

EXPIRED - 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 (CAHs) 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 United States Code (USC) 1092.

2.0 BACKGROUND

2.1 Hospitals are authorized TRICARE institutional providers under 10 USC 1079(j)(2) and (4). Under 10 USC 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.

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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 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 18.7-1 CRITICAL ACCESS HOSPITALS (CAHs) 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 18.7-2 CRITICAL ACCESS HOSPITALS (CAHs) IN ALASKA AND THEIR CCRS ON OR AFTER JULY 1, 2008

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

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FIGURE 18.7-2 CRITICAL ACCESS HOSPITALS (CAHs) IN ALASKA AND THEIR CCRs ON OR AFTER JULY 1, 2008 (CONTINUED)

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

3.4 The **Defense Health Agency (DHA)** 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. **DHA** 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

4.1 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](#).

4.2 Out-Of-Jurisdiction Claims

4.2.1 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](#).

4.2.2 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 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.

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5.0 EFFECTIVE DATES

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.

5.3 The CAH portion of the demonstration will expire on November 30, 2009. Requirements of this section as related to the CAH portion of the demonstration cease at 12:00 midnight on November 30, 2009, except for claims for patients admitted prior to 12:00 midnight on November 30, 2009. The demonstration retains responsibility for these claims until the beneficiary is discharged from the CAH. For information on CAH reimbursement, see the TRICARE Reimbursement Manual (TRM), [Chapter 15, Section 1](#).

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