

REPORT DOCUMENTATION PAGE

Form Approved
OMB No. 0704-0188

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0188), Washington, DC 20503.

1. AGENCY USE ONLY (Leave blank)

2. REPORT DATE
MAY 1994

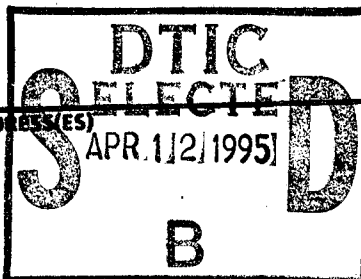
3. REPORT TYPE AND DATES COVERED
FINAL REPORT (07-93 TO 07-94)

4. TITLE AND SUBTITLE A COST-COMPARISON STUDY USING ACTUAL
CHAMPUS FORMULAS TO PRICE WILFORD HALL MEDICAL CENTER'S FY
1993 INPATIENT WORKLOAD TO DETERMINE WHETHER CHAMPUS IS THE
MORE COST-EFFECTIVE HEALTH CARE DELIVERY SYSTEM

5. FUNDING NUMBERS

6. AUTHOR(S)

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7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES)

WILFORD HALL MEDICAL CENTER
LACKLAND AIR FORCE BASE

8. PERFORMING ORGANIZATION
REPORT NUMBER

33b-94

9. SPONSORING/MONITORING AGENCY NAME(S) AND ADDRESS(ES)

US ARMY MEDICAL DEPARTMENT CENTER AND SCHOOL
BLDG 2841 MCCS HRA US ARMY BAYLOR PGM IN HCA
151 SCOTT ROAD
FORT-SAM HOUSTON TEXAS 78234-6135

10. SPONSORING/MONITORING
AGENCY REPORT NUMBER

19950410 001

11. SUPPLEMENTARY NOTES

12a. DISTRIBUTION/AVAILABILITY STATEMENT

APPROVED FOR PUBLIC RELEASE: DISTRIBUTION IS UNLIMITED

12b. DISTRIBUTION CODE

13. ABSTRACT (Maximum 200 words)

The purpose of this study is to provide the Department of Defense with an accurate and universally reliable inpatient cost-comparison methodology. The methodology applies actual CHAMPUS reimbursement formulas to the inpatient workloads performed in military medical treatment facilities (MTFs) to determine whether the MTFs are providing cost-effective care compared to the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS).

The goal of this MTF-to-CHAMPUS cost-comparison methodology is to provide management teams at military MTFs with relevant information that can be defended during a presentation to the organization and its professional staff. The intent is to provide accurate educational information that is capable of persuading the audience to believe in the truth of the matter asserted.

DTIC QUALITY INSPECTED 8

14. SUBJECT TERMS

MTF; CHAMPUS; COST-COMPARISON

15. NUMBER OF PAGES
209

16. PRICE CODE

17. SECURITY CLASSIFICATION
OF REPORT

N/A

18. SECURITY CLASSIFICATION
OF THIS PAGE

N/A

19. SECURITY CLASSIFICATION
OF ABSTRACT

N/A

20. LIMITATION OF ABSTRACT

UL

U.S. ARMY-BAYLOR UNIVERSITY
GRADUATE PROGRAM IN HEALTH CARE ADMINISTRATION

A COST-COMPARISON STUDY USING ACTUAL CHAMPUS FORMULAS
TO PRICE WILFORD HALL MEDICAL CENTER'S FY 1993
INPATIENT WORKLOAD TO DETERMINE WHETHER CHAMPUS IS THE
MORE COST-EFFECTIVE HEALTH CARE DELIVERY SYSTEM

A GRADUATE MANAGEMENT PROJECT SUBMITTED TO
THE FACULTY OF BAYLOR UNIVERSITY
IN PARTIAL FULFILLMENT OF THE
GRADUATE PROGRAM IN HEALTH CARE ADMINISTRATION

BY
CAPTAIN LANE T. ROGERS, USAF, MSC

FORT SAM HOUSTON, TEXAS

MAY 1994

ACKNOWLEDGMENTS

I thank my Lord and Savior, Jesus Christ, for taking my shots at the issues and moving them closer to the center of the target.

I thank Colonel Terence Cunningham, Administrator, Wilford Hall Medical Center, for authorizing me to use his facility and its FY 1993 inpatient workload as the test-basis for piloting the MTF-to-CHAMPUS cost-comparison methodology.

I thank Lieutenant Colonel Richard Schroeder, Associate Professor, U.S. Army-Baylor University Graduate Program in Healthcare Administration, for guiding me through the significant issues presented by this study.

I thank my lovely wife, Carla Rogers, for her constant encouragement and forbearance.

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ABSTRACT

The purpose of this study is to provide the Department of Defense with an accurate and universally reliable inpatient cost-comparison methodology. The methodology applies actual CHAMPUS reimbursement formulas to the inpatient workloads performed in military medical treatment facilities (MTFs) to determine whether the MTFs are providing cost-effective care compared to the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS).

The goal of this MTF-to-CHAMPUS cost-comparison methodology is to provide management teams at military MTFs with relevant information that can be defended during a presentation to the organization and its professional staff. The intent is to provide accurate educational information that is capable of persuading the audience to believe in the truth of the matter asserted.

In a military hospital environment, winning decisions that survive the short-term and improve the MTFs' cost advantage over CHAMPUS require the support of the professional staff. To be "sellable" to the professional staffs, a military cost-comparison methodology has to preserve provider-specific visions, values, and priorities for their inpatients. This methodology incorporates these requirements to accurately analyze an MTF's profit or loss to the Government when compared to CHAMPUS.

The estimated fiscal year 1993 federal appropriation required to provide 27,228 inpatient dispositions at Wilford Hall Medical Center, San Antonio, Texas, is \$137,034,973, represented by the following expense summary:

Total Inpatient MEPRS Expenses:	\$149,209,618
Less: Inpatient Clinician Salaries:	- \$ 7,819,223
Less: Inpatient Third Party Collections:	- \$ 6,981,483
Plus: Inpatient Graduate Med Ed Expenses:	+ \$ 1,577,443
Plus: Estimated Facility Depreciation:	+ \$ <u>1,048,618</u>
Equals: Total Inpatient Operating Costs for Wilford Hall Medical Center	\$137,034,973

The estimated federal CHAMPUS appropriation required to perform Wilford Hall's FY 1993 inpatient workload in a comparable civilian teaching facility in San Antonio, Texas, is \$129,266,309, represented by the following savings summary:

Total CHAMPUS Allowable Charges:	\$144,637,469
Less: Patient Cost-Shares:	- \$ 20,656,041
Less: Inpatient Third Party Collections Causing Real Reductions in The Government's CHAMPUS Outlays	- \$ 4,049,260
Plus: Capital Reimbursements	+ \$ 7,844,157
Plus: Direct GME Reimbursement	+ \$ <u>1,489,984</u>
Equals: Total Estimated Government CHAMPUS Cost	\$129,266,309

According to this study's proposed MTF-to-CHAMPUS cost-comparison methodology, during FY 1993, CHAMPUS would have been more cost-effective than Wilford Hall Medical Center. The study indicates CHAMPUS would have saved the Federal Government \$7,768,664, or a 5.7 percent budgetary savings, compared to Wilford Hall Medical Center.

INTRODUCTION

The purpose of this study is to provide the Department of Defense with an accurate and universally reliable institutional inpatient cost-comparison methodology.

The proposed methodology isolates inpatient dispositions performed in a military medical treatment facility (MTF). Actual Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) diagnosis related group (DRG) reimbursement formulas are then applied to the MTF's inpatient dispositions to determine a CHAMPUS-equivalent "allowable charge" for each MTF disposition.

CHAMPUS-equivalent patient cost-shares are calculated for CHAMPUS-eligible patients treated in the MTF and are subtracted from the MTF's CHAMPUS-equivalent allowable charges. The cumulative difference represents the Government's total CHAMPUS-equivalent cost to perform the MTF's inpatient workload.

MTF-specific expense information is then used to calculate the MTF's CHAMPUS-equivalent reimbursements for capital and graduate medical education (GME) expenses. These reimbursements are added to the Government's total CHAMPUS-equivalent cost to perform the MTF's inpatient workload.

In the final step, 58 percent of the MTF's actual inpatient third party collections are subtracted from the running CHAMPUS total to determine the Government's total CHAMPUS-equivalent institutional inpatient reimbursement.

The Government's total CHAMPUS-equivalent institutional inpatient reimbursement is then compared to the MTF's total actual inpatient costs, as reported by the Medical Expense and Performance Reporting System (MEPRS), less inpatient clinician salaries, less 100 percent of the inpatient third party collections, plus direct inpatient graduate medical education expenses, plus an estimate for inpatient facility depreciation expenses.

The delivery system with the lower total Government cost is considered the more cost-effective provider of institutional inpatient health care.

Since CHAMPUS excludes professional (physician) fee reimbursements from its institutional reimbursement formulas, the MTF's inpatient clinician salary expenses are also excluded from this study.

In a military hospital environment, winning decisions that survive the short-term and improve the MTFs' cost advantage over CHAMPUS require the support of the professional staff. To be "sellable" to the professional staffs, a military cost-comparison methodology has to preserve provider-specific visions, values, and priorities for their inpatients. These requirements are incorporated into this methodology to accurately analyze an MTF's institutional profit or loss to the Government when compared to CHAMPUS.

Inpatient cost-comparison methodologies currently used by the Departments of the Air Force, Army, and Navy appear deficient in three common areas. First, none of the inpatient methodologies are believed to be universally reliable, regardless of bed size. Second, existing methodologies rely on "average costs" to price diagnosis related group (DRG) dispositions. Average costs reflect variance that is often challenged by the professional staff and is influenced by provider-specific practice patterns, lengths of stay, local customs, and patient values. Third, each methodology indicates that the larger MTFs are always less expensive than CHAMPUS.

The proposed methodology eliminates these common weaknesses by: 1) automating the CHAMPUS DRG-based reimbursement formulas, 2) testing the accuracy of the automated formulas by pricing a representative sample of an MTF's dispositions and sending the sample to a CHAMPUS Fiscal Intermediary for formal comparative pricing, and 3) applying proven automated pricing formulas directly to the MTF's inpatient workload.

Compared to the cost-comparison methodologies currently used by the Military Medical Departments, the concepts of this methodology are clear. First, MTFs compete with themselves and how their staffs' patient support, service, and treatment decisions would be reimbursed under CHAMPUS. Additionally, since the inpatient CHAMPUS formulas are catchment-area-unique,

reliable results are produced regardless of the size or the complexity of the MTF, or of the availability of comparable medical services in the local area.

Second, average costs are not utilized. Average costs are replaced with actual DRG-based CHAMPUS reimbursements for each and every inpatient disposition performed by an MTF.

Third, an MTF's cost-effectiveness, or lack thereof, will be identified, along with a detailed indication of the magnitude and direction of its comparative cost performance. The difference between the MTF's actual institutional inpatient operating expense (determined as described above) and the Government's estimated cost to produce that same inpatient workload under CHAMPUS represents a facility-specific benchmark against which future continuous quality improvement (CQI) activities can be developed to continuously improve the MTF's competitiveness with CHAMPUS. Successful CQI activities can be published to assist other MTFs struggling with similar issues.

Management teams which internally identify that their MTFs are currently more expensive than CHAMPUS obtain a strategic advantage by admitting that fact early on and taking corrective action before a disinterested third party formally advises them of that fact in the future. Once the problem is acknowledged, the management teams may be motivated, for example, to execute long-range contingency plans to establish effective cost-finding

and cost-accounting systems needed to fine-tune the organization, or to perform reliable "make/buy" analyses.

On the other hand, management teams which internally identify that their MTFs are less expensive than CHAMPUS benefit from the increased confidence which their professional staffs will have in their teams' abilities to make winning decisions during times of uncertainty.

An outpatient cost-comparison methodology was not attempted because military MTFs do not currently "code" outpatient procedures using standardized CHAMPUS CPT-4 codes. In the absence of a case-mix-adjusted outpatient work unit that is common to both health care delivery systems, a comparison of the two outpatient systems would fail to produce reliable results at this time.

Background Information on Wilford Hall Medical Center

Wilford Hall Medical Center is located in San Antonio, Texas, on Lackland Air Force Base. Wilford Hall is the largest and most sophisticated medical center operated by the Department of the Air Force.

The main building is a nine story structure containing 1.34 million square feet (30 acres) of medical floor space and 12 miles of hallways. The main building is supplemented with 43 smaller buildings providing an additional 1.86 million square feet (37 acres).

The ground breaking ceremony for the main building occurred October 11, 1954. The 500-bed structure was accepted for occupancy July 5, 1957, and the formal dedication ceremony occurred November 16, 1957.

Construction of a 500-bed "teaching" wing ("T-Wing") began April 25, 1958. The formal dedication ceremony occurred March 25, 1961.

On September 11, 1980, construction began on a 365-bed addition. On November 4, 1983, rededication ceremonies marked the completion of this inpatient expansion project.

Currently, Wilford Hall is designed for 1,009 inpatient beds, and is operating 595. It offers advanced treatment in more than 135 medical specialties and subspecialties, including open heart surgery and organ transplants involving the kidney, pancreas, and liver.

Within the Department of Defense (DoD), Wilford Hall has the only adult allogeneic bone marrow transplant center, and has the most advanced Neonatal Care Department. Wilford Hall's neonatal staff served as the primary developers of a high-frequency ventilator for infants and the sole developers of a reconfigured Extracorporeal Membrane Oxygenation (ECMO) device, a heart/lung bypass unit, designed for use on infants during transport.

Within the Department of the Air Force, Wilford Hall has the only Level I Emergency Trauma Center, and the only inpatient AIDS

referral center. With its two dental clinics, totalling over 135 operatories, Wilford Hall has the largest and most comprehensive dental and oral surgery practice in the Air Force.

On the training side, Wilford Hall provides advanced medical education for more than half of the Air Force's physicians and has more than 600 clinical research and training projects in process. Wilford Hall has on-site wartime medical readiness training for Air Force medical personnel, which proved to be valuable when, on December 20, 1989, Wilford Hall and Brooke Army Medical Centers began receiving all the casualties from Operation Just Cause (the Panama invasion).

The Wilford Hall vision states, "We will give our best for America as a dynamic team of health care professionals relentlessly dedicated to bringing the future into the present. We will lead the world in continuous quality improvement of staff, technology and compassionate healing that surpasses the expectations of those we serve."

Conditions Which Prompted the Study

For a number of years, inpatient MTF Commanders and Administrators from all branches of the military have repeatedly expressed a desire to incorporate into their continuous quality improvement (CQI) or total quality management (TQM) programs an unbiased MTF-to-CHAMPUS cost-comparison methodology that could reliably indicate whether their total institutional inpatient

costs, as reported in the Medical Expense and Performance Reporting System (MEPRS), are competitive with the Government's comparable institutional inpatient reimbursement under the CHAMPUS system. To be defensible, the methodology had to consider the identical number of CHAMPUS users by beneficiary category, the identical number of diagnosis related group (DRG) admissions by beneficiary category, and the identical length of stay for each DRG admission by beneficiary category.

When consulted, the Administrator at Wilford Hall USAF Medical Center was no exception. Based on the constraint that the proposed study strictly conform to conditions identified in the preceding paragraph, the Administrator at Wilford Hall Medical Center approved this study and its application to Wilford Hall's FY 1993 inpatient workload.

Statement of the Research Question

Considering Wilford Hall Medical Center's 27,228 fiscal year (FY) 1993 inpatient dispositions, as reported by the Automated Quality Care Evaluation Support System (AQCESS), and further considering the total "institutional" costs expended by Wilford Hall to perform the same 27,228 dispositions, as reported by the Medical Expense and Performance System (MEPRS) but determined by the CHAMPUS DRG-Based Payment System, if those same 27,228 inpatient dispositions had been performed in a comparable civilian "teaching" hospital located in San Antonio, Texas, would

the Federal Government's total FY 1993 "institutional" appropriations at Wilford Hall have been more or less than that which the Federal Government would have probably paid a comparable civilian "teaching" hospital using the CHAMPUS DRG-Based Payment System?

LITERATURE REVIEW

The United States Department of Defense (DoD) Military Health Services System (MHSS) is responsible for providing comprehensive inpatient and outpatient medical services for approximately 8.7 million beneficiaries (Lynn 1994). Currently, this system supports 1.9 million active-duty military personnel, 2.7 million dependents of active-duty members, and 4.1 million retired military personnel, their dependents, and survivors (Ibid.).

DoD accomplishes its medical mission by operating approximately 507 military medical treatment facilities and managing the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) (Draft Version of 733 Executive Report 1994, p. 8). Each of these medical sub-systems are discussed in detail below.

Description of the Military Health Services System

In-house medical services for DoD beneficiaries are provided by military medical treatment facilities (MTFs) operated by the

various military departments (Lynn 1994, p. 2). Collectively, the military MTFs are referred to as the "direct care system." (Draft Version of 733 Executive Report 1994, p.5).

The direct care system provides comprehensive acute-care services for all DoD beneficiaries and utilizes a highly developed medical aeroevacuation system to assist with patient transport (Ibid.). The Veterans Administration provides long-term care to qualified beneficiaries (Ibid.).

The direct care system uses three categories of MTFs to deliver acute-care services for its beneficiaries: medical clinics, community hospitals, and medical centers (Ibid., p. 6). Each is distinguished by the type and complexity of care provided.

Medical clinics usually offer a wide range of outpatient services, including primary care, optometry, pediatrics, gynecology, internal medicine, dental, diagnostic radiology, clinical laboratory, and pharmacy services. Cases requiring inpatient treatment or more extensive outpatient treatment are referred to military community hospitals and medical centers or to private-sector providers (Ibid.).

Military community hospitals offer inpatient and outpatient services at the primary care and secondary care levels (Ibid., p. 6). A few community hospitals, depending on their wartime

taskings, are staffed and equipped to provide tertiary-care services (Ibid., p. 7).

Medical centers are generally large, tertiary-care facilities capable of handling very complex cases, including cardiothoracic, orthopedic, neurosurgical, and organ transplants. In addition to state-of-the-art tertiary-care services, medical centers offer the regular inpatient and outpatient services available at the community hospitals (Ibid., p. 8). Most military medical centers serve as world-wide referral centers and conduct residency training programs for military physicians and dentists (Ibid.).

During fiscal year 1992, the direct care system operated approximately 400 medical clinics, 99 community hospitals, and 18 medical centers (Ibid., p. 6). Medical centers, and the medical clinics that reported their outpatient workload through the medical centers, provided approximately 57 percent of the inpatient care (adjusted for case-mix severity) and 34 percent of the outpatient care (Ibid. p. 8). Community hospitals, and the medical clinics they supported, provided 43 percent of the inpatient care and 60 percent of the outpatient care (Ibid.). The balance of the outpatient care was provided in 29 military clinics which did not report their workload through a medical center or community hospital (Ibid.).

Apart from DoD's wartime missions, the principal difference

between the direct care system and the major private sector employers is that DoD owns all of the medical facilities and employs all the professional and support staffs which provide a substantial part of the care received by its beneficiaries (Ibid., p. 5). No large private sector employer in the United States operates a comparable system of in-house medical facilities and staffs (Ibid.).

The history of the direct care system dates back to when it was established to provide wartime casualties with comprehensive medical care until such time as they were released to the Veterans Administration (Ibid., p. 1). This historical purpose is preserved today resulting in the requirement that active-duty personnel obtain their medical and dental care in or through military medical treatment facilities and that they receive first priority in all military MTFs (Ibid.). All non-active-duty beneficiaries receive treatment in MTFs on a space-available basis (Ibid.).

Prior to 1966, if the MTFs could not provide all the treatment required by non-active-duty beneficiaries, these beneficiaries had to arrange and pay for their own health care (Ibid.). In 1966, however, the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) was legislatively created to provide supplemental health care coverage for non-active duty beneficiaries (Ibid.). This supplemental health care

coverage was designed to make private-sector health care services available for qualified DoD beneficiaries without the need for pre-enrollment or pre-registration (Ibid.). This service continues today.

In general terms, CHAMPUS does not cover active-duty military personnel because, except for emergency situations, active-duty personnel are required to obtain their medical care from (or through) MTFs (Ibid.). Additionally, military retirees over age 65, and their dependents or survivors over age 65, are no longer eligible for CHAMPUS benefits after their 65th birthday (Ibid.). After age 65, their federal health benefits are provided by Medicare (Ibid.).

The mechanics of CHAMPUS are similar to a commercial health insurance plan (Ibid., p. 5). CHAMPUS beneficiaries arrange for their own care, pay for it, and then submit a claim for reimbursement (Ibid.). Beneficiaries must cover all their medical expenses up to an annual limit (the deductible) and then pay a portion of all costs incurred thereafter (co-payments) up to the annual catastrophic limit of \$1,000, for dependents of active-duty members, and \$10,000, for "all other" CHAMPUS beneficiaries (Ibid., CHAMPUS Policy Manual, Chapter 3, Section 14.1.1).

For the patient, the principal difference between CHAMPUS and the direct care system is that when the patient uses the

direct care system, all outpatient care is free for the user and inpatient expenses are limited to a small subsistence fee for meals, usually under \$10 per day. CHAMPUS, on the other hand, requires beneficiaries to pay an annual deductible for outpatient care of \$150 per individual, \$300 per family, and, thereafter, active-duty dependents pay a 20 percent cost-share and all others pay a 25 percent cost-share. For inpatient care, CHAMPUS does not charge an annual deductible; however, the inpatient cost-shares for active-duty dependents are \$8.95 per day or \$25, whichever is larger, and all others pay \$241 per day or 25 percent of the billed charges, whichever is less (CHAMPUS Policy Manual, Chapter 3, pp. 11.1.1-3).

CHAMPUS currently accounts for almost half of the costs of medical care delivered to non-active-duty beneficiaries through the DoD system (Ibid.). During fiscal year 1992, approximately \$7.4 billion was spent to provide medical care for non-active-duty beneficiaries (Lynn 1994, p. 2). CHAMPUS expenditures totaled \$3.5 billion (including the beneficiary cost-shares) (Ibid.). MTFs supplied the balance (\$3.9 billion) (Ibid.).

During fiscal year 1994, DoD's total medical expenditures, including the direct care and CHAMPUS systems, are estimated to approach \$15.1 billion (Baine 1994, p. 2).

Unlike most private-sector employers, DoD's extensive in-house medical capabilities, coupled with its private-sector

access under CHAMPUS, requires it to make "true make/buy decisions in which considerations of costs are inextricably involved" (Ibid., p. 5). Accordingly, the contemporary issues facing DoD policymakers are:

1) what impact has the demise of the Cold War had on the military's wartime medical requirement;

2) is the direct care system more cost-effective than CHAMPUS, and

3) how much investment should be placed in the direct care system or CHAMPUS if one system is more cost-effective than the other? (Draft Version of 733 Executive Report 1994, p. 1).

Contemporary Views of the Military's Wartime Medical Requirements

Long-standing policies require the direct care system to provide sufficient medical care to satisfy the United States' wartime medical requirement (Draft Version of 733 Executive Report 1994, p. 1). The wartime medical requirement is defined as "substantially all of the medical care required by active-duty personnel and all of the treatment required by military casualties until such time as those requiring extended care are released to the Veterans Administration" (Ibid.).

"War plans of the Cold War era contemplated a global conflict on the scale of World War II, and perhaps much larger, as the U.S. faced the prospect of all out war with the Soviet Union and its Warsaw Pact allies" (Ibid., p. 2).

"The situation is now very different" (Ibid.). Current threats are considered challenging, but are believed to be qualitatively different from those of the Cold War (Ibid.). Contemporary defense planning scenarios require smaller forces, and present little prospect of involving casualties remotely on the scale of that would likely have been incurred in a global war with the Soviets and its Warsaw Pact allies (Ibid.).

To predict contemporary wartime demands for medical care, DoD studied hypothetical conflict scenarios developed by the Joint Chiefs of Staff for use in preparing their Defense Programs for fiscal years 1994 through 1999 (Lynn 1994, p. 3). The scenarios posited nearly simultaneous conflicts in Southwest Asia and Korea (Ibid.). War games and other well-established techniques were used to estimate the number and types of casualties that could result from the conflicts, and to determine the medical structure and the number of personnel that would be needed in theater and in the continental United States (CONUS) to care for wounded and ill personnel (Ibid.). While the details of the analysis are classified, the unclassified portion, discussed below, summarizes the principal results (Ibid.).

To treat casualties evacuated to the United States as a result of two nearly-simultaneous major regional conflicts, the United States would require approximately 9,000 hospital beds in CONUS military medical facilities (Lynn 1994, p. 3). About 4,100

active-duty and reserve physicians would be needed to staff the hospitals in both CONUS and the conflict theaters (Ibid.). Another 4,900 active-duty and reserve physicians would serve outside the hospital system, working with combat units, outpatient clinics, and the medical evacuation system (Ibid.). To support this wartime physician requirement of 9,000 members, the United States would need to probably augment the force with as many as 5,500 additional active-duty and reserve physicians for training, rotation base, and other support functions (Ibid.).

Compared to the projected military medical requirements, the fiscal year 1999 defense program calls for 30,000 military MTF beds in the CONUS, 12,600 active-duty physicians, 6,500 reserve physicians, and an augmented physician force of 14,500 (Ibid., p. 4). Current planning scenarios show an estimated actual requirement of 9,000 CONUS beds compared to 30,000 programmed beds and 9,000 active-duty and reserve physicians planned (augmented with an additional 5,500 physicians) compared to 19,100 programmed (Ibid.).

As the numbers indicate, the projected wartime medical requirements are substantially less than those currently programmed in the fiscal year 1994 through 1999 defense program.

Responding to these findings, DoD's Director, Program Analysis and Evaluation, Office of the Secretary of Defense,

provided the following testimony to the House Sub-Committee on Military Forces and Personnel:

The analysis conducted for this study indicates that medical demands in CONUS could be met by about one-third of the 30,000-bed capacity of the MTFs planned to be operating in FY 1999. Similarly, about half of the active-duty physicians projected to be available in FY 1999 would be needed to meet wartime requirements . . . The central conclusion of this portion of the study is that wartime requirements for medical care have declined significantly from the levels that prevailed in the Cold War era. The decline has occurred not only because of reductions in the number of active-duty and reserve forces presumed to be committed to a conflict, but also because of changes in the expected nature of conflicts (Lynn 1994, p. 3).

The Director, Federal Health Care Delivery Issues, United States General Accounting Office (GAO), concurred with the foregoing analysis stating:

We believe the military health services system is at a crossroads. As you have just heard from Department officials, while debate continues over precise numbers, it is becoming increasingly clear that the capacity of today's military medical system exceeds both current and future expected wartime requirements. Therefore, whether or to what extent such excess capacity should be maintained is a key question facing congressional and administration policymakers. The answer may lie largely in the extent to which DoD's direct care system can be operated more cost effectively than nonmilitary alternative sources of care such as CHAMPUS (Baine 1994, p. 3).

Section 733 of the National Defense Authorization Act for

Fiscal Year 1992 directed the Department of Defense to examine the current size of the military medical system in light of the projected requirements for medical care in a military conflict (Lynn 1994, p. 2). The study, referred to as the "733 Executive Report," represents the first comprehensive examination of this issue undertaken by the Department of Defense since the end of the Cold War (Ibid.). The study was aggressive in fulfilling its mission as evidenced by the last paragraph of the draft version of the "733 Executive Report," which states:

The main purpose for pursuing this analysis is to assess whether a significant fraction of the current military medical establishment should be subject to the make/buy decision. The answer is clearly 'yes' . . . more than half of the physicians in current programs cannot be justified on the basis of supporting the wartime requirement and should be subjected to a cost-effectiveness standard (Draft Version of 733 Executive Report 1994, p. 46).

U.S. Military Has a 6 Percent Budgetary Advantage Over CHAMPUS

Prior to the National Defense Authorization Acts of 1992 and 1993, "previous studies of the DoD health care system did not go deeply into the issue of costs" (Draft Version of 733 Executive Report 1994, p. 24). In 1975, for example, a study titled "Report of the Military Health Care Study" assumed that average costs remained the same as utilization and capacity in the direct care system increased (Ibid.).

In 1985, a study titled, "Final Report of the Blue Ribbon

Panel on Sizing Department of Defense Medical Treatment Facilities" compared average CHAMPUS costs per admission for selected categories of inpatient care with estimates of MTF marginal costs for each admission (Ibid.). The study identified the categories of care which appeared to be cheaper in the MTF system, and investigated the dollar savings associated with bringing that care into the MTFs (Ibid.). The cost data reported in that study implied that, for those selected categories of care which were brought into the MTF system, the military health service system enjoyed a 44 percent cost advantage over CHAMPUS" (Ibid., p. 24).

Later analysis indicated, however, that the MTFs' 44 percent cost advantage was "overestimated in at least three respects" (Ibid.). First, the diagnostic mix of workload identified as "recapturable" from CHAMPUS was not investigated (Ibid.). Second, when the recaptured CHAMPUS workload was moved into the MTFs, the methodology presumed that the number of inpatient days per admission in the MTF would be identical to the number of days actually exhibited in the civilian facilities that provided the care under CHAMPUS (Ibid.). As a result, the study did not compensate for longer lengths of stay in the MTFs compared to CHAMPUS (Ibid.). Third, the analysis omitted several categories of standard medical costs within the DoD system (Ibid.).

In combination, these three effects served to overstate the

reported 44 percent cost savings (Ibid.). Additionally, the study recognized the existence of a "demand effect" in one portion of the analysis, but did not integrate the associated increases in workload and total costs into the estimates of cost savings that it developed (Ibid.).

The "demand effect" is the phenomena that occurs when access to free care in military MTFs is increased. When access in MTFs is increased, MTF utilization rises strongly and CHAMPUS workload falls, but not as sharply. Since MTF utilization grows sharply and CHAMPUS workload decreases at a slower rate, the total cost of MTF and CHAMPUS care rises, reflecting an influx of previously non-CHAMPUS civilian workload and higher utilization rates within the MTF (Ibid., p. 23).

The low-priority-treatment of cost issues prior to 1992 may have reflected the assumption, then unchallenged, that the direct care system should be sized solely against the then enormous wartime medical requirements (Ibid., p. 24). During the Cold War era, since wartime requirements drove the size of the DoD medical establishment, costs could have been seen as consequences of sizing decisions rather than as inputs into sizing decisions (Ibid.).

Today, however, the issue of whether the military's wartime medical requirement should be the dispositive factor in determining the size of the direct care system takes on enormous

significance (Ibid.). If the historical sizing-policy is not modified, the direct care system could be substantially downsized to a level consistent with its projected wartime requirements.

Considering the change in the military's medical wartime requirement, DoD was presented with an opportunity to ask how it should size the military medical system in a cost-effective manner (Ibid., p. 25). Pursuant to Congressional directives, DoD contracted a series of detailed studies addressing this issue.

In 1991, DoD entered into contracts with the Institute for Defense Analysis, hereinafter referred to as IDA, and with the RAND Corporation, hereinafter referred to as RAND, for the purpose of analyzing the core issue of "whether it is cheaper for DoD to provide medical care for its beneficiaries in DoD facilities or to reimburse beneficiaries for care obtained in the private sector [under CHAMPUS]" (Ibid., p. 1).

IDA analyzed the cost functions in the MTFs. IDA provided the basis for estimating costs for the "make" portion of the make-versus-buy comparison (Ibid., p. 28). IDA's draft results were published in two studies which were both released in January 1994. The first study was titled, "Analysis of the 1992 DoD Survey of Military Medical Care Beneficiaries." The second study was titled, "Cost Analysis of the Military Medical Care System: Data, Cost, Functions, and Peacetime Care."

The RAND Corporation analyzed the effects on demand of

expanding the capacity of the direct care system (the "demand effect") (Ibid.). RAND provided CHAMPUS cost estimates for the "buy" portion of the make-versus-buy comparison (Ibid.).

According to the 733 Executive Report, RAND relied on two assumptions. First, DoD beneficiaries generally pay market prices for medical care under CHAMPUS (Ibid., p. 28). Second, the total cost of CHAMPUS is fundamentally market prices times the quantity of care provided, summed over all CHAMPUS users (Ibid.). RAND then combined data from a direct care system health services utilization survey and the actual CHAMPUS payment records of the survey's respondents to estimate the costs to DoD and its beneficiaries of using CHAMPUS programs (Ibid.).

RAND's results were published in draft form and released in a January 1994 article titled, "The Demand for a Comprehensive Study of the Military Health Care System."

Combining the results of the IDA and RAND studies, both companies estimated the respective cost effects on the direct care system and on CHAMPUS of moving a fixed workload from CHAMPUS into the direct care system and of shifting work into the MTFs from sources other than CHAMPUS (the "demand effect") (Ibid.).

The reported costs reflect RAND's estimates of the effects on demand of expanding MTF capacity, and IDA's analysis of costs in the MTF system, which include DoD expenditures and the

beneficiaries' out-of-pocket costs which were avoided by their obtaining care in the direct care system (Ibid.).

The analyzed sample, reported in the 733 Executive Report, shows that an expanded direct care system could pull, for example, \$352 million of health care from CHAMPUS, and that this same care could be provided in MTFs at an annual estimated cost of \$265 million, for a total savings, to the Government and its beneficiaries, of \$87 million (Ibid., p. 29). According to the 733 Executive Report,

The cost (to both DoD and its beneficiaries) of providing a given volume of care in MTFs is about 24 percent less than the cost of obtaining that care through CHAMPUS. Beneficiaries avoid \$70 million in out-of-pocket cost that would have been paid under CHAMPUS cost-sharing arrangements. DoD saves \$17 million (the difference between \$87 million and \$70 million), or about 6 percent of DoD's cost for purchasing this work from CHAMPUS (\$282 million) (Ibid.).

Although DoD believes the exact size of the cost advantage may be subject to question, DoD asserts, "the available evidence warrants this qualitative judgement, on average, MTFs appear to provide a given amount of care at significantly less cost than is the case in the private sector (Ibid., p. 31).

The conclusion, however, that, on average, MTFs are 6 percent less expensive than CHAMPUS "does not imply that an expansion of the free care offered by the direct care system would reduce DoD's total health care costs" (Ibid., p. 31). "To

the contrary, the quantitative results indicate the expansion of the direct care system would probably increase total program costs" because the demand effect of increasing access to free care would overwhelm the estimated 6 percent cost advantage currently enjoyed by the MTFs (Ibid.).

"Viewed from this angle, the cost analysis points to the importance of finding an effective means of managing the demand effect on its MTFs" (Ibid.).

Impact of the "Demand Effect" on Total Program Costs

The estimated 6 percent budgetary advantage currently enjoyed by the direct care system is not the end of the story.

Referring to the previous example where the direct care system was expanded to recapture \$352 million from CHAMPUS at a cost of \$265 million to the Government, the RAND study purportedly shows DoD would probably pay an additional \$206 million for the added workload associated with the demand effect (Ibid., p. 29). Adding the \$265 million and the \$206 million produces a net increase of \$119 million (or 33 percent) increase in total program costs ($\$265 \text{ million} + \$206 \text{ million} = \$471 \text{ million} - \$352 \text{ million} = \$119 \text{ million}$ divided by $\$352 \text{ million} = 33.8 \text{ percent increase}$) (Ibid., p. 30).

Applying the foregoing, RAND's results imply that, for every case that departs CHAMPUS in response to an increase in free care in the MTFs, approximately 1.9 cases will actually be treated in

the direct care system (Ibid., p. 23, 30). Additionally, due to the higher per capita savings associated with inpatient services, RAND believes the influx of new workload into the direct care system would be more pronounced for inpatient services than for outpatient services (Ibid., p. 23).

The implication is clear: considering the MTFs' current utilization management effectiveness, increasing the capacity of the direct care system increases the costs of the DoD medical program--not because MTFs are less cost efficient in delivering a fixed amount of care, but because in trying to recapture CHAMPUS workload, DoD also attracts additional workload from outside the CHAMPUS system (Ibid.).

RAND's estimates, however, are subject to some uncertainty (Ibid., p. 30). RAND's utilization estimates are based on DoD's CHAMPUS Reform Initiative (CRI) experiment in California and Hawaii (Ibid.). The CRI experiment offered DoD beneficiaries residing in California and Hawaii a choice of three health plans: CHAMPUS PRIME (HMO-like plan), CHAMPUS EXTRA (preferred provider network), and Standard CHAMPUS.

The CRI experiment demonstrated that DoD beneficiaries value having choices among health plans (Ibid.). Many beneficiaries selected CHAMPUS PRIME indicating a willingness to trade the opportunity of increased provider choice for an HMO-like plan offering greater access to preventive health services and lower

levels of patient cost-sharing (Ibid.). Other beneficiaries selected CHAMPUS EXTRA, which permitted beneficiaries to choose from a preferred provider list of health care providers (who agreed to price discounts) but required beneficiaries to pay higher co-payments and deductibles than CHAMPUS PRIME (Ibid.). Still other beneficiaries opted to continue to use Standard CHAMPUS, which offered the greatest freedom in the selection of providers but imposed higher co-payments and deductibles than the other two CHAMPUS plans (Ibid.).

RAND's estimates are subject to some uncertainty because other possible models for future beneficiary behavior embody different health care services and cost-sharing arrangements than CRI (Ibid., p. 30). For example, when RAND's methodology was applied to the Air Force's catchment area management (CAM) program, the overall cost advantage (to both DoD and its beneficiaries) dropped from 24 percent to 18 percent, with a corresponding drop in MTFs' budgetary advantage (Ibid., p. 31). As a result, RAND's estimates may vary depending on the actual health services plan offered to DoD beneficiaries.

Impact of the Demand Effect on Downsizing to Wartime Requirements

Considering the foregoing results, if increasing the capacity of free care in the direct care system generates a demand effect ratio of 1.9 to 1 in additional workload, would that same ratio apply, in reverse order, if the MTFs were

downsized to current wartime requirements? The answer is believed to be, "yes." According to the 733 Executive Report,

If the simulations had reduced MTF capacity rather than increasing it, the results would have been the same: A reduction in MTF capacity would force DoD beneficiaries into more expensive civilian plans, but the demand effect (working in reverse) would dominate the cost effect. People would leave the DoD system (using private insurance and utilizing less health care generally), reducing DoD costs by far more than the increase resulting from the growth in the CHAMPUS workload (Ibid., p. 30).

Accounting Errors Reduce Military's Cost Advantage to 1 Percent

According to IDA's study titled "Cost Analysis of the Military Medical Care System: Data, Cost Functions, and Peacetime Care," the direct care system's 6 percent budgetary cost advantage may be somewhat overstated due to inadequacies in DoD's Medical Expense and Performance Reporting System (MEPRS) (Draft Version of 733 Executive Report 1994, p. 25).

The key problem is that the MTFs' data sources for capturing costs that are specifically attributed to MTF inpatient and outpatient care are incomplete (Ibid.). Specifically, there are major cost elements that are not incorporated into the MEPRS accounting system which are directly attributable to the MTFs (Ibid.). These include facility depreciation expenses, costs to purchase and maintain central automation equipment, and the management headquarters activities (Ibid., p. 27, Lynn 1994, p.

5). The most important of these is the economic cost of facility depreciation (Draft Version of 733 Executive Report 1994, p. 25).

IDA compensated for these missing overhead costs by adjusting the MEPRS data to reflect the MTFs' costs for these cost elements. IDA developed separate adjustment factors for inpatient and outpatient costs, based on comparisons among the military services and on comparisons with external data sources (e.g., Six Year Defense Program appropriation data) (Draft Version of 733 Executive Report 1994, p. 25).

The adjustments resulted in increases of 11.3 percent and 14.3 percent, respectively, in the outpatient and inpatient costs reported in MEPRS (Ibid.). IDA noted that these cost adjustments were made on only those items that were reasonably estimated and clearly associated with the provision of peacetime beneficiary health care (Ibid.). All medical readiness and other wartime-related requirements were excluded.

The net effect of these adjustments trimmed DoD's previously estimated 24 percent cost advantage over CHAMPUS (for both DoD and its beneficiaries) to somewhere between 10 and 20 percent, and reduced the direct care system's 6 percent "budgetary savings" to "1 or 2 percent" (Ibid., p. 30). Furthermore, the 18 percent cost advantage (to DoD and its beneficiaries) from the Air Force's Catchment Area Management (CAM) Program was also

reduced to somewhere between 5 and 15 percent, with proportionate reductions in MTFs' budgetary savings (Ibid., pp. 30-31).

A critical analysis of this issue raises questions about IDA's findings. IDA asserts that the addition of 11.3 percent in total outpatient MEPRS expenses, and 14.3 percent in total inpatient MEPRS expenses reduces the direct care system's "budgetary savings" from "6 percent" to "1 or 2 percent."

The Office of CHAMPUS (OCHAMPUS), located in Aurora, Colorado, is a large bureaucracy within DoD consuming substantial Federal Appropriations. Additionally, each CHAMPUS Fiscal Intermediary provides a contract service that consumes Federal Appropriations which are not included as a reduction or offset in the CHAMPUS allowable charges. When adding additional overhead to the MTFs' side of the ledger, it is important to balance the books by adding the total cost of operating these CHAMPUS activities to the Government's computed CHAMPUS reimbursements.

Since IDA's portion of the study reported in the 733 Executive Report does not indicate that comparable CHAMPUS overhead costs were considered by IDA, if the MTFs' outpatient and inpatient MEPRS expenses are each increased by a fixed percentage without adding additional overhead to CHAMPUS (as described above), the direct care system's "budgetary savings" would experience a change in an amount slightly less than the

lowest percentage increase to the total outpatient or inpatient MEPRS expenses.

For example, in the 733 Executive Report, the analyzed sample showed that "DoD saves \$17 million (the difference between \$87 million and \$70 million), or about 6 percent of DoD's cost for purchasing this work from CHAMPUS (\$282 million)" (p. 29). DoD's estimated cost to perform the fixed civilian workload in the MTF system was \$265 million (\$282 million - \$17 million = \$265 million, Supra.). The 6 percent budgetary savings was obtained by dividing \$17 million by \$282 million (\$17 million divided by \$282 million = 6 percent).

If the CHAMPUS cost of \$282 million were to remain the same, while an additional 11.3 percent is added to \$265 million, a 10.37 percent change in position would occur resulting in CHAMPUS saving the Government 4.37 percent compared to the direct care system (\$265 million X 1.113 = \$294.9 million - \$282 million = \$12.9 million divided by \$294.9 million = 4.37 percent savings under CHAMPUS).

Applying the foregoing, in IDA's study (referenced above), if IDA added a minimum of 11.3 percent to the total MEPRS cost on the direct care system's side of the ledger, without adding a corresponding increase to the CHAMPUS side of the ledger to account for the cost of maintaining OCHAMPUS and the Fiscal Intermediaries, IDA's estimated change in the MTFs' budgetary

cost advantage over CHAMPUS would not have dropped to 1 to 2 percent, instead, it should have shown a 3 to 4 percent deficit when compared to CHAMPUS (-6 percent + 9 to 10 percent = +3 to +4 percent).

If IDA's study failed to include comparable CHAMPUS overhead costs (as described above), IDA's findings on this issue may be fatally flawed resulting in the direct care system being more expensive than CHAMPUS.

Qualitative Reasons Why MTFs Should be Less Expensive than CHAMPUS

The 733 Executive Report asserted five qualitative reasons explaining why the direct care system should be able to provide care at less cost than CHAMPUS (Lynn 1994, p. 5).

First, MTFs provide care in what are usually more austere settings than those found in civilian facilities -- fewer private rooms, telephones, and simpler amenities (Ibid.). Nevertheless, MTFs must comply with all the other private sector standards to satisfy the Joint Commission on Accreditation of Healthcare Organizations, Occupational Safety and Health Administration, National Electrical Codes, etc..

Second, with notable exceptions, the military system is under less pressure to adopt unproven technologies, thereby slowing the pace of technology-induced growth in total costs (Ibid.). Some of the notable exceptions include military medical centers which must maintain the most current technologies to

sustain graduate medical education (GME) programs, Certifications under the Joint Commission on Accreditation of Health care Organizations, etc..

Third, DoD is relieved from financial responsibility when malpractice claims are upheld in court (Ibid.). Tort-related judgements against the United States are paid by a different branch of the Government and the costs of the judgements are not charged back to DoD or to the MEPRS cost accounting system. When comparing MTF costs to CHAMPUS costs, it is important to distinguish between institutional liabilities and physician liabilities.

The CHAMPUS DRG payment reimburses a hospital for its inpatient operating costs, including "malpractice insurance costs related to services furnished to inpatients," Infra. It is at this point that hospital-furnished services must be distinguished from physician-furnished services. Hospital furnished services include, for example, the duty to protect the patient from a foreseeably dangerous situation which might proximately cause the patient to slip and fall and sustain injury. Physician furnished services include, for example, the duty to perform a surgical procedure in a good and reasonable manner consistent with the standards of the profession.

Applying the foregoing distinctions, physician-based malpractice costs should not be considered in an MTF-to-CHAMPUS

cost-comparison methodology. Hospital-based medical malpractice costs are relevant, but are believed to represent a very small percentage of the total medical malpractice costs to DoD.

Fourth, DoD is responsible for almost no indigent care (Ibid.). Two local exceptions include Wilford Hall USAF Medical Center and Brooke Army Medical Center, San Antonio, Texas. Both of these military medical centers provide substantial amounts of indigent care for San Antonio, Texas. During fiscal year (FY) 1993, for example, if the proposed methodology recommended herein is applied, Wilford Hall USAF Medical Center admitted 655 civilian emergency cases valued at \$5 million, Infra. There are other exceptions throughout the Department of Defense Military Health Services System.

Fifth, because DoD physicians are in essence salaried employees and not contractors within the hospital system, there is far less economic incentive for DoD doctors to prescribe greater amounts of testing and treatment (Ibid.). In today's competitive managed care environments, the economic incentives which used to encourage civilian physicians to prescribe greater amounts of testing and treatment than their DoD counterparts are steadily decreasing, reducing the significance of this advantage.

These five advantages, however, are insufficient to permanently sustain the direct care system's budgetary advantage in the absence of consistent spending habits and adequate

utilization management programs within the MTFs. If the MTFs' cost accounting systems and utilization management programs are not as reliable and as effective as those in the private-sector, the above-described advantages could be insufficient to compensate for the MTFs' higher spending rates.

Description of DoD's New TRICARE Managed Care System

The challenges of constrained budgets and manpower reductions carry significant impact for the everyday delivery of health care to military beneficiaries (Joseph 1994, p. 8). Consistent with the congressional direction requiring the military to implement managed care initiatives, DoD is meeting these challenges by actively executing management programs to improve the efficiency and effectiveness of the military health services system (Ibid.).

The new management programs are intended to bring about significant and far-reaching changes in how the military health services system operates (Ibid.). Most significant among the management programs is the organizational realignment of military health care delivery in the United States (Ibid.).

Capitalizing on the renewed impetus for joint service cooperation and integrating the CHAMPUS program with the military MTFs, DoD's objective is to eliminate the distinction between the quality and financing of care in the direct care system and CHAMPUS (Ibid.). This realignment is intended to achieve a

"seamless" military health care delivery system for DoD and its beneficiaries (Ibid.).

Realignment actions have resulted in DoD establishing twelve (12) newly configured DoD health care regions (Ibid., p. 9). Each region functions under the guidance of a designated military medical center serving as lead agent (Ibid.). The lead agent is responsible for coordinating the development of a regional, joint-service health plan and administering the managed care support contract for the entire region (Ibid.). Region-wide coordination in planning is considered to be a giant step forward in the delivery of more cost-effective and more effectively managed care for DoD beneficiaries (Ibid.).

The structure of DoD's managed care program complies with congressional directions to establish a uniform, triple-option set of benefits for eligible beneficiaries that will offer stable and comprehensive health care coverage, improve beneficiary access, preserve provider choice for all non-active-duty participants, and contain overall DoD health care costs (Ibid.).

DoD's new health care initiative is called TRICARE (Ibid.). The TRICARE benefit package offers beneficiaries a triple-option: TRICARE Prime, TRICARE Extra, and TRICARE CHAMPUS (Ibid.). It is no accident that these names are remarkably similar to those used in the CHAMPUS Reform Initiative, Supra.

TRICARE Prime is a health maintenance organization-like

option in which beneficiaries voluntarily enroll (Ibid.). The heart of each military HMO will be a military MTF, augmented as needed with health care services provided by the regional support contractor (Ibid.). This option provides primary care managers and "health care finders" who will refer patients to military medical facilities or, when care is not available in the MTF, to civilian providers under contract to DoD (Ibid.).

TRICARE Prime is designed to effectively utilize military health care assets and to minimize the beneficiaries' out-of-pocket expenses (Ibid.). The benefit and cost-share package for this option is not finalized (Ibid.). DoD is closely examining the design of this benefit to ensure use of what was learned from the evaluation of the CHAMPUS Reform Initiative demonstration in California and Hawaii (Ibid.). DoD is concerned about the design's effect on the total cost of the option (Ibid.).

TRICARE Extra is the second option and is a preferred-provider option, where beneficiaries choose to remain eligible for the Standard CHAMPUS benefits package; however, when they receive care from a network provider, they will pay a reduced cost-share compared to TRICARE Standard (Ibid.).

TRICARE Standard is the third option. This option will be the traditional non-enrolled standard CHAMPUS (Ibid., p. 10). With this option, beneficiaries will continue to have their

choice of providers; however, their cost-shares are the greatest of all the options (Ibid.).

DoD openly admits, however, that they have an unresolved dilemma in attempting to establish a uniform benefit that is less costly for the beneficiaries, while, at the same time, effectively contains the Government's total costs in an amount equal to today's combined Standard CHAMPUS and direct care system cost (Ibid.).

The United States Government Accounting Office (GAO) concurs with DoD's concerns over the potential financial future of the TRICARE System. During testimony provided to the House Subcommittee on Military Forces and Personnel, GAO's Director of Federal Health Care Delivery Issues, testified:

Analyses that the Congressional Budget Office (CBO), DoD, and we have conducted to date show that it is uncertain whether TRICARE will be a more cost-effective delivery method when compared to the combination of the direct care system and the CHAMPUS program or to the CHAMPUS Reform Initiative that the Department conducted between 1988 and 1993 in California and Hawaii.

As presently established, TRICARE's benefits package (the health care services covered) is uniform for all beneficiaries -- an objective that the Department has sought to achieve for some time. On the beneficiary cost-sharing side, TRICARE's HMO option imposes, for the various categories of nonactive-duty beneficiaries, small enrollment fees and generally modest point-of-service cost-sharing requirements for care received from civilian providers. However, only nominal cost sharing is required for inpatient care,

and no cost sharing is required for outpatient care that these beneficiaries receive from military facilities.

The lack of such a medical care cost-sharing requirement -- particularly for outpatient care -- may be the key factor in determining whether TRICARE will be cost effective. This is because, as the research of RAND and others has shown, beneficiaries' use of health care services increases as their contribution to the cost of that care decreases. We have testified before, and continue to believe, that DoD should impose some cost sharing in military facilities for dependents and that the Congress should consider authorizing DoD to impose a medical care cost-sharing requirement on retirees for care received in those facilities . . . The issue of cost sharing is controversial with military beneficiary groups. Many military members, retirees, and their families believe that they were promised free health care for life and that requiring cost sharing of any kind for dependents and retirees represents the Government's reneging on that promise. This belief is especially held about care received in military facilities. By imposing medical care cost sharing in military facilities, DoD would have the opportunity to simultaneously reduce the cost-sharing requirements for care received in the civilian sector. Thus, it could even out the cost-sharing requirement so that beneficiaries could be referred to the care setting that makes the most sense from a medical standpoint (Baine 1994, p. 4).

Description of the CHAMPUS System

On 1 October 1987, the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) began reimbursing hospital services under a CHAMPUS Diagnosis Related Group (DRG) Payment System (CHAMPUS Policy Manual). This system was modeled after

Medicare's Prospective Payment System (PPS) and affected hospitals which are DRG payable under the Medicare System (Ibid.).

Between its inception in 1987 and today, there have been numerous updates to the CHAMPUS DRG-Based Payment System that have had a direct effect on civilian hospital reimbursements. Changes to this system and other payment methodologies are published in the Federal Register (FR), followed by changes to the CHAMPUS Policy Manual.

The term "CHAMPUS allowable charge", hereinafter referred to as "allowable charge" or "amount allowed," is the maximum amount CHAMPUS will authorize for medical and other health services furnished by physicians, medical groups, professional providers, independent laboratories, suppliers of ambulance services, suppliers of durable medical equipment, medical prostheses, and institutional care in inpatient medical treatment facilities (CHAMPUS Policy Manual, Chapter 3, section 1.1, DoD 6010.8-R, Section G).

The allowable charge is the lowest of: 1) the actual billed charge, 2) the prevailing charge (or the amount derived from a conversion factor) made for a given procedure or DRG, adjusted to reflect local economies, or 3) the maximum allowable prevailing charge established by the application of the Medicare Economic

Index (MEI), reductions in maximum allowable charge levels for overpriced procedures, and freezes (Ibid.).

Unless otherwise excepted, prevailing charges were developed on a nationwide, non-specialty basis and were set at the 80th percentile of charges made for a given procedure or DRG during the base period. The term "non-specialty" means that there is to be no distinction between types of physicians, although separate profiles are to be developed for different classes of providers (e.g., physicians and non-physicians, and teaching and non-teaching facilities). Nationwide prevailing charges and maximum allowable prevailing charges (MAPC) are adjusted to reflect local economic conditions through the application of Medicare geographic adjustment factors (GAF) (Ibid.).

In 1972, in response to concerns about rising physician fees reimbursed under Part B of the Medicare Program, Congress mandated that an additional fee limit be included in the calculation of "reasonable charges." Under Section 224 of the Social Security Act Amendments of 1972 (public Law 92-603), the prevailing charge--an amount equal to the maximum reasonable charge allowed physicians for a specific procedure in a specific locality--could exceed the July 1972 through June 1973 prevailing charge only by an amount reflected by an index of changes in physicians' operating expenses and earning levels. This index is known as the Medicare Economic Index (MEI).

Under Medicare, in the case of physicians' services only, annual increases in prevailing charges are provided to account for inflation, but only to the extent that there are updates in the MEI. The MEI updates have progressively increased the initial prevailing charge level that was established for the (then) fiscal year ending June 30, 1973 (CHAMPUS Policy Manual, Chapter 3, Section 1.3).

Following the Medicare framework, Implementation of the CHAMPUS DRG-Based Payment System was effective for hospital admissions occurring on or after October 1, 1987. The Department of Defense Authorization Act of 1984, amended Title 10, Section 1079 (j) (2) (A), provided CHAMPUS with the statutory authority to reimburse institutional providers based on diagnosis-related groups (DRGs). Specifically, the legislation provided that 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 Title XVIII of the Social Security Act [Medicare]" (Ibid., page 6.1.A.1).

On April 7, 1986, the President signed the Consolidated Omnibus Budget Reconciliation Act which contained a provision requiring hospitals which participate in Medicare to also participate in the CHAMPUS System for payment of inpatient services (Ibid.). Because of questions regarding the effect of this provision, the legislation was amended by Public Law 99-514,

Section 1895 (B) (6), which was signed by the President on October 22, 1986.

This amendment required all providers participating in Medicare to also participate in CHAMPUS for inpatient services occurring on or after January 1, 1987. As a result, if a CHAMPUS provider or Fiscal Intermediary encounters a hospital which refuses to participate or bills the beneficiary for amounts in excess of the DRG-based payment amount, the CHAMPUS provider or Fiscal Intermediary is encouraged to notify OCHAMPUS, Office of Program Integrity, for appropriate action (Ibid.).

Unless otherwise directed in Chapter 3 of the CHAMPUS Policy Manual, reimbursement for all institutional providers shall follow the procedures set forth for hospitals in Section 6.1.A. of the CHAMPUS Policy Manual (Ibid., page 5.1.1). According to Chapter 3, the CHAMPUS DRG-Based Payment System applies only to hospitals (Id, page 6.1.B.1). Under the CHAMPUS DRG-Based Payment System, payment for the operating costs of inpatient hospital services furnished by hospitals subject to the system is made on the basis of prospectively determined rates and applied on a per discharge basis using Diagnosis Related Groups (Ibid.).

DRG payments include an allowance for indirect medical education costs, with additional payments authorized for capital costs, direct medical education costs, and the three types of outliers (long-stay, cost, and short-stay outliers) (Ibid.).

Under the CHAMPUS DRG System, a hospital may keep the difference between its prospective payment rate and its operating costs incurred in furnishing inpatient services, and is at risk for operating costs that exceed its payment rate (Ibid.).

Additionally, the CHAMPUS System does not provide for the payment of a "disproportionate share" reimbursement which is available under the Medicare System. This issue is discussed further under the "Teaching Factor" section of the computation methodology, Infra.

As indicated, the CHAMPUS DRG-Based Payment System is modeled after the Medicare PPS which was implemented October 1, 1983. Although many of the procedures in the CHAMPUS DRG System are similar or identical to the procedures in the Medicare PPS, the actual payment amounts, DRG weights, and certain procedures are different (Ibid.). This is necessary because of the differences in the two programs, especially in the beneficiary population. While the vast majority of Medicare beneficiaries are over age 65, CHAMPUS beneficiaries are considerably younger (exclusively under age 65) and are generally healthier. Moreover, some services, notably obstetric and pediatric services, which are nearly absent from Medicare claims, comprise a large part of CHAMPUS services (Ibid.).

The Office of CHAMPUS (OCHAMPUS) uses a "Grouper" program to classify specific hospital discharges within DRGs so that each

hospital discharge is appropriately assigned to a single DRG based on essential data abstracted from the inpatient bill for that discharge.

For all admissions prior to April 1, 1989, the Health Care Financing Administration (HCFA) Grouper is used.

For all admissions occurring on or after April 1, 1989, the CHAMPUS Grouper, developed by Health Systems International, is to be used (Ibid., page 6.1.B.2).

Wilford Hall Medical Center uses the CHAMPUS DRG Grouper to group all of its inpatient admissions. Wilford Hall's Automated Quality Care Evaluation Support System (AQCESS) computer system automatically applies the CHAMPUS Grouper to all inpatient admissions.

The DRG classification of a particular discharge is based on the patient's age, sex, principle diagnosis (that is, the diagnosis established, after study, to be chiefly responsible for causing the patient's admission to the hospital), secondary diagnoses, procedures performed, and discharge status. For neonatal claims (other than newborns), the DRG is also based on the newborn's birth weight, surgery, and the presence of multiple, major, and other problems which exist at birth (Ibid.).

Each discharge is assigned to only one DRG that is related to the patient's principal diagnosis, regardless of the number of conditions treated or services furnished during the patient's

stay (Ibid., page 6.1.B.4). Two exceptions apply to this general rule.

The first exception occurs when the discharge data submitted by the hospital results in the assignment of a DRG which needs to be reviewed for coverage (e.g., DRG 380, abortion without dilation and curettage, which does not currently meet the CHAMPUS requirements for coverage). Although DRG 380, abortion, is not covered, the claim must be reviewed to determine if other diagnoses or procedures which were performed concurrently with the abortion were covered by CHAMPUS. If other covered services were concurrently provided, CHAMPUS will change the principal diagnosis to the most logical alternative covered diagnosis, delete the abortion diagnosis, regroup the claim, and make payment based on the regrouped DRG (Ibid., page 6.1.B.5).

For example, if a tubal ligation was also performed concurrently with an abortion, CHAMPUS would change the principal diagnosis to that for a tubal ligation and delete the abortion from the procedures performed. CHAMPUS would then make payment based on the tubal ligation. On the other hand, if no other covered services were rendered during the abortion, the claim would be denied, and all related ancillary and professional services which were submitted separately would also be denied (Ibid.).

The second exception occurs when the discharge data

submitted by the hospital shows a surgical procedure that is unrelated to the principal diagnosis. Procedurally, CHAMPUS develops the claim to assure that the data are not the result of miscoding by either the hospital or the Fiscal Intermediary. The CHAMPUS development procedures require a medically trained second level reviewer to determine that the procedure is a valid surgical procedure supported by the services billed and a valid medical condition unrelated to the principal diagnosis. This review does not require a medical records audit unless the review indicates that the claim may be invalid. Where the procedure and the medical condition are supported by the services, and the procedure is unrelated to the principal diagnosis, the claim is assigned to DRG 468, Unrelated Operating Room (OR) Procedure (Ibid., page 6.1.B.4).

Under the CHAMPUS DRG-Based Payment System, hospitals are paid a predetermined amount per discharge for inpatient hospital services furnished to CHAMPUS-eligible beneficiaries (Ibid., page 6.1.C.1). Except for interim claims submitted for qualifying outlier cases, all CHAMPUS claims reimbursed under the CHAMPUS System are to be priced as of the date of discharge and are to use the rules, weights, and rates in effect on that date regardless of when the claim is submitted (Ibid.).

The DRG-based payment for inpatient hospital services is the total CHAMPUS payment for the inpatient operating costs incurred

in furnishing services covered by CHAMPUS (Ibid., page 6.1.C.2). The prospective payment amount is payable for each stay during which there is at least one covered day of care, except as is provided for short-stay outliers. Thus, certain items that are related or incidental to the treatment of the patient, but which might not otherwise be covered, are included in the DRG-based payment (Ibid.).

For example, patient education services, such as nutrition counseling, are not covered by CHAMPUS; but, if nutrition counseling is provided incident to covered services, they are considered to be included in the DRG-based payment. The hospital cannot bill the beneficiary for the services, since they are included in the overall treatment regimen for the admission (Ibid.). At the same time, CHAMPUS is not to reduce the DRG-based payment simply because some non-covered services were rendered.

Additionally, in those cases in which the hospital obtains certain services from another hospital (e.g., computerized tomography services) no additional payment is to be made to either hospital for the technical component of the services (Ibid.). The technical component is to be considered part of the DRG-based payment, and it is the discharging hospital's responsibility to make suitable payment arrangements with the other hospital providing the services. Of course, the

professional component of such services can be billed separately by the second hospital (Ibid.).

Accordingly, the CHAMPUS-Based Payment System provides a payment amount for inpatient operating costs which include the following items:

- 1) Operating costs for routine services, such as the costs of room, board, therapy services (physical, speech, etc.) and routine nursing services as well as supplies (e.g., pacemakers) necessary for the treatment of the patient
- 2) Operating costs for ancillary services, such as radiology and laboratory services furnished to hospital inpatients (the professional component of these services is not included and can be billed separately)
- 3) Take-home drugs for less than \$40.00
- 4) Special care unit operating at costs
- 5) Malpractice insurance costs related to services furnished to inpatients (Ibid., page 6.1.C.3).

The list of services that are reimbursed by CHAMPUS, but not under the DRG-Based system, are:

- 1) Services provided by hospitals exempt from the CHAMPUS system (primarily those which do not participate in Medicare, and psychiatric hospitals, rehabilitation hospitals, alcohol/drug hospitals, children's hospitals, long-terms care hospitals, sole community hospitals, Christian Science sanitariums, cancer hospitals, hospitals outside the fifty states, District of Columbia, and Puerto Rico)
- 2) All services related to kidney acquisition, including the costs of the donor's inpatient stay at Renal Transplantation Centers
- 3) All services related to a heart transplantation which would otherwise be paid under DRG 103

- 4) All services related to liver transplantation when the transplant is performed in a CHAMPUS-authorized liver transplantation center and which would otherwise be paid under DRG 480 (this includes ICD-9 Surgical Procedure Number 50.59)
- 5) All services provided by hospital-based professionals (physicians, psychologists, etc.) which, under normal CHAMPUS requirements, would not be billed by the hospital (note: this does not include any physical therapy services, speech therapy services, etc., since these are included in the DRG payment). However, for any radiology and pathology services provided by hospital-based physicians, any related non-professional (i.e., technical) component of these services are included in the DRG-based payment and cannot be billed separately
- 6) All services provided by nurse anesthetists
- 7) All outpatient services related to inpatient stays
- 8) All services related to discharges involving pediatric bone marrow transplants (beneficiary less than 18 years old upon admission) which would otherwise be paid under DRG 481 (this includes ICD-9-CM diagnosis code V42.8 - which are ICD-9 codes 41.0 and 41.91)
- 9) All services related to discharges involving children (under 18 years old at time of admission) who have been determined to be HIV seropositive (this includes ICD-9 CM diagnosis codes 042 - 044, and 795.8)
- 10) All services related to discharges involving pediatric cystic fibrosis (in children under 18 years old at time of admission)
- 11) The costs of blood clotting factor for hemophilia inpatients (Ibid., pages 6.1.D.2 - 6.1.D.19).

In terms of geographical application, the CHAMPUS DRG-Based Payment System applies to hospital services in the fifty states, the District of Columbia, and Puerto Rico. The DRG-based system

is not applicable to hospital services outside the fifty states, the District of Columbia, or Puerto Rico (Ibid., page 6.1.D.1).

Description of the Medical Expense and Performance Reporting System

Military MTFs operating within the DoD Military Health Service System (MHSS) use the same medical accounting program to collect and to distribute operating expenses. The uniform accounting system is called the Medical Expense and Performance Reporting System (MEPRS). All the information represented herein is extracted from Chapter 3 of the MEPRS Manual.

The MEPRS System applies various accounting methodologies and procedures to transform manpower, expense, and workload data collected by functional work centers into meaningful management reports (See MEPRS Manual, Chapter 3). For the purposes of this study, understanding the general expense assignment (stepdown) methodology will be the most relevant aspect presented. It is important to mention at this point, however, that MEPRS does not charge medical readiness (wartime preparedness) expenses to inpatient or outpatient activities. Accordingly, the inpatient expenses reported by MEPRS reflects the actual medical services provided to the patients.

Medical expenses directly attributable to only one operating expense account (e.g., medical supplies for the obstetrical ward) are charged directly to the account without undergoing the

expense assignment (stepdown) process. These expenses are sometimes referred to as "direct costs."

Expenses which are not directly attributable to only one operating expense account must be distributed between the affected accounts. These expenses are sometimes referred to as "indirect costs." The process of distributing expenses between two or more affected accounts is known as the expense assignment (stepdown) process. For example, medical expenses incurred in the intermediate operating expense accounts (e.g., ancillary services and support services) provide services to numerous medical departments within the MTF. The cost of those shared services need to be proportionately distributed to the users so that the activities of the users can be summarized and ultimately charged to the final operating expense accounts. The intent of the expense assignment (stepdown) system is to provide medical managers at all levels with the resource utilization information necessary for decision-making. The method used to proportionately distribute expense elements among the numerous users is known as the expense assignment (stepdown) process.

The assignment methodology, referred to as the "stepdown" process, uses five sequential steps. The five sequential steps are listed below and will be discussed, in detail, in the order in which they are listed:

Step 1 - Manpower data collection and processing

Step 2 - Assignment of expenses and workload recording

Step 3 - Pre-stepdown purification of expenses

Step 4 - Assignment of intermediate operating expense accounts and indirect cost pools

Step 5 - Post-stepdown purification of final operating expense accounts

Step 1: Manpower Data Collection and Processing

The first step in the expense assignment (stepdown) process is "manpower data collection and processing". This step has two primary activities and two substeps. The two primary activities are: 1) the general manpower procedures, and 2) the specific procedures. Within the "specific procedures" activities, there are two substeps: 1) determination of full-time equivalents (FTEs), and 2) determination of salary expense.

General Manpower Procedures Activity. The General Manpower Procedures Activities occurring within the organizational units must be accurately recorded if the processed data is to produce any meaningful information. Accurate time keeping of the exact number of hours each employee works in each work center is vital. Accurate accounting of all the employees' available and nonavailable hours is also vital to the success of this accounting program. The reliability of the MEPRS system is contingent on the accuracy of the information being fed into it. If inaccurate manpower data information is fed into the MEPRS System, MEPRS will inaccurately distribute the expenses resulting

in artificially high and low work center costs resulting in compromised decision-making.

Work center supervisors are tasked to understand and to comply with the basic rules and principles of collecting and reporting manpower utilization data. Each day, work center supervisors are to record the hours worked by each employee which contributed to the completion of any functional work in the supervisor's work center.

Personnel resources contributing to the completion of work in any work center may include assigned personnel, detached personnel, detailed, borrowed, contracted, volunteers, etc. Work center supervisors must account for all available and nonavailable hours (time spent on leave, sick leave, TDY, meetings, etc.) of personnel contributing to their work center. Thus, if an employee is assigned to work in three different work centers during the course of one day, the exact amount of time worked in each work center must be separately collected and accurately reported.

The combination of available (worked) hours and nonavailable (absent for the assigned work center) hours are known as "utilized hours." Utilized hours are collected and reported by grade (rank of the employee) and the employees' status (active duty, civilian, contractor, etc.).

The various time sheets of all the employees working in each

work center are collected and tallied to calculate the number of full-time equivalent (FTEs) personnel which contributed to the activities of the work center during the accounting period. On the average, one FTE represents 168 utilized-hours each month.

Utilized manpower, expressed in monthly FTEs, are recorded for each work center. FTEs are reported by skill category. Generally, there are five principle skill categories. The total personnel utilized by a work center is a simple summation of the utilized hours of the five skill categories listed below:

- Skill Category 1 - Clinicians (physicians and dentists, including interns and residents).
- Skill Category 2 - Direct Care Professionals (individuals, other than clinicians, which are licensed or certified to deliver health care. They consult with other health care professionals to assess, plan, and implement an effective treatment program).
- Skill Category 3 - Direct Care Paraprofessionals (includes individuals, other than clinicians, direct care professionals, and registered nurses, skilled to provide technical assistance in direct patient care).
- Skill Category 4 - Registered Nurses (all registered nurses except those who are being utilized as nurse practitioners, nurse anesthetists, and nurse midwives. These exceptions are accounted for in the direct care professionals category described above).
- Skill Category 5 - Administrative/Clerical/Logistics (all personnel utilized at the facility but not involved in direct patient care).

Specific Procedures Activity. The Specific Procedures Activity requires two substeps. The first substep is the determination of FTE work-months to be charged to each operating expense account. The second substep is the distribution of personnel expense. The second substep is necessary to determine the assignment of the command, management, and administration account expenses and to determine the personnel expense of the military personnel appropriate for each operating expense account.

Substep 1 - Determination of FTE. All personnel are included in the MTF's FTE calculation except: a) civilian personnel in unpaid absence status and direct and indirect hire of foreign national employees, b) civilian employees paid from nonappropriated funds (NAF), and c) loaned personnel.

Labor hours from "loaned or borrowed employees" is counted by the using work center supervisor. Loaned work-hours are not required to be counted by the loaning work center, but may be recorded as a check to ensure the receiving work center accounted for the borrowed labor, and also to preclude inadvertent double counting.

In MTFs where work centers require a combination of accounts, work-hours are divided among the accounts based on a ratio of the performance factor for each account to the total performance factor for the work center. For example, on an

inpatient ward that produced 50 bed days, comprised of 40 "medical" bed days and 10 "surgical" beds days, the work-hours would be divided such that 80 percent of the worked-hours would be charged to the "medical" account and 20 percent would be charged to the "surgical" account.

Work-hours for contract personnel are credited to the work center in which the contract employee provides service. If actual work hours cannot be determined, an estimate will usually be used. This provision also applies to contract surgeons.

Physician and dental residents (student personnel) attending their second or later years of postgraduate training are charged 50 percent to the "student" expense account and the remaining 50 percent is charged to the account where the patient care was provided.

Residents working in the facility that are within their first two years of postgraduate training have all of their work-hours charged to the "student" expense account.

For "all other" (non-physician) students whose curricula requires a predominance of classroom training, all of their work-hours are charged to the "student" expense account.

For "all other" (non-physician) students whose primary duties require the performance of tasks normally performed by permanently assigned personnel, 50 percent of their work-hours is

charged to the "student" expense account and the other 50 percent is charged to the appropriate work center.

Reservist work-hours are charged to the appropriate work center where they are performing assigned tasks and duties.

Substep 2 - Determination of Salary Expense. The second substep distributes the personnel expenses to the accounts they support. The distribution is made according to the number of hours worked and the dollar value of the worked-hours for each employee.

The personnel expense for a civilian employee is the total amount of Government funds obligated as a result of the employment of that civilian employee during the month. These financial obligations include basic salary, incentive and hazard pay, Government contributions to benefits (retirement, etc), overtime, termination payments, etc.

The personnel expense for a military member is a single preset amount unique for that military member's grade (rank) and Military Department (Army, Navy, Air Force, etc.) as is prescribed by the DoD Annual Composite Standard Rate Table.

The preset amount for military members includes accrual expenses for military retirement benefits, but excludes actual incentive pays and bonuses paid to physicians, dentists, and other qualified professions. Furthermore, "the variance between actual military pay and personnel expense computed from the DoD

Annual Composite Standard Rates Tables shall be ignored for the cost reporting" (See MEPRS Manual, Chapter Three, p. 3-6).

Contract hours are also excluded from salary expenses determination, since these costs are included in the total contract costs.

Step 2 - Assignment of Expenses and Workload Recording

All nonpersonnel Operations and Maintenance (O&M) Appropriation expenses for MTFs are assigned to the intermediate and final operating expense accounts for later use during the expense assignment (stepdown) process. Costs for modernizing or replacing investment equipment (costing more than \$25,000) that are funded from other procurement appropriations which support an MTF are depreciated on a straight line basis using an 8-year moving average and assigned as indirect expenses during the stepdown reassignment process, rather than as a direct expense at the time of acquisition (See MEPRS Manual, p. 3-6).

Step 3 - Prestepdown Purification of Expenses

Many of the costs that were distributed (charged) to Support Services and Ancillary Services accounts during the stepdown process were prorated based on a unit of service or other "performance factor." The distribution of these prorated costs can be made manually before stepdown (in this step - Step 3) or they can be distributed using the stepdown process in the next step (Step 4).

To determine when expenses should be distributed or "transferred," the following question is asked: "Should the expenses transferred include overhead?" If the answer is "no," the expenses are transferred manually using this Step (Step 3). If the answer is "yes," the stepdown process in the next step (Step 4 - Assignment of Intermediate Operating Expense Accounts and Indirect Cost Pools) should be used.

Step 4 - Assignment of Intermediate Operating Expense Accounts and Indirect Cost Pools

After Step 3 (Prestepdown Purification of Expenses), all the expense and performance data sets applicable to each operating expense account affecting the operation of the MTF are complete and ready for stepdown. The expense and performance data sets are necessary to proceed to the assignment of expenses from the intermediate operating expense accounts (Ancillary Services and Support Services) and indirect cost pools (wards and clinics).

The stepdown method gives recognition to the important fact that the services rendered by certain intermediate operating expense accounts are utilized by certain other intermediate operating expense accounts. The aggregate expenses in an intermediate operating expense account are assigned to those other intermediate operating expense accounts that utilize its services, as well as to the final operating expense accounts to which it renders service.

Once the expenses of an intermediate operating expense account have been assigned, MEPRS closes that account. Being closed, it will not receive any portion of the expense of the other intermediate operating expense accounts whose expenses are yet to be assigned. Technically, MEPRS is a "single step-down" method, because each cost center is closed out sequentially after its costs have been allocated.

MEPRS uses a separate assignment process to assign costs that have been accumulated in indirect cost pools, such as mixed wards and clinics. These indirect cost pools are pseudofinal operating expense accounts in that they have assigned to them the expenses from all support services accounts except depreciation. The assignment of all ancillary service accounts are assigned directly to subspecialty accounts except depreciation.

The assignment of all ancillary service accounts are assigned directly to final work center accounts except bulk pharmacy, clinic issues, central sterile supply, and central materiel service accounts. These indirect cost pools are assigned after the support and ancillary accounts have been assigned through the stepdown process. The accumulated expenses are then assigned based on a ratio of workload generated by each receiving account (subspecialty) to the total workload of the indirect cost pool. Although the workload measures may vary, most inpatient workload is measured by inpatient bed day. Others

include, for example, number of minutes in the operating room, etc.

The assignment sequence for closing the operating expense accounts follows the general principle that the intermediate operating expense accounts that "render" the most service to other work centers (intermediate and final operating expense accounts) are assigned first and the intermediate accounts that "receive" the most services from others are assigned last (See MEPRS Manual, p. 3-8).

Step 5 - Poststepdown Purification of Final Operating Expense Accounts

Many of the final operating expense accounts require expenses charged to an account to be prorated to another account based on a performance factor or other unit of service. This final step provides for the required purification of expenses to their final destination accounts completing the expense assignment process. The complete list of accounts and the performance factors used to prorate intermediate and final operating account expenses to the final destination operating accounts is provided in Appendix 11.

Accounts requiring particularly close review are:

- 1) Inpatient Care Accounts - to ensure appropriate expenses are transferred to Special Programs Accounts, such as, clinical investigations, training and educational programs, aeromedical

staging facilities, transient patient care, patient movement expenses, and medical readiness accounts; and,

2) Ambulatory Car Accounts - to ensure appropriate expenses are transferred to Special Programs Accounts, such as, continuing health education, health care services support, patient transportation, immunizations, and ophthalmic fabrication and repair.

This completes the general discussion of the various key components of MEPRS System.

Historically, the MEPRS System is praised for providing accurate information on the total cost of inpatient and outpatient operations. For the purposes of this study, the MEPRS system is relied on to provide four numbers: 1) the total cost of inpatient care during FY 1993, 2) the total inpatient clinician salary expense for FY 1993, 3) the total inpatient investment equipment expense for FY 1993, and 4) the total direct inpatient medical education expenses for FY 1993.

As indicated in an earlier section, the literature indicates MEPRS fails to capture all the costs that are believed to be directly attributable to an MTF. The list of excluded costs include facility depreciation (capital cost of the building and maintenance), central automation support, management headquarters activities, and medical malpractice claims paid and upheld in court (Draft Version of 733 Executive Report 1994, p. 25). To

compensate for these accounting deficiencies, IDA developed adjustment factors resulting in increases of 11.3 percent and 14.3 percent, respectively, in the outpatient and inpatient costs reported in MEPRS (Ibid.). For reasons stated in the section titled "Adjustments to Inpatient MEPRS Costs," (Infra.), the 14.3 percent cost additive was not applied in this study.

No Similar Inpatient Cost-Comparison Method in the Literature

After searching the literature, no studies were found that attempted to apply actual CHAMPUS reimbursement formulas to a military MTF's fixed inpatient workload as a means of estimating the magnitude and the direction of an MTF's competitiveness with the CHAMPUS system.

Previous cost-comparison studies benefitted the policy makers at DoD (their intended beneficiaries), but failed to produce a DoD approved MTF-to-CHAMPUS cost-comparison methodology empowering the medical branches of the Services and their respective MTF Commanders and Administrators toward definitive action to narrow the financial gap for those MTFs believed to be more expensive than CHAMPUS or to widen the gap for those MTFs believed to be less expensive than CHAMPUS.

Since the estimated CHAMPUS costs from this methodology are based on the patients' medical records and are estimated using the mechanics from a federal medical reimbursement program that is legislatively mandated in the Public Law, the results of this

methodology, if challenged, are designed to accommodate an audit conducted by the United States General Accounting Office and to qualify as evidence during a Congressional hearing. In the years to come, this feature may become relevant if a future study, commissioned by the Department of Defense or the Congress, recommends the closure of one or more military medical treatment facilities because of an alleged failure to successfully compete with the private sector (CHAMPUS).

PURPOSE OF THE STUDY

The purpose of this study is to demonstrate the feasibility of applying an accurate, reliable, and unbiased MTF-to-CHAMPUS cost-comparison methodology that is capable of being adopted by the Department of Defense and exported to all military MTFs, empowering the MTFs to comparably price their fiscal year 1993 inpatient workload using actual CHAMPUS reimbursement formulas and comparing the Government's CHAMPUS cost to the MTFs' actual inpatient operating expenses (excluding inpatient clinician salary expenses).

The difference between the MTFs' actual inpatient expenses and the Government's cost to perform the same workload under the CHAMPUS system represents a facility-specific benchmark against which future continuous quality improvement (CQI) activities can be developed to continuously improve the MTFs' competitiveness

with CHAMPUS and to cross-feed successful CQI activities to other MTFs struggling with that same or similar financial issue.

The feasibility of this MTF-to-CHAMPUS cost-comparison methodology is demonstrated by applying the actual CHAMPUS reimbursement formulas to the FY 1993 inpatient workload of the Air Force's largest, most diverse, and most sophisticated medical center. The difference, if any, between Wilford Hall's actual FY 1993 inpatient expenses and the Government's total estimated CHAMPUS reimbursement represents a Wilford Hall-specific benchmark against which future continuous quality improvement activities can be directed to improve Wilford Hall's competitiveness with CHAMPUS.

The principal variables in this study are: 1) the number of FY 1993 dispositions by MEPRS code, DRG, and length of stay, 2) the FY 1993 total inpatient MEPRS costs, 3) the FY 1993 total inpatient MEPRS expenses for clinician salaries, 4) the FY 1993 total inpatient MEPRS investment equipment expenses, 5) the FY 1993 total inpatient MEPRS direct medical education expenses, 6) the FY 1993 total estimated inpatient facility depreciation expense for Wilford Hall Medical Center, 7) the total FY 1993 inpatient collections collected under the Third Party Collection Program, 8) the sum of the calculated institutional reimbursements by DRG that CHAMPUS would pay to a similarly situated civilian teaching hospital as Wilford Hall for

performing the same inpatient workload that Wilford Hall performed in FY 1993, 9) the CHAMPUS cost-shares by beneficiary category that would be assigned to Wilford Hall's FY 1993 inpatient workload if the same was provided by a comparable civilian facility in San Antonio, 10) the CHAMPUS investment equipment reimbursement that would be authorized for a similarly situated civilian hospital if it had Wilford Hall's FY 1993 inpatient investment equipment expenses, 11) the CHAMPUS inpatient service direct medical education reimbursement that would be authorized for a similarly situated civilian hospital if it had Wilford Hall's FY 1993 inpatient direct medical education expenses, and 12) the CHAMPUS inpatient facility depreciation reimbursement that would be authorized for a similarly situated civilian hospital if it had Wilford Hall's FY 1993 inpatient facility depreciation expenses.

The objectives of this study are to: 1) fully understand the calculation methodologies supporting the CHAMPUS DRG-Based Payment System (e.g., the standard DRG reimbursement formula, long-stay outlier, short-stay outlier, cost outlier, capital reimbursement additive, direct medical education cost additive and, the indirect medical education cost additive for teaching hospitals), 2) successfully apply the calculation methodology in a valid and reliable manner, 3) identify the inpatient MEPRS cost elements that should be categorized as "institutional" expenses

(according to the CHAMPUS DRG-Based Payment System), 4) identify the inpatient MEPRS cost elements that should be categorized as "non-institutional" expenses because alternative reimbursement procedures exist (e.g., under CHAMPUS, physician fees and durable medical equipment are reimbursed separately from the DRG-Reimbursement formula), and 5) utilize effective computer skills to efficiently manipulate the massive amounts of data required to apply the CHAMPUS DRG-Reimbursement formula to the 27,228 admissions performed by Wilford Hall during FY 1993.

RESEARCH METHODS AND PROCEDURES

Methodology to Calculate CHAMPUS DRG-based Reimbursements

To perform the series of 65 calculations necessary to determine the CHAMPUS allowable charge for each inpatient disposition performed by Wilford Hall during FY 1993, four interrelated formulas are computed. The four interrelated CHAMPUS formulas are: 1) the simple DRG calculation, 2) the long-stay outlier, 3) the cost outlier, and 4) the short-stay outlier. Each of the four formulas were published in the June 22, 1992 issue of the CHAMPUS Fiscal Intermediary Newsletter from Wisconsin Physician Services (WPS) (See Appendix 1). Wisconsin Physician Services processes all the CHAMPUS bills for the Central United States, including Texas.

Information from the Federal Register is required to

identify the values of specific variables unique to each formula:

1) FY 1993 DRG weights, 2) FY 1993 labor and nonlabor amounts, 3) FY 1993 wage index for San Antonio, Texas, and 4) FY 1993 graduate medical education teaching factor from a civilian hospital comparable to Wilford Hall Medical Center (See Fed Reg, 27 Jan 93, p. 6254).

The data set displaying the four CHAMPUS formulas and the required computations to determine the CHAMPUS allowable charge for Wilford Hall's FY 1993 inpatient workload is published in five volumes (See Example, Appendix 10).

Volume I displays the basic patient data (beneficiary category, DRG, length of stay, etc), the catchment area-unique computation variables (labor amount, wage index, non-labor amounts), and the CHAMPUS DRG weights required to apply the "Simple DRG Formula" to compute the CHAMPUS "DRG Base Price." The Tri-Service Beneficiary Category Codes are used to identify Wilford Hall's FY 1993 inpatients by DoD beneficiary category (See Appendix 2).

Volume II displays the computations for determining the existence of and the value for any "long-stay outliers." According to the long-stay outlier formula, Wilford Hall had 1,035 qualifying dispositions with long-stay outliers requiring 15,149 bed days totaling \$9,843,383.

Volume III displays the computations for the first part of

the cost outlier -- the "amount charged" -- represented by the amount the Government would charge third party payors for the inpatient care provided to their insureds under the authority of the Third Party Collection (TPC) Program (10 U.S.C. Section 1095).

During FY 1993, the Third Party Collection Program asserted claims on the basis of the number of bed days the patient spent in each inpatient service. Each inpatient service has a unique MEPRS account code and a corresponding third-party collection rate unique to that service (See Appendix 3).

To determine the "amount charged," the number of bed days spent in each inpatient service is multiplied by the third-party collection rate for that service (See Appendix 3). If the patient requires the medical skills of more than one inpatient service, the procedure is repeated and the subtotals are added together to determine the total "amount charged" for each disposition.

During FY 1993, if every inpatient treated at Wilford Hall had third party insurance coverage, Wilford Hall would have asserted third party collection claims totaling \$172,882,059 (See Volume III). Considering that Wilford Hall's inpatient workload would have resulted in a CHAMPUS "amount allowed" totaling \$144,637,469 (See Volume V), and that Wilford Hall's actual inpatient MEPRS expense (including clinician salary expenses)

totaled \$149,408,912 (See Appendix 9), the FY 1993 TPC collection rates, as applied to Wilford Hall, are not believed to be "artificially low," in the aggregate.

Volume IV displays the computations for determining the existence of and the value for any "cost outliers". According to the cost outlier formula, Wilford Hall had 150 qualifying dispositions with cost outliers totaling \$2,092,132.

Volume V displays the computations for determining the existence of and value for any "short-stay outliers." Volume V also displays the CHAMPUS "amount allowed" for each Wilford Hall disposition.

According to the short-stay outlier formula, Wilford Hall had 6,507 qualifying dispositions with short-stay outliers totaling \$12,909,231. Short-stay outliers are intended to appropriately reimburse hospitals for the intense medical supplies dedicated to inpatients during the first one or two days of a DRG-based admission. If, for example, a patient expires after one day of treatment, the DRG reimbursement would be too large compared to the resources consumed. The short-stay outlier was developed to appropriately reimburse hospitals under these circumstances.

According to the outlier formulas, if a disposition has both a long-stay outlier and a cost outlier, the larger of the long-stay outlier or cost outlier is selected. Selecting the higher

of the two outliers resulted an additional equivalent CHAMPUS reimbursement totaling \$10,138,181.

The next step in the CHAMPUS formula requires that the value of the respective "outliers" be added to the "DRG Base Price" to determine an interim amount allowed for each disposition. When a short-stay outlier exists, the value of short-stay outlier is used as the interim value. The value of the short-stay outlier is not added to the "DRG Base Price".

Although the CHAMPUS DRG-based formula produces a unique value for each disposition, the interim amounts allowed (before adding the teaching factor) can be summarily displayed demonstrating the independent contributions of each type of CHAMPUS outlier, represented by the following:

Total DRG Base Price:	\$ 80,110,328
Increase From Short-Stay Outliers:	\$ 12,909,231
Increase From Higher of Long-Stay or Cost Outlier:	<u>\$ 10,138,181</u>
Interim Allowed Amount: (Excludes Teaching Factor)	\$103,157,740

In the next step, the interim amount allowed is then multiplied by the "teaching factor" to determine the total CHAMPUS amount allowed for each disposition. In the present case, the teaching factor for Medical Center Hospital, San Antonio, Texas, is used because of its close proximate value to Massachusetts General Hospital's teaching factor making it a

comparable factor from the San Antonio, Texas, catchment area,
Infra.

Multiplying Medical Center Hospital's comparable teaching factor of 1.4021 by the sum of the interim amounts allowed equals the total CHAMPUS allowable charge or "amount allowed" for Wilford Hall's FY 1993 inpatient workload. $1.4021 \times \$103,157,740 = \$144,637,469$ (See Volume V).

Additional CHAMPUS reimbursements for facility depreciation, capital assets, and direct graduate medical education expenses are computed separately in the section titled "Capital and Direct Medical Education," Infra.

The sum of the CHAMPUS DRG-based amounts allowed (allowable charges) represents the total amount of money the CHAMPUS program would allow in reimbursements to Wilford Hall Medical Center if Wilford Hall was a civilian medical facility located in San Antonio, Texas.

In performing the actual CHAMPUS calculations, CHAMPUS Fiscal Intermediaries may either round the amounts or simply truncate them to two decimal places (CHAMPUS Policy Manual, Chapter 3, Section 6.1.E, DoD 6010.8-R, Chapter 14).

The following definitions apply to all of the above-identified CHAMPUS DRG-based formulas (outlined in Exhibit 1):

1) DRG Weighting Factors. The DRG weights reflect the relative resource consumption associated with each DRG. The

weights reflect the average resources required by U.S. hospitals to treat a case classified as a specific DRG relative to the resources required to treat cases in each of the other DRGs (Ibid., page 6.1.F.1). All weights are standardized to a theoretical average weight of 1.0 which is the average weight of all CHAMPUS claims in the CHAMPUS database. In other words, this is the relative weight of the national average charge per discharge of CHAMPUS patients (Ibid.).

2) Calculation of DRG Weights. The CHAMPUS weights are derived from actual charges. They do not reflect standardization for capital or direct medical education expenses; however, the charges on which they are based are standardized for indirect medical education differences. The CHAMPUS DRG weights are discharge-weights. Specifically, the denominator used to calculate each weight represents the national average charge per discharge for the average patient (Ibid.).

3) Adjusted Standardized Amount (ASA). The ASA represents the adjusted average operating cost for treating all CHAMPUS beneficiaries in all DRGs during the database period. Depending on the size of the city or community in which the hospital is located, one of three ASAs is used: a) large urban area, b) other urban area, and, c) rural area. Each of these three areas are identified in Table 4 of Addendum 3 to Chapter 3 of the CHAMPUS Policy Manual. The ASA calculation includes a one

percent additive for bad debt expenses attributable to CHAMPUS beneficiaries (Id, page 6.1.G.3).

4) Teaching Factor. A separate standardized amount is calculated for each teaching hospital to reimburse it for indirect medical education costs. CHAMPUS does not calculate a teaching factor for military MTFs. Military MTFs must identify a civilian teaching facility which they believe best represents an equivalent institution. In Wilford Hall's case, the Deputy Commander identified Massachusetts General Hospital, Boston, Massachusetts, as Wilford Hall's equivalent teaching facility. The FY 1993 CHAMPUS teaching factor for Massachusetts General Hospital, a matter of public record, was .405439 (an additive of 40.5439 percent).

Since the Administrator at Wilford Hall was interested in what it would actually cost the Government to provide Wilford Hall's FY 1993 inpatient workload in the local community, the FY 1993 CHAMPUS teaching factor for Medical Center Hospital, University of Texas Health Science Center, San Antonio, Texas, was used in this study. Medical Center Hospital's FY 1993 CHAMPUS teaching factor was .4021 (an additive of 40.21 percent, a difference of .3339 percent when compared to Massachusetts General Hospital).

Since the CHAMPUS System does not provide a disproportionate share reimbursement (which is authorized under the Medicare

System), CHAMPUS teaching factors are significantly higher than Medicare teaching factors. CHAMPUS' higher teaching factors may represent an indirect acknowledgement of its failure to provide a disproportionate share reimbursement (citation omitted).

Determining Institutional Payments and Cost-Shares

When determining a patient's cost-share, keep in mind there are two categories of CHAMPUS beneficiaries, and the cost shares for each category are significantly different. The two categories are: 1) Dependents of active duty members, and 2) All Others. The "all other" category includes retirees, their dependent spouse and unmarried children, and the spouse and unmarried children of deceased active duty or retired members. Under certain qualifying circumstances, former spouses may also qualify as a CHAMPUS-eligible beneficiary.

During fiscal year 1993 (Oct 1, 1992 - Sep 30, 1993), dependents of active duty members had a cost-share of \$8.95 per day or a total of \$25.00, which ever was larger. All other beneficiaries had a cost-share of \$241.00 per day or 25% of the hospital's billed charges, which ever is less. The daily rates normally change on 1 October of each new fiscal year.

Some primary group health insurance plans provide for the payment of the patient's CHAMPUS cost-share. The general rule is that if the primary insurance plan actually pays an amount equal to or greater than the patient's cost-share, the patient's cost-

share is satisfied. When the primary group health insurance plan pays only the insured's cost-share, the Government remains fully obligated for its portion of the allowed amount.

The following four examples contain the four step computation used to determine how a CHAMPUS DRG claim is paid. In this first example, the patient is a retired military member who has a primary group insurance plan through his employer. He was hospitalized for a total of six days.

EXAMPLE ONE:

Hospital Billed Amount:	\$8,200.00
Paid By Primary Plan:	\$6,560.00
CHAMPUS DRG Allowed:	\$6,340.00
Patient's Cost-Share:	\$1,446.00 (6 days X \$241.00)

THE FOUR STEPS ARE AS FOLLOWS:

Step 1:	Subtract the beneficiary cost-share from the DRG allowable amount	\$6,340 - \$1,446 \$4,894
Step 2:	Subtract the amount paid by the primary group plan from the DRG allowable amount	\$6,340 - \$6,560 \$ -0-
Step 3:	Subtract the primary group plan payment from the amount billed by the hospital (or the amount the provider is obligated to accept)	\$8,200 - \$6,560 \$1,640
Step 4:	Subtract the beneficiary's cost-share from the amount billed by the hospital	\$8,200 - \$1,446 \$6,754

CONCLUSION: CHAMPUS would pay the lowest of these four steps. In the above example, Step 2 is the lowest (\$ -0-). Since the lowest amount is zero (\$ -0-), CHAMPUS would make no payment because the primary plan paid more than the CHAMPUS

allowable. Accordingly, the amount paid by the primary plan will be the only payment received and the hospital will write-off \$1,640.00 in billed charges. The patient will not have a cost-share because the primary plan paid more than the patient's cost-share.

EXAMPLE TWO: Using the same example above, if the patient did not have a primary group insurance plan, a two-step computation would be used to determine the CHAMPUS payment. When a patient does not have primary insurance coverage, use steps one and four only. Under these circumstances, the patient (retiree) would pay the \$1,446.00 cost-share, and CHAMPUS would pay \$4,894.00 to equal the DRG allowed amount, and the hospital would write-off \$1,860.00.

EXAMPLE THREE: Use the same fact pattern as in Example One above, but with one difference. In this case, the CHAMPUS DRG allowed amount is larger than the hospital's billed charge. DRG allowed: \$8,550.00 (vice \$6,340.00)

Step 1:	Subtract the beneficiary cost-share from the DRG allowable amount	\$8,550 - \$1,446 \$7,104
Step 2:	Subtract the amount paid by the primary group plan from the DRG allowable amount	\$8,550 - \$6,560 \$1,990
Step 3:	Subtract the primary group plan payment from the amount billed by the hospital (or the amount the provider is obligated to accept)	\$8,200 - \$6,560 \$1,640
Step 4:	Subtract the beneficiary's cost-share from the amount billed by the hospital	\$8,200 - \$1,446 \$6,754

CONCLUSION: CHAMPUS pays the lowest of the four steps, in this case (Step 3) \$1,640.00. This amount, added to the amount paid by the primary group insurance plan, equals a total payment of \$8,200 which is the amount billed by the hospital. The hospital bill was paid in full.

EXAMPLE FOUR: If the patient in Example Three did not have primary group insurance coverage, use the two-step computation method where only steps one and four are used. The patient would pay the \$1,446.00 cost-share, and CHAMPUS would pay

\$6,754 to equal the amount of the hospital bill. The hospital would not have to write-off any charges.

The foregoing examples demonstrate the potential impact private insurance has on the Government's CHAMPUS cost. Arguably, if military MTF's were authorized recipients of CHAMPUS payments, which they are not, DoD's Third Party Collection (TPC) Program would have a comparable "insurance impact" on the Government's payments under the CHAMPUS program. Applying this concept to the Third Party Collection Program, when a third party payment exceeds the patient's cost-share, the amount received reduces the amount of Federally Appropriated funds required to operate the military MTF. Thus, depending on the amount of the MTF's third party collection and the patient's cost-share, the comparative savings to the Government is shared unequally between the MTF and the CHAMPUS system.

To illustrate the impact the Third Party Collection Program can have on Federal Appropriations required to operate the direct care system, during FY 1993, Wilford Hall Medical Center, for example, asserted inpatient third-party collection claims totaling \$17,301,978 and collected \$6,981,483. Wilford Hall's total inpatient MEPRS expenses totaled \$149,209,618. Since Wilford Hall collected \$6,981,483 in inpatient third party collections, the Federal Government had to appropriate \$142,228,135, instead of \$149,209,618, to provide the same level of health care.

Hence, every dollar collected represented a direct reduction in Federal Government's military appropriation for health care at Wilford Hall Medical Center. Thus, third party collections are a reasonable factor to include in a cost-comparison methodology designed to determine whether an MTF is cost-effective when compared to CHAMPUS.

In the present study, if Wilford Hall had maintained disposition-specific third party collection activity, the individual collections could have been compared to the CHAMPUS-equivalent allowable charges and to the patient's cost-shares to determine the exact impact which the third party collection program would have had on the Government's total CHAMPUS-equivalent costs.

Unfortunately, disposition-specific third party collection information is not available. Accordingly, the corresponding impact of the third party collection program on the Government's total CHAMPUS-equivalent costs is estimated using the available information from Wilford Hall's Third Party Collection Clerk and the knowledge of Wilford Hall's CHAMPUS-equivalent cost-shares.

The known factors are: 1) during FY 1993, Wilford Hall collected inpatient third party collection claims that were asserted during prior fiscal years, 2) the total inpatient third party collections for FY 1993, including collection of prior year assertions, was \$6,981,483, 3) during FY 1993, Wilford Hall

asserted 2,427 third party claims for inpatient care provided during the same fiscal year, 4) considering the 2,427 claims asserted during FY 1993, 1,555 claims received a full or partial payment, 5) considering the 1,555 FY 1993 claims that received a full or partial payment, the average payment received represented 52 percent of the amount claimed ($\$5,633,419$ divided by $\$10,851,285 = .52 \times 100 = 52$ percent), 6) during FY 1993, dependents of active-duty members accounted for 6,973 dispositions at Wilford Hall with associated CHAMPUS allowable charges totaling $\$26,700,183$ and equivalent CHAMPUS cost-shares totaling $\$349,383$, 7) the Federal Government pays approximately 98.7 percent of the CHAMPUS allowable charge for all dependents of active-duty members ($\$349,383$ divided by $\$26,700,183 = .0130 \times 100 = 1.3$ percent -- payable by dependents of active-duty members), 8) if the $\$6,981,483$ collected by Wilford Hall during FY 1993 was for inpatient care provided exclusively to dependents of active duty members, and if the amount of the third party collections in excess of the patient cost-shares would be applied to reduce the Government appropriations, the third party collections would have reduced the Government's CHAMPUS costs $\$6,890,723$ ($\$6,981,483 \times 98.7\% = \$6,890,723$), 9) Wilford Hall does not maintain information distinguishing dependents of active-duty members from other CHAMPUS eligible beneficiaries involved in the Third Party Collection Program, 10) "all other"

CHAMPUS eligible beneficiaries accounted for 13,666 dispositions at Wilford Hall with associated CHAMPUS allowable charges totaling \$83,318,371 and equivalent CHAMPUS cost-shares totaling \$20,306,658, 11) the Federal Government pays approximately 75 percent of the CHAMPUS allowable charge for "all other" CHAMPUS eligible beneficiaries ($\$20,306,658$ divided by $\$83,318,371 = .2437 \times 100 = 24.37$ percent -- payable by all other CHAMPUS beneficiaries), 12) during FY 1993, the average value of a third party collection was \$3,622 ($\$5,633,419$ divided by 1,555 collected claims = \$3,622 per claim), 13) during FY 1993, the average patient cost-share of "all other" CHAMPUS beneficiaries was \$1,511 ($\$20,656,042$ divided by 13,666 beneficiaries = \$1,511 per disposition), 14) if the average patient cost-share for "all other" CHAMPUS beneficiaries is \$1,511 per disposition, and if the average claim collected under the Third Party Collection Program is \$3,622, then, on average, Wilford Hall's FY 1993 third party collections could exceed the cost-share for "all other" beneficiaries by an average of \$2,111 per disposition, representing a 58 percent reduction to the Government's CHAMPUS cost ($\$2,111$ divided by $\$3,622 = .58 \times 100 = 58$ percent).

Summarizing the known facts -- on the CHAMPUS side of the ledger -- in the absence of disposition-specific third party collection data, on average, 98.7 percent of the third party collections for inpatient care provided to dependents of active-

duty members would be applied directly to reduce the federal CHAMPUS appropriation.

On the other hand, on average, only 58 percent of the third party collections for "all other" inpatient beneficiaries might reasonably be applied to the federal appropriation to reduce the Government's total CHAMPUS costs.

Since there is no available information to suggest the actual number of third party claims for one or both of the beneficiary categories, available information supports a suggestion that the maximum corresponding CHAMPUS reduction may be somewhere between 58 to 98.7 percent of the total amount collected under the Third Party Collection Program. If a high percentage is selected, the total CHAMPUS costs will be reduced favoring the private sector. If a low percentage is selected, the total CHAMPUS costs will be reduced at a slower rate favoring the direct care system.

In the absence of information indicating the ratio or dollar value of third party claims for dependents of active duty members, this study estimates that, on average, 58 percent of Wilford Hall's third party collections may reasonably produce an equivalent reduction in the federal CHAMPUS appropriation. Since Wilford Hall's FY 1993 third party collections totaled \$6,981,483, this study estimates that the corresponding reduction

to the Government's CHAMPUS costs is \$4,049,260 ($\$6,981,483 \times 58\%$ = \$4,049,260).

Turning to the issue of excluded services, charges for services and supplies specifically excluded from CHAMPUS payments include 1) a private room accommodation differential if the private room was not medically necessary, 2) television charges, and 3) telephone charges. These expenses are the responsibility of the beneficiary (Ibid., page 6.1.J.1). Additionally, CHAMPUS will not reduce the allowable charge for these items, since the DRG-based payment is the same whether or not the items are provided. Nevertheless, hospitals are permitted to bill and to collect these charges from the beneficiary for these items (Ibid.).

Under the CHAMPUS system, the DRG amount is considered full payment for any hospital stay, regardless of the length, up to the long-stay outlier cutoff (Ibid., page 6.1.J.2). If any days of a stay are subsequently determined to be medically unnecessary and the days are the fault of the hospital (that is, the hospital/physician made no attempt to discharge the patient), the unnecessary days shall be included in the DRG-based amount, and no additional payment can be made. If the elimination of the unnecessary days causes the stay to become a short-stay outlier, CHAMPUS will recoup any excess amounts over the appropriate short-stay outlier payment (Ibid.).

On the other hand, if the unnecessary days resulted in long-stay outlier payments, the outlier payments attributable to the unnecessary days are to be recouped from the hospital, and any charges for days beyond the long-stay outlier cutoff which are deemed not medically necessary are the responsibility of the beneficiary (Ibid.).

Medically unnecessary days, which are the beneficiary's responsibility (the hospital/physician attempted to discharge the beneficiary but the beneficiary insisted on remaining in the hospital), are the responsibility of the beneficiary (Ibid., page 6.1.J.3). This applies to all such days, whether or not the long-stay outlier cutoff has been reached. It also applies to the difference between the normal DRG-based payment and the short-stay outlier payment (if it is determined the stay should have been a short-stay outlier). This study did not identify any unnecessary days.

Claims for services provided to active duty members by civilian hospitals are to be reimbursed in accordance with the same rules applicable to CHAMPUS (even though actual payment is made under the Active Duty Claims Program) (Ibid., page 6.6.1). Under the Active Duty Claims Program (Public Law 100-463, Section 8107, effective June 1, 1991), CHAMPUS Fiscal Intermediaries code, group, and price inpatient active duty DRG claims. The various Branches of the military then issue payment to the

civilian hospital based on the DRG pricing information provided by the CHAMPUS Fiscal Intermediaries (Ibid.). Payments represent the full CHAMPUS allowable charge for the identified DRG.

In this study, all active-duty inpatients and non-CHAMPUS eligible beneficiaries (e.g., civilian emergencies, Secretary of the Air Force Designees, etc) were excluded from patient cost-shares. This seems reasonable since the non-CHAMPUS eligible dispositions constitute less than 4 percent of the inpatient workload (1,030 non-active-duty, non-CHAMPUS eligible dispositions divided by 27,228 total dispositions = $.037 \times 100 = 3.7$ percent) and support what is believed to be a cost-effective graduate medical education (GME) program.

Calculated CHAMPUS cost-shares, reported herein, include consideration of a catastrophic cap which eliminates a patient's cost-share whenever a patient's cumulative contributions toward his/her CHAMPUS-provided health care exceeds the catastrophic cap during each fiscal year. During FY 1993, the catastrophic cap for dependents of active duty members was \$1,000, and \$10,000 for all other CHAMPUS eligible beneficiaries (See CHAMPUS Manual, Chapter II, Section 14.1). In this study, the available information did not include the cumulative contributions of each CHAMPUS eligible beneficiary. As a result, catastrophic caps were identified and applied only when a single admission resulted in a patient's computed cost-share exceeded \$1,000.

In the present study, analysis of Volumes I through V reveal that dependents of active duty members accounted for 6,973 dispositions and 36,304 bed days at Wilford Hall during FY 1993. The sum of their CHAMPUS allowable charges totaled \$26,700,183 and their calculated equivalent CHAMPUS cost-shares, including the effect of a catastrophic cap for each disposition, totaled \$349,383.

"All other" CHAMPUS eligible beneficiaries accounted for 13,666 dispositions and 125,804 bed days at Wilford Hall during FY 1993. The sum of their CHAMPUS allowable charges totaled \$83,318,371 and their calculated equivalent CHAMPUS cost-shares, including the effect of a catastrophic cap for each disposition, totaled \$20,306,658.

Summarizing, the combined patients cost-shares totaled \$20,656,041 ($\$349,383 + \$20,306,658 = \$20,656,041$). This cost-share amount will be deducted from the total equivalent CHAMPUS allowable charge for Wilford Hall's FY 1993 inpatient workload.

In addition, an additional \$4,049,260 will also be deducted from the total equivalent CHAMPUS allowable charge to reflect the corresponding reduction in federal CHAMPUS appropriations for Wilford Hall's FY 1993 inpatient collections under the Third Party Collection Program.

Capital and Direct Medical Education Reimbursements

The CHAMPUS DRG-Based Payment System authorizes additional reimbursements for qualified capital and direct medical education costs. To be reimbursed for allowed capital and direct medical education costs, civilian hospitals must submit an annual report to the CHAMPUS Fiscal Intermediary. Normally, these reports should be sent to the CHAMPUS Fiscal Intermediary within 30 days of the end of the hospital's Medicare reporting period (See CHAMPUS Policy Manual, Chapter 3, Section 6.1.H).

Allowable capital costs are those specified in Medicare Regulation Section 413.130, and include the following:

- 1) Net depreciation expense
- 2) Leases and rentals (including license and royalty fees) for use of the assets that would be depreciable if the provider owned them outright
- 3) Betterments and improvements that extend the estimated useful life of an asset by at least two years beyond its original estimated useful life or increase the productivity of an asset significantly over its original productivity estimate
- 4) The cost of minor equipment that are capitalized rather than charged off to expense
- 5) Interest expense incurred in acquiring land or depreciable assets (either through purchase or lease) used for patient care
- 6) Insurance on depreciable assets used for patient care or insurance that provides for the payment of capital-related cost during business
- 7) Taxes on land or depreciable assets used for patient care, and

- 8) For proprietary providers, a return on equity capital.

Allowable direct medical education costs are calculated annually by CHAMPUS based on information submitted by the inpatient institutions (Ibid., page 6.1.H.3). Such direct medical education costs are limited to teaching programs approved under Medicare Regulation Section 413.85. Payment for direct medical education costs is made annually and is calculated using the same steps required for calculating capital payments. Direct medical education costs generally include the following:

- 1) Formally organized or planned programs of study usually engaged in by providers in order to enhance the quality of care in an institution
- 2) Nursing schools; and,
- 3) Medical education of paraprofessionals (e.g., radiological technicians, etc.)

Direct medical education costs do not include any of the following:

- 1) On-the-job training or other activities which do not involve the actual operation or support, except through tuition or similar payments, of an approved education program; or,
- 2) Patient education or general health awareness programs offered as a service to the community at large.

In order to account for payments by other health insurance, CHAMPUS' payment amounts for capital and direct medical education costs are determined according to the steps listed in the paragraphs below. Throughout these calculations, claims on which

CHAMPUS made no payment, because other health insurance paid the full CHAMPUS-allowable amount, are to be excluded.

The required baseline information is as follows:

- 1) Hospital name
- 2) Hospital address
- 3) Hospital's CHAMPUS provider number (normally Tax ID Number)
- 4) Hospital's Medicare provider number
- 5) Period covered (This must correspond to the hospital's Medicare cost-reporting period)
- 6) Total inpatient days provided to all patients in units subject to DRG-based payment
- 7) Total CHAMPUS inpatient days provided in units subject to DRG-based payment (This is to be only days which were "allowed" for payment. Therefore, days which were determined to be not medically necessary are not to be included)
- 8) Total allowable capital costs
- 9) Total allowable direct medical education costs
- 10) Total full-time equivalents for:
 - a) Residents
 - b) Interns
- 11) Total inpatient beds
- 12) Title of official signing the report
- 13) Reporting date
- 14) The report must contain a certification statement that any changes to items (6), (7), (8), (9), or (10), which are a result of an audit of the provider's Medicare cost-report, will be reported to the CHAMPUS Fiscal Intermediary within 30 days of the date the hospital is notified of the change.

Applying the foregoing, Wilford Hall's FY 1993 total direct inpatient graduate medical education expenses (MEPRS code ADXA) were \$1,577,443 (See Appendix 4).

Wilford Hall's FY 1993 capital leases and rentals totaled \$393,840 (citation omitted).

Wilford Hall's FY 1993 total inpatient capitalized investment equipment depreciation expenses totaled \$3,114,168, calculated as follows (See Appendix 5):

Table 1.
FY 1993 Capital (Investment) Equipment Expense
Wilford Hall Medical Center

<u>UCA Code</u>	<u>Total Dollars</u>
CAA-511	\$ 191,262
FAD-933	\$ 82,124
FAH-818	\$ 207,376
FBD-856	\$ 45,765
All Others	<u>\$ 7,258,894</u>
Total	\$ 7,785,421

According to the Director, Medical Logistics, Wilford Hall Medical Center, 40 percent of Wilford Hall's FY 1993 depreciation expenses for capitalized investment equipment was attributable to inpatient services. Applying this 40 percent inpatient rate, Wilford Hall's FY 1993 capitalized inpatient investment equipment depreciation was \$3,114,168 ($\$7,785,421 \times .40 = \$3,114,168$).

Turning to facility depreciation, Wilford Hall's FY 1993 total inpatient facility depreciation is not captured in the MEPRS accounting system (See Draft Version of 733 Executive

Report 1994, p. 27). Accordingly, the FY 1993 inpatient facility depreciation is estimated using the real property accounting records maintained by the Lackland Air Force Base (AFB) Civil Engineering Squadron.

Copies of the real property records for Wilford Hall Medical Center are provided at Appendix 6. The real property records begin with the original construction of Wilford Hall on February 12, 1959 and continue through February 2, 1994.

Extracting the real property records, the following capitalized inpatient facility costs are identified in Table 2:

Table 2.
Inpatient Capital Construction History
Wilford Hall Medical Center

<u>Date</u>	<u>Description</u>	<u>Original Cost</u>
12 Feb 59	Hospital, Original Construction	\$ 6,270,701
5 Jun 61	Construction, T-Wing	\$ 3,302,957
11 Sep 80	Construction, 365-bed addition	<u>\$34,193,933</u>
	Total Capital Construction Costs	\$43,767,591

Table 3.
Inpatient Capital Renovation History
Wilford Hall Medical Center

<u>Date</u>	<u>Description</u>	<u>Original Cost</u>
8 Dec 81	Renovated 2nd Floor, E-Wing	\$ 317,782
7 May 82	Renovate B-Wing, Basement - 4th Floor	\$ 800,000
20 Jul 82	Renovate B-Wing, 5th - 9th Floor	\$ 4,080,296
12 May 83	Renovate T-Wing	<u>\$ 2,698,537</u>
	Total Capital Renovation Costs	\$ 7,896,615

A 50 year useful life is applied to the buildings and costs of construction. A 30 year useful life is applied to renovations. A straight line depreciation method is applied to estimate Wilford Hall's FY 1993 facility depreciation expense.

According to Table 4, next page, Wilford Hall's estimated FY 1993 total facility depreciation expense is \$1,048,618.

Table 4.
Estimated FY 1993 Inpatient Facility Depreciation Expenses
Wilford Hall Medical Center

<u>Date</u>	<u>Original Cost</u>	<u>Divided by Useful Life</u>	<u>Equals Annual Depreciation Expense</u>
12 Feb 59	\$ 6,270,701	50	\$ 125,414
5 Jun 61	\$ 3,302,957	50	\$ 66,059
11 Sep 80	\$34,193,933	50	\$ 683,878
8 Dec 81	\$ 317,782	30	\$ 10,592
7 May 82	\$ 800,000	30	\$ 26,666
20 Jul 82	\$ 4,080,296	30	\$ 136,009
12 May 83	\$ 2,698,537	30	\$ 89,951
Total Inpatient Facility Depreciation Expense			\$1,048,618

CHAMPUS payments for capital and direct medical education are calculated using to the following steps (See Appendix 7, CHAMPUS Form 109):

Step 1: Determine the ratio of CHAMPUS inpatient days to total inpatient days. In determining total CHAMPUS inpatient days, any days determined to be not medically necessary are not to be included.

In the present study, Wilford Hall had 161,849 CHAMPUS inpatient days and 171,348 total inpatient days. The ratio of CHAMPUS inpatient days to

total inpatient days is .9445 (161,849 divided by 171,348 = .9445).

Step 2: For inpatient capital costs, multiply the ratio from step 1 by total allowable capital costs. In the present study, there are three capital categories:

Leases	-	\$ 393,840	X	.9445	=	\$ 371,981
Equipment	-	\$7,785,421	X	.9445	=	\$7,353,330
Facilities	-	\$1,048,618	X	.9445	=	\$ 990,419

Inpatient Allowable Capital Costs = \$8,715,730

Step 3: For inpatient capital costs, reduce the amount from Step 2 by the appropriate (10 percent) capital reduction percentage, Infra. The product is the total CHAMPUS reimbursement for inpatient capital costs during FY 1993.

In the present study, the 10 percent capital reduction would result in a total inpatient CHAMPUS capital cost reimbursement of \$7,844,157 (\$8,715,730 - \$871,573 = \$7,844,157).

STEP 4: For direct medical education costs, multiply the ratio from Step 1 by total inpatient allowable direct medical education costs. The product is the total inpatient allowable CHAMPUS direct medical education payments for DRG discharges (note: GME has no equivalent capital reduction).

In the present study, the total CHAMPUS reimbursement for direct inpatient GME would total \$1,489,894 (\$1,577,443 X .9445 = \$1,489,984).

Required Reductions in Capital Payments

The capital percentage reductions are based on the statutory reductions for Medicare. The capital payments are prorated for the different percentage reductions based on the days in the reporting period which fall into each category. For fiscal year 1993 (1 Oct 92 through 30 Sep 93), the CHAMPUS capital reduction

was 10 percent (See Federal Register, Jan 27, 93, p. 6254). Since Wilford Hall's fiscal year falls within this same time period, the capital reduction to Wilford Hall will be 10 percent.

In the private sector, if the indirect medical education cost factor changes as a result of the information included in this report, the new factor will be applied to discharges on or after the date payment is made for the hospital's capital and direct medical education costs.

Adjustments to the Inpatient MEPRS Costs

Wilford Hall's FY 1993 total inpatient expenses, as reported by MEPRS, has four modifications. The first modification removes the inpatient clinician salaries expense from the total inpatient MEPRS costs. Since the clinician salary expenses are reimbursed separately by CHAMPUS using CPT-4 Codes, and since a study of military physician salaries is beyond the scope of this study, clinician salary expenses are properly deducted from the total inpatient expenses, as reported by MEPRS. Wilford Hall's FY 1993 total inpatient MEPRS expense is \$149,209,618 (See Appendix 9). Wilford Hall's FY 1993 total inpatient clinician salaries expense is \$7,819,223 (Ibid.). The difference is \$141,390,395 (\$149,209,618 - \$7,819,223 = \$141,390,395).

The second modification to Wilford Hall's total inpatient expenses involves the deduction of the inpatient third party collections from the Third Party Collection Program from MEPRS

expense balance of \$141,390,395 in the preceding paragraph. Wilford Hall's FY 1993 inpatient third party collections totaled \$6,981,483. The difference is \$134,408,912 ($\$141,390,395 - \$6,981,483 = \$134,408,912$).

The third modification adds Wilford Hall's FY 1993 direct inpatient graduate medical education (GME) MEPRS expenses (Major Force Program 8A) to the running MEPRS expense balance of \$134,408,912 in the preceding paragraph. Wilford Hall's FY 1993 direct inpatient GME expenses totaled \$1,577,443. The sum is \$135,986,355 ($\$134,408,912 + \$1,577,443 = \$135,986,355$).

The fourth and final modification to Wilford Hall's running inpatient MEPRS expense adds the estimate for inpatient facility depreciation. The estimated amount of facility depreciation was obtained from Wilford Hall's Facility Engineer who reviewed the real property construction and maintenance vouchers maintained by the Base Civil Engineering Office. The results were presented in the section titled "Capital and Direct Medical Education Reimbursements," Supra.. Wilford Hall's estimated FY 1993 inpatient facility depreciation expense totaled \$1,048,618. The sum is \$137,034,973 ($\$135,986,355 + \$1,048,618 = \$137,034,973$).

According to the literature, there are four additional major cost elements that are directly attributable military MTFs but not reported in the MEPRS accounting system. To accurately

account for the total federal appropriations required to operate a military MTF, a fifth major cost element was also considered. The five additional cost elements are:

1. Facility depreciation expenses (estimated previously)
2. Central automation support expenses
3. Management headquarter activities
4. Medical malpractice settlements and judgements upheld in court, Supra.
5. Interest expense on the Federal Deficit incurred to operate military MTFs during the fiscal year.

In IDA's study, IDA added 14.3 percent to the FY 1990 and 1992 inpatient MEPRS cost to account for the first three major cost elements listed above (facility depreciation, central automation support, and management headquarters activities), Supra. Considering these three cost elements, the study stated, "The most important of these is the economic cost of facility depreciation" (Draft Version of 733 Executive Report 1994, p. 25). This statement infers that facility depreciation is the most expensive cost element of the three, indicating facility depreciation expense represents a minimum of 33.3 percent of the total expenses for these three cost elements.

After performing several quick computations, IDA's 14.3 percent additive does not appear to be appropriate for Wilford Hall Medical Center during FY 1993. Adding 14.3 percent to Wilford Hall's FY 1993 total inpatient MEPRS expenses would

result in an increase to MEPRS of \$21,336,975 ($\$149,209,618 \times .1430 = \$21,336,975$). Since Wilford Hall's estimated FY 1993 facility depreciation expense totaled \$1,048,618, Supra, Wilford Hall's estimated FY 1993 facility depreciation expense represents only 4.9 percent of the total additive. Under these circumstances, Wilford Hall's FY 1993 facility depreciation expense is not "the most important" of these three cost elements.

Based on the foregoing, until a more reliable estimate of these three major cost elements is developed, the 14.3 percent additive will not be utilized in this study. If "the most important" cost element of the three cannot be reasonably applied to Wilford Hall, there is no basis for attempting to apply the other two at this time. Furthermore, it would be inappropriate to add these overhead expenses to the MTF system without adding an appropriate amount to CHAMPUS to cover the comparable overhead costs of maintaining facilities, computers, and employees at OCHAMPUS and the Fiscal Intermediaries.

Turning to the issue of medical malpractice costs, in addition to distinguishing between hospital-based liability and physician-based liability, it is important to realize that the Government's malpractice costs are not accurately represented by the dollar amounts required to settle a claim or to satisfy a judgement ordered by a court.

Malpractice settlements and judgements represent the value

of the injuries to the plaintiff, including the plaintiff's costs of litigation and attorney fees. They do not include the enormous expenses incurred by the U.S. Department of Justice and the Base Claims Office to prepare an answer to the complaint, to initiate and respond to pretrial motions and discovery requests, to interview witnesses, to select and pay for expert witnesses, to research the applicable state and federal laws, to develop alternative defense theories, to prepare exhibits, to litigate the case in court, to pursue and defend appeals, etc.. In many instances, the actual value of the settlement or judgement may be the least expensive aspect of the case.

Accordingly, since hospital-based malpractice expenses may represent a small proportion of the overall malpractice costs when compared to physician-based malpractice expenses, and since information on the Government's associated legal costs are not available, the dollar values of Wilford Hall's medical malpractice settlements and judgements, if any, will not be utilized in this study. Medical malpractice costs will remain one of the "qualitative advantages" identified in the literature.

The fifth major cost element not reported by the MEPRS system is the interest expense on the Federal Deficit. This cost element is not found in the literature, but represents an actual expense to the taxpayer and is a very real part of the cost of doing business for every Federal Appropriated-Fund Agency,

including the military's direct care system.

The MTFs' estimated expenditures for this cost element can be reasonably estimated. For example, during FY 1993, the Federal Government received \$1.15 trillion in revenue (San Antonio Express News, October 29, 1993). The Government spent \$1.4 trillion, creating a Federal Deficit of \$255 billion during FY 1993 (Ibid.). Using this limited information, a taxpayer could reasonably estimate that the FY 1993 Federal Deficit (\$255 billion) financed 18.2 percent of all the Federal Government's activities during FY 1993 (\$255 billion divided by \$1.4 trillion equals 18.21 percent). Stated another way, 18.2 percent of the Federal expenditures required to operate all the Federal agencies (including the military's direct care system) were paid for (financed) using the \$255 billion obtained from the FY 1993 Federal Deficit.

Estimating the interest expense associated with the \$255 billion Federal Deficit for FY 1993 can be reasonably estimated using a similar method. For example, during FY 1993, the U.S. National Debt totaled \$4.3 trillion (USA Today October 29, 1993, p. 2B). The Federal Government's actual FY 1993 interest payment on the \$4.3 trillion debt totaled \$292.5 billion (Ibid.). Using this information, the FY 1993 interest rate on the national debt (which included the \$255 billion deficit from FY 1993) was

approximately 6.8 percent (\$292.5 billion divided by \$4.3 trillion equals 6.8 percent).

Applying the foregoing to Wilford Hall's FY 1993 inpatient MEPRS expenses, Wilford Hall's share of the Federal Government's interest expense on the Government's FY 1993 Federal Deficit (not National Debt) could be estimated by multiplying Wilford Hall's FY 1993 total inpatient MEPRS expense (\$137,034,973) by 18.2 percent to determine Wilford Hall's share of the Federal Deficit. Wilford Hall's share of the FY 1993 Federal Deficit is \$24,940,365 ($\$137,034,973 \times .182 = \$24,940,365$).

By multiplying the foregoing product (\$24,940,365) by 6.8 percent, a taxpayer could estimate Wilford Hall's share of the Federal Interest Expense required to service Wilford Hall's share of the Federal Deficit. Wilford Hall's share of the Federal Interest Expense required to service Wilford Hall's share of the Federal Deficit is \$1,695,944 ($\$24,940,365 \times .068 = \$1,695,944$).

While these interest expense computations are thought provoking, and may represent a potential cost element of Wilford Hall's total financial requirement, the financial impact of the "interest expense," as a cost element in this cost-comparison study, is considered to be too insignificant to be utilized. For example, when similar computations are made to the CHAMPUS side of the ledger, the difference in interest expense is under

\$100,000, or less than 0.0743 percent of the total Federal Appropriation required for either agency (\$129,266,309 X .182 = \$23,526,468 X .068 = \$1,599,799 - \$1,695,944 = - \$96,145).

Sources of Evidence

This case study was based on Dr Robert Yin's six sources of evidence: documentation, archival records, interviews, direct observation, participant-observation, and physical artifacts (Yin 1989). All data sources were transferred electronically from Wilford Hall's AQCESS computer files to the spreadsheets used to compute the CHAMPUS allowable charges. The process eliminated potential errors occurring from transcription or other less reliable transfer processes. It also preserved the chain of custody of the information improving the reliability of the study. The privacy of all the patient records was strictly maintained throughout the course of the research and the writing of this study.

Validity and Reliability

The validity of the CHAMPUS DRG-Based Payment System and its calculation methodology are established by law and clearly described in the CHAMPUS Policy Manual and the pricing/payment regulations that control the activities of the CHAMPUS Fiscal Intermediaries. Construct validity for this study focused on

identifying the exact pricing procedures and DRG calculation methodologies identified in the CHAMPUS Policy Manual and the COM-FI Regulations published for the Fiscal Intermediaries.

A pilot inquiry of the DRG reimbursement formulas was developed and coordinated with Mr William Dennis, CHAMPUS Field Representative, South-Central Region. Once the reimbursement formulas were standardized in the database supporting this study, twenty randomly selected DRG admissions representing a stratified cross-section of Wilford Hall's fiscal year 1993 inpatient workload were priced using this study's database system. The list of twenty DRGs was forwarded to Mr Dennis for a two-tier review and evaluation process.

First, Mr Dennis randomly selected three admissions of the 27,228 which were priced using the study's database system. Mr Dennis scrutinized for the three admissions for content validity using the CHAMPUS DRG pricing formulas. Since all three sample DRGs satisfied Mr Dennis' screening criteria, the twenty other randomly selected admissions representing a price-specific cross-section of Wilford Hall's inpatient workload were forwarded to the CHAMPUS Fiscal Intermediary (Wisconsin Physicians' Service - WPS) for formal DRG pricing. The results are as follows (See

Appendix 8 for case-specific details):

DRG	Length of Stay	Study's Allowable Charge	CHAMPUS Fiscal Intermediary's Allowable Charge	Amount Diff	Percent Diff
602	111 Days	\$371,123.41	\$371,122.01	+ \$1.40	.0003772
3	160 Days	\$169,799.95	\$169,797.38	+ \$2.57	.0015136
217	147 Days	\$120,388.75	\$120,387.15	+ \$1.60	.0013290
172	144 Days	\$ 94,009.40	\$ 94,008.08	+ \$1.32	.0014041
315	68 Days	\$ 40,856.72	\$ 40,856.31	+ \$0.41	.0010035
373	51 Days	\$ 25,264.82	\$ 25,264.65	+ \$0.17	.0006729
7	44 Days	\$ 17,413.26	\$ 17,413.11	+ \$0.15	.0008614
372	36 Days	\$ 15,564.92	\$ 15,564.72	+ \$0.20	.0012850
415	5 Days	\$ 15,159.04	\$ 15,159.00	+ \$0.04	.0002639
209	4 Days	\$ 11,911.30	\$ 11,911.27	+ \$0.03	.0002519
79	3 Days	\$ 9,563.15	\$ 9,563.12	+ \$0.03	.0003137
335	4 Days	\$ 6,683.04	\$ 6,683.02	+ \$0.02	.0002993
89	3 Days	\$ 5,088.84	\$ 5,088.82	+ \$0.02	.0003930
358	2 Days	\$ 4,863.52	\$ 4,863.50	+ \$0.02	.0004112
88	5 Days	\$ 4,554.81	\$ 4,554.79	+ \$0.02	.0004391
261	4 Days	\$ 4,163.93	\$ 4,163.91	+ \$0.02	.0004803
359	2 Days	\$ 3,814.14	\$ 3,814.11	+ \$0.03	.0007866
62	1 Day	\$ 2,870.64	\$ 2,870.60	+ \$0.04	.0013934
373	3 Days	\$ 1,661.01	\$ 1,660.99	+ \$0.02	.0012041
391	3 Days	\$ 482.58	\$ 482.57	+ \$0.01	.0020722
Total		\$925,237.23	\$925,229.11	+ \$8.12	.0008776

Since the CHAMPUS Fiscal Intermediary's computed values for each of the twenty randomly selected DRGs were within an average of \$0.40 (\$8.12 divided by 20 (N=20) = \$0.40) of the estimated value determined by the study's database, the validity and reliability of the study's database is established.

The content validity of the DRG additives for capital and direct medical education costs were achieved by certifications of accuracy from Mr Dennis, based on the information submitted to him. Although Mr Dennis cannot certify the accuracy of the

information submitted to him, he certified that the CHAMPUS reimbursement formulas were properly applied to the submitted information and that the results (based on information submitted) accurately reflect the reimbursement value that would have been awarded under the same or similar circumstances as described in the baseline data.

LIMITATIONS OF THE STUDY

There are three limitations in this study. First, the inpatient MTF-to-CHAMPUS cost-comparison methodology excludes consideration of the military's clinician salary expenses compared to CHAMPUS' professional service reimbursements for the same or similar services. The direct care system may have a financial advantage that is not recognized in this study.

Second, the comparable impact of Wilford Hall's Inpatient Third Party Collection Program on Federal CHAMPUS Appropriations was loosely estimated due to the unavailability of dispositive information. In the absence of additional relevant information, it is difficult to determine whether the correction to this weakness would have resulted in a financial benefit or detriment for the direct care system.

Third, the patients' cumulative personal contributions to their CHAMPUS-provided health care was not considered in applying the catastrophic caps. This weakness caused the Government's equivalent CHAMPUS costs to be overstated in an undetermined

amount. Since the catastrophic caps were applied to each disposition, but not cumulatively for each patient, this weakness is not believed to be sufficient to change the study's conclusions or recommendations.

RESULTS

The estimated fiscal year 1993 federal appropriation required to provide 27,228 inpatient dispositions at Wilford Hall Medical Center, San Antonio, Texas, is \$137,034,973, represented by the following expense summary:

Total Inpatient MEPRS Expenses:		\$149,209,618
Less: Inpatient Clinician Salaries:	- \$	7,819,223
Less: Inpatient Third Party Collections:	- \$	6,981,483
Plus: Inpatient Graduate Med Ed Expenses:	+ \$	1,577,443
Plus: Estimated Facility Depreciation:	+ \$	<u>1,048,618</u>
Equals: FY 1993 Federal Appropriation for Inpatient Medical Services at Wilford Hall Medical Center:		\$137,034,973

The estimated federal CHAMPUS appropriation required to perform Wilford Hall's FY 1993 inpatient workload in a comparable civilian teaching facility in San Antonio, Texas, is \$129,266,309, represented by the following savings summary:

Total CHAMPUS Allowable Charges:		\$144,637,469
Less: Patient Cost-Shares:	- \$	20,656,041
Less: Inpatient Third Party Collections Causing Real Reductions in The Government's CHAMPUS Outlays (Not Just the Beneficiary's Cost- Shares)	- \$	4,049,260

Plus: Capital Reimbursements for Equipment, Leases, and Facility Depreciation	+ \$ 7,844,157
Plus: Direct GME Reimbursement	+ \$ <u>1,489,984</u>
Equals: The total Federal Appropriation Required to Perform the MTF's FY 1993 Inpatient Workload in a Comparable Private-Sector Hospital Using CHAMPUS DRG-Based formulas	\$129,266,309

The study indicates CHAMPUS would have saved the Federal Government \$7,768,664, or a 5.7 percent budgetary savings, compared to the direct care system.

DISCUSSION

On May 24, 1994, DoD released the draft results of a series of studies indicating that, on average, the direct care system was marginally profitable when compared to CHAMPUS (1 to 2 percent). These reports represent a substantial downturn from DoD's 1985 study which found the direct care system to be 44 percent more cost-effective than CHAMPUS.

Military MTFs may not feel immediately threatened by this new information. To an MTF Commander or Administrator, there is a big difference between reading the results of a cost-comparison study that has been generalized to the entire direct care system and reading a report that has been tailored to their particular facility. The results of a generalized report may not create a sense of urgency at the MTF-level, no matter what the results indicate. On the other hand, the results of a facility-specific

report tend to prompt immediate action, particularly when the reader believes in the truth of the matter asserted.

During the last ten years, the larger military hospitals and medical centers have not had a reliable cost-comparison methodology that they could trust to tell them the truth about their facility. Consequently, during the last ten years, military medical staffs have institutionalized DoD's 1985 report and presumed that their facilities were more cost-effective than CHAMPUS. In the absence of any reliable evidence to the contrary, MTF Commanders and Administrators deferred to the institutionalized presumption or risked being accused of "crying wolf" because there was never a reliable cost-comparison methodology capable of overcoming the presumption.

Since the 733 Executive Report identified numerous flaws in the previous cost studies performed by DoD, it is conceivable that MTFs may have always had a slight "budgetary advantage" of only "1 to 2 percent" when compared to CHAMPUS. As was learned in this study, not all institutional inpatient activities are more cost-effective than CHAMPUS, and when a military MTF is believed to more expensive than CHAMPUS, a secondary issue immediately presents itself.

For example, when the MTF-to-CHAMPUS cost-comparison methodology recommended herein was applied to the Air Force's largest and most sophisticated medical center, the results

indicated that Wilford Hall's FY 1993 institutional inpatient services were provided at a cost that was 5.7 percent more expensive than CHAMPUS. After carefully reviewing the data and the mechanics of the methodology, the Administrator believed the results were accurate and trustworthy. The problem, however, was that this information was "completely worthless" to the Administrator because his only accounting system was an "expense reporting" system, not a "cost finding" or "cost accounting" system. The Administrator could not prioritize his facility's problem areas because his only accounting system was incompetent to identify the problems.

Without an effective cost finding or cost accounting system, how are the leaders of the Military Health Service System going to win the battle against the private sector when they are barred from understanding their MTFs' financial strengths, weaknesses, opportunities, and threats.

As other MTFs apply this MTF-to-CHAMPUS cost-comparison methodology to their FY 1993 inpatient workloads, the results will possibly transfer the generalized message from the 733 Executive Report into a personal one for many facilities. If this happens, the recurring sense of urgency will be a universal demand for an accurate and reliable cost finding or cost accounting system.

If DoD does not make available a reliable cost accounting

system by the time the military MTFs are ready to act, more MTFs will be forced to make a politically difficult decision. Do they maintain the status quo or do they break the deadlock by seeking the services of cost accounting consultants to obtain the expense management tools currently used by their private sector competitors.

In this regard, the 733 Executive Report indicates there are two distinct forces shaping the future of military health care. The first force is the MTFs' cost advantage over CHAMPUS, which is currently only 1 to 2 percent. The second force is the MTFs' future utilization management activities which must be capable of eliminating the "demand effect" in the MTFs to prevent the direct care system from being downsized to its projected wartime requirement, which is approximately 50 percent of its current size.

Interpreting the 733 Executive Report, the MTFs' cost advantage over CHAMPUS is in a "race" with its utilization management activities, and the competition may produce a big winner or a big loser in the future. According to the 733 Executive Report, "[t]he 'make/buy' decision then becomes a race between the effectiveness of utilization control measures (to control the impact of the demand effect) and the MTF cost advantage" (Emphasis supplied) (733 Executive Report 1994, p. 24). Unfortunately, the catalyst that moves both of these forces

is an accurate and reliable cost accounting system that really works. Without an effective cost finding or cost accounting system, MTFs may loose both legs of the race resulting in a "military readiness-only" medical mission.

The competitive leg of the race involving the private sector will undoubtedly intensify under DoD's new TRICARE system. The TRICARE system is intended to introduce so many new cost efficiencies into DoD's health care system that it will outperform the combined financial performance of the current MTF and CHAMPUS systems. Thus, if everything goes according to plan, TRICARE's efficiencies will increase the competitive pressures on MTF Commanders and Administrators to keep-up with the TRICARE contractor in delivering cost-effective health care services. These intensified competitive pressures will intensify the military's need for a reliable cost finding or cost accounting system.

To date, Wilford Hall Medical Center is the only military MTF to test this cost-comparison methodology in TRICARE Region 6 (Texas, Oklahoma, Arkansas, and Louisiana). Within one year, the TRICARE program should be fully implemented in this Region. Thus, if Wilford Hall and other MTFs in Region 6 do not obtain an accurate and reliable cost accounting system in the near future, the TRICARE contractor could win first "leg" of the race by

providing more cost-effective services in the short-term and in the long-term.

The outcome of such a regionally isolated event is undetermined; however, if similar outcomes occur throughout the direct care system, the 733 Executive Report suggests the direct care system will be downsized to satisfy its projected wartime requirement, Supra. One of the highest priorities within the Military Health Service System should be the implementation of an accurate and reliable cost accounting systems in the very near future.

Turning to a second strategic issue, in TRICARE Region 6, DoD's request for proposal (TRICARE contract) will probably task the TRICARE contractor to provide utilization management services for all the MTFs in Region 6. If this occurs, an interesting and potentially dangerous situation is presented to the MTFs within the Region.

DoD will have placed the TRICARE contractor in position of having substantial control over the "second leg" of the race (effective utilization management services). Additionally, since TRICARE's mission is to provide health care services more cost-effectively than the current MTF and CHAMPUS systems, the contractor will serve as the competitive standard against which the MTFs' operating costs will be measured -- the "first leg" of the race.

Considering the increased profits the TRICARE contractor could receive if DoD were to declare the direct care system in Region 6 the "looser" and downsize the system to the projected wartime medical requirement, there is wisdom in DoD's re-evaluation of the strategy that places a TRICARE contractor in substantial control of one of the two driving forces that will shape the future of the military health services system.

CONCLUSION

The total estimated Federal Appropriation (excluding clinician salary expenses) required by Wilford Hall Medical Center to perform 27,228 inpatient dispositions during fiscal year 1993 is \$137,034,973.

Using the CHAMPUS program, Wilford Hall's FY 1993 inpatient workload [excluding professional (physician) service fees] could have been performed in a comparable private sector "teaching" hospital for an estimated total cost of \$129,266,309, or a 5.6 percent budgetary savings ($\$137,034,973 - \$129,266,309 = \$7,768,664$ divided by $\$137,034,973$ equals 5.6 percent).

RECOMMENDATIONS

1. Considering the increasing financial pressures on military MTFs to outperform the CHAMPUS and TRICARE systems, and assuming that the Department of Defense does not plan to provide the MTFs with an accurate cost accounting system within two

years, I recommend DoD authorize the larger MTFs to contract industrial engineering-based cost accounting experts to develop an accurate and reliable cost accounting system for the MTFs.

2. Considering the importance of the MTFs' utilization management activities to control the "demand effect" in the MTFs, and further, considering the potential profits for the TRICARE contractors if DoD were to declare the direct care system a less cost-effective system resulting in its downsizing to the projected wartime requirement, I recommend DoD award Region-wide utilization management contracts to companies that have any interests in or connections with the TRICARE contractors.

A P P E N D I X 1

CHAMPUS/CHAMPVA news

P.O.Box 7927 - Madison, Wisconsin 53707-7927
June, 1992

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DRG WITH SHORT STAY OUTLIER

DX(S) _____ DRG: _____
 STAY: _____ Labor amt: _____
 ALOS*: _____ Non labor: _____
 Short Cutoff: _____ day Wage index: _____
 Long Cutoff: _____ days Teach factor: _____
 DRG Weight: _____ Amount Charged: _____

1. Calculate ASA

$$\frac{\text{Labor amt} \times \text{Wage index}}{\text{Partial labor portion} + \text{Non labor}} = \text{ASA}$$
2. Calculate Base DRG price

$$\text{ASA} \times \text{DRG weight} = \text{DRG Base price}$$
3. Calculate Per diem price

$$\frac{\text{Base DRG price}}{\text{ALOS}} = \text{DRG per diem}$$
4. Calculate Cost cutoff
 Use larger of 2 times the base DRG or Amount Charged
5. Calculate Outliers
 - A. Short stay outlier?
 Is number of days less than or equal to the short cutoff? If yes,

$$\text{DRG per diem} \times 2 = \text{Short stay per diem}$$

$$\text{Short stay per diem} \times \text{STAY} = \text{Short outlier amount}$$
 - B. Long stay outlier?
 Is number of days greater than the long cutoff?
 no
 - C. Calculate standard cost amount and cost outlier

$$\text{Total amount charged (less nonpayable charges)} \times .64 = \text{standard cost amount}$$

 Is standard cost amount more than cost cutoff?
 no
 - D. Is Long outlier amount greater than Cost outlier amount? no
 Short outlier amount will be the outlier.
 - E. Use the lesser of Short outlier and DRG Base Price
6. Add in Teaching factor to final payment

$$\text{DRG Price} \times \text{Teaching factor} = \text{Payment}$$

*ALOS= Average Length of Stay.

DRG WITH COST OUTLIER

DX(S) _____ DRG: _____
 STAY: _____ Labor amt: _____
 ALOS*: _____ Non labor: _____
 Short Cutoff: _____ day Wage index: _____
 Long Cutoff: _____ days Teach factor: _____
 DRG Weight: _____ Amount Charged: _____

1. Calculate ASA

$$\frac{\text{Labor amt} \times \text{Wage index}}{\text{Partial labor portion} + \text{Non labor}} = \text{ASA}$$
2. Calculate Base DRG price

$$\text{ASA} \times \text{DRG weight} = \text{DRG Base price}$$
3. Calculate Per diem price

$$\frac{\text{Base DRG price}}{\text{ALOS}} = \text{DRG per diem}$$
4. Calculate Cost cutoff
 Use larger of 2 times the base DRG or 40,100.00
5. Calculate Outliers
 - A. Short stay outlier?
 Is number of days less than or equal to the short cutoff? no
 - B. Long stay outlier?
 Is number of days greater than the long cutoff?
 no
 - C. Calculate standard cost amount and cost outlier
 1. Total amount charged (less denied charges)

$$\text{Total amount charged} \times .64 = \text{standard cost amount}$$
 2. Remove indirect medical education costs

$$\text{Standard Cost Amount} \div \text{Teaching Factor} = \text{Adjusted Standard Cost Amount}$$
 3. If adjusted Standard Cost amount is more than \$40,100 (Cost Cutoff), calculate temporary cost amount. (If not, no cost outlier applies).

$$\text{Adjusted Standard Cost} - \text{Cost Cutoff} = \text{Temporary Cost Amount}$$
 4. Calculate cost outlier

$$\text{Temporary Cost Amount} \times .75 = \text{Cost Outlier}$$

*ALOS= Average Length of Stay

- D. Is the Long Stay Outlier more than Cost outlier? no
- E. Use whichever pays more.
 Base DRG + Outlier = Adjusted DRG
 _____ + _____ = _____

6. Add in Teaching factor
 Adjusted DRG x Teaching factor = Amount Payable
 _____ x _____ = _____

DRG WITH LONG STAY OUTLIER

DX(S) _____ DRG: _____

STAY: _____ Labor amt: _____

ALOS*: _____ Non labor: _____

Short Cutoff: _____ day Wage index: _____

Long Cutoff: _____ days Teach factor: _____

DRG Weight: _____ Amount Charged: _____

- Calculate ASA
 Labor amt x Wage index = Partial labor portion
 _____ x _____ = _____
 Partial labor portion + Non labor = ASA
 _____ + _____ = _____
- Calculate Base DRG price
 ASA x DRG weight = DRG Base price
 _____ x _____ = _____
- Calculate Per diem price
 Base DRG price ÷ ALOS = DRG per diem
 _____ ÷ _____ = _____
- Calculate Cost cutoff
 Use larger of 2 times the base DRG or 40,100.00

- Calculate Outliers

- A. Short stay outlier?
 Is number of days less than or equal to the short stay cutoff? no

B. Long stay outlier?
 Per Diem x .60 = Long Stay Per Diem
 _____ x .60 = _____
 Stay - Long Cutoff = Long Outlier Days
 _____ - _____ = _____
 Long Outlier Days x Long Stay Per Diem = Long Stay Outlier

- C. Calculate standard cost amount and cost outlier
- Total amount charged (less denied charges)
 _____ x .64 = standard cost amount

*ALOS= Average Length of Stay

- If the standard cost amount above is more than \$40,100 calculate Temp Cost Amount. No cost outlier.

- D. Is Long outlier amount greater than Cost outlier amount? yes

E. Use whichever outlier pays more.
 Base Drg + Outlier = Adjusted DRG Price
 _____ + _____ = _____

6. Add in Teaching factor to final payment
 Adjusted DRG Price x Teaching factor = DRG Amount Paid
 _____ x _____ = _____

SIMPLE DRG CALCULATION

- Calculate ASA
 Labor amt x Wage index = Partial labor portion
 _____ x _____ = _____
 Partial labor portion + Non labor = ASA
 _____ + _____ = _____
- Calculate Base DRG price
 ASA x DRG weight = DRG Base price
 _____ x _____ = _____
- Determine if any outliers apply.
- Add in Teaching factor to final payment
 DRG Price x Teaching factor = Payment
 _____ x _____ = _____

NATIONAL FEES

A final rule published in the Federal Register, on September 6, 1991, implements the provisions of the Defense Appropriations Act for Fiscal Year 1991, Public Law 101-511, section 8012. This rule limits increases in the CHAMPUS maximum allowable payments to physicians and other individual health care providers and authorizes reductions in such amounts for overpriced procedures. For claims with dates of services on and after May 1, 1992, the allowable charge for authorized care shall be the lower of:

- the billed charge to include a discounted charge that a provider has agreed to accept under a special program:
 _____ or _____
- the CHAMPUS maximum allowable charge adjusted by the appropriate local geographic adjustment factor.

A P P E N D I X 2

DATE: 1 JANUARY 1989

TRI-SERVICE BENEFICIARY CATEGORY (SDE BE-510-111)

(Prefix: A=Army, N=Navy, M=Marine Corps, F=Air Force, C=Coast Guard, B=NOAA,
P=Public Health Service, K=Not U.S. Uniformed Services)

CategoryCode

1 ACTIVE DUTY							
Active Duty (Extended AD)	+F11	A11	N11	M11	C11	B11	P11
Reserve	F12	A12	N12	M12	C12		P12
+AD Recruit	F13	A13	N13	M13	C13		
+Service Academy Cadet/Midshipman	F14	A14	N14		C14		
+National Guard	F15	A15					
2 UNIFORM SERVICES, NOT AD							
ROTC	F21	A21	N21		C21		
+Reserve On Inactive Duty For Training	F22	A22	N22	M22	C22		P22
+National Guard on Inactive Duty for Training	F23	A23					
3 OTHER							
+Applicant/Registrant	F26	A26	N26	M26	C26		
+Former Service Member - Maternity Care Only	F27	A27	N27	M27	C27		
Newborns of Former Service Member	F28	A28	N28	M28	C28		
4 RETIREES							
Length of Service	F31	A31	N31	M31	C31	B31	P31
PDRL	F32	A32	N32	M32	C32	B32	P32
TDRL	F33	A33	N33	M33	C33	B33	P33
5 DEPENDENTS							
Active Duty (Exclude Former Spouse)	F41	A41	N41	M41	C41	B41	P41
+Retired (Living), Exclude Former Spouse	F43	A43	N43	M43	C43	B43	P43
+Deceased AD, Exclude Former Spouse	F45	A45	N45	M45	C45	B45	P45
+Deceased Retired, Exclude Former Spouse	F47	A47	N47	M47	C47	B47	P47
+Unremarried former spouse	F48	A48	N48	M48	C48	B48	P48
+Dependent, unremarried former spouse	F49	A49	N49	M49	C49	B49	P49
6 U.S. CIVILIAN EMPLOYEES/DEPENDENTS							
+State Department Employee Overseas				K51			
+State Dept Dependent Overseas				K52			
+Other Federal Agencies/Depts. Employee				K53			
+Other Federal Agencies/Depts. Dependent				K54			
+DoD Remote Area Employee/CONUS				K55			
+DoD Remote Area Dependent/CONUS				K56			
+DoD Occupational Health				K57			
+Disability Retirement Exam				K58			
+Other				K59			

1-30-89

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TRI-SERVICE BENEFICIARY CATEGORY

(CONTINUED)

- (7) OTHER BENEFICIARIES OF U.S. GOVERNMENT
- +Veterans Administration
 - +OWCP
 - +Service Home - other than mil. retiree
 - +Other Federal Agencies/Depts
 - +Contract Employee
 - +Federal Prisoner
 - +American Indian, Aleut, Eskimo,
 - +Micronesia, Samoan, Trust Territories
 - +Other (Incl. former POWs/Red Cross)

K61
K62
K63
K64
K65
K66
K67
K68
K69

- (8) FOREIGN NATIONALS/DEPENDENTS
- +IMET/SALES
 - +NATO Military
 - +NATO Dependent
 - +Non-NATO Military
 - +Non-NATO Dependent
 - +Foreign Civilian
 - +Foreign Civilian Dependent
 - +Prisoner of War/Internee
 - +Other

K71
K72
K73
K74
K75
K76
K77
K78
K79

- (9) DEFENSE DEPARTMENT DESIGNEE
- +Secretary of Defense
 - +Secretary of Army
 - +Secretary of Navy
 - +Secretary of Air Force

K81
K82
K83
K84

- (10) CIVILIAN, NO GOVERNMENT CONNECTION
- +Humanitarian
 - +Emergency

K91
K92

- (11) +PATIENT NOT ELSEWHERE CLASSIFIED (See NOTE)

K99 (*orphan of dependent daughters*)

NOTE: Before a code of K99 is assigned to a patient, carefully review all categories to determine whether the case should more properly be assigned to one of the other codes.

A P P E N D I X 3

FY93

	SUB	MED SVC	MIL PER	REC ACT	TOTAL
MEDICAL CARE SERVICES					
V1 IMET	4.75	299.25	0.00	0.00	304.00
V2 INTERAGENCY	4.75	299.25	424.00	0.00	728.00
V3 FULL REIMBURSEMENT RATE	4.75	299.25	424.00	49.00	777.00

AAAA INTERNAL MEDICINE
 AABA CARDIOLOGY
 AADA DERMATOLOGY
 AAEA ENDOCRINOLOGY
 AAFA GASTROENTEROLOGY
 AAGA HEMATOLOGY
 AAIA NEPHROLOGY
 AAJA NEUROLOGY

AKA ONCOLOGY
 AALA PULMONARY/UPPER RESP DZ
 AAMA RHEUMATOLOGY/PHYSICAL MEDICINE
 CLINICAL IMMUNOLOGY
 AAPA HIV
 AARA INFECTIOUS DISEASE
 AASA ALLERGY/SPECIAL CARE UNIT/OTHER
 ABGA OTORHINOLARYNGOLOGY

	SUB	MED SVC	MIL PER	REC ACT	TOTAL
SURGICAL CARE SERVICES					
V4 IMET	4.75	395.25	0.00	0.00	400.00
V5 INTERAGENCY	4.75	395.25	558.00	0.00	958.00
V6 FULL REIMBURSEMENT RATE	4.75	395.25	558.00	64.00	1022.00

ABAA GENERAL SURGERY
 ABBA CARDIOVASCULAR/THORACIC
 ABDA NEUROSURGERY
 ABEA OPHTHALMOLOGY
 ABFA ORAL SURGERY
 ABHA PEDIATRIC SURGERY

ABIA PLASTIC SURGERY/PROCTOLOGY
 ABKA UROLOGY
 ABNA PERIPHERAL VASCULAR
 ABOA TRAUMA SURGERY
 ABPA HEAD & NECK/OTHER

	SUB	MED SVC	MIL PER	REC ACT	TOTAL
OB/GYN					
V7 IMET	4.75	384.25	0.00	0.00	389.00
V8 INTERAGENCY	4.75	384.25	542.00	0.00	931.00
V9 FULL REIMBURSEMENT RATE	4.75	384.25	542.00	62.00	993.00

ACAA OB
 ACBA GYN

	SUB	MED SVC	MIL PER	REC ACT	TOTAL
PEDIATRIC CARE SERVICES					
V10 IMET	4.75	309.25	0.00	0.00	314.00
V11 INTERAGENCY	4.75	309.25	438.00	0.00	752.00
V12 FULL REIMBURSEMENT RATE	4.75	309.25	438.00	50.00	802.00

ADAA PEDIATRICS
 ADBA NURSING
 ADDA ADOLESCENT PEDIATRICS/OTHER

	SUB	MED SVC	MIL PER	REC ACT	TOTAL
ORTHOPEDICS SERVICES					
V13 IMET	4.75	340.25	0.00	0.00	345.00
V14 INTERAGENCY	4.75	340.25	481.00	0.00	826.00
V15 FULL REIMBURSEMENT RATE	4.75	340.25	481.00	50.00	876.00
				55.00	881.00

AEAA ORTHOPEDICS
 AEBA PODIATRY
 AECA HAND SURGERY

	SUB	MED SVC	MIL PER	REC ACT	TOTAL
PSYCHIATRIC CARE SERVICES					
V16 IMET	4.75	194.25	0.00	0.00	199.00
V17 INTERAGENCY	4.75	194.25	277.00	0.00	476.00
V18 FULL REIMBURSEMENT RATE	4.75	194.25	277.00	32.00	508.00

AFAA PSYCHIATRY
AFBA SUBSTANCE ABUSE
AFAC INPT ADOLESCENT PSYCH

	SUB	MED SVC	MIL PER	REC ACT	TOTAL
FAMILY PRACTICE CARE					
V19 IMET	4.75	275.25	0.00	0.00	280.00
V20 INTERAGENCY	4.75	275.25	391.00	0.00	671.00
V21 FULL REIMBURSEMENT RATE	4.75	275.25	391.00	45.00	716.00

	SUB	MED SVC	MIL PER	REC ACT	TOTAL
MEDICAL ICU/CORONARY SERVICES					
V22 IMET	4.75	680.25	0.00	0.00	685.00
V23 INTERAGENCY	4.75	680.25	954.00	0.00	1639.00
V24 FULL REIMBURSEMENT RATE	4.75	680.25	954.00	110.00	1749.00

AACA CORONARY CARE
ADZA PEDIATRICS ICU
AAHA MEDICAL ICU

	SUB	MED SVC	MIL PER	REC ACT	TOTAL
SURGICAL ICU SERVICES					
V25 IMET	4.75	687.25	0.00	0.00	692.00
V26 INTERAGENCY	4.75	687.25	965.00	0.00	1657.00
V27 FULL REIMBURSEMENT RATE	4.75	687.25	965.00	110.00	1767.00

ABCA SURGICAL ICU

	SUB	MED SVC	MIL PER	REC ACT	TOTAL
NEONATAL ICU SERVICES					
V28 IMET	4.75	427.25	0.00	0.00	432.00
V29 INTERAGENCY	4.75	427.25	602.00	0.00	1034.00
V30 FULL REIMBURSEMENT RATE	4.75	427.25	602.00	70.00	1104.00

ADCA

	SUB	MED SVC	MIL PER	REC ACT	TOTAL
ORGAN & BONE MARROW SERVICES					
V31 IMET	4.75	705.25	0.00	0.00	710.00
V32 INTERAGENCY	4.75	705.25	990.00	0.00	1700.00
V33 FULL REIMBURSEMENT RATE	4.75	705.25	990.00	114.00	1804.00

ABLA ORGAN TRANSPLANT
AAQA BONE MARROW TRANSPLANT ALLOGENIC
AAQQ BONE MARROW TRANSPLANT AUTOLOGOUS

	SUB	MED SVC	MIL PER	REC ACT	TOTAL
SAME DAY SURGERY					
V34 IMET	4.75	182.25	0.00	0.00	187.00
V35 INTERAGENCY	4.75	182.25	261.00	0.00	448.00
V36 FULL REIMBURSEMENT RATE	4.75	182.25	261.00	29.00	477.00

A P P E N D I X 4

PREPARED: 1993 12 01 1455 HRS
FACILITY NAME: WILFORD HALL MEDICAL CENTER
FACILITY CODE: FFGT50
DOD REGION: 05

MEPRS
DIRECT EXPENSE SUMMARY REPORT

PCN COMP-014
PAGE 2

OCT - SEP FY93

ACCT	FINANCIAL	PERSONNEL	MANUAL	TOTAL
ABXI	24,861	1,032,176	0	1,057,037
ACAA	0	314,664	0	314,664
ACAB	0	185	0	185
ACBA	164,881	1,309,367	0	1,474,248
ACXB	61,609	1,058,483	0	1,120,092
ACXC	4,043	785,794	0	789,837
ACXD	58,792	462,683	0	521,475
ADAA	0	810,775	0	810,775
ADBA	77,832	525,169	0	603,001
ADDA	0	12,916	0	12,916
ADXA	46,855	1,530,588	0	1,577,443
AEAA	0	550,687	0	550,687
AEBA	0	12,023	0	12,023
AECA	0	75,675	0	75,675
AEXA	36,159	665,584	0	701,743
AEXB	65,907	856,624	0	922,531
AFAA	0	649,733	0	649,733
AFBA	3,668	4,106	0	7,774
AFXA	1,894	1,435,305	0	1,437,199
AFXB	774	697,342	0	698,116
FUNCTIONAL ACCT TOTAL:	5,409,471	31,765,507	0	37,174,978
BAAA	55,016	1,311,171	0	1,366,187
BAAW	10,061	50,158	0	60,219
BABA	79,961	811,367	0	891,328
BACA	17,410	675,735	0	693,145
BAFA	8,198	728,316	0	736,514
BAGA	191,788	971,614	0	1,163,402
BAHA	0	602,618	0	602,618
BAJA	64,695	363,309	0	428,004
BAKA	47,747	923,583	0	971,330
BALA	0	98,443	0	98,443
BAHA	137,388	551,417	0	688,805
BANA	192,281	686,320	0	878,601
BADA	4,220	457,228	0	461,448
BAPA	78,146	1,017,860	0	1,096,006
BADA	11,200	309,424	0	320,624
BAOB	0	108,385	0	108,385
BAZA	415	51,008	0	51,423
BAZB	-49,169	34,728	0	-14,441
BBAA	95,251	1,395,271	0	1,490,522
BBBA	85,982	142,400	0	228,382
BBCA	2,338	272,966	0	275,304
BBDA	301,510	1,097,441	0	1,398,951
BBDP	0	12,765	0	12,765

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A P P E N D I X 5

1993

FROM: WHMC/HSLS (2Lt Zemkosky, 2-7800)

3 Sep 93

SUBJECT: Depreciation Expense of Investment Equipment

TO: HSROB (Ms. Modzelesky)

1. Reference your letter dated 1 Sep 93, same subject. The following information is submitted by UCA Code:

<u>UCA CODE</u>	<u>TOTAL DOLLARS</u>
CAA - 511	\$ 191,262.95
CBA - 513	\$ 0
FAD - 933	\$ 82,124.65
FAH - 818	\$ 207,376.24
FBD - 856	\$ 45,765.34
FBE - 852	\$ 0
All others	\$7,258,894.50

2. If you have questions or require additional information, please contact 2Lt Zemkosky at 2-7800.

//S//

JEFFREY L. BUTLER, Lt Colonel, USAF, MSC
Associate Administrator, Logistics

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A P P E N D I X 6

	DATE COMPLETED	DESCRIPTION	AREA UNIT SF		COST	TOTAL COST
			AMOUNT	TOTAL		
		BALANCES FORWARDED		316,846		\$6,025,677 07
59-271	16Feb59	Instl additional soap dispensers			32 16	6,025,709 23
59-420	15Dec59	Increase A/C capacity in surgical suite, etc. Also Modifications-Ry Coff				81
59-313	23Feb59	Instl accoustical ceiling, modify & repair Room B 2-19; Instl fluor.fix.			44,580 58	6,070,289
59-448	5Mar59	Add wood extnsion on So. side of bl. to existing conc. loading dock			1,055 00	6,071,344 81
59-455	16Mar59	Instl (179) ea Venetian Blinds - Proj 252-58			450 97	6,071,795 78
59-479	16Mar59	Permanently close & secure approx 1244 windows - Proj LA 155-9			1,405 84	6,073,201 62
59-467	19Mar59	Constr. partition of conc. blocks, for relocation of switchboard			1,356 77	6,074,558 39
59-487	19Mar59	Instl & paint guard rail 3' high around opening in floor-Engine Rm.			147 35	6,074,705 74
59-494	23Mar59	Extension by 5' of fence on 3rd flr. detention area for psychiatric patients			56 36	6,074,762 10
59-503	2Apr59	Constr cabinet & tool bd for storing water testing equipment for Steam Plant			1,147 34	6,075,909 44
59-530	2Apr59	Modify X-Ray Section, modify some rms for instl of G.E. development sys, etc.			184 19	6,076,093 63
59-539	2Apr59	Rough-in elec & plumb to complete instl of Mealpack Food System			2,574 50	6,078,668 13
59-529	6Apr59	Instl (1) ea duplex outlet w/ground and circuit for 1/3HP motor			969 21	6,079,637 34
59-545	6Apr59	Instl (2) ea 4-lp fluor.fix.			43 15	6,079,680 49
59-561	1May59	Instl duplex outlets in E-I wing			62 39	6,079,742 88
59-611	1May59	Instl (1) Bell Alarm Dial Head Meter on exist wtr softener system.			55 38	6,079,798 26
59-636	2Jun59	Constr conc. block partition, cover hallway for security purposes, etc			204 10	6,080,002 36
59-622	2Jun59	Raise shelves & dispensers 18" above sinks & repl tile where necessary			452 22	6,080,454 58
59-628	2Jun59	Instl wire mesh partitions & accessories - Proj LA 153-9			325 70	6,080,780 28
		BALANCES FORWARDED		316,846	625 00	6,081,405 28

INSTALLER'S NAME AND NO.				DIMENSIONS (Width x length)				DATE		DRAW		RP ACCOUNT NO.		CONTROL NO.		BUILDING NO.		Card Nr 2		4550	
MAIN BUILDING				OFFSETS				WINGS				BASEMENTS				STATE		ASSIGNMENT		CODE	
FOUNDATION				FLOOR				WALL				ROOF				TYPE OF CONSTRUCTION		CONDITION			
SOURCE				TYPE				HEATING				FUEL				OCCUPANCY		AIR FORCE INTEREST			
IF USABLE FLOORS				NO.				FIRE PROTECTION				TYPE				UNIT OF MEASURE (Other than area)		QUANTITY			
UTILITY CONNECTIONS				NO.				BLDG EQPT				NO.				TOTAL CAPACITY		NOMENCLATURE			
WATER								AIR CONDITIONING													
SEWER								EVAPORATIVE COOLING													
ELECTRIC								MECHANICAL COOLING													
GAS								HOT WATER FACILITIES													
STEAM																					
CONDENSATE																					
SHEET NO.		DATE		DESCRIPTION		DATE COMPLETED		AREA UNIT		SF		COST		TOTAL COST							
		2 Jun 59		Balance Brt. Fwd						316,846		\$		\$ 6,081,405 28							
59-639		10Jun59		Instl (5) duplex outlets, (3) ea fluor. fix - Engine room								156 81		6,081,662 09							
59-698		23Jun59		Instl folding doors in Physical Therapy rm in place of X-Ray curtains Relocate (6) icemaking machines and constr (6) metal stands for stands								639 52		6,082,301 61							
59-710		2Jul59		Mfg & instl galv duct to extend fresh air intake, etc								508 29		6,082,809 90							
59-723		2Jul59										526 50		6,083,336 40							
										316,846				\$ 6,083,336 40							

CEN PLANT FOR A/C IS BLDG 4895

BALANCES FORWARDED

REAL PROPERTY ACCOUNTABLE RECORD - BUILDINGS

VOUCHER NO.	DATE	DESCRIPTION	DATE COMPLETED	AREA UNIT SF		COST	TOTAL COST	
				AMOUNT	TOTAL			
	2 Jul 59	BALANCES FORWARDED			316,846	\$	\$6,083,336	40
60-8	13 Jul 59	Connect water drain and air lines to Ritter Unit, install wiring to Ritter Unit				194.24	6,083,530	64
60-77	12 Aug 59	Relocate wall steam pipes and elec outlets						
		Instl floor drain under floor & connect drain				1,937.85	6,085,468	49
60-120	19 Aug 59	Instl (4) duplex electrical outlets				44.25	6,085,512	74
60-112	3 Sep 59	Instl (19) new door locks complete.						
		Rem existing door hardware & turn-in BS				400.73	6,085,913	47
60-195	18 Sep 59	Changed and/or breakout of cost codes IAW AFM 170-5/ATC SUP-1		N/C	316,846	N/C	6,085,913	47
60-227	6 Oct 59	Cover bare concrete flr with vinyl tile.		N/C	316,846	1,255.08	6,087,168	55
60-249	6 Oct 59	Instl accoustical ceiling tile to rms.		N/C	316,846	1,172.72	6,088,341	27
60-188	6 Oct 59	Instl (5) venetian blinds		N/C	316,846	53.45	6,088,394	72
60-185	6 Nov 59	Instl Outlet for use of instl drying oven.		N/C	316,846	29.01	6,088,423	73
60-220	6 Nov 59	Relocate folding doors, Cut recess in wall to instl radar scope etc.		N/C	316,846	(428.00)	6,087,995	73
60-327	11 Dec 59	Instl shelf for distilled water				35.50	6,088,031	23
60-334	11 Jan 60	Instl (1) Outlet 220 Volt.				29.01	6,088,060	24
60-430	1 Feb 60	Instl (3) ea prefabricated stainless Steel Hoods.		N/C	316,846	1,428.12	6,089,488	36
60-435	1 Feb 60	Remov. Bubble-type drinking fount. Repl. by Elec. Mtr. Cooler, etc.		N/C	316,846	8.18	6,089,480	18
60-500	15 Feb 60	Services & Materials to Asphalt Tile the remainder of the floor of Rm AB-1.		N/C	316,846	785.00	6,090,273	36
60-478	15 Feb 60	Instl (4) fluor fix & (2) ea 30W 36" Ultra-violet lmps, Remo/Hsurgical lp.		N/C	316,846	129.57	6,090,402	93
60-466	23 Feb 60	Instl (2) fans, exh, 48" blades w/1/2 HP, 115V w/auto shutters in engine rm.		N/C	316,846	150.00	6,090,552	93
60-531	23 Feb 60	Instl (4) drs & boxed angle frnt header cut openg & seal w/24 ga metl on b/sides.etc.		N/C	316,846	957.41	6,091,510	34
60-574	16 Mar 60	Instl (36) 96" fluor fix, (88) ea 48" elec wiring fix and painting. Instl tile flr.		N/C	316,846	6,406.50	6,097,916	84
		BALANCES FORWARDED	16 Mar 60	N/C	316,846	N/C	6,087,916	84

INSTALLATION NAME AND NO.
 447955001

Card Nr 3
 BUILDING NO.

4550

CODE

RP ACCOUNT NO.		CONTROL NO.		DRAWING NO.		DATE		DIMENSIONS (Width x Length)	
STATE		ASSIGNMENT		BASEMENTS		WINGS		OFFSETS	
TYPE OF CONSTRUCTION		CONDITION		ROOF		WALL		FLOOR	
OCCUPANCY		AIR FORCE INTEREST		FUEL		HEATING		TYPE	
UNIT OF MEASURE (Other than area)		QUANTITY		NOMENCLATURE		CATEGORY		REMARKS	

CATCHER NO.	DATE	DESCRIPTION	DATE COMPLETED	AREA UNIT S.F.		TOTAL COST
				AMOUNT	TOTAL	
	24 Mar 60	Balance Brt. Fwd			316,846	84
60-601	24 Mar 60	Turn-in (1) ea Drinking Fountain to Salvage.		N/C	316,846	98
60-607	24 Mar 60	Turn-in (1) ea Commode to Salvage.		N/C	316,846	62
60-619	1 Apr 60	Instl photoelectric detectors & pneumatic door operator in kitchen		N/C	316,846	62
60-625	1 Apr 60	Instl (3) hydraulic door closers.		N/C	316,846	17
BALANCES FORWARDED					316,846	17

VOUCHER NO.	DATE	DESCRIPTION	DATE COMPLETED	AREA UNITS, F		COST	TOTAL COST
				AMOUNT	TOTAL		
	1 Apr 60	BALANCES FORWARDED			316,846		\$6,100,438 17
60-608	1 Apr 60	Remov linoleum topped counter & fill in with concrete block tile, & plaster the 4'x6' wl.		N/C	316,846	57 47	6,100,495 64
60-641	10 May 1960	Instl & reloc additional theromostate and controls units.		N/C	316,846	981 00	6,101,476 64
60-725	13 May 60	Instl (1)ea Sink & Remov (1)ea Lav.				103 06	6,101,579 70
60-701	13 May 60	Reloc (17) ea fluor fix 2 lp 48" within bl 4550.		N/C	316,846	29 52	6,101,609 22
60-745	13 May 60	Instl "Textured Flutex Glass into movable stl parti.				340 90	6,101,950 12
60-662	13 May 60	Instl (10) ea Fluo Fix 2-lp 48" & (24) ea 4-lp 48". Proj LA 360-0		N/C	316,846	1,200 00	6,103,150 12
60-702	13 May 60	Connect existing equipment to the emergency generator circuits. Proj LA 340-0		N/C	316,846	735 33	6,103,885 45
60-716	13 May 60	Instl Elev (1) ea #6, modify exiting Elev #5 Contr DA 41-243-Eng 3694-Corps.				75,000 00	6,178,885 45
61-1	19 Aug 60	Cost code changes IAW AFM 170-5 dated 1 JUL 60.		N/C		N/C	6,178,885 45
61-36	14 Sep 60	Instl Pneumatic Tube station in bl 4550		N/C	316,846	1,311 40	6,180,196 85
61-119	26 Oct 60	Instl (25) outlets in bldg 4550. Repr & Paint walls after outlets were instl.		N/C	316,846	550 97	6,180,747 82
61-221	25 Jan 61	Instl elec circuits, Tear out and rebuild wall, reloc door. Instl pass thru windows etc.		N/C	316,846	755 41	6,181,503 23
61-200	26 Jan 61	Modify & relocate circuits breaks & cables.		N/C	316,846	17 65	6,181,520 88
61-202	26 Jan 61	Instl 7 ea outlets, reloc 2 fluor fix within bl reloc outlets.		N/C	316,846	555 86	6,182,076 74
61-272	17 Mar 61	Instl (1) ea Fluo Fix 2lp 48", reloc from Bldg Bldg 3626.		N/C	316,846	16 00	6,182,092 74
61-288	17 Mar 61	Instl Htr & mod, reloc & resiz exh duct frm washer to exist exh air duct.		N/C	316,846	715 95	6,182,808 69
61-285	17 Mar 61	Instl (3) ea 4lp 48" Flou Fix from Bldg 3601.		N/C	316,846	163 88	6,182,972 57
61-286	17 Mar 61	Constr punching bag support of 4" Sq stl.		N/C	316,846	100 44	6,183,073 01
61-291	17 Mar 61	Instl (1) ea Exh Fan 1/7 H.P. & Fab Hood for Fan.		N/C	316,846	232 04	6,183,305 05
		BALANCES FORWARDED			316,846		6,183,305 05

INSTALLATION NAME AND NO.				DATE		DRAW		RP ACCOUNT NO.		442055001		Card Nr 4		BUILDING NO.		4550	
DIMENSIONS (Width x Length)				WINGS		BASEMENTS		STATE		ASSIGNMENT		TYPE OF CONSTRUCTION		CONDITION		OCCUPANCY	
MAIN BUILDING				OFFSETS													
FOUNDATION				FLOOR		WALL		ROOF									
SOURCE				TYPE		HEATING		FUEL									
NO. OF USABLE FLOORS				NO.		FIRE PROTECTION		TYPE									
UTILITY CONNECTIONS				BLDG EQPT		NO.		TOTAL CAPACITY									
WATER																	
SEWER																	
ELECTRIC																	
GAS																	
STEAM																	
CONDENSATE																	
SCHED. NO.		DATE		DESCRIPTION		DATE COMPLETED		AREA UNIT SF		COST		TOTAL COST					
								AMOUNT		TOTAL							
		17 Mar 61		Bal Fwded				316,846		670 01		6,183,305 05					
61-374		11 May 61		Instl commercial typ mtl corr roll-up drway elec operated from the inside. 31 Jan 61								6,183,305 05					
61-364		11 May 61		Instl curtain rods, add lights & nurses call sys, Rem sec hardware, lav, doors. 10 Mar 61				316,846		4,379 50		6,188,354 56					
61-366		11 May 61		Remove partitions, Instl new metal partitions, (6) fix (Incandescent). 23 Aug 60				N/C		7,352 00		6,195,706 56					
61-485		5 June 61		Install Glass Window In Doors		27 Apr 61		N/C		113 43		6,195,819 99					
				BALANCES FORWARDED		5 June 61		N/C				6,195,819 99					

AF 1430 REPLACES DA FORM 5-47, 1 NOV 45 WHICH IS OBSOLETE IN THE USAF.

REAL PROPERTY ACCOUNTABLE RECORD - BUILDINGS

VOUCHER NO.	DATE	DESCRIPTION	DATE COMPLETED	AREA UNIT SF		COST	TOTAL COST
				AMOUNT	TOTAL		
		BALANCES FORWARDED	5 June 61				
61-457	5 June 61	Instl (28) ea Fluorescent Fixtures 4 lp 48"	24 Apr 61	N/C	316,846		6,195,819 99
61-458	5 June 61	Instl (1) ea outlet duplex 110 volt Instl (2) ea partitions	17 Apr 61	N/C	316,846	935	79 6,196,755. 78
61-459	5 June 61	Instl conduit (180) ft (interior) mtl thinwall type 1 1/2" w/ junction box	3 Mar 61	N/C	316,846	1,334	78 6,198,090. 56
61-462	5 June 61	Instl wtr cooled condenser in con- junction with meal pack refrig	7 Apr 61	N/C	316,846	244	97 6,198,338 53
61-464	5 June 61	Fabricate (12) Metal Brackets to Support Accordion doors Instal (6)	7 Apr 61 doors	N/C	316,846	91	14 6,198,429 67
61-484	5 June 61	Run 2" gas line with valves to use bunsen burners repair wall	14 Apr 61	N/C	316,846	401	06 6,198,830 73
61-486	5 June 61	Reloc (1) ea parti, (2) es Doors (2) ReSeats. Instal Section of Metal Parti	27 Mar 61	N/C	316,846	157	33 6,198,988 06
61-501	5 June 61	Instl (8) ea Venetian Blinds	4 Apr 61	N/C	316,846	152	89 6,199,140 95
61-476	5 June 61	Rem dishwasher, drain board, stain- steel cabinet, all HALL equipment.	18 Apr 61	N/C	316,846	76	50 6,199,217 45
61-513	5 Jun 61	Constr Add. 1 Wing Dimensions 201.67' x 79' 8 Floors & Basement	15 Dec 60	155,586	472,432	47	94 6,199,265 39
61-520	19 Jun 61	Reroute circuits and conduit etc.	23 Feb 61	N/C	472,432	3,302,957.96	96 9,502,223 35
61-524	19 Jun 61	Reloc counter, and repair floor and cove. Instl new ceramic base, in B1-39	25 May 61	N/C	472,432	271	71 9,502,495 06
61-527	19 Jun 61	Amendment to Engineer Contract DA 41-243-Eng 3694, X-Ref VO 61-513	22 Feb 61	N/C	472,432	219	46 9,502,714 52
61-538	19 Jun 61	Instl (6) duplex outlets	25 May 61	N/C	472,432	1,450	00 9,504,164 52
28-62	24 Aug 61	Instl Water line from Water Softener system.	Jun 61	N/C	472,432	64	06 9,504,228 58
55-62	19 Sep 61	Instl Circuit Breakers, feeder conductors to X-Ray	14 Jun 61	N/C	472,432	763	05 9,504,991 63
59-62	19 Sep 61	Instl (4) ea fluor Fixtures & (8) ea outlets duplex	16 Jun 61	N/C	472,432	330.	00 9,505,321 63
84-62	3 Oct 61	Instl chapel equipment.	14 Apr 61	N/C	472,432	449	24 9,505,770 87
92-62	3 Oct 61	Constr & install baloony canopy	18 May 61	N/C	472,432	1,053	50 9,506,824 37
		BALANCES FORWARDED	3 Oct 61		472,432	1,398	00 9,508,222 37
					472,432		9,508,222 37

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INSTALLATION NAME AND NO.		DRAWING NO.		DATE		RP ACCOUNT NO.		455001		Card Nr 5		4550	
MAIN BUILDING		OFFSETS		WINGS		BASEMENTS		STATE		ASSIGNMENT		CODE	
FOUNDATION		FLOOR		WALL		ROOF		TYPE OF CONSTRUCTION		CONDITION		OCCUPANCY	
SOURCE		TYPE		HEATING		FUEL		AIR FORCE INTEREST		UNIT OF MEASURE (Other than area)		QUANTITY	
NO. OF USABLE FLOORS		NO.		TYPE		FIRE PROTECTION		NOMENCLATURE		CATEGORY		570-001	
WATER		UTILITY CONNECTIONS		BLDG EQPT		NO.		TOTAL CAPACITY		REMARKS		Ref. A/C Plt Card Fac# 4550 (8910-5)	
SEWER				AIR CONDITIONING									
ELECTRIC				EVAPORATIVE COOLING									
GAS				MECHANICAL COOLING									
STEAM				HOT WATER FACILITIES									
CONDENSATE													
71-62	3 Oct 61	Bal Fwded		DESCRIPTION		DATE COMPLETED		AREA UNIT		COST		TOTAL COST	
71-62	3 Oct 61	Instl (1)ea outlet duplex & conduit				31 July 61		N/C		56 20		9,508,222 37	
75-62	3 Oct 61	Remove (1)ea Commode, Contr & instl sheet metal shel				17 Jul 61		N/C		112 50		9,508,266 07	
113-62	9 Oct 61	X-Ref ENG 290, VO 113-62 Supplement Payment for T-Wing				26 May 61		N/C		665 89		9,508,931 96	
121-62	11 Oct 61	X-ref VO 55-62 & W.O. 1335-61						N/C		49		9,508,932 45	
		BALANCES FORWARDED		3 Oct 61				472,432				9,508,932 45	

INITIAL NAME AND NO.				DATE		DRAW		RP ACCOUNT NO.		442055001		Card Nr 4		BUILDING NO.		4550	
DIMENSIONS (Width x length)				OFFSETS		WINGS		BASEMENTS		STATE		ASSIGNMENT		TYPE OF CONSTRUCTION		CONDITION	
FOUNDATION				FLOOR		WALL		ROOF		OCCUPANCY		AIR FORCE INTEREST		UNIT OF MEASURE (Other than area)		QUANTITY	
SOURCE				TYPE		HEATING		FUEL		NOMENCLATURE		CATEGORY		REMARKS			
NO. OF USABLE FLOORS				NO.		FIRE PROTECTION		TYPE		BLDG EQPT		NO.		TOTAL CAPACITY			
WATER				UTILITY CONNECTIONS		AIR		CONDITIONING		EVAPORATIVE		COOLING		MECHANICAL		COOLING	
SEWER						HOT WATER		FACILITIES		DATE		COMPLETED		DESCRIPTION			
ELECTRIC				DATE		17 Mar 61		Bal Fwded		61-374		11 May 61		Instl commercial typ mtl corr roll-up drway elec operated from the inside. 31 Jan 61			
GAS				11 May 61		11 May 61		Instl curtain rods, add lights & nurses call sys, Rem sec hardware, lav, doors. 10 Mar 61		61-364		11 May 61		Remove partitions, Instl new metal partitions. (6) fix (Incandescent).		23 Aug 60	
STEAM				5 June 61		5 June 61		Install Glass Window In Doors		61-485		5 June 61		BALANCES FORWARDED		5 June 61	
CONDENSATE																	
										AREA UNIT SF		TOTAL		COST		TOTAL COST	
										AMOUNT		316,846		670 01		6,183,305 05	
										316,846		4,379 50		6,188,354 56			
										N/C		7,352 00		6,195,706 56			
										N/C		113 43		6,195,819 99			
										N/C		316,846		6,195,819 99			

AF 1430 REPLACES DA FORM 5-47. 1 NOV 45 WHICH IS OBSOLETE IN THE USAF.

REAL PROPERTY ACCOUNTABLE RECORD - BUILDINGS

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INSTALLATION NAME AND NO.				RP ACCOUNT NO.		CONTROL NO.		BUILDING NO.		4550		CODE	
MAIN BUILDING				OFFSETS		WINGS		BASEMENTS		STATE		ASSIGNMENT	
DIMENSIONS (Width x length)				FLOOR		WALL		ROOF		TYPE OF CONSTRUCTION		CONDITION	
MATERIALS				HEATING		FUEL		OCCUPANCY		AIR FORCE INTEREST		UNIT OF MEASURE (Other than area)	
SOURCE				TYPE		FIRE PROTECTION		QUANTITY		NOMENCLATURE		CATEGORY	
NO.				TYPE		TOTAL CAPACITY		REMARKS		Change-Utilization of multi-purpose		entries EXCH CAFE SNCK BAR, 740-381 & EXCH SERV OUTLET, 740-389 to COMPOSITE MED, 510-001 IAW 1st Ind Hq ATC (ATEOM-OR) 3 Jun 63 to Ltr, Lackland AFB (CE-EA-RE), 14 May 63.	
UTILITY CONNECTIONS				BLDG EQPT		NO.		AMOUNT		AREA UNIT		TOTAL	
WATER				AIR		CONDITIONING		N/C		472,432		8,860,420 02	
SEWER				EVAPORATIVE		COOLING		N/C		472,432		8,860,420 02	
ELECTRIC				MECHANICAL		COOLING		N/C		472,432		8,860,420 02	
GAS				HOT WATER		FACILITIES		N/C		472,432		8,886,657 02	
STEAM				DATE		DESCRIPTION		DATE COMPLETED		26,237 00		8,909,620 93	
CONDENSATE				4 Dec 62		Bal Fwded		17 Feb 62		22,963 91		8,909,620 93	
91-63				4 Dec 62		Change prefix of Cost Code IAW AFM 170-5C, 15 Oct 62		25 Jan 63		472,432		8,909,620 93	
96-63				11 Dec 62		To estab BD as add UoFM in ledger		BALANCES FORWARDED		472,432		8,909,620 93	
98-63				12 Dec 62		Instl (5) ea Exhaust fans in Kitchen Proj. IA 276R-0		AF 15 JUN 1963		472,432		8,909,620 93	
137-63				25 Jan 63		Instl dual unit water softener		REPLACES DA FORM 5-47, 1 NOV 45 WHICH IS OBSOLETE IN THE USAF.		472,432		8,909,620 93	

VOUCHER NO.	DATE	DESCRIPTION	DATE COMPLETED	AREA UNIT		COST	TOTAL COST	
				AMOUNT	TOTAL			
	25 Jan 63	BALANCES FORWARDED			472,432		8,909,620	93
138-63	25 Jan 63	Instl 5 1/8" sweat fitter flex connection to water line		N/C	472,432	713	8,910,334	28
161-63	7 Feb 63	Alter rooms, instl gas & water pipe, door locks & med equip non RP type		N/C	472,432	2,056	8,912,390	68
186-63	13 Feb 63	Instl steam line 1 1/2" (100 lb) Cap to rm D2-27K for Sterilizers. Instl (3) ea gate valves		N/C	472,432	1,047	8,913,437	94
199-63	18 Feb 63	Alter & increase elec capto circuits		N/C	472,432	9,351	8,922,789	89
221-63	8 Mar 63	Alter gnd detect & alarm system		N/C	472,432	1,200,487	10,123,277	71
222-63	8 Mar 63	Update total to Eng 290 by DA 39B		N/C	472,432	482,588	10,605,865	92
252-63	9 Apr 63	Modify A/C of portion of T-7 & T-8 to Bldg 4550. Instl (1) ea Exh Fan		N/C	472,432	14,687	10,620,553	52
299-63	7 Jun 63	Change Utilztn of multi-purpose space entry Exch Gate, Spck Bar & Exch Sery Outlet to Composite Med IAW 1st Ind AIC 3 Jun 63 LAFB 14 May 63		N/C	472,432	N/C	10,620,553	52
10-64	17 Jul 63	Instl panic hardware in exit doors		N/C	472,432	833	10,621,387	01
16-64	19 Jul 63	(1) ea set in DB-15 & (2) ea sets in EB-6 Construct partition & Instl door frame & Dbl door in corridor in Bldg 4550		N/C	472,432	473	10,621,860	87
18-64	22 Jul 63	Fab & instl new duct in ceiling Rm D1-16, instl steam heating coil.		N/C	472,432	590	10,622,451	24
42-64	12 Aug 63	Constr Radiotherapeutic Clinic, remodel area, Change Utilztn to X-RAY THERAPEUTIC	1963	670	473,102	61,990	10,684,441	24
53-64	28 Aug 63	Turn-in (1) ea lavatory frm rm B1-3, Bldg 4550		N/C	473,102	15	10,684,456	24
57-64	9 Sep 63	Alter existing oxygen & vacuum system lines IAW Proj. LA92-3		N/C	473,102	1,988	10,686,444	24
81-64	21 Oct 63	Instl (2) ea centrifugal fans 1/2HP in Bldg 4550, room BE38A		N/C	473,102	407	10,686,851	46
119-64	8 Nov 63	A-E Services to Alter Elec Dist Sys Proj. LA 91-3		N/C	473,102	1,332	10,688,183	46
133-64	19 Nov 63	Alter Elec Sys, Instl dimmer switches relay boxes etc IAW Proj. LA65-3		N/C	473,102	1,937	10,690,120	46
137-64	20 Nov 63	Alter NP Ward. Instl Fluor Fixt		N/C	473,102	3,477	10,693,597	46
143-64	26 Nov 63	Constr Partitions IAW Proj. LA576-2 Replace counter tops & sinks w/stainless steel IAW Proj. LA95-3		N/C	473,102	1,972	10,695,569	46
		BALANCES FORWARDED			473,102		10,695,569	46

INSTALLATION NAME AND NO.			DRAWING NO.		RP ACCOUNT NO.		X55001-1 CONTROL NO.		Card 7 BUILDING NO.		4550	
DIMENSIONS (Width x Length)												
MAIN BUILDING		OFFSETS		WINGS		BASEMENTS		STATE				
FOUNDATION		FLOOR		WALL		ROOF		ASSIGNMENT				
SOURCE		TYPE		HEATING		FUEL		TYPE OF CONSTRUCTION				
OF USABLE FLOORS		NO.		FIRE PROTECTION		TYPE		CONDITION				
UTILITY CONNECTIONS		BLDG EQPT		NO.		TOTAL CAPACITY		OCCUPANCY				
WATER		AIR		CONDITIONING				AIR FORCE INTEREST				
SEWER		EVAPORATIVE		COOLING				UNIT OF MEASURE (Other than area)				
ELECTRIC		MECHANICAL		COOLING				QUANTITY				
GAS		HOT WATER		FACILITIES				NOMENCLATURE				
STEAM								CATEGORY				
CONDENSATE								REMARKS				
		26 Nov 63	Bal Fwded					DATE COMPLETED	AREA UNIT	SF	COST	TOTAL COST
151-64	3 Dec 63	Cost of Engineering Svcs						AMOUNT	TOTAL			
157-64	6 Dec 63	Instl 220 volt line, remove shelf, replace sink, instl accoridian door. SERVICES & MATERIALS to estab addnl						N/C	473,102	370,360	04	10,695,589 46
165-64	8 Jan 64	472 SF to Pharmacy area Proj IA 99-3						N/C	473,102	561 38		11,065,949 50
179-64	21 Jan 64	Alter rooms BI-69 thru BI-75 remove drs, reloc cabinets, instl faucet, etc;						N/C	473,102	5,171 00		11,066,510 88
									473,102	2,151 00		11,071,681 88
									473,102			11,073,832 88
									473,102			11,073,832 88

VOUCHER NO.	DATE	DESCRIPTION	DATE COMPLETED	AREA UNIT SF		COST	TOTAL COST
				AMOUNT	TOTAL		
		BALANCES FORWARDED 21 Jan 64			473,102		11,073,832 88
194-64	3 Feb 64	Services & Materials to repair patio IAW Proj. LA97-3		N/C	473,102	18,411 00	11,092,243 88
200-64	11 Feb 64	Services & Materials to alter Elec Distribution system IAW Proj. LA91-3		N/C	473,102	9,357 00	11,101,600 88
220-64	6 Mar 64	SERVICES & MATERIALS TO INSTALL OUTLETS, WO 1191-3.		N/C	473,102	359 00	11,101,959 88
236-64	6 Apr 64	Alter elec distribution to provide a 208 volt outlet in rm T3-49		N/C	473,102	521 00	11,102,480 88
240-64	6 Apr 64	Instl (4) ea oxygen valve outlets in Rm B8-20. Tie into existing line		N/C	473,102	208 00	11,102,688 88
242-64	7 Apr 64	Instl (1) ea Exh Fan 1/16HP in Bldg 4550		N/C	473,102	252 00	11,102,940 88
269-64	25 May 64	Remove (3) ea doors frm Fac 4550, RM B1-23 & Turn-in to R&M		N/C	473,102	105 00	11,102,835 88
20-65	7 July 64	Install (3) ea partitions in room TB-3		N/C	473,102	294 00	11,103,129 88
22-65	7 Jul 64	Alter & Redesignate supply Rms D3, 8, & 9 Instl (6) ea Fluo Fixt IAW Proj. LA95-4		N/C	473,102	3,093 00	11,106,222 88
23-65	7 Jul 64	Remove (1) ea door in room DI-27		N/C	473,102	10 00	11,106,212 88
74-65	18 Aug 64	Cover existing NP Rectn area roof enclosure, O&M program OCC-2524 IAW Proj. LA76-4		N/C	473,102	2,384 00	11,108,596 88
76-65	19 Aug 64	Instl (1) ea Commode, bathtub, & Lavatory in Rms #7&12 IAW Proj. LA135-3. Alter Rms.		N/C	473,102	3,793 00	11,112,389 88
83-65	25 Aug 64	Alter Bldg 4550. Instl partitions, stainless steel cabinets etc IAW Proj. LA1-3		N/C	473,102	6,680 00	11,119,069 88
156-65	9 Dec 64	Alter rm T5-7 & T5-22 high humidity repl panels, elec outlets, seal & paint. IA 565-2		N/C	473,102	454 85	11,119,524 73
200-65	25 Jan 65	Alter elec system to provide emergency Pwr to radiology section IAW Proj. LA73-4		N/C	473,102	4893.47	11,124,418 20
201-65	25 Jan 65	Alter Kitchen sewage system to increase the capacity of disposal line IA 74-4		N/C	473,102	11,280 79	11,135,698 99
202-65	25 Jan 65	Alter Air Cond. in Renal lab. to provide direct air for Hood. IA 103-4		N/C	473,102	10,177 68	11,145,876 67
203-65	25 Jan 65	Alter Room CB-11, Post Office, install 1,249 Post Office Boxes IA 137-3		N/C	473,102	2,612.41	11,148,489 08
233-65	19 Feb 65	Instl (2) ea 3-tube Fluor Fixt. Instl partition along corridor & Rm C3-1.		N/C	473,102	642 91	11,149,131 99
		BALANCES FORWARDED 19 Feb 65			473,102		11,149,131 99

INSTALLATION NAME AND NO.				DIMENSIONS (Width x length)		DATE		DRAWING		RP ACCOUNT NO.		CONTROL NO.		Card 8 BUILDING NO.		4550																	
										STATE		ASSIGNMENT		TYPE OF CONSTRUCTION		CONDITION		OCCUPANCY		AIR FORCE INTEREST		UNIT OF MEASURE (Other than area)		QUANTITY		NOMENCLATURE		CATEGORY		REMARKS			
MAIN BUILDING										OFFSETS		WINGS		BASEMENTS																			
FOUNDATION										FLOOR		WALL		ROOF																			
SOURCE										TYPE		HEATING		FUEL																			
NO. OF USABLE FLOORS										NO.		FIRE PROTECTION		TYPE																			
UTILITY CONNECTIONS										BLDG EQPT		NO.		TOTAL CAPACITY																			
WATER										AIR		CONDITIONING																					
SEWER										EVAPORATIVE		COOLING																					
ELECTRIC										MECHANICAL		COOLING																					
GAS										HOT WATER		FACILITIES																					
STEAM																																	
CONDENSATE																																	
SERIAL NO.		DATE		DESCRIPTION		DATE COMPLETED		AREA UNIT		SF-BD		TOTAL		COST		TOTAL COST																	
		19 Feb 65		Bal Fwded				N/C		473,102						11,149,131 99																	
293-65		20 Apr 65		Instl (307) ea pull bars in patient bathrooms of Facility #4550				N/C		473,102				5,181 00		11,154,312 99																	
294-65		20 Apr 65		Remove (1) ea sink w/counter & turn-in to salvage from Bldg 4550				N/C		473,102				30 00		11,154,282 99																	
296-65		5 May 65		Shred-out cost of Impr & Semi*Impr land added to original cost X-Ref VO 261-65				N/C		473,102				26,849 12		11,181,132 11																	
16-66		16 Jul 65		Provide emerg pwr to Short Wave Trans & remote units at FAC 4550		31 Mar 65		N/C		473,102				268 56		11,181,400 67																	
										473,102						11,181,400 67																	

VOUCHER NO.	DATE	DESCRIPTION	DATE COMPLETED	AREA UNIT SF		COST	TOTAL COST
				AMOUNT	TOTAL		
		BALANCES FORWARDED 16 Jul 65			473,102		11,181,400
49-66	21 Jul 65	Reverse cost of w/O 1165-5 X-Ref VO 16-66 16 Jul 65		N/C	473,102	268	11,181,132
69-66	17 Aug 65	Remov incandescent fixts & instl Fluor Fixt (2)ea 3-tube 48"	11 Jun 65	N/C	473,102	72	11,181,204
70-66	17 Aug 65	Modify East Wing Mech Rm Htg Unit Instl (2)ea Exh Fans	17 Aug 65	N/C	473,102	1,495	11,182,699
71-66	17 Aug 65	Instl (4)ea fluor fixt 4-tube 48" in rm H1-14.	17 Aug 65	N/C	473,102	198	11,182,898
72-66	17 Aug 65	Instl (40)ea Fluor Fixt 3-tube & (3)ea X-Ray outlets, 240V.	17 Aug 65	N/C	473,102	1,091	11,183,990
119-66	14 Oct 65	Instl (1)ea Fluor Fixt 3-tube 48" in Fac 4550.	14 Oct 65	N/C	473,102	57	11,184,047
161-66	7 Jan 66	Instl (1)ea lavatory in dental unit of Fac 4550	7 Jan 66	N/C	473,102	132	11,184,179
182-66	25 Jan 66	Instl (1)ea lavatory in Fac 4550	25 Jan 66	N/C	473,102	192	11,184,372
183-66	25 Jan 66	Instl (2)ea 4-tube 48" Fluor Fixt at 4th Floor, Fac 4550	25 Jan 66	N/C	473,102	1,134	11,185,506
185-66	25 Jan 66	Alter Elec Sys in wings A&B. Instl (2)ea 4-tube 48" Fluor Fixt. Proj. LA 12-5 (R1)	25 Jan 66	N/C	473,102	7,662	11,193,169
187-66	25 Jan 66	Instl (2)ea 3-tube 48" Fluor Fixt in room T2-10. Float, tape, & Paint walls	25 Jan 66	N/C	473,102	73	11,193,242
186-66	26 Jan 66	Instl Elec doors at clinic & Emerg entrance at hosp. sup. Proj. LA 12-5 (R1)	26 Jan 66	N/C	473,102	16,538	11,209,780
194-66	14 Feb 66	B/O & estab Ele Emerg Powr Plant Fac #4550	14 Feb 66	N/C	473,102	62,393	11,147,386
293-66	31 May 66	Install 1,800 SF of Acoustical Tile lower all light fixtures.	31 May 66	N/C	473,102	1,584	11,148,971
305-66	13 Jun 66	Alteration of bldg remo e equip repair walls & floors etc.	13 Jun 66	N/C	473,102	2,855	11,151,826
29-67	2 Sep 66	Instl 18 fluor. fixtures, rm. T4-37. Acc. tile on ceiling.	12 Jul 66	n/c	473,102	507	11,152,334
83-67	21 Oct 66	Repl wooden with conc. dock.	2 Sep 66	n/c	473,102	1,428	11,153,762
84-67	21 Oct 66	Connect emerg power, equip, lights & nurse call system.	23 Sep 66	n/c	473,102	14,755	11,168,517
155-67	25 Jan 67	Instl Window type A/C in Room DL.30 Fac. 4550	21 Dec 66	n/c	473,102	1,197	11,169,715
BALANCES FORWARDED 18 Aug 67					473,102		11,169,715

INSTALLATION NAME AND NUMBER

DATE

FACILITY NOMENCLATURE AND NO.

4250

VOUCHER NO.	DATE	DESCRIPTION	DATE COMPLETED	AREA UNIT SF		COST	TOTAL COST
				AMOUNT	TOTAL		
	18 Apr 67	Balance forward			473,102		11,169,715 35
226-67	18 Apr 67	Instl Oxygen & other emerg outlets, Intensive Care Unit.		n/c	473,102	1,889	11,171,604 69
7-68	11 Jul 67	Alter rooms in bldg for closed circuit TV.		n/c	473,102	21,660	11,193,264 79
21-68	18 Jul 67	Remove incandescent lights & Install 8 Fluorescents	22 Jun 67	N/C	573 473,102	304 19	11,193,568 98
77-68	19 Sep 67	Repl 2 ea incand lights w/4 ea flur fixtures, Stock No. 8210100067630477 Room A7-1	29 Aug 67	N/C	473,102	318 84	11,193,887 82
122-68	16 Nov 67	Remove counter & sink, Room BI-14	9 Oct 67	N/C	473,102	156 00	11,193,731 82
123-68	16 Nov 67	Remove 1 ea steel sink, Rm DI-28, & 1 ea water Closet, Rm DI-30-B	9 Oct 67	N/C	473,102	302 00	11,193,429 82
124-68	16 Nov 67	Remove 1 ea mop sink from janitor closet, Room BB-34	9 Oct 67	N/C	473,102	75 00	11,193,354 82
130-68	16 Nov 67	Removed Lavatory from room C-2-5	9 Oct 67	N/C	473,102	(79 80	11,193,275 02
149-68	6 Dec 67	Redesignation of hospital buildings	6 Dec 67	11,498 N/C	484,600 473,102	(7980)	11,193,275 02
253-68	14 Mar 68	Install Water Cooler	27 Feb 68	N/C	484,600 473,102	158 50	11,193,433 52
254-68	14 Mar 68	Remove Soapstone sink from D I-39B	19 Feb 68	N/C	484,600 473,102	(75 00)	11,193,358 52
255-68	14 Mar 68	Remove Scrub Sink & Turn-in	15 Feb 68	N/C	484,600 473,102	(75 00)	11,193,283 52
258-68	14 Mar 68	Install plumbing & elec for Oxide gas sterilizer	26 Feb 68	N/C	484,600 473,102	856 09	11,194,139 61
261-68	14 Mar 68	Install Sink & duplex receptacle for equipment	7 Feb 68	N/C	484,600 473,102	483 82	11,194,623 43
275-68	14 Mar 68	Remove 1 ea sink from closet located in Room BB-14		N/C	484,600 473,102	(75 00)	11,194,548 43
278-68	14 Mar 68	Repl incand lights w/4 ea Fluorescent lights, Room BI-15		N/C	484,600 473,102	139 19	11,194,687 62
281-68	14 Mar 68	Repl incand light w/1 ea Fluorescent fixture, 48" in Room BI-15		N/C	484,600 473,102	33 60	11,194,721 22
314-68	12 Apr 68	Instl 2 ea fluor fixtures.		n/c	484,600	145 66 145 66	11,194,866 88
				BALANCES FORWARDED			
				484,600			11,194,866 88

VOUCHER NO.	DATE	DESCRIPTION	DATE COMPLETED	AREA UNIT		COST	TOTAL COST
				AMOUNT	TOTAL		
	12 Apr 68	Balance Forward			484,600		11,194,866.88
315-68	12 Apr 68	Instl 8 ea Fluor. Fix.		N/C	484,600	571.21	11,195,138.09
322-68	15 Apr 68	Inst's lea intake fan in ea ventilation shaft of A, E, & D Wing		N/C	1,844,600	3,278.00	11,198,716.09
330-68	14 May 68	Replace incadescent light with 1 ea Fluorescent fixture in Room E 1-27	24 Apr 68	N/C	1,844,600	54.96	11,198,771.05
342-68	13 May 68	Instl 19 Wall light fixture over lund	ago 68	N/C	484,600	986.84	11,199,757.89
14-69	22 Jul 68	Remove commode, Shower stall & partition.		n/c	484,600	(52.80)	11,199,705.09
37-69	12 Aug 68	Instl 2 ea - 3 tube Fluorescent Fixtures in Rm A6-2	3 Jul 68	N/C	484,600	150.15	11,199,855.24
50-69	12 Aug 68	Fabricate exh hood & duct - Room TB-19	2 Jul 68	N/C	484,600	890.68	11,200,745.84
73-69	10 Sep 68	Remove one each Scrub Sink	30 Jul 68	N/C	484,600	(75.00)	11,200,670.88
81-69	10 Sep 68	Instl stainless steel cabinet		N/C	484,600	1,477.41	11,202,148.29
82-69	10 Sep 68	Instl shelving, outfit according to spec. 3-3C		N/C	484,600	972.10	11,203,120.39
103-69	8 Oct 68	Cost adj. Ref. Vo. 81-69.		n/c	484,600	(69.60)	11,203,050.79
113-69	9 Oct 68	Remove Scrub Sink from Room D-2-3A	10 Sep 68	N/C	484,600	(75.00)	11,202,975.79
227-69	17 Feb 69	Remove exh fan, install at 2214		n/c	484,600	(54.65)	11,202,921.14
240-69	24 Feb 69	Adj Voucher Reference VO # 50-69 Decrease in cost of Material	1968	N/C	484,600	(141.86)	11,202,779.28
249-69	21 May 69	INSTALL WTR. CLR. IN D-2 RECOVERY AREA	25 MAR 69	N/C	484,600	216.92	11,202,996.20
48-70	12 SEP 69	Lavatory, comode & urnial Remove: in rms C1-8A, C1-3A	5 AUG 69	N/C	484,600	(110.19)	11,202,886.01
67-70	12 SEP 69	Install lavatories in Rms D2-3D, D2-3E, D2-3F. Also 1 Dbl hinged Dr.	20 JUN 69	nc	484,600	1813.58	11,204,699.59
		BALANCES FORWARDED			484,600	-----	11,204,699.59

VOUCHER NO.	DATE	DESCRIPTION	MPLS RP ACCOUNT NO.	55001-1 CONTROL NO.	COMPOSITE, MED FACILITY NOMENCLATURE AND NO.		FAC# 14550 (card #10)	
					AREA UNIT	COST	TOTAL COST	
					AMOUNT			
68-70	12SEP69	Remove & turnin 1 ea drinking fountain from rm B1-14C			nc	(15 00)	11,204,64	59
69-70	12SEP69	Instl Bat/Opr'd EMERG PWR SYS TO ALL Emergency rooms; to provide 1/5 Sec Response; const. bat. rm on roof "D"			nc	24,764	11,229,44	99
70-70	12SEP69	Remove broken svc/sink from rm E-1			nc	(75 00)	11,229,37	99
76-70	12SEP69	Constr. 3 shelves and instl 1 ea flour fix., rm D2-5.			nc	96	11,229,47	94
78-70	12SEP69	(Chg'd per 15SEP69 Ltr from CE-RC-P-C) CHG. COND. CODE FROM 1 to 2 (Hosp/)			nc	nc	11,229,47	94
134-70	8 Dec 69	Small 3 shelves 4 ea 8-45" high			nc	184	11,229,65	64
205-70	15 Jan 70	Small 3 shelves 4 ea 8-45" high			N/C	734	11,230,39	01
258-70	24 Jan 70	Moddy Room 11-113, 11-114, 11-115, 11-116, 11-117, 11-118, 11-119, 11-120, 11-121, 11-122, 11-123, 11-124, 11-125, 11-126, 11-127, 11-128, 11-129, 11-130, 11-131, 11-132, 11-133, 11-134, 11-135, 11-136, 11-137, 11-138, 11-139, 11-140, 11-141, 11-142, 11-143, 11-144, 11-145, 11-146, 11-147, 11-148, 11-149, 11-150, 11-151, 11-152, 11-153, 11-154, 11-155, 11-156, 11-157, 11-158, 11-159, 11-160, 11-161, 11-162, 11-163, 11-164, 11-165, 11-166, 11-167, 11-168, 11-169, 11-170, 11-171, 11-172, 11-173, 11-174, 11-175, 11-176, 11-177, 11-178, 11-179, 11-180, 11-181, 11-182, 11-183, 11-184, 11-185, 11-186, 11-187, 11-188, 11-189, 11-190, 11-191, 11-192, 11-193, 11-194, 11-195, 11-196, 11-197, 11-198, 11-199, 11-200, 11-201, 11-202, 11-203, 11-204, 11-205, 11-206, 11-207, 11-208, 11-209, 11-210, 11-211, 11-212, 11-213, 11-214, 11-215, 11-216, 11-217, 11-218, 11-219, 11-220, 11-221, 11-222, 11-223, 11-224, 11-225, 11-226, 11-227, 11-228, 11-229, 11-230, 11-231, 11-232, 11-233, 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VOUCHER NO.	DATE	DESCRIPTION	DATE COMPLETED	AREA UNIT		COST	TOTAL COST
				AMOUNT	TOTAL		
		Balances - Paid 8 Dec 70	1970		484,600		11,276,580 48
250-71	30 Dec 70	Small Photographic equipment - 1 unit	1970	N/C	484,600	2,431	11,279,012 37
262-71	8 Dec 70	Shipping Supplies - in Room TB-3	13 Nov 70	N/C	484,600	5,856	11,279,597 93
277-71	11 Feb 71	Transfer installed water system	11 Feb 71	N/C	484,600	1,132	11,279,465 73
302-71	13 Apr 71	Removal of old water system & installation of new system	1971	N/C	484,600	1367	11,279,833 56
330-71	20 Jun 71	Burbank Municipal Admin. Bldg	1971	N/C	484,600	17,500	11,262,333 56
346-71	11 Jun 71	Change, only, code from 346-71	1971	N/C	484,600	N/C	11,262,333 56
347-72	26 Oct 71	Change, only, code from 346-71	1971	N/C	484,600	658	11,262,991 60
59-72	27 Oct 71	Construction of new H-1-10	28 Oct 71	N/C	484,600	1,969	11,264,961 41
120-72	16 Nov 71	Construction of new H-1-10	1971	N/C	484,600	1,706	11,266,667 45
144-72	10 Dec 71	Construction of new H-1-10	24 Nov 71	N/C	484,600	1,293	11,267,960 67
159-72	11 Jan 72	Construction of new H-1-10	1972	N/C	484,600	749	11,268,710 56
167-72	11 Jan 72	Construction of new H-1-10	1972	N/C	484,600	136	11,268,846 60
168-72	11 Jan 72	Construction of new H-1-10	1972	N/C	484,600	1,895	11,270,742 51
172-72	11 Jan 72	Construction of new H-1-10	1972	N/C	484,600	1,436	11,272,178 78
219-72	6 Mar 72	Construction of new H-1-10	1972	N/C	484,600	2,955	11,280,034 24
225-72	13 Mar 72	Construction of new H-1-10	1972	N/C	484,600	1,394	11,281,428 34
233-72	13 Mar 72	Construction of new H-1-10	1972	N/C	484,600	3,471	11,284,899 28
249-72	23 Mar 72	Construction of new H-1-10	1972	N/C	484,600	732	11,285,631 52
251-72	24 Mar 72	Construction of new H-1-10	1972	N/C	484,600	408	11,286,039 18
		BALANCES FORWARDED			1,000	N/C	11,287,039 18

BLACKLAND AFB, TEX.

27 MAR 72

MPLS

COMPOSITE, MED

#4550

INSTALLATION NAME AND NUMBER

DATE

RP ACCOUNT NO.

CONTROL NO.

FACILITY NOMENCLATURE AND NO.

VOUCHER NO.

DATE

DESCRIPTION

DATE COMPLETED

AMOUNT

TOTAL

COST

TOTAL COST

BALANCE FWD
BREAK OUT COST OF

A/C LESS 5 TON

Remove Cabinet & convert to Antenna Sys

Expand central TV ANTENNA SYS

to 13 wing & OTHER SELECTED AREAS

Install 2 ea 4 tube fluorescent

fixtures in RM 82-15

chg various cat cables in W

chg 6, AFM 300-4

INSTALL "I" BEAM TROLLEY IN

WATER SOFTENER PLANT ENGINE ROOM.

INSTALL FLUOR. FIXT. IN ROOM

(WH-4-77) DCA-63-16-E-271

Concrete North Wing Coldwater

(WH-80-1) DCA-63-16-E-271

Concrete North Wing Coldwater

Renovate interior wing AWH-81-1

Install conduits for telephone units

Install sink supply fittings in 12 rooms.

Renovation 2nd floor - E Wing with

some demolition work. (WH-81-3) DCA-63-16-E-271

Installation of hydro-pneumatic

pressure boosters for sterilization

Provide under floor conduit boxes and outlets,

to connect second VAX II-780 computer.

INSTALL dummy switch in room

IK-60 for control the light in room

BALANCES FORWARDED

21 MAR 72

17 APR 72

10 MAR 72

15 APR 72

20 APR 72

12 JULY 72

15 AUG 72

25 AUG 72

11 OCT 72

24 OCT 72

14 AUG 79

11 SEP 80

13 DEC 81

10 MAR 81

3 DEC 81

8 DEC 81

15 DEC 81

4 JAN 82

13 MAY 82

251-82

7 MAR 82

RECEIVED

AF FORM 11450

SEP 63

REAL PROPERTY ACCOUNTABLE RECORD - SUPPLEMENTAL CARD

AF FORM 11450

SEP 63

REAL PROPERTY ACCOUNTABLE RECORD - SUPPLEMENTAL CARD

AF FORM 11450

N/C

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VOUCHER NO.	DATE	DESCRIPTION	DATE COMPLETED	AREA UNIT		COST	TOTAL COST
				AMOUNT	TOTAL		
260-82	8 June 1982	Modify Command-Wing of Facility	1982	N/C		\$3,600.34	
261-82	8 June 1982	Install ramp rail ends and door closure	1982	N/C		\$1,151.44	
262-82	8 June 1982	Install floor lights and replace then patch and paint rooms	1982	N/C		\$682.72	
263-82	8 June 1982	Build and permanently install wall cabinets in RM 70-50		N/C		\$3,466.53	
264-82	8 June 1982	Convert wall receptacle and install 208V power line	1982	N/C		\$1,854.54	
265-82	16 June 1982	Install safety tape around COL'S and pipe riser	1982	N/C		3,093.45	
270-82	16 June 1982	Install additional four duplex outlets & eight elect circuit change out 15KVA transformer	1982	N/C		2,433.81	
272-82	16 June 1982	to 45KVA TRANSFORMER IN RM BDD1	1982	N/C		958.18	
275-82	16 June 1982	Install one four tube 48" Fluor light in RM BDD4	24 May 1982	N/C		365.78	
276-82	16 June 1982	Re-route new sterilizer exhaust system	1982	N/C		1042.75	
296-82	20 Jul 82	Renovation of Wing-B floors 5th thru 9th including stairwell #11 and mechanical rooms. WH 82-3	DACA 63-76-C-0271	SF	4081	\$4,080,296.33	
95-83	4 Feb 83	Construct Cancer Treatment Center added SF to RADIOLOGY women.				\$952,222.00	\$70,712,731.24
159-83	12 May 83	Renovate "T" Wing Basement thru 8th Floor add all to A-C	25 Apr 83	N/C		\$1,698,537.50	
158-80	17 May 83	Construct an addition for the Cancer Treatment Facility	25 Apr 83	SF	+ 488	80,654.00	73,196,519.94
159-84	8 Feb 84	Replace 110V w/ 220V in Ram Clinic	27 Dec 83			6,041.05	73,503,561.41
101-84	8 Feb 84	Inst. Circuits & Supplies Power Vent in Ram 2603	11 Oct 83			3,152.81	73,505,713.25
102-84	8 Feb 84	Inst. Water/boiler line, 2 floor drain	08 Feb 83			1,667.00	73,507,380.25
103-84	8 Feb 84	Inst. Synchronic St. Ram 9C32, Comp. Co.	6 Dec 84			250.93	73,507,631.78
135-84	5 MAR 84	Install three cubicles 115 volt lines in rooms 2602 and 2603.	5 Oct 1993	N/C		\$22,534.28	73,530,166.06
251-84	11 Oct 1984	Inst. 66 recep. in basement	8 May 84			10,000.33	73,540,166.41
		BALANCES FORWARDED			1,342,954		\$73,540,166.41

CARD 12

LOCKLAND AFB, TEXAS

12 JUL 84

MPLS

COMPOSITE MED

510-001

VOUCHER NO.	DATE	DESCRIPTION	DATE COMPLETED	AREA UNIT		COST	TOTAL COST
				AMOUNT	TOTAL		
252-84	11 JUL 84	Install volt boxes in basement	17 MAY 84			\$5,535	61 \$73,543,702 02
253-84	11 JUL 84	Install elec lines w/duplex	6 JUN 84			\$1,223	86 \$73,544,925 82
257-84	20 JUL 84	Install 3-part sliding door in Hall 2001 opposite of main O.R.	17 MAY 84	N/A		\$9,527	54 \$73,554,453 42
51-85	5 Dec 84	Construct work shop for ARMY mechanical maintenance in WHMC sub-basement	7 NOV 1984	N/A		\$6,552	82 \$73,571,006 24
66-85	22 Jan 85	Install work shop for ARMY mechanical maintenance in WHMC sub-basement	21 MAR 84			\$3,000	63 \$73,574,912 82
78-85	17 MAR 85	Final contract for kitchen	85			\$2,390	22 \$73,577,911 09
135-85	20 MAY 85	Install GRAB BARS	85		1,342,954	\$16,974	00 \$73,854,885 09
36-86	7 NOV 85	Install new underground water treatment plant	85			\$105,207	00
208-86	14 MAY 86	CONSTRUCT METAL ENCLOSURE-12'X10' SPIRAL STAIRS, W/COVERED WALKWAY TO ALMIC.				\$25,000	00
211-86	28 MAR 86	RENOVATE AUDITORIUM				\$54,304	54
342-86	4 SEP 86	INSTALL FIRE ALARM IN RM 15B-22				\$1,462	02
20-87	2 Oct 86	INSTALL 2 FLOOR FIX IN RM 1H25 AND 2 IN RM 1H37					
21-87	2 Oct 86	INSTALL 1 FLOOR FIX U-TYPE TO RM 1H18					
36-87	6 Oct 86	Renovate rooms 2E58 & 2E62 WHMC.				\$6,238	11
40-87	6 Oct 86	Renovate single sink & replace with dual sink in room BF18 WHMC.				\$5,875	80
41-87	6 Oct 86	Relocate medicine refrigerator cabinet from room 9D36 to 9D28.				\$2,430	63
43-87	6 Oct 86	Install temperature control for radio room and disconnect fan from li.				\$1,749	00
44-87	6 Oct 86	Modify ventilation system for rooms # 1D31, 1D47, & 1D65 by re-routing.				\$18,458	33
59-87	4 Nov 86	INSTALL S.S. SINK, 13" IN ROOM 6C27.				\$2,866	67
BALANCES FORWARDED							

AF 1450

REAL PROPERTY ACCOUNTABLE RECORD - SUPPLEMENTAL CARD

VOUCHER NO.	DATE	DESCRIPTION	DATE COMPLETED	AREA UNIT		COST	TOTAL COST
				AMOUNT	TOTAL		
95-87	26 Jan 87	Instl 2-ea sprinkler heads fr sys.	1G112			\$537.15	
96-87	26 Jan 87	Instl elec boxes and flex conduits.				\$12,405.33	
123-87	19 Feb 87	Instl fluoresent light fixtures.				\$ 732.88	
128-87	19 Feb 87	Instl fluoresent light fixtures.				\$1,197.26	
135-87	6 MAR 87	INSTALL FLOOR-FIX 4 RUGS 48" ROOMS 2A70S 2A71.				515.09	
148-87	1 Apr 87	Instl auto fire detection sys in room 1M42 WHMC.				\$1,294.11	
173-87	4 May 87	Reboarded fire 3400 + 1500 2457 HO + 1500 1457 ME				150.88	
249-87	17 AUG 87	Instill 2 H.C. Window units in Ent. hallway FABRICATE 15 LADDERS FOR ELEVATOR MAINTENANCE AREAS.				10,090.14	
279-87	24 AUG 87	INSTALL DOUBLE DOORS, AND CLOSE EXISTING DOOR IN 1B39 CORRIDOR.				10,200.10	
33-88	7 OCT 87	Instl 2 ADDL HALON FR HORNS				578.33	72,013,534.42
17-88	1 OCT 87	Instl 2 ADDL HALON FR HORNS				6041.52	72,019,575.94
45-88	22 Oct 87	CONVERT RMS INTO SECLUSION RMS	OCT 87			12,159.83	72,032,335.77
56-88	5 Nov 87	RENOVATE DINING-HALL AREA, AND (RENOV) ESTABLISHED A ALA CARTE SERVICE				47004.67	72,079,340.44
137-88	18 FEB 88	INSTALL PARTITIONS + DOORS TO MAKE NEW OFFICE SPACE, MODIFY RMS 6L7 + 6L10	JAN 88			4560.55	72,083,900.99
159-88	2 MAR 88	OFFICE SPACE, MODIFY RMS 6L7 + 6L10				4071.93	72,087,972.92
160-88	2 MAR 88	INSTALL PRESSURE REGULATORS - COMPRESSOR (RM 8P 01)	NOV 87			+ 4904.83	72,092,877.75
157-88	2 MAR 88	RENOVATE (ADMIN - DOCUMENTS/AIDS) CONSTRUCT ROOM IN 8F-20	MAR 87			+ 23,678.85	72,116,556.60
158-88	2 MAR 88	ALTER RM FINESTERN TAPACROGRAPH (INTERVIEW ROOM 307) 2ND FLOOR	SEP 87			+ 6281.28	72,122,837.88
179-88	10 MAR 88	INSTL WALL, SWING, DOOR	SEP 87			+ 6300.66	72,129,138.54
		INSTL 48 LT FIX + 5 PLUGS	DEC 87			+ 10,323.92	72,139,462.46
BALANCES FORWARDED							

WHL-12

LACKLAND AFB

COMPOSITE MED

510-001

371

VOUCHER NO.	DATE	DESCRIPTION	DATE COMPLETED	AREA UNIT		COST	TOTAL COST
				AMOUNT	TOTAL		
186-88	14 MAR 88	(CANCER - PHARMACY SECTION) FERTILIZER 11 ALCOHOLS AT WHOLE.	FEB 88			31,112.00	72,135,480.53
192-88	16 MAR 88	HOOK-UP PH.D. VANDERBILT	FEB 88			10,200.00	72,145,680.53
198-88	17 MAR 88	REMOVED PARTITIONS, COUNTERS, AND BENCHES ROOM 2602.	4 MAR 88			7,404.74	72,153,085.27
207-88	5 APR. 88	INSTALL 2 EA. SPRINKLER HEADS IN RM 1B91, BAGGAGE ROOM.	16 MAR 88			4,419.33	72,157,504.60
212-88	6 APR 88	REMOVE EXISTING WALL/INSTALL NEW WALL 2D67/69	MAR 88			2,302.14	72,159,806.74
265-88	31 MAY 88	CONST WALLS, INSTALL SINK FLOOR-FIX RM 1K23.	19 MAY 88			+3,861.36	72,163,668.10
290-88	17 Jun 88	Install 480V, 150 AMP WIRE	8 Jun 88			11,267.37	72,174,935.47
280-88	14 Jun 88	Added. elev. wires in new installed line.	28 Jun 88			14,312.45	72,189,247.92
316-88	12 Jul 88	Support Patient Monitoring Sys. by Install. Dedicated wire	Jun 88			12,588.23	72,201,836.15
337-88	4 AUG 88	RENOVATE & EXCHANGE Credit Union	4 AUG 88			69,949.95	72,271,786.10
335-88	5 AUG 88	CONSTRUCT CASH FOUNTAIN IN LOBBY	4 MAR 88			+5,810.39	72,277,596.49
326-88	5 AUG 88	See AF 1438 for SF ordg. in Fac 4550 for allent codes				+21,276.00	72,298,872.49
348-88	12 AUG 88	RENOVATE Rm 3 1159 & 1164	27 JUL 88				
284-88	16 JUN 88	INSTALL NEW 115 TRANSFORMERS				+5,552.28	72,304,424.77
152-89	4 APR 189	Inst WALK-IN REFR. RM 2603	12 APR 189			+5,785.56	72,310,210.33
221-89	20 JUN 89	RENOVATE COST 11. FAC - ADJ. ON E/PWR. CO. PLTS				+76,92.91	72,387,131.24
219-89	15 Jun 89	For upgrade for med CTU	1 Jun 89			-6,971.88	72,380,159.36
236-89	6 July 89	Install Covered Patio		SF	-182	+79,73.59	72,380,000.00
BALANCES FORWARDED							

VOUCHER NO.	DATE	DESCRIPTION	DATE COMPLETED	AREA UNIT		COST	TOTAL COST
				AMOUNT	TOTAL		
240-89	12 Jul 89	Can not find a date left 1989	Feb 89			1852 32	
241-89	12 Jul 89	Instal Fire Alarm at Ward 8A	Apr 89			2958 00	7231221 47
248-89	17 Jul 89	Instal Elec. Lines to Laser Scope	July 89			2338 03	72320589 20
293-89	6 Sep 89	Renovate morgue and autopsy room.				31731 21	
22-90	24 Oct 89	RELOCATE DUNES ALUMINI SCURTCHES. EXPENSED	1 Oct 89				
23-90	24 Oct 89	INSTALL HOLD OPEN DEVICES TO CLINIC DOORS.	15 Sep 89			\$ 7140 96	
49-90	21 Nov 89	INSTALL DUAL COND (RG-59) LINES FOR WIMS SYSTEM - EXPENSE	24 JUL 89			(5000 00)	
153-90	10 Jul 90	REMOV COUNTER SINKS; INST. WASTE WATER DRAIN	16 JUL 1990		INSTALL SINKS - EXPENSE	(6482 29)	
31-91	6 Nov 90	INST DOOR. LT FIXTURE (EXPENSE)	29 AUG 90			(2244 67)	72402436 92
49-91	19 Nov 90	TIE-IN 2 EXHAUST FANS INTO EXIST	20 Nov 90	+671		-	-
		Breakouts of C.U.		-671		-	-
		Decreased OUCH CAFE SINK SAG.					
61-91	9 Jan 91	INSTALL UNINTERRUPTIBLE POWER SUPPLY UNITS. (EXPENSED).					
61-91	9 Jan 91	INSTALL FLUSH MOUNT METAL BOXES. ROOMS 618-636. (EXPENSED).					
66-91	4 JAN 91	IN PATHOLOGY AREA 2 ROOMS	Phog 900502 (EVA)			11,745 78	
65-91	4 JAN 91	INST GASS ANALYSIS ON SURVING LINE IN KITCHEN 22 NUTRITION.	MED 29 OCT 90			(1180 30)	
	"	INSTL AIR LINE FOR AIR COMPRESSOR FOR SURGERY AIR HANDLING UNIT	EXP 29 OCT 90			(3926 31)	
58-91	8 Jan 91	(PATIENT AMBULANCE TRANSPORTATION SERV - BLDG) Enclose request to create office	13 Jul 90			5737 47	
62-91	8 Jan 91	(MINOR SURGERY UNIT) 2001 Enclose order to create office	30 Nov 90			2287 45	
66-91	4 JAN 91	REORG W/ALC WORK IN IMMUNOLOGY	4 OCT 90			11745 78	
58-91							
BALANCES FORWARDED							

1471

#14

INSTALLATION NAME AND NUMBER		DATE	DESCRIPTION	RP ACCOUNT NO.	CONTROL NO.	FACILITY NOMENCLATURE AND NO.		TOTAL COST	
VOUCHER NO.	DATE					AREA UNIT		COST	
						AMOUNT	TOTAL		
86-91	5 Feb 91		Journal of Patient Entry Building Line Survey & Scope drawn in BR-22	26 MAR 90				EXP 8324	91 72,430,013
88-91	7 Feb 91		Install hoses to front exhaust sys	12 OCT 90				4232	91 72,430,013
89-91	7 Feb 91		INSTL. EXHAUST FAN & 2 INT. FANS	12 OCT 90				3534	91 72,430,013
90-91	7 Feb 91		Install comp. air conditioning 8A	15 JAN 91				11,123	91 72,430,013
91-91	7 Feb 91		EXHAUST PART OF 1076 RM FOR TRANS. ADOL SPACE	15 JAN 91				4050	91 72,430,013
95-91	7 Feb 91		INST. OUTLETS AT NEONATAL 1011	26 OCT 90				4575	91 72,430,013
			2 OUTLETS INSTALLED					4087	91 72,430,013
			INSTALL CHAIRS BY SIGNA EXP	12 OCT 90				2111	91 72,430,013
			UTILITY MODIFICATIONS - ENDOSCOPE	22 OCT 90				185	91 72,430,013
			INSTALL FILM PROCESSOR	25 SEP 90				1287	91 72,430,013
			Replenish and top, maintain. C. E. 101	30 NOV 90				1815	91 72,430,013
			INST. DDD BETWEEN 1 FEB & 1 FEB	18 DEC 90					
104-91	15 Feb 91		Modify units to enclose 5085/40					11 5792	91 72,430,013
106-91	15 Feb 91		CENTRAL SPRINKLER UNIT					4250	91 72,430,013
109-91	15 Feb 91		Room 5036					27049	91 72,430,013
121-91	19 Feb 91		CONSTRUCT WALL IN THE CENTRAL MOUNTAIN					(4980 83)	91 72,430,013
	"		Replace stairs, OUTLET. Make RM accessible for PTHA MACH	17 JAN 91				(1664 17)	91 72,430,013
	"		EMERGENCY ROOM	11 FEB 91				(5284 63)	91 72,430,013
	"		CONSTRUCT WALLS, ADD OUTLETS	17 DEC 90				(4419 40)	91 72,430,013
	"		25-07-20-05	18 JAN 91				+12543	91 72,430,013
116-91	15 Feb 91		INST. TEMP FENCING IN ARCH RMS	22 JAN 91					
111-91	20 Feb 91		OUT PATIENT RADIATION - 81-67						
			CONV. STOR RM TO RADIATION RM						
			IN 16 RMS						
			ADD SINKS & TOWEL DISPENSERS						
			INSTALL A FLOOR DRAIN INSIDE AMU						
			#30. RML. BA-71 (EXPENSED)						
BALANCES FORWARDED									

7/5

152

4550

INSTALLATION NAME AND NUMBER		DATE	RP ACCOUNT NO.	CONTROL NO.	FACILITY NOMENCLATURE AND NO.		TOTAL	
VOUCHER NO.	DATE	DESCRIPTION	DATE COMPLETED	AMOUNT	AREA UNIT	COST	TOTAL	TOTAL
256-91	7 AUG 91	INST. EX. FANS ABOVE AIRWAYS (FAC. 10000)	910716			72204 29	72,532,459 12.	72,532,459 12.
258-91	7 AUG 91	REPAIR CLOSETS 3rd FL. (sewage)	910716			74435 11	72,548,723 23	72,548,723 23
265-91	8 AUG 91	CONVERT PERCEP 70 NRG. PRESSURE (10000)	910715			78023 56	72,549,876 79	72,549,876 79
267-91	14 AUG 91	PREPARE SPACE FOR SAT. PAINT SHOP (RENOVATION NEEDED)	910731			715135 74	72,565,252 53	72,565,252 53
268-91	13 AUG 91	SURVEY COST FOR UNIT 6003425 (EXPENSE)	910731			6569 67	72,591,622 20	72,591,622 20
269-91	13 AUG 91	ENLARGE AREA FOR HEATING UNIT (EXPENSE)	910715				72,571,622 20	72,571,622 20
281-91	19 AUG 91	INSTALL VIEW BOXES - RADIATION THERMIST	12 MAR 91		EXPENSE	1621 40		
283-91	22 AUG 91	REPLACE CARPET W/ TILE, 1G. 83;	900831		EXPENSE	3,903.10		
29-92	4 NOV 91	W.O. # 70651, 70618, 70633	11 AUG 91		EXPENSE	14828 85	72,572,086 73	72,572,086 73
34-92	15 NOV 91	W.O. # 70361, 70597, 70573	15 NOV 91		EXP	(6,740 66)		
49-92	5 DEC 91	W.O. # 70446 & 70664 + 11 70655	911130		(4292.69)			
27-92	13 NOV 91	REPAIR SANIT. SINKS, 10000	NOV 91		EXP	6135 18		
28-92	12 NOV 91	CONSTRUCT NEW DRAINAGE - INT. AREA	27 NOV 91			4995 11		
35-92	15 NOV 91	MCO, PLUMBING, ELEC, SURVEY AR22	15 NOV 91			18 NOV - 84		
51-92	19 DEC 91	INSTALL WATER SOFTENER FOR THE DISH, POT & CART WASHES. (KITCHEN AREA)				6815 35	72,588,234 90	72,588,234 90
65-92	7 JAN 92	TURKIN IN EXH FAN TO SOL. VACUUM	22 DEC 91			58,513 28		
67-92	13 JAN 92	WARD, 4A, 4C & 4D	13 JAN 92			(50)	72,615,173 18	72,615,173 18
71-92	20 FEB 92	PLACE ALUMINUM ALARMS - 10000	920131			713 00		
78-92	20 FEB 92	INST. SINKS, CONVERT FANS TO OFFICE / EXH	920131			8899 38	72,654,232 59	72,654,232 59
		ALTER RM 2C. 37A EXPENSE	920131		EXP	1507 17	72,654,232 59	72,654,232 59
		BALANCES FORWARDED						

VOUCHER NO.	DATE	DESCRIPTION	DATE COMPLETED	AREA UNIT		COST	TOTAL	
				AMOUNT	TOTAL		COST	TOTAL
79-92	20 FEB 92	#70649 IN ROOM UNDER + SUB UNIFORMED INS. GATE VALVE ON STEAM LINE	920131	EXP 3324.80				72,551,372.59
		#70593 INS. GATE VALVE ON STEAM LINE	920131	EXP 445.46				72,654,321.59
80-92	20 FEB 92	#70600 INST. SWIM; NEOPAN PUMPS	31 DEC 91	EXP 2751.22				72,654,321.59
108-92	8 APR 92	INSTALL SWIM IN 1 K12 + 1 K13 (EXPENSE)	4 APR 92					
126-92	5 MAY 92	Mobile office BT + 6 K12	920331			8180	73	72,661,351.59
127-92	5 MAY 92	INSTALL 2 CITY CONNECTIONS	920331			99,84	81	72,675,038.13
132-92	11 MAY 92	INSTALL 2 CITY CONNECTIONS	920413			19,484	101	
139-92	7 MAY 92	MOVE C 123 FROM TOWER TO NEW (EXPENSE)	920413			71,188	97	72,675,038.13
147-92	13 MAY 92	CONST. CONC. BEAM AROUND BY 4 INCHES	4 MAY 92	EXPENSE		14,418	132	
51-93	18 NOV 92	INSTALL FILTERS 31 GA. AND 1/2 INCH WARD, 75 KVA TRANSFORMER	30 JUN 92			107,555	82	72,780,593.95
44-93	24 NOV 92	INSTALL VOLTAGE SUPPRESSOR				30536	12	72,811,150.17
64-93	9 DEC 92	CONSIDER OFFICE SPACE	30 JUN 92			9209	13	72,820,357.30
75-93	11 DEC 92	W.D. EXPENSE #70562, #70619, #70619	92	EXPENSE		7899.72		72,820,357.30
67-93	14 DEC 92	Replace 7 ft. sub. spools, add end off valve, install floor drain, PT Room	29 JUN 92			5986	15	72,826,353.35
91-93	15 DEC 92	TURN IN WATER FOUNTAIN (OLD)				- 200	-	72,826,153.35
71-93	15 DEC 92	INSTALL 5 CAMERAS IN D WARD	4 MAY 92			1847	96	72,827,001.31
72-93	15 DEC 92	INSTALL NEW CAMERAS IN D WARD	4 MAY 92			2751	15	72,829,752.46
79-93	15 DEC 92	MODIFY PMS (MIDCARE AREA)	1 DEC 92			8083	08	72,837,835.54
80-93	15 DEC 92	INSTALL OVERHEAD CEN. LITS 3000	8 MAY 92			6162	18	72,843,997.72
81-93	15 DEC	INSTALL WALL FOR 2 DIFF. SU IN RM	30 NOV 92			5732	93	72,849,730.65
BALANCES FORWARDED								

1251

INSTALLATION NAME AND NUMBER

CONTROL NO.

FACILITY NOMENCLATURE AND NO.

RP ACCOUNT NO.

DATE

VOUCHER NO.

DATE

DESCRIPTION

AREA UNIT

AMOUNT

TOTAL

COST

TOTAL COST

89-93

15 DEC 92

INSTALL STERILIZERS

10 NOV 92

7969 83

72,927,900 48

86-93

16 DEC 92

(SHATTER PROOF) MAKE 2 DEMOS
NEGATIVE HIA
INSTALL WINDMILLS FOR WINDS - 8A

10 OCT 92

7848 34

865,518 82

95-93

EXPENSE 4 VOUCHERS (800 00 00)

112,913,805 -

95-93

20 JAN 93

Removal of old fountain

19 JAN 93

-200 -

72,913,625 00

83-93

14 DEC 92

CLASS "C" VOUCHERS (EXPENSE)

MULTI

17219 99

72,913,625 00

84-93

15 DEC 92

CLASS "C" VOUCHERS (2)

MULTI

(1163 97)

72,913,625 00

137-93

25 FEB 93

100 GLOMERULOSITIS #1703045
CHAIN LINK FENCE IN SURGICAL AREA920910
921228

13019 53

136-93

17 FEB 93

SABER WTR SYSTEMS
RM-1K60

910828

(54170 84)

155-93

11 MAR 93

INSTRUMENT VENT SYSTEM DUE TO CHECK

930204

+ 6515 10

72,913,625 00

161-93

9 APR 93

WORK ORDERS EXPENSE

9303--

11,225 74

172-93

19 APR 93

REPAIR RM 2504, 2504, 2504

31 MAR 93

8210 45

72,927,900 58

173-93

20 APR 93

INST. SINKS IN 1500 ROOMS

28 FEB 93

11205 32

72,927,900 90

279-93

26 AUG 93

MODIFY ULTRASOUND SCANNERS

8 JUL 93

8918 88

280-93

25 AUG 93

MODIFY RM FOR SCH MATR RM

8 JUL 93

6923 64

281-93

25 AUG 93

TO SERVICE HUMIDIFIERS,
INST. ROTARY VACUUM PUMP

8 JUL 93

9694 07

283-93

25 AUG 93

CRITICAL CARE AREA,
INST. SINKS, PWR LN FOR KITCHEN

8 JUL 93

6063 31

275-93

24 AUG 93

RENOVATE 2 DIS INTO SATELLITE
PHARMACY; INST HARPS ALK SYS

4 MAY 93

14834 95

241-93

INST NEW MRI

2174981 76

83-94

26 Jan 94

Inst Hosp System (Expense)

BALANCES FORWARDED

AF SEP 63 1450

REAL PROPERTY ACCOUNTABLE RECORD - SUPPLEMENTAL CARD

A P P E N D I X 7

AdminaStar Defense Services

INFORMATION REQUIRED BY CHAMPUS FISCAL INTERMEDIARY TO ALLOW REIMBURSEMENT FOR CAPITAL AND DIRECT MEDICAL EDUCATION PASS THROUGH COSTS

Name: _____	Address: _____
CHAMPUS Provider #: _____	_____
Federal Tax ID: _____	_____
Medicare Provider #: _____	_____

PERIOD COVERED: (This must correspond to the hospital's Medicare cost.)	REPORTING PERIOD: FROM _____ TO _____
--	--

TOTAL INPATIENT DAYS PROVIDED:
(To ALL patients in units subject to DRG-based payment.)

TOTAL CHAMPUS INPATIENT DAYS: (For Beneficiaries subject to the CHAMPUS DRG-based payment)	TOTAL ACTIVE-DUTY INPATIENT DAYS: (For patients subject to DRG-based system.)
---	--

TOTAL ALLOWABLE \$ CAPITAL COSTS (As specified in Medicare Regulation, Section 413.130.)	TOTAL ALLOWABLE DIRECT \$ MEDICAL EDUCATION COSTS: (As specified in Medicare Regulation, Section 413.85.)
--	---

INTERNS AND RESIDENTS' FTE'S	Medical and Surgical Unit: _____ Psychiatric Unit: _____ Rehabilitation Unit: _____ Substance Abuse Unit: _____ SNF Unit: _____ TOTAL: _____
------------------------------------	---

(Only for hospitals which have a teaching program approved under Medicare Regulation, Section 413.85)

TOTAL INPATIENT BEDS - As of the end of the cost period. If this has changed during the reporting period, and explanation of the changed must be provided.

	<u>TOTAL BED DAYS AVAILABLE</u>	<u>TOTAL BEDS</u>
Medical and Surgical Unit:	_____	_____
Psychiatric Unit:	_____	_____
Rehabilitation Unit:	_____	_____
Substance Abuse Unit:	_____	_____
SNF Unit:	_____	_____
TOTAL:	_____	_____

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I hereby certify that I have read the above statement and that to the best of my knowledge and belief, it is a true and correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I am also aware that any changes to the above items which are a result of an audit of the hospital's Medicare cost report, shall be reported to CHAMPUS within thirty (30) days of the date the hospital is notified of the changes.

☐ This is our original report.

☐ This is an amended report.

Signature of OFFICER or ADMINISTRATOR of PROVIDER(S)	TITLE	DATE
--	-------	------

Forward all correspondence concerning PRICING to:

Attention: Pricing P. O. Box 3069 Columbus, IN 47202-3069

ADSI FCN 109 (1/94)

156

AdminaStar Defense Services

**720 North Marr Road
Columbus, IN 47201**

April 27, 1994

Lane Rogers
8119 Pioneer Hills
Converse, TX 78109

Dear Mr. Lane:

In response to your recent request for information regarding Capital and/or Direct Medical Education reimbursement, I am responding with the Champus Form 109 which is used to request that reimbursement.

Per our letter from the Department of Defense dated March 1, 1994, the Total Allowable Capital Costs are found on the Medicare Cost report, Worksheet D, Part 1, line 101, Columns 3 and 6, added to Worksheet D, Part 2, line 101, Columns 1 and 2. The sum of these four figures is what is reported as Total Allowable Capital Costs. (It is not necessary to apply the Medicare step-downs, as this is already incorporated.)

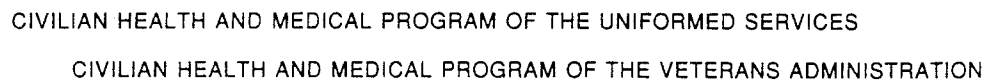
If you have any further questions, or if I can assist you in the future, please contact me at 812-379-5142.

Sincerely,

Pameia J. Eggleston
Champus Pricing Specialist

157

A P P E N D I X 8



Call (608) 241-1439

Captain Lane T. Rogers
Administrative Resident
Wilford Hall Medical Center
Baylor University MHA Program
Lackland AFB, TX 78236

Enclosed are the CHAMPUS DRGs you requested. You'll find our calculations are extremely close, and I'm glad we could help you with your project.

Please direct follow-up questions to my assistant, Nancy Reimer, at (608)221-4711, extension 542.

Marylyn Winckling

Marilyn Windschiegl
Manager
Field Services and EMC

MW:ts
Enclosure

ROGERS, LTR

Post-It™ brand fax transmittal memo 7671

of pages 1

To	Copeland Rodgers	From	Bill Dennis
Co.	WHMC	Co.	WPS/CHAMPUS
Dept.	HSE	Phone #	545-9078
Fax #	670-6983	Fax #	

SAM Ple.
CALCULATIONS
for Graduate
Thesis.

CHAMPUS

DRG WORKSHEET

PATIENT NAME Readers Reference Number 23,649. SSAN: _____AGE OF PATIENT _____ DATE OF BIRTH 1-6-93MALE _____ FEMALE ☒HOSPITAL University Hospital (University of Texas Medical School) / CHAMPUSSTREET ADDRESS 7703 Floyd Curl DriveCITY, STATE, ZIP SAN ANTONIO, TEXAS 78284HOSPITAL PROVIDER # 74600 2164 78229 000DIAGNOSIS CODES V13000 76502 7627 7470 7718 7708 CON BACKPROCEDURES 3885 3895 5310 6493 1435 9901LENGTH OF STAY 111DRG NUMBER 602LONG STAY CUT OFF DAYS 28AVERAGE GEOM MEAN LENGTH OF STAY 11.4COST CUT OFF 98,610.42PER DIEM 4325.02BASE DRG 49,305.21ANY OUTLIER? Long Stay = 215,385.91TEACHING 4021TOTAL ALLOWANCE WITH ALL FACTORS INCLUDED 371,123.41

PER DIEM (WHEN LOS IS MET)

BASE DRG (WHEN LOS IS NOT MET)

Admission Date ~~6 JAN 1993~~ 6 JAN 1993Amount Charged 122,544

OUTLIER DAY 83 NON LABOR 970.29 TEACHING AMT 108,431.87
PRICER MESSAGE: PRICED LONG OUTLIER ALLOWED AMT 371,122.01

PF1: EDIT PF2: EDIT + GROUP PF3: PRICE PF4: DESC ENTER: ALL CLEAR: END

Post-It™ brand fax transmittal memo 7671		# of pages > 1
To <u>Copulone Rodgers</u>	From <u>Bill Dennis</u>	
Co. <u>WHMC</u>	Co. <u>WPS/CHAMPUS</u>	
Dept. <u>HSE</u>	Phone # <u>545-9078</u>	
Fax # <u>670-6983</u>	Fax # <u>2-5141</u>	

SAM Ple.
CALCULATIONS
for Graduate
Thesis.

CHAMPUS

DRG WORKSHEET

PATIENT NAME Reader's Reference # 21,080 SSAN: _____

AGE OF PATIENT _____ DATE OF BIRTH 20.501.1978

MALE X FEMALE _____

HOSPITAL University Hospital (University of Texas Medical School) Cent.

STREET ADDRESS 7703 Floyd Curl Drive

CITY, STATE, ZIP SAN ANTONIO, TEXAS 78284

HOSPITAL PROVIDER # 74600 2164 78229 000

DIAGNOSIS CODES 3439 34570 37775 3314 99675 V6121
COR BRIL

PROCEDURES 2242 2431 2411 8931

LENGTH OF STAY 160

✓ DRG NUMBER 3

✓ LONG STAY CUT OFF DAYS 37

✓ AVERAGE GEOM MEAN LENGTH OF STAY 5.4

✓ COST CUT OFF 40,100

✓ PER DIEM 1529.07

✓ BASE DRG 8,257.97

ANY OUTLIER? COST = 31,518.00 ; Long Stay = 112,846.93

TEACHING 4021

✓ TOTAL ALLOWANCE WITH ALL FACTORS INCLUDED 169,799.95

PER DIEM (WHEN LOS IS MET)

BASE DRG (WHEN LOS IS NOT MET)

Admission Date 29 Oct 92 - 7 Apr 93Amount charged 128,320.00

KES10B1

WISCONSIN PHYSICIANS SERVICE
CHAMPUS DRG INQUIRY

3/24/94

ADMIT DATE 102992 DSCHEG DATE 040793 PROV 746002164782290000

DIAG: 1 3439 2 34590 3 37775 4 3314 5 99675 6 V6121 7 5231 8 3181 9 7834

PROC: 1 0242 2 2431 3 2411 4 8931 5 6 CHAMPVA N

LOS 160 CHGD 12832000 RQST OUT Y DSCHEG STAT 01
AGE 015 SEX M DOB 091960 ADMIT DIAG 64421

DIAG (ANY) DIAG (2ND) PROC USED 0242

MDC 001 DISEASES & DISORDERS OF THE NERVOUS SYSTEM

DRG 003 CRANIOTOMY AGE 0-17

GROUPER MESSAGE: RECORD GROUPED

GROUPER VERSION 100

M.S.A.	7240	CHILD LABOR	.00	CHILD NONLB	.00
DRG WEIGHT	2.7901	TEACH FACTOR	.4021	COST CUTOFF	40,100.00
SHORT DAY CUTOFF	1	DRG AVG LOS	5.4	PER DIEM AMT	1,529.08
LONG DAY CUTOFF	37	WAGE INDEX	.8448	BASE DRG AMT	8,257.07
OUTLIER DAY	123	LABOR AMT	2,354.67	OUTLIER AMT	112,845.12
PRICER MESSAGE: PRICED LONG OUTLIER		NON LABOR	970.20	TEACHING AMT	48,695.19
				ALLOWED AMT	169,797.38

PF1: EDIT PF2: EDIT + GROUP PF3: PRICE PF4: DESC ENTER: ALL CLEAR: END

Post-It™ brand fax transmittal memo 7671

of pages 1

To: <u>Copeland Rodgers</u>	From: <u>Bill Dennis</u>
Co: <u>WHMC</u>	Co: <u>WPS/CHAMPUS</u>
Dept: <u>HSE</u>	Phone # <u>545-9078</u>
Fax # <u>670-6983</u>	Fax # <u>2-5141</u>

SAMPLE
CALCULATIONS
for Graduate
Thesis.

CHAMPUS

DRG WORKSHEET

PATIENT NAME Reader's Reference # 14,825 SSAN: _____AGE OF PATIENT _____ DATE OF BIRTH 17 Jul 1959MALE X FEMALE _____HOSPITAL University Hospital (University of Texas Medical School) / CenSTREET ADDRESS 7703 Floyd Curl DriveCITY, STATE, ZIP SAN ANTONIO, TEXAS 78284HOSPITAL PROVIDER # 74600 2164 78229 000DIAGNOSIS CODES 73810 36089 9060 V51PROCEDURES 8675 2183 8689 8605LENGTH OF STAY 147DRG NUMBER 217LONG STAY CUT OFF DAYS 38AVERAGE GEOM MEAN LENGTH OF STAY 6.3COST CUT OFF 40,100PER DIEM 1197.53BASE DRG 7,544.46ANY OUTLIER? Cost and Long stay: Cost = 42,037.32 LOS = 78,318.1TEACHING 4021TOTAL ALLOWANCE WITH ALL FACTORS INCLUDED 120,388.75

PER DIEM (WHEN LOS IS MET)

BASE DRG (WHEN LOS IS NOT MET)

Admission DATE 14 JAN - 10 JUN 93Amount charged 150,234.00

KES10B1 WISCONSIN PHYSICIANS SERVICE 3/24/94
CHAMPUS DRG INQUIRY

ADMIT DATE 011493 DSCHG DATE 061093 PROV 746002164782290000
DIAG: 1 73810 2 36089 3 9060 4 V51 5 6 7 8 9

PROC: 1 8675 2 2183 3 8689 4 8605 5 6 CHAMPVA N

LOS 147 CHGD 15023400 RQST OUT Y DSCHG STAT 01
AGE 034 SEX M DOB 071759 ADMIT DIAG 73810

DIAG (ANY) DIAG (2ND) PROC USED 8675
MDC 008 DISEASES & DISORDERS OF THE MUSCULOSKELETAL SYSTEM CONN TISSUE
DRG 217 WND DEBRID & SKN GFT EXCEPT HAND, FOR MUSCSKELET & CONN TISS DIS
GROUPER MESSAGE: RECORD GROUPED

GROUPER VERSION 100

M.S.A.	7240	CHILD LABOR	.00	CHILD NONLB	.00
DRG WEIGHT	2.5493	TEACH FACTOR	.4021	COST CUTOFF	40,100.00
SHORT DAY CUTOFF	1	DRG AVG LOS	6.3	PER DIEM AMT	1,197.53
LONG DAY CUTOFF	38	WAGE INDEX	.8448	BASE DRG AMT	7,544.44
OUTLIER DAY	109	LABOR AMT	2,354.67	OUTLIER AMT	78,317.59
PRICER MESSAGE:	PRICED LONG OUTLIER	NON LABOR	970.20	TEACHING AMT	34,525.12
				ALLOWED AMT	120,387.15

PF1: EDIT PF2: EDIT + GROUP PF3: PRICE PF4: DESC ENTER: ALL CLEAR: END

To <u>Copeland Rodriguez</u>	From <u>Bill Dennis</u>
Co. <u>WHMC</u>	Co. <u>WPS/CHAMPUS</u>
Dept. <u>HSE</u>	Phone # <u>545-9078</u>
Fax # <u>670-6983</u>	Fax # <u>2-5141</u>

5 APR 1994
CALCULATIONS
for Graduate
Thesis.

CHAMPUS

DRG WORKSHEET

PATIENT NAME Reader's Reference # 17,855 SSAN:

AGE OF PATIENT DATE OF BIRTH 7 Sep 1933

MALE FEMALE X

HOSPITAL University Hospital (University of Texas Medical School) Center

STREET ADDRESS 7703 Floyd Curl Drive

CITY, STATE, ZIP SAN ANTONIO, TEXAS 78284

HOSPITAL PROVIDER # 74600 2164 78229 000

DIAGNOSIS CODES 1974 1963 V1044 53291 2880, E 9443
CON BARR

PROCEDURES 9925 8762 3893 3894 4311, 4414
CON BARR

LENGTH OF STAY 144

DRG NUMBER 172

LONG STAY CUT OFF DAYS 37

AVERAGE GEOM MEAN LENGTH OF STAY 5.4

COST CUT OFF 40,100

PER DIEM 963.35

BASE DRG 5,202.08

ANY OUTLIER? Cost = 38,561.16; Long Stay = 61,846.72

TEACHING 4021

TOTAL ALLOWANCE WITH ALL FACTORS INCLUDED 94,009.40

PER DIEM (WHEN LOS IS MET)

BASE DRG (WHEN LOS IS NOT MET)

Admission Date 19 Feb - 13 Jul 1993

Amount Charged 142,992.00

KES10B1 WISCONSIN PHYSICIANS SERVICE 3/24/94
 CHAMPUS DRG INQUIRY
 ADMIT DATE 021993 DSCHG DATE 071393 PROV 746002164782290000
 DIAG: 1 1974 2 1963 3 V1044 4 53291 5 2880 6 E9443 7 7806 8 53190 9 4019
 PROC: 1 9925 2 8762 3 3893 4 3894 5 4311 6 4414 CHAMPVA N
 LOS 144 CHGD 14299200 RQST OUT Y DSCHG STAT 01
 AGE 060 SEX F DOB 090733 ADMIT DIAG 1974
 DIAG (ANY) DIAG (2ND) PROC USED
 MDC 006 DISEASES & DISORDERS OF THE DIGESTIVE SYSTEM
 DRG 172 DIGESTIVE MALIGNANCY W CC
 GROUPER MESSAGE: RECORD GROUPED
 GROUPER VERSION 100

M.S.A.	7240	CHILD LABOR	.00	CHILD NONLB	.00
DRG WEIGHT	1.7578	TEACH FACTOR	.4021	COST CUTOFF	40,100.00
SHORT DAY CUTOFF	1	DRG AVG LOS	5.4	PER DIEM AMT	963.34
LONG DAY CUTOFF	37	WAGE INDEX	.8448	BASE DRG AMT	5,202.06
OUTLIER DAY	107	LABOR AMT	2,354.67	OUTLIER AMT	61,846.00
PRICER MESSAGE: PRICED LONG OUTLIER		NON LABOR	970.20	TEACHING AMT	26,960.02
				ALLOWED AMT	94,008.08

 PF1: EDIT PF2: EDIT + GROUP PF3: PRICE PF4: DESC ENTER: ALL CLEAR: END

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of pages > 1

To	Copulone Rodgers	From	Bill Dennis
Co.	WHMC	Co.	WPS/CHAMPUS
Dept.	HSE	Phone #	545-9078
Fax #	670-6983	Fax #	

2-5141

DRG WORKSHEET

PATIENT NAME Reader's Reference # 22,024 SSAN: AGE OF PATIENT DATE OF BIRTH 30 Aug 1990MALE X FEMALE HOSPITAL University Hospital (University of Texas Medical School) CentSTREET ADDRESS 7703 Floyd Curl DriveCITY, STATE, ZIP SAN ANTONIO, TEXAS 78284HOSPITAL PROVIDER # 74600 2164 78229 000DIAGNOSIS CODES 587 40390 51881 5119 2873 2859PROCEDURES 5311 3891 5498 5493 4319 9915 (on back)LENGTH OF STAY 68 (on back)DRG NUMBER 315LONG STAY CUT OFF DAYS 37AVERAGE GEOM MEAN LENGTH OF STAY 5.0COST CUT OFF 40,100PER DIEM 1234.73BASE DRG 6,173.60ANY OUTLIER? Long stay = 22,966.00TEACHING 4021TOTAL ALLOWANCE WITH ALL FACTORS INCLUDED 40,856.72

PER DIEM (WHEN LOS IS MET)

BASE DRG (WHEN LOS IS NOT MET)

Admission Date 21 Jul - 27 Sep 93Amount charged 54,534.00

KES10B1 WISCONSIN PHYSICIANS SERVICE 3/24/94
CHAMPUS DRG INQUIRY

ADMIT DATE 072193 DSCHG DATE 092793 PROV 746002164782290000
DIAG: 1 587 2 40390 3 51881 4 5119 5 2873 6 2859 7 7823 8 7895 9 6822

PROC: 1 5311 2 3891 3 5498 4 5493 5 4319 6 9915 CHAMPVA N

LOS 068 CHGD 05453600 RQST OUT Y DSCHG STAT 01
AGE 003 SEX M DOB 083090 ADMIT DIAG 587

DIAG (ANY) DIAG (2ND) PROC USED 5493
MDC 011 DISEASES & DISORDERS OF THE KIDNEY & URINARY TRACT
DRG 315 OTHER KIDNEY & URINARY TRACT O.R. PROCEDURES
GROUPER MESSAGE: RECORD GROUPED
GROUPER VERSION 100

M.S.A.	7240	CHILD LABOR	.00	CHILD NONLB	.00
DRG WEIGHT	2.0861	TEACH FACTOR	.4021	COST CUTOFF	40,100.00
SHORT DAY CUTOFF	1	DRG AVG LOS	5.0	PER DIEM AMT	1,234.72
LONG DAY CUTOFF	37	WAGE INDEX	.8448	BASE DRG AMT	6,173.64
OUTLIER DAY	31	LABOR AMT	2,354.67	OUTLIER AMT	22,965.73
PRICER MESSAGE:	PRICED LONG OUTLIER	NON LABOR	970.20	TEACHING AMT	11,716.94
				ALLOWED AMT	40,856.31

PF1: EDIT PF2: EDIT + GROUP PF3: PRICE PF4: DESC ENTER: ALL CLEAR: END

SAM Ple.
CALCULATIONS
for Graduate
thesis.

CHAMPUS

Post-It™ brand fax transmittal memo 7571 # of pages 1	
To <u>Copeland Rodriguez</u>	From <u>Bill Dennis</u>
Co. <u>WHMC</u>	Co. <u>WPS/CHAMPUS</u>
Dept. <u>HSE</u>	Phone # <u>545-9078</u>
Fax # <u>670-6983</u>	Fax # <u>2-5141</u>

DRG WORKSHEET

PATIENT NAME Reader's Reference # 19,663 SSAN#

AGE OF PATIENT DATE OF BIRTH 16 Dec 1959

MALE FEMALE X

HOSPITAL University Hospital (University of Texas Medical School) Cent.

STREET ADDRESS 7703 Floyd Curl Drive

CITY, STATE, ZIP SAN ANTONIO, TEXAS 78284

HOSPITAL PROVIDER # 74600 2164 78229 000

DIAGNOSIS CODES 64421 V270 V1589 V120 V174 V171

PROCEDURES 7359 8878 9921 7532

LENGTH OF STAY 51

DRG NUMBER 373

LONG STAY CUT OFF DAYS 6

AVERAGE GEOM MEAN LENGTH OF STAY 1.9

COST CUT OFF 40,100

PER DIEM 623.50

BASE DRG 1184.66

ANY OUTLIER? Long stay = 16,839.41

TEACHING 4021

TOTAL ALLOWANCE WITH ALL FACTORS INCLUDED 25,204.82/100

PER DIEM (WHEN LOS IS MET)

BASE DRG (WHEN LOS IS NOT MET)

Admission Date 5 Oct - 25 Nov 92

Amount charged 50,643.00 ✓

KES10B1 WISCONSIN PHYSICIANS SERVICE 3/23/94

CHAMPUS DRG INQUIRY

ADMIT DATE 100592 DSCHG DATE 112592 PROV 746002164782290000

DIAG: 1 64421 2 V270 3 V1589 4 V120 5 V174 6 V171 7 8 9

DC: 1 7359 2 8878 3 9921 4 7532 5 6 CHAMPVA N

LOS 051 CHGD 05064300 RQST OUT Y DSCHG STAT 01
AGE 034 SEX F DOB 121659 ADMIT DIAG 64421

DIAG (ANY) DIAG (2ND) PROC USED
MDC 014 PREGNANCY, CHILDBIRTH & THE PUERPERIUM
DRG 373 VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES
GROUPER MESSAGE: RECORD GROUPED

GROUPER VERSION 100

M.S.A.	7240	CHILD LABOR	.00	CHILD NONLB	.00
DRG WEIGHT	.4003	TEACH FACTOR	.4021	COST CUTOFF	40,100.00
SHORT DAY CUTOFF	1	DRG AVG LOS	1.9	PER DIEM AMT	623.50
LONG DAY CUTOFF	6	WAGE INDEX	.8448	BASE DRG AMT	1,184.65
OUTLIER DAY	45	LABOR AMT	2,354.67	OUTLIER AMT	16,834.50
PRICER MESSAGE: PRICED LONG OUTLIER		NON LABOR	970.20	TEACHING AMT	7,245.50
				ALLOWED AMT	25,264.65

PF1: EDIT PF2: EDIT + GROUP PF3: PRICE PF4: DESC ENTER: ALL CLEAR: END

Post-It™ brand fax transmittal memo 7671

of pages 1

To <u>Copeland Rodgers</u>	From <u>Bill Dennis</u>
Co. <u>WHMC</u>	Co. <u>WPS/CHAMPUS</u>
Dept. <u>HSE</u>	Phone # <u>545-9078</u>
Fax # <u>670-6983</u>	Fax # <u>2-5141</u>

SAMPLE
CALCULATIONS
for Graduate
Thesis.

CHAMPUS

DRG WORKSHEET

PATIENT NAME Reader's Reference # 21,094 SSAN: SSAN:AGE OF PATIENT _____ DATE OF BIRTH 7 Oct 1991MALE X FEMALE _____HOSPITAL University Hospital (University of Texas Medical School) CentSTREET ADDRESS 7703 Floyd Curl DriveCITY, STATE, ZIP SAN ANTONIO, TEXAS 78284HOSPITAL PROVIDER # 74600 2164 78229 000DIAGNOSIS CODES 3564 7803 7961 7813 51881 5191PROCEDURES Q411 8321 4466 4469 4502 545LENGTH OF STAY 44 CON BACKDRG NUMBER 7LONG STAY CUT OFF DAYS 38AVERAGE GEOM MEAN LENGTH OF STAY 6.4COST CUT OFF 40,100PER DIEM 1241.94BASE DRG 7,948.42ANY OUTLIER? Long stay = 4,470.92TEACHING 4021TOTAL ALLOWANCE WITH ALL FACTORS INCLUDED 17,413.26

PER DIEM (WHEN LOS IS MET)

BASE DRG (WHEN LOS IS NOT MET)

Admission Date 3 Jun - 17 Jul '93Amount charged 35,288.00

KES10B1

WISCONSIN PHYSICIANS SERVICE
CHAMPUS DRG INQUIRY

3/24/94

ADMIT DATE 060393 DSCHG DATE 071793 PROV 746002164782290000
DIAG: 1 3564 2 7803 3 7961 4 7813 5 51881 6 5191 7 5070 8 7882 9 99662

PROC: 1 0411 2 8321 3 4466 4 4469 5 4502 6 545 CHAMPVA N

LOS 044 CHGD 03528800 RQST OUT Y DSCHG STAT 01
AGE 002 SEX M DOB 100791 ADMIT DIAG 3564

DIAG (ANY) DIAG (2ND) PROC USED 8321
MDC 001 DISEASES & DISORDERS OF THE NERVOUS SYSTEM
DRG 007 PERIPH & CRANIAL NERVE & OTHER NERV SYST PROC W CC
GROUPER MESSAGE: RECORD GROUPED

GROUPER VERSION 100

M.S.A.	7240	CHILD LABOR	.00	CHILD NONLB	.00
DRG WEIGHT	2.6858	TEACH FACTOR	.4021	COST CUTOFF	40,100.00
SHORT DAY CUTOFF	1	DRG AVG LOS	6.4	PER DIEM AMT	1,241.93
LONG DAY CUTOFF	38	WAGE INDEX	.8448	BASE DRG AMT	7,948.41
OUTLIER DAY	6	LABOR AMT	2,354.67	OUTLIER AMT	4,470.90
PRICER MESSAGE: PRICED LONG OUTLIER		NON LABOR	970.20	TEACHING AMT	4,993.80
				ALLOWED AMT	17,413.11

PF1: EDIT PF2: EDIT + GROUP PF3: PRICE PF4: DESC ENTER: ALL CLEAR: END

Post-It™ brand fax transmittal memo 7671		# of pages	1
To	Cophelone Rodgers		
From	Bill Dennis		
Co.	WHMC		Co. WPS/CHAMPUS
Dept.	HSE		Phone # 545-9078
Fax #	670-6983		Fax #

SAMPLE
CALCULATIONS
for Graduate
Thesis.

CHAMPUS

DRG WORKSHEET

 PATIENT NAME Kender's Reference # 19,455 SSAN:

 AGE OF PATIENT _____ DATE OF BIRTH 19 Sep 1960

 MALE _____ FEMALE X

 HOSPITAL University Hospital (University of Texas Medical School) / Cen

 STREET ADDRESS 7703 Floyd Curl Drive

 CITY, STATE, ZIP SAN ANTONIO, TEXAS 78284

 HOSPITAL PROVIDER # 74600 2164 78229 000

 DIAGNOSIS CODES 64421 64271 64891 65221 65421 64661

 PROCEDURES 7253 730 8872 7309 7532

 LENGTH OF STAY 36

 DRG NUMBER 372

 LONG STAY CUT OFF DAYS 12

 AVERAGE GEOM MEAN LENGTH OF STAY 2.6

 COST CUT OFF 40,100

 PER DIEM 653.00

 BASE DRG 1,697.82

 ANY OUTLIER? Long Stay = 9,403.32

 TEACHING 4021

 TOTAL ALLOWANCE WITH ALL FACTORS INCLUDED 15,564.92

PER DIEM (WHEN LOS IS MET)

BASE DRG (WHEN LOS IS NOT MET)

 Admission Date 23 Jun - 29 Jul 1993

 Amount Charged 35,746.00

KES10B1 WISCONSIN PHYSICIANS SERVICE 3/24/94
CHAMPUS DRG INQUIRY

ADMIT DATE 062393 DSCHG DATE 072993 PROV 746002164782290000
DIAG: 1 64421 2 64271 3 64891 4 65221 5 65421 6 64661 7 65631 8 64861 9 64821

PROC: 1 7253 2 736 3 8872 4 7309 5 7532 6 CHAMPVA N

LOS 036 CHGD 03574800 RQST OUT Y DSCHG STAT 01
AGE 033 SEX F DOB 091960 ADMIT DIAG 64421

DIAG (ANY) 64271 DIAG (2ND) PROC USED
MDC 014 PREGNANCY, CHILDBIRTH & THE PUERPERIUM
DRG 372 VAGINAL DELIVERY W COMPLICATING DIAGNOSES
GROUPER MESSAGE: RECORD GROUPED
GROUPER VERSION 100

M.S.A.	7240	CHILD LABOR	.00	CHILD NONLB	.00
DRG WEIGHT	.5737	TEACH FACTOR	.4021	COST CUTOFF	40,100.00
SHORT DAY CUTOFF	1	DRG AVG LOS	2.6	PER DIEM AMT	653.00
LONG DAY CUTOFF	12	WAGE INDEX	.8448	BASE DRG AMT	1,697.81
OUTLIER DAY	24	LABOR AMT	2,354.67	OUTLIER AMT	9,403.20
PRICER MESSAGE:	PRICED LONG OUTLIER	NON LABOR	970.20	TEACHING AMT	4,463.71
				ALLOWED AMT	15,564.72

PF1: EDIT PF2: EDIT + GROUP PF3: PRICE PF4: DESC ENTER: ALL CLEAR: END

175

SAMPLE
CALCULATIONS
for Graduate
Thesis. CHAMPUS

Post-It™ brand fax transmittal memo 7671

of pages 1

To: <u>Copeland Rodriguez</u>	From: <u>Bill Dennis</u>
Co: <u>WHMC</u>	Co: <u>WPS/CHAMPUS</u>
Dept: <u>HSE</u>	Phone # <u>545-9078</u>
Fax # <u>670-6983</u>	Fax # <u>2-5141</u>

DRG WORKSHEET

PATIENT NAME Reader's Reference # 14,612 SSAN#

AGE OF PATIENT DATE OF BIRTH 4 JUN 1919

MALE X FEMALE

HOSPITAL University Hospital (University of Texas Medical School) Center

STREET ADDRESS 7703 Floyd Curl Drive

CITY, STATE, ZIP SAN ANTONIO, TEXAS 78284

HOSPITAL PROVIDER # 74600 2164 78229 000

DIAGNOSIS CODES 9985 1965 04105 V1051

PROCEDURES 540 9921

LENGTH OF STAY 5

DRG NUMBER 415

LONG STAY CUT OFF DAYS 40

AVERAGE GEOM MEAN LENGTH OF STAY 8.8

COST CUT OFF 40,100

PER DIEM 1,228.59

BASE DRG 10,811.67

ANY OUTLIER? NO

TEACHING 4021

TOTAL ALLOWANCE WITH ALL FACTORS INCLUDED 15,159.04

PER DIEM (WHEN LOS IS MET)

BASE DRG (WHEN LOS IS NOT MET)

Admission Date 2-7 JUL 93

Amount Charged 5,100.00

KES10B1 WISCONSIN PHYSICIANS SERVICE 3/23/94
CHAMPUS DRG INQUIRY

ADMIT DATE 070293 DSCHG DATE 070793 PROV 746002164782290000
DIAG: 1 9985 2 1965 3 04105 4 5 V1051 6 7 8 9

DC: 1 540 2 9921 3 4 5 6 CHAMPVA N

LOS 005 CHGD 00511000 RQST OUT Y DSCHG STAT 01
AGE 074 SEX M DOB 060419 ADMIT DIAG 9985

DIAG (ANY) DIAG (2ND) PROC USED 540
MDC 018 INFECTIOUS & PARASITIC DISEASES, SYSTEMIC OR UNSPECIFIED SITES.
DRG 415 O.R. PROCEDURE FOR INFECTIOUS & PARASITIC DISEASES
GROUPER MESSAGE: RECORD GROUPED

GROUPER VERSION 100

M.S.A.	7240	CHILD LABOR	.00	CHILD NONLB	.00
DRG WEIGHT	3.6533	TEACH FACTOR	.4021	COST CUTOFF	40,100.00
SHORT DAY CUTOFF	1	DRG AVG LOS	8.8	PER DIEM AMT	1,228.59
LONG DAY CUTOFF	40	WAGE INDEX	.8448	BASE DRG AMT	10,811.64
OUTLIER DAY	0	LABOR AMT	2,354.67	OUTLIER AMT	.00
PRICER MESSAGE: PRICED NO OUTLIER		NON LABOR	970.20	TEACHING AMT	4,347.36
				ALLOWED AMT	15,159.00

PF1: EDIT PF2: EDIT + GROUP PF3: PRICE PF4: DESC ENTER: ALL CLEAR: END

Post-It™ brand fax transmittal memo 7671

of pages 1

To <u>Copeland Rodgers</u>	From <u>Bill Dennis</u>
Co. <u>WHMC</u>	Co. <u>WPS/CHAMPUS</u>
Dept. <u>HSE</u>	Phone # <u>545-9078</u>
Fax # <u>670-6983</u>	Fax # <u>2-5141</u>

SAMPLE
CALCULATIONS
for Graduate
Thesis.
CHAMPUS
RR 24,588

DRG WORKSHEET

PATIENT NAME Reader's Reference # 24,588 SSAN#AGE OF PATIENT _____ DATE OF BIRTH 17 MAR 1961MALE _____ FEMALE XHOSPITAL University Hospital (University of Texas Medical School)STREET ADDRESS 7703 Floyd Curl DriveCITY, STATE, ZIP SAN ANTONIO, TEXAS 78284HOSPITAL PROVIDER # 74600 2164 78229 000DIAGNOSIS CODES 7171 71749 V4589PROCEDURES 8026 8155LENGTH OF STAY 4DRG NUMBER 209LONG STAY CUT OFF DAYS 23AVERAGE GEOM MEAN LENGTH OF STAY 7.7COST CUT OFF 40,100PER DIEM 1103.27BASE DRG 8,495.33ANY OUTLIER? NoTEACHING 4021TOTAL ALLOWANCE WITH ALL FACTORS INCLUDED 11,911.30

PER DIEM (WHEN LOS IS MET)

BASE DRG (WHEN LOS IS NOT MET)

Admission Date 26-30 JUL 1993Amount charged 3,524.00

KES10B1

WISCONSIN PHYSICIANS SERVICE
CHAMPUS DRG INQUIRY

3/24/94

ADMIT DATE 072693 DSCHG DATE 073093 PROV 746002164782290000
DIAG: 1 7171 2 71749 3 V4589 4 5 6 7 8 9

PROC: 1 8026 2 8155 3 4 5 6 CHAMPVA N

LOS 004 CHGD 00352400 RQST OUT Y DSCHG STAT 01
AGE 033 SEX F DOB 031791 ADMIT DIAG 7171

DIAG (ANY) DIAG (2ND) PROC USED 8155
MDC 008 DISEASES & DISORDERS OF THE MUSCULOSKELETAL SYSTEM CONN TISSUE
DRG 209 MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY
GROUPER MESSAGE: RECORD GROUPED

GROUPER VERSION 100

M.S.A.	7240	CHILD LABOR	.00	CHILD NONLB	.00
DRG WEIGHT	2.8706	TEACH FACTOR	.4021	COST CUTOFF	40,100.00
SHORT DAY CUTOFF	2	DRG AVG LOS	7.7	PER DIEM AMT	1,103.28
LONG DAY CUTOFF	23	WAGE INDEX	.8448	BASE DRG AMT	8,495.31
OUTLIER DAY	0	LABOR AMT	2,354.67	OUTLIER AMT	.00
PRICER MESSAGE:	PRICED NO OUTLIER	NON LABOR	970.20	TEACHING AMT	3,415.96
				ALLOWED AMT	11,911.27

PF1: EDIT PF2: EDIT + GROUP PF3: PRICE PF4: DESC ENTER: ALL CLEAR: END

02/02/94 14:27
SAMPLE
CALCULATIONS
for Graduate
thesis. CHAMPUS

Post-It™ brand fax transmittal memo 7671		# of pages > 1
To: Copulone Rodger	From: Bill Dennis	
Co. WHMC	Co. WPS/CHAMPUS	
Dept. HSE	Phone # 545-9078	
Fax # 670-6983	Fax #	
2-5141		

DRG WORKSHEET

PATIENT NAME Reader's Reference # 20,043 SSAN#

AGE OF PATIENT DATE OF BIRTH 14 Apr 1966

MALE FEMALE X

HOSPITAL University Hospital (University of Texas Medical School) Cent.

STREET ADDRESS 7703 Floyd Curl Drive

CITY, STATE, ZIP SAN ANTONIO, TEXAS 78284

HOSPITAL PROVIDER # 74600 2164 78229 000

DIAGNOSIS CODES 46901 46221 V270

PROCEDURES 721

LENGTH OF STAY 3

DRG NUMBER 373

LONG STAY CUT OFF DAYS 6

AVERAGE GEOM MEAN LENGTH OF STAY 1.9

COST CUT OFF 40,000

PER DIEM 623.50

BASE DRG 1,184.60

ANY OUTLIER? NO

TEACHING 4021

TOTAL ALLOWANCE WITH ALL FACTORS INCLUDED 1,661.01

PER DIEM (WHEN LOS IS MET)

BASE DRG (WHEN LOS IS NOT MET)

Admission Date 21 - 24 Jul 73

Amount Charged 2,979.⁰⁰

✓

KES10B1

WISCONSIN PHYSICIANS SERVICE
CHAMPUS DRG INQUIRY

3/23/94

ADMIT DATE 072193 DSCHG DATE 072493 PROV 746002164782290000

DIAG: 1 66901 2 66221 3 V270 4 5 6 7 8 9

IC: 1 721 2 3 4 5 6 CHAMPVA N

LOS 003 CHGD 00297900 RQST OUT Y DSCHG STAT 01
AGE 027 SEX F DOB 041466 ADMIT DIAG 66901

DIAG (ANY) DIAG (2ND) PROC USED
MDC 014 PREGNANCY, CHILDBIRTH & THE PUERPERIUM
DRG 373 VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES
GROUPER MESSAGE: RECORD GROUPED

GROUPER VERSION 100

M.S.A.	7240	CHILD LABOR	.00	CHILD NONLB	.00
DRG WEIGHT	.4003	TEACH FACTOR	.4021	COST CUTOFF	40,100.00
SHORT DAY CUTOFF	1	DRG AVG LOS	1.9	PER DIEM AMT	623.50
LONG DAY CUTOFF	6	WAGE INDEX	.8448	BASE DRG AMT	1,184.65
OUTLIER DAY	0	LABOR AMT	2,354.67	OUTLIER AMT	.00
PRICER MESSAGE:	PRICED NO OUTLIER	NON LABOR	970.20	TEACHING AMT	476.34
				ALLOWED AMT	1,660.99

PF1: EDIT PF2: EDIT + GROUP PF3: PRICE PF4: DESC ENTER: ALL CLEAR: END

Post-It™ brand fax transmittal memo 7671

of pages > 1

To	Copeland Rodgers	From	Bill Dennis
Co.	WHMC	Co.	WPS/CHAMPUS
Dept.	HSE	Phone #	545-9078
Fax #	670-6983	Fax #	

SAMPLE
CALCULATIONS
for Graduate
Thesis. CHAMPUS
403

DRG WORKSHEET

 PATIENT NAME Reader's Reference # 408 SSAN:

 AGE OF PATIENT DATE OF BIRTH 12 Aug 1945

 MALE X FEMALE

 HOSPITAL University Hospital (University of Texas Medical School) Cent.

 STREET ADDRESS 7703 Floyd Curl Drive

 CITY, STATE, ZIP SAN ANTONIO, TEXAS 78284

 HOSPITAL PROVIDER # 74600 2164 78229 000

 DIAGNOSIS CODES 5070 30390 2900 7803 2809, 4139, 1A V108

 PROCEDURES N/A

 LENGTH OF STAY 3

 DRG NUMBER 79

 LONG STAY CUT OFF DAYS 40

 AVERAGE GEOM MEAN LENGTH OF STAY 8.1

 COST CUT OFF 40,100

 PER DIEM 842.05

 BASE DRG 6,820.59

 ANY OUTLIER? NO

 TEACHING 4021

 TOTAL ALLOWANCE WITH ALL FACTORS INCLUDED 9,563.15

PER DIEM (WHEN LOS IS MET)

BASE DRG (WHEN LOS IS NOT MET)

 Admission Date 20-29 Apr 73

 Amount Charged 2,331.00

KES10B1 WISCONSIN PHYSICIANS SERVICE 3/24/94
CHAMPUS DRG INQUIRY

ADMIT DATE 042693 DSCHG DATE 042993 PROV 746002164782290000
DIAG: 1 5070 2 30390 3 2900 4 7803 5 2809 6 4139 7 V1083 8 9

PROC: 1 2 3 4 5 6 CHAMPVA N

LOS 003 CHGD 00233100 RQST OUT Y DSCHG STAT 01
AGE 078 SEX M DOB 081215 ADMIT DIAG 5070

DIAG (ANY) DIAG (2ND) PROC USED
MDC 004 DISEASES & DISORDERS OF THE RESPIRATORY SYSTEM
DRG 079 RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 W CC
GROUPER MESSAGE: RECORD GROUPE

GROUPER VERSION 100

M.S.A.	7240	CHILD LABOR	.00	CHILD NONLB	.00
DRG WEIGHT	2.3047	TEACH FACTOR	.4021	COST CUTOFF	40,100.00
SHORT DAY CUTOFF	1	DRG AVG LOS	8.1	PER DIEM AMT	842.04
LONG DAY CUTOFF	40	WAGE INDEX	.8448	BASE DRG AMT	6,820.57
OUTLIER DAY	0	LABOR AMT	2,354.67	OUTLIER AMT	.00
PRICER MESSAGE:	PRICED NO OUTLIER	NON LABOR	970.20	TEACHING AMT	2,742.55
				ALLOWED AMT	9,563.12

PF1: EDIT PF2: EDIT + GROUP PF3: PRICE PF4: DESC ENTER: ALL CLEAR: END

Post-It™ brand fax transmittal memo 7671

of pages 1

To <u>Copeland Rodgers</u>	From <u>Bill Dennis</u>
Co. <u>WHMC</u>	Co. <u>WPS/CHAMPUS</u>
Dept. <u>HSE</u>	Phone # <u>545-9078</u>
Fax # <u>670-6983</u>	Fax # <u>2-5141</u>

SAMPLE
CALCULATIONS
for Graduate
Thesis.

CHAMPUS

DRG WORKSHEET

PATIENT NAME Rendez Reference # 16,054 SSANAGE OF PATIENT _____ DATE OF BIRTH 30 Nov 1930MALE X FEMALE _____HOSPITAL University Hospital (University of Texas Medical School) CenterSTREET ADDRESS 7703 Floyd Curl DriveCITY, STATE, ZIP SAN ANTONIO, TEXAS 78284HOSPITAL PROVIDER # 74600 2164 78229 000DIAGNOSIS CODES 185 _____PROCEDURES 6062 5794 _____LENGTH OF STAY 4 _____✓ DRG NUMBER 335 _____✓ LONG STAY CUT OFF DAYS 14 _____✓ AVERAGE GEOM MEAN LENGTH OF STAY 6.2 _____✓ COST CUT OFF 40,100 _____✓ PER DIEM 768.78 _____✓ BASE DRG 4,766.45 _____ANY OUTLIER? No _____TEACHING 4021 _____✓ TOTAL ALLOWANCE WITH ALL FACTORS INCLUDED 6,683.04

PER DIEM (WHEN LOS IS MET)

BASE DRG (WHEN LOS IS NOT MET)

Admission Date 10-14 Feb 93Amount Charged 4,088.00 ✓

KES10B1

WISCONSIN PHYSICIANS SERVICE
CHAMPUS DRG INQUIRY

3/23/94

ADMIT DATE 021093 DSCHG DATE 021493 PROV 746002164782290000
DIAG: 1 185 2 3 4 5 6 7 8 9

CC: 1 6062 2 5794 3 4 5 6 CHAMPVA N

LOS 004 CHGD 00408800 RQST OUT Y DSCHG STAT 01
AGE 063 SEX M DOB 113030 ADMIT DIAG 185

DIAG (ANY) DIAG (2ND) PROC USED 6062
MDC 012 DISEASES & DISORDERS OF THE MALE REPRODUCTIVE SYSTEM
DRG 335 MAJOR MALE PELVIC PROCEDURES W/O CC
GROUPER MESSAGE: RECORD GROUPED
GROUPER VERSION 100

M.S.A.	7240	CHILD LABOR	.00	CHILD NONLB	.00
DRG WEIGHT	1.6106	TEACH FACTOR	.4021	COST CUTOFF	40,100.00
SHORT DAY CUTOFF	2	DRG AVG LOS	6.2	PER DIEM AMT	768.78
LONG DAY CUTOFF	14	WAGE INDEX	.8448	BASE DRG AMT	4,766.44
OUTLIER DAY	0	LABOR AMT	2,354.67	OUTLIER AMT	.00
PRICER MESSAGE: PRICED NO OUTLIER		NON LABOR	970.20	TEACHING AMT	1,916.58
				ALLOWED AMT	6,683.02

PF1: EDIT PF2: EDIT + GROUP PF3: PRICE PF4: DESC ENTER: ALL CLEAR: END

Post-It™ brand fax transmittal memo 7671

of pages 1

To: <u>Copeland Rodgers</u>	From: <u>Bill Dennis</u>
Co: <u>WHMC</u>	Co: <u>WPS/CHAMPUS</u>
Dept: <u>HSE</u>	Phone # <u>545-9078</u>
Fax # <u>670-6983</u>	Fax # <u>2-5141</u>

SAMPLE
CALCULATIONS
for Graduate
Thesis.

CHAMPUS

DRG WORKSHEET

PATIENT NAME

Reader's Reference # 865

SSAN: _____

AGE OF PATIENT _____

DATE OF BIRTH

26 JAN 1937

MALE _____

FEMALE X

HOSPITAL

University Hospital (University of Texas Medical School) Cent

STREET ADDRESS

7703 Floyd Curl Drive

CITY, STATE, ZIP

SAN ANTONIO, TEXAS 78284

HOSPITAL PROVIDER #

74600 2164 78229 000

DIAGNOSIS CODES

486 49391 2873

PROCEDURES

N/A

LENGTH OF STAY

3

DRG NUMBER

89

LONG STAY CUT OFF DAYS

34

AVERAGE GEOM MEAN LENGTH OF STAY

4.9

COST CUT OFF

40,100

PER DIEM

746.76

BASE DRG

3,629.44

ANY OUTLIER?

NO

TEACHING

4021

TOTAL ALLOWANCE WITH ALL FACTORS INCLUDED

5,088.84

PER DIEM (WHEN LOS IS MET)

BASE DRG (WHEN LOS IS NOT MET)

Admission DATE 21-24 Feb 93Amount charged 3,885.00

KES10B1 WISCONSIN PHYSICIANS SERVICE 3/24/94

CHAMPUS DRG INQUIRY

ADMIT DATE 022193 DSCHG DATE 022493 PROV 746002164782290000

DIAG: 1 486 2 49391 3 2873 4 5 6 7 8 9

PROC: 1 2 3 4 5 6 CHAMPVA N

LOS 003 CHGD 00388500 RQST OUT Y DSCHG STAT 01
AGE 057 SEX F DOB 012637 ADMIT DIAG 486

DIAG (ANY) DIAG (2ND) PROC USED
MDC 004 DISEASES & DISORDERS OF THE RESPIRATORY SYSTEM
DRG 089 SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC
GROUPER MESSAGE: RECORD GROUPED

GROUPER VERSION 100

M.S.A.	7240	CHILD LABOR	.00	CHILD NONLB	.00
DRG WEIGHT	1.2264	TEACH FACTOR	.4021	COST CUTOFF	40,100.00
PORT DAY CUTOFF	1	DRG AVG LOS	5.3	PER DIEM AMT	684.79
LONG DAY CUTOFF	34	WAGE INDEX	.8448	BASE DRG AMT	3,629.43
OUTLIER DAY	0	LABOR AMT	2,354.67	OUTLIER AMT	.00
PRICER MESSAGE:	PRICED NO OUTLIER	NON LABOR	970.20	TEACHING AMT	1,459.39
				ALLOWED AMT	5,088.82

PF1: EDIT PF2: EDIT + GROUP PF3: PRICE PF4: DESC ENTER: ALL CLEAR: END

Post-It™ brand fax transmittal memo 7671

of pages 1

To <u>Copeland Rogers</u>	From <u>Bill Dennis</u>
Co. <u>WHMC</u>	Co. <u>WPS/CHAMPUS</u>
Dept. <u>HSE</u>	Phone # <u>545-9078</u>
Fax # <u>670-6983</u>	Fax # <u>2-5141</u>

SAMPLE
CALCULATIONS
for Graduate
Thesis.

CHAMPUS

DRG WORKSHEET

PATIENT NAME Reader's Reference # 18,083 SSAN# AGE OF PATIENT DATE OF BIRTH 2 Apr 1952MALE FEMALE XHOSPITAL University Hospital (University of Texas Medical School/CenteSTREET ADDRESS 7703 Floyd Curl DriveCITY, STATE, ZIP SAN ANTONIO, TEXAS 78284HOSPITAL PROVIDER # 74600 2164 78229 000DIAGNOSIS CODES 6188 9975 2859 6258 6201PROCEDURES 685 6561 7050 5789 5718, 5732LENGTH OF STAY 2DRG NUMBER 358LONG STAY CUT OFF DAYS 14AVERAGE GEOM MEAN LENGTH OF STAY 4COST CUT OFF 40,000PER DIEM 867.19BASE DRG 3,468.74ANY OUTLIER? NOTEACHING 4021TOTAL ALLOWANCE WITH ALL FACTORS INCLUDED 4,843.52

PER DIEM (WHEN LOS IS MET)

BASE DRG (WHEN LOS IS NOT MET)

Admission Date 23-25 Sep 93Amount Charged 1,986.00

KES10B1

WISCONSIN PHYSICIANS SERVICE
CHAMPUS DRG INQUIRY

3/23/94

ADMIT DATE 092393 DSCHG DATE 092593 PROV 746002164782290000

DIAG: 1 6188 2 9975 3 2859 4 6258 5 6201 6 7 8 9

PROC: 1 685 2 6561 3 7050 4 5789 5 5718 6 5732 CHAMPVA N

LOS 002 CHGD 00198600 RQST OUT Y DSCHG STAT 01
AGE 042 SEX F DOB 040252 ADMIT DIAG 6188

DIAG (ANY) DIAG (2ND) PROC USED 685
MDC 013 DISEASES & DISORDERS OF THE FEMALE REPRODUCTIVE SYSTEM
DRG 358 UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC
GROUPER MESSAGE: RECORD GROUPE

GROUPER VERSION 100

M.S.A.	7240	CHILD LABOR	.00	CHILD NONLB	.00
DRG WEIGHT	1.1721	TEACH FACTOR	.4021	COST CUTOFF	40,100.00
SHORT DAY CUTOFF	1	DRG AVG LOS	4.0	PER DIEM AMT	867.18
LONG DAY CUTOFF	14	WAGE INDEX	.8448	BASE DRG AMT	3,468.73
OUTLIER DAY	0	LABOR AMT	2,354.67	OUTLIER AMT	.00
PRICER MESSAGE:	PRICED NO OUTLIER	NON LABOR	970.20	TEACHING AMT	1,394.77
				ALLOWED AMT	4,863.50

PF1: EDIT PF2: EDIT + GROUP PF3: PRICE PF4: DESC ENTER: ALL CLEAR: END

SAMPLE
CALCULATIONS
for Graduate
Thesis.

CHAMPUS

Post-It™ brand fax transmittal memo 7671

of pages 1

To <u>Copeland Rodgers</u>	From <u>Bill Dennis</u>
Co. <u>WHMC</u>	Co. <u>WPS/CHAMPUS</u>
Dept. <u>HSE</u>	Phone # <u>545-9078</u>
Fax # <u>670-6983</u>	Fax # <u>2-5141</u>

DRG WORKSHEET

PATIENT NAME Reader's Reference # 599 SSAN# 05550

AGE OF PATIENT _____ DATE OF BIRTH _____

MALE _____ FEMALE ☒

HOSPITAL University Hospital (University of Texas Medical School) Cent

STREET ADDRESS 7703 Floyd Curl Drive

CITY, STATE, ZIP SAN ANTONIO, TEXAS 78284

HOSPITAL PROVIDER # 74600 2164 78229 000

DIAGNOSIS CODES 49121 4019 _____

PROCEDURES N/A _____

LENGTH OF STAY 5

DRG NUMBER 88

LONG STAY CUT OFF DAYS 34

AVERAGE GEOM MEAN LENGTH OF STAY 4.9

COST CUT OFF 40,100

PER DIEM 662.97

BASE DRG 3,248.56

ANY OUTLIER? No

TEACHING 4021

TOTAL ALLOWANCE WITH ALL FACTORS INCLUDED 4,554.81

PER DIEM (WHEN LOS IS MET)

BASE DRG (WHEN LOS IS NOT MET)

Admission Date 13-18 Apr 78

Amount Charged 3,885.22

KES10B1 WISCONSIN PHYSICIANS SERVICE 3/24/94
CHAMPUS DRG INQUIRY

ADMIT DATE 041393 DSCHG DATE 041893 PROV 746002164782290000
DIAG: 1 49121 2 4019 3 4 5 6 7 8 9

PROC: 1 2 3 4 5 6 CHAMPVA N

LOS 005 CHGD 00388500 RQST OUT Y DSCHG STAT 01
AGE 043 SEX F DOB 050550 ADMIT DIAG 49121

DIAG (ANY) DIAG (2ND) PROC USED
MDC 004 DISEASES & DISORDERS OF THE RESPIRATORY SYSTEM
DRG 088 CHRONIC OBSTRUCTIVE PULMONARY DISEASE
GROUPER MESSAGE: RECORD GROUPED

GROUPER VERSION 100

M.S.A.	7240	CHILD LABOR	.00	CHILD NONLE	.00
DRG WEIGHT	1.0977	TEACH FACTOR	.4021	COST CUTOFF	40,100.00
SHORT DAY CUTOFF	1	DRG AVG LOS	4.9	PER DIEM AMT	662.96
LONG DAY CUTOFF	34	WAGE INDEX	.8448	BASE DRG AMT	3,248.55
OUTLIER DAY	0	LABOR AMT	2,354.67	OUTLIER AMT	.00
PRICER MESSAGE:	PRICED NO OUTLIER	NON LABOR	970.20	TEACHING AMT	1,306.24
				ALLOWED AMT	4,554.79

PF1: EDIT PF2: EDIT + GROUP PF3: PRICE PF4: DESC ENTER: ALL CLEAR: END

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SAM Ple.
CALCULATIONS
for Graduate
Thesis.

CHAMPUS

Post-It™ brand fax transmittal memo 7671 # of pages 1	
To <u>Copeland Rodriguez</u>	From <u>Bill Dennis</u>
Co. <u>WHMC</u>	Co. <u>WPS/CHAMPUS</u>
Dept. <u>HSE</u>	Phone # <u>545-9078</u>
Fax # <u>670-6983</u>	Fax # <u>2-5141</u>

DRG WORKSHEET

PATIENT NAME Readers Reference #14991 SSAN#

AGE OF PATIENT _____ DATE OF BIRTH 18 Dec 1973

MALE _____ FEMALE X

HOSPITAL University Hospital (University of Texas Medical School)

STREET ADDRESS 7703 Floyd Curl Drive

CITY, STATE, ZIP SAN ANTONIO, TEXAS 78284

HOSPITAL PROVIDER # 74600 2164 78229 000

DIAGNOSIS CODES 6111 _____

PROCEDURES 8589 _____

LENGTH OF STAY 4

DRG NUMBER 261

LONG STAY CUT OFF DAYS 8

AVERAGE GEOM MEAN LENGTH OF STAY 1.9

COST CUT OFF 40,100

PER DIEM 1,563.64

BASE DRG 2,969.78

ANY OUTLIER? NO

TEACHING 4021

TOTAL ALLOWANCE WITH ALL FACTORS INCLUDED 4,163.93

PER DIEM (WHEN LOS IS MET)

BASE DRG (WHEN LOS IS NOT MET)

Admission Date 22-26 Feb 73

Amount charged 4,000.⁰⁰

KES10B1 WISCONSIN PHYSICIANS SERVICE 3/24/94
CHAMPUS DRG INQUIRY

ADMIT DATE 022293 DSCHG DATE 022693 PROV 746002164782290000
DIAG: 1 6111 2 3 4 5 6 7 8 9

PROC: 1 8589 2 3 4 5 6 CHAMPVA N

LOS 004 CHGD 00408800 RQST OUT Y DSCHG STAT 01
AGE 020 SEX F DOB 121873 ADMIT DIAG 6111

DIAG (ANY) DIAG (2ND) PROC USED 8589
MDC 009 DISEASES & DISORDERS OF THE SKIN, SUBCUTANEOUS TISSUE & BREAST
DRG 261 BREAST PROC FOR NON-MALIGNANCY EXCEPT BIOPSY & LOCAL EXCISION
GROUPER MESSAGE: RECORD GROUPED
GROUPER VERSION 100

M.S.A.	7240	CHILD LABOR	.00	CHILD NONLB	.00
DRG WEIGHT	1.0035	TEACH FACTOR	.4021	COST CUTOFF	40,100.00
SHORT DAY CUTOFF	1	DRG AVG LOS	1.9	PER DIEM AMT	1,563.03
LONG DAY CUTOFF	8	WAGE INDEX	.8448	BASE DRG AMT	2,969.77
OUTLIER DAY	0	LABOR AMT	2,354.67	OUTLIER AMT	.00
PRICER MESSAGE:	PRICED NO OUTLIER	NON LABOR	970.20	TEACHING AMT	1,194.14
				ALLOWED AMT	4,163.91

PF1: EDIT PF2: EDIT + GROUP PF3: PRICE PF4: DESC ENTER: ALL CLEAR: END

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SAM Ple.
CALCULATIONS
for Graduate
Thesis.

CHAMPUS

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of pages 1

To	Copeland Rodriguez	From	Bill Dennis
Co.	WHMC	Co.	WPS/CHAMPUS
Dept.	HSE	Phone #	545-9078
Fax #	670-6983	Fax #	

2-5141

DRG WORKSHEET

PATIENT NAME Reader's Reference # 18,292 SSAN#

AGE OF PATIENT _____ DATE OF BIRTH 7 Feb 1950

MALE _____ FEMALE X

HOSPITAL University Hospital (University of Texas Medical School)

STREET ADDRESS 7703 Floyd Curl Drive

CITY, STATE, ZIP SAN ANTONIO, TEXAS 78284

HOSPITAL PROVIDER # 74600 2164 78229 000

DIAGNOSIS CODES 2210 6170 6208 6210 4019 6266

PROCEDURES 6661 6909 6816

LENGTH OF STAY 2

DRG NUMBER 359

LONG STAY CUT OFF DAYS 9

AVERAGE GEOM MEAN LENGTH OF STAY 3.3

COST CUT OFF 40,100

PER DIEM 824.33

BASE DRG 2,720.30

ANY OUTLIER? NO

TEACHING 4021

TOTAL ALLOWANCE WITH ALL FACTORS INCLUDED 3,914.14

PER DIEM (WHEN LOS IS MET)

BASE DRG (WHEN LOS IS NOT MET)

Admission Date 9-11 Sep 93

Amount Charged 1984.00

KES10B1

WISCONSIN PHYSICIANS SERVICE
CHAMPUS DRG INQUIRY

3/23/94

ADMIT DATE 090993 DSCHG DATE 091193 PROV 746002164782290000
DIAG: 1 2210 2 6170 3 6208 4 6210 5 4019 6 6266 7 8 9

LOC: 1 6661 2 6909 3 6816 4 5 6 CHAMPVA N

LOS 002 CHGD 00198600 RQST OUT Y DSCHG STAT 01
AGE 044 SEX F DOB 020750 ADMIT DIAG 2210

DIAG (ANY) DIAG (2ND) PROC USED 6661
MDC 013 DISEASES & DISORDERS OF THE FEMALE REPRODUCTIVE SYSTEM
DRG 359 UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC
GROUPER MESSAGE: RECORD GROUPED
GROUPER VERSION 100

M.S.A.	7240	CHILD LABOR	.00	CHILD NONLB	.00
DRG WEIGHT	.9192	TEACH FACTOR	.4021	COST CUTOFF	40,100.00
SHORT DAY CUTOFF	1	DRG AVG LOS	3.3	PER DIEM AMT	824.33
LONG DAY CUTOFF	9	WAGE INDEX	.8448	BASE DRG AMT	2,720.29
OUTLIER DAY	0	LABOR AMT	2,354.67	OUTLIER AMT	.00
PRICER MESSAGE:	PRICED NO OUTLIER	NON LABOR	970.20	TEACHING AMT	1,093.82
				ALLOWED AMT	3,814.11

PF1: EDIT PF2: EDIT + GROUP PF3: PRICE PF4: DESC ENTER: ALL CLEAR: END

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of pages > 1

To	Copeland Rodriguez	From	Bill Dennis
Co.	WHMC	Co.	WPS/CHAMPUS
Dept.	HSE	Phone #	545-9078
Fax #	670-6983	Fax #	

2-5141

DRG WORKSHEET

PATIENT NAME Reader's Reference # 14,176 SSAN:

AGE OF PATIENT _____ DATE OF BIRTH 10 MAR 1990

MALE X FEMALE _____

HOSPITAL University Hospital (University of Texas Medical School) Center,

STREET ADDRESS 7703 Floyd Curl Drive

CITY, STATE, ZIP SAN ANTONIO, TEXAS 78284

HOSPITAL PROVIDER # 74600 2164 78229 000

DIAGNOSIS CODES 38100 _____

PROCEDURES 2001 _____

LENGTH OF STAY 1 _____

DRG NUMBER 62 _____

LONG STAY CUT OFF DAYS 21 _____

AVERAGE GEOM MEAN LENGTH OF STAY 2.2 _____

COST CUT OFF 40,100 _____

PER DIEM 1,023.69 _____

BASE DRG 2252.12 _____

ANY OUTLIER? NO _____

TEACHING 4021 _____

TOTAL ALLOWANCE WITH ALL FACTORS INCLUDED 2870.64

PER DIEM (WHEN LOS IS MET)

BASE DRG (WHEN LOS IS NOT MET)

Admission Date 18 JUN 93

Amount Charged 777.⁰⁰

SAMPLE
CALCULATIONS
for Graduate
Thesis.

CHAMPUS

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of pages > 1

To	Copeland Rodgers	From	Bill Dennis
Co.	WHMC	Co.	WPS/CHAMPUS
Dept.	HSE	Phone #	545-9078
Fax #	670-6983	Fax #	

DRG WORKSHEET

PATIENT NAME Reader's Reference # 22,972 SSAN#

AGE OF PATIENT _____ DATE OF BIRTH 29 Apr 1993

MALE _____ FEMALE X

HOSPITAL University Hospital (University of Texas Medical School)

STREET ADDRESS 7703 Floyd Curl Drive

CITY, STATE, ZIP SAN ANTONIO, TEXAS 78284

HOSPITAL PROVIDER # 74600 2164 78229 000

DIAGNOSIS CODES V3000 _____

PROCEDURES N/A _____

LENGTH OF STAY 3

DRG NUMBER 391

LONG STAY CUT OFF DAYS 7.0

AVERAGE GEOM MEAN LENGTH OF STAY 2.0

COST CUT OFF 40,100

PER DIEM 172.07

BASE DRG 344.18

ANY OUTLIER? No

TEACHING 4021

TOTAL ALLOWANCE WITH ALL FACTORS INCLUDED 482.58

PER DIEM (WHEN LOS IS MET)

BASE DRG (WHEN LOS IS NOT MET)

Admission Date 29 Apr - 2 May 1993

Amount Charged 2,406.⁰⁰

KES10B1

WISCONSIN PHYSICIANS SERVICE
CHAMPUS DRG INQUIRY

3/24/94

ADMIT DATE 042993	DSCHG DATE 050293	PROV 746002164782290000
DIAG: 1 V3000 2	3 4 5 6 7 8	9

PROC: 1	2	3	4	5	6	CHAMPVA N
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LOS 003	CHGD 00240600	RQST OUT Y	DSCHG STAT 01
AGE 000	SEX F	DOB 041293	ADMIT DIAG V3000

DIAG (ANY)	DIAG (2ND)	PROC USED
MDC 015 NEWBRNS & OTHER NEONATES WITH CONDTN ORIG IN PERINATL PERIOD		
DRG 391 NORMAL NEWBORN		
GROUPER MESSAGE: RECORD GROUPED		
GROUPER VERSION 100		

M.S.A.	7240	CHILD LABOR	.00	CHILD NONLB	.00
DRG WEIGHT	.1163	TEACH FACTOR	.4021	COST CUTOFF	40,100.00
SHORT DAY CUTOFF	1	DRG AVG LOS	2.0	PER DIEM AMT	172.09
LONG DAY CUTOFF	7	WAGE INDEX	.8448	BASE DRG AMT	344.18
OUTLIER DAY	0	LABOR AMT	2,354.67	OUTLIER AMT	.00
PRICER MESSAGE: PRICED NO OUTLIER		NON LABOR	970.20	TEACHING AMT	138.39
				ALLOWED AMT	482.57

PF1: EDIT	PF2: EDIT + GROUP	PF3: PRICE	PF4: DESC	ENTER: ALL	CLEAR: END
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A P P E N D I X 9

RED 1993 10 28 2150 HRS
 CITY NAME: WILFORD HALL MEDICAL CENTER
 CITY CODE: FFGT50
 REGION: 05

MEPRS

PCN COMP-012
 PAGE 3

DETAILED MEDICAL EXPENSE AND PERFORMANCE

ct-
 SEP FY93

PART I MEDICAL EXPENSE REPORT

ON 1 - INPATIENT SERVICES

ACCT	DESCRIPTION	TOTAL EXPENSES	CLINIC'N SALARIES	OCCUPIED BED DAYS	COST PER OBD	TOTAL DISPS	COST PER DISP	ADMIS	COST PER ADMIS	*ALOS	*ADPL
ADN	SUBTOTAL	2,788,080	44732	3527	790.50	356	7831.69	381	7317.80	9.9	9.7
ACAA	GYNECOLOGY	5,677,985	311907	7813	726.74	1393	4076.08	1421	3995.77	5.6	21.4
ACAB	GYNECOLOGIC ONCOLOGY	30,205	0	0	0.00	0	0.00	0	0.00	0.0	0.0
ACA	SUBTOTAL	5,708,190	311907	7813	730.60	1393	4097.77	1421	4017.02	5.6	21.4
ACBA	OBSTETRICS	6,787,002	338112	10087	672.85	1832	3704.70	1861	3646.97	5.5	27.6
ACBB	REPRODUCTIVE ENDOCRINO	62	0	0	0.00	0	0.00	0	0.00	0.0	0.0
ACB	SUBTOTAL	6,787,064	338112	10087	672.85	1832	3704.73	1861	3647.00	5.5	27.6
	PEDIATRICS	6,163,454	737739	7246	850.60	1583	3893.53	1552	3971.30	4.6	19.9
	SUBTOTAL	6,163,454	737739	7246	850.60	1583	3893.53	1552	3971.30	4.6	19.9
ADBA	NURSERY	8,051,709	148797	10874	740.46	1625	4954.90	1625	4954.90	6.7	29.8
ADB	SUBTOTAL	8,051,709	148797	10874	740.46	1625	4954.90	1625	4954.90	6.7	29.8
ADDA	ADOLESCENT PEDIATRICS	95,684	12916	176	543.66	38	2518.00	38	2518.00	4.6	0.5
ADD	SUBTOTAL	95,684	12916	176	543.66	38	2518.00	38	2518.00	4.6	0.5
ADZA	PEDS ICU	0	0	0	0.00	0	0.00	0	0.00	0.0	0.0
ADZ	SUBTOTAL	0	0	0	0.00	0	0.00	0	0.00	0.0	0.0
AEAA	ORTHOPEDICS	8,786,823	496308	10514	835.73	1816	4838.56	1832	4796.30	5.8	28.8
AEA	SUBTOTAL	8,786,823	496308	10514	835.73	1816	4838.56	1832	4796.30	5.8	28.8
AEBA	PODIATRY	43,124	5272	43	1002.88	43	1002.88	42	1026.76	1.0	0.1
AEB	SUBTOTAL	43,124	5272	43	1002.88	43	1002.88	42	1026.76	1.0	0.1
AECA	HAND SURGERY	95,904	74924	1	95904.00	1	95904.00	1	95904.00	1.0	0.0
AEC	SUBTOTAL	95,904	74924	1	95904.00	1	95904.00	1	95904.00	1.0	0.0
AFAA	PSYCHIATRY	5,456,783	536968	12699	429.70	993	5495.25	957	5701.97	12.8	34.8
AFA	SUBTOTAL	5,456,783	536968	12699	429.70	993	5495.25	957	5701.97	12.8	34.8
AFBA	SUBSTANCE ABUSE REHAB	134,218	3997	0	0.00	0	0.00	0	0.00	0.0	0.0
AFB	SUBTOTAL	134,218	3997	0	0.00	0	0.00	0	0.00	0.0	0.0
	TOTAL	149,209,618	7819223	177977	838.36	27228	5480.01	27220	5481.62	6.5	487.6

TOTAL

200

RED: 1993 10 28 2150 HRS
 CITY NAME: WILFORD HALL MEDICAL CENTER
 CITY CODE: FFGT50
 REGION: 05

MEPRS

PCN COMP-012
 PAGE 2

DETAILED MEDICAL EXPENSE AND PERFORMANCE

SEP FY93

PART I MEDICAL EXPENSE REPORT

SECTION 1 - INPATIENT SERVICES

ACCT	DESCRIPTION	TOTAL EXPENSES	CLINIC'M SALARIES	OCCUPIED BED DAYS	COST PER OBD	TOTAL DISPS	COST PER DISP	ADHIS	COST PER ADHIS	*ALOS	*ADPL
AARA	INFECTIOUS DISEASE	245,118	116403	166	1476.61	14	17508.43	19	12900.95	11.9	0.5
AAR	SUBTOTAL	245,118	116403	166	1476.61	14	17508.43	19	12900.95	11.9	0.5
AASA	ALLERGY	28,813	13265	16	1800.81	0	0.00	2	14406.50	0.0	0.0
AAS	SUBTOTAL	28,813	13265	16	1800.81	0	0.00	2	14406.50	0.0	0.0
ABAA	GENERAL SURGERY	20,221,355	726809	21573	937.35	3012	6713.60	2739	7382.75	7.2	59.1
ABAB	TRAUMA SERVICE	607,858	16060	701	867.13	186	3268.05	179	3395.85	3.8	1.9
ABA	SUBTOTAL	20,829,213	742869	22274	935.14	3198	6513.20	2918	7138.18	7.0	61.0
ABD	CARDIO/THORACIC SURGER	6,006,140	373993	4362	1376.92	460	13056.83	309	19437.35	9.5	12.0
ABD	SUBTOTAL	6,006,140	373993	4362	1376.92	460	13056.83	309	19437.35	9.5	12.0
ABDA	NEUROSURGERY	2,732,768	97893	3383	807.79	395	6918.40	398	6866.25	8.6	9.3
ABD	SUBTOTAL	2,732,768	97893	3383	807.79	395	6918.40	398	6866.25	8.6	9.3
ABEA	OPHTHALMOLOGY	2,514,912	455138	1999	1258.09	902	2788.15	916	2745.54	2.2	5.5
ABEP	OPHTHALMOLOGY PARTNERS	727	0	0	0.00	0	0.00	0	0.00	0.0	0.0
ABE	SUBTOTAL	2,515,639	455138	1999	1258.45	902	2788.96	916	2746.33	2.2	5.5
ABFA	ORAL SURGERY	1,950,443	117179	1865	1045.81	728	2679.18	736	2650.06	2.6	5.1
ABF	SUBTOTAL	1,950,443	117179	1865	1045.81	728	2679.18	736	2650.06	2.6	5.1
ABGA	OTORHINOLARYNGOLOGY	4,374,689	450866	4280	1022.12	1160	3771.28	1208	3621.43	3.7	11.7
ABG	SUBTOTAL	4,374,689	450866	4280	1022.12	1160	3771.28	1208	3621.43	3.7	11.7
ABHA	PEDIATRIC SURGERY	885,315	42694	574	1542.36	183	4837.79	120	7377.63	3.1	1.6
ABHP	PEDIATRIC SURGERY PART	0	0	0	0.00	0	0.00	0	0.00	0.0	0.0
ABH	SUBTOTAL	885,315	42694	574	1542.36	183	4837.79	120	7377.63	3.1	1.6
ABIA	PLASTIC SURGERY	2,343,221	111050	2246	1043.29	507	4621.74	520	4506.19	4.4	6.2
ABI	SUBTOTAL	2,343,221	111050	2246	1043.29	507	4621.74	520	4506.19	4.4	6.2
ABKA	UROLOGY	5,788,897	472598	6650	870.51	1434	4036.89	1422	4070.95	4.6	18.2
ABK	SUBTOTAL	5,788,897	472598	6650	870.51	1434	4036.89	1422	4070.95	4.6	18.2
ABLA	ORGAN TRANSPLANT	3,509,769	165673	4138	848.18	423	8297.33	451	7782.19	9.8	11.3
ABL	SUBTOTAL	3,509,769	165673	4138	848.18	423	8297.33	451	7782.19	9.8	11.3
ABNA	PERIPHERAL VASCULAR	2,788,080	44732	3527	790.50	356	7831.69	381	7317.80	9.9	9.7

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PREPARED: 1993 10 28 2150 HRS
 FACILITY NAME: WILFORD HALL MEDICAL CENTER
 FACILITY CODE: FFGTSO
 DOD REGION: 05

MEPRS

PCN COMP-012
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DETAILED MEDICAL EXPENSE AND PERFORMANCE

PART I MEDICAL EXPENSE REPORT

OCT - SEP FY93

SECTION 1 - INPATIENT SERVICES

ACCT	DESCRIPTION	TOTAL EXPENSES	CLINIC*N SALARIES	OCCUPIED BED DAYS	COST PER OBD	TOTAL DISPS	COST PER DISP	ADMIS	COST PER ADMIS	*ALOS	*ADPL
AAAA	INTERNAL MEDICINE	20,884,870	486755	24676	846.36	3047	6854.24	3176	6575.84	8.1	67.6
AAA	SUBTOTAL	20,884,870	486755	24676	846.36	3047	6854.24	3176	6575.84	8.1	67.6
AABA	CARDIOLOGY/TELEMETRY	13,566,973	361239	15888	853.91	2595	5228.12	2766	4904.91	6.1	43.5
AAB	SUBTOTAL	13,566,973	361239	15888	853.91	2595	5228.12	2766	4904.91	6.1	43.5
AADA	DERMATOLOGY	255,412	28356	586	435.86	57	4480.91	53	4819.09	10.3	1.6
AAD	SUBTOTAL	255,412	28356	586	435.86	57	4480.91	53	4819.09	10.3	1.6
AAEA	ENDOCRINOLOGY	121,353	24306	150	809.02	25	4854.12	29	4184.59	6.0	0.4
AAE	SUBTOTAL	121,353	24306	150	809.02	25	4854.12	29	4184.59	6.0	0.4
AAFA	GASTROENTEROLOGY	600,354	161409	735	816.81	137	4382.15	159	3775.81	5.4	2.0
AAF	SUBTOTAL	600,354	161409	735	816.81	137	4382.15	159	3775.81	5.4	2.0
AAGA	HEMATOLOGY	1,533,136	31252	2942	521.12	322	4761.29	323	4746.55	9.1	8.1
AAG	SUBTOTAL	1,533,136	31252	2942	521.12	322	4761.29	323	4746.55	9.1	8.1
AAIA	NEPHROLOGY	649,017	206943	227	2859.11	53	12245.60	59	11000.29	4.3	0.6
AAI	SUBTOTAL	649,017	206943	227	2859.11	53	12245.60	59	11000.29	4.3	0.6
AAJA	NEUROLOGY	1,426,722	185993	2791	511.19	387	3686.62	403	3540.25	7.2	7.6
AAJ	SUBTOTAL	1,426,722	185993	2791	511.19	387	3686.62	403	3540.25	7.2	7.6
AAKA	ONCOLOGY	3,419,714	65937	6256	546.63	600	5699.52	587	5825.75	10.4	17.1
AAK	SUBTOTAL	3,419,714	65937	6256	546.63	600	5699.52	587	5825.75	10.4	17.1
AALA	PULMONARY UPPER RESPIR	948,016	179535	759	1249.03	95	9979.12	121	7834.84	8.0	2.1
AAL	SUBTOTAL	948,016	179535	759	1249.03	95	9979.12	121	7834.84	8.0	2.1
AAHA	RHEUMATOLOGY	175,065	58421	192	911.80	33	5305.00	39	4488.85	5.8	0.5
AAH	SUBTOTAL	175,065	58421	192	911.80	33	5305.00	39	4488.85	5.8	0.5
AAPA	ACQUIRED IMMUNE DEF SY	2,194,482	76386	4704	466.51	653	3360.62	648	3386.55	7.2	12.9
AAP	SUBTOTAL	2,194,482	76386	4704	466.51	653	3360.62	648	3386.55	7.2	12.9
AAQA	BONE MARROW ALLOGENEIC	5,514,811	28473	2443	2257.39	98	56273.58	103	53541.85	24.9	6.7
AAQQ	BONE MARROW AUTOLOGOUS	2,598,635	52925	695	3739.04	42	61872.26	25	*****	16.5	1.9
AAQ	SUBTOTAL	8,113,446	81398	3138	2585.55	140	57953.19	128	63386.30	22.4	8.6

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A P P E N D I X 10

VOLUME I - GRADUATE MANAGEMENT PROJECT
BASIC DATA REQUIRED FOR DRG CALCULATIONS
CAPT LANE T. ROGERS

READER'S REFERENCE NUMBER	PATIENT REGISTRATION NUMBER	BENEFICIARY CATEGORY	DRG	TOTAL LENGTH OF STAY	DISPOSITION CLINIC	LENGTH OF STAY IN THE CLINIC	SECOND DISPOSITION CLINIC	LENGTH OF STAY IN 2ND DISPOSITION CLINIC	THIRD DISPOSITION CLINIC	LENGTH OF STAY IN 3RD DISPOSITION CLINIC	TOTAL NUMBER OF ICU BED DAYS	LABOR AMOUNT	TIMES: WAGE INDEX	EQUALS: PARTIAL LABOR PORTION	PLUS: NON-LABOR AMOUNT	EQUALS: ADJUSTED STANDARD AMOUNT (ASA)	TIMES: CHAMPUS DRG WEIGHT	EQUALS: BASE PRICE
1	1181703	K92	001	5	AAA	1	AAH	4	AAA	1	4	\$2,354.67	0.8448	\$1,989.23	\$970.20	\$2,959.43	3.9996	\$11,836.52
2	1163667	K92	001	4	AAA	1	ABC	3	AAA	1	1	\$2,354.67	0.8448	\$1,989.23	\$970.20	\$2,959.43	3.9996	\$11,836.52
3	1189405	A43	007	28	AAA	27	AAH	1	AAA	0	1	\$2,354.67	0.8448	\$1,989.23	\$970.20	\$2,959.43	2.6858	\$7,948.42
4	1189955	F47	007	16	AAA	16	AAH	0	AAA	0	0	\$2,354.67	0.8448	\$1,989.23	\$970.20	\$2,959.43	2.6858	\$7,948.42
5	1168429	F31	009	24	AAA	12	AAH	12	AAA	0	12	\$2,354.67	0.8448	\$1,989.23	\$970.20	\$2,959.43	1.7521	\$5,185.21
6	1181883	F43	010	37	AAA	30	AAA	30	AAA	0	0	\$2,354.67	0.8448	\$1,989.23	\$970.20	\$2,959.43	1.7034	\$5,041.08
7	1189412	F43	010	24	AAA	20	AAA	20	AAA	0	0	\$2,354.67	0.8448	\$1,989.23	\$970.20	\$2,959.43	1.7034	\$5,041.08
8	1170090	A41	010	23	AAA	23	AAA	0	AAA	0	0	\$2,354.67	0.8448	\$1,989.23	\$970.20	\$2,959.43	1.7034	\$5,041.08
9	1166456	F47	010	21	AAA	21	AAH	1	AAA	0	1	\$2,354.67	0.8448	\$1,989.23	\$970.20	\$2,959.43	1.7034	\$5,041.08
10	1166446	F31	010	18	AAA	17	AAH	1	AAA	0	0	\$2,354.67	0.8448	\$1,989.23	\$970.20	\$2,959.43	1.7034	\$5,041.08
11	117581	F31	010	17	AAA	17	AAH	0	AAA	0	0	\$2,354.67	0.8448	\$1,989.23	\$970.20	\$2,959.43	1.7034	\$5,041.08
12	1167063	F31	010	11	AAA	11	AAH	0	AAA	0	0	\$2,354.67	0.8448	\$1,989.23	\$970.20	\$2,959.43	1.7034	\$5,041.08
13	1183503	F31	010	9	AAA	9	AAH	0	AAA	0	0	\$2,354.67	0.8448	\$1,989.23	\$970.20	\$2,959.43	1.7034	\$5,041.08
14	1181783	F43	010	5	AAA	5	AAH	0	AAA	0	0	\$2,354.67	0.8448	\$1,989.23	\$970.20	\$2,959.43	1.7034	\$5,041.08
15	1165506	F47	010	5	AAA	5	AAH	0	AAA	0	0	\$2,354.67	0.8448	\$1,989.23	\$970.20	\$2,959.43	1.7034	\$5,041.08
16	1170000	F43	010	3	AAA	3	AAH	0	AAA	0	0	\$2,354.67	0.8448	\$1,989.23	\$970.20	\$2,959.43	1.7034	\$5,041.08
17	117145	F43	010	3	AAA	3	AAH	0	AAA	0	0	\$2,354.67	0.8448	\$1,989.23	\$970.20	\$2,959.43	1.7034	\$5,041.08
18	117163	N31	010	3	AAA	3	AAH	0	AAA	0	0	\$2,354.67	0.8448	\$1,989.23	\$970.20	\$2,959.43	1.7034	\$5,041.08
19	1174582	F43	010	2	AAA	2	AAH	1	AAA	0	0	\$2,354.67	0.8448	\$1,989.23	\$970.20	\$2,959.43	1.7034	\$5,041.08
20	1179949	F47	011	7	AAA	7	AAH	0	AAA	0	0	\$2,354.67	0.8448	\$1,989.23	\$970.20	\$2,959.43	1.7034	\$5,041.08
21	1168433	F43	012	14	AAA	14	AAH	0	AAA	0	0	\$2,354.67	0.8448	\$1,989.23	\$970.20	\$2,959.43	1.7034	\$5,041.08
22	1182668	A47	012	12	AAA	12	AAH	0	AAA	0	0	\$2,354.67	0.8448	\$1,989.23	\$970.20	\$2,959.43	1.7034	\$5,041.08
23	1169443	F31	012	10	AAA	10	AAH	5	AAA	0	5	\$2,354.67	0.8448	\$1,989.23	\$970.20	\$2,959.43	2.0919	\$6,190.82
24	1167317	M43	012	6	AAA	6	AAH	0	AAA	0	0	\$2,354.67	0.8448	\$1,989.23	\$970.20	\$2,959.43	2.0919	\$6,190.82
25	1185204	F31	012	1	AAA	1	AAH	0	AAA	0	0	\$2,354.67	0.8448	\$1,989.23	\$970.20	\$2,959.43	2.0919	\$6,190.82
26	1169021	F41	012	1	AAA	1	AAH	0	AAA	0	0	\$2,354.67	0.8448	\$1,989.23	\$970.20	\$2,959.43	2.0919	\$6,190.82
27	1191495	F43	013	5	AAA	5	AAH	0	AAA	0	0	\$2,354.67	0.8448	\$1,989.23	\$970.20	\$2,959.43	0.8963	\$2,652.53
28	1100986	A41	013	3	AAA	3	AAH	2	AAA	0	2	\$2,354.67	0.8448	\$1,989.23	\$970.20	\$2,959.43	0.8963	\$2,652.53
29	1185368	F43	014	29	AAA	23	AAH	2	AAA	0	2	\$2,354.67	0.8448	\$1,989.23	\$970.20	\$2,959.43	1.4548	\$4,305.37
30	1181304	F43	014	28	AAA	27	AAH	1	AAA	0	1	\$2,354.67	0.8448	\$1,989.23	\$970.20	\$2,959.43	1.4548	\$4,305.37
31	1178139	F43	014	28	AAA	26	AAH	2	AAA	0	2	\$2,354.67	0.8448	\$1,989.23	\$970.20	\$2,959.43	1.4548	\$4,305.37
32	1176769	F45	014	22	AAA	17	AAH	5	AAA	0	5	\$2,354.67	0.8448	\$1,989.23	\$970.20	\$2,959.43	1.4548	\$4,305.37
33	1168913	N31	014	20	AAA	15	AAH	15	AAA	0	5	\$2,354.67	0.8448	\$1,989.23	\$970.20	\$2,959.43	1.4548	\$4,305.37
34	1185700	F47	014	17	AAA	10	AAH	5	AAA	10	5	\$2,354.67	0.8448	\$1,989.23	\$970.20	\$2,959.43	1.4548	\$4,305.37
35	1165787	F31	014	16	AAA	12	AAH	12	AAA	0	4	\$2,354.67	0.8448	\$1,989.23	\$970.20	\$2,959.43	1.4548	\$4,305.37
36	1188229	F31	014	15	AAA	11	AAH	4	AAA	0	0	\$2,354.67	0.8448	\$1,989.23	\$970.20	\$2,959.43	1.4548	\$4,305.37
37	1172342	F47	014	14	AAA	14	AAH	0	AAA	0	0	\$2,354.67	0.8448	\$1,989.23	\$970.20	\$2,959.43	1.4548	\$4,305.37
38	1177435	F43	014	13	AAA	12	AAH	1	AAA	0	2	\$2,354.67	0.8448	\$1,989.23	\$970.20	\$2,959.43	1.4548	\$4,305.37
39	1171763	F45	014	13	AAA	11	AAH	2	AAA	0	1	\$2,354.67	0.8448	\$1,989.23	\$970.20	\$2,959.43	1.4548	\$4,305.37
40	1182160	F31	014	13	AAA	12	AAH	1	AAA	0	1	\$2,354.67	0.8448	\$1,989.23	\$970.20	\$2,959.43	1.4548	\$4,305.37
41	1179961	F43	014	13	AAA	9	AAH	4	AAA	0	4	\$2,354.67	0.8448	\$1,989.23	\$970.20	\$2,959.43	1.4548	\$4,305.37
42	1177655	F43	014	12	AAA	13	AAH	0	AAA	0	0	\$2,354.67	0.8448	\$1,989.23	\$970.20	\$2,959.43	1.4548	\$4,305.37
43	1188880	F43	014	11	AAA	12	AAH	0	AAA	0	0	\$2,354.67	0.8448	\$1,989.23	\$970.20	\$2,959.43	1.4548	\$4,305.37
44	1174812	M32	014	12	AAA	6	AAH	6	AAA	0	6	\$2,354.67	0.8448	\$1,989.23	\$970.20	\$2,959.43	1.4548	\$4,305.37
45	1190311	N43	014	10	AAA	10	AAH	0	AAA	0	0	\$2,354.67	0.8448	\$1,989.23	\$970.20	\$2,959.43	1.4548	\$4,305.37
46	1175736	A31	014	10	AAA	10	AAH	0	AAA	0	0	\$2,354.67	0.8448	\$1,989.23	\$970.20	\$2,959.43	1.4548	\$4,305.37
47	1180251	A31	014	10	AAA	10	AAH	0	AAA	0	0	\$2,354.67	0.8448	\$1,989.23	\$970.20	\$2,959.43	1.4548	\$4,305.37

VOLUME II - GRADUATE MANAGEMENT PROJECT
CALCULATION FOR THE "LONG-STAY OUTLIER"
CAPT LANE T. ROGERS

READER'S REFERENCE NUMBER	PATIENT REGISTRATION NUMBER	PATIENT NUMBER	DRG	TOTAL LENGTH OF STAY	MINIMUM THRESHOLD LONG-STAY OUTLIER	DOES A LONG-STAY OUTLIER EXIST? (1=YES, 0=NO)	BASE DRG PRICE	DIVIDED BY: GEOMETRIC MEAN LENGTH OF STAY	EQUALS: DRG PER DIEM RATE	TIMES: A FLAT RATE OF 0.60	EQUALS: LONG-STAY PER DIEM RATE	TOTAL LENGTH OF STAY	MINUS: CUTOFF LONG STAY DAYS	EQUALS: NUMBER LONG-STAY OUTLIER DAYS	TIMES: LONG-STAY PER DIEM RATE	EQUALS: LONG-STAY OUTLIER AMOUNT
1	1181703	001	001	5	40	0	\$0.00	8.5	\$0.00	0.60	\$0.00	5	40	0	\$0.00	\$0.00
2	1163667	001	001	4	40	0	\$0.00	8.5	\$0.00	0.60	\$0.00	4	40	0	\$0.00	\$0.00
3	1189405	007	007	28	38	0	\$0.00	6.4	\$0.00	0.60	\$0.00	28	38	0	\$0.00	\$0.00
4	1189555	009	009	16	38	0	\$0.00	6.4	\$0.00	0.60	\$0.00	16	38	0	\$0.00	\$0.00
5	1168429	010	010	24	38	0	\$0.00	6.6	\$0.00	0.60	\$0.00	24	38	0	\$0.00	\$0.00
6	1181883	010	010	37	38	0	\$0.00	6.4	\$0.00	0.60	\$0.00	37	38	0	\$0.00	\$0.00
7	1189412	010	010	24	38	0	\$0.00	6.4	\$0.00	0.60	\$0.00	24	38	0	\$0.00	\$0.00
8	1170090	010	010	23	38	0	\$0.00	6.4	\$0.00	0.60	\$0.00	23	38	0	\$0.00	\$0.00
9	1166456	010	010	21	38	0	\$0.00	6.4	\$0.00	0.60	\$0.00	21	38	0	\$0.00	\$0.00
10	1166446	010	010	18	38	0	\$0.00	6.4	\$0.00	0.60	\$0.00	18	38	0	\$0.00	\$0.00
11	1175581	010	010	17	38	0	\$0.00	6.4	\$0.00	0.60	\$0.00	17	38	0	\$0.00	\$0.00
12	1167363	010	010	11	38	0	\$0.00	6.4	\$0.00	0.60	\$0.00	11	38	0	\$0.00	\$0.00
13	1183503	010	010	9	38	0	\$0.00	6.4	\$0.00	0.60	\$0.00	9	38	0	\$0.00	\$0.00
14	1181783	010	010	5	38	0	\$0.00	6.4	\$0.00	0.60	\$0.00	5	38	0	\$0.00	\$0.00
15	1165506	010	010	3	38	0	\$0.00	6.4	\$0.00	0.60	\$0.00	3	38	0	\$0.00	\$0.00
16	1170000	010	010	3	38	0	\$0.00	6.4	\$0.00	0.60	\$0.00	3	38	0	\$0.00	\$0.00
17	1177145	010	010	3	38	0	\$0.00	6.4	\$0.00	0.60	\$0.00	3	38	0	\$0.00	\$0.00
18	1177163	010	010	3	38	0	\$0.00	6.4	\$0.00	0.60	\$0.00	3	38	0	\$0.00	\$0.00
19	1174582	010	010	2	38	0	\$0.00	6.4	\$0.00	0.60	\$0.00	2	38	0	\$0.00	\$0.00
20	1179949	011	011	7	35	0	\$0.00	2.6	\$0.00	0.60	\$0.00	7	35	0	\$0.00	\$0.00
21	1168433	012	012	14	38	0	\$0.00	6.9	\$0.00	0.60	\$0.00	14	38	0	\$0.00	\$0.00
22	1182668	012	012	12	38	0	\$0.00	6.9	\$0.00	0.60	\$0.00	12	38	0	\$0.00	\$0.00
23	1169443	012	012	10	38	0	\$0.00	6.9	\$0.00	0.60	\$0.00	10	38	0	\$0.00	\$0.00
24	1167317	012	012	6	38	0	\$0.00	6.9	\$0.00	0.60	\$0.00	6	38	0	\$0.00	\$0.00
25	1185204	012	012	6	38	0	\$0.00	6.9	\$0.00	0.60	\$0.00	6	38	0	\$0.00	\$0.00
26	1169021	012	012	1	38	0	\$0.00	6.9	\$0.00	0.60	\$0.00	1	38	0	\$0.00	\$0.00
27	1191495	013	013	5	37	0	\$0.00	5.3	\$0.00	0.60	\$0.00	5	37	0	\$0.00	\$0.00
28	1190986	013	013	3	37	0	\$0.00	5.3	\$0.00	0.60	\$0.00	3	37	0	\$0.00	\$0.00
29	1183368	014	014	29	37	0	\$0.00	5.5	\$0.00	0.60	\$0.00	29	37	0	\$0.00	\$0.00
30	1181100	014	014	28	37	0	\$0.00	5.5	\$0.00	0.60	\$0.00	28	37	0	\$0.00	\$0.00
31	1178134	014	014	28	37	0	\$0.00	5.5	\$0.00	0.60	\$0.00	28	37	0	\$0.00	\$0.00
32	1176769	014	014	22	37	0	\$0.00	5.5	\$0.00	0.60	\$0.00	22	37	0	\$0.00	\$0.00
33	1168913	014	014	20	37	0	\$0.00	5.5	\$0.00	0.60	\$0.00	20	37	0	\$0.00	\$0.00
34	1185700	014	014	17	37	0	\$0.00	5.5	\$0.00	0.60	\$0.00	17	37	0	\$0.00	\$0.00
35	1165787	014	014	16	37	0	\$0.00	5.5	\$0.00	0.60	\$0.00	16	37	0	\$0.00	\$0.00
36	1188229	014	014	15	37	0	\$0.00	5.5	\$0.00	0.60	\$0.00	15	37	0	\$0.00	\$0.00
37	1172342	014	014	14	37	0	\$0.00	5.5	\$0.00	0.60	\$0.00	14	37	0	\$0.00	\$0.00
38	1177435	014	014	13	37	0	\$0.00	5.5	\$0.00	0.60	\$0.00	13	37	0	\$0.00	\$0.00
39	1171763	014	014	13	37	0	\$0.00	5.5	\$0.00	0.60	\$0.00	13	37	0	\$0.00	\$0.00
40	1182160	014	014	13	37	0	\$0.00	5.5	\$0.00	0.60	\$0.00	13	37	0	\$0.00	\$0.00
41	1179961	014	014	13	37	0	\$0.00	5.5	\$0.00	0.60	\$0.00	13	37	0	\$0.00	\$0.00
42	1177855	014	014	13	37	0	\$0.00	5.5	\$0.00	0.60	\$0.00	13	37	0	\$0.00	\$0.00
43	1188880	014	014	12	37	0	\$0.00	5.5	\$0.00	0.60	\$0.00	12	37	0	\$0.00	\$0.00
44	1174812	014	014	11	37	0	\$0.00	5.5	\$0.00	0.60	\$0.00	11	37	0	\$0.00	\$0.00
45	1190311	014	014	10	37	0	\$0.00	5.5	\$0.00	0.60	\$0.00	10	37	0	\$0.00	\$0.00
46	1175736	014	014	10	37	0	\$0.00	5.5	\$0.00	0.60	\$0.00	10	37	0	\$0.00	\$0.00
47	1180251	014	014	10	37	0	\$0.00	5.5	\$0.00	0.60	\$0.00	10	37	0	\$0.00	\$0.00

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VOLUME III - GRADUATE MANAGEMENT PROJECT
CALCULATION FOR PART I OF THE "COST OUTLIER" (THE AMOUNT CHARGED)
CAPT LANE T. ROGERS

READER'S REFERENCE NUMBER	PATIENT REGISTRATION NUMBER	DRG	TWO BASE TIMES PRICE	COMPARED TO COST CUT-OFF FACTOR (\$40,100)	EQUALS: CUT-OFF (LARGER OF THE TWO)	GOVT'S CHARGE PER BED DAY IN THE DISPOSITION CLINIC	TIMES: NUMBER OF BED DAYS IN THE DISPOSITION CLINIC (EXCL ICU DAYS)	EQUALS: AMOUNT CHARGED IN THE DISPOSITION CLINIC	GOVT'S CHARGE PER ICU BED DAY IN THE SECOND DISPOSITION CLINIC	TIMES: NUMBER OF ICU BED DAYS IN THE SECOND DISPOSITION CLINIC	EQUALS: AMOUNT CHARGED SECOND DISPOSITION CLINIC	GOVT'S CHARGE PER ICU BED DAY IN THE THIRD DISPOSITION CLINIC	TIMES: NUMBER OF ICU BED DAYS IN THE THIRD DISPOSITION CLINIC	EQUALS: AMOUNT CHARGED THIRD DISPOSITION CLINIC	TOTAL AMOUNT CHARGED (ADD ALL DISPOSITION CLINIC CHARGES)
1	1181703	001	\$23,673.03	\$40,100	\$40,100.00	\$777	1	\$777	\$1,749	4	\$6,996	\$0	0	\$0	\$7,773
2	1165667	001	\$23,673.03	\$40,100	\$40,100.00	\$777	1	\$777	\$1,749	3	\$5,301	\$0	0	\$0	\$6,078
3	1189405	007	\$15,896.85	\$40,100	\$40,100.00	\$777	27	\$20,979	\$1,749	1	\$1,749	\$0	0	\$0	\$22,728
4	1189555	007	\$15,896.85	\$40,100	\$40,100.00	\$777	16	\$12,432	\$0	0	\$0	\$0	0	\$0	\$12,432
5	1188429	009	\$10,370.42	\$40,100	\$40,100.00	\$777	12	\$9,324	\$1,749	12	\$20,988	\$0	0	\$0	\$30,312
6	1181883	010	\$10,082.17	\$40,100	\$40,100.00	\$777	37	\$28,749	\$0	0	\$0	\$0	0	\$0	\$28,749
7	1189412	010	\$10,082.17	\$40,100	\$40,100.00	\$777	24	\$18,648	\$0	0	\$0	\$0	0	\$0	\$18,648
8	1170900	010	\$10,082.17	\$40,100	\$40,100.00	\$777	23	\$17,871	\$0	0	\$0	\$0	0	\$0	\$17,871
9	1166456	010	\$10,082.17	\$40,100	\$40,100.00	\$777	21	\$16,317	\$0	0	\$0	\$0	0	\$0	\$16,317
10	1166446	010	\$10,082.17	\$40,100	\$40,100.00	\$777	17	\$13,209	\$1,749	1	\$1,749	\$0	0	\$0	\$14,958
11	1175581	010	\$10,082.17	\$40,100	\$40,100.00	\$777	17	\$13,209	\$0	0	\$0	\$0	0	\$0	\$13,209
12	1167363	010	\$10,082.17	\$40,100	\$40,100.00	\$777	11	\$8,547	\$0	0	\$0	\$0	0	\$0	\$8,547
13	1183503	010	\$10,082.17	\$40,100	\$40,100.00	\$777	9	\$6,993	\$0	0	\$0	\$0	0	\$0	\$6,993
14	1181783	010	\$10,082.17	\$40,100	\$40,100.00	\$777	5	\$3,885	\$0	0	\$0	\$0	0	\$0	\$3,885
15	1165506	010	\$10,082.17	\$40,100	\$40,100.00	\$777	5	\$3,885	\$0	0	\$0	\$0	0	\$0	\$3,885
16	1170000	010	\$10,082.17	\$40,100	\$40,100.00	\$777	3	\$2,331	\$0	0	\$0	\$0	0	\$0	\$2,331
17	1171145	010	\$10,082.17	\$40,100	\$40,100.00	\$777	3	\$2,331	\$0	0	\$0	\$0	0	\$0	\$2,331
18	1171163	010	\$10,082.17	\$40,100	\$40,100.00	\$777	3	\$2,331	\$0	0	\$0	\$0	0	\$0	\$2,331
19	1174582	010	\$10,082.17	\$40,100	\$40,100.00	\$777	2	\$1,554	\$0	0	\$0	\$0	0	\$0	\$1,554
20	1179949	011	\$5,863.21	\$40,100	\$40,100.00	\$777	7	\$5,439	\$0	0	\$0	\$0	0	\$0	\$5,439
21	1168433	012	\$12,381.64	\$40,100	\$40,100.00	\$777	14	\$10,878	\$0	0	\$0	\$0	0	\$0	\$10,878
22	1182668	012	\$12,381.64	\$40,100	\$40,100.00	\$777	12	\$9,324	\$0	0	\$0	\$0	0	\$0	\$9,324
23	1169443	012	\$12,381.64	\$40,100	\$40,100.00	\$777	10	\$7,770	\$0	0	\$0	\$0	0	\$0	\$7,770
24	1167317	012	\$12,381.64	\$40,100	\$40,100.00	\$777	1	\$777	\$1,749	5	\$8,745	\$0	0	\$0	\$9,522
25	1165204	012	\$12,381.64	\$40,100	\$40,100.00	\$777	6	\$4,662	\$0	0	\$0	\$0	0	\$0	\$4,662
26	1169021	012	\$12,381.64	\$40,100	\$40,100.00	\$777	1	\$777	\$0	0	\$0	\$0	0	\$0	\$777
27	1191495	013	\$5,305.07	\$40,100	\$40,100.00	\$777	5	\$3,885	\$0	0	\$0	\$0	0	\$0	\$3,885
28	1190986	013	\$5,305.07	\$40,100	\$40,100.00	\$777	5	\$3,885	\$0	0	\$0	\$0	0	\$0	\$3,885
29	1185368	014	\$8,610.74	\$40,100	\$40,100.00	\$777	3	\$2,331	\$0	0	\$0	\$0	0	\$0	\$2,331
30	1181134	014	\$8,610.74	\$40,100	\$40,100.00	\$777	27	\$20,979	\$1,749	2	\$3,498	\$0	0	\$0	\$24,477
31	1178134	014	\$8,610.74	\$40,100	\$40,100.00	\$777	27	\$20,979	\$1,749	1	\$1,749	\$0	0	\$0	\$22,728
32	1176769	014	\$8,610.74	\$40,100	\$40,100.00	\$777	26	\$20,202	\$1,749	2	\$3,498	\$0	0	\$0	\$23,700
33	1168913	014	\$8,610.74	\$40,100	\$40,100.00	\$777	17	\$13,209	\$1,749	5	\$8,745	\$0	0	\$0	\$21,954
34	1185700	014	\$8,610.74	\$40,100	\$40,100.00	\$777	20	\$15,540	\$0	0	\$0	\$0	0	\$0	\$15,540
35	1165787	014	\$8,610.74	\$40,100	\$40,100.00	\$777	12	\$9,324	\$1,749	5	\$8,745	\$0	0	\$0	\$18,069
36	1188229	014	\$8,610.74	\$40,100	\$40,100.00	\$777	16	\$12,432	\$0	0	\$0	\$0	0	\$0	\$12,432
37	1172342	014	\$8,610.74	\$40,100	\$40,100.00	\$777	11	\$8,547	\$1,749	4	\$6,996	\$0	0	\$0	\$15,543
38	1177435	014	\$8,610.74	\$40,100	\$40,100.00	\$777	14	\$10,878	\$0	0	\$0	\$0	0	\$0	\$10,878
39	1171763	014	\$8,610.74	\$40,100	\$40,100.00	\$777	12	\$9,324	\$1,749	1	\$1,749	\$0	0	\$0	\$11,073
40	1182160	014	\$8,610.74	\$40,100	\$40,100.00	\$777	12	\$9,324	\$1,749	2	\$3,498	\$0	0	\$0	\$12,045
41	1179961	014	\$8,610.74	\$40,100	\$40,100.00	\$777	11	\$8,547	\$1,749	1	\$1,749	\$0	0	\$0	\$11,073
42	1177855	014	\$8,610.74	\$40,100	\$40,100.00	\$777	9	\$6,993	\$1,749	4	\$6,996	\$0	0	\$0	\$13,989
43	1188880	014	\$8,610.74	\$40,100	\$40,100.00	\$777	13	\$10,101	\$0	0	\$0	\$0	0	\$0	\$10,101
44	1174812	014	\$8,610.74	\$40,100	\$40,100.00	\$777	12	\$9,324	\$0	0	\$0	\$0	0	\$0	\$9,324
45	1190311	014	\$8,610.74	\$40,100	\$40,100.00	\$777	11	\$8,547	\$0	0	\$0	\$0	0	\$0	\$8,547
46	1175736	014	\$8,610.74	\$40,100	\$40,100.00	\$777	10	\$7,770	\$0	0	\$0	\$0	0	\$0	\$7,770
47	1180251	014	\$8,610.74	\$40,100	\$40,100.00	\$777	10	\$7,770	\$0	0	\$0	\$0	0	\$0	\$7,770

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VOLUME IV - GRADUATE MANAGEMENT PROJECT
CALCULATION FOR PART II OF THE "COST OUTLIER" (OUTLIER AMOUNT)
CAPT LANE T. ROGERS

READER'S REFERENCE NUMBER	PATIENT REGISTRATION NUMBER	DRG	TOTAL AMOUNT CHARGED	TIMES: FIXED RATE	EQUALS: STANDARD COST	NO "FACTOR" ADDED TO WHIC	EQUALS: ADJUSTED STANDARD COST	IS ADJUSTED STD COST AMT LARGER THAN CUT-OFF (I= YES, 0=NO)	ADJUSTED STANDARD COST	MINUS: CUT-OFF AMOUNT	EQUALS: TEMPORARY COST AMOUNT	TIMES: FLAT RATE FACTOR	EQUALS: COST OUTLIER AMOUNT	COMPARED TO: LONG-STAY OUTLIER AMOUNT	SELECT: LARGER OF COST OR LONG-STAY OUTLIER
1	181703	001	\$7,773	0.64	\$4,974.72	1	\$4,974.72	0	\$0.00	\$0.00	\$0.00	0.75	\$0.00	\$0.00	\$0.00
2	181703	001	\$6,078	0.64	\$3,889.92	1	\$3,889.92	0	\$0.00	\$0.00	\$0.00	0.75	\$0.00	\$0.00	\$0.00
3	181703	007	\$22,728	0.64	\$14,545.92	1	\$14,545.92	0	\$0.00	\$0.00	\$0.00	0.75	\$0.00	\$0.00	\$0.00
4	181703	007	\$12,432	0.64	\$7,956.48	1	\$7,956.48	0	\$0.00	\$0.00	\$0.00	0.75	\$0.00	\$0.00	\$0.00
5	181703	009	\$30,312	0.64	\$19,399.68	1	\$19,399.68	0	\$0.00	\$0.00	\$0.00	0.75	\$0.00	\$0.00	\$0.00
6	181703	010	\$28,749	0.64	\$18,399.36	1	\$18,399.36	0	\$0.00	\$0.00	\$0.00	0.75	\$0.00	\$0.00	\$0.00
7	181703	010	\$18,648	0.64	\$11,934.72	1	\$11,934.72	0	\$0.00	\$0.00	\$0.00	0.75	\$0.00	\$0.00	\$0.00
8	181703	010	\$17,871	0.64	\$11,437.44	1	\$11,437.44	0	\$0.00	\$0.00	\$0.00	0.75	\$0.00	\$0.00	\$0.00
9	181703	010	\$16,317	0.64	\$10,442.88	1	\$10,442.88	0	\$0.00	\$0.00	\$0.00	0.75	\$0.00	\$0.00	\$0.00
10	181703	010	\$13,209	0.64	\$8,453.76	1	\$8,453.76	0	\$0.00	\$0.00	\$0.00	0.75	\$0.00	\$0.00	\$0.00
11	181703	010	\$8,507	0.64	\$5,470.08	1	\$5,470.08	0	\$0.00	\$0.00	\$0.00	0.75	\$0.00	\$0.00	\$0.00
12	181703	010	\$6,993	0.64	\$4,475.52	1	\$4,475.52	0	\$0.00	\$0.00	\$0.00	0.75	\$0.00	\$0.00	\$0.00
13	181703	010	\$3,885	0.64	\$2,486.40	1	\$2,486.40	0	\$0.00	\$0.00	\$0.00	0.75	\$0.00	\$0.00	\$0.00
14	181703	010	\$3,885	0.64	\$2,486.40	1	\$2,486.40	0	\$0.00	\$0.00	\$0.00	0.75	\$0.00	\$0.00	\$0.00
15	181703	010	\$2,331	0.64	\$1,491.84	1	\$1,491.84	0	\$0.00	\$0.00	\$0.00	0.75	\$0.00	\$0.00	\$0.00
16	181703	010	\$2,331	0.64	\$1,491.84	1	\$1,491.84	0	\$0.00	\$0.00	\$0.00	0.75	\$0.00	\$0.00	\$0.00
17	181703	010	\$2,331	0.64	\$1,491.84	1	\$1,491.84	0	\$0.00	\$0.00	\$0.00	0.75	\$0.00	\$0.00	\$0.00
18	181703	010	\$1,554	0.64	\$994.56	1	\$994.56	0	\$0.00	\$0.00	\$0.00	0.75	\$0.00	\$0.00	\$0.00
19	181703	010	\$1,554	0.64	\$994.56	1	\$994.56	0	\$0.00	\$0.00	\$0.00	0.75	\$0.00	\$0.00	\$0.00
20	181703	011	\$5,439	0.64	\$3,480.96	1	\$3,480.96	0	\$0.00	\$0.00	\$0.00	0.75	\$0.00	\$0.00	\$0.00
21	181703	011	\$10,878	0.64	\$6,961.92	1	\$6,961.92	0	\$0.00	\$0.00	\$0.00	0.75	\$0.00	\$0.00	\$0.00
22	181703	012	\$9,324	0.64	\$5,967.36	1	\$5,967.36	0	\$0.00	\$0.00	\$0.00	0.75	\$0.00	\$0.00	\$0.00
23	181703	012	\$7,770	0.64	\$4,972.80	1	\$4,972.80	0	\$0.00	\$0.00	\$0.00	0.75	\$0.00	\$0.00	\$0.00
24	181703	012	\$9,522	0.64	\$6,094.08	1	\$6,094.08	0	\$0.00	\$0.00	\$0.00	0.75	\$0.00	\$0.00	\$0.00
25	181703	012	\$4,662	0.64	\$2,983.68	1	\$2,983.68	0	\$0.00	\$0.00	\$0.00	0.75	\$0.00	\$0.00	\$0.00
26	181703	012	\$777	0.64	\$497.28	1	\$497.28	0	\$0.00	\$0.00	\$0.00	0.75	\$0.00	\$0.00	\$0.00
27	181703	013	\$3,885	0.64	\$2,486.40	1	\$2,486.40	0	\$0.00	\$0.00	\$0.00	0.75	\$0.00	\$0.00	\$0.00
28	181703	013	\$2,331	0.64	\$1,491.84	1	\$1,491.84	0	\$0.00	\$0.00	\$0.00	0.75	\$0.00	\$0.00	\$0.00
29	181703	014	\$24,477	0.64	\$15,665.28	1	\$15,665.28	0	\$0.00	\$0.00	\$0.00	0.75	\$0.00	\$0.00	\$0.00
30	181703	014	\$22,728	0.64	\$14,545.92	1	\$14,545.92	0	\$0.00	\$0.00	\$0.00	0.75	\$0.00	\$0.00	\$0.00
31	181703	014	\$23,708	0.64	\$15,168.00	1	\$15,168.00	0	\$0.00	\$0.00	\$0.00	0.75	\$0.00	\$0.00	\$0.00
32	181703	014	\$21,954	0.64	\$14,050.56	1	\$14,050.56	0	\$0.00	\$0.00	\$0.00	0.75	\$0.00	\$0.00	\$0.00
33	181703	014	\$15,540	0.64	\$9,945.60	1	\$9,945.60	0	\$0.00	\$0.00	\$0.00	0.75	\$0.00	\$0.00	\$0.00
34	181703	014	\$18,069	0.64	\$11,564.16	1	\$11,564.16	0	\$0.00	\$0.00	\$0.00	0.75	\$0.00	\$0.00	\$0.00
35	181703	014	\$12,432	0.64	\$7,956.48	1	\$7,956.48	0	\$0.00	\$0.00	\$0.00	0.75	\$0.00	\$0.00	\$0.00
36	181703	014	\$15,543	0.64	\$9,947.52	1	\$9,947.52	0	\$0.00	\$0.00	\$0.00	0.75	\$0.00	\$0.00	\$0.00
37	181703	014	\$10,878	0.64	\$6,961.92	1	\$6,961.92	0	\$0.00	\$0.00	\$0.00	0.75	\$0.00	\$0.00	\$0.00
38	181703	014	\$11,073	0.64	\$7,086.72	1	\$7,086.72	0	\$0.00	\$0.00	\$0.00	0.75	\$0.00	\$0.00	\$0.00
39	181703	014	\$12,045	0.64	\$7,708.80	1	\$7,708.80	0	\$0.00	\$0.00	\$0.00	0.75	\$0.00	\$0.00	\$0.00
40	181703	014	\$13,989	0.64	\$8,952.96	1	\$8,952.96	0	\$0.00	\$0.00	\$0.00	0.75	\$0.00	\$0.00	\$0.00
41	181703	014	\$10,101	0.64	\$6,464.64	1	\$6,464.64	0	\$0.00	\$0.00	\$0.00	0.75	\$0.00	\$0.00	\$0.00
42	181703	014	\$9,324	0.64	\$5,967.36	1	\$5,967.36	0	\$0.00	\$0.00	\$0.00	0.75	\$0.00	\$0.00	\$0.00
43	181703	014	\$8,547	0.64	\$5,470.08	1	\$5,470.08	0	\$0.00	\$0.00	\$0.00	0.75	\$0.00	\$0.00	\$0.00
44	181703	014	\$7,770	0.64	\$4,972.80	1	\$4,972.80	0	\$0.00	\$0.00	\$0.00	0.75	\$0.00	\$0.00	\$0.00
45	181703	014	\$7,770	0.64	\$4,972.80	1	\$4,972.80	0	\$0.00	\$0.00	\$0.00	0.75	\$0.00	\$0.00	\$0.00
46	181703	014	\$7,770	0.64	\$4,972.80	1	\$4,972.80	0	\$0.00	\$0.00	\$0.00	0.75	\$0.00	\$0.00	\$0.00
47	181703	014	\$7,770	0.64	\$4,972.80	1	\$4,972.80	0	\$0.00	\$0.00	\$0.00	0.75	\$0.00	\$0.00	\$0.00

VOLUME V - GRADUATE MANAGEMENT PROJECT
CALCULATION FOR THE "SHORT-STAY OUTLIER" AND "AMOUNT ALLOWED"
CAPT LANE T. ROGERS

READER'S REFERENCE NUMBER	PATIENT REGISTRATION NUMBER	DRG	TOTAL LENGTH OF STAY	MAXIMUM THRESHOLD SHORT-STAY OUTLIER	DOES A SHORT-STAY OUTLIER EXIST? (1=YES,0=NO)	BASE DRG PRICE	DIVIDED BY: GEOMETRIC MEAN LENGTH OF STAY	EQUALS: DRG PER DIEM RATE	TWO	SHORT-STAY PER DIEM RATE	TOTAL LENGTH OF STAY	EQUALS: SHORT-STAY OUTLIER AMOUNT	COMPARED TO: LARGER OF COST OR LONG-STAY OUTLIER	SELECT: IF SHORT IS > 0, OR SELECT LARGER OF LONG OR COST AND ADD BASE DRG PRICE	HOSPITAL TEACHING FACTOR FOR GRAD MED ED (1.4021)	EQUALS: TOTAL DRG AMOUNT ALLOWED
1	1181703	001	5	1	0	\$0.00	8.5	\$0.00	2	\$0.00	5	\$0.00	\$0.00	\$11,836.52	1.4021	\$16,595.98
2	1165667	001	4	1	0	\$0.00	8.5	\$0.00	2	\$0.00	4	\$0.00	\$0.00	\$11,836.52	1.4021	\$16,595.98
3	1189405	007	28	1	0	\$0.00	6.4	\$0.00	2	\$0.00	28	\$0.00	\$0.00	\$7,948.42	1.4021	\$11,144.49
4	1189955	007	16	1	0	\$0.00	6.4	\$0.00	2	\$0.00	16	\$0.00	\$0.00	\$5,185.21	1.4021	\$7,270.18
5	1168429	009	24	1	0	\$0.00	6.6	\$0.00	2	\$0.00	24	\$0.00	\$0.00	\$5,041.08	1.4021	\$7,068.11
6	1181883	010	37	1	0	\$0.00	6.4	\$0.00	2	\$0.00	37	\$0.00	\$0.00	\$5,041.08	1.4021	\$7,068.11
7	1189412	010	24	1	0	\$0.00	6.4	\$0.00	2	\$0.00	24	\$0.00	\$0.00	\$5,041.08	1.4021	\$7,068.11
8	1170090	010	23	1	0	\$0.00	6.4	\$0.00	2	\$0.00	23	\$0.00	\$0.00	\$5,041.08	1.4021	\$7,068.11
9	1166456	010	21	1	0	\$0.00	6.4	\$0.00	2	\$0.00	21	\$0.00	\$0.00	\$5,041.08	1.4021	\$7,068.11
10	1166446	010	18	1	0	\$0.00	6.4	\$0.00	2	\$0.00	18	\$0.00	\$0.00	\$5,041.08	1.4021	\$7,068.11
11	1175581	010	17	1	0	\$0.00	6.4	\$0.00	2	\$0.00	17	\$0.00	\$0.00	\$5,041.08	1.4021	\$7,068.11
12	1167363	010	11	1	0	\$0.00	6.4	\$0.00	2	\$0.00	11	\$0.00	\$0.00	\$5,041.08	1.4021	\$7,068.11
13	1183503	010	9	1	0	\$0.00	6.4	\$0.00	2	\$0.00	9	\$0.00	\$0.00	\$5,041.08	1.4021	\$7,068.11
14	1181783	010	5	1	0	\$0.00	6.4	\$0.00	2	\$0.00	5	\$0.00	\$0.00	\$5,041.08	1.4021	\$7,068.11
15	1165506	010	5	1	0	\$0.00	6.4	\$0.00	2	\$0.00	5	\$0.00	\$0.00	\$5,041.08	1.4021	\$7,068.11
16	1170000	010	3	1	0	\$0.00	6.4	\$0.00	2	\$0.00	3	\$0.00	\$0.00	\$5,041.08	1.4021	\$7,068.11
17	1177145	010	3	1	0	\$0.00	6.4	\$0.00	2	\$0.00	3	\$0.00	\$0.00	\$5,041.08	1.4021	\$7,068.11
18	1177163	010	3	1	0	\$0.00	6.4	\$0.00	2	\$0.00	3	\$0.00	\$0.00	\$5,041.08	1.4021	\$7,068.11
19	1174582	010	2	1	0	\$0.00	6.4	\$0.00	2	\$0.00	2	\$0.00	\$0.00	\$5,041.08	1.4021	\$7,068.11
20	1179949	011	7	1	0	\$0.00	3.6	\$0.00	2	\$0.00	7	\$0.00	\$0.00	\$2,931.61	1.4021	\$4,110.41
21	1168433	012	14	1	0	\$0.00	6.9	\$0.00	2	\$0.00	14	\$0.00	\$0.00	\$6,190.82	1.4021	\$8,680.15
22	1182668	012	12	1	0	\$0.00	6.9	\$0.00	2	\$0.00	12	\$0.00	\$0.00	\$6,190.82	1.4021	\$8,680.15
23	1169443	012	10	1	0	\$0.00	6.9	\$0.00	2	\$0.00	10	\$0.00	\$0.00	\$6,190.82	1.4021	\$8,680.15
24	1167317	012	6	1	0	\$0.00	6.9	\$0.00	2	\$0.00	6	\$0.00	\$0.00	\$6,190.82	1.4021	\$8,680.15
25	1185204	012	6	1	0	\$0.00	6.9	\$0.00	2	\$0.00	6	\$0.00	\$0.00	\$6,190.82	1.4021	\$8,680.15
26	1169021	012	1	1	1	\$6,190.82	6.9	\$1,794.44	2	\$1,794.44	1	\$1,794.44	\$0.00	\$1,794.44	1.4021	\$2,515.99
27	1191495	013	5	1	0	\$0.00	5.3	\$0.00	2	\$0.00	5	\$0.00	\$0.00	\$2,652.53	1.4021	\$3,719.12
28	1190986	013	3	1	0	\$0.00	5.3	\$0.00	2	\$0.00	3	\$0.00	\$0.00	\$2,652.53	1.4021	\$3,719.12
29	1183368	014	29	1	0	\$0.00	5.5	\$0.00	2	\$0.00	29	\$0.00	\$0.00	\$4,305.37	1.4021	\$6,036.56
30	1181100	014	28	1	0	\$0.00	5.5	\$0.00	2	\$0.00	28	\$0.00	\$0.00	\$4,305.37	1.4021	\$6,036.56
31	1178134	014	28	1	0	\$0.00	5.5	\$0.00	2	\$0.00	28	\$0.00	\$0.00	\$4,305.37	1.4021	\$6,036.56
32	1176769	014	22	1	0	\$0.00	5.5	\$0.00	2	\$0.00	22	\$0.00	\$0.00	\$4,305.37	1.4021	\$6,036.56
33	1168913	014	20	1	0	\$0.00	5.5	\$0.00	2	\$0.00	20	\$0.00	\$0.00	\$4,305.37	1.4021	\$6,036.56
34	1185700	014	17	1	0	\$0.00	5.5	\$0.00	2	\$0.00	17	\$0.00	\$0.00	\$4,305.37	1.4021	\$6,036.56
35	1165787	014	15	1	0	\$0.00	5.5	\$0.00	2	\$0.00	15	\$0.00	\$0.00	\$4,305.37	1.4021	\$6,036.56
36	1182229	014	15	1	0	\$0.00	5.5	\$0.00	2	\$0.00	15	\$0.00	\$0.00	\$4,305.37	1.4021	\$6,036.56
37	1172342	014	14	1	0	\$0.00	5.5	\$0.00	2	\$0.00	14	\$0.00	\$0.00	\$4,305.37	1.4021	\$6,036.56
38	1177435	014	13	1	0	\$0.00	5.5	\$0.00	2	\$0.00	13	\$0.00	\$0.00	\$4,305.37	1.4021	\$6,036.56
39	1171763	014	13	1	0	\$0.00	5.5	\$0.00	2	\$0.00	13	\$0.00	\$0.00	\$4,305.37	1.4021	\$6,036.56
40	1182160	014	13	1	0	\$0.00	5.5	\$0.00	2	\$0.00	13	\$0.00	\$0.00	\$4,305.37	1.4021	\$6,036.56
41	1179961	014	13	1	0	\$0.00	5.5	\$0.00	2	\$0.00	13	\$0.00	\$0.00	\$4,305.37	1.4021	\$6,036.56
42	1177855	014	13	1	0	\$0.00	5.5	\$0.00	2	\$0.00	13	\$0.00	\$0.00	\$4,305.37	1.4021	\$6,036.56
43	1188880	014	12	1	0	\$0.00	5.5	\$0.00	2	\$0.00	12	\$0.00	\$0.00	\$4,305.37	1.4021	\$6,036.56
44	1174812	014	11	1	0	\$0.00	5.5	\$0.00	2	\$0.00	11	\$0.00	\$0.00	\$4,305.37	1.4021	\$6,036.56
45	1190311	014	10	1	0	\$0.00	5.5	\$0.00	2	\$0.00	10	\$0.00	\$0.00	\$4,305.37	1.4021	\$6,036.56
46	1175736	014	10	1	0	\$0.00	5.5	\$0.00	2	\$0.00	10	\$0.00	\$0.00	\$4,305.37	1.4021	\$6,036.56
47	1180251	014	10	1	0	\$0.00	5.5	\$0.00	2	\$0.00	10	\$0.00	\$0.00	\$4,305.37	1.4021	\$6,036.56

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A P P E N D I X 11

TABLE 1

ALIGNMENT OF INTERMEDIATE OPERATING EXPENSE

ACCOUNTS AND ASSIGNMENT PROCEDURES

ACCOUNT

ASSIGNMENT PROCEDURES

- | | |
|---|--|
| 1. Depreciation of equipment | As described in the "depreciation" account. |
| 2. Command, management, and administration | Ratio of each receiving account's number of FTE work-months (excluding patients) to the total number of FTE work-months under each sub-account. |
| a. Command | |
| b. Special Staff | |
| c. Administration | |
| d. Clinical Management | |
| 3. ¹ Support services - nonreimbursable | |
| ¹ a. Plant management, operations of utilities, other engineering support and that portion of the maintenance of real property which cannot be identified with a specific work center. | a. Ratio of each account's square footage to the total square footage of the MTF. |
| ¹ b. Maintenance of real property and minor construction that can be identified with a specific work center. | b. Ratio of hours (or percentage) of service rendered to each receiving account to the total hours (or percentage) of service rendered to the MTF. |
| ¹ c. Leases of real property | c. Ratio of each receiving account's square footage used to the total square footage leased or rented by the MTF. |
| ¹ d. Transportation | d. Ratio of miles driven in vehicles serving each receiving account to the total miles driven in all vehicles serving the MTF. |
| ¹ e. Fire protection and police protection | e. Ratio of each receiving account's square footage to the total square footage of the MTF |

*SMS 609
AB 90 1005*

¹See footnote, page 19, for explanation.

ACCOUNT

- ¹f. Communications
- ¹g. Other MTF support services
- 4. ¹Support services - funded reimbursable
 - ¹a. Plant management, operations of utilities, other engineering support and that portion of the maintenance of real property that cannot be identified with a specific work center.
 - ¹b. Maintenance of real property and minor construction, which can be identified with a specific work center.
 - ¹c. Leases of real property
 - ¹d. Transportation
 - ¹e. Fire protection and police protection
 - ¹f. Communications
 - ¹g. Other MTF Support Services

ASSIGNMENT PROCEDURES

- f. Ratio of each account's full time equivalent man months (FTE) to the total FTE of the MTF.
- g. Ratio of each account's FTE to the total FTE of the MTF.
- a. Ratio of each account's square footage to the total square footage of the MTF.
- b. Ratio of hours (or percentage) of service rendered to each receiving account to the total hours (or percentage) of service rendered to the MTF.
- c. Ratio of each receiving account's square footage used to the total square footage leased or rented by the MTF.
- d. Ratio of miles driven in vehicles serving each receiving account to the total miles driven in all vehicles serving the MTF.
- e. Ratio of each receiving account's square footage to the total square footage of the MTF.
- f. Ratio of each account's FTE man-months to the total FTE of the MTF.
- g. Ratio of each account's FTE to the total FTE of the MTF.

ACCOUNT

5. Materiel Service

- a. All operating expenses except equipment maintained by contract or installation provided
- b. Equipment maintenance by contract or provided by the installation

6. ¹Housekeeping

- a. Housekeeping - in house
- ¹b. Housekeeping - contract

7. Biomedical equipment repair

- a. Personnel, bench stock and shop equipment costs
- ¹b. Medical equipment maintenance contract

8. Laundry Service

- a. Laundry service - in house

ASSIGNMENT PROCEDURES

- a. Ratio of each receiving account's combined expenses for supplies (except subsistence) and minor plant equipment to total combined expenses for supplies (except subsistence) and minor plant equipment of the MTF issued by materiel service.
- b. Ratio of service rendered to each receiving account to the total service rendered to the MTF.
- a. Ratio of each receiving account's square footage cleaned to the total square footage cleaned in the MTF.
- b. Ratio of each receiving account's square footage cleaned to the total square footage cleaned in the MTF.
- a. Ratio of hours of service rendered to each receiving account to the total hours of service rendered to the MTF.
- b. Ratio of hours (or percentage) of service rendered to each receiving account to the total hours (or percentage) of service rendered to the MTF.
- a. Ratio of pounds of dry laundry processed for each receiving account to the total pounds of laundry processed for the MTF. Pieces of laundry processed may be used as an alternate assignment basis only if to convert to pounds of dry laundry is cost prohibitive.

ACCOUNT

- ¹b. Laundry service - contract

9. Inpatient Food Service

- a. Dietetics - in house

- b. Subsistence

- ¹c. Dietetics - contract

10. Inpatient affairs

11. Ambulatory care administration

12. Pharmacy

13. Pathology

14. Radiology

ASSIGNMENT PROCEDURES

- b. Ratio of pounds of dry laundry processed for each receiving account to the total pounds of laundry processed for the MTF. Pieces of laundry processed may be used as an alternate assignment basis only if to convert to pounds of dry laundry is cost prohibitive, or prohibited by contract.

- a. Ratio of rations served to each receiving account to the total rations served in the MTF.

- b. Ratio of inpatient rations served to each receiving account to the total rations served in the MTF.

- c. Ratio of rations served to each receiving account to the total rations served in the MTF.

Ratio of occupied-bed days in each work center to the total number of occupied-bed days in the MTF.

Ratio of ambulatory patient visits to each receiving account supported for record maintenance to the total ambulatory visits to those clinics.

Ratio of weighted procedures requested by each receiving account to the total procedures provided by pharmacy.

Ratio of weighted procedures requested by each receiving account to the total weighted procedures provided by pathology.

Ratio of weighted procedures requested by each receiving account to the total weighted procedures provided by radiology.

ACCOUNT

- 15. Special procedures services
- 16. Central sterile supply and/or materiel service
 - a. Central sterile supply
 - b. Central materiel service
- 17. Surgical services
- 18. Same day services
- 19. Rehabilitative services
- 20. Nuclear medicine

ASSIGNMENT PROCEDURES

Ratio of procedures requested by each receiving account to the total procedures provided by special procedures services.

- a. Ratio of hours of service rendered to each receiving account to the total hours of service rendered by Central Sterile Supply.
- b. Ratio of cost of supplies and equipment issued to each receiving account to the total cost value of supplies and equipment issued by central materiel service.

Ratio of minutes of service provided each receiving account to the total minutes of service provided by surgical services.

Ratio of minutes of service provided each receiving account to the total minutes of service provided by same day services.

Ratio of visits requested by each receiving account to the total number of visits provided by rehabilitative services.

Ratio of weighted procedures requested by each receiving account to the total weighted procedures provided by nuclear medicine.

LEGEND

¹These accounts shall be moved between the depreciation accounts and the command, management, and administration account when the services are provided by contract or by an installation support service (other than one manned by the MTF). If more than one account is moved, the relocated accounts must keep their relative alignment. In those instances when housekeeping is provided by both an in-house work force and by contract to the same reporting MTF, the sub-account expense for housekeeping contract shall be moved up in the alignment as provided for above. However, no portion of the contract expense shall be allocated to the in-house housekeeping account.

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