



## OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE

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WASHINGTON, DC 20301-1200

### HEALTH AFFAIRS

#### MEMORANDUM FOR UNDER SECRETARY OF DEFENSE (COMPTROLLER)/CHIEF FINANCIAL OFFICER

SUBJECT: Calendar Year 2022 Direct Care Inpatient Adjusted Standardized Amounts  
Billing Rates and Guidance

The attached document contains the Department of Defense (DoD) Uniform Business Office (UBO) Calendar Year (CY) 2022 Direct Care Inpatient Billing Rates. These rates are effective January 1, 2022, until superseded. The Defense Health Agency (DHA) requests that this package be posted to the Comptroller's Website, (<https://comptroller.defense.gov/Financial-Management/Reports/rates2022/>) as CY 2022 Direct Care Inpatient Billing Rates.

These rates are used when billing for medical services furnished to inpatients at military medical treatment facilities (MTF). The Adjusted Standardized Amounts (ASAs) are based on an indexing methodology that aligns with changes in TRICARE institutional and professional services reimbursement rates. The institutional ASA average ratio for CY 2022 is 3.63 percent. This increase reflects the average TRICARE increase in reimbursement over a 14-year indexing period (Fiscal Years (FY) 2006 – 2021).

During CY 2022, the DoD is scheduled to implement a new electronic health record billing and accounting system. At the time of implementation, and at the identified pilot and subsequent MTF site deployments, the inpatient billing rates methodology will transition from ASA rates to Itemized Resource Utilization (IRU) based rates. The methodology for IRU-based rates is authorized in Title 32, Code of Federal Regulations (CFR), Section 220.8. IRU billing rates are developed from the cost to provide inpatient and ambulatory institutional healthcare resources to patients. Sites not transitioning to the new billing system during CY 2022 will continue to utilize the outlined ASA Billing Rates methodology.

As of February 15, 2019, the TRICARE DRG effective date was delayed to January 1 starting in FY 2020 and beyond (see 32 CFR 199.14(a)(1)(i)(D) DRG system updates). This change aligned the release of the DRG updates with TRICARE's program year reporting, which allows for administrative simplicity and reduces administrative burden and costs. The ASA Billing Rates will now be published and effective on a CY basis to align with this TRICARE change. Alignment of the Inpatient ASA Billing Rates with the release of TRICARE DRG updates eliminates use of updated ASA Billing Rates without updated DRG case weights for discharges with a date of service falling between the historical annual FY Inpatient ASA Billing Rates release and annual CY TRICARE DRG updates in January. Application of the ASA rates and available DRG case weights effective during FY 2022 are as follows:

- Between October 1, 2021 – December 31, 2021: The 2021 TRICARE DRG case weights will be used in conjunction with the FY 2021 ASA rates; and
- Between 1 January, 2022 – December 31, 2022: The 2022 TRICARE DRG case weights will be used in conjunction with the CY 2022 ASA rates.

My point of contact for this action is Ms. DeLisa Prater, DHA UBO Program Manager.

/Signed/  
Seileen M. Mullen  
Acting Assistant Secretary  
of Defense for Health Affairs

Attachment:  
As stated

**Department of Defense Uniform Business Office  
Calendar Year 2022 Direct Care Inpatient Adjusted Standardized Amounts  
Billing Rates and Guidance**

**1.0 Calendar Year 2022 Direct Care Inpatient Adjusted Standardized Amount Rates and Charges effective 1 January 2022.**

Overview

The Calendar Year (CY) 2022 Direct Care Inpatient Adjusted Standardized Amounts (ASA) rates are computed based on the Military Health System (MHS) direct care standardized cost to provide a single Medicare Severity Relative Weighted Product (MS-RWP). The MS-RWP is a Medicare Severity Diagnosis Related Group (MS-DRG) based measure of the relative cost of a given discharge. The average standardized cost per MS-RWP for hospitals in locations with area wage rates greater than, less than or equal to 1.0, and overseas are published annually as inpatient ASAs shown in Table 1. This approach maintains compatibility with both Medicare and TRICARE ASA policies.

- Starting January 1, 2022, release of the Defense Health Agency (DHA) Uniform Business Office (UBO) Direct Care Inpatient ASAs will align with the change in release of the TRICARE DRGs—meaning that they will be released on a CY basis and be effective from January 1 – December 31 of a given CY.
- Between October 1, 2021 – December 31, 2021, the 2021 TRICARE DRG case weights will be used in conjunction with the FY 2021 ASA rates.
- Between January 1, 2022 – December 31, 2022, the 2022 TRICARE DRG case weights will be used in conjunction with the CY 2022 ASA rates.

The Department of Defense (DoD) publishes this data annually for hospital reimbursement rates under TRICARE/Civilian Health and Medical Program of the Uniformed Services pursuant to 32 CFR 199.14(a)(1). Due to data system limitations, for military medical treatment facilities (MTFs), direct care adjustments are made for length of stay (LOS) outliers rather than high cost outliers.

Table 1 provides the average direct care inpatient rates for third party billing, interagency billing and International Military Education and Training (IMET) billing for high wage, low wage and overseas facilities.

Table 1. Average CY 2022 Direct Care Inpatient Billing Reimbursement Rates Per MS-RWP

Wage Index	Average IMET Rate	Average Interagency Rate (IAR)	Average Full/TPC Rate
Area Wage Index > 1.00	\$9,168.23	\$14,027.85	\$14,800.43
Area Wage Index ≤ 1.00	\$10,518.81	\$14,477.53	\$15,326.62
Overseas ^	\$9,155.28	\$20,055.76	\$21,058.12

**^ Hawaii and Alaska are not considered overseas for billing purposes.**

The IMET program is a key funding component of U.S. security assistance that provides training on a grant basis to students from allied and friendly nations. Authority for the IMET program is found pursuant to 22 U.S.C. § 2347. Funding is appropriated from the International Affairs budget of the Department of State. Not all foreign national patients participate in the IMET program.

The Interagency (IAR) ASA rates are used to bill other federal agencies.

The full/Third Party Collection (TPC) ASA rates are used to bill insurance carriers, pay patients, and other payers.

Each MTF providing inpatient care has its own applied ASA rates (shown in Appendix A). The MTF-specific ASA rates are the average ASA rates adjusted for indirect medical education costs, if any, for the discharging hospital. The product of the discharge specific MS-RWP and the MTF-applied ASA rate is the charge submitted on the claim and is the amount payers will use for reimbursement purposes. The individual ASAs are published on the DHA UBO Website (<http://health.mil/Military-Health-Topics/Business-Support/Uniform-Business-Office>). Examples of how to calculate the reimbursement charges are shown in Section 2.0.

The ASA per MS-RWP used in the direct care system is comparable to procedures used by the Centers for Medicare and Medicaid Services (CMS) and TRICARE. The expenses represented by the ASAs include all direct care expenses associated with direct inpatient care. The inpatient ASAs includes the cost of both inpatient professional and institutional services. The ASA rates apply to reimbursement from TPC, IMET and IAR payers. The breakdown of total inpatient charges is ninety-three (93) percent for institutional charges and seven (7) percent for professional charges. When preparing bills for inpatient services, professional fees are based on the privileged provider services. The hospital institutional fees are based on the costs for support staff, facility costs, ancillary services, pharmacy, and supplies.

MTFs without inpatient services, whose providers perform inpatient care in a civilian facility for a DoD beneficiary, may bill payers the percentage of the ASA/MS-RWP based charge that represents professional services. In the absence of a MTF-applied ASA rate for the facility, the ASA rate used will be based on the average for the type of Core-Based Statistical Area in which

the MTF is located—areas with wage rate indices greater than, less than or equal to 1.0, or overseas. The MTF UBO must receive documentation of care provided in order to produce an appropriate bill.

**1.1 Family Member Rate (FMR)**

The FY 2022 FMR is \$20.75 per day. The FMR is established by authority of 10 U.S.C. §1078.

**2.0 Examples Applying ASAs to Compute Inpatient Stay Charges**

The cost to be recovered is the product of the MTF applied ASA rate and the MS-RWPs specific to the inpatient medical services provided. This includes the costs of both inpatient institutional and professional services. Billing in the examples below is at the full/TPC rate.

For each MS-DRG, TRICARE establishes short stay and long stay thresholds. An inlier is any discharge with a LOS greater than the short stay threshold, equal to or less than the long stay threshold. An outlier is any discharge with a LOS less than or equal to the short stay threshold or greater than the long stay threshold. Example charge computations are provided below for inlier, outlier, and transfer discharges. The full list of TRICARE MS-DRGs with MS-DRG case weights, long stay thresholds, short stay thresholds and other information is provided by accessing the MHS UBO Site located on the MHS Secure Site LaunchPad available to authorized UBO Service representative users with a Government Common Access Card, or at the TRICARE Rates and Reimbursement website (<http://health.mil/Military-Health-Topics/Business-Support/Rates-and-Reimbursement/Diagnosis-Related-Group-Rates>).

Table 2 provides the information used in the billing examples for a non-teaching hospital (DMIS ID 0075 – Fort Leonard Wood Army Community Hospital, Fort Leonard Wood, Missouri) in an Area Wage Index  $\leq 1.00$  location for a discharge in MS-DRG 762 – Vaginal Delivery W Sterilization/D&C W MCC.

**Table 2. Third Party Billing Examples**

<b>MS-DRG</b>	<b><i>MS-DRG Description</i></b>	<b>MS-DRG Weight</b>	<b><i>Arithmetic Mean LOS</i></b>	<b>Geometric Mean LOS</b>	<b>Short Stay Threshold</b>	<b>Long Stay Threshold</b>
762	Vaginal Delivery W Sterilization/D&C W MCC	0.8741	2.9	2.4	1	13

Hospital	Wage Index	Area Wage Rate Index	IME Adjustment	Group ASA	MTF-Applied TPC ASA
General Leonard Wood Army Community Hospital	Area Wage Index ≤ 1.0	0.7651	1.0000	\$15,326.62	\$13,921.44

Patient	Length of Stay	Days Above Threshold	Relative Weighted Product			TPC Amount
			Inlier	Outlier	Total	
#1	7 days	0	0.8741	0	0.8741	\$12,168.73
#2	21 days	10	0.8741	0.96152	1.83562	\$25,554.47

Example #1 provides the example for the inlier LOS discharge in MS-DRG 762. The MS-RWP for an inlier case is the TRICARE MS-DRG weight of 0.8741. The MS-DRG weight used is the CY 2022 Version 39 TRICARE DRG weight.

- a) The CY 2022 MTF-Applied TPC ASA rate is \$13,921.44 (0075 General Leonard Wood Army Community Hospital’s TPC rate as shown in Appendix A).
- b) The MTF amount to be recovered is the MS-DRG weight (0.8741) multiplied by the MTF-Applied TPC ASA (13,921.44).
- c) The inlier cost to be recovered is \$12,168.73 as computed below.

TPC Amount Billed: MTF-Applied TPC ASA rate multiplied by the MS-DRG weight.

$$= \$13,921.44 \times 0.8741 = \$12,168.73$$

Example #2 provides the example for the outlier LOS discharge in MS-DRG 762. The total MS-RWP for an outlier case is a combination of the TRICARE MS-DRG weight plus additional MS-RWP credit for each day that the LOS exceeds the Long Stay Threshold. The

charge is determined by multiplying the total MS-RWPs by the ASA amount. The outlier total MS-RWP value to be recovered is shown in the computation below.

a) For the outlier MS-RWP value calculation, 33 percent of the per diem weight is multiplied by the number of outlier days. The number of outlier days is computed as the actual LOS minus the Long Stay Threshold. Per diem weight is determined by dividing by the MS-DRG weight by the Geometric Mean LOS.

b) LOS Outlier MS-RWP value calculation  
= 0.33 (MS-DRG Weight/Geometric Mean LOS) x (Patient LOS - Long Stay Threshold)

$$= 0.33 \times (0.8741/2.4) \times (21-11)$$

$$= 0.33 \times 0.36421 \text{ (carry out to five decimal places)} \times (21-13)$$

$$= 0.12019 \text{ (carry out to five decimal places)} \times 8$$

$$= 0.96152 \text{ (carry out to four decimal places)}$$

c) The total MS RWP is the MS-DRG weight (0.87421) added to the LOS outlier MS-RWP value.

$$\text{Total MS-RWP: } 0.8741 + 0.96152 = 1.83562$$

d) The MTF amount to be recovered is the MTF-Applied TPC ASA rate (\$13,921.44) multiplied by the total MS-RWP.

$$\text{TPC Amount Billed: MTF-Applied TPC ASA rate} \times \text{Total MS-RWP}$$

$$= \$13,921.44 \times 1.83562$$

$$= \$25,554.47$$

**APPENDIX A: CY 2022 Adjusted Standardized Amounts (ASA) by MTF**

**Effective 1 January, 2022**

<b>DMISID</b>	<b>MTF NAME</b>	<b>SERV</b>	<b>FULL COST RATE</b>	<b>INTERAGENCY RATE</b>	<b>IMET RATE</b>	<b>TPC RATE</b>
0005	ACH BASSETT-WAINWRIGHT	P	\$15,774.90	\$14,951.45	\$9,771.87	\$15,774.90
0006	AF-H-673rd MEDGRP JBER-ELMNDRF	P	\$14,852.78	\$14,077.46	\$9,200.66	\$14,852.78
0014	AF-MC-60th MEDGRP- TRAVIS	P	\$19,273.57	\$18,267.49	\$11,939.15	\$19,273.57
0024	NH CAMP PENDLETON	N	\$20,792.80	\$19,707.42	\$12,880.25	\$20,792.80
0029	NMC SAN DIEGO	N	\$22,889.64	\$21,694.80	\$14,179.15	\$22,889.64
0030	NH TWENTYNINE PALMS	N	\$14,922.07	\$14,143.14	\$9,243.58	\$14,922.07
0032	ACH EVANS-CARSON	P	\$15,284.79	\$14,438.01	\$10,490.11	\$15,284.79
0039	NH JACKSONVILLE	P	\$20,853.10	\$19,697.84	\$14,311.69	\$20,853.10
0042	AF-H-96th MEDGRP- EGLIN	P	\$18,925.52	\$17,877.05	\$12,988.77	\$18,925.52
0047	AMC EISENHOWER-FT GORDON	P	\$19,053.88	\$17,998.30	\$13,076.87	\$19,053.88
0048	ACH MARTIN-BENNING	P	\$17,905.06	\$16,913.12	\$12,288.42	\$17,905.06
0049	ACH WINN-STEWART	P	\$13,956.41	\$13,183.22	\$9,578.42	\$13,956.41
0052	AMC TRIPLER-SHAFTER	P	\$23,608.11	\$22,375.77	\$14,624.21	\$23,608.11
0057	ACH IRWIN-RILEY	P	\$14,436.09	\$13,636.33	\$9,907.63	\$14,436.09
0060	ACH BLANCHFIELD- CAMPBELL	P	\$14,377.72	\$13,581.19	\$9,867.57	\$14,377.72
0064	ACH BAYNE-JONES- POLK	P	\$14,303.78	\$13,511.35	\$9,816.83	\$14,303.78
0067	WALTER REED NATL MIL MED CNTR	P	\$28,428.57	\$26,853.63	\$19,510.81	\$28,428.57
0073	AF-MC-81st MEDGRP- KEESLER	P	\$20,197.43	\$19,078.49	\$13,861.70	\$20,197.43



DMISID	MTF NAME	SERV	FULL COST RATE	INTERAGENCY RATE	IMET RATE	TPC RATE
0075	ACH LEONARD WOOD	P	\$13,921.44	\$13,150.19	\$9,554.42	\$13,921.44
0079	AF-MC-99th MEDGRP-NELLIS	P	\$16,961.46	\$16,076.07	\$10,506.90	\$16,961.46
0086	ACH KELLER-WEST POINT	P	\$17,782.34	\$16,854.10	\$11,015.40	\$17,782.34
0089	AMC WOMACK-BRAGG	P	\$17,284.63	\$16,327.06	\$11,862.62	\$17,284.63
0091	NMC CAMP LEJEUNE	N	\$15,600.00	\$14,735.76	\$10,706.44	\$15,600.00
0095	AF-MC-88th MEDGRP-WRIGHT-PAT	P	\$20,658.19	\$19,513.73	\$14,177.92	\$20,658.19
0104	NH BEAUFORT	N	\$15,023.44	\$14,191.14	\$10,310.74	\$15,023.44
0108	AMC WILLIAM BEAUMONT-BLISS	P	\$19,117.01	\$18,057.93	\$13,120.20	\$19,117.01
0109	AMC BAMC-FSH	P	\$22,764.22	\$21,503.08	\$15,623.31	\$22,764.22
0110	AMC DARNALL-HOOD	P	\$16,440.02	\$15,529.24	\$11,282.95	\$16,440.02
0120	AF-H-633rd MEDGRP JBLE-LANGLEY	P	\$15,181.94	\$14,340.86	\$10,419.52	\$15,181.94
0123	FT BELVOIR COMMUNITY HOSP-FBCH	P	\$16,445.77	\$15,587.30	\$10,187.45	\$16,445.77
0124	NMC PORTSMOUTH	N	\$19,899.43	\$18,797.00	\$13,657.18	\$19,899.43
0125	AMC MADIGAN-LEWIS	P	\$22,608.17	\$21,428.02	\$14,004.79	\$22,608.17
0126	NH BREMERTON	N	\$15,170.87	\$14,378.95	\$9,397.70	\$15,170.87
0131	ACH WEED-IRWIN	P	\$15,512.71	\$14,702.95	\$9,609.46	\$15,512.71
0607	LANDSTUHL REGIONAL MEDCEN	A	\$21,058.12	\$20,055.75	\$9,155.28	\$21,058.12
0612	ACH BRIAN D ALLGOOD-PYEONGTAEK	A	\$21,058.12	\$20,055.75	\$9,155.28	\$21,058.12
0615	NH GUANTANAMO BAY	N	\$21,058.12	\$20,055.75	\$9,155.28	\$21,058.12
0617	NH NAPLES	N	\$21,058.12	\$20,055.75	\$9,155.28	\$21,058.12

<b>DMISID</b>	<b>MTF NAME</b>	<b>SERV</b>	<b>FULL COST RATE</b>	<b>INTERAGENCY RATE</b>	<b>IMET RATE</b>	<b>TPC RATE</b>
0618	NH ROTA	N	\$21,058.12	\$20,055.75	\$9,155.28	\$21,058.12
0620	NH GUAM-AGANA	N	\$21,058.12	\$20,055.75	\$9,155.28	\$21,058.12
0621	NH OKINAWA	N	\$21,058.12	\$20,055.75	\$9,155.28	\$21,058.12
0622	NH YOKOSUKA	N	\$21,058.12	\$20,055.75	\$9,155.28	\$21,058.12
0624	NH SIGONELLA	N	\$21,058.12	\$20,055.75	\$9,155.28	\$21,058.12
0633	AF-H-48th MEDGRP- LAKENHEATH	F	\$21,058.12	\$20,055.75	\$9,155.28	\$21,058.12
0638	AF-H-51st MEDGRP-OSAN	F	\$21,058.12	\$20,055.75	\$9,155.28	\$21,058.12
0639	AF-H-35th MEDGRP- MISAWA	F	\$21,058.12	\$20,055.75	\$9,155.28	\$21,058.12
0640	AF-H-374th MEDGRP- YOKOTA	F	\$21,058.12	\$20,055.75	\$9,155.28	\$21,058.12

## Appendix B. Acronyms

A	Army
ACH	Army Community Hospital
AFB	Air Force Base
AMC	Army Medical Center
ASA	Adjusted Standardized Amount
CBSA	Core-Based Statistical Area
CC/MCC	Complications and Comorbidities/Major Complications and Comorbidities
CHAMPUS	Civilian Health and Medical Program of the Uniformed Services
CMS	Centers for Medicare and Medicaid Services
DMIS ID	Defense Medical Information System Identifier
DOD	Department of Defense
F	Air Force
FFA	Foreign Assistance Act
GRP	Group
IAR	Average Interagency Rate
IME	Indirect Medical Education
IMET	International Military Education and Training
LOS	Length of Stay
MS-DRG	Medicare Severity Diagnosis Related Group
MS-RWP	Medicare Severity Relative Weighted Product
MTF	Military Treatment Facilities
N	Navy
NH	Naval Hospital
NMC	Naval Medical Center
NNMC	National Naval Medical Center
P	National Capital Region (NCR)
TPC	Third Party Collection
USAF	United States Air Force