Customer Service

Facets 5.0
Participant Guide

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Customer Service

Customer Service Application Group

The Customer Service application group is a call tracking system environment. Use it to track calls and provide information for both internal and external users.

Customer Service Application

The Customer Service application allows the user to handle inquiries from a variety of callers, including members, providers, representatives of an employer group or subgroup, prospective members, and non-members. Multiple topics may be tracked during one inquiry. For example, the user may review a member's benefit for physical therapy, check the status of a claim, as well as update the family's address. Each task is tracked as an individual activity (CSTK) within the inquiry.

The Customer Service application also lets the user store information about the specific follow-up activities related to the call. For example, a member may call to report that eligibility was valid and a referral and related claim were denied incorrectly. The user may record the request to review and adjust the eligibility as one task, the request to reprocess the referral based on the updated eligibility as a second task, and the request to reprocess the claims as a third task.

To help the user answer the caller's questions, the Customer Service application also provides other information stored in Facets, like the status of a claim or information regarding a pre-authorization. While researching claim information, the user may view eligibility history and benefits information. He/she may also view deductible and limit accumulator amounts, as well as FSA and HRA information.

Starting a Customer Service Inquiry

Step	Starting a Customer Service Inquiry Procedures
1	From the Customer Service application group, select and open the Customer Service application. The system will respond with a blank **Start/Task List** screen.
2	Select **Start a New Call** tab.
3	Enter customer information, as well as **Contact Information** for the Customer Service Inquiry (CSI) in the **Start/Task List** section (**Start a New Call** tab).
4	A **Task History** may also be obtained by setting search parameters and selecting the **Get List** page to view previous inquires for that **Customer Type**.

Start/Task List Section (Start a New Call Tab)

The **Customer Details** area auto populates with information related to the **Customer Type** selected.

The **Customer Type** field allows a user to select to which type of customer the inquiry refers.

When an option is selected here, Facets will tailor information appropriately. Facets will expect the correct field to be used when entering the Customer ID (Family Link ID, Subscriber ID, Member, Provider ID, Group ID, and Subgroup ID). If the ID is unknown or not valid, the user has the option to search by selecting the **Search for ID** button.

Note: The **Customer Type** used throughout the scenario is Member (the default).
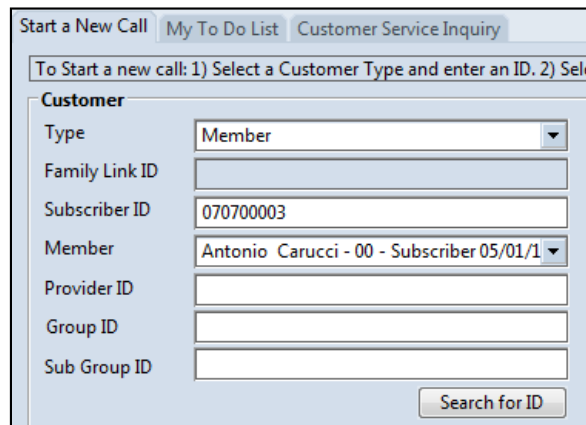
Note: A Product Parameter allows users to include Family Link ID as an option in the **Customer Type** field. Membership changes for address, COB, and PCP can be performed simultaneously for all members associated with the Family Link ID. The Family Link ID is used by Medicaid to associate family members together. Facets Medicaid users define each family member as a subscriber. In order to link these family members, these users assign a common Family Link ID to each member within the family.

By entering a **Subscriber ID**, the **Member** field auto populates with the member associated with the **Subscriber ID** entered as well as privacy if it exists for that member. A dropdown box allows for the selection of a specific family member.

When a selection has been made in the **Member** field, the **Customer Details** area auto populates with information specific to that member. The Name, ID, Address, and Group information is shown.

Note: If the user enters additional information in the **Customer** area those details would display as well in the **Customers Details** area.

Information specific to who is calling the Health plan may be entered in the **Contact Info** area. The **Type** field is a user-defined dropdown and categorizes the contact. The **First** and **Last** fields hold name information (at least one of the two is required). The **Title**, **Ph**, **Ext,** and **SSN** fields are optional. The **Method** field is also a dropdown and lists options describing how the MCO was contacted, (Call In, Call Out, Email, Facsimile, etc.).

The **Task History** area allows the user to set parameters such as **Date Range**, **Subject**, **Category,** and **Status**, which allows entry of criteria to use for searching when obtaining a list of previous Customer Service Inquiries. The **Date Range** field relates to the input date of the inquiry. The **Subject** and **Category** fields relate to specific information that was captured during the inquiry, and **Status** relates to the current status of the inquiry, (All, Pended, Routed, etc.). The **Query Limit** field states the maximum number of results to be returned. When criteria is entered and the **Get List** page is selected, a list of all inquiries that meet the criteria will be displayed. A previous inquiry call ID may be re-opened, reviewed and updated information may be added by selecting a row in the list display. This updated information will be added to the historical data held in the system.

Note: If no Customer Service Inquiries meet the criteria, the **Next** page may be selected to continue to the **General Task** page or **Validation** (depending on configuration set-up).

Customer Service and Non-Members

Users may save multiple tasks for non-members in the Customer Service application. During a non-member call, users may save attachments and enter additional tasks before being directed to the **End Call** page. In addition, the **SSN/ID** field (found in the **Contact Info** area of the **Start a New Call** tab) holds 20 characters to accommodate non-member IDs.

Note: The **Task History** list display is not available for the Non-Member **Customer Type.** To view history for this specific **Customer Type**, use **Customer Service Inquiry** tab.

Step	Starting a Customer Service Inquiry Procedures (continued)
5	Select **Next** to access the **Customer Validation** dialog box (see below).

Note: An SA parameter must be on to have this dialog box automatically display, otherwise the **Validation** page may be selected from the Activity bar.

Note: If configuration is setup to automatically populate the **Customer Validation** dialog box, the user will be notified if the member has Privacy Communications.

Check validated items below

Subscriber

Memo	☐	
Name	☑	Antonio Carucci
Address	☐	715 Albany St
	☐	
	☐	
City	☐	Boston
State	☐	MA
ZIP	☐	02118
Home Ph	☐	Ext
Fax	☐	Ext
Birth	☑	05/01/1954
Gender	☐	M
SSN/ID	☐	473-80-4230
Group ID	☑	C07G0002
Group	☐	Eclipse Corporation
Subscriber ID	☑	070700003
Old Sub ID	☐	
Privacy	☐	Members Confidential Communications Personal Represe

OK   Cancel

Step	Starting a Customer Service Inquiry Procedures (continued)
6	Check boxes in the **Customer Validation** dialog box to confirm which information has been validated.
7	Upon completing validation information, select **OK**.

General Task Page/Calendar of Events

By selecting the **Calendar Events** button, Facets displays a pop-up box which shows the number of Appeals, if COB exists, the number of Customer Service Inquiries, Eligibility status, the number of Medical Claims and/or Dental Claims, PCP, and the number of UM authorizations for a given 5 month period. The viewable months may be altered by using the **Calendar Events from** field and selecting the **Refresh** button.

Calendar of Events

Calendar Events from 12/01/2011 to 04/30/2012

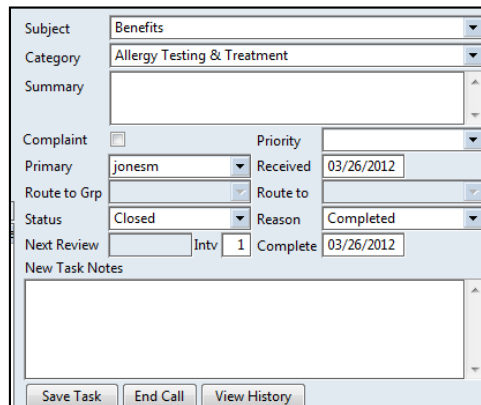|	Dec 2011	Jan 2012	Feb 2012	Mar 2012	Apr 2012
Appeals	-	-	-	-	-
COB	-	-	-	-	-
Cust Svc	-	-	-	1	-
Den Claims	-	-	-	-	-
Eligibility	M	M	M	M	M
Med Claims	-	-	-	-	-

Refresh   Close

General Task Page/View Alerts and Auto Tasks

This **Warning Messages** pop-up box displays Alerts or Auto Tasks that the inquiry has met from prior configuration set-up in the Auto Actions application. To access the **Warning Messages** dialog box, select the **Warnings** button from the top of any page.

Note: Warning Messages may display, if appropriate, based on the customer (Member, Provider, etc.). Click the "X" within the **Warning Message** dialog box to close it.

Log this Task Note

Each task page includes fields in which the user can enter inquiry information and notes regarding a Customer Service task. The **Subject** and **Category** fields are configurable in the CS Subject/Category Configuration application in Application Support. The **Subject** and **Category** selection options are directly related to the corresponding task page, such as **Eligibility** or **Medical Claims**.
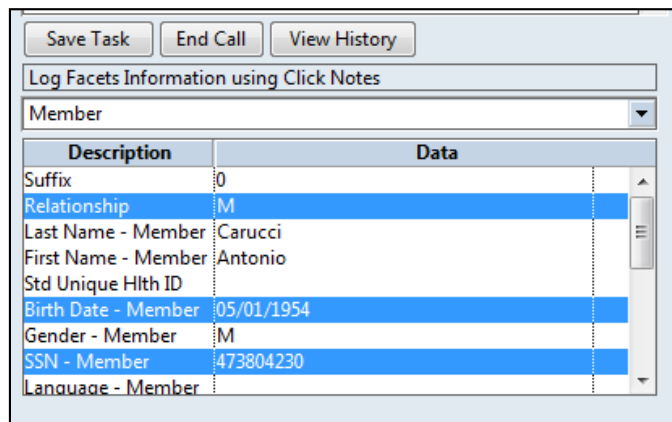
Subject	Benefits
Category	Allergy Testing & Treatment
Summary	
Complaint	☐ Priority
Primary	jonesm Received 03/26/2012
Route to Grp	Route to
Status	Closed Reason Completed
Next Review	Intv 1 Complete 03/26/2012
New Task Notes	

Save Task   End Call   View History

Field		Description
Fields denoted with an * are required.		
Subject		Select the user-defined topic of the conversation or correspondence.
Category		Select a user-defined category that further classifies the topic of this inquiry. This category relates to the selected subject. This field is filterable.
Summary		Enter a brief description of the inquiry.
Complaint		Select this checkbox if the customer has a complaint regarding the selected task.
Priority		Select the user-defined code that identifies the priority of this task.
Primary		Select the User ID of the Customer Service

Field		Description
		Representative who initially recorded this task. The default is the current user.
Received	*	Facets defaults to the current date.
Route To Group		Select the user group this task may be routed to for review.
Route To		Select the individual to whom this task may be routed to for review.
Status		This field is TriZetto supplied. It defaults to Closed. A user may change the current status.
Reason		Select the user-defined code that identifies the reason why this task is being routed to another user.
Next Review		Enter the date when this task is due for its next review. This date is calculated based on the entry in the **Interval** field, but it can be changed.
Intv (Interval)		Facets displays the number of days used to calculate the frequency with which this task should be reviewed. This number is used to calculate the task's **Next Review** date. A default value for the new tasks is set with CST0 system parameter NEXT_REV_INT. If the user enters a new **Next Review Interval**, it will be saved to the database and used to calculate the **Next Review Date** from then on.
Complete		Enter the date when a status of Closed is assigned to this task. If the status of the task is Open, Routed, or Pend, this field will be blank. If the status is Closed or Misdirected, this field displays the current date.
New Task Notes		Enter any additional notes pertaining to the Customer Service task in this text box.
Save Task page		Selecting this will save information entered in the **Subject area** that is specific to this task. This information may be altered again later if necessary or saved with the inquiry.
End Call button		Takes user to the **End Call** screen to summarize the call. Not to be selected if additional tasks are required to complete Inquiry.
View History button		By selecting a previously entered task (shown in a list by Call ID) and selecting this button, a user may view details of a previous inquiry.

The **Click Notes** area provides additional data about a specific task, such as eligibility, deductibles, or benefits summary. Click notes are found in the lower right corner on non-claim related task pages. Select a **Click Note** label and detailed information about the selection displays below the label. The user may select appropriate information relating to the inquiry before selecting the **Save task** page; this alleviates the need to type information.

Note: Click notes are configurable using the CS List Configuration application found in the Application Support application group. Click notes found on the **Dental**, **FSA**, and **Medical Claims** task pages are described below.

Field		Description
Fields denoted with an * are required.		
Drop-down	*	Click Notes selection list. Select the data to view in the display below. Choices will vary depending on the Task page.
Description		This field displays which types of information has been configured to be included in the Click Notes.
Data		Data is pulled from other areas of the Facets system and displays for review.

Click Notes (Claim-Related Task Pages)

Click notes found on the Dental, FSA, and **Medical Claims** task page are set in a tree format. The tree format allows the user to select different claims, click note information for each claim, and save multiple claims to the same task. Select the plus sign (+) next to the claim number to display the claim components. Select the plus sign (+) next to one of the components to display the available click notes. To save a click note for the claim using the mouse, select a click note from the list. Right click the selected item and

then select **Add Item** or use the checkbox to the left of the field description. The click note will be saved to the **Click Note Cart** dialog box. Select one or more additional claims from the claim list and repeat the steps above.

Note: Click notes are configurable using the CS List Configuration application.

Verifying and Updating an Address

Step	Verifying and Updating an Address Procedures
1	Verify and update the member's address. Select the **Home & Mailing** tab to update a member's home & mailing addresses.

Address Task Page / Home & Mailing Tab

View and change which addresses are indicated as home, mailing, and work for each specific member on the Address task page. This can be modified for numerous members at one time and is reflected in the Subscriber/Family application when the task is saved.

Field		Description
		Fields denoted with an * are required.
Subscriber	*	This field auto-fills with the Subscriber ID entered in the **Start / Task List** screen.
Member	*	This dictates which specific member's address are to be displayed.
Member's Home Address & Member's Mailing Address		These fields show the address assigned as the **Home Address** (left column) and the **Mailing Address** (right column) for the selected member.
Type	*	This field accepts valid values 1-9 and A-Z. Select the address **Type** to define this home or mailing address in the subscriber's record. To associate members with this address, select the member row(s) in the list

Field		Description
		displays below. Any address type may be assigned as the member's work address.
Address		Enter the street location and/or P.O. Box.
ZIP Code		Enter the ZIP Code of this address an uninterrupted string of numbers.
City		Enter the name of the city where this address is located.
State		Enter the state where this address is located.
County		Enter the name of the county where this address is located.
Phone, Ext.; Fax, Ext.		Enter the telephone number for this address, beginning with the area, or country code as a single string without parenthesis or hyphens. Also enter the extension number for this telephone number, if needed.
E-Mail		Enter the e-mail address for this person/location.

Work Address Tab

Use the **Work Address** tab to update a member's work address. This functionality allows a health plan additional flexibility to meet contractual or regulatory obligations where the assignment of a PCP must meet geographic criteria based on the home or work address.

Step	Verifying and Updating an Address Procedures (continued)
2	To associate members with a work address, select the member in the grid below the applicable address. The subscriber and each family member may have a unique work address. Conversely, multiple family members may share the same work address. **Note:** Security may be added to make this a 'view only' screen.

Select members below to INSERT the above Home Address					
Name	**Type**	**Address**	**City**	**ST**	**ZIP**
Carmela Carucci	H	715 Albany St	Boston	MA	02118
Anthony Carucci	H	715 Albany St	Boston	MA	02118
Sue Carucci	H	715 Albany St	Boston	MA	02118

Select members below to INSERT the above Mailing Address					
Name	**Type**	**Address**	**City**	**ST**	**ZIP**
Carmela Carucci	2	PO BOX 67	Roxbury	MA	02118
Anthony Carucci	1	715 Albany St	Boston	MA	02118
Sue Carucci	2	PO BOX 67	Roxbury	MA	02118

The **Member Selection** area at the bottom of the **Address** task page allows a user to select which member the address shown should apply toward as the Home Address, and the Mailing Address. By selecting a member, Facets ensures the address listed is assigned appropriately. By de-selecting a member, Facets ensures the address is not assigned to the member. This information automatically updates the Subscriber/Family application.

Adding Attachments to an Inquiry

Attachments Task Page

This task page allows a user to attach a letter to the inquiry.

Step	Adding Attachments to an Inquiry Procedures
1	Select the specific task row.
2	Select the **Add** button.
3	Select an Attachment Style.
4	Select **OK**.
5	Select the document to be sent.

Verifying COB Information

COB Task Page

The COB task page shows COB information. If the member has no other coverage on file, no information is shown. If COB does exist, the other insurance coverage will be shown in the **COB History** list display. Also, click notes become available for selection when a **COB Carrier** is selected.

Field		Description
Fields denoted with an * are required.		
Member	*	The selection made here impacts the information shown in the list display.
Refresh		After entering a date in the Calendar of Events, selecting the **Refresh** button will update the COB status in the calendar.
COB History list display		COB coverage on file for the selected member displays

Step	Verifying COB Information Procedures
1	Select the **COB** page to view member COB information when appropriate.
2	View and modify COB data for members that have another insurance carrier.
3	Select the **COB Part D** button to access the **Add/Change COB Information Part D** dialog box and capture COB information for the Medicare member.
4	Additionally, the **Add/Change COB Information** dialog box and the **Add/Change COB Information Part D** dialog box may be used to identify the primary COB policyholder information to accommodate

	5010 processes.

Verifying Deductible Information

Deductible Task Page

The list display will show member-specific deductible information based on the date entered in the **As of** field. Members may be selected from the dropdown list. In order for the information to display, configuration set-up is required in Accumulator Descriptions application. Click notes become available for selection when a deductible type is selected.

Field		Description
		Fields denoted with an * are required.
Member	*	Select the member for whom deductible information is to display.
As of	*	This field allows entry of a date to view deductible information for that specific time frame.
Refresh		After entering a date into the **As of** field, select the **Refresh** button to update the **Deductible** list display accordingly.
Deductible list display		This shows the deductible amounts on file for the selected member as of the date entered. It reflects a description of the deductible, which members it applies to, the max deductible amount, amount met, remaining balance, family max, family amount met, and family remaining balance.

Step	Verifying Deductible Information Procedures
1	Select the **Deductible** page to view deductible information for a member.

Note: Click notes are configurable using the CS List Configurable application. To pull data into the **Deductible** list display, the Accumulator Display application in the Medical Plan application group must be configured.

Checking Disability Claims History

Disability Claims Task Page

This task page allows users to view disability claim data for the subscriber selected. Disability claims exist for subscribers only. If the Customer Type is Family Link, Provider, or Nonmember, the **Disability Claims** page is not available.

Note: The spouse of a subscriber may have a disability claim and would subsequently have two Subscriber IDs: one as the spouse of a subscriber and one as the subscriber for the disability claim.

Field		Description
Fields denoted with an * are required.		
Member	*	The selection made here impacts the information shown in the list display below. The disability claims shown in the **Disability Claim History** grid are specific to the member selected here.
Payment Limit	*	The number of rows displayed in the **Payment Details** grid/list is determined by the value entered in the **Payment Limit** field. The default value is 20. The total payments made could be greater than or less than the value in the **Payment Limit** field, so the label above the list box indicates the total number of rows found and the total displayed for the selected claim. The user may view fewer or more payments by changing the value in this field.

Step	Checking Disability Claims History Procedures
1	Enter a Subscriber ID to access disability claim data. A row for each disability claim for that subscriber displays in the **Disability Claim History** grid. When the user selects a row in the grid, the payment details for the selected disability claim display in the **Payment Details** grid. Payments are listed in descending order by **Payment Number**.
2	To indicate how many payments will display, complete the **Payment Limit** field.

Note: Users may transfer to the Disability Claims Inquiry application from the **Transfer** menu for additional claim information.

Verifying Member Eligibility

Eligibility Task Page

This task page display at the bottom shows eligibility events that took place within the date range identified in the **Dates** fields. This is member-specific information. Also, click notes become available for selection when an eligibility event or Benefit Summary is selected.

Note: Users can define security permissions in System Administration to disable the **ID Cards** button on the **Eligibility** page.

Field		Description
		Fields denoted with an * are required.
Member	*	The selection made here impacts the information shown in the list display below. The eligibility events shown in the **Eligibility History** list display are specific to which member is selected here.
Dates	*	This field allows entry of a date range and the information shown in the **Eligibility History** list display will reflect only eligibility events that took place

Field		Description
		during this date range.
Refresh		After entering a date into the **Date** fields, selecting the **Refresh** button will update the **Eligibility History** list display accordingly.
Eligibility History list display		This field displays a list of eligibility events (for the member specified) that took place within the date range dictated. When an eligibility event is selected, the Benefit Summary information is shown in the **Benefit Summary** list display, Benefit Details are available in the **Benefit Details** list display, and click notes become available for selection.

Step	Verifying Member Eligibility Procedures
1	Members may be selected from the **Member** dropdown box. When an event is selected, if the health plan has configured the Benefit Summary record on the member's product, this information as well as the details display in the **Benefit Summary** list display.

Checking Limit Accumulators

Limits Task Page

The list display will show limit information as of the date entered in the **As of** field. This is member specific information. Members may be selected from the list provided in the dropdown box. In order for the information to display, configuration set-up is required in Accumulator Display application. Also, click notes become available for selection when a deductible type is selected.

Field		Description
Fields denoted with an * are required.		
Member	*	The selection made here impacts the information shown in the list display below.
Dates	*	This field allows entry of a date range and the information shown in the **Limits** list display will reflect only what has applied during the selected date range.
Refresh		After entering a date into the **Dates** fields, selecting the **Refresh** button will update the **Limits** list display accordingly.
Limits Accumulators History list display		This field displays a list of limits (for the member specified) that took place within the date range dictated. When a limit is selected, **Number**, **Description**, **Max Indicator**, Used **Indicator**,

Field		Description
		Remaining, **Family Use**, **Category Description**, and **Rule Description** information is shown in the bottom list display, and click notes become available for selection.

Step	Checking Limit Accumulators Procedures
1	Select a member from the **Member** field.
2	View limit information for that member in the **Limits** grid.

Checking Medical Claims History

Medical Claims Task Page

The user may view specific medical claim and line items associated with a specific member.

Users may view click note details for multiple payees for medical claims when a split payment occurs. After selecting a Claim ID, the **Payee Remit Detail** tree node expands to display payment details for multiple payees. Each payee is designated by a number; i.e. Payee No. 1, and the details for that payee display below. The payee's number displays next to each data element for that payee. The data elements that display for each payee can be configured in the CS List Configuration application and the List ID CS37 for medical claims. In addition, the user may add click notes for each data element for each payee by selecting the box to the left of the element.

Users also have the capability to transfer to the Payment application in the Accounting application group from the **Medical Claims** page. When a claim is selected, customers may view claim payment data by using the Payment transfer, which is available for any customer type.

Note: The **Payment Ref ID** node does not have to be selected for click-noting in order to transfer. If the **Payment Ref ID** is not selected and a Payment application transfer is attempted, Facets displays a warning message but will not allow transfer to the application. The Payment application will open, but will not contain data.

Field		Description
		Fields denoted with an * are required.
Member	*	The medical claims shown in the **Medical Claim History** list display are specific to the selected member.
Dates	*	This field allows entry of a date range and the information shown in the **Medical Claim History** list display will reflect only medical claims that took place during this date range.
Refresh		After entering a date into the **Dates** fields, selecting the **Refresh** button will update the **Medical Claim History** list display accordingly.
Medical Claim History list display		This field displays a list of medical claims (for the member specified) that took place within the date range indicated. When a medical claim event is selected, the line item information is shown in the bottom list display and click notes become available for selection.

Step	Checking Medical Claims History Procedures
1	Select a member from the **Member** field. Users may view specific medical claim and line items associated with that member.
2	The user may also select, based on the health plan's workflow, the appropriate **Subject**/**Category,** and enter free-form text in the **Summary** field.
3	For more detailed information, the user may select data in click notes that refer to either claim level, line item level or payment information.

Checking PCP Information

PCP Task Page

The CSR may view PCP history in the list display.

Note: Health plans can define a user's security permission through System Administration to disable the **ID Cards** button on the **PCP** page.

Field		Description
Fields denoted with an * are required.		
Member	*	The PCP information shown in the **PCP History** list display is specific to the selected Member.
Refresh		Select the **Refresh** button to update the **PCP History** list.
PCP History list display		This grid displays a list of PCP events (for the member specified) that live on the members record in Subscriber/Family. When a PCP event is selected, additional information may be captured using click notes.

Step	Checking PCP Information Procedures
1	Select a member from the **Member** field. Users may view PCP history information for that member.
2	The user may select a specific provider and select detailed click notes associated with the provider or change the members PCP.
3	The user may also select, based on the health plan's workflow, the appropriate **Subject/Category,** and enter free-form text in the **Summary** field.

Checking Student Status Information

Student Task Page

The list display shows current student and school status information specific to the selected member.

Field		Description
Fields denoted with an * are required.		
Member	*	The Student information shown is specific to the selected member.
Student Type	*	Select the code that classifies this student.
School		Enter the name of the school, college, or university this member is attending.
Effective Date		Enter the date this member became a student.
Termination Date		Enter the date this member's student status ended.
Reason		Select the reason why this member is no longer a student.
Verification:By		Enter the name of the person who last verified this information.
Verification: Method		Select the method used to verify this information.
Verification: Date		Enter the date this information was last verified.

Step	Checking Student Status Information Procedures
1	Select a member from the **Member** field. Users may view student status information for the selected member in the grid.
2	To update student information, select the **New School** button and complete the appropriate fields.
3	To change existing information, select the appropriate row from the list display and make the necessary changes in the fields below the grid.

Checking UM History

UM History Task Page

The user may view services and confinement rows within the list display. Confinement rows are identified by the bolded letter H. The information that displays is current data from the members **History** section in the Prospective UM application. The user may select additional information for a service or confinement by using click notes.

Field		Description
Fields denoted with an * are required.		
Member	*	Referral and/or pre-authorization information shown in the **UM History** list display are specific to the selected member.
Refresh		Select the **Refresh** button and Facets will update the Referrals and Pre-authorizations list display.
Referrals and Pre-authorizations list display		This grid displays a list of Referrals and/or Pre-authorizations for the member specified.

Step	Checking UM History Procedures
1	Select a member from the **Member** field. Users may view UM history for that member in the grid.

Ending a CSI (Customer Service Inquiry)

Step	End CSI Procedure
1	**Select End Call** from any page to end the call.
2	The **End Call/Routing** dialog box displays. The list display at the top of the dialog box shows tasks that were saved in their respective task pages.
3	By selecting a task at the top, the specific information that was saved with that task information is shown toward the bottom of the dialog box. The **Click Notes** area displays information selected for each of the tasks. **Subject**, **Category**, **Summary** and **Notes** all come from the **Subject** area of the task page screen.

End Call / Routing

Call ID	Subject	Category	Summary	Status	Priority	Last Update	Updated By	Input User ID
120326000001	NEW	NEW	New Intake	CL		03/26/2012 17:10:1(	jonesm	jonesm
120326000001	VAL	VAL	Mbr Validation	CL		03/26/2012 17:10:1(	jonesm	jonesm

Click Notes

This area of the **End Call** dialog box displays the information captured during the inquiry for the specific task row. The Customer Service Rep can review specific details associated with the inquiry.

The **Subject**, **Category**, **Summary,** and **Note** fields that display in the **End Call** dialog box are the user specific codes or free-form text associated with the task row selected in the list display. The Customer Service Rep can change the selections associated to the task row.

Step	End CSI Procedure (continued)
4	To update the **Notes** field, select **Task Notes**.
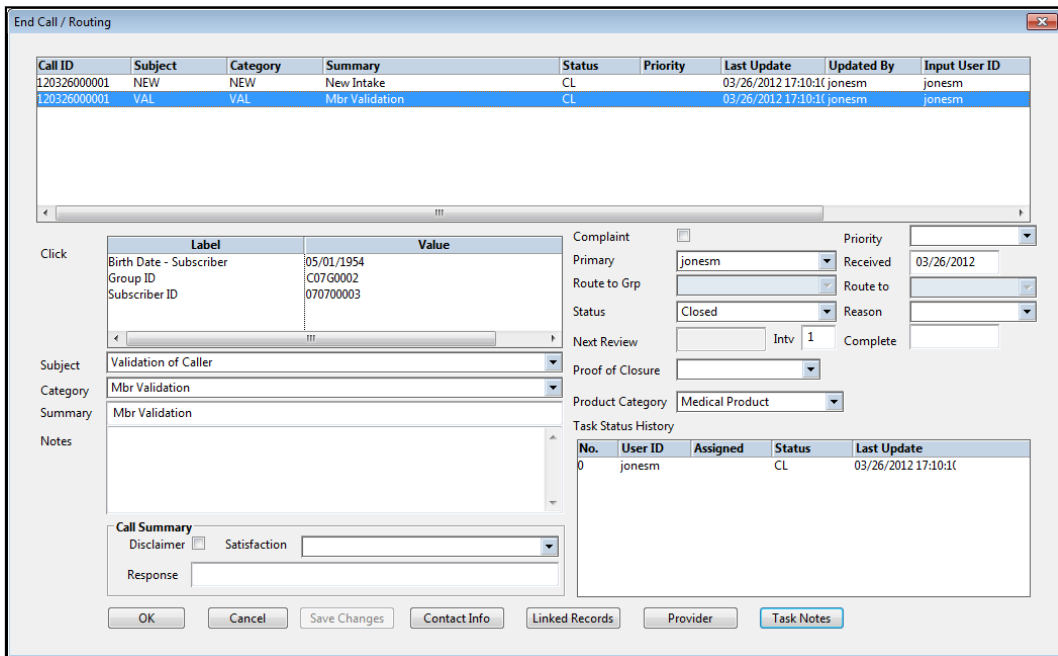
Call Summary

Step	End CSI Procedure (continued)
5	If the user has discussed one or more disclaimers with the caller, select the **Disclaimer** checkbox to indicate the communication.
6	The **Status** field defaults to Closed through a Product Parameter, but may be manually selected from the dropdown. A **Reason** code must also be selected.

The **Task Status History** area is auto-populated each time a task row has been updated. Facets will automatically time and date stamp, as well as indicate the user who has documented the inquiry updates.

Step	End CSI Procedure (continued)
7	When the inquiry is completed, select **OK** to end the call. A new **Start/Task List** tab screen will display allowing the user to start the next inquiry.

My To Do List Tab

Select the **My To Do List** tab to enter criteria to retrieve a list of all Customer Service tasks that have been routed to a specific User ID. A CSI is stored with each task row. To open a task, select a row in the list display and select **Enter**. Facets opens the task page accordingly based on the intake.

Field		Description
Fields denoted with an * are required.		
Date Range		The selection made here impacts the information shown in the list display.
Subject		Select the user-defined topic of a call or correspondence.
Category		Select a user-defined category to further classify the topic of the inquiry.
Priority		Select the user-defined code to identify the priority of a task.
Status		Select the current status of a task.
Reason		Select the user-defined reason code to retrieve existing tasks.
Query Limit		Usually set to a default, a user may update this field to show as many or few queries as necessary.
Filter Tasks		Select this checkbox to eliminate the CSTK rows for **New Call** / **Validation** / **End Call.**
Get List		Upon selecting this option, Facets queries the database according to the criteria chosen in the previous fields.

Note: Upon selecting a task row and selecting **Enter**, Facets opens the CSI in the appropriate task page. The user will be able to view the intake and task notes that display information related to the task, and if any process occurred. If the user needs to make any updates, select **End Call** and update the task accordingly. After completing **End Call**, the user is returned to the **My To Do List** tab and is able to select another task to review.

Customer Service Inquiry Tab

Select the **Customer Service Inquiry** tab to retrieve and open existing Customer Service Inquiries. Users may select several criteria fields to locate the CSI.

Note: The fields in this list display are configurable in the CS Lists Configuration application.

Field		Description
		Fields denoted with an * are required.
Customer Type		Select a **Customer Type** for the query.
Subscriber ID		If the selection for **Customer Type** is Member, enter a Subscriber ID.
Member		Select a member associated with the Subscriber ID.
Provider ID		If the selection for **Customer Type** is Provider, enter a Provider ID.
Group ID		If the selection for **Customer Type** is Group or Subgroup, enter a Group ID.
Subgroup ID		If the **Customer Type** selection is Subgroup, enter a Subgroup ID.
Route to Group		Additional selection choice identifying to which user group the inquiry may have been routed.

Field		Description
Cust Srvc ID		If known, the Customer Service Inquiry ID may be entered.
Priority		Select criteria to identify those of a certain priority.
Reason		Select the user-defined reason code to retrieve tasks.
Date Range		The selection made here impacts what information is shown in the list display.
Subject		Select the user-defined topic of a conversation or correspondence.
Category		Select a user-defined category that further classifies the topic of the inquiry.
Status		Select the current status of a task.
Query Limit		Usually set to a default, a user may update this to show as many or few queries as necessary.
Filter Tasks		Set flag to eliminate the CSTK rows for **New Call** / **Validation** / **End Call**.
Get List		Upon selecting this page, Facets will query the database according to the criteria chosen in the previous fields.

After the user has selected criteria and selected **Get List**, Customer Service Inquiry Call IDs display along with information regarding the inquiries. By selecting a specific Call ID and selecting **Enter**, the user is taken to the task page related to the Call ID and task chosen from the Customer Service Inquiry. To save any changes to the task, select **End Call** and save information as appropriate.

After completing the end call process, the user returns to the **Customer Service Inquiry** tab to select another Call ID from which to process or review information.

Value Based Benefits Display in Customer Service

When a user selects **Customer Service – Val Based Benefit Rwds** from the **Actions** menu, Facets displays the **Member Val Based Benefit Rwds** dialog box. If the selected member has value based benefits (established in the Member Value Based Benefits Rewards application), benefit information displays in the dialog box.