ELIGIBLE HOSPITAL

PATIENT VOLUME TIPSHEET

Acute Care and Critical Access hospitals are required to meet 10% patient volume.

Children's Hospital are not required to meet patient volume.

Encounter - Service(s) rendered to a patient per inpatient discharge day, and services rendered to a patient in an emergency room on any one day regardless of payment liability. (I.E. paid, denied, non-covered, etc. For audit purposes, you must prove an encounter occurred.)

Medicaid Encounter - An encounter rendered to a patient enrolled in Medicaid.

- Medicaid encounters must be reported as billed or non-billed. Billed and non-billed encounters will be combined to obtain your total Medicaid encounters.

    - **Billed Encounters** - Encounters rendered to Medicaid patients that were billed to OHCA for reimbursement.

    - **Non-Billed Encounters** - Encounters rendered to a Medicaid patient that were not billed to OHCA for reimbursement.

To calculate patient volume, an EH must divide:

- Their total Medicaid encounters in any representative 90-day period in the preceding federal fiscal year or most recent 12 month period; by their total encounters in the same 90-day period.

    - The hospital may choose a 90 day period from either the previous federal fiscal year or from the most recent 12 months from the date of attestation.

Patient volume percentages between 9.5 and 9.99 will be rounded up to 10%.

A detailed patient volume report must be sent in at the time the attestation is submitted. The report should be formatted in Excel and emailed to EHRDocuments@okhca.org. If the document is not able to be saved in an Excel format or emailed, please be sure to have the data sorted by the patient's last name and date of service.

FOR ADDITIONAL INFORMATION PLEASE CONTACT THE EHR TEAM AT:

PHONE: (405) 522-7347

OR

EMAIL: okehrincentive@okhca.org