OFFICE OF MANAGEMENT AND BUDGET

Cost of Hospital and Medical Care and Treatment Furnished by the United States; Certain Rates Regarding Recovery From Tortiously Liable Third Persons

By virtue of the authority vested in the President by Section 2(a) of P.L. 87-693 (76 Stat. 593; 42 U.S. C. 2652), and delegated to the Director of the Office of Management and Budget by Executive Order No. 11541 of July 1, 1970 (35 FR 10737), the three sets of rates outlined below are hereby established. These rates are for use in connection with the recovery, from tortiously liable third persons, of the cost of hospital and medical care and treatment furnished by the United States (Part 43, Chapter I, Title 28, Code of Federal Regulations) through three separate Federal agencies. The rates have been established in accordance with the requirements of OMB Circular A-25, requiring reimbursement of the full cost of all services provided. The rates are established as follows:

(1) Department of Defense. The FY 1996 inpatient rates are based on the cost per Diagnostic Related Group (DRG), which is the inpatient full reimbursement rate per hospital discharge, weighted to reflect the intensity of the principal diagnosis involved. The average cost per Relative Weighted Product (RWP) for large urban, other urban/rural and overseas facilities will be published annually as an inpatient standardized amount.

The adjusted standardized amounts (ASA) per Relative Weighted Product (RWP) for use in the Direct Care System will be comparable to procedures utilized by Health Care Financing Administration (HCFA) and the Civilian Health and Medical Program for the Uniformed Services (CHAMPUS). These expenses will include all direct care expenses. The average cost per relative weighted product for large urban, other urban/rural and overseas facilities will be published annually as an inpatient standardized amount and will include the cost of inpatient professional services. The DRG rates will apply to reimbursement from all sources. A relative weight for each DRG using the standardized amount will be the same as the DRG weights published annually for hospital reimbursement rates under the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) pursuant to 32 CFR 199.14(a)(1) which includes adjustments for outliers, area wages, and indirect medical education.

(2) Department of Health and Human Services. The sum of obligations for each cost center providing medical service is broken down into amounts attributable to inpatient care on the basis of the proportion of staff devoted to each cost center. Total inpatient costs and outpatient costs thus determined are divided by the relevant workload statistic (inpatient day, outpatient visit) to produce the inpatient and outpatient rates. In calculation of the rates, the Department's unfunded retirement liability cost and capital and equipment depreciation cost were incorporated to conform to requirements set forth in OMB Circular A-25. In addition, each cost center's obligations include all costs for accounts, such as Medicare and Medicaid collections and Contract Health funds used to support direct program operation. Inclusion of these funds yields a more accurate indication of the cost of care in HHS facilities.

(3) Department of Veterans Affairs. The actual costs and per diem rates by type of care the previous year are added to the facility overhead costs and then adjusted by the budgeted percentage change for the current year and the budget year to compute the base rate for the budget year. The base rate is then adjusted by the estimated cost for depreciation of buildings and equipment, central office overhead, Government employee retirement and disability charges, and return on fixed assets (interest on capital for land, buildings and equipment (net book value)), to compute the budget year tortiously liable reimbursement rates. Also shown for inpatient per diem rates are breakdowns into three cost components: Physician; Ancillary; and Nursing, Room and Board. As with the total per diem rates, these breakdowns are calculated from actual data by type of care for the previous year.

These rates represent the reasonable cost of hospital, nursing home, medical, surgical, or dental care and treatment (including prostheses and medical appliances) furnished or to be furnished by the United States in Federal hospitals, nursing homes, and outpatient clinics administered by the Department of Defense, the Department of Veterans Affairs and the Department of Health and Human Services.

For such care and treatment furnished at the expense of the United States in a facility not operated by the United States, the rates shall be the amounts expended for such care and treatment.

For the Department of Defense, effective October 1, 1995 and thereafter:

I. Inpatient Rates (Per Inpatient Day)¹

	Full reim- bursement rate
A. Burn Center B. Surgical Care Services	\$3,794
(Cosmetic Surgery)	1,567
C. All Other Inpatient Services Diagnosis Related Groups (DR	
1. FY 1996 Direct Care Inpatient	

Reimbursement Rates (Adjusted Standard)

Full cost

Large Urban	\$4,713
Other Urban/Rural	4,745
Overseas	6,038

2. Overview

The FY 1996 inpatient rates are based on the cost per DRG which is the inpatient full reimbursement rate per hospital discharge, weighed to reflect the intensity of the principal diagnosis involved. The average costs per Relative Weighted Product (RWP) for large urban, other urban/rural and overseas facilities will be published annually as an inpatient standardized amount. (See item 1 above). A "relative weighted product" for each DRG case to apply to the standardized amount will be determined from DRG weights published annually for hospital reimbursement rates under the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) pursuant to 32 CFR 199.14(a)(1) with adjustments for outliers. Standardized amounts will be adjusted for area wage differences and indirect medical education. An example of how to apply DoD costs to a DRG standardized weight to arrive at DoD costs is contained in part 3 of Section I.C., below.

3. Example of Adjusted Standardized Amounts for Procedures Performed

Large Urban Area-Example

a. The cost to be recovered is DoD's cost for medical services provided in a large urban area. Billings will be at the third party rate.

b. DRG 020: Nervous System infection except viral meningitis. Relative Weighed Product for an inlier case is the CHAMPUS weight of 2,0327.

c. The DoD adjusted standardized amount to be recovered is \$4,713 (i.e., the third party rate as shown in the table).

d. DoD cost to be recovered at a nonteaching hospital with area wage index of 1.0 is the RWP factor (2,0327) in item 3.b., above, times the amount (\$4,713) in 3.c., above.

Cost to be recovered is \$9,580.

II. Outpatient Rates¹

Code	Clinical serv- ices	bursement rate
	A. Medical Care	
BAA	Internal Medi-	\$163
	cine.	
BAB	Allergy	56
BAC	Cardiology	116
BAE	Diabetes	70
BAF	Endocrinology	152

Full roim