

# **Oregon Health Information Technology Environment Assessment, 2009**

## **Potential Medicare and Medicaid Incentive Payments Available to Oregon Physicians and Hospitals August 17, 2008**

The American Recovery and Reinvestment Act of 2009 (ARRA) establishes incentive payments through Medicare and Medicaid for the meaningful use of certified electronic health record (EHR) technology by “eligible professionals and hospitals”. The Congressional Budget Office (CBO) estimates outlays for the combined Medicare/Medicaid incentives to be \$34 billion over fiscal years 2009 through 2016.

### **Medicare Incentive Payments**

Physicians receiving Medicare incentive payments must demonstrate (through self-reporting or claims reporting) “meaningful EHR use” defined as: use of a certified EHR, including electronic prescribing, electronic exchange of health information to improve quality of health care such as promoting care coordination, and submission of clinical quality and other required measures.

Hospitals receiving Medicare payment must demonstrate “meaningful EHR use”: defined as: use of a certified EHR, electronic exchange of health information to improve quality of health care such as promoting care coordination, and submission of clinical quality and other required measures.

Key definitions, phasing and processes regarding certified EHRs, meaningful use, health information exchange and quality measures are still under development by the Federal Office of the National Coordinator (ONC) for Health Information Technology.

Medicare physician incentives payments provide up to \$44,000 per eligible physician over four years for demonstrated meaningful use beginning in 2011 or 2012. Payments are lower if meaningful use criteria are first demonstrated in 2013 or 2014.

Medicare hospital incentive payments are based on a formula that considers total hospital discharges, Medicare volume, charity care, and critical access hospital (CAH) status. Hospitals demonstrating meaningful use in 2011, 2012 or 2013 are eligible for the maximum payments spread over four years. Hospitals first demonstrating meaningful use in 2014, 2015 or 2016 receive reduced payments. Hospital incentive payments are not available after 2016. During the first year of demonstrated meaningful use, hospitals receive the full (100%) of the calculated incentive payment. Hospitals subsequently receive payments of 75%, 50% and 25% over the next three years respectively assuming they initially qualify in 2011, 2012 or 2013.

### **Medicaid Incentive Payments**

ARRA specifies parameters for Medicaid incentive payments but states have some latitude in structuring the incentive program to meet the special needs of their Medicaid populations as long as the program is consistent with Medicare incentive program. Medicaid incentive payments are available to physicians and other practitioners that meet the meaningful use of certified EHR criteria and related criteria, and serve sufficient proportion of volumes of Medicaid clients. These eligibility levels vary by the type of physician/provider practice setting as follows:

- Independent practice other than pediatrics: greater than 30% Medicaid population.
- Independent practice of pediatrics: greater than 20% Medicaid population.
- Fully qualified health center (FQHC) or rural health center (RHC): greater than 30% Medicaid population but uninsured and other “special needs” groups may also count to reach 30%.
- Hospital owned practice: greater than 10% Medicaid population.

### **Medicare or Medicaid Incentive Payments**

Providers that are eligible for both Medicare and Medicaid incentive payments must choose whether they wish to receive Medicare or Medicaid payments. Providers can not receive payments from both programs.

### **Oregon Physician Eligibility for Incentive Payments**

The 2009 Oregon Physicians Workforce Survey (PWS) included questions that can help estimate the likely numbers of Oregon physicians that may be eligible to receive Medicare or Medicaid incentive payments. Attachment A shows the number of PWS responses by specialty and practice setting as well as the percentage of those physicians that could be eligible to incentive payments from Medicare or Medicaid. Attachment A also shows the percentage of physicians that could qualify in either Medicare or Medicaid.

Attachment A shows that overall 74% of physicians in private clinics or offices could be eligible for either Medicare or Medicaid incentive payments assuming they utilize a certified EHR system and meet the meaningful use and other criteria. Correspondingly, 97% physicians in FQHCs or RHCs and 94% of physicians in hospital-based ambulatory care clinics could be eligible for incentive payments. **Caution: actual eligibility for incentive payments and the amounts of the payments is critically dependent on the adoption of certified EHR systems and satisfying meaningful use and other criteria. Additionally, providers may incur significant costs to adopt EHR systems and demonstrate meaningful use.** The 2009 Ambulatory EHR Inventory should provide additional information about the levels of EHR adoption when the results are available in September 2009.

### **Potential Medicare Incentives for Oregon Hospitals**

Assuming all Oregon hospitals demonstrated meaningful use and other criteria for the adoption and use of certified EHRs in 2011, 2012, or 2013, Oregon hospitals would collectively receive about \$95 million in first year Medicare payments. If first year

adoption and demonstrated meaningful use were spread over several years, the first year incentive payments would be distributed over several years as well. Assuming all Oregon hospitals meet the required qualifications for a full first year payment by 2013, Oregon hospitals would be entitled to receive about \$236 million over four years

Attachment B provides a summary of the maximum potential Medicare incentive payments for Oregon's fifty-eight hospitals. **Caution: actual eligibility for incentive payments and the amounts of the payments is critically dependent on the adoption of certified EHR systems and satisfying meaningful use and other criteria. Additionally, providers may incur significant costs to adopt EHR systems and demonstrate meaningful use.** The 2009 Hospital and Health System Health Information Technology Inventory should provide additional information about the levels of EHR adoption when the results are available in September 2009.

**Sources:**

- California HealthCare Foundation. An Unprecedented Opportunity: Using Federal Stimulus Funds to Advance Health IT in California, February 2009. Available at <http://www.chcf.org/topics/download.cfm?pg=chronicdisease&fn=AnUnprecedentedOpportunity%2Epdf&pid=511630&itemid=133864>.
- HIMSS. The American Recovery and Reinvestment Act of 2009: Summary of Key Health Information Technology Provisions. July 1, 2009. Available at [http://www.himss.org/content/files/HIMSS\\_SummaryOfARRA.pdf](http://www.himss.org/content/files/HIMSS_SummaryOfARRA.pdf).
- HIMSS. Electronic Prescribing Federal Incentive Programs – Ambulatory Practice Tip Sheet. Accessed at <http://www.himss.org> April 6, 2009.

	<b>Medicare</b> > 10% Medicare	<b>Medicare</b> > 10% Medicare	<b>Medicare</b> > 10% Medicare	<b>Medicaid</b> >30% Medicaid	<b>Medicaid</b> >20% Medicaid	<b>Medicaid</b> >30% Medicaid & Uninsured	<b>Medicaid</b> >10% Medicaid	<b>Either</b> Medicare or Medicaid	<b>Either</b> Medicare or Medicaid	<b>Either</b> Medicare or Medicaid
ARRA Definition	All ambulatory office or clinic settings	All ambulatory office or clinic settings	All ambulatory office or clinic settings	Independent practice other than pediatrics	Pediatrics	FQHC or RQHC	Hospital owned practices	Independent practices (ALL)	FQHC or RQHC	Hospital owned practices
Physician Workforce Survey definition	Private Clinic or Office	Community & Public Health Clinics	Hospital-based Ambulatory Care Clinics	Private Clinic or Office other than Pediatrics	Private Clinic or Office - Pediatrics	Community & Public Health Clinics	Hospital-based Ambulatory Care Clinics	Private Clinic or Office (ALL)	Community & Public Health Clinics	Hospital-based Ambulatory Care Clinics

**Estimated Maximum Percentage of Oregon Physicians Potentially Eligible for ARRA Incentive Payments**

Based on 2009 Oregon Physician Workforce Survey (PWS) responses providing financial sponsorship information.

Responses, % Meeting Criteria	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	
Family/General Medicine	324	79.3%	72	41.7%	45	91.1%	324	2.8%			72	98.6%	45	68.9%	324	80.2%	72	100.0%	45	100.0%	
Obstetrics and/or Gynecology	119	28.6%	5	20.0%	14	35.7%	119	19.3%			5	100.0%	14	78.6%	119	46.2%	5	100.0%	14	100.0%	
General Internal Medicine	170	87.6%	14	28.6%	31	96.8%	170	0.0%			14	71.4%	31	45.2%	170	87.6%	14	92.9%	31	96.8%	
General Pediatrics	112	1.8%	5	20.0%	4	25.0%	lower criteria=>	112	58.0%	5	80.0%	4	100.0%	112	59.8%	5	80.0%	4	100.0%		
General Surgery	53	96.2%			2	100.0%	53	1.9%			2	50.0%	53	96.2%			2	100.0%			
Internal Medicine Subspecialty	143	95.8%	3	33.3%	12	83.3%	143	2.1%			3	100.0%	12	41.7%	143	95.8%	3	100.0%	12	91.7%	
Pediatric Subspecialty	61	41.0%	1	0.0%	23	13.0%	lower criteria=>	61	32.8%	1	100.0%	23	91.3%	61	72.1%	1	100.0%	23	100.0%		
Surgical Subspecialty	24	75.0%			2	100.0%	24	4.2%			2	0.0%	24	79.2%			2	100.0%			
Anesthesiology	4	75.0%			5	80.0%	4	0.0%			5	20.0%	4	75.0%			5	80.0%			
Dermatology	27	92.6%			2	100.0%	27	0.0%			2	100.0%	27	92.6%			2	100.0%			
Emergency Medicine	2	50.0%			2	100.0%	2	0.0%			2	100.0%	2	50.0%			2	100.0%			
Neurological Surgery	11	90.9%					11	0.0%					11	90.9%							
Neurology	31	83.9%			1	100.0%	31	0.0%			1	0.0%	31	83.9%			1	100.0%			
Occupational/Environmntl Med	17	0.0%			4	0.0%	17	0.0%			4	0.0%	17	0.0%			4	0.0%			
Ophthalmology	74	97.3%			5	60.0%	74	1.4%			5	60.0%	74	97.3%			5	100.0%			
Orthopedics	72	83.3%			3	66.7%	72	1.4%			3	66.7%	72	84.7%			3	100.0%			
Otolaryngology	31	80.6%			4	100.0%	31	0.0%			4	75.0%	31	80.6%			4	100.0%			
Pathology	5	80.0%					5	0.0%					5	80.0%							
Physical Med & Rehabilitator	17	58.8%			2	100.0%	17	0.0%			2	50.0%	17	58.8%			2	100.0%			
Plastic Surgery	22	45.5%					22	0.0%					22	45.5%							
Preventive Medicine	2	0.0%					2	0.0%					2	0.0%							
Psychiatry	85	14.1%	26	46.2%	7	57.1%	85	2.4%			26	84.6%	7	0.0%	85	16.5%	26	92.3%	7	57.1%	
Radiology	12	83.3%			5	100.0%	12	0.0%			5	60.0%	12	83.3%			5	100.0%			
Urology	27	96.3%			1	0.0%	27	0.0%			1	0.0%	27	96.3%			1	0.0%			
Other	70	54.3%	4	25.0%	14	92.9%	70	1.4%			4	75.0%	14	21.4%	70	55.7%			14	92.9%	
<b>Overall</b>	<b>1,515</b>	<b>66.3%</b>	<b>130</b>	<b>38.5%</b>	<b>186</b>	<b>72.0%</b>	<b>1,342</b>	<b>3.1%</b>	<b>173</b>	<b>49.1%</b>	<b>130</b>	<b>91.5%</b>	<b>186</b>	<b>56.5%</b>	<b>1,515</b>	<b>73.8%</b>	<b>126</b>	<b>96.9%</b>	<b>186</b>	<b>93.5%</b>	

**2009 Oregon Physician Workforce Survey**

Total available survey responses						3,744
Clinical practice responses						3,269
Clinical - financial sponsorship response						2,636
Useable financial sponsorship response						2,425
Responses in the 3 settings covered by this analysis						1,831

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Potential Medicare Incentive Payments Available to Oregon Hospitals

Attachment B

Health Systems (bold), Hospitals	Hospital Type (1)	Location	Total Discharges 2008	Potential ARRA Medicare Incentive Payments with Meaningful Use in 2011, 2012, 2013 (\$ in thousands)				
				Year 1 (100%)	Year 2 (75%)	Year 3 (50%)	Year 4 (25%)	Total
<b>Providence Health System</b>								
		Portland						
Providence St Vincent Medical Ctr	DRG	Portland	30,762	2,674	2,006	1,337	669	6,686
Providence Portland Medical Ctr	DRG	Portland	22,812	3,146	2,360	1,573	787	7,866
Providence Medford Medical Center	DRG	Medford	6,148	1,975	1,481	988	494	4,938
Providence Milwaukie Hospital	DRG	Milwaukie	3,115	1,413	1,060	707	353	3,533
Providence Newberg Hospital	Type B	Newberg	2,095	1,111	833	556	278	2,778
Providence Hood River Memorial Hospital	Type B, CAH	Hood River	1,676	1,633	1,225	817	408	4,083
Providence Seaside Hospital	Type B, CAH	Seaside	1,144	973	730	487	243	2,433
Total - Providence Health System (2)			67,752	12,925	9,695	6,465	3,232	32,317
<b>Legacy Health System</b>								
		Portland						
Legacy Emanuel Hospital & Hlth Ctr	DRG	Portland	18,680	1,272	954	636	318	3,180
The Children's Hospital at Legacy Emanuel		Portland	included with Legacy Emanuel Hospital					
Legacy Good Samaritan Hosp & Med Ctr	DRG	Portland	12,906	2,275	1,706	1,138	569	5,688
Legacy Meridian Park Hospital	DRG	Tualatin	7,966	2,062	1,547	1,031	516	5,156
Legacy Mount Hood Medical Center	DRG	Gresham	5,753	1,471	1,103	736	368	3,678
Total - Legacy Health System			45,305	7,080	5,310	3,541	1,771	17,702
<b>PeaceHealth, Oregon &amp; Siuslaw Regions</b>								
		Eugene						
Sacred Heart Medical Ctr River Bend (3)(4)	DRG	Eugene	9,110	1,626	1,220	813	407	4,066
Sacred Heart Medical Ctr Univ Dist (3)(4)	DRG	Eugene	17,373	2,692	2,019	1,346	673	6,730
Peace Harbor Hospital	Type B, CAH	Florence	1,273	1,877	1,408	939	469	4,693
Cottage Grove Community Hospital	Type B, CAH	Cottage Grov	438	1,932	1,449	966	483	4,830
Total - PeaceHealth			28,194	8,127	6,096	4,064	2,032	20,319
<b>Oregon Health &amp; Science University</b>								
		Portland						
OHSU Hospital	DRG	Portland	28,327	1,676	1,257	838	419	4,190
Doernbecher Children's Hospital		Portland	d with OHSU Hospital					
Total - Oregon Health & Science University			28,327	1,676	1,257	838	419	4,190
<b>Asante Health System</b>								
		Medford						
Rogue Valley Medical Center	DRG	Medford	14,762	2,662	1,997	1,331	666	6,656
Three Rivers Comm Hospital	DRG, Type C	Grants Pass	7,398	2,195	1,646	1,098	549	5,488
Total - Asante Health System			22,160	4,857	3,643	2,429	1,215	12,144

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				Year 1 (100%)	Year 2 (75%)	Year 3 (50%)	Year 4 (25%)	Total
<b>Salem Health</b>								
Salem Hospital	DRG	Salem	20,561	3,024	2,268	1,512	756	7,560
West Valley Hospital	Type B, CAH	Dallas	116	1,797	1,348	899	449	4,493
Total - Salem Health			20,677	4,821	3,616	2,411	1,205	12,053
<b>Samaritan Health Services, Inc.</b>								
		Corvallis						
Good Samaritan Regional Medical Center	DRG	Corvallis	8,628	1,860	1,395	930	465	4,650
Samaritan Albany General Hospital	DRG	Albany	3,797	1,317	988	659	329	3,293
Samaritan Lebanon Community Hospital	Type B, CAH	Lebanon	1,905	1,770	1,328	885	443	4,426
Samaritan North Lincoln Hospital	Type B, CAH	Lincoln City	1,892	1,586	1,190	793	397	3,966
Samaritan Pacific Communities Hospital	Type B, CAH	Newport	1,258	1,545	1,159	773	386	3,863
Total - Samaritan Health Services, Inc.			17,480	8,078	6,060	4,040	2,020	20,198
<b>Cascade Healthcare Community</b>								
		Bend						
St Charles Medical Center - Bend	DRG	Bend	14,763	2,313	1,735	1,157	578	5,783
St Charles Medical Center - Redmond	Type B	Redmond	2,276	1,265	949	633	316	3,163
Mountain View Hospital	Type B, CAH	Madras	1,109	722	542	361	181	1,806
Pioneer Memorial Hospital (P)	Type B, CAH	Prineville	905	1,340	1,005	670	335	3,350
Total - Cascade Healthcare Community			19,053	5,640	4,231	2,821	1,410	14,102
<b>Kaiser Permanente Northwest</b>								
		Portland						
Kaiser Sunnyside Medical Center (5)	DRG	Clackamas	15,772	2,356	1,767	1,178	589	5,890
<b>Adventist Health Northwest</b>								
		Portland						
Adventist Medical Center	DRG	Portland	11,153	1,509	1,132	755	377	3,773
Tillamook County General Hospital	Type A, CAH	Tillamook	1,275	1,938	1,454	969	485	4,846
Total - Adventist Health Northwest			12,428	3,447	2,586	1,724	862	8,619

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				Year 1 (100%)	Year 2 (75%)	Year 3 (50%)	Year 4 (25%)	Total
<b>Catholic Health Initiatives</b>								
Mercy Medical Center	DRG, Type C	Roseburg	8,909	2,324	1,743	1,162	581	5,810
Holy Rosary Medical Center	Type A	Ontario	2,909	1,467	1,100	734	367	3,668
St Anthony Hospital	Type A, CAH	Pendleton	1,786	1,612	1,209	806	403	4,030
St Elizabeth Health Services	Type A, CAH	Baker City	1,127	805	604	403	201	2,013
<b>Total - Catholic Health Initiatives</b>			<b>14,731</b>	<b>6,208</b>	<b>4,656</b>	<b>3,105</b>	<b>1,552</b>	<b>15,521</b>
<b>Other Hospitals</b>								
Bay Area Hospital	DRG	Coos Bay	7,609	2,067	1,550	1,034	517	5,168
McKenzie-Willamette Medical Center	DRG	Springfield	6,745	966	725	483	242	2,416
Sky Lakes (Merle West) Medical Center	DRG	Klamath Falls	6,241	1,764	1,323	882	441	4,410
Tuality Healthcare	DRG	Hillsboro	6,148	1,880	1,410	940	470	4,700
Willamette Falls Hospital (1)	DRG	Oregon City	5,517	1,214	911	607	304	3,036
Willamette Valley Med Ctr	DRG, Type C	McMinnville	4,378	1,625	1,219	813	406	4,063
Silverton Hospital	Type B	Silverton	3,667	426	320	213	107	1,066
Mid-Columbia Medical Center	Type B	The Dalles	2,393	1,193	895	597	298	2,983
Good Shepherd Medical Center	Type A, CAH	Hermiston	2,229	1,461	1,096	731	365	3,653
Columbia Memorial Hospital	Type B, CAH	Astoria	2,003	1,720	1,290	860	430	4,300
Grande Ronde Hospital	Type A, CAH	LaGrande	1,939	1,716	1,287	858	429	4,290
Ashland Community Hospital	Type B	Ashland	1,785	1,175	881	588	294	2,938
Santiam Memorial Hospital	Type B	Stayton	1,160	579	434	290	145	1,448
Coquille Valley Hospital	Type B, CAH	Coquille	747	1,579	1,184	790	395	3,948
Wallowa Memorial Hospital	Type A, CAH	Enterprise	733	573	430	287	143	1,433
Curry General Hospital	Type A, CAH	Gold Beach	689	1,743	1,307	872	436	4,358
Lower Umpqua Hospital	Type B, CAH	Reedsport	666	725	544	363	181	1,813
Lake District Hospital	Type A, CAH	Lakeview	664	799	599	400	200	1,998
Southern Coos Hospital & Health Center	Type B, CAH	Bandon	615	1,936	1,452	968	484	4,840
Harney District Hospital	Type A, CAH	Burns	594	1,506	1,130	753	377	3,766
Blue Mountain Hospital	Type A, CAH	John Day	381	535	401	268	134	1,338
Pioneer Memorial Hospital (H)	Type A, CAH	Heppner	101	1,975	1,481	988	494	4,938
<b>Total - 58 Oregon Hospitals</b>			<b>348,883</b>	<b>94,372</b>	<b>70,786</b>	<b>47,201</b>	<b>23,599</b>	<b>235,958</b>

Potential Medicare Incentive Payments Available to Oregon Hospitals

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				Potential ARRA Medicare Incentive Payments with Meaningful Use in 2011, 2012, 2013 (\$ in thousands)				
Health Systems (bold), Hospitals	Hospital Type (1)	Location	Total Discharges 2008	Year 1 (100%)	Year 2 (75%)	Year 3 (50%)	Year 4 (25%)	Total
<b>Footnotes</b>								
(1) Hospital Types								
DRG: DRGs, hospitals are reimbursed a flat weight based on a patient's diagnosis and treatment. DRG hospitals are generally located in urban areas and have more than 50 beds.								
The Office of Rural Health has defined a hospital as rural if it is at least 10 miles outside the center of a city of 40,000 or more population.								
Rural hospitals are classified as Types A, B, or C for Medicaid reimbursement purposes.								
Type A: Rural hospitals that have 50 beds or less and are greater than 30 miles from another acute inpatient facility are reimbursed at 100% of reasonable cost by Medicaid.								
Type B: Rural hospitals with 50 or fewer beds and located 30 miles or less from another acute inpatient care facility are reimbursed at 100% of cost by Medicaid.								
Type C: Rural hospitals with more than 50 beds, but are not a referral center. These hospitals are treated as DRG hospitals for Medicare and Medicaid reimbursements for services.								
CAH (Critical Access Hospital): CAHs are 25 or fewer beds and located 35 miles or more (15 miles for mountainous terrain or areas with only secondary roads) from another hospital or CAH.								
CAHs must meet a number of other criteria and requirements and be formally designated as a CAH. CAHs receive enhanced Medicare reimbursement at 101% of reasonable costs.								
Source: Oregon's Acute Care Hospitals Capacity, Utilization and Financial Trends, 2005 to 2007. Office for Oregon Health Policy and Research, April 2009, pp. 1-4.								
Available at <a href="http://oregon.gov/OHPPR/RSCH/docs/Hospital_Report/Hospital_Report_2009.pdf">http://oregon.gov/OHPPR/RSCH/docs/Hospital_Report/Hospital_Report_2009.pdf</a> .								
(2) Providence Health System and Willamette Falls Hospitals have signed an agreement whereby Willamette Falls Hospital will be a wholly owned subsidiary of Providence Health System.								
(3) Sacred Heart Med Cntr - River Bend opened in August 2008. Substantial services were transferred from Sacred Heart Med Cntr Univ Dist to SHMC-River Bend.								
(4) ARRA estimates for SHMC-RB and SHMC-US are made on an annualized basis. The combined ARRA payments are judged reasonable although the amounts for each hospital may differ.								
(5) Kaiser Sunnyside Med Cntr ARRA payments estimated assuming zero charity care given limitations in Kaiser DataBank information.								
<b>Recap by Hospital Type</b>								
DRG	23		284,648	45,214	33,914	22,611	11,307	113,046
DRG, Type C	3		20,685	6,144	4,608	3,073	1,536	15,361
Type A	1		2,909	1,467	1,100	734	367	3,668
Type A, CAH	11		11,518	14,663	10,998	7,335	3,667	36,663
Type B	6		13,376	5,749	4,312	2,877	1,438	14,376
Type B, CAH	14		15,747	21,135	15,854	10,571	5,284	52,844
Total	58		348,883	94,372	70,786	47,201	23,599	235,958
<b>Average per Hospital by Hospital Type</b>								
DRG	23		12,376	1,966	1,475	983	492	4,915
DRG, Type C	3		6,895	2,048	1,536	1,024	512	5,120
Type A	1		2,909	1,467	1,100	734	367	3,668
Type A, CAH	11		1,047	1,333	1,000	667	333	3,333
Type B	6		2,229	958	719	480	240	2,396
Type B, CAH	14		1,125	1,510	1,132	755	377	3,775
Total	58		6,015	1,627	1,220	814	407	4,068

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Health Systems (bold), Hospitals	Hospital Type (1)	Location	Total Discharges 2008	Year 1 (100%)	Year 2 (75%)	Year 3 (50%)	Year 4 (25%)	Total
<b>Totals by Hospital Types (double counts some hospitals)</b>								
DRG	26		305,333	51,358	38,522	25,684	12,843	128,407
Type A	12		14,427	16,130	12,098	8,069	4,034	40,331
Type B	20		29,123	26,884	20,166	13,448	6,722	67,220
Type C	3		20,685	6,144	4,608	3,073	1,536	15,361
CAH	25		27,265	35,798	26,852	17,906	8,951	89,507
<b>Average per Hospital by Hospital Types (double counts)</b>								
DRG	26		11,744	1,975	1,482	988	494	4,939
Type A	12		1,202	1,344	1,008	672	336	3,361
Type B	20		1,456	1,344	1,008	672	336	3,361
Type C	3		6,895	2,048	1,536	1,024	512	5,120
CAH	25		1,091	1,432	1,074	716	358	3,580
Analysis by Witter & Associates								
Questions and comments can be directed to <a href="mailto:witterdave@aol.com">witterdave@aol.com</a>								
Analysis based on 2008 calendar year DataBank files courtesy of the Oregon Association of Hospitals and Health Systems								