

Plan Data Models

The Plan Data Model



- ▶ **Plan Data Model is foundation for all Data Models**
- ▶ **Data contained in this model defines product type and behavior**
- ▶ **Plan vs. Product**
 - Product – HMO, PPO, Vision, Dental, Pharmacy, etc.
 - Plan – name used to market a product

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The data contained in this data model defines the Product type and how it acts.

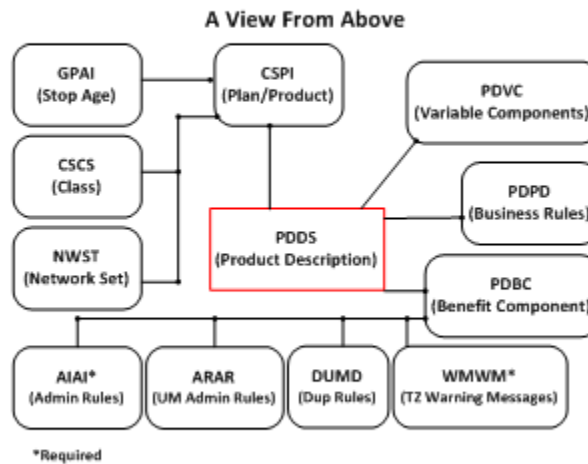
Objectives

The objectives for the Plan chapter are to:

- Discuss the important columns of the major tables
- Explain the relationship of the columns to the other tables and domains as they pertain to the Facets processes

Plan Structure

Plan Structure



This diagram shows the integration point of the Plan domain into the Member/Subscriber domain. The main parent table is **PDDS**. **PDDS** tells the system the type of processes being set, such as claims processing or Capitation/RISK. The next table to the right, **PDPD**, holds the line of business. A line of business (LOBD_ID) financially supports the product. Facets allows two lines of business, a primary and an alternate, for each product.

The **PDBC** table identifies the criteria or rules for handling certain situations, such as duplicate claims or COB calculations. No matter what type of product created, there will always be two required tables under **PDBC**; **AIAI** and **WMWM**. The rest of the tables depend on the selected processes in **PDDS**.

The **PDVC** table is solely used for claims processing, setting the conditions for processing based on provider type, service area, and UM requirements.

After configured, the product gets attached to a plan (CSPI). The plan is what is sold to the subscribers, so the type of subscriber (CSCS) will determine which plans can be selected. The **CSPI** table also ties the class and group together. The **CSPI** table will also contain the Network set (NWST). This defines the in-network providers for the plan. The plan also defines the waiting periods and stop ages configured on GPAI.

Product Description Table

Product Description Table



► CMC_PDDS_PROD_DESC

- Defines how the product will behave
- Page 1 of Plan Data Model Guide
- Primary Key
 - PDPD_ID (Product ID) 8 char
- Required Fields
 - PDPD_ID (PK)
 - PDDS_PREM_IND
 - PDDS_APP_TYPE

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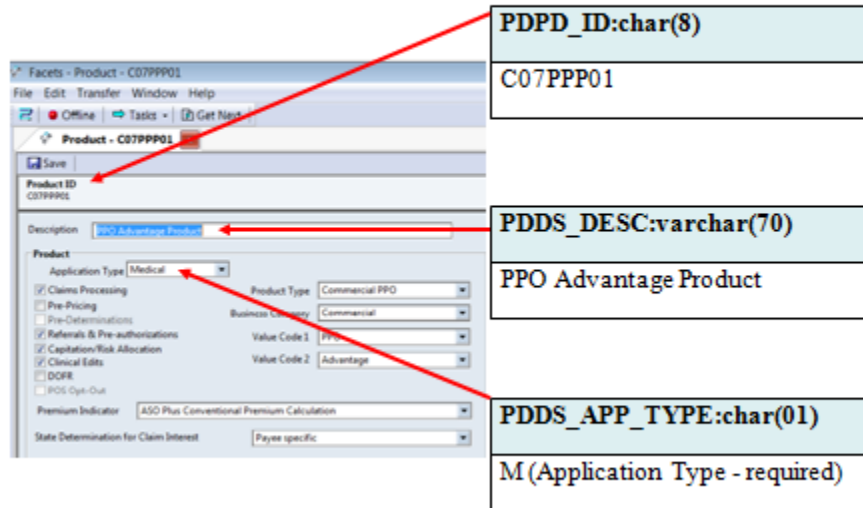
The **Product Description** table identifies the product being built by the PDPD_ID. PDDS_PREM_IND identifies the type of rate to use when billing for this product. The PDDS_APP_TYPE identifies the type of product, such as a medical product or a dental product. This table has columns ending in IND (indicator), which identifies the functionality of the product, such as **UM**, **Capitation**, etc.

PDPD_ID: char(8)

PDDS_DESC: varchar(70)
PDDS_UM_IND: char(1)
PDDS_MED_PRICE_IND: char(1)
PDDS_MED_CLMS_IND: char(1)
PDDS_DEN_UM_IND: char(1)
PDDS_DEN_PD_IND: char(1)
PDDS_DEN_PRICE_IND: char(1)
PDDS_DEN_CLMS_IND: char(1)
PDDS_PREM_IND: char(1)
PDDS_CLED_IND: char(1)
PDDS_CAP_IND: char(1)
PDDS_INT_STATE_IND: char(01)
PDDS_MCTR_BCAT: char(04)
PDDS_MCTR_VAL1: char(04)
PDDS_MCTR_VAL2: char(04)
PDDS_APP_TYPE: char(01)
PDDS_PROD_TYPE: char(01)
PDDS_DOFR_IND: char(1)
PDDS_OPTOUT_IND: char(1)
PDDS_OOA_IND: char(1)
PDDS_OON_IND: char(1)
PDDS_DISP_IND: char(1)
PDDS_ALT_DISP_IND: char(1)
PDDS_ORD_SYS_IND: char(1)

Product Description Table - Key Fields

Product Description Table – Key Fields

PDPD_ID:char(8)
C07PPP01
PDDS_DESC:varchar(70)
PPO Advantage Product
PDDS_APP_TYPE:char(01)
M (Application Type - required)

The PDPD_ID identifies the name of the product. In this case, the product is C07PPP01.

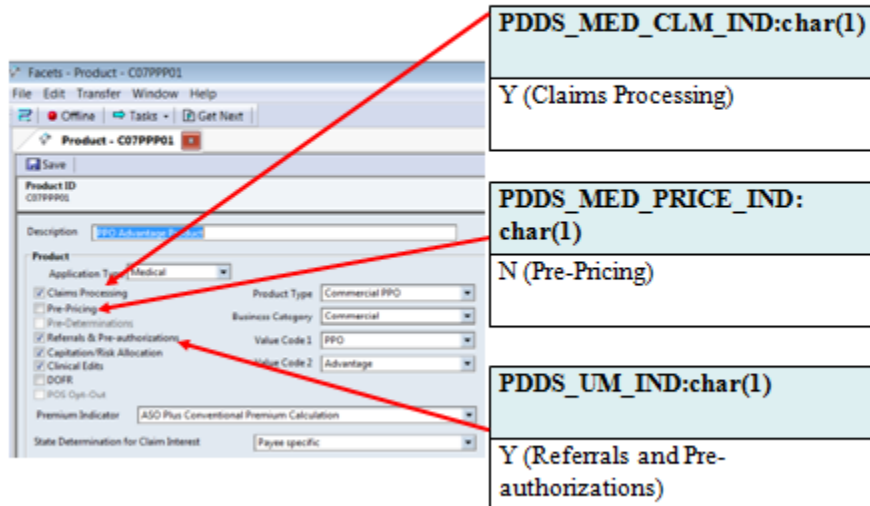
Facets allows the user 70 variable characters that describe the product.

The required column, **PDDS_APP_TYPE**, will identify the product type.

Available Types:

- D - Dental
- F - FSA
- H - HSA
- M - Medical
- O - Other
- R – Pharmacy

Product Description Table – Key Fields

PDDS_MED_CLM_IND:char(1)
Y (Claims Processing)
PDDS_MED_PRICE_IND:char(1)
N (Pre-Pricing)
PDDS_UM_IND:char(1)
Y (Referrals and Pre-authorizations)

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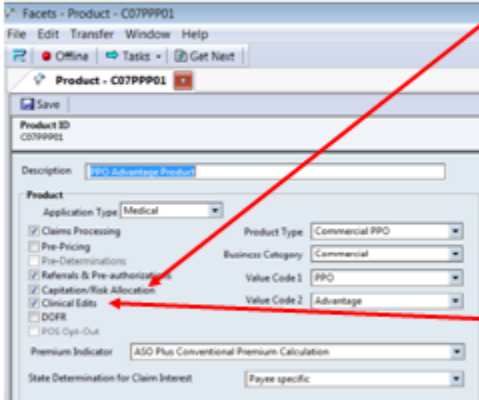
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The columns with **IND** (indicator) at the end will have one character in their attribute type. The options are:

- Y - Yes
- N - No
- A hard coded value

Product Description Table

Product Description Table

Facets - Product - C07PPP01

File Edit Transfer Window Help

Product - C07PPP01

Save

Product ID: C07PPP01

Description:

Product

Application Type:

☒ Claims Processing Product Type:

☐ Pre-Pricing Business Category:

☐ Pre-Determinations Value Code 1:

☒ Referrals & Pre-authorizations Value Code 2:

☒ Capitation/Risk Allocation **PDDC_CAP_IND:char(1)**

☒ Clinical Edits **Y (Capitation/Risk Allocation)**

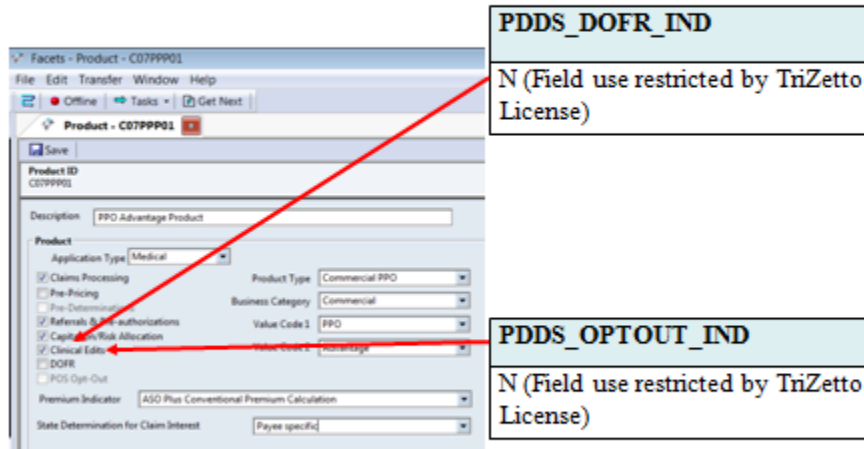
☐ DORR **PDDC_CLED_IND:char(1)**

☐ POS Opt-Out **Y (Clinical Edits)**

Premium Indicator:

State Determination for Claim Interest:

Product Description Table

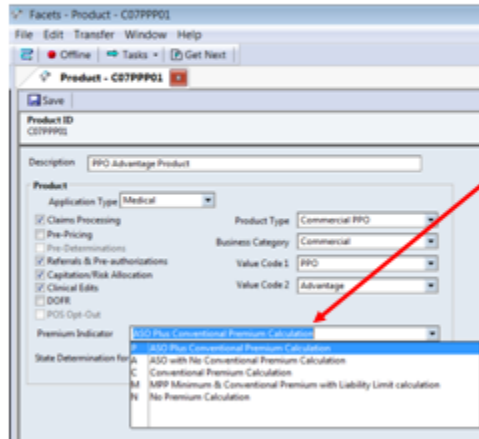
PDDS_DOFR_IND
N (Field use restricted by TriZetto License)

PDDS_OPTOUT_IND
N (Field use restricted by TriZetto License)

DOFR stands for the Division of Financial Responsibility. The user uses the **DOFR** checkbox only after obtaining a separate license. To support the Facets Assigned Risk Module, a **DOFR** checkbox on the Product application indicates whether claims and UM episodes processed using that product should access the DOFR Rules Engine.

To support the Facets Assigned Risk Module, a **POS Opt-out** checkbox on the Product application indicates whether claims processed using that product should access the Rules Engine in order to determine whether an opt-out of HMO benefits has occurred. When an opt-out occurs in Facets, ramifications to processing could occur, which may include processing claim interest using a different set of rules, and an automatic bypass of specific Network Set rows.

Product Description Table

Facets - Product - C07PPPP01

File Edit Transfer Window Help

Product - C07PPPP01

Save

Product ID: C07PPPP01

Description: PPO Advantage Product

Product

Application Type: Medical

☒ Claims Processing

☐ Pre-Pricing

☐ Pre-Determinations

☒ Referrals & Pre-authorizations

☒ Capitation/Risk Allocation

☒ Clinical Edits

☐ DORE

☐ POS Opt-Out

Product Type: Commercial PPO

Business Category: Commercial

Value Code 1: PPO

Value Code 2: Advantage

Premium Indicator: ASD Plus Conventional Premium Calculation

State Determination Method:

- ASD Plus Conventional Premium Calculation
- ASD with No Conventional Premium Calculation
- Conventional Premium Calculation
- MBP Minimum & Conventional Premium with Liability Limit calculation
- No Premium Calculation

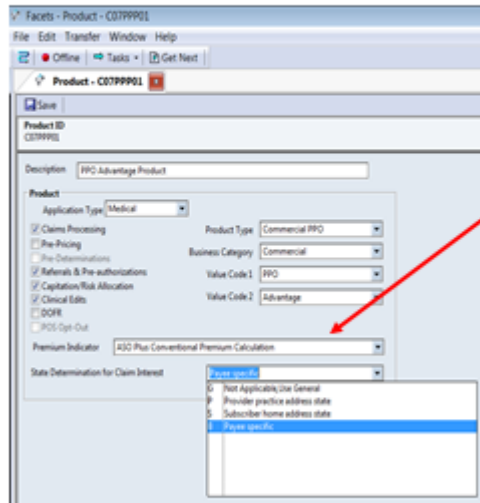
PDDDS_PREM_IND: char(1)
(see dropdown options)

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The column, **PDDDS_PREM_IND**, identifies the type of billing rate used with this product. These are hard coded values in the database.

Product Description Table

Facets - Product - C07PP001

File Edit Transfer Window Help

Product - C07PP001

Save

Product ID: C07PP001

Description: PPO Advantage Product

Product

Application Type: Medical

☒ Claims Processing

☐ Pre-Pricing

☒ Referrals & Pre-authorizations

☒ Capitation/Risk Allocation

☒ Clinical Edits

☐ DORR

☐ PPO Opt-Out

Product Type: Commercial PPO

Business Category: Commercial

Value Code 1: PPO

Value Code 2: Advantage

Premium Indicator: AGO Plus Conventional Premium Calculation

State Determination for Claim Interest: **Face specific**

- G: Not Applicable, Use General
- P: Provider practice address state
- S: Subscriber home address state
- Face specific**

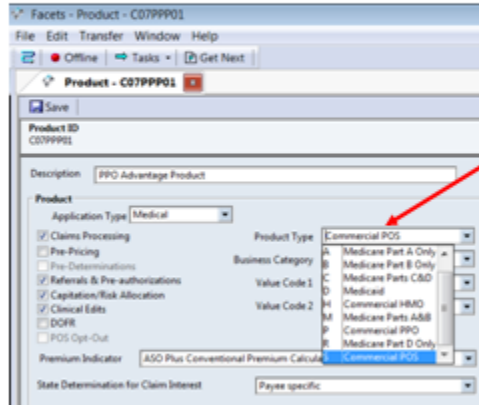
PDDS_INT_STATE_IND: char(01)
(see dropdown options)

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Another indicator column is **PDDS_INT_STATE_IND**. This column identifies the interest rate used when calculating interest on a claim.

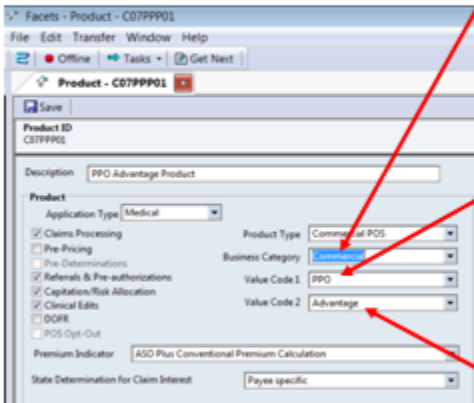
Product Description Table

PDDS_PROD_TYPE: char(01)
(see dropdown options)

To further describe the product, the PDDS_PROD_TYPE identifies the kind of product being built. Facets supplies some values, but others may be added.

Product Description Table

PDDS_MCTR_BCAT
COMM (Business Category)
PDDS_MCTR_VAL1
PPO (Value Code 1)
PDDS_MCTR_VAL2
Advantage (Value Code 2)

The three columns with **MCTR** in their name are 'user-defined' data. Having these columns lets the MCO add additional information on the product. Throughout Facets, there will be other **MCTR** columns. All configurations for these columns must be on CMC_MCTR_CD_TRANS before the data appears in the drop-down box.

Product Table

Product Table



► CMC_PDPD_PRODUCT

- Links together Product ID and Line of Business
- Primary Key
 - PDPD_ID
- Child table of PDDS
- Required Fields
 - PDPD_ID (PK)
 - PDPD_EFF_DT (PK)
 - LOBD_ID (FK)
 - PDPD_ACC_SFX

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The **PDPD** table follows the **PDDS** table, as it is a child table. This table identifies the Line of Business for the product. A Line of Business (LOBD_ID) is the financial structure that supports the product. It is primarily the bank account for extracting payments for claims, capitation, commissions, etc. This table also holds the accumulator suffix (PDPD_ACC_SFX) assigned to an accumulator, such as a deductible or limit, linking it to a particular product.

PDPD_ID: char(8) (FK)

PDPD_EFF_DT: datetime

PDPD_TERM_DT: datetime

PDPD_RISK_IND: char(1)

LOBD_ID: char(4)

LOBD_ALT_RISK_ID: char(4)

PDPD_ACC_SFX: char(4)

PDPD_OPTS: char(4)

PDPD_CAP_POP_LVL: char(1)

PDPD_CAP_RET_MOS: smallint

PDPD_MCTR_CCAT: char(4)

PDPD_LOCK_TOKEN: smallint

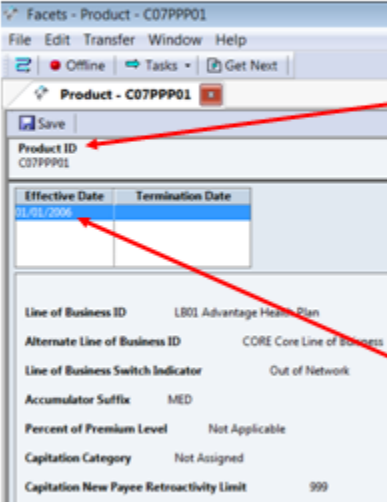
ATXR_SOURCE_ID: datetime

SYS_LAST_UPD_DTM: datetime

SYS_USUS_ID: varchar(48)

SYS_DBUSER_ID: varchar(48)

Product Table

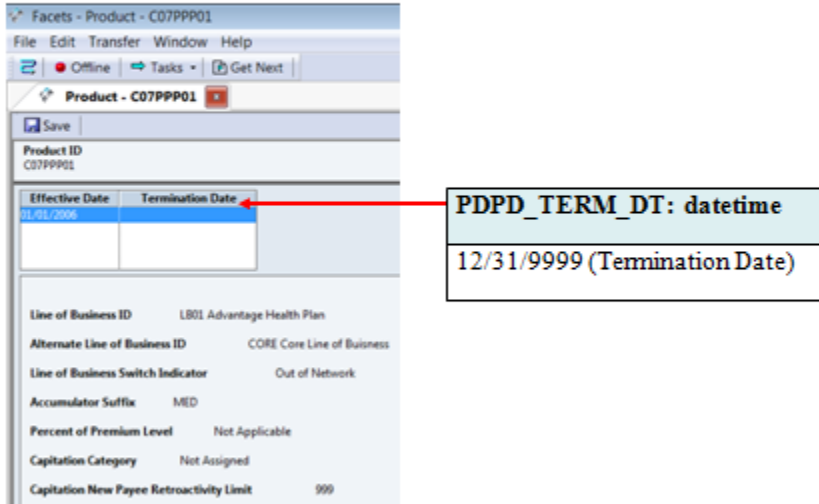
The screenshot shows a web application window titled "Facets - Product - C07PPP01". It contains a "Save" button and a "Product ID" field with the value "C07PPP01". Below this is a table with "Effective Date" and "Termination Date" columns. The "Effective Date" field is highlighted with a red box and has a red arrow pointing to it from a callout box. The callout box contains the text "PDPD_ID: char(8) (FK)" and "C07PPP01 (required)". Another red arrow points from the "Effective Date" field to a second callout box containing the text "PDPD_EFF_DT: datetime" and "01/01/2006 (required)".

Effective Date	Termination Date
01/01/2006	

Line of Business ID: LB01 Advantage Health Plan
 Alternate Line of Business ID: CORE Core Line of Business
 Line of Business Switch Indicator: Out of Network
 Accumulator Suffix: MED
 Percent of Premium Level: Not Applicable
 Capitation Category: Not Assigned
 Capitation New Payee Retroactivity Limit: 999

The PDPD_ID and the PDPD_EFF_DT identifies each row on this table.

Product Table

Facets - Product - C07PPP01

File Edit Transfer Window Help

Offline Tasks Get Next

Product - C07PPP01

Save

Product ID
C07PPP01

Effective Date	Termination Date
1/01/2006	

Line of Business ID LB01 Advantage Health Plan

Alternate Line of Business ID CORE Core Line of Business

Line of Business Switch Indicator Out of Network

Accumulator Suffix MED

Percent of Premium Level Not Applicable

Capitation Category Not Assigned

Capitation New Payee Retroactivity Limit 999

PDPD_TERM_DT: datetime

12/31/9999 (Termination Date)

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Notice the date in the client panel is blank while the **database** column has a value. System generated dates do not show in the client panel; they appear blank.

Product Table



Facets - Product - C07PPP01

File Edit Transfer Window Help

Offline Tasks Get Next

Product - C07PPP01

Save

Product ID
C07PPP01

Effective Date	Termination Date
01/01/2006	

Line of Business ID LB01 Advantage Health Plan

Alternate Line of Business ID CORE Core Line of Business

Line of Business Switch Indicator Out of Network

Accumulator Suffix MED

Percent of Premium Level Not Applicable

Capitation Category Not Assigned

Capitation New Payee Retroactivity Limit 999

LOBD_ID: char(4)

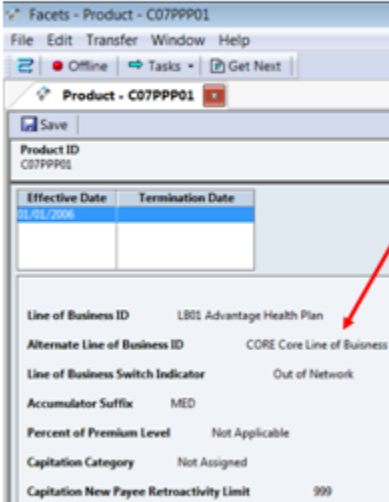
LB01 (Line of Business ID) – Required

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There is at least one Line of Business for each product required in Facets. LOBD_ID would identify the Primary LOB.

Product Table

Facets - Product - C07PPP01

File Edit Transfer Window Help

Offline Tasks Get Next

Product - C07PPP01

Save

Product ID
C07PPP01

Effective Date	Termination Date
01/01/2006	

Line of Business ID LB01 Advantage Health Plan

Alternate Line of Business ID CORE Core Line of Business

Line of Business Switch Indicator Out of Network

Accumulator Suffix MED

Percent of Premium Level Not Applicable

Capitation Category Not Assigned

Capitation New Payee Retroactivity Limit 999

LOBD_ALT_RISK_ID: char(4)

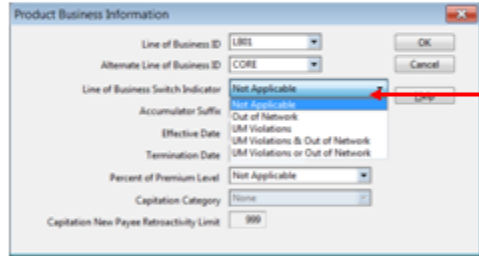
CORE (Alternate Line of Business ID)

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Facets allows for two lines of business per product, and the column named **LOBD_ALT_RISK_ID** would be the Secondary or Alternate LOB.

Product Table

PDPD_RISK_IND: char(1)
(see dropdown options)

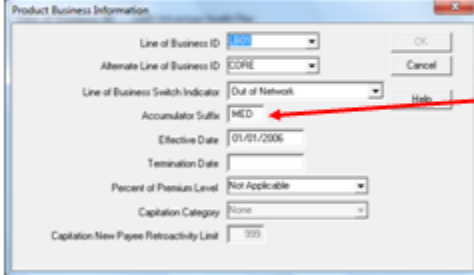
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The PDPD_RISK_IND identifies the condition for using the Secondary or Alternate LOB:

- O-Out of Network
- U-UM Violations

Product Table

PDPD_ACC_SFX: char(4)
(free-form field)

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This column shows the Accumulator Suffix used to identify the deductibles and limits associated with this product.

Benefit Component Table

Benefit Component Table



► CMC_PDBC_PROD_COMP

- Child table of PDDS
- Defines Business Rules for Product Components
- Required Fields
 - PDPD_ID (PK)
 - PDBC_TYPE (PK)
 - PDBC_EFF_DT (PK)
 - PDBC_PFX

PDPD_ID: 8 CHAR
 PDBC_TYPE: 4 CHAR
 PDBC_EFF_DT: Datetime

 PDBC_TERM_DT: Datetime
 PDBC_PFX: 4 CHAR
 PDBC_OPTS: 4 CHAR
 PDBC_LOCK_TOKEN:
 SMALLINT
 ATXR_SOURCE_ID: Datetime
 SYS_LAST_UPD_DTM: Datetime
 SYS_USUS_ID: 24 Varchar
 SYS_DBUSER_ID: 24 Varchar

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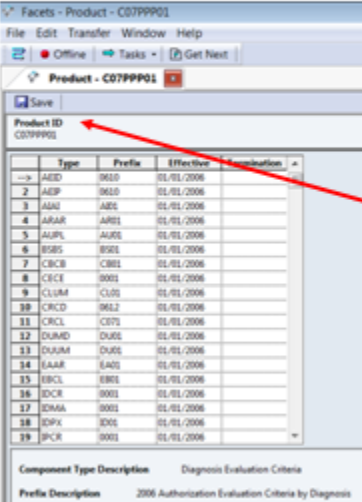
This table holds the rules and criteria for processing. There are two columns on the **PDBC** that are important:

- **PDBC_TYPE**
- **PDBC_PFX**

PDBC_TYPE identifies the table. PDBC_PFX identifies the unique row on the table that has the criteria or rule. There are two tables required for all products that **PDBC** needs. They are:

- **AIAI**
- **WMWM**

Benefit Component Table

Facets - Product - C07PPP01

File Edit Transfer Window Help

Offline Tasks Get Next

Product - C07PPP01

Save

Product ID
C07PPP01

Type	Prefix	Effective	Expiration
1	AED	06/01/2006	
2	AEP	06/01/2006	
3	AAI	06/01/2006	
4	AAJ	06/01/2006	
5	AAP	06/01/2006	
6	ABE	06/01/2006	
7	ABF	06/01/2006	
8	ABG	06/01/2006	
9	ABH	06/01/2006	
10	ABI	06/01/2006	
11	ABJ	06/01/2006	
12	ABK	06/01/2006	
13	ABL	06/01/2006	
14	ABM	06/01/2006	
15	ABN	06/01/2006	
16	ABO	06/01/2006	
17	ABP	06/01/2006	
18	ABQ	06/01/2006	
19	ABR	06/01/2006	
20	ABS	06/01/2006	
21	ABT	06/01/2006	
22	ABU	06/01/2006	
23	ABV	06/01/2006	
24	ABW	06/01/2006	
25	ABX	06/01/2006	
26	ABY	06/01/2006	
27	ABZ	06/01/2006	
28	ABA	06/01/2006	
29	ABB	06/01/2006	
30	ABC	06/01/2006	
31	ABD	06/01/2006	
32	ABE	06/01/2006	
33	ABF	06/01/2006	
34	ABG	06/01/2006	
35	ABH	06/01/2006	
36	ABI	06/01/2006	
37	ABJ	06/01/2006	
38	ABK	06/01/2006	
39	ABL	06/01/2006	
40	ABM	06/01/2006	
41	ABN	06/01/2006	
42	ABO	06/01/2006	
43	ABP	06/01/2006	
44	ABQ	06/01/2006	
45	ABR	06/01/2006	
46	ABS	06/01/2006	
47	ABT	06/01/2006	
48	ABU	06/01/2006	
49	ABV	06/01/2006	
50	ABW	06/01/2006	
51	ABX	06/01/2006	
52	ABY	06/01/2006	
53	ABZ	06/01/2006	
54	ABA	06/01/2006	
55	ABB	06/01/2006	
56	ABC	06/01/2006	
57	ABD	06/01/2006	
58	ABE	06/01/2006	
59	ABF	06/01/2006	
60	ABG	06/01/2006	
61	ABH	06/01/2006	
62	ABI	06/01/2006	
63	ABJ	06/01/2006	
64	ABK	06/01/2006	
65	ABL	06/01/2006	
66	ABM	06/01/2006	
67	ABN	06/01/2006	
68	ABO	06/01/2006	
69	ABP	06/01/2006	
70	ABQ	06/01/2006	
71	ABR	06/01/2006	
72	ABS	06/01/2006	
73	ABT	06/01/2006	
74	ABU	06/01/2006	
75	ABV	06/01/2006	
76	ABW	06/01/2006	
77	ABX	06/01/2006	
78	ABY	06/01/2006	
79	ABZ	06/01/2006	
80	ABA	06/01/2006	
81	ABB	06/01/2006	
82	ABC	06/01/2006	
83	ABD	06/01/2006	
84	ABE	06/01/2006	
85	ABF	06/01/2006	
86	ABG	06/01/2006	
87	ABH	06/01/2006	
88	ABI	06/01/2006	
89	ABJ	06/01/2006	
90	ABK	06/01/2006	
91	ABL	06/01/2006	
92	ABM	06/01/2006	
93	ABN	06/01/2006	
94	ABO	06/01/2006	
95	ABP	06/01/2006	
96	ABQ	06/01/2006	
97	ABR	06/01/2006	
98	ABS	06/01/2006	
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100	ABU	06/01/2006	
101	ABV	06/01/2006	
102	ABW	06/01/2006	
103	ABX	06/01/2006	
104	ABY	06/01/2006	
105	ABZ	06/01/2006	
106	ABA	06/01/2006	
107	ABB	06/01/2006	
108	ABC	06/01/2006	
109	ABD	06/01/2006	
110	ABE	06/01/2006	
111	ABF	06/01/2006	
112	ABG	06/01/2006	
113	ABH	06/01/2006	
114	ABI	06/01/2006	
115	ABJ	06/01/2006	
116	ABK	06/01/2006	
117	ABL	06/01/2006	
118	ABM	06/01/2006	
119	ABN	06/01/2006	
120	ABO	06/01/2006	
121	ABP	06/01/2006	
122	ABQ	06/01/2006	
123	ABR	06/01/2006	
124	ABS	06/01/2006	
125	ABT	06/01/2006	
126	ABU	06/01/2006	
127	ABV	06/01/2006	
128	ABW	06/01/2006	
129	ABX	06/01/2006	
130	ABY	06/01/2006	
131	ABZ	06/01/2006	
132	ABA	06/01/2006	
133	ABB	06/01/2006	
134	ABC	06/01/2006	
135	ABD	06/01/2006	
136	ABE	06/01/2006	
137	ABF	06/01/2006	
138	ABG	06/01/2006	
139	ABH	06/01/2006	
140	ABI	06/01/2006	
141	ABJ	06/01/2006	
142	ABK	06/01/2006	
143	ABL	06/01/2006	
144	ABM	06/01/2006	
145	ABN	06/01/2006	
146	ABO	06/01/2006	
147	ABP	06/01/2006	
148	ABQ	06/01/2006	
149	ABR	06/01/2006	
150	ABS	06/01/2006	
151	ABT	06/01/2006	
152	ABU	06/01/2006	
153	ABV	06/01/2006	
154	ABW	06/01/2006	
155	ABX	06/01/2006	
156	ABY	06/01/2006	
157	ABZ	06/01/2006	
158	ABA	06/01/2006	
159	ABB	06/01/2006	
160	ABC	06/01/2006	
161	ABD	06/01/2006	
162	ABE	06/01/2006	
163	ABF	06/01/2006	
164	ABG	06/01/2006	
165	ABH	06/01/2006	
166	ABI	06/01/2006	
167	ABJ	06/01/2006	
168	ABK	06/01/2006	
169	ABL	06/01/2006	
170	ABM	06/01/2006	
171	ABN	06/01/2006	
172	ABO	06/01/2006	
173	ABP	06/01/2006	
174	ABQ	06/01/2006	
175	ABR	06/01/2006	
176	ABS	06/01/2006	
177	ABT	06/01/2006	
178	ABU	06/01/2006	
179	ABV	06/01/2006	
180	ABW	06/01/2006	
181	ABX	06/01/2006	
182	ABY	06/01/2006	
183	ABZ	06/01/2006	
184	ABA	06/01/2006	
185	ABB	06/01/2006	
186	ABC	06/01/2006	
187	ABD	06/01/2006	
188	ABE	06/01/2006	
189	ABF	06/01/2006	
190	ABG	06/01/2006	
191	ABH	06/01/2006	
192	ABI	06/01/2006	
193	ABJ	06/01/2006	
194	ABK	06/01/2006	
195	ABL	06/01/2006	
196	ABM	06/01/2006	
197	ABN	06/01/2006	
198	ABO	06/01/2006	
199	ABP	06/01/2006	
200	ABQ	06/01/2006	
201	ABR	06/01/2006	
202	ABS	06/01/2006	
203	ABT	06/01/2006	
204	ABU	06/01/2006	
205	ABV	06/01/2006	
206	ABW	06/01/2006	
207	ABX	06/01/2006	
208	ABY	06/01/2006	
209	ABZ	06/01/2006	
210	ABA	06/01/2006	
211	ABB	06/01/2006	
212	ABC	06/01/2006	
213	ABD	06/01/2006	
214	ABE	06/01/2006	
215	ABF	06/01/2006	
216	ABG	06/01/2006	
217	ABH	06/01/2006	
218	ABI	06/01/2006	
219	ABJ	06/01/2006	
220	ABK	06/01/2006	
221	ABL	06/01/2006	
222	ABM	06/01/2006	
223	ABN	06/01/2006	
224	ABO	06/01/2006	
225	ABP	06/01/2006	
226	ABQ	06/01/2006	
227	ABR	06/01/2006	
228	ABS	06/01/2006	
229	ABT	06/01/2006	
230	ABU	06/01/2006	
231	ABV	06/01/2006	
232	ABW	06/01/2006	
233	ABX	06/01/2006	
234	ABY	06/01/2006	
235	ABZ	06/01/2006	
236	ABA	06/01/2006	
237	ABB	06/01/2006	
238	ABC	06/01/2006	
239	ABD	06/01/2006	
240	ABE	06/01/2006	
241	ABF	06/01/2006	
242	ABG	06/01/2006	
243	ABH	06/01/2006	
244	ABI	06/01/2006	
245	ABJ	06/01/2006	
246	ABK	06/01/2006	
247	ABL	06/01/2006	
248	ABM	06/01/2006	
249	ABN	06/01/2006	
250	ABO	06/01/2006	
251	ABP	06/01/2006	
252	ABQ	06/01/2006	
253	ABR	06/01/2006	
254	ABS	06/01/2006	
255	ABT	06/01/2006	
256	ABU	06/01/2006	
257	ABV	06/01/2006	
258	ABW	06/01/2006	
259	ABX	06/01/2006	
260	ABY	06/01/2006	
261	ABZ	06/01/2006	
262	ABA	06/01/2006	
263	ABB	06/01/2006	
264	ABC	06/01/2006	
265	ABD	06/01/2006	
266	ABE	06/01/2006	
267	ABF	06/01/2006	
268	ABG	06/01/2006	
269	ABH	06/01/2006	
270	ABI	06/01/2006	
271	ABJ	06/01/2006	
272	ABK	06/01/2006	
273	ABL	06/01/2006	
274	ABM	06/01/2006	
275	ABN	06/01/2006	
276	ABO	06/01/2006	
277	ABP	06/01/2006	
278	ABQ	06/01/2006	
279	ABR	06/01/2006	
280	ABS	06/01/2006	
281	ABT	06/01/2006	
282	ABU	06/01/2006	
283	ABV	06/01/2006	
284	ABW	06/01/2006	
285	ABX	06/01/2006	
286	ABY	06/01/2006	
287	ABZ	06/01/2006	
288	ABA	06/01/2006	
289	ABB	06/01/2006	
290	ABC	06/01/2006	
291	ABD	06/01/2006	
292	ABE	06/01/2006	
293	ABF	06/01/2006	
294	ABG	06/01/2006	
295	ABH	06/01/2006	
296	ABI	06/01/2006	
297	ABJ	06/01/2006	
298	ABK	06/01/2006	
299	ABL	06/01/2006	
300	ABM	06/01/2006	
301	ABN	06/01/2006	
302	ABO	06/01/2006	
303	ABP	06/01/2006	
304	ABQ	06/01/2006	
305	ABR	06/01/2006	
306	ABS	06/01/2006	
307	ABT	06/01/2006	
308	ABU	06/01/2006	
309	ABV	06/01/2006	
310	ABW	06/01/2006	
311	ABX	06/01/2006	
312	ABY	06/01/2006	
313			

Benefit Component Table



Facets - Product - C0799901

File Edit Transfer Window Help

Offline Tasks Get Next

Product - C0799901

Save

Product ID
C0799901

Type	Prefix	Effective	Termination
1	AED	01/01/2006	
2	AEP	01/01/2006	
3	AAJ	01/01/2006	
4	AAJ	01/01/2006	
5	AJPL	01/01/2006	
6	BSBS	01/01/2006	
7	CBCB	01/01/2006	
8	CCE	01/01/2006	
9	CLUM	01/01/2006	
10	CRCD	01/01/2006	
11	CRCL	01/01/2006	
12	DUUD	01/01/2006	
13	DUUM	01/01/2006	
14	AAAR	01/01/2006	
15	BBCL	01/01/2006	
16	EDCR	01/01/2006	
17	DMMA	01/01/2006	
18	EDML	01/01/2006	
19	EDCR	01/01/2006	

Component Type Description Diagnosis Evaluation Criteria

Prefix Description 2006 Authorization Evaluation Criteria by Diagnosis

PDBC_TYPE: 4 CHAR

xxxx = table name (required)

Facets requires the PDBC_TYPE, which identifies the name of the table referenced.

Benefit Component Table



Facets - Product - C07PP01

File Edit Transfer Window Help

Product - C07PP01

Product ID
C07PP01

Type	Prefix	Effective	Termination
1	ADD	06/01/2006	
2	ADP	06/01/2006	
3	ADAI	06/01/2006	
4	ADAR	06/01/2006	
5	ADPL	06/01/2006	
6	BSRS	06/01/2006	
7	CRCS	06/01/2006	
8	CECS	06/01/2006	
9	CLUM	06/01/2006	
10	CRCD	06/01/2006	
11	CRCL	06/01/2006	
12	DURD	06/01/2006	
13	DURM	06/01/2006	
14	EARS	06/01/2006	
15	EBCL	06/01/2006	
16	ECR	06/01/2006	
17	EMAS	06/01/2006	
18	EPFL	06/01/2006	
19	EPCL	06/01/2006	

Component Type Designation Diagnosis Evaluation Criteria

Prefix Description 2006 Authorization Evaluation Criteria by Diagnosis

PDBC_PFX: 4 CHAR

YYYY = Points to row on Type table (required)

The PDBC_PFX identifies the row on the referenced table that holds the criteria or rule for processing.

Benefit Component Table



Facets - Product - C07PPP01

File Edit Transfer Window Help

Product - C07PPP01

Save

Product ID
C07PPP01

Type	Prefix	Effective	Termination
1	ASD	01/01/2006	
2	ASP	01/01/2006	
3	AAS	01/01/2006	
4	AAR	01/01/2006	
5	AAP	01/01/2006	
6	BSB	01/01/2006	
7	CBP	01/01/2006	
8	CBP	01/01/2006	
9	CLP	01/01/2006	
10	CLP	01/01/2006	
11	CLP	01/01/2006	
12	DUP	01/01/2006	
13	DUP	01/01/2006	
14	EAP	01/01/2006	
15	EAP	01/01/2006	
16	EPK	01/01/2006	
17	EPK	01/01/2006	
18	EPK	01/01/2006	
19	EPK	01/01/2006	

Component Type Description Diagnosis Evaluation Criteria

Prefix Description 2006 Authorization Evaluation Criteria by Diagnosis

PDBC_EFF_DT: Datetime

01/01/2006 (required)

Each row has a PDBC_EFF_DT and PDBC_TERM_DT. There cannot be two rows with the same table name that are active at the same time. Only one row on that table can be active. If two rows are present, one should have a termination date.

Administrative Information Table

Administrative Information Table



► CMC_AIAI_ADM_INFO

- Dependent on PDBC table
- Determines Warning Messages for Claims Processing
- Defines if a PCP is required
- Establishes number of months claims will be accepted after service date
- Defines Same Day Surgical options
- Identifies Drag on claims payment

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The first required table that needs configuration is the **AIAI** table. This table covers several applications in Facets. It gives information about how the product does things such as timely filing, PCP requirements, and identifies the need for a new status update for a handicapped member or a member with a pre-existing condition. It also determines when to release check payments.

PDBC_PFX: char(4) (FK)

AIAI_PRE_X_MNTHS: smallint
AIAI_HCAP_MNTHS: smallint
AIAI_STU_MNTHS: smallint
AIAI_SUP_MEDCR_IND: char(1)
AIAI_CL_ACPT_IND: char(1)
AIAI_CL_ACPT_MNTHS: smallint
AIAI_EOB_IND: char(1)
AIAI_PCP_REQ_IND: char(1)
AIAI_DRAG_MEPR_IND: char(1)
AIAI_DRAG_FROM_IND: char(1)
AIAI_DRAG_PER_IND: char(1)
AIAI_DRAG_PERIOD: smallint
AIAI_DRAG_PERIOD2: smallint
AIAI_DRAG_PERIOD3: smallint
AIAI_PAY_PR_IND: char(1)
AIAI_OPTS: char(8)
AIAI_IDCD_TYPE: char(01)
AIAI_SURG_TIER: char(01)
AIAI_SURG_SEC_PCT: smallint
AIAI_SURG_TER_PCT: smallint
AIAI_SURG_OTH_PCT: smallint
AIAI_SURG_EXCD: char(03)
AIAI_ASST_SURG_IND: char(01)
AIAI_OOP_CALC_BASE: char(01)
AIAI_HOSP_USE_ADMT: char(01)
AIAI_COB_BEG_MMDD: smallint
AIAI_COB_DFLT_IND: char(01)

...continued

continued...

AIAI_OL_BYPASS_IND: char(01)

AIAI_OL_THRESH_AMT: money

AIAI_OL_THRESH_IND: char(01)

AIAI_ER_PDVC_TIER: smallint

AIAI_ER_UM_BYPASS: char(1)

AIAI_ER_AUTO_PAYEE: char(1)

AIAI_SERV_AREA_IND: char(1)

AIAI_LOCK_TOKEN: smallint

ATXR_SOURCE_ID: datetime

SYS_LAST_UPD_DTM: datetime

SYS_USUS_ID: varchar(48)

SYS_DBUSER_ID: varchar(48)

Administrative Information Table



► Required Fields

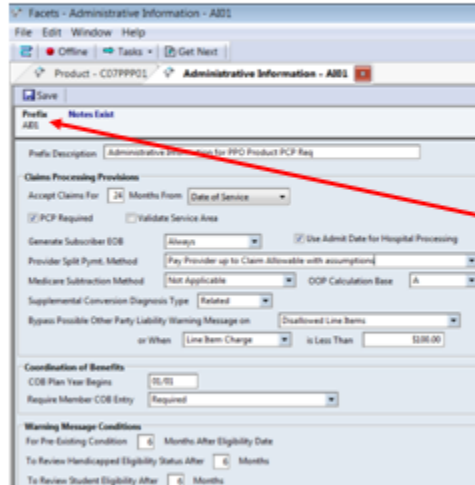
- PDBC_PFX (FK)
- AIAI_PRE_X_MNTHS
- AIAI_HCAP_MNTHS
- AIAI_STU_MNTHS
- AIAI_CL_ACPT_IND
- AIAI_CL_ACPT_MNTHS
- AIAI_IDCD_TYPE
- AIAI_SURG_SEC_PCT
- AIAI_SURG_TER_PCT
- AIAI_OOP_CALC_BASE
- AIAI_HOSP_USE_ADMT
- AIAI_COB_BEG_MMDD

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This table contains several required fields. It does not carry the PDPD_ID, and must be linked to the PDBC to get that information.

Administrative Information Table

Facets - Administrative Information - AI01

File Edit Window Help

Product - C07PP001 Administrative Information - AI01

Save

Profile **Notes Exist**

Profile Description: Administrative Information for PPO Product PCP Reg

Claims Processing Provisions

Accept Claims For: 24 Months From: Date of Service

☒ PCP Required ☐ Validate Service Area

Generate Subscriber COB: Always ☒ Use Admit Date for Hospital Processing

Provider Split Pymt. Method: Pay Provider up to Claim Allowable with assumption

Medicare Subtraction Method: Not Applicable COB Calculation Base: A

Supplemental Conversion Diagnosis Type: Related

Bypass Possible Other Party Liability Warning Message on: Disabled Line Items

or When: Line Item Charge is Less Than: \$100.00

Coordination of Benefits

COB Plan Year Begins: 01/01

Require Member COB Entry: Required

Warning Message Conditions

For Pre-Existing Condition: 6 Months After Eligibility Date

To Review Handicapped Eligibility Status After: 6 Months

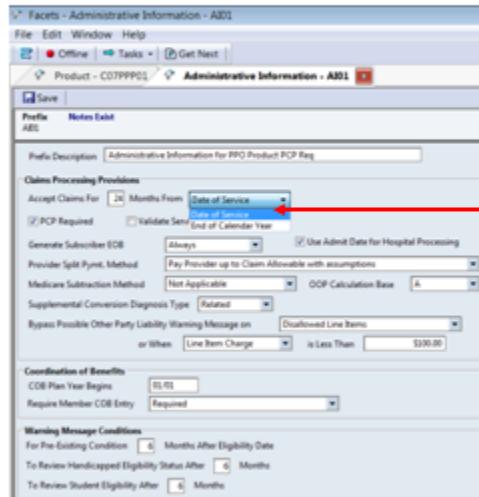
To Review Student Eligibility After: 6 Months

PDBC_PFX: char(4) (FK)

AI01

PDBC_PFX is the primary key (AI01) for this table. It identifies a unique row that holds information for a specific product. Every row with a primary key of PDBC_PFX is a unique row in the table.

Administrative Information Table

Facets - Administrative Information - A001

File Edit Window Help

Product - C0799901 Administrative Information - A001

Save

Profile Notes Edit

Profile Description: Administrative Information for PPO Product PCP Reg

Claims Processing Provisions

Accept Claims For: 24 Months From: **Date of Service**

☒ PCP Required ☐ Validate Serv End of Calendar Year

Generate Subscriber EOB: Always

Provider Split Pymt Method: Pay Provider up to Claim Allowable with assumptions

Medicare Subtraction Method: Not Applicable OOP Calculation Base: A

Supplemental Conversion Diagnosis Type: Related

Bypass Possible Other Party Liability Warning Message on: Disabled Line Items

or When: Line Item Charge is Less Than: \$200.00

Coordination of Benefits

COB Plan Year Begins: 01/01

Requires Member COB Entry: Required

Warning Message Conditions

For Pre-Existing Condition: 6 Months After Eligibility Date

To Review Handicapped Eligibility Status After: 6 Months

To Review Student Eligibility After: 6 Months

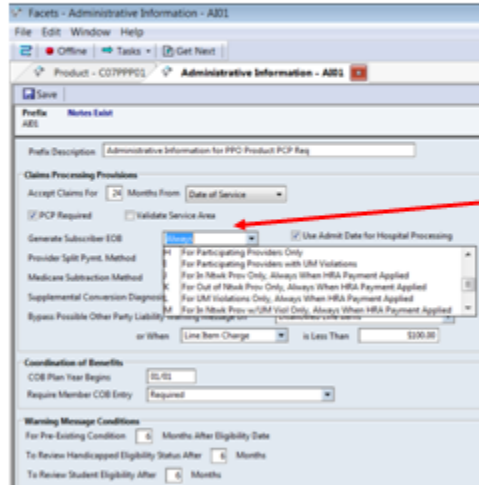
AIAI_CL_ACPT_MNTHS:
smallint
 (see dropdown options)

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The AIAI_CL_ACPT_IND and AIAI_CL_ACPT_MNTHS provide timely filing parameters on a product. They indicate the number of months past the service date or the end of the calendar year claims get processed.

Administrative Information Table

Facets - Administrative Information - A01

File Edit Window Help

Product - C0799905 Administrative Information - A01

Save

Profile Notes Edit

Profile A01

Prefix Description Administrative Information for PPC Product PCP Req

Online Processing Provisions

Accept Claims For 24 Months From Date of Service

☒ PCP Required ☐ Validate Service Area

Generate Subscriber EOB

Provider Split Pymt. Method

Medicare Subtraction Method

Supplemental Conversion Diagram

Bypass Possible Other Party Liability

or When Line Item Charge is Less Than \$100.00

Coordination of Benefits

COB Plan Year Begins 01/01

Requires Member COB Entry Required

Warning Message Conditions

For Pre-Existing Condition 6 Months After Eligibility Date

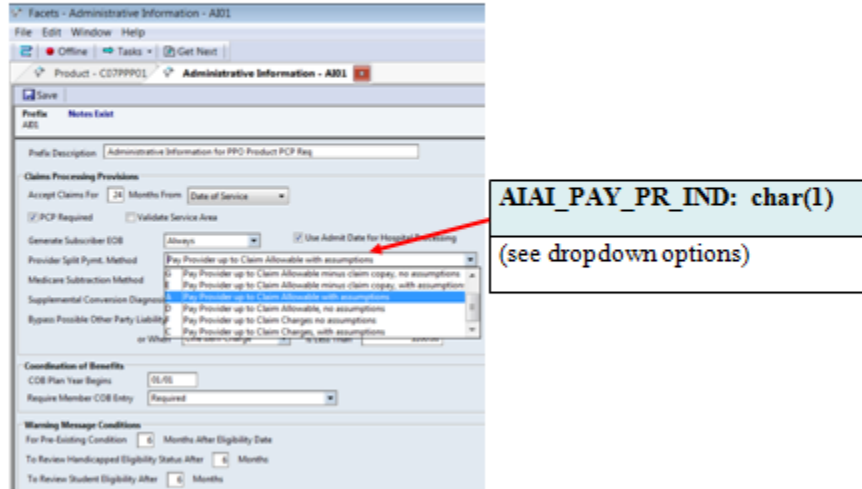
To Review Handicapped Eligibility Status After 6 Months

To Review Student Eligibility After 6 Months

AIAI_EOB_IND: char(1)
(see dropdown options; 17)

The AIAI_EOB_IND provides possible EOB options available to a product. The attribute type is one character and these are hard coded values. All the values can be viewed in the Data Dictionary.

Administrative Information Table

Facets - Administrative Information - A01

File Edit Window Help

Product - C0799901 Administrative Information - A01

Save

Profile Notes Edit

Profile Description: Administrative Information for PPO Product PCP Req

Claims Processing Provisions

Accept Claims For: 24 Months From: Date of Service

☒ PCP Required ☐ Validate Service Area

Generate Subscriber EOB: Always ☒ Use Admit Date for Hospital Processing

Provider Split Point Method: Pay Provider up to Claim Allowable with assumptions

Medicare Subtraction Method: Pay Provider up to Claim Allowable minus claim copay, no assumptions

Supplemental Coverage Diagram: Pay Provider up to Claim Allowable with assumptions

Bypass Possible Other Party Liability: Pay Provider up to Claim Allowable, no assumptions

or When: Pay Provider up to Claim Charges, with assumptions

Coordination of Benefits

COB Plan Year Begins: GL/SL

Require Member COB Entry: Required

Warning Message Conditions

For Pre-Existing Condition: 6 Months After Eligibility Date

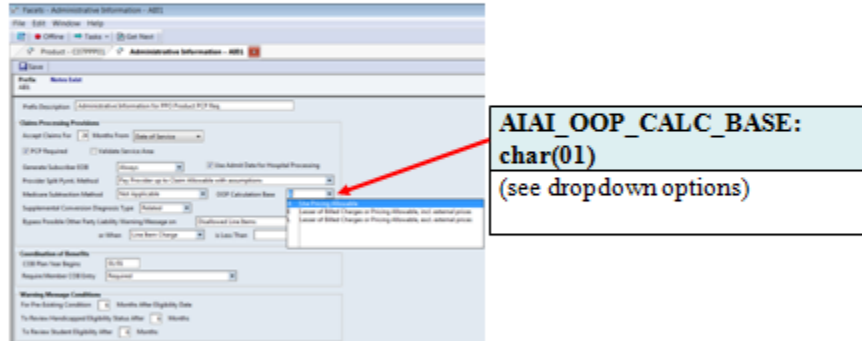
To Review Handicapped Eligibility Status After: 6 Months

To Review Student Eligibility After: 6 Months

AIAI_PAY_PR_IND: char(1)
(see dropdown options)

The AIAI_PAY_PR_IND addresses the condition when a claim comes in with more than one provider on it. The option chosen may impact how the claim is paid.

Administrative Information Table

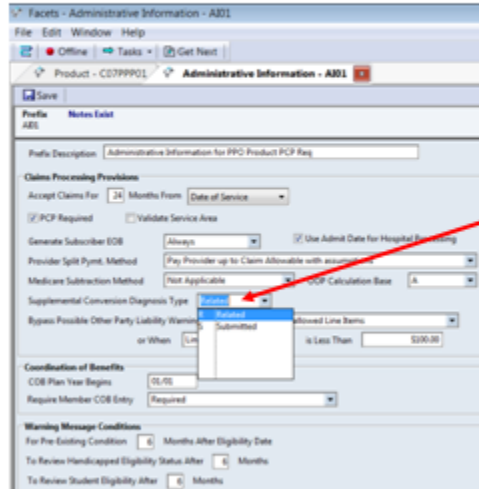
AIAI_OOP_CALC_BASE:
char(01)
(see dropdown options)

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The AIAI_OOP_CALC_BASE determines how to calculate out-of-pocket (deductibles).

Administrative Information Table

AIAI_IDCD_TYPE: char(01)
 (see dropdown options)

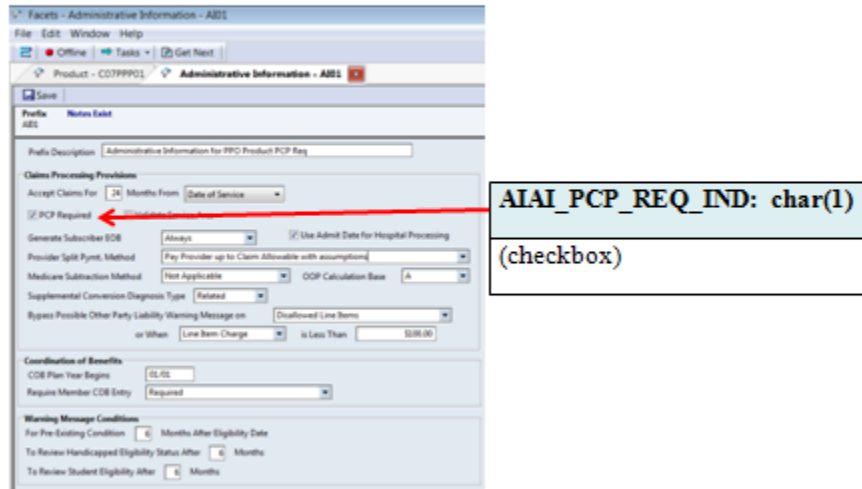
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The AIAI_IDCD_TYPE determines how the product handles Supplemental Diagnosis codes. There are two ways to configure this column:

- Use the submitted diagnosis code from the claim, or
- Use the related diagnosis code from the supplemental diagnosis code conversion.

Administrative Information Table

Facets - Administrative Information - A001

File Edit Window Help

Product - C07PP001 Administrative Information - A001

Save

Profile Notes Edit

A001

Prefix Description Administrative Information for PPO Product PCP Req

Claims Processing Provisions

Accept Claims For 24 Months From Date of Service

☒ PCP Required

Generate Subscriber COB Always ☒ Use Admit Date for Hospital Processing

Provider Split Pymt. Method Pay Provider up to Claim Allowable with assumption

Medicare Subtraction Method Not Applicable COB Calculation Base A

Supplemental Conversion Diagnosis Type Related

Bypass Possible Other Party Liability Warning Message on Disallowed Line Items

or When Line Item Charge is Less Than \$0.00

Coordination of Benefits

COB Plan Year Begins 01/01

Require Member COB Entry Required

Warning Message Conditions

For Pre-Existing Condition 6 Months After Eligibility Date

To Review Handicapped Eligibility Status After 6 Months

To Review Student Eligibility After 6 Months

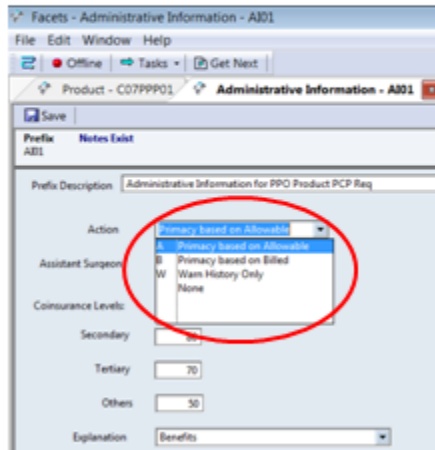
AIAI_PCP_REQ_IND: char(1)
(checkbox)

This option determines if product(s) linked to this Administrative Information prefix require a Primary Care Physician.

Administrative Information Table



Same Day Surgery options



AIAI_SURG_TIER: char(01)

AIAI_SURG_SEC_PCT:
smallint

AIAI_SURG_TER_PCT:
smallint

AIAI_SURG_OTH_PCT:
smallint

AIAI_SURG_EXCD: char(03)

AIAI_ASST_SURG_IND:
char(01)

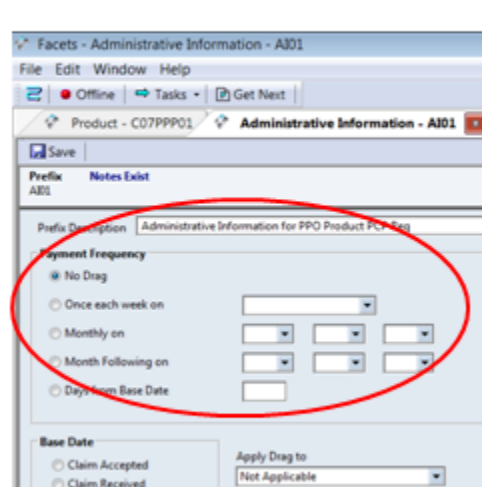
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The Same Day Surgical options include the following columns:

- **AIAI_SURG_TIER** column - Use this method to determine which of multiple surgeries, when performed on the same day by the same provider, will be considered as primary, secondary, tertiary, or other. The options are: A – based on Allowable; B – based on Billed charges; W - Warn History Only; or N – None.
- **AIAI_SURG_SEC_PCT** column (required) - Use this column to calculate multiple same day surgery reductions. It indicates the percentage to consider the surgery (or assistant surgery) tiered as the secondary procedure. The valid values are: 0–100.
- **AIAI_SURG_TER_PCT** column (required) - Use this column when calculating multiple same day surgery reductions. It indicates the percentage to consider the surgery (or assistant surgery) tiered as the tertiary procedure. Valid values: 0-100.
- **AIAI_SURG_OTH_PCT** column - Use this column is used to calculate multiple same day surgery reductions. It indicates the percentage to consider the surgery (or assistant surgery) tiered as beyond the tertiary procedure. Valid values: 0–100.
- **AIAI_SURG_EXCD** column - This explanation code appears during claims processing when same day surgery guidelines reduces a charge.
- **AIAI_ASST_SURG_IND** column - The indicator that determines whether to apply same day surgery guidelines to assistant surgeries as well as surgeries. Options are: Y or N.

Administrative Information Table

AIAI_DRAG_MEPR_IND: char(1)
AIAI_DRAG_FROM_IND: char(1)
AIAI_DRAG_PER_IND: char(1)
AIAI_DRAG_PERIOD: smallint
AIAI_DRAG_PERIOD2: smallint
AIAI_DRAG_PERIOD3: smallint

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Facets defines drag periods for claims payments by the following column:

- **AIAI_DRAG_MEPR_IND** - The indicator used to define which types of claims will have payment drag applied. The values are:
 - B- Provider and Subscriber Payments
 - C- Provider and Subscriber Payments, including zero payments
- **AIAI_DRAG_FROM_IND** – This column indicates the starting point in the calculation of the payment drag period; the claim received date or claim accepted date (processed and sent to batch run). The valid values are:
 - N- Neither date
 - P – Accepted date
 - R – Received date
- **AIAI_DRAG_PER_IND** - The indicator that defines the frequency of the payment drag cycle. This column has five valid values in the Data Dictionary.
- **AIAI_DRAG_PERIOD** - The day of the week or month, or the number of days from the **Base Date** (Claim Received or Claim Accepted date) that the payments drag cycle occurs. The weekly values are: 001–007. The monthly values are: 001–031. The Base Date values are: 000–999.
- **AIAI_DRAG_PERIOD2** - The frequency of the second occurrence for the payment drag cycle. The valid values are: 001–031.
- **AIAI_DRAG_PERIOD3** - The frequency of the third occurrence for the payment drag cycle. The values are the same as above.

PDBC Types - Medical

*PDBC Types – Medical (*Required)*



▶ AI AI*	▶ DUUM
▶ ARAR*	▶ IDPX
▶ BSBS/BSTX/BSDL*	▶ IPPX
▶ CBCB*	▶ WMWM*
▶ CECE	▶ WMUD
▶ CEIP	▶ NSRS
▶ CEID	▶ SEGR
▶ CLUM	▶ LOLO
▶ EBCL	▶ IDCR
▶ DUMD*	▶ IPCR

Type	Meaning
AIAI*	Administrative Information
ARAR*	Administrative Rules
BSBS/BSTX/BSDL*	Benefit Summary
CBCB*	COB Information
CECE	Clinical Editing
CEIP	Related Criteria
CEID	Related ID
CLUM	Claim/UM Matching
EBCL	EOB Data
DUMD*	Duplicate Claim Edits
DUUM	Duplicate UM Edits
IDPX	Pre-existing Diagnosis Codes
IPPX	Excluded Pre-existing Procedure Codes
WMWM*	Warning Messages
WMUD	User Defined WM
NSRS	NetworX ^{Pricer}
SEGR	UM Service Group
LOLO	Other Party Liability
IDCR	Diagnosis Criteria
IPCR	Procedure Criteria

PDBC Types – Medical (*Required) (continued)

▶ PSLS	▶ SPAC
▶ AEIP	▶ MDSP
▶ AE	▶ ZCIA
▶ AEID	▶ ACIN
▶ AETD	▶ PCAG
▶ IPSA	▶ RCXC
▶ IDMA	▶ EAAR
▶ CRCO	▶ PDBL
▶ TP	▶ PDAF
▶ CRTX	▶ CEVM

Type	Meaning
PSLS	Psychology LOS
AEIP	Clinical Evaluation Criteria
AETP	Clinical Evaluation Criteria Prefix
AEID	Diagnosis Evaluation Criteria
AETD	Diagnosis Evaluation Criteria Prefix
IPSA	Surgical Admission Criteria
IDMA	Medical Admission Criteria
CRCO	Severity, Complexity, and Discharge Criteria
CRTX	S, C, and D Description
SPAC	Supplemental Accident Benefits
MDSP	Medicare Supplemental Rules
ZCIA	In Area Zip Codes
ACIN	Interest Rates
PCAG	Processing Control Agent
RCXC	COB and Medicare Reason Code Exceptions
EAAR	Clinical Editing Admin Rules
PDBL	Premium Billing
PDAF	Alternate Funding Billing
CEVM	Clinical Edit Valid Modifier

PDBC Types – Medical (*Required) (continued)



▶ CEVM	▶ FSEC
▶ AUPL	▶ FSAI
▶ AFSE	▶ DUFS
▶ AFID	▶ DUMX
▶ SPCT	▶ MCRD
▶ SRCT	▶ NPPR
▶ SEDF*	▶ PRAC

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Type	Meaning
CEVM	Clinical Edit Valid Modifier
AUPL	Automatic Payment Level
AFSE	Alternate Funding Excluded Services
AFID	Alternate Funding Excluded Diagnosis
SPCT	Supplemental Procedure Code Conversion
SRCT	Supplemental Revenue Code Conversion
SEDF*	Service Definition
FSEC	FSA Expense Category
FSAI	FSA Administrative Information
DUFS	Duplicate FSA Claim Rules
DUMX	Duplicate Claim Rules Disallow Exceptions
MCRD	Automatic Action Criteria
NPPR	Out of Network Provider
PRAC	Provider Prepay Accumulator

Variable Components

Variable Components



▶ Prefixes identified during processing	▶ CMC_PDVC_VAR_COMP
<ul style="list-style-type: none"> ▪ Service Payments ▪ Limits ▪ Deductibles Rule 	<ul style="list-style-type: none"> ▪ Required Fields <ul style="list-style-type: none"> ▪ PDPD_ID ▪ PDVC_TYPE ▪ PDVC_TIER ▪ PDVC_EFF_DT
▶ Prefixes changes due to	
<ul style="list-style-type: none"> ▪ Type of Service Provider ▪ Tier of Provider ▪ In Network and Out-of-Network Service Area ▪ UM Requirements 	

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During claims and UM processing, this table allows the user to designate the primary or alternate Line of Business ID. The user may also vary the component prefixes for payment, deductible, and limits using the four variable components of Provider Type, Provider Tier, **Service** area, and the requirement of a pre-authorization or referral when processing UM reviews.

PDPD_ID: char(8) (FK)

PDVC_TIER: smallint

PDVC_TYPE: char(01)

PDVC_EFF_DT: datetime

PDVC_SEQ_NO: smallint

PDVC_TERM_DT: datetime

PDVC_PR_PCP: char(1)

PDVC_PR_IN: char(1)

PDVC_PR_PAR: char(1)

PDVC_PR_NONPAR: char(1)

PDVC_PC_NR: char(1)

PDVC_PC_OBT: char(1)

PDVC_PC_VIOL: char(1)

PDVC_REF_NR: char(1)

PDVC_REF_OBT: char(1)

PDVC_REF_VIOL: char(1)

PDVC_LOBD_PTR: char(1)

SEPY_PFX: char(4)

DEDE_PFX: char(4)

LTLT_PFX: char(4)

DPPY_PFX: char(4)

CGPY_PFX: char(4)

PDVC_LOCK_TOKEN: smallint

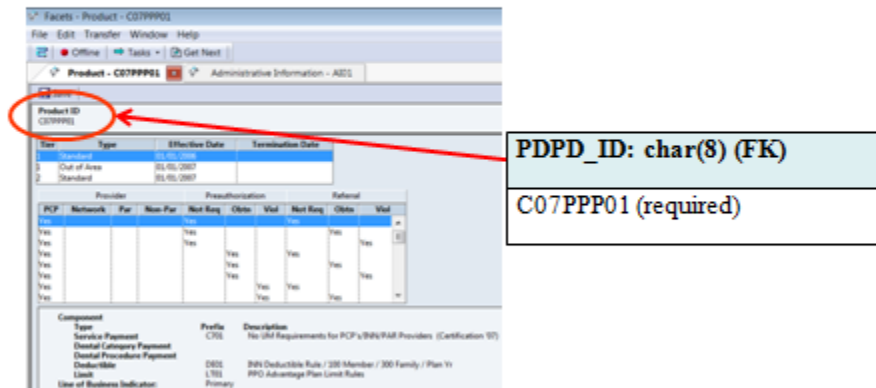
ATXR_SOURCE_ID: datetime

SYS_LAST_UPD_DTM: datetime

SYS_USUS_ID: varchar(48)

SYS_DBUSER_ID: varchar(48)

Variable Components

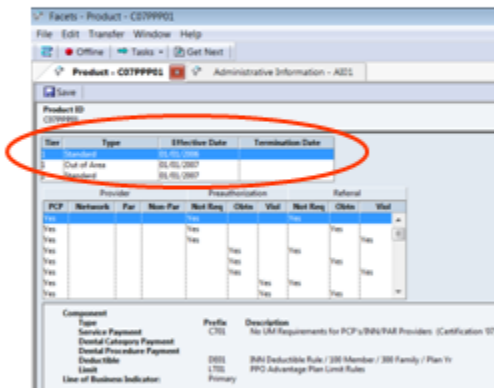
PDPD_ID: char(8) (FK)
C07PPP01 (required)

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This table will be the same level as PDBC, and has a unique row for each Product ID.

Variable Components

Tier	Type	Effective Date	Termination Date
1	Standard	01/01/2008	
2	Out of Area	01/01/2007	
3	Standard	01/01/2007	

PDVC_TIER: smallint

PDVC_TYPE: char(01)

PDVC_EFF_DT: datetime

PDVC_SEQ_NO: smallint

PDVC_TERM_DT: datetime

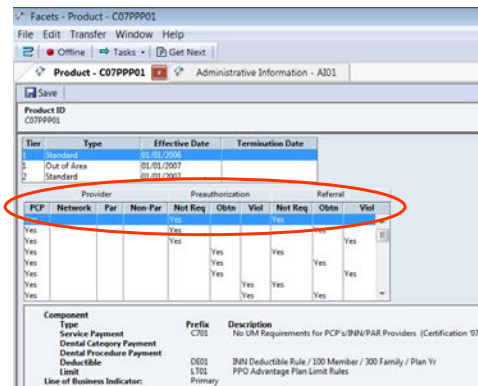
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The first grid on the client panel uses the following columns:

- **PDVC_TIER** column (required) - Use this column to assign different levels of payment. The tier can be valued between 1 and 999; however, the default is 1. Facets uses this tier to determine which variable component row to apply during adjudication, matching the tier with the tier on the NWST.
- **PDVC_TYPE** column (required) – Service is rendered in this area. The values are:
 - Standard (in-network) – blank
 - O – out of network
 - A – Accident In Area
 - B – Accident Out of Area
 - E – Emergency In Area
 - F – Emergency Out of Area
 - T – Opt-out
- **PDVC_EFF_DT** column (required) – This is the effective date of the variable component row.
- **PDVC_SEQ_NO** column (required) – This is the number used to sequence the table rows in the proper order for the required programming read.
- **PDVC_TERM_DT** column – This is the termination date of the variable component row.

Variable Components

PCP	Network	Par	Non-Par	Net Req	Obln	Viol	Not Req	Obln	Viol
Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

PDVC_PR_PCP: char(1)

PDVC_PR_IN: char(1)

PDVC_PR_PAR: char(1)

PDVC_PR_NONPAR: char(1)

PDVC_PC_NR: char(1)

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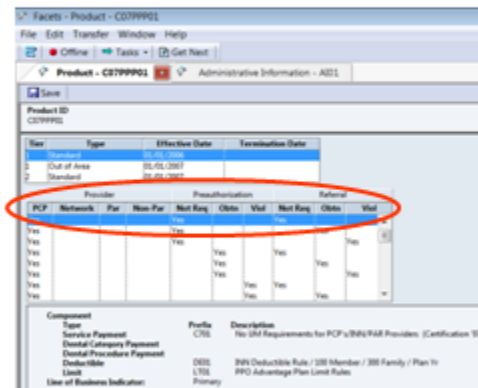
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The user can establish up to 36 date-sensitive combinations for each Type, and each Type can have one or more tiers. Variable components should be defined for at least Tier 1 of Standard (in-area, non-accident, non-emergency).

Select a row in the **Type** grid at the top of this section to view details about each combination of provider and UM conditions in the lower grid. This grid uses the following columns:

- **PDVC_PR_PCP** column - This column identifies whether the product variable component row applies to situations where the provider is the member's PCP. The values are: Y – Applies or N – does not apply.
- **PDVC_PR_IN** column - This column identifies whether the product variable component row applies to situations where the provider is In Network. The values are: Y – Applies or N – does not apply.
- **PDVC_PR_PAR** column - This column identifies whether the product variable component row applies to situations where the provider is Participating. The values are: Y – Applies or N – does not apply.
- **PDVC_PR_NONPAR** column - This column identifies whether the product variable component row applies to situations where the provider is Non-Participating. The values are: Y – Applies or N – does not apply.
- **PDVC_PC_NR** column - This column identifies whether the product variable component row applies to situations where a pre-authorization is not required. The values are: Y – Applies or N – does not apply.

Variable Components (continued)

Type	Effective Date	Termination Date
Standard	01/01/2007	01/01/2007
Out of Area	01/01/2007	01/01/2007
Standard	01/01/2007	01/01/2007

PCP	Network	Par	New Par	Not Req	Obo	Viol	Not Req	Obo	Viol
Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

PDVC_PC_OBT: char(1)

PDVC_PC_VIOL: char(1)

PDVC_REF_NR: char(1)

PDVC_REF_OBT: char(1)

PDVC_REF_VIOL: char(1)

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You 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).

Select a row in the **Type** grid at the top of this section to view details about each combination of provider and UM conditions in the lower grid. This grid uses the following columns:

- **PDVC_PC_OBT** column - This column identifies whether or not the product variable component row applies to pre-authorization situations. The values are: Y – Applies or N – does not apply.
- **PDVC_PC_VIOL** column - This column identifies whether the product variable component row applies to situations where a pre-authorization violation exists. The values are: Y – Applies or N – does not apply.
- **PDVC_REF_NR** column - This column identifies whether the product variable component row applies to situations where a referral is not required. The values are: Y – Applies or N – does not apply.
- **PDVC_REF_OBT** column - This column identifies whether or not the product variable component row applies to referral situations. The values are: Y – Applies or N – does not apply.
- **PDVC_REF_VIOL** column - This column identifies whether the product variable component row applies to situations where a referral violation exists. The values are: Y – Applies or N – does not apply.

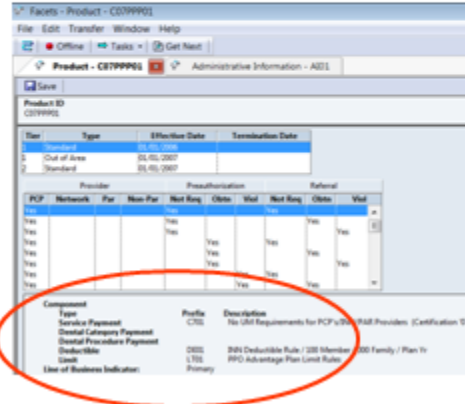
Variable Components



For a Medical plan, the prefixes identify a row on

- CMC_SEPY_SE_PYMT (required)
- CMC_LTLT_LIMIT
- CMC_DEDE_DEDUCT

Plus the appropriate LOBD indicator (Primary or Alternate Line of Business)



Component	Type	Profile	Description
Service Payment	CT01	No UM Requirements for PCP w/ 100% Provider (Certification 02)	
Dental Category Payment			
Dental Procedure Payment			
Deductible	DE01	20% Deductible Rule / 100 Member / 100 Family / Plan Tr	
Limit	LT01	PPG Advantage Plan Limit Rule	
Use of Business Indicator		Primary	

PDVC_LOBD_PTR: char(1)

SEPY_PFX: char(4)

DEDE_PFX: char(4)

LTLT_PFX: char(4)

DPPY_PFX: char(4)

CGPY_PFX: char(4)

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Select a row in the lower grid to view prefix and description information for the component row in the text area at the bottom of this section. This information uses the following columns for a medical plan:

- **SEPY_PFX** column (required) - The Service Payment prefix used when the provider, pre-authorization, and referral requirements are met
- **DEDE_PFX** column - The Deductible Rules prefix used when the provider, pre-authorization, and referral requirements are met
- **LTLT_PFX** column - The Limit Rules prefix used when the provider, pre-authorization, and referral requirements are met
- **PDVC_LOBD_PTR** column - This column indicates whether the financial responsibility for the services rendered associates with the primary or alternate line of business. The values are: 1 – Primary LOB or 2 – Alternate LOB

A dental plan uses the following columns:

- **DPPY_PFX** column - The Dental Procedure Payment prefix used when the provider, pre-authorization, and referral requirements are met
- **CGPY_PFX** column - The Dental Category Payment prefix used when the provider, pre-authorization, and referral requirements are met

Variable Components - Service Payment

Variable Components – Service Payment



► CMC_SEPY_SE_PYMT

- Required Fields
 - SEPY_PFX
 - SEPY_EFF_DT
 - SESE_ID
 - SESE_RULE

SEPY_PFX: char(4) (FK) SEPY_EFF_DT: datetime SESE_ID: char(4) (FK)
SEPY_TERM_DT: datetime SESE_RULE: char(3) (FK) SEPY_EXP_CAT: char(4) SEPY_ACCT_CAT: char(4) SEPY_OPTS: char(4) SESE_RULE_ALT: char(03) SESE_RULE_ALT_COND: char(01) SEPY_LOCK_TOKEN: smallint ATXR_SOURCE_ID: datetime

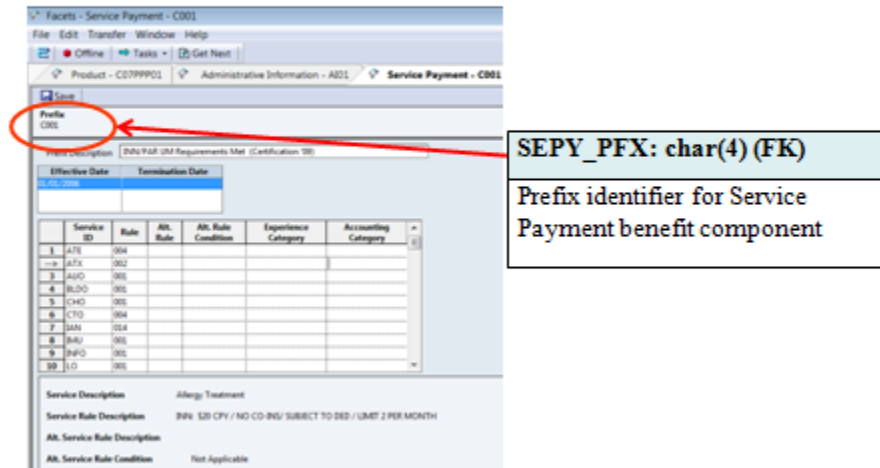
27

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The **PDVC** table can link to the **SEPY** table through the SEPY_PFX.

This table stores information that is defining and categorizing a particular Service Payment prefix, and ties the types of service to service rules. Service Payment prefixes tie to products as variable components.

Variable Components – Service Payment

Facets - Service Payment - C001

File Edit Transfer Window Help

Product - C0799901 Administrative Information - A01 Service Payment - C001

Save

Prefix
C001

Print Description (Data Path: UM Requirements Met (Certification 95))

Effective Date Termination Date

Service ID	Rule	Alt. Rule	Alt. Rule Condition	Experience Category	Accounting Category
1	ATE	004			
2	ATX	002			
3	APD	001			
4	BLD	001			
5	CHD	001			
6	CTD	004			
7	JAH	014			
8	JAL	001			
9	JPL	001			
10	L	001			

Service Description: Allergy Treatment

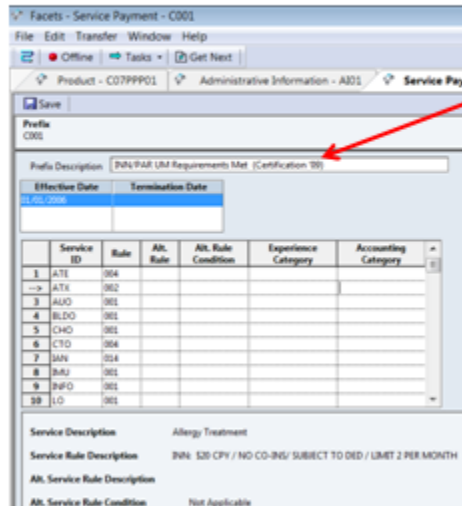
Service Rule Description: INH 120 CPY / NO CO INH SUBJECT TO DED / UMET 2 PER MONTH

Alt. Service Rule Description:

Alt. Service Rule Condition: Not Applicable

This is the common element between the **PDVC** table and **SEPY** table. It is the prefix identifier for the Service Payment benefit component. It identifies a unique row on the table.

Variable Components – Service Payment

Facets - Service Payment - C001

File Edit Transfer Window Help

Product - C07PPPD01 Administrative Information - A301 Service Pay

Save

Prefix: CMS

Prefix Description: PDV/PAT UM Requirements Met (Certification 99)

Effective Date: Termination Date:

Service ID	Rule	Alt. Rule	Alt. Rule Condition	Experience Category	Accounting Category
1	ATE	004			
2	ATX	002			
3	AJO	001			
4	BLDO	001			
5	CHO	001			
6	CJO	004			
7	JAN	004			
8	BAJ	001			
9	INFO	001			
10	LO	001			

Service Description: Allergy Treatment

Service Rule Description: INN: S20 CPV / NO CO-INQ/ SUBJECT TO DED / LIMIT 1 PER MONTH

Alt. Service Rule Description:

Alt. Service Rule Condition: Not Applicable

CMC_PDPX_DESC

PDBC_PFX (FK) 4 char
PDBC_TYPE (FK) 4 char

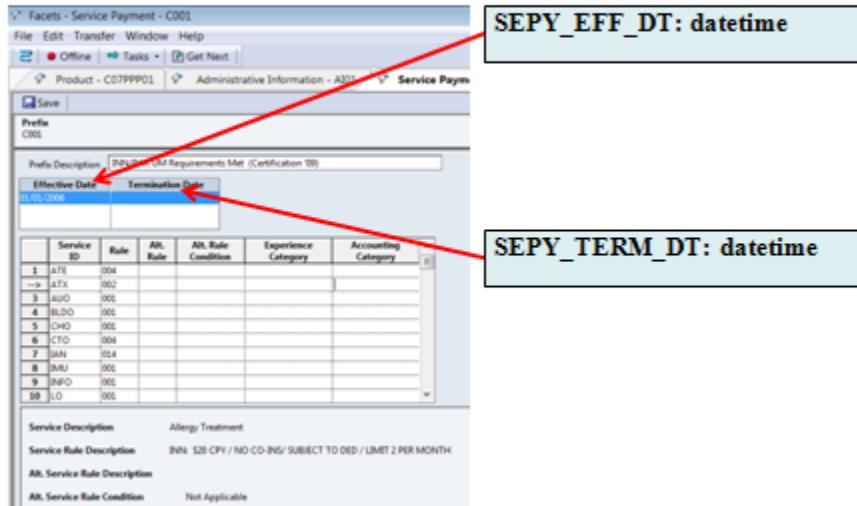
PDPX_DESC 70 char
PDPX_LOCK_TOKEN smallint
AXTR_SOURCE_ID datetime

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The description for this table comes from an **Ancillary** table whose purpose is to hold only descriptions according to PDVC_PFX and PDVC_TYPE.

Variable Components – Service Payment

Facets - Service Payment - C001

File Edit Transfer Window Help

Product - C07PP01 Administrative Information - A311 Service Paym

Save

Prefix

C001

Prefix Description (MAY 2014 Requirements Met (Certification '00))

Effective Date 11/01/2009

Termination Date

	Service ID	Rule	Alt. Rule	Alt. Rule Condition	Experience Category	Accounting Category
1	ATF	004				
2	ATX	002				
3	AUD	005				
4	BUD	005				
5	CHD	005				
6	CTD	004				
7	DAN	014				
8	DMU	005				
9	INPO	005				
10	JLO	005				

Service Description Allergy Treatment

Service Rule Description BNA: 528 CPY / NO CO-INS/ SUBJECT TO DED / LIMIT 2 PER MONTH

Alt. Service Rule Description

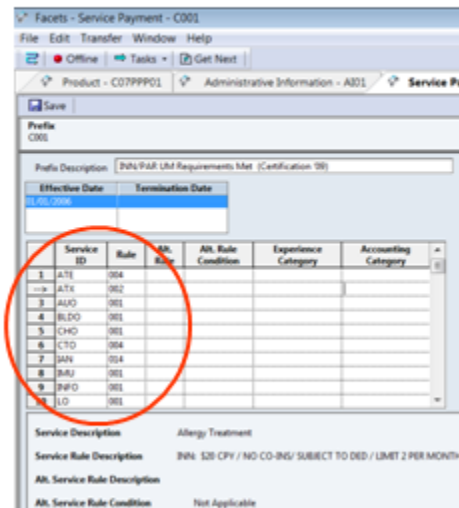
Alt. Service Rule Condition Not Applicable

Each Service Payment row has an effective and termination date that determine the first active day in Facets, and the termination day.

Variable Components – Service Payment



These fields coordinate with the CMC_SESE_SERVICE table where the SESE_ID and SESE_RULE match.



Service ID	Rule	Alt. Rule	Alt. Rule Condition	Experience Category	Accounting Category
1	ATI	004			
2	ATI	002			
3	AUO	001			
4	BLD	001			
5	CHD	001			
6	CTO	004			
7	JAN	004			
8	BUJ	001			
9	PHO	001			
10	LLO	001			

Service Description: Allergy Treatment
 Service Rule Description: INH: 325 CPY / NO CO-INS/ SUBJECT TO DED / LIMIT 2 PER MONTH
 Alt. Service Rule Description:
 Alt. Service Rule Condition: Not Applicable

The rows identified here are the Service IDs (SESE_ID) and the Service Rules (SESE_RULE) that apply to this SEPY_PFX. They link to the same columns on the **SESE** table, which supplies the descriptions for each SESE_ID.

Other columns used on this panel are:

- **SEPY_EXP_CAT** column – This is a user-defined code linking this service to a particular experience category satisfying specific billing and reporting requirements.
- **SEPY_ACCT_CAT** column – This is a user-defined code linking this service to a particular accounting category satisfying specific accounting requirements.
- **SESE_RULE_ALT** column – This is the alternate service rule used when the condition specified in the Alternate Service Rule Condition occurs.
- **SESE_RULE_ALT_COND** column – This is the condition that must be present on the line item to invoke the Alternate Service Rule. The values are: M – Medical Utilization Edits or N – None.

CMC_SESE_SERVICE

CMC_SESE_SERVICE



► **Defines rules for types of service**

- Amount
- Counter
- Disallow

► **Also stores acceptable criteria**

- Member
- Gender
- Age

► **Required Fields**

- SESE_ID
- SESE_RULE
- SESE_VALID_SEX
- SESE_MAX_AGE
- SESE_COV_TYPE
- SESE_RULE_TYPE
- SESE_CALC_IND
- SESE_ID_XLOW
- SESE_DESC_XLOW

SESE_ID char(4)

SESE_RULE: char(3)

SESE_DESC: char(70)

SESE_CM_IND: char(1)

SESE_PA_AMT_REQ: char(1)

SESE_PA_UNIT_REQ: char(1)

SESE_PA_PROC_REQ: char(1)

SESE_VALID_SEX: char(1)

SESE_SEX_EXCD_ID: char(3)

SESE_MIN_AGE: smallint

SESE_MAX_AGE: smallint

SESE_AGE_EXCD_ID: char(3)

SESE_COV_TYPE: char(1)

SESE_COV_EXCD_ID: char(3)

SESE_RULE_TYPE: char(1)

SESE_CALC_IND: char(1)

SERL_REL_ID: char(4) (FK)

SESE_OPTS: char(8)

WMDS_SEQ_NO: smallint

SESE_ID_XLOW: char(04)

SESE_DESC_XLOW: char(08)

SESE_DIS_EXCD_ID: char(03)

SESE_MAX_CPAY_PCT: money

SESE_FSA_REIMB_IND: char(01)

SESE_HSA_REIMB_IND: char(01)

SESE_HRA_DED_IND: char(1)

...continued

continued...

SESE_LOCK_TOKEN: smallint

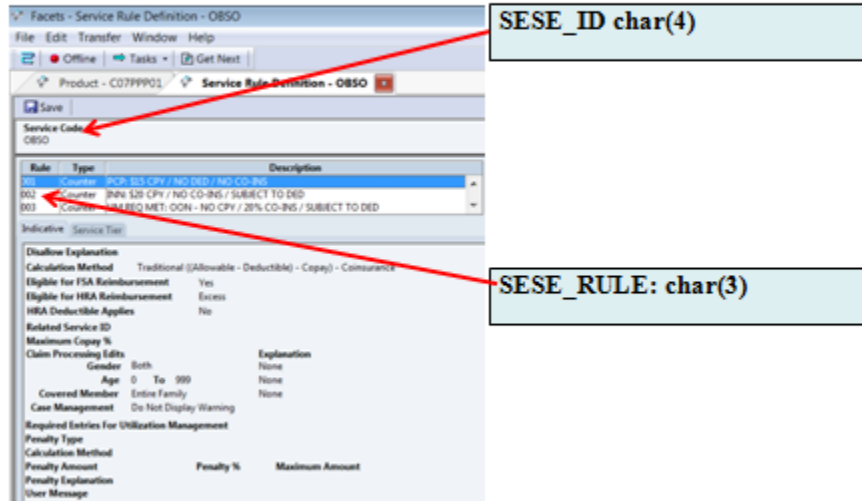
ATXR_SOURCE_ID: datetime

SYS_LAST_UPD_DTM: datetime

SYS_USUS_ID: varchar(48)

SYS_DBUSER_ID: varchar(48)

CMC_SESE_SERVICE

Facets - Service Rule Definition - OB50

File Edit Transfer Window Help

Product - C0799901 Service Rule Definition - OB50

Save

Service Code: OB50

Rule	Type	Description
001	Counter	90% CO-INS / NO DED / NO CO-INS
002	Counter	90% CO-INS / NO CO-INS / SUBJECT TO DED
003	Counter	90% CO-INS / NO CO-INS / SUBJECT TO DED

Indicative Service Type

Disallow Explanation

Calculation Method Traditional ((Allowable - Deductible) - Copay) - Coinsurance

Eligible for PSA Reimbursement Yes

Eligible for HRA Reimbursement Excess

HRA Deductible Applies No

Related Service ID

Maximum Copay %

Claim Processing Edits

Gender	Both	Explanation
Age	0 To 999	None
Covered Member	Entire Family	None
Case Management	Do Not Display Warning	None

Required Entries For Utilization Management

Penalty Type

Calculation Method

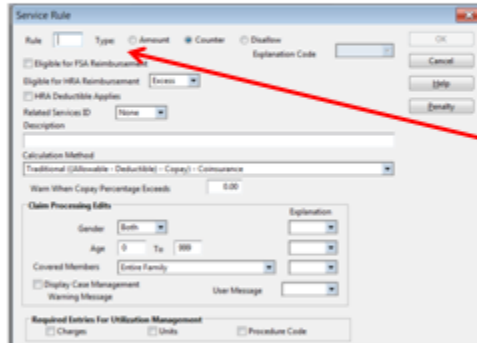
Penalty Amount

Penalty Explanation

User Message

The SESE_ID (service code) identifies a unique row on the table. It works along with the SESE_RULE (service rule) to differentiate payment rules for the same type of service. Each rule contains information such as valid gender and minimum and maximum age restrictions. The service rule serves as a suffix to the service code.

CMC_SESE_SERVICE



Service Rule

Rule ☐ Type ☒ Amount ☐ Counter ☐ Disallow

☐ Eligible for PSA Reimbursement

☐ Eligible for MHA Reimbursement

☐ MHA Deductible Applies

Related Services ID

Description

Calculation Method

Warn When Copay Percentage Exceeds

Claim Processing Edits

Gender

Age To

Covered Members

☐ Display Case Management

Warning Message

Required Entries For Utilization Management

☐ Charges ☐ Units ☐ Procedure Code

SESE_RULE_TYPE: char(1)
(select radio button)

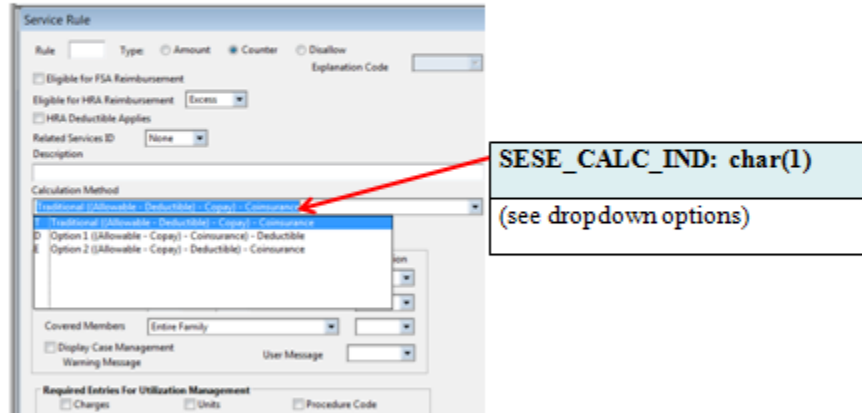
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The SESE_RULE_TYPE determines the basis for the service:

- Amount
- Counter
- Disallow

CMC_SESE_SERVICE

SESE_CALC_IND: char(1)
(see dropdown options)

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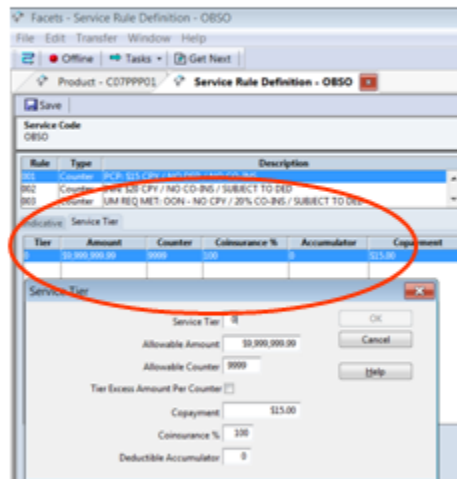
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The SESE_CALC_IND determines the calculation method for determining the computed benefit with respect to deductibles, copays, and coinsurance in the Claims applications. There are three calculation methods:

- D - Option 1 Method ((Allowable - Copay) - Coinsurance) – Deductible
- E - Option 2 Method ((Allowable - Copay)- Deductible) – Coinsurance
- T - Traditional Method ((Allowable - Deductible) - Copay) - Coinsurance

CMC_SETR_TIER

CMC_SETR_TIER

Rule	Type	Description
901	Counter	PCP, SPS, CPH / NO CO-INS / SUBJECT TO DED
902	Counter	NO CO-INS / NO CO-INS / SUBJECT TO DED
903	Counter	UM REQ MET-CON - NO CO-INS / 25% CO-INS / SUBJECT TO DED

Tier	Amount	Counter	Coinsurance %	Accumulator	Copayment
1	\$0.00	9000	25	0	\$15.00

Service Tier

Allowable Amount: \$0.00

Allowable Counter: 9000

Tier Excess Amount Per Counter: \$15.00

Copayment: \$15.00

Coinsurance %: 25

Deductible Accumulator: 0

Linked to the SESE table, stores:

- Copays
- Deductibles
- COB Information

SETR_TIER_NO: smallint

SETR_ALLOW_AMT: money

SETR_ALLOW_CTR: smallint

SETR_COPAY_AMT: money

SETR_COIN_PCT: money

This table, linked to the **SESE** table, stores information that specifies tiering of copays, deductibles, and coinsurance for the defined service rule:

- SETR_TIER_NO – This is the number that identifies the order of tiered calculations processed for this service.
- SETR_ALLOW_AMT – This is the maximum allowable dollar amount considered in the calculation for this tier.
- SETR_ALLOW_CTR – This is the maximum allowable counter considered in the calculation for this tier.
- SETR_COPAY_AMT – This is the amount calculated as copayment.
- SETR_COIN_PCT – This is the percentage used when calculating coinsurance.
- ACAC_ACC_NO – This is the number assigned to the deductible accumulator.

Supplied Data Plan Tables

Supplied Data Plan Tables



- ▶ CMC_PSCD_POS_DESC
- ▶ CMC_HBCD_BILL_DESC
- ▶ CMC_HFCD_FREQ_DESC
- ▶ CMC_IDCD_DIAG_CD
- ▶ CMC_IPCD_PROC_CD
- ▶ CMC_EXCD_EXPL_CD

Table	Meaning
CMC_PSCD_POS_DESC	Place of Service Codes for Claims Processing
CMC_HBCD_BILL_DESC	UB04 Bill Class Codes
CMC_HRCD_FREQ_DESC	UB04 Frequency Billing Codes
CMC_IDCD_DIAG_CD	ICD 9 Diagnosis Codes
CMC_IPCD_PROC_CD	CPT and HCPCS Codes
CMC_EXCD_EXPL_CD	TriZetto defined Explanation Codes

The user loads the tables with the appropriate data. TriZetto supplies the data.

For **IDCD** and **IPCD** tables, a Change Package releases additional codes every quarter. The user then applies the codes to the database. The data does not change on the table, but does append additional codes.

Class Plan / CMC_CSPI_CS_PLAN

GRGR_CK: int (FK)

CSCS_ID: char(4) (FK)

CSPD_CAT: char(1) (FK)

CSPI_ID: char(8) (FK)

CSPI_EFF_DT: datetime

CSPI_TERM_DT: datetime

PDPD_ID: char(8) (FK)

CSPI_SEL_IND: char(1)

CSPI_FI: char(1)

CSPI_GUAR_DT: datetime

CSPI_GUAR_PER_MOS: smallint

CSPI_GUAR_IND: char(1)

PMAR_PFX: char(4) (FK)

WMDS_SEQ_NO: smallint

CSPI_OPEN_BEG_MMDD: smallint

CSPI_OPEN_END_MMDD: smallint

GPAI_ID: char(08) (FK)

CSPI_ITS_PREFIX: char(3)

CSPI_AGE_CALC_METH: char(01)

CSPI_CARD_STOCK: char(10)

CSPI_MCTR_CTYP: char(04)

CSPI_HEDIS_CEBREAK: char(01)

CSPI_HEDIS_DAYS: smallint

CSPI_PDPD_BEG_MMDD: smallint

CSPI_PDPD_CO_MNTH: smallint

NWST_PFX: char(04)

CVST_PFX: char(04)

...continued

continued...

HSAL_ID: char(08)
CSPI_POSTPONE_IND: char(01)
GRDC_PFX: char(04)
UTED_PFX: char(04)
VBBR_ID: char(8) (FK)
CSPI_LOCK_TOKEN: smallint
SYS_LAST_UPD_DTM: datetime
SYS_USUS_ID: varchar(48)
SYS_DBUSER_ID: varchar(48)
ATXR_SOURCE_ID: datetime

Class Plan

Class Plan



Facets - Class/Plan Definition - C0700002, C071

File Edit Transfer Window Help

Product - C0799901 Service Rule Definition - C080 Class/Plan Def

Save

Group ID: C0700002

Class ID: C071

Plan ID	Effective	Termination
C0700002	01/01/2008	Dental Advantage Plan
C0700003	01/01/2008	FSA Advantage Plan
C0700004	01/01/2008	FSA Advantage Plan
C0700005	01/01/2008	HSA Training Plan 401

Product ID: C0700002 Dental Advantage Product

Effective Date: 01/01/2008 Termination Date: 01/01/2008

Eligibility

Selectable	Yes	Covered Member	Family	Dental Product
Category	D	01/01	October	October
Plan Year Begins	01/01	Carrier Month		

ID Card Type: Stock

Open Enrollment Period: Begins: 10/01 Ends: 12/01

Postponement Indicator: No

Stop Ages/Waiting Periods

ID: C0700002

Description: Level One Stop Ages 18/23/35/43 300 W/P

Waiting Periods

Waiting Period	Waiting Period Begins	Waiting Period Ends
New Employee Waiting Period	30 Days	30 Days
Waiting Period Begins	First of month following end of period	
Coverage Begins	First of month following end of period	

Stop Ages

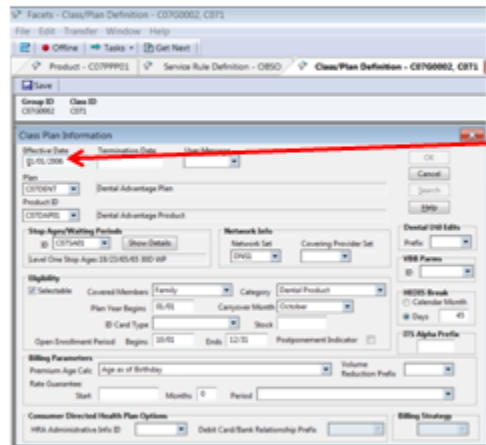
Subscriber	Explanation	Stop Age Period
85	Subscriber is over subscriber age limit	Last Day of Month in which Birthday Falls
Spouse	Spouse is over the spouse age limit	Last Day of Month in which Birthday Falls

CSCS_ID: char(4) (FK)

Subscribers are eligible for plans in their assigned class

The user links a plan (CSPI_ID) to a product after configuration. The user also links the class (CSCS_ID) and group (GRGR_CHK) to the plan on this table. The CSCS_ID determines what type of subscriber may choose this plan.

Class Plan

CSPI_EFF_DT: datetime

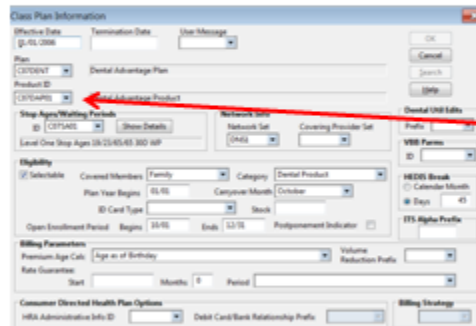
Plan ID available to members of the class

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The user enters the offering date of the plan/product combination for a specific class. The effective dates of plans on this form may overlap.

Class Plan

Class Plan Information

Effective Date: 01/01/2014 Termination Date: [] View Message []

Plan: [] Dental Advantage Plan

Product ID: []

Stop Ages/Waiting Periods: [] Network ID: [] Dental VMO Ratio: []

Eligibility: [] Covered Members: [] Category: []

Billing Parameters: []

Consumer Directed Health Plan Options: []

PDPD_ID: char(8) (FK)

Data derived from the PDPD table

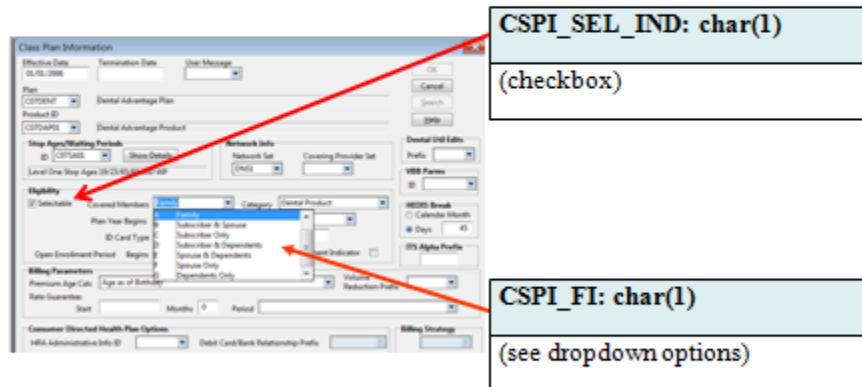
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This is the identifier used to link the product to a corresponding class and plan.

Using the PDPD_ID, the information about the product is brought to the plan panel for the client.

Class Plan

The screenshot shows the 'Class Plan Information' form. A red arrow points from the 'Selectable' checkbox under the 'Eligibility' section to a callout box. Another red arrow points from the 'Family' dropdown option in the 'Eligibility' section to a second callout box.

CSPI_SEL_IND: char(1)
(checkbox)

CSPI_FI: char(1)
(see dropdown options)

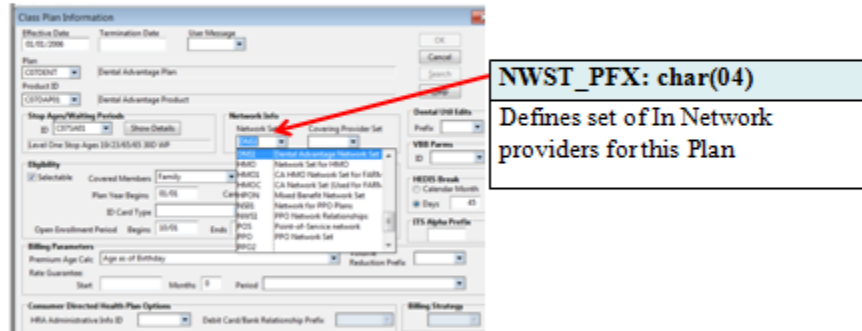
The CSPI_SEL_IND identifies if the employee selects the plan or is automatically assigned through enrollment in this class. The values are:

- Y – Selectable
- N – Automatic

The CSPI_FI is the code for the level of coverage (within a family) allowed for this plan. Currently, this field is informational only. You must establish the family indicator on the subscriber level eligibility (**SBEL**) table in the Enrollment or Subscriber/Member application. The values are:

- A – Family
- B - Subscriber and Spouse
- C – Subscriber only
- D – Subscriber and Dependents
- E – Spouse and Dependents
- F – Spouse only
- G – Dependents only

Class Plan

The screenshot shows the 'Class Plan Information' form. A red arrow points from a callout box to the 'NWST_PFX' field in the 'Network Info' section. The callout box contains the following text:

NWST_PFX: char(04)
Defines set of In Network providers for this Plan

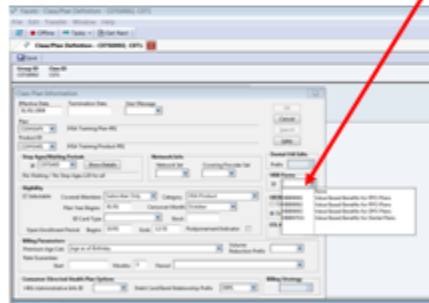
The form includes various sections such as 'Plan Information', 'Eligibility', 'Billing Parameters', and 'Consumer Directed Health Plan Options'. The 'Network Info' section is highlighted, showing a list of network sets with 'NWST' selected.

The NWST_PFX identifies the set of networks in the Network Set.

Class Plan



Facets supports loading incentive programs and applying rewards for members who meet designated incentives. The VBBR_ID relates an incentive program to Plan information.



CMC_VBBR_VBB_RULES

VBBR_ID: char(8)(FK)

VBBR_DESC: varchar(70)

VBBR_LOCK_TOKEN: sma

ATXR_SOURCE_ID: datetime

SYS_LAST_UPD_DTM: date

SYS_USUS_ID: varchar(48)

SYS_DBUSER_ID: varchar

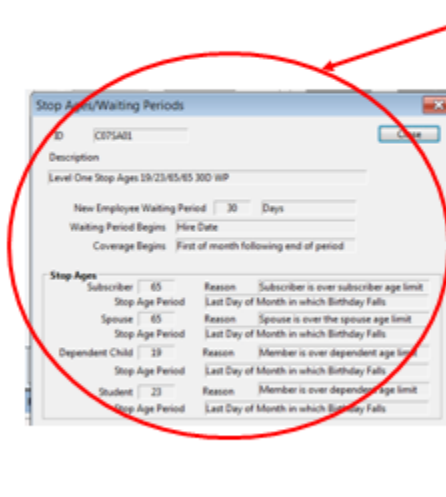
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The **Value-Based Benefit Rules** table stores the generic rules and descriptions for all Value-Based Benefits programs that can be established within Facets.

Class Plan





GPAI_ID: char(08)

GPAI_DESC: varchar(70)

GPAI_WT_PER_TYPE: char(01)

GPAI_WT_PER_VAL: smallint

GPAI_WT_PER_IND: char(01)

GPAI_SB_STOP_AGE: smallint

GPAI_SB_SA_EXCD: char(03)

GPAI_SB_STOP_IND: char(01)

GPAI_SP_STOP_AGE: smallint

GPAI_SP_SA_EXCD: char(03)

GPAI_SP_STOP_IND: char(01)

GPAI_DEP_STOP_AGE: smallint

GPAI_DEP_SA_EXCD: char(03)

...continued

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The GPAI_ID identifies the Group Administration Rules applied to this Class/Plan record. This prefix defines stop ages and waiting period information for this plan/product. The user must enter a prefix for the Class/Plan record prior to saving.

Class Plan



Stop Ages/Waiting Periods

ID: C07SAG1

Description:

Level: 100 Stop Ages 18/23/45/65 300 WP

New Employee Waiting Period: 30 Days

Waiting Period Begins: Hire Date

Coverage Begins: First of month following end of period

Stop Ages	Subscriber	Reason
Subscriber	65	Subscriber is over subscriber age limit
Stop Age Period		Last Day of Month in which Birthday Falls
Spouse	65	Spouse is over the spouse age limit
Stop Age Period		Last Day of Month in which Birthday Falls
Dependent Child	19	Member is over dependent age limit
Stop Age Period		Last Day of Month in which Birthday Falls
Student	23	Member is over dependent age limit
Stop Age Period		Last Day of Month in which Birthday Falls

continued...

GPAI_STU_STOP_AGE: smallint
 GPAI_STU_SA_EXCD: char(03)
 GPAI_STU_STOP_IND: char(01)
 GPAI_CVG_BEGIN: char(1)
 GPAI_LOCK_TOKEN: smallint
 ATXR_SOURCE_ID: datetime

Enhancements to Support ICD-10

Enhancements to Support ICD-10



- ▶ **Diagnosis Codes Application**
- ▶ **Procedure Codes Application**
- ▶ **ICD Procedure Codes Application**

Diagnosis Codes Application

IDCD_ID: varchar(10)

IDCD_EFF_DT: datetime

IDCD_TERM_DT: datetime

IDCD_DESC: varchar(228)

IDCD_ID_REL: varchar(10)

IDCD_GEN_ID_1: char(12)

IDCD_GEN_ID_2: char(12)

IDCD_TYPE: char(1)

TPCT_MCTR_TCAT: char(1)

MDCD_ID_M: char(2) (FK)

MDCD_ID_F: char(2) (FK)

WMDS_SEQ_NO: smallint

IDCD_OPL_IND: char(1)

IDCD_ACTION: char(01)

EXCD_ID: char(03)

IDCD_LOCK_TOKEN: smallint

ATXR_SOURCE_ID: datetime

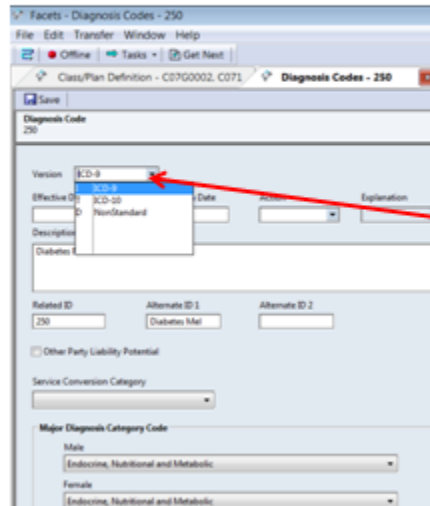
SYS_LAST_UPD_DTM: datetime

SYS_USUS_ID: varchar(48)

SYS_DBUSER_ID: varchar(48)

The Diagnosis Codes application contains a **Version** field that displays the ICD version to which a code belongs. The **Description** field accommodates up to 228 alphanumeric characters.

Diagnosis Codes Application

IDCD_TYPE

Identifies version of Diagnosis Code (see dropdown options)

Procedure Codes Application

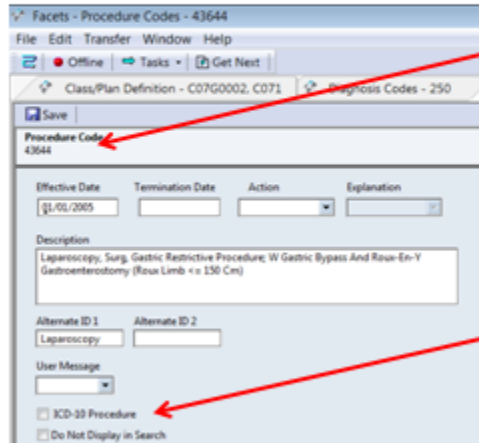
CMC_IPCD_PROC_CD

IPCD_ID: char(7)

IPCD_EFF_DT: datetime
IPCD_TERM_DT: datetime
IPCD_DESC: varchar(175)
IPCD_GEN_ID_1: char(12)
IPCD_GEN_ID_2: char(12)
WMDS_SEQ_NO: smallint
IPCD_SRCH_DISP: char(1)
IPCD_ACTION: char(01)
EXCD_ID: char(03)
IPCD_TYPE: char(1)
IPCD_LOCK_TOKEN: smallint
ATXR_SOURCE_ID: datetime
SYS_LAST_UPD_DTM: datetime
SYS_USUS_ID: varchar(48)
SYS_DBUSER_ID: varchar(48)

The Procedure Codes application contains an ICD-10 **Procedure** field. The **Description** field accommodates up to 175 characters.

Procedure Codes Application

IPCD_ID: char(7)
43644

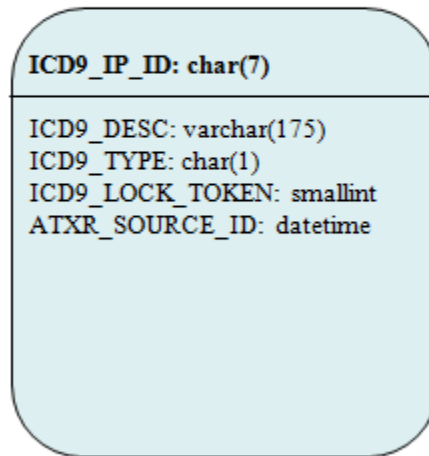
IPCD_TYPE: char(1)
(checkbox)

ICD Procedure Codes Application

ICD Procedure Codes Application



CMC_ICD9_PROC_CD



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The ICD Procedure Codes application was formerly titled ICD-9 Procedure Codes. It contains an **ICD-10 Procedure** field.

ICD Procedure Codes Application



Facets - ICD Procedure Codes - 002	
File Edit Window Help	
Offline Tasks Get Next	
Class/Plan Definition - C0700002, C071 ICD Procedure C	
Save	
ICD Code	ICD9_IP_ID: char(7)
002	002
Description	
Intravascular Imaging Of Blood Vessels	
ICD-10 Procedure	ICD9_TYPE: char(1)
	(checkbox)

Facets Value-Based Benefits

Facets Value-Based Benefits



- ▶ **Rewards individuals meeting health related incentives**
 - Smoking cessation
 - Weight loss
 - Diabetes management
- ▶ **Enhanced to apply rewards (began in 4.81)**
 - Decreased deductible, copay
 - Increased coinsurance
 - HRA credits
- ▶ **Other rewards outside Facets**
 - Gift cards
 - Cash

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Key Elements of Value-Based Benefits

Key Elements of Value-Based Benefits



- ▶ **Incentive Manager**
 - Stores member data, eligible goals, goals achieved
- ▶ **Facets**
 - Membership stores goals achieved
 - Plan setup (Rules Engine to determine eligible claims)
 - Claims processing applies different service or dental category rule to 'point of claim' rewards
- ▶ **VBB Solution is licensed separately**

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The TriZetto Incentive Manager tracks the members' incentive compliance. After achieving an incentive, the TriZetto Incentive Manager sends information back to Facets indicating this is complete, along with an incentive rule applied to future claims, as well as effective and termination dates. The incentive rule applies until the eligibility period for the rule expires. The individual member record stores this information. For HRA allocation credits, the Incentive Manager sends the actual dollar amount of the credit that gets applied.

Facets clients may set up and configure benefit plans with variations in out-of-pocket expenses, such as copays, co-insurance, and deductibles, as well as HRA allocation credits to support their incentive rules.

VBB Set up Tables under Plan

VBB Set up Tables under Plan



CMC_VBBD_VBB_DESC

VBBD_RULE: char(4)
VBBD_DESC: varchar(70)
VBBD_RULE_TYPE: char(1)
VBBD_LOCK_TOKEN: smallint
ATXR_SOURCE_ID: datetime
SYS_LAST_UPD_DTM: datetime
SYS_USUS_ID: varchar(48)
SYS_DBUSER_ID: varchar(48)

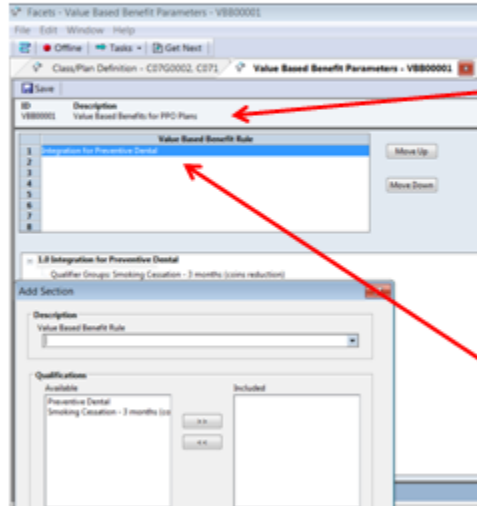
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The database level tables that store the available Value-Based Benefit rules, as well as the Rule Type are:

- VBBD_RULE – This is the identifier for the Value-Based Benefit rule.
- VBBD_RULE_TYPE – This is the Rule Type that indicates the type of rule applied when the qualifications are met. The values are:
 - H – HRA Credit, or
 - S – Service/Category Rule

VBB Set up Tables under Plan

VBBD_DESC: varchar(70)
Value-Based Benefits for PPT Plans

VBBD_RULE: char(4)
Integration for Preventive Dental

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VBB Set up Tables

VBB Set up Tables



CMC_VBBR_VBB_RULES

VBBR_ID: char(8)
VBBR_DESC: varchar(70)
VBBR_LOCK_TOKEN: sma
ATXR_SOURCE_ID: datetime
SYS_LAST_UPD_DTM: date
SYS_USUS_ID: varchar(48)
SYS_DBUSER_ID: varchar(48)

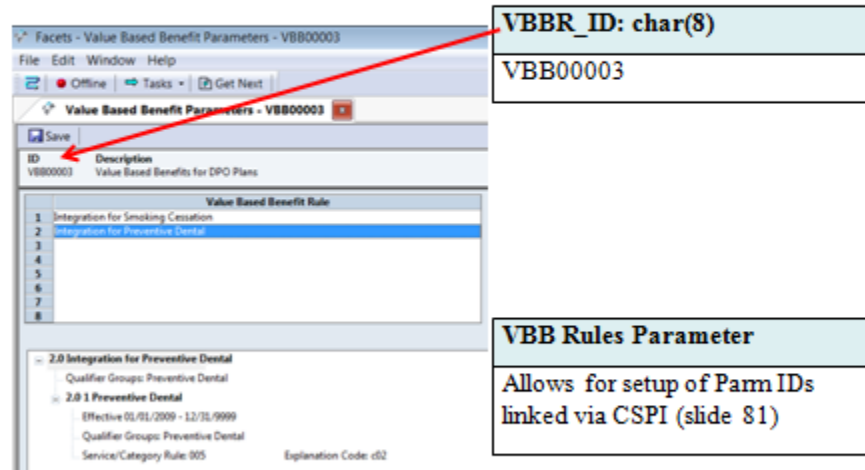
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This table stores the IDs and descriptions for the sets of rules available. The ID identified on this table links to the Class/Plan for which VBB is applicable:

- VBBR_ID – This is the identifier for the set of Value-Based Benefit Parameters.
- VBBR_DESC – This is the description for the Value-Based Benefits Parameters ID.

VBB Set up Tables

VBBR_ID: char(8)
VBB00003

VBB Rules Parameter
Allows for setup of Pam IDs linked via CSPI (slide 81)

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Objective Summary

You are now able to:

- Discuss the important columns of the major tables
- Explain the relationship of the columns to the other tables and domains as they pertain to the Facets processes

Coming Up

Coming Up



Next we will discuss:

- ▶ **Member Subscriber Data Model**

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