yes' is selected, insert the following question:

If Yes, please explain the volume/utilization adjustment, including:

How it will assure the UPL does not over or understate the volume of Medicaid outpatient hospital services provided in the rate year?

How it is applied?

Discuss how it is applied consistently to the Medicare equivalent and Medicaid payment data.

Please explain:

Insert Text box

Insert the following options:

Yes

No

If 'Yes' is selected, insert the following question:

If Yes, please explain all additional trends or factors for the UPL.

Insert Text box

Insert the following options:

Yes

No

If 'Yes' is selected, insert the following question:

If Yes, please explain the claims completion factor and its application.

Insert text box

Insert the following options:

Yes

No

Insert the following options:

Yes

No

If 'No' is selected, insert the following question:

If No, please explain the claims completion factor and its application

Insert Text Box

Please explain:

Insert text box

Insert the following options:

Yes

No

Insert the following options:

Yes

No

If "No" is selected, insert the following question:

If No, the hospitals should be included in the "private" provider category. The state should also verify that cost/payment data are obtained from the cost reports of the out-of-state hospitals.

Out-of-State hospitals are included in the "private" provider category.

Cost and payment data are obtained from the cost reports of the Out-of-State hospitals.

Insert the following options:

Yes

No

If 'Yes' is selected, insert the following question:

If Yes, please provide an explanation of their inclusion and/or adjustment.

Insert text Box

Section I. The Basis of the UPL Formula is:

The following check boxes are listed:

Cost-Based Demonstration (e.g. Routine per diem X Medicaid covered days, and Cost-to-charge ratio X Medicaid covered NF charges) or

Medicaid Nursing Facility Cost Report Demonstration, or

Medicare Resource Utilization Group (RUGs) Payment Demonstration

Other (please describe below):

Text Box

Please provide a general description of the formula:

Section II. The source of the UPL Medicare equivalent data is:

The following check boxes are listed:

The Medicare Cost Report (CMS 2540 and 2552 for hospital-based NF services)

Filed

Settled

State Nursing Facility Cost Report

Filed

Settled

Medicare Resource Utilization Group (RUGs)

Other Data Source (Please describe)

Text Box

What is the time period of the data?

Is the data the most recently available to the state?

Section III. The State uses the Medicare Cost Report to Calculate the Medicare Equivalent:

Cost-Based Demonstration: (Sub-section)

CMS 2552:

The following check boxes are listed:

Worksheet B (costs)

Worksheet C (cost and changes)

Worksheet D-1 (per diems)

CMS 2540:

The following check boxes are listed:

Worksheet B (costs)

Worksheet C (ancillary cost and ancillary charges)

Worksheet D-1 (per diems)

Describe which columns and lines that are used to determine the cost-to-charge ratios and the routine per diem amounts used in the cost-based UPL.

Other Cost Report Worksheets, Columns and Lines used: (Sub-section)

If the state uses other worksheets, describe them and how they are applied.

The following check box is listed:
The ancillary and routine Medicare costs are determined per facility.

The state makes necessary adjustments to account for differences in Medicare and Medicaid costs and charges (e.g. reduces Medicare cost and charges for drugs)

Explain the adjustments?

The State applies Medicaid ancillary charge data, as described below to the Medicare ancillary ch

The following check boxes are listed:

The Medicaid covered charges are from paid claims reported from the MMIS

The Medicaid covered charges are from another source

Other source and description:

Do the dates of service for the Medicaid ancillary charge data match the dates of services from the Medicare cost report data?

If no, please explain.

Does the state only include Medicaid charges from in-state Medicaid residents?

Does the charge data exclude crossover claims?

Are physicians and other professional service charges excluded?

Please explain the inclusion of any professional service charges and verify that those services as covered, billed and paid as Medicaid nursing facility service payments in accordance with the State's approved State plan methodology.

The State calculates Medicare routine cost per diem for each facility: (Sub-section)

Describe the calculation:

The following check boxes are listed:

The source of Medicaid covered days are from paid claims reported from the MMIS.

The source of the Medicaid covered days are the worksheets, columns and lines listed below from a state nursing facility cost report:

Text Box

Section IV: The State uses a Medicaid State Nursing Facility Cost Report to Calculate the Medica

Describe the cost report and provide a crosswalk of the worksheets, lines and columns to the equivalent worksheets, lines and columns reported on the Medicare 2552 or 2540. Please fully detail any variation between the state's cost report and the Medicare cost report.

Describe the treatment of capital expenditures:

The State calculates Medicare-equivalent cost per diem for each facility:
Describe the calculation:

The following check boxes are listed:
The source of the Medicaid covered days are the worksheets, columns and lines listed below from a state nursing facility cost report: Text Box

The source of the Medicaid covered days are paid claims reported from the MMIS.

Section V. The State uses Resources Utilization Groups to Calculate the Medicare Equivalent:

Describe the version of the RUGs case-mixed classification system used in the demonstration and the calculation of the Medicare equivalent payment:

Describe all adjustments the state makes to account for variation between the Medicare RUGs system and the state's Medicaid nursing facility reimbursement policy:

Section VI. The UPL demonstration applies Medicaid payment data as follows:

Medicaid base payment data is reported from the MMIS.

If the source of the payment data is a different source, please explain:

Medicaid payment data includes ALL base and supplemental payments to nursing facility providers. Base and supplemental payments must be identified separately. Note: any reimbursement paid outside of MMIS should also be included (e.g. quality incentive payments.)

Please explain payment that are made outside of the MMIS.

Medicaid payment data exclude crossover claims.

Is the Medicaid payment reported gross or net of deductibles and co-pays?

Describe how Medicaid payment rate changes between the base period and the UPL period are accounted for in the demonstration.

Does the dollar amount of payments for the UPL base period equal the "claimed" amounts on the CMS-64, Medicaid Expenditures report for the UPL time period?

If no, please provide a reconciliation and explanation of the difference?

Section VII. The State trends the UPL data, as follows:

The State trends the UPL for inflation.

Explain the trending factor and its source.

The state trends using the RUGs frequency distribution for each facility.

Please describe the application of the frequency distribution

Is the inflation trend applied from "mid-point to the mid-point" in order to most accurately project future experience?

The State trends the UPL for volume/utilization.

Explain the volume/utilization adjustment, including: how will it assure the UPL does not over or understate the volume of Medicaid nursing facility services provided in the rate year, how it is applied and that it is applied consistently to the Medicare equivalent and Medicaid payment data:

Does the state apply a claims completion factor to the payment data?

Please explain the claims completion factor and its application:

Does the state apply a claims completion factor to the day/charge data?

Please explain the claims completion factor and its application:

Is the claims completion factor equally applied to the payment and day/charge data?

Section VIII. The State UPL data demonstration is structured as follows:

The state conducted the UPL demonstration separately for state government owned or operated, non-state government owned or operated and privately owned or operated nursing facilities.

All Medicaid base and supplemental payments are included in the demonstration and are separately identified.

The demonstration includes all nursing facilities that receive payments under Medicaid?

The data demonstration only includes in-state nursing facilities.

If the state includes out of state hospitals in the UPL calculation, please verify that data on cost/payments have been obtained from the cost report of the out of state hospitals and that the hospitals are included in the "private" provider category.

Response (ORIGINAL)

No.
Section

1

2

3

4

Base year data: Text Box
Rate year data: Text Box

5

The following options are listed:
Yes
No

6

6a

6b

Text Box

7

Section

1

Text Box

2

3

The following options are listed:
Yes
No

Section

Text Box

1

arge ratios: (Sub-section)

2

3

Text Box

4

Text Box

Section

The following options are listed:
Yes
No

1

The following options are listed:
Yes
No

2

The following options are listed:
Yes
No

Section

Text Box

1

2

Text Box

3

4

re Equivalent:

5

Text Box

5a

Text Box

Section

Text Box

1

2

3

Text Box

4

Text Box

5

6

The following options are listed:
Yes
No

7

Text Box

Section

The following options are listed:
Yes
No

1

Text Box

2

The following options are listed:
Yes
No

3

The following options are listed:
Gross
Net

4

Text Box

The following options are listed:
Yes
No

Text Box

The following options are listed:
Yes
No

Text Box

The following options are listed:

Yes

No

Text Box

The following options are listed:

Yes

No

The following options are listed:

Yes

No

Text Box

The following options are listed:

Yes

No

Text Box

The following options are listed:

Yes

No

Text Box

The following options are listed:

Yes

No

UPL Guidance Question (UPDATED)

I: UPL Demonstration Overview

Are there any significant changes to the prior year UPL methodology?

Does the UPL demonstration align with your state fiscal year?

Does the UPL demonstration trend data from the previous UPL demonstration submission or does it contain new data?

Does the UPL demonstration include a full 12 months of data for each provider?

Is the beginning date of the data more than 2 years from the beginning date of the UPL demonstration period?

Has the provider count changed from the previous UPL demonstration?

Please explain the changes, including any new providers, closed providers, or mergers.

Please list any changes in the provider category designations (SGO, NSGO, and Private).

Indicate the percentage of managed care and FFS in the state's Medicaid program overall and also for nursing facility services.

II: The Source of the UPL Medicare equivalent data is:

What is the source of the UPL Medicare Equivalent Data?

What is the time period of the data?

Note:

Base year data means the 12 month period (this is a date range input) for which the state has Medicaid and Medicare data that serves as the baseline for the UPL demonstration.

Rate year data means the 12 month period (this is a date range input) for which the UPL demonstration is being performed. The rate year should be the current UPL demonstration year.

Is the data the most recently available to the state?

III: Cost-Based Demonstration using State Developed Nursing Facility Cost Report

Please describe the cost report and provide a cross walk of the worksheets, columns, and lines to the equivalent worksheets, columns, and lines reported on the Medicare 2540 or 2552. Please fully detail any variation between the state's cost report and the Medicare cost report.

Please describe the state calculation for Medicare-equivalent cost per diem for each facility.

Please describe the treatment of capital expenditures.

What is the source of the Medicaid covered days?

IV: Medicare Resource Utilization Group (RUGs)

Describe the version of the RUGs case-mixed classification system used in the demonstration and the calculation of the Medicare equivalent payment.

Describe all adjustments the state makes to account for variation between the Medicare RUGs system and the state's Medicaid nursing facility reimbursement policy.

V: The UPL demonstration applies Medicaid payment data as follows:

Are Medicaid base payment data reported from the MMIS?

Does the Medicaid payment data includes ALL base and supplemental payments to nursing facility providers?

Do Medicaid payment data exclude crossover claims?

Is the Medicaid payment reported gross or net of deductibles and co-pays?

Describe how Medicaid payment rate changes between the base period and the UPL period are accounted for in the demonstration.

Note:

For example, a SPA is approved between the base period data and the UPL demonstration period and it increased Medicaid payment rates. The state needs to account for the payment rate change because it is not represented in the base period data.

Instructions: In order to account for rate increases or decreases through the approval of a state plan amendment(s), a state will use variable 308 (Medicaid Inflation Factor), 309 (Other Adjustment to MCD Payments), or 408 (Adjustment to the UPL Gap) in the OMB-Approved Template. If the rate increase (or decrease) was implemented as a percentage of the prevailing rate at the time then the state should capture that percentage in either variable 308 or 309. The state has the option to include the increase or decrease in variable 308 along with an inflationary increase the state used to demonstrate the UPL or may include it in variable 309 apart from any inflationary increase. As well, if the rate increase or decrease was not implemented as a percentage change but as a specified amount for each provider then the state may show this in the OMB-Approved Template as specific amounts distributed across all facilities as appropriate in variable 408.

Are all adjustments related to SPAs between the Medicaid data base period and UPL demonstration period accounted for in the demonstration?

VI: The State trends or adjusts the UPL data, as follows:

Does the state trend the UPL for inflation?

Does the state trend using the RUGs frequency distribution for each facility?

Is the inflation factor trend applied from mid-point to mid-point in order to most accurately project future experience?

Does the state trend the UPL for volume/utilization?

Does the state apply a claims completion factor to the payment data?

Does the state apply a claims completion factor to the day/charge data?

Is the claims completion factor equally applied to the payment and day/charge data?

¶ VII: The State UPL data demonstration is structured as follows:

Explain any significant increases or decreases in the UPL Gap from the prior year's UPL demonstration for each applicable provider category (SGO, NSGO, and Private).

Does the demonstration include all nursing facilities that receive payments under Medicaid?

Does the data demonstration only include in-state nursing facilities?

Are provider taxes included and/or adjusted for in the UPL data (variable 401)?

Response or Follow-Up Questions (UPDATED)

Insert the following options:

Yes
No

If 'Yes' is selected, insert the following question:

If Yes, please explain.

Insert Text Box

Insert the following options:

Yes
No

If 'No' is selected, insert the following question:

If No, please explain.

Insert Text box

Add the following note:

Note: The UPL demonstration period should start the day after the previous UPL demonstration period's end date.

Insert the following options:

Data trended from previous submission

Add the following note:

Note: If using data trended from a previous submission the beginning date of that data must be no more than 2 years from the beginning date of the current UPL demonstration.

New data

Insert the following options:

Yes
No

If 'No' is selected, insert the following question:

If No, please explain.

Insert Text Box

Insert the following options:

Yes
No

If 'Yes' is selected, insert the following question:

If Yes, please explain.

Insert Text box

Insert the following options:

Yes

No

Insert Text Box

Insert Text Box

Insert Text Box

Note: Insert one of the below text for "Filed" and "Settled" as it applies.

The data from the Medicare Cost reports are Filed and Settled. (If both "Filed and Settled" are shown in the data)
The data from the Medicare Cost reports are Filed. (If only "Filed" is shown in the data)
The data from the Medicare Cost reports are Settled. (If only "Settled" is shown in the data)

Insert the following options: User can choose more than one option.

The Medicare Cost Report (CMS 2540 and 2552 for hospital-based NF services)

If Medicare Cost Report (CMS 2540 and 2552) is selected, Navigate the user to the below Sub header: Sections III and IV should not be available to the user.

State Developed Nursing Facility Cost Report

If State Developed Nursing Facility Cost Report is selected, then Section IV should not be available to the user.

Medicare Resource Utilization Group (RUGs)

If Medicare Resource Utilization Group (RUGs) is selected, then Section III should not be available to the user.

Patient Driven Payment Method (PDPM)

When 'The Medicare Cost Report' is selected, insert the following:

Sub Header: The State Uses the Medicare Cost Report to Calculate the Medicare Equivalent: Cost-Based Demonstration using Medicare Cost Report

1. Please select the worksheet(s) that apply. (More than one option can be selected)

Insert the following options to select:

Total All-Payer Cost (SNF Routine Cost):

When this option is chosen please make the following note available: "In the NF Cost Template, cost per diem is used to calculate the UPL from the cost report period. Where total all-payer SNF routine cost is used, it is divided by the total all-payer inpatient SNF days".

If this option is selected, insert the following options:

CMS 2540: WKST B, Part I, Column 18, Line 30

CMS 2552: WKST B, Part I, Column 26, Line 44

Total All-Payer Cost (NF Routine Cost):

When this option is chosen please make the following note available: "In the NF Cost Template, cost per diem is used to calculate the UPL from the cost report period. Where total all-payer NF routine cost is used, it is divided by the total all-payer inpatient NF days".

If this option is selected insert the following options:

This will be Read-only for the user.

Base Year Data:

MCR Begin Date: System populated field in variable 200.1

MCR End Date: System populated field in variable 200.2

MCD Begin Date: System populated field in variable 300.1

MCD End Date: System populated field in variable 300.2

Rate Year Data:

State Demonstration Rate Year: System populated field in SFY

Demo Begin Date: System populated field in variable 002

Demo End Date: System populated field in variable 003

Insert the following options:

Yes

No

Insert text box

Insert text box

Insert text box

Insert the following options:
Paid claims reported from the MMIS
State nursing facility cost report

If 'State nursing facility cost report' is selected, insert the following question:
Please identify the worksheets, columns, and lines from the state nursing facility cost report.
Insert text box

Insert text box

Insert text box

Insert the following options:
Yes
No

If 'No' is selected, insert the following question:
If No, please explain the source of the payment data.
Insert text box

Insert the following options:
Yes
No

If 'No' is selected, insert the following question:
If No, please explain the source of any payment that are made outside of the MMIS.
Insert Text Box

Insert the following options:

Yes

No

If 'No' is selected, insert the following question:

If crossover claims are included, please provide an explanation of how they are treated in the UPL.

Insert Text Box

Insert the following options:

Gross

Net

Insert text box

Insert the following options:

Yes

No

If 'No' is selected, insert the following question:

Please list each SPA number with a brief description of the adjustment.

Insert Text box

Insert the following options:

Yes

No

If 'Yes' is selected, insert the following question:

If Yes, please explain the inflation factor and its source (variable 404- description).

Insert text box

Insert the following options:

Yes

No

If 'Yes' is selected, insert the following question:

Please describe the application of the frequency distribution.

Insert the following options:

Yes

No

If 'No' is selected, insert the following question:

If No, please explain.

Insert Text box

Insert the following options:

Yes

No

If 'Yes' is selected, insert the following question:

If Yes, please explain the volume/utilization adjustment, including:

How it will assure the UPL does not over or understate the volume of Medicaid nursing facility services provided in the rate year?

How it is applied?

Discuss how it is applied consistently to the Medicare equivalent and Medicaid payment data.

Insert text box

Insert the following options:

Yes

No

If 'Yes' is selected, insert the following question:

If Yes, please explain the claims completion factor and its application.

Insert text box

Insert the following options:

Yes

No

If 'Yes' is selected, insert the following question:

If Yes, please explain the claims completion factor and its application.

Insert text box

Insert the following options:

Yes

No

If 'No' is selected, insert the following question:

If No, please explain the claims completion factor and its application.

Insert text box

Please explain:

Insert Text Box

Insert the following options:

Yes

No

If "No" is selected, insert the following question:

If No, please explain which nursing facilities that received payments from Medicaid are not included and why.

Insert text box

Insert the following options:

Yes

No

If "No" is selected, insert the following question:

If No, the nursing facilities should be included in the "private" provider category. The state should also verify that cost/payment data is obtained from the cost report of the out-of-state nursing facility.

Out-of-state nursing facilities are included in the "private" provider category.

Cost and payment data is obtained from the cost report of the out-of-state nursing facility.

Insert the following options:

Yes

No

If 'Yes' is selected, insert the following question:

If Yes, please provide an explanation of their inclusion and/or adjustment.

Insert text Box