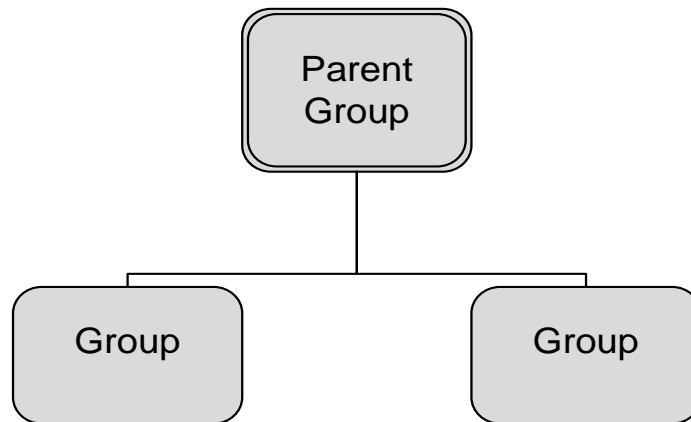# Subscriber/Family

Parent Group Application

Use this application to define a logical superset of two or more employer groups, for informational and reporting purposes. It consists of five sections: Indicative, Related Groups, Contacts, Notes, and Attachments. Below is a graph illustrating the Parent Group/Group relationship.
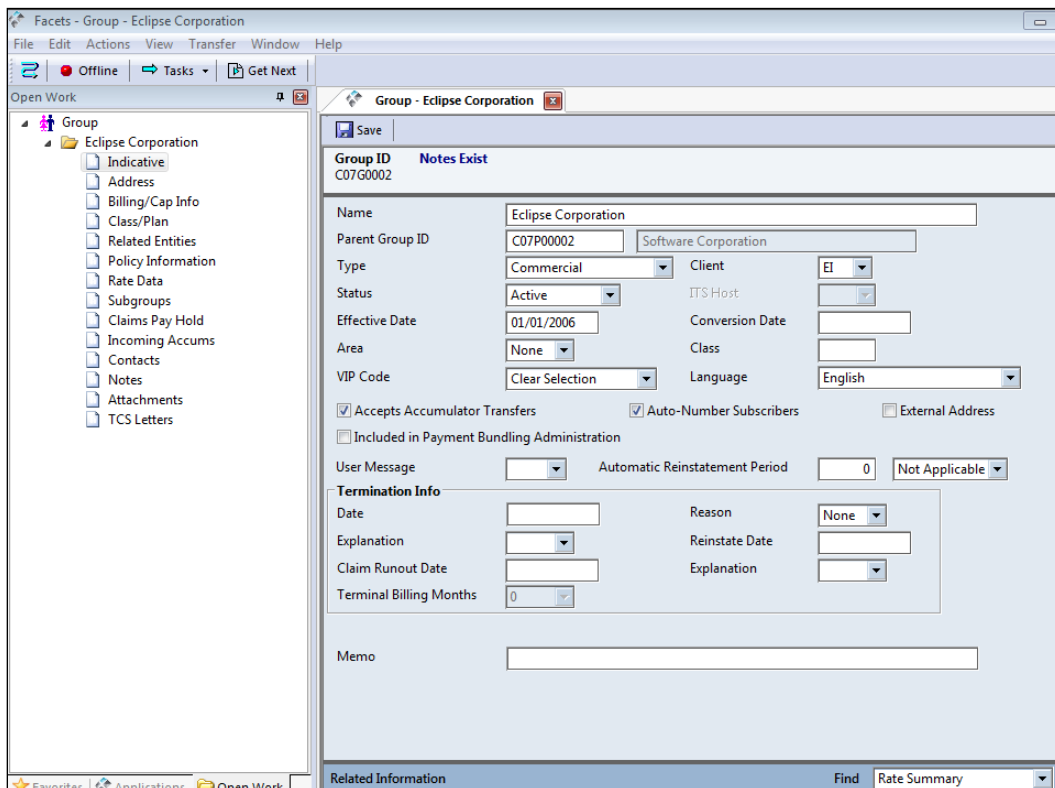
Group Application

The Group application allows the user to establish or edit information regarding an employer group, as well as to link it to one or more plans.

Indicative Section

This section holds identifying information for an employer group. Requests for ID cards for an entire group or class, product, category, or plan within the group may be entered and viewed in this section.

Field		Description
Fields denoted with an * are required.		
Name	*	Name of the Group
Parent Group ID		Links a group to a parent group; Parent Group name will text-out
Type		User defined type of group; may be used for reporting.
Client	*	Database information user defined on SA side of Facets; security is attached to this (required to save).

Field		Description
Status		Status of the group.
ITS Host		If this group is being used for ITS Host processing, select the proxy group ID that should be used.
Effective Date	*	Effective date of the group
Conversion Date		Date the group was converted to Facets.
Area		Select the previously created Area ID, which identifies a user-defined ZIP Code area used for reporting. The Area ID is a range of ZIP Codes that defines a geographic area of service for a subscriber, network, facility, or practitioner. This area is based on one or more of the following: • A subscriber's home address • The location of a practitioner • The location of a facility
Class		This field defines the class of benefits for members linked to this Group ID. Define Class at the group level using this field. It is used to determine global eligibility for all members of the group for claims, pre-pricing, and Utilization Management. It does not create eligibility at the subscriber or member level.
VIP Code		Information generally regarding the group size.
Language		Primary language spoken by the group.
Accepts Accumulator Transfers		Check this box if the group accepts accumulator transfers.
Auto-Number Subscribers		Select this check box to have all subscribers in the group have ID numbers assigned to them via Facets auto-numbering. To enable auto-numbering for all new subscriber/members associated with a Group ID, open that Group ID in the *Indicative* section of this application and select this field/checkbox. **Note**: If the user wants to auto-generate the

Field		Description
		SBSB_ID during the conversion process, they need a KEYGEN row whose type is "SBSB". When that row exists, the "Auto-Number Subscribers" checkbox is enabled.
External Address		Check this box if a record of this group's address is maintained outside of Facets.
Included in Payment Bundling Administration		Select this check box to have the claims for this group processed by Payment Bundling Administration (available by separate license).
User Message		This warning message will appear in all processing applications.
Automatic Reinstatement Period (value)		These values control the maximum gap in coverage a member is allowed to have while still being eligible for automatic reinstatement. For example, to indicate a reinstatement period of three months, the user would enter a value of 3 in the Automatic Reinstatement Period value field and select the type M – Month. The automatic reinstatement period applies to the Group if an automatic reinstatement period has not been applied to the Subgroup.
Automatic Reinstatement Period (type)		Select the type that corresponds with the Automatic Reinstatement Period value. Valid values: • M – Month • D – Day • N - Not Applicable • G - Group **Note**: A selection of "N - Not Applicable" indicates that automatic reinstatement always applies.
Termination Info: Termination Date and Reason		Enter the termination date of the group and reason; reason is required if a termination date is entered. If a group (or subgroup) termination date applies to a subscriber, Facets displays the information in ultra-blue in the **Record Information** area of the *Subscriber* section of that subscriber's

Field		Description
		Subscriber/Family record, as well as in the **Record Information** area of the Eligibility Inquiry application for that subscriber.
Termination Info: Explanation		Select the explanation code describing the overall eligibility and claims processing status for the group or subgroup.
Termination Info: Reinstate Date		Enter the date this group or subgroup reestablished its link to a specific plan. When a plan link is reinstated, all subscribers and members in that plan are reinstated automatically. **Note**: This date must be on or after the group and provider agreement dates for the plan. Remember to change the status to active.
Termination Info: Claim Run-out Date		Enter the last date (in MM/DD/YY format) that claims will be accepted for processing. This allows users to establish a run-out period that extends beyond a group's termination date. If run-out dates are not being used, leave this field blank.
Termination Info: Explanation		Select an explanation code that will display for disallowed claims received after the run-out date.
Termination Info: Terminal Billing Months		Select the number of months the group will be billed beyond termination
Memo		User input memo (up to 70-characters).

Creating a New Group

Step		Creating a New Group Procedures
		Steps denoted with an * are required.
1		Select **New** from the **File** menu (**Ctrl+N**) and enter a user-defined Group ID (8-characters) in the *New* dialog box.
2		Select **OK** to view the new ID in the **Record Information** area (top of the screen).
3		Complete the appropriate fields in the *Indicative* section.
4		Select the *Address* section to enter an address for this group.
		Note: An address is required to save a group record. Select the other sections to enter additional information.
5		Select **Save** from the **File** menu (**Ctrl+S**) to save this record.

To request or view requests for ID Cards for this entire group, follow these steps:

Requesting Group ID Cards

Step		Requesting Group ID Cards Procedures
		Steps denoted with an * are required.
1		Select **ID Cards** from the **Actions** menu (**Alt+A+I**).
2		Enter information in the *ID Card Request* dialog box and select **OK**.
3		Select the **Requests** button from the *ID Card Request* dialog box to view prior ID card requests located in the *View ID Card Requests* dialog box.

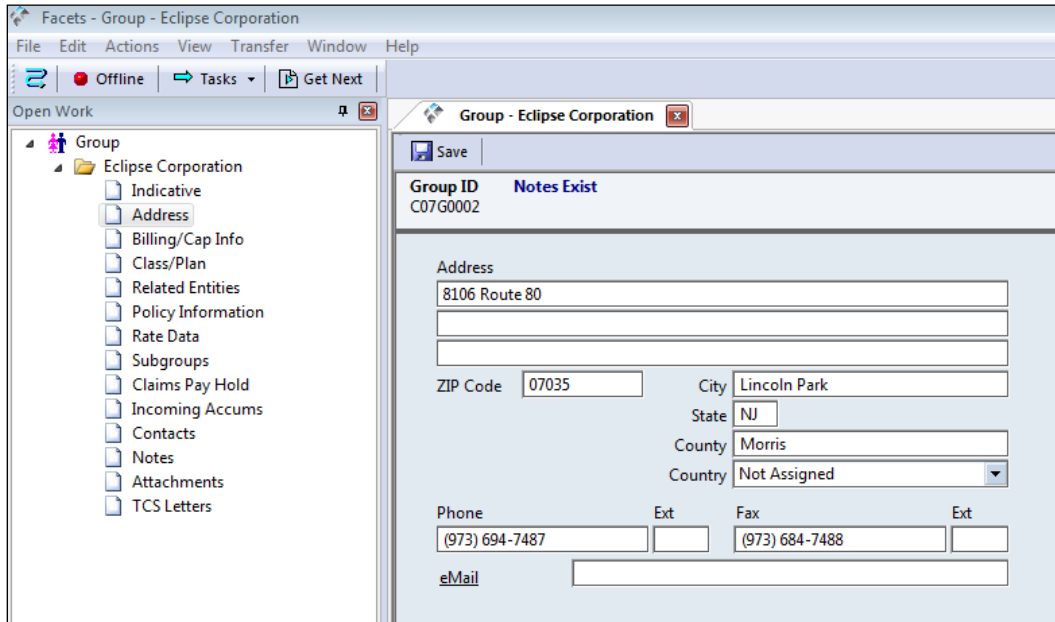**Note**: The User ID of the person who entered an ID Card request can be viewed in the *View ID Card Requests* dialog box via the Subscriber/Family, Enrollment, Group, and Subgroup applications.

Note: Based on the user's security permissions, the user's access to the **ID Cards** option on the **Actions** menu can be restricted in the Group, Subgroup, Subscriber/Family, and Enrollment applications. Only authorized users will be able to add or delete ID Card Requests in these applications.

Address Section

This section allows users to assign an address for this group. Depending upon the options chosen in System Administration, not all fields will display. Tab into the fields to enter address information.

Note: An address is required to save a group record.

Field		Description
Fields denoted with an * are required.		
Address	*	Three lines exist for street address, floor, suite, box number, etc.
ZIP Code	*	Enter the ZIP code for the address. If the address entered is located in the US, the user must type the first five digits of the ZIP Code.
City	*	Enter the name of the city. If a ZIP Code is entered, Facets will populate this field. If there is more than one city name associated with the ZIP Code, the *City Name Selection* dialog box automatically appears. Select the city name and select **OK.**
State	*	. Enter the state initials (two characters). If a ZIP Code is entered, this will fill in.

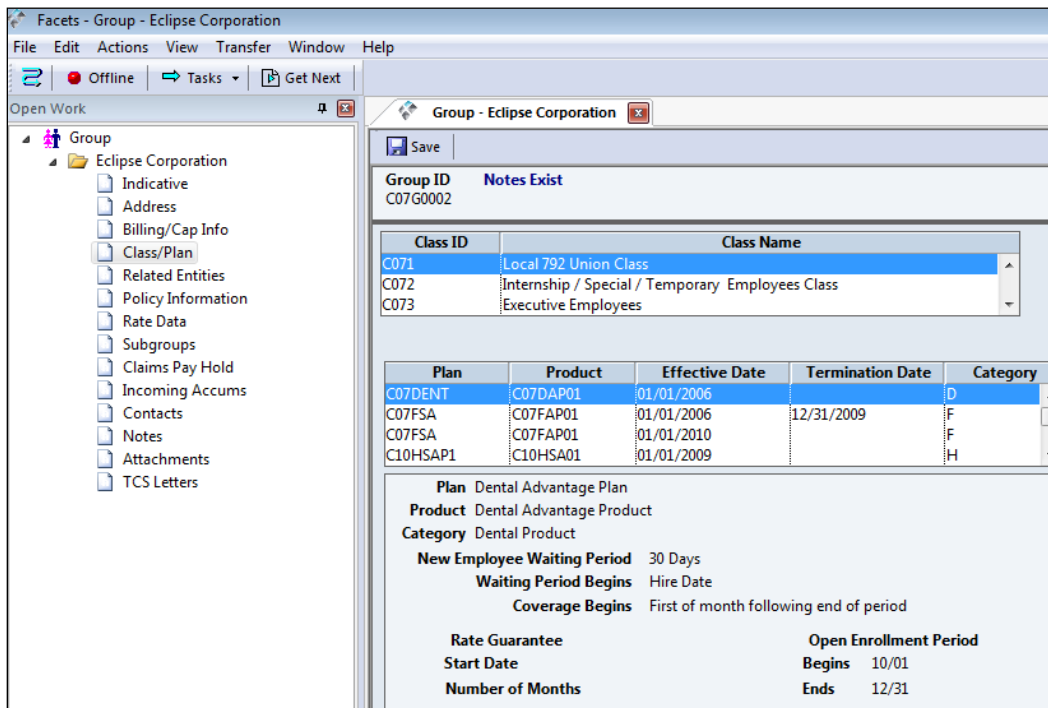| Field		Description
County		Facets will enter this information if a ZIP Code is entered.
Country		Select a country from the drop-down list.
Phone/Fax		Type the telephone and/or fax number, as well as an extension, if desired.
eMail		Enter the eMail address for the group.

Billing/Cap Info Section

This section holds billing and capitation information for a group. Select the level for which the bill is generated. Also, indicate if capitation calculations will be performed for members in this group.

Note: This field is unavailable once a bill has been generated.

Note: For more in depth information, see a TriZetto Representative regarding Billing and Capitation training.

Class/Plan Section

This section is display only. It is updated through the Class/Plan Definition application.

The grid at the top of the screen displays all Class IDs and their corresponding descriptions/names.

The plan list/grid in the middle of the screen displays the following information about the Class selected from the grid: Plan ID, Product ID, Effective and Termination Dates, and the code for the Category of the plan.

The text-out area below the grid displays information about the selected plan.

Viewing Benefit Summary

Step		Viewing Benefit Summary Procedures
		Steps denoted with an * are required.
1		If a Benefit Summary exists for the plan/product, this selection is available under the **View** menu through the Class/Plan section only of the Group application.
2		Select a plan in the grid and select **Benefit Summary** from the **View** menu (**F6**).

Related Entities Section

The Related Entity application allows the user to add or edit identifying information about any individual or organization with which the group has a relationship. The entity may be linked to a group, subscriber/member, claims payer, or utilization review firm. Generally, a related entity provides services to members linked to a group. This could include, but is not limited to Third Party Administrators (TPAs) such as medical institutions, claim payers, vision vendors or other group related entities.

The grid at the top of the section lists identifying information about each firm. The area below displays detailed information for the selected row.

In order to select or specify related entities in the *Related Entities* section of the Group application, they must first be added to Facets through the Related Entity application also found in the Subscriber/Member application group.

Policy Information Section

This section holds data regarding policy information for the Group including dates that Teledoc services were available for the Group. These dates are entered in the *Teledoc* tab.

Rate Data Section

This section holds data that allows Facets to recognize specific group billing rates. The grid at the top displays a one-line summary of rate bands attached to the group. When the row is selected, detailed information displays below.

Note: State, County, Area and SIC/NAICS Code will be used if none are found at the subgroup or subscriber level.

Subgroups Section

This section lists all subgroups affiliated with the group. The grid at the top shows the ID and name of each subgroup. When a row is selected, detailed information displays below. This section is view-only and is updated automatically when subgroups are added.
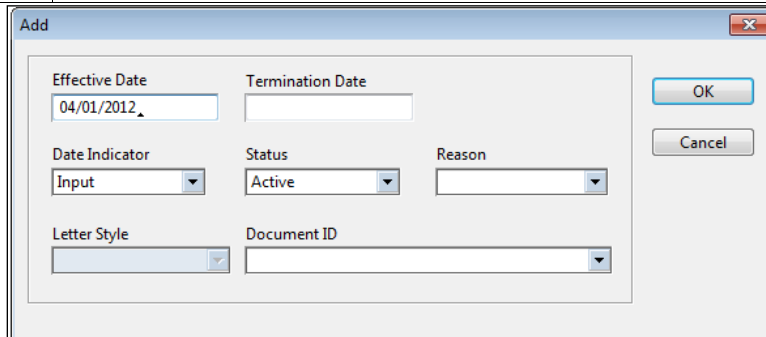
Claims Pay Hold Section

In this section, the user may place a date sensitive hold on claims for this group and establish parameters to automatically generate letters pertaining to the claims payment hold conditions. If applicable, warning messages for each claims payment hold condition will display in Claims Processing to notify claims processors of the pend condition in effect at that time.

Note: Claims are pended and accumulators will not be updated.

Adding Claims Pay Hold

Step		Adding Claims Pay Hold Procedures
		Steps denoted with an * are required.
1		Select **Add** from the **Edit** menu (**Alt**+**E**+**A**). The *Add* dialog box displays.
2		To change an existing claims payment hold, select **Change** from the **Edit** menu (**Alt**+**E**+**H**). The *Change* dialog box displays.

Field		Description
		Fields denoted with an * are required.
Effective Date	*	MM/DD/CCYY format. Enter the beginning date of the claims payment hold on this record.
Termination Date		Optional; MM/DD/CCYY format. If this claims payment hold row has been terminated, enter the ending date of the hold.
Date Indicator	*	Indicate which date on the claim the claims payment hold will apply; I/Input date, R/Received

Field		Description
		Date or S/Service Date.
Status	*	Indicate if the claims payment hold is active or inactive.
Reason	*	Indicate the user-defined reason for the claims payment hold.
Letter Style		Select the style ID of the letter header to be used. Facets will only return values pertaining to claim styles and their corresponding descriptions.
Document ID		Select the form letter ID code.

Incoming Accumulators Section

This section allows users to carry forward member and family accumulators when a subscriber moves from one group to another. These accumulators include Limits, Deductibles, COB, and Dental Incentive Coinsurance.

Adding Incoming Accumulators

Step		Adding Incoming Accumulators Procedures
		Steps denoted with an * are required.
1		Highlight the accumulators to carry forward in the *Available* box for the appropriate tab.
2		Select the forward arrow to transfer the accumulators into the *Accepts* box.
3		To deselect accumulators, select the appropriate accumulators in the *Accepts* box and select the backward arrow to move them back to the *Available* box.

Note: When transferring accumulators, remember that entries made at the subgroup-level will supersede entries made at the group-level. In addition, when the subscriber moves from one group to another, the Subscriber ID must be reused.

Limits

This tab allows the user to carry forward member and family limit accumulators when a subscriber moves from one group to another. The **Available** box displays the number and description of the Limit accumulators available in Facets. The "Accepts" box displays the number and description of the Limit accumulators that will be transferred into the new group.

Deductibles

In this tab, the **Available** box displays the number and description of the Deductible accumulators available in the database. The **Accepts** box displays the accumulators to be transferred to the new group.

Other

This tab allows the user to carry forward COB and Dental Incentive Coinsurance accumulators. The **Available** box shows the available accumulators and **Accepts** shows the number and description of accumulators to be transferred.

Exceptions

This section tab allows users to enter exceptions when accumulators at the subscriber or member level will be transferred to a new group with different accumulator numbers and descriptions.

Note: Refer to Customer Exchange for more information on accumulator transfers.

Contacts Section

Use this section to view or update the list of individuals the user may contact for information concerning this group. Select a row in the contacts section grid to view the contact name and telephone numbers in the text-out area below.

Notes Section

This section allows the user to attach a note regarding this group. When the user adds a note in this section, a Notes Exist ultra-blue message will display in the **Record Information** area (top of the screen).

Adding Notes

Step		Adding Notes Procedures
		Steps denoted with an * are required.
1		Select **Add** from the **Edit** menu (**Alt+E+A**).
2		Complete the *Note Attachment* dialog box and select the **OK** button.
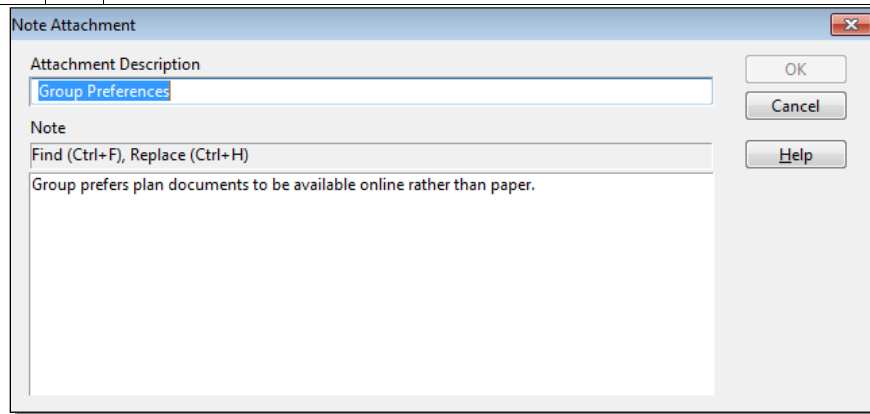
Attachments Section

Use this section to manually generate letters for this group that will be printed through a batch process. Text number, money, and date fields not stored anywhere in Facets may be captured here (e.g. a Group ID number used in the legacy system).

Adding Attachments

Step		Adding Attachments Procedures
		Steps denoted with an * are required.
1		From the menu, select **Add** from the **Edit** menu (**Alt+E+A**) and select an Attachment Style from the ***Add Attachment*** dialog box. Select **OK**.
2		Enter the desired text and select **OK** to add this information to the grid.
3		From the ***Letter Attachment*** dialog box, the user may select a document style and enter information to be printed on a letter.
4		When done creating a new group record or updating an existing record, select **Save** from the **File** menu (**Ctrl+S**) to save this Group application.
5		Then select **Close** from the **File** menu (**Alt+F+C**).

TCS Letters

Facets customers may select to use the TriZetto Communications System (TCS) for letter generation and management. Once enabled, the TCS Letters page appears as a page or section tab in Facets applications that are enabled for letters.

Using the ***TCS Letters*** page, users can view correspondence by entity/addressee or individual transaction. In addition, the user can add, change or delete requests for correspondence and view status history, depending on security permissions.

A health plan must opt to use either TCS or Facets letters exclusively. TCS is a system-wide integrated product; a Facets product parameter establishes TCS as the correspondence generation engine within the entire Facets implementation. Health plans are not able to limit TCS letter functionality by application.

When TCS is established for letters, the existing Letter attachment page or section tab in Facets applications becomes unavailable for use in creating new letters, although existing letters can still be viewed.
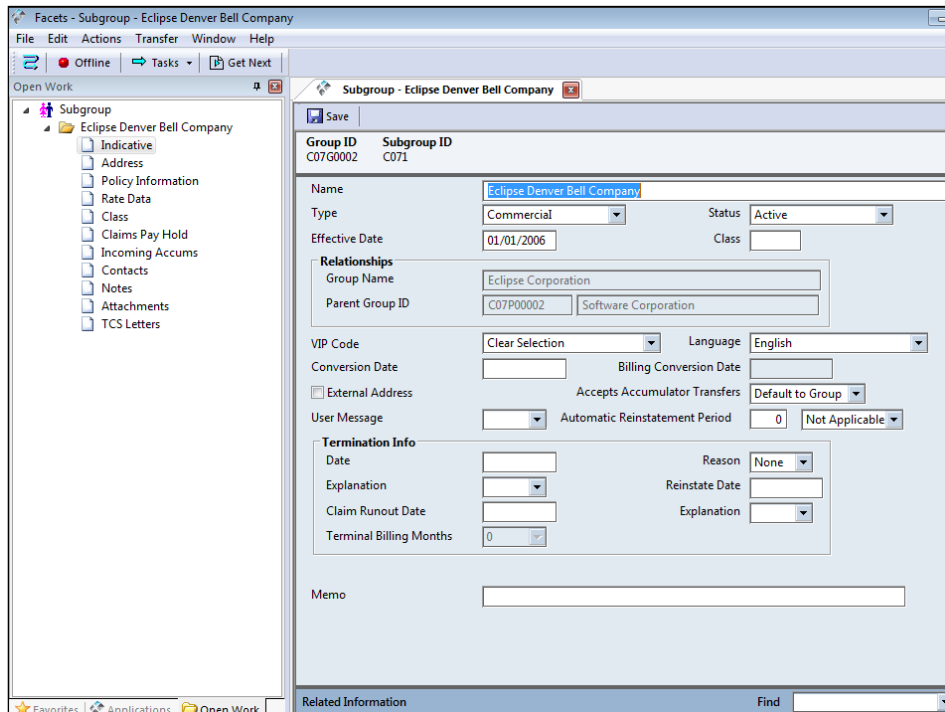
For more information on the TCS Letters system, see Customer Exchange or contact a TriZetto Representative.

Subgroup Application

The Subgroup application allows the user to establish or edit information regarding a Subgroup. The Facets application defines a subgroup as a logical subset of an employer group, such as actively employed members of a group versus retired employees.

Indicative Section

This section holds identifying information for a subgroup. Information entered here is similar to information entered in the Group application.

Keep in Mind…

A subgroup must be attached to an existing group. In other words, in order to create a subgroup, the group must first be created.
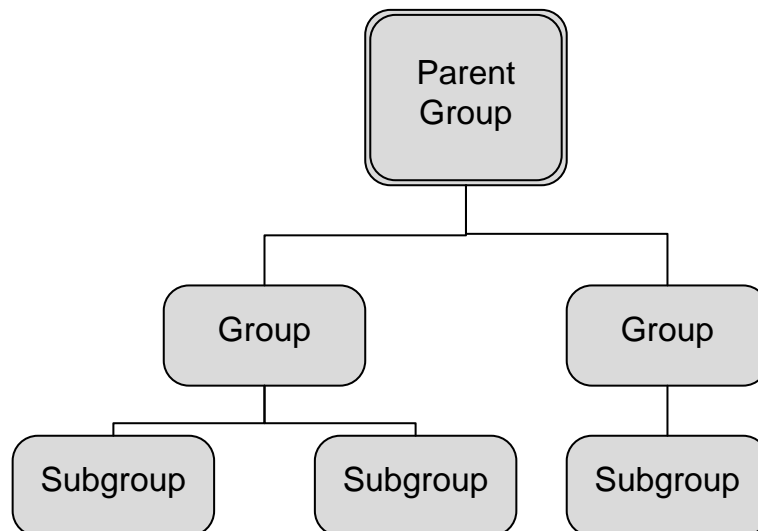
ID cards may be ordered for the subgroup through the **Actions** menu.

Subgroup is required when bill level is set to Subgroup on the Group application.

Copying Subgroup

Step		Copying Subgroup Procedures
		Steps denoted with an * are required.
1		To copy an existing Subgroup record into a new Subgroup ID, select **Save As** from the **File** menu.
2		Enter an existing Group ID. The new subgroup will be linked to in the *Set Group* dialog box.
3		Enter the new Subgroup ID in the *Save As* dialog box.
4		Select **OK**.

Below is an illustration of the Subgroup's relationship with the Group and Parent Group

```
                      ┌──────────┐
                      │  Parent  │
                      │  Group   │
                      └────┬─────┘
              ┌────────────┴────────────┐
          ┌───┴───┐                 ┌───┴───┐
          │ Group │                 │ Group │
          └───┬───┘                 └───┬───┘
        ┌─────┴─────┐                   │
   ┌────┴────┐ ┌────┴────┐        ┌─────┴────┐
   │Subgroup │ │Subgroup │        │ Subgroup │
   └─────────┘ └─────────┘        └──────────┘
```

Address Section

This section allows users to assign an address for this subgroup. Refer to the group application for field descriptions.

Keep in Mind…

An address is required to save this application. If the subgroup has the same address as the group, the address must still be entered.

Class Section

This option gives an MCO the ability to limit the class/plans that display for selection in the Subscriber/ Family and Enrollment applications when billing is at the subgroup level.

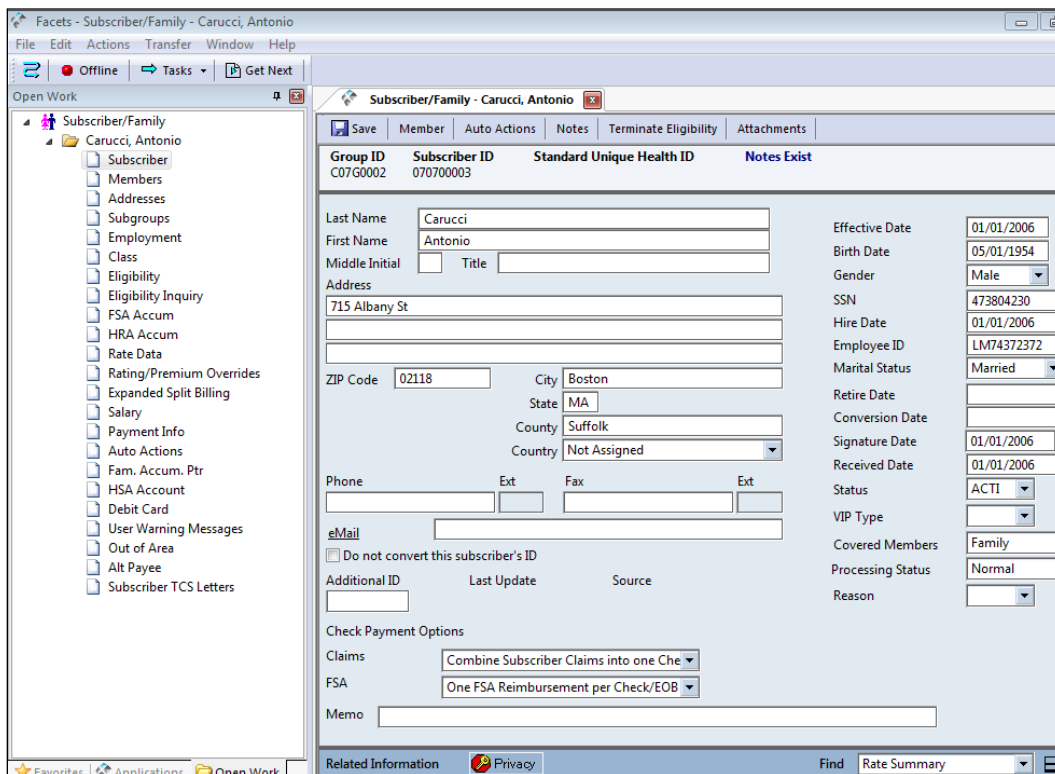**Note**: If billing is not done at the subgroup level, Facets will not even look at this section.

Subscriber/Family Application

The Subscriber Family application is primarily used for maintenance of subscribers and members already enrolled. The Enrollment application is the primary source for enrolling new subscribers.

Note: The sections that are available to a user depend on the user's level of security.

Subscriber Section

This section holds identifying information for a subscriber in a health plan that is administered by this MCO (Managed Care Organization).

Field		Description
Fields denoted with an * are required.		
Last Name/First Name/Middle Initial	*	The subscriber's last name, followed by the first name and middle initial, if applicable.
Title		The subscriber's educational degree or title, such as Junior, Senior, or CPA.
Address	*	The street location and/or P.O. box for this subscriber's address. The user may enter up to 3 lines of address information, but do not include the city, state, ZIP code, or county

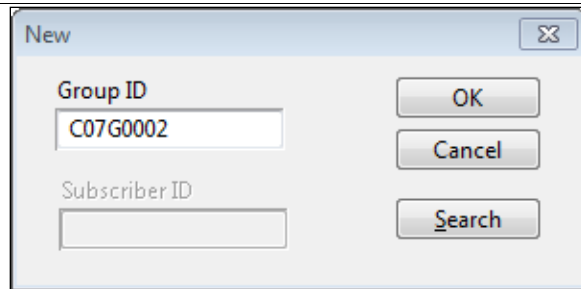| Field		Description
		in these three lines; they are included in the following four fields.
ZIP Code	*	Enter as an uninterrupted string of numbers (i.e., without hyphens). If the user enters a 'ZIP-plus-four' number, Facets adds the hyphen once this field is complete.
City	*	The name of the city where this address is located.
State	*	The state where this address is located.
County	*	The name of the county where this address is located.
Phone/Ext		The telephone number starting with the 3-digit area code. Enter this number as a single string without parenthesis or hyphens, e.g., 1234567899; Facets adds the formatting once the user completes this field, e.g., (123) 456-7899. Also, enter the extension number for the telephone number in the **Phone** field. Extension numbers may be up to 4 digits.
Fax/Ext		The telephone number for incoming faxes starting with the 3-digit area code. Enter this number as a single string without parenthesis or hyphens, e.g., 1234567899; Facets adds the formatting once this field is complete, e.g., (123) 456-7899. Also, enter the extension number for incoming faxes. Extension numbers may be up to 4 digits.
eMail		Enter the eMail address for the subscriber.
Do not convert this subscriber's ID		Checking this box selects this specific subscriber to be bypassed during the Subscriber ID Conversion batch process.
Additional ID		The Additional ID for this subscriber. If the one entered is the same as the Additional ID of another subscriber in the group or is a duplicate of another's Additional ID, an error displays.

Field		Description
Last Update		System generated. Facets displays the date of the most recent additional ID activity for this subscriber.
Source		System generated. Facets displays the source of the most recent Additional ID activity for this subscriber, such as Conversion Batch, MMS (Member Maintenance Batch), Manually Online or no display.
Check Payment Options Claims		Defines how claim checks are paid to the employee.
Check Payment Options: FSA		Select whether or not the payment process should combine the subscriber's FSA reimbursements. **Note**: This option is also available in the Subscriber/Family and Enrollment applications. It is labeled "FSA" in the Enrollment application.
Memo		Memos are for informational purposes only, they appear on processing screens. If the user wants to attach a longer memo to this subscriber's record, enter it in his/her Subscriber/Family record through the Notes button or *Notes* section tab.
Effective Date	*	The date the subscriber's record became effective in Facets.
Birth Date	*	The birth date of this subscriber.
Gender	*	The gender of the subscriber. Valid values are None, F – Female, M – Male and U – Unknown.
SSN		The Social Security Number (SSN) of this subscriber. When a subscriber participating in a Health Savings Account (HSA) is enrolled in Facets, the subscriber's SSN is required
Hire Date		The employee's hire date.

Field		Description
Employee ID		The employee's ID number.
Marital Status		The marital status of this subscriber.
Retire Date		The subscriber's retirement date.
Conversion Date		The date the subscriber became active in Facets, i.e. when history was converted. This date is used during the conversion of existing business data.
Signature Date		The date the subscriber signed the application or change form.
Received Date		The date the application or change form was received by the MCO.
Status		The user-defined code (established in the User-Defined Codes application of the Application Support application group) that shows the current employee status of the subscriber. Options may include some of the following: • ACTI – Active • DECE – Deceased • PREM – Pre-member • RETI – Retired • TERM - Terminated
VIP Type		The user-defined code that rates the employee; similar to the VIP codes assigned to a parent group, group or subgroup.
Covered Members		System-defined codes used to indicate which members are covered under each benefit plan.
Processing Status		A code to indicate the processing status for the new subscriber and related members. The default is "Normal". A 'hold' status is allowed only if no claim and/or UM/CM activity has been processed for the subscriber or related members, and if no bills have been produced for this subscriber.

Field		Description
Reason		The user-defined code that describes the reason why the subscriber's processing status is on hold.

Creating a Subscriber/Family Record

Step		Creating a Subscriber/Family Record Procedures
		Steps denoted with an * are required.
1		Select **New** from the **File** menu (**Ctrl+N**) to obtain the *New* dialog box. Use it to create a new Subscriber/Family application.
2		Enter a user-defined Subscriber ID and the existing Group ID to which the subscriber will be linked. Select **OK**. If the Group ID is not known, the user may conduct a search by selecting the **Search** button or choosing **Alt+S.**

Step		Creating a Subscriber/Family Record Procedures (continued)
		Steps denoted with an * are required.
3		If the application is configured for auto numbering, the **Subscriber ID** field will be unavailable. Therefore, enter only the Group ID in the *New* dialog box and select **OK**. When **Save** is selected from the **File** menu (**Ctrl+S**), the generated Subscriber ID displays.
4		**TAB** into the fields of the *Subscriber* section to enter information. Add additional information in other sections, as well as section tabs of the *Members* section.

Members Section

Use this section to add all members covered under a subscriber's enrollment in the health plan, and to add member-specific information.
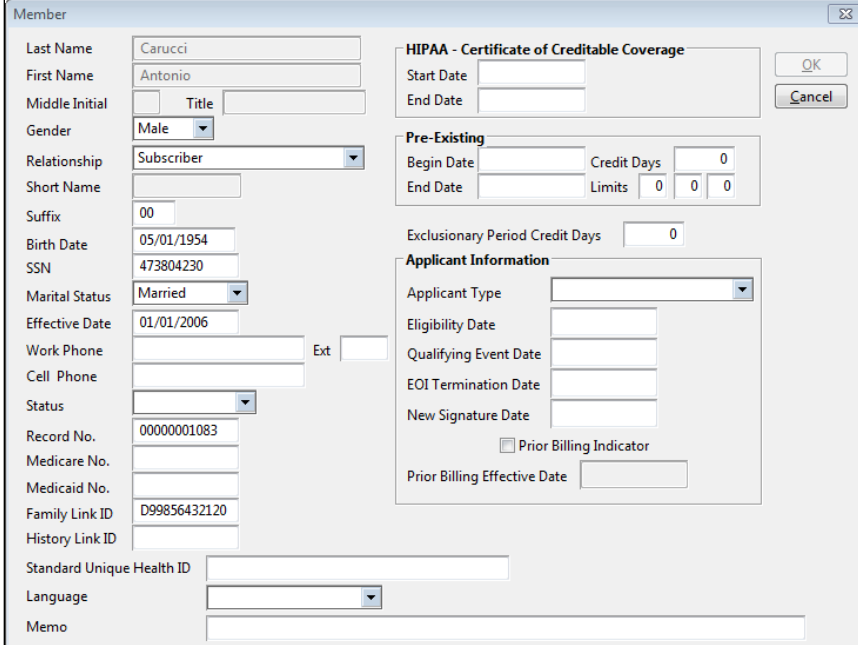
Indicative Section Tab

This section tab holds identifying information in the text-out area for the member highlighted in the grid at the top of the screen.

After a subscriber is linked to a group, all of the members covered under the subscriber's enrollment in the health plan must be added.

Adding Members

Step	Adding Members Procedures
	Steps denoted with an * are required.
1	Select **Add**…**Section** from the **Edit** menu (**Alt+E+A+S**) to bring-up the *Member* dialog box (or highlight the appropriate member row in the grid and select **Change** from the **Edit** menu (**Alt+E+H**) to change information previously entered; must have the appropriate level of security to do this).
2	Enter information in the appropriate fields.
3	Select **Save** from the **File** menu (**Ctrl+S**) to save the additions or changes made.

Field		Description
Fields denoted with an * are required.		
Last Name	*	Enter the last name of the member. Facets displays the last name of the current subscriber as a default.
First Name	*	Enter the member's first name.
Middle Initial		Enter the member's middle initial.
Title		Enter the member's title or educational degree, such as Jr. or CPA
Gender	*	Select the gender of this member. Usually, the selection in the **Relationship** field selects the gender automatically, however if a "Subscriber" or "Other" is selected in the **Relationship** field, the gender of the member must be selected here.
Relationship	*	Select the code in the drop-down that indicates this member's relationship to the subscriber. If this member is the subscriber, this selection is optional.
Short Name		Facets displays the first six characters of the member's first name as it was typed in the **First Name** field. Users may enter another abbreviation for the first name by typing over this data before the member's record is saved for the first time.
Suffix	*	System generated. Facets assigns a sequence number to each member as their 'indicative' data is entered. The numbers begin with 00, 01, 02, etc. The user may also establish a numbering scheme by typing over this number. **Note**: The subscriber (employee) will always be the first member entered and will have a suffix of "00". Each subsequent member added will have the next generated suffix number, i.e. 01, 02, 03, etc.
Birth Date	*	Enter the member's date-of-birth.
SSN		Enter the member's Social Security

Field		Description
		Number. Facets users have the ability to define the values required in the **Subscriber** and **Member Social Security Number** fields. A product parameter enables users to determine that the entry in the **Subscriber** or **Member SSN** field should be numeric only and nine digits long. This functionality helps eliminate consistency errors between Facets and HIPAA Gateway.
Marital Status		Select the marital status of this member.
Effective Date	*	Enter the effective date of the member's agreement with the health plan. This date must be on or after the effective date of the subscriber.
Work Phone		Enter the member's work phone number.
Extension		Enter the member's work extension, if any.
Cell Phone		Enter the member's cell phone number. **Note**: The format of this field is determined by the product parameter, PHONE_EDIT. Refer to the *System Administration User Guide* for details.
Status		Select the code that defines the current status of this member. For informational purposes only.
Record No.		Enter a number that identifies this member in Facets. Facets uses these numbers to link members to different subscribers, as well as to any related claims. By manually copying this number to a new enrollment transaction, health plans may continuously identify members even if their relationships or IDs change. This field may be set-up in System Administration to populate automatically when the user tabs-through the field.
Medicare No.		Enter the Medicare number or HICN (Health Insurance Claim Number) for this member. The user may enter the Medicare

Field		Description
		Number in the *Member* dialog box as part of the Medicare Risk information entered in the *New Medicare Member* dialog box, or as an event through the *Medicare Event* dialog box.
Medicaid No.		Enter the Medicaid number for this member.
Family Link ID		Enter the user-defined ID number used to identify members of a family unit who have individual policies or separate, un-related Subscriber ID numbers.
		Use the Family Link ID to associate family members with one another. Facets Medicaid users define each family member as a Subscriber. In order to link these family members together, these users assign a common Family Link ID to each member within the family.
History Link ID		Enter an ID that will maintain a historical link for a member who has had coverage in multiple groups under one health plan. Facets can historically link members' claim data when they move from one employer to another as long as the employers are covered by the same health plan. Once the History Link ID has been entered in the Subscriber/Family, Enrollment, or Quick Member applications, the ID may be viewed in the Claims Processing and Claims Inquiry applications. For dental, this History Link ID allows a tooth chart to be linked to a member regardless of group affiliation. Utilization edits may be applied across members linked by the History Link ID. This History Link ID allows claims to be processed properly as the member moves from one employer to another when coverage is provided by the same health plan.
Standard Unique		Enter the member's Standard Unique

Field		Description
Health ID		Health ID. This field is used by the EDI 835 transaction and supports the EDI 5010 process.
Language		Select the primary language of the member.
Memo		Enter a free-form informational memo about this member. This field is for informational purposes only.
HIPAA – Certificate of Creditable Coverage (Health Insurance Portability and Accountability Act): Start Date		Enter the member's first day of coverage under the HIPAA Certificate of Creditable Coverage (CCC). This field is for informational purposes only.
HIPAA – Certificate of Creditable Coverage (Health Insurance Portability and Accountability Act): End Date		Enter the member's last day of coverage under the HIPAA Certificate of Creditable Coverage (CCC). This field is for informational purposes only. **Note**: An End Date is required if a Start Date was entered.
Pre-Existing: Begin Date		Enter the member's pre-existing effective date.
Pre-Existing: End Date		Enter the member's pre-existing termination date.
Pre-Existing: Credit Days		Enter the number of days that will be applied as a credit toward the waiting period. This is a credit of time (up to 999 days) during which a pre-existing condition warning message will generate after the member's effective date. The warning message displays during claims processing. The Administrative Information application (AIAI) already includes the ability to establish a period of time during which a pre-existing condition warning message generates.
Pre-Existing:		Enter the member's pre-existing limit value(s).

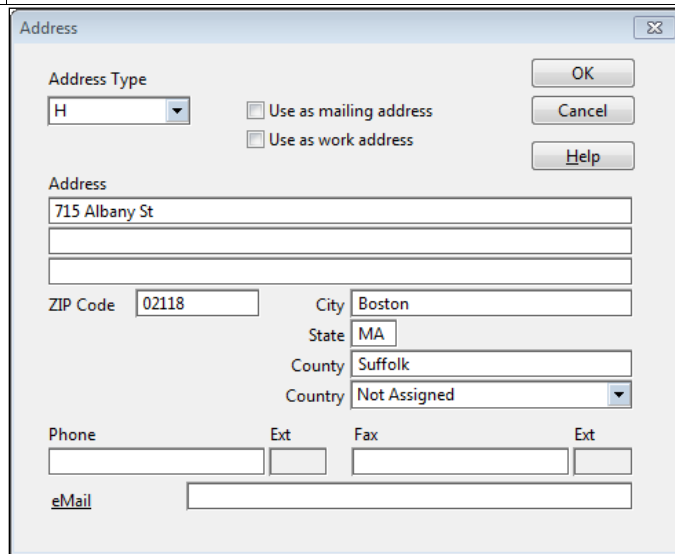| Field		Description
Limits		
Exclusionary Period Credit Days		This field allows the user to credit individual subscribers with a specified number of days if they have already accrued exclusionary period days. Enter the number of days to be credited to any exclusionary period set-up in the Limit Rules application. The user may credit members with days to be subtracted from the pre-defined period due to enrollment in a prior group or plan that contained a similar exclusionary provision. Facets uses this number to check if a procedure or service falls in the exclusionary period.
Applicant Information: Applicant Type		Select the member's applicant type.
Applicant Information: Eligibility Date		Enter the date the member was eligible for coverage.
Applicant Information: Qualifying Event Date		Enter the date the member had a qualifying event.
Applicant Information: EOI Termination Date		Enter the date evidence of insurability (EOI) is no longer required for the member.
Applicant Information: New Signature Date		Enter the signature date of a new application for the member.
Applicant Information: Prior Billing Indicator		Select this check box if prior billing exists for this member.
Applicant Information: Prior Billing Effective Date		Enter the effective date of prior billing for this member.

Addresses Section

Use this section to create and display all addresses for a subscriber and member(s). A subscriber may have multiple addresses, but must have one primary home/mailing address. The subscriber's home, mailing, and work addresses are indicated in the **Addresses** section, whereas addresses are selected in the *Address Select* section tab for any additional members.

Select a row in the grid at the top of the section to view detailed address information in the text out area below.

Adding Addresses

Step	Adding Addresses Procedures
**Steps denoted with an * are required.**
1	Select **Add** from the **Edit** menu (**Alt+E+A**). The *Address* dialog box will appear.

Step	Adding Addresses Procedures (continued)
**Steps denoted with an * are required.**
2	Enter address information and select OK.

Field		Description
		**Fields denoted with an * are required.**
Address Type	*	Indicate the type of address (e.g. home/mailing) for the subscriber and associated member. Valid values are 0-9 and A-Z. **Note**: The 'address type' of "H – Subscriber Home", must be used for the subscriber's home address. Any

Field		Description
		'address type', including "H", can be used for the Subscriber's work or mailing address.
Use as mailing address		Select this checkbox to indicate that this address will be used as a mailing address for the subscriber and/or member(s). If a mailing address for a member is not selected, Facets uses the subscriber's address by default.
Use as work address		Check this box if this address is to be used as the work address for the member; it may only be used for one address. **Note**: This check-box option applies to the Assigned Risk Module, and allows a PCP additional flexibility to meet any contractual or regulatory obligations regarding patient demographics.
Address	*	Three lines exist for street address, floor, suite, box number, etc.
ZIP Code	*	Enter the ZIP code for the address.
City	*	Enter the name of the city. If a ZIP code is entered, Facets will populate this field. If there is more than one city name associated with the ZIP code, the *City Name Selection* dialog box automatically appears. Select the city name and select **OK**.
State	*	Enter the state initials (two-characters). If a ZIP code is entered, this will fill in.
County		Facets will enter this information if a ZIP code is entered.
Country		Select a country from the drop-down list.
Phone/Fax		Type the telephone and/or fax number, as well as an extension, if desired.
eMail		Type the eMail address.

Keep in Mind...

An address is required to save this application.

The fields that display on the *Address* dialog box are determined by the ADDRESS and PHONE_EDIT product parameters. Refer to the *System Administration User Guide* on Customer Exchange for details.
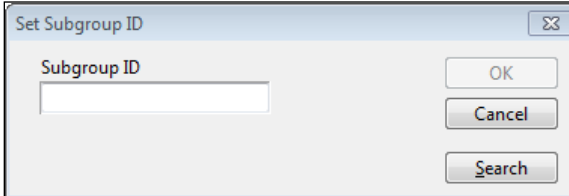
Subgroups Section

This section shows each subgroup that exists within the group to which this subscriber is linked. If the subscriber is employed by a subgroup, this information needs to be attached in this section. The subgroup must be a subset of the group to which the subscriber is already linked.

The grid at the top of this section shows the ID and name of each subgroup for this subscriber. When a row in the grid is selected, detailed information for that row displays in the text-out area below.
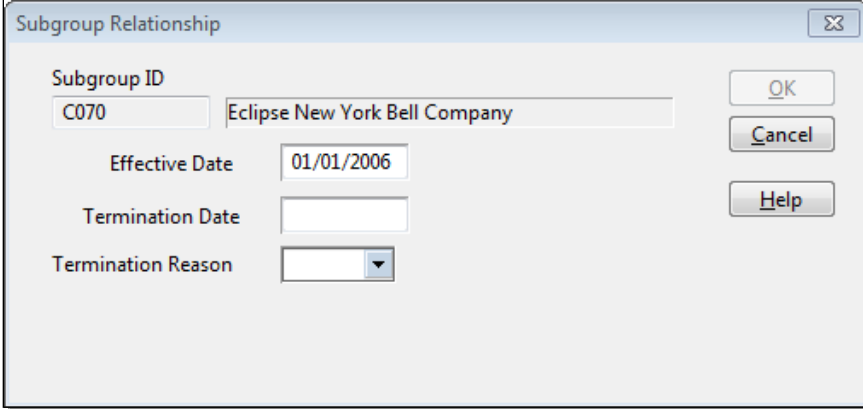
Adding a Subgroup Section

Step		Adding a Subgroup Section Procedures
		Steps denoted with an * are required.
1		Select **Add** from the **Edit** menu (**Alt**+**E**+**A**). The *Set Subgroup ID* dialog box will display. The user can only select a subgroup that is valid for the group.

Step		Adding a Subgroup Section Procedures (continued)
		Steps denoted with an * are required.
1		Enter the Subgroup ID and select **OK**. The *Subgroup Relationship* dialog box will appear.
2		Select **Add** from the **Edit** menu (**Alt**+**E**+**A**). The *Set Subgroup ID* dialog box will display. The user may only select a subgroup valid for the group.
3		Enter the Effective Date and select **OK** to return to the **Subgroups** section. If a Termination Date is entered, a Termination Reason will be required.

Keep in Mind…

If the group's Bill level is set at subgroup, a subgroup must be entered on the subscriber's record before it will save.

Class Section

This section attaches a subscriber to a class of benefits.

Adding a Class

Step		Adding a Class Procedures
		Steps denoted with an * are required.
1		TAB into the enterable grid.
2		Select a valid Class from the drop down list.
3		Enter the **Effective Date**, **Termination Date** (if applicable) and select **OK**. Multiple lines may be added to the grid. However, only one Class may be in effect at any point in time.

Note: A member cannot be assigned to a different class than the subscriber.

Eligibility Section
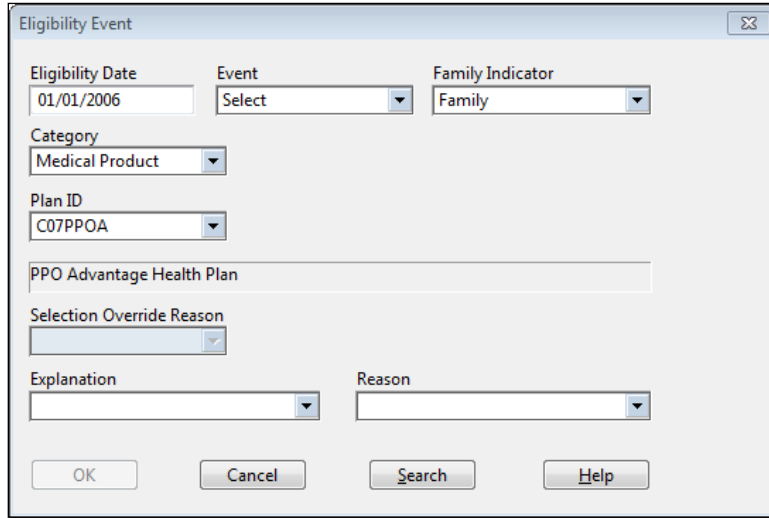
This section shows details about a subscriber's eligibility to receive plan benefits. The components that define eligibility in Facets appear in the grid at the top of the section. When a row in the grid is selected, detailed information displays below.

Each row of eligibility information may have a different purpose. One row may define a subscriber's enrollment in a plan while another row may terminate the subscriber's coverage in a plan, and yet another row may reinstate that coverage. Facets maintains a history of the subscriber's and member's prior eligibilities for reporting purposes.

Adding Subscriber Level Eligibility Events

Step		Adding Subscriber Level Eligibility Events Procedures
		Steps denoted with an * are required.
1		Select **Add** from the **Edit** menu (**Alt+E+A**). The *Eligibility Event* dialog box displays.

Step	Adding Subscriber Eligibility Events Procedures (continued)
	Steps denoted with an * are required.
2	Complete the dialog box and select **OK**. The first event for each category must be Select, and after used, it should not be used for subsequent events in a category.

Note: A user with the appropriate level of security may void an eligibility event retroactive to the effective date without the member having one day's coverage. This includes eligibility changes to both new and existing members.

Field		Description
		Fields denoted with an * are required.
Eligibility Date	*	Enter the effective date of the Eligibility Event.
Event	*	Select a system-defined code to classify an event that changes the subscriber's eligibility status: Select Change, Terminate, Reinstate, COBRA Begin, COBRA End, or

		Plan-entry Override.
Family Indicator	*	Select a code to indicate which family members are covered under each benefit plan: A=Entire Family, B=Subscriber and Spouse, C=Subscriber Only, D=Subscriber and Dependents, E=Spouse and Dependents, F=Spouse Only and G=Dependents Only.
Category	*	Select a value identifying a link to this Plan/Product with the appropriate Product category. **Note**: Only those categories linked to the Class ID associated with the subscriber's Group ID will display in this drop-down field selection.
Plan ID	*	Enter the actual Plan ID. **Note**: Only those Plan IDs linked to the selected Category display in the **Plan ID** field. Users must select a Category in order to be able to select a Plan ID.
Selection Override Reason		Select a user-defined subscriber reinstatement override reason to allow a reinstatement effective beyond the automatic reinstatement period. This control is only enabled if the Event is "RI" (Reinstate) or "CB" (Cobra Begin).
Explanation		Enter an Explanation Code for an Eligibility change.
Reason		Enter a Reason Code for an Eligibility change.

Note: When the Subscriber/Family application is saved, Facets will verify the Plan selections are valid for the class and display a pop-up box if they are not valid. The Facets pop-up box will state "Plan selections for one or more members are invalid for the Class. Plan changes may be necessary. This is only a warning message. The save is complete. Solution: Update Eligibility."

Eligibility Inquiry Section

This section displays all eligibility information for the subscriber and all members. The same information may be viewed through the Eligibility Inquiry application in the Subscriber/Member application group. This section is view only.

Payment Information Section

This section contains information that may be used to make claim payments through Electronic Funds Transfer (EFT) to a subscriber's bank account. This information is maintained in Facets for external use only.

Adding Payment Info

Step		Adding Payment Info Procedures
		**Steps denoted with an * are required.**
1		TAB into the fields to enter information.

Field		Description
		Fields denoted with an * are required.
Electronic Funds Transfer	*	Checkboxes used to indicate EFT is being used for a product category. For documentation only. Actual EFTs are handled outside of Facets.
Bank ID	*	Enter a valid Bank ID. Bank IDs must first be set-up in the Application Support application group, Bank Data application.
Account Name	*	Name of bank account.
Account Number	*	Account Number.
Account Type	*	Type of bank account (previously defined in the Application Support application group).

Auto Actions Button/Section

This section offers the ability to view automatic actions generated for a subscriber and/or related member(s) based on Business Events identified at the product level (i.e. Automatic Action Criteria application). Facets compares new eligibility, PCP, and membership information for a subscriber or member to the old set of results and the plan parameters. If a match is found that indicates a letter or an action should be generated, an Action row is added to the **Auto Actions** grid. Automatic Actions include letters, ID cards, messages, and reports.

Viewing Subscriber/Member Auto Actions

Step		Viewing Subscriber/Member Auto Actions Procedures
		Steps denoted with an * are required.
1		To view automatic actions generated for a subscriber and/or related members, access the **Auto Actions** button from the *Subscriber* section.

The grid in the *Automatic Actions* section displays information about each action generated based on a business event in the subscriber's record.

Step		Viewing Subscriber/Member Auto Actions Procedures
		Steps denoted with an * are required.
2		Select/highlight a row in the grid to view the detailed information in the text-out area below the grid.

Adding, Changing or Deleting Subscriber/Member Auto Actions

Step		Adding, Changing or Deleting Subscriber/Member Auto Actions Procedures
		Steps denoted with an * are required.
1		To add a row, select the **Add** button while in the *Automatic Actions* dialog box. The *Automatic Action* dialog box displays. Enter the criteria and select **OK**.
2		To delete a listed action, highlight the desired row in the grid of the *Automatic Actions* dialog box and select the **Delete** button. A Facets pop-up box displays confirming the deletion. Select the **Yes** button for the row to be deleted.
3		To update or change a listed action in the grid of the *Automatic Actions* dialog box, highlight the desired row and select the **Change** button. The information appears populated in the *Automatic Action* dialog box where changes may be made.

Field		Description
Fields denoted with an * are required.		
Category	*	Select a code to identify the type of automatic action; Eligibility, PCP or Membership.
Member	*	Select the individual to whom the output applies. This drop-down selection list displays the member's suffix, comprehensive relationship code, name, and birth date.
		Note: Refer to the *Subscriber/Member Application Group: Reference Guide* at the end of this chapter for additional information on 'comprehensive relationship codes'.
Business Event	*	Select the event that triggers Facets to automatically produce an output.
Method	*	Select the specific cause of the business event.
Effective Date	*	Enter the date this business event became effective.
From Plan/Coverage		Enter the plan and coverage the member is changing from.
(To) Plan/Coverage		Enter the plan and coverage to which the member is changing.
Batch ID	*	Enter an ID used for automatic letter generation.
Product Cat		Select the coverage category for the indicated business event, for example: Medical or Dental.
Reason		Select a reason code for the output being produced.
Scheduled for Batch		Enter the date the output is scheduled to be produced.
Plan, Product, Prefix		Facets will populate these fields.
Actions: Letter Style	*	Select the style of the document to be produced.
Actions: Document	*	Select the specific document that will be produced.
Actions: Message		Select an explanation code, if it is to be

Field		Description
		included.
Output Status		To create output for separate, manual processing (and have Facets ignore this output when searching for batch), Facets displays Hold.
Output Code		If the user wants to put a code on the output to help identify it for separate manual processing, Facets displays the user-defined code.

Keep in Mind...

Until the batch routine is run, this is the only place to see that an action is pending. After batch, all letter rows will display through the **Attachments** button and section tab of the Subscriber/Family application.
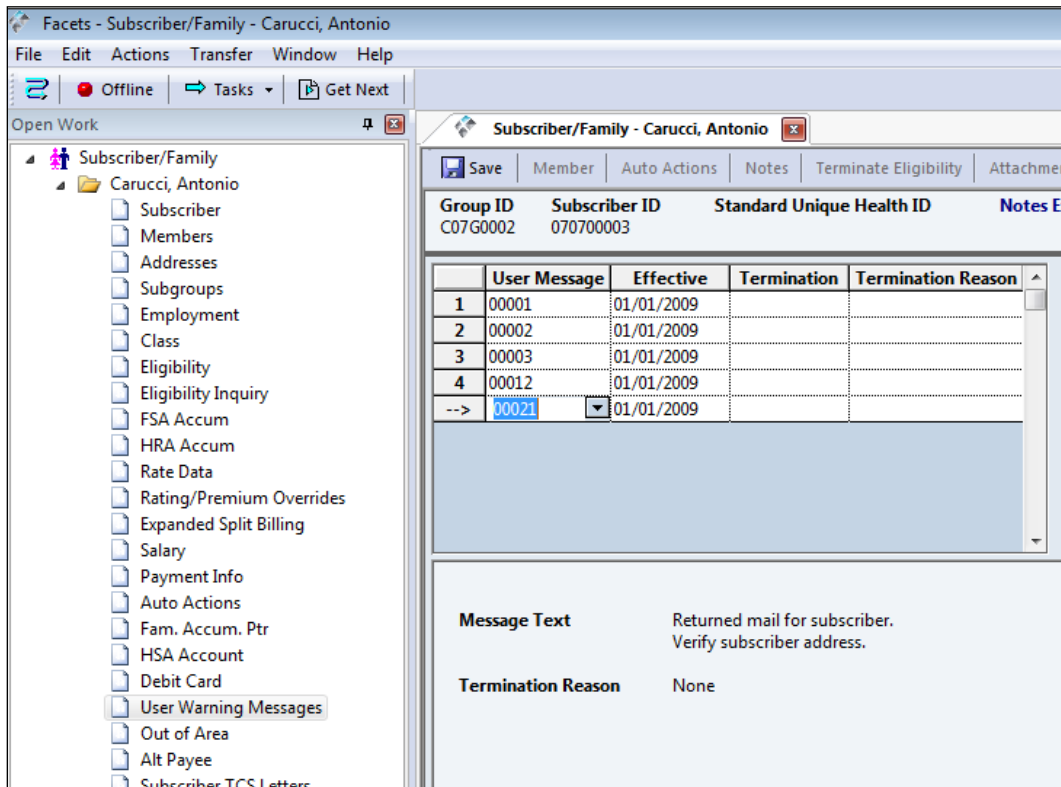
Fam. Accum. Ptr Section

This section is used when claims received for two subscribers should be applied to one family accumulator. Typically, the two subscribers are spouses who work for the same company and are enrolled in the same group; they must be in the same group. Although each subscriber has an individual subscriber record, claims received for a subscriber or any of their dependents will be applied to one family accumulator.

During claims processing or utilization management episodes, if the Family Accumulator pointer is effective for the date-of-service, then Facets will apply any amounts that would be credited toward a Family Accumulator to the subscriber who is defined in this section. While the subscribers can belong to different plans, the Accumulator Suffixes must be identical on both the current subscriber and the subscriber to whom family accumulators are being transferred in order for this logic to occur.

User Warning Messages Section

Use this section to establish and maintain user-warning messages at the subscriber-level, along with the effective date, termination date, and termination reason, as appropriate for each message. It allows users to maintain better control over the warning message information that displays for Subscriber records. An unlimited number of messages can be in effect at one time. These messages are established under the Subscriber (SBSB) record type in the User Warning Message Descriptions application in the Application Support application group. These user warning messages will also appear in the different processing applications when the process pertains to this member.

Field		Description
Fields denoted with an * are required.		
User Message	*	Select the warning message number to be added to this subscriber's record. The description displays in the **Message Text** field below the grid.
Effective date	*	Enter the effective date for this user warning message.
Termination date		Enter the termination date for this user warning message.
Termination Reason		Select the termination reason code for this user warning message. The description displays in the **Termination Reason** field below the grid.

Terminate Eligibility Button

Users may terminate subscribers and their dependents by accessing the ***Terminate Eligibility*** dialog box through the **Terminate Eligibility** button on the toolbar at top of the screen from the Indicative section. This button is available when the subscriber whose record is open has eligibility in effect for that day in one or more categories, and the user must be in the Subscriber section to terminate eligibility.

Field		Description
Fields denoted with an * are required.		
Termination Date	*	Enter the effective date of termination for the subscriber and all dependents.
Termination Reason		Select an optional reason for the termination.
Explanation		Select an optional explanation for the termination.

Terminating a Subscriber and Dependents

Step		Terminating a Subscriber and Dependents Procedures
		Steps denoted with an * are required.
1		From the *Subscriber* section, select the **Terminate Eligibility** button from the toolbar.
2		Complete the *Terminate Eligibility* dialog box.
3		Select **OK**.
4		Select **Save** from the **File** menu (**Ctrl+S**).

Note: Once a subscriber is terminated, Facets creates a subscriber-level termination or COBRA end event for the subscriber. If there are family members that have active member-level eligibility, Facets creates a corresponding member-level termination or COBRA end event for that/those member(s).

Members Section
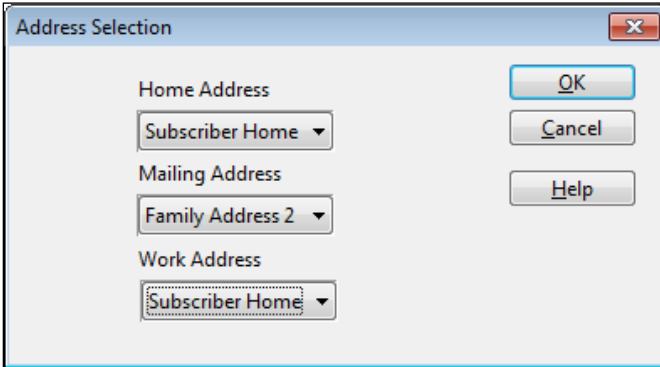
Use this section to add all members covered under a subscriber's enrollment in the health plan, and to add member-specific information.

Address Select Section Tab

Use this section tab to assign home, mailing, and work addresses to the currently selected member highlighted in the grid. These addresses must be first created in the *Addresses* section.

Adding or Changing Member Addresses

Step	Adding or Changing Member Addresses Procedures
	Steps denoted with an * are required.
1	Select **Add** (**Change**)…**Subsection** from the **Edit** menu (**Alt+E+A/H+B**). The *Address Selection* dialog box will appear.

Step		Adding or Changing Member Addresses Procedures (continued)
		Steps denoted with an * are required.
2		Select the appropriate address from each of the drop-down lists by using the drop-down arrows in the **Home Address**, **Mailing Address,** and/or **Work Address** fields.
3		Then select **OK** to return to the **Members section / Address Select** section tab to view the addresses in the grid.

Keep in Mind…

Home, mailing, and work addresses are assigned and changed for the subscriber in the *Addresses* section. Use the *Address Select* section tab to select and change address information for other family members.
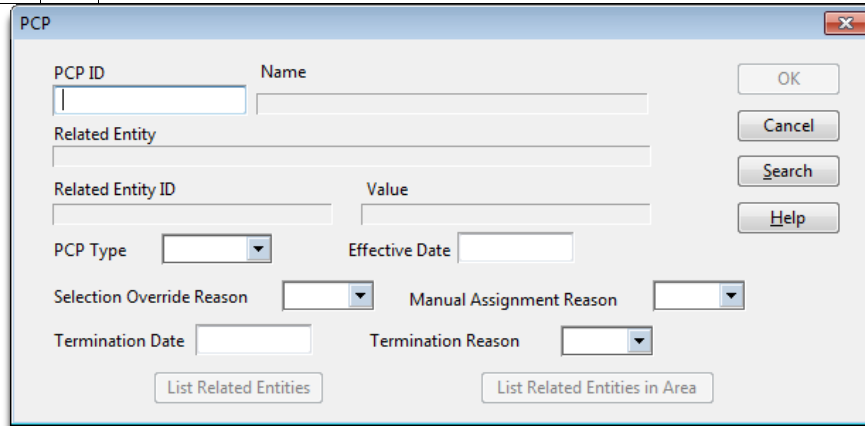
When users select an address row in the sections tab grid, a system-generated message explains the member's relationship to that address, e.g., "This member does not use this address". Users will also be able to view address information in the text-out area below the section tab grid when an address row is highlighted.

PCP Section Tab

Use this section tab to add, view, and/or change a PCP (Primary Care Provider) for a member.

Adding a PCP

Step		Adding a PCP Procedures
		Steps denoted with an * are required.
1		Select **Add**…**Subsection** from the **Edit** menu (**Alt+E+A+B**). The *PCP* dialog box will appear.

Step		Adding a PCP Procedures (continued)
		Steps denoted with an * are required.
2		Enter the PCP ID and tab through to populate the **Name** field. If the ID of the PCP for this member is unknown, select the **Search** button (**Alt+S**) and bring-up the *Search* dialog box to find the appropriate provider.
		Use this dialog box to add and terminate the PCP assignment for an enrolled Facets member. Members may select a specific IPA or Medical Group with whom the payer has a risk-sharing capitation contract.

Field		Description
Fields denoted with an * are required.		
PCP Type	*	Type of Primary Care Provider (e.g. Dental Primary, Medical Vision, etc.).
Effective Date	*	Effective date of this PCP relationship.
Selection Override Reason		User-defined reason for selecting a provider that does not have a PCP relationship with the plan.
Manual Assignment Reason		Select a manual assignment reason code. Valid values: None – Clear Selection, ADMN – User Selection and MSEL – Member Selection. **Note**: This option is associated with the Facets Assigned Risk Module.
Termination Date		Date this PCP relationship terminated.
Termination Reason		User-defined. Required if termination date is entered.
List Related Entities button		Select this button to display all related entities for the current PCP. (Only enabled on initial add of PCP).
List Related Entities in Area button		Select this button to display only those related entities in the member's zip code radius. (Only enabled on initial add of PCP).

Keep in Mind…

Deleting a member's PCP relationship is not the same as terminating a link to a PCP. Select the appropriate row in the lower grid and select **Change**… **Subsection** from the **Edit** menu (**Alt**+**E**+**H**+**B**) to terminate a PCP selection for a member in the *PCP* dialog box. A new PCP relationship may then be added since there will not be any over-lapping date ranges due to termination.
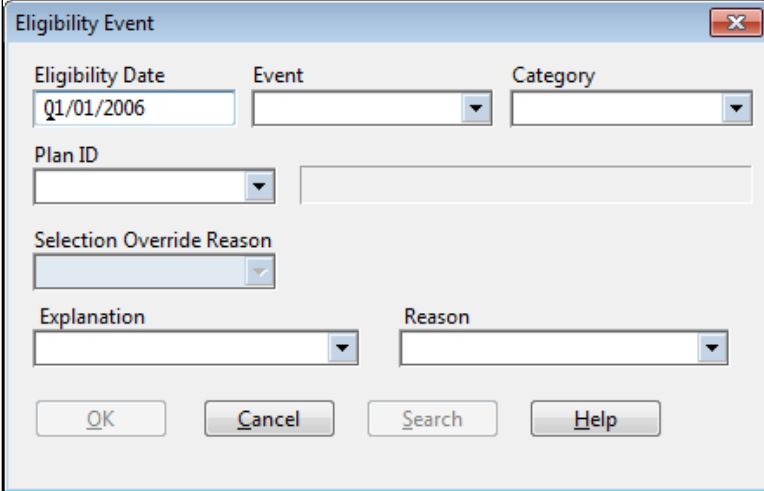
A display field called **PCP Assignment Source** will appear in the text-out area below the *PCP* section tab grid. "Auto PCP Assignment will display in this field when the PCP has been selected through the auto PCP assignment functionality.

Eligibility Section Tab

If a member has eligibility that is different from the subscriber, use this section tab to establish, change and view eligibility for the selected member. When a member is linked to a subscriber, the subscriber's eligibility also applies to the member unless it is changed in this section tab. Once member-level eligibility is established, it applies to that member only and does not affect the subscriber's eligibility.

Adding Member-Level Eligibility Events

Step	Adding Member-Level Eligibility Events Procedures
**Steps denoted with an * are required.**
1	Select **Add**…**Subsection** from the **Edit** menu (**Alt+E+A+B**). The *Eligibility Event* dialog box will display.

Step	Adding Member-Level Eligibility Events Procedures (continued)
**Steps denoted with an * are required.**
2	Enter all pertinent fields and select **OK.**

Field		Description
		**Fields denoted with an * are required.**
Eligibility Date	*	Enter the effective date of the Eligibility Event.
Event	*	Select a system-defined code that classifies an event that changes the subscriber's eligibility status: Select Change, Terminate, Separation, Reinstate, COBRA Begin,

Field		Description
		COBRA End, Plan-entry Override.
Category	*	Select a value identifying a link to this Plan/Product with the appropriate Product category. **Note**: Only those categories linked to the Class ID associated with the subscriber's Group ID will display in this drop-down field selection.
Plan ID	*	Enter the actual Plan ID. **Note**: Only those Plan IDs linked to the selected Category display in the Plan ID field. Users must select a Category in order to be able to select a Plan ID.
Selection Override Reason		Select a user-defined subscriber reinstatement override reason to allow a reinstatement effective beyond the automatic reinstatement period. This control is only enabled if the Event is "RI" (Reinstate) or "CB" (Cobra Begin). The selection list displays the user-defined values and corresponding descriptions. Tab-out of this field and the user-defined override reason value displays. Security is attached. If a user does not have security to process Reinstatement Overrides (Domain of $EOR), this field is disabled. Any value selected other than 'blank' – "None" will constitute an override. Edits warn or prevent users from reinstating a subscriber who has been terminated for longer than the Reinstatement Period specified in the Group or Subgroup application (see below for additional information).
Explanation		Enter an Explanation Code for an Eligibility change.
Reason		Enter a Reason Code for an Eligibility change.

A user with the appropriate level of security may void an eligibility event retroactive to the effective date without the member having one day's coverage. This includes eligibility changes to both new and existing members.

Note: If a user does not have the appropriate level of security, the **Void Event** from the **Edit** menu (**Alt**+**E**+**V**) will be disabled.

Note: If Automatic Letters or Automatic ID cards are set-up to be generated from eligibility events, the Void Event will not stop these letters or ID card requests from being generated. A back-end report or check of the MCSA and MEIA rows will need to be performed in order to delete information pertaining to this event.

Keep in Mind…

This section tab is used only if the member's eligibility differs from the subscriber's eligibility; e.g., a member cannot be assigned to a different class than the subscriber, but may be assigned to a different Plan.

When a subscriber is voided, the eligibility of the subscriber and all associated members is voided.

To void a particular member, use the **Void** option in the *Members* section, *Eligibility* section tab.

Change from the **Edit** menu (**Alt**+**E**+**H**) should only be used to change information to an existing event in the section tab. This option will not retain history of previous information.
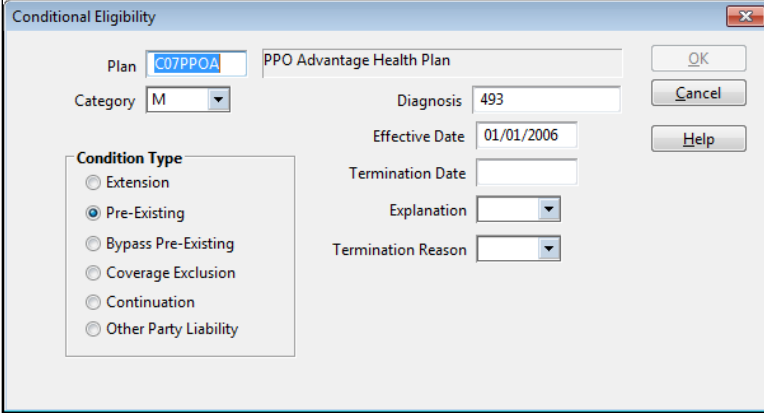
Add from the **Edit** menu (**Alt**+**E**+**A**) should be used to add a new event to the eligibility section tab. For example, to terminate eligibility use the add function to add a termination event. This will retain history of the select event in the section tab.

Conditional Eligibility Section Tab

This section tab allows users to establish Coverage Exclusions, Pre-Existing conditions, and Extensions of coverage for a member. Users must identify a valid diagnosis code as a Coverage Exclusion, Extension, or Pre-Existing condition ("Condition Types") and indicate the Effective Date, as well as a Termination Date, if applicable. Appropriate Limit Rules and Member Accumulators will need to be established (in those applications) for each conditional eligibility type set-up for a diagnosis so that Facets will deny payment, as appropriate, during claims processing. Only one Condition Type for a specific diagnosis can be effective during the indicated period; there cannot be overlapping dates for the same diagnosis.

Adding Conditional Eligibility

Step		Adding Conditional Eligibility Procedures
		Steps denoted with an * are required.
1		Select **Add**….**Subsection** from the **Edit** menu (**Alt**+**E**+**A**+**B**) to access the *Conditional Eligibility* dialog box.

Step		Adding Conditional Eligibility Procedures (continued)
		Steps denoted with an * are required.
2		Enter information in the pertinent fields and select **OK**.

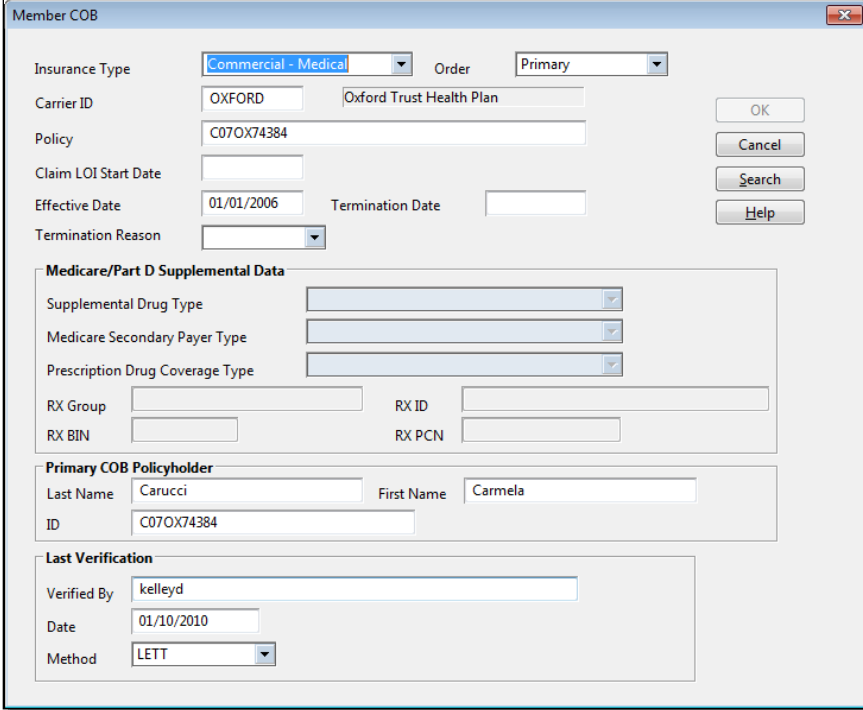| Field		Description
		Fields denoted with an * are required.
Plan	*	Enter the code assigned to the member's plan that will be affected by the conditional eligibility.
Category	*	Select the value that identifies the link to this Plan/Product with the appropriate product category for this member.
Condition Types: Extension	*	Select this button to continue benefits for this member for a specified length of time following a termination.
Condition Types: Pre-Existing		Select this button to document one or more pre-existing conditions for this member.
Condition Types: Bypass Pre-Existing		Select this button to bypass the pre-existing condition functionality so Facets will not generate a pre-existing condition warning message if this diagnosis is entered on a claim or UM line-item being processed for this member.
Condition Types: Coverage		Select this button to identify services for a diagnosis that will not be covered.

Field		Description
Exclusion		
Condition Types: Continuation		Select this option to indicate that other party liability potential has been investigated and is not present. The 'other party liability potential' warning message will be replaced with a different warning message indicating that other party liability has been investigated.
Condition Types: Other Party Liability		Select this option to indicate that other party liability potential has been investigated and is present. For claim line-items containing diagnoses with other party liability, Facets will disallow the line-item without displaying the 'other party liability potential' warning message. For utilization line-items, Facets will disallow the line-item and display a different warning message stating, "Disallowed for Other Party Liability."
Diagnosis	*	Enter the diagnosis code or diagnosis category to identify the codes that will extend, limit, or deny benefits in the processing applications.
Effective Date	*	Type the effective date of the Condition Type.
Termination Date		Type the termination date of the Condition Type.
Explanation	*	Select the Explanation Code describing the overall eligibility and claims processing status for the member with this Condition Type.
Termination Reason		Select the code that explains why this Condition Type no longer applies to the member.

Keep in Mind…

Members cannot have overlapping Coverage Exclusions, Pre-Existing Conditions, or Extensions for the same diagnosis.

COB Section Tab

The member's Coordination of Benefits (COB) information is recorded in this section tab. In the situation of a subscriber and/or member having two or more insurance carriers, COB must be set-up for the member in this section tab or in the *Member* section of the Enrollment application.

Field		Description
Fields denoted with an * are required.		
Insurance Type	*	Select the code that indicates the type of insurance to which this member subscribes.
Order	*	Select one of the following codes to establish the order of determination for this insurance coverage.
Carrier ID	*	Enter the ID assigned to the other insurance carrier. This ID was first created in the COB Carrier application in the Subscriber/Member application group.
Policy		Enter the Policy ID assigned to this member by the other insurance carrier.
Claim LOI Start Date (Letter of Inquiry)		This field is system generated and displays the Facets-calculated 'start date' for claims held for COB investigation (the 'start date'

Field		Description
		displays once the first claim lacking information is processed). When updated COB information is received, the verification fields on this ***Member COB*** dialog box should be updated to reflect the date the COB information was verified. Claims will then process normally.
Effective Date	*	Enter the effective date of the other insurance coverage.
Termination Date		Enter the termination date of the other insurance coverage. This date must be on or after the effective date of coverage.
Termination Reason		Select the code that explains why the other insurance coverage was terminated.
Medicare/Part D Supplemental Data:		Health plans with members that participate in Medicare Part D Prescription drug coverage must maintain data specific to a member's Supplemental Medicare Coverage information. This information is used for Coordination of Benefits (COB) between Part D plans and State Pharmaceutical Assistance Programs (SPAPs) and other providers of prescription drug coverage.
Supplemental Drug Type		Required and enabled only when Insurance Type is "P" (Medicare Supplemental). Select the Supplement Drug Type for this Medicare member.
Medicare Secondary Payer Type		Select the Medicare Secondary Payer Type for this Medicare member. This field is available only when the Insurance Type is M, O, R, or P.
Prescription Drug Coverage Type		Select the Prescription Drug Coverage Type for this Medicare member. This field is available only when the Insurance Type is M, O, R, or P.
RX Group		Enter the RX Group number assigned to the Medicare member by the Part D plan. This field is available only when the Insurance

Field		Description
		Type is M, O, R, or P.
RX ID		Enter the RX ID number assigned to the Medicare member by the Part D plan. This field is available only when the Insurance Type is M, O, R, or P.
RX BIN		Select the Part D RX Binary Identification Number for this Medicare member. This field is available only when the Insurance Type is M, O, R, or P.
RX PCN		Select the Part D RX Processing Control Number for this Medicare member. This field is available only when the Insurance Type is M, O, R, or P.
Primary COB Policyholder:		These fields support the EDI 5010 process.
Last Name		Enter the last name of the Primary COB policyholder.
First Name		Enter the first name of the Primary COB policyholder.
ID		Enter the ID of the Primary COB policyholder.
Last Verification: Verified By		Enter the name of the person who last verified this COB information.
Last Verification: Date		Enter the date this COB information was last verified.
Last Verification: Method		Select the method used to verify this COB information.

Note: The Secondary Rx Information of RX ID and RX Group can be entered in the *Member COB* dialog box, as well as in the *New Medicare Member* and *Medicare Event* dialog boxes. There are no cross edits for these fields.
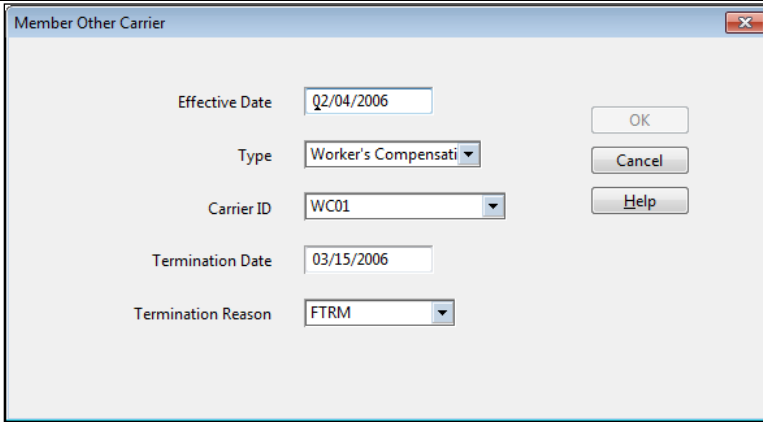
Keep in Mind…

Before COB may be indicated for a member, the other insurance carrier must be identified in the COB Carrier application (Subscriber/Member app. group).

Other Carrier Section Tab

Use this tab to add other carriers (used for subrogation) to this member.

Adding/Changing/Deleting Other Carrier Information

Step	Adding/Changing/Deleting Other Carrier Information Procedures
	Steps denoted with an * are required.
1	Select **Add**…**Subsection** from the **Edit** menu (**Alt+E+A+B**). The *Member Other Carrier* dialog box appears.

Step	Adding Other Carrier Information Procedures (continued)
	Steps denoted with an * are required.
2	Complete the appropriate fields and select **OK**.

Field		Description
		Fields denoted with an * are required.
Effective Date	*	Enter the effective date for the other carrier coverage. This date cannot be earlier than the member's original effective date.
Type	*	Select the type of 'other carrier'.
Carrier ID	*	Select the Carrier ID for the other carrier. The Carrier ID is first defined in the Other Carrier application found in the Subscriber/Member application group, and then it can be linked in this field.
Termination Date		Enter the termination date for the other carrier

Field		Description
		coverage. This date must be greater than the effective date.
Termination Reason	*	Select the reason why this other carrier relationship has ended. A selection must be made here if a termination date is entered in the Termination Field for the other carrier.

Step		Changing/Deleting Other Carrier Information Procedures
		Steps denoted with an * are required.
1		Highlight the appropriate row to be changed in the section tabs grid.
2		Double-click or select **Change**…**Subsection** from the **Edit** menu/**Alt+E+H+B** (with the appropriate level of security) to access the *Member Other Carrier* dialog box and change the appropriate information/
3		To terminate another carrier for the member, enter a **Termination Date** and **Termination Reason** in the *Member Other Carrier* dialog box. Select **OK** to close this dialog box and terminate this other carrier.
4		With the appropriate level of security, highlight the row in the section tabs grid to be deleted.
5		Double-click or select **Delete**…**Subsection** from the **Edit** menu (**Alt+E+D+B**).
6		At the Facets pop-up box, select **Yes** to delete the row.

Handicap Section Tab

Use this tab to enter and view handicap information for the member selected in the grid.

Student Section Tab

Use this section tab to add and maintain a member's student status information.

Adding or Editing Student Info

Step	Adding or Editing Student Info Procedures
Steps denoted with an * are required.	
1	To add or edit student information, select **Add, Change** or **Delete**…**Subsection** from the **Edit** menu (**Alt+E+A/H/D+B**). The *Member Student* dialog box will display.
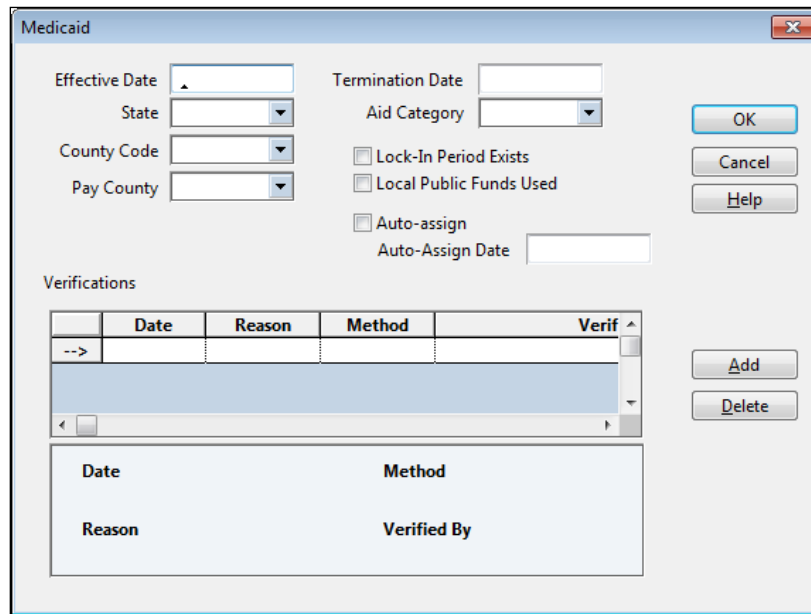
Step	Adding or Editing Student Info Procedures (continued)
Steps denoted with an * are required.	
2	Enter information in the appropriate fields.
3	Select **OK**

Field		Description
Fields denoted with an * are required.		
Student Type	*	Select whether the Student Status is Full Time, Part Time, or In Question.
School Name	*	Type the name of the school.
Effective Date	*	Date the Member became a Student.
Termination Date		Date the Student Status terminated.
Reason		Required if a termination date is entered.
Verification		Name (or initials) of person who verified this

Field		Description
		information, the date it was received, and how the information was received. Required if type is "Full-Time" or "Part-Time."

Medicaid Section Tab

Medicaid information for a member is maintained at the member level using the Medicaid section tab. The information provided is for inquiry and reporting use.

Field		Description
Fields denoted with an * are required.		
Effective/Termination Date	*	The effective/termination dates for Medicaid coverage.
State	*	Medicaid code for state of residence; may correspond to state Medicaid transmittal.
Aid Category	*	Code for the Medicaid aid category.
County Code	*	Code for county of residence.
Pay County		Medicaid pay county for member; may be different from county of residence.
Lock-In Period Exists		Check this box if member is locked in to the MCO (guarantee of membership for a specific time period).

Field		Description
Local Public Funds Used		Check box if local public funds were used; corresponds to Medicaid transmittal form.
Auto-assign		Check this box if member was auto-assigned to health plan by the state.
Auto-Assign Date		Effective date of auto-assignment.
Verifications		Name (or initials) of person who verified this information, the date it was received and how the information was received.

Provider Relationship Section Tab

Use this section to establish and maintain information regarding the provider relationship with the member who is participating in a Provider Program.

Adding Provider Relationships

Step		Adding Provider Relationships
		Steps denoted with an * are required.
1		Select **Add**, **Change,** or **Delete**….**Subsection** from the **Edit** menu (**Alt+E+A/H/D+B**). The *Provider Relationship* dialog box will display.
2		Enter the necessary information in the dialog box, and select **OK** to apply this information to the *Medicaid* section tab grid in the *Members* section.

Field		Description
		Fields denoted with an * are required.
Provider ID	*	The ID of the provider who is part of the program. Once the number is entered, the provider name will populate.
Relationship Type	*	Drop-down list of the existing provider programs for the group.
Effective Date	*	Effective date of the member relationship with the provider.
Termination Date		Termination date of the member relationship with the provider.
Termination Reason		Reason for the termination.

Enrollment Application

The Enrollment application provides a "one stop" entry point for users to add new subscribers and members into the system. This application combines the complete data capture features of the Subscriber/Family application into two sections, allowing users to access various data entry fields with the use of buttons and menu options.

Subscriber Section

This section allows users to enter information for a new subscriber. Users must complete the information for a subscriber before entering member-related data. The buttons provide dialog boxes and panels for more detailed entry.
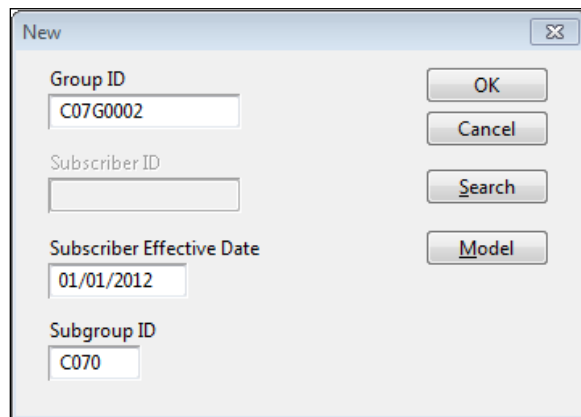
Enrolling Subscribers

Step	Enrolling Subscribers Procedures
	Steps denoted with an * are required.
1	Select **New** from the **File** menu (**Ctrl+N**) to bring–up the *New* dialog box and enter a new **Subscriber ID**, **Effective Date**, **Group ID,** and **Subgroup ID**.

Note: Refer to the Subscriber/Family application of this chapter for complete information on field descriptions.
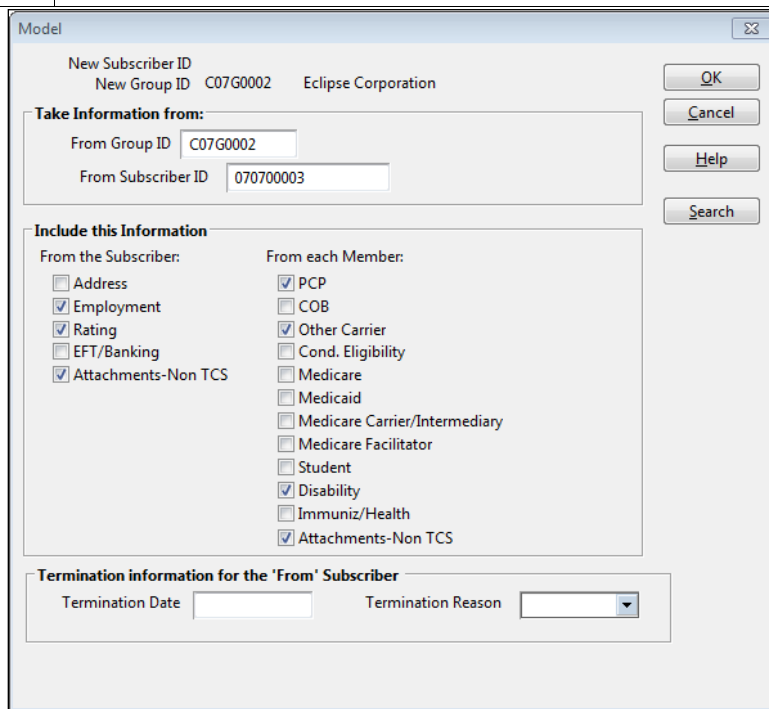
Modeling

This function allows the user to create a new subscriber record and associated member records based on existing subscriber records. Facets transfers the selected information into the new enrollment transaction. Any modeled information may be changed and updated in the new record.

Modeling Subscribers

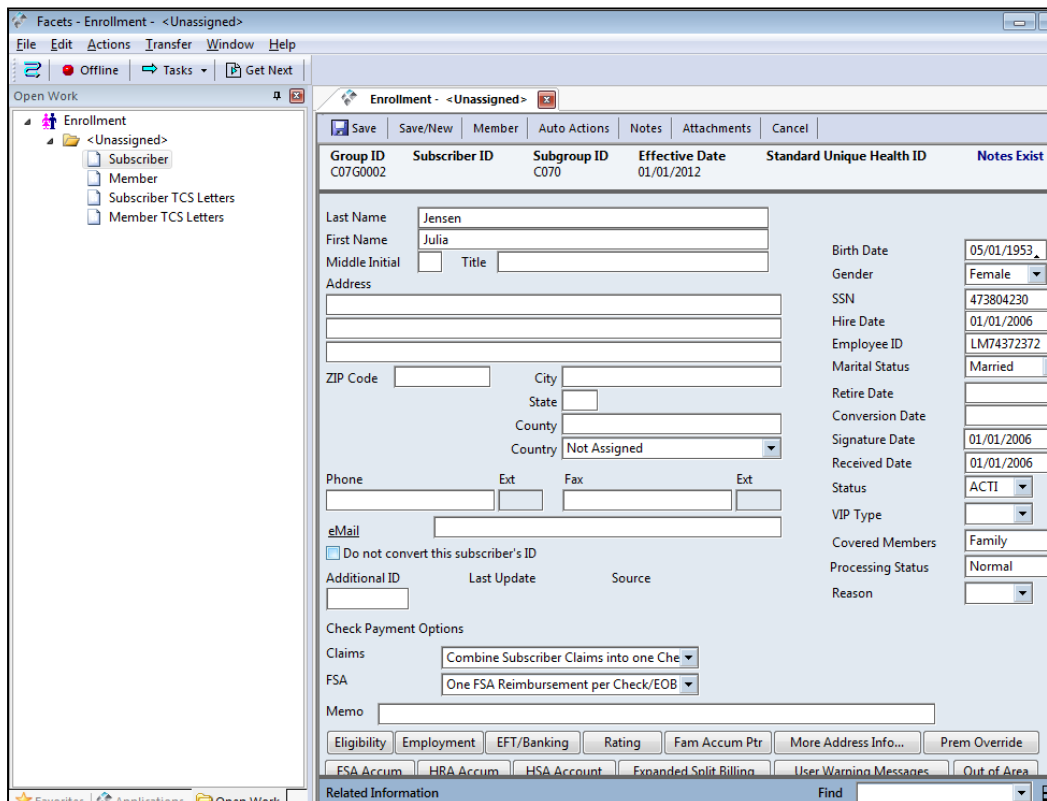| Step	Modeling Subscribers Procedures
	Steps denoted with an * are required.
1	Select **New** from the **File** menu (**Ctrl+N**) to add a new subscriber.
2	The *New* dialog box will display. Complete the necessary fields.
3	Select the **Model** button to bring-up the *Modeling* dialog box.

Step	Modeling Subscribers Procedures (continued)
	Steps denoted with an * are required.
4	Enter the Group and Subscriber IDs to be modeled.
5	Select the information to be modeled.
6	The user may select to terminate the modeling record when finished.
7	After entering information for a new subscriber (and members, if applicable) in the Enrollment application, select **Save** from the **File** menu (**Ctrl+S**) to save the record.
8	The user may select **Recall** from the **File** menu (**Alt+F+R**) to bring-up the record that was just saved prior to issuing a new

Step	Modeling Subscribers Procedures (continued)
	Enrollment application, or prior to selecting **Close** from the **File** menu (**Alt**+**F**+**C**).

Keep in Mind…
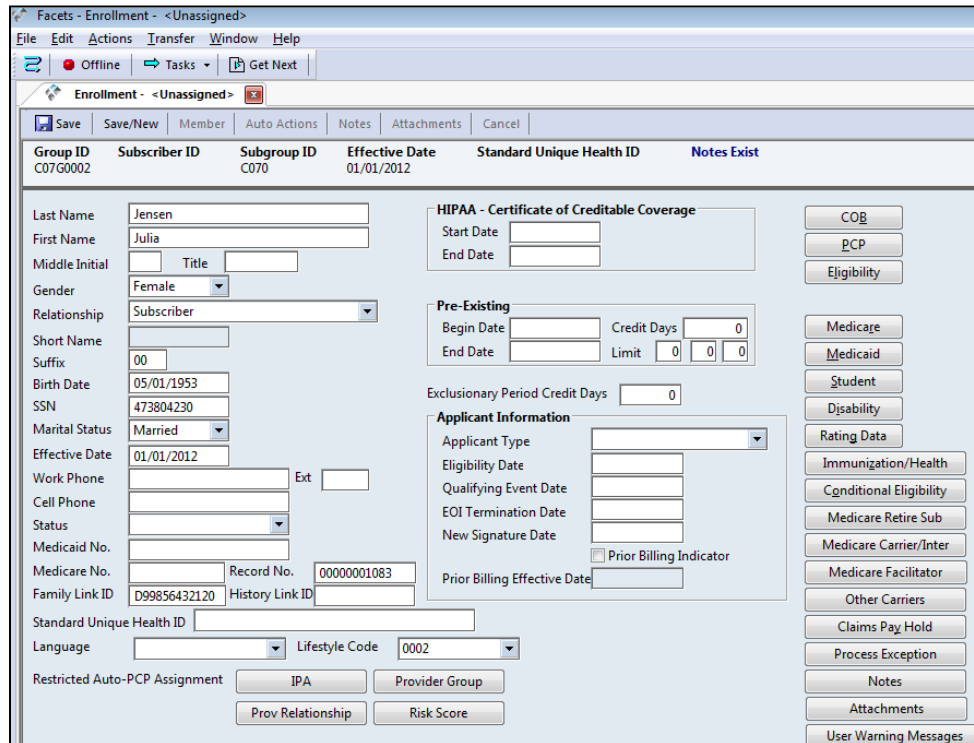
Use this application only for adding new enrollees. Once a subscriber and/or family members have been added via the Enrollment application, any subsequent changes must be made via the Subscriber/Family application.

Users may model from a subscriber who was terminated. Any modeled information can be changed in the Subscriber/Family application. Modeling is proactive only, not retrospective. This means users may not model history records, accumulator records, claims history, etc.

Member Section

After entering information in the *Subscriber* section, the *Member* section allows for the entry of member-specific information. The subscriber will be the first member added followed by additional members.

Note: Refer to the Subscriber/Family application, *Members* section of this chapter for complete information on field descriptions, as well as buttons, which are section tabs in the *Members* section.

Step	Adding Eligibility Procedures
	Steps denoted with an * are required.
1	Select the *Eligibility* button.
2	Select Class.
3	Select the Plans and coverage; the effective date will auto-populate.
4	Select OK.

Subscriber/Family Link Update Application

Facets Medicaid clients describe each family member as a 'subscriber'. In order to link these family members, users assign a common Family Link ID for each family member. When updates need to be made to subscribers who share the same Family Link ID, this application allows it to be done without having to make these changes one subscriber at a time. It enables users to change and/or update Home Address, PCP, and COB data, and request ID cards for subscribers who share a common Family Link ID.

To open this application, follow the steps below:

Step		Opening Subscriber/Family Link Update Application Procedures
Steps denoted with an * are required.		
1	*	Select **Open** from the **File** menu (**Ctrl+O**).
2	*	In the ***Open*** dialog box, enter the Subscriber's Family Link ID, if known, or enter the Subscriber ID. A search may also be conducted for the Subscriber ID.
3		If a Subscriber ID is entered, Facets determines the correct Family Link ID and opens the record.

Note: Only Family Link IDs and Subscriber IDs with member relationships of 'subscriber' are valid to open this application.

Facets displays the **Name**, **Subscriber ID**, **Group ID**, **Birth Date**, **Effective Date,** and an **Eligibility** indicator for all subscribers associated with the entered Family Link ID/Subscriber ID.

Home Address Section

This section enables users to update the Home Address for the individual(s) related to a Family Link ID.

Updating Subscriber Address Information

Step		Updating Subscriber Address Information Procedures
		Steps denoted with an * are required.
1		At the **Subscriber** field, select the specific Subscriber related to the address change, or select "All Subscribers" to update all records linked to this Family Link ID. If a specific subscriber is selected, the home address information associated with this Subscriber displays and is available to be changed.
2		Once changes have been made, select the **Apply** button to apply the changed information to their record.
3		Select **Clear**, if needed, to empty the information before it is applied.

The address fields that display depend on the product parameter selected by the system administrator. Refer to the *System Administration User Guide* for more information.

Note: "Home Address" only can be changed in this application; additional addresses must be changed, added, or deleted through the member's Subscriber/Family record.

Note: The Family Link ID Subscriber data that displays in the **Subscriber** grid (at the top of the screen) is informational only and does not impact data in the text-out area in the **Home Address**, **PCP** and **COB** sections, however it is used in the 'transfer' process. When a row is selected in the **Subscriber** grid and the user selects the 'transfer' option, the user is transferred to the selected Subscriber.

PCP Section

This section enables users to add, replace, or terminate the Subscriber's PCP relationship.

Updating PCP Information for a Subscriber

Step		Updating PCP Information for a Subscriber Procedures
		Steps denoted with an * are required.
1		Select an Action (**Add**, **Replace,** or **Terminate**) and the Type of provider.
2		At the **Subscriber** field, select a Subscriber linked to this Family Link ID for the PCP change, or select "All Subscribers".
3		The selected Subscriber(s) display in the **Current Selections**

Step		Updating PCP Information for a Subscriber Procedures
		grid.
4		Complete the fields appropriate to the 'action' and select **Apply**.
5		Select **Clear**, if needed, to empty the information before it is applied.
		The label on the "**Current Selections**" grid changes to "**Updated Selections**".

Note: If the selected "Action" is "**Add**", the fields in the "**Relationship to Terminate or Replace**" group box will be disabled. Only those fields in the "**New Relationship**" group box will be enabled.

COB Section

This section allows users to add, replace, or terminate COB information for the selected subscriber(s).

Updating Subscriber COB Information

Step		Updating Subscriber COB Information Procedures
		Steps denoted with an * are required.
1		Select an Action (**Add**, **Replace,** or **Terminate**) and the Insurance Type.
2		At the **Subscriber** field, select a Subscriber linked to this Family Link ID for the COB change, or select "All Subscribers".
		The selected Subscriber(s) display in the **Current Selections** grid.
3		Complete the fields appropriate to the 'action' and select **Apply**.
4		Select **Clear**, if needed, to empty the information before it is applied.
		The label on the "**Current Selections**" grid changes to "**Updated Selections.**"

Requesting ID Cards

Step	Requesting ID Cards Procedures
	Steps denoted with an * are required.
1	From any of the application sections, the user may enter an 'ID card request' by selecting **ID Cards** from the **Actions** menu. Auto Actions are triggered for ID cards.
2	Complete the ***ID Card Request*** dialog box.
3	Once the ID card data is entered, select the subscribers to whom the ID card request applies in the "**ID Card Request for Subscribers**" grid, and select **OK**. Note: After highlighting a row in the grid, select the **Requests** button to view the ID card request history.

Auditing and Subscriber/Family Link Update

Auditing applies to changes made in the Subscriber/Family Link Update application. Consequently, the updates to Address, PCP, and COB defined in this application will be available in the 'Audit' application of those respective member records.

Auto Actions and Subscriber/Family Link Update

This Subscriber/Family Link functionality does not affect Auto Actions processes. Consequently, letters will not be generated for updates made to Address, PCP, and COB via this application.