Deductions Calculator Guide

Axiom Rolling Forecasting
Version 2021.2

AXIOM

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Contents

Deductions Calculator overview

Why use the Deductions Calculator

The Axiom Rolling Forecasting Deductions Calculator enables you, the Axiom Rolling Forecasting administrator, to forecast reimbursement assumptions using the preferred Net Revenue approach. There are configurable options to include payor-level detail using Inpatient, Outpatient or Physician displays. Additionally, there are forecasting options for Administrative Adjustments, Bad Debt and Charity assumptions.

Overview of how the Deductions Calculator works

The Deductions Calculator uses a setup utility to assist with configuring default and exception-based options that control the content displayed in the calculator. The setup utility includes payor-level configuration as well as inpatient and outpatient selections.

Upon opening the Deductions Calculator, a Refresh Variables dialog prompts you to select the RFPlanGroup, RF Deductions Plan Group, and Scenario (within your security permissions). Based on your selections, the Associated Axiom Queries populate the calculator, after which you can begin editing as desired.

When you save your edits, the Deductions Calculator posts all identified content to two sets of tables. The RF_Deductions_20xx tables will contain manually entered data such as Patient Days by payor if not in your organization's history. These tables also save user elected changes such as drop-down selections or edits to blue cells.

The Deductions Calculator also saves the results of the deduction values to the RF_Forecast_20xx tables using the DType of "DeductionResult." This is the reporting code needed to display deduction content to reports like the Consolidated Summary report.

File Processing is also included beginning with the 2021.3 release. For more information on file processing for the Deductions Calculator, please see that topic in the online help.

Who can use the calculator and configuration utility: Both the Rolling Forecast Admin and Rolling Forecast Analyst roles have configured permissions to both the Deductions Model Configuration Utility and the Deductions Calculator. These permissions allow Save Data Only.

How to access: To open the setup utility, from the **RF Admin** task pane, under **Other Calculators**, double-click **Deductions Model Configuration Utility**. To open the calculator, double-click **Deductions Model**.

Rolling Forecast Deductions Calculator				FY 2018	FY 2018	FY 2018	FY 2018	FY 2018	FY 2018	
KHA Health										
For the Period Ending January 31, 2020										
RFPlanGroup: EMC										
Deductions RFGroup: EMC_BalanceSheet				January	February	March	Jan - Mar	April	May	
Scenario: Default				2018	2018	2018	Qtr3	2018	2018	
Save to Database?	SAVE	Data	Forecast	2018	2018	2018	2018	2018	2018	
Default Forecast Method:	Last Month	Selection	Method	Actual	Actual	Actual	Actual	Actual	Actual	
Patient Volume										
Inpatient Volume	**Discharges**									
Inpatient Volume EMC_K_Admissions - per Plan File	K_Admissions			195	170	170	535	179	186	
Check Total Discharges by Payor				1,874	1,693	1,874	5,442	1,787	1,847	
% Discharges by Payor										
Medicare				58.33%	56.59%	55.73%	56.89%	57.90%	60.07%	
Medicaid		Default		9.26%	9.65%	9.84%	9.58%	9.36%	8.87%	
Commercial		LastSaved		13.89%	14.47%	14.76%	14.37%	14.03%	13.31%	
Self Pay		LastSaved		10.19%	10.61%	10.82%	10.54%	10.29%	9.76%	
Other		LastSaved		8.33%	8.68%	8.85%	8.62%	8.42%	7.99%	
Blue Cross		Default		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
Total % Discharges by Payor				100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	
Discharges by Payor	**S_Disch**									
Medicare		LastSaved		1,093	958	1,045	3,096	1,035	1,109	
Medicaid		LastSaved		174	163	184	521	167	164	
Commercial		LastSaved		260	245	277	782	251	246	
Self Pay		LastSaved		191	180	203	573	184	180	

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Deductions Calculator example

Configuring the Deductions Calculator

Use the Deductions Model Configurations Utility to configure the Deductions Calculator.

Launch the Deductions Model Configuration Utility from the menu.
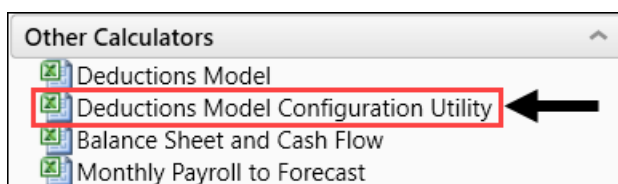
The utility opens as read-only but will save as Save Data Only.

About the RF Deductions Setup utility

The configuration utility has two primary sections: the top section, which is used to configure options for each RFPlanGroup; and the bottom section, which is used to map the RF Payor codes to the FP Payor codes, and for assigning whether or not the payor code is active.

RF Deductions Setup

	Payor Code	Payor Description	📂	RF to FP Mapping	Active
	Standard Payor Setup				
	1001	Medicare	📂	1	TRUE
	1002	Medicaid	📂	2	TRUE
	1003	Commercial	📂	3	TRUE
	1004	Self Pay	📂	5	TRUE
	1005	Other	📂	7	TRUE
	1006	Blue Cross	📂	6	TRUE
	1007	Managed Care	📂	4	FALSE
	1008	Test	📂	8	FALSE
	1009	Not Configured	📂	9	FALSE
	1010	Not Configured	📂	10	FALSE
	1011	Not Configured	📂	11	FALSE
	1012	Not Configured	📂	12	FALSE
	1013	Not Configured	📂	13	FALSE

(left margin label: Bottom Section)

Configuring RFPlanGroup

This section of the utility is used to configure the view of the Deductions Calculator when it is opened. This file can be opened simultaneously by more than one user so the configuration of the user's experience can be tailored uniquely if needed.

Note that the first column is labeled Global. This is the default setting for the calculator, so whatever is configured here will be used unless you have set up RFPlanGroups. Configuration options include the following:

RF Deductions Setup

Payor Category	RF Plan Group		Global	CCU
	Use Discharges/Admissions		Discharges	UseGlobal
	Include/Exclude from Model			
Discharges/Admissions			Include	Include
Inpatient Days			Include	Include
Inpatient Revenue			Include	Include
Inpatient Deductions			Include	UseGlobal
Outpatient Visits			Include	UseGlobal
Outpatient Revenue			Include	UseGlobal
Outpatient Deductions			Include	UseGlobal
CMI Weighted Discharges			Include	Exclude
CMI Weights			Include	Exclude
Payor Code	Payor Description		Global	CCU
	Adjustment Option			
Administrative Adjustments, Charity, and Bad Debt Setup				
1096	Administrative Adjustments		Total	IP/OP
1097	Charity		Total	IP/OP
1098	Bad Debt		Total	IP/OP

(left margin label: Top Section)

- **Use Discharges/Admissions**: Drop-down options to assign if discharges or admissions will be used. This will be used to query the related RFCode in the Deductions Calculator.

- In the following rows, each row can be either included or excluded from display in the calculator.

  Example 1: The administrator elects to exclude CMI Weighted Discharges and CMI Weights from displaying. Setting to Exclude will invoke the hide logic for that section.

RF Deductions Setup

Payor Category	RF Plan Group		Global	CCU
	Use Discharges/Admissions		Discharges	UseGlobal
	Include/Exclude from Model			
Discharges/Admissions			Include	Include
Inpatient Days			Include	Include
Inpatient Revenue			Include	Include
Inpatient Deductions			Include	UseGlobal
Outpatient Visits			Include	UseGlobal
Outpatient Revenue			Include	UseGlobal
Outpatient Deductions			Include	UseGlobal
CMI Weighted Discharges			Exclude	Exclude
CMI Weights			Exclude	Exclude

- **Administrative/Charity/BadDebt**: These three sections can be configured to display as separate sections for InPatient and OutPatient or combined into one section as Total.

RF Deductions Setup

Payor Category	RF Plan Group		Global	CCU
	Use Discharges/Admissions		Discharges	UseGlobal
	Include/Exclude from Model			
Discharges/Admissions			Include	Include
Inpatient Days			Include	Include
Inpatient Revenue			Include	Include
Inpatient Deductions			Include	UseGlobal
Outpatient Visits			Include	UseGlobal
Outpatient Revenue			Include	UseGlobal
Outpatient Deductions			Include	UseGlobal
CMI Weighted Discharges			Exclude	Exclude
CMI Weights			Exclude	Exclude
Payor Code	**Payor Description**		**Global**	**CCU**
	Adjustment Option			
Administrative Adjustments, Charity, and Bad Debt Setup				
1096	Administrative Adjustments		Total	IP/OP
1097	Charity		Total	IP/OP
1098	Bad Debt		Total	IP/OP

Configuring RFPlanGroup Exceptions

After you have configured the Global column, the settings for each row can be applied to additional RFPlanGroups. If the settings will be identical to Global, then UseGlobal can be assigned, and the Deductions Calculator will open with the global settings.

> **NOTE:** Each individual row of an RFPlanGroup can be configured to use global or assigned an alternate option. This provides the widest array of options for administrators.

RF Deductions Setup

Payor Category	RF Plan Group		Global	CCU
	Use Discharges/Admissions		Discharges	UseGlobal
	Include/Exclude from Model			
Discharges/Admissions			Include	Include
Inpatient Days			Include	Include
Inpatient Revenue			Include	Include
Inpatient Deductions			Include	UseGlobal
Outpatient Visits			Include	UseGlobal
Outpatient Revenue			Include	UseGlobal
Outpatient Deductions			Include	UseGlobal
CMI Weighted Discharges			Exclude	Exclude
CMI Weights			Exclude	Exclude

Payor Code	Payor Description		Global	CCU
	Adjustment Option			
Administrative Adjustments, Charity, and Bad Debt Setup				
1096	Administrative Adjustments		Total	IP/OP
1097	Charity		Total	IP/OP
1098	Bad Debt		Total	IP/OP

AQ1 of the setup utility uses a Horizontal query to bring in a column for every RFPlanGroup. However, not all may be used in the Deductions Calculator.

Configuring Standard Payor Setup

Rolling Forecasting shares the Payor dimension with Financial Planning. Where Financial Planning uses the reserved codes from 1 to 99, Rolling Forecasting owns the range from 1000 to 1099. Selected codes are reserved for system use and cannot be modified by administrators. Those codes are as follows:

1000	Unassigned/not applicable
1001	Medicare
1096	Administrative Adjustments
1097	Charity
1098	Bad Debt

1002	Medicaid	Gov
1003	Commercial	Fill in
1004	Self Pay	Fill in
1005	Other	Fill in
1006	Blue Cross	Fill in
1007	Managed Care	Fill in
1008	Test	Fill in
1009	Not Configured	Fill in
1010	Not Configured	Fill in
1011	Not Configured	Fill in

	PAYOR	Description	ENUFF	Type	Revenue	Ba
Data Type	Integer	String	String	String	String	
String Length		100	25	25	25	
Description	Payor	Description		Type		
Delete Row	**PAYOR** ▾	**Description** ▾	**ENUFF** ▾	**Type** ▾	**Revenue** ▾	**Ba**
	207	Health Plan Group 7	Fill In	Fill In	HealthPlan	
	208	Health Plan Group 8	Fill In	Fill In	HealthPlan	
	209	Health Plan Group 9	Fill In	Fill In	HealthPlan	
	210	Health Plan Group 10	Fill In	Fill In	HealthPlan	
	299	Undefined	Undefined	Undefined	HealthPlan	
	1000	Unassigned/not applicable		NA		
	1001	Medicare		Gov		
	1002	Medicaid		Gov		
	1003	Commercial		Fill In		
	1004	Self Pay		Fill In		
	1005	Other		Fill In		
	1006	Blue Cross		Fill In		
	1007	Managed Care		Fill In		
	1008	Test		Fill In		
	1009	Not Configured		Fill In		
	1010	Not Configured		Fill In		

You can define all the other codes using any description by entering the desired text in the editable blue **Payor Description** field (see following screenshot).

If you plan to integrate to Financial Planning, you can select the folder icon to assign the RF Payor code to the desired Financial Planning payor code (e.g., …1003 to 3).

The **Active** column is set to True/False by the administrator and is used to inform the related AQs which payors to query into the Deductions Calculator as well and Plan Files. Setting this option to **True** allows the payor data to be queried, while selecting **False** will suppress that data.

To commit your configurations to the Payor table, click **Save**.

Using the Deductions Calculator

> **IMPORTANT:** If you are an administrator with read/write permissions, take care to use Save only if you intend to save results. Failure to do so will also save the current filtered data in the Deductions Calculator. To test if this has occurred, open the file with Open Without Refresh option to see if filtered data exists. If it does, then contact Syntellis support to have the data within each AQs start/stop tag deleted and the file resaved as Save.

To open the Deductions Calculator, in the **RF Admin** task pane under **Other Calculators,** double-click **Deductions Model**.
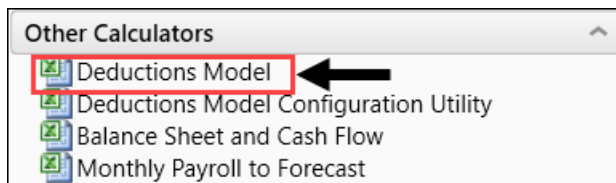
Select Refresh Variables

Upon open, you will be prompted to enter the following refresh variables:

- **Select RFPlanGroup**: This is the RFPlanGroup for which you want to plan deductions. This group needs to be the one that contains the related statistics for Admissions/Discharges, Patient Days, and Visits/Registrations and gross charges.

- **Select RFGroup for Deductions**: Select the RFGroup used to post the deductions to when the data summarization was processed for Actuals.

- **Select Scenario**: This populates to the default scenario configured by the administrator. In most cases, the default will be the desired selection.

- **Select RF Deductions Model Option (optional)**: This is an alternate configuration to present data in a format more consistent with outpatient reporting. Options are:

    - **Standard**: Displays all sections of the model for Inpatient and outpatient data.

    - **Physician Only**: Hides and deactivates AQs for Inpatient leaving only Outpatient related sections of the model visible.

Selecting options in the calculator

Model Header. The header information of the report identifies the RFPlanGroup and the Deductions group selected from the refresh variables.

Time periods display across the top with Excel expand/collapse features to control the view of the data. While this is a monthly model, you can collapse the columns to a quarterly view to reduce the viewable area.

There are two green selection options within the header:

- **Save to Database?**: Options are **Save** and **Do Not Save**. If you are only validating and testing and not ready to commit records to the datatables, then select **Do Not Save**. When ready to save records, select **Save**.

- **Default Forecast Method**: Many rows within the model can use various forecast methods as noted in the image below. Using Default will reference the Forecast Method selected in the header. For example, if the header section is set to **3 Month Avg**, then any row selection set to Default will use **3 Month Avg** forecast method.

The Deduction Calculator is organized into sections from statistics to gross charges to deductions. There are also summary sections of gross charges as well as the detailed blocks for payor-level deductions. To quickly get to the desired section, use the Main ribbon tab's GoTo navigation feature: in the **Main** ribbon tab's **Workbook Options** section, click **GoTo** and then select the desired section.
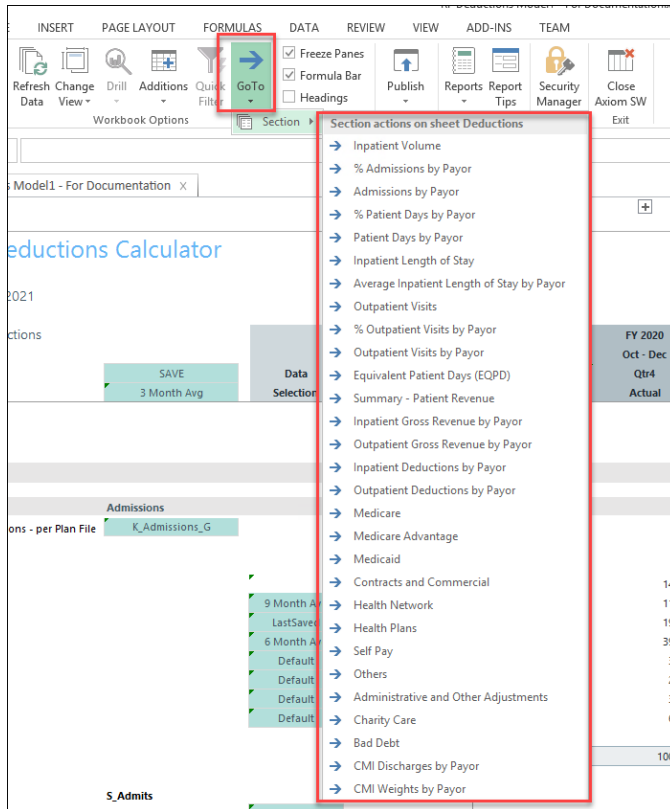
Statistics Section

This section contains main statistics by payor that are leveraged in the model to calculate gross and net metrics within the detailed deduction calculation methods blocks.
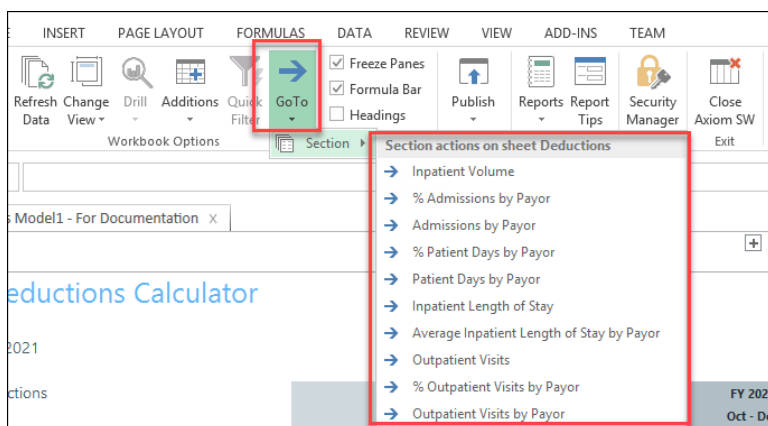
- **Admissions/Dischargers**: From the green drop-down, select the RFCode used to post admission/discharge to the RF_Forecast_20xx data tables for Actuals. The green drop-down is populated from the RFCode dimension using a data filter that includes any RFCode that has %DISCH% in the name. The total admissions will come in on the top line.

- If Actuals are posted at the payor level, the payor detail is displayed in the Admissions by Payor section and percentages by payor calculated from historical data. In this case, the Data Selection will be set to **History**.

Rolling Forecast Deductions Calculator				FY 2020	FY 2021	FY 2021	Current Period FY 2021	FY 2021	FY 2021	FY 2021
EMC Health										
For the Period Ending March 31, 2021										
RFPlanGroup: EMC Health				Oct - Dec	January	February	March	Jan - Mar	April	May
Deductions RFGroup: EMC_Deductions				Qtr4	2021	2021	2021	Qtr1	2021	2021
Scenario: Baseline				Actual	Actual	Actual	Actual	Actual	Forecast	Forecast
Save to Database?	SAVE	Data	Forecast							
Default Forecast Method:	3 Month Avg	Selection	Method							
Patient Volume										
Inpatient Volume	Admissions									
Inpatient Volume EMC Health_K_Admissions - per Plan File	K_Admissions_G			3,070	980	936	1,088	3,004	930	1,478
% Admissions by Payor										
Medicare				14.30%	17.14%	15.81%	15.17%	16.01%	14.76%	15.42%
Medicare Advantage		9 Month Avg		11.56%	12.45%	11.54%	12.50%	12.18%	11.14%	11.31%
Medicaid		LastSaved		19.38%	19.59%	20.83%	20.31%	20.24%	21.00%	20.72%
Contracts and Commercial		6 Month Avg		39.25%	35.71%	36.00%	36.76%	36.19%	37.70%	37.06%
Health Network		Default		3.03%	2.65%	2.67%	2.48%	2.60%	2.60%	2.58%
Health Plans		Default		2.80%	3.57%	3.63%	3.03%	3.40%	3.41%	3.36%
Self Pay		Default		3.09%	3.67%	3.74%	3.22%	3.53%	3.54%	3.50%
Others		Default		6.58%	5.20%	5.77%	6.53%	5.86%	5.83%	6.04%
Total % Admissions by Payor				100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Admissions by Payor	S_Admits									
Medicare		History		439	168	148	165	481	137	228
Medicare Advantage		History		355	122	108	136	366	104	167
Medicaid		History		595	192	195	221	608	195	306
Contracts and Commercial		History		1,205	350	337	400	1,087	351	548
Health Network		History		93	26	25	27	78	24	38
Health Plans		History		86	35	34	33	102	32	50
Self Pay		History		95	36	35	35	106	33	52
Others		History		202	51	54	71	176	54	89
Total Admissions by Payor				3,070	980	936	1,088	3,004	930	1,478

- If Actuals are posted to a single RFCode for admissions, then you can use the blue input cells to enter admissions by payor. This is useful so that the detailed deduction calculation methods can use payor data.

> **IMPORTANT:** If entering payor data manually, change the Data Selection from **History** to **Last Saved**. This saves the manually entered payor data to the RF_Deductions_20xx tables so that these values can be retrieved and you do not lose your work.

Patient Volume				
Inpatient Volume	**Admissions**			
Inpatient Volume EMC Health_K_Admissions - per Plan File	K_Admissions_G		1,177	1,107
% Admissions by Payor				
Medicare			15.63%	18.16%
Medicare Advantage		9 Month Avg	9.18%	10.21%
Medicaid		LastSaved	21.16%	22.22%
Contracts and Commercial		6 Month Avg	36.02%	33.88%
Health Network		Default	5.86%	6.96%
Health Plans		Default	1.44%	1.17%
Self Pay		Default	3.91%	3.25%
Others		Default	6.80%	4.16%
Total % Admissions by Payor			100.00%	100.00%
Admissions by Payor	S_Admits			
Medicare		LastSaved	184	201
Medicare Advantage		History	108	113
Medicaid		History	249	246
Contracts and Commercial		History	424	375
Health Network		History	69	77
Health Plans		History	17	13
Self Pay		History	46	36
Others		History	80	46

What was described above for Admissions/Discharges is the same for the **Patient Day** and **Visits/Registration** sections of the model.

Rolling Forecast Deductions Calculator

EMC Health
For the Period Ending March 31, 2021
RFPlanGroup: EMC Health
Deductions RFGroup: EMC_Deductions
Scenario: Baseline
Save to Database? SAVE
Default Forecast Method: 3 Month Avg

			FY 2020 December 2020 Actual	FY 2020 Oct - Dec Qtr4 Actual	FY 2021 January 2021 Actual	FY 2021 February 2021 Actual	FY 2021 March 2021 Actual (Current Period)	FY 2021 Jan - Mar Qtr1 Actual
Total Admissions by Payor			1,067	3,070	980	936	1,088	3,004
Patient Days	PatientDays	Calculation Driver: PatientDays						
Patient Days EMC Health_K_PatientDays - per Plan File	K_PatientDays_G		4,950	13,591	4,803	4,221	4,788	13,812
% Patient Days by Payor								
Medicare			24.30%	20.74%	21.67%	20.90%	19.70%	20.75%
Medicare Advantage		Default	14.63%	15.72%	15.41%	17.74%	17.11%	16.71%
Medicaid		Default	14.02%	15.47%	20.42%	18.72%	18.19%	19.13%
Contracts and Commercial		Default	33.80%	32.52%	28.29%	27.32%	29.11%	28.28%
Health Network		Default	3.13%	3.58%	3.10%	2.80%	3.95%	3.30%
Health Plans		Default	3.23%	3.63%	3.71%	5.09%	2.23%	3.62%
Self Pay		Default	0.95%	1.85%	2.02%	1.99%	1.84%	1.95%
Others		Default	5.94%	6.48%	5.37%	5.45%	7.87%	6.26%
Total % Patient Days by Payor			100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Patient Days by Payor	S_IPPD							
Medicare		History	1,203	2,819	1,041	882	943	2,866
Medicare Advantage		History	724	2,137	740	749	819	2,308
Medicaid		History	694	2,102	981	790	871	2,642
Contracts and Commercial		History	1,673	4,420	1,359	1,153	1,394	3,906
Health Network		History	155	487	149	118	189	456
Health Plans		History	160	494	178	215	107	500
Self Pay		History	47	251	97	84	88	269
Others		History	294	881	258	230	377	865
Total Patient Days by Payor			4,950	13,591	4,803	4,221	4,788	13,812

Patient Days

Rolling Forecast Deductions Calculator											Current Period		
EMC Health												
For the Period Ending March 31, 2021												
RFPlanGroup: EMC Health												
Deductions RFGroup: EMC_Deductions					FY 2020	FY 2020	FY 2021	FY 2021	FY 2021	FY 2021
Scenario: Baseline					December	Oct - Dec	January	February	March	Jan - Mar
Save to Database?	SAVE	Data	Forecast		2020	Qtr4	2021	2021	2021	Qtr1
Default Forecast Method:	3 Month Avg	Selection	Method		Actual	Actual	Actual	Actual	Actual	Actual
Outpatient Visits	OPVisits									
Outpatient Visits EMC Health_K_Registrations - per Plan K_Registrations_Tot_G					9,936	29,330	9,717	9,221	10,983	29,921
% Outpatient Visits by Payor										
Medicare					23.68%	22.82%	23.86%	23.52%	23.92%	23.78%
Medicare Advantage			Default		13.99%	14.05%	14.93%	15.25%	15.10%	15.09%
Medicaid			Default		11.31%	12.30%	12.27%	13.31%	12.47%	12.66%
Contracts and Commercial			Default		33.54%	32.73%	31.08%	30.60%	31.49%	31.09%
Health Network			Default		4.89%	5.09%	5.15%	5.13%	4.78%	5.01%
Health Plans			Default		2.05%	2.19%	2.16%	2.41%	2.48%	2.35%
Self Pay			Default		2.43%	2.39%	2.23%	2.01%	1.74%	1.98%
Others			Default		8.10%	8.42%	8.33%	7.78%	8.02%	8.04%
Total % Outpatient Visits by Payor					100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Outpatient Visits by Payor	S_OPVisits									
Medicare			LastSaved		2,353	6,692	2,318	2,169	2,627	7,114
Medicare Advantage			History		1,390	4,122	1,451	1,406	1,658	4,515
Medicaid			History		1,124	3,609	1,192	1,227	1,370	3,789
Contracts and Commercial			History		3,333	9,599	3,020	2,822	3,459	9,301
Health Network			History		486	1,494	500	473	525	1,498
Health Plans			History		204	641	210	222	272	704
Self Pay			History		241	702	217	185	191	593
Others			History		805	2,471	809	717	881	2,407
Total Outpatient Visits by Payor					9,936	29,330	9,717	9,221	10,983	29,921

Visits/Registrations

Equivalent Patient Days and Summary Patient Revenue

These two sections contain summary information and common metric calculations. These values are useful for data validation and are also used when computing selected contractual values.

	FY 2020 December 2020 Actual	FY 2020 Oct - Dec Qtr4 Actual	FY 2021 January 2021 Actual	FY 2021 February 2021 Actual	FY 2021 March 2021 Actual (Current Period)	FY 2021 Jan - Mar Qtr1 Actual	FY 2021 April 2021 Forecast
Total Outpatient Visits by Payor	9,936	29,330	9,717	9,221	10,983	29,921	6,588
Equivalent Patient Days (EQPD)							
Equivalent Patient Day Factor	0.68	0.67	0.69	0.71	0.71	0.70	0.87
Patient Days	4,950	13,591	4,803	4,221	4,788	13,812	24,801
Outpatient EQPD	6,751	19,590	6,666	6,546	7,795	21,058	5,703
Total Equivalent Patient Days	11,701	33,181	11,469	10,767	12,583	34,870	30,503
Total Adjusted Admissions	2,522	7,495	2,340	2,388	2,859	7,584	1,144
Summary - Patient Revenue							
Inpatient Revenue	76,184,152	206,797,909	66,396,738	64,247,695	71,501,505	202,145,938	276,833,141
Inpatient Rate Increase from Driver table							0.00%
Average Charge per Admissions	71,400	67,361	67,752	68,641	65,718	67,292	297,670
Average Charge per Patient Day	15,391	15,216	13,824	15,221	14,933	14,636	11,162
Inpatient Reimbursement	21,246,391	55,962,157	15,898,324	15,325,261	18,019,166	49,242,751	21,776,706
Average Net per Admissions	19,912	18,229	16,223	16,373	16,562	16,392	23,416
Average Net per Patient Day	4,292	4,118	3,310	3,631	3,763	3,565	878
Outpatient Revenue	103,910,395	298,078,807	92,152,544	99,632,856	116,405,632	308,191,032	63,652,994
Outpatient Rate Increase from Driver table							0.00%
Average Charge per Visit	10,458	10,163	9,484	10,805	10,599	10,300	9,662
Outpatient Reimbursement	23,909,073	68,465,173	21,669,991	23,782,035	26,326,411	71,778,437	15,881,353
Average Net per Visit	2,406	2,334	2,230	2,579	2,397	2,399	2,411
Net Reimbursement	45,155,464	124,427,331	37,568,315	39,107,296	44,345,577	121,021,188	37,658,059
Net Reimbursement % of Gross Revenue	25.07%	24.65%	23.70%	23.86%	23.60%	23.71%	11.06%

Gross Revenue by Payor – Inpatient and Outpatient

These two are similar to the statistics section where the gross revenue by payor can be brought in via query from the forecast data tables if Actuals were posted by payor.
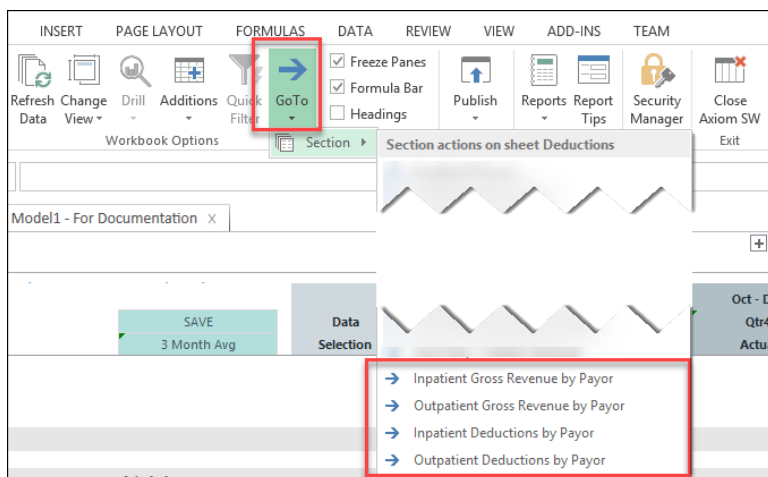
If gross revenue is not by payor, then use the blue input fields to manually enter by payor.

> **IMPORTANT:** If entering payor data manually, change the Data Selection from **History** to **Last Saved**. This will save the manually entered payor data to the RF_Deductions_20xx tables so that these values can be retrieved and you so that you do not lose your work.

Rolling Forecast Deductions Calculator						Current Period		
EMC Health								
For the Period Ending March 31, 2021								
RFPlanGroup: EMC Health		FY 2020	FY 2020	FY 2021	FY 2021	FY 2021	FY 2021	FY 2021
Deductions RFGroup: EMC_Deductions		December	Oct - Dec	January	February	March	Jan - Mar	April
Scenario: Baseline	SAVE	Data	Forecast	2020	2020	2021	2021	2021	2021	2021
Save to Database?		Selection	Method	Qtr4				Qtr1	
Default Forecast Method:	3 Month Avg			Actual	Actual	Actual	Actual	Actual	Actual	Forecast

					December 2020 Actual	Oct - Dec Qtr4 Actual	January 2021 Actual	February 2021 Actual	March 2021 Actual	Jan - Mar Qtr1 Actual	April 2021 Forecast
Outpatient Reimbursement					23,909,073	68,465,173	21,669,991	23,782,035	26,326,411	71,778,437	15,881,353
Average Net per Visit					2,406	2,334	2,230	2,579	2,397	2,399	2,411
Net Reimbursement					45,155,464	124,427,331	37,568,315	39,107,296	44,345,577	121,021,188	37,658,059
Net Reimbursement % of Gross Revenue					25.07%	24.65%	23.70%	23.86%	23.60%	23.71%	11.06%
Inpatient Gross Revenue by Payor	R_PtRev_IP		Compute								
Medicare		History			19,506,926	43,961,495	14,554,758	13,835,989	15,881,144	44,271,891	57,456,301
Medicare Advantage		History			10,086,756	30,873,894	10,257,364	9,935,656	13,006,929	33,199,948	46,375,928
Medicaid		History			9,624,316	28,732,901	12,212,860	10,300,493	10,231,961	32,745,314	52,904,650
Contracts and Commercial		History			27,472,262	71,781,710	19,859,093	20,105,258	21,675,939	61,640,290	78,182,358
Health Network		History			2,359,129	7,729,071	2,063,585	1,767,054	2,565,032	6,395,671	9,084,872
Health Plans		History			3,394,383	9,206,977	2,701,363	3,594,438	1,503,296	7,799,097	10,182,246
Self Pay		History			523,879	3,171,691	1,114,840	986,176	849,388	2,950,403	5,395,985
Others		History			3,216,502	11,340,171	3,632,875	3,722,632	5,787,816	13,143,324	17,250,802
Total Inpatient Gross Revenue by Payor					76,184,152	206,797,909	66,396,738	64,247,695	71,501,505	202,145,938	276,833,141
Outpatient Gross Revenue by Payor	R_PtRev_OP		Compute								
Medicare		History			24,690,307	70,005,279	22,688,641	24,663,928	29,349,626	76,702,194	15,127,405
Medicare Advantage		History			15,418,715	43,320,288	14,528,458	15,326,167	19,368,664	49,223,289	9,606,606
Medicaid		History			11,840,321	34,406,787	10,935,422	12,463,675	13,203,139	36,602,237	8,072,805
Contracts and Commercial		History			34,848,360	96,918,013	27,676,076	30,646,387	36,251,190	94,573,654	19,770,139
Health Network		History			5,026,569	15,403,865	4,264,990	4,424,108	5,025,570	13,714,667	3,194,390
Health Plans		History			2,064,435	6,491,318	1,793,711	2,473,383	2,526,576	6,793,670	1,494,840
Self Pay		History			1,225,775	3,205,672	1,549,488	1,100,917	896,764	3,547,168	1,268,507
Others		History			8,795,913	28,327,586	8,715,758	8,534,291	9,784,104	27,034,153	5,118,302
Total Outpatient Gross Revenue by Payor					103,910,395	298,078,807	92,152,544	99,632,856	116,405,632	308,191,032	63,652,994

Using the Compute or Forecast selection: Located at the top line of the Inpatient and Outpatient revenue sections is a green dropdown box under the Forecast Method column. This option is used for the values in the Forecast columns on gross revenue. The two choices are **Compute** and **Forecast**.

- **Compute**: This is the most common option selected. When used for Inpatient, the forecasted gross charge will be a calculation of Total Gross Charge per Patient Day multiplied by the payor patient days. For example, if the average charge per patient day is $11,162 and the forecasted patient days for Medicare is 5,147, then $11,162 x 5,147 = $57,456,301 Medicare gross charge for the forecasted month.

- **Forecast**: If set to **Forecast**, then the AQ will query the RF_Forecast_20xx tables to return the gross charges by payor from all related plan files.

> **NOTE:** This option would expect that plan files were built using the payor dimension and that all gross charges in the plan files contain the payor level forecast. Most clients are not using this approach, which is why the more common setting is Compute.

Deductions by Payor – Inpatient and Outpatient

These two are similar to the gross revenue section where the deductions by payor can be queried in from the forecast data tables if Actuals were posted by payor.
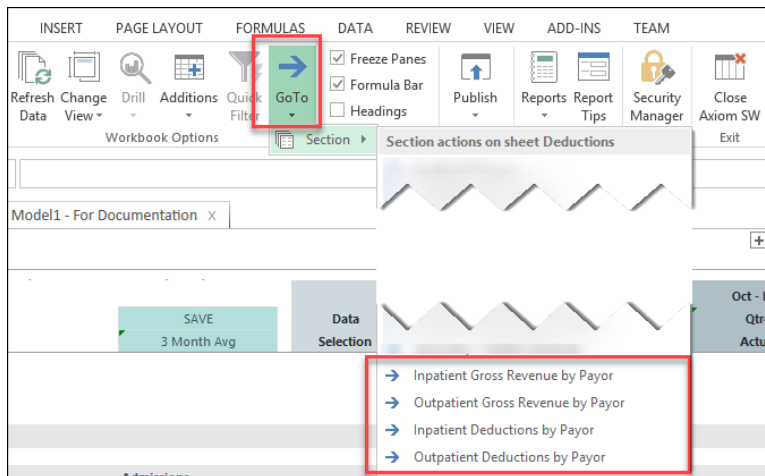
If deductions are not by payor, then you can use the blue input fields to manually enter by payor.

> **IMPORTANT:** If entering payor data manually, change the Data Selection from **History** to **Last Saved**. This will save the manually entered payor data to the RF_Deductions_20xx tables so that these values can be retrieved and so that you do not lose your work.

Deductions by Payor Sections

The rest of the GoTo menu is for all the detailed deduction payor blocks:
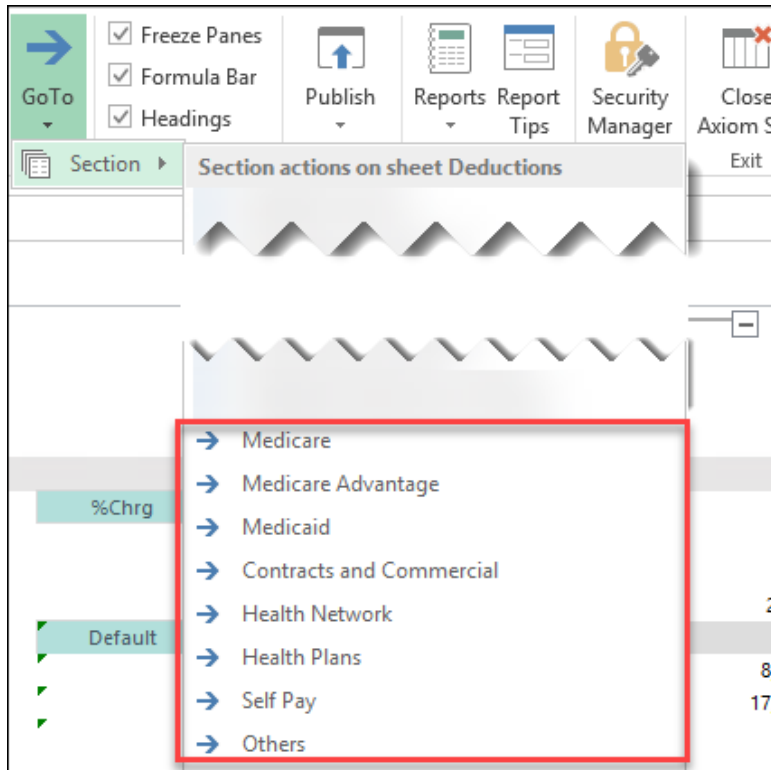
There are four calculation methods that are repeated for each occurrence of a payor. Two are specific to Medicare (Medicare Inpatient and Medicare Outpatient) and two are for all other payors.

Medicare Inpatient: This deduction block is the most expansive and complex. As this is often a subject matter topic commonly involving an organization's Reimbursement experts, we will only highlight this calculation method. But this calculation method will contain most all the needed component calculations to forecast expected Medicare reimbursement, such as % of charge, or case, or DRG options. DRG Reimbursement section for DRG Base Rate, Case Mix Index, Outlier payments, DSH Payments, Capital Payments, IME Payments and more.

Rolling Forecast Deductions Calculator

EMC Health
For the Period Ending March 31, 2021
RFPlanGroup: EMC Health
Deductions RFGroup: EMC_Deductions
Scenario: Baseline
Save to Database?
Default Forecast Method:

				FY 2020 December 2020 Actual	FY 2020 Oct - Dec Qtr4 Actual	FY 2021 January 2021 Actual	FY 2021 February 2021 Actual	Current Period FY 2021 March 2021 Actual	FY 2021 Jan - Mar Qtr1 Actual	FY 2021 April 2021 Forecast
	SAVE	Data Selection	Forecast Method							
	3 Month Avg									
Medicare Reimbursement										
Inpatient - Medicare		%Chrg								
Admissions				162	439	168	148	165	481	137
Patient Days				1,203	2,819	1,041	882	943	2,866	5,147
Charge per Admissions				$ 120,413	$ 297,337	$ 86,635	$ 93,486	$ 96,249	$ 276,371	$ 418,481
% of Charges		Default		17.17%	17.49%	13.93%	15.33%	13.69%	14.28%	14.32%
Per Diem				$ 2,784.91	$ 8,136.83	$ 1,947.10	$ 2,405.43	$ 2,306.29	$ 6,658.81	$ 2,219.60
Per Case				20,680.51	17,516.06	12,065.05	14,335.05	13,180.79	13,146.25	13,193.63
Case Mix Index (req'd for Per Case)				1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
DRG Reimbursement										
DRG Base Rate		Default		$20,681	$17,516	$12,065	$14,335	$13,181	$13,146	$13,181
CMS Adjustment		Default					0.00%	0.00%		0.00%
Case Mix Index				1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.0000
CMI Weighted DRG Rate				$20,680.51	$17,516.06	$12,065.05	$14,335.05	$13,180.79	$13,146.25	$0
								0	0	
% of Outlier Payments (& Other)		Default		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Outlier Payment per Discharge				$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Outlier Reimbursement ($000s)				$0	$0	$0	$0	$0	$0	$0
DRG Rate with Outliers				$20,681	$51,914	$12,065	$14,335	$13,181	$39,581	$0
								0	0	
DSH Payment (Total)		Default		$0	$0	$0	$0	$0	$0	$0
DSH Payment %		Default		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
DRG Reimbursement ($000s)				$3,350,243	$7,689,552	$2,026,928	$2,121,587	$2,174,830	$6,323,346	$0
								0	0	
Capital Payments (Total)				$0	$0	$0	$0	$0	$0	$0
Capital Payment Rate per Discharge		Default		$0	$0	$0	$0	$0	$0	$0
								0	0	

Once all reimbursement assumptions are entered, there is a subtotal section for Medicare Inpatient that summarizes Gross Charges, Deductions, Net Revenue, and Net Revenue %.

			December	Qtr4	January	February	March	Qtr1	April
Capital Payment Rate per Discharge		Default	$0	$0	$0	$0	$0	$0	$0
							0	0	
Indirect Medical Education Payments							0	0	
Resident FTEs (for IME calculations)		Default	0	0	0	0	0	0	0
Medicare Available Beds		Default	0	0	0	0	0	0	0
Preliminary Residents per Bed Calculation			0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
Resident Cap		Default	0	0	0	0	0	0	0
Residents per Bed Cap		Default	0	0	0	0	0	0	0
Reduction Due to Resident Cap			0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
Net Residents per Bed			0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
IME Adjustment Factor	1.890	Default	1.890	1.890	1.890	1.890	1.890	1.890	1.890
Base IME Payment ($000s)	0.405		0	0	0	0	0	0	0
% Reduction in IME Payments		Default	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Adjusted IME Reimbursement ($000s)			$0	$0	$0	$0	$0	$0	$0
							0	0	
Bad Debt Reimbursement		LastSaved	0	0	0	0	0	0	1,000
Other IP Medicare Payment		LastSaved	0	0	0	0	0	0	2,000
IP Net Revenue Adjustment		LastSaved	0	0	0	0	0	0	3,000
Reimbursement									
% of Charges			3,350,243	7,689,552	2,026,928	2,121,587	2,174,830	6,323,346	8,226,684
Per Case (CMI Adj)			0	0	0	0	0	0	0
Per Diem			0	0	0	0	0	0	0
DRG Reimbursement			0	0	0	0	0	0	0
IP Gross Revenue - Medicare			19,506,926	43,961,495	14,554,758	13,835,989	15,881,144	44,271,891	57,456,301
IP Deductions - Medicare			16,156,683	36,271,943	12,527,829	11,714,402	13,706,314	37,948,545	49,223,617
IP Net Revenue - Medicare			3,350,243	7,689,552	2,026,928	2,121,587	2,174,830	6,323,346	8,232,684
IP % of IP Gross Revenue			17.17%	17.49%	13.93%	15.33%	13.69%	14.28%	14.33%

Medicare Outpatient: This deduction calculation method is less detailed yet contains options to select the net reimbursement method based on % of Charge or Visit. All deduction calculation method blocks contain adjustment fields to modify the final outcomes as needed.

Note that in the following image, there is a summary section for Medicare Outpatient gross charges, deductions, and net revenue, as well as a final section total for combined Medicate Inpatient and Outpatient.

Rolling Forecast Deductions Calculator

EMC Health
For the Period Ending March 31, 2021
RFPlanGroup: EMC Health
Deductions RFGroup: EMC_Deductions
Scenario: Baseline
Save to Database?
Default Forecast Method:

				FY 2020 December 2020 Actual	FY 2020 Oct - Dec Qtr4 Actual	FY 2021 January 2021 Actual	FY 2021 February 2021 Actual	FY 2021 March 2021 Actual	FY 2021 Jan - Mar Qtr1 Actual	FY 2021 April 2021 Forecast
	SAVE	Data	Forecast					*Current Period*		
	3 Month Avg	Selection	Method							
IP Gross Revenue - Medicare				19,506,926	43,961,495	14,554,758	13,835,989	15,881,144	44,271,891	57,456,301
IP Deductions - Medicare				16,156,683	36,271,943	12,527,829	11,714,402	13,706,314	37,948,545	49,223,617
IP Net Revenue - Medicare				3,350,243	7,689,552	2,026,928	2,121,587	2,174,830	6,323,346	8,232,684
IP % of IP Gross Revenue				17.17%	17.49%	13.93%	15.33%	13.69%	14.28%	14.33%
Outpatient - Medicare	Visit									
Visits				2,353	6,692	2,318	2,169	2,627	7,114	1,566
% of Charges				15.87%	47.17%	16.52%	16.64%	15.60%	48.77%	16.26%
Per Visit	LastSaved			1,800.00	5,345.07	1,800.00	1,800.00	1,800.00	5,400.00	1,772.54
OP Net Revenue Adjustment	Default			0	0	0	0	0	0	0
Reimbursement										
% of Charges				0	0	0	0	0	0	0
Per Visit				3,917,907	11,013,728	3,748,450	4,105,017	4,578,594	12,432,062	2,775,202
OP Gross Revenue - Medicare				24,690,307	70,005,279	22,688,641	24,663,928	29,349,626	76,702,194	15,127,405
OP Deductions - Medicare				20,772,400	58,991,551	18,940,190	20,558,910	24,771,032	64,270,133	12,352,203
OP Net Revenue - Medicare				3,917,907	11,013,728	3,748,450	4,105,017	4,578,594	12,432,062	2,775,202
OP % of OP Gross Revenue				15.87%	15.73%	16.52%	16.64%	15.60%	16.21%	18.35%
Total - Medicare										
Gross Revenue				44,197,233	113,966,774	37,243,398	38,499,917	45,230,770	120,974,085	72,583,706
Deductions				36,929,084	95,263,494	31,468,020	32,273,312	38,477,346	102,218,678	61,575,820
Net Revenue				7,268,149	18,703,280	5,775,379	6,226,605	6,753,424	18,755,407	11,007,886
% of Gross Revenue				16.44%	16.41%	15.51%	16.17%	14.93%	15.50%	15.17%

All Other Payors: The two other deduction calculation method blocks are used for all other payors. Like the Medicare blocks, there is an Inpatient and Outpatient calculation method. Both will combine into one contiguous section by payor displaying Inpatient, Outpatient, and Combined totals for gross charges, deductions, and net revenue and % reimbursement.

Rolling Forecast Deductions Calculator

EMC Health
For the Period Ending March 31, 2021
RFPlanGroup: EMC Health
Deductions RFGroup: EMC_Deductions
Scenario: Baseline
Save to Database?
Default Forecast Method:

				FY 2020 December 2020 Actual	FY 2020 Oct - Dec Qtr4 Actual	FY 2021 January 2021 Actual	FY 2021 February 2021 Actual	FY 2021 March 2021 Actual	FY 2021 Jan - Mar Qtr1 Actual	FY 2021 April 2021 Forecast
	SAVE	Data	Forecast					*Current Period*		
	3 Month Avg	Selection	Method							
% of Gross Revenue				18.06%	14.77%	11.35%	11.83%	14.25%	12.49%	3.81%
Contracts and Commercial Reimbursement										
Inpatient - Contracts and Commercial	Case									
Admissions				431	1,205	350	337	400	1,087	351
Patient Days				1,673	4,420	1,359	1,153	1,394	3,906	7,004
Charge per Admissions				$ 63,741	59,570	$ 56,740	59,660	$ 54,190	56,707	$ 222,974
% of Charges				42.47%	42.56%	40.63%	45.01%	43.13%	42.86%	42.92%
Per Case	Default			27,071.42	25,106.22	23,055.54	26,853.10	23,372.57	24,346.20	24,427.07
Case Mix Index (req'd for Per Case)	Default			1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Per Diem				6,974.17	6,841.83	5,937.78	7,848.65	6,706.62	6,797.09	6,831.02
Number of Members				0	0	0	0	0	0	0
Per Member Per Month				0	0	0	0	0	0	0
Use Rate (Days/1000)				0	0	0	0	0	0	0
IP Net Revenue Adjustment	Default			0	0	0	0	0	0	0
Reimbursement										
% of Charges				0	0	0	0	0	0	0
Per Case (CMI Adj)				11,667,783	30,262,684	8,069,440	9,049,496	9,349,027	26,467,962	8,564,954
Per Diem				0	0	0	0	0	0	0
Capitated				0	0	0	0	0	0	0
IP Gross Revenue - Contracts and Commercial				27,472,262	71,781,710	19,859,093	20,105,258	21,675,939	61,640,290	78,182,358
IP Deductions - Contracts and Commercial				15,804,479	41,519,026	11,789,654	11,055,762	12,326,912	35,172,328	69,617,404
IP Net Revenue - Contracts and Commercial				11,667,783	30,262,684	8,069,440	9,049,496	9,349,027	26,467,962	8,564,954
IP % of IP Gross Revenue				42.47%	42.16%	40.63%	45.01%	43.13%	42.94%	10.96%

Commercial Inpatient reimbursement block example

Outpatient - Contracts and Commercial								
Visits	Visit	3,333	9,599	3,020	2,822	3,459	9,301	2,046
% of Charges		34.18%	35.60%	37.74%	38.13%	36.39%	37.40%	37.42%
Per Visit	Default	3,573.57	3,590.78	3,458.92	4,140.51	3,814.18	3,793.34	3,804.54
Number of Members		0	0	0	0	0	0	0
Per Member Per Month		0	0	0	0	0	0	0
Use Rate (Visits/1000)	3 Month Avg	0	0	0	0	0	0	0
OP Net Revenue Adjustment	Default	0	0	0	0	0	0	0
Reimbursement								
% of Charges		0	0	0	0	0	0	0
Per Visit		11,910,712	11,501,203	10,445,932	11,684,527	13,193,238	11,777,567	7,784,777
Capitation		0	0	0	0	0	0	0
OP Gross Revenue - Contracts and Commercial		34,848,360	96,918,013	27,676,076	30,646,387	36,251,190	94,573,654	19,770,139
OP Deductions - Contracts and Commercial		22,937,648	62,446,653	17,230,144	18,961,861	23,057,952	59,249,956	11,985,363
OP Net Revenue - Contracts and Commercial		11,910,712	34,471,360	10,445,932	11,684,527	13,193,238	35,323,697	7,784,777
OP % of OP Gross Revenue		34.18%	35.57%	37.74%	38.13%	36.39%	37.35%	39.38%
Total - Contracts and Commercial								
Gross Revenue		62,320,622	168,699,723	47,535,169	50,751,645	57,927,129	156,213,943	97,952,497
Deductions		38,742,127	103,965,679	29,019,798	30,017,622	35,384,864	94,422,284	81,602,767
Net Revenue		23,578,495	64,734,044	18,515,372	20,734,022	22,542,265	61,791,659	16,349,731
% of Gross Revenue		37.83%	38.37%	38.95%	40.85%	38.91%	39.56%	16.69%

Commercial Outpatient reimbursement block example

The primary reimbursement calculation options for Inpatient include:

- **% of Charges** – Reimbursement percent to payor gross charges

- **Case** – Net revenue per payor admission

- **Diem** – Net revenue per payor patient day for

- **PMPM** – Net revenue per member per month

Rolling Forecast Deductions Calculator

EMC Health
For the Period Ending March 31, 2021
RFPlanGroup: EMC Health
Deductions RFGroup: EMC_Deductions
Scenario: Baseline
Save to Database?
Default Forecast Method: 3 Month Avg

Contracts and Commercial Reimbursement		FY 2020 December 2020 Actual	FY 2020 Oct - Dec Qtr4 Actual	FY 2021 January 2021 Actual	FY 2021 February 2021 Actual	FY 2021 March 2021 Actual (Current Period)	FY 2021 Jan - Mar Qtr1 Actual	FY 2021 April 2021 Forecast
Inpatient - Contracts and Commercial	Case							
Admissions		431	1,205	350	337	400	1,087	351
Patient Days		1,673	4,420	1,359	1,153	1,394	3,906	7,004
Charge per Admissions		63,741	59,570	56,740	59,660	54,190	56,707	222,974
% of Charges		42.47%	42.56%	40.63%	45.01%	43.13%	42.86%	42.92%
Per Case	Default	27,071.42	25,106.22	23,055.54	26,853.10	23,372.57	24,346.20	24,427.07
Case Mix Index (req'd for Per Case)	Default	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Per Diem		6,974.17	6,841.83	5,937.78	7,848.65	6,706.62	6,797.09	6,831.02
Number of Members		0	0	0	0	0	0	0
Per Member Per Month		0	0	0	0	0	0	0

The primary reimbursement calculation options for Outpatient include:

- **% of Charges** – Reimbursement percent to payor gross charges

- **Visit** – Reimbursement amount per payor visit
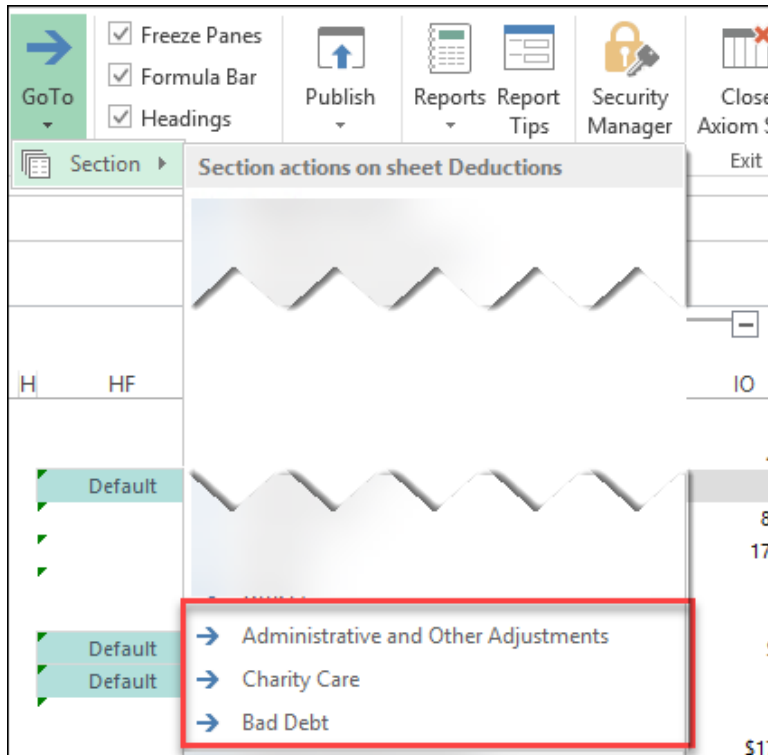
- **PMPM** – Net revenue per member per month

Rolling Forecast Deductions Calculator				FY 2020 October 2020 Actual	FY 2020 November 2020 Actual	FY 2020 December 2020 Actual	FY 2020 Oct - Dec Qtr4 Actual	FY 2021 January 2021 Actual	FY 2021 February 2021 Actual	Current Period FY 2021 March 2021 Actual	FY 2021 Jan - Mar Qtr1 Actual	FY 2021 April 2021 Forecast
EMC Health												
For the Period Ending March 31, 2021												
RFPlanGroup: EMC Health												
Deductions RFGroup: EMC_Deductions												
Scenario: Baseline												
Save to Database?	SAVE	Data	Forecast									
Default Forecast Method:	3 Month Avg	Selection	Method									
Reimbursement												
% of Charges				9,233,748	9,361,153	11,667,783	30,262,684	8,069,440	9,049,496	9,349,027	26,467,962	33,559,768
Per Case (CMI Adj)				0	0	0	0	0	0	0	0	0
Per Diem				0	0	0	0	0	0	0	0	0
Capitated				0	0	0	0	0	0	0	0	0
IP Gross Revenue - Contracts and Commercial				24,975,597	19,333,851	27,472,262	71,781,710	19,859,093	20,105,258	21,675,939	61,640,290	78,182,358
IP Deductions - Contracts and Commercial				15,741,849	9,972,698	15,804,479	41,519,026	11,789,654	11,055,762	12,326,912	35,172,328	44,622,590
IP Net Revenue - Contracts and Commercial				9,233,748	9,361,153	11,667,783	30,262,684	8,069,440	9,049,496	9,349,027	26,467,962	33,559,768
IP % of IP Gross Revenue				36.97%	48.42%	42.47%	42.16%	40.63%	45.01%	43.13%	42.94%	42.92%
Outpatient - Contracts and Commercial			Visit									
Visits				3,202	3,064	3,333	9,599	3,020	2,822	3,459	9,301	2,046
% of Charges				37.01%	35.61%	34.18%	35.60%	37.74%	38.13%	36.39%	37.40%	37.42%
Per Visit				3,766.15	3,427.36	3,573.57	3,590.78	3,458.92	4,140.51	3,814.18	3,793.34	3,804.54
Number of Members				0	0	0	0	0	0	0	0	0
Per Member Per Month				0	0	0	0	0	0	0	0	0
Use Rate (Visits/1000)		3 Month Avg		0	0	0	0	0	0	0	0	0
OP Net Revenue Adjustment		Default		0	0	0	0	0	0	0	0	0
Reimbursement												
% of Charges				0	0	0	0	0	0	0	0	0
Per Visit				12,059,215	10,501,433	11,910,712	11,501,203	10,445,932	11,684,527	13,193,238	11,777,567	7,784,777
Capitation				0	0	0	0	0	0	0	0	0
OP Gross Revenue - Contracts and Commercial				32,582,201	29,487,452	34,848,360	96,918,013	27,676,076	30,646,387	36,251,190	94,573,654	19,770,139
OP Deductions - Contracts and Commercial				20,522,986	18,986,018	22,937,648	62,446,653	17,230,144	18,961,861	23,057,952	59,249,956	11,985,363
OP Net Revenue - Contracts and Commercial				12,059,215	10,501,433	11,910,712	34,471,360	10,445,932	11,684,527	13,193,238	35,323,697	7,784,777
OP % of OP Gross Revenue				37.01%	35.61%	34.18%	35.57%	37.74%	38.13%	36.39%	37.35%	39.38%

Administrative/BadDebt/Charity Sections

The final section of the GoTo menu will cover the sections of:

Administrative Adjustments: Commonly used for recognizing write offs of services for things like employee discounts or other reasons for writing down the expected collectable amount for services not related to BadDebt or Charity.

These values are commonly calculated based on historical percentage of amounts to gross charges. The amounts can be queried from the RF_Foreacst_20xx tables if Actuals exist for the related RFCode (D_ Admin is commonly used). Or manually entered values can be used and that will calculate a percentage to use for forecasted values.

Administrative Adjustments example

Charity and BadDebt: The calculation methods are the same for these two write-off categories and use a historical % to gross charges. If Actual data exists for the related RFCodes in the RF_Forecast_20xx data tables, these can be queried in to establish the historical % and can be modified for forecast periods.

> **NOTE:** Remember that the display of Inpatient, Outpatient or Total is configured in the Deductions Model Configuration Utility.

Rolling Forecast Deductions Calculator

EMC Health
For the Period Ending March 31, 2021
RFPlanGroup: EMC Health
Deductions RFGroup: EMC_Deductions
Scenario: Baseline
Save to Database?
Default Forecast Method:

	RFCode	Data Selection	Forecast Method	FY 2020 December 2020 Actual	FY 2020 Oct - Dec Qtr4 Actual	FY 2021 January 2021 Actual	FY 2021 February 2021 Actual	Current Period FY 2021 March 2021 Actual	FY 2021 Jan - Mar Qtr1 Actual	FY 2021 April 2021 Forecast
Charity Care										
Charity Care % of Gross Revenue				1.38%	1.36%	0.45%	1.16%	0.77%	0.80%	0.26%
IP Charity Care % of IP Gross Revenue		Default		1.62%	1.50%	(0.24%)	0.45%	0.23%	0.20%	0.15%
OP Charity Care % of OP Gross Revenue		Default		1.21%	1.27%	0.95%	0.71%	0.54%	0.60%	0.73%
Total - Charity Care	RFCode			2,488,274	6,884,685	716,121	1,899,928	1,447,543	4,063,592	877,624
Inpatient	D_IP_Charity	History		1,232,032	3,103,556	(156,214)	735,422	437,792	1,017,000	411,987
Outpatient	D_OP_Charity	History		1,256,242	3,781,129	872,335	1,164,506	1,009,751	3,046,592	465,636
Total		History		0	0	0	0	0	0	877,624
Bad Debt										
Bad Debt % of Gross Revenue				(0.31%)	0.03%	0.95%	0.36%	0.48%	0.59%	0.42%
IP Bad Debt % of IP Gross Revenue		Default		(0.66%)	0.26%	1.39%	(0.28%)	0.06%	0.11%	0.39%
OP Bad Debt % of OP Gross Revenue		Default		(0.05%)	(0.13%)	0.63%	0.65%	0.42%	0.48%	0.57%
Total - Bad Debt	RFCode			(557,661)	168,266	1,505,150	594,771	907,014	3,006,935	1,439,991
Inpatient	D_IP_BadDebt	History		(505,725)	543,639	922,770	(463,874)	119,418	578,314	1,079,906
Outpatient	D_OP_BadDebt	History		(51,936)	(375,373)	582,379	1,058,646	787,596	2,428,621	360,085
Total		History		0	0	0	0	0	0	1,439,991

SAVE — 3 Month Avg

Charity and Bad Debt example

A Summary tab in the Deductions Calculator presents Gross Revenue, Net Revenue, and Reimbursement Percent in a four-quarter comparison table for Inpatient and Outpatient:

Net Revenue - EMC Health
4 Quarter History vs 4 Quarter Forecast

	Gross Revenue Mar 2020 - Mar 2021	Gross Revenue Mar 2021 - Mar 2022	Net Revenue Mar 2020 - Mar 2021	Net Revenue Mar 2021 - Mar 2022	Net % of Gross Mar 2020 - Mar 2021	Net % of Gross Mar 2021 - Mar 2022	Impact Mar 2021 - Mar 2022
Medicare Advantage	118,397,104	548,049,526	18,090,801	22,247,778	15.28%	4.06%	(2,496,272)
Medicaid	133,459,574	603,704,644	19,351,897	16,992,586	14.50%	2.81%	(1,985,665)
Contracts and Commercial	261,097,933	912,518,767	108,883,798	395,504,135	41.70%	43.34%	6,485,258
Health Network	35,061,573	109,593,259	6,152,760	4,423,715	17.55%	4.04%	(597,730)
Health Plans	25,783,320	111,706,002	2,941,577	3,003,373	11.41%	2.69%	(261,900)
Self Pay	10,924,296	61,842,743	8,645,169	9,009,556	79.14%	14.57%	(5,817,343)
Others	52,122,644	212,638,313	10,650,746	13,096,791	20.43%	6.16%	(1,869,544)
Administrative Adjustments			295,110	4,628,445	0.00%	0.00%	0
Charity			7,645,843	7,263,602	0.00%	0.00%	0
Bad Debt			1,884,252	5,629,314	0.00%	0.00%	0
TOTAL Inpatient	816,071,220	3,218,191,399	192,277,184	540,870,483	23.56%	16.81%	(7,465,539)
Outpatient							
Medicare	291,117,420	274,782,731	46,902,134	47,138,160	16.11%	17.15%	491,949
Medicare Advantage	163,080,982	174,745,740	23,511,030	29,935,953	14.42%	17.13%	812,571
Medicaid	142,266,556	147,003,259	17,761,359	18,036,662	12.48%	12.27%	(38,778)
Contracts and Commercial	380,581,339	359,720,074	136,252,201	132,863,277	35.80%	36.94%	1,506,820
Health Network	74,204,811	57,334,113	12,411,063	9,164,655	16.73%	15.98%	(67,889)
Health Plans	27,471,139	27,729,333	3,275,638	2,807,427	11.92%	10.12%	(50,520)
Self Pay	13,217,019	22,120,829	13,992,491	12,374,618	105.87%	55.94%	(6,178,177)
Others	115,159,054	92,358,903	20,391,531	16,906,245	17.71%	18.30%	101,043
Charity			14,476,900	7,697,341	0.00%	0.00%	0
Bad Debt			4,694,342	6,149,824	0.00%	0.00%	0
TOTAL Outpatient	1,207,098,320	1,155,794,984	255,326,204	255,379,832	21.15%	22.10%	(3,422,981)

Summary | Deductions | +