

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. As the user takes a call, he/she may track multiple topics during one inquiry. For example, the user may review a member's benefit for Physical therapy, check the status of a claim from a non-participating provider, 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

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

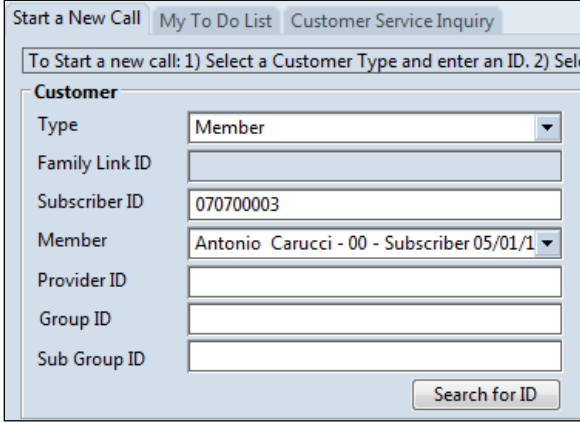
The **Customer Type** field allows a user to select to which type of customer the inquiry refers.

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.



Start a New Call | My To Do List | Customer Service Inquiry

To Start a new call: 1) Select a Customer Type and enter an ID. 2) Sel

Customer

Type: Member

Family Link ID:

Subscriber ID: 070700003

Member: Antonio Carucci - 00 - Subscriber 05/01/1

Provider ID:

Group ID:

Sub Group ID:

Search for ID

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.

Customer Details			
Member			
Name	Antonio Carucci		
ID	070700003	Family Link ID	D99856432120
Age	57	Birthdate	05/01/1954
Address	715 Albany St Boston, MA 02118		
Standard Unique Health ID			
Group			
ID	C07G0002		
Name	Eclipse Corporation		
Phone	(973) 694-7487		

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.).

Contact Info			
Type	Member		
First	Tony	MI	
Last			
Title			
Ph	(973) 694-7487	Ext	
SSN/ID			
Method	Call In	<input type="button" value="Next"/>	

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.

To View the tasks assigned to you, use the To Do Folder. To find a task or set of tasks, use the CS Inquiry folder.

0004 calls. 0008 tasks shown of 0018 total tasks found. Note: Task filter applied for types New Call, Validation and End Call.

Call ID	Subject	Status	Category	Subject	Summary
070810000003	Address Inquiry	CL	Address Change	ADDR	
110524000000	Benefits	CL	Unknown	BENE	
110524000000	Benefits	CL	Physical Therapy	BENE	
110524000000	Benefits	CL	CxBI Benefits	BENE	
110524000000	SxUI UM	CL	CxUI UM	SxUI	
110524000000	Claim Inquiry	CL	Claim Resubmitted	CLM	
110524000001	Benefits	CL	Unknown	BENE	
110524000002	Benefits	CL	Other	BENE	Val BB

Query Limit: 50 ☒ Filter Tasks

Step		Starting a Customer Service Inquiry Procedures (continued)
Steps denoted with an * are required.		
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.

Customer Validation

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 ☐

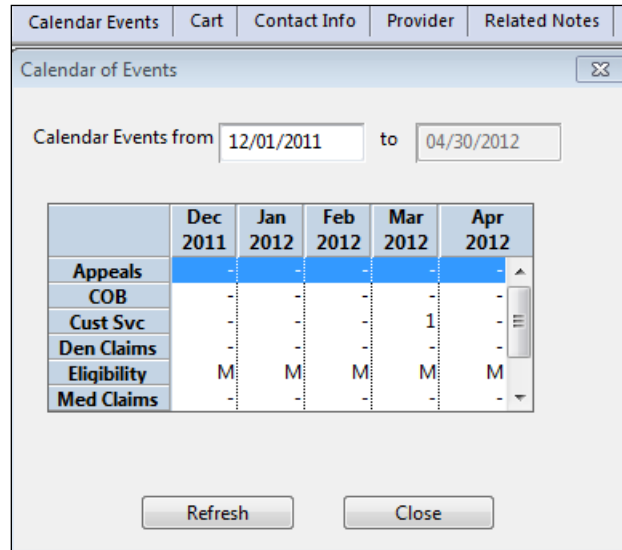
Privacy ☐ Members Confidential Communications Personal Represe

OK Cancel

Step		Starting a Customer Service Inquiry Procedures (continued)
Steps denoted with an * are required.		
6	*	Check boxes in the <i>Customer Validation</i> dialog box to state that specific information has been validated.
7	*	Upon completing validation information, select OK .
8		View <i>general</i> information and the calendar of events .

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, if they had a PCP, and the number of UM authorizations for a given 5 month period. The 5 months that are available to view may be altered by using the **Calendar Events from** field and selecting the **Refresh** button.

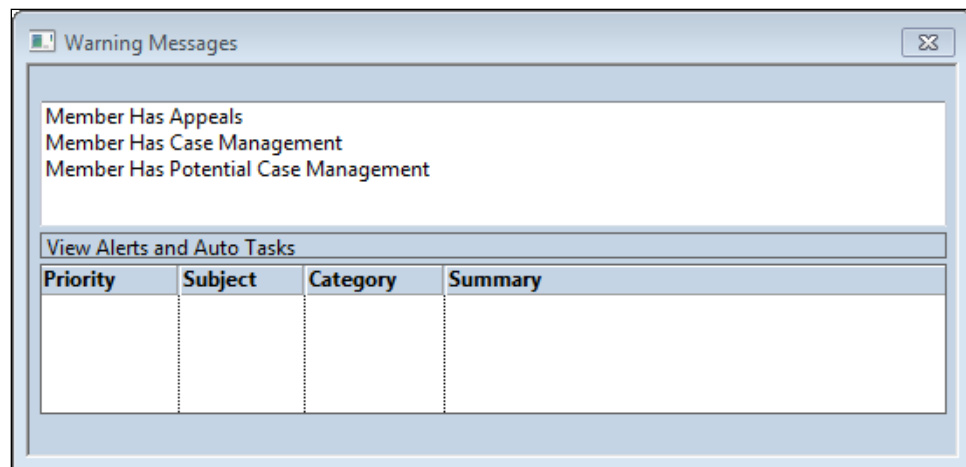


	Dec 2011	Jan 2012	Feb 2012	Mar 2012	Apr 2012
Appeals	-	-	-	-	-
COB	-	-	-	-	-
Cust Svc	-	-	-	1	-
Den Claims	-	-	-	-	-
Eligibility	M	M	M	M	M
Med Claims	-	-	-	-	-

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.

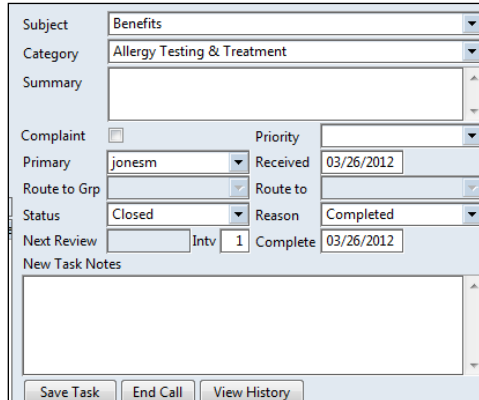
Note: Warning Messages may display, if appropriate, based on the customer (Member, Provider, etc.). Click the "X" within the **Warning Message** dialog box to close it.



Priority	Subject	Category	Summary

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*.

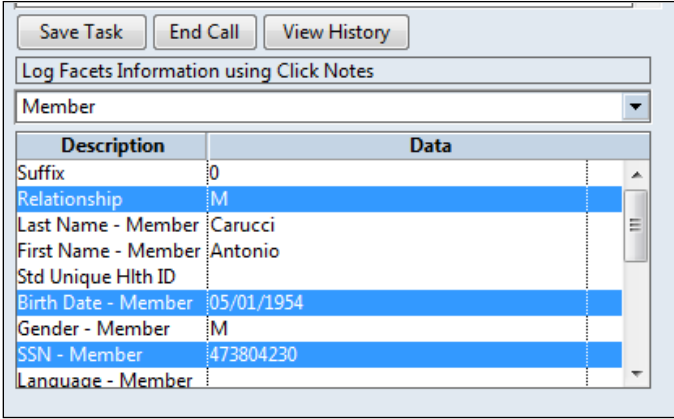


Field		Description
Fields denoted with an * are required.		
Subject		Select the user-defined topic of the conversation or correspondence.
Category		Select a user-defined category that further classifies the topic of this inquiry. This category relates to the selected subject. This field is filterable.
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 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.

Field		Description
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.



Description	Data
Suffix	0
Relationship	M
Last Name - Member	Carucci
First Name - Member	Antonio
Std Unique Hlth ID	
Birth Date - Member	05/01/1954
Gender - Member	M
SSN - Member	473804230
Language - Member	

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.

Address
Attachments
Bill Summary
CDH Account
COB
Deductible
Dental Accum
Dental Claims
Disability
Eligibility
FSA Accum
FSA Claims
General
HRA Accum
Limits
Medical Claims
Medicare
PCP
Student
UM History

Subscriber 070700003 Search 4 Click noted items for task
Member Antonio Carucci - 00 - Subscriber 05/01 Claim ID Claim Status ALL
Provider ID Search SCCF ID
Prv Name Dates 04/30/2011 to 04/30/2012 Refresh

Medical Claim History from 04/30/2011 to 04/30/2012 - Found 0003

Claim ID	Low DOS	High DOS	Total Charge - Claim	Status - Claim	Name
111400000100	05/01/2011	05/01/2011	500.00	02	Anders
111430000101	05/04/2011	05/04/2011	100.00	02	Anders
111440000100	05/05/2011	05/06/2011	5000.00	02	Comm

Claim Data
☒ Claim ID - 111400000100
☐ Low DOS - 05/01/2011
☐ Subtype - Claim - M
☐ Status - Claim - 02
☐ Status Desc - Claim - Completed
☒ Paid Date - Claim - 03/15/2012
☒ Total Payable - Claim - 101.90
☐ Total Charge - Claim - 500.00
☐ Servicing Provider ID - C07000001101
☐ Name - Provider - Andersen, Morgan A.
☐ Subscriber ID - 070700003
☒ Received Date - Claim - 05/20/2011
☐ Patient Paid Amount - 0.00
☐ Status Reason - Claim -

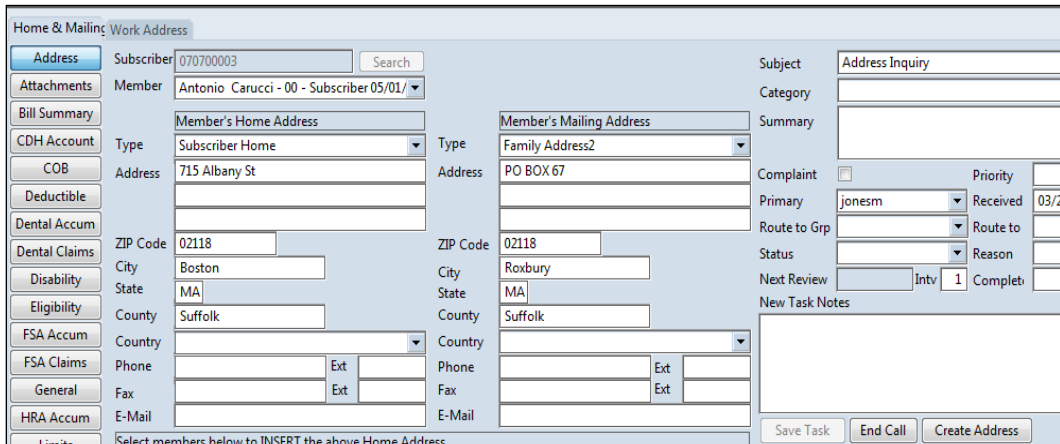
Claim Lines

Verifying and Updating an Address

Step		Verifying and Updating an Address Procedures
Steps denoted with an * are required.		
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 displays below. Any address type

Field		Description
		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)
Steps denoted with an * are required.		
2	*	<p>To associate members with a work address, select the member in the grid below the applicable address.</p> <p>The subscriber and each family member may have a unique work address. Conversely, multiple family members may share the same work address.</p> <p>Note: Security may be added to make this a 'view only' screen.</p>

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.

Address	Call ID	Subject	Category	Summary	Status	Priority	Last Update	Updated By
120326000001	NEW	NEW	New Intake	CL		03/26/2012 17:10:10	jones	
120326000001	VAL	VAL	Mbr Validation	CL		03/26/2012 17:10:10	jones	

Add Change Delete

Style	Description	Updated On	Updated By

Step		Adding Attachments to an Inquiry Procedures
Steps denoted with an * are required.		
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.

Address	Subscriber	070700003	Search
Attachments	Member	Carmela Carucci - 01 - Wife 01/22/1957	
Bill Summary			Refresh
CDH Account			
COB			
Deductible	Select Carrier ID below and press Update to		
Dental Accum	Add / Change / Terminate Member COB Information		
Dental Claims	COB History - Found 0002		
Disability	COB Carrier	Effective	Primary PH Fname
Eligibility	Oxford Trust Health Plan	01/01/2006	Carmela
FSA Accum			
FSA Claims			

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

Verifying COB Information Procedures		
Steps denoted with an * are required.		
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.

Address	Subscriber	070700003	Search
Attachments	Member	Carmela Carucci - 01 - Wife 01/22/1957	
Bill Summary	As of	03/26/2012	Refresh
CDH Account	Product		
COB	Category	Medical Product	
Deductible			
Dental Accum			
Dental Claims			
Disability			
Eligibility			
FSA Accum			
FSA Claims			

Description	Number	Max - Individual	Used - Individual	Remaining
PPO INN	1	100.00	0.00	100.00
PPO OON	2	250.00	0.00	250.00
PPO INN	1	100.00	0.00	100.00
PPO OON	2	250.00	0.00	250.00

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
Steps denoted with an * are required.		
1	*	Select the <i>Deductible</i> 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 Procedures		
Steps denoted with an * are required.		
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.

Address	Subscriber 070700003	Search																														
Attachments	Member Antonio Carucci - 00 - Subscriber 05/01																															
Bill Summary	Dates 12/01/2011 to 04/30/2012	Refresh																														
CDH Account	Benefit Summary as of 03/26/2012																															
COB	Benefit Summary Keyword																															
Deductible																																
Dental Accum																																
Dental Claims	Eligibility History from 12/01/2011 to 04/30/2012 - Found 0005																															
Disability	<table border="1"> <thead> <tr> <th>Eligibility Description</th> <th>Effective</th> <th>Termination</th> <th>Plan ID</th> <th>Term Reason</th> </tr> </thead> <tbody> <tr> <td>Eligible</td> <td>02/01/2006</td> <td>05/31/2019</td> <td>C07DENT</td> <td></td> </tr> <tr> <td>Eligible</td> <td>01/01/2009</td> <td>04/30/2074</td> <td>LIFE</td> <td></td> </tr> <tr> <td>Eligible</td> <td>02/01/2006</td> <td>05/31/2019</td> <td>C07PPOA</td> <td></td> </tr> <tr> <td>Eligible</td> <td>01/01/2010</td> <td>04/30/2074</td> <td>C11STD01</td> <td></td> </tr> <tr> <td>Eligible</td> <td>02/01/2006</td> <td>05/31/2019</td> <td>C07VFS</td> <td></td> </tr> </tbody> </table>		Eligibility Description	Effective	Termination	Plan ID	Term Reason	Eligible	02/01/2006	05/31/2019	C07DENT		Eligible	01/01/2009	04/30/2074	LIFE		Eligible	02/01/2006	05/31/2019	C07PPOA		Eligible	01/01/2010	04/30/2074	C11STD01		Eligible	02/01/2006	05/31/2019	C07VFS	
Eligibility Description	Effective	Termination	Plan ID	Term Reason																												
Eligible	02/01/2006	05/31/2019	C07DENT																													
Eligible	01/01/2009	04/30/2074	LIFE																													
Eligible	02/01/2006	05/31/2019	C07PPOA																													
Eligible	01/01/2010	04/30/2074	C11STD01																													
Eligible	02/01/2006	05/31/2019	C07VFS																													
Eligibility																																
FSA Accum	Benefit Summary as of 03/26/2012 for C07PPP01 - Found 0014																															
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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 during this date range.
Refresh		After entering a date into the Date fields, selecting

Field		Description
		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
Steps denoted with an * are required.		
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.

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
Steps denoted with an * are required.		
1	*	Select a member from the Member field.
2	*	View limit information for that member in the Limits grid.

Checking Medical Claims History

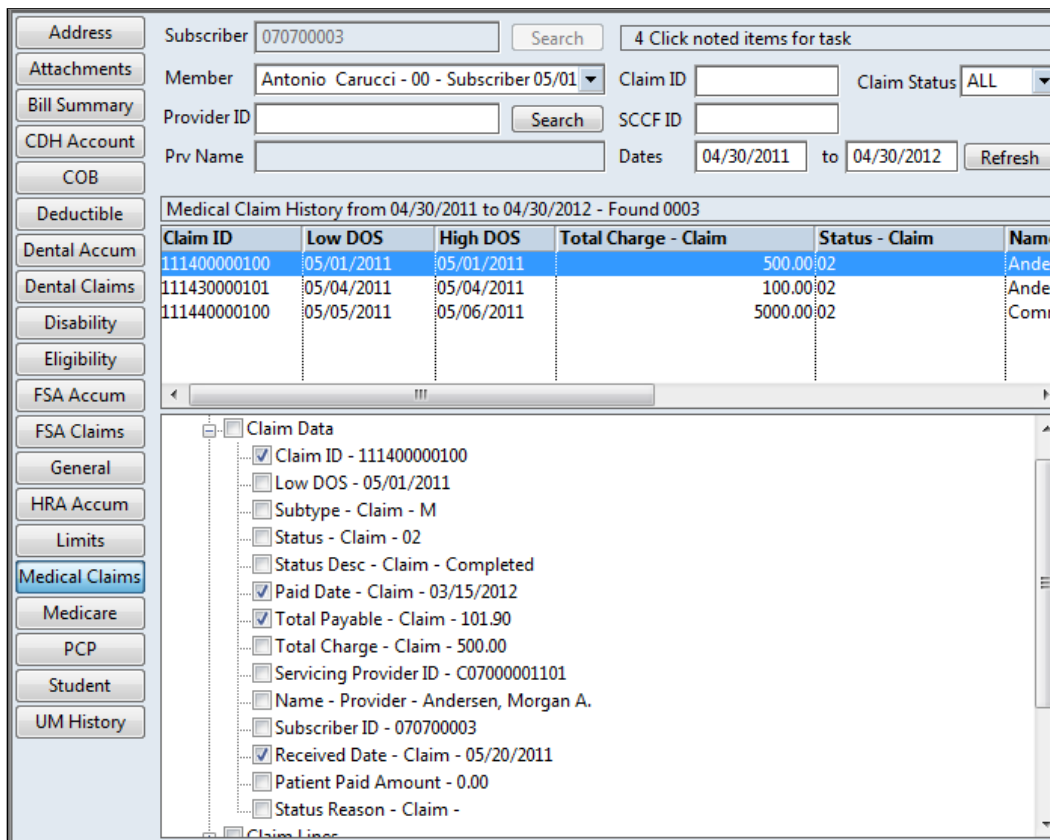
Medical Claims Task Page

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.



Address Subscriber: 070700003 Search 4 Click noted items for task

Attachments Member: Antonio Carucci - 00 - Subscriber 05/01 Claim ID: Claim Status: ALL

Bill Summary Provider ID: Search SCCF ID:

CDH Account Prv Name: Dates: 04/30/2011 to 04/30/2012 Refresh

COB

Deductible Medical Claim History from 04/30/2011 to 04/30/2012 - Found 0003

Claim ID	Low DOS	High DOS	Total Charge - Claim	Status - Claim	Name
111400000100	05/01/2011	05/01/2011	500.00	02	Anders
111430000101	05/04/2011	05/04/2011	100.00	02	Anders
111440000100	05/05/2011	05/06/2011	5000.00	02	Comm

Claim Data

- ☒ Claim ID - 111400000100
- ☐ Low DOS - 05/01/2011
- ☐ Subtype - Claim - M
- ☐ Status - Claim - 02
- ☐ Status Desc - Claim - Completed
- ☒ Paid Date - Claim - 03/15/2012
- ☒ Total Payable - Claim - 101.90
- ☐ Total Charge - Claim - 500.00
- ☐ Servicing Provider ID - C07000001101
- ☐ Name - Provider - Andersen, Morgan A.
- ☐ Subscriber ID - 070700003
- ☒ Received Date - Claim - 05/20/2011
- ☐ Patient Paid Amount - 0.00
- ☐ Status Reason - Claim -

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
Steps denoted with an * are required.		
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.

Address	Subscriber	070700003	Search
Attachments	Member	Antonio Carucci - 00 - Subscriber 05/01	Refresh
Bill Summary			
CDH Account			
COB			
Deductible	Select PCP ID below and press Update to		
Dental Accum	Add / Change / Terminate Member PCP Information		
Dental Claims	PCP History - Found 0002		
Disability	PCP Type	Effective	Provider ID
Eligibility	DP	01/01/2006	D08000000101
FSA Accum	MP	01/01/2006	C07000001101
FSA Claims			
General			
HRA Accum			
Limits			
Medical Claims			
Medicare			
PCP			

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.

Checking PCP Information Procedures		
Steps denoted with an * are required.		
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.

Address

Subscriber

070700003

Search

Attachments

Member

Anthony Carucci - 02 - Son 08/17/1987

Bill Summary

CDH Account

COB

Deductible

Dental Accum

Dental Claims

Disability

Eligibility

FSA Accum

FSA Claims

General

HRA Accum

Limits

Medical Claims

Medicare

PCP

Student

Select record to modify, terminate. Press New School to enter a new school record

School Name	Student Type	Effective	Termination	Term Reas
Boston Medical University	F	09/01/2006		

Student Type

Full-Time

School

Boston Medical University

Effective Date

09/01/2006

Termination Date

Reason

Verification

By

strozj

Method

Letter

Date

07/01/2007

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
Steps denoted with an * are required.		
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.

Step		Checking UM History Procedures
Steps denoted with an * are required.		
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
Steps denoted with an * are required.		
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 17:10:11	jonesm	jonesm
120326000001	VAL	VAL	Mbr Validation	CL		03/26/2012 17:10:11	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.

Click	Label	Value
	Birth Date - Subscriber	05/01/1954
	Group ID	C07G0002
	Subscriber ID	070700003

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)
	Steps denoted with an * are required.
4	To update the Notes field, select Task Notes .

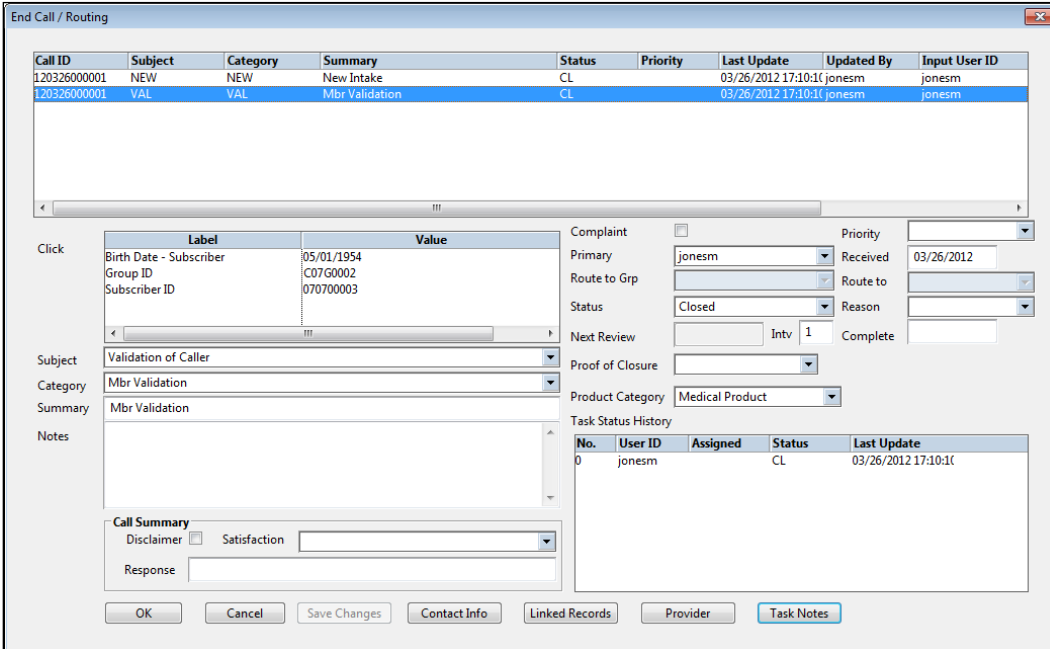
Subject	Validation of Caller
Category	Mbr Validation
Summary	Mbr Validation
Notes	

Call Summary

Step	End CSI Procedure (continued)
Steps denoted with an * are required.	
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)
Steps denoted with an * are required.	
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.



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 17:10:16	jonesm	jonesm
120326000001	VAL	VAL	Mbr Validation	CL		03/26/2012 17:10:16	jonesm	jonesm

Label	Value
Birth Date - Subscriber	05/01/1954
Group ID	C07G0002
Subscriber ID	070700003

Click: Birth Date - Subscriber, Group ID, Subscriber ID

Subject: Validation of Caller

Category: Mbr Validation

Summary: Mbr Validation

Notes:

Call Summary: Disclaimer ☐ Satisfaction

Response:

Complaint: ☐ Priority:

Primary: jonesm Received: 03/26/2012

Route to Grp: Route to:

Status: Closed Reason:

Next Review: Intv: 1 Complete:

Proof of Closure:

Product Category: Medical Product

Task Status History

No.	User ID	Assigned	Status	Last Update
0	jonesm		CL	03/26/2012 17:10:16

OK Cancel Save Changes Contact Info Linked Records Provider Task Notes

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.

Start a New Call | **My To Do List** | Customer Service Inquiry

To View the tasks assigned to you, use the To Do Folder. To find a task or set of tasks, use the CS Inquiry folder.

Date Range: Priority:

Subject: Status:

Category: Reason:

Query Limit: ☒ Filter Tasks

0008 calls. 0009 tasks shown of 0009 total tasks found. Note: Task filter applied for types New Call, Validation and End Call.

Call ID	Subject	Category	Status	Subject	Summary	Category	Status
070810000007	Privacy Request	Sending Letter	RT	HIPA	Could not authorize info due to lack of auth	LTR1	Routed
070810000011	Claim Inquiry	Claim Denial	PE	CLM	prior authorization needed for service	CLMD	Pend
070810000011	Authorization Inquiry	Retro Authorization	RT	UMIN	See Clm Details	UM1	Routed
080130000002	Address Inquiry	Address Change	RT	ADDR		ADDC	Routed
080130000003	Address Inquiry	Address Change	RT	ADDR		ADDC	Routed
080228000000	Address Inquiry	Address Change	RT	ADDR		ADDC	Routed
080509000000	Address Inquiry	Address Change	RT	ADDR		ADDC	Routed
080710000000	Address Inquiry	Address Change	RT	ADDR		ADDC	Routed
080710000001	Address Inquiry	Address Change	RT	ADDR		ADDC	Routed

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.

Start a New Call | My To Do List | Customer Service Inquiry

Select Customer Type, an ID or Route to Group/User and any query criteria below

Query Type: Any Type Search for ID

Family Link ID

Subscriber ID: 070700003 Route to Group: Date Range: Last 1 years

Member: Antonio Carucci - 00 - Subscriber 0 Route to User: Subject: All Subjects

Provider ID: Input User: Category: All Categories

Group ID: Cust Svc ID: Status: All Status

Subgroup ID: Priority: All Priorities Reason: All Reasons

Contact Information

SSN/ID

Last Name

First Name

Query Limit: 50

☒ Filter Tasks Get List

0004 calls, 0008 tasks shown of 0024 total tasks found. Note: Task filter applied for types New Call, Validation and End Call.

Call ID	Customer ID	Customer	Subject	Category	Subject	Summary	Category
07081000003	070700003	M	Address Inquiry	Address Change	ADDR		ADDC
110524000000	070700003	M	Benefits	Unknown	BENE		CAT9
110524000000	070700003	M	Benefits	Physical Therapy	BENE		UT03
110524000000	070700003	M	Benefits	CxB1 Benefits	BENE		CxB1
110524000000	070700003	M	SxU1 UM	CxU1 UM	SxU1		CxU1
110524000000	070700003	M	Claim Inquiry	Claim Resubmitted	CLM		CLMR
110524000001	070700003	M	Benefits	Unknown	BENE		CAT9
110524000002	070700003	M	Benefits	Other	BENE	Val BB	OTHR

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.
Cust Svc ID	If known, the Customer Service Inquiry ID may be entered.

Field		Description
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 Rwd**s from the **Actions** menu, Facets displays the *Member Val Based Benefit Rwd*s 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.