



Release Notes

Axiom Contract Management
Version 2019.1.1



KaufmanHall

AXIOM

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Contents

Summary	4
Product upgrade notes	5
New features summary	6
Model APC/eAPG contracts in simulations	6
Setting up reporting across simulations	10
New calculation basis Line Item Code MPR for multiple-procedure payment reductions	12
New line item code for volume discount calculations	16
3M January 2019 APC and eAPG quarterly update release	19
Issues resolved in 2019.1	20
Issues resolved in 2019.1.1	21
Manual setup instructions	23
Known issues	24

Summary

Kaufman Hall is pleased to announce the 2019.1 release of Axiom Contract Management. Each product release provides new features, enhancements, and configuration options to meet your needs. Many of these features and enhancements are a direct result of your feedback and suggestions.

Summary of the upgrade process:

1. **Review product release notes** – Review this document to familiarize yourself with the new features and functionality.
2. **Schedule an installation date** – Contact support@kaufmanhall.com or your implementation consultant, and they will confirm an installation period with you.
3. **Back up Axiom database** – Kaufman Hall will confirm that you have a current backup of your Axiom database before applying the upgrade.
4. **Apply upgrade** – Arrange with your IT staff on an agreeable time for scheduled downtime to apply the program and product upgrade. This includes any post-upgrade hot-fix files that need to be copied into the system to address any post-release known issues that have been resolved.
5. **Complete manual updates** – After installing the upgrade, if needed, review any manual setup steps needed to enable features for this version.

Support

As always, we appreciate your support of Kaufman Hall and look forward to continuing to meet your financial management needs. If you have any questions about your upgrade, contact Kaufman Hall Software Client Success at 1-888-543-6833 or support@kaufmanhall.com.

Training

Kaufman Hall offers multiple training options for our customers. These courses are part of your maintenance agreement and are free of charge. We strongly urge you to take advantage of all training options, including:

- Self-help videos
- Recorded webinars
- Virtual training courses
- Self-help videos
- Recorded webinars
- Virtual training courses

For a complete listing of our courses, please visit www.kaufmanhall.com.

Product upgrade notes

IMPORTANT: If you have any customizations that were made specific to your organization and did not take the 2018.4 update, you may not want to take this update. Please review the release notes for 2018.4, 2018.3, and 2018.2, as well as the Axiom Contract Management 2018.4 Administrator's Guide. If these items do not exist, submit a PFB. However, if you have made customizations and want to use the standard product, please apply the update.

When upgrading to the 2019.1 version of Axiom Contract Management, keep in mind the following:

- KHA delivered reports may be replaced. Any report that you saved under a different name or created new will remain untouched. Replaced reports are available in Document History, if needed.
- Any KHA delivered report that was moved to a new location will automatically move back to its original location.
- KHA product templates and calculation method libraries will be replaced.
- Product task panes will be replaced.
- Process definitions will not be replaced.
- Driver files will be replaced.
- Security roles and sub-systems will be reset to their configured settings. All user security exceptions you may have made will remain intact.
- Specific items configured as part of your company or organization's implementation such as imports, exports, driver files, and process management files, will remain as is. Any required modifications to these areas are covered in the release notes, if required.

New features summary

This section includes a description for each new feature included in this release.

Model APC/eAPG contracts in simulations

Simulations are an essential tool during contract negotiations, allowing you to model a number of proposed contracts and run reports for comparison to determine which proposal is most profitable. Previously, APC and eAPG contracts could not be modeled in any simulation other than Live. With the 2019.1 release of Axiom Contract Management, contract modelers can now build APC and eAPG contracts in any simulation.

Depending on your user role(s), you can:

- Create Medicare/Medicaid contracts in any simulation
- [Assign 3M schedules to APC and eAPG provisions in any simulation](#)
- [Group and Price APC and eAPG claims by simulation](#)
- [View Grouper Edits for APC and eAPG claims in any simulation](#)
- [Run APC and eAPG Edits Reports in any simulation](#)
- [Set up reporting across simulations](#)

Assign 3M schedules to APC and eAPG contracts in any simulation

Now users modeling APC and eAPG contracts can assign 3M schedules to their contract provisions in any simulation, not just the Live simulation.

In the example below, the user is selecting a schedule for a Medicaid provision in a simulation named EPAY2.

Launch Page | Contracts | Claims | Import Data | Reports | Admin | Help

Provisions >

View: **EPAY2** (red box and arrow)

Aetna Proposal FY17 Version: 2 Effective Date: 10/1/2017-12/31/2018

Provision	Start Date	Expiration Date	Factors	Attributes
Hospital Inpatient (including Medicare Part A)	10/1/2017	12/31/2018	Set	Add

Factors

Aetna Proposal FY17 Version: 2 Effective Date: 10/1/2017-12/31/2018
Hospital Inpatient (including Medicare Part A): 10/1/2017 - 12/31/2018

CMS DRG Factors | CMS Psych Factors | CMS CMG Factors | Schedules | Modifiers

Select the reimbursement type:
Colorado Medicaid - EAPGS

Select a schedule:
CO Medicaid (5/2018) (selected)
Colorado Medicaid Hospital (7/1/2013)

Save | Delete

For more information, see the following:

- “About provision factors” in the online help
- “Assign a schedule to a provision” in the online help

Group and price APC and eAPG claims by simulation

Now users modeling and calculating APC and eAPG claims can Group and Price claims against 3M schedules right within Axiom Contract Management.

NOTE: Your system must have licenses for APCs and/or eAPGs.

Launch Page | Contracts | Claims | Import Data | Reports | Admin | Help | Logout | Recalculations Queued: 0

Claims > Group and Price Claims | Saved Tasks

Group and Price Claims

1. Select the G/P type: Grouping/Pricing Type: APC/eAPG

2. Choose claims selection method: Select claims by: ☒ Patient Account Number ☐ Claim Number/UCRN ☐ Date Range ☐ Payer

Patient Account #:

Claim Status: Live Claims Only

Simulation: The New MPR Calculation

3. Select from the remaining options (depends on claim selection method from Step 2). Note that you can select the simulation.

4. Choose to group and price now or to save as task to run later

Group and Price | Create a Saved Task | Enter a name for the task

For more information, see the following:

- “About grouping and pricing APC and eAPG claims” in the online help
- “Group and price APC and eAPG claims” in the online help

View Grouper Edits for APC and eAPG claims in any simulation

New in this release is the ability not only to model APC and eAPG contracts in any simulation, but also to view a variety of reports for contracts modeled in those simulations. In this release, we expanded the grouping and pricing of APCs and eAPGs to include all simulation environments. Included with that feature is the ability to view grouper edits by simulation.

When claims are grouped, they may create edits that affect reimbursement. Now you can view these edits on a claim and switch to any relevant simulation these claims apply to from the Grouper Edits window. A new Simulation menu at the top of the window allows you to select different simulations to see any grouper edits that simulation produces for the given contract (the contract needs to be modeled in the simulations you select).

To view grouper edits on a claim:

1. From the **Claims** menu, select **View a Claim**.
2. Filter for and select the desired claim.
3. At the bottom of the **Summary** tab for the selected claim, click **Grouper Edits**.
4. At the top left of the window, from the **Simulation** drop-down, select the desired simulation.

The report lists any grouper edits that resulted from grouping the claim in the selected simulation.

The screenshot shows the 'Grouper Edits' window. At the top, there is a 'Simulation' dropdown menu with 'Live' selected, highlighted by a red rectangle. Below this, the 'Claim Number: 384244' is displayed. The main area is titled 'APC Edits' and contains a table with the following data:

Edit	Edit Description
0023	(CMS: OCE) ClaimEdit;ServDateEdit - Invalid date. (RTP)

For more information, see the following:

- “Viewing claim details” in the online help
- “Group and price APC and eAPG claims” in the online help

Run APC and eAPG Edits Reports in any simulation

You can now run APC/eAPG edit reports targeting a simulation environment other than Live. Although there is a Simulation drop-down menu for this report, previous to the 2019.1 release, the report always ran on the Live simulation for APC/eAPG reports, regardless of the simulation selected. Now you can view edits that occur on APC and eAPG claims grouped within any given simulation.

To run an APC/eAPG Edits report:

1. Click **Reports > Reports**.
2. Click the **New** tab.
3. In the **Report Name** field, type a name for this report.
4. From the **Report Type** drop-down, select one of the following:
 - **Edits - EAPG**
 - **Edits - OCE APC**.
5. Expand the **Parameters** section if needed, and select a **Start Import Date** and an **End Import Date**.
6. From the **Simulation** drop-down, select the desired simulation.
7. From the **Contract** drop-down, select the desired contract(s).
8. Click **Save** to generate the report..

Setting up reporting across simulations

Now Axiom Contract Management administrators can assign simulations to the Expected Payment drill-down reporting field for side-by-side reporting and analysis. Administrators can map up to four simulations for a total of five mapped simulations (the first mapped simulation is to the Live environment, which you cannot change).

▶ How the mapping works

The Estimated Payment fields in drill-down reports are used in this case to compare estimated payments between different simulation environments. These fields are defined with the following field names:

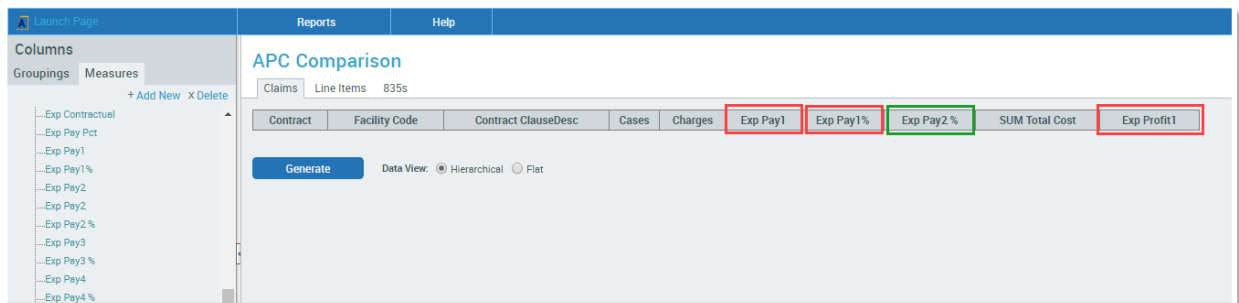
- TotalExpectedPayment1 where 1= Live simulation; so TotalExpectedPayment1 equates to Estimated Payments from Live in drill-down reports
- TotalExpectedPayment2 where 2 = a simulation of your choice
- TotalExpectedPayment3 where 3 = a simulation of your choice
- TotalExpectedPayment4 where 4 = a simulation of your choice
- TotalExpectedPayment5 where 5 = a simulation of your choice

When users build drill-down reports, they need to include the TotalExpectedPayment variable for the desired simulation in a calculated field they add to the report.

In the following example, a contract is compared between two simulations. The calculated fields **Exp Pay1**, **Exp Pay1%**, and **Exp Profit1** are mapped to the Live environment by using the variable Total Expected Payment1 in the equation for each calculated field:

- $\text{Exp Pay1} = \text{Sum}(\text{Total Expected Payment1})$
- $\text{Exp Pay1\%} = \text{Sum}(\text{Total Expected Payment1}) / \text{Sum}(\text{Total Charges}) * 100$
- $\text{Exp Profit1} = \text{Sum}(\text{Total Expected Payment1}) - \text{Sum}(\text{Total Cost})$

The calculated field **Exp Pay2%** is mapped to the EPAY2 simulation by using the variable TotalExpectedPayment2 in the equation: $\text{Exp Pay2\%} = \text{Sum}(\text{Total Expected Payment2}) / \text{Sum}(\text{Total Charges}) * 100$



The generated example report looks like the following:

Simulation Mapping

Mapping Assignment 1
Live

Mapping Assignment 2
EPAY2

Mapping Assignment 3
EPAY3

Mapping Assignment 4
EPAY4

Mapping Assignment 5
EPAY5

Save

3. Repeat for the other mapping assignments as desired.
4. Click **Save**.

When you make a change to this assignment and click Save, the field is cleared to ensure that all past calculation results from previously used simulations are not still stored and used in the report.

NOTE: Results from a newly assigned simulation become available only after a user calculates contracts within the selected simulation. Past calculation results are not retained for a simulation when it is assigned to a different mapping field.

New calculation basis Line Item Code MPR for multiple-procedure payment reductions

Users modeling contracts can now include multiple-procedure payment reduction calculations by percentage. The Line Item Code MPR calc basis calculates claims that are reimbursed based on multiple rate tiers. This new calc basis is available in the Calc Basis menu for clauses and terms, as shown in the following example:

Launch Page | Contracts | Claims | Import Data | Reports | Admin | Help

Clauses/Terms >

Return To Provisions

New Clause

New Term

Save

Cancel

Expand All

Descriptions

View: The New MPR Calculation
MPR Contract Version: 1 Effective Date: 6/15/2013-6/30/2013
Hospital Outpatient: 6/15/2013 - 6/30/2013

#	Description	Calc Basis	Calc Type	Calc Measure	Terminal?	Rates	Thresh
1	LAB & PHARMACY	Line Item Code MPR	Dollar Rate	Per Line Item	Yes	View	Set

ICD9 Procedure Primary
Line Item Code
Line Item Code ASC
Line Item Code Bundle
Line Item Code Incidental
Line Item Code Modifier
Line Item Code MPR
Line Item Code Plus RevCode
Line Item Code POS
Multi-Channel Discount
Provider NPI
RevCode
RevCode Incidental
User Defined 1
User Defined 2
User Defined 3
User Defined 4
User Defined 5
Value Code Any
Zip

Line Item MPR uses Translation Tables similar to Line Item ASC. Translation Ttables consist of columns of line item codes and their associated Group column. (Descriptions are not needed in the table because they are automatically populated based on the existing Line Item Code library entries.)

Rates

MPR Contract Version: 1 Effective Date: 6/15/2013-6/30/2013
Hospital Outpatient: 6/15/2013 - 6/30/2013
Clause: LAB

Translation Data View | Category Assignment | Line Item Code MPR Import Files

Line Item Code	Description	Group
<input type="checkbox"/> 10021	Fna w/o image	0
<input type="checkbox"/> 10022	Fna w/image	1
<input type="checkbox"/> 10040	Acne surgery	0
<input type="checkbox"/> 10060	Drainage of skin abscess	0
<input type="checkbox"/> 10061	Drainage of skin abscess	0
<input type="checkbox"/> 10080	Drainage of pilonidal cyst	0
<input type="checkbox"/> 10081	Drainage of pilonidal cyst	2
<input type="checkbox"/> 10120	Remove foreign body	0
<input type="checkbox"/> 10121	Remove foreign body	2
<input type="checkbox"/> 10140	Drainage of hematoma/fluid	2
<input type="checkbox"/> 10160	Puncture drainage of lesion	0
<input type="checkbox"/> 10180	Complex drainage, wound	3

Page 1 of 1

Grid View | Row Selection

Filter

By row: Filter Selected

By Code Range: to Filter

Edit

Rows: Add Row Delete Selected

Save Cancel

Save and Exit Exit

These represent the possible line items on an incoming claim

Line items on an incoming claim are matched and grouped based on this table

The Rates form for Line Item MPR has a ten-tier procedure reduction calculation consisting of nine rate columns and one sub rate column on the Category Assignment tab to handle procedure reduction logic in contracts. You do not need to specify all ten tiers, but at minimum you must specify one rate and the Subrate column. You can enter rates manually or upload translation and rates tables. For more information, see “Import rates” in the online help.

With Line Item MPR, rates may be either percentages (loaded as decimals) or dollars.

When loading rates using an Excel file, the Subrate must be defined. The Subrate is the last payable rate. Therefore, if a contract says all services are reimbursed at 100/50/25/25, then program 100% of the given rate in Rate 1, 50% of the given rate in Rate 2, and 25% of the given rate in the Subrate. This causes all services found in the Translation Table to be calculated.

If reimbursement is limited to a set number of services, use the rate columns and subrate to limit reimbursement. For example, if only three services are payable, program Rate 1-3 with the appropriate value and Subrate with \$0. This prevents any services from calculating after the third procedure.

As with Line Item ASC, reimbursement order is determined by rate, assessing the services with the highest reimbursable amount and paying those first.

Group	RATE1	RATE2	RATE3	RATE4
0	4,312.00	2,156.00	.00	
1	4,928.00	2,464.00	.00	
2	5,544.00	2,772.00	.00	
3	6,160.00	3,080.00	.00	
4	6,776.00	3,388.00	.00	
5	7,392.00	3,696.00	.00	
6	8,008.00	4,004.00	.00	
7	8,624.00	4,312.00	.00	
8	9,000.00	4,500.00	.00	
9	9,500.00	4,750.00	.00	
10	10,472.00	5,236.00	.00	
11	5,544.00	2,772.00	.00	
12	66,891.00	33,445.50	.00	

Page 1 of 1

When a qualifying claim comes in and triggers on the Line Item MPR clause, the system determines the group it belongs to based on the Translation Table. After all qualifying line items are grouped, the system assigns the rates to each group based on the Day of Service and rates set for the clause/term.

► Claim voucher reports display Line Item Code MPR calc details

When reconciling an MPR calculation on a claim, you can use the voucher report to see which line items on the claim triggered Line Item Code MPR on a contract and were paid based on that calculation logic. You can use this detail to track down under or over payments and to justify proper payment from the payer.

In the following example, a claim voucher report displays the following details for a Line Item MPR calculation on a claim:

- The service codes on the claim that matched those on the Line Item MPR clause
- The service date detail, line item code with description, and the group, units, and qualified level
- Payment amount for each

For more information, see “About recalculating claims” in the online help.

Simulation
THENEWMR
1 of 1
100%
Find | Next

Claim Voucher Report

BillID: C921522611
Claim Status: Active
Patient Name:
Insurance ID: SMID74382
Bill Code: 131
Admission Date: 06/17/2013
Discharge Date: 06/18/2013
Covered Days: 1
Total Charges: \$22,423.92
Non-Covered Charges: \$0.00

Contract Name: MPR Contract
Organization: MEDICAL CTR ORG1
Insurance Plan Code: BC001
Version #: 1
Provision Date: 6/15/2013 to 6/30/2013
Provision: Hospital Outpatient

Expected Contractual: \$5,791.92
Actual Contractual: \$9,890.11
Expected Payment: \$16,632.00
Actual Payments: \$12,582.59
Contractual Variance: (\$4,098.19)
Balance Due: \$4,049.41

TOTAL CLAUSE REIMBURSEMENT \$16,632.00
Clause # 1: MPR \$16,632.00

MPR

Calculation Basis:
Line Item Code MPR

This Clause Matched on the Following Line Item Code MPR Codes:

Service Date	Code - Desc	Modifier	Group	Units	Rate	Amount
06/17/2013	73130 - X-ray exam of hand	50	1	1	Rate1	\$4,928.00
	93005 - Electrocardiogram, tracing		1	1	Rate2	\$2,464.00
06/18/2013	38510 - Biopsy/removal, lymph nodes		3	1	Rate1	\$6,160.00
	14301 - NO DESCRIPTION		3	1	Rate2	\$3,080.00
	26118 - NO DESCRIPTION	F5	3	1	SubRate	\$0.00
	26115 - Removal hand lesion subcut	59	2	1	SubRate	\$0.00
	26115 - Removal hand lesion subcut	59	2	1	SubRate	\$0.00
	26115 - Removal hand lesion subcut	59	2	1	SubRate	\$0.00
	26115 - Removal hand lesion subcut	59	2	1	SubRate	\$0.00
	26113 - NO DESCRIPTION	59	3	1	SubRate	\$0.00
	25076 - Removal forearm lesion deep	RT	2	1	SubRate	\$0.00
	25071 - NO DESCRIPTION	RT	3	1	SubRate	\$0.00
	25075 - Removal forearm lesion subcu	RT	2	1	SubRate	\$0.00
	25075 - Removal forearm lesion subcu	RT	2	1	SubRate	\$0.00

Expected Payment for This Clause: \$16,632.00

For more information, see the following:

- “About clauses and terms” in the online help
- “Add a clause or term” in the online help

New line item code for volume discount calculations

Users modeling contracts can now include multi-channel discount calculations to handle volume discount pricing on claim line items. The Line Item Code Multi-Channel Discount calculation basis calculates claims against contract line items that are reimbursed based on volume tiers. This new calculation basis is available in the Calc Basis menu for clauses and terms, as shown in the following example:

View: Live
KHA MEDICARE Version: 1 Effective Date: 1/1/2013-12/31/2017
Hospital Outpatient: 1/1/2013 - 3/31/2013

#	Description	Calc Basis	Calc Type	Calc Measure	Terminal?	Rates	Thresh	Limit	Global	Attributes
11	AMBULANCE SERVICE	RevCode	Per Line Item	Yes	View	Set	Set	Set	Set	Add
	#	Description	Calc Basis	Calc Type	Calc Measure	Terminal?	Rates	Thresh	Limit	Attributes
	1	APCs	CMS Outpatient		No	Set	Set	Set		Add
	2	AMBULANCE - LAND	All Other Line Items	Dollar Rate	No	Set	Set	Set		Set
12	CLINIC	Re ICD9 Procedure Primary	Per Line Item	Yes	View	Set	Set	Set	Set	Add
13	AMBULATORY SURGERY	Re Line Item Code	Per Line Item	Yes	View	Set	Set	Set	Set	Add
14	CARDIOLOGY	Re Line Item Code ASC	Per Line Item	Yes	View	Set	Set	Set	Set	Add
15	PULMONARY FUNCTION	Re Line Item Code Bundle	Per Line Item	Yes	View	Set	Set	Set	Set	Add
16	URGENT CARE	Re Line Item Code Incident	Per Line Item	Yes	View	Set	Set	Set	Set	Add
17	EMERGENCY CARE	Re Line Item Code Modifier	Per Line Item	Yes	View	Set	Set	Set	Set	Add
18	SPEECH THERAPY	Re Line Item Code MPR	Per Line Item	Yes	View	Set	Set	Set	Set	Add
19	OCCUPATIONAL THERAPY	Re Line Item Code Plus RevCode	Per Line Item	Yes	View	Set	Set	Set	Set	Add
20	PHYSICAL THERAPY	Re Line Item Code POS	Per Line Item	Yes	View	Set	Set	Set	Set	Add
21	RESPIRATORY SERVICES	Re Provider NPI	Per Line Item	Yes	View	Set	Set	Set	Set	Add
22	PET SCAN	Re RevCode	Per Line Item	Yes	View	Set	Set	Set	Set	Add
23	IMAGING SERVICES	Re RevCode Incident	Per Line Item	Yes	View	Set	Set	Set	Set	Add
24	ANESTHESIA	Re User Defined 1	Per Line Item	Yes	View	Set	Set	Set	Set	Add
		User Defined 2	Per Line Item	Yes	View	Set	Set	Set	Set	Add
		User Defined 3	Per Line Item	Yes	View	Set	Set	Set	Set	Add
		User Defined 4	Per Line Item	Yes	View	Set	Set	Set	Set	Add
		User Defined 5	Per Line Item	Yes	View	Set	Set	Set	Set	Add
		Value Code Any								
		Zip								

This Calc Basis pays a set amount based on the number of units found for a set of procedures on a claim.

Multi-Channel Discount line items use Translation Tables similar to the way Line Item ASC does. Translation data consists of a column of line item codes and a Category column. The description does not need to be in the Translation Table because it automatically populate with the description in the Line Item Code Library.

Rates

VDiscount Version: 1 Effective Date: 6/15/2013-6/30/2013
Hospital Outpatient: 6/15/2013 - 6/30/2013
Clause: AMBULANCE - LAND

Translation Data View
Category Assignment
Multi-Channel Discount Import Files

	Line Item Code	Description	Category
<input type="checkbox"/>	14301	NO DESCRIPTION	1
<input type="checkbox"/>	25118	Excise wrist tendon sheath	1
<input type="checkbox"/>	26113	NO DESCRIPTION	1
<input type="checkbox"/>	26115	Removal hand lesion subcut	1
<input type="checkbox"/>	26118	NO DESCRIPTION	1
<input type="checkbox"/>	38510	Biopsy/removal, lymph nodes	1
<input type="checkbox"/>	88305	Tissue exam by pathologist	1

Grid View
Row Selection

Filter
By row: Filter Selected
By Code Range:
to
Filter
Edit
Rows: Add Row Delete Selected
Save Cancel

Page 1 of 1 << >>

Save and Exit Exit

The Rates form for this type of line item contains multiple lines for specifying categories, number of units, rates, and the effective range of those rates based on unit volume. You can enter rates manually or upload translation and rates tables. For more information, see “import rates” in the online help.

For each category, claims are paid based on a volume discount of tiered pricing. In the following example, all items are for Category 1. If an incoming claim fits Category 1 and has two units, the rate paid is \$6.00 because the Effective Range is $2 \leq \text{Units} < 4$. If the claim has four units, the rate paid is \$7.00 because the Effective Range is $4 \leq \text{Units} < 6$. Any claim with six units or more is paid at the \$15.00 rate.

Rates X

VDiscount Version: 1 Effective Date: 6/15/2013-6/30/2013
Hospital Outpatient: 6/15/2013 - 6/30/2013
Clause: AMBULANCE - LAND

Translation Data View **Category Assignment** Multi-Channel Discount Import Files

Note: A zero units row is implied for each category, but can be overridden by specifically adding zero units rows.

Category	Units	Rate	Effective Range
1	2.00	6.00	2.00 <= Units < 4.00
1	4.00	7.00	4.00 <= Units < 8.00
1	8.00	15.00	8.00 <= Units

Page 1 of 1 | << >>

For more information, see the following:

- “About clauses and terms” in the online help
- “Add a clause or term” in the online help

► Claim voucher reports display Volume Discount calc details

When reconciling a multi-channel discount payment calculation on a claim, you can use the voucher report to see which line items on the claim triggered Line Item Code Multi-Channel Discount calculation on the claim and were paid based on that calculation logic. You can use this detail to track down under or over payments, and to justify proper payment from the payer.

In the following example, a claim voucher report displays the following details for a multi-channel discount calculation on a claim:

- The Line Item Multi-Channel Discount codes on the claim that matched those on the clause
- The service date detail and the category
- Payment amount for each

For more information, see “About recalculating claims” in the online help.

3M January 2019 APC and eAPG quarterly update release

Each quarter, 3M provides an update to the 3M GPS software integrated into Axiom Contract Management. This update includes grouping, pricing, and regulatory updates to the APC and state-specific eAPG groupers.

Issues resolved in 2019.1

The following table lists the resolutions for issues addressed in 2019.1, released on April 1, 2019:

Issue Description	Description
PFB-07230 - Medicare IPPS Factor Rounding [TFS 31967]	<p>Summary: When entering factors in the IPPS Factors screen, if a user enters a factor of 1.0385762, for example, and the value rounds to 1.04 on the original entry, the calculation uses the factor entered and not a rounded number. Also, if a user adjusts another factor and then saves, the 3M tool uses the factor value of 1.04 instead of 1.0385762, which was entered originally and not changed.</p> <p>Resolution: Corrected by adjusting the formatting for all input text boxes.</p>
AL, FL, OH, CO - eAPGs not pricing ER appropriately [TFS 29994]	<p>Summary: ER charges on a claim grouped into eAPGs but fail to price as expected.</p> <p>Resolution: Corrected by adjusting the inputs to the 3M grouper and upgrading to the latest 3M quarterly release.</p>
Insurance Plan code assignment screen load performance issue [TFS 33927]	<p>Summary: The Insurance plan code page takes longer to load than expected, even after adding organization code filtering.</p> <p>Resolution: Corrected by adjusting the routines populating the controls on this page.</p>
Covered days evaluating to negative numbers and affecting transfer calculations [TFS 33966]	<p>Summary: Covered days is typically provided on a claim as a value code. When this is not provided, the system calculates covered days from length of stay minus non-covered days. In some situations this results in a negative number.</p> <p>Resolution: Corrected by adjusting the Covered days calculation to ensure negative numbers resolved to 0 covered days.</p>
Error during full import processing when claims are not part of the import [TFS 31505]	<p>Summary: When you run imports that do not include claims, the calculation step throws an error when no claims are available for calculation.</p> <p>Resolution: Corrected by adjusting the full import calculation step to handle calculating 0 claims.</p>

Issues resolved in 2019.1.1

The following table lists the resolutions for issues addressed in 2019.1.1, released on April 22, 2019:

Issue Description	Description
Add ability to filter on Contract Name via user text input in the Contracts page [TFS 33921]	<p>Summary: Users need the ability to filter the Contracts grid by Contract Name using a text input.</p> <p>Resolution: Corrected by adding a contract name filter to the Contracts page.</p>
Rewrite Voucher Report [TFS 34304]	<p>Summary: The Voucher Report currently uses Reporting Services and the overhead associated with loading Reporting Services is too slow for some users.</p> <p>Resolution: Corrected by rewriting the report to not use Reporting Services but instead to call the required subroutines and render them using standard ASP.NET and CSS. The new report can be toggled on with a switch. The default is the old report.</p>
CMS DRG Factor Another Save in Progress message persists [TFS 34334]	<p>Summary: On the Factors page, when a user tries to save a factor on the DRG, CMG, or Psych tabs, or tries to attach the rates on IP CMS calculation types, the message “Another Save is in Progress. Try again in a minute!” persists and does not allow the user to save or attach rates.</p> <p>Resolution: Corrected a defect in the process that checks locking and concurrency across all contract provisions that are affected by updates to a given release. The message displays only when the user tries to attach a file when another user is currently attaching a file to the same record.</p>
Import Records query not filtering by date in sproc causing massive slowness [TFS 34508]	<p>Summary: A defect related to how dates are applied within the Import Records page causes long running query and response.</p> <p>Resolution: Corrected by updating controls and routines to ensure that data filtering is applied and that it defaults to a range of one week from the current date.</p>
Hitting Enter key does not work for contract name filter [TFS 34528]	<p>Summary: Filtering does not take place when the user presses the Enter key after typing a contract name on which to filter.</p> <p>Resolution: Corrected by updating the behavior of the Enter key to execute the filter when the focus is within the filter box.</p>

Issue Description	Description
Create CMA specific index maintenance job and scripts [TFS 34549]	<p>Summary: The index maintenance scripts in Contract Management are not enabled by default. Need to add Scheduled Job as part of implementation process.</p> <p>Resolution: Corrected by attaching a Scheduled Job that can be imported and set on a custom schedule for each implementation.</p>
CmaContractual tables upgrade script broken [TFS 34559]	<p>Summary: There is a problem in identifying configuration-related errors in custom contractual export query settings.</p> <p>Resolution: Corrected by enhancing contractual export error messages to trap and report when contractual query custom settings generate errors during the full import process.</p>
Fix Cube Summary Routines to Prevent Stalling with large imports [TFS 34592]	<p>Summary: When running a full import job, users experience import stalling in the cube summary routines where CubeEstimatedPayment is being updated during the summarization of calculation results for reporting. A specific stored procedure needs to be re-tooled and tested to ensure it works reliably with large imports.</p> <p>Resolution: Corrected by refactoring the stored procedure and verifying that stalling no longer occurs.</p>
APC and eAPG Duplicate Edits when not using Simulation 1 [TFS 34615]	<p>Summary: The SimulationID is not being passed to the GroupClaims methods, so the default simulation is used when writing to the tables.</p> <p>Resolution: Corrected so that the ID is passed and the correct simulation is used.</p>
3M April 2019 Quarterly Release (Axiom) [TFS 34647]	<p>Summary: The 3M April quarterly update is required on all Axiom Contract Management versions.</p> <p>Resolution: Corrected by delivering the changes needed to support 3M's April quarterly update.</p>

Manual setup instructions

There are no manual setup or configuration steps required for this release.

Known issues

The following table lists the known issues for this release:

Issue Description	Description
PFB-06749 – Advanced filters not working within canned reports on a newly installed system. [TFS 27652]	<p>Symptom: Users cannot apply advanced filters to reports within the interface for canned reports. This occurs on a new installation where there is only one level of report folders in the drill-down reporting interface and no subfolders with saved reports.</p> <p>Explanation: There is a defect in the advanced filter tree control when subfolders do not exist and there are no advanced filters to populate these subfolders.</p> <p>Workaround: New systems will be configured to include the required subfolders to ensure this situation does not occur.</p>

IMPORTANT: Refer to the **Axiom for Healthcare Suite 2019.1 Release Notes** for additional known issues that have a suite-wide impact.