

# Network Configuration

## Facets 5.0 Participant Guide

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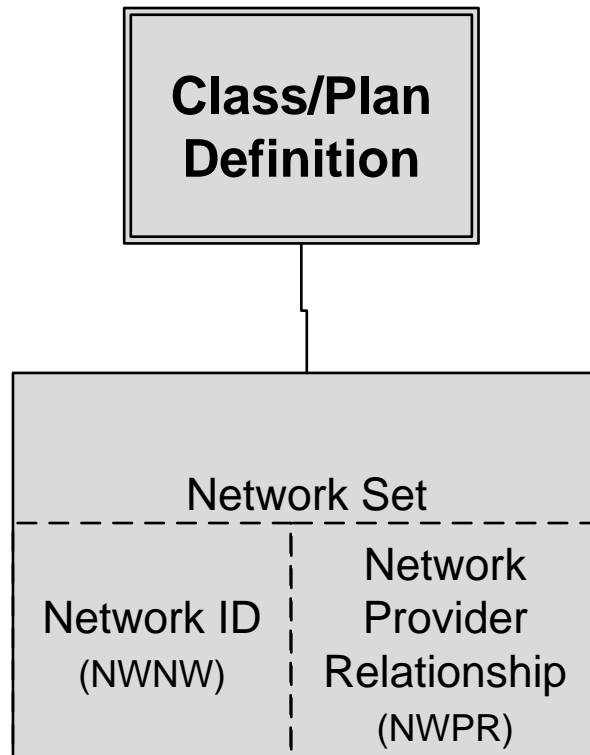
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## Network/Plan Structure



## Network/Plan Structure

The Network Set (NWST) lists all valid networks and network provider relationships for a member's class. If a provider is participating in a network, the provider of services will have a Network-Provider Relationship. The Network-Provider Relationship prefix (NWPR) links a provider to a network with an agreement in order to get to a price for the service on the claim (the **Networks** section of the provider's record/application indicates this information). The Network-Provider Relationship (NWPR) prefix is created in the Component Prefix Descriptions application found in the Medical Plan application group.

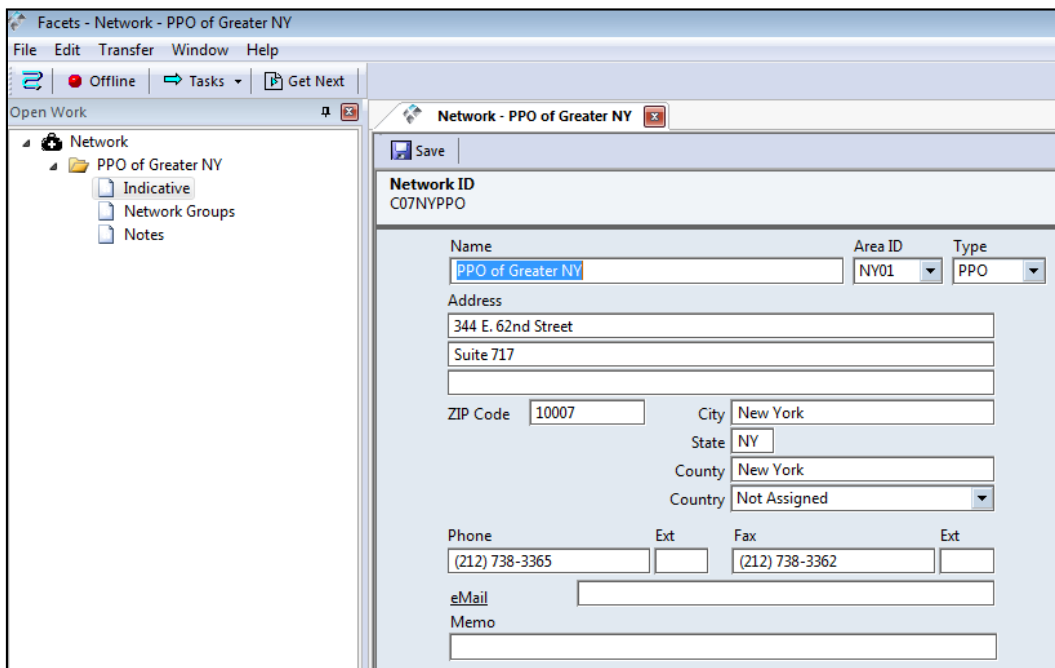
The Network-Provider Relationship (NWPR) prefix defines the provider's capacity in that network; the type of relationship a provider has within a network (e.g., PCP, specialist, capitated provider, etc.).

## Network Application

Use the Network application to establish a network that will be used for pricing. It can also link a network to different network groups for reporting purposes.

### Indicative Section

Use this section to enter the name and address for a network that offers the services of affiliated providers to members in an MCO (Managed Care Organization).



Facets - Network - PPO of Greater NY

File Edit Transfer Window Help

Offline Tasks Get Next

Open Work

Network

- PPO of Greater NY
  - Indicative
  - Network Groups
  - Notes

Save

Network ID  
C07NYPPPO

Name: PPO of Greater NY Area ID: NY01 Type: PPO

Address: 344 E. 62nd Street  
Suite 717

ZIP Code: 10007 City: New York  
State: NY  
County: New York  
Country: Not Assigned

Phone: (212) 738-3365 Ext.: Fax: (212) 738-3362 Ext.:

eMail:  
Memo:

Field	Description
Area ID	Enter the Network Area code that will be used to link the network to a geographical area for reporting purposes.
Type	Classify the type of Network that is identified on the record for reporting purposes. This field is user -defined.

## Component Prefix Descriptions Application

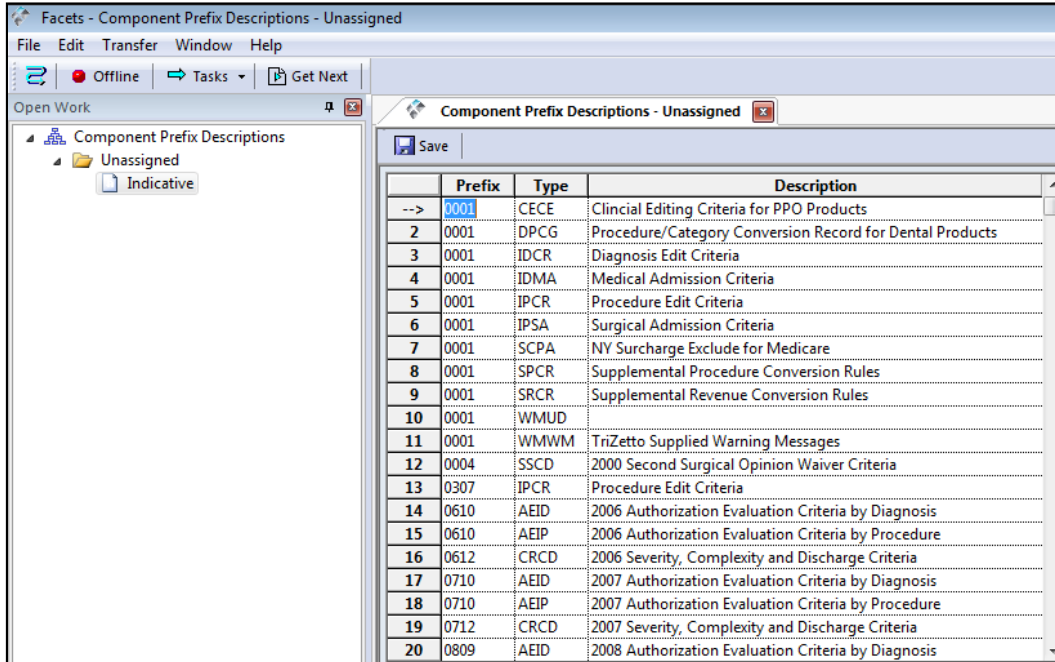
This application identifies every prefix and description associated with the indicated component/record that has been established in Facets.

In most cases, the Component Prefix Descriptions application automatically updates when a new prefix is created in its own maintenance application. For example, when a new Administrative Information (AIAI) prefix is created in that application, a new row is automatically added to the Component Prefix Description application. However, some prefixes are not created in their own Facets applications and need to be added manually to this application before they can be added to a product or other Facets records. They include the following:

- Network-Provider Relationship (NWPR)
- Non-Participating Provider Relationship (NPPR)
- PCP Capitation Network Provider Entity Relationship (NWPE)
- Specialist or Global Capitation Network Provider Entity Relationship (NWCR)
- Covering Provider code (PRCV)
- Provider Accumulators (PRAC)
- OON NetworX<sup>Pricer</sup> Terms ID (NSRS)

## Indicative Section

This section displays each component prefix, type, and description. Make additions, changes, or deletions directly on this grid.



	Prefix	Type	Description
-->	0001	CECE	Clinical Editing Criteria for PPO Products
2	0001	DPCG	Procedure/Category Conversion Record for Dental Products
3	0001	IDCR	Diagnosis Edit Criteria
4	0001	IDMA	Medical Admission Criteria
5	0001	IPCR	Procedure Edit Criteria
6	0001	IPSA	Surgical Admission Criteria
7	0001	SCPA	NY Surcharge Exclude for Medicare
8	0001	SPCR	Supplemental Procedure Conversion Rules
9	0001	SRCR	Supplemental Revenue Conversion Rules
10	0001	WMUD	
11	0001	WMWM	TriZetto Supplied Warning Messages
12	0004	SSCD	2000 Second Surgical Opinion Waiver Criteria
13	0307	IPCR	Procedure Edit Criteria
14	0610	AEID	2006 Authorization Evaluation Criteria by Diagnosis
15	0610	AEIP	2006 Authorization Evaluation Criteria by Procedure
16	0612	CRCD	2006 Severity, Complexity and Discharge Criteria
17	0710	AEID	2007 Authorization Evaluation Criteria by Diagnosis
18	0710	AEIP	2007 Authorization Evaluation Criteria by Procedure
19	0712	CRCD	2007 Severity, Complexity and Discharge Criteria
20	0809	AEID	2008 Authorization Evaluation Criteria by Diagnosis

Field	Description
Prefix	User-defined, up to 4-characters. This prefix will display in a dropdown selection of the Product application, <b>Components</b> section (Medical Plan application group).
Type	Select from the dropdown list. These are pre-defined in the Component Descriptions application (Application Support application group).
Description	User-defined description of the prefix. Up to 70-characters.

## Network Set Application (NWST)

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The Network Set application is a record that is attached to the member's Class/Plan Definition application defining all valid/eligible networks and Network Provider Relationships (NWPR) considered in-network or participating for a member's class of benefits. A user will use this application to establish product-specific networks of providers from which a member may proactively receive care.

When a claim is entered, Facets compares the Network IDs and NWPRs specified here, with the **Networks** section of the provider's record to determine the network status when processing claims and UM pre-authorizations/referrals. Facets then reads the Agreement ID in the Provider's application associated with this match to find the price for the claim's service. A warning message in UM generates if the network status for the servicing provider does not meet the network status requirements identified in the ARAR.

In addition, the NWST provides PPO pricing and payment benefits to a claim when the member receives care outside of the network service area and predefined criteria are met.

### Indicative Section

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Use this section to enter and view Network IDs, names and other identifying information for all valid (eligible) networks associated with classes of benefits using this prefix. When creating the Network Set record, the user will link the **Network ID** with the appropriate **NWPR** prefix and indicate the **Status** a provider with this type of relationship will have within this network (these three fields are required when creating a row in the Network Set / NWST).

### Networks Section Tab

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Use this section tab to identify all networks within this Network Set prefix. When the user selects an Effective Date/Termination Date row in the section grid, the **Networks** section tab enterable grid displays each network for that NWST. After selecting a Networks row in the section tab grid, detailed information about the selected network displays in the lower portion of the section tab.

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**Note:** The Effective Date/Termination Date row selected applies to both the **Networks** section tab and the **Zip Codes** section tab.

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Open Work

Network Set

PPO

Indicative

Notes

Save

Prefix  
PPO

Prefix Description  
PPO Network Set

Effective Date  
01/01/2001

Termination Date

Networks Zip Codes

	Network Id	NWPR Pfx	NWPE Pfx	NWCR Pfx	Status	Network Cap. Ind.	Tier	In-Area Bypass	Opt-out Bypass
-->	C07NYVPO	PPO	CWCP		I		1		
2	C07NYVPO	PPO	CWCS	CWCG	I		1		
3	C07NUPPO	PPO			I		1		
4	C07PAR	PAR			P		1		
5	C07NYVPO	PPO2			I		2		
6	C09CAHMO0001	HMO	CWCP		I		1		
7	C09CAHMO0001	HMO	CPD1	CWCG	I		1		
8	SD10NTWK01	SD65			I		1		

Network Name  
PPO of Greater NY

Network Provider Relationship Prefix  
Network Provider Relationship PPO

Network Provider Entity Relationship Prefix  
Capitated PCP's

Network Capitation Relationship Prefix

Field	Description
Network ID	Select the ID for this network of providers.
NWPR Pfx	Select the ID of the NWPR that links the provider, network, and agreement to one or more products (through the Class/Plan Definition record) and identifies the correct pricing arrangement.
NWPE Pfx	Select the ID of the NWPE that links the provider, network, and agreement to one or more products (through the Class/Plan Definition record) and identifies the correct capitation arrangement.
NWCR Pfx	Select the ID of the NWCR that links the provider, network, and agreement to one or more products (through the Class/Plan Definition record) and identifies the global capitation arrangement.
Status	Select whether this provider is acting in an HMO/In Network (I) or a PPO/Participating (P) capacity.
Network Cap. Ind.	Select "Yes" (Y) to use the network of the member's primary PCP as the global capitated provider's network for claims processing and capitation.
Tier	Up to 3-numeric characters valued from 1-999; the default is 1.  Enter a Tier number to assign a different level of payment to a provider. Facets uses this tier to determine which Variable Component row to apply during adjudication, matching the tier with the tier on the Network Set (NWST); there must be a



Field	Description
	<p>match between the tier number in this field and the tier on the NWST.</p> <p>During claims or UM processing, Facets matches the NWST tier to the tier on the Variable Components row of the Product, based on the Tier, Type, and Effective Date. Different Service Payment, Deductible Rules, and Limit Rules can be applied for each tier. If no tier is identified, such as for an out-of-network provider, Facets uses the default tier value of 1, which is the highest payment level.</p> <p><b>Note:</b> Since the Tier indicator is established on the NWST application, the user must link tiered providers by network.</p>
In-Area Bypass	Select Yes (Y) to bypass this Network Set row during claims processing when the provider's zip code falls within a specified range defined in the <b>Zip Codes</b> section tab.
Opt-Out Bypass	Opt-Out Bypass supports Point of Service claim processing for the Facets Assigned Risk Module.

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## Network Set (NWST) Structure

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The hierarchy of networks within the Network Set is very important. Facets goes through a matching routine in order to find an agreement to price the services on the claim for that provider. Facets will take the first network row within the Network Set and look for a match among a provider's relationship rows (found in the **Networks** section of the Practitioner's record). If a match is not found, Facets searches the second network row within the Network Set. Facets continues with this hierarchy until a match is found in order to find pricing information. This will occur regardless of the order of relationship rows on the Practitioner's application/**Networks** section.

Therefore, TriZetto recommends avoiding inclusion in multiple networks within one Network Set under the same provider ID.

Facets will always take the first match that is found between the first network row and the network relationship information for the provider on the claim; this may not be the appropriate match.

### Keep in Mind...

Sequence the most restrictive network relationships first.

After creating the Network Set (NWST), it then needs to be added to the Class/Plan Definition application in the **Plans** section in order for Facets to identify the valid network relationships for a member's class of benefits.

If a provider is not linked to a network defined on the Class/Plan Definition's NWST, that provider will be considered out-of-network for that class of benefits, even though he/she might have a pricing agreement with the MCO.

The NWST will handle Point-of-Service (POS) or employer-specific provider integration within classes.

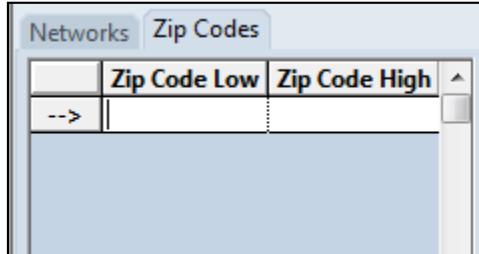
In claims processing, Facets displays an error message when the claim lines' **From** and **To** dates span the Network Set **Effective** and **Termination Dates**. Specifically, this will occur when the claim line item's **To** date is greater than the Network Set **Termination Date**. If this happens, the claim will have to be split.

When processing a UM service review, Facets displays a warning message on the UM service referral or pre-authorization when the servicing (referred to) provider has been identified, and when the **From** and **To** dates span Network Set **Effective** and **Termination Dates**.

## Indicative Section

### Zip Codes Section Tab

Use this section tab to define a range of zip codes for a Network Set. When the user selects an Effective Date/Termination Date row in the **Indicative** section, the Zip Codes enterable grid displays each Zip Code range for that Network Set row.



Zip Code Low	Zip Code High
-->	

## In-Area Bypass ZIP Code Pricing/Payment Logic

During claims and UM processing as well as Channeling, Facets performs its network/provider and Network Set matching routine. If a match is found with an **In-Area Bypass** indicator set to **Yes**, and the ZIP code of the provider's primary address falls within one of the ZIP code ranges established for that Network Set, the match will be bypassed and Facets will attempt to find a match on a subsequent row.

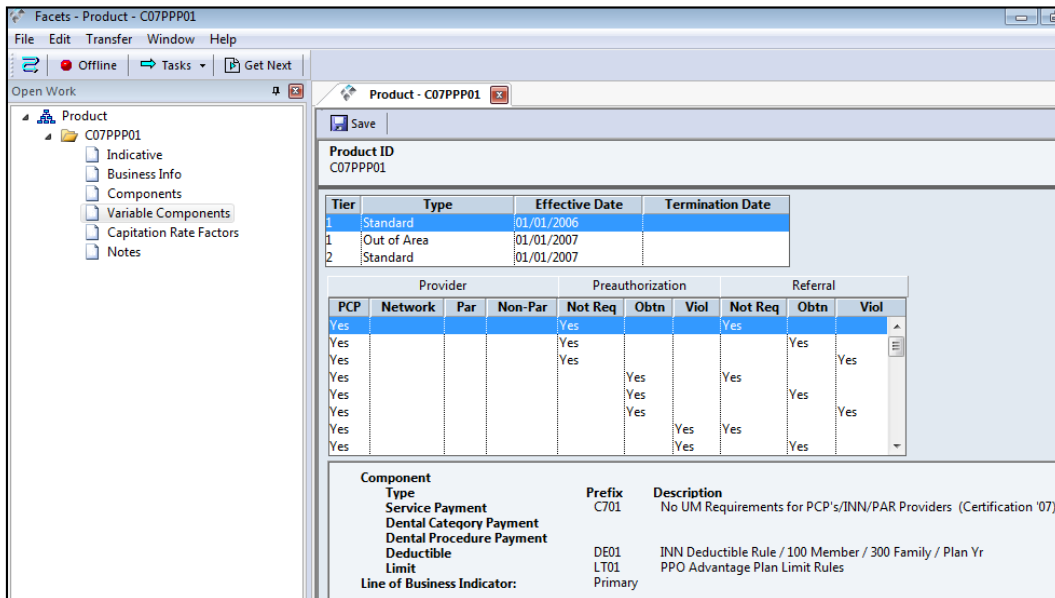
## Network Set and Product Variable Components

The **Status** column entries of the NWST are significant in that Facets uses this information to determine which row on the Variable Components (PDVC) table the provider will link to in order to apply payment (SEPY), deductibles (DEDE), and product limits (LTLT).

## Product Application

### Variable Components Section

This section of the Product allows the user to identify which Service Payment, Deductible, and/or Limit Rules prefix(es) Facets uses when processing claims or UM reviews. These records contain date-sensitive combinations of provider and Utilization Management (UM) conditions in order to determine possible rule violations. A product may have an infinite number of combinations, i.e. different ways to calculate payment depending on the provider who is entered on the claim, pre-authorization and referral requirements for a type of service (TOS), Tier level for provider payment, and Variable Component Type.



The screenshot shows the 'Facets - Product - C07PPP01' application window. The left sidebar shows a tree view with 'Product' expanded, containing 'C07PPP01' and its sub-items: 'Indicative', 'Business Info', 'Components', 'Variable Components' (selected), 'Capitation Rate Factors', and 'Notes'. The main window displays the 'Product - C07PPP01' details. At the top, there is a 'Save' button and a 'Product ID' field with the value 'C07PPP01'. Below this is a table with columns: Tier, Type, Effective Date, and Termination Date. The table contains three rows: Tier 1 (Standard, 01/01/2006), Tier 1 (Out of Area, 01/01/2007), and Tier 2 (Standard, 01/01/2007). Below the table is a section for 'Provider' and 'Referral' requirements, each with sub-columns for 'Not Req', 'Obtn', and 'Viol'. The 'Provider' section has columns for PCP, Network, Par, and Non-Par. The 'Referral' section has columns for Not Req, Obtn, and Viol. Below this is a section for 'Component' details, including 'Type', 'Prefix', and 'Description'. The 'Type' field is set to 'Service Payment'. The 'Prefix' field is set to 'C701'. The 'Description' field contains the text 'No UM Requirements for PCP's/INN/PAR Providers (Certification '07)'. Below this is a section for 'Deductible' and 'Limit' rules, with columns for 'Prefix' and 'Description'. The 'Deductible' field is set to 'DE01' and the 'Description' field contains the text 'INN Deductible Rule / 100 Member / 300 Family / Plan Yr'. The 'Limit' field is set to 'LT01' and the 'Description' field contains the text 'PPO Advantage Plan Limit Rules'. At the bottom, there is a 'Line of Business Indicator' field set to 'Primary'.

Tier	Type	Effective Date	Termination Date
1	Standard	01/01/2006	
1	Out of Area	01/01/2007	
2	Standard	01/01/2007	

Provider				Preauthorization			Referral		
PCP	Network	Par	Non-Par	Not Req	Obtn	Viol	Not Req	Obtn	Viol
Yes				Yes			Yes		
Yes				Yes				Yes	
Yes					Yes			Yes	
Yes					Yes			Yes	
Yes						Yes	Yes		Yes
Yes						Yes		Yes	

Component	Type	Prefix	Description
Service Payment		C701	No UM Requirements for PCP's/INN/PAR Providers (Certification '07)
Dental Category Payment			
Dental Procedure Payment			
Deductible		DE01	INN Deductible Rule / 100 Member / 300 Family / Plan Yr
Limit		LT01	PPO Advantage Plan Limit Rules
Line of Business Indicator:		Primary	

## Standard vs. Out of Area

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In order to set-up and use the out-of-area variable components ZIP Code ranges must be established on the In Area ZIP Codes (ZCIA) application. When a claim or UM pre-authorization/referral is processed or pre-priced, Facets uses the ZIP Code of the provider's primary address to determine whether to access the in or out-of-area components.

The status of the provider entered on a claim is determined as follows:

- Providers with a NWST Status of "I" are considered "Network" providers on the PDVC (Variable Components) matrix
- If the network provider is also the member's PCP, he/she is considered to be a PCP on the PDVC matrix
- Providers with a NWST Status of "P" are considered "Participating" providers on the PDVC matrix
- Providers not linked to the NWST prefix for a member's product are considered "Non-Participating" providers on the PDVC matrix