Application Support - Tables

Application Name	Table Name
Diagnosis Code	CMC_IDCD_DIAG_CD
Procedure Code	CMC_IPCD_PROC_CD
Revenue Code	CMC_RCRC_RC_DESC
User-Defined Codes	CMC_MCTR_CD_TRANS
Place of Service - Medical	CMC_PSCD_POS_DESC
Place of Service - Dental	CMC_PSDC_POS_DESC
Explanation Codes	CMC_EXCD_EXPL_CD
Hospital Bill Code Definition	CMC_HBCD_BILL_DESC
Warning Message	CMC_WMWM_WARN_MSG
User Warning Messages	CMC_WMUD_USER_MSG

Pdf => 01_FacetsNavigationAndApplicationSupportSupport
Page => 23

© 2023 Cognizant

Provider Credentialing

Pdf => 07_Facets_Provider
Pg no. => 38

Optional Credentialing Tables	Definition
CMC_PRCR_CREDEN	This table provides provider global credentialing information
CMC_PRLA_LANG	This table provides Common Practitioner Language Availability
CMC_PRAF_AFFIL	It provides provider Relationship with Facility Information
CMC_PRQA_QA	It provides provider quality assurance information
CMC_PRPM_RELATION	It provides provider Malpractice information
CMC_PRRG_REG	It provides Provider Registration Indicative information
CMC_PRHI_HIST	It provides Provider specific Professional History information

CMC_PRRE_RELATION	Provides Managed Care Related Entity Relationship Information
CMC_PRSN_SANCTION	Provides Provider Level Sanction Information
CMC_PRFC_CERT	Provides Common Practitioner Board Status Information

Member Tables

Pdf => 05_Facets_Subscriber-Member_Eligibility
Pg no. => 21

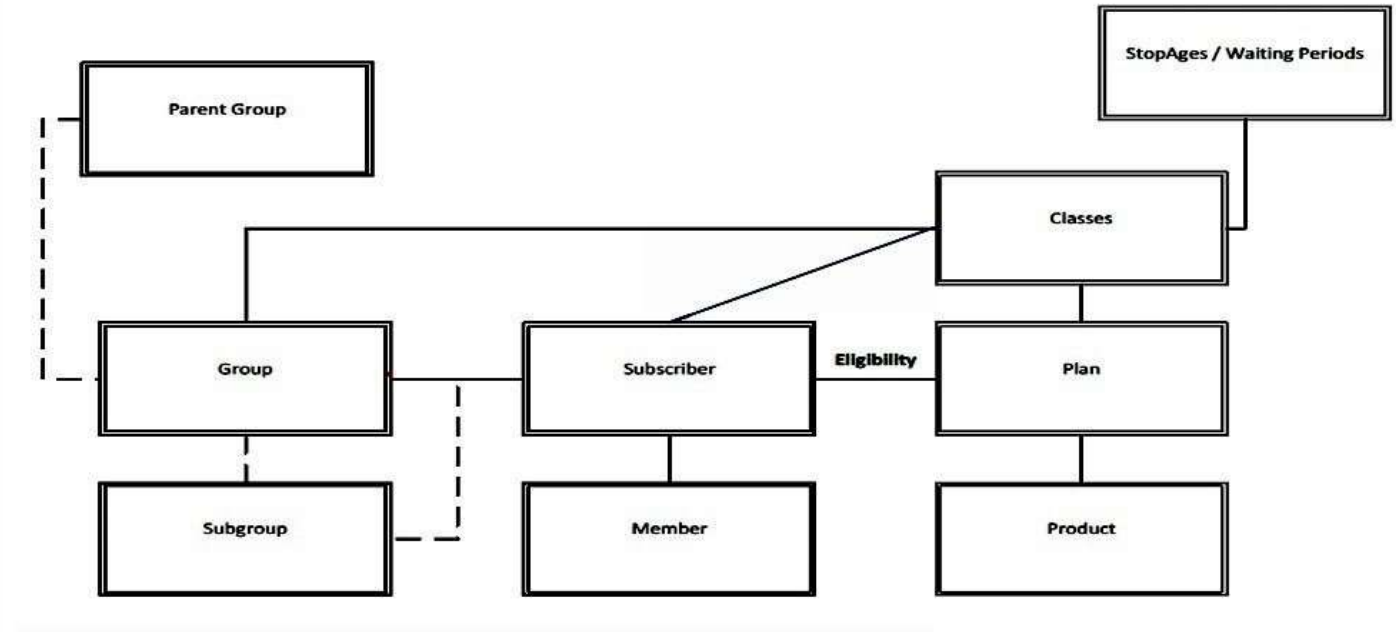
Table	Description
CMC_MECB_COB	This table stores coordination of benefits information, including the type of additional coverage, carrier ID, policy, and effective and termination dates.
CMC_MEEL_ELIG_ENT	This table stores information for each member's eligibility events including the effective date, type of eligibility event, plan and product category.
CMC_MEME_MEMBER	This table stores indicative information on the member including name, relationship, suffix, and original effective date. For a member's address information,
CMC_MEPE_PRCS_ELIG	The MEPE table is the major source for all processed eligibility information for all members in Facets. It contains contiguous historical details on each member's eligibility events: Select, Changes, Terminations, etc. MEPE determines eligibility for cl
CMC_MEPR_PRIM_PROV	This table stores the history of each member's selected primary care provider (PCP) relationships, including the effective and term dates of the member's relationship with the provider, the PCP type (Medical Primary (MP), Medical Gynecologist (MG)
CMC_MEST_STUDENT	This table stores information used to determine eligibility for members who are students. It stores information such as the school name, full/part-time status, verification information, and effective and term dates.
CMC_MEHD_HANDICAP	This table stores information related to a member's handicap such as type (Permanent, Temporary, In Question), description, and effective and term dates
CMC_MEWM_ME_MSG	Table maintains the effective dated Member warning messages

Tables

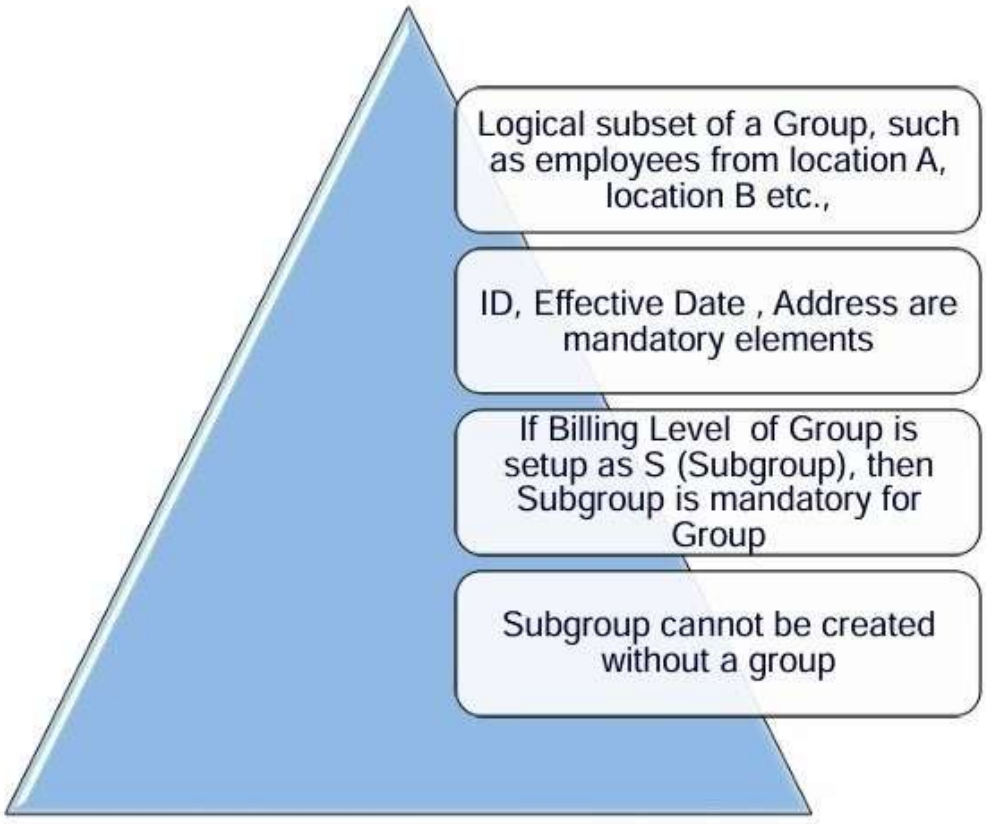
Pdf => 06_ServiceConversion
Pg no. => 27

Application	Table Name
Service ID Descriptions	CMC_SEDS_SE_DESC
Service/Procedure Conversion	CMC_TPCT_CPT_CONV
Service/Revenue Code Conversion	CMC_RCCT_CONV
Service Code Conversion	CMC_SECT_CONV
Service Rule Definition	CMC_SESE_SERVICE
Service Payment	CMC_SEPY_SE_PYMT
Service Pricing	CMC_SEPC_PRICE
R&C / Schedule, Medical	CMC_IPRS_PRICE
Procedure Tiers	CMC_IPTR_PROC_TIER
Service Definition	CMC_SEDF_SE_DEFN
Service Conversion Description	CMC_TPPX_DESC

Group/Class/Plan/Product Structure



Subgroup


Logical subset of a Group, such as employees from location A, location B etc.,
ID, Effective Date , Address are mandatory elements
If Billing Level of Group is setup as S (Subgroup), then Subgroup is mandatory for Group
Subgroup cannot be created without a group

Group / Subgroup

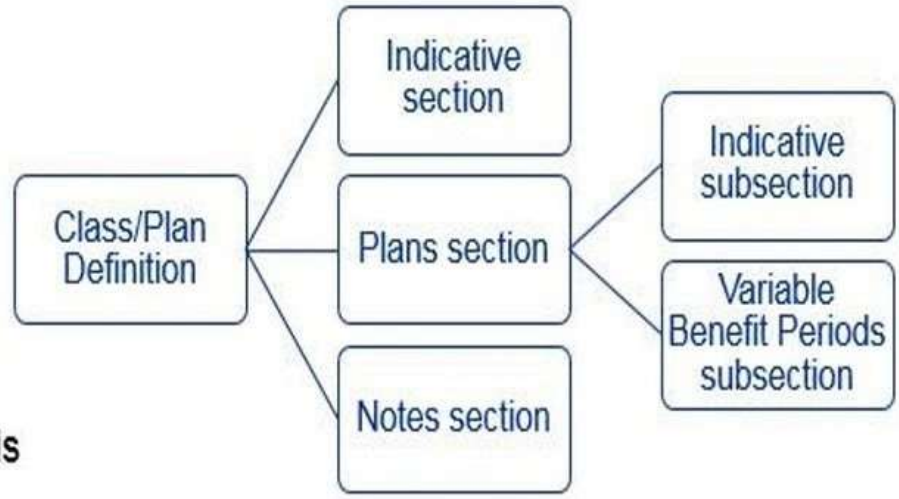
Class

- Indicates classification of Employees/Subscribers under a group.
- Group can have more than one class
- Service/Procedure/Revenue Conversion prefix is tied to Group-Class in Class/Plan Definition application.
  - The Prefix ID for the SECT (Service Code Conversion), TPCT (Service/Procedure Conversion) and RCCT (Service/Revenue Code Conversion) must all be identical since they are identified on the Class/Plan Definition application as a single value (0001)
- Plan is associated to a Group–Class combination

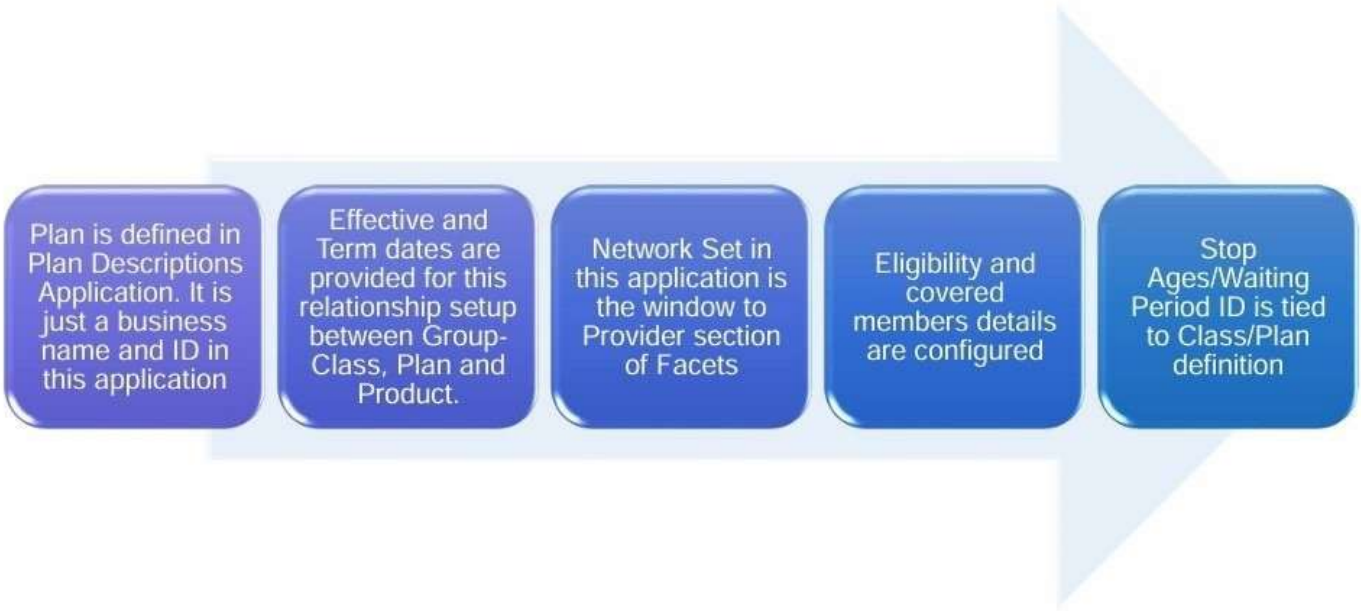
Creating a Class

Class/Plan Definition application:

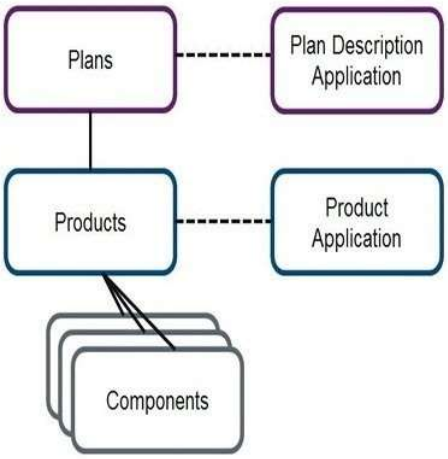
- Indicative section
- Plans section
  - Indicative
  - Variable Benefit Periods
- Notes section

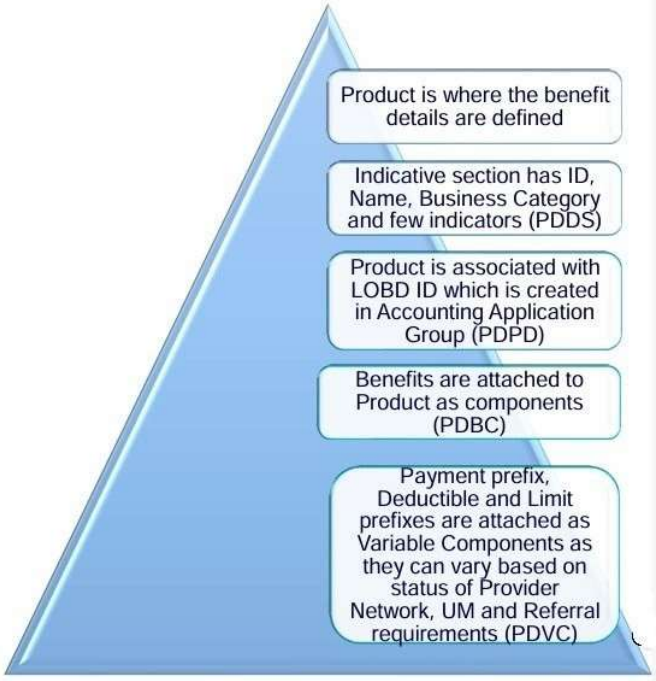


Plan

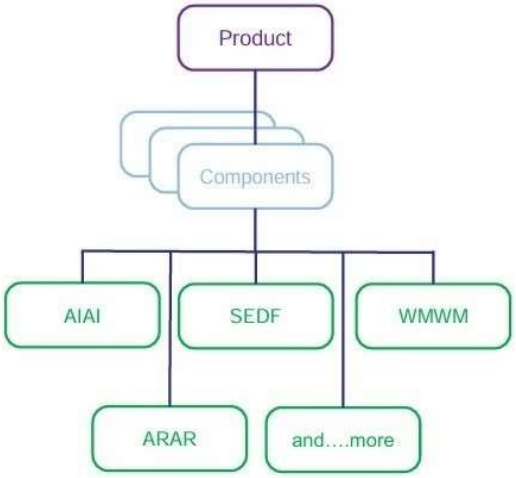

Plan is defined in Plan Descriptions Application. It is just a business name and ID in this application
Effective and Term dates are provided for this relationship setup between Group-Class, Plan and Product.
Network Set in this application is the window to Provider section of Facets
Eligibility and covered members details are configured
Stop Ages/Waiting Period ID is tied to Class/Plan definition

Plans and Products





Product Components



Some components like AIAI, SEDF, WMWM etc. are required components

Facets displays warning messages when required components are not added

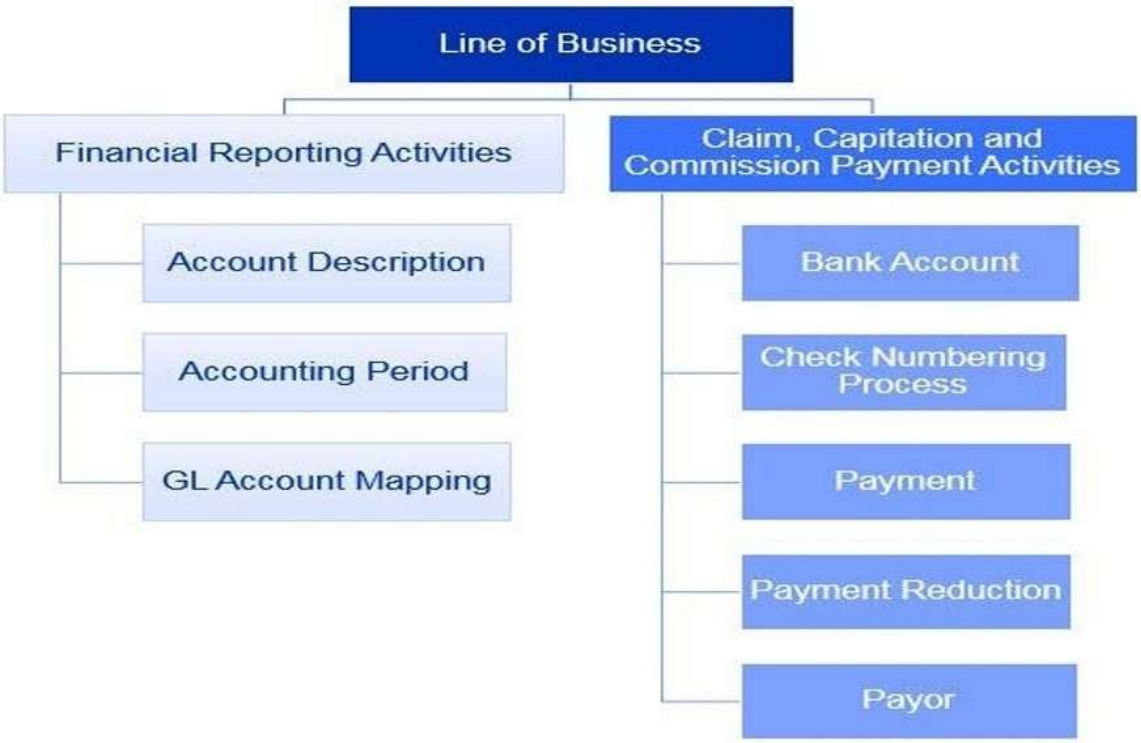
Required components may vary depending on Indicators on Indicative Page

- Example: ARAR is required when Referrals & Pre-Auths are checked and is used to setup rules for UM Processing

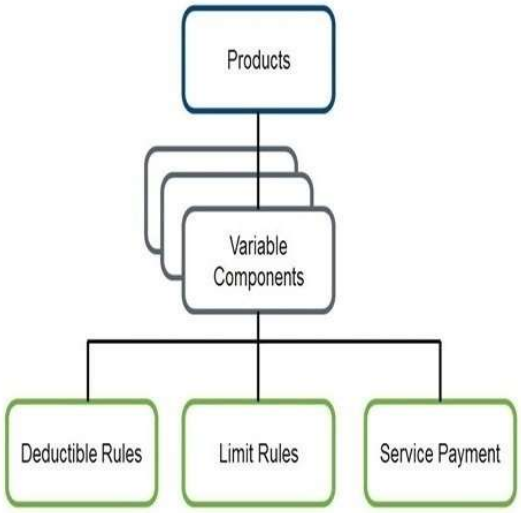
Some are optional components which can be added depending on functionality

- Example: ZCIA is attached if out-of-area processing is required for product

Line of Business



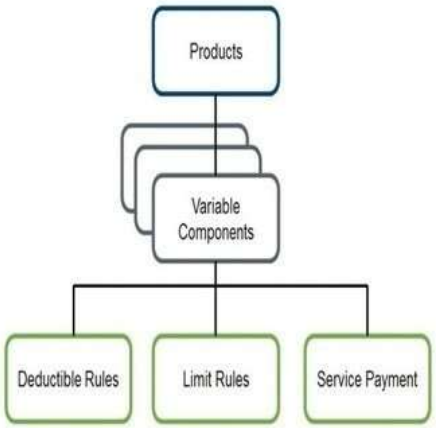
Product Variable Components



Variable Components page identifies the Service Payment, Deductible Rules and Limit Rules prefixes during processing medical claims or UM reviews

Prefixes change based on who performed the services, the tier of the provider, whether the service was performed in or out of network, and if utilization management requirements were satisfied - and hence Variable

Product Variable Components



Variable Components page identifies the Service Payment, Deductible Rules and Limit Rules prefixes during processing medical claims or UM reviews

Prefixes change based on who performed the services, the tier of the provider, whether the service was performed in or out of network, and if utilization management requirements were satisfied - and hence Variable

Can establish up to 36 date-sensitive combinations for each Type, and each Type can have one or more Tiers

Variable components should be defined for at least Tier 1 of Standard (in-area, non-accident, non-emergency)

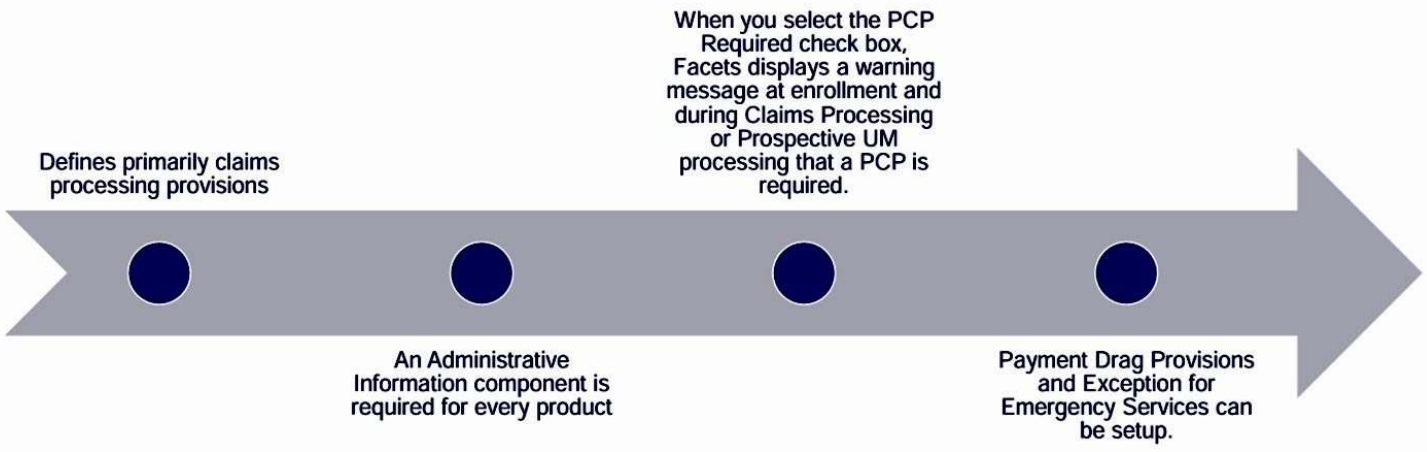
Product Variable Components – Contd..

Tier	Type	Provider	Pre-Auth	Referral	SEPY (Copay, Coins)	Ded	Limit	LOBD
1	Standard	PCP	Not-Required	Not-Required	SE01	DE01	LT01	Primary
1	Standard	PCP	Not-Required	Obtained	SE01	DE01	LT01	Primary
1	Standard	PCP	Not-Required	Violated	SE03	DE02	LT02	Primary
1	Standard	PCP	Obtained	Not-Required	SE01	DE01	LT01	Primary
1	Standard	PCP	Obtained	Obtained	SE01	DE01	LT01	Primary
1	Standard	PCP	Obtained	Violated	SE03	DE02	LT02	Primary
1	Standard	PCP	Violated	Not-Required	SE03	DE02	LT02	Primary
1	Standard	PCP	Violated	Obtained	SE03	DE02	LT02	Primary

Provider

In Facets, 'provider' is an all-encompassing term referring to any entity that provides health care related services to members.

Administrative Info - AIAI

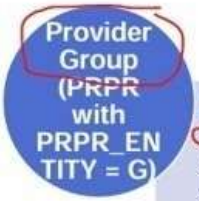


Common Practitioner is a Facets term for the provider record that contains the basic indicative information about the contracted practitioner.

A practitioner is an individual (physician, nurse practitioner, social worker, etc.) who provides health care services.

A facility is an institution that provides medical services (hospital, long term care center, pharmacy, etc.).

Some health plans allow facilities to act as Primary Care Physicians

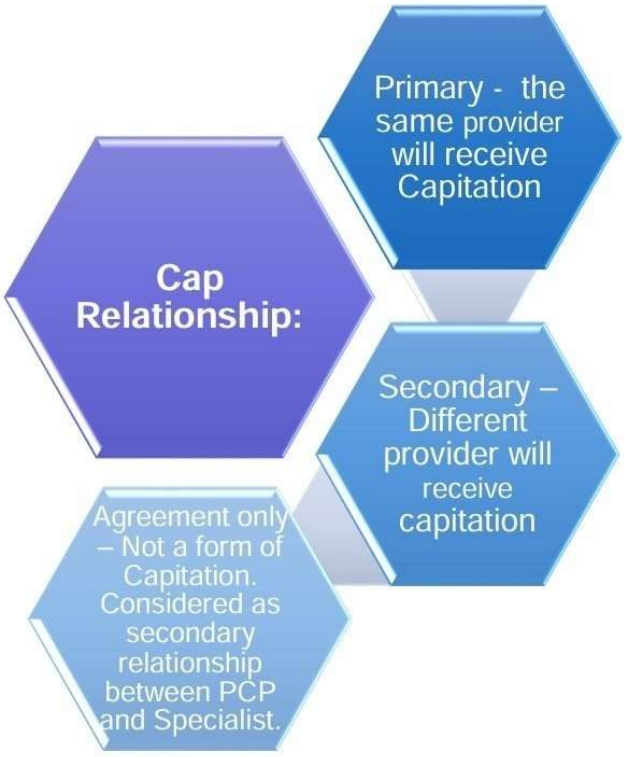


If providers are in groups, it usually means that they have joined together under one Tax ID for the purpose of providing services

An IPA (Individual Physician Association) is an entity that contracts with individual providers and groups to provide health care services for health plan members for negotiated fees.

Practitioner

- Associated with a Common Practitioner ID (Common ID)
- Status (Par, Non-Par) is informational only.
- Pre-Auth requirement indicated at provider level overrides Product requirement.



Practitioner – Contd..

Primary Address

- **Mandatory** - You must designate one address as the primary address by selecting the Primary check box on the Indicative section tab.
- **Only one effective record** - Facets allows only one address type to be designated as the Primary address for a provider. The Primary address must also be a practice location.
- Used for Zip code based pricing
- The Primary address is the default address for many Facets applications, such as Case Management and Customer Service.

Remittance Address

- **Mandatory** - You must designate one address as the primary address. select the Remit check box on the Indicative section tab.
- **Only one effective record -** Only one address location can be designated as the remittance address for a provider;
- Only checks and remittances go to this location; all other mail goes to other designated addresses.

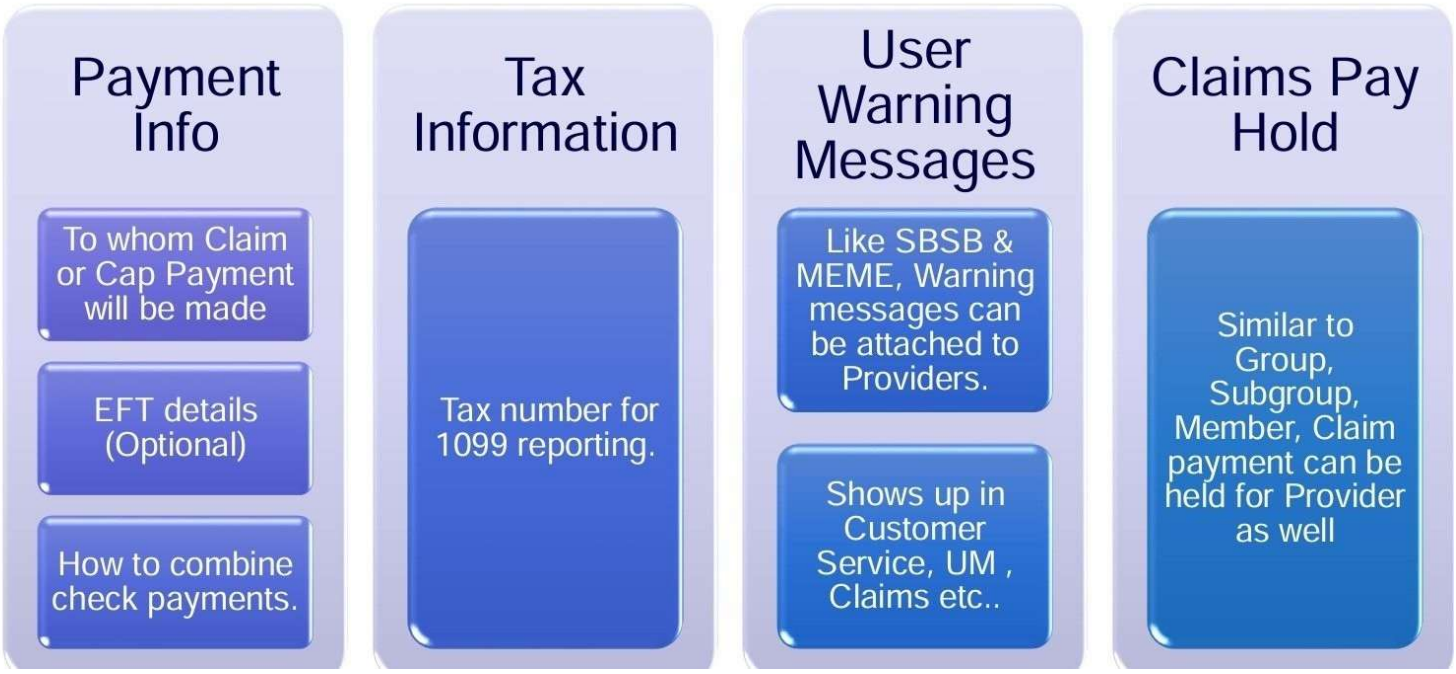
Practice Address

- A Provider can have multiple practice addresses.

Mailing Address

- When you select an address as a Practice location, Facets automatically displays the address Type in the Mail address type field on the Indicative section tab, meaning that all letters (but not checks) for that Practice location will be sent to that address.
- You can designate a different address as the mailing address for a Practice location.

Practitioner – Contd..



Common Practitioner vs. Practitioner – Contd..

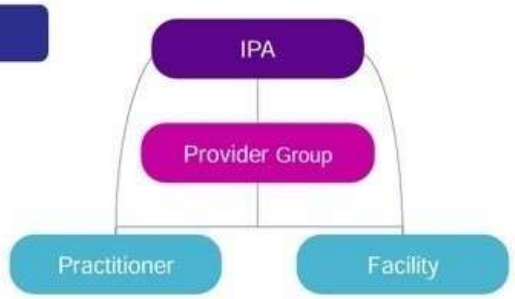
- **Common Practitioner**
  - Holds static information:
    - Name
    - Birth Date
    - Gender
    - SSN
    - Malpractice Insurance
    - Education
    - Etc.
- **Practitioner**
  - Holds dynamic information:
    - Addresses
    - Provider Relationships
    - Network Affiliations
    - Tax Info
    - Etc.

Provider Entity Relationship

4 Provider Types

- Independent Practice Association (IPA)
- Provider Group
- Practitioner
- Facility

Facets defines a provider's relationship to other providers for claims and reviews as a provider related entity relationship (PRER)



This relationship can define rules of UM requirements, and affect channeling results and inclusion in provider directories. In addition, provider entity relationships affect address sharing and payment information

Provider Date Sensitivity

Provider date sensitivity as it relates to non-provider applications and functionality in Facets:

Date Sensitive Segments / Applications	Provider	Provider Address	Provider Payee	Tax Info
Accounting	Both Active and Terminated (Provider to be active as of DOS)	Active Address	Effective Payee as of DOS	Effective TIN as of Paid Date
Capitation	Active Providers	Active Address	Effective Payee as of Earn Date	Effective TIN as of Paid Date
Claims	Active Providers	Active Address	Effective Payee as of DOS	Effective TIN as of Paid Date
Customer Service/Appeals	Both Active and Terminated	Active Address (Mailing)	NA	NA
Channeling	Active Providers	Active Address	NA	NA
PCP Selection	Active Providers	Active Address	NA	NA
Search	Both Active and Terminated	Both Active and Terminated	NA	NA
UM	Active Providers	Active Address	NA	NA

Subscriber

Subscriber Eligibility (SBEL)

- Add/Change eligibility events in Eligibility Section.
  - Attach Class, Plan with Effective date
- Covered Members indicate if the event is applied to all or some members.
- Eligibility can be voided with Edit - > Void Event.
  - This will make the member without having even one day of coverage.
- Payment Info section holds the EFT information for Subscriber payment
- User Warning Messages can be added to subscriber.
  - This gets displayed up in various processing applications such as Claims, UM, Customer Service etc., (SBWM)

Eligibility

The Eligibility Routine looks in...	for...
Stop Ages/Waiting Periods for the Plan	Stop Ages for Subscribers Stop Ages for Dependents Stop Ages for Students Waiting Period
Group or Subgroup	Group termination date Subgroup termination date Paid-through processing
Plan	Plan Effective Date Plan Termination Date
Subscriber/Member application	Processing Status on Hold HIPAA Selection, Change, Termination COBRA

Eligibility Change Events
SL [Select]
CH [Change]
TM [Terminate]
RI [Reinitiate]
CB [Cobra begin]
CE [Cobra end]
PE [Plan for override]

Void Eligibility Events:
To remove all eligibility related to the voided event
In reverse chronological order
Depending on a security authorization
Restore by entering event again