

Indian Health Service Medicaid Billing

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Medicaid Billing

Objective:

Train staff on how to bill a Medicaid claim (electronic and paper), review codes, splitting, editing a Medicaid claim, properly billing other visits such as telehealth visits, immunization only visits

Outcome:

Standardized business office practices to the maximum extent allowable (**Medicaid billing and reimbursement will vary by state**)



\$Medicaid is the #1 payer, IHS-wide, compared to other billing entities.**\$**

BILLING ENTITY	TOTAL COLLECTIONS (as of October 2023)	% of TOTAL COLLECTIONS (as of October 2023)
MEDICAID	\$88,231,024.72	68%
MEDICARE	\$24,049,519.45	18%
PRIVATE INSURANCE	\$18,524,612.27	14%
VA	\$595,623.89	.004%
OTHER	\$279,279.12	.002%
TOTAL	\$131,680,059.45	



Calendar Year 2024 *All-Inclusive Rate

*"All-Inclusive Rate" or AIR and "OMB Rate" are interchangeable terms; synonymous

	CY 2024 All-Inclusive-Rates			
	RATES FOR:	RATES FOR:	CHANGE - \$	CHANGE - %
	CY24	CY23		
<u>Medicaid Inpatient Hospital Per Diem Rate</u>				
Lower 48 States	\$ 5,083	\$ 4,333	\$ 750	17.3%
Alaska	\$ 4,326	\$ 3,478	\$ 848	24.4%
<u>Medicaid Outpatient Per Visit Rate</u>				
Lower 48 States	\$ 719	\$ 654	\$ 65	9.9%
Alaska	\$ 1,060	\$ 862	\$ 198	23.0%
<u>Medicare Outpatient Per Visit Rate</u>				
Lower 48 States	\$ 667	\$ 620	\$ 47	7.6%
Alaska	\$ 961	\$ 801	\$ 160	20.0%
<u>Medicare Part B Inpatient Ancillary Per Diem Rate</u>				
Lower 48 States	\$ 963	\$ 829	\$ 134	16.2%
Alaska	\$ 1,341	\$ 1,066	\$ 275	25.8%

Medicaid Programs that Pay the IHS AIR for Outpatient & Inpatient

STATE	ENCOUNTERS PER DAY
South Dakota	Multiple visits/day/recipient such as: dental, inpatient, medical, mental health, outpatient, pharmacy POS, public health nursing, substance use disorder, & vision.
Oklahoma	1 of the following each day/revenue code: 519 outpatient (must have different diagnosis), 512 dental, 513 behavioral health, pharmacy POS.
New Mexico	5 visits/day
AZ Medicaid	5 visits/day/member
Utah Medicaid	Multiple visits/day and more than one outpatient visit w/medical professional within a 24-hour period for different diagnosis may be reported as 2 encounters.
Nevada Medicaid	& 5 Outpatient visits/day/by any health care professional approved in NV MCD State Plan. Inpatient based on per diem rates, which doesn't include physician services, which may be billed in addition to the daily per diem rate.



Medicaid Programs that Pay the IHS AIR for Outpatient

STATE	ENCOUNTERS PER DAY
Wisconsin	1 visit/day
Virginia	5 visits/day
South Carolina	1 visit/day
New York	1 visit/day
North Carolina	Multiple visits/day such as medical, dental, behavioral and 1 other, such as optical. NC I/T/U pharmacy claims allow 2 pharmacy claims/day and are based on the rate and payment logic set forth in the NC MCD State Plan



Page 0: Summary of all Pages

*Disclaimer: For training purpose, we are going to focus on AZ AHCCCS. Please reference to your state's Medicaid guidelines.

```
----- PAGE 0 -----
Patient:          [HRN:          ]          Claim:
..... (CLAIM SUMMARY) .....
----- Pg-1 (Claim Identifiers) ----- Pg-3 (Questions) -----
Location..: KHC          Release Info: YES Assign Benef: YES
Clinic....: GENERAL
Visit Type: OUTPATIENT
Bill From: 05-07-2024 Thru: 05-07-2024
----- Pg-2 (Billing Entity) ----- Pg-4 (Providers) -----
AHCCCS MEDICAID          ACTIVE          Attn:
----- Pg-5A (Diagnosis) -----
----- PCC Visit Data -----
Prim Visit: 05/07/2024@13:16 Count: 1 | 1) Prediabetes |
Srv Cat: A Hsp Loc: KHC GENERAL | 2) Lumbar radiculopathy |
Last Visit: 04/30/2024@08:58 Loc: KA | 3) Pain in both feet |
Srv Cat: A Cl:18 Hsp Loc: KHC OPTOMET |          Pg-5B (ICD Procedures) -----
-----
WARNING:213 - PHARMACY DATA EXISTS IN PCC THAT IS NOT ON CLAIM
WARNING:250 - DOS after ICD Indicator Date
-----
Desired ACTION (View/Appr/Pend/Next/Jump/Quit): N//
```

```
~~~~~ PAGE 1 ~~~~~
Patient:      [HRN:      ]      Claim:
..... (CLAIM IDENTIFIERS) .....

[1] Clinic.....: GENERAL
[2] Visit Type.....: OUTPATIENT
[3] Bill Type.....: 131
[4] Billing From Date..: 05/07/2024
[5] Billing Thru Date..: 05/07/2024
[6] Super Bill #.....:
[7] Mode of Export.....: 837I (UB) 5010
[8] Visit Location.....: KAYENTA ALTERNATIVE RURAL HOSP
-----
WARNING:075 - EMPLOYER LOCATION UNSPECIFIED
-----
Desired ACTION (Edit/View/Next/Jump/Back/Quit): N//
```

- 1. Where the visit occurred?
- 2. Visit Type: Outpatient
- 3. Bill Type: 131
- 4. Date of Service
- 5. Date of Service
- 6. Blank
- 7. Choose Mode of Export:
 - 1. If Paper then choose UB-04 or CMS-1500
 - 2. If Electronic then choose 837I or 837P
- 8. Facility Name



Insurer Address information

Bill Type, Proc. Code, Export Mode, Flat Rate amount

```
~~~~~ PAGE 2 ~~~~~
Patient:          [HRN:   ]          Claim:
..... (INSURERS) .....
                PAGE 2 - INSURER INFORMATION
To: AHCCCS MEDICAID          Bill Type...: 131
   PO BOX 1700              Proc. Code..: ICD
   PHOENIX, AZ 85002-1700   Export Mode.: 837I (UB) 5010
   (602)417-7670           Flat Rate...: 719.00
.....
                BILLING ENTITY          STATUS          POLICY HOLDER
                =====
[1] AHCCCS MEDICAID          ACTIVE
.....
WARNING:075 - EMPLOYER LOCATION UNSPECIFIED
.....
Desired ACTION (Add/Del/View/Next/Jump/Back/Quit): N// █
```

Billing Entity: Naming convention as it is set up/entered into Table Maintenance (TM)

Active Insurer as it is entered into Patient Registration

Policy Holder: Patient name as it is entered into Patient Registration



```
~~~~~ PAGE 2 ~~~~~
Patient: [HRN: ] Claim:
..... (INSURER - VIEW OPTION) .....

Insurer..: AHCCCS MEDICAID Phone....:
Prov. No.: Contact...:
TIN.....:

-----

Policy Number...:
Group Name.....: Group Number....:
  Elig dt: 04/01/2019 Elig end dt: Coverage: RX

-----

Policy Holder.: Relationship..: SELF
                Sex.....: M
                Home Phone....:

Employer...: Emp]. Status..:
                Work Phone....:

-----

Enter RETURN to continue or '^' to exit:
```

Make sure each field is populated with correct insurance information reflected from the actual insurance card or verification portal: correct policy name, policy number, group name, group number, patient address, claims address.

Data entry ultimately stems from Patient Registration and entry is completed in Table Maintenance aka TMTP.

If insurance data is incorrect or missing, have a process in place, whereby the billing technician can communicate a deficiency that requires a review from Patient Registration. For example, an internal share folder.



```

PAGE 3
Patient:          [HRN:          ]          Claim:
..... (QUESTIONS) .....

[1] Release of Information..: YES   From: 08/10/2023
[2] Assignment of Benefits..: YES   From: 08/10/2023
[3] Accident Related.....: NO
[4] Employment Related.....: NO
[5] Emergency Room Required.:
[6] Special Program.....: NO
[7] Blood Furnished.(pints): NO
[8] Referring Phys. (FL17) :
[9] Case No. (External ID)..:
[10] PRO Approval Number.....:
[11] Type of Admission.....: 2   URGENT
[12] Source of Admission.....: 1   NON-HEALTH CARE FACILITY POINT OF ORIGIN
[13] Discharge Status.....: 01   DISCHARGED TO HOME OR SELF CARE (ROUTINE
                                     DISCHARGE)

[14] Admitting Diagnosis.....:
[15] Prior Authorization #...:
Enter RETURN to continue or '^' to exit: █

[16] Delayed Reason Code.....:
Desired ACTION (Edit/Next/View/Jump/Back/Quit): N//

```

1. Release of Information: Should always be "Yes" with date of when the ROI information was obtained from Patient Registration.

2. Assignment of Benefits: Should always be "Yes" with date of when the ROI information was obtained from Patient Registration. (if not obtained, payment goes to the patient)

3. Accident Related: if visit is related to an accident information needs to be entered.

4. Employment Related: if visit is related to an accident information needs to be entered.

5. Emergency Room Required: Yes, for ER srvs.

6-10: Required if needed.

11. Type of Source: 2 Urgent

12. Source of Admission: 1

13. Discharge Status: 01



```

~~~~~ PAGE 4 ~~~~~
Patient:      [HRN:      ]      Claim:
..... (PROVIDER DATA) .....
=====
          PROVIDER              NPI              DISCIPLINE
=====
(attn)
(other)
(other)
(other)
          FAMILY PRACTICE
          CLINIC RN
          PHARMACIST
          NEPHROLOGY

Desired ACTION (Add/Del/View/Next/Jump/Back/Quit): N//

```

- Enter attending provider for services rendered.
- Make sure provider are registered with Medicaid program
- You can enter “Other, Rendering, Operating, Referring” when it is necessary: only entered “attending” when billing Outpatient.
- Outpatient Billing only need to add the attending.
- Physician Services add the rendering provider
- Others: are providers who have edit visit but need to be included on the claim.



Patient: [HRN] Claim: .
 (DIAGNOSIS)

ICD Indicator for AHCCCS MEDICAID : ICD-10

BIL SEQ	ICD CODE	IND	Dx DESCRIPTION	PROVIDER'S NARRATIVE
1	R73.03	10	PREDIABETES	Prediabetes
2	M54.16	10	RADICULOPATHY, LUMBAR REGION	Lumbar radiculopathy
3	M79.672	10	PAIN IN LEFT FOOT	Pain in both feet
4	M25.671	10	STIFFNESS OF RIGHT ANKLE NOT ELSEWHERE CLASSIFIED	Pain in both feet
5	Z76.0	10	ENCOUNTER FOR ISSUE OF REPEAT PRESCRIPTION	Dispensing medication
6	Z13.31	10	ENCOUNTER FOR SCREENING FOR DEPRESSION	DEP SCREENING, NEG

Enter RETURN to continue or '^' to exit:

ICD Indicator for AHCCCS MEDICAID : ICD-10

BIL SEQ	ICD CODE	IND	Dx DESCRIPTION	PROVIDER'S NARRATIVE
7	Z13.30	10	ENCOUNTER FOR SCREENING EXAMINATION FOR MENTAL HEALTH AND BEHAVIORAL DISORDERS, UNSPECIFIED	IPV SCREENING, NEG
8	Z13.39	10	ENCOUNTER FOR SCREENING EXAMINATION FOR OTHER MENTAL HEALTH AND BEHAVIORAL DISORDERS	ALC SCREENING, NEG
9	Z13.89	10	ENCOUNTER FOR SCREENING FOR OTHER DISORDER	TOB SCREENING, NEG
10	Z71.84	10	ENCOUNTER FOR HEALTH COUNSELING RELATED TO TRAVEL	TRAVEL SCREENING

Desired ACTION (Add/Del/Edit/Seq/View/Next/Rfsh/Ind/Jump/Back/Quit): N//

- Review all diagnosis codes according to the documentation.
- Desired Actions: Sequencing: some codes may not be in the ordered as what is documented – review your documentation
- Add: you can also add a code or if you accidentally delete a code, you can re-add the code.
- Delete: some codes do not need to be included with your visit if it is not documented – review your documentation
- Edit: some codes may have a different or no narrative, “edit” to populate the default narrative.
- View: can also help you determine which codes are Primary “P” and Secondary “S”

Build a collaboration with your HIM department and CAC. CAC can also assist with coding assignments or how codes come across to TPB.

Query your provider(s) if you need further assistance or questions.



Patient: [HRN] Claim: (DIAGNOSIS)

ICD Indicator for AHCCCS MEDICAID : ICD-10

BIL SEQ	ICD CODE	IND	Dx DESCRIPTION	PROVIDER'S NARRATIVE
1	R73.03	10	PREDIABETES	Prediabetes
2	M54.16	10	RADICULOPATHY, LUMBAR REGION	Lumbar radiculopathy
3	M79.672	10	PAIN IN LEFT FOOT	Pain in both feet
4	M25.671	10	STIFFNESS OF RIGHT ANKLE NOT ELSEWHERE CLASSIFIED	Pain in both feet
5	Z76.0	10	ENCOUNTER FOR ISSUE OF REPEAT PRESCRIPTION	Dispensing medication
6	Z13.31	10	ENCOUNTER FOR SCREENING FOR DEPRESSION	DEP SCREENING, NEG

Enter RETURN to continue or '^' to exit:

- Review all codes as it is appropriate with documentation in EHR.
- Make sure your ICD Indicator is set to ICD-10

ICD Indicator for AHCCCS MEDICAID : ICD-10

BIL SEQ	ICD CODE	IND	Dx DESCRIPTION	PROVIDER'S NARRATIVE
7	Z13.30	10	ENCOUNTER FOR SCREENING EXAMINATION FOR MENTAL HEALTH AND BEHAVIORAL DISORDERS, UNSPECIFIED	IPV SCREENING, NEG
8	Z13.39	10	ENCOUNTER FOR SCREENING EXAMINATION FOR OTHER MENTAL HEALTH AND BEHAVIORAL DISORDERS	ALC SCREENING, NEG
9	Z13.89	10	ENCOUNTER FOR SCREENING FOR OTHER DISORDER	TOB SCREENING, NEG
10	Z71.84	10	ENCOUNTER FOR HEALTH COUNSELING RELATED TO TRAVEL	TRAVEL SCREENING

Desired ACTION (Add/Del/Edit/Seq/View/Next/Rfsh/Ind/Jump/Back/Quit): N//

Desired ACTION: Sequencing is a good way to sequence diagnosis code if you need to re-sequence. Optional.



```

PAGE 5B
Patient: [HRN: ] Claim:
..... (ICD PROCEDURES) .....
ICD Indicator for AHCCCS MEDICAID : ICD-10
BIL SERV ICD
SEQ DATE IND CODE - PROCEDURE DESCRIPTION PROVIDER'S NARRATIVE
=====
Desired ACTION (Add/Del/Edit/Seq/View/Next/Rfsh/Ind/Jump/Back/Quit): N//

```

```

PAGE 9A
Patient: [HRN: ] Claim:
..... (OCCURRENCE CODES) .....
OCCR
CODE OCCURRENCE DESCRIPTION DATE
=====
Desired ACTION (Add/Del/Edit/View/Next/Jump/Back/Quit): N//

```

```

PAGE 9B
Patient: [HRN: ] Claim:
..... (OCCURRENCE SPAN CODES) .....
SPAN
CODE OCCURRENCE SPAN DESCRIPTION FROM TO
=====
Desired ACTION (Add/Del/Edit/View/Next/Jump/Back/Quit): N//

```

```

PAGE 9C
Patient: [HRN: ] Claim:
..... (CONDITION CODES) .....
COND
CODE CONDITION CODE DESCRIPTION
=====
Desired ACTION (Add/Del/Next/Jump/Back/Quit): N//

```

```

PAGE 9D
Patient: [HRN: ] Claim:
..... (VALUE CODES) .....
VALU
CODE VALUE CODE DESCRIPTION VALUE
=====
Desired ACTION (Add/Del/Edit/View/Next/Jump/Back/Quit): N//

```

```

PAGE 9E
Patient: [HRN: ] Claim:
..... (SPECIAL PROGRAM CODES) .....
PRGM
CODE SPECIAL PROGRAM DESCRIPTION
=====
Desired ACTION (Add/Del/Next/Jump/Back/Quit): N//

```

```

PAGE 9F
Patient: [HRN: ] Claim:
..... (REMARKS) .....
REMARKS
(48 characters x 4 lines max)
[1]
[2]
[3]
[4]
REMARKS:
No existing text
Edit? NO//
Desired ACTION (Next/Jump/Back/Quit/Edit): N//

```

The following pages are not required fields.

If populated, please make sure RPMS will allow entry or you will encounter an error.



SPLITTING A CLAIM

Page 0: Diagnosis Codes section will help determine if claim needs splitting.

*Disclaimer: For training purpose, we are going to focus on NM MCO. Please reference to your state's Medicaid guidelines.

```

PAGE 0
Patient: [REDACTED] [HRN: [REDACTED]] Claim: [REDACTED]
..... (CLAIM SUMMARY) .....
Pg-1 (Claim Identifiers) | Pg-3 (Questions)
Location.: ALBQ INDIAN HC | Release Info: YES Assign Benef: YES
Clinic....: GENERAL
Visit Type: MULTIPLE VISITS
Bill From: 06-04-2024 Thru: 06-04-2024
Pg-2 (Billing Entity) | Pg-4 (Providers)
PRESBYTERIAN TURQUOISE CARE ACTIVE | Attn: WEISS,DAVID W MD
PCC Visit Data | Pg-5A (Diagnosis)
Prim Visit: 06/04/2024@08:34 Count: 1 | 1) well child |
Srv Cat: A Hsp Loc: WEISS | 2) Down syndrome
Last Visit: 02/26/2024@12:00 Loc: AH | 3) Dysmenorrhea
Srv Cat: A Cl:39 Hsp Loc: PHARMACY | Pg-8 (CPT Procedures)
| 1) ADMN SARSCOV2 VACC 1 DOSE
| 2) SARSCV2 VAC 30MCG TRS-SUC IM
| *** additional procedures exist ***
WARNING:250 - DOS after ICD Indicator Date
-----
Desired ACTION (View/Appr/Pend/Next/Jump/Quit): N// █

```



```

Patient: [REDACTED] [HRN: [REDACTED]] Claim: [REDACTED]
..... (DIAGNOSIS) .....
ICD Indicator for PRESBYTERIAN TURQUOISE CARE : ICD-10

BIL      ICD
SEQ      CODE  IND  DX DESCRIPTION          PROVIDER'S NARRATIVE
===      =====
1      Z00.121  10  ENCOUNTER FOR ROUTINE    well child |
        CHILD HEALTH
        EXAMINATION WITH
        ABNORMAL FINDINGS
2      Q90.9    10  DOWN SYNDROME,          Down syndrome
        UNSPECIFIED
3      N94.6    10  DYSMENORRHEA,          Dysmenorrhea
        UNSPECIFIED
4      Z23.     10  ENCOUNTER FOR          Administration of SARS-CoV-2 DNA
        IMMUNIZATION          plasmid encoding spike protein
        vaccine |

Desired ACTION (Add/Del/Edit/Seq/View/Next/Rfsh/Ind/Jump/Back/Quit): N//

```

- Jump to page 5A and review diagnosis codes.
- In this case, Diagnosis Code #1, Well Child Check Z00.121 is reimbursed at a separate OMB rate.
- Meanwhile, “incident-to” diagnosis codes #2-#4, are reimbursed at another OMB rate: Q90.9, N94.6, Z23.
- Review all diagnosis codes according to the documentation.
- Desired Actions: Sequencing: some codes may not be in the ordered as what is documented – review your documentation
- Add: you can also add a code or if you accidentally delete a code, you can re-add the code.
- Delete: some codes do not need to be included with your visit if it is not documented – review your documentation
- Edit: some codes may have a different or no narrative, “edit” to populate the default narrative.
- View: can also help you determine which codes are Primary “P” and Secondary “S”

Query your provider(s) if you need further assistance or questions.



Go back to Page 0: Edit claim for splitting. Edit in same manner as an individual claim, from page 1 to page 5A.

```

                                     PAGE 0
Patient: [REDACTED] [HRN: [REDACTED]] Claim: [REDACTED]
..... (CLAIM SUMMARY) .....
```

Pg-1 (Claim Identifiers)	Pg-3 (Questions)
Location.: ALBQ INDIAN HC Clinic....: GENERAL Visit Type: MULTIPLE VISITS Bill From: 06-04-2024 Thru: 06-04-2024	Release Info: YES Assign Benef: YES
Pg-2 (Billing Entity)	Pg-4 (Providers)
PRESBYTERIAN TURQUOISE CARE ACTIVE	Attn: WEISS, DAVID W MD
PCC Visit Data	Pg-5A (Diagnosis)
Prim Visit: 06/04/2024@08:34 Count: 1 Srv Cat: A Hsp Loc: WEISS Last Visit: 02/26/2024@12:00 Loc: AH Srv Cat: A Cl:39 Hsp Loc: PHARMACY	1) well child 2) Down syndrome 3) Dysmenorrhea
	Pg-8 (CPT Procedures)
	1) ADMN SARSCOV2 VACC 1 DOSE 2) SARSCOV2 VAC 30MCG TRS-SUC IM *** additional procedures exist ***

WARNING:250 - DOS after ICD Indicator Date

Desired ACTION (View/Appr/Pend/Next/Jump/Quit): N// █

```
~~~~~ PAGE 1 ~~~~~
Patient: [REDACTED] [HRN: [REDACTED]] claim: [REDACTED]
..... (CLAIM IDENTIFIERS) .....

[1] Clinic.....: GENERAL
[2] Visit Type.....: OUTPATIENT
[3] Bill Type.....: 131
[4] Billing From Date..: 06/04/2024
[5] Billing Thru Date..: 06/04/2024
[6] Super Bill #.....:
[7] Mode of Export.....: 837I (UB) 5010
[8] Visit Location.....: ALBUQUERQUE INDIAN HEALTH CTR

Desired ACTION (Edit/View/Next/Jump/Back/Quit): N//
```

- On Page 1, change the #2 Visit Type from OUTPATIENT to MULTIPLE VISITS.
- This will open page 8A and allow to review CPT Codes on page.

```
~~~~~ PAGE 1 ~~~~~
Patient: [REDACTED] [HRN: [REDACTED]] claim: [REDACTED]
..... (CLAIM IDENTIFIERS) .....

[1] Clinic.....: GENERAL
[2] Visit Type.....: MULTIPLE VISITS
[3] Bill Type.....: 131
[4] Billing From Date..: 06/04/2024
[5] Billing Thru Date..: 06/04/2024
[6] Super Bill #.....:
[7] Mode of Export.....: 837I (UB) 5010
[8] Visit Location.....: ALBUQUERQUE INDIAN HEALTH CTR

Desired ACTION (Edit/View/Next/Jump/Back/Quit): N//
```

Query your provider(s) if you need further assistance or questions.



```

[5] CHARGE DATE: 06/04/2024@08:34
    0510 99394 PERIODIC COMPREHENSIVE PREVENTIVE 185.00 1 185.00
        MEDICINE REEVALUATION AND
        MANAGEMENT OF AN INDIVIDUAL
        INCLUDING AN AGE AND GENDER
        APPROPRIATE HISTORY, EXAMINATION,
        COUNSELING/ANTICIPATORY GUIDANCE
        RISK FACTOR REDUCTION
        INTERVENTIONS, AND THE ORDERING
        OF LABORATORY/DIAG
  
```

Enter RETURN to continue or '^' to exit:

REVN CODE	CPT - MEDICAL SERVICES	UNIT CHARGE	QTY	TOTAL CHARGE
[6] CHARGE DATE: 06/04/2024@08:34				
0510 99213-25	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND LOW LEVEL OF MEDICAL DECISION MAKING. WHEN USING TOTAL TIME ON THE DATE OF THE ENCOUNTER FO	179.00	1	179.00
				\$857.00

- On page 8A, review CPT Codes and ensure they reflect the diagnosis codes. For example, a Well Child Check will fall in the range of Established Patient CPT code range: 99391 – 99397.
- In addition, review page 8A for Office Visit CPT Codes. This will verify billing of “incident-to” Diagnosis Codes.
- Once reviewed and confirmed, move forward to split the claim.

Query your provider(s) if you need further assistance or questions.



Go back to Page 0: Document the Claim number you are going to split.

```

PAGE 0
Patient: [REDACTED] [HRN: [REDACTED]] Claim: [REDACTED]
..... (CLAIM SUMMARY) .....
Pg-1 (Claim Identifiers) | Pg-3 (Questions)
Location..: ALBQ INDIAN HC | Release Info: YES Assign Benef: YES
Clinic....: GENERAL
Visit Type: MULTIPLE VISITS
Bill From: 06-04-2024 Thru: 06-04-2024
Pg-2 (Billing Entity) | Pg-4 (Providers)
PRESBYTERIAN TURQUOISE CARE | ACTIVE | Attn: WEISS,DAVID W MD
PCC Visit Data | Pg-5A (Diagnosis)
Prim Visit: 06/04/2024@08:34 Count: 1 | 1) well child |
Srv Cat: A Hsp Loc: WEISS | 2) Down syndrome
Last Visit: 02/26/2024@12:00 Loc: AH | 3) Dysmenorrhea
Srv Cat: A Cl:39 Hsp Loc: PHARMACY | Pg-8 (CPT Procedures)
| 1) ADMN SARSCOV2 VACC 1 DOSE
| 2) SARSCV2 VAC 30MCG TRS-SUC IM
| *** additional procedures exist ***
WARNING:250 - DOS after ICD Indicator Date
-----
Desired ACTION (View/Appr/Pend/Next/Jump/Quit): N// █

```

Go back to TPB Main Menu and choose MGTP – Claim/Bill Management Menu...

```
+-----+-----+-----+-----+-----+-----+-----+-----+-----+-----+
|                THIRD PARTY BILLING SYSTEM - VER 2.6p37                |
|                               Main Menu                               |
|                ALBUQUERQUE INDIAN HEALTH CTR                        |
+-----+-----+-----+-----+-----+-----+-----+-----+-----+-----+
User: NELSON,CHARLENE L                                           9-JUL-2024 8:06 AM

EDTP  Add/Edit Claim Menu ...
MGTP  Claim/Bill Management Menu ...
RPTP  Reports Menu ...
P RTP  Print Bills Menu ...
PPTP  Payment Posting
EMTP  Electronic Media Claims ...
SSTP  Set Site
-----
UCSH  Cashiering options ...

select Third Party Billing system option:
```

Then choose SCMG – Split Claim

```
+-----+
|          THIRD PARTY BILLING SYSTEM - VER 2.6p37          |
|          Claim/Bill Management Menu                       |
|          ALBUQUERQUE INDIAN HEALTH CTR                   |
+-----+
User: NELSON,CHARLENE L                                9-JUL-2024 8:07 AM

CLMG  Cancel Claim
BIMG  Cancel an Approved Bill
IQMG  Inquire about an Approved Bill
MRMG  Merge Claims
ADMG  Add a new BILL that was Manually submitted
ADPS  Add a COB Pharmacy POS bill manually
EXMG  Export Inpatient Bill to Excel
OCMG  Open/Close Claim
RCCP  Recreate claim from PCC data
SCMG  split claim
BLRX  Pharmacy POS 3P Bill Cleanup

Select Claim/Bill Management Menu option: SCMG
```

In SCMG – Split Claim mode, enter the claim number that needs splitting.

```
+++++  
|          THIRD PARTY BILLING SYSTEM - VER 2.6p37          |  
+                Split Claim                               +  
|          ALBUQUERQUE INDIAN HEALTH CTR                    |  
+++++  
User: NELSON,CHARLENE L                                9-JUL-2024 8:09 AM  
  
select CLAIM or PATIENT: 123456789
```


Once the claim number is entered, proceed to answer the question “You are about to split a claim. Are you sure??” and answer “Y” for Yes.

```
+++++
|          THIRD PARTY BILLING SYSTEM - VER 2.6p37          |
+          Split Claim                                     +
|          ALBUQUERQUE INDIAN HEALTH CTR                   |
+++++
User: NELSON,CHARLENE L                                9-JUL-2024 8:09 AM

Select CLAIM or PATIENT:   06/04/2024 ALBQ INDIAN
HC
Correct claim? YES//

You are about to split a claim. Are you sure?? NO// Y
```

Proceed to Split the claim by Selecting the following: 8Z ALL. This ensures all PCC information is duplicated in the original claim.

```
+++++
User: NELSON,CHARLENE L                      9-JUL-2024 8:25 AM
Select CLAIM or PATIENT: ██████████
HC ██████████ 06/04/2024 ALBQ INDIAN
Correct claim? YES// YES

You are about to split a claim. Are you sure?? NO// YES

select one of the following:

      8A      MEDICAL
      8B      SURGICAL
      8C      REVENUE CODE
      8D      RX
      8E      LAB
      8F      RADIOLOGY
      8G      ANESTHESIA
      8H      HCPCS
      8I      INPATIENT DENTAL
      8J      CHARGE MASTER
      8Z      ALL

Move which section(s)? : 8Z
```

Once claim is Split, a new Claim # is created.
Document this new Claim # and open in Claim Editor by going back to Main Menu.

```
      8Z      ALL
Move which section(s)? : 8Z  ALL
selected: 8Z
      select one of the following:
      8A      MEDICAL
      8B      SURGICAL
      8C      REVENUE CODE
      8D      RX
      8E      LAB
      8F      RADIOLOGY
      8G      ANESTHESIA
      8H      HCPCS
      8I      INPATIENT DENTAL
      8J      CHARGE MASTER
      8Z      ALL
Move which section(s)? :
Claim #  created.
Enter RETURN to continue or '^' to exit:
```

```

+-----+
|          THIRD PARTY BILLING SYSTEM - VER 2.6p37          |
|                   Main Menu                               |
|          ALBUQUERQUE INDIAN HEALTH CTR                   |
+-----+
User: NELSON,CHARLENE L                               9-JUL-2024 8:06 AM

```

```

EDTP  Add/Edit Claim Menu ...
MGTP  Claim/Bill Management Menu ...
RPTP  Reports Menu ...
P RTP  Print Bills Menu ...
PPTP  Payment Posting
EMTP  Electronic Media Claims ...
SSTP  set site
-----
UCSH  Cashiering Options ...

```

Select Third Party Billing System Option:

```

+-----+
|          THIRD PARTY BILLING SYSTEM - VER 2.6p37          |
|                   Add/Edit Claim Menu                     |
|          ALBUQUERQUE INDIAN HEALTH CTR                   |
+-----+
User: NELSON,CHARLENE L                               9-JUL-2024 8:36 AM

```

```

CG1P  Claim Generator, One Patient
EDCL  Edit Claim Data
LOOP  Claim Editor Loop
NEW   Add New Claim (Manual Entry)
RBCL  Rebuild Items from PCC
CKCL  Check Eligibility for a visit

```

Select Add/Edit Claim Menu option: EDCL

- In TPB Main Menu choose EDTP – Add/Edit Claim Menu... This will open page 8A and allow to review CPT Codes on page.
- Then choose EDCL – Edit Claim Data

Query your provider(s) if you need further assistance or questions.



```

+-----+
|          THIRD PARTY BILLING SYSTEM - VER 2.6p37          |
|          Edit Claim Data                                  |
|          ALBUQUERQUE INDIAN HEALTH CTR                   |
+-----+
User: NELSON,CHARLENE L                                9-JUL-2024 8:38 AM

select CLAIM or PATIENT: [REDACTED]
                                [REDACTED] 06/04/2024 ALBQ INDIAN
HC
Correct Claim? YES// █

```

- Enter the saved split Claim number and proceed to edit claim for Well Child Check, only.
- Once the new Claim number is entered in EDCL, on PAGE 0 of the split claim, you will notice in the upper right hand corner "SPLT Claim: 123456789"

```

~~~~~ PAGE 0 ~~~~~
Patient: [REDACTED] [HRN: [REDACTED]] SPLT claim: [REDACTED]
..... (CLAIM SUMMARY) .....
Pg-1 (Claim Identifiers) | Pg-3 (Questions)
Location.: ALBQ INDIAN HC | Release Info: YES Assign Benef: YES
Clinic....: GENERAL
Visit Type: MULTIPLE VISITS
Bill From: 06-04-2024 Thru: 06-04-2024
Pg-2 (Billing Entity) | Pg-4 (Providers)
PRESBYTERIAN TURQUOISE CARE ACTIVE | Attn: WEISS,DAVID W MD
PCC Visit Data | Pg-5A (Diagnosis)
Prim Visit: 06/04/2024@08:34 Count: 1 | 1) well child |
Srv Cat: A Hsp Loc: WEISS | 2) Down syndrome
Last Visit: 02/26/2024@12:00 Loc: AH | 3) Dysmenorrhea
Srv Cat: A Cl:39 Hsp Loc: PHARMACY | Pg-8 (CPT Procedures)
| 1) ADMN SARSCOV2 VACC 1 DOSE
| 2) SARSCV2 VAC 30MCG TRS-SUC IM
| *** additional procedures exist ***
WARNING:213 - PHARMACY DATA EXISTS IN PCC THAT IS NOT ON CLAIM
WARNING:250 - DOS after ICD Indicator Date
-----
*** Claim File ERRORS exist use the VIEW command to list them. ***
Desired ACTION (View/Appr/Pend/Next/Jump/Quit): N// █

```

Query your provider(s) if you need further assistance or questions.



Patient: [REDACTED] [HRN: [REDACTED]] Claim: [REDACTED]
..... (DIAGNOSIS)

ICD Indicator for PRESBYTERIAN TURQUOISE CARE : ICD-10

BIL SEQ	ICD CODE	IND	Dx DESCRIPTION	PROVIDER'S NARRATIVE
1	Z00.121	10	ENCOUNTER FOR ROUTINE CHILD HEALTH EXAMINATION WITH ABNORMAL FINDINGS	well child
2	Q90.9	10	DOWN SYNDROME, UNSPECIFIED	Down syndrome
3	N94.6	10	DYSMENORRHEA, UNSPECIFIED	Dysmenorrhea
4	Z23.	10	ENCOUNTER FOR IMMUNIZATION	Administration of SARS-CoV-2 DNA plasmid encoding spike protein vaccine

Desired ACTION (Add/Del/Edit/Seq/View/Next/Rfsh/Ind/Jump/Back/Quit): N//

- On page 5A, Edit the split claim to reflect a Well Child visit, only.
- In doing so, you will remove all other diagnosis codes and leave the Well Child diagnosis code: Z00.121
- "Del" or Delete Diagnosis Codes #2 - #4.

Query your provider(s) if you need further assistance or questions.



[5] CHARGE DATE: 06/04/2024@08:34
 0510 99394 PERIODIC COMPREHENSIVE PREVENTIVE 185.00 1 185.00
 MEDICINE REEVALUATION AND
 MANAGEMENT OF AN INDIVIDUAL
 INCLUDING AN AGE AND GENDER
 APPROPRIATE HISTORY, EXAMINATION,
 COUNSELING/ANTICIPATORY GUIDANCE
 RISK FACTOR REDUCTION
 INTERVENTIONS, AND THE ORDERING
 OF LABORATORY/DIAG

Enter RETURN to continue or '^' to exit:

REVN CODE	CPT - MEDICAL SERVICES	UNIT CHARGE	QTY	TOTAL CHARGE
[6]	CHARGE DATE: 06/04/2024@08:34 0510 99213-25 OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND LOW LEVEL OF MEDICAL DECISION MAKING. WHEN USING TOTAL TIME ON THE DATE OF THE ENCOUNTER FO	179.00	1	179.00
				=====
				\$857.00

- Then, go to page 8A, remove all CPT codes other than CPT code for Well Child Check or CPT 99394
- In the following pages 8A thru 8J, DELETE all CPT/HCPC codes.
- Overall, you want to reflect a UB-04 claim for a Well Child Check only.
- Once claim is edited for this specific visit, then go back to PAGE 0.

Query your provider(s) if you need further assistance or questions.



```

~~~~~ PAGE 0 ~~~~~
Patient: [REDACTED] [HRN: [REDACTED]] SPLT claim: [REDACTED]
..... (CLAIM SUMMARY) .....
Pg-1 (Claim Identifiers) | Pg-3 (Questions)
Location.: ALBQ INDIAN HC | Release Info: YES Assign Benef: YES
Clinic....: GENERAL
Visit Type: MULTIPLE VISITS
Bill From: 06-04-2024 Thru: 06-04-2024
Pg-2 (Billing Entity) | Pg-4 (Providers)
PRESBYTERIAN TURQUOISE CARE | ACTIVE | Attn: WEISS,DAVID W MD
PCC Visit Data | Pg-5A (Diagnosis)
Prim Visit: 06/04/2024@08:34 Count: 1 | 1) well child |
Srv Cat: A Hsp Loc: WEISS | Pg-8 (CPT Procedures)
Last Visit: 02/26/2024@12:00 Loc: AH | 1) PREV VISIT EST AGE 12-17
Srv Cat: A Cl:39 Hsp Loc: PHARMACY
WARNING:250 - DOS after ICD Indicator Date
-----
Desired ACTION (View/Appr/Pend/Next/Jump/Quit): N// █

```

- Notice on PAGE 0, the “Pg-5A (Diagnosis)” field displays only the “Well Child” diagnosis code.
- In addition, the “Pg-8 (CPT Procedures)” field displays only the “PREV VISIT EST AGE 12-17”.
- These two fields confirm that you have edited the split claim for a Well Child Check claim, only.
- Then on PAGE 1, proceed to change #2 Visit Type from “MULTIPLE VISITS” to “OUTPATIENT.”
- This will change your claim from an itemized claim to a flat rate claim: changed from CMS-1500 claim to a UB-04 claim.

```

~~~~~ PAGE 1 ~~~~~
Patient: [REDACTED] [HRN: [REDACTED]] SPLT claim: [REDACTED]
..... (CLAIM IDENTIFIERS) .....
[1] Clinic.....: GENERAL
[2] Visit Type.....: MULTIPLE VISITS
[3] Bill Type.....: 131
[4] Billing From Date..: 06/04/2024
[5] Billing Thru Date..: 06/04/2024
[6] Super Bill #.....:
[7] Mode of Export.....: 837I (UB) 5010
[8] Visit Location.....: ALBUQUERQUE INDIAN HEALTH CTR
Desired ACTION (Edit/View/Next/Jump/Back/Quit): N//

```

Query your provider(s) if you need further assistance or questions.




~~~~~ PAGE 0 ~~~~~

Patient: [REDACTED] [HRN: [REDACTED]] SPLT claim: [REDACTED]

..... (CLAIM SUMMARY) .....

Pg-1 (Claim Identifiers) | Pg-3 (Questions)

Location.: ALBQ INDIAN HC | Release Info: YES Assign Benef: YES

Clinic....: GENERAL

Visit Type: OUTPATIENT

Bill From: 06-04-2024 Thru: 06-04-2024

Pg-2 (Billing Entity) | Pg-4 (Providers)

PRESBYTERIAN TURQUOISE CARE ACTIVE | Attn: WEISS, DAVID W MD

PCC Visit Data | Pg-5A (Diagnosis)

Prim Visit: 06/04/2024@08:34 Count: 1 | 1) well child |

Srv Cat: A Hsp Loc: WEISS

Last Visit: 02/26/2024@12:00 Loc: AH

Srv Cat: A Cl:39 Hsp Loc: PHARMACY

Pg-5B (ICD Procedures)

-----

WARNING:250 - DOS after ICD Indicator Date

-----

Desired ACTION (View/Appr/Pend/Next/Jump/Quit): N//

- When Visit Type is updated from “MULTIPLE VISITS” to “OUTPATIENT” and the split claim is updated from CMS-1500 claim to a UB-04 claim, you will notice on PAGE 0 of the newly edited split claim, you will only see “Well Child” under the Diagnosis field and no procedures in the “Pg-5B (ICD Procedures)” field.
- Proceed to edit the split claim like a regular UB-04 claim and approve.

\*\*\*\*\* 837I (UB) 5010 CHARGE SUMMARY \*\*\*\*\*

Active Insurer: PRESBYTERIAN TURQUOISE CARE

| Description  | Revn Code   | Units | Total Charges | Non-cvd Charges |
|--------------|-------------|-------|---------------|-----------------|
| OFFICE VISIT | 719.00 0519 | 1     | 719.00        | 0.00            |
| TOTAL CHARGE | 0001        |       | 719.00        |                 |

Query your provider(s) if you need further assistance or questions.



SUMMARY

Active Insurer: PRESBYTERIAN TURQUOISE CARE

| Form           | Charges | Previous Payments | Write-offs | Non-cvd | Bill Amount |
|----------------|---------|-------------------|------------|---------|-------------|
| 837I (UB) 5010 | 719.00  | 0.00              | 0.00       | 0.00    | 719.00      |
|                | 719.00  | 0.00              | 0.00       | 0.00    | 719.00      |

Do You Wish to APPROVE this Claim for Billing? Y

- When Visit Type is updated from “MULTIPLE VISITS” to “OUTPATIENT” and the split claim is updated from CMS-1500 claim to a UB-04 claim, you will notice on PAGE 0 of the newly edited split claim, you will only see “Well Child” under the Diagnosis field and no procedures in the “Pg-5B (ICD Procedures)” field.
- Proceed to edit the split claim like a regular UB-04 claim and approve.
- Meanwhile, do not forget to bill the original claim for the “incident-to” diagnosis codes.

SUMMARY

Active Insurer: PRESBYTERIAN TURQUOISE CARE

| Form           | Charges | Previous Payments | Write-offs | Non-cvd | Bill Amount |
|----------------|---------|-------------------|------------|---------|-------------|
| 837I (UB) 5010 | 719.00  | 0.00              | 0.00       | 0.00    | 719.00      |
|                | 719.00  | 0.00              | 0.00       | 0.00    | 719.00      |

Do You Wish to APPROVE this Claim for Billing? YES

Transferring Data....

Bill Number [redacted] Created. (Export Mode: 837I (UB) 5010)

Query your provider(s) if you need further assistance or questions.



PATIENT: [REDACTED] [REDACTED] \*\*\*-\*\*- [REDACTED] HRN: [REDACTED]

- (1) Claim# [REDACTED] 06/04/2024 OUTPATIENT GENERAL  
ALBQ INDIAN HC PRESBYTERIAN TURQUOISE CARE Status: Uneditable (Billed)
- (2) Claim# [REDACTED] 06/04/2024 MULTIPLE VISITS GENERAL  
ALBQ INDIAN HC PRESBYTERIAN TURQUOISE CARE Status: In EDIT Mode
- (3) Claim# [REDACTED] 10/20/2023 OUTPATIENT RADIOLOGY  
ALBQ INDIAN HC PRESBYTERIAN TURQUOISE CARE Status: Claim Completed
- (4) Claim# [REDACTED] 10/20/2023 OUTPATIENT LABORATORY SERVICES  
ALBQ INDIAN HC PRESBYTERIAN TURQUOISE CARE Status: Claim Completed
- (5) Claim# [REDACTED] 10/20/2023 OUTPATIENT PODIATRY  
ALBQ INDIAN HC PRESBYTERIAN TURQUOISE CARE Status: Claim Completed

- Go back to "Add/Edit Claim Menu" and choose EDCL – Edit Claim Data.
- Enter the chart number and the following screen to the left will display. In this case, the original claim is #2.
- Then EDIT all pages of this claim, by deleting the Well Child Diagnosis code and removing the 99394 CPT Code on PAGE 8A.
- You will proceed to edit the original claim to a Clinic Type of "PEDIATRIC" and a Visit Type of "OUTPATIENT."

- Notice on PAGE 0 of the original claim, the "Pg-5A (Diagnosis)" field displays only the "incident-to" diagnosis code.
- In addition, the "Pg-5B (ICD Procedures)" is blank.
- These two fields confirm that you have edited the original claim for an "incident-to" only.

```
~~~~~ PAGE 0 ~~~~~
Patient: [REDACTED] [HRN: [REDACTED]] Claim: [REDACTED]
..... (CLAIM SUMMARY)
Pg-1 (Claim Identifiers) | Pg-3 (Questions)
Location..: ALBQ INDIAN HC | Release Info: YES Assign Benef: YES
Clinic....: PEDIATRIC
Visit Type: OUTPATIENT
Bill From: 06-04-2024 Thru: 06-04-2024
Pg-2 (Billing Entity) | Pg-4 (Providers)
PRESBYTERIAN TURQUOISE CARE | ACTIVE | Attn: WEISS,DAVID W MD
PCC Visit Data | Pg-5A (Diagnosis)
Prim Visit: 06/04/2024@08:34 Count: 1 | 1) Down syndrome
Srv Cat: A Hsp Loc: WEISS | 2) Dysmenorrhea
Last Visit: 02/26/2024@12:00 Loc: AH | 3) Administration of SARS-CoV-2 DNA p
Srv Cat: A Cl:39 Hsp Loc: PHARMACY | Pg-5B (ICD Procedures)
WARNING:250 - DOS after ICD Indicator Date
Desired ACTION (View/Appr/Pend/Next/Jump/Quit): N//
```



# Reference:

AHCCCS

<https://www.azahcccs.gov/Resources/Downloads/DFSMTraining/2017/OnLineClaimsSubmission.pdf>

Utah Medicaid

[https://hhs-dmhf-prism-training.s3.amazonaws.com/C3/CE/PRISM\\_CE\\_TS\\_03\\_01UTA\\_Web/story.html](https://hhs-dmhf-prism-training.s3.amazonaws.com/C3/CE/PRISM_CE_TS_03_01UTA_Web/story.html)

[https://hhs-dmhf-prism-training.s3.amazonaws.com/C3/CE/PRISM\\_CE\\_TS\\_03\\_02UTA\\_Web/story.html](https://hhs-dmhf-prism-training.s3.amazonaws.com/C3/CE/PRISM_CE_TS_03_02UTA_Web/story.html)

New Mexico Medicaid

<https://nmmedicaid.portal.conduent.com/static/ProviderInformation.htm#TrainingPresentations>

<https://nmmedicaid.portal.conduent.com/static/ProviderInformation.htm#TrainingPresentations>



Sherrette A. Funn,  
Paperwork Reduction Act Reports Clearance  
Officer, Office of the Secretary.  
[FR Doc. 2023-27868 Filed 12-18-23; 8:45 am]  
BILLING CODE 4150-45-P

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Indian Health Service**

RIN 0917-AA23

**Reimbursement Rates for Calendar Year 2024**

**AGENCY:** Indian Health Service, HHS.  
**ACTION:** Notice.

**SUMMARY:** Notice is provided that the Director of the Indian Health Service (IHS) has approved the rates for inpatient and outpatient medical care provided by the IHS facilities for Calendar Year 2024.

**SUPPLEMENTARY INFORMATION:**

**Background**

The Director of the Indian Health Service (IHS), under the authority of sections 321(a) and 322(b) of the Public Health Service Act (42 U.S.C. 248 and 249(b)), Public Law 83-568 (42 U.S.C. 2001(a)), and the Indian Health Care Improvement Act (25 U.S.C. 1601 et seq.), has approved the following rates for inpatient and outpatient medical care provided by IHS facilities for Calendar Year 2024 for Medicare and Medicaid beneficiaries, beneficiaries of other federal programs, and for recoveries under the Federal Medical Care Recovery Act (42 U.S.C. 2651-2653). The inpatient rates for Medicare Part A are excluded from the table below. That is because Medicare inpatient payments for IHS hospital facilities are made based on the prospective payment system, or (when IHS facilities are designated as Medicare Critical Access Hospitals) on a reasonable cost basis. Since the inpatient per diem rates set forth below do not include all physician services and practitioner services, additional payment shall be available to the extent that those services are provided.

**Inpatient Hospital Per Diem Rate (Excludes Physician/Practitioner Services)**

Calendar Year 2024

Lower 48 States: \$5,083.  
Alaska: \$4,326.

**Outpatient per Visit Rate (Excluding Medicare)**

Calendar Year 2024

Lower 48 States: \$719.  
Alaska: \$1,060.

**Outpatient per Visit Rate (Medicare)**

Calendar Year 2024

Lower 48 States: \$667.  
Alaska: \$961.

**Medicare Part B Inpatient Ancillary Per Diem Rate**

Calendar Year 2024

Lower 48 States: \$963.  
Alaska: \$1,341.

**Outpatient Surgery Rate (Medicare)**

Established Medicare rates for freestanding Ambulatory Surgery Centers.

**Effective Date for Calendar Year 2024 Rates**

Consistent with previous annual rate revisions, the Calendar Year 2024 rates will be effective for services provided on or after January 1, 2024, to the extent consistent with payment authorities, including the applicable Medicaid State plan.

**Roselyn Tso,**

Director, Indian Health Service.

[FR Doc. 2023-27815 Filed 12-18-23; 8:45 am]

BILLING CODE 4168-14-P

**DEPARTMENT OF HOMELAND SECURITY**

**Coast Guard**

[Docket Number: USCG-2023-0922]

**Designation of the New England Commission of Higher Education as a Designated Entity and Appointment of Dr. Amy Donahue as a Member of the Commission**

**AGENCY:** Coast Guard, Department of Homeland Security (DHS).

**ACTION:** Notice.

**SUMMARY:** The Coast Guard announces the designation of the New England Commission of Higher Education (NECHE) as a designated non-federal entity for the purposes of participation in its management by an authorized Coast Guard employee. Dr. Amy Donahue, the Provost of the Coast Guard Academy, has been authorized to serve as a member of NECHE to provide oversight of, advice to, and coordination with, NECHE. Dr. Donahue will not participate in the day-to-day operations of NECHE.

**DATES:** The designation and authorization are effective on November 21, 2023.

**ADDRESSES:** To view documents mentioned in this preamble as being available in the docket, go to <https://www.regulations.gov>, type USCG-2023-0922 in the search box and click "Search." Next, in the Document Type column, select "Supporting & Related Material."

**FOR FURTHER INFORMATION CONTACT:** If you have questions on this notice, call or email Commander Jeffrey G. Janaro, Coast Guard Academy, telephone 860-444-8255, email [jeff.g.janaro@uscg.mil](mailto:jeff.g.janaro@uscg.mil).  
**SUPPLEMENTARY INFORMATION:** The Coast Guard announces the designation of the New England Commission of Higher Education (NECHE) as a "designated entity" under 10 U.S.C. 1589 and 1033. The Coast Guard also announces the participation of the Coast Guard Academy Provost Dr. Amy Donahue in the management of the entity as a Commissioner. Sections 1589 and 1033 allow the Secretary of the Department of Homeland Security to specify certain non-federal entities as "designated entities" in which a member of the armed forces or a civilian employee may be authorized to participate in a specific capacity. The Secretary delegated this authority to the Commandant of the Coast Guard through the Department of Homeland Security Delegation No. 00170.1, Revision No. 01.3 (paragraph II.14).

A "designated entity" must meet the requirements of 10 U.S.C. 1033. In relevant part, section 1033 requires an entity to be a non-profit organization and perform one of the statutorily enumerated functions, including accreditation of service academies and other schools of the armed forces. NECHE is a voluntary non-government association that provides accreditation to the U.S. Coast Guard Academy. Therefore, NECHE is an entity that may be designated under 10 U.S.C. 1033 and, in turn, 10 U.S.C. 1589.

Section 1589 also allows the Secretary concerned to authorize an employee, including a civilian officer, to participate, without compensation, in the management of a designated entity for the purposes of oversight, advice to, and coordination with that designated entity. An employee's participation may not extend to the day to day operations of the entity. The Coast Guard Academy announces the authorization of Dr. Amy Donahue, the Provost of the Coast Guard Academy, to participate in the management of NECHE within limits of 10 U.S.C. 1033 and 10 U.S.C. 1589. Specifically, and in

# CY 2024 IHS AIR or OMB Reference:

OMB rate means the Medicaid reimbursement rate negotiated between CMS and IHS. Inpatient and outpatient Medicaid reimbursement rates for I/T/Us are published annually in the Federal Register or Federal Register Notices. The outpatient rate is also known as the I/T/U encounter rate or the All Inclusive Rate (AIR).



