



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
HEALTH AFFAIRS

16401 EAST CENTRETECH PARKWAY
AURORA, COLORADO 80011-9066

TRICARE
MANAGEMENT ACTIVITY

PCPB

CHANGE 67
6010.51-M
JUNE 20, 2008

PUBLICATIONS SYSTEM CHANGE TRANSMITTAL
FOR
TRICARE OPERATIONS MANUAL (TOM)

The TRICARE Management Activity has authorized the following addition(s)/
revision(s) to 6010.51-M, reissued August 2002.

CHANGE TITLE: CRITICAL ACCESS HOSPITALS (CAHs) ALASKA DEMO
COST-TO-CHARGE RATIO (CCR) UPDATE

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): This change provides the annual update of the CCR
for the CAHs in the Alaska Demonstration.

EFFECTIVE DATE: June 1, 2008.

IMPLEMENTATION DATE: Upon direction of the Contracting Officer.

Laura Sells
Chief, Purchased Care Procurement Branch

ATTACHMENT(S): 7 PAGES
DISTRIBUTION: 6010.51-M

CHANGE 67
6010.51-M
June 20, 2008

REMOVE PAGE(S)

INSERT PAGE(S)

CHAPTER 20

Table of Contents, pages i through iii
Section 9, pages 1 through 3

Table of Contents, pages i through iii
Section 9, pages 1 through 4

DEMONSTRATIONS

SECTION	SUBJECT
1	GENERAL 1.0. Purpose Of And Authority For Demonstrations 2.0. Organization 3.0. Restrictions On Scope Of Benefits Furnished Under Demonstration Projects
2	DEPARTMENT OF DEFENSE CANCER PREVENTION AND TREATMENT CLINICAL TRIALS DEMONSTRATION 1.0. Purpose 2.0. Background 3.0. Policy 4.0. Applicability 5.0. General Description Of Administrative Process 6.0. TMA And Contractor Responsibilities 7.0. Claims Processing Requirements FIGURE 20-2-1 Sample Of Authorization Letter To Be Issued To Institution Verifying TRICARE Eligibility For Said Patient To Be Enrolled In NCI Sponsored Studies FIGURE 20-2-2 Sample Of Authorization Letter For DoD Cancer Prevention And Treatment Clinical Trials Demonstration FIGURE 20-2-3 Sample Of Denial Letter For DoD Cancer Prevention And Treatment Clinical Trials Demonstration FIGURE 20-2-4 Sample Of Notification Letter To Be Issued To Geographical Contractor Of Patient's Enrollment In The DoD Cancer Prevention And Treatment Clinical Trials Demonstration
3	DEPARTMENT OF DEFENSE IN-UTERO FETAL SURGICAL REPAIR OF MYELOMENINGOCELE CLINICAL TRIAL DEMONSTRATION 1.0. <i>Purpose</i> 2.0. <i>Background</i> 3.0. <i>Policy And Eligibility</i> 4.0. <i>Applicability</i> 5.0. <i>General Description Of Administrative Process</i> 6.0. <i>ASD(HA) Responsibilities</i> 7.0. <i>The Biostatistics Center (BCC)</i> 8.0. <i>Participating MOMS Centers</i> 9.0. <i>TMA And Contractor Responsibilities</i> 10.0. <i>Claims Processing Requirements</i> FIGURE 20-3-1 <i>Demonstration Protocol</i>

SECTION	SUBJECT
4	OPERATION NOBLE EAGLE/OPERATION ENDURING FREEDOM RESERVIST AND NATIONAL GUARD BENEFITS DEMONSTRATION 1.0. Purpose 2.0. Background 3.0. Policy 4.0. Evaluation 5.0. Effective Dates
5	EXPANDED ELIGIBILITY UNDER THE NATIONAL DEFENSE AUTHORIZATION ACT FOR FISCAL YEARS 2004 AND 2005 1.0. Purpose 2.0. Background 3.0. Policy And Eligibility 4.0. General Description Of Administrative Process 5.0. TMA And Contractor Responsibilities FIGURE 20-5-1 Under Secretary Of Defense For Personnel And Readiness Memorandum
6	DEPARTMENT OF DEFENSE WEIGHT MANAGEMENT DEMONSTRATION 1.0. Purpose 2.0. Background 3.0. Policy And Eligibility 4.0. Managed Care Support Contractor (MCSC) Responsibility 5.0. Applicability 6.0. ASD(HA) Responsibilities 7.0. Effective Date
7	DEPARTMENT OF DEFENSE TOBACCO CESSATION DEMONSTRATION 1.0. Purpose 2.0. Background 3.0. Policy And Eligibility 4.0. Managed Care Support Contractor (MCSC) Responsibility 5.0. Applicability 6.0. ASD(HA) Responsibilities 7.0. Effective Date
8	DEPARTMENT OF DEFENSE ALCOHOL ABUSE PREVENTION AND EDUCATION DEMONSTRATION 1.0. Purpose 2.0. Background 3.0. Eligibility 4.0. Operation
9	TRICARE DEMONSTRATION PROJECT FOR THE STATE OF ALASKA - CRITICAL ACCESS HOSPITAL (CAH) PAYMENT RATES 1.0. Purpose 2.0. Background 3.0. Policy

SECTION	SUBJECT
	FIGURE 20-9-1 Critical Access Hospitals (CAH) In Alaska And Their CCRs <i>On Or After July 1, 2007</i>
	FIGURE 20-9-2 <i>Critical Access Hospitals (CAH) In Alaska And Their CCRs On Or After July 1, 2008</i>
	4.0. MCSC Responsibility
	5.0. Effective Date
10	DEPARTMENT OF DEFENSE (DOD) ENHANCED ACCESS TO AUTISM SERVICES DEMONSTRATION
	1.0. Purpose
	2.0. Background
	3.0. Definitions
	4.0. Providers
	5.0. Eligibility
	6.0. Policy
	7.0. Other MCSC Responsibilities
	8.0. Required Reports
	9.0. Reimbursement
	10.0. Applicability
	11.0. Effective Date
ADDENDUM A	PARTICIPATION AGREEMENT FOR CORPORATE SERVICES PROVIDER (CSP)

CHAPTER 20
SECTION 9

TRICARE DEMONSTRATION PROJECT FOR THE STATE OF ALASKA - CRITICAL ACCESS HOSPITAL (CAH) PAYMENT RATES

1.0. PURPOSE

Under this demonstration project, TRICARE will reimburse Critical Access Hospitals (CAH) in the state of Alaska in a similar manner as they are reimbursed under Medicare. This demonstration project will test adopting a Medicare-like CAH reimbursement methodology prior to nationwide implementation, in those states that have established State Flex Programs. It will also test CAH provider participation in TRICARE, beneficiary access to care, cost of health care services, military medical readiness, morale and welfare. This demonstration will be conducted under statutory authority provided in 10 U.S.C. 1092.

2.0. BACKGROUND

2.1. *Hospitals are authorized TRICARE institutional providers under 10 U.S.C. 1079(j)(2) and (4). Under 10 U.S.C. 1079(j)(2), the amount to be paid to hospitals, Skilled Nursing Facilities (SNFs), and other institutional providers under TRICARE, "shall be determined under joint regulations... which provide that the amount of such payments shall be determined to the extent practicable in accordance with the same reimbursement rules as apply to payments to providers of services of the same type under [Medicare]". Under 32 CFR 199.14(a)(1)(ii)(D)(1) through (9) it specifically lists those hospitals that are exempt from the Diagnosis Related Groups (DRG)-based payment system. CAHs are not listed as excluded, thereby making them subject to the DRG-based payment system. CAHs are not listed as exempt, because at the time this regulatory provision was written, CAHs were not a recognized entity.*

2.2. *Legislation enacted as part of the Balanced Budget Act (BBA) of 1997 authorized states to establish State Medicare Rural Hospital Flexibility Programs, under which certain facilities participating in Medicare could become CAHs. CAHs represent a separate provider type with their own Medicare conditions of participation as well as a separate payment method. Since that time, a number of hospitals, acute care and general, as well as Sole Community Hospitals (SCHs), have taken the necessary steps to be designated as CAHs. Since the statutory authority requires TRICARE to apply the same reimbursement rules as apply to payments to providers of services of the same type under Medicare to the extent practicable, TRICARE must proceed with publication of a proposed and final rule to exempt CAHs from the DRG-based payment system and adopt a method similar to Medicare principles for these hospitals when it becomes practicable to implement. The purpose of the demonstration is to test implementation immediately for CAHs in the state of Alaska.*

3.0. POLICY

3.1. *Otherwise covered services and supplies provided by CAHs in the state of Alaska shall be reimbursed for inpatient and outpatient facility services at the lesser of the billed charge or on the basis*

TRICARE OPERATIONS MANUAL 6010.51-M, AUGUST 1, 2002
 CHAPTER 20, SECTION 9
 TRICARE DEMONSTRATION PROJECT FOR THE STATE OF ALASKA -
 CRITICAL ACCESS HOSPITAL (CAH) PAYMENT RATES

of 101% of their allowable and reasonable costs. That is, an overall inpatient Cost-To-Charge Ratio (CCR) and overall outpatient CCR, obtained from data on the hospital's most recent Medicare cost report will be multiplied by the billed charge; the resulting amount will be increased by 1%. This amount shall be compared to the billed charge and the lesser of the two shall be paid to the provider.

3.2. The following inpatient CCRs shall be effective for inpatient admission on or after July 1, 2007. The outpatient CCRs shall be effective for outpatient facility services with dates of service on or after July 1, 2007.

FIGURE 20-9-1 CRITICAL ACCESS HOSPITALS (CAH) IN ALASKA AND THEIR CCRs ON OR AFTER JULY 1, 2007

NAME	INPATIENT CCR	OUTPATIENT CCR
Valdez Regional Health Authority (VRHA)	2.1029	1.3978
Providence Seward Medical & Care Center (PSMCC)	0.6799	0.7674
Sitka Community Hospital (SCH)	1.0100	0.8098
Petersburg Medical Center (PMC)	0.9762	0.8901
Wrangell Medical Center (WMC)	0.9445	0.7574
Providence Kodiak Island Medical Center (PKIMC)	0.6992	0.6079
Cordova Community Medical Center (CCMC)	1.0544	1.3456
Norton Sound Health Corporation (NSHC)	1.0438	1.1183
Ketchikan General Hospital (KGH)	0.5770	1.1669

3.3. *The following inpatient CCRs shall be effective for inpatient admission on or after July 1, 2008. The outpatient CCRs shall be effective for outpatient facility services with dates of service on or after July 1, 2008.*

FIGURE 20-9-2 CRITICAL ACCESS HOSPITALS (CAH) IN ALASKA AND THEIR CCRs ON OR AFTER JULY 1, 2008

NAME	INPATIENT CCR	OUTPATIENT CCR
<i>Valdez Regional Health Authority (VRHA)</i>	<i>1.5739</i>	<i>1.2364</i>
<i>Providence Seward Medical & Care Center (PSMCC)</i>	<i>0.9906</i>	<i>0.6405</i>
<i>Sitka Community Hospital (SCH)</i>	<i>1.0852</i>	<i>0.8717</i>
<i>Petersburg Medical Center (PMC)</i>	<i>0.8958</i>	<i>0.8895</i>
<i>Wrangell Medical Center (WMC)</i>	<i>0.8391</i>	<i>0.7346</i>
<i>Providence Kodiak Island Medical Center (PKIMC)</i>	<i>0.6340</i>	<i>0.5586</i>
<i>Cordova Community Medical Center (CCMC)</i>	<i>0.6026</i>	<i>0.8697</i>

TRICARE OPERATIONS MANUAL 6010.51-M, AUGUST 1, 2002
 CHAPTER 20, SECTION 9
 TRICARE DEMONSTRATION PROJECT FOR THE STATE OF ALASKA -
 CRITICAL ACCESS HOSPITAL (CAH) PAYMENT RATES

FIGURE 20-9-2 CRITICAL ACCESS HOSPITALS (CAH) IN ALASKA AND THEIR CCRs ON OR AFTER JULY 1, 2008 (CONTINUED)

NAME	INPATIENT CCR	OUTPATIENT CCR
<i>Norton Sound Health Corporation (NSHC)</i>	<i>1.0967</i>	<i>0.8851</i>
<i>Ketchikan General Hospital (KGH)</i>	<i>0.6827</i>	<i>0.6711</i>

3.4. The TRICARE Management Activity (TMA) shall provide a list of CAHs in the state of Alaska to the MCSC and the inpatient and outpatient CCRs to be used for this demonstration. The CCRs shall be updated on an annual basis using the most recent CCRs for each hospital. TMA shall provide the updated inpatient and outpatient CCRs to the contractor and the updated inpatient and outpatient CCRs shall be effective as of July 1 of each respective year, with the first update occurring effective July 1, 2008.

3.5. Payment for TRICARE covered outpatient services provided by physicians and other non-institutional individual professional providers in the state of Alaska shall be reimbursed in accordance with the Federal Register (FR) notice published on November 20, 2006 (71 FR 67112-67113). That is, TRICARE will adopt a rate that is 1.35 times the current TRICARE allowable rate. These rates are included in the CHAMPUS Maximum Allowable Charge (CMAC) file that is provided to each of the Managed Care Support Contractors (MCSCs).

3.6. The TRICARE cost-shares, copayments, and deductibles applicable to hospitals shall also apply to the services provided by CAHs under this demonstration.

3.7. The CAH portion of the state of Alaska demonstration excludes those Indian Health Service (IHS) facilities that are also CAHs. IHS facilities will continue to be reimbursed the DRG or the negotiated rate for inpatient care, the lower of the billed charge or negotiated rate for outpatient facility care, and the CMAC rates for Alaska for care rendered by individual professional providers.

4.0. MCSC RESPONSIBILITY

The MCSC for the state of Alaska shall price and process inpatient and outpatient facility claims under this demonstration using the reimbursement methods described in [paragraph 3.0](#).

4.1. Out-Of-Jurisdiction Claims

4.1.1. In the event the MCSC for the state of Alaska receives an out-of-jurisdiction claim, the MCSC shall price the claim using the methods described in [paragraph 3.0](#). Once the claim has been priced, the claim shall be forwarded to the appropriate contractor based on the jurisdiction provisions found in [Chapter 8, Section 2](#).

4.1.2. In the event that a north or south MCSC or other TRICARE contractor receives a claim from one of the CAHs under this demonstration, the claim shall be sent to the MCSC for the state of Alaska to be priced using the provision of this demonstration. Once the claim has been priced by the state of Alaska MCSC, the claim shall be forwarded to the appropriate

TRICARE OPERATIONS MANUAL 6010.51-M, AUGUST 1, 2002
CHAPTER 20, SECTION 9
TRICARE DEMONSTRATION PROJECT FOR THE STATE OF ALASKA -
CRITICAL ACCESS HOSPITAL (CAH) PAYMENT RATES

contractor based on the jurisdiction provisions found in [Chapter 8, Section 2](#). *The claim shall be sent to the fax number 1-715-843-8435, Attn: CAH Processing.*

5.0. EFFECTIVE DATE

5.1. The portion of the state of Alaska demonstration that provides for 1.35 times the current TRICARE allowable rate took effect on February 1, 2007.

5.2. The enhanced portion of the state of Alaska demonstration that provides for 101% of reasonable costs for inpatient and outpatient facility reimbursement to CAHs shall be effective for inpatient admissions on and after July 1, 2007, and for outpatient facility services with dates of service on or after July 1, 2007.