

TRICARE T17 West Region

Requesting Reimbursement of Capital and Direct Medical Education Costs

TRICARE authorizes Contractors of Managed Care Support Contracts to reimburse hospitals for allowed Capital and Direct Medical Education costs. Reimbursement is subject to the following regulations as outlined in the TRICARE Reimbursement Manual, effective February 2008.

- Any hospital subject to the TRICARE DRG-based payment system, which wishes to be reimbursed for Allowed Capital and Direct Medical Education costs, must submit a request for reimbursement to the TRICARE Contractor.
- Initial requests for payment of CAP/DME shall be filed with the TRICARE contractor on or before the last day of the 12th month following the close of the hospitals' cost-reporting period. The request shall cover the one year period corresponding to the hospital's Medicare cost-reporting period. Thus, for cost-reporting periods, requests for payment of CAP/DME must be filed no later than 12 months following the close of the cost-reporting period. For example, if a hospital's cost-reporting period ends on June 30, 2016, the request for payment shall be filed on or before June 30, 2017. Those hospitals that are not Medicare participating providers are to use an October 1 through September 30 fiscal year for reporting CAP/DME costs.
- An extension of the due date for filing the initial request may only be granted if an extension has been granted by the Centers for Medicare and Medicaid Services (CMS) due to a provider's operations being significantly adversely affected due to extraordinary circumstances over which the provider has no control, such as flood or fire, as described in Section 413.24 of Title 42 CFR.
- All amended requests as a result of a subsequent Medicare desk review, audit, or appeal must be submitted along with a copy of the NPR (Notice of Program Report) and the applicable pages from the amended Medicare Cost Report to the TRICARE Contractor within 30 days of the date the hospital is notified of the change. Failure to promptly report the changes resulting from a Medicare desk review, audit, or appeal is considered a misrepresentation of the cost report information. Such a practice can be considered fraudulent, which may result in criminal/civil penalties or administrative sanctions of suspension or exclusion as an authorized provider.
- A properly completed request will be processed within 30 to 45 days, based upon the information submitted on the enclosed form. All providers must submit the applicable worksheet pages from their Medicare Cost Report when requesting reimbursement from the Contractor. The request must contain an official's signature and the official's title to certify that the information is accurate and based off of the Medicare Cost Report. Please refer to the attached line item instructions for the Medicare Cost Report references.

If you have questions, please reference the TRICARE Reimbursement Manual (TRM). Information can be retrieved in Chapter 6 Section 8 in paragraphs 3.2.4.1 – 3.2.4.2.15.

Mailing Instructions

Mail or overnight your reimbursement requests to the below addresses. Should you have additional questions, please contact us at 803-763-6075.

Mail the request to: TRICARE CAPDME West Region
P.O. BOX 202113
Florence, SC 29502-2113

Overnight the request to: TRICARE CAPDME West Region
2141 Westgate Place, Building 200
Florence, SC 29501

Please note: We do not accept reimbursement requests via email or fax.

TRICARE REQUEST FOR REIMBURSEMENT OF CAPITAL & DIRECT MEDICAL EDUCATION COSTS

1. HOSPITAL NAME: _____

2. HOSPITAL ADDRESS: _____

3. TRICARE PROVIDER NUMBER: _____

4. MEDICARE PROVIDER NUMBER: _____

5. PERIOD COVERED FROM: _____ TO: _____
(Must correspond to Medicare cost-reporting period)

6. TOTAL INPATIENT DAYS: _____
(Provided to all patients in units subject to DRG-based payment)

7. TOTAL TRICARE INPATIENT DAYS FOR DEP/RETIRES: _____
(This is to be only days which were "allowed" for DRG -based payment)

7a. TOTAL TRICARE INPATIENT DAYS FOR ACTIVE DUTY CLAIMS: _____
(This is to be only days which were "allowed" for DRG -based payment)

8. TOTAL ALLOWABLE CAPITAL COSTS: _____
(Must correspond with the applicable pages from the Medicare Cost Report)

9. TOTAL ALLOWABLE DIRECT MEDICAL EDUCATION COSTS: _____
(Must correspond with the applicable pages from the Medicare Cost Report)

10. TOTAL FULL-TIME EQUIVALENTS FOR RESIDENTS/INTERNS: _____
(Must correspond with the applicable pages from the Medicare Cost Report)

11. TOTAL INPATIENT BEDS: _____
(Must correspond with the applicable pages from the Medicare Cost Report)

12. REPORTING DATE: _____

I certify the above information is accurate and based upon the hospital's Medicare cost report submitted to CMS. The cost report filed, together with any documentation are true, correct and complete based upon the books and records of the hospital. Misrepresentation or falsification of any of the information in the cost reports is punishable by fine and/or imprisonment. Any changes, which are the result of a desk review, audit, or appeal of the hospital's Medicare cost report, must be reported to the TRICARE contractor within 30 days of the date the hospital is notified of the change. Failure to report the changes can be considered fraudulent, which may result in criminal/civil penalties or administrative sanctions of suspension or exclusion as an authorized provider.

_____ Initial Request _____ Amended Request

Official's Signature: _____ Date: _____

Official's Printed Name: _____ Phone: _____

Official's Title: _____

Mailing Address: _____