



TMA FORM 771

INSTRUCTIONS FOR SUBMITTING REIMBURSEMENT INFORMATION FOR PSYCHIATRIC RESIDENTIAL TREATMENT CENTERS SERVING CHILDREN AND ADOLESCENTS.

This reimbursement information will be used to compute a Residential Treatment Center's (RTC) all-inclusive rate under the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS). This rate of reimbursement will reflect a reasonable amount consistent with rates charged by RTCs nationally and with reimbursement already accepted from other third-party payers. All requested information will be subject to on-site verification by the Office of Civilian Health and Medical Program of the Uniformed Services (OCHAMPUS) or its representatives. In accordance with Article 6 of the current CHAMPUS RTC participation agreement, failure to provide all the requested information may result in denial of an application for CHAMPUS certification or termination of a current agreement.

Administrative Information:

Items 1 through 8 identify the facility and establish the base period parameters for calculating the individual RTC rate. It is important that the contact person designated in item 2 be familiar with the methodology used in collection of the data. This person may be contacted at a future date if OCHAMPUS should have any questions regarding the submitted information. In items 5 through 7, provide the most recent/current dates for the information requested. Failure to do so may result in a base period that is inconsistent with the operation of you facility.

Reimbursement Information:

Item 9: For the period July 1, 1987, through June 30, 1988, provide the name, mailing address, and telephone number of all third party payers for whom a rate was established and what the accepted rate was, and the number of patient days actually provided at that rate. At a minimum, this is to include all federal, state, or local government agencies (including CHAMPUS), and other private third part payers. Also include the rate charged the general public and the number of days actually provided at that rate. Individual private payers do not need to be identified.

The data requirements for RTCs beginning operation after July 1, 1988 or beginning operation before July 1, 1988, but having less than 12 months of operation by July 1, 1988, are identical to the data requirements for those facilities in operation during the entire base period, with the exception of the time frame for which the data is to be provided. The data must be provided for the first 6 to 12 months of operation, with 6

months being the absolute minimum for new facilities. A period of less than 12 months will be used only when the RTC has been in operation for less than 12 months. Once a full 12 months is available the rate shall be recalculated and applied prospectively. If the data only covers a portion of the base period, give the dates. If there is more than one rate with an individual third party payer during the base period, provide the total number of patient days paid by that payer at each rate during the base period. Total patient days will be used in determining the most favored rate for you facility. The following is an example of how to handle multiple third party rates over your base period:

An RTC had negotiated three separate rates with a third party payer over its base period. The three rates would be reported as follows:

- (1) \$195/day from July 1, 1987, through October 31, 1987 – 2000 patient days;
- (2) \$215/day from November 1, 1987, through February 29, 1988 – 3000 patient days;
- (3) \$230/day from March 1, 1988 through June 30, 1988 – 2000 patient days

In this example the total number of days paid by the third party payer is 7000.

If the RTC was in operation during the base period, provide the requested data for the entire period regardless of change in ownership: for example, if your facility was in operation during the base period (July 1, 1987, through June 30 1988), but was taken over by a national mental health corporation as of January 1, 1988, provide the requested data from July, 1987 through June 30, 1988 along with date of change of ownership. Failure to provide the entire base period data will result in delay in establishing your new rate.

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REIMBURSEMENT INFORMATION OMB No: 0704-0295 Expires: 31 January 1994 PSYCHIATRIC RESIDENTIAL TREATMENT CENTERS SERVING CHILDREN AND ADOLESCENTS		
Public reporting bureau for this collection of information is estimated to average 12 hours per response, including the time for reviewing instructions, searching existing data sources, and gathering and maintain 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 (0704-0295)Washington, DC 20503.		
1. FACILITY NUMBER:	2. EIN:	
3. FACILITY NAME AND ADDRESS:	4. NAME OF PERSON PREPARING DATA:	
TELEPHONE NUMBER: ()	TITLE:	
5. DATE CURRENT RTC PROGRAM OFFICIALLY OPENED FOR BUSINESS:		
6. DATE OF MOST RECENT JOINT COMMISSION ON ACCREDITATION OF HEALTH ORGANIZATIONS (JCAHO):		
7. DATE OF CURRENT AUTHORIZATION AS A CHAMPUS CERTIFIED RTC:		
8. DATES OVER WHICH DATA WAS COLLECTED _____ TO _____		
9. THIRD PARTY PAYERS ESTABLISHING OR AFFECTING RATES: Data requirements should be carefully reviewed and presented in the following format. (If additional sheets are required, copy the format and attach all completed sheets.)		
NAME, ADDRESS AND TELEPHONE NUMBER OF EACH PAYER	RATE ACCEPTED	PATIENT DAYS PROVIDED AT EACH RATE

