

## Eligibility

### Plan Descriptions Application

Use this application to create, maintain, and view all Plan ID's in the Facets database. The user creates and defines the Plan ID. After defined, the user may then associate a Plan ID with a Product ID using the Class/Plan Definition application.

#### Indicative Section

This section is an enterable grid that does not require a dialog box to add, edit, or delete information.

| Column                                 |   | Description  |
|--|---|--|
| Fields denoted with an * are required. |   |  |
| Plan                                   | * | User-defined ID.   |
| Description                            | * | A free-form field used to identify the marketing name for the plan ID (e.g., Platinum Premier Plan). |

## Class/Plan Definition Application (CSPI)

This application defines the various plans (and benefit offerings within each plan) available for a class of subscriber/members within a group. The benefits assigned to a particular class are linked in the **Plans** section of the Class/Plan Definition by identifying the Product ID. The Procedure, Revenue, and Service Code Conversion tables are pointed to by a prefix indicated in the **Indicative** section. The system accesses these tables when a procedure, revenue, or service code is used on the processing screens.

### Indicative Section

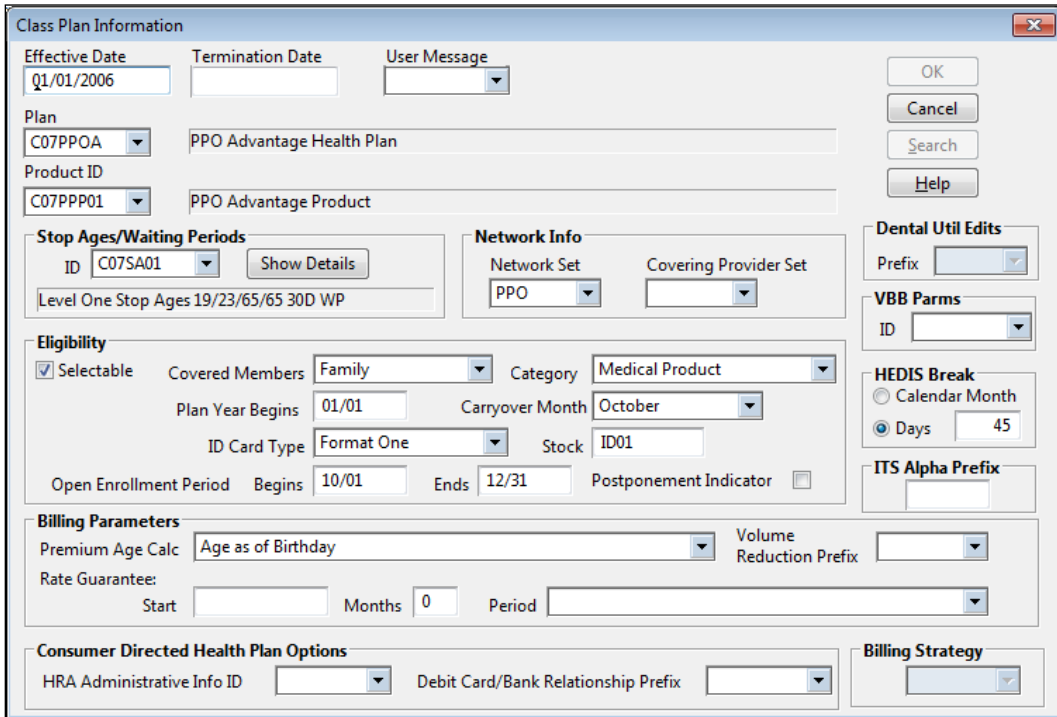
This section allows users to identify the class description and the prefix used for the Procedure, Revenue, and Service Code Conversions tables for subscribers in this class of benefits.

| Field   |   | Description   |
|---|---|---|
| <b>Fields denoted with an * are required.</b>         |   |   |
| Group ID  | * | The ID of the group that will utilize this class of benefits (previously created in the Group application).   |
| Class ID  | * | This user-defined code identifies the class linked to a group of subscribers for the purpose of eligibility. Subscribers are eligible for the plans in the class they are assigned.   |
| Description   |   | User-defined description of the Class/Plan.   |
| Procedure, Revenue and Service Code Conversion Prefix |   | The prefix/ID used to link this class to the conversion tables used to determine a service code and product category based on the procedure, revenue, or service code entered on the claim or UM pre-authorization/referral. Whenever possible, one Service Conversion prefix may be shared among groups with similar benefits in order to ensure consistency of the codes. |
| Partner Banks Prefix                                  |   | Select a prefix for a set of partner banks to be linked to this group and class (this pertains to HSA accounts).  |

## Plans Section

This section indicates all plans available to subscribers/members who belong to a specific class. Other information stored in this section includes the Product ID, Stop Ages/Waiting Periods information, eligibility, open enrollment, the Network Set prefix, the Covering Provider Set prefix, and billing information.

The summary grid at the top of this section displays each Plan ID along with its effective date and description. After selecting a row in the grid, information entered in the ***Class Plan Information*** dialog box displays.



| Field   |   | Description   |
|---|---|---|
| <b>Fields denoted with an * are required.</b> |   |   |
| Effective Date                                | * | Enter the date when this plan/product combination for a specific class is offered to a group. The effective dates of the plans on this application may overlap. |
| Termination Date                              |   | The date this plan/product is no longer available for this class.   |
| User Message                                  |   | User-defined message about the plan/product.  |

| Field  |   | Description   |
|--|---|---|
| Plan   | * | Drop-down box; the plan is defined by the user in the Plan Description application.   |
| Product ID                                       | * | Select the appropriate Product from the drop-down box; previously created in the Product application in the Medical Plan application group.   |
| Stop Ages/Waiting Periods: ID                    | * | Select the ID of the Stop Ages/Waiting Periods to be applied to this Class/Plan record. This Stop Ages/Waiting Periods ID defines stop ages and waiting period information for this plan/product.<br><br><b>Note:</b> A Class/Plan record may not be saved unless a Stop Ages/Waiting Periods ID is entered.              |
| Stop Ages/Waiting Periods: Show Details (button) |   | Select this button to view more information about the selected Stop Ages/Waiting Periods record.  |
| Network Info: Network Set                        |   | Select the Network Set prefix that is attached to this Class/Plan.  |
| Covering Network Info: Provider Set              |   | Select the Covering Provider Set prefix that is attached to this Class/Plan.  |
| VBB Parms: ID                                    |   | Select the ID of the Value Based Benefits Parameters record that applies for this class.  |
| Dental Util Edits: Prefix                        |   | Select the dental utilization edit prefix to use that prefix for dental claims processing.  |
| Eligibility: Selectable                          |   | Select this check box to indicate whether the employee has the ability to select the plan or is automatically assigned simply by being enrolled in this class.<br><br><b>Note:</b> The “Member” system parameter must be enabled in order for the automatic selection to work (this is set-up in Systems Administration). |
| Eligibility: Covered                             |   | System-defined codes to indicate what   |

| Field                                      |  | Description  |
|--|--|--|
| Members                                    |  | level of coverage (within a family) is allowable for this plan. Establish the family indicator on the subscriber level eligibility (SBEL) table.   |
| Eligibility: Category                      |  | Subscribers are eligible for one plan in each product category.  |
| Eligibility: Plan Year Begins              |  | Enter the date in MM/DD format the year begins for this plan. Users may enter plan years beginning with dates other than 01/01.  |
| Eligibility: Carryover Month               |  | Select the month when the carryover period begins. The default option is "October."  |
| Eligibility: ID Card Type                  |  | Select the member ID card type. The codes displayed in this field are user-defined codes created in the User-Defined Codes application, in the Application Support application group, under the Category of "Plan Codes" and the Type of "Member ID Card Form Type." |
| Eligibility: Stock                         |  | Enter the user-defined member ID card stock identifier.  |
| Eligibility: Open Enrollment Period Begins |  | Enter the date in MM/DD format when the open enrollment period begins for this plan. If this field is completed, an end date must be entered in the <b>Period Ends</b> field.  |
| Eligibility: Open Enrollment Period Ends   |  | Enter the date in MM/DD format when the open enrollment period ends for this plan.   |
| Eligibility: Postponement Indicator        |  | Select this check box to apply a postponement indicator to this Plan/Product. This option allows users to define that a plan has an indicator for 'open enrollment' purposes.  |
| HEDIS Break: Calendar Month                |  | Select the month to define monthly as the type of time period allowable for a  |

| Field                                       |  | Description   |
|---|--|---|
|   |  | break in continuous enrollment.   |
| HEDIS Break: Days                           |  | Enter the number of days for the time period allowable for a break in continuous enrollment.  |
| HEDIS Break: ITS Alpha Prefix               |  | Stores the ITS Prefix when establishing BlueCard plans for ITS processing. Enter the 3-character ITS/BlueCard Prefix.   |
| Billing Parameters: Premium Age Calculation |  | Select the age calculation method that is used for determining the member age (when the premium rating or volume calculation methods are contingent on the member's age).   |
| Billing Parameters: Volume Reduction Prefix |  | Prefix of age-banded Volume Reduction table. This prefix is entered if a group reduces volume-based benefits (e.g. life insurance) based on a member reaching a specific pre-defined age. The prefix entered here points to a Volume Reduction Calculation application.   |
| Billing Parameters: Rate Guarantee Start    |  | <p>Enter the beginning date for this Rate Guarantee.</p> <p><b>Note:</b> This is an optional field, however all fields in this section must be completed to hold the initial rate for a set period of months. If left blank, Facets uses the original effective date of the billed entity being rated.</p> <p>Rate guarantees do not apply to billing groups.</p> |
| Billing Parameters: Rate Guarantee Months   |  | <p>Enter the number of months in the rate guarantee period.</p> <p><b>Note:</b> This is an optional field, however all fields in this section must be completed to hold the initial rate for a set period of months.</p>  |
| Billing Parameters: Rate Guarantee Period   |  | Select the rate guarantee period for the member.  |

| Field  |  | Description  |
|--|--|--|
|  |  | <b>Note:</b> Rate guarantees are established in this record for selected plans. Such plans' rates will be guaranteed against date sensitive changes made to rates or factor tables. This is an optional field, however all fields in this section must be completed to hold the initial rate for a set period of months. |
| Consumer Directed Health Plan Options: HRA Administrative Info ID          |  | Select the ID for the set of rules used for processing reimbursements from Health Reimbursement Arrangement (HRA) accounts.  |
| Consumer Directed Health Plan Options: Debit Card/Bank Relationship Prefix |  | Select the prefix for the Debit Card/Bank Relationship to be used by this Class/Plan Definition application for CDH transactions.  |
| Billing Strategy   |  | Select the Billing Strategy for the Plan.  |

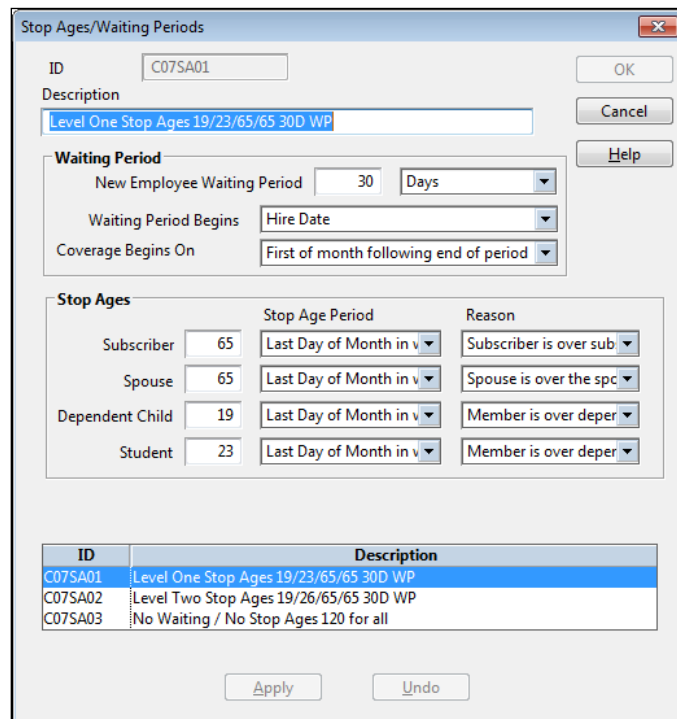
## Stop Ages/Waiting Periods Application (GPAI)

This application allows the user to create product eligibility rules for the subscribers, spouses, dependents, and students within a group. The user may create records identifying the waiting period before coverage begins and the ages at which benefit coverage stops. Each ID that is defined in this application may then be linked to all of the appropriate Class/Plan Definition records that share the same set of rules. Clients must define a Stop Ages/Waiting Periods ID for each combination of stop ages and waiting periods offered. Each Class/Plan record requires a Stop Ages/Waiting Periods ID.

The information entered in this application is used in processing claims and Utilization Management pre-authorizations and referrals in order to determine how much time must elapse after the member's effective date before claims should be paid. It also determines when a member is no longer eligible for benefits based on that member's age.

### Indicative Section

This section allows the user to create, change or delete stop age and waiting period rules. A summary grid at the top of this screen displays the ID and description of each set of rules. When users select a row in the grid, corresponding waiting period and stop age information displays in the text-out area below the grid.



**Stop Ages/Waiting Periods**

ID: C07SA01

Description: Level One Stop Ages 19/23/65/65 30D WP

**Waiting Period**

New Employee Waiting Period: 30 Days

Waiting Period Begins: Hire Date

Coverage Begins On: First of month following end of period

**Stop Ages**

|                     | Stop Age Period        | Reason                 |
|---------------------|------------------------|------------------------|
| Subscriber: 65      | Last Day of Month in v | Subscriber is over sub |
| Spouse: 65          | Last Day of Month in v | Spouse is over the spc |
| Dependent Child: 19 | Last Day of Month in v | Member is over deper   |
| Student: 23         | Last Day of Month in v | Member is over deper   |

| ID      | Description                            |
|---------|--|
| C07SA01 | Level One Stop Ages 19/23/65/65 30D WP |
| C07SA02 | Level Two Stop Ages 19/26/65/65 30D WP |
| C07SA03 | No Waiting / No Stop Ages 120 for all  |

Apply Undo



| Field   |  | Description  |
|---|--|--|
| <b>Fields denoted with an * are required.</b>       |  |  |
| ID  |  | Required; ID for this set of rules.  |
| Description   |  | Description of this set of rules   |
| Waiting Period: New Employee Waiting Period (value) |  | The number of months, days, weeks, or years (0-99) new employees must wait before benefits begin. A user with the appropriate level of security may override this waiting period at the subscriber-level by selecting the “Plan Override Event” in the Eligibility section of the Subscriber/Family application. If entered, a waiting period type must be selected. |
| Waiting Period: New Employee Waiting Period (type)  |  | Defines the waiting period value.  |
| Waiting Period: Waiting Period Begins               |  | Select the starting point for this waiting period.   |
| Waiting Period: Coverage Begins On                  |  | This field displays the day coverage begins for the specific Group Administration Rule. The values possible are “Next day following end of period” and “First of month following end of period”. If there is no waiting period, “Not Used” will indicate that there is no new employee waiting period.   |
| Stop Ages: Stop Age and Stop Age Period             |  | For subscribers, spouse, dependent, and student. The age benefit coverage will stop (0-999).   |
| Stop Ages: Reason                                   |  | User-defined; will display when age exceeds stop age.  |

**Note:** In the **Stop Age Period** field, the value “E – Last Day of Month Preceding the Month in which Birthday Falls,” is used to indicate the date the member’s Medicare coverage becomes effective (the end of the month preceding the member’s 65th birthday).

## Subscriber/Class/Eligibility – Membership Structure

After the Class/Plan Definition record has been created and saved, a user with the appropriate level of security will complete the following:

### Creating Eligibility

| Step   | Creating Eligibility Procedures   |
|--|---|
| <b>Steps denoted with an * are required.</b> |   |
| <b>1</b>                                     | Open the Subscriber/Family record.  |
| <b>2</b>                                     | <p>Go to the <b>Class</b> section, TAB into the grid and enter the Class ID.</p> <p>This ID links the subscriber and associated members to a specific class of benefits. Class is assigned at the subscriber-level and pertains to members associated with that Subscriber ID because it is the subscriber's relationship (i.e. employment) with the group that creates eligibility.</p>                              |
| <b>3</b>                                     | Go to the <b>Eligibility</b> section and select <b>Add</b> or <b>Change</b> from the <b>Edit</b> menu ( <b>Alt+E+A or H</b> ) to access the <b>Eligibility Event</b> dialog box. For member-level eligibility, go to the <b>Members</b> section, <b>Eligibility</b> section tab, select <b>Add...Subsection</b> or <b>Change... Subsection</b> from the <b>Edit</b> menu <b>Alt+E+A/H+B</b> to access the dialog box. |
| <b>4</b>                                     | Enter (or Edit) information as described in the field description table.  |

| Field              | Description   |
|--------------------|---|
| Eligibility Date   | The effective date of the subscriber's eligibility.   |
| Event              | <p>A code to indicate the type of eligibility status being assigned to the member. See the following Event Description table.</p> <p><b>Note:</b> The first event must be Select, and once used, it cannot be used for subsequent events.</p> |
| Family Indicator   | A code to indicate which members are covered under the benefit plan being assigned.   |
| Category           | The type of product involved in the eligibility event.  |
| Plan ID            | The ID assigned to identify a previously created plan.  |
| Selection Override | Select a user-defined reason to allow a reinstatement to be effective beyond the automatic reinstatement period.  |

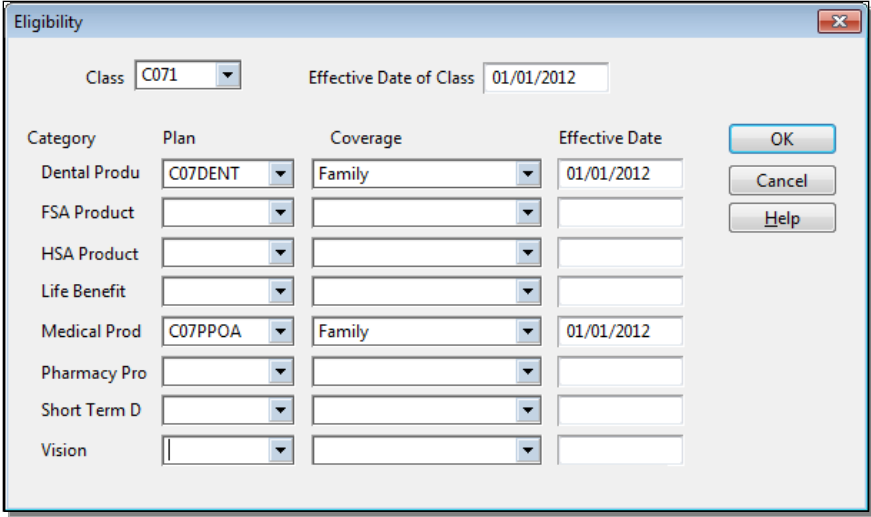
| Field       | Description   |
|-------------|---|
| Reason      | <b>Note:</b> This control is only enabled if the Event is RI (Reinstate) or CB (Cobra Begin).                             |
| Explanation | A code explaining the overall eligibility event for claims processing if the eligibility entered is not a “Select” event. |
| Reason      | A code explaining the eligibility event entered if it is a code other than “Select.”                                      |

| Step   | Creating Eligibility Procedures (continued)   |
|--|---|
| <b>Steps denoted with an * are required.</b> |   |
| <b>5</b>                                     | Select the <b>OK</b> button to apply the eligibility information entered to the grid.   |
| <b>6</b>                                     | To save eligibility information entered:<br>Select <b>Ctrl+S</b> .<br><br>OR<br>Select <b>Save</b> from the <b>File</b> menu. |

Eligibility summary and status information for the subscriber and family members can be viewed in the **Eligibility Inquiry** section.

## Eligibility in the Enrollment Application

Information can also be entered in the Enrollment application by selecting the **Eligibility** button. The **Eligibility** dialog box displays allowing the user to enter eligibility not only for a class, but also for a plan/product.



## Eligibility Section Tab

If a member has eligibility different from the subscriber, this section tab is used 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 here. Once member-level eligibility is established, it applies to that member only and will not affect subscriber eligibility.

Facets - Subscriber/Family - Carucci, Antonio

File Edit Actions Transfer Window Help

Offline Tasks Get Next

Open Work

Subscriber/Family - Carucci, Antonio

Save Member Auto Actions Notes Terminate Eligibility Attachments

Group ID C07G0002 Subscriber ID 070700003 Standard Unique Health ID Notes Exist

| Name             | Relationship |
|------------------|--------------|
| Carucci, Antonio | Subscriber   |
| Carucci, Carmela | Wife         |
| Carucci, Anthony | Son          |

Terminate Member

Indicative Address Select PCP Eligibility HRA Accum Condit. Elig. Rating Overri

| Date       | Category     | Event  | Plan ID | Void Event |
|------------|--------------|--------|---------|------------|
| 01/01/2009 | Life Benefit | Select | LIFE    | N          |

Category L Life Benefit

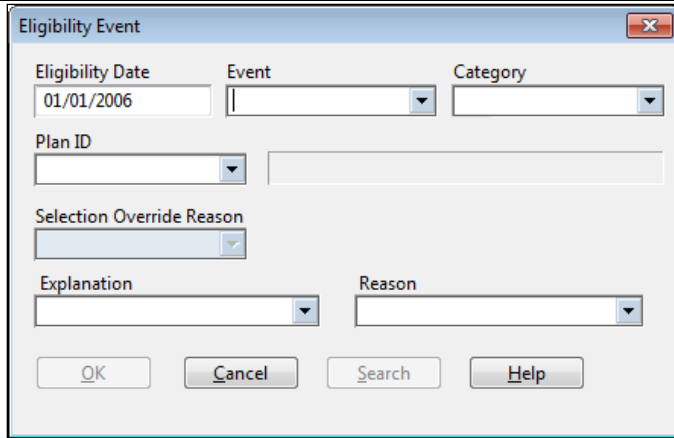
Plan ID LIFE Life Plan

Explanation

Reason

## Establishing Eligibility

| Step   | Adding an Eligibility Event   |
|--|---|
| <b>Steps denoted with an * are required.</b> |   |
| <b>1</b>                                     | Select <b>Add...Subsection</b> from the <b>Edit</b> menu.<br>OR<br><b>Alt+E+A+B</b> ; the <i>Eligibility Event</i> dialog box displays. |



| Event   | Description  |
|---|--|
| <b>Fields denoted with an * are required.</b> |  |
| Select (SL)                                   | Subscriber/member selects a Health Plan.   |
| Change (CH)                                   | Subscriber/member changes their Health Plan.   |
| Terminate (TM)                                | Subscriber/member terminates their Health Plan.  |
| Separation (SE)                               | Member terminates and separates him/herself from subscriber-level eligibility events (this options pertains to the member-level only; i.e. in the <i>Eligibility</i> section tab of the <i>Members</i> section). |
| Reinstate (RI)                                | Subscriber/member reinstates their terminated Health Plan.   |
| COBRA Begin (CB)                              | Health Coverage begins.  |
| COBRA End (CE)                                | Health Coverage ends.  |
| Plan-entry Override                           | Override waiting period on class.  |

### **FYI...**

The field descriptions are the same in this *Eligibility Event* dialog box of the *Eligibility* section tab (member-level) as they are in the *Eligibility Event* dialog box found in the *Eligibility* section (subscriber-level) with the exception of the **Family Indicator** field, which is not applicable in the *Eligibility* section tab/*Eligibility Event* dialog box; see the pages above.

### **Keep in Mind...**

This section tab is used only if the member's eligibility differs from the subscriber's eligibility; i.e. 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.

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

### ***Voiding Subscriber-Level Eligibility***

| Step   | Voiding Subscriber-Level Eligibility Procedures   |
|--|---|
| <b>Steps denoted with an * are required.</b> |   |
| <b>1</b>                                     | <p>From the <i>Eligibility</i> section, select the appropriate eligibility row and select <b>Void Event</b> from the <b>Edit</b> menu (<b>Alt+E+V</b>). A pop-up box will generate to confirm the selection; select <b>Yes</b> to void the row in the grid.</p> <p>Using this option removes all eligibility related to the voided event.</p> <p>Voided Events must be done in reverse chronological order.</p> <p>More than one event may be voided in a Category.</p> <p>This option is not available in the Enrollment or Quick Member applications.</p> |

**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.

## Eligibility Inquiry Section

This section displays a summary of all plan eligibility information for a subscriber and associated members. The same information may be viewed through the Eligibility Inquiry application in the Subscriber/Member application group.

Highlight/select a row in the grid to view detailed information about plan coverage and eligibility in the text-out area below the grid. This section is for viewing only.

Facets - Subscriber/Family - Carucci, Antonio

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Subscriber/Family - Carucci, Antonio

Save Member Auto Actions Notes Terminate Eligibility Attachments

Group ID: C07G0002 Subscriber ID: 070700003 Standard Unique Health ID: Notes Exist

| Mem Sfx | From       | Through    | Eligible | Subgroup | Plan    | Product  |
|---------|------------|------------|----------|----------|---------|----------|
| 00      |            | 12/31/2005 | No       |          | C07PPOA | C07PPP01 |
| 00      | 01/01/2006 | 01/31/2006 | No       | C070     | C07PPOA | C07PPP01 |
| 30      | 02/01/2006 | 05/31/2019 | Yes      | C070     | C07PPOA | C07PPP01 |
| 00      | 06/01/2019 |            | No       | C070     | C07PPOA | C07PPP01 |
| 00      |            | 12/31/2005 | No       |          | C07DENT | C07DAP01 |
| 00      | 01/01/2006 | 01/31/2006 | No       | C070     | C07DENT | C07DAP01 |
| 00      | 02/01/2006 | 05/31/2019 | Yes      | C070     | C07DENT | C07DAP01 |
| 00      | 06/01/2019 |            | No       | C070     | C07DENT | C07DAP01 |
| 00      |            | 12/31/2005 | No       |          | C07VIS  | C07VAP01 |
| 00      | 01/01/2006 | 01/31/2006 | No       | C070     | C07VIS  | C07VAP01 |

Member Name: Carucci Antonio Relationship: Subscriber Gender: Male Birthdate: 05/01/1954

Class: C071 Local 792 Union Class

Product Category: Medical Product

Covered Members: Family

Plan: PPO Advantage Health Plan

Product: PPO Advantage Product

Plan Entry Date: 02/01/2006 Eligibility Selection Level: Subscriber

Subgroup: Eclipse New York Bell Company

Explanation:

Reason: