

# **CMS Medicaid UPL Template Training for States: Nursing Facility and Intermediate Care Facility**

Presented by: Truven Health Analytics, an IBM Company

December 6, 2017



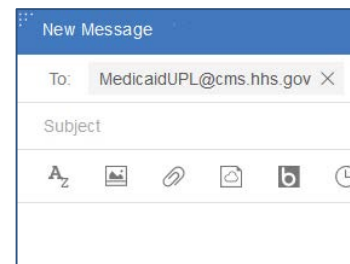
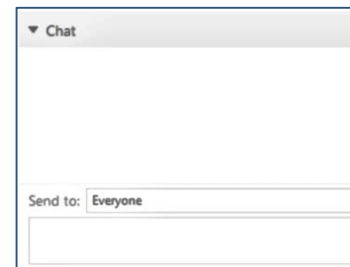
IBM Watson Health



# Asking Questions During the Training Session

Questions are expected as a result of this training. To better manage the communication between the presenters and the attendees, the following three methods for asking questions will be utilized:

- Questions sent via the **WebEx Chatbox** should be sent to “All Panelists” and should only be used for:
  - Nationwide (Global template related) issues
  - WebEx technical questions
  - Slide-specific or variable-specific questions
- The **UPL Mailbox** should be used for:
  - State-specific submission questions
  - Questions related to submission source data
  - Policy questions
- The **Raise Hand feature** should be used to ask questions during the Q&A sessions. This feature will only be available to you if your audio is linked with your WebEx.



# UPL Demonstration Templates Overview

Service Type	Demonstration Type			Number of Templates
	Cost	RUGs	Other/Per Diem	
Nursing Facility	X	X	X	3
Intermediate Care Facility			X	1

- To assist states in meeting the requirement to submit annual UPL demonstrations CMS created reporting templates organized by UPL methodology for each of the services listed above
- Other provider types include (not for this training session):
  - Inpatient (IP)
  - Outpatient (OP)
  - Psychiatric Residential Treatment Facility (PRTF)
  - Institution for mental diseases (IMD)
  - Clinic
  - Physician

# UPL Template - Contents

- Full template workbooks include:
  - Overview and instructions
  - Data dictionary
  - Demonstration specific template
    - Variable Number
    - Variable Name
    - Data source and calculation description
- All templates include the following sections:
  - **100 Series:** Identification information
  - **200 Series:** Cost or Medicare payments (basis of the UPL)
  - **300 Series:** Medicaid payments and service volumes
  - **400 Series:** Calculation of UPL and UPL gap amount

# Completing the Templates: 9 Steps

Step	Description
1	Open the appropriate Microsoft® Excel-based service type template workbook
2	Choose the UPL template for the selected demonstration method
3	Copy the service type template into state UPL submission workbook
4	Populate the 100 Level Data Series
5	Populate the 200 Level Data Series – Basis of the UPL
6	Populate the 300 Level Data Series – Medicaid Payments and Service Volumes
7	Medicaid Inflation
8	UPL Inflation
9	Adjustments to the UPL and UPL Gap Calculation

# **Explanation of Template Steps and Data Series**

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# Variable Designations

Every Variable, in every template, is designated as one of the three fields in the table below.

Field Type	Field Description
Provide if Applicable (PIA)	Values should be provided if they apply to your state's methodology
Required	Variables deemed as necessary by CMS
Calculated	Variables are dependent upon entries into the Required Variables and are calculated automatically by the template

## Finding the Field Designations

Demo Info:	Demo Info:	Demo Info:	Demo Info:	P
(Required)	(Required)	(Required)	(Required)	
State	State Demonstration Rate Year	Service Type	Demonstration Type	
[100]	[101]	[102]	[104]	

The variable field type can be found here in the templates

# Template Header

A	B	C
(Required)	(Required)	(Required)
State	Demonstration Begin Date	Demonstration End Date
[001]	[002]	[003]

- The template header section is located in the top left corner of all templates
- This section is required and should be filled out by the state
- The dates listed in Variable 002 and 003 should be the start and end dates for your state demonstration
  - For example, if this is your state fiscal year 2016 submission, Variable 002 would contain 07/01/2015 and Variable 003 would contain 06/30/2016
- The purpose of this section is to ensure that the state submission contains no gaps from year to year



# Step 1 - Open the Templates

B	C	D	E	F	G	H
Demo Info:	Demo Info:	Demo Info:	Demo Info:	Provider Info:	Provider Info:	Provider Info:
(Required)	(Required)	(Required)	(Required)	(PIA)	(PIA)	(Required)
State	State Demonstration Rate Year	Service Type	Demonstration Type	Other State Provider ID Number	National Provider ID (NPI)	Medicare Certification Number (Medicare ID)
[100]	[101]	[102]	[104]	[105]	[109]	[112]
Overview & Instructions		Data Dictionary		NF Cost	NF RUGs	<b>NF Per Diem</b>

Once the appropriate template is open, the user will find:

- Overview & Instructions tab
- Data Dictionary tab
- 5 tabs in the NF workbook, and 3 tabs in the ICF workbook

# Step 2 – Choose your Template and Methodology Type

B	C	D	E	F	G	H
Demo Info:	Demo Info:	Demo Info:	Demo Info:	Provider Info:	Provider Info:	Provider Info:
(Required)	(Required)	(Required)	(Required)	(PIA)	(PIA)	(Required)
State	State Demonstration Rate Year	Service Type	Demonstration Type	Other State Provider ID Number	National Provider ID (NPI)	Medicare Certification Number (Medicare ID)
[100]	[101]	[102]	[104]	[105]	[109]	[112]
Overview & Instructions		Data Dictionary		NF Cost	NF RUGs	<b>NF Per Diem</b>

# Step 3 – Copy the Template into the Submission Workbook

A	B	C	D	E	F	G	H	I
(Required)	(Required)	(Required)						
State	Demonstration Begin Date	Demonstration End Date						
[001]	[002]	[003]						
	Demo Info:	Demo Info:	Demo Info:	Demo Info:	Provider Info:	Provider Info:	Provider Info:	Provider Info:
	(Required)	(Required)	(Required)	(Required)	(PIA)	(PIA)	(Required)	(Required)
Database Description & Variable Number	State	State Demonstration Rate Year	Service Type	Demonstration Type	Other State Provider ID Number	National Provider ID (NPI)	Medicare Certification Number (Medicare ID)	State-specific Provider ID (Medicaid ID)
	[100]	[101]	[102]	[104]	[105]	[109]	[112]	[107]
	Overview & Instructions		Data Dictionary	NF Cost	<b>NF RUGs</b>	NF Per Diem		

Open this worksheet and copy a version into your state's workbook. This is where you will be recording your values

# Creating a Notes Tab

Creation of a Notes tab is not required, however it is a best practice. It serves as a place to put additional information and explanations for specific variables within the template, and can be useful as a reference for future UPL submissions.

- A notes tab should include:
  - A Variable Number column
  - A Notes column

## Notes Tab Example:

	A	B	C
1	<b>Template</b>	<b>Variable Number</b>	<b>Reviewer Note</b>
2	Cost		NSGO facilities use a <b>Cost methodology</b>
3	Cost	313.1 - Medicaid Supplemental Payment Per Diem	Supplemental payments are classified as Special Rate Payments
4	Cost	314.1 - Adjustment to Medicaid Per Diem #1	Per diem rate for pharmacy, x-ray and lab
5	Cost	308 - Medicaid Inflation Factor	Medicaid payments are not inflated
6	Cost	405 - UPL Inflation Factor	The UPL is inflated
7	RUGs		Private and SGO facilities use the <b>RUGs methodology</b>
8	RUGs	313.1 - Medicaid Supplemental Payment Per Diem	Supplemental payments are classified as Special Rate Payments
9	RUGs	314.1 - Adjustment to Medicaid Per Diem #1	Per diem rate for pharmacy, x-ray and lab
10	RUGs	308 - Medicaid Inflation Factor	Medicaid payments are not inflated
11	RUGs	405 - UPL Inflation Factor	The UPL is not inflated

# Step 4

## Populate the 100 Series Data Elements: Demonstration and Hospital-Level Identification Information

### Nursing Facility and ICF

Demo Info:	Demo Info:	Demo Info:	Demo Info:
(Required)	(Required)	(Required)	(Required)
State	State Demonstration Rate Year	Service Type	Demonstration Type
[100]	[101]	[102]	[104]

Variable Name →

Variable Number →

Provider Info:	Provider Info:	Provider Info:	Provider Info:	Provider Info:	Provider Info:	Provider Info:
(PIA)	(PIA)	(Required)	(Required)	(Required)	(Required)	(PIA)
Other State Provider ID Number	National Provider ID (NPI)	Medicare Certification Number (Medicare ID)	State-specific Provider ID (Medicaid ID)	Provider Name	Ownership Category Type	Urban / Rural Location
[105]	[109]	[112]	[107]	[108]	[110]	[115]

#### Required Variables:

- State (Variable 100) (enter two-character abbreviation)
- State Demonstration Rate Year (Variable 101)
- Service Type (Variable 102)
- Demonstration Type (Variable 104)
- Medicare Certification Number (Medicare ID) (Variable 112)
- State-Specific ID Number (Medicaid ID) (Variable 107)
- Provider Name (Variable 108)
- Ownership Category Type (Variable 110)

#### Provide if Applicable:

- Other State Provider ID Number (Variable 105)
- National Provider ID (NPI) Number (Variable 109)
- Urban/Rural Location (Variable 115) – Only for Nursing Facility templates

# Step 5

## Populate the 200 Series Data Elements: Basis of the UPL (1 of 3)

### Cost-based (Nursing Facility)

MCR Info:	MCR Info:	MCR Info:	MCR Info:	MCR Info:	MCR Info:	MCR Info:
(Required)	(Required)	(Required)	(Required)	(Required)	(Required)	(Calculated)
Medicare Cost Report Begin Date (DOS)	Medicare Cost Report End Date (DOS)	Medicare Cost Report Filing Status	Medicare Per Diem	Adjustments to Medicare Per Diem #1	Adjustments to Medicare Per Diem #2	Total Cost Per Diem
[200.1]	[200.2]	[202]	[211]	[212.1]	[212.2]	[215]

#### Notes:

- All 200 level data must be entered on a per diem basis

#### Step 5A: If using a Cost template:

##### Required Variables:

- Medicare Per Diem (Variable 211)
- Adjustments to Medicare Per Diem #1 (Variable 212.1)
- Adjustments to Medicare Per Diem #2 (Variable 212.2)

##### Calculated Variable:

- Total Cost Per Diem (Variable 215) (calculated as the sum of Variable 211, Variable 212.1, and Variable 212.2)

# Step 5

## Populate the 200 Series Data Elements: Basis of the UPL (2 of 3)

### RUGs-based (Nursing Facility)

MCR Info:	MCR Info:	MCR Info:	MCR Info:	MCR Info:	MCR Info:	MCR Info:	MCR Info:
(Required)	(Required)	(Required)	(PIA)	(Required)	(Required)	(Required)	(Calculated)
Medicare RUGs Type / Version	Medicare RUGs Rate - Effective Begin Date	Medicare RUGs Rate - Effective End Date	Medicare Days	Average Medicare RUGs Rate Per Diem	Adjustment #1 to RUGs Rate	Adjustment #2 to RUGs Rate	Total Medicare RUGs Per Diem
[217]	[218.1]	[218.2]	[210]	[216]	[219.1]	[219.2]	[222]

### Step 5B: If using a RUGs template:

#### Required Variables:

- Average Medicare RUGs Rate Per Diem (Variable 216)
- Adjustment #1 to RUGs Rate (Variable 219.1)
- Adjustment #2 to RUGs Rate (Variable 219.2)

#### Calculated Variable:

- Total Medicare RUGs Per Diem (Variable 222)  
(Calculated as the sum of Variable 216, Variable 219.1, and Variable 219.2)

### Per Diem-based (Nursing Facility)

MCR Info:	MCR Info:	MCR Info:	MCR Info:	MCR Info:	MCR Info:	MCR Info:	MCR Info:
(Required)	(Required)	(Required)	(Required)	(Required)	(Required)	(Calculated)	(Required)
Medicare Cost Report Begin Date (DOS)	Medicare Cost Report End Date (DOS)	Medicare Cost Report Filing Status	Medicare Per Diem	Adjustments to Medicare Per Diem #1	Adjustments to Medicare Per Diem #2	Total Per Diem Payments	Case Mix Index (CMI)
[200.1]	[200.2]	[202]	[211]	[212.1]	[212.2]	[222]	[207]

### Step 5C: If using a Per Diem template:

#### Required Variables:

- Medicare Per Diem (Variable 211)
- Adjustments to Medicare Per Diem #1 (Variable 212.1)
- Adjustments to Medicare Per Diem #2 (Variable 212.2)
- Case Mix Index (CMI) (Variable 207)

#### Calculated Variables:

- Total Per Diem Payments (Variable 222)  
(Calculated as the sum of Variable 211, Variable 212.1, and Variable 212.2)

# Step 5

## Populate the 200 Series Data Elements: Basis of the UPL (3 of 3)

### ICF

MCR Info:	MCR Info:	MCR Info:	MCR Info:	MCR Info:	MCR Info:	MCR Info:
(Required)	(Required)	(Required)	(Required)	(Required)	(Required)	(Calculated)
Source of UPL or Cost Report Data	Medicare Cost Report Begin Date	Medicare Cost Report End Date	Medicare Per Diem	Adjustments to Medicare Per Diem #1	Adjustments to Medicare Per Diem #2	Total Costs Per Diem
[224]	[200.1]	[200.2]	[211]	[212.1]	[212.2]	[215]

#### Step 5D: If using an ICF template: Required Variables:

- Medicare Per Diem (Variable 211)
- Adjustments to Medicare Per Diem #1 (Variable 212.1)
- Adjustments to Medicare Per Diem #2 (Variable 212.2)

#### Calculated Variable:

- Total Costs Per Diem (Variable 215)  
(Calculated the sum of Variable 211, Variable 212.1, and Variable 212.2)



# Step 6

## Populate the 300 Series Data Elements: Medicaid Payment and Service Volume Information (1 of 2)

- Medicaid payment and service volume for each hospital that will be compared to the Medicare UPL
  - Base year Medicaid charges, Medicaid payments, and Medicaid service volume
  - Beginning and end dates for the base year data time period (based on Date of Service)

### Step 6A (1 of 2): If using a Cost-based or RUGs-based Template (Nursing Facility) or ICF Template:

MCD Info:	MCD Info:	MCD Info:	MCD Info:	MCD Info:	MCD Info:
(Required)	(Required)	(Required)	(Required)	(Required)	(Required)
Time Period of Medicaid Days - Begin Date	Time Period of Medicaid Days - End Date	Medicaid Days	Time Period of Medicaid Rates - Begin Date	Time Period of Medicaid Rates - End Date	Medicaid Regular Payment Per Diem
[300.1]	[300.2]	[310]	[311.1]	[311.2]	[312]

### Step 6A (2 of 2): If using a Cost-based or RUGs-based Template (Nursing Facility) or ICF Template:

MCD Info:	MCD Info:	MCD Info:	MCD Info:	MCD Info:	MCD Info:
(Required)	(Required)	(Required)	(Required)	(Required)	(Calculated)
Medicaid Supplemental Payment Per Diem	Medicaid Supplemental Payment Per Diem (GME/Training)	Medicaid Supplemental Payment Per Diem (Other)	Adjustment to Medicaid Per Diem #1	Adjustment to Medicaid Per Diem #2	Total Medicaid Supplemental Payments Per Diem with Adjustments
[313.1]	[313.2]	[313.3]	[314.1]	[314.2]	[317]

# Step 6

## Populate the 300 Series Data Elements: Medicaid Payment and Service Volume Information (2 of 2)

### Step 6B (1 of 2): If using a Per Diem-based Template (Nursing Facility):

MCD Info:	MCD Info:	MCD Info:	MCD Info:	MCD Info:	MCD Info:
(Required)	(Required)	(Required)	(Required)	(Required)	(Required)
Time Period of Medicaid Days - Begin Date	Time Period of Medicaid Days - End Date	Medicaid Days	Time Period of Medicaid Rates - Begin Date	Time Period of Medicaid Rates - End Date	Medicaid Regular Payment Per Diem
[300.1]	[300.2]	[310]	[311.1]	[311.2]	[312]

### Step 6B (2 of 2): If using a Per Diem-based Template (Nursing Facility):

MCD Info:	MCD Info:	MCD Info:	MCD Info:	MCD Info:	MCD Info:	MCD Info:
(Required)	(Required)	(Required)	(Required)	(Required)	(Calculated)	(Required)
Medicaid Supplemental Payment Per Diem	Medicaid Supplemental Payment Per Diem (GME/Training)	Medicaid Supplemental Payment Per Diem (Other)	Adjustment to Medicaid Per Diem #1	Adjustment to Medicaid Per Diem #2	Total Medicaid Supplemental Payments Per Diem with Adjustments	Medicaid Case Mix Index (CMI)
[313.1]	[313.2]	[313.3]	[314.1]	[314.2]	[317]	[305]

# Identifying Supplemental Payments

- According to the Medicaid Budget and Expenditure System (MBES), supplemental payments are defined as follows:
  - **Supplemental Payments:**
    - These are payments made in addition to the standard fee schedule or other standard payment for those services.
    - These payments are separate and apart from regular payments and are based on their own payment methodology.
    - Supplemental payments **cannot** be inflated by an inflation factor as opposed to base payments, which may be inflated.
    - Payments may be made to all providers or targeted to specific groups or classes of providers. Groups may be defined by ownership type (state government owned, non-state government owned, or private) and/or by the other characteristics, e.g., caseload, services, or costs.
  - **Graduate Medical Education:**
    - GME payments include supplemental payments for direct medical education (DME) (i.e. costs of training physicians such as resident and teaching physician salaries/benefits, overhead and other costs directly related to the program) and indirect medical education (IME) costs hospitals incur for operating teaching programs.
    - Report all supplemental payments for DME and IME that are provided for in the State plan.
- Supplemental payments must be provided on a per facility basis. Lump supplemental payments are not permitted

Source: MBES CBES Category of Service Line Definitions for the 64.9 Base form. (2012). *Centers for Medicare & Medicaid Services*.

# Step 7: Medicaid Inflation

## Populate the 300 Series Data Elements: Medicaid Payment and Service Volume Information (cont.)

- Medicaid payments inflated to demonstration year
  - Medicaid payment rate inflation from base year to rate year, description of inflation factor, and other adjustments

### Step 7: If using a Nursing Facility or ICF Template:

MCD Inflated Payment Info:	MCD Inflated Payment Info:	MCD Inflated Payment Info:	MCD Inflated Payment Info:	MCD Inflated Payment Info:
(PIA)	(Required)	(Required)	(Calculated)	(Calculated)
Medicaid Inflation Factor Type	Medicaid Inflation Factor	Other Adjustment to Medicaid Payments	Inflated and Adjusted Medicaid Payment Per Diem	Total Medicaid Payments
[307]	[308]	[309]	[315]	[316]

#### Note for NF and ICF Templates:

- Variable 315 is calculated as  $(\text{Variable } 312 * \text{Variable } 308 * \text{Variable } 309) + \text{Variable } 317$ . Only Medicaid Regular Payments (Variable 312) are inflated.
- Variable 316 is calculated as  $(\text{Variable } 315 * \text{Variable } 310)$

# Step 8: Calculation of UPL Amount and UPL Inflation

Populate the 400 Series Data Elements : Medicare UPL, Inflation, and Other Adjustments to UPL

- In this section of the template, the Medicaid UPL amount is calculated based on your inputs
- Trending for inflation should be done from **mid-point to mid-point** (Here is a link to the [CMS Market Basket](#) Website)
- Inflation is applied: UPL inflation factor and description of inflation factor

## Step 8A: If using a Cost-based or RUGs-based Template (Nursing Facility) and ICF Template:

UPL Calc Info:	UPL Calc Info:	UPL Calc Info:	UPL Calc Info:
(PIA)	(Required)	(Calculated)	(Calculated)
UPL Inflation Factor Type	UPL Inflation Factor	Inflated UPL Per Diem	Inflated UPL Amount
[404]	[405]	[400]	[406]

## Step 8B: If using a Per Diem-based Template (Nursing Facility):

UPL Calc Info:	UPL Calc Info:	UPL Calc Info:	UPL Calc Info:	UPL Calc Info:
(Calculated)	(PIA)	(Required)	(Calculated)	(Calculated)
Medicaid UPL Per Diem	UPL Inflation Factor Type	UPL Inflation Factor	Inflated UPL Per Diem	Inflated UPL Amount
[410]	[404]	[405]	[400]	[406]

### Note for Per Diem Template:

- Variable 410 is calculated as Total Per Diem Payments \* (Medicaid CMI / CMI)

# Step 9: Adjustments to the UPL Amount and UPL Gap Calculation

- Medicaid Provider Tax Cost (Variable 401) is only included in the cost-based and ICF templates
- UPL gap calculated as (inflated Medicare UPL – inflated Medicaid payments) (Variable 403 – Variable 316)
- Variable 408 is for possible adjustments made by the state to the UPL gap amount

### Step 9A: If using a Cost-based Template (Nursing Facility) or ICF Template:

UPL Adjustment Info:	UPL Adjustment Info:	UPL Adjustment Info:	UPL Gap Info:	UPL Gap Info:	UPL Gap Info:
(Required)	(Required)	(Calculated)	(Calculated)	(Required)	(Calculated)
Medicaid Provider Tax Cost	Other Adjustments to the UPL Amount	Adjusted Medicare UPL Amount	UPL Gap Amount	Adjustment to the UPL Gap	Adjusted UPL Gap
[401]	[402]	[403]	[407]	[408]	[409]

### Step 9B: If using a RUGs-based or Per Diem-based Template (Nursing Facility):

UPL Adjustment Info:	UPL Adjustment Info:	UPL Gap Info:	UPL Gap Info:	UPL Gap Info:
(Required)	(Calculated)	(Calculated)	(Required)	(Calculated)
Other Adjustments to the UPL Amount	Adjusted Medicare UPL Amount	UPL Gap Amount	Adjustment to the UPL Gap	Adjusted UPL Gap
[402]	[403]	[407]	[408]	[409]

# Questions

We will answer questions for the next **5-10 minutes**.

- If you would like to ask a slide or template related question, please go to the [WebEx Raise Hand Feature](#). Your name will be called, the moderator will unmute your line, and you may ask your question.
- If you have a state-specific question, please send your questions, and any relevant attachments to the UPL Mailbox ([MedicaidUPL@cms.hhs.gov](mailto:MedicaidUPL@cms.hhs.gov))
- If we do not get to your question, please draft your question in an e-mail and send to the UPL Mailbox ([MedicaidUPL@cms.hhs.gov](mailto:MedicaidUPL@cms.hhs.gov))



To ask questions during this time, please click the raise hand icon

# **UPL Demonstration Example**

## **#1 - RUGs**

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# Naming Convention for Completed UPL Demonstrations

- The intention of the UPL naming convention is to be descriptive for the reviewer as well as assist the development team in tracking completed demonstrations, which feed the SAS automation program
- The format for the UPL naming convention is as follows:

UPL\_<Demo Yr Rng>\_<Svc Typ Abbr>\_R<Region Num>\_<State Abbr>\_01.xls

- Demo Yr Rng Demonstration Year Range of the Submission (20170701-20180630)
  - Svc Typ Abbr Service Type Abbreviation (IP, OP, NF, ICF, PRTF, IMD, CLNC, PHYS)
  - Region Num Two-Digit Region Number (01, 02, 03, 04, 05, 06, 07, 08, 09, 10)
  - State Abbr Two character State Abbreviation (AL, AZ, CO, CT,...,TX, UT, WV, WY)
- Examples
    - UPL\_20160701-20170630\_IP\_R04\_AL\_01.xlsx
    - UPL\_20160901-20170831\_PRTF\_R02\_NJ\_01.xlsx
    - UPL\_20170101-20171231\_CLNC\_R09\_CA\_01.xlsx

# RUGs-Based Example: Steps 1 and 2

- **Step 1:** Open the appropriate Template Workbook
- **Step 2:** Choose the UPL template for the selected demonstration method

A	B	C	D	E	F	G	H	I
(Required)	(Required)	(Required)						
State	Demonstration Begin Date	Demonstration End Date						
[001]	[002]	[003]						
	Demo Info:	Demo Info:	Demo Info:	Demo Info:	Provider Info:	Provider Info:	Provider Info:	Provider Info:
	(Required)	(Required)	(Required)	(Required)	(PIA)	(PIA)	(Required)	(Required)
Database Description & Variable Number	State	State Demonstration Rate Year	Service Type	Demonstration Type	Other State Provider ID Number	National Provider ID (NPI)	Medicare Certification Number (Medicare ID)	State-specific Provider ID (Medicaid ID)
	[100]	[101]	[102]	[104]	[105]	[109]	[112]	[107]
	Overview & Instructions	Data Dictionary	NF Cost	<b>NF RUGs</b>	NF Per Diem			

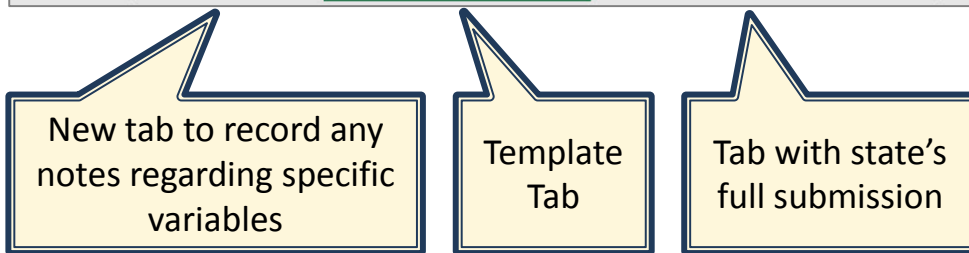
Open this worksheet and copy a version into your state's workbook. This is where you will be recording your values

# RUGs-Based Example: Step 3

- **Step 3:** Move the template into the workbook containing the state UPL submission

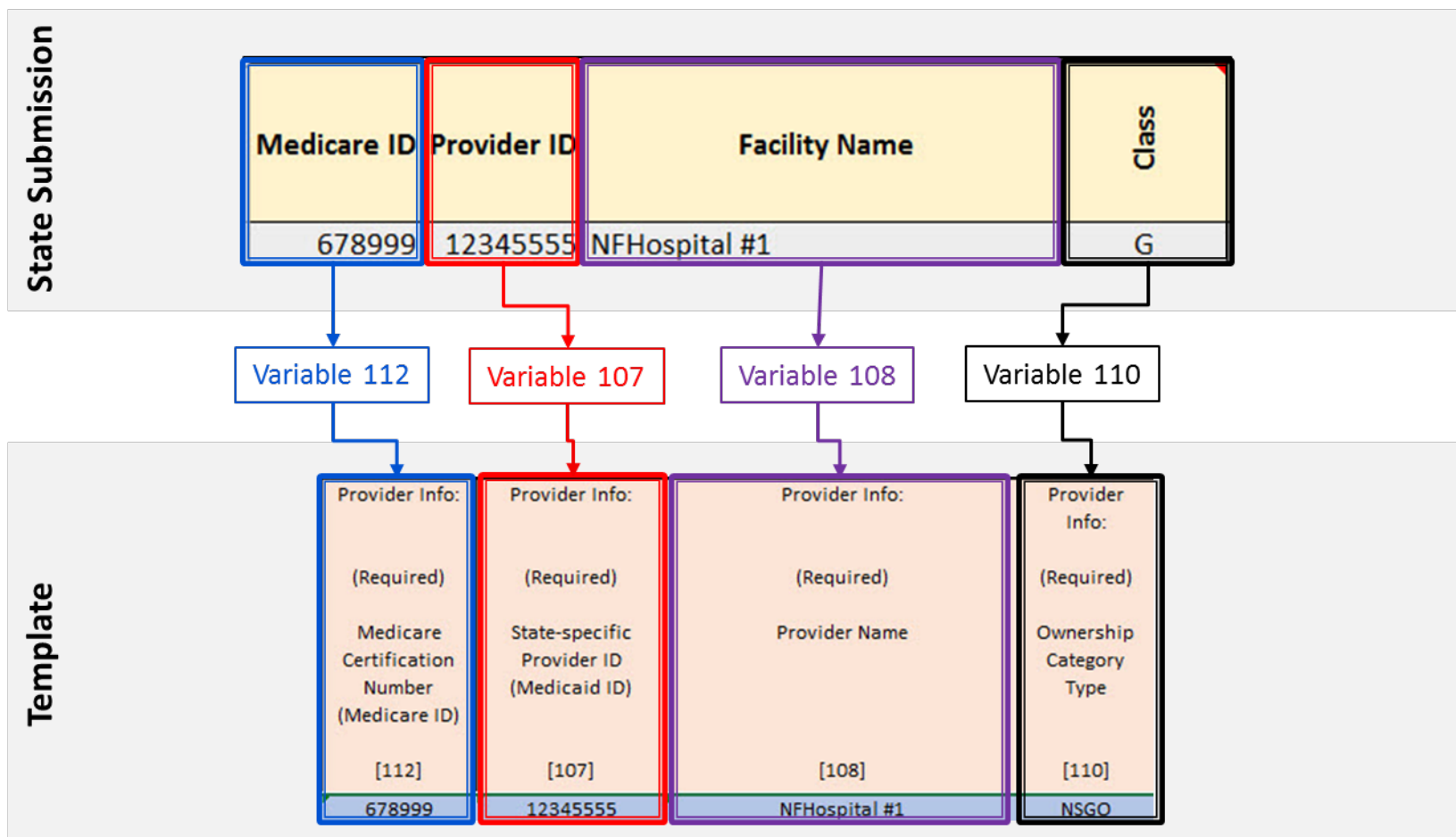
A	B	C	D	E	F	G	H	I
(Required)	(Required)	(Required)						
State	Demonstration Begin Date	Demonstration End Date						
[001]	[002]	[003]						
	Demo Info:	Demo Info:	Demo Info:	Demo Info:	Provider Info:	Provider Info:	Provider Info:	Provider Info:
	(Required)	(Required)	(Required)	(Required)	(PIA)	(PIA)	(Required)	(Required)
Database Description & Variable Number	State	State Demonstration Rate Year	Service Type	Demonstration Type	Other State Provider ID Number	National Provider ID (NPI)	Medicare Certification Number (Medicare ID)	State-specific Provider ID (Medicaid ID)
	[100]	[101]	[102]	[104]	[105]	[109]	[112]	[107]

Notes RUGs | **NF RUGs Example** | NF RUGs Demonstration



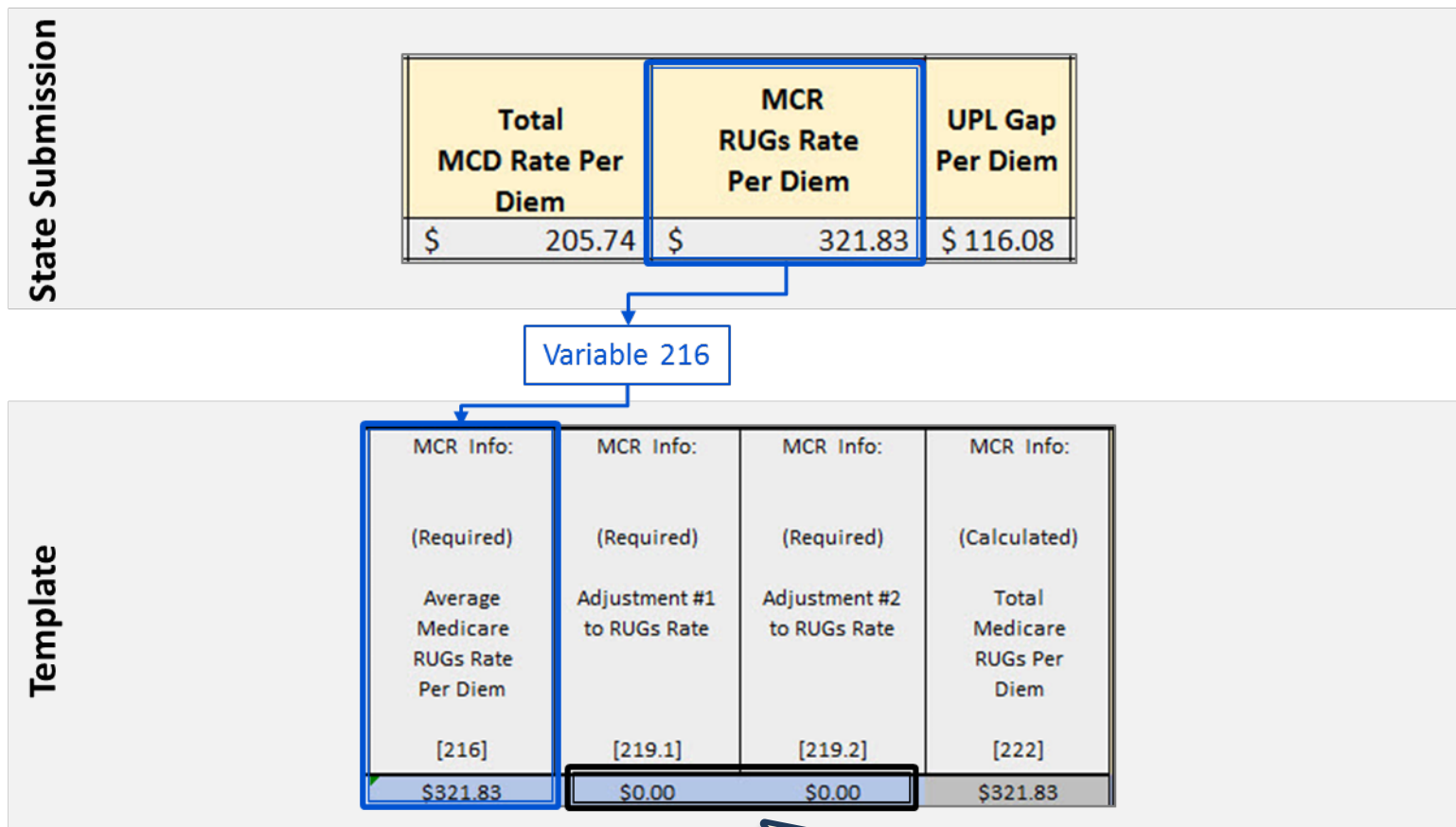
# RUGs-Based Example: Step 4

- Step 4: Populate the 100 Level Data Series



# RUGs-Based Example: Step 5

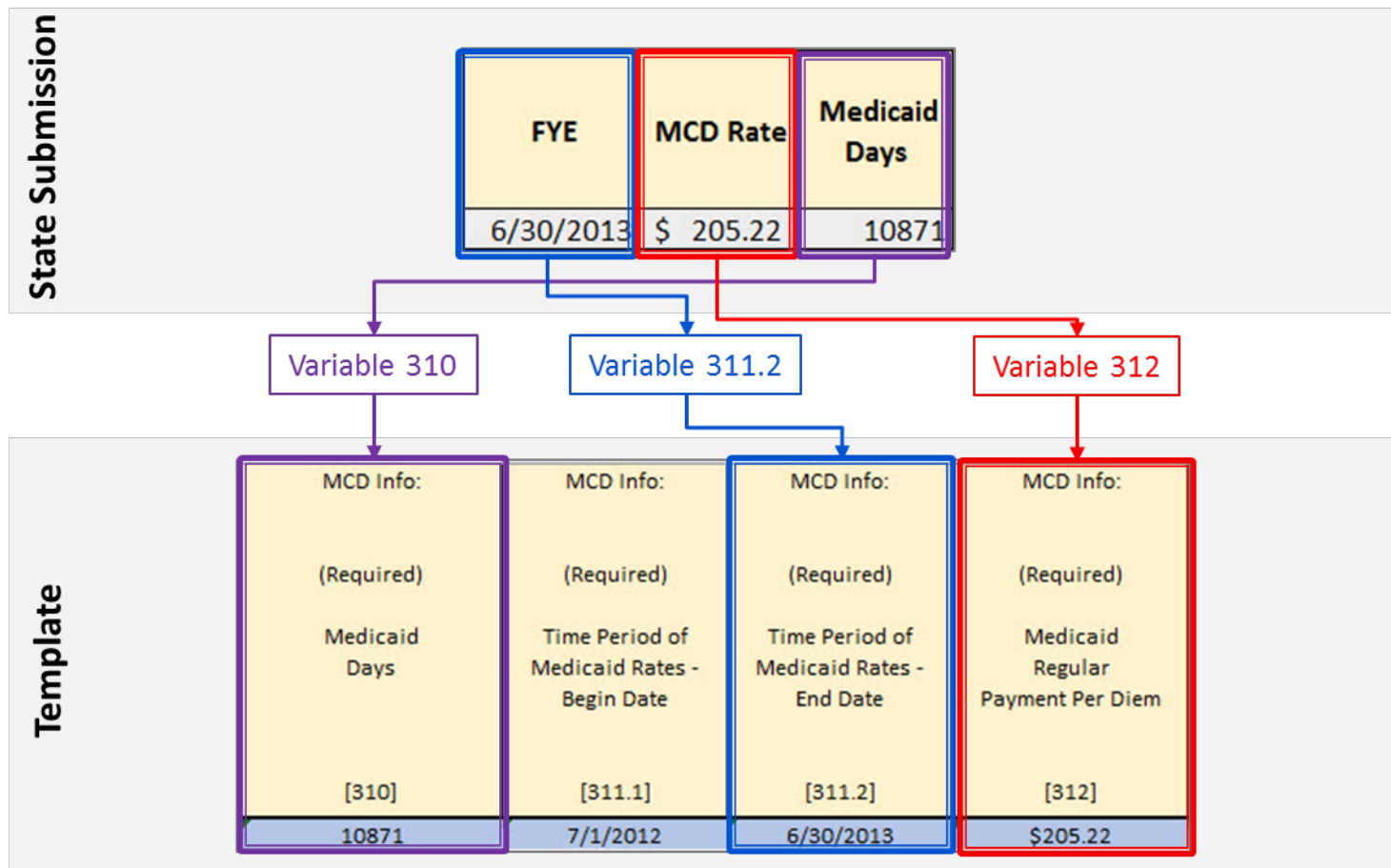
- **Step 5:** Populate the 200 Level Data Series—Basis of the UPL



**Note:** The state does not have adjustments to report, so a zero is entered in the appropriate “Required” fields.

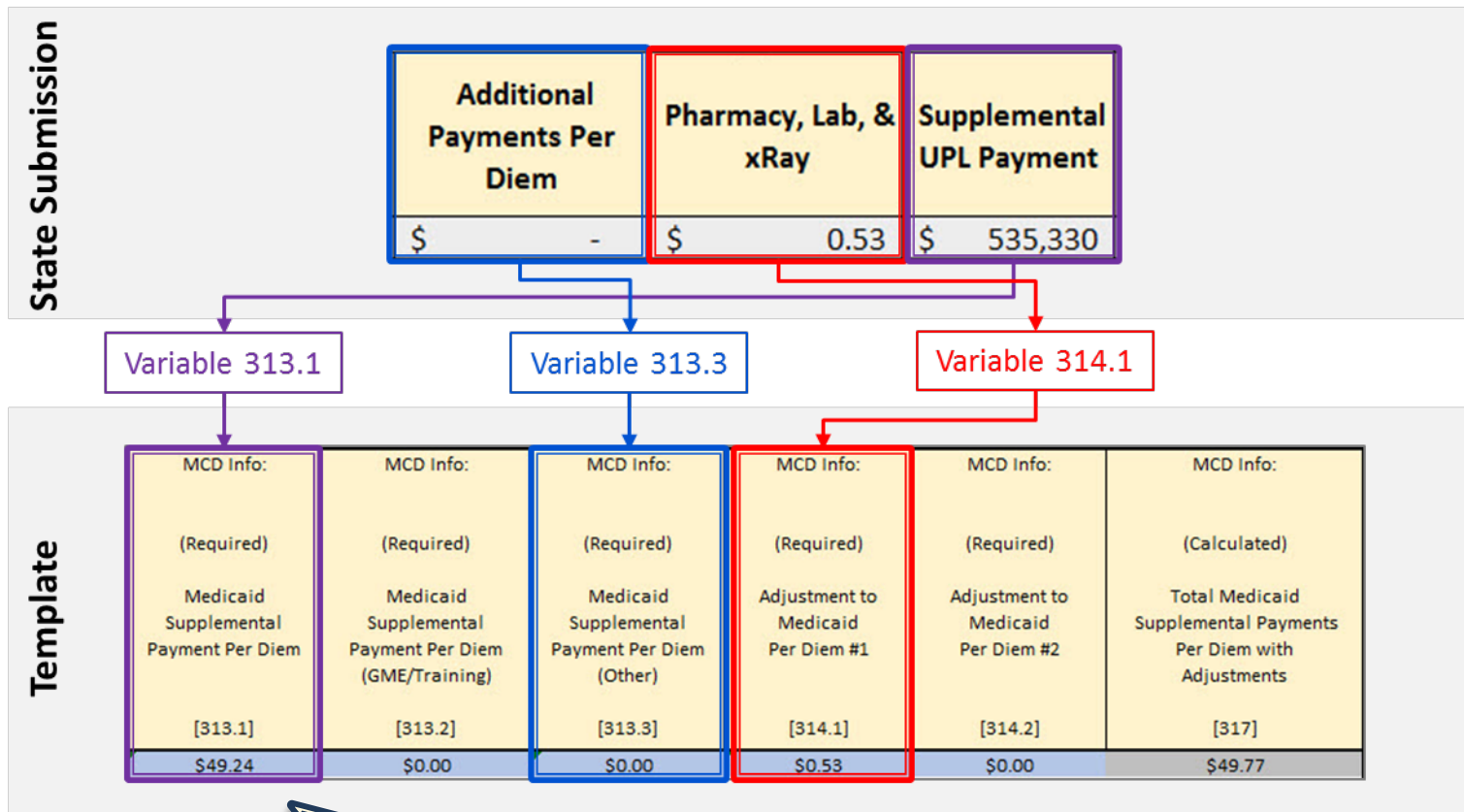
# RUGs-Based Example: Step 6 (1 of 2)

- **Step 6:** Populate the 300 Level Data Series—Medicaid Payments and Service Volumes



# RUGs-Based Example: Step 6 (2 of 2)

- **Step 6:** Populate the 300 Level Data Series—Medicaid Payments and Service Volumes



**Note:** The state did not provide a per diem payment value, so one was calculated by taking their “Supplemental UPL Payment” and dividing it by the Medicaid Days

# RUGs-Based Example: Step 7

- Step 7: Medicaid Inflation

MCD Inflated Payment Info: (PIA) Medicaid Inflation Factor Type [307]	MCD Inflated Payment Info: (Required) Medicaid Inflation Factor [308]	MCD Inflated Payment Info: (Required) Other Adjustment to Medicaid Payments [309]	MCD Inflated Payment Info: (Calculated) Inflated and Adjusted Medicaid Payment Per Diem [315]	MCD Inflated Payment Info: (Calculated) Total Medicaid Payments [316]
None	1.0000	1.0000	\$254.99	\$2,772,035

**Note:** The state does not have a Medicaid inflation factor or additional adjustments to the Medicaid base Payments, so a value of "1.000" is entered into this required field.



# RUGs-Based Example: Step 8

- **Step 8:** UPL Inflation

UPL Calc Info:  (PIA)  UPL Inflation Factor Type  [404]	UPL Calc Info:  (Required)  UPL Inflation Factor  [405]	UPL Calc Info:  (Calculated)  Inflated UPL Per Diem  [400]	UPL Calc Info:  (Calculated)  Inflated UPL Amount  [406]
None	1.0000	\$321.83	\$3,498,689

**Note:** The state does not have a UPL inflation factor, so a value of "1.000" is entered into this required field.

# RUGs-Based Example: Step 9 (1 of 3)

- **Step 9:** Adjustments to the UPL

UPL Calc Info:	UPL Adjustment Info:	UPL Adjustment Info:	UPL Gap Info:	UPL Gap Info:	UPL Gap Info:
(Calculated)	(Required)	(Calculated)	(Calculated)	(Required)	(Calculated)
Inflated UPL Amount	Other Adjustments to the UPL Amount	Adjusted Medicare UPL Amount	UPL Gap Amount	Adjustment to the UPL Gap	Adjusted UPL Gap
[406]	[402]	[403]	[407]	[408]	[409]
\$3,498,689	\$0	\$3,498,689	\$726,654	\$0	\$726,654

**Note:** The state does not have additional adjustments to the UPL amount, so a value of zero is entered into these required fields.

# RUGs-Based Example: Step 9 (2 of 3)

- Step 9: UPL Gap Calculation

UPL Adjustment Info: (Required) Other Adjustments to the UPL Amount [402]	UPL Adjustment Info: (Calculated) Adjusted Medicare UPL Amount [403]	UPL Gap Info: (Calculated) UPL Gap Amount [407]	UPL Gap Info: (Required) Adjustment to the UPL Gap [408]	UPL Gap Info: (Calculated) Adjusted UPL Gap [409]
\$0	\$3,498,689	\$726,654	\$0	\$726,654

MCD Inflated Payment Info: (Calculated) Total Medicaid Payments [316]
\$2,772,035

# RUGs-Based Example: Step 9 (3 of 3)

- **Step 9:** Adjustments to the UPL Gap

UPL Adjustment Info: (Required) Other Adjustments to the UPL Amount [402]	UPL Adjustment Info: (Calculated) Adjusted Medicare UPL Amount [403]	UPL Gap Info: (Calculated) UPL Gap Amount [407]	UPL Gap Info: (Required) Adjustment to the UPL Gap [408]	UPL Gap Info: (Calculated) Adjusted UPL Gap [409]
\$0	\$3,498,689	\$726,654	\$0	\$726,654

**Note:** The state does not have additional adjustments to the UPL Gap amount, so a value of zero is entered into this required field.

# **UPL Demonstration Example**

## **#2 – ICF**

# ICF Example: Steps 1 and 2

- **Step 1:** Open the appropriate Template Workbook
- **Step 2:** Choose the UPL template for the selected demonstration method

A	B	C	D	E	F	G	H	I	J
(Required) State [001]	(Required) Demonstration Begin Date [002]	(Required) Demonstration End Date [003]							
Database Description & Variable Number	Demo Info: (Required) State [100]	Demo Info: (Required) State Demonstration Rate Year [101]	Demo Info: (Required) Service Type [102]	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: (Required) State-specific Provider ID (Medicaid ID) [107]	Provider Info: (Required) Provider Name [108]
	Overview & Instructions	Data Dictionary	ICF						

Open this worksheet and copy a version into your state's workbook. This is where you will be recording your values

# ICF Example: Step 3

- **Step 3:** Move the template into the workbook containing the state UPL submission

	A	B	C	D	E	F	G	H
	(Required)	(Required)	(Required)					
	State	Demonstration Begin Date	Demonstration End Date					
2	[001]	[002]	[003]					
4	STATE	7/1/2015	6/30/2016					
		Demo Info:	Demo Info:	Demo Info:	Demo Info:	Provider Info:	Provider Info:	Provider Info:
		(Required)	(Required)	(Required)	(Required)	(PIA)	(PIA)	(Required)
	Database Description & Variable Number	State	State Demonstration Rate Year	Service Type	Demonstration Type	Other State Provider ID Number	National Provider ID (NPI)	Medicare Certification Number (Medicare ID)
5		[100]	[101]	[102]	[104]	[105]	[109]	[112]

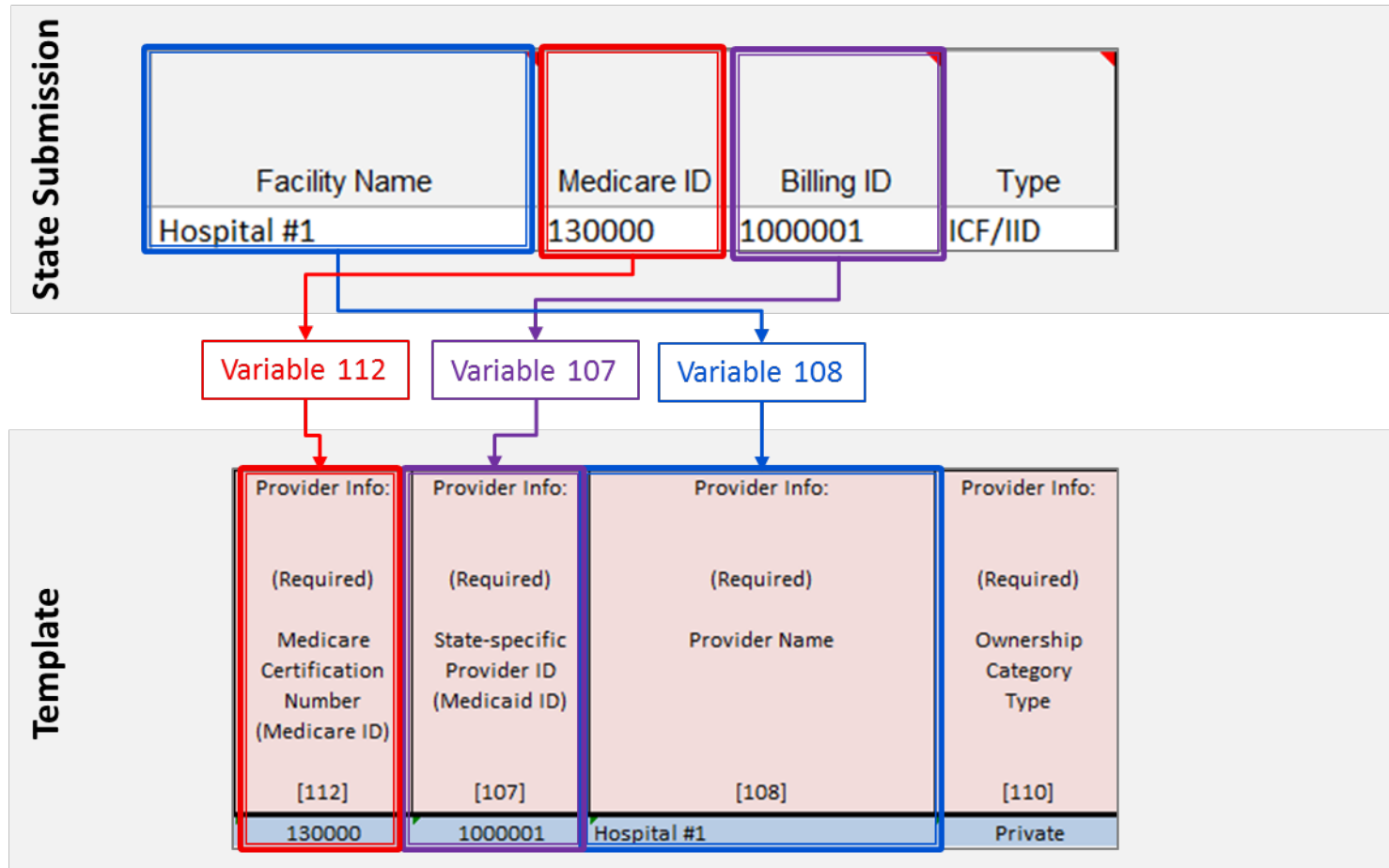
New tab to record any notes regarding specific variables

Template Tab

Tab with state's full submission

# ICF Example: Step 4

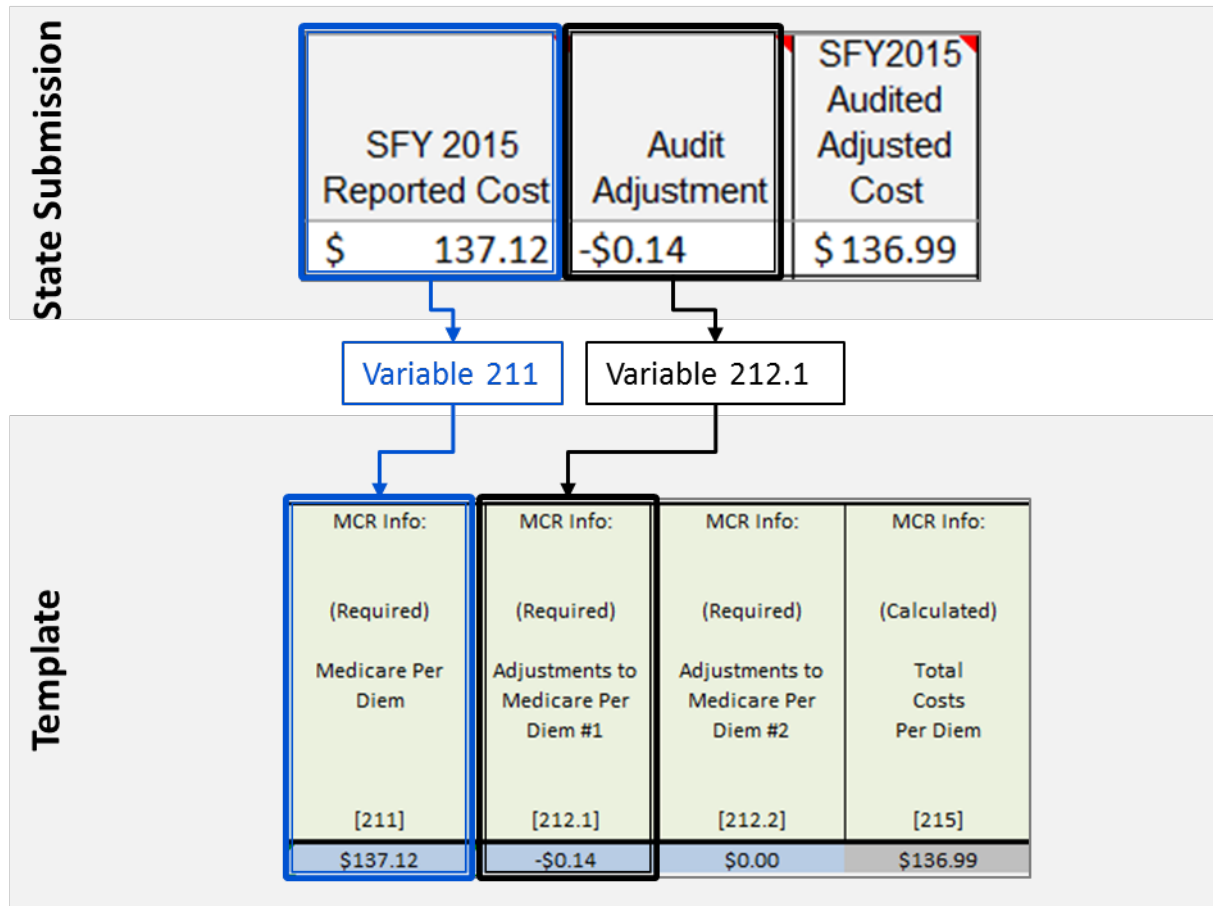
- Step 4: Populate the 100 Level Data Series





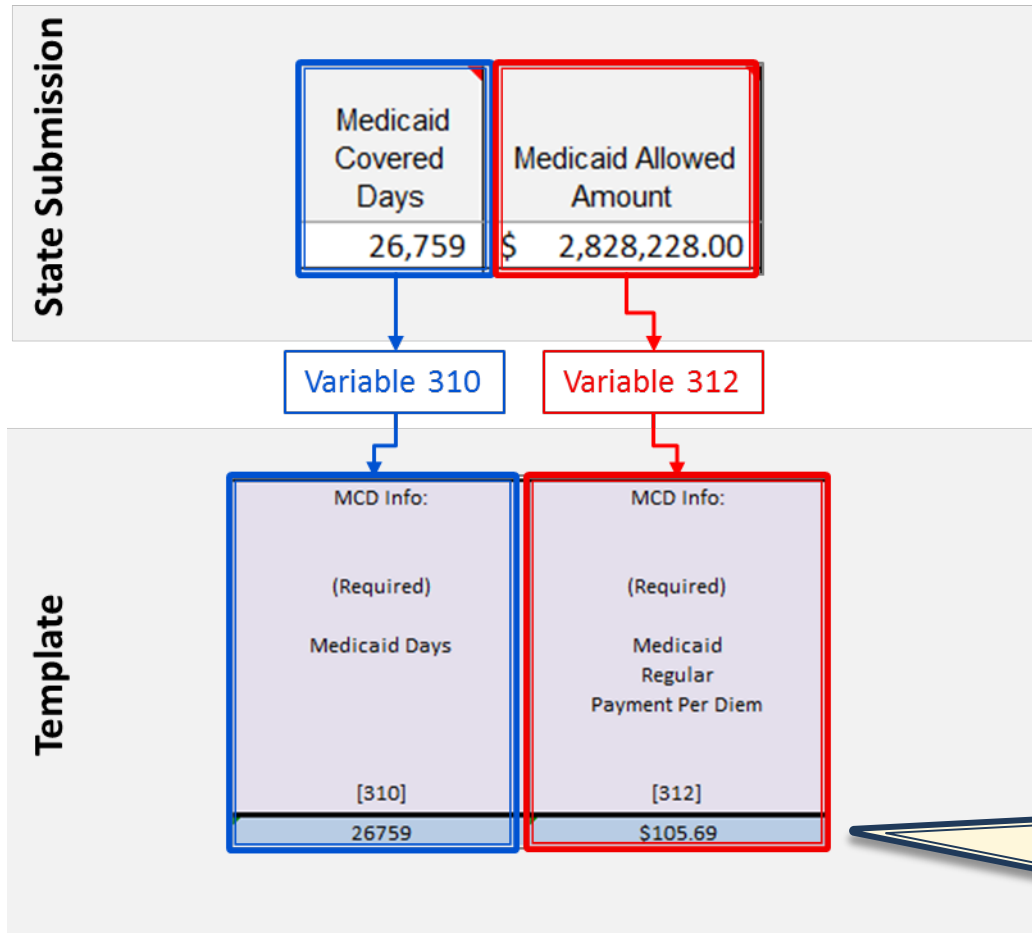
# ICF Example: Step 5

- Step 5: Populate the 200 Level Data Series—Basis of the UPL



# ICF Example: Step 6 (1 of 2)

- Step 6: Populate the 300 Level Data Series—Medicaid Payments and Service Volumes



**Note:** The state did not provide a per diem payment value, so one was calculated by taking their “Medicaid Allowed Amount” and dividing it by the Medicaid Days

# ICF Example: Step 6 (2 of 2)

- **Step 6:** Populate the 300 Level Data Series—Medicaid Payments and Service Volumes

**Template**

MCD Info:	MCD Info:	MCD Info:	MCD Info:	MCD Info:	MCD Info:
(Required)	(Required)	(Required)	(Required)	(Required)	(Calculated)
Medicaid Supplemental Payment Per Diem	Medicaid Supplemental Payment Per Diem (GME/Training)	Medicaid Supplemental Payment Per Diem (Other)	Adjustment to Medicaid Per Diem #1	Adjustment to Medicaid Per Diem #2	Total Medicaid Supplemental Payments Per Diem with Adjustments
[313.1]	[313.2]	[313.3]	[314.1]	[314.2]	[317]
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

**Note:** The state does not have supplemental payments or adjustments to report, so a zero is entered in the appropriate “Required” fields.

# ICF Example: Step 7

- Step 7: Medicaid Inflation

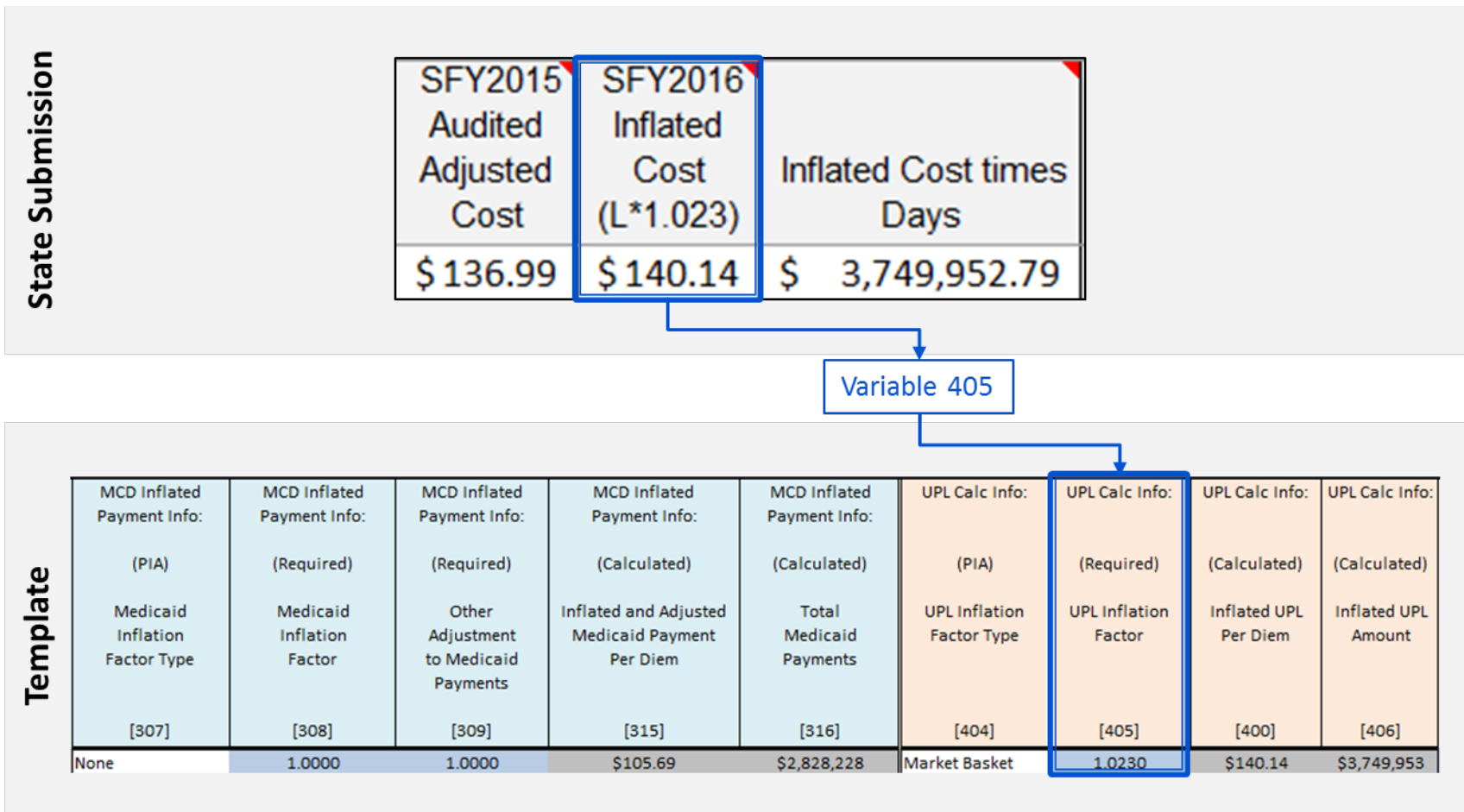
MCD Inflated Payment Info: (PIA) Medicaid Inflation Factor Type [307]	MCD Inflated Payment Info: (Required) Medicaid Inflation Factor [308]	MCD Inflated Payment Info: (Required) Other Adjustment to Medicaid Payments [309]	MCD Inflated Payment Info: (Calculated) Inflated and Adjusted Medicaid Payment Per Diem [315]	MCD Inflated Payment Info: (Calculated) Total Medicaid Payments [316]	UPL Calc Info: (PIA) UPL Inflation Factor Type [404]	UPL Calc Info: (Required) UPL Inflation Factor [405]	UPL Calc Info: (Calculated) Inflated UPL Per Diem [400]	UPL Calc Info: (Calculated) Inflated UPL Amount [406]
None	1.0000	1.0000	\$105.69	\$2,828,228	Market Basket	1.0230	\$140.14	\$3,749,953

**Note:** The state does not have additional adjustments to the Medicaid base Payments, so a value of "1.000" is entered into this required field.

MCD Info: (Required) Medicaid Days [310] 26759
--

# ICF Example: Step 8

- Step 8: UPL Inflation



# ICF Example: Step 9 (1 of 3)

- **Step 9:** Adjustments to the UPL

UPL Calc Info:	UPL Adjustment Info:	UPL Adjustment Info:	UPL Adjustment Info:	UPL Gap Info:	UPL Gap Info:	UPL Gap Info:
(Calculated)	(Required)	(Required)	(Calculated)	(Calculated)	(Required)	(Calculated)
Inflated UPL Amount	Medicaid Provider Tax Cost	Other Adjustments to the UPL Amount	Adjusted Medicare UPL Amount	UPL Gap Amount	Adjustment to the UPL Gap	Adjusted UPL Gap
[406]	[401]	[402]	[403]	[407]	[408]	[409]
\$3,749,953	\$0	\$0	\$3,749,953	\$921,725	\$0	\$921,725

**Note:** The state does not have additional adjustments to the UPL amount or Medicaid provider tax cost, so a value of zero is entered into these required fields.

# ICF Example: Step 9 (2 of 3)

- Step 9: UPL Gap Calculation

UPL Adjustment Info: (Required)	UPL Adjustment Info: (Required)	UPL Adjustment Info: (Calculated)	UPL Gap Info: (Calculated)	UPL Gap Info: (Required)	UPL Gap Info: (Calculated)
Medicaid Provider Tax Cost	Other Adjustments to the UPL Amount	Adjusted Medicare UPL Amount	UPL Gap Amount	Adjustment to the UPL Gap	Adjusted UPL Gap
[401]	[402]	[403]	[407]	[408]	[409]
\$0	\$0	\$3,749,953	\$921,725	\$0	\$921,725

MCD Inflated Payment Info: (Calculated)
Total Medicaid Payments
[316]
\$2,828,228



# ICF Example: Step 9 (3 of 3)

- **Step 9:** Adjustments to the UPL Gap

UPL Adjustment Info: (Required) Medicaid Provider Tax Cost [401]	UPL Adjustment Info: (Required) Other Adjustments to the UPL Amount [402]	UPL Adjustment Info: (Calculated) Adjusted Medicare UPL Amount [403]	UPL Gap Info: (Calculated) UPL Gap Amount [407]	UPL Gap Info: (Required) Adjustment to the UPL Gap [408]	UPL Gap Info: (Calculated) Adjusted UPL Gap [409]
\$0	\$0	\$3,749,953	\$921,725	\$0	\$921,725

**Note:** The state does not have additional adjustments to the UPL Gap amount, so a value of zero is entered into this required field.



# **Completed UPL Template Demonstration**

# Questions

We will answer questions for the next **5-10 minutes**.

- If you would like to ask a slide or template related question, please go to the [WebEx Raise Hand Feature](#). Your name will be called, the moderator will unmute your line, and you may ask your question.
- If you have a state-specific question, please send your questions, and any relevant attachments to the UPL Mailbox ([MedicaidUPL@cms.hhs.gov](mailto:MedicaidUPL@cms.hhs.gov))
- If we do not get to your question, please draft your question in an e-mail and send to the UPL Mailbox ([MedicaidUPL@cms.hhs.gov](mailto:MedicaidUPL@cms.hhs.gov))



To ask questions during this time, please click the raise hand icon

# Helpful Resources

- **UPL Templates:** <https://www.medicaid.gov/medicaid/financing-and-reimbursement/accountability-guidance/index.html>
- **Market Basket Webpage:** <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MedicareProgramRatesStats/MarketBasketData.html>
- **UPL Mailbox:** [MedicaidUPL@cms.hhs.gov](mailto:MedicaidUPL@cms.hhs.gov)

# Template Reminders

- **Create** a Notes tab
  - Include information on supplemental payments and values in additional adjustments to the UPL or UPL Gap (variables 402 and 408)
- **Do not round** values in the template workbook
- Ownership type should only be entered as: **Private, SGO, or NSGO**
- All dates refer to **Date of Service**
- Supplemental payments should be for the **demonstration year**, and should be appropriately assigned to the correct “buckets”
- For facilities with no inflation or adjustments (variables 308, 309, and 405), **enter a value of “1”** for these variables

# **Appendix A – UPL Template Background Information**

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# UPL Demonstration Background

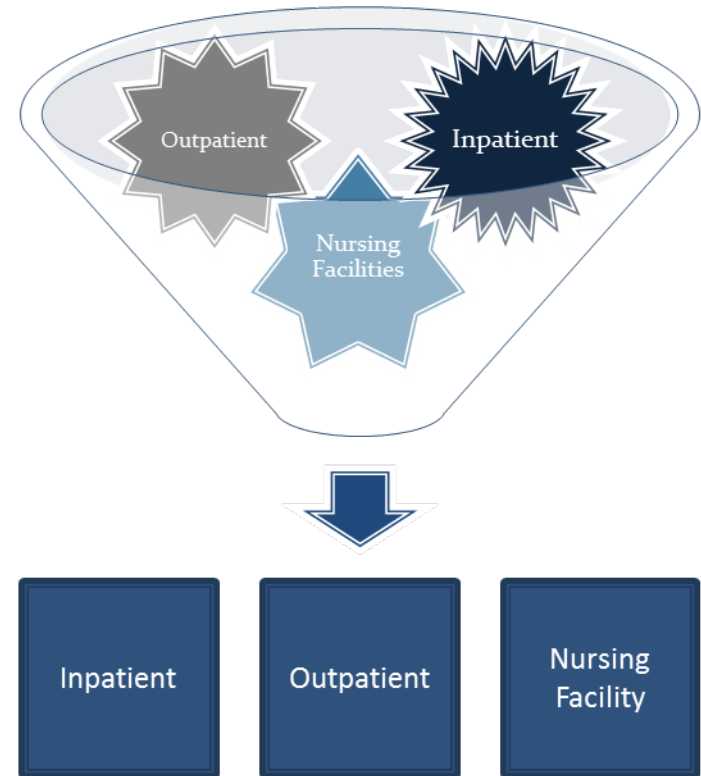
- On March 18, 2013, CMS issued guidance in a State Medicaid Director Letter on the periodic process to review state expenditures, claims information, and improve data/analytic tools
- As part of this overall initiative, CMS incorporated an annual UPL demonstration reporting requirement
- The UPL annual reporting elements include provider specific reporting on all payments, including supplemental payments, made to providers, within the required provider types (e.g., Inpatient, Outpatient, Nursing Facility) as well as non-federal payment sources for such payments
- CMS provided further guidance at: [Medicaid.gov Accountability Guidance](#)

# Benefits for States

## Standardized Templates\*:

1. Make UPL reporting easier and faster for states
2. Provide clearly defined reporting criteria which will limit clarifying questions between states and CMS
3. Simplify state level data collection for state staff
4. May help reduce over-reporting of financial data
5. Access to consistent historical data
6. Provide simple and clear reporting of UPL data to support better analysis and policy/program management

\* **Note:** Standardized templates have been created for all eight service types; the picture to the right displays just three of the eight service types and is not specific to this training



Standardized UPL State  
Data

# **Appendix B – UPL Data Variables & File Naming**



# Variable Classification: Nursing Facility - Cost

## Required Variables

100 - State  
101 - Demonstration Rate Year  
102 - Service Type  
104 - Demonstration Type  
107 - Medicaid (MCD) ID  
108 - Provider Name  
110 - Ownership Type  
112 - Medicare (MCR) ID  
200.1 - 200.2 - MCR Cost Report DOS  
202 - MCR Filing Status  
211- MCR Per Diem  
212.1-212.2 - Adj to MCR Per Diem  
300.1 - 300.2 - MCD Days DOS  
308 - MCD Inflation Factor  
309 - Other Adj to MCD Payments  
310 - MCD Days  
311.1 - 311.2 - MCD Rates DOS  
312 - MCD Regular Payment Per Diem  
313.1 - 313.3 - MCD Supp Payment Per Diem  
314.1 - 314.2 - Adj to MCD Per Diem  
401 - MCD Provider Tax Cost  
402 - Other Adj to UPL Amount  
405 - UPL Inflation Factor  
408 - Adjustment to UPL Gap

## Calculated Variables

215 - Total Cost Per Diem  
315 - Inflated and Adjusted MCD Payment Per Diem  
316 - Total MCD Payments  
317 - Total MCD Supp Payments Per Diem with Adj  
400 - Inflated UPL Per Diem  
403 - Adjusted MCR UPL Amount  
406 - Inflated UPL Amount  
407 - UPL Gap Amount  
409 - Adjusted UPL Gap

## Provide if Applicable (PIA)

105 - Other State Provider ID  
109 - NPI  
115 - Urban/Rural Location  
307 - MCD Inflation Factor Type  
404 - UPL Inflation Factor Type

# Variable Classification: Nursing Facility - RUGs

## Required Variables

100 - State  
101 - Demonstration Rate Year  
102 - Service Type  
104 - Demonstration Type  
107 - Medicaid (MCD) ID  
108 - Provider Name  
110 - Ownership Type  
112 - Medicare (MCR) ID  
216 - Average MCR RUGs Rate Per Diem  
217 - MCR RUGs Type/Version  
218.1 - 218.2 - MCR RUGs Rate DOS  
219.1 - 219.2 - Adj to RUGs Rate  
300.1 - 300.2 - MCD Days DOS  
308 - MCD Inflation Factor  
309 - Other Adj to MCD Payments  
310 - MCD Days  
311.1 - 311.2 - MCD Rates DOS  
312 - MCD Regular Payment Per Diem  
313.1 - 313.3 - MCD Supp Payment Per Diem  
314.1 - 314.2 - Adj to MCD Per Diem  
402 - Other Adj to UPL Amount  
405 - UPL Inflation Factor  
408 - Adjustment to UPL Gap

## Calculated Variables

222 - Total MCR Per Diem  
315 - Inflated and Adjusted MCD Payment Per Diem  
316 - Total MCD Payments  
317 - Total MCD Supp Payments Per Diem with Adj  
400 - Inflated UPL Per Diem  
403 - Adjusted MCR UPL Amount  
406 - Inflated UPL Amount  
407 - UPL Gap Amount  
409 - Adjusted UPL Gap

## Provide if Applicable (PIA)

105 - Other State Provider ID  
109 - NPI  
115 - Urban/Rural Location  
210 - MCR Days  
307 - MCD Inflation Factor Type  
404 - UPL Inflation Factor Type

# Variable Classification: Nursing Facility - Per Diem

## Required Variables

100 - State  
101 - Demonstration Rate Year  
102 - Service Type  
104 - Demonstration Type  
107 - Medicaid (MCD) ID  
108 - Provider Name  
110 - Ownership Type  
112 - Medicare (MCR) ID  
200.1 - 200.2 - MCR Cost Report DOS  
202 - MCR Filing Status  
207 - Case Mix Index (CMI)  
211-MCR Per Diem  
212.1-212.2- Adj to MCR Per Diem  
300.1 – 300.2 - MCD Days DOS  
305 - MCD Case Mix Index (CMI)  
308 - MCD Inflation Factor  
309 - Other Adj to MCD Payments  
310-MCD Days  
311.1-311.2-MCD Rates DOS  
312-MCD Regular Payment Per Diem  
313.1-313.3-MCD Supp Payment Per Diem  
314.1-314.2-Adj to MCD Per Diem  
402 - Other Adj to UPL Amt  
405 - UPL Inflation Factor  
408 - Adjustment to UPL Gap

## Calculated Variables

222 - Total MCR Per Diem  
315 - Inflated and Adjusted MCD Payment Per Diem  
316 - Total MCD Payments  
317 - Total MCD Supp Payments Per Diem with Adj  
400 - Inflated UPL Per Diem  
403 - Adjusted MCR UPL Amount  
406 - Inflated UPL Amount  
407 - UPL Gap Amount  
409 - Adjusted UPL Gap  
410 - Calculated MCD UPL Per Diem

## Provide if Applicable (PIA)

105 - Other State Provider ID  
109 - NPI  
115 - Urban/Rural Location  
307 - MCD Inflation Factor Type  
404 - UPL Inflation Factor Type

# Variable Classification: ICF

## Required Variables

100 - State  
101 - Demonstration Rate Year  
102 - Service Type  
104 - Demonstration Type  
107 - Medicaid ID  
108 - Provider ID  
110 - Ownership Category Type  
112 - Medicare ID  
200.1 - 200.2 - MCR Cost Report DOS  
211 - MCR Per Diem  
212.1 - 212.2 - Adj to MCR Per Diem  
224 - Source of UPL or Cost Report Data  
300.1 - 300.2 - MCD Days DOS  
308 - MCD Inflation Factor  
309 - Other Adj to MCD Payments  
310 - MCD Days  
311.1 - 311.2 - MCD Rates DOS  
312 - MCD Regular Payment Per Diem  
313.1 - 313.3 - MCD Supp Payment Per Diem  
314.1 - 314.2 - Adj to MCD Per Diem  
401 - MCD Provider Tax Cost  
402 - Other Adj to the UPL Amount  
405 - UPL Inflation Factor  
408 - Adjustment to the UPL Gap

## Calculated Variables

215 - Total Cost Per Diem  
315 - Inflated and Adjusted MCD  
Payment Per Diem  
316 - Total MCD Payments  
317 - Total MCD Supp Payments per  
Diem with Adj  
400 - Inflated UPL Per Diem  
403 - Adjusted MCR UPL Amount  
406 - Inflated UPL Amount  
407 - UPL Gap Amount  
409 - Adjusted UPL Gap

## Provide if Applicable (PIA)

105 - Other State Provider ID  
109 - NPI  
307 - MCD Inflation Factor Type  
404 - UPL Inflation Factor Type

# Naming Convention for Completed UPL Demonstrations

- The intention of the UPL naming convention is to be descriptive for the reviewer as well as assist the development team in tracking completed demonstrations, which feed the SAS automation program
- The format for the UPL naming convention is as follows:

UPL\_<Demo Yr Rng>\_<Svc Typ Abbr>\_R<Region Num>\_<State Abbr>\_01.xls

- Demo Yr Rng Demonstration Year Range of the Submission (20170701-20180630)
  - Svc Typ Abbr Service Type Abbreviation (IP, OP, NF, ICF, PRTF, IMD, CLNC, PHYS)
  - Region Num Two-Digit Region Number (01, 02, 03, 04, 05, 06, 07, 08, 09, 10)
  - State Abbr Two character State Abbreviation (AL, AZ, CO, CT,...,TX, UT, WV, WY)
- Examples
    - UPL\_20160701-20170630\_IP\_R04\_AL\_01.xlsx
    - UPL\_20160901-20170831\_PRTF\_R02\_NJ\_01.xlsx
    - UPL\_20170101-20171231\_CLNC\_R09\_CA\_01.xlsx

# **Appendix C – Accounting for Multiple Methodologies**

# Reporting the UPL Using Multiple Methodologies

- There are 5 main steps states need to take to correctly identify and record the multiple methodologies that are used within their UPL demonstration. If your state needs individual technical assistance, please reach out to the training team via the UPL Mailbox ([MedicaidUPL@cms.hhs.gov](mailto:MedicaidUPL@cms.hhs.gov)).
- 5 Steps to recording multiple methodologies:

Step	Description
1	Identify the cost centers the state will use in calculating the UPL Gap
2	List all cost centers used in the UPL gap calculation, in the notes tab
3	Append the facility's Medicare ID number (or Medicaid ID number if there are any facilities that are not Medicare certified) to reflect the appropriate cost center being used
4	Complete the UPL template as normal, using the appended Medicare ID or other ID values
5	Create a summary of cost center data showing the UPL Gap data organized by ownership type and cost center

# Reporting the UPL Using Multiple Methodologies - Steps 1 through 3

- For **Step 1**, the state should identify all the cost centers that are used in calculating the UPL Gap. The same cost centers (and calculation method) should be used for all facilities within an ownership category (e.g. Private, State Government Owned, and Non-State Government Owned).
- For **Step 2**, states should assign a single letter to each cost center and record that designation in the notes tab within their submission workbook. The letters should be consecutive with each cost center description having its own letter.
  - Example:
    - A. Rehabilitation
    - B. Psychiatric
    - C. ...
- In **Step 3**, after the cost centers have been described and labeled with a letter designation in the notes tab, the Medicare IDs (or Medicaid IDs if there are any facilities that are not Medicare certified), corresponding to each facility, need to be appended with a hyphen and the corresponding cost center labeled.
  - Example:

Medicare Number	Medicaid Number	Hospital Name	...	...	...	UPL Gap
000001-A	020503	John Smith Hospital	...	...	...	\$3,345,543.46
000001-B	020503	John Smith Hospital	...	...	...	\$456,897.32



# Reporting the UPL Using Multiple Methodologies - Step 4

- In **Step 4**, the state will complete the UPL template as normal using the appended Medicare ID or other provider ID values. This will identify that multiple cost centers are being used. The state data should resemble the tables below, where all facilities within an ownership category use a consistent calculation process for a specific cost center type. While cost centers are allowed to use different methodologies, all of the facilities with cost center "A" use the same methodology for calculating the associated UPL Gap.

Medicare Number	Medicaid Number	Hospital Name	...	...	...	UPL Gap
000001-A	020503	John Smith Hospital	...	...	...	\$3,345,543.46
000002-A	030206	Jane Doe Hospital	...	...	...	\$6,568,235.25
000003-A	080904	Joe Jack Hospital	...	...	...	\$1,121,235.66
000001-B	020503	John Smith Hospital	...	...	...	\$456,897.32
000003-B	080904	Joe Jack Hospital	...	...	...	\$333,678.98

Demo Info:	Provider Info:	Provider Info:	Provider Info:	Provider Info:	Provider Info:
(Required)	(PIA)	(PIA)	(Required)	(Required)	(Required)
Explanation of Other Demonstration Type	Other State Provider ID Number	National Provider ID (NPI)	Medicare Certification Number (Medicare ID)	State-specific Provider ID (Medicaid ID)	Provider Name
[106]	[105]	[109]	[112]	[107]	[108]
<b>Cost Per Diem</b>	<b>A2485392</b>	<b>1234567890</b>	<b>181303</b>	<b>23542434</b>	<b>EXAMPLE HOSPITAL</b>
Cost Per Diem			000001-A	20503	John Smith Hospital
Cost Per Diem			000002-A	30206	Jane Doe Hospital
Cost Per Diem			000003-A	80904	Joe Jack Hospital
Cost Per Diem			000001-B	20503	John Smith Hospital
Cost Per Diem			000003-B	80904	Joe Jack Hospital

**Note:** Jane Doe Hospital only uses cost center "A", not "B" (highlighted in yellow). Facilities with more than one reporting cost center should adhere to the labeling convention described in the notes tab for each cost center. If a cost center does not exist for a specific hospital, then no submission is needed for that cost center.

# Reporting the UPL Using Multiple Methodologies - Step 5

- In **Step 5**, after the templates have been completed, a summary of cost center data should be created and organized into a summary table. This table should present UPL Gap data organized by ownership type and cost center. Including a summary by Medicare ID is preferred. Subtotals should be included for each of these categories in addition to the aggregate UPL Gap.
  - Example of a summary table:

Sum of UPL Gap		Cost Center			
Ownership Type	MCR ID	A	B	C	Grand Total
Private	000001	\$ 3,345,543	\$ 456,897	\$ 2,222,259	\$ 6,024,699
	000002	\$ 6,568,235		\$ 4,023,457	\$ 10,591,692
<b>Private Total</b>		<b>\$ 9,913,779</b>	<b>\$ 456,897</b>	<b>\$ 6,245,715</b>	<b>\$ 16,616,391</b>
SGO	000003	\$ 1,121,236	\$ 333,679		\$ 1,454,915
<b>SGO Total</b>		<b>\$ 1,121,236</b>	<b>\$ 333,679</b>		<b>\$ 1,454,915</b>
<b>Grand Total</b>		<b>\$ 11,035,014</b>	<b>\$ 790,576</b>	<b>\$ 6,245,715</b>	<b>\$ 18,071,306</b>

- If your state requires additional clarification or technical assistance, please reach out to the training team via the UPL Mailbox ([MedicaidUPL@cms.hhs.gov](mailto:MedicaidUPL@cms.hhs.gov)).