



Release Notes
Axiom Contract Management
Version 2019.2.1

KaufmanHall

AXIOM

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Version: 2019.2.1

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Summary

Kaufman Hall is pleased to announce the 2019.2.1 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.

Client Success

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

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

Product upgrade notes

IMPORTANT: You must apply the Axiom Software 2019.2 upgrade before applying any 2019.2 Axiom product upgrades. Axiom Software upgrades are backwards compatible so you can upgrade different products at different times, but you must upgrade to the Axiom Software 2019.2 before the first product upgrade. Refer to the **Axiom Software 2019.2 Release Notes** and **Axiom Healthcare Suite 2019.2 Release Notes** for considerations before upgrading.

When upgrading to the 2019.2.1 version of Axiom Contract Management, keep in mind the following:

- This product upgrade contains updated templates, calculation methods, and remediated defects.
- 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

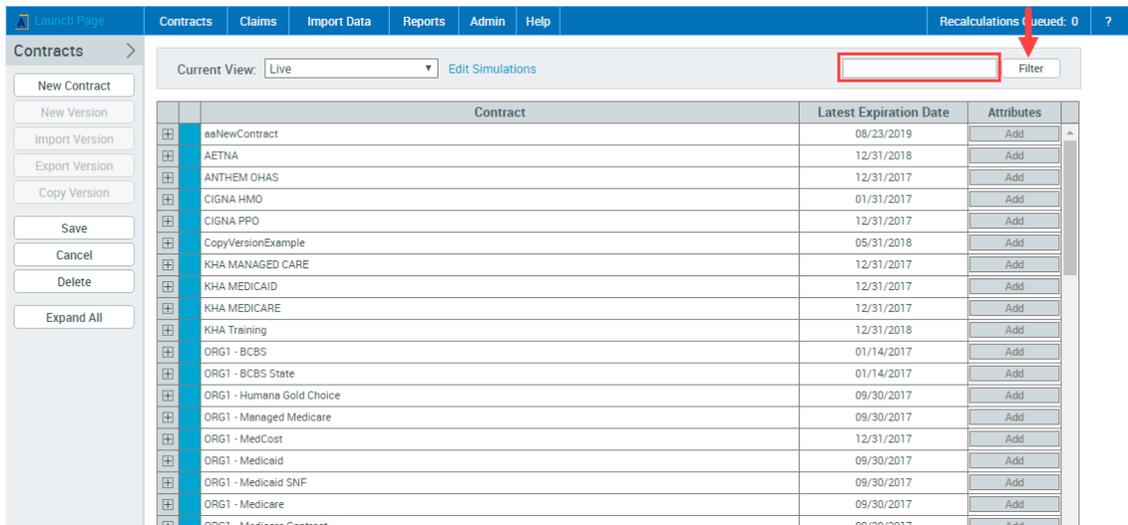
This section includes a description for each new feature included in this release.

Filter contracts on the Contracts page

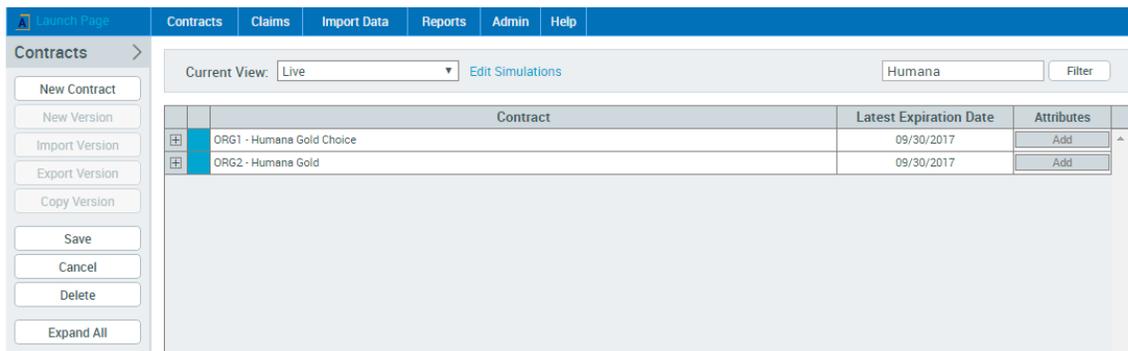
Now you can filter the list of contracts on the main Contracts page.

To filter contracts:

1. If the desired simulation is not currently selected, select it from the **Current View** drop-down.
2. Type the name or the first few letters in the name or any word in the name, into the filter field, and then click **Filter**.



The list filters to your input:



3. To clear the filter, delete the text in the filter box and then click **Filter**.

Recalculate a claim from Claim Detail

Users modeling contracts can now recalculate a claim from the Claim Detail page instead of using the Recalculate Claims interface if they want to recalculate just the claim they are viewing. This feature allows you to recalculate a claim and then refresh the page to view the recalculation without having to navigate between different pages and dialogs.

To recalculate a claim from Claim Detail:

1. From the Claims menu, select **View a Claim**.
2. Locate and view the claim.
3. In the menu on the left, click **Recalculate**.

The screenshot shows the 'Claim Detail' page for claim C921742785. The left sidebar contains a 'Recalculate' button. The top right header shows 'Recalculations Queued: 0'. The main content area displays claim information and totals.

Claim Information			
Patient Account #:	C921742785	Calculated Contract:	AETNA - Version 1
Claim Number:	U922387852	Type of Bill:	111 - Hospital-Inpatient (Part A)-Admit
Import Batch #:	2614 - 8371	Patient Status:	01 - Discharged To Home Or Self-Care (
Last Recal:	6/30/2015 11:33:59 AM	Total Covered Chgs:	\$29,321.60
Ins. Plan Code:	CI012	Non-Covered Chgs:	\$0.00
DRG:	417		

Claim Totals			
Expected Payment:	\$26,389.44	Actual Payments:	\$25,489.94
Expected Contractual:	\$2,932.16	Actual Contractual:	\$2,913.35
		Payment Variance:	\$899.50
		Contractual Variance:	\$18.81
Total Cost:	\$7,191.32	Actual Profit:	\$18,298.62
Fixed Cost:	\$1,190.52	Expected Profit:	\$19,198.12
Variable Cost:	\$2,861.43	Medicare Deductible:	Not Imported
Indirect Cost:	\$3,139.38		

In the Recalculations Queued section (on the right in the blue header), the “0” changes to “1.”

The close-up shows the header 'Recalculations Queued: 1' with the '1' highlighted. Below it is a table with one row of data.

Priority	Queued By	Claims
1	Admin Admin	1

NOTE: If you already have recalculations waiting in the queue, or if other users have calculations waiting in the queue, the number is incremented. If you select another claim to recalculate before the first one is finished, the number increments again.

When the “1” changes back to “0,” the recalculation is finished.

4. Refresh the page in your browser to view the recalculation results.

The data in the Last Recalc: field has changed to reflect the new recalculation date.

Launch Page	Contracts	Claims	Import Data	Reports	Admin	Help																								
Claim Detail	Summary	Codes	Demographics	Insurance	Line Items	Physicians	Posting																							
Back to Claims List <input type="button" value="View Voucher"/> <input type="button" value="Go to Contract"/> <input type="button" value="Groupier Edits"/> <input type="button" value="Recalculate"/>	<p>Summary for: C921742785 --</p> <p>Claim Information</p> <table border="1"> <tr> <td>Patient Account #:</td> <td>C921742785</td> <td>Calculated Contract:</td> <td>AETN</td> </tr> <tr> <td>Claim Number</td> <td>U922387852</td> <td>Type of Bill:</td> <td>111 -</td> </tr> <tr> <td>Import Batch #:</td> <td>2614 - 8371</td> <td>Patient Status:</td> <td>01 - E</td> </tr> <tr> <td>Last Recalc:</td> <td>6/7/2019 12:56:21 PM</td> <td>Total Covered Chgs:</td> <td></td> </tr> <tr> <td>Ins. Plan Code:</td> <td>CI012</td> <td>Non-Covered Chgs:</td> <td></td> </tr> <tr> <td>DRG:</td> <td>417</td> <td></td> <td></td> </tr> </table>						Patient Account #:	C921742785	Calculated Contract:	AETN	Claim Number	U922387852	Type of Bill:	111 -	Import Batch #:	2614 - 8371	Patient Status:	01 - E	Last Recalc:	6/7/2019 12:56:21 PM	Total Covered Chgs:		Ins. Plan Code:	CI012	Non-Covered Chgs:		DRG:	417		
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Last Recalc:	6/7/2019 12:56:21 PM	Total Covered Chgs:																												
Ins. Plan Code:	CI012	Non-Covered Chgs:																												
DRG:	417																													

For additional recalculation options or to recalculate multiple claims, use the Recalculate Claims feature.

New claims recalculation history and rerun

Administrators can access a history page for recalculated claims. The Recalc History page contains a log of all recalculated claims, whether recalculated in a batch or individually, and the ability to rerun any listed recalculation.

The history includes:

- **Recalc ID** – Recalculation ID number
- **Run By** – Username of person/entity/process that ran the recalculation
- **Start Date/Time** – Start date and time of the recalculation
- **End Date/Time** – End date and time of the recalculation
- **Claims Selected** – Number of claims selected for recalculation
- **Claims Processed** – Number of Claims Selected that triggered a contract clause/term for payment
- **Error Count** – Number of errors that occurred during processing. Any errors found are displayed at the bottom of the page in the Recalc History Errors section.
- **Recalc button** – Click to rerun any of the listed recalculations

Recalc History

Start Date: End Date:

Filter the list to find a recalculation task

Click to rerun this recalculate task

RecalcID	Run By	Start Date/Time	End Date/Time	Claims Selected	Claims Processed	Error Count	
507	Admin Admin	2019-05-24 11:17:25 AM	2019-05-24 11:17:29 AM	1	1		<input type="button" value="Recalc"/>
506	Admin Admin	2019-05-24 11:13:18 AM	2019-05-24 11:13:22 AM	1	1		<input type="button" value="Recalc"/>
505	Admin Admin	2019-05-24 10:31:05 AM	2019-05-24 10:32:22 AM	1	1		<input type="button" value="Recalc"/>
373	Christopher Brooks	2019-05-23 12:42:38 PM	2019-05-23 12:42:39 PM	14	14		<input type="button" value="Recalc"/>
374	Christopher Brooks	2019-05-23 12:38:17 PM	2019-05-23 12:42:38 PM	10990	10990		<input type="button" value="Recalc"/>
374	Christopher Brooks	2019-05-23 12:33:45 PM	2019-05-23 12:38:17 PM	10990	10990		<input type="button" value="Recalc"/>
373	Christopher Brooks	2019-05-23 12:33:43 PM	2019-05-23 12:33:43 PM	14	14		<input type="button" value="Recalc"/>
373	Admin Admin	2019-05-23 12:31:00 PM	2019-05-23 12:31:01 PM	14	14		<input type="button" value="Recalc"/>
374	Admin Admin	2019-05-23 12:26:36 PM	2019-05-23 12:31:00 PM	10990	10990		<input type="button" value="Recalc"/>
374	Admin Admin	2019-05-23 12:18:24 PM	2019-05-23 12:22:59 PM	10990	10990		<input type="button" value="Recalc"/>

31 - 40 of 55 items

Email: admin@axiomcpm.com
Simulation Name: Live
Saved Recalc Name: APCGroupAndPriceCalc

When a task is selected in the list, additional details about it display here

Recalc History Errors

Any recalculation errors display in this area

Claim Number	Error Message	Contract Name	Version Number	Provision Description

To access the Recalc History page, from the main menu, click **Admin > Recalc History**.

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

Claims > **Recalculate Claims** | **Saved Tasks**

Recalculate Claims

Select claims by: Patient Account Number Claim Number/UCRN Date Range

Patient Account #:

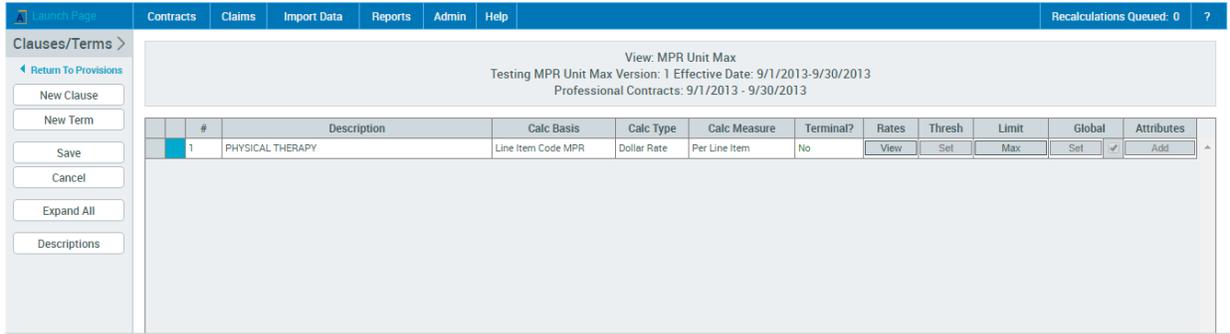
Claim Type: Institutional

Admin Menu: Manage Attributes, Simulation Mapping, **Recalc History**

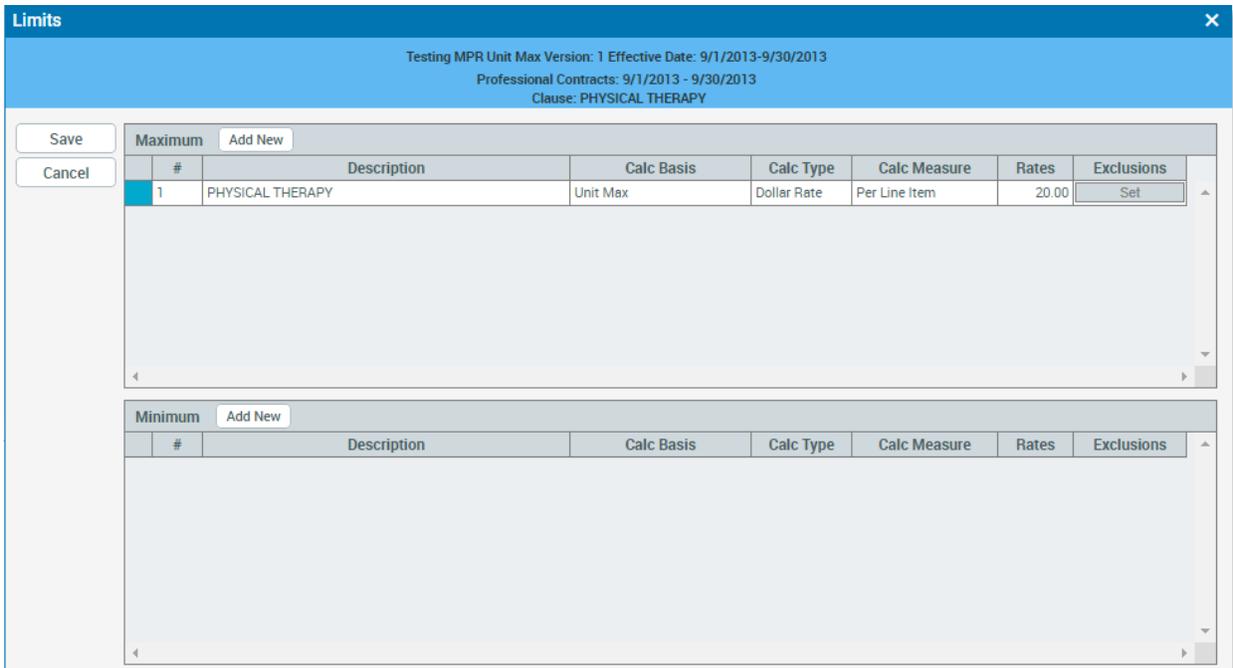
New unit max limit for MPR calculation

Now contract modelers can add a limit that caps reimbursement at a specified volume to MPR step-down payments for professional claims. The Unit Max calc basis acts as a counter for the maximum number of units allowed before reimbursement for claims are paid at \$0.

You can place this limit on a clause or term using the Line Item Code MPR calc basis, the Dollar Rate calculation type, and the Per Line Item calc measure.



In the following example, a limit maximum named Physical Therapy was created on a clause. Assuming that the unit is treatments or visits, the maximum treatments/visits that would be paid on is 20, which is listed in the Rates column. Payment is made until the limit is reached, and then everything else is paid at \$0.



The claim voucher displays the units. In the following example, the third line item puts the total over the 20-unit limit, so after that, the rest of the items on the claim are reimbursed at \$0.

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	At Most
09/09/2013	99233 - Subsequent hospital care		4	11	Rate1	\$9,370.00	\$9,370.00
	99222 - Initial hospital care		1	1	Rate2	\$111.00	\$111.00
09/11/2013	99232 - Subsequent hospital care		3	9	Rate1	\$51,216.00	\$45,525.33
09/12/2013	99232 - Subsequent hospital care		3	100	Rate1	\$556,721.00	\$0.00
	90792 - NO DESCRIPTION		1	7	Rate2	\$777.00	\$0.00
09/13/2013	99232 - Subsequent hospital care		3	10	Rate1	\$56,771.00	\$0.00
09/14/2013	99233 - Subsequent hospital care		4	12	Rate1	\$9,691.00	\$0.00
09/15/2013	99233 - Subsequent hospital care		4	6	Rate1	\$7,765.00	\$0.00
09/18/2013	99233 - Subsequent hospital care		4	5	Rate1	\$7,444.00	\$0.00
09/19/2013	99239 - Hospital discharge day		2	2	Rate1	\$5,755.00	\$0.00
Expected Payment for This Clause:						\$55,006.33	

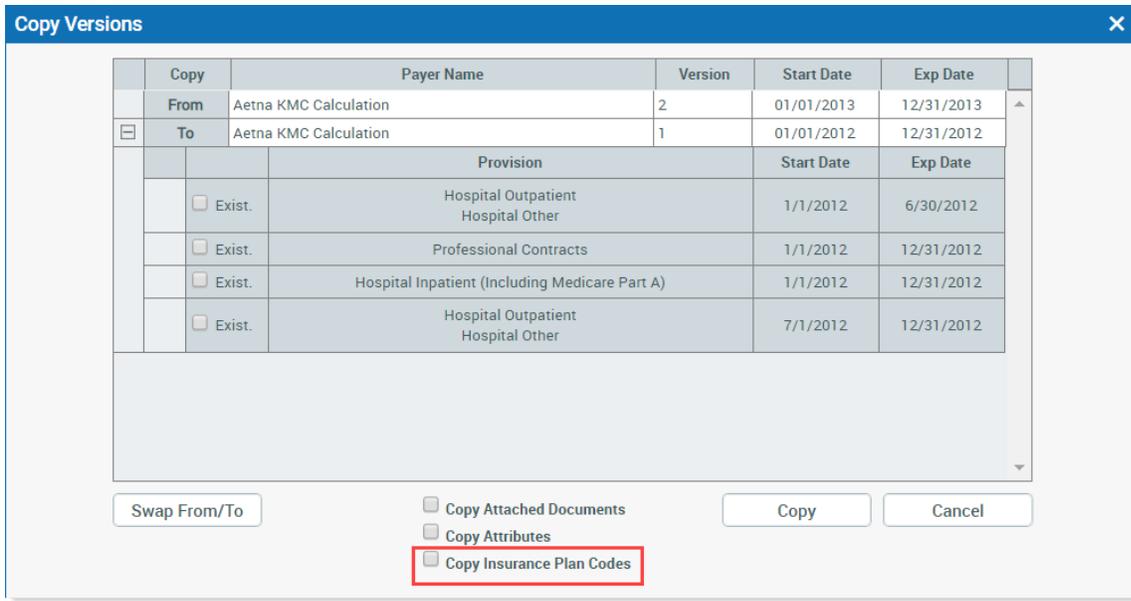
For more information, see “Add a unit max limit to an MPR calculation” in the online help.

Copy or import insurance plan codes to versions

Now you can include insurance plan codes when copying or creating contract versions instead of having to re-assign all of the insurance plan codes to the new version.

- ▶ Copy insurance plan codes when copying a contract

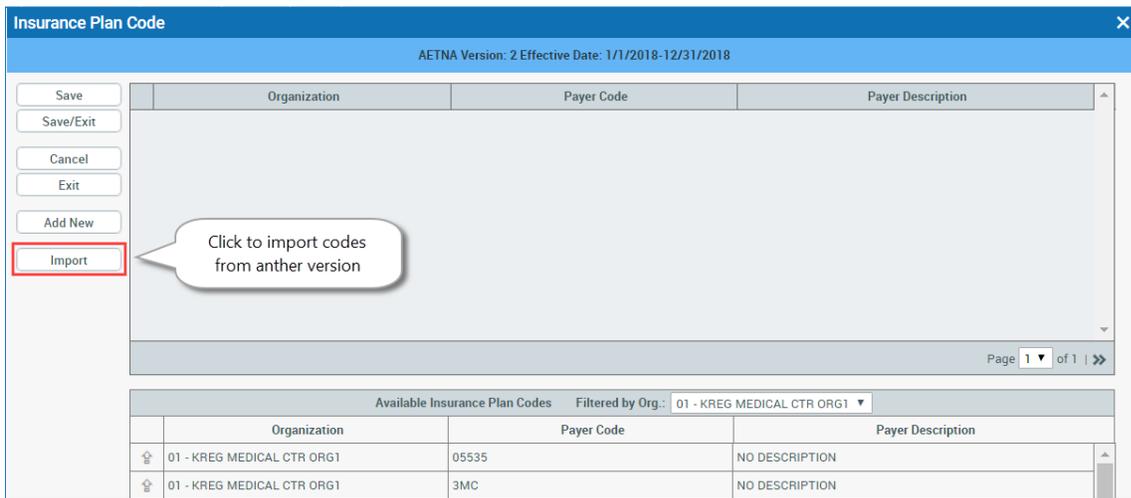
When you copy a version, you can select to copy the associated insurance plan codes as well:



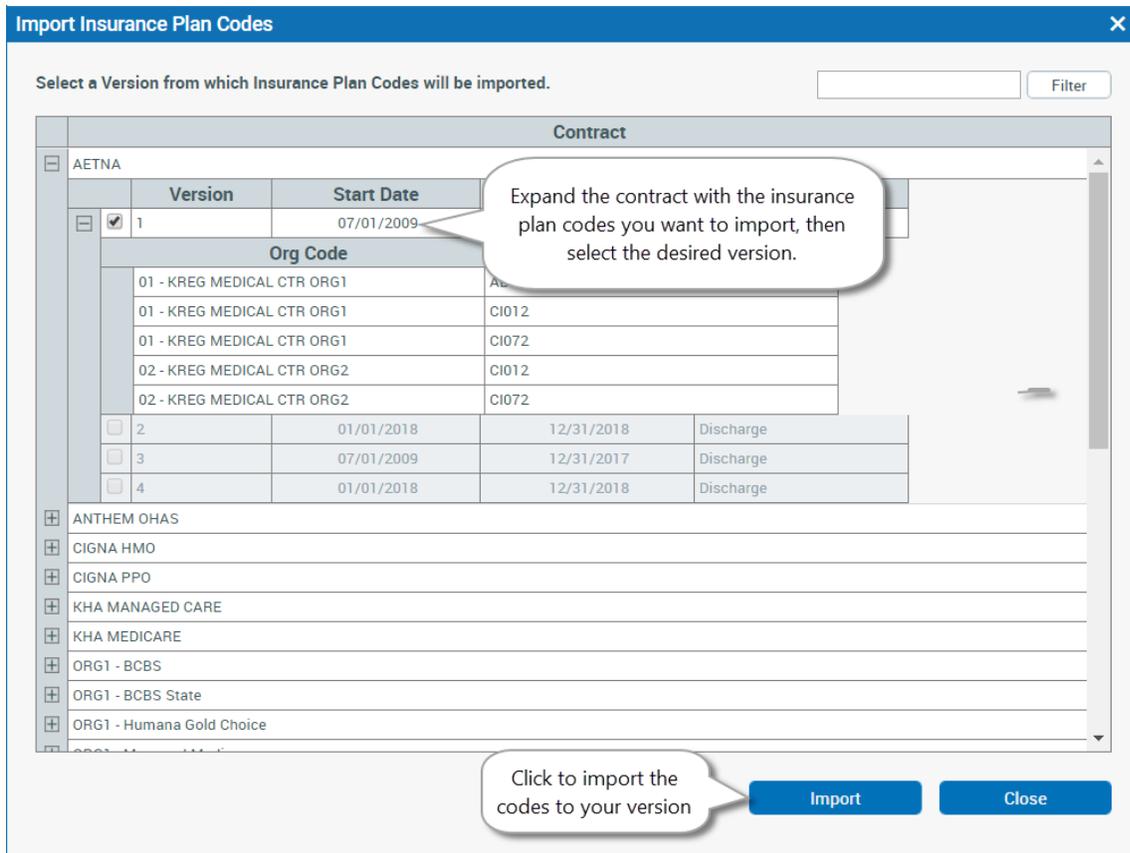
For more information on copying versions, see “Copy a version” in the online help.

► Import insurance plan codes from another version

A new Import button was added to the Insurance Plan Code window:



In the Import Insurance Plan Codes window, select the version with the desired codes:



For more information, see “Import insurance plan codes to a version” in the online help.

Import or export insurance plan factors to provisions

Now you can include factors when copying or creating contract provisions. You can import DRG CMS, Psych CMS, or CMS CMG factors from a file, or copy them from another provision instead of populating the factors fields manually. Additionally, you can export and import factors to and from an Excel file.

► Import provision factors from another provision

At the bottom of each of the CMS tabs in the Factors window is an Import button that opens the Import Factors window:

Hospital Outpatient/Hospital Other: 1/1/2008 - 12/31/2008

CMS DRG Factors | CMS Psych Factors | CMS CMG Factors | Schedules | Modifiers | National Factor Hospital Specific Factor

Facility Specific Factors	
COLA Adjustment *	<input type="text"/>
Large Urban Add-On *	<input type="text"/>
GAF-Regional *	<input type="text"/>
Wage Index *	<input type="text"/>
Value-Based Purchasing Factor * †	<input type="text"/>
Readmission Adjustment Factor * †	<input type="text"/>

National Factors	
Labor Related Standard Amount *	<input type="text"/>
Non-Labor Related Standard Amount *	<input type="text"/>
Federal Capital Rate *	<input type="text"/>

Operating	
Labor Related Share: Operating †	<input type="text"/>
Non-Labor Share: Operating †	<input type="text"/>
IME Operating Factor * †	<input type="text"/>
DSH Operating Factor * †	<input type="text"/>
Uncompensated Care	<input type="text"/>
Sole Community Add On *	<input type="text"/>

Outlier Factors	
Fixed Loss Threshold	<input type="text"/>
Operating CCR †	<input type="text"/>
Capital CCR †	<input type="text"/>
Marginal Cost †	<input type="text"/>

Capital	
IME Capital Factor * †	<input type="text"/>
DSH Capital Factor * †	<input type="text"/>

DRG Release	
<input type="text"/>	

Post-Calculated Rate Adjustments	
Deductible	<input type="text"/>
Sequestration Rate †	<input type="text"/>
Medicare-Like Adjustment Factor †	<input type="text"/>
Hospital Acquired Condition Adjustment †	<input type="text"/>

Calculated DRG Payment Rate:

* Fields required for calculated payment
† Enter percentage values as decimals (e.g. 75% = 0.75)

Outlier Exclusions | Edit Patient Codes | Export | **Import** | Delete | Save | Exit

The Import Factors window contains various options for importing factors:

Import Factors

Import From Provision | Import From File

Select a Provision from which Factors will be imported.

Simulation: Live

Contract							
KHA MEDICARE							
Version	Start Date	Exp. Date	Calculation Date				
1	01/01/2013	12/31/2017	Discharge				
Provision		Start Date	Exp. Date	DRG	CMG	Psych	
<input checked="" type="checkbox"/>	Hospital Inpatient (Including Medicare Part A)	01/01/2013	12/31/2013	✓	✗	✗	
<input type="checkbox"/>	ORG1 - Human Choice						
<input type="checkbox"/>	ORG1 - M						
<input type="checkbox"/>	ORG1 - M						
<input type="checkbox"/>	ORG2 - M						
<input type="checkbox"/>	ORG4 - Medicare HMO Other						
<input type="checkbox"/>	zzCEBTest071317						
<input type="checkbox"/>	zzCEBTest080817						
<input type="checkbox"/>	zzGHL QA test						

Factors to Import: CMS DRG CMS CMG CMS Psych

Buttons: Import, Close

Callouts:

- Click to access dialog for importing factors from a file
- Select the simulation if needed
- Select the provision that has the desired factors
- Note the type of factors that are available from this provision
- Select the factor type(s) to import
- Click to import

► Export factors from a provision

You can also export factors from a provision that has them by clicking the Export button at the bottom of the Factors window:

Factors

ORG1 - Humana Gold Choice Version: 1 Effective Date: 7/1/2009-9/30/2009
Hospital Inpatient (Including Medicare Part A): 7/1/2009 - 9/30/2009

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

National Factor Hospital Specific Factor

Facility Specific Factors	
COLA Adjustment *	1.00000
Large Urban Add-On *	1.00000
GAF-Regional *	.91200
Wage Index *	.87410
Value-Based Purchasing Factor * †	1
Readmission Adjustment Factor * †	1
Operating	
Labor Related Share: Operating †	.62000
Non-Labor Share: Operating †	.38000
IME Operating Factor * †	.00000
DSH Operating Factor * †	.05930
Uncompensated Care	.00000
Sole Community Add On *	.00000
Capital	
IME Capital Factor * †	.00000
DSH Capital Factor * †	.00000
Post-Calculated Rate Adjustments	
Deductible	.00
Sequestration Rate †	1.00000
Medicare-Like Adjustment Factor †	1.00000
Hospital Acquired Condition Adjustment †	.00000

National Factors	
Labor Related Standard Amount *	3238.35
Non-Labor Related Standard Amount *	1984.79
Federal Capital Rate *	429.26
Outlier Factors	
Fixed Loss Threshold	23140.00000
Operating CCR †	.33600
Capital CCR †	.04900
Marginal Cost †	80000
DRG Release	
Medicare2009	

Calculated DRG Payment Rate: \$5,492.47

* Fields required for calculated payment
† Enter percentage values as decimals (e.g. 75% = 0.75)

Buttons: Outlier Exclusions | Edit Patient Codes | **Export** | Import | Delete | Save | Exit

For more information, see “Import and export provision factors” in the online help.

Create post-grouper custom pricing

When modeling contracts for commercial Medicare-like plans that use customized Medicare grouping methodologies, users can now include adjustments to the CMS Outpatient calculation. For example, you can now set rates for clauses and terms that use the CMS Outpatient calc basis, and adjust those rates as needed.

The CMS Outpatient calc basis now has a Rates window in which you can set adjustments to rates.

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

Logged In: Holly Williams [Admin] | Recalculations Queued: 0

View: Live
ORG1 - Humana Gold Choice Version: 9 Effective Date: 10/1/2016-9/30/2017
Home Health - Outpatient: 10/1/2016 - 9/30/2017

#	Description	Calc Basis	Calc Type	Calc Measure	Terminal?	Rates	Thresh	Limit	GI
1	REHABILITATION	CMS Outpatient			No	Set	Set	Set	

The CMS Outpatient Rates window has two tabs:

- **CMS Outpatient Adjustments View** – Use to set the type of adjustment, and if Overall Percentage is the selected type, to specify the amount.
- **CMS Outpatient Import Files** – Use to upload rate adjustment files for adjustment types APC, APC Status Indicator, and Line Item Code.

In the following example, the user has set an overall percentage adjustment of 5% to the rate.

Rates

ORG1 - Humana Gold Choice Version: 9 Effective Date: 10/1/2016-9/30/2017
Skilled Nursing Outpatient: 10/1/2016 - 9/30/2017
Clause: SKILLED NURSING UNIT

CMS Outpatient Adjustments View CMS Outpatient Import Files

Adjust By: No Adjustment Overall Percentage APC Status Indicator APC Line Item Code

Adjustment: Save

** Enter decimal value percentage*

In the following example, the CMS Outpatient calculation is adjusted based on the APC Status Indicator found on claims. For these, the user uploaded an Excel file containing the adjustments. The adjustments display in the CMS Outpatient Adjustments View tab.

Rates ✕

MedicareLike Version: 1 Effective Date: 6/1/2013-12/31/2013
Hospital Outpatient: 6/1/2013 - 12/31/2013
Clause: ALL OTHER OUTPATIENT

CMS Outpatient Adjustments View CMS Outpatient Import Files

Adjust By: No Adjustment Overall Percentage APC Status Indicator APC Line Item Code

APC Status Indicator	Description	Adjustment
A	Services Not Paid Under OPPS	1.000000
B	Non-Allowed Item or Service For OPPS	1.000000
C	Inpatient Procedure	1.000000
D	Discontinued Codes	1.000000
E1	No Description	1.000000
E2	No Description	1.000000
F	Corneal Tissue Acq; Cert CRNA serv & HepB Vaccines	1.000000
G	Drug/Biological Pass-Through	1.000000
H	PassThru Dev Cat, Brachythrpy, Radiopharmaceutical	1.000000
J1	No Description	1.000000
J2	No Description	1.000000
K	Non Pass Through Drugs And Biologicals	1.000000
L	Flu/PPV Vaccines	1.000000
M	Service Not Billable To The FI	1.000000
N	Deferred Incidental Service	1.000000

Page 1 of 1 | << >>

The Voucher report includes the details for the CMS Outpatient calculation adjustment:

Simulation: PercentMedicare

Claim Voucher Report

BillID: C921594985	Admission Date: 11/19/2013	Total Charges: \$2,095.86
Claim Status: Active	Discharge Date: 11/19/2013	Non-Covered Charges: \$0.00
Patient Name: ██████████	Provision Date: 6/1/2013 to 12/31/2013	Expected Contractual: \$1,630.42
Insurance ID: SMID62076	Provision: Hospital Outpatient	Actual Contractual: \$419.18
Bill Code: 131	Contract Name: MedicareLike	Expected Payment: \$465.44
Insurance Plan Code: 12115	Organization: KREG MEDICAL CTR ORG1	Actual Payments: \$0.00
Covered Days: 0		Contractual Variance: \$1,211.24
Version #: 1		Balance Due: \$465.44

TOTAL CLAUSE REIMBURSEMENT

\$465.44

Clause # 1: ALL OTHER OUTPATIENT

\$465.44

ALL OTHER OUTPATIENT										
Calculation Basis: CMS Outpatient										
Payment Summary Information										
Medicare Outpatient Schedule:					KH MCR 20130701-20130930					
Schedule Effective Dates:					7/1/2013 - 12/31/2013					
Services	Epay Amount		Medicare Portion		Patient Portion					
APC	\$415.07		\$286.77		\$128.30					
Durable Medical Equipment	\$50.37		\$40.13		\$10.24					
Total Expected Payment	\$465.44		\$326.90		\$138.54					
Rev Code	Code	APC	SI	Services	Paid Units	Adjustment	Paid Amount	Medicare Portion	Patient Portion	Outlier Amount
0274	L3908		A	Durable Medical Equipment	1	1.0000	\$50.37	\$40.13	\$10.24	\$0.00
0320	73110LT	00260	X	APC	1		\$51.22	\$40.81	\$10.41	\$0.00
0351	70450	00332	S	APC	1	1.0500	\$203.94	\$124.11	\$79.83	\$0.00
0450	9928325	00614	V	APC	1	1.0000	\$159.91	\$121.85	\$38.06	\$0.00
Expected Payment for this Clause:					\$465.44					

FINAL CLAIM EXPECTED PAYMENT:

\$465.44

For more information, see the following:

- “Set up post-grouper custom pricing” in the online help
- “Adjust rates for a CMS Outpatient calculation” in the online help

Faster voucher reporting

We have changed how claims voucher reports are generated to reduce the amount of time it takes to produce them.

Also, the toolbar along the top has been removed, but you can still save or print the report using your browser tools, or by right-clicking the report and selecting **Save as** or **Print**.

Simulation: Live

Claim Voucher Report

BillID: C921651791	Admission Date: 10/23/2013	Total Charges: \$6,292.22
Claim Status: Active	Discharge Date: 11/4/2013	Non-Covered Charges: \$0.00
Patient Name: 	Provision Date: 7/1/2009 to 12/30/2015	Expected Contractual: \$629.22
Insurance ID: SMID66238	Provision: Hospital Outpatient Hospital Other	Actual Contractual: \$647.21
Bill Code: 131	Contract Name: AETNA	Expected Payment: \$5,663.00
Insurance Plan Code: CI012	Organization: KREG MEDICAL CTR ORG1	Actual Payments: \$4,884.35
Covered Days: 12		Contractual Variance: (\$17.99)
Version #: 1		Balance Due: \$778.65

TOTAL CLAUSE REIMBURSEMENT	\$5,663.00
Clause # 3: SURGICAL	\$5,663.00
Clause and Terms Total	\$5,663.00
Clause Only Reimbursement	\$2,187.45

SURGICAL

Calculation Basis: RevCode
Calculation Type: % Charges
Calculation Measure: Per Line Item

This Clause Matched on the Following RevCode Codes:

Service Date	RevCode	Code	Desc	Rate	Amount
11/4/2013	0360	0360	O/R - General	90.00 %	\$2,187.45

Expected Payment for this Clause: \$2,187.45

Total Terms Reimbursement	\$3,475.55
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Term #1: ANY/ALL SERVICES	\$3,475.55
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ANY/ALL SERVICES

Calculation Basis: All Other Line Items
Calculation Type: % Charges
Calculation Measure: Per Line Item

This Term Matched on the Following All Other Line Items Codes:

Service Date	RevCode	Code	Desc	Rate	Amount
10/23/2013	0301	80048	Basic metabolic panel	90.00 %	\$120.60
	0301	80076	Hepatic function panel	90.00 %	\$110.70
	0301	82607	Vitamin b-12	90.00 %	\$108.90
	0301	82746	Blood folic acid serum	90.00 %	\$96.30
	0301	83735	Assay of magnesium	90.00 %	\$68.40
	0301	84443	Assay thyroid stim hormone	90.00 %	\$114.30
	0302	86038	Antinuclear antibodies	90.00 %	\$103.50
	0302	86141	C-reactive protein, hs	90.00 %	\$96.30
	0302	86431	Rheumatoid factor, quant	90.00 %	\$58.50
	0305	85027	Complete cbc, automated	90.00 %	\$63.00
	0305	85652	Rbc sed rate, automated	90.00 %	\$49.50
	0309	36415	Routine venipuncture	90.00 %	\$18.00
11/4/2013	0250	---	Pharmacy - General	90.00 %	\$70.41
	0270	---	Med/Surg - General	90.00 %	\$616.41
	0370	---	Anesthesia - Other	90.00 %	\$495.00
	0636	J1100	Dexamethasone sodium phos	90.00 %	\$6.09
	0636	J1885	Ketorolac tromethamine inj	90.00 %	\$4.50
	0636	J2001	Lidocaine injection	90.00 %	\$23.09
	0636	J2250	Inj midazolam hydrochloride	90.00 %	\$13.20
	0710	---	Recovery Room - General	90.00 %	\$821.25
	0964	01810	Anesth, lower arm surgery	90.00 %	\$417.60

Expected Payment for this Term: \$3,475.55

FINAL CLAIM EXPECTED PAYMENT:	\$5,663.00
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3M April 2019 APC and eAPG quarterly update release

Each quarter, 3M provides an update to the 3M GPS Grouper 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 2019.2

The following table lists the resolutions for issues addressed in 2019.2, released on June 24, 2019:

Issue Description	Description
PFB-07443 - Factors Form - Uncompensated Care and Sole Community Fields [TFS 34735]	<p>Summary: The Factors form that is part of the provision has new fields for uncompensated care and sole community add-on. These fields are not being copied forward to a new provision when the existing one is converted.</p> <p>Resolution: Corrected by adding the three new fields to the CMA_CopyFactors stored procedure for CMSDRGFactors.</p>
PFB-07490 - Comorbidity Psych Calculation [TFS 34924]	<p>Summary: One Group 9 code is missing on calculated claims.</p> <p>Resolution: Corrected by updating the stored procedure calceng.spGetComorbidityAdjFactor, which was poorly formed and as a result was always returning an empty result set.</p>
PFB-07526 - Line Item MPR Percent and Hierarchy [TFS 35378]	<p>Summary: New Calculation Basis Line Item MPR is not ordering procedures accurately when calculating reimbursement when the Calculation Type being used is percent.</p> <p>Resolution: Corrected by updating the PctCharges to calculate the rate * charge amount in order to figure out the correct order of payouts.</p>
PFB-07379 - eAPGs not calculating during import [TFS 35301]	<p>Summary: The eAPGs are not calculating during the CM Axiom Import process. APCs are. The eAPGs will calculate when manually run after the import.</p> <p>Resolution: Corrected by reloading the Claims after processing Grouping so that the Claims have the grouped data before passing to the Pricer.</p>

Issues resolved in 2019.2.1

The following table lists the resolutions for issues addressed in 2019.2.1, released on July 22, 2019:

Issue Description	Description
3M July 15, 2019 Quarterly Release (Axiom 2019.2 Patch) [TFS 36922]	<p>Summary: The 3M Grouper changes released in 3M's GPS product (Service pack 1 released in July) need to be incorporated into the Axiom 3M grouper code for the APC and eAPG groupers.</p> <p>Resolution: Corrected by delivering the changes needed to support 3M's July quarterly update.</p>
SQL Importer not archiving files (Patch 2019.2) [TFS 36951]	<p>Summary: The SQL Importer is not archiving files, but it does appear to import data successfully.</p> <p>Resolution: Corrected by fixing the issue that caused "Success" to display if there was an error and "Partial Success" to display if it was a success.</p>
kg.spCmaT400Cube LineItemsAfterGroupAndPrice is timing out [TFS 37143]	<p>Summary: The stored procedure is using the default timeout, which appears to be 15 minutes, and is timing out for some clients.</p> <p>Resolution: Removed timeouts for the StoredProcedureHelper setup.</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-07236 - Payer Code Missing [TFS 32739]	<p>Symptom: The front screen view for the 835 from a claim contains a detail description of the payer. However, when the user opens the 835, they do not see the same Payer description that is displayed on the previous screen.</p> <p>Workaround: Go back to the 835 summary listing report to view the payer description.</p>
PFB-07168 - C - Line Item Code + Rev Code calc basis attach rates routines [TFS 36146]	<p>Symptom: When the user adds a Line Item Code Plus Revenue Code Clause to a contract, if the attached rate file has a rate greater than \$214,000, they receive an error when trying to attach the file. (Error: On Insert Rates: - SqlDbType.SmallMoney overflow.)</p> <p>Explanation: Attaching the rate file creates an error.</p> <p>Workaround: Manually enter the rates.</p>

IMPORTANT: Refer to the **Axiom for Healthcare Suite 2019.2 Release Notes** for additional known issues that have a suite-wide impact.