

Provider Network Relationships

Facets 5.0 Participant Guide

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Network/Provider Structure

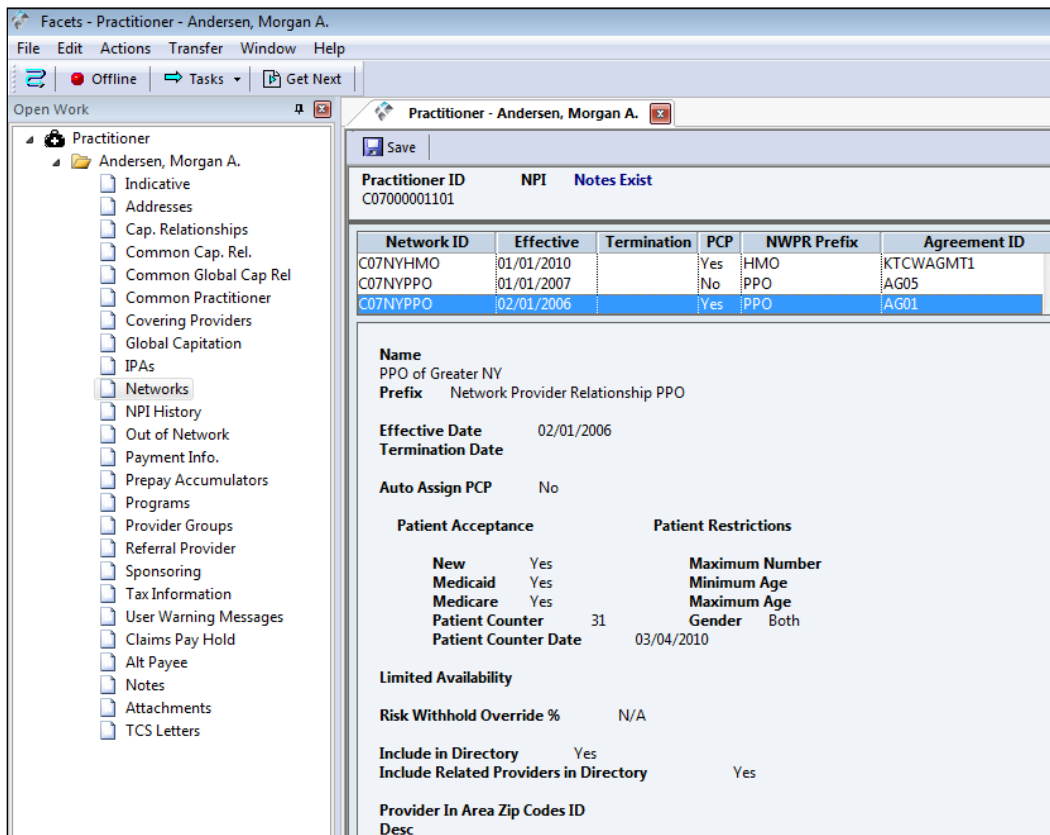
Provider Application

In any of the four provider type applications (Practitioner, Provider Group, IPA, and Facility), the user may add or edit identifying information about a health care provider who contracts with the MCO to provide health care services to plan members.

Networks Section

This section is used to list all participating networks in which a provider participates. The grid at the top of the section lists the **Network ID**, **Effective**, and **Termination** dates, as well as the **PCP**, **NWPR**, and **Agreement ID** for each network. The area below the grid displays detailed information for the selected row.

Steps 1 and 3 of the Provider Network Relationship/Claims Flow



Facets - Practitioner - Andersen, Morgan A.

File Edit Actions Transfer Window Help

Offline Tasks Get Next

Open Work

Practitioner Andersen, Morgan A.

Save

Practitioner ID C0700001101 NPI Notes Exist

Network ID	Effective	Termination	PCP	NWPR Prefix	Agreement ID
C07NYHMO	01/01/2010		Yes	HMO	KTCWAGMT1
C07NYHMO	01/01/2007		No	PPO	AG05
C07NYHMO	02/01/2006		Yes	PPO	AG01

Name
PPO of Greater NY

Prefix
Network Provider Relationship PPO

Effective Date
02/01/2006

Termination Date

Auto Assign PCP
No

Patient Acceptance

New	Yes
Medicaid	Yes
Medicare	Yes
Patient Counter	31
Patient Counter Date	03/04/2010

Patient Restrictions

Maximum Number	
Minimum Age	
Maximum Age	
Gender	Both

Limited Availability

Risk Withhold Override %
N/A

Include in Directory
Yes

Include Related Providers in Directory
Yes

Provider In Area Zip Codes ID
Desc

Note: A network relationship for a provider must include a Network ID, and NWPR prefix, and an agreement ID. An agreement needs to be created before proceeding.

Provider Network Relationship / Claims Flow

As Facets looks for an agreement for the servicing provider on a claim, it refers to different sections of the provider's record. Facets reads to find the first possible network/provider relationship match and prices the services on the claim according to the agreement found. The flow is as follows:

1. Is the provider on the claim the member's PCP?
(Subscriber/Family application, **PCP** section tab / PCP = Y / NWPR)
First, check to see if the AIAI record indicates that a PCP is required for that member's product.
 - a. If **YES** – Check the NWST and the **Networks** section of the provider's record to find the appropriate agreement for pricing information.
 - b. If **NO** – Go to #2.
2. Is the provider on the claim a Covering Provider (NWPR or CVST) for the member's PCP (if the AIAI record requires that every member have a PCP and if there is a CVST on the Class/Plan Definition record)?
 - a. If **YES** – Use the 'override' agreement in the **Covering Providers** section of the PCP's record. If there is none, use the actual PCP's agreement indicated in their **Networks** section.
 - b. If **NO** – Go to #3.
3. Is the provider on the claim in a network on the NWST that sits on the Class/Plan Definition Record? This is an in-network provider (NWPR).
 - a. If **YES** – Use the agreement found in their **Networks** section.
 - b. If **NO** – Go to #4.
4. Is the servicing provider covering for an in-network provider (NWPR or CVST)?
 - a. If **YES** – Use the 'override' agreement in the **Covering Providers** section of the original in-network provider's record. If there is none, use the actual agreement in the **Networks** section of the original in-network provider.
 - b. If **NO** – Go to #5.
5. Does the provider on the claim have an out-of-network agreement with the health plan? This would be a Non-Participating Provider Relationship (NPPR).
 - a. If **YES** – Use that agreement found in the **Out of Network** section of the provider's record.
 - b. If **NO** – Go to #6.
6. Does the Product have a component for OON NetworX^{Pricer} Terms ID (default NetworX^{Pricer}/NSRS; professional / outpatient services only)?
 - a. If **YES** – Use that NSRS agreement; the NSRS prefix will be the actual ID of the NetworX agreement.
 - b. If **NO** – Go to #7.

Note: If the provider is a Facility, skip this step and go directly to step #7.

7. The servicing provider is truly Out of Network. Use the Product level default Service Definition (SEDF) to find a price for service(s) on the claim.

Note: The seven steps indicated above are the general flow Facets will follow to find a match. This may be altered if other types of provider relationships are set-up, e.g. capitation and global capitation arrangements.

Covering Provider Set Application (CVST)

Steps 2 and 4 of the Provider Network Relationship/Claims Flow

The Covering Provider Set application allows a user to establish codes linking covering providers to a specific product and allows the user to create auto-covering for providers. The user may establish general rules so that providers may automatically cover for other providers for a specific product without being explicitly listed in Facets as being a covering provider for the servicing provider.

Auto-covering allows the user to create criteria designated in the **Indicative** section of this application so providers are specifically included or excluded as covering for other providers. Auto-covering specific to PCPs or specialists may be established.

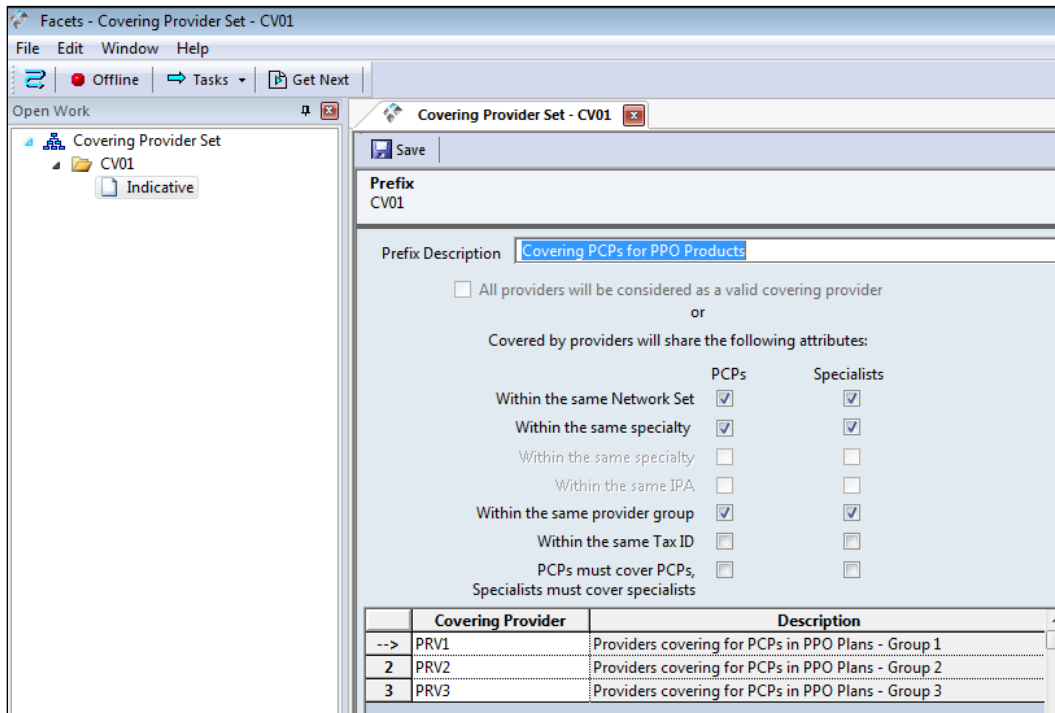
Auto-covering is established in this application, as well as in the IPA, Practitioner, and Provider Group applications. The Covering Provider Set (CVST) is attached to the Class/Plan Definition record because the covering providers within that set are linked to the provider who is associated with a network, linked to the class (through the Network Set application).

The Component ID for the Covering Provider Set application is CVST (Covering Provider Set) and the component type for the Covering Provider prefix is PRCV. The PRCV is merely a prefix that is attached to the CVST and is used to identify a provider who is covering for a member's PCP within that same product. The PRCV code is created in the Component Prefix Descriptions application.

Note: A facility cannot be a covering provider using auto-covering rules.

Indicative Section

This section contains an enterable grid displaying the prefixes and descriptions of covering providers residing within this Covering Provider Set. These prefixes may then be linked to a PCP and product in the **Covering Providers** section of the IPA, Practitioner, and Provider Group applications.



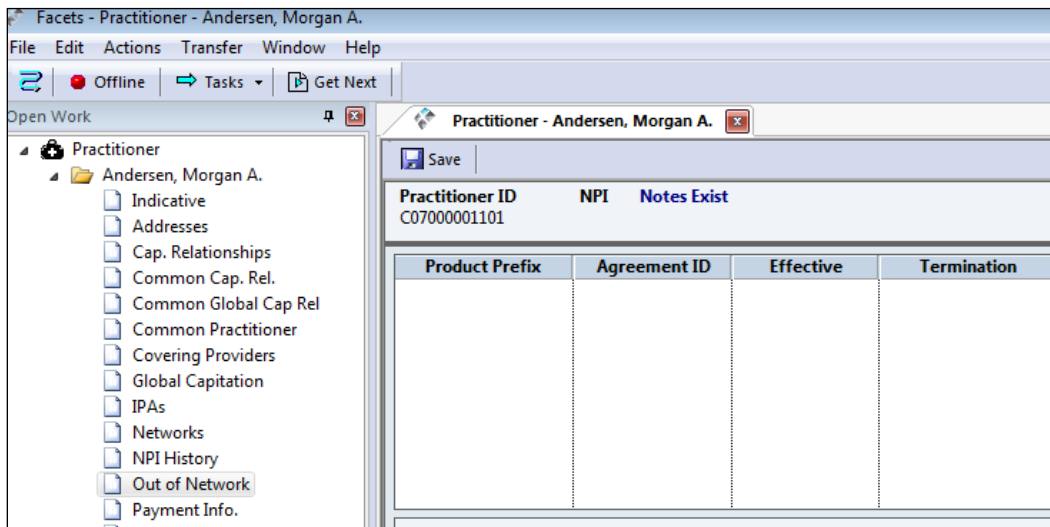
Covering Provider		Description
-->	PRV1	Providers covering for PCPs in PPO Plans - Group 1
2	PRV2	Providers covering for PCPs in PPO Plans - Group 2
3	PRV3	Providers covering for PCPs in PPO Plans - Group 3

Provider Application

Out of Network Section

Step 5 of the Provider Network Relationship/Claims Flow

This section is used to establish agreements the provider has with the Managed Care Organization (MCO), though the provider has no network relationship. For example, the provider does not participate in a network (he or she may be in a rural area where there is no network), but has contracted directly with the MCO to provide services at a negotiated rate for specific members. A Non-Participating Provider Relationship prefix (NPPR) is used to link a provider who is not participating in a network to an agreement with a health care plan.



Practitioner ID	NPI	Notes Exist	Product Prefix	Agreement ID	Effective	Termination
C07000001101						

Keep in Mind

The NPPR prefix must first be created in the Component Prefix Descriptions application found in the Medical Plan application group. This prefix can then be linked to the **Components** section of the Product and to the Out of Network section of the provider's record.

Product Application

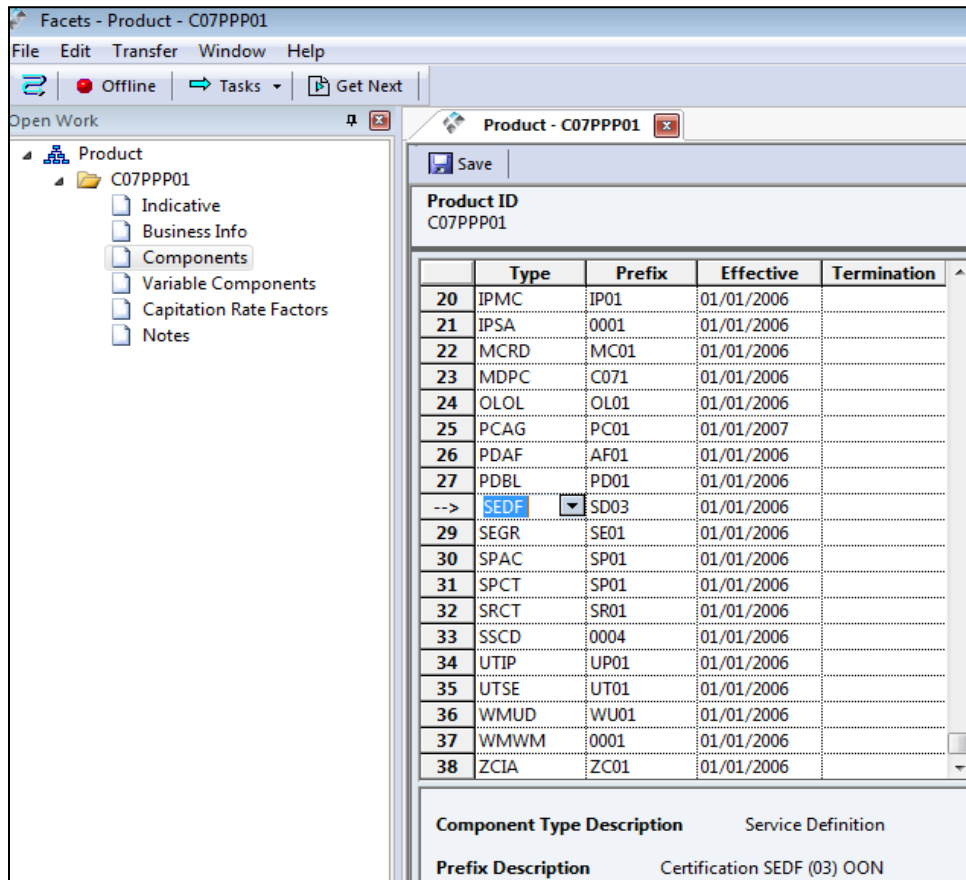
Components Section

Steps 6 and 7 of the Provider Network Relationship/Claims Flow

This section lists all applications (component types) and the user-defined prefixes that identify them. Facets must review these components when determining benefits during claims and/or UM review processing.

Step 6 will be invoked if NetworX Integrated Pricer is used to obtain a price.

For this step, Facets will read the prefix associated with the NSRS component on the product. It will then use that prefix to open the NetworX Agreement to locate the Pricer contract term. The NSRS component should be added when using OON NetworXPricer.



	Type	Prefix	Effective	Termination
20	IPMC	IP01	01/01/2006	
21	IPSA	0001	01/01/2006	
22	MCRD	MC01	01/01/2006	
23	MDPC	C071	01/01/2006	
24	LOLO	LO01	01/01/2006	
25	PCAG	PC01	01/01/2007	
26	PDAF	AF01	01/01/2006	
27	PDBL	PD01	01/01/2006	
-->	SEDF	SD03	01/01/2006	
29	SEGR	SE01	01/01/2006	
30	SPAC	SP01	01/01/2006	
31	SPCT	SP01	01/01/2006	
32	SRCT	SR01	01/01/2006	
33	SSCD	0004	01/01/2006	
34	UTIP	UP01	01/01/2006	
35	UTSE	UT01	01/01/2006	
36	WMUD	WU01	01/01/2006	
37	WMWM	0001	01/01/2006	
38	ZCIA	ZC01	01/01/2006	

Component Type Description Service Definition
Prefix Description Certification SEDF (03) OON

Step 7 is the final step. The SEDF Component is the default Service Definition that is read to obtain pricing information when the provider on the claim is found to be out-of-network.