

FIGURES

Due to the size and nature of the first figure, Figure 3-A-1 can be found on page 2.

I

TRICARE OPERATIONS MANUAL 6010.51-M, AUGUST 1, 2002

CHAPTER 3, ADDENDUM A

FIGURES

FIGURE 3-A-1 NON-FINANCIALLY UNDERWRITTEN FUNDS BANK ACCOUNT RECONCILIATION

CONTRACTOR NAME _____

SUBCONTRACTOR NAME _____

NON-FINANCIALLY UNDERWRITTEN FUNDS BANK ACCOUNT RECONCILIATION FOR THE MONTH OF _____

BANK ACCOUNT NUMBER _____	FISCAL YEAR _____	ASAP ID NUMBER _____	PREVIOUS MONTH'S YEAR TO DATE TOTAL	THIS MONTH'S TRANSACTIONS	REPORTING MONTH'S YEAR TO DATE TOTAL
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I. TRANSACTIONS DONE THRU THE FEDERAL RESERVE - RICHMOND (Year to Date)			
Net Total of Drawdowns made by Contractor's Bank against Federal Reserve: (include returns/repayments made directly to Fed-Richmond):	[]	[]	[]

II. TRANSACTIONS DONE IN THE CONTRACTOR'S BANK ACCOUNT (Year to Date)			
A. Routine Bank Account Transactions: 1. TEDS Vouchers: [] [] [] 2. <u>Non-TEDS Routine Vouchers:</u> a. Capital Equipment/Direct Medical Education Claims Totals: [] [] [] b. Additional Programs as added to the TOM: (List by name of program) [] [] [] 3. <u>Non-TEDS receipts under \$100 (must include supporting documentation):</u> a. Unidentified refund/s/collections under \$100, no longer being worked [] [] [] b. Refunds or collections - greater than \$10 but less than \$100, no TEDS [] [] [] c. Refunds and collections less than \$10.00 [] [] [] d. Repayments of collections previously included in this section. [] [] [] 4. <u>Voided/staledates under \$10:</u> a. Voided/staledated checks under \$10 including \$.99 check cancellations [] [] [] 5. <u>Installment Loans:</u> a. Collections on installment loans (not yet recorded on TEDS). [] [] [] b. Interest collected on installment loans [] [] [] 6. <i>Court Ordered Restitution:</i> [] [] []	[]	[]	[]
B. Non-Routine Transactions affecting Bank Balances (These must be approved by TMA,CRM): 1. <u>Payments/credits that cannot be reported as TEDs, are over \$10 and are not included in approved programs above:</u> These checks must be approved by TMA, CRM prior to payment a. Date _____ Purpose _____ [] [] [] b. Date _____ Purpose _____ [] [] [] 2. <u>Collections that can not be done as TEDs are over \$10 and are not included in approved programs above:</u> These checks must be approved by TMA, CRM prior to payment a. Date _____ Purpose _____ [] [] [] b. Date _____ Purpose _____ [] [] [] 3. <u>Other Non-Routine, TMA, CRM approved transactions:</u> a. Date _____ Purpose _____ [] [] [] b. Date _____ Purpose _____ [] [] []	[]	[]	[]
C. Other Bank Account Transactions (e.g. uncorrected bank errors) 1. Type of Transaction _____ [] [] [] 2. Type of Transaction _____ [] [] []	[]	[]	[]
D. End of Month Outstanding Check Total:	[]	[]	[]
E. Payments made to TMA: 1. Date _____ Purpose _____ [] [] [] 2. Date _____ Purpose _____ [] [] []	[]	[]	[]
TOTAL OF TRANSACTIONS DONE IN THE BANK ACCOUNT:	[]	[]	[]

III. ENDING BALANCE IN BANK ACCOUNT*			
ENDING BALANCE OF BANK ACCOUNT FOR THIS MONTH: (Should equal ending balance on Bank Statement as well as Section I minus Section II above.)	[]	[]	[]

FIGURE 3-A-2 NON-FINANCIALLY UNDERWRITTEN BANK ACCOUNT RECONCILIATION REPORT INSTRUCTIONS

GENERAL: This report shall follow and detail the cash flow through the bank accounts and justify the use of the money drawn by the contractor's bank, in the contractor's name, from the Federal Reserve (as well as any other deposits made to the non-financially underwritten bank accounts). This report should also identify any corrective action needed. This report will be balanced against TMA's records for transactions that have been approved by TMA. Any unreasonable, unjustified or unapproved transactions will be collected back from the contractor *with* applicable interest. (Interest starts the day after overdraw was done.) Any transactions not specified in the format, shall be identified under "other" transactions as shown on the format *and sufficiently explained*. Questions concerning placement of items in the format shall be directed to TMA, CRM, Finance and Accounting. *The report shall include the listings and explanations required below and have a report from the contractor's bank showing the beginning and ending balances for the month and the total debits and credits for the entire month.*

HEADING TO REPORT:

ACTIVITY FOR THE MONTH OF: All transactions shall be as of the end of the month being reported.

CONTRACTOR NAME: Name of the Prime Contractor

SUBCONTRACTOR NAME: Name of the Subcontractor

FISCAL YEAR: The Federal fiscal year for the transactions in the account. New accounts are started each October 1st for the new fiscal year.

ASAP ID NUMBER: The ASAP number used for transactions between the bank and the Federal Reserve.

PREVIOUS MONTH'S YEAR TO DATE TOTAL: *Shall equal the last column on the previous month's report.*

THIS MONTH'S TRANSACTIONS: *Shall be totals of the reporting month's transactions, categorized as shown on the report format. All transactions affecting the bank account shall be accounted for on this report.*

REPORTING MONTH'S YEAR TO DATE TOTAL: *The totals of the previous month's year to date totals plus the reporting month's totals.*

REPORT FORMAT:**I. TRANSACTIONS DONE THRU THE FEDERAL RESERVE BANK - RICHMOND**

(Year to Date): This is a year to date total of all transactions done between the bank and the Federal Reserve-Richmond (the FED). These transactions will primarily be draws on the FED, which become deposits to the contractor's bank account. There may be some instances of the bank paying the Fed through Fedwire, for an overdrawn amount. These amounts should be netted against the amounts drawn for the total shown in this section.

FIGURE 3-A-2 NON-FINANCIALLY UNDERWRITTEN BANK ACCOUNT RECONCILIATION REPORT INSTRUCTIONS (CONTINUED)

II. TRANSACTIONS DONE IN CONTRACTOR'S BANK ACCOUNT (YEAR TO DATE):

A. Routine Bank Account Transactions (payments and other transactions authorized in the TRICARE Operations, Policy, or Reimbursement Manuals)

1. TEDs Automated Submission of Vouchers - TEDs provide the detailed information that supports the issuance of the payments on these bank accounts. These vouchers also include credits such as staledated check and voids that have been processed through the claims processing systems creating credit TEDs. (Note: Credits must relate to the account they are being processed against, i.e., they are a staledate or void, of check cut on that account or a refund that was deposited into that account.) For this report, only a total of the TEDs vouchers is needed. This total does not need to be broken down by credits, debits or programs.

2. Non-TEDs Vouchers - Capital Equipment/Direct Medical Education, Demonstrations, etc. - These vouchers do not have related TEDs but are supported by automated reports. These shall be broken down by type of program (i.e., CAP/DME, etc.).

3. Receipts under \$100 - Total of receipts transactions as described in [Chapter 3, Section 7, paragraph 3.0](#). All reported amounts must be supported by listings of the reporting month's transactions and explanations as required in that section.

4. VOIDS/STALEDATES UNDER \$10 - Total of checks or payments under \$10 that were voided or staledated during the reporting month including \$.99 payment transactions that were not released. Reported amount must be supported by a listing of the reporting month's transactions. Do not include on this line if these were reported as TEDs.

5. Installment Loans:

a. Collections on installment loans - Listing of collections made during the reporting month that have not been recorded on TEDS and reduced by collections from previous months that have been processed as TEDS during that month.

b. Interest collected on installment loans - Interest collected during the reporting month.

6. Court Ordered Restitution - *Use of this field is optional. This field may be used or the Court Ordered Restitution transactions may be included with other collections transactions.*

B. Non-Routine Transactions Affecting Bank Balances: (These must be preapproved by TMA, CRM):

1. Payments/credits that cannot be reported as TEDs and are not included in approved programs above. These should be rare. They must be approved by TMA, CRM prior to any payments being made. They will be thoroughly described and supported with adequate documentation and explanations as to why these transactions are not being done as a routine voucher. These will be submitted to TMA, CRM as vouchers in accordance with [Chapter 3, Section 5](#).

FIGURE 3-A-2 NON-FINANCIALLY UNDERWRITTEN BANK ACCOUNT RECONCILIATION REPORT INSTRUCTIONS (CONTINUED)

2. Other Non-Routine Transactions Affecting Bank Balances. These should also be exceptions such as adjustments that, for an out of the ordinary reason, cannot be processed through any of the vouchering processes described above but do affect the bank account balance.

C. Other Bank Account Transactions. This category is for transactions that may occur from time to time in a bank account such as bank errors that have not yet been corrected. These items must be cleared by the time the account is closed or be approved by TMA specified in [Chapter 3, Sections 3, 4, or 5](#) as applicable. Identify type of transaction and amount affecting the bank balance.

D. End of the Month Outstanding Checks Total: This is the amount of checks that have not cleared the bank by the cut off for reconciliation, normally the end of the month.

E. Payments to TMA: A description of these payments shall be provided. This normally would be a payment of any residual left in the account when the account is closed. This should not include any refunds from the bank to the Fed (they should be handled as a credit transaction in Section I, above).

III. ENDING BALANCE: This is the ending balance on the bank statement for the end of the last day of the period being reported, which is normally the end of the month. This should equal the difference between Section I and Section II, above.

FIGURE 3-A-3 ACCOUNTS RECEIVABLE SUMMARY REPORTING REQUIREMENTS

ACCOUNTS RECEIVABLE SUMMARY REPORT

CONTRACTOR NAME		ASAP ID#
SUBCONTRACTOR NAME		
MONTH OF REPORT		
		NUMBER OF CASES
		AMOUNT
A. SUMMARY OF ACCOUNTS RECEIVABLES		
1. Beginning Receivables		\$
2. New Receivables		\$
3. Collections On Receivables		\$
4. Adjusted Amounts		\$
5. Amounts Written Off		\$
6. Transferred To TMA		\$
7. Ending Receivables		\$
B. OUTSTANDING RECEIVABLES		
1. <i>Principal Amount ≥ \$600.00</i>		\$
a. Not delinquent		\$
b. Delinquent		\$
1. 1-30 Days		\$
2. 31-60 Days		\$
3. 61-90 Days		\$
4. 91 - 150 Days		\$
5. 151 - 180 Days		\$
6. > 180 Days		\$
7. Total delinquent receivables ≥ \$600.00		\$
c. Total Outstanding Receivables ≥ \$600.00		\$
2. <i>Principal Amount ≤ \$599.99</i>		\$
a. Not Delinquent		\$
b. Delinquent		\$
1. 1 - 30 Days		\$
2. 31 - 60 Days		\$
3. 61 - 90 Days		\$
4. 91 - 150 Days		\$
5. 151 - 180 Days		\$
6. > 180 Days		\$
7. Total Delinquent Receivables ≤ \$599.99		\$
c. Total Outstanding Receivables ≤ \$599.99		\$
3. Total Receivables		\$
a. Not Delinquent (Line B.1.a. + B.2.a.)		\$
b. Delinquent		\$
1. 1 - 30 Days (Line B.1.b.1. + B.2.b.1.)		\$
2. 31 - 60 Days (Line B.1.b.2. + B.2.b.2.)		\$
3. 61 - 90 Days (Line B.1.b.3. + B.2.b.3.)		\$
4. 91 - 150 Days (Line B.1.b.4. + B.2.b.4.)		\$
5. 151 - 180 Days (Line B.1.b.5. + B.2.b.5.)		\$
6. > 180 Days (Line B.1.b.6. + B.2.b.6.)		\$
7. Total Delinquent Receivables (Line B.1.b.7. + B.2.b.7.)		\$
c. Total Outstanding Receivables (Line B.1.c. + B.2.c.)		\$
C. ENDING OUTSTANDING RECEIVABLES		
1. Total Due Between 12 and 24 Months		\$
2. Total Due Within Next 12 Months		\$
3. Total		\$

FIGURE 3-A-4 INSTRUCTIONS FOR ACCOUNTS RECEIVABLE SUMMARY REPORT

The *heading of this report* shall include the *following*:

ACTIVITY FOR MONTH OE: *All transactions shall be as of the end of the month being reported.*

CONTRACTOR NAME: *Name of the Prime Contractor.*

SUBCONTRACTOR NAME: *Name of the Subcontractor.*

ASAP ID NUMBER: *The ASAP number used for payments/collections and other bank transactions.*

A. SUMMARY ACCOUNTS RECEIVABLE

1. **Beginning receivables** - Carried forward from line A.7. of the prior month report.
2. **New receivables** - Enter the number and amount of new receivables generated during the reporting period.
3. **Collections on receivables** - Include in the Amount column, all installment payments and offset adjustments received. In the Number of Cases column, include only the final installment or offset.
4. **Adjusted Amounts** - Enter the number and amount of corrections made to previously reported receivables and refunds of amounts previously reported as corrections. The amount noted on this line must be footnoted.
5. **Amounts written off** - Cases 300 days delinquent *with* balances less than \$600, the case shall be written-off and reported on line A.5. This case shall be dropped from the accounting records. However, the offset flag shall remain until the claims processing contract has elapsed or full payment is received. If full collection through offset is effected, then the write-off shall be reversed in the amount collected through offset (net of current write-offs) and the payment recorded (line A.3.).
6. **Transferred to TMA** - When a case *with a balance of \$600 or more* is transferred in accordance with [Chapter 11](#), the balance transferred shall be reported on line A.6. An adjustment claim shall be processed for the total amount collected to the point of transfer either in payment or offset. If a transferred receivable is collected inadvertently through offset, the claims processing unit shall telephonically inform TMA, Recoupment Branch (303) 676-3741 of the collection. The amount of the offset shall reduce current transfers and be included in line 3. If a receivable has reached the mandatory time limit for transfer, but a claim is pending for offset which will not be paid until the next month, this receivable may be retained, reported on a footnote, and transferred the following month. The footnote shall provide the debtor's name, sponsor's name and SSN, amount of debt, amount of potential offset, and the expected date of transfer. A copy of each report containing such footnotes shall be sent to the Chief, Recoupment Branch, Office of General Counsel, TMA, 16401 East Centretech Parkway, Aurora, CO 80011-9066.
7. **Ending receivables** - Total ending receivable balance to be carried forward to A.1. for the next reporting period.

FIGURE 3-A-4 INSTRUCTIONS FOR ACCOUNTS RECEIVABLE SUMMARY REPORT (CONTINUED)**B. OUTSTANDING RECEIVABLES**

Not delinquent is normally 30 days from the date of initial notification of the debt or from the date of the last installment payment. Installments will be aged based on the date of the last payment. If the installment payment is delinquent (over 30 days from the last payment) the remaining unpaid balance will be reported in the proper aged category *depending on amount of debt either (lines B.1.b.1 through 4. or lines B.2.b.1. through 4.)*.

$$B.1.c. = B.1.a. + B.1.b.7.$$

$$B.1.b.7. = \text{Sum of } B.1.b.1 \text{ through } 6.$$

$$B.2.c. = B.2.a. + B.2.b.7.$$

$$B.2.b.7. = \text{Sum of } B.2.b.1. \text{ through } 6.$$

$$B.3.c. = B.3.a. + B.3.b.7.$$

$$B.3.b.7. = \text{Sum of } B.3.b.1. \text{ through } 6.$$

C. ENDING OUTSTANDING RECEIVABLES

Installments in excess of 24 months or monthly payments of less than \$50.00 are not normally allowed. Include all *installment and* non-installment receivables. The amount on line **C.3.** must equal the amount on line **A.7. and B.3.c.** of the report.

FIGURE 3-A-5 ACCOUNTS RECEIVABLE - AMOUNTS WRITTEN OFF DETAIL REPORT

CONTRACTOR NAME

SUBCONTRACTOR NAME

ASAP ID#

MONTH OF REPORT

NAME	SSN/TIN	NOT DELINQUENT	DAYS DELINQUENT							TOTALS							
			1-30	31-60	61-90	91-150	151-180	181-300	301-365		> 1YR AND < 2YRS	> 2YRS AND < 6YRS	> 6YRS AND < 10YRS	> 10YRS			
TOTALS:																	

Instructions:

This report shall list the cases that make up the total shown on line A.5. - Amounts Written Off - on the Accounts Receivable Summary Report.

Aging shall be based on date of delinquency.

Note that this report has an additional split for aging (181-300 and 301-365) compared to the other two Supplemental Reports.

FIGURE 3-A-6 ACCOUNTS RECEIVABLE - DEBTS TRANSFERRED TO TMA DETAIL REPORT

CONTRACTOR NAME

SUBCONTRACTOR NAME

ASAP ID#

MONTH OF REPORT

NAME	SSN/TIN	NOT DELINQUENT	DAYS DELINQUENT							TOTALS															
			1-30	31-60	61-90	91-150	151-180	181-365	> 1YR AND < 2YRS		> 2YRS AND < 6YRS	> 6YRS AND < 10YRS	> 10YRS												
TOTALS:																									

Instructions:

This report shall list the cases that make up the total shown on line A.6. - Transferred to TMA - on the Accounts Receivable Summary Report.

Aging shall be based on date of delinquency.

TRICARE OPERATIONS MANUAL 6010.51-M, AUGUST 1, 2002
 CHAPTER 3, ADDENDUM A
 FIGURES

FIGURE 3-A-7 ACCOUNTS RECEIVABLE - ENDING OUTSTANDING RECEIVABLES DETAIL REPORT

CONTRACTOR NAME _____
 SUBCONTRACTOR NAME _____
 ASAP ID# _____

NAME	SSN/TIN	NOT DELINQUENT	MONTH OF REPORT							TOTALS											
			DAYS DELINQUENT																		
			1-30	31-60	61-90	91-150	151-180	181-365	> 1YR AND < 2YRS		> 2YRS AND < 6YRS	> 6YRS AND < 10YRS	> 10YRS								
TOTALS:																					

Instructions:
 This report shall list the cases that make up the total shown on line A.7. - Ending Receivable - on the Accounts Receivable Summary Report.
 Aging shall be based on date of delinquency.

FIGURE 3-A-8 CAP/DME ELECTRONIC DATA SUBMISSION

To submit transactions for capital and direct medical education (CAP/DME) costs, including transactions related to overpayments and underpayments that a Government audit identified, you shall create a comma-separated value (CSV) file that contains all data for a specific month, and then submit the file to TRICARE Management Activity (TMA) for reimbursement. TMA requires that the data in each CSV file meet the specific formatting requirements that this document describes. You should send data that is related to a Government audit in one file and data that is not related to a Government audit in another file. Files that do not meet these requirements will be returned to you for correction. This replaces any requirement to submit other formats or forms.

General Requirements

Before you submit a CSV file to TMA, review it in Microsoft Notepad or another similar plain-text editor to verify that it meets the following general requirements:

- Each physical row represents one payment record and is terminated with a carriage return and line feed.
- Each field value within a row is separated by a single comma character.
- Field values contain no leading or trailing space characters.
- Double quotes enclose any field value that contains a comma character. For example, the field value "2,000.22" represents the monetary amount of \$2,000.22.
- All field values represent valid data. For example, a date field must represent either a valid month and year or a valid day, month, and year, and a monetary field can contain numbers with only two decimal places.
- Two consecutive commas represent a blank value for the field.
- All fields are required, except as otherwise noted.
- Each record in the file appears exactly as follows in a single row with no carriage return and line feed:

```
cap_dme_dt_processing,medicare_number,prov_nbr,region_desc,hosp_name,hosp_street_address  
,hosp_city,hosp_state,hosp_zip_code,billing_state,curr_fy,medicare_rpt_start_dt,medicare_rpt_e  
nd_dt,asap_nbr,vou_nbr,capital_cost,education_cost,total_cap_dme_cost,category,pmt_status_c  
ode,rcd_ty
```

FIGURE 3-A-8 CAP/DME ELECTRONIC DATA SUBMISSION (CONTINUED)

Additional Requirements for Each Field

In addition to the general requirements listed previously, each field value shall comply with specific formatting requirements. When you review the CSV file in a text editor, such as Notepad, verify that the field values meet the specific requirements listed in the following table:

FIELD	REQUIREMENTS
<i>cap_dme_dt_processing</i>	<ul style="list-style-type: none"> • Contains the processing date. • Must be a valid date. • Must be formatted as <i>mm/yyyy</i>, where <i>mm</i> represents the month, and <i>yyyy</i> represents the four-digit year. • Must contain 7 characters: two digits for the month, a forward slash (/), and four digits for the year. <p>NOTE: For records submitted as a result of a Government audit, the processing date is the month in which the collection was received. For records submitted by the contractors (excluding Government audit-identified collections), the processing date is the month that checks or payments were approved by CRM and sent out by the contractor, not the prior month when the computations may have been done.</p>
<i>medicare_number</i>	<ul style="list-style-type: none"> • Contains the Medicare number. • Must contain exactly six alpha/numeric characters. • When an actual Medicare number contains fewer than six characters, the first character must be preceded with enough zeros to total six characters. • Must not contain decimal places.
<i>prov_nbr</i>	<ul style="list-style-type: none"> • Contains the provider number. • May contain up to 15 characters. • May contain numeric characters only. • Must not contain decimal places. • May be blank for records created as a result of a Government audit.
<i>region_desc</i>	<ul style="list-style-type: none"> • Contains the name of the region related to the current collection action, not the original region of the payment. • May contain both alphabetic and numeric characters. • May contain up to 50 characters. <p><i>Note: Regions currently in use are:</i></p> <ul style="list-style-type: none"> • North • South Domestic • South Foreign • West • TDEFIC

FIGURE 3-A-8 CAP/DME ELECTRONIC DATA SUBMISSION (CONTINUED)

FIELD	REQUIREMENTS
<i>hosp_name</i>	<ul style="list-style-type: none"> • Contains the name of the hospital. • May contain both alphabetic and numeric characters. • May contain up to 100 characters.
<i>hosp_street_address</i>	<ul style="list-style-type: none"> • Contains the street address for the hospital. • May contain both alphabetic and numeric characters. • May contain up to 80 characters.
<i>hosp_city</i>	<ul style="list-style-type: none"> • Contains the name of the city in which the hospital is located. • May contain both alphabetic and numeric characters • May contain up to 50 characters.
<i>hosp_state</i>	<ul style="list-style-type: none"> • Contains the name of the state in which the hospital is located. • Must contain two alphabetic characters. • Must be a valid state abbreviation.
<i>hosp_zip_code</i>	<ul style="list-style-type: none"> • Contains the zip code for the hospital. • May contain numeric characters only. • May contain up to 10 characters. • For an extended zip code, may be formatted as <i>nnnnn-nnnn</i>.
<i>billing_state</i>	<ul style="list-style-type: none"> • Contains the hospital state for contract purposes; may be different from the state in the hospital's address. (On current reports, this is the state listed as a title of a grouping of hospitals). • For records that are not created as a result of a Government audit, must contain two alphabetic characters that represent a valid state abbreviation. • May be blank for records created as a result of a Government audit.
<i>curr_fy</i>	<ul style="list-style-type: none"> • Contains the fiscal year of the bank account being used for payment/collections. • Must contain four numeric digits. • Must be a valid year. • For records created as a result of a Government audit, must be the current Federal fiscal year. • Must be formatted as <i>yyyy</i>, where <i>yyyy</i> represents the four-digit year (such as 2005).

TRICARE OPERATIONS MANUAL 6010.51-M, AUGUST 1, 2002

CHAPTER 3, ADDENDUM A

FIGURES

FIGURE 3-A-8 CAP/DME ELECTRONIC DATA SUBMISSION (CONTINUED)

FIELD	REQUIREMENTS
<i>medicare_rpt_start_dt</i>	<ul style="list-style-type: none"> • Contains the start date for the Medicare reporting period. • Must be a valid date. • Must be formatted as <i>mm/dd/yyyy</i>, where <i>mm</i> represents the month, <i>dd</i> represents the day of the month, and <i>yyyy</i> represents the four-digit year. • Must be 10 characters: two digits for the month, a forward slash (/), two digits for the day, a forward slash (/), and four digits for the year.
<i>medicare_rpt_end_dt</i>	<ul style="list-style-type: none"> • Contains the end date of the Medicare reporting period. The end date is normally one year after the start date, but may be earlier due to hospital mergers or sales or other valid changes to the reporting period. • Must be a valid date. • Must be formatted as <i>mm/dd/yyyy</i>, where <i>mm</i> represents the month, <i>dd</i> represents the day of the month, and <i>yyyy</i> represents the four-digit year. • Must be 10 characters: two digits for the month, a forward slash (/), two digits for the day, a forward slash (/), and four digits for the year.
<i>asap_nbr</i>	<ul style="list-style-type: none"> • Must be the ASAP ID number assigned to the bank account used for payments/collections. • Must contain eight alphabetic and numeric characters.
<i>vou_nbr</i>	<ul style="list-style-type: none"> • Contains the contractor's voucher number. • May contain from zero to 10 characters. • May contain both alphabetic and numeric characters. • Must not contain decimal places. • Must be blank for records created as a result of a Government audit.
<i>capital_cost</i>	<ul style="list-style-type: none"> • Contains the capital Costs (CAP) per hospital and Medicare reporting period. • May contain numeric characters and the minus sign (-) only. • May contain up to two decimal places for cents. • Must not include the dollar sign (\$). • Must use the minus sign, not parentheses, to indicate negative numbers. • Must use 0.00 to represent zero cost. • May be formatted in any of the following ways: <ul style="list-style-type: none"> • <i>dddd</i> (whole dollars with no comma) • <i>ddd.cc</i> (dollars and cents with no comma) • <i>"d,ddd"</i> (dollars with comma, contained in double quotes) • <i>"d,ddd.cc"</i> (dollars and cents with comma, contained in double quotes)

FIGURE 3-A-8 CAP/DME ELECTRONIC DATA SUBMISSION (CONTINUED)

FIELD	REQUIREMENTS
<i>education_cost</i>	<ul style="list-style-type: none"> • <i>Contains direct medical education costs (DME) per hospital and Medicare reporting period.</i> • <i>May contain numeric characters and the minus sign (-) only.</i> • <i>May contain up to two decimal places for cents.</i> • <i>Must not include the dollar (\$) sign.</i> • <i>Must use the minus sign, not parentheses, to indicate negative numbers.</i> • <i>Must use 0.00 to represent zero cost.</i> • <i>May be formatted in any of the following ways:</i> <ul style="list-style-type: none"> • <i>dddd</i> (whole dollars with no comma) • <i>ddd.cc</i> (dollars and cents with no comma) • <i>"d,ddd"</i> (dollars with comma, contained in double quotes) • <i>"d,ddd.cc"</i> (dollars and cents with comma, contained in double quotes)
<i>total_cap_dme_cost</i>	<ul style="list-style-type: none"> • <i>Contains the total of the CAP and DME costs.</i> • <i>Must equal the total of the capital cost and education cost.</i> • <i>May contain numeric characters and the minus sign (-) only.</i> • <i>May contain up to two decimal places for cents.</i> • <i>Must use the minus sign, not parentheses, to indicate negative numbers.</i> • <i>Must not include the dollar (\$) sign.</i> • <i>Must use 0.00 to represent zero cost.</i> • <i>May be formatted in any of the following ways:</i> <ul style="list-style-type: none"> • <i>dddd</i> (whole dollars with no comma) • <i>ddd.cc</i> (dollars and cents with no comma) • <i>"d,ddd"</i> (dollars with comma, contained in double quotes) • <i>"d,ddd.cc"</i> (dollars and cents with comma, contained in double quotes)

FIGURE 3-A-8 CAP/DME ELECTRONIC DATA SUBMISSION (CONTINUED)

FIELD	REQUIREMENTS
<i>category</i>	<ul style="list-style-type: none"> • Contains a code that indicates the type of patient associated with CAP/DME costs. • Must be one of the following codes: <ul style="list-style-type: none"> • AD • DR • ADP • DRP <p>NOTE: AD represents Active Duty; DR represents dependent & retiree; ADP represents active duty psychiatric; and DRP represents dependent & retiree psychiatric. Psychiatric is not a designation that TMA requires. TMA requires only that contractors separate active duty claims from dependent and retiree costs. Contractors may use the psychiatric codes ADP and DRP if they are more compatible with the contractors' records.</p>
<i>pmt_status_code</i>	<ul style="list-style-type: none"> • Contains the type of payment or collection. • May contain both alphabetic and numeric characters. • May contain up to 50 characters. • Current valid values include: <ul style="list-style-type: none"> • Amended • Initial • Offset • Psych • Psych amend • Refund • Release • Reissue • Staledate • Staled • Suppl • Void <p>NOTE: If you need to use a code that is not on this list, please contact CRM point of contact.</p>
<i>rcd_ty</i>	<ul style="list-style-type: none"> • Contains the record type that indicates whether the record applies to an overpayment or underpayment that a Government audit identified. • May contain only one alphabetic character. • Must be one of the following valid record types: <ul style="list-style-type: none"> • T = Government audit-related transactions • N = Transactions that are not related to a Government audit

FIGURE 3-A-8 CAP/DME ELECTRONIC DATA SUBMISSION (CONTINUED)**SAMPLE RECORDS**

The following is an example of the information you might include in a CAP/DME CSV file:

cap_dme_dt_processing,medicare_number,prov_nbr,region_desc,hosp_name,hosp_street_address,hosp_city,hosp_state,hosp_zip_code,billing_state,curr_fy,medicare_rpt_start_dt,medicare_rpt_end_dt,asap_nbr,vou_nbr,capital_cost,education_cost,total_cap_dme_cost,category,pmt_status_code,rcd_ty
01/2005,010001,720408983,South,Southeast Alabama Medical Center,1108 Ross Clark Cir,Dothan,AL,36301,FL,2005,01/01/2004,12/31/2004,18D94634,333452121,2200.00,0.00,3300.00,AD,initial,T

01/2005,010005,South,Boaz - Albertville Medical Center / Marshall Medical Center South,US Hwy 431 N,Boaz,AL,35957,AL,2005,01/01/2004,12/31/2005,18894633,3335556789,1000.00,2000.00,3000.00,ADP,psych,N

FIGURE 3-A-9 CHECK REPORTING REQUIREMENTS

HEADER

COLUMN NBR	FIELD	DATA SIZE	TEDS ELN#
1	Record type indicator (H = Header)	1	H
2	Batch/Voucher ASAP Account Number	8	0-025
3	TMA Authorization Number	8	
4	Record Count	6	
5	Total Amount of Check Run	11	

*From TED submission & TSM Description - Should be the same number used to identify the bank account and draw funds on the Federal Reserve (includes Contract identification, don't need additional field for contract #).
e.g., 20050601 for first cycle in June.
Number of Records on this submission.*

**DETAIL RECORDS
CHECKS/EFT**

COLUMN NBR	FIELD	DATA SIZE	TEDS ELN# INSTITUTIONAL
1	Record type indicator	1	D
2	Batch/Voucher ASAP Account Number	8	0-025
3	Bank Account Number	10	
4	Check Number/EFT Trace Number	11	
5	Check Payment Date	8	YYYYMMDD
6	Payee	50	
7	Payee Tax ID/Provider Number	18	1-200/2-240
8	Interest Paid	11	1-145/2-112
9	Government Paid Amount	11	1-140/2-205

*Same as Header
Actual Contractor Bank Account
Leave blank for any extra spaces
Leave blank for any extra spaces
Leave blank for any extra spaces*

Instructions: Contractor shall submit this file through the B2B Gateway.

