

# Enrollment

## Facets 5.0 Participant Guide

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## Enrollment

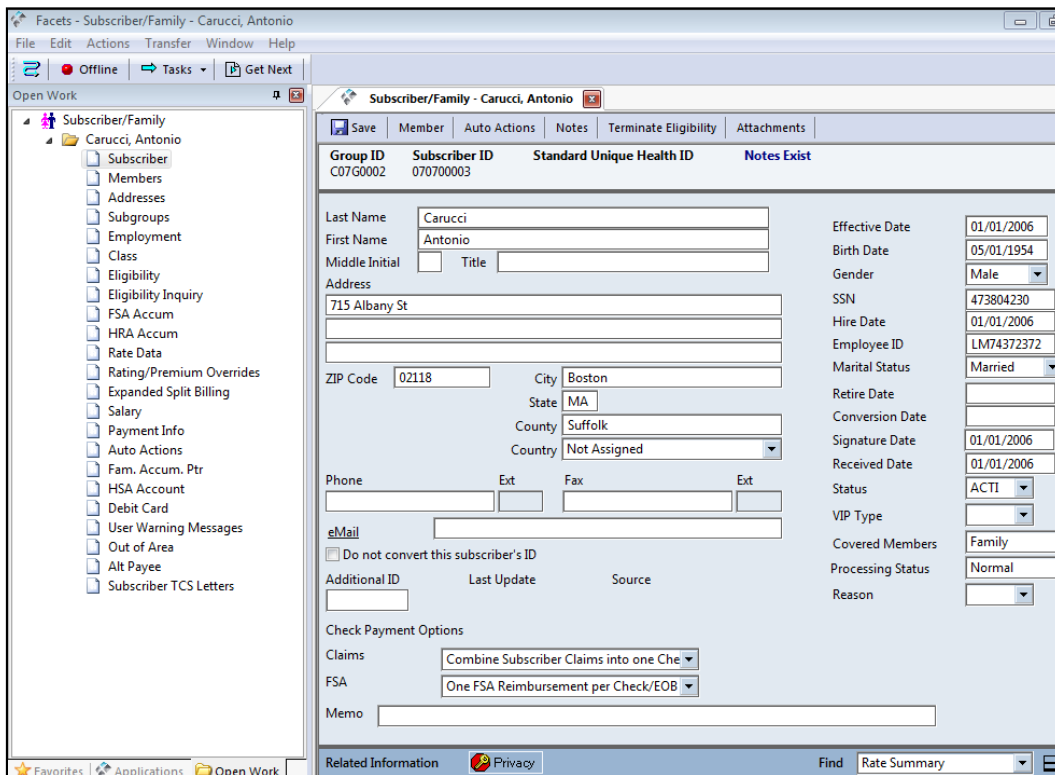
### Subscriber/Family Application

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).



The screenshot shows a web application window titled "Subscriber/Family - Carucci, Antonio". The left sidebar contains a tree view with categories like "Subscriber", "Members", "Addresses", "Subgroups", "Employment", "Class", "Eligibility", "Eligibility Inquiry", "FSA Accum", "HRA Accum", "Rate Data", "Rating/Premium Overrides", "Expanded Split Billing", "Salary", "Payment Info", "Auto Actions", "Fam. Accum. Ptr", "HSA Account", "Debit Card", "User Warning Messages", "Out of Area", "Alt Payee", and "Subscriber TCS Letters". The main form area contains the following fields:

- Group ID:** C07G0002
- Subscriber ID:** 070700003
- Standard Unique Health ID:** (blank)
- Notes Exist:** (link)
- Last Name:** Carucci
- First Name:** Antonio
- Middle Initial:** (blank)
- Title:** (blank)
- Address:** 715 Albany St
- ZIP Code:** 02118
- City:** Boston
- State:** MA
- County:** Suffolk
- Country:** Not Assigned
- Phone:** (blank)
- Ext:** (blank)
- Fax:** (blank)
- Ext:** (blank)
- eMail:** (blank)
- Effective Date:** 01/01/2006
- Birth Date:** 05/01/1954
- Gender:** Male
- SSN:** 473804230
- Hire Date:** 01/01/2006
- Employee ID:** LM74372372
- Marital Status:** Married
- Retire Date:** (blank)
- Conversion Date:** (blank)
- Signature Date:** 01/01/2006
- Received Date:** 01/01/2006
- Status:** ACTI
- VIP Type:** (blank)
- Covered Members:** Family
- Processing Status:** Normal
- Reason:** (blank)
- Check Payment Options:**
  - Claims:** Combine Subscriber Claims into one Che
  - FSA:** One FSA Reimbursement per Check/EOB
- Memo:** (blank)

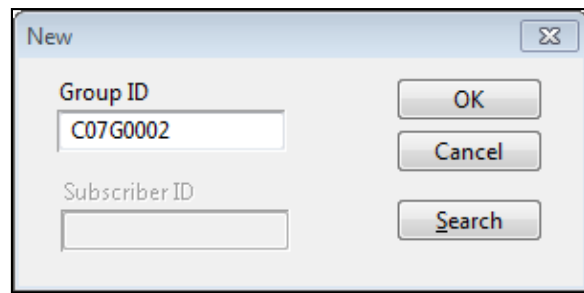
| Field   |   | Description   |
|---|---|---|
| <b>Fields denoted with an * are required.</b> |   |   |
| Last Name/<br>First Name/<br>Middle Initial   | * | The subscriber's last name, followed by the first name and middle initial, if applicable. |
| Title   |   | The subscriber's educational degree or title, such as                                     |

| Field                               |   | Description   |
|-------------------------------------|---|---|
|                                     |   | 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 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 <b>Phone</b> 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.  |
| Last Update                         |   | System generated. Facets displays the date of the most recent additional ID activity for this subscriber.   |

| Field                           |   | Description  |
|---------------------------------|---|--|
| 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<br>Claims |   | Defines how claim checks are paid to the employee.   |
| Check Payment Options:<br>FSA   |   | Select whether or not the payment process should combine the subscriber's FSA reimbursements.<br><br><b>Note:</b> 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 <b>Notes</b> section tab.  |
| Effective Date                  | * | The date the subscriber's record became effective in Facets.   |
| Birth Date                      | * | The birth date of this subscriber.   |
| Gender                          | * | Select the gender of the subscriber.   |
| 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.  |
| 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.   |

## Creating a Subscriber/Family Record

| Step | Creating a Subscriber/Family Record Procedures   |
|------|--|
| 1    | Select <b>New</b> from the <b>File</b> menu ( <b>Ctrl+N</b> ) to obtain the <b>New</b> 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 <b>OK</b> . If the Group ID is not known, the user may conduct a search by selecting the <b>Search</b> button or choosing <b>Alt+S</b> . |



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

## Members Section

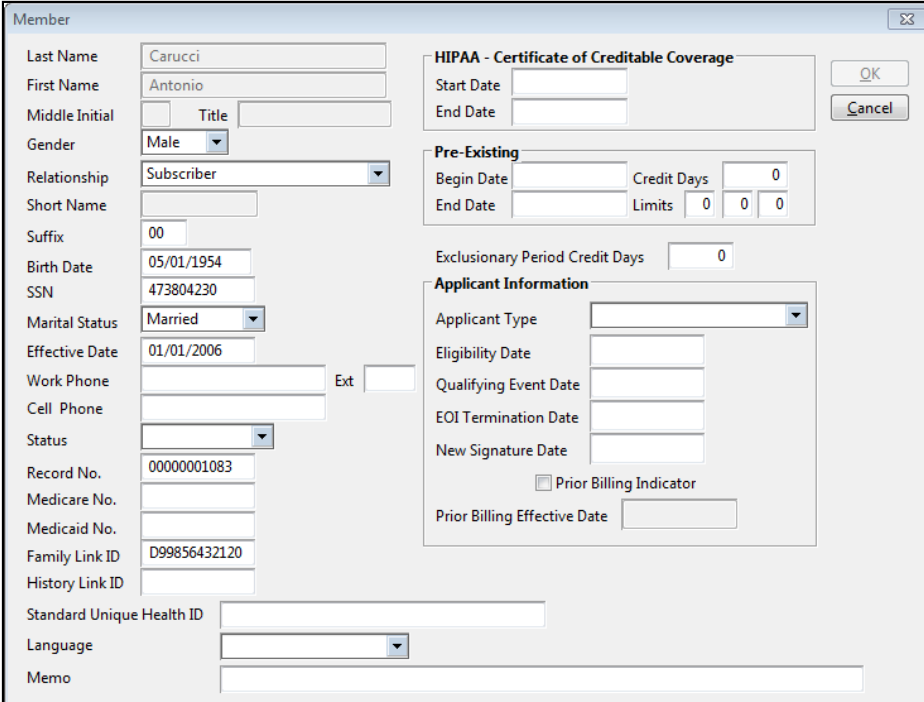
Use this section to add all members covered under a subscriber's enrollment in the health plan, and to add member-specific information.

## 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



| Field   |   | Description  |
|---|---|--|
| <b>Fields denoted with an * are required.</b> |   |  |
| 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                                       |

| Field          |   | Description  |
|----------------|---|--|
| Gender         | * | Select the gender of this member. Usually, the selection in the <b>Relationship</b> field selects the gender automatically, however if a “Subscriber” or “Other” is selected in the <b>Relationship</b> 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 <b>First Name</b> 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.<br><br><b>Note:</b> 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 Number.<br><br>Facets users have the ability to define the values required in the <b>Subscriber</b> and <b>Member Social Security Number</b> fields. A product parameter enables users to determine that the entry in the <b>Subscriber</b> or <b>Member SSN</b> 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.   |



| Field           |  | Description  |
|-----------------|--|--|
| Cell Phone      |  | <p>Enter the member's cell phone number.</p> <p><b>Note:</b> The format of this field is determined by the product parameter, PHONE_EDIT. Refer to the <i>System Administration User Guide</i> for details.</p>  |
| Status          |  | Select the code that defines the current status of this member. For informational purposes only.   |
| Record No.      |  | <p>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.</p>  |
| Medicare No.    |  | <p>Enter the Medicare number or HICN (Health Insurance Claim Number) for this member. The user may enter the Medicare Number in the <b>Member</b> dialog box as part of the Medicare Risk information entered in the <b>New Medicare Member</b> dialog box, or as an event through the <b>Medicare Event</b> dialog box.</p>   |
| Medicaid No.    |  | Enter the Medicaid number for this member.   |
| Family Link ID  |  | <p>Enter a 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.</p>  |
| History Link ID |  | <p>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, 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</p> |

| Field  |  | Description  |
|--|--|--|
|  |  | properly as the member moves from one employer to another when coverage is provided by the same health plan.   |
| Standard Unique Health ID                              |  | Enter the member's Standard Unique 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: Start Date |  | Enter the member's first day of coverage under the HIPAA (Health Insurance Portability and Accountability Act) Certificate of Creditable Coverage (CCC). This field is for informational purposes only.  |
| HIPAA – Certificate of Creditable Coverage: 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.<br><b>Note:</b> An End Date is required if a Start Date is 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: Limits                                   |  | Enter the member's pre-existing limit value(s).  |
| Exclusionary Period Credit                             |  | This field allows the user to credit individual subscribers with a specified number of days if they  |

| Field  |  | Description  |
|--|--|--|
| Days   |  | 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:<br>Applicant Type               |  | Select the member's applicant type.  |
| Applicant Information:<br>Eligibility Date             |  | Enter the date the member was eligible for coverage.   |
| Applicant Information:<br>Qualifying Event Date        |  | Enter the date the member had a qualifying event.  |
| Applicant Information:<br>EOI Termination Date         |  | Enter the date evidence of insurability (EOI) is no longer required for the member.  |
| Applicant Information:<br>New Signature Date           |  | Enter the signature date of a new application for the member.  |
| Applicant Information:<br>Prior Billing Indicator      |  | Select this check box if prior billing exists for this member.   |
| Applicant Information:<br>Prior Billing Effective Date |  | Enter the effective date of prior billing for this member.   |

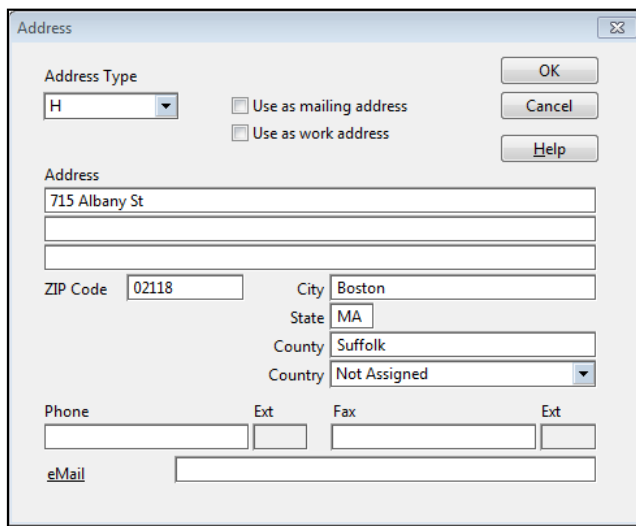
## Addresses Section

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/mailling 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   |
|------|---|
| 1    | Select <b>Add</b> from the <b>Edit</b> menu ( <b>Alt+E+A</b> ).<br>The <b>Address</b> dialog box will appear. |



| Step | Adding Addresses Procedures (continued)  |
|------|--|
| 2    | Enter address information and select OK. |

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

| Field                  |   | Description  |
|------------------------|---|--|
| 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.<br><br><b>Note:</b> 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 <b>City Name Selection</b> dialog box automatically appears. Select the city name and select <b>OK</b> .  |
| 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.

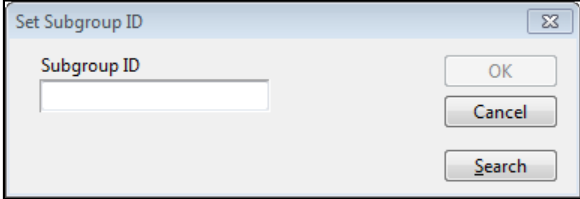
## Subgroups Section

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   |
|------|--|
| 1    | Select <b>Add</b> from the <b>Edit</b> menu ( <b>Alt+E+A</b> ). The <b>Set Subgroup ID</b> dialog box will display. The user can only select a subgroup that is valid for the group. |



The image shows a dialog box titled "Set Subgroup ID". It has a text input field labeled "Subgroup ID". To the right of the input field are three buttons: "OK", "Cancel", and "Search". There is a small icon in the top right corner of the dialog box.

| Step | Adding a Subgroup Section Procedures (continued)   |
|------|--|
| 1    | Enter the Subgroup ID and select <b>OK</b> . The <b>Subgroup Relationship</b> dialog box will appear.  |
| 2    | Select <b>Add</b> from the <b>Edit</b> menu ( <b>Alt+E+A</b> ). The <b>Set Subgroup ID</b> dialog box will display. The user may only select a subgroup valid for the group. |
| 3    | Enter the Effective Date and select <b>OK</b> to return to the <b>Subgroups</b> 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  |
|------|--|
| 1    | TAB into the enterable grid.   |
| 2    | Select a valid Class from the drop down list.  |
| 3    | Enter the <b>Effective Date</b> , <b>Termination Date</b> (if applicable) and select <b>OK</b> . 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.

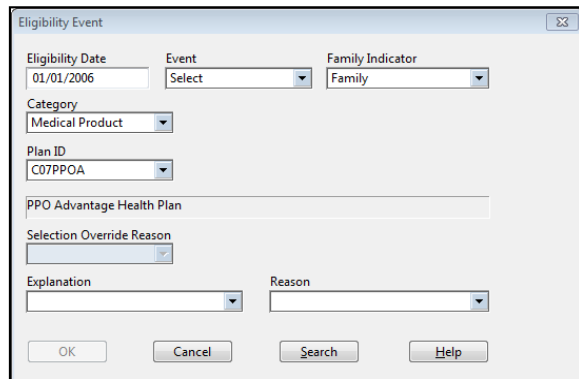
## Eligibility Section

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   |
|------|---|
| 1    | Select <b>Add</b> from the <b>Edit</b> menu ( <b>Alt+E+A</b> ). The <b>Eligibility Event</b> dialog box displays. |



The dialog box titled "Eligibility Event" contains the following fields and controls:

- Eligibility Date:** A text field containing "01/01/2006".
- Event:** A dropdown menu with "Select" as the current selection.
- Family Indicator:** A dropdown menu with "Family" as the current selection.
- Category:** A dropdown menu with "Medical Product" as the current selection.
- Plan ID:** A dropdown menu with "C07PPOA" as the current selection.
- PPO Advantage Health Plan:** A text field.
- Selection Override Reason:** A dropdown menu with a checkmark icon.
- Explanation:** A text field.
- Reason:** A text field.
- Buttons:** OK, Cancel, Search, and Help.

| Step | Adding Subscriber Eligibility Events Procedures (continued)   |
|------|---|
| 2    | Complete the dialog box and select <b>OK</b> . 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  |
|---|---|--|
| <b>Fields denoted with an * are required.</b> |   |  |
| 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.  |
| Family Indicator                              | * | Select a code to indicate which family members are covered under each benefit plan.  |
| Category                                      | * | Select a value identifying a link to this Plan/Product with the appropriate Product category.<br><br><b>Note:</b> 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.<br><br><b>Note:</b> Only those Plan IDs linked to the selected Category display in the <b>Plan ID</b> 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

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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 Information

---

| Step | Adding Payment Information Procedures     |
|------|---|
| 1    | TAB into the fields to enter information. |

| Field   |   | Description  |
|---|---|--|
| <b>Fields denoted with an * are required.</b> |   |  |
| 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

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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  |
|------|--|
| 1    | To view automatic actions generated for a subscriber and/or related members, access the <b>Auto Actions</b> button from the <b>Subscriber</b> 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  |
|------|--|
| 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  |
|------|---|
| 1    | To add a row, select the <b>Add</b> button while in the <b>Automatic Actions</b> dialog box. The <b>Automatic Action</b> dialog box displays. Enter the criteria and select <b>OK</b> .   |
| 2    | To delete a listed action, highlight the desired row in the grid of the <b>Automatic Actions</b> dialog box and select the <b>Delete</b> button. A Facets pop-up box displays confirming the deletion. Select the <b>Yes</b> button for the row to be deleted.    |
| 3    | To update or change a listed action in the grid of the <b>Automatic Actions</b> dialog box, highlight the desired row and select the <b>Change</b> button. The information appears populated in the <b>Automatic Action</b> dialog box where changes may be made. |

| Field   |   | Description  |
|---|---|--|
| <b>Fields denoted with an * are required.</b> |   |  |
| 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.<br><br><b>Note:</b> Refer to the <i>Subscriber/Member Application Group: Reference Guide</i> at the end of this chapter for additional information on 'comprehensive relationship codes'. |

| Field                 |   | Description  |
|-----------------------|---|--|
| 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 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.

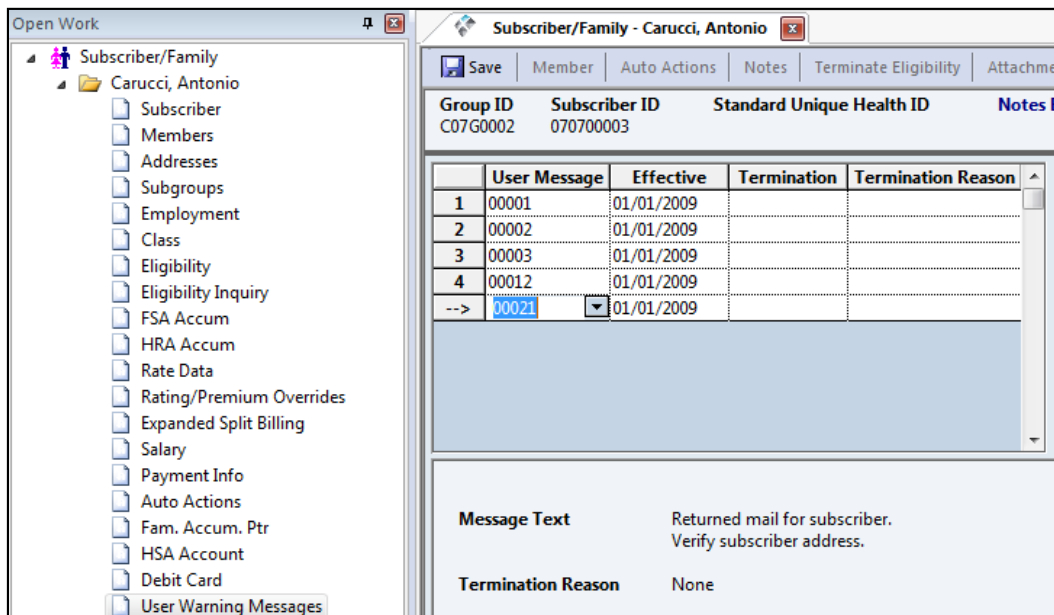
## Fam. Accum. Ptr Section

This section is used when claims received for two subscribers should be applied to one family accumulator. The two subscribers 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. The User Warning Messages section provides the ability to maintain control over the warning messages that display for a Subscriber throughout processing applications. 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.



| User Message | Effective  | Termination | Termination Reason |
|--------------|------------|-------------|--------------------|
| 1 00001      | 01/01/2009 |             |                    |
| 2 00002      | 01/01/2009 |             |                    |
| 3 00003      | 01/01/2009 |             |                    |
| 4 00012      | 01/01/2009 |             |                    |
| --> 00021    | 01/01/2009 |             |                    |

**Message Text** Returned mail for subscriber.  
Verify subscriber address.

**Termination Reason** None

| 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 |

| Field              |   | Description   |
|--------------------|---|---|
|                    |   | the <b>Message Text</b> 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 <b>Termination Reason</b> 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  |
|---|---|--|
| <b>Fields denoted with an * are required.</b> |   |  |
| 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   |
|------|--|
| 1    | From the <b>Subscriber</b> section, select the <b>Terminate Eligibility</b> button from the toolbar. |
| 2    | Complete the <b>Terminate Eligibility</b> dialog box.  |
| 3    | Select <b>OK</b> .   |
| 4    | Select <b>Save</b> from the <b>File</b> menu ( <b>Ctrl+S</b> ).                                      |

**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

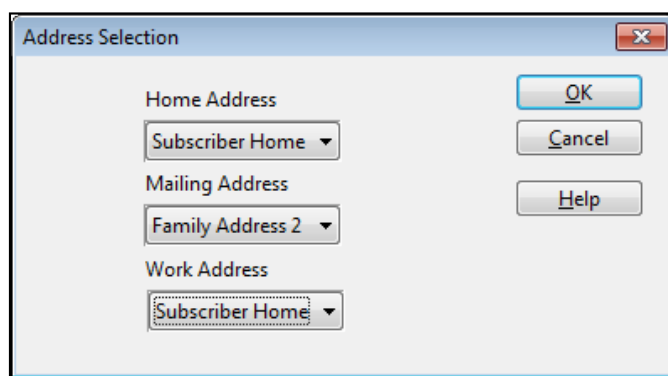
Use this section to add all members covered under a subscriber's enrollment in the health plan, and to add member-specific information.

### 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  |
|------|---|
| 1    | Select <b>Add (Change)...</b> Subsection from the <b>Edit</b> menu ( <b>Alt+E+A/H+B</b> ). The <b>Address Selection</b> dialog box will appear. |



| Step | Adding or Changing Member Addresses Procedures (continued)   |
|------|--|
| 2    | Select the appropriate address from each of the drop-down lists by using the drop-down arrows in the <b>Home Address</b> , <b>Mailing Address</b> , and/or <b>Work Address</b> fields. |
| 3    | Then select <b>OK</b> to return to the <b>Members section / Address Select</b> 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.

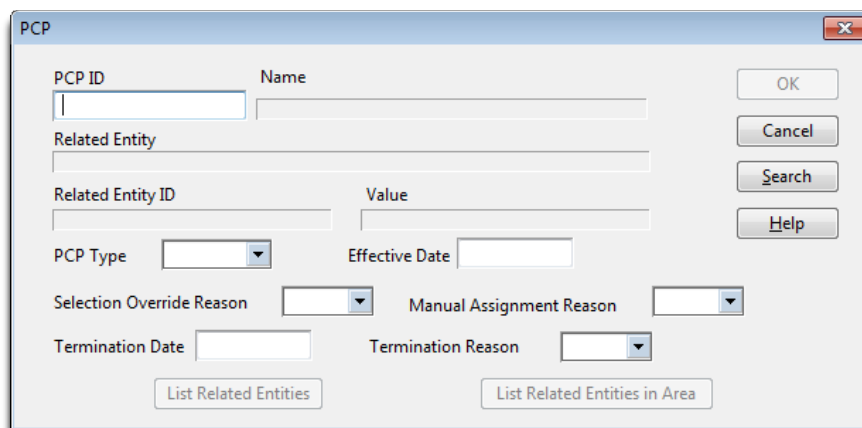
When users select an address row in the sections tab grid, a system-generated message explains the member's relationship to that address, e.g., "This member does not use this address". Users will also be able to view address information in the text-out area below the section tab grid when an address 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   |
|------|---|
| 1    | Select <b>Add...Subsection</b> from the <b>Edit</b> menu ( <b>Alt+E+A+B</b> ). The <b>PCP</b> dialog box will appear. |



| Step | Adding a PCP Procedures (continued)   |
|------|---|
| 2    | <p>Enter the PCP ID and tab through to populate the <b>Name</b> field. If the ID of the PCP for this member is unknown, select the <b>Search</b> button (<b>Alt+S</b>) and bring-up the <b>Search</b> dialog box to find the appropriate provider.</p> <p>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.</p> |

| Field   |   | Description  |
|---|---|--|
| <b>Fields denoted with an * are required.</b> |   |  |
| 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.<br><b>Note:</b> 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).  |

### **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.

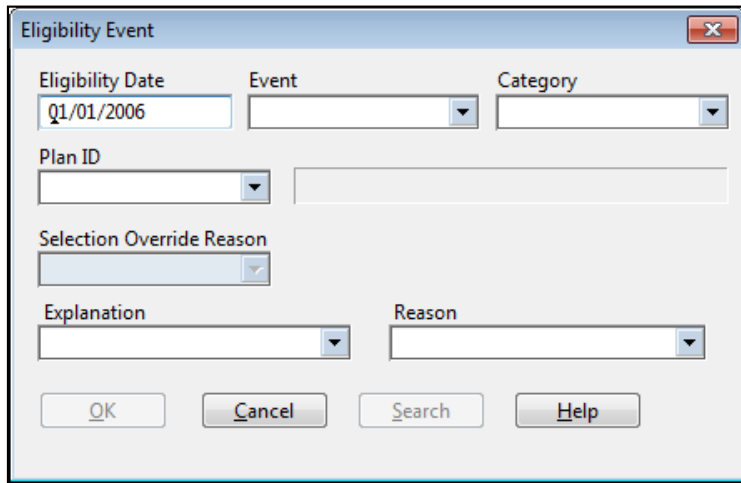


## Eligibility Section Tab

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   |
|------|---|
| 1    | Select <b>Add... Subsection</b> from the <b>Edit</b> menu ( <b>Alt+E+A+B</b> ). The <b>Eligibility Event</b> dialog box will display. |



| Step | Adding Member-Level Eligibility Events Procedures (continued) |
|------|---|
| 2    | Enter all pertinent fields and select <b>OK</b> .             |

| Field   |   | Description  |
|---|---|--|
| <b>Fields denoted with an * are required.</b> |   |  |
| 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, Reinstatement, COBRA Begin, COBRA End, Plan-entry Override.  |
| Category                                      | * | Select a value identifying a link to this Plan/Product with the appropriate Product category.<br><br><b>Note:</b> Only those categories linked to the Class ID associated with the subscriber's Group ID will display in this drop-down field selection. |

| Field                     |   | Description   |
|---------------------------|---|---|
| Plan ID                   | * | Enter the actual Plan ID.<br><br><b>Note:</b> 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.

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**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.

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**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.

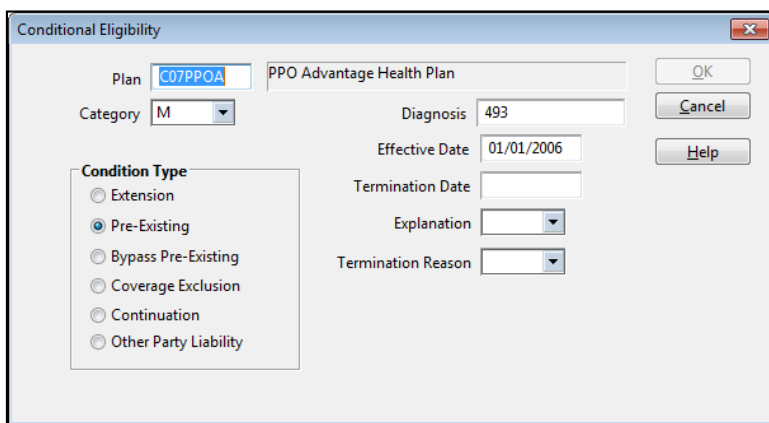
Add from the **Edit** menu (**Alt+E+A**) should be used to add a new event to the eligibility section tab. For example, to terminate eligibility use the add function to add a termination event. This will retain history of the select event in the section tab.

## 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   |
|------|---|
| 1    | Select <b>Add....Subsection</b> from the <b>Edit</b> menu ( <b>Alt+E+A+B</b> ) to access the <b>Conditional Eligibility</b> dialog box. |



| Step | Adding Conditional Eligibility Procedures (continued)            |
|------|--|
| 2    | Enter information in the pertinent fields and select <b>OK</b> . |

| Field   |   | Description  |
|---|---|--|
| <b>Fields denoted with an * are required.</b> |   |  |
| 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:<br>Extension                 | * | Select this button to continue benefits for this member for a specified length of time following a termination.  |
| Condition Types:<br>Pre-Existing              |   | Select this button to document one or more pre-existing conditions for this member.  |
| Condition Types:<br>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:<br>Coverage Exclusion        |   | Select this button to identify services for a diagnosis that will not be covered.  |
| Condition Types:<br>Continuation              |   | Select this option to indicate that other party liability potential has been investigated and is not present. A warning message indicating that other party liability has been investigated.   |
| Condition Types:<br>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.   |

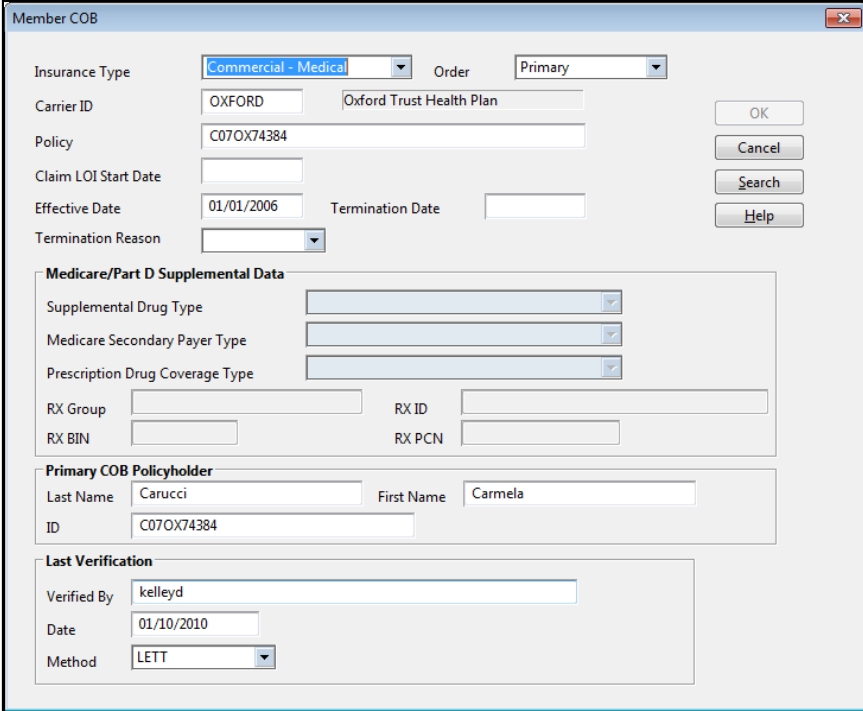
| Field              |   | Description  |
|--------------------|---|--|
| Explanation        | * | Select the Explanation Code describing the eligibility and claims processing status for the member with this Condition Type. |
| Termination Reason |   | Select the code that explains why this Condition 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. When a member has two or more insurance carriers, COB must be set-up for that member in this section tab or in the **Member** section of the Enrollment application.



| Field   |   | Description   |
|---|---|---|
| <b>Fields denoted with an * are required.</b> |   |   |
| 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  |

| Field                                       |   | Description   |
|---|---|---|
|   |   | the order of determination for this insurance coverage.   |
| Carrier ID                                  | * | Enter the ID assigned to the other insurance carrier. This ID is first created in the COB Carrier application..   |
| Policy                                      |   | Enter the Policy ID assigned to this member by the other insurance carrier.   |
| Claim LOI Start Date<br>(Letter of Inquiry) |   | This system generated field displays the calculated 'start date' for claims held for COB investigation (the 'start date' displays once the first claim lacking information is processed). When updated COB information is received, the verification fields on this <b>Member COB</b> 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<br>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<br>Type                   |   | Required and enabled only when Insurance Type is "P" (Medicare Supplemental). Select the Supplement Drug Type for this Medicare member.   |
| Medicare Secondary<br>Payer Type            |   | Select the Medicare Secondary Payer Type for this Medicare member. This field is available for Insurance Types M, O, R, or P.   |

| Field                             |  | Description  |
|-----------------------------------|--|--|
| Prescription Drug Coverage Type   |  | Select the Prescription Drug Coverage Type for this Medicare member. This field is available for Insurance Types M, O, R, or P.        |
| RX Group                          |  | Enter the RX Group number assigned to the Medicare member by the Part D plan. Available for Insurance Types M, O, R, or P.             |
| RX ID                             |  | Enter the RX ID number assigned to the Medicare member by the Part D plan. Available for Insurance Types M, O, R, or P.                |
| RX BIN                            |  | Select the Part D RX Binary Identification Number for this Medicare member. This field is available for Insurance Types M, O, R, or P. |
| RX PCN                            |  | Select the Part D RX Processing Control Number for this Medicare member. This field is available for Insurance Types 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:<br>Verified By |  | Enter the name of the person who last verified this COB information.   |
| Last Verification:<br>Date        |  | Enter the date this COB information was last verified.   |
| Last Verification:<br>Method      |  | Select the method used to verify this COB information.   |

**Note:** The Secondary Rx Information of RXID 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...**

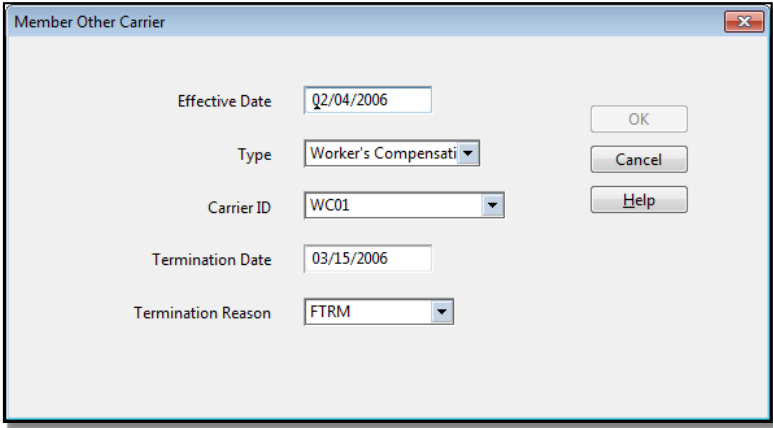
Before COB may be indicated for a member, the other insurance carrier must be identified in the COB Carrier application (Subscriber/Member app. group).

## 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   |
|------|---|
| 1    | Select <b>Add...Subsection</b> from the <b>Edit</b> menu ( <b>Alt+E+A+B</b> ).<br>The <b>Member Other Carrier</b> dialog box appears. |



| Step | Adding Other Carrier Information Procedures (continued) |
|------|---|
| 2    | Complete the appropriate fields and select <b>OK</b> .  |

| Field   |   | Description  |
|---|---|--|
| <b>Fields denoted with an * are required.</b> |   |  |
| 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 coverage. This date must be greater than the effective date.  |



| Field              |   | Description   |
|--------------------|---|---|
| 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  |
|------|---|
| 1    | Highlight the appropriate row to be changed in the section tabs grid.   |
| 2    | Double-click or select <b>Change...Subsection</b> from the <b>Edit</b> menu/ <b>Alt+E+H+B</b> (with the appropriate level of security) to access the <b>Member Other Carrier</b> dialog box and change the appropriate information/   |
| 3    | To terminate another carrier for the member, enter a <b>Termination Date</b> and <b>Termination Reason</b> in the <b>Member Other Carrier</b> dialog box. Select <b>OK</b> 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 <b>Delete...Subsection</b> from the <b>Edit</b> menu ( <b>Alt+E+D+B</b> ).   |
| 6    | At the Facets pop-up box, select <b>Yes</b> to delete the row.  |

## Handicap Section Tab

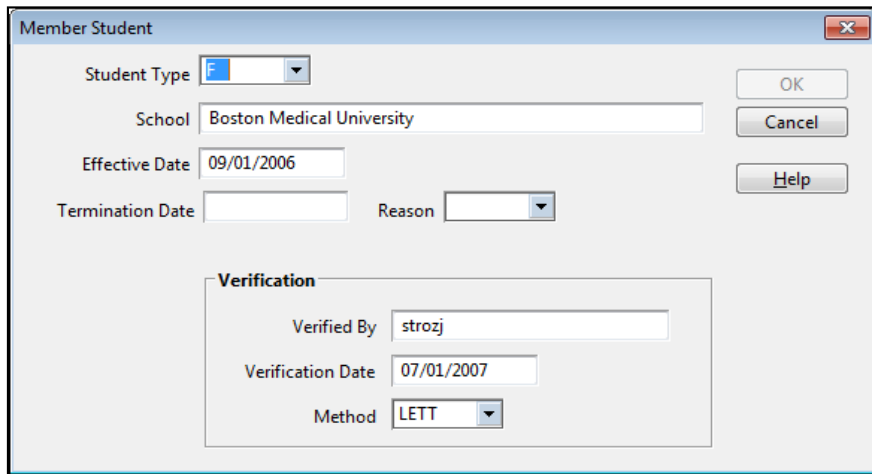
Use this tab to enter and view handicap information for the member selected in the grid.

## 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  |
|------|--|
| 1    | To add or edit student information, select <b>Add</b> , <b>Change</b> or <b>Delete...Subsection</b> from the <b>Edit</b> menu ( <b>Alt+E+AH/D+B</b> ). |

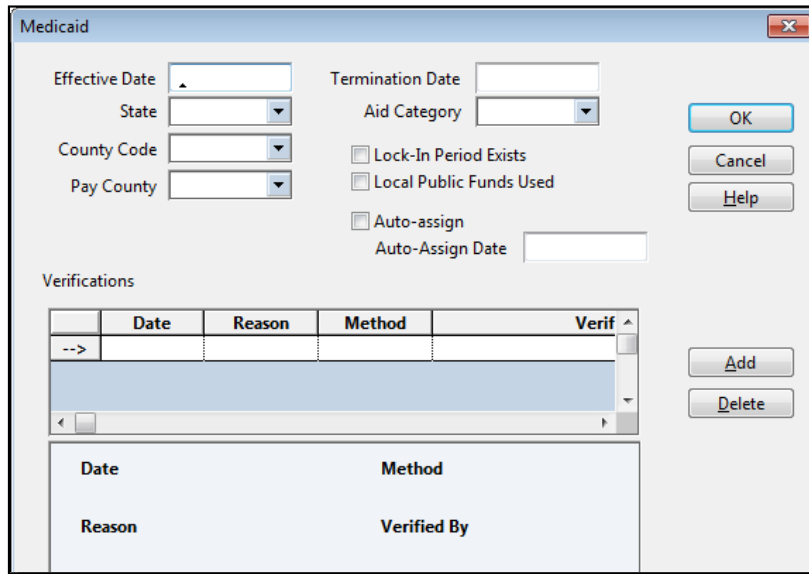


| Step | Adding or Editing Student Info Procedures (continued) |
|------|---|
| 2    | Enter information in the appropriate fields.          |
| 3    | Select <b>OK</b>                                      |

| Field   |   | Description  |
|---|---|--|
| <b>Fields denoted with an * are required.</b> |   |  |
| 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                                  |   | Identify who verified this information, the date it was received, and how the information was received. Required for "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  |
|---|---|--|
| <b>Fields denoted with an * are required.</b> |   |  |
| Effective/Termination Date                    | * | Enter the applicable dates for Medicaid coverage.  |
| State   | * | Medicaid code for state of residence   |
| 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 has a guarantee of membership for a specific time period.                               |
| 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                                 |   | Identity of person who verified this information, the date it was received and how the information was received. |

## Provider Relationship Section Tab

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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 Procedures   |
|------|--|
| 1    | Select <b>Add...Subsection</b> from the <b>Edit</b> menu ( <b>Alt+E+A+B</b> ). The <b>Provider Relationship</b> dialog box will display.                                 |
| 2    | Enter the necessary information in the dialog box, and select <b>OK</b> to apply this information to the <b>Medicaid</b> section tab grid in the <b>Members</b> section. |

| Field   |   | Description   |
|---|---|---|
| <b>Fields denoted with an * are required.</b> |   |   |
| 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.

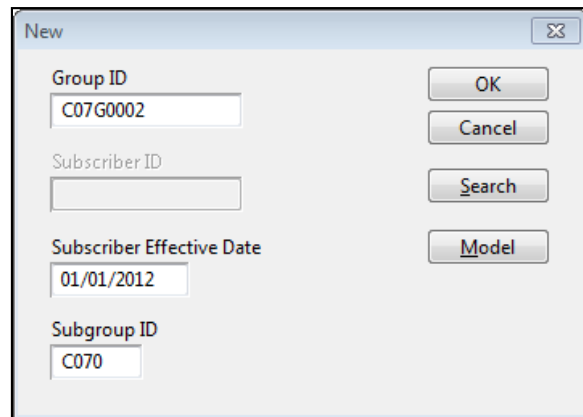
#### Enrolling Subscribers

| Step | Enrolling Subscribers Procedures  |
|------|---|
| 1    | Select <b>New</b> from the <b>File</b> menu ( <b>Ctrl+N</b> ) to bring-up the <b>New</b> dialog box and enter a new <b>Subscriber ID</b> , <b>Effective Date</b> , <b>Group ID</b> , and <b>Subgroup ID</b> . |

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

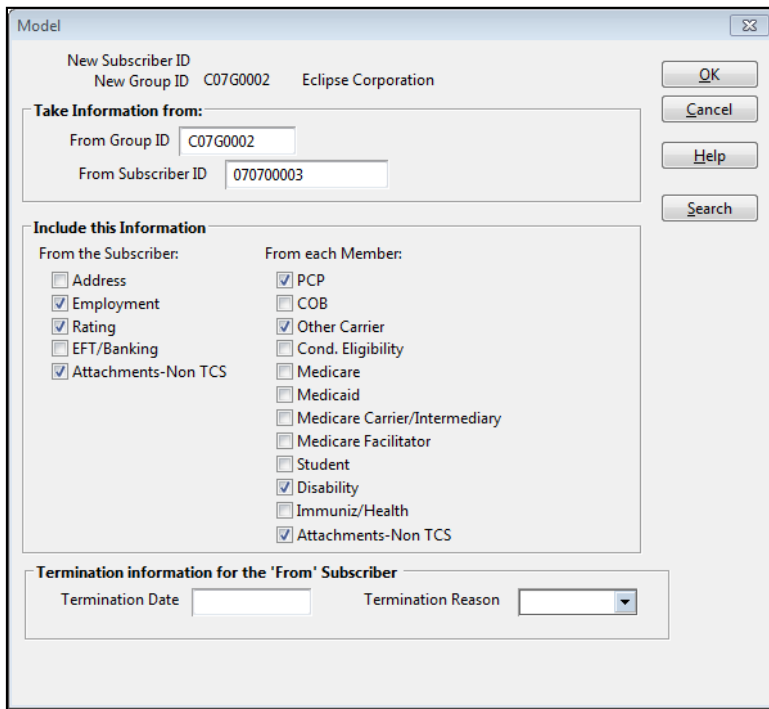
### Modeling

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  |
|------|--|
| 1    | Select <b>New</b> from the <b>File</b> menu ( <b>Ctrl+N</b> ) to add a new subscriber. |
| 2    | The <b>New</b> dialog box will display. Complete the necessary fields.                 |
| 3    | Select the <b>Model</b> button to bring-up the <b>Modeling</b> dialog box.             |

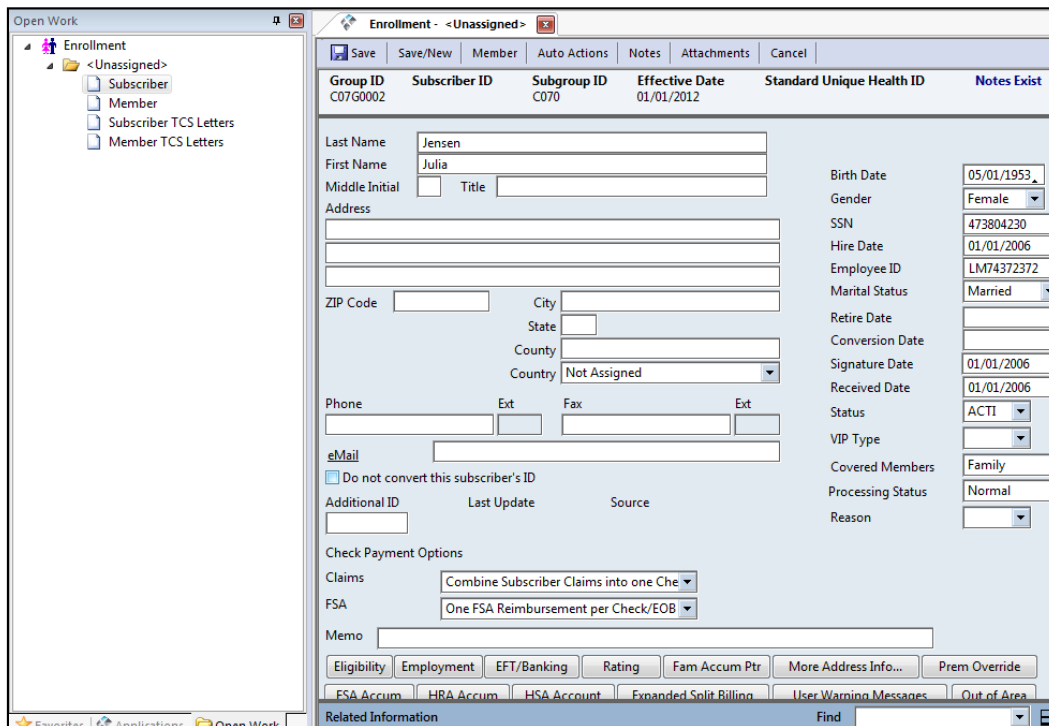


| Step | Modeling Subscribers Procedures (continued)   |
|------|---|
| 4    | Enter the Group and Subscriber IDs to be modeled.   |
| 5    | Select the information to be modeled.   |
| 6    | The user may select to terminate the modeling record when finished.   |
| 7    | After entering information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

## **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.



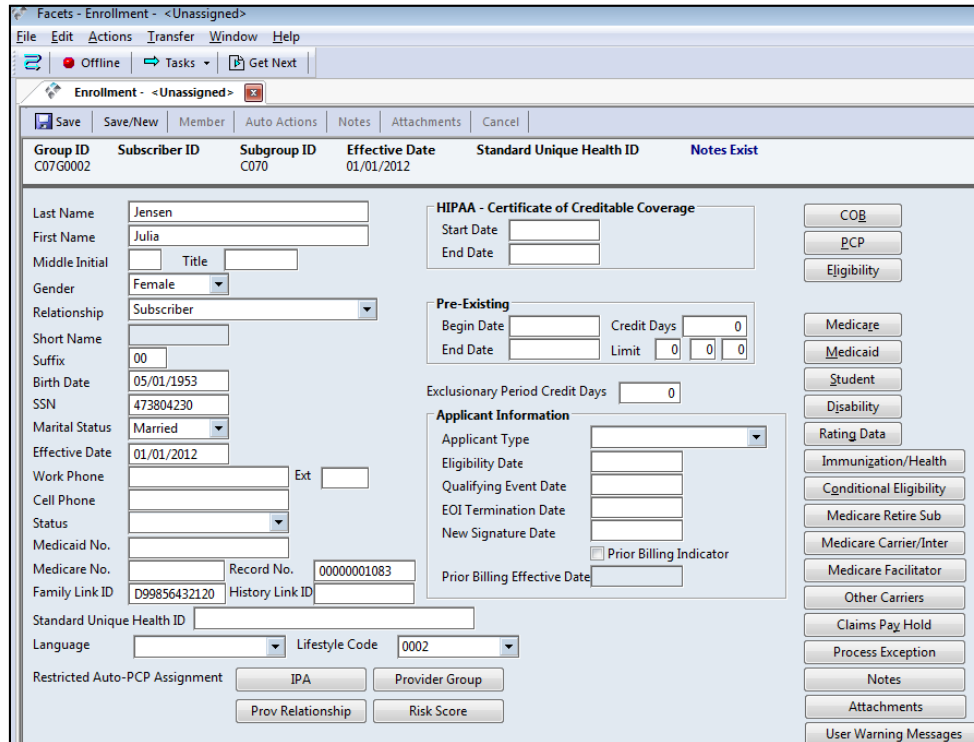
The screenshot displays the 'Enrollment - <Unassigned>' window. The left sidebar shows a tree view with 'Enrollment' expanded, containing '<Unassigned>', 'Subscriber', 'Member', 'Subscriber TCS Letters', and 'Member TCS Letters'. The main form area contains the following fields and sections:

- Buttons:** Save, Save/New, Member, Auto Actions, Notes, Attachments, Cancel.
- Summary Row:**

| Group ID | Subscriber ID | Subgroup ID | Effective Date | Standard Unique Health ID | Notes Exist |
|----------|---------------|-------------|----------------|---------------------------|-------------|
| C07G0002 |               | C070        | 01/01/2012     |                           |             |
- Personal Information:**
  - Last Name: Jensen
  - First Name: Julia
  - Middle Initial:
  - Title:
  - Address:
  - ZIP Code:
  - City:
  - State:
  - County:
  - Country: Not Assigned
  - Phone:  Ext:
  - Fax:  Ext:
  - eMail:
- Demographics:**
  - Birth Date: 05/01/1953
  - Gender: Female
  - SSN: 473804230
  - Hire Date: 01/01/2006
  - Employee ID: LM74372372
  - Marital Status: Married
  - Retire Date:
  - Conversion Date:
  - Signature Date: 01/01/2006
  - Received Date: 01/01/2006
  - Status: ACTI
  - VIP Type:
- Additional Information:**
  - ☐ Do not convert this subscriber's ID
  - Additional ID:
  - Last Update:
  - Source:
  - Covered Members: Family
  - Processing Status: Normal
  - Reason:
- Check Payment Options:**
  - Claims: Combine Subscriber Claims into one Che
  - FSA: One FSA Reimbursement per Check/EOB
- Memo:**
- Buttons:** Eligibility, Employment, EFT/Banking, Rating, Fam Accum Ptr, More Address Info..., Prem Override, FSA Accum, HRA Accum, HSA Account, Expanded Split Billing, User Warning Messages, Out of Area.
- Related Information:** Find

## 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   |
|------|---|
| 1    | Select the <b>Eligibility</b> button.                                 |
| 2    | Select Class.   |
| 3    | Select the Plans and coverage; the effective date will auto-populate. |
| 4    | Select OK.  |