



Humana Military Healthcare Services

SUBJECT: Reimbursement of Capital and Direct Medical Education Costs

Dear Providers:

TRICARE/CHAMPUS authorizes Managed Care Support Contractors to reimburse hospitals for Allowed Capital and Direct Medical Education costs. Reimbursement is subject to the following regulations as outlined in the TRICARE/CHAMPUS Policy Manual, effective 10/01/98:

1. Any hospital subject to the TRICARE/CHAMPUS 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/CHAMPUS Contractor.
2. The initial request must be submitted on or before the last day of the twelfth month following the close of the hospital's cost-reporting period. The request must correspond to the hospital's Medicare cost-reporting period (dates and costs). Hospitals must submit their request forms and applicable pages from their Medicare Cost Reports to the TRICARE/CHAMPUS Contractor. Those hospitals that are not Medicare participating providers are to use October 1 through September 30 fiscal year for reporting Capital and DME Costs.
3. 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/CHAMPUS 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.
4. For more information providers may reference the Department of Defense Federal Register.

Properly completed requests will be processed within 30 days, based upon the information submitted on the enclosed form. All providers must submit the applicable pages from their Medicare Cost Report when requesting reimbursement from the Contractor. The request must contain original signature, copied signatures will not be accepted. Please refer to the attached line item instructions for the Medicare Cost Report references.

A hospital official must sign the request for reimbursement, certifying that the information is accurate and based upon the Medicare Cost Report. If you have questions, please contact a capital and direct medical education specialist at 502-301-6420 or email HMHSCapitalDirectMedEd@Humana.com.

TRICARE South Region
Capital and Direct Medical Education Reimbursement
Claims Oversight Department
500 W Main Street
Louisville, KY 40202



TRICARE REQUEST FOR REIMBURSEMENT OF CAPITAL AND DIRECT MEDICAL EDUCATION COSTS

Mail Request to: Humana Military Healthcare Services
Attn: Claims Oversight Department – Charlotte Compton
500 W Main Street
Louisville, KY 40202

1. HOSPITAL NAME: _____

2. HOSPITAL ADDRESS: _____

3. TRICARE/CHAMPUS 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/CHAMPUS INPATIENT DAYS FOR DEP/RETIREEES: _____
(Provided in units subject to DRG-based payment. This is to be only days which were "allowed" for payment. Days which were paid by other health insurance or which were determined to be not medically necessary are not to be included)

7a. TOTAL TRICARE/CHAMPUS INPATIENT DAYS FOR AD CLAIMS: _____
(Active Duty members)

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: _____

11. TOTAL INPATIENT BEDS: _____

12. REPORTING DATE: _____

I certify the above information is accurate and based upon the hospital's Medicare cost report submitted to HCFA. 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/CHAMPUS 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

Signature _____ Title _____

Typed Name _____ Phone: _____