Administrator's Guide

Axiom Contract Management

Version 2019.3

KaufmanHall

AXIOM

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Welcome to Axiom Contract Management

Kaufman Hall's contract modeling and analytics tool helps organizations better predict and manage payments, and leverage a data-driven approach for improved payer negotiations. With this software, you can estimate net revenue by patient, and better manage contracts, claims, and payments across your organization from both managed care and government payers.

Kaufman Hall's Axiom Contract Management solution helps healthcare organizations:

- Inform payer contract negotiations using empirical and modeled data
- Understand the financial impact of proposed changes to contract terms
- Optimize estimation of net patient revenue across inpatient and outpatient populations

What is covered in this document

This guide is for Axiom Contract Management administrators. System administration involves basic configuration and maintenance tasks, some that you perform only once, and some that you need to perform regularly. You perform most admin tasks from the Axiom Contract Management Web Client. Any tasks that are performed from the Desktop Client are noted as such.

System administrators model contracts that other users view and use in processing claims and creating and viewing reports.

This guide includes the following administrations features and tasks:

- Importing data – Building claim formats and other import formats, importing files to the system, and viewing import activity
- Managing attributes – Creating, editing, enabling /disabling, and deleting attributes
- Modeling contracts, including building contracts (adding versions, provisions, attributes, clauses and terms, thresholds and limits; attaching files and importing rates; copying contracts; and more)
- Managing simulations – Creating, editing, and copying simulations; mapping simulations to drill-down reporting
- Security – Application security roles and their associated access rights

What's new

Welcome to Version 2019.3 of Axiom Contract Management!

Enhancements in this release include:

- **Map Provider names to Org codes tool** – Now Contract Management administrators have a new tool that allows them to map Provider names to Org Codes and add new Org Codes to the system. Previously, this task required assistance from Axiom Software Client Success.
- **Drill-down reporting for APCs is extended to other simulations** – Axiom Contract Management now supports drill-down reporting on line-level calculation detail results for grouped and priced APCs for any simulation configured for drill-down reporting. Use the new drill-down reporting fields to compare line-level APC calculation detail results.
- **Shift claim dates for Group and Price** – Users who group and price claims for APC and eAPG contracts can now shift dates on claims forward or backward in time to accurately understand the impact of CMS grouping and pricing logic.
- **New payer code options for claims processing** – Now users who group and price claims and who recalculate claims can do so by Insurance Plan Code.
- **Payer option rename** – The Payer option on the Group and Price Claims page and the Recalculate Claims page has been renamed to “Contract” to better reflect what this option does, and to distinguish it from the new Insurance Plan Code option.
- **Postings breakout for enhanced variance reporting** – New reporting fields on drill-down reports for the Claims tab allow you to break out payment and adjustment posting totals by type for improved contractual variance reporting.

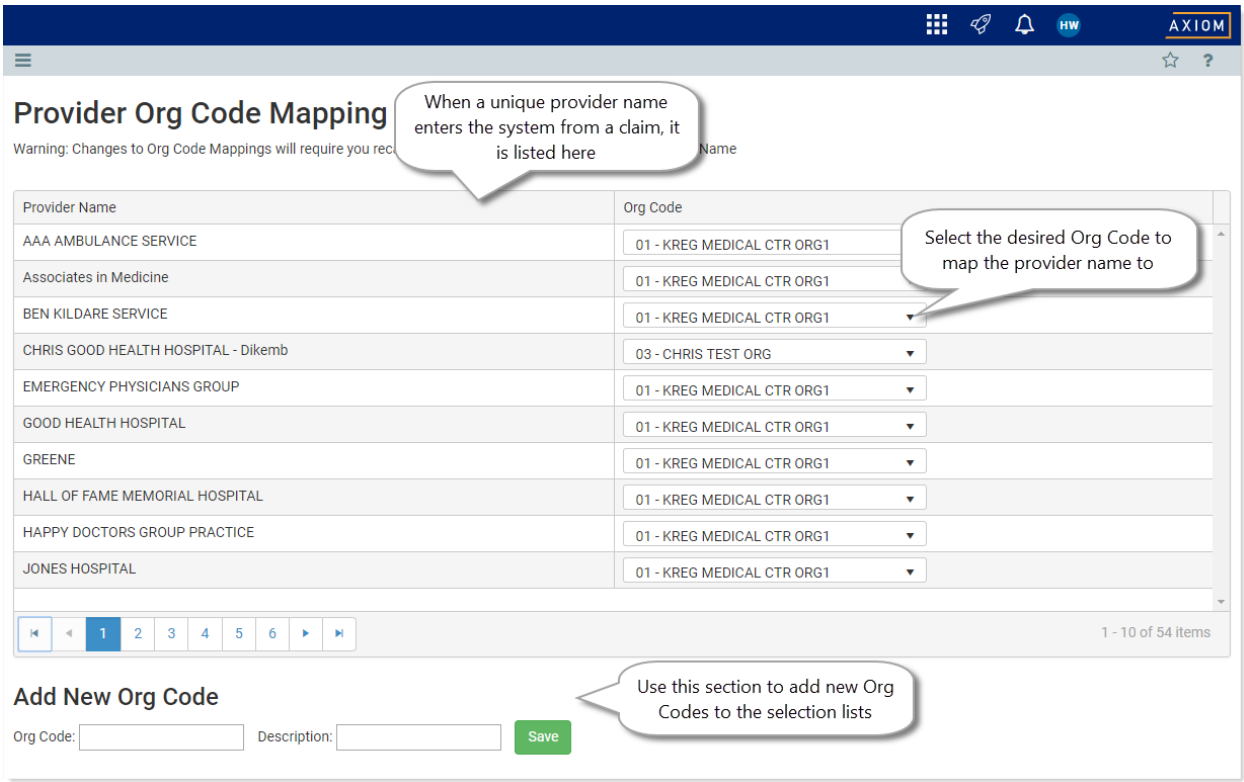
- **Enhancements to file importing**
  - **New SQL Importer Log** – A new SQL importer log available to administrators provides better visibility into the nightly import process. The SQL importer log records details about the last import that took place, including any errors, in an easy-to-view format.
  - **Option to import Posting files using Axiom ETL** – As part of an ongoing update to the import process, posting files can now be imported using Axiom ETL as part of the existing Axiom Contract Management Full Import job. Users need to provide a posting file with category breakouts for payments and adjustments. These files are imported to the system and processed. The supplied category breakouts can be used in drill-down reports.
  - **File handling verification for duplicate flat delimited posting files** – In the Notes section of the Manage Import Batches page, duplicate files that are not imported are noted as such, and the import report is updated to show that the file was skipped as a duplicate.
  - **EDI file inspection and removal of problem files** – When problem files are encountered during the import process, the system now moves these files to specific folders where users can find them, and then updates the import reports in various places. Problem files include duplicates, files with invalid formats, and unreadable files.
- **3M June 2019 quarterly update** – 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.

Map provider names to Org codes

Contract Management administrators can now manage provider name mappings to organizational codes in their systems using the new Provider Org Code Mapping tool.

When a claim enters the system, the provider name on it is checked against the existing list of names. If the name is different in any way from the names already in the list (for example, spelling or word order), it is added to the list. Administrators can then map the new provider names or the name variances to the correct Org codes.

By default, new provider names come in with the default code. You can select the desired name from the Org Code drop-down or, if needed, you can create a new Org code.



To map a provider name to an Org code:

1. In the main menu header, from the **Admin** menu, select **Provider Org Code Mapping**.
2. Locate the provider name in the list on the left. Names are listed in alphabetical order.
3. In the **Org Code** column, from the Org code drop-down for the corresponding provider name, select the desired Org code. The change is saved automatically. If the needed Org code does not exist, you can add it using the following instructions.
4. To propagate the provider name and Org code association to existing claims, recalculate the claims.

To add a new Org code:

1. In the main menu header, from the **Admin** menu, select **Provider Org Code Mapping**.
2. In the **Add New Org Code** section, in the **Org Code** field, type the number to associate with the Org code.
3. In the **Description** field, type the Org code description.
4. Click **Save**.

Compare G & P line-level APC calculation detail results

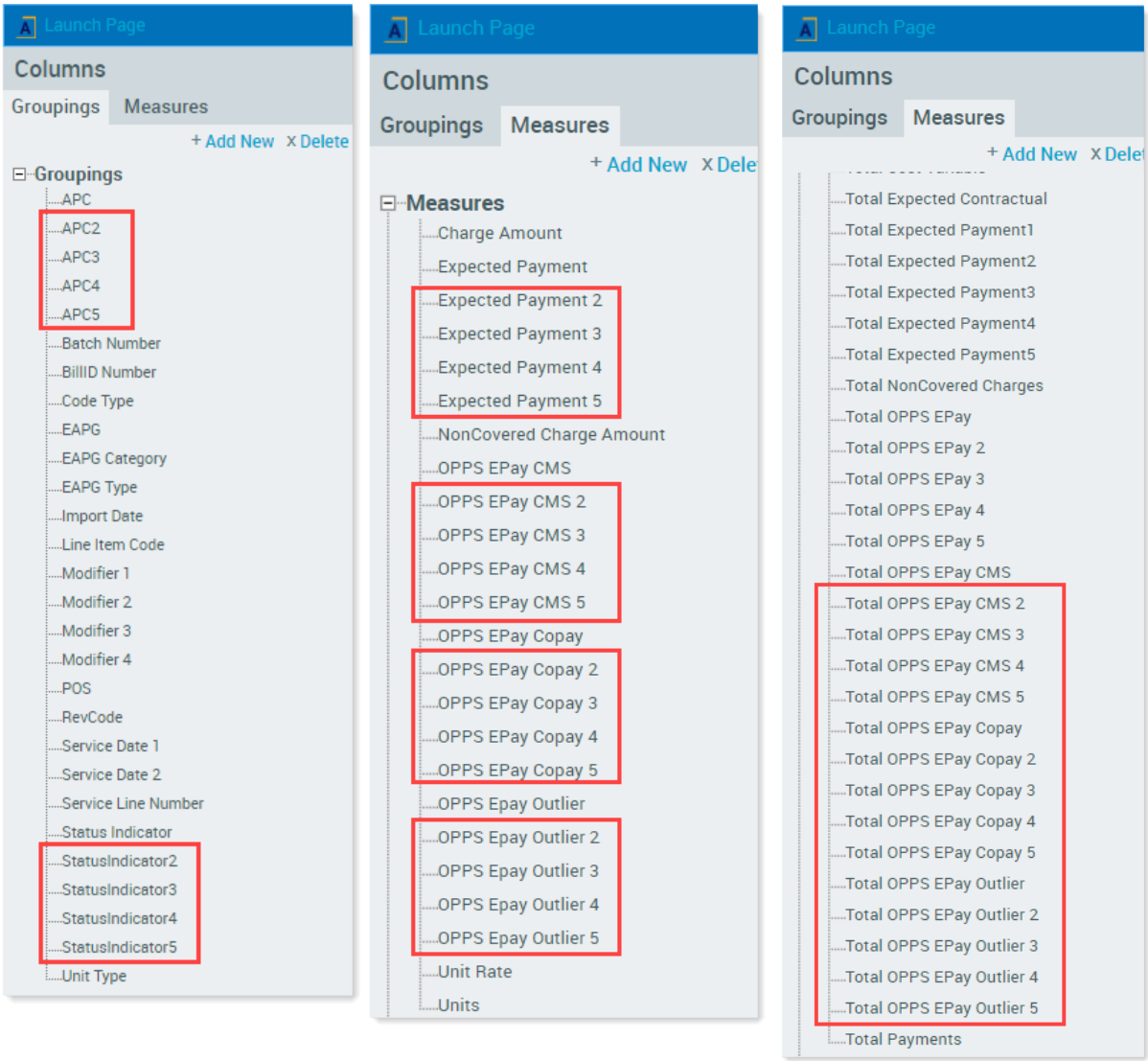
Users running drill-down reports on claims and line items can now include line-level calculation detail results created from grouping and pricing APCs from any simulation configured for drill-down reporting. You can now do a side-by-side simulation comparison down to the line-level of detail to compare the impact of APC schedule changes on a set of claims.

NOTE: Your Axiom Contract Management administrator sets up simulations for drill-down reporting.

Claims and Line-level APC results for up to four simulations at a time

In addition to the Live simulation, up to four simulations can be set up to handle reporting of APC detail at the claim level. Previous to the 2019.3 release, we only stored grouped and priced APC results from the Live simulation. In this release, we have extended grouping and pricing to all other simulations. The fields that are populated on the Claims and Line items tabs are available for the other four simulations selected for drill-down reporting. This means there are now four new fields for each claim and line level field currently populated during the group and price process (for example, fields such as PPSPayment, CoPay, Outlier, etc.).

New Line Item Groupings added include the APC# and StatusIndicator# 2 - 5 as shown in the following example.	New Line Items Measures added include the following:	New CMS Measures added for Claims include the following:



To use these new fields in a drill-down report:

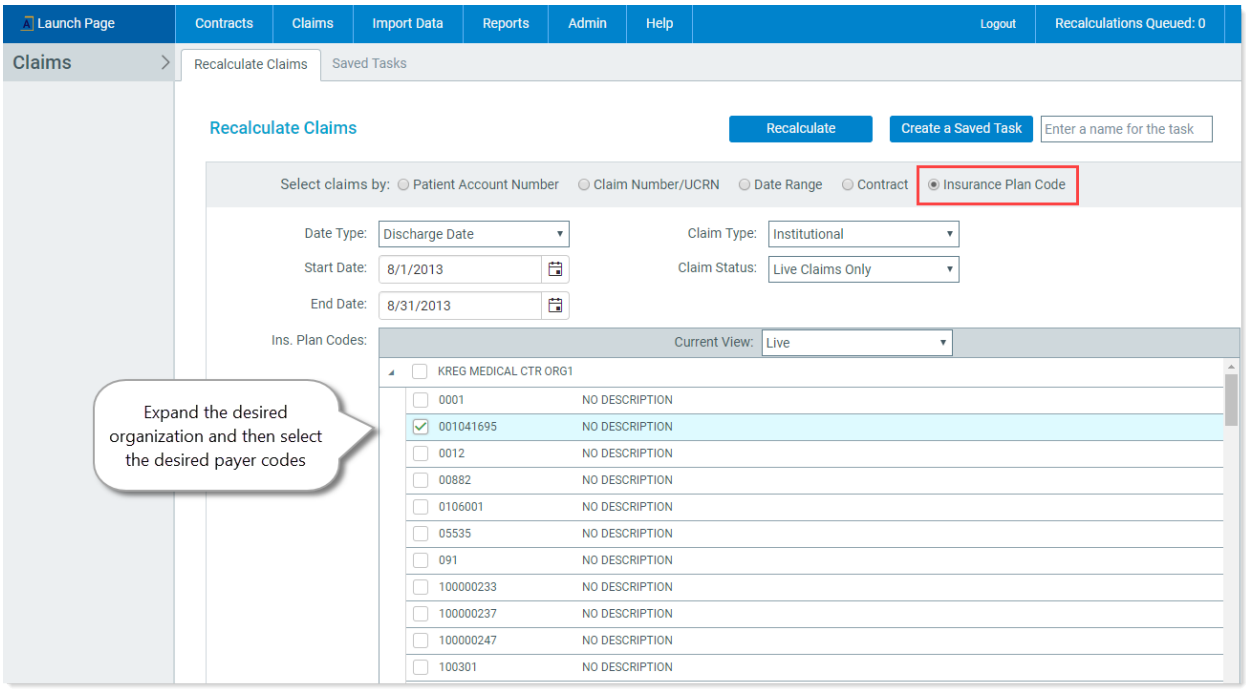
1. Run an APC group and price against claims in a simulation mapped to drill-down reporting:
   a. Ensure your simulation environment contains the APC contract(s) with the appropriate Schedule(s).
   b. Ensure your simulation environment is mapped to drill-down reporting. You may need to verify this with the Axiom Contract Management administrator.
   c. Group and price the desired set of APC claims for the desired simulation (or simulations, if you are performing a comparison). For more information, see Group and price APC and eAPG claims.
2. Create a drill-down report using the desired Claim tab or Line Item tab fields, then add filters to the report as needed to limit the data included, and then generate the report.

For more information, see the following:

- Build a new drill-down report
- Apply filters to a drill-down report
- Export a drill-down report

New payer code option for grouping and pricing and recalculating claims

Users who group and price and recalculate claims now have the additional option of grouping and pricing and recalculating by Insurance Plan Code. If a new insurance plan code is added to a version and you need to group and price related claims or recalculate those claims, you do not have to process all the claims for that version; instead, you can select to process only the claims that have that specific insurance plan code.



Recalculating selected insurance plan code

For more information, see the following:

- Group and price APC and eAPG claims
- Recalculate a claim

Shift claim dates for grouping and pricing forecasts

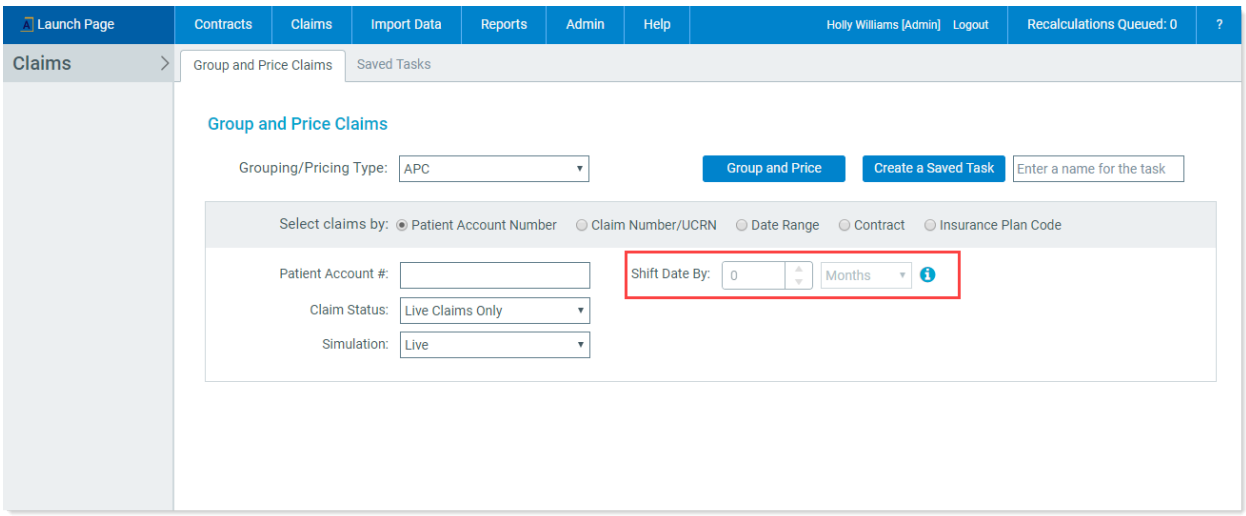
Users who group and price claims for APG and eAPG contracts can shift dates on claims forward in time to accurately understand the impact of new CMS grouping and pricing logic for the upcoming year.

IMPORTANT: The shift claim dates feature works only in non-Live simulations.

When the new CMS grouping methods and schedules are released, you can get a forecast of how they will affect your APC and eAPG claims reimbursements by running some of your historical claims through the grouping and pricing process using the new rules. Normally, grouping logic prevents you from using future logic against historical claims because they are service-date specific. However, if you shift your historical claim dates into the next year, you can align your service dates with the 3M logic.

NOTE: You can also shift the dates backward in time by using a negative number of units. You might do this if you want to know what this year's claims reimbursements would have paid last year.

The Group and Price Claims page includes a Shift Date By section that remains inactive until you select a non-Live simulation in which to group and price your claims. You can use the date shift feature for any claims selection method (Patient Account Number, Claim Number/UCRN, Date Range, etc.) as long as you select a non-live simulation.



To date shift a set of claims for grouping and pricing:

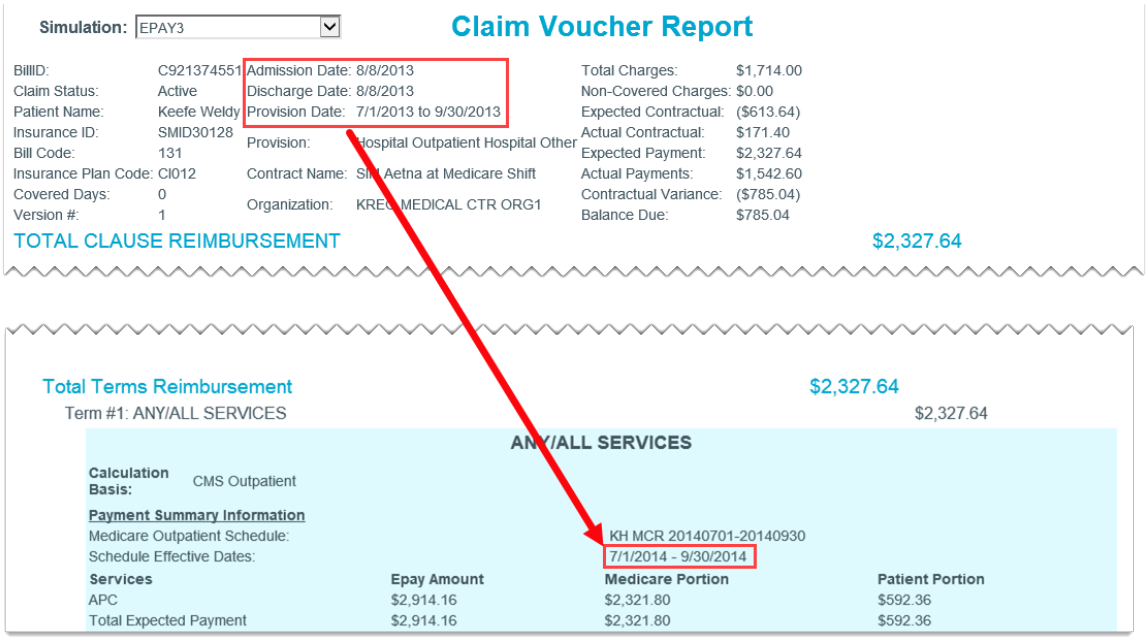
1. In the main menu header, click **Claims** > **Group and Price**.
2. On the **Group and Price Claims** page, from the **Grouping/Pricing Type** drop-down, select the type.
3. In the **Select claims by** section, select an option, For details, see
4. From the **Simulation** drop-down, select the desired simulation.

   IMPORTANT: The simulation must not be Live.

5. In the first **Shift Date By** field, click the up or down arrows to select the *number of units* to shift the date by.

6. In the second **Shift Date By** field, click the drop-down and select the *unit* to shift the date by (Days, Months, Years).
7. Click **Group and Price**.
8. After grouping and pricing, view the claim voucher report to see the results.

   In the following example, the top of the voucher report shows that the service took place in 2013, but on the bottom, you see that for calculating the expected payment, it used a future Grouper Schedule, and therefore, a different Grouper Logic.



Improve variance reporting with Posting subcategories

Users running drill-down reports on payment and adjustment posting totals can now break out these items into subcategories for more detailed reporting. In addition to Total Payment and Total Contractual fields, there are now 10 new payment and 10 new adjustment fields available in the Measures column for the Claims tab. These new fields allow you to break out payment and adjustment posting totals by type for improved contractual variance reporting. You can use these fields to report on refunds, bad debt adjustments, etc. The new drill-down report fields for adjustments are A1-A10. The new fields for payments are P1-P10.

> **NOTE:** To take advantage of this postings breakout feature, you need to provide a posting file with category breakouts for payments and adjustments imported using Axiom ETL. This import can be in addition to or part of the Axiom Contract Management Full Import job.

In the example below, adjustment fields A1 and A2 are used to break out primary contractual and facility adjustments:

axiomsoftware **Contractual Review**

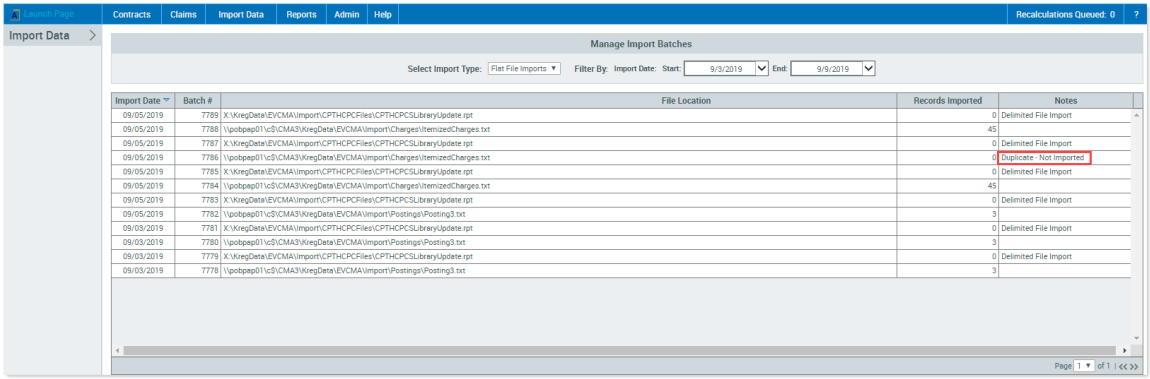
Filters

Contract ClauseDesc	SUM Cases	SUM Total Charges	SUM Total Expected Contractual	SUM Total Primary Contractual (A1)	SUM Total Facility Adj (A2)	SUM Contractual Variance
ALL OTHER OP	31	26,199	2,620	2,620	939	(0)
CARDIOLOGY	5	19,808	1,981	1,900	15	81
EMERGENCY CARE	54	94,717	9,472	10,472	246	(1,000)
IMAGING SERVICES	30	37,963	3,796	3,291	505	505
IMPLANTS	10	19,460	1,946	2,057	111	(111)
LAB	68	23,744	2,374	2,374	0	0
OBSERVATION	3	22,197	2,220	2,210	10	10
PT/OT/ST	15	8,504	850	1,000	150	(150)
RADIATION THERAPY	8	64,505	6,485	6,490	5	(5)
RADIOLOGY SERVICES	6	2,786	279	279	0	(0)
SURGICAL	9	104,189	10,419	15,867	534	(5,448)
	239	424,073	42,441	48,560	2,515	(6,119)

Duplicate file check on flat delimited posting files

Now you have more transparency into the Axiom Contract Management Full import job process for flat delimited posting files. When the system encounters a duplicate file, it does the following:

- Date-time stamps the file and copies it to a duplicate file folder under the Imported folder location from where the file is read. If the folder does not exist, the system creates it.
- Logs the attempt as a duplicate and updates the import report to show that the file was skipped as a duplicate.
- In the Import Data > Manage Import Batches table, the Notes section records that the file is a Duplicate and not imported, as shown in the following example:



For more information, see View import activity.

Improved import handling of problem files

Users running Axiom Contract Management imports now have greater visibility into what happens to problem files when claims and remits are read into the system during the Axiom Contract Management Full Import job. Problem files include duplicate files, files with invalid formats, and files that cannot be

read because of structural or other issues. The new processing enables users to easily locate problem files and take corrective action.

Previously, most of the information about the reading of EDI claims was reported to the Axiom logs, and problem files were not easy to find. Now when such problem files occur in imports, the system handles them as follows:

Duplicate files

The system:

- Date-time stamps and copies the file to a Duplicate file folder under the imported folder location from which the file is read. If the Duplicate folder does not exist, the system creates it.
- Logs the attempt as a duplicate
- Inserts the file entry into the TempImportBatches table without a file hash and with a status of Duplicate
- Updates the import report to show that the file is a duplicate and was skipped
- Within the system under Import Data, in the Manage Import Batches table, the Notes column lists the file as Duplicate - Not Imported

Invalid format files

The system:

- Date-time stamps and copies the file to an Invalid Format file folder under the Imported folder location from which the file is read. If the folder does not exist, the system creates it.
- Logs the attempt as an invalid format file
- Inserts the file entry into the TempImportBatches table without a file hash and with a status of Invalid Format
- Updates the import report to show that the file is an Invalid Format and was skipped
- Within the system under Import Data, in the Manage Import Batches table, the Notes column lists the file as Invalid Type - Not Imported

Unreadable files

The system:

- Date-time stamps and copies the file to an Unreadable folder under the Imported folder location from which the file is read. If the Unreadable folder does not exist, the system creates it.
- Logs the attempt as an unreadable file
- Inserts the file entry into the TempImportBatches table without a file hash and with a status of Unreadable
- Updates the import report to show that the file is Unreadable and was skipped
- Within the system under Import Data, in the Manage Import Batches table, the Notes column lists the file as Unreadable - Not Imported

View importer logging

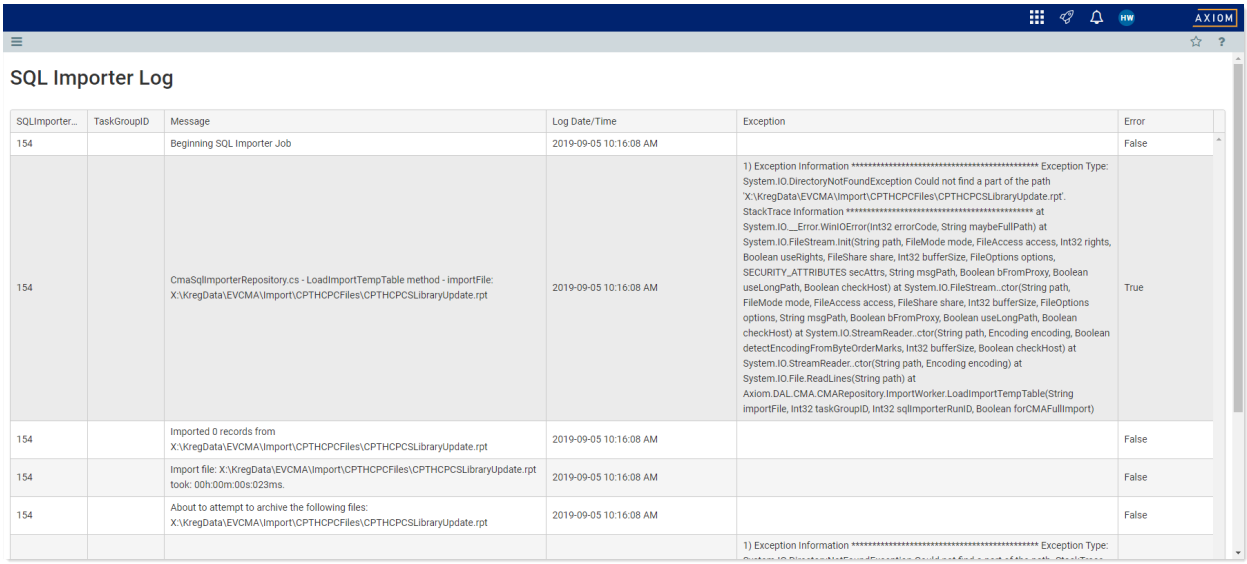
A new SQL importer log available to administrators provides better visibility into the nightly import process. The SQL importer log records details about the last import that took place, including any errors, in an easy-to-view format. Administrators can use this log as a diagnostic tool when errors occur because it is more descriptive than the Axiom log.

The log records the following:

- SQL Import run ID number
- Task group ID
- Message – A brief description of the activity during each phase of the process
- Log Date/Time
- Exception – Error and associated information
- Error – Error flag True or False; True indicates an error

To view the SQL Importer log:

In the main menu header, click **Admin** > **SQL Importer log**.



SQLImporter...	TaskGroupID	Message	Log Date/Time	Exception	Error
154		Beginning SQL Importer Job	2019-09-05 10:16:08 AM		False
154		CmaSqlImporterRepository.cs - LoadImportTempTable method - importFile: X:\KregData\EVCMA\Import\CPTHCPCFiles\CPTHCPCSLibraryUpdate.rpt	2019-09-05 10:16:08 AM	1) Exception Information ********** Exception Type: System.IO.DirectoryNotFoundException Could not find a part of the path 'X:\KregData\EVCMA\Import\CPTHCPCFiles\CPTHCPCSLibraryUpdate.rpt'. StackTrace Information ********** at System.IO.__Error.WinIOError(Int32 errorCode, String maybeFullPath) at System.IO.FileStream.Init(String path, FileMode mode, FileAccess access, Int32 rights, Boolean useRights, FileShare share, Int32 bufferSize, FileOptions options, SECURITY_ATTRIBUTES secAttrs, String msgPath, Boolean bFromProxy, Boolean useLongPath, Boolean checkHost) at System.IO.FileStream..ctor(String path, FileMode mode, FileAccess access, FileShare share, Int32 bufferSize, FileOptions options, String msgPath, Boolean bFromProxy, Boolean useLongPath, Boolean checkHost) at System.IO.StreamReader..ctor(String path, Encoding encoding, Boolean detectEncodingFromByteOrderMarks, Int32 bufferSize, Boolean checkHost) at System.IO.StreamReader..ctor(String path, Encoding encoding) at System.IO.File.ReadLines(String path) at Axiom.DAL.CMA.CMARepository.ImportWorker.LoadImportTempTable(String importFile, Int32 taskGroupID, Int32 sqlImporterRunID, Boolean forCMAFullImport)	True
154		Imported 0 records from X:\KregData\EVCMA\Import\CPTHCPCFiles\CPTHCPCSLibraryUpdate.rpt	2019-09-05 10:16:08 AM		False
154		Import file: X:\KregData\EVCMA\Import\CPTHCPCFiles\CPTHCPCSLibraryUpdate.rpt took: 00h:00m:00s:023ms.	2019-09-05 10:16:08 AM		False
154		About to attempt to archive the following files: X:\KregData\EVCMA\Import\CPTHCPCFiles\CPTHCPCSLibraryUpdate.rpt	2019-09-05 10:16:08 AM		False
				1) Exception Information ********** Exception Type:	

3M July 15 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.

Understanding the Axiom Contract Management system

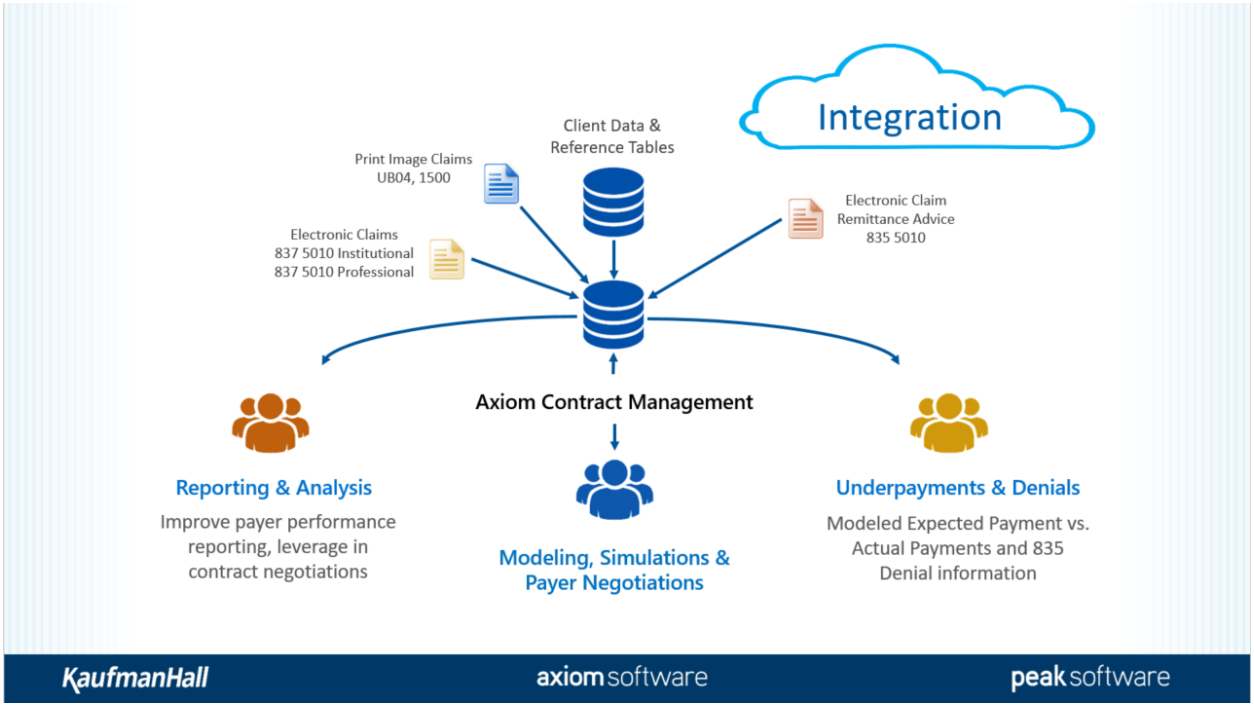
Axiom Contract Management is a web application backed by an SQL database that stores contract terms, patient claims, and payment information. The system uses the contract payment terms and the patient claim information to calculate an expected payment for every claim submitted by the provider.

Understanding the flow of data

From billing to Axiom Contract Management

Axiom Contract Management requires many pieces of data to function properly. It is important to understand the entire process of how data comes into, and moves through, the system.

As shown in the following diagram, when billable procedures are performed at a hospital, services data is entered directly into the hospital's information systems (HIS). Patient Accounting generates claim data from this information, and a bill in the form of an 837i/UB04 for institutional claims, and as an 837p/1500 for professional claims, is sent to the payer.



As these claims are sent out each day, a copy also goes to the Axiom Contract Management system.

NOTE: It is best to collect these claims after they have been sent through a claim scrubber so that they reflect exactly what the payer receives.

After claims are imported to Axiom Contract Management, they are matched to the associated payer contracts that you modeled in the system. These contracts can be very sophisticated and may contain combinations of services being paid at fee schedules, per Diem payments, lesser of terms, thresholds, stop losses, and various other reimbursement methodologies. Ultimately, an expected payment is generated for each claim that has a matching contract.

In addition, 835 remittance responses, along with posted payments and primary payer adjustments, flow into Axiom Contract Management on a daily basis. With these five pieces of information (i.e., contract terms, claim data, payments, adjustments, and remittance responses), the expected payment/contractual generated by Axiom Contract Management allows you to identify which claims have or have not been paid correctly.

Understanding data requirements

This section provides file requirements for imported claim and financial data files.

Claim file requirements

Institutional claims

- **The UB must be in a true print image format**. 837i/UB04 claim files need to be provided to Kaufman Hall as EDI or text files. These files need to be provided on a daily basis to a folder on the Axiom Contract Management server or on an existing server within the network. The UB must be provided to Kaufman Hall in a true print image format—meaning that if the UB text file was opened in a text editor and printed, it would line up perfectly on a blank UB92/UB04 form.
- **When possible, a claim file should have an account number unique to the patient's billing episode**. Some billing systems use what is known as a Claim # or a UCRN #, where this number is specific to a particular bill and it changes every time the claim is submitted to a payer. Kaufman Hall prefers to receive the Account # that is unique to the patient's billing episode, and remains unchanged regardless of the number of times it is generated from within the HIS. If it is not possible to include the Account # on the claim, a daily additional data file is required from the hospital. This file contains the mapping of UCRN # to Account #.
- **When possible, claims should be scrubbed before importing**. It is Kaufman Hall's preference to receive the "scrubbed" version of the claim whenever possible because this allows for more accurate expected payments.
- **The insurance code/plan code/payer mnemonic should be placed in an unused box on the UB**. In most cases, the payer name will not be sufficient. For example, patient accounts could put "Blue Cross" on the bill, but it will not give Axiom Contract Management enough detail to determine whether it is considered Blue Cross PPO, HMO, etc. Kaufman Hall would expect something like BC.PPO or BC.HMO in this case. If this field is not on the claim by default, it could be placed in an unused field (Box 30 on the UB04). If this is not possible, an additional data download for this information will be required, or, as a default, the first payer name listed on the claim will be used.

- **Each file must have a unique name**. Kaufman Hall requires that each file have a unique name concatenated with a date stamp (MMDDYYYYNAME.txt). For example, 01012018UB.txt would be a UB file generated on Jan. 1, 2018, whereas 01012018COMM.txt would be a commercial payer file for the same date.

Professional claims

Professional print image claims, HCFA 1500s, have the same requirements as the institutional claims. The file must be a print image unless the electronic 837p is provided. If the Account # cannot be provided on the claim, then an additional mapping file is required. The payer mnemonic should also be contained on the claim. Payer DRGs are not applicable to HCFA claims. For the HCFA 1500 files, Kaufman Hall also requires that a unique provider identifier be put on every submitted claim.

Financial data file requirements

Payments

Payment files must be flat ASCII text files. These files need to be provided daily. For all professional payments, the required fields include:

- Account #
- Payment amount
- Payment date
- Posting date
- Payer name
- HCFA indicator (if applicable)

If an HCFA indicator cannot be provided in the file, separate downloads for both professional and institutional payments are required. All report headers and footers should be stripped off the file. As with the claim files, Axiom Contract Management requires that each file have a unique name. Typically we expect the file to include a date stamp. For example, 01012018PAY.txt would be a payment file generated on Jan. 1, 2018 (MMDDYYYYPAY.txt). Additional fields could include UCRN # and/or payment category or group.

Adjustments

The adjustment or contractual files should include only primary adjustments made to the account. Secondary adjustments, balance transfer, etc., should be filtered out of the report. The required fields include:

- Account #
- Adjustment amount
- Adjustment date
- Payer name

- HCFA indicator (if applicable)

As with payments, strip all report headers and footers from the report, and follow a unique naming convention (e.g. 01012018ADJ.txt). Additional fields could include UCRN # and/or adjustment category or group.

Additional data

Additional data downloads are required if, as mentioned earlier, certain elements of the claim files cannot be provided on the print image of the UB or 1500. Those items can include account #, payer mnemonic or DRG. Your Kaufman Hall representative will let you know if this is required based on the test claim files submitted before installation.

Understanding data formats

All formats are built during system implementation; however, the system administrator is responsible for ensuring that any format changes are reflected in Axiom Contract Management for importing to continue smoothly.

IMPORTANT: If you do not maintain data formats in the system, you run the risk of inaccuracies in your database.

About formatting claim files for import

Both the UB and 1500 files are submitted to Axiom Contract Management in what is called *print image format*. This means that the data element locations are consistent from one claim to the next, throughout the file. When sent to a printer, a true print image file will print perfectly on an empty claim form.

The Axiom Contract Management claim dataset is populated mainly by these print image files, which are typically provided to the server on a scheduled basis for import and recalculation. To import into Axiom Contract Management, a format must be set up for each unique print image to tell the system where to look for each piece of information contained on the claim dataset. Sometimes providers need different formats for different payers, even if they are all on the UB04, because the payer requires certain extra fields, or the account # is longer for those payers, and to account for this, multiple formats can be set up for the claim files types. Multiple formats can also be built for the financial and additional data downloads. System administrators can build claims import formats if needed.

About formatting financial data files for import

Financial information such as payments and adjustments are imported using a format as well; however, these file types are inherently different from the print image claim files. Typically, they are provided to the Axiom Contract Management server as flat ASCII text files. System administrators can build fixed-width import formats.

2

Managing data

This section provides information about importing data to Axiom Contract Management and integrating data from the Contract Management system with other Axiom Software systems, as those integrations become available in future releases.

Importing data to Contract Management

Axiom Contract Management receives the following information types:

- Contract terms
- Claim data
- Payments
- Adjustments
- Remittance responses

Claims and financial data (payments and adjustments, etc.) files must meet certain requirements before importing to Axiom Contract Management. For importing, these files must also be in specific formats. For more information, see Understanding data requirements and Understanding data formats.

In general, the import process involves the following main steps:

1. Building file import formats
    - Build a claim file import format
    - Build a fixed-width import format (for payments and adjustments)
2. Creating import batches
    - About import batches
    - Create an import batch
3. Adding files to the Import Task List
4. Auto-importing to the system
5. Viewing import activity

Build a claim file import format

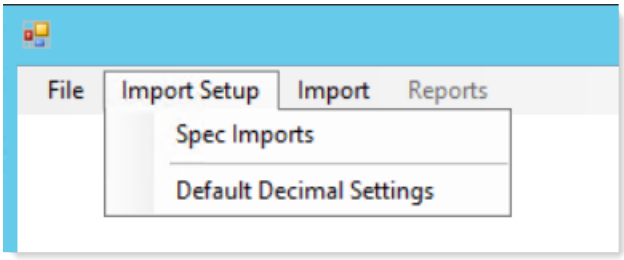
Typically, Kaufman Hall implementation specialists set up and maintain needed formats during the initial setup process. These formats are built and maintained in Axiom Contract Management from a .NET-based import utility program called UnifiedImport.exe. This utility allows the system administrator to build new import formats, edit existing formats, and build and schedule batches for import.

The acceptable claim types that require you to build a format are:

- UB92
- UB04
- HCFA 1500

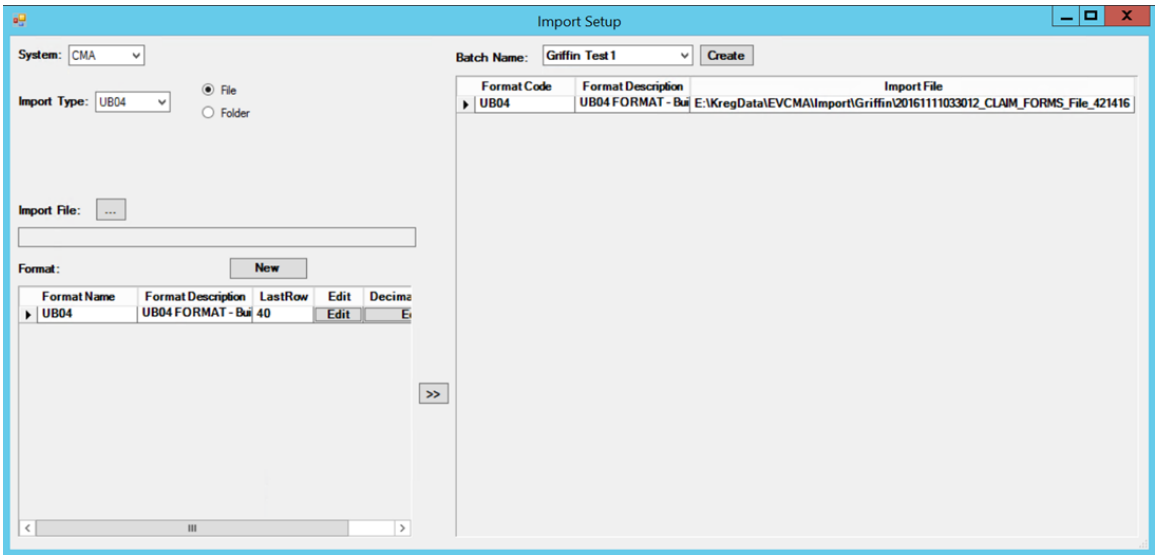
To create a new claim format:

1. Run **UnifiedImport.exe**.
2. From the menu bar, select **Import Setup**, then select **Spec Imports**.



3. From the **System** drop-down, select **CMA** and then select the import type.

   In the following example, we are creating a format for the UB04 print image.

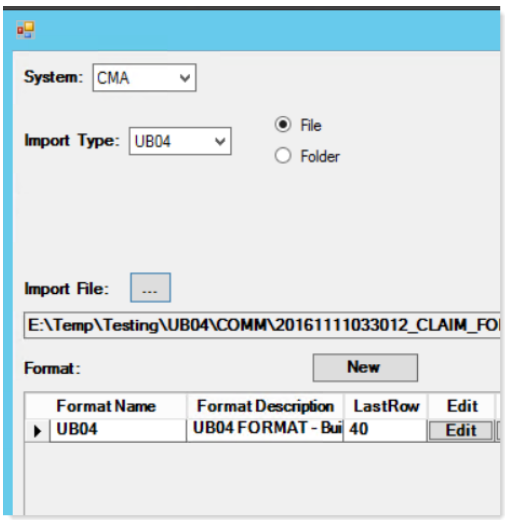


4. Select the sample file to use to build the format. To build a format, you need to use a sample file

that tells the system where all the fields are loaded.

> **NOTE:** The sample file name and path cannot include print characters, headers and footers, and must be in a subfolder with the path \\YOURSERVERNAME\Data\Import.

5. After selecting your file, click the **New** button to create a new file, or click **Edit** on any existing format already created. In the following example, we are creating a new format.



6. Enter the Format Code, Description, and then select **Top of Page Text**.

   Each format must have a unique code assigned to it.

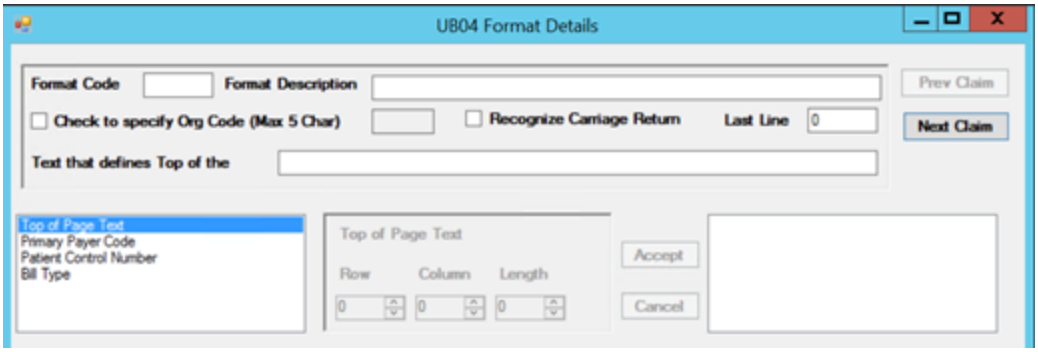
7. Enter a 4-character code and a description of your format, then select the text that defines the Top of Page Text.

> **IMPORTANT:** Axiom Contract Management determines that a claim is new by reading in the "Top of Page Text" in an import file. The system searches for a unique occurrence of this text string and sets that line as the starting point marker for the next claim. All other fields defined in your format are offsets of this text, so it is critical that it is unique and consistent across your claims. Typically, the Top of Page Text is defined as the provider name, but in some cases, address line 1 may be an acceptable value. Anything above the Top of Page Text line will not be imported for a particular claim.

   a. To define the Top of Page Text, select it in the claim preview window as shown in the following example, and then click **Accept**. After specifying Top of Page Text, Primary Payer Code, Patient Control Number and Bill Type, the system automatically populates the locations of all the remaining fields in the system. Ensure that each field is lined up properly on the format.

   b. To verify the remaining fields, click the field name and check the highlighted area in the

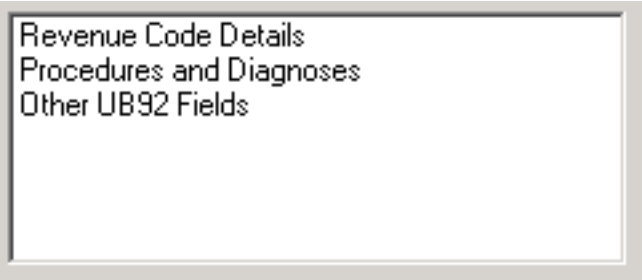
claim preview window.



8. Define the fields for import. Axiom Contract Management also allows you to import additional information such as User Defined Fields, UCRN code, and DRG. To bring this information in, you must specify it in your format.

    a. To define a field, select it from the fields list on the left side, then select it in the claim preview pane and click **Accept**.

    b. Revenue Code Details, Procedures and Diagnoses and Other UB fields are consolidated into three format subsections. To set these fields, you must select each section and specify the field locations.



9. Verify your Format. After the system determines your fields, you must verify their locations. In some cases, the claim in the preview pane may not have all the fields that you want to specify. If this is the case, you can toggle between claims in the file by clicking **New Claim** and **Prev Claim**.

    IMPORTANT: It is critical that you verify all formats before importing. The UB04 and 1500 format builders all work in the same way.

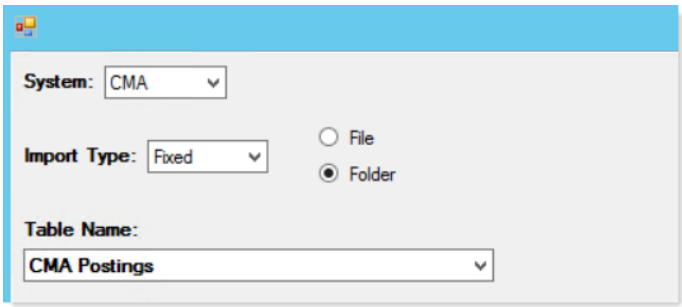
Build a fixed-width import format

Fixed-width import formats are generally used for importing payments and adjustments data to Axiom Contract Management in fixed-width ASCII text files. To get the information from these downloads into

the system, you need to build a format for them as well. Their formats are different from a claim format in that the data is provided in fixed columns instead of floating fields, like on a claim file. Flat File Import formats are required for dealing with these files.

To create a file format:

1. Run **UnifiedImport.exe**.
2. From the menu bar, select **Import Setup** > **Spec Imports**.
3. In the **System** drop-down, select **CMA**.
4. From the **Import Type** drop-down, select **Fixed**.
5. Select **Folder Based Import**.
6. From the **Table Name** drop-down, select the name of the Import Table. In the following example, a format is being defined to import to the CMA Postings table.



   Axiom Contract Management Flat File Tables are categorized as follows:

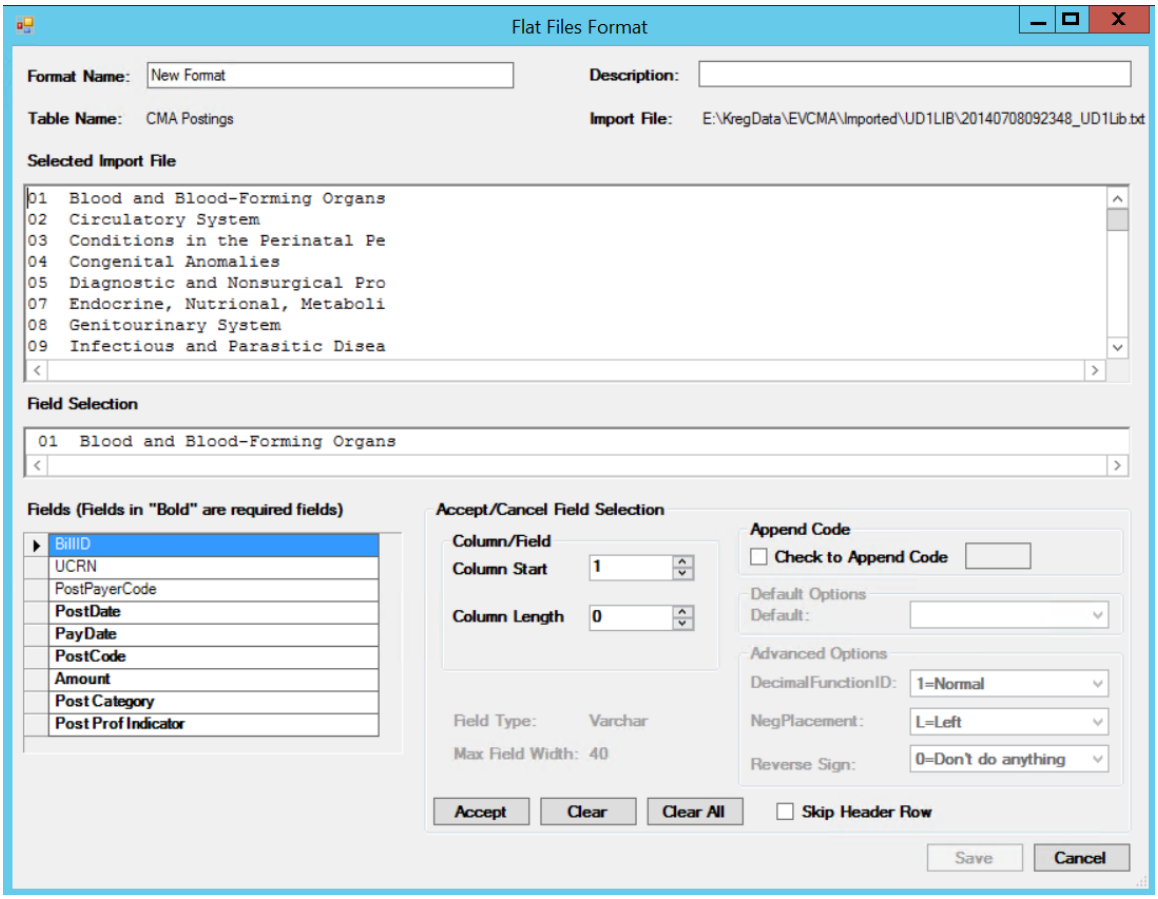
   - **CMA Postings** – Payments, Adjustments, etc.
   - **CMA Library Tables** – Library APC, DRG, etc.
   - **Additional Data Upload** – DRG, User-Defined Data, Payer Code, etc.

   By selecting CMA as the System, and in this example, CMA Postings, you are setting up the system to create a CMA Postings format.

7. Select the Import Folder Location. As with print image formats, you need to select a sample file to build flat file formats.
   Click the ellipsis button next to **Import Folder** and select the folder where your sample file is located.

   IMPORTANT: This sample must be free of print characters, headers and footers, and must reside in a subfolder with the file path: \\YOURSERVERNAME\Data\Import.

8. Create a new format: Click **New** to open the format building window with the sample data for selection, as shown in the following example.



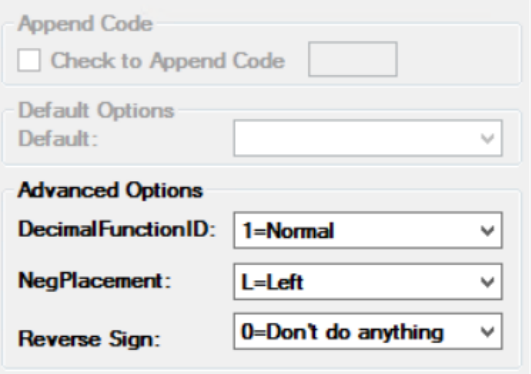
9. In the fields at the top of the window, enter a format name and description.
10. On the lower left, in the **Fields** box, select the field to specify, and then select the data location in the **Field Selection** box.
11. Click **Accept** to save the values to the database.

> **NOTE:** Fields in **bold** are considered required fields and must be specified. Fields in *italics* have already been specified.

12. After completing the format for your flat file, click **Save**.

Advanced flat file import options

When building an Axiom Contract Management Postings format, set up Advanced Options for the following fields:



Amount Field

- **Decimal Settings** – Use this option to set whether the amount field in your file uses a space decimal, implied decimal, or normal decimal. Depending on the way the amount field is provided, you must select the appropriate DecimalFunctionID. Following are examples of each:

  Space Decimal: 100 00 → 100.00

  Implied Decimal: 10000 → 100.00

  Normal Decimal: 100.00 → 100.00

- **Negative placement** – In some cases, negative signs (-) are attached to the front of the amount, and in others, they are attached at the end.

  IMPORTANT: For the amount to populate correctly, payments and adjustments must be positive values. Negative values are acceptable, but they will appear as a credit on any accounts.

- **Reverse sign** – For the amount to populate correctly, payments and adjustments must be positive values. Negative values are acceptable, but they will appear as a credit on any accounts.
- **Post Category** – Adjustment vs. Payment
- **Post Prof Indicator** – Professional vs. Institutional

About import batches

What is an import batch and why is it needed?

When formats are built using the format builder, the next step in importing data to the system is creating import batches. These batches are groups of tasks that tell Axiom Contract Management where to look for files, and once found, which formats to apply to them. You must create an import batch to get data into the system. You need to create batches for claim files and any flat files that you want to import.

Folder based vs. file based

The most common setup for importing data is the folder-based import. A format is joined with a folder location, and upon import, any file residing in that folder is brought in using the set format code.

IMPORTANT: All import folders must be subfolders of \\YOURSERVERNAME\Data\Import, and must not have any spaces in the folder or file name.

After importation, the file is datetime stamped and moved into a mirrored IMPORTED folder for later reference if needed.

The same restrictions apply for file-based importing. The main difference is that instead of setting a folder to import, you select a single file.

Create an import batch

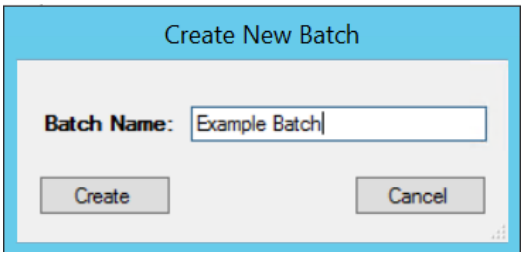
Import batch types

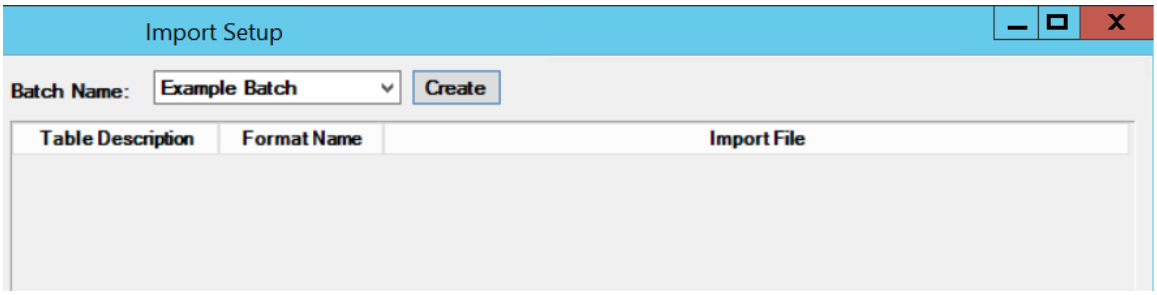
Before creating an import batch, you need to understand the following different types of batches used in Axiom Contract Management:

- UB92 – Folder and File Based
- UB04 – Folder and File Based
- 1500 – Folder and File Based
- Flat File Import – Folder and File Based

To create an import batch:

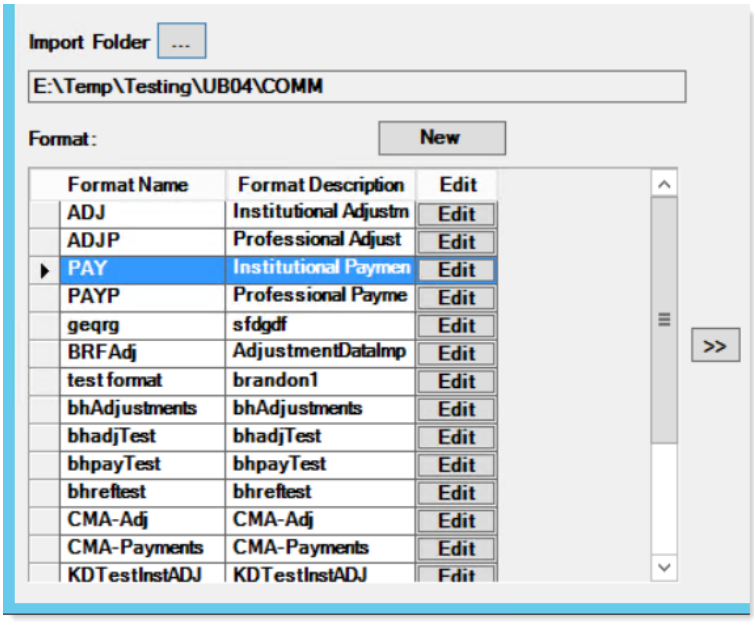
1. Select the import type. An import batch can be created for each of the import types. Select the appropriate import type from the drop-down menu.
2. Name and create your batch. Click **Create** to create a blank batch for the import type selected in step 1.





3. Select files/folders to import and the target table to import to. On the left side of the screen, from **Table Name** drop-down, select the target table.
4. Click the ellipsis button next to **Import Folder**, and select the import folder or file location.
5. In the **Format** box, select the format to apply to the folder.

> **NOTE:** Only one format can be applied to a folder.



6. Add your item to the batch. Click the right arrows button to add your item to the batch selected in the drop-down on the right side of the window. To remove an item from the list, select it and press the **Delete** key.

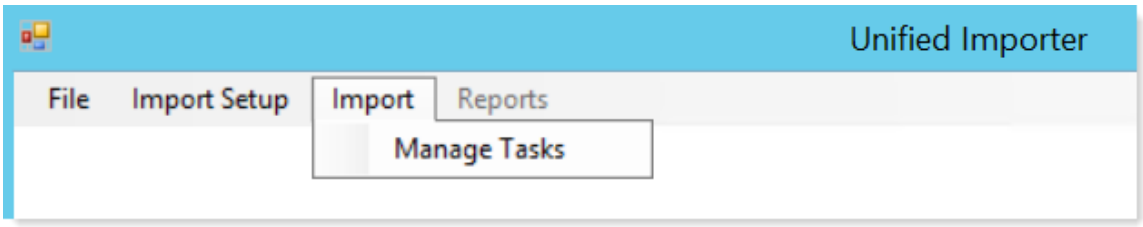
> **IMPORTANT:** Do NOT click the Delete *button*. Clicking the Delete button will not remove an item from the list, but instead will delete your whole batch.

Add import batches to the Import Task List

After creating import batches, to process them during the import, you must add them to an import queue known as the Import Task List. Simply creating the batches does not cause the files and folders in those batches to import automatically.

To add or remove items from the Import Task List:

1. From the menu bar, select **Import** > **Manage Tasks**.

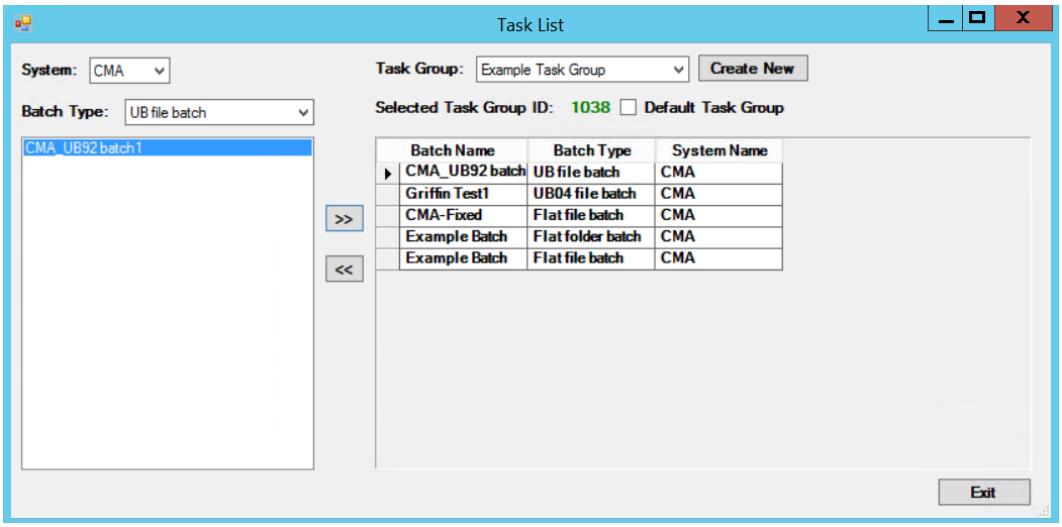


2. Create and define a Task Group:

   a. At the top right, click the **Create New** button.

   b. From the **Batch Types** drop-down, select the batch type, and then click the arrow buttons to add the batch types to the Task Group on the right.

   In the example below, the Task Group "Example Task Group" is defined with a number of batch imports of various types. These will all run when the Task Group is called by the import process.



About auto-importing

All data entering the system runs through Kaufman Hall's auto-importer, which generally runs four to seven days per week. It usually runs late at night or early in the morning so that it does not interfere with work being done by users. When the import completes, if successful, you will receive an email confirming

the import and detailing the contents. The following is a list of terms, with accompanying definitions, found on the report.

Import Summary Report definitions – CLAIMFILES

- **Batchnumber** – System # assigned to each import file
- **Import File Name** – Name and import location of file
- **# of Claims Read into Temp** – In Axiom Contract Management, all claims are loaded to a temporary staging area before being transferred into the LIVE environment. This allows us to run validation processes on the data to ensure the data is correct. This # should tie to the # of billed claims in the import file.
- **# of Late Charge Records** – Details how many late charges were in the import file
- **# of Claims Rejected to Bad** – In cases where bad data is provided, the system removes the records associated to the bad claim and moves them into a separate area. You can run the Bad Records report to check why any claims were moved there. Reasons vary as to why a claim would be moved to bad, but most of the time it is related to missing required data elements (e.g., account #), a number that has a character in it and the system cannot convert it correctly, or a bad date that does not convert. You should rarely see anything detailed in this field. If you do, run the bad records report or contact support@KaufmanHall.com.
- **Valid Claim Total Charges** – This field provides the total charges of the claims that were successfully imported to the Live environment.
- **# Claims Transferred to Live** – This field indicates how many of the temp records were imported to the Live environment. It should be in line with the # of claims read into temp column (unless records were moved to bad).
- **# Claim Exceptions** – In some cases, imported claims are marked as exceptions. Following are reasons for exception records:
    - Trying to insert a series bill over an existing non-series bill claim
    - Trying to insert a late charge onto a series bill
    - Trying to insert a void over a series
    - Trying to insert a non-series bill over an existing series bill
    - Invalid Medicare Part B Type of Bill
    - Trying to insert a zero payment bill into the system
    - Trying to insert over higher charge claim
    - Voided Claim
    - Invalid Late Charge Bill (Incompatible Bill was imported after this record)

  The second sheet of the import summary report details all the exceptions from the import, including the Bill ID (Patient Account Number) linked to the claim in the system. In addition to Bill ID, the supplementary details include: Batch Number, Import File Name, Exception Reason, Bill Code, # of Claims, and Total Charges.

- **# of Claims Grouped** – Axiom Contract Management groups all outpatient claims into their corresponding APCs based on the date of the episode of care and its corresponding version of the Medicare APC schedule.
- **# of Claims Priced** – Any Medicare-based outpatient claim will price against the 3M pricer if factors have been provided to Kaufman Hall and a corresponding calculation schedule has been built and validated. Please email your factors to support@KaufmanHall.com.
- **# of Claims Calculated** – This field indicates the # of claims that found a contract and calculated accordingly.

Import Summary Report definitions – POSTINGS

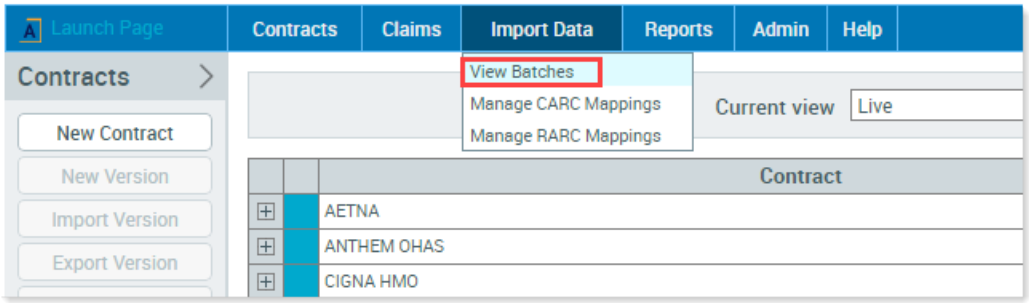
- **Batchnumber** – System assigned # to each import file
- **Import File Name** – Name and import location of file
- **# of Postings Read into Temp** – In Axiom Contract Management, all claims are loaded into a temporary staging area before they get transferred into the LIVE environment. This allows us to run validation processes on the data to ensure the data is correct. This # should tie to the # of posting records in the import file.
- **# of Postings Rejected to Bad** – In cases where the data is bad, the system removes the records associated with the bad claim and moves them to a separate area for review by support staff. Reasons vary as to why a posting would be moved to bad, but most of the time it is related to a missing required field value, a number that has a character in it and the system cannot convert it, or a bad date that does not convert. You should rarely see anything detailed in this field. If you do, please contact support@KaufmanHall.com.
- **Duplicates** – Duplicate files are moved to a Duplicates folder.
- **# of BillIDs Imported** – This field provides the number of unique account numbers in the posting file being imported.
- **# of Matching BillIDs** – This field provides the number of matching billIDs found in the Live environment for the postings being imported.
- **Total Valid Postings Amount** – Provides a summary of the valid posting records being imported.

> **NOTE:** If any records are rejected to bad, their amounts are not reflected in the Total Valid Postings Amount.

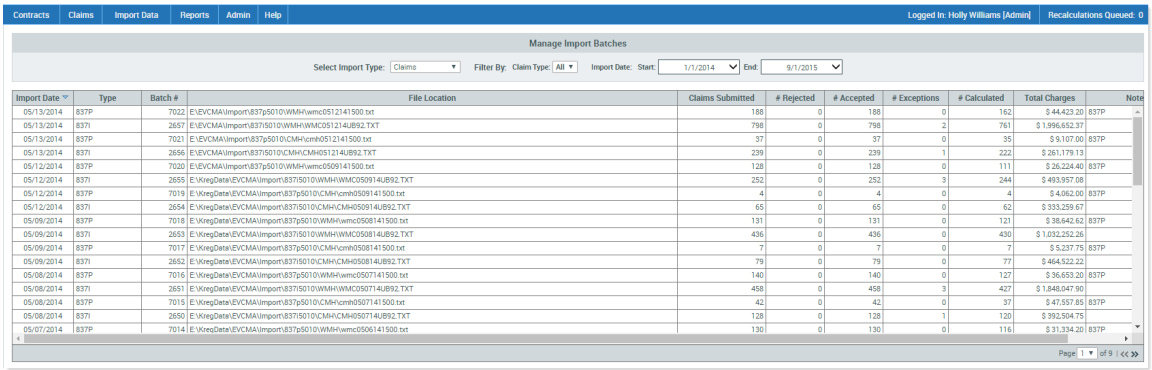
View import activity

To view your import activity:

1. Log in to the Axiom Contract Management Web Client.
2. In the main menu header, click **Import Data** and select **View Batches**.



The Manage Import Batches page opens.



Import Date	Type	Batch #	File Location	Claims Submitted	# Rejected	# Accepted	# Exceptions	# Calculated	Total Charges	Note
05/13/2014	837P	7022	E:\EVCMA\Import\837p5010\WMH\wmc0512141500.txt	188	0	188	0	162	$ 44,423.20	837P
05/13/2014	837I	2657	E:\EVCMA\Import\837I5010\WMH\WMC051214UB92.TXT	798	0	798	2	761	$ 1,996,652.37	
05/13/2014	837P	7021	E:\EVCMA\Import\837p5010\CMH\cmh0512141500.txt	37	0	37	0	35	$ 9,107.00	837P
05/13/2014	837I	2656	E:\EVCMA\Import\837I5010\CMH\CMH051214UB92.TXT	239	0	239	1	222	$ 261,179.13	
05/12/2014	837P	7020	E:\EVCMA\Import\837p5010\WMH\wmc0509141500.txt	128	0	128	0	111	$ 26,224.40	837P
05/12/2014	837I	2655	E:\KregData\EVCMA\Import\837I5010\WMH\WMC050914UB92.TXT	252	0	252	3	244	$ 493,957.08	
05/12/2014	837P	7019	E:\KregData\EVCMA\Import\837p5010\CMH\cmh0509141500.txt	4	0	4	0	4	$ 4,062.00	837P
05/12/2014	837I	2654	E:\KregData\EVCMA\Import\837I5010\CMH\CMH050914UB92.TXT	65	0	65	0	62	$ 333,259.67	
05/09/2014	837P	7018	E:\KregData\EVCMA\Import\837p5010\WMH\wmc0508141500.txt	131	0	131	0	121	$ 38,642.62	837P
05/09/2014	837I	2653	E:\KregData\EVCMA\Import\837I5010\WMH\WMC050814UB92.TXT	436	0	436	0	430	$ 1,032,252.26	
05/09/2014	837P	7017	E:\KregData\EVCMA\Import\837p5010\CMH\cmh0508141500.txt	7	0	7	0	7	$ 5,237.75	837P
05/09/2014	837I	2652	E:\KregData\EVCMA\Import\837I5010\CMH\CMH050814UB92.TXT	79	0	79	0	77	$ 464,522.22	
05/08/2014	837P	7016	E:\KregData\EVCMA\Import\837p5010\WMH\wmc0507141500.txt	140	0	140	0	127	$ 36,653.20	837P
05/08/2014	837I	2651	E:\KregData\EVCMA\Import\837I5010\WMH\WMC050714UB92.TXT	458	0	458	3	427	$ 1,848,047.90	
05/08/2014	837P	7015	E:\KregData\EVCMA\Import\837p5010\CMH\cmh0507141500.txt	42	0	42	0	37	$ 47,557.85	837P
05/08/2014	837I	2650	E:\KregData\EVCMA\Import\837I5010\CMH\CMH050714UB92.TXT	128	0	128	1	120	$ 392,504.75	
05/07/2014	837P	7014	E:\KregData\EVCMA\Import\837p5010\WMH\wmc0506141500.txt	130	0	130	0	116	$ 31,334.20	837P

Manage Import Batches page example

On the Manage Import Batches page, you can view all data entered in the system, organized by batch (1 file = 1 batch). This is useful when looking at the View a Claim Summary tab, where the batch number is provided, and you want to locate more information about that batch.

Each claim batch has the following information columns:

- Import Date
- Type (type of claim)
- Batch #
- File Location
- Claims Submitted (number of claims)
- # Rejected
- # Accepted
- # Exceptions
- # Calculated
- Total Charges
- Notes – This column contains notes about the imported file; for example, if a file was not imported because it is a duplicate, that is noted here.

3. To view batch information for Postings and other file imports, from the **Select Import Type** drop-

down, select **Flat File Imports**.

Flat File Imports include Payments and Adjustments, as well as any Additional Data files you submit, such as DRG or Plan Code Files.

Some information is not available if the batch was imported as part of a historical data import.

TIP: In every view, the bottom right corner contains page navigation options. Click the arrows to move to the next/previous page, or you can jump to a specific page by selecting it from the drop-down: Page 2 of 209

IMPORTANT: Do NOT delete batches unless instructed to do so by a member of the CMA Support Team. If the batch information is deleted, it cannot be recreated.

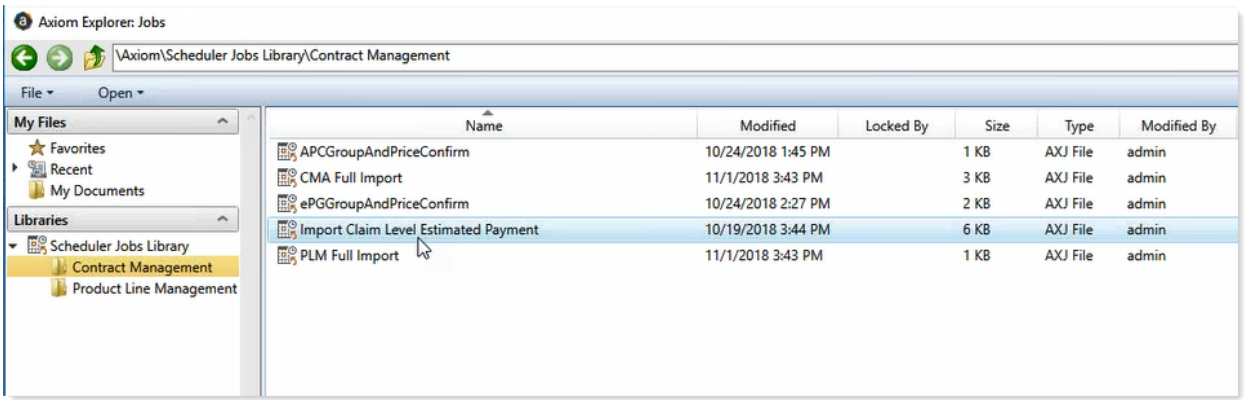
Access Contract Management data in the Axiom Desktop Client

Key Axiom Contract Management assets are available in the Axiom Software platform so that Axiom Contract Management system administrators can pull and synchronize key contract, claim, and calculated claim-level estimated payment details for use in the Desktop Client. This integration allows users to take advantage of Axiom tools like the Axiom Scheduler Jobs Library and Axiom Reports.

During Contract Management installation, data is pulled from Axiom Contract Management and stored in the following Axiom tables in the Table Library:

- CM Claim level estimated payment
- CM Claim Numbers
- CM Contract Details
- CM Last Import

In addition to the tables, a new Axiom job, called Import Claim Level Estimated Payment, is created in the Axiom Scheduler Library under Contract Management. This job helps share data from Axiom DSS with Axiom Contract Management.



When this job runs, it retrieves all of the contract detail, claim-level expected payments, and claim detail, and uses it to update the four CM tables and keep the data in sync. Whenever users import new claims, modify claims, calculate a payer, and so on, this job captures these changes when it runs. Generally, this job would be set to run with the full nightly import (CMA Full Import job).

3

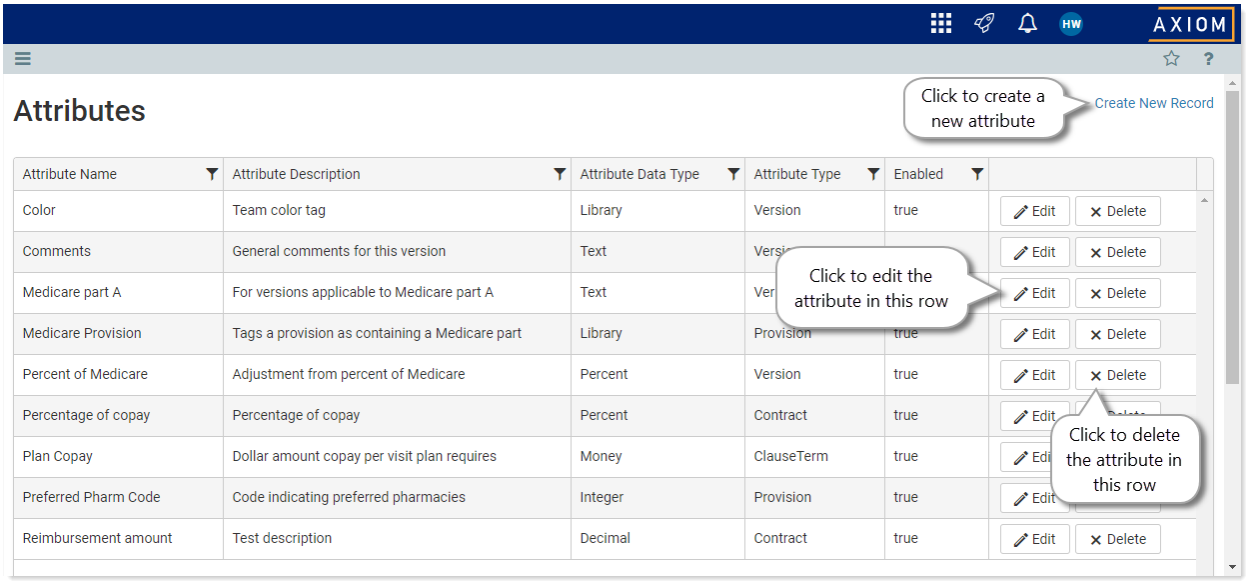
Managing attributes

Attributes are custom tags that allow you to extend contract data models. Attributes allow you to add information to a contract that exists on the physical contract but for which there may not be room in the modeled version.

- Attributes can be applied to claim and line-level reporting to enhance understanding of contracts and calculation performance.
- Attributes provide a way for you to define, organize, and categorize all levels of a contract model.
- Attributes enhance the reporting and analysis of contract calculations.

Only users who have permissions to model contracts can add attributes to contracts.

As a system administrator, you create and manage system attributes on the Attributes page, accessible from the Admin menu on the main toolbar.



Overview of Attributes page

Creating attributes

Attributes available to users depend on what level of the contract the user is at when they add the attribute. If a user is adding an attribute at the contract level, the only attributes available to select will be Contract type attributes. This means that when you create attributes, think about what kind of data the attribute should hold, and at what level of the contract the attribute should be applied.

Only system administrators can create attributes.

Create an attribute

Use these instructions for creating attributes that do not contain pick lists.

To create a non-Library data type attribute:

1. In the main menu header, click **Admin** > **Attributes**.
2. On the **Attributes** page, on the upper right, click **Create New Record**.

   The Create new Attribute form opens.
3. In the **Attribute name**, type a name for the attribute.
4. In the **Attribute Description** field, type a description for the attribute.
5. From the **Attribute Data Type** drop-down, select one of the following:

   NOTE: You cannot change an attribute's Data Type after saving the attribute.

   - **Integer** – Creates a field that accepts a number
   - **Money** – Creates a field that accepts dollar and cents amounts
   - **Decimal** – Creates a field that accepts decimal values
   - **Percent** – Creates a numerical field that accepts percentages
   - **Text** – Creates a text field for the user to enter text
   - **Library** – Creates a list from which a user can select values. To create this type of attribute, see Create a Library attribute.
6. From the **Attribute Type** drop-down, select which part of a contract the attribute should be applied to:

   NOTE: You cannot change an attribute's Type after saving the attribute.

   - Contract
   - Version
   - Provision
   - ClauseTerm
7. To make this attribute available for immediately after creation, click the **Enabled** check box.

8. Do one of the following:
    - If you selected the attribute data type Library, click **Save**. When the page refreshes, click the **Edit Library** button to the right of the grayed out **Attribute Data Type** field.
9. Do one of the following:
    - To save but remain on this page, click **Save**.
    - To save and exit this page, click **Save and Close**.
    - To save and create another attribute, click **Save and New.**

Create a Library attribute

Library data type attributes allow you to create a list users can select from when applying the attribute.

To create a Library data type attribute:

1. In the main menu header, click **Admin** > **Attributes**.
2. On the **Attributes** page, on the upper right, click **Create New Record**.

   The Create new Attribute form opens.
3. In the **Attribute name** field, type a name for the attribute.
4. In the **Attribute Description** field, type a description for the attribute.
5. From the **Attribute Data Type** drop-down, select **Library**.
6. From the **Attribute Type** drop-down, select the contract part the attribute should be applied to.

   NOTE: You cannot change an attribute's Type after saving the attribute.
7. To make this attribute available for selection immediately after creation, click the **Enabled** check box.
8. Click **Save**.

   The page refreshes to show an Edit Library button to the right of the Attribute Data Type field.
9. Click the **Edit Library** button.
10. In the **Attributes Library** window, click **Add new record**.
11. In the **Library Value** field, enter the first item for the pick list in the field provided, then click **Update**. The item is added to the list.
12. Click **Add new record** again to add a second item to the pick list. Enter the second item in the field provided and then click **Update**. Repeat this step until you have added all the desired items.
13. Click the **X** in the upper right corner to close the window.
14. On the **Edit Attribute** page, click **Save and Close** to save and exit the page, or click **Save and New** to save and then create another attribute.

Edit or delete an attribute

Only System administrators can edit or delete attributes.

Editing includes:

- Changing attribute names and values,
- Disabling or enabling attributes
- Deleting attributes

NOTE: You cannot change an attribute's Data Type or Type. However, you can edit pick list entries for Library data type attributes.

To edit or delete an attribute:

1. In the main menu header, click **Admin** > **Attributes**.

   The Attributes page opens.

2. To edit an attribute, click the **Edit** button at the end of the attribute's row and then do any of the following:
   - To disable an attribute so that it cannot be used, clear the **Enabled** check box.
   - To change the name, in the **Attribute Name** field, type changes.
   - To change the description, in the **Attribute Description** field, type changes.
   - To change the pick list selections for a Library data type attribute:
     a. To the right of the **Attribute Data Type** field, click the **Edit Library** button.
     b. To edit an entry, click the **Edit** button for the entry, make desired changes, and then click **Update**.
     c. To add a new entry, click **Add new record**, and then enter a value, then click **Update**.
     d. To delete an entry, click the **Delete** button for the entry, and then click **OK** in the confirmation dialog.
     e. Close the Attributes Library window.

3. To delete an attribute:

   NOTE: The recommended best practice is to disable an attribute rather than deleting it.

   a. Verify that the **Enabled** column is blank. If it reads "true," then click the **Edit** button and clear the **Enabled** check box, then save the attribute.

   b. Verify that the attribute is not currently attached to any contract or contract items.

   c. At the end of the attribute's row, click the **Delete** button.

   d. In the **Delete** confirmation dialog, click **Yes**.

4. Click **Save**.

4

Modeling contracts

Axiom Contract Management stores contract terms, patient claims, and payment information. The system uses the contract payment terms and the patient claim information to calculate an expected payment for every claim submitted by the provider. After the claim is paid by the primary payer, it can be compared to the expected payment and/or the expected contractual to see if the claim was reimbursed according to the agreed upon contract terms.

Contract data requirements

For expected payments to be modeled accurately, the contract terms must be entered correctly in Axiom Contract Management. To accomplish this, you need a thorough understanding of the contract language and terms as well as access to electronic fee schedules, and any other data relevant to building a model of the signed contract. For Medicare-based contracts, you need hospital-specific factors provided to the hospital by either the Fiscal Intermediary (FI) or by CMS directly. Often this requires direct contact with the payer representative.

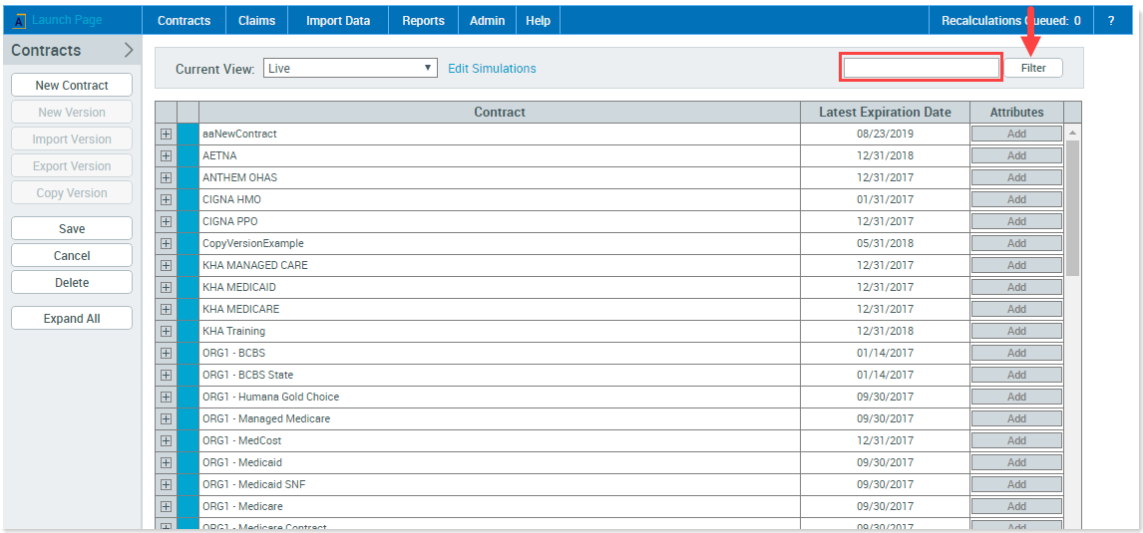
You then need to interpret these terms into Axiom Contract Management, with the understanding that Axiom Contract Management uses specific logic to calculate a claim. This logic is discussed in the rest of this section on building contracts.

Filter contracts on the Contracts page

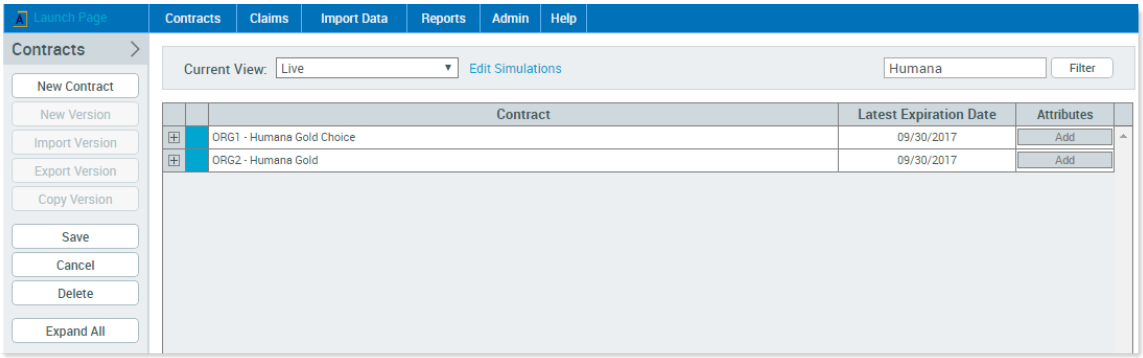
You can filter the list of contracts on the main Contracts page.

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**.

Add a contract

The following instructions are for creating a new contract from scratch.

To add a contract:

1. On the **Contracts** page, check that you are in the desired simulation. If you are not, then from the **Current view** drop-down, select the desired simulation.
2. In the menu on the left, click **New Contract**.

   A new row is added to the bottom of the list of contracts.
3. In the new row, type a name for the contract (e.g., Medicare Blue Cross). Do not use special characters.
4. Click **Save**.

You do not need to enter the latest expiration date in this area because that is defined by the versions built under the contract.

5. (Optional) If desired, add an attribute to the contract.
6. Next, add a version to the contract.

Add a version

After creating a contract, adding a version is the next step in building a contract. Instead naming them, versions are identified by their time frame.

To add a new version:

1. On the **Contracts** page, select the contract by clicking in the blue column for the desired contract.

   TIP: If the list of contracts is long, use the filter at the top right of the page to filter the list.

2. In the menu on the left, click **New Version**.

   A new row is added to the list of versions.

3. To assign the start date, click in the **Start Date** cell, and select a date from the drop-down.

   ### About Start Date / End Date

   In Axiom Contract Management, a version is a defined time frame for the contract. The time frame used can be from the time period on a certain contract where the terms remain consistent. It can represent the fiscal year, or it can represent the calendar year. To minimize the number of contracts built, we recommend that you build versions defined by contract periods where terms remain unaltered.

4. To assign the end date, click in the **Expiration Date** cell, and select a date from the drop-down.
5. Assign the calculation date for the version—either the date of discharge or the date of admission.

   ### About Contract Calculation Date

   You have two options when calculating claims: you can choose to calculate them by the date they were admitted (Admit), or by the discharge date (Discharge).

   The one you use depends on the payer, which you should confirm with them. The default is by discharge date.

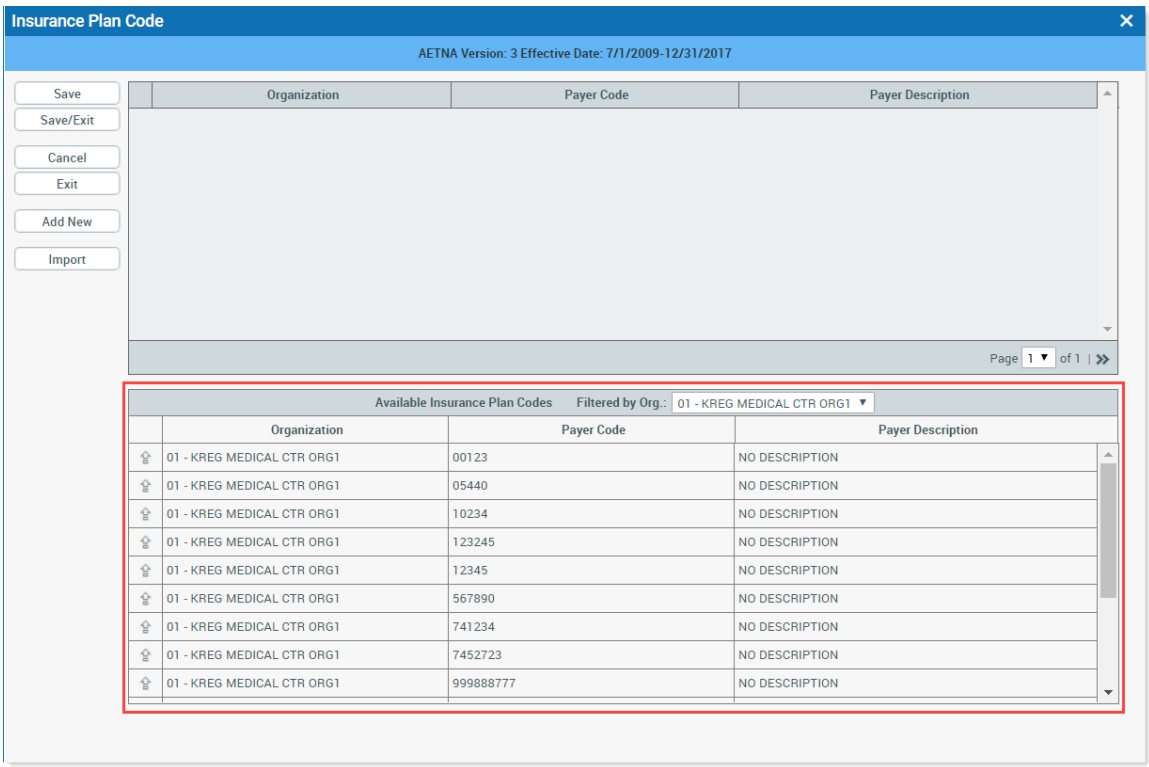
6. Click **Save**.

   NOTE: You need to save the version before assigning version organization codes.

7. In the **Ins. Plan Code** column for the version, click the **Set** button.

   The Insurance Plan Code window opens.

   The Available Insurance Plan Codes list displays in the lower half of the window. This list is based on the facility (org code) hyphenated with the insurance code associated with the plan.



8. Do one of the following:
   - Import insurance plan codes from another version.
   - Continue to step 9 to add codes from the list.

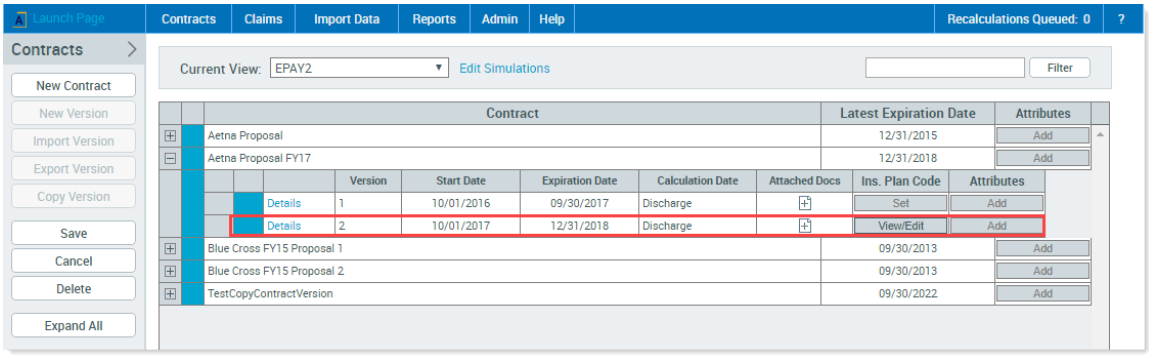
9. In the **Available Insurance Plan Codes** section, select the org code - payer code combinations to add to the version by clicking the up arrow button ( ) to the left of the organization to add.
   - If the plan has more than one Org associated with it, before selecting codes, click the **Filtered by Org** drop-down, and select the organization from which to select codes.

NOTE: Administrators can add new Org codes to the system. For more information, see Map provider names to Org codes.

Assign Version Organization Codes

For a claim to calculate on a contract, Axiom Contract Management must know which payers calculate against the version.

10. Click **Save/Exit**.



New version added to contract

11. After making selections, click **Save**.
12. (Optional) If desired, add an attribute to the version.
13. If you are building a contract, the next step is to add a provision.

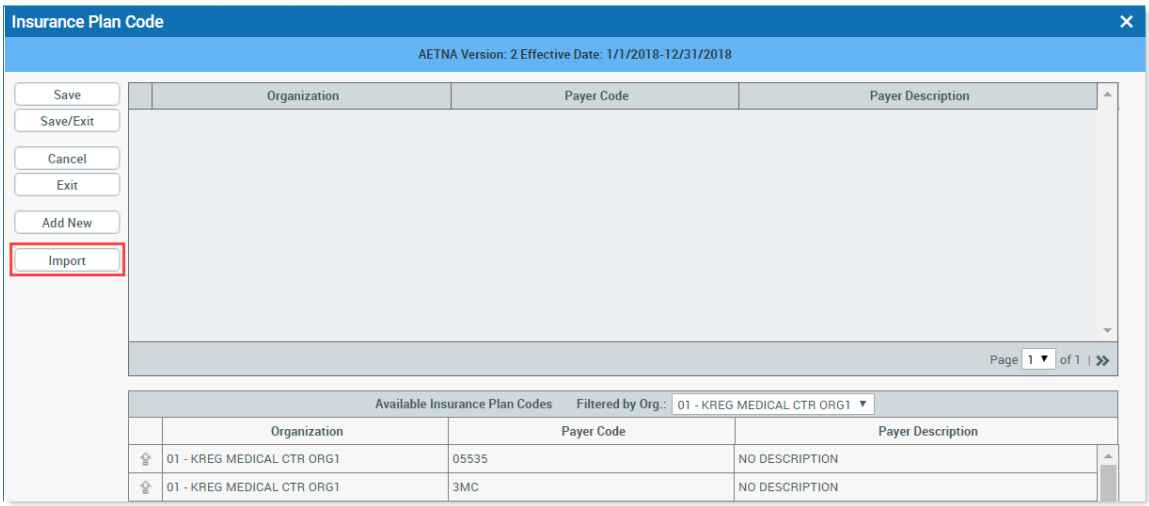
Import insurance plan codes to a version

When creating or editing a contract version, you can import Insurance Plan Codes from an existing contract.

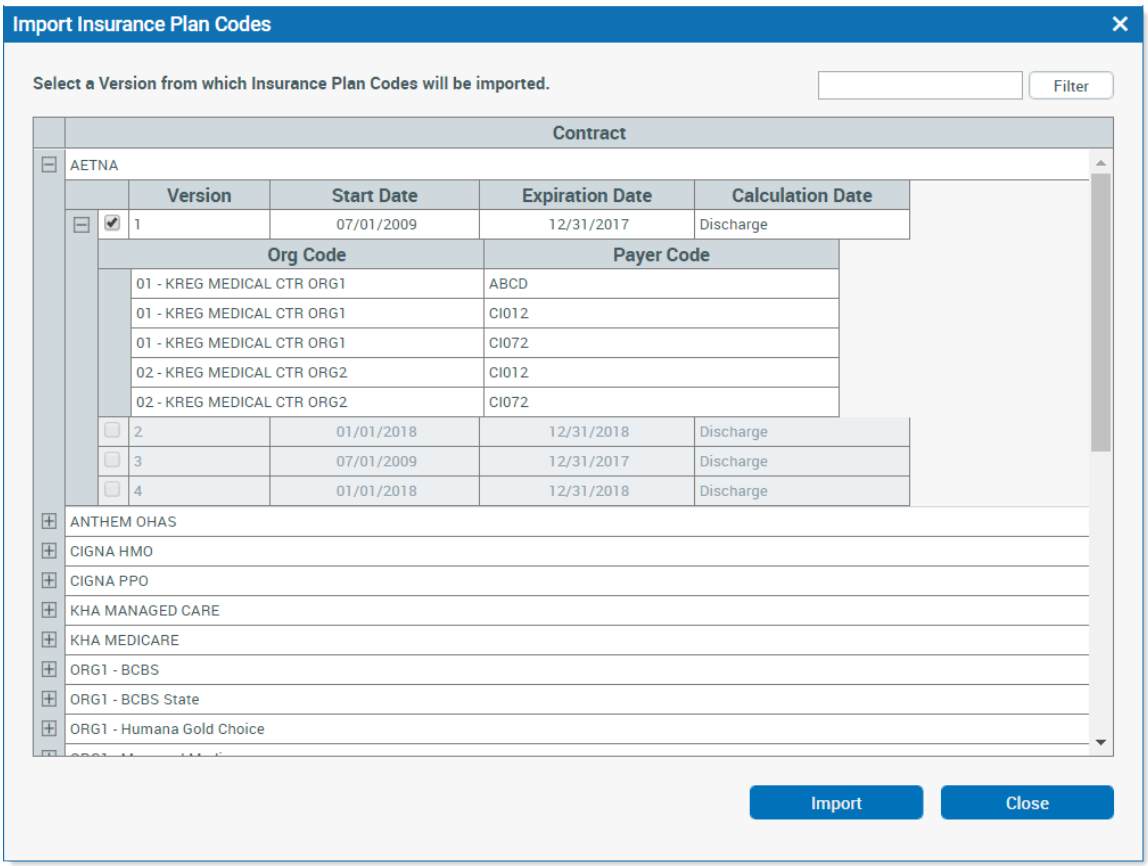
To avoid calculation and reporting problems, the insurance plan codes must not overlap. The system checks for an overlap in the plan code dates. If there are none, the codes are imported; otherwise you will receive a warning. If there are overlapping code dates, you need to determine which payercodes overlap across versions and fix the issue before the system will let you import the codes. You can adjust the dates of the versions or payercode assignments on the versions to ensure that an overlap is not created.

To import insurance plan codes to a version:

1. Navigate to the version for which you are adding codes.
2. In the **Ins. Plan Code** column, click **Set**.
3. In the **Insurance Plan Code** window, click **Import**.



4. In the **Import Insurance Plan Codes** window, locate the version with the codes you want, and then click the check box.



5. Click **Import**.

6. In the confirmation dialog, click **OK**.

The imported codes display in the Insurance Plan Code window of the target version.

> **NOTE:** If you copy codes you do not want, you can remove them by clicking the box to the left of the code and then pressing the **Delete** key on your keyboard.

7. Click **Save/Exit**.

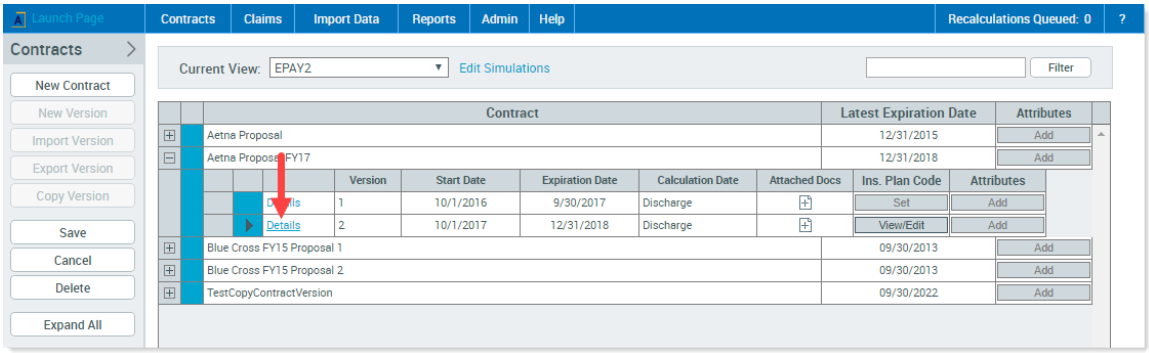
Add a provision

You can add a provision to a contract by creating a new one, by converting (copying and editing) an existing one, or by importing one. The following instructions are for creating a new provision.

> **TIP:** Use this option when there is no similar provision to copy or import.

To create a new provision:

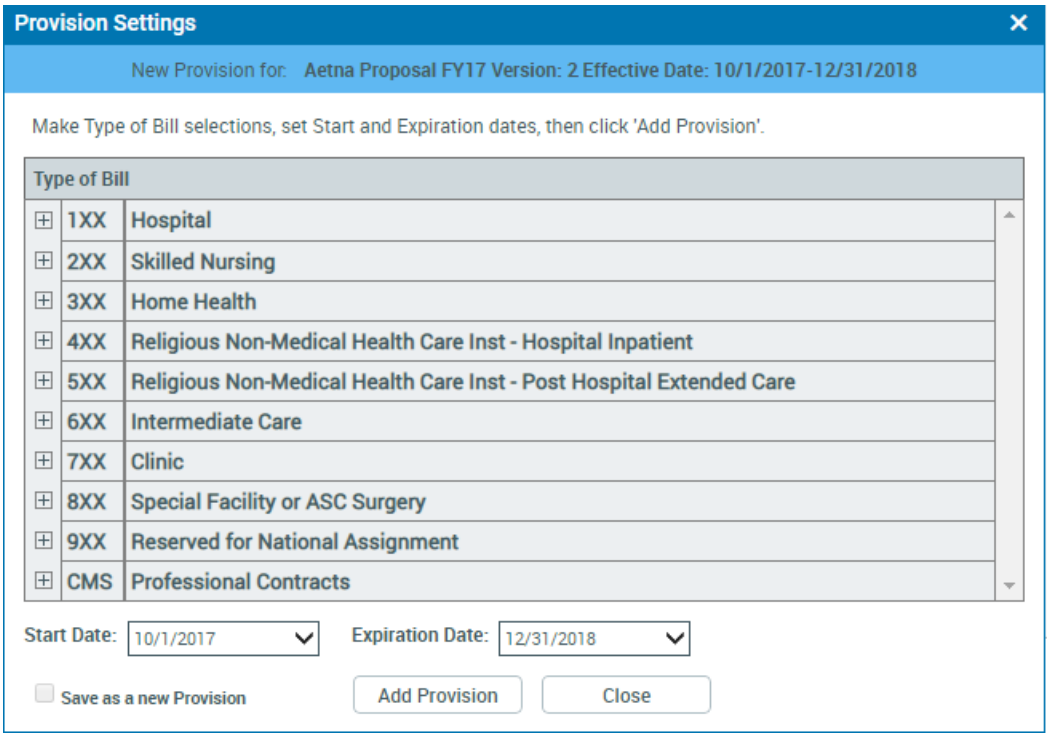
1. On the **Contracts** page, navigate to the contract. If the Contract list is long, filter the list.
2. In the **Version** list, click the **Details** link for the desired version.



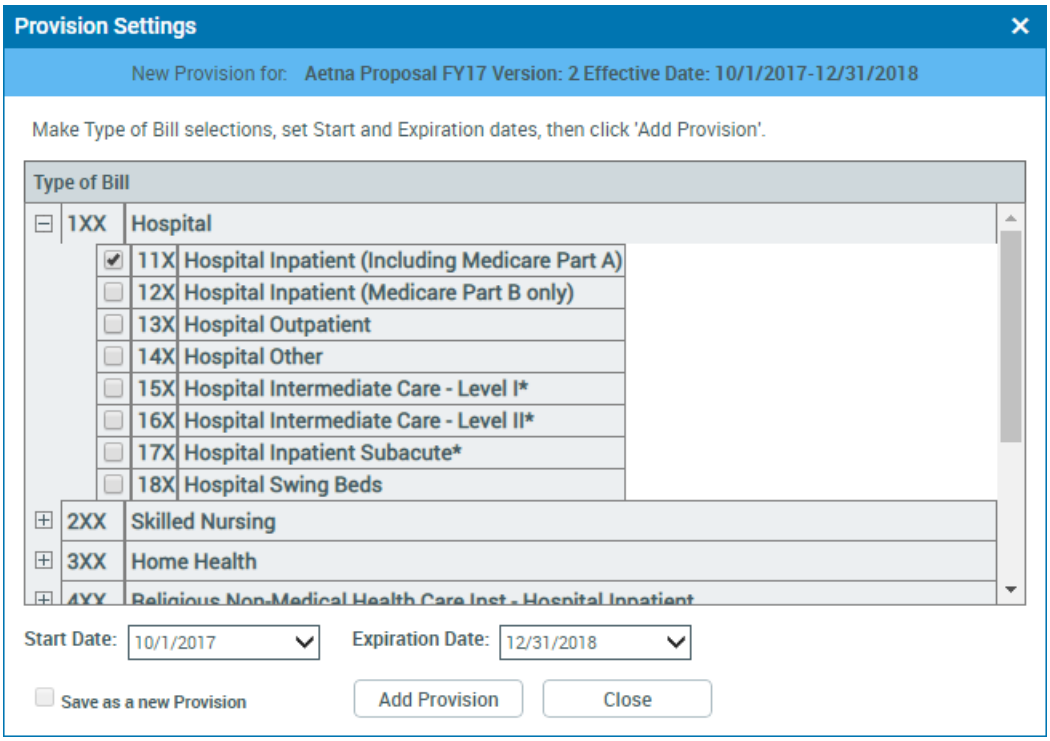
The Provisions page displays.

3. In the menu on the left, click **New**. The Provisions Settings window opens.

The Provisions Settings window contains the options for selecting the Type of Bills to calculate under the provision. For example, if both the inpatient and outpatient contracts pay 75% of charge, you can create one contract provision to handle both bill types. The provision's purpose is to select the bill types that calculate similarly under a specific date range.



4. Click the plus symbol (⊞) to the left of the desired Type of Bill to expand its options, then select the bill types to be applied by the provision.



5. Click **Add Provision**.

6. At the Provisions page, click **Save**.
7. If needed, enter provision factors manually or import factors from a file or other provision.
8. (Optional) If desired, add an attribute to the provision.

About provision factors

Provision factors are used in various CMS calculations. Certain factors, along with other contract rules related to modifiers, are required for APC contracts.

Some of the factors are considered National Factors (i.e., Labor Related Standard Amount, Federal Capital Rate, etc.), which means that they are the same across the nation. Some factors are Hospital Specific and can only be answered by the hospital's Medicare Specialist to whom notices are sent when the factors are changed, or when a new fiscal year begins and all factors have changed. Any box tagged as "Release" cannot be entered manually and will be updated when rates are attached to the clause or term.

To use any CMS-related calculation basis (i.e., CMS DRG, CMS Psych, CMS CMG, or Schedules related to CMS), you must complete the factor forms. You can add the following types of provision factors:

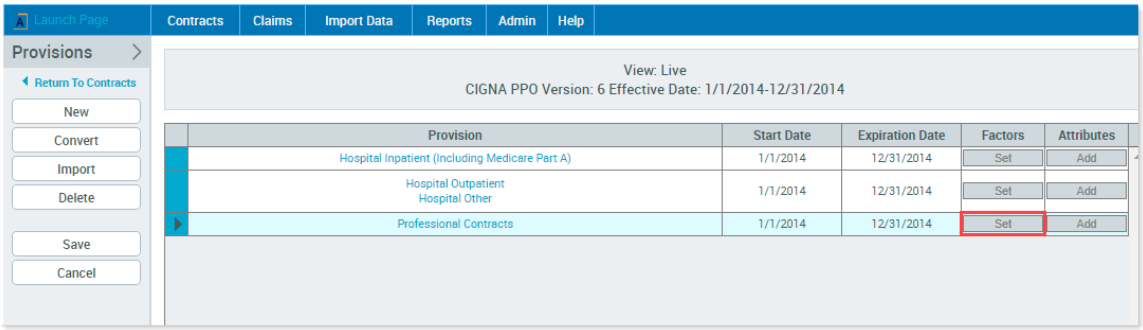
- **CMS DRG** – Add hospital and federal values specific to the date of the provision and used within the calculation of inpatient services that are paid using a code called a DRG.
- **CMS Psych** – Add hospital and federal values specific to the date of the provision and used within the calculation of inpatient Psych services.
- **CMS CMG** – Add hospital and federal values specific to the date of the provision and used within the calculation of inpatient Rehab services.
- **Schedules** – Select 3M schedules for Outpatient services that are paid with APC (Medicare) or eAPG (State specific Medicaid). These schedules contain the hospital-specific and federal values appropriate for the date range of the provision.
- **Modifiers** – Enter modifier values used in line-level calculations within the provision. Lines with modifier codes are calculated using these multipliers.

Assign a schedule to a provision

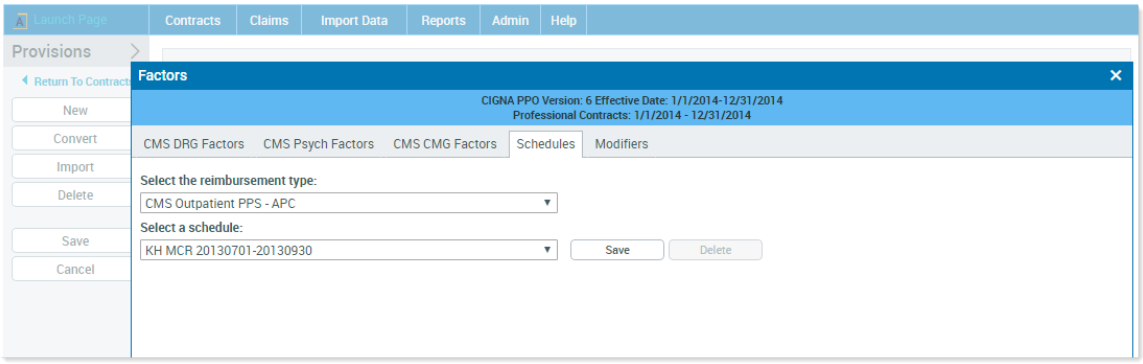
Use these instructions to assign a schedule to a contract provision.

To assign a schedule to a provision:

1. In the desired simulation, navigate to the provision.
2. On the **Provisions** page, in the **Factors** column, click the **Set** button (or, to change the selected schedule, click **View**).



3. In the **Factors** window, click the **Schedules** tab.
4. From the **Select the reimbursement type** drop-down, select the kind of reimbursement the provision uses. This selection determines the schedules available in the next drop-down.
5. From the **Select a schedule** drop-down, select the desired schedule.



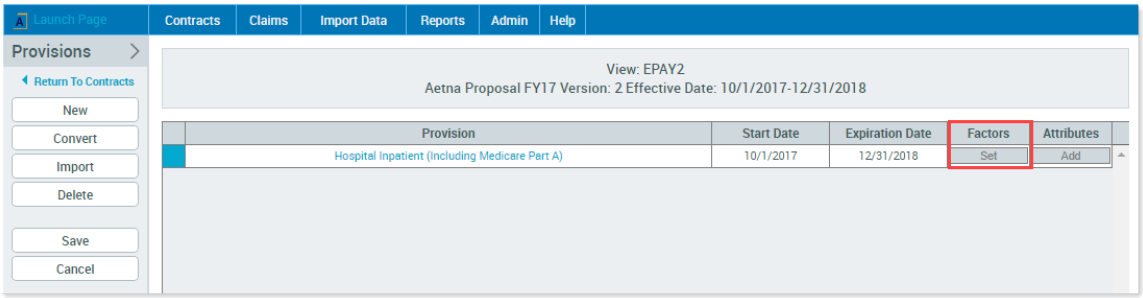
6. Click **Save**.

Manually enter provision factors for CMS calculations

Use these instructions to add CMS provision factors to APC contract versions.

To add factors to a provision:

1. Navigate to the desired provision.
2. In the **Factors** column, click the **Set** button (or, to modify a provision, click **View**).



3. In the **Factors** window, click the tab that corresponds to the type of calculation (CMS DRG, CMS Psych, CMS CMG).
4. In the desired CMS tab, enter amounts in the fields provided, as needed.

   NOTE: Fields with names followed by a red asterisk are required for calculated payment. Fields with names followed by a red cross require you to enter percentage amounts as decimals.

5. If needed, select high-dollar outlier exclusions.
6. Click **Save**, and then click **Exit**.

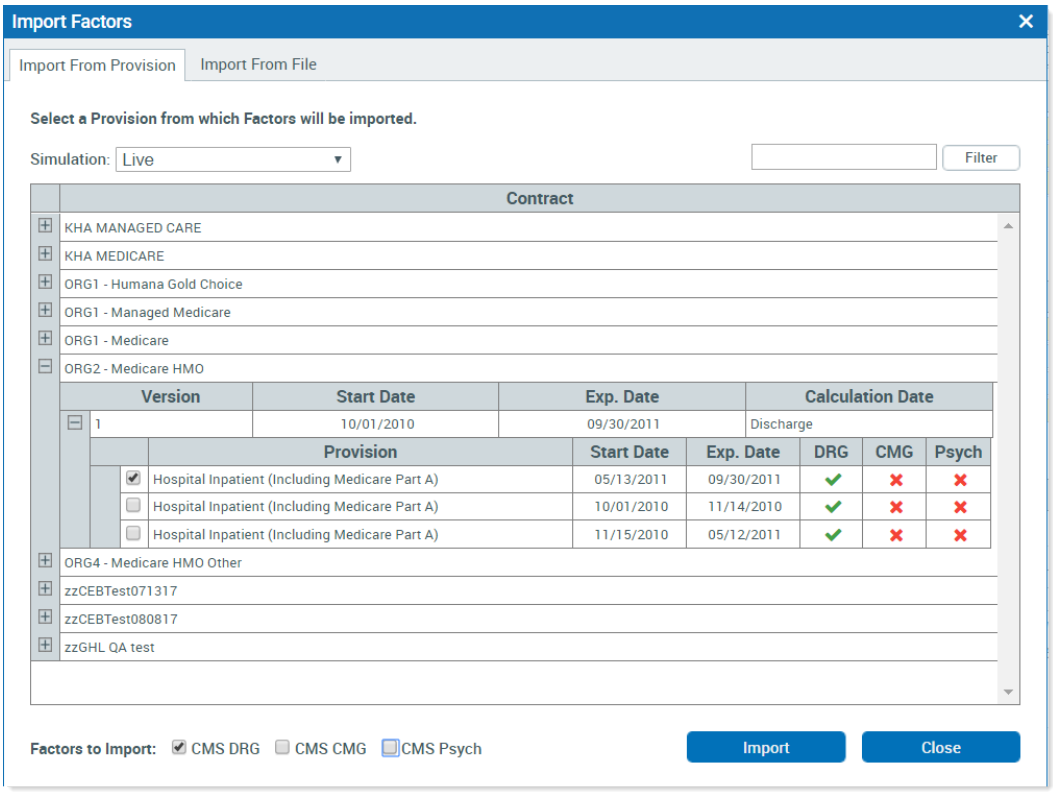
Import and export provision factors

When copying or creating contract provisions, you can import DRG CMS, Psych CMS, or CMS CMG factors from a file or from another provision instead of populating the factors fields manually. Additionally, you can export factors to an Excel file.

Import provision factors from another provision

To import provision factors from another provision:

1. Navigate to the provision for which you are adding factors.
2. In the **Factors** column, click **Set**.
3. In the **Factors** window, at the bottom, click **Import**.
4. In the **Import Factors** window, do the following:
   a. If needed, from the **Simulation** drop-down, select the desired simulation.
   b. Expand the contract and version with the desired provision and factors, and then select the check box for the desired provision.
   c. At the bottom of the window, select the check boxes for the factor types to import.
   d. Click **Import**.



e. In the confirmation dialog, click **Yes**.

The factors display in the Factors window's corresponding CMS tabs for the type(s) of factor(s) imported.

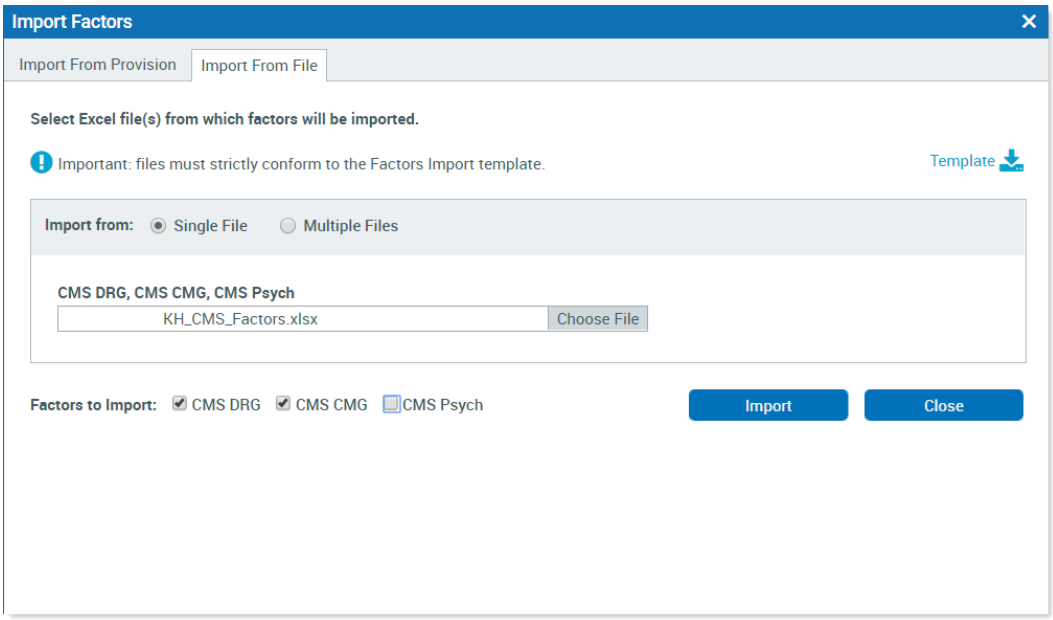
5. Click **Save**, then click **OK** in the confirmation dialog.

Import provision factors from a file

NOTE: Excel files used to import factors need to adhere to a specific format. To ensure your file is formatted correctly, download the template and enter or copy the desired factor information to it, then save and import it using the following instructions.

To import provision factors from a file:

1. Navigate to the provision for which you are adding factors.
2. In the **Factors** column, click **Set**.
3. In the **Factors** window, at the bottom, click **Import**.
4. In the **Import Factors** window, do the following:
   a. Click the **Import From File** tab.



b. If needed, on the right side of the window, click **Template** to download the template. Complete the information in the template, then name and save it. Or, you can import factors that you exported from another provision to an Excel file.

c. In the **Import from** section, select one of the following:
   - **Single File** – To import from a single file.
   - **Multiple Files** – To import from multiple files.

d. Click **Choose File** and select the formatted and populated Excel file.

e. Click **Import**, then in the confirmation dialog, click **OK**.

The factors display in the Factors window's corresponding CMS tabs for the type(s) of factor(s) imported.

5. In the **Factors** window, click **Save**, then click **OK** in the confirmation dialog.

Export provision factors to an Excel file

To export provision factors:

1. Navigate to the provision with the factors to export.
2. In the **Factors** column, click **View**.
3. In the **Factors** window, at the bottom, click **Export**.

   The data is exported to an Excel file at the bottom of your screen. Data is exported from all three CMS tabs. If no data exists for a CMS tab, then in the Excel file, that tab displays with headings only but no data. The file is automatically formatted correctly for importing to another provision.

	A	B	C	D	E	F	G
1	BlendedRate	CapitalCCR	COLAAdj	DSHCapital	DSHOperating	FederalCapitalRate	FixedLossT
2	6549.51	0.0390000000	1.0000000000	0.0000000000	0.0812000000	494.9000000000	21821.000000000
3							
4							
5							
6							
7							
8							

CMS DRG | CMS CMG | CMS Psych

4. Click the file to open and save it.

Select high-dollar outlier exclusions

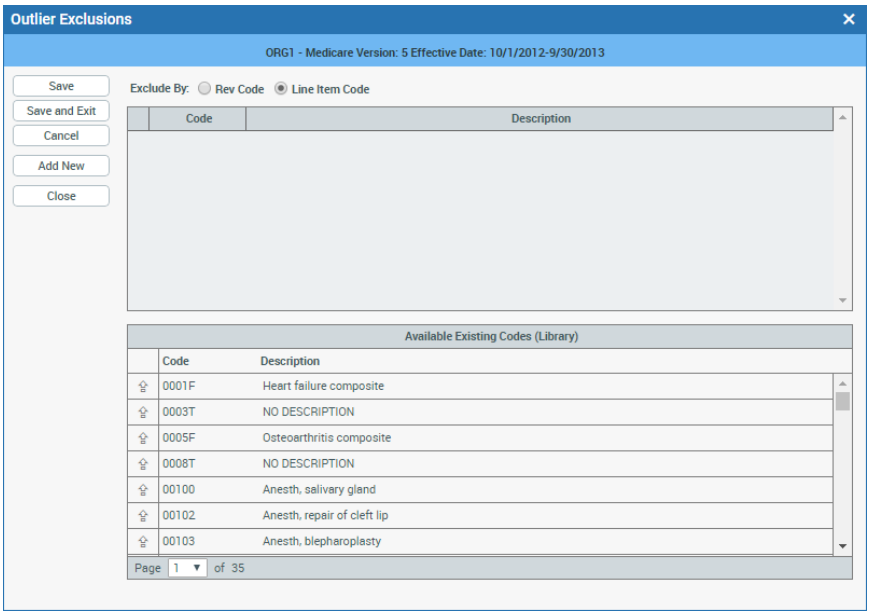
To accurately model changes made to the Inpatient CMS DRG calculation, you may need to determine the high-dollar outlier exclusion amount. To exclude high-dollar charges like transplant acquisition charges or coagulation factors from the CMS DRG outlier determination, you can specify the Line Item codes or Rev Codes associated with these charges to exclude them from the outlier determination within the CMS DRG calculation. Use the Exclusions window when defining a provision for APC and eAPG contracts.

After selecting the exclusions, you add a clause or term with the CMS DRG calc basis, and then attach DRGs and other required DRG-related elements. When incoming claims are processed against the CMS DRG calculation, if a claim has any CMS DRG items that match the clause or term on the provision, the system inspects the lines on the claim for the selected exclusion codes. The system totals any claim items that match the exclusion codes and then subtracts this amount from the total charges when determining the outlier portion of the CMS DRG calculation.

To specify high-dollar exclusions:

1. On the **Contracts** page, navigate to the desired contract version, and then click the **Details** link for that version.
2. On the **Provisions** page, in the **Factors** column for the desired provision, click the **Set** button (or, to modify the provision, click **View**).
3. At the bottom of the **Factors** window, click **Outlier Exclusions**.

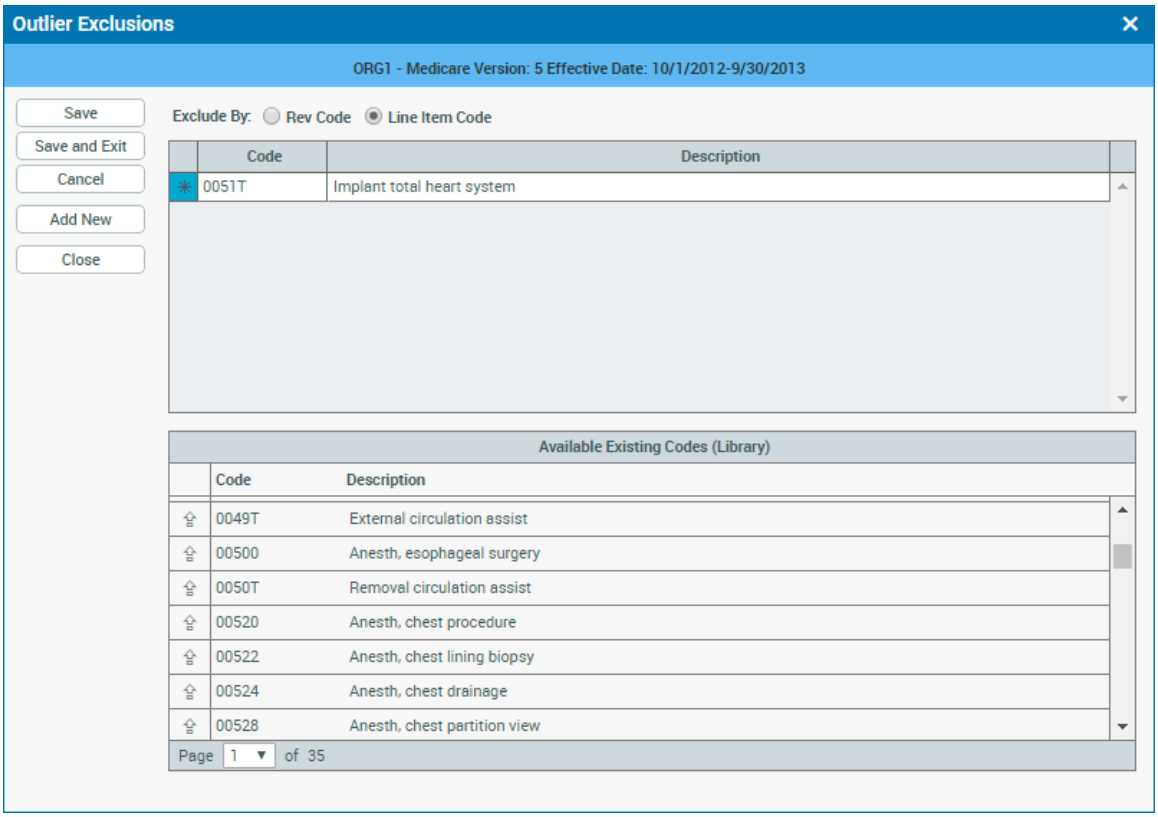
   The Outlier Exclusions window opens.



4. At the top of the window, select the exclude option:
   - **Rev Code** – Select exclusion items by rev code.
   - **Line Item Code** – Select exclusion items by line item code.

NOTE: You can select only one option.

5. In the lower half of the window, locate the item(s) to exclude, and then click the up arrow button ( ) to the left of each item to move that item to the top half of the window, as shown in the following example.



6. Click **Save and Exit**.

Using attributes

Attributes are custom tags you add to contracts and contract levels (i.e., versions, provisions, and clauses/terms) to:

- Extend the contract data model – Attributes allow you to add information to a contract that exists on the physical contract but for which there may not be room in the modeled version.
- Organize key aspects of payer contracts
- Enhance reporting across contracts and payers
- Augment reporting for current calculations and modeling detail
- Ensure key details are collected during contract building

Attributes are applied at the contract, version, provision, and clause/term level. You can attach an attribute from the list of attributes for that contract level or you can import an attribute from another contract.

Users who have permissions to model contracts can add attributes to contracts.

Attribute data:

- **Name** – Attribute's name
- **Description** – Explanatory information about the attribute
- **Data Type** – The format of the attribute's data value (i.e., text, integer, percent, etc.). For example, if the Data Type is text, then the attribute's value field accepts only text entries.
- **Attribute Type** – The contract level at which the attributed can be used (i.e., contract, version, provision, clause/term)
- **Enabled/Disabled** – Whether or not the attribute is available for use. If an attribute is disabled by the system admin, it will not display in any attribute selection lists.

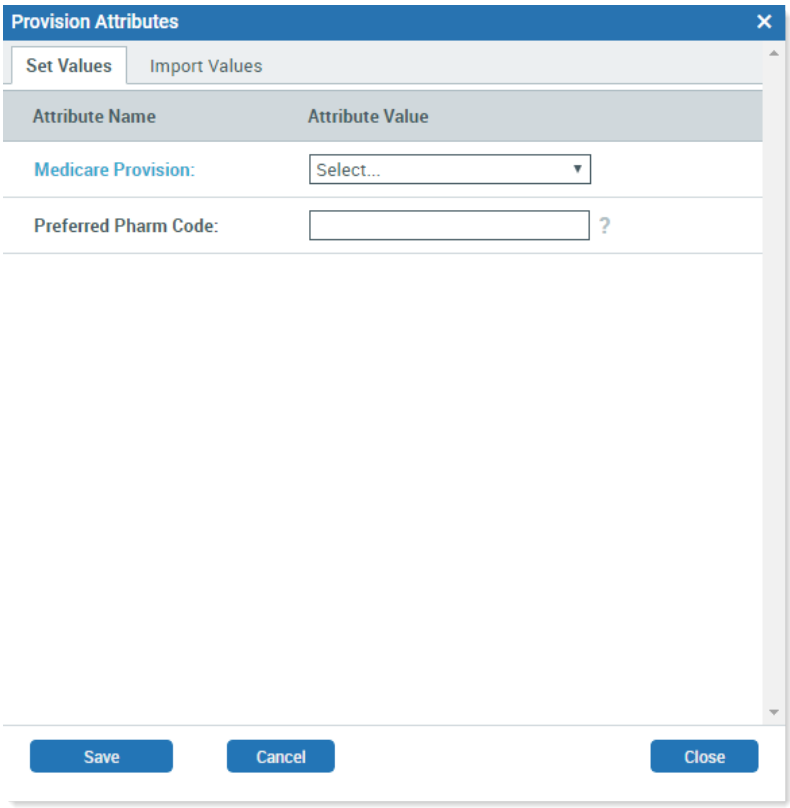
Add an attribute to a contract level

These instructions are for adding attributes to contract levels (i.e., contract, version, provision, or clause/term). When adding attributes, you can add only attributes of the type that corresponds to the contract level. For example, you can only add version attributes to versions, and clauses/terms attributes to clauses or terms.

To add an attribute to a contract/version/provision/clause/term:

1. Navigate to the desired contract and level.
2. In the **Attributes** column for the level, click **Add**.

   A window containing available attributes for that type of contract part opens. The following example shows a selection window for provision attributes.



Example of Provision attribute window

3. For the desired attribute(s), select or enter a value in the field.
4. Click **Save**, then click **Close**.
5. Save the version.

Import and copy an attribute

These instructions are for adding attributes to contract levels (i.e., contract, version, provision, or clause/term) using the import function.

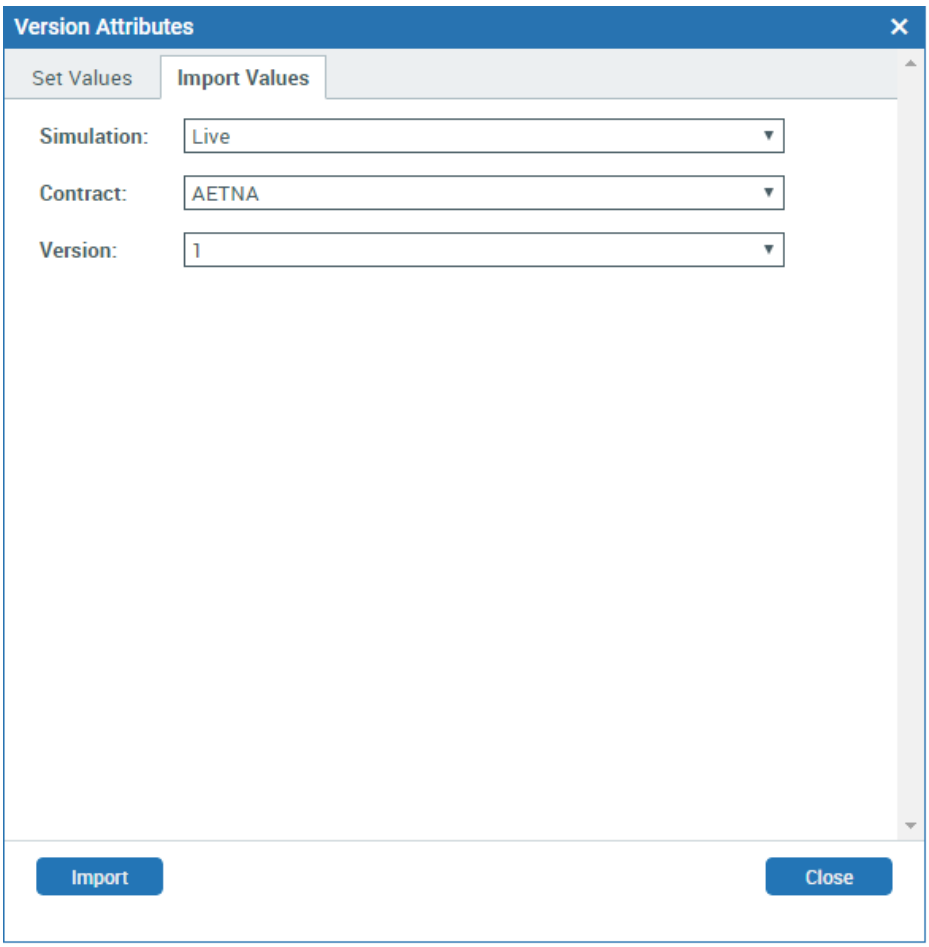
To import and copy an attribute from one contract to another:

1. Navigate to the desired contract and level.
2. In the **Attributes** column for the level, click **Add**.

   A window containing available attributes for that contract level opens. The following example shows a selection window for provision attributes.
3. Click the **Import Values** tab.
4. To import from a different simulation from the one you are in, select the desired simulation from

the **Simulation** drop-down.

5. From the **Contract** drop-down, select the contract that has the attribute you want to copy.
6. From the **[Level]** drop-down, select the desired item. For example, if you are copying from a version, select the version number, as shown in the following example.



7. Click **Import**. The selected tab switches to the Set Values tab.
8. In the **Set Values** tab, for the desired attributes, you can either accept the existing values or change them.
9. Click **Save** and then click **Close**.
10. Save the item you added the attribute to.

About bill types

What is a Bill Type, and why is it important?

The Bill Type, or Type of Bill (TOB), is a three-digit numeric code on the claim that identifies the specific type of bill being sent to the payer. The first digit represents Type of Facility (Hospital, Skilled Nursing, etc.), the second digit represents the Bill Classification (Inpatient, Outpatient, etc.), and the third digit represents the Frequency (Admit/Discharge, Late Charges, Series, etc.).

The TOB submitted on the claim is important not only for filtering which provision the claim will calculate on, but also for how the claim is handled during import. For every patient account, the importing logic first checks whether the account already exists in the system. If it does, the system applies a series of logical statements and the instance of the claim is brought in as Active, an Exception, or a Voided Record. All claims are brought in as the Active claim if no other instance of the claim exists, and as long as the claim is not a Late Charge (i.e., TOB XX5) or a Voided Record (i.e., TOB XX8).

A Late Charge is always brought into the system as an Exception Record. If an active record exists for that patient account, the late charge is attached to the active claim and the line items from the late charge are appended to the active record. If no active record exists, the late charge claim sits idle as an Exception until an active record is brought in for that particular account number. At that time, it appends to the newly imported active claim.

Series TOBs (i.e., XX2, XX3 and XX4) are handled differently. If a Series Start bill (i.e., XX2) already exists in the system and another is imported, the imported one becomes the new Active claim and the previous instance is considered Replaced. The same applies to a Series End TOB (i.e., XX4). Multiple Series Interim bills can exist on a claim; however, if an XX3 comes in and has the same admit and discharge dates as a previous XX3, as well as the same total charges, it will replace the matching instance.

The standard Admit/Discharge claim (i.e., XX1) always comes in as active, and replaces the existing active record as long as the charges are equal to or greater than the current record. The claim comes in as an Exception if total charges are less than the existing claim. A Replacement claim (i.e., XX7) always replaces the existing active record no matter what the total charges are for the claim, and regardless of whether or not there are late charges appended to the current record.

Replacement and Late Charge claims are not allowed with Series claims. Both come in as Exception records if a series TOB exists on the account. The reverse is true as well. Series claims are not allowed on non-series accounts.

Clauses and terms

Clauses and terms are provision building blocks. They are the vehicle that defines contract terms, rates, and limits. A clause and term are interchangeable in how they calculate; however, a term always resides

beneath a clause. The clause is considered the parent of the term. A clause can have no terms or it can have multiple terms. A term always has the one clause under which it resides. The order and the selections made on a clause/term determine how the claims filter through the calculation criteria.

Clause and term order significance

Axiom Contract Management calculates claims in a top-down manner for both clauses and terms. This means that a claim initially tries to match to the first clause listed in the provision. If there is no match, it continues on to the next clause, regardless of whether or not a term exists on clause 1. If, on clause 2, the claim matches the defined criteria, it stops and makes the calculation. Then it continues on to the first term of the clause (if it exists), and then the second term (again, if it exists) before moving on to clause 3, and so on. The only way to stop a claim from moving to the next clause (or term) is to set it as terminal. For information on changing the order of a clause or term, see Edit or delete a clause or term.

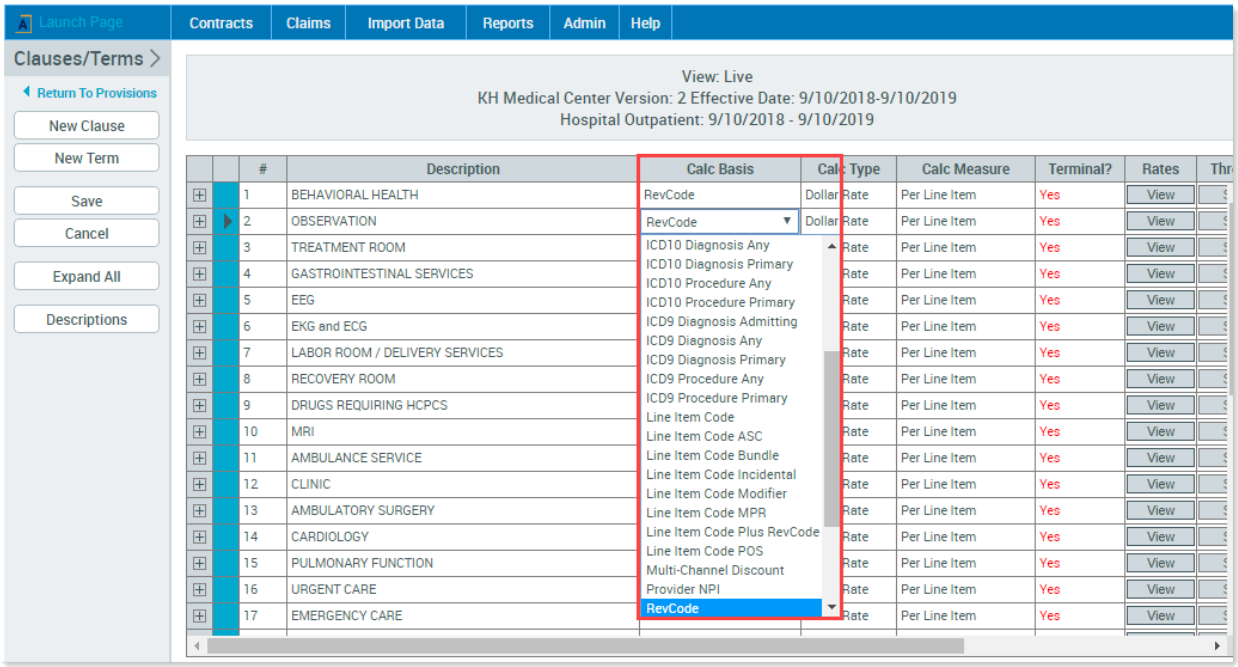
Clause or term Calc Basis

The following example shows some of the possible selections for the clause/term calculation basis. **You cannot edit these**. The calculation basis is used in conjunction with the calculation type and measure to determine a specific reimbursement method.

Calc Basis paired with the rates loaded for the clause or term determine whether a claim will qualify. For example, if Admit Diagnosis Code is selected, Axiom Contract Management only finds claims for which the defined clause/term codes match the admitting diagnosis code on a claim.

The CMS-based options include specially built calculation rules that are used with the defined factors for the Provision. If you select a CMS calc basis, the type and measure drop-down boxes are automatically disabled.

Certain basis options are considered Claim level and some are considered Line Item level. Selecting one or the other defines the options available for Calc Type and Measure. For example, DRG is considered Claim level, whereas RevCode is considered a Line Item level calculation basis.



Calc Basis options available from the Calc Basis drop-down

Calc Type

There are three possible selections for the Calc Type field. Either the clause/term will be paid at a Dollar Rate, a % of Charge, or a % of Cost, with the first two selections being the most commonly used. The calc types available for selection are determined by the Calc Basis selected.

Calc Measure

The five possible selections for the Calc Measure field are: Per Claim, Per Diem, Per Date, Per Line Item, and Per Line Item Qty. These options are limited based on the Calc Basis selected for the clause/term. For example, if DRG is selected as the Calc Basis, the option for Per Date, Per Line Item, and Per Line Item Qty are not applicable, as those are used with Line Item level parameters only.

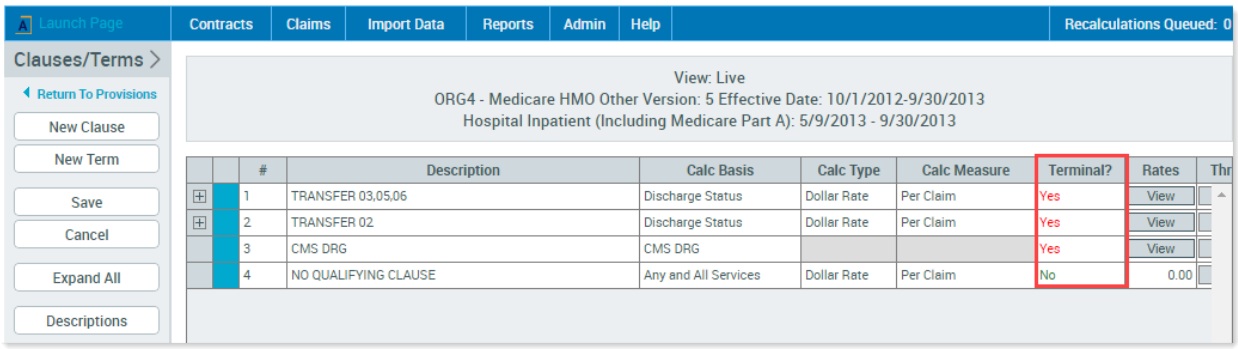
Terminal vs. Non-terminal

Setting a clause or term as terminal or non-terminal (the default) determines if a claim will continue calculating on the clause or term below it.

Setting a *clause* to Terminal (i.e., Yes) stops the claim from progressing to the next clause; it does not stop it from moving through all of the terms (if any) below that clause.

Setting a *term* to Terminal stops it from progressing to the next term under the same clause; it does not stop it from moving through any clauses (if any) below it. For the terminal logic to apply to a claim, it must qualify on the defined calculation criterion for the clause or term.

For example, if a claim has an implant revenue code, a certain dollar amount will apply to that rev code line item for all claims, and even if a claim qualifies for this payment, it will continue down to the next clause. If the claim qualifies for Orthopedics, it stops there, and Orthopedics will be the only other possible payment method on the claim, as that is a terminal clause. If it is not an Orthopedic claim (based on the defined DRG), it will continue on. If a claim qualifies on Clause 8 Med/Surg, it could also qualify and reimburse on Clause 9 ICU, as that is a non-terminal clause.



Clauses/Terms page with Terminal column outlined in red

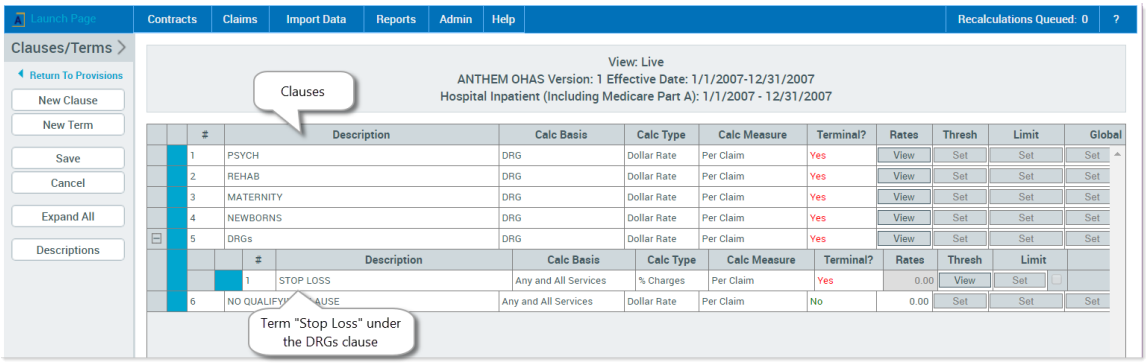
Navigate to a clause or term

Access clauses and terms from the Clauses/Terms page.

To navigate to a clause or term:

1. On the **Contracts** page, expand the desired contract.
2. For the desired contract version, click the **Details** link.
3. On the **Provisions** page for the version, click the desired provision link.

   The list of clauses displays in the table on the Clauses/Terms page, as shown in the following example.

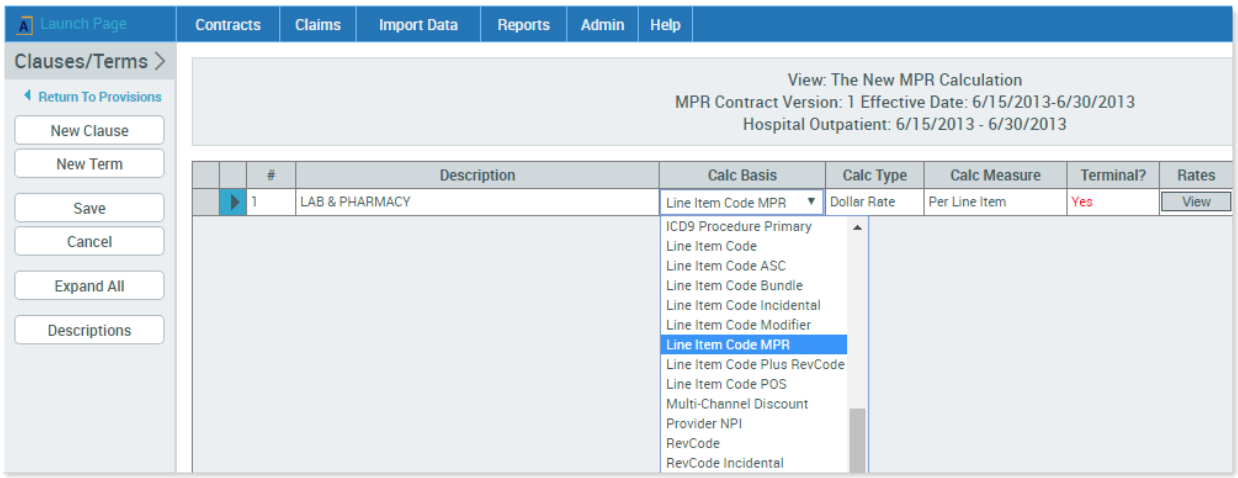


   If a clause has any terms, a + button (⊞) displays to the left of the clause's blue square. Click the button to view the term(s).

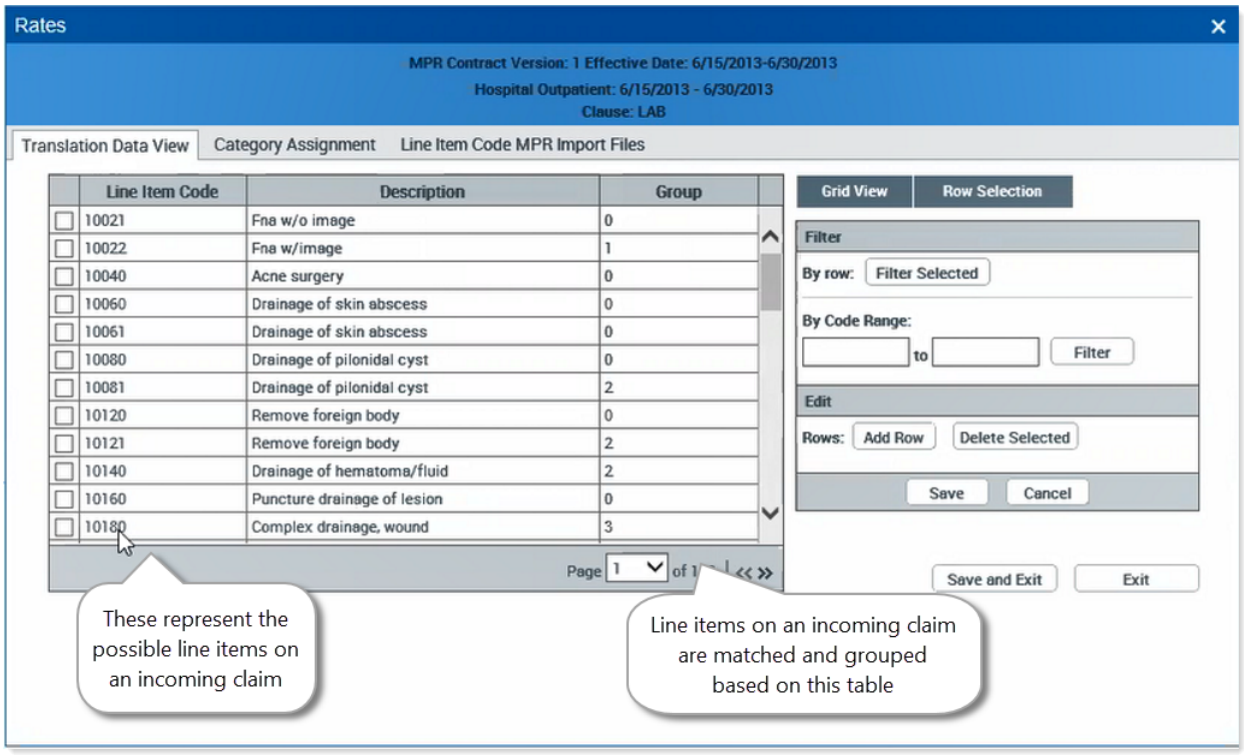
4. To return to previous pages, click the **Return to [page]** link in the menu on the left.

About multiple-procedure payment reduction line items

When you build contracts that include multiple procedure payment reduction (MPR) line items, if those line items have four or more reimbursement rates, you can model them using MPR calculations by percentage. The Line Item Code MPR calculation handles both dollar and percentage rates, whereas the Line Item ASC handles only dollar amounts. The Line Item Code MPR calc basis calculates claims that are reimbursed based on multiple-rate tiers. This calc basis is available in the Calc Basis menu for clauses and terms, as shown in the following example:



Line Item MPR uses Translation Tables similar to Line Item ASC. Translation Tables consist of columns of line item codes and their associated Group column. (You don't need to add descriptions to the table because they are automatically populated based on the existing Line Item Code library entries.)



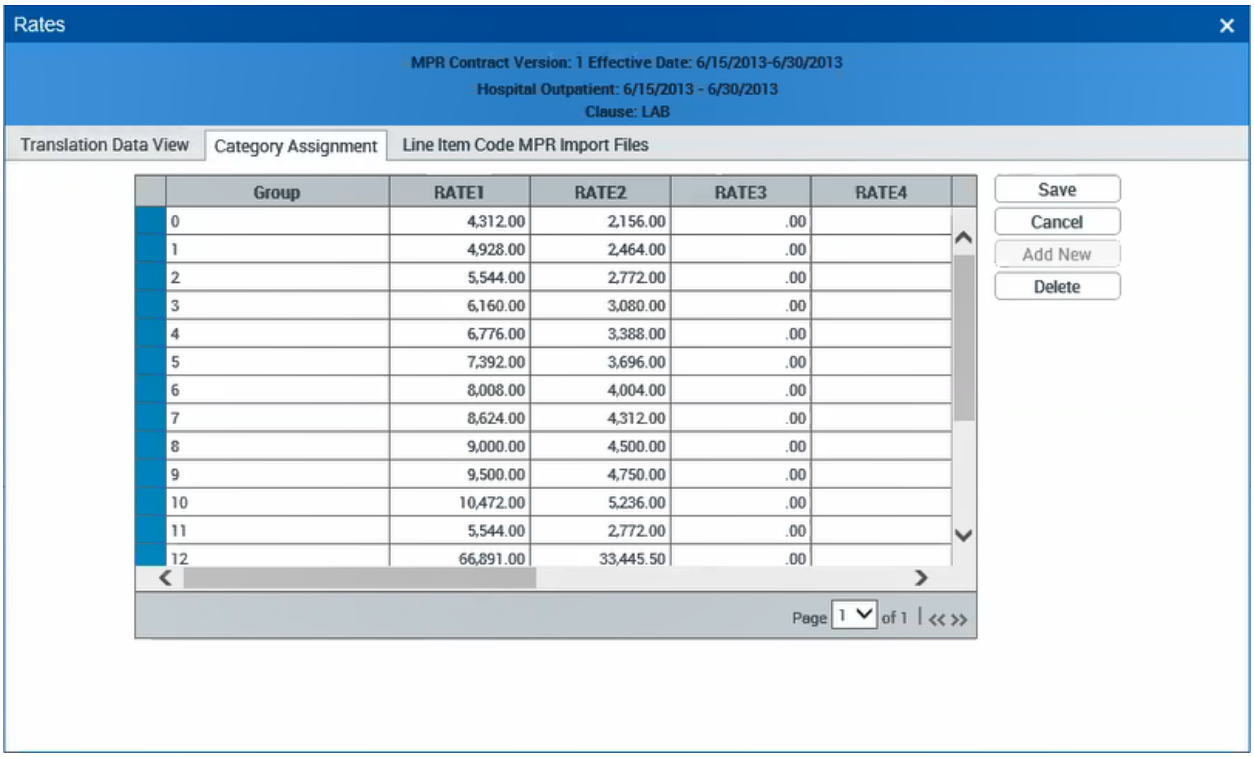
The Rates form for Line Item MPR has a ten-tier procedure reduction calculation consisting of nine rate columns and one sub rate column on the Category Assignment tab to handle procedure reduction logic in contracts. You do not need to specify all ten tiers, but at minimum you must specify one rate and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

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. For example, 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	

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.

For more information, see the following:

- About clauses and terms
- Add a clause to a provision
- Add a term to a clause

Claim voucher reports display Line Item Code MPR calc details

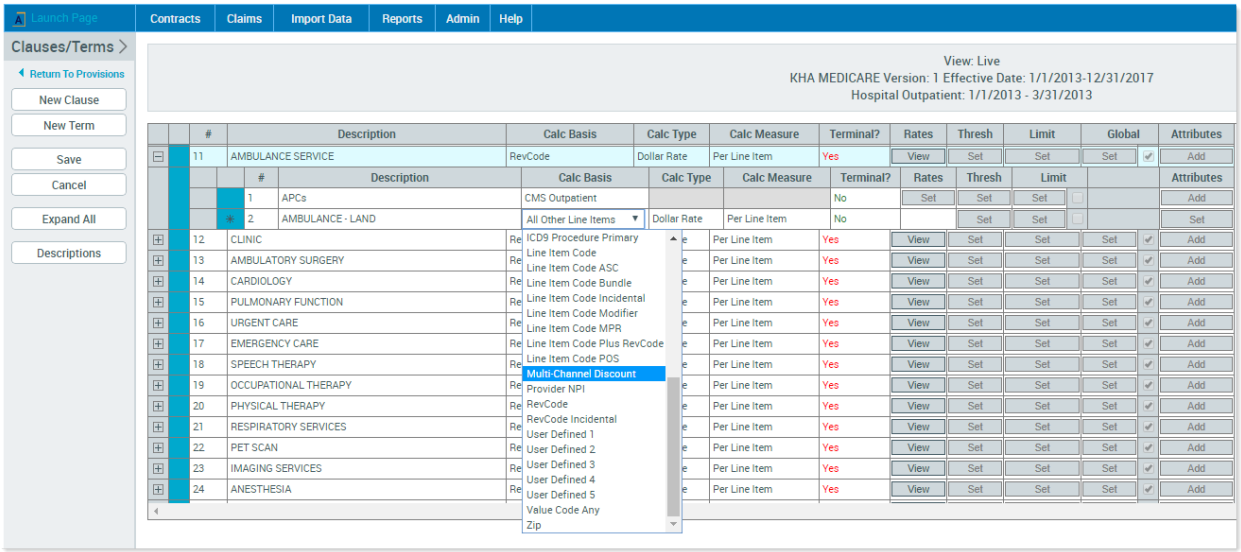
When reconciling an MPR calculation on a claim, you can use the voucher report to see which line items on the claim triggered Line Item Code MPR on a contract and were paid based on that calculation logic. You can use this detail to track down under or over payments and to justify proper payment from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

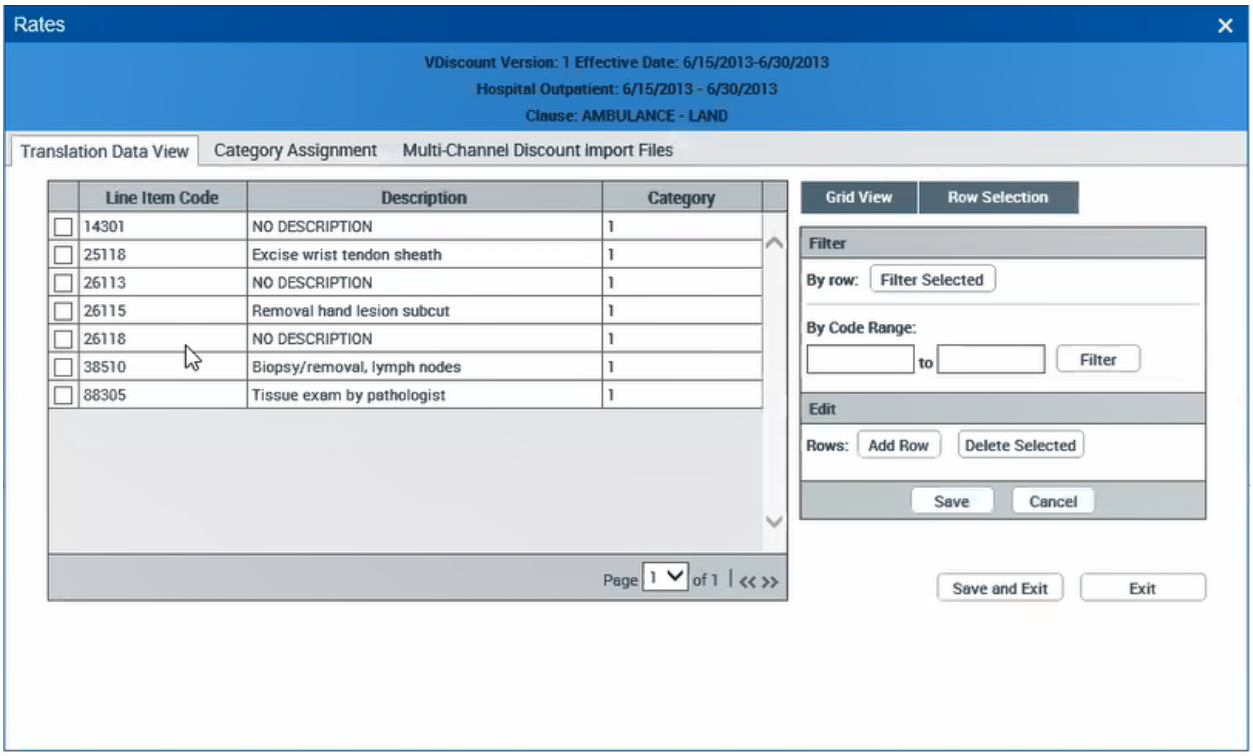
About volume discount calculation line items

Users modeling contracts can 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 calculation basis is available in the Calc Basis menu for clauses and terms, as shown in the following example:



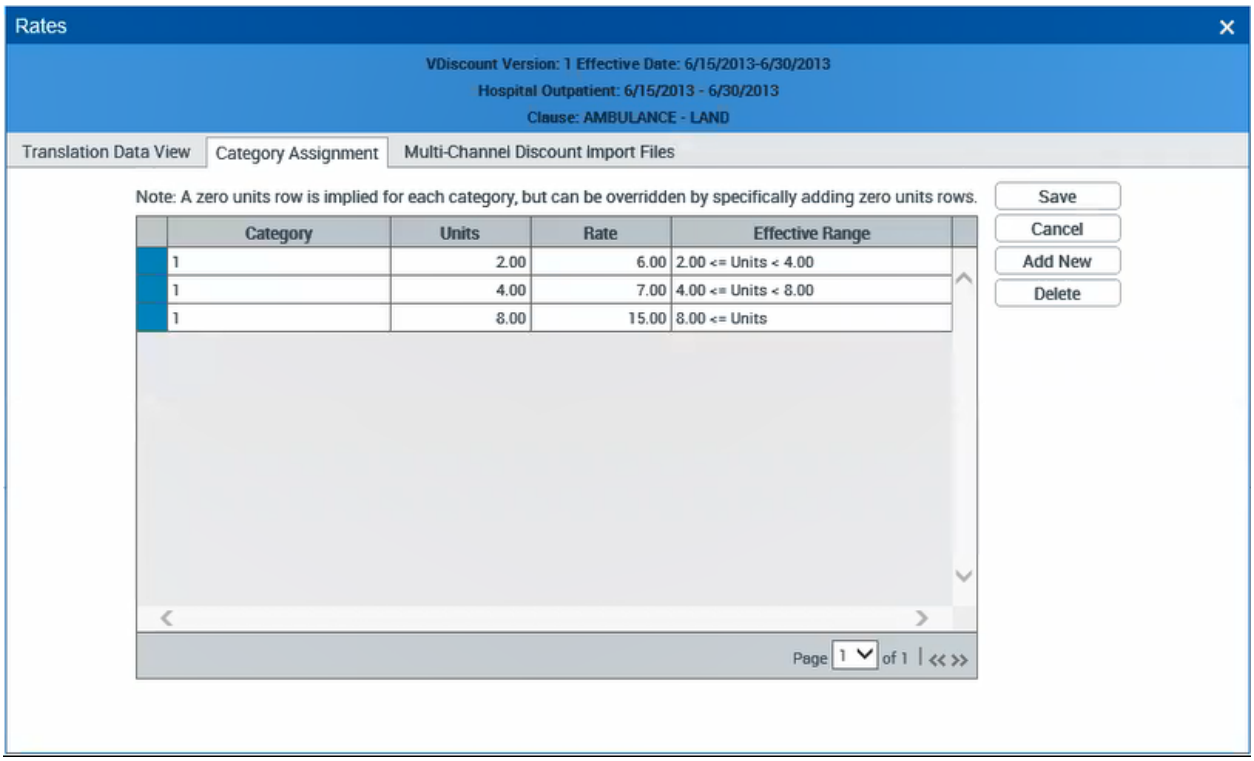
This calc basis pays a set amount based on the number of units found for a set of procedures on a claim.

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 populates with the description in the Line Item Code Library.



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 for a clause or term.

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 <= Units < 4. If the claim has four units, the rate paid is $7.00 because the Effective Range is 4 <= Units < 6. Any claim with six units or more is paid at the $15.00 rate.



For more information, see the following:

- About clauses and terms
- Add a clause to a provision
- Add a term to a clause

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 a 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

Add a clause to a provision

When creating a clause, you need to select the calculation criteria. For information on Calc Basis, Calc Type, Calc Measures, and Terminal vs. Non-terminal, see Using clauses and terms.

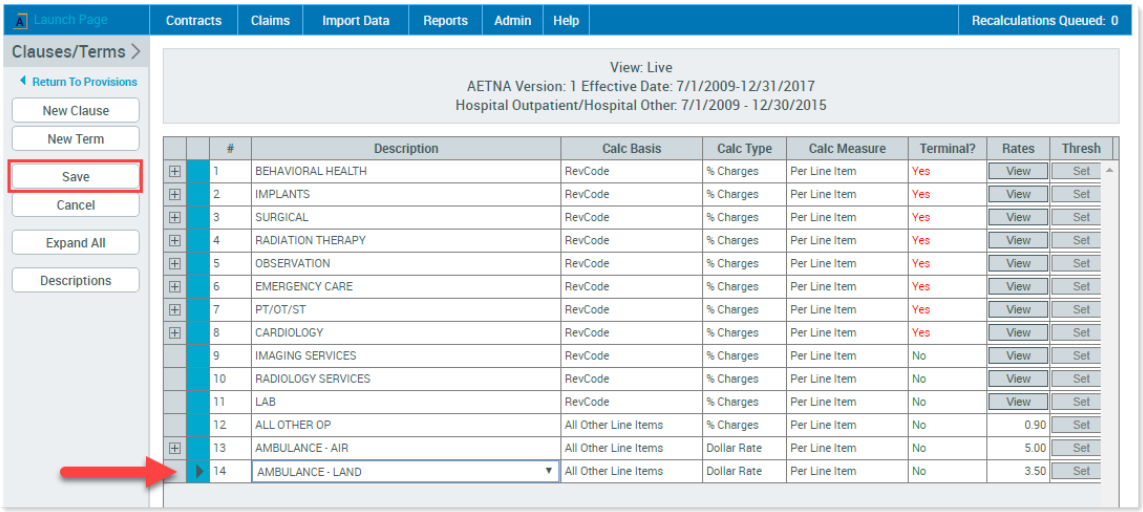
You can also add attributes to a clause.

To add a new clause:

1. Navigate to the desired contract version and click the **Details** link.
2. Under the **Provision** title, click the link.
3. In the menu on the left, click **New Clause**.
4. On the new clause row, in the **Description** field, select the description from the drop-down.

   NOTE: If needed, you can add a new description.

5. From the **Calc Basis** drop-down, select the basis for calculation.
6. If applicable, from the **Calc Type** drop-down, select the calculation type.
7. If applicable, from the **Calc Measure** drop-down, select the measure on which the calculation is made (for example, Per Claim, Per Line Item, Per Diem).
8. From the **Terminal?** drop-down, select **Yes** for Terminal or **No** for non-terminal.
9. Click **Save**.
10. In the **Rates** field, do one of the following:
    - For a single rate, type the rate into the field.
    - For multiple rates, enter rates manually or import rates from a file.
11. Click **Save**.



Clauses/Terms page showing new clause added at bottom of page

Add a term to a clause

A term always resides beneath a clause. The clause is considered the parent of the term.

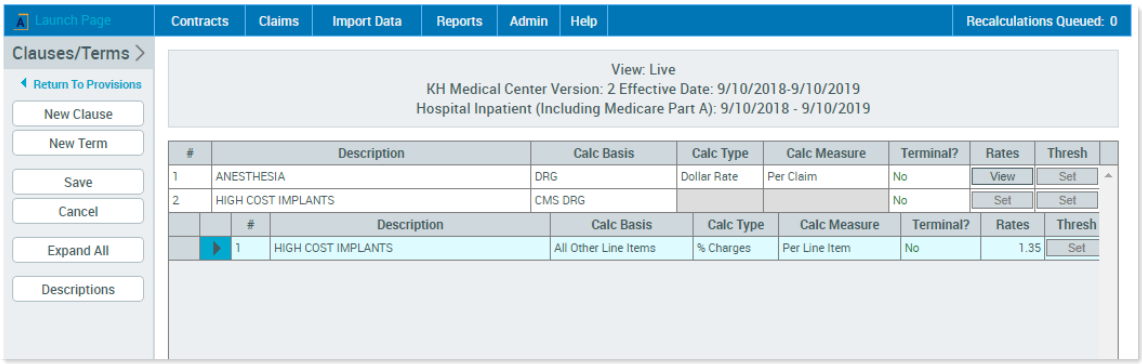
When creating terms, you need to select the calculation criteria. For information on Calc Basis, Calc Type, Calc Measures, and Terminal vs. Non-terminal, see Using clauses and terms.

To add a new term:

1. Navigate to the desired clause or term.
2. For the desired clause, click the blue square at the beginning of the row. (A black arrow displays in the blue square when selected).
3. Click **New Term**. The term row automatically displays below the selected clause.
4. In the new term row, from the **Description** drop-down, select the description of the service or procedure.

   NOTE: If needed, you can add a new description.

5. From the **Calc Basis** drop-down, select the basis for calculation.
6. If applicable, from the **Calc Type** drop-down, select the calculation type.
7. If applicable, from the **Calc Measure** drop-down, select the measure on which the calculation is made (for example, Per Claim, Per Line Item, Per Diem).
8. From the **Terminal?** drop-down, select **Yes** for Terminal or **No** for non-terminal.
9. Click **Save**.



Clauses / Terms page showing new term added at bottom of list.

10. In the **Rates** field, do one of the following:
    - For a single rate, type the rate into the field.

- For multiple rates, enter rates manually or import rates from a file.

11. Click **Save**.

Add a clause or term description

The description is the first criterion that you need to define for a clause or term. A few standardized descriptions are already set in the drop-down list, but you can add a new description if desired.

To add a new description:

1. Navigate to the desired clause or term.
2. In the menu at left, click **Descriptions**.
3. In the **Edit Descriptions** window, click **Add New**.
4. In the new line added to the bottom of the list, enter the description.
5. Click **Save**.
6. Click **Close**.

   The new description is added to the Description drop-down, in alphabetical order.

Edit or delete a clause or term

IMPORTANT: If you click Save before clicking Return to Provisions, the clause or term is permanently deleted.

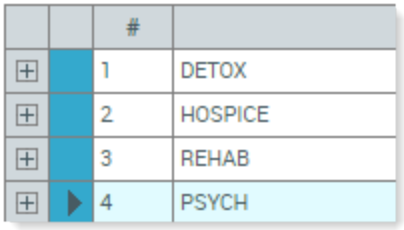
To delete a clause or term:

1. Navigate to the desired clause or term.
2. Click the blue square to the left of the clause/term and then press the **Delete** key on your keyboard (there is no Delete button in the application for this).
3. If you accidentally delete a clause or term, do NOT click Save. Instead, click **Return to Provisions**.
4. To permanently delete the clause or term, click **Save**.

To change the order of a clause or term:

1. Navigate to the desired clause or term.
2. In the column labeled **#**, click the clause or term number to activate the sorting arrows, then click the arrows as needed to select the order number you want the clause or term to sort to.

New order number selected for PSYCH



PSYCH appears in new place after saving

3. Click **Save**. The contract refreshes to the new order.

At this point, the order is manually controlled. Be sure that all clause numbers are unique, as are the terms beneath them.

Edit or delete a clause or term description

IMPORTANT: If you change a description, the change will be reflected in all accounts and data where the description is used.

To edit a clause or term description:

1. Navigate to the desired clause or term.
2. In the menu at left, click **Descriptions**.
3. Select the desired description and then make your changes.
4. Click **Save**. A green confirmation message appears briefly.
5. Click **Close**.

To delete a clause or term description:

1. Navigate to the desired clause or term.
2. In the menu at left, click **Descriptions**.
3. Select the desired description.

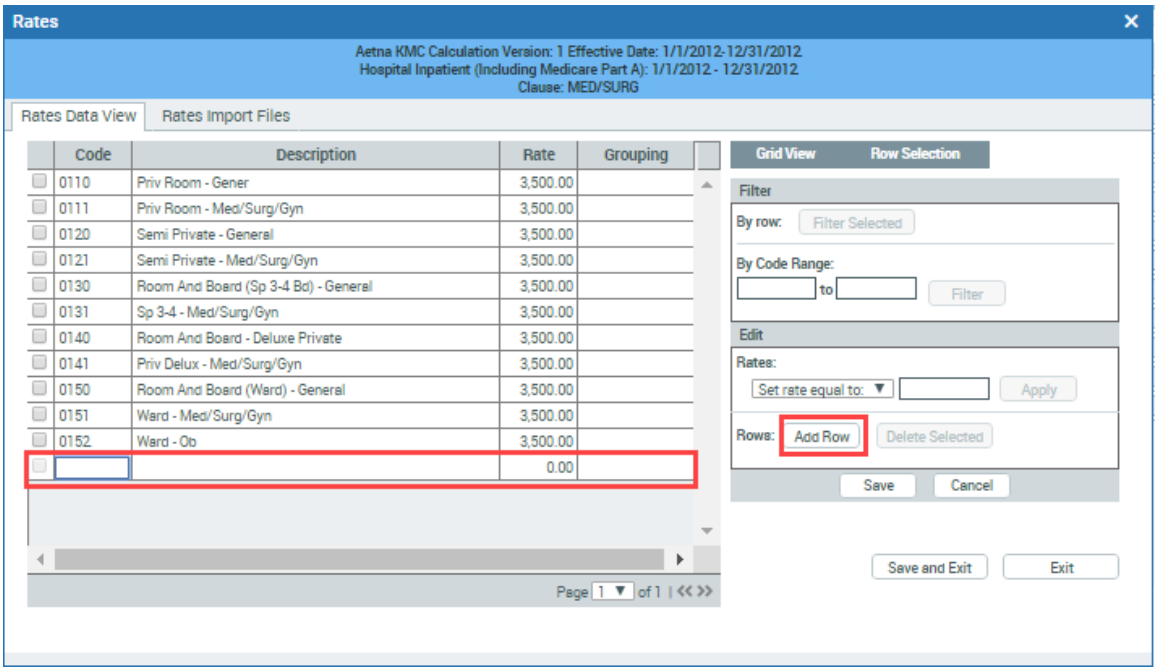
4. Press the **Delete** key on your keyboard.
5. Click **Save**, then click **Close**.

Manually add rates to a clause or term

Use these instructions when you need to add a few rates. For one or more pages of rates, import the rates from a file instead of adding them manually.

To manually add rates to a clause/term:

1. Navigate to the desired clause or term.
2. In the **Rates** column, click the **View** or **Set** button (if rates are currently applied, the button displays as "View").
3. In the **Rates** window, click **Add Row**. A new row displays in the Rates Data View tab on the left, as shown in the following example.



4. In the **Code** field, type the code associated with the chosen calc basis for the clause/term, and then in the **Rate** field, type a corresponding rate. You have the option to add a grouping description for larger based rate schedules if needed.
5. (Optional) To apply the same rate to all the entered codes:
   a. Click the small check box to the left of the code.
   b. In the **Edit** section on the right side of the form, enter the amount in the text box to the right of the **Rates** drop-down.

c. Leave the drop-down option at **Set rate equal to**, and click **Apply**.

6. To save the manually entered rates, click **Save and Exit**.

To adjust rates on certain codes, you can select those codes manually with the check mark to the left of the code, or, for a large selection, using the options under the Row Selection/Selection Scope button (e.g., select current page if more than one, or select all pages) and then enter a new rate to apply.

Import rates for a clause or term

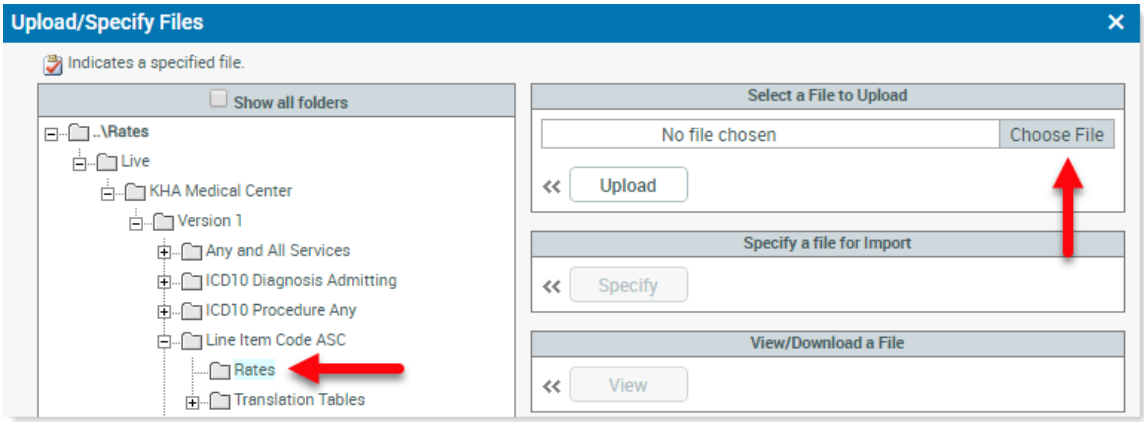
When working with large fee schedules, manually entering rates may not be feasible. In this situation, it is better to import the fee schedule or rates table from an Excel workbook. If you are also importing Translation Tables for a clause/term, you should import those before you import rates.

IMPORTANT: There are many different types of rate files (DRG, Line Item Code, Rev Code, etc.). When importing rates, make sure the rate file you upload matches the specific type of calc basis used by the clause or term. For example, for a DRG rate file that has a dollar rate in it and not a percent %, it should use: Calc Basis = DRG; Calc Type = Dolar Rate; Calc Measure = Per Claim, on the clause or term to which you attach it.

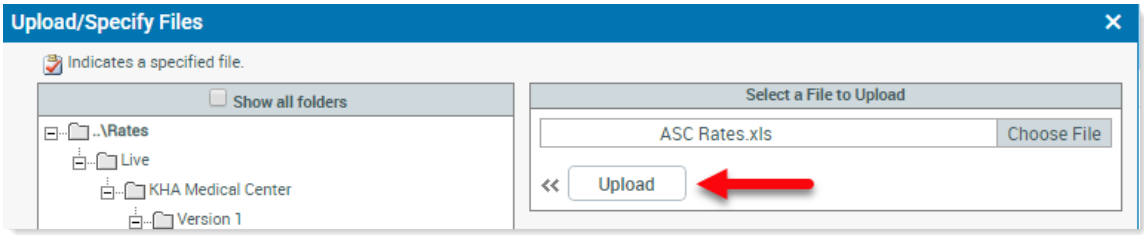
When importing rates, you first upload the rate file to the server, then you attach it to the contract.

To import the rates:

1. In the **Rates** column of the clause/term, click **Set** (or **View**, if there are existing rates and you are replacing/modifying them).
2. In the **Rates** window, click the **Rates Import Files** tab.
3. On the right of the window, click **Upload/Specify Files**.
4. In the **Upload/Specify Files** dialog, on the folder view side, the Rates folder should be highlighted blue. This is your target folder. On the right side of the dialog, click **Choose File** and browse to the location of the desired rates file/fee schedule, and then click the file and click **Open**.

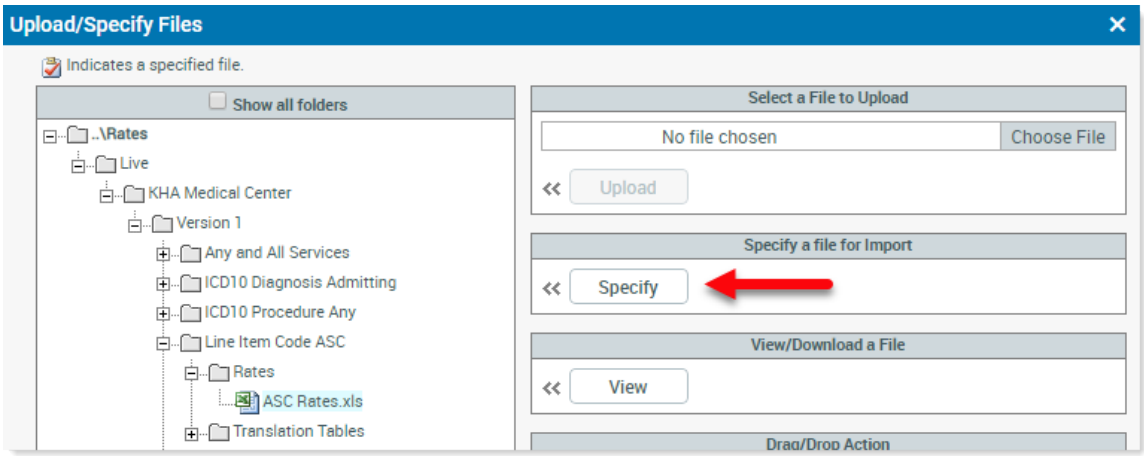


5. When the name of the file displays in the **Choose File** field, click **Upload**.



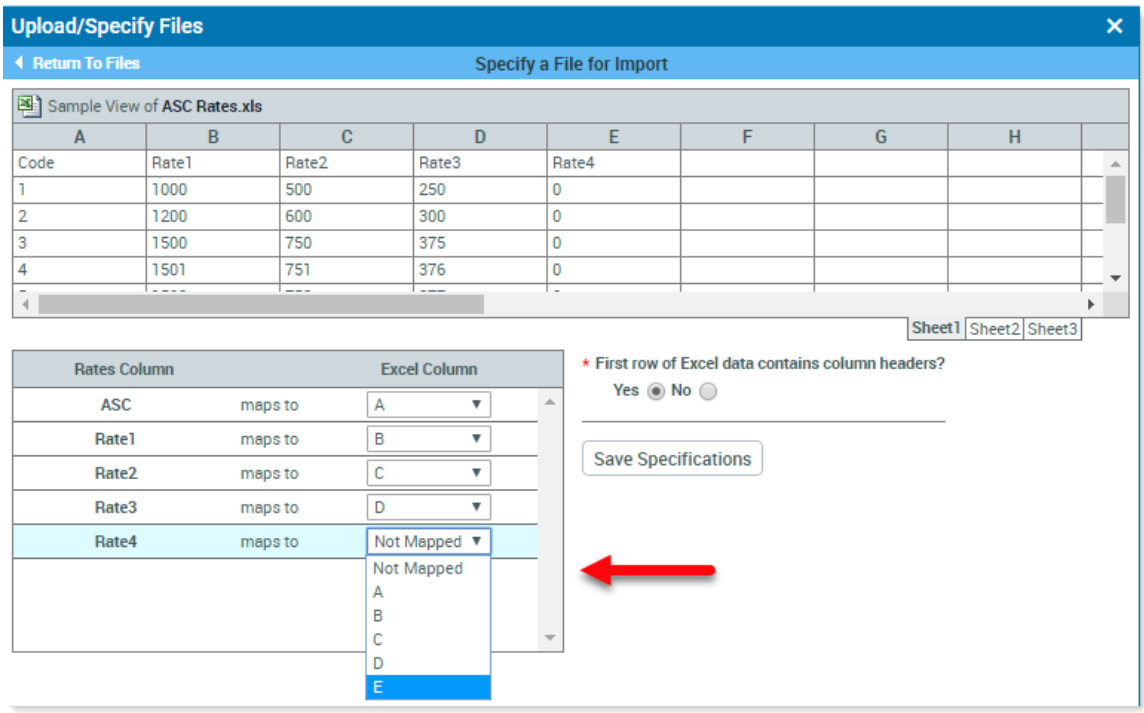
The uploaded file is placed on the server under the defined Calc Basis folder.

6. On the folder view side of the dialog, click the uploaded file to select it. On the right side. Click **Specify**.

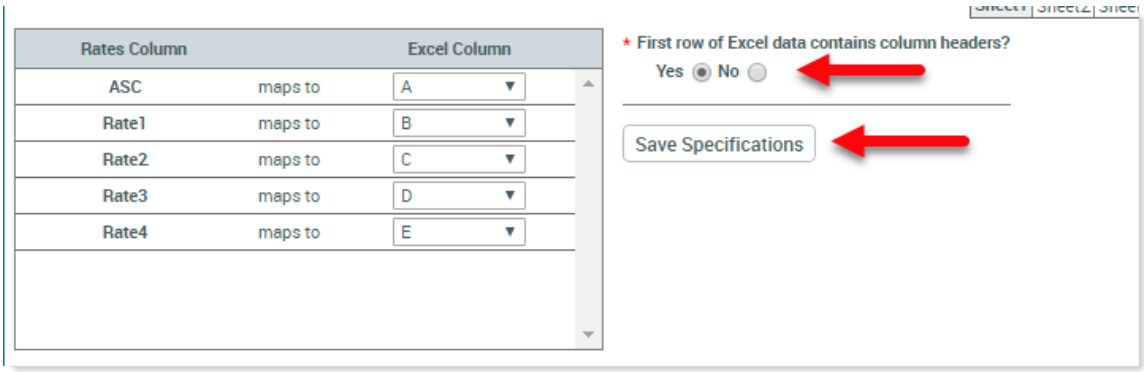


The Upload/Specify Files form opens, displaying the columns in the Excel file.

7. On the lower left of the form, in the **Excel Column**, for each row in the Rates Column, select the letter that corresponds to column in the image of the Excel file above it. In the following example, ASC corresponds to column A in the ACS Rates file. Do this for each field in the Rates Column that needs to be mapped.

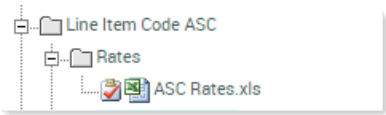


8. Select whether or not the file uses headers, and then click **Save Specifications**.



9. Close the form.

   After a file is specified, a red check mark displays to the left of the file in the Upload/Specify form.



10. Attach the file: click **Attach** .

11. Close the **Rates** window.

Import translation tables

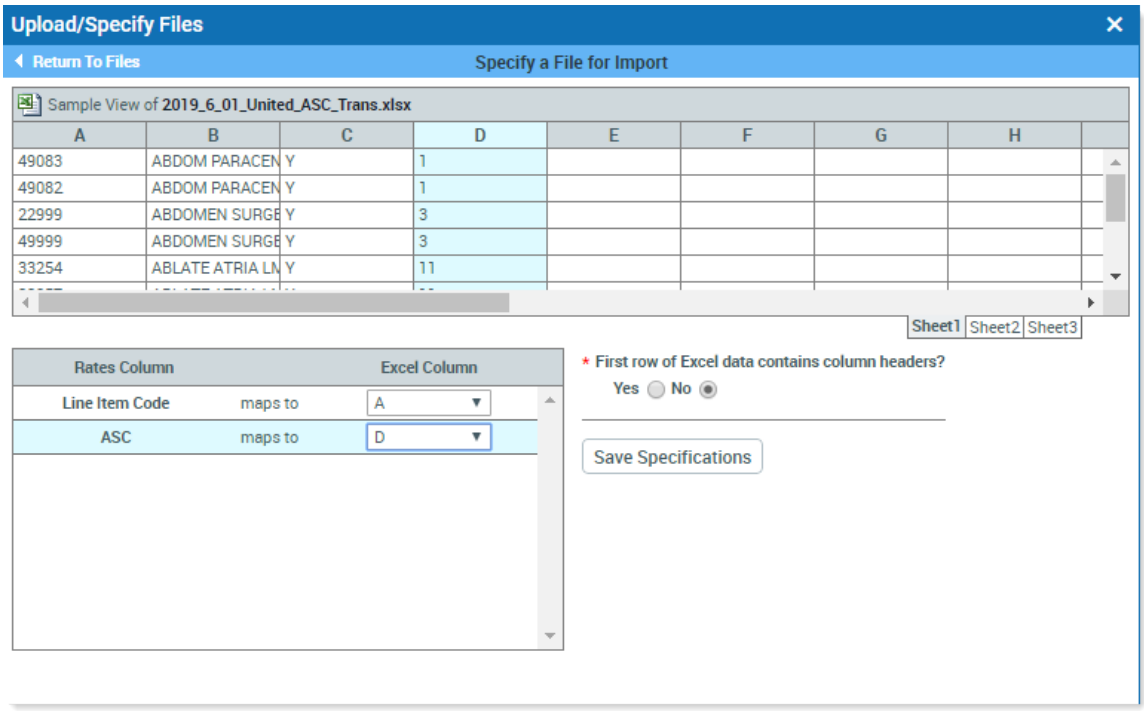
Translation tables are crosswalk code tables that map equivalent, identical, or similar information across two or more distinct data sets. Most crosswalking is done between a newer version and an older, out-of-date version of the same code set. Certain Contract Management Calc Bases, such as the following, all require translation tables:

- Line Item Code Incidental
- RevCode Incidental
- Line Item Code MPR
- Line Item Code ASC
- Multi-Channel Discount

Importing translation tables follows the same basic process as importing rate files.

To import a Translation Table:

1. Navigate to the clause or term.
2. In the **Rates** column, click **Set** (or **View** if you are replacing an existing translation table).
3. In the **Rates** window, click the **[Calc Basis] Import Files** tab.
4. On the right side of the window, click **Upload/Specify Files**.
5. In the **Upload/Specify Files** dialog, on the right, click **Choose File**, then browse for and select the desired Translation Table file, and then click **Open**.
6. When the name of the file displays in the **Choose File** field, click **Upload**.
7. On the folder view side of the dialog, click the uploaded translation table file to select it, and then on the right, click **Specify**.
8. In the **Upload/Specify Files** form, on the lower left, in the **Excel Column**, for each row in the Rates Column, select the letter that should correspond to the column in the image of the Excel file above it.



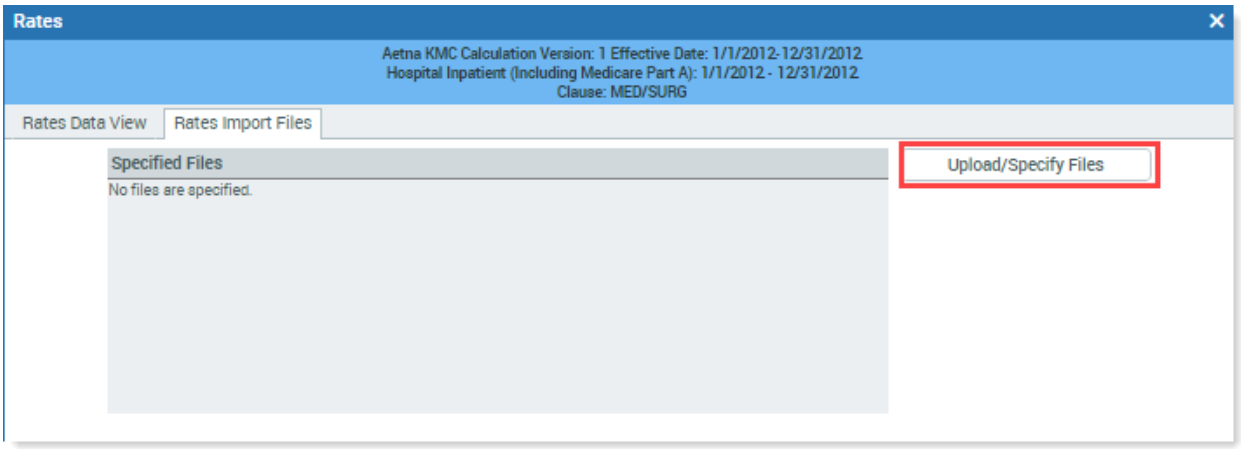
9. Select whether or not the file uses headers, and then click **Save Specifications**. Close the form.
10. In the **Specified Translation Files** box, click **Attach**.
11. If desired, click the **Translation Data View** tab to view the uploaded information.
12. Close the **Rates** window.

Attach or re-attach a file

Sometimes there are multiple files available to attach, if for example, there are multiple Rev Code calc-based clauses.

If you accidentally attach the wrong schedule, do the following:

1. Click the **Rates Import Files** tab.
2. Click **Upload/Specify Files** and select the correct file to attach. This removes any rates previously attached and brings in only the rates from the selected file.



NOTE: To add additional rates, there are two options: 1) Upload, specify and attach a new file that includes all rates required for the clause, or 2) manually add the new codes and rates.

IMPORTANT: Be aware that if a rate file is re-attached, any rate codes added manually will be removed, replaced by what is in the file.

Delete an uploaded file

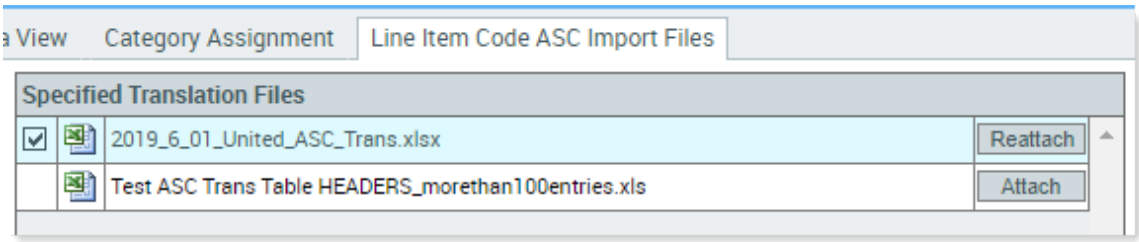
Use these instructions to delete files from the server that were attached to clauses or terms, but are no longer in use. Such files include rates, fee schedules, translation tables, thresholds, Rev codes, etc.

To delete an uploaded file:

1. Navigate to the clause or term and then in the **Rates** column, click the **View** button.
2. In the **Rates** window, click the **[Name] Import Files** tab and verify that the file to be deleted is not in use. If the file is in use and you want to delete it, you can do so without removing the information from the clause or term as long as the imported file was the last one attached.

   IMPORTANT: Although information imported from files is retained when you delete the imported file, if you import another file and attach it to the clause or term, the previous information is replaced with the new information.

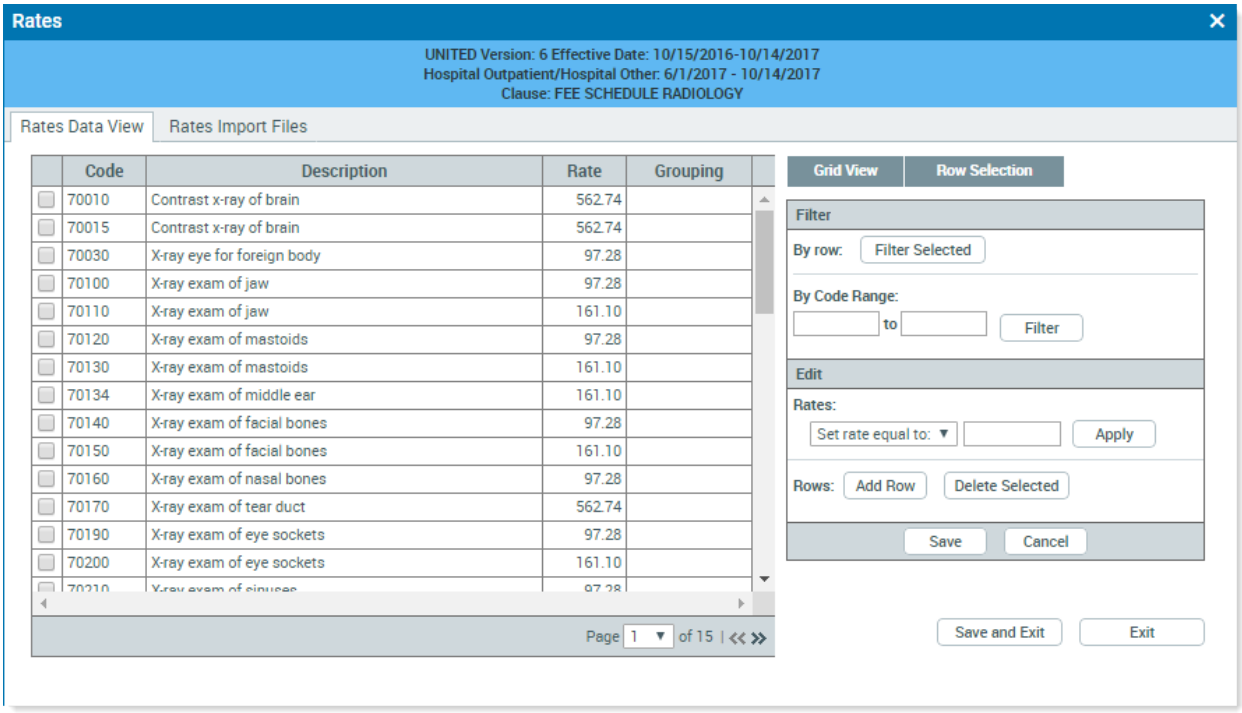
   Files in use have highlighted rows and checked boxes at the beginning of their rows.



3. On the right, click the **Upload/Specify Files** button.
4. In the **Upload/Specify Files** dialog, on the left side in the folder view, locate and click the file to select it.
5. On your keyboard, press the **Delete** key.
6. In the confirmation dialog, click **OK**. The file is removed from the system.

View rates for a clause or term

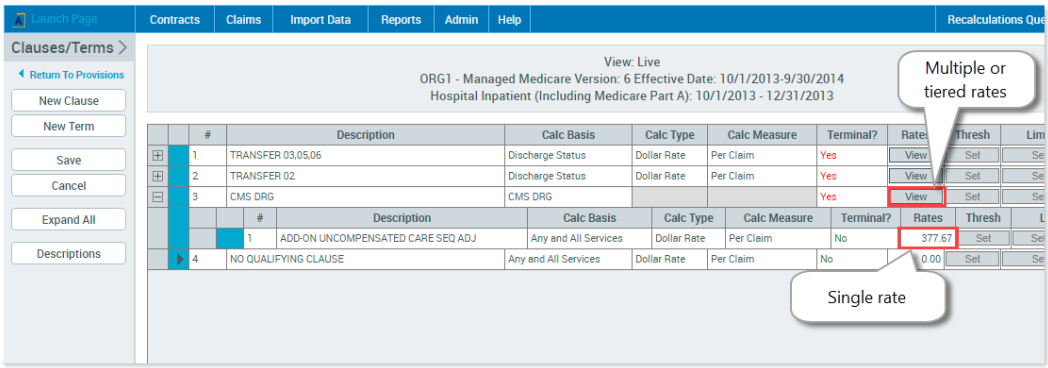
A clause or term may have a single rate, multiple pages of rates, or a set of tiered rates, depending on the service or procedure, or group or combination of services/procedures, contract type, provision, and so on. If a clause or term has a single rate, the rate displays in the Rates column. If a clause or term has multiple rates or a set of tired rates, the Rates column displays a View button that opens the rates in the Rates window. The Rates window also displays associated information and any attached files, if applicable.



Example of Rates window for a clause with multiple procedures and rates

To view the rates associated with a clause or term:

1. Navigate to the desired clause or term.
2. On the **Clauses/Terms** page, look in the **Rates** column for the clause/term.
   - If the clause/term has a single rate, it is displayed in the cell in the Rates column.
   - If the clause/term has multiple or tired rates, the column displays a **View** button (if the rates have not be set, the button reads "Set"). Click the button.



Set up post-grouper custom pricing

Some State Medicaid and commercial Medicare-like plans use Medicare grouping methodologies but then override some of the reimbursement rules for certain status indicators or APC codes. Or, they simply pay at a percentage above Medicare. To model these adjustments to Medicare reimbursement, you need to be able to model these kinds of adjustments.

> **NOTE:** These instructions do not apply to actual Medicare contracts, only Medicare-like contracts from commercial plans.

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

During the CMS Outpatient calculation, the system receives the results from the 3M grouping and pricing process and pulls the results into the voucher. You can adjust the voucher results as necessary for payment in the following ways:

- Adjust the CMS Outpatient calc basis in the Rates window:
  - **No Adjustment** – No adjustment is made to the rates coming from the grouping and pricing process. This is the default selection.
  - **Overall Percentage** – Adjust the post-grouping and pricing rate by a specified percentage.

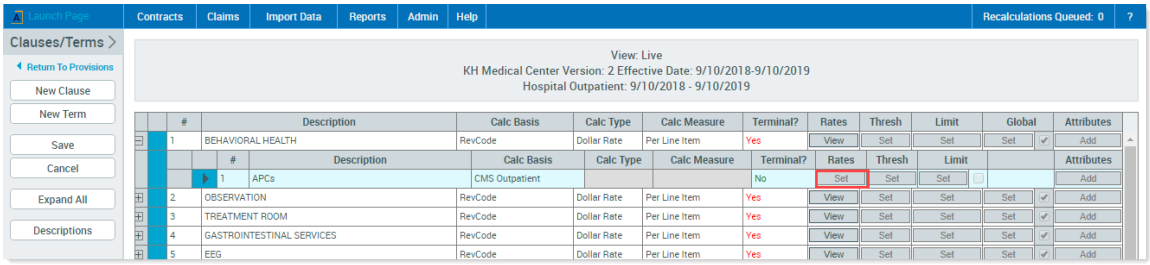
- **APC Status Indicator** – Adjust the calc basis based on the SI.
- **APC code adjustment** – Adjust the calc basis based on the APC code.
- **Line-item code adjustment** – Adjust the calc basis based on the line-item code.

Adjust rates for a CMS Outpatient calculation

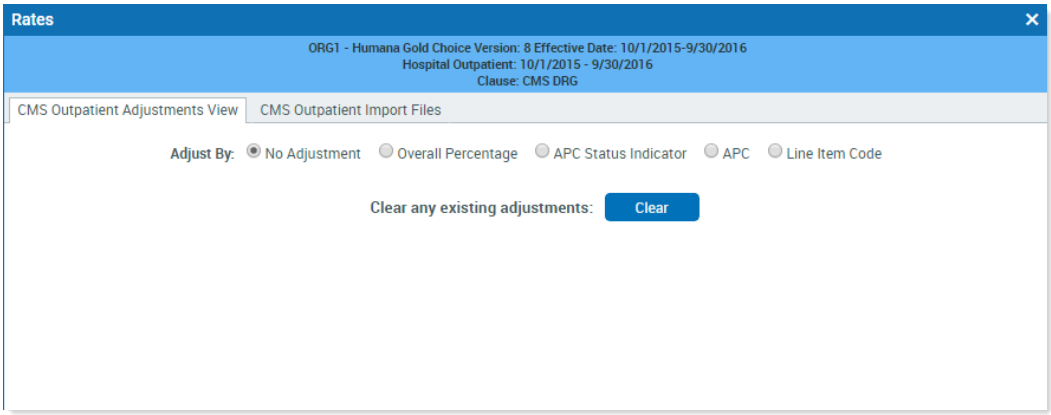
Use these instructions to modify rates for a CMS Outpatient calc basis on a clause or term, as part of modeling post grouper custom pricing.

To set up post-grouper custom pricing on a contract:

1. Navigate to the desired clause or term for a provision with a clause or term with a CMS Outpatient calc basis.
2. In the **Rates** column, click **Set**.



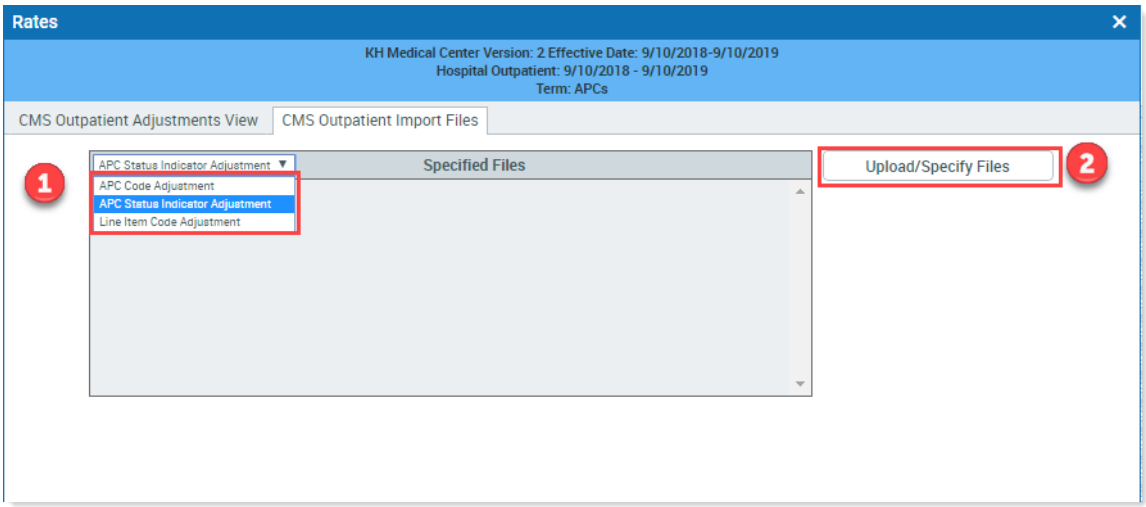
3. In the **Rates** window, in the **CMS Outpatient Adjustments View** tab, select the type of adjustment:
   - **No Adjustment** – No adjustment is made to the rates coming from the grouping and pricing process. This is the default selection.
   - **Overall Percentage** – Adjust the post-grouping and pricing rate by a specified percentage.
   - **APC Status indicator** – Adjust the calc basis percentage based on the Status Indicator.
   - **APC** – Adjust the calc basis percentage based on the APC groupings.
   - **Line Item Code** – Adjust the calc basis percentage by specific line items on a claim.



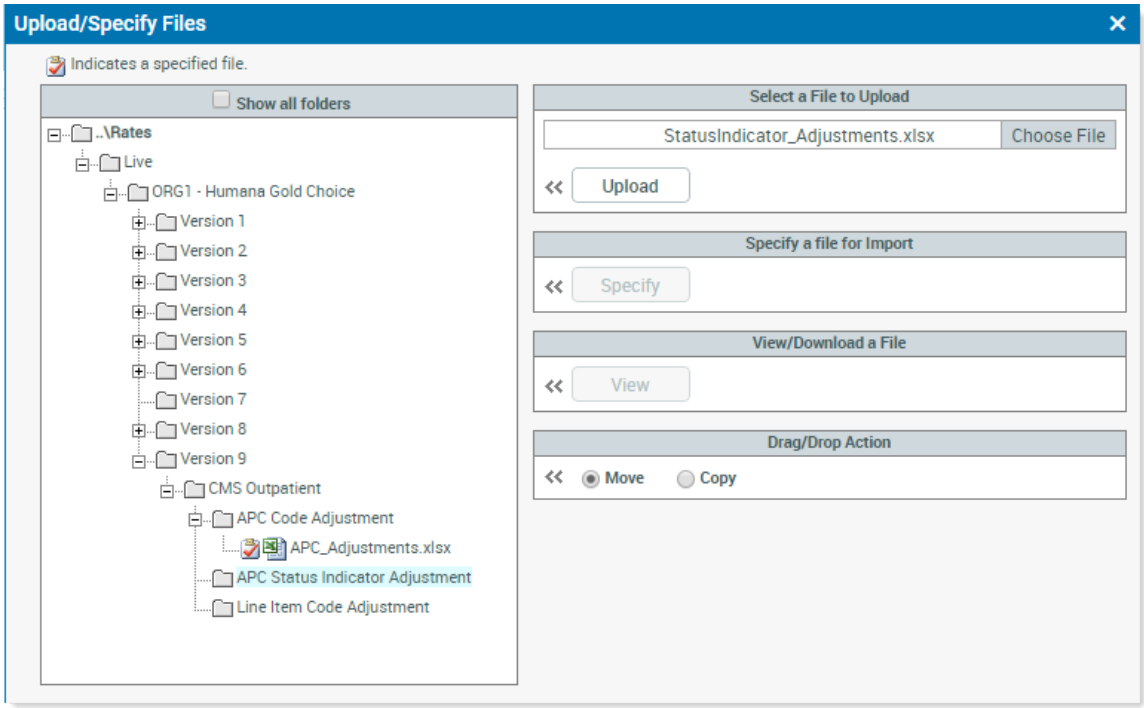
4. Do one of the following, depending on your selection in the previous step:

- If you selected **Overall Percentage**, then in the **Adjustment** field, enter a percentage written as a decimal value (e.g., 0.07), and then click **Save**. Skip to step 13.
- If you selected APC Status Indicator, APC, or Line Item Code, proceed to step 5.

5. Click the **CMS Outpatient Import Files** tab.
6. In the **Specified Files** box, on the left of the header, from the drop-down, select the type of adjustment you selected in step 3, and then click **Upload/Specify Files**:

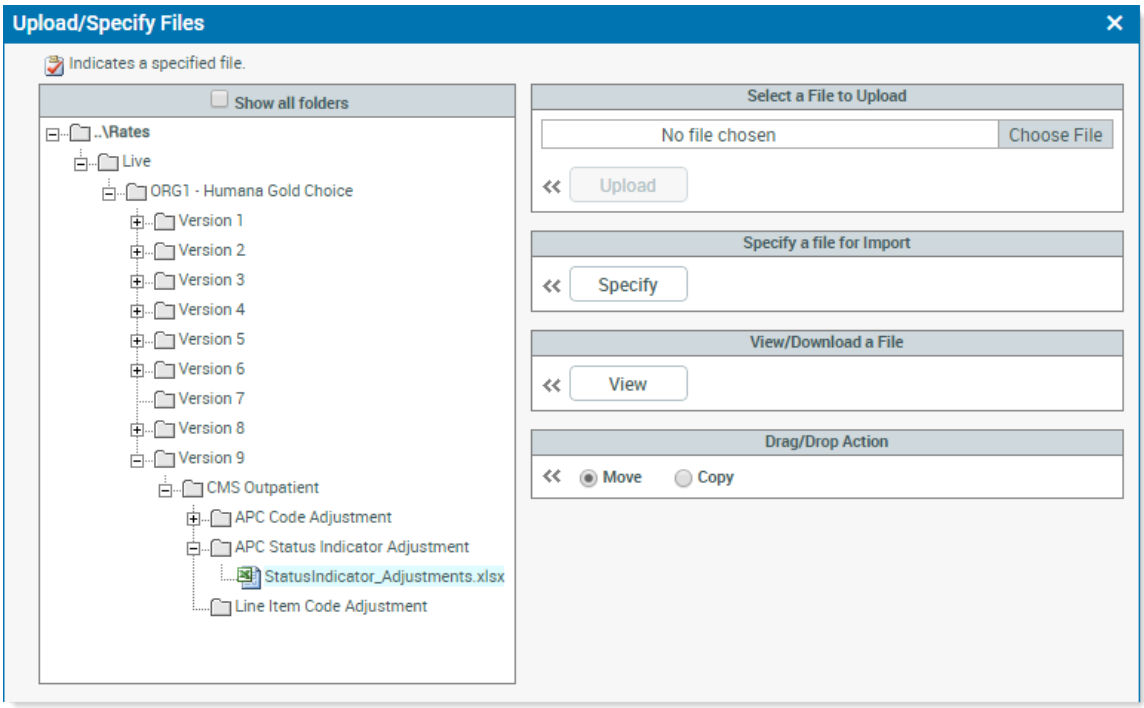


7. In the **Upload/Specify Files** dialog, click **Choose File**, and then select the file that fits the adjustment type you selected. In the following example, a file with SI adjustments is selected.



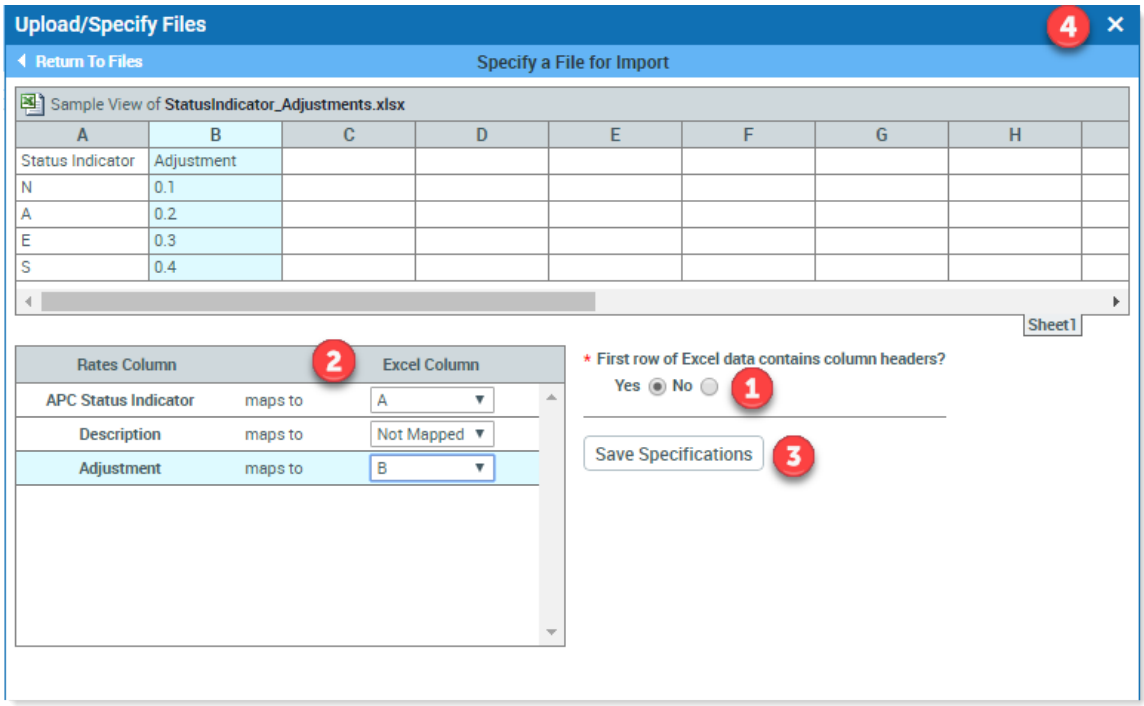
8. In the pane on the left, click the destination folder for the file, then in the **Select a File to Upload** pane, click **Upload**.

   After the file uploads, you should be able to see your file located in the destination folder:

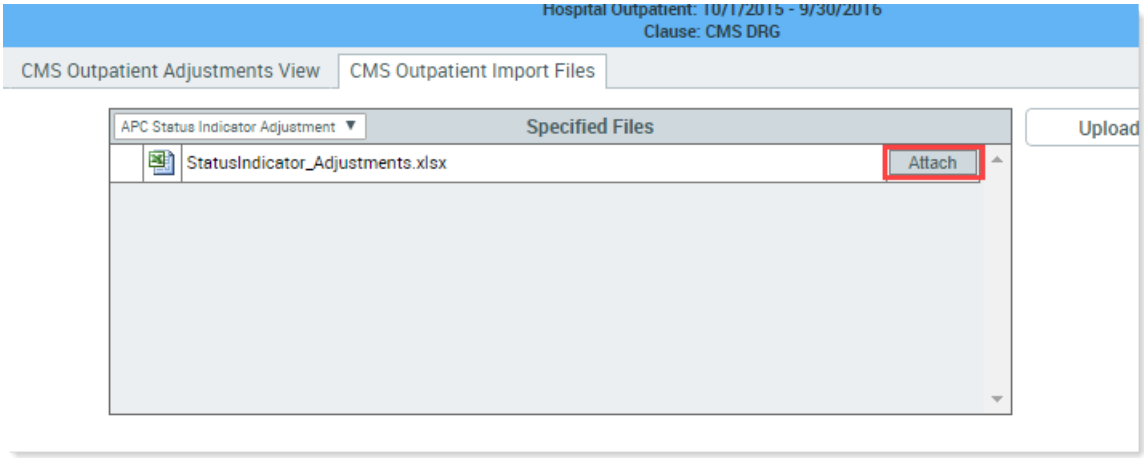


9. Select the file on the left, and then on the right, in the **Specify a file for Import** section, click **Specify**.

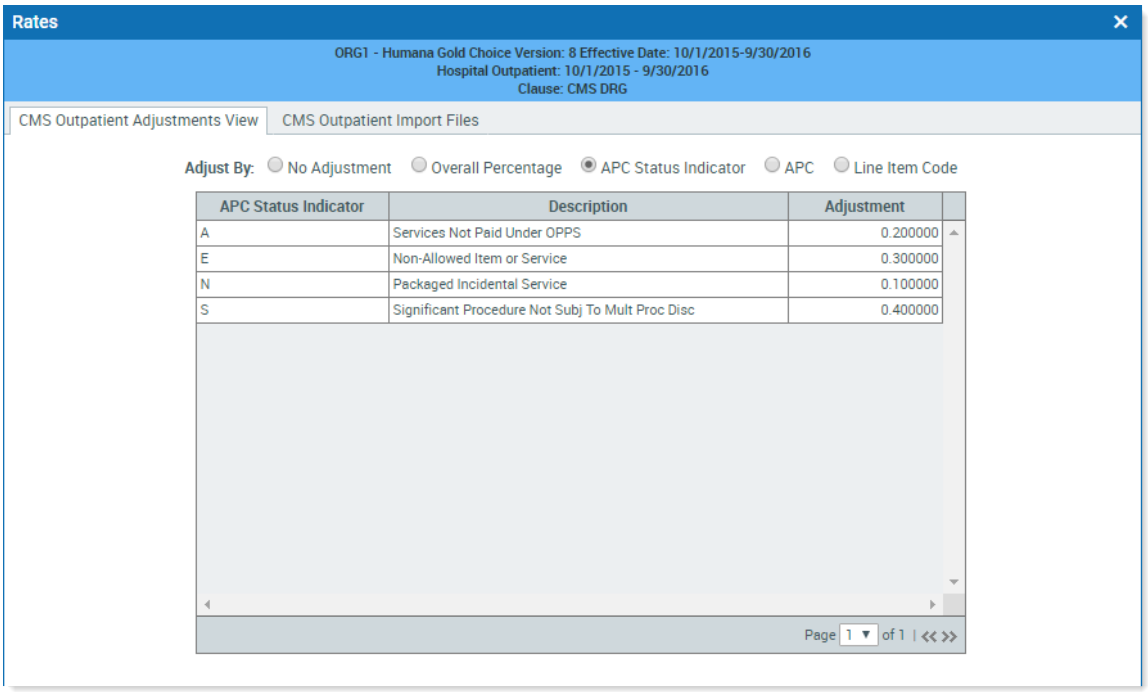
10. If the file needs to be formatted before importing, you are prompted to make the selections in the dialog. Use the following example as a guide. When finished, click **Save Specifications**, and then close the dialog.



11. In the **Specified Files** section, click **Attach**.



12. Click the **CMS Outpatient Adjustments View** tab. The rates from the uploaded file display:



13. Close the Rates window. The Rates column on the clause/term now reads “View.”

Using thresholds

A threshold is a specific type of calculation that can be placed on either a clause or a term within a contract. Thresholds are used in situations where unique reimbursement is based on defined parameters by the payer.

To define the threshold’s parameters, a Thresh Basis must be determined. A Thresh Basis is used in conjunction with both a Lower Bound and an Upper Bound to make a claim qualify for the clause/term. A Thresh Basis can be either claim-based (Total Claim Days or Total Claim Charges), or line item-based (Total Line Charges/Units or Total Daily Line Charges/Units).

The Calc Basis, Calc Measure, and Calc Type, selected based on standard contract building rules, define how the claim pays on the clause or term if the Thresh Basis Lower Bound and Upper Bound criteria are met. As in normal contract building rules, the Calc Basis is used to determine if a claim qualifies for the clause or term. The Calc Measure and Calc Type combined define how the claim is paid.

The following table provides a list of the possible combinations that can be used with Thresholds. Notice that the first four are claim level, while the remaining three are line item based. These three calculation options are used to apply a rate on the claim, but the rate will be held within the limits of the Apply to Start and Apply to End fields that are set in the Threshold form.

Calc Basis	Calc Measure	Calc Type
DRG, CPT4, Rev Code, etc.	Dollar Rate	Per Diem
DRG, CPT4, Rev Code, etc.	Dollar Rate or % Charge	Per Claim
Any and All Services	Dollar Rate	Per Diem
Any and All Services	Dollar Rate or % Charge	Per Claim
CPT4 or Rev Code	Dollar Rate or % Charge	Per Date
CPT4 or Rev Code	Dollar Rate or % Charge	Per Line Item
CPT4 or Rev Code	Dollar Rate or % Charge	Per Line Item Qty

Add a threshold to a clause or term

When adding a threshold to a clause or term, you select the method of payment for the clause or term.

Import threshold files

You can add thresholds to a clause or term manually; however, you can add more complicated thresholds using the attach thresholds option. With this option, you build your threshold requirements in Excel and upload them to the system instead of entering them manually one at a time. This is the preferred method for more complex thresholds. See the following section for threshold file requirements.

Threshold file requirements

Unlike normal rate files, threshold files require a minimum of the following fields:

- **Code** – Code used for match (DRG, CPT4, etc.)
- **Rate** – The rate to reimburse if claim/line matches the threshold conditions (Percentage or Dollar Rate). Percentages must be represented as decimal values. For example, 100% → 1. 99% → .99
- **Thresh Basis** – The thresh basis controls which piece of information on the claim/line is analyzed by the calculation engine to determine if there is a match. Enter the corresponding number below in the Excel file. For example, if calculating Per Diem, enter 1 for each entry in the file.
    - **Claim Level Based**
        - (1) Total Days (Per Diem)
        - (2) Total Charges (Per Claim)
    - **Line Item Based**
        - (3) Line Charges (Per Line Item),
        - (4) Line Units (Per Line Item Qty),
        - (5) Total Daily Units (Per Date Units),
        - (6) Total Daily Charges (Per Date Charges)

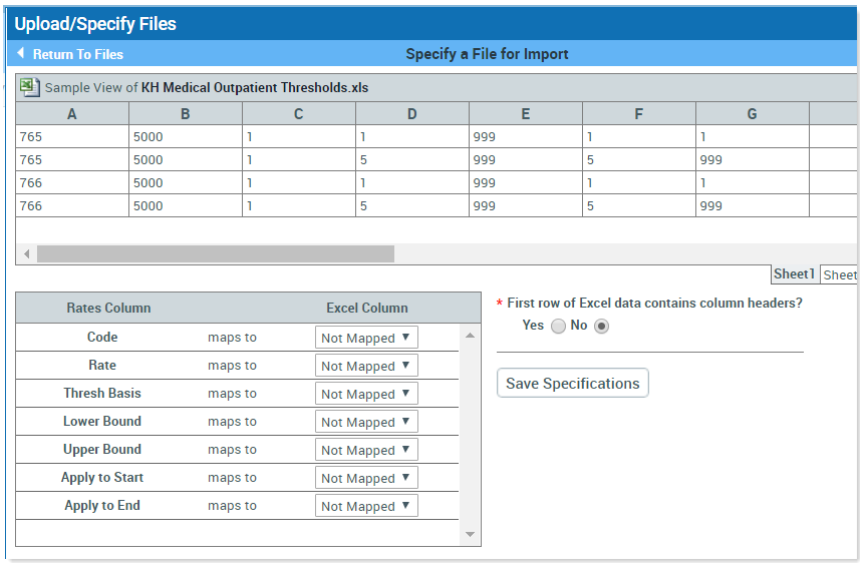
- **Lower Bound** / **Upper Bound** – The lower bound represents the lowest value for your thresh basis trap. The upper bound represents the highest value for your thresh basis trap. Anything greater than or equal to the lower bound, and less than or equal to the upper bound, will be considered a match.
- **Apply to Start** / **Apply to End** – In some cases, you may only want to apply a percentage (%) to a range of your charges, or only apply a per diem on certain days. If this is the case, you would set your "apply to start" and "apply to end" to the range of days or charges to which you want to apply your rate.

Attach or re-attach threshold files

To attach or re-attach threshold files to a clause or term:

1. Navigate to the desired clause/term.
2. In the **Threshold** column, click the **Set** button.
3. To import the rates, in the **Threshold** entry form, click the **Threshold Import Files** tab.
4. Upload the file to the server: click the **Upload/Specify Files** button on the right. A new form opens.
5. In the **Upload/Specify Files** window, click **Choose File** and then browse to the fee schedule location, and click **Open**.
6. After loading the file location, click **Upload** to upload it to the Axiom Contract Management server for specification.

   When uploaded, the file is placed on the server under the defined Calc Basis folder and is ready for specification.
7. Select the file, then click the **Specify** button to define the columns of your file (refer to the previous section, Threshold file requirements). A new form opens, displaying the contents of the workbook, along with the fields needed for the import.
8. Choose the correct Excel column for each field, then select whether or not the file uses headers.
9. Click **Save Specifications** and close the form.



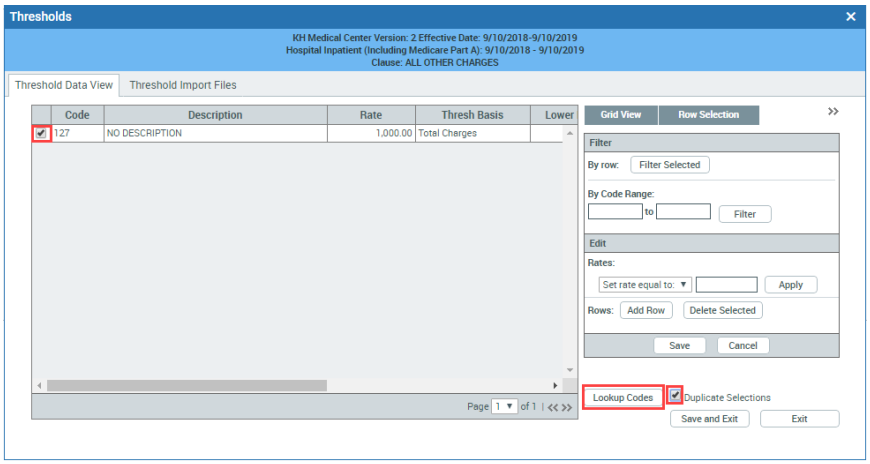
After a file has been specified, a red check mark displays to the left of the file in the Upload/Specify form.

Use the Duplicate Selected Codes option

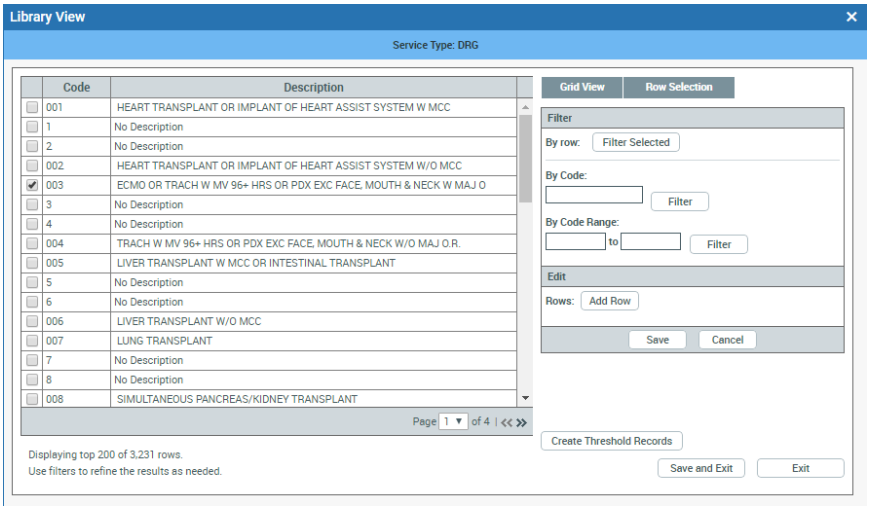
When entering thresholds manually, often the information will be the same for every other code. If a threshold entry exists that can be copied to other codes, you can use the Duplicate Select Codes option.

To use the Duplicate Selected Codes option:

1. Navigate to the desired threshold record and click the **View** button.
2. In the **Threshold Data View** tab of the Thresholds window, enter the information for the first records to duplicate manually.
3. Select the entry(s) to copy by clicking the check box to the left of the entry.
4. On the right side of the form, click the **Duplicate Selected Thresholds** check box and then click the **Lookup Codes** button.



5. Find the additional codes that need an entry, select the check box to the left of each code, and then click **Create Threshold Record**.



6. Click **Save and Exit**. The new entry displays.
7. Click **Save** to save the form.

Use the Lookup Codes option

To find codes to add as entries to the Threshold Rates form:

1. Without copying the date from a previous code, first verify that the Duplicate Selected Thresholds box is NOT checked.
2. Click the **Lookup Codes** button. This opens the same form used in the Duplicate Selected Codes Option; however, the code will be dropped into the Rates window with no other information filled in but the default values.

Threshold examples

The following examples illustrate two situations for using thresholds.

> **NOTE:** Regarding Lower Bounds – The Total Charges or Total Covered Days needs to fall within the bounds. On the second tier, you may repeat the Low Bound or you may use the given start for the next tier. The result will be the same as the Apply Start comes into consideration and will only apply the rate on the excess.

It is important for the first tier to have bounds that capture the full range from 1 to infinite, as that will ensure the lower tier is also calculated in these examples.

Charges

A payer might state that inpatient services are paid at 50% of charges but any inpatient claim that has charges in excess of $100k will pay "Tiered Reimbursement" for which there would be varying reimbursement rates depending upon the charges. In this example, you need to define a couple of key terms:

- The Thresh Basis is Total Charges because we are paid a different rate based on the charges on the claim (after we exceed $100k on a claim reimbursement changes)
- Two Rates need to be modeled. As an example:
  - 50% for the all claims up to $100k
  - 75% on all claims exceeding $100k
- The bounds capture the Total Charges from the claim. For the 50% Rate, the Lower Bound would be $1 and the Upper Bound would be infinite ($99,999,999). The next fields control the application of the rate. The Apply to Start would be $1 and the Apply to End would be $99,999k because we want the 50% to apply to all charges up to $100k.
- For the 75% Rate, the Lower Bound could again be $1 or change to $100k and the Upper Bound would be $99,999,999. Remember, the Total Charges need to fall within the bounds. However, the Apply to Start would now be $100k and the Apply to End would be $99,999,999 because we want the 75% to apply only to the charges over $100k.

Days

A popular example of Day Thresholds are Maternity Cases. Often Maternity pays a Case Rate for a set number of days and then adds reimbursement for days in excess.

- The Thresh Basis is Per Diem because we are paid a different rate based on the Covered Days on the claim
- Two Rates need to be modeled. As an example:
  - The Case Rate for Days 1-3
  - The Per Diem Rate for Days greater than 3

- The bounds capture the Total Covered Days from the claim. For the Case Rate, the Lower Bound would be 1 and the Upper Bound would be infinite (999). The next fields control the application of the rate. The Apply to Start would be 1 and the Apply to End would be 1, because we want the Case Rate to only calculate once. So we will have it calculate on the first day (eliminate claim variability).
- For the Per Diem Rate, the Lower Bound could again be 1 or it could be 4 and the Upper Bound 999. Remember, the Total Covered Days need to fall within the bounds, but the Apply columns control applying the rate. So the Apply to Start would be 4 and the Apply to End would be 999 because we want the Per Diem Rate to apply only to days exceeding the defined parameters of the case rate.

Using limits

Axiom Contract Management gives you the ability to model “lesser of” and/or “greater of” language common among many payers. These are known as limits because they limit reimbursement for a particular case, and can be added to any clause, term, or provision, in a contract. Limits are built just like clauses and terms, except that they sit on top of clauses and terms. In other words, they belong to the particular clause or term they reside on; or, in the case of global limits, the provision that they reside on.

Limit restrictions

In Axiom Contract Management, you do not need to worry that your limit may not be compatible with the parent clause or term that you are adding it to, because the system handles it automatically. The type of limit you can set on a particular clause or term depends on its parent type. For example, if you are creating a limit on a case rate type clause, the type of limits available when you build it are restricted to case rate calculation bases and types. Conversely, if you are creating a limit on a line item clause or term, Axiom Contract Management restricts your limit selections to line item calculation bases and types. This is an added benefit to contract modelers who sometimes get confused about what kind of limit is allowed on particular clauses or terms.

What is a Maximum?

A Maximum sets a limitation on the particular clause or term it sits on, restricting it to a specified amount that it can receive AT MOST. For example, if you would like to limit reimbursement to the lesser of 100% of charges on a DRG Case rate clause, you would set a max on that clause paying 100% of Any/All Services. When the calculation attempts to calculate the claim, it will create a record for the DRG Case rate, a record for the Maximum, and then compare the two and pay whichever is less.

What is a Minimum?

A minimum sets a limitation on the particular clause or term it sits on, restricting it to a specified amount that it must receive at a bare minimum. For example, if you have a percent of charge clause that pays 50% of charges but your contract states that you will receive at least $500 for every claim, then you would

create a minimum on your % of charge clause, setting it to pay $500 of Any/All Services per claim.

Limit hierarchies

In many cases, you will be creating contracts for which you have terms attached to clauses, and would like to limit both the clause and its attached terms. Axiom Contract Management allows you to do this by setting limits on both terms and their corresponding parent clause; however, there is a hierarchy involved when doing so.

After all applicable terms are calculated, the clause limit is applied as a final step to determine if the limit (s) apply or not. Remember, terms report their reimbursement back to their parent clause, so if a limit exists on the clause, all terms attached to it are subject to that limit.

There are cases in which you will not want to include a particular terms reimbursement when applying the limit. Axiom Contract Management allows for this by enabling you to toggle a term's Include option. When you set a limit on a term, a check box becomes enabled on the term, allowing you to include its reimbursement or to exclude its reimbursement from reporting back to the parent clauses limit. In Axiom Contract Management, these are known as "Carve-out" terms. Their reimbursement does not count toward the parent clause limit and are added to the result after the limit winner is determined. The Include option can be located on terms for normal limits, and clauses for global limits.

Create a limit

You can create limits on three different levels:

- Clauses
- Terms
- Provisions

NOTE: Limits on provisions are global limits. Global limits apply to all clauses and terms under a provision.

To create a limit:

1. Navigate to the desired clause or term.
2. Do one of the following:
    - Add a line item limit.
    - Add a maximum or minimum limit.
    - Add a global limit.

After attaching your limit, the Set button changes to read "View." Limits are defined generally as Maximums and Minimums, and either cap or raise reimbursement.

Create a maximum or minimum limit

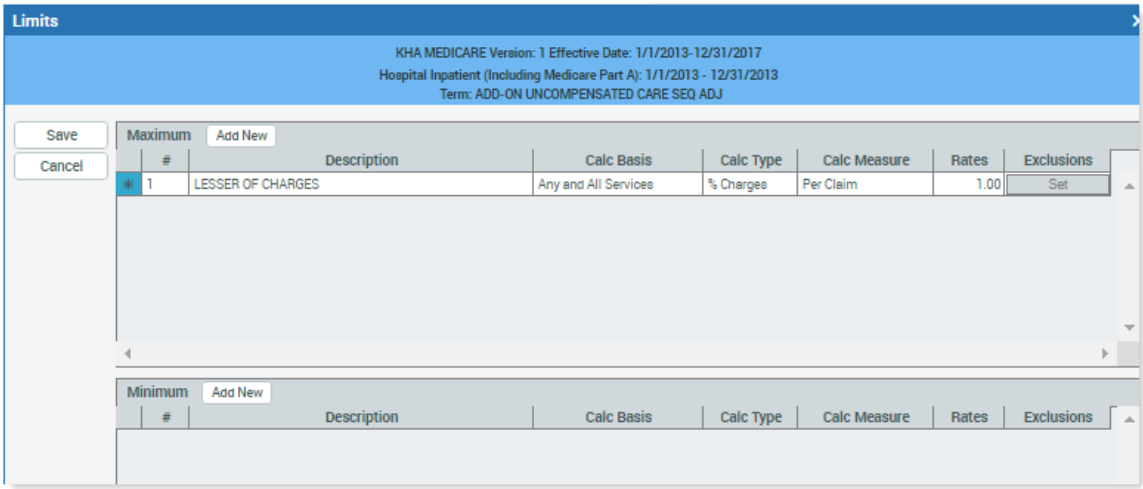
Adding a minimum or maximum limit to a clause or term restricts the reimbursement to a specified amount that it can receive at most or at least.

To create a new maximum or minimum:

1. Navigate to the desired clause or term.
2. In the **Limits** column, click **Set** (or **View**, if you are editing an existing limit).
3. In the **Limits** window, click **Add New**. A new row is added to the form.

   NOTE: Although you can add several maximums and minimums on the same clause or term, we recommend that you create, at most, one maximum and one minimum per clause, term, or provision.

4. Creating a minimum or maximum works in the same way as creating a regular clause or term:
   a. In the **Description** field, select a description from the drop-down.
   b. In the **Calc Basis** field, select a calc basis from the drop-down.
   c. Depending on which calc basis you selected, you may or may not need to select a Calc Type, Calc Measure, and then enter the corresponding rate(s) and/or set Exclusions.
5. Click **Save**. See the following example:

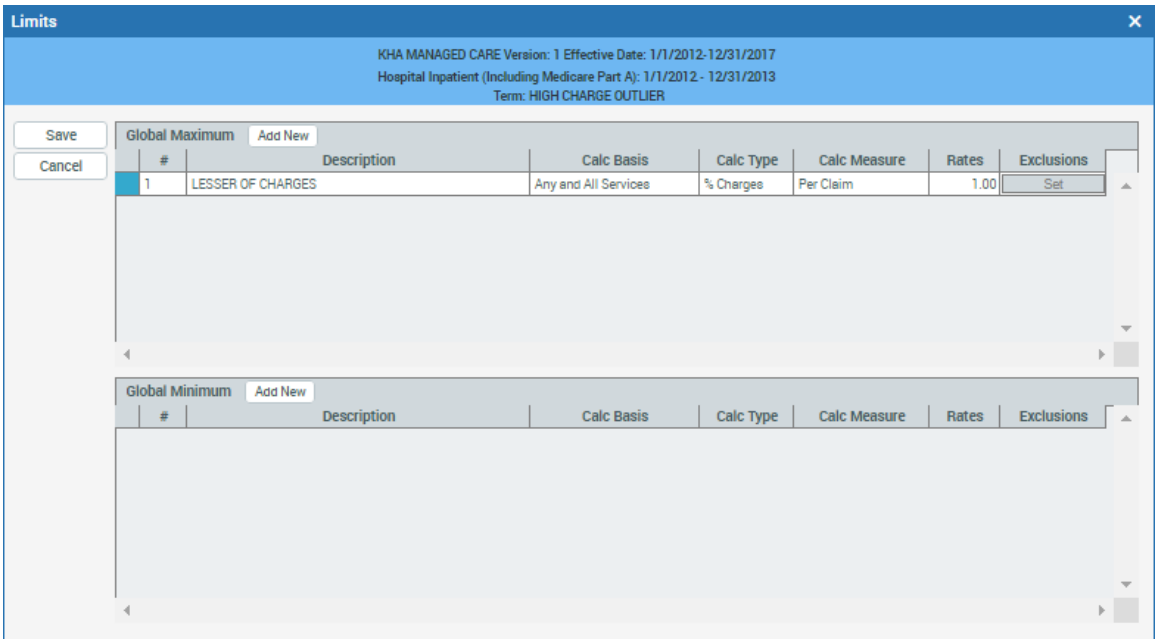


Create a global limit

Global limits allow you to create maximums and minimums on a Global (provision) level. If you want to model a limit that applies to all clauses in your provision but do not want to create it separately on each clause, a Global limit is the best solution, allowing you to create a single limit and apply it to all, or just a specific set, of clauses.

To create a global limit:

1. Navigate to the desire clause or term.
2. In the **Global** column, click the **Set** button.
3. Add the maximum or minimum as needed.



4. Click **Save**, and close the global limit window.

Create a line-item limit

When a limit is defined on a line-item clause or term, it no longer compares the final reimbursement for that clause or term to the limit, but instead compares the reimbursement to the limit on a line-by-line basis. The most common way to use the line-item limit is by capping fee schedules at the charge amount. The capping of fee schedules is language common to several managed care contracts, which typically would state that all fees are paid the lesser of charges or the pre-determined fee scheduled amount.

To create a line item limit for a clause or term:

1. Create the clause or term or navigate to an existing clause or term.
2. From the **Calc Basis** drop-down, select **Line Item Code**.
   a. From the **Calc Type** drop-down, select **Dollar Rate**.
   b. From the **Calc Measure** drop-down, select **Per Line Item**.
3. Attach your fee schedule to the clause/term. See Import rates for a clause or term for detailed instructions on attaching fee schedules.
4. On the clause/term, in the **Limits** column, click the **Set** button.

5. In the **Limits** window, in the **Maximum** section, click **Add New**.
6. In the **Description** column, select a description for the Limit.
7. To define the limit to create the cap, do one of the following:
   - Load the fee schedule again with a rate of 100%, and then do the following:
     a. From the **Calc Basis** drop-down, select **Line Item Code**.
     b. From the **Calc Type** drop-down, select **% Charges**.
     c. From the **Calc Measure** drop-down, select **Per Line Item**.
   - Use the **Any Matching Line Item** option. This option is easier in this case because a separate rate file is not required:
     a. From the **Calc Basis** drop-down, select **Any Matching Line Item**.
     b. From the **Calc Type** drop-down, select **% Charges**.
     c. From the **Calc Measure** drop-down, select **Per Line Item**.
     d. In the **Rates** column, enter **100%**.
     e. Click **Save**.

     The option Any Matching Line Item basically sets a limit for any line item that calculated on the parent clause/term, and is a handy way of quickly building a line-item limit.

Add a unit max limit to an MPR calculation

Use these instructions for adding a Unit Max limit on a contract clause or term that uses the Line Item MPR calc basis. Setting a unit max limits how many units are paid. The unit max acts as a counter; when the limit is reached, additional claims for that item are paid at $0.

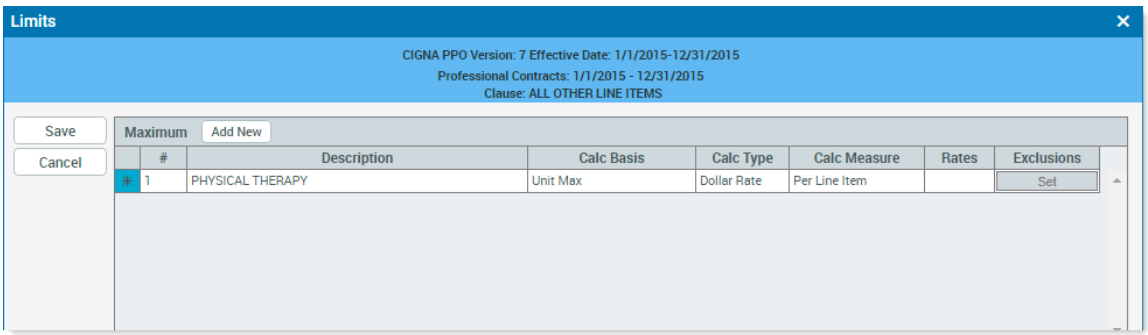
NOTE: The Unit Max limit used on an MPR calculation applies to professional claims only.

To add a unit max limit to an MPR calc method on a clause or term:

1. Navigate to the **Clause/Terms** page for the contract's desired provision.
2. In the navigation menu on the left, click **New Clause** (or **New Term**, if you are adding a term).
3. In the new line that displays, from the **Description** drop-down, select a description.
4. From the **Calc Basis** drop-down, select **Line Item Code MPR**.
5. From the **Calc Type** drop-down, select **Dollar Rate**.
6. From the **Calc Measure** drop-down, select **Per Line Item**.
7. In the **Rates** column, click **Set** and add the rates.
8. Click **Save**.
9. In the **Limit** column of the new row, click **Set**. The Limits window opens.
10. Click **Save**.

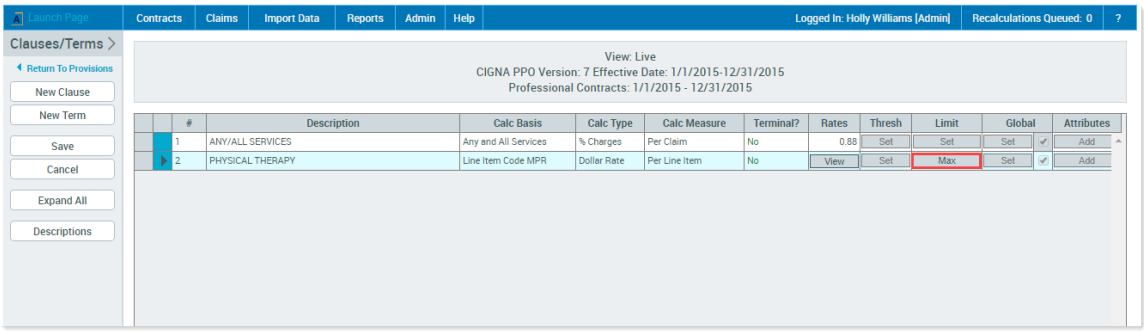
11. In the **Maximum** section, click **Add New**.

12. From the **Description** drop-down, select the description.
13. From the **Calc Basis** drop-down, select **Unit Max**.



14. In the **Rates** column, enter the unit limit. For example, if the unit is the number of therapy sessions, and the contract stops paying after the 6th visit, enter 6.
15. Click **Save**.

    Notice that the Limit column for the clause now reads “Max,” as in the following example.



The voucher report for claims that are run against this limit display the limits and a payment of 0 once the rate cap is met.

Move, copy, or delete contract files

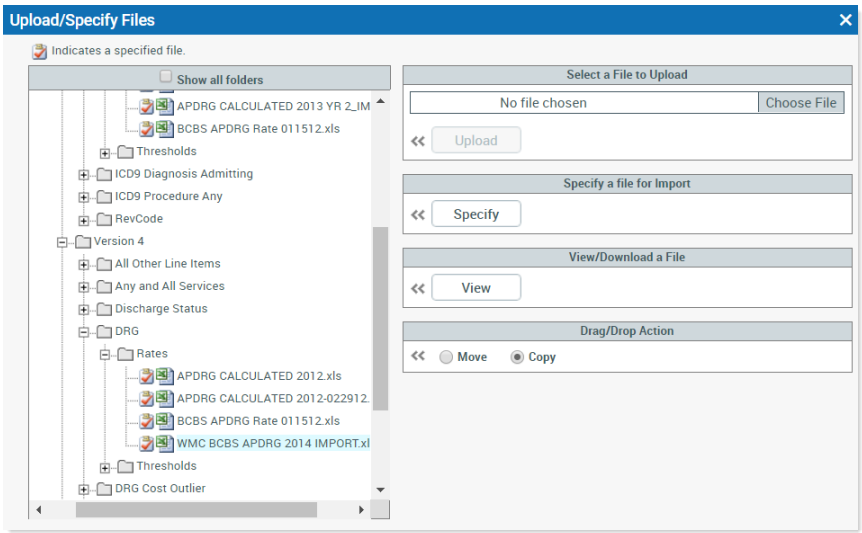
If there are schedules you can use from other contract version(s), in the Upload/Specify form, you can either move a file or make a copy from another folder location by dragging and dropping.

To move, copy, or delete a file:

1. In the **Drag/Drop Action** section of the **Upload/Specify Files** form, do one of the following:
   - Select **Move** to move the file from the folder it is being dragged from to the new folder. This will completely remove the file from that folder.
   - Select **Copy** to place a copy of the file in the location it is dragged to.
2. Select the contract version and rates file to use in the current contract, and drag it to the desired folder.

   NOTE: If the rate file you want to copy is not in view, then at the top of the **Files** list on the left, click the **Show all folders** option.

   In the following example, the file WMC BCBS APDRG 2014.xls is copied from one version to another. The user clicks the Copy button and drags the file to the current contract location.



3. To remove a file from a contract rates folder, select the file, then press the **Delete** key.
4. In the confirmation dialog, click **OK** to delete the file, or click **Cancel** to keep the file.

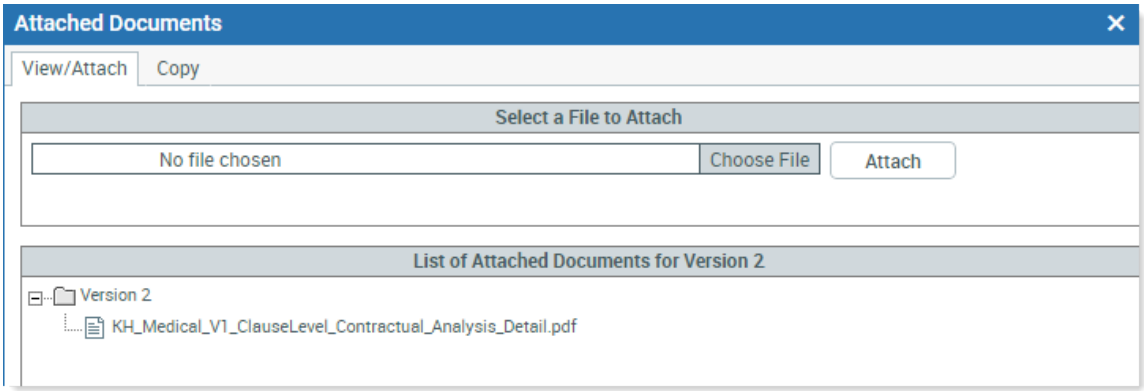
Attach a file to a contract

When modeling contracts, you may need to attach documents to support the contract. You attach files to contracts at the version level. You can attach files such as images, .pdfs, Excel worksheets, or any other document supporting the contract. Users can download, open and view the documents as long as they have access rights to do so. Only system administrators can delete documents from contract versions.

NOTE: To view attached files, users must have an application that can read the file type installed on their machines. Keep this in mind when attaching files.

To attach a file to a contract:

1. Navigate to the desired contract and then expand it to view the versions.
2. For the desired version, in the **Attached Docs** column, click the attach document icon ( ).
3. In the **Attached Documents** window, in the **View/Attach** tab, click **Choose File**, and then browse for and select the document.
4. Click **Attach**. The document file displays in the List of Attached Documents for Version # section of the window.]



5. Close the **Attached Documents** window by clicking the **X** icon in the upper right corner.

   Notice that the attached docs icon in the Attached Docs column has changed to a document icon ( ).

You can also copy and attach documents that are attached to other contract versions.

Copy an attached file to another contract

You can copy a file attached to one version of a contract to another contract.

When attached, users can download, open and view the documents as long as they have access rights to do so. Only system administrators can delete physical contracts from contract versions.

NOTE: To view attached files, users must have an application that can read the file type installed on their machines. Keep this in mind when attaching files.

To copy an attached file from one version to another:

1. Navigate to the version you want to attach the document to.
2. For the desired version, in the **Attached Docs** column, click the attach document icon ( ).
3. In the **Attached Docs** column, click the document icon ( ).
4. In the **Attached Documents** window, click the **Copy** tab.
5. In the **List of Attached Documents for Version [#]** section of the Attached Documents window, select the document to copy.
6. Click the **Copy** tab.
7. If needed, select the Simulation.
8. In the **Contract** field, select the contract from which you want to copy an attached document.
9. In the tree-view of versions, click the document to copy, then click the **Attach** button.
10. Close the window.

The icon in the Attached Docs column is now a document icon ( ).

View a file attached to a contract

When calculations are off, or there is a discrepancy in the contract data, it may be helpful to view the physical contract to compare it against the modeled one. If the physical contract is attached to the modeled contract, you can do this.

If you have permissions to do so, you can view files attached to contract versions.

To view an attached contract file:

1. On the Contracts page, navigate to the contract version with the attached document.
2. In the **Attached Docs** column, click the document icon ( ).
3. In the **List of Attached Documents for Version [#]** section of the Attached Documents window, select the document to view.
4. At the bottom left of the window, click **View**.
5. The document downloads to your computer. The file is visible in the bottom left corner of the

page.

6. Click the document file name to open and view the document.

NOTE: If you do not have the application required for viewing the document installed on your computer, you will not be able to open and view the file.

Copying contracts

After a set of contracts is built into Axiom Contract Management, you can use existing contracts as the basis for new contracts. You have three options for copying contracts or provisions: copy a version, export/import a provision, and convert a provision. You can also copy an entire contract from one simulation to another.

IMPORTANT: If any provisions exist on the version you want to copy into, do NOT use the Copy Version method because it will remove all existing provisions before it copies over the new item(s). Use the Import Provision feature instead.

Copy a version

Before you copy a version, there must be a destination to copy it to.

To copy a version:

1. In the main menu header, click **Contracts** > **View Contracts**.

   Only copy into an *empty* version (*empty* means it has no provisions).

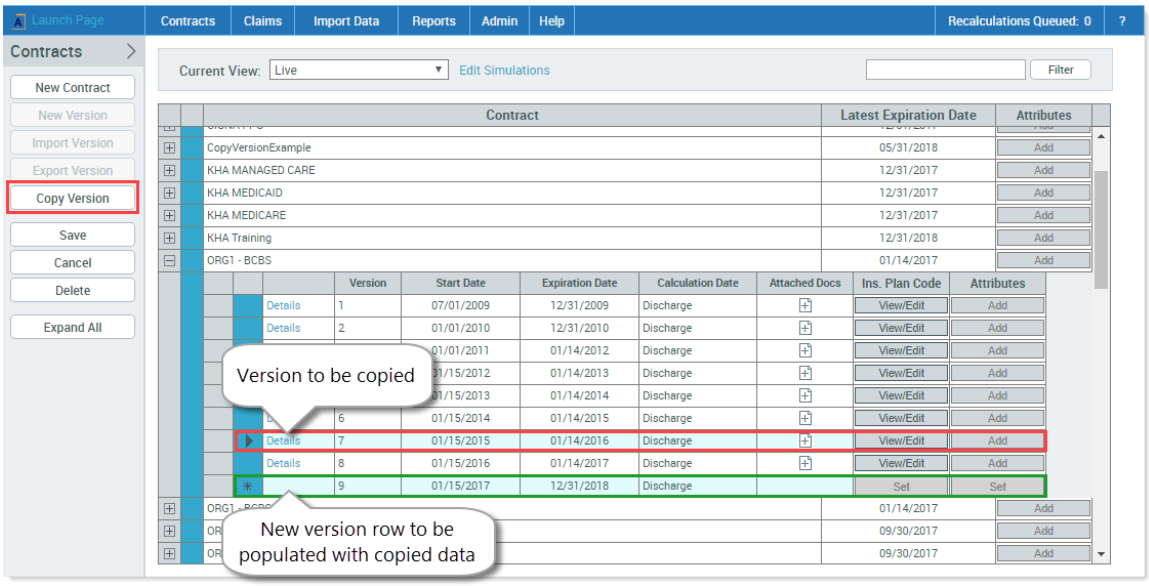
   IMPORTANT: If any provisions exist on the version you want to copy into, do NOT use the Copy Version method because it will remove all existing provisions before it copies over the new item(s). Use the Import Provision feature instead.

2. For the contract you want to add a copied version to, create a new, empty contract version:
   a. Select the contract by clicking the blue square to the left of the contract name.
   b. In the menu on the left, click **New Version**.

      A new row is added to the list of versions.

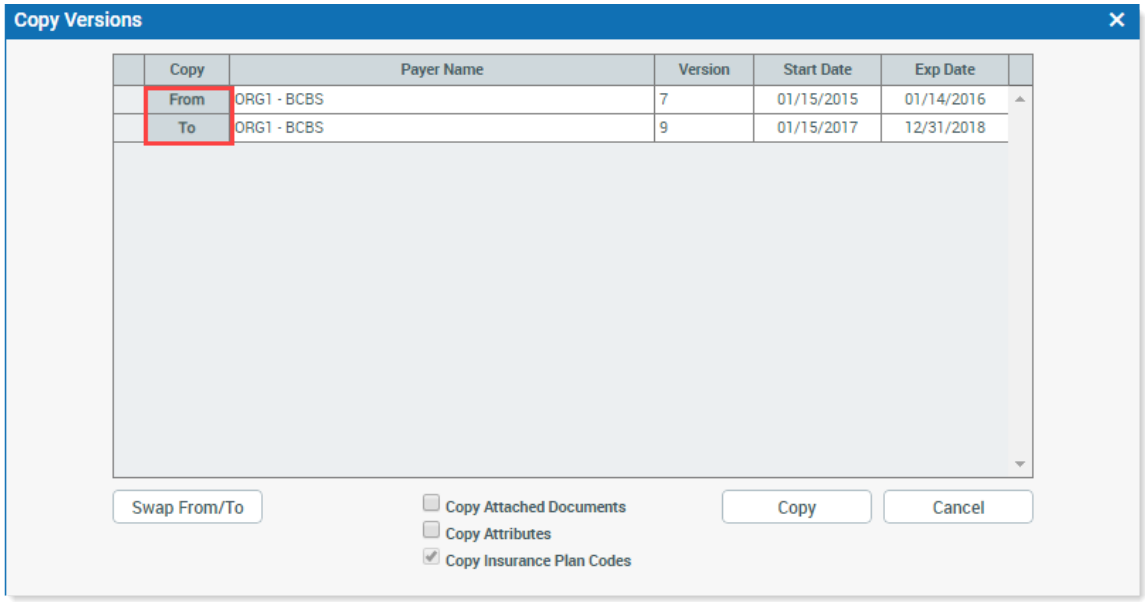
   c. Click the blue square to the left of the new version row.
3. Hold down the **Ctrl** key and click the blue square to the left of the version to copy from. The Copy Version button should now be active in the menu on the left.

   NOTE: You do not have to copy from within the same contract.



4. Click **Copy Version**.

5. In the **Copy Versions** window, verify that the From/To order is correct. If it is not correct, click the **Swap From/To** button on the lower left of the window.



Copy Versions window with From/To boxed in red

6. If you are importing a provision to a new version, ensure that any dates in red from the copied provision are updated to the new version's date range.

NOTE: The dates will not reset if you do not change them to fit the target version.

7. (Optional) To copy any attached documents, click the **Copy Attached Documents** check box.
8. (Optional) To copy any attributes, click the **Copy Attributes** check box.
9. (Optional) To copy insurance plan codes, click the **Copy Insurance Plan Codes** check box.
10. Click **Copy**.

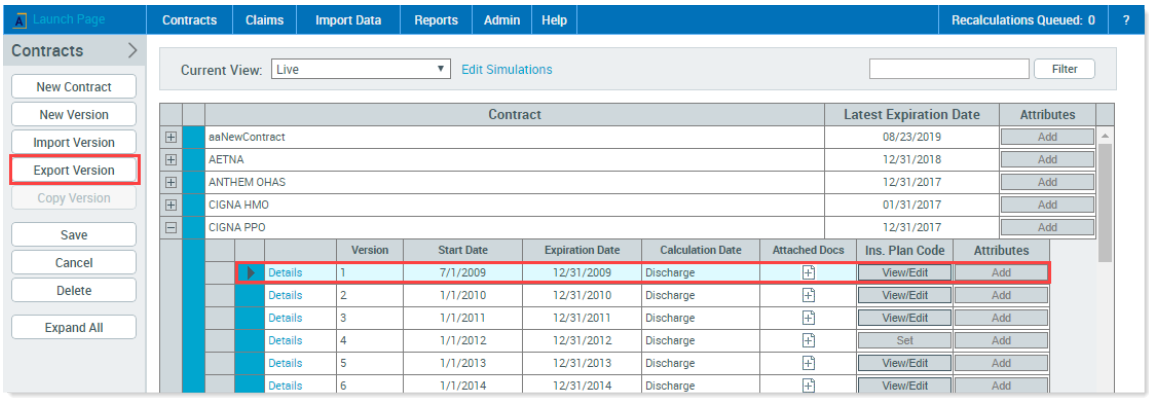
Export and import a version

IMPORTANT: Export/Import Provisions is not a preferred tool to copy contracts into Live. It should be done as a time-saving safety net in case a contract is irreversibly altered incorrectly.

We recommend that you maintain your own contract backups in case of an irreversible error. You can create backups using the Export Version feature.

To export a version:

1. On the **Contracts** page, navigate to the desired contract version and select it.
2. Click the **Export Version** button, as shown in the following example.

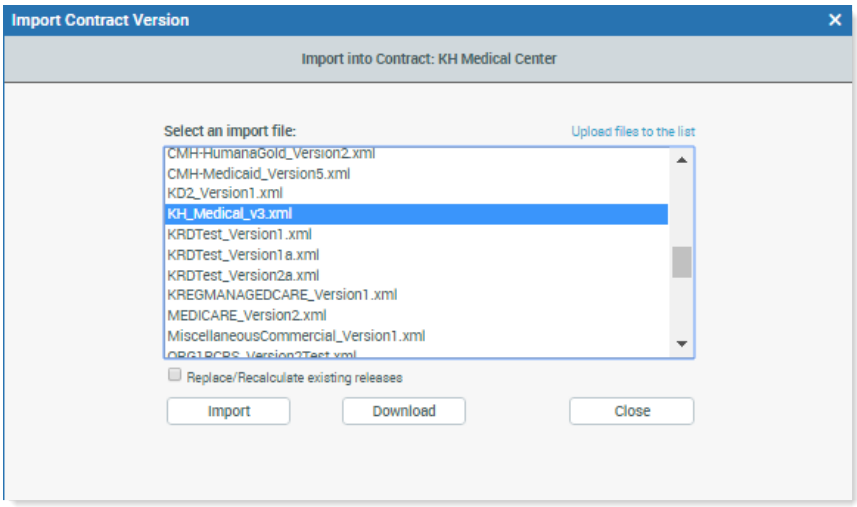


3. In the **Export Contract Version** window, type a name for the exported version and then click **Export**.

   When the process is complete, the system displays a confirmation window:

To import that version back into a contract:

1. Select the contract to receive the version.
2. In the menu on the left, click **Import Version**.
3. In the **Import Contract Version** window, select the version to import from the list of previously exported versions, and click **Import**.



   When the green message displays on the window, as in the previous example, the process is complete.

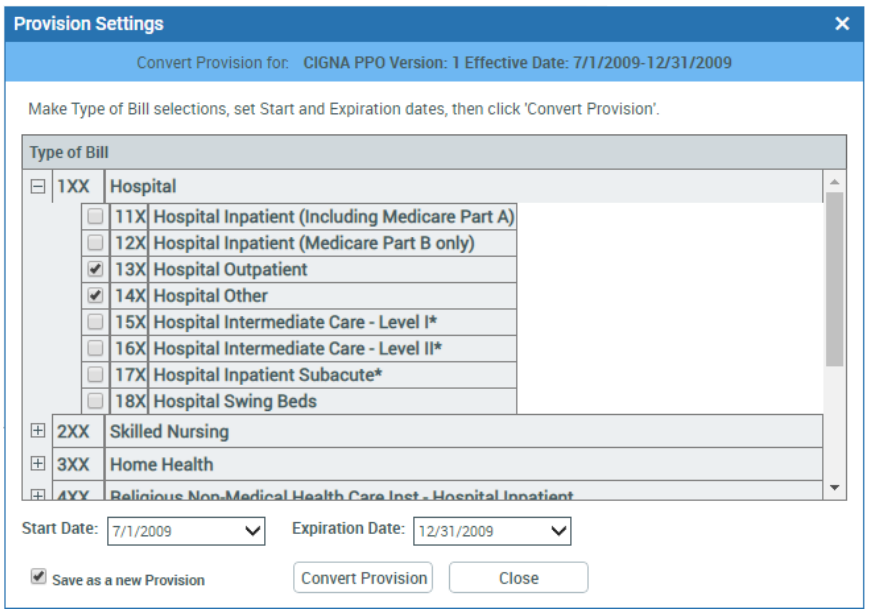
4. Click **Close**.

Convert a provision

If an existing contract is similar to the one you are working on and only slight modifications are needed, you can convert a provision instead of re-building it from scratch.

To copy a provision within a version:

1. Navigate to the desired contract and expand it to view the versions.
2. For the desired version, click the **Details** link.
3. On the **Provisions** page, click in the blue column for the desired provision to select it.
4. In the menu on the left, click **Convert**.
5. In the **Provisions Settings** window, select the Type of Bill the new provision represents, along with the desired date range.
6. To save as a new provision, at the bottom-left of the window, click the **Save as new Provision** check box.



7. Click **Convert Provision**.
8. Click **Save**.

Import a provision

If a contract already has a provision, you can import additional provisions. Importing additional provisions rather than using the Copy function preserves the existing provisions instead of overwriting them.

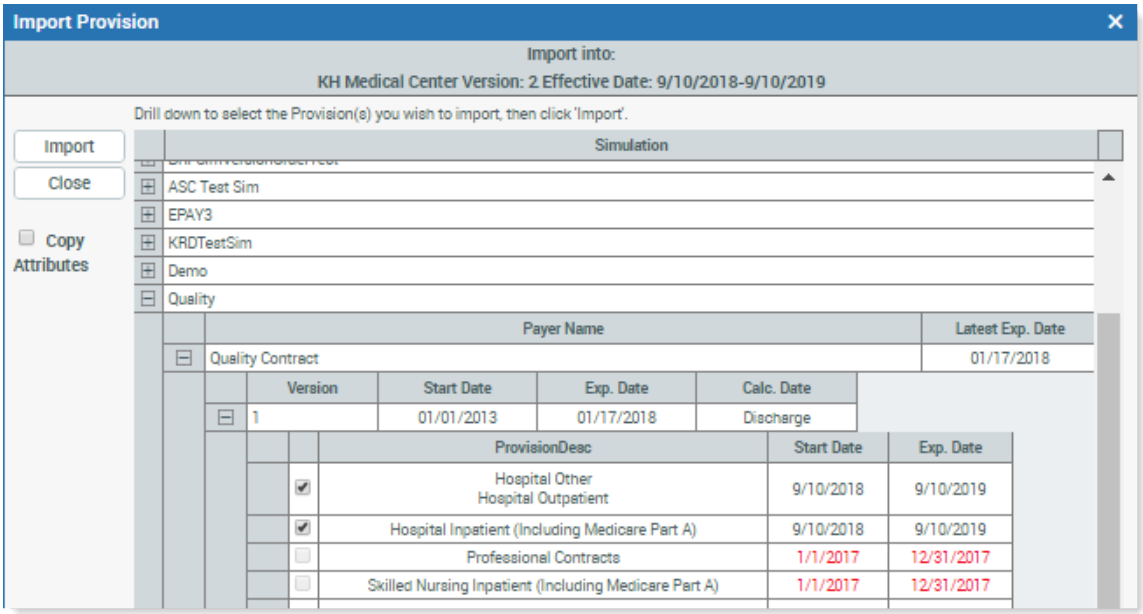
If you are creating a new contract and an existing provision in another contract resembles the provision you are building, you can import it as a copy.

NOTE: The Import Provisions feature allows you to bring in provisions from any contract environment.

To import a provision:

1. Navigate to the desired contract.
2. For the desired version, click the **Details** link.
3. On the **Provisions** page, in the menu on the left, click **Import**.
4. In the **Import Provision** window, select the Simulation containing the provision. You can import from any environment, Live or Simulation.
5. In the **Payer Name** section, expand the desired contract, then expand the desired version to view the provisions.

6. If any of the dates are red for the provision you want to import, click in the **Start Date** and **Exp. Date** fields and select dates that match the Start and Exp. dates of the version to which you are importing the provisions. When updated successfully, the dates turn black and the provision check boxes are enabled.



7. Click the check boxes for the desired provisions, and then click **Import**.
8. In the **Provision Imported** message dialog, click **OK**.

Copy an entire contract to a simulation

Use the following instructions to copy a contract to a new or existing simulation. To copy only a portion of it, use the Import Provisions feature, which allows you to bring in provisions from any contract environment.

To copy a contract:

1. At the top of the **Contracts** page, click the **Edit Simulations** link.
2. In the **Edit Simulations** window, expand the desired simulation by clicking the plus symbol (+) to the left of the name.
3. Click the name of a contract and drag it to the desired simulation.

   NOTE: This does not move the contract, this creates a copy in the new location.

4. Click **Save**.
5. To close the Edit Simulation window, click the **X** in the upper right corner.

   You can now edit the contract with new proposed rates.

5

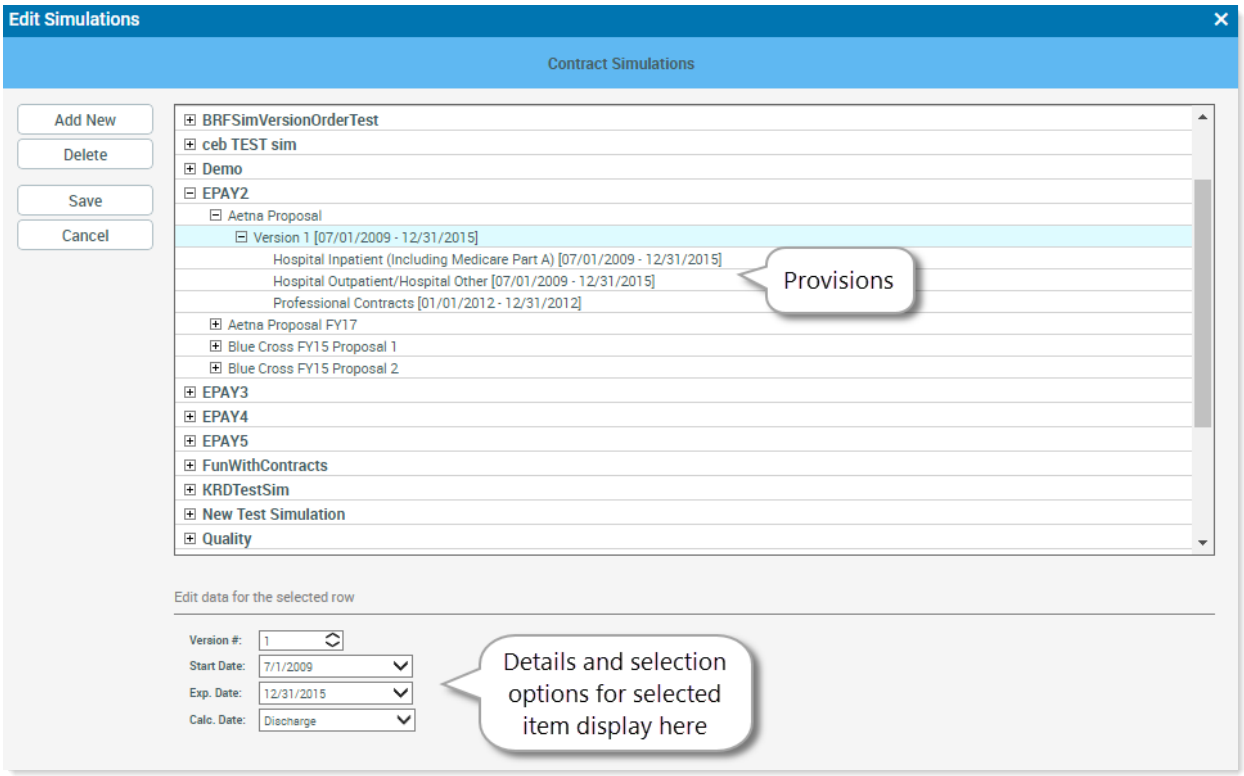
Managing simulations

The ability to run a nearly endless number of simulations is one way that Axiom Contract Management sets itself apart from older editions. 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.

Create a simulation environment

Using the same contract structure between simulations allows you to get a more accurate view of how facility reimbursement is changing, and which services are affected.

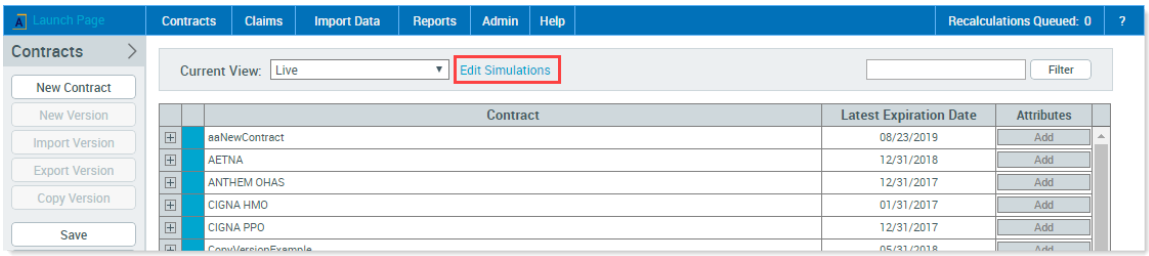
When there are contracts/versions/provisions/clauses built in the simulation environment, the Edit Simulations window displays these pieces as shown in the following example. Some pieces of information are editable in this window, such as the dates, but the names are read-only. Again, this is where you can copy contracts between your Live and Simulation databases.



Example simulation contract

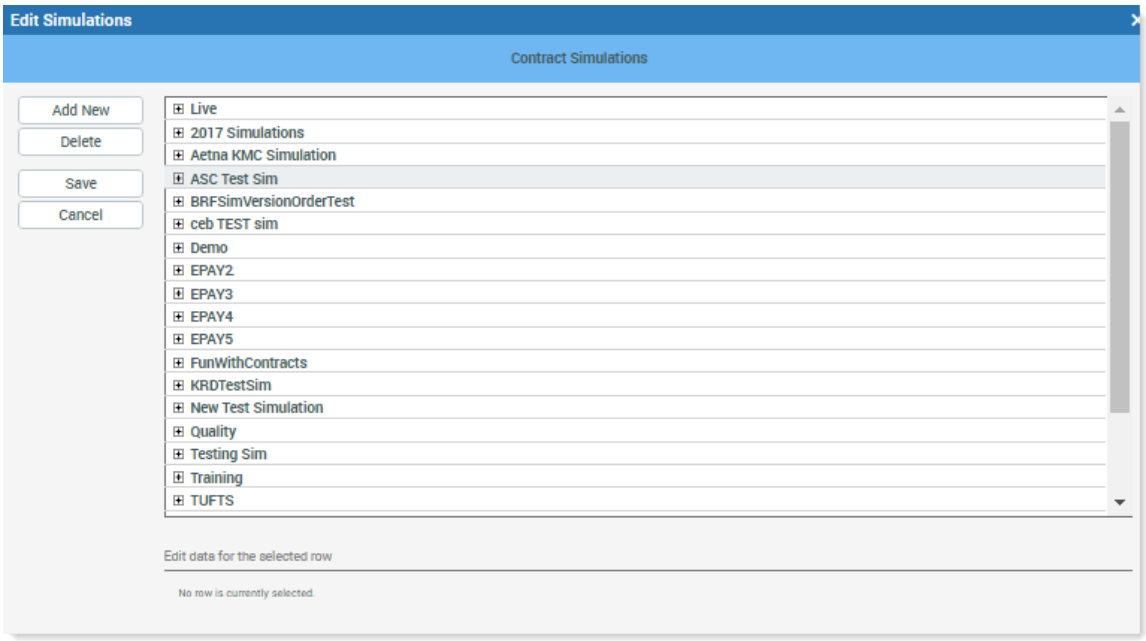
To create a simulation environment:

1. At the top of the **Contracts** page, click the **Edit Simulations** link.



   The Edit Simulations window opens.

2. To create a new environment, click the **Add New** button on the left.



3. Below the list of environments is a text box with “NewSimulation” in it. Rename the simulation and click **Save**. The newly created environment can now hold contracts.

You can add contracts by creating them from scratch or by copying contracts from other simulations, including Live.

Edit or delete a simulation environment

You can edit simulations as needed, especially after copying a contract to the simulation.

You can do the following in the Edit Simulation window:

- Change a simulation name
- Change contract names, version names, provision names
- Change start dates and end dates for versions and provisions
- Delete contracts, versions, and provisions
- Delete a simulation

To edit or delete a simulation:

1. At the top of the **Contracts** page, click the **Edit Simulations** link.
2. In the **Edit Simulation** window, for the desired simulation, do any of the following:
    - To change the simulation name, a contract, version, or provision, click the name to highlight it. In the **Simulation Name** field at the bottom of the window, edit the name.
    - To change the Start or End dates for a version or provision, select the version/provision. In

the drop-down fields displayed for that item at the bottom of the window, select the desired dates.

- To delete a contract, version, or provision, select the item and click **Delete** in the menu at left.

3. To delete a simulation, select the simulation and then click the **Delete** button.
4. Click **Save**.
5. Close the **Edit Simulation** window.

Setting up reporting across simulations

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:

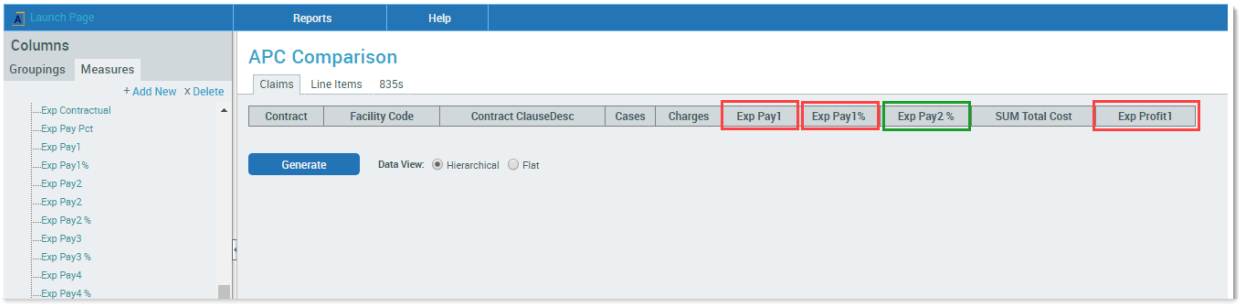
- TotalExpectedPayment1 where 1= Live simulation; so TotalExpectedPayment1 equates to Estimated Payments from Live in drill-down reports
- TotalExpectedPayment2 where 2 = a simulation of your choice
- TotalExpectedPayment3 where 3 = a simulation of your choice
- TotalExpectedPayment4 where 4 = a simulation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

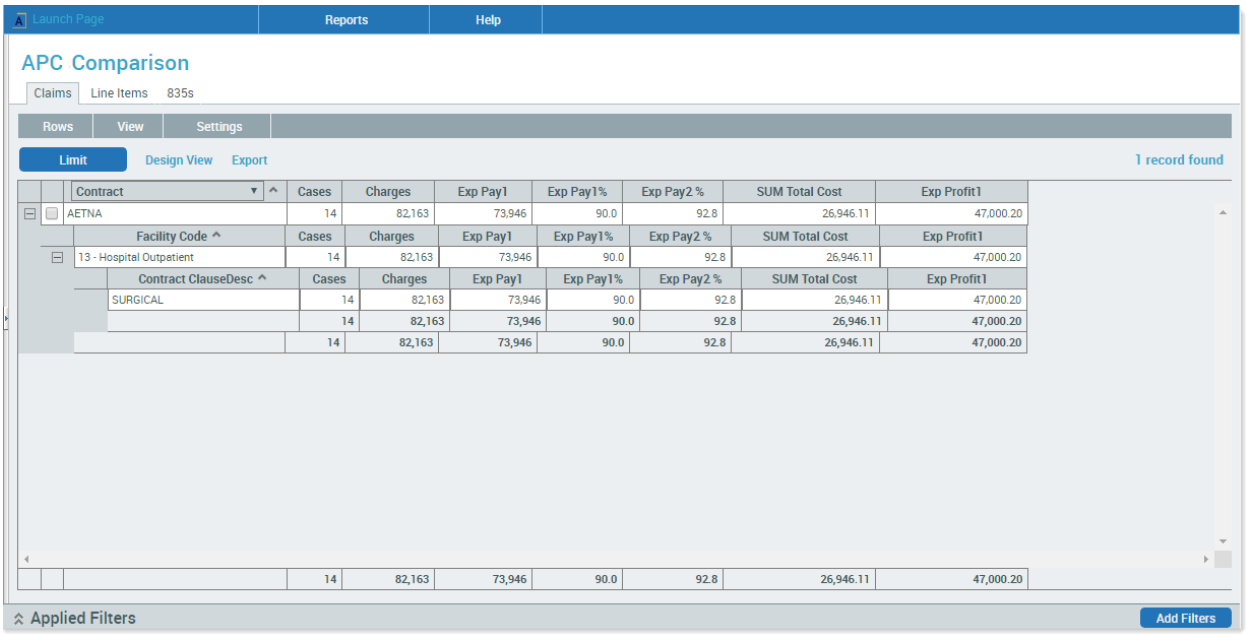
In the following example, a contract is compared between two simulations. The calculated fields **Exp Pay1**, **Exp Pay1%**, and **Exp Profit1** are mapped to the Live environment by using the variable Total Expected Payment1 in the equation for each calculated field:

- Exp Pay1 = Sum (Total Expected Payment1)
- Exp Pay1% = Sum (Total Expected Payment1)/Sum (Total Charges)*100
- Exp Profit1 = Sum (Total Expected Payment1)-Sum (Total Cost)

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



The generated example report looks like the following:



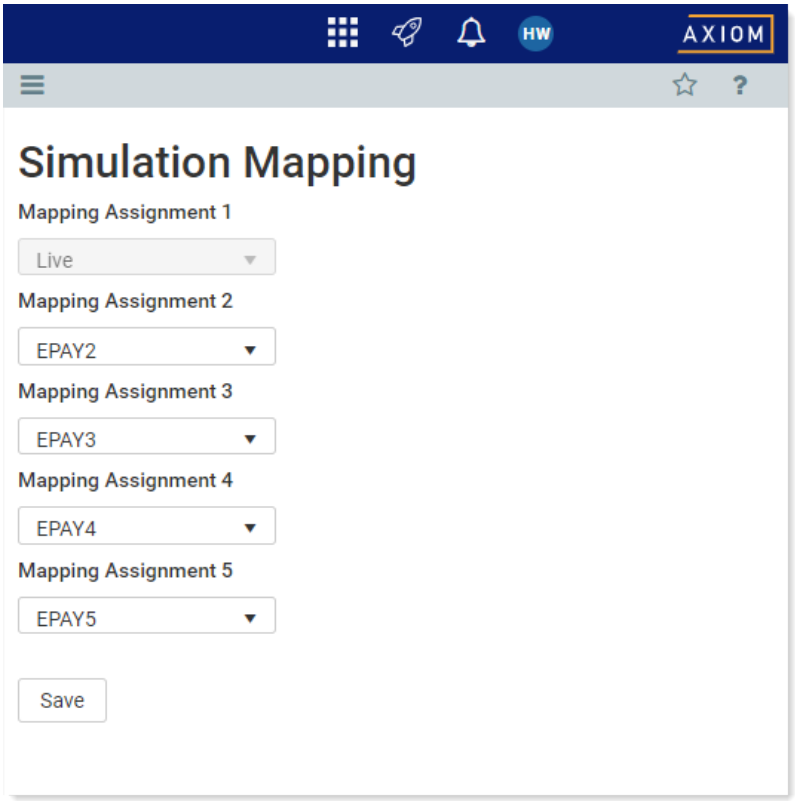
IMPORTANT: Since only administrators can see which simulations are mapped to each mapping assignment field, as an administrator, you will need to create the custom calculated fields needed and name them appropriately. For example, a calculated field representing Sum(Total Expected Payment 1) for a simulation named Aetna KMC could be named **AetnaKMC Exp Payment**. For information about creating calculated fields, see “Add calculated fields to a report” in the online help.

Map simulations to drill-down reporting Expected Payment fields

To map simulations to expected payments variables:

1. In the main menu header, click **Admin** > **Simulation Mapping**.
2. For Mapping Assignment 2, click the drop-down arrow and pick a simulation to assign to the Estimated Payment drill-down reporting field.

NOTE: Mapping Assignment 1 is set to the Live simulation environment. This cannot be changed.



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.

6

Working with claims

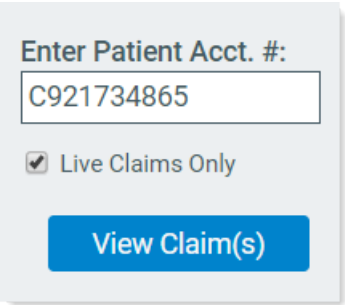
The View a Claim function in Axiom Contract Management allows you to access or view all information related to claims. The multiple forms of information are compiled from data contained in the Claims, Payments, and adjustments imports. Other important data fields are calculated by the system, or imported from other Kaufman Hall systems.

You have the following options for selecting and viewing claims:

- **Patient Account Number** – Account number or billing identification number imported from the Claim
- **Patient Name** – Patient Last Name or any part of Patient Last Name imported from the Claim
- **Claim\Number UCRN** – Unique record number or Claim Sequence number assigned by Patient Accounting System

Live Claims Only option

The Axiom Contract Management system defaults to Show Live Claims Only. To have the system return results for all instances of the claims, clear the **Live Claims** check box before making a View a Claim Selection.

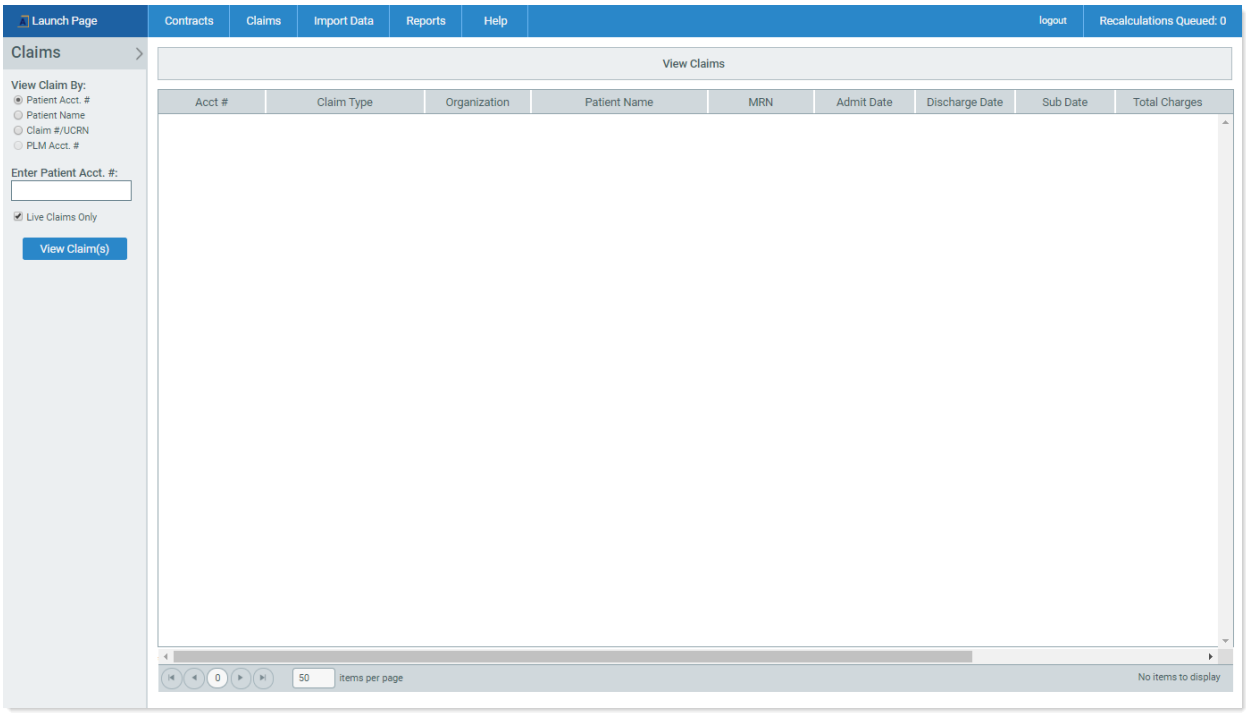


Access View a Claim

To access View a Claim:

In the main menu header, click **Claims** > **View a Claim**.

The View Claims page opens.

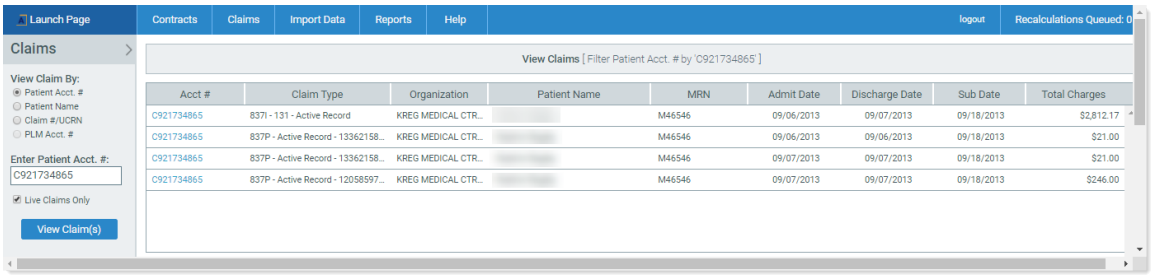


Claims page example

View a claim by selected criteria

To select claims by Patient Account Number:

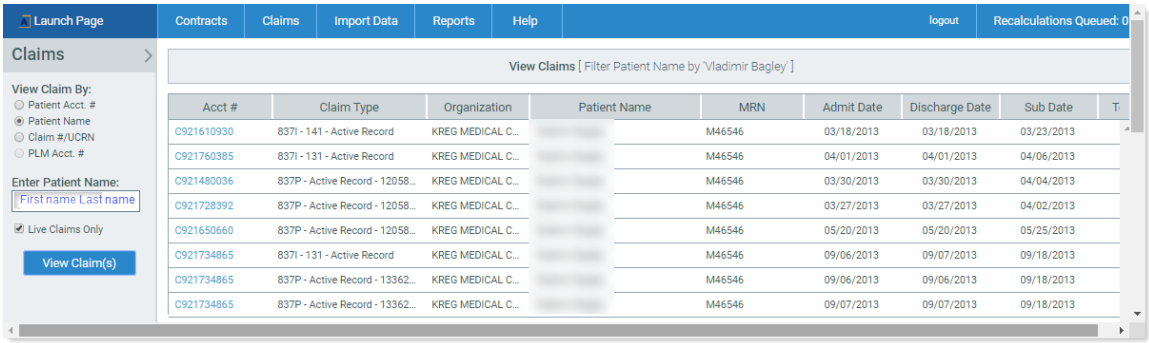
1. From the **View Claim By** menu, select **Patient Account Number**.
2. In the **Enter a Patient Account #** field, enter the account number and then click **View Claim(s)**.



To select claims by Patient Name:

1. From the **View Claim By** menu, select **Patient Name**.
2. In the **Enter Patient Name** field, type any part of a patient last name, and click **View Claims(s)**. If this does not work, type in the patient's first and last names.

NOTE: If the criteria selected matches multiple claims, all of those claims will appear in the Account Selection List.



To select claims by Claim/Number UCRN:

1. From the **View Claim By** menu, select **Claim #/UCRN**.
2. In the **Enter a Claim #/UCRN** field, enter the number and then click **View Claim(s)**.

Account Selection List details

If you click on the gray account field Name, the system sorts the list by that column.

The account selection list contains the following claim fields:

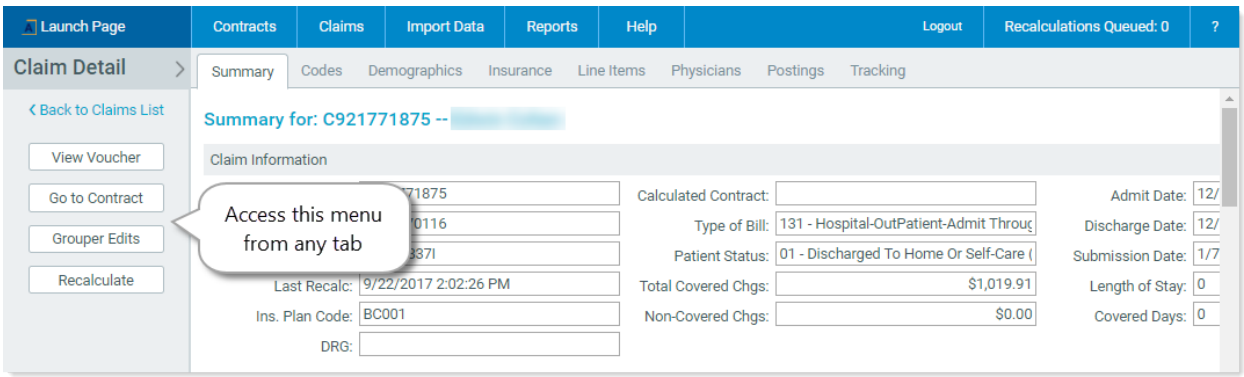
- **Acct#** – Lists the account number imported from the claims.

  NOTE: This field is also a link that will bring you into the Claim Details section of View a Claim.

- **Claim Type** – Identifies the type of claim and its status in Axiom Contract Management
- **Organization** – Identifies the organization imported from the claim
- **Patient Name** – First and Last name imported from the claim
- **MRN** – Medical Record Number imported from the claim
- **Admit Date** – Admission data imported from the claim
- **Discharge Date** – Discharge data imported form the claim
- **Sub Date** – Submission date imported from the claim
- **Total Charges** – Total Charge amount imported from 0001 line on the claim form minus non-covered charges

View claim details

The claim details section of Axiom Contract Management provides an easy-to-use interface that allows you to view all information associated with a claim. Use the tab-based web pages to navigate from summary-level information to detailed line item information. To view information on a tab, click the tab name.

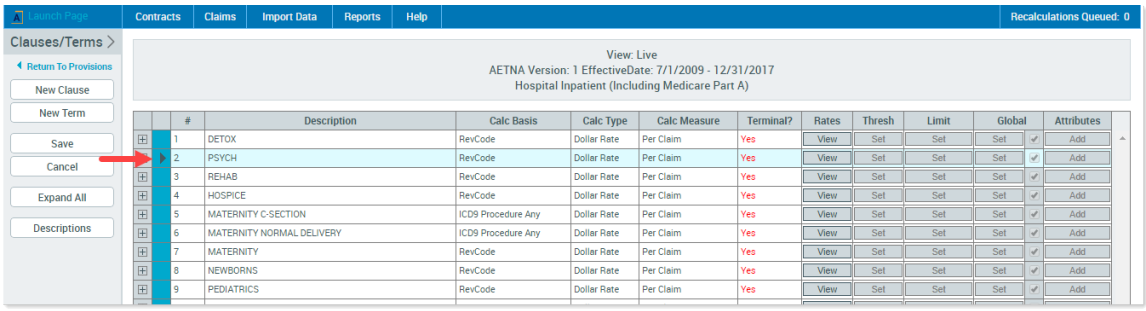


On the menu on the left side of the Claim Detail page are additional options:

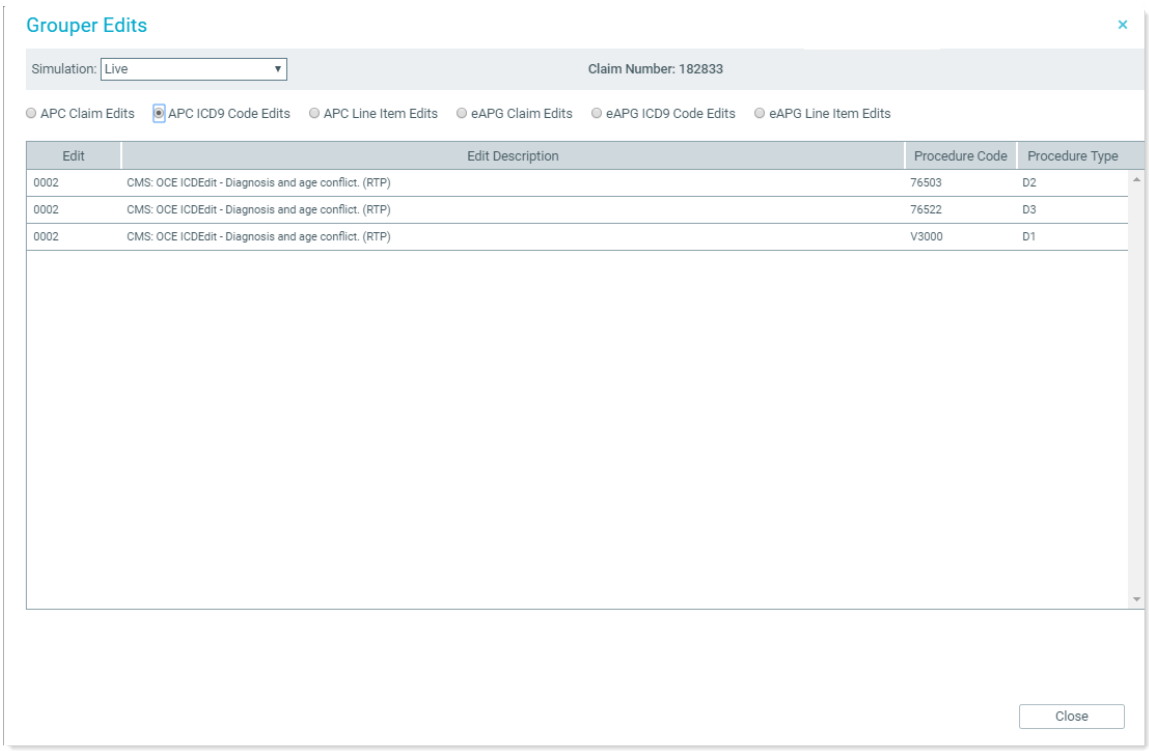
- **View Voucher** – Click this button to open a new browser tab containing the Claim Voucher Report.

  The Claim Voucher Report provides an explanation of exactly how the system arrived at the expected payment, and how much the payer has paid. This information is ideal for follow-up with the payers to ensure proper payments are being received.

- **Go to Contract** – Click this button to open the contract in a new browser tab. Additionally, the specific contract clause will be highlighted, as shown in the following example.



- **Grouper Edits** – Click this button to detail all OCE/NCCI and eAPG edits. This is important when determining why a Medicare or other ACP/eAPG claim has an expected payment = $0. In Axiom Contract Management, if there is an edit on a line item (code, modifier, etc.), the system automatically pays the claim at $0. This helps you easily identify claims that can potentially be fixed and re-billed for a higher total redemption from Medicare. Following is an example of Grouper Edits for APC ICD9 Code edits.



- **Recalculate** – Click this button to recalculate the current claim. For more information, see Recalculate a claim from Claim Detail.

Claim Detail tabs

Summary tab

The Summary tab displays information identifying the type of account, the contract used for calculation, and important demographic information. The Summary tab also contains all the information necessary to identify whether a claim is paid correctly.

- **Expected Payment** – Calculated expected payment using contract terms
- **Expected Contractual** – Total Covered Charges minus Expected Payment
- **Actual Payments** – Total of all Payments imported by Account # from payment import file
- **Actual Contractual** – Total of insurance contractual imported by Account # from Contractual File
- **Payment Variance** – The difference between Expected Payment and Actual Payments

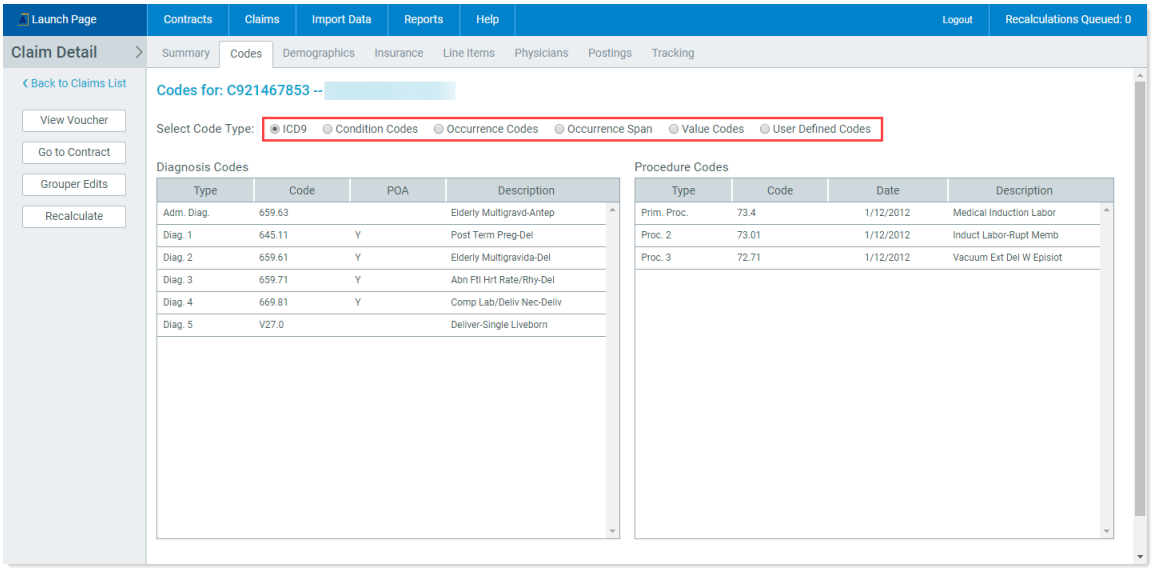
- **Contractual Variance** – The difference between Expected Contractual and Actual Contractual
- **Total Cost** – Sum of Fixed, Variable, and Indirect Cost
- **Fixed Cost** – Imported from Cost Accounting System – represents fixed cost (materials and labor)
- **Variable Cost** – Imported from Cost Accounting System – represents variable cost (overtime)
- **Indirect Cost** – Imported form Cost Accounting System – represent cost not specifically assigned to dept.
- **Actual Profit** – Total Covered Charges minus Actual Payments
- **Expected Profit** – Total Charges minus Expected Payment

Codes tab

The Codes tab contains all code-related information imported from the claim form. This information includes:

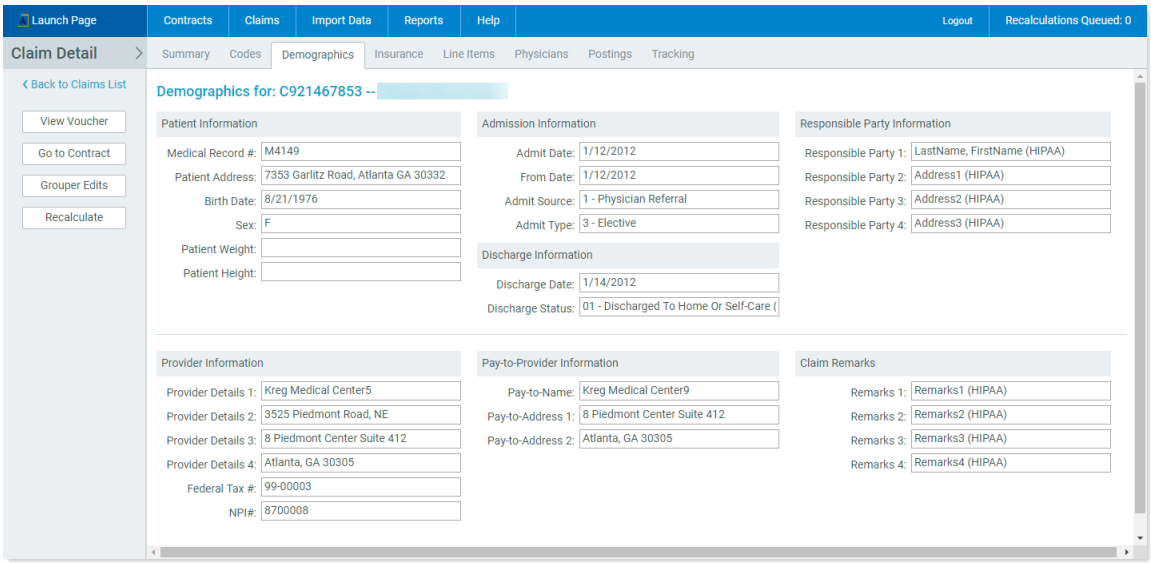
- ICD9 Codes – Diagnosis and Procedure Codes
- Condition Codes
- Occurrence Codes
- Occurrence Span
- Value Codes
- User Defined Codes

You can navigate through the various code types by clicking the name of that code type. Code type selection options are shown outlined in red in the following example.



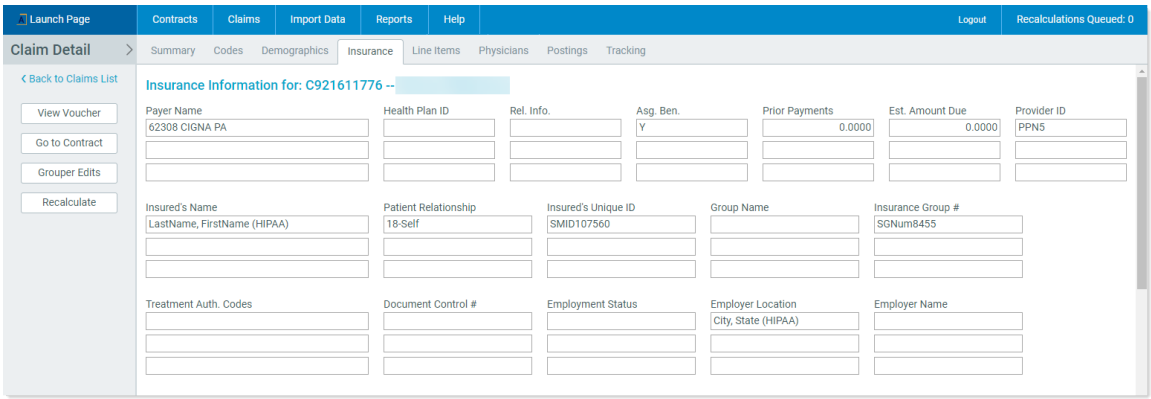
Demographics tab

Use the Demographics tab to view demographic information imported from the claim.



Insurance tab

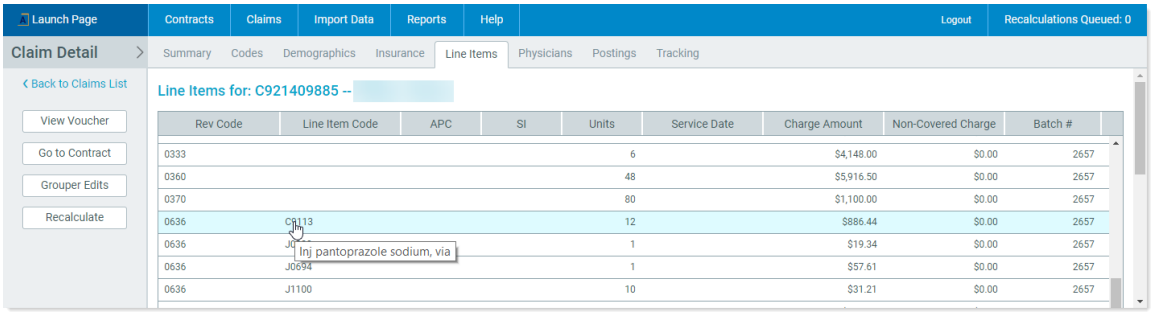
Use the Insurance tab to view information imported from the claim associated with Primary, Secondary, and Tertiary payer information.



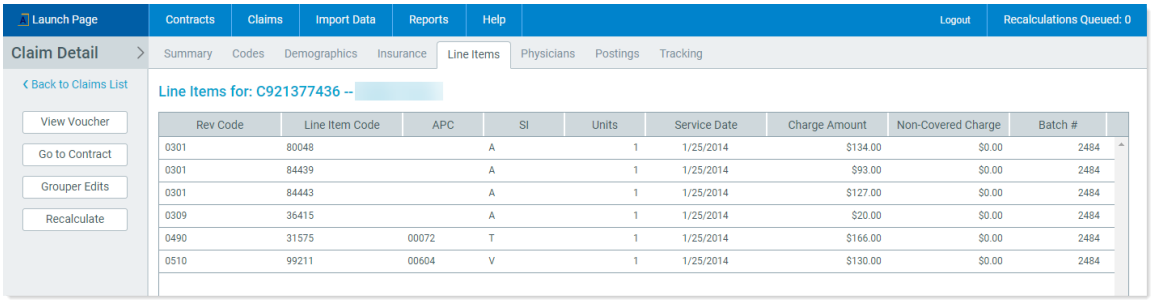
Line Items tab

Line Items tab is very important for claim review. Access the tab by clicking the **Line Items** tab. This tab displays imported Revenue Code detail for all claims, and Medicare APC information for Medicare OP claims. The following examples represent a view of a Non-Medicare Claim and a Medicare Claim, respectively.

Non-Medicare claim



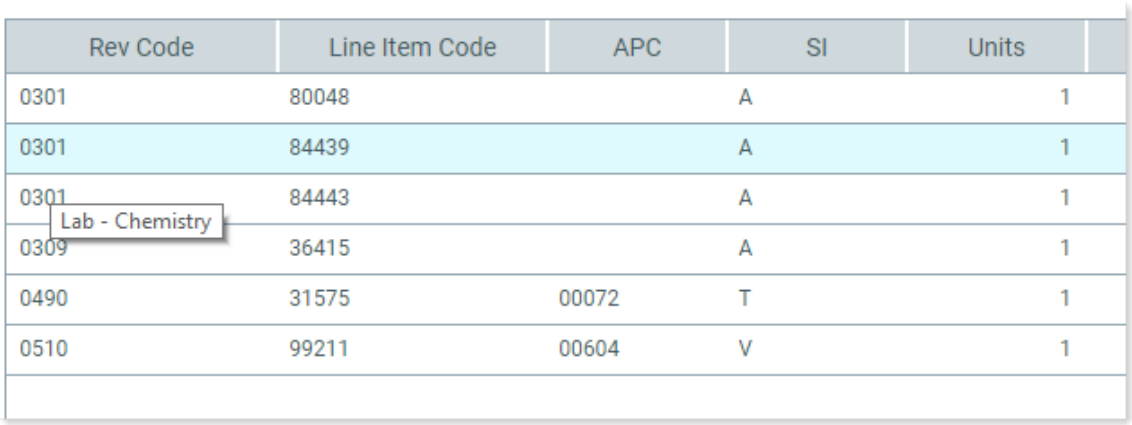
Medicare claim



Medicare Claims contain two non-Imported Fields with values assigned by the 3M APC GPS software during import:

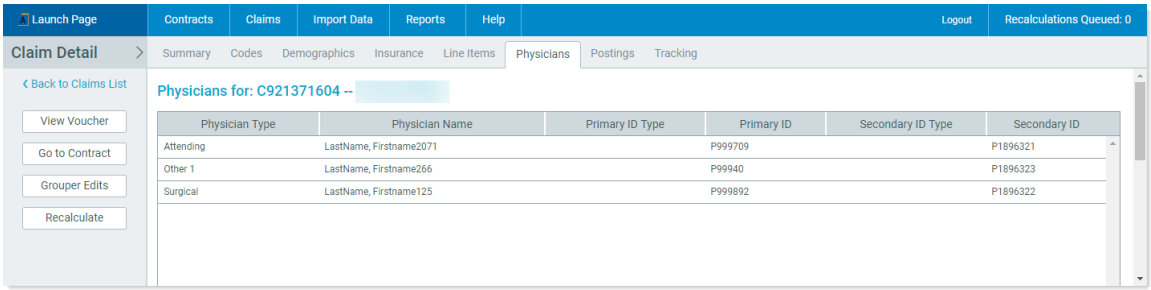
- **APC** – Ambulatory Payment Classification
- **Status Indicator (SI)** – Identifies type of APC

To see the description of a code listed in the Line Items tab, move your cursor over that tab, as shown in the following example:



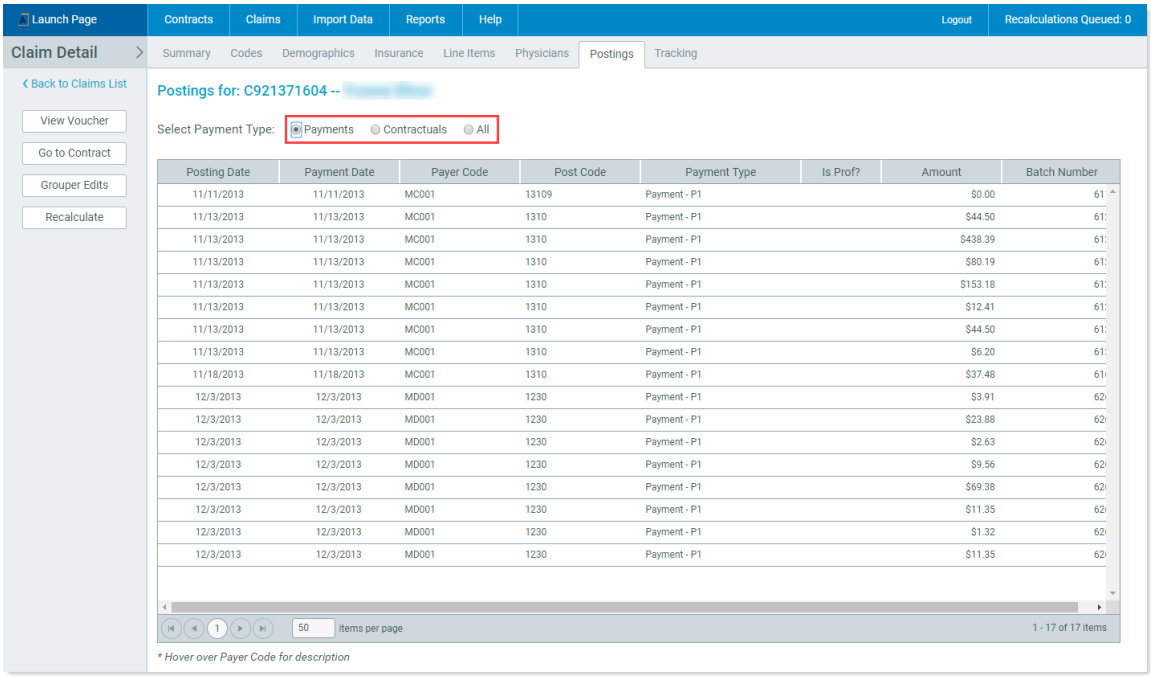
Physicians tab

The Physician tab displays physician information imported from the claim.



Postings tab

The Postings tab details each payment posted to a claim. The system default view is Payments; however, you can change the view to show the different types of postings individually or together by clicking the **Contractuals** or **All** radio buttons, respectively.



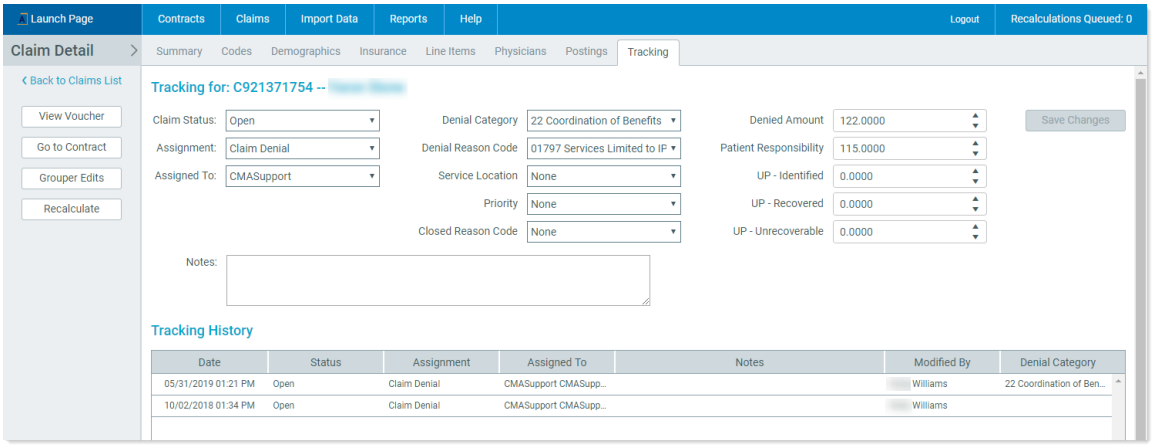
Tracking tab

The Tracking tab allows you to mark an individual claim for follow-up. This includes identifying:

- The claim's status
- A generalized assignment category
- The user the claim is assigned to

- Ten user-defined fields
- Any additional notes

It also allows you to view the claim's Tracking History to see how it has been managed, and follow it through the recovery process. A summary of this information is provided on the Summary tab for quick reference when you open an account.



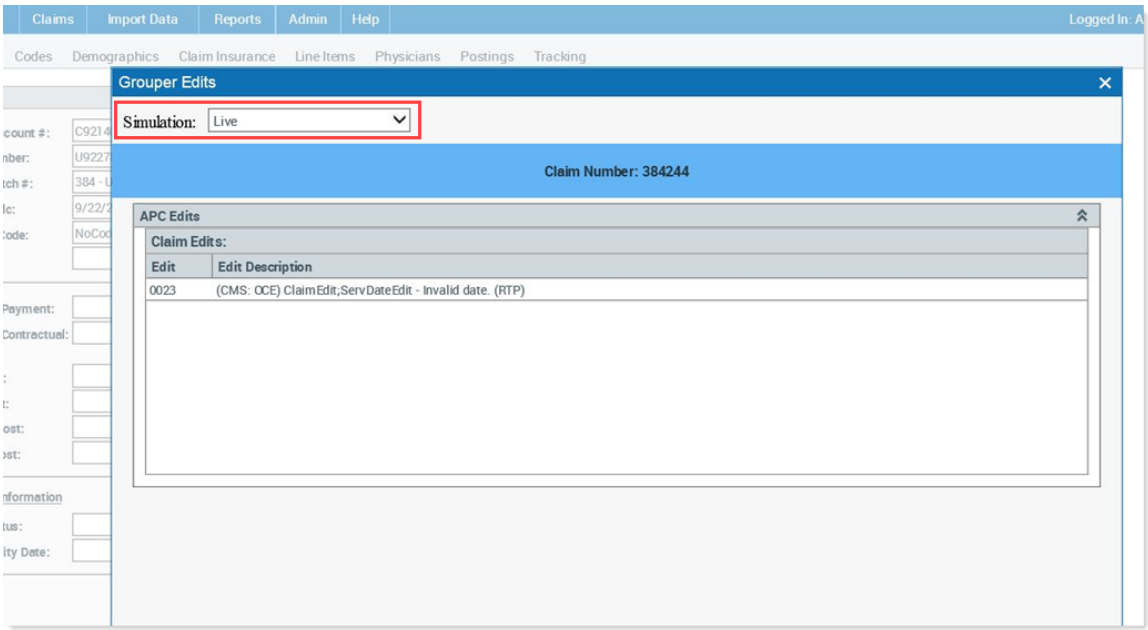
View Grouper Edits for a claim

When claims are grouped and priced, they may create edits that affect reimbursement. You can view these edits on a claim and switch to any relevant simulation these claims apply to from the Grouper Edits window. A 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. In the side menu of the **Claim Detail** page, click **Grouper Edits**.
4. At the top left of the **Grouper Edits** window, from the **Simulation** drop-down, select the desired simulation.

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



For more information, see the following:

- View claim details
- Group and price APC and eAPG claims

Using claim tracking

Use Claim Tracking to organize institutional claims that need attention and easily locate them at another time.

Assign a claim

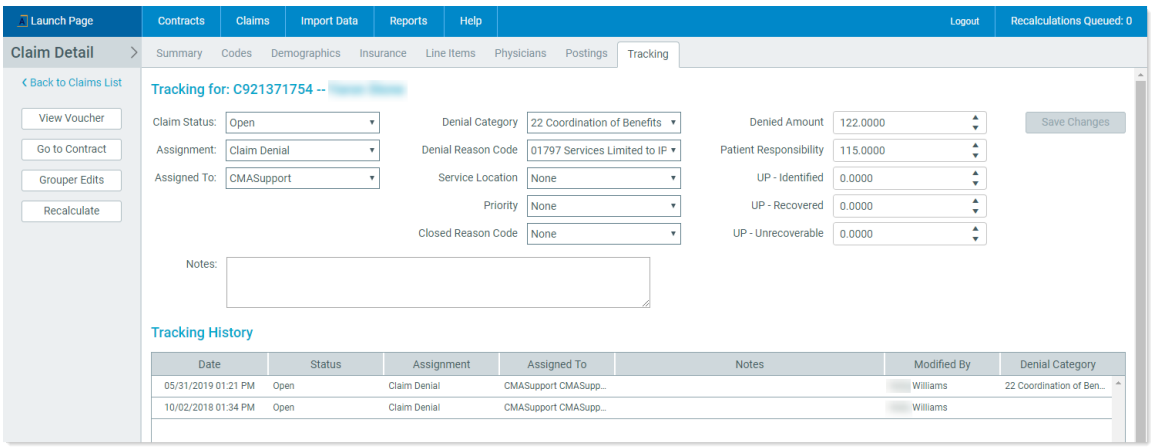
Assigning a claim is the first step in using the Claim Tracking feature.

To assign a claim:

1. In the main menu header, click **Claims** > **View a Claim**.
2. In the **View Claim By** section on the left, select the criteria for the claims to view, then click **View Claims**.
3. In the **Acct #** column, click the number of the claim to assign.
4. On the claim detail page, click the **Tracking** tab.
5. Select the following claim details:
   - **Claim Status** – Select Open, Closed, or other user-defined status (Needs Review, Insurance Pending, etc.).

- **Assignment** – Select the general reason for assignment. This is also a user-defined field.
- **Assigned To** – Select the user assigned to this claim. This is a list of all system users, and is generated by Kaufman Hall, and cannot be changed.
- **User Defined (1 – 10)** – Select up to five user-defined fields with numeric formats, and five with character formats. Administrators can edit them as needed.
- **Notes** – (Optional) Add any additional information in this text box. For example, provide details about the generalized assignment reason to offer more specifics to this particular claim.

6. Click **Save**. The claim displays in the Tracking History section.



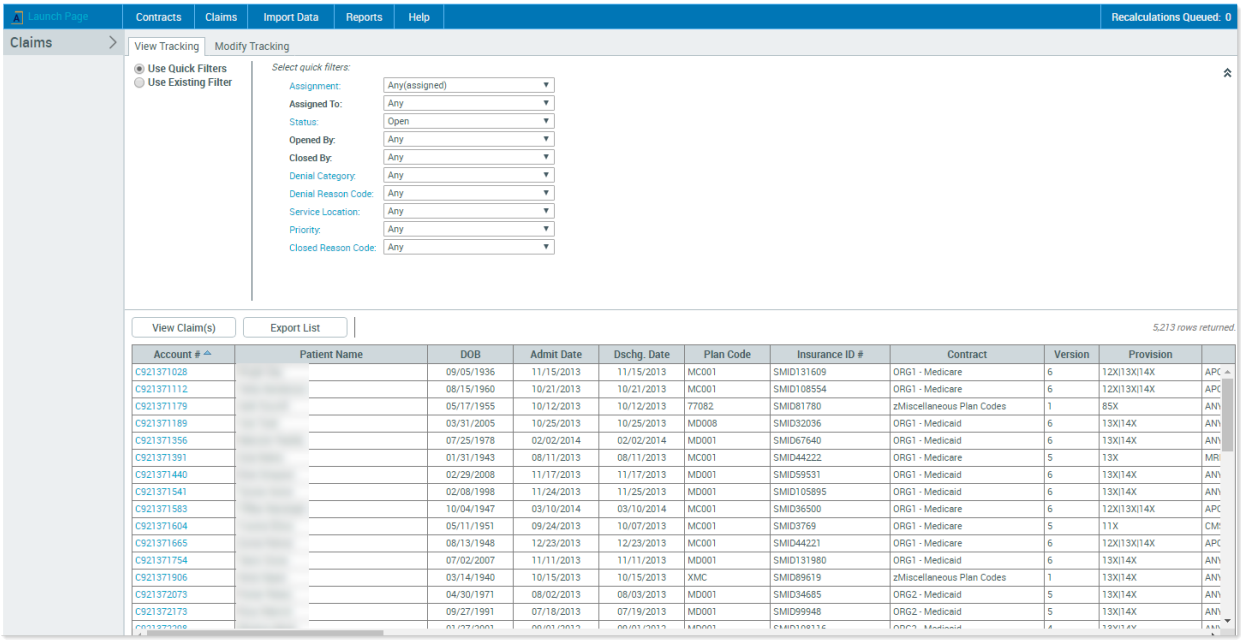
Claim details example

NOTE: System administrators can build new Claim Status options, Assignment options, and User Defined options into the system from Claim Tracking, as described in Edit user-defined claim tracking quick filters.

As you follow the claim through the recovery process, you can make additional notes to any of the critical information on the page. The most recently saved information displays at the top of the Tracking History section.

Track assigned claims

Use these instructions for locating claims using the Quick Filters.



View Tracking tab example

To view/track assigned claims:

1. In the main menu header, click **Claims** > **Track/Assign Claims**. The claim tracking page opens.
2. In the **View Tracking** tab, leave the default filter setting at Use Quick Filters.
3. In the **Select quick filters** section, select the following claim details:
   - **Assignment** – Select the general reason for assignment, or select **Any** to return all claims that match any assignment.
   - **Assigned To** – Select the user assigned to this claim, or select **Any** to return claims that match any user. This is a list of all system users, and is generated by Kaufman Hall, and cannot be changed.
   - **Status** – Select Open, Closed, or other user-defined status (Needs Review, Insurance Pending, etc.).
   - **Opened By** – Select the user, or select **Any**. This list cannot be changed.
   - **Closed By** – Select the name of the user or select **Any**. This list cannot be changed.

     NOTE: Only users who set a claim tracking status to “closed” on a claim appear in this list.

   - **Denial Category** – Select a category or select **Any** to return claims that match any of the categories.
   - **Denial Reason Code** – Select a code or select **Any** to return claims that match any of the denial reason codes.

- **Service Location** – Select a location or select **Any** to return claims that match any of the locations.
- **Priority** – Select the priority or select Any to return claims that match any priority.
- **Closed Reason Code** – Select a code or select **Any** to return claims that match any of the codes.

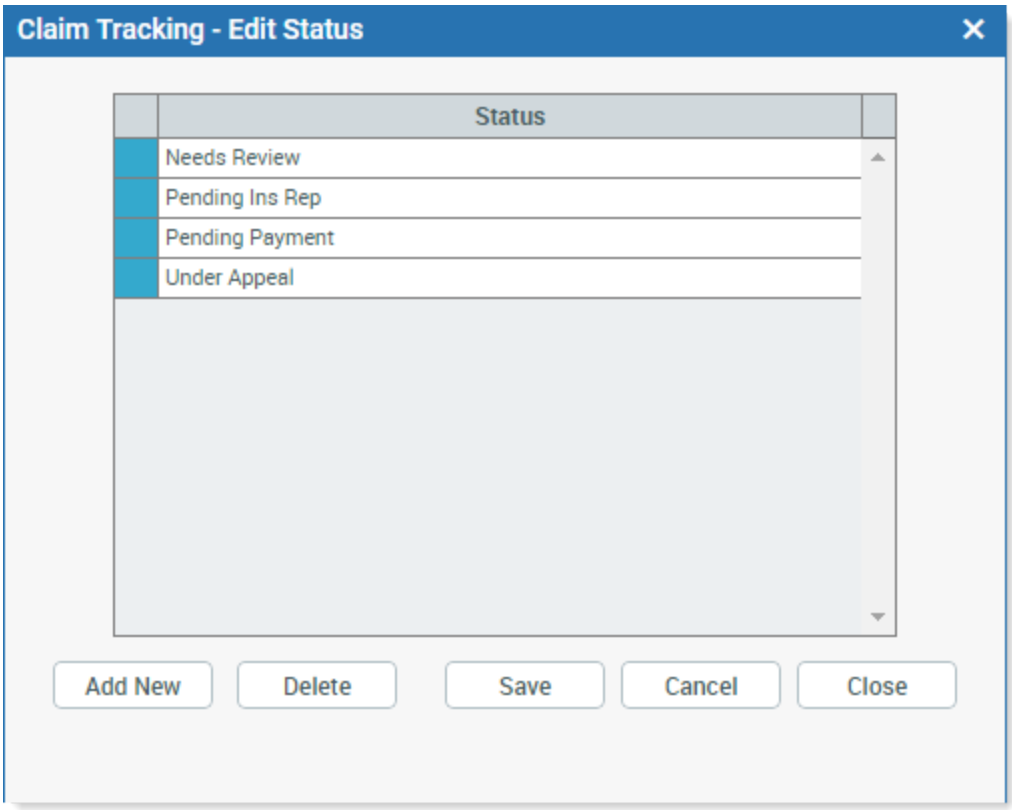
4. Click **View Claim(s)**. This list of claims matching the set criteria displays below the filter options.
5. To export the list of claims, click **Export List**. The list is exported to an Excel file that displays in the lower left corner of the page. Click the file to open it.
6. To view a claim in the list, in the **Acct #** column, click the linked account number.

Edit user-defined claim tracking quick filters

Some of the claim criteria used in claim tracking Quick Filters can be user-defined. Quick filters allow you to locate only the claims that match the selected Quick Filter criteria.

To edit user-defined claims criteria:

1. In the main menu header, click **Claims** > **Track/Assign Claims**. The claim tracking page opens.
2. In the **View Tracking** tab, ensure that **Use Quick Filters** is selected.
3. In the **Select quick filters** list, click the desired user-defined quick filter. The edit window for that variable opens. In the following example, the Status variable options are being edited.



4. Do any of the following as desired:
   - To add a new option, click **Add New**. A new line is added to the table. Type the option in the row.
   - To edit an option, click in the row and make the desired change.
   - To delete an option, click the blue cell to the left of the name and then click **Delete**.
5. Click **Save**.
6. Click **Close**.

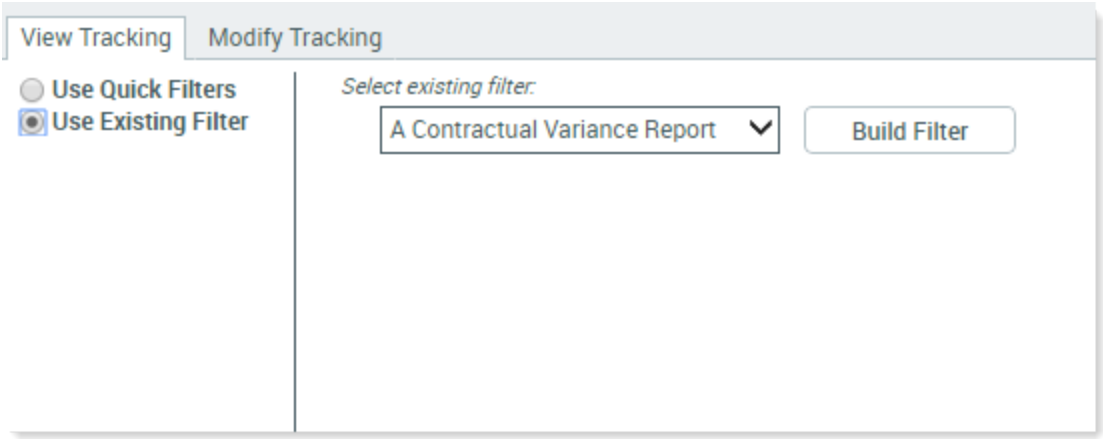
Use filters in claim tracking

You can also use advanced filters in Claim Tracking.

To use an existing filter:

1. On the **Claim Tracking** page, click **Use Existing Filter**.
2. From the **Select existing filter** drop-down, select a filter.

You can build filters here as shown in the following example. Use the same steps as for building an Advanced Filter in Reports.



To build a new filter:

1. On the **Claim Tracking** page, click **Use Existing Filter**.
2. Follow the instructions in Build an advanced filter.

Assign claims from claim tracking

Assign claims from the Claim Tracking page by performing a mass modification.

To assign claims from Claim Tracking:

1. In the main menu header, click **Claims** > **Track/Assign Claims**. The Claim Tracking page opens.
2. Click the **Modify Tracking** tab. This tab provides three methods for selecting claims: Current View, Quick Filters, or Existing Filters.
3. Select one of the following options and follow the provided instructions.

Current View

Use this method to modify the tracking details of claims currently in the tracking page:

a. Click **Use Current View**.

b. In the **Select modifications** column, edit the tracking detail options.

c. Click **Modify Claims**. Also, if claims are in the Current View, you can sort the claims and export them to MS Excel. You can sort on the current page, or, if there are numerous pages of claims, you can sort the entire set. This option is boxed in green in the following example. To the right of the Sort feature is another set of options. Here you select whether to export the current pages or all pages in the set. Then, to export to Excel, click the **Export List** button next to the **View Claim(s) button**, as shown outlined in red in the following Quick Filters example.

View Claim(s) | Export List

72 rows returned.

Account #	Patient Name	DOB	Admit Date	Dschg. Date	Plan Code	Insurance ID #	Contract
C921377198		06/24/	10/23/2013	10/23/2013	CI012	SMID15929	AETNA
C921382991		05/26/	02/10/2014	02/10/2014	CI012	SMID22771	AETNA
C921390924		03/14/	11/07/2013	11/07/2013	CI012	SMID109613	AETNA
C921403832		09/10/	11/26/2013	11/26/2013	CI012	SMID6882	AETNA
C921403904		05/05/	10/21/2013	10/21/2013	CI012	SMID22771	AETNA
C921416670		05/23/	10/28/2013	10/28/2013	CI012	SMID109078	AETNA
C921418300		06/17/	12/13/2013	12/13/2013	MD008	SMID71746	ORG1 - Medicaid
C921422946		10/30/	12/08/2013	12/08/2013	CI012	SMID28374	AETNA
C921426660		01/09/	02/02/2014	02/02/2014	CI012	SMID129663	AETNA
C921433964		12/26/	11/22/2013	11/22/2013	CI012	SMID86140	AETNA
C921451467		07/23/	03/26/2014	03/26/2014	CI012	SMID71816	AETNA
C921489740		02/21/	03/14/2014	03/14/2014	CI012	SMID113708	AETNA
C921492801		10/20/	04/16/2014	04/16/2014	CI012	SMID92289	AETNA
C921494148		12/08/	09/28/2013	09/28/2013	CI012	SMID56225	AETNA
C921503711		07/02/	09/21/2013	09/21/2013	CI012	SMID36362	AETNA

Sort: Current Page | All Pages | Export: Current Page | All Pages | Page 1 of 2

Quick Filters

To use this method to mass modify claims:

a. Click **Use Quick Filters**.

b. In the **Select quick filters** column, specify the tracking details of the claims to modify.

c. In the **Select modifications** column, specify the new tracking details to apply.

d. Do one of the following:

- To modify the claims immediately, click **Modify Claim(s)**.
- To review the claims found, click **View Claims**; then, if the returned dataset is correct, click **Modify Claims**.

View Tracking | Modify Tracking

Use Current View
Use Quick Filters
Use Existing Filter

Select quick filters:

Assignment:	Unassigned
Assigned To:	Any
Status:	Open
Opened By:	Any
Closed By:	Any
Denial Category:	Any
Denial Reason Code:	Any
Service Location:	Any
Priority:	Any
Closed Reason Code:	Any

Select modifications:

Assignment:	No Change
Assigned To:	Blunt, David
Status:	No Change
Notes:	
Denial Category:	No Change
Denial Reason Code:	No Change
Service Location:	No Change
Priority:	No Change
Closed Reason Code:	No Change

View Claim(s) | Export List | Modify Claim(s)

Existing Filters

The Existing Filters list contains filters built in Claim Tracking, and advanced filters built in Reports.

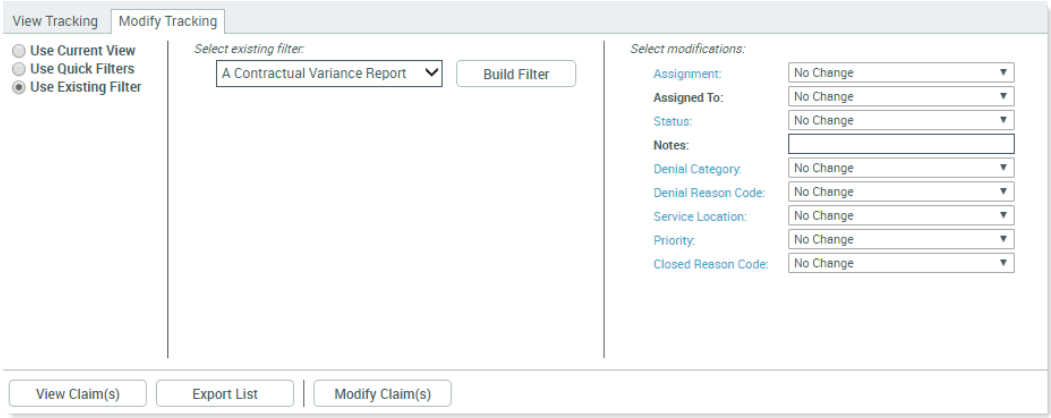
IMPORTANT: Use caution when using Advanced Filters from Reports to select accounts in Claim Tracking. Basic report parameters require you to specify a contract to run your report on as well as a discharge date range. The advanced filter does not necessarily specify a payer or date range; therefore, your returned results may be for all payers for the entire database. Modify by filters carefully and be sure to view your results before applying changes.

To use this method to assign claims based on existing filters:

a. In the **Select existing filter** drop-down, select a filter. Alternatively, you can click the **Build Filter** button and build a filter from scratch, as explained in Build an advanced filter.

b. In the **Select modifications** column, specify tracking details to apply by editing the modifications.

c. Click **Modify Claim(s)**. This can also be done in two steps by first clicking **View Claim(s)**.



Customizing filters

As mentioned in Assign a claim, Axiom Contract Management includes ten User Defined fields, five of which are formatted numerically and five of which are formatted as characters. You can also hide columns to prevent them from entering claim tracking reports. For example, if you want to eliminate the name field from claim tracking to comply with HIPAA regulations, contact a Kaufman Hall representative.

About grouping and pricing APC and eAPG claims

Many contracts include clauses or terms that include APC or eAPG reimbursement methods. Before these contracts can be calculated, the claim line items need to be grouped and priced into APCs or eAPGs.

Grouping and pricing can be a slow process when there are hundreds of thousands of claims, which is why claims processing is usually done during the nightly import. However, you may need to group and price claims on demand.

The Group and Price Claims page in the Claims section of Axiom Contract Management enables you to set up, save, and execute claim grouping and pricing tasks. Previously, all grouping and pricing took place either by a member of Client Success or during the nightly import process on claims coming into the system. Now you can run this process anytime on selected claims. For information, see Group and price APC and eAPG claims.

Additionally, you can also use the Shift Date By feature to view a forecast of how new schedules will affect claims for the coming year.

Group and price APC and eAPG claims

For contracts with clauses or terms that include APC or eAPG reimbursements, you can group and price claim line items into APCs or eAPGs. You can also run a projection of what future claims will look like by shifting dates on claims forward in time to understand the impact of new CMS grouping and pricing logic. For information, see Shift claim dates for grouping and pricing forecasts.

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

To group and price claims:

1. From the **Claims** menu, select **Group and Price**.
2. From the **Grouping/Pricing Type** menu, select the desired option:
   - APC
   - eAPG

   NOTE: Only options for which you are licensed display.
3. In **Select claims by**, select the desired option:

   ▶ Patient Account Number

   a. In the **Patient Account #** field, enter the patient account number.

   b. From the **Claim Status** drop-down, select the status of claims to include.

   c. From the **Simulation** drop-down, select the simulation the claims are in.

   ▶ Claim Number/UCRN

   a. In the Claim #/UCRN field, enter the claim number or UCRN.

   b. In the **Claim Status** field, select the status of claims to include.

   c. From the **Simulation** menu, select the target simulation for the claims.

Date Range

a. Select the **Date Type**.

b. For **Start Date**, click the calendar icon ( ) and select the date range start date.

c. For **End Date**, select the date range end date.

d. From the **Claim Status** drop-down, select the status of claims to include.

e. From the **Simulation** drop-down, select the target simulation for the claims.

Contract

a. Select the **Date Type**.

b. For **Start Date**, click the calendar icon ( ) and select the date range start date.

c. For **End Date**, select the date range end date.

> **NOTE:** You do not have to select Start and End dates if you want to work with the entire time frame selected by the provision/version.

d. From the **Claim Status** drop-down, select the status of claims to include.

e. In the **Contracts** section, from the **Current View** drop-down, select the target simulation.

f. In the **Contracts** section, select the contracts to include. You can select an entire contract, only certain versions of a contract, or specific provisions of a contract.

Insurance Plan Code

a. Select the **Date Type**.

b. For **Start Date**, click the calendar icon ( ) and select the date range start date.

c. For **End Date**, select the date range end date.

d. From the **Claim Status** drop-down, select the status of claims to include.

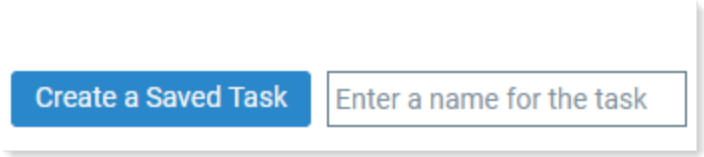
e. In the **Ins Plan Code** table, from the **Current View** drop-down, select the target simulation.

f. In the **Ins. Plan Code** table, select the insurance plan codes to include. You can also select an entire payor organization if desired.

4. Do one of the following:

   - To perform the grouping and pricing now, click the **Group and Price** button.
   - To process the grouping and pricing later, save the selected claims as a grouping and pricing task:

a. In the upper right of the page, type a name in the field provided.



b. Click **Create a Saved Task**

A confirmation message displays that the grouping/pricing task has been queued to run or saved, depending on your selection.

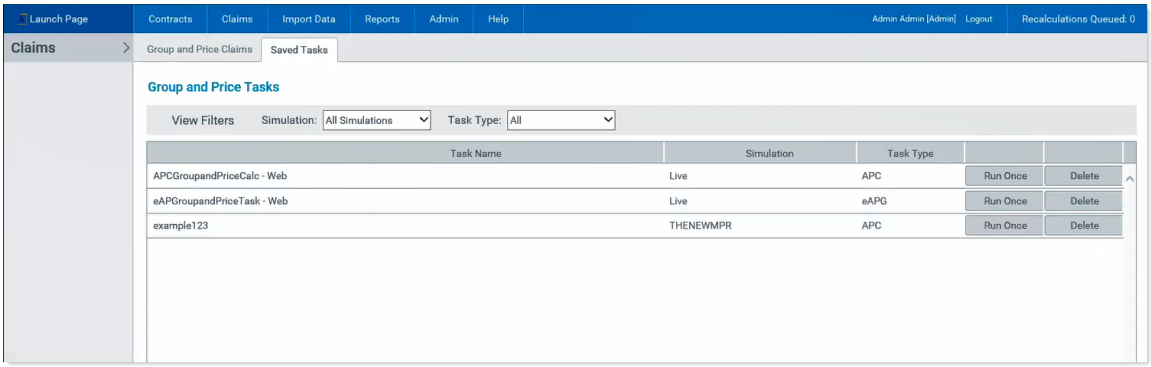
> **NOTE:** If you selected to save the claims as a group and price task, your task is listed in the Saved Tasks tab, where you can run it at any time.

Run a saved group and price task

These instructions are for running a saved group and price tasks from the Claims Group and Price Tasks page.

To run a saved group and price task:

1. From the **Claims** menu, select **Group and Price**.
2. Click the **Saved Tasks** tab.
3. If needed, filter the list for the simulation and Task Type.
4. On the right side of the page, for the desired task, click **Run Once**.



The page displays a brief notification that the task was queued.

5. To delete a task when finished, in the row for that task, click **Delete**.

Recalculating claims

Recalculation is the process in which a claim is filtered through the user-defined contract matrix to generate a claim payment voucher and a total expected payment amount. You can calculate a claim in Axiom Contract Management one of two ways:

- Nightly import process — Occurs during the import process and is done without any user intervention.
- On-demand calculation — Users can perform ad-hoc claim calculation from the recalculate claims interface, and also while viewing a claim from the Claim Detail page. Administrators can recalculate claims from the Recalc History page.

Typically, every claim that enters the system calculates automatically during the nightly auto-import process; however, there are times when you need to manually recalculate a claim using the ad-hoc methods.

You might need to recalculate a claim for several reasons. The most common reason is a contract term modification. If a claim is calculated on a specific clause of a contract and that clause is adjusted in a way that the claim now qualifies for another clause or rate, a recalculation is warranted.

Automatic recalculation

Every new claim entering the system that has a matching Contract → Version → Provision → Clause will automatically generate an expected payment during the auto-import process. This ensures that new information entering the system can be used during reporting and other analysis. No user intervention is needed, but it is important to note that if the contract matrix is not kept up to date, then new claims that enter the system will not generate an expected payment. It is also important to note that even though a contract may exist for payer, if it is not modeled accurately, then the expected payment information will probably be inaccurate.

Keep an eye on contracts approaching expiration and make sure to extend the expiration date (if applicable), or model the new contract in Axiom Contract Management.

Ad hoc recalculation

Recalculate a claim in the Recalculate Claims tab (**Claims** > **Recalculate**). You can recalculate claims by a variety of criteria, such as the following:

- Recalculate by patient account number
- Recalculate by Claim Number/UCRN
- Recalculate by Date Range
- Recalculate by Contract
- Recalculate by Insurance Plan Code

NOTE: You can also recalculate a claim from the Claim Detail page.

Recalculate a claim

Each of the following criteria give you more flexibility in determining which claims to recalculate.

- Patient Account Number and Claim Number/UCRN are typically used to calculate single accounts/claims.
- Date Range and Contract allow you to select several claims at once for calculation.
- Insurance Plan Code allows you to recalculate all claims that have a specific payor code.

You select the claim to calculate in the Claim Type field. Your options are Institutional, Professional, or All. Since professional claims are stored in Axiom Contract Management as separate bills, you must select the appropriate Claim Type before calculating a claim.

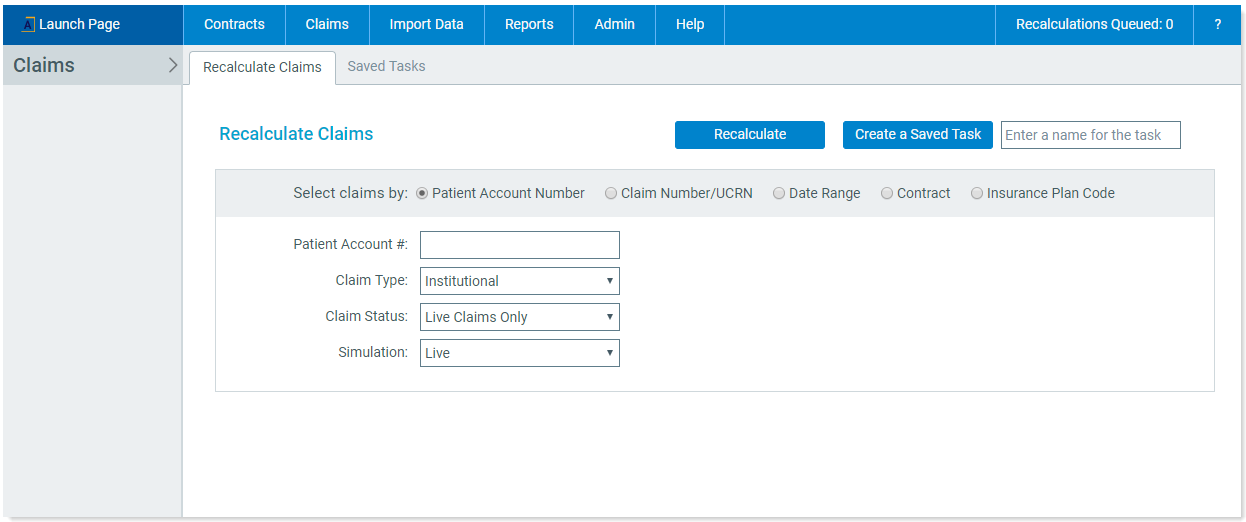
The Claim Status field allows you to select whether to calculate on the Live accounts for a particular account # or all accounts (Live and Inactive).

NOTE: Reports in the system are based on the Live accounts, so it is not always required to recalculate inactive claims unless you are including those in your analysis.

To access Recalculate Claims:

In the main menu header, click **Claims** > **Recalculate**.

The Recalculate Claims page is displayed. Use the criteria explained in the following sections when determining what to calculate.



NOTE: You can also recalculate a claim directly from a claim's Claim Detail page. For information, see Recalculate a claim from Claim Detail.

Recalculate by Patient Account Number

You can calculate multiple accounts simultaneously by separating account numbers with a comma. If there are claims that match your criteria, a message informs you that the recalculation task was queued successfully. If no claims match your criteria, a message informs you that no claims met your selected criteria, and to try again.

To recalculate by account number:

1. In the **Recalculate Claims** tab, click the **Patient Account Number** option.
2. In the **Patient Account #** field, enter the account number.
3. From the **Claim Type** drop-down, select the type.
    - Institutional
    - Professional
    - All
4. From the **Claim Status** drop-down, select the status:
    - Live Claims Only
    - All
5. From the **Simulation** drop-down, select the simulation.
6. Click **Recalculate**.

Recalculate by Claim Number/UCRN

IMPORTANT: This option should only be used if you are using the system's Claim Number / UCRN feature.

If any claims match your criteria, a message displays that says the recalculation task was queued successfully. If no claims match your criteria, a message informs you that no claims met your selected criteria, and to try again.

To recalculate by Claim Number / UCRN:

1. In the **Recalculate Claims** tab, click the **Claim Number/UCRN** option.
2. In the **Claim #/UCRN** field, type the number.
3. Select the **Claim Type**:
    - Institutional

    - Professional

4. Select the **Claim Status**.
5. Select the **Simulation**.
6. Click **Recalculate**.

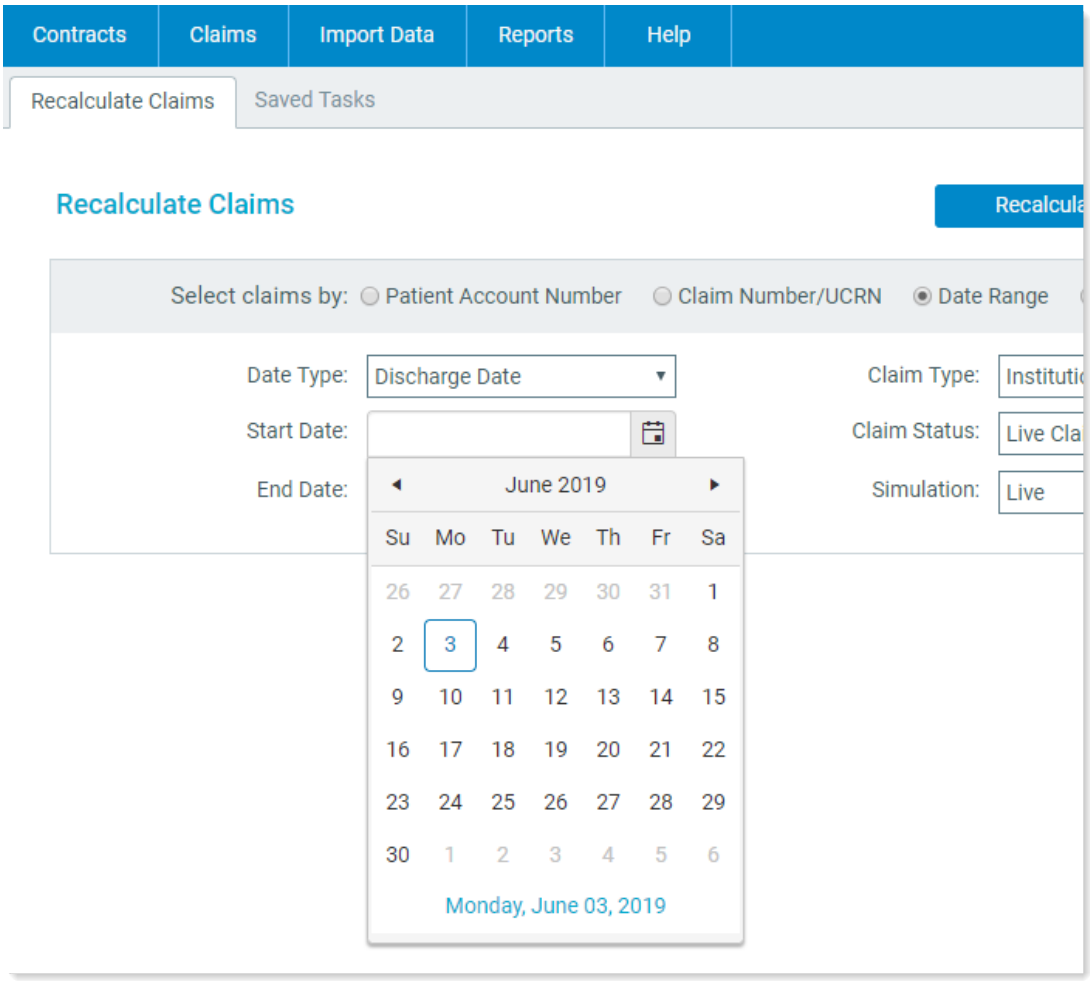
Recalculate by Date Range

The date range option allows you to select all claims that fall between a specific date range and recalculate them.

To recalculate by date range:

1. In the **Recalculate Claims** tab, click the **Date Range** option.
2. In the **Date Type** field, select the type of date:
    - **Discharge Date** – Date the account was discharged
    - **Admit Date** – Date the account was admitted
    - **Submission Date** – Date the bill was submitted to the payer for reimbursement
3. For the **Start Date** and **End Date** fields, select the desired dates.

    You can enter dates manually, or use the drop-down calendar. Clicking any date sets that as your start/end date.



4. Select the **Claim Type**:
   - Institutional
   - Professional
5. Select the **Claim Status**.
6. Select the **Simulation**.
7. Click **Recalculate**.

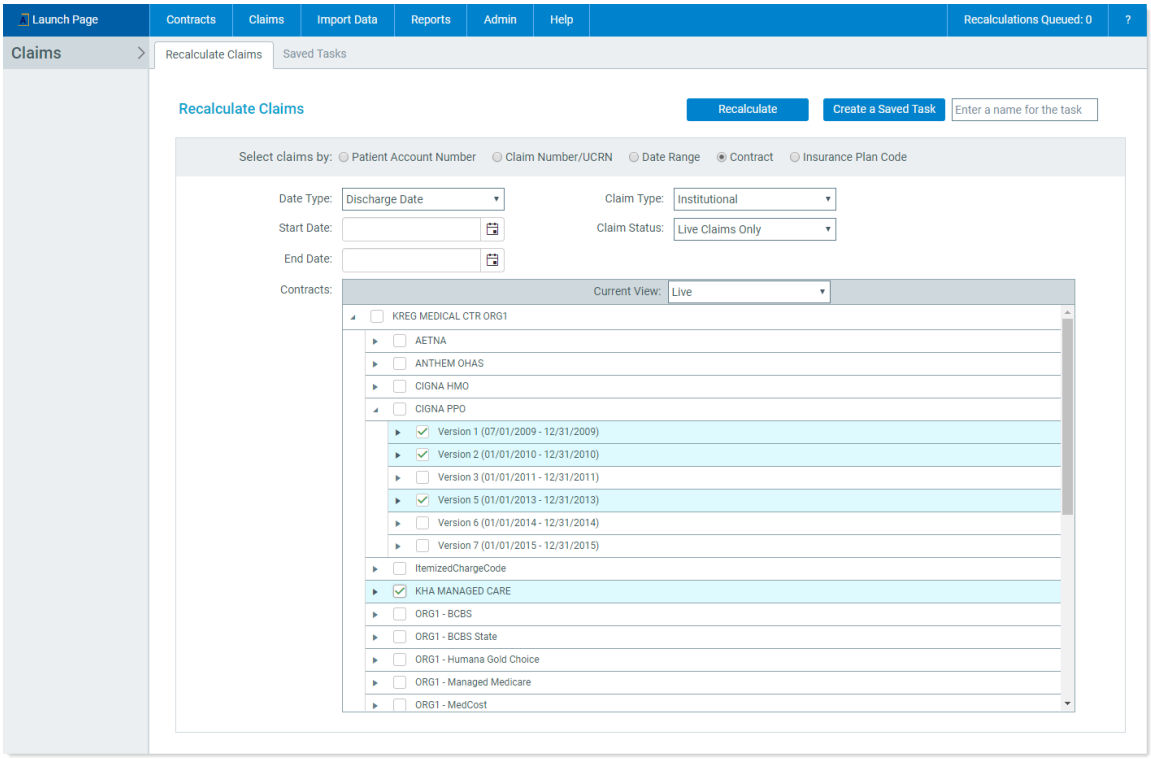
If there are claims that match your criteria, a message informs you that the recalculation task has been queued successfully. If no claims match your criteria, a message informs you that no claims met your selected criteria, and to try again.

Recalculate by Contract

Selecting the Contract option allows you to select whole contracts. Calculating by contract gives you added flexibility by allowing you to filter down into contracts, versions, or even to the provision level. For

example, to calculate only an outpatient provision of a contract, you can drill down to that provision and select it for recalculation.

In the following example, a user is recalculating provisions 1, 2, and 5 of their Cigna PPO contract, as well as their entire KHA Managed Care contract.



Notice that the Contract option also includes the same features as the Date Range selection window, allowing you to narrow your criteria even further.

To recalculate by contract:

1. In the **Recalculate Claims** tab, click the **Contract** option.
2. In the **Contracts** table, from the **Current View** drop-down, select the desired simulation.
3. Select the desired contract/version/provision to recalculate. You can select more than one.
4. In the **Date Range** section, enter the date range criteria (if you want to calculate the entire contract, then entering date information is not required).
5. In the **Enter a name for the task** field, type a name for this recalculation.
6. Click **Recalculate**.

If any claims match your criteria, a message informs you that the recalculation task was queued successfully. If no claims match your criteria, a message informs you that no claims met your selected criteria, and to try again.

Recalculate by Insurance Plan Code

This option allows you to calculate claims for a single insurance plan code instead of calculating all the insurance plan codes assigned to a contract version. For example, you can use this option when a new insurance plan code has been added to a version and you do not want to re-process an entire version and all plan codes, just the claims with the new code.

To recalculate by insurance plan code:

1. In the **Recalculate Claims** tab, click the **Insurance Plan Code** option.
2. In the **Date Type** field, select the type of date:
   - **Discharge Date** – Date the account was discharged
   - **Admit Date** – Date the account was admitted
   - **Submission Date** – Date the bill was submitted to the payer for reimbursement
3. For the **Start Date** and **End Date** fields, select the desired dates. You can enter dates manually, or use the drop-down calendar. Clicking any date sets that as your start/end date.
4. Select the **Claim Type**:
   - Institutional
   - Professional
5. In the **Claim Status** field, select whether to use Live claims or All.
6. In the **In. Plan Codes** table, do the following:
   a. In the **Current View** field, select the desired simulation.
   b. In the list of insurance plan codes, expand the organization and select the check box for the desired code. You can select as many codes as desired. You can also select the parent Org. code instead, which recalculates all claims that have that Org. code, including all the Payer codes associated with that Org code.
7. Click **Recalculate**.

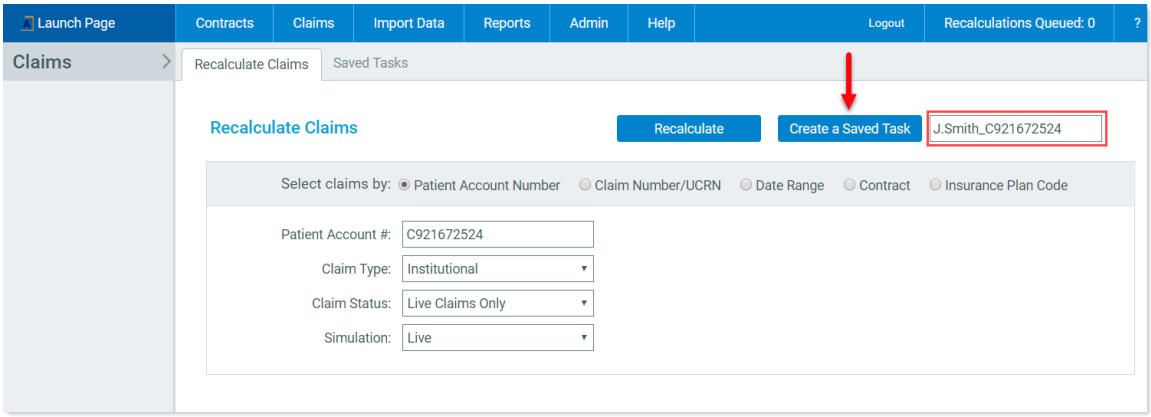
Save and schedule calculations

You can name and save calculation tasks and then schedule those tasks to run using the Axiom Scheduler. This feature is great for repetitive calculations or when you need to schedule a large calculation to run after hours or on a recurring, scheduled basis.

To save and schedule a calculation:

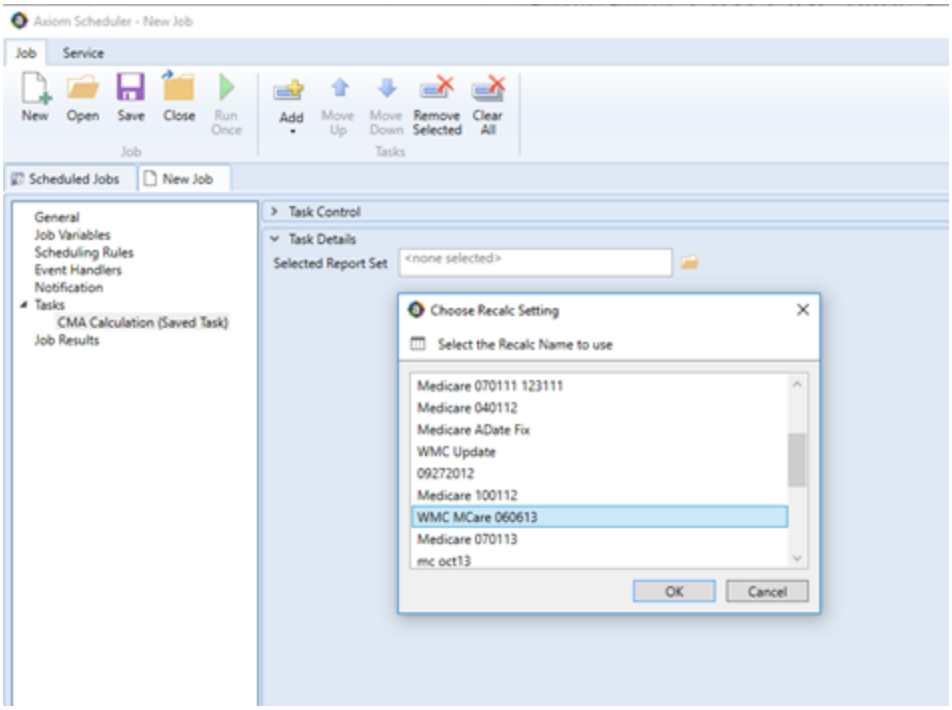
1. In the main menu header, click **Claims** > **Recalculate**.
2. In the **Recalculate Claims** tab, select the claim to calculate.
3. In the **Enter a name for the task** field, type a name for the recalculation.

4. Click **Create a Saved Task**.



5. In the Desktop Client, in the Explorer task pane, access the Scheduler at **Libraries** > **Scheduler Jobs Library** > **Contract Management**.

6. If needed, create a new job for the calculation. Please see Scheduler for more details regarding assigning and completing jobs and tasks using the Scheduler.



You can access and run your saved tasks.

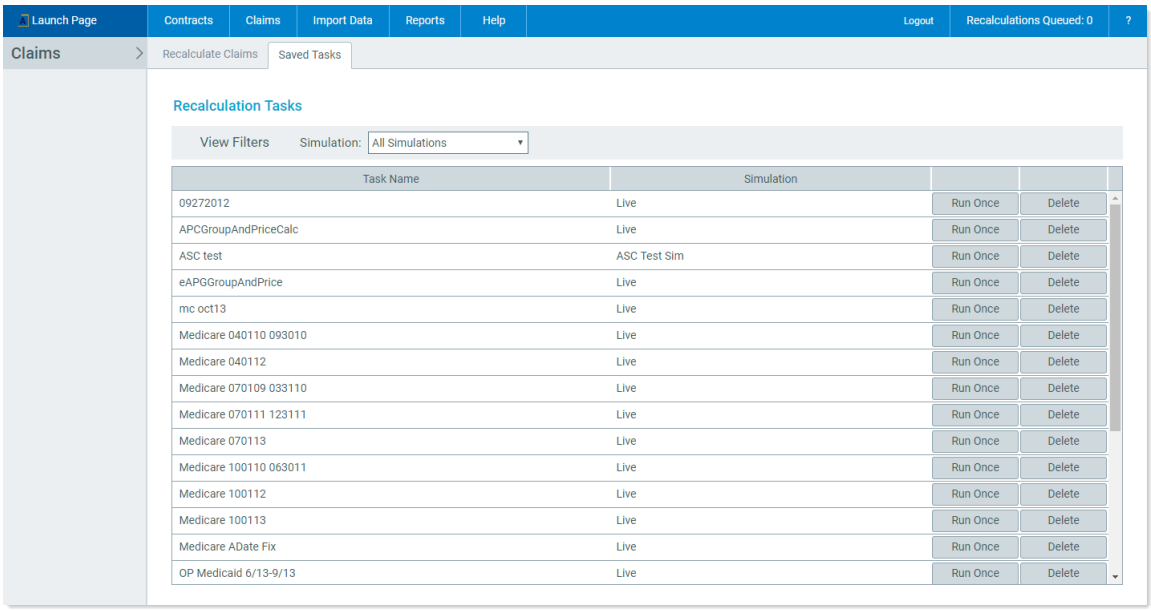
Run a saved recalculation task

You can rerun your saved recalculation tasks.

To run a recalculation task:

1. From the **Claims** menu, select **Recalculate**.
2. On the Claims page, click the **Saved Tasks** tab.

   The list of saved Recalculation Tasks displays all the saved tasks in all the simulations, by default.



3. If desired, from the **Simulation** drop-down, select the desired simulation to filter the list of tasks.
4. Locate the tasks to run and then, in the task row, click the **Run Once** button.

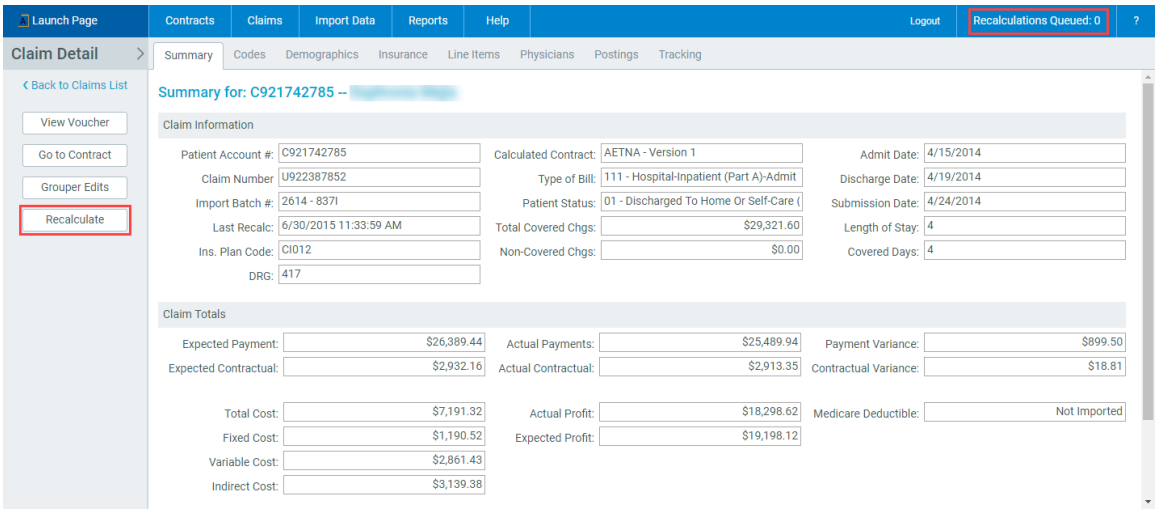
   A brief message displays that the task has been queued to run, and the “0” in the Recalculations Queued section changes to “1” (or the number of tasks you selected to run).
5. To delete a task, click the **Delete** button in the row for that task. In the confirmation dialog, click **OK**. A brief message displays that the task has been deleted.

Recalculate a claim from Claim Detail

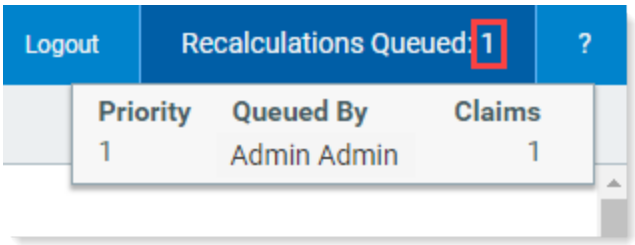
Users modeling contracts can now recalculate a claim from the Claim Detail page instead of using the Recalculate Claims page if they want to recalculate just the claim they are viewing. This feature allows you to recalculate a claim and then refresh the page to view the recalculation without having to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



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

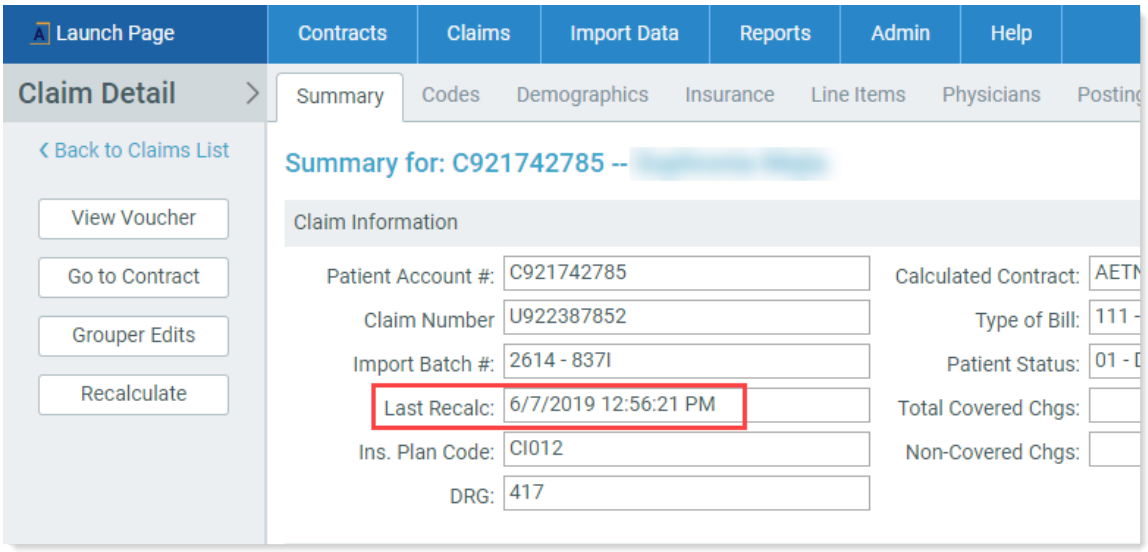


NOTE: If you already have recalculations waiting in the queue, or if other users have calculations waiting in the queue, the number is incremented. If you select another claim to recalculate before the first one is finished, the number increments again.

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.



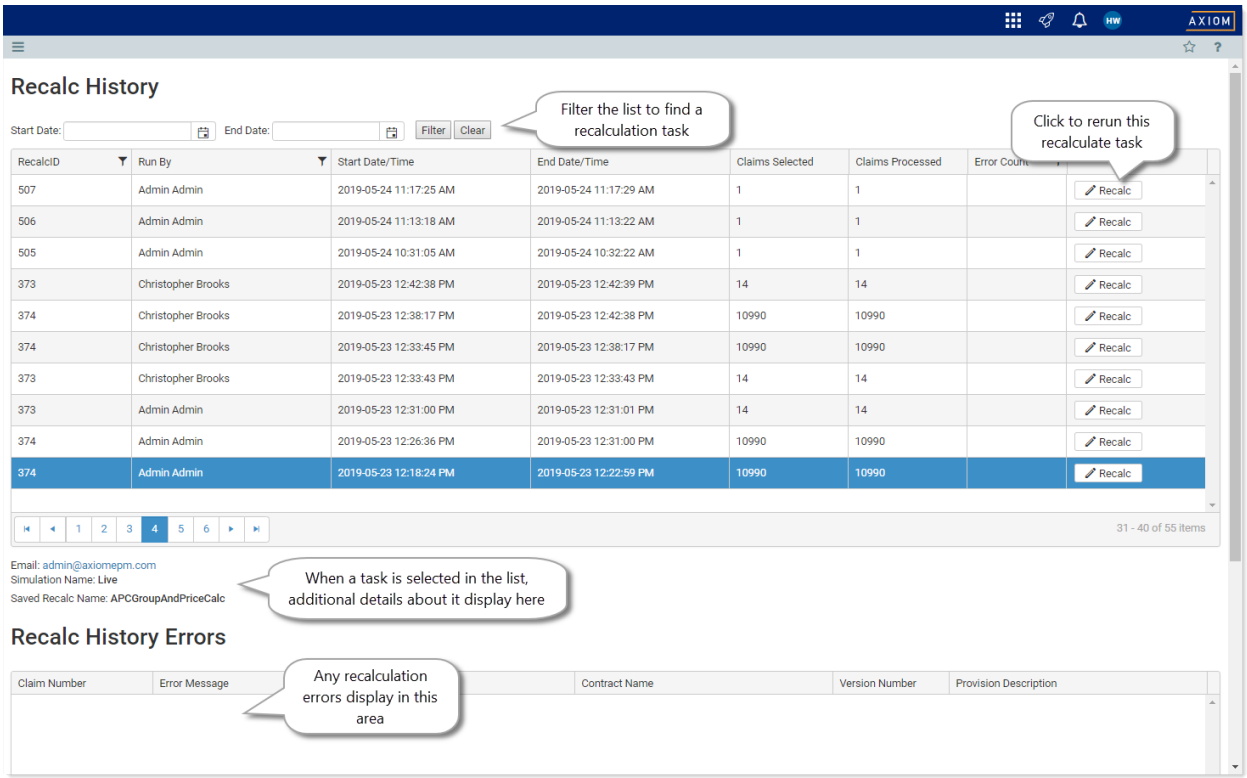
For additional recalculation options or to recalculate multiple claims, use the Recalculate Claims feature.

View claims recalculation history and rerun claims

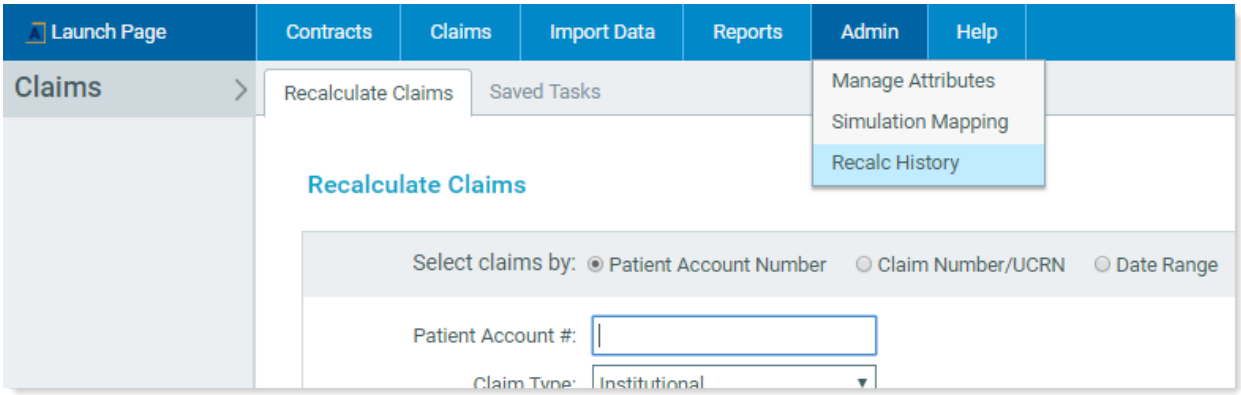
Administrators can access a history page for recalculated claims. The Recalc History page contains a log of all recalculated claims, whether recalculated in a batch or individually, and the ability to rerun any listed recalculation.

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



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



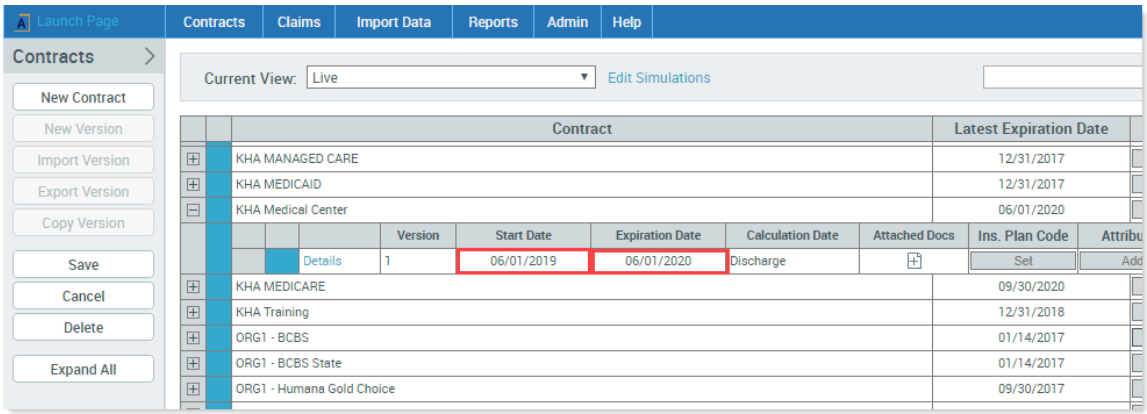
Verifying claims reimbursement calculation

Claims are automatically calculated during the nightly import process. However, there may be cases in which a claim does not calculate an expected reimbursement. Use the following list of checkpoints to ensure that claims are calculated properly, and to help you figure out why an expected reimbursement did not calculate as expected.

Claim calculation checkpoints

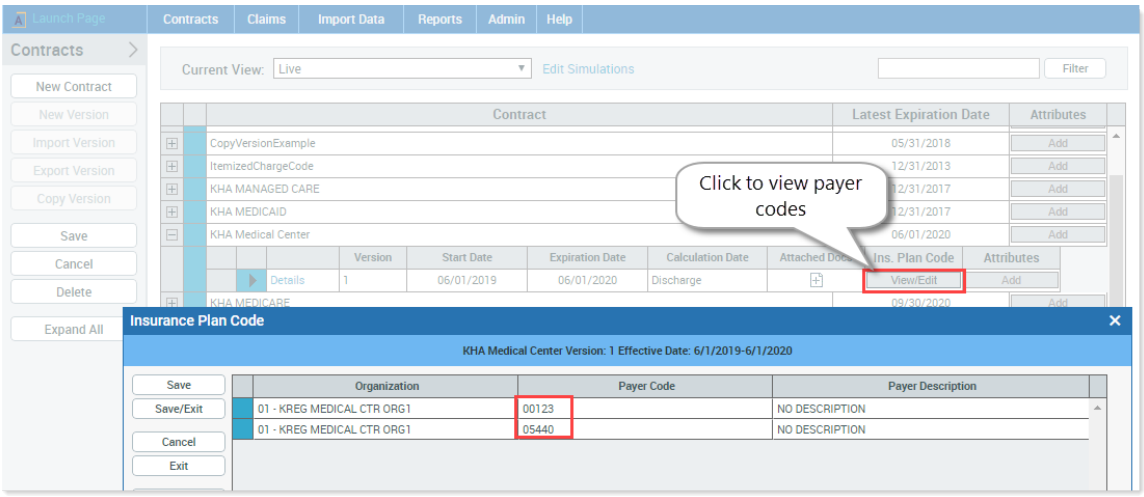
▶ Step 1: Verify that the claim dates fall within the contract version Start and Expiration dates

Navigate to the contract version and check the Start and Expiration dates. For a claim to calculate correctly against a contract version, the dates on the claim must fall within the contract version's date range, which is its active period.



▶ Step 2: Verify that the Payer Code on the claim matches a code assigned to the contract

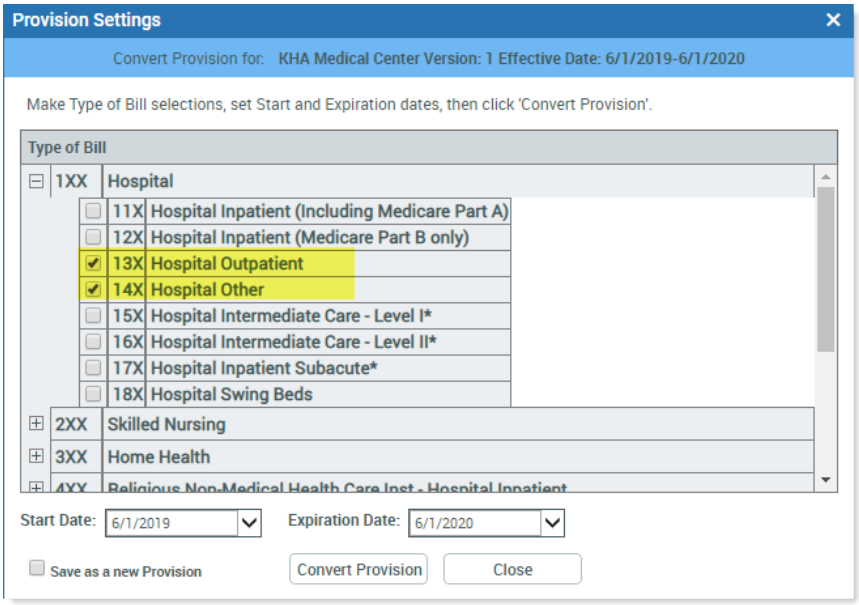
1. In **Ins. Plan Code** column of the contract version, click the **View/Edit** button.
2. In the **Insurance Plan Code** window, look in the Payer Code column and confirm that the claim insurance Payer Code is assigned to the contract:



Step 3: Verify that the Claim Bill Type is built into the contract version Provision

1. On the contract version row, click the **Details** link to go to the Provision page.
2. On the Provision page, select the desired provision by clicking the blue square at the beginning of the row. The row is highlighted light blue.

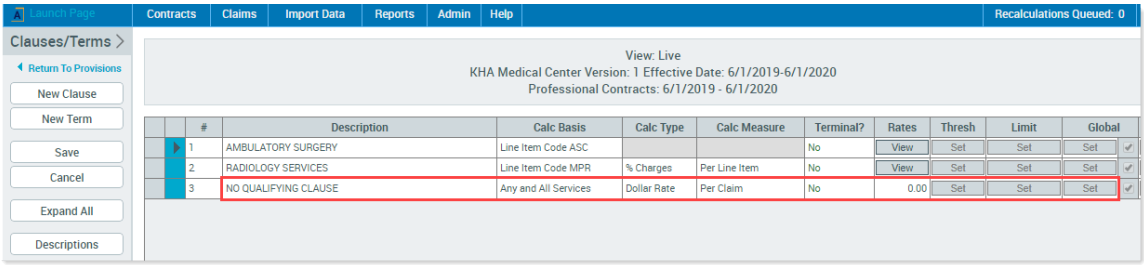
3. In the side menu, click **Convert**. The Provision Settings window opens, displaying the Types of Bill on the provision. You may need to expand the top category row to see the underlying bill types, as shown in the following example.



Step 4: Confirm that the claim has criteria that match the contract build

1. Review the claim and compare the criteria to verify that it matches the capture data specified on the contract clause/term.
2. Check that the contract also has a clause that captures non-reimbursable claims. In addition to criteria that catches reimbursable claims, each contract should have a final clause that captures non-reimbursable claims. Without a capture clause/term, the claim will not calculate expected

reimbursement. In the following example, a No Qualifying clause is used.



7

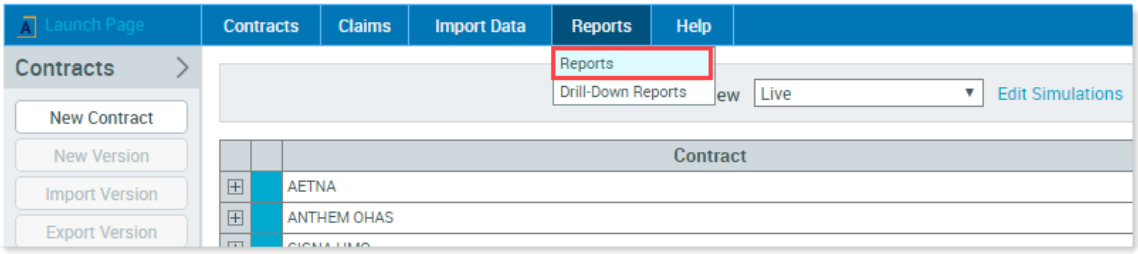
Working with Standard Reports

This chapter covers building a standard report.

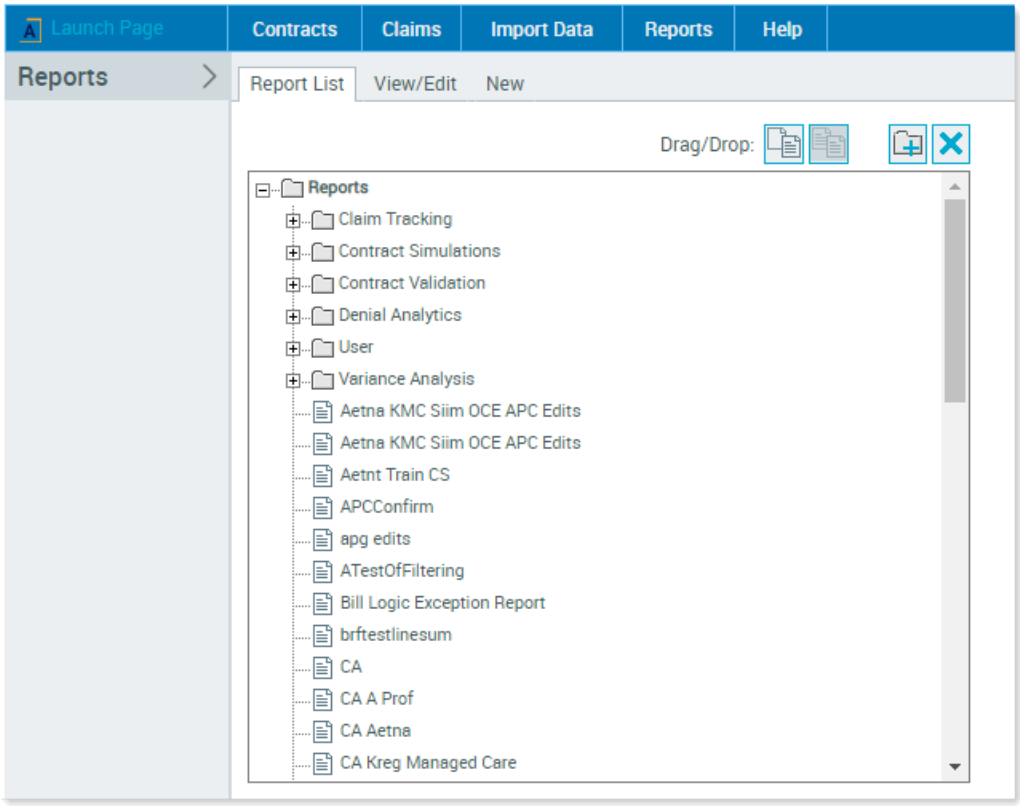
Access standard reports

Use these instructions to access standard reports in Axiom Contract Management.

1. In the main menu header, click **Reports** > **Reports**.



The Reports page opens to the Report List tab. All previously saved reports are located here.



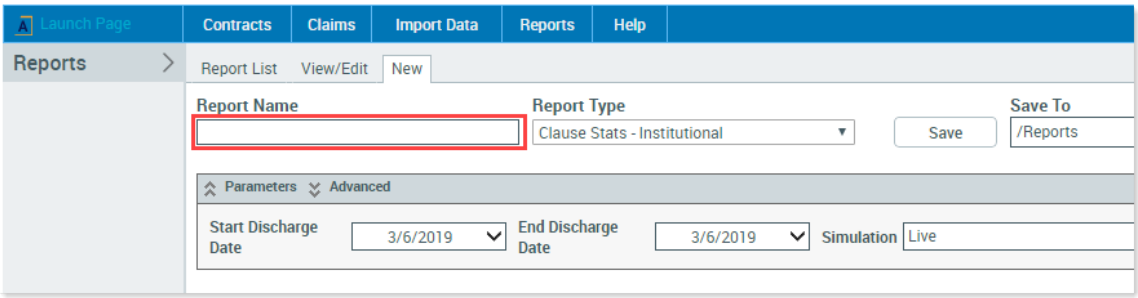
2. Do one of the following as desired:
   - To create a new report, click the **New** tab, and then follow the instructions in Create a new standard report.
   - To view an existing report, select the report from the list and then click the **View/Edit** tab.

Create a new standard report

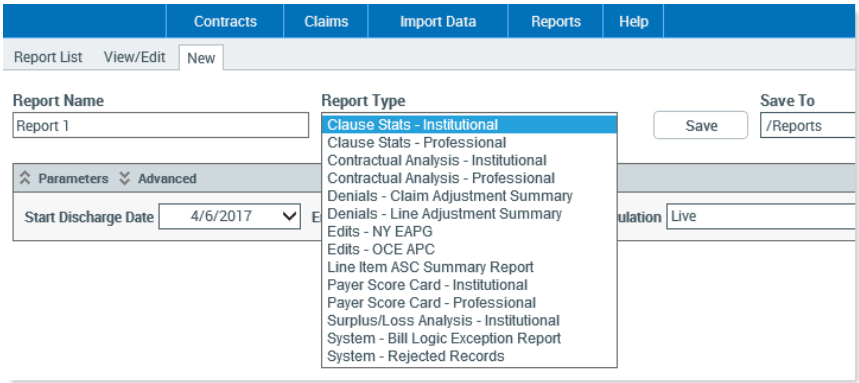
Use these instructions to create a new standard report.

To create a new report:

1. In the main menu header, click **Reports** > **Reports**.
2. Click the **New** tab.
3. In the **Report Name** field of the new report form, type a name for your report.



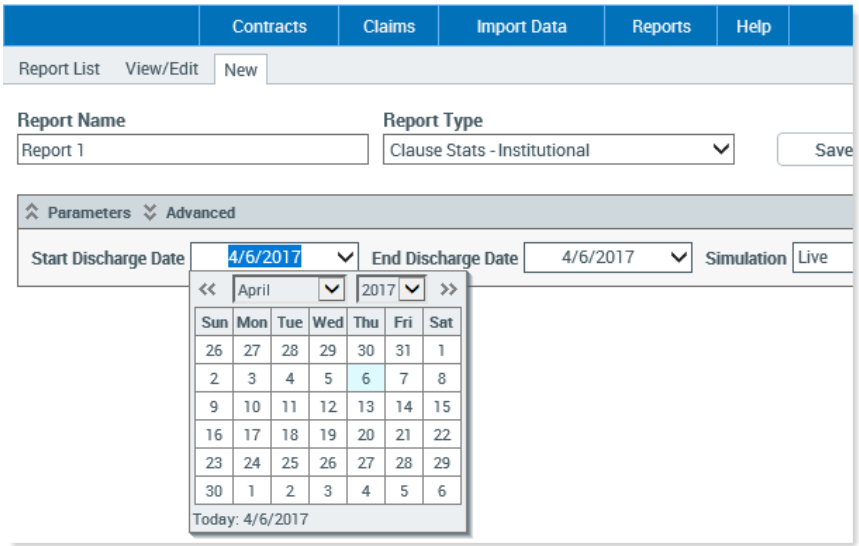
4. From the **Report Type** drop-down, select the type of report template to run.



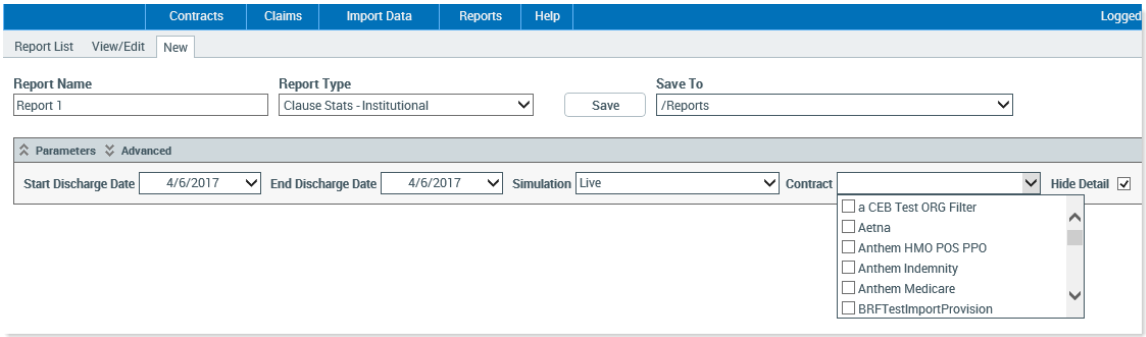
5. Select a report date range. The report parameters available depend on the selected report type. All reports have a date range parameter. You need to set a Start Date and an End Date for the report.

   a. In the **Start Date** field, click the drop-down and select a date from the calendar.

   b. In the **End Date** field, click the drop-down and select a date from the calendar.



6. If the type of report you are creating requires you to select a contract against which to run the report, from the **Contract** drop-down, select an existing contract.



7. If the type of report you are creating requires other parameters, these display in the Parameters section. Select any that apply to your report.
8. To add filters to your report, in the **Parameters** heading bar, click the arrows to the left of the **Advanced** button. Do one of the following:
   - From the **Filter** drop-down, select a filter.
   - Build a filter.
9. Click **Save**. The report generates.

View a standard report

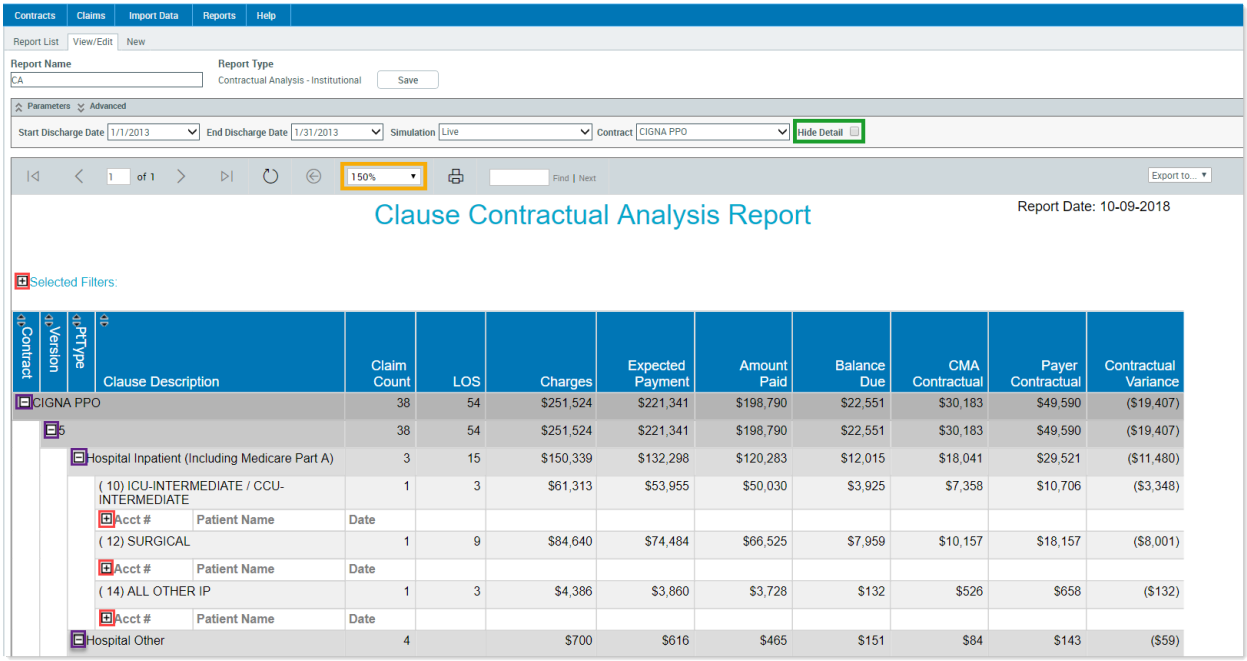
After the standard report is processed, the system displays the report in the Web Client. The initial view is the detailed view, meaning most of the rows are expanded, except for the most granular level; those usually are collapsed, with a boxed plus symbol to the left of the rows. Expanded rows have boxed minus symbols to the left.

To change the view of a report:

- To expand the details for an item, to the left of the item, click the plus symbol (+) (outlined in red in the following example).
- To access a claim from a report, expand the account row and then click the account number link.
- To view selected filters, on the left above the blue report column headings, click the plus symbol next to **Selected Filters**.

> **NOTE:** These are not the same as Advanced Filters.

- To hide report details, click the **Hide Detail** check box(outline in green in the example) and then click **Save**. Report details usually include the most granular level of detail in a report, such as individual claim level account numbers and patient account information.
- To change the size of the report on the page, select an option from the **Page Width** drop-down (outlined in orange in the following example).



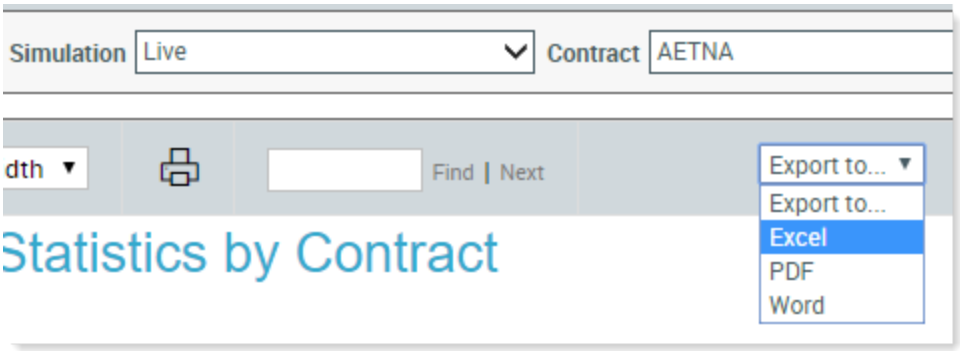
Report example

Export a standard report

Exporting reports to Microsoft Excel can be a useful tool for additional claim and data analysis. Exporting to Excel allows you to perform enhanced data sorts, comparisons, calculations, and edits.

To export a standard report to Excel:

1. Navigate to the desired report.
2. In the gray toolbar at the top of the report, click the **Export to** drop-down, and select **Excel**.

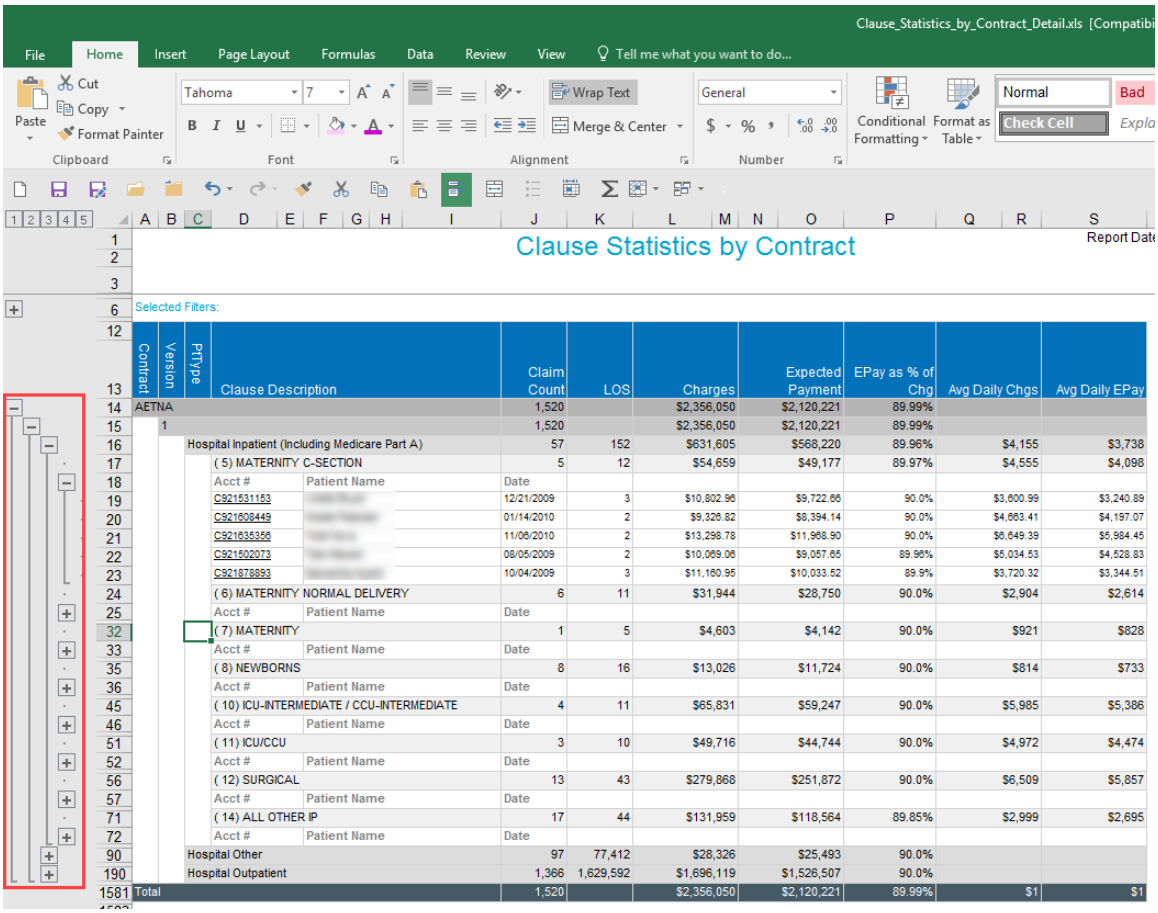


A Download button displays to the right of the export drop-down, which now displays as “Excel.”

3. Click **Download**. The Excel file name displays in the lower left corner of the page. Click the file to

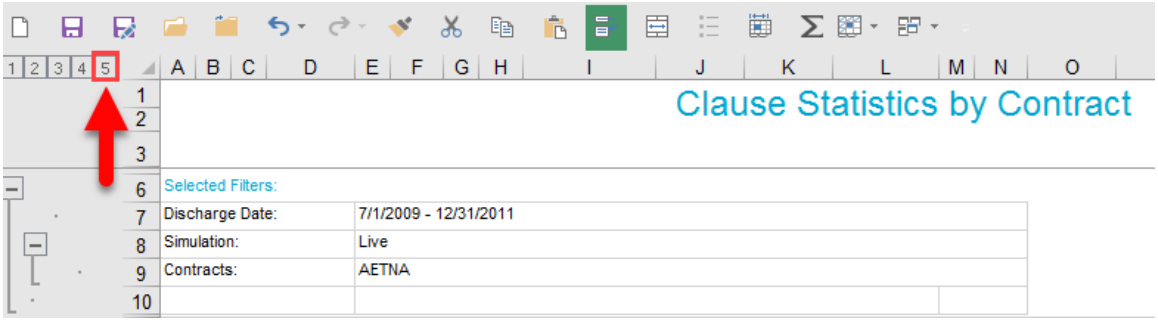
open it.

4. In Excel, you can expand report details similarly to the way you do in Axiom Contract Management: by clicking on the plus icon (+) to the left of an item.

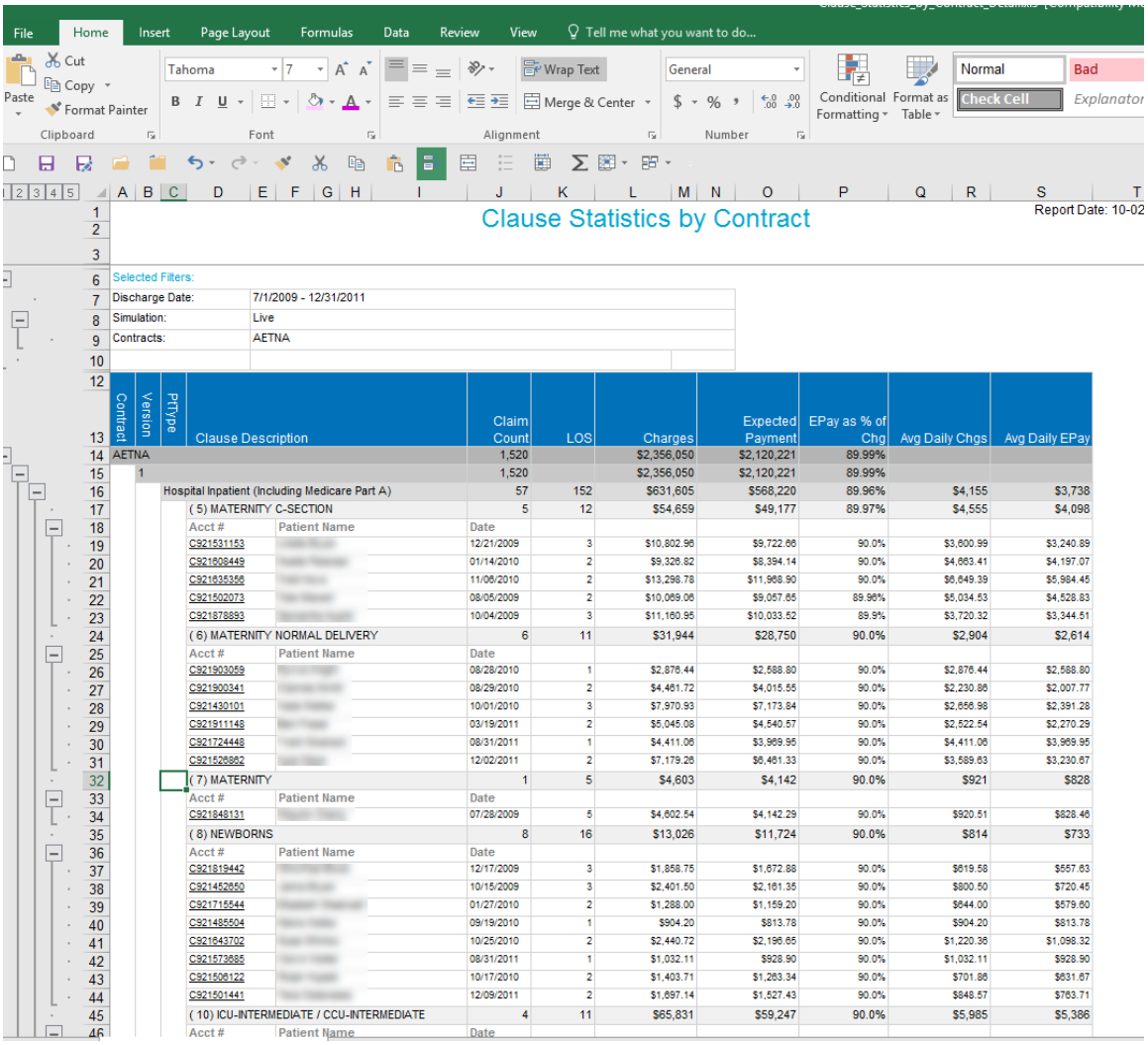


Example report with expanded filters

5. To expand all filters, click the number of highest value in the group that sits just above and to the left of cell A1.



Each greater number represents a deeper level of expansion. In the image below, number 5 has expanded the report down to the claim level.



Clause Statistics by Contract

Report Date: 10-02

Selected Filters:

Discharge Date:	7/1/2009 - 12/31/2011
Simulation:	Live
Contracts:	AETNA

Contract	Version	PIType	Clause Description	Claim Count	LOS	Charges	Expected Payment	EPay as % of Chg	Avg Daily Chgs	Avg Daily EPay
AETNA				1,520		$2,356,050	$2,120,221	89.99%		
	1			1,520		$2,356,050	$2,120,221	89.99%		
			Hospital Inpatient (Including Medicare Part A)	57	152	$631,605	$568,220	89.96%	$4,155	$3,738
			(5) MATERNITY C-SECTION	5	12	$54,659	$49,177	89.97%	$4,555	$4,098
			Acct # / Patient Name	Date						
			C921531153	12/21/2009	3	$10,802.96	$9,722.66	90.0%	$3,600.99	$3,240.89
			C921608449	01/14/2010	2	$9,326.82	$8,394.14	90.0%	$4,663.41	$4,197.07
			C921635356	11/06/2010	2	$13,298.78	$11,968.90	90.0%	$6,649.39	$5,984.45
			C921502073	08/05/2009	2	$10,069.06	$9,057.65	89.96%	$5,034.53	$4,528.83
			C921878893	10/04/2009	3	$11,160.95	$10,033.52	89.9%	$3,720.32	$3,344.51
			(6) MATERNITY NORMAL DELIVERY	6	11	$31,944	$28,750	90.0%	$2,904	$2,614
			Acct # / Patient Name	Date						
			C921903059	08/28/2010	1	$2,876.44	$2,588.80	90.0%	$2,876.44	$2,588.80
			C921900341	08/29/2010	2	$4,461.72	$4,015.55	90.0%	$2,230.86	$2,007.77
			C921430101	10/01/2010	3	$7,970.93	$7,173.84	90.0%	$2,656.98	$2,391.28
			C921911148	03/19/2011	2	$5,045.08	$4,540.57	90.0%	$2,522.54	$2,270.29
			C921724448	08/31/2011	1	$4,411.06	$3,969.95	90.0%	$4,411.06	$3,969.95
			C921526862	12/02/2011	2	$7,179.26	$6,461.33	90.0%	$3,589.63	$3,230.67
			(7) MATERNITY	1	5	$4,603	$4,142	90.0%	$921	$828
			Acct # / Patient Name	Date						
			C921848131	07/28/2009	5	$4,602.54	$4,142.29	90.0%	$920.51	$828.46
			(8) NEWBORNS	8	16	$13,026	$11,724	90.0%	$814	$733
			Acct # / Patient Name	Date						
			C921819442	12/17/2009	3	$1,858.75	$1,672.88	90.0%	$619.58	$557.63
			C921452650	10/15/2009	3	$2,401.50	$2,161.35	90.0%	$800.50	$720.45
			C921715544	01/27/2010	2	$1,288.00	$1,159.20	90.0%	$644.00	$579.60
			C921485504	09/19/2010	1	$904.20	$813.78	90.0%	$904.20	$813.78
			C921643702	10/25/2010	2	$2,440.72	$2,196.65	90.0%	$1,220.36	$1,098.32
			C921573685	08/31/2011	1	$1,032.11	$928.90	90.0%	$1,032.11	$928.90
			C921506122	10/17/2010	2	$1,403.71	$1,263.34	90.0%	$701.86	$631.67
			C921501441	12/09/2011	2	$1,697.14	$1,527.43	90.0%	$848.57	$763.71
			(10) ICU-INTERMEDIATE / CCU-INTERMEDIATE	4	11	$65,831	$59,247	90.0%	$5,985	$5,386
			Acct # / Patient Name	Date						

Example of fully expanded report

Edit or delete a standard report

Use these instructions to modify and save an existing standard report, or to delete a standard report. You can make changes incrementally if you want, by saving the report after each parameter change.

These instructions are generalized; not all reports contain the report parameters used in these instructions, and some reports contain parameters not mentioned here.

NOTE: You cannot change a report's type.

To modify a standard report:

1. In the **Report List** tab on the **Reports** page, click the report to edit and then click the **View/Edit**

tab.

2. To change the report name, in the **Report Name** field, type a new name.
3. To change a date parameter, expand the **Parameters** section if needed, and then select a new date range from the start and end date drop-downs.
4. To change the report's simulation, in the **Simulation** drop-down of the Parameters section, select a different simulation.

   NOTE: If you change the simulation, you may be required to change the contract as well, since contracts are simulation specific.

5. To change the contract, in the **Contract** drop-down of the Parameters section, select the desired contract.
6. To add a filter to the report:
   a. Click the arrows to the left of the **Advanced** button to open the Advanced parameters.
   b. From the **Filter** drop-down, select the desired filter.
7. Click **Save**.

To delete a standard report:

1. In the **Report List** tab on the Reports page, right-click the desired report and select **Delete**.
2. In the confirmation dialog, click **OK** to delete the report.

Run APC and eAPG Edits Reports in any simulation

You can 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**
   - For APC, **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**.

   The report generates.

8

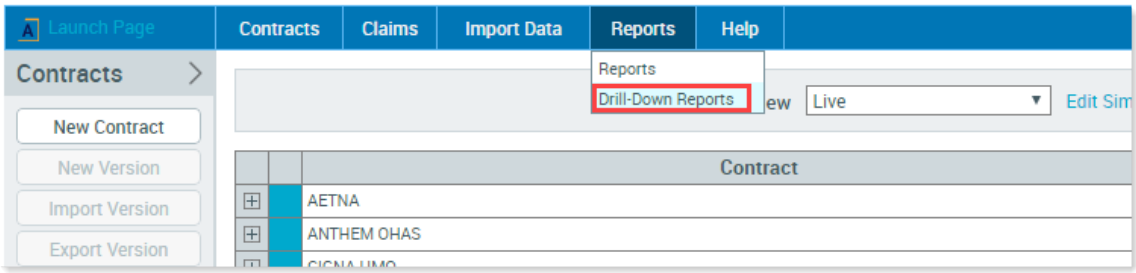
Working with drill-down reports

Axiom Contract Management's drill-down reporting feature enables you to create multi-level, complex reports with expandable / contractible sections. Drill-down reports are interactive and highly modifiable. After generating a report, you can sort and rearrange columns, add or delete additional rows or columns, apply or remove filters, etc.

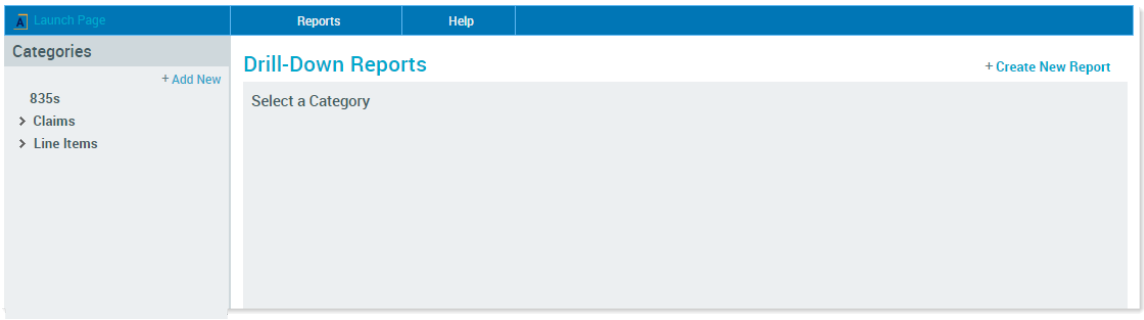
Accessing drill-down reports

To access Drill-Down Reports:

- In the main menu header, click **Reports** > **Drill-Down Reports**.

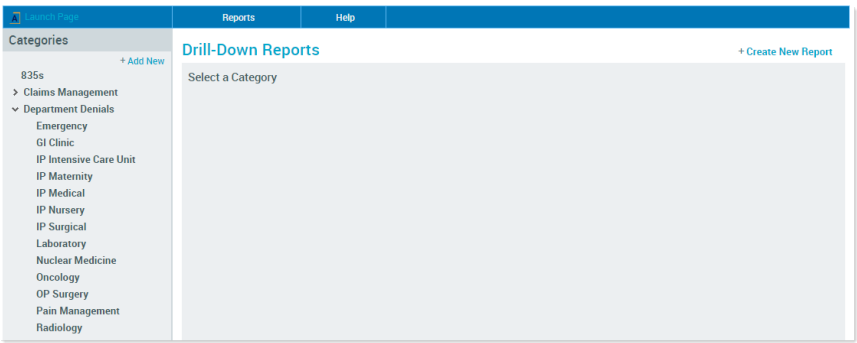


Drill-Down Reports opens in a new browser tab. To get started, see Organizing drill-down reports.



Organizing drill-down reports

The initial page displays your organization's drill-down report folder structure that stores all previously saved reports. From this page, you can add a new folder to the structure, search for and open a saved report, or click **Create New Report** to access the report builder.



Drill-down reports page example

The system comes with the following folders:

- Claims
- Line Items
- 835s

You can add and delete folders, and create additional subfolders as desired.

IMPORTANT: Be aware that when you make a change to any of the folders, it affects all users.

This initial set-up categorizes reports by type of report. Other options may be User Name or Department. How facilities use the folder structure is up to them.

Add report folders

First determine whether the new folder should be for a new category or a subcategory.

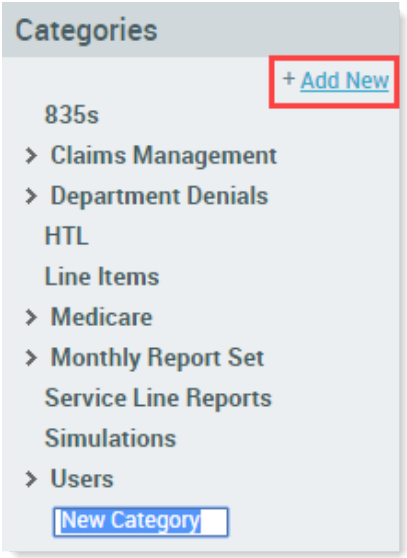
To add a new category folder:

1. In the **Categories** panel on the left, click **+Add New**.

   This creates a new folder named New Category# that you can rename.

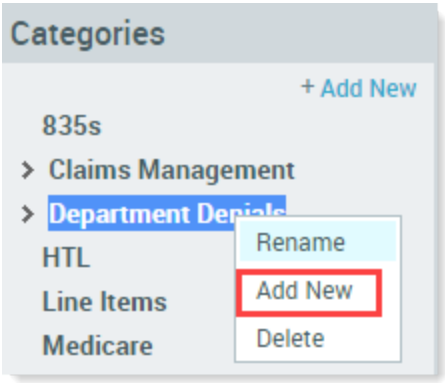
2. Rename the new category and then press **Enter**.

   The new folder sorts alphabetically into the structure.



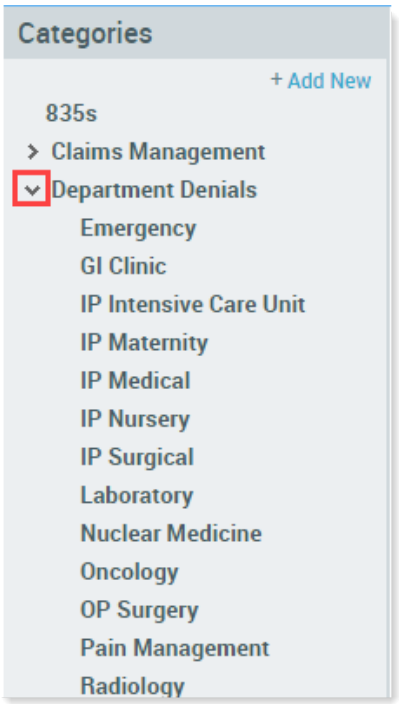
To add a new subcategory folder:

1. In the list of categories, right-click the existing category, and select **Add New**.



2. Rename the subcategory, and press **Enter**.

   If a category has subcategories, an arrow icon (>) displays to the left of the Category name. To display all subcategories, click the arrow.



Edit or delete report folders

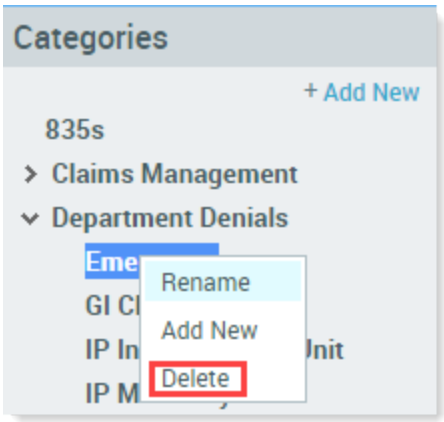
You can rename or delete report categories and subcategories.

To rename a category or subcategory:

1. Right-click the category, and select **Rename**.
2. Change the name, and then press **Enter**.

To delete a category or subcategory:

1. Right-click the category, and select **Delete**.



2. In the confirmation dialog, click **OK**.

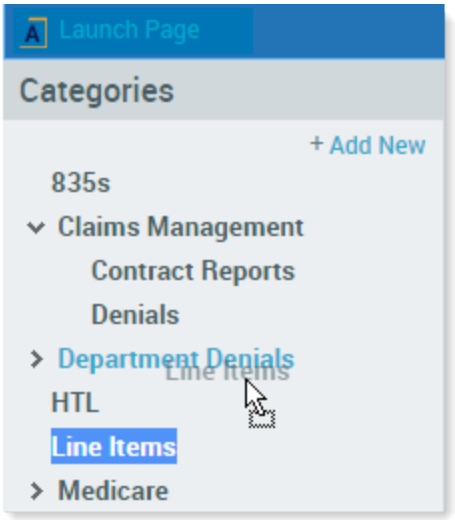
Edit the folder structure

You can rearrange folders and subfolders by dragging and dropping them to new locations. You can move reports within folders the same way. Just keep in mind that any changes you make to a folder's structure or contents affects all users.

To move a folder to a different category folder:

- Drag a folder or subfolder to another category folder. Release the mouse button when the destination folder name changes color.

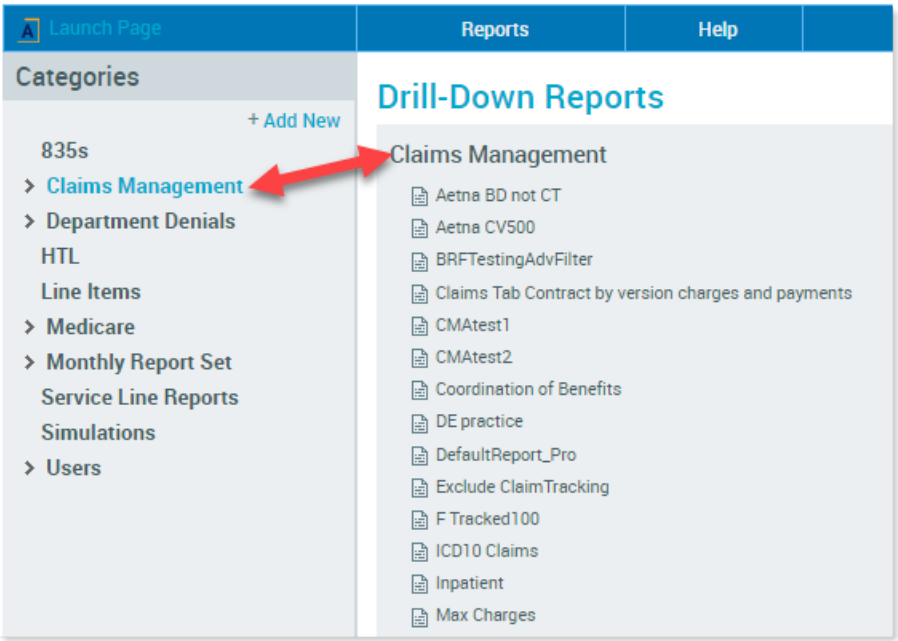
  In the following example, the user drags the Line Items folder to the Department Denials folder.



View the list of reports in a folder

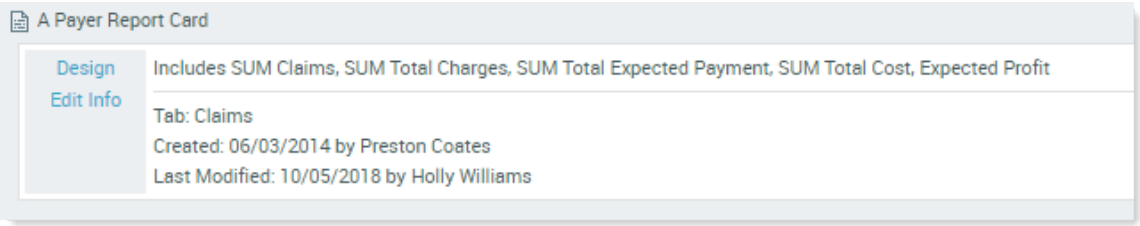
To see the reports saved in folders:

1. Click the folder name. The reports display in the right pane under the name of the folder.



2. To view summary details about a report, click the report name.

   An information box displays just below the report name, showing more details about the report, including the dates the report was created and last modified, the name of the user who modified it, and any notes that were added when the report was saved.



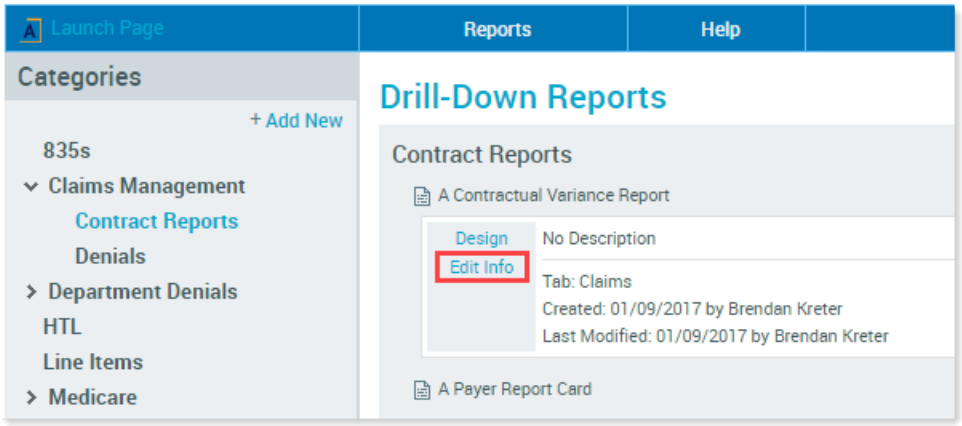
3. To close the summary details box, click the name of the report again.

Edit report summary information

In addition to viewing report summary information, you can edit the report name, description, and folder location.

To edit report summary information:

1. To modify the report name, description, or folder location, on the left of the description, click **Edit info**.



2. In the **Update Report Detail** dialog, edit the desired information, and then click **Save**.

Configuring drill-down reports

When you view a report with the Columns panel open, the Groupings and Measures tabs display on the left side of the page. (By default, opened reports initially display with the Columns panel closed.)

Report shown in flat view

These tabs contain all of the data elements available for building reports. When building a report, always select at least one item from Groupings and at least one item from Measures.

Organizing groupings and measures

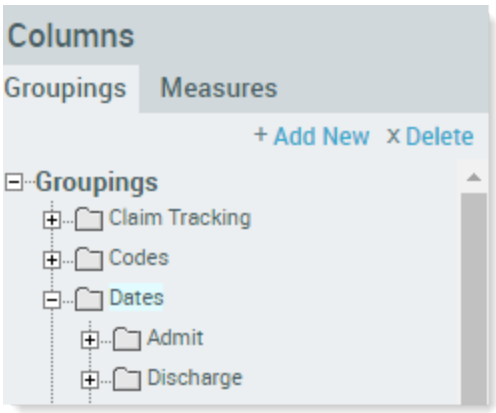
When organizing groupings and measures, you can use the provided folder structure or create your own. You can customize the tabs by adding, deleting, and rearranging folders to organize the groupings and measures data elements as you wish. The folder structure built by one user has no effect on any other user, nor does how you choose to organize the data elements. However, data elements remain within their designated tab, Groupings or Measures, and sort alphabetically within their folder. Measures sort alphabetically first by standard measures, then by calculated fields.

To create a new folder:

1. Determine where the folder should be created.
   - To create a main folder, click **Groupings** (or **Measures**), and then click **Add New**.
   - To create a subfolder, first click the main folder, and then click **Add New**.

     A new folder displays, prompting you to name it.
2. Type in the name and press **Enter**.

   In the following image, Dates is a main folder containing two subfolders: Admit and Discharge.



To delete a folder:

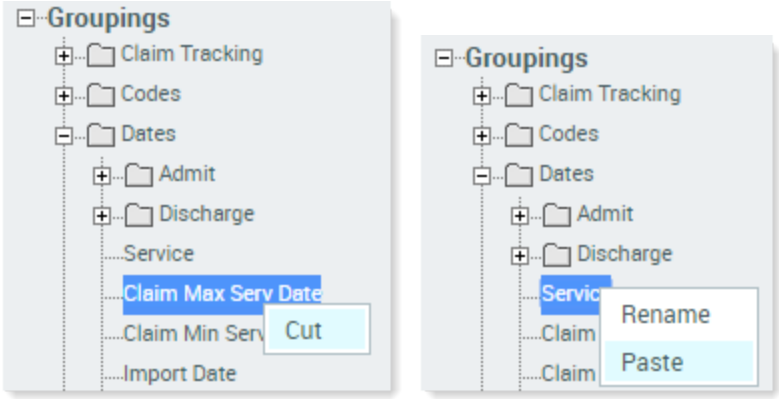
1. Click the selected folder.
2. At the top of the tab, click **Delete**.
3. In the confirmation dialog, click **OK**.

> **NOTE:** You cannot delete a folder with contents. Delete or move the folder's contents and then delete the folder.

To move data elements between folders, do either of the following:

- Drag-and-drop the data element from its current location to the new folder.

- Right-click the data element, and click **Cut**. Then right-click on the new folder location, and click **Paste** to move the data element.

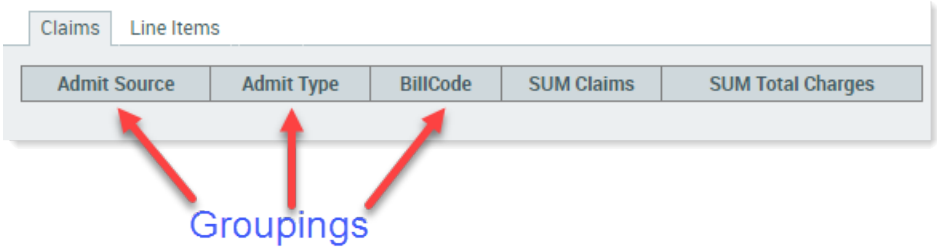


About drill-down report fields

The following fields are used in drill-down reports.

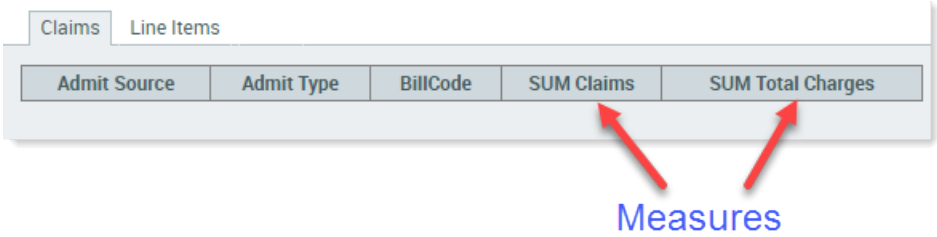
Groupings

These fields display as a grouping of rows in the report, in column format. All information requested in the report is totaled by the selected Grouping. In a report, the first grouping displays as the first column. Any additional groupings selected are a subgroup of the first grouping picked.

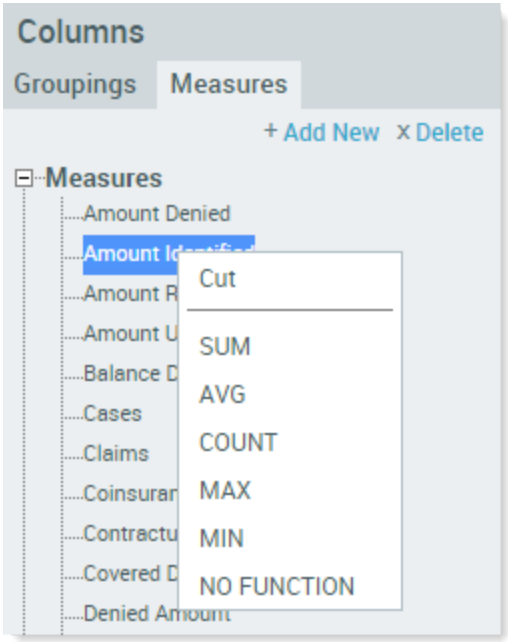


Measures

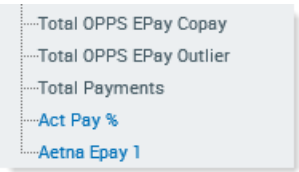
These fields display as columns in the report.



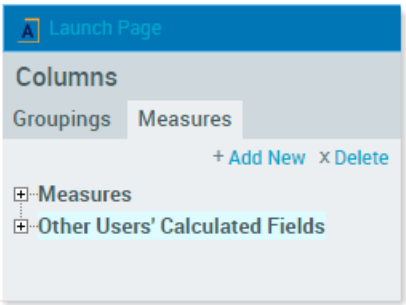
Three main functions are available to calculate a measure: sum, average, and count. You can also choose to display the maximum or minimum value for the field.



Measure names displayed in black text are standard measures in the system. Measure names in blue text are user-defined calculated fields, as shown in the following example.



Calculated fields are listed alphabetically beneath the standard measures in the folder they are saved in. You automatically see calculated fields in your display. Calculated fields created by other users default to the folder “Other Users’ Calculated Fields,” which is a subfolder of Measures.

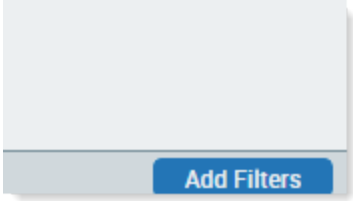


Calculated fields are used to create custom measures in the system. For instructions on creating calculated fields, see Add calculated fields to a report in Building reports.

Add Filters

Use the Add Filters button to select specific criteria from the database to incorporate into a report. Note that a filter is not required to run a report. However, if no filters are applied, the entire database is queried.

The Add Filters button displays on the bottom right of the page when you open a drill-down report or edit or create a drill-down report.

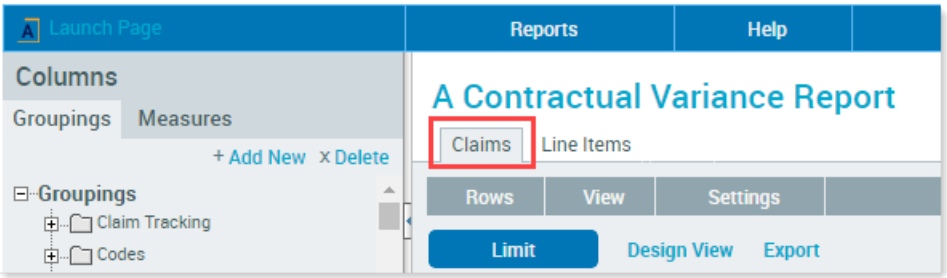


See the report building example in Building reports for details on applying filters.

Claims tab

The Claims tab pertains to all information found on a claim. This information is only available for claims filed and subsequently imported into Axiom Contract Management. The available Groupings and Measures are provided in the Columns panel on the left side of the page.

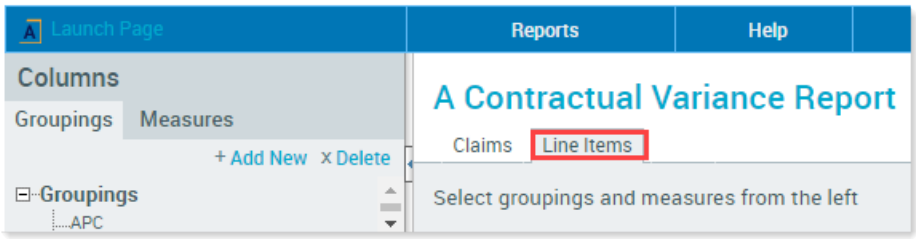
Use the Claims tab to report claim and contract information. You can generate reports to analyze actual contract performance as well as expected profitability using expected payment information. You can generate Detailed Tracking Reports to track underpayment recoveries by payer.



Line Items tab

The Line Items tab provides details from the claim form at the line item level. Only patients whose claims were filed and subsequently imported into Axiom Contract Management are available. The available Groupings and Measures are listed in the Columns panel on the left side of the page.

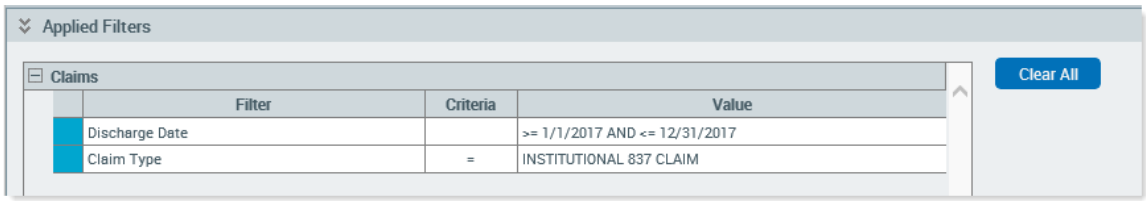
Use the Line Items tab to report on data at the line item level, including Revenue Code, Service Date, and Quantity detail.



Applied Filters

The Applied Filters button is located at the bottom left of the page. The Applied Filters window displays all of the filters applied to the current report.

- To display all the filters from the Claims, Line Items, and 835 Tabs that you selected to apply to the current report (see the following example), click the up arrows on the **Applied Filters** button.



- To delete a single filter, click to the left of the value, and press the **Delete** key.
- To remove all filters, click **Clear All** on the right of the page. If no filters are attached to a report, the system will search the entire database for results.

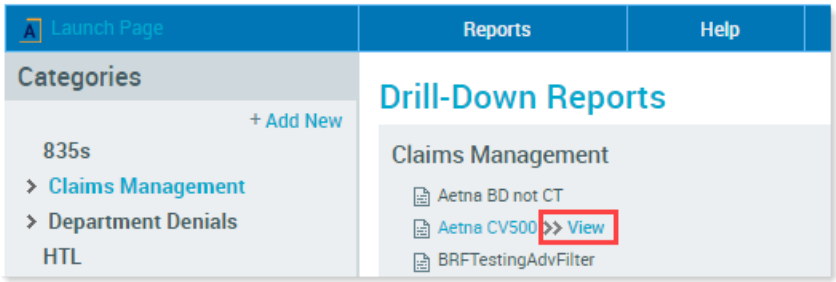
Viewing drill-down reports

All saved reports are available when you first open Drill-Down Reports. The Category section on the left side of the page contains the folders in which saved reports are stored.

Open a saved report

To open a saved report:

1. In the **Categories** panel, click the folder where the report is stored.
2. Hover your cursor over the report name, and click **View**.



The report generates and opens.

After generating the report, you can edit it, change the design view, or export it to Excel. Building and editing reports is covered in Building reports.

3. When finished viewing the report, to return to the main Drill-Down Reports page, in the menu bar, click **Reports** > **Open**.

To open a saved report while working elsewhere in Drill-Down Reports:

1. In the menu bar at the top of the page, click **Reports** > **Open**.

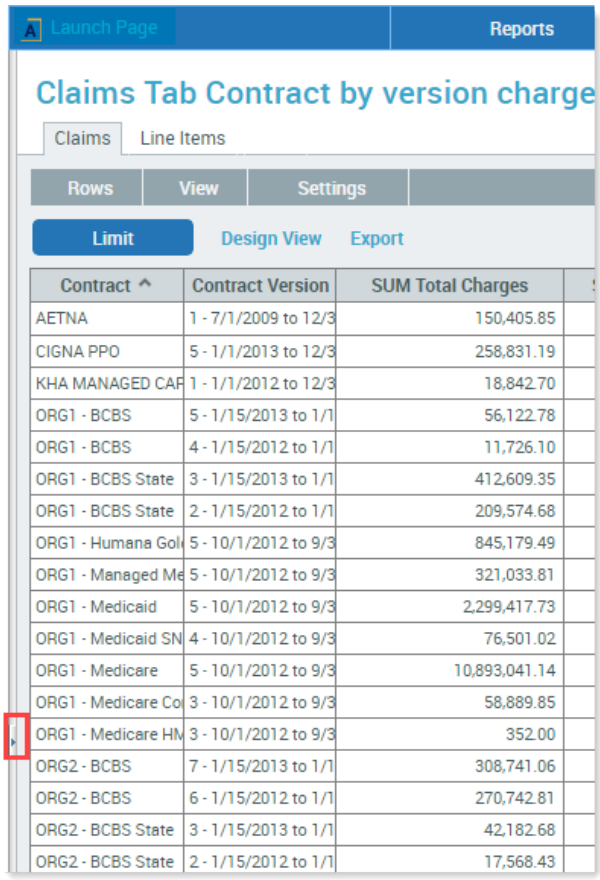
   You are taken back to the Drill-Down Reports opening page.

2. Click the folder in which the report is stored.
3. Hover your cursor over the name of the report, and click **View**.

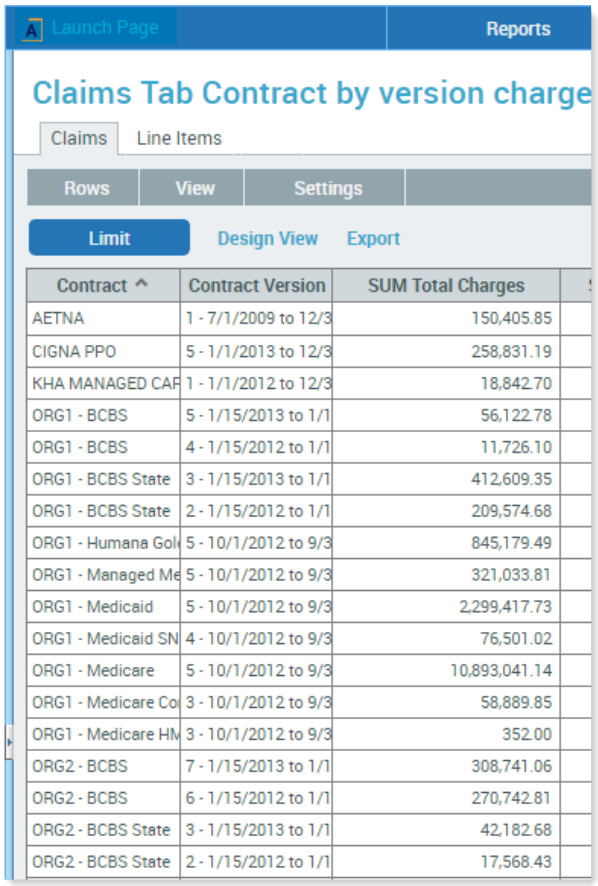
Open and close the Columns panel

When you open a saved report, the system generates the report and displays the results using the full page. In this view, you do not see the Groupings and Measures tabs in the Columns panel because the panel is minimized.

To maximize the panel, click the arrow to the left of the results. In the following images, the one on the right shows the bar the arrow resides on in blue. You can click anywhere on this bar to maximize and minimize Columns panel.

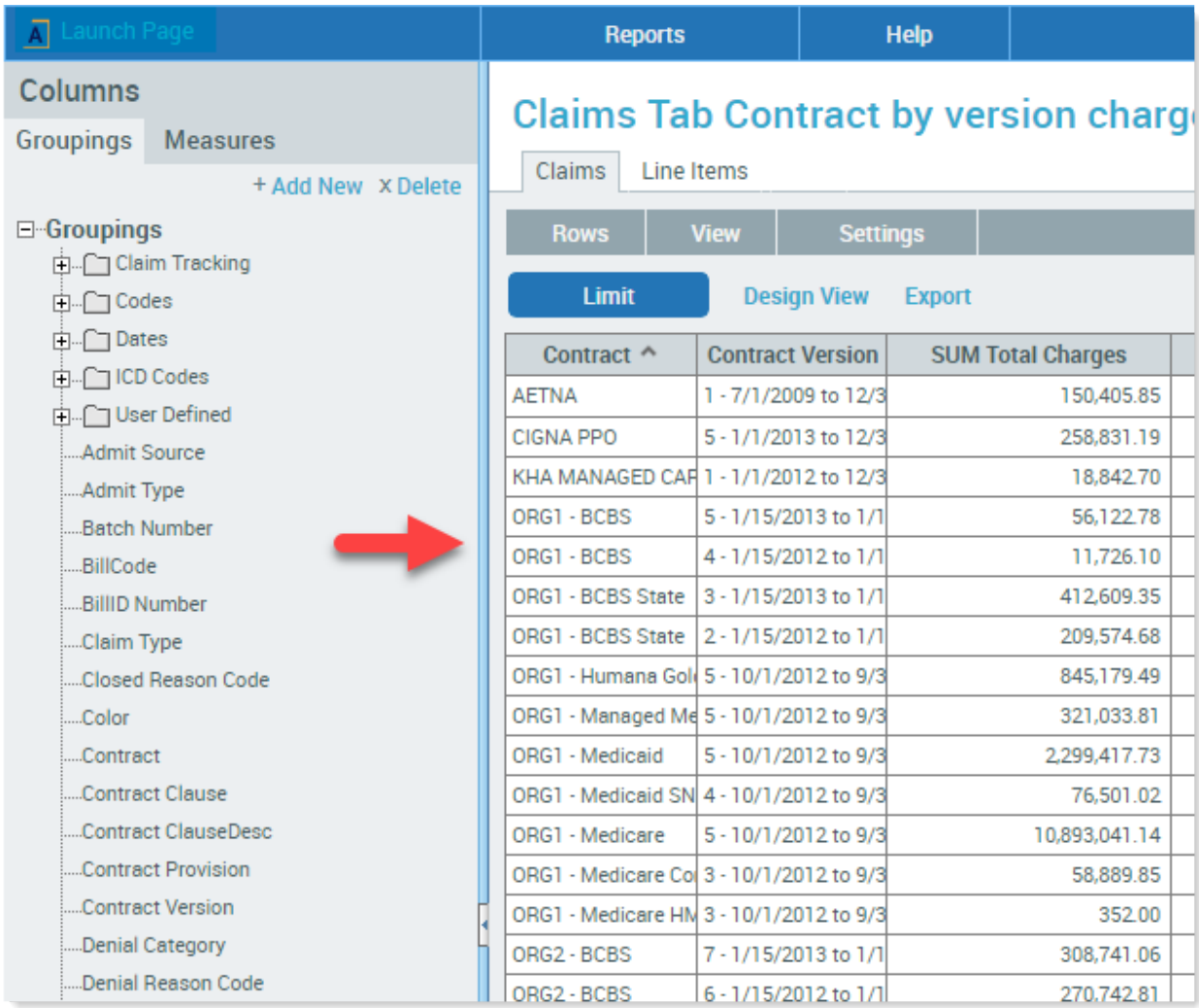


Contract	Contract Version	SUM Total Charges
AETNA	1 - 7/1/2009 to 12/3	150,405.85
CIGNA PPO	5 - 1/1/2013 to 12/3	258,831.19
KHA MANAGED CAF	1 - 1/1/2012 to 12/3	18,842.70
ORG1 - BCBS	5 - 1/15/2013 to 1/1	56,122.78
ORG1 - BCBS	4 - 1/15/2012 to 1/1	11,726.10
ORG1 - BCBS State	3 - 1/15/2013 to 1/1	412,609.35
ORG1 - BCBS State	2 - 1/15/2012 to 1/1	209,574.68
ORG1 - Humana Gol	5 - 10/1/2012 to 9/3	845,179.49
ORG1 - Managed Me	5 - 10/1/2012 to 9/3	321,033.81
ORG1 - Medicaid	5 - 10/1/2012 to 9/3	2,299,417.73
ORG1 - Medicaid SN	4 - 10/1/2012 to 9/3	76,501.02
ORG1 - Medicare	5 - 10/1/2012 to 9/3	10,893,041.14
ORG1 - Medicare Co	3 - 10/1/2012 to 9/3	58,889.85
ORG1 - Medicare HM	3 - 10/1/2012 to 9/3	352.00
ORG2 - BCBS	7 - 1/15/2013 to 1/1	308,741.06
ORG2 - BCBS	6 - 1/15/2012 to 1/1	270,742.81
ORG2 - BCBS State	3 - 1/15/2013 to 1/1	42,182.68
ORG2 - BCBS State	2 - 1/15/2012 to 1/1	17,568.43



Contract	Contract Version	SUM Total Charges
AETNA	1 - 7/1/2009 to 12/3	150,405.85
CIGNA PPO	5 - 1/1/2013 to 12/3	258,831.19
KHA MANAGED CAF	1 - 1/1/2012 to 12/3	18,842.70
ORG1 - BCBS	5 - 1/15/2013 to 1/1	56,122.78
ORG1 - BCBS	4 - 1/15/2012 to 1/1	11,726.10
ORG1 - BCBS State	3 - 1/15/2013 to 1/1	412,609.35
ORG1 - BCBS State	2 - 1/15/2012 to 1/1	209,574.68
ORG1 - Humana Gol	5 - 10/1/2012 to 9/3	845,179.49
ORG1 - Managed Me	5 - 10/1/2012 to 9/3	321,033.81
ORG1 - Medicaid	5 - 10/1/2012 to 9/3	2,299,417.73
ORG1 - Medicaid SN	4 - 10/1/2012 to 9/3	76,501.02
ORG1 - Medicare	5 - 10/1/2012 to 9/3	10,893,041.14
ORG1 - Medicare Co	3 - 10/1/2012 to 9/3	58,889.85
ORG1 - Medicare HM	3 - 10/1/2012 to 9/3	352.00
ORG2 - BCBS	7 - 1/15/2013 to 1/1	308,741.06
ORG2 - BCBS	6 - 1/15/2012 to 1/1	270,742.81
ORG2 - BCBS State	3 - 1/15/2013 to 1/1	42,182.68
ORG2 - BCBS State	2 - 1/15/2012 to 1/1	17,568.43

Likewise, while working with a report, you can minimize the Columns panel by clicking on the same bar, as shown in the following example.



Building drill-down reports

Use the New Report page in Drill-Down Reports to create new drill-down reports. To update existing reports, see Editing and filtering drill-down reports.

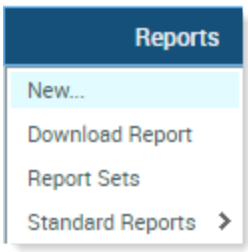
Build a new drill-down report

Use these instructions for building a new drill-down report. Creating a report that has filters, and saving it in the drill-down interface, saves the advanced filter.

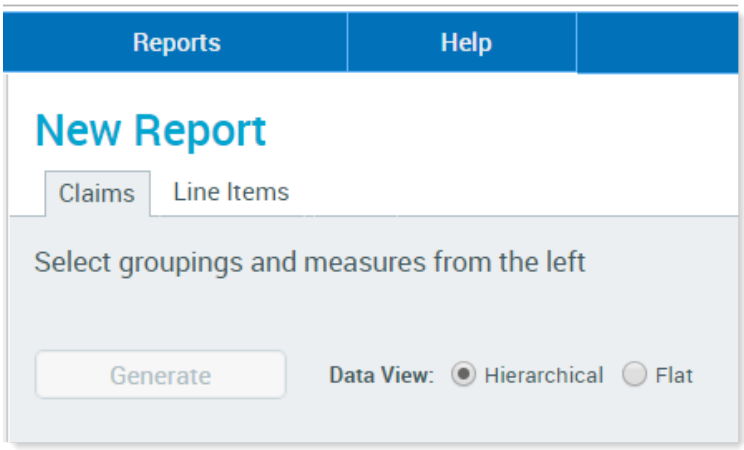
To build a new report:

1. Do one of the following:
    - Near the top of the page on the right, click **Create New Report**.

- In the header menu, click **Reports** > **New**.



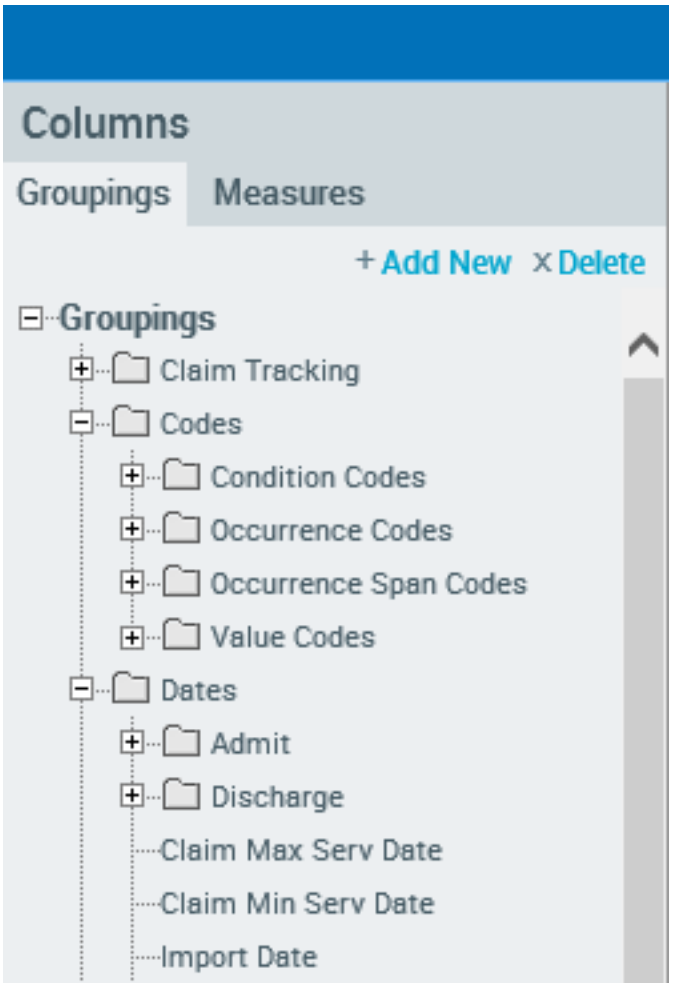
2. Of the tabs on the right side of the page (Claims, Line Items), click the tab for the type of data being retrieved. The Claims and Line Items tabs contain information found on the patient's UB04 or 837 claim forms, and resides within Axiom Contract Management.



On the left side of the page are two tabs, Groupings and Measures.

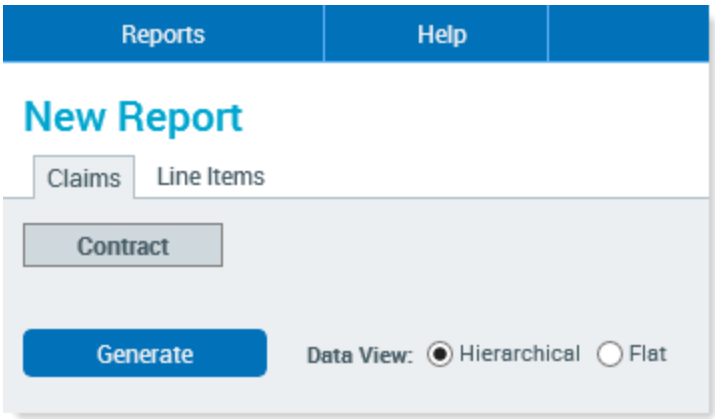
NOTE: You must select at least one parameter from both tabs to generate and display a report.

3. On the left side of the page, in the **Groupings** tab, click the plus sign (+) to expand any folders as needed to locate report groupings options.

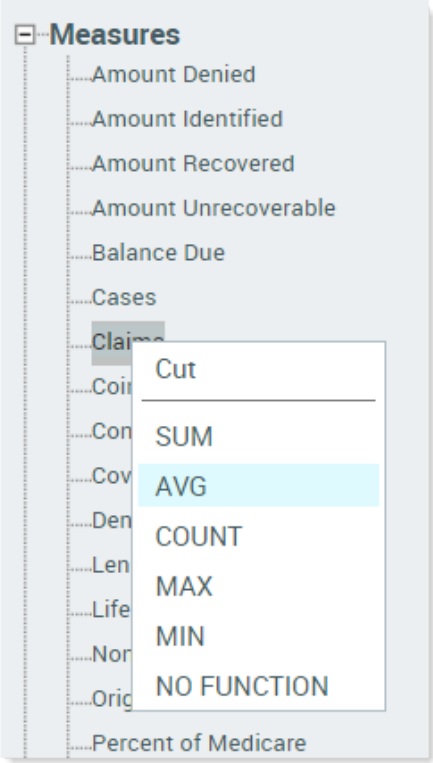


4. Double-click a groupings option to add it to the report. When added, that option displays on the right side of the page above the Generate button, as shown in the following example. Select more row groupings if desired.

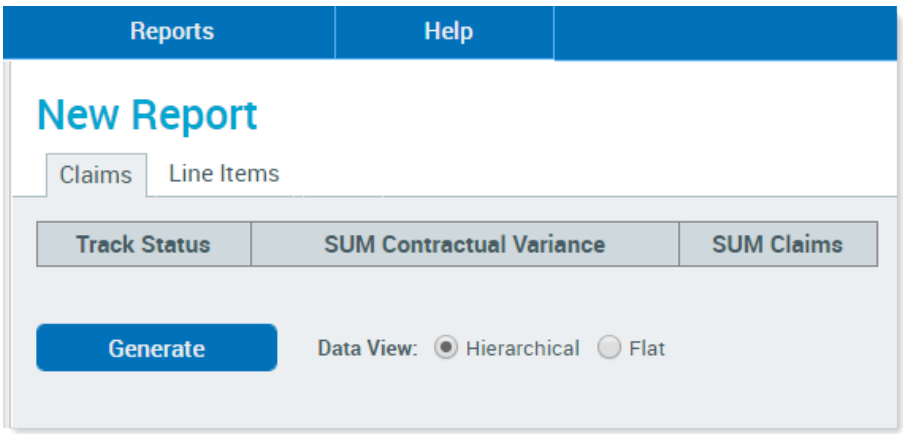
> **NOTE:** If you select more than three groupings, only the first three display when you generate the report in hierarchical view. All groupings display when you generate a report in flat view.



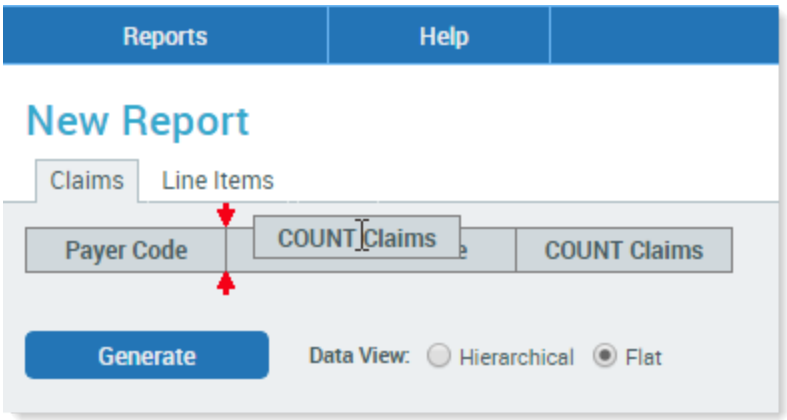
5. Click the **Measures** tab, expand any folders as needed, and then double-click the desired measures, one at a time, to add them to the report. If you do not see the measure you need, you can create one. See Add calculated fields to a report.
   - To add a measure to the report as SUM of that measure, double-click the measure.
   - To add a different calculation, right-click the measure, and select a calculation option from the menu as shown in the following example.



When you chose the calculation option for the desired measure, the selected measure displays to the right of the selected grouping. This is the order in which the columns in the report display. You can rearrange them or delete a grouping or measure before or after you generate the report if you change your mind.



- To remove any selected options from the report before generating, right-click the option, and select **Delete**.
- To rearrange report columns, drag and drop the columns to the desired order. In the following example, the user drags the measure COUNT claims to the middle row. The red arrows show where the measure label will start, which in this example, is after Payer Code:



6. In the **Data View** section to the right of the Generate button, select the report grid type:
   - **Hierarchical** – Select this option to display the report with grouping columns arranged in a hierarchy.
   - **Flat** – Select this option to display the report with grouping columns arranged side-by-side.
7. Click **Generate**.
8. If desired, save the report so you can use it later.

Add calculated fields to a report

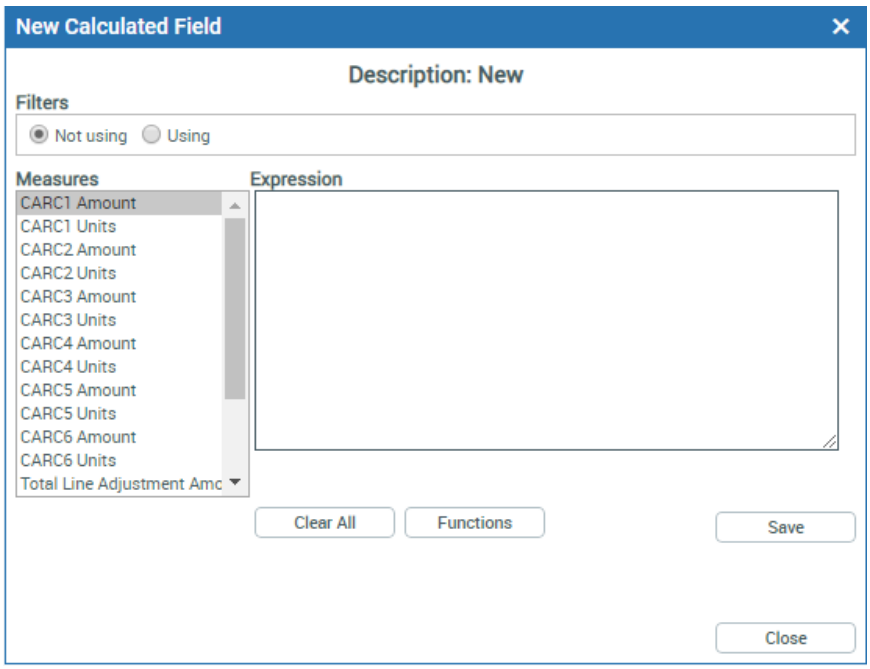
If you need a measure that does not exist, you can build a calculated field. You create calculated fields by choosing current measures and creating expressions with mathematical functions to calculate the desired results.

To create a calculated field:

1. Open the drill-down report to which you want to add a calculated field. If you are creating a new report, select the tab for the type of report (e.g., Claims or Line items).
2. In the menu bar at the top of the page, click **Reports** > **Create Calculated Field**.

   The New Calculated Field window opens.

   NOTE: You cannot use a calculated field in an equation for another calculated field.

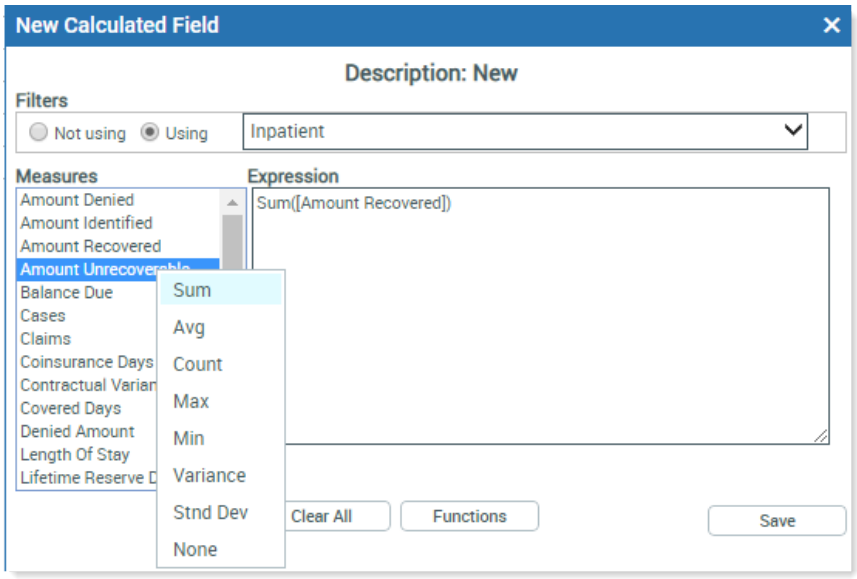


3. Do one of the following:
   - To use filters from a saved report, click the **Using** option and then select a report from the drop-down list. Reports available in this list are based on the tab that you are on when building the calculated field. A calculated field on the Claims tab can only use the filters from other Claim reports.

NOTE: Using the filters option limits the calculated field to only the claims found in the selected saved report. For example, to compare pediatric claims to all claims, you need to create a calculated field for SUM(claims) with a filter from a report limited to pediatric claims. You can select only one report to apply as a filter to a calculated field. However, the report used for the calculated field can contain as many filters as you need.

- If you do not want to use a filter, leave the default **Not using** selected.

4. Build the expression by selecting measures from the Measures list on the left:
   a. Click the desired measure, and select the desired function from the list of available functions. The measure is added to the Expression box. Now you need to add an operator or mathematical symbol.



   b. Click the **Functions** button to select the desired operator, or, for a mathematical equation, use the mathematical symbols on your keyboard (+ - / *) for add, subtract, divide, and multiply, between your measures to string them together.

NOTE: Do not use special characters, such as dashes and slashes, in a calculated field name.

TIP: If you make a mistake with the expression, click **Clear All** and start over.

   c. Add the next measure and symbol, as needed, until your expression is complete.

TIP: If you know the complete expression, you can type it into the Expression box manually instead of selecting Measures and Functions from the menus.

d. Click **Save**.

e. In the **Save As** dialog, select a location to store the measure on the Measures tab, and then in the **Name** field, type a name for it.

f. Click **Save and Return**.

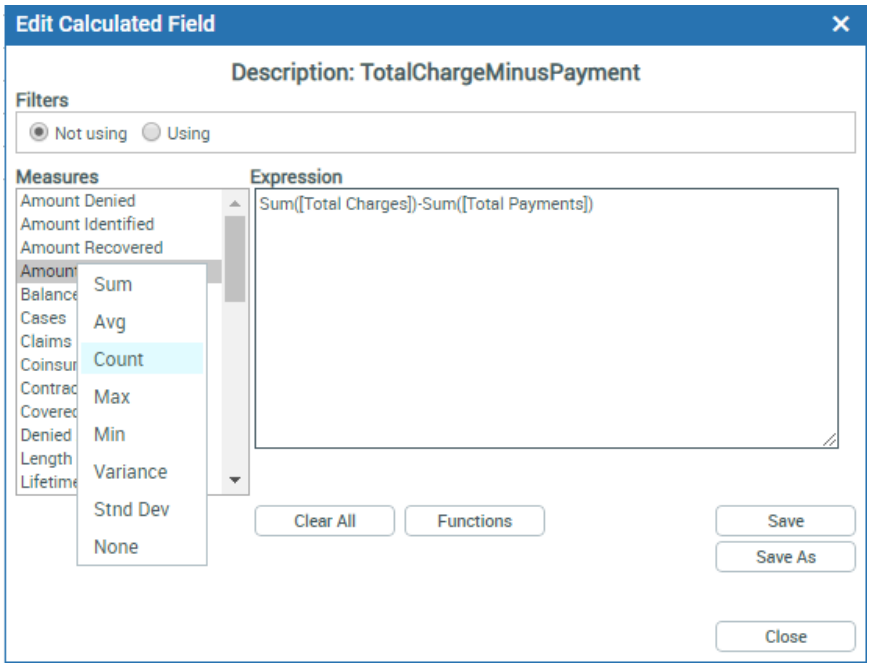
The new measure name displays in blue text on the Measure tab in the folder you selected. The name becomes a column header when added to a report.

Edit or delete a calculated field

Use these instructions for managing your calculated fields.

To edit a calculated field:

1. In the **Columns** panel, click the **Measures** tab.
2. In the **Measures** list, right-click the desired calculated field, and select **Edit Calculated Field**.
3. In the **Edit Calculated Field** window, do any of the following as desired:
   - To clear the entire expression in the **Expression** box, click **Clear All** and then rebuild the expression.
   - To replace part of the expression, use the backspace key to remove the part you want.
   - To add a measure, in the Measures list, click the desired measure, and select the calculation type from the pop-up menu.
   - To add an operator between measures, type a mathematical symbol (+ - * /) or click the **Functions** button, and select a function.



4. Do one of the following:
    - To save the measure as a new measure, click **Save As** and then, in the **Save As** window, select a location for the measure. In the **Name** field, type a new name. Click **Save and Return**.
    - Click **Save**.

To move a calculated field:

1. Right-click the calculated field, and select **Cut**.
2. Select the desired location / folder in the **Measures** tab, right-click and select **Paste**.

> **TIP:** You can also drag and drop calculated fields to different locations in the Measures tab.

To delete a calculated field:

1. In the **Measures** tab, right-click the calculated field, and select **Delete**.
2. In the confirmation dialog, click **OK**.

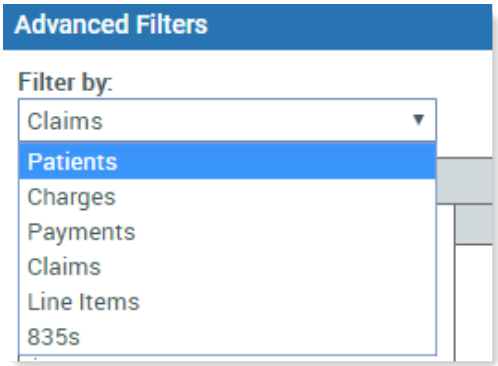
> **NOTE:** You cannot delete calculated fields that are attached to a report.

Apply filters to a drill-down report

These instructions explain how to apply filters while building a report. This is when you set the criteria for selecting data from the database.

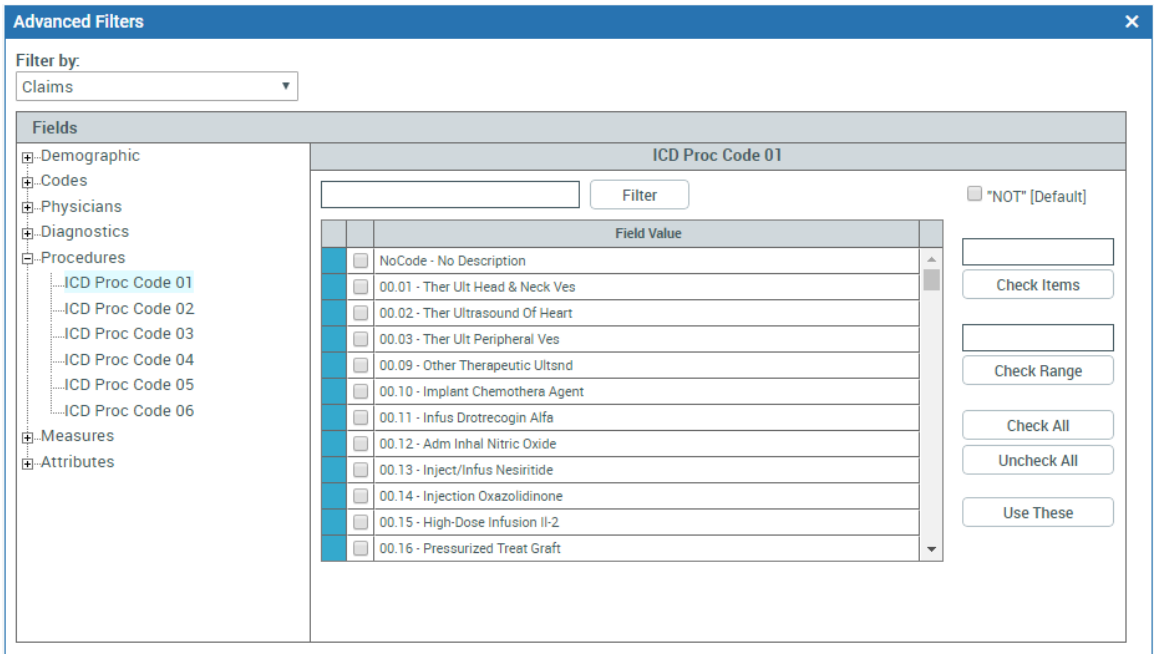
To apply filters:

1. On the bottom right of the page, click **Add Filters**.
2. To change the type of filter you are applying, click the **Filter by** drop-down, and make a selection (see the following example). Each type has an underlying folder structure that groups together similar data elements.



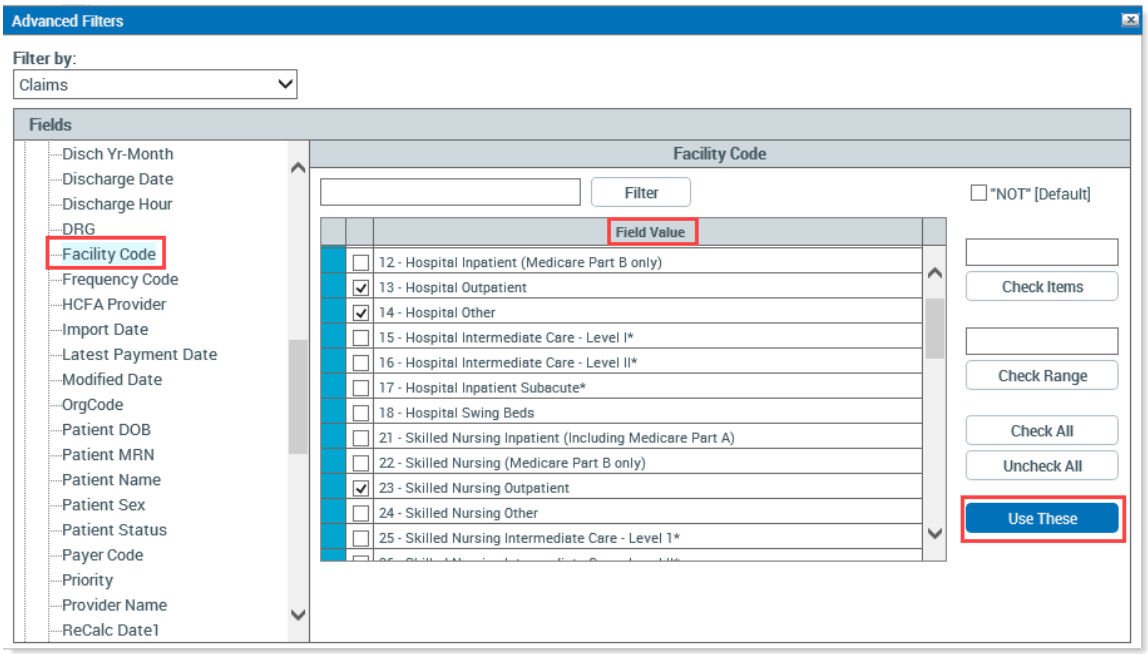
3. In the **Fields** section, click the plus symbol (+) next to the type of field you want, to view the fields

available in that folder.

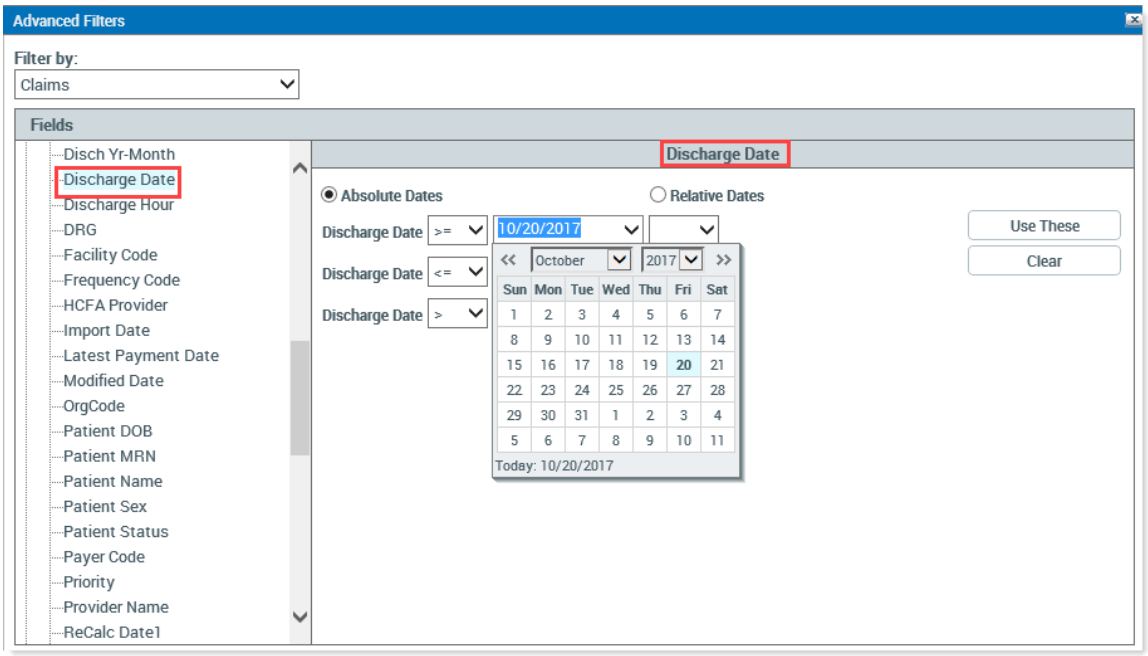


4. To select a filter to apply to the report, click the filter name.

   For some filters, a list displays of the data values you can select for that filter.

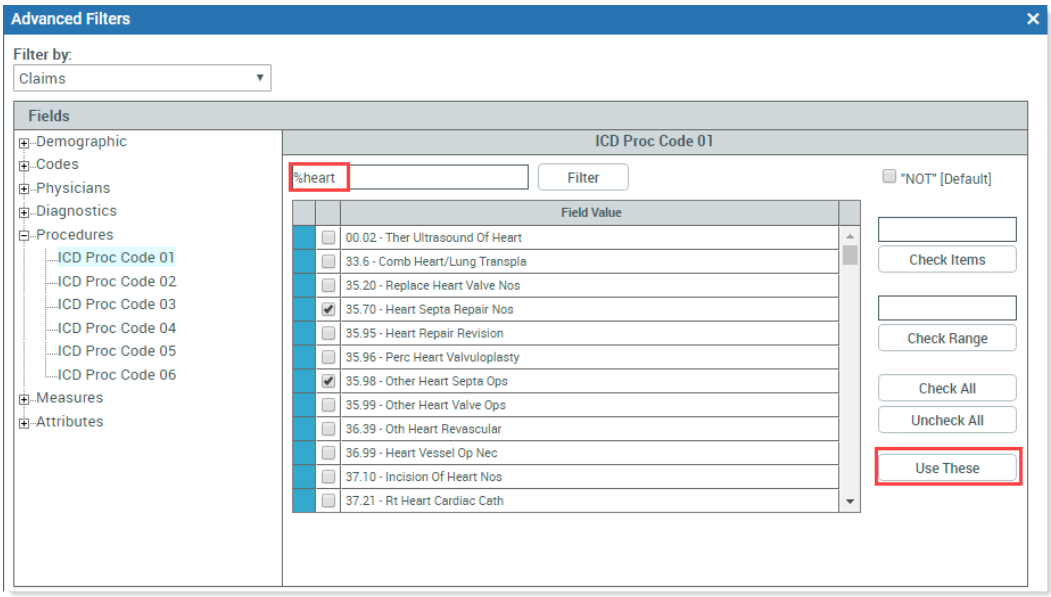


   For other filters, a drop-down list provides selection options:



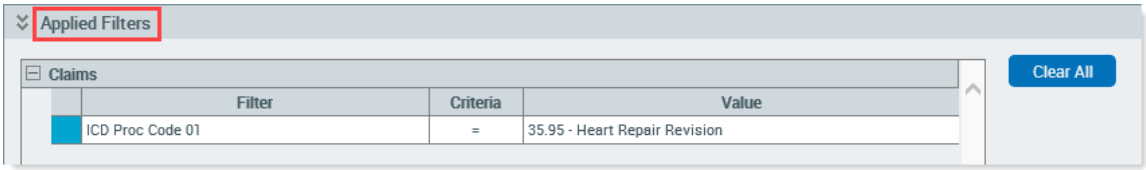
To search for filter values:

- Do one of the following:
  - Scroll down the entire list until you find the desired value, then click the check box next to the value, and click the **Use These** button on the right to save the value.
  - If you know the exact value to filter with, type it into the box, and then click **Filter**. The system displays this value. Click the box and then click **Use These** to apply the filter.
  - Use the wild card feature. If you do not know the exact value for the filter but you know some or part of the value, type the percent (%) symbol in the field along with a known portion of the number/text, and click **Filter**. This shortens the list of values to search from. For example, to find a certain ICD Procedure number that relates to the heart, type “%heart.” The system provides all the ICD Procedure codes that include the word “heart” in the description. Select the desired value(s), and click **Use These**.



- Additionally, you can select more than one filter value by selecting multiple check boxes.
- To select all of the values except one, click **Check All**, which selects all of the filter values. Then, you can simply uncheck the values that you do not want to use in the report. Remember to click **Use These** to set the filter.

5. Each time you select a filter, click **Use These** to set this filter for the report.
6. After selecting the desired filters, at the bottom left of the page, click **Applied Filters** to view the filters and confirm the selected criteria.



7. After adding all of the groupings and measures to the design view and applying the filters, click **Generate** to view the results. The results of the report display.

Claims | Line Items

Rows | View | Settings

Limit | Design View | Export

Contract	SUM Cases	SUM Total Charges	SUM Contractual Variance
ORG1 - Medicaid	1,627	7,219,909	-667,567
ORG1 - Medicare	1,934	12,147,566	-348,088
ORG2 - Medicare	342	1,421,388	-275,704
ORG2 - Medicaid	774	1,623,800	-39,848
ORG1 - BCBS State	65	426,854	-14,008
ORG2 - BCBS State	22	86,225	-12,933
ORG2 - BCBS	44	136,320	-6,544
ORG4 - Medicare HMO Other	168	707,892	51,697
ORG1 - Humana Gold Choice	217	867,323	84,349

Save a drill-down report

Saving a report saves all of the selected groupings, measures and filters, and any changes to the report format or layout.

We recommend that you save the report while viewing the report layout. This ensures that the report is saved as the correct type (Claims or Line Items).

Reports | Help

New Report

Claims | Line Items

Rows | View | Settings

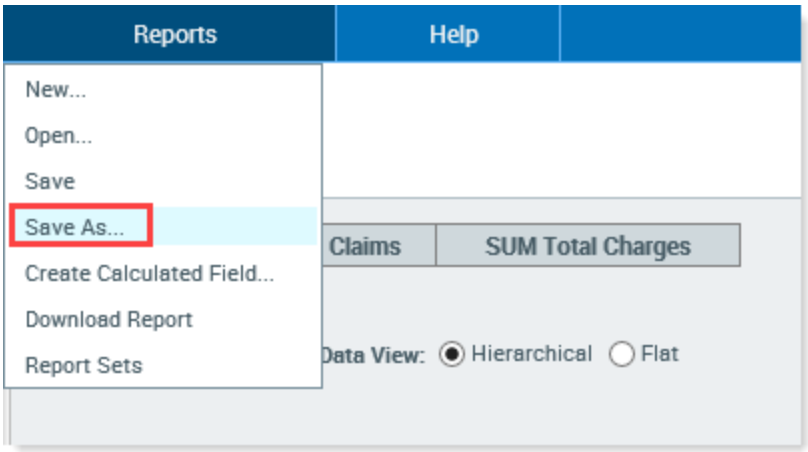
Limit | Design View | Export

Admit Source	Admit Type	BillCode	SUM Claims	SUM Total Charges
9 - Information Not Available	2 - Urgent	131	30.00	8,473.94
9 - Information Not Available	2 - Urgent	132	4.00	1,177.00
9 - Information Not Available	2 - Urgent	111	6.00	106,079.30
9 - Information Not Available	1 - Emergency	851	149.00	104,694.95
9 - Information Not Available	1 - Emergency	857	1.00	583.31
9 - Information Not Available	2 - Urgent	187	1.00	10,370.10
9 - Information Not Available	2 - Urgent	851	3.00	833.00
9 - Information Not Available	2 - Urgent	141	57.00	11,953.00
9 - Information Not Available	2 - Urgent	133	24.00	8,883.00
9 - Information Not Available	2 - Urgent	134	4.00	785.00
9 - Information Not Available	1 - Emergency	137	15.00	26,220.92
9 - Information Not Available	1 - Emergency	141	63.00	12,392.00
9 - Information Not Available	1 - Emergency	132	2.00	429.00
9 - Information Not Available	1 - Emergency	111	3.00	24,485.16

Report layout view

To save the report:

1. In the menu header at the top of the **Drill-Down Reports** page, click **Reports** > **Save**.

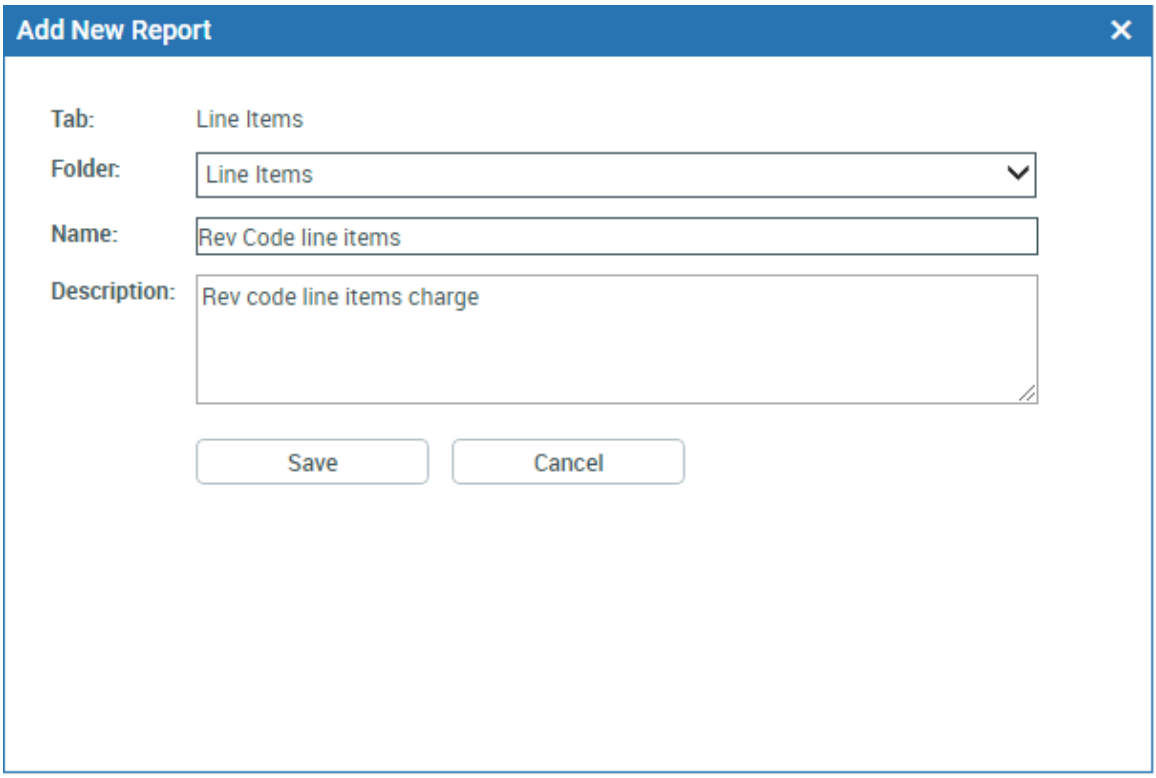


   The Add New Report window opens. The Tab field defaults to the Report tab that you were on when you saved the report.

2. In the **Folder** field, select the folder in which to save the report.
3. In the **Name** field, type a unique name for the report. Give the report a name you can easily remember and identify later.

   NOTE: When naming a report, do not use special characters such as dashes or slashes.

4. If desired, in the **Description** field, type a detailed description of the report.



5. Click **Save**.

You can continue to work on the report and either save the changes or select **Save As** to save as a new report with a new name.

Export a drill-down report

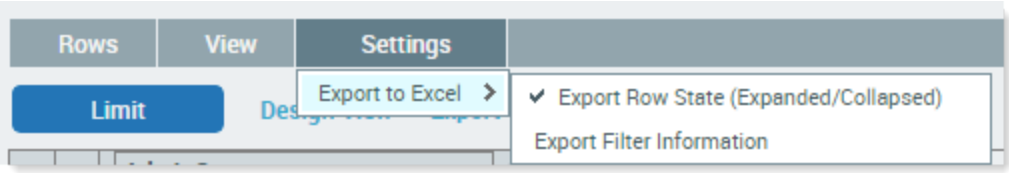
Use these instructions to export a copy of drill-down report results to Microsoft Excel, which transfers the report into an Excel spreadsheet.

The system defaults to Export Row State (Expanded or Collapsed) and Export Filter Information. If you do not want to export any of these features, highlight and click the desired setting to clear the check mark.

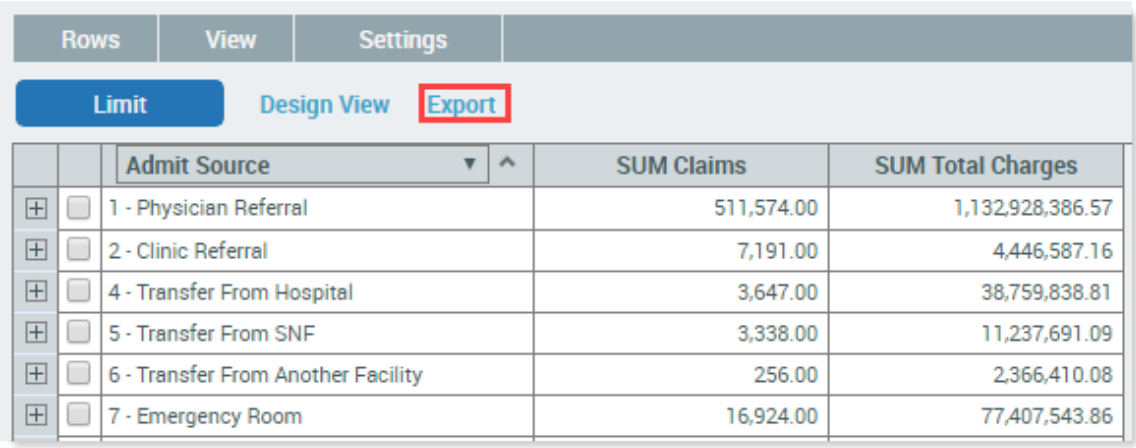
To export a drill-down report:

1. Generate the report.
2. In menu header above the report results, click **Settings** > **Export to Excel**, and then select the following as desired:
   - To include the ability to expand entire row levels at a time, click **Export Row State (Expanded/Collapsed)**.
   - To include a list of filters applied to the report in the report results, click **Export Filter Information**.
   - To verify your selections, click **Settings** > **Export to Excel**.

Selected options display a check mark to the left of the option:

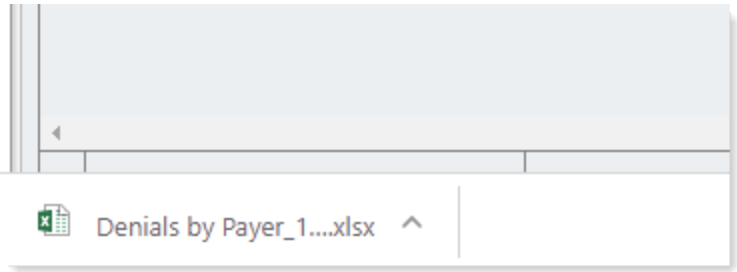


3. Below the dark gray menu header, click the blue **Export** link.



The report generates. This may take several minutes if the report is long.

The report file downloads to your computer, and a link to the file displays in the bottom left corner of the page, as shown in the following example.



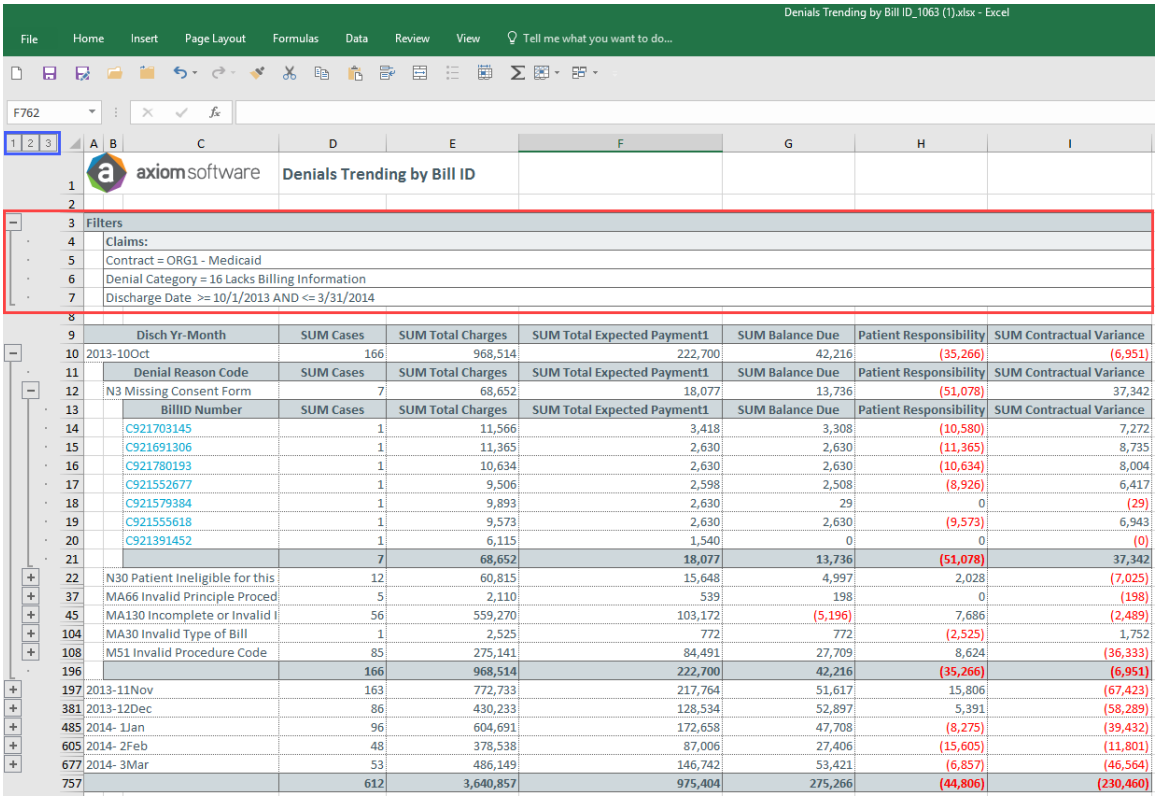
4. At the bottom of the page, click the Excel file to open it.

The following example shows a report generated in hierarchical view that was exported with the options Export Filter Information and Export Row State (Expanded/Collapsed) selected.

The applied filters export as a collapsible list above the report results, for reports in flat view and in hierarchical view (see list outlined in red in the following example).

Each report level has its own expand/collapse button (+) to the left, which you can use to expand and collapse report sections.

On the left, above the list of filters, is a row of numbered squares (outlined in blue in the following example). Use these buttons to expand/collapse all rows of the level that corresponds to each button.



	Disch Yr-Month	SUM Cases	SUM Total Charges	SUM Total Expected Payment1	SUM Balance Due	Patient Responsibility	SUM Contractual Variance
10	2013-10Oct	166	968,514	222,700	42,216	(35,266)	(6,951)
11	Denial Reason Code	SUM Cases	SUM Total Charges	SUM Total Expected Payment1	SUM Balance Due	Patient Responsibility	SUM Contractual Variance
12	N3 Missing Consent Form	7	68,652	18,077	13,736	(51,078)	37,342
13	BillID Number	SUM Cases	SUM Total Charges	SUM Total Expected Payment1	SUM Balance Due	Patient Responsibility	SUM Contractual Variance
14	C921703145	1	11,566	3,418	3,308	(10,580)	7,272
15	C921691306	1	11,365	2,630	2,630	(11,365)	8,735
16	C921780193	1	10,634	2,630	2,630	(10,634)	8,004
17	C921552677	1	9,506	2,598	2,508	(8,926)	6,417
18	C921579384	1	9,893	2,630	29	0	(29)
19	C921555618	1	9,573	2,630	2,630	(9,573)	6,943
20	C921391452	1	6,115	1,540	0	0	(0)
21		7	68,652	18,077	13,736	(51,078)	37,342
22	N30 Patient Ineligible for this	12	60,815	15,648	4,997	2,028	(7,025)
37	MA66 Invalid Principle Proced	5	2,110	539	198	0	(198)
45	MA130 Incomplete or Invalid I	56	559,270	103,172	(5,196)	7,686	(2,489)
104	MA30 Invalid Type of Bill	1	2,525	772	772	(2,525)	1,752
108	M51 Invalid Procedure Code	85	275,141	84,491	27,709	8,624	(36,333)
196		166	968,514	222,700	42,216	(35,266)	(6,951)
197	2013-11Nov	163	772,733	217,764	51,617	15,806	(67,423)
381	2013-12Dec	86	430,233	128,534	52,897	5,391	(58,289)
485	2014- 1Jan	96	604,691	172,658	47,708	(8,275)	(39,432)
605	2014- 2Feb	48	378,538	87,006	27,406	(15,605)	(11,801)
677	2014- 3Mar	53	486,149	146,742	53,421	(6,857)	(46,564)
757		612	3,640,857	975,404	275,266	(44,806)	(230,460)

5. To view report details, do any of the following:
   - To expand/collapse individual rows, click that row's buttons (+ / −).
   - To expand all level 1 sections, click the second square (2) in the row.
   - To expand all levels, click the last square in the row, which is the third square (3) in the example.
   - To collapse all expanded sections, click the first square (1).

Editing and filtering drill-down reports

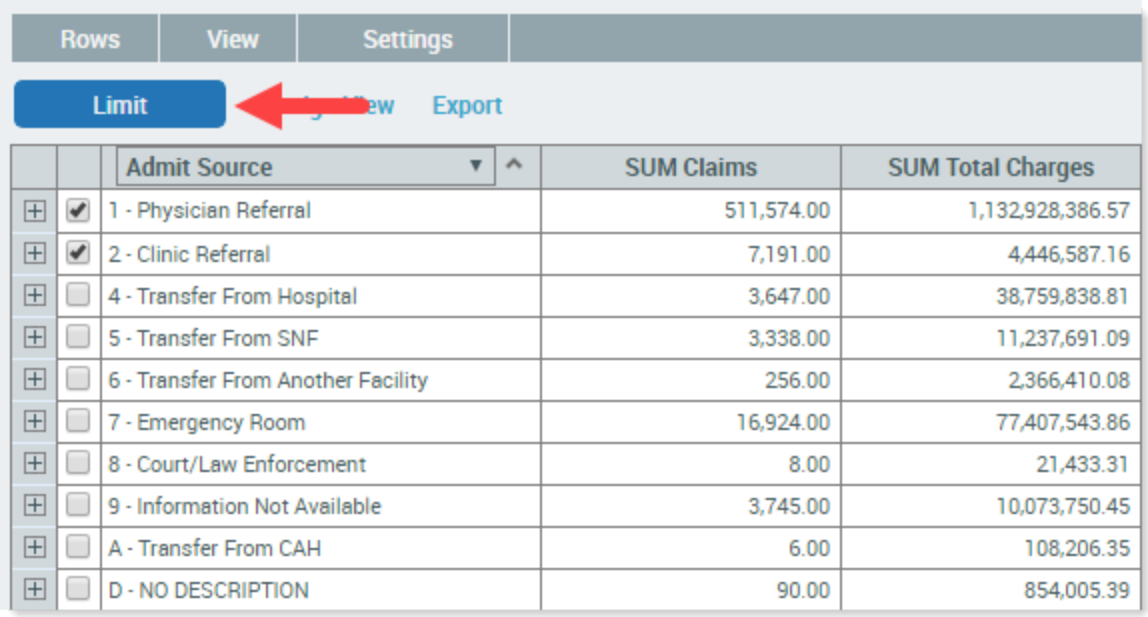
Drill-down reports are interactive, allowing you to filter the report to display only what you want.

Report filtering options

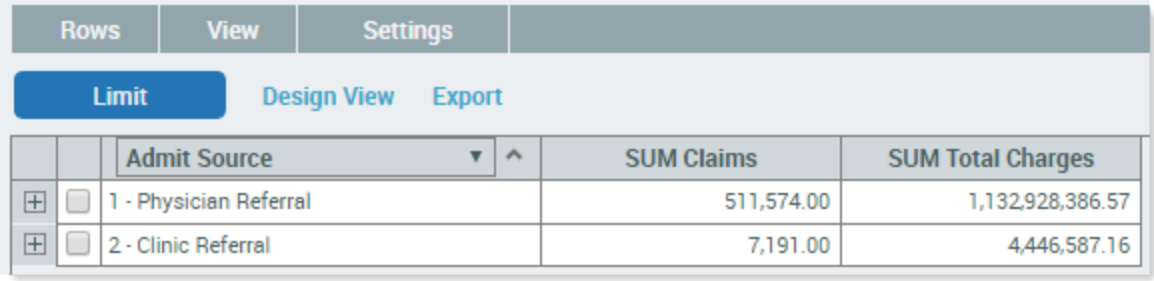
Several buttons, icons, and drop-down menus display in rows above the gray shaded field names on a generated report. These functions allow you to further edit the report.

Limit button

The Limit button sets additional report filters. For example, to display results for Emergency and Urgent only, select the check boxes to the left of their names, and click **Limit**.



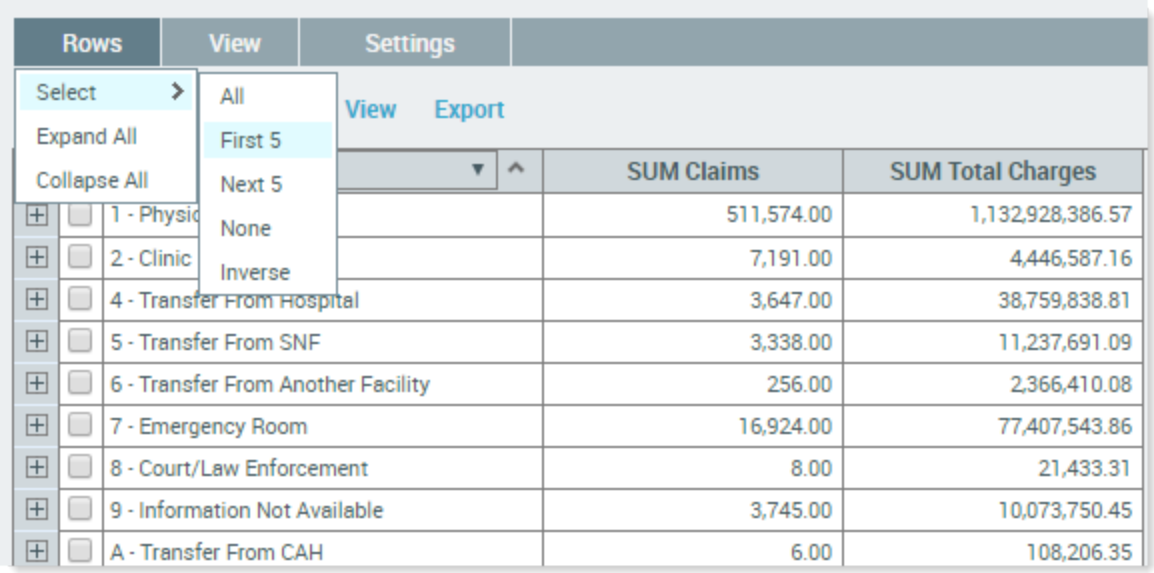
This sets these Admit Type selections as an additional filter. They will be the only results displayed:



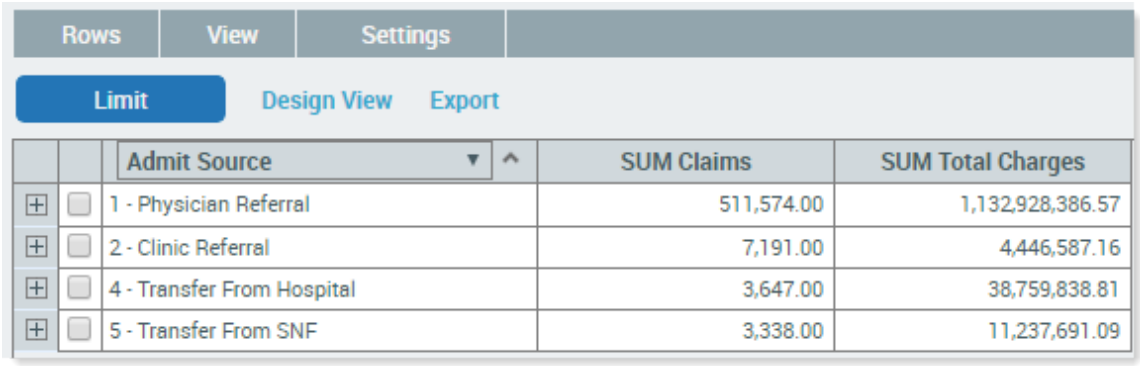
To remove applied limits, see Remove an applied filter.

Rows menu

Use the Rows menu to make selections from the results. For example, if you sorted charges in descending order to reveal the Admit Sources with the most charges and you are only interested in the top five Admit Source, click **Rows** > **Select** > **First 5**, which selects the first five names displayed.



- To display the top ten, go back to **Rows** > **Select** > **Next 5**, which selects the next five Admit Sources listed.
- To display only the top four Admit Sources:
  a. Select **Rows** > **Select** > **None**; this clears all of the selected Admit Sources.
  b. Manually click the top four in the report. When all desired Admit Sources are selected, click **Limit** to remove all of the non-selected Admit Sources from the view, displaying only those selected.

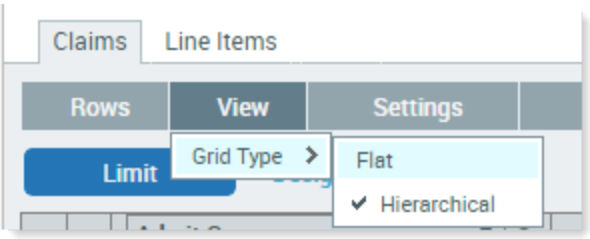


NOTE: When you select and limit rows of data from the results, this information is set as a filter, which is then visible in the Applied Filters window. If you make an error, open the Applied Filters window, and remove the new filter.

You can also use the Rows menu to expand and collapse sub-grouped rows when a report uses multiple groupings.

View menu

Change the grid type between Hierarchical and Flat. This is the same as selecting Flat view or Hierarchical view when viewing the report in design view.



For examples of how to use these views, see Add a grouping as a subtotal.

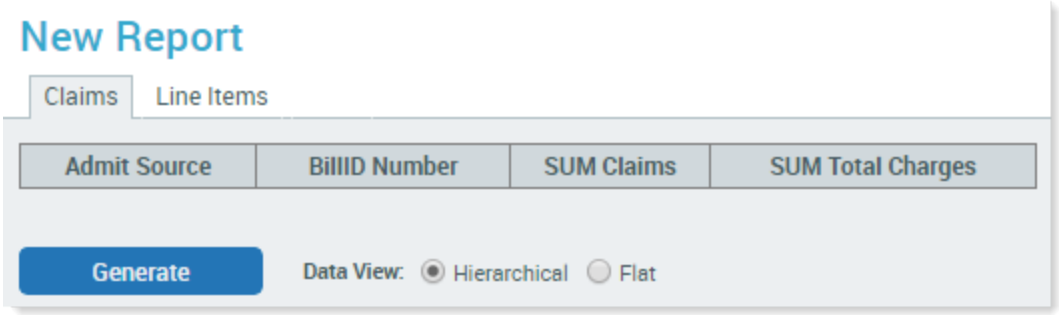
Settings menu

Use this menu to set the formatting for reports exported to Excel.

For instructions on exporting a report using this menu, see Export a drill-down report.

Design View

Design View is report-building view. In Design View, you can add, delete, or rearrange the groupings and measures in a report. Although the following example shows a new report, you can edit existing reports in Design View. For instructions, see Change report column order.



Groupings and measures are added to the system in the order they were selected, with groupings placed before measures. However, you can change the order of groupings and measures at any time (groupings still order together before measures). For instructions, see Change report column order.

Sort report columns and rows

When building a report, you can easily sort report columns, and rearrange report columns.

After generating a report, you can modify the results using various functions. For example, you can alter or sort data, add or delete additional rows or columns, or continue to drill down into the report to view more specific results.

As an example, the following image displays partial report results using the following criteria:

- **Filter**: DRG = 291, 292, 293
- **Grouping**: Admit Source
- **Measures**: Sum Claims, Sum Total Charges

Rows | View | Settings

Limit | Design View | Export

Admit Source	SUM Claims	SUM Total Charges
1 - Physician Referral	511,574.00	1,132,928,386.57
2 - Clinic Referral	7,191.00	4,446,587.16
4 - Transfer From Hospital	3,647.00	38,759,838.81
5 - Transfer From SNF	3,338.00	11,237,691.09
6 - Transfer From Another Facility	256.00	2,366,410.08
7 - Emergency Room	16,924.00	77,407,543.86
8 - Court/Law Enforcement	8.00	21,433.31
9 - Information Not Available	3,745.00	10,073,750.45
A - Transfer From CAH	6.00	108,206.35
D - NO DESCRIPTION	90.00	854,005.39
E - NO DESCRIPTION	5.00	41,978.11
F - NO DESCRIPTION	5.00	2,173.00
NoCode - No Description	197.00	56,017.27

To sort report columns:

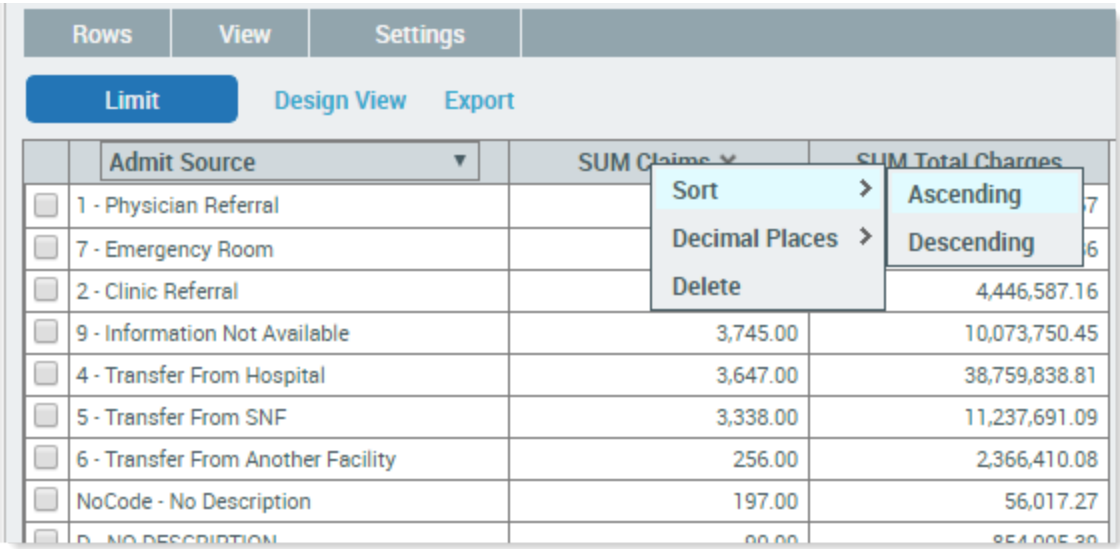
- Click one of the gray report column headings. A small up or down arrow displays to the right of the column name to indicate the column is sorted in either ascending or descending order.

Rows | View | Settings

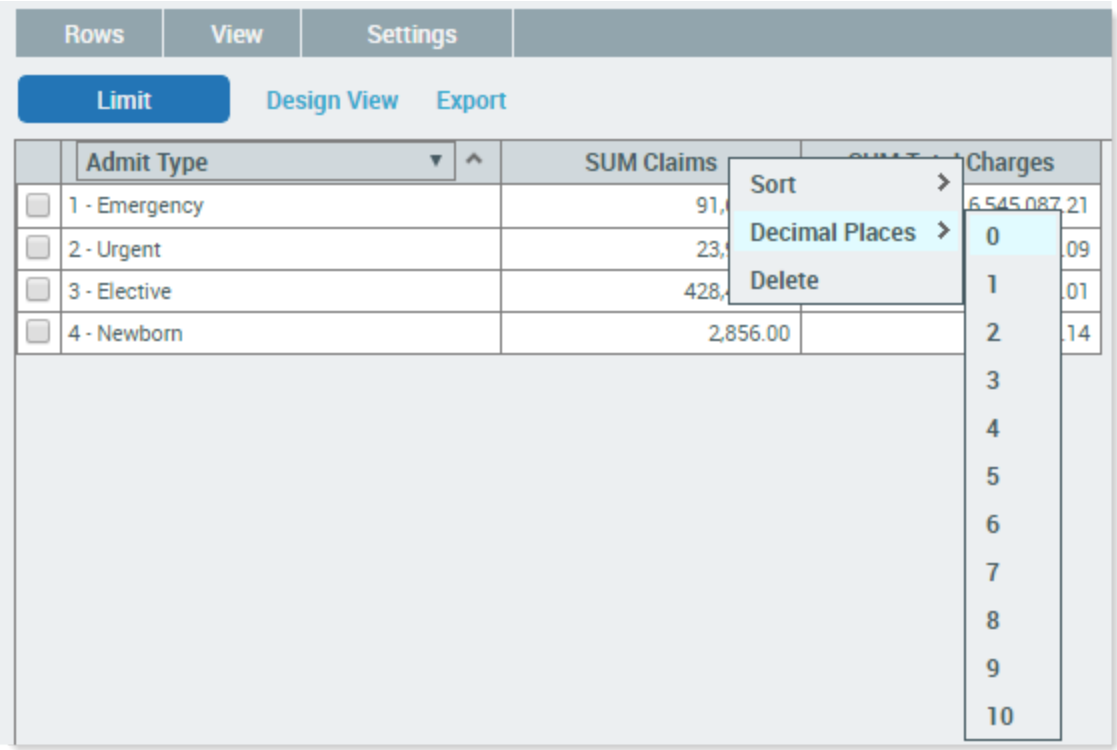
Limit | Design View | Export

Admit Source	SUM Claims	SUM Total Charges
1 - Physician Referral	511,574.00	1,132,928,386.57
7 - Emergency Room	16,924.00	77,407,543.86
2 - Clinic Referral	7,191.00	4,446,587.16

- You can also sort columns by right-clicking a column heading and selecting **Sort**, and then from the pop-up menu, selecting **Ascending** or **Descending**.

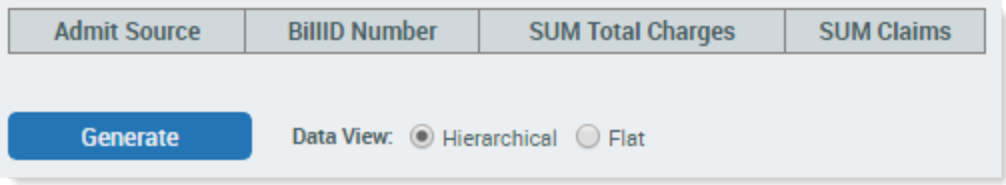


- Right-click a measure heading to get the same options, and to select a decimals option which, when highlighted, lets you adjust the number of decimal places displayed in your data, as shown in the following example.

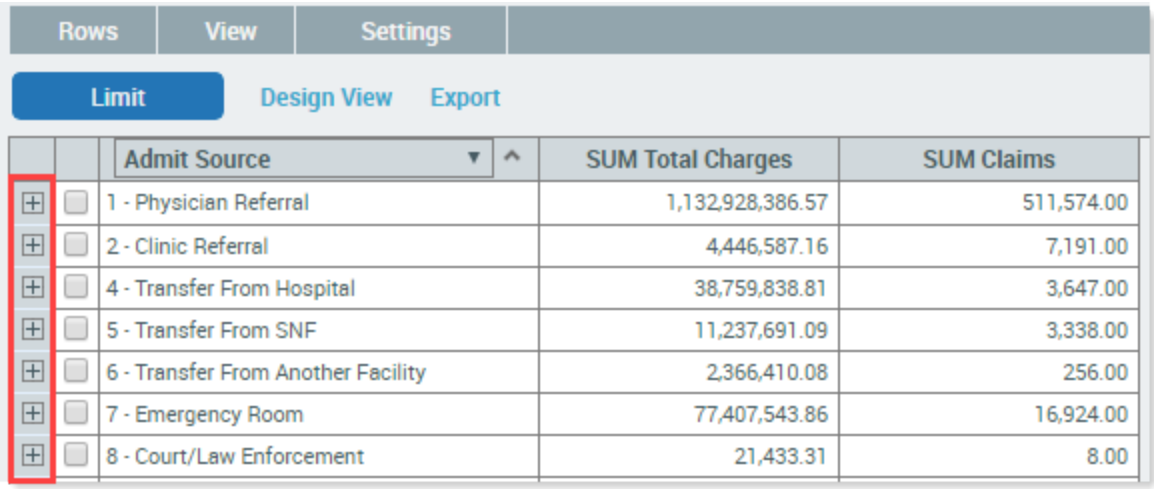


Add a grouping as a subtotal

When you build a report with more than one grouping, the system subtotals the second grouping underneath the first. For example, to see all of the Bill IDs associated with each Admit Source, double-click the **Bill ID** field in the **Groupings** tab. The system displays the following:



After generating, the report displays a plus symbol (+) to the left of the check box in each row:



To display all of the rows that subtotaled under a field value, click the plus symbol (+). You can sort or delete these subtotaled rows, as well as sort the columns.

Rows | View | Settings

Limit | Design View | Export

Admit Source	SUM Total Charges	SUM Claims
1 - Physician Referral	4,887,309.99	1,460.00
BillID Number	**SUM Total Charges**	**SUM Claims**
C921371776	2,400.00	1.00
C921372266	4,035.30	1.00
C921372549	3,714.48	1.00
C921372876	2,414.00	1.00
C921372910	3,398.29	1.00
C921373280	4,719.82	1.00
C921373920	4,842.79	1.00
C921374071	4,647.63	1.00
C921374832	2,967.28	1.00
C921375331	4,452.93	1.00
C921375941	4,367.00	1.00
C921375966	3,993.03	1.00
C921376241	4,166.78	1.00
C921376507	4,788.81	1.00
C921376830	3,475.00	1.00
C921378303	4,381.72	1.00
C921379512	2,508.82	1.00
C921380490	3,189.44	1.00
C921380586	3,031.00	1.00
C921380904	2,829.31	1.00
	4,887,309.99	1,460.00

When building reports with multiple groupings, the system defaults to the Hierarchical view as seen in the previous image. This is one of two views available for displaying data. The other is the Flat view. The Flat view displays groupings side-by-side, as shown in the following example.

Rows | View | Settings

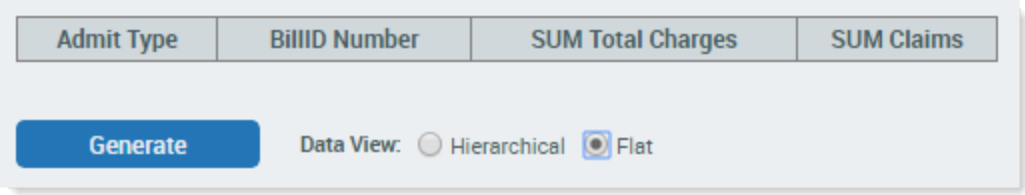
Limit | Design View | Export

Admit Source	BillID Number	Disch Fiscal Yr-Month	SUM Total Charges	SUM Claims
1 - Physician Referral	C921387567	FY2010- 8Aug	2,400.00	1.00
1 - Physician Referral	C921387164	FY2010- 7Jul	2,123.00	1.00
1 - Physician Referral	C921386995	FY2010- 8Aug	4,183.20	1.00
1 - Physician Referral	C921388294	FY2010- 7Jul	4,337.05	1.00
1 - Physician Referral	C921387914	FY2010- 8Aug	3,637.33	1.00
1 - Physician Referral	C921387896	FY2010- 7Jul	4,113.58	1.00
1 - Physician Referral	C921385112	FY2010- 8Aug	4,556.65	1.00
1 - Physician Referral	C921383862	FY2010- 7Jul	3,720.72	1.00
1 - Physician Referral	C921383415	FY2010- 7Jul	2,149.18	1.00
1 - Physician Referral	C921386390	FY2010- 9Sep	2,880.00	1.00
1 - Physician Referral	C921385992	FY2010- 7Jul	4,000.00	1.00
1 - Physician Referral	C921385974	FY2010- 8Aug	2,838.00	1.00

NOTE: Reports with more than three groupings must be run in the flat view. Also, while the hierarchical view subtotals the groupings, the flat view does not provide totals.

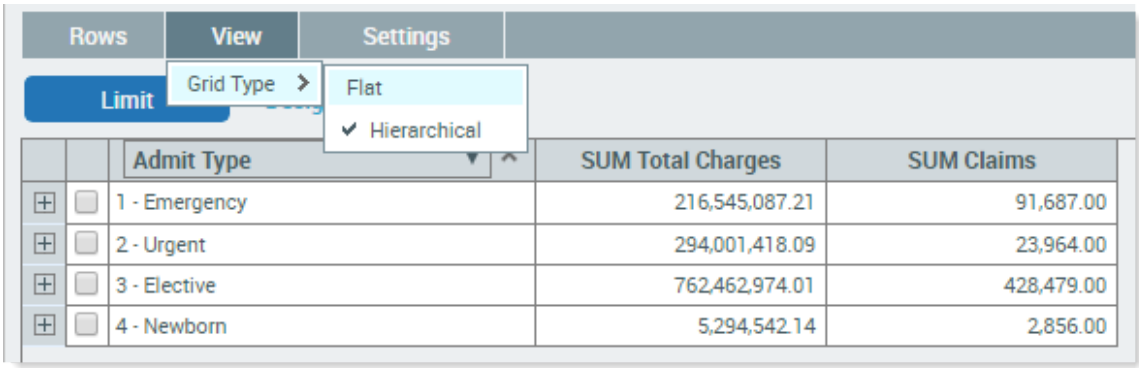
To change from the default Hierarchical view to the Flat view, do one of the following:

- Before clicking Generate to run the report, instead, for **Data View**, click the **Flat** option.



- After the report is generated, from the **View** menu, select **Grid Type** > **Flat**.

  Notice that in the following example, Hierarchical is the view being displayed. Likewise, if the results display as Flat, you can follow the same steps to change it to Hierarchical.



Change groupings

After building and generating a report in hierarchical data view, you can change groupings without having to delete the field, add the new grouping, and regenerate the report. You can use the drop-down arrow immediately to the right of the first grouping to select the new field.

When a report is in hierarchical view, the first grouping is a drop-down selectable field, which makes it easy to change it to a different grouping.

To change the first grouping for a report displayed in hierarchical data view:

- In the first column heading, click the drop-down arrow to the right of the column name, then locate and click a different grouping.

Claims | Line Items

Rows | View | Settings

Limit | Design View | Export

Admit Source	SUM Claims	SUM Total Charges
1 - Physician Referral	511,574.00	1,132,928,386.57
2 - Clinic Referral	7,191.00	4,446,587.16
4 - Transfer From Hospital	3,647.00	38,759,838.81

First grouping with drop-down arrow outlined in red

Rows | View | Settings

Limit | Design View | Export

Admit Source

- Admit Date
- Admit Day of Week
- Admit Fiscal Qtr
- Admit Fiscal Year
- Admit Fiscal Yr-Month
- Admit Fiscal Yr-Qtr
- Admit Hour
- Admit Month

SUM Claims	SUM Total Charges
511,574.00	1,132,928,386.57
7,191.00	4,446,587.16
3,647.00	38,759,838.81
3,338.00	11,237,691.09
256.00	2,366,410.08
16,924.00	77,407,543.86

Selecting a different grouping from the list

The report regenerates with the new data, as shown in the following example:

Rows | View | Settings

Limit | Design View | Export

Admit Day of Week	SUM Claims	SUM Total Charges
1-Sunday	74,960.00	178,893,494.76
2-Monday	89,882.00	196,824,540.30
3-Tuesday	77,697.00	181,525,915.71
4-Wednesday	78,142.00	185,255,714.65
5-Thursday	77,126.00	181,853,853.48
6-Friday	74,800.00	177,790,645.07
7-Saturday	74,379.00	176,159,857.48

Notice that the data have changed in the two measure columns because the measures now apply to the new grouping.

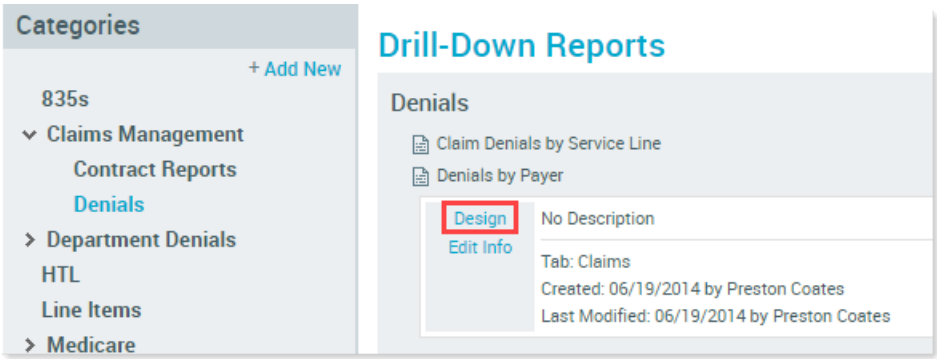
Change report column order

Use design view to change the order of a report's groupings and measures columns before or after generating the report. You can also remove groupings and measures from your report in design view.

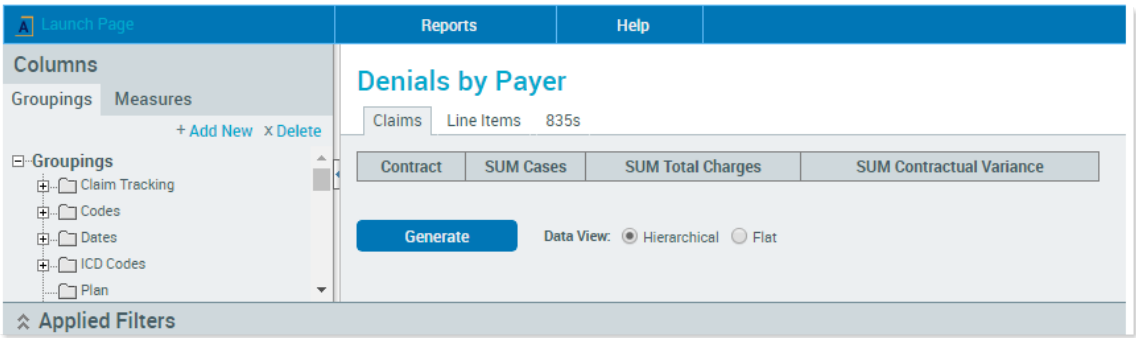
NOTE: Groupings always precede measures in report layout, regardless of how you order them. You can re-order groupings within a report's set of groupings, and re-order measures within the report's set of measures. You cannot put a measure before any grouping, however. Even if you do, when the report generates, the measure will be grouped with the other measures in the report.

To access design view without opening the report:

1. On the main **Drill-Down Reports** page, in the **Categories** panel, click the folder where the report is saved.
2. On the right side of the page, click the name of the report to open the report summary information box.
3. On the left side of the summary information box, click **Design**.

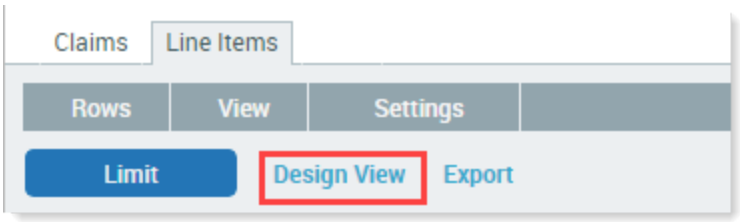


The design view of the report opens on the right.



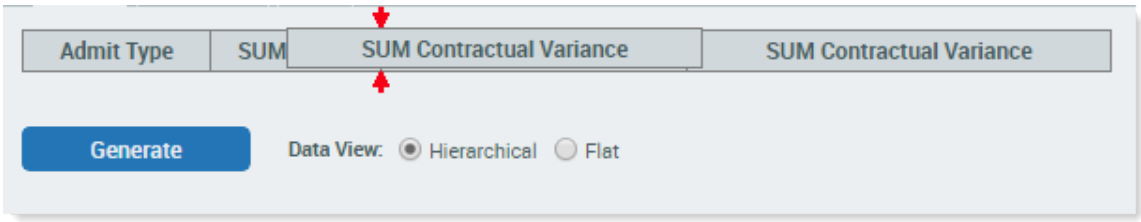
To access Design View from an open report:

- Above the report, click **Design View**.

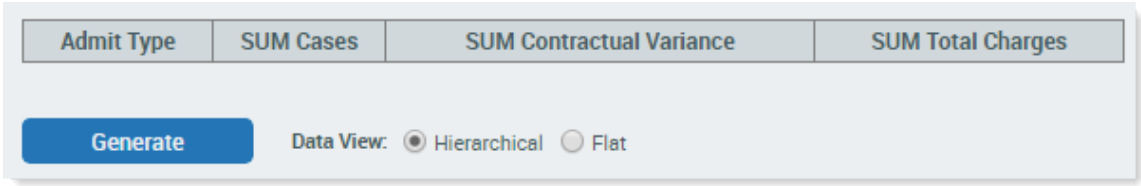


To change the order of groupings or measures:

1. Click the grouping or measure to move and drag it to its new location.
2. When the two red arrows display in the desired position, release the mouse button.

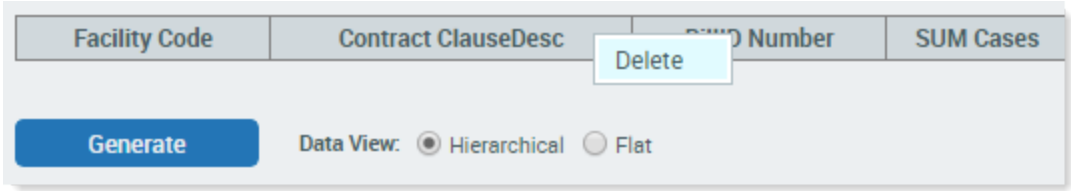


The measure columns are now in the new order:



To remove groupings or measures from the report:

- Right-click the measure or grouping to remove, and click **Delete**.

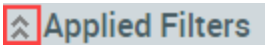


Remove an applied filter

When filtering drill-down report results, you may apply a filter that you later want to remove rather than recreate the report.

To remove an applied filter:

1. At the bottom left of the page, click the arrows to the left of **Applied Filters**.

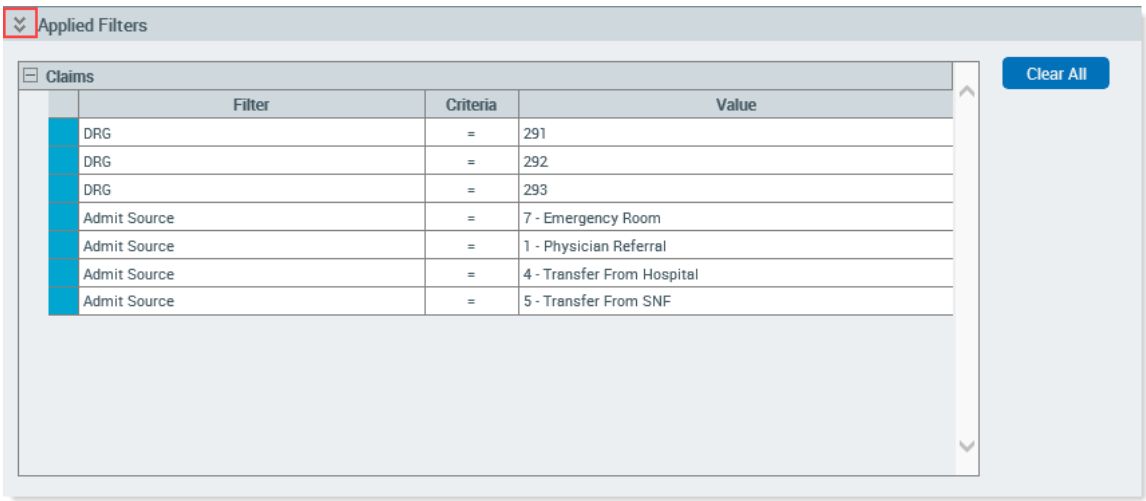
   

   The Applied Filters window opens, showing the filters currently applied to the report.

2. To clear a single filter, click the blue box to the left of the filter, and then press the **Delete** key. The filter is removed.

3. To clear all filters, click **Clear All**.

   To close the filter box, click the arrows to the left of **Applied Filters**.

   When the filter box closes, the report automatically regenerates with the updated filters.

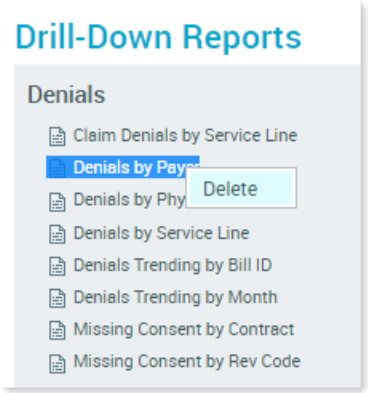
Delete a saved drill-down report

You can delete reports you no longer need.

To delete a drill-down report:

1. From the entry Drill-Down Reports page, find the desired report.

2. Right-click the report, and select **Delete**.



3. In the confirmation dialog, click **OK**.

IMPORTANT: If you accidentally confirmed a deletion, you need to recreate the report; a deleted report cannot be retrieved.

Reporting across tabs

Reporting across tabs allows you to create multi-sided reports and conduct multi-dimensional analysis. For example, to see the admit source of claims that include a specific administered drug, you need to include Line Item filters in your claim report. The drug code is stored with the charge data, while Admit Source is a reportable field on the Claims tab. From the Claims tab, you can also find the number of claims and their associated charges, and payments, (see following example). This methodology works for the other tabs as well.

To report across tabs, you create a multi-tab report, as explained in the following section.

Create a multi-tab report

The following example uses a Claims tab report. The steps are outlined from the perspective of using the Claims tab only. However, you can add filters from any tab.

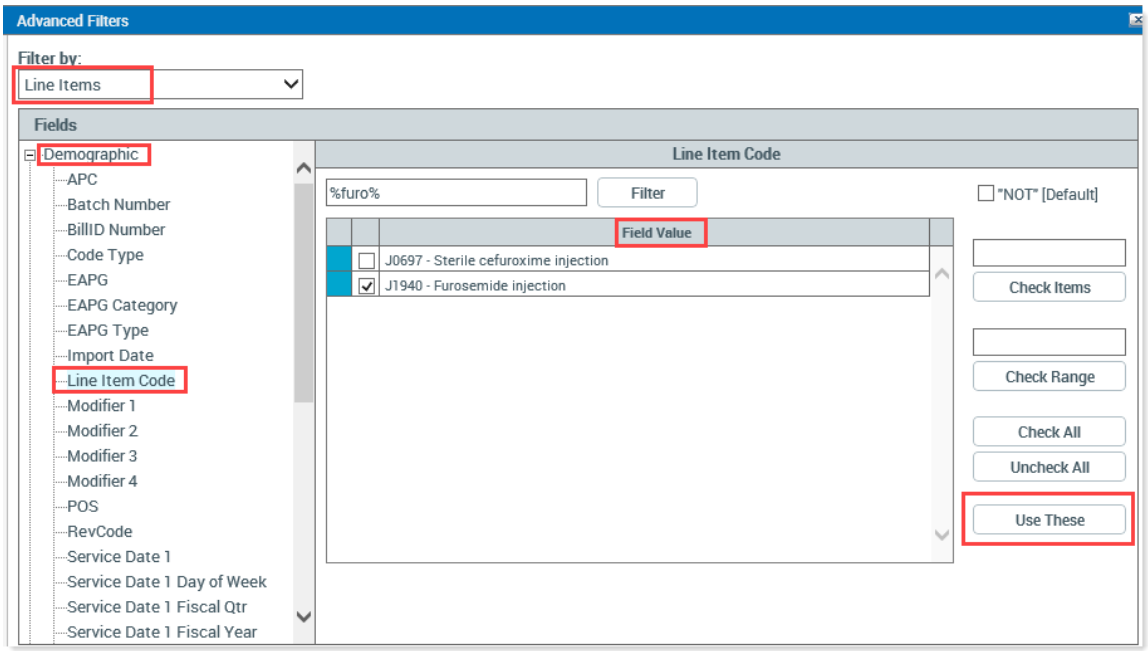
To build a multi-tab report:

1. Open an existing report or create a new one.
2. At the bottom right of the page, click **Add Filters**.

   The Advanced Filters window opens.
3. From the **Filter by** drop-down, select **Line Items**. This sets a Line Items tab filter without you needing to switch tabs.
4. In the **Fields** panel, expand the **Demographic** folder, and select **Line Item Code**. In the right side of the window, Line Item Code values display with their descriptions.

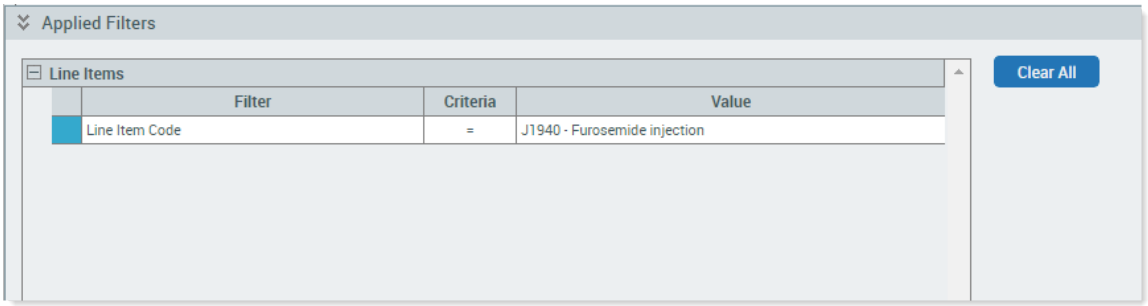
5. Click the check box for each Line Item Code filter to apply to the report, and then click **Use These**.

   In the following example, the user searched for a certain kind of drug by using the wildcard search "%furo%", which returned two kinds of injection drug.



6. Close the Advanced Filters window.

7. To confirm your selected filter(s), at the bottom left of the page, click **Applied Filters**. In the Applied Filters window, review the applied filter(s).



   Setting a Line Items filter causes the system to automatically filter through the database so that only claims information related to the criteria selected from Line Items is accessible.

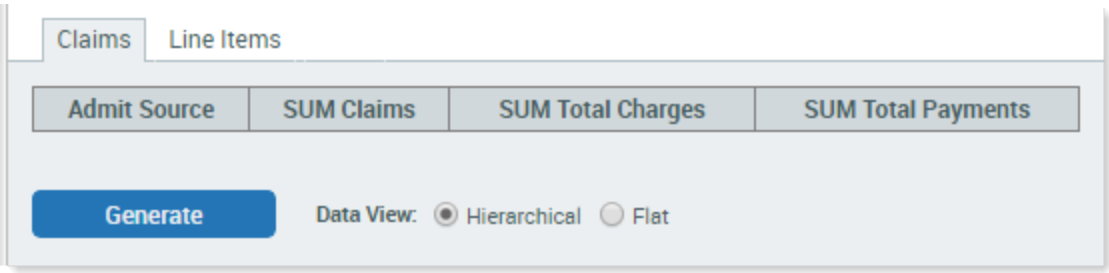
8. Close the Applied Filters window by clicking the arrows to the left of **Applied Filters**.

9. In the **Columns** panel, on the **Groupings** tab, double-click **Admit Source**.

10. Click the **Measures** tab.

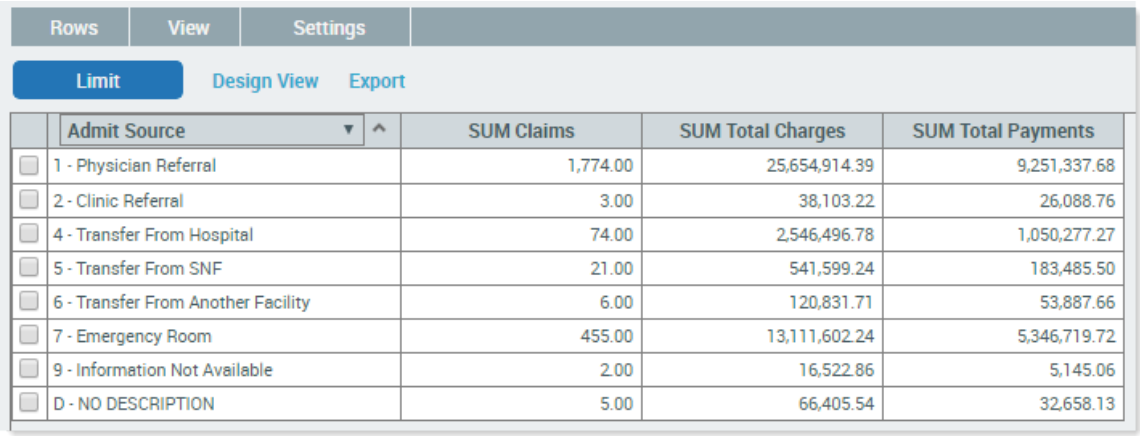
11. Double-click the following: **Claims**, **Total Charges**, and **Total Payments** to add them to the report,

calculated as SUM.



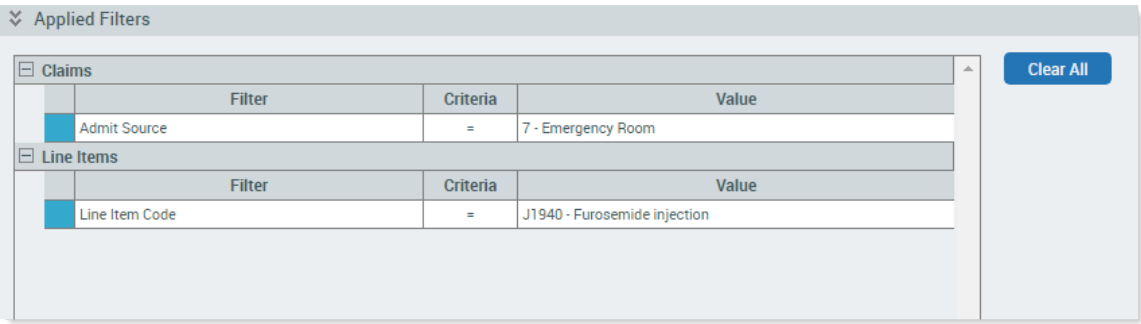
12. After selecting all desired fields, click **Generate**.

    The results show the Admit Source and the number of claims that have administered the selected drug, along with all associated charges and payments.



Admit Source	SUM Claims	SUM Total Charges	SUM Total Payments
1 - Physician Referral	1,774.00	25,654,914.39	9,251,337.68
2 - Clinic Referral	3.00	38,103.22	26,088.76
4 - Transfer From Hospital	74.00	2,546,496.78	1,050,277.27
5 - Transfer From SNF	21.00	541,599.24	183,485.50
6 - Transfer From Another Facility	6.00	120,831.71	53,887.66
7 - Emergency Room	455.00	13,111,602.24	5,346,719.72
9 - Information Not Available	2.00	16,522.86	5,145.06
D - NO DESCRIPTION	5.00	66,405.54	32,658.13

NOTE: If you add a new filter that limits the Admit Source on the Claims tab, the Applied Filters tab shows the filters from both the Claims and Line Items tabs, separating them by filter type.



Save a multi-tab report

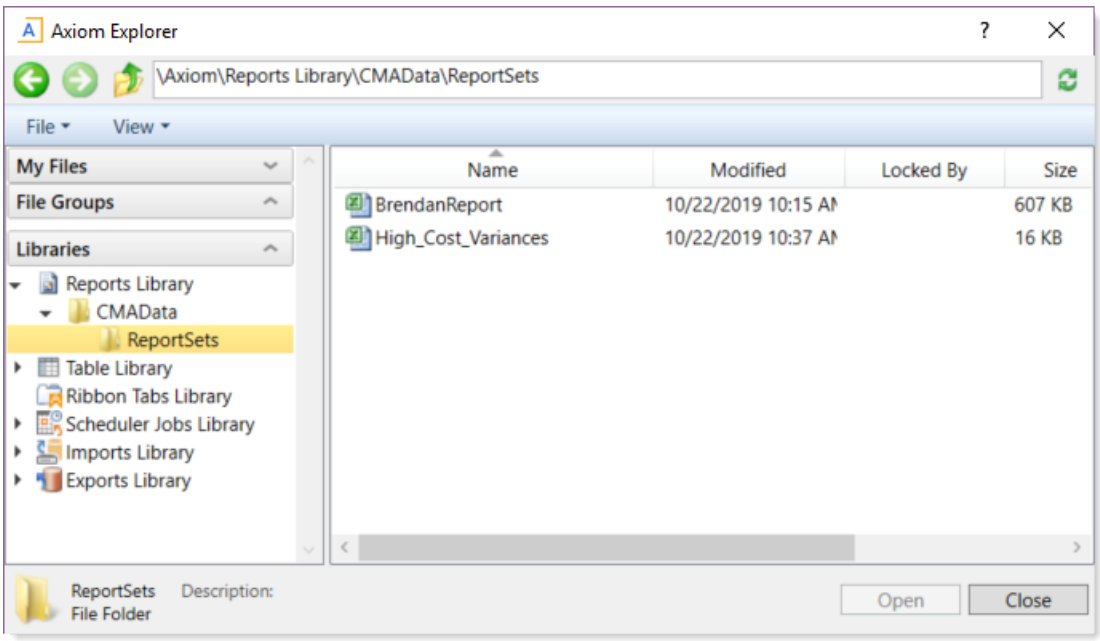
You use the same process to save a multiple-tab report as when saving a single-tab report. However, it is important to note the tab you are on when you save the report. The Applied Filters from each tab is saved; however, the report will only save the Rows/Columns of the tab you are viewing at the time that you save the report.

In the previous example, if you switched to the Line Items tab before saving, saving the report while on the Line Items tab would save only the filters, not the selected Admit Source, Claims, Charges, and Payments from the Claims tab. However, saving from the Claims tab will save the Row/Columns you selected and all filters applied to the report, regardless of the tab they are associated with.

Using report sets

The Report Sets feature allows you to create single or multi-report workbooks and to schedule them to run automatically, one time or on a regular basis.

When you run reports from the Report Sets window, the generated reports are automatically exported to Excel and saved to a selected directory accessible from the Axiom Desktop Client. The default directory is Axiom > Reports LIbrary > CMAData > ReportSets. From this directory, you can view, save, export, and delete reports.



Create a report set

Use these instructions to create set of drill-down reports.

To create a Report Set:

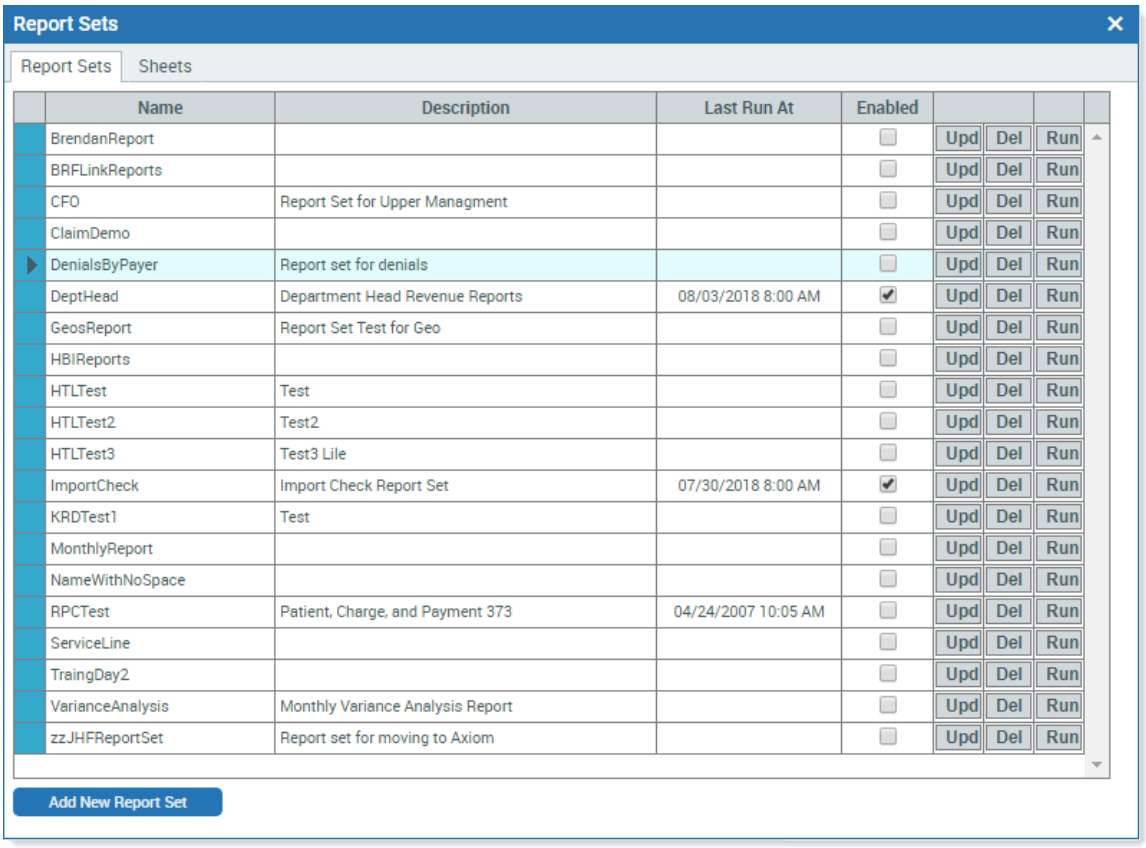
1. In the main menu header, click **Reports** > **Drill-Down Reports**.
2. On the **Drill-Down Reports** page, click **Reports** > **Report Sets**.
3. At the bottom left of the **Report Sets** window, click **Add New Report Set**.

   A new row displays at the bottom of the Report Set grid.
4. In the **Name** column of the new row, type a name for the new report set. The name of the report set will also be the name of the report file that exports.

   NOTE: Do not use any spaces or special characters in the report name. Limit the title to 15 characters because this is used for the workbook name.
5. If desired, click in the **Description** column for the new row and enter a description of the report set. Spaces and special characters are allowed in the Description field.

   The Last Run At column displays the last time the report ran through the Scheduler.
6. To enable the report set to be scheduled to run at a set time, select the **Enabled** checkbox.
7. At the right end of the new report row, click **Save**.
8. In the confirmation dialog, click **OK**.

   The Report Set saves to the grid in alphabetical order.



9. Next, add reports to the report set.

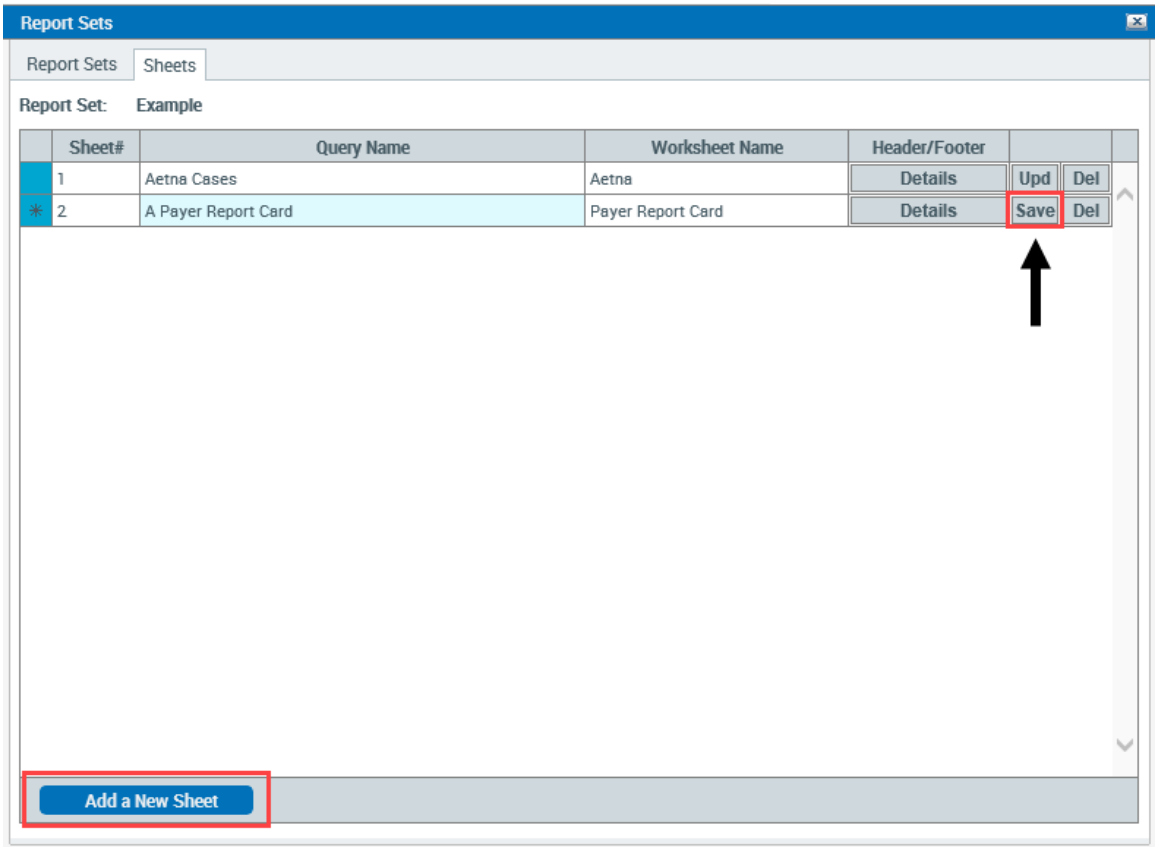
Add reports to a report set

Use these instructions to add reports to an existing report set, and to set up headers and footers for the generated reports.

To add reports to the report set:

1. In the **Report Set** table, find and select the report set.
2. At the top of the **Report Sets** window, click the **Sheets** tab.
3. On the **Sheets** tab, at the bottom left, click **Add New Sheet**. A new row is added to the Sheets table.
4. Click in the **Query Name** field, and then from the drop-down menu, select the drill-down report to add.
5. In the **Worksheet Name** field, type a name for the worksheet. Worksheet names become the names of the tabs used in the generated report.

All reports, regardless of type (Claims or Line Items), are listed here alphabetically. Each added report will be an additional sheet in the report set Excel workbook.

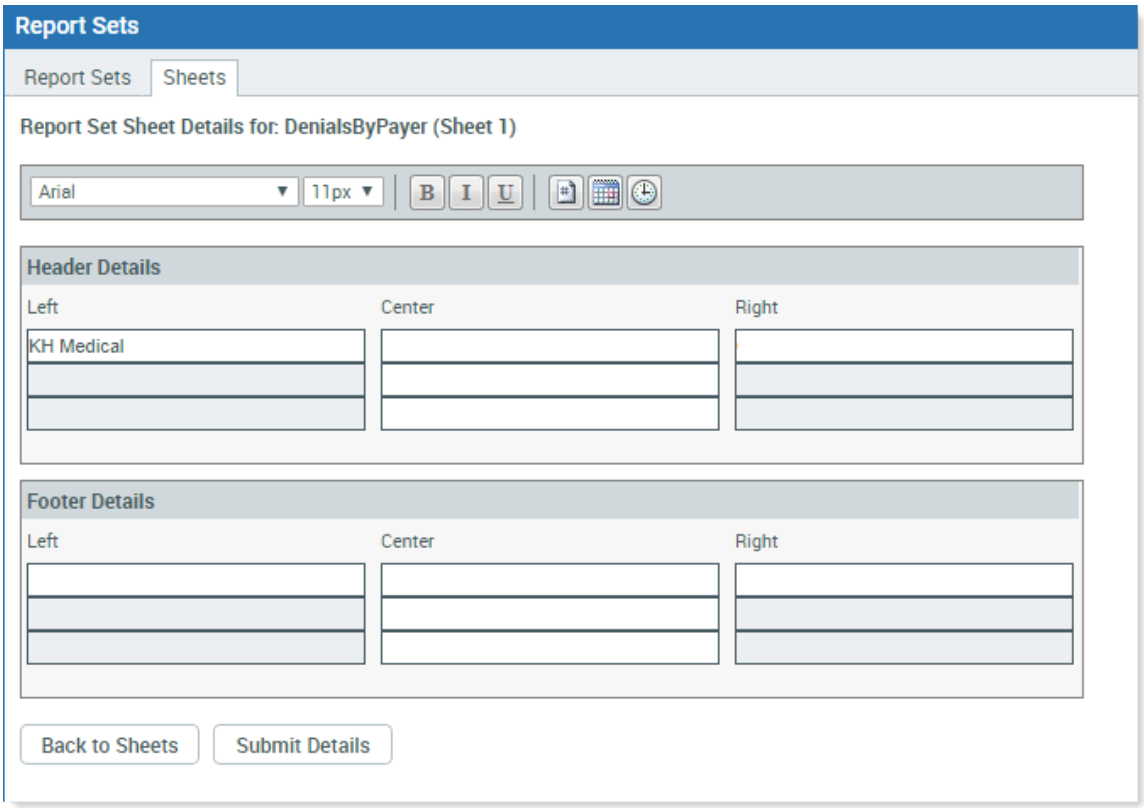


6. Near the right end of the new row, click **Save**.
7. If desired, you can add header and footer information to the sheet. See the following instructions "Add headers and footers to reports in the set."
8. Run and view the report, or schedule the report set to run at another time.

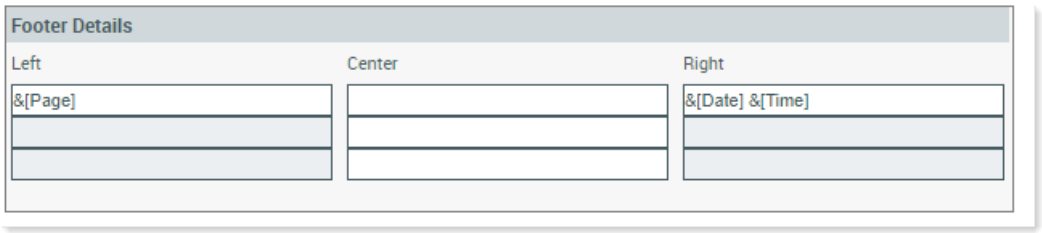
Add headers and footers to reports in the set

To add header and footer information to the sheet:

1. In the **Header/Footer** column for the new sheet row, click **Details**.
2. In the **Header Details** section, type the desired information into the fields that corresponds to the section of the header where you want the text to display.



3. In the **Footer Details** section, type the desired information into the fields corresponding to the footer sections (Left, Center, Right) where you want to place text. To add page numbers and a time stamp of when the report was created, do the following:
   a. Click in the field where you want the page number to populate; then, in the formatting menu at the top of the window, click the page number button ( ).
   b. Click in the field where you want to put the date and time that the report was created, then, in the formatting menu, click the date button ( ), and then click the time button ( ).



Example of page number and report time stamp set in the footer

4. At the bottom of the window, click **Submit Details**.

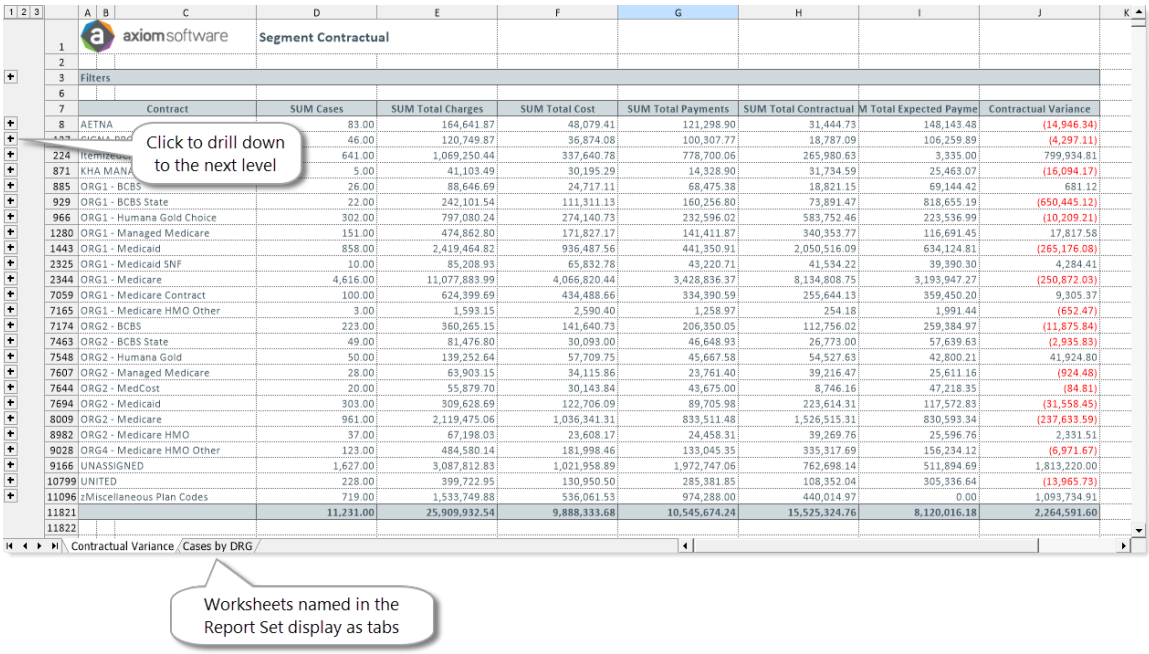
Run and view a report set

Use these instructions to generate and view a set of drill-down reports.

NOTE: Before you run reports from the Report Sets window, confirm that your reports have been built, that they run correctly, and that they have been saved. Otherwise, you may receive an error when attempting to run the set.

1. Open the Report Sets window:
   a. In the main menu header, click **Reports** > **Drill-Down Reports**.
   b. On the **Drill-Down Reports** page, in the menu header, click **Reports** > **Report Sets**.
2. In the **Report Sets** tab, in the row for the desired report set, click **Run**.
3. In the confirmation dialog, click **OK**.
4. Open the **Desktop Client**.
5. In the **Axiom Explorer**, navigate to **Libraries** > **Reports Library** > **CMAData** > **ReportSets** and locate your report.
6. Double-click the report to open and view it.

   Drill through the report by clicking the plus buttons on the left, as shown in the following example.



Contract	SUM Cases	SUM Total Charges	SUM Total Cost	SUM Total Payments	SUM Total Contractual	M Total Expected Payme	Contractual Variance
AETNA	83.00	164,641.87	48,079.41	121,298.90	31,444.73	148,143.48	(14,946.34)
	46.00	120,749.87	36,874.08	100,307.77	18,787.09	106,259.89	(4,297.11)
Itemized	641.00	1,069,250.44	337,640.78	778,700.06	265,980.63	3,335.00	799,934.81
KHA MANA	5.00	41,103.49	30,195.29	14,328.90	31,734.59	25,463.07	(16,094.17)
ORG1 - BCBS	26.00	88,646.69	24,717.11	68,475.38	18,821.15	69,144.42	681.12
ORG1 - BCBS State	22.00	242,101.54	111,311.13	160,256.80	73,891.47	818,655.19	(650,445.12)
ORG1 - Humana Gold Choice	302.00	797,080.24	274,140.73	232,596.02	583,752.46	223,536.99	(10,209.21)
ORG1 - Managed Medicare	151.00	474,862.80	171,827.17	141,411.87	340,353.77	116,691.45	17,817.58
ORG1 - Medicaid	858.00	2,419,464.82	936,487.56	441,350.91	2,050,516.09	634,124.81	(265,176.08)
ORG1 - Medicaid SNF	10.00	85,208.93	65,832.78	43,220.71	41,534.22	39,390.30	4,284.41
ORG1 - Medicare	4,616.00	11,077,883.99	4,066,820.44	3,428,836.37	8,134,808.75	3,193,947.27	(250,872.03)
ORG1 - Medicare Contract	100.00	624,399.69	434,488.66	334,390.59	255,644.13	359,450.20	9,305.37
ORG1 - Medicare HMO Other	3.00	1,593.15	2,590.40	1,258.97	254.18	1,991.44	(652.47)
ORG2 - BCBS	223.00	360,265.15	141,640.73	206,350.05	112,756.02	259,384.97	(11,875.84)
ORG2 - BCBS State	49.00	81,476.80	30,093.00	46,648.93	26,773.00	57,639.63	(2,935.83)
ORG2 - Humana Gold	50.00	139,252.64	57,709.75	45,667.58	54,527.63	42,800.21	41,924.80
ORG2 - Managed Medicare	28.00	63,903.15	34,115.86	23,761.40	39,216.47	25,611.16	(924.48)
ORG2 - MedCost	20.00	55,879.70	30,143.84	43,675.00	8,746.16	47,218.35	(84.81)
ORG2 - Medicaid	303.00	309,628.69	122,706.09	89,705.98	223,614.31	117,572.83	(31,558.45)
ORG2 - Medicare	961.00	2,119,475.06	1,036,341.31	833,511.48	1,526,515.31	830,593.34	(237,633.59)
ORG2 - Medicare HMO	37.00	67,198.03	23,608.17	24,458.31	39,269.76	25,596.76	2,331.51
ORG4 - Medicare HMO Other	123.00	484,580.14	181,998.46	133,045.35	335,317.69	156,234.12	(6,971.67)
UNASSIGNED	1,627.00	3,087,812.83	1,021,958.89	1,972,747.06	762,698.14	511,894.69	1,813,220.00
UNITED	228.00	399,722.95	130,950.50	285,381.85	108,352.04	305,336.64	(13,965.73)
zMiscellaneous Plan Codes	719.00	1,533,749.88	536,061.53	974,288.00	440,014.97	0.00	1,093,734.91
	11,231.00	**25,909,932.54**	**9,888,333.68**	**10,545,674.24**	**15,525,324.76**	**8,120,016.18**	**2,264,591.60**

7. After viewing the report, do any of the following:
   - Close the report. When prompted to save, select to save it.
   - Close the report and export it. To export the report, right-click it and select **Export**.

- Close the report and delete it. To delete the report, right-click it and select **Delete**.

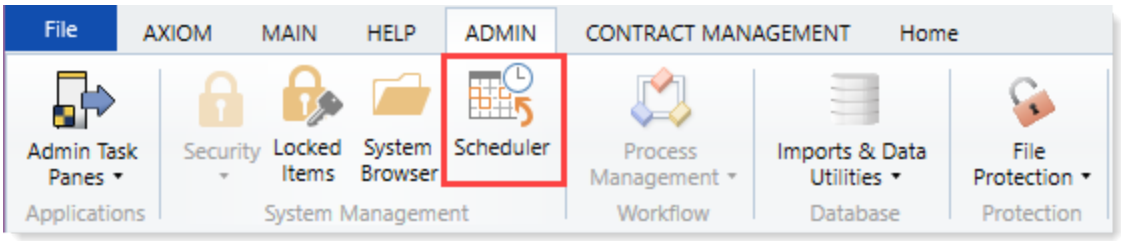
Schedule a report set to run

Use these instructions for scheduling the running of drill-down report sets. You can schedule reports to run once or on a regular basis. To schedule reports, you need to have CMA Scheduler permissions.

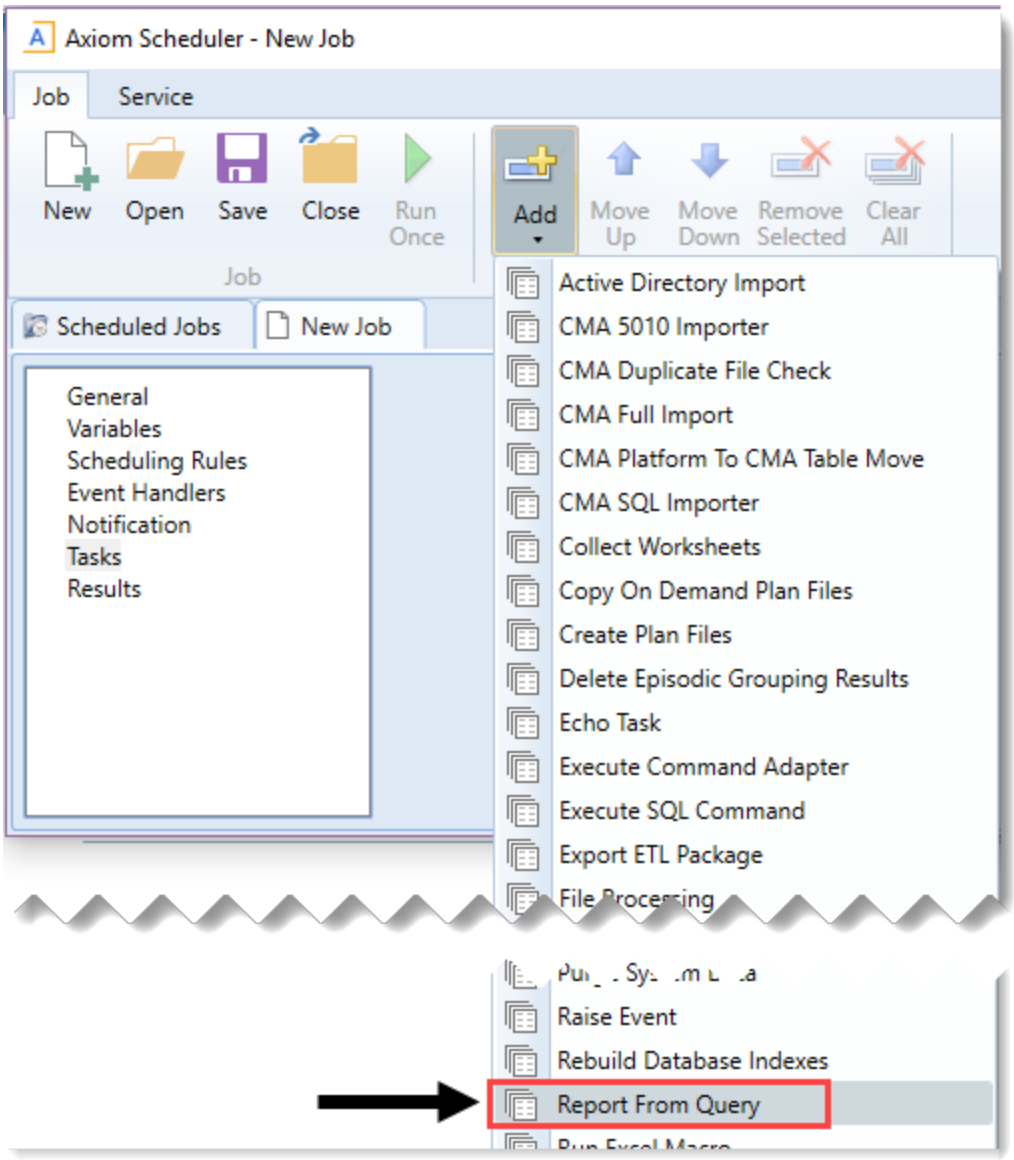
NOTE: Before scheduling a report set, confirm that the reports in the set have been built, that they run correctly, and that they have been saved.

To schedule and run a report set:

1. Open the Report Sets window:
   a. In the main menu header, click **Reports** > **Drill-Down Reports**.
   b. On the **Drill-Down Reports** page, in the menu header, click **Reports** > **Report Sets**.
2. In the **Report Sets** tab, in the row for the desired report set, ensure the **Enabled** box is checked.
3. Open the **Desktop Client**.
4. In the **Admin** ribbon tab, click **Scheduler**.

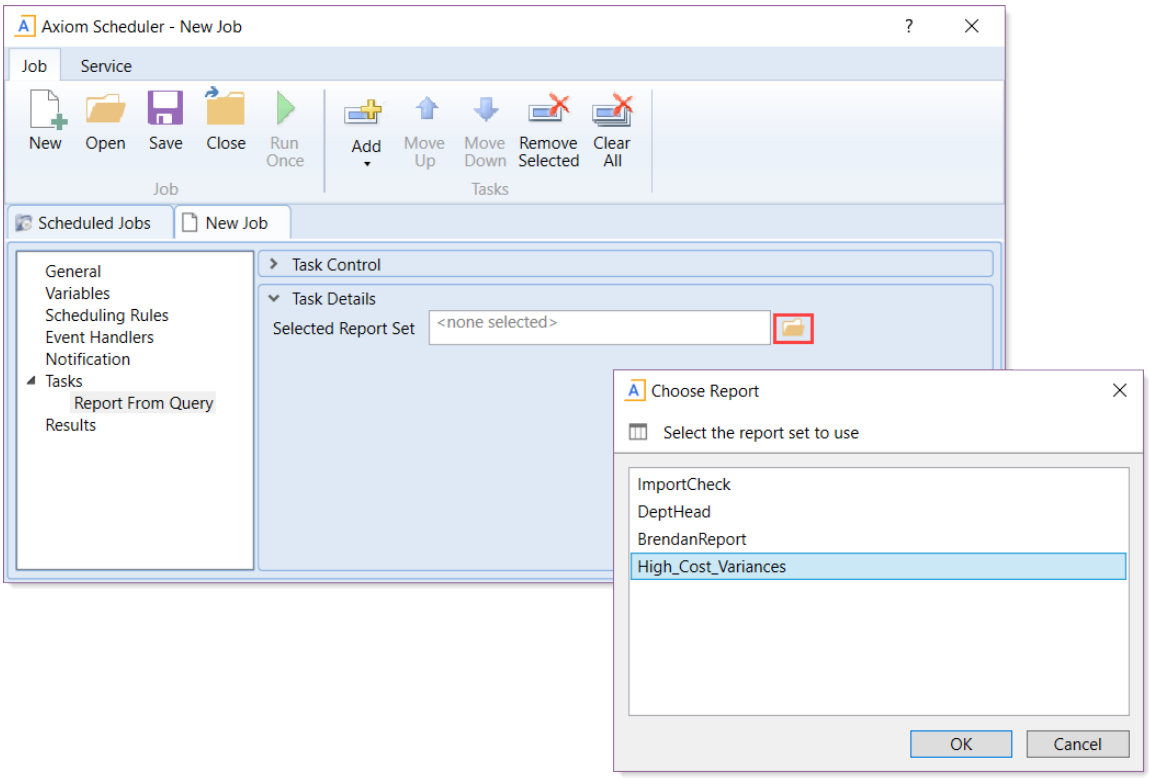


5. In the **Scheduler** window, on the **Job** tab, click **New**.
6. Click the **Add** button and select **Report from Query**.

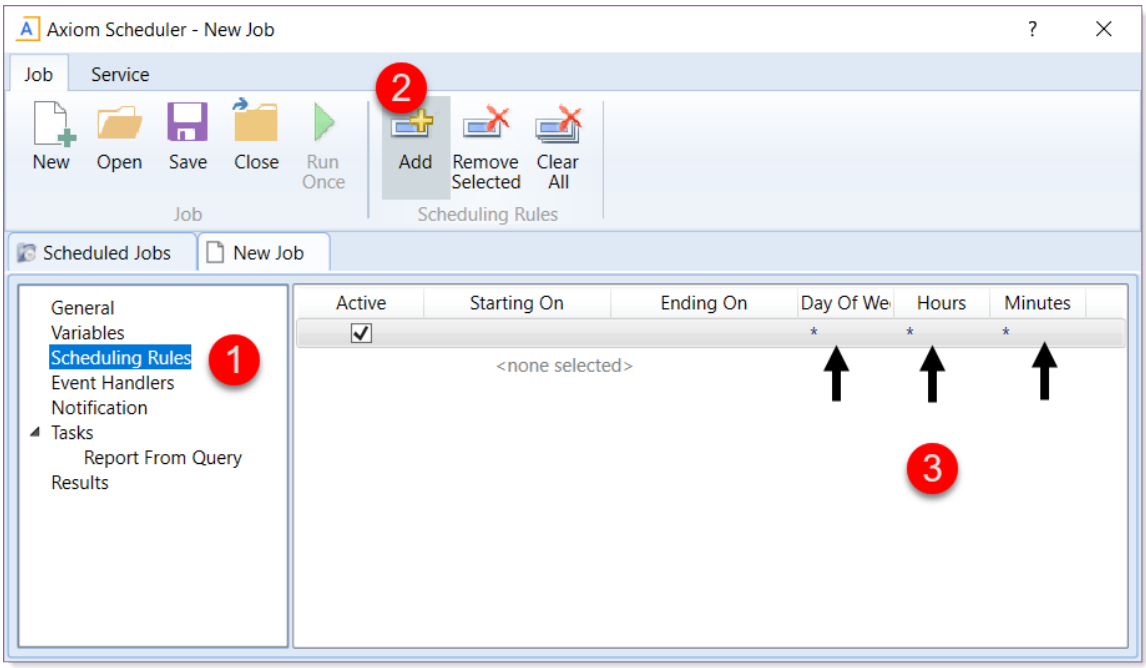


7. In the **New Job** tab, on the right of the **Selected Report Set** field, click the open folder icon to view available reports.
8. In the **Choose Report** dialog, select the report to be scheduled, and then click **OK**.

> **NOTE:** Only report sets that are enabled for scheduling display in the Choose Report dialog. For details, see Create a report set.



9. In the **New Job** tab on the left, click **Scheduling Rules**, and then click **Add**. A new rule is added to the right side of the dialog.



10. Set the run day and time:

a. Under **Day Of Week**, double-click near the asterisk to activate the cell and then enter a selection:
   - * (Default): The job will be run on all days within the start / end range.
   - 0-6: The job will run on the specified day(s), where 0 is Sunday and 6 is Saturday. Use a comma or a hyphen to separate multiple days (hyphen if the days are contiguous, commas if not). For example, you can enter 1,3,5 for Monday, Wednesday, and Friday, or enter 1-5 for Monday through Friday.

b. Under **Hours**, specify the time of day (hours) that you want the job to run, in relation to the specified days:
   - * (Default): The job will be run on all hours.
   - 0-23: The job will be run on the specified hour or hours, where 0 is midnight and 23 is 11:00 PM. Use a comma or a hyphen to separate multiple hours (hyphen if the hours are contiguous, commas if not). For example, you can enter 0,12 to run at midnight and noon, or enter 0-12 to run every hour from midnight to noon.

c. Under Minutes, specify the time of day (minutes) that you want the job to run, in relation to the specified hours:
   - * (Default): The job will be run on all minutes (essentially the job is run continuously, once per minute).
   - 0-59: The job will be run on the specified minute or minutes of the hour, where 0 is the first minute of the hour and 59 is the last minute of the hour. Use a comma or a hyphen to separate multiple minutes (hyphen if the hours are contiguous, commas if not). For example, you can enter 0,30 to run at the top of the hour and the half hour, or enter 0-30 to run every minute from the top of the hour to the half hour.

   NOTE: If you specify an hour, then in most cases you should also specify a minute (such as 0 to run the job at the top of the specified hour). If you enter an hour but leave the minutes at the default asterisk, then the job will run every minute in that hour.

11. If desired, schedule email notification to alert users when the report is available for viewing:
    a. In the **New Job** tab on the left, click **Notification**.
    b. On the right, select the desired settings and specify message content.
12. Click **Save** and then name and save the schedule in the Contract Management or Product Line Management folder.

9

Security

Axiom Contract Management security roles

Axiom Contract Management provides four main user security roles. Following are summaries of each role. For details, refer to the following table.

CMA Admin – User with the CMA Admin security role have Administrative privileges within the application.

CMA Analyst – Users with the CMA Analyst security role have standard user level permissions within the application.

CMA User – Users with the CMA User security role have restricted rights.

CMA Scheduler – Users with the CMA Scheduler security role have access to the Axiom Scheduler and ETL tools within the Axiom.

Access to:	CMA Admin	CMA Analyst	CMA User	CMA Scheduler
Contracts	Add, delete, and modify all aspects of the contract	View only	View only	No access
Simulations	Add, delete, and modify all aspects of a simulation	View only	View only	No access

Access to:	CMA Admin	CMA Analyst	CMA User	CMA Scheduler
Claims View a Claim	• View all tabs • Add and modify Claim Tracking • View Voucher	• View all tabs • Add and modify Claim Tracking • View Voucher	View only	No access
Claims Re-calculate	All features of re-calculate	All features of re-calculate	No access	No access
Claims Track / Assign Claims	• Create, delete, and edit user-defined categories • Export reports • Build filters	• Create, delete and edit user-defined categories • Export reports and claims lists • Build filters	• View and export Claims lists • Run Reports using existing filters • Export reports	No access
Import Data	View only. We recommend contacting support prior to deleting any data from the system.	View only	View only	Create, delete, edit Axiom ETLS to facilitate loading data into Axiom tables
Reports	• Create, view, edit reports • Build Advanced filters	• Create new • View existing • Build Advanced filters	• View/run only • Export Reports	No access

Access to:	CMA Admin	CMA Analyst	CMA User	CMA Scheduler
Axiom Scheduler	No access to Axiom jobs	No access to Axiom jobs	No access to Axiom jobs	Create, edit, delete, and schedule Axiom jobs