Table 165-0100-1

Incentive Payment Schedule for an Eligible Hospital

Actual Payment Year*	Year 1	Year 2	Year 3	Total		
Payment amount	50% of Aggregate EHR Amount	40% of Aggregate EHR Amount	10% of Aggregate EHR Amount	100% of Aggregate EHR Amount		
*Hospital shall meet eligibility criteria and participation requirements for each payment year.						

Table 165-0100-2

Initial Amount for an Eligible Hospital (calculated for each theoretical payment year)

	Hospitals with ≤ 1,149 discharges during the payment year	Hospitals with ≥ 1,150 ≤ 23,000 discharges during the payment year	Hospitals with ≥ 23,001 discharges during the payment year	
Base Amount	\$2,000,000	\$2,000,000	\$2,000,000	
Discharge- Related Amount*	\$O	\$200 x (n – 1,149) (n is the number of discharges during the payment year)	\$200 x (23,001 – 1,149)	
*Adjusted by average annual rate of growth	Average of most recent three years annual rate of growth in total discharges			
Total Initial Amount	\$2,000,000	Between \$2,000,000 and \$6,370,400 depending on the number of discharges	Limited by law to \$6,370,400	

Table 165-0100-3

Eligible Hospital Payment Calculation

Theoretical Year:	Year 1	Year 2	Year 3	Year 4			
Initial amount =	(a base amount of \$2,000,000) + (Year 1 discharge- related amount)	(a base amount of \$2,000,000) + (Year 1 discharge- related amount x average annual rate of growth)	(a base amount of \$2,000,000) + (Year 2 discharge- related amount x average annual rate of growth)	(a base amount of \$2,000,000) + (Year 3 discharge- related amount x average annual rate of growth)			
Medicare share =	1	1	1	1			
Transition factor =	1.00	0.75	0.50	0.25			
Total Yearly EHR amount:	(Initial amount) x (Medicare share) x (Transition factor)	(Initial amount) x (Medicare share) x (Transition factor)	(Initial amount) x (Medicare share) x (Transition factor)	(Initial amount) x (Medicare share) x (Transition factor)			
Overall EHR Amount =	Sum of the 4 Yearly EHR Amounts						
Multiply Overall EHR Amount by							
	(Estimated # of inpatient-bed days attributable to Medicaid, including: Fee-for-service, managed care, pre-paid inpatient health plan, or pre-paid ambulatory health plan)						
Medicaid share =	(Estimated total # of inpatient-be days for the	d e multiply	(Estimated total amount of the eligible hospital's charges during that period minus charity care)				
	eligible hospital during tha period)	by	(Estimated total amount of the eligible hospital's charges during that period including charity care)				
equals							
Aggregate EHR Amount (product of the Overall EHR Amount and Medicaid Share)							