

# Technical Foundations

## Facets 5.1 Guide

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## Introduction to Data Models

### **Objectives**

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Upon successful completion of this chapter, you will be able to:

- Explain the naming conventions for the tables, their purpose in the database, and their requirements
- Discuss the important columns of the major tables
- Explain the requirement between a dependent and an independent table
- Explain the difference between a Primary and Foreign key

# What is a Data Model?

## *What is a Data Model?*



### ► **Data Model**

- Logical collection of tables
- Organized into specific areas

### ► **Table collections define business requirement**

- Adding rules
- Establishing processes

### ► **Facets Data Models organized into Domains**

### ► **Each domain includes**

- Data objects
- Associations between the objects
- Rules that govern transactions on objects

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A Data Model is a logical collection of tables organized into specific areas.

Each collection of tables defines a business requirement, adding rules, and establishing processes.

Facets Data Models consist of domains:

- Accounting
- Billing
- Claims
- Member/Subscriber
- Provider

Each domain includes data objects, the associations between the objects, and the rules that govern the transactions on the objects.

## What is a Data Model?



### ► Domain change has direct effect on other tables (e.g. when a claim is submitted)

- Subscriber must
  - Have valid record on Subscriber table
  - Have valid record on Eligibility table
  - Be in active Plan of Benefits
- Servicing Provider must
  - Have valid record on Practitioner table
  - Have agreement with the MCO
  - Have valid network record
- Claim must
  - Have valid service dates
  - Have procedure/diagnosis codes

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A change to a row in a table to any of the above domains impacts the other tables in that domain, as well as tables in other domains. For example, during claims adjudication:

- The subscriber on that claim has to have a valid record in the **Subscriber** table.
- The subscriber must have a valid record in the **Eligibility** table and must be linked to an active plan of benefits.
- The servicing provider must also have a valid record in the **Practitioner** table and an agreement with the MCO, as well as a valid network record.
- The claim must have valid service dates and procedure/diagnosis codes.

## *What is a Data Model?*



### ► Claim spanned four domains

- Subscriber/Member
- Provider
- Plan
- Claims

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The claim just spanned four domains:

- Subscriber/Member
- Provider
- Plan
- Claims

# Data Model Definitions

## *Data Model Definitions*



### ► Common relational database definitions

- Entity
- Instance
- Attribute
- Attribute Type
- Relationship

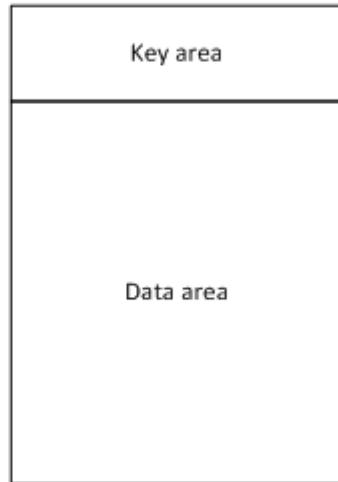
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Database	Definition
Entity	This is the main object about which information is collected, e.g., the tables.
Instance	This is a unique occurrence of an entity, e.g., rows within the tables.
Attribute	This describes the entity and accords values to the entity, e.g., the columns in the table.
Attribute Type	This is the type of data that exists in the column, e.g., char, integer, and datetime.
Relationship	This is the association between two or more entities, or an entity and itself.

## Tables and Keys

### Tables and Keys

The Horizontal Line  
in the Table divides;  
Keys and Non-Keys



The technical architect at TriZetto creates the ErWin diagrams in the ErWin Data Modeler software package. TriZetto is currently using version 7.2.8.

The basic layout of a table is a rectangular shape divided into two sections by a horizontal line. The area above the line is the key area and is where the primary key of the table is established. The primary key identifies the purpose of the table within the database. The area below the line is the data area, which contains columns that support the primary key.

## Default Attribute Types in Facets

### *Default Attribute Types in Facets*



- ▶ **Char or Varchar**
  - “ ” or NULL
- ▶ **Integer or Smallint**
  - “0”
- ▶ **Datetime (MM/DD/CCYY HH:MM:SS.000)**
  - Examples of default datetimes
    - 01/01/1753 00:00:00.000
    - 12/31/9999 00:00:00.000
    - 01/01/1920 00:00:00.000
    - 12/31/2199 00:00:00.000

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TriZetto designed and developed Facets on a single instance Sybase database. Today Facets supports three database platforms: Sybase, Oracle, and SQL Server. No matter which platform you are using, the database defaults will always be the Sybase defaults.

In Facets, there are two sets of default datetime formats. The most common datetime formats are:

- 01/01/1753 00:00:00.000
- 12/31/9999 00:00:00.000

The main eligibility table, **CMC\_MEPE\_PRCS\_ELIG**, displays the second datetime format.

## Common Columns on Tables

### *Common Columns on Tables*



#### ► Two most common columns in the database

- XXXX\_LOCK\_TOKEN
  - Where XXXX = tablename
- ATXR\_SOURCE\_ID

#### ► Table columns being added

- SYS\_USUS\_ID
- SYS\_DBUSER\_ID
- SYS\_LAST\_UPT\_DTM

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The two most common columns in the database are XXXX\_LOCK\_TOKEN and ATXR\_SOURCE\_ID.

The XXXX section of the first column listed is a placeholder for the tablename.

The ATXR\_SOURCE\_ID column is a unique key in datetime format for letters, notes, and memos. For example, 3053\_03\_01 00:00:00.356

Architects added the following columns to track changes:

- SYS\_USUS\_ID
- SYS\_DBUSER\_ID
- SYS\_LAST\_UPT\_DTM

A visual basic script runs and enables the trigger on a table. The new columns populate as follows:

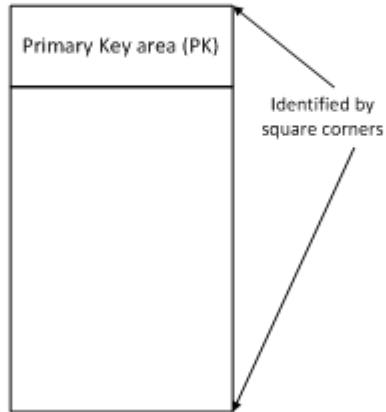
- SYS\_LAST\_UPT\_DTM
  - This updates via the DBMS function to ascertain the current date/time
- SYS\_DBUSER\_ID
  - This updates via the DMBS function to ascertain the current database user
- SYS\_USUS\_ID
  - Each database connection via Facets contains a row in the **SGN0** table that the DBMS connection ID keys. The system stores the Facets USUS\_ID database connection on the SGN0 row. In order to determine the USUS\_ID, the trigger joins to the **SGN0** table based on the database connection ID. In cases where the database server makes this connection outside of a Facets process, the join will fail and the column populates with the default value, EXTERNAL.

# Table Types

## Table Types



### Independent or Parent Table


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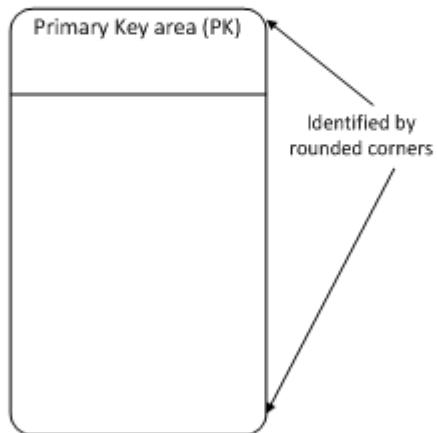
An independent table, also known as a parent table, does not need another table to define it, and it can stand alone in the database. It also establishes the primary keys for all dependent tables to which it links.

Term	Definition
Primary Key (PK)	This establishes a unique ID.
Foreign Key (FK)	This is a piece of related data, usually from another table.

## Table Types



### Dependent or Child Table



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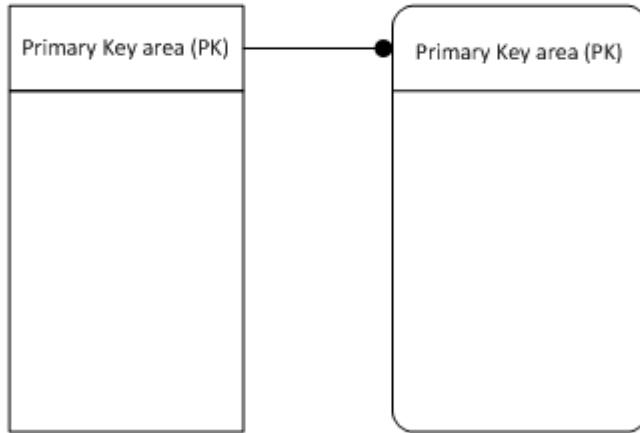
A dependent table, also known as a child table, needs the independent table for definition. Therefore, the dependent table shares the Primary Key of the parent table.

## Table Relationship Types

### ***Table Relationship Types***



#### **Identifying Relationship (Required)**



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There are two types of relationships between tables.

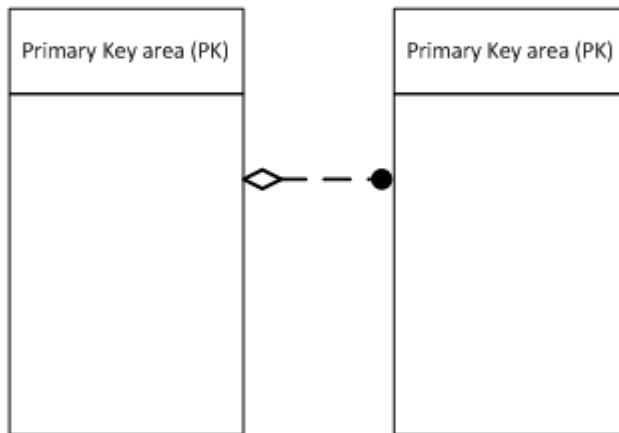
- Identifying
- Non-Identifying, also known as Optional

The identifying relationship indicates a requirement between the tables. If there is data in the parent table, then the child table must contain data. This is the most common relationship between parent and child tables.

## Table Relationship Types



### Non-Identifying (Optional)



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The non-identifying, also known as optional, relationship does not require sharing of primary keys between tables. This is the most common relationship for a foreign key.

## Facets Naming Convention

### Facets Naming Convention



- ▶ **Naming conventions begin with prefixes on database objects**
- ▶ **Most common prefixes**
  - CER
  - CMC
  - CDS
- ▶ **Other prefixes**
  - FHD
  - FHP
  - NWX
  - BPA

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Prefix	Meaning
CER	System
CMC	Managed Care (Transactional Data)
CDS	Decision Support (Reporting)
FHD	Facets HIPAA Development
FHP	Facets HIPAA Privacy
NWX	NetworX and Workflow
BPA	Business Process Automation

## *Facets Naming Convention*



### ► Prefixes appear on

- Table
- Triggers
- Indexes
- Stored Procedures
- Views

## Facets Naming Convention



- ▶ **Second part of object - unique four character name**
  - SBSB
  - MEME
  - PRPR
- ▶ **Third and sometimes fourth part of name - description**
  - CDS\_MMCT\_MEM\_COUNT
  - CMC\_MEPE\_PRCS\_ELIG
  - CMC\_MEME\_MEMBER

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Prefix	Meaning
SBSB	Subscriber
MEME	Member
PRPR	Provider

## Facets Domains

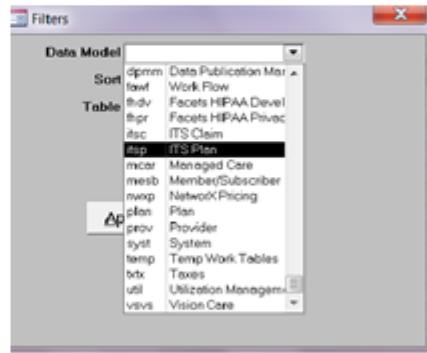
### *Facets Domains*



- ▶ **27 Domains in Facets 5.x  
(includes Vision)**

- ▶ **Each Domain Name**

- Unique
- Used to access tables in Data Dictionary



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## *Facets Domains*



- |        |        |
|--------|--------|
| ▶ SYST | ▶ COCO |
| ▶ AUDT | ▶ CTCT |
| ▶ ACCT | ▶ MCMC |
| ▶ BILL | ▶ MESB |
| ▶ CLCL | ▶ PLPL |
| ▶ CMCM | ▶ PROV |
| ▶ CSCS | ▶ TEMP |
| ▶ CRCR | ▶ UMUM |

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Domain	Meaning
SYST	System
AUDT	Audit
ACCT	Accounting
BILL	Billing
CLCL	Claims
CMCM	Case Management
CSCS	Customer Service
CRCR	Capitation
COCO	Commissions
CTCT	Criteria
MCMC	Managed Care
MESB	Member/Subscriber
PLPL	Integrated Plan
PROV	Provider/Facility
TEMP	Temporary Work Tables
UMUM	Utilization Management

### *Facets Domains - continued*



- ▶ ITSP
- ▶ FAWF
- ▶ ITSC
- ▶ DIDI
- ▶ FHDV
- ▶ DPMM
- ▶ FHPR
- ▶ BPAC
- ▶ TXTX
- ▶ VSVS
- ▶ NWXP

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Domain	Meaning
ITSP	Plan
ITSC	Claim
FHDV	Facets HIPAA Development
FHPR	Facets HIPAA Privacy
TXTX	Tax
NWXP	NetworXPricer
FAWF	Workflow
DIDI	Disability
DPMM	Data Publication Manager
BPAC	Business Process Automation Code
VSVS	Vision Care

---

## Objective Summary

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You are now able to:

- Explain the naming conventions for the tables, their purpose in the database, and their requirements
- Discuss the important columns of the major tables
- Explain the requirement between a dependent and an independent table
- Explain the difference between a Primary and Foreign key

## Coming Up

### *Coming Up*



Next we will discuss:

- ▶ **Facets Data Dictionary**

---

## Data Dictionary

### **Objectives**

---

Upon successful completion of this chapter, you will be able to:

- Explain how to navigate and effectively use the Data Dictionary

## Data Dictionary Overview

### *Data Dictionary Overview*



#### ► Central Source of Database Information

- Contains Table and Column Information
  - Definitions and Help Text
  - Attributes, Key, and GUI Information
  - Valid Values
  - Associated View Name

#### ► Conforms to Facets Reporting Structure for printing Database documentation

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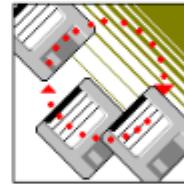
Data Dictionary runs on either a full or runtime version of Access 2000 making it similar to reporting, although it functions as a completely stand alone database.

## Data Dictionary Release 5.x

### *Data Dictionary Release 5.x*



- ▶ Separate MS Access 2007 Database
- ▶ Data Dictionary User Guide
  - Navigating
  - Database Definitions
  - Reports



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The Facets Data Dictionary User Guide provides instructions for installing and navigating the application. The MS Access 2007 database file name for Data Dictionary is CDSDD501.accdb.

## Using the Data Dictionary Product Navigator

### *Using the Data Dictionary Product Navigator*



After a user first accesses the application, a divided screen displays.

### Application Groups

In the Application Groups window, two application groups appear by default:

- Database Definitions
- Reporting

## Using the Data Dictionary Database Definition

### *Using the Data Dictionary Database Definition*



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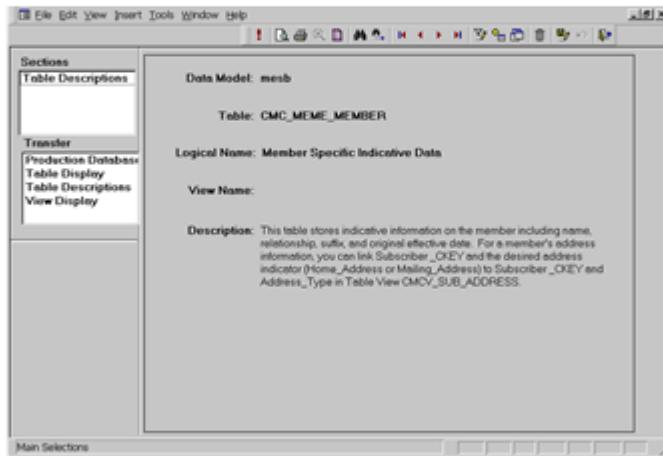
## Applications

Selecting a group displays three sub-applications in the **Applications** window:

- |                            |   |
|----------------------------|---|
| <b>Production Database</b> | Not a connection to the Facets production database, but where you will find all definitions |
| <b>Table Display</b>       | Displays the columns of the table in order  |
| <b>Table Descriptions</b>  | Provides a brief description of how tables function within the database                     |

# Using the Data Dictionary Table Descriptions

## *Using the Data Dictionary Table Descriptions*



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A Table Description contains the:

- domain in which each table belongs
- full name of the table
- logical name of the table
- view name, if available
- short paragraph that describes the table

## Using the Data Dictionary Table Display

### *Using the Data Dictionary Table Display*



Sessions  
Table Display

Transler  
Production Database  
Table Display  
Table Descriptions  
View Display

Main Selections

Data Model: mems

Table CMC MEME MEMBER

Column Name	Logical Name	Data	Type
MEME_OK	Member Continued Key	int	▼
GRGR_OK	Group Continued Key	int	▼
SESB_OK	Subscriber Continued Key	int	▼
MEME_SFX	Member Suffix	tinyint	▼
MEME_REL	Member Relationship	char(1)	▼
MEME_ID_NAME	Member Short Name	char(8)	▼
MEME_LAST_NAME	Member Last Name	char(35)	▼
MEME_FIRST_NAME	Member First Name	char(15)	▼
MEME_MID_INIT	Member Middle Initial	char(1)	▼
MEME_TITLE	Member Title	char(10)	▼
MEME_ORIG_EFF_DT	Member Original Effective Date	datetime	▼
MEME_SSN	Member Social Security Number	char(10)	▼
MEME_SEX	Member Gender	char(1)	▼
MEME_BIRTH_DT	Member Birth Date	datetime	▼
MEME_WKFL_PHONE	Member Work Phone Number	char(20)	▼
MEME_WKFL_FAXNUM	Member Work Fax Number	char(20)	▼

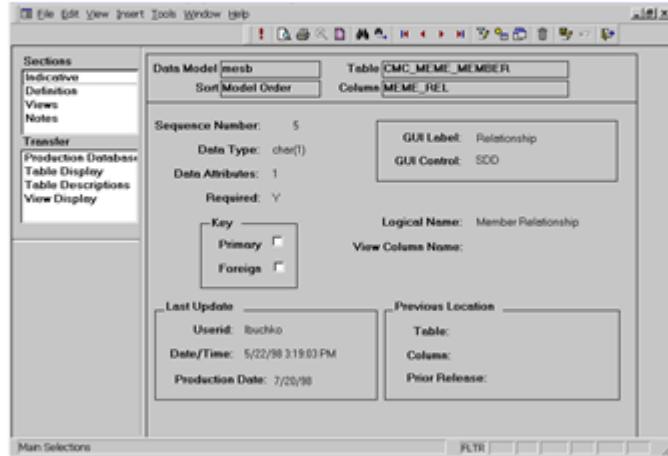
Sort: Model Order

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The Table Display contains the columns by the logical name of the column and then by attribute type. Arrows on the right side of the screen guide users to the **Indicative** page for the selected column.

# Using the Data Dictionary Production Database Indicative Panel

## *Using the Data Dictionary Production Database Indicative Panel*



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This is an example of an **Indicative** page. It tells about the column:

- Sequence order of the column
- Attribute and type
- Whether or not it is a required table element
- Whether or not it is a primary or foreign key
- GUI label associated with this column on the Interactive Client
- Displays “Auditing Enabled” if used for auditing

A user may move to the **Definition** or **Notes** section in the top left box. In the lower left box, users may transfer to any of the sub-applications

# Using the Data Dictionary Production Database Definition Panel

## *Using the Data Dictionary Production Database Definition Panel*



Sessions  
Indicative Definitions  
Notes  
Transfer  
Production Database  
Table Display  
Table Descriptions

Data Model: memb	Table: CMC_MEME_MEMBER												
Sort: Model Order	Column: MEME_REL												
Data Definition: Member's relationship to the subscriber.													
Help Enterable: Select the code that indicates this member's relationship to the subscriber.													
Help Display: Select the code that indicates this member's relationship to the subscriber. If this member is the subscriber, Facets displays the Subscriber code.													
Edit Criteria: If this member is the subscriber, this selection is optional. The system assigns the code 'M' to the subscriber.													
Valid Values	<table border="1"> <thead> <tr> <th>Value</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>H</td> <td>Daughter</td> </tr> <tr> <td>M</td> <td>Husband</td> </tr> <tr> <td>S</td> <td>Subscriber</td> </tr> <tr> <td>O</td> <td>Other Dependent</td> </tr> <tr> <td>S</td> <td>Son</td> </tr> </tbody> </table>	Value	Description	H	Daughter	M	Husband	S	Subscriber	O	Other Dependent	S	Son
Value	Description												
H	Daughter												
M	Husband												
S	Subscriber												
O	Other Dependent												
S	Son												
Default Value: None													

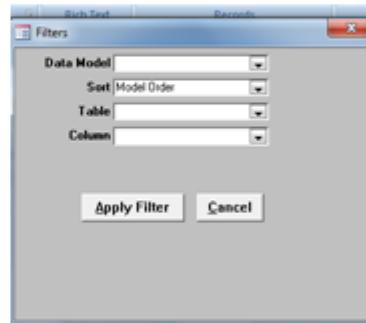
Record: H | 1 of 6 | < | > | << | >> | No Filter | Search

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The **Definition** section gives configuration information, as well as a list of hard coded values, when applicable.

## Using the Data Dictionary Filter and Search

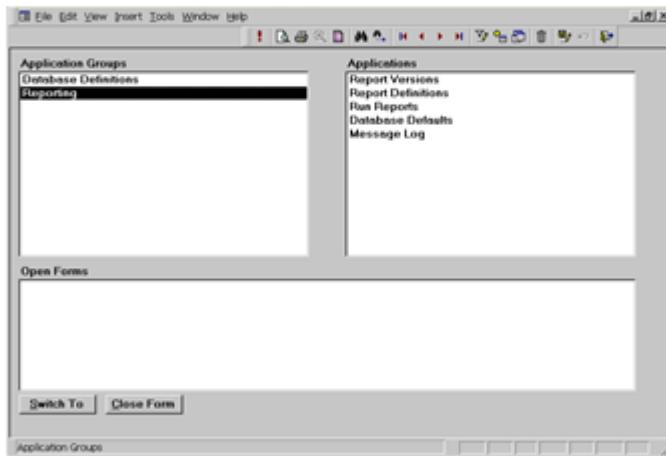
### *Using the Data Dictionary Filter and Search*



In the **Search** filter, as users choose a domain, all tables in that domain populate the table dropdown box. After choosing a table, all columns for that table populate the column dropdown box.

## Using the Data Dictionary Reporting

### *Using the Data Dictionary Reporting*



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This is the Reporting application group.

Application Name	Description
Report Version	This is the version of the report the user wants to run.
Report Definition	This contains the columns identified on the report.
Run Reports	This identifies when to run reports.
Database Defaults	This defines the end of the week, month, or year, and any heading for the report.
Message Log	This captures messages while the report is running.

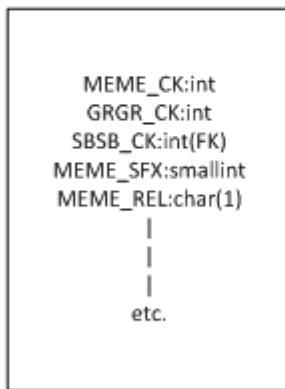
There is only one report with one version in the Reports application.

## ErWin Diagrams



### ErWin Diagrams

**CMC\_MEME\_MEMBER**



### Data Dictionary

Column Name	Logical Name	Type	Length
MEME_CK	Member_ContinentKey	int	4
GRGR_CK	Group_ContinentKey	int	4
SBSB_CK	Subscriber_ContinentKey	int	4
MEME_SFX	Member_Suffix	smallint	2
MEME_REL	Member_MiddleName	char	1
MEME_SCN	Member_ShortName	char	10
MEME_LSTN	Member_LastName	char	10
MEME_FRN	Member_FirstName	char	10
MEME_MNI	Member_MiddleInitial	char	1
MEME_GDR	Member_Gender	char	1
MEME_DOB	Member_DOB	date	10
MEME_OPI	Member_Orginal_PictureData	blob	100000
MEME_SSN	Member_Social_SecurityNumber	char	10
MEME_GDR	Member_Gender	char	1
MEME_BDTH	Member_BirthDate	date	10
MEME_VPN	Member_Visit_PhoneNumber	char	10

The order of the columns on a table will follow the same order as shown in the ErWin diagrams.

## Coming Up

### *Coming Up*



Next we will discuss:

- ▶ Plan Data Model

## Plan Data Models

### *The Plan Data Model*



- ▶ **Plan Data Model is foundation for all Data Models**
- ▶ **Data contained in this model defines product type and behavior**
- ▶ **Plan vs. Product**
  - Product – HMO, PPO, Vision, Dental, Pharmacy, etc.
  - Plan – name used to market a product

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The data contained in this data model defines the Product type and how it acts.

---

## Objectives

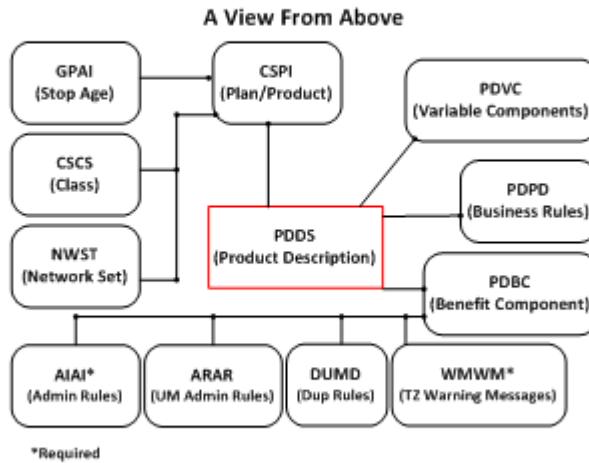
---

The objectives for the Plan chapter are to:

- Discuss the important columns of the major tables
- Explain the relationship of the columns to the other tables and domains as they pertain to the Facets processes

## Plan Structure

### Plan Structure



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This diagram shows the integration point of the Plan domain into the Member/Subscriber domain. The main parent table is **PDDS**. **PDDS** tells the system the type of processes being set, such as claims processing or Capitation/RISK. The next table to the right, **PDPC**, holds the line of business. A line of business (LOBD\_ID) financially supports the product. Facets allows two lines of business, a primary and an alternate, for each product.

The **PDBC** table identifies the criteria or rules for handling certain situations, such as duplicate claims or COB calculations. No matter what type of product created, there will always be two required tables under **PDBC**; **AIAI** and **WMWM**. The rest of the tables depend on the selected processes in **PDDS**.

The **PDVC** table is solely used for claims processing, setting the conditions for processing based on provider type, service area, and UM requirements.

After configured, the product gets attached to a plan (**CSPI**). The plan is what is sold to the subscribers, so the type of subscriber (**CSCS**) will determine which plans can be selected. The **CSPI** table also ties the class and group together. The **CSPI** table will also contain the Network set (**NWST**). This defines the in-network providers for the plan. The plan also defines the waiting periods and stop ages configured on **GPAI**.

## Product Description Table

### *Product Description Table*



#### ► CMC\_PDDS\_PROD\_DESC

- Defines how the product will behave
- Page 1 of Plan Data Model Guide
- Primary Key
  - PDPD\_ID (Product ID) 8 char
- Required Fields
  - PDPD\_ID (PK)
  - PDDS\_PREM\_IND
  - PDDS\_APP\_TYPE

The **Product Description** table identifies the product being built by the PDPD\_ID. PDDS\_PREM\_IND identifies the type of rate to use when billing for this product. The PDDS\_APP\_TYPE identifies the type of product, such as a medical product or a dental product. This table has columns ending in IND (indicator), which identifies the functionality of the product, such as **UM**, **Capitation**, etc.

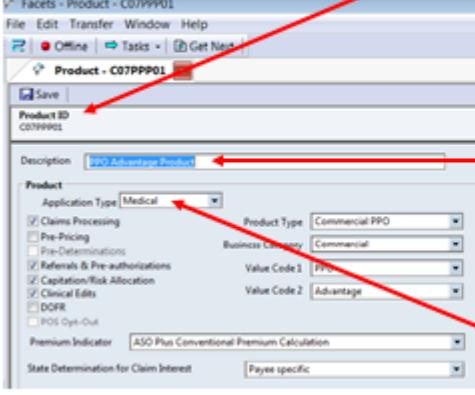
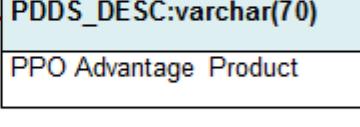
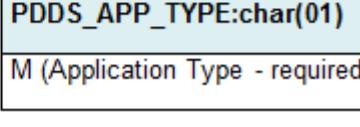
**PDPD\_ID: char(8)**

PDDS\_DESC: varchar(70)  
PDDS\_UM\_IND: char(1)  
PDDS\_MED\_PRICE\_IND: char(1)  
PDDS\_MED\_CLMS\_IND: char(1)  
PDDS\_DEN\_UM\_IND: char(1)  
PDDS\_DEN\_PD\_IND: char(1)  
PDDS\_DEN\_PRICE\_IND: char(1)  
PDDS\_DEN\_CLMS\_IND: char(1)  
PDDS\_PREM\_IND: char(1)  
PDDS\_CLED\_IND: char(1)  
PDDS\_CAP\_IND: char(1)  
PDDS\_INT\_STATE\_IND: char(01)  
PDDS\_MCTR\_BCAT: char(04)  
PDDS\_MCTR\_VAL1: char(04)  
PDDS\_MCTR\_VAL2: char(04)  
PDDS\_APP\_TYPE: char(01)  
PDDS\_PROD\_TYPE: char(01)  
PDDS\_DOFR\_IND: char(1)  
PDDS\_OPTOUT\_IND: char(1)  
PDDS\_OOA\_IND: char(1)  
PDDS\_OON\_IND: char(1)  
PDDS\_DISP\_IND: char(1)  
PDDS\_ALT\_DISP\_IND: char(1)  
PDDS\_ORD\_SYS\_IND: char(1)

## Product Description Table - Key Fields

*Product Description Table – Key Fields*



	<b>PDPD_ID:char(8)</b> C07PPP01
	<b>PDSS_DESC:varchar(70)</b> PPO Advantage Product
	<b>PDSS_APP_TYPE:char(01)</b> M (Application Type - required)

The PDPD\_ID identifies the name of the product. In this case, the product is C07PPP01.

Facets allows the user 70 variable characters that describe the product.

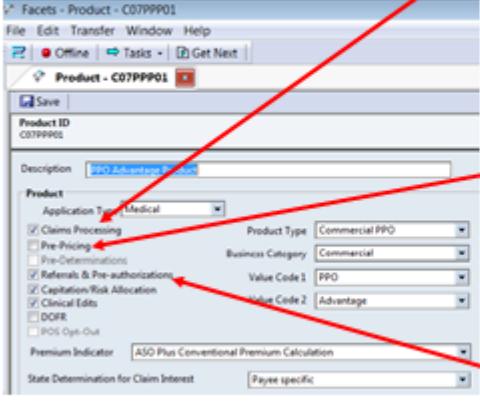
The required column, **PDSS\_APP\_TYPE**, will identify the product type.

Available Types:

- D - Dental
- F - FSA
- H - HSA
- M - Medical
- O - Other
- R – Pharmacy

## Product Description Table – Key Fields



	<b>PDDS_MED_CLM_IND:char(1)</b> Y (Claims Processing)
<input checked="" type="checkbox"/> Claims Processing <input type="checkbox"/> Pre-Pricing <input type="checkbox"/> Pre-Determinations <input checked="" type="checkbox"/> Referrals & Pre-authorization <input checked="" type="checkbox"/> Capitations/Risk Allocation <input checked="" type="checkbox"/> Clinical Edits <input type="checkbox"/> DMR <input type="checkbox"/> POS Opt-Out	<b>PDDS_MED_PRICE_IND:char(1)</b> N (Pre-Pricing)
<input type="checkbox"/> ASO Plus Conventional Premium Calculation <input type="checkbox"/> State Determination for Claim Interest	<b>PDDS_UM_IND:char(1)</b> Y (Referrals and Pre-authorizations)

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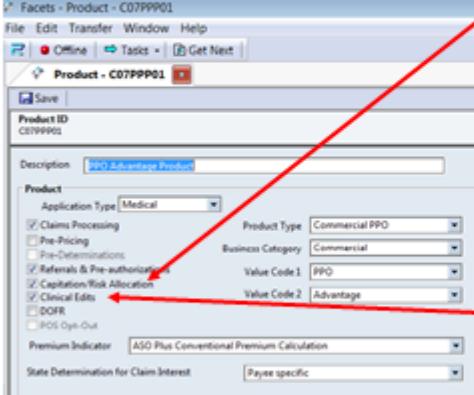
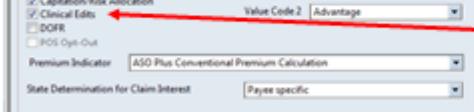
The columns with **IND** (indicator) at the end will have one character in their attribute type. The options are:

- Y - Yes
- N - No
- A hard coded value

## Product Description Table

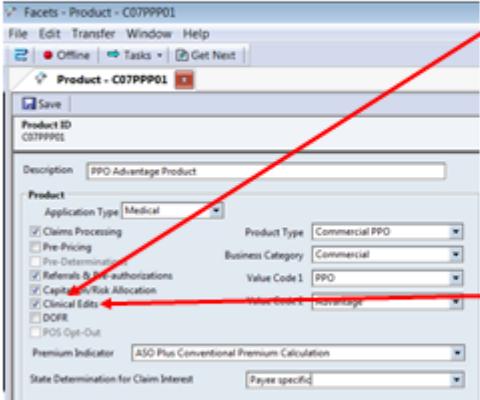
### *Product Description Table*



	<b>PDDS_CAP_IND:char(1)</b> Y (Capitation/Risk Allocation)
	<b>PDDS_CLED_IND:char(1)</b> Y (Clinical Edits)

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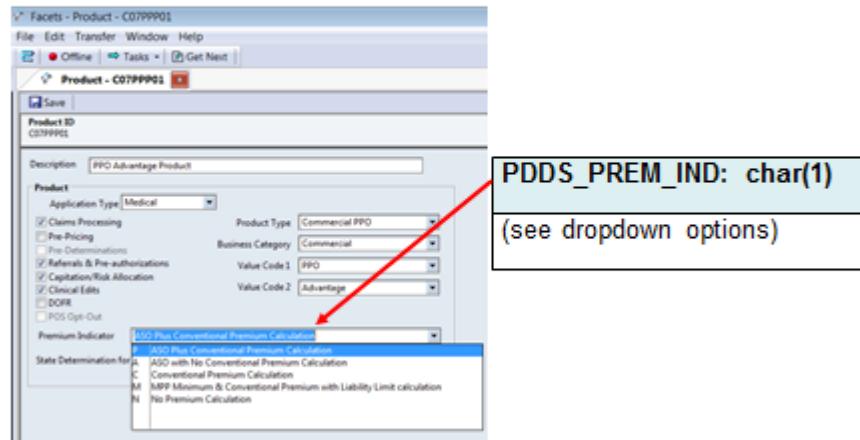
## Product Description Table

	<b>PDDS_DOFR_IND</b> N (Field use restricted by TriZetto License)
	<b>PDDS_OPTOUT_IND</b> N (Field use restricted by TriZetto License)

DOFR stands for the Division of Financial Responsibility. The user uses the **DOFR** checkbox only after obtaining a separate license. To support the Facets Assigned Risk Module, a **DOFR** checkbox on the Product application indicates whether claims and UM episodes processed using that product should access the DOFR Rules Engine.

To support the Facets Assigned Risk Module, a **POS Opt-out** checkbox on the Product application indicates whether claims processed using that product should access the Rules Engine in order to determine whether an opt-out of HMO benefits has occurred. When an opt-out occurs in Facets, ramifications to processing could occur, which may include processing claim interest using a different set of rules, and an automatic bypass of specific Network Set rows.

## Product Description Table

The screenshot shows a software interface for managing products. In the center, there's a form for a product named 'C07PPPO1'. The 'Description' field contains 'PPO Advantage Product'. Under the 'Product' section, the 'Application Type' is set to 'Medical'. The 'Premium Indicator' dropdown menu is open, showing several options: 'AIO Plus Conventional Premium Calculation' (which is selected), 'AIO with No Conventional Premium Calculation', 'C', 'M', 'MRP Minimum & Conventional Premium with Liability Limit calculation', and 'N'. To the right of the dropdown, a callout box highlights the column 'PDDS\_PREM\_IND: char(1)' and includes the note '(see dropdown options)'.

The column, **PDDS\_PREM\_IND**, identifies the type of billing rate used with this product. These are hard coded values in the database.

## Product Description Table



Screenshot of the Facets software interface showing the Product setup screen for Product ID C0799901. The product description is set to 'PPO Advantage Product'. The 'Premium Indicator' dropdown is highlighted with a red arrow and contains the value 'PPO Plus-Conv/Nonconv Premium Calculation'. To the right of the screenshot, a callout box contains the text:

**PDDS\_INT\_STATE\_IND:  
char(01)**  
(see dropdown options)

Another indicator column is **PDDS\_INT\_STATE\_IND**. This column identifies the interest rate used when calculating interest on a claim.

## Product Description Table



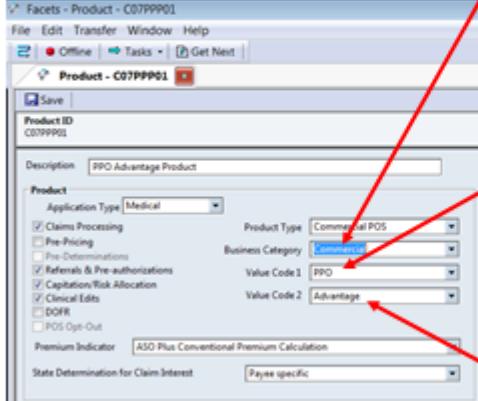
Screenshot of the Facets software interface showing the Product setup screen. A red arrow points from the text "PDDS\_PROD\_TYPE: char(01) (see dropdown options)" to the "Product Type" dropdown menu, which is currently set to "Commercial POS".

<b>PDDS_PROD_TYPE:</b>	
char(01)	
(see dropdown options)	

To further describe the product, the PDDS\_PROD\_TYPE identifies the kind of product being built. Facets supplies some values, but others may be added.

## Product Description Table



 <p>The screenshot shows the 'Product - C07PPPO1' configuration screen. Under the 'Product' section, the 'Business Category' dropdown is set to 'PPO'. Below it, two value code dropdowns are shown: 'Value Code 1' is set to 'PPO' and 'Value Code 2' is set to 'Advantage'.</p>	<b>PDDS_MCTR_BCAT</b> COMM (Business Category)  <b>PDDS_MCTR_VAL1</b> PPO (Value Code 1)  <b>PDDS_MCTR_VAL2</b> Advantage (Value Code 2)
--	---

The three columns with **MCTR** in their name are 'user-defined' data. Having these columns lets the MCO add additional information on the product. Throughout Facets, there will be other **MCTR** columns. All configurations for these columns must be on **CMC\_MCTR\_CD\_TRANS** before the data appears in the drop-down box.

## Product Table

### *Product Table*



#### ► CMC\_PDPD\_PRODUCT

- Links together Product ID and Line of Business
- Primary Key
  - PDPD\_ID
- Child table of PDDS
- Required Fields
  - PDPD\_ID (PK)
  - PDPD\_EFF\_DT (PK)
  - LOBD\_ID (FK)
  - PDPD\_ACC\_SFX

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The **PDPD** table follows the **PDDS** table, as it is a child table. This table identifies the Line of Business for the product. A Line of Business (LOBD\_ID) is the financial structure that supports the product. It is primarily the bank account for extracting payments for claims, capitation, commissions, etc. This table also holds the accumulator suffix (PDPD\_ACC\_SFX) assigned to an accumulator, such as a deductible or limit, linking it to a particular product.

**PDPD\_ID: char(8) (FK)**  
**PDPD\_EFF\_DT: datetime**

PDPD\_TERM\_DT: datetime  
PDPD\_RISK\_IND: char(1)  
LOBD\_ID: char(4)  
LOBD\_ALT\_RISK\_ID: char(4)  
PDPD\_ACC\_SFX: char(4)  
PDPD\_OPTS: char(4)  
PDPD\_CAP\_POP\_LVL: char(1)  
PDPD\_CAP\_RET\_MOS: smallint  
PDPD\_MCTR\_CCAT: char(4)  
PDPD\_LOCK\_TOKEN: smallint  
ATXR\_SOURCE\_ID: datetime  
SYS\_LAST\_UPD\_DTM: datetime  
SYS\_USUS\_ID: varchar(48)  
SYS\_DBUSER\_ID: varchar(48)

## Product Table



Screenshot of the Facets - Product interface showing a single row of data.

Product - C07PPP01	
<input type="checkbox"/> Save	Product ID C07PPP01
Effective Date	Termination Date
01/01/2006	
Line of Business ID L001 Advantage Health Plan	
Alternate Line of Business ID	CORE Core Line of Business
Line of Business Switch Indicator	Out of Network
Accumulator Suffix	MED
Percent of Premium Level	Not Applicable
Capitation Category	Not Assigned
Capitation New Payee Retroactivity Limit	999

Annotations:

- A red arrow points from the "Product ID" field to a callout box labeled "PDPD\_ID: char(8) (FK)" containing "C07PPP01 (required)".
- A red arrow points from the "Effective Date" field to a callout box labeled "PDPD\_EFF\_DT: datetime" containing "01/01/2006 (required)".

The PDPD\_ID and the PDPD\_EFF\_DT identifies each row on this table.

## Product Table



Screenshot of the Facets - Product interface showing a comparison between a client panel and a database view.

**Client Panel (Left):**

Effective Date	Termination Date
01/01/2006	

**Database View (Right):**

PDPC_TERM_DT: datetime
12/31/9999 (Termination Date)

A red arrow points from the "Termination Date" column in the client panel to the "PDPC\_TERM\_DT" column in the database view.

Notice the date in the client panel is blank while the **database** column has a value. System generated dates do not show in the client panel; they appear blank.

## Product Table



Screenshot of the Facets software interface showing a Product record (C07PPP01). A red arrow points from the 'Line of Business ID' field to a callout box.

Effective Date	Termination Date
01/01/2006	

**Line of Business ID:** LB01 Advantage Health Plan

**Alternate Line of Business ID:** CORE Core Line of Business

**Line of Business Switch Indicator:** Out of Network

**Accumulator Suffix:** MED

**Percent of Premium Level:** Not Applicable

**Capitation Category:** Not Assigned

**Capitation New Payee Retroactivity Limit:** 999

**LOBD\_ID: char(4)**

**LB01 (Line of Business ID) – Required**

There is at least one Line of Business for each product required in Facets. LOBD\_ID would identify the Primary LOB.

## Product Table



Screenshot of the Facets software interface showing a product record for C07PPP01.

**Facets - Product - C07PPP01**

**Product ID:** C07PPP01

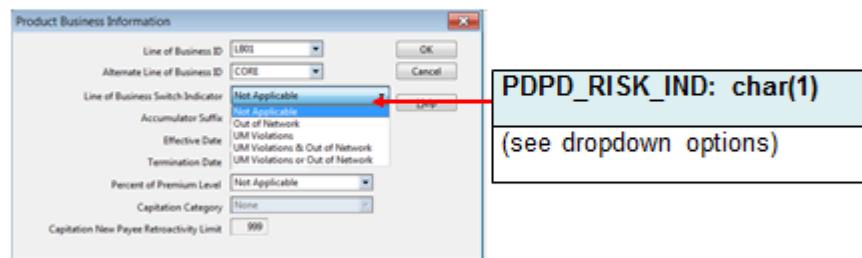
Effective Date	Termination Date
01/01/2006	

**Line of Business ID:** LB01 Advantage Health Plan  
**Alternate Line of Business ID:** CORE Core Line of Business  
**Line of Business Switch Indicator:** Out of Network  
**Accumulator Suffix:** MED  
**Percent of Premium Level:** Not Applicable  
**Capitation Category:** Not Assigned  
**Capitation New Payee Retroactivity Limit:** 999

**LOBD\_ALT\_RISK\_ID: char(4)**  
**CORE (Alternate Line of Business ID)**

Facets allows for two lines of business per product, and the column named **LOBD\_ALT\_RISK\_ID** would be the Secondary or Alternate LOB.

## Product Table

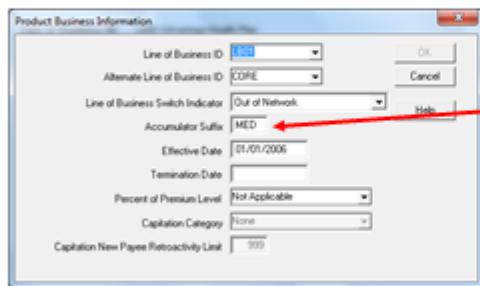


The PDPD\_RISK\_IND identifies the condition for using the Secondary or Alternate LOB:

- O-Out of Network
- U-UUM Violations

## Product Table



	<b>PDPD_ACC_SFX: char(4)</b> (free-form field)
---	---

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This column shows the Accumulator Suffix used to identify the deductibles and limits associated with this product.

## Benefit Component Table

### *Benefit Component Table*



#### ► CMC\_PDBC\_PROD\_COM P

- Child table of PDDS
- Defines Business Rules for Product Components
- Required Fields
  - PDPD\_ID (PK)
  - PDBC\_TYPE (PK)
  - PDBC\_EFF\_DT (PK)
  - PDBC\_PFX

PDPD_ID: 8 CHAR
PDBC_TYPE: 4 CHAR
PDBC_EFF_DT: Datetime
PDBC_TERM_DT: Datetime
PDBC_PFX: 4 CHAR
PDBC_OPTS: 4 CHAR
PDBC_LOCK_TOKEN:
SMALLINT
ATXR_SOURCE_ID: Datetime
SYS_LAST_UPD_DTM: Datetime
SYS_USUS_ID: 24 Varchar
SYS_DBUSER_ID: 24 Varchar

This table holds the rules and criteria for processing. There are two columns on the **PDBC** that are important:

- **PDBC\_TYPE**
- **PDBC\_PFX**

PDBC\_TYPE identifies the table. PDBC\_PFX identifies the unique row on the table that has the criteria or rule. There are two tables required for all products that **PDBC** needs. They are:

- **AIAI**
- **WMWM**

## Benefit Component Table



Facets - Product - C07PPP01

File Edit Transfer Window Help

Product - C07PPP01

Save

Product ID	Type	Prefix	Effective	Expiration
C07PPP01	1-AED	9810	01/01/2006	
	2-AEP	9810	01/01/2006	
	3-AAU	AU01	01/01/2006	
	4-AAAR	AA01	01/01/2006	
	5-AUPL	AU01	01/01/2006	
	6-BRBS	BR01	01/01/2006	
	7-CBIC	CB00	01/01/2006	
	8-CECE	0001	01/01/2006	
	9-CLUM	CL01	01/01/2006	
	10-CRICD	9812	01/01/2006	
	11-CRICL	C071	01/01/2006	
	12-DUMD	DU01	01/01/2006	
	13-DUUM	DU01	01/01/2006	
	14-EAAR	EA01	01/01/2006	
	15-EBCL	EB01	01/01/2006	
	16-IDCR	0001	01/01/2006	
	17-IDMA	0001	01/01/2006	
	18-IDPK	ID01	01/01/2006	
	19-IPCR	0001	01/01/2006	

PDPD\_ID: 8 CHAR  
C07PPP01 (required)

Component Type Description   Diagnosis Evaluation Criteria  
Prefix Description   2006 Authorization Evaluation Criteria by Diagnosis

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The Product ID identifies each row on this table.

## Benefit Component Table



Screenshot of the Facets software interface showing a table of benefit component types.

The table has columns: Type, Prefix, Effective, and Termination.

A red circle highlights the "Type" column header.

A red arrow points from the "Type" column header to a callout box containing the following text:

<b>PDBC_TYPE: 4 CHAR</b>
xxxx = table name (required)

Below the table, there are two tabs: "Component Type Description" and "Diagnosis Evaluation Criteria".

At the bottom of the interface, there is a footer with the text: Confidential | Copyright © 2014 TriZetto Corporation.

Facets requires the PDBC\_TYPE, which identifies the name of the table referenced.

## Benefit Component Table



Screenshot of the Facets software interface showing the Benefit Component Table.

The table has columns: Type, Prefix, Effective, and Termination.

A red circle highlights the row for Type 14 (EAAP) and Prefix 0001.

A callout box contains the text:

**PDBC\_PFX: 4 CHAR**

YYYYY = Points to row on Type table (required)

Type	Prefix	Effective	Termination
1 AED	0000	01/01/2006	
2 AEP	0000	01/01/2006	
3 AAI	0000	01/01/2006	
4 AAAR	0001	01/01/2006	
5 AUP	0002	01/01/2006	
6 BRS	0003	01/01/2006	
7 BRCB	0004	01/01/2006	
8 CECE	0005	01/01/2006	
9 CLUM	0006	01/01/2006	
10 CRCD	0007	01/01/2006	
11 CRCL	0008	01/01/2006	
12 DUAD	0009	01/01/2006	
13 DUAM	0010	01/01/2006	
14 EAAP	0001	01/01/2006	
15 EBCL	0002	01/01/2006	
16 ECR	0003	01/01/2006	
17 EDAA	0004	01/01/2006	
18 EDIX	0005	01/01/2006	
19 EPR	0006	01/01/2006	

The PDBC\_PFX identifies the row on the referenced table that holds the criteria or rule for processing.

## Benefit Component Table



Screenshot of the Facets software interface showing the Benefit Component Table.

The window title is "Facets - Product - C07PPPO1". The menu bar includes File, Edit, Transfer, Window, Help, Offline, Tasks, and Get Next.

The main area shows a table titled "Product - C07PPPO1" with columns: Type, Prefix, EffectDate, and Termination.

A red circle highlights the first two rows of the table:

1	AED	0001	01/01/2006
2	AEP	0001	01/01/2006

An arrow points from the second row of the table to a callout box containing:

**PDBC\_EFF\_DT: Datetime**  
01/01/2006 (required)

Below the table, there are two tabs: "Component Type Description" and "Diagnosis Evaluation Criteria".

Each row has a PDBC\_EFF\_DT and PDBC\_TERM\_DT. There cannot be two rows with the same table name that are active at the same time. Only one row on that table can be active. If two rows are present, one should have a termination date.

## Administrative Information Table

### *Administrative Information Table*



#### ► CMC\_AIAI\_ADMIN\_INFO

- Dependent on PDBC table
- Determines Warning Messages for Claims Processing
- Defines if a PCP is required
- Establishes number of months claims will be accepted after service date
- Defines Same Day Surgical options
- Identifies Drag on claims payment

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The first required table that needs configuration is the **AIAI** table. This table covers several applications in Facets. It gives information about how the product does things such as timely filing, PCP requirements, and identifies the need for a new status update for a handicapped member or a member with a pre-existing condition. It also determines when to release check payments.

### PDBC\_PFX: char(4) (FK)

AIAI\_PRE\_X\_MNTHS: smallint  
AIAI\_HCAP\_MNTHS: smallint  
AIAI\_STU\_MNTHS: smallint  
AIAI\_SUP\_MEDCR\_IND: char(1)  
AIAI\_CL\_ACPT\_IND: char(1)  
AIAI\_CL\_ACPT\_MNTHS: smallint  
AIAI\_EOB\_IND: char(1)  
AIAI\_PCP\_REQ\_IND: char(1)  
AIAI\_DRAG\_MEPR\_IND: char(1)  
AIAI\_DRAG\_FROM\_IND: char(1)  
AIAI\_DRAG\_PER\_IND: char(1)  
AIAI\_DRAG\_PERIOD: smallint  
AIAI\_DRAG\_PERIOD2: smallint  
AIAI\_DRAG\_PERIOD3: smallint  
AIAI\_PAY\_PR\_IND: char(1)  
AIAI\_OPTS: char(8)  
AIAI\_IDCD\_TYPE: char(01)  
AIAI\_SURG\_TIER: char(01)  
AIAI\_SURG\_SEC\_PCT: smallint  
AIAI\_SURG\_TER\_PCT: smallint  
AIAI\_SURG\_OTH\_PCT: smallint  
AIAI\_SURG\_EXCD: char(03)  
AIAI\_ASST\_SURG\_IND: char(01)  
AIAI\_OOP\_CALC\_BASE: char(01)  
AIAI\_HOSP\_USE\_ADMT: char(01)  
AIAI\_COB\_BEG\_MMDD: smallint  
AIAI\_COB\_DFLT\_IND: char(01)

...continued

**continued...**

AIAI\_DL\_BYPASS\_IND: char(01)  
AIAI\_DL\_THRESH\_AMT: money  
AIAI\_DL\_THRESH\_IND: char(01)  
AIAI\_ER\_PDVC\_TIER: smallint  
AIAI\_ER\_UM\_BYPASS: char(1)  
AIAI\_ER\_AUTO\_PAYEE: char(1)  
AIAI\_SERV\_AREA\_IND: char(1)  
AIAI\_LOCK\_TOKEN: smallint  
ATXR\_SOURCE\_ID: datetime  
SYS\_LAST\_UPD\_DTM: datetime  
SYS\_USUS\_ID: varchar(48)  
SYS\_DBUSER\_ID: varchar(48)

## ***Administrative Information Table***



### ► **Required Fields**

- PDBC\_PFX (FK)
- AIAI\_PRE\_X\_MNTHS
- AIAI\_HCAP\_MNTHS
- AIAI\_STU\_MNTHS
- AIAI\_CL\_ACPT\_IND
- AIAI\_CL\_ACPT\_MNTHS
- AIAI\_IDCD\_TYPE
- AIAI\_SURG\_SEC\_PCT
- AIAI\_SURG\_TER\_PCT
- AIAI\_OOP\_CALC\_BASE
- AIAI\_HOSP\_USE\_ADMT
- AIAI\_COB\_BEG\_MMDD

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This table contains several required fields. It does not carry the PDPC\_ID, and must be linked to the PDBC to get that information.

## Administrative Information Table



\* Facets - Administrative Information - AI01  
File Edit Window Help  
Product - C0799P01 Administrative Information - AI01  
Save  
Profile Notes Exist AI01  
Profile Description: Administrative Information for PRO Product PCP Req  
Claims Processing Preferences  
Accept Claims For 24 Months From Date of Service  
 PCP Required  Validate Service Area  
Generate Subscriber EOB Always  Use Admit Date for Hospital Processing  
Provider Split Pymt. Method Pay Provider up to Claim Allowable with assumptions  
Medicare Subtraction Method Not Applicable OOP Calculation Base A  
Supplemental Conversion Diagnosis Type Related  
Bypass Possible Other Party Liability Warning Message on Disallowed Line Items  
or When Line Item Charge is Less Than \$100.00  
Coordination of Benefits  
COB Plan Year Begins 01/01  
Require Member COB Entry Required  
Warning Message Conditions  
For Pre-Existing Condition 6 Months After Eligibility Date  
To Review Handicapped Eligibility Status After 6 Months  
To Review Student Eligibility After 6 Months

PDBC_PFX: char(4) (FK)
AI01

PDBC\_PFX is the primary key (AI01) for this table. It identifies a unique row that holds information for a specific product. Every row with a primary key of PDBC\_PFX is a unique row in the table.

## Administrative Information Table



Facets - Administrative Information - A01

File Edit Window Help

Product - C0799P01 Administrative Information - A01

Save

Profile Notes Exit

All

Prefile Description: Administrative Information for PPO Product PCP Req

**Claims Processing Provisions:**

Accept Claims For: 24 Months From: Date of Service → (highlighted with a red arrow)

PCP Required  Validate Service End of Calendar Year

Generate Subscriber EO8: Always  Use Admit Date for Hospital Processing

Provider Split Pmt. Method: Pay Provider up to Claim Allowable with assumptions

Medicare Subtraction Method: Not Applicable

Supplemental Conversion Diagnosis Type: Related

Bypass Possible Other Party Liability Warning Message on: Disallowed Line Items

or When: Line Item Charge Is Less Than: \$0.00

Coordination of Benefits

COB Plan Year Begins: 01/01

Require Member COB Entry: Required

Warning Message Conditions:

For Pre-Existing Condition: 6 Months After Eligibility Date

To Review Handicapped Eligibility Status After: 6 Months

To Review Student Eligibility After: 6 Months

AIAI\_CL\_ACPT\_IND: smallint  
(see dropdown options)

The AIAI\_CL\_ACPT\_IND and AIAI\_CL\_ACPT\_MNTHS provide timely filing parameters on a product. They indicate the number of months past the service date or the end of the calendar year claims get processed.

## Administrative Information Table



Screenshot of the Facets - Administrative Information - A010 interface. The window title is "Product - C07999P01 Administrative Information - A01". The "Claims Processing Provision" section contains a dropdown menu labeled "Generate Subscriber EOB" with the following options:

- For Participating Providers Only
- For Participating Providers with UM Violations
- For In-Network Providers Only, Always When HRA Payment Applied
- For Out-of-Network Providers Only, Always When HRA Payment Applied
- For UM Violations Only, Always When HRA Payment Applied
- For In-Network Pay w/UM HRA Only, Always When HRA Payment Applied

A red arrow points from the text "see dropdown options; 17" to this dropdown menu.

<b>AIAI_EOB_IND: char(1)</b>
(see dropdown options; 17)

The AIAI\_EOB\_IND provides possible EOB options available to a product. The attribute type is one character and these are hard coded values. All the values can be viewed in the Data Dictionary.

## Administrative Information Table



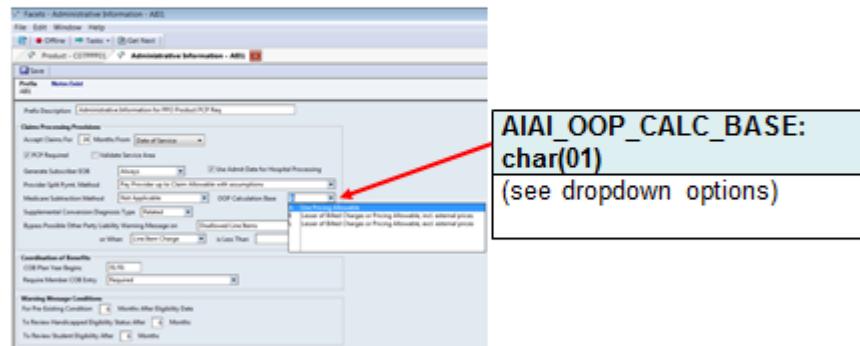
Screenshot of the Facets - Administrative Information - A001 interface. The window title is "Facets - Administrative Information - A001". The menu bar includes File, Edit, Window, Help, Offline, Tasks, and Get Next. The toolbar has Save and Print icons. The main area shows the "Administrative Information - A001" tab selected. The "Profile" section contains "Notes Exist" and "A001". The "Prefis Description" is set to "Administrative Information for PPO Product PCP Reg". Under "Claims Processing Problems", there are fields for "Accept Claims For" (24 Months From Date of Service), "PCP Required" (checked), and "Validate Service Area" (unchecked). The "Generate Subscriber EO8" dropdown is set to "Always". The "Provider Split Point Method" dropdown is open, showing several options: "Pay Provider up to Claim Allowable with assumptions", "Pay Provider up to Claim Allowable minus claim copay, no assumptions", "Pay Provider up to Claim Allowable minus claim copay, with assumptions", "Pay Provider up to Claim Allowable, no assumptions", "Pay Provider up to Claim Charges no assumptions", and "Pay Provider up to Claim Charges, with assumptions". An arrow points from the text "AIAI\_PAY\_PR\_IND: char(1)" to this dropdown. A callout box says "(see dropdown options)". Other sections include "Medicare Subtraction Method", "Supplemental Conversion Diagnosis", "Bypass Possible Other Party Liability", "Coordination of Benefits" (COB Plan Year Begins 01/01, Requires Member COB Entry Required), and "Warning Message Conditions" (For Pre-Existing Condition 6 Months After Eligibility Date, To Review Handicapped Eligibility Status After 6 Months, To Review Student Eligibility After 6 Months).

**AIAI\_PAY\_PR\_IND: char(1)**

(see dropdown options)

The AIAI\_PAY\_PR\_IND addresses the condition when a claim comes in with more than one provider on it. The option chosen may impact how the claim is paid.

## Administrative Information Table

AIAI\_OOP\_CALC\_BASE:  
char(01)  
(see dropdown options)

The AIAI\_OOP\_CALC\_BASE determines how to calculate out-of-pocket (deductibles).

## Administrative Information Table



Screenshot of the Facets - Administrative Information - A001 configuration screen. The 'Claims Processing Provisions' section shows a dropdown menu for 'Supplemental Conversion Diagnosis Type' with two options: 'Submitted' and 'Related'. A red arrow points from this dropdown to a callout box.

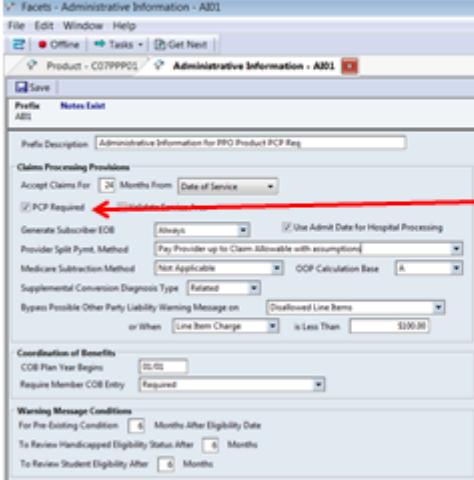
<b>AIAI_IDCD_TYPE: char(01)</b>
(see dropdown options)

The AIAI\_IDCD\_TYPE determines how the product handles Supplemental Diagnosis codes. There are two ways to configure this column:

- Use the submitted diagnosis code from the claim, or
- Use the related diagnosis code from the supplemental diagnosis code conversion.

## Administrative Information Table



	<b>AIAI_PCP_REQ_IND: char(1)</b> <b>(checkbox)</b>
---	---

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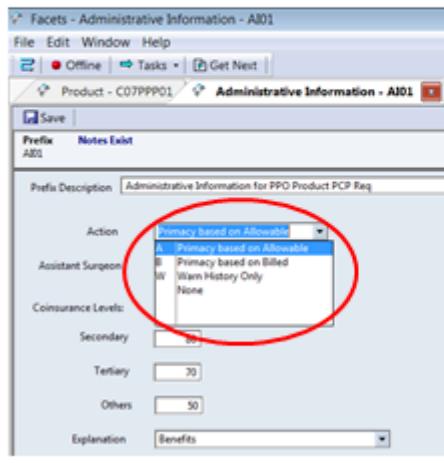
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This option determines if product(s) linked to this Administrative Information prefix require a Primary Care Physician.

## Administrative Information Table



### Same Day Surgery options

	AIAI_SURG_TIER: char(01)
	AIAI_SURG_SEC_PCT: smallint
	AIAI_SURG_TER_PCT: smallint
	AIAI_SURG_OTH_PCT: smallint
	AIAI_SURG_EXCD: char(03)
	AIAI_ASST_SURG_IND: char(01)

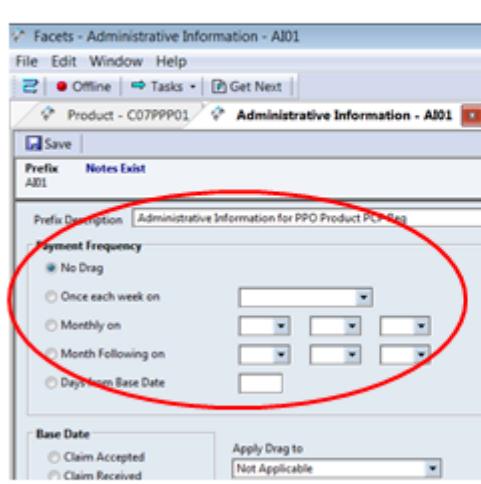
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The Same Day Surgical options include the following columns:

- **AIAI\_SURG\_TIER** column - Use this method to determine which of multiple surgeries, when performed on the same day by the same provider, will be considered as primary, secondary, tertiary, or other. The options are: A – based on Allowable; B – based on Billed charges; W - Warn History Only; or N – None.
- **AIAI\_SURG\_SEC\_PCT** column (required) - Use this column to calculate multiple same day surgery reductions. It indicates the percentage to consider the surgery (or assistant surgery) tiered as the secondary procedure. The valid values are: 0–100.
- **AIAI\_SURG\_TER\_PCT** column (required) - Use this column when calculating multiple same day surgery reductions. It indicates the percentage to consider the surgery (or assistant surgery) tiered as the tertiary procedure. Valid values: 0–100.
- **AIAI\_SURG\_OTH\_PCT** column - Use this column is used to calculate multiple same day surgery reductions. It indicates the percentage to consider the surgery (or assistant surgery) tiered as beyond the tertiary procedure. Valid values: 0–100.
- **AIAI\_SURG\_EXCD** column - This explanation code appears during claims processing when same day surgery guidelines reduces a charge.
- **AIAI\_ASST\_SURG\_IND** column - The indicator that determines whether to apply same day surgery guidelines to assistant surgeries as well as surgeries. Options are: Y or N.

## Administrative Information Table



	<b>AIAI_DRAG_MEPR_IND:</b> char(1)
	<b>AIAI_DRAG_FROM_IND:</b> char(1)
	<b>AIAI_DRAG_PER_IND:</b> char(1)
	<b>AIAI_DRAG_PERIOD:</b> smallint
	<b>AIAI_DRAG_PERIOD2:</b> smallint
	<b>AIAI_DRAG_PERIOD3:</b> smallint

Facets defines drag periods for claims payments by the following column:

- **AIAI\_DRAG\_MEPR\_IND** - The indicator used to define which types of claims will have payment drag applied. The values are:
  - o B- Provider and Subscriber Payments
  - o C- Provider and Subscriber Payments, including zero payments
- **AIAI\_DRAG\_FROM\_IND** – This column indicates the starting point in the calculation of the payment drag period; the claim received date or claim accepted date (processed and sent to batch run). The valid values are:
  - o N- Neither date
  - o P – Accepted date
  - o R – Received date
- **AIAI\_DRAG\_PER\_IND** - The indicator that defines the frequency of the payment drag cycle. This column has five valid values in the Data Dictionary.
- **AIAI\_DRAG\_PERIOD** - The day of the week or month, or the number of days from the **Base Date** (Claim Received or Claim Accepted date) that the payments drag cycle occurs. The weekly values are: 001–007. The monthly values are: 001–031. The Base Date values are: 000–999.
- **AIAI\_DRAG\_PERIOD2** - The frequency of the second occurrence for the payment drag cycle. The valid values are: 001–031.
- **AIAI\_DRAG\_PERIOD3** - The frequency of the third occurrence for the payment drag cycle. The values are the same as above.

## PDBC Types - Medical

### *PDBC Types – Medical (\*Required)*



- ▶ AIAI\*
- ▶ DUUM
- ▶ ARAR\*
- ▶ IDPX
- ▶ BSBS/BSTX/BSDL\*
- ▶ IPPX
- ▶ CBCB\*
- ▶ WMWM\*
- ▶ CECE
- ▶ WMUD
- ▶ CEIP
- ▶ NSRS
- ▶ CEID
- ▶ SEGR
- ▶ CLUM
- ▶ OLOL
- ▶ EBCL
- ▶ IDCIR
- ▶ DUMD\*
- ▶ IPCR

Type	Meaning
AIAI*	Administrative Information
ARAR*	Administrative Rules
BSBS/BSTX/BSDL*	Benefit Summary
CBCB*	COB Information
CECE	Clinical Editing
CEIP	Related Criteria
CEID	Related ID
CLUM	Claim/UM Matching
EBCL	EOB Data
DUMD*	Duplicate Claim Edits
DUUM	Duplicate UM Edits
IDPX	Pre-existing Diagnosis Codes
IPPX	Excluded Pre-existing Procedure Codes
WMWM*	Warning Messages
WMUD	User Defined WM
NSRS	NetworX Pricer
SEGR	UM Service Group
OOL	Other Party Liability
IDCR	Diagnosis Criteria
IPCR	Procedure Criteria

## PDBC Types – Medical (\*Required) (continued)



- ▶ PSLS
- ▶ SPAC
- ▶ AEIP
- ▶ MDSP
- ▶ AE
- ▶ ZCIA
- ▶ AEID
- ▶ ACIN
- ▶ AETD
- ▶ PCAG
- ▶ IPSA
- ▶ RCXC
- ▶ IDMA
- ▶ EAAR
- ▶ CRCD
- ▶ PDBL
- ▶ TP
- ▶ PDAF
- ▶ CRTX
- ▶ CEVM

Type	Meaning
PSLS	Psychology LOS
AEIP	Clinical Evaluation Criteria
AETP	Clinical Evaluation Criteria Prefix
AEID	Diagnosis Evaluation Criteria
AETD	Diagnosis Evaluation Criteria Prefix
IPSA	Surgical Admission Criteria
IDMA	Medical Admission Criteria
CRCD	Severity, Complexity, and Discharge Criteria
CRTX	S, C, and D Description
SPAC	Supplemental Accident Benefits
MDSP	Medicare Supplemental Rules
ZCIA	In Area Zip Codes
ACIN	Interest Rates
PCAG	Processing Control Agent
RCXC	COB and Medicare Reason Code Exceptions
EAAR	Clinical Editing Admin Rules
PDBL	Premium Billing
PDAF	Alternate Funding Billing
CEVM	Clinical Edit Valid Modifier

## PDBC Types – Medical (\*Required) (continued)



- ▶ CEVM
- ▶ FSEC
- ▶ AUPL
- ▶ FSAI
- ▶ AFSE
- ▶ DUFS
- ▶ AFID
- ▶ DUMX
- ▶ SPCT
- ▶ MCRD
- ▶ SRCT
- ▶ NPPR
- ▶ SEDF\*
- ▶ PRAC

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Type	Meaning
CEVM	Clinical Edit Valid Modifier
AUPL	Automatic Payment Level
AFSE	Alternate Funding Excluded Services
AFID	Alternate Funding Excluded Diagnosis
SPCT	Supplemental Procedure Code Conversion
SRCT	Supplemental Revenue Code Conversion
SEDF*	Service Definition
FSEC	FSA Expense Category
FSAI	FSA Administrative Information
DUFS	Duplicate FSA Claim Rules
DUMX	Duplicate Claim Rules Disallow Exceptions
MCRD	Automatic Action Criteria
NPPR	Out of Network Provider
PRAC	Provider Prepay Accumulator

## Variable Components

### *Variable Components*



- ▶ **Prefixes identified during processing**
  - Service Payments
  - Limits
  - Deductibles Rule
- ▶ **Prefixes changes due to**
  - Type of Service Provider
  - Tier of Provider
  - In Network and Out-of-Network Service Area
  - UM Requirements
- ▶ **CMC\_PDVC\_VAR\_COMP**
  - Required Fields
  - PDPD\_ID
  - PDVC\_TYPE
  - PDVC\_TIER
  - PDVC\_EFF\_DT

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During claims and UM processing, this table allows the user to designate the primary or alternate Line of Business ID. The user may also vary the component prefixes for payment, deductible, and limits using the four variable components of Provider Type, Provider Tier, **Service** area, and the requirement of a pre-authorization or referral when processing UM reviews.

**PDPD\_ID: char(8) (FK)**

**PDVC\_TIER: smallint**

**PDVC\_TYPE: char(01)**

**PDVC\_EFF\_DT: datetime**

**PDVC\_SEQ\_NO: smallint**

PDVC\_TERM\_DT: datetime

PDVC\_PR\_PCP: char(1)

PDVC\_PR\_IN: char(1)

PDVC\_PR\_PAR: char(1)

PDVC\_PR\_NONPAR: char(1)

PDVC\_PC\_NR: char(1)

PDVC\_PC\_OBT: char(1)

PDVC\_PC\_VIOL: char(1)

PDVC\_REF\_NR: char(1)

PDVC\_REF\_OBT: char(1)

PDVC\_REF\_VIOL: char(1)

PDVC\_LOBD\_PTR: char(1)

SEPY\_PFX: char(4)

DEDE\_PFX: char(4)

LTLT\_PFX: char(4)

DPPY\_PFX: char(4)

CGPY\_PFX: char(4)

PDVC\_LOCK\_TOKEN: smallint

ATXR\_SOURCE\_ID: datetime

SYS\_LAST\_UPD\_DTM: datetime

SYS\_USUS\_ID: varchar(48)

SYS\_DBUSER\_ID: varchar(48)

## Variable Components

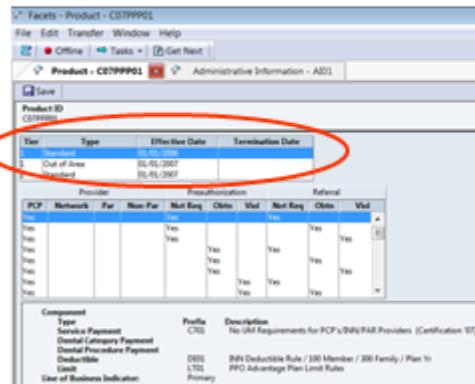


Screenshot of the Facets software interface showing the Product - C07PPP01 screen. A red arrow points from the 'Product ID' field (C07PPP01) to a callout box containing the database schema information.

<b>PDPD_ID: char(8) (FK)</b>
<b>C07PPP01 (required)</b>

This table will be the same level as PDPC, and has a unique row for each Product ID.

## Variable Components



The screenshot shows the 'Administrative Information' tab for Product ID C0799901. The 'Tier' section contains a grid with columns: Tier, Type, Effective Date, and Termination Date. The first row has 'Standard' in the Type column and two dates in the date columns. Below this grid is another grid with columns: PCP Network, Par, Non-Par, Net Range, Dates, Net Range, Dates, and Mid. The bottom of the screen displays various configuration settings and profiles.

**PDVC\_TIER:** smallint

**PDVC\_TYPE:** char(01)

**PDVC\_EFF\_DT:** datetime

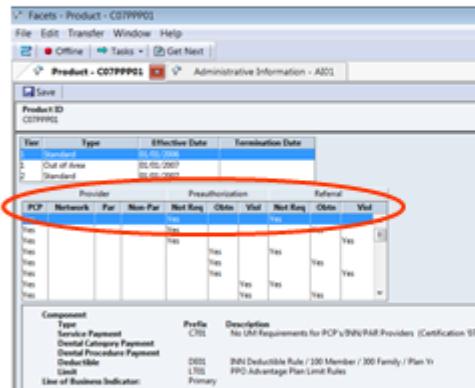
**PDVC\_SEQ\_NO:** smallint

**PDVC\_TERM\_DT:** datetime

The first grid on the client panel uses the following columns:

- **PDVC\_TIER** column (required) - Use this column to assign different levels of payment. The tier can be valued between 1 and 999; however, the default is 1. Facets uses this tier to determine which variable component row to apply during adjudication, matching the tier with the tier on the NWST.
- **PDVC\_TYPE** column (required) – Service is rendered in this area. The values are:
  - o Standard (in-network) – blank
  - o O – out of network
  - o A – Accident In Area
  - o B – Accident Out of Area
  - o E – Emergency In Area
  - o F – Emergency Out of Area
  - o T – Opt-out
- **PDVC\_EFF\_DT** column (required) – This is the effective date of the variable component row.
- **PDVC\_SEQ\_NO** column (required) – This is the number used to sequence the table rows in the proper order for the required programming read.
- **PDVC\_TERM\_DT** column – This is the termination date of the variable component row.

## Variable Components

The screenshot shows a software application window titled "Product - C0799901". The main area displays a grid of provider information. The first row of the grid is circled in red. The columns in the grid are labeled: PCP, Network, Par, Non-Par, Net Reg, Other, Visit, Net Reg, Other, and Visit. Below the grid, there is a detailed description of the columns and some configuration options.

**PDVC\_PR\_PCP: char(1)**

**PDVC\_PR\_IN: char(1)**

**PDVC\_PR\_PAR: char(1)**

**PDVC\_PR\_NONPAR: char(1)**

**PDVC\_PC\_NR: char(1)**

The user can establish up to 36 date-sensitive combinations for each Type, and each Type can have one or more tiers. Variable components should be defined for at least Tier 1 of Standard (in-area, non-accident, non-emergency).

Select a row in the **Type** grid at the top of this section to view details about each combination of provider and UM conditions in the lower grid. This grid uses the following columns:

- **PDVC\_PR\_PCP** column - This column identifies whether the product variable component row applies to situations where the provider is the member's PCP. The values are: Y – Applies or N – does not apply.
- **PDVC\_PR\_IN** column - This column identifies whether the product variable component row applies to situations where the provider is In Network. The values are: Y – Applies or N – does not apply.
- **PDVC\_PR\_PAR** column - This column identifies whether the product variable component row applies to situations where the provider is Participating. The values are: Y – Applies or N – does not apply.
- **PDVC\_PR\_NONPAR** column - This column identifies whether the product variable component row applies to situations where the provider is Non-Participating. The values are: Y – Applies or N – does not apply.
- **PDVC\_PC\_NR** column - This column identifies whether the product variable component row applies to situations where a pre-authorization is not required. The values are: Y – Applies or N – does not apply.

### ***Variable Components (continued)***



**PDVC\_PC\_OBT: char(1)**

PDVC\_PC\_VIOL: char(1)

PDVC\_REF\_NR: char(1)

**PDVC\_REF\_OBT:** char(1)

PDVC\_REF\_VIOL: char(1)

You can establish up to 36 date-sensitive combinations for each Type, and each Type can have one or more Tiers. Variable components should be defined for at least Tier 1 of Standard (in-area, non-accident, non-emergency).

Select a row in the **Type** grid at the top of this section to view details about each combination of provider and UM conditions in the lower grid. This grid uses the following columns:

- **PDVC\_PC\_OBT** column - This column identifies whether or not the product variable component row applies to pre-authorization situations. The values are: Y – Applies or N – does not apply.
  - **PDVC\_PC\_VIOL** column - This column identifies whether the product variable component row applies to situations where a pre-authorization violation exists. The values are: Y – Applies or N – does not apply.
  - **PDVC\_REF\_NR** column - This column identifies whether the product variable component row applies to situations where a referral is not required. The values are: Y – Applies or N – does not apply.
  - **PDVC\_REF\_OBT** column - This column identifies whether or not the product variable component row applies to referral situations. The values are: Y – Applies or N – does not apply.
  - **PDVC\_REF\_VIOL** column - This column identifies whether the product variable component row applies to situations where a referral violation exists. The values are: Y – Applies or N – does not apply.

## Variable Components



For a Medical plan, the prefixes identify a row on

- CMC\_SEPY\_SE\_PYMT (required)
- CMC\_LTLT\_LIMIT
- CMC\_DEDE\_DEDUCT

Plus the appropriate LOBD indicator (Primary or Alternate Line of Business)

Component	Type	Profile	Description
SEPY_PFX	Service Payment	C701	No UMR Requirements for PCP u/DPN PAM Providers (Certification 07)
DEDE_PFX	Dental Category Payment		DPN Deductible Rule (120 Months - 300 Family / Plan Yr)
LTLT_PFX	Dental Procedure Payment		
DDBE	Dental Limit Rule		
CGPY_PFX	Dental Category Payment		
User of Business Indicator:	Primary		

**PDVC\_LOBD\_PTR: char(1)**

**SEPY\_PFX: char(4)**

**DEDE\_PFX: char(4)**

**LTLT\_PFX: char(4)**

**DPPY\_PFX: char(4)**

**CGPY\_PFX: char(4)**

Select a row in the lower grid to view prefix and description information for the component row in the text area at the bottom of this section. This information uses the following columns for a medical plan:

- **SEPY\_PFX** column (required) - The Service Payment prefix used when the provider, pre-authorization, and referral requirements are met
- **DEDE\_PFX** column - The Deductible Rules prefix used when the provider, pre-authorization, and referral requirements are met
- **LTLT\_PFX** column - The Limit Rules prefix used when the provider, pre-authorization, and referral requirements are met
- **PDVC\_LOBD\_PTR** column - This column indicates whether the financial responsibility for the services rendered associates with the primary or alternate line of business. The values are: 1 – Primary LOB or 2 – Alternate LOB

A dental plan uses the following columns:

- **DPPY\_PFX** column - The Dental Procedure Payment prefix used when the provider, pre-authorization, and referral requirements are met
- **CGPY\_PFX** column - The Dental Category Payment prefix used when the provider, pre-authorization, and referral requirements are met

## Variable Components - Service Payment

### *Variable Components – Service Payment*



#### ► CMC\_SEPY\_SE\_PYMT

- Required Fields
  - SEPY\_PFX
  - SEPY\_EFF\_DT
  - SESE\_ID
  - SESE\_RULE

SEPY_PFX: char(4) (FK)
SEPY_EFF_DT: datetime
SESE_ID: char(4) (FK)
SEPY_TERM_DT: datetime
SESE_RULE: char(3) (FK)
SEPY_EXP_CAT: char(4)
SEPY_ACCT_CAT: char(4)
SEPY_OPTS: char(4)
SESE_RULE_ALT: char(03)
SESE_RULE_ALT_COND: char(01)
SEPY_LOCK_TOKEN: smallint
ATXR_SOURCE_ID: datetime

The **PDVC** table can link to the **SEPY** table through the **SEPY\_PFX**.

This table stores information that is defining and categorizing a particular Service Payment prefix, and ties the types of service to service rules. Service Payment prefixes tie to products as variable components.

## Variable Components – Service Payment



Screenshot of the Facets - Service Payment - C001 application window. A red arrow points from the text "SEPY\_PFX: char(4) (FK)" to the "Profile" field in the top-left corner of the main grid area.

**SEPY\_PFX: char(4) (FK)**

Prefix identifier for Service Payment benefit component

Service ID	Rule	Alt. Rule	Alt. Rule Condition	Experience Category	Accounting Category
1 ATE	004				
2 ATE	002				
3 ADO	001				
4 RDO	001				
5 CHD	001				
6 CTO	004				
7 ANI	004				
8 RAU	001				
9 INFO	001				
10 I/O	001				

Service Description: Allergy Treatment  
 Service Rule Description: INN: SSS-CPV / NO CO-INS/ SUBJECT TO DED / LIMIT 2 PER MONTH  
 Alt. Service Rule Description:  
 Alt. Service Rule Condition: Not Applicable

28

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This is the common element between the **PDVC** table and **SEPY** table. It is the prefix identifier for the Service Payment benefit component. It identifies a unique row on the table.

## Variable Components – Service Payment



Facets - Service Payment - C001  
 File Edit Transfer Window Help  
 Offline Tasks Get Next  
 Product - C07999P01 Administrative Information - A001 Service Pay  
 Save  
 Profile C001  
 Prefix Description: PDPC\_PFX\_LIM Requirements Met (Certification 99)  
 Effective Date Termination Date  
 01-01-2006  

Service ID	Rule	Alt. Rule	Alt. Rule Condition	Experience Category	Accounting Category
1 ATE	004				
2 ATX	002				
3 AUO	003				
4 BLOO	005				
5 CHD	006				
6 CTO	004				
7 JAN	014				
8 IMU	005				
9 INFO	005				
10 LO	005				

 Service Description: Allergy Treatment  
 Service Rule Description: INN: \$20 CPY / NO CO-INS/ SUBJECT TO DED / LIMIT 2 PER MONTH  
 Alt. Service Rule Description:  
 Alt. Service Rule Condition: Not Applicable

CMC\_PDPX\_DESC

PDBC\_PFX (FK) 4 char  
 PDBC\_TYPE (FK) 4 char  
 PDPX\_DESC 70 char  
 PDPX\_LOCK\_TOKEN smallint  
 AXTR\_SOURCE\_ID datetime

The description for this table comes from an **Ancillary** table whose purpose is to hold only descriptions according to PDVC\_PFX and PDVC\_TYPE.

## Variable Components – Service Payment



Facets - Service Payment - C001

File Edit Transfer Window Help

Product - C0799901 Administrative Information - A001 Service Payment

Save

Profile C001

Prefix Description: INHRS-CM Requirements Met (Certification 99)

	Effective Date	Termination Date
	01-AUG-2006	

Service ID Rule Alt. Rule Alt. Rule Condition Experience Category Accounting Category

1	ATI	004			
2	ATX	002			
3	AUO	003			
4	BLOO	005			
5	CHO	003			
6	CIO	004			
7	IAN	004			
8	INR	003			
9	INFO	003			
10	LO	001			

Service Description: Allergy Treatment  
 Service Rule Description: INHS: \$20 CPY / NO CO-INS/ SUBJECT TO DED / LIMIT 2 PER MONTH  
 Alt. Service Rule Description:  
 Alt. Service Rule Condition: Not Applicable

SEPY\_EFF\_DT: datetime

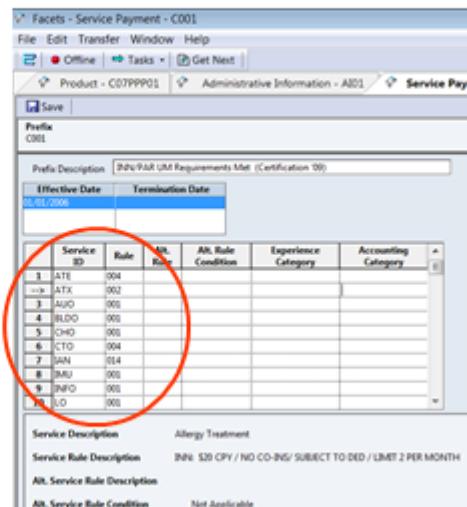
SEPY\_TERM\_DT: datetime

Each Service Payment row has an effective and termination date that determine the first active day in Facets, and the termination day.

## Variable Components – Service Payment



These fields coordinate with the CMC\_SESE\_SERVICE table where the SESE\_ID and SESE\_RULE match.



The screenshot shows a software interface titled "Facets - Service Payment - C001". At the top, there are menu options: File, Edit, Transfer, Window, Help, Offline, Tasks, Get Next, Product - C07P99901, Administrative Information - A001, and Service Pay. Below the menu is a toolbar with a "Save" button. The main area is titled "Profile" and contains a table with two columns: "Effective Date" and "Termination Date". Under "Effective Date", the value "2012/06" is listed. Below this is a large grid table with columns: Service ID, Rule, Alt. Rule, Alt. Rule Condition, Experience Category, and Accounting Category. The first few rows of the grid are:

Service ID	Rule	Alt. Rule	Alt. Rule Condition	Experience Category	Accounting Category
1 ATE	004				
2 ATX	002				
3 AUTO	003				
4 BLOOD	005				
5 CHO	006				
6 CTO	004				
7 JAN	014				
8 IMU	003				
9 INFO	005				
10 LLO	003				

Below the grid, there are several descriptive labels and their corresponding values:

- Service Description: Allergy Treatment
- Service Rule Description: INN: S26 CPV / NO CO-INS/ SUBJECT TO DED / LIMIT 2 PER MONTH
- Alt. Service Rule Description: Not Applicable
- Alt. Service Rule Condition: Not Applicable

The rows identified here are the Service IDs (SESE\_ID) and the Service Rules (SESE\_RULE) that apply to this SEPY\_PFX. They link to the same columns on the **SESE** table, which supplies the descriptions for each SESE\_ID.

Other columns used on this panel are:

- **SEPY\_EXP\_CAT** column – This is a user-defined code linking this service to a particular experience category satisfying specific billing and reporting requirements.
- **SEPY\_ACCT\_CAT** column – This is a user-defined code linking this service to a particular accounting category satisfying specific accounting requirements.
- **SESE\_RULE\_ALT** column – This is the alternate service rule used when the condition specified in the Alternate Service Rule Condition occurs.
- **SESE\_RULE\_ALT\_COND** column – This is the condition that must be present on the line item to invoke the Alternate Service Rule. The values are: M – Medical Utilization Edits or N – None.

## CMC\_SESE\_SERVICE

### CMC\_SESE\_SERVICE



- ▶ Defines rules for types of service
  - Amount
  - Counter
  - Disallow
- ▶ Also stores acceptable criteria
  - Member
  - Gender
  - Age
- ▶ Required Fields
  - SESE\_ID
  - SESE\_RULE
  - SESE\_VALID\_SEX
  - SESE\_MAX\_AGE
  - SESE\_COV\_TYPE
  - SESE\_RULE\_TYPE
  - SESE\_CALC\_IND
  - SESE\_ID\_XLOW
  - SESE\_DESC\_XLOW

**SESE\_ID char(4)**

**SESE\_RULE: char(3)**

SESE\_DESC: char(70)  
SESE\_CM\_IND: char(1)  
SESE\_PA\_AMT\_REQ: char(1)  
SESE\_PA\_UNIT\_REQ: char(1)  
SESE\_PA\_PROC\_REQ: char(1)  
SESE\_VALID\_SEX: char(1)  
SESE\_SEX\_EXCD\_ID: char(3)  
SESE\_MIN\_AGE: smallint  
SESE\_MAX\_AGE: smallint  
SESE\_AGE\_EXCD\_ID: char(3)  
SESE\_COV\_TYPE: char(1)  
SESE\_COV\_EXCD\_ID: char(3)  
SESE\_RULE\_TYPE: char(1)  
SESE\_CALC\_IND: char(1)  
SERL\_REL\_ID: char(4) (FK)  
SESE\_OPTS: char(8)  
WMDS\_SEQ\_NO: smallint  
SESE\_ID\_XLOW: char(04)  
SESE\_DESC\_XLOW: char(08)  
SESE\_DIS\_EXCD\_ID: char(03)  
SESE\_MAX\_CPAY\_PCT: money  
SESE\_FSA\_REIMB\_IND: char(01)  
SESE\_HSA\_REIMB\_IND: char(01)  
SESE\_HRA\_DED\_IND: char(1)

**...continued**

**continued...**

SESE\_LOCK\_TOKEN: smallint  
ATXR\_SOURCE\_ID: datetime  
SYS\_LAST\_UPD\_DTM: datetime  
SYS\_USUS\_ID: varchar(48)  
SYS\_DBUSER\_ID: varchar(48)

## CMC\_SESE\_SERVICE



Facets - Service Rule Definition - OBSO

File Edit Transfer Window Help

Product - C07PPP01 / Service Rule Definition - OBSO

Save

Service Code  
OBSO

Rule	Type	Description
SE	Counter	PCP: 115 CPY / NO DED / NO CO-INS
SE2	Counter	INPA: 130 CPY / NO CO-INS / SUBJECT TO DED
SE3	Counter	INPA: 130 CPY / NO CO-INS / SUBJECT TO DED

Indicative Service Test

Disallow Explanation

Calculation Method: Traditional ([Allowable - Deductible] - Copay) - Coinsurance

Eligible for FSA Reimbursement: Yes

Eligible for HRA Reimbursement: Excess

HRA Deductible Applies: No

Related Service ID:

Maximum Copay %: 0

Claim Processing Edits:

Gender: Both	Explanation: None
Age: 0 To: 999	Explanation: None
Covered Member: Entire Family	Explanation: None
Case Management: Do Not Display Warning	

Required Entries for Utilization Management:

Penalty Type:

Calculation Method:

Penalty Amount:

Penalty Explanation:

User Message:

**SESE\_ID char(4)**

**SESE\_RULE: char(3)**

00

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The SESE\_ID (service code) identifies a unique row on the table. It works along with the SESE\_RULE (service rule) to differentiate payment rules for the same type of service. Each rule contains information such as valid gender and minimum and maximum age restrictions. The service rule serves as a suffix to the service code.

## CMC\_SESE\_SERVICE



**Service Rule**

Rule	Type	<input checked="" type="radio"/> Amount	<input type="radio"/> Counter	<input type="radio"/> Disallow	Explanation Code	OK
Eligible for PSA Reimbursement					Cancel	
Eligible for HRA Reimbursement		Excess			Help	
HRA Deductible Applies					Notify	
Related Services ID		None				
Description						
Calculation Method		Traditional (Allowable - Deductible) - Copay - Coinsurance				
Warn When Copay Percentage Exceeds		0.00				
Claim Processing Edits						
Gender		Both	Explanation			
Age		0 To 999				
Covered Members		Entire Family				
<input type="checkbox"/> Display Case Management		<input type="checkbox"/> User Message				
Warning Message		User Message				
Required Entries for Utilization Management						
<input type="checkbox"/> Charge		<input type="checkbox"/> Units		<input type="checkbox"/> Procedure Code		

**SESE\_RULE\_TYPE: char(1)**

**(select radio button)**

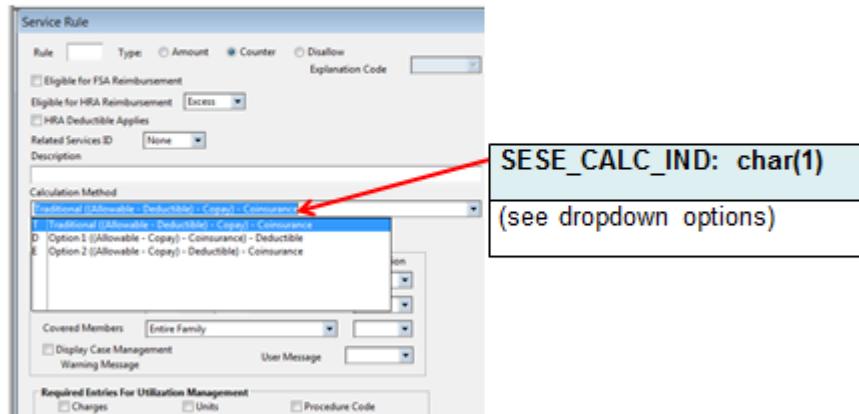
DT

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The SESE\_RULE\_TYPE determines the basis for the service:

- Amount
- Counter
- Disallow

## CMC\_SESE\_SERVICE

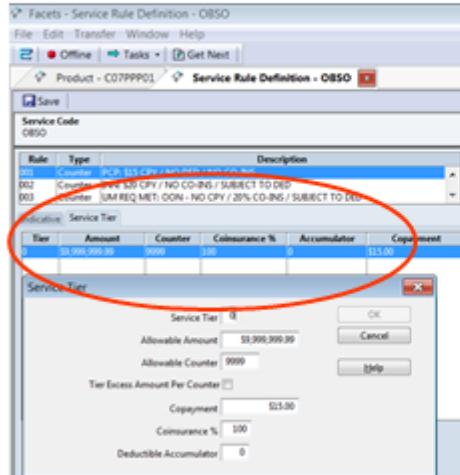
The screenshot shows the 'Service Rule' configuration window. In the 'Calculation Method' dropdown, the 'T' option is selected. A callout box highlights this selection with the text 'SESE\_CALC\_IND: char(1)' and '(see dropdown options)'.

The SESE\_CALC\_IND determines the calculation method for determining the computed benefit with respect to deductibles, copays, and coinsurance in the Claims applications. There are three calculation methods:

- D - Option 1 Method ((Allowable - Copay) - Deductible)
- E - Option 2 Method ((Allowable - Copay) - Deductible) - Coinsurance
- T - Traditional Method ((Allowable - Deductible) - Copay) - Coinsurance

## CMC\_SETR\_TIER

### CMC\_SETR\_TIER

The screenshot shows the 'Facets - Service Rule Definition - OB50' application. In the main window, there are three service rules listed: 001, 002, and 003. Rule 003 is selected. A 'Service Tier' dialog box is open over the main window, specifically for rule 003. The dialog box contains fields for 'Service Tier' (set to 0), 'Allowable Amount' (\$9,999,999.99), 'Allowable Counter' (9999), 'Tier Excess Amount Per Counter' (checkbox), 'Copayment' (\$25.00), 'Coinsurance %' (100), and 'Deductible Accumulator' (0). The entire 'Service Tier' dialog box is circled in red.

Linked to the **SESE** table, stores:

- Copays
- Deductibles
- COB Information

**SETR\_TIER\_NO:** smallint

**SETR\_ALLOW\_AMT:** money

**SETR\_ALLOW\_CTR:**  
smallint

**SETR\_COPAY\_AMT:** money

**SETR\_COIN\_PCT:** money

This table, linked to the **SESE** table, stores information that specifies tiering of copays, deductibles, and coinsurance for the defined service rule:

- **SETR\_TIER\_NO** – This is the number that identifies the order of tiered calculations processed for this service.
- **SETR\_ALLOW\_AMT** – This is the maximum allowable dollar amount considered in the calculation for this tier.
- **SETR\_ALLOW\_CTR** – This is the maximum allowable counter considered in the calculation for this tier.
- **SETR\_COPAY\_AMT** – This is the amount calculated as copayment.
- **SETR\_COIN\_PCT** – This is the percentage used when calculating coinsurance.
- **ACAC\_ACC\_NO** – This is the number assigned to the deductible accumulator.

## Supplied Data Plan Tables

### *Supplied Data Plan Tables*



- ▶ CMC\_PSCD\_POS\_DESC
- ▶ CMC\_HBCD\_BILL\_DESC
- ▶ CMC\_HFCD\_FREQ\_DESC
- ▶ CMC\_IDCD\_DIAG\_CD
- ▶ CMC\_IPCD\_PROC\_CD
- ▶ CMC\_EXCD\_EXPL\_CD

Table	Meaning
CMC_PSCD_POS_DESC	Place of Service Codes for Claims Processing
CMC_HBCD_BILL_DESC	UB04 Bill Class Codes
CMC_HRCD_FREQ_DESC	UB04 Frequency Billing Codes
CMC_IDCD_DIAG_CD	ICD 9 Diagnosis Codes
CMC_IPCD_PROC_CD	CPT and HCPCS Codes
CMC_EXCD_EXPL_CD	TriZetto defined Explanation Codes

The user loads the tables with the appropriate data. TriZetto supplies the data.

For **IDCD** and **IPCD** tables, a Change Package releases additional codes every quarter. The user then applies the codes to the database. The data does not change on the table, but does append additional codes.

## Class Plan / CMC\_CSPI\_CS\_PLAN

**GRGR\_CK:** int (FK)  
**CSCS\_ID:** char(4) (FK)  
**CSPD\_CAT:** char(1) (FK)  
**CSPI\_ID:** char(8) (FK)  
**CSPI\_EFF\_DT:** datetime

**CSPI\_TERM\_DT:** datetime  
**PDPD\_ID:** char(8) (FK)  
**CSPI\_SEL\_IND:** char(1)  
**CSPI\_FL:** char(1)  
**CSPI\_GUAR\_DT:** datetime  
**CSPI\_GUAR\_PER\_MOS:** smallint  
**CSPI\_GUAR\_IND:** char(1)  
**PMAR\_PFX:** char(4) (FK)  
**WMDS\_SEQ\_NO:** smallint  
**CSPI\_OPEN\_BEG\_MMDD:** smallint  
**CSPI\_OPEN\_END\_MMDD:** smallint  
**GPAI\_ID:** char(08) (FK)  
**CSPI\_ITS\_PREFIX:** char(3)  
**CSPI\_AGE\_CALC METH:** char(01)  
**CSPI\_CARD\_STOCK:** char(10)  
**CSPI\_MCTR\_CTYP:** char(04)  
**CSPI\_HEDIS\_CEBREAK:** char(01)  
**CSPI\_HEDIS\_DAYS:** smallint  
**CSPI\_PDPD\_BEG\_MMDD:** smallint  
**CSPI\_PDPD\_CO\_MNTH:** smallint  
**NWST\_PFX:** char(04)  
**CVST\_PFX:** char(04)

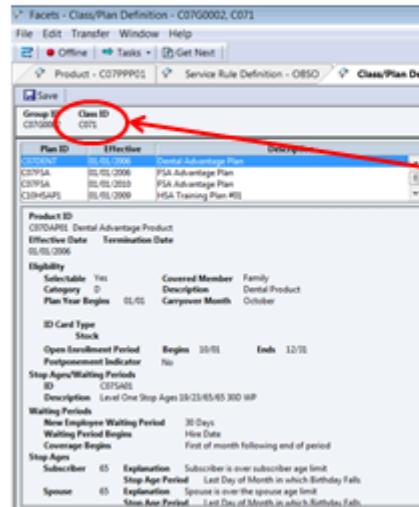
...continued

**continued...**

HSAI\_ID: char(08)  
CSPI\_POSTPONE\_IND: char(01)  
GRDC\_PFX: char(04)  
UTED\_PFX: char(04)  
VBBR\_ID: char(8) (FK)  
CSPI\_LOCK\_TOKEN: smallint  
SYS\_LAST\_UPD\_DTM: datetime  
SYS\_USUS\_ID: varchar(48)  
SYS\_DBUSER\_ID: varchar(48)  
ATXR\_SOURCE\_ID: datetime

## Class Plan

### Class Plan



Facets - Class/Plan Definition - C07G0002, C07I

File Edit Transfer Window Help

Save

Group ID: C07G0002 Class ID: CSCS

Plan ID	Effective Date	Description
C07PA01	01/01/2006	YSA Advantage Plan
C07PA02	01/01/2010	YSA Advantage Plan
C07HsPA	01/01/2009	HSA Training (Plan #1)

Product ID: C07G0002 Dental Advantage Product  
Effective Date: Termination Date: 01/01/2006

Eligibility:  
Selectable: Yes  
Category: D  
Plan Year Begins: 01/01  
Covered Member: Family  
Description: Dental Product  
Coverage Month: October

ID Card Type: Stock  
Open Enrollment Period: Begin: 10/01 End: 12/31  
Perpetuation Indicator: No  
Stop Ages/Waiting Periods:  
Stop Age: C07HsA01  
Description: Level One Stop Ages 18/23/65/65 300 WIP  
Waiting Periods:  
New Employee Waiting Period: 30 Days  
Waiting Period Begins: Hire Date  
Coverage Begins: First of month following end of period  
Stop Ages:  
Subscriber: 65 Explanation: Subscriber is over subscriber age limit  
Stop Age Period: Last Day of Month in which Birthday Falls  
Spouse: 65 Explanation: Spouse is over the spouse age limit  
Stop Age Period: Last Day of Month in which Birthdate Falls

**CSCS\_ID: char(4) (FK)**

Subscribers are eligible for plans in their assigned class

The user links a plan (CSPI\_ID) to a product after configuration. The user also links the class (CSCS\_ID) and group (GRGR\_CK) to the plan on this table. The CSCS\_ID determines what type of subscriber may choose this plan.

## Class Plan



Facets - Class/Plan Definition - C07G00002, C07I

File Edit Transfer Window Help

Product - C0799901 Service Rule Definition - C080 Class/Plan Definition - C07G00002, C07I

Group ID	Class ID
C0799900	C07I

**Class Plan Information**

Effective Date:  Termination Date:

Plan: C0799901 Dental Advantage Plan  
 Product ID: C07D4001 Dental Advantage Product

Stop Agency/Waiting Periods: C07M4001 Show Details Network Set: C0422 Carrying Provider Set:

Eligibility: Selectable Covered Members: Family Category: Dental Product  
 Plan Year Begins: 01/01 Carrying Month: October  
 ID Card Type: Stock Performance Indicator:

Open Enrollment Period: Begins: 10/01 Ends: 11/15 Performance Indicator:

Billing Parameters: Premium Age Cycle: Age as of Birthday Volume Reduction Profile:   
 Rate Structure: Start:  Months:  Period:

Common Enrollment Health Plan Options: HRA Administrative Info ID:  Debit Card/Bank Relationship Profile:  Billing Strategy:

**CSPI\_EFF\_DT: datetime**

Plan ID available to members of the class

The user enters the offering date of the plan/product combination for a specific class. The effective dates of plans on this form may overlap.

## Class Plan



**Class Plan Information**

Effective Date 01-01-2006	Termination Date Use Message
Plan COSTANT	Dental Advantage Plan
Product ID COSTAND	<b>PDPD_ID: char(8) (FK)</b>
Stop Ages/Waiting Periods ID: COSTAND Show Details Network Set Local One Stop Ages 10-25-45-65-300 wif	
Eligibility <input checked="" type="checkbox"/> Selectable Covered Members Family Category Dental Product Plan Year Begins 01-01 Coverage Month October ID Card Type Stock Postponement Indicator	
Billing Parameters Premium Age Calc Age as of Birthday Volume Reduction Profile Rate Guarantee Start Months 0 Period	
Customer Directed Health Plan Options HRA Administrative Info ID Debit Card/Bank Relationship Profile Billing Strategy	

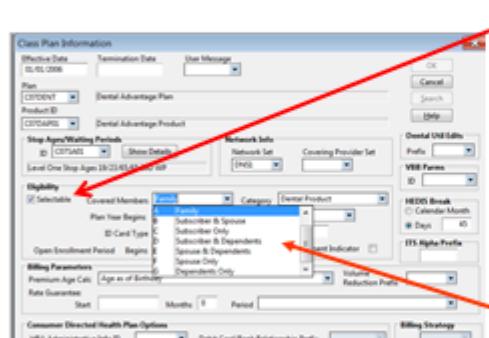
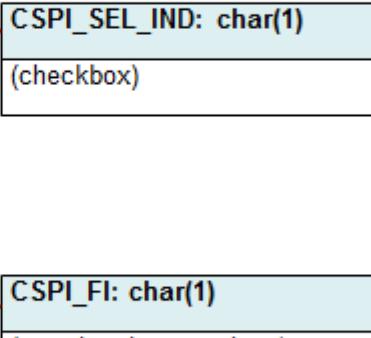
Data derived from the PDPD table

This is the identifier used to link the product to a corresponding class and plan.

Using the PDPD\_ID, the information about the product is brought to the plan panel for the client.

## Class Plan



	<b>CSPI_SEL_IND: char(1)</b> (checkbox)
	<b>CSPI_FI: char(1)</b> (see dropdown options)

The CSPI\_SEL\_IND identifies if the employee selects the plan or is automatically assigned through enrollment in this class. The values are:

- Y – Selectable
- N – Automatic

The CSPI\_FI is the code for the level of coverage (within a family) allowed for this plan. Currently, this field is informational only. You must establish the family indicator on the subscriber level eligibility (**SBEL**) table in the Enrollment or Subscriber/Member application. The values are:

- A – Family
- B - Subscriber and Spouse
- C – Subscriber only
- D – Subscriber and Dependents
- E – Spouse and Dependents
- F – Spouse only
- G – Dependents only

## Class Plan



**Class Plan Information**

Effect Date	Termination Date	User Message
01-01-2008		
Plan	Product ID	Dental Advantage Plan
CPT/ICD-9	Product ID	Dental Advantage Product
Stop-Age/Waiting Periods	ID: OPTMAX	Show Details
Level One Stop Ages 13/25/35/45/300 NIP		
Eligibility	<input checked="" type="checkbox"/> Selectable Covered Members: Family	
Plan Year Begins	01/01	Contract
ID Card Type		
Open Enrollment Period	Begin: 10-01	Ends:
Billing Parameters	Premium Age Calc: Age as of Birthday Rate Guarantee: Start: Months: 0 Period: Reduction Profile	
Consumer Directed Health Plan Options		
HBA Administrative Info ID	Debit/Credit Relationship Profile	
Billing Strategy		

**Network Info**

Network Set	Covering Provider Set
NWST	HPST
NWST: Network Set for HPS HPST: C.A. HPS Network Set for HPS	
HBDS	HBDS: HPS Network Set for HBDS
HBDC	HBDC: C.A. HBDS Network Set for HBDS
CBPON	CBPON: Mixed Benefit Network Set
CBPOT	CBPOT: C.A. CBPON Network Set
PPOS	PPOS: PPO Network Requirements
PPOS	PPOS: Point-of-Service networks
PPO2	PPO2: PPO Networks Set

**NWST\_PFX: char(04)**

Defines set of In Network providers for this Plan

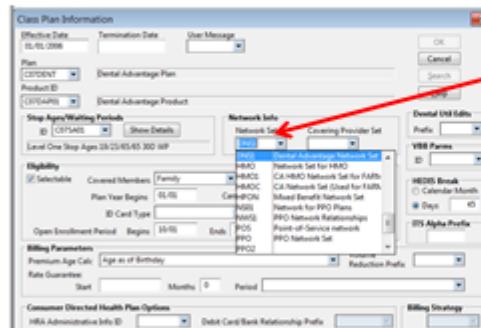
The NWST\_PFX identifies the set of networks in the Network Set.

## Class Plan



**NWST\_PFX: char(04)**

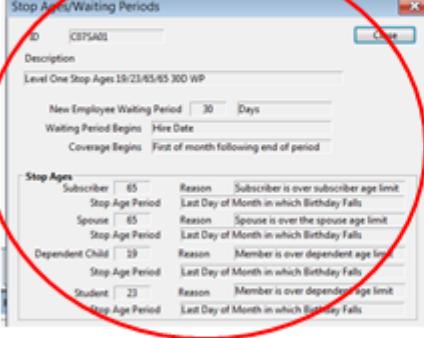
Defines set of In Network providers for this Plan



The **Value-Based Benefit Rules** table stores the generic rules and descriptions for all Value-Based Benefits programs that can be established within Facets.

## Class Plan



 <p>A red circle highlights the 'Stop Ages' section of the screenshot.</p>	<b>GPAI_ID: char(08)</b> GPAI_DESC: varchar(70) GPAI_WT_PER_TYPE: char(01) GPAI_WT_PER_VAL: smallint GPAI_WT_PER_IND: char(01) GPAI_SB_STOP_AGE: smallint GPAI_SB_SA_EXCD: char(03) GPAI_SB_STOP_IND: char(01) GPAI_SP_STOP_AGE: smallint GPAI_SP_SA_EXCD: char(03) GPAI_SP_STOP_IND: char(01) GPAI_DEP_STOP_AGE: smallint GPAI_DEP_SA_EXCD: char(03) ...continued
---	---

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The GPAI\_ID identifies the Group Administration Rules applied to this Class/Plan record. This prefix defines stop ages and waiting period information for this plan/product. The user must enter a prefix for the Class/Plan record prior to saving.

## Class Plan



**Stop Ages/Waiting Periods**

ID	C075A01	<input type="button" value="Close"/>	
Description	Level One Stop Ages 19/23/65/65 300 WP		
New Employee Waiting Period	<input type="text" value="30"/>	Days	
Waiting Period Begins	Hire Date		
Coverage Begins	First of month following end of period		
<b>Stop Ages</b>			
Subscriber	65	Reason	Subscriber is over subscriber age limit
Stop Age Period		Reason	Last Day of Month in which Birthday Falls
Spouse	65	Reason	Spouse is over the spouse age limit
Stop Age Period		Reason	Last Day of Month in which Birthday Falls
Dependent Child	19	Reason	Member is over dependent age limit
Stop Age Period		Reason	Last Day of Month in which Birthday Falls
Student	23	Reason	Member is over dependent age limit
Stop Age Period		Reason	Last Day of Month in which Birthday Falls

**continued...**

**GPAI\_STU\_STOP\_AGE:** smallint  
**GPAI\_STU\_SA\_EXCD:** char(03)  
**GPAI\_STU\_STOP\_IND:** char(01)  
**GPAI\_CVG\_BEGIN:** char(1)  
**GPAI\_LOCK\_TOKEN:** smallint  
**ATXR\_SOURCE\_ID:** datetime

## Enhancements to Support ICD-10

### *Enhancements to Support ICD-10*



- ▶ Diagnosis Codes Application
- ▶ Procedure Codes Application
- ▶ ICD Procedure Codes Application

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## Diagnosis Codes Application

### IDCD\_ID: varchar(10)

IDCD\_EFF\_DT: datetime  
IDCD\_TERM\_DT: datetime  
IDCD\_DESC: varchar(228)  
IDCD\_ID\_REL: varchar(10)  
IDCD\_GEN\_ID\_1: char(12)  
IDCD\_GEN\_ID\_2: char(12)  
IDCD\_TYPE: char(1)  
TPCT\_MCTR\_TCAT: char(1)  
MDCD\_ID\_M: char(2) (FK)  
MDCD\_ID\_F: char(2) (FK)  
WMDS\_SEQ\_NO: smallint  
IDCD\_OPL\_IND: char(1)  
IDCD\_ACTION: char(01)  
EXCD\_ID: char(03)  
IDCD\_LOCK\_TOKEN: smallint  
ATXR\_SOURCE\_ID: datetime  
SYS\_LAST\_UPD\_DTM: datetime  
SYS\_USUS\_ID: varchar(48)  
SYS\_DBUSER\_ID: varchar(48)

The Diagnosis Codes application contains a **Version** field that displays the ICD version to which a code belongs. The **Description** field accommodates up to 228 alphanumeric characters.

## Diagnosis Codes Application



Screenshot of the Facets - Diagnosis Codes application interface:

The screenshot shows a software window titled "Facets - Diagnosis Codes - 250". The menu bar includes "File", "Edit", "Transfer", "Window", and "Help". The toolbar has buttons for "Offline", "Tasks", and "Get Next". The main area displays a "Diagnosis Code" entry screen for code "250".

Key fields shown include:

- Version:** A dropdown menu currently set to "ICD-9". Other options visible are "ICD-9", "ICD-10", and "NonStandard".
- Effective Date:** A date field.
- Description:** A text field containing "Diabetes".
- Related ID:** A field showing "250".
- Alternate ID 1:** A field showing "Diabetes Mid".
- Major Diagnosis Category Code:** A section with dropdown menus for "Male" (showing "Endocrine, Nutritional and Metabolic") and "Female" (showing "Endocrine, Nutritional and Metabolic").

A red arrow points from the text "IDCD\_TYPE" to the "Version" dropdown menu. Another red arrow points from the text "Identifies version of Diagnosis Code (see dropdown options)" to the same dropdown menu.

**IDCD\_TYPE**  
Identifies version of Diagnosis Code (see dropdown options)

## Procedure Codes Application

### CMC\_IPCD\_PROC\_CD

**IPCD\_ID: char(7)**

IPCD\_EFF\_DT: datetime  
IPCD\_TERM\_DT: datetime  
IPCD\_DESC: varchar(175)  
IPCD\_GEN\_ID\_1: char(12)  
IPCD\_GEN\_ID\_2: char(12)  
WMDS\_SEQ\_NO: smallint  
IPCD\_SRCH\_DISP: char(1)  
IPCD\_ACTION: char(01)  
EXCD\_ID: char(03)  
IPCD\_TYPE: char(1)  
IPCD\_LOCK\_TOKEN: smallint  
ATXR\_SOURCE\_ID: datetime  
SYS\_LAST\_UPD\_DTM: datetime  
SYS\_USUS\_ID: varchar(48)  
SYS\_DBUSER\_ID: varchar(48)

The Procedure Codes application contains an ICD-10 **Procedure** field.  
The **Description** field accommodates up to 175 characters.

## Procedure Codes Application



S\* Facets - Procedure Codes - 43644

File Edit Transfer Window Help

Class/Plan Definition - C07G0002, C071 | Prognosis Codes - 250

Save |

Procedure Code: 43644

Effective Date	Termination Date	Action	Explanation
01/01/2005			

Description:  
Laparoscopy, Surg. Gastric Restrictive Procedure; W Gastric Bypass And Roux-En-Y Gastroenterostomy (Roux Limb <= 150 Cm)

Alternate ID 1: Laparoscopy    Alternate ID 2:

User Message:

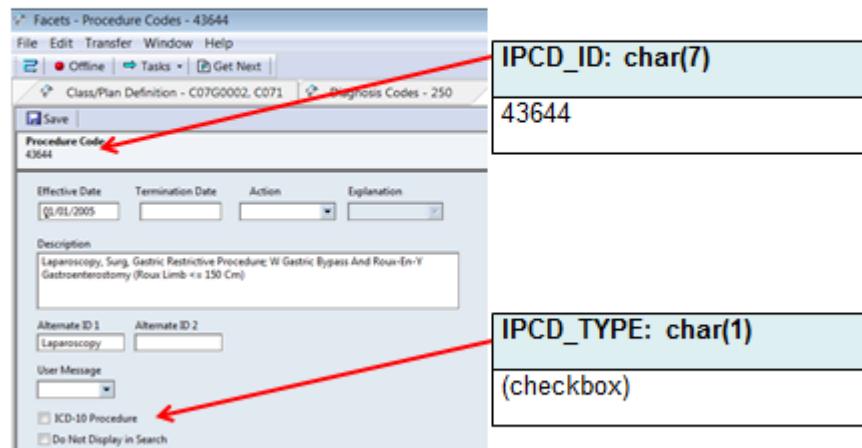
ICD-10 Procedure     Do Not Display in Search

**IPCD\_ID: char(7)**

43644

**IPCD\_TYPE: char(1)**

(checkbox)

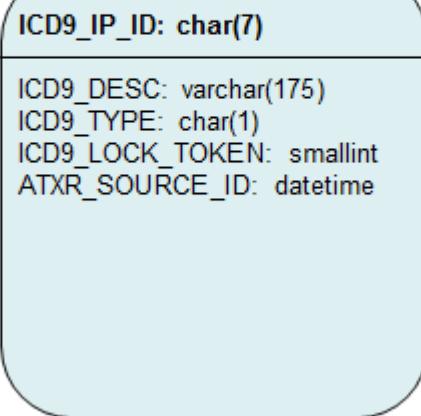


## ICD Procedure Codes Application

### *ICD Procedure Codes Application*



#### CMC\_ICD9\_PROC\_CD



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The ICD Procedure Codes application was formerly titled ICD-9 Procedure Codes. It contains an **ICD-10 Procedure** field.

## ICD Procedure Codes Application



Screenshot of the ICD Procedure Codes Application interface:

ICD9_IP_ID: char(7)
002

ICD Code 002 is highlighted with a red arrow.

ICD9_TYPE: char(1)
(checkbox)

The checkbox for ICD-10 Procedure is highlighted with a red arrow.

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## Facets Value-Based Benefits

### *Facets Value-Based Benefits*



- ▶ **Rewards individuals meeting health related incentives**
  - Smoking cessation
  - Weight loss
  - Diabetes management
- ▶ **Enhanced to apply rewards (began in 4.81)**
  - Decreased deductible, copay
  - Increased coinsurance
  - HRA credits
- ▶ **Other rewards outside Facets**
  - Gift cards
  - Cash

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## Key Elements of Value-Based Benefits

### ***Key Elements of Value-Based Benefits***



#### ► **Incentive Manager**

- Stores member data, eligible goals, goals achieved

#### ► **Facets**

- Membership stores goals achieved
- Plan setup (Rules Engine to determine eligible claims)
- Claims processing applies different service or dental category rule to 'point of claim' rewards

#### ► **VBB Solution is licensed separately**

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The TriZetto Incentive Manager tracks the members' incentive compliance. After achieving an incentive, the TriZetto Incentive Manager sends information back to Facets indicating this is complete, along with an incentive rule applied to future claims, as well as effective and termination dates. The incentive rule applies until the eligibility period for the rule expires. The individual member record stores this information. For HRA allocation credits, the Incentive Manager sends the actual dollar amount of the credit that gets applied.

Facets clients may set up and configure benefit plans with variations in out-of-pocket expenses, such as copays, co-insurance, and deductibles, as well as HRA allocation credits to support their incentive rules.

## VBB Set up Tables under Plan

### *VBB Set up Tables under Plan*



#### **CMC\_VBBD\_VBB\_DESC**

<b>VBBD_RULE:</b> char(4)
<b>VBBD_DESC:</b> varchar(70)
<b>VBBD_RULE_TYPE:</b> char(1)
<b>VBBD_LOCK_TOKEN:</b> smallint
<b>ATXR_SOURCE_ID:</b> datetime
<b>SYS_LAST_UPD_DTM:</b> datetime
<b>SYS_USUS_ID:</b> varchar(48)
<b>SYS_DBUSER_ID:</b> varchar(48)

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The database level tables that store the available Value-Based Benefit rules, as well as the Rule Type are:

- **VBBD\_RULE** – This is the identifier for the Value-Based Benefit rule.
- **VBBD\_RULE\_TYPE** – This is the Rule Type that indicates the type of rule applied when the qualifications are met. The values are:
  - H – HRA Credit, or
  - S – Service/Category Rule

## VBB Set up Tables under Plan



Screenshot of the Facets software interface showing the setup of Value-Based Benefit Parameters (VBB) under a Plan.

The main window shows a list of Value-Based Benefit Rules:

- 1.0 Integration for Preventive Dental
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

A red arrow points from the "Value-Based Benefits for PPT Plans" entry to a callout box labeled **VBBD\_DESC: varchar(70)**.

A second red arrow points from the "Integration for Preventive Dental" entry to a callout box labeled **VBBD\_RULE: char(4)**.

**VBBD\_DESC: varchar(70)**

Value-Based Benefits for PPT  
Plans

**VBBD\_RULE: char(4)**

Integration for Preventive  
Dental

## VBB Set up Tables

### *VBB Set up Tables*



#### **CMC\_VBBR\_VBB\_RULES**

<b>VBBR_ID:</b> char(8)
<b>VBBR_DESC:</b> varchar(70)
<b>VBBR_LOCK_TOKEN:</b> sma
<b>ATXR_SOURCE_ID:</b> datetime
<b>SYS_LAST_UPD_DTM:</b> date
<b>SYS_USUS_ID:</b> varchar(48)
<b>SYS_DBUSER_ID:</b> varchar(48)

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This table stores the IDs and descriptions for the sets of rules available. The ID identified on this table links to the Class/Plan for which VBB is applicable:

- **VBBR\_ID** – This is the identifier for the set of Value-Based Benefit Parameters.
- **VBBR\_DESC** – This is the description for the Value-Based Benefits Parameters ID.

## VBB Set up Tables



**VBBR\_ID: char(8)**

VBB00003
----------

**VBB Rules Parameter**

Allows for setup of Parm IDs linked via CSPI (slide 81)
---

The screenshot shows the 'Value Based Benefit Parameters' application interface. A red arrow points from the 'VBBR\_ID: char(8)' callout to the 'ID' field in the main window, which contains the value 'VBB00003'. To the right of the main window, there is a list of 'Value Based Benefit Rule' items, with item 2 highlighted. Below this list, there is a detailed view of rule 2.0.1 Preventive Dental, showing its effective date (01/01/2009 - 12/31/9999), qualifier groups (Preventive Dental), and service/category rule (005). An explanation code (c02) is also visible.

---

## Objective Summary

---

You are now able to:

- Discuss the important columns of the major tables
- Explain the relationship of the columns to the other tables and domains as they pertain to the Facets processes

## Coming Up

### *Coming Up*



Next we will discuss:

- ▶ Member Subscriber Data Model

---

## Subscriber Data Model

### **Objectives**

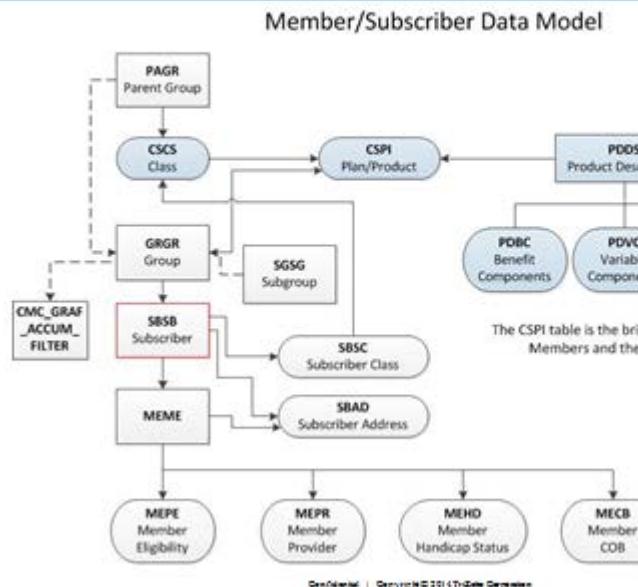
---

Upon successful completion of this chapter, you will be able to:

- Discuss the important columns of the Subscriber/Member tables
- Explain the relationship of the columns to the other tables and domains as they pertain to the Facets processes
- Explain the common elements among the tables

## Member/Subscriber Data Model

### Member/Subscriber Data Model



The Member/Subscriber Data Model displays the integration of the Plan and Member/Subscriber domains. Facets finds the first reference to the CSCS\_ID in the **GRGR** (group) table. Users previously established a relationship between the GRGR, CSCS, and CSPI in the Plan domain. The optional, reportable **Parent Group** table (**PAGR**) is also associated with the group and ties multiple groups together. An optional relationship also exists between the GRGR and the SGSG (subgroup). The **SGSG** table shows similarities to the group, but redefines the group into a smaller segment. As a best practice, TriZetto recommends configuring at least one SGSG and attaching it to a GRGR for demographic flexibility.

The next major table and the focus of the Member/Subscriber domain is the **Subscriber** table, **SBSB**. It provides all necessary information about the subscriber. Facets defines the subscriber as the person who signed the contract with the MCO, and requires that every subscriber have a home address. The user finds all addresses for both subscriber and member on the **Subscriber Address** table, **SBAD**. Facets also contains small relationship tables; one is the **SBSC** table. This table links the subscriber to the class. The most important columns on this table are the effective date (when the relationship began) and the term date (when the relationship ended).

---

---

In Facets, every subscriber is a member but not every member is a subscriber. The **MEME** table establishes the relationship of the member to the subscriber through the column, **MEME\_REL**. The **MEME** tables passes information to the system about the member for member level processing, such as eligibility (MEPE), PCP selections (MEPR), Handicap status (MEHD), and other insurance policies held by the member (MECB).

## Group Table

### *Group Table*



#### ► CMC\_GRGR\_GROUP

- Group Indicative Table
- Required Fields:
  - GRGR\_CK
  - GRGR\_ID
  - CICI\_ID
  - PAGR\_CK
  - GRGR\_ADDR1
  - GRGR\_CITY
  - GRGR\_STATE
  - GRGR\_STS
  - GRGR\_ORIG\_EFF\_DT

#### GRGR\_CK: numeric

CICI_ID: char(2)
GRGR_ID: char(8)
PAGR_CK: int (FK)
GRGR_NAME: char(50)
GRGR_ADDR1: char(40)
GRGR_ADDR2: char(40)
GRGR_ADDR3: char(40)
GRGR_CITY: char(19)
GRGR_STATE: char(2)
GRGR_ZIP: char(11)
GRGR_COUNTY: char(20)
GRGR_CTRY_CD: char(4)
GRGR_PHONE: char(20)

...continued

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The **Group** table holds all indicative information about the group.

**continued...**

GRGR\_PHONE\_EXT: char(4)  
GRGR\_FAX: char(20)  
GRGR\_FAX\_EXT: char(4)  
GRGR\_EMAIL: char(40)  
GRGR\_MCTR\_TYPE: char(4)  
GRGR\_MCTR\_VIP: char(4)  
MCAR\_AREA\_ID: char(4)  
CSCS\_ID: char(4)  
GRGR\_STS: char(2)  
GRGR\_ORIG\_EFF\_DT: datetime  
GRGR\_TERM\_DT: datetime  
GRGR\_MCTR\_TRSN: char(4)  
EXCD\_ID: char(3)  
GRGR\_RNST\_DT: datetime  
GRGR\_CONV\_DT: datetime  
GRGR\_RENEW\_MMDD: smallint  
GRGR\_PREV\_ANNV\_DT: datetime  
GRGR\_CURR\_ANNV\_DT: datetime  
GRGR\_NEXT\_ANNV\_DT: datetime  
GRGR\_MCTR\_PTYP: char(4)  
GRGR\_UNDW\_USUS\_ID: char(10)

## **Group Table**



### ► CMC\_GRGR\_GROUP

- Group Indicative Table
- Required Fields  
continued:
  - GRGR\_BILL\_LEVEL
  - GRGR\_RUNOUT\_DT

**GRGR\_CK:** numeric

.....  
 GRGR\_CAP\_IND: char(1)  
 GRGR\_LAST\_CAP\_DT: datetime  
 GRGR\_CAP\_BAT\_STS: int  
 GRGR\_BILL\_LEVEL: char(1)  
 GRGR\_LMT\_ADJ\_MOS: smallint  
 GRGR\_BL\_CONV\_DT: datetime  
 GRGR\_NAME\_XLOW: char(8)  
 GRGR\_CITY\_XLOW: char(8)  
 GRGR\_MCTR\_LANG: char(4)  
 GRGR\_EXTN\_ADDR\_IND: char(1)  
 WMDS\_SEQ\_NO: smallint  
 GRGR\_TOTAL\_EMPL: int  
 ...continued

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When the user adds a new group to the system, this user may then create a Group ID (GRGR\_ID) to identify that group. Or the group may be auto-numbered if auto-numbering has been set up on the SA (System Administration) side of Facets.

Facets requires the user to enter or select the code identifying this as a subscriber group, employer group, or union. This code acts as an ID and links all subscribers and members to a specific subscriber group, or to a larger parent group.

**continued...**

GRGR\_TOTAL\_ELIG: int  
GRGR\_TOTAL\_CONTR: int  
GRGR\_POL\_NO: char(30)  
CRCY\_ID: char(12)  
GRGR\_EIN: char(9)  
GRGR\_ERIS\_MMDD: smallint  
GRGR\_RECD\_DT: datetime  
GRGR\_DEN\_CHT\_IND: char(01)  
GRGR\_CAP\_CONV\_DT: datetime  
GRGR\_RUNOUT\_DT: datetime  
GRGR\_RUNOUT\_EXCD: char(03)  
GRGR\_TRANS\_ACCEPT: char(01)  
GRGR\_ITS\_CODE: char(04)  
GRGR\_AUTONUM\_IND: char(1)  
GRGR\_CONT\_EFF\_DT: datetime  
GRGR\_TERM\_PREM\_MOS: smallint  
GRGR\_RNST\_TYPE: char(1)  
GRGR\_RNST\_VAL: smallint  
GRGR\_LOCK\_TOKEN: smallint  
ATXR\_SOURCE\_ID: datetime  
SYS\_LAST\_UPD\_DTM: datetime  
SYS\_USUS\_ID: varchar(48)  
SYS\_DBUSER\_ID: varchar(48)

**GRGR\_CK: numeric**

CICI\_ID: char(2)  
GRGR\_ID: char(8)  
PAGR\_CK: int (FK)  
GRGR\_NAME: char(50)  
GRGR\_ADDR1: char(40)  
GRGR\_ADDR2: char(40)  
GRGR\_ADDR3: char(40)  
GRGR\_CITY: char(19)  
GRGR\_STATE: char(2)  
GRGR\_ZIP: char(11)  
GRGR\_COUNTY: char(20)  
GRGR\_CTRY\_CD: char(4)  
GRGR\_PHONE: char(20)  
GRGR\_PHONE\_EXT: char(4)  
GRGR\_FAX: char(20)  
GRGR\_FAX\_EXT: char(4)  
GRGR\_EMAIL: char(40)  
GRGR\_MCTR\_TYPE: char(4)  
GRGR\_MCTR\_VIP: char(4)  
MCAR\_AREA\_ID: char(4)  
CSCS\_ID: char(4)  
GRGR\_STS: char(2)  
GRGR\_ORIG\_EFF\_DT: datetime

**...continued**

**continued...**

GRGR\_TERM\_DT: datetime  
GRGR\_MCTR\_TRSN: char(4)  
EXCD\_ID: char(3)  
GRGR\_RNST\_DT: datetime  
GRGR\_CONV\_DT: datetime  
GRGR\_RENEW\_MMDD: smallint  
GRGR\_PREV\_ANNV\_DT: datetime  
GRGR\_CURR\_ANNV\_DT: datetime  
GRGR\_NEXT\_ANNV\_DT: datetime  
GRGR\_MCTR\_PTYP: char(4)  
GRGR\_UNDW\_USUS\_ID: char(10)

.....

## Group Table



Screenshot of the Facets Group Management interface showing a subscriber group named "Seattle Best Coffee". A red arrow points from the "GRGR\_ID: char(8)" label to the "Group ID" field, which contains "C10G0002".

<b>GRGR_ID: char(8)</b>
C10G0002 (Required)

This required code/ID identifies this subscriber group, employer group, or union. It links all subscribers and members to a specific subscriber group, or links a subgroup to a larger parent group.

## Group Table



Facets - Group - Seattle Best Coffee

File Edit Actions View Transfer Window Help

Office Tasks Get Next

Value Based Benefit Parameters - VBB00003 Group - Seattle Best Coffee

Save

Group ID: C000002

Name:	Seattle Best Coffee	<input type="button" value="Edit"/>	
Type:	Commercial	Client	
Status:	Active	<input type="button" value="Edit"/>	
Effective Date:	01/01/2007	Conversion Date:	<input type="text"/>
Area:	None	Class:	<input type="text"/>
VP Code:	<input type="button" value="Clear Selection"/>	Language:	<input type="button" value="Clear Selection"/>
<input checked="" type="checkbox"/> Accepts Accumulator Transfers <input checked="" type="checkbox"/> Auto-Number Subscribers <input type="checkbox"/> External Address <input type="checkbox"/> Included in Payment Bundling Administration			
User Message:	<input type="text"/>	Automatic Reinstatement Period:	<input type="button" value="0"/> Not Applicable
Termination Info:	Date: <input type="text"/> Explanation: <input type="text"/> Claim Runout Date: <input type="text"/> Terminal Billing Months: <input type="button" value="0"/>		
	Reason:	Reinstate Date:	<input type="text"/>
	Explanation: <input type="text"/>		
Memo:	<input type="text"/>		

**CICI\_ID: char(2)**  
(see dropdown options)

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The Client ID (CICI\_ID) represents a unique 2-character ID used for security purposes, reporting and optionally for mapping to General Ledger. The user defines the Client ID in the System Administration, Client Definition application. The user configures the security level if this group holds an active CICI\_ID.

## Group Table



\* Facets - Group - Seattle Best Coffee

File Edit Actions View Transfer Window Help

Offline Tasks Get Next

Value Based Benefit Parameters - V8800003 Group - Seattle Best Coffee

Group ID	C382990	GRGR_NAME: char(50)
Name	Seattle Best Coffee	(Required field)
Parent Group ID		
Type	Commercial	Client
Status	Active	Conversion Date
Effective Date	01-01-2007	
Area	None	Class
VP Code	Clear Selection	Language
<input checked="" type="checkbox"/> Accepts Accumulator Transfers	<input checked="" type="checkbox"/> Auto-Number Subscribers	<input type="checkbox"/> External Address
<input type="checkbox"/> Included in Payment Bundling Administration		
User Message		Automatic Reinstatement Period
Termination Info		0 Not Applicable
Date		Reason
Explanation		Reinstate Date
Claim Runout Date		Explanation
Terminal Billing Month(s)	0	
Memo		

A Facets user enters the name of the member group, employer group, or union.

## Group Table



Facets - Group - Seattle Best Coffee

File Edit Actions View Transfer Window Help

● Offline Tasks ▾ Get Next

Group - Seattle Best Coffee

Save

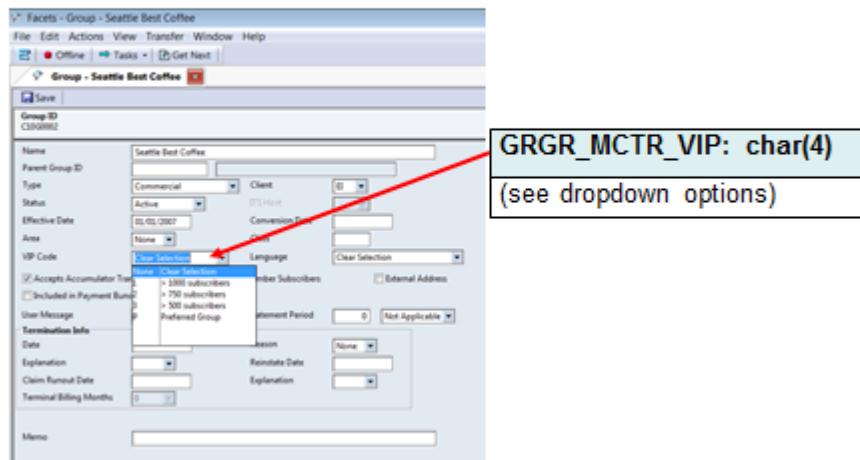
Group ID: C3949892

Name:	Seattle Best Coffee
Type:	Commercial
Status:	Active
Effective Date:	1999-01-01
Area:	CMCA
ZIP Code:	98103
Accepts Accumulator Transfers:	<input checked="" type="checkbox"/> Auto-Number Subscribers
Included in Payment Bundling Administration:	<input type="checkbox"/>
User Message:	
Termination Info:	Automatic Reinstatement Period: 0 Not Applicable
Date:	
Explanation:	
Claim Runout Date:	
Terminal Billing Months:	0
Memo:	

GRGR\_MCTR\_TYPE: char(4)  
(Required field)

The user further describes this group by creating a user-defined code used to classify different groups for reporting purposes (e.g., MDCR for all groups reimbursed by Medicare). All user-defined data must exist in the **CMC\_MCTR\_CD\_TRANS** table in order to appear in the dropdown box.

## Group Table

The screenshot shows the 'Facets - Group - Seattle Best Coffee' window. In the 'VIP Code' dropdown, the option 'GRGR\_MCTR\_VIP' is selected. A callout box highlights this selection with the text 'GRGR\_MCTR\_VIP: char(4)' and '(see dropdown options)'.

The user-defined VIP code tells Facets about a special consideration for this group. The VIP code sits at the subscriber level.

Selecting a VIP type at this level assigns the same VIP account status to all members within this parent group, group, or subgroup. To override the group status for an individual member, the user selects the appropriate VIP account status in the Subscriber/Family application.

**GRGR\_CK: numeric**

.....

GRGR\_CAP\_IND: char(1)  
GRGR\_LAST\_CAP\_DT: datetime  
GRGR\_CAP\_BAT\_STS: int  
GRGR\_BILL\_LEVEL: char(1)  
GRGR\_LMT\_ADJ\_MOS: smallint  
GRGR\_BL\_CONV\_DT: datetime  
GRGR\_NAME\_XLOW: char(8)  
GRGR\_CITY\_XLOW: char(8)  
GRGR\_MCTR\_LANG: char(4)  
GRGR\_EXTN\_ADDR\_IND: char(1)  
WMDS\_SEQ\_NO: smallint  
GRGR\_TOTAL\_EMPL: int  
GRGR\_TOTAL\_ELIG: int  
GRGR\_TOTAL\_CONTR: int  
GRGR\_POL\_NO: char(30)  
CRCY\_ID: char(12)  
GRGR\_EIN: char(9)  
GRGR\_ERIS\_MMDD: smallint  
GRGR\_RECD\_DT: datetime  
GRGR\_DEN\_CHT\_IND: char(01)  
GRGR\_CAP\_CONV\_DT: datetime  
GRGR\_RUNOUT\_DT: datetime  
GRGR\_RUNOUT\_EXCD: char(03)  
GRGR\_TRANS\_ACCEPT: char(01)

...continued

**continued...**

GRGR\_ITS\_CODE: char(04)  
GRGR\_AUTONUM\_IND: char(1)  
GRGR\_CONT\_EFF\_DT: datetime  
GRGR\_TERM\_PREM\_MOS: smallint  
GRGR\_RNST\_TYPE: char(1)  
GRGR\_RNST\_VAL: smallint  
GRGR\_LOCK\_TOKEN: smallint  
ATXR\_SOURCE\_ID: datetime  
SYS\_LAST\_UPD\_DTM: datetime  
SYS\_USUS\_ID: varchar(48)  
SYS\_DBUSER\_ID: varchar(48)

## Group Table



Facets - Group - Seattle Best Coffee

File Edit Actions View Transfer Window Help

Group - Seattle Best Coffee

Save

Group ID: C3H98002

Name: Seattle Best Coffee	Type: Commercial	Status: Active	Conversion Date:
Parent Group ID:	Client	Effective Date: 01/01/2007	Area: None
Area:	Class:	Language:	<input type="button" value="Clear Selection"/>
Accepts Accumulator Transfers:	<input checked="" type="checkbox"/> Auto-Number Subscribers		
Included in Payment Bundling Administration:			
User Message:	Automatic, Reinstatement Period:		
Termination Info:	Date:	Reason:	Reinstate Date:
Explanation:	Claim Runout Date:	Expiation:	Terminal Billing Months:
Memo:			

**GRGR\_MCTR\_LANG: char(4)**

Valid entries from  
CMC\_MCTR\_CD\_TRANS;  
Entity is \$ALL and the Type is  
LANG

The column (**GRGR\_MCTR\_LANG**) applies user-defined data identifying the main language of the group.

## Group Table



Screenshot of the Facets software interface showing the 'Group - Seattle Best Coffee' configuration screen. A red arrow points from the 'User Message' dropdown menu to a callout box containing the field details.

<b>WMDS_SEQ_NO: smallint</b>
(see dropdown options)

This field shows user-defined warning messages. The user selects a message to display when data processes in the Claims Processing, Prospective UM, and Customer Service applications.

**GRGR\_CK: numeric**

CICI\_ID: char(2)  
GRGR\_ID: char(8)  
PAGR\_CK: int (FK)  
GRGR\_NAME: char(50)  
GRGR\_ADDR1: char(40)  
GRGR\_ADDR2: char(40)  
GRGR\_ADDR3: char(40)  
GRGR\_CITY: char(19)  
GRGR\_STATE: char(2)  
GRGR\_ZIP: char(11)  
GRGR\_COUNTY: char(20)  
GRGR\_CTRY\_CD: char(4)  
GRGR\_PHONE: char(20)  
GRGR\_PHONE\_EXT: char(4)  
GRGR\_FAX: char(20)  
GRGR\_FAX\_EXT: char(4)  
GRGR\_EMAIL: char(40)  
GRGR\_MCTR\_TYPE: char(4)  
GRGR\_MCTR\_VIP: char(4)  
MCAR\_AREA\_ID: char(4)  
CSCS\_ID: char(4)  
GRGR\_STS: char(2)  
GRGR\_ORIG\_EFF\_DT: datetime  
GRGR\_TERM\_DT: datetime  
GRGR\_MCTR\_TRSN: char(4)

...continued

continued...

EXCD\_ID: char(3)

GRGR\_RNST\_DT: datetime

GRGR\_CONV\_DT: datetime

GRGR\_RENEW\_MMDD: smallint

GRGR\_PREV\_ANNV\_DT: datetime

GRGR\_CURR\_ANNV\_DT: datetime

GRGR\_NEXT\_ANNV\_DT: datetime

GRGR\_MCTR\_PTYP: char(4)

GRGR\_UNDW\_USUS\_ID: char(10)

.....

## Group Table



Facets - Group - Seattle Best Coffee

File Edit Actions View Transfer Window Help

Offline Tasks Get Next

Group - Seattle Best Coffee

Save

Group ID  
C1000002

Address  
2300 NW Pike St.

ZIP Code 98006 City Bellevue  
State WA  
County King  
Country Not Assigned

Phone Ext Fax Ext  
(425) 384-7289

eMail

GRGR\_ADDR1: char(40)  
 GRGR\_ADDR2: char(40)  
 GRGR\_ADDR3: char(40)  
 GRGR\_CITY: char(19)  
 GRGR\_STATE: char(2)  
 GRGR\_ZIP: char(11)  
 GRGR\_COUNTY: char(20)  
 GRGR\_CTRY\_CD: char(4)  
 GRGR\_PHONE: char(20)  
 GRGR\_PHONE\_EXT: char(4)  
 GRGR\_FAX: char(20)  
 GRGR\_FAX\_EXT: char(4)  
 GRGR\_EMAIL: char(40)

Facets requires the first line of the address fields on the **Group** table (GRGR\_ADDR1), then the city (GRGR\_CITY), and state (GRGR\_STATE).

Optional columns include **Phone**, **Fax**, and **Email**.

## Group Table



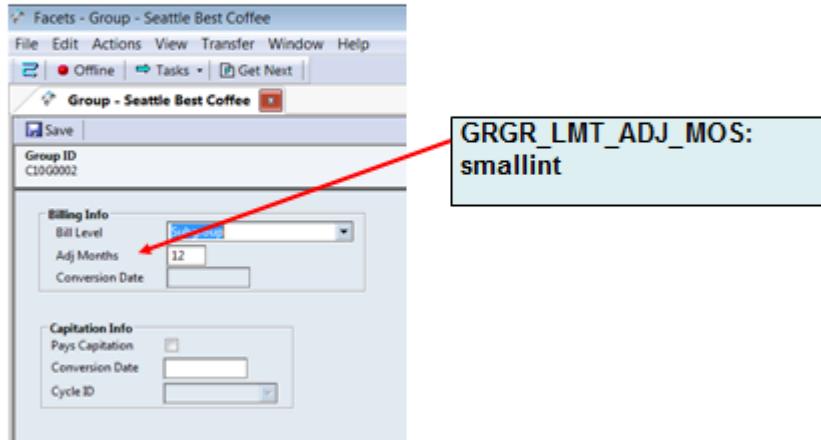
Screenshot of the Facets software interface showing the 'Group - Seattle Best Coffee' screen. The 'Billing Info' section contains a dropdown menu for 'Bill Level'. A red arrow points from the text 'GRGR\_BILL\_LEVEL: char(1)' to the dropdown menu. A callout box with the text '(see dropdown options)' is positioned below the dropdown.

<b>GRGR_BILL_LEVEL: char(1)</b>
(see dropdown options)

Facets requires the **GRGR\_BILL\_LEVEL** column, which identifies the entity responsible for the Billing Invoice. Valid values include:

Bill Level	Meaning
B	Billing Group
G	Group
H	Group with term billing
I	Subscriber
S	Subgroup
T	Subgroup with term billing
N	None

## Group Table

The screenshot shows the 'Facets - Group - Seattle Best Coffee' window. In the 'Billing Info' section, there is a dropdown menu for 'Bill Level' and an input field for 'Adj Months' containing the value '12'. To the right of this field, a red arrow points to a callout box with the text 'GRGR\_LMT\_ADJ\_MOS: smallint'.

The **Adjusted Months** column (**GRGR\_LMT\_ADJ\_MOS**) tells Facets how many months the billing batch needs to go back in time to capture any retroactivity.

The user enters the number of months prior to the bill date when adjustments can be rated and billed.

The system requires an entry if the billing level does not equal None. Valid values include numeric entry from 00 to 99. Facets cautions users not to change this number once set.

## Group Table



Facets - Group - Seattle Best Coffee

File Edit Actions View Transfer Window Help

Offline Tasks Get Next

Group - Seattle Best Coffee

Save

Group ID  
C10G0002

**Billing Info**

Bill Level: Subgroup  
Adj Months: 12  
Conversion Date:

**Capitation Info**

Pays Capitation:   
Conversion Date: 01/01/2001  
Cycle ID:

**GRGR\_BL\_CONV\_DT:**  
**datetime**

The Conversion Date (GRGR\_BL\_CONV\_DT) tells the system the very first day this billing entity may show any billing activity; i.e. the earliest date for rating either a billing or adjustment.

## Group Table



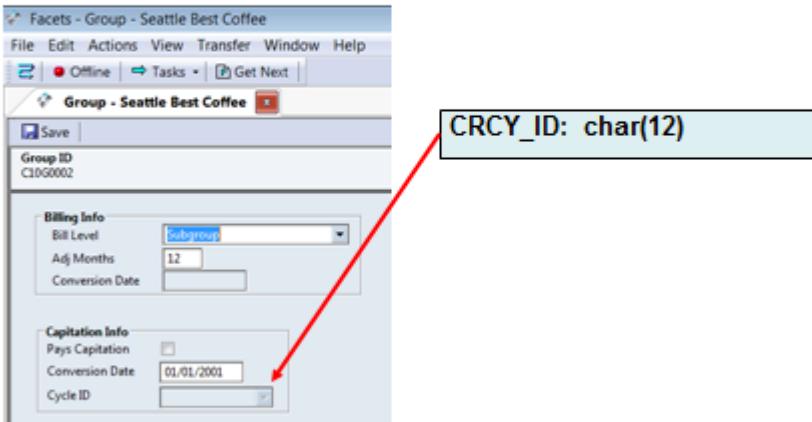
Screenshot of the Facets software interface showing the 'Group - Seattle Best Coffee' configuration screen. A red arrow points from the 'Pays Capitation' checkbox in the 'Capitation Info' section to a callout box labeled 'GRGR\_CAP\_IND: char(1) (checkbox indicator)'.

<b>GRGR_CAP_IND: char(1)</b>
(checkbox indicator)

The **Pays Capitation** checkbox indicator tells Facets whether or not to include all members of this group in the Capitation Allocation batch process:

Type	Meaning
Y	Include all members in the capitation batch runs.
N	Do not include all members in the capitation batch runs.

## Group Table

The screenshot shows a software interface for managing groups. At the top, there's a menu bar with File, Edit, Actions, View, Transfer, Window, Help, and status indicators for Offline and Tasks. Below the menu is a toolbar with Save, Undo, Redo, Cut, Copy, Paste, and Delete buttons. The main window title is "Group - Seattle Best Coffee". Underneath the title, there's a "Group ID" field containing "C10G0002". The interface is divided into sections: "Billing Info" and "Capitation Info". The "Billing Info" section includes fields for Bill Level (set to "Subgroup"), Adj Months (set to "12"), and Conversion Date. The "Capitation Info" section includes fields for Pays Capitation (checkbox), Conversion Date (set to "01/01/2001"), and Cycle ID. A red arrow points from the "Cycle ID" field in the "Capitation Info" section to a callout box containing the text "CRCY\_ID: char(12)".

The Capitation Cycle ID ties the capitated providers to the members of this group. The user selects a user-defined Cycle ID to include this entity in a selective capitation batch. The user first defines each Cycle ID in the Cycle Description application.

## Group Table



Facets - Group - Seattle Best Coffee

File Edit Actions View Transfer Window Help

Offline Tasks Get Next

Group - Seattle Best Coffee

Save

Group ID  
C10G0002

Billing Info

Bill Level	Subgroup
Adj Months	12
Conversion Date	

Capitation Info

Pays Capitation	<input type="checkbox"/>
Conversion Date	01/01/2001
Cycle ID	

GRGR\_CAP\_CONV\_DT:  
datetime

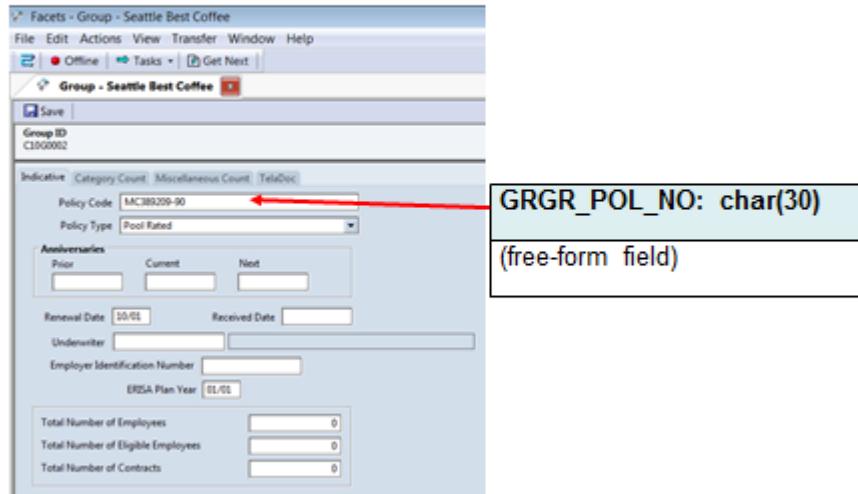


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The Conversion date identifies the earliest date for capitation activity within this group. The user enters the date in MM/DD/YYYY format when capitation processing begins. The user must enter a date greater than the group's effective date.

## Group Table

The screenshot shows a software application window titled "Facets - Group - Seattle Best Coffee". The menu bar includes File, Edit, Actions, View, Transfer, Window, Help, Offline, Tasks, and Get Next. The main area displays a form for a group named "Seattle Best Coffee" with Group ID C1060062. The form includes fields for Policy Code (MC88229-90), Policy Type (Pool Rated), Anniversaries (Prior, Current, Next), Renewal Date (10/01), Received Date, Underwriter, Employer Identification Number, ERISA Plan Year (01/01), and counts for Total Number of Employees, Total Number of Eligible Employees, and Total Number of Contracts. A red arrow points from the Policy Code field to a callout box containing the text "GRGR\_POL\_NO: char(30)" and "(free-form field)".

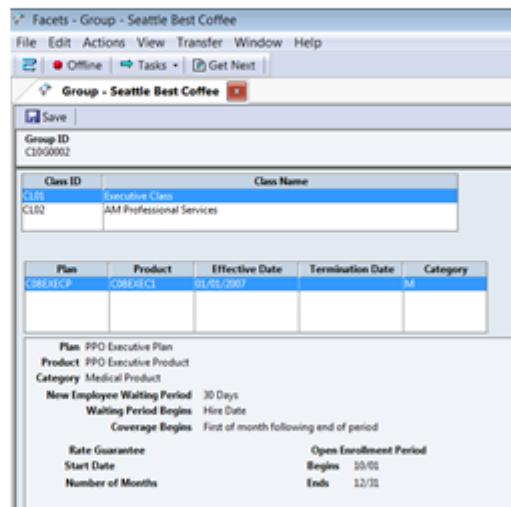
The **Group** table also includes policy information using the following columns:

Policy Code	Meaning
GRGR_TOTAL_EMPL	This identifies the total number of employees employed by the group.
GRGR_TOTAL_ELIG	This identifies the total number of employees eligible for benefits.
GRGR_TOTAL_CONTR	This identifies the total number of contracts sold for this group.
GRGR_POL_NO*	This identifies the policy code for this group.
GRGR_EIN	This identifies the Employer Identification number.
GRGR_ERIS_MMDD	This identifies the ERISA plan year by MM/DD (month and day).
GRGR_RECD_DT	This identifies the contract or addendum received date.
GRGR_RENEW_MMDD	This identifies the renewal date for the group in MM/DD format.
GRGR_PREV_ANNV_DT	This identifies the prior anniversary date for the group.

Policy Code	Meaning
GRGR_CURR_ANNV_DT	This identifies the current anniversary date for the group.
GRGR_NEXT_ANNV_DT	This identifies the next anniversary date for the group.
GRGR_MCTR_PTYP	This identifies the policy type. Values include ERAT - Experience Rated and PRAT - Pool Rated.
GRGR_UNDW_USUS_ID	This identifies the underwriter's User ID.

## Group Table

This information comes from the CMC\_CSPI\_CS\_PLAN table. The key criteria is GRGR\_CK, CSCS\_ID.



Class ID	Class Name
C101	Executive Class
C102	AM Professional Services

Plan	Product	Effective Date	Termination Date	Category
PPPO Executive	CMC EXEC	01/01/2013	01/01/2014	

Plan: PPO Executive Plan  
 Product: PPO Executive Product  
 Category: Medical Product  
 New Employee Waiting Period: 30 Days  
 Waiting Period Begins: Hire Date  
 Coverage Begins: First of month following end of period  
 Rate Guarantee:  
 Start Date: 10/01  
 Number of Months: 12/31

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Facets defines a class of benefits by the type of subscriber, such as full time employment with the group, part time employment with the group, union, retiree, etc. The Class ID determines the choice of plans for the subscribers in that class.

## Group Table



### ► CMC\_GRAF\_ACCUM\_FILTER

- This table stores accumulator types and accumulator numbers used to filter accumulator updates published by the Facets Accumulator Synchronization solution.

**GRGR\_CK:** int (FK)  
**GRAF\_ACC\_TYPE:** char(1)  
**ACAC\_ACC\_NO:** smallint

**GRAF\_LOCK\_TOKEN:** smallint  
**SYS\_LAST\_UPD\_DTM:** datetime  
**SYS\_USUS\_ID:** varchar(48)  
**SYS\_DBUSERID:** varchar(48)

The Group level Accumulator Filter (**CMC\_GRAF\_ACCUM\_FILTER**) table stores the accumulator types and accumulator numbers used to filter the accumulator updates that will be published by the Facets Accumulator Synchronization solution.

Column	Description
GRGR_CK	This is the group contrived key.
GRAF_ACC_TYPE	This identifies the accumulator type: D = Deductible L = Limit
ACAC_ACC_NO	This identifies the accumulator number. If GRAF_ACC_TYPE = D, valid values are: 01 through 99 If GRAF_ACC_TYPE = L, valid values are: 01 through 9999
GRAF_LOCK_TOKEN	This identifies the lock token.
SYS_LAST_UPD_DTM	This identifies the last update date/time.
SYS_USUS_ID	This identifies the User ID associated with the last update.
SYS_DBUSERID	This identifies the last update DBMS User ID.

## Subgroup Table

### *Subgroup Table*



► **CMC\_SGSG\_SUB\_GROUP**

- This table stores subgroup indicative information.
- Required fields:
  - SGSG\_CK
  - GRGR\_CK
  - SGSG\_ID
  - SGSG\_ADDR1
  - SGSG\_CITY
  - SGSG\_STATE
  - SGSG\_STS
  - SGSG\_ORIG\_EFF\_DT
  - SGSG\_RUNOUT\_DT

SGSG_CK int
GRGR_CK int (FK)
SGSG_ID 4 char
SGSG_NAME 50 char
SGSG_ADDR1 40 char
SGSG_ADDR2 40 char
SGSG_ADDR3 40 char
SGSG_CITY 19 char
SGSG_STATE 2 char
SGSG_ZIP 11 char
SGSG_COUNTY 20 char
SGSG_CTRY_CD 4 char
SGSG_PHONE 20 char
SGSG_PHONE_EXT 4 char
...continued

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In Facets, the **Group** and **Subgroup** tables contain similarities in content with a few exceptions, such as the billing level. The **Billing Level** column in the **Group** table tells Facets which entity is responsible for the billing invoice.

**continued...**

SGSG\_FAX 20 char  
SGSG\_FAX\_EXT 4 char  
SGSG\_EMAIL 40 char  
SGSG\_MCTR\_TYPE 4 char  
SGSG\_MCTR\_VIP 4 char  
CSCS\_ID 4 char  
SGSG\_STS 2 char  
SGSG\_ORIG\_EFF\_DT datetime  
SGSG\_TERM\_DT datetime  
SGSG\_MCTR\_TRSN 4 char  
EXCD\_ID 3 char  
SGSG\_RNST\_DT datetime  
SGSG\_CONV\_DT datetime  
SGSG\_RENEW\_MMDD smallint  
SGSG\_PREV\_ANNV\_DT datetime  
SGSG\_CURR\_ANNV\_DT datetime  
SGSG\_NEXT\_ANNV\_DT datetime .....

## ***Subgroup Table***



► **CMC\_SGSG\_SUB\_GROUP**

- This table stores subgroup indicative information.
- Required fields:
  - SGSG\_CK
  - GRGR\_CK
  - SGSG\_ID
  - SGSG\_ADDR1
  - SGSG\_CITY
  - SGSG\_STATE
  - SGSG\_STS
  - SGSG\_ORIG\_EFF\_DT
  - SGSG\_RUNOUT\_DT

SGSG_CK int
GRGR_CK int (FK)
SGSG_ID 4 char
SGSG_NAME 50 char
SGSG_ADDR1 40 char
SGSG_ADDR2 40 char
SGSG_ADDR3 40 char
SGSG_CITY 19 char
SGSG_STATE 2 char
SGSG_ZIP 11 char
SGSG_COUNTY 20 char
SGSG_CTRY_CD 4 char
SGSG_PHONE 20 char
SGSG_PHONE_EXT 4 char
...continued

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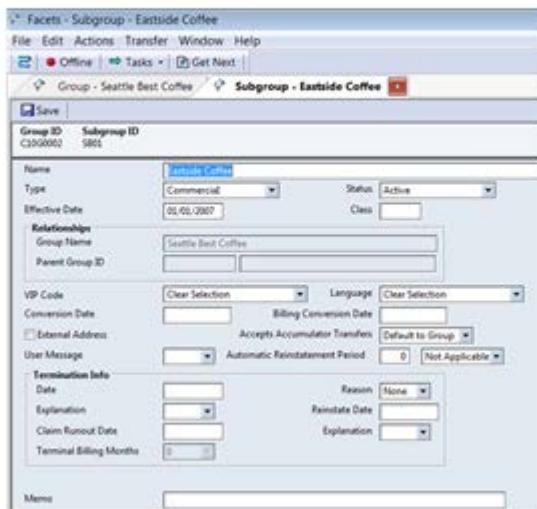
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The **CMC\_SGSG\_SUB\_GROUP** stores indicative information for each subgroup including name, address, type and standard industry classification.

**continued...**

SGSG\_EIN 9 char  
SGSG\_ERIS\_MMDD smallint  
SGSG\_REC'D\_DT datetime  
SGSG\_RUNOUT\_DT datetime  
SGSG\_RUNOUT\_EXCD 3 char  
SGSG\_TRANS\_ACCEPT 1 char  
SGSG\_CONT\_EFF\_DT datetime  
SGSG\_TERM\_PREM\_MOS smallint  
SGSG\_LOCK\_TOKEN smallint  
AXTR\_SOURCE\_ID datetime  
SYS\_LAST\_UPD\_DTM datetime  
SYS\_USUS\_ID 48 varchar  
SYS\_DBUSER\_ID 48 varchar

## Subgroup Table

The screenshot shows a software application window titled "Facets - Subgroup - Eastside Coffee". The window has a toolbar with "File", "Edit", "Actions", "Transfer", "Window", and "Help". Below the toolbar, there are status indicators for "Offline", "Tasks", and "Get Next". The main area is titled "Group - Seattle Best Coffee" and "Subgroup - Eastside Coffee". The form contains the following fields:

- Group ID:** C3000002  
**Subgroup ID:** SB01
- Name:** Eastside Coffee
- Type:** Commercial
- Status:** Active
- Effective Date:** 01/01/2007
- Relationships:**
  - Group Name:** Seattle Best Coffee
  - Parent Group ID:** [empty]
- VIP Code:** Clear Selection
- Conversion Date:** [empty]
- External Address:** [unchecked]
- User Message:** [empty]
- Accepts Accumulator Transfers:** Default to Group
- Billing Conversion Date:** [empty]
- Automatic Reinstatement Period:** 0 Not Applicable
- Termination Info:**
  - Date:** [empty]
  - Reason:** None
  - Explanation:** [empty]
  - Reinstate Date:** [empty]
  - Claim Runout Date:** [empty]
  - Terminal Billing Months:** 0
  - Explanation:** [empty]
- Memo:** [empty]

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Users build the Subgroup application to associate a subgroup or subgroups with the group. Subgroup information comes from the **Subgroup** table, **CMC\_SGSG\_SUB\_GROUP**, linking to the **GRGR** table using the **GRGR\_CK**.

## Subgroup Table



### CMC\_SGCS\_RELATION

Facets - Subgroup - Eastside Coffee

File Edit Actions Transfer Window Help

Group - Seattle Best Coffee Subgroup - Eastside Coffee

Save |

Group ID Subgroup ID  
C1000002 5801

Class ID	Effective	Termination
CL01	Executive Class	
CL02	AM Professional Services	

Class ID CL01  
Description Executive Class

SGSG\_CK(FK)  
CSCS\_ID(FK)  
SGCS\_EFF\_DT  
GRGR\_CK(FK)

SGCS\_TERM\_DT  
SGCS\_LOCK\_TOKEN  
AXTR\_SOURCE\_ID

The **SBCS Relationship** table in Facets links the subscriber to a class, and identifies when that relationship started or ended.

## Subscriber Tables

### *Subscriber Tables*



#### ► CMC\_SBSB\_SUBSC

- Subscriber Indicative Table
- Required Fields:
  - SBSB\_CK
  - GRGR\_CK
  - SBSB\_ID
  - SBSB\_LAST\_NAME
  - SBSB\_FIRST\_NAME
  - SBSB\_ORIG\_EFF\_DT
  - SBSB\_FI
  - SBSB\_PAY\_CL\_METH
  - SBAD\_TYPE\_HOME
  - SBSB\_LAST\_NAME\_XLOW

SBSB_CK: int
GRGR_CK: int (FK)
SBSB_ID: char(9)
SBSB_LAST_NAME: char(35)
SBSB_FIRST_NAME: char(15)
SBSB_MID_INIT: char(1)
SBSB_TITLE: char(10)
SBSB_ORIG_EFF_DT: datetime
SBSB_MCTR_STS: char(4)
SBSB_MCTR_VIP: char(1)
SBSB_MCTR_SRSN: char(4)
SBSB_PRCS_STS: char(2)
SBSB_EMPLOY_ID: char(10)
SBSB_HIRE_DT: datetime
...continued

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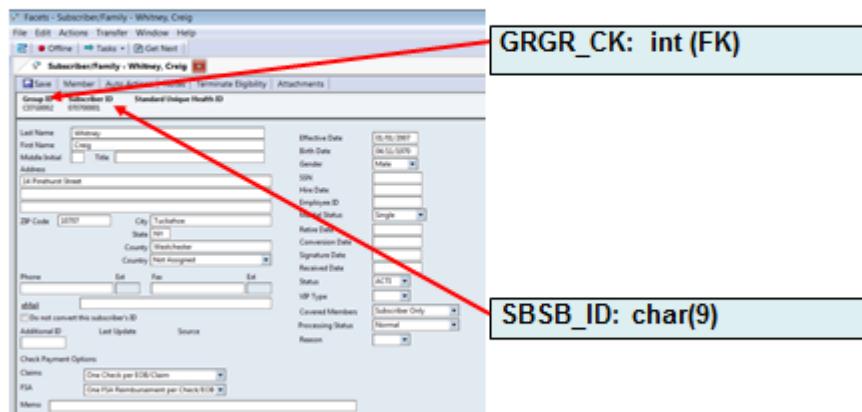
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The **SBSB** table identifies indicative information about the policy holder.

**continued...**

SBSB\_RETIRE\_DT: datetime  
SBSB\_CONV\_DT: datetime  
SBSB\_FI: char(1)  
SBSB\_PAY\_CL\_METH: char(1)  
SBSB\_EFT\_IND: char(1)  
SBAD\_TYPE\_HOME: char(1)  
SBAD\_TYPE\_MAIL: char(1)  
SBAD\_TYPE\_WORK: char(1)  
SBSB\_LAST\_NAME\_XLOW: char(8)  
MCBR\_CK: int  
SBSB\_SIG\_DT: datetime  
SBSB\_RECD\_DT: datetime  
SBSB\_PAY\_FSAC\_METH: char(1)  
SBSB\_LOCK\_TOKEN: smallint  
ATXR\_SOURCE\_ID: datetime  
SYS\_LAST\_UPD\_DTM: datetime  
SYS\_USUS\_ID: varchar(48)  
SYS\_DBUSER\_ID: varchar(48)

## Subscriber Tables

The screenshot shows the 'Facets - SubscriberFamily - Whitney, Craig' window. The top navigation bar includes File, Edit, Actions, Transfer, Window, Help, and a toolbar with Offline, Tasks, Get Next, etc. The main form has tabs for 'Save', 'Member', 'Auto Number', 'Terminate Eligibility', and 'Attachments'. It displays subscriber details like Last Name (Whitney), First Name (Craig), Middle Initial (None), Title (None), Address (14 Penderum Street), ZIP Code (60107), City (Tucson), State (AZ), County (Pima County), Country (Not assigned), Phone, Email, and various status fields. The 'Subscriber ID' field is highlighted with a red arrow pointing to the 'GRGR\_CK: int (FK)' callout box. The 'Standard/Unique Health ID' field is highlighted with a red arrow pointing to the 'SBSB\_ID: char(9)' callout box.

The SBSB\_ID can be user-defined or auto-numbered in Facets. It uniquely identifies a subscriber in the system.

Facets uses the GRGR\_CK to look for the GRGR\_ID on the **CMC\_GRGR\_GROUP** table.

## Subscriber Tables



Facets - Subscriber Family - Whitney, Craig

File Edit Actions Transfer Window Help  
● Offline Tasks ▾ Get Next ▾

Save Member Auto Actions Notes Terminate Eligibility Attachments

Group ID: Subscriber ID: Standard Unique Health ID

Last Name: <input type="text" value="Whitney"/>	Effective Date: <input type="text" value="01-01-2007"/>
First Name: <input type="text" value="Craig"/>	Birth Date: <input type="text" value="04-15-1976"/>
Middle Initial: <input type="text" value=""/>	Gender: <input type="text" value="Male"/>
Address: 123 Pinewood Street	
ZIP Code: <input type="text" value="11007"/>	SSN: <input type="text"/>
City: <input type="text" value="Turlock"/>	Hire Date: <input type="text"/>
State: <input type="text" value="CA"/>	Employee ID: <input type="text"/>
County: <input type="text" value="Stanislaus"/>	Marital Status: <input type="text" value="Single"/>
Country: <input type="text" value="Not Assigned"/>	Conversion Date: <input type="text"/>
Phone: <input type="text"/> Ext: <input type="text"/> Fax: <input type="text"/>	
SSN: <input type="text"/>	
<input type="checkbox"/> Do not convert this subscriber's ID	
Additional ID: <input type="text"/> Last Update: <input type="text"/> Source: <input type="text"/>	
Check Payment Options: Claims: <input type="text" value="One Check per EOB/Claim"/> PMA: <input type="text" value="One PMA Reimbursement per Check EOB"/>	
Reason: <input type="text"/>	

Facets requires first and last names for the subscriber. Optional values include the Middle Initial and Title.

**SBSB\_LAST\_NAME:**  
**char(35)**

**SBSB\_FIRST\_NAME:**  
**char(15)**

**SBSB\_MID\_INIT:** **char(1)**

**SBSB\_TITLE:** **char(10)**

Facets requires first and last names for the subscriber. Optional values include the Middle Initial and Title.

**SBSB\_CK: int**

GRGR\_CK: int (FK)  
SBSB\_ID: char(9)  
SBSB\_LAST\_NAME: char(35)  
SBSB\_FIRST\_NAME: char(15)  
SBSB\_MID\_INIT: char(1)  
SBSB\_TITLE: char(10)  
SBSB\_ORIG\_EFF\_DT: datetime  
SBSB\_MCTR\_STS: char(4)  
SBSB\_MCTR\_VIP: char(1)  
SBSB\_MCTR\_SRSN: char(4)  
SBSB\_PRCS\_STS: char(2)  
SBSB\_EMPLOY\_ID: char(10)  
SBSB\_HIRE\_DT: datetime  
SBSB\_RETIRE\_DT: datetime  
SBSB\_CONV\_DT: datetime  
SBSB\_FI: char(1)  
SBSB\_PAY\_CL METH: char(1)  
SBSB\_EFT\_IND: char(1)  
SBAD\_TYPE\_HOME: char(1)  
SBAD\_TYPE\_MAIL: char(1)  
SBAD\_TYPE\_WORK: char(1)

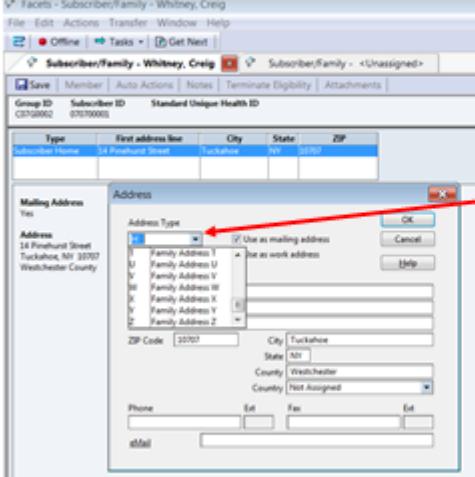
**...continued**

Facets requires a home address for every subscriber; up to 36 total addresses may be entered. Values include: A-Z, 1-9, and the reserved value of H for the home address.

**continued...**

SBSB\_LAST\_NAME\_XLOW: char(8)  
MCBR\_CK: int  
SBSB\_SIG\_DT: datetime  
SBSB\_RECD\_DT: datetime  
SBSB\_PAY\_FSAC\_METH: char(1)  
SBSB\_LOCK\_TOKEN: smallint  
ATXR\_SOURCE\_ID: datetime  
SYS\_LAST\_UPD\_DTM: datetime  
SYS\_USUS\_ID: varchar(48)  
SYS\_DBUSER\_ID: varchar(48)

## Subscriber Tables

SBAD_TYPE_HOME: char(1)	
(see dropdown options)	

Users enter all addresses for a subscriber, including member home and mailing addresses, in the **Addresses** section of the subscriber's record. Later, users may assign the addresses to individual members using the **Addresses Select** section tab in the **Members** section.

For records without a selected home or mailing address for a given member, the member's home and mailing address defaults to the subscriber's home address.

When the user enters an address in the **Subscriber** section, the entry records on the **CMC\_SBAD\_ADDR** as SBAD\_TYPE = H.

## Subscriber Tables



User Message	Effective	Termination	Termination Reason
1 00021	01/01/2012		
--> 00001	01/01/2012		

Message Text: TEST1  
Termination Reason: None

### CMC\_SBWM\_SB\_MSG

**SBSB\_CK:** int (FK)  
**SBWM\_EFF\_DT:** datetime  
**WMDS\_SEQ\_NO:** smallint  
  
**SBWM\_TERM\_DT:** datetime  
**SBWM\_MCTR\_TRSN:** char(4)  
**GRGR\_CK:** int  
**SBWM\_LOCK\_TOKEN:** smallint  
**ATXR\_SOURCE\_ID:** datetime  
**SYS\_LAST\_UPD\_DTM:** datetime  
**SYS\_USUS\_ID:** varchar(48)  
**SYS\_DBUSER\_ID:** varchar(48)

Facets allows users to create unlimited warning messages for each subscriber in the table, **SBWM**. Users create texts for user-defined subscriber messages in the **CMC\_WMDS\_DESC** table that link to **CMC\_SBWM\_SB\_MSG** via **WMDS\_SEQ\_NO** and the **WMDS\_REC\_TYPE**.

## Subscriber Tables



### CMC\_WMDS\_DESC

WMDS_REC_TYPE: char(4)
WMDS_SEQ_NO: smallint
WMDS_TEXT1: char(70)
WMDS_TEXT2: char(70)
WMDS_LOCK_TOKEN: smallint
ATXR_SOURCE_ID: datetime

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Facets links user-defined messages to the subscriber if the WMDS\_REC\_TYPE = SSB.

## Subscriber Tables



Screenshot of the Facets software interface showing subscriber banking information:

The top right corner shows the field **SBSB\_EFT\_IND: char(1)**.

The bottom right corner shows the field **MCBR\_CK: int**.

A red arrow points from the **SBSB\_EFT\_IND** callout to the **EFT** checkbox in the "Electronic Funds Transfer" section.

The "Bank ID" field contains **C07B0A**, which is highlighted with a red arrow pointing to the **MCBR\_CK** callout.

Group ID	Subscriber ID	Notes Exist
C07G0002	070700003	

**Electronic Funds Transfer**

Medical/HRA    Dental    FSA    Disability

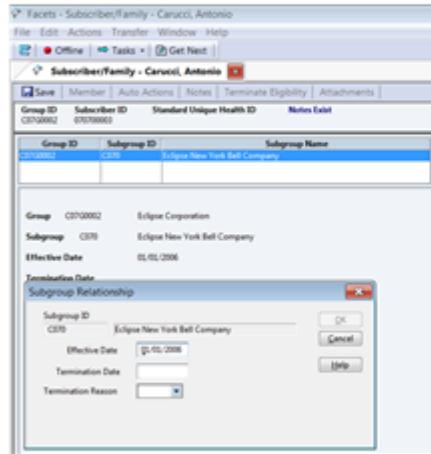
Bank ID: C07B0A   Bank: of America

Account Name: Antonio Carucci

Account Number: 094758391057   Account Type: CHKG

This indicator, if a Y, tells Facets the subscriber agrees to direct deposit for checks produced. Information found here links to the **MCBR** table that holds banking data. Facets maintains banking information in the **CMC\_MCBR\_BANK\_REL** table in the Managed Care data model. It links to the subscriber through the **MCBR\_CK**.

## Subscriber Tables



### CMC\_SBSG\_RELATION

**SBSB\_CK:** int (FK)  
**SBSG\_EFF\_DT:** datetime  
**GRGR\_CK:** int  
**SGSG\_CK:** int (FK)  
**SBSG\_TERM\_DT:** datetime  
**SBSG\_MCTR\_TRSN:** char(4)  
**SBSG\_LOCK\_TOKEN:** smallint  
**ATXR\_SOURCE\_ID:** datetime  
**SYS\_LAST\_UPD\_DTM:** datetime  
**SYS\_USUS\_ID:** varchar(48)  
**SYS\_DBUSER\_ID:** varchar(48)

This **Subscriber Relationship** table ties a subscriber to a particular subgroup from a specific point in time. If a subscriber moves from one subgroup to another, history rows display on this table.

## Subscriber Tables



### CMC\_SBCS\_CLASS

Screenshot of the Facets software interface showing the 'Subscriber/Family - Carucci, Antonio' record. The 'CMC\_SBCS\_CLASS' tab is selected. The table displays one row:

Class ID	Effective	Termination
1	01/01/2006	

**SBSB\_CK:** int (FK)  
**SBCS\_EFF\_DT:** datetime  
**SBCS\_TERM\_DT:** datetime  
**GRGR\_CK:** int  
**CSCS\_ID:** char(4)  
**SBCS\_LOCK\_TOKEN:** smallint  
**ATXR\_SOURCE\_ID:** datetime  
**SYS\_LAST\_UPD\_DTM:** datetime  
**SYS\_USUS\_ID:** varchar(48)  
**SYS\_DBUSER\_ID:** varchar(48)

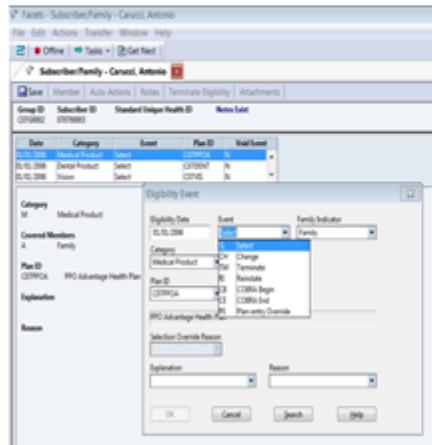
The **SBCS** table is similar to the **SBSG** table except that this table holds the relationship between the subscriber and the class.

The Class ID's effective date is the date the subscriber became active in this class.

## Subscriber Tables



### CMC\_SBEL\_ELIG\_ENT



**SBSB\_CK: int (FK)**  
**SBEL\_EFF\_DT: datetime**  
**SBEL\_INSQ\_DT: datetime**

**GRGR\_CK: int**  
**SBEL\_ELIG\_TYPE: char(2)**  
**CSPD\_CAT: char(1)**  
**CSPI\_ID: char(8)**  
**SBEL\_FL: char(1)**  
**EXCD\_ID: char(3)**

...continued

This **Subscriber Eligibility** table is the first of three tables Facets uses to determine the eligibility status of the subscriber. The important columns on this table include:

Eligibility Column	Meaning
SBEL_EFF_DT	This column identifies the user-defined date entry in MMDDYY format. SBEL_EFF_DT cannot be less than the original effective date of the subscriber, the subscriber's group or the effective date of the subscriber's plan. SBEL_EFF_DT cannot be greater than the group or plan's termination date.
SBEL_INSQ_DT	This column identifies the system-defined date assigned to each of the subscriber's eligibility events as they are saved in Facets.

**continued...**

SBEL\_MCTR\_RSN: char(4)  
SBEL\_VOID\_IND: char(1)  
SBEL\_MCTR\_ORSN: char(4)  
USUS\_ID: char(10)  
SBEL\_UPDATE\_DTM: datetime  
SBEL\_LOCK\_TOKEN: smallint  
ATXR\_SOURCE\_ID: datetime

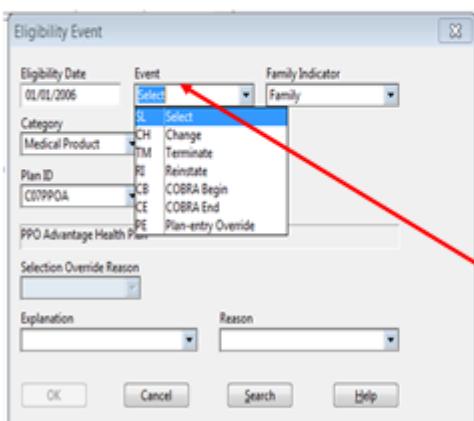
## Subscriber Tables



**CMC\_SBEL\_ELIG\_ENT**

**SBEL\_ELIG\_TYPE: char(2)**

(see dropdown options)



Eligibility Column	Meaning
SBEL_ELIG_TYPE	This classifies an event that creates or changes a subscriber's eligibility status. Values include:

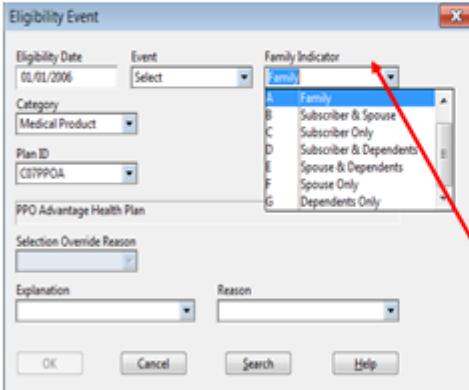
Eligibility Column	Meaning
CSPD_CAT	<p>This identifies the Product Category within an insurance class.</p> <p>The user finds the available values in CMC_CSPD_DESC.</p> <p>Facets allows only one active plan from a specific category for a subscriber at any point in time and requires the user to identify a Product Category for plan specific eligibility events.</p> <p>Values include:</p>
CSPI_ID	<p>This identifies the code assigned to this benefit plan.</p>

## Subscriber Tables



**CMC\_SBEL\_ELIG\_ENT**

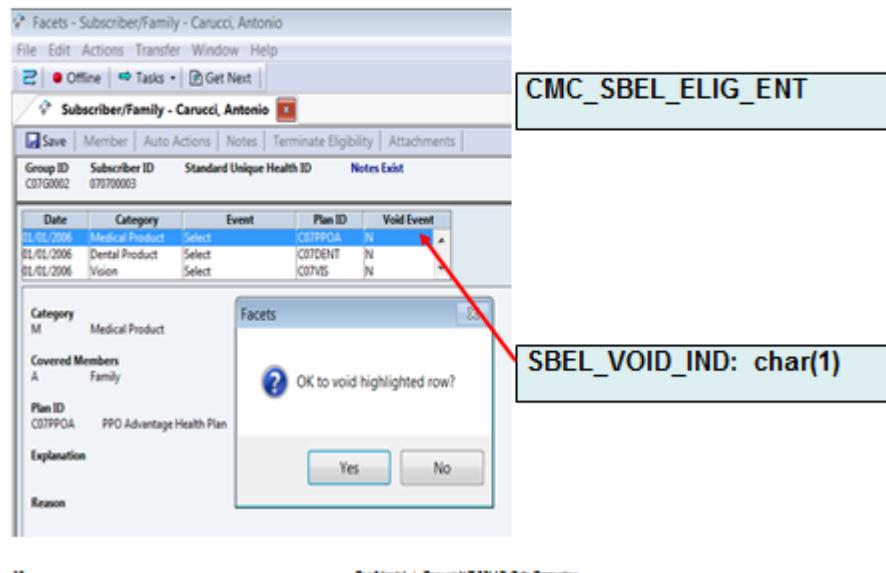
**SBEL\_FI: char(1)**  
(see dropdown options)



Facets users use the SBEL\_FI to indicate the family members (if any) covered by this subscriber. Values include:

Family Indicator Code	Meaning
A	Family
B	Subscriber and Spouse
C	Subscriber Only
D	Subscriber and Dependents
E	Spouse and Dependents
F	Spouse Only
G	Dependents Only

## Subscriber Tables



The user uses the Void Event (SBEL\_VOID\_IND) to void an eligibility event for a subscriber. In order to void more than one event, the user voids the events in reverse chronological order.

To avoid errors, users must void eligibility events in sequence within a category, from most recent to oldest.

During the calculation of eligibility, Facets ignores the voided event. Facets requires appropriate user security access to use this event.

Values include:

Void Event Indicator Code	Meaning
N	Do Not Void this Event
Y	Void this Event and ignore it during the calculation of eligibility

## Subscriber Tables



Screenshots illustrating the 'Facets - Family Accumulator' interface:

The main window shows a navigation bar with 'File', 'Edit', 'Actions', 'Transfer', 'Window', 'Help'. Below it, a toolbar has icons for 'Save', 'Offline', 'Tasks', and 'Get Next'. The title bar reads 'Facets - Family Accumulator - Morris, Chuck'. A status bar at the bottom says 'Facets Version 5.1.1'.

A 'Group ID' field contains 'C07400002' and a 'Subscriber ID' field contains '0708000012'.

A table with columns 'Suffix', 'Type', and 'Number' is displayed.

A modal dialog box titled 'Family Accumulator' is open, showing fields for 'Type' (set to 'COB'), 'Suffix', 'Number', and 'OK'/'Cancel' buttons. It also displays 'Descript, Deductible, Limit' and 'Current Year' information.

Below the dialog is a table with three rows, each containing 'Amount 1', 'Amount 2', 'Counter 1', and 'Counter 2' fields. The data is as follows:

01/01/2012	\$0.00	\$0.00	0	0
01/01/2013	\$0.00	\$0.00	0	0
01/01/2014	\$0.00	\$0.00	0	0

### CMC\_FAAC\_ACCUM

**SBSB\_CK:** int (FK)  
**PDPD\_ACC\_SFX:** char(4)  
**FAAC\_ACC\_TYPE:** char(1)  
**ACAC\_ACC\_NO:** smallint

**GRGR\_CK:** int  
**FAAC\_CUR\_YEAR:** datetime  
**FAAC\_YR1\_AMT1:** money  
**FAAC\_YR1\_AMT2:** money  
**FAAC\_YR2\_AMT1:** money  
**...continued**

The **Family Accumulator** table stores information on the accumulated coordination of benefits, deductible, and limit amounts paid for a particular family for a three-year historical period. Facets delivers family accumulators by pulling information from all members associated with a Subscriber ID.

**continued...**

FAAC\_YR2\_AMT2: money  
FAAC\_YR3\_AMT1: money  
FAAC\_YR3\_AMT2: money  
FAAC\_YR1\_CTR1: int  
FAAC\_YR1\_CTR2: int  
FAAC\_YR2\_CTR1: int  
FAAC\_YR2\_CTR2: int  
FAAC\_YR3\_CTR1: int  
FAAC\_YR3\_CTR2: int  
FAAC\_LOCK\_TOKEN: smallint

## Subscriber Tables



V\* Facets - Family Accumulator - Morris, Chuck  
 File Edit Actions Transfer Window Help  
 Offline Tasks Get Next  
 Subscriber/Family - Carucci, Antonio Family Accumulator - Morris, Chuck

Suffix	Type	Number
abc	COB	2
123	Deductible	1

**PDPD\_ACC\_SFX: char(4)**

Description

	Amount 1	Amount 2	Counter 1	Counter 2
01/01/2012	\$0.00	\$0.00	0	0
01/01/2013	\$0.00	\$0.00	0	0
01/01/2010	\$0.00	\$0.00	0	0

01

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The user enters the **Product Suffix** assigned to this benefit plan. This user-defined code relates member and family accumulators to the plan. The assignment occurs in the **Business Info** section of the **Product** application.

## Subscriber Tables



Screenshot of the Facets software interface showing a Family Accumulator record for Morris, Chuck. The record displays a table of accumulated amounts for three years (2012, 2013, 2014) under columns Amount 1 and Amount 2. The third year (2014) is circled in red.

Year	Amount 1	Amount 2	Counter 1	Counter 2
01/01/2012	\$0.00	\$0.00	0	0
01/01/2013	\$0.00	\$0.00	0	0
01/01/2014	\$0.00	\$0.00	0	0

**FAAC\_CUR\_YEAR: datetime**  
Most recent year the third year family accumulator processed

In the Family Accumulator record, Facets displays the number assigned to this accumulator from the Plan application group. This number distinguishes accumulators of the same type (COB, deductibles, and limits) for each member or family. Valid values include 01 through 99.

Accumulators	Meaning
FAAC_YR1_AMT1	This identifies the total amount accumulated by the family during the first year of a three-year period.
FAAC_YR1_AMT2	This identifies the total amount accumulated by the family and carried into the first year of a three-year period. Values include 0 through 99,999,999. This period is retroactive from the current year.
FAAC_YR2_AMT1	This identifies the total amount accumulated by the family during the second year of a three year period.

Accumulators	Meaning
FAAC_YR2_AMT2	This identifies the total amount accumulated by the family and carried over into the second year of a three year period. Values include 0 through 99,999,999. This period is retroactive from the current year.
FAAC_YR3_AMT1	This identifies the total amount accumulated by the family during the last year of a three-year period.
FAAC_YR3_AMT2	This identifies the total amount accumulated by the family and carried over into the last year of a three-year period. Values include 0 through 99,999,999. This period is retroactive from the current year.
FAAC_YR1_CTR1	This identifies the first-year accumulated amount for the family. Values include 0 to 999.
FAAC_YR1_CTR2	This identifies each first-year carryover amount.
FAAC_YR2_CTR1	This identifies the second-year accumulated amount for the family.
FAAC_YR2_CTR2	This identifies each second-year carryover amount.
FAAC_YR3_CTR1	This identifies the third-year accumulated amount for the family.

## Member Tables

### *Member Tables*



**CMC\_MEME\_MEMBER**

This screenshot shows a software interface for managing member information. The main window displays a form for a member named Randolph, Jessie. Fields include Last Name (Randolph), First Name (Jessie), Middle Initial (Title), Gender (Male), Relationship (Subscriber), Short Name, Suffix (Dr.), Birth Date (04/04/1970), SSN (063-28-0009), Marital Status (Married), Effective Date (01/01/2009), Work Phone, Cell Phone, Status (ACT), Record No., Medicare No., Family Link ID, History Link ID, Standard Unique Health ID, Language, and Memo. A modal dialog box titled 'HIPRA - Certificate of Creditable Coverage' is open, showing fields for Start Date, End Date, Pre-existing conditions, Exclusionary Period Credit Days, Applicant Information, Eligibility Date, Qualifying Event Date, HC3 Termination Date, New Signature Date, and Prior Billing Effective Date.

MEME_CK: int
GRGR_CK: int
SBSB_CK: int (FK)
MEME_SFX: smallint
MEME_REL: char(1)
MEME_ID_NAME: char(6)
MEME_LAST_NAME: char(35)
MEME_FIRST_NAME: char(15)
MEME_MID_INIT: char(1)
MEME_TITLE: char(10)
MEME_ORIG_EFF_DT: datetime
MEME_SSN: char(9)
MEME_SEX: char(1)

...continued

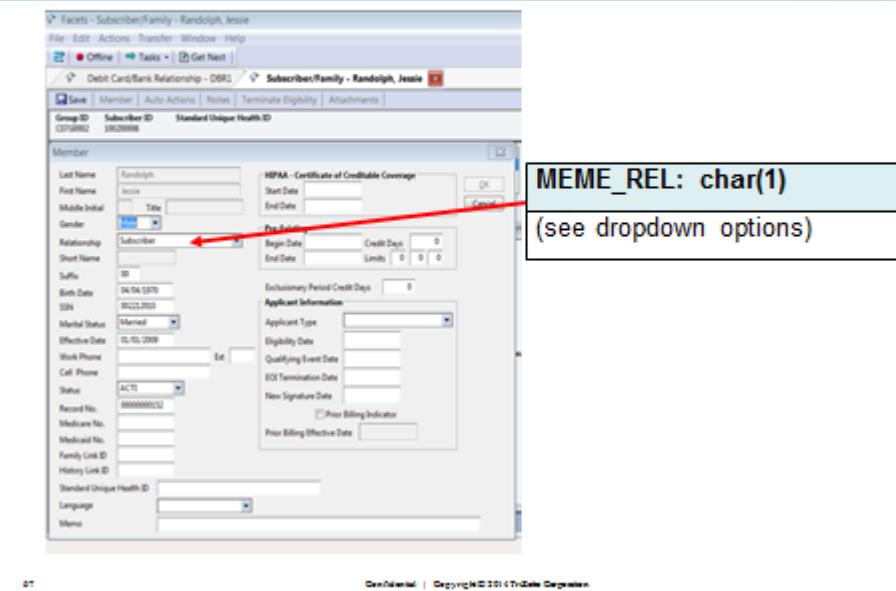
This table stores indicative information for the member including name, relationship, suffix, and the original effective date.

**continued...**

MEME\_BIRTH\_DT: datetime  
MEME\_WRK\_PHONE: char(20)  
MEME\_WRK\_PHONE\_EXT: char(4)  
MEME\_MCTR\_STS: char(4)  
MEME\_MCTR\_LANG: char(4)  
MEME\_RECORD\_NO: char(11)  
MEME\_LATE\_ENR\_IND: char(1)  
MEME\_MARITAL\_STATUS: char(1)  
MEME\_HICN: char(12)  
MEME\_MEDCD\_NO: char(20)  
MEME\_FAM\_LINK\_ID: char(12)  
SBAD\_TYPE\_HOME: char(1)  
SBAD\_TYPE\_MAIL: char(1)  
SBAD\_TYPE\_WORK: char(1)  
MEME\_LAST\_NAME\_XLOW: char(8)  
MEME\_CCC\_START\_DT: datetime  
MEME\_CCC\_END\_DT: datetime

.....

## Member Tables

The screenshot shows the 'Member' tab of the Facets software. The 'Relationship' field is highlighted with a red arrow pointing to a callout box. The callout box contains the text 'MEME\_REL: char(1)' and '(see dropdown options)'.

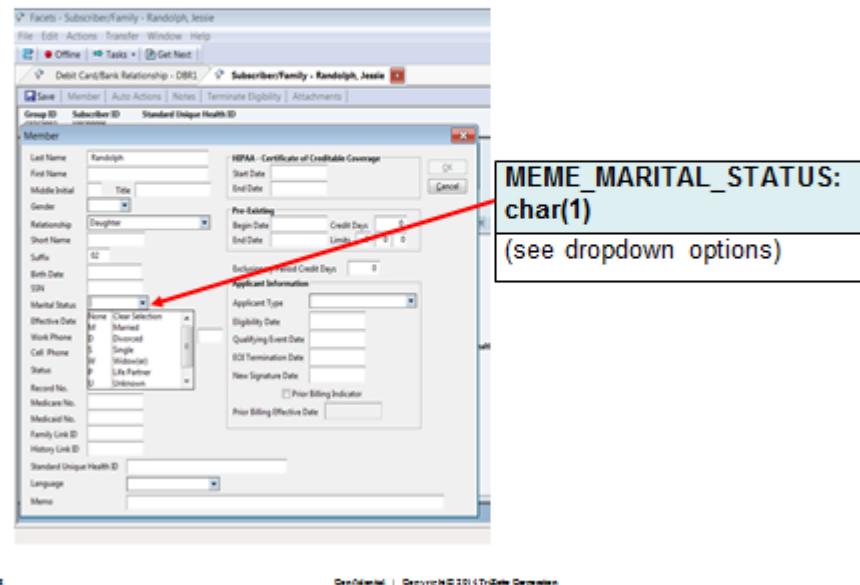
The MEME\_REL identifies the member's relationship to the subscriber. For members designated as the subscriber, this selection is optional. The system assigns code M to the subscriber. Other values include:

Member's Relationship	Meaning
W	Wife
H	Husband
D	Daughter
S	Son
O	Other

Facets assigns a sequence number (MEME\_SFX) to each member after a user enters a member's indicative data. The numbers begin with 00, 01, 02, and so on. Facets users may use the sequence number or establish their own member sequence by typing over this number.

Facets displays a warning message for a duplicate member suffix entered for two members within a given subscriber. The message reads "Member Suffix MEME\_SFX exists for MEME\_FIRST\_NAME, MEME\_MID\_INIT, MEME\_LAST\_NAME, MEME\_TITLE". The warning message displays when the user attempts to tab from the member **Suffix** field. By selecting **OK** on the warning message, the cursor goes back to the member **Suffix** field.

## Member Tables

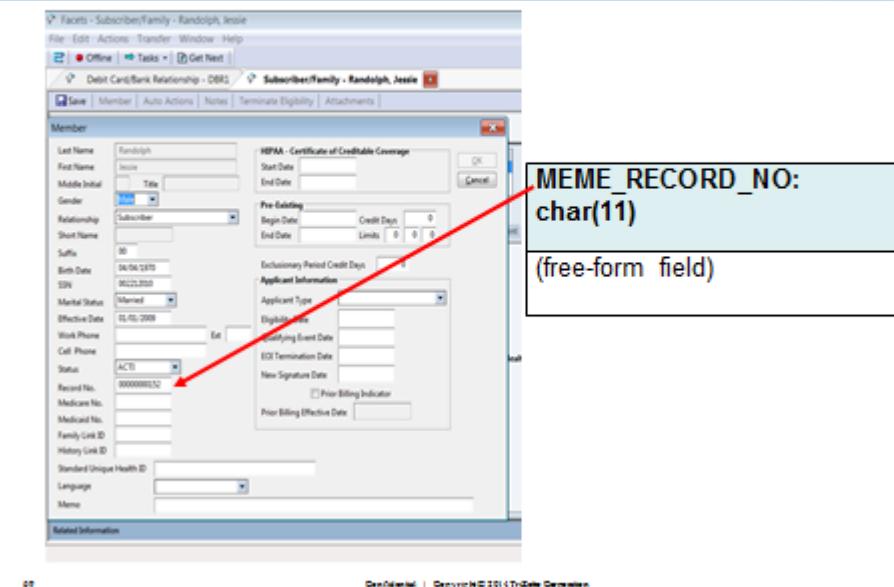



**MEME\_MARITAL\_STATUS:**  
char(1)  
(see dropdown options)

This field displays the optional **Marital Status** for the member. Valid values include:

Marital Status	Meaning
D	Divorced
M	Married
P	Life Partner
S	Single
U	Unknown
W	Widow(er)
X	Legally

## Member Tables

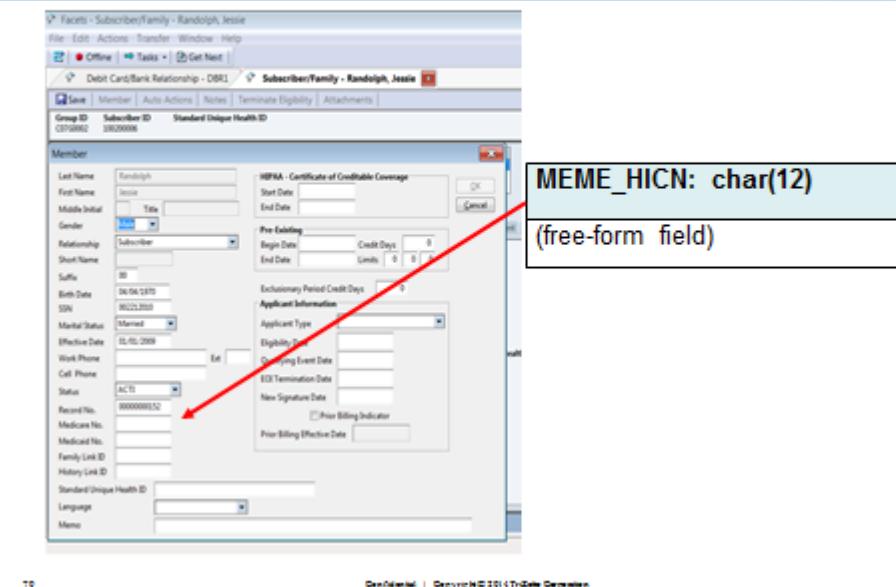
The screenshot shows the Facets software interface with the following details:

- Facets - Subscribers/Family - Randolph, Jessie** is the active window.
- Debit/Credit/Bank Relationship - DBRS** is the related window.
- Member** tab is selected.
- Record No.** field contains the value **00000000152**.
- HIPAA - Certificate of Creditable Coverage** dialog box is open over the member record.
- MEME\_RECORD\_NO:** field is highlighted with a red border.
- (free-form field)** is displayed below the MEME\_RECORD\_NO: field.

A user may assign a MEME\_RECORD\_NO or Facets may automatically assign the number.

The user enters a number that identifies this member in Facets. Facets uses these numbers to link members to different subscribers and to any related claims. The user may copy this number to another file after termination of a member occurs under one subscriber and enrollment under another subscriber, or in instances where maintaining continuity of medical records is desirable.

## Member Tables

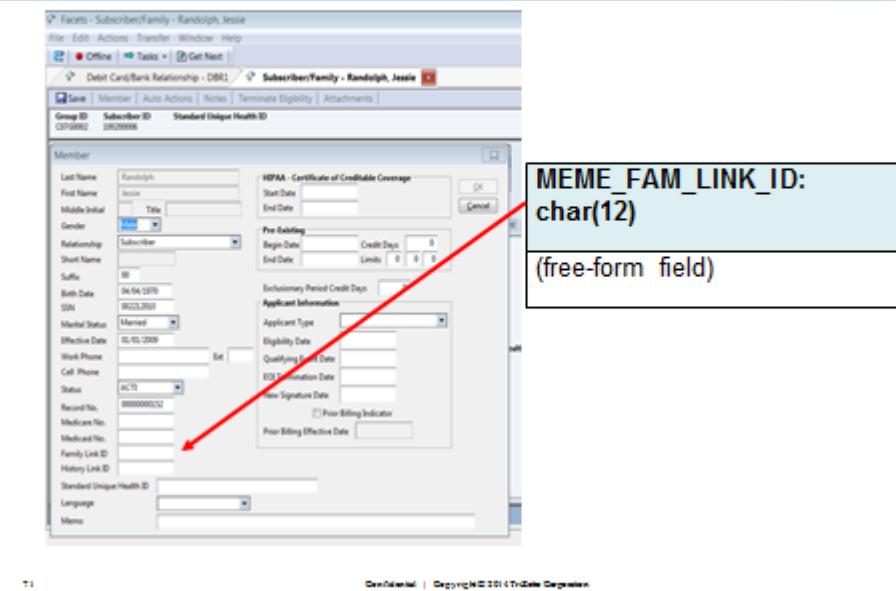
The screenshot shows the 'Member' dialog box within the Facets software. The 'MEME\_HICN: char(12)' callout box is positioned to the right of the dialog, with a red arrow pointing to the 'Medicare No.' field. The 'Medicare No.' field contains the value '8888888852'. Other fields in the dialog include Last Name ('Randolph'), First Name ('Jessie'), Middle Initial ('Title'), Gender ('Male'), Relationship ('Subscriber'), Short Name ('JJ'), Suffix ('SS'), Birth Date ('1964-07-07'), SSN ('88222200'), Marital Status ('Married'), Effective Date ('01-01-2009'), Work Phone ('Ext.'), Cell Phone (''), Status ('ACTD'), Record No. ('8888888852'), Medicare No. (''), Medicaid No. (''), Family Link ID (''), History Link ID (''), Standard Unique Health ID (''), Language (''), and Memo (''). The 'HICPA - Certificate of Creditable Coverage' tab is selected in the dialog.

A user enters the Health Insurance Claim Number (HICN), more commonly known as the **Medicare No.**, for the identified member.

The user may also enter the **Medicare No** in the **Member** dialog box as part of the Medicare Risk information through the **New Medicare Member** dialog box, or as an event through the **Medicare Event** dialog box.

An entry in this field does not carry over into the **Medicare** section tab.

## Member Tables

The screenshot shows the 'Facets - Subscriber/Family - Randolph, Jessie' window. In the 'Member' tab, there is a 'Family Link ID' field containing '8888888872'. A red arrow points from this field to a callout box on the right.

**MEME\_FAM\_LINK\_ID:**  
char(12)  
(free-form field)

The user enters a user-defined ID number to identify all members of a family unit. This number remains the same for all family members.

The user also enters a user-defined ID number to identify members of a family unit who have individual policies or separate, unrelated Subscriber IDs.

## Member Tables

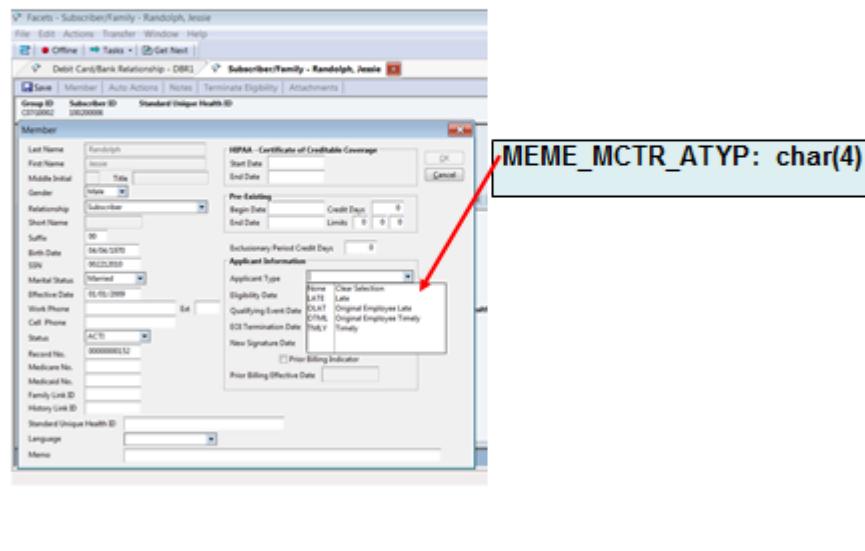


Screenshot of a software application window titled "Facets - Subscriber/Family - Randolph, Jessie". The window shows various subscriber information fields such as Last Name (Randolph), First Name (Jessie), Middle Initial (Title), Gender (Male), Relationship (Subscriber), Suffix (JR), Birth Date (04/04/1970), SSN (987654321), Marital Status (Married), Effective Date (01/01/2008), Work Phone, Cell Phone, Status (ACTD), Record No., Medicare No., and Family Link ID. A dropdown menu under "Language" is open, showing options like ASL, American Sign Language; CHIN, Chinese; ENGL, English; FREN, French Canadian; and FREN, French. A red arrow points from the text "(see dropdown options)" to this language dropdown menu.

**MEME\_MCTR\_LANG: char(4)**  
 (see dropdown options)

Through this list of available values describing languages spoken by the member, the user enters the member's main language in the **Language** field.

## Member Tables

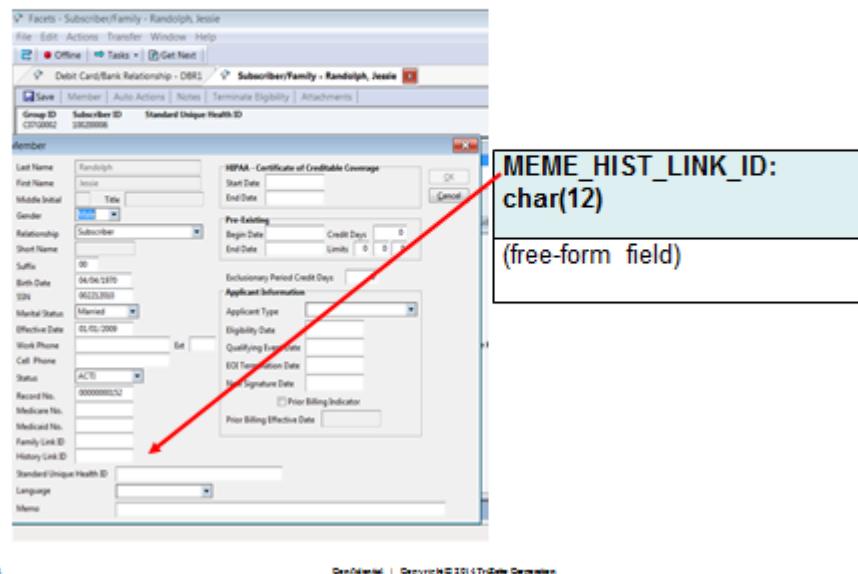



The screenshot shows a software interface for managing subscriber information. A dropdown menu is open under the 'Applicant Type' field, listing several options: 'Name', 'Clear Selection', 'OLAT', 'Original Employee Late', 'OTML', 'Original Employee Timely', and 'TMLY'. A red arrow points from the text 'MEME\_MCTR\_ATYP: char(4)' to this dropdown menu.

The user enters the member's applicant type in the **Applicant Type** field. Valid values include:

Applicant Type	Meaning
LATE	Late
OLAT	Original Employee Late
OTML	Original Employee Timely
TMLY	Timely

## Member Tables

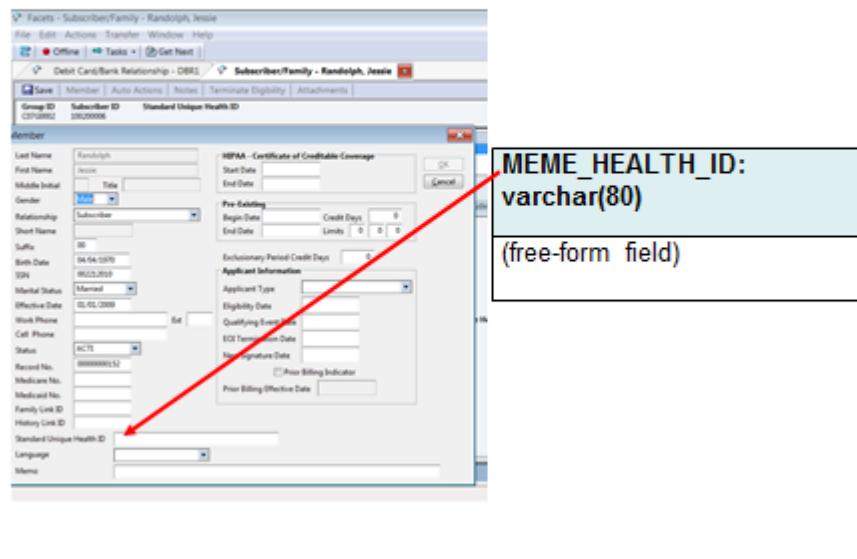
The screenshot shows the Facets software interface. In the foreground, there is a main window for a member named Randolph, Jessie. The 'History Link ID' field is highlighted with a red arrow pointing to a modal dialog box. This dialog box is titled 'HIPAA - Certificate of Creditable Coverage' and contains its own 'History Link ID' field.

**MEME\_HIST\_LINK\_ID:**  
**char(12)**

(free-form field)

Facets users use this field (**History Link ID**) to maintain a historical link for a member with coverage in multiple groups insured by the Managed Care Organization (MCO). Facets holds both SBSB\_IDs for this member in the **SBHI** table.

## Member Tables

The screenshot shows a software interface for managing subscriber/family data. A red arrow points from the 'Standard Unique Health ID' field in the main member form to a callout box containing the following text:

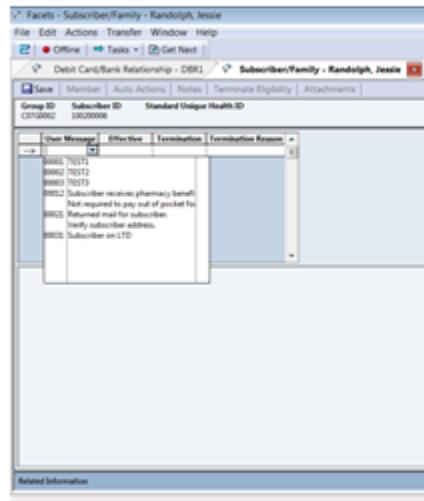
**MEME\_HEALTH\_ID:**  
**varchar(80)**

(free-form field)

This field represents the member's Standard Unique Health Identifier (**Standard Unique Health ID**). It maintains an historical link for a member with coverage in multiple groups insured by the MCO.

## Member Message Table -- CMC\_MEWM\_ME\_MSG

### Member Message Table -- CMC\_MEWM\_ME\_MSG



### CMC\_MEWM\_ME\_MSG

**MEME\_CK:** int (FK)  
**MEWM\_EFF\_DT:** datetime  
**WMDS\_SEQ\_NO:** smallint  
**MEWM\_TERM\_DT:** datetime  
**MEWM\_MCTR\_TRSN:** char(4)  
**GRGR\_CK:** int  
**MEWM\_LOCK\_TOKEN:** smallint  
**ATXR\_SOURCE\_ID:** datetime  
**SYS\_LAST\_UPD\_DTM:** datetime  
**SYS\_USUS\_ID:** varchar(48)  
**SYS\_DBUSER\_ID:** varchar(48)

Similar to the subscriber's warning message table, a user may link many user-defined messages to the member's record (**Member Message** table).

## ***Member Message Table -- CMC\_MEWM\_ME\_MSG***

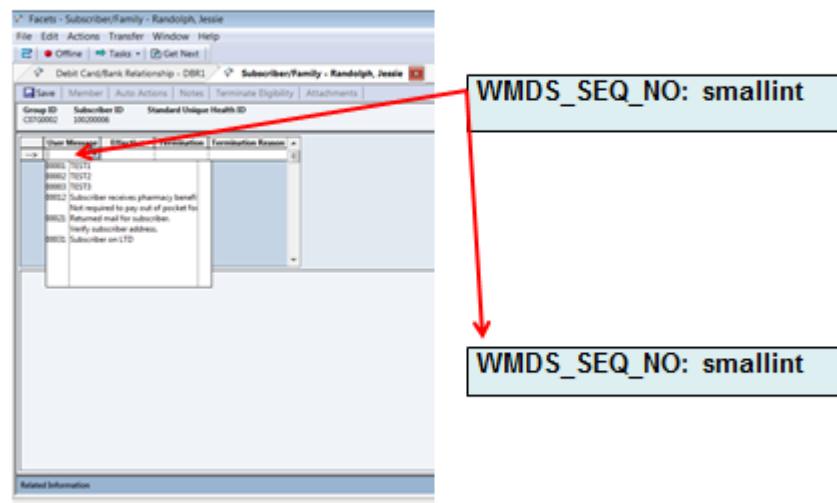


<p style="text-align: center;"><b>CMC_WMDS_DESC</b></p> <div style="background-color: #e0e0ff; padding: 5px;"> <span style="font-size: small;">Facets - Subscriber/Family - Randolph, Jessie</span> </div> <div style="background-color: #e0e0ff; padding: 5px;"> <span style="font-size: small;">File Edit Actions Transfer Window Help</span> </div> <div style="background-color: #e0e0ff; padding: 5px;"> <span style="font-size: small;">Save   Member   Auto Actions   Notes   Terminate Eligibility   Attachments  </span> </div> <div style="background-color: #e0e0ff; padding: 5px;"> <span style="font-size: small;">Group ID    Subscriber ID    Standard Unique Health ID</span> </div> <div style="background-color: #e0e0ff; padding: 5px;"> <span style="font-size: small;">CBTG0002    10020006</span> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>User Message</th> <th>Effective</th> <th>Termination</th> <th>Termination Reason</th> </tr> </thead> <tbody> <tr> <td>00001 TEST1</td> <td></td> <td></td> <td></td> </tr> <tr> <td>00002 TEST2</td> <td></td> <td></td> <td></td> </tr> <tr> <td>00003 TEST3</td> <td></td> <td></td> <td></td> </tr> <tr> <td>00012 Subscriber receives pharmacy benefit/ Not required to pay out of pocket for</td> <td></td> <td></td> <td></td> </tr> <tr> <td>00021 Returned mail for subscriber. Verify subscriber address.</td> <td></td> <td></td> <td></td> </tr> <tr> <td>00031 Subscriber on LTD</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> </div>	User Message	Effective	Termination	Termination Reason	00001 TEST1				00002 TEST2				00003 TEST3				00012 Subscriber receives pharmacy benefit/ Not required to pay out of pocket for				00021 Returned mail for subscriber. Verify subscriber address.				00031 Subscriber on LTD				<p><b>WMDS_REC_TYPE: char(4)</b> <b>WMDS_SEQ_NO: smallint</b></p> <p><b>WMDS_TEXT1: char(70)</b> <b>WMDS_TEXT2: char(70)</b> <b>WMDS_LOCK_TOKEN:</b> <b>smallint</b> <b>ATXR_SOURCE_ID: datetime</b></p>
User Message	Effective	Termination	Termination Reason																										
00001 TEST1																													
00002 TEST2																													
00003 TEST3																													
00012 Subscriber receives pharmacy benefit/ Not required to pay out of pocket for																													
00021 Returned mail for subscriber. Verify subscriber address.																													
00031 Subscriber on LTD																													

TT

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## Member Message Table -- CMC\_MEWM\_ME\_MSG

The screenshot shows the 'Facets - Subscriber/Family - Randolph, Jessie' window. In the center, there's a list titled 'User Message' containing several items. A red arrow points from this list to two separate boxes on the right, both of which contain the text 'WMDS\_SEQ\_NO: smallint'. The top box is associated with the first item in the list, and the bottom box is associated with the second item.

A user creates user-defined messages in the **WMDS** table. Facets may then link a member to a created message through the WMDS\_REC\_TYPE = MEME

## Member Tables

### *Member Tables*



The screenshot shows the 'Facets - Subscriber Family - Randolph, Jessie' window. In the center, there's a 'Eligibility Event' dialog box. The 'Event' dropdown is open, showing options like 'SL - Select', 'SE - Separate', etc. The 'Category' dropdown is also open, showing 'Select Product'. Other fields in the dialog include 'Eligibility Date' (01-01-2009), 'Plan ID' (C070CA), and 'Selection Details Reason' (CB - COBRA Begin).

### CMC\_MEEL\_ELIG\_ENT

**MEME\_CK:** int (FK)  
**MEEL\_EFF\_DT:** datetime  
**MEEL\_INSQ\_DT:** datetime  
**GRGR\_CK:** int  
**MEEL\_ELIG\_TYPE:** char(2)  
**CSPD\_CAT:** char(1)  
**CSPI\_ID:** char(8)  
**EXCD\_ID:** char(3)  
**MEEL\_MCTR\_RSN:** char(4)  
**MEEL\_VOID\_IND:** char(1)  
**...continued**

This table stores information for each member's eligibility events including the:

- Effective date
- Type of eligibility event
- Plan
- Product category.

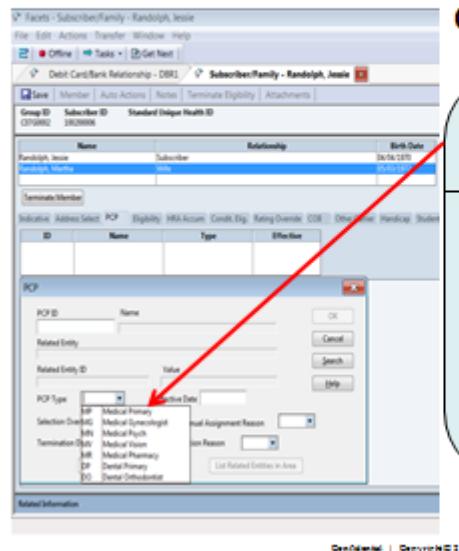
The table contains similarities to the **SBEL** table in structure and use, however it holds an additional eligibility event of SE – Separate that allows the user to remove a family member from the policy without terminating the policy.

For example, a user uses this for dependent children who reach the stop age of the benefit plan. If the MCO allows dependents to select a different plan than the subscriber, their eligibility event of SL (Select) resides on this table, not on the **SBEL**.

**continued...**

MEEL\_MCTR\_ORSN: char(4)  
USUS\_ID: char(10)  
MEEL\_UPDATE\_DTM: datetime  
MEEL\_LOCK\_TOKEN: smallint  
ATXR\_SOURCE\_ID: datetime

## Member Tables



### CMC\_MEPR\_PRIM\_PROV

**MEME\_CK:** int (FK)  
**MEPR\_PCP\_TYPE:** char(2)  
**MEPR\_EFF\_DT:** datetime  
  
**MEPR\_TERM\_DT:** datetime  
**MEPR\_MCTR\_TRSN:** char(4)  
**MEPR\_MCTR\_ORSN:** char(4)  
**MEPR\_MCTR\_ESRN:** char(4)  
**GRGR\_CK:** int  
**PRPR\_ID:** char(12)  
**MEPR\_SOURCE:** char(1)

...continued

This member level table (**MEPR**) stores history for the member's primary care provider (PCP), then links the member to the PCP. If the AIAI record for the benefit plan indicates the plan requires a PCP, data must appear here for each member. A member can have any number of PCPs based on need. The **MEME\_PCP\_TYPE** indicates the type of provider chosen. Values include:

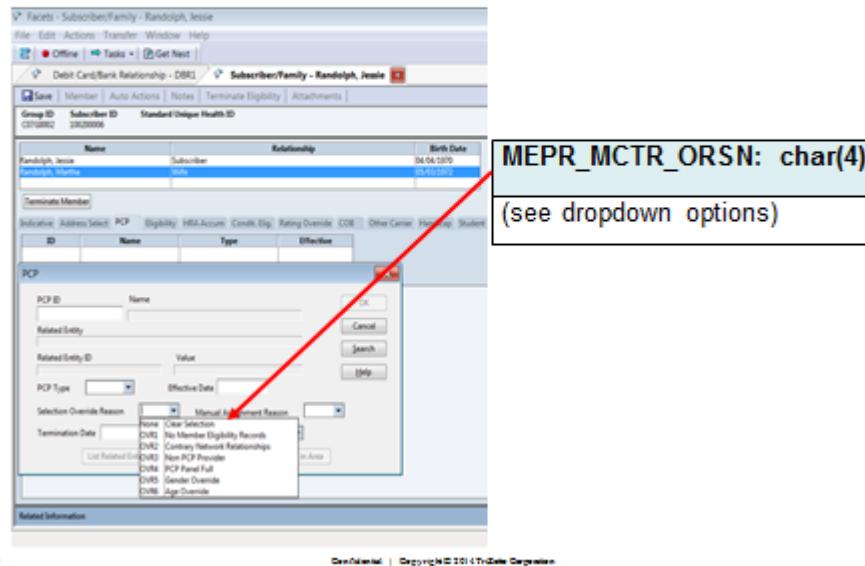
PCP Type	Meaning
DO	Dental Orthodontist PCP
DP	Dental Primary PCP
MC	Capitation Only Relationship
MC	Medical Gynecologist PCP
MN	Medical Psychiatrist PCP
MP	Medical Primary PCP
MR	Medical Pharmacy PCP
MV	Medical Vision PCP
RP	Pharmacy PCP

Facets hard codes the PCP type and description in the Subscriber/Family, Quick Member, and Enrollment applications.

**continued...**

MEPR\_DEMGRPHC\_IND: char(1)  
MEPR\_CR\_EFF\_DT: datetime  
MEPR\_CR\_TERM\_DT: datetime  
MEPR\_CAP\_REL\_ENT: char(12)  
PDPD\_CAP\_RET\_MOS: smallint  
MEPR\_LOCK\_TOKEN: smallint  
ATXR\_SOURCE\_ID: datetime  
SYS\_LAST\_UPD\_DTM: datetime  
SYS\_USUS\_ID: varchar(48)  
SYS\_DBUSER\_ID: varchar(48)

## Member Tables

The screenshot shows a software application window titled "Facets - Subscriber/Family - Randolph, Jessie". The main window displays a table of members with columns for Name, Relationship, and Birth Date. A modal dialog box titled "PCP" is open, prompting the user to select a PCP. In the "Selection-Override Reason" dropdown, the value "MEPR\_MCTR\_ORSN" is highlighted. To the right of the dialog, a callout box contains the text "MEPR\_MCTR\_ORSN: char(4)" and "(see dropdown options)".

The user selects an override reason code to classify the approval reason for a relationship with a PCP not in the member's network.

When an error message displays, the user selects to continue with the PCP assignment, he or she must enter the selection override reason code, or correct the error that displays.

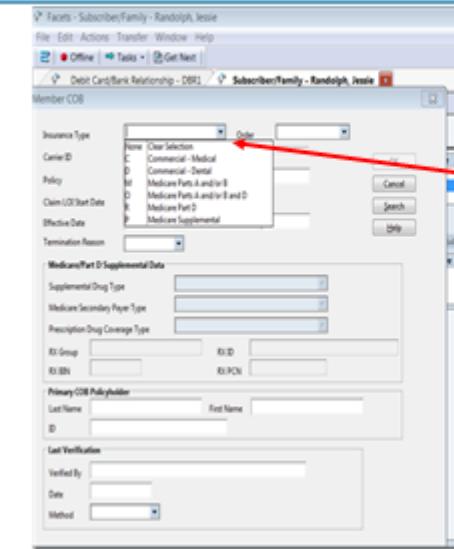
## Member Tables



Screenshot of a software application interface showing a member record for "Randolph, Jessie". The interface includes a toolbar with File, Edit, Actions, Transfer, Window, Help, Save, Member, Auto Actions, Notes, Terminate Eligibility, and Attachments. A dropdown menu is open over a "PCP" button in a modal window titled "PCP". The dropdown menu contains three options: "Clear Selection", "User Selection", and "Member Selection". A red arrow points from the text "MEPR\_MCTR\_ESRN: char(4) (see dropdown options)" to this dropdown menu.

The user enters a user-defined reason for the manual PCP assignment.

## Member Tables

The screenshot shows the 'Member COB' screen in the Facets software. The 'Insurance Type' dropdown menu is open, displaying options: 'None', 'Clear Selection', 'Commercial', 'Medicare Part D', 'Medicare Parts A and/or B', 'Medicare Parts A and/or B and D', and 'Medicare Supplemental'. The 'None' option is selected. Below the dropdown are sections for 'Carrier ID', 'Policy', 'Claim/COB Start Date', 'Effective Date', 'Termination Reason', and 'Medicare/Part D Supplemental Data'.

### CMC\_MECB\_COB

**MEME\_CK:** int (FK)  
**MECB\_INSUR\_TYPE:** char(1)  
**MECB\_INSUR\_ORDER:** char(1)  
**MECB\_MCTR\_STYP:** char(4)  
  
**MECB\_EFF\_DT:** datetime  
**MECB\_TERM\_DT:** datetime  
**MECB\_MCTR\_TRSN:** char(4)  
**GRGR\_CK:** int  
**MCRE\_ID:** char(9)  
**MECB\_POLICY\_ID:** varchar(25)  
...continued

This table stores coordination of benefits information such as:

- Type of additional coverage
- Carrier ID
- Policy
- Effective dates
- Termination dates

The user selects the code indicating the type of insurance (MECB\_INSUR\_TYPE) to which this member subscribes. Values include:

Insurance Type	Meaning
C	Commercial
D	Dental
M	Medicare Parts A/B
O	Medicare Parts A/B and D
P	Supplemental Medicare
R	Medicare Part D

**continued...**

MECB\_MCTR\_MSP: char(4)  
MECB\_MCTR\_PTYP: char(4)  
MECB\_RXBIN: char(6)  
MECB\_RXPCN: varchar(10)  
MECB\_RX\_GROUP: varchar(15)  
MECB\_RX\_ID: varchar(20)  
MECB\_LAST\_VER\_DT: datetime  
MECB\_LAST\_VER\_NAME: varchar(30)  
MECB\_MCTR\_VMTH: char(4)  
MECB\_LOI\_START\_DT: datetime  
MECB\_PRIM\_LAST\_NM: varchar(35)  
MECB\_PRIM\_FIRST\_NM: varchar(15)  
MECB\_PRIM\_ID: varchar(40)  
MECB\_LOCK\_TOKEN: smallint  
ATXR\_SOURCE\_ID: datetime  
SYS\_LAST\_UPD\_DTM: datetime  
SYS\_USUS\_ID: varchar(48)  
SYS\_DBUSER\_ID: varchar(48)

## Member Tables



Screenshot of a software application window titled "Facets - Subscriber/Family - Randolph, Jessie". The window shows a "Member COB" dialog box. In the "Order" dropdown menu of this dialog, a red arrow points to the "Primary" option, which is highlighted. To the right of the dialog, a callout box contains the following text:

**MECB\_INSUR\_ORDER:  
char(1)**  
(see dropdown options)

The MECB\_INSUR\_ORDER establishes the order of payment for this insurance carrier.

## Member Tables



The screenshot shows a software interface for managing subscriber information. A specific panel is open for 'Member COB' (Carrier). The 'Carrier ID' field is highlighted with a red arrow pointing to a callout box. The callout box contains the text 'MCRE\_ID: char(9)' and '(free-form field)'. This indicates that the user is entering a carrier identifier that is stored as a character string of length 9 and is not constrained by a specific format.

The user enters an insurance Carrier ID established as a valid MCRE\_ID on the **CMC\_MCRE\_RELAT\_ENT** table.

The MCRE\_ID represents a foreign key to this table.

It is from the **CMC\_MCRE\_RELAT\_ENT** table, and it identifies the name and contact information of the other insurance carrier for this panel.

## Member Tables



Screenshot of the Facets software interface showing the 'Facets - Related Entity - EVC - Eye Vision Carriers' window. The 'Setting ID' is set to 'CSTREBEE'. The 'Name' field contains 'EVC - Eye Vision Carriers'. A red arrow points from the 'Name' field to the 'MCRE\_ID: char(9) (FK)' section in the adjacent box.

### CMC\_MCRE\_RELAT\_ENT

#### MCRE\_ID: char(9) (FK)

MCRE\_NAME: char(50)  
 MCRE\_TYPE: char(2)  
 MCRE\_ADDR1: char(40)  
 MCRE\_ADDR2: char(40)  
 MCRE\_ADDR3: char(40)  
 MCRE\_CITY: char(19)  
 MCRE\_STATE: char(2)  
 MCRE\_ZIP: char(11)  
 MCRE\_COUNTY: char(20)

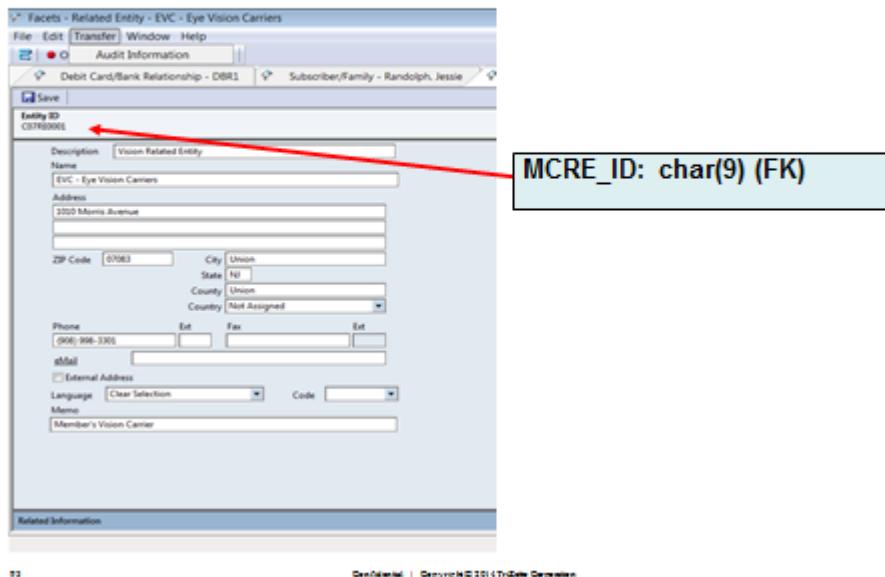
*...continued*

The Related Entity Indicative data stores the name, address, and phone or fax information associated with each related entity.

**continued...**

MCRE\_CTRY\_CD: char(4)  
MCRE\_PHONE: char(20)  
MCRE\_PHONE\_EXT: char(4)  
MCRE\_FAX: char(20)  
MCRE\_FAX\_EXT: char(4)  
MCRE\_EMAIL: char(40)  
MCRE\_NAME\_XLOW: char(8)  
MCRE\_CITY\_XLOW: char(8)  
MCRE\_MCTR\_LANG: char(4)  
MCRE\_EXTN\_ADDR\_IND: char(1)  
MCRE\_MCTR\_CODE: char(04)  
MCRE\_DESC: char(80)  
MCRE\_LOCK\_TOKEN: smallint  
ATXR\_SOURCE\_ID: datetime  
SYS\_LAST\_UPD\_DTM: datetime  
SYS\_USUS\_ID: varchar(48)  
SYS\_DBUSER\_ID: varchar(48)

## Member Tables

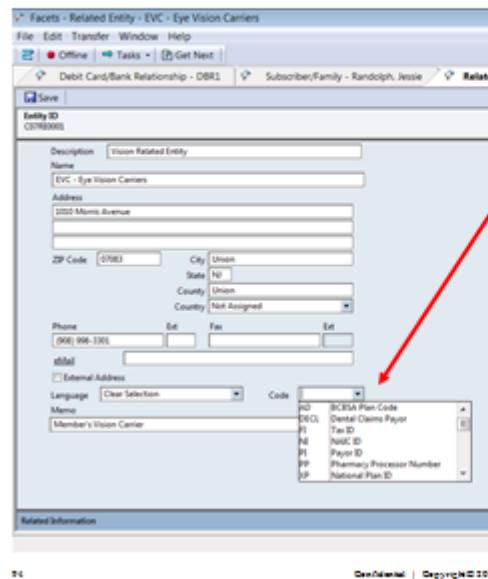
The screenshot shows a software application window titled "Facets - Related Entity - EVC - Eye Vision Carriers". The window has a toolbar with File, Edit, Transfer, Window, Help, and Audit Information. Below the toolbar, there are tabs for "Debit Card/Bank Relationship - DBR1" and "Subscriber/Family - Randolph, Jessie". The main area is a form for creating a related entity. The "Entity ID" field contains "CS1989061". A red arrow points from this field to a callout box containing the text "MCRE\_ID: char(9) (FK)". The form includes fields for Description (set to "Vision Related Entity"), Name (set to "EVC - Eye Vision Carriers"), Address (set to "2020 Morris Avenue"), ZIP Code (set to "07083"), City (set to "Union"), State (set to "NJ"), County (set to "Union"), and Country (set to "Not Assigned"). There are also fields for Phone, Fax, Email, External Address, Language, and Memo. At the bottom of the form is a "Related Information" section.

The user creates this record to identify a person or organization with a relationship to a person or organization that contracts with the Managed Care Organization (MCO).

The user enters the 9-character, user defined identification code assigned to an entity. Facets defines an entity as a person or organization with a relationship to a person or organization that contracts with the MCO. For example, a claim's payer serves as an entity for an employer group if the claims payer processes claims for the group.

A malpractice insurance carrier serves as an entity (or carrier) for a practitioner or a facility. An insurance carrier for a member with other insurance coverage also serves as an entity.

## Member Tables

The screenshot shows the 'Facets - Related Entity - EVC - Eye Vision Carriers' window. The 'Entity ID' is listed as '03798001'. The 'Description' field contains 'Vision Related Entity'. The 'Name' field is 'EVC - Eye Vision Carriers'. The 'Address' field is '1000 Morris Avenue'. The 'ZIP Code' is '07083', 'City' is 'Union', 'State' is 'NJ', 'County' is 'Union', and 'Country' is 'Not Assigned'. The 'Phone' field is '(908) 998-1161'. The 'Email' field is 'email'. The 'Language' dropdown is set to 'Clear Selection'. The 'Code' dropdown is open, showing the following options:

- BCBSA Plan Code
- DOL
- Tax ID
- NHC ID
- Payor ID
- Processor Number
- National Plan ID

**MCRE\_MCTR\_CODE:**  
char(04)  
(see dropdown options)

The user first creates this user-defined code for the Related Entity in the **MCTR** table, then it is available for selection in this record.

## Member Tables



### CMC\_MEST\_STUDENT

**MEME\_CK:** int (FK)  
**MEST\_EFF\_DT:** datetime  
**MEST\_TERM\_DT:** datetime  
**MEST\_MCTR\_TRSN:** char(4)  
**GRGR\_CK:** int  
**MEST SCHOOL NAME:**  
**char(50)**  
**MEST\_TYPE:** char(1)  
**MEST\_LAST\_VER\_DT:** datetime  
**MEST\_LAST\_VER\_NAME:**  
**char(30)**

...continued

This table stores verification information used to determine eligibility for members designated as students.

Data contained within this table may include:

- School name
- Student status (full or part-time)
- Verification information
- Effective date
- Termination date

**continued...**

MEST\_MCTR\_VMTH: char(4)  
MEST\_LOCK\_TOKEN: smallint  
ATXR\_SOURCE\_ID: datetime  
SYS\_LAST\_UPD\_DTM: datetime  
SYS\_USUS\_ID: varchar(48)  
SYS\_DBUSER\_ID: varchar(48)

## Member Tables



Member Student

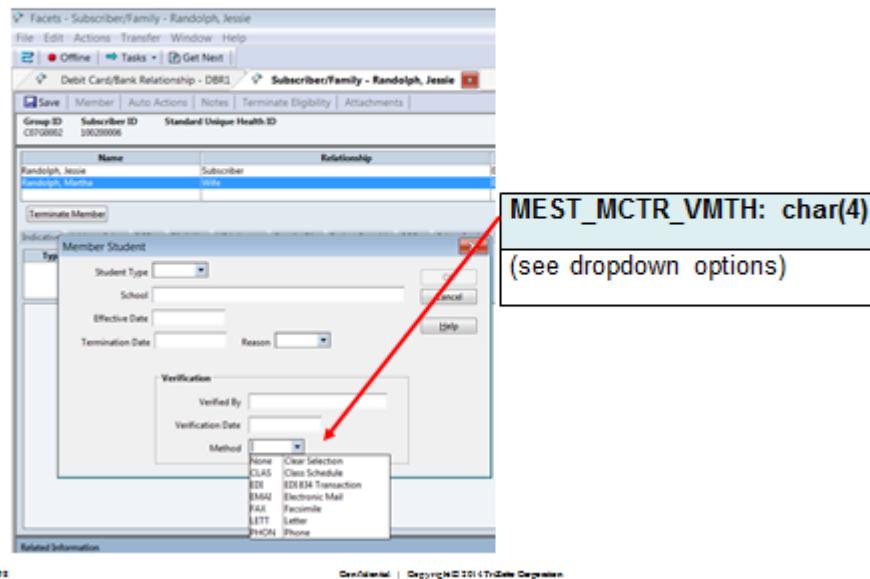
Student Type	<input type="text"/> None	<input type="button" value="Clear Selection"/>
School	<input type="text"/> F	In Question
Effective Date	<input type="text"/> P	Full-Time
Termination Date	<input type="text"/>	Part-Time
Verification		
Verified By	<input type="text"/>	
Verification Date	<input type="text"/>	
Method	<input type="text"/>	

OK Cancel Help

**MEST\_TYPE: char(1)**  
 (see dropdown options)

The **MEST\_TYPE** column identifies the status of the student. If the user inputs type F, then the health plan might extend benefits for this dependent. Inputting F causes the **MEPE\_ELIG\_OVR\_IND** to populate with S-Student and can extend eligibility past the dependent stop age into the student age category. If the user uses a different value, **MEPE\_ELIG\_OVR\_IND** does not populate and the dependent stop age applies.

## Member Tables

MEST\_MCTR\_VMTH: char(4)  
(see dropdown options)

The verification columns link back to the warning message on the **AIAI** table telling the system how many months passed between student verifications.

## Member Tables

\* Facets - Subscriber/Family - Randolph, Jessie

File Edit Actions Transfer Window Help

Debit Card/Bank Relationship - DBR1 Subscribers/Family - Randolph, Jessie

Save Member Auto Actions Notes Terminate Eligibility Attachments

Group ID: Subscriber ID: Standard Unique Health ID: C0100001 100200000

Mem Star	From	Through	Eligible	Subgroup	Plan	Product
00	12/31/2008	No	C0100001	C0800001	C0800001	C0800001
00	01/01/2009	01/31/2009	No	C0100001	C0800001	C0800001
00	01/01/2009	04/30/2009	Yes	C0100001	C0800001	C0800001
00	02/01/2010	04/30/2010	No	C0100001	C0800001	C0800001
00	03/01/2010	04/30/2010	No	C0100001	C0800001	C0800001
00	03/01/2010	04/03/2010	Yes	C0100001	C0800001	C0800001
00	04/04/2010	04/30/2010	No	C0100001	C0800001	C0800001
00	05/01/2010	05/31/2010	No	C0100001	C0800001	C0800001
00	05/01/2010	05/31/2010	Yes	C0100001	C0800001	C0800001

Member Name: Randolph	Relationship: Jessie	Gender: Male	Birthdate: 04/04/1970
Class: C081	Executive Class for Training		
Product Category: Medical Product			
Covered Members: Family			
Plan: PPO Executive Plan			
Product: PPO Executive Product			
Plan Entry Date: 01/31/2009	Eligibility Selection Level: Subscriber		
Subgroup: Eclipse Telephone Company			
Explanation: Reason:			

CMC\_MEPE\_PRCS\_ELIG

MEME\_CK: int (FK)

CSPD\_CAT: char(1)

MEPE\_EFF\_DT: datetime

MEPE\_TERM\_DT: datetime

MEPE\_CREATE\_DTM: datetime

CSCS\_ID: char(4)

GRGR\_CK: int

SGSG\_CK: int

CSPI\_ID: char(8)

PDPD\_ID: char(8)

MEPE\_ELIG\_IND: char(1)

...continued

The **MEPE** table serves as the major source for all processed member eligibility information in Facets. A user updates this table through the eligibility batch that contains contiguous historical details on each member's eligibility events: Select, Change, Terminate, etc.

**MEPE** determines eligibility for:

- Claims processing
- Premium billing
- Capitation
- On-line eligibility inquiry
- ID card production

In addition, the user accesses the **MEPE** table extensively in the Facets reporting application for most membership reports.

**continued...**

EXCD\_ID: char(3)  
MEPE\_MCTR\_RSN: char(4)  
MEPE\_SYS\_INEL\_CD: char(4)  
MEPE\_FI: char(1)  
MEPE\_ELIG\_OVR\_IND: char(1)  
MEPE\_HAS\_MEDX\_IND: char(1)  
MEPE\_HAS\_WARN\_CD: char(1)  
MEPE\_PRCS\_STS: char(2)  
MEPE\_SOURCE: char(1)  
MEPE\_PLAN\_ENTRY\_DT: datetime  
MEPE\_LOCK\_TOKEN: smallint

## CMC\_MEPE\_PRCS\_ELIG

### CMC\_MEPE\_PRCS\_ELIG



Facets - Subscriber/Family - Randolph, Jessie

File Edit Actions Transfer Window Help

Save Member Auto Actions Notes Terminate Eligibility Attachments

Debit Card/Bank Relationship - DBR3 / Subscriber/Family - Randolph, Jessie

Group ID	Subscriber ID	Standard Unique Health ID				
C0700002	100200006					
Mem Site	From	Through	Eligible	Subgroup	Plan	Product
00	01/01/2008	01/31/2009	No	C072	C08EXCP	C08EBC1
00	02/01/2009	02/28/2010	Yes	C072	C08EXCP	C08EBC1
00	03/01/2010	04/30/2011	Yes	C072	C08EXCP	C08EBC1
00	05/01/2011	06/30/2012	No	C072	C08EXCP	C08EBC1
00	07/01/2012	08/31/2013	No	C072	C08EXCP	C08EBC1
00	09/01/2013	10/31/2014	No	C072	C08GAPS	C08GAC1
00	11/01/2014	12/31/2015	No	C072	C08GAPS	C08GAC1
00	01/01/2016	01/31/2017	No	C072	C08EXCP	C08EBC1
00	02/01/2017	02/28/2018	Yes	C072	C08EXCP	C08EBC1
Member Name	Randolph		Relationship	Subscriber	Gender	Male
	Jesse					Birthdate 04/04/1970
Class	C081	Executive Class for Training				
Product Category	Medical Product					
Covered Members	Family					
Plan	PPO Executive Plan					
Product	PPO Executive Product					
Plan Entry Date	01/01/2009	Eligibility Selection Level	Subscriber			
Subgroup	Eclipse Telephone Company					
Explanation						
Reason						

CSPD\_CAT: char(1)

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The user selects one of the following codes to link the subscriber to a specific Product Category in a subscriber class. A subscriber may own only one active plan from each category. Options include:

Product Category	Meaning
D	Dental
M	Medical
L	Long Term Disability
S	Short Term Disability
W	Workers Compensation

## CMC\_MEPE\_PRCS\_ELIG



Screenshot of the Facets software interface showing the 'Debit Card/Bank Relationship - DBR1' screen for 'Subscriber/Family - Randolph, Jessie'. The interface includes a toolbar with Save, Member, Auto Actions, Notes, Terminate Eligibility, and Attachments. A red arrow points from the 'Eligible' column in a table to a callout box containing the text 'MEPE\_ELIG\_IND: char(1)'. The table lists plan details with columns: Member Site, From, Through, Eligible, Subgroup, Plan, and Product. The 'Eligible' column contains values like 'N' and 'Y'. The callout box also highlights the data type 'char(1)'.

Member Site	From	Through	Eligible	Subgroup	Plan	Product
00		12/31/2008	N	C002	0000XCP	C00EXC1
00	01/01/2009	01/30/2009	N	C002	0000XCP	C00EXC1
00	05/01/2009	04/30/2015	Y	C002	0000XCP	C00EXC1
00	05/01/2015		N	C002	0000XCP	C00EXC1
00		12/31/2008	N	C10H4P1	C10H4P1	C10H4P1
00	01/01/2009	04/03/2009	Y	C002	C10H4P1	C10H4P1
00	04/04/2009		N	C002	C10H4P1	C10H4P1
01		12/31/2008	N		0000XCP	C00EXC1
01	01/01/2009	01/30/2009	N	C002	0000XCP	C00EXC1
01	01/31/2009	05/31/2017	Y	C002	0000XCP	C00EXC1

Member Name: Randolph, Jessie  
Relationship: Subscriber  
Gender: Male  
Birthdate: 04/04/1979  
Class: C001 Executive Class for Training  
Product Category: Medical Product  
Covered Members: Family  
Plan: PPO Executive Plan  
Product: PPO Executive Product  
Plan Entry Date: 01/01/2009 Eligibility Selection Level: Subscriber  
Subgroup: Eclipse Telephone Company  
Explanation: Reason:

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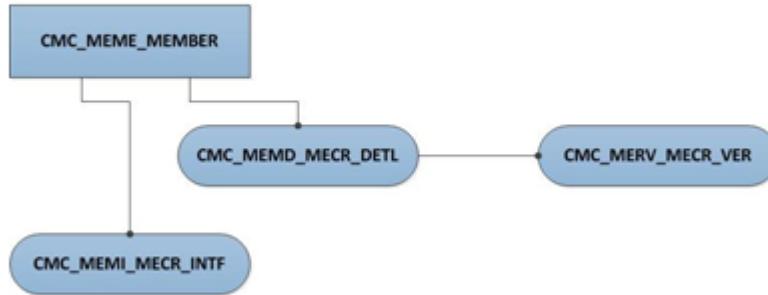
For each plan, the indicator notes whether the member is eligible or non-eligible for coverage as of the MEPE\_EFF\_DT. Values include:

- Y – Eligible
- N – Not Eligible

## Medicare



**Medicare Tables are based on CMC\_MEME\_MEMBER**



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Medicare processing occurs at the member level. The Medicare tables get linked to the **MEME** table.

Data in the **MEMD** table indicates in which parts of Medicare (A, B, C, D) the member enrolled. The **MERV** table contents verify information about a transaction. The **MEII** table holds the different transactions the member might generate. Data from the **MEMD** table gets extracted and sent to CMS on a scheduled basis. CMS returns the data with a comparable data set from their database. The system then reconciles this data either using Ingenix, PDM, or the MCO's own developed method.

## CMC\_MEMD\_MEGR\_DETL

### CMC\_MEMD\_MEGR\_DETL



**MEME\_CK:** int (FK)  
**MEMD\_EVENT\_CD:** char(4)  
**MEMD\_HCFA\_EFF\_DT:** datetime

**GRGR\_CK:** int  
**MEMD\_HCFA\_TERM\_DT:** datetime  
**MEMD\_INPUT\_DT:** datetime  
**MEMD\_EVENT\_EFF\_DT:** datetime  
**MEMD\_EVENT\_TERM\_DT:** datetime  
**MEMD\_MCTR\_MCST:** char(4)  
**MEMD\_MCTR\_MCCT:** char(4)  
**...continued**

The **Medicare Detail** table contains detailed Medicare information regarding the member.

The user enters Medicare events in this table, such as EGHP (Employer Group Health Plan). Facets contains 39 hard coded Medicare events.

Medicare Event	Meaning
MEMD_HCFA_EFF_DT	This identifies the date this event became effective with HCFA; usually the first day of the month. The HCFA effective date may pre-date the member's original effective date. Facets generates this date on enrollment for the following events: HSPC, WKAG, DABLE, ESRD, INST, MECD, and SCCC.
MEMD_HCFA_TERM_DT	This identifies the date this event terminated with HCFA; usually the last date of the month. The default termination date is the Facets high date of 12/31/9999.
MEMD_MCTR_MCST	This identifies the user-defined code of the state where the member lives. Facets requires this entry if the Medicare event is State, County, Contract ID (SCCC).

Medicare Event	Meaning
MEMD_MCTR_MCCT	This identifies the user-defined code identifying the county where the member lives. Facets requires this entry if the Medicare event is State, County, Contract ID (SCCC).
MEME_HICN	This identifies the Health Insurance Claim (HICN) number for this member, commonly known as the Medicare Number. The user enters the Medicare Insurance Claim Number in the <b>Member</b> dialog box, the <b>New Medicare Member</b> dialog box, or the <b>Medicare Event</b> dialog box.
BGBG_CK	This identifies the Medicare plan this member elected for coverage. TriZetto recommends that the BGBG_CK (the billing group contrived key) matches the CMS assigned Medicare Contract ID for the MCO.
MEMD_RA_PRTA_FCTR	This identifies the CMS-HCC Risk Adjustment factor for Part A.
MEMD_RA_PRTB_FCTR	This identifies the CMS-HCC Risk Adjustment factor for Part B.
MEMD_ELECT_TYPE	<p>This identifies the Medicare Election Type. Values I, A, N, O, S, T, U, W, X, Y, and Z are valid for Medicare Advantage (Part C). Values I, A, E, F, N, O, S, T, U, V, W, X, Y, and Z are valid for Medicare Advantage/Prescription Drug Plan (PDP), Part D only.</p> <p>New values for 2006:</p> <p>New value for 2011:</p>
MEMD_MCTR_PBP	This identifies the Plan Benefit Package.

Medicare Event	Meaning
MEMD_SEGMENT_ID	This identifies the support of payment computation and determines the plan premium amounts. It is valid for local MA-PD plans that segment their PBPs.
MEMD_RA_PRTD_FCTR	This identifies the Part D Risk Adjustment Factor.
MEMD_RA_FCTR_TYPE	This identifies the 18 Risk Adjustment Factor

	Types, such as D – Dialysis or E – New Enrollee.
--	--

**continued...**

MRAC\_CAT: char(4)  
MEMD\_RA\_PRTA\_FCTR: int  
MEMD\_RA\_PRTB\_FCTR: int  
MEMD\_SIG\_DT: datetime  
MEMD\_ELECT\_TYPE: char(1)  
MEMD\_MCTR\_PBP: char(4)  
MEMD\_SEGMENT\_ID: char(3)  
MEMD\_RA\_PRTD\_FCTR: int  
MEMD\_RA\_FCTR\_TYPE: char(2)  
MEMD\_PREM\_WH\_OPT: char(1)

## CMC\_MEMD\_MEGR\_DETL



S Facets - Subscriber Family - Randolph, Jessie

File Edit Actions Transfer Window Help

Office | Table | Get Next

New Medicare Member

HIN: [ ] PIP-ID: [ ] Segment ID: [ ]

Date: [ ] Part A: [ ] Part B: [ ] Part D: [ ] Acetate: [ ]

Employee Group Health Plan Enrollment Source: [ ] Prior Commercial Coverage: [ ]

Address/Contact:

State: [ ] County: [ ] City: [ ] Zip: [ ]

Signature Date: [ ] Election Type: [ ]

Disabled  Institutionalized  Nursing Home Certificate  Employee Subsidy Enrollment Details

Medically  Working-Aged  Previously Disabled  Medical Digit in Prior Collection Period

Hospice  End-of-Life Terminal Disease  Available Coverage

Premium Withheld: [ ] Part C Premium Amount: [ ] \$0.00

Part D Premium Adjustment: Factor Type: [ ] Part D: [ ] \$0.00

Primary RX Information:

RX Group: [ ] RX ID: [ ] RX DRN: [ ] RX PCN: [ ]

Secondary RX Information:

Secondary DRG Insurance: [ ] RX Group: [ ] RX DRN: [ ] RX PCN: [ ]

Initiation: [ ]

OK Cancel Search Help

Part D Subsidy Level: [ ] Copay Category: [ ] Effective Date: [ ] Part D Subsidy Amount: [ ] \$0.00

Part D Risk Adjustment: Factor Type: [ ] Part D: [ ] \$0.00

Part D Enrollment:

# Uncovered Months: [ ] 0

Penalty Amount: [ ] \$0.00

Penalty Waived Amount: [ ] \$0.00

Penalty Subsidy Amount: [ ] \$0.00

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**continued...**

**MEMD\_PRTC\_PREM:** money  
**MEMD\_PRTD\_PREM:** money  
**MEMD\_PRIOR\_COM\_OVR:** char(1)  
**MEMD\_ENRL\_SOURCE:** char(1)  
**MEMD\_UNCOV\_MOS:** smallint  
**MEMD\_RX\_ID:** varchar(20)  
**MEMD\_MCTR\_RX\_GROUP:** char(4)  
**MEMD\_MCTR\_RXBIN:** char(4)  
**MEMD\_MCTR\_RXPCN:** char(4)  
**MEMD\_COB\_IND:** char(1)  
**MEMD\_COB\_RX\_ID:** varchar(20)

**...continued**

### Medicare Detail Table (continued)

Medicare Event	Meaning
MEMD_PARTD_SBSDY	This identifies the Part D subsidy. Values include 000 to 100.
MEMD_COPAY_CAT	This identifies the Co-pay Category. The 2007 Definitions for the 6 categories include:
MEMD_LICS_SBSDY	This identifies the amount of the Part D low-income premium subsidy.

Medicare Event	Meaning
MEMD_LATE_PENALTY	This identifies the Part D late enrollment penalty, not including adjustments indicated by MEMD_LATE_SBSDY and MEMD_LICS_SBSDY.
MEMD_LATE_WAIV_AMT	This identifies the amount waived of the Part D late enrollment penalty.
MEMD_LATE_SBSDY	This identifies the amount of the Part D late enrollment penalty low-income subsidy.

**continued...**

MEMD\_COB\_RXBIN: char(6)  
MEMD\_COB\_RXPCN: char(10)  
MEMD\_PARTD\_SBSDY: char(3)  
MEMD\_COPAY\_CAT: char(1)  
MEMD\_LICS\_SBSDY: money  
MEMD\_LATE\_PENALTY: money  
MEMD\_LATE\_WAIV\_AMT: money  
MEMD\_LATE\_SBSDY: money  
MEMD\_MSP\_CD: char(1)  
MEMD\_LOCK\_TOKEN: smallint  
ATXR\_SOURCE\_ID: datetime

## CMC\_MEMI\_MEGR\_INTF

### CMC\_MEMI\_MEGR\_INTF



The screenshot shows a software application window titled 'Facets - Subscriber/Family - Randolph, Jessie'. It displays a list of subscribers under a group ID. A modal dialog box is open, titled 'Medicare Interface Transaction', with fields for 'Effective' date (01-06-2012) and 'Reason'. The 'Reason' dropdown menu is expanded, showing several options, with one item highlighted by a red arrow.

**MEME\_CK: int (FK)**  
**MEMI\_SEQ\_NO: smallint**  
**GRGR\_CK: int**

**MEMI\_INTF\_STS: char(2)**  
**MEMI\_LAST\_UPD\_DT: datetime**  
**MEMI\_SOURCE\_IND: char(1)**  
**MEMI\_BATCH\_ID: char(6)**  
**MEMI\_TXN\_CD: char(2)**  
**MEMI\_TXN\_EFF\_DT: datetime**  
**MEMI\_MCTR\_MCST: char(4)**  
**MEMI\_MCTR\_MCCT: char(4)**  
**BGBG\_ID: char(8)**

...continued

This table stores data used by the Interface program, which communicates with CMS or a CMS-approved vendor.

Type	Meaning
MEMI_SOURCE_IND	This identifies the source that created this transaction row. Values include:
MEMI_TXN_CD	This identifies the transaction code associated with this row. Some of the 23 total values for this column include:

Type	Meaning
MEMI_TXN_EFF_DT	This identifies the effective date of the individual transaction with CMS.
MEMI_MCTR_MCST	This identifies the member's state of residence and translates into the state code listed on a CMS transmittal. Capitation payments for Medicare subscribers depend in all or in part on the state of residence. Facets requires this selection if the transaction is Accretion (AC).
MEMI_MCTR_MCCT	This identifies the user-defined code indicating the member's county of residence (defined by the state of residence). This selection is required if the transaction is Accretion (AC). The county code should correspond to the county code listed on a Medicare transmittal for a Medicare beneficiary accredited to the plan. Capitation payments from CMS are in part based on the county in the state of residence.
BGBG_ID	This identifies the user-defined code of the Contract ID assigned to the MCO by CMS. This should correspond to the Medicare plan number to which this capitation payment from CMS is paid.
USUS_ID	This identifies the User ID if the MEMI row was entered manually.

**continued...**

USUS\_ID: char(10)  
MEMI\_MCTR\_RSN: char(4)  
MEMI\_SIG\_DT: datetime  
MEMI\_ELECT\_TYPE: char(1)  
MEMI\_MCTR\_PBP: char(4)

.....

## CMC\_MERV\_MEGR\_VER

### CMC\_MERV\_MEGR\_VER



Medicare Verification

Verify	Line Income Cost Subsidy
CMS Effective	01/01/2007
Last Verification	
From:	05/26/2008
Thru:	05/23/2008
Result:	
Institution:	
Verified By:	jonesm
Date:	05/26/2008
Method:	
Reason:	

**MEME\_CK:** int (FK)  
**MEMD\_EVENT\_CD:** char(4) (FK)  
**MEMD\_HCFA\_EFF\_DT:**  
**datetime**  
**MERV\_SEQ\_NO:** smallint  
**GRGR\_CK:** int  
**MERV\_VER\_DT:** datetime  
**MERV\_VER\_NAME:** char(30)  
**MERV\_MCTR\_VMTH:** char(4)  
**MERV\_MCTR\_VRSN:** char(4)  
**MCRE\_ID:** char(9) (FK)  
**MERV\_VER\_FROM\_DT:**  
**datetime**  
**MERV\_VER\_THRU\_DT:**  
**datetime**

...continued

The user uses the **Medicare Verification** table to verify the information contained in MEMD.

Type	Meaning
MEMD_EVENT_CD	This identifies the event the user is verifying. The dropdown box populate with event codes entered in the <b>Medicare</b> section tab. If the user did not enter one or more events in this section tab, the dropdown box is blank.
MEMD_HCFA_EFF_DT	This identifies the date the detail record is effective with HCFA (Health Care Financing Administration); a.k.a. CMS.
MERV_VER_DT	This identifies the date that verification of this event actually occurred.
MERV_VER_NAME	This identifies the name of the person performing the event verification. This may be different from the person who data-entered the verification information.

Type	Meaning
MERV_MCTR_VMTH	This identifies the user defined code of the method used to perform this verification. For example, the user may have verified this event by phone or letter.
MERV_MCTR_VRSN	This identifies the user-defined code indicating the reason why this verification was performed.
MCRE_ID	This identifies the ID of the institution where the member resides. The name of the institution displays in the client panel. Facets requires this entry only if the event verified is Institutionalized.
MERV_VER_FROM_DT	This identifies the beginning date of the period when the event is covered by this verification.
MERV_VER_THRU_DT	This identifies the ending date of the period when the event is covered by this verification.
MERV_MCTR_RSLT	This identifies the user-defined code indicating the result of this verification.

**continued...**

MERV\_MCTR\_RSLT: char(4)

MERV\_LOCK\_TOKEN: smallint

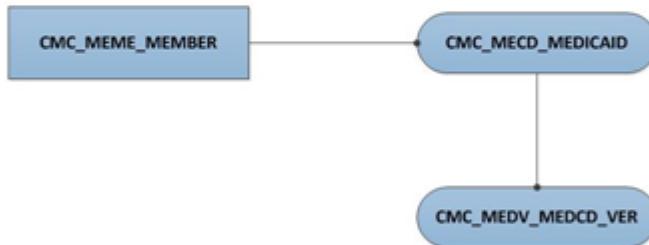
ATXR\_SOURCE\_ID: datetime

## Medicaid Tables

### Medicaid Tables



Medicaid tables are used when MEMI\_TXN\_CD=MC (Medicaid Start)  
from the CMC\_MEMI\_MECD\_INTF table



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The MC Medicare transaction code begins Medicaid coverage for the member. Unlike Medicare, individual states provide funding for Medicaid. This may not result in an exchange of data between the state and the MCO. In Facets, Medicaid uses two tables: MECD and MEDV.

Facets designates **MECD** as the main table and then **MEDV** as a verification table.

## CMC\_MECD\_MEDICAID

### CMC\_MECD\_MEDICAID



Facets - Subscriber/Family - Boe, Eve

File Edit Actions Transfer Window Help

Offline Tasks Get Next

Save Member Auto Actions Notes Terminate Eligibility Attachments

Group ID: C0100002 Subscriber ID: 000000001 Standard Unique Health ID:

Name	Relationship
Boe, Eve	Subscriber

**Medicaid**

Effective Date	Termination Date
State	Aid Category
County Code	<input type="checkbox"/> Lock-In Period Exists
Pay County	<input type="checkbox"/> Local Public Funds Used
<input type="checkbox"/> Auto-Assign	
<input type="checkbox"/> Auto-Assign Date	

**Verifications**

Date	Reason	Method	Verified
1/1/2014	Initial	Method	

OK Cancel Help Add Delete

### Medicaid Information

**MEME\_CK: int (FK)**  
**MECD\_EFF\_DT: datetime**  
**MECD\_TERM\_DT: datetime**

**GRGR\_CK: int**  
**MECD\_AUTO\_ASSN\_IND: char(1)**  
**MECD\_AUTO\_ASSN\_DT: datetime**  
**MECD\_MCTR\_MDCT: char(3)**  
**MECD\_PAY\_MCTR\_MDCT: char(3)**

...continued

This table stores Medicaid-specific information for a member.

Type	Meaning
MECD_AUTO_ASSN_IND	This checkbox identifies whether or not the member was automatically assigned to the Medicaid plan by the state. The Medicaid recipient has an opportunity to select a Medical plan. If no selection is made, a third party vendor divides the pool of eligible members among the qualified Medical plans in an automatic assignment. Values include:
MECD_AUTO_ASSN_DT	This identifies the date the auto-assignment became effective. The auto-assign date usually corresponds to the beginning of the Lock-in Period.

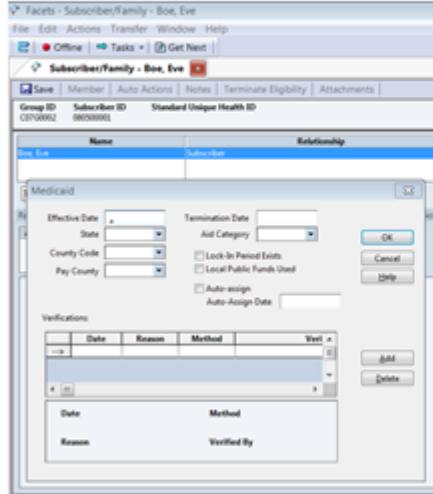
Type	Meaning
MECD_MCTR_MDCT	This identifies the Medicaid county code indicating the county of residence for this member.
MECD_PAY_MCTR_MDCT	This identifies the code indicating the Medicaid Pay County for this member, which may be different from the county of residence.
MECD_MCTR_MDST	This identifies the Medicaid code for the state where the member resides. This code may correspond to a State Medicaid transmittal.
MECD_LOCK_IND	This checkbox identifies the member's lock-in status to the MCO. A lock-in guarantees membership for a specific period of time. In states where members are assigned to an MCO, the plan may have a guarantee of eligibility for a certain time period. During this lock-in period, the MCO gets paid for the member, even if the member's eligibility would have otherwise terminated. Lock-ins are usually for a set period of time, such as 3 or 6 months.
MECD_MCTR_AIDC	This identifies the code indicating the Medicaid aid category for this member. Aid categories vary widely from state to state and may include AFDC (Aid to Families with Dependent Children) or MA (Medical Only).
MECD_LOC_FUND_IND	This checkbox identifies whether or not local public funds were used for this member. The selection corresponds to a Medicaid transmittal item.

**continued...**

MECD\_LOCK\_IND: char(1)  
MECD\_MCTR\_AIDC: char(4)  
MECD\_LOC\_FUND\_IND: char(1)  
MECD\_LOCK\_TOKEN: smallint  
ATXR\_SOURCE\_ID: datetime

## CMC\_MEDV\_MEDCD\_VER

### CMC\_MECD\_MEDICAID



#### Medicaid Information

**MEME\_CK: int (FK)**  
**MECD\_EFF\_DT: datetime**  
**MECD\_TERM\_DT: datetime**

**GRGR\_CK: int**  
**MECD\_AUTO\_ASSN\_IND: char(1)**  
**MECD\_AUTO\_ASSN\_DT: datetime**  
**MECD\_MCTR\_MDCT: char(3)**  
**MECD\_PAY\_MCTR\_MDCT: char(3)**

...continued

This table verifies Medicaid related circumstances, such as address, entitlement, coverage, etc. The important columns on this table include the verification columns. The structure of this table shows similarities to those of the **MERV** table with one column exception:

Type	Meaning
MEDV_MCTR_VRSN	This identifies the user-defined reason why this verification is being performed.

## Other Medicare/Medicaid tables

### *Other Medicare/Medicaid tables*



- ▶ **CMC\_MERS\_RETIRE**
  - Member CMS Retiree Subsidy Table
- ▶ **CMC\_MEMA\_MEGR\_ADDL**
  - Medicare Event Additional Data
- ▶ **CDS\_METR\_TRAN\_RPLY**
  - Member CMS Transaction Reply
- ▶ **CMC\_RCNH\_IHS\_RECON\_HIST**
  - History for Reconciliation

Other Medicare/Medicaid Tables	Meaning
CMC_MERS_RETIRE	The <b>Member CMS Retiree Subsidy</b> table contains data that support the creation of the batch CMS Retiree Subsidy file.
CMC_MEMA_MECR_ADDL	The <b>Medicare Event Additional Data</b> table is a child table to CMC_MEMD_MEGR_DETL that allows the entry of new Medicare events due to database constraints.
CDS_METR_TRAN_RPLY	The <b>Member CMS Transaction Reply</b> table stores data contained on the CMS Transaction Reply file. It also contains the comparable data stored in the Facets Medicare tables.
CMC_RCNH_IHS_RECON_HIST	The <b>History for Reconciliation</b> table stores historical data for each MEME_CK for the month. This data is written to an extract file that enables the reconciliation process for Medicare. Any records with changes get written to this table.

## Batch Tables

### *Batch Tables*



- ▶ CDS\_IDIN\_ID\_INDIC
- ▶ CDS\_IDPR\_ID\_PROV
- ▶ CMC\_MEEA\_ELIG\_ACT
- ▶ CMC\_MEIA\_ID\_ACT
- ▶ CDS\_MEPA\_PMPM\_ACT
- ▶ CDS\_MMCT\_MEM\_COUNT
- ▶ CMC\_ELPR\_EL\_PREPRO
- ▶ CMC\_SBST\_SGSG\_TFR
- ▶ CMC\_MECP\_CDH\_PREPR
- ▶ CMC\_MECA\_CDH\_ACT

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Batch Table	Meaning
CDS_IDIN_ID_INDIC	This identifies member indicative information for Member ID cards.
CDS_IDPR_ID_PROV - PCP	This identifies provider information for member ID cards.
CMC_MEEA_ELIG_ACT	This identifies the <b>Eligibility Action</b> table.
CMC_MEIA_ID_ACT	This identifies the <b>ID Card Action</b> table.
CDS_MEPA_PMPM_ACT	This identifies the <b>Reporting Per Member Per Month Action Requests</b> table.
CDS_MMCT_MEM_COUNT	This identifies the <b>Monthly Member Counts</b> table.
CMC_ELPR_EL_PREPRO	This identifies the <b>Member eligibility Pre-processing Data</b> table.
CMC_SBST_SGSG_TFR	This identifies the <b>Mass Subgroup Transfer</b> table.
CMC_MECP_CDH_PREPR	This identifies the <b>CDH Activity Preprocessing Data</b> table.
CMC_MECA_CDH_ACT	This identifies the <b>Consumer Directed Activity</b> table triggers.

---

## Objective Summary

---

You are now able to:

- Discuss the important columns of the Subscriber/Member tables
- Explain the relationship of the columns to the other tables and domains as they pertain to the Facets processes
- Explain the common elements among the tables

## Coming Up

### *Coming Up*



Next we will discuss:

- ▶ Plan Data Model

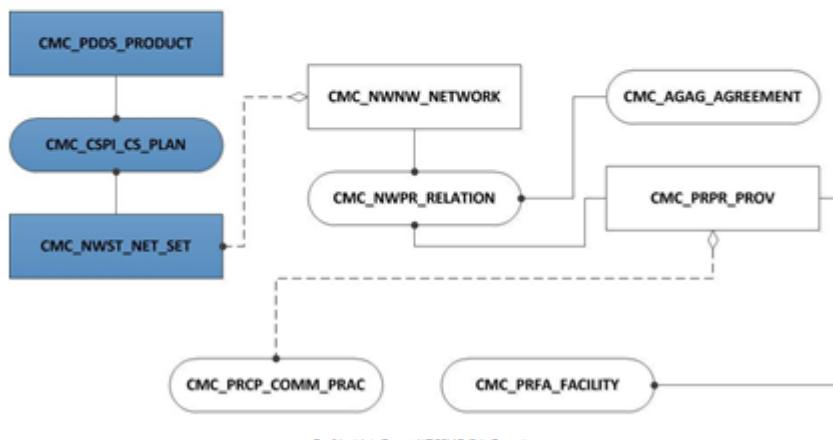
## Provider Structure

### *Provider Structure*



#### Facets Provider Structure

A View From Above



The Provider domain integrates to the Plan domain by the **Network** set table, **CMC\_NWWN\_NETWORK**. This table contains all the provider networks. It links to the **CMC\_NWST\_NET\_SET**, which identifies the provider networks considered to be in the Network Set for that plan.

Each provider in the network has a relationship to the network defined in **CMC\_NWPR\_RELATION**. This table also holds the provider's agreement with the MCO.

The main table in this domain is **CMC\_PRPR\_PROV**. It holds the indicative information about the provider type. There are four entity types:

- Facility
- Group
- IPA (Independent Physicians Association)
- Practitioner

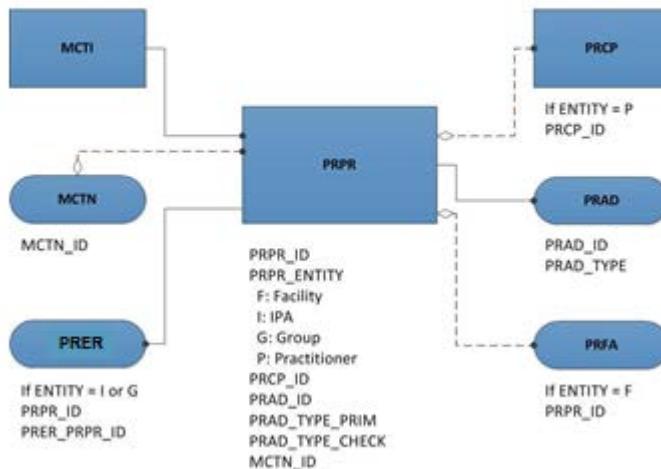
For a facility entity, the PRPR should link to the **PRFA** table for additional information about that facility.

For a practitioner entity, the PRPR needs to link to the **PRCP** table, which holds the information about the actual doctor.

## Provider Structure



**Provider Structure**



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The **PRPR** table holds several required columns. These columns depend on the entity type, such as the **PRCP\_ID**. This is known as the Common Practitioner ID and links Practitioner entities to the **PRCP** table. The information in the **PRCP** is always constant, but each Common Practitioner may contain several **PRPR\_IDs**, thus demonstrating a one-to-many relationship between the **PRCP** and **PRPR**.

The address requirement in the **PRPR** record allows up to 60 addresses for each Provider. Only one of the possible 60 is designated as the Primary address and also the practice address.

The remittance address is defined by the column, **PRAD\_TYPE\_CHECK**. This column links to the column, **PRAD\_TYPE**, on the **PRAD** table, which correctly identifies the remittance address.

A tax ID is also required on this table. There are two tables that identify the Tax ID, **MCTN** and **MCTI**. **MCTN** is the main table holding the tax number and information on the owner. **MCTI** is a relationship table that identifies when the tax ID started and ended.

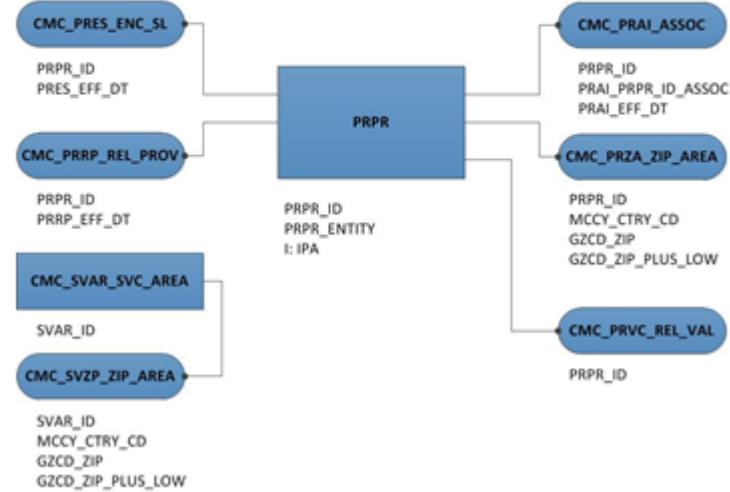
The **PRER** table is a table that identifies the relationship of the **PRPR** entity to other entities, such as the practitioners, that comprise a provider group or IPA.

## Provider Structure with FARM– IPA

### *Provider Structure with FARM– IPA*



Provider Structure with FARM– IPA



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This flowchart shows the Facets Assigned Risk Module structure for IPAs. This module requires a separate license and uses the following tables:

Table Name	Meaning
PRAI	This table stores Provider IDs associated with an IPA.
PRZA	This table stores the zip codes for an IPA that compares to the zip code of a practitioner linked to that IPA.
PRRP	This table stores the relation code linked to a provider.
PRES	This table stores data relative to provider stoploss contracts for the purpose of external reporting.
PRVC	This table maintains Relationship of Hierarchy Values for an IPA; the value in effect employs when the provider relationship record indicates default.
SVAR	This table stores the Service Area IDs and their corresponding descriptions.
SVZP	This table stores the zip codes linked to each Service Area ID.

## Provider Tables – CMC\_PRCP\_COMM\_PRAC

### *Provider Tables – CMC\_PRCP\_COMM\_PRAC*



PRCP_ID: char(12)
PRCP_SSN: char(9)
PRCP_LAST_NAME: char(35)
PRCP_FIRST_NAME: char(15)
PRCP_MID_INIT: char(1)
PRCP_TITLE: char(10)
PRCP_SEX: char(1)
PRCP_BIRTH_DT: datetime
PRCP_LAST_CHAN_DTM: datetime
PRCP_TIER_NO: smallint
PRCP_LAST_NAME_XLOW: char(8)

...continued

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Facets uses the **Common Practitioner** table as a onetime indicative entry point for a doctor otherwise identified multiple times within the system. This table enables compliance with various pricing agreements. It also contains information used in a Customer Service channeling episode for a practitioner identifying the practitioner's gender, age, etc. This is an optional table.

PRCP\_MCCY\_CTRY: char(4)  
PRCR\_ID: char(12)  
PRCP\_MCTR\_LANG: char(4)  
PRCP\_EXTN\_ADDR\_IND: char(1)  
PRCP\_NPI: char(10)  
PRCP\_TERM\_DT: datetime  
PRCP\_MCTR\_TRSN: char(4)  
PRCP\_LOCK\_TOKEN: smallint  
ATXR\_SOURCE\_ID: datetime  
SYS\_LAST\_UPD\_DTM: datetime  
SYS\_USUS\_ID: varchar(48)  
SYS\_DBUSER\_ID: varchar(48)

## Provider Tables – CMC\_PRCP\_COMM\_PRAC



### Common Practitioner Indicative Information

Facets - Common Practitioner - Andersen, Morgan A.

File Edit Actions Transfer Window Help

Offline Tasks Get Net

Practitioner - Andersen, Morgan A. Common Practitioner - Andersen, Morgan A.

Save

Common ID	NPI			
C079000001				
Last Name	First Name	Int.		
Andersen	Morgan	A.		
Title	Termination	Date	Reason	
Birth Date	Gender	Tier	SSN	NPI
15/1/1956	Male	0	1350001234	
Citizenship	Primary Language			
United States	English			
Referral Source	Referral Date			
Credentialed by	Delegated			
Credential Dates				
Initial	Last	Next		
Memo				

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PRCP\_ID:char(12)

## Provider Tables

Facets uses the PRCP\_TIER\_NO to identify the level of compliance (i.e., performance) for a given provider with 1 as the highest and 9 the lowest. Facets uses the tier rating in the channeling process to show the higher tier ranking providers at the top of the return display so Customer Service can direct members to these providers first.

### **CMC\_PRCP\_COMM\_PRAC**

#### **PRCP\_ID: char(12)**

PRCP\_SSN: char(9)  
PRCP\_LAST\_NAME: char(35)  
PRCP\_FIRST\_NAME: char(15)  
PRCP\_MID\_INIT: char(1)  
PRCP\_TITLE: char(10)  
PRCP\_SEX: char(1)  
PRCP\_BIRTH\_DT: datetime  
PRCP\_LAST\_CHAN\_DTM: datetime  
PRCP\_TIER\_NO: smallint  
PRCP\_LAST\_NAME\_XLOW: char(8)  
PRCP\_MCCY\_CTRY: char(4)  
PRCR\_ID: char(12)  
PRCP\_MCTR\_LANG: char(4)  
PRCP\_EXTN\_ADDR\_IND: char(1)  
PRCP\_NPI: char(10)  
PRCP\_TERM\_DT: datetime  
PRCP\_MCTR\_TRSN: char(4)  
PRCP\_LOCK\_TOKEN: smallint  
ATXR\_SOURCE\_ID: datetime  
SYS\_LAST\_UPD\_DTM: datetime  
SYS\_USUS\_ID: varchar(48)  
SYS\_DBUSER\_ID: varchar(48)

## Provider Tables



Facets - Common Practitioner - Andersen, Morgan A

File Edit Actions Transfer Window Help

Save | Offline | Tasks | Get Next |

Practitioner - Andersen, Morgan A | Common Practitioner - Andersen, Morgan A

Common ID NPI  
C07000006

Last Name	First Name	Init
Andersen	Morgan	A
Title	Termination	
	Date	Reason
Birth Date	Gender	Tier
05-13-1996	Male	<input type="button" value="0"/>
Citizenship		NPI
United States	1	530001234
Referral Source	2	
	3	
Credentialed by	4	
	5	
Credential Dates	6	
	7	
	8	
	9	
Initial	Last	Next
Memo		

**PRCP\_TIER\_NO: smallint**

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## Provider Tables – CMC\_PRPR\_PROV

### Provider Tables – CMC\_PRPR\_PROV



Screenshot of the Facets software interface showing the 'Practitioner - Andersen, Morgan A.' record. The form includes fields for Practitioner ID (NPI), Common ID (SSN), Taxonomy Code, Status, Type, Practice Type, Address Sharing, Primary Language, Service Conversion Category, Value Code 1, Value Code 2, and Memo. A 'Related Information' section is at the bottom.

**PRPR\_ID: char(12)**

**PRPR\_ENTITY: char(1)**  
**PRCR\_ID: char(12)**  
**TPCT\_MCTR\_TCAT: char(1)**  
**PRPR\_PAY\_CL METH: char(1)**  
**PRPR\_MCTR\_TYPE: char(4)**  
**PRPR\_MCTR\_PRTY: char(4)**  
**PRCF\_MCTR\_SPEC: char(4)**  
**PRPR\_NAME: char(55)**  
**PRPR\_NPI: char(10)**  
**PRCP\_ID: char(12) (FK)**  
**PRAD\_ID: char(12) (FK)**  
**PRAD\_TYPE\_CHECK: char(3) (FK)**  
**PRAD\_TYPE\_PRIM: char(3) (FK)**

...continued

Facets identifies a provider through this main table. A unique PRPR\_ID and PRPR\_ENTITY identifies each provider. The four types of entities include:

Type	Entity
F	Facility
G	Group
I	IPA
P	Practitioner

**continued...**

MCTN\_ID: char(9)  
PRPR\_STS: char(2)  
PRPR\_MCTR\_REV: char(4)  
PRPR\_PREAUTH\_IND: char(1)  
PRPR\_PAY\_HOLD\_DT: datetime  
PRPR\_OPTS: char(8)  
PRPR\_CL\_EFT\_IND: char(1)  
PRPR\_CAP\_EFT\_IND: char(1)  
PRPR\_NAME\_XLOW: char(8)  
PRPR\_LAST\_CHAN\_DTM: datetime  
PRPR\_MCTR\_LANG: char(4)  
PRPR\_EXTN\_ADDR\_IND: char(1)  
MCBR\_CK: int  
USUS\_ID: char(10)  
CRCY\_ID: char(12)  
PRPR\_TERM\_DT: datetime  
PRPR\_MCTR\_TRSN: char(4)  
PRPR\_TAXONOMY\_CD: char(12)  
PRPR\_EDI\_DEST\_ID: char(15)  
PRPR\_EDI\_DEST\_QUAL: char(02)  
PRPR\_RA\_DEST\_IND: char(01)  
PRPR\_CLRNGHOUSE\_ID: char(30)  
PRPR\_LAST\_MCPA\_DTM: datetime  
PRPR\_PR\_RED\_CD: char(1)

**...continued**

**continued...**

PRPR\_MCTR\_VAL2: char(4)  
PRPR\_RMT\_TRANS\_CD: char(2)  
PRPR\_RMT\_DEL\_NAME: varchar(50)  
PRPR\_RMT\_COMM\_NO: varchar(256)  
PRPR\_LOCK\_TOKEN: smallint  
ATXR\_SOURCE\_ID: datetime  
SYS\_LAST\_UPD\_DTM: datetime  
SYS\_USUS\_ID: varchar(48)  
SYS\_DBUSER\_ID: varchar(48)

## Provider Tables

### Provider Tables



Facets - Practitioner - Andersen, Morgan A.

File Edit Actions Transfer Window Help

Practitioner - Andersen, Morgan A.

Save

ProviderID	NPI
CB9999999	
Termination	
Date	Reason
Taxonomy Code	
Type	Status
MD - Doctor	Active
DO - Dentist, MD	Active
DO - Optometrist	Active
PP - Family Planning	Active
MD - Medical Doctor	Active
DS - Oral Surgeon	Active
RN - Registered Nurse	Active
Social Worker	Active
ABN/BSN #	
Service Conversion Category	
Value Code 1	Value Code 2
Memo	
Related Information	

**PRPR\_MCTR\_TYPE: char(4)**  
(see dropdown options)

Facets classifies the type of practitioner or facility through the user-defined code, PRPR\_MCTR\_TYPE. Clients must load user-defined codes in the **Managed Care Translation Relationship (MCTR)** table. Users select the code that classifies the practitioner or facility, such as hospital, lab, pharmacy, MD, or social worker.

## Provider Tables



Screenshot of the Facets - Practitioner - Andersen, Morgan A. interface. A red arrow points from the 'Practice Type' dropdown menu to a callout box.

<b>PRPR_MCTR_PRTY: char(4)</b>
(see dropdown options)

The screenshot shows the following fields:

- Practitioner ID: NPI  
C0790000000000000000000000000000
- Common ID: C0790000000000000000000000000000
- Termination Date: Reason: External Address:
- Taxonomy Code: Status: Secondary Specialty:
- Type: Medical Doctor: Practice: Secondary Practice:
- Practice Type: **PRPR\_MCTR\_PRTY**:  (highlighted by a red arrow)
- Presauth Required: Review:
- Clear Selection:
- Primary Language: English: Primary Language ID:
- User ID: PROV0000000000000000000000000000000: Capitation Cycle ID:
- Value Code 1: Value Code 2:
- Memo:

Users select a user-defined description of the practice (i.e. Sole Proprietorship or Corporation).

## Provider Tables



Screenshot of the Facets - Practitioner interface showing the 'Practitioner - Andersen, Morgan A.' record. A red arrow points from the 'Specialty' dropdown menu to a callout box.

**PRCF\_MCTR\_SPEC: char(4)**  
(see dropdown options)

The screenshot shows the following fields:

- Practitioner ID: NPI  
C079000000012
- Common ID: C079000000012
- Termination Date: Reason: External Address:
- Taxonomy Code: Status: Participating: Secondary Specialty:
- Type: Medical Doctor: **Family Practice**: Secondary Specialty:
- Practice Type: Clear Selection: **Medical Practice**:
- Address Sharing: Shared With: Not Shared:
- Address ID: C079000000012: Provider ID:
- Service Conversion Category: Value Code 1: Value Code 2:
- Memo:

The PRCF\_MCTR\_SPEC is a user-defined code used to classify the specialty of the practitioner or facility. Clients link specialties to the certification table, **PRCF**, in credentialing. Credentialing assists in obtaining documents that help to assess the truth about certain stated facts.

## Provider Tables



The screenshot shows the 'Practitioner' screen in the Facets software. The 'Address Type' dropdown menu is open, showing options like 'PRIM', 'Remittance', 'Other', and 'Group'. A red arrow points from this dropdown to a callout box containing the text 'PRAD\_TYPE\_CHECK: char(3) (FK)'. The main screen displays practitioner details such as Name, Address, City, State, Zip, and other contact information.

**PRAD\_TYPE\_CHECK:**  
char(3) (FK)

Within the Provider Tables, the required provider **Primary Address** column designates the actual provider's practice location or office address. A remittance address and the practice location typically use the same address. Users may only select one address as the remittance address.

If the user assigned a Group or IPA to receive this provider's claims or capitated payments, Facets uses the assigned provider's remittance address. If a separate PRAD\_TYPE\_CHECK is not created, Facets defaults to PRAD\_TYPE\_PRIM.

The address ID, PRAD\_ID, identifies the provider group, IPA, or practitioner with whom this provider shares an address. For example, a practitioner may share an address with a Provider Group at a specified location. If the user selects IPA or Provider Group, a relationship between these providers in Facets must first be established using the **PRER** table. Facets then displays the Provider ID for the related provider type. If the provider is not sharing addresses, the Address ID for the provider is the same as the Provider ID for the provider.

If the provider shares addresses, the Address ID displayed is the Address ID for the shared provider.

## Provider Tables



<b>MCTN_ID: char(9)</b>
(Required field)

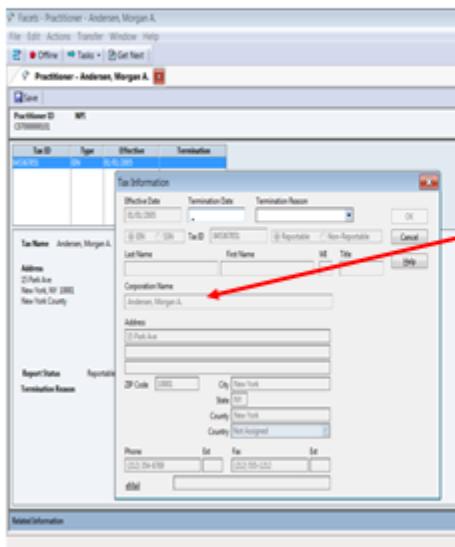
The MCTN\_ID contains the latest Tax Identification Number for the entity.

The CMC\_MCTI\_ENTRY\_INFO table, part of the Managed Care data model tables, fills the MCTN\_ID with the latest Tax ID Number. A Tax ID may derive from either a social security number or an IRS issued Tax ID Number.

The **MCTN** table maintains Tax Name data, which includes a Tax Address for Commission Entities and providers. Required columns include **MCTN\_ID** and **MCTN\_TYPE**.

## Provider Link to Tax Tables

### *Provider Link to Tax Tables*

The screenshot shows the 'Tax Information' dialog box overlaid on the main application window. The dialog box contains fields for 'Last Name', 'First Name', 'Title', and 'Corporation Name'. A red arrow points from the 'Corporation Name' field in the dialog box to the 'Corporation Name' field in the main window.

### **CMC\_MCTN\_TAX\_NAME**

**MCTN\_ID:** char(9)  
**MCTN\_TYPE:** char(1)

**MCTN\_NAME:** char(55)  
**MCTN\_LST\_NAME:** char(35)  
**MCTN\_FIRST\_NAME:** char(15)  
**MCTN\_MID\_INIT:** char(1)  
**MCTN\_TITLE:** char(10)  
**MCTN\_STATUS:** char(1)  
**MCTN\_ADDR1:** char(40)

**...continued**

The **MCTN** table maintains Tax Name data, which includes a Tax Address, for Commission Entities and providers. Required columns include **MCTN\_ID** and **MCTN\_TYPE**.

**continued...**

MCTN\_ADDR2: char(40)  
MCTN\_ADDR3: char(40)  
MCTN\_CITY: char(19)  
MCTN\_STATE: char(2)  
MCTN\_ZIP: char(11)  
MCTN\_COUNTY: char(20)  
MCTN\_CTRY\_CD: char(4)  
MCTN\_PHONE: char(10)  
MCTN\_PHONE\_EXT: char(4)  
MCTN\_FAX: char(10)  
MCTN\_FAX\_EXT: char(4)  
MCTN\_EMAIL: char(40)  
MCTN\_LOCK\_TOKEN: smallint  
ATXR\_SOURCE\_ID: datetime

## Provider Link to Tax Tables



**CMC\_MCTI\_TAX\_INFO**

Facets - Practitioner - Andersen, Morgan A.

File Edit Actions Transfer Window Help

Save | Offline | Tasks | Get Next |

Practitioner - Andersen, Morgan A. [X]

Tax ID	Type	Effective	Termination
343367851	CEN	01/01/2005	

Tax Name: Andersen, Morgan A.

Address: 15 Park Ave, New York, NY 10001, New York County

Phone: (212) 354-4789

Fax: (212) 555-1212

Report Status: Reportable

Termination Reason:

**MCTI\_ENTRY\_ID: char(12)**

**MCTI\_TYPE: char(1)**

**MCTI\_EFFECTIVE\_DATE: datetime**

**MCTI\_TERMINATION\_DATE: datetime**

**MCTI\_MCTR\_TRSN: char(4)**

**MCTN\_ID: char(9)**

**MCTN\_TYPE: char(1)**

**MCTI\_LOCK\_TOKEN: smallint**

**ATXR\_SOURCE\_ID: datetime**

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The **MCTI** table contains the date the relationship between the Tax ID owner and the Tax ID began or ended.

The MCTI\_TYPE is the type of entity associated with the MCTI\_ENTRY\_ID.

In the Commission application, the value is C for Commission Entity.

In the provider application, the value is P for Provider.

## Provider Tables

### Provider Tables



Screenshot of the Facets software interface showing the 'Practitioner - Andersen, Morgan A.' screen. A red arrow points from the dropdown menu in the 'Status' field to a callout box.

**PRPR\_STS: char(2)**

(see dropdown options)

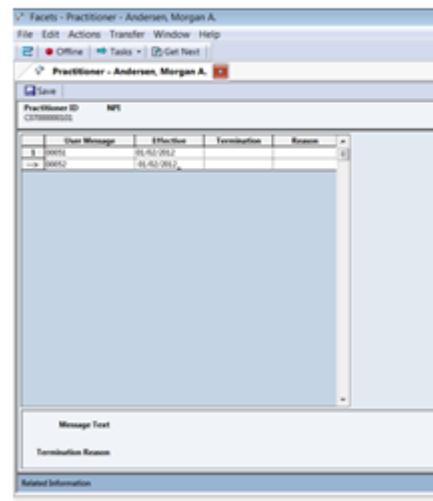
The screenshot shows the following fields:

- Practitioner ID: NPI  
C0100000001
- Common ID: C010000001
- Termination Date: [empty]
- Reason: [empty]
- Status: **Participating** (highlighted by a red arrow)
- Taxonomy Code: [empty]
- Type: Medical Doctor
- Practice Type: Clear Selection
- Secondary Specialty: [empty]
- Address Sharing: Shared With: Not Shared
- Address ID: C010000001
- User ID: [empty]
- Capitation Cycle ID: PROVIDERS
- Service Conversion Category: [empty]
- Value Code 1: [empty]
- Value Code 2: [empty]
- Memo: [empty]

PRPR\_STS is a system defined code indicating the status of a provider. Functionality is only tied to the ITS related values of PX and DM. Values are:

Provider Status	Definition
M	This status is mock PCP for ITS.
L	This status is for non-licensed providers.
P	This status is for non-participating providers.
R	This status is for the non-reportable provider. If selected, Facets does not generate year end 1099s.
A	This status is for participating provider.
K	This status is proxy provider for ITS.

## Provider Tables



### CMC\_PRWM\_PR\_MSG

**PRPR\_ID:** char(12) (FK)  
**PRWM\_EFF\_DT:** datetime  
**WMDS\_SEQ\_NO:** smallint  
**PRWM\_TERM\_DT:** datetime  
**PRWM\_MCTR\_TRSN:** char(04)  
**PRWM\_LOCK\_TOKEN:** smallint  
**ATXR\_SOURCE\_ID:** datetime  
**SYS\_LAST\_UPD\_DTM:** datetime  
**SYS\_USUS\_ID:** varchar(48)  
**SYS\_DBUSER\_ID:** varchar(48)

In previous versions of Facets, users received only one warning message per PRPR. In recent versions, a new table, **PRWM**, allows users to link any number of messages to a PRPR record.

Facets now creates and stores these user-defined messages in the **CMC\_WMDS\_DESC** table. The WMDS\_REC\_TYPE = PRPR relates different texts to particular provider records.

## Provider Tables



Screenshot of the Facets software interface showing a list of practitioner messages.

User Message	Effective	Termination	Reason
30001	01/01/2012		
30002			

Below the table:

- Message Text
- Termination Reason
- Related Information

### CMC\_WMDS\_DESC

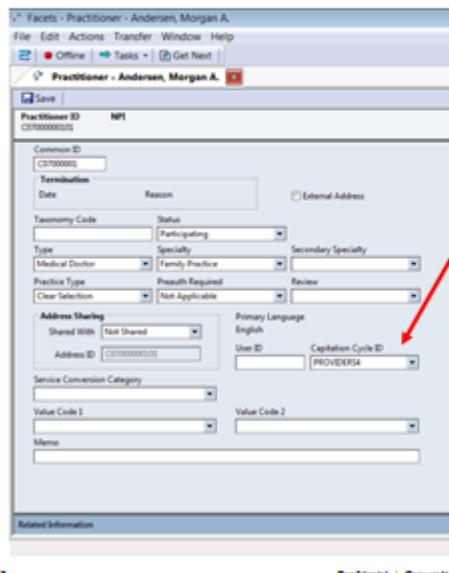
**WMDS\_REC\_TYPE: char(4)**  
**WMDS\_SEQ\_NO: smallint**

**WMDS\_TEXT1: char(70)**  
**WMDS\_TEXT2: char(70)**  
**WMDS\_LOCK\_TOKEN: smallint**  
**ATXR\_SOURCE\_ID: datetime**

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## Provider Tables

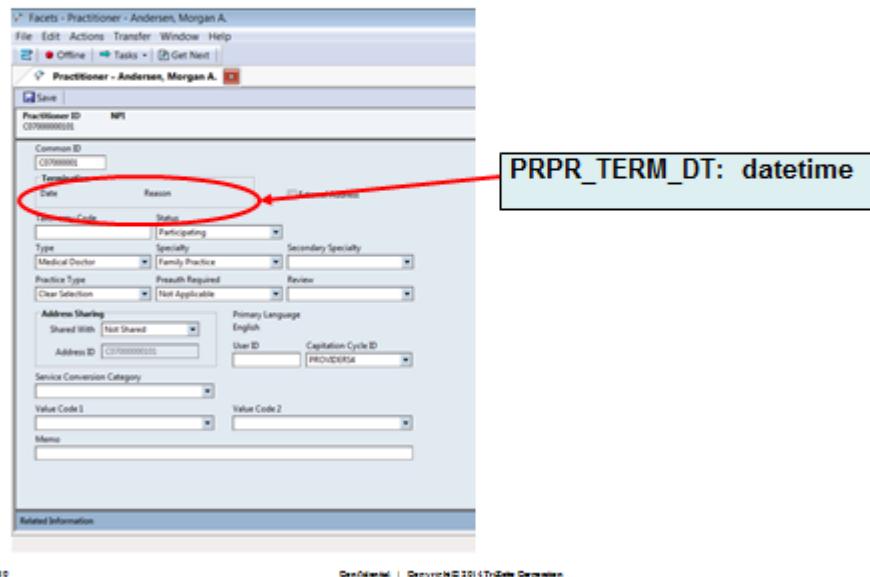
The screenshot shows the 'Practitioner' edit screen in the Facets application. The 'Practitioner ID' is listed as NPI and C0700000001. The 'Capitation Cycle ID' dropdown is set to 'PROVIDERS4'. A red arrow points from this dropdown to a callout box.

**CRCY\_ID: char(12)**

(see dropdown options)

Within the provider applications, users select a user-defined Cycle ID that includes this entity in a capitation allocation batch. This allows capitation to break up the entire batch run into smaller runs that includes specific cycle IDs for each run. Users first define each Cycle ID in the Cycle Description application.

## Provider Tables

The screenshot shows the 'Practitioner - Andersen, Morgan A.' edit screen in Facets. The 'Termination' section is highlighted with a red circle, showing fields for 'Date' and 'Reason'. To the right, a callout box contains the field name 'PRPR\_TERM\_DT: datetime'.

PRPR\_TERM\_DT designates the date of termination for the provider from the system (rendered inactive in Facets). The user selects the user-defined code explaining the termination status of the provider entity.

Facets requires the PRPR\_MCTR\_TRSN if the user entered a Termination Date. A user must enter this date in order to save the record.

## Provider Tables



S\* Facets - Practitioner - Andersen, Morgan A.

File Edit Actions Transfer Window Help

Offline Tasks Get New

Practitioner - Andersen, Morgan A.

Save

Practitioner ID NPI  
C070000000000000000

Common ID C0999999	Date Termination	Reason Status	<input type="checkbox"/> External Address
Taxonomy Code	Type	Specialty	Secondary Specialty
Participating	Medical Doctor	Family Practice	
Address Sharing Not Shared	Primary Language English	User ID	Capitation Cycle ID PROVIDER54
Address ID C070000000000000000	Service Conversion Category		
Value Code 1	Value Code 2		
Memo			

Related Information

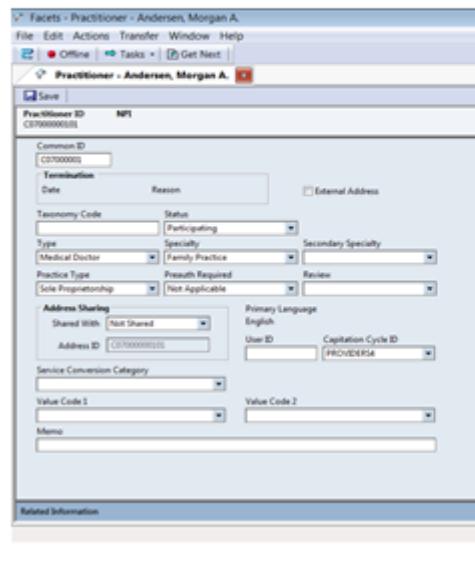
**PRPR\_TAXONOMY\_CD:**  
**char(12)**

(free-form field)

The PRPR\_TAXONOMY\_CD field holds a unique 10 digit alphanumeric identifier with four areas of provider classifications. This code designates the selected provider's specialty and meets a HIPAA requirement.

The Provider Taxonomy Code represents a one-to-one relationship to the individual provider in Facets.

## Provider Tables

**PRPR\_LAST\_MCPA\_DTM:**  
datetime

The PRPR\_LAST\_MCPA\_DTM represents the last date and time of assignment for this PRPR\_ID to a member. Facets does not display it on the panel.

## Provider Tables



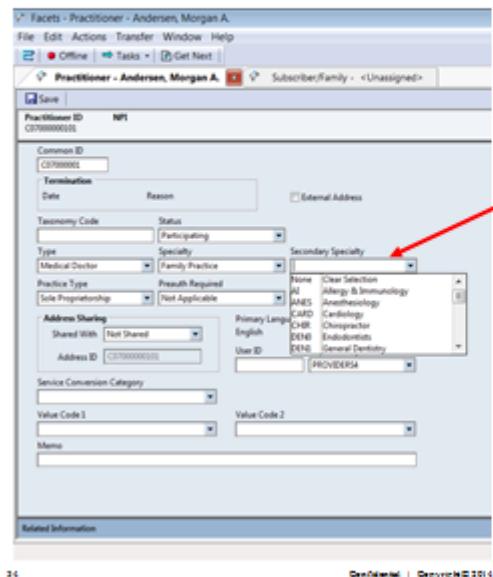
Screenshot of the Facets - Practitioner interface showing the Practitioner ID (NPI) and various configuration fields. A red arrow points from the dropdown menu to the 'PRPR\_PR\_RED\_CD' field.

**PRPR\_PR\_RED\_CD: char(1)**

(see dropdown options)

Provider Overpayment Recovery Indicator Value	Definition
B	This recovers overpayments and manual reductions.
C	This recovers claim overpayments only.
D	This defaults to the Line of Business.
M	This recovers manual reductions only.
N	This does not auto-recover any overpayments.

## Provider Tables

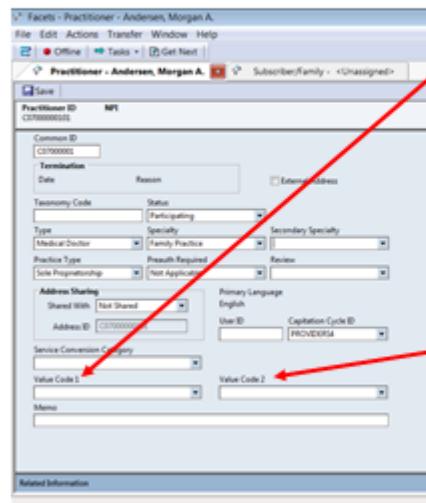



The screenshot shows the 'Practitioner' screen in the Facets software. The practitioner's name is Andersen, Morgan A. The 'Secondary Specialty' dropdown menu is open, displaying a list of medical specialties. A red arrow points from the text box to this dropdown menu.

<b>PRCF_MCTR_SPEC2:</b>
<b>char(4)</b>
(see dropdown options)

The **PRCF\_MCTR\_SPEC2** is the user-defined secondary specialty of certification for the provider. This column links to the credentialing table, **PRCF**.

## Provider Tables

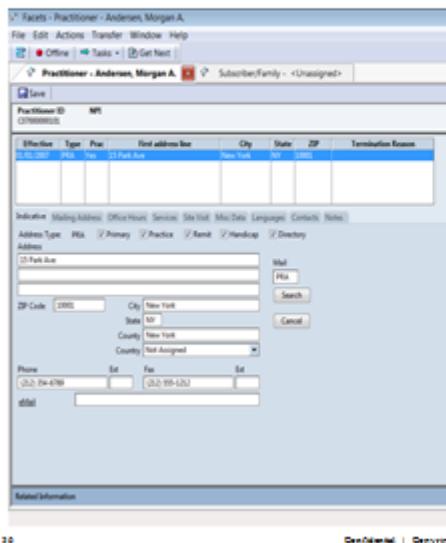
The screenshot shows the 'Practitioner - Andersen, Morgan A.' screen in Facets. It includes fields for Practitioner ID (NPI), Common ID, Termination Date, Taxonomy Code, Status, Type (Medical Doctor), Practice Type, Sole Proprietaryship, Address Sharing, Service Commission Category, and two dropdown fields labeled 'Value Code 1' and 'Value Code 2'. Arrows point from these two dropdown fields to the callout boxes.

**PRPR\_MCTR\_VAL1: char(4)**  
(see dropdown options)

**PRPR\_MCTR\_VAL2: char(4)**  
(see dropdown options)

The user enters reportable user-defined value codes in these fields. Facets does not use these entries in adjudication.

## Provider Tables

The screenshot shows the 'Practitioner' screen in the Facets software. The title bar says 'Facets - Practitioner - Anderson, Morgan A.'. The main area displays a table for 'Address' with columns: Effectivity, Type, Prac, First address line, City, State, ZIP, and Termination Reason. A single row is shown with values: 0-01-2014, PMA, New York, NY, 10003, and 'Termination Reason' is empty. Below the table are tabs for 'Indicator', 'Mailing Address', 'Office Hours', 'Services', 'Staff/Vol', 'Multi-Dex', 'Language', 'Contact', and 'Notes'. Under 'Address Type', there are checkboxes for 'Primary', 'Practice', 'Resid', 'Handicap', and 'Directory'. An 'Address' section contains fields for 'First Line', 'ZIP-Code', 'City', 'State', 'Country', and 'Phone'. At the bottom, there's a 'Related Information' section.

### CMC\_PRAD\_ADDRESS

**PRAD\_ID:** char(12) (FK)  
**PRAD\_TYPE:** char(3) (FK)  
**PRAD\_EFF\_DT:** datetime

**PRAD\_TERM\_DT:** datetime  
**PRAD\_ADDR1:** char(40)  
**PRAD\_ADDR2:** char(40)  
**PRAD\_ADDR3:** char(40)  
**PRAD\_CITY:** char(19)  
**PRAD\_STATE:** char(2)  
**PRAD\_ZIP:** char(11)

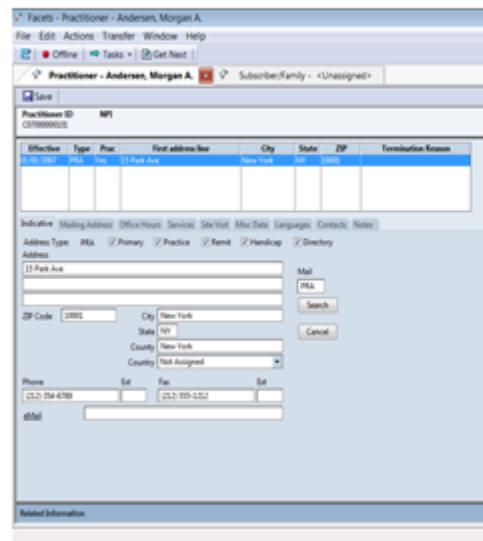
...continued

The CMC\_PRAD\_ADDRESS table stores address information for each provider by Address Type: Primary, Mailing, etc., up to a maximum of 60 addresses per provider.

**continued...**

PRAD\_COUNTY: char(20)  
PRAD\_CTRY\_CD: char(4)  
PRAD\_PHONE: char(20)  
PRAD\_PHONE\_EXT: char(4)  
PRAD\_FAX: char(20)  
PRAD\_FAX\_EXT: char(4)  
PRAD\_EMAIL: char(40)  
PRAD\_HD\_IND: char(1)  
PRAD\_PRACTICE\_IND: char(1)  
PRAD\_CITY\_XLOW: char(8)  
PRAD\_TYPE\_MAIL: char(3)  
PRAD\_MCTR\_TRSN: char(4)  
PRAD\_DIRECTORY\_IND: char(1)  
PRAD\_LONG: int  
PRAD\_LAT: int  
PRAD\_GEO\_RTRN\_CD: char(3)  
PRAD\_LOCK\_TOKEN: smallint  
ATXR\_SOURCE\_ID: datetime  
SYS\_LAST\_UPD\_DTM: datetime  
SYS\_USUS\_ID: varchar(48)  
SYS\_DBUSER\_ID: varchar(48)

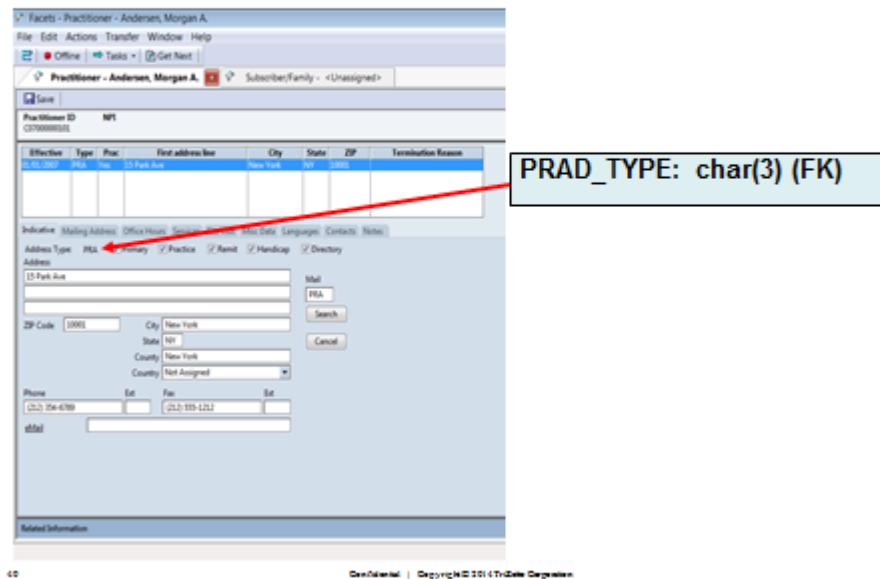
## Provider Tables

**PRAD\_ID: char(12) (FK)**

The Address ID displays the address used by the current provider. The provider ID identifies the provider group, IPA or practitioner with whom he or she shares an address. For example, a practitioner may share an address with a provider group at a specified location. If the user selects IPA or Provider Group, he or she must first establish a relationship between these providers in Facets (PRER). Facets then displays the provider ID for the related provider type.

## Provider Tables

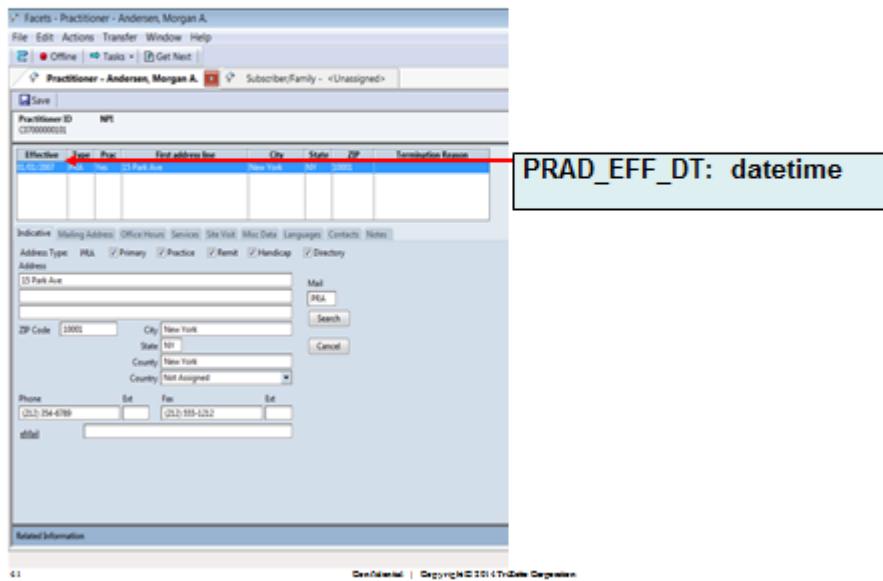



The screenshot shows a software application window titled "Facets - Practitioner - Andersen, Morgan A.". The window has a menu bar with File, Edit, Actions, Transfer, Window, Help. Below the menu is a toolbar with Offline, Tasks, and Get Next buttons. The main area displays a "Practitioner - Andersen, Morgan A." record with a status of "Subscriber/Family - <Unassigned>". The "Practitioner ID" is listed as NPI 03700000001. The "Address" section includes fields for Effective Date (01-01-2000), Type (PRAD), and Description (15 Park Ave). The "City" is New York, "State" is NY, and "ZIP" is 10001. A "Termination Reason" field is also present. Below the address fields, there is an "Indicate" section with checkboxes for Mailing Address, Office Hours, Doctor, Nurse, Mail Data, Languages, Contact, and Note. Under "Address", there is a "Address Type" dropdown set to "PRAD" (highlighted with a red arrow) and checkboxes for Primary, Practice, Remit, Handicap, and Directory. The "Address" field contains "15 Park Ave". Below it is a "Search" button. The "Phone" section shows two phone numbers: (212) 555-6789 and (212) 555-1234. The bottom of the window has a "Related Information" section.

**PRAD\_TYPE: char(3) (FK)**

PRAD\_TYPE is a user-defined code of up to three characters. This code identifies the provider address displayed. Facets uses Address Types to differentiate between the provider's primary office location, satellite offices, remittance address, and mailing addresses.

## Provider Tables

The screenshot shows a software application window titled "Facets - Practitioner - Andersen, Morgan A.". The main area displays a list of addresses for the practitioner. One address is selected, and a red arrow points to the "Effective" date field in the list. A callout box on the right contains the text "PRAD\_EFF\_DT: datetime". Below the list, there are tabs for "Indicate", "Billing Address", "Office Hours", "Services", "Site Visit", "Misc Data", "Languages", "Contacts", and "Notes". Under "Address", there is a form with fields for "Address Line 1" (15 Park Ave), "City" (New York), "State" (NY), "ZIP Code" (10001), and "Country" (Not Assigned). There are also buttons for "Mail", "Print", "Search", and "Cancel". At the bottom, there is a "Phone" section with two phone numbers and an "Email" field.

The user enters the effective date (PRAD\_EFF\_DT) for this address type.

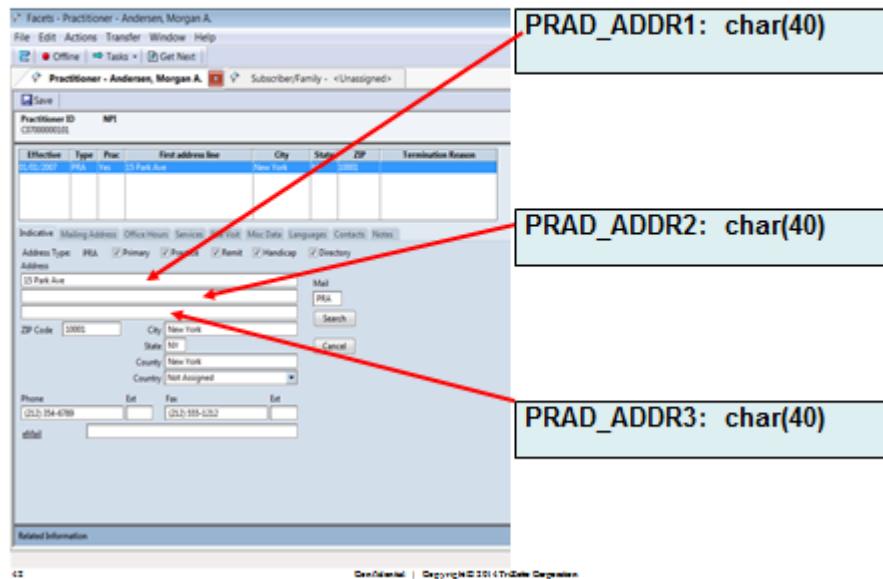
## Provider Tables



PRAD\_ADDR1: char(40)

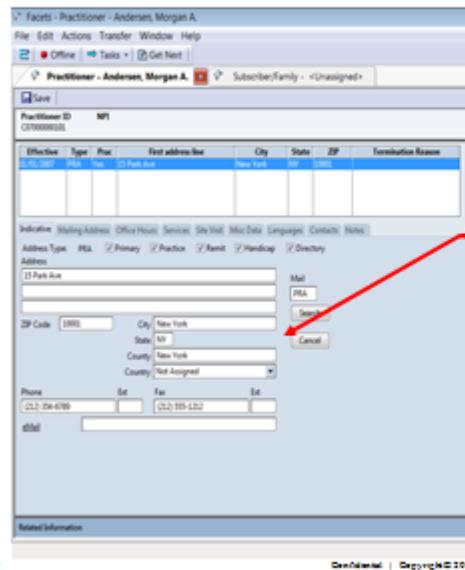
PRAD\_ADDR2: char(40)

PRAD\_ADDR3: char(40)



Facets requires the first line of the address even though three lines display. The two additional lines may also be used.

## Provider Tables

The screenshot shows the 'Practitioner' table in the Facets software. The 'Address' section contains fields for 'City', 'State', 'Zip', and 'Country'. A red arrow points from the 'City' field to the corresponding database column definition.

**PRAD\_CITY: char(19)**

**PRAD\_STATE: char(2)**

**PRAD\_ZIP: char(11)**

**PRAD\_COUNTY: char(20)**

The user enters the provider's **City**, **State**, **Zip Code**, and **Country** in these four fields. Facets requires the **City**, **State**, and **Zip** columns on this table. Facets requires the zip code because of the GeoAccess coding put on the provider address for latitude and longitude used to calculate distances. Other columns, such as **Phone**, **Fax**, and **Email** are optional.

## Provider Tables



S\* Facets - Practitioner - Andersen, Morgan A.  
 File Edit Actions Transfer Window Help  
 Offline Tasks Get Next  
 Practitioner - Andersen, Morgan A. Subscribers/Family - Unassigned  
 Save  
 Practitioner ID NPI  
 C270000000000000000  
 Effective Type Proc First address line City State ZIP Termination Reason  
 2010-01-01 PRA 123 Park Ave New York NY 10001  
 Indicate Mailing Address Office Hours Services Site Visit Misc Data Languages Notes  
 Address Type: PRA Primary Practice Remote Handicap Directory  
 Address: 123 Park Ave Mail PRA Search Cancel  
 ZIP Code: 10001 City: New York  
 State: NY County: New York  
 County: Not Assigned  
 Phone: Ext: Fax: List  
 (212) 555-4789 (212) 555-1234  
 Email:  
 Related Information  
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**PRAD\_HD\_IND: char(1)**

Above the address entry area within Facets, a checkbox labeled Handicap indicates whether the provider location includes accessibility for the physically challenged. When users select this box, Facets creates a link to the **Site Visit** table (**PRSQ**) in credentialing.

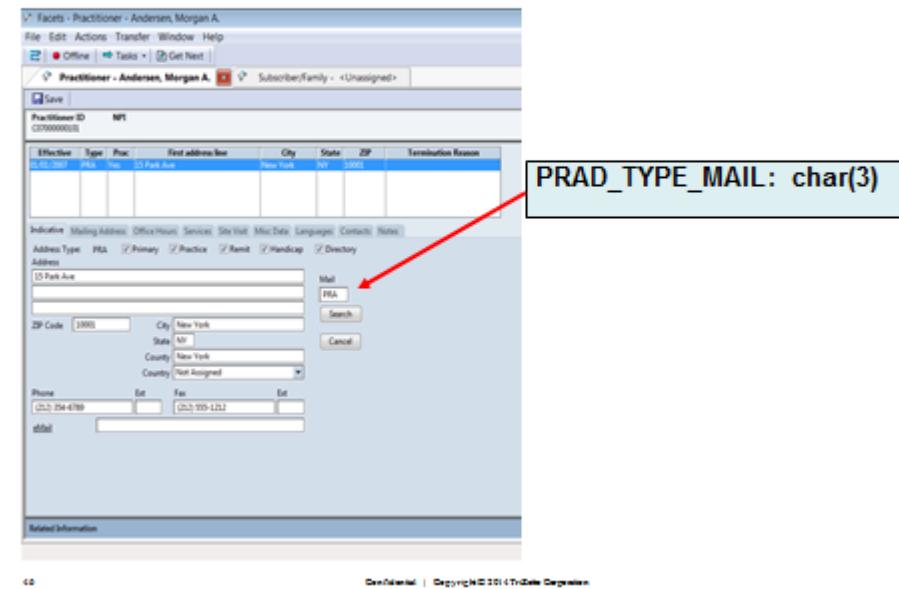
## Provider Tables



The screenshot shows the 'Practitioner - Andersen, Morgan A.' screen in the Facets software. The 'Address' tab is selected. A red arrow points to the 'Practice' checkbox in the 'Address Type' section. To the right, a callout box contains the database column definition: PRAD\_PRACTICE\_IND: char(1).

The user selects this box indicating if this address location provides services. It also allows for accessibility in the channeling process. When the user selects Practice, the Mail text box automatically populates with the Address Type for this address. If the service location is a practice location, Facets requires a mailing address and defaults to Y/Yes for the Handicap and Directory indicators. Facets requires the primary address type to be a practice address.

## Provider Tables

The screenshot shows a software application window titled 'Facets - Practitioner - Andersen, Morgan A.' with a sub-tab 'SubscriberFamily - <Unassigned>'. The main area displays a table with columns: Effective, Type, Prac, First address line, City, State, ZIP, and Termination Reason. Below this is a detailed address form. A red arrow points from the text 'PRAD\_TYPE\_MAIL: char(3)' to the 'Mail' button in the address entry dialog box.

Effective	Type	Prac	First address line	City	State	ZIP	Termination Reason
2012-09-01	PRA	123 Park Ave	New York	NY	10003		

**Address:**  
Address Type: PRA  Primary  Practice  Remit  Handicap  Directory  
Address:  
123 Park Ave  
ZIP Code: 10003 City: New York  
State: NY County: New York  
Country: Not Assigned  
Phone: Ext: (212) 555-4789 Fax: (212) 555-1234

**Related Information:**

**PRAD\_TYPE\_MAIL: char(3)**

With the exception of checks, remittances and EOB's, all providers receive all other correspondence at the address indicated as Mail Address Type. Facets requires this mailing address to represent a practice location, and each location needs a designated mailing address.

By selecting Remit, users designate the provider address for receiving checks, remittances, and EOBs.

If an address is not a practice location, the Mail address type is blank. The user may define an address other than the selected address as the mailing address type.

If PRAD\_PRACTICE\_IND = Y for a PRAD\_TYPE, PRAD\_TYPE\_MAIL can be valued. If PRAD\_PRACTICE\_IND = N, PRAD\_TYPE\_MAIL gets removed.

## Provider Tables



Screenshot of the Facets - Practitioner application showing the Addresses page for practitioner Andersen, Morgan A.

The screenshot shows a form with the following details:

- Practitioner ID:** NPI  
C370000000000000000
- Address:** 10 Park Ave, New York, NY 10003
- Address Type:** PRA, Primary, Practice, Remit, Handicap, Directory (checkbox checked)
- Address Fields:** ZIP Code (10003), City (New York), State (NY), County (New York), Country (Not Assigned)
- Phone:** (212) 254-4789, (212) 255-1234
- Buttons:** Mail, PRA, Search, Cancel

A red arrow points from the text "PRAD\_DIRECTORY\_IND: char(1)" to the "Directory" checkbox in the Address section of the form.

**PRAD\_DIRECTORY\_IND:  
char(1)**

The column named **PRAD\_DIRECTORY\_IND** engages when the user selects the **Directory** checkbox on the **Addresses** page of the Practitioner application. Once selected, the user may enter a practice location address type. Facets then uses this data to automatically create a default directory indicator as “I” to include the address in the directory production. The other option, “E” or Exclude, does not include the address in the directory.

## Provider Tables



Facets - Practitioner - Andersen, Morgan A.

File Edit Actions Transfer Window Help

Practitioner - Andersen, Morgan A. Subscriber/Family - <Unassigned>

Save

Practitioner ID: NPI  
C079000000000000

Effective	Type	Prac	First address line	City	State	ZIP	Termination Reason
			15 Park Ave	New York	NY	10003	

Indicators: Mailing Address, Office Hours, Services, Site Visit, Misc Data, Languages, Contacts, Notes.

Address Type: MTA  Primary  Practice  Remit  Handicap  Directory

Address:

15 Park Ave

ZIP Code: 10003 City: New York State: NY County: New York Country: Not Assigned

Phone: Edit Fax: Edit

(212) 555-6789 (212) 555-1234

Related Information

PRAD\_LONG: int

PRAD\_LAT: int

On the **Addresses** page of the Practitioner record, Facets displays the **Longitude** and **Latitude** fields of the provider's address, as assigned by the GeoAccess GeoLink multi-engine batch job. The Channeling application uses these columns when performing radial searches.

## Provider Tables



The screenshot shows a software application window titled "Facets - Practitioner - Andersen, Morgan A.". The menu bar includes File, Edit, Actions, Transfer, Window, Help, Offline, Tasks, and Get Next. The main area displays a "Practitioner - Andersen, Morgan A." record with a status of "NPI". The "Address" section shows "15 Park Ave" as the address, with "New York" as the city and "10003" as the ZIP code. Below the address, there are fields for "Phone", "Fax", and "E-mail". On the right side of the address entry screen, there is a "Geocode" button and a "Search" button. The bottom of the screen has a "Related Information" section.

**PRAD\_GEO\_RTRN\_CD:**  
char(3)

This column stores the GeoAccess return code for each GeoCoded provider address; 19 codes in all:

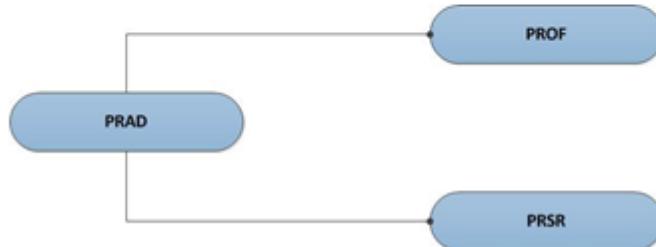
GeoAccess Return Code	Definition
20	This is address based.
21	This is the point zip.
22	This is the street intersection.
23	This is Zip+4 (Block Group).
24	This is Zip +4 (Census Tract).
25	This is Zip+4 (unclassified).
26	This is Zip+2 (Block Group).
27	This is Zip+2 (Tract).

## Provider Tables



### ► Other tables that support PRAD:

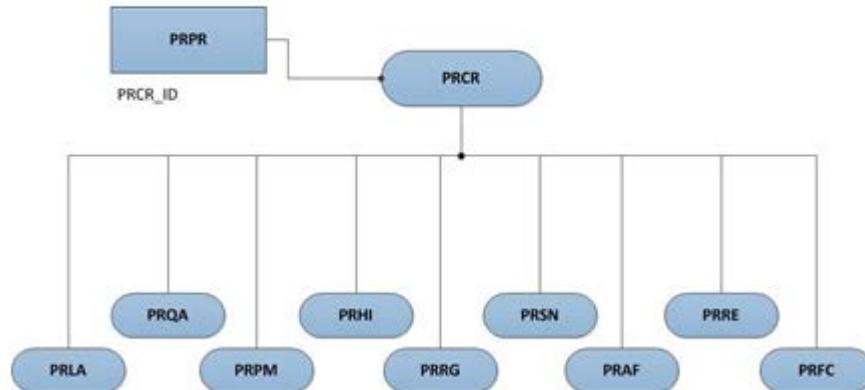
- CMC\_PROF\_OFF\_HRS
  - Provider Office Hour Availability
- CMC\_PRSR\_LOC\_SVRS
  - Provider Site Visit Evaluation Information



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## Provider Tables



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Facets houses optional credentialing tables. Each table holds specific information about the provider.

Optional Credentialing Tables	Definition
CMC_PRCR_CREDEN	This table provides Provider Global Credentialing Information.
CMC_PRLA_LANG	This table provides Common Practitioner Language Availability.
CMC_PRAF_AFFIL	This table provides Provider Relationship with Facility Information.
CMC_PRQA_QA	This table provides Provider Quality Assurance Information.
CMC_PRPM_RELATION	This table provides Provider Malpractice Information.
CMC_PRRG_REG	This table provides Provider Registration Indicative Information.
CMC_PRHI_HIST	This table provides Provider Specific Professional History information.

Optional Credentialing Tables	Definition
CMC_PRRE_RELATION	This table provides Provider/Managed Care Related Entity Relationship Information.
CMC_PRSN_SANCTION	This table provides Provider Level Sanction Information.
CMC_PRFC_CERT	This table provides Common Practitioner Board Status Information.

## Provider Tables –CMC\_PRFA\_FACILITY

### *Provider Tables –CMC\_PRFA\_FACILITY*



V\* Facets - Facility - Children's Memorial

File Edit Actions Transfer Window Help

Facility ID NPI  
C07900000001

Facility Name NPI  
Children's Memorial

Termination Taxonomy Code

Date Reason

Type Status Review  
Hospital Participating

AHA Number AHA Number Avg Room Rate User ID  
0.00

Credentialed by Delegated

Poach Required Primary Language Capitation Cycle ID

Not Applicable Clear Selection

Service Conversion Category

Value Code 1 Value Code 2

Memo

Related Information

Facility Indicative Information Data

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#### CMC\_PRFA\_FACILITY PRPR\_ID: char(12) (FK)

PRFA\_NAME: char(50)  
 PRFA\_AHA\_FAC\_NO: char(15)  
 PRFA\_AMA\_FAC\_NO: char(15)  
 PRFA\_SP\_ROOM\_RATE: money  
 PRFA\_LAST\_CHAN\_DT: datetime  
 PRFA\_NAME\_XLOW: char(8)  
 PRCR\_ID: char(12)  
 PRFA\_LOCK\_TOKEN: smallint  
 ATXR\_SOURCE\_ID: datetime

Facets uses this table if the PRPR\_ENTITY = F. This table stores indicative data for facilities including name, address, AHA, and AMA numbers. Facets also finds part of the data on the **CMC\_PRPR\_PROV** table.

## Provider Tables

### *Provider Tables*



► **Other tables that support Facility Credentialing:**

- CMC\_PRFC\_ACCRED
  - Facility Accreditation Information

► **Other tables that support Facility:**

- CMC\_PRFB\_FAC\_BED
  - Facility Bed Types
- CMC\_PRST\_FAC\_STAFF
  - Facility Staffing Information

## Provider Tables



► **Provider Date Sensitivity Table**

► **Required Columns:**

- PRPR\_ID
- PRDS\_EFF\_DT
- PRDS\_PAY\_CL\_IND
- PRDS\_PAY\_CAP\_IND

CMC_PRDS_DATE
PRPR_ID: char(12) (FK)
PRDS_EFF_DT: datetime
PRDS_TERM_DT: datetime
PRDS_MCTR_TRSN: char(4)
PRDS_PAY_CL_IND: char(1)
PRDS_PAY_CAP_IND: char(1)
PRDS_LOCK_TOKEN: smallint
ATXR_SOURCE_ID: datetime

This table allows users to designate a payee for claims or capitation with date sensitivity. Facets uses this table for future additional date sensitive fields.

## Provider Tables



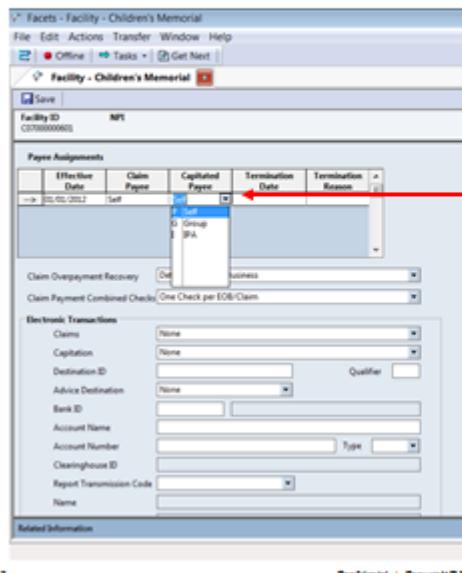
Screenshot of the Facets software interface showing the 'Facility - Children's Memorial' screen. The 'Payee Assignments' section is highlighted, specifically the 'Claim Payee' dropdown menu. A red arrow points from this dropdown to a callout box containing the following text:

**PRDS\_PAY\_CL\_IND: char(1)**  
 (see dropdown options)

The screenshot also shows other fields like 'Effective Date', 'Capitated Payee', 'Termination Date', and 'Termination Reason'. Below the main form, there are sections for 'Electronic Transactions' and 'Related Information'.

If the vendor is an IPA or provider group, a provider relationship between the provider and vendor must already exist. Also, for primary vendors with alternate payees, the alternate payee becomes the vendor for this provider.

## Provider Tables

The screenshot shows the 'Facility Assignments' section of the software. It includes fields for 'Effective Date', 'Claim Payee', 'Capitated Payee', 'Termination Date', and 'Termination Reason'. A dropdown menu is open over the 'Capitated Payee' field, showing options like 'Self', 'Group IPA', and 'Business'. Below this section are sections for 'Claim Overpayment Recovery' and 'Claim Payment Combined Checks'. At the bottom is a 'Related Information' section.

**PRDS\_PAY\_CAP\_IND:**  
char(1)

(see dropdown options)

Valid values for a particular provider ID depend upon the entity type of the capitated provider. A practitioner may designate a practitioner, a provider group, or an IPA. A provider group may designate a provider group or an IPA. An IPA may only designate an IPA. A facility may designate a practitioner (pay to the facility itself), a provider group, or an IPA. The default entry is to the current provider entity. If the selection (IPA, Provider Group or Practitioner) has an alternate payee relationship, that alternate payee is the vendor.

## Provider Tables



**CMC\_AGAG AGREEMENT**

v\* Facets - Agreement, Medical - AG01  
File Edit Transfer Window Help  
Agreement, Medical - AG01

Effective	Termination
01/01/2006	12/31/2006
01/01/2007	

Indicators: Discounts: Payment Drag: Related Prefixes: DOFR: Summary: Notes:

Type: FFI  
Delegated:  Claim  UM  Case Mgmt  
Entity ID:

Risk Withhold: Risk Withhold Type: None  
Risk Withhold %: 0.00

Profile: Type: Agreement ID:   
Override ID:

Network/Price Professional Pricing:  
Outpatient Pricing Type:   
Inpatient Pricing Type:   
Multiple Surgery %: 0.00 Explanation ID:

Outlier: Outlier Indicator:   
Explanation ID:   
Surcharge Processing Applies: No

Related Information

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**AGAG\_ID: char(12) (FK)**  
**AGAG\_EFF\_DT: datetime**

AGAG\_TERM\_DT: datetime  
 AGAG\_CAT: char(1)  
 AGAG\_MCTR\_TYPE: char(4)  
 AGAG\_RWH\_PCT: money  
 AGAG\_RWH\_IND: char(1)  
 AGAG\_CL\_ACPT\_MNTHS: smallint  
 AGAG\_IP\_PRICE\_IND: char(1)  
 AGAG\_OP\_PRICE\_IND: char(1)  
 AGAG\_OP\_MULT\_PCT: money  
 AGAG\_OI\_IND: char(1)  
 AGAG\_OI\_DISC\_PCT: money  
 ...continued

This **Provider Agreement** table stores the base information for a provider agreement, and is where the Agreement ID is created.

**continued...**

AGAG\_DL\_LMT: money  
AGAG\_DL\_EXCD\_ID: char(03)  
AGAG\_DL\_DISC\_PCT: money  
AGAG\_DL\_MAX\_DISC\_PCT: money  
AGAG\_DLX\_EXCD\_ID: char(3)  
AGAG\_DL\_DISC\_IND: char(1)  
AGAG\_DL\_DISC\_PRC: char(1)  
AGAG\_DL\_STD\_EXCD\_ID: char(3)  
AGAG\_DL\_SUP\_DISC\_PCT: money  
AGAG\_DL\_SUP\_DISC\_EXCD: char(3)  
AGAG\_DL\_DRAG\_FROM\_IND: char(1)  
AGAG\_DL\_DRAG\_PER\_IND: char(1)  
AGAG\_DL\_DRAG\_PERIOD: smallint  
AGAG\_DL\_DRAG\_PERIOD2: smallint  
AGAG\_DL\_DRAG\_PERIOD3: smallint  
AGAG\_DL\_DRAG\_EOB\_IND: char(1)  
AGSE\_PFX: char(4) .....

## Provider Tables



V\* Facets - Agreement, Medical - AG01  
File Edit Transfer Window Help  
Offline Tasks Get Next  
Agreement, Medical - AG01  
Save  
Agreement Description IFO-Contract.Agreement  
Effective Termination  
01/01/2008 01/01/2008  
01/01/2007  
Indicates: Discounts Payment Drag Related Profiles DOBR Summary Notes  
Type PII  
Claim Accept Months 12  
Profile Agreement ID  
Risk Withhold  
NetworkXPricer Professional Pricing  
Implementation Pricing Type None  
Outpatient Pricing Type None  
Officer None  
Payment Drag  
Straight/Default Discount 0.00%  
Supplemental Discount 0.00%  
Minimum Discount 0.00%  
Related Profiles Service Contracts COB Rules  
ASC Multiple Procedures Procedure Definitions Clinical Edit Admin Rules Alternative Agreement Surgeon Pricing Applies No  
Delegated Preferences Delegated Profile No UM No Case Mgmt No  
Referenced Facility Not Assigned  
Related Information  
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AGDP\_PFX: char(4)  
 AGCB\_PFX: char(04)  
 AGCG\_PFX: char(4) (FK)  
 AGHI\_PFX: char(04)  
 AGIP\_PFX: char(4) (FK)  
 AGSL\_PFX: char(4) (FK)  
 AGPP\_PFX: char(4) (FK)  
 AGPD\_PFX: char(4) (FK)  
 AGRG\_PFX: char(4) (FK)  
 AGRT\_PFX: char(4) (FK)  
 AGIL\_PFX: char(04)  
 AGDS\_PFX\_UM: char(04)  
 AGDS\_PFX\_CLCL: char(04)  
 AGMD\_PFX: char(04)

...continued

Five different columns get expanded.

Provider Columns	Definition
AGAG_IP_PRICE_IND	This represents a NetworXPricer identifier for institutional facility agreements.
AGAG_OP_PRICE_IND	This represents a NetworXPricer identifier for institutional facility agreements.
AGAG_NWX_PROF_IND	This represents the NetworXPricer identifier for the professional provider, like an MD.
AGSE_PFX	This represents the Agreement Service Definition prefix that ties an agreement to a product.
PPPF_ID	This represents the Profile ID that is a pricing parameter linking a unique payment arrangement to a particular provider or set of providers; it links to the <b>PFFS</b> table.

**continued...**

AGDS\_PFX\_UM: char(04)  
AGDS\_PFX\_CLCL: char(04)  
AGMD\_PFX: char(04)  
PFPF\_ID: char(12) (FK)  
AGAG\_PF\_IND: char(1)  
AGAG\_TSFR\_IND: char(1)  
AGAG\_MULT\_RTYP\_IND: char(1)  
AGAG\_OPTS: char(8)  
AGAG\_ID\_XLOW: char(8)  
AGAG\_DELG CLAIMS: char(01)  
AGAG\_DELG\_UM: char(01)  
AGAG\_DELG\_CASE: char(01)  
AGAG\_NWX\_PROF\_IND: char(01)  
AGAG\_DESC: varchar(70)  
MCRE\_ID: char(09)  
EXCD\_ID: char(03)  
AGEA\_PFX: char(04)  
AGDE\_PFX: char(4)  
AGDA\_PFX: char(4)  
AGUT\_PFX: char(4)  
DOFR\_ID: char(12)  
AGAA\_PFX: char(4)  
AGAG\_DELG\_CRED\_ID: char(12)  
AGAG\_DELG\_QM\_ID: char(12)  
AGAG\_ACPLUS\_IND: char(1)  
AGAG\_INP\_DOFR\_IND: char(1)

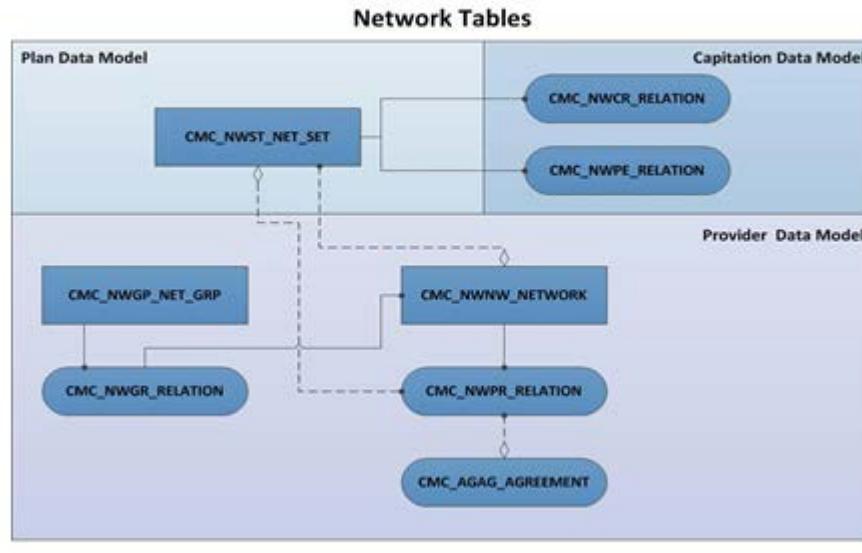
**...continued**

**continued...**

AGAG\_LOCK\_TOKEN: smallint  
ATXR\_SOURCE\_ID: datetime  
SYS\_LAST\_UPD\_DTM: datetime  
SYS\_USUS\_ID: varchar(48)  
SYS\_DBUSER\_ID: varchar(48)

## Network Tables

### *Network Tables*



Facets contains **Provider Network** tables in three different domains. The **NWNW** table holds all provider networks and comprises of smaller network groups (**NWGP**) containing relationships defined in the **NWGR**.

Facets requires a provider (PRPR) to have two things for consideration as an in-network provider on the Plan's Network Set (NWST):

- Each PRPR must hold a relationship to the provider network defined on the NWPR.
- Facets requires an agreement for the PRPR to be considered in network.

Facets allows listed providers to have capitation arrangements in the network. Facets defines capitation types as follows:

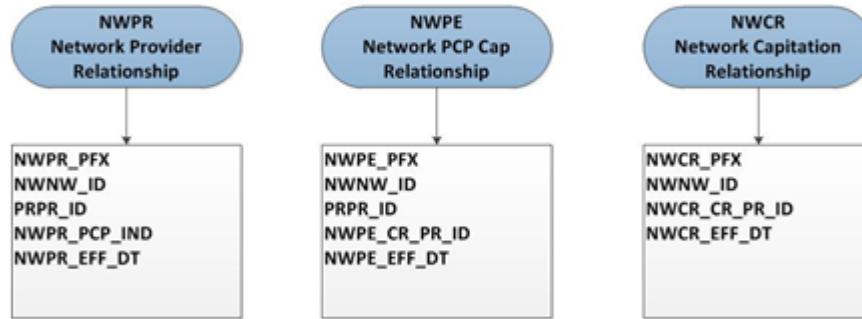
- Primary
- Secondary (NWPE)
- Global (NWCR)

# Network Relationships

## *Network Relationships*



### Network Relationships



The NWPR, NWPE & NWCR all contain the NWNW\_ID & \_PFX that are stored on NWST

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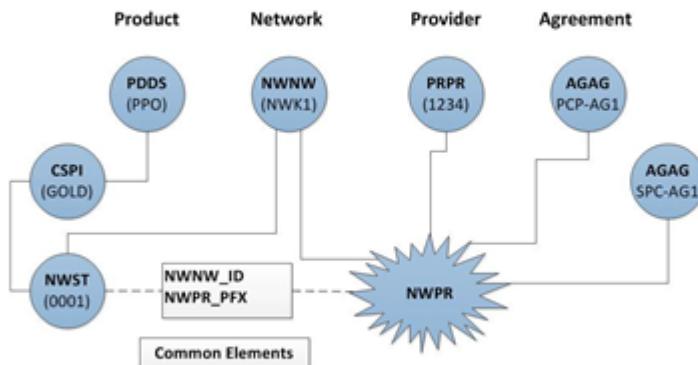
Each table contains a reference to the NWNW\_ID with a column defining either a PRPR or a capitated PRPR (xxxx\_CR\_PR\_ID). If the PRPR is included in the NWST for plan benefits, the prefixes from these tables match the ones on the NWST (Network Set).

# Network Provider Relationship

## *Network Provider Relationship*



**Network Provider Relationship**



The NWPR Table brings together all the elements to create the link between Product - Network - Provider - Agreement using the NWPR\_PFX

---

## Objective Summary

---

Upon successful completion of this chapter, you will be able to:

- Discuss the important columns of the major tables
- Explain the relationship of the columns to the other tables and domains as they pertain to the Facets processes
- Explain the common elements among the tables

## Coming Up

### *Coming Up*



Next we will discuss:

- ▶ **Claims Data Model**

---

## Claims Data Models

### **Objectives**

---

Upon successful completion of this chapter, you will be able to:

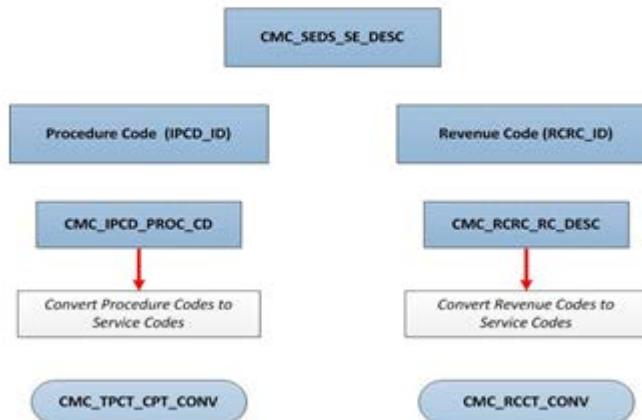
- Discuss the important columns of the major tables
- Explain the relationship of the columns to the other tables and domains as they pertain to the Facets processes
- Explain the common elements among the tables

## Creating Service IDs

### *Creating Service IDs*



#### Defines Service IDs & Descriptions



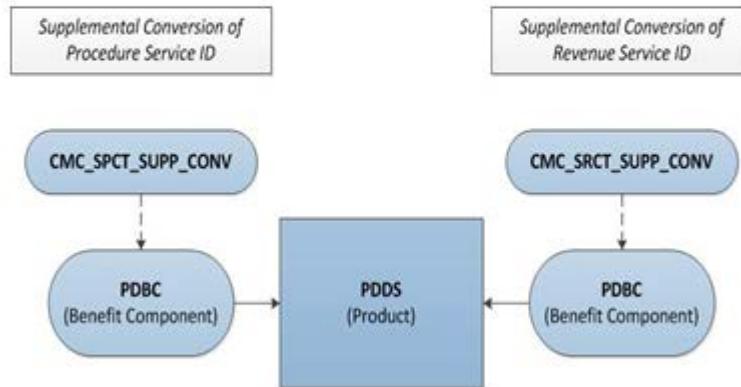
4

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Facets prices Procedure, Revenue, and HCPCS codes by converting each to a Service ID (SESE\_ID). Several tables support the storage of procedure codes, as well as the conversion process to a SESE\_ID.

Claims start at the Plan domain with the **Service Description** table, **SEDS**. Facets processes claims by services, not by procedure code. **SEDS** holds all the service codes that Facets recognizes. The MCO must map the procedure or revenue codes to the Facets services. Facets calls this mapping the Service/Procedure/Revenue Code conversion process. **SEDS**, **IPCD**, and **RCRC** are tables filled with data during the database install. Once mapping completes, the **TPCT** table displays Procedure codes and the **RCCT** table displays Revenue codes. Facets performs a look up on these tables to assign the appropriate Service ID during adjudication.

## Creating Service IDs



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Service Codes (SESE\_ID) can convert to another Service Code within the **Supplemental Conversion** tables based on the member's age, gender, diagnosis, provider specialty, or provider type. Facets also identifies a patient relationship field, **SPCT\_RELATION**, on the **SPCT\_SUPP\_CONV** table.

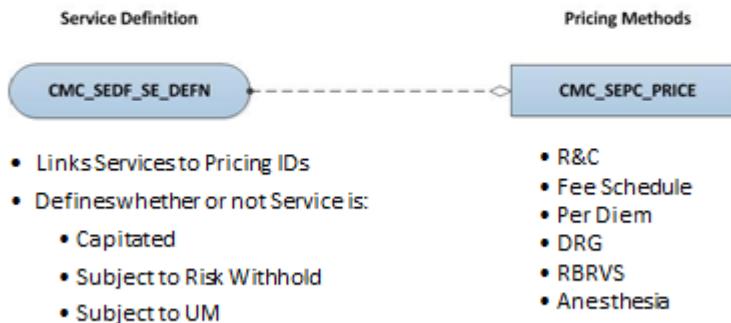
In addition to the first mapping or conversion, a second mapping of the codes occurs, which results in the Supplemental Procedure/Revenue codes. Facets defines the resulting tables from this mapping, **SPCT/SRCT**, under PDBC in the product.

## Service Definition – Link to Facets Pricing

### *Service Definition – Link to Facets Pricing*



- ▶ For given Service Definition, one Service Pricing Method exists per service (SESE\_ID)
- ▶ For given SESE\_ID, a corresponding SEPC\_PRICE\_ID ties procedure to a pricing method



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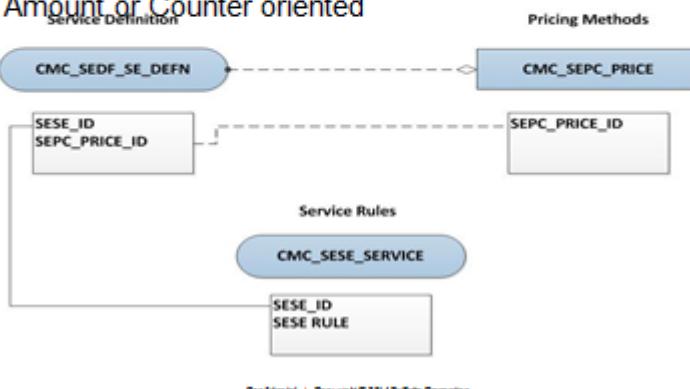
After the procedure code converts to the Service ID, Facets looks to the **Service Definition** table (**SEDF**) and gathers more information on the service. The **SEDF** also holds a link to the **SEPC** table, which defines the pricing method for the claim.

## Service Definition – Link Facets Pricing to Payment



### ► Service Rule Table Defines:

- The order Facets calculates copay, coinsurance, deductibles
- Valid gender & age ranges
- Amount or Counter oriented



This flowchart illustrates the link between the **SEDF**, **SEPC**, and the **SESE** tables. The **SESE** table holds the calculation method for copays, deductibles, and COB. It may also hold some restrictions on the service, such as gender or age.

## Facets Pricing

### *Facets Pricing*



#### ► **Facets Tables involved in Pricing:**

- CMC\_SEIP\_PFX:
  - Various prefixes created linking other pricing variables for payment
  - Types of pricing defined here
- SEIP\_TYPE\_PFX values point to other tables:
  - 1 = ZPCD - Zip Code Pricing Information
  - 2 = ZPRB - RBRVS Zip Code Table
  - 3 = IPRS - R&C/Schedule Pricing Table
  - 4 = IPRV - Unit Value Pricing Table
  - 5 = IPCF - Procedure Conversion Factor Pricing
  - 9 = IPTR - Procedure Tiers
- How do we find a price for a procedure that pays R & C?

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Facets pricing starts with the **SEPC** table, which stores prefixes. These prefixes point to the appropriate table that defines the dollar amount for the procedure.

## Facets Pricing



► **Prefixes determine pricing methodology Facets follows during claim adjudication:**

- For R&C pricing example: Step 1
  - Define and store Zip code type prefix in SEIP

CMC_SEIP_PFX	
SEIP_PFX	01
SEIP_TYPE_PFX	1
SEIP_PFX_DESC	Zip code definition for R&C pricing
SEIP_LOCK_TOKEN	
ATXR_SOURCE_ID	

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## Pricing

### *Pricing*



#### ► For R&C pricing example: Step 2

- Define and store actual Zip code ranges in ZPCD

CMC\_ZPCD\_ZIP\_DATA

SEIP_PFX	01	01	01
ZPCD_ZIP_PFX	070	077	078
ZPCD_EFF_DT	01/01/2010	01/01/2010	01/01/2010
ZPCD_TERM_DT	12/31/9999	12/31/9999	12/31/9999
ZPCD_AREA	001	001	002
ZPCD_LOCK_TOKEN			
ATXR_SOURCE_ID			

## Facets Pricing

### *Facets Pricing*



#### ► For R&C pricing example: Step 3

- Define and store R&C type in SEIP (again)

CMC_SEIP_PFX	
SEIP_PFX	01
SEIP_TYPE_PFX	3 (IPRS)
SEIP_PFX_DESC	R & C Pricing for 99211 - VO
SEIP_LOCK_TOKEN	
ATXR_SOURCE_ID	

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## Facets Pricing



### ► For R&C pricing example: Step 4

- Define and store \$ rate for procedure(s)

CMC\_ZPCD\_ZIP\_DATA

SEIP_PFX	01	01
IPCD_ID	99211	99211
ZPCD_AREA	001	002
IPRS_EFF_DT	01/01/2010	01/01/2010
IPRS_TERM_DT	12/31/9999	12/31/9999
IPRS_RATE	\$125	\$100
IPRS_DISC_PCT		
IPRS_LOCK_TOKEN		
IPRS_TERM_DT		

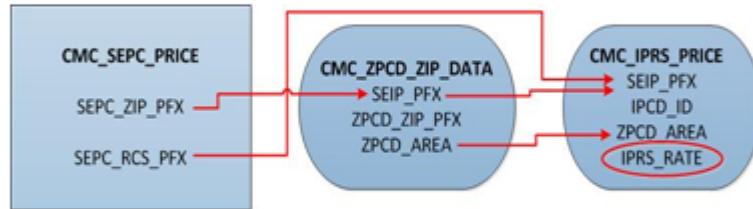
12

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## Facets Pricing



- ▶ Tie it all together; see prefixes in CMC\_SEPC\_PRICE table:



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The SEPC\_ZIP\_PFX points to the **ZPCD** table, which determines the ZPCD\_AREA based on the provider's 3 digit zip code.

The SEPC\_RCS\_PFX points to the **IPRS** table, which determines the SEIP\_PFX to utilize during adjudication.

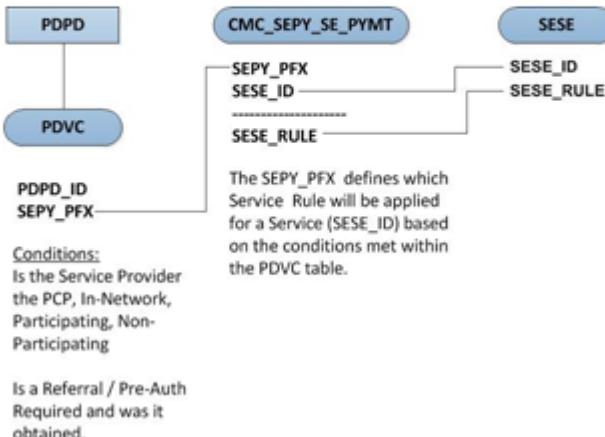
The ZPCD\_AREA from the **ZPCD** table points to the ZPCD\_AREA on the **IPRS** table in order to determine which dollar amount to use as a price during adjudication.

## Service Payment – Linking the Product

### *Service Payment – Linking the Product*



- ▶ Locate Service Rule (SESE\_RULE) Facets uses to price a service (SESE\_ID) within a product



When Facets determines a price, it looks at the conditional rows built in the **PDVC** table and matches the claim to one. That row determines which **SEPY\_PFX**, Service Payment prefix, Facets uses when applying the **SESE\_RULE**, Service Rule. The **SEPY** table links to the **SESE** table by **SESE\_ID** and **SESE\_RULE** to obtain the **SESE\_CALC\_IND** used in determining how Facets handles copays, deductibles, and coinsurance.

## Claim Adjudication Sequence

### *Claim Adjudication Sequence*



#### 1. Eligibility:

- ▶ **Is Subscriber/Member & Group a valid entity?**
  - CMC\_SBSB\_SUBSC
  - CMC\_GRGR\_GROUP
- ▶ **Does a Valid Class/Plan exist?**
  - CMC\_CSPI\_CS\_PLAN
- ▶ **Is member eligible?**
  - CMC\_MEPE\_PRCs\_ELIG

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Facets utilizes 14 steps of validation during adjudication. If one of the steps does not resolve during the adjudication process, the process stops and the claim becomes status 15 – Pended with Error. When the claims processor corrects the pended claim, Facets picks up the claim again when adjudication runs and starts the process all over again. If the claim passes all the steps, the last step becomes status 01 – Waiting for Payment Batch.

The 14 steps include:

1. Eligibility - Facets verifies that the member belongs to a valid group, a valid class/plan, and may receive benefits.

## *Claim Adjudication Sequence*



### **2. Provider/PCP/Network determination:**

- ▶ **Facets determines if servicing provider on claim is member's PCP:**
  - CMC\_MEPR\_PRIM\_PROV
- ▶ **Facets determines if servicing provider covers for PCP:**
  - CMC\_PRCV\_COV\_PRAC
- ▶ **Facets determines if servicing provider is secondary provider:**
  - CMC\_PRER\_RELATION
- ▶ **Identify the Provider/Network relationship:**
  - CMC\_NWST\_NET\_SET
  - CMC\_NWPR\_RELATION

### **2. Provider/PCP/Network determination:**

- o Facets determines if the servicing provider on the claim is the member's PCP.
- o Facets determines if the servicing provider covers for that PCP.
- o Facets determines if the servicing provider is a secondary provider.
- o Facets identifies the validity of the provider/network relationship by verifying the provider's Network Set (NWST) and Network Provider Relationship (NWPR).

## *Claim Adjudication Sequence*



### **3. Service Definition (AGSE or SEDF):**

► **If a Provider Agreement exists:**

- Facets obtains Agreement record , link AGSE\_PFX to SEDF table:
  - CMC\_AGAG AGREEMENT
  - CMC\_SEDF\_SE\_DEFN

► **If a Provider Agreement does not exist:**

- Obtain Product's Service Definition Benefit Component prefix, link to corresponding SEDF row:
  - CMC\_PDBC\_PROD\_COMP
  - CMC\_SEDF\_SE\_DEFN

3. During claims adjudication, Facets obtains a Service Definition that in turn determines a price. If Facets finds a provider agreement, Facets retains that agreement's Service Definition (AGSE). If Facets does not find an agreement, it obtains the Service Definition from the product (SEDF).

- o The Service Definition record on the agreement (AGSE) allows the user to establish different referral, pre-authorization, pricing, capitation, and risk withholding requirements that get applied to all providers under this agreement (AGAG\_ID).
- o The Service Definition record on the product points to the default or out-of-network pricing for that product.

## *Claim Adjudication Sequence*



### **4. Charges roll-up to one line for:**

- ▶ All Inclusive Per Diem
- ▶ All Inclusive Per Case
- ▶ DRG pricing types

### **5. Duplicate Editing/Claims History check:**

- ▶ CMC\_DUMD\_DUP\_EDIT - Medical Claim Duplicate Rules

### **6. Managed Care edits:**

- ▶ Matching Referral/Pre-Authorization requirements:
  - CMC\_CLUM\_MATCH\_CR:
    - Match claim to UM requirements per parameters found in this table

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4. For All Inclusive Per Diem, All Inclusive Per Case, and DRG pricing types, charges roll up to one line (a room and board line for Per Diem and Per Case, and a \*RG line for DRG pricing).
  - o Roll-up pricing does not add together the units or each line of the claim.
  - o Roll-up pricing occurs on services with the same date of service.
  - o Roll-up pricing does not apply to services specifically excluded, as defined on the Exclusions application.
  - Roll-up pricing does not override external pricing.
5. Facets checks for duplicate claim lines on the current claim and claims in history using the Duplicate Claims Rules, Medical record (CMC\_DUMD\_DUP\_EDIT).
6. The Claims Processing applications convert the Procedure or Revenue Code to a Type of Service. Facets then uses the claim's servicing provider or Facility ID, procedure code, type of service, and diagnosis code to determine whether or not the referral and/or pre-authorization requirements exist for the claim's line item(s). If the servicing provider or facility's **Pre-authorization Required** field on the Practitioner or Facility record populates with (continued):

continued...

- o No Services, Facets bypasses the pre-authorization requirements at all other levels and assumes that pre-authorizations are not required.
- o All Services, Facets assumes that pre-authorizations are required for all services regardless of the pre-authorization indicators set in any other application.
- o Not Applicable, Facets proceeds to the routine as identified in steps b - e below.

Facets checks for matching pre-authorizations in the Prospective UM application if the **Pre-authorization Required** checkbox in the Procedure Edit Criteria application (found in the Criteria Maintenance application group) indicates the procedure code requires a preauthorization.

Facets checks for pre-authorizations in the Prospective UM application based on the diagnosis code on the claim if the **Pre-authorization Required** checkbox in the Diagnosis Edit Criteria application (found in the Criteria Maintenance application group) indicates the diagnosis code requires a preauthorization.

Facets checks for matching referrals and/or preauthorization in the Prospective UM application if the **Referral** and/or **Pre-authorization Required** checkboxes in the Procedure application (found in the Medical Provider Agreement application group) indicate the procedure code requires a preauthorization and/or referral.

Facets checks for matching referrals and/or pre-authorizations in the Prospective UM application if the **Referral** and/or **Pre-authorization Required** checkboxes for a Type of Service are checked in the Service Definition application. Facets stores the Service Definition records in two places:

- Facets checks for a Service Definition record on the provider's agreement first (AGSE).
- If Facets does not find an agreement, it checks for a Service Definition record on the member's product (SEDF).
  - o Facets provides an option on the Service Definition application (the AGSE or SEDF) to waive the referral requirements for PCP ordered services. In this instance, Facets must identify the PCP as the referring provider on the claim.

## Claim Adjudication Sequence



### 7. Clinical Editing:

► **Administrative Rules:**

- CMC\_EAPE\_PROC\_EDIT - Rules
- CMC\_EAAR\_ADM\_RULES - Rules
- CMC\_EAIP\_IPCD - Rules

► **Criteria Tables:**

- CMC\_CEIP\_REL\_CRIT - Procedure Editing Criteria
- CMC\_CECE\_CRITERIA - Procedure Appropriateness Criteria
- CMC\_CEID\_REL\_ID - Procedure/Diagnosis Mapping

7. In claims adjudication, Facets reads the **Plan** table (Administrative Parameters) to obtain the clinical editing criteria. In the **Processing Actions** section of the Clinical Editing Administrative Rules application, users may customize clinical edits; therefore services can bypass, disallow, or generate a warning message when encountering an edit. In the case of subset and redundant edits, charges combine from the edited procedure line items into the primary procedure line item. In the case of secondary edits, the secondary penalty percentage prices against the calculated allowable priced amount of the line item. This refers to the priced amount of the line, not the charges. The outcome of these edits display in the **Clinical Edits** section tabs of the Medical and Hospital Claims Processing and Pre-pricing applications.

## Claim Adjudication Sequence



### 8. Line Item Prefixes:

- ▶ CMC\_CDML\_CL\_LINE
- ▶ CMC\_CDDL\_CL\_LINE

### 9. Pricing (SEPC for Facets pricing, AGSE for NetworX pricing):

- ▶ CMC\_SESE\_SERVICE
- ▶ CMC\_SEDF\_SE\_DEFN

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8. Facets populates the **Product and Prefixes** dialog box (opened from the **View** menu) with a complete listing of all the product prefixes used during the adjudication routine when a claim is processed, including the prefixes used from the appropriate product Variable Components.
9. In claims adjudication, Facets edits the Procedure and/or Revenue codes from the claim against supplied data tables. Users create Service IDs by mapping groups of CPT-4/Revenue codes using conversion tables. The Service ID represents the definition used for pricing the service. The **Service Rule** table (**SESE**) and **Service Definition** table (**SEDF**) establish the specific rules and parameters set to adjudicate claims. Service Pricing does not link to the Product as a component. Instead, Service Pricing IDs link to Service IDs on the Service Definition. They link directly to a product as a component as well as to a provider's agreement.

## *Claim Adjudication Sequence*



### **10. Service Rules, Deductibles, Limits, Penalties:**

- ▶ **CMC\_LT\_LT\_LIMIT - Limit Prefixes and Accumulators\**
- ▶ **CMC\_DEDE\_DEDUCT - Deductible Prefixes and Accumulators**
- ▶ **CMC\_EBCL\_EOB\_DATE - The accumulators reported on EOB**

### **11. Apply COB:**

#### **▶ Rules for calculating COB:**

- CMC\_CBCB\_COB - Calculation Method
- CMC\_CBSE\_COB\_IX - Service Exclusions

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10. Service rules help Facets adjudicate payment based on several parameters. A user may apply multiple service rules (SESE\_RULES) to a Service ID (SESE\_ID). A Service Rule establishes the calculation method of the service, any claims processing edits, penalty types and amounts, and service tiers. At a high level, Facets determines how services price:
  - o Will Medical claims price by reasonable and customary (R&C) rates or fee schedules?
  - o Will Room and Board services reimburse by Per Diem/Per Case or DRG rates?
11. Users select a calculation method from a variety of options in order to administer COB provisions properly. One product can require COB to coordinate up to the higher of the two carriers allowable amounts, while another product administered by the same carrier, can require coordination to their own (i.e., Facets) allowable amount or even the submitted charges on the claim.

## *Claim Adjudication Sequence*



### **12. Payment Drag:**

- ▶ CMC\_AIAI\_ADMIN\_INFO OR CMC\_AGAG\_AGREEMNT

### **13. Accumulator Update:**

- ▶ CMC\_MEAC\_ACCUM
- ▶ CMC\_FAAC\_ACCUM

### **14. Claim Status updated:**

- ▶ 01 - Claim awaiting batch
- ▶ 15 – Claim pending with error

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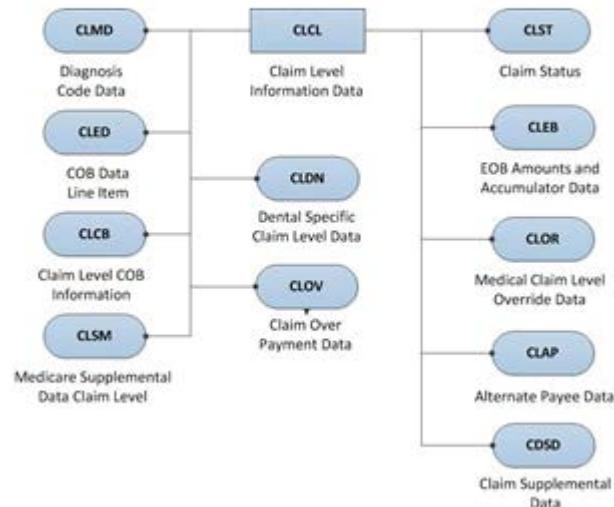
12. Payment Drag alters the timing of when a provider's claim runs through the claims payment batch. Payment Drag at the agreement level supersedes Payment Drag at the Administrative Information level found on the Product.

13. Accumulators allow MCOs to do the following:

- o Track benefits by either money or number of visits (counter).
- o Track benefits at the member or family level.
- o Identify accumulator buckets for all members of a specific product.
- o Track accumulations by a specified amount of time (yearly or by lifetime).
- o Track the amount of money spent or saved through Coordination of Benefits (COB).

14. Facets updates the status of the claim.

## Claim Summary Tables



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## Claims Database – Claim Summary Table

### *Claims Database – Claim Summary Table*



#### ► CMC\_CLCL CLAIM

- Table Highlights:
  - Total Charges and Payable Amounts reflecting service line summary
  - Claim ID = CLCL\_ID, one row per Claim ID
  - Stores most recent claim status (CLCL\_CUR\_STS)
- Required Fields

CLCL_ID
MEME_CK
GRGR_CK
SBSB_CK
CLCL_CL_TYPE
CLCL_CL_SUB_TYPE
CLCL_CUR_STS
CLCL_SITE
CLCL_LAST_ACT_DTM
CLCL_INPUT_DT
CLCL_RECV_DT
CLCL_ACPT_DT
CLCL_LOW_SVC_DT
CLCL_HIGH_SVC_DT

...continued

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The **Claim Summary** table, **CLCL**, represents the main table in the Claims domain.

**continued...**

CSPD\_CAT  
CSCS\_ID  
CSPI\_ID  
PDPC\_ID  
MEPE\_FI  
MEPE\_PLAN\_ENTRY\_DT  
CLCL\_COBRA\_IND  
CLCL\_ME\_AGE  
MEME\_REL  
MEME\_SEX  
MEME-RECORD\_NO  
PDBC\_PF\_SEDF

## Claims Summary Table – CMC\_CLCL CLAIM

### *Claims Summary Table – CMC\_CLCL CLAIM*



\* Facets - Medical Claims Processing - Fields, Steven J.

File Edit Actions: Supp View Transfer Window Help

Offline Tasks Get Next

Medical Claims Processing - Fields, Steven J.

Claim ID: 1032200005000	Provider ID: CEF0000000003	Status: Pended: Awaiting Batch	Next Run Date: 11/18/2010	Payer:	Provider:												
Subscriber ID: 1032200005000	Suffix:	Member:	Subscriber: Fields, Steven														
Provider ID: CEF0000000003		Remit Info:	Received Date: 11/18/2010														
New York Health Associates Tax ID: NPI: Address: 3444 Western Ave Double Ferry, NY 10522 Westchester County Phone: Fax: Type: HOSP																	
Diagnosis Codes <table border="1"><tr><td>1</td><td>4</td><td>5</td><td>10</td></tr><tr><td>2</td><td>3</td><td>6</td><td>11</td></tr><tr><td>3</td><td></td><td></td><td>12</td></tr></table> ICD Version: Input: ICD-9 Processed: ICD-9						1	4	5	10	2	3	6	11	3			12
1	4	5	10														
2	3	6	11														
3			12														
Provider Notes: Referring Physician ID: Related Facility ID: Authorization #: Patient Account #: Provider Taxonomy Code: Accidents/Emergency Medical Record # Related Dates Enclosures Stress Dates Submit																	
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**CLCL\_ID: char(12)**

**MEME\_CK:** int  
**GRGR\_CK:** int  
**SBSB\_CK:** int  
**SGSG\_CK:** int  
**CLCL\_CL\_TYPE:** char(1)  
**CLCL\_CL\_SUB\_TYPE:** char(1)  
**CLCL\_PRE\_PRICE\_IND:** char(1)  
**CLCL\_CUR\_STS:** char(2)  
**CLST\_MCTR\_REAS:** char(04)  
**CLST\_SEQ\_NO:** smallint  
**CLCL\_SITE:** char(2)

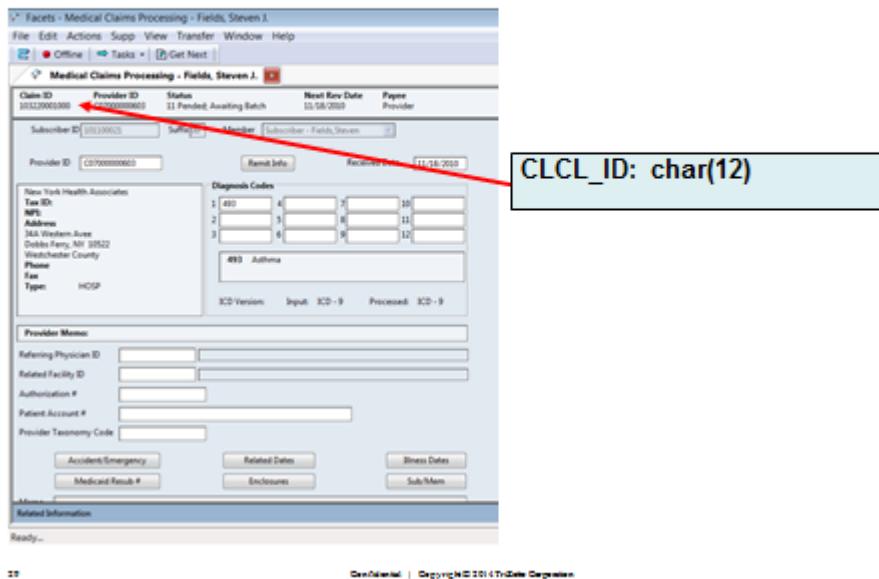
*...continued*

This table stores the base claim level information for both Medical and Hospital claims, the Claim ID originates here. This table stores indicative information including the member, provider, PCP, and plan in effect, as well as the input and received dates, and the status of the claim.

**continued...**

CLCL\_LAST\_ACT\_DTM: datetime  
CLCL\_INPUT\_DT: datetime  
CLCL\_RECV\_DT: datetime  
CLCL\_ACPT\_DTM: datetime  
CLCL\_PAID\_DT: datetime  
CLCL\_NEXT\_REV\_DT: datetime  
CLCL\_LOW\_SVC\_DT: datetime  
CLCL\_HIGH\_SVC\_DT: datetime  
CLCL\_ID\_ADJ\_TO: char(12)  
CLCL\_ID\_ADJ\_FROM: char(12)  
CLCL\_ID\_CRTE\_FROM: char(12)  
CSPD\_CAT: char(1)  
PZAP\_ID: char(4)  
CSCS\_ID: char(4)  
CSPI\_ID: char(8)  
PDPE\_ID: char(8)  
MEPE\_FL: char(1)  
MEPE\_PLAN\_ENTRY\_DT: datetime  
CLCL\_COBRA\_IND: char(1)  
CLCL\_ME\_AGE: smallint  
MEME\_REL: char(01)  
MEME\_SEX: char(1)  
MEME\_RECORD\_NO: char(11)  
MEME\_HICN: char(12)

## Claims Summary Table – CMC\_CLCL CLAIM

The screenshot shows the 'Medical Claims Processing - Fields, Steven J.' window. The 'Claim ID' field is highlighted with a red arrow and contains the value '10132500010000'. To the right of the screenshot, a callout box contains the text 'CLCL\_ID: char(12)'.

The Claim ID (CLCL\_ID) identifies a claim record and the corresponding data. The Claim ID separates into a ten-character ID and a two-character suffix. The Suffix starts at 00. The user can use alphanumeric values for the key, but should avoid special characters such as brackets, percent signs, dollar signs, etc.

### **Claims Summary Table – CMC\_CLCL CLAIM**



**CLCL\_CL\_TYPE:** char(1)

**CLCL\_CL\_SUB\_TYPE:**  
char(1)

The system generated value of CLCL\_CL\_TYPE identifies the type of claim (e.g. medical or dental). Values include:

- M – Medical
  - D – Dental
  - V - Vision
  - F – FSA
  - E – Encounter
  - R – Reimbursable

The CLCL\_CL\_SUB\_TYPE indicates the level below the claim type. Values include:

- D – Dental
  - C – FSA Dependent Care
  - F – Healthcare FSA
  - M – Medical
  - H – Hospital
  - V - Vision

## Claims Summary Table – CMC\_CLCL CLAIM



S\* Facets - Claims Inquiry - All  
File Filters Actions View Transfer Window Help  
Offline | Tools | Get Next |

Medical Claims Processing - Fields, Steven L. | Claims Inquiry - All

Search Parameters	Subscriber ID/Name	Provider ID	Service Dates	From	To	Rows																																										
	N/A	N/A				1																																										
Member	Provider	Begin	Charges	Paid Amount	Status	Field Dates																																										
Steven L. Fields	New York Health Associates	01-10-2008	\$200.00	\$0.00	01-01-11	Pending Approval Batch																																										
Encounter Detail Hospital Information HHS Information Line Item Details Line Item Pricing Line Totals Medicare Supplemental Member Provider																																																
Item	To	POS	TOS	Procedure	Diagnosis	Charges																																										
01-10-2008	01-10-2008	01	90	9005	400	\$200.00																																										
<table border="1"> <tr><td>Cosol Org</td><td>\$200.00</td><td>Doctor/Biller</td><td>\$0.00</td><td>Discount Amount</td><td>\$0.00</td></tr> <tr><td>Allowed/Units</td><td>0</td><td>Copy</td><td>\$0.00</td><td>Supplemental Discount</td><td>\$0.00</td></tr> <tr><td>Allowed</td><td>\$0.00</td><td>Coinsurance</td><td>\$0.00</td><td>COB Adjustment</td><td>\$0.00</td></tr> <tr><td>Cost Allowed</td><td>\$200.00</td><td>Cost-Benefit</td><td>\$200.00</td><td></td><td></td></tr> <tr><td>Benefit</td><td>\$0.00</td><td>Charge</td><td>\$200.00</td><td>Written Off</td><td>\$0.00</td></tr> <tr><td>HRA Paid</td><td>\$0.00</td><td>Disposition</td><td></td><td>Patent Liability</td><td>\$0.00</td></tr> <tr><td>PSA Paid</td><td>\$0.00</td><td></td><td></td><td>Total Patient Liability</td><td>\$0.00</td></tr> </table>							Cosol Org	\$200.00	Doctor/Biller	\$0.00	Discount Amount	\$0.00	Allowed/Units	0	Copy	\$0.00	Supplemental Discount	\$0.00	Allowed	\$0.00	Coinsurance	\$0.00	COB Adjustment	\$0.00	Cost Allowed	\$200.00	Cost-Benefit	\$200.00			Benefit	\$0.00	Charge	\$200.00	Written Off	\$0.00	HRA Paid	\$0.00	Disposition		Patent Liability	\$0.00	PSA Paid	\$0.00			Total Patient Liability	\$0.00
Cosol Org	\$200.00	Doctor/Biller	\$0.00	Discount Amount	\$0.00																																											
Allowed/Units	0	Copy	\$0.00	Supplemental Discount	\$0.00																																											
Allowed	\$0.00	Coinsurance	\$0.00	COB Adjustment	\$0.00																																											
Cost Allowed	\$200.00	Cost-Benefit	\$200.00																																													
Benefit	\$0.00	Charge	\$200.00	Written Off	\$0.00																																											
HRA Paid	\$0.00	Disposition		Patent Liability	\$0.00																																											
PSA Paid	\$0.00			Total Patient Liability	\$0.00																																											
Provider Specialty Procedure Office/Cpt (Init, Ext/Pt) 2 Key Components/Comprehensive HCPCS/Medical Decision High Complexity																																																
Add'l/Middle Initials																																																
National Drug Code NDC Units																																																
Diagnoses Asthma																																																
Related Information																																																

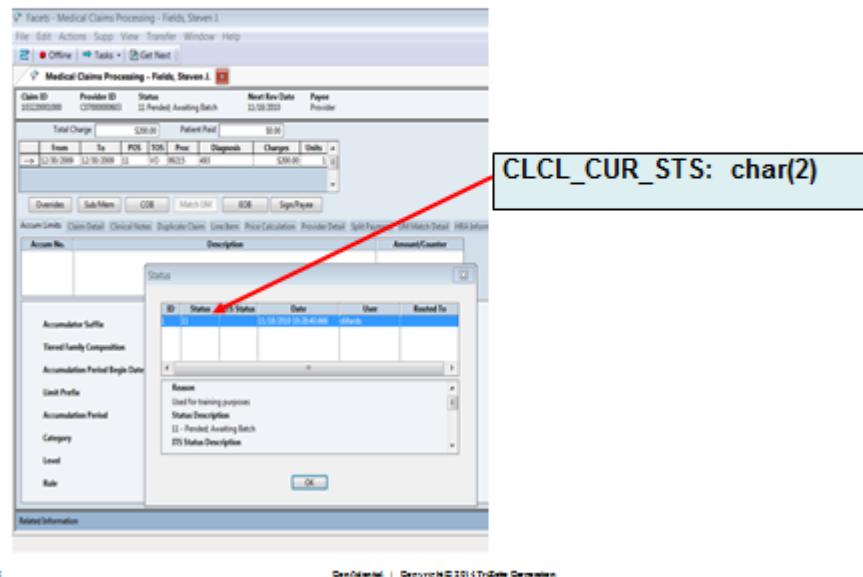
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**CLCL\_PRE\_PRICE\_IND:**  
**char(1)**

The CLCL\_PRE\_PRICE\_IND indicates if a claim pre-priced and adjudicated, pre-priced only, or adjudicated only. Values include:

Type	Meaning
C	Identifies that the claim prepriced and adjudicated.
D	Identifies dental claim predetermination.
E	Identifies ITS Host ECRP.
H	Identifies ITS Home.
I	Identifies ITS Host POS.
None	Identifies that the claim adjudicated but did not preprice.
P	Identifies that the claim prepriced.
S	Identifies ITS Host.
T	Identifies ITS Home ECRP.
X	Identifies Process Host Determination Logic.

## Claims Summary Table – CMC\_CLCL CLAIM

The screenshot shows the 'Medical Claims Processing - Fields, Steven J.' window. A red box highlights the column header 'CLCL\_CUR\_STS: char(2)'. Below it, a red arrow points to a dropdown menu titled 'Status' which lists various status codes and their descriptions.

ID	Status	Date	User	Rooted To
01	01	12-12-2012 08:45:00	Admin	

Reasons listed in the dropdown:

- Used for training purposes
- Status Description
- 01 - Pending Awaiting Batch
- STS Status Description

The system generated code, CLCL\_CUR\_STS, identifies the current status of the claim. A total of 12 values complete this column, such as 01 - Claim Accepted; Awaiting Batch.

## Claims Summary Table – CMC\_CLCL CLAIM



Screenshot of the Facets - Hospital Claims Processing interface showing a claim record for Price, Timothy.

The screenshot highlights the "Next Rev Date" field in the header bar, which is set to 02/16/2010. A red arrow points from this field to a callout box containing the label "CLCL\_NEXT\_REV\_DT: datetime".

**Facets - Hospital Claims Processing - Price, Timothy**

Claim ID	Provider ID	Status	Next Rev Date	Chain Level	Overrides Exist
10047000000000	CST0000000000	13 Pended with Errors	02/16/2010		

Provider Details:

- Subscriber ID: 0000000000
- Provider ID: 0000000000
- Notes Exist: No
- Apt. Assign: No
- Received: 02/16/2010

Community Hospital at Dobbs Ferry

Address: 128 Adelphi Avenue, Dobbs Ferry, NY 10522, Westchester County

Provider Member:

Admission Date: 02/01/2010, Hour: 0, Type: , Source:

Discharge Status: , Date: 02/02/2010, Hour: 0

Diagnoses Codes (Principal): Admitting: 7890, More: Abdominal Pain

Procedure Codes (Method): Principal: , Date: , More:

ICD Version: Input: ICD9, Processed: ICD-9

Patient Account # and Provider Taxonomy Code

Covid Days: , Acc/Emerg: , Other Prov: , Enclosures: , Auth. No: , Sub/Mem:

Memo:

Related Information:

Press F7 To Search...

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CLCL\_NEXT\_REV\_DT indicates the next review date of a pended claim (status 11) and is required if the claim is pended.

## Claims Summary Table – CMC\_CLCL CLAIM



V\* Facets - Hospital Claims Processing - Price, Timothy

File Edit Actions Supp View Transfer Window Help

Offline Tasks Get Next

Hospital Claims Processing - Price, Timothy

Claim ID	Provider ID	Status	Next Rev Date	Claim Level	Overrides Exist
10047000000000	CST0000000000	23 Pending with Errors	02/16/2010		
Subscriber ID	Subscriber	Member			
Provider ID	Provider	Notes Exist	Acpt.Assign	Remit	Received
Community Hospital at Dobbs Ferry					
Fac ID:	86722584	Type of Bill	100	Frequency	1
NPI:	9807011243	Type - Class	Adm		
Address	128 Adelphi Avenue Dobbs Ferry, NY 10522 Westchester County				
Statement Covers Period					
From:	02/01/2010	To:	02/02/2010		
Provider Member					
Admission	Date	Hour	Type	Source	
	02-01-2010	8			
Discharge	Status	Date	Hour		
		02-02-2010	8		
Diagnoses Codes					
Principal	Admitting				
1990					
Procedure Codes					
Method	Principal	Date			
ICD Version:	Input:	ICD9	Process:	ICD - 9	
Patient Account #	Provider Taxonomy Code				
Covid Days	Acc/Emerg	Other Prov.	Enclosures	Auth. No.	Sub/Mem.
Memo					
Related Information					
Press F7 To Search...					

**CLCL\_LOW\_SVC\_DT:  
datetime**

Dates of Service span

The CLCL\_LOW\_SVC\_DT and the CLCL\_HIGH\_SVC\_DT provide the range of dates for this claim.

## Claims Summary Table – CMC\_CLCL CLAIM



Facets - Claims Inquiry - All

File Filters Actions View Transfer Window Help

Hospital Claims Processing - Price, Timothy Medical Claims Processing - Shaffer, Gary

Search Parameters Submitter ID/Site Provider ID Service Dates From To Rows 1

Member	Provider	Begin	Charges	Paid Amount	Status
Gary Shaffer	Bethesda Center	01/01/2013	43,500.00	0000.00	Accepted

Actions Links: Claim Information Clinical Edits COB Disallow Amounts DORF EDI Information Encounter Detail Hospital

Received: 11/27/2010      Claim SubType: Medical  
 Input: 11/27/2010      Status: Accepted; Awaiting Batch  
 Input Method: On-Line  
 Last Action: 11/27/2010 16:49:36.183      User: whitneyt  
 Next Review: 11/27/2010      Adjusted Claim ID: **Original Claim ID:**  
 Paid:      Original Claim ID: **CLCL\_ID\_ADJ\_TO: char(12)**  
 HRA Indicator: N - not a HRA claim.  
 Payer:      Provider: **CLCL\_ID\_ADJ\_FROM: char(12)**  
 Batch ID:      Insurance ID: **CLCL\_ID\_ADJ\_TO: char(12)**  
 Batch Action:      Network Status: **CLCL\_ID\_ADJ\_TO: char(12)**  
 Payment Drug Date: **CLCL\_ID\_ADJ\_TO: char(12)**

Processing Application: CLC2 - Medical Claims Processing  
 ICD Version: Input      Processed: ICD - 9      Transformation Trans ID:  
 Other Coverage Exists? 1 - Other insurance indicated; actual paid amt is unknown

Claim Explanation:      Clinical Edits Performed: No  
 Date of Current Illness: 03/02/2010      PCA Edits Performed: No  
 Last Date of Current Illness:      Authorization #: **CLCL\_ID\_ADJ\_TO: char(12)**  
 Accepts Assignment: No      Date: **CLCL\_ID\_ADJ\_TO: char(12)**  
 Do Notes Exist?: No      Create From: Claim ID: **CLCL\_ID\_ADJ\_TO: char(12)**  
 Letters Exist?: No      Electronic External Encounter ID: **CLCL\_ID\_ADJ\_TO: char(12)**  
 Patient Account:      Input Standard Unique Health ID: **CLCL\_ID\_ADJ\_TO: char(12)**  
 Condition Related To: Supp Accident Benefits: 0.00  
 Memo: Assignment of Benefits: **CLCL\_ID\_ADJ\_TO: char(12)**

Related Information

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The system generated entry of CLCL\_ID\_ADJ\_TO includes the 10 position base claim number as the CLCL\_ID plus the 2 position segment, which varies.

These columns identify the original claim number and the claim number the claim adjusted to if the user completed an adjustment on the claim. The last two digits on the claim vary when the user makes adjustments. A 00 identifies the original claim, 01 identifies the first adjustment, etc.

## Claims Summary Table – CMC\_CLCL CLAIM

The screenshot shows a claims processing interface with several boxes highlighting specific fields:

- NWCR\_PFX: char(4)** is highlighted in a black-bordered box above the provider information.
- NWPE\_PFX: char(4)** is highlighted in a light blue-bordered box above the product prefixes.
- NWPR\_PFX: char(4)** is highlighted in a light blue-bordered box below the product prefixes.
- A red arrow points from the NWCR\_PFX box to the NWCR prefix in the Product Prefixes section.
- Two red arrows point from the NWPE\_PFX box to the NWPE and NWPR prefixes in the Product Prefixes section.
- Two red arrows point from the NWPR\_PFX box to the NWPR and NWPE prefixes in the Product Prefixes section.

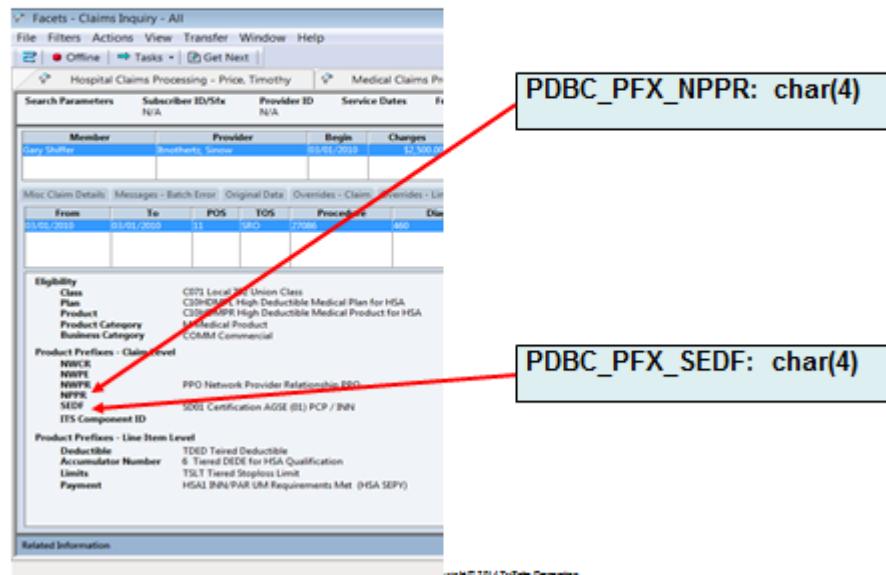
**Screenshot Labels:**

- NWCR\_PFX: char(4)**
- NWPE\_PFX: char(4)**
- NWPR\_PFX: char(4)**

The NWPE\_PFX, NWCR\_PFX, and the NWPR\_PFX identify the Network Provider Capitation Relationship prefix used in adjudicating this claim.

## Claims Summary Table – CMC\_CLCL CLAIM

**PDBC\_PFX\_NPPR: char(4)**



**PDBC\_PFX\_SEDF: char(4)**



The PDBC\_PFX\_NPPR and PDBC\_PFX\_SEDF identify the non-participating provider relationship and Service Definition prefixes used in adjudication.

## Claims Summary Table – CMC\_CLCL CLAIM



Facets - Claims Inquiry - All

File Filters Actions View Transfer Window Help

Offline Tasks Get Next

Hospital Claims Processing - Price, Timothy Medical Claims Processing - Shiffer, Gary

Search Parameters Subscriber ID/MR# Provider ID Service Dates From To Rows 1

Member	Provider	Begin	Charges	Paid Amount	Status
Gary Shiffer	Broadway Tissue	01/01/2003	\$2,000.00	\$2,000.00	Accepted-Await

Accum Limits Claim Information Clinical Edits COB Disallow Amounts EOB EOB Information Encounter Detail Hospital

Received	11/27/2000	Claim SubType	Medical
Input	11/27/2000	Status	Accepted-Awaiting-Batch
Input Method	On-Line		
Last Action	11/27/2000 16:49:36.283	User	whitneyc
Next Review	11/27/2000	Adjusted Claim ID	
Paid		Original Claim ID	
HBA Indicator	N - not a HBA claim	Related FSA Claim ID	
Payer	Provider	MicroImage ID	
Batch ID		Network Status	
Batch Action		Payment Drag Date	
Processing Application	OIC	Medical Claims Processing	
ICD Version	ICD - 9	Processed	ICD - 9
Other Coverage Exist?			Translation Trans ID
Claim Explanation		I - Other insurance indicated; actual paid amount is unknown.	
Date of Current Illness		Clinical Edits Performed	No
1st Date of Same Illness	01/01/2000	PCA Edits Performed	N/A
Accepts Assignment	No	Authorization #	
Do Notes Exist?	No	Date	
Letters Exist?	No	Create From Claim ID	
Patient Account		Electronic External Encounter ID	
Conditions Related To		Input Standard Unique Health ID	
Susp Accident Benefit	0.00		
Memo			
Assignment of Benefits			
Notification of Beneficiary Used	No		

Related Information

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CLCL\_PAY\_PR\_IND: char(1)

CLCL\_PAYEE\_PR\_ID:  
char(12)

Type	Meaning
CLCL_PAY_PR_IND	This indicates the entity designated as the payee for the claim.
A	This indicates the alternate payee.
P	This indicates the provider.
S	This indicates the subscriber.
For Medical/Hospital claims	This allows only one checkmark for either the provider, member, or the alternate payee.
CLCL_PAYEE_PR_ID	This indicates the valid Provider ID on <b>PRPR</b> table. Facets determines whether payment is capitated or fee for service. It then must access either the <b>PRPR_PAY_CL_IND</b> or <b>PRPR_PAY_CAP_IND</b> entries on the <b>Provider (PRPR)</b> table to obtain the appropriate Payee Provider ID.

## Claims Summary Table – CMC\_CLCL CLAIM



V\* Facets - Claims Inquiry - All  
File Filters Actions View Transfer Window Help  
2 Offline 3 Tasks 4 Get Next  
Hospital Claims Processing - Price, Timothy Medical Claims Processing - Shifer, Gary  
Search Parameters Subscriber ID/Site Provider ID Service Dates From To Rows  
N/A N/A 1  
Member Provider Begin Charges Paid Amount  
Gary Shifer Smithsley, Steve 01/01/2010 \$2,100.00 \$1,050.00 - Acute  
Accum Limits Claim Information Clinical Edits COB Disallow Amounts DRG EDI Information Edit Summary  
Acceptable Assignment No Authorization #  
Do Notes Exist? No Date  
Letters Tabled? No  
Patient Account  
Claims Related To  
Supp Accident Benefit  
Minutes  
Assignment of Benefits  
Explanation of Benefits Ind  
External Referral  
Medical Records  
Other Carrier EOB  
X-Ray  
Opt-out Input  
External Entity Received Date  
ER Autopsy  
POB Indicator  
Diagnosis Codes  
Primary 400 - Acute Nasopharyngitis (Common Cold)  
Related Information

**CLCL\_REL\_INFO\_IND:**  
**char(1)**

Type	Meaning
CLCL_REL_INFO_IND	This indicates authorization of any required medical record information by the servicing provider.
C	This indicates a signature is on claim form.
N	This indicates no signature is on file.
S	This indicates a signature is on file at the provider site.

## Claims Summary Table – CMC\_CLCL CLAIM



Screenshot of the Facets - Claims Inquiry - All interface showing the Claims Summary Table for CMC\_CLCL CLAIM.

**Search Parameters:**

- Subscriber ID/Name: N/A
- Provider ID: N/A
- Service Dates: From: 11/27/2010 To: 11/27/2010 Rows: 1

**Claim Information:**

Member	Provider	Begin	Charges	Paid Amount	Status
Gary Shiffer	Bethesda, Seeger	11/27/2010	\$2,480.00	\$100.00	Accepted/Billed

**Facets Status:** Medical Accepted; Available Payer

**Other Coverage Table? (Indicator):** I (Other insurance indicated; actual amt is unknown)

**CLCL\_OTHER\_BN\_IND: char(1) (Callout):** This indicates if other benefits apply to this claim only.

**Related Information:**

Indicator	Meaning
CLCL_OTHER_BN_IND	This indicates if other benefits apply to this claim only.
I	This indicates other insurance; the actual payment amount is unknown.
N	No
Y	Yes
U	This indicates other reported insurance; info gets sent.

This indicator contains no functionality and does not link COB to a member. Therefore, if Facets finds other insurance coverage for the member, that coverage must reflect on the member's record (MECB).

## Claims Summary Table – CMC\_CLCL CLAIM



Screenshot of the Facets - Medical Claims Processing software interface showing a claim entry screen.

**CLCL\_ACD\_IND: char(1)**

**CLCL\_ACD\_STATE: char(2)**

**CLCL\_ACD\_DT: datetime**

The screenshot highlights three specific fields:

- CLCL\_ACD\_IND:** A dropdown menu labeled "Type" with options "Accident/Emergency" and "Illness".
- CLCL\_ACD\_STATE:** A dropdown menu labeled "State" with options "IL" and "IN".
- CLCL\_ACD\_DT:** A date input field labeled "Date" with the value "03/01/2010".

Type	Meaning
CLCL_ACD_IND	This identifies whether the claim relates to an accident or emergency illness.
CLCL_ACD_STATE	This identifies if this claim relates to an automobile accident. If so, select the state in which the accident occurred. Facets requires a valid state code entry only when CLCL_ACD_IND = A (Auto Accident).
CLCL_ACD_DT	This identifies the user defined date entry in MM/DD/YY format. Facets requires this entry if CLCL_ACD_IND doesn't = blank.

## Claims Summary Table – CMC\_CLCL CLAIM



Screenshot of the Medical Claims Processing software interface showing a claim record for Provider ID CDHPRA001. A red arrow points from the text "PRPR\_ID: char(12)" in the adjacent box to the "Name" field in the provider details section.

**Medical Claims Processing - Shifler, Gary**

File Edit Actions Spp View Transfer Window Help

Offline Tasks Get Next

Hospital Claims Processing - Price, Timothy

Medical Claims Processing - Shifler, Gary

Claim ID	Provider ID	Status	Next Rcv Date	Payer		
101110000000000000	CDHPRA001	Accepted; Waiting Batch	11/01/2010	Provider		
Total Charge	\$2,500.00	Patient Paid	\$0.00			
From	To	POS	Proc	Diagnos	Charges	Units
01/01/2010	01/01/2010	100	2000	400	\$2,500.00	1.00

Overrides SubMenu CCB Match Unit ECB Sign/Payer

Accum Limits Claim Detail Clinical Notes Duplicate Claim Line Item Price Calculation Provider Detail Split Payment UN

**Provider Details**

Name	Phone	Tier
CDHPRA001 - Bremhtz, Steve		

**Servicing Referring PCP Facility Referring PPO**

**Provider Details**

Name: CDHPRA001 - Bremhtz, Steve  
Specialty: Physician Type: Medical Doctor  
Taxonomy Code: NPI: 7500123456  
Memos:  
Network: CERNPRO - PPO of Greater NY  
Address: 3 Morris Avenue Union, NJ 07083 Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Related Information

**PRPR\_ID: char(12)**

Type	Meaning
PRPR_ID	Identifies the Servicing Provider of the claim, which must be a valid PRPR_ID on the PRPR table.

## Claims Summary Table – CMC\_CLCL CLAIM



S\* Facets - Medical Claims Processing - Shifter, Gary  
File Edit Actions Supp View Transfer Window Help  
Offline | Get Next |

Hospital Claims Processing - Price, Timothy > Medical Claims Processing - Shifter, Gary > Claims Inquiry - All

Date ID: 3033000000	Provider ID: CDMLRACE	Status: BE-Accepted-Awaiting Batch	Next Run Date: 10/27/2014	Payer: Broker																																																																																				
Total Charge: \$2,500.00	Patient Paid: \$0.00																																																																																							
Room: 101	Diag: 2788	Proc: 400	Charges: \$2,500.00	Units: 1																																																																																				
→ 03-01-2014 03-01-2014 32 SAD 2788 400																																																																																								
<input type="button" value="Overrides"/> <input type="button" value="SubItems"/> <input type="button" value="COB"/> <input type="button" value="Match Inv."/> <input type="button" value="ICB"/> <input type="button" value="Sign/Payer"/>																																																																																								
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<table border="1"> <tr><td>Considered Charge</td><td>\$2,500.00</td><td>Debtorable</td><td>\$2,500.00</td><td>Discount Amount</td><td>\$0.00</td></tr> <tr><td>Allowed Units</td><td>1</td><td>Copay</td><td>\$0.00</td><td>Supplemental Discount</td><td>\$0.00</td></tr> <tr><td>Allowed</td><td>\$2,500.00</td><td>Coinsurance</td><td>\$24.30</td><td>COD Adjustment</td><td>\$0.00</td></tr> <tr><td>Charge</td><td>\$2,500.00</td><td>Shared</td><td>\$2,500.00</td><td>Write Off</td><td>\$0.00</td></tr> <tr><td>CDML Paid</td><td>\$0.00</td><td></td><td></td><td>Patient Liability (Shared)</td><td>\$0.00</td></tr> <tr><td>PMSI Paid</td><td>\$0.00</td><td></td><td></td><td>Total Patient Liability</td><td>\$0.00</td></tr> <tr><td>Type of Service</td><td>General Surgery-Outpatient</td><td></td><td></td><td>Network Indicator</td><td>In Network</td></tr> <tr><td>Place of Service</td><td>Office</td><td></td><td></td><td>Use of Business</td><td>Primary</td></tr> <tr><td>Provider Specialty</td><td></td><td></td><td></td><td>Source</td><td>Non-Capitated</td></tr> <tr><td>Procedure</td><td>Removal, Pt, Pelvis/Hip/Subq Tissue</td><td></td><td></td><td>Agreement, Procedure</td><td>No</td></tr> <tr><td>Diagnostic</td><td>Acute Necrolytic Granuloma (Common Cold)</td><td></td><td></td><td>Waived Preauth</td><td>No</td></tr> <tr><td>Refund</td><td>No</td><td></td><td></td><td></td><td></td></tr> <tr><td>Penalty</td><td>No</td><td></td><td></td><td></td><td></td></tr> <tr><td>Printed By</td><td></td><td></td><td></td><td></td><td></td></tr> </table>					Considered Charge	\$2,500.00	Debtorable	\$2,500.00	Discount Amount	\$0.00	Allowed Units	1	Copay	\$0.00	Supplemental Discount	\$0.00	Allowed	\$2,500.00	Coinsurance	\$24.30	COD Adjustment	\$0.00	Charge	\$2,500.00	Shared	\$2,500.00	Write Off	\$0.00	CDML Paid	\$0.00			Patient Liability (Shared)	\$0.00	PMSI Paid	\$0.00			Total Patient Liability	\$0.00	Type of Service	General Surgery-Outpatient			Network Indicator	In Network	Place of Service	Office			Use of Business	Primary	Provider Specialty				Source	Non-Capitated	Procedure	Removal, Pt, Pelvis/Hip/Subq Tissue			Agreement, Procedure	No	Diagnostic	Acute Necrolytic Granuloma (Common Cold)			Waived Preauth	No	Refund	No					Penalty	No					Printed By					
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<input type="button" value="Related Information"/>																																																																																								

CLCL\_TOT\_CHG: money

CLCL\_TOT\_PAYABLE:  
money

Column	Meaning
CLCL_TOT_CHG	This identifies the sum of all CDML_PAID_AMT's for the line items on the claim.
CLCL_TOT_PAYABLE	This identifies the sum of the line item charges (CDML_CHG_AMT) to this column entry.

## Claim Line Item Details

### *Claim Line Item Details*



**Claim Line Items tables are dependent on**

**CLCL\_CL\_SUB\_TYPE**

► **6 subtypes for claims:**

- M - Medical
- D - Dental
- H – Hospital
- V – Vision
- F – Healthcare FSA
- C – Dependent Care FSA

- For Medical claims, (CLCL\_CL\_TYPE=M and CLCL\_CL\_SUB\_TYPE=M or H) use CMC\_CDML\_CL\_LINE.
- For UB04 Hospital claims, (CLCL\_CL\_TYPE=M and CLCL\_CL\_SUB\_TYPE=H) use CMC\_CLHP\_HOSP.

## *Claim Line Item Details*



► **Line Items for Medical claims include:**

- Service dates
- Place of service (POS)
- Type of service (TOS)
- Provider ID (PRPR\_ID)
- Diagnosis code (IDCD\_ID) fields expanded for ICD10 values
- Procedure code (IPCD\_ID) fields expanded for ICD10 values
- Service ID (SESE\_ID)
- Service Rule (SESE\_RULE)

## *Claim Line Item Details*



► **Line Items for UB04 Hospital claims include:**

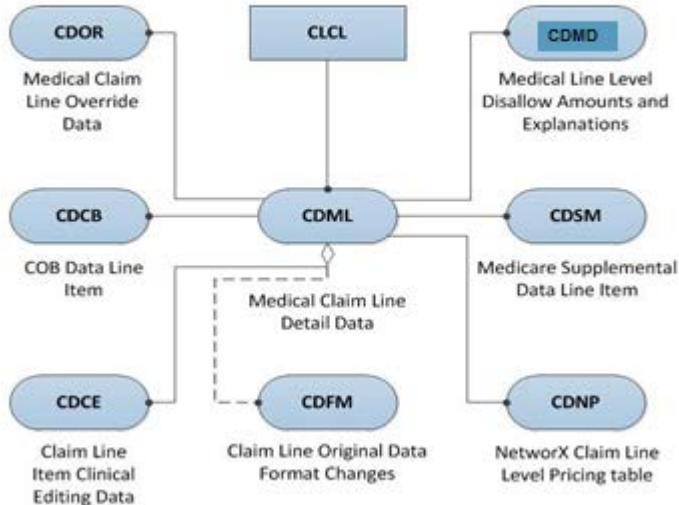
- Bill Class Type (CLHP\_BILL\_CLASS)
- Frequency code (CLHP\_FREQUENCY)
- Admission date (CLHP\_ADM\_DT)
- Admitting Provider ID (CLHP\_PRR\_ID\_ADM)
- Procedure code (CLHP\_IPCD METH)

This table links to four other tables that supply additional information. They include:

Table	Meaning
CLCL_CLHC_COND_CODE	This table stores information that identifies the hospital specific condition code for the hospital claim submission.
CMC_CLHO_OCC_CODE	This table stores the UB04 occurrence information including the 2 byte code indicating the specific medical, accident, or insurance related occurrence and the from and to date. A sequence number allows multiple entries to exist.
CMC_CLHI_PROC	This table stores the type of procedure code (CPT4, ICD-9) and the actual procedure code used on a hospital claim.
CMC_CLVC_VAL_CODE	This table stores the entry of optional value codes associated with Hospital Claims Processing. Facets stores these values, when captured, for informational purposes only.

## Medical Claims

### Medical Claims



This displays the structure of the claim line, CMC\_CDML\_CL\_LINE, with its seven supporting tables:

Table	Meaning
CMC_CDOR_LI_OVR	This table stores information for each medical line item level override along with the corresponding explanation code. It also stores the date and the type of override
CMC_COCB_LI_COB	This table stores information on the Coordination of Benefits (COB) at the claim line item level, including the amount, savings, and type of coordination that exists with each line item on the claim.
CMC_COCE_LI_EDIT	This table stores claim line item level clinical editing information.

Table	Meaning
CMC_CDFM_FI_ORIG	This table stores the original line items submitted on a claim where clinical editing performed a format change resulting in new line item(s) considered for payment.
CMC_CDMD_LI_DISALL	This indicates the disallow types, amount, and explanations for the Facets medical claim line item.
CMC_CDSM_LI_MSUPP	This table stores the line item level Medicare Supplemental data.
CMC_CDNP_NWX_PRICNG	Facets uses this table to store pricing data when invoking the NetworX Enhanced Pricer routine.

## Medical Claim Line Item – CMC\_CDML\_CL\_LINE

*Medical Claim Line Item –  
CMC\_CDML\_CL\_LINE*



### Required Fields:

- |                 |                     |
|-----------------|---------------------|
| ▶ CLCL_ID       | ▶ SESE_RULE         |
| ▶ CDML_SEQ_NO   | ▶ PSCD_ID           |
| ▶ MEME_CK       | ▶ IDCD_ID           |
| ▶ PRPR_ID       | ▶ IDCD_ID_REL       |
| ▶ LOBD_ID       | ▶ CDML_FROM_DT      |
| ▶ PDVC_LOBD_PTR | ▶ CDML_TO_DT        |
| ▶ CDML_CUR_STS  | ▶ CDML_CHG_AMT      |
| ▶ SEPC_PRICE_ID | ▶ CDML_CONSIDER_CHG |
| ▶ SESE_ID       | ...continued        |

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This table stores detail information for medical claim line items. It serves as the primary table when reporting information on claim line data, including the date of service, type and place of service, service rendered, and procedure code/modifiers. It also includes the outcome of the claims processed such as the price used, disallowed, and benefit amounts. It links to the indicative claim information via the CLCL\_ID.

*Medical Claim Line Item –*  
**CMC\_CDML\_CL\_LINE**



**Required Fields –  
continued...**

- |                    |                    |
|--------------------|--------------------|
| ▶ CDML_ALLOW       | ▶ CDML_AG_PRICE    |
| ▶ CDML_UNITS_ALLOW | ▶ CDML_PF_PRICE    |
| ▶ CDML_DED_AMT     | ▶ CDML_IP_PRICE    |
| ▶ CDML_DED_ACC_NO  | ▶ CDML_SE_PRICE    |
| ▶ CDML_COPAY_AMT   | ▶ CDML_CL_NTWK_IND |
| ▶ CDML_COINS_AMT   | ▶ CDML_REF_IND     |
| ▶ CDML_RISK_WH_AMT | ▶ CDML_PC_IND      |
| ▶ CDML_PAID_AMT    | ▶ CDML_CAP_IND     |
| ▶ CDML_DISALL_AMT  |                    |

## Medical Claim Line Item – CMC\_CDML\_CL\_LINE



The screenshot shows a medical claims processing application window. At the top, there are tabs for 'Medical-Claim Processing - Shaffer, Gary' and 'Claims Inquiry - All'. Below the tabs, the main area displays a claim line item with the following details:

Claim ID	CDM14020	Patient Name	West New Date	Payee
3000000000			11/01/2010	Provider
Total Charge	\$1,500.00	Patient Paid	\$0.00	
Item	To	POB	1000	Prov.
1	2	3	4	5
Diagnosis	Acute Necrolytic Migratory Tissue	Referral ID		
Referral	No	Referral ID		Source
Prov.	No	Prov ID		Walled/Pearls
National Drug Code		NDC Units		Agreement, Procedure
Fund ID				No
Miscellaneous Data				
Surcharge Amount	\$0.00	Surcharge Percentage		Surcharge Reason
Possible Progress	No			
Ambulance Mileage				

Below the main area, there are sections for 'Overrides Edit' and 'PDX - Agreement Discount'. The 'PDX - Agreement Discount' section includes a table:

Claim Total	Deductible	\$1,500.00	(Deductible Amount)	\$0.00
Charges	Copy	\$0.00	Supplementary/Deduct	\$0.00
Allowed	Coinsurance	\$0.00	COP Adjustment	\$0.00
Benefit	Shadow	\$0.00	Withheld Amount	\$0.00
			Patient Liability/Shadow	\$0.00
			Total Patient Liability	\$0.00

**CLCL\_ID: char(12)**  
**CDML\_SEQ\_NO: smallint**

MEME\_CK: int  
PRPR\_ID: char(12)  
LOBD\_ID: char(4)  
PDVC\_LOBD\_PTR: char(1)  
CRPL\_POOL\_ID: char(12)  
CRFD\_FUND\_ID: char(4)  
CDML\_CUR\_STS: char(2)  
SEPY\_PFX: char(4)  
LTLT\_PFX: char(4)  
DEDE\_PFX: char(4)  
SEPC\_PRICE\_ID: char(4)

...continued

Each claim line carries the same CLCL\_ID, the main identifier of the claim.

**continued...**

RCRC\_ID: char(4)  
SESE\_ID: char(4)  
SESE\_RULE: char(3)  
PSCD\_ID: char(2)  
IPCD\_ID: char(7)  
IDCD\_ID: varchar(10)  
IDCD\_ID\_REL: varchar(10)  
CDML\_FROM\_DT: datetime  
CDML\_TO\_DT: datetime  
CDML\_ROOM\_TYPE: char(2)  
CDML\_CHG\_AMT: money  
CDML\_ANES\_PHY\_STAT: char(1)  
CDML\_HCPCS\_AMT: money  
CDML\_CONSIDER\_CHG: money  
CDML\_ALLOW: money  
CDML\_UNITS: smallint  
CDML\_UNITS\_ALLOW: smallint  
CDML\_DED\_AMT: money  
CDML\_DED\_ACC\_NO: smallint

## Medical Claim Line Item – CMC\_CDML\_CL\_LINE



Facets - Medical Claims Processing - Shaffer, Gary

File Edit Actions Setup View Transfer Window Help

Office Tasks Get Next

Hospital Claims Processing - Price, Timothy Medical Claims Processing - Shaffer, Gary

Claims Inquiry - All

Claim ID	Provider ID	Status	Next Due Date	Payer		
3333333333	CD-PRAC01	0 Accepted, Awaiting Batch	11/21/2013			
Total Charge	\$2,500.00	Patient Fee	\$0.00			
Item	Se	RON TOS	Proc	Diagnose	Charges	Units
1	001	001	001	001	\$2,500.00	1

Overrides Sub Menu CDR Match CMR EOB Sign/Payer

Accum Lines: Claim Detail Clinical Notes Duplicate Claim Line Item Invoice Calculation Provider Detail Split Payment CM Match Detail HRA Information

Place of Service: Office Use of Business: Primary Non-Capitated

Provider Specialty: Removal, Pt, Path/Hist, Suting Tissue

Procedure: Acute Nasopharyngitis (Common Cold)

Referral: No Referral ID: Source: Agreement, Procedure

Prosteth: No Prosteth ID: Walked Prosteth: No

National Drug Code: NDC Units:

Fund ID:

Miscellaneous Data: Surcharge Amount: \$0.00 Surcharge Percentage: 0.00 Surcharge Reason:

Provider Program: No

Ambulance Milesage:

Overrides Total POC Agreement Discount:

Claim Totals	Deductible	\$0.00	Element Amount	\$0.00
Charges	Copay	\$0.00	Supplemental Element	\$0.00
Amount	Adjustment	\$0.00	COP Adjustment	\$0.00
Benefit	Balance	\$0.00	Benefit Adjustment	\$0.00
			Patient Liability	\$0.00
			Total Patient Liability	\$0.00

**CDML\_SEQ\_NO: smallint**

Type	Meaning
CLMD_SEQ_NO	This illustrates the identifier assigned by Facets to make the line item within the claim unique to the system.

## Medical Claim Line Item – CMC\_CDML\_CL\_LINE



S\* Facets - Medical Claims Processing - Shaffer, Gary

File Edit Actions: Spp View Transfer Window Help

Office Table Get Net Hospital Claims Processing - Price, Timothy Medical Claims Processing - Shaffer, Gary Claims Inquiry - All

Provider ID: PRPR\_ID Status: Contract Pending Batch: Next Run Date: 12/01/2008

Total Charge: \$2,000.00 Patient Paid: \$0.00

Item	To	POR	TDS	Pmt	Diagnosis	Chrgns	Udscr
→ 001000000000	001000000000	22	00012000	400		\$2,000.00	0.00

Overrides Sub-More CDR Match-Off ECR Sign/Payer

Action Links: Claim Detail Clinical Notes (Duplicate Claim) Line Item Price/Calculation Provider Detail Split Payment BM Match Total HBA Information

Place of Service: Office Line of Business: Primary  
Referring Physician: Removal, PA, Pelvic/Hip/Swing Trauma  
Procedure: Acute Nasopharyngitis, Common Cold  
Diagnosis: Referral: No Referral ID: Source: Waived Payout: Agreement/Procedure: No  
Payout: No Payout ID: N/A  
National Drug Code: NDC Units  
Fund ID:  
Microform Data:  
Surcharge Amount:  
Provider Program:  
Ambulance Mileage:  
Overrides Total PDC Agreement Discount:  
Claim Totals: Deductible: \$1,000.00 Discount Amount: \$0.00  
Charges: Copay: \$0.00 Supplemental Deductible: \$0.00  
Allowed: CoPay: \$0.00 Adjustment: \$0.00  
Benefit: Coinsurance: \$0.00 Minimum Amount: \$0.00  
            Deductible: \$0.00 Patient Liability: \$0.00  
            Total Patient Liability: \$0.00

Related Information

**PRPR\_ID: char(12)**

Type	Meaning
PRPR_ID	This identifies the Provider Identification Number of the servicing provider.

**Medical Claim Line Item –  
CMC CDML CL LINE**



Hospital Claims Processing - Price, Timothy						Medical Claims Processing - Shaffer, Gary		Claims Inquiry - All																														
<input checked="" type="radio"/> Offline	<input type="radio"/> Tasks	<a href="#">Get Next</a>																																				
Claim ID: 2003000008 CDP-HSC-02		Provider ID: 01-Accepted-Awaiting Batch	Start Date: 01/27/2003	Page: 1																																		
Total Charge: \$1,500.00		Patient Paid: \$0.00																																				
From:	To:	POS:	TDS:	Proc:	Diagnosis:	Charges:	Units:																															
-> 01/27/2003	01/27/2003	(S)	27000	400		\$1,500.00	1																															
<a href="#">Overrides</a> <a href="#">Sub/Item</a> <a href="#">CDE</a> <a href="#">Match LM</a> <a href="#">EBR</a> <a href="#">Sign/Payer</a>																																						
<a href="#">Accum. Limits</a> <a href="#">Claim Detail</a> <a href="#">Clinical Codes</a> <a href="#">Duplicate Claim</a> <a href="#">Line Item</a> <a href="#">Rate Calculation</a> <a href="#">Provide Detail</a> <a href="#">Split Payment</a> <a href="#">LM Match Detail</a> <a href="#">Information</a>																																						
Point of Service	Office					Use of Business	Primary Non Capitalized																															
Provider Specialty																																						
Procedure	Removal, Rr, Palvo/Hip: Subg. Tissue																																					
Diagnosis	Acute Necrolytic Granulomatosis																																					
Referral	No	Referral ID:					Source	Agreement, Procedure																														
Presauth	No	Preadmt ID:					Waived Preadmt	No																														
National Drug Code		NDX Units																																				
Form ID																																						
Miscellaneous Data																																						
Surcharge Amount	\$0.00	Surcharge Percentage					Surcharge Reason																															
Provider Programs	No																																					
Autobillage Message																																						
<a href="#">Overrides Edit</a> <a href="#">PDC Agreement Discount</a>																																						
<table border="1"> <tr> <td>Claim Totals:</td> <td>Detailable:</td> <td>\$1,500.00</td> <td>Discount Amount:</td> <td>\$0.00</td> </tr> <tr> <td>Charges:</td> <td>Copay:</td> <td>\$0.00</td> <td>Supplemental Discount:</td> <td>\$0.00</td> </tr> <tr> <td>Allowable:</td> <td>Coinsurance:</td> <td>\$1430</td> <td>CDE Adjustment:</td> <td>\$0.00</td> </tr> <tr> <td>Benefit:</td> <td>Deadline:</td> <td>\$162.00</td> <td>Interest:</td> <td>\$0.00</td> </tr> <tr> <td></td> <td></td> <td></td> <td>Patient Liability (Detail):</td> <td>\$1,338.00</td> </tr> <tr> <td></td> <td></td> <td></td> <td>Total Patient Liability:</td> <td>\$1,338.00</td> </tr> </table>									Claim Totals:	Detailable:	\$1,500.00	Discount Amount:	\$0.00	Charges:	Copay:	\$0.00	Supplemental Discount:	\$0.00	Allowable:	Coinsurance:	\$1430	CDE Adjustment:	\$0.00	Benefit:	Deadline:	\$162.00	Interest:	\$0.00				Patient Liability (Detail):	\$1,338.00				Total Patient Liability:	\$1,338.00
Claim Totals:	Detailable:	\$1,500.00	Discount Amount:	\$0.00																																		
Charges:	Copay:	\$0.00	Supplemental Discount:	\$0.00																																		
Allowable:	Coinsurance:	\$1430	CDE Adjustment:	\$0.00																																		
Benefit:	Deadline:	\$162.00	Interest:	\$0.00																																		
			Patient Liability (Detail):	\$1,338.00																																		
			Total Patient Liability:	\$1,338.00																																		
<a href="#">Related Information</a>																																						

LOBD\_ID: char(4)

Type	Meaning
LOBD_ID	The user selects the code that identifies a specific line of business for the MCO.  Facets uses these codes to associate separate business lines with specific benefit products, individual/combined claim checks and payments, and capitation adjustments.

## Medical Claim Line Item – CMC\_CDML\_CL\_LINE



\* Facets - Medical Claims Processing - Shiffer, Gary

File Edit Actions Setup View Transfer Window Help

Offline Telis Get Net Hospital Claims Processing - Price, Timothy Medical Claims Processing - Shiffer, Gary Claims Inquiry - All

Claim ID Provider ID Status Next Due Date Payer  
20130000000000000000 CONTRACT Accepted; Awaiting Batch

Total Charge (\$2,500.00) Patient Paid (\$0.00)

Item	ICD	POS	TNS	Proc	Diagnosis	Charge	Units	Rate
→	03-01-2010	03-01-2010	22	040-2700	400	\$2,500.00	1	

Overrides SubMenu CDE Match URL ISB Sign/Payer

Accum Limits Claim Detail Clinical Notes Duplicate Claim Line Item Price Calculation Provider Detail Split Payment UN/1580 Detail HHS Information

Place of Service Office Line of Business Primary Non-Capitated

Provider Specialty

Procedure External Rx, Procedure, Billing Type

Diagnosis Acute Nephropathy (Common Cold)

Referral No Referral ID Provider ID Source Agreement, Procedure

Preadmt No Preadmt ID Waived Preadmt No

National Drug Code NDC Units

Fund ID

Miscellaneous Data

Surcharge Amount \$0.00 Surcharge Percentage 0.00 Surcharge Reason

Provider Program

Ambulance Message

Overrides/Detail  
PRK Agreement Discount

Claim Totals Deductible \$1,500.00 Discount Amount \$0.00

Charges	Deductible	CoPay	Supplemental Discount	Other
\$2,500.00	\$0.00	\$0.00	\$0.00	
Allowed	Concessions	COB Adjustment	Whichever Amount	
\$2,500.00	\$0.00	\$0.00	\$0.00	
Benefit	Shadow		Patient Liability Shadow	
			Total Patient Liability	\$0.00

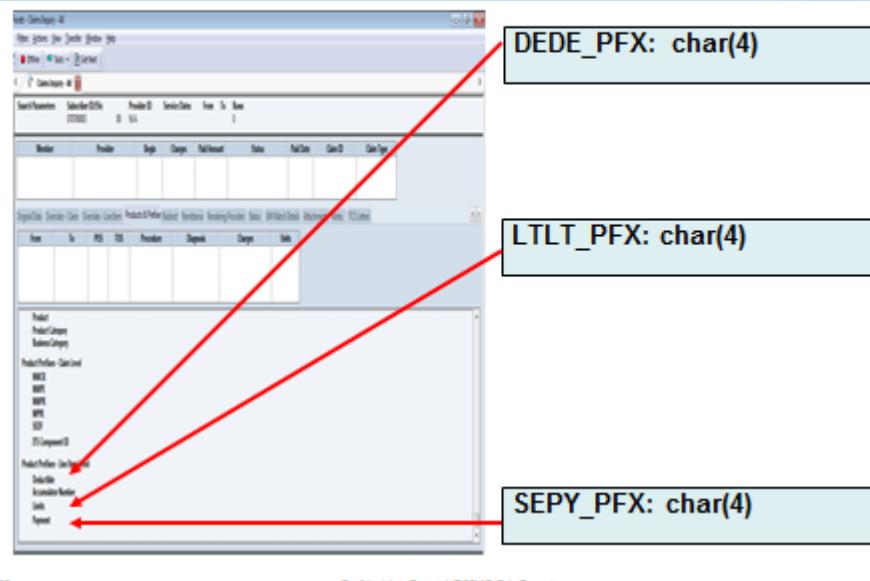
Related Information

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**CDML\_CUR\_STS: char(2)**

Type	Meaning
CDML_CUR_STS	This indicates the current status of the claim, the same status as the <b>CLCL</b> table.

## Medical Claim Line Item – CMC\_CDML\_CL\_LINE



Type	Meaning
SEPY_PFX	This identifies the service payment row used in adjudication.
LTLT_PFX	This identifies the limit row used in adjudication.
DEDE_PFX	This identifies the deductible row used in adjudication.

## Medical Claim Line Item – CMC\_CDML\_CL\_LINE



V\* Facets - Medical Claims Processing - Shiffner, Gary

File Edit Actions Supp View Transfer Window Help

Offline Tasks Get Next

Medical Claims Processing - Shiffner, Gary

Claim ID	Provider ID	Status	Next Run Date	Payer			
10000000000	CCH-PRACB	00-Accepted; Awaiting Batch	11/01/2009				
Total Charge	Patient Paid	\$0.00					
From	To	POS	DSG	Diagnosis	Charges	Units	
→ 01/01/2010	01/01/2010	11	190	29000	400	\$2,500.00	1

Overrides Sub/Mem COB Match LM EOB Sign/Payee

Accum/Limits Claim Detail Clinical Notes Duplicate Claim Line Item Price Calculation Line Item Detail Split Payment LM

Usage	Pricing Section	Pricing Rule	Price
A	N	1.0	\$2,500.00

Service SBO Surgery Outpatient  
 Rule HSA HSA Rule (Attached to a Trend (ED))  
 Service Pricing Certification Schedule (B) (PCP (INN Services)-Schedule  
 Room Type  
 Agreement ID CONTRACTSA Source R - NAPR Record

Calculated Price:  
 Agreement SLE75.00 Profile \$0.00 External \$0.00  
 Procedure \$0.00 Service \$0.00 Final Pricing Allowable \$2,875.00

Penalty Amount \$0.00  
 Explanation  
 Service Location Zip Input

NetBoxX Price Details:  
 Usage A Action =

Related Information

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**SEPC\_PRICE\_ID: char(4)**

Type	Meaning
SEPC_PRICE_ID	This identifies the service's pricing table row used in adjudication of the line item.

**Medical Claim Line Item –  
CMC CDML CL LINE**



Facets - Hospital Claims Processing - Wilson, Joe

File Edit Actions Setup View Transfer Window Help

Online Tasks Get Next

Medical Claims Processing - Shifter, Gary Hospital Claims Processing - Wilson, Joe

Claim ID	Provider ID	Status	Next Run Date	Claim Level	Overrides Enabled			
10000000000000000000	C07000000000000000000	B2 Accepted; Batch Complete	Unassigned					
Total Charge		\$4,900.00	Patient Paid	\$0.00	Submitted DRG			
From	To	Key	TDS	Procedure	Units	Charges	Diagnosis	
→ 01/01/2010	01/01/2010	0239	RB		5	\$4,700.00	428	E1
2	01/01/2010	01/01/2010	0270					
3	01/01/2010	01/01/2010	0272	IAPN	1	\$200.00	428	

**Overrides** **SubItems** **COB** **Match LM** **EDB** **Sign/Payer**

Accum Limits Claim Detail Clinical Notes Duplicate Claims Line Item Price Calculation Provider Detail Split Payment Util M

Usage	Pricing Section	Pricing Rule	Price

Service Rate: \$0 Room and Board  
 Service Pricing: C070 Hospital Service Pricing  
 Room Type: ME Medical  
 Agreement ID: A025 Source: R - NHPR Record

Calculated Price:  
 Agreement: \$0.00 Profile: \$1,600.00 External: \$0.00  
 Procedure: \$0.00 Service: \$3,000,000.00 Final Pricing Allowable: \$1,600.00

Penalty Amount: \$0.00  
 Explanation: Service Location Zip Input

NetboxX Price Details:  
 Usage Action

Related Information

**RCRC\_ID:** char(4)

4 character code

Type	Meaning
RCRC_ID	This indicates the industry standard revenue code found on hospital claims that identifies the type of service performed.

## Medical Claim Line Item – CMC\_CDML\_CL\_LINE



Facets - Hospital Claims Processing - Wilson, Joe

File Edit Actions Supp View Transfer Window Help

Office Tasks Get Next

Medical Claims Processing - Shaffer, Gary Hospital Claims Processing - Wilson, Joe

Claim ID	Provider ID	Status	Next Rev Date	Claim Level	Overrides Exist		
100000000000	C010000000000	02 Accepted; Batch Complete		Unassigned			
Total Charge	\$4,000.00	Patient Paid	\$0.00	Submitted DRG			
From	To	Rev	TOS	Procedure	Units	Charge	Diagnosis
01-01-2010	01-05-2010	1010	RB		1	\$4,000.00	428
2	01-05-2010	1010	R02	JAN	2	\$100.00	428
3	01-05-2010	1012	R02	JAN	3	\$100.00	428

Overrides Sub Items CIB Match LM EOB Sign/Pay

Accum Limits Claim Detail Clinical Notes Duplicate Claim Line Item Price Calculation Business Credit Split Payment LM/MAR

Usage	Pricing Section	Pricing Rule	Price

Service: RB End Award  
Rule: BL2 Room & Board B/N Payment  
Service Pricing: CTH Hospital Service Pricing  
Room Type: ME Medical  
Agreement ID: AG05 Source: R - MAPR Record

Calculated Price:  
Agreement: \$0.00 Profile: \$1,000.00 External: \$0.00  
Procedure: \$0.00 Service: \$1,000.00 Final Pricing Allowable: \$1,000.00

Penalty Amount: \$0.00  
Explanation:  
Service Location Zip Input:

NetTotal/Price Details:  
Usage Action

Related Information

**SESE\_RULE: char(3)**

Type	Meaning
SESE_RULE	This indicates the calculation rule for the corresponding type of service (TOS) on the line item.

***Medical Claim Line Item –  
CMC CDML CL LINE***



Facets - Medical Claims Processing - Shifter, Gary

File Edit Actions Supp View Transfer Window Help

Offline Tasks Get Next

### Medical Claims Processing - Shifter, Gary

Hospital Claims Processing - Wilson, Joe

Claim ID 10000000000000000000	Provider ID CHI-PAC01	Status 05 Accepted-Awaiting Batch	Next Rev Date 12/13/2014	Payer Provider										
Total Charge \$2,500.00		Patient Paid \$0.00												
From 01-01-2010	To 01-01-2010	POS 80	Proc 2086 400	Diagnosis 80 Mass Immunization Ce 81 Comprehensive Inquiry 82 Comprehensive Output 83 End Stage Renal Disease 84 State or Local Public H 85 Hospitalization Clinic 86 Independent Laboratory 87 Other Place of Service										
<input type="button" value="Overrides"/> <input type="button" value="Sub/Mem"/>		<input type="button" value="Print"/>	<input type="button" value="Sign/Paid"/>											
Accum/Limit Claim Detail Usage	Detail Pricing	<input type="button" value="Price Calculation"/> <input type="button" value="Provider Detail"/> <input type="button" value="Split Payment"/> <input type="button" value="Print"/>												
		<input type="button" value="Price"/> <input type="button" value="External"/> <input type="button" value="50.00"/>												
<table border="1"> <tr> <td>Service Rule H80</td> <td>General Surgery Outpatient</td> </tr> <tr> <td>Rule H81</td> <td>HGA Rule (Attached to a Tiered DED)</td> </tr> <tr> <td>Service Pricing C88</td> <td>Certification Schedule (E) (PCP) (INN Services)-Schedule</td> </tr> <tr> <td>Room Type A88</td> <td></td> </tr> <tr> <td>Agreement ID CONTRACTSA</td> <td>Source R - MPRR Record</td> </tr> </table>					Service Rule H80	General Surgery Outpatient	Rule H81	HGA Rule (Attached to a Tiered DED)	Service Pricing C88	Certification Schedule (E) (PCP) (INN Services)-Schedule	Room Type A88		Agreement ID CONTRACTSA	Source R - MPRR Record
Service Rule H80	General Surgery Outpatient													
Rule H81	HGA Rule (Attached to a Tiered DED)													
Service Pricing C88	Certification Schedule (E) (PCP) (INN Services)-Schedule													
Room Type A88														
Agreement ID CONTRACTSA	Source R - MPRR Record													
Calculated Price:														
Agreement Procedure	\$1,875.00	Profile	\$0.00	External										
	\$0.00	Service	\$0.00											
		Total Pricing Allowable	\$1,875.00											
Penalty Amount	\$0.00													
Explanation														
Service Location/Zip Input														
NetworX Pricer Details:														
Usage	A	Action	x											

Related Information

PSCD\_ID: char(2)

(see dropdown options)

Type	Meaning
PSCD_ID	The user selects the 2-character (CMS compliant) code indicating the place of service for this line item. Options include:  Facets 5.x contains 45 codes in all.

## Medical Claim Line Item – CMC\_CDML\_CL\_LINE



S: Facets - Medical Claims Processing - Shiffer, Gary

File Edit Actions: Sopp View Transfer Window Help  
● Offline | Tasks | Get Next |

Medical Claims Processing - Shiffer, Gary Hospital Claims Processing - Wilson, Joe

Claim ID	Provider ID	Status	Next Run Date	Payer
1001000000000000000	C00-PEAC0	Accepted/Awaiting Batch	11/27/2010	Provider
Total Charge	\$2,500.00	Patient Paid	\$0.00	
From	To	POS	Diagnosis	Charges
03-01-2010	03-01-2010	11	990 (2988 - 400)	\$2,500.00
Overrides Sub/Item COB Match/DM EOB Sign/Payee				
Accum/Limit Clinical Notes Duplicate Claim Line Item Price Calculation Provider Detail Split Payment SM				
Usage	Pricing Service	Pricing Rule	Price	
A	B	C	\$1,875.00	
Service SRO General Surgery Outpatient Rate HRA HRA Rule (Attached to a Transl DEDD) Service Pricing CTR Certification Schedule III (CPT/HCPCS) /Schedule Room Type CONTRACTUAL Source R - NWPR Record Agreement ID				
Calculated Price: Agreement \$1,875.00 Profile \$0.00 External \$0.00 Procedure \$0.00 Service \$0.00 Final Pricing Allowable \$1,875.00				
Penalty Amount \$0.00 Explanation Service Location Zip Input NetbaseX Pricer Details: Usage A Action =				
Related Information				

**IPCD\_ID: char(7)**

Type	Meaning
IPCD_ID	This Procedure Code indicates the standardized coding of the service performed (CPT-4, ICD-9/10, or HCPCS).

## Medical Claim Line Item – CMC\_CDML\_CL\_LINE



S... Facets - Medical Claims Processing - Shaffer, Gary

File Edit Actions: Sopp View Transfer Window Help  
● Offline Tasks Get Next

Medical Claims Processing - Shaffer, Gary Hospital Claims Processing - Wilson, Joe

Claim ID	Provider ID	Status	Next Rev Date	Payer			
1001000000030	CDM-PRACED	El Accepted; Awaiting Batch	31/12/2010	Provider			
Total Charge	\$1,200.00	Patient Paid	\$0.00				
Items	To	POS	TDRS	Proc	Diagnosis	Charges	Units
→ 03/01/2010	03/01/2010	11	SRO	27088	460	\$1,200.00	1   1

Overrides Sub/Mem CDB Match UM ECB Sign/Payer

Accum Limits: Claim Detail Clinical Notes Duplicate Claims Line Item Price Calculation Provider Detail Split Payment Usage A Pricing Section B Pricing Rule C Price \$1,200.00

Service SRG General Surgery Outpatient  
 Rate HRG HGA Rule (Attached to a Tariff DED)  
 Service Pricing CTR Certification Schedule 01 (PCP/PAW Services)-Schedule  
 Room Type CONTRACTUAL Source R - NWPR Record  
 Agreement ID

Calculated Price:  
 Agreement \$1,075.00 Profile \$0.00 External \$0.00  
 Procedure \$0.00 Service Final Pricing Allowable \$1,075.00

Penalty Amount \$0.00  
 Explanation  
 Service Location Zip Input  
 NetbaseX Pricer Details:  
 Usage A Action =

Related Information

**IDCD\_ID: varchar(10)**

(see dropdown options)

Type	Meaning
IDCD_ID	The user selects the diagnosis code that classifies the condition, illness, or injury being treated.

## Medical Claim Line Item – CMC\_CDML\_CL\_LINE



Screenshot of the Facets - Claims Inquiry - All interface showing a medical claim line item.

**CDML\_CLMD\_TYPE2:**  
char(02)

**CDML\_CLMD\_TYPE3:**  
char(02)

**CDML\_CLMD\_TYPE4:**  
char(02)

**CDML\_CLMD\_TYPE5:**  
char(02)

**CDML\_CLMD\_TYPE6:**  
char(02)

**CDML\_CLMD\_TYPE7:**  
char(02)

**CDML\_CLMD\_TYPE8:**  
char(02)

The screenshot shows a claim line item with various fields filled in. A red arrow points from the 'Diagnosis' field in the main claim area to the 'Add1 Modifiers' section, specifically to the 'NDC Units' field under 'National Drug Code'.

The 26 pointers that correspond to additional line item diagnoses include the following values:

- AD – Admitting
- 2 - 18
- E1 - E3
- R1 - R3

## Medical Claim Line Item – CMC\_CDML\_CL\_LINE



Facets - Claims Inquiry - All

File Filters Actions View Transfer Window Help

Medical Claims Processing - Fields, Steven L Hospital Claims Processing - Wilson, Joe Claim Inquiry

Search Parameters Subscriber ID/Name Provider ID Service Dates From To Rows N/A N/A 1

Member	Provider	Billing	Charges	Paid Amount	Status	Paid
Steven L Fields	Chris David E.	01-01-2013	\$300.00	\$300.00	Pending Approval Date	

Encounter Detail Hospital Information PMSI Information Line Item Details Line Item Pricing Line Totals Medicare Supplemental Member/Patient

From	To	POS	TOS	Procedure	Diagnosis	Charges	Units
01-01-2013	01-01-2013	01	00	9011	400	\$300.00	1

Add'l Modifiers National Drug Code NDC Units

Diagnoses Add Diagnoses 1 Asthma

Type of Service Referral ID Referral Practic Not Required Referral Practic Not Required Referral Practic Neg Amt Price

GWID Number GWID Number 0 Out of Network

Related Information

**CDML\_CLMD\_TYPE2:**  
 char(02)  
**CDML\_CLMD\_TYPE3:**  
 char(02)  
**CDML\_CLMD\_TYPE4:**  
 char(02)  
**CDML\_CLMD\_TYPE5:**  
 char(02)  
**CDML\_CLMD\_TYPE6:**  
 char(02)  
**CDML\_CLMD\_TYPE7:**  
 char(02)  
**CDML\_CLMD\_TYPE8:**  
 char(02)

Type	Meaning
CDML_GWID	This indicates the HIPAA Gateway GWID Number of the medical claim line item. It only works for EDI files that go through the TriZetto HIPAA Gateway.

## Medical Claim Line Item – CMC\_CDML\_CL\_LINE



Facets - Claims Inquiry - All

File Filters Actions View Transfer Window Help

Offline Tasks Get Net

Medical Claims Processing - Fields, Steven J. Hospital Claims Processing - Wilson, Joe Claims Inquiry -

Search Parameters Subscriber ID/SSN Provider ID Service Dates From To Rows

Member	Provider	Begin	Charges	Paid Amount	Status	Paid
Steven J. Fields	Chan, David K.	01-01-2008	\$100.00	\$0.00	01-01-2011 - Pending Accounting Batch	

Encounter Detail, Hospital Information, HRA Information, Line Item Details, Line Item Pricing, Line Total, Medicare Supplemental, Member/Patient

From	To	POS	TDS	Procedure	Diagnosis	Charges	Units
01-01-2010	01-01-2008	00	90	90015	400	\$100.00	

Cost-Dig \$100.00 Deductible \$0.00 Discount Amount \$0.00  
 Allowable \$100.00 Co-insurance \$0.00 Supplemental Discount \$0.00  
 Allowed \$100.00 Cost Benefit \$100.00 GCR Adjustment \$0.00  
 Benefit \$100.00 Disallow \$100.00 Withhold \$0.00  
 HRA Paid \$0.00 Patient Liability Disallow \$0.00  
 FSA Paid \$0.00 Total Patient Liability \$0.00

Provider Specialty Internal Medicine  
 Procedure Office/Op Visit, Ext Pt. 1 Key Components/Comprehensive Hc/Comprehensive Baum/Med Decin High Comple  
 Add'l Modifiers  
 National Drug Code NDC Units  
 Diagnoses Asthma  
 Add Diagnosis 1  
 Add Diagnosis 2  
 Add Diagnosis 3  
 Add Diagnosis 4  
 Add Diagnosis 5  
 Add Diagnosis 6  
 Add Diagnosis 7

Related Information

**CDML\_TOT\_PA\_LIAB:**  
money

Type	Meaning
CDML_TOT_PA_LIAB	This represents the Total Medical Patient Liability amount including deductibles, co-pay, coinsurance, and disallow amounts reimbursable for HRA processing coming from the extension.

## Medical Claim Line Item – CMC\_CDML\_CL\_LINE



S:\Facets - Medical Claims Processing - Fields, Steven J.

File Edit Actions Supp View Transfer Window Help

Office Tasks Get Next

Medical Claims Processing - Fields, Steven J.

Claim ID	Provider ID	Status	Next Run Date	Payer
333228000000	C330000000000	22 Pending, Available Batch	22/09/2013	Provider

Total Charge: \$200.00 Patient Paid: \$0.00

From	To	PCN	ICD	Prov	Diagnosis	Charges	Units
22/09/2013	22/09/2013	22	VO	86255	460	\$200.00	1.0

Overrides Sub/Item CDR Match DM EOB Sign/Payer

Accum Limits Clean Detail Clinical Notes Duplicate Claim Line Item Price Calculation Provider Detail Split Payment (AM Match Details) (AM)

Considered Charge	\$200.00	Deductible	\$0.00	Discount Amount	\$0.00
Allowed Units	0	Copay	\$0.00	Supplemental Discount	\$0.00
Allowed	\$0.00	Commerce	\$0.00	GCR Adjustment	\$0.00
Benefit	\$0.00	Disallow	\$200.00	Whistleblower	\$0.00
HRA Paid	\$0.00			Patient Liability (Disallow)	\$0.00
HRA Total	\$0.00			Total Patient Liability	\$0.00
Type of Service	Outpatient	Network Indicator			
Place of Service	Office	User of Business	Primary		
Provider Specialty					
Procedure	Office/Cp Visit, Est Pt, 2 Key Components, Comprehensive/Hc/Comprehensive Exam/Med Decision High Complexity				
Diagnosis	Asthma	Source	None		
Referral	No	Referral ID			
Printout	No	Printout ID	Medical Printout		

\$22 All Disallow amounts future

Claim Totals	Charge	Disallowable	\$0.00	Discount Amount	\$0.00
	Charges	Copay	\$0.00	Supplemental Discount	\$0.00
	Allowed	Commerce	\$0.00	GCR Adjustment	\$0.00
	Benefit	Disallow	\$200.00	Whistleblower	\$0.00
				Patient Liability (Disallow)	\$0.00
				Total Patient Liability	\$0.00

Related Information

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CDML\_DIS\_PA\_LIAB: money

Type	Meaning
CDML_DIS_PA_LIAB	This represents the Medical Patient Liability Disallow amount eligible for HRA reimbursement coming from the extension.

## Medical Claim Line Item – CMC\_CDML\_CL\_LINE



S:\Facets - Medical Claims Processing - Fields, Steven J.

File Edit Actions Supp View Transfer Window Help

Offline Table Get Next

Medical Claims Processing - Fields, Steven J.

Claim ID	Provider ID	Status	Next-Rcv Date	Payer																																						
000200000000	C000000000	Pending; Awaiting Batch	11/08/2010																																							
Total Charge		\$200.00	Patient Paid																																							
From	To	POS/DSN	Proc	Diagnosis	Charges	Units																																				
10-30-2009	12-30-2009	PO	9025	400	\$200.00	1																																				
<input type="button" value="Overrides"/> <input type="button" value="Sub/Menu"/> <input type="button" value="COB"/> <input type="button" value="Match CMF"/> <input type="button" value="COB"/> <input type="button" value="Sign/Payer"/>																																										
<a href="#">Action Limits</a> <a href="#">Claim Detail</a> <a href="#">Clinical Notes</a> <a href="#">Duplicate Claim</a> <a href="#">Line Item</a> <a href="#">Index Calculations</a> <a href="#">Line Item Detail</a> <a href="#">Split Payment</a> <a href="#">UM Match Detail</a>																																										
Place of Service	Office	Use of Business																																								
Provider Specialty	Office	Primary																																								
Procedure	Office Visit, 50 Pt, 2 Key Components Comprehensive/Hc/Comprehensive Exam/Med Decision/High Complexity																																									
Diagnosis	Asthma																																									
Referral	No	Referral ID	Present ID	Source	None																																					
Prosthetic	No			Waived Prosthetic																																						
Refund Drug Code		NDC Units																																								
Fund ID																																										
Miscellaneous Data																																										
Surcharge Amount	\$0.00	Surcharge Percentage	0.00	Surcharge Reason																																						
Provider Program	No																																									
Ambulance Mileage																																										
<b>\$13</b> All event details are Future																																										
<b>Claim Totals</b> <table border="1"> <tr> <td>Charges</td> <td>\$200.00</td> <td>Detailable</td> <td>\$0.00</td> <td>Discount Amount</td> <td>\$0.00</td> </tr> <tr> <td>Allowed</td> <td>\$0.00</td> <td>Copy</td> <td>\$0.00</td> <td>Supplemental Discount</td> <td>\$0.00</td> </tr> <tr> <td>Benefit</td> <td>\$0.00</td> <td>Coinsurance</td> <td>\$0.00</td> <td>COB Adjustment</td> <td>\$0.00</td> </tr> <tr> <td></td> <td></td> <td>Disallow</td> <td>\$200.00</td> <td>Withheld Amount</td> <td>\$0.00</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>Patient Liability</td> <td>\$0.00</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>Total Patient Liability</td> <td>\$0.00</td> </tr> </table>							Charges	\$200.00	Detailable	\$0.00	Discount Amount	\$0.00	Allowed	\$0.00	Copy	\$0.00	Supplemental Discount	\$0.00	Benefit	\$0.00	Coinsurance	\$0.00	COB Adjustment	\$0.00			Disallow	\$200.00	Withheld Amount	\$0.00					Patient Liability	\$0.00					Total Patient Liability	\$0.00
Charges	\$200.00	Detailable	\$0.00	Discount Amount	\$0.00																																					
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		Disallow	\$200.00	Withheld Amount	\$0.00																																					
				Patient Liability	\$0.00																																					
				Total Patient Liability	\$0.00																																					
<b>Related Information</b>																																										
<b>Ready...</b>																																										

**IDCD\_ID\_SUB: varchar(10)**

(free-form field)

Type	Meaning
IDCD_ID_SUB	This indicates the submitted diagnosis on the claim line.

## Claims Tables - CMC\_CDSD\_SUPP\_DATA

## ***Claims Tables - CMC\_CDSD\_SUPP\_DATA***



Facets - Medical Claims Processing - Fields, Steven J.

File Edit Actions Setup View Transfer Window Help

Office Tasks Get Next

Medical Claims Processing - Fields, Steven J.

Claim ID 00000000000000000000	Provider ID CDT90000000000000000000	Status 11-Pending, Awaiting Batch	Next Rev Date 11/08/2010	Payer Provider
Total Charge \$200.00		Patient Paid \$0.00		
From 11/08/2010	To 11/08/2010	POS/TOB 11/0 (90223 491)	Proc Diagnosis Charges \$200.00	Units 1
<a href="#">Overview</a> <a href="#">Sub/Mem</a> <a href="#">CDB</a> <a href="#">Match LM</a> <a href="#">EDB</a> <a href="#">Sign/Payer</a>				
<a href="#">Accum Limits</a> <a href="#">Claim Detail</a> <a href="#">Clinical Notes</a> <a href="#">Duplicate Claim</a> <a href="#">Line Item</a> <a href="#">Price Calculation</a> <a href="#">Provide Detail</a> <a href="#">Split Payment</a> <a href="#">Match Detail</a>				
Place of Service Provider Specialty Procedure Diagnosis Referral Fax National Drug Code Fund ID Miscellaneous Data	Office Office/Op Visit, Est Pt 2 Key Components/Comprehensive/Hc Asthma No No NDC Units	Use of Business High Complex Referral ID Presauth ID None	Primary Source Waived/Presauth	
Surcharge Amount Provider Program Ambulance Willage	0.00	Surcharge Percentage 0.00	Surcharge Reason	
<b>503</b> All (event) events are future				
Claim Totals	Charges \$200.00	Discountable Copay Coinsurance Benefit \$1.00	Insurance Amount Supplemental Discount CDB Adjustment Withhold Amount Patient Liability \$200.00	Total Patient Liability \$0.00
<b>Related Information</b>				
Ready...				

10

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**SCPA\_SURCH\_PCT: money**

This table stores line level data supplemental to the main claim table.

Line Level Data	Meaning
SCPA_SURCH_PCT	This identifies the Surcharge Amount copied from the <b>Surcharge Percentage</b> field on <b>CMC_SCPA_SURC</b> table.

## Claims Tables - CMC\_CDSD\_SUPP\_DATA



Screenshot of the Facets Claims Inquiry interface showing a search results grid for Medical Claims Processing. The grid includes columns for Member, Provider, Date, Charges, Paid Amount, Status, and Paid ID. A red arrow points from the 'EAPM\_PAY METH\_IND' label in the adjacent box to the 'Paid Method' column in the grid.

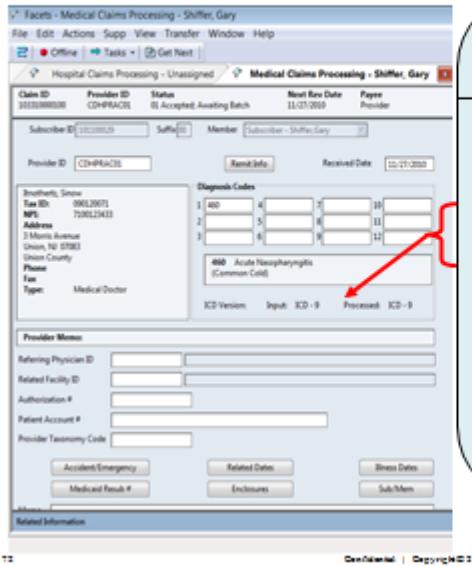
Member	Provider	Date	Charges	Paid Amount	Status	Paid ID
N/A	New York Health Associates	11/10/2013	\$200.00	\$100.00	Pending Accounting Search	

**EAPM\_PAY METH\_IND:**  
char(2)

Type	Meaning
EAPM_PAY METH_IND	This identifies the EAPG (Enhanced Ambulatory Payment) Method indicators.

## Medical Claim Diagnosis – CMC\_CLMD\_DIAG

### *Medical Claim Diagnosis – CMC\_CLMD\_DIAG*

The screenshot shows a software application window titled "Facets - Medical Claims Processing - Shaffer, Gary". The window includes a menu bar with File, Edit, Actions, Supp, View, Transfer, Window, Help. Below the menu is a toolbar with Offline, Tasks, Get Next, and other icons. The main area displays a claim record for "Shaffer, Gary" with various fields like Provider ID, Status, Next Run Date, and Payer. A "Diagnosis Codes" section contains four boxes labeled 1, 2, 3, and 4, each with a 3-digit ICD code. Below these boxes is a tooltip for code 460: "460 Acute Nasopharyngitis (Common Cold)". At the bottom of the diagnosis section, there are dropdowns for "ICD Version" (set to "ICD-9") and "Processed" (set to "ICD-9").

**CLCL\_ID: char(12)**  
**CLMD\_TYPE char(02)**

MEME\_CK : int  
 IDCD\_ID: varchar (10)  
 CLMD\_POA\_IND: char (1)  
 IDCD\_ID\_SUB: varchar (10)  
 IDCD\_ID\_TRANS: varchar (10)  
 CLMD\_LOCK\_TOKEN: smallint

A function found on the main diagnosis table (**CLMD**) supports 5010 processing. The claims application contains the capability to track the version of ICD codes submitted (IDCD\_ID\_SUB) on the claim, as well as the translated code (IDCD\_ID\_TRANS), to ensure compliance with 5010 regulations.

## Additional Diagnosis codes

### *Additional Diagnosis codes*



#### **5010 mandates additional diagnosis codes for Medical and Hospital**

##### ► **Medical:**

- 4 additional claim level diagnosis codes; 12 total

##### ► **Hospital:**

- 9 additional External Cause of Injury Codes; 12 total
- 7 additional Other Codes; 12 total
- 41 total diagnosis codes:
  - 1 - Principal
  - 1 - Admitting
  - 3 - Patient Reason for Visit
  - 12 - External Cause of Injury
  - 24 - Other

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## Claim Adjustments: Underpayment

### *Claim Adjustments: Underpayment*



CLCL			
Claim Id	Status	Paid Amt	Claim ID Adjusted To / From
111111111100	01, 02, 91	\$50	To: 111111111101
111111111101	01, 02	\$100	From: 111111111100

CDML			
Claim Id	Line	Status	Paid Amt
111111111100	1	01, 02, 91	\$25
111111111100	2	01, 02, 91	\$25
111111111101	1	01, 02	\$75
111111111101	2	01, 02	\$25

CLST	
Claim Id	Status
111111111100	01
111111111100	02
111111111100	91
-----	
111111111101	01
111111111101	02

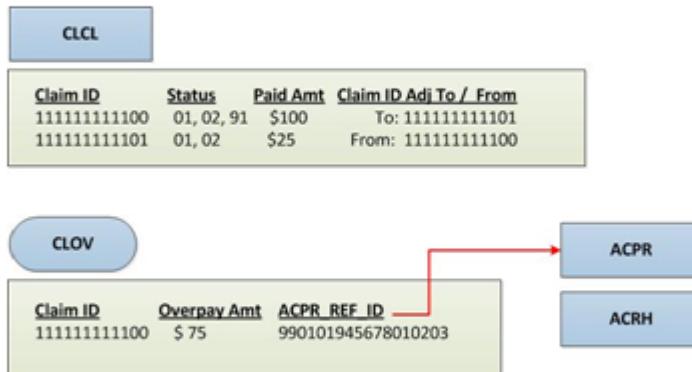
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Facets contains two types of adjustments; overpayment and underpayment. This slide represents the underpayment adjustment. The first line displays the original claim that paid \$50. Due to some change or review, Facets determined that not enough money was paid for the services under this claim. On the **CDML** table, each service line paid \$25, but the first service line needed to pay \$75.

To correct the payment, Facets created a new claim using the first ten digits of the original claim and a suffix of 01. Facets put the original claim in a status 91 - Adjusted Processed Claim. The new or adjusted claim needed to go through the adjudication and payment processes. When it reached the payment batch, Facets created a row on the **CMC\_CLCK\_CLM\_CHECK** table, and read the original claim to determine how much of the claim already paid. Facets put this in the **CLCK\_PRIOR\_PD** column and deducted it from the amount of the adjusted claim. Facets paid anything left over.

## Claim Adjustments: Overpayment

### *Claim Adjustments: Overpayment*



TO

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In the overpaid claim, the same process takes place with one exception, the adjusted claim is less than the original claim.

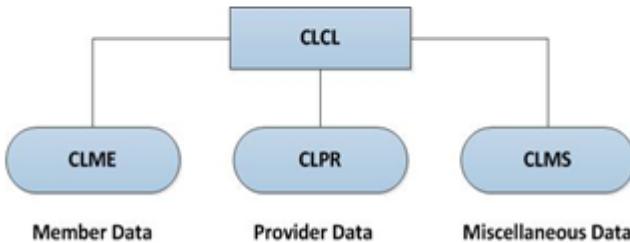
This creates a row on the **CMC\_CLOV\_OVERPAY** table, which holds a reference to the **Accounting** table, **CMC\_ACPR\_PYMT\_RED**. This table tracks the reduction of the overpayment on subsequent claims. The **CMC\_ACRH\_RED\_HIST** table holds the amount deducted from each claim until the overpayment gets satisfied.

## XC Electronic Adjudication Tables

### *XC Electronic Adjudication Tables*



- ▶ **CMC\_CLME\_MEMBER**
- ▶ **CMC\_CLPR\_PROVIDER**
- ▶ **CMC\_CLMS\_EXT\_MISC**
- ▶ **After adjudication of claim in Facets, all claim-related information is no longer available in tables**



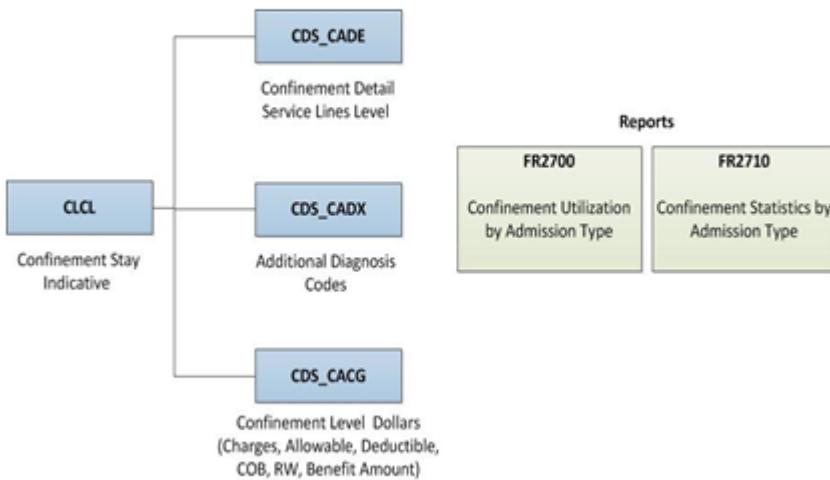
Electronic Adjudication Table	Meaning
CMC_CLME_MEMBER	This stores all submitted data for the subscriber/member associated with the claim.
CMC_CLPR_PROVIDER	This stores submitted data for all providers associated with a claim.
CMC_CLMS_EXT_MISC	This contains miscellaneous information relating to the claim.

After Facets adjudicates a claim, all claim-related information no longer displays in these tables.

The XC database, a separate database from the production database, holds external claims, such as 837s. This database mainly comprises of only the claims tables with a few exceptions, such as the tables defined above. The electronic adjudication process reads this database for status 16 - Claim Pended Following Batch Processing Entry only. All claims in a status 15 – Pended with Error remain on the XC database until corrected. All claims that successfully adjudicate indicate a status of 01 – Claim Accepted; Awaiting Batch and get moved from the XC database into the production database. The moved claims acquire a status of 99 – Closed on the XC database. A parameter in the Electronic Adjudication batch deletes all the status 99 claims from XC after all claims moved successfully to production.

## Inpatient Confinement Reporting

### *Inpatient Confinement Reporting / ERCDSRUNCONF.XML Batch*



Facets uses the Inpatient Confinement Reporting / ERCDSRUNCONF.XML batch to analyze Cost and Utilization figures associated with inpatient hospitalizations.

Facets uses these figures to understand the admitting patterns of providers, the prevalence and cost of certain diseases, and the types of cases treated.

Facets populates the four tables above by the Inpatient Confinement batch, ErCdsRunConf.xml. This batch gathers information from hospital claims in the production database and breaks down the information into categories per diagnosis code. For a specific diagnosis code, the result determines the average cost for that specific treatment. The two built in reports Facets contains include FR2700 and FR2710. They display the information in different ways.

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## Objective Summary

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You are now able to:

- Discuss the important columns of the major tables
- Explain the relationship of the columns to the other tables and domains as they pertain to the Facets processes
- Explain the common elements among the tables

## Coming Up

### *Coming Up*



Next we will discuss:

- ▶ Accounting Data Model

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## Accounting Models

### **Objectives**

---

Upon successful completion of this chapter, you will be able to:

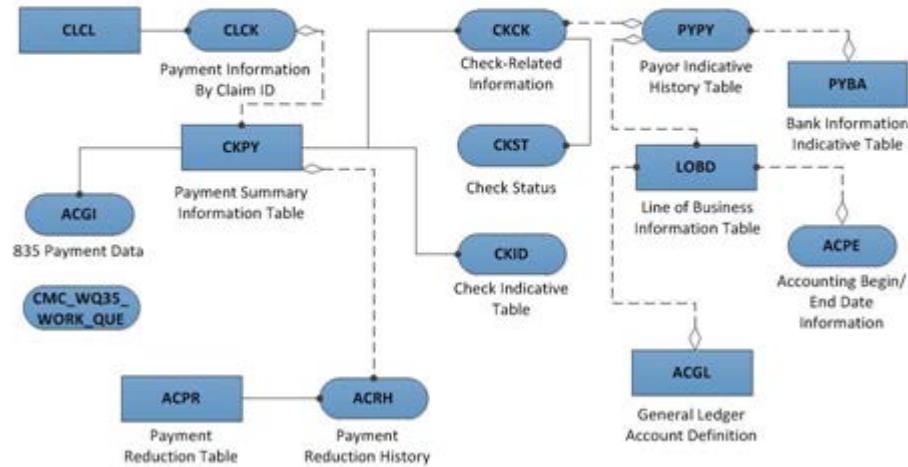
- Discuss the important columns of the Accounting tables
- Explain the relationship of the columns to the other tables and domains as they pertain to the Facets processes
- Explain the common elements among the tables

# Accounting – Claims Processing

## *Accounting – Claims Processing*



### Claims Payment Tables



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This flowchart identifies the structure of the **Claims Payment** tables.

Facets uses these tables during the Claims Payment batch.

Claims Payment Table	Meaning
CMC_CLCK_CLM_CHECK	This table contains payment information by Claim ID. It includes payee and subscriber information, as well as amounts such as original and prompt payment discounts.
CMC_CKPY_PAYEE_CLM	This table contains information relating to payments by Payment Reference ID. It includes the payment source, type, date, payee, period, and amount information.
CMC_CKCK_CHECK	This table contains information relating to a check. It includes payer, dates and amounts.
CMC_CKST_STATUS	This table contains the status history of a check. It includes the date and user information relating to each status of the check.

Claims Payment Table	Meaning
CMC_CKID_INDIC	This table stores indicative information regarding the address and bank related to the payment.
CMC_ACPR_PYMT_RED	This table maintains all payment reduction rows for a payee within a line of business. These payment reduction rows can be for overpaid medical claims, overpaid dental claims, or set up as manual reductions. If set to do so on the <b>Line of Business</b> table, these reduction rows can automatically reduce future payments.
CMC_ACRH_RED_HIST	This table maintains all of the reduction history associated with a reduction row.
CMC_ACGI_PAY_HIST	This table stores historical payment data for 835 transactions.
CMC_PYPY_PAYOR	This table contains indicative information relating to a payer and includes effective and termination dates as well as bank account and address information.
CMC_PYBA_BANK_ACCT	This table contains the bank indicative information including name, address, control, routing, transit and last check number.
CMC_LOBD_LINE_BUS	This table stores information pertaining to the user's defined line of business.
CMC_ACPE_PER_DTS	This table stores the beginning and end dates for a user defined accounting period.

## Accounting - CMC\_PYPY\_PAYOR

### *Accounting - CMC\_PYPY\_PAYOR*



#### Payor Indicative History Table

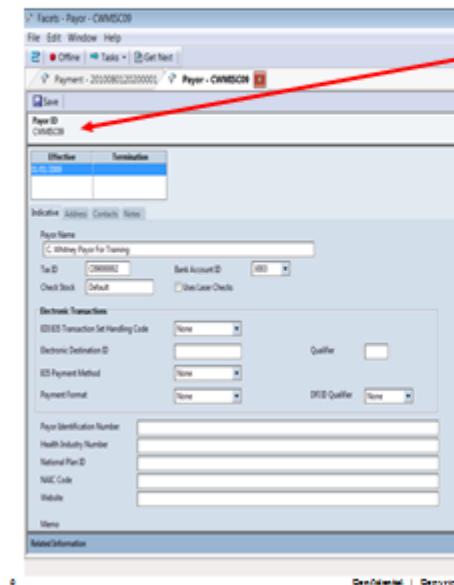
► **Required fields:**

- PYPY\_ID
- PYPY\_EFF\_DT
- PYPY\_ADDR1
- PYPY\_CITY
- PYPY\_STATE
- PYPY\_ZIP
- PYPY\_CK\_STOCK
- PYPY\_LASER\_CK\_IND

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This table contains indicative information relating to a payer and includes effective and termination dates as well as bank account and address information.

## Accounting - CMC\_PYPY\_PAYOR

The screenshot shows the 'Facets - Payer - CMC\_PYPY\_PAYOR' window. The 'Payer ID' field is highlighted with a red arrow and contains the value 'CMC\_PYPY\_PAYOR'. The window displays various fields for a payer record, including 'Payer Name' (CMC\_PAYER PAYOR), 'Tax ID' (CMC\_PAYER), 'Bank Account ID' (400), 'Check Stock' (Default), 'Electronic Transactions' section with dropdowns for 'Transaction Set Handling Code', 'Electronic Destination ID', 'EDS Payment Method', and 'Payment Format', and sections for 'Payer Identification Number' (Health Industry Number, National Plan ID, NAC Code, Website) and 'Memo'.

**PYPY\_ID: char(8)**  
**PYPY\_EFF\_DT: datetime**

**PYPY\_TERM\_DT: datetime**  
**PYBA\_ID: char(4)**  
**PYPY\_TAX\_ID: char(9)**  
**PYPY\_PAYOR\_NAME: char(50)**  
**PYPY\_ADDR1: char(40)**  
**PYPY\_ADDR2: char(40)**  
**PYPY\_ADDR3: char(40)**  
**PYPY\_CITY: char(19)**  
**PYPY\_STATE: char(2)**  
**PYPY\_ZIP: char(11)**  
**PYPY\_COUNTY: char(20)**

...continued

Facets identifies each payer by a unique PYPY\_ID. This table also contains the payer's Tax ID and contact information.

Payer	Meaning
PYPY_CK_STOCK	This identifies a user defined value for the check stock of the payer record. Facets displays Default to indicate the type of check stock. The user may enter a user-defined code (up to 10 characters) to more specifically define the check stock.
PYPY_LASER_CK_IND	This indicates if laser check printing is used for this payer.

**continued...**

PYPY\_CTRY\_CD: char(4)  
PYPY\_PHONE: char(20)  
PYPY\_PHONE\_EXT: char(4)  
PYPY\_FAX: char(20)  
PYPY\_FAX\_EXT: char(4)  
PYPY\_EMAIL: char(40)  
PYPY\_CK\_STOCK: char(10)  
PYPY\_LASER\_CK\_IND: char(1)  
PYPY\_EDI\_835\_IND: char(01)  
PYPY\_EDI\_DEST\_ID: char(15)  
PYPY\_EDI\_DEST\_QUAL: char(02)  
PYPY\_835\_PAY METH: char(3)  
PYPY\_835\_ACH\_FMT: char(10)  
PYPY\_DFI\_ID\_QUAL: char(2)  
PYPY\_LOCK\_TOKEN: smallint  
ATXR\_SOURCE\_ID: datetime

## *Accounting - CMC\_PYPY\_PAYOR*



### ► New Facets fields:

- PYPY\_NATL\_PLAN\_ID - National Plan ID
- PYPY\_ID\_NO - Payer Identification Number
- PYPY\_HLTH\_IND\_NO - Health Industry Number
- PYPY\_NAIC\_CODE - National Association of Insurance Commissioners Code
- PYPY\_WEBSITE - Website URL Address
- PYPY\_BC\_NAME - Business Contact Name
- PYPY\_TC\_NAME - Technical Contact Name

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The **CMC\_PYPY\_PAYOR** table (**Payer Information** table) includes new columns to support the upcoming changes to 5010. The **Payer Information** table maintains the following:

- National Plan ID
- Payer Identification Number
- Health Industry Number
- National Association of Insurance Commissioners Code
- Payer Web Site
- Business Contact Information
- Technical Contact

## Accounting – CMC\_PYBA\_BANK\_ACCT

*Accounting – CMC\_PYBA\_BANK\_ACCT*



### Bank Information Indicative Table

► **Required fields:**

- PYBA\_ID
- PYBA\_BANK\_NAME
- PYBA\_ADDR1
- PYBA\_CITY
- PYBA\_STATE
- PYBA\_ZIP

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This table contains the bank indicative information including name, address, control number, routing, transit and last check number.

## Accounting – CMC\_PYBA\_BANK\_ACCT



Facets - Bank Account - Summit Bank

File Edit Window Help

Save

Payer - ADVHC Bank Account - Summit Bank

Bank Account ID: X001

Bank Name: Summit Bank

Routing: 11245 Transit: 54666 Control: 4577

Checking Account Number: 78034944800000 Last Check Number Used: 100

Memo:

**PYBA\_ID: char(4)**

PYBA\_BANK\_NAME: char(50)  
 PYBA\_ADDR1: char(40)  
 PYBA\_ADDR2: char(40)  
 PYBA\_ADDR3: char(40)  
 PYBA\_CITY: char(19)  
 PYBA\_STATE: char(2)  
 PYBA\_ZIP: char(11)  
 PYBA\_COUNTY: char(20)  
 PYBA\_CTRY\_CD: char(4)  
 PYBA\_PHONE: char(20)  
 PYBA\_PHONE\_EXT: char(4)  
 ...continued

A unique number identifies each bank used by a payer.

**continued...**

PYBA\_FAX: char(20)  
PYBA\_FAX\_EXT: char(4)  
PYBA\_EMAIL: char(40)  
PYBA\_BANK\_CONTROL: char(4)  
PYBA\_BANK\_ROUTING: char(5)  
PYBA\_BANK\_TRANSIT: char(5)  
PYBA\_CHECKING\_ACCT: char(20)  
PYBA\_LAST\_CK\_NO: int  
PYBA\_LOCK\_TOKEN: smallint  
ATXR\_SOURCE\_ID: datetime

## *Accounting – CMC\_PYBA\_BANK\_ACCT*



Screenshot of the Facets application showing the 'Bank Account - Summit Bank' screen. The 'Bank Name' field contains 'Summit Bank'. A red arrow points from the 'PYBA\_BANK\_NAME: char(50)' label to this field.

<b>PYBA_BANK_NAME: char(50)</b>
-------------------------------------

The rest of this table contains contact information for the bank including transit and routing numbers for EFTs.

Bank Information	Meaning
PYBA_BANK	Enter the name of this bank

## Accounting – CMC\_LOBD\_LINE\_BUS

*Accounting – CMC\_LOBD\_LINE\_BUS*



### Line of Business Information Table

► Stores information for user's defined line of business

► Required Fields:

- LOBD\_ID
- LOBD\_NAME
- LOBD\_ADDR1
- LOBD\_CITY
- LOBD\_STATE
- LOBD\_ZIP
- LOBD\_PAY\_CL\_METH
- PYPY\_ID
- LOBD\_ID\_COMM

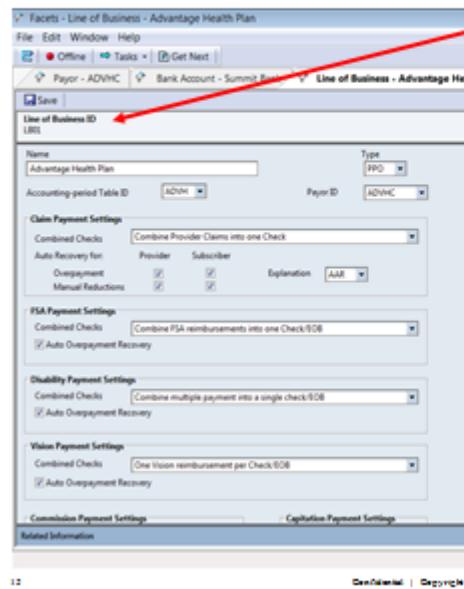
## Accounting – CMC\_LOBD\_LINE\_BUS



**LOBD\_ID: char(4)**

LOBD\_MCTR\_TYPE: char(4)  
 LOBD\_NAME: char(50)  
 LOBD\_ADDR1: char(40)  
 LOBD\_ADDR2: char(40)  
 LOBD\_ADDR3: char(40)  
 LOBD\_CITY: char(19)  
 LOBD\_STATE: char(2)  
 LOBD\_ZIP: char(11)  
 LOBD\_COUNTY: char(20)  
 LOBD\_CTRY\_CD: char(4)  
 LOBD\_PHONE: char(20)

...continued



This code identifies a specific line of business for the MCO.

Facets uses these codes to associate separate business lines with specific benefit products, individual or combined claim or commission checks and payments, and capitation adjustments.

**continued...**

LOBD\_PHONE\_EXT: char(4)  
LOBD\_FAX: char(20)  
LOBD\_FAX\_EXT: char(4)  
LOBD\_EMAIL: char(40)  
LOBD\_PAY\_CL\_METH: char(1)  
LOBD\_EOB\_COPY\_IND: char(1)  
LOBD\_OVP\_EXCD\_ID: char(3)  
ACPE\_ID: char(4)  
PYPY\_ID: char(8)  
LOBD\_ID\_COMM: char(4)  
LOBD\_CR\_RED\_IND: char(01)  
LOBD\_PR\_RED\_IND: char(01)  
LOBD\_SB\_RED\_IND: char(01)  
LOBD\_CO\_RED\_IND: char(02)  
LOBD\_PAY\_FSAC\_METH: char(01)  
LOBD\_FSA\_RED\_IND: char(01)  
LOBD\_LOCK\_TOKEN: smallint  
ATXR\_SOURCE\_ID: datetime

## Accounting – CMC\_CLCK\_CLM\_CHECK

### *Accounting – CMC\_CLCK\_CLM\_CHECK*



#### Payment Info by Claim ID

##### ► Required fields:

- CLCL\_ID
- CLCK\_PAYEE\_IND
- LOBD\_ID
- CKPY\_REF\_ID
- CKPY\_PAY\_DT
- PRPR\_ID
- MEME\_CK
- SBSB\_CK
- CLCK\_COMB\_IND
- CLCK\_ORIG\_AMT
- CLCK\_NET\_AMT
- CLCL\_CL\_TYPE

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This table contains payment information by Claim ID and includes payee and subscriber information, as well as amounts such as original and prompt payment discounts. In Facets, the payment batch process, ErCmcRunCKMM.xml, uses this table. It contains one row for each claim.

## *Accounting – CMC\_CLCK\_CLM\_CHECK*



► **Columns :**

- CLCL\_ID
- CLCK\_PAYEE\_IND
- LOBD\_ID
- CKPY\_REF\_ID
- CKCK\_PAY\_DT
- PRPR\_ID
- MEME\_CK
- SBSB\_CK

CLCL_ID: char(12)
CLCK_PAYEE_IND: char(1)
LOBD_ID: char(4)
CKPY_REF_ID: char(16)
CKPY_PAY_DT: datetime
PRPR_ID: char(12)
MEME_CK: int
SBSB_CK: int
CLCK_PAYEE_PR_ID: char(12)
CLCK_COMB_IND: char(1)
CLCK_ORIG_AMT: money
CLCK_EOB_IND: char(1)
CLCK_UM_VIOL_IND: char(1)
...continued

Claim Payment Information	Meaning
CLCL_ID	This identifies the claim identification number.
CLCK_PAYEE_IND	This identifies the type of payee for the claim.
A	This identifies the Alternate Payee.
C	This identifies the Confidential Communications Payee from the Privacy system.
M	This identifies the member.
P	This identifies the provider.
R	This identifies the Responsible Person.
S	This identifies the subscriber.
LOBD_ID	This identifies the Line of Business ID for the claim.
CKPY_REF_ID	This identifies the Reference ID for a Facets payment associated with the claim. It links this claim check row to a specific payment summary and check.
CKCK_PAY_DT	This identifies the date of the payment batch for the claim.
PRPR_ID	This identifies the servicing Provider ID from the claim.
MEME_CK	This identifies the member associated with this claim.
SBSB_CK	This identifies the subscriber associated with this claim.

**continued...**

CLCK\_NTWK\_IND: char(1)  
CLCK\_PROM\_PAY\_DISC: money  
CLCK\_DISC\_PCT: money  
CLCK\_PRIOR\_PD: money  
CLCK\_NET\_AMT: money  
CLCK\_AGPP\_EXCD\_ID: char(3)  
CLCK\_PYMT\_OVRD\_IND: char(01)  
CLCL\_CL\_TYPE: char(01)  
CLCK\_INT\_AMT: money  
CLCK\_CALC\_INT\_AMT: money  
CLCK\_HSA\_ORIG\_AMT: money  
CLCK\_HSA\_PRIOR\_PD: money  
MEDA\_CONFID\_IND: char(01)  
CLCK\_ALLOW: money  
CLCK\_LOCK\_TOKEN: smallint  
ATXR\_SOURCE\_ID: datetime

## Accounting – CMC\_CLCK\_CLM\_CHECK



- CLCK\_PAYEE\_PR\_ID
- CLCK\_COMB\_IND
- CLCK\_ORIG\_AMT
- CLCK\_EOB\_IND
- CLCK\_UM\_VIOL\_IND
- CLCK\_NTWK\_IND
- CLCK\_PROM\_PAY\_DISC
- CLCK\_DISC\_PCT
- CLCK\_PRIOR\_PD
- CLCK\_NET\_AMT
- CLCK\_AGPP\_EXCD\_ID
- CLCK\_PYMT\_OVRD\_IND
- CLCL\_CL\_TYPE
- CLCK\_INT\_AMT
- CLCK\_CALC\_INT\_AMT
- CLCK\_HSA\_ORIG\_AMT
- CLCK\_HSA\_PRIOR\_PD
- MEDA\_CONFID\_IND
- CLCK\_ALLOW

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Claim Payment Information	Meaning
CLCK_PAYEE_PR_ID	This identifies the payee Provider ID from the claim, which may not be the same as the servicing Provider ID.
CLCK_COMB_IND	This identifies this claim payment's eligibility status, which Facets needs in order to combine it into a single payment summary with other payments for the payee/line of business.
L	This identifies the ITS Host external payment (do not combine).
M	This identifies the ITS Home or Home ECRP pay subscriber (do not combine).
N	This cannot be combined.
O	This identifies ITS (do not combine).
P	This identifies ITS Home (do not combine).
Q	This identifies ITS Home international (do not combine).

Claim Payment Information	Meaning
S	This identifies the ITS Home or Home ECRP pay subscriber (can be combined).
Y	This can be combined with like payments.
Z	This identifies ITS (can combine).
CLCK_ORIG_AMT	This identifies the amount of the check before applying any discounts or recovered amounts.
CLCK_EOB_IND	This element identifies if Facets sends a copy of the EOB to the subscriber when the payment for the claim is to the provider.
A	Always
B	This identifies in network providers only.
C	This identifies out of network providers only.
D	This identifies UM violations only.
E	This identifies in network providers with UM Violations.
F	This is For Out of Network Providers with UM violations.
G	Never
S	This identifies the suppression of claim checks for statistical adjustment.

Claim Payment Information	Meaning
CLCK_UM_VIOL_IND	This element identifies if Facets found a UM violation on any line item in the claim.
N	No
Y	Yes
CLCK_NTWK_IND	This element identifies whether or not Facets considers the claim as in or out of network.
I	In Network
O	Out of Network

Claim Payment Information	Meaning
CLCK_PROM_PAY_DISC	This identifies the total amount of discount awarded for prompt payment(s) on this claim. Facets deducts this amount from the original amount of the check.
CLCK_DISC_PCT	This identifies the original prompt payment discount percentage. Facets uses it to properly calculate the prompt payment discount amount for adjustments to a previously processed claim.
CLCK_PRIOR_PD	This column contains the prior paid amount for this line of business and payee if the claim check is the result of an adjusted claim.
CLCK_NET_AMT	This identifies the net amount that represents the original check amount minus the prompt payment discount and any recovered amounts.
CLCK_AGPP_EXCD_ID	This column contains the prompt payment explanation code from the associated provider agreement if Facets applied a prompt payment discount to this check.
CLCK_PYMT_OVRD_IND	This column contains the claim override value for the claim for those override types relative to payment. When valued, this column indicates that Facets won't produce a physical check during the check payment batch process.

Claim Payment Information	Meaning
F	This identifies the non-standard ITS host ECRP subscriber payee.
H	This identifies the ITS home external payment.
L	This identifies the ITS host external payment.
S	This identifies a statistical override.
X	This identifies the external payment override.
CLCL_CL_TYPE	This identifies the type of claim.

Claim Payment Information	Meaning
M	This identifies a medical claim.
D	This identifies a dental claim.
V	This identifies a vision claim.
CLCK_INT_AMT	This identifies the amount of interest payment for the claim.
CLCK_CALC_INT_AMT	This identifies the amount of interest calculated for the claim segment. This may not equal the amount of interest actually paid or overpaid.
CLCK_HSA_ORIG_AMT	This identifies the HRA original payment amount.
CLCK_HSA_PRIOR_PD	This identifies the HRA prior paid amount for an adjusted HRA claim.
MEDA_CONFID_IND	This identifies the source of the address if confidential communications is indicated for the member.
C	This identifies privacy system confidential communications.
M	This identifies the member.
N	None
R	This identifies the responsible person.
CLCK_ALLOW	This identifies the allowed amount for the claim payment segment.

## Accounting – CMC\_CKPY\_PAYEE\_SUM

### *Accounting – CMC\_CKPY\_PAYEE\_SUM*



#### Payment Summary Info Table

##### ► Required fields:

- CKPY\_REF\_ID
- CKPY\_TYPE
- CKPY\_PAY\_DT
- LOBD\_ID
- CKPY\_PAYEE\_TYPE
- CKPY\_PYM\_TYPE
- CKPY\_COMB\_IND
- CKPY\_PER\_END\_DT
- CKPY\_ORIG\_AMT
- CKPY\_DEDUCT\_AMT
- CKPY\_NET\_AMT

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This table contains information relating to payments by Payment Reference ID and includes the payment source, type, date, payee, period, and amount information. Each row represents a check payment used by the claims payment batch, ErCmcRunCKMM.xml

## Accounting – CMC\_CKPY\_PAYEE\_SUM



CKPY_REF_ID: char(16)
CKPY_TYPE: char(2)
CKPY_PAY_DT: datetime
LOBD_ID: char(4)
CKPY_PAYEE_PR_ID: char(12)
CKPY_PAYEE_CK: int
CKPY_PAYEE_TYPE: char(1)
CKPY_PYMT_TYPE: char(1)
CKPY_COMB_IND: char(1)
CKPY_PER_END_DT: datetime
CKPY_ORIG_AMT: money
CKPY_DEDUCT_AMT: money
CKPY_NET_AMT: money
CKPY_CURR_CKCK_SEQ: int
CKPY_LOCK_TOKEN: smallint
ATXR_SOURCE_ID: datetime

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## *Accounting – CMC\_CKPY\_PAYEE\_SUM*



- |                    |                      |
|--------------------|----------------------|
| ▶ CKPY_REF_ID      | ▶ CKPY_PYMT_TYPE     |
| ▶ CKPY_TYPE        | ▶ CKPY_COMB_IND      |
| ▶ CKPY_PAY_DT      | ▶ CKPY_PER_END_DT    |
| ▶ LOBD_ID          | ▶ CKPY_ORIG_AMT      |
| ▶ CKPY_PAYEE_PR_ID | ▶ CKPY_DEDUCT_AMT    |
| ▶ CKPY_PAYEE_CK    | ▶ CKPY_NET_AMT       |
| ▶ CKPY_PAYEE_TYPE  | ▶ CKPY_CURR_CKCK_SEQ |

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- CKPY\_REF\_ID identifies the Reference ID for this payment data row.
- CKPY\_TYPE identifies the type of payment (claims or capitation) to which this summary or overpayment data applies.

Type	Meaning
CL	This identifies a medical claim.
CO	This identifies commission.
CP	This identifies capitation.
DC	This identifies a dental claim.
FA	This identifies fund allocation.
HF	This identifies a healthcare FSA claim.
KF	This identifies a dependent care FSA claim.
CKPY_PAY_DT	This identifies the date this payment batch cycle ran. Facets uses this date to identify when checks or overpayments processed.

Type	Meaning
LOBD_ID	This identifies the line of business for this payment.
CKPY_PAYEE_PR_ID	This identifies the ID of the provider receiving the payment. If the subscriber receives the payment, this field remains blank.
CKPY_PAYEE_CK	This identifies the contrived key of the payee if not a provider.
CKPY_PAYEE_TYPE	This row identifies the type of payee for which Facets wrote this summary data row. Facets defines the values based on the payment source; i.e. claim, capitation, or commission.
A	This identifies the claim's alternate payee.
C	This identifies a commission entity.
G	This identifies global capitation.
M	This identifies the member on the claim.
P	This identifies primary capitation or provider on the claim.
R	This identifies the Responsible Person on the claim.
R-S	This identifies secondary capitation or subscriber on the claim.
CKPY_PYMT_TYPE	This value identifies the type of capitation payment applied to the summary or overpayment data.
A	This identifies fund allocation.
C	This identifies capitation

	payment.
“ “	This identifies claims and commission.

Type	Meaning
CKPY_COMB_IND	For claim payments, this identifies if many claims were combined into a single payment summary.
Y	This identifies combined claims.
N	This identifies claims not combined.
CKPY_PER_END_DT	This row indicates the end date of the accounting period for which this payment exists.
CKPY_ORIG_AMT	This indicates the original summary amount prior to any deductions.
CKPY_DEDUCT_AMT	This indicates the amount of overpayments recovered that were deducted from the summary payment.
CKPY_NET_AMT	This indicates the net payment amount for the summary payment, which results from the original amount minus the deduct amount.
CKPY_CURR_CKCK_SEQ	This maintains the highest sequence number, which indicates the most current CKCK associated with a particular summary payment.

## Accounting – CMC\_CKCK\_CHECK

### *Accounting – CMC\_CKCK\_CHECK*



#### Check-Related Information

► **Required fields:**

- CKPY\_REF\_ID
- CKCK\_SEQ\_NO
- PYPY\_ID
- CKCK\_CASHED\_DT
- CKCK\_PRINTED\_DT
- CKCK\_TYPE
- CKCK\_PAYEE\_NAME
- CKCK\_CURR\_STS
- CKST\_SEQ\_NO

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This table contains information relating to a check that includes payer, dates, and amounts.

## Accounting – CMC\_CKCK\_CHECK



Screenshot of a software application window titled "Facets - Payment - 20170825120000". The window shows a grid of payment details. A red arrow points from the text "This indicates the Reference ID that ties this check to a payment summary row." to the "Reference ID" field in the top-left corner of the grid. The grid has columns: Date ID, Original Amount, Foreign Payment Discount, Second Amount, First Paid Amount, HSA Original Amount, HSA Paid Amount, Payment Amount, and CKST Number. The "Original Amount" column contains values like \$200.00, \$0.00, \$0.00, \$0.00, \$0.00, \$0.00, \$0.00, and \$200.00 respectively. The "CKST Number" column is empty.

**CKPY\_REF\_ID: char(16)**  
**CKCK\_SEQ\_NO: int**  
**PYPY\_ID: char(8)**  
**CKCK\_CK\_NO: int**  
**CKCK\_CASHED\_DT: datetime**  
**CKCK\_PRINTED\_DT: datetime**  
**CKCK\_REISS\_DT: datetime**  
**CKCK\_TYPE: char(1)**  
**CKCK\_PAYEE\_NAME: char(50)**  
**CKCK\_CURR\_STS: char(2)**  
**CKST\_SEQ\_NO: int**  
**CKCK\_REISS\_USUS\_ID: char(10)**  
**CKCK\_LOCK\_TOKEN: smallint**  
**ATXR\_SOURCE\_ID: datetime**

This indicates the Reference ID that ties this check to a payment summary row.

## Accounting – Other Check Tables

### *Accounting – Other Check Tables*



#### ► **CMC\_CKST\_STATUS - Check Status Table**

- Contains status history of a check

#### ► **CMC\_CKID\_INDIC - Check Indicative table**

- Contains address and bank information related to payment
- Contains information for EFT transactions

This table, **CMC\_CKT\_STSTUS**, contains the status history of a check and includes the date and user information relating to each check's status.

Table	Meaning
CMC_CKST_STATUS	This identifies the <b>Check Status</b> table.

This table, **CMC\_CKID\_INDIC**, stores indicative information regarding the address and bank related to the payment. It also contains information for EFT transactions, such as Bank ID, Routing, and Transit numbers.

Table	Meaning
CMC_CKID_INDIC	This identifies the <b>Check Indicative</b> table.

## *Accounting – Other Check Tables*



### ► CMC\_ACGI\_PAY\_HIST - Accounting Electronic Payment History

- Stores historical payment data for 835 transactions
- PRPR\_CL\_EFT\_IND:
  - A – 835 payments only
  - B – 835 payments and remittances
  - C – 835 payments, remittances, and pre-determinations
  - D – 835 remittances and pre-determinations
  - E – Non-835 format EFT
  - F – 835 remittances
  - G – Pre-determinations
  - " " - None

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## Accounting – CMC\_ACPR\_PYMT\_RED

### *Accounting – CMC\_ACPR\_PYMT\_RED*



#### Payment Reduction Table

##### ► Required fields:

- ACPR\_REF\_ID
- ACPR\_SUB\_TYPE
- ACPR\_TX\_YR
- ACPR\_TYPE
- ACPR\_CREATE\_DT
- LOBD\_ID
- ACPR\_PAYEE\_TYPE
- ACPR\_AUTO\_REDUC
- ACPR\_ORIG\_AMT
- ACPR\_NET\_AMT
- ACPR\_STS

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This table maintains all of the payment reduction rows for a payee within a line of business. These payment reduction rows can include overpaid medical claims, overpaid dental claims, or set up as manual reductions. These reduction rows can automatically reduce future payments, if set to do so on the **Line of Business** table.

## Accounting – CMC\_ACPR\_PYMT\_RED



Facets - Payment Reductions - Andersen, Morgan A.

File Edit Window Help

Line of Business - Advantage Health Plan Payment Reductions - Andersen, Morgan A. 

Payer ID	Type	Created	Claim ID	LOBD ID	Amount	Remaining
CST0000001234	Provider				\$222.90	\$222.90
	Capitation Overpayment	01-01-2009	LBR0	LBR0	\$222.90	\$222.90
	Medical Overpayment	05-01-2010	00000000000000000000000000000000	LBR0	\$0.00	\$0.00
	Medical Overpayment	05-01-2010	00000000000000000000000000000000	LBR0	\$0.00	\$0.00
	Medical Overpayment	05-01-2010	00000000000000000000000000000000	LBR0	\$0.00	\$0.00
	Medical Overpayment	05-01-2010	00000000000000000000000000000000	LBR0	\$0.00	\$0.00

Amount: \$0.00 Remaining: \$438.73 Status: Active Explanation: Automatic Overpayment Recovery: Yes User: Facets Batch User: Expense Type: Plan Benefit

Add Reduction Void Reduction Comments Auto Recovery

Date	Event Type	Amount	User ID	Rec'd Date	Reason
01-10-2010	System Generated	\$1.00	Facets		

Payment Reference ID: 20100000000000000000000000000000

Enter Receipt Enter Write Off Void Event

Related Information

**ACPR\_REF\_ID:** char(16)  
**ACPR\_SUB\_TYPE:** char(01)  
**ACPR\_TX\_YR:** char(04)  
**ACPR\_TYPE:** char(02)  
**ACPR\_CREATE\_DT:** datetime  
**LOBD\_ID:** char(04)  
**ACPR\_PAYEE\_PR\_ID:** char(12)  
**ACPR\_PAYEE\_CK:** int  
**ACPR\_PAYEE\_TYPE:** char(01)  
**ACPR\_AUTO\_REDUC:** char(01)  
**ACPR\_ORIG\_AMT:** money  
**ACPR\_RECov\_AMT:** money  
**ACPR\_RECV\_AMT:** money  
**...continued**

This identifies the system derived key for the reduction row. This key also appears on the **Claims Overpayment** table, **CLOV**.

**continued...**

ACPR\_WOFF\_AMT: money  
ACPR\_NET\_AMT: money  
ACPR\_STS: char(01)  
EXCD\_ID: char(03)  
USUS\_ID: char(10)  
PDDS\_PREM\_IND: char(01)  
ACPR\_VARCHAR\_MSG: varchar(255)  
ACPR\_EXT\_PYMT\_IND: char(01)  
SBFS\_PLAN\_YEAR\_DT: datetime  
ACPR\_LOCK\_TOKEN: smallint  
ATXR\_SOURCE\_ID: datetime

## Accounting – CMC\_ACPR\_PYMT\_RED



V: Facets - Payment Reductions - Andersen, Morgan A.  
 File Edit Window Help  
 V: Line of Business - Advantage Health Plan V: Payment Reductions - Andersen, Morgan A.

Type	Created	Claim ID	LDB ID	Amount	Remaining
Capitation Overpayment	01/01/2009	L801		\$222.95	\$222.95
Medical Overpayment	05/01/2010	080100000010	L801	\$222.95	\$222.95
Medical Overpayment	05/01/2010	080100000010	L801	\$222.95	\$222.95
Medical Overpayment	05/01/2010	081290000000	L801	\$88.42	\$88.42
Medical Overpayment	05/01/2010	081290000040	L801	\$88.42	\$88.42

ACPR\_SUB\_TYPE: char(01)

Amount: \$452.80 Remaining: \$408.73  
 Status: Active Automatic Overpayment Recovery: Yes  
 Explanation: User: Facets Batch User, Expense Type: Plan Benefit

Add Reduction Void Reduction Comments Auto Recovery

Date	Event Type	Amount	User ID	Rec'd Date	Reason
06-09-2010	System Received	\$114.87	Facets		

Payment Reference ID: 20130901010004

Enter Receipt Enter Write Off Void Event

Related Information

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This table identifies the expense source of a medical or dental claim overpayment.

Expense Source	Meaning
H	HRA benefit
I	Interest
L	Plan benefit
O	Other
“ “	N/A

—

## Accounting – Other Reduction Tables

### *Accounting – Other Reduction Tables*



#### ► **CMC\_ACRH\_RED\_HIST - Payment Reduction History**

- ACRH\_EVENT\_TYPE
  - B – Receipt
  - C – Receipt inactive due to Void
  - R – System Recovered
  - V – Voided receipt
  - W – Write off
  - X – Voided Write off
  - Z – Write off inactive due to Void

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This table maintains all of the reduction history associated with a reduction row.

The most important column in this table, **ARCH\_EVENT\_TYPE**, determines the event that caused the reduction to occur.

## *Accounting – Other Reduction Tables*



### ► CMC\_ACBR\_REC\_STS - Accounting Alternate Funding Recovery Status Table

- ACRH\_EVENT\_TYPE:
  - B – Receipt
  - C – Receipt inactive due to Void
  - R – System Recovered
  - V – Voided receipt
  - W – Write off
  - X – Voided Write off
  - Z – Write off inactive due to Void

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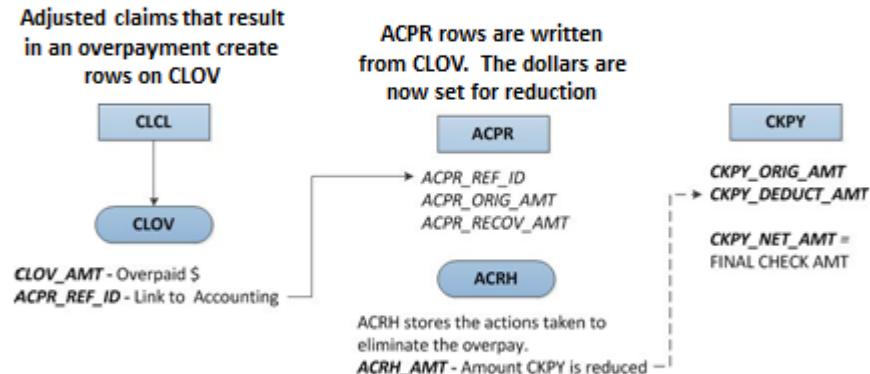
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Alternate Funding identifies a similar table for overpayment recovery that also displays the same column as **ACRH**.

In the Alternate Funding Batch, this table determines overpayments credited to an Alternate Funding entity.

## Accounting - Overpayment Reductions

### *Accounting - Overpayment Reductions*



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The Overpayment Reduction starts from an adjusted claim when too much was paid for a service. Once identified, Facets writes a row on CLOV. The row's Reference ID links to the **ACPR** table. This table tracks the deduction made to a claim for recovery. Each time a claim reduces, the **ACRH** table holds the amount recovered from the claim, which applies to the amount of the payment row, CKPY.

## Accounting – Batch Print Tables

### *Accounting – Batch Print Tables*



#### **Creating EOBs, Remittances**

#### **& Checks Medical Claim**

#### **Batch Print Tables:**

- CMC\_BPID\_INDIC
- CMC\_BPCL\_CLM
- CMC\_BPCD\_CLM\_DTL
- CMC\_BPST\_STATUS
- CMC\_BPCE\_AMTS
- CMC\_BPDX\_DIAG
- CMC\_BPEX\_EXPL
- CMC\_BPEP\_EXPL
- CMC\_BPCI\_CLM
- CMC\_BPHP\_INDIC
- CMC\_BPHM\_CLM\_DTL
- CMC\_BPIO\_COB
- CMC\_WQ35\_WORK\_QUE

Medical Batch Print Table	Meaning
CMC_BPID_INDIC	This identifies indicative data about check payment (Payer Name, Address, Net Check Amount, and LOB).
CMC_BPCL_CLM	This displays claim level detail linked to the Payment Reference ID.
CMC_BPCD_CLM_DTL	This contains all line item detail information on each claim processed in the batch run regardless of whether Facets issues a check or just an explanation of non-payment.
CMC_BPST_STATUS	This identifies the status history of a batch print including the Payment Reference ID assigned during the batch process, the status date, and sequence number.
CMC_BPCE_AMTS	This identifies individual & family accumulators.

Medical Batch Print Table	Meaning
CMC_BPDX_DIAG	This identifies diagnosis information for each claim.
CMC_BPEX_EXPL	This identifies detailed line item disallow explanation codes, amounts, and descriptions including penalties, service, limit, risk withhold, UM, clinical editing discounts, and pricing.
CMC_BPEP_EXPL	This identifies detailed line item disallow explanation codes, amounts, and descriptions for COB.
CMC_BPCI_CLM	This identifies additional claim line details.
CMC_BPHP_INDIC	This identifies external payment details.
CMC_BPHM_CLM_DTL	This identifies medical 835 data.
CMC_BPIO_COB	This identifies other carrier/Medicare specific claims.
CMC_WQ35_WORK_QUE	This identifies Check Payment Indicative Data Print (CMC_BPID_INDIC) and HIPAA Payment Indicative Data (CMC_BPHP_INDIC) tables data for each QWK0 row processed by the EDI 835 Outbound Claim Payment/Advice (ErCcsRun835Out) batch. This table is not enabled for auditing.

## ***Accounting – Batch Print Tables***



### **Creating EOBs, Remittances & Checks Dental Claim Batch Print Tables:**

- CMC\_BPID\_INDIC
- CMC\_BPCL\_CLM
- CMC\_CLDL\_CLM\_DTL
- CMC\_BPST\_STATUS
- CMC\_BPCE\_AMTS
- CMC\_BPDX\_DIAG
- CMC\_DNEX\_EXPL
- CMC\_BPEP\_EXPL
- CMC\_BPCI\_CLM
- CMC\_BPHD\_CLM\_DTL
- CMC\_BPHP\_INDIC
- CMC\_BPIO\_COB
- CMC\_WQ35\_WORK\_QUE

Dental Batch Print Table	Meaning
CMC_BPID_INDIC	This identifies indicative data about check payment (Payer Name, Address, Net Check Amount, and LOB).
CMC_BPCL_CLM	This identifies claim level detail linked to the Payment Reference ID.
CMC_CLDL_CLM_DTL	This contains service line detail information for dental claims processed through the dental claim/check batch routine.
CMC_BPST_STATUS	This identifies the status history of a batch print including the Payment Reference ID assigned during the batch process, the status date, and sequence number.
CMC_BPCE_AMTS	This identifies individual & family accumulators.
CMC_BPDX_DIAG	This identifies diagnosis information for each claim.

Dental Batch Print Table	Meaning
CMC_DNEX_EXPL	This contains the dental service line item disallow amounts, their explanation codes, and accompanying text.
CMC_BPEP_EXPL	This identifies detailed line item disallow explanation codes, amounts, and descriptions for COB.
CMC_BPCI_CLM	This identifies additional claim line details.
CMC_BPHD_CLM_DTL	This identifies dental 835 data.
CMC_BPHP_INDIC	This identifies external payment details.
CMC_BPIO_COB	This identifies other carrier/Medicare specific claims.
CMC_WQ35_WORK_QUE	This identifies Check Payment Indicative Data Print (CMC_BPID_INDIC) and HIPAA Payment Indicative Data (CMC_BPHP_INDIC) tables data for each QWK0 row processed by the EDI 835 Outbound Claim Payment/Advice (ErCcsRun835Out) batch. This table is not enabled for auditing.

## ***Accounting – Batch Print Tables***



### **Creating EOBs, Remittances & Checks ITS Claim Batch Print Tables:**

- CMC\_BPID\_INDIC
- CMC\_BPIC\_CLM
- CMC\_BPIL\_CLM\_DTL
- CMC\_BPST\_STATUS
- CMC\_BPCE\_AMTS
- CMC\_BPDX\_DIAG
- CMC\_BPEP\_EXPL
- CMC\_BPIO\_COB
- CMC\_WQ35\_WORK\_QUE

ITS Claim Batch Print Table	Meaning
CMC_BPID_INDIC	This identifies indicative data about the check payment (Payer Name, Address, Net Check Amount, and LOB).
CMC_BPIC_CLM	This identifies claim level batch print ITS data.
CMC_BPIL_CLM_DTL	This contains service line detail information for ITS claims processed through the dental claim/check batch routine.
CMC_BPST_STATUS	This identifies the status history of a batch print including the Payment Reference ID assigned during batch process, status date, and sequence number.
CMC_BPCE_AMTS	This identifies individual & family accumulators.
CMC_BPDX_DIAG	This identifies diagnosis information for each claim.
CMC_BPEP_EXPL	This identifies detailed line item disallow explanation codes, amounts, and descriptions for COB.
CMC_BPIO_COB	This identifies other carrier/Medicare specific claims.
CMC_WQ35_WORK_QUE	This identifies Check Payment Indicative Data Print (CMC_BPID_INDIC) and HIPAA Payment Indicative Data (CMC_BPHP_INDIC) tables data for each QWK0 row processed by the EDI 835 Outbound Claim Payment/Advice (ErCcsRun835Out) batch. This table is not enabled for auditing.

# Accounting

## *Accounting*



### Creating EOBs, Remittances & Checks

#### CMC\_BPID\_INDIC

► **Required fields:**

- SYIN\_INST
- BPID\_STOCK\_ID
- BPID\_TYPE
- BPID\_SEQ\_NO
- BPID\_SUB\_TYPE
- CKPY\_REF\_ID
- CKPY\_PAYEE\_CK
- CKPY\_PAY\_DT
- LOBD\_ID
- LOBD\_NAME
- PYPY\_ID
- PYBA\_ID
- BPID\_PAYEE\_ID
- CKPY\_PAYEE\_TYPE
- CKCK\_PAYEE\_NAME
- CKPY\_NET\_AMT
- BPID\_PRINTED\_DT
- BPID\_LIT\_AMT
- SYIN\_REF\_ID

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This identifies the main batch printing table used in printing all checks, EOBs, and remittance reports.

It populates through a batch run and contains all the payee, payer, and amount indicative information on each Reference ID processed in the batch run.

Facets creates Reference IDs for checks, as well as non-payment occurrences.

## *Accounting*



### **BPID\_TYPE Values:**

- ▶ **SBCC**    Combined Subscriber Payment
- ▶ **CEPR**    Combined Provider EFT
- ▶ **PEFT**    Provider EFT
- ▶ **CESB**    Combined Subscriber EFT
- ▶ **SEFT**    Subscriber EFT (Non-Combined)
- ▶ **ZPPR**    Combined Provider Zero Payment
- ▶ **CPET**    Capitation Electronic Funds Transfer

**...continued**

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The Data Dictionary contains a total of 75 available codes in the current release of Facets

## *Accounting*



### **BPID\_TYPE Values (continued):**

- ▶ **CMCK**    Commissions Check
- ▶ **CMET**    Commissions EFT
- ▶ **XSBP**    External Subscriber Payment
- ▶ **XPRP**    External Provider Payment
- ▶ **CMNN**    Commission Check Negative Amount
- ▶ **CMZP**    Commission Check Zero Payment
- ▶ **ECPR**    EFT-Combined Provider Remittance

...continued

## *Accounting*



### **BPID\_TYPE Values (continued):**

- ▶ **ECSB**      EFT-Combined Subscriber Remittance
- ▶ **PPCL**      Pre-Priced Claims
- ▶ **CPCK**      Capitation Check
- ▶ **CPNP**      Capitation Non-Payment
- ▶ **EOSB**      Subscriber EOB Notice of Provider Payment
- ▶ **DRPR**      Provider Combined Disbursement Register
- ▶ **ZCSB**      Zero Payment Subscriber EOB

**...continued**

## *Accounting*



### **BPID\_TYPE Values (continued):**

- ▶ **ZCPR**    Zero Payment Provider EOB
- ▶ **DRSB**    Combined Subscriber Disbursement Register
- ▶ **SBCK**    Subscriber Check/EOB
- ▶ **PRCK**    Provider Check/EOB
- ▶ **PRCC**    Provider Combined Check

## Accounting – New Table



### ► CMC\_WQ35\_WORK\_QUE

- Reads CMC\_BPID\_INDIC and CMC\_BPPHP\_INDIC tables
  - For each QWK0 row processed by ErCcsRun835Out batch
- Table not enabled for auditing

WQ35\_ROW\_ID: int

SYIN\_INST: int  
 BPID\_STOCK\_ID: char(10)  
 BPID\_TYPE: char(4)  
 BPID\_SEQ\_NO: int  
 SYIN\_REF\_ID: char(16)  
 BPST\_UPDATE: char(1)

This is a work table that is used to read the Check Payment Indicative Data Print (CMC\_BPID\_INDIC) and HIPAA Payment Indicative Data (CMC\_BPPHP\_INDIC) tables for each QWK0 row processed by the EDI 835 Outbound Claim Payment/Advice (ErCcsRun835Out) batch. This table is not enabled for auditing.

Column	Description
WQ35_ROW_ID	This identifies the column, incremented by the system.
SYIN_INST	This is an unique ID number assigned by the system that serves to identify the specific instance of a system process that generated the batch print data.
BPID_STOCK_ID	This identifies the batch print stock ID.
BPID_TYPE	This identifies the batch print type.

---

## Objective Summary

---

You are now able to:

- Discuss the important columns of the major tables
- Explain the relationship of the columns to the other tables and domains as they pertain to the Facets processes
- Explain the common elements among the tables

---

## Batch and Analysis 101

### Objectives

---

Upon successful completion of this chapter, you will be able to:

- Explain the major components of the Facets core environment
- Explain the major elements of the System Configuration file
- Explain the difference between Run xml files and Procedure xml files
- Explain the application server directory structure
- Explain the manual procedure for executing a batch job
- Explain the available trouble-shooting methods for errors

---

---

Upon successful completion of this chapter, you will be able to (continued):

- Explain the three types of execution in a batch step
- Explain the output directory structure
- Explain the available tools for trouble-shooting
- Explain how to use EnableCapture and where to find the output
- Explain the purpose of the **SYML** table in relation to the batch job
- Explain where to find the trouble-shooting parameters in the system configuration file

Upon successful completion of this chapter, you will be able to (continued):

- Explain the function and purpose of each parameter under Database Diagnostics
- Explain the purpose of the SYIN\_INST ID

# Agenda

## *Agenda*



- ▶ **Hardware and Software**
- ▶ **Facets Application Server**
- ▶ **Batch Processing**
- ▶ **Batch Output**

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## Hardware

### *Hardware*

Facets Core Environment



Database  
Servers



Application  
Servers



Interactive  
Clients



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## Hardware and Software

### *Hardware and Software*



#### ► Database Servers

- IBM
  - AIX 6.1
    - Sybase 15.5
    - Oracle 11g Standard or RAC
- HP
  - HP-UX
    - Sybase 15.5
    - Oracle 11g Standard or RAC
- Intel
  - Windows 2008 Server R2
    - MS SQL Server 2008



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## Hardware and Software



### ► Interactive Clients

- MS Windows 7 – 32 or 64 bit
- JRE 1.6
- IE 9.0 or Firefox 3.6
- MS Visual Studio Tools for Office 3.0
- MS Office 2007 or 2010 – 32 or 64 bit
  - Word
  - Access



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## ***Hardware and Software***



### **► Application Server**

- MS Windows Server 2008
- MS Windows 2010 32 or 64 bit
- IE 9, Firefox v3.6, Google Chrome 5
- JRE 1.6
- MSXML Parser 6.0
- Windows Scripting Host 5.6
- .Net 3.5 SP1



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## Hardware and Software



### ► Application Server (continued)

- ODBC Driver:
  - SQL: SQL Native Client 10.5
  - Oracle: 11.2.02
  - Sybase: SDK 15.0 EBF 17890 ESD #24 (32bit)
  - Sybase: SDK 15.0 EBF 17904 ESD #24 (64bit)



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## Batch Installation

### ***Batch Installation***



► **Application Server Installation:**

- Creates a Job Manager
  - Not a dedicated role
- Creates a Letter Server
- Creates a Region
- Provides XML files
- Provides Runtime Libraries
- Provides pzb/PZB files

► **Requires logon with Facets-only security encryption on password**



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The setting of power in AppServer determines the engine distribution across the application servers.

During the Batch Installation process, the Job Manager initiates a batch, then steers all subsequent work to other application servers in the environment. After installing the Facets Application Server, the user creates only one network user profile to handle batch operations and uses the “runas” command for running jobs through this profile. The user role for this function is normally a local user or administrator. The best practices recommendation for these procedures suggests that one specified user holds this role considering the requirement of component identity assignment and DCOM configuration's use of one user identity. In order to run and stop properly, the batch user needs Read/Write access permissions to the output directories defined in the “UserOutputDirectory” and “BatchOutputDirectory” parameters in the region configuration file. The same user requires Read/Write access permissions to all temp folders on each application server.

## Batch Installation

### ***Batch Installation***



#### ► Directories Created During Install:

- Customer
  - Letter Templates
  - Letters
  - Runbook
  - Script
- Regions
  - Creates folder for each config file in environment

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Facets creates these directories during batch installation processes:

- Customer
  - Letter Templates –This contains headers and templates for the letter server.
  - Letters – This is storage for saved letters.
  - Runbook – This is XML Run Files.
  - Script – This is available for Custom VB scripts.
- Regions
  - This creates a folder for each System Configuration file in the environment.

## ***Batch Installation***



### ► Directories Created During Install:

- System
  - Bin
  - Config
  - Hlp
  - Setup
  - State
  - Work

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### Directories Created During the Install:

- System
  - Bin – This includes dll, executable, and Procedure files.
  - Config – This includes system and pzb files.
  - Hlp – This includes user documentation used for the Interactive client.
  - Setup – This includes system configuration utilities (registry scripts).
  - State – This is a temporary directory for batch use.
  - Work – This is capture log storage.

## ***Batch Installation***



### ► Directories Created During Install:

- Utilities
  - Region Manager Application
  - ErSys0DbLastUpdTrigger.vbs
  - System Log

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Some Facets tables include a **Date/Time** column indicating the date and time when the system inserted and updated the row. Facets provides an additional script utility (ErSys0LastUpdTrigger.vbs) that allows users to select certain tables to update (or create). The trigger code for that script then populates the new column.

On the Facets Application Server, the ErSys0DbLastUpdTrigger.vbs script creates a datetime entry in the SYS\_LAST\_UPD\_DTM column on the table. The user finds this in the Facets\5xx\Utilities directory. Then, using the C:\Facets\5xx\Utilities\ErSys0DbLastUpdTrigger.vbs --RegionName = (value),--TableName = (value), --Indicator = (value) command, the user passes the required parameters to enable or disable the trigger.

In order to test this utility, a user inserts a row in a table with an enabled date/time indicator. The user may then verify the results: a correctly populated **Date/Time** column.

## ***Batch Installation***



### ► Region

- Facets environment consisting of:
  - Database
  - Database server
  - Application server
- Multiple regions can be configured for:
  - Production
  - Testing
  - QA
  - Development
- ErSystCfgSystem5xx.xml holds:
  - Environment information
  - Default variables

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Region:

- A region consists of a Facets environment with a database, a database server, and an application server.

The user may configure multiple regions for:

- Production
- Testing
- QA
- Development

The following script: ErSystCfgSystem5xx.xml holds the environment information and default variables.

## ErSystCfgSystem5xx.xml

### *ErSystCfgSystem5xx.xml*



```
<Category name="SystemSignon">
    <Item name="FacetsUser">UserID</Item>
    <Item name="SignonMethod">F</Item>
</Category>
<Category name="Environment">
    <Item name="UserOutputDirectory">C:\Program
Files\TriZetto\Facets\5xx\Customer\output</Item>
    <Item name="BatchOutputDirectory">C:\Program
Files\TriZetto\Facets\5xx\Customer\output</Item>
        <Item name="ScriptDirectory">C:\Program Files\TriZetto\Facets\5xx\System\Bin</Item>
        <Item name="AppServer" power="1" commarea="Y" default="Y">App Server Name</Item>
        <Item name="RunFileDialog">C:\Program
Files\TriZetto\Facets\5xx\Customer\Runbook</Item>
        <Item name="ProcFileDialog">C:\Program Files\TriZetto\Facets\5xx\System\Bin</Item>
        <Item name="SQLUtilDir">c:\program files\microsoft sql server\80\tools\binn</Item>
        <Item name="SQLImportExportProgram">bcp.exe</Item>
```

## *ErSystCfgSystem5xx.xml*



```
<Category name="Control">
    <Item name="MsgLog">SYML</Item>
    <Item name="RequestWaitTries" commarea="Y">1</Item>
    <Item name="RequestWaitSeconds" commarea="Y">10</Item>
    <Item name="AcknowledgementCountLimit" commarea="Y">50</Item>
    <Item name="NumberOfEngines" commarea="Y">1</Item>
    <Item name="StepCompleteWait">60</Item>
    <Item name="ResumeInterval" commarea="Y">10</Item>
    <Item name="EngineWaitTime" commarea="Y">6</Item>
    <Item name="EOFMode" commarea="Y">C</Item>
    <Item name="EnableSystemAppServers">Y</Item>
    <Item name="OutputType">X</Item>
    <Item name="MergeLogs"></Item>
    <Item name="TempLogRetry">5</Item>
```

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A user may combine all three types of master logs into single files. This process involves copying the “MergeLogs” parameter from the region configuration file into the run file and valuing it with “E,L,O”.

## *ErSystCfgSystem5xx.xml*



```
<Category name="SystemDiagnostics">
    <Item name="ConsoleOutput">True</Item>
    <Item name="TraceSqlOut">False</Item>
    <Item name="TraceFunction">False</Item>
    <Item name="TraceDebug" commarea="Y">False</Item>
    <Item name="TestMode">False</Item>
    <Item name="TraceDictionary">False</Item>
</Category>
```

## *ErSystCfgSystem5xx.xml*



```
<Category name="DatabaseDiagnostics">
    <Item name="EnableCapture">N</Item>
    <Item name="Playback">N</Item>
    <Item name="TimeDifference">N</Item>
    <Item name="MaxTime">00:00:00.000</Item>
    <Item name="DelayTime">N</Item>
    <Item name="CaptureFileDialog">C:\Program
Files\TriZetto\Facets\4xx\System\Work</Item>
    <Item name="DisplayConnectionSpecificationInfo">N</Item>
    <Item name="DisplayGetProcParmsCalls">N</Item>
    <Item name="DisplayResults">N</Item>
    <Item name="DisplayStmtOnly">N</Item>
    <Item name="ReportAllErrors">N</Item>
```

## *ErSystCfgSystem5xx.xml*



```
<Category name="DataDomains">
    <Item name="DataDomain" commarea="Y">RegionName</Item>
    <DataDomain name=" RegionName ">
        <!--Sybase Connection Specifications: PORT will be appended to Datasource, Database required, PacketSize required-->
        <!--Microsoft Connection Specifications: Database required, PacketSize required-->
        <!--Oracle Connection Specifications: "Schema" will replace "Database", required, -->
        <ConnectionSpecification name="SYSO" protocol="ODBC" platform="Microsoft">
            <ConnectionAttribute name="Datasource">Servername</ConnectionAttribute>
            <ConnectionAttribute name="Database"> DB Name </ConnectionAttribute>
            <ConnectionAttribute name="UserId">UserID</ConnectionAttribute>
            <ConnectionAttribute name="Password">Password</ConnectionAttribute>
            <ConnectionAttribute name="ODBCDriver">SQL Server</ConnectionAttribute>
            <ConnectionAttribute name="PacketSize">4096</ConnectionAttribute>
        </ConnectionSpecification>
```

## Other XML Files

### *Other XML Files*



#### ► Procedure Files (Procbooks)

- Calls underlying application code/stored procedure for each batch process step

...continued

## Other XML Files



**continued...**

```
<Action number="3000_1000">
    <ActionOrder>3000_1000</ActionOrder>
    <Category name="Indicative">
        <Item name="ActionNumber" override="N">3000_1000</Item>
        <Item name="StepId" override="N">BELG</Item>
        <Item name="ExecutionType" override="N">E</Item>
        <Item name="ProgramName" override="N">cerbexe0</Item>
        <Item name="Architecture" override="N" commarea="Y">2X</Item>
    </Category>
    <Category name="Control">
        <Item name="PzapAppId" override="Y" commarea="Y">BELG</Item>
    </Category>
    <Category name="Parameters">
        <Item name="NumberOfEngines" override="Y">2</Item>
```

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## *Other XML Files*



### ► Run Files (Runbooks)

- Calls the Procedure XML
- Overrides the default variables

...continued

## Other XML Files

continued...



```
<!--<Item name="BypassStep">1000</Item>-->
<!--<Item name="RestartStep">1000</Item>-->
<!--<Item name="StopStep">1000</Item>-->
<!--<Item name="RunDate">mm/dd/yyyy 00:00:00.000</Item>-->
<!--<Item name="RunThruDate">mm/dd/yyyy 00:00:00.000</Item>-->
<!--<Item name="SbElprMaxQueue">5000 </Item>-->
<Step number="2000">
  <Category name="Parameters">
<!--#####
# Step Level Overrides
#####
-->
<!--<Item name="EnginesTimesQueues">6</Item>-->
<Step number="3000">
  <Category name="Parameters">
<!--#####
# Step Level Overrides
#####
-->
<!--<Item name="NumberOfEngines" commarea="Y">2</Item>-->
```

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## XML Files

### *XML Files*



- ▶ **Each Procedure file has a matching Run File**
  - ErxxxProcyyyy.xml
    - ErCmcProcElig.xml
  - ErxxxRunyyyy.xml
    - ErCmcRunElig.xml
- ▶ **xxx= cer, cmc, cds, ccs, etc.**
- ▶ **yyyy= BIL0, CKMM, ELIG, etc.**

# Engines and Queues

## *Engines and Queues*



### ► Engine

- Instance of programming code that processes data:
  - According to specific application

### ► Queue

- A subset of total unprocessed data

### ► Defaults

- 2 Engines
- 3 Queues

## Multi-engine Batch Format

### *Multi-engine Batch Format*



#### ► 3 Main Steps:

- Preprocessing:
  - Tags work to be processed in batch
  - Creates queues
- Multi-engine:
  - Works on assigned queue rows
- Clean-up:
  - Repeats first 2 steps if data rows were unprocessed

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The Multi-engine Batch Format consists of these three main steps:

1. Preprocessing – This step tags the work batch processes and creates subsets called queues.
2. Multi-engine – The engines work on assigned queue rows until all queues are processed.
3. Cleanup – This step repeats the first two steps using one queue row and one engine to address rows with contention on the database.

# Multi-engine Batch Processing

## *Multi-engine Batch Processing*



### ► The Preprocess step:

- Looks for data to be processed
- Temporary table holds all data to be processed in a batch
- Data grouped together by common element:
  - GRGR\_CK or SBSB\_CK
  - Divided into queues (QWK0 rows)
- QWK0 row holds range of values:
  - Point to rows of data on temporary table
  - Each QWK0 row status is '0'

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The Preprocess step:

1. Searches for data ready to process

**Note:** For most batches, Facets holds this data on a trigger table with a status of 01.

2. A temporary table holds all data ready for processing in a specific batch.
3. Facets groups data together by common elements, such as GRGR\_CK or SBSB\_CK, and divides them into smaller work sets called queues (QWK0 rows).

**Note:** Each QWK0 row holds a range of values that point to rows of data on the temporary table. The status is 0 for each QWK0 row.

## Multi-engine Batch Processing



### ► Multi-engine Step:

- Application code invoked for engines specified in Run File
- Each engine:
  - Tracked on SENG table
  - QWK0 row selected for process
    - QWK0 row status changes to '10'
    - When data row processes, status changes to '02' (in process)
    - When data rows process, status is '03' (complete)
    - When data rows processed, status is '99' (complete)
  - Engine selects next available QWK0 row
    - Repeats process

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### The Multi-engine Step:

4. Facets invokes the application code for the number of engines specified in the Run File.
5. Facets tracks each engine on the **SENG** table by a spid number and selects a QWK0 row for processing:
  - a. The QWK0 row status changes to 10 (in process).
  - b. As each pointer presents a data row for processing, the row on the temporary table changes status to 02 – in process.
  - c. As Facets processes each data row, the status changes to 03 – complete.
6. After processing completes for all data rows in the QWK0, the status changes to 99 – complete.
7. The engine selects the next available QWK0 row and repeats the process until processing completes for all QWK0 rows.

## Multi-engine Batch Processing



### ► The Cleanup Step

- If engine competes for same data with another engine:
  - Row is in contention/deadlocked:
    - Status of the QWK0 row remains 10
    - Status of the data row in question is 04
  - Facets identifies QWK0 row with:
    - Unprocessed row
    - In process row:
      - Creates single QWK0 row (repeat of Preprocess step)
  - One engine invoked to process data sequentially

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### The Cleanup Step:

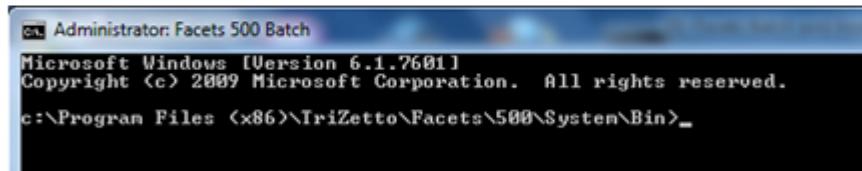
8. If an engine competes with another engine for the same data, the row is in contention or deadlocked. The status of the QWK0 row remains a 10 and the status of the data row in question becomes 04 (deadlocked).
9. Facets identifies the QWK0 row with unprocessed or in process rows and creates a single QWK0 row (a repeat of the Preprocess step).
10. One engine invokes to process the data sequentially (a repeat of the Multi-engine step).

## Batch Processing

### *Batch Processing*



- ▶ All batch jobs initiated on Job Manager
- ▶ Jobs initiated in System/Bin when 'cmd' session started



```
Administrator: Facets 500 Batch
Microsoft Windows [Version 6.1.7601]
Copyright (c) 2009 Microsoft Corporation. All rights reserved.

c:\Program Files (x86)\TriZetto\Facets\500\System\Bin>_
```

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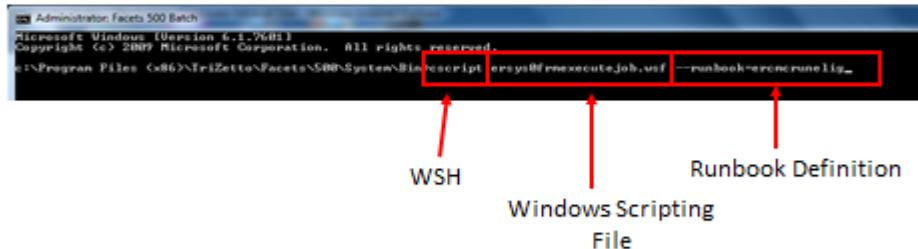
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## Batch Processing



- ▶ The command to run batch is

```
Cscript ErSys0FrmExecuteJob.wsf --Runbook=runbook  
name
```



Administrator: Facets 500 Batch  
Microsoft Windows (Version 6.1.7601)  
Copyright © 2009 Microsoft Corporation. All rights reserved.  
c:\Program Files (x86)\TriZetto\Facets\SB0\System\Bin>cscript ErSys0FrmExecuteJob.wsf --runbook=runbook1

WSH  
Windows Scripting File  
Runbook Definition

## 64 bit Operating System Note

### ***64 bit Operating System Note***



#### ► **Facets - 32 bit application**

- Must use cscript 32 bit version located in SysWow64 directory

#### ► **To call 32 bit cscript version, must qualify from command line:**

- Drive:\Windows\SysWow64\cscript  
<path>ErSys0FrmExecuteJob.wsf --runbook=<runfile>

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Due to the nature of a 32 bit application, Facets must use the 32 bit version of cscript located in the SysWow64 directory. In order to call the 32 bit version of cscript and qualify Facets, the command lines must show:

Drive:\Windows\SysWow64\cscript <path>ErSys0FrmExecuteJob.wsf --runbook=<runfile>

## Batch Processing



- ▶ The command to run batch against a specific region

```
Cscript ErSys0FrmExecuteJob.wsf --  
Runbook=runbook name
```



```
Administrator: C:\Windows\system32>Cscript ErSys0FrmExecuteJob.wsf --runbook=erconrunellis --region=p100t
```

- ▶ Specifies a System Configuration File to use for this batch job

## Batch Processing



### ► Command to Stop Batch

- ErSys0AppBatchControl5xx.exe --  
Runbook=ErCmcRunElig\_xxxxx  
--Command=Stopjob



```
Administrator: Facets 500 Batch
Microsoft Windows® Operating System Version 6.1.7601
Copyright © 2009 Microsoft Corporation. All rights reserved.

c:\Program Files (x86)\TriZetto\Facets\500\System\Bin\erstopbatchcontrol500.exe --runbook=ercmcrunelig_123456 --command=stopjob
```

Must contain the Run File name  
and the System Instance ID  
(SYIN\_INST)

The batch control command line tool allows a user control over all running batches. To use this tool:

11. Open a command prompt
12. Find the Queued Work Item Process script: \Facets\501\System\Bin within your Job Manager's home directory
13. Run the Queued Work Item Process console file ErSys0AppBatchControl451

## ErSys0AppBatchControl5xx.exe

### *ErSys0AppBatchControl5xx.exe*



Option	Required/ Optional	Description
JobFile_Instance	Required	Runbook appended with the instance number of the job separated by an underscore. For example, ErOneRunEng_23542.
Command	Required	<b>KillJob:</b> Hard kill of the job. Engines are killed without regard to where they are in a business transaction. <b>Status:</b> Gives the status of the job. When using this option, if the run file starts with a prefix other than 'Er', the parameter '--jobFile=XX' must be added, where 'XX' is the first two characters of the renamed run file. <b>ServiceControl:</b> Allows you to change the process mode of submission services. The following switches are available: <ul style="list-style-type: none"> <li>▪ <b>Mode:</b> Required. Sets the process mode of the service. Valid values are Q (Sets the service mode to Queued), R (Sets the mode to Real-time), and S (Returns the current settings).</li> <li>▪ <b>Service:</b> Required. The name of a submission service to have the process mode switched.</li> <li>▪ <b>CallingSystem:</b> Optional. The name of the calling system to use (i.e. "Default"). If left blank this request will apply to all calling systems.</li> </ul>
Style	Optional	<b>Job:</b> Lists all available job objects on the Facets Virtual Server. This runs by default when 'Command=Status' is used. <b>ProcessId:</b> Supply a given process ID to learn which job object it belongs to.

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The batch control command line tool allows the user to control all batches while they run.

## *ErSys0AppBatchControl5xx.exe*



### ► **Generic:**

- ErSys0AppBatchControl500 JobFile\_Instance --Command=[...]  
--Action=[...] --Engine=#

### ► **Status:**

- ErSys0AppBatchControl500 ErCmcRunEnrl\_123  
--Command=Status --Style=[...] --Content=[....]

### ► **Kill Job:**

- ErSys0AppBatchControl500 ErCmcRunEnrl\_123  
--Command=KillJob

## Overriding Run File Parameters Using a Text File

### *Overriding Run File Parameters Using a Text File*



- ▶ Parameters in run file may be taken from a text file by adding to command line:
  - -@<filename>
- ▶ Where <filename> is text file name containing commands
  - One text file passes at a time
- ▶ Text file contains all needed parameters
- ▶ If text file was named “params.txt”, switch would be:
  - -@params.txt

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Facets takes run file parameters from a text file by adding the following switch to the command line: -@<filename>.

<filename> is the name of the text file that contains the commands. Only one text file passes at a time.

The text file contains the requisite amount of parameters. For example:

If the number of engines equals 3 for action 1000 of step 4000, all of step 5000, and the database is FA400, the resulting text file shows:

- NumberOfEngines = 3[4000\_1000,5000]
- Database = FA400

If the text file name is“params.txt”, Facets uses this switch: -@params.txt

## Run Time Option Hierarchy

### *Run Time Option Hierarchy*



- ▶ When executing a batch job, Facets gathers parameters from these config files:
  - Run
  - Procedure
  - Region
- ▶ If two or more different settings for the same parameter are found, the hierarchy finds one to use:
  - First choice - Parameter from command line or text file
  - Second choice - Parameter from run file, if not commented
  - Third choice - Parameter from procedure file
  - Fourth choice - Parameter from selected region's config file

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When executing a batch job, Facets gathers parameters from the run, procedure, and region configuration files. If the procedure results in two or more different settings for the same parameter in these files; a hierarchy determines the appropriate setting for building the job file:

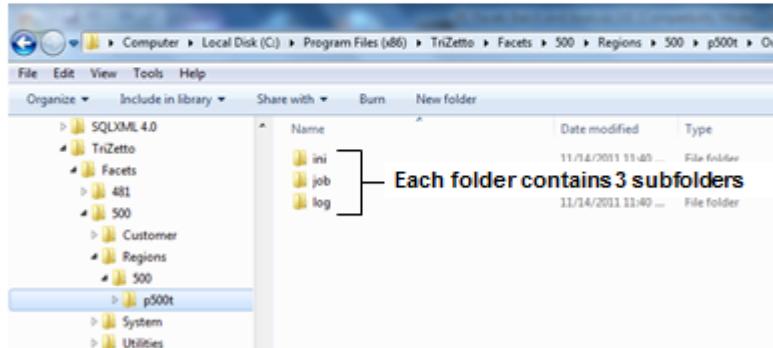
- |                |   |
|----------------|---|
| First choice:  | Parameter from command line or text file (if used)      |
| Second choice: | Parameter from run file (if not commented)              |
| Third choice:  | Parameter from procedure file                           |
| Fourth choice: | Parameter from the selected region's configuration file |

## Batch Output

### *Batch Output*



- ▶ Output is found in Regions/Output folder
- ▶ Each batch has its own folder identified by SYIN\_INST number

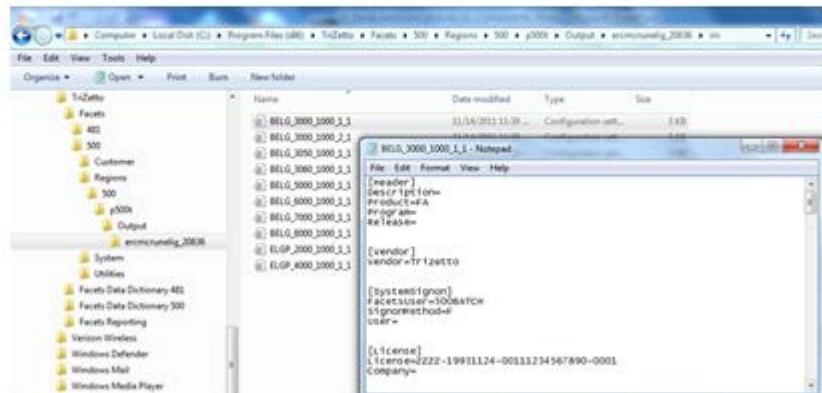


For the Batch Output, the user finds all output in the Regions/Region \_name/Output folder. Facets then identifies each batch through specific folders with a SYIN\_INST number.

## Batch Output



► The ini folder holds initialization file; one per step



## *Batch Output*



► Job folder holds:

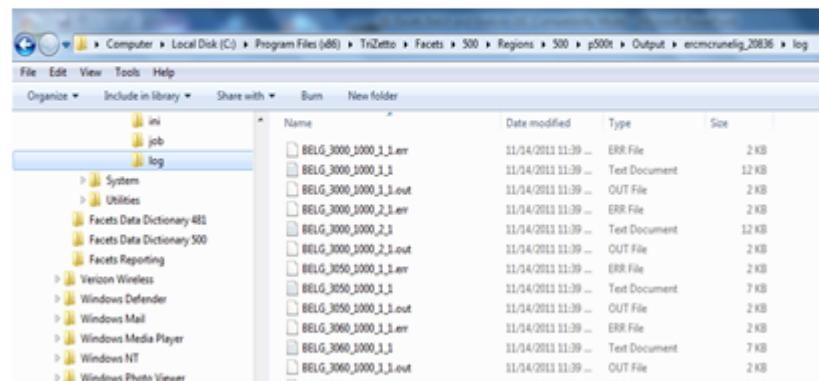
- Merged file of XML files, list of Process IDs used

The Batch Output job folder holds the merged file of the XML files and a list of Process IDs used for this job.

## Batch Output



- Log folder holds error, log, and output files for each:
- Step, action, engine and jcl file



Name	Date modified	Type	Size
BELG_3000_1000_1_1.err	11/14/2011 11:39	ERR File	2 KB
BELG_3000_1000_1_1.out	11/14/2011 11:39	Text Document	12 KB
BELG_3000_1000_1_1.out	11/14/2011 11:39	OUT File	2 KB
BELG_3000_1000_2_1.err	11/14/2011 11:39	ERR File	2 KB
BELG_3000_1000_2_1.out	11/14/2011 11:39	Text Document	12 KB
BELG_3000_1000_2_1.out	11/14/2011 11:39	OUT File	2 KB
BELG_3050_1000_1_1.err	11/14/2011 11:39	ERR File	2 KB
BELG_3050_1000_1_1.out	11/14/2011 11:39	Text Document	7 KB
BELG_3050_1000_1_1.out	11/14/2011 11:39	OUT File	2 KB
BELG_3060_1000_1_1.err	11/14/2011 11:39	ERR File	2 KB
BELG_3060_1000_1_1.out	11/14/2011 11:39	Text Document	7 KB
BELG_3060_1000_1_1.out	11/14/2011 11:39	OUT File	2 KB

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## Batch Output - Sample Error Output

### *Batch Output – Sample Error Output*



```

Application Server: EWR-W-PDYER
Process ID: 3520
--- Standard Error ---
Initialization Phase Started.
Actual Run Start Date and Time [09/14/2006 14:51:30.926]
Initialization Phase Complete.

Execution Phase Started.
Facets - Error: Return Code: 8
Error Code: 10000
Error Message:
Accounting Error - Billing Entity: Group: jfi, Sub Group: jfi
Warning: No G/L mapping entry -
Type = P Activity = 2
Lobd = jfi Acct Category =
User Variable 1 =
Solution: Correct GL mapping entry.
Journal entry will not have GL number.
Facets - Error: Return Code: 8
Error Code: 10000
Error Message:
Accounting Error - Billing Entity: Group: jfi, Sub Group: jfi
Warning: No G/L mapping entry -
Type = P Activity = 2
Lobd = jfi Acct Category =
User Variable 1 =
Solution: Correct GL mapping entry.
Journal entry will not have GL number.
Facets - Error: Return Code: 8
Error Code: 10000
Error Message:
Accounting Error - Billing Entity: Group: jfi, Sub Group: jfi
Warning: No G/L mapping entry -
Type = T Activity = P
Lobd = jfi Acct Category =
User Variable 1 =
Solution: Correct GL mapping entry.
Journal entry will not have GL number.
Facets - Error: Return Code: 8
Error Code: 10000
Error Message:

```

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## Batch Output - Sample Log Output

### *Batch Output – Sample Log Output*



Run Date Display		
Actual Run Start Date and Time [09/14/2006 14:51:00.926]		
Actual Run End Date and Time [09/14/2006 14:51:00.926]		
Override Run Start Date and Time [08/01/2006 12:00:00.000]		
Override Run Thru Date and Time [08/01/2006 12:00:00.000]		
Run Control Display		
1.	BLER Read.....	169
2.	BLER Read.....	44
3.	BLER From Subscr Detail.....	139
4.	BLER From Self Bl Detail.....	4
5.	BLER Mass Read Inactive.....	16
6.	BLER Bypass From Detail.....	3
7.	BLER Bypass w/Errors.....	27
8.	BLER Due Dt Proc'd.....	5274
9.	BLER Due Dt Proc'd.....	0
10.	Total Subscr Processed.....	251
11.	Total Subscr w/Rate Error.....	0
12.	Total BLIN Rows Written.....	1276
13.	Total BLIN Rows Written.....	5274
14.	Total BLIV Rows Written.....	5274
15.	Total BLIN Rows Written.....	1276
16.	Total BLFD Rows Written.....	1262
17.	Total BLSB Rows Written.....	51828
18.	Total BLSC Rows Written.....	0
19.	Total BLFT Rows Written.....	0
20.	Total BLFT Rows Written.....	0
21.	Total BLRC Rows Written.....	591
22.	Total BLRC Rows Written.....	1312
23.	Total BLAC Rows Written.....	13963
24.	Total BLRD Rows Written.....	0
25.	Total BLMO Rows Written.....	2038
26.	Total BLMO Rows Written.....	0
27.	Total BLFC Rows Written.....	56
28.	Total Forecasted BLE.....	0
29.	Total BLEI Not Recomed.....	0

Termination Phase Complete.  
The Highest Return code is: 0

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## Using the Batch Balance Equations Application

### *Using the Batch Balance Equations Application*



► **Facets System Administration (SA) product has a Batch Balancing application:**

- Defines batch analysis options using Application Maintenance
- Options assigned to batch jobs include:
  - Medical Claim Payment Batch
    - Multiple Engine Enabled (ErCmcRunCkmm)
  - Medical Electronic Adjudication
    - Multiple Engine Enabled (ErCmcRunCimu)
  - Prepriced Claims Processing (ErCmcRunCpc0)
  - Encounter Electronic Adjudication (ErCmcRunCleu)

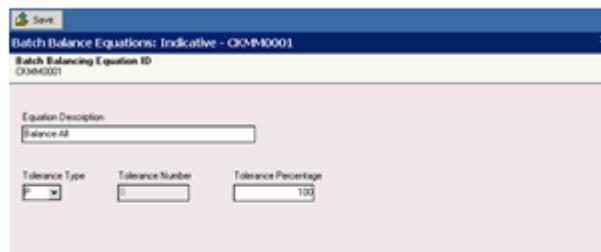
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When the user enables these options, new run control sections appear that report on balancing and performance.

To define Batch Balance Equations:

14. Navigate to the System Data application group and open the Batch Balance Equations application.
15. Selecting the **File** menu and then selecting the **New** menu item creates a new set of batch balance equations.
16. Selecting the **File** menu and then selecting the **Open** menu item opens an existing set.
17. Entering a unique ID identifies this set of batch balancing equations.

## Using the Batch Balance Equations Application

► **Equation Description**

► **Tolerance Type**

- Valid Values: B – Both, N – Number, P - Percent

► **Tolerance Number**

► **Tolerance Percentage**

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Equation Description - Enter a description for this Batch Balancing Equation ID.

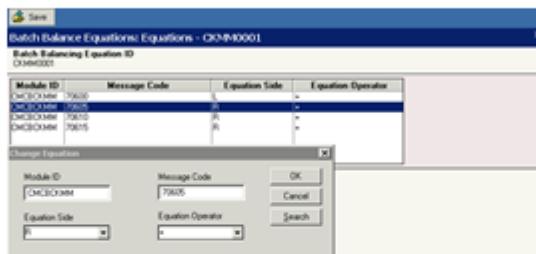
Tolerance Type - Select a method for the system to analyze batch balance performance.  
Valid values:

- B – Both
- N – Number
- P - Percent

Tolerance Number - Enter the number of transactions tolerated by the batch balance performance analysis.

Tolerance Percentage -Enter the percentage of transactions tolerated by the batch balance performance analysis.

## Using the Batch Balance Equations Application



- ▶ **Module ID**
- ▶ **Message Code**
- ▶ **Equation Side**
- ▶ **Equation Operator**

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Module ID - Enter the ID of the batch job Facets performs balancing on.

Message Code - Enter the SYMD identifying the batch results being balanced.

Equation Side - Select the side of the equation on which Facets evaluates this Module ID. Valid values:

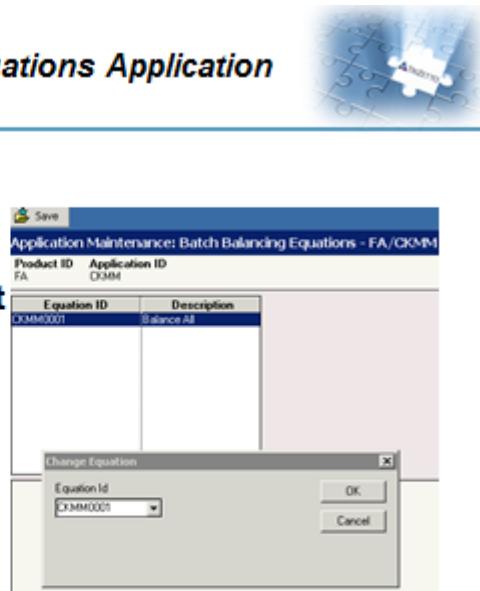
- L = Left
- R = Right

Equation Operator - Select the operation Facets performs on the balancing data from this Module ID. Valid values:

- + = Plus
- - = Minus

## Using the Batch Balance Equations Application

- ▶ Define options, then run Application Maintenance application
- ▶ Open batch job's Product and Application IDs
- ▶ Add row for Batch Balancing Equation set



18. After defining the options, the user may then run the Application Maintenance application in the Application group.
19. Then, the user opens the batch job's Product ID and Application ID and navigates to the **Batch Balancing Equations** page.
20. Add a row for the Batch Balancing Equation set associated with the batch job.

## Troubleshooting

### *Troubleshooting*



#### ► **Batches should end with Final Return Code “0”**

#### ► **If batch ends in “8”:**

- Look at jcl file for step with Return Code “8”
- Look at error log and out files
- System errors result in Return Code “8”
  - Data errors will not return code “8”
- Correct error
- Restart batch

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Ensure all batches end with Final Return Code 0. If a batch ends in an 8, follow these procedures:

21. Review the jcl file for the step with a Return Code 8.
22. Review the error log and out files for the step with the specific error.
23. System errors result in a Return Code 8 (data errors will not return an 8).
24. Correct the error then restart the batch according to the ORM instructions.

## Troubleshooting



- ▶ If error not determined, generate Capture
- ▶ Add line <Item name="EnableCapture">Y</item> to Runfile step
  - Rerun batch
- ▶ XML file generated in System/Work folder
  - Evaluate for error resolution
  - Send log to Facets Technical Support if no resolution determined

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25. If Facets cannot determine the error, the user generates a Capture file.
26. Find and add <Item name="EnableCapture">Y</item> to the Runfile step with the error, then rerun the batch.
27. An XML file generates in the System/Work folder.
28. The user evaluates for error resolution. If he/she cannot determine a resolution, the user needs to contact Facets Technical Support and send the appropriate log.

# Capture File

## **Capture File**



## TraceDebug and TraceDictionary

### *TraceDebug and TraceDictionary*



- ▶ Other troubleshooting tools are
  - TraceDebug
  - Trace Dictionary
- ▶ Both are variables in ErSystCfgSystem5xx
  - <Item name="TraceDebug" commarea="Y">False</Item>
  - <Item name="TraceDictionary">False</Item>

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Additional troubleshooting tools include:

- TraceDebug –details debugging information.
- Trace Dictionary –contains contents of VBScript dictionary objects

These tools represent variables in ErSystCfgSystem5xx:

- <Item name="TraceDebug" commarea="Y">False</Item>
- <Item name="TraceDictionary">False</Item>

---

## Objective Summary

---

You are now able to:

- Explain the major components of the Facets core environment
- Explain the major elements of the System Configuration file
- Explain the difference between Run xml files and Procedure xml files
- Explain the application server directory structure
- Explain the manual procedure for executing a batch job
- Explain the available trouble-shooting methods for errors

You are now able to (continued):

- Explain the three types of execution in a batch step
- Explain the output directory structure
- Explain the available tools for trouble-shooting
- Explain how to use EnableCapture and where to find the output
- Explain the purpose of the **SYML** table in relation to the batch job
- Explain where to find the trouble-shooting parameters in the system configuration file

You are now able to (continued):

- Explain the function and purpose of each parameter under Database Diagnostics
- Explain the purpose of the SYIN\_INST ID

## Coming Up

### *Coming Up*



Next we will discuss:

- ▶ Membership Batch

---

## Membership Batch Processes

### **Objectives**

---

Upon successful completion of this chapter, you will be able to:

- Explain the workflow and relevant batch parameters for each of the following run file/batch processes:
  - Ercmcrunelig
  - Ercdsrunmid0
  - Ercdsrunmct0

## Member Processing Eligibility

### *Member Processing Eligibility*



- ▶ Calculation defining member's valid range of time and events
- ▶ Eligibility calculated 2 ways:
  - Online from Subscriber/Member level eligibility events
  - Through batch for high level eligibility changes:
    - Group or Subgroup termination



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MEPE, or Member Processing Eligibility, is the calculation of eligibility in Facets, and defines eligibility through a range of time and events. It includes calculating online eligibility as a result of subscriber or member level eligibility events, and calculating eligibility through batch for high level eligibility changes, such as termination of a group or subgroup.

For many Facets users, eligibility is a question of “On this specific day, can this individual have claims paid, receive services, have nurses follow his or her case, and add family members to his or her coverage?” The answer will either be Yes, this individual can (is able to), or No, this individual cannot (is not able to).

The individual's established eligibility determines the Yes or No responses on selected eligibility events, as well as on the eligibility date editing routine.

The **CMC\_MEPE\_PRCs\_ELIG** table is the vehicle that creates and stores comprehensive eligibility through a combination of batch process and online processing. This enables online eligibility inquiries. It also increases the efficiency of batch eligibility processing, as processing calculates eligibility only for members acquiring a change in data affecting eligibility.

Depending on the trigger or calling application, this update takes place immediately online, or at another time through a batch process. The MEEA (Member Eligibility Action) table processes the batch triggers.

# Eligibility Definitions

## *Eligibility Definitions*



### ► Eligibility Date Editing

- Comparing one date against another to:
  - Verify Subscriber/Member eligibility

### ► Eligibility Events (SBEL/MEEL)

- Selectable milestones in Subscriber's/Member's coverage that set limits:
  - Select
  - Change
  - Terminate, etc.

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## Eligibility Definitions



### ► CMC\_MEPE\_PRC\_S\_ELIG

- (ME)ber (P)rocessed (E)ligibility
  - Table defines member's eligibility over time range and events
  - Typically 3 rows per product represent:
    - Member's past eligibility
    - Member's current eligibility
    - Member's future eligibility

MEMR_ID	CSPD_CAT	MEPE_EFF_DTTM	MEPE_TERM_DTTM	MEPE_CREATE_DTTM	CSCS_ID	GRSLC_ID	SSISG_ID	CSPD_ID	PERPD_ID	MEPE_ELIG_IND	EXCD_ID	
25	Z01	V	2006-01-01 00:00:00.000	2006-01-31 00:00:00.000	2007-08-09 10:55:28.140	C0371	1	5	C0PVIS	C0VAP01	N	S14
26	Z01	D	2006-01-01 00:00:00.000	2006-01-31 00:00:00.000	2007-08-09 10:55:28.133	C0371	1	5	C0DENT	C0DAP01	N	S14
27	Z01	M	2006-01-01 00:00:00.000	2006-01-31 00:00:00.000	2007-08-09 10:55:28.130	C0371	1	5	C0PPDA	C0PP99P01	N	S14
28	Z01	M	1920-01-01 00:00:00.000	2005-12-31 00:00:00.000	2007-07-30 21:01:57.343	C0371	1	0	C0PPDA	C0PP99P01	N	S23
29	Z01	D	1920-01-01 00:00:00.000	2005-12-31 00:00:00.000	2007-06-03 09:23:52.947	C0371	1	0	C0DENT	C0DAP01	N	S23
30	Z01	M	2006-01-01 00:00:00.000	2010-05-31 00:00:00.000	2008-06-17 14:32:39.713	C0371	1	5	C0PPDA	C0PP99P01	Y	
31	Z01	M	2010-06-01 00:00:00.000	2199-12-31 00:00:00.000	2008-06-17 14:32:39.717	C0371	1	5	C0PPDA	C0PP99P01	N	S7
32	Z01	D	2006-02-01 00:00:00.000	2010-05-31 00:00:00.000	2008-06-17 14:32:39.717	C0371	1	5	C0DENT	C0DAP01	Y	
33	Z01	V	1920-01-01 00:00:00.000	2005-12-31 00:00:00.000	2007-06-03 09:25:57.707	C0371	1	0	C0PVIS	C0VAP01	N	S23
34	Z01	D	2010-06-01 00:00:00.000	2199-12-31 00:00:00.000	2008-06-17 14:32:39.717	C0371	1	5	C0DENT	C0DAP01	N	S7
35	Z01	V	2006-02-01 00:00:00.000	2010-05-31 00:00:00.000	2008-06-17 14:32:39.717	C0371	1	5	C0PVIS	C0VAP01	Y	
36	Z01	V	2010-06-01 00:00:00.000	2199-12-31 00:00:00.000	2008-06-17 14:32:39.720	C0371	1	5	C0PVIS	C0VAP01	N	S7

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### Explaining MEPE rows:

Initially, each member has at least three (3) separate rows in the **MEPE** table created online that cover the following eligibility events:

- Past eligibility events - The Past eligibility record represents a period of ineligibility from the system's low date (currently 1/1/1920) to the day prior to the Beginning Effective Date.
- Present eligibility events - The Present eligibility record represents the member's beginning effective date through the date the member reaches the subscriber/member/dependent Stop Age. The user defines Stop Age in the Administrative Information application. It may also represent a termination date entered by the MCO.
- Future eligibility events - The Future eligibility record represents an ineligible period for the member. The day following the member's Termination Date to the system's maximum date of 12/31/2199 defines the ineligible period.

When updating or modifying a member's eligibility in Facets through the Subscriber/Family or Enrollment applications, the system writes a row immediately (online) to MEPE reflecting the change.

## Eligibility Date Editing Routine

### *Eligibility Date Editing Routine*



#### ► Starts with Member's original effective date

- Day agreement begins, not day coverage begins
  - Must be on or after Subscriber's Effective Date

#### ► Subscriber's Effective Date

- Day the subscriber's agreement begins with MCO
  - Date does not include Waiting Period due to:
    - Plan requirements or
    - Pre-existing conditions

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## Eligibility Editing Routine

### *Eligibility Editing Routine*



<b>Eligibility Routine checks Member's Effective Date against Effective Dates of:</b>	<b>Members are not eligible for dates before Effective Dates of their Group, Subgroup, or Plan:</b>
▶ Group ▶ Subgroup ▶ Plan	▶ MEME_ORIG_EFF_DT=> ▶ SBSB_ORIG_EFF_DT=> ▶ GRGR_ORIG_EFF_DT=> ▶ SBSG_EFF_DT=> ▶ SBCS_EFF_DT=> ▶ CSPI_EFF_DT=> ▶ PDPD_EFF_DT

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## *Eligibility Editing Routine*



### ► Stop Ages

- Member's eligible date range for coverage based on age
- Determines benefit end date for member based on birth date
  - Stop Ages for:
    - Subscribers, Spouses, Dependent Children, Students

### ► Eligibility Event Changes

- Reviews SBEL/MEEL table for changes: SL,TM, RI, CH, PE, SE, CB, CE
  - Process determines if:
    - Write new row, or
    - Update/Delete row

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#### Stop Ages:

- The range of dates a subscriber/member is eligible for coverage is based on age. The date range determines the day benefits end based on the member's birth date.
  - o User can set Stop Ages for: Subscribers, Spouses, Dependent Children, or Students.

#### Eligibility Event Changes:

- Facets reviews the **SBEL/MEEL** table for changes such as SL, TM, RI, CH, PE, SE, CB, CE
  - o The process determines if a new row gets written to the **MEPE** table, or if the row gets updated or deleted.

## Batch Eligibility

### *Batch Eligibility*



► **Process calculates eligibility for subset of members for entire membership base**

- Billing, Capitation, Reporting depend on current eligibility
- Triggers from CMC\_MEEA\_ELIG\_ACT table alert batch process
- If defining Automatic Actions (Job ErCmcRunMcsa, Automatic Letters), job ErCmcRunElig may create MCSA and SYML rows
- Eligibility batch is multi-engine batch
  - ErCmcRunElig.xml
  - ErCmcProcElig.xml

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The batch eligibility process calculates eligibility for a defined subset of members for a specific reason:

- Billing, Capitation, and Reporting are processes that depend on current eligibility.
- Triggers from the **CMC\_MEEA\_ELIG\_ACT** table alert the batch process that changes have taken place.
- If the user defined automatic actions (Job ErCmcRunMcsa, Automatic Letters), job ErCmcRunElig may also create MCSA rows and SYML rows for warning and user-defined messages.
- Eligibility batch is a multi-engine batch:
  - o ErCmcRunElig.xml
  - o ErCmcProcElig.xml

## ErCmcRunElig

### *ErCmcRunElig*



► When record changes at Group, Subgroup, or Class level, Group row written to MEEA table with MEEA\_STS of 01

- Triggers:
  - Group – Effective / Termination Dates
  - Subgroup - Effective / Termination Dates
  - Class/Plan - Effective /Termination Dates of Plans and Products; Waiting Periods
  - Administrative Information:
    - Plan Stop Ages for subscribers, dependents;
    - Student status
    - Plan year begin dates
  - Products – AIAI Effective / Termination Dates

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When a user changes a record at either the group, subgroup, or class level, a group level row is written to the **MEEA** table with a MEEA\_STS of 01 (Active/Awaiting Processing). Triggers include the following:

- Group
  - Effective and Termination dates
- Subgroup
  - Effective and Termination dates
- Class/Plan
  - Effective and Termination dates of Plans and Products
  - Waiting Periods
- Administrative Information
  - Plan Stop Ages for subscribers, dependents
  - Student status
  - Plan year begin dates
- Products
  - AIAI Effective and Termination dates

## ErCmcRunElig - Step 2000

### *ErCmcRunElig – Step 2000*



#### ► Pre-process Step

- Each MEEA row with a MEEA\_STS = 01 and MEEA\_TYPE=GRGR updated to MEEA\_STS=05
- CMC\_ELPR\_EL\_PREPRO, CER\_QWK0\_WORK\_QUE, CER\_SENG\_ENGINE truncated
- All MEEA rows with same GRGR\_CK are grouped together
  - If one subscriber in group changes, row written to ELPR for group
- Depending on group size, QWK0 rows written to represent group or groups

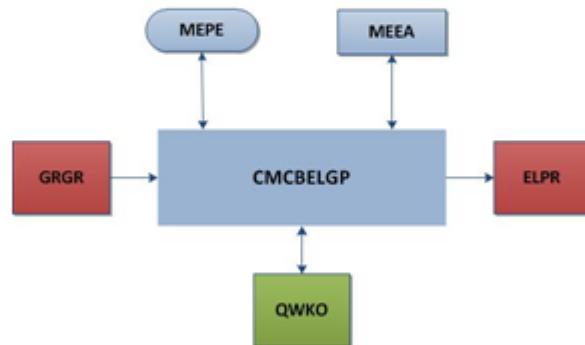
Pre-process Step:

- Facets updates each MEEA row with a MEEA\_STS = 01 and MEEA\_TYPE=GRGR to a MEEA\_STS=05.
- Truncated:
  - o CMC\_ELPR\_EL\_PREPRO
  - o CER\_QWK0\_WORK\_QUE
  - o CER\_SENG\_ENGINE
- Facets groups all MEEA rows with the same GRGR\_CK together.
  - o If at least one subscriber in a group needs a change, a row is written to ELPR for that group.
- Depending on the size of the group, QWK0 rows are written to represent a group or groups.

## ErCmcRunElig – Step 2000



### ErCmcRunElig – Step 2000



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## ErCmcRunElig - Step 3000

### *ErCmcRunElig – Step 3000*



#### ► Multi-engine Step

- Each QWK0 row read by engine for GRGR\_CK
  - The QWK0\_STS changes from 0 to 10
  - Row written to SENG to track engine's work
- Engine processes a subscriber needing eligibility calculated
  - MEEA\_STS changes from 05 to 02
- Eligibility calculated for whole group
  - MEEA\_STS changes from 02 to 03
- QWK0\_STS changes from 10 to 99

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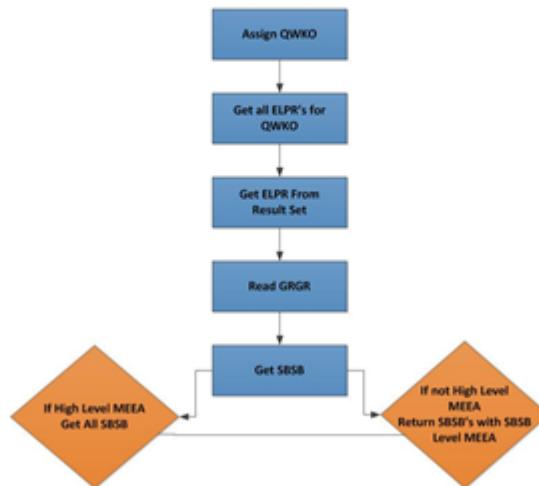
#### Multi-engine Step:

- The engine reads each QWK0 row for the GRGR\_CK and retrieves all the subscribers in that group.
- The engine writes a row to SENG and tracks work when the QWK0\_STS changes from 0 to 10.
- The engine processes any subscriber needing eligibility calculated, and the MEEA\_STS changes from 05 to 02.
- Eligibility calculates for the whole group and the MEEA\_STS changes from 02 to 03.
- The QWK0\_STS changes from 10 to 99.

## *ErCmcRunElig – Step 3000*



ErCmcRunElig – Step 3000



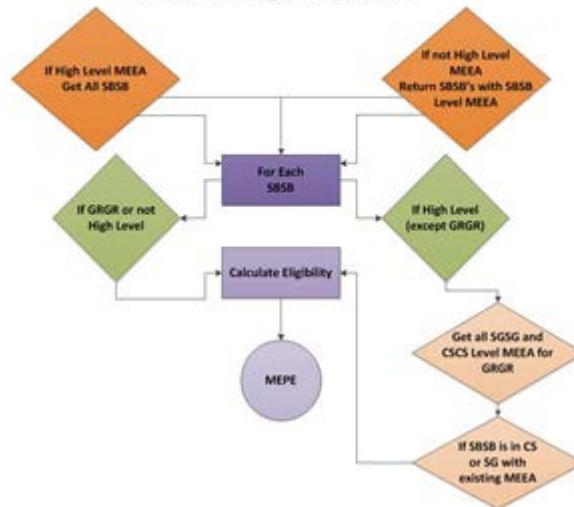
14

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## ErCmcRunElig – Step 3000



ErCmcRunElig – Step 3000



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## ErCmcRunElig - Steps 4000 & 5000

### *ErCmcRunElig – Steps 4000 & 5000*



- ▶ **Step 4000 is pre-process; repeat of Step 2000**
  - ELPR truncated
  - MEEA rows not processed get written to ELPR
  - One QWK0 row created
- ▶ **Step 5000 is single-engine process; repeat of Step 3000**
  - SENG truncated
  - One engine created to process one QWK0 row

## ErCmcRunElig.xml

### *ErCmcRunElig.xml*



```
<Job>
  <ProcFile name="ErCmcProcElig"/>
  <Category name="Parameters">
    <!--#####
      # Job Level Overrides
      #####-->
    <!--<Item name="BypassStep">1000</Item>-->
    <!--<Item name="RestartStep">1000</Item>-->
    <!--<Item name="StopStep">1000</Item>-->
    <!--<Item name="RunDate">mm/dd/yyyy 00:00:00.000</Item>-->
    <!--<Item name="RunThruDate">mm/dd/yyyy 00:00:00.000</Item>-->
    <!--<Item name="SbElprMaxQueue">5000</Item>-->
    <!--<Item name="RebillImmediateOnly">N</Item>-->
  </Category>
  <Step number="2000">
    <Category name="Parameters">
```

**continued...**

## *ErCmcRunElig.xml*

...continued



```
<!--#####
# Step Level Overrides
#####
-->
<!--<Item name="EnginesTimesQueues">8</Item>-->
</Category>
</Step>
<Step number="3000">
<Category name="Parameters">
<!--#####
# Step Level Overrides
#####
-->
<!--<Item name="NumberOfEngines" commarea="Y">2</Item>-->
</Category>
</Step>
</Job>
```

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## RunFile Parameters

### *RunFile Parameters*



- ▶ **RunThruDate** – defines range of time
- ▶ **RebillImmediateOnly** - Parameter limits eligibility pre-processing

RunThruDate – Defines the range of time, starting with the RunDate and ending with the RunThruDate.

RebillImmediateOnly - This parameter limits eligibility pre-processing to consider members under billing entities scheduled for an immediate rebill (ReBill New Immediate). Set this parameter to a value of Y only when running this job prior to running billing for ReBill immediate requests. Otherwise this parameter should be set to N, which is the default value.

## RunFile Parameters



### ► SbElprMaxQueue - Parameter defines even unit of work

- Example: Parameter set to 100
  - Pre-process determines 1000 Group A subscriber contrived keys
  - Creates 10 ELPR\_ROWS based on SbElprMaxQueue set to 100
  - If use three engines, work gets distributed:
    - Engine 1: 3 ELPR\_ROWS, 300 SBSB\_CK
    - Engine 2: 3 ELPR\_ROWS, 300 SBSB\_CK
    - Engine 3: 4 ELPR\_ROWS, 400 SBSB\_CK

### ► Restart Considerations

- If job fails, restart in failed step

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SbElprMaxQueue - This parameter defines an even unit of work assigned to one or many engines. For example, if this parameter is set to 100, the pre-process step determines the assignment of 1000 subscriber contrived keys for Group A. This creates 10 ELPR\_ROWS based on the SbElprMaxQueue set to 100. If three engines handle the batch, the system distributes the work as follows:

- Engine 1: 3 ELPR\_ROWS, 300 SBSB\_CK
- Engine 2: 3 ELPR\_ROWS, 300 SBSB\_CK
- Engine 3: 4 ELPR\_ROWS, 400 SBSB\_CK

Restart Considerations:

- If the job fails, restart in the failed step

## Run Control Display

### *Run Control Display*



#### **Step 2000**

Run Control Display		
Total GRGR Rows Read.....	[56]	]
Total ELPR Rows Written.....	[56]	]
Total ELPR Rows Read.....	[56]	]
Total QWKO Rows Written.....	[6]	]

#### **Step 3000**

Run Control Display		
GRGR Read.....	[7]	]
SBSB Read.....	[80]	]
MEME Read.....	[169]	]
Prior MEPE.....	[7]	]
Bypassed MEPE.....	[1]	]
Deleted MEPE.....	[1]	]
Inserted MEPE.....	[2]	]
Inserted MCSA.....	[2]	]
Inserted SYML.....	[0]	]

## Member ID Cards - ErCdsRunMid0.xml

### *ErCdsRunMid0.xml*



```
<Job>
    <ProcFile name="ErCdsProcMid0"/>
    <Category name="Parameters">
        <!--#####
        # Job Level Overrides
        #####-->
    </Category>
    <!--#
    # Step 3000 Level Overrides
    #####-->
    <Step number="3000">
        <Category name="Parameters">
            <!--<Item name="MemdEventCode">PRTD</Item>-->
            ### Uncomment this parameter to bypass all Event Codes ####
        </Category>
    </Step>
</Job>
```

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*ErCdsRunMid0.xml*

- Step takes 50 rows, processes, and determines if a group, subgroup, subscriber, or member request
- Requests found on CMC\_MEIA\_ID\_ACT table



- Member's eligibility information found for each request
- If member(s) are eligible, job creates information row on CDS\_IDIN\_ID\_INDIC (ID card Indicative information) and CDS\_IDPR\_ID\_PROV (ID card provider information)

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The one step in this job takes up to 50 rows at a time, processes the rows, and determines if the rows are group, subgroup, subscriber, or member requests.

Requests are found on the **CMC\_MEIA\_ID\_ACT** table. Member's eligibility information is found for each request.

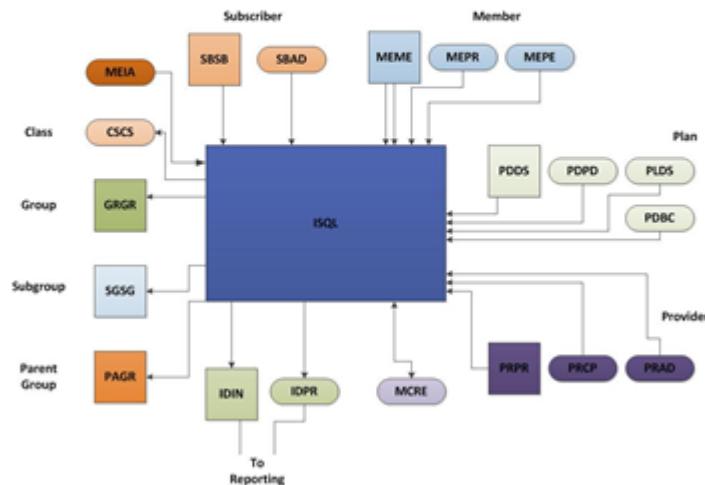
If member(s) are eligible, this job creates a row of information on the CDS\_IDIN\_ID\_INDIC (ID card Indicative information) and the CDS\_IDPR\_ID\_PROV (ID card Provider information).

## ErCdsRunMid0 - Step 3000

### ErCdsRunMid0 – Step 3000



ErCdsRunMid0 – Step 3000



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## ErCdsRunMid0 – Step 3000



- 1. Update status of 50 MEIA rows**
- 2. Read one tagged MEIA rows, update status to 02**
- 3. Determine request**
- 4. Read all members**
- 5. Determine member eligibility for ID card**
  - If No, write error
  - If Yes, create IDIN, ID card row, IDPR provider row
- 6. Update MEIA status to 03**
- 7. Get next tagged MEIA row or next group of 50 MEIA rows**

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1. Update the status of the 50 MEIA rows tagged for processing from 01 to 05 that Facets created during the online application or MMS.
  2. Read one tagged MEIA row and update the status to 02.
  3. Determine who's request; i.e. from the online user, the MMS batch, or the automatic action request:
    - Group
    - Subgroup
    - Subscriber
    - Member
  4. Read all members in a group or subgroup, if applicable.
  5. Determine if each member is eligible to receive an ID card:
    - If No, write the error.
    - If Yes, create one IDIN, ID card row, and one IDPR provider row for each provider assigned to a member.
  6. Update MEIA status to 03.
  7. Get the next tagged MEIA row for processing, or get the next group of 50 MEIA rows to tag.

## ID Card Reporting

### *ID Card Reporting*



#### Sample output:

00000233 00 F tr103pract01	Eff: 5/15/2010
Tessy Barter	PCP: Feelgood,
Tony	
1085 Morris Avenue	Group: trgroup1
Union, NJ 07083	Plan: trdental
	
Office Visit \$0	

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## Per Member Per Month / Eligible Member Count Batch

### *Eligible Member Count Batch*



- ▶ Calculates eligibility status for time frame
- ▶ Each month, a member is eligible for a specific time frame:
  - Row is written to CDS\_MMCT\_MEM\_COUNT
- ▶ Facets reports generated based on data collected;  
i.e.:
  - Provider Types
  - Aging of the member population

This job calculates the members' eligibility as of a given date, and produces rows in the **MMCT** table for each month of data collected. The job produces data for the number of months specified prior to and including the date entered, and groups information in two different ways in the **CDS\_MMCT\_MEM\_COUNT** table:

- The job arranges members in ACT0 rows by a unique group, category, class, plan, relation, gender, and age.
- The job arranges members in BND1 rows by a unique group, category, class, plan, relation, gender, and age band.

## *Eligible Member Count Batch*



► **Two steps to batch process:**

- Step 3000
  - Row written to CDS\_MEPA\_PMPM\_ACT for each group
- Step 4000
  - Processes 50 MEPA rows at a time:
    - Determines eligibility for given time period
    - Each month of eligibility, row written to CDS\_MMCT\_MEM\_COUNT

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The Eligible Member Count Batch process consists of two steps:

- Step 1 creates one MEPA row for each group (GRGR) existing on the database.
- Step 2 accepts up to 50 of these MEPA rows at a time, processes them, and determines the number of members eligible for a specified number of months up to a given date.

## ErCdsRunMct0 - Step 3000

### *ErCdsRunMct0 – Step 3000*



```
# Step 3000 Level Overrides
# IMPORTANT!!!
# The following parameter inputs are needed to run this batch successfully:
# Item name="StartDate"
# Item name="NumberOfMonths"
# Item name="ClassProductCategory"
#####
<Step number="3000">
<Category name="Parameters">
<!--<Item name="StartDate">DD/MM/YYYY</Item>-->
<!--<Item name="NumberOfMonths">5</Item>-->
<!--<Item name="ClassProductCategory">M</Item>-->
<!--<Item name="MeprPcpType">MP</Item>-->
<!--<Item name="PcpTypeSplit">N</Item>-->
</Category>
</Step>
<!--#####-->
```

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#### Step 3000:

- StartDate -Use this override to specify the date the count begins.
- NumberOfMonths -Indicate the number of months the job runs.
- ClassProductCategory -Enter the Class/Plan Product Category such as Medical, Dental, RX, etc.
- MeprPcpType -Specify the member's relationship to the provider using one of the PCP Types:
  - o Medical Primary (MP)
  - o Medical Gynecologist (MG)
  - o Medical Vision (MV)
- PcpTypeSplit -If this parameter is set to Y, the data groups members according to PRPR\_IDs and MEPR\_PCP\_TYPES in the same group or subgroup.

## ErCdsRunMct0 - Step 4000

### *ErCdsRunMct0 – Step 4000*



#### Step 4000 Level Overrides

**Note:** If none entered, the following parameters will use respective default values

```
#####
<Step number="4000">
  <Category name="Parameters">
    <!--<Item name="MeprPcpType">MP</Item>-->
    <!--<Item name="PcpTypeSplit">N</Item>-->
    <!--<Item name="Bands">Y</Item>-->
```

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#### Step 4000:

- MeprPcpType -Specify the member's relationship to the provider using one of the following PCP Types:
  - Medical Primary (MP)
  - Medical Gynecologist (MG)
  - Medical Vision (MV)
- PcpTypeSplit -If this parameter is set to Y, the data groups by members according to the PRPR\_IDs and MEPR\_PCP\_TYPES within the same group or subgroup.
- Bands - If this parameter is set to Y, data groups into age bands.

## ErCdsRunMct0 - Run Control Display

### *ErCdsRunMct0 – Run Control Display*



#### Step 3000

```
|-----+-----|  
| Run Control Display |  
+-----+-----|  
MEPA's Created: 869  
+-----+-----|
```

#### Step 4000

```
|-----+-----|  
| Run Control Display |  
+-----+-----|  
Instance ID: 1022458  
Groups Processed: 869  
Months Requested: 3  
Total Months Processed: 2607  
MEPAs Completed: 869  
Return Code : 0  
+-----+-----|
```

## ErCdsRunMct0 - Restart

### *ErCdsRunMct0 - Restart*



#### ► **Restart Considerations:**

- Restart if member count batch cycle ends
  - In step 3000, MEPA table truncated, rebuilt from GRGR
  - In step 4000, unprocessed MEPAs from a previous run get processed; no new MEPAs created

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#### Restart Considerations:

- If the member count batch cycle ends unsuccessfully in either step, Facets restarts the entire job using the same parameters as those used in the unsuccessful run.
  - If the job ends in step 3000, Facets truncates the **MEPA** table and rebuilds MEPAs from the GRGR.
  - If the job ends in step 4000, Facets processes the unprocessed MEPAs from the previous run and does not create new MEPAs.

## Check for Learning

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1.

2.

## Objective Summary

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After completing this chapter, you are now able to:

- Explain the workflow and relevant batch parameters for each of the following run file/batch processes:
  - Ercmcrunelig
  - Ercdsrunmid0
  - Ercdsrunmct0

## Coming Up

### *Coming Up*



Next we will discuss:

- ▶ External Claims Batch

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## Claims Batch

### **Objectives**

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Upon successful completion of this chapter, you will be able to:

- Explain the purpose of the SYIN\_INST ID
- Explain the purpose and structure of the XC database
- Explain the difference between electronic adjudication (CLMU) and claim payment batch processes (CKMM)
- Explain the workflow and relevant batch parameters for each run file/batch process:
  - Erccsrun837i
  - Ercmcrunxc00
  - Ercmcrunclmu

Upon successful completion of this chapter, you will be able to (continued):

- Explain the workflow and relevant batch parameters for each run file/batch process:
  - Ercmcrunckmm
  - Ercmcruncpc0

## Claim Submission Methods

### *Claim Submission Methods*



#### **Common submission methods of Facets Electronic**

##### **Claims:**

- ▶ Submitted and Adjudicated electronically
- ▶ Submitted electronically; Adjudicated manually using online claims processing applications
- ▶ Submitted manually via Claims Electronic Log Applications; Electronically adjudicated

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Claims submission and adjudication methods in Facets electronic claims processing include the following most common options:

- Electronically submitted and adjudicated
- Electronically submitted, but adjudicated by users in the online claims processing applications
- Manually submitted through the online Claims Electronic Log applications and electronically adjudicated

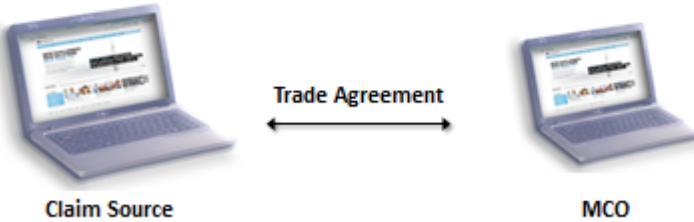
Ultimately, clients base their chosen method on their business needs.

## Electronic Data Interchange

### *Electronic Data Interchange*



- ▶ **Electronic Data Interchange (EDI)**
- ▶ **Facets composes EDI messages (transaction sets) of:**
  - Related data segments - strings of data element
- ▶ **EDI and Electronic Adjudication enable faster, more accurate claims processing.**



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The industry standard format of Electronic Data Interchange (EDI) transmits electronic business data over networks.

An EDI message (called a transaction set) comprises of related data segments (strings of data elements) with each element separated by a delimiter. The data elements each represent a business parameter; i.e. a Member ID, Group, Provider ID, or Procedure Code.

EDI and Electronic Adjudication enable faster, more accurate claims processing.

## XC Claim Formats

### ***XC Claim Formats***



**Facets accepts EDI claims in one of the following formats:**

- ▶ **The 837 Health Care Claim Transaction Set:**
  - Uses a translator application purchased separately
- ▶ **The External Claim Format (XC) :**
  - Used to submit claims in formats other than the 837
  - Used to submit Medical and Hospital claims history

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Facets accepts EDI health care claims in one of the following formats:

- The American National Standards Institute (ANSI) charted the 837 Health Care Claim Transaction Set - The Accredited Standards Committee (ASC) X12 to develop uniform electronic data interchange standards. TriZetto uses the standard format developed for health care claims submission through electronic data interchange; i.e. the 837 Transaction Set. Facets accepts the 837 Transaction Set in version 4010A or 5010
- The 837 claims submission process uses a translator application clients must purchase separately
- TriZetto developed the External Claim Format (XC) - A proprietary External Claim (XC) or "True XC" format for Facets clients. Clients may use this to submit claims in formats other than the 837
- Clients may also use the XC when submitting Medical and Hospital claims history

## EDI Considerations

### *EDI Considerations*



- ▶ **A successful EDI implementation requires:**
  - Strong working relationship between plan and trading partners
- ▶ **Prior to each implementation and submission:**
  - Plan and trading partners understand contents of claim data
- ▶ **Considerations include:**
  - Format of electronic claim to be submitted
  - Version of the format submitted
  - Provider and Member Identifiers
  - Membership associated with the claims submitted

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A successful EDI implementation requires the health plan to secure strong working relationships with their trading partners.

Prior to each implementation, the health plan and its trading partners must obtain a clear and common understanding of the contents of the claim data for submitting to Facets.

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To obtain that understanding, some considerations include:

- The format of the electronic claim
  - The client must convert the claim to the Facets XC format if the 837 format does not support the original claim.
- The version of the format submitted
  - Facets contains several versions of the 837 format. Each version simply represents a different claim file layout or structure. TriZetto enables Facets to accept the 837 in version 4010A or 5010. The client must ensure submission to Facets of only the correct version of these claim formats.
- Provider and Member Identifiers
  - TriZetto recommends that clients attempt to receive electronically submitted claims containing a valid Facets Provider ID, Subscriber ID, Group ID, and Member Suffix.
- The membership associated with the claims submitted
  - In many cases, clients convert their membership data piecemeal to Facets by line of business. While Facets EDI contains the capability to validate member data submitted with the claims, clients hold the responsibility to ensure that claims submitted to Facets correspond with the converted lines of business.

## Facets XC Database

### *Facets XC Database*



**XC database consists of all tables found in Facets claims data model along with these additional tables:**

- ▶ **Provider Electronic Claim Data:**
  - CMC\_CLPR\_PROVIDER
- ▶ **Subscriber/Member Electronic Adjudication Data:**
  - CMC\_CLME\_MEMBER

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The XC database consists of all the tables found in the Facets claims data model along with these additional tables:

- The **Provider Electronic Claim Data** table (**CMC\_CLPR\_PROVIDER**) contains submitted provider data for all providers associated with a claim. Facets value-added routines optionally use the data stored in this table to find the service provider for claims submitted without a valid Facets Provider ID. Users may also view this data for error claims (status 15) in the External Claims Editing application. Facets only stores this data until identifying a provider for the claim and adjudicating the claim in Facets.
- The **Subscriber/Member Electronic Adjudication Data** table (**CMC\_CLME\_MEMBER**) contains all submitted data for the subscriber and member associated with a claim. Facets value-added routines optionally use the data stored in this table to find the member for claims submitted without a valid Facets Subscriber ID, Group ID and Member Suffix.

## Facets XC Database



The XC database consists of all the tables found in the Facets claims data model and these additional tables:

- ▶ **External Miscellaneous Electronic Adjudication Data**
  - CMC\_CLMS\_EXT\_MISC
- ▶ **Electronic Claims User Entity**
  - CMC\_CLUE\_USER\_ENT
- ▶ **Electronic Claims User Fields**
  - CMC\_CLUF\_USER\_FLD
- ▶ **Electronic Claims Notes**
  - CMC\_CLNT\_NOTES

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The XC database consists of all the tables found in the Facets claims data model along with these additional tables:

- The **External Miscellaneous Electronic Adjudication Data** table (**CMC\_CLMS\_EXT\_MISC**) contains submitted miscellaneous information associated with the claim. During adjudication, Facets moves the **CLMS\_MEMO** column to claims as the memo and **CLMS\_EXT\_REF** and **CLMS\_TRAD\_PARTNER** columns move to the **Claims EDI** table (**CMC\_CLED\_EDI\_DATA**).
- The **Electronic Claims User Entity** table (**CMC\_CLUE\_USER\_ENT**) contains user entity attachment data for electronic claims. Facets converts the data in this table to claim level contact attachments after loading XC claims.
- The **Electronic Claims User Fields** table (**CMC\_CLUF\_USER\_FLD**) contains text, date, number, and money user field attachment data for electronic claims. Facets converts the data in this table to claim level user field attachments after loading XC claims.
- The **Electronic Claims Notes** table (**CMC\_CLNT\_NOTES**) contains claim note attachment data for electronic claims. Facets converts the data in this table to claim level note attachments after loading XC claims.

## XC Database Naming Convention

### *XC Database Naming Convention*



- ① Name of XC database borrows the name of the regular database and adds xc at the end.

## EDI Batch Sequence

### *EDI Batch Sequence*



**For correct submission, editing and adjudication of electronic claims, clients need to run several batch jobs in a pre-specified sequence, usually on a daily basis:**

- ▶ EDI 837 Inbound Process
- ▶ True XC Claim Format
- ▶ Multi-Engine Electronic Adjudication Process

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Facets requires clients to run several batch jobs in a pre-specified sequence, usually on a daily basis, in order to submit, edit and adjudicate electronic claims.

EDI 837 Inbound Process:

- Converts and loads ANSI X12 Standard 837 formatted Claims to the Facets XC database for processing. Only clients receiving 837 claims need to run this process.

True XC Claim Format:

- Converts and loads true XC Formatted Claims to the XC database for processing. Facets uses this for non-837 claims.

Multi-Engine Electronic Adjudication Process:

- This multi-engine enabled process (ErCmcRunClmu) executes an enhanced version of the electronic adjudication application for medical and hospital claims.

## XC File Formats

### XC File Formats



#### Standard recognized formats:

##### ► FACE\_37IA\_XXXX\_0.kwd Format (Created by FaFhgRunBinb)

```
@p_Class="CMC_APPREC_CLCL_EXTERNAL",@p_Lib="cmcaxc00.exe",@pLOCK  
_TOKEN=0,@p_Modified=0,@p_AccessFunc=0,@pC010="M",@pC020="",@pC  
015="H",@pC050="04/22/2009",@pC120="P",@pC121="S",@pC125="H05049  
00084",@pC210="N",@pC240="01/01/2010",@pC122="0237660KP",@pC110  
=23641.00,@pC060="E",@pC080="H",@pC320="02/18/2009",@pC511="Y",@  
pGWID="11641",@pFACETS_VERSION="4.71"
```

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Facets XC database accepts EDI Health Care Claims in one of two standard formats:

1. FACE\_37IA\_XXX\_0.kwd format - Clients using the HIPAA Gateway to load claims use this format:

- Face - The base system utilized (Facets)
- 37IA - 837 Institutional Addenda
- XXX - SYIN\_INST from the batch run
- 0 - Sequential number of the keyword file
- Kwd - The extension that defines the keyword

## XC File Formats



### Standard recognized formats:

► **Proprietary External Claim True XC format (Created by Customer)**

```
@pRecType="A",@pA010="XC",@pA020="270",@pA100="E0407130115",
@pA110="PROXYMED"
@pRecType="C",@pC010="M",@pC015="M",@pC025="851951",@pC040=
"CLC2",@pC050="20090713",@pC080="H",@pC110="14500",@pC124="00
0011388001",@C125= "76244",@C301= "195335002747005",@C400=
"20090806",@C900= "Test Data Only"
```

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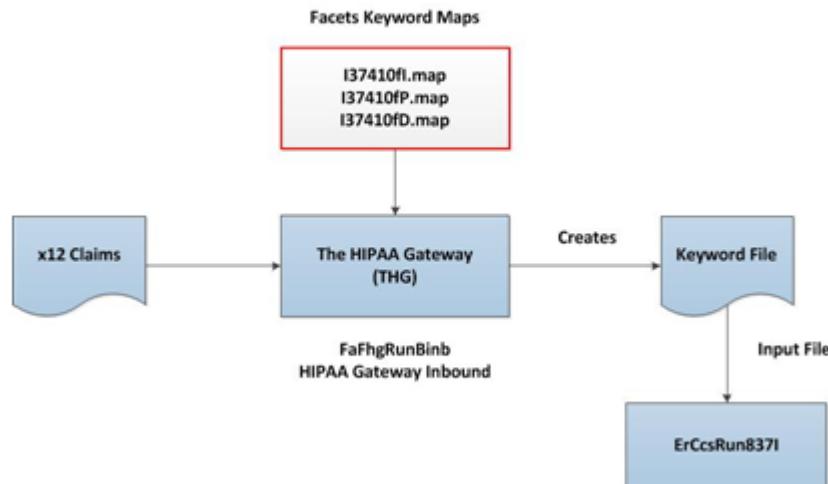
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Facets XC database accepts EDI Health Care Claims in one of these standard formats:

2. Proprietary External Claim True XC format - TriZetto developed this format for Facets clients who do not use the HIPAA Gateway, or who need to submit claims in a format other than the 837.

## Workflow of an EDI 837 claim

### *Workflow of an EDI 837 claim*



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**Note:** The HIPAA Gateway (THG) subsystem then reads through the x12 input file and runs either the I3741FI.Map for Institutional claims, the I3741FP.Map for professional claims, or the I3741FD Map for dental claims, and creates an 837 keyword formatted input file for the 837 inbound batch.

## Workflow of ErCcsRun837i

### *Workflow of ErCcsRun837i*



1. Electronic or magnetic media (tape/disc) delivery of 837 claims
2. Claims then convert into keyword files used as input to ErCcsRun837i
3. Run Job ErCcsRun837i

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Delivery of the 837 claims to the client occurs electronically or on magnetic media (tape or disk). The claims then convert into keyword file used as input to ErCcsRun837i.

Clients must then run Job ErCcsRun837i. This job executes a program coded in the translation software that converts and loads 837 formatted claims to an intermediate XC work file format identifiable by Facets. The intermediate file then loads to the Facets XC database tables.

### The 837 process:

- Reads the file containing 837 formatted claims
- Writes a Control Split file used in the next step
- Reads the Control Split file created in the previous step, as well as the 837 formatted claims
- Maps the 837 fields to Facets fields
- Writes claims to an intermediate work file
- Reports on errors and run controls
- Reads the intermediate work file created in the previous step
- Optionally generates claim numbers
- Imports the intermediate workfile into the Facets XC (temporary) database
- Generates Facets Claims Acknowledgments (optionally, through the use of the CreateAcknowledgmentFile run file parameter)
- Reports on errors and run controls

Facets uses the Control Split file in cases where a claim located in an 837 transaction set contains more than one service provider or has dates that span a calendar year. Facets adjudication cannot accept claims containing either condition.

---

**Note:** The EDI 837 Inbound Process makes extensive use of .ini file options in lieu of run book parameters.

---

## ErCcsRun837i Runbook Parameters

### *ErCcsRun837i Runbook Parameters*



- ▶ **RunDate**
- ▶ **NumberOfEnginesClaim**
- ▶ **NumberOfEnginesFiles**
- ▶ **ClaimsPerEngine**
- ▶ **Received Date**

Parameter	Meaning
ReceivedDate	This optional parameter identifies a valid date in MM/DD/YYYY format that overrides the received date for all claims.
RunDate	This identifies the date in mm/dd/yyyy hh:mm:ss.000 format.
NumberOfEnginesClaim	This identifies the number of EDI processes starting simultaneously in the multi-engine job Step 5000. The procedure book defaults to 1.
NumberOfEnginesFiles	This identifies the number of processes that start simultaneously in the pre-processor Step 3000. This value equals, or contains fewer than, the number of files processed by the job. The procedure book defaults to 1.
ClaimsPerEngine	<p>This identifies the number of claims processed by a single engine before proceeding to the next set of claims. It contains fewer than the total number of claims in the input file divided by the number of engines. The procedure book defaults to 1,000.</p> <p>Even if the number of claims exceeds 1,000, all claims enter into a single queue if this number is not specified.</p>

## *ErCcsRun837i Runbook Parameters*



- ▶ **InputDir**
- ▶ **OutputDir**
- ▶ **HistoryDir**
- ▶ **DeleteDir**
- ▶ **AltIndexDir**

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Parameter	Meaning
InputDir	This required parameter identifies the directory where 837 Dental, Institutional, and/or Professional keyword files read.
OutputDir	This required parameter identifies the directory where acknowledgment (.ack), error (.err), and external (XC) files write.
HistoryDir	This required parameter identifies the directory where backup (.bak) 837 Dental, Institutional, and/or Professional keyword files write.
DeleteDir	This specifies the directory that stores output files containing rollback SQL that rollbacks 837i keyword files from the XC database.
AltIndexDir	This required parameter identifies the directory where Gateway Alternate Index (.alt) files write.

## *ErCcsRun837i Runbook Parameters*



- ▶ **InputFileExtension**
- ▶ **MultipleInputFiles**
- ▶ **NoInputFilesError**
- ▶ **InputFile**
- ▶ **DeadlockRetryAttempts**

Parameter	Meaning
InputFileExtension	This identifies the extension of the 837 Dental, Institutional, and/or Professional keyword files for processing. It defaults to txt.
MultipleInputFiles	This identifies whether or not Facets processes multiple input files. Y indicates multiple input files process. N indicates no multiple file processing.
NoInputFilesError	The user uncomments, or sets the NoInputFilesError switch to Y to force a return code of 8 when processing multiple input files and no input files exist for the specified input file extension. It defaults to N, which returns a 0 return code.
InputFile	This identifies the name of the 837 Dental, Institutional, and/or Professional keyword file without the file extension. Facets uses this when MultipleInputFiles equal N.
DeadlockRetryAttempts	This indicates the desired number of retries attempted for a deadlocked transaction.

## *ErCcsRun837i Runbook Parameters*



- ▶ **DeadlockRetryWaitSeconds**
- ▶ **EnableConcurrentExecution**
- ▶ **MaxClaimDeadlocks**
- ▶ **CiclUserId**
- ▶ **CompressCiclId**

Parameter	Meaning
DeadlockRetryWaitSeconds	<p>This specifies the number of seconds to wait between retry attempts.</p> <p>Facets uses the DeadlockRetryAttempts and DeadlockRetryWaitSeconds options to tune this application for optimal performance based on the client's specific environment and processing volumes. Setting these values inappropriately can adversely affect job performance.</p> <p>For example, by default the application makes three retry attempts to update a claim (if the transaction is deadlocked) by waiting 3 seconds between retries, making it a maximum of 9 seconds the application waits before bypassing the claim for the clean-up engine. Changing the value of DeadlockRetryAttempts to 6 and DeadlockRetryWaitSeconds to 10 raises the maximum retry time before bypassing to 70 seconds, which may not be desirable.</p>

Parameter	Meaning
EnableConcurrentExecution	<p>The user enters Y, allowing this job to run when other EDI 837 Inbound or True XC Claims jobs continue running.</p> <p>If runbook parameter MultipleInputFiles indicates Y, the InputDir should not indicate the same as the other jobs already running.</p> <p>This job can't restart after a fatal error when this switch sets.</p>
MaxClaimDeadlocks	<p>This identifies the number of deadlock errors needed to occur before the job terminates. By default, this job does not terminate when it encounters a deadlock error.</p>
ClclUserId	<p>This identifies the USUS_ID for the related KEYG numbering scheme. When running more than one engine, this value along with engine number, helps build the USUS_ID. If no USUS_ID passes, then Facets uses a USUS_ID of spaces for all engines. The first engine starts with the number 1.</p>
CompressClclId	<p>This option allows the Claim IDs generated from the <b>KEYG</b> table to compress to a 10 position Claim ID before appending the two position Segment ID. This occurs by converting the sequential number portion of the claim number from a base 10 to a larger base. This logic only occurs if KEYG_GEN_LEN indicates greater than 10.</p>

## *ErCcsRun837i Runbook Parameters*



- ▶ **ExcludeVowels**
- ▶ **InsertOption**
- ▶ **CreateAcknowledgementFile**
- ▶ **HipaaRepositoryInstance**
- ▶ **HipaaBaseSystemInstance**
- ▶ **AmbulanceMileage**
- ▶ **MapObstetricAnesthesiaUnits**

Parameter	Meaning
ExcludeVowels	Facets uses this entry in conjunction with the CompressClcId runbook option. This option only applies to CompressClcId values of 1 and 2. Entering N excludes uppercase letters I and O. Entering Y excludes uppercase letters A, E, I, O, U, and Y. It defaults to Y.
InsertOption	<p>Entering Y inserts records to the database. Otherwise, entering N applies the records to the database.</p> <p>For example, if a Claim ID already exists on the XC database and the InsertOption is set to N (apply records), the new claim loaded with the same Claim ID overwrites/updates the existing claim. If the InsertOption sets to Y (insert records), the new claim loaded errors as a duplicate claim. It defaults to N (apply the records to the database).</p>
CreateAcknowledgementFile	The user enters M for Medical, D for Dental, or B for Both. It defaults to blank if no acknowledgement file gets created.
HipaaRepositoryInstance	The user enters the name of the repository instance. It defaults to Facets.
HipaaBaseSystemInstance	The user enters the base system instance. It defaults to Facets.
AmbulanceMileage	The user enters Y to assign Ambulance Mileage Units as an override for Ambulance Mileage Claims. It defaults to N.
MapObstetricAnesthesiaUnits	The user enters Y to convert the Obstetric Anesthesia Units into minutes. It defaults to N.

## *ErCcsRun837i Runbook Parameters*



**Facets requires the following parameters when the input file contains extended 837 keywords generated from 5010 837 inbound transaction sets:**

- ▶ **GwVersion**
- ▶ **Appserver**
- ▶ **Region**

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Facets requires the following parameters when the input file contains extended 837 keywords generated from the 5010 837 inbound transaction sets:

Parameter	Meaning
GwVersion	This identifies the gateway version (must equal 3 bytes and contain numeric characters only).
Appserver	This identifies the gateway server name used to install the gateway.
Region	This identifies the database name used to install the gateway.

## *ErCcsRun837i Runbook Parameters*



- ▶ **ProviderSearchConfigFile**
- ▶ **RFOtherProvEdit**
- ▶ **FAOtherProvEdit**
- ▶ **OtherProvEdit**
- ▶ **RendProvEdit**
- ▶ **SuppressSearchErrors**
- ▶ **SearchDebug**
- ▶ **WorkFlow**

Parameter	Meaning
ProviderSearchConfigFile	The user optionally enters the full path and file name of the Provider Search Configuration file to activate the provider search.
RFOtherProvEdit	The user enters Y to edit the Referring Provider ID. The user enters N when not editing the Referring Provider ID. It defaults to N.
FAOtherProvEdit	The user enters Y to edit the Facility Provider ID. The user enters N when not editing the Facility Provider ID. It defaults to N.
OtherProvEdit	The user enters Y to edit the Admitting Provider (AD), Operating Provider (OP), Other Provider 1 (01), and Other Provider2 (02) IDs. The user enters N when not editing the Admitting Provider (AD), Operating Provider (OP), Other Provider1 (01), and Other Provider 2 (02) IDs. It defaults to N.

Parameter	Meaning
RendProvEdit	The user enters Y to validate the Rendering Provider ID at the line item level (CDSD) using the Tax ID and/or NPI. The user enters N when not validating the Rendering Provider ID at the line item level (CDSD). It defaults to N.
SuppressSearchErrors	The user enters Y when not writing search errors to the log. The user enters N when writing search errors to the log. It defaults to N.
SearchDebug	The user enters Y when writing the search debug information to the log file. The user enters N when not writing search debug information to the log file. It defaults to N.
WorkFlow	Facets uses this indicator in conjunction with the Member/Provider value added searches. When implementing workflow, set the switch to Y. This causes any claims, where member/provider keys don't resolve, to write to the XC database with a status 16, which pulls them into the adjudication/workflow process. The user should set this switch to N if not implementing value add searches and/or workflow.

# Facets Acknowledgement Record File Layout

## Facets Acknowledgement Record File Layout



Field	Field Code	Size	Facets Field	Comments
Record Type	RecType	3	None	Move 'ACK'
Claim Number	CLCL_ID	12	CLCL_ID	Move value of CLCL_ID
Claim Acknowledgment Status	CLCL_ACK_STS	1	None	Move a value of 'A' (Accepted) if the claim is successfully applied to the XC database. Move a value of 'R' (Rejected) if the claim is not successfully applied to the XC database.
Claim Acknowledgment Date	CLCL_ACK_DT	8	None	Move current system date and time in CCYYMMDD format
Claim Input Method	CLCL_INPUT_METH	1	CLCL_INPUT_METH	Move value of CLCL_INPUT_METH
Claim Type	CLCL_CL_TYPE	1	CLCL_CL_TYPE	Move value of CLCL_CL_TYPE
Claim Sub Type	CLCL_CL_SUB_TYPE	1	CLCL_CL_SUB_TYPE	Move value of CLCL_CL_SUB_TYPE
Claim External Reference Number	CLMS_EXT_REF	15	CLMS_EXT_REF	Move value of CLMS_EXT_REF
Claim Trading Partner	CLMS_TRADE_PARTNER	15	CLMS_TRADE_PARTNER	Move value of CLCL_TRADE_PARTNER

## Facets Alternate Index Record File Layout

### Facets Alternate Index Record File Layout



Field Code	Size	Facets Field	Comments
RecType	4	None	Move 'ALTX'
GWID	32	GWID	Move value XC keyword (@GWID)
TRANSID	4	None	If the CLCL_CL_SUB_TYPE = 'M' Move 837P.  If the CLCL_CL_SUB_TYPE = 'D' Move 837D.  If the CLCL_CL_SUB_TYPE = 'H' Move 837F.
INDEX_NAME	21	None	Move 'SetPayerClaim- Number'
INDEX_DATA	t2	CLCL_ID	Move value of CLCL_ID
HIPAA_REPOSITORY_INSTANCE (from run file parameter)		None	Move 'FACETS'
HIPAA_BASE_SYSTEM_INSTANCE (from run file parameter)		None	To be determined

## Restart Considerations

### *Restart Considerations*



**Four categories of fatal errors cause EDI 837 Inbound jobs to terminate prior to completion:**

- 1. Invalid runbook settings**
- 2. Problems reading the keyword file**
- 3. Errors accessing the database**
- 4. Manually terminating the EDI 837 inbound job**

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Four main categories of fatal errors cause the EDI 837 Inbound job to terminate prior to completion:

3. Invalid runbook settings
4. Problems reading the keyword file. An invalid or missing record type in the keyword file causes the EDI 837 inbound to terminate.
5. Errors accessing the database. The EDI 837 Inbound terminates if an error occurs when writing to the database. The only write errors that won't cause this job to terminate contain errors caused by deadlocks.
6. The EDI 837 inbound job manually terminated. This job can manually terminate by executing the EDI Termination job (ErCcsRunEdit).

## ***Restart Considerations***



### **Three options when a fatal error occurs:**

1. Restart job
2. Run XC backout job
3. Restore database (if needed) and rerun entire input file(s)

**Then:**

- ▶ **Run EDI Restart Process (ErCcsRunEdir) to restart job**
- ▶ **Option to run job ErCmcRunEdid (XC Backout) instead of job ErCcsRunEdir (EDI Restart Process)**

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The three options available when a fatal error occurs include:

1. Restarting this job, processing the claims in the keyword file(s) that did not process. This is not an option when runbook parameter EnableConcurrentExecution equals Y.
2. Running the XC backout job, deleting the claims that wrote to the XC database, and clearing the queue rows.
3. Restoring the database (if necessary) and rerunning the entire input file(s).

To restart this job:

- First, run the EDI Restart Process (ErCcsRunEdir).
- Then run the EDI 837 Inbound job without making any changes to the runbook. The user should not use the BypassStep, RestartStep, or StopStep runbook parameters in an attempt to restart this job.
- It is always an option to run job ErCmcRunEdid (XC Backout) instead of running job ErCcsRunEdir (EDI Restart Process), as indicated, if the user wants to start ErCcsRun837i from the beginning after a fatal error.

---

## True XC

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This process converts and loads True XC Formatted Claims to the XC database for processing.

This format submits all other types of claims using a keyword file format, and gets used to process M/H/D and historical claims load.

---

**Note:** Facets uses both jobs to populate the claim data in the XC database. If Facets finds no errors on the claim, the claim enters the XC database as a status 16. If the claim errors, it remains in the error file for re-submission after the correction occurs.

---

## True XC Claims Process

### *True XC Claims Process*



**Converts and loads True XC Formatted Claims to the XC database for processing:**

- ▶ Once claims convert, client executes Job ErCmcRunXc00 consisting of two steps:

1. Converts XC formatted claims to intermediate XC work file format
2. Loads intermediate file to Facets XC database tables

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This process converts and loads True XC formatted claims to the XC database for processing. The client must ensure that claims not in an 837 format convert to the True XC format.

Once the claims convert, the client must then execute Job ErCmcRunXc00.

This job consists of two steps that convert the XC formatted claims to an intermediate XC work file format identifiable by Facets, and then loads the intermediate file to the Facets XC database tables.

## True XC Claims Process



### ► The True XC (ErCmcRunXc00) process:

- Reads file containing XC formatted claims
- Maps XC fields to Facets fields
- Writes claims to intermediate work file
- Reads intermediate work file created in previous step
- Generates Claim Number
- Fills default values
- Imports intermediate work file into Facets XC database
- Optionally creates SQL file to delete rows added to database
- Generates Facets Claims Acknowledgments
- Reports on errors and run controls

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### The True XC (ErCmcRunXc00) process:

- Reads the file containing XC formatted claims.
- Maps the XC fields to Facets fields.
- Writes claims to an intermediate work file.
- Reads the intermediate work file created in the previous step.
- Generates a Claim Number, if necessary.
- Fills the default values, if necessary.
- Imports the intermediate work file into the Facets XC (Temporary) Database.
- Optionally creates a SQL file to delete rows added to the database as part of the XC back out process.
- Generates Facets Claims Acknowledgments (optionally, through the use of the CreateAcknowledgmentFile run file parameter.).
- Reports on errors and run controls.

**Note:** The batch action code is a field on the XC file layout. Values include: H (Pending Claim), P (Pay Claim), E (Pre-price Claim), D (Predetermine Dental Claim), Q (History), R (Recall and Adjudicate), and S (Recall and Pre-price).

## ErCmcRunXc00 Runbook Parameters

### *ErCmcRunXc00 Runbook Parameters*



- ▶ **RunDate**
- ▶ **NumberOfEnginesClaim**
- ▶ **NumberOfEnginesFiles**
- ▶ **ClaimsPerEngine**
- ▶ **ReceivedDate**

Parameter	Meaning
RunDate	The user enters the date in mm/dd/yyyy hh:mm:ss.000 format.
NumberOfEnginesClaim	The user enters the number of EDI processes to start simultaneously in the multi-engine job Step 5000. The parameter defaults to 1.
NumberOfEnginesFiles	The user enters the number of processes to start simultaneously in the pre-processor Step 3000. This value should be less than or equal to the number of files processing by the job. The parameter defaults to 1.
ClaimsPerEngine	The user enters the number of claims to process by a single engine before proceeding to the next set of claims. This number should equal less than the total number of claims in the input file divided by the number of engines. The procedure book defaults to 1,000. If the user did not specify this number, all claims enter into a single queue, even if the number of claims exceeds 1,000.
ReceivedDate	The user optionally enters a valid date in MM/DD/YYYY format that overrides the received date for all claims.

## *ErCmcRunXc00 Runbook Parameters*



- ▶ **InputDir**
- ▶ **OutputDir**
- ▶ **HistoryDir**
- ▶ **DeleteDir**
- ▶ **AltIndexDir**
- ▶ **InputFileExtension**

Parameter	Meaning
InputDir	The user enters the directory where 837 Dental, Institutional, and/or Professional keyword files are read. Facets requires this entry.
OutputDir	The user enters the directory where acknowledgment (.ack), error (.err) and external (XC) files get written. This is required.
HistoryDir	The user enters the directory where backup (.bak) 837 Dental, Institutional, and/or Professional keyword files get written. Facets requires this entry.
DeleteDir	The user specifies the directory that store output files containing rollback SQL that rolls back 837i keyword files from the XC database.
AltIndexDir	The user enters the directory where Gateway Alternate Index (.alt) files get written. Facets requires this entry.
InputFileExtension	The user enters the extension of the 837 Dental, Institutional, and/or Professional keyword files that you wish to process. The parameter defaults to txt.

## *ErCmcRunXc00 Runbook Parameters*



- ▶ **MultipleInputFiles**
- ▶ **NoInputFilesError**
- ▶ **InputFile**
- ▶ **DeadlockRetryAttempts**
- ▶ **DeadlockRetryWaitSeconds**

Parameter	Meaning
MultipleInputFiles	The user enters Y to process multiple input files. Otherwise, the user enters N.
NoInputFilesError	The user uncomments, or sets the NoInputFilesError switch to Y, which forces a return code of 8 when multiple input files process and no input files exist for the specified input file extension. The default sets to N, which returns a 0 return code.
InputFile	<p>The user enters the name of the 837 Dental, Institutional, and/or Professional keyword file without the file extension.</p> <p>Facets uses this file name when MultipleInputFiles set to N.</p>
DeadlockRetryAttempts DeadlockRetryWaitSeconds	<p>The user specifies the desired number of retries attempted for a deadlocked transaction.</p> <p>DeadlockRetryWaitSeconds - The user specifies the number of seconds to wait between retry attempts.</p> <p>Facets uses the DeadlockRetryAttempts and DeadlockRetryWaitSeconds options to tune this application for optimal performance based upon the client's specific environment and processing volumes. Setting these values inappropriately can adversely affect job performance.</p>

## *ErCmcRunXc00 Runbook Parameters*



- ▶ **EnableConcurrentExecution**
- ▶ **MaxClaimDeadlocks**
- ▶ **CiclUserId**
- ▶ **CompressCiclId**

Parameter	Meaning
EnableConcurrentExecution	<p>Entering Y allows this job to run when other EDI 837 Inbound or True XC Claims jobs are already running.</p> <p>If the user set the runbook parameter MultipleInputFiles to Y, the InputDir should not be the same as the other jobs that already ran. The user cannot restart this job after a fatal error when this switch is set.</p>
MaxClaimDeadlocks	<p>The user enters the number of deadlock errors that need to occur before the job terminates. By default, this job won't terminate when it encounters a deadlock error.</p>
ClclUserId	<p>The user enters the USUS_ID for the related KEYG numbering scheme. When running more than one engine, Facets uses this value, along with the engine number, to build the USUS_ID. If no USUS_ID passes, Facets then uses a USUS_ID of spaces or all engines. The first engine starts with the number 1.</p>
CompressClclId	<p>This option allows Claim IDs generated from the <b>KEYG</b> table to compress to a 10 position Claim ID before appending the two position Segment ID. Facets completes this process by converting the sequential number portion of the claim number from a base 10 to a larger base. This logic only performs when KEYG_GEN_LEN is greater than 10.</p>

## *ErCmcRunXc00 Runbook Parameters*



- ▶ **InsertOption**
- ▶ **CreateAcknowledgementFile**
- ▶ **MemberSearchConfigFile**
- ▶ **ProviderSearchConfigFile**

Parameter	Meaning
InsertOption	<p>Entering Y inserts records to the database. Entering N applies the records to the database.</p> <p>For example, if a Claim ID already exists on the XC database and the user set the InsertOption to N (apply records), the new claim loading with the same claim ID overwrites/updates the existing claim. If the user set the InsertOption to Y (insert records), the new claim loading errors as a duplicate claim. Facets defaults to N (apply the records to the database).</p>
CreateAcknowledgementFile	<p>This user enters M for Medical, D for Dental, or B for Both. Facets defaults to 'blank' if an acknowledgement file doesn't get created.</p>
MemberSearchConfigFile	<p>The user optionally enters the full path and file name of the Member Search Configuration file in order to activate the member search.</p>
ProviderSearchConfigFile	<p>The user optionally enters the full path and file name of the Provider Search Configuration file in order to activate the provider search.</p>

## *ErCmcRunXc00 Runbook Parameters*



- ▶ **RFOtherProvEdit**
- ▶ **FAOtherProvEdit**
- ▶ **OtherProvEdit**
- ▶ **RendProvEdit**
- ▶ **SuppressSearchErrors**
- ▶ **SearchDebug**
- ▶ **WorkFlow**

Parameter	Meaning
RFOtherProvEdit	The user enters Y to edit the Referring Provider ID. The user enters N to not edit the Referring Provider ID. This parameter defaults to N.
FAOtherProvEdit	The user enters Y to edit the Facility Provider ID. The user enters N to not edit the Facility Provider ID. This parameter defaults to N.
OtherProvEdit	The user enters Y to edit the Admitting Provider (AD), Operating Provider (OP), Other Provider 1 (01), and Other Provider2 (02) IDs. The user enters N to not edit the Admitting Provider (AD), Operating Provider (OP), Other Provider1 (01), and Other Provider 2 (02) IDs. This parameter defaults to N.
RendProvEdit	The user enters Y to validate the Rendering Provider ID at the line item level (CDSD) using Tax ID and/or NPI. The user enters N to not validate the Rendering Provider ID at the line item level (CDSD). This parameter defaults to N.
SuppressSearchErrors	The user enters Y to not write search errors to the log. The user enters N to write search errors to the log. This parameter defaults to N.
SearchDebug	The user enters Y to write the search debug information to the log file. The user enters N to not write search debug information to the log file. This parameter defaults to N.
WorkFlow	Facets uses this indicator in conjunction with the Member/Provider value added searches. When implementing workflow, the user sets the switch to Y. This causes any claims where member/provider keys could not resolve, to write to the XC

	database with status 16 so they can enter into the adjudication/workflow process. The user sets this switch to N if not implementing value add searches and/or workflow.
--	--

## *ErCmcRunXc00 Runbook Parameters*



- ▶ **ExcludeVowels**
- ▶ **AmbulanceMileage**
- ▶ **EnableConcurrentExecution**
- ▶ **Step 3000**
  - ErrorFileInd
    - Set to Y or N

Parameter	Meaning
ExcludeVowels	Facets uses this entry in conjunction with the CompressClcId runbook option. This option only applies to CompressClcId values of 1 and 2. The user enters N to exclude uppercase letters I and O. The user enters Y to exclude uppercase letters A, E, I, O, U and Y. This parameter defaults to Y.
AmbulanceMileage	The user enters Y to assign Ambulance Mileage Units as an override for Ambulance Mileage Claims. This parameter defaults to N.
EnableConcurrentExecution	The user enters Y, which allows this job to run while already running other EDI 837 Inbound or True XC Claims jobs. If the user sets the runbook parameter MultipleInputFiles to Y, the InputDir should not be the same as the other jobs currently running. The user cannot restart this job after a fatal error when this switch is set.
Step 3000 / ErrorFileInd	This parameter sets to Y or N. Y produces the Error File. N does not produce the Error File.

## Restart Considerations

### *Restart Considerations*



**Four categories of fatal errors that cause True XC job to terminate before completion:**

- 1. Invalid runbook settings**
- 2. Problems reading keyword file**
- 3. Errors accessing the database**
- 4. True XC Claims job was manually terminated**

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Facets contains four main categories of fatal errors causing the True XC job to terminate prior to completion:

1. Invalid runbook settings
2. Problems reading the keyword file. An invalid or missing record type in the keyword file causes the True XC Claims job to terminate.
3. Errors accessing the database. The True XC Claims job terminates if an error occurs when writing to the database. Errors caused by deadlocks won't cause this job to terminate.
4. True XC Claims jobs terminated manually. This job manually terminates by executing the EDI Termination job (ErCcsRunEdit).

## ***Restart Considerations***



► **Three options when a fatal error occurs:**

1. Restart job
  - Process claims in keyword file(s) that did not process
2. Run the XC backout job
  - Delete claims written to the XC database and clear queue rows
3. Restore database (as needed) and rerun entire input file(s)

► **To restart job:**

1. First run EDI Restart Process (ErCcsRunEdir)
2. Then run True XC Claims job without changing runbook

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The user has three options when a fatal error occurs:

1. Restart this job processing the claims in the keyword file(s) that did not process originally. If the user set the runbook parameter, EnableConcurrentExecution, to Y, the user cannot use this option.
2. Run the XC backout job deleting the claims written to the XC database and clearing the queue rows.
3. Restore the database (if necessary) and rerun the entire input file(s).

Restarting this job:

- First run the EDI Restart Process (ErCcsRunEdir).
- Then run the True XC Claims job without making any changes to the runbook. The user should not use the BypassStep, RestartStep, or StopStep runbook parameters in an attempt to restart this job.

## Facets Acknowledgement Record File Layout

### *Facets Acknowledgement Record File Layout*



Field	Field Code	Size	Facets Field	Comments
Record Type	RecType	3	None	Move 'ACK'
Claim Number	CLCL_ID	12	CLCL_ID	Move value of CLCL_ID
Claim Acknowledgment Status	CLCL_ACK_STS	1	None	Move a value of 'A' (Accepted) if the claim is successfully applied to the XC database. Move a value of 'R' (Rejected) if the claim is <b>not</b> successfully applied to the XC database.
Claim Acknowledgment Date	CLCL_ACK_DT	8	None	Move current system date and time in CCYYMMDD format.
Claim Input Method	CLCL_INPUT_METH	1	CLCL_INPUT METH	Move value of CLCL_INPUT_METH
Claim Type	CLCL_CL_TYPE	1	CLCL_CL_TYPE	Move value of CLCL_CL_TYPE
Claim Sub Type	CLCL_CL_SUB_TYPE	1	CLCL_CL_SUB_TYPE	Move value of CLCL_CL_SUB_TYPE
Claim External Reference Number	CLMS_EXT_REF	15	CLMS_EXT_REF	Move value of CLMS_EXT_REF
Claim Trading Partner	CLMS_TRADE_PARTNER	15	CLMS_TRADE_PARTNER	Move value of CLCL_TRADE_PARTNER

## Facets Acknowledgement Record File Layout



Field Code	Size	Facets Field	Comments
RecType	4	None	Move 'ALTX'
GWID	32	GWID	Move value XC keyword @pGWID
TRANSID	4	None	If the CLCL_CL_SUB_TYPE = 'M' 'Move 837P'.  If the CLCL_CL_SUB_TYPE = 'D' 'Move 837D'.  If the CLCL_CL_SUB_TYPE = 'H' 'Move 837I'.
INDEX_NAME	21	None	Move 'basePayerClaim-Number'
INDEX_DATA	12	CLCL_ID	Move value of CLCL_ID
HIPAA_REPOSITORY_INSTANCE (from run file parameter)		None	Move "FACETS"
HIPAA_BASE_SYSTEM_INSTANCE (from run file parameter)		None	To be determined

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## Error Messages

### Error Messages



Message	Description	Action	Message Type
51402:CerMain() - ReadLine Failed.	A problem occurred while trying to read I/P records.	Check for presence and correct spelling of I/P files. Check run options if processing multiple I/P files.	Technical
51403:CerMain() - Could not import into Base Rec.	A problem occurred while trying to format any type of I/P record.	Check to ensure I/P conforms with general formatting standards.	Technical
51403:CerMain() - Could not import into XCA0 Rec.	A problem occurred while trying to format an "A" record.	Check to ensure I/P record conforms with layout specified.	Technical
51403:CerMain() - Could not import into XCC0 Rec.	A problem occurred while trying to format a "C" record.	Check to ensure I/P record conforms with layout specified.	Technical
51403:CerMain() - Could not import into XCDD0 Rec.	A problem occurred while trying to format a "D" record.	Check to ensure I/P record conforms with layout specified.	Technical
51403:CerMain() - Could not import into XCE0 Rec.	A problem occurred while trying to format an "E" record.	Check to ensure I/P record conforms with layout specified.	Technical
51403:CerMain() - Could not import into XCFO Rec.	A problem occurred while trying to format an "H" record.	Check to ensure I/P record conforms with layout specified.	Technical
51403:CerMain() - Could not import into XCIO Rec.	A problem occurred while trying to format an "I" record.	Check to ensure I/P record conforms with layout specified.	Technical
51403:CerMain() - Could not import into XCM0 Rec.	A problem occurred while trying to format an "M" record.	Check to ensure I/P record conforms with layout specified.	Technical

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Facets users find Error Messages documented in the ORM.

## XC Backout / Purpose of ErCmcRunEdid

### *Purpose of ErCmcRunEdid*



#### ► EDID two main purposes:

1. Backout claims from XC database
2. Configure database so ErCcsRun837i job runs from the beginning

#### ► When to back out batch claims:

1. When testing
2. When invalid or duplicate claims were added through batch

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The two main purposes in EDID include:

4. Backing out claims from the XC database.

Place the appropriate delete files in the input directory for the EDID job. To backout claims from the XC database without deleting the QWK0 rows in step 2 below, set runbook parameter StopStep to 5000 in the EDID job.

5. Configuring the database so the ErCcsRun837i job runs from the beginning by deleting the queue (QWK0) rows.

If the ErCcsRun837i job terminated in any step other than 5000 or 9000, set the runbook parameter RestartStep to 5000 in the ErCmcRunEdid job. Uncomment the ErCcsRun837i section in the EDID runbook when running EDID after 837i failed.

A TriZetto best practice includes backing out batch claims when testing or when invalid or duplicate claims accumulated through batch.

## ErCmcRunEdid Runbook Parameters

### *ErCmcRunEdid Runbook Parameters*



- ▶ **InputFileExtension**
- ▶ **InputDir**
- ▶ **MultipleInputFiles**
- ▶ **InputFile**
- ▶ **PreProcessorPzapAppId**
  - Enter PZAP\_APP\_ID of Step 3000 of failed job
    - Ex: <!--<Item name="PreProcessorPzapAppId">EDIP</Item><!--&gt;<br/>--<Item name="PreProcessorPzapAppId">XC00</Item>-->
- ▶ **Step 3000**
  - HistoryDir {directory name}
    - Stores backups of deleted files as they process

Parameter	Meaning
InputFileExtension	The user enters the appropriate input file extension, which Facets requires for both single and multiple file processing.
InputDir	The user enters the appropriate input directory for the .del file, which Facets requires.
MultipleInputFiles	The user enters Y to process multiple input files. The parameter defaults to N.
InputFile	The user enters the name of the files with no extension in order to process a single file. To process multiple files, leave commented.
PreProcessorPzapAppId	<p>The user enters the PZAP_APP_ID of Step 3000 for the job that failed.</p> <p>Ex: &lt;!--&lt;Item name="PreProcessorPzapAppId"&gt;EDIP&lt;/Item&gt;-&gt; &lt;!--&lt;Item name="PreProcessorPzapAppId"&gt;XC00&lt;/Item&gt;-&gt;</p>
Step 3000	<p>The HistoryDir {directory name} stores backups of deleted files as they process.</p> <p>The user ensures that the ErCmcProcEdid_3000_HistoryDir does not point to the same directory as the HistoryDir from a previous job (i.e. ErCcsRun837i, ErCmcRunXc00).</p>

## ErCmcRunEdid Job Considerations

### *ErCmcRunEdid Job Considerations*



Depending on user needs:

- ▶ To backout XC table:
  - Set the StopStep parameter to 5000
- ▶ To clear queue rows:
  - Set the RestartStep parameter to 5000

## Electronic Adjudication

### *Electronic Adjudication*



#### ► **Facets Electronic Adjudication:**

- Allows for adjudication on submitted claims in batch mode
- Processes claims entered through online Claims Electronic Log
- Processes pended claims mass-released for re-adjudication

#### Facets Electronic Adjudication:

- Allows clients to adjudicate medical, hospital and dental electronically submitted claims in batch mode
- Processes claims entered through the online Claims Electronic Log applications
- Processes pended claims mass-released for re-adjudication

## *Electronic Adjudication*



### ► **Facets Electronic Adjudication:**

- Uses features and considerations regarding:
  - Batch run options
  - Error handling
  - Reporting
  - Security
  - Workflow
- Uses adjudication routines to process claims similar to other online applications

## *Electronic Adjudication*



### ► System components:

- Edit submitted claim data for accuracy
- Reduce user entry error
- Improve productivity by automating processing of tens of thousands of claims per day

## Multi-Engine Electronic Adjudication Process

### *Multi-Engine Electronic Adjudication Process*



The Medical Electronic Adjudication, Multi-Engine Enabled process (ErCmcRunClmu) executes an enhanced version of the electronic adjudication application for medical and hospital claims.



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## ***Multi-Engine Electronic Adjudication Process***



### **► The Electronic Adjudication Multi-Engine Enabled jobs:**

- Select claims for processing into a work queue table
- Adjudicate electronic claims directly on XC database
- Leave clean XC claims on XC database with a status 99 - Closed
- Leave XC claims with critical errors on XC database in status 15- Pended with errors
- Batch process pended claims for mass release on database
- Process manually entered claims through online Medical and Hospital Claims Electronic Log applications

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### The Electronic Adjudication Multi-Engine Enabled jobs:

- Select claims for processing into a work queue table (**CMC\_CLWQ\_WORK\_QUE**)
- Adjudicate electronic (XC and/or 837) claims directly on the XC database. Prior to processing, these XC claims contain a current claim status of 16 – Pended following batch entry. When adjudicating XC claims, multi-engine electronic adjudication optionally screens for critical errors. In the run file, the user can bypass the job step that selects these claims for processing.
- Leave clean XC claims (i.e., those without critical errors) on the XC database with a status of 99 - Closed after validating for member and provider, and subsequently (and optionally) mass deleting them at the end of the job
- Leave XC claims with critical errors on the XC database in a claim status of 15- Pended with errors
- Batch process pended claims for mass release on the Facets database. The user may bypass this optional step that selects these claims for processing in the run book.

**Note:** When Facets mass releases pended claims, the claims fully re-adjudicated. Facets considers any changes or updates to member eligibility or plan components after the claim originally pended during re-adjudication.

- Process manually entered claims through the online Medical and Hospital Claims Electronic Log applications. The user may bypass this optional feature that selects these claims for processing in the runbook.

## Runbook Parameters

### *Runbook Parameters*



- ▶ **BatchId** - Specify Batch ID parameter for the job
- ▶ **DeleteXcClaims** - Job level override allows deletion of pending XC claims from XC database
- ▶ **SetLastActionDatetimeToJobBeginDatetime** - Determines CLCL\_LAST\_ACTION\_DTM value used in adjudication during a given batch run

Parameter	Meaning
BatchId	<p>The user specifies the Batch ID parameter for the job. If the user enters a value for this variable, only claims with a matching value on the <b>CLCL_BATCH_ID</b> field on the <b>CLCL</b> table get processed.</p>
DeleteXcClaims	<p>The user may enter a job level override to allow the deletion of pended XC claims from the XC database. A value of M deletes status 99 Medical claims only at the end of the job. A value of Y deletes all XC claims in Status 99.</p> <p>If left commented, the job level default also deletes all medical and dental XC claims in Status 99 at the end of the job.</p> <p>A NULL value (comments removed but no value entered), or any other value such as N, won't delete XC claims at the end of the job.</p>

Parameter	Meaning
SetLastActionDatetimeToJobBeginDatetime	<p>This parameter determines the CLCL_LAST_ACTION_DTM value used in adjudication during a given batch run. It defaults to N, which uses the system datetime when claims update. Passing a Y value sets the value to the batch's SYIN_CREATE_DTM for all claims in a given run. This allows claims processing to run overnight (before and after midnight in a single run) in order to all have the same value in CLCL_LAST_ACT_DTM, which can potentially impact whether or not they get picked up for payment by their corresponding payment batch.</p>

## ErCmcRunClmu Runbook Parameters

### *ErCmcRunClmu Runbook Parameters*



- ▶ **NumberOfEnginesClmu** – Specifies desired number of electronic adjudication processes to run simultaneously in step 4000
- ▶ **NumberOfQuesClmu** - Indicates total number of work queues allocated and assigned across specified number of engines
- ▶ **MaxClaimsPerQue** – Indicates maximum number of claims allocated to each queue

Parameter	Meaning
NumberOfEnginesClmu	The user specifies the desired number of electronic adjudication processes run simultaneously in step 4000. Facets recommends 2 engines per available processor (CPU). The parameter defaults to 2.
NumberOfQuesClmu	The user indicates the total number of work queues allocated and assigned across the specified number of engines. The procedure book defaults to 6. This number represents the total number of queues run, not queues per engine. Additionally, when selecting claims from both the XC and the Facets database, this represents the number of queues created per database (if the user selects 6, 6 queues create for each database for a total of 12).
MaxClaimsPerQue	The user indicates the maximum number of claims allocated to each queue. The user uses this optional parameter to override the number of claims assigned to each queue versus using the default method of #Claims/#Queues. The user does not need to enable the MaxClaimsPerQue parameter if using the NumberOfQuesClmu runbook parameter.

If CLMU processes less than 1,000 claims of one claim type (XC claims only or online claims only), Facets allocates only one queue regardless of the number of queues specified in the runbook.

**Note:** Users who create more queues with fewer claims don't necessarily improve the overall batch runtime since this requires more overhead.

## *ErCmcRunClmu Runbook Parameters*



- ▶ **QueCapture** - Displays QWK0 rows in Step 3600
- ▶ **BypassBCBSProcessITS** - Job level override to process ITS claims for BCBS
- ▶ **ItsCppaDebugCd** – Allows settings for recon records to be written for transactions
- ▶ **ItsApicReconId** – Allows a way to trace content of CPPR (Cross Platform Passing Area) from Facets
- ▶ **ItsCppaDebugPath** – Allows users to specify directory for trace file icpa.txt

Parameter	Meaning
QueCapture	This parameter displays the QWK0 rows in Step 3600. It always displays as active and does not need setting. If left uncommented and set to N, the QWK0 rows don't display in the CLMU batch logs for Step 3600 (identified as Work Queue Display).
BypassBCBSProcessITS	<p>The job level override, BypassBCBSProcessITS, processes ITS claims for BCBS. It defaults to Y, bypass ITS claims processing (do not process). N means do not bypass ITS claims (or process ITS). To process both ITS claims and regular claims, uncomment the following line:</p> <pre data-bbox="780 1030 1237 1136">&lt;item name = "BypassBCBSProcessITS"&gt; "N" &lt;/item&gt;</pre>
ItsCppaDebugCd	For clients running ITS claims processing, this parameter allows settings for recon records written for transactions.
ItsApicReconId	For clients running ITS claims processing, this parameter allows a way to trace the content of the CPPA (Cross Platform Passing Area) from Facets.
ItsCppaDebugPath	For clients running ITS claims processing, this parameter allows users to specify the directory where the trace file icpa.txt gets written.

## *ErCmcRunClmu Runbook Parameters*



- ▶ **ItsXith0IniPath** - Allows Microsoft NT platform users with ITS Home Middleware Interface to trace content of CPPA (Cross Platform Passing Area) from Facets
- ▶ **ItsCloseEngineLilError** - Provides run file option allowing engine to complete current work queue
- ▶ **ApplicationPzapAppld** - Provides ability to override job PzapAppld with different product configuration
- ▶ **WorkflowReprocess** - Determines whether or not Workflow Reprocess Claims Steps 2250 and 5450 are run

Parameter	Meaning
ItsXith0IniPath	For clients running ITS claims processing, this parameter allows users with the Microsoft NT platform and the ITS Home Middleware Interface, a way to trace the content of the CPPA (Cross Platform Passing Area) from Facets.
ItsCloseEngineLILError	This value provides a run file option that allows the engine to complete the current work queue and close when a severe LIL error occurs. This limits the amount of ITS Home claims bypassed by this engine.
ApplicationPzapApplId	The user enters an alternate PZAP ID, which provides the ability to override the job, PzapApplId, with a different product configuration. Additional product data needs to be set to run the job with this PZAP. This optional parameter defaults to the supplied job PZAP.
WorkflowReprocess	This parameter determines whether or not the Workflow Reprocess Claims Steps 2250 and 5450 run. It defaults to N - Do Not Run the Steps. If using Mass Claim Adjustments or Workflow Itinerary processing to bring claims into the adjudication process, uncomment this tag and set the value to Y.

## *ErCmcRunClmu Runbook Parameters*



- ▶ **MinTotalClaimsRequiredForQues**
- ▶ **DeadlockRetryAttempts**
- ▶ **DeadlockRetryWaitSeconds**
- ▶ **JobRetCdThreshold**
- ▶ **WarningRetCd**
- ▶ **ErrorRetCd**
- ▶ **CaptureWorkTable**

Parameter	Meaning
MinTotalClaimsRequiredForQues	This specifies the minimum amount of claims required to create a single queue.
DeadlockRetryAttempts	This specifies the desired number of retries to attempt for a deadlocked transaction.
DeadlockRetryWaitSeconds	<p>This specifies the number of seconds to wait between retry attempts.</p> <p>The DeadlockRetryAttempts and DeadlockRetryWaitSeconds options work with this application for optimal performance based on the client's specific environment and processing volumes. Setting these values inappropriately may negatively impact job performance.</p>
JobRetCdThreshold	This identifies the highest return code allowed for subsequent steps.

Parameter	Meaning
WarningRetCd	This parameter identifies the return code used for warning conditions identified by the CheckQues step that follows the multi-engine step.
ErrorRetCd	This parameter identifies the return code used for error conditions identified by the CheckQues step that follows the multi-engine step.
CaptureWorkTable	This parameter displays the CLWQ rows in Steps 2400 (pre-adjudication) and 5300 (post-adjudication). It defaults to N, so it only gets uncommented if wanting to capture the queue table. Anything entered besides Y gets treated as N.

## Claims Adjudication Error Handling

### *Claims Adjudication Error Handling*



#### Critical Errors:

- ▶ Member not found - Member on submitted claim not found on database
- ▶ Provider not found - Provider on submitted claim not found on database
- ▶ Duplicate Claim ID - Claim ID submitted for the claim already exists on database
- ▶ Invalid Recall Transaction - Recall logic attempts to recreate actions of a user recalling a claim and reprocessing it with new inputs

Critical Errors	Meaning
Member not found	This error indicates that Facets can't locate the member submitted with the claim on the database. Facets may have found a discrepancy between the submitted member data and the data stored for the member in Facets, or the member may simply not exist in the database.
Provider not found	This error indicates that Facets can't locate the provider submitted with the claim on the database. Facets may have found a discrepancy between the submitted provider data and the data stored for the provider in Facets, or the provider may simply not exist in the database.
Duplicate Claim ID	This error indicates the Claim ID submitted for the claim already exists in the database. These errors typically result from an incorrect claims auto numbering scheme.
Invalid Recall Transaction	This error means that Facets didn't find the original claim segment on the adjusted claim. It indicates that recall logic in batch processing attempted to recreate the actions of a user recalling a claim in the online application and reprocessed it with new inputs. Recall logic assumes the submission of the original claim segment, and that a recall segment containing the original Claim ID subsequently submitted with new information for reprocessing. This error prevents claims from being loaded into Facets with Status 15 - Pended with Errors.

The above errors prevent claims from loading from the XC database into Facets. If a critical error exists, the claim remains in XC with a status of 15 – Pended with Errors.

The External Claims Editing application corrects the errors. The user opens these claims and manually corrects or resubmits them.

## XC Error Handling

### *XC Error Handling*



► **Compliance Errors**

- Procedure Code not on file
- Dates of Service greater than Received Date
- Line Item Diagnosis is Required



► **Will be moved to Facets**

► **Status 15 Pended With Errors**

► **Claims with errors can be corrected in Facets Online External Claims Editing application**

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The XC database removes claims with adjudication errors and moves them to Facets, but the claim with the error gets assigned a claim status of 15 (Pended with Errors). The user must recall these claims manually, review, and correct them in the online Facets claims processing applications.

## Medical Electronic Adjudication

### *Medical Electronic Adjudication*



- ▶ ErCmcRunClmu
- ▶ Multi-engine batch process
- ▶ Data selected by CLCL\_TYPE = M and CLCL\_CURR\_STS = 16
- ▶ Worktable CMC\_CLWQ\_WORK\_QUE

## Adjudication Workflow

### *Adjudication Workflow*



#### **Steps of Validation (Step 4000):**

- 1. Eligibility**
- 2. Provider/PCP/Network determination**
- 3. Service Definition (AGSE or SEDF)**
- 4. Charge roll-up (if applicable)**
- 5. Duplicate Editing/Claims History check**
- 6. Managed Care edits**
- 7. Clinical Editing**

**...continued**

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The Facets claims adjudication routine incorporates a series of routines, including Eligibility, Provider/PCP/Network, and Pricing, that together apply rules and parameters to the claim.

## *Adjudication Workflow - continued*



- 8. Line Item Prefixes**
- 9. Pricing (SEPC)**
- 10. Service Rules, Deductibles, Limits, Penalties**
- 11. COB**
- 12. Accumulator Update**
- 13. Payment Drag**
- 14. Status update**

## Special Considerations

### *Special Considerations*



#### ► **Restart Considerations:**

- Restart job from beginning in event of critical error

#### ► **To run without an XC database:**

- Bypass steps 2300, 3500, 5100, and 7000. Include Step 7100 for CLMU

#### ► **If running with Workflow processing enabled:**

- Run Step 2250 and 5450, otherwise, bypass these steps

#### ► **To run batch with Workflow enabled, PZAP\_APP\_ID client is using for batch (default is EADJ) must be enabled**

### Restart Considerations:

- The user should restart this job from the beginning in the event of a critical error in any step.

### To run without an XC database:

- Bypass steps 2300, 3500, 5100, and 7000. Include Step 7100 for CLMU.

### If the user runs this step with Workflow processing enabled:

- Run Step 2250 and 5450. Otherwise, bypass these steps.

### To run the batch with Workflow enabled, the user must enable the PZAP\_APP\_ID used for the batch (default = EADJ) for Workflow processing on table, **CER\_PZAP\_APP**.

The user must enable the PZAP\_APP\_ID for WKFL (Workflow) in order to achieve steps 2250/5450, which apply to claims sent into the batch process via a Workflow application such as Mass Claims Adjustments and Itinerary processing. The user must uncomment the tag WorkflowReprocess in the runbook and set to it Y.

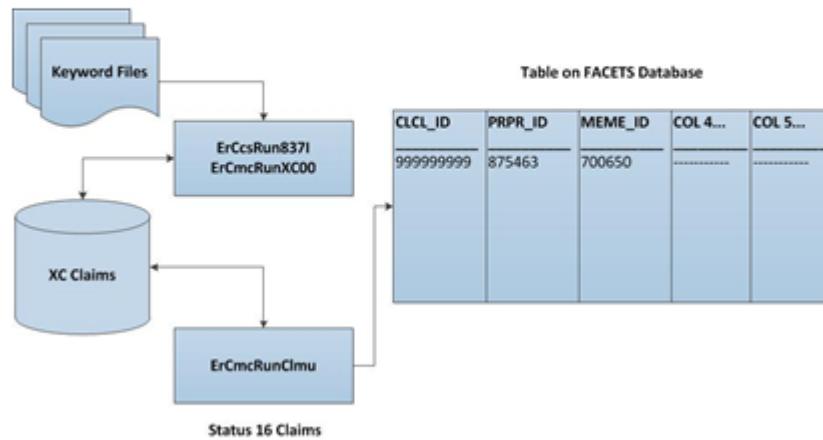
**Note:** If the user only enables the PZAP\_APP\_ID for the adjudication batch for Workflow, batch claims process through Workflow as usual, but won't pick up Mass Adjustment and itinerary claims reprocessed through the steps 2250 and 5450.

## Summary of an External Claim

### *Summary of an External Claim*



### External claims load and adjudicate to Facets database



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ErCmcRunClmu must run to move the XC claims into Facets.

## Claims Payment Process / Claims Payment Batch

### **Claims Payment Batch**



► **Claims payment batch:**

- Process where successfully adjudicated/accepted claims are paid and accounting information is created

► **All claims with a status of 01:**

- (Claim Accepted; Awaiting Batch) and claim paid date less than or equal to batch run date will be processed

► **Claim payment batch process:**

- error for incorrect or missing information

► **If claim clears all batch edits:**

- changes to status 02 (Claim Accepted; Batch Run Complete)

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In Facets, the claims payment batch successfully accepts claims (regardless of process). The claims pay and Facets creates accounting information.

All claims (hospital/medical) with a status of 01 (Claim Accepted; Awaiting Batch) and a claim paid date (CLCL\_PAID\_DT on the **CMC\_CLCL\_CLAIM** table) less than or equal to the batch run date entered in the claim payment batch run book (ERCMCRUNCKMM) process by the batch.

The claim payment batch process errors for incorrect or missing information, such as no provider remit address and no provider Tax ID.

If the claim clears all batch edits, it changes to a status 02 (Claim Accepted; Batch Run Complete), and Facets writes all related accounting record rows to the database.

## ErCmcRunCkmm Runbook Parameters

### *ErCmcRunCkmm Runbook Parameters*



- ▶ **User Id**
- ▶ **NumberOfEnginesClmm**
- ▶ **NumberOfEnginesCkmm**
- ▶ **NumberOfQuesClmm**
- ▶ **NumberOfQuesCkmm**
- ▶ **DeadlockRetryAttempts**
- ▶ **DeadlockRetryWaitSeconds**
- ▶ **SecurityLimit**
- ▶ **JobRetCdThreshold**

Users enter the system User ID.

Parameter	Meaning
NumberOfEnginesClmm	The user enters the desired number of application engines for step 3500. The job defaults to 1 application instance.
NumberOfEnginesCkmm	The user enters the desired number of application engines for step 5500. The job defaults to 1 application instance.
NumberOfQuesClmm	<p>The user enters the desired number of work for 3500.</p> <p><b>Note:</b> This equals the total number of queues, not queues per engine.</p>
NumberOfQuesCkmm	<p>The user enters the desired number of work for 5500.</p> <p><b>Note:</b> This equals the total number of queues, not queues per engine.</p>
DeadlockRetryAttempts	The user enters the number of times a deadlocked transaction attempts database update before bypassing.
DeadlockRetryWaitSeconds	The user enters the number of seconds between a deadlocked transaction's database update retry attempts.
SecurityLimit	This identifies the default security limit that stops any claims with a total payable amount equal to or over this amount. This only applies if the user security limit is not set.
JobRetCdThreshold	This indicates the highest return code allowed for

	subsequent steps.
--	-------------------

## *ErCmcRunCkmm Runbook Parameters*



► **InputDataSelectProc**

- User manually selects a procedure to run

► **Run file includes:**

- Commented examples for other supplied medical claim selection stored procedures

► **GovernorBreak**

- Used to prevent large combined claims from causing memory failures in batch

Parameter	Meaning
InputDataSelectProc	The user enters the selection procedure name. The override appears in the run file as:  <pre>&lt;!--&lt;Item name="InputDataSelectProc"&gt;CMCSP_CLMM_ LOAD_PAY_CL_ALL_MED&lt;/ Item&gt;--&gt;</pre>

The run file also contains commented examples for the other supplied medical claim selection stored procedures. They include:

- CMCSP\_CLMM\_LOAD\_PAY\_CL\_MED
- CMCSP\_CLMM\_LOAD\_PAY\_CL\_HOSP
- CMCSP\_CLMM\_LOAD\_PAY\_CL\_PR
- CMCSP\_CLMM\_LOAD\_PAY\_CL\_SB
- CMCSP\_CLMM\_LOAD\_PAY\_CL\_ITS
- CMCSP\_CLMM\_LOAD\_PAY\_CL\_NO\_ITS
- CMCSP\_CLMM\_LOAD\_PAY\_CL\_HRA
- CMCSP\_CLMM\_LOAD\_PAY\_CL\_NO\_HRA
- CMCSP\_CLMM\_LOAD\_PAY\_CL\_BY\_GRGR

Parameter	Meaning
GovernorBreak	The Governor Break variable prevents large combined claims from causing memory failures in batch by limiting the number of claims that can combine into one check payment.

Batch failure results when not enough available system resources support a large combined claim's use of memory.

## *ErCmcRunCkmm Runbook Parameters*



- ▶ **SecurityLimit**
- ▶ **EngWaitTimeClmm/EngWaitTimeCkmm**
- ▶ **JobRetCdThreshold**
- ▶ **WarningRetCd**
- ▶ **ErrorRetCd**

Parameter	Meaning
SecurityLimit	This identifies the default security limit that stops claims with a total payable amount equal to or over this amount. This only applies if the user security limit is not set.
EngWaitTimeClmm/EngWaitTimeCkmm	This identifies the delay time (in seconds) between engine startup for steps 3500 and 5500.
JobRetCdThreshold	This identifies the highest return code allowed for subsequent steps.
WarningRetCd	This identifies the return code used for warning conditions indicated by the CheckQues step that follows the multi-engine step.
ErrorRetCd	This identifies the return code used for error conditions indicated by the CheckQues step that follows the multi-engine step.

## Workflow of ErCmcRunCkmm

### *Workflow of ErCmcRunCkmm*

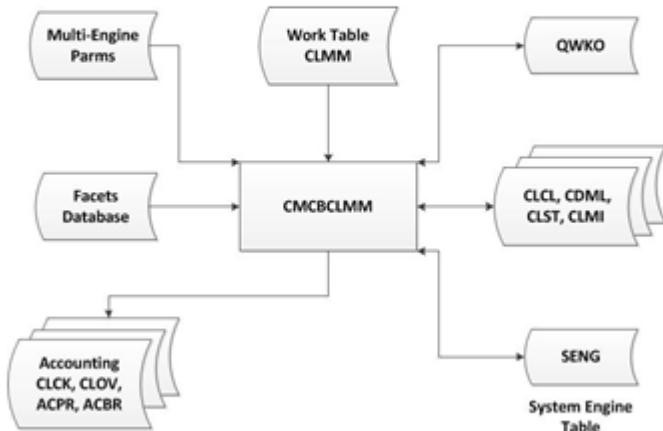


- ▶ Step 1500 – If processing claims by group, check if group exists
- ▶ Step 1600 – Check date of last batch run
- ▶ Step 1700 - ErApp0BatDisplaySyinRefld.vbs
- ▶ Step 2100 – Truncate old SENG rows
- ▶ Step 2200 – Truncate old QWK0 rows
- ▶ Step 2300 – Truncate CLMM table
- ▶ Step 3100 – Select claims according to type specified in runbook, in status 01, write to CLMM table
- ▶ Step 3200 – Sort data by MEME\_CK
- ▶ Step 3300 - Create QWK0 rows

## *Workflow of ErCmcRunCkmm*



### Step 3500 Multi-engine step



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For each claim:

- Determine the payee.
- Recoup money owed to the MCO by checking the **CLOV** table and updating ACPR and ACRH (ACBR if alternate funded claims).
- Calculate discounts, fees, interest and apply them to the claim.
- Create CLK rows for payments per claim.

## *Workflow of ErCmcRunCkmm*



- ▶ Step 3600 – Check QWK0 rows for status 99
- ▶ Step 3700 – Truncate SENG, QWK0, and CLMM of old rows
- ▶ Step 3800 – Select rows that deadlocked in step 3500 and create one QWK0 row for cleanup process
- ▶ Step 3900 – Repeat multi-engine step 3500 with one engine for cleanup process
- ▶ Step 4000 – Summarize run controls for each engine
- ▶ Step 4100 – Truncate SENG of old rows
- ▶ Step 4200 – Truncate QWK0 rows of old rows

...continued

## *Workflow of ErCmcRunCkmm*



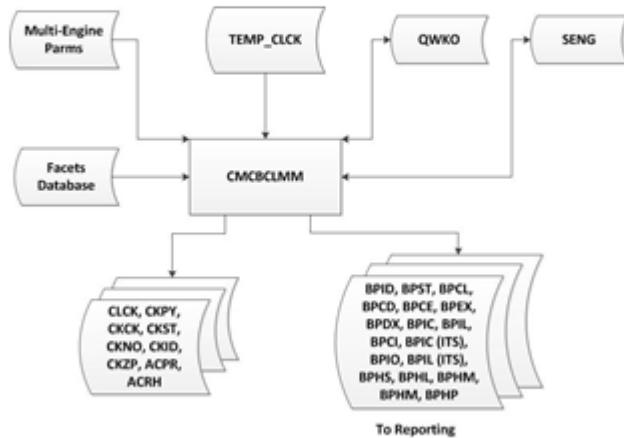
continued...

- ▶ **Step 5100 – Sort CLCK rows by LOBD, PAYEE\_IND, and COMB\_IND**
- ▶ **Step 5200 – Write rows to CKMM table**
- ▶ **Step 5300 – Create QWK0 rows for processing**
- ▶ **Step 5400 - ErApp0BatGetPriorEngines.vbs**

## Workflow of ErCmcRunCkmm



### Step 5500



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For each CLCK row:

- Check for a combination indicator.
- Create a CKPY row with a CKPY\_REF\_ID.
- Create a CKCK (check data), CKST (check status), CKID, CKZP, and CKNO (check numbering) rows.
- Update accounting tables, **ACPR** and **ACRH**.
- Create batch print data to support the creation of EOB and reporting data.

## *Workflow of ErCmcRunCkmm*



- ▶ Step 5600 – Check status of QWK0 rows
- ▶ Step 5700 – Truncate CLCK table and repopulate with any rows are left unprocessed because of deadlocking
- ▶ Step 5800 – Truncate QWK0 for old rows
- ▶ Step 5900 – Create one QWK0 row for cleanup
- ▶ Step 5950 - ErApp0BatGetPriorEngines.vbs
- ▶ Step 6000 – Repeat of Step 5500 (multi-engine) for cleanup process

...continued

## *Workflow of ErCmcRunCkmm*



continued...

- ▶ Step 6100 – Update CKCK table with data processed in Step 6000
- ▶ Step 6200 – Summarize run controls from each engine
- ▶ Step 9500 – Create the SyinRefID for reporting (optional)

## Restart Considerations

### *Restart Considerations*



- ▶ **Restart job from the beginning (step 1500) in event of critical error in step 3500**
- ▶ **Critical error in Step 5500 requires restarting job at Step 4100:**
  - Necessary for proper work queue allocation
- ▶ **Any job restart must include Run Date override representing Run Date displayed in the initial job's output log**

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Payment batches use control break processing to combine many payment segments into one payment.

Control break CLK rows from step 3500 break on Ckpy\_Pay\_Dt, LOBD, Payee\_Ind, and when Clck\_Comb\_Ind = Y-Combine by Payable Entity.

## Pre-priced Claims Processing

### *Pre-priced Claims Processing*



- ▶ Medical and Hospital Claims Pre-Pricing applications allow MCOs to price but not adjudicate claims
- ▶ Pre-priced claims are assigned a status of 13 -Pre-Priced; Awaiting Batch
- ▶ Claims are moved to status 14 - Pre-Priced; Batch Complete upon batch completion

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The Medical and Hospital Claims Pre-Pricing applications allow MCOs to price but not adjudicate claims.

Facets assigns pre-priced claims a status of 13 -Pre-Priced; Awaiting Batch. A batch job (ERCMCRUNCPC0) selects this claim status to complete the pre-priced process.

Upon completion of this batch, these claims move to a status 14 - Pre-Priced; Batch Complete.

## ErCmcRunCpc0 Runbook Parameters

### *ErCmcRunCpc0 Runbook Parameters*



- ▶ **NumberOfEnginesClpp**
- ▶ **NumberOfQuesClpp**
- ▶ **DeadlockRetryAttempts**
- ▶ **DeadlockRetryWaitSeconds**

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Parameter	Meaning
NumberOfEnginesClpp	The user enters the desired number of application engines for step 3500. The job defaults to one application instance.
NumberOfQuesClpp	The user enters the desired number of work for 3500. <b>Note:</b> This is the total number of queues, not queues per engine.
DeadlockRetryAttempts	The user enters the number of times a deadlocked transaction attempts database update before bypassing.
DeadlockRetryWaitSeconds	The user enters the number of seconds between a deadlocked transaction's database update retry attempts.

## ErCmcRunCpc0

### *ErCmcRunCpc0*



```
->
<!--<Item name="BypassStep">1000</Item>-->
<!--<Item name="RestartStep">1000</Item>-->
<!--<Item name="StopStep">1000</Item>-->
<!--<Item name="RunDate">mm/dd/yyyy 00:00:00.000</Item>-->
<!--<Item name="NumberOfEnginesClpp">1</Item>-->
<!--<Item name="NumberOfQuesClpp">1</Item>-->
<!--<Item name="DeadlockRetryAttempts">1</Item>-->
<!--<Item name="DeadlockRetryWaitSeconds">3</Item>-->
<!--#####
# Step 9500 Display SyinRefId is being run in step 1700 now.
# If you want to still display it in 9500, comment out the BypassStep
#####
-->
<Item name="BypassStep">9500</Item>
```

## Workflow of ErCmcRunCpc0

### *Workflow of ErCmcRunCpc0*

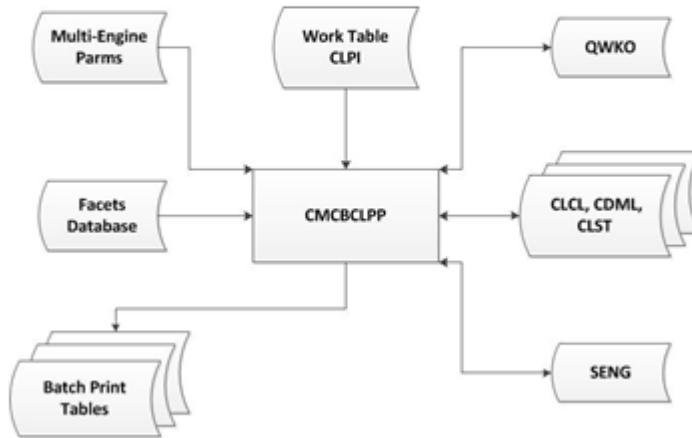


- ▶ Step 1600 – Check last batch rundate
- ▶ Step 1700 – Create SyinRefID
- ▶ Step 2100 – Delete old SENG rows
- ▶ Step 2200 – Delete old QWK0 rows
- ▶ Step 2300 – Delete old CLPI rows
- ▶ Step 3100 – Select status 13 claims and write to CLPI table
- ▶ Step 3200 – Create QWK0 rows
- ▶ Step 3300 – Publish QWK0 rows to log
- ▶ Step 3400 - ErApp0BatGetPriorEngines.vbs

## *Workflow of ErCmcRunCpc0*



### Step 3500 – Multiengine step



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For each claim:

1. Calculate discounts or fees.
2. Apply interest.
3. Determine payee.
4. Assign claim status of 14 (paid), and update pay date.
5. Create batch print data for reporting and accounting.

## *Workflow of ErCmcRunCpc0*



- ▶ Step 3600 – Check status of QWK0 rows
- ▶ Step 3700 – Truncate CLPI table for cleanup process
- ▶ Step 3800 – Delete old QWK0 rows
- ▶ Step 3900 – Populate CLPI table with deadlocked rows and create one QWK0 row
- ▶ Step 3950 - ErApp0BatGetPriorEngines.vbs
- ▶ Step 4000 – Repeat multi-engine step (3500) with one engine
- ▶ Step 4100 – Summarize run controls from each engine
- ▶ Step 9500 – Create SyinRefID for reporting (Optional)

## Special Considerations

### *Special Considerations*



#### **Restart:**

- ▶ **Restart job from beginning (step 1600) in the event of critical error in step 3500**
- ▶ **Any restart must include a Run Date override representing Run Date displayed in the initial job's output log**
- ▶ **Return code value 8 or existence of transaction errors in output log for given job step indicates critical transaction error:**
  - Use the error log to identify and correct transaction errors

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## Objective Summary

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Upon successful completion of this chapter, you will be able to:

- Explain the purpose of the SYIN\_INST ID
- Explain the purpose and structure of the XC database
- Explain the difference between electronic adjudication (CLMU) and claim payment batch processes (CKMM)
- Explain the workflow and relevant batch parameters for each run file/batch process:
  - Erccsrun837i
  - Ercmcrunxc00
  - Ercmcrunclmu
  - Ercmcrunkmm
  - Ercmcruncpc0

## Coming Up

### *Coming Up*



Next we will discuss:

- ▶ Review
- ▶ Exam