



Tribal Attestations

Patient Volume:

The Patient Volume is derived by dividing the Medicaid (Apple Health) encounters (excluding **CHIP and State Only Funded encounters) by the total encounters. It must be at least 30% (or 20% for pediatricians) in order to qualify. Medicaid encounters include FFS, Medicaid Managed Care (paid or non-paid). The only criteria are that the client must have an active Medicaid status at the time of service.

**A formula for removing the STATE FUNDED encounters is to multiply .95 by the Medicaid Total. This removes 5% (as a state average) of your Medicaid encounters as “state funded” unless you are able to remove those encounters with your EHR system.

FQHC/RHC Specific:

Tribes can choose to attest as a **FQHC** and have the option to include “medically needy” encounters, such as:

- CHIP encounters
- Charity Care
- Sliding Fee (according to income)

No-Cost and Sliding Fee Scale should be the result of a policy and signed agreement prior to the encounter. This does not include bad-debt write-offs or discounts when patients pay at the time of service.

Practicing Predominantly: If the Medically Needy Method is used, your EP must have Practiced Predominantly (over 50% of their time) in any FQHC/RHC (or Tribal Clinic) in a continuous 6 month period within the previous calendar year or previous 12-months. You will be asked for a signed letter attesting to this information.

Physician Assistants: Unlike other eligible license types, PAs can apply for an EHR incentive only if they are practicing at a PA-Lead FQHC, Tribal Clinic or RHC under any of the following circumstances:

- (1) When a PA is the primary provider in a clinic (for example, when there is a part-time physician and full-time PA, we would consider the PA as the primary provider);
- (2) When a PA is a clinical or medical director at a clinical site of practice; or
- (3) When a PA is an owner of an RHC.

If you have any questions, please contact us at healthit@hca.wa.gov