

## Table 165-0100-1 Incentive Payment Schedule for a Hospital

<b>Table 165-0100-1</b>				
<b>Incentive Payment Schedule for a Hospital</b>				
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 must meet eligibility criteria and participation requirements for each payment year.				

**Table 165-0100-2 Initial Amount for an eligible hospital**

<b>Table 165-0100-2</b>			
<b>Initial Amount for an eligible hospital (calculated for each theoretical payment year)</b>			
	<b>Hospitals with ≤ 1,149 discharges during the payment year</b>	<b>Hospitals with ≥ 1,150 ≤ 23,000 discharges during the payment year</b>	<b>Hospitals with ≥ 23,001 discharges during the payment year</b>
<b>Base Amount</b>	\$2,000,000	\$2,000,000	\$2,000,000
<b>Discharge-Related Amount*</b>	\$0	\$200 x (n – 1,149) (n is the number of discharges during the payment year)	\$200 x (23,001 – 1,149)
<b>*Adjusted by average annual rate of growth</b>	Average of most recent three years annual rate of growth in total discharges		
<b>Total Initial Amount</b>	\$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**

<b>Table 165-0100-3</b>				
<b>Eligible hospital payment calculation</b>				
<b>Theoretical Year:</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>
<b>Initial amount =</b>	(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)
<b>Medicare share =</b>	1	1	1	1
<b>Transition factor =</b>	1.00	0.75	0.50	0.25
<b>Total Yearly EHR amount:</b>	(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)
<b>Overall EHR Amount =</b>	<b>Sum of the 4 Yearly EHR Amounts</b>			

multiply **Overall EHR Amount** by

<b>Medicaid share =</b>	$\frac{\left[ \text{Estimated \# of inpatient-bed days attributable to Medicaid, including: fee-for-service, managed care, pre-paid inpatient health plan, or pre-paid ambulatory health plan} \right]}{\left[ \text{Estimated total \# of inpatient-bed days for the eligible hospital during that period} \right]} \text{ multiply by } \frac{\left[ \text{Estimated total amount of the eligible hospital's charges during that period minus charity care} \right]}{\left[ \text{Estimated total amount of the eligible hospital's charges during that period including charity care} \right]}$
	<p>equals</p>

<b>Aggregate EHR Amount (product of the Overall EHR amount and Medicaid Share)</b>
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