

help the NRC resolve current challenges and prepare for anticipated future regulatory issues. The responding submittal should describe the proposed research and the potential use of the research results in current or future regulatory activities. We also solicit your comments on the factors that should be considered when anticipatory research topics are prioritized. Responses to this request will be evaluated for possible inclusion in the FY 2006 and FY 2007 budgets.

To permit these new topics to be considered in developing future plans, your recommendations should be submitted no later than November 28, 2003, to: Michael Lesar, Chief, Rules and Directives Branch, Mail Stop T-6D59, U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001. Comments may also be submitted by e-mail to [NRCREP@NRC.GOV](mailto:NRCREP@NRC.GOV).

(5 U.S.C. 552(a))

Dated at Rockville, MD, this 27th Day of October 2003.

For the Nuclear Regulatory Commission.

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Office of Nuclear Regulatory Research.*

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## OFFICE OF MANAGEMENT AND BUDGET

### Cost of Hospital and Medical Care Treatment Furnished by the United States; Certain Rates Regarding Recovery From Tortiously Liable Third Persons

By virtue of the authority vested in the President by Section 2(a) of Pub. L.

87-693 (76 Stat. 593; 42 U.S.C. 2652), and delegated to the Director of the Office of Management and Budget by Executive Order No. 11541 of July 1, 1970 (35 **Federal Register** 10737), the two sets of rates outlined below are hereby established. These rates are for use in connection with the recovery, from tortiously liable third persons, of the cost of hospital and medical care and treatment furnished by the United States (Part 43, Chapter I, Title 28, Code of Federal Regulations) through three separate Federal agencies. The rates have been established in accordance with the requirements of OMB Circular A-25, requiring reimbursement of the full cost of all services provided and will remain in effect until further notice. The rates for the Department of Veterans Affairs and the Indian Health Service in the Department of Health and Human Services that were published in the **Federal Register** on October 31, 2000 and December 26, 2001, respectively, remain in effect until further notice. In addition, the inpatient rates for the Department of Defense published in on December 9, 2002 remain in effect until further notice. The rates are as follows:

#### 1. Department of Defense

The Fiscal Year (FY) and Calendar Year (CY) 2003 Department of Defense (DoD) reimbursement rates for inpatient, outpatient, and other services are provided in accordance with Title 10, United States Code, section 1095. Due to size, the sections containing the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) Maximum Allowable Charges (CMAC, section II), Dental (section III. F), Pharmacy (section III. D), and Durable Medical Equipment/Durable Medical

Supplies (DME/DMS) (section III. K) are not included in this package. Those rates are available from the TRICARE Management Activity (TMA) Uniform Business Office (UBO) Web site: [http://www.tricare.osd.mil/ebc/rm\\_home/ubo\\_documents\\_rates\\_tables.cfm](http://www.tricare.osd.mil/ebc/rm_home/ubo_documents_rates_tables.cfm).

The outpatient rates in this package will have an effective date of May 1, 2003. The inpatient medical rates in this package, republished in this package, are from the December 9, 2002 package and are referenced above on the UBO Web site; these became effective October 1, 2002.

A government billing calculation factor (percentage discount) for billing outpatient International Military Education and Training (IMET) (58.57% of full rate), and Interagency and Other Federal Agency Sponsored Patients (IAR) rate (93.14% of full rate), will be applied to the line item charges calculated for outpatient medical and ancillary services using CMAC or anesthesia charges.

#### Inpatient, Outpatient, and Other Rates and Charges

##### I. Inpatient Rates

##### A. All Inpatient Services

(Based on Diagnosis Related Groups (DRG) <sup>1 2</sup>)

##### 1. Average FY 2003 Direct Care Inpatient Reimbursement Rates

Adjusted standard amount (ASA)	Inter-national military education & training (IMET)	Inter-agency and other federal agency sponsored patients	Other (full/ third party)
Large Urban .....	\$3,521.00	\$6,434.00	\$6,748.00
Other Urban/Rural .....	4,316.00	7,191.00	7,575.00
Overseas .....	4,443.00	9,879.00	10,344.00

#### 2. Overview

The FY 2003 inpatient rates are based on the cost per DRG, which is the inpatient full reimbursement rate per hospital discharge weighted to reflect the intensity of the principal diagnosis, secondary diagnoses, procedures, patient age, etc. involved. The average cost per Relative Weighted Product (RWP) for large urban, other urban/

rural, and overseas facilities will be published annually as an inpatient adjusted standardized amount (ASA) (see paragraph I.A.1., above). The ASA will be applied to the RWP for each inpatient case, determined from the DRG weights, outlier thresholds, and payment rules published annually for hospital reimbursement rates under CHAMPUS pursuant to 32 CFR 199.14(a)(1), including adjustments for

length of stay (LOS) outliers. Each military treatment facility (MTF) providing inpatient care has a separate ASA rate. The MTF-specific ASA rate is the published ASA rate adjusted for area wage differences and indirect medical education (IME) for the discharging hospital (see Attachment 1). The MTF-specific ASA rate submitted on the claim is the rate that payers will use for reimbursement purposes. An example of