

Chapter 6

Section 6

Hospital Reimbursement - TRICARE DRG-Based Payment System (DRG Weighting Factors)

Issue Date: October 6, 1997
Authority: 32 CFR 159.14(a)(1)

1.0 APPLICABILITY

This policy is mandatory for reimbursement of services provided by either network or non-network providers. However, alternative network reimbursement methodologies are permitted when approved by the TRICARE Management Activity (TMA) and specifically included in the network provider agreement.

2.0 ISSUE

What is the purpose of DRG weighting factors under the TRICARE DRG-based payment system, and how will they be calculated, used, and updated?

3.0 POLICY

3.1 DRG Weighting Factors. The DRG weights reflect the relative resource consumption associated with each DRG. That is, the weight reflects the average resources required by all hospitals to treat a case classified as a specific DRG relative to the resources required to treat cases in each of the other DRGs. All weights are standardized to a theoretical average weight of 1.0 which is the average weight of all TRICARE claims in the data base. (This is the relative weight of the national average charge per discharge.)

3.2 Calculation of DRG weights. The TRICARE weights are derived from charges. They will not reflect standardization for capital or direct medical education expenses, but the charges on which they are based are standardized for indirect medical education (IME) differences. The TRICARE DRG weights will be discharge-weighted. Specifically, the denominator used to calculate each weight represents the national average charge per discharge for the average patient. In order to calculate the DRG relative weights the following procedures will be followed:

3.2.1 Grouping of charges. All discharge records in the database will be grouped by DRG using the current Medicare grouper program.

3.2.2 Remove DRGs that represent discharges with invalid data or diagnoses insufficient for DRG assignment purposes. Therefore, these records are removed from the database.

Tricare Reimbursement Manual Section 19

Linda M. Smith



Tricare Reimbursement Manual Section 19:

Examining Recent Actions by the Office of Federal Contract Compliance Programs United States. Congress. House. Committee on Education and the Workforce. Subcommittee on Workforce Protections, 2015 [Healthcare Valuation, The Financial Appraisal of Enterprises, Assets, and Services](#) Robert James Cimasi, 2014-03-24 A timely look at the healthcare valuation process in an era of dynamic healthcare reform including theory methodology and professional standards In light of the dynamic nature of the healthcare industry sector the analysis supporting business valuation engagements for healthcare enterprises assets and services must address the expected economic conditions and events resulting from the four pillars of the healthcare industry Reimbursement Regulation Competition and Technology Healthcare Valuation presents specific attributes of each of these enterprises assets and services and how research needs and valuation processes differentiate depending on the subject of the appraisal the environment the property interest exists and the nature of the practices Includes theory methodology and professional standards as well as requisite research analytical and reporting functions in delivering healthcare valuation services Provides useful process tools such as worksheets and checklists relevant case studies plus a website that will include comprehensive glossaries and topical bibliographies Read Healthcare Valuation for a comprehensive treatise of valuation issues in the healthcare field including trends of compensation and reimbursement technology and intellectual property and newly emerging healthcare entities *Health Care Finance and the Mechanics of Insurance and Reimbursement* Michael K. Harrington, 2019-10-01 Health Care Finance and the Mechanics of Insurance and Reimbursement stands apart from other texts on health care finance or health insurance in that it combines financial principles unique to the health care setting with the methods and process for reimbursement including coding reimbursement strategies compliance financial reporting case mix index and external auditing It explains the revenue cycle in detail correlating it with regular management functions and covers reimbursement from the initial point of care through claim submission and reconciliation Thoroughly updated for its second edition this text reflects changes to the Affordable Care Act Managed Care Organizations new coding initiatives new components of the revenue cycle from reimbursement to compliance updates to regulations surrounding health care fraud and abuse changes to the Recovery Audit Contractors RAC program and more *PTCB Exam Study Guide 2025-2026* Jennie Victoria Davenport , Judith Bess Perkins, PTCB Exam Study Guide 2025 2026 600 Practice Questions with Detailed Answer Explanations for the Pharmacy Technician Certification Board Test Discover the ultimate study guide for the Pharmacy Technician Certification Board PTCB Exam This comprehensive book is designed to help you prepare for and pass the PTCB Exam in 2025 2026 launching your career as a certified pharmacy technician Packed with 600 practice questions that mirror the actual PTCB Exam content this study guide provides you with the opportunity to test your knowledge and familiarize yourself with the exam format Each practice question comes with a detailed answer explanation helping you understand the reasoning behind the correct answer and learn from your

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Hearings on National Defense Authorization Act for Fiscal Year 1999--H.R. 3616, and Oversight of Previously Authorized Programs Before the Committee on National Security, House of Representatives, One Hundred Fifth Congress, Second Session United States. Congress. House. Committee on National Security. Military Personnel Subcommittee,1998 *Billing & Coding Clear & Simple* Nancy Gardner,2011-01-05 Today s fast paced and constantly changing health care environment demands that you find the answers you need quickly and easily This brand new approach to billing and coding teaches you the who what why when and how of proper diagnostic and procedural coding claim form completion and medical recordkeeping

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