

## **Administrator's Guide**

Axiom Contract Management

Version 2020.4

**AXIOM**

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# Contents

- Chapter 1: Welcome to Axiom Contract Management ..... 5
  - What is covered in this document ..... 5
  - What’s new ..... 7
  - Understanding the Axiom Contract Management system ..... 9
  
- Chapter 2: Managing data ..... 11
  - About accessing data in the Axiom Desktop Client .....11
  - Importing data to Axiom Contract Management ..... 12
  
- Chapter 3: Managing attributes .....38
  - Creating attributes ..... 39
  - Edit or delete an attribute .....41
  
- Chapter 4: Managing insurance plan codes ..... 42
  - Create an insurance plan code .....42
  - Search for an existing insurance plan code .....44
  - Map provider names to Org codes .....45
  
- Chapter 5: Modeling contracts .....47
  - Contract data requirements ..... 47
  - Filter contracts on the Contracts page .....47
  - Add a new contract ..... 48
  - Add a version ..... 49
  - Add a provision .....51
  - Using attributes ..... 59
  - Modeling clauses and terms .....63
  - Copy, move, delete, or download attached files .....96
  - Attaching supporting documents to a contract ..... 98
  - Copying contracts ..... 100
  
- Chapter 6: Managing simulations .....105
  - Create a simulation .....105
  - Edit or delete a simulation .....106
  - Setting up reporting across simulations ..... 106

<b>Chapter 7: Working with claims</b> .....	<b>110</b>
View a claim by selected criteria .....	111
View claim details .....	113
View Grouper Edits for a claim .....	119
Using claim tracking .....	120
Simulate adjustments to claim charges .....	127
Grouping and pricing APC and eAPG claims .....	131
Calculating claims .....	138
<b>Chapter 8: Working with Standard Reports</b> .....	<b>153</b>
Access standard reports .....	153
Create a new standard report .....	154
View a standard report .....	156
Export a standard report .....	157
Edit or delete a standard report .....	159
Run APC and eAPG Edits Reports in any simulation .....	160
<b>Chapter 9: Working with drill-down reports</b> .....	<b>162</b>
Accessing drill-down reports .....	162
Organizing drill-down reports .....	163
Configuring drill-down reports .....	168
Viewing drill-down reports .....	173
Building drill-down reports .....	176
Editing and filtering drill-down reports .....	192
Delete a saved drill-down report .....	206
Reporting across tabs .....	207
Improve variance reporting with Posting subcategories .....	210
Using report sets .....	210
<b>Chapter 10: Security</b> .....	<b>220</b>

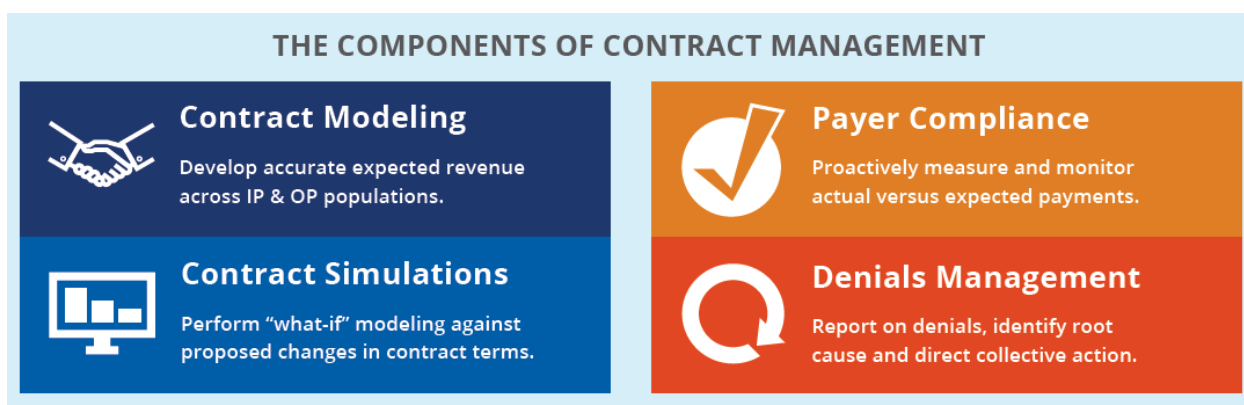


# Welcome to Axiom Contract Management

Syntellis’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.

Syntellis’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 [adding 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 2020.4 of Axiom Contract Management!

Enhancements in this release include:

## [Updated UI improves visibility and navigation for contract pages](#)

The new UI provides a cleaner layout for easier viewing of, and navigating to, contract levels and their associated settings. For example, each contract level now has its own page, providing a larger workspace, and the process for navigating from one contract level to another is consistent. Other enhancements include icons and other indicators that make it easy to tell at a glance whether a contract level has additional information such as attributes or attached documents.

## [New search functionality added to contract modeling](#)

Along with improved navigation, the updated UI for contract pages and dialogs provides new sort and filter functionality for contract table grids, and search functionality for some dialog fields.

## [Main menu additions](#)

Axiom Contract Management's main menu header is enhanced with some new links that provide quick access to context help pages, software version and copyright information, a queued tasks indicator, and logout.

## [Manage clause and term descriptions](#)

This feature has been updated with additional functionality and moved from the Clause/Terms page to the Admin menu in the main menu header. From the Clause/Term Descriptions page, administrators can search for, add, edit, and remove descriptions used for clauses and terms.

## [October 15, 2020 Quarterly 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.

## July 15, 2020 Quarterly Release

### ▶ Why use this feature

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. These updates are necessary for clients to get the latest software and regulatory changes for accurately grouping and pricing APC and eAPG claims.

### ▶ How this feature works

On a quarterly basis, 3M releases product Service Packs containing updates to its Group & Price service software. Syntellis maintains Medicare contracts for many clients, and partners with 3M to handle APC and eAPG calculations and to keep current with all regulatory changes that occur.

**Where:** The Group and Price menu in the Claims tab of Axiom Contract Management, and Group and Price jobs in the Axiom Scheduler.

**Who:** Axiom Contract Management Administrators who create contracts with the CMS Outpatient calculation basis on a clause or term, and other users working with applicable claims.

**How:** The Development team creates the update from the quarterly download. Customer Success updates the clients' schedules and customer contracts to the required Medicare changes. The client picks up available schedules for any new contract updates between quarters.

# Understanding the Axiom Contract Management system

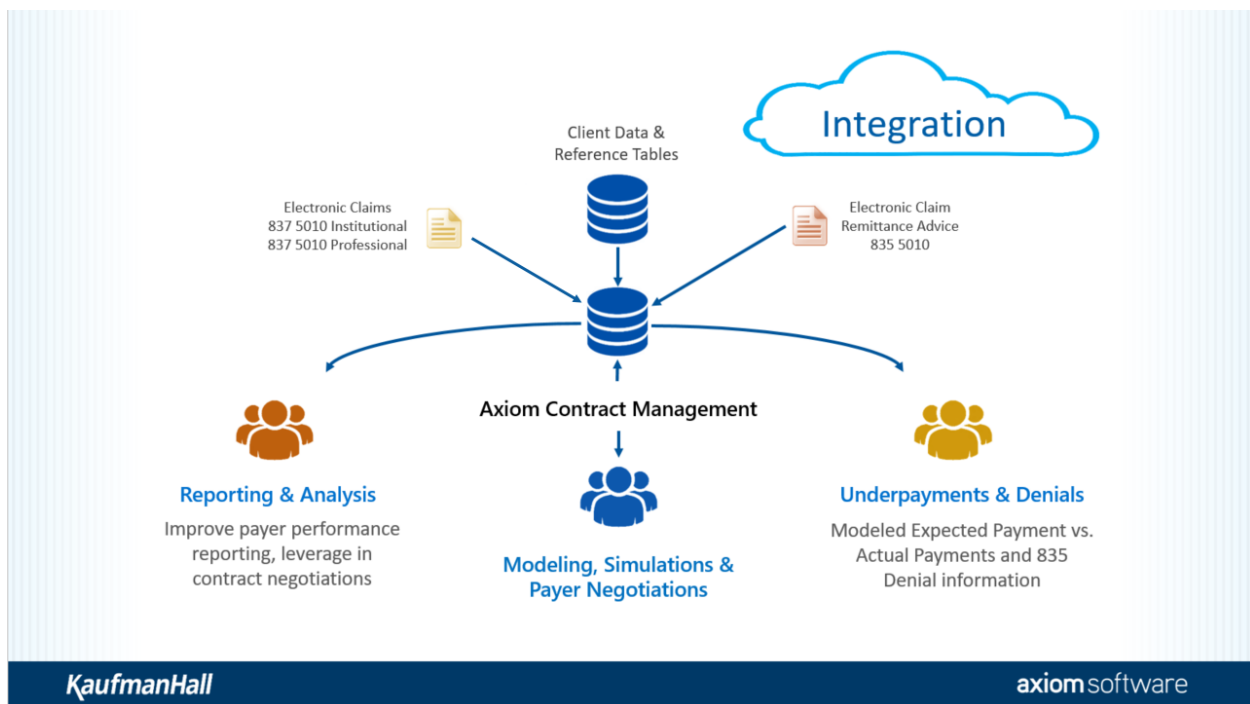
Axiom Contract Management is a web application backed by an SQL database that stores contract terms, patient claims, and payment information. The system uses the contract payment terms and the patient claim information to calculate an expected payment for every claim submitted by the provider.

## 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 sends a bill in the form of an 837i 5010 for institutional claims, and as an 837p 5010 for professional claims, to the payer.



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

**NOTE:** These claims should be collected after they have been sent through a claim scrubber so that they reflect exactly what the payer receives.

After import to Axiom Contract Management, claims are matched to the associated payer contracts 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 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.

# Managing data

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

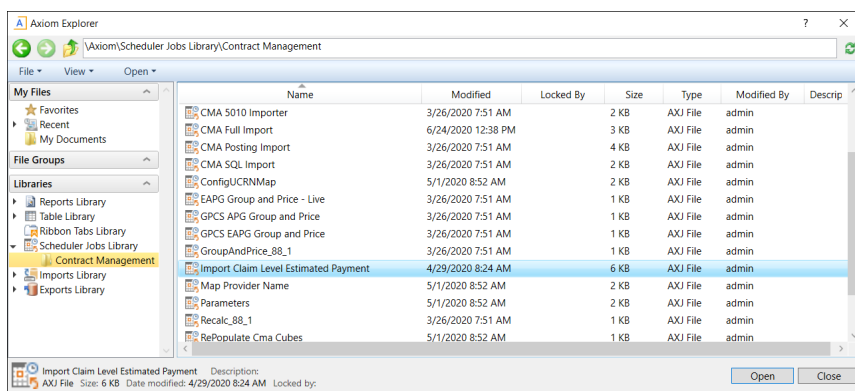
## About accessing data in the Axiom Desktop Client

Key Axiom Contract Management assets are available in the Axiom 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 ClaimNumbers
- CM ContractDetails
- CM Last Import

In addition to the tables, an 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).

## Importing data to Axiom Contract Management

Axiom Contract Management imports data in different formats depending on the type of data file the system is attempting to access. Generally, data provided for import into the system can be categorized into four types:

- **Claims data** – Claim files, both institutional and professional.
- **Financial data** – Payments and adjustments, both institutional and professional.
- **Additional data** – Primary Insurance Plan Codes, claim number mapping files, user-defined field data, Professional Primary Insurance Plan Codes, and other contract terms.
- **Remittance data** – Institutional and Professional 835 files.

Claims and Financial data files must meet certain requirements before importing to Axiom Contract Management, and they must also be in specific formats. Additional data and Remittance data files also have format requirements. For details, see [Client file specifications](#) and [Understanding data formats](#).

Currently, flat text files (Financial data and Additional data) can be imported using the Kreg Unified Importer or the Axiom ETL Importer.

**NOTE:** The Kreg Unified Importer will eventually be phased out.

In general, the import process consists of the following main steps, depending on which importer you use.

If using the Kreg Unified Importer...	If using the Axiom ETL Importer...
<ol style="list-style-type: none"><li>1. <a href="#">Build fixed-width import format files</a> (for payments and adjustments).</li><li>2. <a href="#">Create an import batch</a>. (See also: <a href="#">About import batches</a>)</li><li>3. <a href="#">Add files to the Import Task List</a>.</li></ol>	<ol style="list-style-type: none"><li>1. <a href="#">Set up Axiom ETL import for flat files</a>.</li><li>2. <a href="#">Ensure files are in the correct format</a>.</li><li>3. Drop the files in the appropriate folders that were set up in step 1, where they will be picked up by the importer during the nightly import.</li></ol>
<ol style="list-style-type: none"><li>4. Files are auto-imported to the system during the nightly import. An <a href="#">Import Summary Report</a> is created after each successful nightly import. You can also <a href="#">view import activity</a> in Axiom Contract Management.</li></ol>	

## 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

**NOTE:** UB and 1500 files are no longer accepted as import file types.

The Axiom Contract Management claim dataset is populated mainly by 837i and 837p files, which are typically provided to the server on a scheduled basis for import and recalculation. These files must adhere strictly to the 5010 standards and should be the “scrubbed” claims from the claims clearinghouse.

### ▶ 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 837i/837p 5010 claim files. Typically, they are provided to the Axiom Contract Management server as flat ASCII text files. Users with a Support license can [build fixed-width import formats](#) if using the Kreg Unified Importer. For more information, see [About importing data to Axiom Contract Management](#).

## Client file specifications

Client files imported to Axiom Contract Management must meet the specifications detailed in the following tables for each file type.

### ▶ Claim data

Institutional claims 837i (required)	Description
Format	837i files must adhere strictly to the 5010 standards. All claims must be “scrubbed.” Scrubbed claims typically come from a claims clearinghouse (E-Premis, Emdeon, WebMD, CareMedic, etc.).

Institutional claims 837i (required)	Description
Frequency	Daily. Claim files are dropped to predetermined import folder locations on the Axiom Contract Management server on a daily basis for the previous day's billing cycle. The folder should be named \\servername\KHDData\Hospital\837i5010.
Naming convention	Institutional files must be unique text files and must not have any spaces or special characters in the name. Syntellis requires that each file have a unique name concatenated with a date stamp for the day it was created (example: YYYYMMDD837i.txt).

Professional claims 837p (optional)	Description
Format	837p files must adhere strictly to the 5010 format standards.
Frequency	Daily. Claim files are dropped to predetermined import folder locations on the Axiom Contract Management server on a daily basis for the previous day's billing cycle. The folder should be named \\servername\KHDData\Hospital\837p5010.
Naming convention	Professional files must be unique text files and must not have any spaces or special characters in the name. Syntellis requires that each file have a unique name concatenated with a date stamp for the day it was created (example: YYYYMMDD837p.txt).

► Financial data

Institutional Payments (required)	Description
Format	Flat ASCII text file or Pipe ( ) Delimited. Payments should be positive values, reversals would be negative values.

Institutional Payments (required)	Description
Requested fields	<p><b>Required:</b></p> <ul style="list-style-type: none"> <li>• Account #</li> <li>• Posting Date</li> <li>• Payment Amount</li> </ul> <p><b>Optional:</b></p> <ul style="list-style-type: none"> <li>• UCRN/Claim Number</li> <li>• Payer Code</li> <li>• Payment Date</li> <li>• Posting Code/Transaction Code</li> </ul>
Filter	All records <i>excluding</i> payments received for professional services (services billed on 837p).
Frequency	Daily. Files are dropped to predetermined import folder locations on the Axiom Contract Management server on a daily basis for the previous day's actual posted payments. The folder should be named \\servername\KHData\Hospital\Pay.
Naming convention	Institutional Payment files must be unique text files and must not have any spaces or special characters in the name. Syntellis requires that each file have a unique name concatenated with a date stamp for the day it was created (example: YYYYMMDDPayI.txt).

Institutional Adjustments (required)	Description
Format	Flat ASCII text file or Pipe ( ) Delimited. Adjustments should be positive values, reversals should be negative values.

Institutional Adjustments (required)	Description
Requested fields	<p><b>Required:</b></p> <ul style="list-style-type: none"> <li>• Account #</li> <li>• Posting Date</li> <li>• Adjustment Amount</li> </ul> <p><b>Optional:</b></p> <ul style="list-style-type: none"> <li>• UCRN/Claim Number</li> <li>• Payer Code</li> <li>• Payment Date</li> <li>• Posting Code/Transaction Code</li> </ul>
Filter	Adjustment Postings. All records <i>excluding</i> adjustments received for professional services (services billed on 837p).
Frequency	Daily. Files are dropped to predetermined import folder locations on the Axiom Contract Management server on a daily basis for the previous day's postings. The folder should be named \\servername\KHData\Hospital\Adj.
Naming convention	Institutional Contractual (adjustment) files must be unique text files and must not have any spaces or special characters in the name. Syntellis requires that each file have a unique name concatenated with a date stamp for the day it was created (example: YYYYMMDDAdjI.txt).

Professional Payments (optional)	Description
Format	Flat ASCII text file or Pipe ( ) Delimited. Payments should be positive values, reversals would be negative values.

Professional Payments (optional)	Description
Requested fields	<p><b>Required:</b></p> <ul style="list-style-type: none"> <li>• Account #</li> <li>• Posting Date</li> <li>• Payment Amount</li> </ul> <p><b>Optional:</b></p> <ul style="list-style-type: none"> <li>• UCRN/Claim Number</li> <li>• Payer Code</li> <li>• Payment Date</li> <li>• Posting Code/Transaction Code</li> </ul>
Filter	All records <i>excluding</i> payments received for institutional services (services billed on 837i).
Frequency	Daily. Files are dropped to predetermined import folder locations on the Axiom Contract Management server on a daily basis for the previous day's postings. The folder should be named \\servername\KHData\Hospital\Payp.
Naming convention	Professional Payment files must be unique text files and must not have any spaces or special characters in the name. Syntellis requires that each file have a unique name concatenated with a date stamp for the day it was created (example: YYYYMMDDPayP.txt).

Professional Adjustments (optional)	Description
Format	Flat ASCII text file or Pipe ( ) Delimited. Adjustments should be positive values, reversals should be negative values.

Professional Adjustments (optional)	Description
Requested fields	<p><b>Required:</b></p> <ul style="list-style-type: none"> <li>• Account #</li> <li>• Posting Date</li> <li>• Adjustment Amount</li> </ul> <p><b>Optional:</b></p> <ul style="list-style-type: none"> <li>• UCRN/Claim Number</li> <li>• Payer Code</li> <li>• Payment Date</li> <li>• Posting Code/Transaction Code</li> </ul>
Filter	Adjustment Postings. All records <i>excluding</i> adjustments received for institutional services (services billed on 837i).
Frequency	Daily. Files are dropped to predetermined import folder locations on the Axiom Contract Management server on a daily basis for the previous day's postings. The folder should be named \\servername\KHData\Hospital\AdjP.
Naming convention	Professional Contractual (adjustment) files must be unique text files and must not have any spaces or special characters in the name. Syntellis requires that each file have a unique name concatenated with a date stamp for the day it was created (Example: YYYYMMDDAdjP.txt).

► Additional data

Institutional Primary Insurance Plan Code (required)	Description
Format	Flat ASCII text file or Pipe ( ) Delimited.

Institutional Primary Insurance Plan Code (required)	Description
Requested fields	<p><b>Required:</b></p> <ul style="list-style-type: none"> <li>• Account #</li> <li>• Primary Insurance Plan Code</li> </ul> <p><b>Optional:</b></p> <ul style="list-style-type: none"> <li>• UCRN/Claim number</li> </ul>
Filter	<ul style="list-style-type: none"> <li>• Primary Insurance Only</li> <li>• Date criteria based on 6 - 12 month sliding window (today <i>minus</i> 6 months)</li> </ul>
Frequency	Daily. To be dropped to predetermined import folder locations on the Axiom Contract Management server on a daily basis for the previous day's billing cycle. The folder should be named \\servername\KHData\Hospital\Ins.
Naming convention	Files must be unique text files and must not have any spaces or special characters in the name. Syntellis requires that each file have a unique name concatenated with a date stamp for the day it was created (Example: YYYYMMDDPlanI.txt).

Institutional Primary Insurance DRG Code (required)	Description
Format	Flat ASCII text file or Pipe ( ) Delimited. DRG codes should be zero filled to 3 characters. For example, DRG 57 should be 057.

Institutional Primary Insurance DRG Code (required)	Description
Requested fields	<p><b>Required:</b></p> <ul style="list-style-type: none"> <li>• Account #</li> <li>• Primary Insurance DRG Code</li> </ul> <p><b>Optional:</b></p> <ul style="list-style-type: none"> <li>• UCRN/Claim Number</li> </ul>
Filter	<ul style="list-style-type: none"> <li>• <i>Exclude</i> Professional Accounts</li> <li>• Primary Insurance Only</li> <li>• Date criteria based on 6 - 12 month sliding window (today <i>minus</i> 6 months)</li> </ul>
Frequency	Daily. Files are dropped to predetermined import folder locations on the Axiom Contract Management server on a daily basis for the previous day's billing cycle. The folder should be named \\servername\KHData\Hospital\DRG.
Naming convention	Files must be unique text files and must not have any spaces or special characters in the name. Syntellis requires that each file have a unique name concatenated with a date stamp for the day it was created (example: YYYYMMDDdrg.txt).

Claim Number Mapping File (optional)	Description
Format	Flat ASCII text file or Pipe ( ) Delimited.
Requested fields	<p>This file is needed if the claim number on the claim does not match the posting files from the hospital system.</p> <p><b>Required:</b></p> <ul style="list-style-type: none"> <li>• Account #</li> <li>• UCRN/Claim Number</li> </ul>
Filter	Date criteria based on 6 month sliding window (today <i>minus</i> 6 months).

Claim Number Mapping File (optional)	Description
Frequency	Daily. Files are dropped to predetermined import folder locations on the Axiom Contract Management server on a daily basis for the previous day's billing cycle. The folder should be named \\servername\KHData\Hospital\Map.
Naming convention	Files must be unique text files and must not have any spaces or special characters in the name. Syntellis requires that each file have a unique name concatenated with a date stamp for the day it was created (example: YYYYMMDDUCRN.txt).

User Defined Fields (optional)	Description
Format	Flat ASCII text file or Pipe ( ) Delimited.
Requested fields	<b>Required:</b> <ul style="list-style-type: none"> <li>Account #</li> <li>User Defined Field (UDF)</li> </ul>
Filter	Date criteria based on 6 - 12 month sliding window (today minus 6 months)
Frequency	Daily. Files are dropped to predetermined import folder locations on the Axiom Contract Management server on a daily basis for the previous day's billing cycle. Each user defined field feed needs a unique folder. These folders should be named \\servername\KHData\Hospital\UDF# where # is the number of the UDF.
Naming convention	Files must be unique text files and must not have any spaces or special characters in the name. Syntellis requires that each file have a unique name concatenated with a date stamp for the day it was created (example: YYYYMMDDudf1.txt).

Professional Primary Insurance Plan Code (optional)	Description
Format	Flat ASCII text file or Pipe ( ) Delimited.
Requested fields	<p><b>Required:</b></p> <ul style="list-style-type: none"> <li>• Account #</li> <li>• Primary Insurance Plan Code</li> </ul> <p><b>Optional:</b></p> <ul style="list-style-type: none"> <li>• UCRN/Claim Number</li> </ul>
Filter	<ul style="list-style-type: none"> <li>• <i>Exclude</i> Institutional Accounts</li> <li>• Primary payor only</li> </ul>
Frequency	Daily. Files are dropped to predetermined import folder locations on the Axiom Contract Management server on a daily basis for the previous day's billing cycle. The folder should be named \\servername\KHData\Hospital\InsP.
Naming convention	Files must be unique text files and must not have any spaces or special characters in the name. Syntellis requires that each file have a unique name concatenated with a date stamp for the day it was created (example: YYYYMMDDPlanP.txt).

► Remittance data

Institutional and Professional 835 (optional)	Description
Format	835 files must adhere strictly to the 5010 standards. These files should come from the payer and not be edited.
Frequency	Daily. 835 files are dropped to predetermined import folder locations on the Axiom Contract Management server on a daily basis for the previous day's billing cycle. The folder should be named \\servername\KHData\Hospital\8355010.

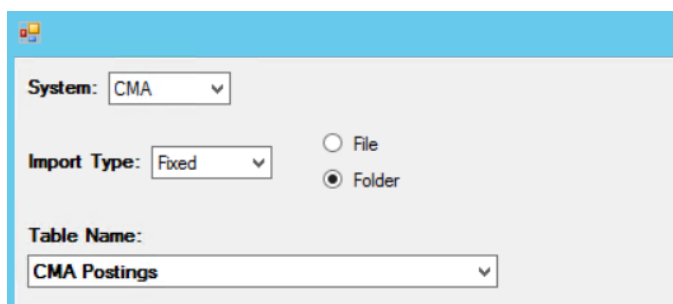
Institutional and Professional 835 (optional)	Description
Naming convention	Institutional files must be unique text files and must not have any spaces or special characters in the name. Syntellis requires that each file have a unique name concatenated with a date stamp for the day it was created (example: YYYYMMDD835.txt).

## 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. 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.

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
- **CMA Library Tables** – Library APC, DRG, etc.

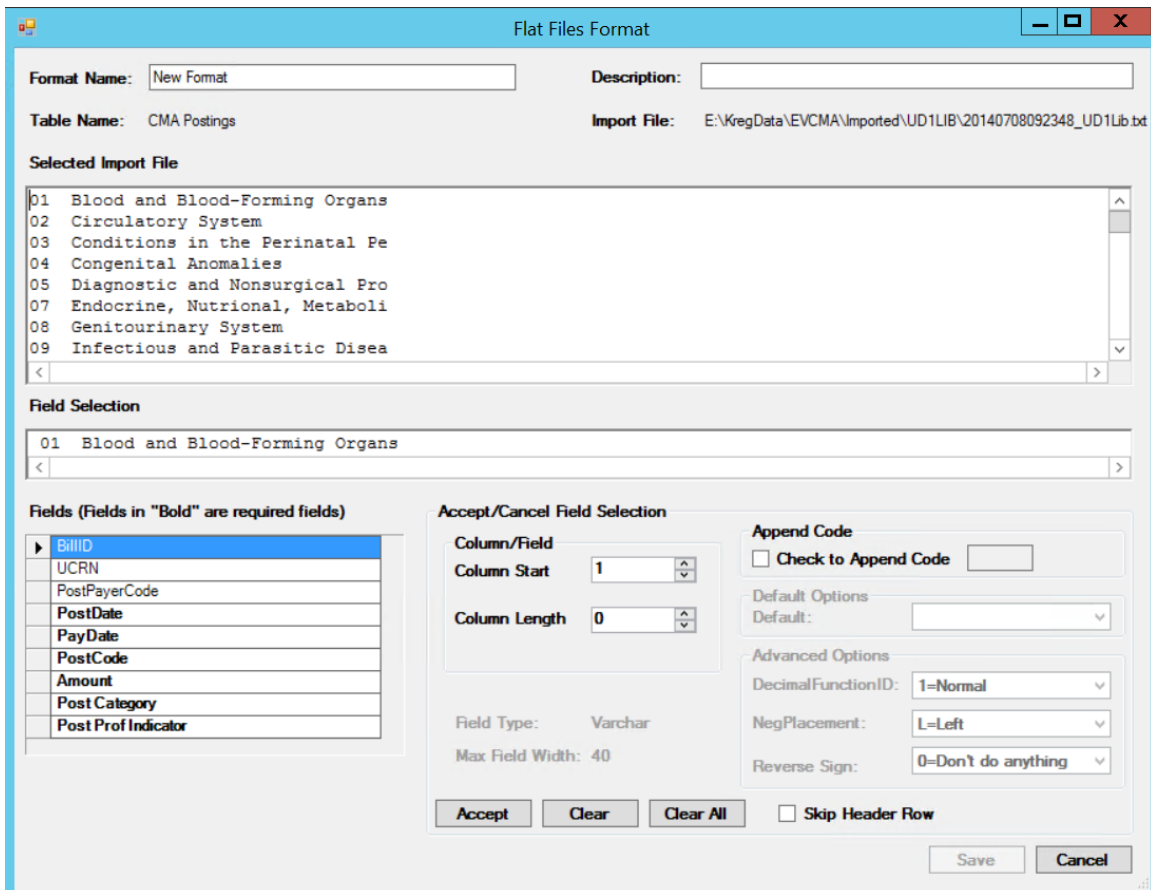
- **Additional Data Upload** – DRG, User-Defined Data, Payer Code, etc.

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. 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:

Append Code  
 Check to Append Code

Default Options  
Default: [Dropdown]

**Advanced Options**  
**DecimalFunctionID:** 1=Normal [Dropdown]  
**NegPlacement:** L=Left [Dropdown]  
**Reverse Sign:** 0=Don't do anything [Dropdown]

**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

Import batches are groups of tasks that tell Axiom Contract Management where to look for files, and once found, which formats to apply to them. After you have the file to import, the next step in importing data to the system using the Kreg Unified Importer (KUI) is [creating import batches](#). When using the KUI, 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.

The setup for importing data is folder-based: 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 date-time stamped and moved into a mirrored IMPORTED folder for later reference if needed.

## Create an import batch

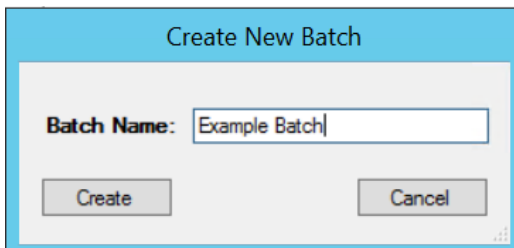
**NOTE:** This topic applies to the Kreg Unified Importer.

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

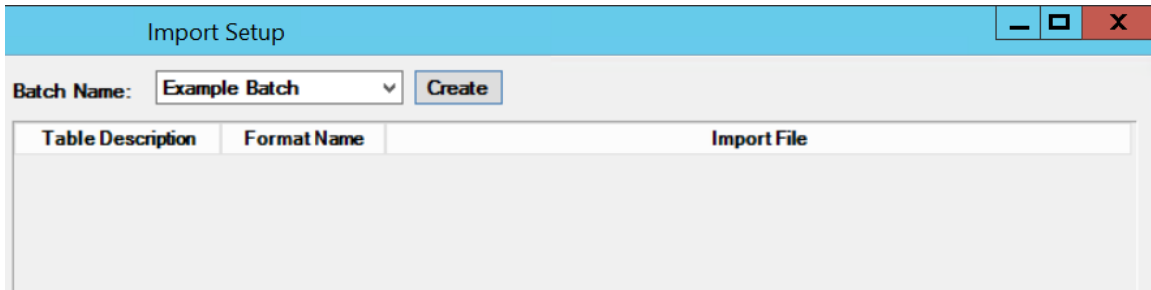
- Claims should import from the 837i or 837p 5010 format files (claims are imported using the 5010
- Flat-file import – Folder and File based

**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.

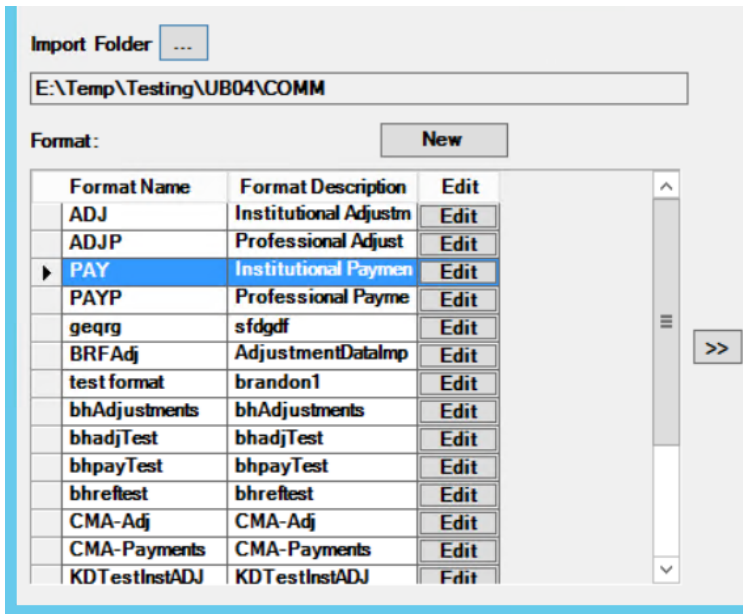


The screenshot shows a dialog box titled "Create New Batch". It features a text input field labeled "Batch Name:" with the text "Example Batch" entered. Below the input field are two buttons: "Create" and "Cancel".



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 then 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.

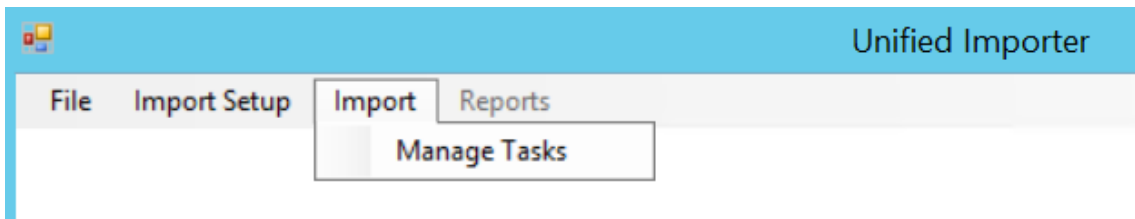
7. Next, [add the import batch to the Import Task List](#).

## Add import batches to the Import Task List

After creating import batches, to process them during the import, you must add them to the Import Task List import queue. 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:

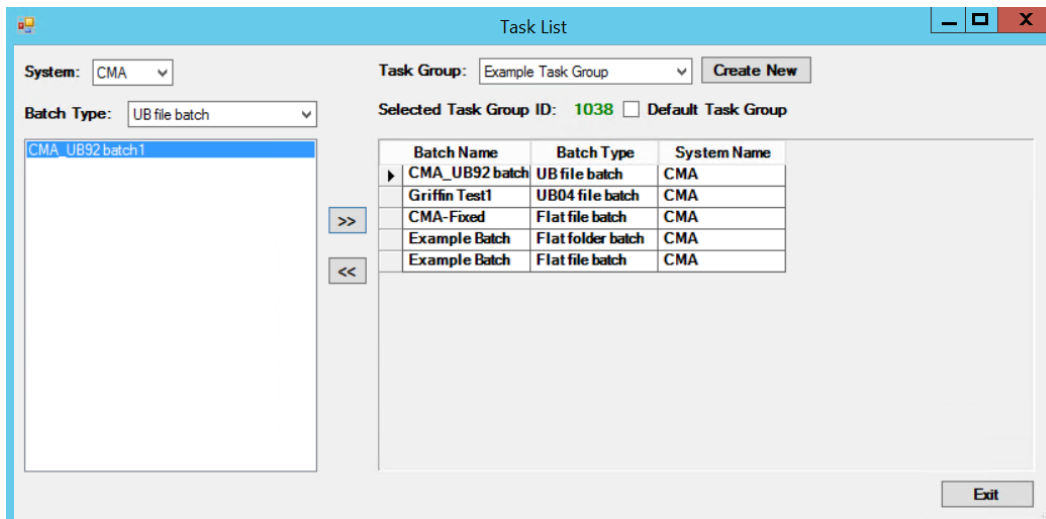
1. In the Unified Importer, from the menu bar, select **Import > Manage Tasks**.



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.



## Set up Axiom ETL import for flat files

Use these instructions to set up folder and file options for importing flat files using the Axiom ETL importer. These instructions are for system implementers setting up new systems and for support technicians setting up import folders for additional flat file types.

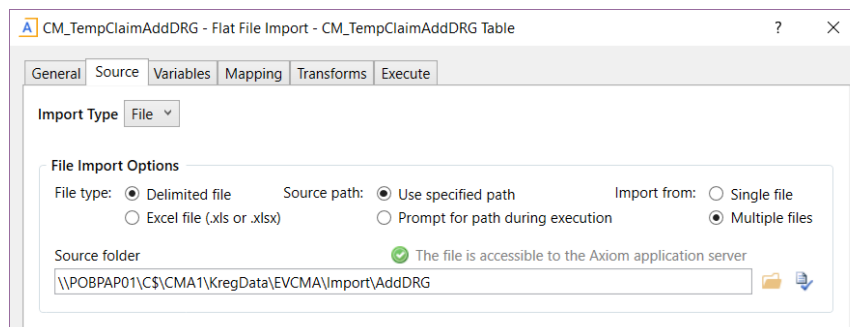
**IMPORTANT:** When copying an existing flat import file, you must add an underscore ( `_` ) and a number or other character to the end of the copied file name: a copy of a file named `CM_TempXXX` would be named `CM_TempXXX_y`; so a copy of the file `CM_TempClaimAddDRG` could be named `CM_TempClaimAddDRG_2`.

### To set up import file and folder options:

1. In the Axiom Windows Client, from the **Axiom** ribbon tab, click **Imports > Contract Management > [desired flat file import type] > Edit**.
2. In the **Flat File Import** dialog, click the **Source** tab.
3. For **Import Type**, select **File**.
4. In **File Import Options**, select the following:
  - a. For **File type**, select **Delimited file**.
  - b. For **Source path**, select **Use specified path**.
  - c. In the **Source folder** field, enter the path to the folder in which the client will place files. This is also the folder from which the importer picks up the files.

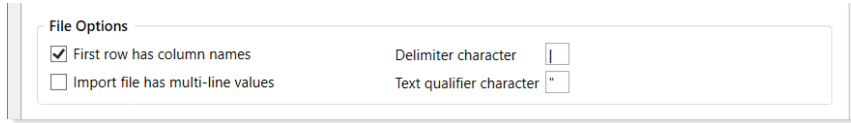
**NOTE:** This path is provided by the client. For requirements, see [Client file specifications](#).

- d. For **Import from**, select **Multiple files**.



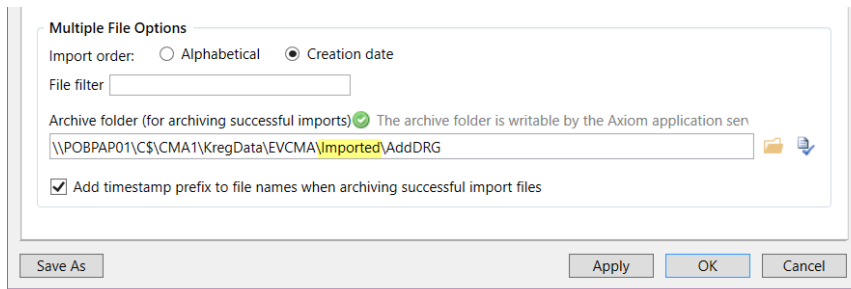
5. In the **File Options** section, select the following:
  - a. If the first row of data in your file has column headers, select the option **First row has column names**.

- b. For **Delimiter character**, select the pipe delimiter (|).
- c. For **Text qualifier character**, the default is quote marks. If your file uses a different qualifier character, enter it in this field.



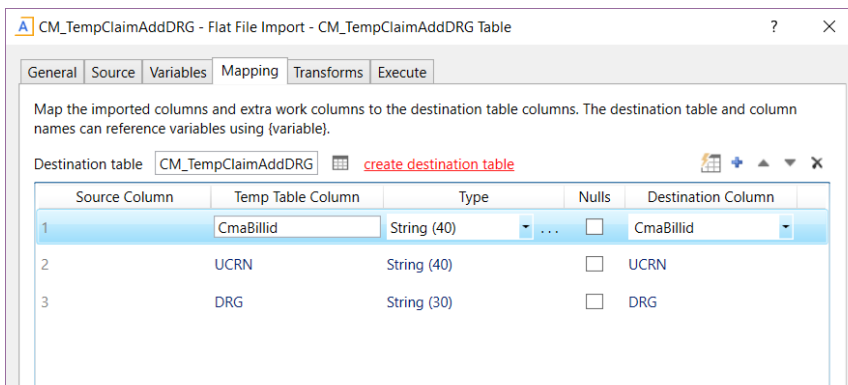
6. In the **Multiple File Options** section, select the following:

- a. For **Import order**, select **Creation date**.
- b. For **Archive folder**, this is the same path as the Source folder except that instead of a folder named "Import" the folder is named "Imported," as shown in the following example.



- c. Ensure that the option **Add timestamp prefix to file names when archiving successful import files** is selected.

7. If the client is using column header names in the file, click the **Mapping** tab and then verify that the information displayed in the **Temp Table Column** and **Destination Column** is correct.

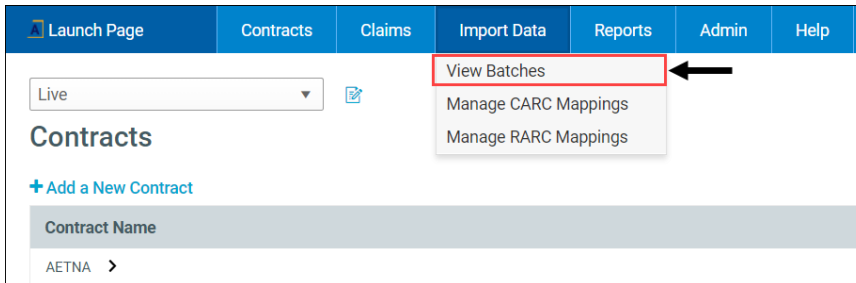


- 8. If the information is not correct, select the line in the column and then type the correct heading.
- 9. Click **Apply** and then click **OK**.

## 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.

The screenshot shows the Manage Import Batches page. The page has a header with navigation tabs: Launch Page, Contracts, Claims, Import Data, Reports, Admin, Help. Below the header, there are filters for 'Select Import Type: Claims' and 'Import Date: Start: 1/2/2019 End: 9/30/2019'. The main content is a table with the following columns: Import Date, Type, Batch #, Claims Submitted, # Rejected, # Accepted, # Exceptions, # Calculated, Total Charges, and Notes. The table contains 15 rows of data.

Import Date	Type	Batch #	Claims Submitted	# Rejected	# Accepted	# Exceptions	# Calculated	Total Charges	Notes
09/03/2019	837I	2796	9	0	9	0	0	\$6,180.18	837I
09/03/2019	837I	2795	9	0	9	0	0	\$6,180.18	837I
08/30/2019	837I	2794	9	0	9	0	0	\$6,180.18	837I
08/30/2019	837I	2793	9	0	9	0	0	\$6,180.18	837I
08/27/2019	837I	2792	9	0	9	0	0	\$6,180.18	837I
08/27/2019	837I	2791	9	0	9	0	0	\$6,180.18	837I
08/26/2019	837I	2790	9	0	9	0	0	\$6,180.18	837I
08/26/2019	837I	2789	9	0	9	0	0	\$6,180.18	837I
08/26/2019	837I	2788	9	0	9	0	0	\$6,180.18	837I
08/22/2019	837P	7061	0	0	0	0	0	\$0.00	Incorrect Type - Not Imported
08/22/2019	837P	7060	0	0	0	0	0	\$0.00	Incorrect Type - Not Imported
08/22/2019	837P	7059	1	0	1	0	0	\$766.50	837P
08/22/2019	837P	7058	1	0	1	0	0	\$145.50	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 #
- 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** dropdown, 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 left corner contains page navigation options. Click the arrows to move to the next/previous page:



**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.

## About the Import Summary Report

All data entering the system runs through Syntellis’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 and fields, with accompanying definitions, found on the report.

### ▶ Import Summary Report definitions – CLAIMFILES

Field	Definition
Batch Number	System # assigned to each import file.
Import File Name	Name and import location of file.

Field	Definition
# 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 number should tie to the number 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. For details, see <a href="#">About problem file processing</a> . 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 Rejected Records report (available in Reports > Reports) or contact <a href="mailto:info@syntellis.com">info@syntellis.com</a> .
Valid Claim Total Charges	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).

Field	Definition
# Claim Exceptions	<p>In some cases, imported claims are marked as exceptions. Following are reasons for exception records:</p> <ul style="list-style-type: none"> <li>• Trying to insert a series bill over an existing non-series bill claim</li> <li>• Trying to insert a late charge onto a series bill</li> <li>• Trying to insert a void over a series</li> <li>• Trying to insert a non-series bill over an existing series bill</li> <li>• Invalid Medicare Part B Type of Bill</li> <li>• Trying to insert a zero payment bill into the system</li> <li>• Trying to insert over higher charge claim</li> <li>• Voided Claim</li> <li>• Invalid Late Charge Bill (Incompatible Bill was imported after this record)</li> </ul> <p>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.</p>
# 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 Syntellis and a corresponding calculation schedule has been built and assigned to the contract provision. Please email your factors to info@syntellis.com.
# of Claims Calculated	This field indicates the number of claims that found a contract and calculated accordingly.

► Import Summary Report definitions – POSTINGS

Field	Definition
Batch Number	System assigned # to each import file.
Import File Name	Name and import location of file.

Field	Definition
# 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.
# of BillIDs Imported	Provides the number of unique account numbers in the posting file being imported.
# of Matching BillIDs	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. <b>NOTE:</b> If any records are rejected to bad, their amounts are not reflected in the Total Valid Postings Amount.

## About problem file processing

When claims and remits are read into the system during the Axiom Contract Management Full Import job, occasionally problem files occur. Problem files include duplicate files, files with invalid formats, and files that cannot be read because of structural or other issues.

The system handles them as described in the following sections.

### ► Duplicate files

The system:

- Date-time stamps and copies the file to a Duplicate file folder under the EVCMA 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 file folder under the EVCMA 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 EVCMA 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 SQL importer log

The 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\EVCMMA\Import\CPTHCPFiles\CPTHCPCLibraryUpdate.rpt	2019-09-05 10:16:08 AM	<pre> 1) Exception Information ***** Exception Type: System.IO.DirectoryNotFoundException Could not find a part of the path 'X:\KregData\EVCMMA\Import\CPTHCPFiles\CPTHCPCLibraryUpdate.rpt'. StackTrace Information ***** at System.IO._ErrorWiniOError(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 secAttr, 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) </pre>	True
154		Imported 0 records from X:\KregData\EVCMMA\Import\CPTHCPFiles\CPTHCPCLibraryUpdate.rpt	2019-09-05 10:16:08 AM		False
154		Import file: X:\KregData\EVCMMA\Import\CPTHCPFiles\CPTHCPCLibraryUpdate.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\EVCMMA\Import\CPTHCPFiles\CPTHCPCLibraryUpdate.rpt	2019-09-05 10:16:08 AM		False
				1) Exception Information ***** Exception Type:	

# 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.

The screenshot shows the 'Attributes' page in the Axiom system. The page title is 'Attributes' and there is a 'Create New Record' button. The table below lists various attributes with their descriptions, data types, and types. Each row has 'Edit' and 'Delete' buttons. Callouts indicate the actions for these buttons: 'Click to create a new attribute' for the 'Create New Record' button, 'Click to edit the attribute in this row' for the 'Edit' button, and 'Click to delete the attribute in this row' for the 'Delete' button.

Attribute Name	Attribute Description	Attribute Data Type	Attribute Type	Enabled	
Color	Team color tag	Library	Contract	true	<a href="#">Edit</a> <a href="#">Delete</a>
Comments	General comments for this version	Text	Version		<a href="#">Edit</a> <a href="#">Delete</a>
Contractual Export	Send contractual detail to billing	Library	Provis		<a href="#">Edit</a> <a href="#">Delete</a>
DAPAttribute	DAP Attribute	Library	Provision	true	<a href="#">Edit</a> <a href="#">Delete</a>
Days Retro	Number of days claims can be reviewed	Library	Version	true	<a href="#">Edit</a> <a href="#">Delete</a>
Decimal	Decimal Attribute	Decimal	Contract	true	<a href="#">Edit</a> <a href="#">Delete</a>
Interger	Integer	Integer	Contract	true	<a href="#">Edit</a> <a href="#">Delete</a>
Medicare Part A	Medicare Part A versions	Text	Version	true	<a href="#">Edit</a> <a href="#">Delete</a>
Medicare part B	Provision with Medicare Part B	Text	Provision	true	<a href="#">Edit</a> <a href="#">Delete</a>
Percent of copay	Percentage of copay	Percent	Version	true	<a href="#">Edit</a> <a href="#">Delete</a>
Percent of Medicare	Adjustment from percent of Medicare	Percent	Version	true	<a href="#">Edit</a> <a href="#">Delete</a>
Plan Copay	Dollar amount copay per visit	Money	Provision	true	<a href="#">Edit</a> <a href="#">Delete</a>

*Overview of Attributes page*

# Creating attributes

Attributes available to you depend on the contract level you are at when you add the attribute. If you are 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 to create attributes that do not contain libraries (i.e., a selection list).

### To create a non-Library data type attribute:

1. In the main menu header, click **Admin > Manage Attributes**.
2. On the **Attributes** page, on the upper right, click **Create New Record**.  
The Create new Attribute dialog 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 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 cent 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, verify that the **Enabled** check box

is selected.

8. If you selected the Library attribute data type, 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 > Manage 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 > Manage 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**.



# Managing insurance plan codes

As an administrator, you can manage insurance plan codes in your Axiom Contract Management systems. Managing codes include creating new codes, searching for existing codes, and adding codes to contracts.

Insurance plan codes are assigned to contract versions to determine which payers and procedures on incoming claims apply to that version. New codes coming in on claims are automatically added to the OrgCode PayerCode library. However, the new code will not cause the claim to trigger a contract until the code is added to a contract version. As an administrator, you can assign a new insurance plan code to a contract as soon as you become aware of it so that incoming claims calculate upon import instead of waiting until the new payer code is assigned. Then, when the new code imports from a claim or an AddPayer file, it is recognized as existing and not duplicated.

On the Insurance Plan Codes page, you can do the following:

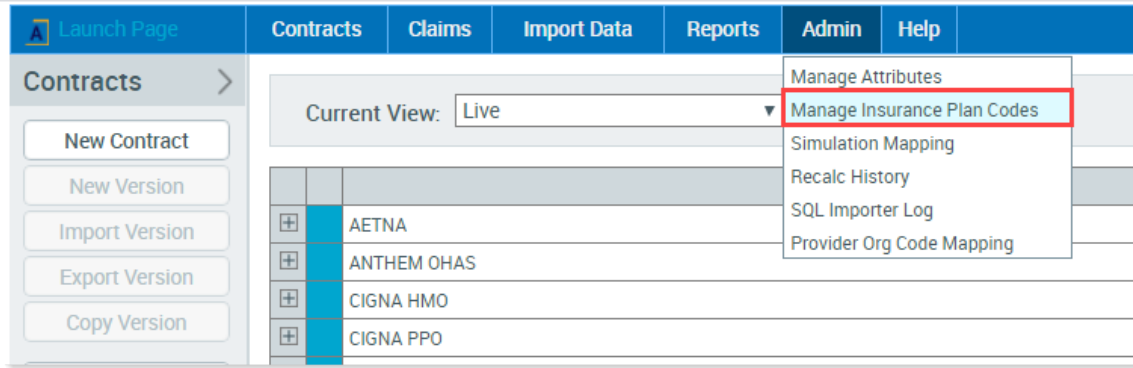
- [Add a new insurance plan code to the system](#)
- [Search for existing insurance plan codes](#) using a variety of criteria

## Create an insurance plan code

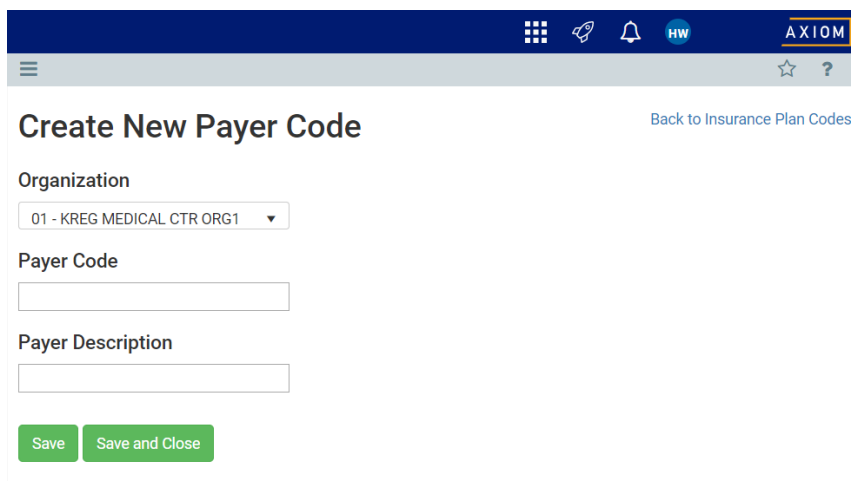
Use these instructions to add a new insurance plan code to your system if you know the payer code and the organization.

**To create a new insurance plan code:**

1. In the main menu header, click **Admin > Manage Insurance Plan Codes**.



2. On the **Insurance Plan Codes** page, on the upper right, click **Create New Payer Code**.
3. On the **Create New Payer Code** page, from the **Organization** drop-down, select the applicable organization.
4. In the **Payer Code** field, enter the code for the payer.
5. In the **Payer Description** field, type a description for the payer.



6. Do one of the following:
  - To save and close the page, click **Save and Close**.
  - To save the new code and continue working, click **Save**.

A green line appears briefly across the bottom of the page to indicate the code saved.

**NOTE:** If you see a red line across the bottom of the page when you save, it means that payer code is already in use in the system. You will need to use a different payer code.

**NOTE:** Currently there is no delete function for removing an insurance plan code from the system. If you create a code in error, assign it to a dummy contract to remove it from the available code listing.

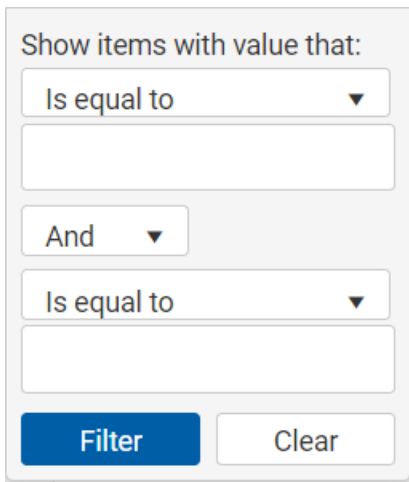
# Search for an existing insurance plan code

If you do not see the insurance plan code you want to use in a selection menu, you can search for the code to see if it exists. You can search on the following main parameters:

- Org code
- Organization
- Payer code
- Payer description

To search for an insurance plan code:

1. Navigate to the Insurance Plan Codes page:
  - From the **Admin** menu, select **Manage Insurance Plan Codes**.
  - From the **Edit Version** window, in the **Insurance Plan codes** tab, click the Search icon (🔍).
2. On the **Insurance Plan Codes** page, in the header of the column to search on, click the filter icon (⌵) at the right end of the column.
3. In the filter dialog, select the criteria to search on, and then click **Filter**.



The list is filtered to items that fit your search parameters.

4. If your search returned no results, try broadening the search criteria; for example, instead of “Is equal to” try selecting “contains”.
5. To clear the search, click the filter icon again, and in the search dialog, click **Clear**.
6. If you have verified that the insurance plan code is not in the system, you can [add it](#) if you have administrative rights.

# Map provider names to Org codes

Contract Management administrators can manage provider name mappings to organizational codes using the Provider Org Code Mapping feature.

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.

The screenshot shows the 'Provider Org Code Mapping' interface. At the top, there is a warning: 'Warning: Changes to Org Code Mappings will require you recalculate claims.' Below this is a table with two columns: 'Provider Name' and 'Org Code'. The table lists various providers such as 'AAA AMBULANCE SERVICE', 'Associates in Medicine', 'BEN KILDARE SERVICE', 'CHRIS GOOD HEALTH HOSPITAL - Dikemb', 'EMERGENCY PHYSICIANS GROUP', 'GOOD HEALTH HOSPITAL', 'GREENE', 'HALL OF FAME MEMORIAL HOSPITAL', 'HAPPY DOCTORS GROUP PRACTICE', and 'JONES HOSPITAL'. Each provider name has a corresponding Org Code dropdown menu. A callout bubble points to the table with the text: 'When a unique provider name enters the system from a claim, it is listed here'. Another callout bubble points to the dropdown menu for 'BEN KILDARE SERVICE' with the text: 'Select the desired Org Code to map the provider name to'. Below the table is a pagination control showing '1 - 10 of 54 items'. At the bottom, there is a section titled 'Add New Org Code' with input fields for 'Org Code:' and 'Description:', and a 'Save' button. A callout bubble points to this section with the text: 'Use this section to add new Org Codes to the selection lists'.

Provider Name	Org Code
AAA AMBULANCE SERVICE	01 - KREG MEDICAL CTR ORG1
Associates in Medicine	01 - KREG MEDICAL CTR ORG1
BEN KILDARE SERVICE	01 - KREG MEDICAL CTR ORG1
CHRIS GOOD HEALTH HOSPITAL - Dikemb	03 - CHRIS TEST ORG
EMERGENCY PHYSICIANS GROUP	01 - KREG MEDICAL CTR ORG1
GOOD HEALTH HOSPITAL	01 - KREG MEDICAL CTR ORG1
GREENE	01 - KREG MEDICAL CTR ORG1
HALL OF FAME MEMORIAL HOSPITAL	01 - KREG MEDICAL CTR ORG1
HAPPY DOCTORS GROUP PRACTICE	01 - KREG MEDICAL CTR ORG1
JONES HOSPITAL	01 - KREG MEDICAL CTR ORG1

## 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**.

# 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.

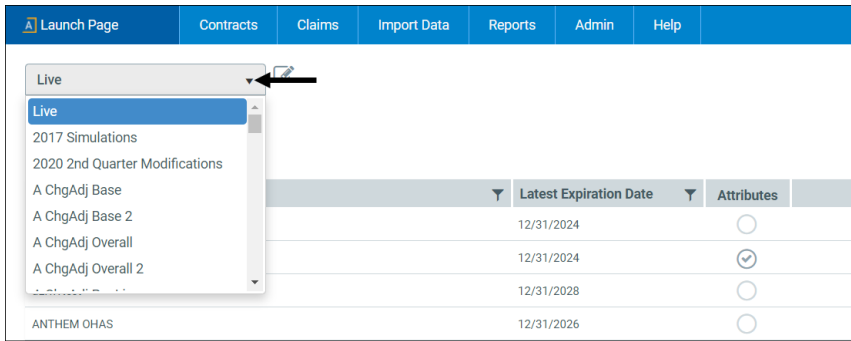
You then need to interpret these terms into Axiom Contract Management, with the understanding that Axiom Contract Management uses specific logic to calculate a claim. This logic is discussed in the rest of this section on building contracts.

## Filter contracts on the Contracts page

You can filter the list of contracts on the main Contracts page by contract name or by the latest expiration date.

### To filter contracts:

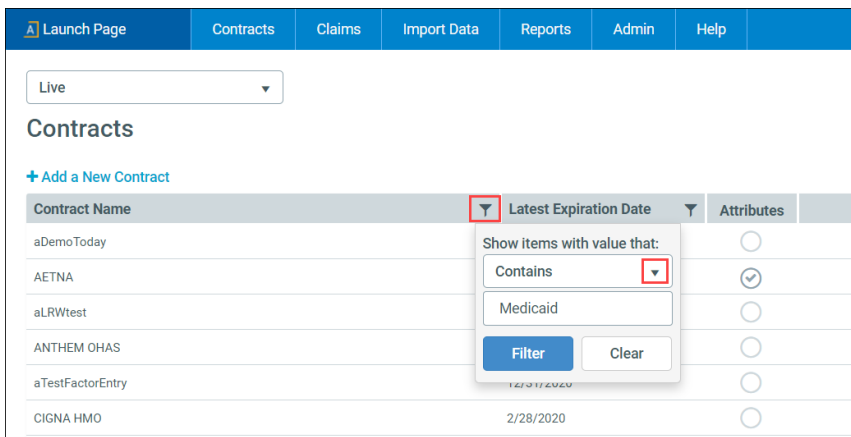
1. If the desired simulation is not currently selected, select it from the simulation drop-down:



- In the **Contract Name** column header on the right, click the Filter icon (▼).

**NOTE:** To filter by expiration date, click the filter icon in the **Latest Expiration Data** column header.

- In the filter dialog, from the drop-down, select the desired filter criteria. The default criteria is "Contains."
- In the input field, type the item on which to search. For example, if you selected Contains as the criteria, type the word or phrase contained in the contract name you are searching for.
- Click **Filter**.



The filtered list displays contract names based on the criteria you specified.

- To clear the filter, click the Filter icon again, and then click **Clear**.

## Add a new contract

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

### To add a contract:

1. On the **Contracts** page, verify that you are in the correct simulation. If you are not, then from the simulation drop-down, select the desired simulation.
2. Under the **Contracts** page title, click **Add a New Contract**.

**NOTE:** The Add a New Contract option is displayed only if you have administrative access.

3. In the **Add a New Contract** dialog, in the **Contract Name** field, type a name for the contract (e.g., Medicare Blue Cross). Do not use special characters.
4. Click **Save**.

**NOTE:** You do not need to enter the latest expiration date 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, the next step is adding a version. Instead of names, versions are identified by their active period, which is the time frame defined by their start and expiration dates. Versions are assigned numbers that correlate to the version's original start and expiration date period. Generally, the older a version, the lower the number used to identify it. So, for example, version 1 would be older than version 2, and so on.

Use these instructions to add a new version to a contract. You can also copy a version by [importing it from another contract](#), or you can [import a version from an external file](#).

### To add a new version:


1. On the **Contracts** page, hover your cursor over the desired contract row to view the **Go to Versions** link, then click the link.

**TIP:** If the list of contracts is long, find the desired contract by [filtering the list](#).

2. On the **Versions** page, click **Add a New Version**.
3. In the **Add a New Version** dialog, in the **Start Date** field, type in the date or click the calendar icon () and select the date on which the version takes affect.

### ► About Start Date / Expiration Date

In Axiom Contract Management, a version represents 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. In the **Expiration Date** field, type in the date or click the calendar icon () and select the date on which the version's active period ends.
5. In the **Calculation Date** field, select 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.

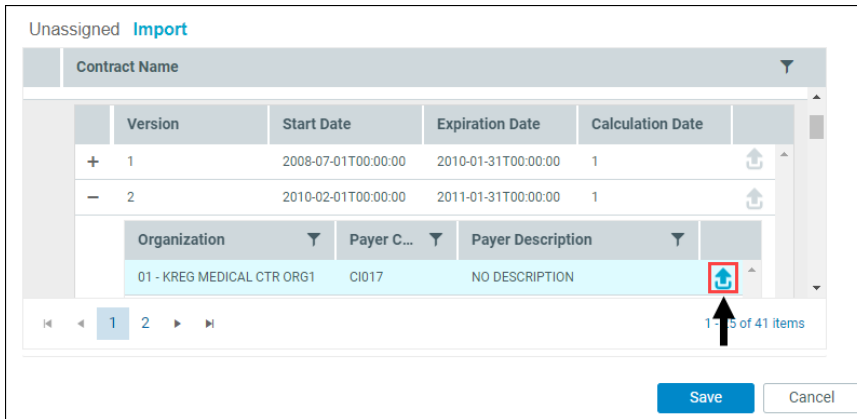
6. Click **Save**.
7. (Optional) If desired, [add an attribute to the version](#).
8. (Optional) If desired, [attach a document to the version](#).
9. Next, [assign an insurance plan code to the version](#).
10. [Add a provision to the version](#).

## Import insurance plan codes to a version

When creating or editing a contract version, you can import insurance plan codes from another version. The import feature imports copies of the insurance plan codes.

### To import insurance plan codes to a version:

1. [Navigate to the version to which you want to add codes](#).
2. At the end of the version row, hover your cursor and click the Edit icon ()
3. In the **Edit Version** dialog, click the **Insurance Plan Codes** tab.
4. In the lower half of the dialog, click the **Import** tab.
5. In the list of contracts, locate and expand the version that has the codes you want. To import a code, click the arrow icon at the end of the code row, as shown in the following example:



The code is copied to the Assigned section of the dialog.

6. Click **Save**

**NOTE:** If you copy a code you do not want, before saving, you can remove it by clicking Remove icon (✕). To remove after saving, from the **Assigned** section, click the Unassign icon (↴) for that code.

## Add a provision

You can add a provision to a contract by creating a new one, by [copying and editing an existing one](#), or by [importing one](#). Use the following instructions to create a new provision.

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

**To create a new provision:**

1. [Navigate to the desired contract version](#).
2. In the desired version row, click **Go to Provisions**.

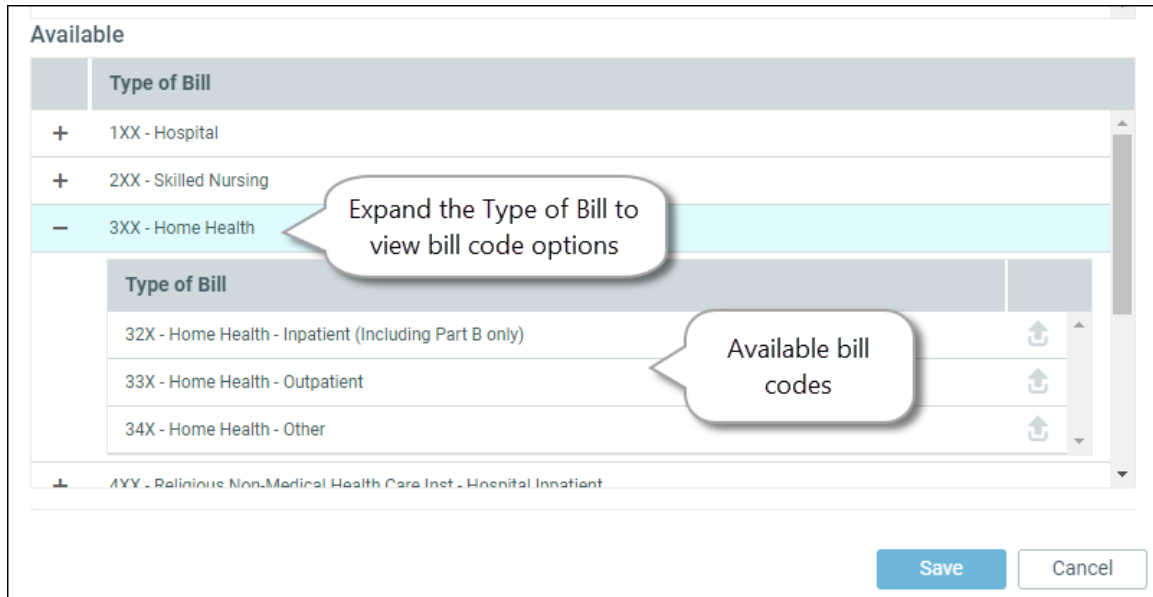
Launch Page		Contracts	Claims	Import Data	Reports	Admin
DocuSim > Medicare						
<b>Versions</b>						
+ Add a New Version ➔						
Version		Start Date		Expiration Date		
1	>	10/1/2018		9/30/2019	Go to Provisions	
2	>	10/1/2019		9/30/2020		
<div style="text-align: center;"> <span>⏪</span> <span>⏩</span> <span>1</span> <span>⏪</span> <span>⏩</span> </div>						

3. On the **Provisions** page above the table of provisions, click **Add a New Provision**.
4. In the **Add a New Provision** dialog, the Start Date and Expiration Date of the provision are automatically set to match that of the version the provision is under. If you need to change the dates, type in new dates or click the calendar icon (📅) and select the dates.

5. Click the **Type of Bill** tab.

Use this tab to select the Type of Bills that should 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.

6. In the **Available** section of the tab, click the plus icon to the left of the desired Type of Bill to expand its codes, then select the bill codes to apply by clicking the Assign icon (📌) at the end of the row for each desired bill code.



**NOTE:** You cannot add attributes to the provision until you save it.

7. Click **Save**.
8. (Optional) If desired, [add an attribute](#) to the provision.
9. (Optional) If needed, [add a schedule](#) to the provision.
10. (Optional) If needed, [add a modifier](#) to the provision.
11. (Optional) If needed, [add a global limit](#) to the provision.
12. If needed, [enter provision factors manually](#) or [import factors from a file or other provision](#).
13. Next, [add a clause to the provision](#).

## About bill types

The bill type, or Type of Bill (TOB), is a three-digit numeric code on a 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 determining the provision on which the claim will calculate, 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 (e.g., 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 (e.g., XX2, XX3 and XX4) are handled differently. If a Series Start bill (e.g., 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 (e.g., 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 (e.g., 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 (e.g., 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.

## 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 and eAPG contracts.

Some of the factors are considered National Factors (e.g., 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 field labeled "Release" cannot receive a manual entry; instead, it will be updated when rates are attached to the clause or term.

To use any CMS-related calculation basis (e.g., 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. Used in the calculation of inpatient services that are paid using a code called a DRG.
- **CMS CMG** – Add hospital and federal values specific to the date of the provision. Used in the calculation of inpatient Rehab services.
- **CMS Psych** – Add hospital and federal values specific to the date of the provision. Used in the calculation of inpatient Psych services.

- **Schedules** – Select 3M schedules for outpatient services that are paid with APC or eAPG. 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 values. Four functions are allowed with modifiers: addition, subtraction, multiplication, and division.


For instructions on adding CMS factors to provisions, see the following:

- [Manually enter CMS DRG provision factors](#)
- [Manually enter CMS CMG provision factors](#)
- [Manually enter CMS Psych provision factors](#)
- [Import and export provision factors](#)

## Assign a schedule to a provision

Use these instructions to assign a schedule to a contract provision. A schedule is a reference from the 3M Grouper that is used for calculating outpatient APCs and eAPGs for a variety of contracts. Schedules are required when you model contracts having APC or eAPG reimbursement for outpatient services.


**To assign a schedule to a provision:**

1. [Navigate to the desired provision.](#)
2. In the **Schedule** column for the provision, click the Edit icon (.
3. In the **Edit Schedule** dialog, from the **Select a Reimbursement Type** drop-down, select the kind of reimbursement the provision uses. This selection determines the schedules available in the next drop-down.
4. From the **Select a Schedule** drop-down, select the desired schedule.
5. Click **Save**.


## Manually enter CMS DRG provision factors

Use these instructions to add CMS DRG provision factors used when calculating Medicare Inpatient services.

**To add CMS DRG factors to a provision:**

1. [Navigate to the desired provision.](#)
2. On the **Provisions** page, in the **CMS DRG** column for the desired provision, click the Edit icon (.
3. In the **Edit Factors** dialog, in the **Settings** tab, enter amounts in the fields provided, as needed.

**NOTE:** Fields with names in blue indicate they are required for calculated payment. Fields with names preceded by a red percent sign (%) require you to enter the percentage amounts as decimals.



4. If needed, assign transfer codes:
  - a. Click the **Transfer Codes** tab.
  - b. In the **Available Codes** section, locate the desired code in the list.
  - c. On the right end of the list, click the Assign icon () to move the selected code to the **Assigned Transfer Codes** section.
5. Click **Save**.
6. If needed, [add outlier exclusions](#).

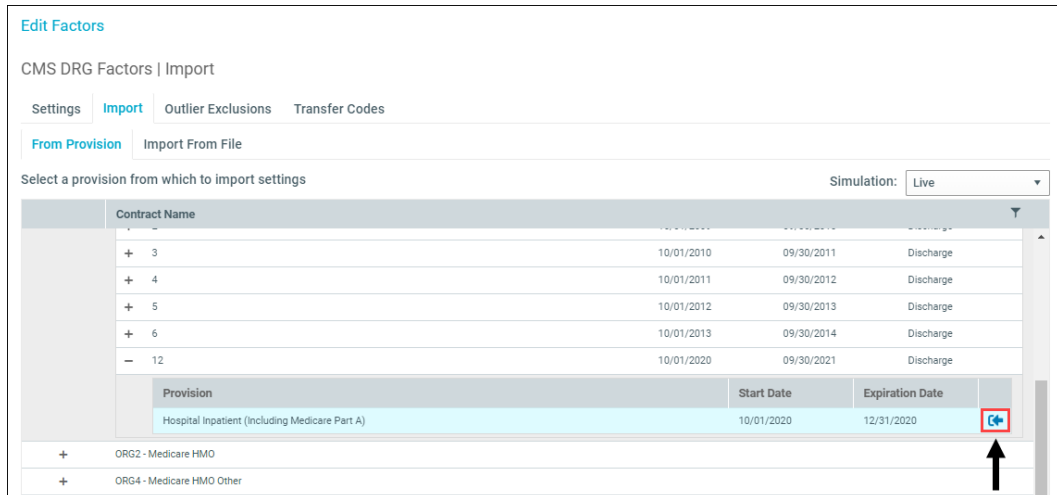
## Import and export provision factors

When copying or creating contract provisions, you can import CMS DRG, CMS CMG, or CMS Psych 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 needing factors](#).
2. In the factor type column (e.g., DRG, CMG, Psych), click the Edit icon ()
3. In the **Edit Factors** dialog, click the **Import** tab.
4. In the **Import** tab, 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.
  - c. In the **Provision** list, for the desired provision, click the import factors icon ()



The Factors dialog opens, displaying the imported factors.

5. In the **Factors** dialog, click **Save**.

► 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 needing factors.](#)
2. In the factor type column (e.g., DRG, CMG, Psych), click the Edit icon ().
3. In the **Edit Factors** dialog, click the **Import** tab.
4. In the **Import** tab, do the following:
  - a. Click the **Import From File** tab.

**NOTE:** The imported factors file must adhere to the factors template.

- b. If needed, on the right side of the dialog just above the Import button, click the download icon () 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 provided the file matches the factors template layout.
- c. On the left of the dialog, do one of the following:
  - Click **Select files...** and then select a file or files to import.

- Drag and drop the desired files to the gray area marked **Drop files here to upload**.

d. Click **Save**.

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

5. In the **Factors** dialog, click **Save**.

► Export provision factors to an Excel file

**To export provision factors:**

1. Navigate to the provision with the factors to export.
2. In the factor type column (e.g., DRG, CMG, Psych), click the Edit icon (✎).
3. In the **Factors** dialog, 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 particular column, 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	COLAAAdj	DSHCapital	DSHOperating	FederalCapitalRate	FixedLossT
2	6549.51	0.0390000000	1.0000000000	0.0000000000	0.0812000000	494.9000000000	21821.0000000000
3							
4							
5							
6							
7							
8							

4. If desired, click the file to open and view it.

## Select outlier exclusions


► About modeling changes to the inpatient CMS DRG calculation

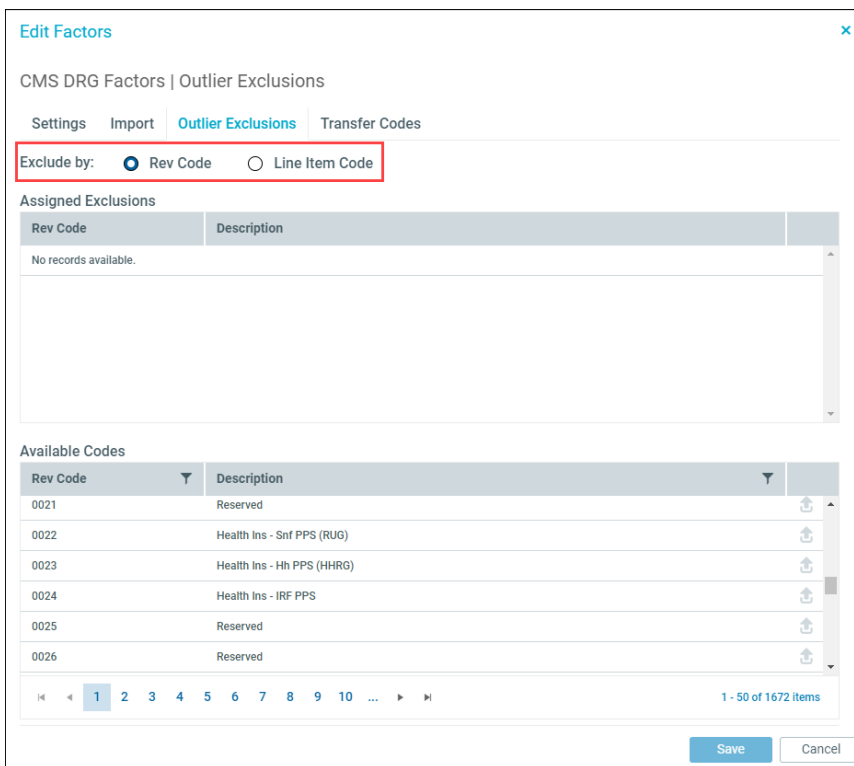
To accurately model changes made to the Inpatient CMS DRG calculation, you may need to determine the high-dollar outlier exclusion amount. To exclude high-dollar charges like transplant acquisition charges or coagulation factors from the CMS DRG outlier determination, you can specify the Line Item Codes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

1. [Navigate to the desired provision.](#)
2. On the **Provisions** page, in the **CMS DRG** column for the desired provision, click the Edit icon ().
3. In the **Edit Factors** dialog, click the **Outlier Exclusions** tab.
4. At the top of the tab, select the exclude option:
  - **Rev Code** – Select exclusion items by revenue code.
  - **Line Item Code** – Select exclusion items by line item code.



5. In the lower half of the tab, locate the item(s) to exclude, and then click the Assign icon () to the right of each item to move that item to the top half of the tab.
6. Click **Save**.

## Using attributes

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

Attributes are custom tags that 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 by
- Augment reporting for current calculations and modeling detail
- Ensure key details are collected during contract building

Attributes can be applied at all contract levels: contract, version, provision, clause and term. You can [apply an attribute from the list of attributes](#) for that contract level or you can [import an attribute](#) from another contract at the same level. Contract levels with applied attributes display a circled with check mark icon (☑) in their Attributes column.

Attribute data:

- **Name** – Attribute name
- **Description** – Explanatory information about the attribute
- **Data Type** – The format of the attribute’s data value (e.g., text, integer, percent, etc.). For example, if the Data Type is text, then the attribute’s value field accepts only text entries. The following are the data types for attributes:
  - **Integer** – Accepts a number
  - **Money** – Accepts dollar and cents amounts
  - **Decimal** – Accepts decimal values
  - **Percent** – Accepts percentages
  - **Text** – Accept text
  - **Library** – A drop-down list from which you select a value for the attribute
- **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 administrator, it will not display in any attribute selection lists.

## Add an attribute to a contract level

You can add attributes to contracts at each level: contract, version, provision, and clause/term. When adding attributes, you can add only attributes of the type that corresponds to the contract level. For example, you can add only version attributes to versions, and clause/term attributes to clauses or terms.

To add an attribute to a contract level:

1. [Navigate to the desired contract level.](#)

- At the end of the contract/version/provision/clause or term row, hover your cursor, and then click the Edit icon (✎).
- In the Edit [contract level] dialog, click the **Attributes** tab.
- In the **Attributes** section, for the desired attribute, select the attribute value from the **Attribute Value** field.

Attribute values depend on the attribute's data type (e.g., text, integer, percent, etc.).

Attribute Data Type	Selection process
Library	Select from a drop-down list of options
Text	Input the desired text
Decimal	Click the arrows to indicate the number of decimals
Integer	Click the arrows to indicate the number of integers
Money	Click the arrows to indicate the amount of money
Percent	Click the arrows to indicate the percentage.

In the following example, to add the contract attribute Color, select the desired color from the drop-down.

The screenshot shows a dialog box titled "Edit Contract" with a close button (X) in the top right corner. Below the title bar, it says "Aetna | Attributes". There are two tabs: "Settings" and "Attributes", with "Attributes" being the active tab. Under the "Attributes" section, there is a table with two columns: "Attribute Name" and "Attribute Value". The table contains the following rows:


Attribute Name	Attribute Value
Color	Select...
Decimal	<input type="text"/>
FinClass	Select...
Integer	<input type="text"/>
Money	<input type="text"/>

- Click **Save**.

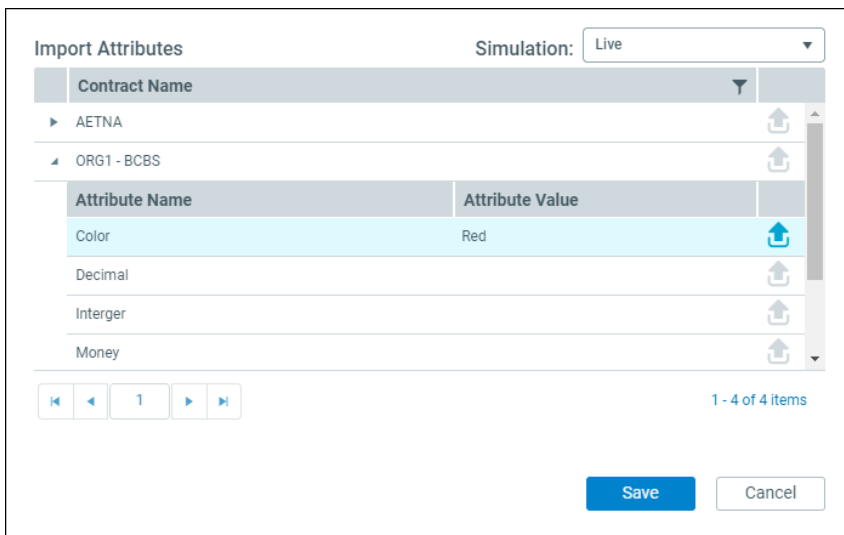
## Import an attribute to a contract level







Use these instructions to add attributes to contracts by importing them from other contracts. When you import an attribute, the system copies the attribute from the source and applies the copy to the target contract level.


► Import an attribute to a contract

1. Navigate to the contract that needs the attribute.
2. At the end of the contract row, hover your cursor, and click the Edit icon ().
3. In the **Edit Contract** window, click the **Attributes** tab.
4. In the **Import Attributes** section, verify that displayed simulation is the one with an attribute you want to use. If not, then from the **Simulation** drop-down, select the desired simulation.
5. In the list of contracts, locate and expand the level that has the attribute you want.


**NOTE:** Only contract-level attributes will be included in the list to choose from.



Import Attributes		Simulation: Live
Contract Name		
▶ AETNA		
▲ ORG1 - BCBS		
Attribute Name	Attribute Value	
Color	Red	
Decimal		
Integer		
Money		

6. To import the attribute, click the Assign icon ().
7. Click **Save**.

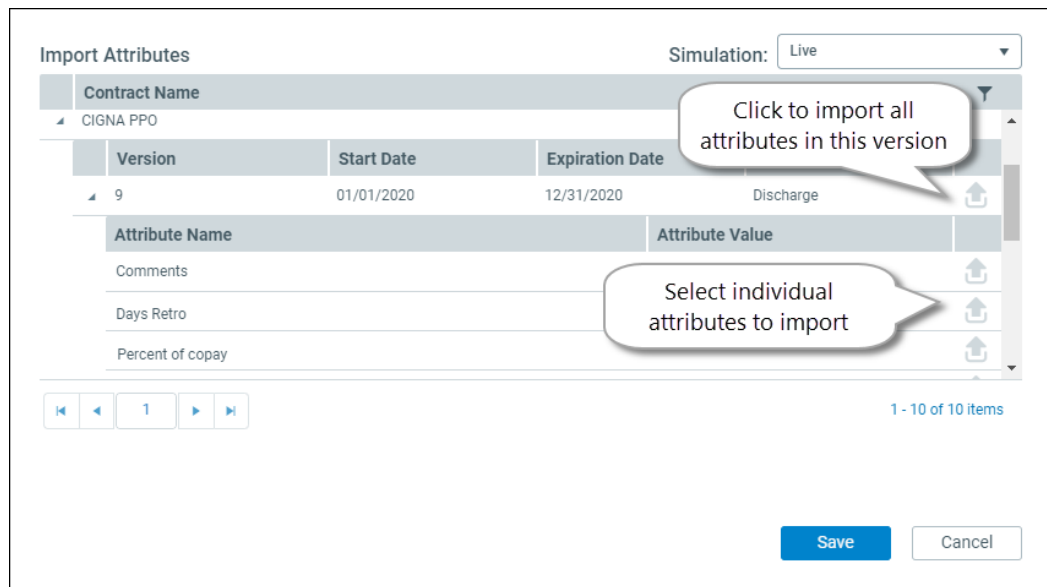
► Import an attribute to a version, provision, clause, or term

1. [Navigate to the contract level needing the attribute.](#)
2. At the end of the version/provision/clause/term row, hover your cursor and click the Edit icon ().
3. In the **Edit [contract level]** dialog, click the **Attributes** tab.
4. Across from the **Import Attributes** section title, from the **Simulation** drop-down, select the desired simulation.
5. In the list of contracts, expand the desired contract levels to reach the desired level and then

expand that level item. For example, if you are importing attributes for a clause, navigate to the desired clause and then expand the clause to view its attributes.

6. Do one of the following:

- To import all of the [contract level]'s attributes, click the Assign icon (📁) at the end of the row.
- To import selected attributes, click the Assign icon (📁) for the desired attributes.



Example of version-level attribute list

7. Click **Save**.

## Modeling 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.

The Calc Basis paired with the rates loaded for the clause or term determine whether a claim will qualify. For example, if you select Admit Diagnosis Code, 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.

Certain calc basis options are considered claim level and some are considered line item level. Selecting one or the other determines the options available for Calc Type and Calc Measure. For example, DRG is considered claim level, whereas RevCode is considered a line item level calculation basis.

Clause	Description	Calc Basis	Calc Type	Calc Measure	Terminal?	Attributes	Rates
1 >	SURGICAL	RevCode	Dollar Rate	Per Claim	Yes	<input type="checkbox"/>	
2 >	OBSERVATION	RevCode	Dollar Rate	Per Claim	Yes	<input type="checkbox"/>	
3 >	ER	RevCode	Dollar Rate	Per Claim	Yes	<input type="checkbox"/>	
4 >	URGENT CARE	RevCode	Dollar Rate	Per Claim	Yes	<input type="checkbox"/>	
5 >	SLEEP STUDIES	Line Item Code Plus RevCode	Dollar Rate	Per Line Item	No	<input type="checkbox"/>	
6 >	CYBER KNIFE	Line Item Code Plus RevCode	Dollar Rate	Per Date	No	<input type="checkbox"/>	
7 >	THERAPY	RevCode Incidental	Dollar Rate	Per Date	No	<input type="checkbox"/>	
8 >	PER DATE	RevCode Incidental	Dollar Rate	Per Date	No	<input type="checkbox"/>	
9 >	FEE SCHEDULE RADIOLOGY	Line Item Code	Dollar Rate	Per Line Item Qty.	No	<input type="checkbox"/>	
10 >	FEE SCHEDULE LAB	Line Item Code	Dollar Rate	Per Line Item Qty.	No	<input type="checkbox"/>	

*Example of Calc Basis column in list of clauses*

► **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 because those are used with line item level parameters only.

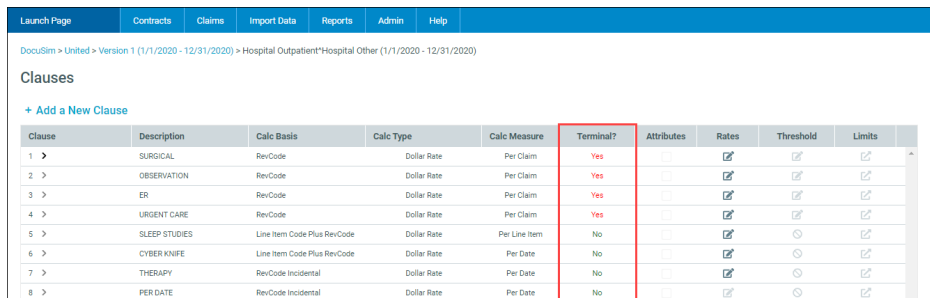
## ▶ Terminal vs. Non-terminal

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.



Clause	Description	Calc Basis	Calc Type	Calc Measure	Terminal?	Attributes	Rates	Threshold	Limits
1 >	SURGICAL	RevCode	Dollar Rate	Per Claim	Yes				
2 >	OBSERVATION	RevCode	Dollar Rate	Per Claim	Yes				
3 >	ER	RevCode	Dollar Rate	Per Claim	Yes				
4 >	URGENT CARE	RevCode	Dollar Rate	Per Claim	Yes				
5 >	SLEEP STUDIES	Line Item Code Plus RevCode	Dollar Rate	Per Line Item	No				
6 >	CYBER KNIFE	Line Item Code Plus RevCode	Dollar Rate	Per Date	No				
7 >	THERAPY	RevCode Incidental	Dollar Rate	Per Date	No				
8 >	PER DATE	RevCode Incidental	Dollar Rate	Per Date	No				

Example Clauses/Terms page with Terminal column outlined in red

## Navigating in contracts

Contract pages in Axiom Contract Management are laid out in a simulation-to-term hierarchy, with the simulation name at the highest level, and terms (unless the final clause has no terms) at the most granular:

- Simulation >
  - Contract >
    - Versions >
      - Provisions >
        - Clauses >
          - Terms

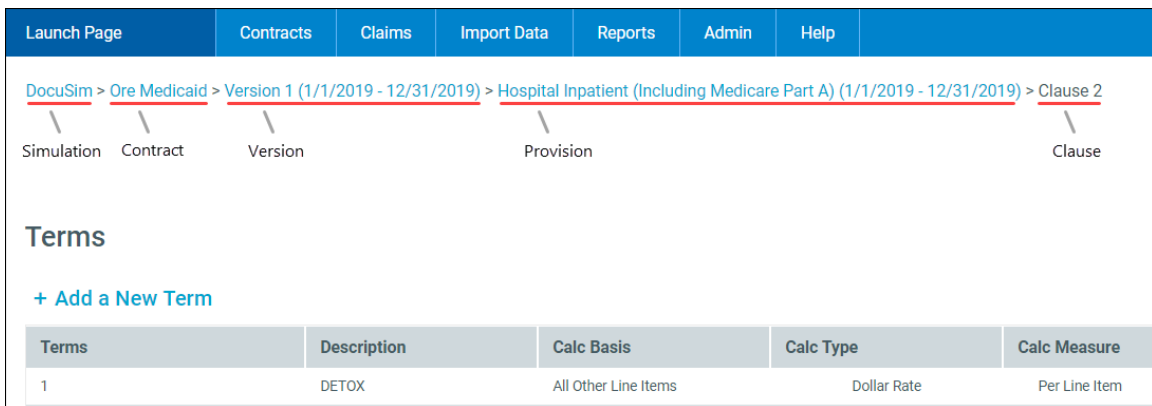
Drill through each level to reach the one below it. As you move through the contract levels, breadcrumbs display at the top of the page.

**To navigate to different contract levels:**

- To navigate to versions, from the **Contracts** page, for the desired contract, hover your cursor in the contract row, and then click **Go to Versions**.



- To navigate to provisions, from the **Versions** page, for the desired version, click **Go to Provisions**.
- To navigate to clauses, from the **Provisions** page, for the desired provision, click **Go to Clauses**.
- To navigate to terms, from the **Clauses** page, for the desired clause, click **Go to Terms**.
- On the Terms page, or any page in between, you can backtrack to previous pages using the linked breadcrumbs at the top of the page. Click the link to go back to the desired page.



When you backtrack, the page you backtracked from is removed from the breadcrumb trail.

## Add a clause to a provision

When creating a clause, you need to define the services being reimbursed and their contracted rates. For this, you select the calculation criteria. (For information on Calc Basis, Calc Type, Calc Measures, and Terminal vs. Non-terminal, see [Modeling clauses and terms.](#)) You can also [add attributes](#) to a clause.

**To add a new clause:**

1. [Navigate to the desired provision.](#)
2. On the **Provisions** page, in the desired provision row, click **Go to Clauses**.
3. On the **Clauses** page above the table of clauses, click **Add a New Clause**.

The **Add a New Clause** dialog opens.

**NOTE:** The clause number is assigned by the system and cannot be edited initially, but after creating the clause and saving it, you can move it to a different position in a group of two or more clauses on a provision.

4. From the **Description** drop-down, do one of the following:

- Select a description for the clause.

**TIP:** In drop-downs with numerous results, like **Description**, you can search for a specific result: click in the **Description** field and begin typing a search word. Matches display in the drop-down results; click a description to select it.

- Add a new description: click the **Description** field name, which is linked to the Clause/Term Descriptions page where you can [add a new description](#) if you are an administrator.

5. From the **Calc Basis** drop-down, select the basis for calculation.
6. If applicable (depends on the selected Calc Basis), 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. Do one of the following:
  - To add rates, continue to step 10.
  - To add thresholds, skip to step 11.

10. To add rates, do one of the following:

- For a single rate, type the rate into the **Rate** field.

**NOTE:** Some calculation bases and their associated calculation types and measures require multiple rates or rates from an uploaded file. When this occurs, the Rate field is inactive.

- For multiple rates, [enter rates manually](#) or [import rates](#) from a file.

**NOTE:** The **Include clause in Global Limit** check box is enabled automatically if the parent provision contains a global limit.

11. To add thresholds, do one of the following:

- [Add thresholds manually](#).
- [Import thresholds](#).

**NOTE:** Not all calculation bases allow thresholds. For more information, see [About Thresholds](#).

12. Click **Save**.

13. (Optional) [Add an attribute](#).

14. If needed, [add a limit](#).

## 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 [Modeling clauses and terms](#).

To add a new term:

1. [Navigate to the desired clause](#).
2. In the row for the desired clause, click **Go to Terms**.
3. On the **Terms** page, above the table of clauses, click **Add a New Term**.

The **Add a New Term** dialog opens.

**NOTE:** The term number is assigned by the system and cannot be edited initially, but after creating the term and saving it, you can move it to a different position in a group of two or more terms on a clause.

4. In the **Description** drop-down, do one of the following:

- Select a description for the term.

**TIP:** In drop-downs with numerous results, like **Description**, you can search for a specific result: click in the **Description** field and begin typing a search word. Matches display in the drop-down results; click a description to select it.

- Add a new description: click the **Description** field name, which is linked to the Clause/Term

Descriptions page where you can [add a new description](#) if you are an administrator.

5. From the **Calc Basis** drop-down, select the basis for calculation.
6. 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.
8. From the **Terminal?** drop-down, select **Yes** for Terminal or **No** for non-terminal.
9. To add rates, do one of the following:
  - For a single rate, type the rate into the **Rate** field.

**NOTE:** Some calculation bases and their associated calculation types and measures require multiple rates. When this occurs, the Rate field is inactive.

- For multiple rates, [enter rates manually](#) or [import rates](#) from a file.
10. Click **Save**.

## Managing clause and term descriptions

The description is the first criterion that you need to define for a clause or term. A few standardized descriptions are already included with the initial Axiom Contract Management installation, but you can add, edit, and delete descriptions at any time.

Clause and term descriptions are available in all simulations.

### ► Add a new clause or term description

#### To add a new description:


1. In the main menu header, click **Admin > Manage Clause/Term Descriptions**.  
The Clause/Term Descriptions page opens.
2. In the upper right corner of the page, click **Create New Record**.
3. On the **Create New Clause/Term Descriptions** page, in the **Description** field, type the description. The field has a 50-character limit.
4. Do one of the following:
  - To save and return to the main Clause/Term Descriptions page, click **Save**, and then, in the upper right corner of the page, click **Back to Descriptions**.
  - To save and close the page, click **Save and Close**.

The new description is now available from the Description drop-down when you or others are adding or editing clauses and terms.


## ▶ 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 description:

1. In the main menu header, click **Admin > Manage Clause/Term Descriptions**.  
The Clause/Term Descriptions page opens.
2. In the list of descriptions, locate the desired description. If needed, click the Filter icon (  ) and filter the list.
3. At the end of the description row, click **Edit**.  
The Edit Clause/Term Descriptions page opens
4. In the **Description** field, make the desired change.
5. Do one of the following:
  - To save and return to the main Clause/Term Descriptions page, click **Save**, and then, in the upper right corner of the page, click **Back to Descriptions**.
  - To save and close the page, click **Save and Close**.

### To delete a description:

1. In the main menu header, click **Admin > Manage Clause/Term Descriptions**.  
The Clause/Term Descriptions page opens.
2. In the list of descriptions, locate the desired description. If needed, click the Filter icon (  ) and filter the list.
3. At the end of the description row, click **Delete**.
4. In the confirmation dialog, click **OK**.


## Edit or delete a clause or term

You can make the following changes to a clause or term:

- Change the description
- Change the calculation basis, calculation type, and calculation measure, where applicable
- Change the terminal setting
- Add or remove attributes or change attribute values
- Add or remove attached rates

### To edit a clause or term:

1. [Navigate to the desired clause or term.](#)

2. At the right end of the clause or term row, hover your cursor and click the Edit icon ().
3. Do any of the following as needed:


**NOTE:** The term number is assigned by the system and cannot be changed.

- To change the description, from the **Description** drop-down, select a different description.

**NOTE:** Administrators can [add a new description](#).

- To change the calculation basis, type, and measure, select from the corresponding drop-downs. Calculation type and measure may or may not be changeable depending on the calculation basis selected.
  - To change the terminal setting, select from the **Terminal** drop-down.
  - To change the rates, in the **Rate** field, type a new rate. If needed, [import a rates file](#).
  - To change attributes, click the **Attributes** tab and [add](#), [import](#), [edit](#), or [remove](#) attributes.
4. Click **Save**.


#### To delete a clause or term:

1. [Navigate to the desired clause or term](#).
2. At the end of the row for the clause or term, hover your cursor and click the Delete icon (.
3. In the **Confirmation** dialog, click **OK**.

## Manually add rates to a clause or term

Use these instructions when you need to manually add rates to a clause or term. You can also [import the rates from a file](#) instead of adding them manually if you prefer or if you have a page or more of rates.

#### To manually add rates to a clause/term:

1. [Navigate to the desired clause or term](#).
2. In the **Rates** column, click the Edit icon () (if no rates are attached, the icon will be grayed out).
3. In the **Edit Rates** dialog, click **Add a New 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 a code associated with the chosen calculation basis for the clause/term. (To see the calculation basis, open the Edit Clause/Term dialog and view the Calc Basis field.) The code description will autopopulate. If no description is associated with the code, it will read “NO DESCRIPTION,” and will be selected so you can enter a description manually.

**IMPORTANT:** Once you save the description, you cannot change it.

5. In the **Rate** field, type a corresponding rate.
6. Add more rate rows as needed. To apply the same rate to multiple codes, see the following step 7.
7. (Optional) To apply the same rate to some or all the entered codes, or to adjust some or all of the rates by a specific factor:
  - a. On the left, select check boxes for the rate rows to affect.
  - b. At the bottom of the dialog, from the **Adjust selected rows** drop-down, do one of the following:
    - **Set rate equal to** – To set all checked rows to the same rate, in the field to the right of the drop-down, enter the desired rate.
    - **Factor rate by** – To adjust all checked rows by an entered value, enter the adjustment percentage as a decimal value (for example, enter 1.02 to increase the set rate 2%),
  - c. Click **Apply**.
8. (Optional) To delete a rate, select the check box for that row, and then at the bottom right of the dialog, click **Delete Selected**. In the confirmation dialog, click **OK**.
9. Click **Save**.

## Import rates for a clause or term

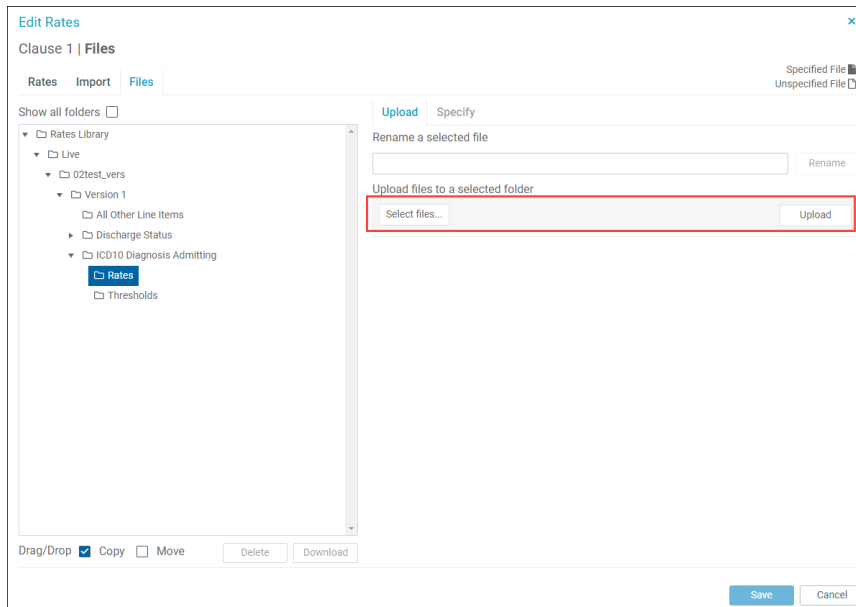
When working with large fee schedules, or when working with [certain calculation bases](#), manually entering rates may not be feasible or allowed. In such situations, you can import the fee schedule or rates table from an Excel file. If you are also importing translation tables, you should import those before you import rates.

**IMPORTANT:** There are many 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 calculation basis used by the clause or term. For example, if the clause or term uses CMS DRG, then a DRG rate file that has a dollar rate would use these options: Calc Basis = DRG; Calc Type = Dolar Rate; Calc Measure = Per Claim.

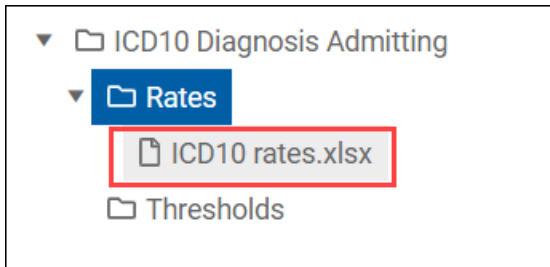
When importing rates, you first upload the rate file to the server, and then you attach it to the contract.

**To import the rates:**

1. [Navigate to the clause or term needing rates.](#)
2. In the **Rates** column of the clause/term row, click the Edit icon (📄).
3. In the **Edit Rates** dialog, click the **Files** tab.
4. On the left side of the dialog, the Rates folder under the calculation basis for the clause/term should be selected as the destination of the rates file to be imported. If it is not, select it.
5. On the right side of the dialog, in the **Upload files to a selected folder** area, do one of the following:
  - Drag and drop the rates file.
  - Click **Select files** and then select a rates file.



6. Click **Upload**. The uploaded file displays on the left under the destination folder, as shown in the following example:



7. Select the uploaded file.
8. (Optional) To rename, the file, on the right side of the dialog, the file name displays in the **Rename a selected file** field. If desired, rename the file and then click **Rename**.
9. On the right side of the dialog, click the **Specify** tab. The top part of the tab displays an image corresponding to the data in the uploaded file.
10. On the lower right of the dialog, in the **Excel Column**, for each row in the **Rates Column**, select from the drop-down the letter that corresponds to the column in the image above. In the following example, Code corresponds to column A in the Rates file. Do this for each field in the Rates Column that needs to be mapped.

Specified File   
Unspecified File

Upload Specify

Sample data: ICD10 rates.xlsx

A	B	C	D
Code	Rate1	Rate2	Rate3
1	1000	500	250
2	1200	600	300
3	1500	750	375

Sheet1 Sheet2 Sheet3

Rates Column	maps to	Excel Column
Code	maps to	A <span style="float: right;">▼</span>
Description	maps to	Not Mapped <span style="float: right; border: 1px solid red;">▼</span>
Rate	maps to	Not Mapped <span style="float: right;">▲</span>

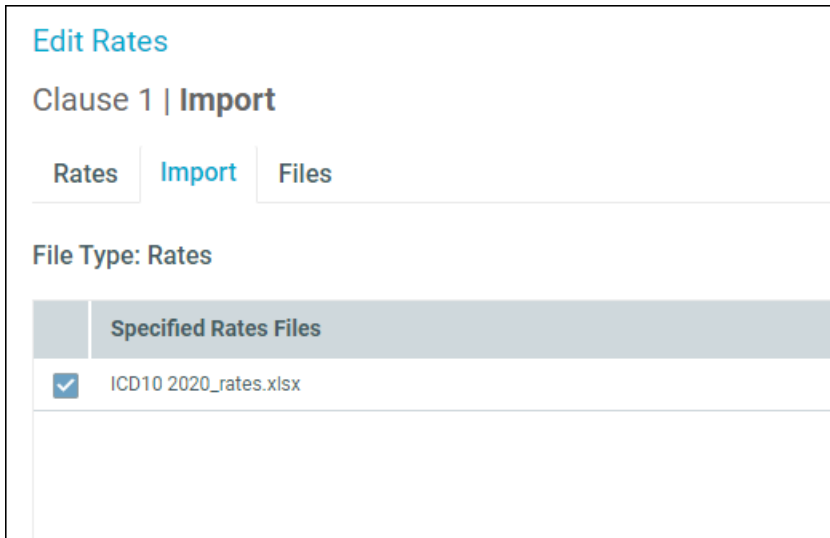
Excel data has column headers?  No  Yes Save specifications

Save
Cancel

11. For Excel data has column headers? select the appropriate option.
12. Click Save specifications.
13. Click the Import tab.
14. If needed, from the File Type drop-down, select Rates.

The file you uploaded displays under Specified Rates Files.

15. On the right side of the dialog, click Attach. When the file is attached, the check box displays checked:



16. To view the imported rates, click the **Rates** tab.
17. Close the **Edit Rates** dialog.

## 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 calculation 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

If you select any of these calculation bases, the Edit Rates dialog will contain a Translation Data tab in addition to the other tabs.

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 the Edit icon () (if no rates are attached, the icon will be grayed out).
3. In the **Edit Rates** dialog, click the **Files** tab.
4. On the left side of the dialog, the **Translation Tables** folder under the calculation basis for the

clause/term should be selected as the destination of the translation file. If it is not, select it.

5. On the right side of the dialog, in the **Upload files to a selected folder** area, either drag and drop a translation table file to this area or click **Select files** and select the file to upload.
6. Click **Upload**. The name of the file displays under the folder on the left side of the dialog.
7. Select the uploaded file.
8. (Optional) To rename, the file, on the right side of the dialog, the file name displays in the **Rename a selected file** field. If desired, rename the file and then click **Rename**.
9. On the right side of the dialog, click the **Specify** tab. The top part of the tab displays an image corresponding to the columns and rows in the uploaded file.
10. In the lower right of the dialog, in the **Excel Column**, for each row in the **Rates Column**, select from the drop-down the letter that corresponds to the column in the image above. In the following example, column A corresponds to the Line Item Code column in the translation tables file, and column B corresponds to ASC. Do this for each field in the Rates Column that needs to be mapped.

**Edit Rates**  
Clause 2 | Files

Translation Data | Category Assignment | Import | **Files**

Show all folders

Upload | **Specify**

Specified File | Unspecified File

Sample data: ASC Trans Table\_2021.xlsx

A	B	C	D
Code	Group		
29826	1		
29827	2		
19301	3		
19302	4		

Sheet1 | Sheet2 | Sheet3

Rates Column	maps to	Excel Column
Line Item Code		A
ASC		B

Excel data has column headers?  No  Yes

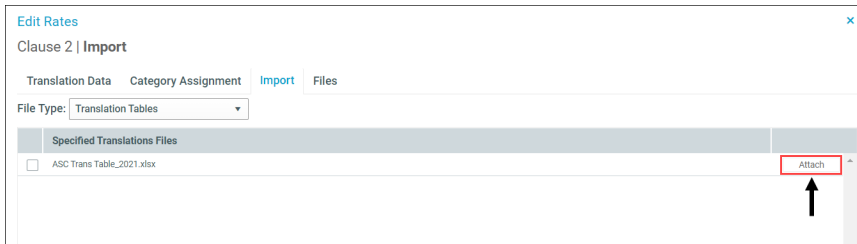
Save specifications

Drag/Drop  Copy  Move  Delete

11. Select whether or not the file uses headers, and then click **Save Specifications**.
12. Click the **Import** tab. If needed, from the **File Type** drop-down, select **Translation Tables**.

The translation table file should display under **Specified Translations Files**.

13. On the right side of the dialog, click **Attach**. When attached, the check box to the left of the listed file displays as checked.



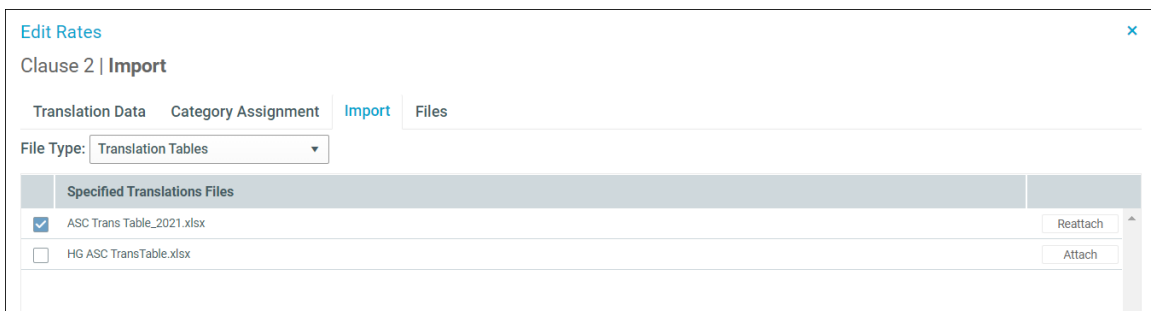
14. To view the uploaded data, click the **Translation Data** tab.
15. Close the **Edit Rates** window.

## Attach or re-attach a file

Sometimes you need to attach multiple files; for example, if a clause or term has multiple Rev Code calculation bases. While you can upload more than one file of a kind (e.g., rates, translation, etc.), only one of those file types can be attached to the clause or term at a time. So, if a clause has a calculation basis that requires a rates file and a translation data file, you can attach only one of each kind to the clause at a time. When you attach a different file of the same type, the data in the new file replaces previous data stored in the clause/term.

If you accidentally attach the wrong schedule or other file, or want to use a previously uploaded file, do the following:

1. In the **Edit Rates** dialog, after uploading the desired file, click the **Import** tab.
2. If needed, from the **File Type** drop-down, select the file type.



3. In the **Specified [type] Files** section, do one:
  - To use the original file, click **Reattach**.
  - To use the newly uploaded file, click **Attach**.

**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/term, 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 replaced by what is in the file.



## View rates for a clause or term

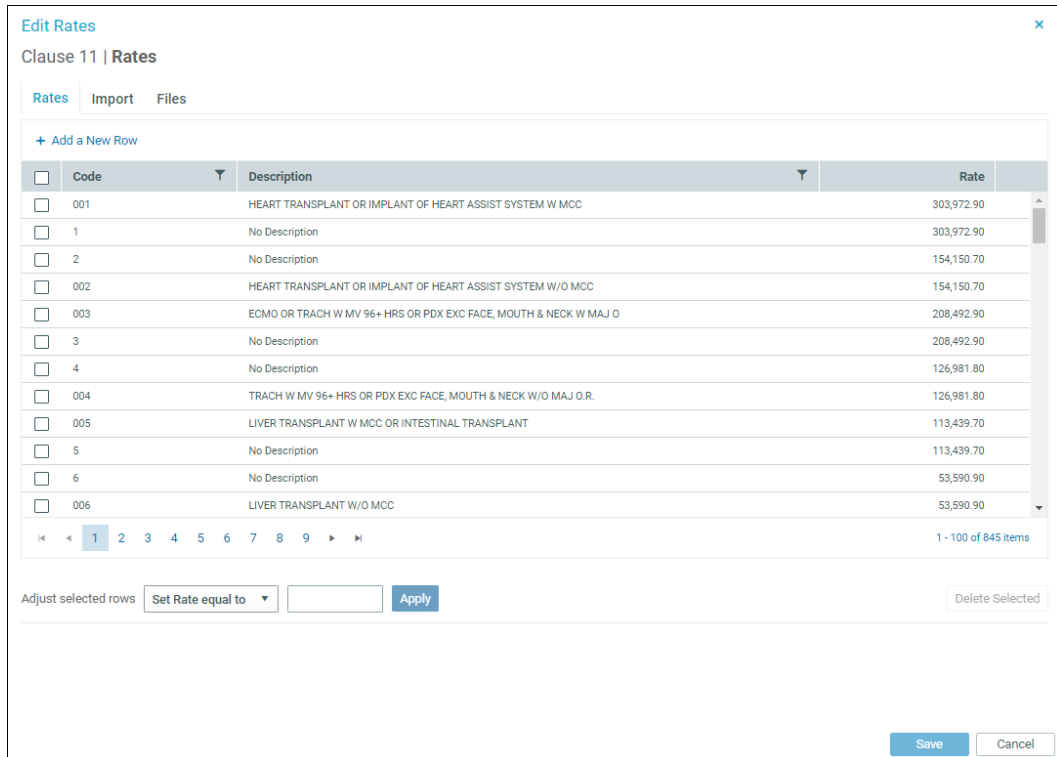
A clause or term may have a single rate, multiple pages of rates, or a set of tiered rates, depending on the service or procedure; or group or combination of services/procedures, contract type, provision, and so on.

If a clause or term has a single rate, the rate displays in the Rate field of the Edit Clause (or Edit Term) dialog.

If a clause or term has multiple rates or a set of tiered rates, the Rates are displayed in the Edit Rates dialog. The Edit Rates dialog also displays associated information and any attached files, if applicable.

**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.
  - If the clause/term has a single rate, the Edit icon is grayed out (). To view the single rate, at the end of the row, click the Edit icon () , and then, in the **Edit Clause/Edit Term** dialog, look in the **Rate** field.
  - If the clause/term has multiple or tiered rates, the Edit icon is not grayed out. Click the Edit icon. In the **Edit Rates** dialog, rates are displayed in the **Rates** tab.




*Example of Rates dialog for a clause with multiple procedures and rates*

## Copy a clause or term

Use these instructions to copy a clause or term to the same contract. To copy a clause or term to a different contract, you need to copy the provision it is attached to.

### To copy a clause or term:

1. [Navigate to the clause or term to be copied.](#)
2. At the end of the row, hover your cursor and click the Clone icon (.

The Clone Clause or Clone Term dialog opens.

3. At the bottom of the dialog, clear any check boxes for items that you do not want to copy from the original clause or term.

The screenshot shows a dialog box with the following elements:

- Four checkboxes, all of which are checked:
  - Include clause in Global Limit
  - Include Rates
  - Include Terms
  - Include Attributes
- An information icon (i) in a circle, followed by a text box containing the message: "Settings, Attributes and Exclusions will not be editable until the clause is saved. The checkboxes may be used to include or exclude sections of data when cloned."
- At the bottom right, there are two buttons: a blue "Save" button and a white "Cancel" button with a grey border.

**NOTE:** As stated at the bottom of the dialog, you must save the copy before you can edit the rest of the settings.

4. Click **Save**.
5. (Optional) **Edit the new copy** as desired. For example, you may want to give the copy a different description.

## 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. For claims 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 calculation 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:

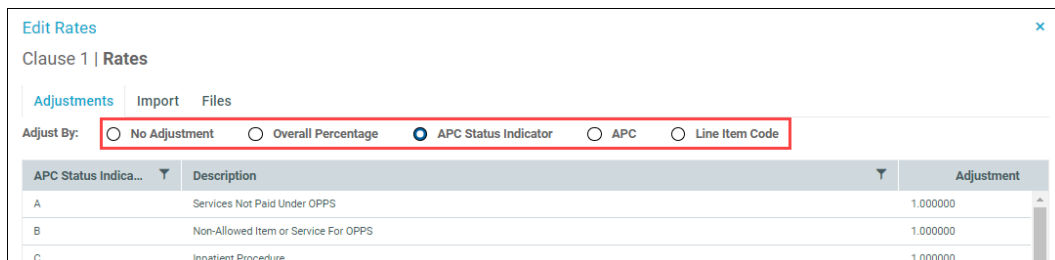
- **Adjust the CMS Outpatient calculation basis in the Rates window:**
  - **No Adjustment** – No adjustment is made to the rates coming from the grouping and pricing process. This is the default selection.
  - **Overall Percentage** – Adjust the post-grouping and pricing rate by a specified percentage.
  - **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 calculation 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](#) with a CMS Outpatient calculation basis.
2. In the **Rates** column for the clause/term, click the Edit icon ()
3. In the **Edit Rates** dialog, in the **Adjustments** 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.

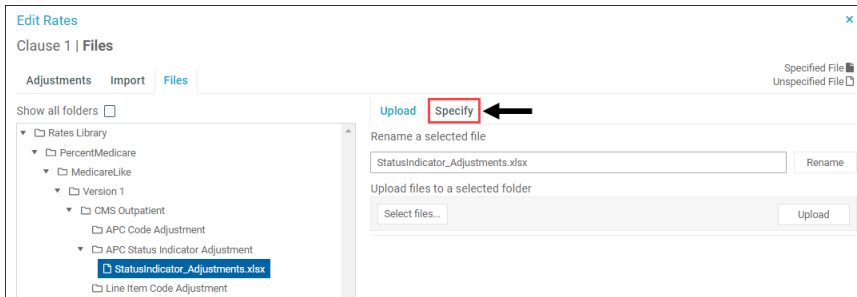


4. Do one of the following, depending on your selection in the previous step:
  - If you selected **Overall Percentage**, then in the **Adjustment** field, enter a percentage written as a decimal value (e.g., 0.07), and then click **Save**. Skip to [step 14](#).
  - If you selected **APC Status Indicator**, **APC**, or **Line Item Code**, proceed to step 5.
5. Click the **Files** tab.

On the left side of the dialog, the folder corresponding to the selected type of adjustment is selected as the destination.

6. On the right side of the dialog, in the **Upload files to a selected folder** area, do one of the following:

- Drag and drop the rates file.
  - Click **Select files**, and then select the desired file.
7. Click **Upload**. The uploaded file displays under the folder on the left side of the dialog.
  8. On the left, select the uploaded file. On the right side of the dialog, click the **Specify** tab.



9. The top part of the tab displays an image corresponding to the data in the uploaded file. On the lower right of the dialog, in the **Excel Column**, for each row in the Rates Column, select from the drop-down the letter that corresponds to the column in the image above. In the following example, APC Status Indicator corresponds to column A in the Rates file. Do this for each field in the Rates Column that needs to be mapped.

**NOTE:** Some files may contain fields that do not need to be mapped, or may not contain data for an optional field; however, if you try to save the file without mapping a critical field, the save will not work. In the following example, “Description” is not considered a critical field, so saving without mapping this field works.

Upload Specify

Sample data: StatusIndicator\_Adjustments.xlsx

A	B	C	D
Status Indicator	Adjustment		
N	0.1		
A	0.2		
E	0.3		
S	0.4		

Sheet1

Rates Column		Excel Column
APC Status Indicator	maps to	A
Description	maps to	Not Mapped
Adjustment	maps to	B

Excel data has column headers?  No  Yes

Save specifications

10. For Excel data has column headers? select the appropriate option.

11. After mapping, click Save specifications.

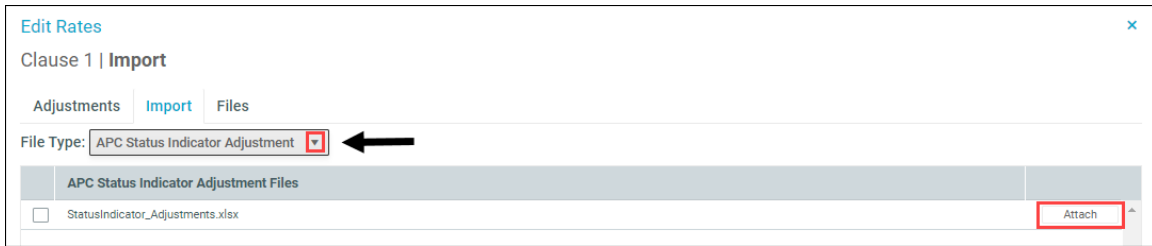
Rates Column		Excel Column
APC Status Indicator	maps to	A
Description	maps to	Not Mapped
Adjustment	maps to	B

Excel data has column headers?  No  Yes

→ Save specifications

12. Click the Import tab.

13. From the File Type drop-down, select the file type. The file you uploaded should display under the gray header. On the right, click Attach.



After attaching, the file's check box displays as checked.

14. Close the **Edit Rates** dialog.

## 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 additional criteria, not just the code, is needed to qualify the service for reimbursement. For example, the payor may require that the Total Charges of the claim exceed a certain amount in order to qualify for additional reimbursement. Or, there may be different rates payable depending upon how many days a patient is in the hospital.

**NOTE:** Clauses and terms can have either rates or thresholds, but not both.

A threshold's parameters are defined by a Thresh Basis. A Thresh Basis a type of measurement used to define the tiers or levels of reimbursement within a threshold calculation. It 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 (for example, Total Claim Days or Total Claim Charges), or line item-based (Total Line Charges/Units or Total Daily Line Charges/Units). Not all calculation bases allow thresholds. For example, Line Item ASC and Line Item MPR do not allow thresholds.

### ▶ Using calculation bases, measures, and types in thresholds

The Calc Basis, Calc Measure, and Calc Type, selected based on standard contract modeling 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 modeling 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

Calc Basis	Calc Measure	Calc Type
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

### ► 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 is 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.

### Manually add a threshold to a clause or term

Use these instructions to add a simple threshold to a clause or term. For adding more complicated thresholds, see [Import a threshold for a clause or term](#).

To import a threshold file:

1. [Navigate to the desired clause/term](#).
2. In the **Threshold** column, click the Edit icon (). If you are adding a threshold for the first time, the icon is grayed out.
3. In the **Edit Thresholds** dialog, in the **Thresholds** tab, click **Add a New Row**.
4. Enter information in the following column fields: Code, Description, Rate, Thresh Basis, Lower Boundary, and Upper Boundary, and Apply to Start and Apply to End, as desired. For information on these fields, see [Using calculation bases, measures, and types in thresholds](#) and [Threshold file requirements](#). To locate codes, [use the look up option](#).
5. To add another threshold, repeat steps 3 and 4.
6. (Optional) If you need to add multiple rows that will have the same information for each code, you can [copy the rows](#) instead of adding each manually.
7. Click **Save**.

### Import a threshold for a clause or term

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

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. For information on threshold files, see the following Threshold file requirements.

Before attaching threshold files, review the file requirements:

### ► Threshold file requirements

Unlike regular 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.

A Description is not needed in the file because it will populate from the corresponding library. Codes that are in the file but do not have a library entry will get a default description of NO DESCRIPTION.

**To import threshold files to a clause or term:**

1. [Navigate to the desired clause/term.](#)
2. In the **Threshold** column, click the Edit icon (). If you are adding a threshold for the first time,

the icon is grayed out.

3. Click the **Files** tab.
4. In the **Upload** tab on the right, drag the threshold file to the **Upload files to a selected folder** area or click **Select files** and select the threshold file.
5. Click **Upload**. The file name displays under the Thresholds folder on the left.
6. Select the file, and then click the **Specify** tab on the right. The top part of the tab displays an image corresponding to the data in the uploaded file.
7. Define the columns of your file (refer to [Threshold file requirements](#) if needed):
  - a. On the lower right of the dialog, in the **Excel Column**, for each row in the **Rates Column**, select from the drop-down the letter that corresponds to the column in the image above. In the following example, Code corresponds to column A in the threshold file. Do this for each field in the Rates Column that needs to be mapped.

Sample data: OR Medical Outpatient Thresholds.xlsx

A	B	C	D
765	5000	1	1
765	5000	1	5
766	5000	1	1
766	5000	1	5

Rates Column	maps to	Excel Column
Code		A
Rate		B
Thresh Basis		Not Mapped
Lower Bound		Not Mapped
Upper Bound		Not Mapped

Excel data has column headers?  No  Yes

Save specifications

Save Cancel

- b. For **Excel data has column headers?** select the appropriate option.

8. Under the mapping table on the right, click **Save Specifications**.
9. At the top of the dialog, click the **Import** tab. The file you uploaded displays under **Specified Thresholds Files**.
10. On the right side of the dialog, click **Attach**. When the file is attached, the file's check box displays

as checked.

11. To view the imported thresholds, click the **Thresholds** tab.
12. Close the **Edit Thresholds** dialog.

## 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. In the contract level hierarchy, limits sit on top of clauses and terms, which means they belong to the particular clause or term they reside on. Global limits belong to 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. If you are creating a limit on a line item clause or term, the limit selections will be for line item calculation bases and types.

### ▶ 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 claim is calculated, the calculation 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. The system 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 clause's 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.

### Creating limits

Limits are defined generally as Maximums and Minimums, and they either cap or raise reimbursement.

You can create limits on the following contract levels:

- Provisions
- Clauses
- Terms

**NOTE:** Limits on provisions are called *global limits* because they apply to all clauses and terms under the provision.

#### To create a limit:

1. [Navigate to the desired clause or term.](#)
2. To add a limit to a clause or term, do one of the following:
  - [Add a line item limit.](#)
  - [Add a maximum and/or minimum limit.](#)
3. To add a limit to a provision, [add a global limit.](#)


After setting a limit, the Edit icon is no longer grayed out.

#### 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*.

**NOTE:** You can create only one maximum and one minimum per clause or term.

#### To create a maximum or minimum:

1. [Navigate to the desired clause or term.](#)
2. In the **Limits** column, click the Limit icon ().

3. On the **Limits** page, do one of the following:
  - To create a maximum, select the **Maximum** check box.
  - To create a minimum, select the **Minimum** check box.
4. In the **Description** field, select a description from the drop-down.
5. In the **Calc Basis** field, select a calc basis from the drop-down.
6. Select a **Calc Type** and a **Calc Measure**.


**NOTE:** Depending on which calc basis you selected, you may or may not need to, or be able to, select a calculation type and calculation measure.

7. Click **Save**.
8. To set rates, do one of the following:
  - For a single rate, type the rate into the **Rate** field.
  - When multiple rates are required, a Rates button displays below the grayed-out Rates field. To add multiple rates, click the **Rates** button and then [add rates manually](#) or [import rates](#).
9. If you are creating both a maximum and a minimum, select the **Minimum** check box and then complete the fields as you did for the maximum limit. You will need to save your selections before you can enter a rate.
10. Click **Save**.
11. (Optional) If desired, [set an exclusion](#) for the limit(s).

### Create a global limit

Global limits allow you to set a maximum and a minimum amount for reimbursement on a claim. Global Limits are applied at the provision level and apply to all clauses and terms under the provision. To apply a limit to a specific clause or term only, see [Creating limits](#).

#### To create a global limit:

1. [Navigate to the desire clause or term](#).
2. In the **Global Limit** column, click the In the **Global Limits** column, click the Limit icon (.
3. On the **Global Limits** page, add a maximum or a minimum, or both, as desired. The steps for setting both are identical:
  - a. Select the **Global Maximum** (or **Global Minimum**) check box. Below the check box, settings fields display populated with defaults.
  - b. In the **Description** and the **Calc Basis** fields, select from the drop-down. You can search the lists in these drop-downs by clicking the field and then typing the description or calculation basis to search for. The list filters to the first letter or word you typed.

- c. For **Calc Type** and **Calc Measure** fields, either leave the default or change the selection as needed.

**NOTE:** In some cases, you will not be able to select an option different from the default if the field is dependent on another field. For example, the selected Calc Type can limit the Calc Measure you can select.

The screenshot displays the 'Global Limits' configuration interface. It is divided into two main sections: 'Global Maximum' and 'Global Minimum'. Each section contains a 'Description' dropdown menu (both set to '78'), a 'Calc Basis' dropdown menu (both set to 'Any and All Services'), a 'Calc Type' dropdown menu (both set to 'Dollar Rate'), and a 'Calc Measure' dropdown menu (both set to 'Per Claim'). Below these dropdowns is a 'Rate' input field, which is currently set to '0.00'. At the bottom of each section are two buttons: 'Rates' and 'Exclusions'.


**NOTE:** You cannot set a rate or an exclusion until you save your selections for the other fields.

4. Click **Save**.
5. Do one of the following:
  - For single rates, in the **Rate** field, enter a rate.
  - When multiple rates are required, a Rates button displays below the grayed-out Rates field. To add multiple rates, click the **Rates** button and then [add rates manually](#) or [import rates](#).
6. (Optional) [Set an exclusion](#).
7. Click **Save**.

### 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](#) that has a line item calculation basis.
2. In the **Limits** column, click the Limit icon (.
3. On the **Limits** page, select either the **Maximum** or **Minimum** check box.
4. From the **Description** drop-down, select a description.
5. From the **Calc Basis** drop-down, select **Line Item Code**.
6. From the **Calc Type** drop-down, select **Dollar Rate**.
7. From the **Calc Measure** drop-down, select **Per Line Item**.
8. Click **Save**.
9. Below the Rates field, click the **Rates** button and attach your fee schedule to the clause/term. See [Import rates for a clause or term](#) for detailed instructions on attaching fee schedules.

**Add a unit max limit to an MPR calculation**


Use these instructions to add a Unit Max limit on a contract clause or term that uses the Line Item MPR calculation basis. Setting a unit max limit puts a cap on 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 create a line item MPR clause or term:**

1. [Navigate to the Clauses or Terms page for the desired provision.](#)
2. Click **+Add a New Clause** (or **+Add a New Term**).
3. In the **Add a New Clause** (or **Term**) dialog, from the description field, select a description.
4. From the **Calc Basis** drop-down, select **Line Item Code MPR**.
5. From the **Calc Type** drop-down, select either **Dollar Rate** or **% Charges**, whichever applies.  
The **Calc Measure** drop-down is set automatically to **Per Line Item**, which is required for this calculation basis.
6. For **Terminal?** select either **Yes** or **No**.
7. Click **Save**.
8. [Import rates](#) and [translation tables](#).

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

1. [Navigate to the desired clause or term](#) that has the MPR calculation method.
2. In the **Limits** column of the new clause/term row, click the Limit icon (.

3. On the **Limits** page, select the **Maximum** check box.
4. From the **Description** drop-down, select a description.
5. From the **Calc Basis** drop-down, select **Unit Max**.

Notice that you cannot select a Calc Type.

6. From the **Calc Measure** drop-down, select whether the max should be applied per claim, per date, or per line item.

**Limits**

**Maximum**

**Description**  
SURGICAL INCIDENTAL

**Calc Basis**  
Unit Max

**Calc Type**

**Calc Measure**  
Per Claim

**Rate**  
1.00

Rates Exclusions

7. Click **Save**.
8. In the **Rates** field, 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.
9. Click **Save**.

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

# Copy, move, delete, or download attached files

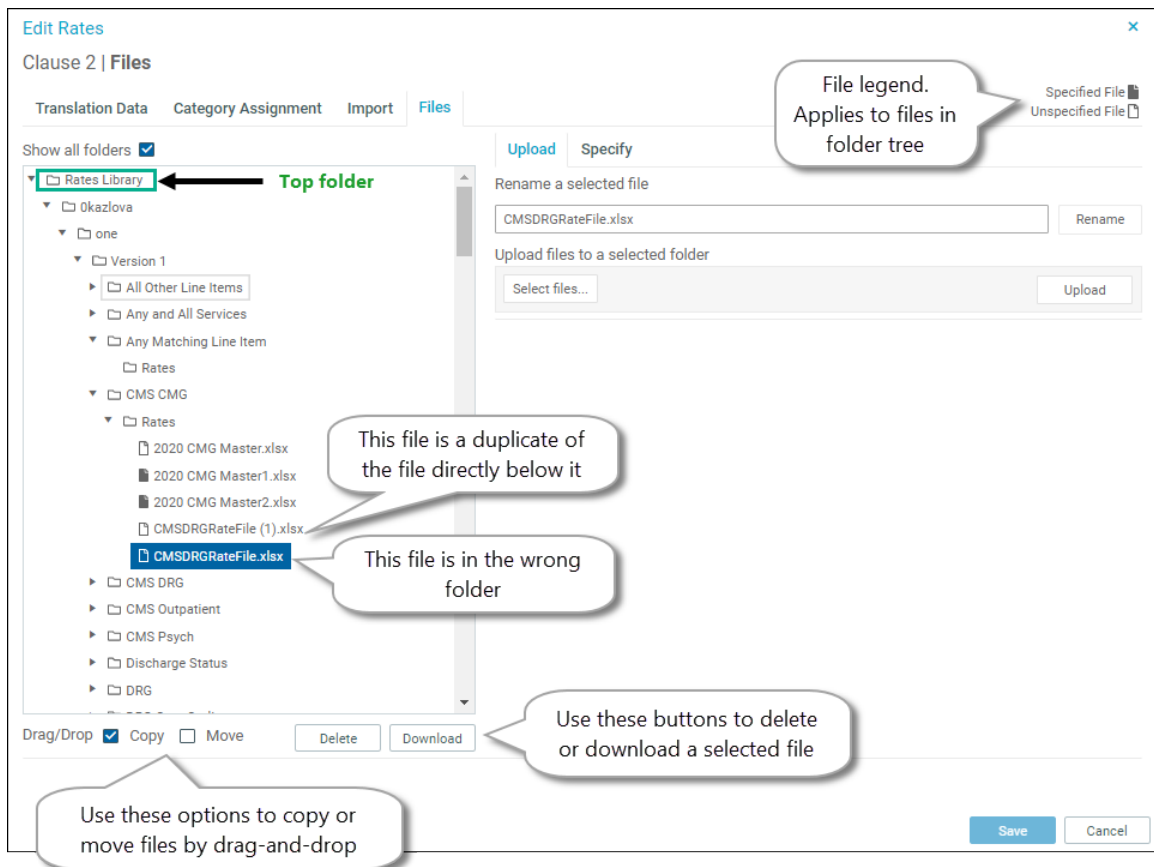
Use these instructions to handle attached files, such as rate files, residing in system folders. If there are schedules or rate files you can use from other contract version(s), in the Files tab of Edit dialogs for attached files, you can either move a file or make a copy from another folder location by dragging and dropping. You can also download a file, make changes to it and then upload it.

## To move, copy, download, or delete a file:

1. [Navigate to the desired contract level](#) and then open the Edit dialog for the attachment. For example, if working with a rates file, then in the Rates column, click the Edit icon (📎).
2. In the Edit dialog, click the Files tab.

The left side of the tab displays the Rates Library and the folder system leading to the attached file.

**NOTE:** To see the folder structure for all simulations, above the folder structure, select the **Show all folders** option.



3. Drill down through the clause/term calculation basis to the desired document, select the file, and then do any of the following:

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

▶ Copy the file to another folder

- a. Below the folder tree, in the **Drag/Drop** section, select the **Copy** check box.
- b. Drag the file to the destination folder. The original file stays in the source folder.

▶ Move the file to another folder

- a. Below the folder tree, in the **Drag/Drop** section, select the **Move** check box.
- b. Drag the file to the destination folder.

▶ Delete the file

**NOTE:** If the file is in use (the file icon to the left of the name is solid), you can delete it without removing the information from the clause or term as long as the imported file was the last one attached. You can also [reattach a file](#) before deleting it from the server.

- a. Select the file, and then click the **Delete** button below the folder tree.
- b. Click **Delete** in the confirmation dialog.

▶ Download the file

- a. Select the file.
- b. Click the **Download** button below the folder tree. The downloaded file displays at the bottom of the page, as in the following example:



From here, you can open the file, make changes, move the file elsewhere on your computer, or upload the file to the Contract Management system.

4. Close the Edit dialog.

# Attaching supporting documents to a contract

**NOTE:** This topic applies to supporting documents attached to versions. Other file types such as rate files, fee schedules, [translation tables](#), thresholds, and adjustments are added to contracts at the clause or term level. For information on managing these files, see [Using Rates](#).

When modeling contracts, you may need to attach documents to support the contract. You attach these kinds of 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. Keep in mind that to view attached files, users must also have an application installed that can read the file type. Only system administrators can delete documents from contract versions.

Versions with attached files display a circle with check mark icon (☑) in their Attached Docs column.

## Copy an attached document to another version

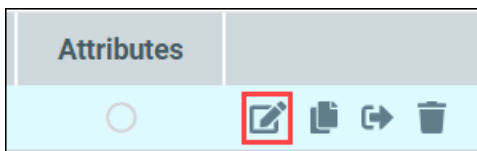
Use these instructions to copy a file attached to one version of a contract to another version of the same or different contract.

You can download, open and view the documents as long as you have access rights to do so.

**NOTE:** To view attached files, you must have an application that can read the file type installed on your computer. Keep this in mind when attaching files.

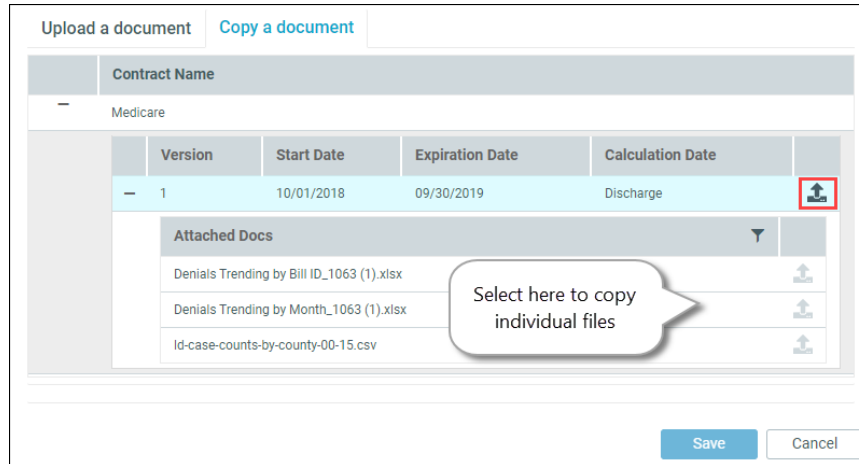
**To copy an attached file from one version to another:**

1. Navigate to the contract version to add a file to.
2. At the end of the version row, click the Edit icon:



3. In the **Edit Version** dialog, click the **Documents** tab.
4. In the lower half of the tab, click the **Copy a document** tab.
5. In the list of contracts, expand the desired contract name and version that contains the file to copy.
6. Do one of the following:
  - To copy all documents attached to the source version, click the up arrow icon (⬆) at the end of the version row.

- To copy selected documents attached to the version, click the up arrow icon(s) for the desired document(s).



7. Click **Save**. When you open the Edit Version dialog again, the copied documents are listed in the Attached Docs section.

## View a file attached to a version

When calculations are off, or there is a discrepancy in the contract data, it may be helpful to view the actual contract to compare it against the modeled one. If the actual contract is attached to the modeled contract as a file or files, you can view it as long as you have permissions to view attached files.

**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.

### To view an attached contract file:

1. Navigate to the contract version with the attached document.
2. At the end of the version row, click the Edit icon (✎)
3. In the **Edit Version** dialog, click the **Documents** tab.
4. In the **Attached documents** section, locate the document to view and then click the download icon (↓) at the end of the row. A copy of the document downloads to the bottom of your screen.
5. Click the document file to open and view the document.

# Copying contracts


After a set of contracts is built into Axiom Contract Management, you can use the contract parts as the basis for new contracts. You have a number of options when copying contracts:

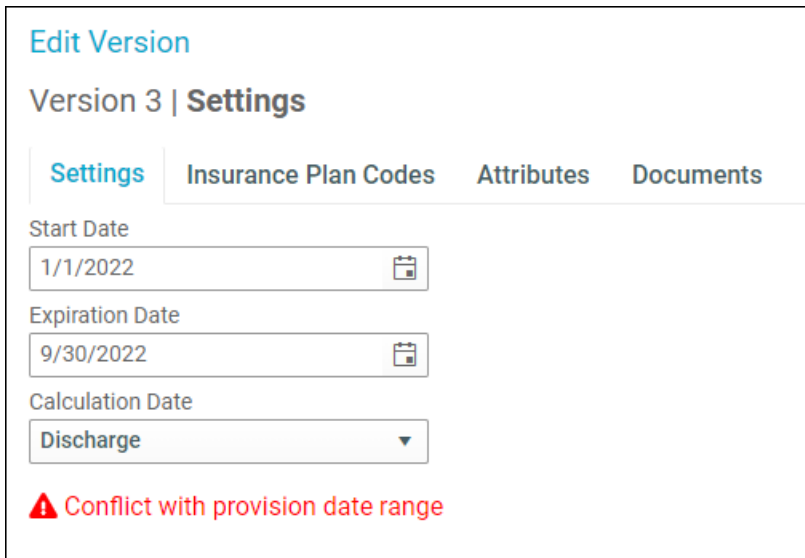
- [Copy a version to the same or different contract](#)
- [Copy a version to a different contract](#) (using the import version feature)
- [Copy a version from a file](#) (using the import file feature)
- [Copy a provision to the same version](#)
- [Copy a provision to a different version in the same or different contract](#)
- [Copy a clause or a term](#)

## Copy a version

Use these instructions to copy a version to the same contract. To copy a version to a different contract, use the [Import Version](#) feature.

To copy a version:

1. [Navigate to the version to be copied.](#)
2. At the end of the version row, hover your cursor and click the Clone icon ().
3. In the **Clone Version** dialog, on the **Settings** tab, note that the Start Date and the Expiration Date have been set one year ahead of the Start and Expiration dates of the most recent previous version in the version list (not necessarily the one you copied). You can change these dates from the Edit Version dialog if needed; however, if the changed dates conflict with any provisions that were copied over with the version, a conflict message displays in the dialog, as shown in the following example:



The screenshot shows the 'Edit Version' dialog box for 'Version 3 | Settings'. It has four tabs: 'Settings' (selected), 'Insurance Plan Codes', 'Attributes', and 'Documents'. Under the 'Settings' tab, there are three date fields: 'Start Date' with a value of '1/1/2022', 'Expiration Date' with a value of '9/30/2022', and 'Calculation Date' with a dropdown menu set to 'Discharge'. At the bottom of the dialog, there is a red warning triangle icon followed by the text 'Conflict with provision date range'.

4. By default, any provisions, insurance plan codes, attributes, and attached documents are included in the copy. However, if you do not want to copy everything, clear the check boxes for the items that you do not want included in the copy.

Clone Version

Version 1 | Settings

Settings Insurance Plan Codes Attributes Documents

Start Date  
1/1/2021

Expiration Date  
12/31/2021

Calculation Date  
Discharge

Include Provisions  
 Include Insurance Plan Codes  
 Include Attributes  
 Include Documents

Settings, Insurance Plan Codes, Attributes and Documents will not be editable until the new version is saved. The checkboxes above may be used to include or exclude associated sections of data when cloned.

Save Cancel

**NOTE:** You cannot make changes to the other tabs in the Clone Version dialog. Save the version and then make changes in the Edit Version dialog.

5. Click **Save**.
6. (Optional) [Edit the version](#).

## Export a version

Export a version when you want to create an importable file of the version or if you want to create a backup.

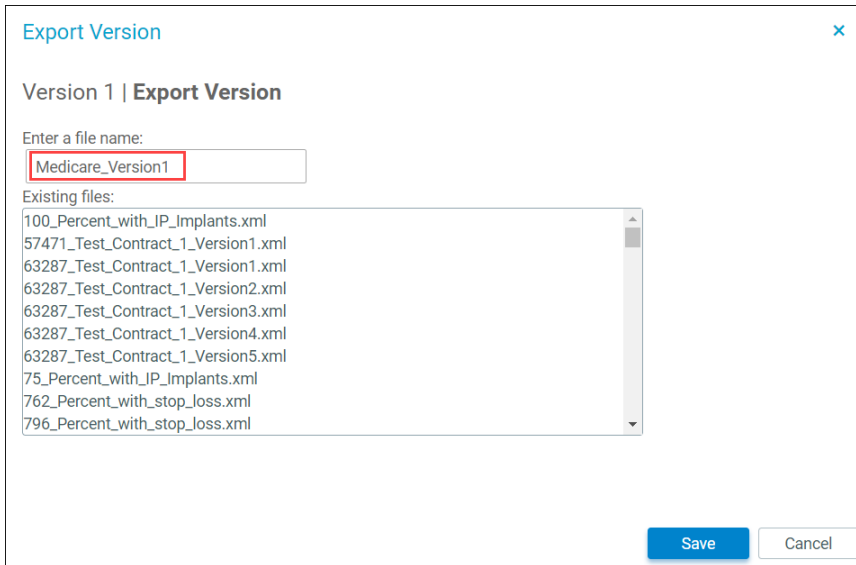
**IMPORTANT:** Export/Import Provisions is not a preferred tool to copy contracts into Live. It should be done as a time-saving safety net in case a contract is irreversibly altered incorrectly.

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.

2. At the end of the version row, click the Export icon (📄➔).
3. In the **Export Version** dialog, type a name for the exported version file or leave the default.



4. Click **Export**.

The exported version file will be available in the Import Version dialog when you select to [import a version from a file](#).

## Copy a provision

If an existing contract is similar to the one you are working on and needs only slight modifications, you can copy that provision instead of re-building it from scratch, then edit the copy. Use the following instructions to copy a provision within a version. To copy a provision from a different version, use the [Import Provision](#) feature.

**To copy a provision within the same version:**

1. [Navigate to the provision to be copied](#).
2. At the end of the provision row, click the Clone icon (📄).
3. In the **Clone Provision** dialog, in the **Settings** tab, type in dates or click the calendar icons (📅) and select a **Start Date** and **Expiration Date** for the provision.

**NOTE:** The system will not allow you to select dates that are outside of the associated version's active period. You also cannot create a provision with dates that overlap another provision that has the same bill type.

Clone Provision

New Provision | Provision | **Settings**

Settings | Type of Bill | Attributes


Start Date

Expiration Date

Type of Bill

Hospital Inpatient (Including Medicare Part A)\*Hospital Inpatient (Medicare Part B only)

Include Attributes

 Start/Expiration Date and Type of Bill must be set for the new provision. Attributes will not be editable until the new provision is saved.

Save Cancel

4. By default, any attributes are included in the copy. However, if you do not want to copy them, clear the **Include Attributes** check box before saving. You can add other attributes after you save the new provision.

**NOTE:** You cannot add or remove bill types from the Clone Provision dialog. You must save the copy and then make changes through the Edit Provision dialog.

5. Click **Save**.
6. (Optional) [Edit the provision](#) as desired.

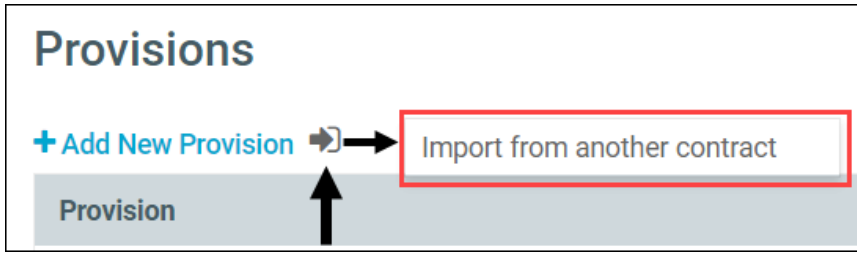
## Import a provision

Use these instructions to copy a provision from one contract to another. The Import Provisions feature allows you to bring in provisions from a contract in any simulation.

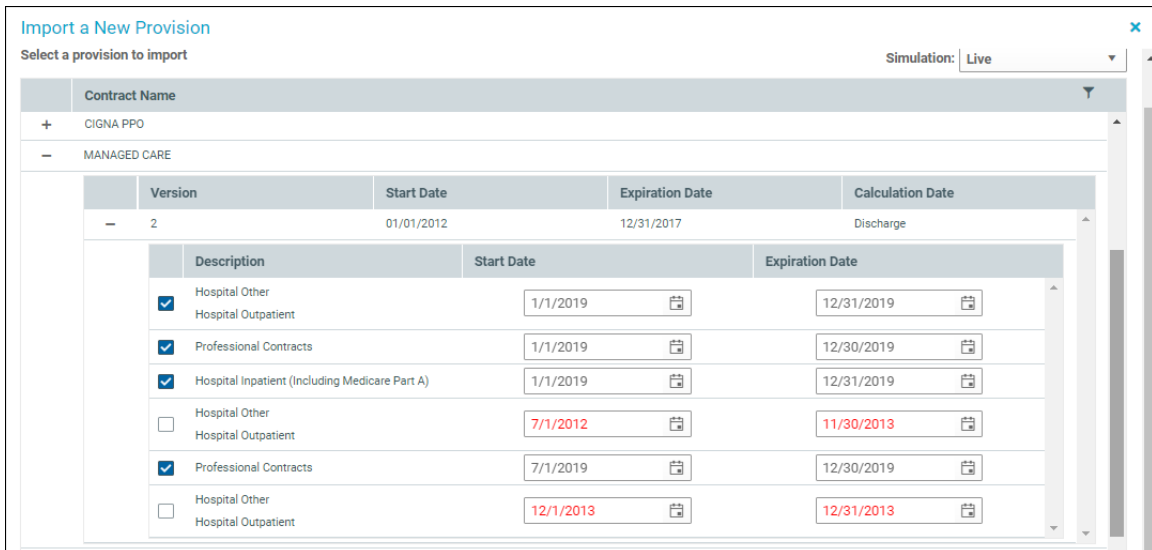
### To import a provision:

1. [Navigate to the desired contract version](#).
2. In the version row after the version number, click **Go to Provisions**.
3. On the **Provisions** page, note the date range of the version displayed at the top of the page. The provision you select to copy must fall within that date range. If it does not, you can change the date range on the copy before importing it.

- On the **Provisions** page above the table of provisions, place your cursor over the arrow, and then click **Import from another contract**.



- In the **Import a New Provision** dialog, from the **Simulation** drop-down, select the simulation containing the provision you want to copy.
- In the **Select a provision to import** list of contracts, expand the desired contract and version to locate the provision to import.
- If any of the **Start** or **Expiration** dates are red for the provision you want to import, click in the **Start Date** and **Expiration Date** fields and select dates that match the **Start** and **Expiration** dates of the version to which you are importing the provision. When updated successfully, the dates turn black and the provision check boxes are enabled.



- Select the check box for the desired provision (you can import more than one).
- (Optional) If applicable, select to import associated attributes or other attachments by selecting the corresponding check box below the list of contracts.
- Click **Import**.

# Managing simulations

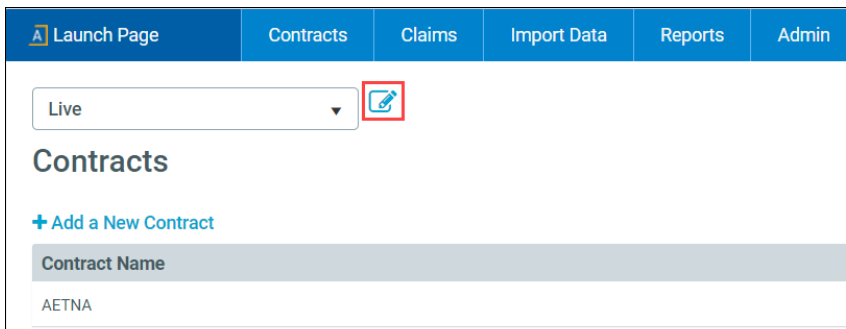
The ability to run a nearly endless number of simulations is one way that Axiom Contract Management sets itself apart from older editions. Simulations are an essential tool during contract negotiations, allowing you to model a number of proposed contracts and run reports for comparison to determine which proposal is most profitable.

## Create a simulation

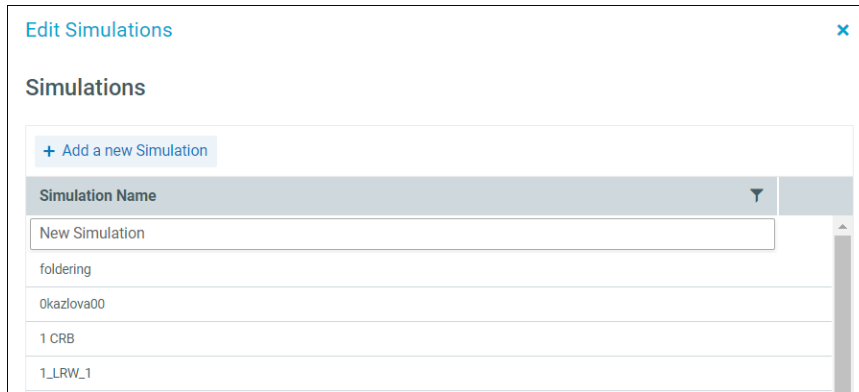
Creating simulations that model the identical contract structure allows you to get a more accurate view of how facility reimbursement is changing, and which services are affected. After creating a simulation you can add contracts to it.

To create a simulation:

1. At the top of the **Contracts** page, to the left of the simulation drop-down, click the Edit icon:



2. In the **Edit Simulations** dialog, above the table of simulations, click **Add a new Simulation**. A new simulation row is added to the table, as shown in the following example.



3. In the new row, type a name for the simulation and then click **Save**. The newly created environment can now hold contracts.
4. [Add a contract](#) to the simulation.

## Edit or delete a simulation

Use these instructions to change a simulation name or to delete a simulation.

### To change a simulation name or delete a simulation:

1. At the top of the **Contracts** page, click the **Edit Simulations** link.
2. In the **Edit Simulation** dialog, for the desired simulation, click and then edit the name.
3. To delete a simulation, at the end of the simulation row, click the Delete icon (🗑️).
4. Click **Save**.
5. Close the **Edit Simulation** dialog.

## 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:

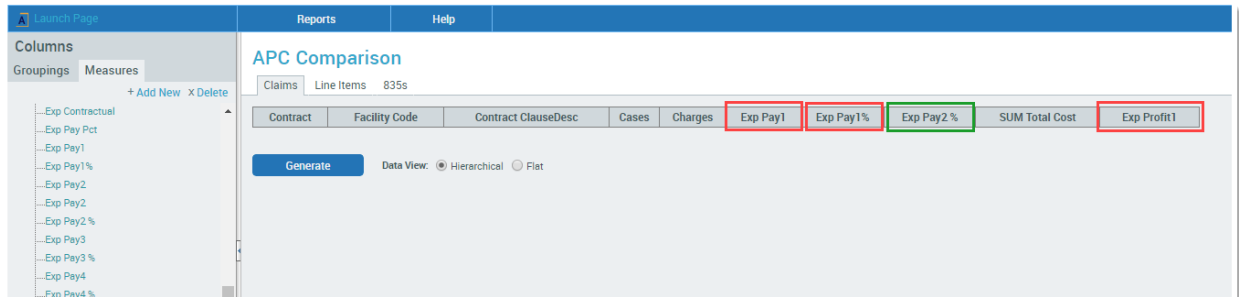
- TotalExpectedPayment1 where 1= Live simulation; so TotalExpectedPayment1 equates to Estimated Payments from Live in drill-down reports
- TotalExpectedPayment2 where 2 = a simulation of your choice
- TotalExpectedPayment3 where 3 = a simulation of your choice
- TotalExpectedPayment4 where 4 = a simulation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

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

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



The generated example report looks like the following:

Launch Page Reports Help

### APC Comparison

Claims Line Items

Rows View Settings

Limit Design View Export 1 record found

Contract	Cases	Charges	Exp Pay1	Exp Pay1%	Exp Pay2 %	SUM Total Cost	Exp Profit1
AETNA	14	82,163	73,946	90.0	92.8	26,946.11	47,000.20
Facility Code ^	Cases	Charges	Exp Pay1	Exp Pay1%	Exp Pay2 %	SUM Total Cost	Exp Profit1
13 - Hospital Outpatient	14	82,163	73,946	90.0	92.8	26,946.11	47,000.20
Contract ClauseDesc ^	Cases	Charges	Exp Pay1	Exp Pay1%	Exp Pay2 %	SUM Total Cost	Exp Profit1
SURGICAL	14	82,163	73,946	90.0	92.8	26,946.11	47,000.20
	14	82,163	73,946	90.0	92.8	26,946.11	47,000.20
	14	82,163	73,946	90.0	92.8	26,946.11	47,000.20

Applied Filters Add Filters

**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.

**Simulation Mapping**

Mapping Assignment 1  
Live

Mapping Assignment 2  
EPAY2

Mapping Assignment 3  
EPAY3

Mapping Assignment 4  
EPAY4

Mapping Assignment 5  
EPAY5

Save

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

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

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



# Working with claims

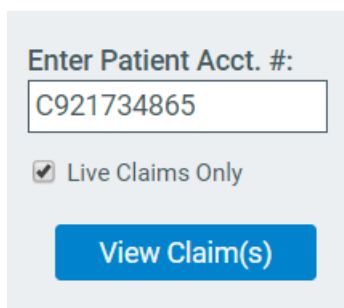
The View a Claim function in Axiom Contract Management allows you to access or view all information related to claims. The multiple forms of information are compiled from data contained in the Claims, Payments, and adjustments imports. Other important data fields are calculated by the system, or imported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

A screenshot of a web form for viewing a claim. It features a text input field labeled 'Enter Patient Acct. #' containing the value 'C921734865'. Below the input field is a checked checkbox labeled 'Live Claims Only'. At the bottom of the form is a blue button labeled 'View Claim(s)'.

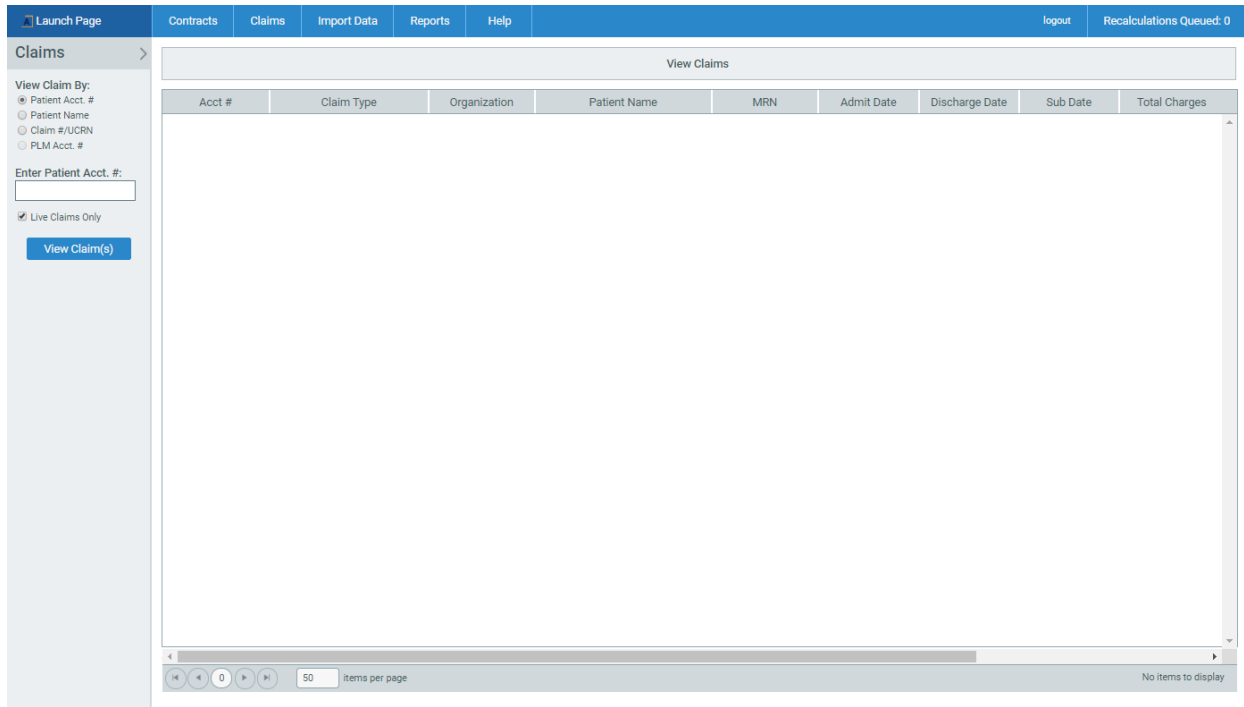
Enter Patient Acct. #:  
C921734865  
 Live Claims Only  
View Claim(s)

## ▶ Access View a Claim

**To access View a Claim:**

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

The View Claims page opens.

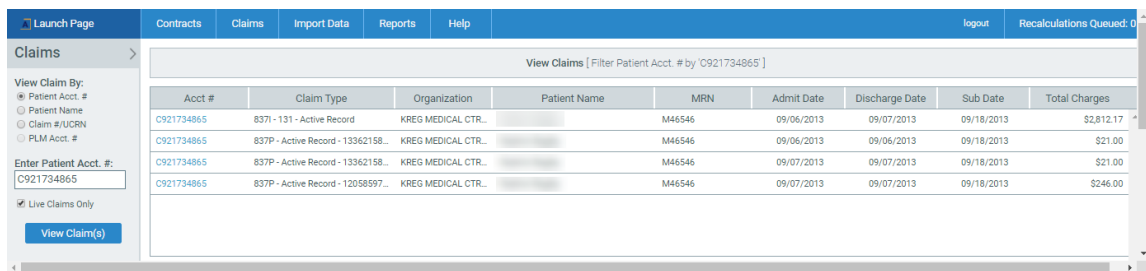


Claims page example

## 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.

Acct #	Claim Type	Organization	Patient Name	MRN	Admit Date	Discharge Date	Sub Date	T
C921610930	837I - 141 - Active Record	KREG MEDICAL C...		M46546	03/18/2013	03/18/2013	03/23/2013	
C921760385	837I - 131 - Active Record	KREG MEDICAL C...		M46546	04/01/2013	04/01/2013	04/06/2013	
C921480036	837P - Active Record - 12058...	KREG MEDICAL C...		M46546	03/30/2013	03/30/2013	04/04/2013	
C921728392	837P - Active Record - 12058...	KREG MEDICAL C...		M46546	03/27/2013	03/27/2013	04/02/2013	
C921650660	837P - Active Record - 12058...	KREG MEDICAL C...		M46546	05/20/2013	05/20/2013	05/25/2013	
C921734865	837I - 131 - Active Record	KREG MEDICAL C...		M46546	09/06/2013	09/07/2013	09/18/2013	
C921734865	837P - Active Record - 13362...	KREG MEDICAL C...		M46546	09/06/2013	09/06/2013	09/18/2013	
C921734865	837P - Active Record - 13362...	KREG MEDICAL C...		M46546	09/07/2013	09/07/2013	09/18/2013	

**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 from 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.

#	Description	Calc Basis	Calc Type	Calc Measure	Terminal?	Rates	Thresh	Limit	Global	Attributes
1	DETOX	RevCode	Dollar Rate	Per Claim	Yes	View	Set	Set	Set	✓ Add
2	PSYCH	RevCode	Dollar Rate	Per Claim	Yes	View	Set	Set	Set	✓ Add
3	REHAB	RevCode	Dollar Rate	Per Claim	Yes	View	Set	Set	Set	✓ Add
4	HOSPICE	RevCode	Dollar Rate	Per Claim	Yes	View	Set	Set	Set	✓ Add
5	MATERNITY C-SECTION	ICD9 Procedure Any	Dollar Rate	Per Claim	Yes	View	Set	Set	Set	✓ Add
6	MATERNITY NORMAL DELIVERY	ICD9 Procedure Any	Dollar Rate	Per Claim	Yes	View	Set	Set	Set	✓ Add
7	MATERNITY	RevCode	Dollar Rate	Per Claim	Yes	View	Set	Set	Set	✓ Add
8	NEWBORNS	RevCode	Dollar Rate	Per Claim	Yes	View	Set	Set	Set	✓ Add
9	PEDIATRICS	RevCode	Dollar Rate	Per Claim	Yes	View	Set	Set	Set	✓ Add

- **Grouper Edits** – Click this button to detail all OCE/NCCI and eAPG edits. This is important when determining why a Medicare 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.

Edit	Edit Description	Procedure Code	Procedure Type
0002	CMS: OCE ICDEdit - Diagnosis and age conflict. (RTP)	76503	D2
0002	CMS: OCE ICDEdit - Diagnosis and age conflict. (RTP)	76522	D3
0002	CMS: OCE ICDEdit - Diagnosis and age conflict. (RTP)	V3000	D1

- **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 from 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.

Codes for: C921467853 --

Select Code Type:  ICD9  Condition Codes  Occurrence Codes  Occurrence Span  Value Codes  User Defined Codes

Diagnosis Codes			
Type	Code	POA	Description
Adm. Diag.	659.63		Elderly Multigravd-Antep
Diag. 1	645.11	Y	Post Term Preg-Del
Diag. 2	659.61	Y	Elderly Multigravida-Del
Diag. 3	659.71	Y	Abn Ftl Hrt Rate/Rtly-Del
Diag. 4	669.81	Y	Comp Lab/Deliv Nec-Deliv
Diag. 5	V27.0		Deliver-Single Liveborn

Procedure Codes			
Type	Code	Date	Description
Prim. Proc.	73.4	1/12/2012	Medical Induction Labor
Proc. 2	73.01	1/12/2012	Induct Labor-Rupl Memb
Proc. 3	72.71	1/12/2012	Vacuum Ext Del W Episiot

► Demographics tab

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

**Demographics for: C921467853 --**

Patient Information	Admission Information	Responsible Party Information
Medical Record #: M4149	Admit Date: 1/12/2012	Responsible Party 1: LastName, FirstName (HIPAA)
Patient Address: 7353 Garlitz Road, Atlanta GA 30332	From Date: 1/12/2012	Responsible Party 2: Address1 (HIPAA)
Birth Date: 8/21/1976	Admit Source: 1 - Physician Referral	Responsible Party 3: Address2 (HIPAA)
Sex: F	Admit Type: 3 - Elective	Responsible Party 4: Address3 (HIPAA)
Patient Weight:		
Patient Height:		
Discharge Information	Discharge Date: 1/14/2012	
	Discharge Status: 01 - Discharged To Home Or Self-Care (	
Provider Information	Pay-to-Provider Information	Claim Remarks
Provider Details 1: Kreg Medical Centers	Pay-to-Name: Kreg Medical Center9	Remarks 1: Remarks1 (HIPAA)
Provider Details 2: 3525 Piedmont Road, NE	Pay-to-Address 1: 8 Piedmont Center Suite 412	Remarks 2: Remarks2 (HIPAA)
Provider Details 3: 8 Piedmont Center Suite 412	Pay-to-Address 2: Atlanta, GA 30305	Remarks 3: Remarks3 (HIPAA)
Provider Details 4: Atlanta, GA 30305		Remarks 4: Remarks4 (HIPAA)
Federal Tax #: 99-00003		
NPI#: 8700008		

## ► Insurance tab

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

**Insurance Information for: C921611776 --**

Payer Name	Health Plan ID	Rel. Info.	Asg. Ben.	Prior Payments	Est. Amount Due	Provider ID
62308 CIGNA PA			Y	0.0000	0.0000	PPNS
Insured's Name	Patient Relationship	Insured's Unique ID	Group Name	Insurance Group #		
LastName, FirstName (HIPAA)	18-Self	SMID107560		SGNum8455		
Treatment Auth. Codes	Document Control #	Employment Status	Employer Location	Employer Name		
			City, State (HIPAA)			

## ► 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

Rev Code	Line Item Code	APC	SI	Units	Service Date	Charge Amount	Non-Covered Charge	Batch #
0333				6		\$4,148.00	\$0.00	2657
0360				48		\$5,916.50	\$0.00	2657
0370				80		\$1,100.00	\$0.00	2657
0636	C8113			12		\$886.44	\$0.00	2657
0636	J0694			1		\$19.34	\$0.00	2657
0636	J0694			1		\$57.61	\$0.00	2657
0636	J1100			10		\$31.21	\$0.00	2657

## Medicare claim

Rev Code	Line Item Code	APC	SI	Units	Service Date	Charge Amount	Non-Covered Charge	Batch #
0301	80048		A	1	1/25/2014	\$134.00	\$0.00	2484
0301	84439		A	1	1/25/2014	\$93.00	\$0.00	2484
0301	84443		A	1	1/25/2014	\$127.00	\$0.00	2484
0309	36415		A	1	1/25/2014	\$20.00	\$0.00	2484
0490	31575	00072	T	1	1/25/2014	\$166.00	\$0.00	2484
0510	99211	00604	V	1	1/25/2014	\$130.00	\$0.00	2484

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:

Rev Code	Line Item Code	APC	SI	Units
0301	80048		A	1
0301	84439		A	1
0301	84443		A	1
0309	36415		A	1
0490	31575	00072	T	1
0510	99211	00604	V	1

## ▶ Physicians tab

The Physician tab displays physician information imported from the claim.

The screenshot shows the 'Physicians' tab for claim C921371604. The interface includes a navigation menu with 'Launch Page', 'Contracts', 'Claims', 'Import Data', 'Reports', 'Help', 'Logout', and 'Recalculations Queued: 0'. The 'Physicians' sub-tab is active, showing a table of physician information. On the left, there are buttons for 'View Voucher', 'Go to Contract', 'Group Edits', and 'Recalculate'. A 'Back to Claims List' link is also present.

Physician Type	Physician Name	Primary ID Type	Primary ID	Secondary ID Type	Secondary ID
Attending	LastName,Firstname2071	P999709		P1896321	
Other 1	LastName,Firstname266	P99940		P1896323	
Surgical	LastName,Firstname125	P999892		P1896322	

## ▶ 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.

The screenshot shows the 'Postings' tab for claim C921371604. The interface includes a navigation menu with 'Launch Page', 'Contracts', 'Claims', 'Import Data', 'Reports', 'Help', 'Logout', and 'Recalculations Queued: 0'. The 'Postings' sub-tab is active, showing a table of payment postings. On the left, there are buttons for 'View Voucher', 'Go to Contract', 'Group Edits', and 'Recalculate'. A 'Back to Claims List' link is also present. Below the table, there are radio buttons for 'Payments', 'Contractuals', and 'All', with 'Payments' selected. A pagination bar at the bottom shows '50 items per page' and '1 - 17 of 17 items'.

Posting Date	Payment Date	Payer Code	Post Code	Payment Type	Is Prof?	Amount	Batch Number
11/11/2013	11/11/2013	MCD01	13109	Payment - P1		\$0.00	61
11/13/2013	11/13/2013	MCD01	1310	Payment - P1		\$44.50	61
11/13/2013	11/13/2013	MCD01	1310	Payment - P1		\$438.39	61
11/13/2013	11/13/2013	MCD01	1310	Payment - P1		\$80.19	61
11/13/2013	11/13/2013	MCD01	1310	Payment - P1		\$153.18	61
11/13/2013	11/13/2013	MCD01	1310	Payment - P1		\$12.41	61
11/13/2013	11/13/2013	MCD01	1310	Payment - P1		\$44.50	61
11/13/2013	11/13/2013	MCD01	1310	Payment - P1		\$6.20	61
11/18/2013	11/18/2013	MCD01	1310	Payment - P1		\$37.48	61
12/3/2013	12/3/2013	MD001	1230	Payment - P1		\$3.91	62
12/3/2013	12/3/2013	MD001	1230	Payment - P1		\$23.88	62
12/3/2013	12/3/2013	MD001	1230	Payment - P1		\$2.63	62
12/3/2013	12/3/2013	MD001	1230	Payment - P1		\$9.56	62
12/3/2013	12/3/2013	MD001	1230	Payment - P1		\$69.38	62
12/3/2013	12/3/2013	MD001	1230	Payment - P1		\$11.35	62
12/3/2013	12/3/2013	MD001	1230	Payment - P1		\$1.32	62
12/3/2013	12/3/2013	MD001	1230	Payment - P1		\$11.35	62

## ▶ 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.

The screenshot shows the 'Claim Detail' page with the 'Tracking' tab selected. The tracking ID is C921371754. The form includes the following fields:

- Claim Status: Open
- Denial Category: 22 Coordination of Benefits
- Denial Reason Code: 01797 Services Limited to IP
- Service Location: None
- Priority: None
- Closed Reason Code: None
- Denied Amount: 122.0000
- Patient Responsibility: 115.0000
- UP - Identified: 0.0000
- UP - Recovered: 0.0000
- UP - Unrecoverable: 0.0000

There is a 'Notes' text area and a 'Tracking History' table below the form.

Date	Status	Assignment	Assigned To	Notes	Modified By	Denial Category
05/31/2019 01:21 PM	Open	Claim Denial	CMASupport CMASupp...		Williams	22 Coordination of Ben...
10/02/2018 01:34 PM	Open	Claim Denial	CMASupport CMASupp...		Williams	

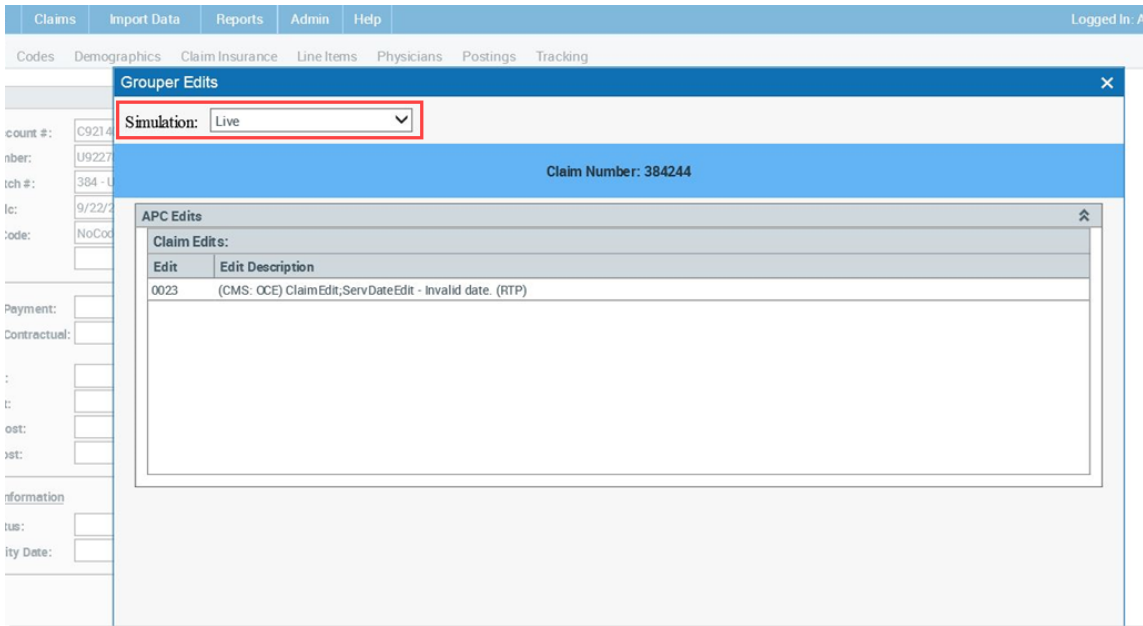
## View Grouper Edits for a claim

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 dialog. A Simulation menu at the top of the dialog 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** dialog, 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” in the online help
- “Group and price Medicare/Medicaid claims” in the online help

## 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 Syntellis, 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.

The screenshot shows the 'Claim Detail' page for claim C921371754. The interface includes a navigation menu at the top with options like 'Launch Page', 'Contracts', 'Claims', 'Import Data', 'Reports', and 'Help'. The main content area is divided into several sections:

- Tracking for: C921371754** - A header for the current claim.
- Claim Status:** Open (dropdown menu)
- Denial Category:** 22 Coordination of Benefits (dropdown menu)
- Denial Reason Code:** 01797 Services Limited to IP (dropdown menu)
- Assigned To:** CMASupport (dropdown menu)
- Service Location:** None (dropdown menu)
- Priority:** None (dropdown menu)
- Closed Reason Code:** None (dropdown menu)
- Denied Amount:** 122.0000 (input field)
- Patient Responsibility:** 115.0000 (input field)
- UP - Identified:** 0.0000 (input field)
- UP - Recovered:** 0.0000 (input field)
- UP - Unrecoverable:** 0.0000 (input field)
- Notes:** A text area for adding additional information.
- Tracking History:** A table showing the history of the claim's status and assignments.

Date	Status	Assignment	Assigned To	Notes	Modified By	Denial Category
05/31/2019 01:21 PM	Open	Claim Denial	CMASupport CMASupp...		Williams	22 Coordination of Ben...
10/02/2018 01:34 PM	Open	Claim Denial	CMASupport CMASupp...		Williams	

*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.

Account #	Patient Name	DOB	Admit Date	Dischg. Date	Plan Code	Insurance ID #	Contract	Version	Provision	APC
C921371028		09/05/1936	11/15/2013	11/15/2013	MC001	SMID131609	ORG1 - Medicare	6	12X013X014X	APC
C921371112		08/15/1960	10/21/2013	10/21/2013	MC001	SMID108554	ORG1 - Medicare	6	12X013X014X	APC
C921371179		05/17/1955	10/12/2013	10/12/2013	77082	SMID81780	zMiscellaneous Plan Codes	1	85X	ANI
C921371189		03/31/2005	10/25/2013	10/25/2013	MD008	SMID32036	ORG1 - Medicaid	6	13X014X	ANI
C921371356		07/25/1978	02/02/2014	02/02/2014	MD001	SMID67640	ORG1 - Medicaid	6	13X014X	ANI
C921371391		01/31/1943	08/11/2013	08/11/2013	MC001	SMID44222	ORG1 - Medicare	5	13X	MRI
C921371440		02/29/2008	11/17/2013	11/17/2013	MD001	SMID59531	ORG1 - Medicaid	6	13X014X	ANI
C921371541		02/08/1998	11/24/2013	11/25/2013	MD001	SMID105895	ORG1 - Medicaid	6	13X014X	ANI
C921371583		10/04/1947	03/10/2014	03/10/2014	MC001	SMID36500	ORG1 - Medicare	6	12X013X014X	APC
C921371604		05/11/1951	09/24/2013	10/07/2013	MC001	SMID3769	ORG1 - Medicare	5	11X	CM
C921371665		08/13/1948	12/23/2013	12/23/2013	MC001	SMID44221	ORG1 - Medicare	6	12X013X014X	APC
C921371754		07/02/2007	11/11/2013	11/11/2013	MD001	SMID131980	ORG1 - Medicaid	6	13X014X	ANI
C921371806		03/14/1940	10/15/2013	10/15/2013	XMC	SMID89619	zMiscellaneous Plan Codes	1	13X014X	ANI
C921372073		04/30/1971	08/02/2013	08/03/2013	MD001	SMID34685	ORG2 - Medicaid	5	13X014X	ANI
C921372173		09/27/1991	07/18/2013	07/19/2013	MD001	SMID99948	ORG2 - Medicaid	5	13X014X	ANI

*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 Syntellis, 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.

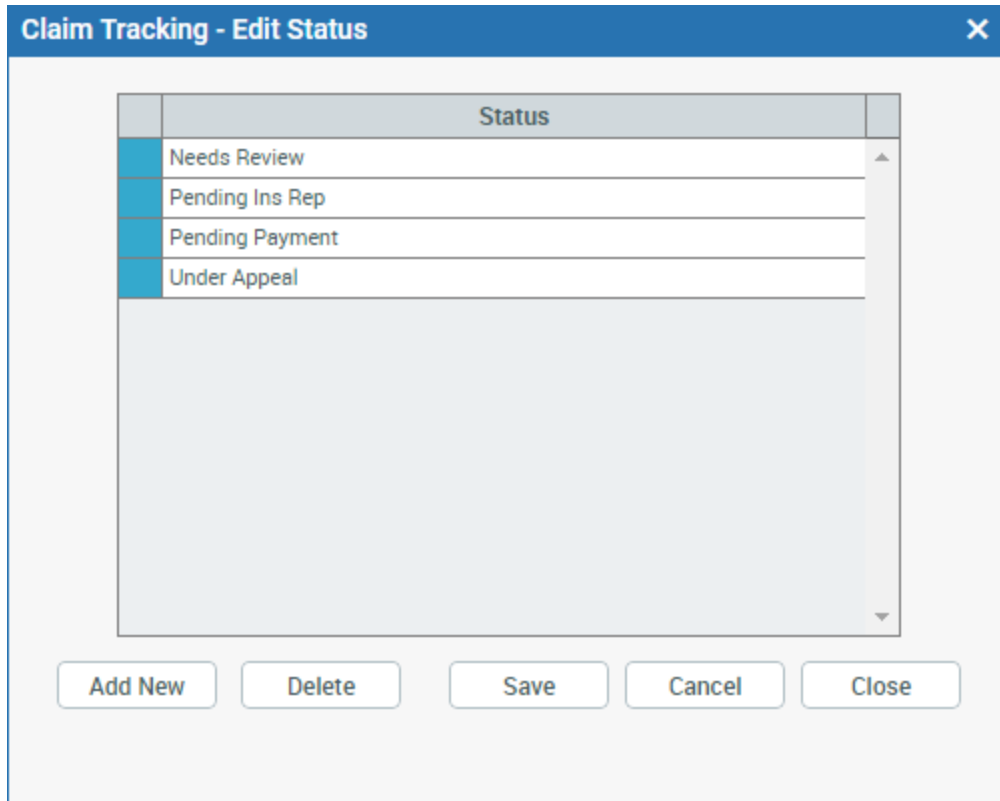
- **Service Location** – Select a location or select **Any** to return claims that match any of the locations.
  - **Priority** – Select the priority or select **Any** to return claims that match any priority.
  - **Closed Reason Code** – Select a code or select **Any** to return claims that match any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

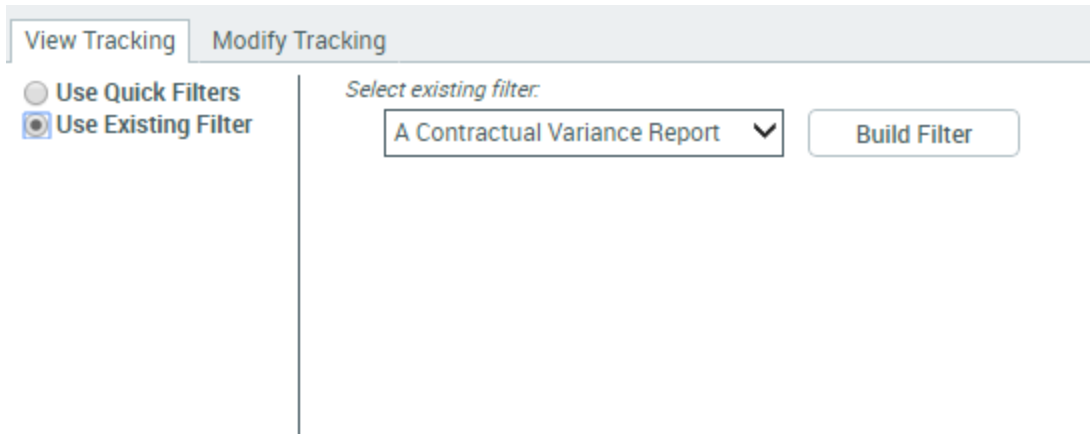
## Use filters in claim tracking

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:

Assigned To:

Status:

Opened By:

Closed By:

Denial Category:

Denial Reason Code:

Service Location:

Priority:

Closed Reason Code:

*Select modifications:*

Assignment:

Assigned To:

Status:

Notes:

Denial Category:

Denial Reason Code:

Service Location:

Priority:

Closed Reason Code:

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:

- 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](#).
- In the **Select modifications** column, specify tracking details to apply by editing the modifications.
- Click **Modify Claim(s)**. This can also be done in two steps by first clicking **View Claim(s)**.

The screenshot shows the 'Modify Tracking' interface. On the left, there are three radio buttons: 'Use Current View', 'Use Quick Filters', and 'Use Existing Filter' (which is selected). In the center, there is a 'Select existing filter:' section with a dropdown menu showing 'A Contractual Variance Report' and a 'Build Filter' button. On the right, there is a 'Select modifications:' section with several dropdown menus: 'Assignment', 'Assigned To', 'Status', 'Denial Category', 'Denial Reason Code', 'Service Location', 'Priority', and 'Closed Reason Code', all set to 'No Change'. At the bottom, there are three buttons: 'View Claim(s)', 'Export List', and 'Modify 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 Syntellis representative.

## Simulate adjustments to claim charges

Use the Charge Adjustments feature to preview adjustments to claims charges in simulations to understand the impact they will have on your net reimbursement and future contract performance.

**NOTE:** This feature is available to administrative users only.

To preview claim charge adjustments:

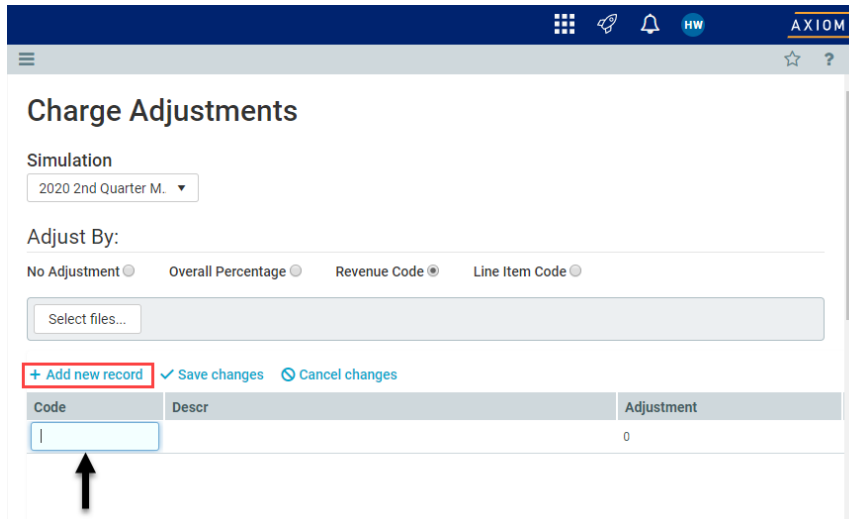
- If one does not already exist, [create a simulation](#) and add contracts for which you want to preview

price changes.

2. From the **Claims** menu, select **Charge Adjustments**.
3. From the **Simulation** drop-down, select the simulation that has the contracts against which you are running claim adjustments.

**NOTE:** This feature cannot be used in the Live environment.

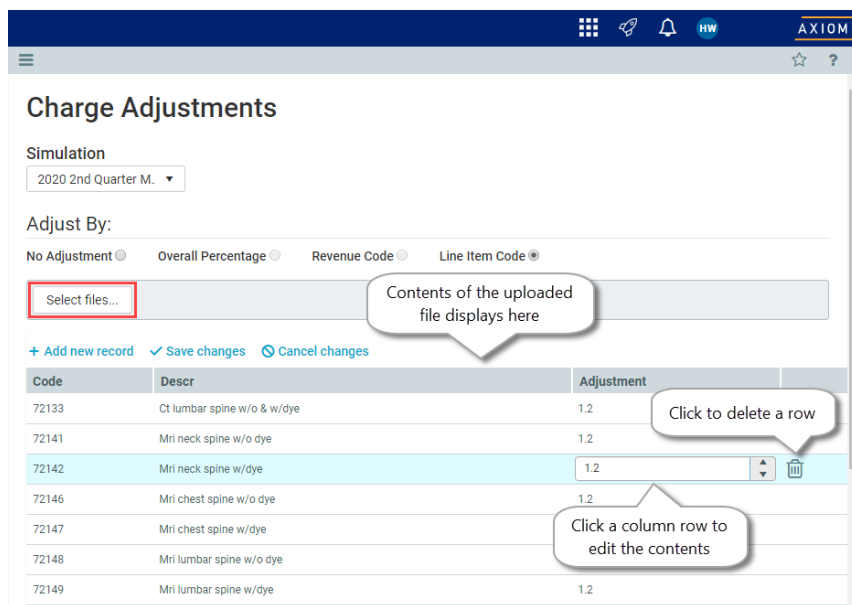
4. In the **Adjust By** section, select the desired type of adjustment:
  - **No Adjustment** – Select and then click **Clear** to clear the current selected adjustment type and its calculations.
  - **Overall Percentage** – Adjust the charge by a specified percentage.
  - **Revenue Code** – Adjust the charge by programming different revenue codes if they are different rates, for example.
  - **Line Item Code** – Adjust the charge by specific line items on claims.
5. 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 7.
  - If you selected **Revenue Code** or **Line Item Code**, proceed to step 5.
6. To adjust by **Revenue Code** or **Line Item Code**, you can input the codes manually or you can upload a file with the code adjustments. Do one of the following:
  - To enter the code adjustments manually:
    - a. Click **+Add new record**.
    - b. In the **Code** column, type the code, then press the **Tab** key.
    - c. In the **Description** column, type a description and then press **Tab**.
    - d. In the **Adjustment** column, click the up or down arrow to reach the desired adjustment number.
    - e. Click **Save changes**.




- To upload a file of code adjustments:
  - a. Click **Select Files**.
  - b. Navigate to and select the file containing the codes and their adjustments.

**IMPORTANT:** The file should be an Excel file and must have three columns in the following order: the first column must contain the codes, the second for the descriptions but can be left blank, and the third should contain the adjustments. If the Description column is left blank, the system will populate it from the appropriate library.

The file's contents display on the page:

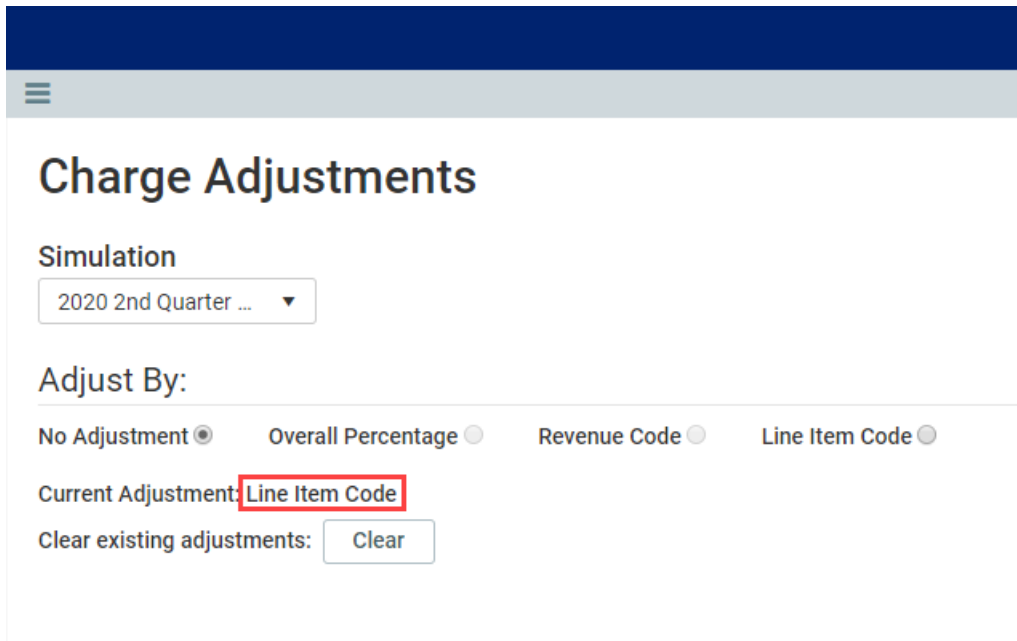


- c. (Optional) If desired, you can edit the file contents from this page:
  - o Edit any entry by clicking it and making changes.
  - o Delete an entry by clicking the delete icon (  ) at the right end of the row and then confirming the deletion.
  - o To add a new code line item, click Add new record and input values.
  - o To cancel an edit, click **Cancel changes** (you cannot cancel changes after saving them).
  - o Click **Save changes** to save your edits.

7. Do one of the following:

- a. To view how the adjustments affect your reimbursements, [calculate the claims](#) and then [view the Voucher details](#); or from the Reports menu, [run any of the standard reports](#) for the adjusted claims.
- b. To preview a new adjustment, select the **No Adjustment** option, click **Clear**, and then repeat the steps starting with step 4.

**NOTE:** You cannot select a different adjustment option without first clearing the existing one. Clearing removes adjustments from all claims in the selected simulation.



*The adjustment about to be cleared is listed before clearing. After clearing, Clear Adjustments reads "None."*

# 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 payer 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](#).

## 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 [Group and price APC and eAPG claims](#).
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.

**Simulation:** EPAY3 **Claim Voucher Report**

BillID: C921374551	Admission Date: 8/8/2013	Total Charges: \$1,714.00
Claim Status: Active	Discharge Date: 8/8/2013	Non-Covered Charges: \$0.00
Patient Name: Keefe, Wendy	Provision Date: 7/1/2013 to 9/30/2013	Expected Contractual: (\$613.64)
Insurance ID: SMID30128	Provision: Hospital Outpatient Hospital Other	Actual Contractual: \$171.40
Bill Code: 131	Contract Name: SH Aetna at Medicare Shift	Expected Payment: \$2,327.64
Insurance Plan Code: CI012	Organization: KREC MEDICAL CTR ORG1	Actual Payments: \$1,542.60
Covered Days: 0		Contractual Variance: (\$785.04)
Version #: 1		Balance Due: \$785.04

**TOTAL CLAUSE REIMBURSEMENT** **\$2,327.64**

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**Total Terms Reimbursement** **\$2,327.64**

Term #1: ANY/ALL SERVICES \$2,327.64

**ANY/ALL SERVICES**

<b>Calculation Basis:</b> CMS Outpatient			
<b>Payment Summary Information</b>			
Medicare Outpatient Schedule:		KH MCR 20140701-20140930	
Schedule Effective Dates:		7/1/2014 - 9/30/2014	
<b>Services</b>	<b>Epay Amount</b>	<b>Medicare Portion</b>	<b>Patient Portion</b>
APC	\$2,914.16	\$2,321.80	\$592.36
Total Expected Payment	\$2,914.16	\$2,321.80	\$592.36

## Compare line-level APC calculation detail results

When running drill-down reports on claims and line items, you can include line-level calculation detail results created from grouping and pricing APCs from any simulation configured for drill-down reporting. You can 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. Now, 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 four 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.).

Line Item tab Groupings:

- APC2
- APC3
- APC4
- APC5

Line Item tab Measures:

- Expected Payment 2 - 5
- OPPS EPay CMS 2 - 5
- OPPS EPay Copay 2 - 5
- OPPS EPay Outlier 2 - 5

Claims tab Measures:

- Total OPPS EPay 2 - 5
- Total OPPS EPay CMS 2 - 5
- Total OPPS EPay Copay 2 - 5
- Total OPPS EPay Outlier 2 - 5

**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](#)

## 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**.

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

Claims > Group and Price Claims | Saved Tasks

**Group and Price Tasks**

View Filters | Simulation: All Simulations | Task Type: All

Task Name	Simulation	Task Type		
APCGroupandPriceCalc - Web	Live	APC	Run Once	Delete
eAPGroupandPriceTask - Web	Live	eAPG	Run Once	Delete
example123	THENEWMPR	APC	Run Once	Delete

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

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

# Calculating claims

Claims calculation is the process by which a claim is filtered through the defined contract structure to generate a claim payment voucher and a total expected payment amount. Claims are calculated in Axiom Contract Management in 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 feature, and also while viewing a claim [from the Claim Detail page](#). Administrators can recalculate claims from the [Recalc History page](#), and calculate simulated adjustments to claim charges.

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 calculation

Every new claim entering the system that has a matching Contract → Version → Provision → Clause/Term 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 structure 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 calculation

You can select to recalculate a claim at any time using the Recalculate Claims feature ([Claims > Recalculate](#)). You can recalculate claims by a variety of criteria:

- [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 payer 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.

The screenshot shows the 'Recalculate Claims' page within the Axiom Contract Management interface. The top navigation bar includes 'Launch Page', 'Contracts', 'Claims', 'Import Data', 'Reports', 'Admin', 'Help', 'Logout', and 'Queued Tasks: 0'. The 'Claims' menu is expanded, showing 'Recalculate Claims' and 'Saved Tasks'. The main content area is titled 'Recalculate Claims' and features a 'Recalculate' button and a 'Create a Saved Task' button with an input field for naming the task. Below these are radio buttons for selecting claims by: 'Patient Account Number' (selected), 'Claim Number/UCRN', 'Date Range', 'Contract', and 'Insurance Plan Code'. The form includes several input fields: 'Patient Account #' (text), 'Claim Type' (dropdown menu with 'Institutional' selected), 'Claim Status' (dropdown menu with 'Live Claims Only' selected), and 'Simulation' (dropdown menu with 'Live' selected).

**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.

Contracts Claims Import Data Reports Help

Recalculate Claims Saved Tasks

### Recalculate Claims Recalcula

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

Date Type:  Claim Type:   Claim Status:   Simulation: 

◀ June 2019 ▶

Su	Mo	Tu	We	Th	Fr	Sa
26	27	28	29	30	31	1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	1	2	3	4	5	6

Monday, June 03, 2019

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 6 and 7 of their Cigna PPO contract, as well as their entire ORG2 - BCBS contract.

The screenshot shows the 'Recalculate Claims' interface. At the top, there are navigation tabs: 'Launch Page', 'Contracts', 'Claims', 'Import Data', 'Reports', 'Admin', 'Help', 'Logout', and 'Queued Tasks: 0'. The 'Claims' tab is active, and the 'Recalculate Claims' sub-tab is selected. Below the navigation, there are buttons for 'Recalculate' and 'Create a Saved Task', along with a text input field for 'Enter a name for the task'. The main section is titled 'Recalculate Claims' and features a 'Select claims by:' section with radio buttons for 'Patient Account Number', 'Claim Number/UCRN', 'Date Range', 'Contract' (selected), and 'Insurance Plan Code'. Below this, there are dropdown menus for 'Date Type' (set to 'Discharge Date'), 'Claim Type' (set to 'Institutional'), and 'Claim Status' (set to 'Live Claims Only'). There are also input fields for 'Start Date' and 'End Date'. The 'Contracts' section has a 'Current View' dropdown set to 'Live'. A list of contracts is displayed with checkboxes and expandable arrows. The selected items are: 'KREG MEDICAL CTR ORG2', 'CIGNA PPO', 'Version 6 (01/01/2014 - 12/31/2014)', 'Version 7 (01/01/2015 - 12/31/2015)', and 'ORG2 - BCBS'.

Notice that the Contract option also includes the same features as the Date Range selection dialog, 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:**

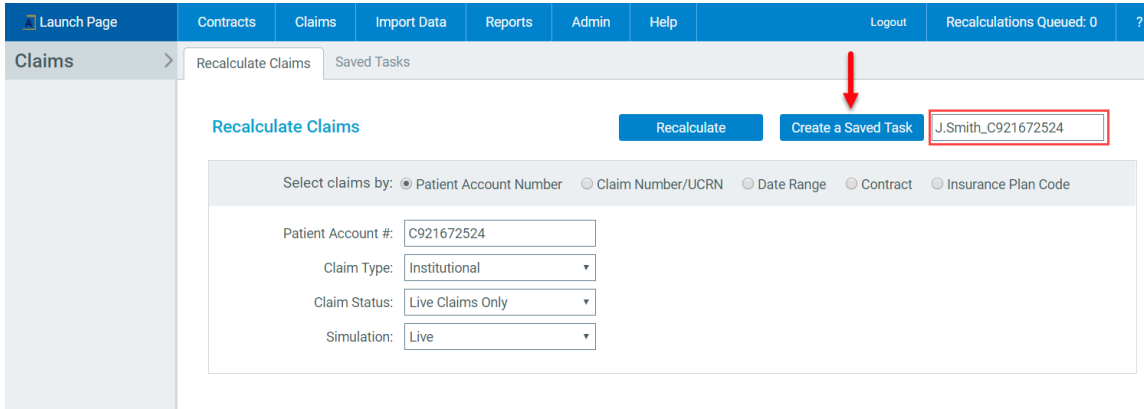
1. In the **Recalculate Claims** tab, click the **Insurance Plan Code** option.
2. In the **Date Type** field, select the type of date:
  - **Discharge Date** – Date the account was discharged
  - **Admit Date** – Date the account was admitted
  - **Submission Date** – Date the bill was submitted to 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

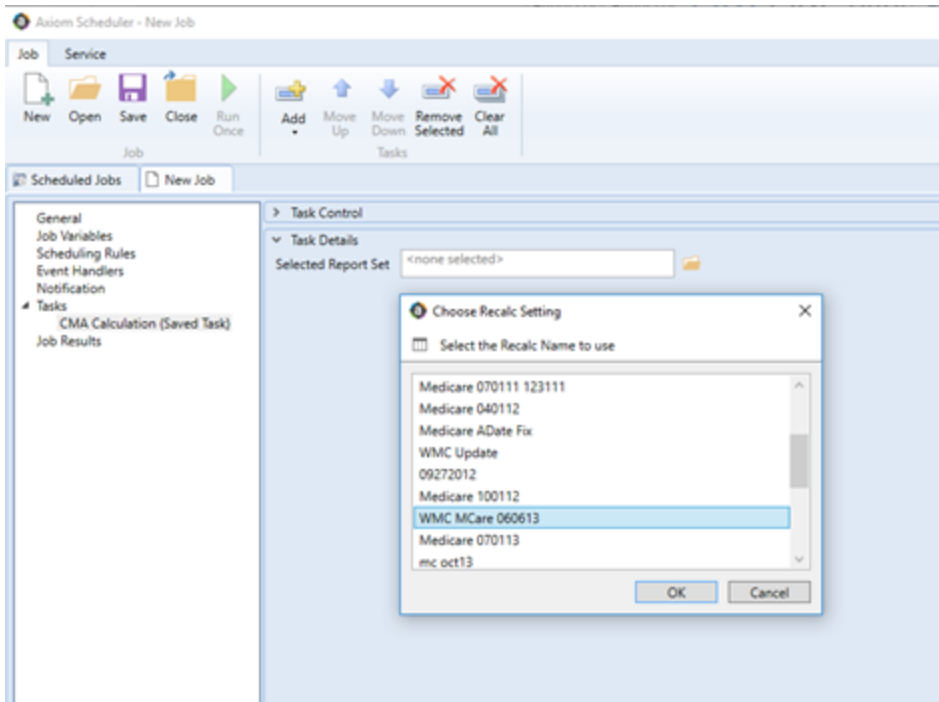
You can name and save calculation tasks and then schedule those tasks to run using the Axiom Scheduler. This feature is great for repetitive calculations or when you need to schedule a large calculation to run after hours or on a recurring, scheduled basis.

**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.

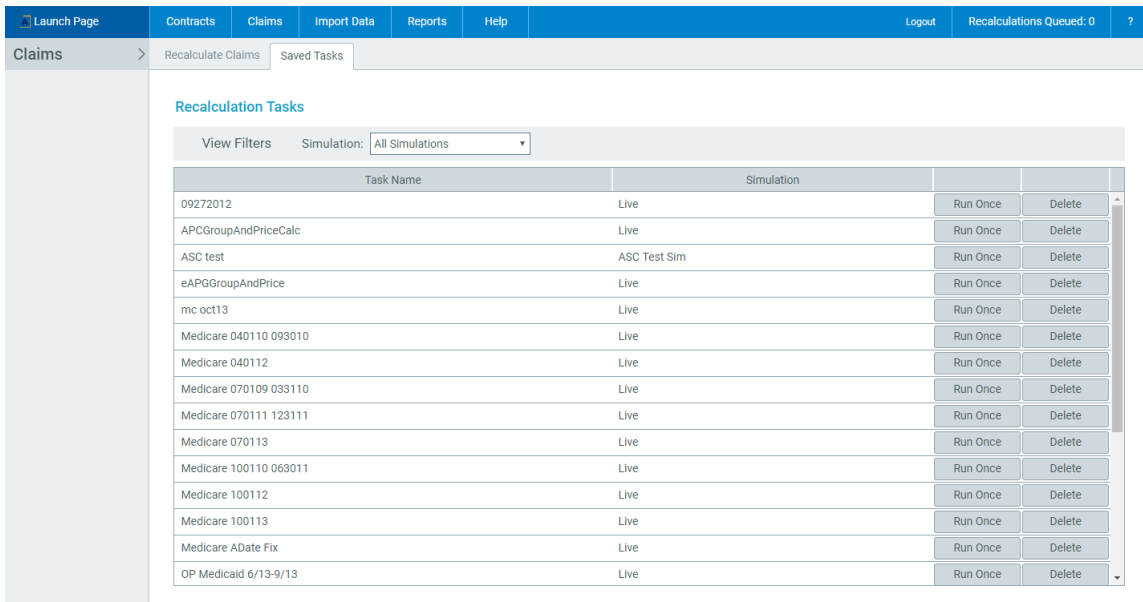
## Run a saved recalculation task

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.



Task Name	Simulation	Run Once	Delete
09272012	Live	Run Once	Delete
APCGroupAndPriceCalc	Live	Run Once	Delete
ASC test	ASC Test Sim	Run Once	Delete
eAPGGGroupAndPrice	Live	Run Once	Delete
mrc oct13	Live	Run Once	Delete
Medicare 040110 093010	Live	Run Once	Delete
Medicare 040112	Live	Run Once	Delete
Medicare 070109 033110	Live	Run Once	Delete
Medicare 070111 123111	Live	Run Once	Delete
Medicare 070113	Live	Run Once	Delete
Medicare 100110 063011	Live	Run Once	Delete
Medicare 100112	Live	Run Once	Delete
Medicare 100113	Live	Run Once	Delete
Medicare ADate Fix	Live	Run Once	Delete
OP Medicaid 6/13-9/13	Live	Run Once	Delete

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**.

The screenshot shows the 'Claim Detail' page for claim C921742785. On the left sidebar, the 'Recalculate' button is highlighted with a red box. The top right of the page has a blue header with 'Recalculations Queued: 0' also highlighted in red. The main content area shows 'Claim Information' and 'Claim Totals' sections with various data fields.

Claim Information		
Patient Account #:	C921742785	Calculated Contract:
Claim Number:	U922387852	AETNA - Version 1
Import Batch #:	2614 - 8371	Type of Bill:
Last Recal:	6/30/2015 11:33:59 AM	111 - Hospital-Inpatient (Part A)-Admit
Ins. Plan Code:	CI012	Patient Status:
DRG:	417	01 - Discharged To Home Or Self-Care (
		Total Covered Chgs:
		\$29,321.60
		Non-Covered Chgs:
		\$0.00
		Admit Date:
		4/15/2014
		Discharge Date:
		4/19/2014
		Submission Date:
		4/24/2014
		Length of Stay:
		4
		Covered Days:
		4

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

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

This close-up shows the blue header bar with 'Recalculations Queued: 1' where the '1' is highlighted in red. A dropdown menu is open below it, showing 'Priority 1', 'Queued By Admin Admin', and 'Claims 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.

The screenshot shows a web interface for 'Claim Detail'. The top navigation bar includes 'Launch Page', 'Contracts', 'Claims', 'Import Data', 'Reports', 'Admin', and 'Help'. Below this, there are tabs for 'Summary', 'Codes', 'Demographics', 'Insurance', 'Line Items', 'Physicians', and 'Posting'. The main content area is titled 'Summary for: C921742785 --'. On the left, there is a sidebar with a 'Back to Claims List' link and buttons for 'View Voucher', 'Go to Contract', 'Groupers Edits', and 'Recalculate'. The main area contains a 'Claim Information' section with the following fields:

Patient Account #:	C921742785	Calculated Contract:	AETN
Claim Number	U922387852	Type of Bill:	111 -
Import Batch #:	2614 - 8371	Patient Status:	01 - E
Last Recalc:	6/7/2019 12:56:21 PM	Total Covered Chgs:	
Ins. Plan Code:	CI012	Non-Covered Chgs:	
DRG:	417		

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

**Recalc History**

Start Date: 1/1/2021 End Date: 12/31/2021 Filter Clear

Filter the list to find a recalculation task

Click to rerun this recalculate task

Recalc ID	Run By	Start Date	End Date	Claims Selected	Claims Processed	Error Count	
1,402	Admin Admin	2021-04-13 2:27:35 PM	2021-04-13 2:27:44 PM	1	1	0	Recalculate
1,401	Admin Admin	2021-04-13 2:20:50 PM	2021-04-13 2:20:58 PM	1	1	0	Recalculate
1,400	Admin Admin	2021-04-13 2:18:15 PM	2021-04-13 2:18:23 PM	1	1	0	Recalculate
1,399	Admin Admin	2021-04-13 2:05:13 PM	2021-04-13 2:05:24 PM	1	1	0	Recalculate
1,398	CMA ZAdmin	2021-03-16 9:50:33 AM	2021-03-16 9:50:34 AM	5	4	0	Recalculate
1,397	CMA ZAdmin	2021-03-16 9:50:19 AM	2021-03-16 9:50:22 AM	5	5	0	Recalculate
1,396	Admin Admin	2021-03-11 7:54:38 PM	2021-03-11 7:54:40 PM	1	1	0	Recalculate
1,395	Admin Admin	2021-03-11 7:54:27 PM	2021-03-11 7:54:36 PM	1	1	0	Recalculate
1,394	Admin Admin	2021-03-11 7:45:26 PM	2021-03-11 7:45:27 PM	8	8	0	Recalculate
1,394	Admin Admin	2021-03-11 7:42:50 PM	2021-03-11 7:42:51 PM	8	8	0	Recalculate

1 - 10 of 77 items

Email: admin@axiomepm.com  
Simulation Name: ATI MRP StepDown  
Saved Recalc Name: ATI MRP StepDown

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

**Recalc History Errors**

Claim Number	Error Message	Contract Name	Version Number	Provision Description
No records available.				

Any recalculation errors display in this area

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

**Launch Page** Contracts Claims Import Data Reports Admin Help Logout Queued Tasks: 0 ?

Claims > Recalculate Claims Saved Tasks

Manage Attributes  
Manage Insurance Plan Codes  
Simulation Mapping  
**Recalc History**  
SQL Importer Log  
Provider Org Code Mapping

Select claims by:  Patient Account Number

Patient Account #:

Claim Type: Institutional

## 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.

Contract		Latest Expiration Date
KHA MANAGED CARE		12/31/2017
KHA MEDICAID		12/31/2017
KHA Medical Center		06/01/2020
Version	Start Date	Expiration Date
1	06/01/2019	06/01/2020
KHA MEDICARE		09/30/2020
KHA Training		12/31/2018
ORG1 - BCBS		01/14/2017
ORG1 - BCBS State		01/14/2017
ORG1 - Humana Gold Choice		09/30/2017

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

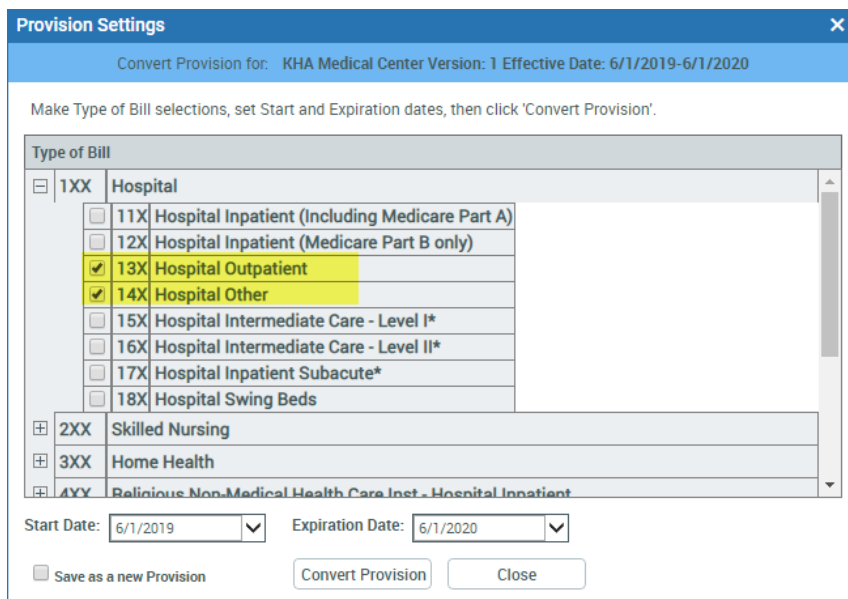
1. In **Ins. Plan Code** column of the contract version, click the **View/Edit** button.
2. In the **Insurance Plan Code** dialog, look in the Payer Code column and confirm that the claim insurance Payer Code is assigned to the contract:

Organization	Payer Code	Payer Description
01 - KREG MEDICAL CTR ORG1	00123	NO DESCRIPTION
01 - KREG MEDICAL CTR ORG1	05440	NO DESCRIPTION

- ▶ 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 dialog 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.

- 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.

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

Clauses/Terms >

Return To Provisions

New Clause

New Term

Save

Cancel

Expand All

Descriptions

View: Live  
KHA Medical Center Version: 1 Effective Date: 6/1/2019-6/1/2020  
Professional Contracts: 6/1/2019 - 6/1/2020

#	Description	Calc Basis	Calc Type	Calc Measure	Terminal?	Rates	Thresh	Limit	Global
1	AMBULATORY SURGERY	Line Item Code ASC			No	View	Set	Set	Set
2	RADIOLOGY SERVICES	Line Item Code MPR	% Charges	Per Line Item	No	View	Set	Set	Set
3	NO QUALIFYING CLAUSE	Any and All Services	Dollar Rate	Per Claim	No	0.00	Set	Set	Set



# Working with Standard Reports

This chapter covers building a standard report.

## Access standard reports

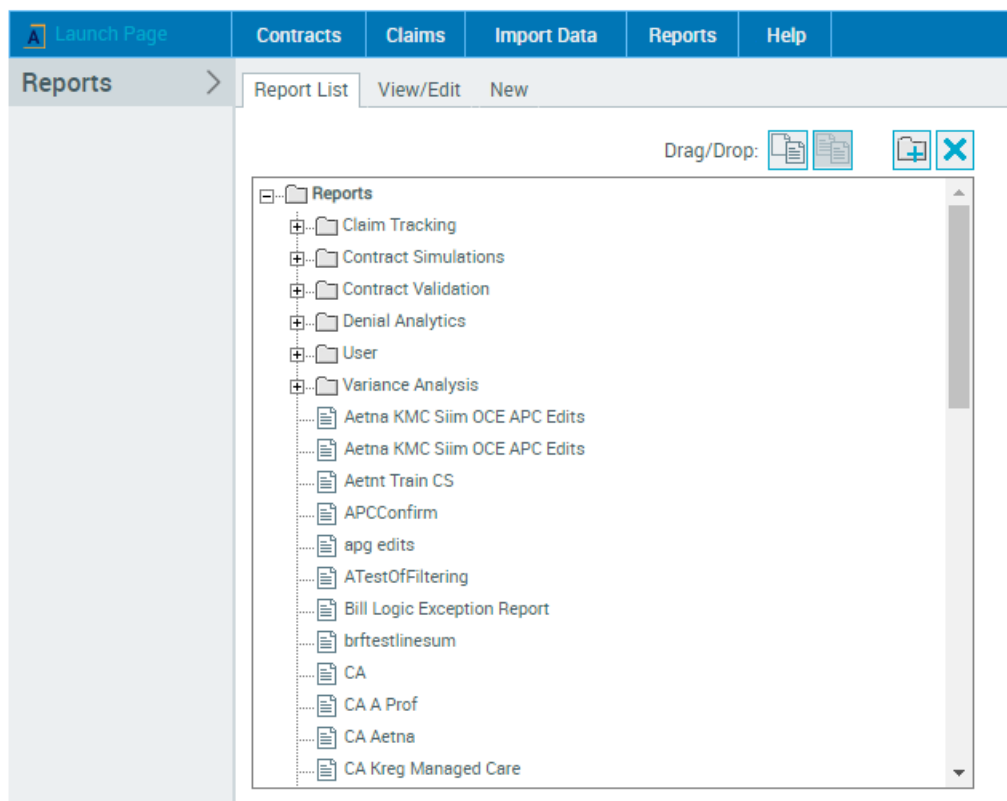
Use these instructions to access standard reports in Axiom Contract Management.

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

The screenshot shows the main menu header with tabs for Launch Page, Contracts, Claims, Import Data, Reports, Admin, and Help. The Reports tab is selected, and a dropdown menu is open, showing 'Reports' and 'Drill-Down Reports'. Below the menu, there is a 'Live' dropdown menu, a 'Contracts' section with '+ Add a New Contract' link, and a table with columns 'Contract Name' and 'Latest Expiration'. The table contains one row with 'a CEB 121019' and '12/31/2019'.

Contract Name	Latest Expiration
a CEB 121019	12/31/2019

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.

- 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.

The screenshot shows a web application interface for creating a report. At the top, there are navigation tabs: 'Contracts', 'Claims', 'Import Data', 'Reports', and 'Help'. The 'Reports' tab is active. Below the tabs, there are fields for 'Report Name' (containing 'Report 1'), 'Report Type' (a dropdown menu showing 'Clause Stats - Institutional'), and 'Save To' (a dropdown menu showing '/Reports'). A 'Save' button is located between the 'Report Type' and 'Save To' fields. Below these fields is a 'Parameters' section with a sub-section 'Advanced'. In the 'Advanced' section, there are fields for 'Start Discharge Date' (4/6/2017), 'End Discharge Date' (4/6/2017), 'Simulation' (Live), and 'Contract' (a dropdown menu). To the right of the 'Contract' dropdown is a 'Hide Detail' checkbox. A list of filters is displayed below the 'Contract' dropdown, including:
 

- a CEB Test ORG Filter
- Aetna
- Anthem HMO POS PPO
- Anthem Indemnity
- Anthem Medicare
- BRFTestImportProvision

- If the type of report you are creating requires other parameters, these display in the Parameters section. Select any that apply to your report.
- 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](#).
- 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 Name: CA  
Report Type: Contractual Analysis - Institutional

Start Discharge Date: 1/1/2013  
End Discharge Date: 1/31/2013  
Simulation: LIVE  
Contract: CIGNA PPO

### Clause Contractual Analysis Report

Report Date: 10-09-2018

Selected Filters:

Contract	Version	PTYPE	Clause Description	Claim Count	LOS	Charges	Expected Payment	Amount Paid	Balance Due	CMA Contractual	Payer Contractual	Contractual Variance
CIGNA PPO				38	54	\$251,524	\$221,341	\$198,790	\$22,551	\$30,183	\$49,590	(\$19,407)
				38	54	\$251,524	\$221,341	\$198,790	\$22,551	\$30,183	\$49,590	(\$19,407)
			Hospital Inpatient (Including Medicare Part A)	3	15	\$150,339	\$132,298	\$120,283	\$12,015	\$18,041	\$29,521	(\$11,480)
			( 10) ICU-INTERMEDIATE / CCU-INTERMEDIATE	1	3	\$61,313	\$53,955	\$50,030	\$3,925	\$7,358	\$10,706	(\$3,348)
			Acct # Patient Name Date									
			( 12) SURGICAL	1	9	\$84,640	\$74,484	\$66,525	\$7,959	\$10,157	\$18,157	(\$8,001)
			Acct # Patient Name Date									
			( 14) ALL OTHER IP	1	3	\$4,386	\$3,860	\$3,728	\$132	\$526	\$658	(\$132)
			Acct # Patient Name Date									
			Hospital Other	4		\$700	\$616	\$465	\$151	\$84	\$143	(\$59)

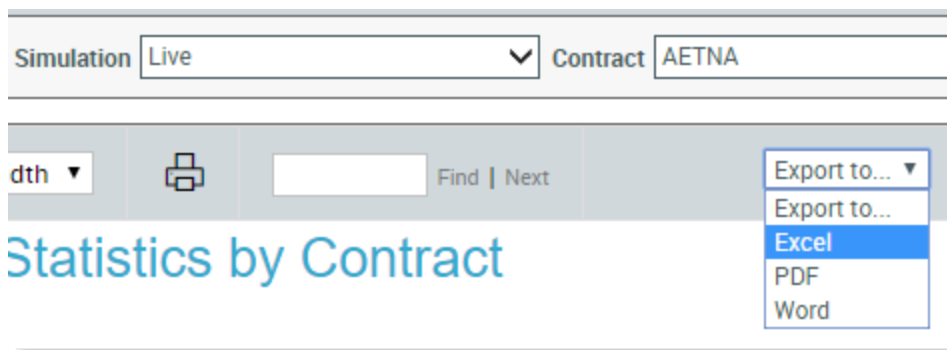
Report example

## 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.

- 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.

Contract	Version	PRTYPE	Clause Description	Claim Count	LOS	Charges	Expected Payment	EPay as % of Chg	Avg Daily Chgs	Avg Daily EPay
AETNA	1		Hospital Inpatient (Including Medicare Part A)	1,520	152	\$2,356,050	\$2,120,221	89.99%		
			(5) MATERNITY C-SECTION	57	12	\$631,605	\$568,220	89.96%	\$4,155	\$3,738
			(6) MATERNITY NORMAL DELIVERY	6	11	\$31,944	\$28,750	90.0%	\$2,904	\$2,614
			(7) MATERNITY	1	5	\$4,603	\$4,142	90.0%	\$921	\$828
			(8) NEWBORNS	8	16	\$13,026	\$11,724	90.0%	\$814	\$733
			(10) ICU-INTERMEDIATE / CCU-INTERMEDIATE	4	11	\$65,831	\$59,247	90.0%	\$5,985	\$5,386
			(11) ICU/CCU	3	10	\$49,716	\$44,744	90.0%	\$4,972	\$4,474
			(12) SURGICAL	13	43	\$279,868	\$251,872	90.0%	\$6,509	\$5,857
			(14) ALL OTHER IP	17	44	\$131,959	\$118,564	89.85%	\$2,999	\$2,695
			Hospital Other	97	77,412	\$28,326	\$25,493	90.0%		
			Hospital Outpatient	1,366	1,629,592	\$1,696,119	\$1,526,507	90.0%		
1581			Total	1,520		\$2,356,050	\$2,120,221	89.99%	\$1	\$1

Example report with expanded filters

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

Contract	Version	PRTYPE	Clause Description	Claim Count	LOS	Charges	Expected Payment	EPay as % of Chg	Avg Daily Chgs	Avg Daily EPay
AETNA	1		Hospital Inpatient (Including Medicare Part A)	1,520	152	\$2,356,050	\$2,120,221	89.99%		
			(5) MATERNITY C-SECTION	57	12	\$631,605	\$568,220	89.96%	\$4,155	\$3,738
			(6) MATERNITY NORMAL DELIVERY	6	11	\$31,944	\$28,750	90.0%	\$2,904	\$2,614
			(7) MATERNITY	1	5	\$4,603	\$4,142	90.0%	\$921	\$828
			(8) NEWBORNS	8	16	\$13,026	\$11,724	90.0%	\$814	\$733
			(10) ICU-INTERMEDIATE / CCU-INTERMEDIATE	4	11	\$65,831	\$59,247	90.0%	\$5,985	\$5,386
			(11) ICU/CCU	3	10	\$49,716	\$44,744	90.0%	\$4,972	\$4,474
			(12) SURGICAL	13	43	\$279,868	\$251,872	90.0%	\$6,509	\$5,857
			(14) ALL OTHER IP	17	44	\$131,959	\$118,564	89.85%	\$2,999	\$2,695
			Hospital Other	97	77,412	\$28,326	\$25,493	90.0%		
			Hospital Outpatient	1,366	1,629,592	\$1,696,119	\$1,526,507	90.0%		
1581			Total	1,520		\$2,356,050	\$2,120,221	89.99%	\$1	\$1

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

Contract	Version	PT Type	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%		
			Hospital Inpatient (including Medicare Part A)	57	152	\$631,605	\$588,220	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		3	\$10,802.98	\$9,722.66	90.0%	\$3,600.99	\$3,240.99
			C921509449		2	\$9,328.82	\$8,394.14	90.0%	\$4,663.41	\$4,197.07
			C921835356		2	\$13,298.78	\$11,968.90	90.0%	\$6,049.39	\$5,984.45
			C921502073		2	\$10,069.06	\$9,057.65	89.96%	\$5,034.53	\$4,528.83
			C921878893		3	\$11,180.95	\$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		1	\$2,876.44	\$2,588.80	90.0%	\$2,876.44	\$2,588.80
			C921909341		2	\$4,461.72	\$4,015.55	90.0%	\$2,230.86	\$2,007.77
			C921430101		3	\$7,970.93	\$7,173.84	90.0%	\$2,656.98	\$2,391.28
			C921911148		2	\$5,045.08	\$4,540.57	90.0%	\$2,522.54	\$2,270.29
			C921724448		1	\$4,411.06	\$3,969.95	90.0%	\$4,411.06	\$3,969.95
			C921528862		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		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		3	\$1,868.75	\$1,672.88	90.0%	\$619.58	\$567.83
			C921452850		3	\$2,401.50	\$2,161.35	90.0%	\$800.50	\$720.45
			C921715544		2	\$1,288.00	\$1,159.20	90.0%	\$644.00	\$579.00
			C921485504		1	\$904.20	\$813.78	90.0%	\$904.20	\$813.78
			C921643702		2	\$2,440.72	\$2,196.65	90.0%	\$1,220.36	\$1,098.32
			C921573882		1	\$1,032.11	\$928.90	90.0%	\$1,032.11	\$928.90
			C921508122		2	\$1,403.71	\$1,263.34	90.0%	\$701.86	\$631.67
			C921501441		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.

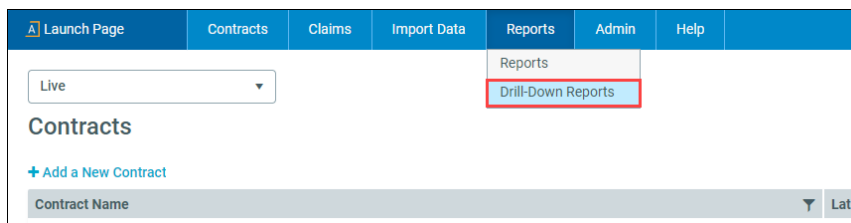
# Working with drill-down reports

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.

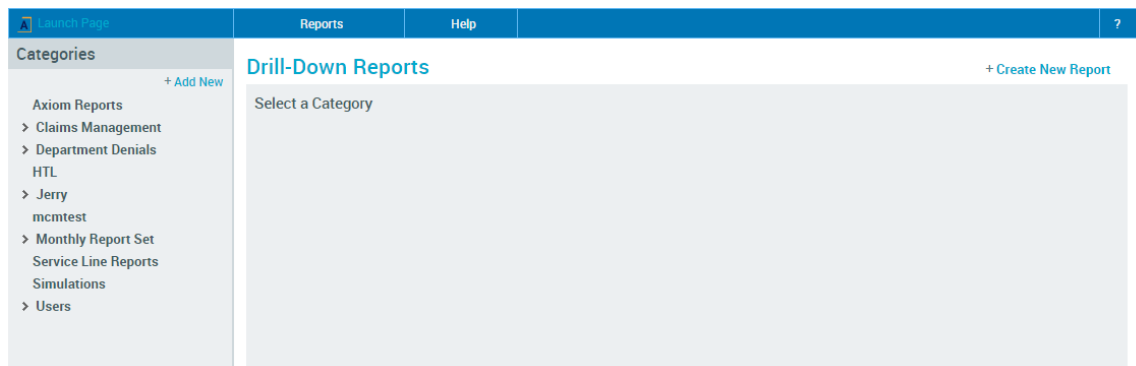
## Accessing drill-down reports

To access Drill-Down Reports:

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

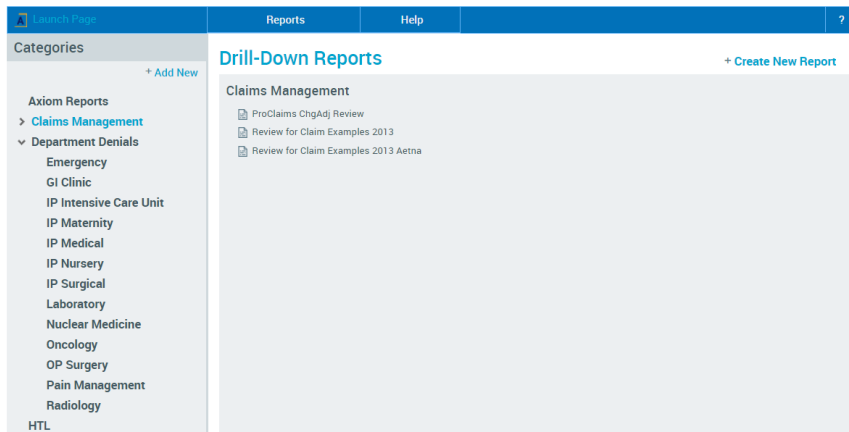


Drill-Down Reports opens in a new browser tab. To get started, see [Organizing drill-down reports](#).



# 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

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.

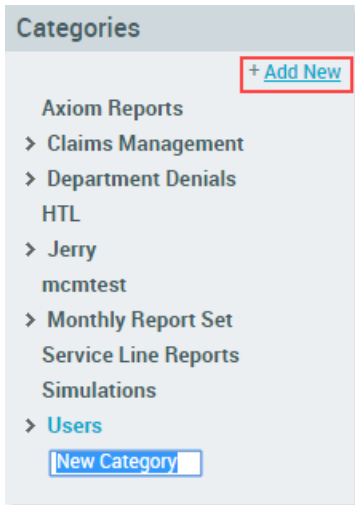
### To add a new category folder:

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

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

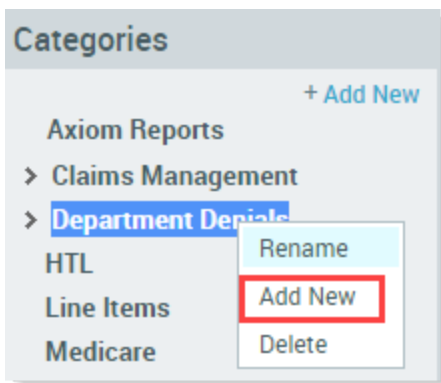
2. Rename the new category and then press **Enter**.

The new folder sorts alphabetically into the structure.



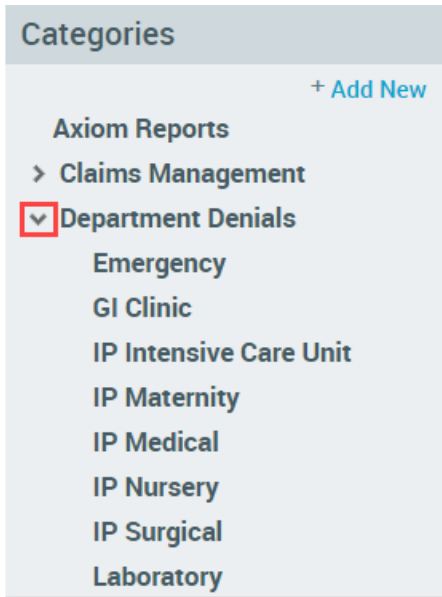
To add a new subcategory folder:

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

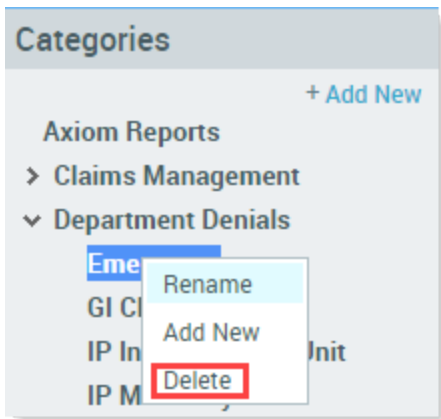
You can rename or delete report categories and subcategories.

**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**.

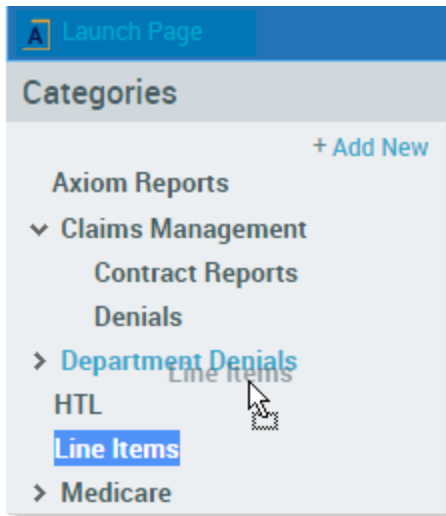
▶ Edit the folder structure

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

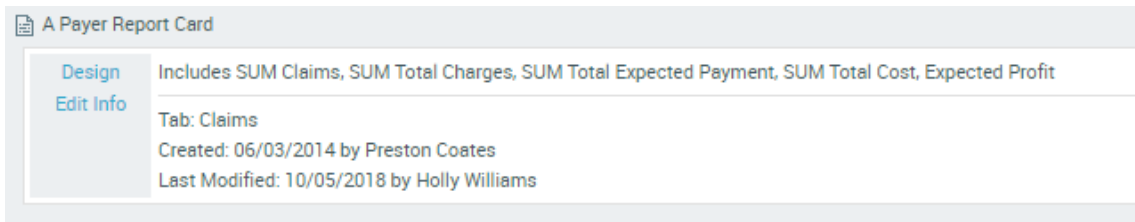
**To see the reports saved in folders:**

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.



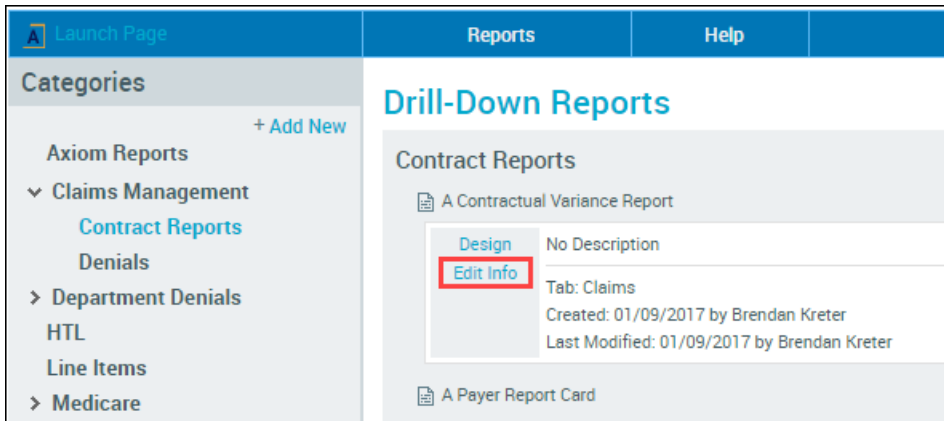
3. To close the summary details box, click the name of the report again.

#### ► 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.)

Contract	Contract Version	SUM Total Charges	SUM Total Payments
AETNA	1 - 7/1/2009 to 12/3	150,405.85	111,503.06
CIGNA PPO	5 - 1/1/2013 to 12/3	258,831.19	199,671.69
KHA MANAGED CARE	1 - 1/1/2012 to 12/3	18,842.70	2,230.26
ORG1 - BCBS	5 - 1/15/2013 to 1/1	56,122.78	42,347.09
ORG1 - BCBS	4 - 1/15/2012 to 1/1	11,726.10	9,279.82
ORG1 - BCBS State	3 - 1/15/2013 to 1/1	412,609.35	290,573.35
ORG1 - BCBS State	2 - 1/15/2012 to 1/1	209,574.68	156,993.48

*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

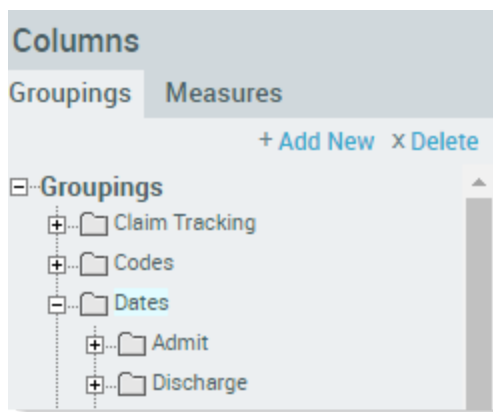
When organizing groupings and measures, you can use the provided folder structure or create your own. You can customize the tabs by adding, deleting, and rearranging folders to organize the groupings and measures data elements as you wish. The folder structure built by one user has no effect on any other 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:

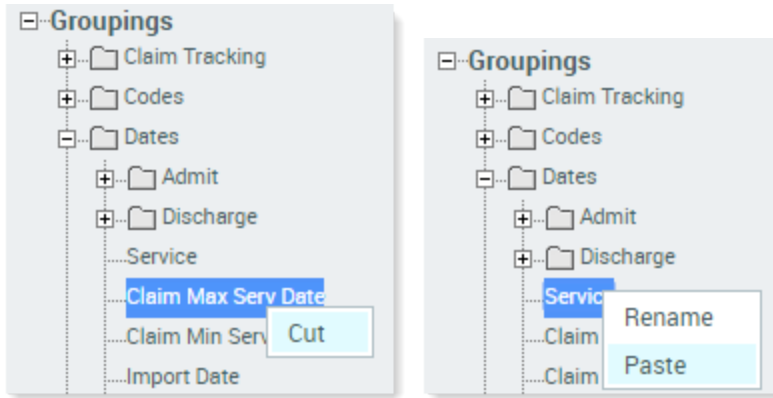
1. Click the selected folder.
2. At the top of the tab, click **Delete**.
3. In the confirmation dialog, click **OK**.

**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.

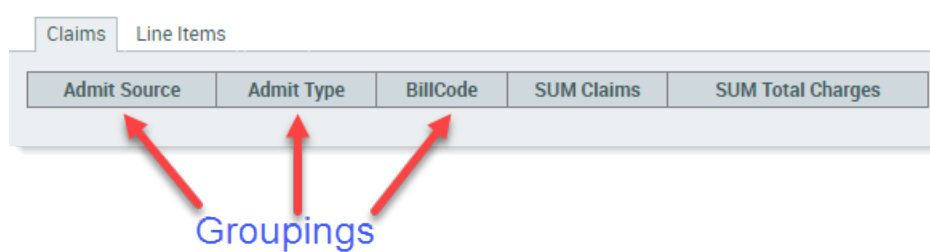


## About drill-down report fields

The following fields are used in drill-down reports.

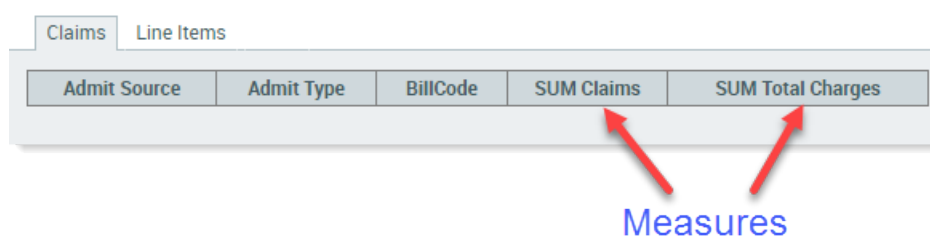
### ▶ Groupings

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.

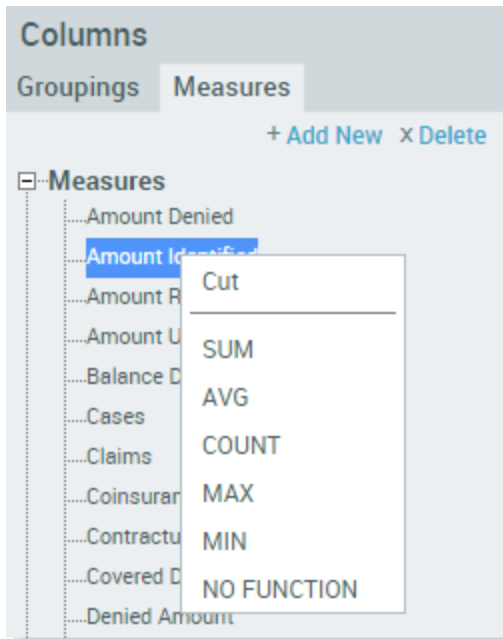


### ▶ Measures

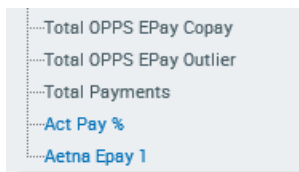
These fields display as columns in the report.



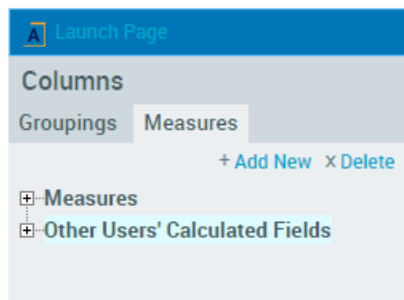
Three main functions are available to calculate a measure: sum, average, and count. You can also choose to display the maximum or minimum value for the field.



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.

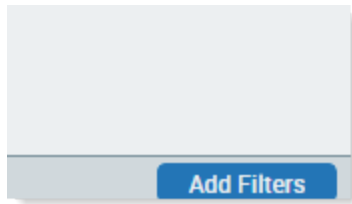


Calculated fields are used to create custom measures in the system. For instructions on creating calculated fields, see [Add calculated fields to a report](#).

### ► 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.

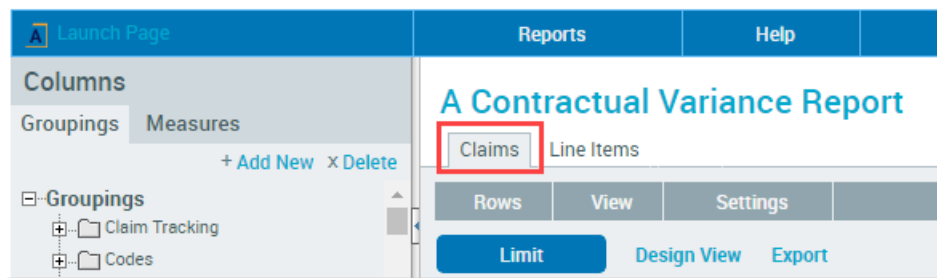


See [Apply filters to a drill-down report](#) and the section on [Editing and filtering drill-down reports](#) for more information.

### ► 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.

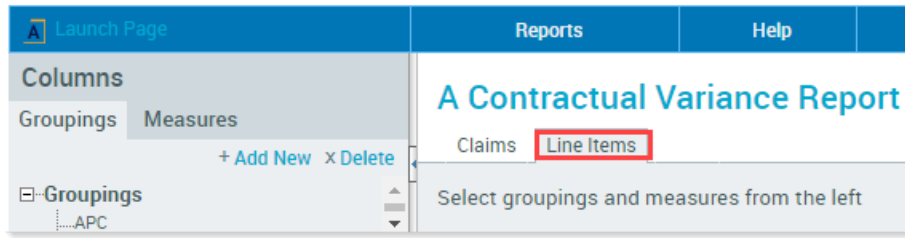
Use the Claims tab to report claim and contract information. You can generate reports to analyze actual contract performance as well as expected profitability using expected payment information. You can generate Detailed Tracking Reports to track underpayment recoveries by payer.



### ► 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.

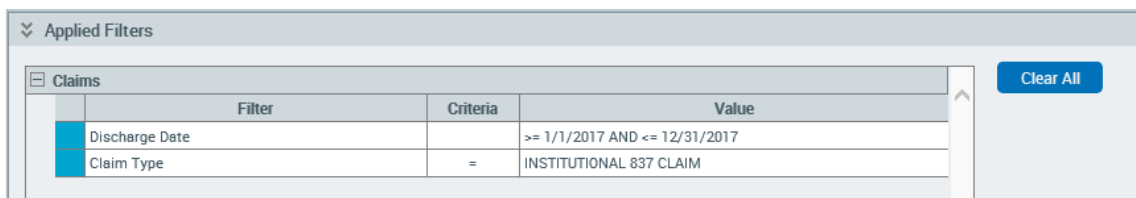
Use the Line Items tab to report on data at the line item level, including Revenue Code, Service Date, and Quantity detail.



### ▶ Applied Filters

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

- To display all the filters from the Claims and Line Items 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 CAP	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 Gold	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 CAP	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 Gold	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.

The screenshot shows the Axiom Contract Management interface. On the left is a 'Columns' sidebar with 'Groupings' and 'Measures' tabs. A red arrow points to the 'Contract' field in the 'Measures' list. The main area displays a report titled 'Claims Tab Contract by version charge' with a table of contract data.

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 CAR	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

## 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](#).

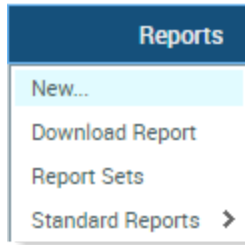
### Build a new drill-down report

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.

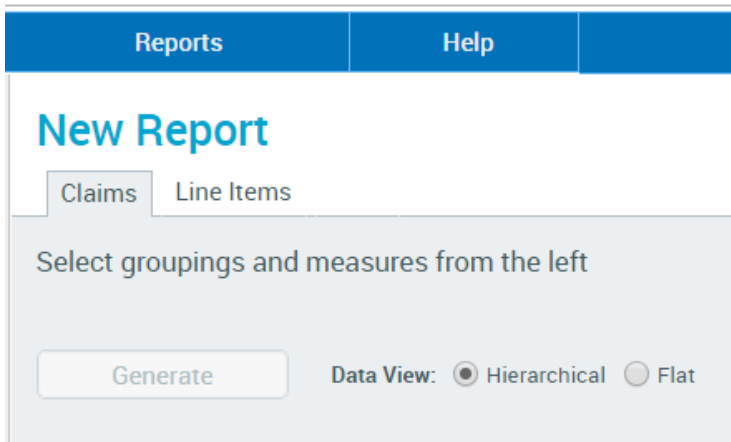
To build a new report:

1. [Navigate to the Drill-Down Reports page](#).
2. 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**.



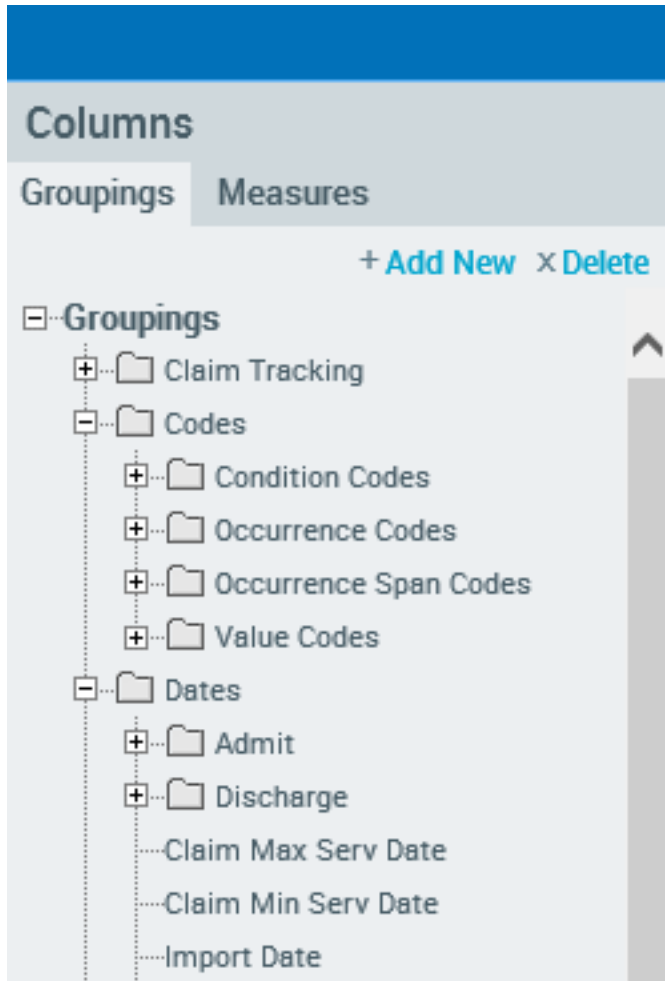
3. Of the tabs on the right side of the page, click the tab for the type of data being retrieved. The Claims and Line Items tabs contain information found on the patient's UB04 or 837 claim forms, and reside within Axiom Contract Management.



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

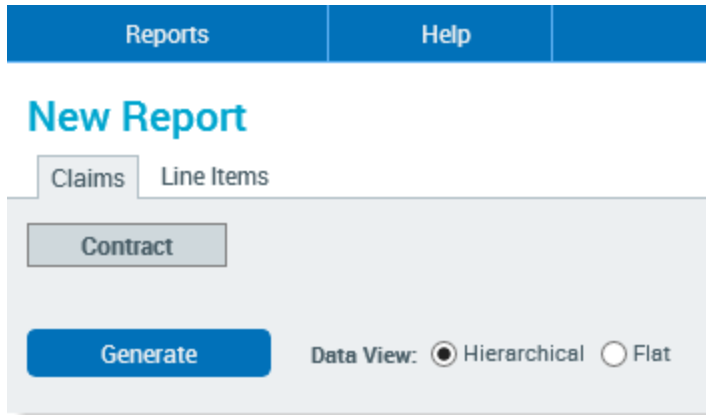
**NOTE:** You must select at least one parameter from both tabs to generate and display a report.

4. 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.

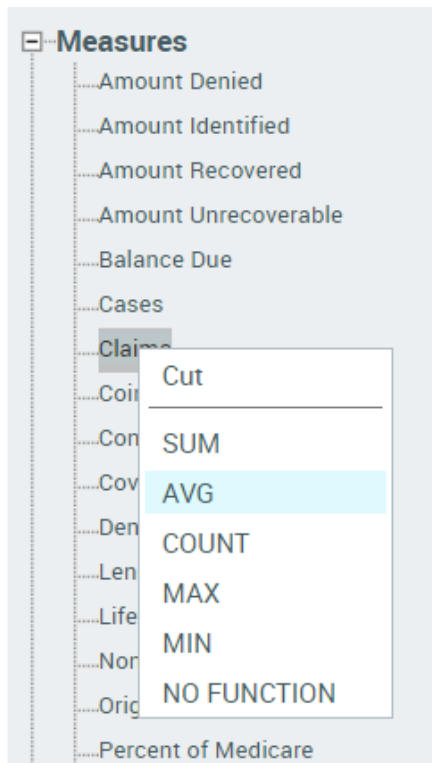


5. Double-click a groupings option to add it to the report. When added, that option displays on the right side of the page above the Generate button, as shown in the following example. Select more row groupings if desired.

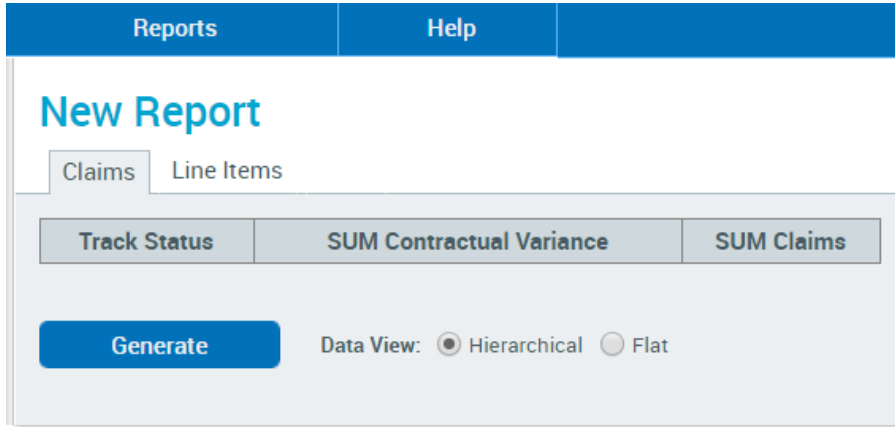
**NOTE:** If you select more than three groupings, only the first three display when you generate the report in hierarchical view. All groupings display when you generate a report in flat view.



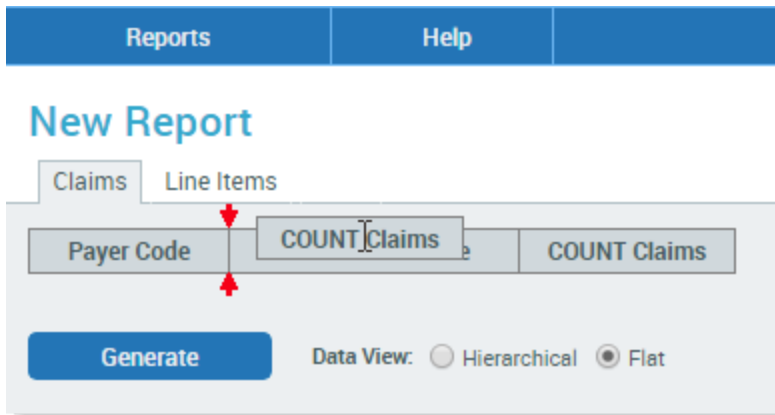
6. Click the **Measures** tab, expand any folders as needed, and then double-click the desired measures, one at a time, to add them to the report. If you do not see the measure you need, you can create one. See [Add calculated fields to a report](#).
  - To add a measure to the report as SUM of that 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:



7. 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.
8. Click **Generate**.
9. 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 dialog opens.

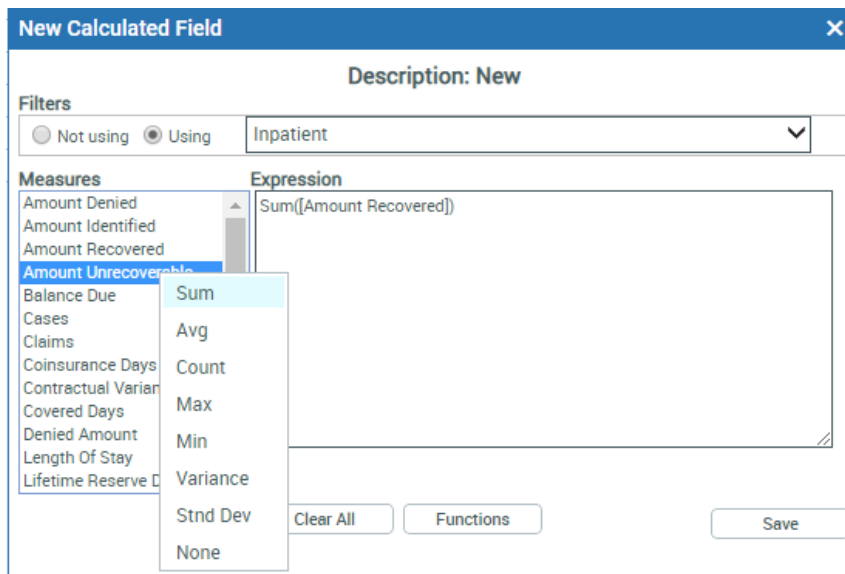
**NOTE:** You cannot use a calculated field in an equation for another calculated field.

The screenshot shows the 'New Calculated Field' dialog box. It features a title bar with a close button. Below the title bar is a 'Description: New' field. Underneath is a 'Filters' section with radio buttons for 'Not using' (selected) and 'Using'. Below that is a 'Measures' list with items like 'CARC1 Amount', 'CARC1 Units', 'CARC2 Amount', 'CARC2 Units', 'CARC3 Amount', 'CARC3 Units', 'CARC4 Amount', 'CARC4 Units', 'CARC5 Amount', 'CARC5 Units', 'CARC6 Amount', 'CARC6 Units', and 'Total Line Adjustment Amc'. To the right of the measures is a large empty 'Expression' text area. At the bottom are buttons for 'Clear All', 'Functions', 'Save', and 'Close'.

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 use only 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**.

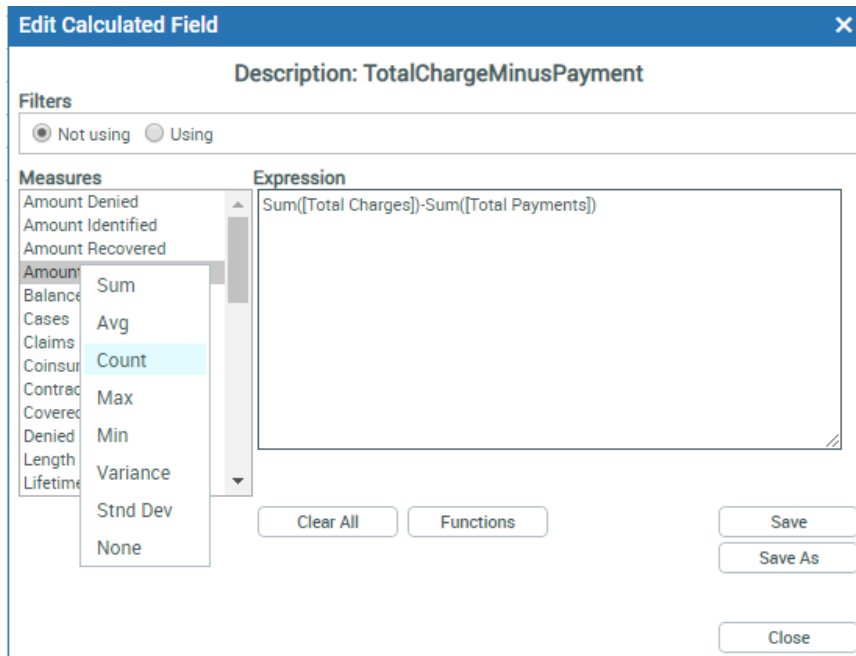
The new measure name displays in blue text on the Measure tab in the folder you selected. The name becomes a column header when added to a report.

## 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** dialog, 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** dialog, 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**.

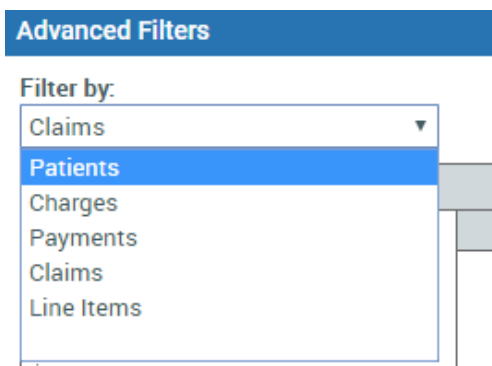
**NOTE:** You cannot delete calculated fields that are attached to a report.

## Apply filters to a drill-down report

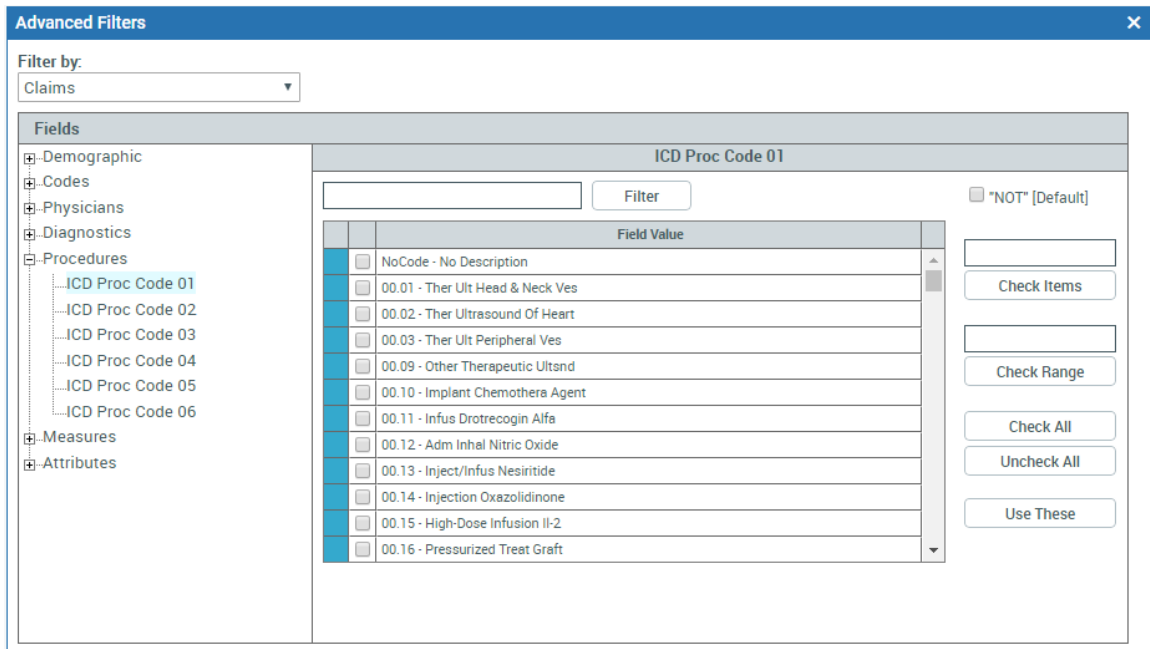
Use these instructions for applying filters while building a drill-down report. Filters enable you to more precisely select data from the database for your reports.

**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.

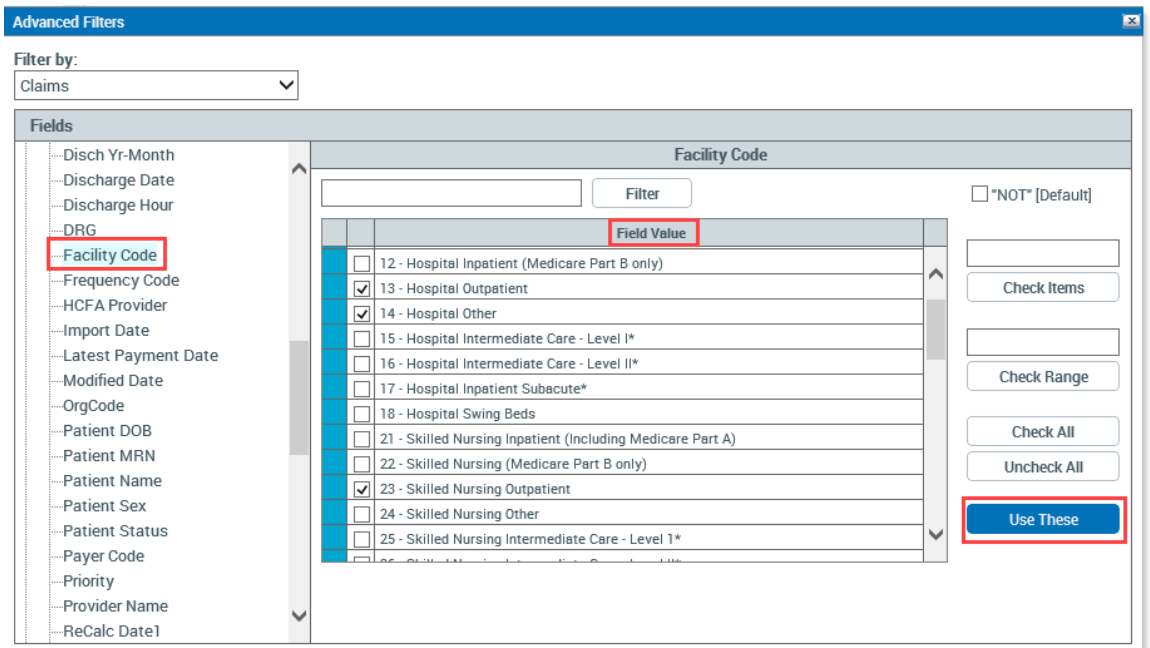


3. In the **Fields** section, click the plus symbol (+) next to the type of field you want, to view the fields available in that folder.

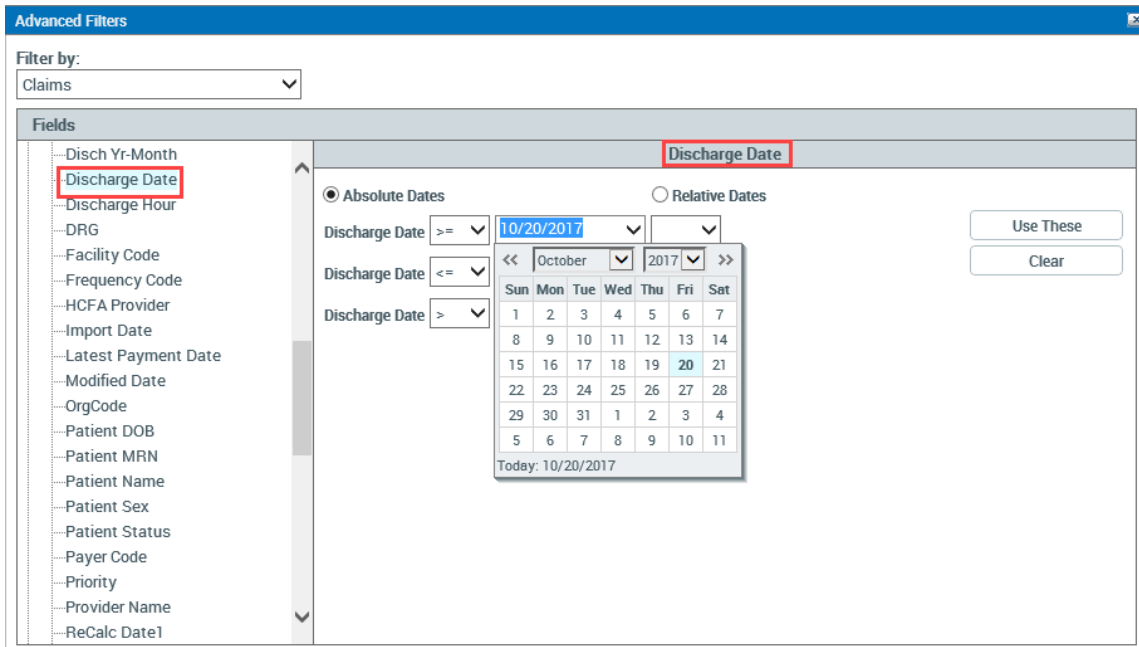


4. To select a filter to apply to the report, click the filter name.

For some filters, a list displays of the data values you can select for that filter.

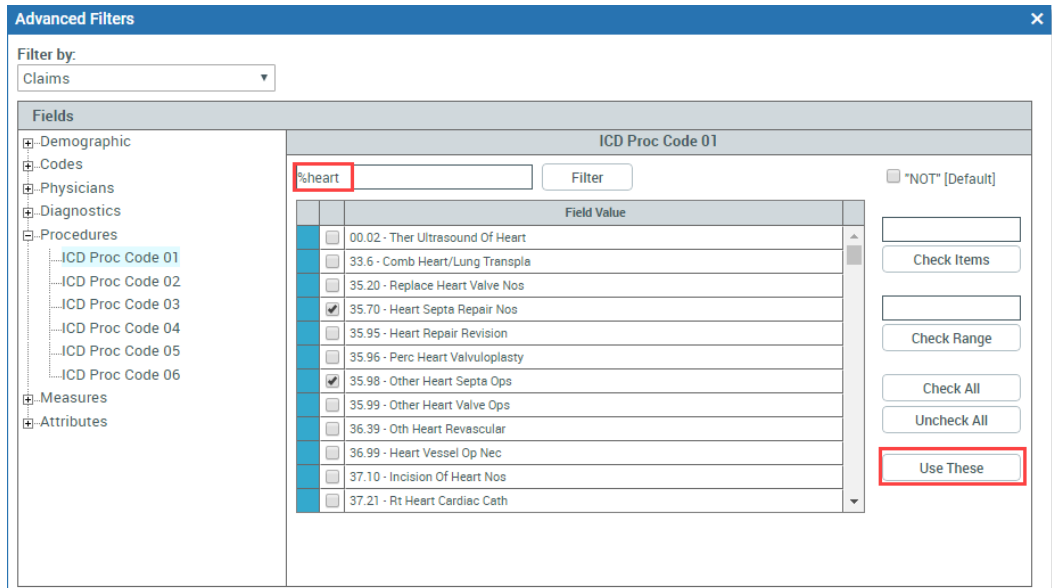


For other filters, a drop-down list provides selection options:

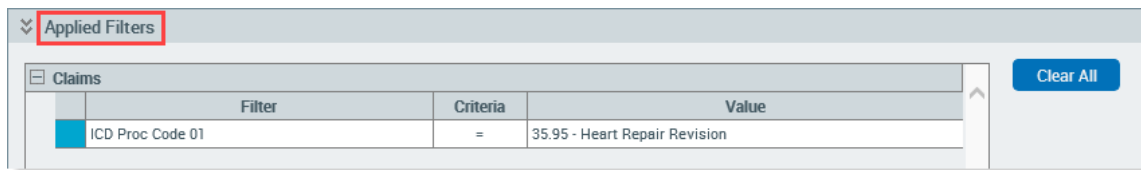


► To search for filter values:

- 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
<input type="checkbox"/>	ORG1 - Medicaid	1,627	7,219,909	-667,567
<input type="checkbox"/>	ORG1 - Medicare	1,934	12,147,566	-348,088
<input type="checkbox"/>	ORG2 - Medicare	342	1,421,388	-275,704
<input type="checkbox"/>	ORG2 - Medicaid	774	1,623,800	-39,848
<input type="checkbox"/>	ORG1 - BCBS State	65	426,854	-14,008
<input type="checkbox"/>	ORG2 - BCBS State	22	86,225	-12,933
<input type="checkbox"/>	ORG2 - BCBS	44	136,320	-6,544
<input type="checkbox"/>	ORG4 - Medicare HMO Other	168	707,892	51,697
<input type="checkbox"/>	ORG1 - Humana Gold Choice	217	867,323	84,349

## Save a drill-down report

Saving a drill-down report saves all of the selected groupings, measures and filters, and any changes to the report format or layout.

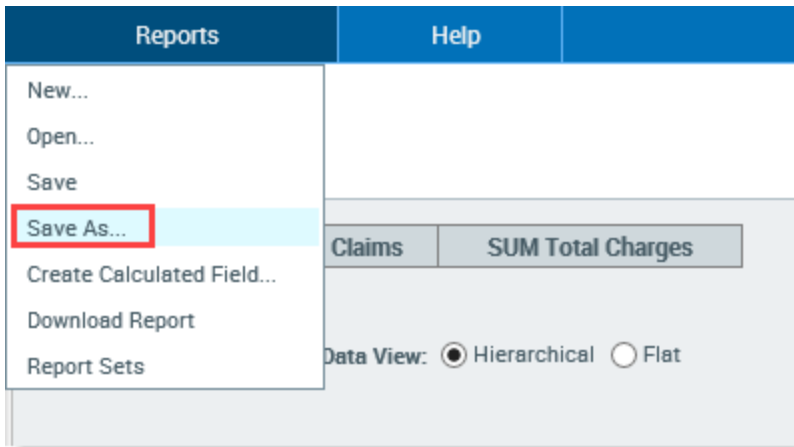
We recommend that you save the report while viewing the report layout. This ensures that the report is saved as the correct type (Claims or Line Items).

Reports		Help		
<b>New Report</b>				
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 dialog 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.

**Add New Report** [X]

Tab: Line Items

Folder: Line Items [v]

Name: Rev Code line items

Description: Rev code line items charge

Save Cancel

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

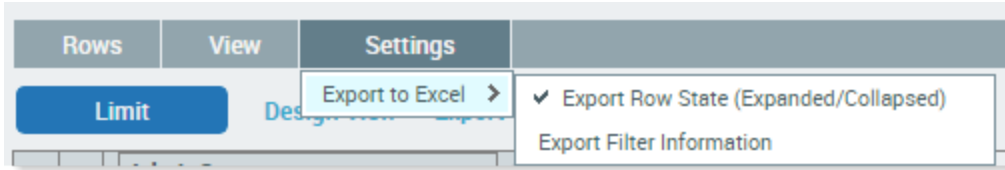
Use these instructions to export a copy of drill-down report results to Microsoft Excel, which transfers the report into an Excel spreadsheet.

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**. The option(s) you selected should have a check mark to the left, as shown in the following example:



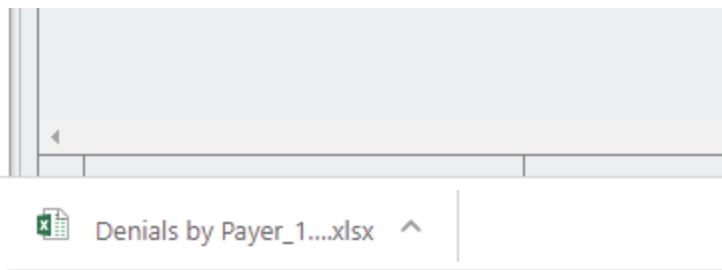
3. Below the dark gray menu header, click the blue **Export** link.

 A screenshot of the application interface. At the top, there are tabs for 'Rows', 'View', and 'Settings'. Below these are buttons for 'Limit', 'Design View', and 'Export'. The 'Export' button is highlighted with a red rectangle. Below the buttons is a table with columns for 'Admit Source', 'SUM Claims', and 'SUM Total Charges'.
 

		Admit Source	SUM Claims	SUM Total Charges
+	<input type="checkbox"/>	1 - Physician Referral	511,574.00	1,132,928,386.57
+	<input type="checkbox"/>	2 - Clinic Referral	7,191.00	4,446,587.16
+	<input type="checkbox"/>	4 - Transfer From Hospital	3,647.00	38,759,838.81
+	<input type="checkbox"/>	5 - Transfer From SNF	3,338.00	11,237,691.09
+	<input type="checkbox"/>	6 - Transfer From Another Facility	256.00	2,366,410.08
+	<input type="checkbox"/>	7 - Emergency Room	16,924.00	77,407,543.86

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
2013-10Oct	166	968,514	222,700	42,216	(35,266)	(6,951)
Denial Reason Code	SUM Cases	SUM Total Charges	SUM Total Expected Payment1	SUM Balance Due	Patient Responsibility	SUM Contractual Variance
N3 Missing Consent Form	7	68,652	18,077	13,736	(51,078)	37,342
BillID Number	SUM Cases	SUM Total Charges	SUM Total Expected Payment1	SUM Balance Due	Patient Responsibility	SUM Contractual Variance
C921703145	1	11,566	3,418	3,308	(10,580)	7,272
C921691306	1	11,365	2,630	2,630	(11,365)	8,735
C921780193	1	10,634	2,630	2,630	(10,634)	8,004
C921552677	1	9,506	2,598	2,508	(8,926)	6,417
C921579384	1	9,893	2,630	29	0	(29)
C921555618	1	9,573	2,630	2,630	(9,573)	6,943
C921391452	1	6,115	1,540	0	0	(0)
N30 Patient Ineligible for this	12	60,815	15,648	4,997	2,028	(7,025)
MA66 Invalid Principle Proced	5	2,110	539	198	0	(198)
MA130 Incomplete or Invalid i	56	559,270	103,172	(5,196)	7,686	(2,489)
MA30 Invalid Type of Bill	1	2,525	772	772	(2,525)	1,752
M51 Invalid Procedure Code	85	275,141	84,491	27,709	8,624	(36,333)
2013-11Nov	163	772,733	217,764	51,617	15,806	(67,423)
2013-12Dec	86	430,233	128,534	52,897	5,391	(58,289)
2014- 1Jan	96	604,691	172,658	47,708	(8,275)	(39,432)
2014- 2Feb	48	378,538	87,006	27,406	(15,605)	(11,801)
2014- 3Mar	53	486,149	146,742	53,421	(6,857)	(46,564)
TOTAL	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

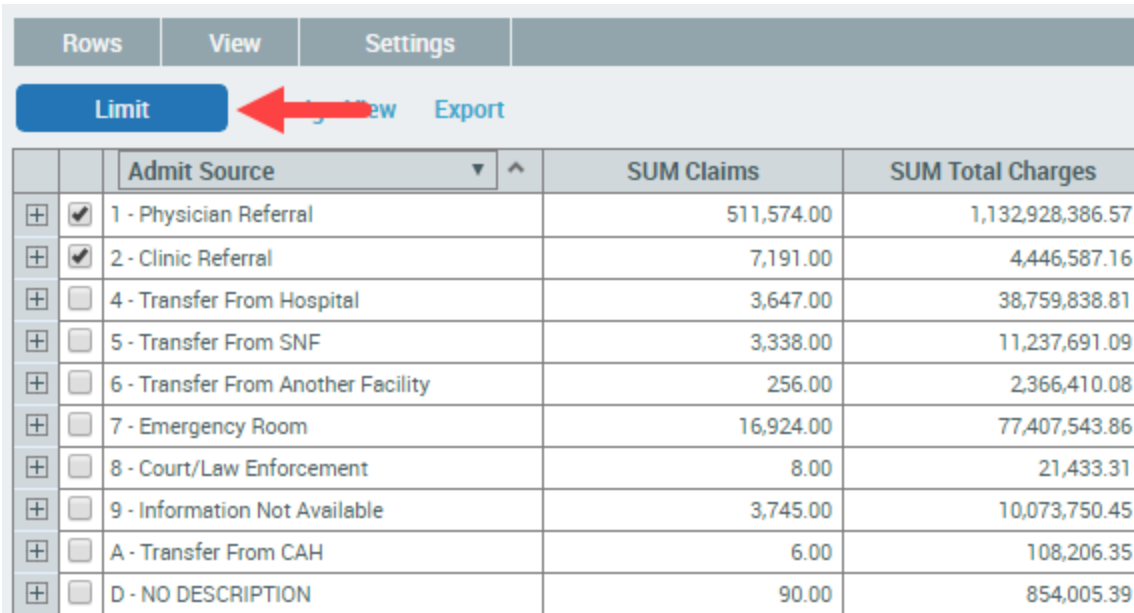
Drill-down reports are interactive, allowing you to filter the report to display only what you want.

## 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

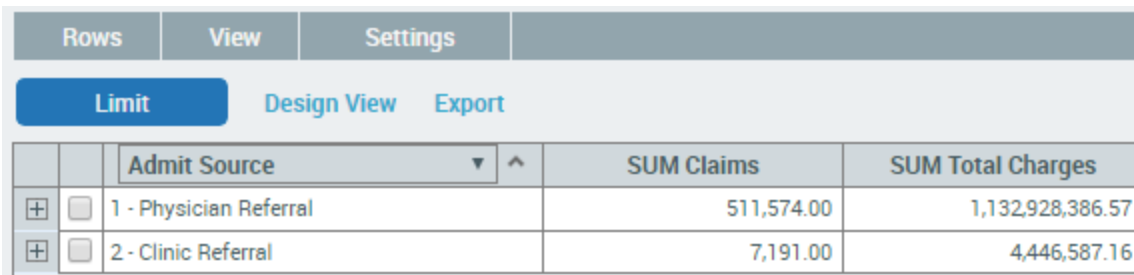
The Limit button sets additional report filters. For example, to display results for Emergency and Urgent only, select the check boxes to the left of their names, and click Limit.



The screenshot shows a report interface with a top navigation bar containing 'Rows', 'View', and 'Settings'. Below this is a toolbar with 'Limit', 'Design View', and 'Export' buttons. A red arrow points to the 'Limit' button. The main table has columns for 'Admit Source', 'SUM Claims', and 'SUM Total Charges'. The 'Admit Source' column has a dropdown menu and a plus icon. The table contains 10 rows of data.

		Admit Source	SUM Claims	SUM Total Charges
+	<input checked="" type="checkbox"/>	1 - Physician Referral	511,574.00	1,132,928,386.57
+	<input checked="" type="checkbox"/>	2 - Clinic Referral	7,191.00	4,446,587.16
+	<input type="checkbox"/>	4 - Transfer From Hospital	3,647.00	38,759,838.81
+	<input type="checkbox"/>	5 - Transfer From SNF	3,338.00	11,237,691.09
+	<input type="checkbox"/>	6 - Transfer From Another Facility	256.00	2,366,410.08
+	<input type="checkbox"/>	7 - Emergency Room	16,924.00	77,407,543.86
+	<input type="checkbox"/>	8 - Court/Law Enforcement	8.00	21,433.31
+	<input type="checkbox"/>	9 - Information Not Available	3,745.00	10,073,750.45
+	<input type="checkbox"/>	A - Transfer From CAH	6.00	108,206.35
+	<input type="checkbox"/>	D - NO DESCRIPTION	90.00	854,005.39

This sets these Admit Type selections as an additional filter. They will be the only results displayed:



The screenshot shows the same report interface as above, but now only two rows are visible in the table, corresponding to the selected filters. The 'Limit' button is still highlighted.

		Admit Source	SUM Claims	SUM Total Charges
+	<input type="checkbox"/>	1 - Physician Referral	511,574.00	1,132,928,386.57
+	<input type="checkbox"/>	2 - Clinic Referral	7,191.00	4,446,587.16

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.

Rows		View	Settings		
Select		All	View	Export	
Expand All		First 5			
Collapse All		Next 5			
		None			
		Inverse			
<input type="checkbox"/>	1 - Physic			SUM Claims	SUM Total Charges
<input type="checkbox"/>	2 - Clinic			511,574.00	1,132,928,386.57
<input type="checkbox"/>	4 - Transfer From Hospital			7,191.00	4,446,587.16
<input type="checkbox"/>	5 - Transfer From SNF			3,647.00	38,759,838.81
<input type="checkbox"/>	6 - Transfer From Another Facility			3,338.00	11,237,691.09
<input type="checkbox"/>	7 - Emergency Room			256.00	2,366,410.08
<input type="checkbox"/>	8 - Court/Law Enforcement			16,924.00	77,407,543.86
<input type="checkbox"/>	9 - Information Not Available			8.00	21,433.31
<input type="checkbox"/>	A - Transfer From CAH			3,745.00	10,073,750.45
				6.00	108,206.35

- 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:
  - Select Rows > Select > None; this clears all of the selected Admit Sources.
  - 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.

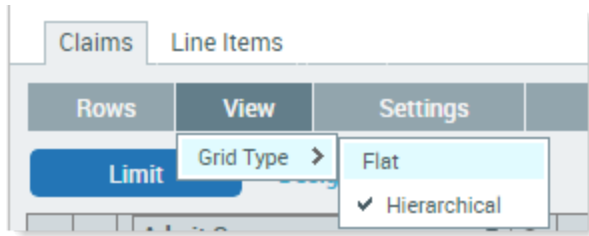
Rows		View	Settings		
Limit		Design View	Export		
<input type="checkbox"/>	Admit Source			SUM Claims	SUM Total Charges
<input type="checkbox"/>	1 - Physician Referral			511,574.00	1,132,928,386.57
<input type="checkbox"/>	2 - Clinic Referral			7,191.00	4,446,587.16
<input type="checkbox"/>	4 - Transfer From Hospital			3,647.00	38,759,838.81
<input type="checkbox"/>	5 - Transfer From SNF			3,338.00	11,237,691.09

**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 dialog. If you make an error, open the Applied Filters dialog, 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](#).

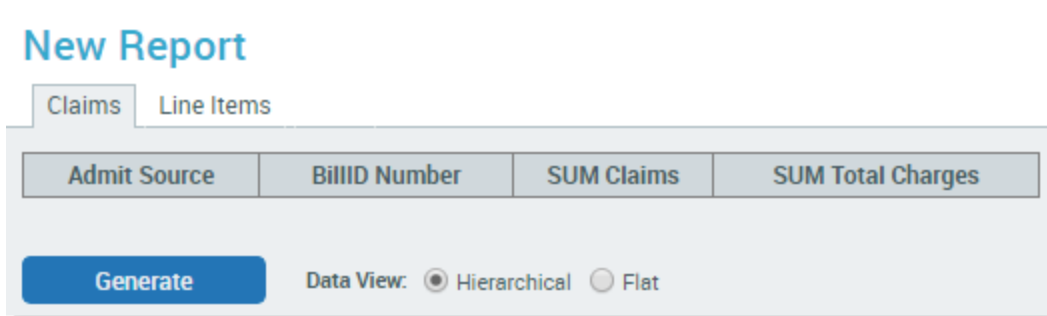
### ▶ Settings menu

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 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	
<div style="display: flex; justify-content: space-between; align-items: center;"> <span>Limit</span> <span>Design View</span> <span>Export</span> </div>			
	Admit Source	SUM Claims	SUM Total Charges
<input type="checkbox"/>	1 - Physician Referral	511,574.00	1,132,928,386.57
<input type="checkbox"/>	2 - Clinic Referral	7,191.00	4,446,587.16
<input type="checkbox"/>	4 - Transfer From Hospital	3,647.00	38,759,838.81
<input type="checkbox"/>	5 - Transfer From SNF	3,338.00	11,237,691.09
<input type="checkbox"/>	6 - Transfer From Another Facility	256.00	2,366,410.08
<input type="checkbox"/>	7 - Emergency Room	16,924.00	77,407,543.86
<input type="checkbox"/>	8 - Court/Law Enforcement	8.00	21,433.31
<input type="checkbox"/>	9 - Information Not Available	3,745.00	10,073,750.45
<input type="checkbox"/>	A - Transfer From CAH	6.00	108,206.35
<input type="checkbox"/>	D - NO DESCRIPTION	90.00	854,005.39
<input type="checkbox"/>	E - NO DESCRIPTION	5.00	41,978.11
<input type="checkbox"/>	F - NO DESCRIPTION	5.00	2,173.00
<input type="checkbox"/>	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	
<div style="display: flex; justify-content: space-between; align-items: center;"> <span>Limit</span> <span>Design View</span> <span>Export</span> </div>			
	Admit Source	SUM Claims	SUM Total Charges
<input type="checkbox"/>	1 - Physician Referral	511,574.00	1,132,928,386.57
<input type="checkbox"/>	7 - Emergency Room	16,924.00	77,407,543.86
<input type="checkbox"/>	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.

Rows	View	Settings		
Limit		Design View	Export	
	Admit Source	SUM Claims	SUM Total Charges	
<input type="checkbox"/>	1 - Physician Referral			7
<input type="checkbox"/>	7 - Emergency Room			6
<input type="checkbox"/>	2 - Clinic Referral			4,446,587.16
<input type="checkbox"/>	9 - Information Not Available	3,745.00		10,073,750.45
<input type="checkbox"/>	4 - Transfer From Hospital	3,647.00		38,759,838.81
<input type="checkbox"/>	5 - Transfer From SNF	3,338.00		11,237,691.09
<input type="checkbox"/>	6 - Transfer From Another Facility	256.00		2,366,410.08
<input type="checkbox"/>	NoCode - No Description	197.00		56,017.27
<input type="checkbox"/>	0 - NO DESCRIPTION	00.00		854,005.30

- 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.

Rows	View	Settings		
Limit		Design View	Export	
	Admit Type	SUM Claims	SUM Total Charges	
<input type="checkbox"/>	1 - Emergency	91,000.00		6,545,087.21
<input type="checkbox"/>	2 - Urgent	23,000.00		09
<input type="checkbox"/>	3 - Elective	428,000.00		01
<input type="checkbox"/>	4 - Newborn	2,856.00		14

## 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:

Admit Source	BillID Number	SUM Total Charges	SUM Claims
--------------	---------------	-------------------	------------

**Generate**      Data View:  Hierarchical  Flat

After generating, the report displays a plus symbol (+) to the left of the check box in each row:

Rows	View	Settings	
<b>Limit</b>	Design View	Export	
	Admit Source	SUM Total Charges	SUM Claims
<input type="checkbox"/>	1 - Physician Referral	1,132,928,386.57	511,574.00
<input type="checkbox"/>	2 - Clinic Referral	4,446,587.16	7,191.00
<input type="checkbox"/>	4 - Transfer From Hospital	38,759,838.81	3,647.00
<input type="checkbox"/>	5 - Transfer From SNF	11,237,691.09	3,338.00
<input type="checkbox"/>	6 - Transfer From Another Facility	2,366,410.08	256.00
<input type="checkbox"/>	7 - Emergency Room	77,407,543.86	16,924.00
<input type="checkbox"/>	8 - Court/Law Enforcement	21,433.31	8.00

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 ^	BILLID Number ^	SUM Total Charges	SUM Claims	
1 - Physician Referral		4,887,309.99	1,460.00	
+ 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	

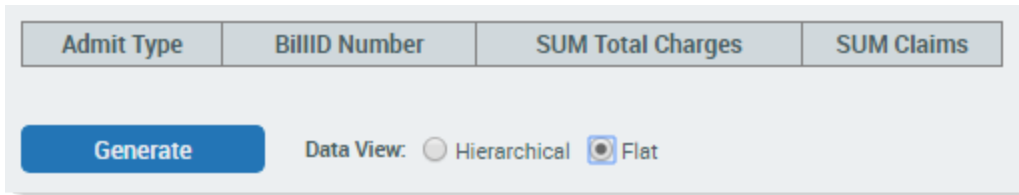
When building reports with multiple groupings, the system defaults to the Hierarchical view as seen in the previous image. This is one of two views available for displaying data. The other is the Flat view. The Flat view displays groupings side-by-side, as shown in the following example.

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.

The screenshot shows a report grid with a 'View' menu open. The menu has 'Grid Type' selected, with 'Flat' and 'Hierarchical' (checked) as options. The grid has columns for 'Admit Type', 'SUM Total Charges', and 'SUM Claims'. The data is as follows:

Rows	View	Settings	Admit Type	SUM Total Charges	SUM Claims
+			1 - Emergency	216,545,087.21	91,687.00
+			2 - Urgent	294,001,418.09	23,964.00
+			3 - Elective	762,462,974.01	428,479.00
+			4 - Newborn	5,294,542.14	2,856.00

## 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
<input type="checkbox"/>	1 - Physician Referral	511,574.00	1,132,928,386.57
<input type="checkbox"/>	2 - Clinic Referral	7,191.00	4,446,587.16
<input type="checkbox"/>	4 - Transfer From Hospital	3,647.00	38,759,838.81

First grouping with drop-down arrow outlined in red

Claims		Line Items	
Rows	View	Settings	
Limit		Design View	Export
	Admit Source	SUM Claims	SUM Total Charges
<input type="checkbox"/>	Admit Date	511,574.00	1,132,928,386.57
<input type="checkbox"/>	Admit Day of Week	7,191.00	4,446,587.16
<input type="checkbox"/>	Admit Fiscal Qtr	3,647.00	38,759,838.81
<input type="checkbox"/>	Admit Fiscal Year	3,338.00	11,237,691.09
<input type="checkbox"/>	Admit Fiscal Yr-Month	256.00	2,366,410.08
<input type="checkbox"/>	Admit Fiscal Yr-Qtr	16,924.00	77,407,543.86
<input type="checkbox"/>	Admit Hour	8.00	21,433.31
<input type="checkbox"/>	Admit Month		

Selecting a different grouping from the list

The report regenerates with the new data, as shown in the following example:

Rows	View	Settings	
<div style="display: flex; justify-content: space-between; align-items: center;"> <span>Limit</span> <span>Design View</span> <span>Export</span> </div>			
	Admit Day of Week	SUM Claims	SUM Total Charges
<input type="checkbox"/>	1-Sunday	74,960.00	178,893,494.76
<input type="checkbox"/>	2-Monday	89,882.00	196,824,540.30
<input type="checkbox"/>	3-Tuesday	77,697.00	181,525,915.71
<input type="checkbox"/>	4-Wednesday	78,142.00	185,255,714.65
<input type="checkbox"/>	5-Thursday	77,126.00	181,853,853.48
<input type="checkbox"/>	6-Friday	74,800.00	177,790,645.07
<input type="checkbox"/>	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.

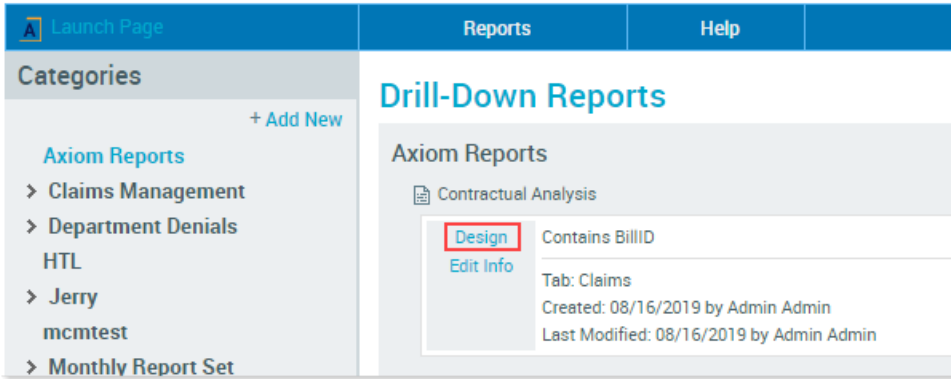
## Change report column order

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.

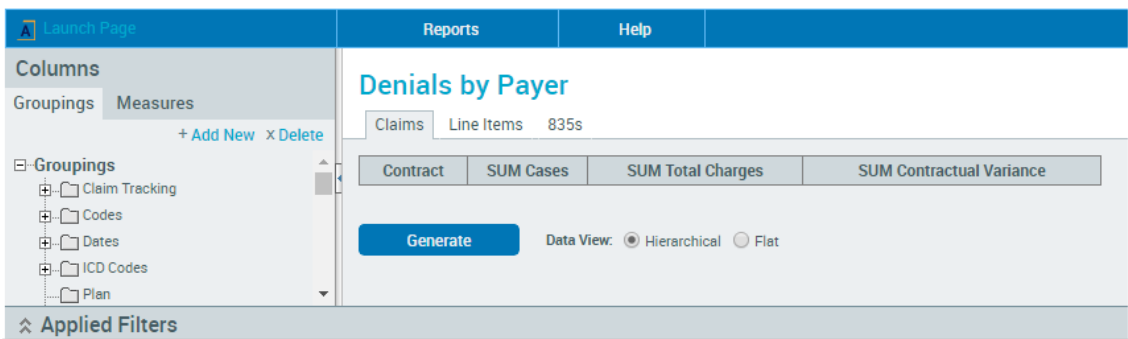
**NOTE:** Groupings always precede measures in report layout, regardless of how you order them. You can re-order groupings within a report's set of groupings, and re-order measures within the report's set of measures. You cannot put a measure before any grouping, however. Even if you do, when the report 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**.

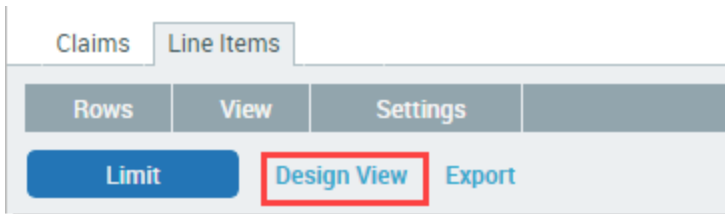


The design view of the report opens on the right.



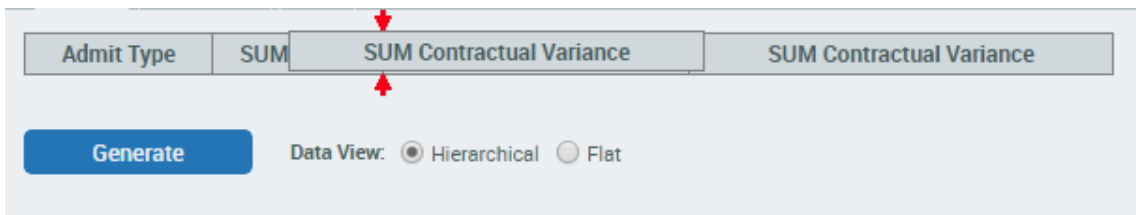
To access Design View from an open report:

- Above the report, click Design View.

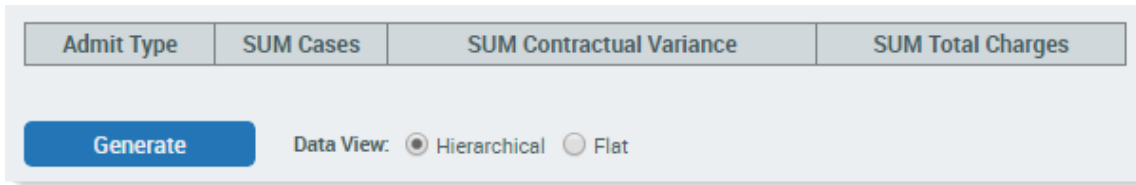


To change the order of groupings or measures:

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.

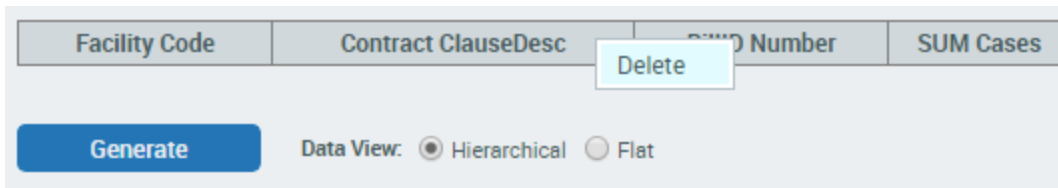


The measure columns are now in the new order:



To remove groupings or measures from the report:

- Right-click the measure or grouping to remove, and click **Delete**.

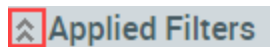


## Remove an applied filter

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 dialog 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**.

Applied Filters

Claims			
	Filter	Criteria	Value
	DRG	=	291
	DRG	=	292
	DRG	=	293
	Admit Source	=	7 - Emergency Room
	Admit Source	=	1 - Physician Referral
	Admit Source	=	4 - Transfer From Hospital
	Admit Source	=	5 - Transfer From SNF

Clear All

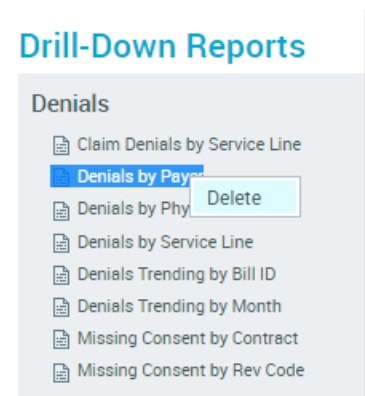
When the filter box closes, the report automatically regenerates with the updated filters.

## Delete a saved drill-down report

You can delete reports you no longer need.

To delete a drill-down report:

1. On the main Drill-Down Reports page, locate the desired report.
2. Right-click the report, and then 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.

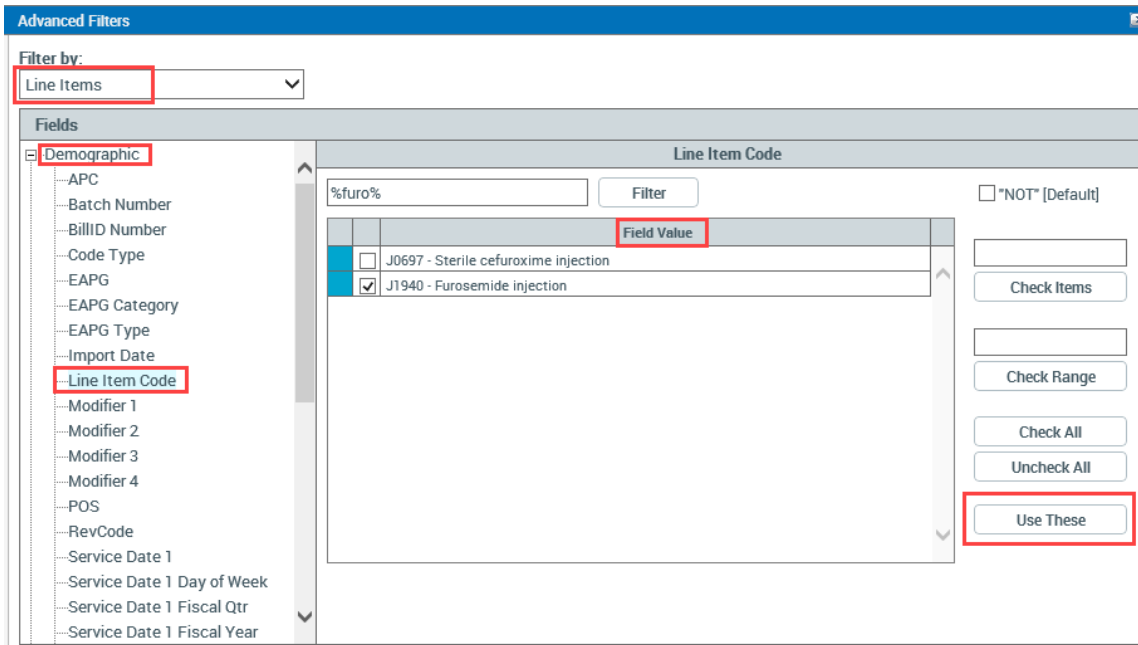
## ▶ Create a multi-tab report

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.

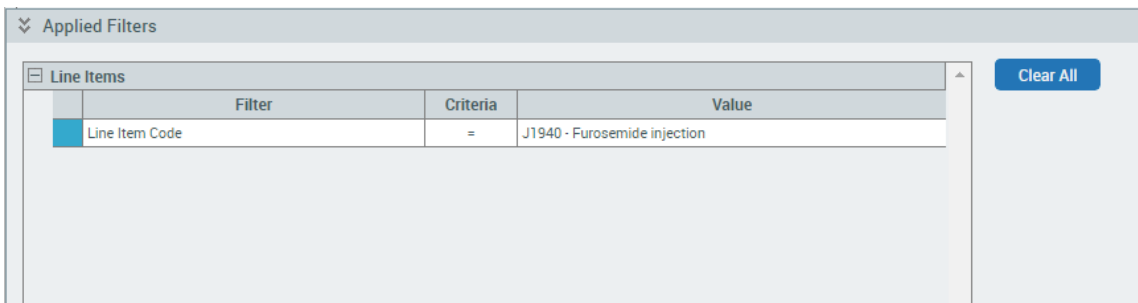
### To build a multi-tab report:

1. Open an existing report or [create a new one](#).
2. At the bottom right of the page, click **Add Filters**.  
The Advanced Filters dialog opens.
3. From the **Filter by** drop-down, select **Line Items**. This sets a Line Items tab filter without your needing to switch tabs.
4. In the **Fields** panel, expand the **Demographic** folder, and select **Line Item Code**. In the right side of the dialog, 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 dialog.
7. To confirm your selected filter(s), at the bottom left of the page, click **Applied Filters**. In the Applied Filters dialog, 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 dialog 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.

Claims Line Items

Admit Source SUM Claims SUM Total Charges SUM Total Payments

Generate Data View:  Hierarchical  Flat

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.

Rows	View	Settings			
Limit			Design View	Export	
	Admit Source	SUM Claims	SUM Total Charges	SUM Total Payments	
<input type="checkbox"/>	1 - Physician Referral	1,774.00	25,654,914.39	9,251,337.68	
<input type="checkbox"/>	2 - Clinic Referral	3.00	38,103.22	26,088.76	
<input type="checkbox"/>	4 - Transfer From Hospital	74.00	2,546,496.78	1,050,277.27	
<input type="checkbox"/>	5 - Transfer From SNF	21.00	541,599.24	183,485.50	
<input type="checkbox"/>	6 - Transfer From Another Facility	6.00	120,831.71	53,887.66	
<input type="checkbox"/>	7 - Emergency Room	455.00	13,111,602.24	5,346,719.72	
<input type="checkbox"/>	9 - Information Not Available	2.00	16,522.86	5,145.06	
<input type="checkbox"/>	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.

Applied Filters

Claims			
Filter	Criteria	Value	
Admit Source	=	7 - Emergency Room	

Line Items			
Filter	Criteria	Value	
Line Item Code	=	J1940 - Furosemide injection	

Clear All

► 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.

## Improve variance reporting with Posting subcategories

When running drill-down reports on payment and adjustment posting totals, you can break out these items into subcategories for more detailed reporting. In addition to Total Payment and Total Contractual fields, there are 10 payment and 10 adjustment fields available in the Measures column for the Claims tab in Drill-Down reports. These 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.

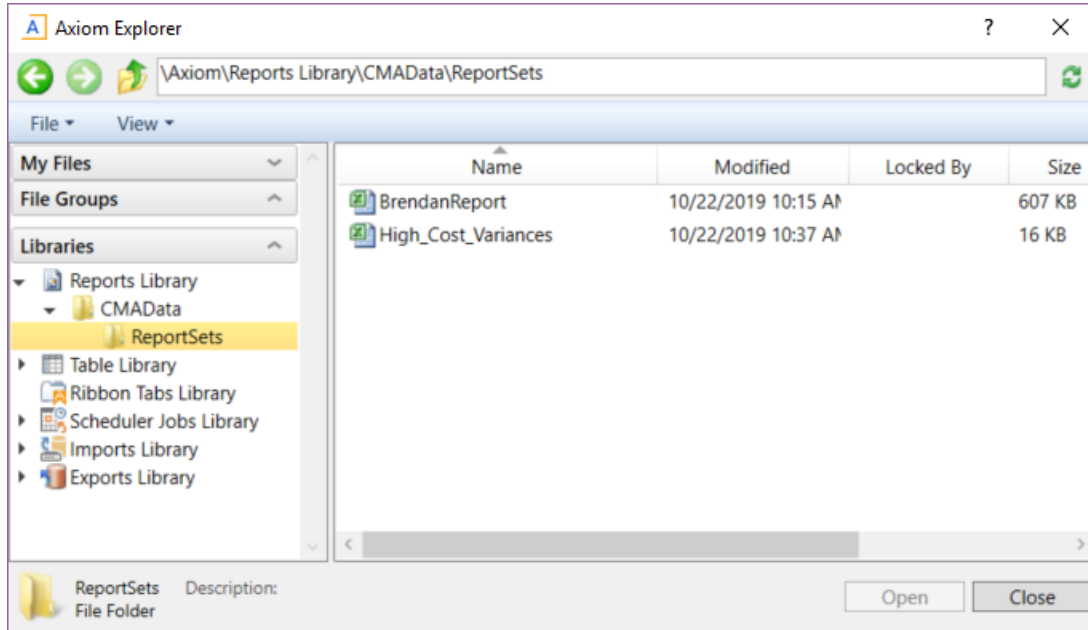
In the example below, adjustment fields A1 and A2 are used to break out primary contractual and facility adjustments:

	A	B	C	D	E	F	G	H
1		axiom software	Contractual Review					
2								
3	Filters							
8								
9		Contract ClauseDesc	SUM Cases	SUM Total Charges	SUM Total Expected Contractual	SUM Total Primary Contractual (A1)	SUM Total Facility Adj (A2)	SUM Contractual Variance
10		ALL OTHER OP	31	26,199	2,620	2,620	939	(0)
11		CARDIOLOGY	5	19,808	1,981	1,900	15	81
12		EMERGENCY CARE	54	94,717	9,472	10,472	246	(1,000)
13		IMAGING SERVICES	30	37,963	3,796	3,291	505	505
14		IMPLANTS	10	19,460	1,946	2,057	111	(111)
15		LAB	68	23,744	2,374	2,374	0	0
16		OBSERVATION	3	22,197	2,220	2,210	10	10
17		PT/OT/ST	15	8,504	850	1,000	150	(150)
18		RADIATION THERAPY	8	64,505	6,485	6,490	5	(5)
19		RADIOLOGY SERVICES	6	2,786	279	279	0	(0)
20		SURGICAL	9	104,189	10,419	15,867	534	(5,448)
21			239	424,073	42,441	48,560	2,515	(6,119)

## 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 dialog, 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 > CMADData > 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** dialog, 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.

Name	Description	Last Run At	Enabled	Upd	Del	Run
BrendanReport			<input type="checkbox"/>	Upd	Del	Run
BRFLinkReports			<input type="checkbox"/>	Upd	Del	Run
CFO	Report Set for Upper Management		<input type="checkbox"/>	Upd	Del	Run
ClaimDemo			<input type="checkbox"/>	Upd	Del	Run
DenialsByPayer	Report set for denials		<input type="checkbox"/>	Upd	Del	Run
DeptHead	Department Head Revenue Reports	08/03/2018 8:00 AM	<input checked="" type="checkbox"/>	Upd	Del	Run
GeosReport	Report Set Test for Geo		<input type="checkbox"/>	Upd	Del	Run
HBIReports			<input type="checkbox"/>	Upd	Del	Run
HTLTest	Test		<input type="checkbox"/>	Upd	Del	Run
HTLTest2	Test2		<input type="checkbox"/>	Upd	Del	Run
HTLTest3	Test3 Lile		<input type="checkbox"/>	Upd	Del	Run
ImportCheck	Import Check Report Set	07/30/2018 8:00 AM	<input checked="" type="checkbox"/>	Upd	Del	Run
KRDTest1	Test		<input type="checkbox"/>	Upd	Del	Run
MonthlyReport			<input type="checkbox"/>	Upd	Del	Run
NameWithNoSpace			<input type="checkbox"/>	Upd	Del	Run
RPCTest	Patient, Charge, and Payment 373	04/24/2007 10:05 AM	<input type="checkbox"/>	Upd	Del	Run
ServiceLine			<input type="checkbox"/>	Upd	Del	Run
TraingDay2			<input type="checkbox"/>	Upd	Del	Run
VarianceAnalysis	Monthly Variance Analysis Report		<input type="checkbox"/>	Upd	Del	Run
zzJHFReportSet	Report set for moving to Axiom		<input type="checkbox"/>	Upd	Del	Run

Add New Report Set

9. Next, [add reports to the report set](#).

## Add reports to a report set

Use these instructions to add drill-down reports to an existing report set, and to set up headers and footers for the generated reports.

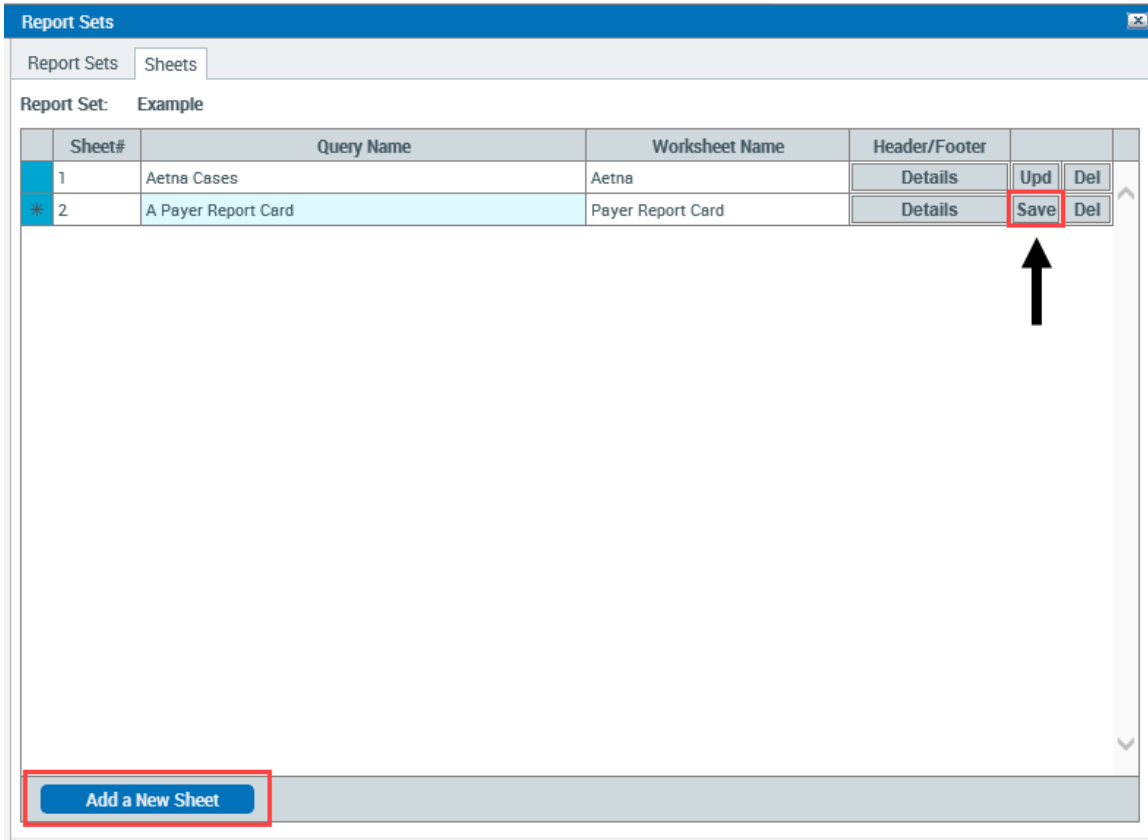
### To add reports to the report set:

1. In the **Report Set** table, find and select the report set.
2. At the top of the **Report Sets** dialog, 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.

**Report Sets**

Report Sets | Sheets

Report Set Sheet Details for: DenialsByPayer (Sheet 1)

Arial | 11px | **B** **I** **U** |   




**Header Details**

Left	Center	Right
KH Medical		

**Footer Details**

Left	Center	Right

[Back to Sheets](#) [Submit Details](#)

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 dialog, 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 ().

**Footer Details**

Left	Center	Right
&[Page]		&[Date] &[Time]

*Example of page number and report time stamp set in the footer*

4. At the bottom of the dialog, 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 dialog, 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 dialog:
  - 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 > CMADData > 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	Total Expected Payme	Contractual Variance
8	AETHA	83.00	164,641.87	48,079.41	121,298.90	31,444.73	148,143.48	(14,945.34)
224	KHA MANA	46.00	120,749.87	36,874.08	100,307.77	18,787.09	106,259.89	(4,297.11)
871	ORG1 - BCBS	5.00	41,103.49	337,640.78	778,700.06	265,980.63	3,335.00	799,934.81
885	ORG1 - BCBS	26.00	86,646.69	24,717.11	14,328.90	31,734.59	25,463.07	(16,094.17)
929	ORG1 - BCBS State	22.00	242,101.54	111,311.13	160,256.80	73,891.47	818,655.19	(650,445.13)
956	ORG1 - Humana Gold Choice	302.00	797,080.24	274,140.73	232,596.02	583,752.46	223,536.99	(10,209.21)
1280	ORG1 - Managed Medicare	151.00	474,862.80	171,827.17	141,411.87	340,353.77	116,691.45	17,817.58
1443	ORG1 - Medicaid	858.00	2,419,464.82	936,487.56	441,350.91	2,050,516.09	634,124.81	(265,176.08)
2325	ORG1 - Medicaid SNF	10.00	85,208.93	65,832.78	43,220.71	41,534.22	39,390.30	4,284.41
2344	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)
7059	ORG1 - Medicare Contract	100.00	624,399.69	434,488.66	334,390.59	255,644.13	359,450.20	9,305.37
7165	ORG1 - Medicare HMO Other	3.00	1,593.15	2,590.40	1,258.97	254.18	1,991.44	(652.47)
7174	ORG2 - BCBS	223.00	360,265.15	141,640.73	206,350.05	112,756.02	259,384.97	(11,875.84)
7463	ORG2 - BCBS State	49.00	81,476.80	30,093.00	46,648.93	26,773.00	57,639.63	(2,935.83)
7548	ORG2 - Humana Gold	50.00	139,252.64	57,709.75	45,667.58	54,527.63	42,800.21	41,924.80
7607	ORG2 - Managed Medicare	28.00	63,903.15	34,115.86	23,761.40	39,216.47	25,611.16	(924.48)
7644	ORG2 - MedCost	20.00	55,879.70	30,143.84	43,675.00	8,746.16	47,218.35	(84.81)
7694	ORG2 - Medicaid	303.00	309,628.69	122,706.09	89,705.98	223,614.31	117,572.83	(31,558.45)
8009	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)
8982	ORG2 - Medicare HMO	37.00	67,198.03	23,608.17	24,458.31	39,269.76	25,596.76	2,331.51
9028	ORG4 - Medicare HMO Other	123.00	484,580.14	181,998.46	133,045.35	335,317.69	156,234.12	(6,971.67)
9166	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
10799	UNITED	228.00	399,722.95	130,950.50	285,381.85	108,352.04	305,336.64	(13,965.73)
11096	Miscellaneous Plan Codes	719.00	1,533,749.88	536,061.53	974,288.00	440,014.97	0.00	1,093,734.91
11821		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
11822								

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**.

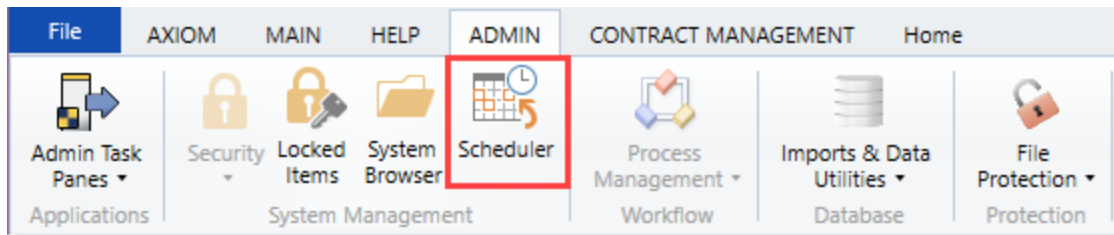
## Schedule a report set to run

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.

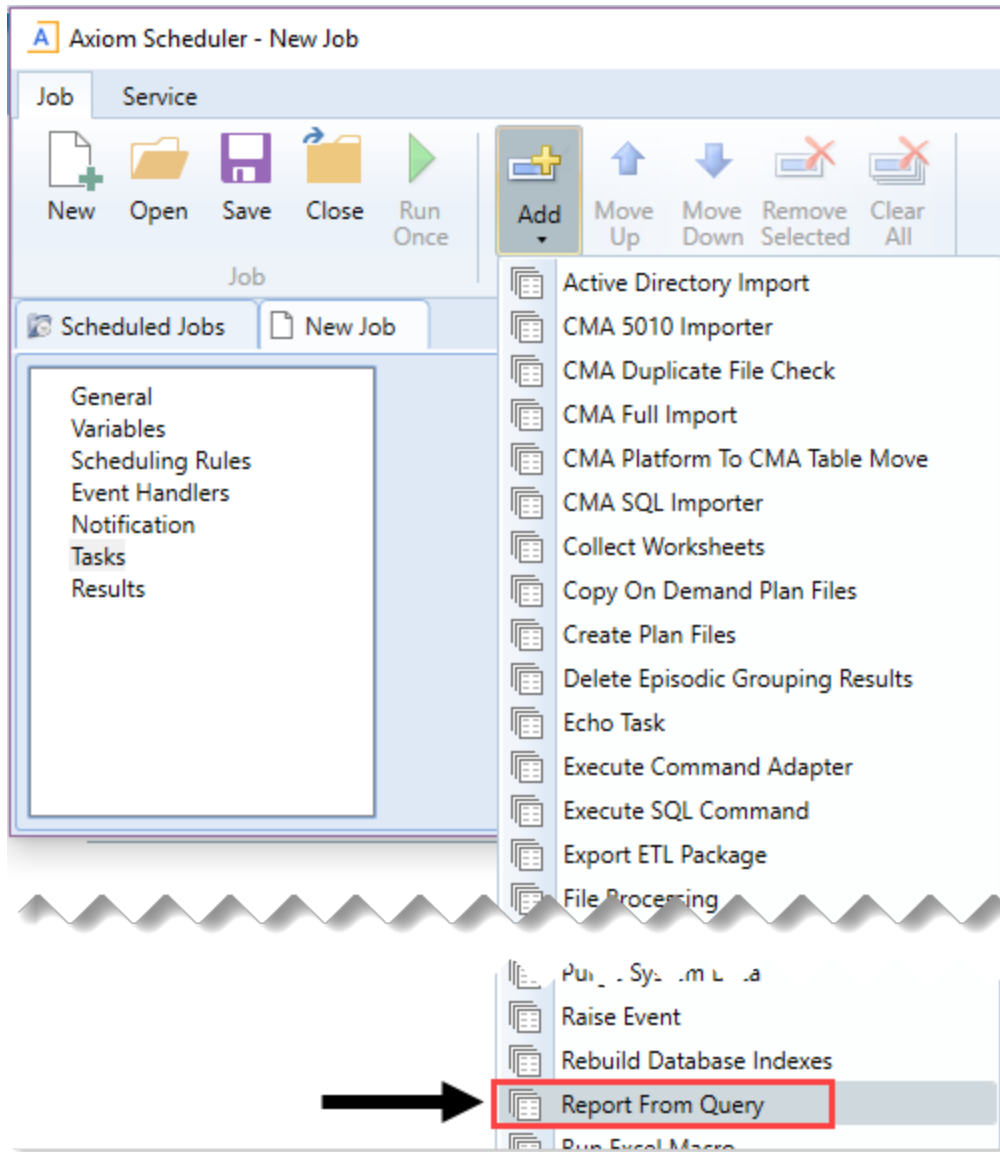
**NOTE:** Before scheduling a report set, confirm that the reports in the set have been built, that they run correctly, and that they have been saved.

### To schedule and run a report set:

1. Open the Report Sets dialog:
  - 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**.

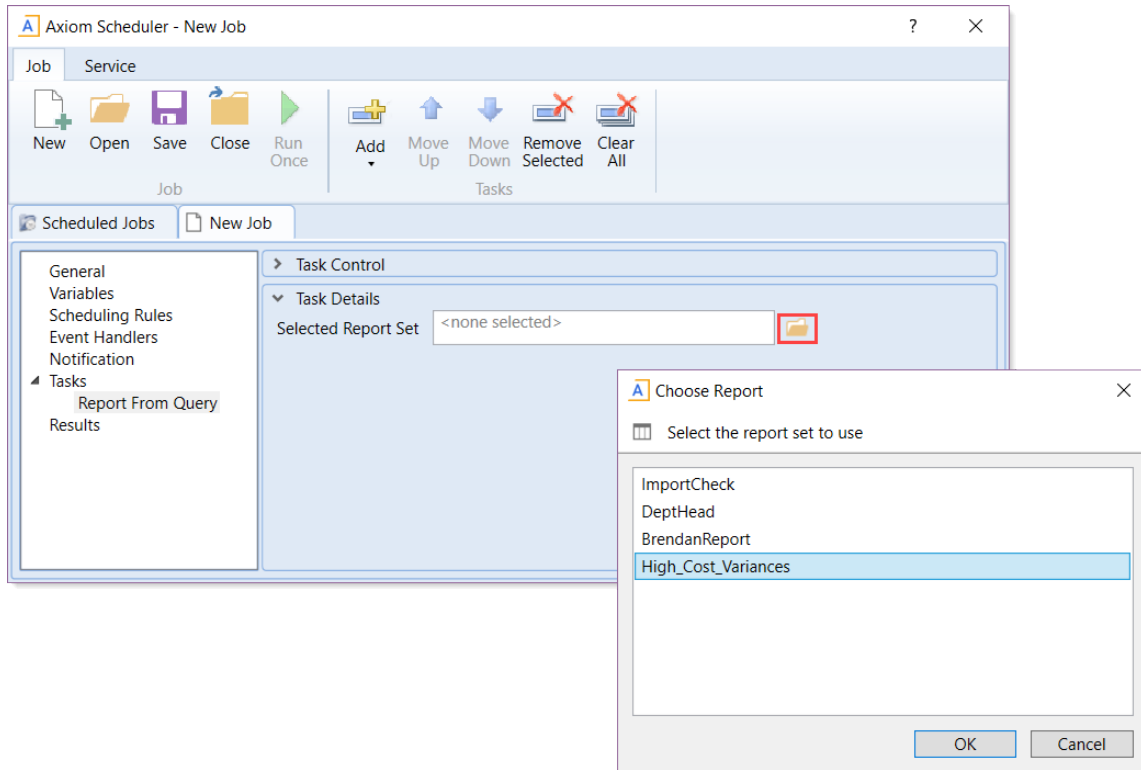


5. In the **Scheduler** dialog, on the **Job** tab, click **New**.
6. Click the **Add** button and select **Report from Query**.

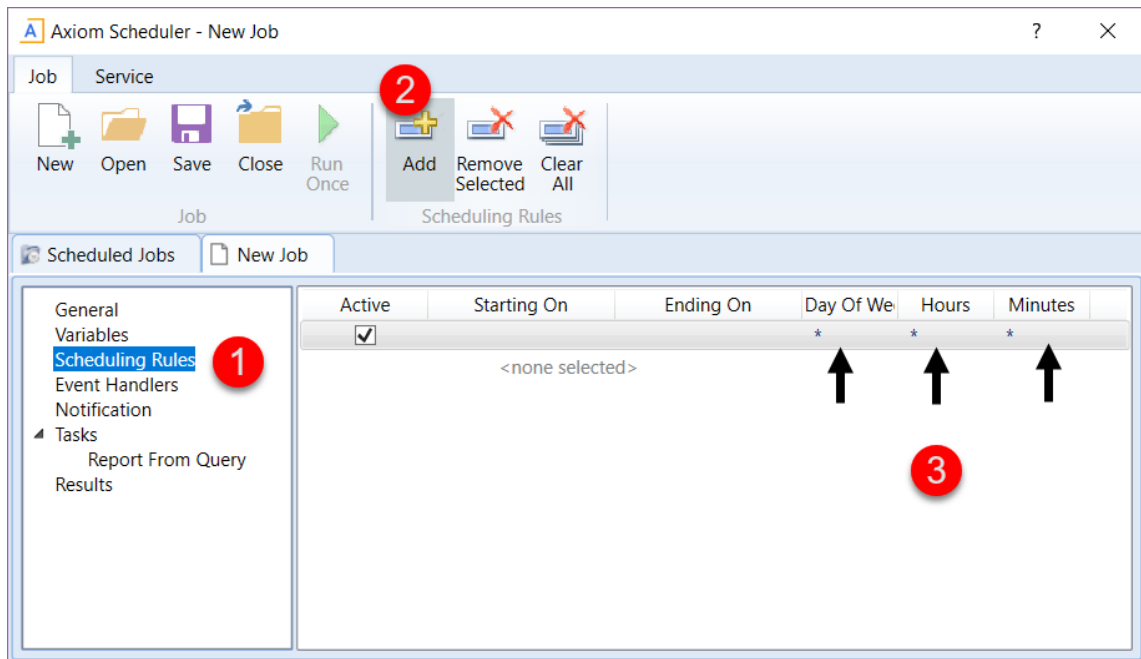


7. In the **New Job** tab, on the right of the **Selected Report Set** field, click the open folder icon to view available reports.
8. In the **Choose Report** dialog, select the report to be scheduled, and then click **OK**.

**NOTE:** Only report sets that are enabled for scheduling display in the Choose Report dialog. For details, see [Create a report set](#).



- 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.



- 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.

# 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
<b>Contracts</b>	Add, delete, and modify all aspects of the contract	View only	View only	No access
<b>Simulations</b>	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
<b>Claims View a Claim</b>	<ul style="list-style-type: none"> <li>View all tabs</li> <li>Add and modify Claim Tracking</li> <li>View Voucher</li> </ul>	<ul style="list-style-type: none"> <li>View all tabs</li> <li>Add and modify Claim Tracking</li> <li>View Voucher</li> </ul>	View only	No access
<b>Claims Re-calculate</b>	All features of re-calculate	All features of re-calculate	No access	No access
<b>Claims Track / Assign Claims</b>	<ul style="list-style-type: none"> <li>Create, delete, and edit user-defined categories</li> <li>Export reports</li> <li>Build filters</li> </ul>	<ul style="list-style-type: none"> <li>Create, delete and edit user-defined categories</li> <li>Export reports and claims lists</li> <li>Build filters</li> </ul>	<ul style="list-style-type: none"> <li>View and export Claims lists</li> <li>Run Reports using existing filters</li> <li>Export reports</li> </ul>	No access
<b>Import Data</b>	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
<b>Reports</b>	<ul style="list-style-type: none"> <li>Create, view, edit reports</li> <li>Build Advanced filters</li> </ul>	<ul style="list-style-type: none"> <li>Create new</li> <li>View existing</li> <li>Build Advanced filters</li> </ul>	<ul style="list-style-type: none"> <li>View/run only</li> <li>Export Reports</li> </ul>	No access

Access to:	CMA Admin	CMA Analyst	CMA User	CMA Scheduler
<b>Axiom Scheduler</b>	No access to Axiom jobs	No access to Axiom jobs	No access to Axiom jobs	Create, edit, delete, and schedule Axiom jobs

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