NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NOTICE OF PUBLIC HEARING

August 26, 2021
10:00 a.m. Central Time
Nebraska State Office Building – Lower Level A
301 Centennial Mall South, Lincoln, Nebraska
Phone call information: 888-820-1398; Participant code: 3213662#

The purpose of this hearing is to receive comments on proposed changes to Title 471, Chapter 11 of the Nebraska Administrative Code (NAC) – *Indian Health Service and Tribal 638 Facilities.* The proposed changes specify the regulations' scope; update definitions; remove all duplicate statutory and inconsistent language in the regulations, restructure the regulatory chapter; correct grammar; update formatting; and performed a compliance review to ensure uniformity with the State Plan, other NAC chapters, federal law, and best practices.

Authority for these regulations is found in Neb. Rev. Stat. § 81-3117(7).

In order to encourage participation in this public hearing, a phone conference line will be set up for any member of the public to call in and provide oral comments. Interested persons may provide verbal comments in person or by participating via phone conference line by calling 888-820-1398; Participant code: 3213662#.

Interested persons may attend the hearing and provide verbal or written comments, or mail, fax or email written comments, no later than the day of the hearing to: DHHS Legal Services, PO Box 95026, Lincoln, NE 68509-5026, (402) 742-2382 or dhhs.regulations@nebraska.gov, respectively.

A copy of the proposed changes is available online at http://www.sos.ne.gov, or by contacting DHHS at the mailing address or email above, or by phone at (402) 471-8417. The fiscal impact statement for these proposed changes may be obtained at the office of the Secretary of State, Regulations Division, 1201 N Street, Suite 120, Lincoln, NE 68508, or by calling (402) 471-2385.

Auxiliary aids or reasonable accommodations needed to participate in a hearing can be requested by calling (402) 471-8417. Individuals who are deaf or hard of hearing may call DHHS at (402) 471-9570 (voice and TDD) or the Nebraska Relay System at 711 or (800) 833-7352 TDD at least 2 weeks prior to the hearing.

NEBRASKA

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DEPT. OF HEALTH AND HUMAN SERVICES

Pete Ricketts, Governor

TO: Executive Board
Room 2108 State Capitol
Legislative Council

FROM: Marge Respeliers, Paralegal I
Legal Services
Department of Health and Human Services (DHHS)

DATE: July 19, 2021

RE: Notice of Rulemaking under Neb. Rev. Stat. § 84-907.06

The Department of Health and Human Services (DHHS) will be holding a public hearing on amending the following regulations:

TITLE:	471	Nebraska Medical Assistance Program
CHAPTER:	11	Indian Health Service and Tribal 638 Facilities

These regulations are scheduled for public hearing on August 26, 2021.

The purpose of this hearing is to receive comments on proposed changes to Title 471, Chapter 11 of the Nebraska Administrative Code (NAC) – *Indian Health Service and Tribal 638 Facilities.* The proposed changes specify the regulations' scope; update definitions; remove all duplicate statutory and inconsistent language in the regulations, restructure the regulatory chapter; correct grammar; update formatting; and performed a compliance review to ensure uniformity with the State Plan, other NAC chapters, federal law, and best practices.

The following items are enclosed for your referral to the chair of the relevant standing committee of the Legislature:

1. A copy of the notice of public hearing;
2. A copy of the proposed regulations;
3. A copy of the Policy Pre-Review Checklist; and
4. The estimated fiscal impact of this rulemaking action on state agencies, political subdivisions or persons being regulated.

FISCAL IMPACT STATEMENT

Agency: **Department of Health and Human Services**	
Title:471	Prepared by:Erin Noble
Chapter: 11	Date prepared: 7-16-2021
Subject: Indian Health Services	Telephone:531-530-7154

Type of Fiscal Impact:

	State Agency	Political Sub.	Regulated Public
No Fiscal Impact	(☒)	(☒)	(☒)
Increased Costs	(☐)	(☐)	(☐)
Decreased Costs	(☐)	(☐)	(☐)
Increased Revenue	(☐)	(☐)	(☐)
Decreased Revenue	(☐)	(☐)	(☐)
Indeterminable	(☐)	(☐)	(☐)

Provide an Estimated Cost & Description of Impact: N/A.

State Agency:

Political Subdivision:

Regulated Public:

If indeterminable, explain why:

TITLE 471 NEBRASKA MEDICAL ASSISTANCE PROGRAM SERVICES

CHAPTER 11 INDIAN HEALTH SERVICE AND TRIBAL 638 FACILITIES

001. SCOPE AND AUTHORITY. These regulations apply to the general public. The Nebraska Medicaid program is administered pursuant to regulations promulgated by the federal Department of Health and Human Services under Title XIX of the Social Security Act as amended or by state statute.

002. DEFINITIONS. The following definitions apply:

002.01 AMERICAN INDIAN / ALASKA NATIVE. An individual who meets any of the definitions in 25 U.S.C. §§1603(3), 1603(13), and 1679, or who has been determined eligible, as an Indian, pursuant to 42 Code of Federal Regulations (C.F.R.) §§136.1 and 136.12 or Title V of the Indian Health Care Improvement Act, to receive health care services from Indian health care providers or through referral under Contract Health Services (25 United States Code [U.S.C] §1603(5)).

002.02 DEPARTMENT. The Nebraska Department of Health and Human Services.

002.03 ENCOUNTER. A face-to-face visit, including telehealth services provided in accordance with 471 Nebraska Administrative Code (NAC) 1-004, between a health care professional and an individual eligible for the provision of medically necessary services allowed under the states approved Medicaid state plan or waiver in an Indian Health Service facility within a 24-hour period ending at midnight, as documented in the client's medical record.

002.04 INDIAN HEALTH SERVICE. A federal agency within the United Sates Department of Health and Human Services, which is responsible for providing federal health services to American Indians and Alaska Natives.

002.05 INDIAN HEALTH SERVICE FACILITY. The Indian Health Service health care delivery system consists of health facilities owned and operated by Indian Health Service, facilities owned by Indian Health Service and operated by tribes or tribal organizations under Title I or Title III of the Indian Self-Determination and Education Assistance Act (Public Law 93-638, as amended) agreements, facilities owned and operated by tribes or tribal organizations under such agreements, and urban Indian facilities.

002.06 INDIAN HEALTH SERVICE PROVIDER. A health care program, including contract health services (25 U.S.C §1603(5)), operated by the Indian Health Service facility. This includes hospitals, hospital based facilities, pharmacies, and outpatient clinics.

002.07 INDIAN HEALTH SERVICE SUPPLIER. A freestanding (non-hospital based) entity that furnishes durable medical equipment, prosthetics, orthotics, supplies, and parenteral or enteral nutrition.

002.08 INDIAN HEALTH SERVICE PHYSICIAN OR PRACTITIONER. Physician and non-physician practitioners billing for services under Medicaid.

003. PROVIDER REQUIREMENTS. To participate in Nebraska Medicaid, the Indian Health Service facility shall comply with all applicable participation requirements codified in Title 471 NAC Chapters 2 and 3. In the event that provider participation requirements in Title 471 NAC Chapters 2 and 3 conflict with requirements outlined in this chapter, the individual provider participation requirements of this chapter shall govern.

003.01 INDIAN HEALTH SERVICE FACILITY SPECIFIC PROVIDER REQUIREMENTS. Medicaid accepts Indian Health Service facilities as Medicaid providers on the same basis as other qualified providers. The facilities shall meet all applicable standards for licensure by the departments Division of Public Health (Licensure Unit), but need not be licensed. The absence of Nebraska licensure of any staff member of an Indian Health Service facility may not be regarded as failure to meet the standards for licensure of the facility, so long as that member is licensed in another state.

003.02 PROVIDER AGREEMENT. An Indian Health Service facility shall submit to the Department the following forms; "Medical Assistance Provider Agreement" (see 471-000-91) and "Medicare/Medicaid Certification and Transmittal" (see 471-000-66). The Department must approve enrollment before payment is made to the Indian Health Service facility.

003.02(A) NON-HOSPITAL-BASED PROVIDER A provider who has met the Departments regulation and licensure standards shall submit to the Department the form "Medical Assistance Provider Agreement" (see 471-000-90). Medicaid must approve enrollment before making payment to the provider.

003.03 COMPLIANCE WITH PROVIDER REQUIREMENTS. Indian Health Service facility providers shall comply with all applicable limitations in Title 471 NAC Chapters 1, 2, and 3.

004. SERVICE REQUIREMENTS. Indian Health Service facility providers shall comply with all applicable limitations and all requirements outlined in each applicable service specific chapter in Title 471 of the Nebraska Administrative Code.

004.01 NEBRASKA MEDICAID MANAGED CARE. See 471 NAC 1-002.01.

004.02 HEALTH CHECK (EARLY, PERIODIC, SCREENING, DIAGNOSTIC, AND TREATMENT) SERVICES. See 471 NAC Chapter 33.

004.03 COPAYMENTS AND COST SHARING. American Indian/Alaska Natives who are eligible for, and have received, Medicaid covered services from an Indian Health Service facility shall be exempt from all copayments and cost sharing obligations.

005. ENCOUNTERS. Visits with more than one health professional, and multiple visits with the same health professional, within a 24-hour period ending at midnight, within the Indian Health Service facility constitute a single encounter.

005.01 EXCEPTIONS TO AN ENCOUNTER. Exceptions to an encounter include:

(A) When the patient is seen in the clinic, or by a heath professional, more than once in a 24-hour period for distinctly different diagnosis. Documentation must include unrelated diagnosis codes;

(B) When the patient must return to the clinic for an emergency or urgent care situation subsequent to the first encounter that requires additional diagnosis or treatment;

(C) When a patient requires a pharmacy encounter in addition to a medical health professional or mental health encounter on the same day. Medicaid covers only one pharmacy encounter per day; or

(D) When the patient is seen in the clinic by a clinical social worker or psychologist for a mental health encounter in addition to a medical health professional encounter on the same day.

005.02 COVERED SERVICES UNDER THE SCOPE OF AN ENCOUNTER. An encounter includes:

(A) A practitioner visit which may be a:
  (i) Physician, doctor of osteopathy, physician assistant, nurse practitioner, or certified nurse midwife;
  (ii) Dentist;
  (iii) Optometrist;
  (iv) Podiatrist;
  (v) Chiropractor;
  (vi) Speech, audiology, physical or occupational therapist;
  (vii) Mental health provider such as a psychologist, psychiatrist, licensed mental health practitioner, certified drug and alcohol counselor, or a certified nurse practitioner providing psychotherapy or substance abuse counseling or other treatment with family and group therapy; or
  (viii) Pharmacists.

(B) Diagnostic services such as:
  (i) Radiology;
  (ii) Laboratory;
  (iii) Psychological testing; or
  (iv) Assessment (mental health).

(C) Supplies used in conjunction with a visit such as dressings and sutures;

(D) Medications used in conjunction with a visit such as antibiotic injection; and

(E) Prescribed drugs dispensed as part of the encounter.

005.03 NON-ENCOUNTER SERVICES. Services rendered outside the office setting, office services that do not meet the criteria for the encounter, non-Indian Health Service facility services, pharmacy services that are not provided by a designated Indian Health Service

facility pharmacy or pharmacist, or services provided to non-American Indian or non-Alaskan Native clients.

005.03(A) NON-ENCOUNTER SERVICES. Non-encounter services may include, but are not limited to: Inpatient hospital visits, home and nursing facility visits, home health visit, durable medical equipment, ambulance, brief visit with nurse for blood pressure check or telephone consultations.

006. BILLING REQUIREMENTS FOR INDIAN HEALTH SERVICE FACILITY SERVICES. These requirements set forth the billing requirements for services provided by an Indian Health Service facility as fee-for-service. Indian Health Service facilities must comply with billing regulations for individuals enrolled in managed care as set forth in Title 482 NAC.

006.01 GENERAL BILLING REQUIREMENTS. Providers shall comply with all applicable billing requirements codified in 471 NAC Chapter 3. In the event that individual billing requirements in 471 NAC Chapter 3 conflict with billing requirements outlined in this chapter, the individual billing requirements in 471 NAC Chapter 11 shall govern.

006.01(A) BILLING PROCEDURE CODE. The healthcare common procedure coding system code used to bill an encounter must be T1015 with the modifier SE and listed on the first line of the Form CMS-1500. Actual procedure codes for services rendered during the encounter are to be billed on subsequent claim lines. Only the encounter line will be paid.

006.02 SPECIFIC BILLING REQUIREMENTS. Hospital-based facilities shall submit all claims for payment for services to Medicaid clients on Form CMS-1450 or the standard electronic Health Care Claim, Institutional transaction (ASC X12N 837). Non-hospital-based providers shall use the appropriate claim form or electronic format (see Claim Submission Table at Appendix 471-000-49).

006.02(A) NON-ENCOUNTER CHARGES. Indian Health Service facility providers may provide services outside of those that meet encounter criteria. Services covered by Medicaid, but not considered eligible for encounter reimbursement, will be paid according to the Nebraska Practitioner Fee Schedule. Form CMS-1500 must be used with the appropriate healthcare common procedure coding system codes.

006.02(B) OUTPATIENT ENCOUNTER CHARGES. The Indian Health Service facility shall bill all outpatient encounter charges provided on the same day for the same Medicaid client as one outpatient charge per day.

006.02(C) INPATIENT CHARGES. The Inpatient hospital per diem rate for inpatient medical care provided by Indian Health Service facilities is published annually in the Federal Register. In order to receive the inpatient hospital per diem rate, the Indian Health Service facility must:

(i) Be enrolled as a provider with Medicaid, and
(ii) Appear on the Indian Health Service maintained listing of Indian Health Service-operated facilities and Indian health care facilities operating under a 638

agreement. It is the sole responsibility of the facility to petition Indian Health Service for placement on this list.

006.02(D) UTILIZATION REVIEW. All Indian Health Service facility provider claims for payment are subject to appropriate claim edits and to surveillance and utilization review upon entry into the claims processing system. The hospital utilization review abstract summary may be requested by department staff.

007. PAYMENT REQUIREMENTS FOR INDIAN HEALTH SERVICE FACILITY SERVICES. These requirements set forth the payment requirements for services provided by an Indian Health Service facility as fee-for-service in accordance with the applicable payment regulations codified in 471 NAC chapter 3. In the event that individual payment regulations in 471 NAC chapter 3 conflict with payment regulations outlined in this chapter, the individual payment regulations in this chapter shall govern. Payment for individuals enrolled in managed care are set forth in Title 482 NAC.

007.01 REIMBURSEMENT. Indian Health Service facilities will be paid at the most current encounter rate established by the Indian Health Service which is published annually in the Federal Register for established services provided in a facility that would ordinarily be covered services through the Nebraska Medicaid Program.

007.02 INPATIENT AND OUTPATIENT REIMBURSEMENT. Indian Health Services facilities shall be reimbursed for inpatient and outpatient services at the Medicare or Medicaid rates established by the federal Department of Health and Human Services.

007.03 RATE METHODOLOGY. Rate changes are effective the first day of the month following the Department's receipt of the Medicare Interim Rate Notice, and will be applied retroactively to the federal effective date. Medicaid will not make an end-of-year settlement for Indian Health Service facilities as Medicare or Medicaid rates are used and there is 100 percent federal match for these costs.

CHAPTER 11-000 INDIAN HEALTH SERVICE (IHS) FACILITIES

11-001 Definitions

Encounter: A face-to-face visit, including telehealth services provided in accordance with 471 NAC 1-006, between a health care professional and an individual eligible for the provision of medically necessary Medicaid-defined services in an IHS or Tribal (638) facility within a 24-hour period ending at midnight, as documented in the client's medical record. Remains in section 2 as modified

Indian or Indians: An individual who meets any of the definitions in 25 U.S.C. §§1603(3), 1603(13), and 1679, or who has been determined eligible, as an Indian, pursuant to 42 C.F.R. §§136.1 and 136.12 or Title V of the Indian Health Care Improvement Act, to receive health care services from Indian health care providers (IHS, an Indian Tribe, Tribal Organization, or Urban Indian Organization – I/T/U) or through referral under Contract Health Services (25 U.S.C §1603(5)).

Indian Health Service (IHS): An agency within the United State Department of Health and Human Services, which is responsible for providing federal health services to American Indians and Alaska Natives. Remains in section 2 as modified

IHS Provider: A health care program, including contract health services (25 U.S.C §1603(5)), operated by the Indian Health Service or by an Indian Tribe, Tribal Organization, or Urban Indian Organization as those terms are defined 25 U.S.C. §1603. This includes Hospitals, Hospital Based Facilities, Pharmacies and outpatient clinics. Remains in section 2 as modified

IHS Supplier: A freestanding (non-hospital based) entity that furnishes durable medical equipment, prosthetics, orthotics, supplies, and parenteral or enteral nutrition. Remains in section 2 as modified

IHS Physician or Practitioner: Physician and non-physician practitioners billing for services under Medicaid. Remains in section 2 as modified

11-002 Provider Requirements

11-002.01 General Provider Requirements: To participate in the Nebraska Medical Assistance Program (Medicaid), IHS facilities shall comply with all applicable participation requirements codified in 471 NAC Chapters 2 and 3. In the event that provider participation requirements in 471 NAC Chapters 2 or 3 conflict with requirements outlined in this 471 NAC Chapter 11, the individual provider participation requirements in 471 NAC Chapter 11 shall govern. Remains in section 3 as modified

11-002.02 Service Specific Provider Requirements: Medicaid accepts IHS facilities as Medicaid providers on the same basis as other qualified providers. The facilities shall meet all applicable standards for licensure by the Nebraska Department of Health and Human Services,

Division of Public Health (Licensure Unit), but need not be licensed. The absence of Nebraska licensure of any staff member of an IHS facility may not be regarded as failure to meet the standards for licensure of the facility, so long as that member is licensed in another state. The Department verifies the Indian Health Service facility status by contacting the appropriate Indian Health Service area office. Remains in section 3 as modified

11-002.02A Provider Agreement: An Indian Health Service facility shall submit to the Department (Medicaid) Form MC-19, "Medical Assistance Provider Agreement," (See 471-000-91) and Form CMS-1539, "Medicare/Medicaid Certification and Transmittal," (see 471-000-66). Medicaid must approve enrollment before making payment to the IHS facility. A non-hospital-based provider who has met the Nebraska Department of Health and Human Services Regulation and Licensure standards shall submit to the Department Form MC-19, "Medical Assistance Provider Agreement," (see 471-000-90). Medicaid must approve enrollment before making payment to the provider. Remains in section 3 as modified

11-002.02B Compliance with Provider Requirements: In addition to the limitations and requirements outlined in this 471 NAC Chapter 11, IHS Providers shall comply with all applicable limitations in 471 NAC Chapters 1, 2 and 3, and all requirements outlined in each applicable service specific chapter in Title 471 of the Nebraska Administrative Code. As an example, IHS Providers of Dental Services must comply with both provider and service delivery limitations and requirements outlined in 471 NAC Chapter 6. IHS Providers of Pharmacy Services must comply with both provider and service delivery limitations and requirements in 471 NAC Chapter 16. These requirements apply to all services provided by IHS providers under the provisions of this 471 NAC Chapter 11. Remains in section 3 as modified

11-003 Service Requirements

11-003.01 General Requirements

11-003.01A Eligibility: Medically necessary services will be made available to any Indian, as that term is defined herein, who is also determined to be eligible for Medicaid in accordance with Title 477 of the Nebraska Administrative Code.

11-003.01B Services Provided for Clients Enrolled in the Nebraska Medicaid Managed Care Program: See 471 NAC 1-002.01. Remains in section 4 as modified

11-003.01C HEALTH CHECK (EPSDT) Treatment Services: See 471 NAC Chapter 33. Remains in section 4 as modified

11-003.01D Copayments / Cost Sharing: American Indians or Alaskan Natives who are eligible for, and have received, Medicaid covered services from an IHS or Tribal (638) facility shall be exempt from all copayment and cost sharing obligations.

11-003.02 Covered Services

11-003.02A Scope of an Encounter: An encounter includes:
1. A practitioner visit which may be a:
a. Physician, doctor of osteopathy, physician assistant, nurse practitioner, or certified nurse midwife;
b. Dentist;
c. Optometrist;
d. Podiatrist;
e. Chiropractor;
f. Speech, audiology, physical or occupational therapist;
g. Mental health provider such as a psychologist, psychiatrist, licensed mental health practitioner, certified drug and alcohol counselor, or a certified nurse practitioner providing psychotherapy or substance abuse counseling or other treatment with family and group therapy; or,
h. Pharmacist.
2. Diagnostic services such as:
a. Radiology;
b. Laboratory;
c. Psychological testing; or,
d. Assessment (mental health)
3. Supplies used in conjunction with a visit such as dressings, sutures, etc.;
4. Medications used in conjunction with a visit such as an antibiotic injection; and,
5. Prescribed drugs dispensed as a part of the encounter.

Remains in section 5 as modified

11-003.02B Encounters: Visits with more than one health professional, and multiple visits with the same health professional, that take place during the same day within the IHS or Tribal (638) facility constitute a single encounter. Remains in section 5 as modified

11-003.02B1 Exceptions:
a. When the patient is seen in the clinic, or by a heath professional, more than once in a 24-hour period for distinctly different diagnosis. Documentation must include unrelated diagnosis codes;
b. When the patient must return to the clinic for an emergency or urgent care situation subsequent to the first encounter that requires additional diagnosis or treatment;

c. When a patient requires a pharmacy encounter in addition to a medical health professional or mental health encounter on the same day. Medicaid covers only one pharmacy encounter per day; or,
d. When the patient is seen in the clinic by a clinical social worker or psychologist for a mental health encounter in addition to a medical health professional encounter on the same day.

Remains in section 5 as modified

11-003.03 Non-Encounter Services: Services rendered outside the office setting, office services that do not meet the criteria for the encounter, non-IHS Facility services, pharmacy services that are not provided by a designated tribal pharmacy or pharmacist, or services provided to non-American Indian or non-Alaskan Native clients. Examples of non-encounter services include, but are not limited to: Inpatient hospital visits, home and nursing facility visits, home health visit, durable medical equipment, ambulance, brief visit with nurse for blood pressure check or telephone consultations. Remains in section 5 as modified

11-004 Billing and Payment for IHS or Tribal (638) Facility Services

11-004.01 Billing

11-004.01A General Billing Requirements: Providers shall comply with all applicable billing requirements codified in 471 NAC Chapter 3. In the event that individual billing requirements in 471 NAC Chapter 3 conflict with billing requirements outlined in this 471 NAC Chapter 11, the individual billing requirements in 471 NAC Chapter 11 shall govern. Remains in section 6 as modified

11-004.01B Specific Billing Requirements: The hospital-based facility shall submit all claims for payment for services to Medicaid clients on Form CMS-1450 or the standard electronic Health Care Claim: Institutional transaction (ASC X12N 837). Non-hospital-based providers shall use the appropriate claim form or electronic format (see Claim Submission Table at Appendix 471-000-49). All IHS Providers shall comply with applicable billing instructions in Appendix 471-000-62. Remains in section 6 as modified

11-004.01B1 Non-Encounter Charges: IHS Providers may provide services outside of those that meet encounter criteria. Services covered by Medicaid, but not considered eligible for encounter reimbursement, are to be billed on Form CMS-1500 using the appropriate HCPCS codes and will be paid according to the Nebraska Practitioner Fee Schedule. Remains in section 6 as modified

11-004.01B2 Outpatient Encounter Charges: The Indian Health Service shall bill all outpatient encounter charges provided on the same day for the same Medicaid client as one outpatient charge per day. Remains in section 6 as modified

11-004.01B3 Inpatient Charges: The Inpatient hospital per diem rate for inpatient medical care provided by IHS facilities is published annually in the Federal Register or Federal Register Notices. In order to receive the inpatient hospital per diem rate, the IHS or Tribal 638 facility must:

a. Be enrolled as a provider with Medicaid; and

b. Appear on the IHS maintained listing of IHS-operated facilities and Indian health care facilities operating under a 638 agreement. It is the sole responsibility of the facility to petition IHS for placement on this list

Remains in section 6 as modified

11-004.01B4 Utilization Review: All IHS Provider claims for payment are subject to appropriate claim edits and to surveillance and utilization review upon entry into the claims processing

system. The hospital utilization review abstract/summary may be requested by Department staff. Remains in section 6 as modified

11-004.02 Payment

11-004.02A General Payment Requirements: Nebraska Medicaid will reimburse the Provider for services rendered in accordance with the applicable payment regulations codified in 471 NAC Chapter 3. In the event that individual payment regulations in 471 NAC Chapter 3 conflict with payment regulations outlined in this 471 NAC Chapter 11, the individual payment regulations in 471 NAC Chapter 11 shall govern. Remains in section 7 as modified

11-004.02B Specific Payment Requirements:

11-004.02B1 Reimbursement: IHS or Tribal (638) facilities will be paid at the most current encounter rate established by the IHS which is published annually in the Federal Register for established services provided in a facility that would ordinarily be covered services through the Nebraska Medicaid Program. Medicaid reimburses IHS facilities for inpatient and outpatient services at the Medicare/Medicaid rates established by the federal Department of Health and Human Services (DHHS). Remains in section 7 as modified

11-004.02B2 Rate Methodology: Rate changes are effective the first day of the month following the Department's receipt of the Medicare Interim Rate Notice, and will be applied retroactively to the federal effective date. Because specific Medicare/Medicaid rates are used and there is 100 percent federal match of these costs, Medicaid will not make an end-of-year settlement for Indian Health Service facilities. Remains in section 7 as modified