

Utilization Management

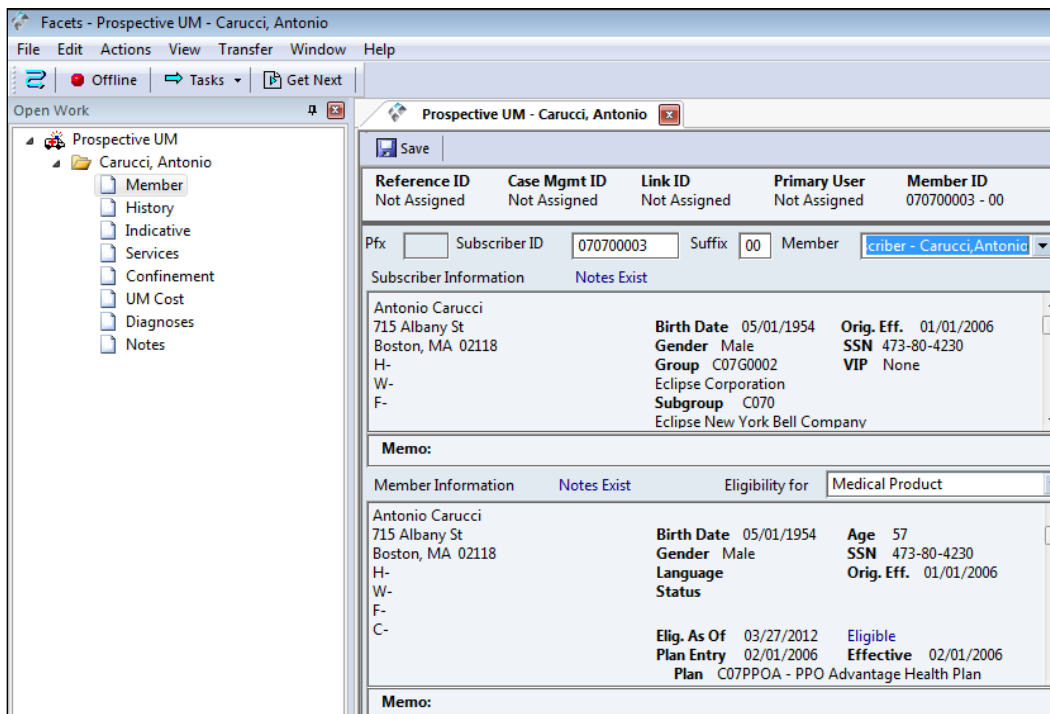
Utilization Management Service Reviews

Prospective UM Application

The Prospective UM application can be opened from the Utilization Management application group, and is used to process referrals or pre-authorizations for outpatient services or inpatient confinement stays. When referrals or pre-authorizations are put into the system, the user is creating an “episode of care,” which can consist of single or multiple service reviews, as well as a confinement review.

Member Section

After the **Subscriber ID** and **Suffix** fields have been entered, information about the subscriber displays in the top section, and the information about the member (subject of the review) displays in the bottom section of this screen.



Field		Description
Fields denoted with an * are required.		
Pfx		This field is enabled on the System Administration side of Facets for ITS purposes when indicating a prefix that precedes the Subscriber's ID number.
Subscriber ID	*	Facets ID of the subscriber who is the subject of

Field		Description
		this UM review.
Suffix	*	The code for the member (subject of this review) who is covered by the subscriber's plan. Tab to the Member field and the name auto-populates.
Member	*	Select the relationship and name for the member from the dropdown list if the suffix was not entered.
Eligibility for	*	Select the product category for which the member is eligible.

History Section

Use this section to view previous referrals and pre-authorizations associated with this member. The information displayed allows the user to look for health care trends and patterns, as well as possible duplicates. To view details of a review listed in the grid, select the appropriate row and text-out area below the grid displays a summary of the selected service or confinement. If additional information is required, the user may open the review.

Prospective UM - Carucci, Antonio

Save

Reference ID: Not Assigned Case Mgmt ID: Not Assigned Link ID: Not Assigned Primary User: Not Assigned Member ID: 070700003 - 00 Orig Sub ID: Not Assigned End Date: Reviews Exist

Filter: Filter: None Notes UM Intake

From	To	Provider	Type	POS	Dx	Status	Allowed	Procedure	TOS
06/01/2011	06/15/2011	C07000001101	Pre-authorization	Out	2501	Complete	5	99215	VO
H 05/25/2011	05/27/2011	C07000000500	Pre-authorization	In	7890	Discharged	2	44950	
01/11/2011	01/11/2011	C07000001101	Pre-authorization	Out	487	Complete	1	99215	VO
04/01/2010	04/01/2010	C07000001101	Referral/Pre-	Out	784	Complete	5	99215	VO
03/24/2010	04/01/2010	C07000001101	Pre-authorization	Out	784	Complete	5	99215	VO
03/24/2010	04/24/2010	C07000001101	Referral/Pre-	Out	2500	Complete	10	99215	VO
H 03/24/2010	03/28/2010	C07000000500	Referral/Pre-	In	7890	Discharged	4	44950	
H 03/14/2010	03/17/2010	C07000000500	Referral/Pre-	In	7890	Discharged	3	44950	
02/01/2010	02/01/2010	C07000001101	Out	250		Pend with Errors	Unlimited	99215	VO

UM Review 111450001 Case Mgmt ID

Svc Provider Andersen, Morgan A. Next Review

Diagnosis Diabetes With Ketoacidosis Review Pre-authorization

Procedure Office/Op Visit, Est Pt, 2 Key Components:CompreTreatment Medical

UM Svc/TOS Practitioner Visit Outpatient Care Type Urgent

Place of Svc Office Price \$500.00

Status Complete As Of 05/25/2011

Denied Denied By

Disallowed

The grid at the top of the panel shows service and confinement rows in reverse chronological order based on the From (admit) date.

If the row is a hospital confinement, a blue H displays to the left of the review.

If the row has been linked to another row within an episode of care, a red checkmark (✓) displays to the left of the row.

Opening a UM Review from the History Section

Opening a UM Review from the History Section Procedures		
Steps denoted with an * are required.		
1	*	Select the row and select Enter . Facets opens the review in the <i>Services</i> or <i>Confinement</i> section, as appropriate.
2	*	The user may also select Open Review from the Edit menu (Alt+E+O).

Linking a UM Review with one in History

Linking a UM Review Procedures		
Steps denoted with an * are required.		
1		Select the row/review to link.
2		Select Link Review from the Edit menu (Alt+E+L). A red checkmark appears next to that review. Only one review can be linked to another one in Prospective UM; multiple reviews can be linked together in Case Management.

A user may want to view specific reviews for a member with a certain procedure code who was authorized by a specific requesting provider or who has a specific product category, for example.

Filtering Information in History

Step		Filtering Information in History Procedures
Steps denoted with an * are required.		
1		Select the Filter button in the <i>History</i> section to access the <i>History Filter</i> dialog box.
2		Indicate a selection from the ID field dropdown pertaining to the criteria Facets will use to filter/view specific UM reviews.
3		Select the Display Only Pre-Authorizations and/or Referrals optional checkboxes to filter by either or both types. When the user first opens the <i>History Filter</i> dialog box, both Pre-authorizations and Referrals boxes are checked, so the default is to filter by both types of reviews. However, to filter by only Pre-authorizations , select the Referrals box to remove the checkmark, and to filter by only Referrals , select the Pre-authorizations box to remove the checkmark.
4		Select the OK button to view those UM reviews in history that matched the criteria selected in the <i>History Filter</i> dialog box.
5		When done viewing the filtered reviews, the user may select Undo History Filter from the Edit menu (Alt+E+U) to view all of the reviews in history again for that member.

View UM/CM Notes

From the *History* section of the Prospective UM, Case Management and UM Logging applications, the user may view existing note data for any UM Review or Case Management episode for which notes exist, and for which the user has security authorization. View notes through the *History* section.

Viewing UM/CM Notes from the Edit Menu

Step		Viewing UM/CM Notes from the Edit Menu Procedures
Steps denoted with an * are required.		
1		Select UM/CM Notes from the Edit menu (Alt+E+V). OR Select the Notes button to access the <i>View UM/CM Note History</i> dialog box.

View UM/CM Note History

☒ Prospective UM or
 ☐ Case Management
 ID: 072200001
 Close

Filter
 Filter Types: None

Type	Description	Subject	Updated On
CL	FYI for Claim Dept.	Summary Information	08/08/2007
CI	clinical notes	Summary Information	03/24/2010

Note Type Claim
Contact C. Whitney
Phone
Created By whitneyc **Fax**
On 08/08/2007 **Updated By** whitneyc

Provider wanted to charge more than allowable. After potential liability issues were discussed, provider accepted the allowable amount for payment

Field		Description
Fields denoted with an * are required.		
Prospective UM/Case Management	*	Select the Prospective UM or Case Management radio button to specify the type of note to view.
ID	*	Select the Prospective UM Reference ID or the Case Management ID to view.
Filter button		Select the Filter button to display the <i>Notes Filter</i> dialog box that allows the user to select only those categories necessary to view.
Close button		Select the Close button to close the <i>View UM/CM Note History</i> dialog box and return to the application.

Note: Notes are entered or changed by selecting **Notes** from the **Actions** menu in Prospective UM and/or Case Management. They are viewed through the *Notes* section. Only notes for which the user is authorized to view will display.

Indicative Section

Use this section to report on and record data related to referrals and pre-authorizations, as well as view a summary of the activity for existing reviews. The system creates an Activity Summary row every time a user saves a review.

Prospective UM - Carucci, Antonio

Save

Reference ID	Case Mgmt ID	Link ID	Primary User	Member ID	Orig Sub ID
111450001	Not Assigned	Not Assigned	jonesm	070700003 - 00	Not Assigned

UM Reviewers: Primary Secondary

Diagnosis

ICD Version: Input: Processed:

Accident or Emergency Condition

Related to State Date

Patient Risk Member Compliance

COB Potentials Quality Issue

External Entity ID

Alternate Reference ID

Activity Summary

Date	User	Routed To	Reason
05/25/2011	jonesm		
05/25/2011	jonesm		Training Purpose

Added:

Services	Confinement	Reviews	Notes
Complexity			

Source On-Line EDI Response Date

Field	Description
Fields denoted with an * are required.	
UM Reviewers: Primary, Secondary	The user ID of the person who has primary (or secondary) responsibility for all services related to this review. The default for primary is the ID of the user who created the review. Select the F7 key to search for a user ID.
Diagnosis	Up to 10 characters. Enter the primary diagnosis code common to all medical services identified in this review.
ICD Version:	System Generated. Facets displays the input ICD-9 or ICD -10 based on entries in the <i>Indicative</i>

Field		Description
Input		section/ Diagnosis field, Multiple Diagnoses dialog box (Diagnosis Set button), Services From date or confinement Actual admit date. If there is a mix of ICD-9 and ICD-10 codes, an error displays.
ICD Version: Processed		System Generated. Facets derives the value in this field, ICD-9 or ICD-10, based on the ICD version used to process the episode.
Accident or Emergency Condition		If UM review and any or all related referrals and pre-authorizations are associated with accidental injury, enter the appropriate information. Note: This may be a required field entry for a pre-authorization/referral due to an accident or emergency illness if the Variable Components section of the member's product is set-up accordingly.
Patient Risk		User-defined code and description for the level of risk.
Member Compliance		User-defined code and text describing member's level of compliance during the UM review (e.g., non-cooperative, late for appointments, refusing to follow directions, etc.).
COB Potentials		If the member has coverage through another insurance carrier, select a TriZetto-defined code to describe the other carrier. The Services and Confinement sections in UM Inquiry display the COB Potentials value in the Indicative section tabs.
Quality Issue		If a breach or quality or care/service occurs for this member during this review cycle, select a user-defined code and description. Note: The user may also select Quality from the Actions menu.
External Entity ID		Note: This option supports FARM (Facets Assigned Risk Module) requirements.
Alternate Reference ID		Note: This option supports FARM (Facets Assigned Risk Module) requirements.
Activity Summary		An Activity Summary row is automatically populated in the grid after a review is saved with the date of the addition or change, the ID of the user who made the addition or change, and the ID of the

Field		Description
		person to whom the review was routed. This grid is useful in tracking the changes/additions of the review, as well as the user associated with each change. To view activity summaries, select an entry row from the grid. The text-out area below shows whether a service or confinement was added, review performed, notes added and/or complexity issues were part of the review.
Source		This is a display-only field that shows the system-assigned value indicating how (the method) this UM review was entered. For example, a record may be entered on-line, through an external method (e.g., internet) or through a conversion routine that allows an MCO the ability to import referrals and pre-authorizations.
CM Intake button		The <i>Case Management Intake</i> dialog box displays when the user selects Case Management Intake from the Actions menu, select Ctrl+Alt+F9 in any section or select the CM Intake button in the <i>Indicative</i> section. Complete the appropriate fields applicable to this request. The only required selections are the Primary Dx , Begin , and Status fields.

Services Section

Use this section to enter (**F9**) or view information about services that are part of the review. Processing services from this section invokes a comprehensive system edit process for a review.

Prospective UM - Carucci, Antonio

Save

Reference ID	Case Mgmt ID	Link ID	Primary User	Member ID	Orig Sub ID	End D
111450001	Not Assigned	Not Assigned	jonesm	070700003 - 00	Not Assigned	

	From Date	To Date	Service Provider	Primary Diagnosis	Place of Service	Procedure Service	Last Status	Allow Units	Auth Units
1	06/01/2011	06/15/2011	C07000001101	2501	11/O	99215	CO	5	5
2									
3									

Line Item Pricing Providers Remaining Units & Amount: Status Summary TCS Letters

Svc Provider Andersen, Morgan A. **Next Review**

Diagnosis Diabetes With Ketoacidosis **Review** Pre-authorization

UM Svc/TOS Practitioner Visit Outpatient **Treatment** Medical

Procedure Office/Op Visit, Est Pt, 2 Key Components:Comprehensive Hx;Comprehensiv Exam;Med Decisn High Complex

Provider Specialty Family Practice **Care Type** Urgent

Place of Svc Office **Price** \$500.00

Status Complete **As of** 05/25/2011

Reason Completed Pre-Auth

Denied **Denied by**

Overrides

Notes Exist Servicing Provider

Disallowed

Pre-auth Req. **Case Potentials**

Dx Eval.Criteria **Proc Eval.Criteria**

Notification No

Prov Compliance

Co-Management Obtained No

The grid at the top of this section is the same for all section tabs and holds the proposed line item services.

The section tabs display additional information in the lower portion of the panel. The **Summary** section tab is the default of the **Services** section.

Confinement Section

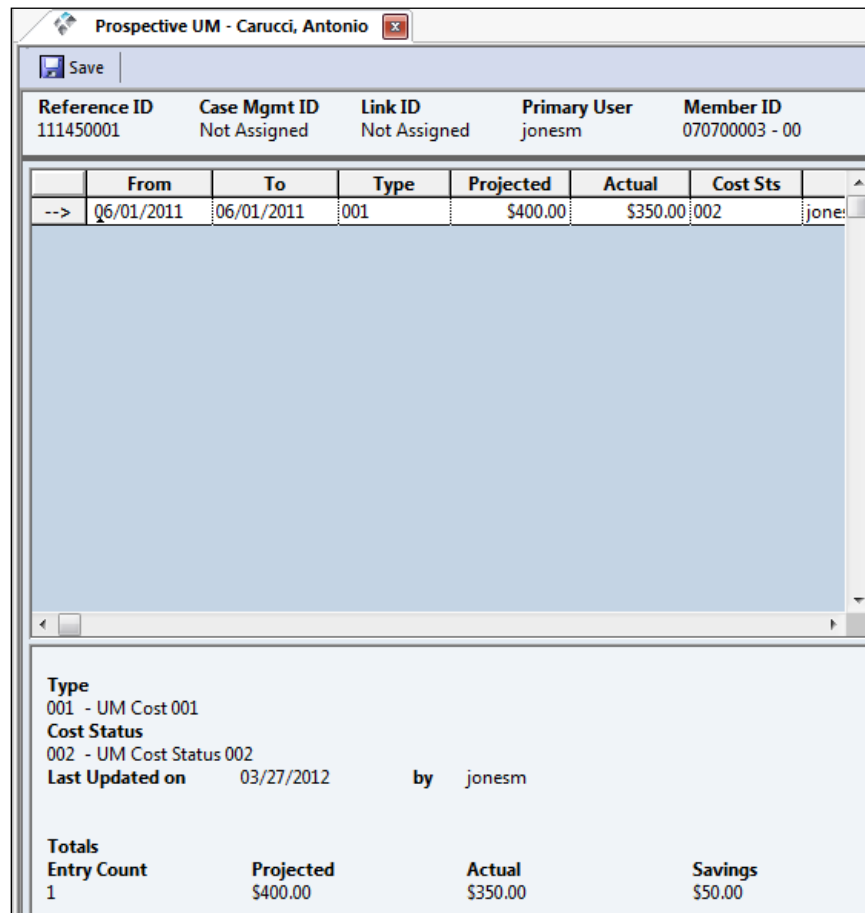
Use this section to enter (**Alt+F9**) or view information about a confinement review.

This section stores and displays data collected at the time of the initial pre-authorization, along with the most recent review including primary diagnosis, the discharge diagnosis, and type of treatment. As in the **Services** section, processing a confinement invokes a comprehensive system edit process for a review.

The upper section of the **Confinement** section is view only (the same for all section tabs). The section tabs display additional information about the selected confinement in the lower portion of the panel. The **Summary** section tab is the default section tab of the **Confinement** section.

UM Cost Section

Use this section to record savings realized from UM (Utilization Management). The entries are counted, and the projected, actual, and resulting savings display at the bottom of this screen. Also, when a user enters a fee negotiation from the **Services** section (select **Fee Negotiation** from the **Edit** menu, **Alt+E+F** or the **Neg. Fee** button in the **Services** dialog box) and enters information in the two **UM Cost Saving** fields of the **Fee Negotiation** dialog box, Facets automatically updates this section.

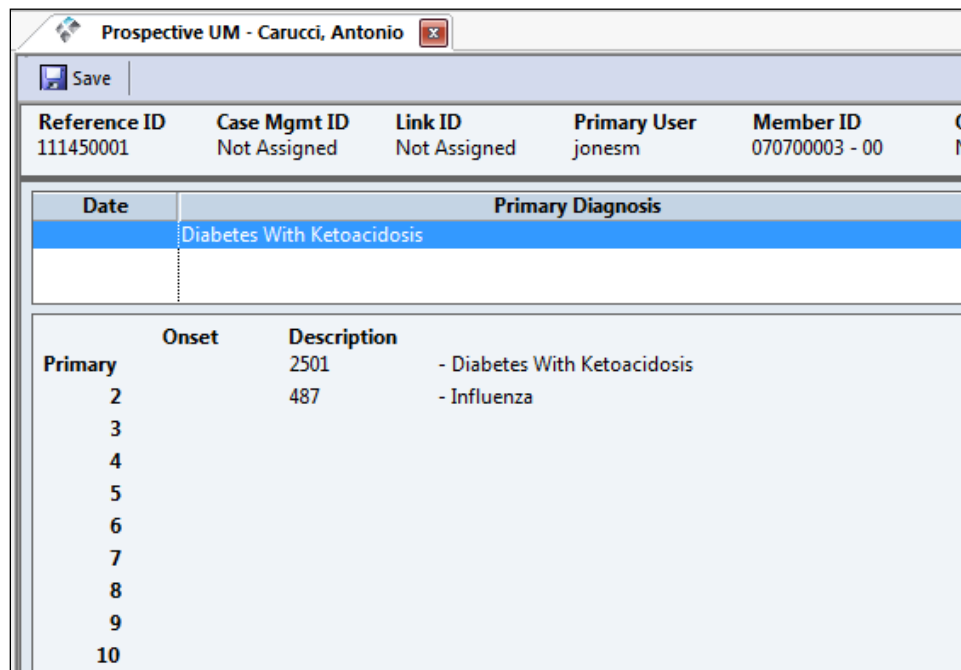


Field		Description
Fields denoted with an * are required.		
From	*	Enter the date this entry began. Facets defaults to the current date.
To	*	Enter the date this entry in the cost log was concluded. Facets will default to the current date.
Type		Select the user-defined code that defines this cost.
Projected		Enter the cost that would have been charged if

Field		Description
		there had been no intervention.
Actual		Enter the actual cost charged to the MCO because of UM.
Cost Sts		Select the user-defined cost that defines the costs' status. For example, Completed or In process.
User ID	*	Enter the Facets user ID of the last person to update this entry (scroll to the right side to access this field).

Diagnoses Section

Select a primary diagnosis set from the grid at the top of the screen. All diagnoses related to this service or confinement review display in the text-out portion of the screen with the primary diagnosis first. Up to 10 diagnoses display. (informational only).



The screenshot shows a software window titled "Prospective UM - Carucci, Antonio". Inside, there is a "Save" button and a table with the following data:

Reference ID	Case Mgmt ID	Link ID	Primary User	Member ID	O
111450001	Not Assigned	Not Assigned	jonesm	070700003 - 00	N

Below this table is a section titled "Primary Diagnosis" with a "Date" column and a "Primary Diagnosis" column. The first entry is "Diabetes With Ketoacidosis".

At the bottom, there is a grid with the following columns: "Primary", "Onset", and "Description".

Primary	Onset	Description
Primary	2501	- Diabetes With Ketoacidosis
2	487	- Influenza
3		
4		
5		
6		
7		
8		
9		
10		

Note: These diagnoses were entered in the *Multiple Diagnoses* dialog box when the service or confinement was added or changed.

Notes Section

Use this section to view notes associated with the review, depending on the user's security. The note type, description, subject, and date updated displays in the grid for each note type.

Prospective UM - Carucci, Antonio

Save

Reference ID 072200001	Case Mgmt ID Not Assigned	Link ID 072210001	Primary User whitneyc	Member ID 070700003 - 00	Orig Not
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Filter Filter Types: None

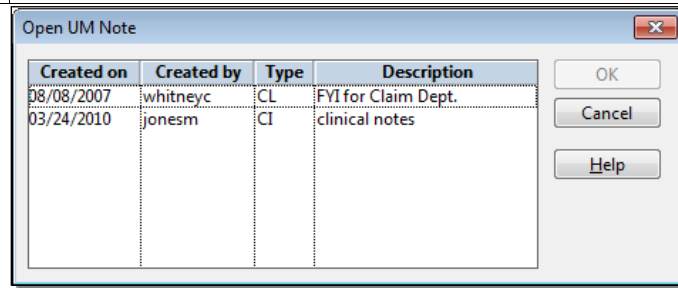
Type	Description	Subject	Update On
CL	FVI for Claim Dept.	Summary Information	08/08/2007 10:40:47.623
CI	clinical notes	Summary Information	03/24/2010 14:23:39.266

Note Type Claim
Contact C. Whitney
Phone
Created By whitneyc
Fax
On 08/08/2007
Updated By whitneyc

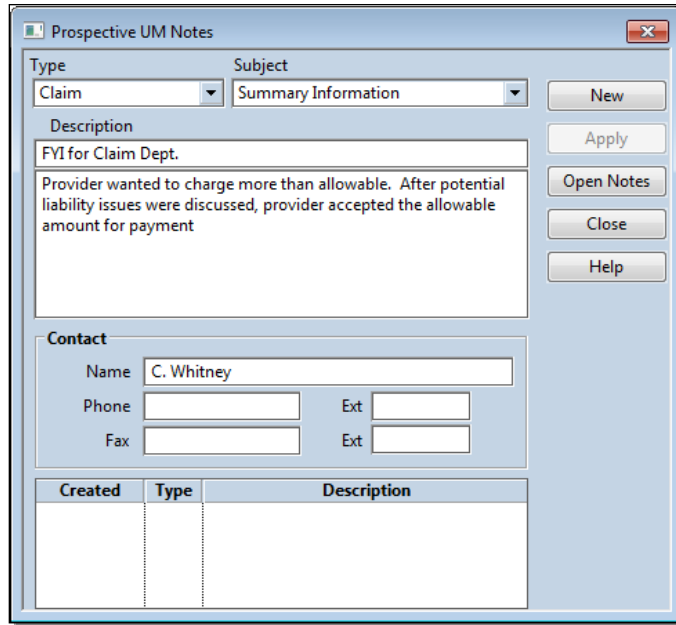
Provider wanted to charge more than allowable. After potential liability issues were discussed, provider accepted the allowable amount for payment

Viewing Notes

Step	Viewing Notes Procedures
Steps denoted with an * are required.	
1	Select the <i>Notes</i> section, or select Notes from the Actions menu (Alt+A+N). By selecting Notes from the Actions menu (Alt+A+N), Facets displays a <i>Prospective UM Notes</i> dialog box.
2	Select the Open Notes button. Facets displays an <i>Open UM Note</i> dialog box. Users may view all one-line summary types and descriptions associated with the review, and the user associated with each note.



Step	Viewing Notes Procedures (continued)
Steps denoted with an * are required.	
3	At this point, the user should select the row of interest and select OK . Facets opens the related note/text data in the <i>Prospective UM Notes</i> dialog box.



Step	Viewing Notes Procedures (continued)
Steps denoted with an * are required.	
4	Select the Close button to close the <i>Prospective UM Notes</i> dialog box.

Note: The *Prospective UM Notes* dialog box is a floating notepad. The user can open other sections or section tabs, or open another dialog box, as he/she is creating or viewing notes.

Filtering Notes in the Notes Section

Step	Filter Notes in the Notes Section Procedures
Steps denoted with an * are required.	
1	Select the Filter button.
2	A <i>Notes Filter</i> dialog box generates.
3	Select one or more from the types available in the Available box.
4	Select the right-pointing arrow (>). The types will move to the Included box.
5	Select OK . Facets brings back the <i>Notes</i> section and returns the Note Type rows (see screen print below).

Adding Notes to a Review

Step	Adding Notes to a Review Procedures
Steps denoted with an * are required.	
1	Select Notes from the Actions menu (Alt+A+N). Facets responds with a Prospective UM Notes dialog box.
2	Select a type in the Type field.
3	Assign a Subject (user-defined).
4	Enter a one-line summary of the notes in the first line of the Description field.
5	Select Tab . The cursor moves to the text area.
6	Enter the associated text.
7	Tab and enter information on the contact for this note.
8	Select the Apply button. The system will date stamp the notes in the Created field/column and display the Type and Description information identified in steps 2 & 4 above.
9	Enter another note type or select the Close button when finished entering notes for this review. After applying the notes to the review, they may be viewed in the Notes section.

Creating a Service Review Step 1 / Opening Prospective UM

Step	Creating a Service Review Step 1 / Opening Prospective UM Procedures
Steps denoted with an * are required.	
1.1	* From the Utilization Management application group, select and open the Prospective UM application. Facets responds with a blank Member section.

Creating a Service Review Step 2 / Identifying a Member

Creating a Service Review Step 2 / Identifying a Member Procedures		
Steps denoted with an * are required.		
2.1	*	Enter information in the Member section to identify the patient and to view information about the subscriber and member.
2.2	*	Tab into the Subscriber ID field and enter the Subscriber ID.
2.3	*	TAB once and the cursor will go to the Suffix field.
2.4	*	Enter the suffix for the member who will be receiving the services, or go to the Member field and select the appropriate member from the dropdown option.

Note: If the user does not know the Subscriber ID, he/she may search by Subscriber or Member ID by selecting the **F7** key while the cursor is in the **Subscriber ID** field, or by selecting **Search** from the **Edit** menu/**Alt+E+S** (see Chapter 1, Navigation, for steps on how to conduct a search).

Note: If notes exist at a subscriber and/or member level, the user will receive an ultra-blue **Notes Exist** message.

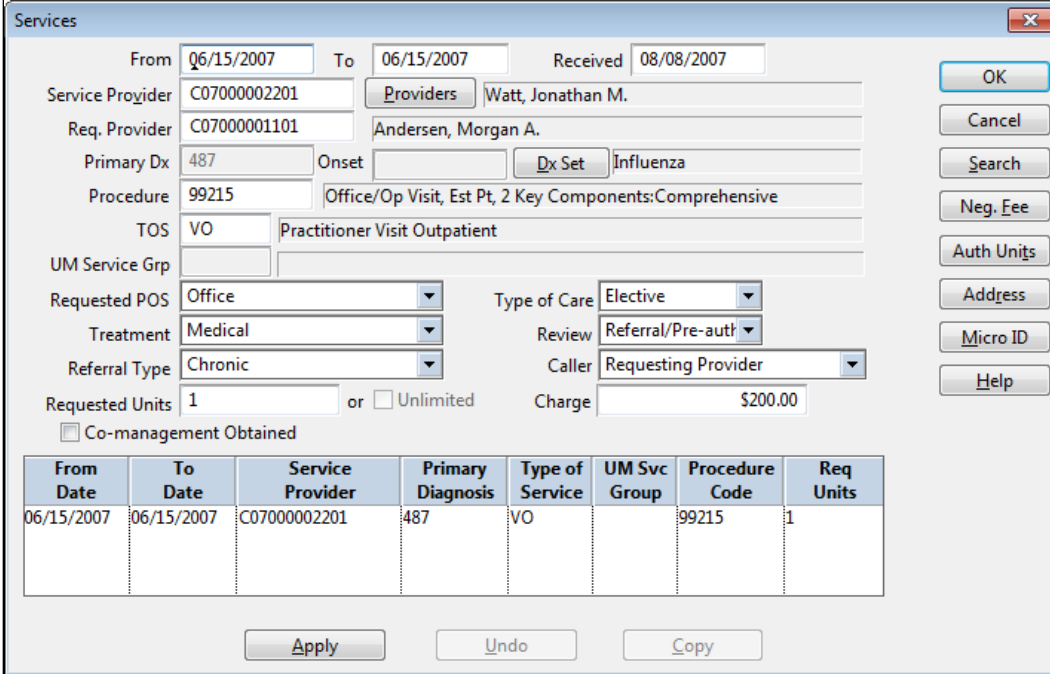
Creating a Service Review Step 3 / Entering Indicative Information

Creating a Service Review Step 3 / Entering Indicative Information Procedures		
Steps denoted with an * are required.		
3.1		<p>Tab into the fields in the Indicative section and enter the appropriate information.</p> <p>The following fields may be used for reporting purposes:</p> <ul style="list-style-type: none"> • Patient Risk • Member Compliance • COB Potentials • Quality Issue

After saving the review, an Activity Summary row automatically populates in the grid with the date of the addition or change, the ID of the user who made the addition or change, and the ID of the person to whom the review was routed. Additional information about the review selected in the grid displays in the text-out area. This grid is useful in tracking the changes/additions of the review, as well as the user associated with each change.

Creating a Service Review Step 4 / Entering Requested and Authorized Information

Step		Creating a Service Review Step 4 / Entering Requested and Authorized Information Procedures
Steps denoted with an * are required.		
4.1	*	To add the requested service, select Add from Edit menu (Alt+E+A) while in the <i>Services</i> section, or select F9 .
4.2	*	Enter the requested information in the <i>Services</i> dialog box.



Field		Description
Fields denoted with an * are required.		
From/To	*	The requested From and To dates of services.
Received	*	The first date of contact to the MCO about the service.
Service Provider	*	The provider rendering the service for the member/patient.
Providers button		This button allows the user to identify multiple providers involved for the service(s).
Req. Provider		This is the provider requesting the service for the patient. If "No restrictions on the requesting Provider" was selected on the ARAR, Facets does

Field		Description
		not care who the requesting provider is. If “Any in-network Provider” is selected, the requesting provider entered must be an in-network provider, otherwise a warning message displays. If the PCP Required checkbox on the AIAI has not been selected, PCP logic does not apply for a review even if the ARAR is set to PCP, Covering Provider, or Member’s PCP; Facets uses the “Any in-network Provider” value; i.e. PCP information entered is informational only.
Primary Dx	*	Primary diagnosis code for the service review.
Onset		Enter the beginning date of the Primary Dx for the review.
Dx Set button		Provides a way for the user to capture multiple diagnosis codes (up to 10 characters each).
Procedure	*	Holds the procedure code for the service.
TOS	**	Type-of-service for the requested procedure.
UM Service Group	**	This code includes multiple professional components/ services in a review. It is indicated on the prefix for the UM Service Group record attached to the member’s product. **Note: Either a procedure code, a TOS, or a UM Service Group ID/code is required.
Requested POS	*	Requested place of service. If Diagnosis or Procedure Edit Criteria exists for the primary diagnosis (Medical review) or primary procedure (Surgical review), the normative place of service is compared to the selected Place of Service in this field.
Type of Care	*	Select the type of care needed for this service review.
Treatment	*	Select the classification that describes this type of treatment. The Treatment type selected determines whether Facets uses diagnosis or procedure-related criteria to validate the pre-authorization or referral.
Review	*	Select the type of Review being entered.

Field		Description
Referral Type		User-defined code to categorize a referral.
Caller		User-defined code classifying the caller. For example, hospital UR dept., member, or member's PCP.
Requested Units or Unlimited		<p>Up to 9,999 units (four digits). Enter the requested number of units (visits) for the service. If nothing is entered, Facets defaults to 1-unit). If the Unlimited checkbox is selected, the user will not enter a value in the Requested Units field; that field will gray-out showing 9,999 units. This option allows users to process referrals and pre-authorizations with high units correctly and process the related hospital and/or medical claims correctly. UU is the override type for unlimited Authorized/ Allowed units and U1 is the override type for unlimited Requested units.</p> <p>Note: The unlimited option is especially important for medication dispense in units or ongoing treatments pre-authorized for a 12-month/year period with no limit to the number of treatments.</p>
Charge		Provider's fee for the requested service.
Co-management Obtained		<p>Select this checkbox to indicate that another party jointly responsible for the UM review has performed their task, such as authorizing the service or providing the referral.</p> <p>Note: This option supports DOFR (Division of Financial Responsibility) requirements for the Facets Assigned Risk Module. For health plans not using DOFR processing, this checkbox is informational and can be valued to indicate that multiple parties have authorized the service or provided the referral.</p>
OK button	*	Accepts the values entered in each field and returns to the Service/Summary section tab screen.
Cancel button		Cancels the information just entered in the dialog box.
Search button		Provides a way to search for the procedure code, servicing provider, requesting provider and service code.
Neg. Fee		Prompts the user with a Fee Negotiation dialog

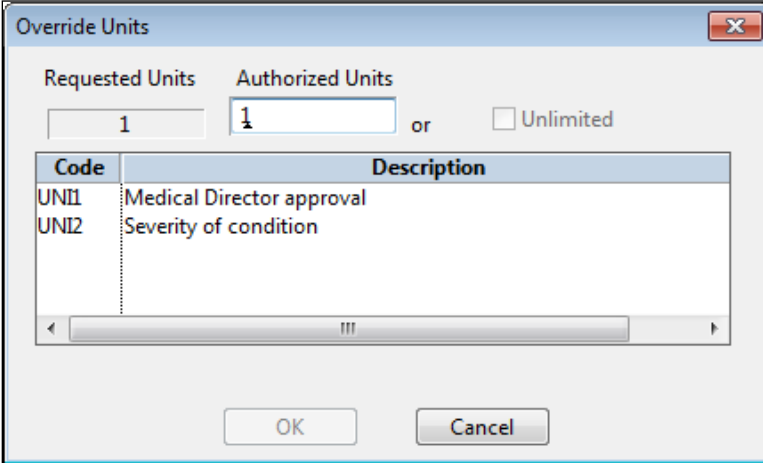
Field		Description
button		box. After a negotiated fee has been entered and the UM review has been saved, the negotiated fee becomes the allowable when the claim is entered for the TOS on the UM review that required the pre-authorization/referral.
Auth Units button		Refer to Auth Units Button below.
Address button		The user may select a different address for the service or requesting provider. Refer to Address Button below.
Micro ID button		Allows the user to enter a user-defined code to identify the Microfilm ID or Image Address data associated with this service or confinement review. If entered, the code/ID displays in the text-out areas of the <i>Services</i> and <i>Confinement</i> sections, <i>Details</i> section tab in Prospective UM and UM Logging. After saving the review, the Micro ID also displays in the <i>Details</i> section tab of UM Inquiry.
Help button		Generates the <i>Services Help</i> dialog box.
Apply button		After entering the requested service information, select Apply for this data to be put in acceptance mode. Next, select OK to return to the <i>Services</i> section.
Undo button		Allows the user to erase all information in the current dialog box.

Step		Creating a Service Review Step 4 / Entering Requested and Authorized Information Procedures (continued)
Steps denoted with an * are required.		
4.3	*	After completing the information in the <i>Services</i> dialog box, select Apply . Facets returns a blank <i>Services</i> dialog box.
4.4	*	Enter any additional service reviews.
4.5	*	Select Apply after each one.
4.6	*	Select OK . The service rows are accepted and processed.

Auth Units Button

Selecting **Authorize Units** from the **Edit** menu (**Alt+E+U**), or the **Auth Units** button in the **Services** dialog box accesses the **Override Units** dialog box where the user may override the requested units. If the **Unlimited** checkbox is selected, the user will not enter a value in the **Authorized Units** field; that field will gray-out showing 9,999 units. This option allows users to process referrals and pre-authorizations with high units correctly, and process the related hospital and/or medical claims correctly. UU is the override type for unlimited authorized/allowed units and U1 is the override type for unlimited requested units.

Note: The unlimited option is especially important for medication dispense in units or ongoing treatments pre-authorized for a 12-month/year period with no limit to the number of treatments.



Denying a Service Review

Denying a Service Review Procedures		
Steps denoted with an * are required.		
1		Recall the review (if necessary), and go to (or remain in) the Services section.
2	*	Select the service row to be denied.
3	*	Select Deny from the Edit menu (Alt+E+D). A Denial dialog box displays.
4	*	Enter the Reason and Explanation for the denial, select OK . The Services section, Summary section tab displays allowing the user to verify the information before saving the review to the database. Notice the status in the grid and in the text-out Summary section is Disallowed.

Address Button

The **Provider Address Selection** dialog box allows the user to select an address/provider service location row (or multiple rows) in the grid and select **Enter** to allow letters to be directed to the corresponding addresses shown in the text-out area below the grid.

Provider Address Selection

Provider Type

Service

The Primary Service location is the default service location.

To select another service location for the provider, highlight the row and press enter or double-click the row. This will allow letters to be directed to the corresponding addresses for the selected service location.

Type	First Address Line	City	State	Zip	Effective
PL1	6 Chester Road	Folsom	CA	95630	01/01/2009
✓Primary	704 Hauser Street	Flushing	NY	11358	01/01/2001

Termination 12/31/9999

Mailing

704 Hauser Street

Flushing, NY 11358

Queens County

United States

Phone

Fax

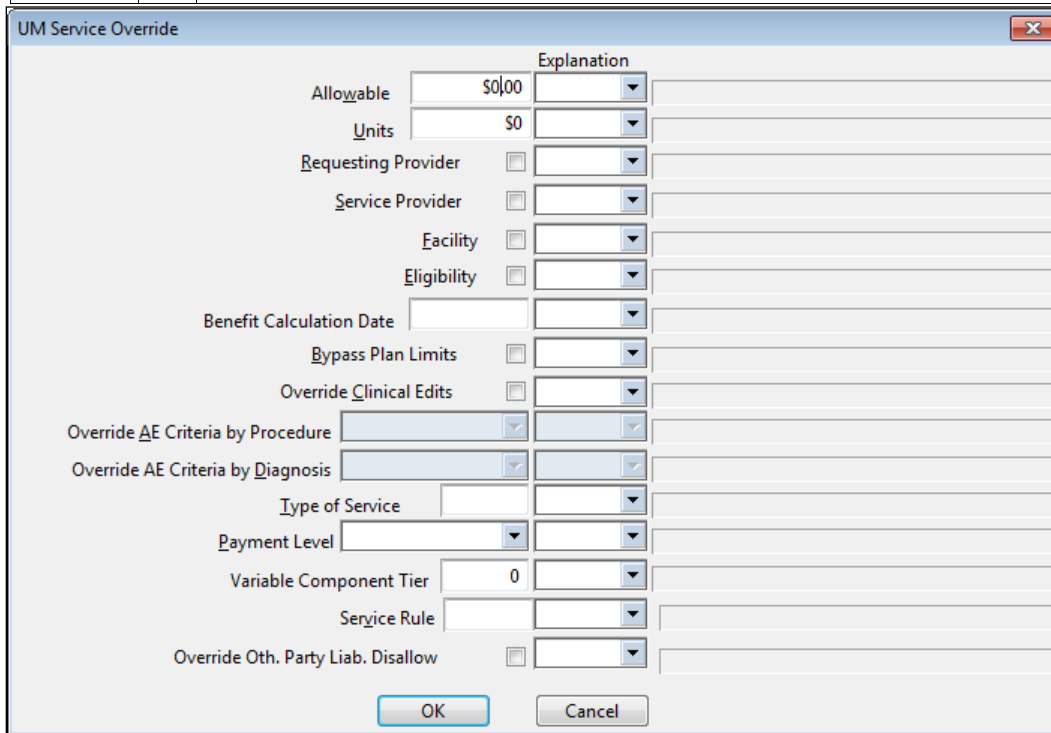
OK

Cancel

Help

Creating a Service Review Step 5 / Resolving Warning and/or Error Messages and Viewing Information

Step	Creating a Service Review Step 5 / Resolving Warning and/or Error Messages Procedures
Steps denoted with an * are required.	
5.1	Select the Services section prior to saving the review in order to view information entered in greater detail through the section tabs.
5.2	<p>Warning messages related to criteria (D&T, Milliman, and HCIA) may be resolved by using options found in the Edit menu. Warning and/or error messages may also require an override. Select Overrides from the Edit menu (Alt+E+O) to access the UM Service Override dialog box.</p> <p>Note: An explanation entered in the Explanation field is required for each override entered.</p>



The image shows the 'UM Service Override' dialog box. It contains various fields and checkboxes for overriding service rules. The fields include: Allowable (set to \$0.00), Units (set to \$0), Requesting Provider, Service Provider, Facility, Eligibility, Benefit Calculation Date, Bypass Plan Limits, Override Clinical Edits, Override AE Criteria by Procedure, Override AE Criteria by Diagnosis, Type of Service, Payment Level, Variable Component Tier (set to 0), Service Rule, and Override Oth. Party Liab. Disallow. Each field has a corresponding dropdown menu. There are 'OK' and 'Cancel' buttons at the bottom.

Field		Description
Fields denoted with an * are required.		
Allowable		The allowable amount displays. If the allowable amount is reduced based on plan limits, the system displays the reduced allowable. The user may override this amount.
Units		The number of authorized units for the TOS and/or procedure displays. If the number of units is reduced based on plan limits, the system displays the reduced number. The user may override this number.
Requesting Provider		Select this checkbox to perform an override on the requesting provider.
Service Provider		Select this checkbox to perform an override on the servicing provider.
Facility		Select this checkbox to override the servicing facility.
Eligibility		<p>Select this checkbox and explanation to perform an override on the member's eligibility status. If selected, Facets uses the eligibility in effect at the start of the episode, as long as that is the same eligibility in effect for the service. This applies for service reviews only, and applies only for lines that span class or plan changes. Reviews containing multiple lines that fall into different class or plan eligibility periods must still be split manually.</p> <p>Note: Eligibility overrides applied to UM service reviews do not carry over to claims during the Claim/UM Match procedure.</p>
Benefit Calculation Date		The user may enter the beginning date for benefits to allow for UM processing across benefit periods, such as plan years. If the Benefit Calculation Date is entered, Facets uses it to calculate eligibility, benefits, and pricing arrangements.
Bypass Plan Limits		Select this checkbox to bypass the plan limits if they are exhausted or are soon to be exhausted.
Override Clinical Edits		Select this option to override existing clinical edits for this review.
Override AE		Enter a value to identify an Authorization

Field		Description
Criteria by Procedure		Evaluation Criteria by Procedure code override for this review.
Override AE Criteria by Diagnosis		Enter a value to identify an Authorization Evaluation Criteria by Diagnosis code override for this review.
Type of Service		Perform a TOS override to change this code. If no procedure exists, or the procedure is not related to a TOS, enter a type-of-service code in this field.
Payment Level		Select a different network benefit level for a UM review that may be due to the member's selection of a network, a participating or non-participating provider, and benefits. As a result, the level of payment associated with the deductible, coinsurance/co-payment, and limits applied during claims processing may be altered (Facets will read a different Variable Component row).
Variable Component Tier		When this override is entered during UM processing, it will carry to the claim line item during the Claim/UM matching routine. When the UM episode is processed, Facets looks at the Product, Variable Components for a corresponding row for the tier entered. If that row is found, it will be used to determine the SEPY, DEDE, and LTLT for the episode.
Service Rule		Select a different Service Rule for the current review that will be applied during claims processing. A Service Rule override entered during claims processing will override any in Prospective UM.
Override Oth. Party Liab. Disallow		Select this checkbox to override the other party liability disallow.

Viewing Information in the Section Tabs

Attachments Section Tab

This section tab displays letters attached to the review selected in the sections grid. Select a line in the section tabs grid to view detailed information below pertaining to the letter row selected. From this section tab, the user may also request a letter to be sent regarding the current review selected.

Clinical Edits Section Tab

Warning messages are generated when clinical edits exist for the service review. Select a row in the grid to view information below pertaining to clinical edits for this review.

Details Section Tab

Select a line in the grid to view the associated details about the review.

Prospective UM - Carucci, Antonio

Save

Reference ID	Case Mgmt ID	Link ID	Primary User	Member ID	Orig Sub ID	End
072200001	Not Assigned	072210001	whitneyc	070700003 - 00	Not Assigned	

	From Date	To Date	Service Provider	Primary Diagnosis	Place of Service	Procedure Service	Last Status	Allow Units	Auth Units
1	06/15/2007	06/15/2007	C07000002201	487	11/O	99215	CO	1	1
2									
3									

Attachments
Clinical Edits
Details
DOFR
Duplicate Services
Line Item Pricing
Providers
Remaining Units & Am

Units:

Requested 1
Allowed 1
Reason
Override

Place of Svc:

Norm Review
Requested O - Office
Authorized O - Office
Reason Patient requires monitoring
Disallowed
Price Expl
Referral Type Chronic
Compliance

Norms:

Age 0 - 99
Extreme Age 0 - 99
Gender Both

Fees:

Charge \$200.00
Cont. Amt \$127.72
Neg. Amt \$0.00
Neg. Pct 0.00%
Price \$127.72
Allowed \$127.72
Received Date 08/08/2007
Date Authorized 08/08/2007
Out of Area?
Med. Release? None
Micro/Image ID

Asst. Surg Norm1 No
Asst. Surg Norm2 No
SSO:

Required
Obtained No
Waivers

Duplicate Services Section Tab

Use this section tab to view the review considered to be a duplicate. Select the appropriate row in the grid and view text-out information below. If the current review is a possible or an exact duplicate according to the parameters set on the Duplicate UM Rules record (DUUM), the “Duplicate Service(s) on file for member” warning message generates.

Line Item Pricing Section Tab

Select a line item in the grid to review the associated pricing information.

Prospective UM - Carucci, Antonio

Save

Reference ID	Case Mgmt ID	Link ID	Primary User	Member ID	Orig Sub ID	End
072200001	Not Assigned	072210001	whitneyc	070700003 - 00	Not Assigned	

	From Date	To Date	Service Provider	Primary Diagnosis	Place of Service	Procedure Service	Last Status	Allow Units	Auth Units
1	06/15/2007	06/15/2007	C07000002201	487	11/O	99215	CO	1	1
2									
3									

Attachments Clinical Edits Details DOFR Duplicate Services **Line Item Pricing** Providers Remaining Units & Am

Svc Provider Watt, Jonathan M.
 Procedure Office/Op Visit, Est Pt, 2 Key Components:Comprehensive Hx;Comprehensiv Exam;Med Decisn High C
 TOS VO - Practitioner Visit Outpatient
 Service/Rule VO 006 - OOA PCP/INN/PAR/No UM Req/\$15 cpy/90:10 co-ins/\$100 mem:\$300 fmly dede
 Price C702 - Certification Schedule 02 (INN / Specialist Services)

Prefixes: Service Definition SD02 Service Payment C705 Limit LT01

Agreement ID AG02

Fees:

Charge \$200.00	Cont. Amt. \$127.72
Neg. Amt. \$0.00	Price \$127.72
Neg. Pct. 0.00%	
Allowed \$127.72	

Neg. Reason
 Price Disallow

Providers Section Tab

Select a line in the grid to view information regarding the providers who may be associated with the selected service. The user may also access the **Provider Address Selection** dialog box from this section tab by selecting the **Address** button at the bottom of the screen. Provider NPI data displays in this section tab.

Remaining Units & Amounts Section Tab

Select a line in the grid to view the associated details regarding the amounts and units remaining for a service review.

Prospective UM - Carucci, Antonio

Save

Reference ID	Case Mgmt ID	Link ID	Primary User	Member ID	Orig Sub ID	End Date
072200001	Not Assigned	072210001	whitneyc	070700003 - 00	Not Assigned	

	From Date	To Date	Service Provider	Primary Diagnosis	Place of Service	Procedure Service	Last Status	Allow Units	Auth Units
1	06/15/2007	06/15/2007	C07000002201	487	11/O	99215	CO	1	1
2									
3									

Attachments Clinical Edits Details DOFR Duplicate Services Line Item Pricing Providers **Remaining Units & Amounts**

Procedure Office/Op Visit, Est Pt, 2 Key Components:Comprehensive Hx;Comprehensiv Exam;Med Decisn High Comple
Service/Rule VO 006 - OOA PCP/INN/PAR/No UM Req/\$15 cpy/90:10 co-ins/\$100 mem:\$300 fmly dede
Status Complete
Denied **Denied By**
Disallowed
Overrides Service Provider
Units: **Fees:**
 Requested 1 Charge \$200.00
 Authorized 1 Cont. Amt. \$127.72
 Allowed 1 Neg. Amt. \$0.00
 Used 1 Neg. Pct. 0.00%
 Remaining 0 Price \$127.72
 Reason Allowed \$127.72
 Used \$125.00
 Remaining \$2.72
 Reason

Status Section Tab

The user will come to this section prior to saving the review in order to indicate a user-defined status reason (if previously set-up in System Administration that one is required). Facets automatically assigns a status to the review, however the status may change as other information is entered and the review is processed and saved.

The statuses for a service review include the following:

- CL Closed/Void
- DS Disallowed/Denied
- IN Incomplete (Pend with Errors)
- UP Pend
- CO Complete
- LG Logged
- PD Predetermination

Creating a Service Review Step 6 / Processing the Service Review

Step		Creating a Service Review Step 6 / Processing the Service Review Procedures
Steps denoted with an * are required.		
6.1	*	Select Process Service from the Edit menu (Alt+E+P), or select F3 to process the review.

Creating a Service Review Step 7 / Selecting a Status Reason

Step		Creating a Service Review Step 7 / Selecting a Status Reason Procedures
Steps denoted with an * are required.		
7.1		Go to the Status section tab (optional based on a system parameter).
7.2		Select a user-defined status reason for the service review(s) being processed in the Status Reason dropdown field selection. After the review is saved, the grid lists the most recent status reason/row first; multiple rows may exist, as there may be a number of times a user (or different users) access the review to add/change/view information.

Overriding the System-Generated Status

- If the system-generated status is Complete, it may be changed to Pend or Void.
- If the status is Pend with Errors, the user may accept it or change it to Void. The user may not assign a status of Predetermination.
- The status of Disallow cannot be changed.
- If the status is Pend, it may be changed to Predetermination, Void, or Approved.
- If the Status is Void, the user cannot change the status.

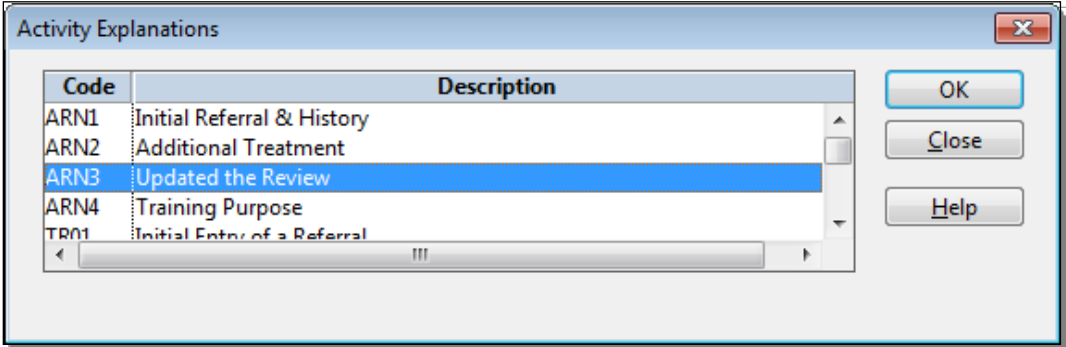
A status of Predetermination is a request to verify benefits, as well as possible reimbursements for care. Benefits include coverage, co-payments and deductibles, pre-authorization and/or referral requirements, and verification that a provider is in-network, if required. The predetermination may or may not verify medical necessity for the requested service. The review is not pended, rather it is in a predetermination status.

Note: A review in a predetermination status will not match to a claim.

In Prospective UM, the system-generated status or override status displays in the **Status** field of the *History* section, *Services* section/*Summary*, *Status*, *Remaining Units & Amounts* and *Duplicate Services* section tabs, as well as in the *Confinement* section/*Summary*, *Status* and *Duplicate Confinements* section tabs. After a review/ episode of care has been processed and saved, the status may be viewed in UM Inquiry. In Case Management, the system-generated or override status displays in the **Status** field of the *Reviews* section/*Services* and *Confinements* section tabs.

Creating a Service Review Step 8 / Saving the Review

Step		Creating a Service Review Step 8 / Saving the Review Procedures
Steps denoted with an * are required.		
8.1	*	Select Save from the File menu (F4 or Alt+F+S), or the Save button to indicate an Activity Explanation and save the review.



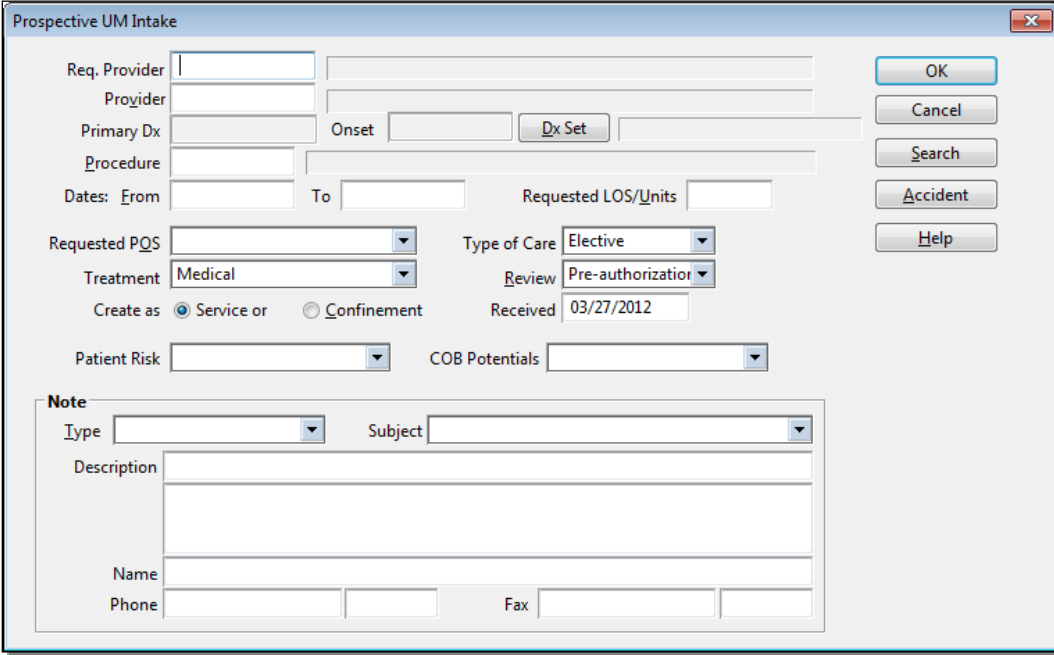
Code	Description
ARN1	Initial Referral & History
ARN2	Additional Treatment
ARN3	Updated the Review
ARN4	Training Purpose
TRN1	Initial Entry of a Referral

UM Intake

In Prospective UM and UM Logging, the user may enter preliminary member data for a review through the **Prospective UM Intake** dialog box. This data may be used to create a referral or a pre-authorization request for a service or a confinement review.

The user may access the **Prospective UM Intake** dialog box the following ways:

- Through the **History** section/**UM Intake** button
- By selecting **UM Intake** from the **Actions** menu
- By selecting **Shift+F9**



The screenshot shows the "Prospective UM Intake" dialog box with the following fields and controls:

- Req. Provider**: Text input field.
- Provider**: Text input field.
- Primary Dx**: Text input field.
- Onset**: Text input field.
- Dx Set**: Button.
- Procedure**: Text input field.
- Dates: From**: Text input field.
- To**: Text input field.
- Requested LOS/Units**: Text input field.
- Requested POS**: Dropdown menu.
- Type of Care**: Dropdown menu (set to "Elective").
- Treatment**: Dropdown menu (set to "Medical").
- Review**: Dropdown menu (set to "Pre-authorization").
- Create as**: Radio buttons for "Service or" (selected) and "Confinement".
- Received**: Text input field (set to "03/27/2012").
- Patient Risk**: Dropdown menu.
- COB Potentials**: Dropdown menu.
- Note** section:
 - Type**: Dropdown menu.
 - Subject**: Dropdown menu.
 - Description**: Text area.
 - Name**: Text input field.
 - Phone**: Text input field.
 - Fax**: Text input field.

Buttons on the right side: **OK**, **Cancel**, **Search**, **Accident**, **Help**.

Entering Information in the Prospective UM Intake Dialog Box

Step		Entering Information in the Prospective UM Intake Dialog Box Procedures
Steps denoted with an * are required.		
1	*	Tab through the fields to enter information in the <i>Prospective UM Intake</i> dialog box.
2	*	After entering information in the <i>Prospective UM Intake</i> dialog box, select OK . Facets opens the <i>Services</i> or <i>Inpatient Stay</i> dialog box. The information just entered is now populated in the appropriate fields.
3	*	The user may enter further information, change necessary information, or select the OK button to process the review.

Fields that are different from the *Services* dialog box include the following:

Field		Description
Fields denoted with an * are required.		
Create as Service or Confinement	*	Select either the Service or the Confinement option as appropriate for the intake review being created; the default is Service.
Note		The Note fields of this dialog box allow the user to add/enter one note to the review, if security permits. Additional notes may be entered by selecting Notes from the Actions menu with the appropriate level of security.
Accident button		This button box brings the user to the <i>Accident or Emergency Condition</i> dialog box to enter information if this review pertains to an accident or an emergency situation. The same information may also be entered in the Indicative section of Prospective UM.

Entering Referrals, Pre-authorizations, Assessments for Non-Members

Health plans using Prospective UM and UM Logging have the ability to enter referrals and pre-authorizations for non-members. The non-member may be a prospect, new enrollee where data has not been established in Facets, a member where the plan has arranged for non-positive enrollment or an ITS Host member. Health plans need to collect a minimum amount of non-member patient and enrollee information within Prospective UM or UM Logging before completing the referral and/or authorization.

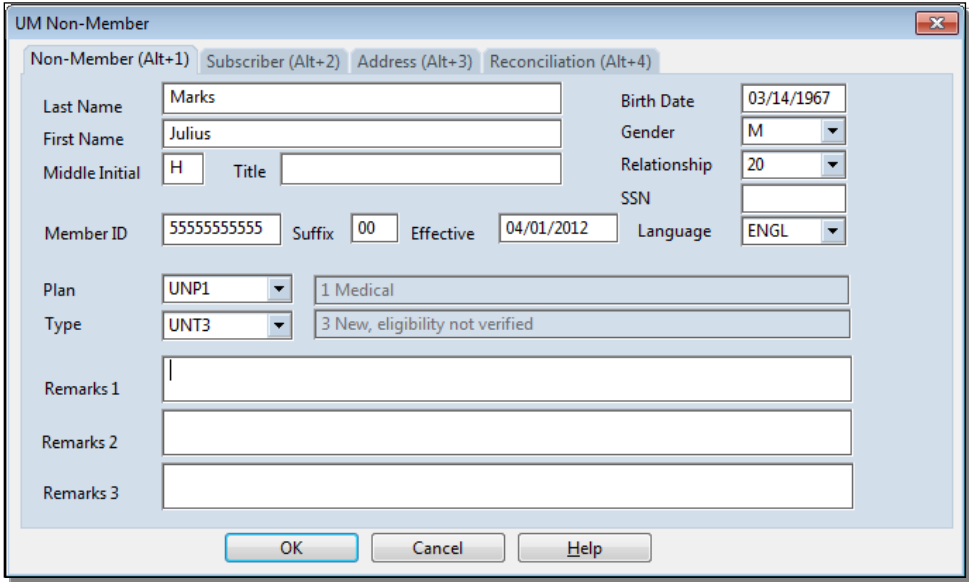
Note: UM functionality verifies non-member data, procedures, and diagnosis codes. There is no member contrived key for the non-member, so users cannot add other Facets data such as COB, PCP, student status, subscriber, or member level eligibility, and subscriber/class relationship.

Entering Information for Non-Members

Entering Information for Non-Members Procedures		
Steps denoted with an * are required.		
1	*	Select Non Member from the Actions menu.
2	*	The UM Non-Member dialog box displays.
3	*	Tab through the fields to enter information.
4	*	Select OK .

Non-Member (Alt+1) Tab

This tab allows the user to enter information about the non-member patient.



UM Non-Member

Non-Member (Alt+1) | Subscriber (Alt+2) | Address (Alt+3) | Reconciliation (Alt+4)

Last Name: Marks Birth Date: 03/14/1967

First Name: Julius Gender: M

Middle Initial: H Title: Relationship: 20

Member ID: 5555555555 Suffix: 00 Effective: 04/01/2012 Language: ENGL

Plan: UNP1 1 Medical

Type: UNT3 3 New, eligibility not verified

Remarks 1:

Remarks 2:

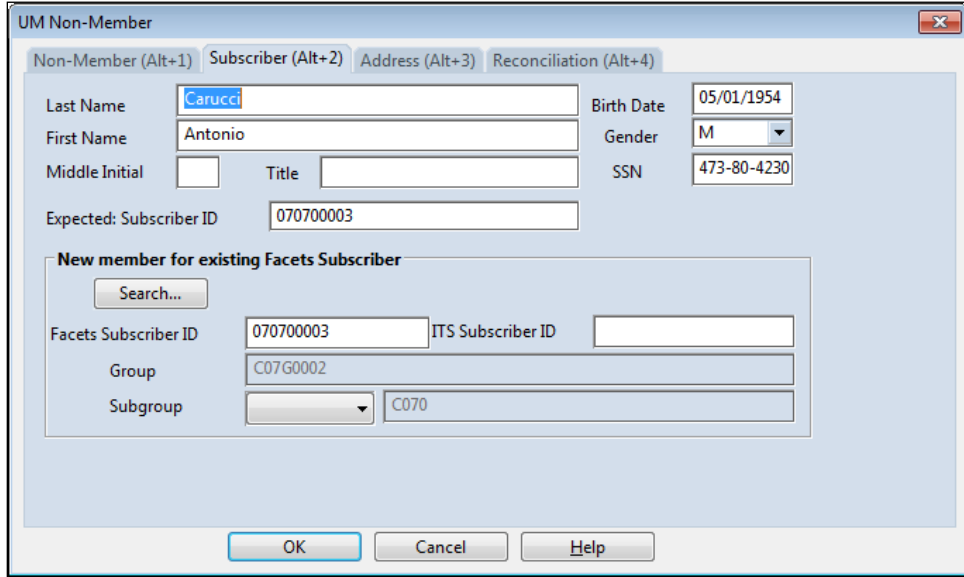
Remarks 3:

OK Cancel Help

Field		Description
Fields denoted with an * are required.		
Last Name	*	Enter the last name.
First Name	*	Enter the first name.
Middle Initial		Enter the middle initial.
Title		Enter the title, such as Junior or Mr.
Member ID		Enter the non-member patient's unique identifier.
Suffix		Enter the two-digit suffix for the non-member patient.
Effective		Enter the effective date.
Birth Date	*	Enter the birth date.
Gender	*	Select the gender.
Relationship	*	Select the code that identifies the patient's relationship to the subscriber/enrollee.
SSN		Enter the non-member patient's Social Security Number.
Language		Select the language of this patient.
Plan		Select the user-defined code to classify the plan or benefit level.
Type		User-defined code to classify this non-member patient.
Remarks 1,2,3		Up to 255 alphanumeric characters. Enter a free-form text related to this non-member patient.

Subscriber (Alt+2) Tab

This tab allows the user to enter information about the subscriber related to the non-member.



Field		Description
Fields denoted with an * are required.		
Last Name		Enter the last name of the subscriber.
First Name		Enter the first name of the subscriber.
Middle Initial		Enter the middle initial of the subscriber.
Title		Enter the title of the subscriber, such as Junior or Mr.
Expected: Subscriber ID		Enter the anticipated ID to be assigned to the subscriber.
Birth Date		Enter the birth date of the subscriber.
Gender		Select the gender of the subscriber.
SSN		Enter the subscriber's Social Security Number.
Facets Subscriber ID		Enter the ID of the subscriber. Chose the Search button to find an existing Subscriber ID.
ITS Subscriber ID		Enter the ITS Subscriber ID for the subscriber.
Group		Enter the code that identifies the subscriber group, employer, or union.

Field		Description
Subgroup		Enter the code that identifies the subgroup, employer, or union. This ID links a subgroup with a larger group.

Address (Alt+3) Tab

This tab allows the user to enter address information about the non-member patient.

Reconciliation (Alt+4) Tab

This tab allows the user to identify a **Subscriber ID** and **Relationship/Name** for the non-member patient.

Field		Description
Fields denoted with an * are required.		
Subscriber ID	*	Enter the ID of the subscriber. Select the Search button to find an existing Subscriber ID .
Relationship/Name	*	Select the name and relationship to the subscriber of the non-member patient.

Entering Non-Member Reconciliation Information

Step		Entering Non-Member Reconciliation Information Procedures
Steps denoted with an * are required.		
1		Select the Recon button. The <i>Activity Explanations</i> dialog box displays.
2		Select an activity code for the non-member patient referral, assessment or authorization.
3		Select OK .

UM Inquiry Inquires for Non-Members

The UM Inquiry application allows non-members as query criteria. The non-member information displays in the *UM Inquiry* dialog box so the user may make other criteria selections.

Manual ICD Translation for UM

Facets Utilization Management functionality enables users to manually translate ICD procedure and diagnosis codes for services and confinements on UM episodes.

Utilization Management Confinement Reviews

Prospective UM Application

Steps to Creating a Confinement Review

Creating a Confinement Review Step 1/ Entering Requested Information

Step		Creating a Confinement Review Step 1 of 8 Procedures
Steps denoted with an * are required.		
1.1	*	Enter information in the <i>Member</i> and <i>Indicative</i> sections, or re-call an existing episode of care (e.g. service review from the <i>History</i> section or from UM Inquiry).
1.2	*	Go to the <i>Confinement</i> section.
1.3	*	Select Add from the Edit menu (Alt+E+A or Alt+F9). Facets generates an <i>Inpatient Stay</i> dialog box where general information relating specifically to the confinement may be entered.
1.4	*	Enter requested information for a confinement review in the <i>Inpatient Stay</i> dialog box.

Inpatient Stay [X]

Facility ID: C0700000500 Community Hospital at Dobbs Ferry

Req Provider: C0700001101 Providers: Andersen, Morgan A.

Admitting Dx: 7890 Onset: 03/12/2010 Dx Set: Abdominal Pain

Surgical Proc: 44950 Appendectomy;

Surgical Date: Requested: 03/14/2010

Requested POS: Inpatient Hospital Type of Care: Urgent

Treatment: Surgical Review: Referral/Pre-auth

Requested LOS: 2 Next Review: 03/14/2010

Admission Dates			Discharge Dates		
Requested	Authorized	Actual	Expected	Actual	Time
03/14/2010	03/14/2010	03/14/2010	03/17/2010	03/17/2010	12:00 AM

☐ Co-management Obtained

Received: 03/13/2010 Patient #:

Caller: Requesting Provider ☐ Global Case

Buttons: OK, Cancel, Search, Authorize, Micro ID, Address, Help

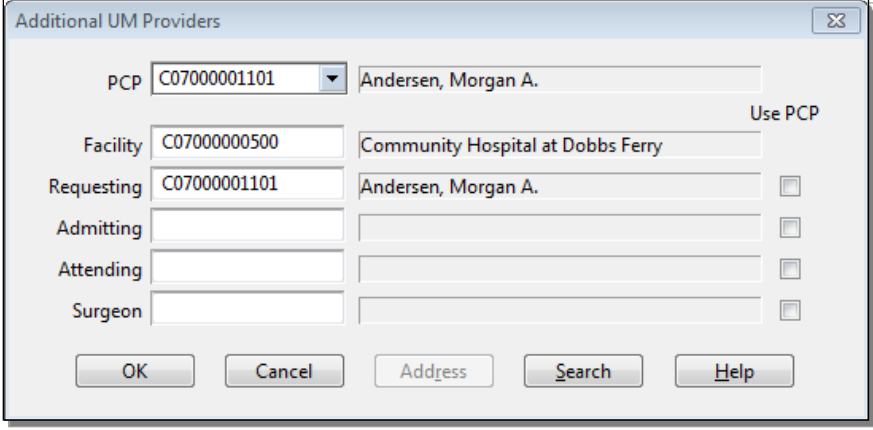
Field		Description
Fields denoted with an * are required.		
Facility ID	*	Enter the ID of the servicing facility.
Requesting Provider		Enter the ID of the provider requesting the inpatient confinement stay for the patient.
Admitting Dx	*	The admitting diagnosis code.
Onset Date		Captures the onset date for the admitting diagnosis code.
Surgical Proc		Holds the surgical procedure code for the confinement.
Surgical Date: Requested		Stores the requested surgical date for the confinement.
Requested POS	*	Determines the requested place-of-service.
Type of Care	*	<p>Establishes the nature of this confinement rendered. Select the type of care needed for this confinement review.</p> <p>Note: If the user selects Elective or Urgent, enters the Requested Admission Date field, and tabs through the other two date fields to the Actual Discharge Date, the Authorized and Actual</p>

Field		Description
		Admission Date fields will automatically populate with the date entered in the Requested Admission Date field.
Treatment	*	System-defined; indicates the appropriate Medical/Surgical admissions criteria (if applicable). Select the classification that describes this type of treatment. The Treatment type selected determines whether Facets uses diagnosis or procedure-related criteria to validate the pre-authorization or referral.
Review	*	Select the type of Review being entered.
Requested LOS	*	Constitutes the length-of-stay days requested.
Next Review		System-generated next review date (may be overridden manually).
Admissions Dates	*	Captures the Requested, Authorized, and Actual admit dates.
Discharged Dates		Generates an Expected and stores Actual discharge date and time.
Co-management Obtained		Select this checkbox to indicate that another party jointly responsible for the UM review has performed their task, such as authorizing the confinement or providing the referral. Note: This option supports DOFR (Division of Financial Responsibility) requirements for the Facets Assigned Risk Module. For users not performing DOFR processing, this checkbox is for informational purposes and can be valued to indicate that multiple parties have authorized the service or provided the referral.
Received	*	The first date of contact to the MCO about the confinement.
Patient #		Type the hospital's medical record or patient number.
Caller		User-defined code classifying the caller.
Global Case		Check this box if there will be one encompassing price for all care related to a specific admission. Note: Global case rate functionality is enabled in System Administration prior to indicating it on a confinement review.

Button		Description
Fields denoted with an * are required.		
Providers		<p>Opens the <i>Additional UM Providers</i> dialog box and allows the user to identify multiple providers involved in a confinement. PCP information entered is not taken into account when processing referrals and pre-authorizations; informational/reportable.</p> <p>Note: The UM System Parameter, PROV_ADDR_SEL, must be set to the supplied value of “Y, Provider address selection required” to enable address selection.</p>
Dx Set		Capture multiple diagnosis codes.
Authorize		Allows the user to attach an Authorize Admit Date reason that may be used for reporting at a different time.
Micro ID		<p>Allows the user to enter a user-defined code to identify the Microfilm ID associated with this confinement review. If entered, the code/ID will display in the text-out areas of the Services section, Details section tab in both the Prospective UM and UM Logging applications. After the review has been saved, the Micro ID will also display in the Details section tab of UM Inquiry.</p>
Address		<p>Used to select the current practice address of a facility, requesting provider or surgeon for display and correspondence purposes. Select the Provider Type (Facility, Requesting, or Surgeon). Available address rows are displayed in the list. To select an address, double-click on a row. A red checkmark displays to the left of the Type column of the selected address row. Select OK.</p> <p>Note: The UM System Parameter, PROV_ADDR_SEL, must be set to the supplied value of “Y, Provider address selection required” to enable address selection.</p>

Additional UM Providers Dialog Box

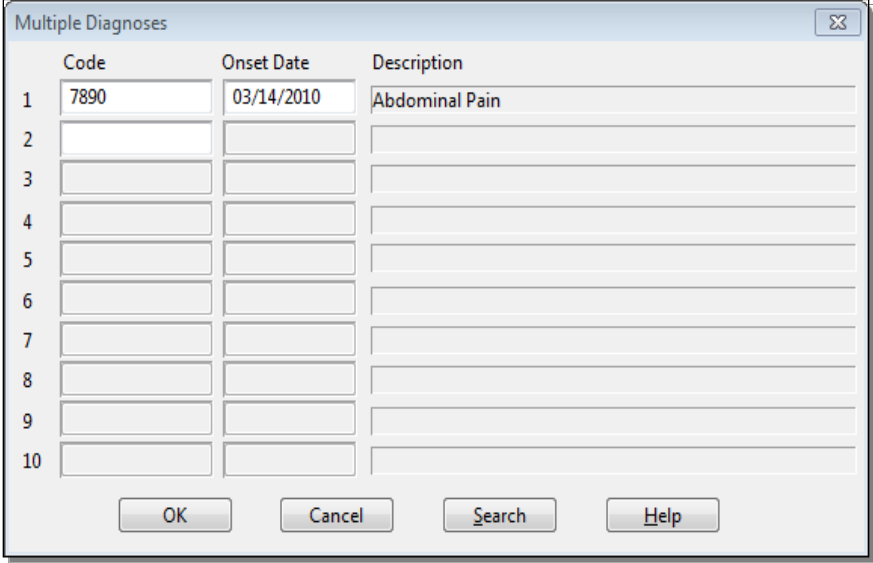
The **Providers** button brings-up the *Additional UM Providers* dialog box. The appropriate provider IDs may be entered. Providers must use a single National Provider Identifier (NPI) value for health claims.



Field	Value	Use PCP
PCP	C07000001101 Andersen, Morgan A.	<input checked="" type="checkbox"/>
Facility	C07000000500 Community Hospital at Dobbs Ferry	<input type="checkbox"/>
Requesting	C07000001101 Andersen, Morgan A.	<input type="checkbox"/>
Admitting		<input type="checkbox"/>
Attending		<input type="checkbox"/>
Surgeon		<input type="checkbox"/>

DX Set Button

The **Dx Set** button brings-up the *Multiple Diagnoses* dialog box. The appropriate diagnosis codes and onset dates may be entered. Diagnosis codes can be up to 10 characters in length.



	Code	Onset Date	Description
1	7890	03/14/2010	Abdominal Pain
2			
3			
4			
5			
6			
7			
8			
9			
10			

Step		Creating a Confinement Review Step 1 of 8 Procedures (continued)
Steps denoted with an * are required.		
5	*	After entering the requested information in the <i>Inpatient Stay</i> dialog box, select OK . Facets processes the review and returns to the <i>Confinement</i> section, <i>Summary</i> section tab populated with the information entered in the dialog box.

Summary Section Tab

Prospective UM - Carucci, Antonio

Save

Reference ID	Case Mgmt ID	Link ID	Primary User	Mem
110130001	Not Assigned	Not Assigned	harmeln	070700

Facility Community Hospital at Dobbs Ferry

Admission: Auth'd 03/14/2010 Status Discharged
Actual 03/14/2010 Denied

Discharge: Expt'd 03/17/2010 Review Referral/Pre-auth
Actual 03/17/2010 Treatment Surgical
LOS: Allowed 3 Type of Care Urgent

LOS Summary Providers Recovery Guidelines History Status Summary Surgical

LOS: Req'd 4 Next Review 03/14/2010
Actual 3 Auth'd 3 Patient #
Place of Svc I - Inpatient Hospital Weekend No

Diagnosis 7890 - Abdominal Pain

Surgical: Procedure Appendectomy;
Date 03/14/2010 PreOp Days 0

Discharge: Diagnosis
Status

Status as of 01/13/2011 Reason Waiting admission
Denied Denied by

Disallowed
Overrides

Facility Notes Exist

Dx Eval. Criteria Proc Eval. Criteria
Notification Prov. Compliance

Global Case Co-Management Obtained No

Facets auto-assigns a status to the review from the information entered. The status will change as other information is entered and the review is saved and processed, e.g. length of stay, admit date, discharge date, etc.

Creating a Confinement Review Step 2/ Entering Initial Length of Stay Information

Step		Creating a Confinement Review Step 2 of 8 Procedures
Steps denoted with an * are required.		
2.1	*	Select Initial Length of Stay from the Edit menu (Alt+E+L). Facets responds with a Length of Stay dialog box that stores the initial requested/authorized days, room type, TOS, charge amount, and denial information originally entered in the Inpatient Stay dialog box, and then displays length of stay criteria.
2.2	*	Select the first row in the grid and select Enter ; the information will appear in the Requested and Authorized fields.

Length of Stay

LOS Totals: Requested 4 Authorized 3 Extensions 1

Requested 0 Authorized 0

Denied by

Room Type

TOS

Charge \$0.00

Requested	Authorized	Reason	Room Type	TOS	Charge
2	2				\$0.00

Apply Undo

LOS Criteria:

HCIA Percentiles:

Age Range 10 25 50 75 90 95 99 Avg Default

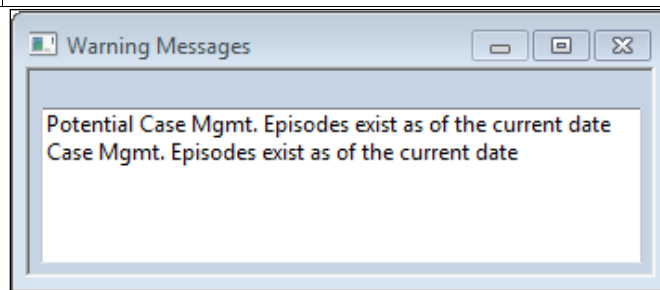
50-64

Option 2's Goals: 0 - 0

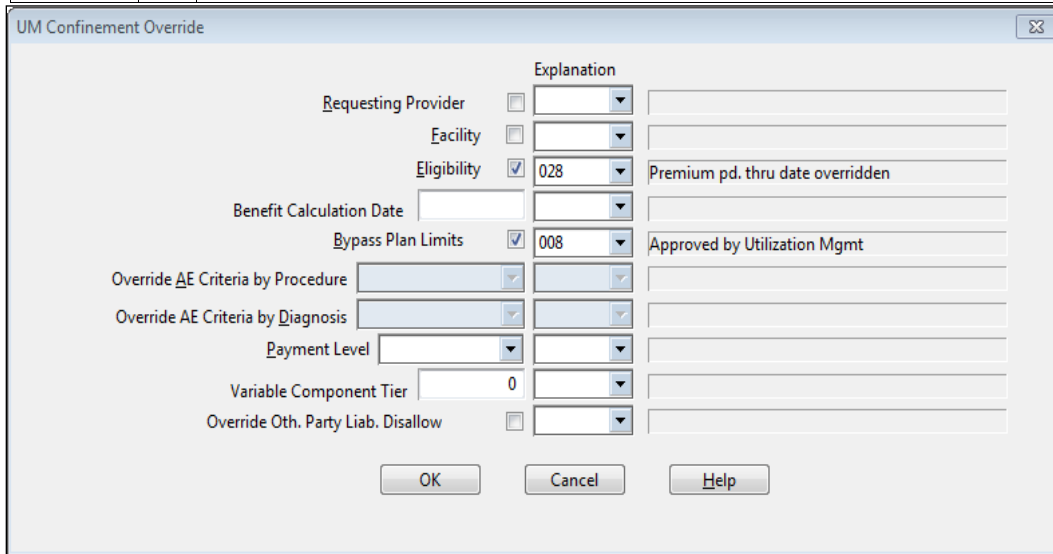
Step		Creating a Confinement Review Step 2 of 8 Procedures (continued)
Steps denoted with an * are required.		
2.3		Enter the room type (required field if matching by room type on the CLUM record).
2.4		Enter the TOS code (required if the environment uses pricing and/or checks against history, and if matching by TOS on the CLUM record).
2.5		Enter the charge value.
2.6	*	Select Apply , then OK . Facets returns to the <i>Confinement</i> section/ <i>Summary</i> section tab with a status of Waiting Admit.

Creating a Confinement Review Step 3/ Viewing and Resolving Warning Messages

Step		Creating a Confinement Review Step 3 of 8 Procedures
Steps denoted with an * are required.		
3.1		View and resolve warning messages through the Edit menu. Warning messages will not prevent a user from saving or accepting a review to the database. In some instances, a nurse reviewer may use warning messages as a tool.



Step		Creating a Confinement Review Step 3 of 8 Procedures (continued)
Steps denoted with an * are required.		
3.2		Resolving warning messages may involve utilizing the UM Confinement Override dialog box. Select Overrides...Standard from the Edit menu (Alt+E+O+S).



Field		Description
Fields denoted with an * are required.		
Requesting Provider/Explanation		Select this checkbox to perform an override on the requesting provider.
Facility/Explanation		Select this checkbox to perform an override on the servicing facility.
Eligibility/Explanation		Select this checkbox to perform an override on the member's eligibility status.
Benefit Calculation Date/Explanation		The user may enter the beginning date for benefits to allow for UM processing across benefit periods, such as plan years. If the benefit calculation date is entered, Facets uses it to calculate eligibility, benefits, and pricing arrangements.
Bypass Plan Limits/Explanation		Select checkbox to bypass the plan's limits if exhausted or soon to be exhausted.
Override AE Criteria		Enter a value and an explanation code to

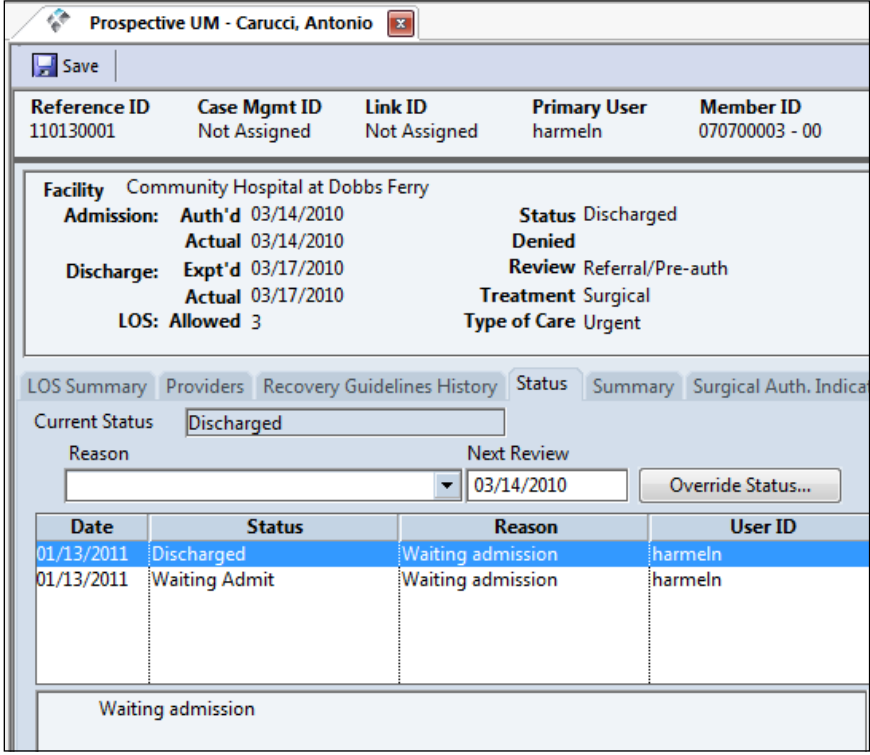
Field		Description
by Procedure/ Explanation		identify an Authorization Evaluation Criteria by Procedure code override associated with this review.
Override AE Criteria by Diagnosis/ Explanation		Enter a value and an explanation code to identify an Authorization Evaluation Criteria by Diagnosis code override associated with this review.
Payment Level/Explanation		Select a different network benefit level for a UM review which might be due to the member's selection of a network, a participating or non-participating provider, and benefits. As a result, the payment level associated with the deductible, coinsurance/co-pay and benefit limits applied during claims processing may be altered when indicated here (Facets will read a different Variable Component row).
Variable Component Tier		When this override is entered, it will carry to the claim line during the Claim/UM matching routine. When the UM episode is processed, Facets looks at the Product, Variable Components for a corresponding row for the tier entered. If that row is found, it will be used to determine the SEPY, DEDE, and LTLT for the episode.
Override Oth. Party Liab. Disallow/Explanation		Select this checkbox to override the other party liability disallow.

Creating a Confinement Review Step 4/ Processing the Review, Assigning a Status Reason

Step		Creating a Confinement Review Step 4 of 8 Procedures
Steps denoted with an * are required.		
4.1	*	Process the review (Alt+F3).
4.2		Assign a status reason in the <i>Confinement</i> section, <i>Status</i> section tab, Reason field. Note: Assigning a status reason prior to saving a review may be set-up as a required option in SA.

Status Section Tab

This section tab allows the user to modify a status, or identify a status reason and next review date. Each change/addition adds a row to the grid.



The screenshot shows a software window titled "Prospective UM - Carucci, Antonio". The "Status" tab is selected. The top section displays patient information: Reference ID 110130001, Case Mgmt ID Not Assigned, Link ID Not Assigned, Primary User harmeln, and Member ID 070700003 - 00. Below this, the Facility is "Community Hospital at Dobbs Ferry". Admission details include Auth'd 03/14/2010, Actual 03/14/2010, Discharge Expt'd 03/17/2010, Actual 03/17/2010, and LOS: Allowed 3. Status is Discharged, Denied, Review Referral/Pre-auth, Treatment Surgical, and Type of Care Urgent. The middle section shows the Current Status as Discharged, with a Reason dropdown and a Next Review date of 03/14/2010. An "Override Status..." button is present. The bottom section is a table with columns Date, Status, Reason, and User ID, containing two rows of data for 01/13/2011. A "Waiting admission" button is at the bottom.

Reference ID	Case Mgmt ID	Link ID	Primary User	Member ID
110130001	Not Assigned	Not Assigned	harmeln	070700003 - 00

Facility: Community Hospital at Dobbs Ferry

Admission: Auth'd 03/14/2010, Actual 03/14/2010
 Discharge: Expt'd 03/17/2010, Actual 03/17/2010
 LOS: Allowed 3

Status: Discharged, Denied
 Review: Referral/Pre-auth
 Treatment: Surgical
 Type of Care: Urgent

LOS Summary | Providers | Recovery Guidelines History | **Status** | Summary | Surgical Auth. Indica

Current Status: Discharged
 Reason: [Dropdown]
 Next Review: 03/14/2010
 [Override Status...]

Date	Status	Reason	User ID
01/13/2011	Discharged	Waiting admission	harmeln
01/13/2011	Waiting Admit	Waiting admission	harmeln

[Waiting admission]

The top portion of this screen displays the Facility Name, Admission Authorized/Actual Dates, Discharge Expected/Actual Dates, Total Authorized Length of Stay Days, review Status, Denied reason (if applicable), Review type, Treatment Type, and Type of Care.

The middle section displays the Current Status (generated from the required field values, unless overridden).

The bottom section stores all the confinement status reasons with the User ID of the individual who saved the review row. The most recent status reason/row will be listed first in the grid (multiple rows may exist, as there may be a number of times a user/s accessed the review to add/change/view information).

Facets automatically assigns a status to the review, however the status may change as other information is entered and the review is saved and processed.

The statuses for a confinement review include the following:

- AD Waiting Discharge
- CL Closed/Void
- DS Disallowed/Denied
- IN Incomplete (Pend with Errors)
- UP Pend
- WA Waiting Admission
- DC Discharge
- AR Waiting Concurrent Review
- PD Predetermination
- LG Logged

Creating a Confinement Review Step 5/ Reviewing LOS Information, Saving the Review

Step	Creating a Confinement Review Step 5 of 8 Procedures
Steps denoted with an * are required.	
5.1	View length of stay (LOS) information. In the <i>Confinement</i> section, <i>LOS Summary</i> section tab.

LOS Summary Section Tab

This section tab is used to view information associated with this inpatient confinement review. Each line includes the review date, requested LOS, allowed and paid LOS, room type, type-of-service code, and the denied code (if appropriate).

Prospective UM - Carucci, Antonio

Save

Reference ID	Case Mgmt ID	Link ID	Primary User	Member ID	C
110130001	Not Assigned	Not Assigned	harmeln	070700003 - 00	N

Facility Community Hospital at Dobbs Ferry
Admission: **Auth'd** 03/14/2010 **Status** Discharged
Actual 03/14/2010 **Denied**
Discharge: **Expt'd** 03/17/2010 **Review** Referral/Pre-auth
Actual 03/17/2010 **Treatment** Surgical
LOS: Allowed 3 **Type of Care** Urgent

LOS Summary
Providers
Recovery Guidelines History
Status
Summary
Surgical Auth. Indication

Date	Req. LOS	Allowed LOS	Paid LOS	Room Type	TOS	Denied
01/13/2011	2	2	0			
03/16/2010	2	1	0			

Room Type
TOS
Service/Rule
Price
Charge \$0.00
Cont Amt. \$0.00
Price \$0.00
Prefixes: Service Definition SD02 **Service Payment** C703 **Limit** LT01
Agreement ID AG05
Denied
Disallowed
Denied By
LOS Total: **Req.** 2 **Auth'd** 2 **Reason**
LOS: **Avg.** 0.0 **Norm** 0 **Goal** 0 - 0
Primary Dx Abdominal Pain
Treatment Surgical **Method** Not Assigned

Facets calculates the actual length-of-stay (LOS) based on the actual admission and discharge dates for an inpatient pre-authorization or referral.

If the authorized LOS exceeds the actual LOS following discharge, Facets displays a warning message on the screen stating, Authorized LOS exceeds actual LOS.

Step		Creating a Confinement Review Step 5 of 8 Procedures (continued)
Steps denoted with an * are required.		
5.2	*	After everything has been verified, select Save from the File menu (Alt+F+S), or F4 . Facets responds with an <i>Activity Explanations</i> dialog box.
5.3	*	Select an explanation.
5.4	*	Select OK .
5.5	*	The <i>Reference ID</i> dialog box generates, unless auto-numbering is turned on. Enter a user-defined ID, as needed.
5.6	*	Select OK, as needed . The initial review is now saved to the database.
5.7	*	The user may view the Activity Summary row just created in the <i>Indicative</i> section. The user may view the UM review just saved in the <i>History</i> section.
5.8	*	The user may close the review by selecting Close from the File menu (Alt+F+C).

Entering an Actual Admit Date-

If the patient is admitted at a later date, the confinement can be reopened and step 6 entering an actual admit date can then be performed.

Creating a Confinement Review Step 6 / Entering an Actual Admit Date

Step		Creating a Confinement Review Step 6 of 8 Procedures
Steps denoted with an * are required.		
6.1	*	Select Open from the File menu (Ctrl+O) to recall the review. An <i>Open</i> dialog box generates.
6.2	*	Enter the review ID in the Reference ID field, if known, or enter the Subscriber ID and member Suffix in the <i>Member</i> section. Go to the <i>History</i> section to find the review.
6.3	*	Select the row in the <i>History</i> section grid.
6.4	*	Select Enter to access the review.
6.5	*	Go to the <i>Confinement</i> section.
6.6	*	Select Dates...Admit from the Edit menu.

		The Admit Date dialog box appears.
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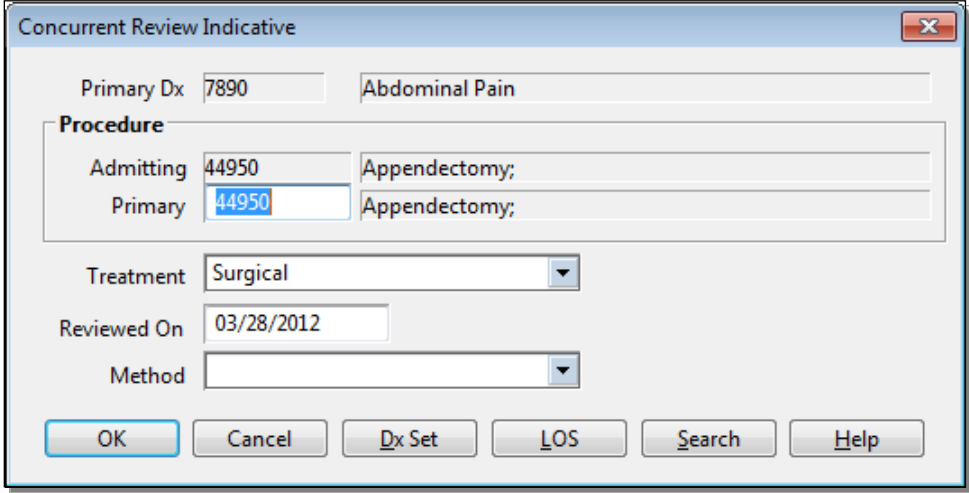
Step		Creating a Confinement Review Step 6 of 8 Procedures (continued)
Steps denoted with an * are required.		
6.7	*	Enter the date of admission in the Admit Date field; the Notification Date field is optional. The user may also select Alt+F9 to enter the information in the Inpatient Stay dialog box, Admissions Dates/Actual field.
6.8	*	Select OK . Regardless of the method used, Facets returns to the Confinement section/ Summary section tab. The Actual Admission date field now has a value, and the status has changed from Waiting Admit to Waiting Review or Waiting Discharge. Note: This new, system-generated status depends on how the Concurrent Review Cycle fields and/or the Discharge Review Cycle fields are set-up on the Administrative Rules, Medical application.

LOS Summary	Providers	Recovery Guidelines History	Status	Summary	Surgical Auth. Ind
Current Status	Waiting Discharge				

Step		Creating a Confinement Review Step 6 of 8 Procedures (continued)
Steps denoted with an * are required.		
6.9		At this point, the user may add notes, as well as review necessary information in the sections and section tabs.
6.10	*	After done reviewing information, adding notes, etc., go to the Status section tab to assign a status reason prior to saving the review.
6.11	*	Then, select Save from the File menu (Alt+F+S), or select F4 to save the review.
6.12	*	Select an activity explanation in the Activity Explanations dialog box.
6.13	*	The review bay be closed by selecting Close from the File menu (Alt+F+C).

Creating a Confinement Review Step 7/ Adding a Concurrent Review

Creating a Confinement Review Step 7 of 8 Procedures		
Steps denoted with an * are required.		
7.1	*	Select Open from the File menu (Ctrl+O) to recall the review. An <i>Open</i> dialog box generates.
7.2	*	Enter the ID for the UM review in the Reference ID field, if known, or enter the Subscriber ID and member Suffix in the <i>Member</i> section. Go to the <i>History</i> section to find the review.
7.3	*	Select the row in the <i>History</i> section grid.
7.4	*	Select Enter to access the review.
7.5	*	Go to the <i>Confinement</i> section.
7.6	*	Select Concurrent Review...Add from the Edit menu (Alt+E+R+A). Facets generates a <i>Concurrent Review Indicative</i> dialog box.



Field	Description
Fields denoted with an * are required.	
Primary Dx	Primary diagnosis code. This value is carried over from the <i>Inpatient Stay</i> dialog box entered as part of the initial review.
Procedure Admitting	Admitting procedure code.
Procedure Primary	Primary procedure code.

Field		Description
Treatment	*	This is carried over from the <i>Inpatient Stay</i> dialog box entered as part of the initial review.
Reviewed On		Defaults to today's date.
Method		User-defined method.

Button		Description
Fields denoted with an * are required.		
Dx Set button		Diagnosis set.
LOS button		Holds the additional length-of-stay request/authorized days.

Step		Creating a Confinement Review Step 7 of 8 Procedures (continued)
Steps denoted with an * are required.		
7.7	*	To enter additional requested and authorized days for this concurrent review, select the LOS button. The system responds with a <i>Length of Stay</i> dialog box.
7.8	*	Enter the following information in the dialog box: <ul style="list-style-type: none"> • Requested number of days • Authorized number of days • Room Type (as applicable) • TOS/Type of Service (as applicable) • Charge amount (as applicable)
7.9	*	Select Apply to populate the information in the grid.

Length of Stay

LOS Totals: Requested Authorized Extensions

Requested Authorized

Denied by

Room Type

TOS

Charge

Requested	Authorized	Reason	Room Type	TOS	Charge
2	2				\$0.00

Apply Undo

LOS Criteria:
HCIA Percentiles:
Age Range 10 25 50 75 90 95 99 Avg Default
50-64
Option 2's Goals: 0 - 0

OK Cancel Search Help

Step		Creating a Confinement Review Step 7 of 8 Procedures (continued)
Steps denoted with an * are required.		
7.10	*	Select the OK button. Facets brings back the <i>Concurrent Review Indicative</i> dialog box.
7.11	*	Select the OK button. The system evokes the <i>Confinement</i> section.

Concurrent Reviews Details DOFR Duplicate Confinements LOS Summary Providers Recovery Guidelines History **Status**

Current Status
Reason Next Review Override Status...

The **Status** value will change to Waiting Discharge when a concurrent review row is added.

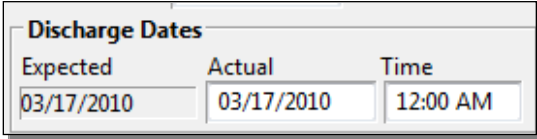
The discharge date in the text-out section at the top of the screen may be different as well, depending on the information entered in the *Length of Stay* dialog box while entering the concurrent review.

Step		Creating a Confinement Review Step 7 of 8 Procedures (continued)
Steps denoted with an * are required.		
7.12		At this point, the user may add notes, send a letter through the <i>Attachments</i> section tab, and review other information in the sections and section tabs.

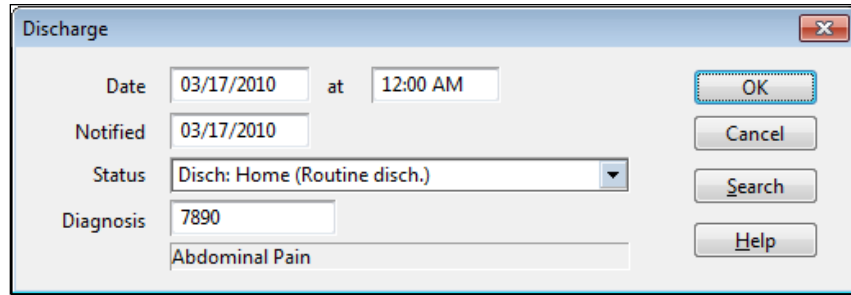
Step		Creating a Confinement Review Step 7 of 8 Procedures (continued)
7.13	*	Then, in the <i>Status</i> section tab, assign a status reason before saving the review.
7.14	*	When the user is ready to save and close the review, select Save from the File menu (Alt+F+S) or select F4 and select an Activity Explanation .

Creating a Confinement Review Step 8/ Discharging the Review

Step		Creating a Confinement Review Step 8 of 8 Procedures
Steps denoted with an * are required.		
8.1		<p>Prior to discharge, the user/nurse reviewer may want to evaluate the patient's readiness for discharge.</p> <p>Recall the review.</p> <p>After reviewing readiness for discharge, as well as entering necessary notes, sending a letter (attachment) and reviewing the section tabs, the user/nurse reviewer may discharge the review.</p>
8.2	*	<p>Enter the discharge date for this confinement stay by one of two ways:</p> <ol style="list-style-type: none"> 1. Select Alt+F9 and Facets responds with the <i>Inpatient Stay</i> dialog box. Go to the Discharge Dates fields and enter the discharge date in the Actual field, then select the OK button (continued on the following page). 2. From the <i>Confinement</i> section, select Discharge from the Edit menu (Alt+E+D) and Facets responds with the <i>Discharge</i> dialog box. Enter the Date and discharge Status, then select OK. Facets returns to the <i>Confinement</i> section.



Discharge Dates		
Expected	Actual	Time
03/17/2010	03/17/2010	12:00 AM



Field		Description
Fields denoted with an * are required.		
Date	*	Enter the actual date of discharge from an inpatient facility.
at		Enter the actual time of discharge from an inpatient facility.
Notified		Enter the date notified that the patient was discharged.
Status		Select the status of the patient at the time of discharge.
Diagnosis		Select the diagnosis code that describes the patient's condition at the time of discharge.

Step		Creating a Confinement Review Step 8 of 8 Procedures (continued)
Steps denoted with an * are required.		
8.3	*	Select the <i>Status</i> section tab. The Current Status field in the text-out area has now changed to Discharged.
8.4	*	The user/nurse reviewer may now assign a status reason prior to saving the review/episode-of-care. Select Save (F4) from the File menu, or select the Save button at the top of the screen, and select an Activity Explanation .
8.5	*	The user may now close the review/episode-of-care by selecting Close from the File menu (Alt+F+C).