

G. Indirect Medical Education (IDME) Adjustment

Passage of the Medical Modernization Act of 2003 modified the formula multipliers to be used in the calculation of IDME adjustment factor. Since the IDME formula used by TRICARE does not include disproportionate share hospitals (DSHs), the variables in the formula are different than Medicare's, however; the percentage reductions that will be applied to Medicare's formula will also be applied to the TRICARE IDME formula. The multiplier for the IDME adjustment factor for TRICARE for FY 2015 is 1.02.

H. Cost to Charge Ratio

TRICARE uses a national Medicare cost-to-charge ratio (CCR). For FY 2015, the Medicare CCR used for the TRICARE DRG-based payment system for acute care hospitals and neonates will be 0.2726. This is based on a weighted average of the hospital-specific Medicare CCRs (weighted by the number of Medicare discharges) after excluding hospitals not subject to the TRICARE DRG system (Sole Community Hospitals, Indian Health Service hospitals, and hospitals in Maryland). The Medicare CCR is used to calculate cost outlier payments, except for children's hospitals. The Medicare CCR has been increased by a factor of 1.0065 to include an additional allowance for bad debt. The 1.0065 factor reflects the provisions of the Middle Class Tax Relief and Job Creation Act of 2012. For children's hospital cost outliers, the CCR used is 0.2939.

I. Pricing of Claims

The final rule published on May 21, 2014, (79 FR 29085–29088) set forth all final claims with discharge dates of October 1, 2014, or later and reimbursed under the TRICARE DRG-Based payment system, are to be priced using the rules, weights and rates in effect on as of the date of discharge. Prior to this, all final claims were priced using the rules, weights and rates in effect as of the date of admission.

J. Updated Rates and Weights

The updated rates and weights are accessible through the Internet at <http://www.tricare.mil/drgrates>. The implementing regulations for the TRICARE/CHAMPUS DRG-based payment system are in 32 CFR part 199.

Dated: February 6, 2015.

Aaron Siegel,

Alternate OSD Federal Register Liaison Officer, Department of Defense.

[FR Doc. 2015–02898 Filed 2–11–15; 8:45 am]

BILLING CODE 5001–06–P

DEPARTMENT OF DEFENSE

Office of the Secretary

TRICARE, Formerly Known as the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS); Fiscal Year 2015 Mental Health Rate Updates

AGENCY: Department of Defense.

ACTION: Notice of updated mental health rates for Fiscal Year 2015.

SUMMARY: This notice provides the updated regional per-diem rates for low-volume mental health providers; the update factor for hospital-specific per-diems; the updated cap per-diem for high-volume providers; the beneficiary per-diem cost-share amount for low-volume providers; and the updated per-diem rates for both full-day and half-day TRICARE Partial Hospitalization Programs for Fiscal Year 2015.

DATES: *Effective Date:* The Fiscal Year 2015 rates contained in this notice are effective for services on or after October 1, 2014.

ADDRESSES: Defense Health Agency (DHA), Medical Benefits and Reimbursement Branch, 16401 East Centretech Parkway, Aurora, CO 80011–9066.

FOR FURTHER INFORMATION CONTACT: Elan Green, Medical Benefits and Reimbursement Office, DHA, telephone (303) 676–3907.

SUPPLEMENTARY INFORMATION: The final rule published in the **Federal Register** (FR) on September 6, 1988 (53 FR 34285) set forth reimbursement changes that were effective for all inpatient hospital admissions in psychiatric hospitals and exempt psychiatric units occurring on or after January 1, 1989. The final rule published in the **Federal Register** on July 1, 1993 (58 FR 35400) set forth maximum per-diem rates for all partial hospitalization admissions on or after September 29, 1993. Included in these final rules were provisions for updating reimbursement rates for each federal Fiscal Year. As stated in the final rules, each per-diem shall be updated by the Medicare update factor for hospitals and units exempt from the Medicare

Prospective Payment System (*i.e.*, this is the same update factor used for the inpatient prospective payment system). For Fiscal Year 2015, the market basket rate is 2.9 percent. This year, Medicare applied two reductions to its market basket amount: (1) A 0.5 percent reduction for economy-wide productivity required by section 3401(a) of the Patient Protection and Affordable Care Act (PPACA) which amended section 1886(b)(3)(B) of the Social Security Act, and (2) a 0.2 percent point adjustment as required by section 1886(b)(3)(B)(xii) of the Act as added and amended by sections 3401 and 10319(a) of the PPACA. These two reductions do not apply to TRICARE. Hospitals and units with hospital-specific rates (hospitals and units with high TRICARE volume) and regional-specific rates for psychiatric hospitals and units with low TRICARE volume will have their TRICARE rates for Fiscal Year 2015 updated by 2.9 percent.

Partial hospitalization rates for full-day programs also will be updated by 2.9 percent for Fiscal Year 2015. Partial hospitalization rates for programs of less than 6 hours (with a minimum of three hours) will be paid a per diem rate of 75 percent of the rate for a full-day program.

The cap amount for high-volume hospitals and units also will be updated by the 2.9 percent for Fiscal Year 2015.

The beneficiary cost share for low-volume hospitals and units also will be updated by the 2.9 percent for Fiscal Year 2015.

Per 32 CFR 199.14, the same area wage indexes used for the CHAMPUS Diagnosis-Related Group (DRG)-based payment system shall be applied to the wage portion of the applicable regional per-diem for each day of the admission. The wage portion shall be the same as that used for the CHAMPUS DRG-based payment system. For wage index values greater than 1.0, the wage portion of the regional rate subject to the area wage adjustment is 69.6 percent for Fiscal Year 2015. For wage index values less than or equal to 1.0, the wage portion of the regional rate subject to the area wage adjustment is 62.0 percent.

Additionally, 32 CFR 199.14 requires that hospital specific and regional per-diems shall be updated by the Medicare update factor for hospitals and units exempt from the Medicare prospective payment system.

The following reflect an update of 2.9 percent for Fiscal Year 2015.

REGIONAL-SPECIFIC RATES FOR PSYCHIATRIC HOSPITALS AND UNITS WITH LOW TRICARE VOLUME FOR FISCAL YEAR 2015

United States census region	Regional rate
Northeast:	
New England	\$851
Mid-Atlantic	820
Midwest:	
East North Central	709
West North Central	669
South:	
South Atlantic	844
East South Central	902
West South Central	769
West:	
Mountain	768
Pacific	908
Puerto Rico	579

Beneficiary cost-share: Beneficiary cost-share (other than dependents of Active Duty members) for care paid on the basis of a regional per-diem rate is the lower of \$224 per day or 25 percent of the hospital billed charges effective

for services rendered on or after October 1, 2014. Cap Amount: Updated cap amount for hospitals and units with high TRICARE volume is \$1,070 per day for services on or after October 1, 2014. The following reflects an update of 2.9 percent for Fiscal Year 2015 for the

full day partial hospitalization rates. Partial hospitalization rates for programs of less than 6 hours (with a minimum of three hours) will be paid a per diem rate of 75 percent of the rate for a full-day program.

PARTIAL HOSPITALIZATION RATES FOR FULL-DAY AND HALF-DAY PROGRAMS
[Fiscal year 2015]

United States census region	Full-day rate (6 hours or more)	Half-day rate (3–5 hours)
Northeast:		
New England (Maine, N.H., Vt., Mass., R.I., Conn.)	\$341	\$256
Mid-Atlantic: (N.Y., N.J., Penn.)	371	278
Midwest:		
East North Central (Ohio, Ind., Ill., Mich., Wis.)	327	245
West North Central: (Minn., Iowa, Mo., N.D., S.D., Neb., Kan.)	327	245
South:		
South Atlantic (Del., Md., DC, Va., W.Va., N.C., S.C., Ga., Fla.)	349	262
East South Central: (Ky., Tenn., Ala., Miss.)	379	284
West South Central: (Ark., La., Texas, Okla.)	379	284
West:		
Mountain (Mon., Idaho, Wyo., Col., N.M., Ariz., Utah, Nev.)	382	287
Pacific (Wash., Ore., Calif., Alaska, Hawaii)	376	282
Puerto Rico	244	183

The above rates are effective for services rendered on or after October 1, 2014.

Dated: February 6, 2015.
Aaron Siegel,
Alternate OSD Federal Register Liaison Officer, Department of Defense.
 [FR Doc. 2015-02900 Filed 2-11-15; 8:45 am]
BILLING CODE 5001-06-P

DEPARTMENT OF DEFENSE

Department of the Air Force

Air University Board of Visitors Air Force Institute of Technology Subcommittee Meeting and Spring Committee Meeting

ACTION: Notice of Meeting of the Air University Board of Visitors Air Force Institute of Technology Subcommittee Meeting and Spring Committee Meeting.

SUMMARY: Under the provisions of the Federal Advisory Committee Act of 1972 (5 U.S.C., Appendix, as amended),

the Government in the Sunshine Act of 1976 (5 U.S.C. 552b, as amended), and 41 CFR 102-3.150, the Department of Defense announces that the Air University Board of Visitors' Air Force Institute of Technology (AFIT) Subcommittee annual meeting will take place on Monday, March 9th, 2015, from 8:00 a.m. to approximately 4:30 p.m. and Tuesday, March 10th, 2015, from 8:00 a.m. to approximately 3:00 p.m. The meeting will be held at AFIT on Wright-Patterson Air Force Base, Area B, in Dayton, Ohio. The purpose of this meeting is to provide independent advice and recommendations on matters