MEDICAID AND TARGET POPULATION SERVICE REQUIREMENT

Reporting Period
Provide data for the 12 months immediately preceding the due date. Indicate the exact start and end dates of this period. If the reporting period is different than the immediate 12 months, provide the date range of the data and include an explanation for why that date range was used. All responses must be based on actual data.

Scope of Activity Reported
Submit data that represents the entire facility. For example, if the organization includes a Critical Access Hospital and two Rural Health Clinics, their data may be combined into one dataset. Only include services delivered under the direction and control of the applicant/provider facility, and only for patients served by that facility.

Who Submits the Data
This form must be completed by the individual designated as the employment verification contact person for the awardee under Initiative 3.1 of the Nebraska Department of Health and Human Services Rural Health Transformation Program. Data will be requested annually by email in May or June for each contract year. Failure to return complete and timely data may result in delayed provider payments.

Detailed Table Instructions

To show that the Medicaid and target population service requirement has been met, facilities must provide data in the table below. Facilities can provide the number of patients who use Medicaid, other public or private funds as defined below, a sliding fee scale, and self-pay; or offer the number of visits or claims that fall into those categories. Both the number and percentage columns must be filled out for whichever category is used. Facilities may have definitions other than "patients", such as pharmacies or schools. If the facility finds their reporting data doesn't fit the table below, please reach out to DHHS at dhhs.ruralhealth@nebraska.gov.

All rows should be filled out so that the overall total of patients/visits/claims is known, and the percentage of target population served can be verified.

Primary Insurance	Number of Patients	Percentage (Patients)	Number of Patient Visits	Percentage (Visits)	Number of Patient claims	Percentage (claims)
1) Medicare						
2) Medicaid						
3) Other Public or Private funds*						
4) Private Insurance						
5) Sliding Fee Schedule (SFS)						
6) Self-Pay (No Insurance and not on SFS)						
Total						

*"Other Public or Private funds" is defined as uninsured patients whose services are covered by categorical grant funds, indigent care programs, or state/local charity care funds.