INTRODUCTION

Each year of participation, a hospital must meet a specific patient volume threshold (*except for children's hospitals, which have no such requirement)* as follows:

For purposes of calculating patient volume, only Medicaid (Title XIX) encounters may be counted; CHIP (Title XXI), or encounters funded through other State Only programs, cannot be included. We realize hospitals may not always be able to distinguish between these different funding sources. To overcome this complication, the State is providing a "multiplier"—calculated from statewide data—that deducts an estimation of non-Medicaid encounters from the general "medical assistance" totals maintained by the hospital. For more information in this regard, please go to the EHR Hospital Application Worksheet on the website

WHAT IS AN ENCOUNTER?

Patient volume calculations depend upon the definition of "encounter." CMS defines an encounter as:

- **Inpatient discharges** (excluding newborns)
- **Emergency department encounters (one per day for multiple related visits).**

** include paid and non-paid encounters.

CALCULATING PATIENT VOLUME

- Identifying a continuous 90-day period in the preceding calendar year.

- **Calculate Total Encounters:** During the established date span total the number of inpatient discharges + the number of ER visits. (See CMS guidelines for encounter guidance.)

- **Calculate Total Medicaid Encounters**: During the established date span total the number of inpatient discharges + the number of ER visits where the patient was Medicaid eligible (paid and unpaid, managed care or Fee For Service).

- Divide the Medicaid Encounters by the Total Encounters to calculate the Patient Volume

For an acute care hospital to be eligible for an incentive payment under the Medicaid EHR Incentive Program, the result of this calculation must reach at least 10%, per federal requirements. Children's Hospitals do not have to meet this requirement in order to qualify.

Patient volume thresholds must be established each year of participation.

DOCUMENTATION

States must verify that the requirements for EHR Technology have been met each year and CMS suggests the submission of verifiable documentation to include 2 of these 3 items:

- Signed agreement with the vendor (usually first and signature page are sufficient)
- Invoice
- Proof of payment

You will also be asked to provide a copy of your **ONC Certification** and an **encounter report** (see White Paper on Encounter Reports/Summaries).

Retaining an Audit Trail
All patient volume data and calculations should be supported and fully documented, and for two reasons:

- FIRST, to identify the specific data sources accessed, and to record the processes by which patient volume was determined. Keeping track of the process and data sources will make the process easier next time, and will keep the calculations consistent year to year.
- SECOND, to be fully prepared for an audit of patient volume attestations.

Any further questions regarding AIU documentation or other issues concerning the HER Incentive Program in Washington State, please contact HealthIT@hca.wa.gov.

Name Change Disclaimer: CMS is renaming the EHR Incentive Programs to the Promoting Interoperability (PI) Programs. Washington does not plan on following the name change however, you will see reference to it in most of our documents. For more information please visit the CMS website.