

CMS Medicaid UPL Template Training for States: Clinic, PRTF, and Physician

Presented by: Truven Health Analytics, an IBM Company

March 21, 2018



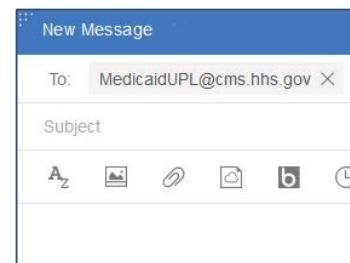
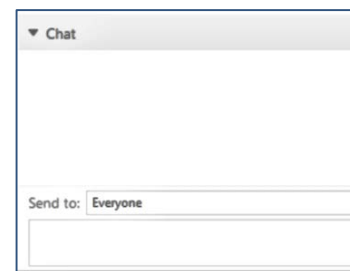
IBM Watson Health



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
	Per Diem	Other	
Clinic		X	1
PRTF	X		1
Physician		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)
 - Nursing Facility (NF)
 - Institution for mental diseases (IMD)
 - Intermediate Care Facility (ICF)

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

Incorporating the Templates into Your State Submission

- The templates were designed by CMS to work with your state's existing UPL Workbook
 - Your submission workbook should include:
 - Your state's submission, as you've been historically providing it to CMS
 - The CMS-approved template, filled out through the use of Excel functions, linking your state submission to the template
 - The state should review the values calculated in the template to its UPL submission to check that they are accurate and that they match

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

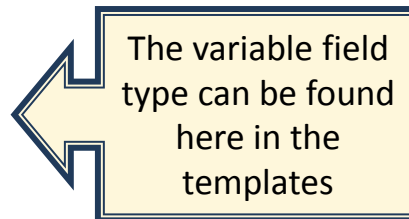
Variable Designations

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
State Calculated	The state is required to input their own formula based on the variables used in preceding series – only relevant for Clinic and Physician

Finding the Field Designations

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



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

A	B	C	D	E	F
(Required)	(Required)	(Required)			
State	Demonstration Begin Date	Demonstration End Date			
[001]	[002]	[003]			
Database Description & Variable Number	Demo Info: (Required) State [100]	Demo Info: (Required) State Demonstration Rate Year [101]	Demo Info: (Required) Service Type [102]	Provider Info: (PIA) Other State Provider ID Number [105]	Provider Info: (PIA) National Provider ID (NPI) [109]
	Overview & Instructions	Data Dictionary	Clinic	+	◀

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

- Overview & Instructions tab
- Data Dictionary tab
- One template tab

Step 2 – Choose your Template and Methodology Type

Database Description & Variable Number	Demo Info: (Required) State [100]	Demo Info: (Required) State Demonstration Rate Year [101]	Demo Info: (Required) Service Type [102]	Provider Info: (PIA) Other State Provider ID Number [105]
	Overview & Instructions	Data Dictionary	Clinic	+

Step 3 – Copy the Template into the Submission Workbook

	A	B	C	D	E	F	G
2	(Required) State [001]	(Required) Demonstration Begin Date [002]	(Required) Demonstration End Date [003]				
4							
5	Database Description & Variable Number	Demo Info: (Required) State [100]	Demo Info: (Required) State Demonstration Rate Year [101]	Demo Info: (Required) Service Type [102]	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]
	Overview & Instructions		Data Dictionary	Clinic	+		

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 a best practice to capture additional information to understand a state's submission. It serves as a place to put additional information and explanations for specific variables within the template.

- A notes tab should typically include:
 - A Variable Number column
 - A Variable Description column
 - A notes or description column

Notes Tab Example:

Variable Number	Variable Description	Note
302	Medicaid Regular Payments	Provided as Medicaid Base Payments
303.1	Medicaid Supplemental Payments	No supplemental payments are made to providers of clinic services
405	UPL Inflation Factor	The state does not inflate the UPL

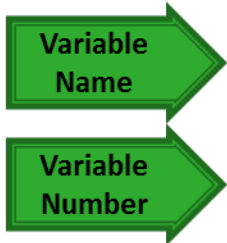
Clinic

Step 4

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

Note: Unlike other templates, the clinic template does not have a space to designate demonstration type

Clinic



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

Required Variables:

- State (Variable 100) (enter two-character abbreviation)
- State Demonstration Rate Year (Variable 101)
- Service Type (Variable 102)
- Medicare Certification Number (Medicare ID) (Variable 112)
- State-Specific ID Number (Medicaid ID) (Variable 107)
- Provider Name (Variable 108)
- Ownership Category Type (Variable 110)
- Clinic Type (Variable 111)

Provider Info:	Provider Info:	Provider Info:	Provider Info:	Provider Info:	Provider Info:	Provider Info:
(PIA)	(PIA)	(Required)	(Required)	(Required)	(Required)	(Required)
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	Clinic Type
[105]	[109]	[112]	[107]	[108]	[110]	[111]

Provide if Applicable:

- Other State Provider ID Number (Variable 105)
- National Provider ID (NPI) Number (Variable 109)

Note: Clinic Type includes groups such as Ambulatory Surgical Center (ASC), Community Mental Health Clinic (CMHC), Behavioral Health Clinic (BHC), End Stage Renal Disease (ESRD), Family Planning, etc.

Step 5

Populate the 200 Series Data Elements: Basis of the UPL

Clinic

MCR Info:	MCR Info:	MCR Info:	MCR Info:	MCR Info:	MCR Info:	MCR Info:
(Required)	(Required)	(Required)	(Required if using CCR)	(Required if using CCR or PTC)	(Required if using PTC or Fee Schedule)	(State Calculated if using CCR or PTC)
Source of UPL or Cost Report Data	UPL Source Data Begin Date	UPL Source Data End Date	Medicare Costs	Medicare Charges	Medicare Payments	Medicare Cost-To-Charge Ratio or Payment-To-Charge Ratio
[224]	[200.1]	[200.2]	[203]	[204]	[205]	[208]

Step 5: If using a Clinic template:

Required Variables:

- Source of UPL or Cost Report Data (Variable 224)
- UPL Source Data Begin Date (Variable 200.1)
- UPL Source Data End Date (Variable 200.2)
- Medicare Costs (Variable 203)
- Medicare Charges (Variable 204)
- Medicare Payments (Variable 205)

Calculated Variable:

- Medicare Cost-To-Charge Ratio or Payment-To-Charge Ratio (Variable 208) (Not automatically calculated in the template, instead calculated by the state)

Notes:

- Variable 203 should be filled out if the state uses a Cost-To-Charge Ratio (CCR) to calculate their UPL
- Variable 204 should be filled out if the state uses a CCR or Payment-To-Charge (PTC) Ratio to calculate their UPL
- Variable 205 should be filled out if the state uses a PTC Ratio or a fee schedule to calculate their UPL. This variable is the Medicare rate multiplied by the Medicaid service volume.
- Variable 208 should be filled out if the state uses a CCR or PTC ratio to calculate their UPL. The calculation should be shown with a function

Step 5

Populate the 200 Series Data Elements: Basis of the UPL

200 series cheat sheet:

Methodology	Variable 203 – MCR Cost	Variable 204 – MCR Charges	Variable 205 – MCR Payments
Fee Schedule	-	-	Fee Schedule Data
CCR	Cost Data	Charge Data	-
PTC	-	Charge Data	Payment Data

Note: “-” denotes a column should be left blank when entering data into the template

Notes:

- The clinic template, like all other templates, requires data to be supplied on a facility-level basis. To ensure proper reporting, states should:
 1. Provide detailed claims information, tracking the specific services rendered and the associated CPT codes, as is required by [CMS' Guidance Documents](#), in a worksheet separate from the template
 2. Integrate the procedure data into the template by aggregating all data by provider number (this is discussed in more detail in the Clinic example)

Step 6

Populate the 300 Series Data Elements: Medicaid Payment and Service Volume Information

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

Step 6: If using a Clinic Template:

MCD Info:	MCD Info:	MCD Info:	MCD Info:	MCD Info:	MCD Info:	MCD Info:	MCD Info:
(Required)	(Required)	(Required if using CCR or PTC)	(Required)	(Required)	(Required)	(Required)	(Calculated)
Time Period of Medicaid Charge and Payment Data - Begin Date	Time Period of Medicaid Charge and Payment Data - End Date	Medicaid Charges	Medicaid Regular Payments	Medicaid Supplemental Payments	Medicaid Supplemental Payments (GME/Training)	Medicaid Supplemental Payments (Other)	Total Medicaid Supplemental Payments
[300.1]	[300.2]	[301]	[302]	[303.1]	[303.2]	[303.3]	[306]

Notes:

- Variable 301 should be provided if the state is using a CCR or PTC methodology to calculate their UPL

Identifying Supplemental Payments

- Supplemental payments must be provided on a per facility basis.
- Supplemental payments **cannot** be inflated by an inflation factor as opposed to base payments, which may be inflated.
- 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.
 - 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 providers incur for operating teaching programs.
 - Report all supplemental payments for DME and IME that are provided for in the State plan.

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 Clinic Template:

MCD Inflated Payment Info:	MCD Inflated Payment Info:	MCD Inflated Payment Info:	MCD Inflated Payment Info:
(PIA)	(Required)	(Required)	(Calculated)
Medicaid Inflation Factor Type	Medicaid Inflation Factor	Other Adjustment to Medicaid Payments	Inflated Medicaid Payments to Demonstration Year
[307]	[308]	[309]	[318]

Note Clinic Template:

- Variable 318 is calculated as $(\text{Variable } 302 * \text{Variable } 308 * \text{Variable } 309) + \text{Variable } 306$. Only Medicaid Regular Payments (Variable 302) are inflated.

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 the UPL for inflation is appropriate. One reasonable method is the **mid-point to mid-point method** (CMS summarizes timely actual regulation market basket changes and Medicare payment updates, as published by the Federal Register, at this link: [CMS Market Basket](#))
 - Please see **Appendix C** for further information on how determine the inflation factor using the mid-point to mid-point method
- The template Inflates the UPL data based on the inflation factor provided by the state

Step 8: If using a Clinic Template:

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

Note: In other templates, the Medicaid UPL Amount (Variable 400) is calculated automatically by the template. However, because of the variety of calculations used by states, the Clinic Template requires the state to provide their own calculation for this variable. This is designated by the variable type, “State Calculated”.

Step 8: Calculation of UPL Amount and UPL Inflation

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

Step 8: If using a Clinic Template:

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

State Calculation Options for Variable 400:

Methodology	Written Formula	Variable Formula
Fee Schedules	= Medicare Payments	= Variable 205
Cost-to-Charge Ratio (CCR)	= Medicare CCR x Medicaid Charges	= Variable 208 x Variable 301
Payment-to-Charge Ratio (PTC)	= Medicare PTC x Medicaid Charges	= Variable 208 x Variable 301

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

- UPL gap calculated as (inflated Medicare UPL – inflated Medicaid payments) (Variable 403 – Variable 318)
- Variable 408 is for adjustments made by the state to the UPL gap amount

Step 9: If using a Clinic Template:

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]

UPL Demonstration Example - Clinic

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

Clinic 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
	(Required)	(Required)	(Required)				
	State	Demonstration Begin Date	Demonstration End Date				
2	[001]	[002]	[003]				
4							
		Demo Info:	Demo Info:	Demo Info:	Provider Info:	Provider Info:	Provider Info:
		(Required)	(Required)	(Required)	(PIA)	(PIA)	(Required)
	Database Description &	State	State Demonstration Rate Year	Service Type	Other State Provider ID Number	National Provider ID (NPI)	Medicare Certification Number (Medicare ID)
5	Variable Number	[100]	[101]	[102]	[105]	[109]	[112]
				Clinic			

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

Clinic Example: Step 3

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

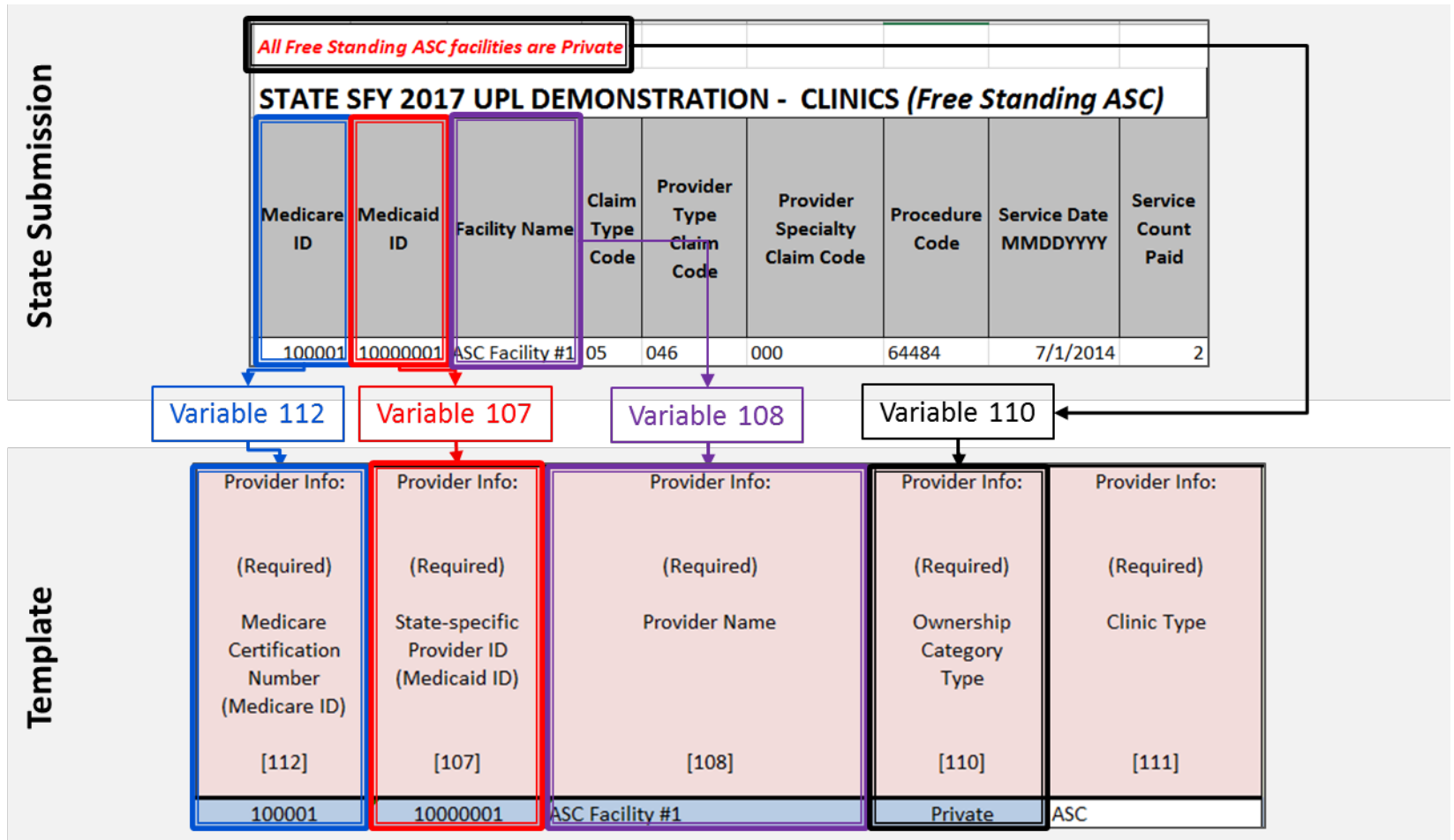
	A	B	C	D	E	F	G	H	I	J	K	L	M
1	<i>All Free Standing ASC facilities are Private</i>												
2	STATE SFY 2017 UPL DEMONSTRATION - CLINICS (Free Standing ASC)												
3	Medicare ID	Medicaid ID	Facility Name	Claim Type Code	Provider Type Claim Code	Provider Specialty Claim Code	Procedure Code	Service Date MMDYYYY	Service Count Paid	Medicare Coverage Code	Allowed Amount	Medicare Amount	Third Party Amount
4	100001	10000001	ASC Facility #1	05	046	000	64484	7/1/2014	2	N	\$407.59	\$0.00	\$0.00
5	100002	10000002	ASC Facility #2	05	046	000	64635	7/1/2014	1	N	\$545.90	\$0.00	\$0.00
6	100001	10000001	ASC Facility #1	05	046	000	64491	7/1/2014	1	N	\$407.59	\$0.00	\$0.00
7	100003	10000003	ASC Facility #3	05	046	000	43239	7/1/2014	1	N	\$545.90	\$0.00	\$0.00
8	100001	10000001	ASC Facility #1	05	046	000	64636	7/1/2014	2	N	\$407.59	\$0.00	\$0.00
9	100001	10000001	ASC Facility #1	05	046	000	64636	7/1/2014	2	N	\$407.59	\$0.00	\$0.00
10	100001	10000001	ASC Facility #1	05	046	000	64636	7/1/2014	2	N	\$407.59	\$0.00	\$0.00
11	100004	10000004	ASC Facility #4	05	046	000	69643	7/1/2014	1	N	\$1,217.88	\$0.00	\$0.00
12	100005	10000005	ASC Facility #5	05	046	000	45380	7/1/2014	1	N	\$545.90	\$0.00	\$0.00
13	100001	10000001	ASC Facility #1	05	046	000	64490	7/1/2014	1	N	\$407.59	\$0.00	\$0.00

Template Tab

Tabs with state's full submission

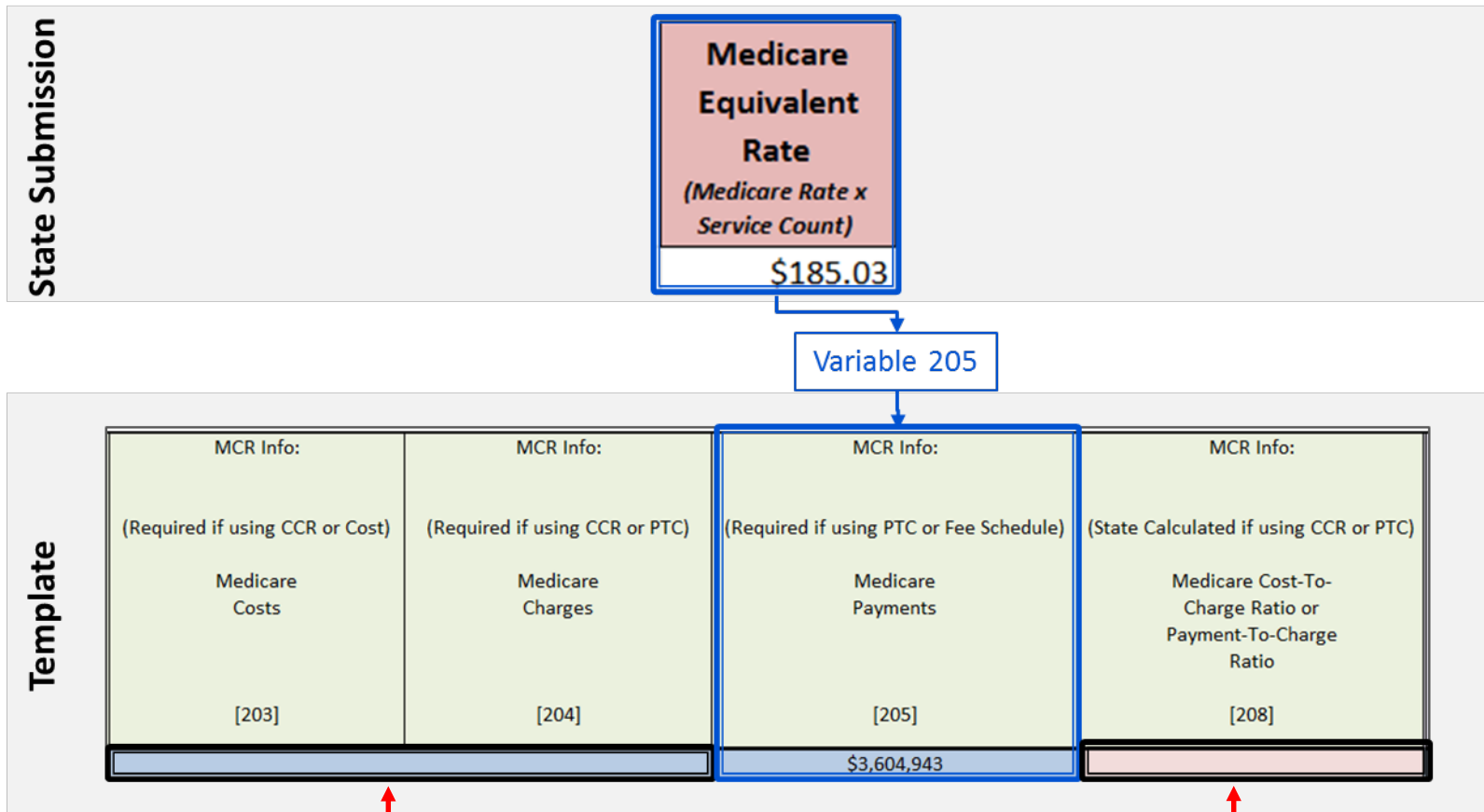
Clinic Example: Step 4

- Step 4: Populate the 100 Level Data Series



Clinic Example: Step 5

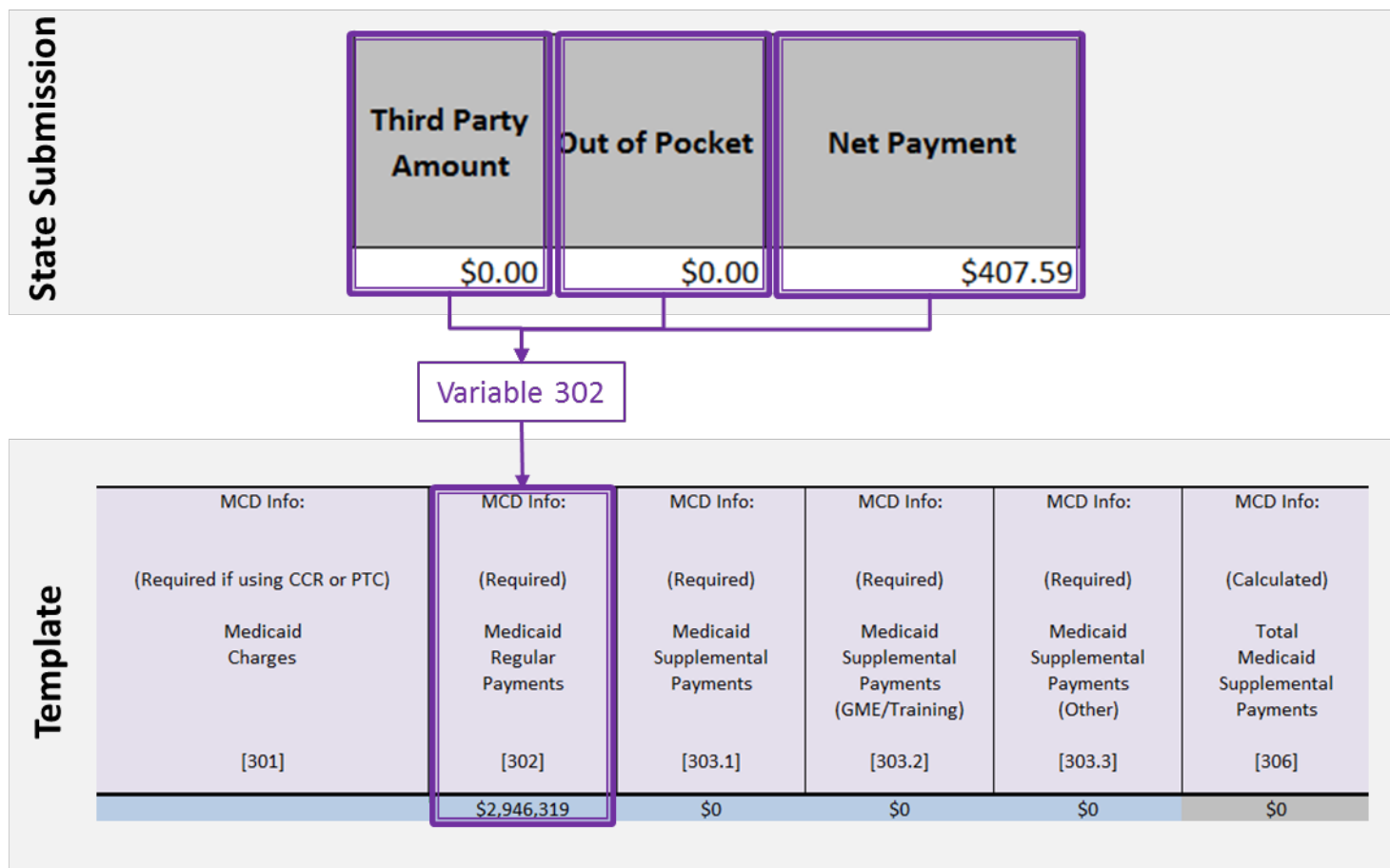
- Step 5: Populate the 200 Level Data Series—Basis of the UPL



Note: The state uses a fee schedule method so these fields are left blank

Clinic Example: Step 6 (1 of 2)

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



Clinic Example: Step 6 (2 of 2)

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

MCD Info: (Required if using CCR or PTC) Medicaid Charges [301]	MCD Info: (Required) Medicaid Regular Payments [302]	MCD Info: (Required) Medicaid Supplemental Payments [303.1]	MCD Info: (Required) Medicaid Supplemental Payments (GME/Training) [303.2]	MCD Info: (Required) Medicaid Supplemental Payments (Other) [303.3]	MCD Info: (Calculated) Total Medicaid Supplemental Payments [306]
	\$2,946,319	\$0	\$0	\$0	\$0

Note: Because the state used a Fee Schedule approach, Medicaid Charges is left blank. This is only filled in when using CCR or PTC.

The state does not have any supplemental payments so \$0 was entered into these fields

Clinic 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 Medicaid Payments to Demonstration Year [318]
None	1.0000	1.0000	\$2,946,319

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 these required fields.

Clinic Example: Step 8

- Step 8: UPL Inflation

UPL Calc Info: (State Calculated) Medicaid UPL Amount [400]	UPL Calc Info: (PIA) UPL Inflation Factor Type [404]	UPL Calc Info: (Required) UPL Inflation Factor [405]	UPL Calc Info: (Calculated) Inflated UPL Amount [406]
\$3,604,943	None	1.0000	\$3,604,943

MCR Info: (Required if using PTC or Fee Schedule) Medicare Payments [205]
\$3,604,943

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

Clinic Example: Step 9 (1 of 4)

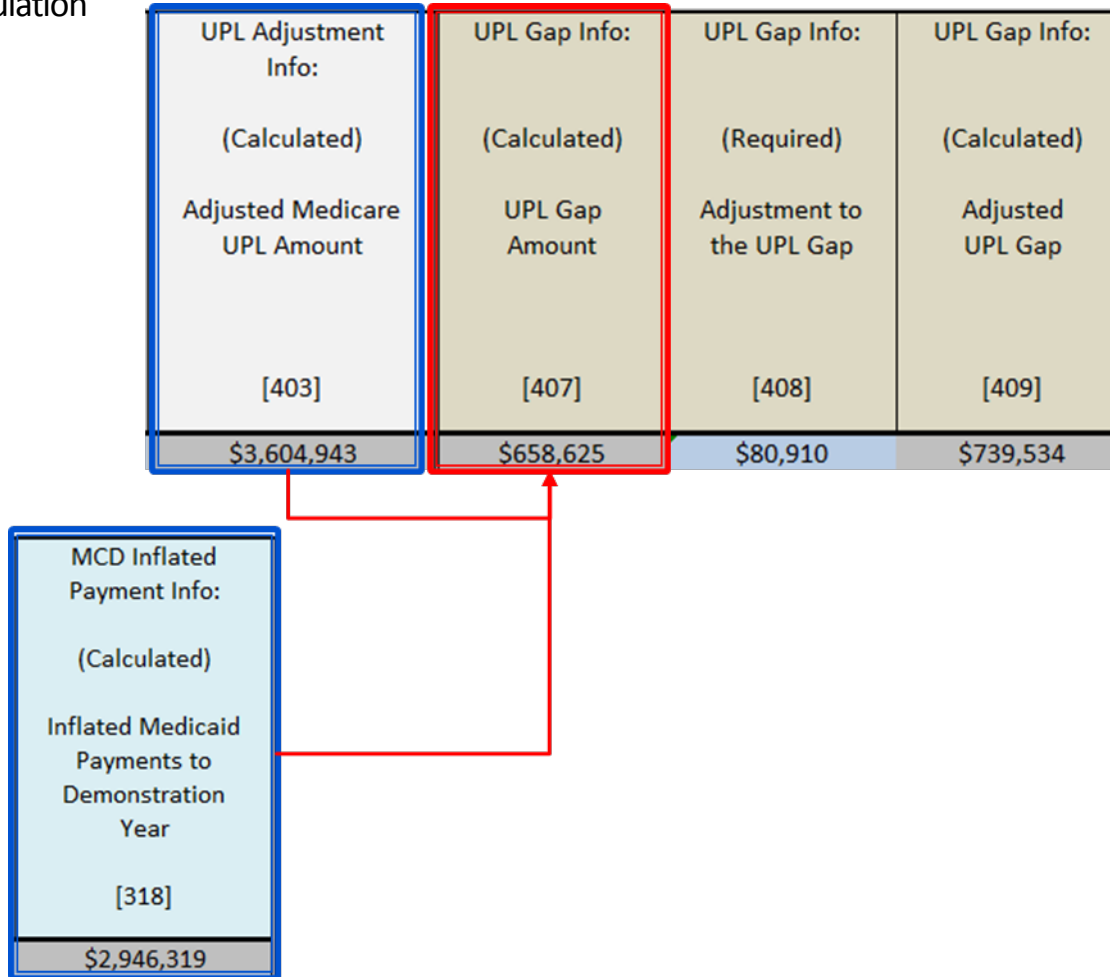
- **Step 9:** Adjustments to the UPL

UPL Calc Info: (Calculated) Inflated UPL Amount [406] \$3,604,943	UPL Adjustment Info: (Required) Other Adjustments to the UPL Amount [402] \$0	UPL Adjustment Info: (Calculated) Adjusted Medicare UPL Amount [403] \$3,604,943
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Note: The state does not have additional adjustments to the UPL amount, so a value of zero is entered into this required field.

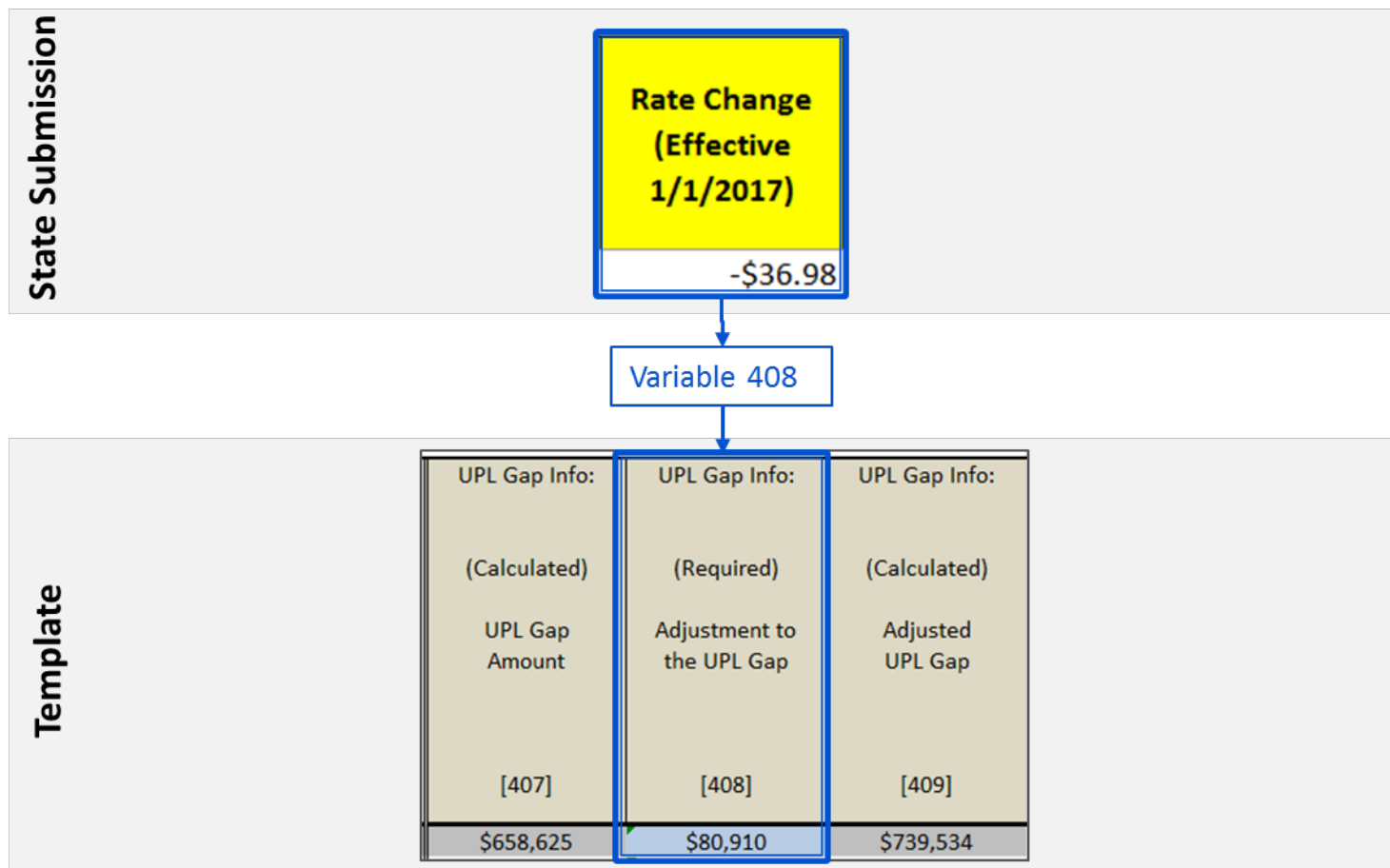
Clinic Example: Step 9 (2 of 4)

- Step 9: UPL Gap Calculation**



Clinic Example: Step 9 (3 of 4)

- Step 9: Adjustments to the UPL Gap



Clinic Example: Step 9 (4 of 4)

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

UPL Gap Info: (Calculated) UPL Gap Amount	UPL Gap Info: (Required) Adjustment to the UPL Gap	UPL Gap Info: (Calculated) Adjusted UPL Gap
[407]	[408]	[409]
\$658,625	\$80,910	\$739,534

Completed Clinic 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)
- 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)



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

Helpful Resources - Clinic

- **CMS Clinic UPL Guidance Document:**
<https://www.medicaid.gov/medicaid/finance/downloads/upl-guidance-clinic-service-2nd-update-4-9-2015.pdf>
- **UPL Templates:**
<https://www.medicaid.gov/medicaid/finance/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

Clinic 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
- **Provide** both aggregate facility-level data in the template and procedural code analysis in supporting documentation
 - Perform the required service-specific analysis of Medicaid clinic services using methods outlined in the guidance
- Ownership type should **only** be entered as: Private, SGO, or NSGO
- **Provide** the appropriate clinic type designation (e.g., ASC, ESRD)
- **Follow** the approved calculations for “state calculated” fields
- Supplemental payments should be reported for the expected amount in the **demonstration year**, and should be appropriately assigned to each provider within the ownership categories
- For facilities with no inflation or adjustments (variables 308, 309, and 405), **enter a value of “1”** for these variables

PRTF

Step 4

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

PRTF

Variable Name	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]
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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]	Provider Info: (Required) Ownership Category Type [110]
--	--	---	---	--	--

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)

Step 5

Populate the 200 Series Data Elements: Basis of the UPL

PRTF

Cost or Charge Info:	Cost or Charge Info:	Cost or Charge Info:	Cost or Charge Info:	Cost or Charge Info:
(Required)	(Required)	(Required)	(Required)	(Calculated)
Begin Date for Cost, Charge or Payment Data	Ending Date for Cost, Charge or Payment Data	Per Diem Cost, Charge or Payment	Adjustments to Per Diem Cost, Charge or Payment	Total Per Diem Cost, Charge or Payment
[200.1]	[200.2]	[223]	[212.3]	[215]

Notes:

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

Step 5: If using a PRTF template:

Required Variables:

- Per Diem Cost, Charge, or Payment (Variable 223)
- Adjustments to Per Diem Cost, Charge, or Payment (Variable 212.3)

Calculated Variable:

- Total Per Diem Cost, Charge, or Payment (Variable 215) (calculated as the sum of Variables 223 and 212.3)

Step 6

Populate the 300 Series Data Elements: Medicaid Payment and Service Volume Information

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

Step 6 (1 of 2): If using a PRTF 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 6 (2 of 2): If using a PRTF 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]

Notes:

- All Medicaid Payment data must be entered on a per diem basis

Identifying Supplemental Payments

- Supplemental payments must be provided on a per facility basis.
- Supplemental payments **cannot** be inflated by an inflation factor as opposed to base payments, which may be inflated.
- 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.
 - 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 providers incur for operating teaching programs.
 - Report all supplemental payments for DME and IME that are provided for in the State plan.

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 PRTF 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]

Notes:

- 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** (CMS summarizes timely actual regulation market basket changes and Medicare payment updates, as published by the Federal Register, at this link: [CMS Market Basket](#))
- The template inflates the UPL data based on the inflation factor provided by the state

Step 8: If using a PRTF 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 9: Adjustments to the UPL Amount and UPL Gap Calculation

- 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
- The PRTF UPL is calculated on a per facility basis, comparing each PRTF’s charges to Medicaid payment. A state may not “borrow” UPL room from one facility and apply it to another facility

Step 9: If using a PRTF Template:

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]

UPL Demonstration Example - PRTF

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

PRTF Example: Steps 1 and 2

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

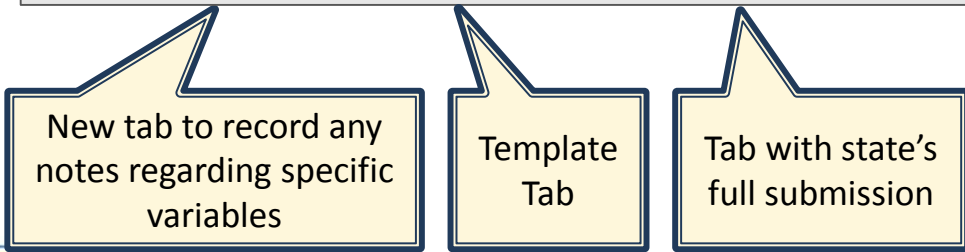
A	B	C	D	E	F	G	H
(Required) State [001]	(Required) Demonstration Begin Date [002]	(Required) Demonstration End Date [003]					
Database Description & Variable Numbers	Demo Info: (Required) State [100]	Demo Info: (Required) State Demonstration Rate Year [101]	Demo Info: (Required) Service Type [102]	Demo 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]
Overview & Instructions		Data Dictionary		PRTF	+	:	◀

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

PRTF Example: Step 3

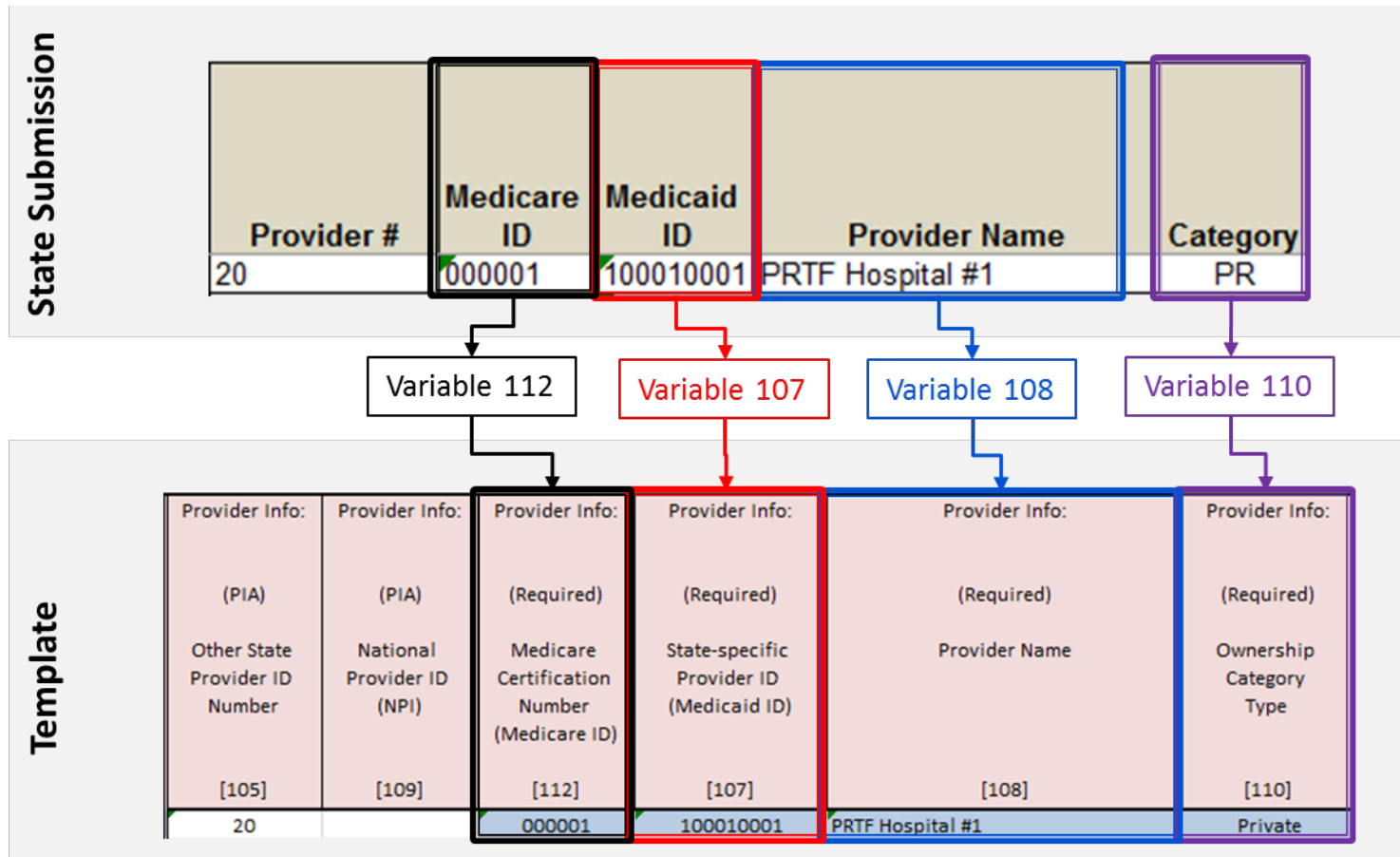
- **Step 3:** Move the template into the workbook containing the state UPL submission

A	B	C	D	E	F	G	H
(Required)	(Required)	(Required)					
State	Demonstration Begin Date	Demonstration End Date					
[001]	[002]	[003]					
ST	7/1/2016	6/30/2017					
Database Description & Variable Numbers	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]



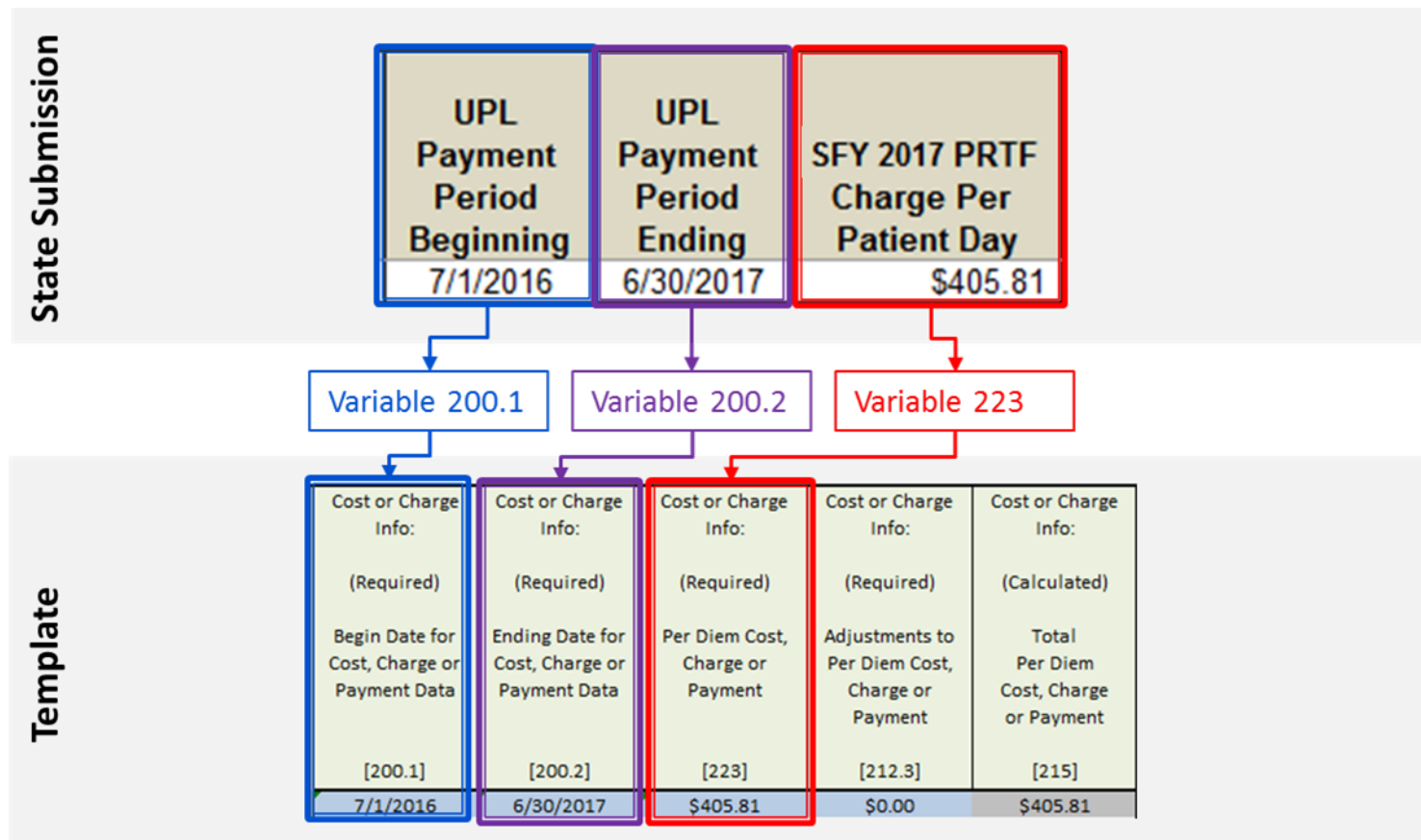
PRTF Example: Step 4

- Step 4: Populate the 100 Level Data Series



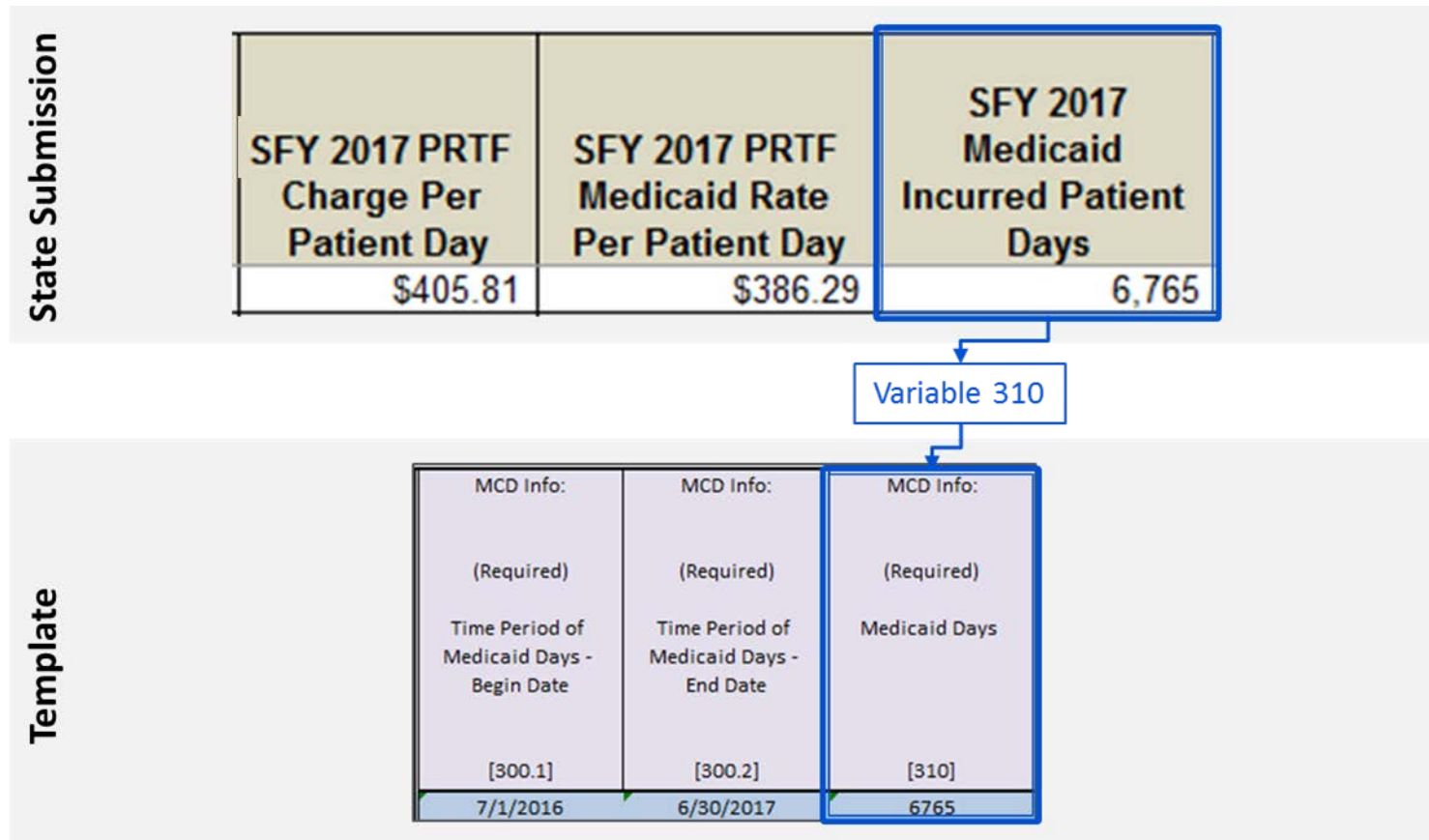
PRTF Example: Step 5

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



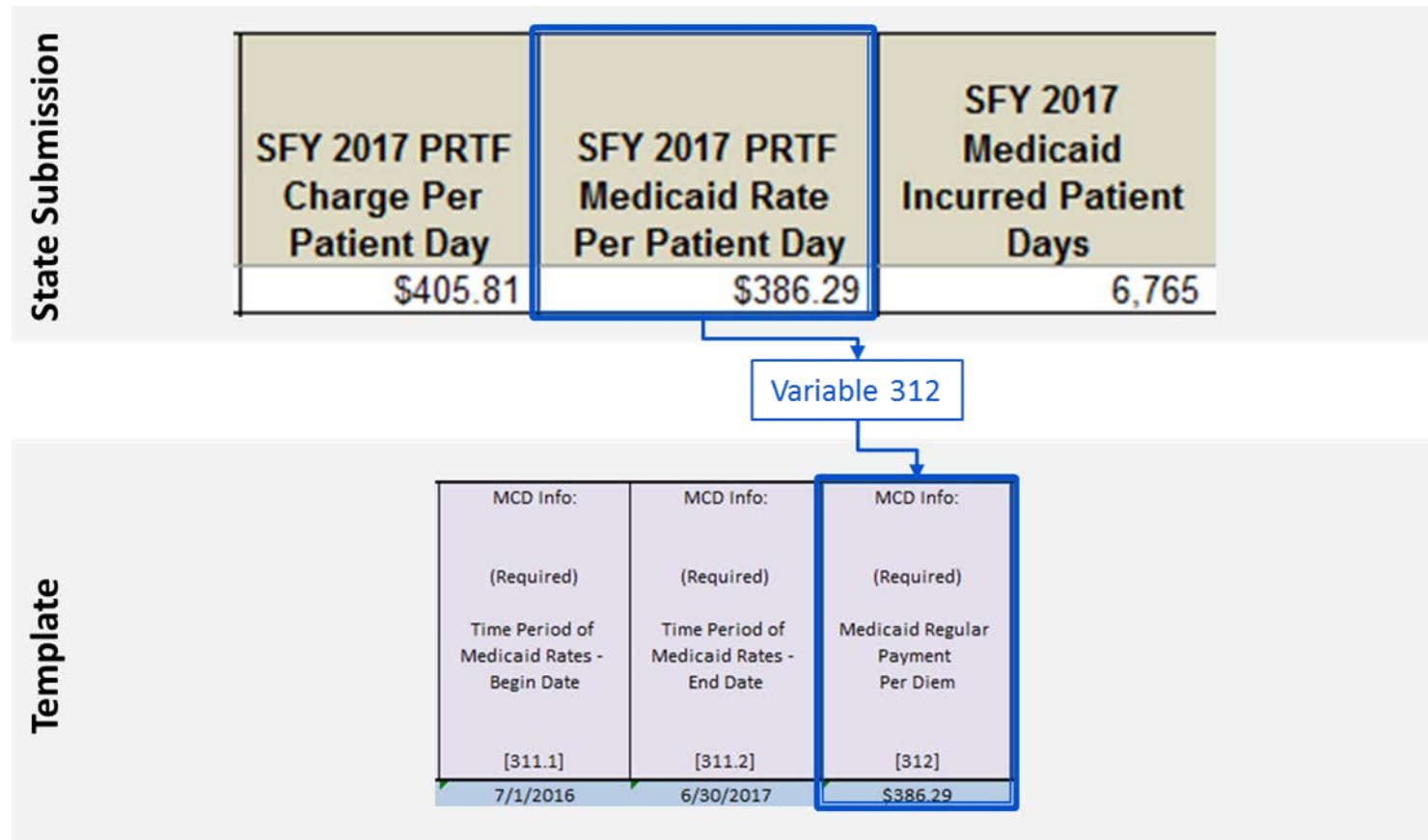
PRTF Example: Step 6 (1 of 2)

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



PRTF Example: Step 6 (2 of 2)

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



PRTF 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	\$386.29	\$2,613,235

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.

PRTF 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	\$405.81	\$2,745,305

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

PRTF Example: Step 9 (1 of 3)

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

UPL Calc Info:	UPL Adjustment Info:	UPL Adjustment Info:
(Calculated)	(Required)	(Calculated)
Inflated UPL Amount	Other Adjustments to the UPL Amount	Adjusted Medicaid UPL Amount
[406]	[402]	[403]
\$2,745,305	\$0	\$2,745,305

Note: The state does not have any further adjustments to the UPL amount, therefore a zero is entered into this field

PRTF Example: Step 9 (2 of 3)

- Step 9: UPL Gap Calculation

UPL Adjustment Info:	UPL Gap Info:	UPL Gap Info:	UPL Gap Info:
(Calculated)	(Calculated)	(Required)	(Calculated)
Adjusted Medicaid UPL Amount	UPL Gap Amount	Adjustment to the UPL Gap	Adjusted UPL Gap
[403]	[407]	[408]	[409]
\$2,745,305	\$132,070	\$0	\$132,070

MCD Inflated Payment Info:
(Calculated)
Total Medicaid Payments
[316]
\$2,613,235

Diagram description: A red box highlights the 'UPL Gap Info' column in the top table, specifically the 'UPL Gap Amount' row and its value '\$132,070'. A red arrow points from this value down to the 'Total Medicaid Payments' row in the bottom table, which has a value of '\$2,613,235'. Another red arrow points from the 'Total Medicaid Payments' row up to the 'Adjusted Medicaid UPL Amount' row in the top table, which has a value of '\$2,745,305'. This illustrates the calculation: \$2,613,235 + \$132,070 = \$2,745,305.

PRTF Example: Step 9 (3 of 3)

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

UPL Adjustment Info:	UPL Gap Info:	UPL Gap Info:	UPL Gap Info:
(Calculated)	(Calculated)	(Required)	(Calculated)
Adjusted Medicaid UPL Amount	UPL Gap Amount	Adjustment to the UPL Gap	Adjusted UPL Gap
[403]	[407]	[408]	[409]
\$2,745,305	\$132,070	\$0	\$132,070

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

Completed PRTF 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)
- 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)



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

Helpful Resources - PRTF

- **PRTF UPL Guidance Document:**
<https://www.medicaid.gov/medicaid/finance/downloads/upl-guidance-other-inpt-and-outpt-services-replacement-new.pdf>
- **UPL Templates:**
<https://www.medicaid.gov/medicaid/finance/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

PRTF Template Reminders

- The PRTF UPL is calculated on a **per facility basis**, comparing each PRTF's charges to Medicaid payment. A state may not "borrow" UPL room from one facility and apply it to another facility
- **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**
- Medicare and Medicaid rates should be provided on a **per diem** basis
- Supplemental payments should be reported for the expected amount in the **demonstration year**, and should be appropriately assigned to each provider within the ownership categories
- For facilities with no inflation or adjustments (variables 308, 309, and 405), **enter a value of "1"** for these variables

Physician

Completing the Physician Template: 7 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 – Medicare Payment Information
6	Populate the 300 Level Data Series – Medicaid Payments and Service Volumes
7	Populate the 400 Level Data Series – Average Commercial Rate and Maximum Supplemental Payment

Note: Physician is unique in that it only has 7 steps for completing the template. This template does not follow the same format as the other service types.

Step 4

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

Physician

Variable Name	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]
--	--	---	---	--

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)

Provide if Applicable:

- Other State Provider ID Number (Variable 105)
- National Provider ID (NPI) Number (Variable 109)

Notes:

- Variable 104 should only have the inputs “ACR” if using the Average Commercial Rate method or “MCR Equivalent” if using the Medicare Equivalent of ACR method written in this field

Unique Features of the Physician Template

- The Physician Template does not allow for Medicare or Medicaid inflation, UPL calculation, or a UPL gap calculation
 - Physician Template calculates maximum supplemental payments
- If your state uses an Average Commercial Rate (ACR) approach:
 - Fill out the 300 and 400 level data series, completely
 - **DO NOT** fill out the 200 level series
- If your state uses a Medicare equivalent payment approach:
 - Fill out the 200 and 300 level data series, completely
 - Fill out the **second half the 400 series** (Variables 423 and 424)

Step 5

Populate the 200 Series Data Elements: Medicare Payment Information

- Medicare Payment Information should only be filled out if your state uses Medicare Equivalent of ACR approach
 - **Do not** fill out this section if your state uses and ACR approach, leave it blank

Step 5: If using Physician Template:

MCR Payment Info:	MCR Payment Info:	MCR Payment Info:	MCR Payment Info:
(Required if Medicare Equivalent of ACR approach)	(Required if Medicare Equivalent of ACR approach)	(Required if Medicare Equivalent of ACR approach)	(Required if Medicare Equivalent of ACR approach)
Time Period of Medicare Rates - Begin Date	Time Period of Medicare Rates - End Date	Medicare Payment Amount	ACR as Percent of Medicare Rate
[200.1]	[200.2]	[225]	[226]

Notes:

- Variables 225 and 226 must be provided if using a Medicare equivalent of ACR approach
- States should report the aggregate Medicare payment amount in variable 225 and submit Medicaid payment and volume data on a per code basis as part of its supporting documentation

Required Variables:

- Medicare Payment Amount (Variable 225)
- ACR as Percent of Medicare Rates (Variable 226)

Step 6

Populate the 300 Series Data Elements: Medicaid Payment and Service Volume Information

- Medicaid payment and service volume for each provider
 - Base year Medicaid payments and Medicaid service volume
 - Beginning and end dates for the base year data time period (based on Date of Service)

Step 6: If using a Physician Template:

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

Notes:

- Physician template calculates the Maximum supplemental payments at the end (variable 424)
- Medicaid Volume of Services (Variable 304) is intended to capture the volume of services that will be paid at an enhanced rate and is not used in the calculation of the Maximum Supplemental Payment. It is informational only.

Step 7

Populate the 400 Series Data Elements: Average Commercial Rate Information and Maximum Supplemental Payment (1 of 2)

- Variable 422, Average Commercial Rate (ACR), only needs to be provided if that is the method your state uses.

Step 7: If using a Physician Template:

Avg Commercial Rate Info: (Required if ACR approach) Time Period of Commercial Rate Data - Begin Date [420.1]	Avg Commercial Rate Info: (Required if ACR approach) Time Period of Commercial Rate Data - End Date [420.2]	Avg Commercial Rate Info: (Required if ACR approach) Average Commercial Rate (ACR) [422]
--	--	---

Notes:

- Average Commercial Rate (ACR; Variable 422) is only required if the state is using an ACR approach

Step 7

Populate the 400 Series Data Elements: Average Commercial Rate Information and Maximum Supplemental Payment (2 of 2)

- In this section, the state will provide:
 - Enhanced Payment Amount
 - Maximum Supplemental Payments

Step 8: If using a Physician Template:

ACR Max. Supplemental Payment Info: (State Calculated) Enhanced Payment Amount [423]	ACR Max. Supplemental Payment Info: (Calculated) Maximum Supplemental Payments [424]
--	--

Notes:

- Variable 423 is calculated by the state and should be entered using a function
 - If using an ACR approach:
 - Set the value equal to the ACR (Variable 422)
 - If using an MCR equivalent approach:
 - Calculated as MCR Payment Amount (Variable 225) multiplied by ACR as Percent of MCR Rate (Variable 226)

UPL Demonstration Example - Physician

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

Physician 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
Database Description & Variable Number	Demo Info:	Demo Info:	Demo Info:	Demo Info:	Provider Info:	Provider Info:
	(Required)	(Required)	(Required)	(Required)	(PIA)	(PIA)
	State	State Demonstration Rate Year	Service Type	Demonstration Type	Other State Provider ID Number	National Provider ID (NPI)
	[100]	[101]	[102]	[104]	[105]	[109]

Overview & Instructions | Data Dictionary | **Physician** | +

Physician 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) State	(Required) Demonstration Begin Date	(Required) Demonstration End Date					
2	[001]	[002]	[003]					
4	ST	1/1/2015	12/31/2015					
	Database Description & Variable Number	Demo Info: (Required) State	Demo Info: (Required) State Demonstration Rate Year	Demo Info: (Required) Service Type	Demo Info: (Required) Demonstration Type	Provider Info: (PIA) Other State Provider ID Number	Provider Info: (PIA) National Provider ID (NPI)	Provider Info: (Required) Medicare Certification Number (Medicare ID)
5		[100]	[101]	[102]	[104]	[105]	[109]	[112]

Notes Physician **Physician** ACR Calculation ACR by CPT and ...

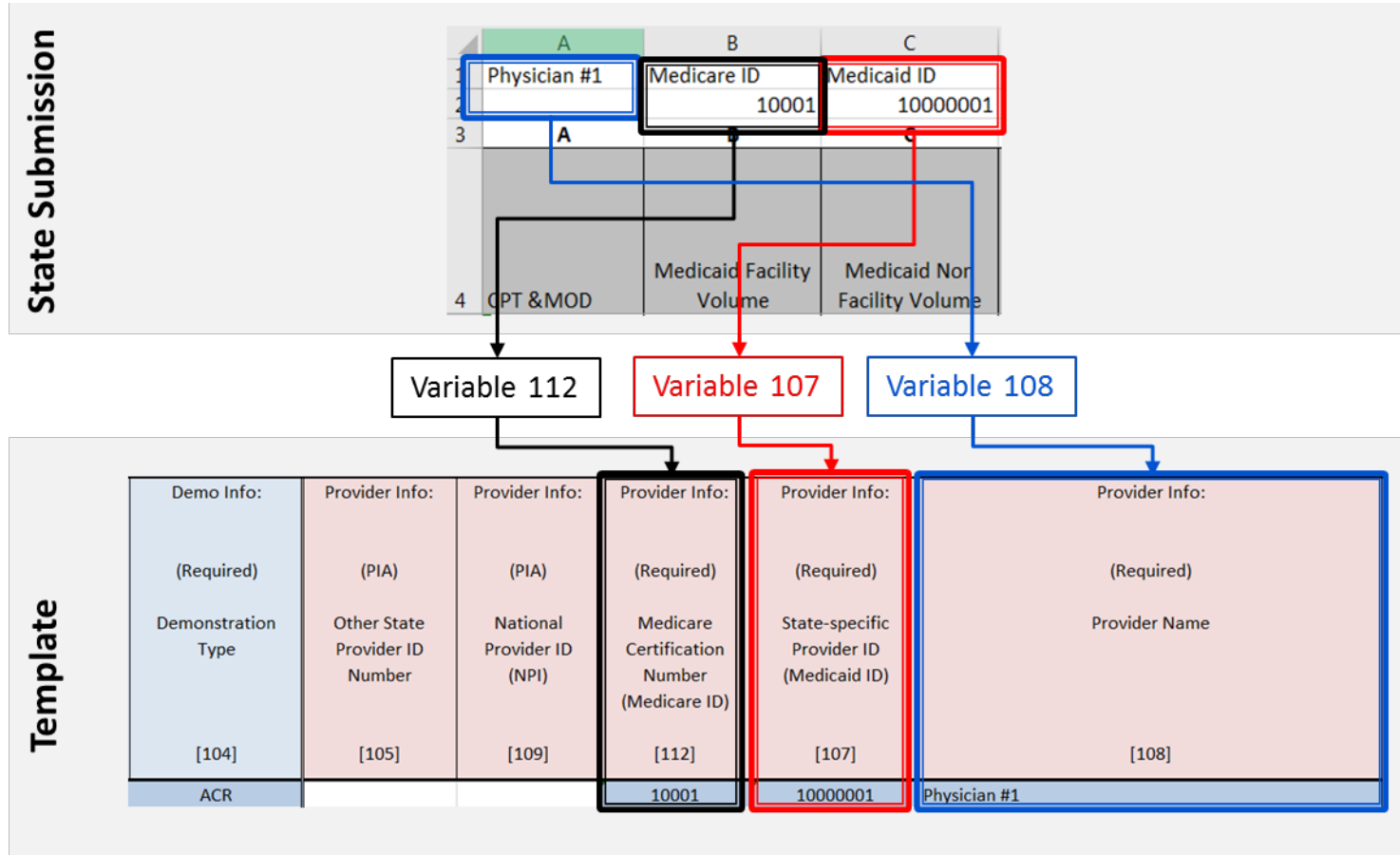
New tab to record any notes regarding specific variables

Template Tab

Tabs with state's full submission

Physician Example: Step 4

- Step 4: Populate the 100 Level Data Series



Physician Example: Step 5

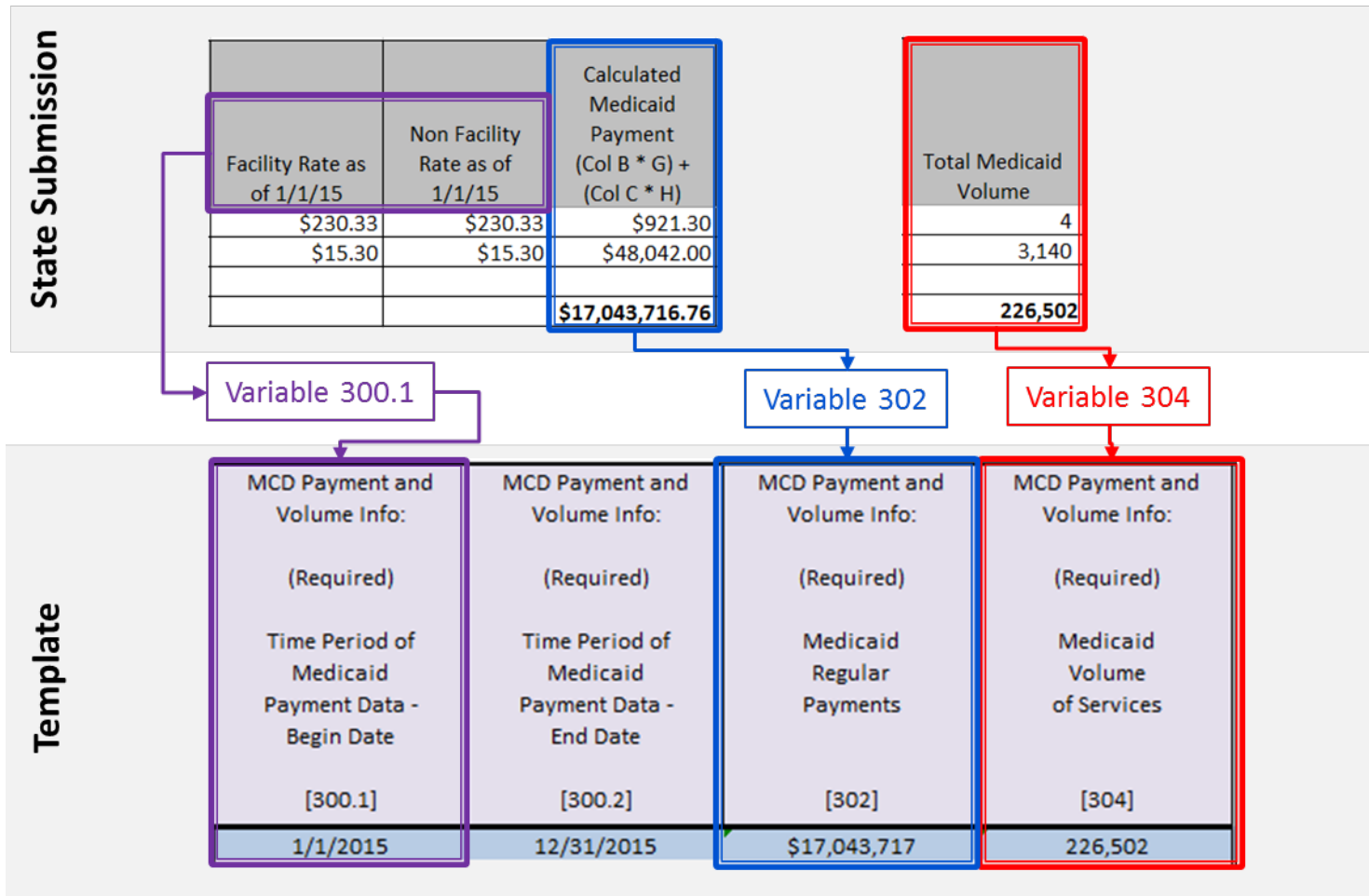
- **Step 5:** Populate the 200 Level Data Series – Medicare Payment Information

Template	MCR Payment Info: (Required if Medicare Equivalent of ACR approach)	MCR Payment Info: (Required if Medicare Equivalent of ACR approach)	MCR Payment Info: (Required if Medicare Equivalent of ACR approach)	MCR Payment Info: (Required if Medicare Equivalent of ACR approach)
	Time Period of Medicare Rates - Begin Date	Time Period of Medicare Rates - End Date	Medicare Payment Amount	ACR as Percent of Medicare Rate
	[200.1]	[200.2]	[225]	[226]

Note: The state uses the ACR method so these fields are all left blank.

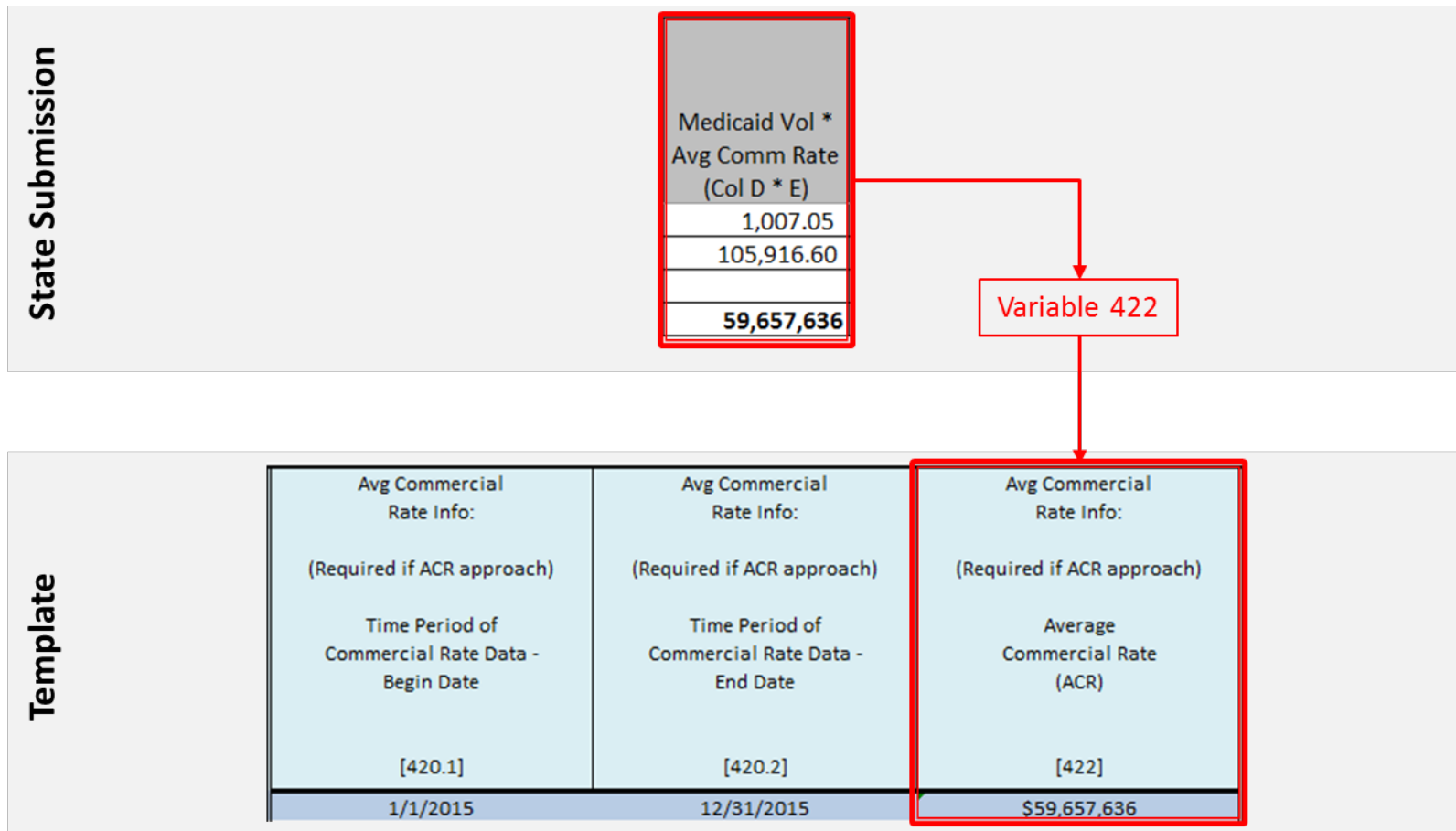
Physician Example: Step 6

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



Physician Example: Step 7 (1 of 2)

- Step 7: Populate the 400 Level Data Series – Average Commercial Rate



Physician Example: Step 7 (2 of 2)

- **Step 7:** Populate the 400 Level Data Series – Maximum Supplemental Payment

ACR Max. Supplemental Payment Info: (State Calculated) Enhanced Payment Amount [423]	ACR Max. Supplemental Payment Info: (Calculated) Maximum Supplemental Payments [424]
\$59,657,636	\$42,613,919

Note: Since the state used an ACR approach, the value in Var 423 is equal to the Average Commercial Rate (Var 422)

Note: Calculate as Enhanced Payment Amount (Variable 423) - MCD Regular Payments (Variable 302)

Completed Physician 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)
- 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)



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

Helpful Resources - Physician

- **Physician Supplemental Payments UPL Guidance Document:**
<https://www.medicaid.gov/medicaid/finance/downloads/upl-guidance-qualified-practitioner-services-replacement-new.pdf>
- **UPL Templates:**
<https://www.medicaid.gov/medicaid/finance/accountability-guidance/index.html>
- **UPL Mailbox:** MedicaidUPL@cms.hhs.gov

Physician Template Reminders

- **Create** a Notes tab
 - Include information on payment and service volumes, as well as demonstration type
- **Do not round** values in the template workbook
- The Physician template does not calculate a UPL Gap
- **Provide** both aggregate facility-level data in the template and procedural code analysis in supporting documentation
 - Perform the required service-specific analysis of Physician providers using methods outlined in the guidance
- Based on the state's methodology, either the 200-level or the first part of the 400-level series will be filled out, **not both**
- All dates refer to **Date of Service**

General Template Reminders

- **Create** a Notes tab
 - Include information on payment and service volumes, as well as demonstration type
- **Do not round** values in the template workbook
- **Do** implement Quality Assurance (QA) measures
- Ownership type should only be entered as: **Private, SGO, or NSGO**
- All dates refer to **Date of Service**
- Supplemental payments should be reported for the expected amount in the **demonstration year**, and should be appropriately assigned to each provider within the ownership categories
- 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

UPL Demonstration Background

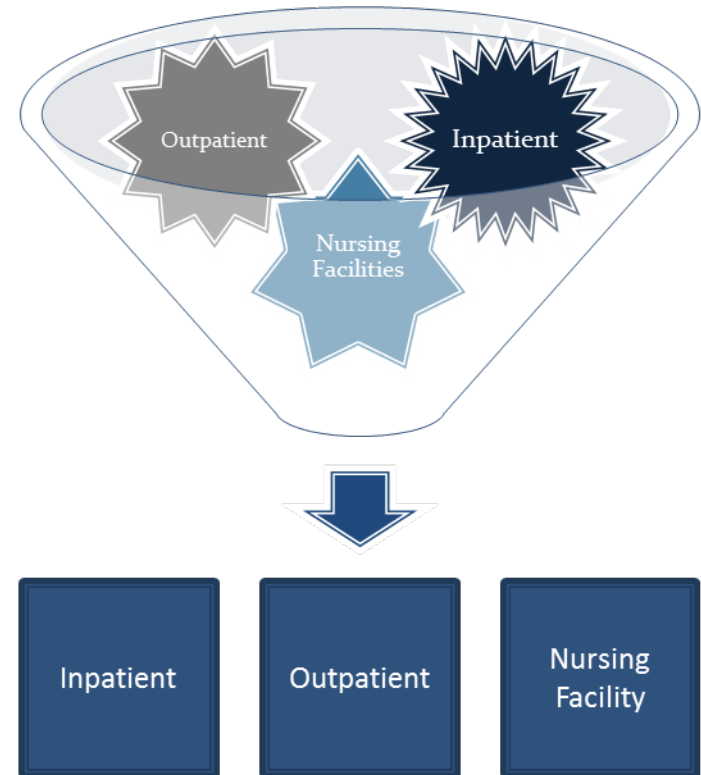
- On March 18, 2013, CMS issued guidance in a State Medicaid Director Letter on the periodic process to review state expenditures, claims information, and improve data/analytic tools
- As part of this overall initiative, CMS incorporated an annual UPL demonstration reporting requirement
- The UPL annual 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: <https://www.medicaid.gov/medicaid/financing-and-reimbursement/accountability-guidance/index.html>

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: Clinic

Required Variables

100 - State
 101 - Demonstration Rate Year
 102 - Service Type
 107 - Medicaid (MCD) ID
 108 - Provider Name
 110 - Ownership Type
 111 - Clinic Type
 112 - Medicare (MCR) ID
 200.1 - 200.2 - UPL Source Data Dates
 203 - MCR Costs
 204 - MCR Charges
 205 - MCR Payments
 224 - Source of UPL or Cost Report Data
 300.1 - 300.2 - MCD Charge and Payment DOS
 301 - MCD Charges
 302 - MCD Regular Payments
 303.1 - 303.3 - MCD Supplemental Payments
 308 - MCD Inflation Factor
 309 - Other Adj to MCD Payments
 401 - MCD Provider Tax Cost
 402 - Other Adj to UPL Amount
 405 - UPL Inflation Factor
 408 - Adjustment to UPL Gap

Calculated Variables

306 - Total MCD Supp Payments
 318 - Inflated MCD Payments to Demo Year
 403 - Adjusted MCR UPL Amount
 406 - Inflated UPL Amount
 407 - UPL Gap Amount
 409 - Adjusted UPL Gap

State Calculated Variables

208 - MCR Cost to Charge or Payment to Charge Ratio
 400 - MCD UPL Amount

Provide if Applicable (PIA)

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

Variable Classification: PRTF

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 – Cost, Charge, or Payment Dates
212.3 – Adj to Per Diem Cost, Charge, or Payment
223 – Per Diem Cost, Charge or Payment
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, Charge, or Payment 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

Variable Classification: Physician

Required Variables

100 - State
101 - Demonstration Rate Year
102 - Service Type
107 - Medicaid (MCD) ID
108 - Provider Name
112 - Medicare (MCR) ID
200.1 - 200.2 – MCR Rate Period
225 – MCR Payment Amount
226 – ACR as Percent of MCR Rate
300.1 - 300.2 – MCD Payment DOS
302 – MCD Regular Payments
304 – MCD Volume of Services
420.1 – 420.2 – Commercial Rate Data DOS
422 – Average Commercial Rate

Calculated Variables

424 – Maximum Supplemental Payments

State Calculated Variables

423 – Enhanced Payment Amount

Provide if Applicable (PIA)

105 - Other State Provider ID
109 - NPI

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 – Mid-Point to Mid-Point Inflation

Use of the MEI

- Midpoint of Cost Report Year to Midpoint of Rate Year
 - Goal is to measure change over a given period
- Market Basket Data: <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MedicareProgramRatesStats/MarketBasketData.html>
- Click on Market Basket History and Forecasts

Use of the MEI

- Bottom of Excel Spreadsheet

- Step 1:

- Find the midpoint of the cost report year
 - Assuming CY 2016, select 2016 Q2
 - 1.206

- Step 2:

- Find the midpoint of the rate year
 - Using CY 2017 as rate year, select 2017 Q2
 - 1.240

- Step 3:

- Divide the midpoint of rate year by the midpoint of cost report year
 - $1.240/1.206 = 1.028$ or 2.8%

- 2.8% becomes your trend factor on your cost report.

2006-based Medicare Economic Index:

Index Levels

Four-Quarter Moving Average Percent Change

Forecast 2016 Q2	Forecast 2016 Q3	Forecast 2016 Q4	Forecast 2017 Q1	Forecast 2017 Q2
1.206	1.214	1.220	1.231	1.240
1.5	1.7	1.9	2.0	2.2