Configure Providers

Facets 5.0
Participant Guide

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Provider

Provider Related Entity Application

The Provider Related Entity application holds information about various entities related to the provider.

Creating a Provider Related Entity
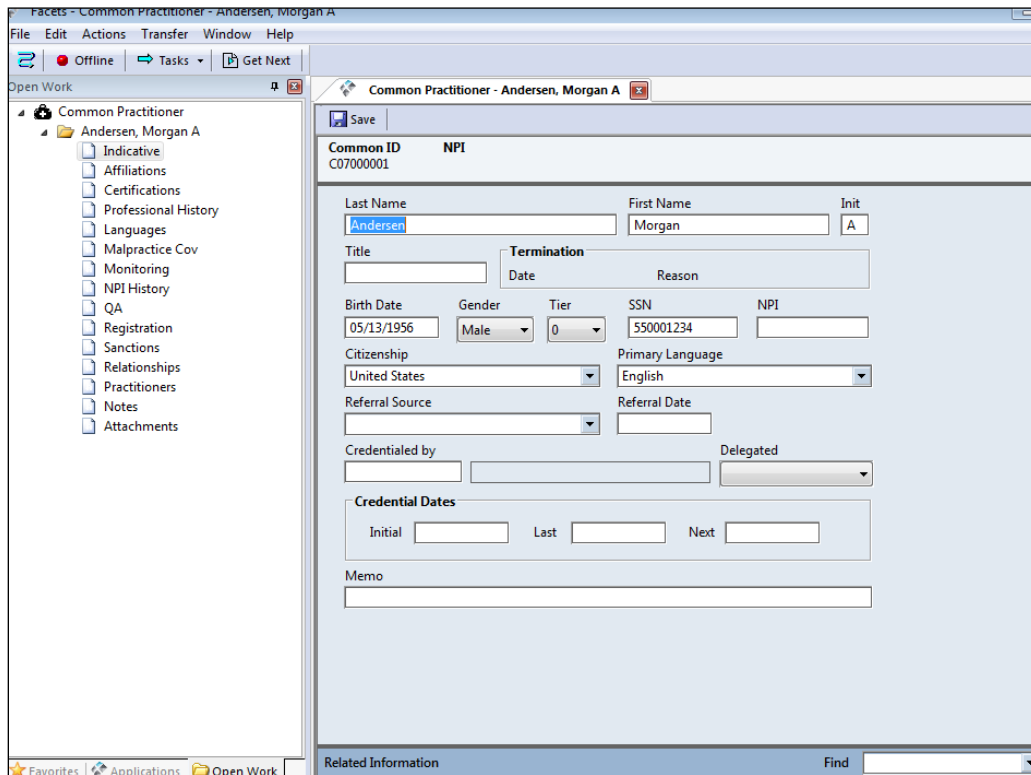
Step	Creating a Provider Related Entity Procedures
1	Select **New** (or **Open**) from the **File** menu (**Ctrl+N** or **Ctrl+O**) to open a record in this application and determine what the entity is by choosing the appropriate type in the drop-down.
2	Select a Type.
3	Enter a user-defined **Entity ID** and select the **OK** button.
4	Enter demographic information concerning the Provider Entity, which includes name, address information, phone and fax numbers, e-mail address, primary language, and comments (shown above).

Common Practitioner Application

This application is required for every practitioner. The majority of information found in this application is informational in nature and may be used for NCQA rating; it is information primarily used in credentialing. The only required section is the Indicative section.

Indicative Section

This section contains basic identifying information for a practitioner who contracts with an MCO to provide health care to plan participants. The provider's NPI displays in the Record Information area at the top of the screen.

Field		Description
Fields denoted with an * are required.		
Last / First Name	*	Name of the Practitioner.
Title		Practitioner's title (e.g., MD).
Termination		If it is necessary to terminate the Common Practitioner record, use the Actions command in the menu bar and select the Terminate Common Practitioner option. A date and reason for the

Field		Description
		termination will be required, this information will display in the **Indicative** section (see the Provider Application Group: Reference Guide for more information on this option).
Birth Date		Practitioner's birth date.
Gender		Practitioner's gender.
Tier		Level of compliance for a practitioner (1=high compliance; 9=low compliance). Customer Service uses this tier rating when channeling.
SSN		Practitioner's Social Security Number.
NPI		This is the ten position numeric identifier with a check digit in the tenth position National Provider Identifier (NPI) assigned by CMS. Providers must use a single NPI value for health claims.
Citizenship		Practitioner's citizenship.
Primary Language		Language drop-down.
Referral Source		How the provider was referred to the MCO.
Referral Date		Date the provider was referred to the MCO.
Credentialed by		If an outside firm credentialed the provider, indicate the credentialing firm in this field. This field requires the entry of a Provider Related Entity prefix, which must first be created in the Provider Related Entity application of the same name, before the prefix can be entered in this field.
Delegated		If an outside firm credentialed the provider, indicate the level of involvement the firm had in the credentialing process.
Credential Dates		Initial - First credential date. Last - Most recent credential date. Next - Next scheduled credential date.
Memo		Used to type a free-form memo concerning the common practitioner.

Affiliations Section

Use this section to indicate facilities to which the Practitioner has affiliations, if any. Each line of the grid at the top of this section identifies the Practitioner's privileges and their specialty(ies) practiced at the facility.

Keep in Mind...

Add the facility in the Facility application, then link to a Common Practitioner record in this section.

Certifications Section

Each practitioner can be board certified to practice one or more specialties, and one or more sub-specialties. The grid at the top of this section shows a one-line summary of each specialty in which the practitioner has received board certification.

Professional History Section

This section stores a chronological representation of a common practitioner's professional history. The grid at the top of this section displays summarized history information. When a row is selected in the grid, details relating to that event display in the text-out area of the screen.

Languages Section

In order to refer a patient who speaks a foreign language to a practitioner who speaks the same language, users must assign additional languages to the practitioner using this section. The Customer Service application group uses the languages listed in this section during practitioner channeling. Use the arrow keys that are centered between the "Available" and the "Assigned" list to move services from one list to another.

Malpractice Coverage Section

The law requires that providers have by malpractice insurance in the state in which they are licensed to practice. The grid at the top of this section shows a one-line summary of each insurance carrier through which the practitioner has malpractice coverage.

Monitoring Section

This section includes information regarding the credentialing sources responsible for monitoring the services of this provider. The grid at the top of the section displays the credentialing source and the dates the monitoring was requested and received for this provider.

NPI History Section

This section displays the NPI history including terminations.

Terminating a Provider's NPI ID

Although each provider is allowed only one NPI ID, situations can arise where a provider's NPI might be changed. At present there are two known reasons for terminating a provider's NPI: the death of the provider, and fraudulent use of an NPI. When a practitioner dies, the NPI must be terminated to ensure that no other claims are processed using that NPI. It is also suggested that the provider recorder be terminated as well. In addition, if an NPI is discovered to have been compromised from fraudulent use, the provider can terminate the current NPI and apply for a new one. Once the new NPI has been received, the old NPI is terminated in Facets and the new one entered in the NPI field on the Indicative screen.

Keep in Mind…

When the NPI has been terminated, the **NPI** field is blank on the **Indicative** section. In addition, the terminated NPI is not included in search results as only current NPI IDs are available for searching.

After the NPI has been terminated, users can enter a new NPI for the provider on the **Indicative** section.

The **Terminate NPI** option from the **Actions** menu is only available when the user is in the **Indicative** or **NPI History** sections.

After an NPI ID has been terminated and saved, the Termination Date may be changed but not removed completely.

QA (Quality Assurance) Section

Use this section to include information about the quality of the provider's services based on a formal appraisal procedure.

Registration Section

Use this section to record and maintain detailed registration information concerning a practitioner.

Sanctions Section

Use this section to display all the sanctions on file for a provider. After selecting a row in the grid at the top of the section, detailed information concerning that sanction displays in the text-out area of the screen.

Relationships Section

This section lets users record detailed related entity information for this practitioner.

Practitioners Section

This section displays all related Practitioner IDs that exist for this Common Practitioner, and allows the user to review related information about these providers.

Note: The **Common Practitioner ID** and related information must first be entered on the Practitioner application before it can be viewed on this screen.
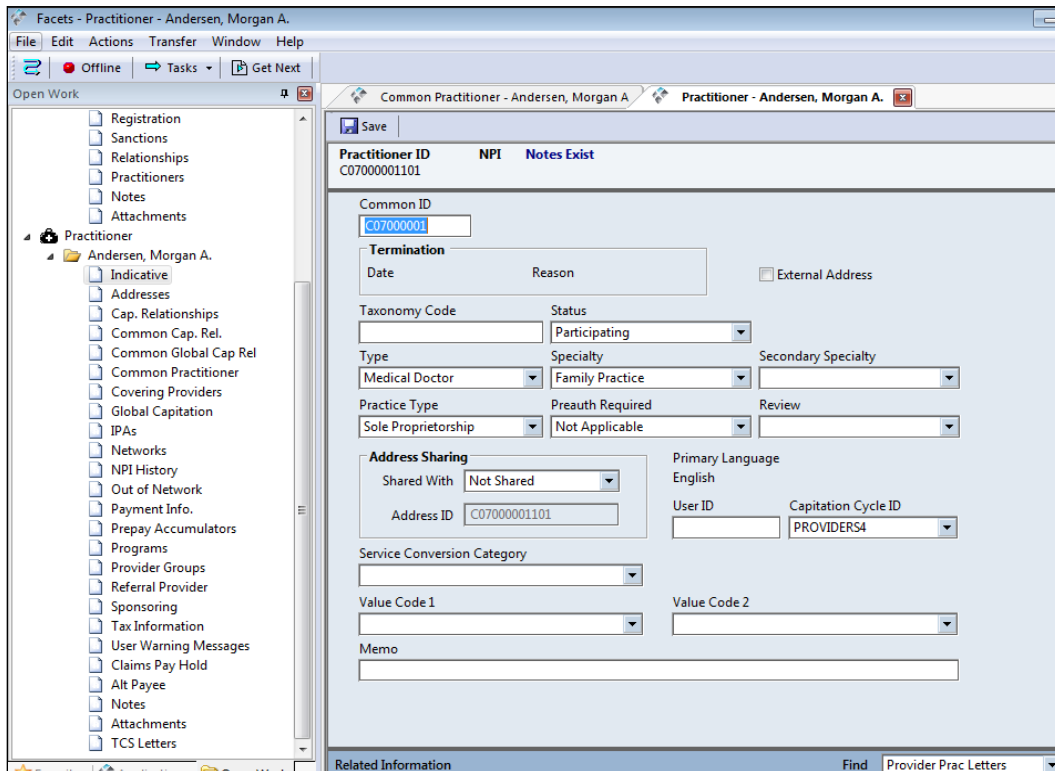
Common Practitioner vs. Practitioner
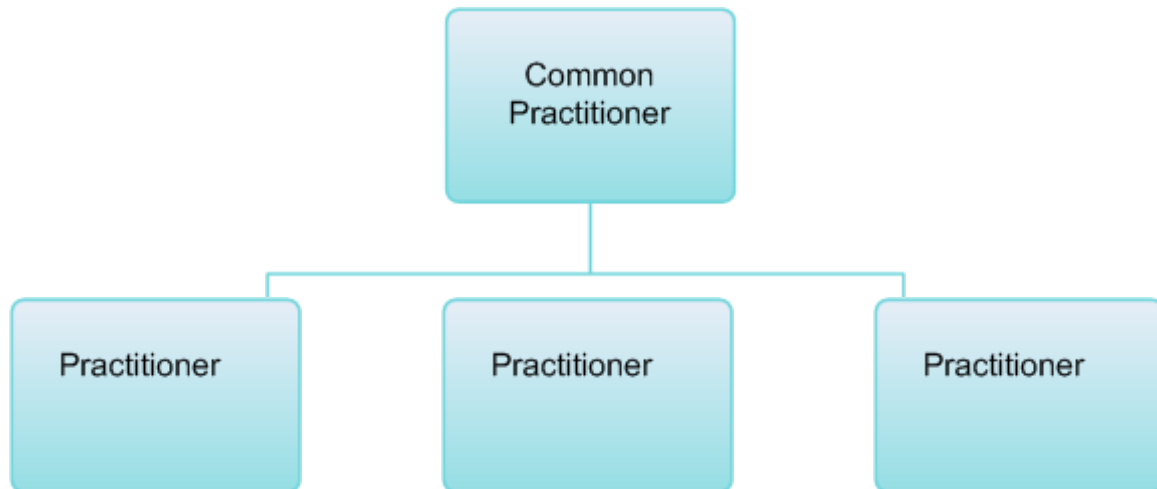
The Practitioner Application

Indicative Section

This section contains basic information for a practitioner who contracts with the health plan to provide health care to plan participants. In addition, the provider's NPI (National Provider Identifier) number displays in the Record Information area at the top of the screen.

Field		Description
Fields denoted with an * are required.		
NPI		This is the National Provider Identifier (NPI) assigned by CMS. Providers must use a single NPI value for health claims.
Common ID	*	Provider's Common Practitioner ID.
Termination		The termination date and reason display here.
Taxonomy Code		Enter the HIPAA-required taxonomy code for this Practitioner, specific to his/her specialty. Providers do not have unique taxonomy codes. The National Uniform Claim committee

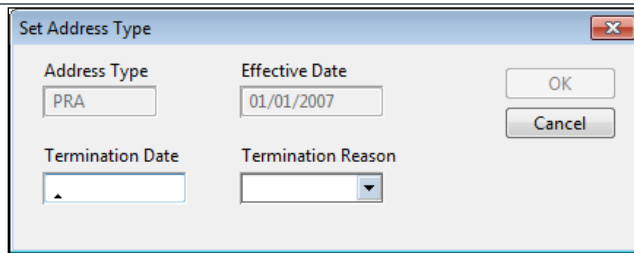| Field		Description
		administers the taxonomy code list.
External Address		Indicates if any addresses of the provider are held outside of Facets.
Status		A code that indicates the status of the provider. **Note**: If NR (Non-Reportable) is selected, Facets will not generate a year-end 1099 for the provider. **Note**: "Proxy" and "Dummy' are used for ITS processing only.
Type		A code and description indicating the type of Practitioner.
Specialty		Select a code and description indicating the provider's specialty.
Secondary Specialty		Select a code for a secondary specialty type. Values are the same user defined codes that are in the Specialty drop down field. This field is not available unless a Specialty is selected and an error message displays if the same selection is entered in both fields.
Practice Type		User-defined practice type.
Preauth Required		Overrides all other preauthorization requirements
Review		Indicates if the provider is under review.
Address Sharing Box		Indicator if the provider shares an address with another provider.
Primary Language		Primary language of the practitioner, as entered on the Common Practitioner Application.
User ID		The ID given to a provider giving them remote access to Facets.
Capitation Cycle ID		A user-defined ID to include this practitioner in a selective capitation batch.
Service Conversion Category		This field further categorizes services provided by the practitioner when Facets goes through the process of converting a procedure code to a TOS code.
Value Code 1 Value Code 2		These user-defined fields are for reporting purposes only.
Memo		Free-form text memo.

Addresses Section

This section contains section tabs that allow the user to view and edit address information for this provider.

Indicative Section Tab

Use this section tab to capture multiple addresses for a provider (e.g., practice locations vs. billing address or business office). A selection of a Primary address is required to save the application.

Adding Practitioner Addresses

Step	Adding Practitioner Addresses Procedures
1	Select **Add**…**Section** from the **Edit** menu (**Alt+E+A+S**) to access the **Set Address Type** dialog box.

Step	Adding Practitioner Addresses Procedures (Continued)
2	After entering the required information, select the **OK** button.
3	**TAB** to complete the entry of the provider's address.

Field		Description
Fields denoted with an * are required.		
Address Type	*	A user-defined, 3-character code used to identify the address.
Effective Date	*	A date entry identifying when this address is effective.
Termination Date		Optional date entry, identifying when the address is no longer valid for the provider. This date displays in the Record Information area of the screen.
Termination Reason		Required if a termination date is entered.
Address Type	*	The user-defined code entered in the "New" pop-up window that identifies the address. Only one effective address may be identified with an Address Type code. To use the same code for a second address, the first address must be terminated.
Primary	*	Identifies the address as the primary location for the provider. The provider must have a Primary address, which must also be a Practice location.

Field		Description
		Note: Because Facets uses the primary address for pricing calculations, users must establish separate provider ID's for providers who price each service location differently.
Practice	*	Identifies the address as a location where services are provided, which also makes it accessible within the Customer Service application for the Channeling function. When this selection is made, the **Handicap Access** and the **Mail** fields are updated automatically; both can be changed.
Remit	*	The address to which checks and/or EOB's should be sent for this provider. Only one address can be a remittance address, and it is not associated with a mailing address unless it is also a Practice address.
Handicap		This location is easily accessible for the physically challenged.
Directory		Indicates that this address will be included in the directory.
Address	*	Fields that represent the provider's address and other demographic information that includes: 3- lines for a street address, Zip Code (which can invoke a City Name Selection pop-up box), City, State, County, Country, Phone Number and Extension, Fax Number and Extension, and E-mail Address.
Mail		Indicates a code that relates to the address used as the mailing address for the current address. The address shown on the screen does not have to be used as the mailing address. This field can be changed to an existing Address Type code.
Search		This button gives users the opportunity to search for an address by the criteria of either an: Address Type, City, State, or Zip Code.

Mailing Address Section Tab

After selecting an address row in the grid on this section tab, the Mailing address for the selected address displays in the text-out area of the screen. If necessary, change the mailing address for a selected address using the dropdown field labeled **Mail.**

Keep in Mind...

For a provider address to be associated with a Mailing Address, it must be a Practice address type. Facets will automatically assign the practice address in the **Indicative** section tab as the mailing address listed in the **Mailing Address** section tab.

Note: To change the mailing address assignment, use the Mail drop down field to select a different Address Type and mailing address.

FYI: The mailing address for a Remit Address Type cannot be changed.

Office Hours Section Tab

This section tab is informational. The Customer Service application group references this information when channeling.

Note: Two sets of hours can be entered for each day of the week, and the fields will accept alphanumeric characters.

Services Section Tab

If the provider can only perform a limited number of services at a listed location, those services may be specified per location by using this section tab. This section tab is informational and referenced by the Customer Service application group when channeling.

Note: Use the arrow keys that are centered between the "Available" and the "Assigned" list to move services from one list to another. Remember, to select an address row in the grid at the top of the screen before making service selections.

Site Visit Section Tab

This section tab is used to document site visits where monitoring of the location might have been done. This section tab will indicate when the visit took place, the next scheduled visit, what was actually monitored, the results of the monitoring, and any comments made. This section tab is informational. The Customer Service application group references this information when channeling.

Misc Data Section Tab

Use this section tab to capture additional information that can be used by provider programs.

Languages Section Tab

This section tab captures languages spoken by the staff at this provider address.

Contacts Section Tab

Use this section tab to view, add, and update information pertaining to an individual who is a contact person for the provider's location selected in the grid at the top of the screen.

Notes Section Tab

Use this section tab to view, add, and update notes concerning the provider location selected in grid at the top of the screen.

Capitation Sections

There are four sections related to capitation (**Capitation Relationships, Common Capitation Relationships, Common Global Capitation Relationships,** and **Global Capitation**) that are discussed in detail in the Capitation Risk Allocation course All four sections can also be updated to include agreement only network relationships that are used for claims processing only, not capitation processing. The **Prepay Accumulators** section also relates to capitation.

Common Practitioner Section

This section is informational only. It displays the ID, SSN, Birth Date, and Gender from the Common Practitioner record. The Common Practitioner ID was entered in the **Indicative** Section of this practitioner's record. This section is display only.

Covering Providers Section

This section displays the providers who will cover for a practitioner in his/her absence. The user can identify each covering provider, link the covering provider to the PCP for a specific product, indicate if the covering provider is using their own agreement for that product, and specify the effective and termination dates of the covering provider relationship.

IPAs Section

An IPA (Individual Practice Association) is a group of individual providers who band together to contract with an MCO to provide health care services at a negotiated rate. By forming an IPA, the providers are able to increase their negotiating power with the MCO, while at the same time retain their individuality.

Use this section to indicate an IPA to which the practitioner is associated. View the specialty and secondary specialty of the IPA in this section. An IPA is considered a provider and must therefore be defined in the IPA application before a practitioner can be linked.

Networks Section

Use this section to list all networks in which a practitioner participates. The grid at the top of the section lists the Network ID, Effective date, if the provider is a PCP, the NWPR Prefix, and the Agreement ID. The text-out area below the grid displays detailed information for the selected row.

NPI History Section

This section displays the NPI termination history. It is view only in the Practitioner application, since the NPI number is entered in the Common Practitioner application; all terminations must be done there.

Out of Network Section

This section identifies medical agreements that the provider has to provide services to members even though the provider is considered out of network with respect to the member's plan. For example, the provider does not participate in the plan's network because he or she is in a rural area outside of the network's service area. However, outside of the servicing area, the provider has contracted directly with the MCO to provide specific services at a negotiated rate for specific members.

Keep in Mind...

First, create the Product Prefix (or NPPR prefix) in the Component Prefix Descriptions application found in the Medical Plan application group.

The NPPR prefix is identified on the provider's record in the **Out of Network** section, and in the **Components** section of a specific product. This entry indicates that all eligible members for a plan linked to the same product will have their services priced according to a contract when they see a provider who has the same NPPR prefix in their **Out of Network** section.

The NPPR relationship will price services according to a contract. However, Facets will calculate payment from a Non-Participating provider Variable Component row.

Payment Info. Section

Use this section to indicate who should receive claim and capitation payments. It also indicates how claim payment checks should be processed for EOB's (Explanation of Benefits, also known as EOP's - Explanation of Payments). Electronic Transactions information is informational (with the exception of the Claims and Capitation dropdown selections) unless a system interface has been designed to handle EFT transactions.

Keep in Mind...

By choosing an entry in either the **Claims** or **Capitation** dropdown in the **Electronic Transactions** portion of the screen, users are indicating to Facets that payments will be made electronically and there will not be a need to produce actual checks for this provider.

Users can control access to viewing, adding, and changing bank data information on a provider's record at a user security level. This affects the following Provider applications: Practitioner, Provider Group, IPA, and Facility.
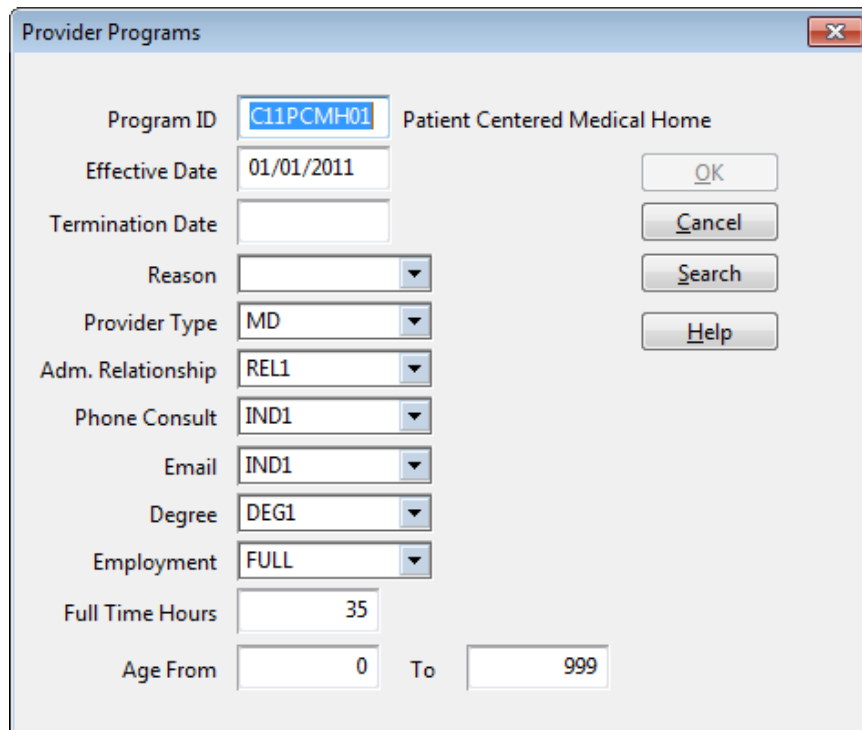
Programs Section

The programs section enables users to link providers with programs established in the Provider Programs Application. Information found in this section is for reporting purposes only and does not affect benefits.

Note: The Provider Programs Application allows health plans to establish user-defined programs such as PCMH (Patient Centered Medical Home) to integrate patients as active participants in their own healthcare. These types of programs link members with teams of physicians who coordinate the preventive and recurring needs of their patients.

Indicative Section Tab

The **Indicative Section** tab displays information about the provider who is participating in the program. Providers can participate in multiple programs at one time.

Field		Description
Fields denoted with an * are required.		
Program ID	*	Enter the Id for the provider program. The program description displays next to this field. Program IDs are established in the Provider Programs application.
Effective Date	*	This field represents the effective date of the relationship between the provider and the

Field		Description
		program.
Termination Date		Use this field to capture the termination date of the relationship between the provider and the program, if applicable.
Reason		Required for a Termination Date; Selection list. Select the reason for termination of the relationship between the provider and the program.
Provider Type		List of user-defined Provider Types for providers within the program.
Adm. Relationship		List of user-defined indicators that define the admitting relationship for the provider within the program.
Phone Consult		List of user-defined indicators that define the phone consultation information for the provider within the program.
Email		List of user-defined indicators that define email information for the provider within the program.
Degree		List of user-defined indicators that define provider degree most appropriate for the relationship with the program.
Employment		List of user-defined indicators that define the provider employment status with the program, whether the provider is employed or contracted by the program.
Full Time Hours		The number of full time hours the provider is dedicating to the program.
Age From		Low age in the range of ages treated by the provider as part of the program.
Age To		High age in the range of ages treated by the provider as part of the program.

Provider Groups Section

Use this section to link a practitioner to a provider group. View the specialty and secondary specialty of the provider groups in this section. In order to attach a practitioner to a provider group first create the provider group in the Provider Group application.

Note: If the Practitioner relationship with the provider group was established in this section of this application, the Practitioners section of the Provider Group application will be updated with this information automatically. If the Practitioner relationship with the provider group is created first in the Provider Group application, then information will be automatically updated in this section of this application.

Referral Provider Section

This section contains referral provider information for a provider that is referred by this practitioner for specific services. Use this section to specify the effective and termination dates and termination reason, as well as whether the referral provider is to be included or excluded as a provider for specific services. For example, users can exclude a particular service provider even though the provider may be in the same specialty as the referring provider.

Keep in Mind…

The referral logic applies to both the member's Primary Care Provider (PCP) and a valid covering provider for the PCP. If the referring provider is a valid covering provider, Facets applies the referral logic as the referral is being made.

Referral Provider functionality pertains to medical product only.

This section requires the creation of a PRRF (Referral Provider Component) created in the Component Descriptions application.
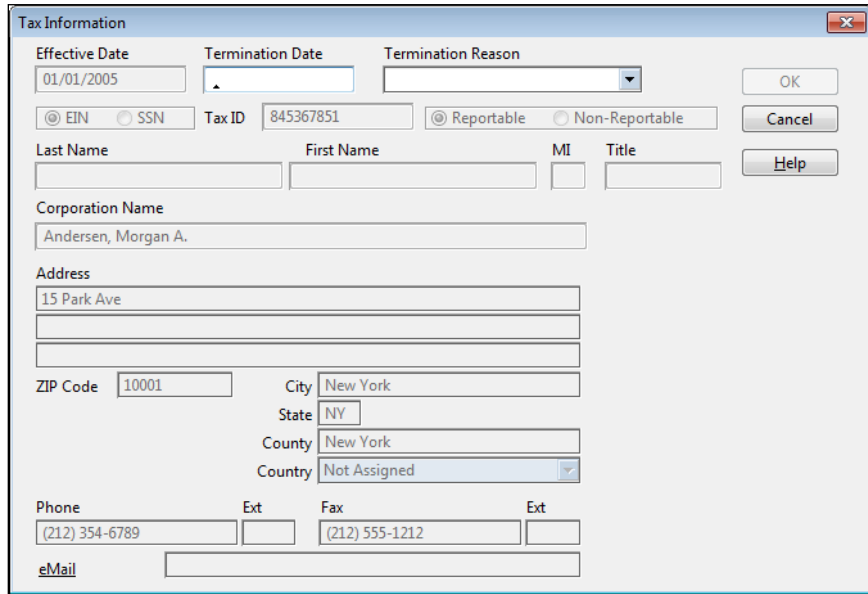
Sponsoring Section

This section links a sponsoring provider to a physician extender, such as nurse practitioners, physician assistants, and certified midwives. Many providers have relationships where they sponsor a physician extender within their network. This section is for informational purposes only, and the relationship does not display on the sponsoring provider's record. A sponsoring relationship can be between any two practitioner types. A provider can have only one sponsor at a particular location in a specified time period.

Keep in Mind…

A provider can have only one sponsor at a particular location in a specified time period. A sponsored provider who works for two or more practices must have a different provider ID for each practice.

Tax Information Section

Use this section to capture a provider's Tax Identification Number (TIN), and associate it to a name and address for tax reporting purposes. Only one effective Tax ID will be associated with a practitioner for a given period of time.
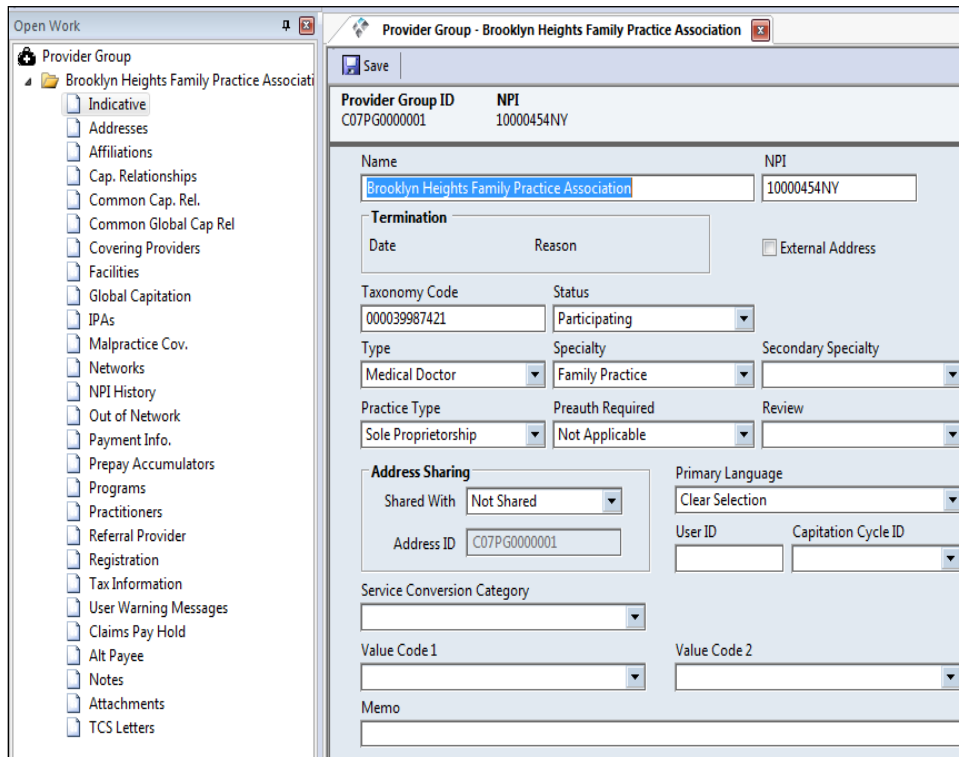
Provider Group Application

Indicative Section

This section contains indicative information about a provider group. A provider group is composed of individual health care providers. In addition, the provider group's NPI (National Provider Identifier) number displays in the Record Information area at the top of the screen.

Facilities Section

Use this section to document, maintain, and view the facilities included in the provider group. Unlike the Affiliation section, the Facilities section does not include information concerning privileges or specialties the provider group has at the facility. Generally, provider groups that contract with MCO's offer a broad choice of facilities to accommodate enrollees in different locations.

Practitioners Section

Use this section to add, modify, ad view practitioners who are part of a provider group. Also, view the specialty and secondary specialty of the practitioner in this section.
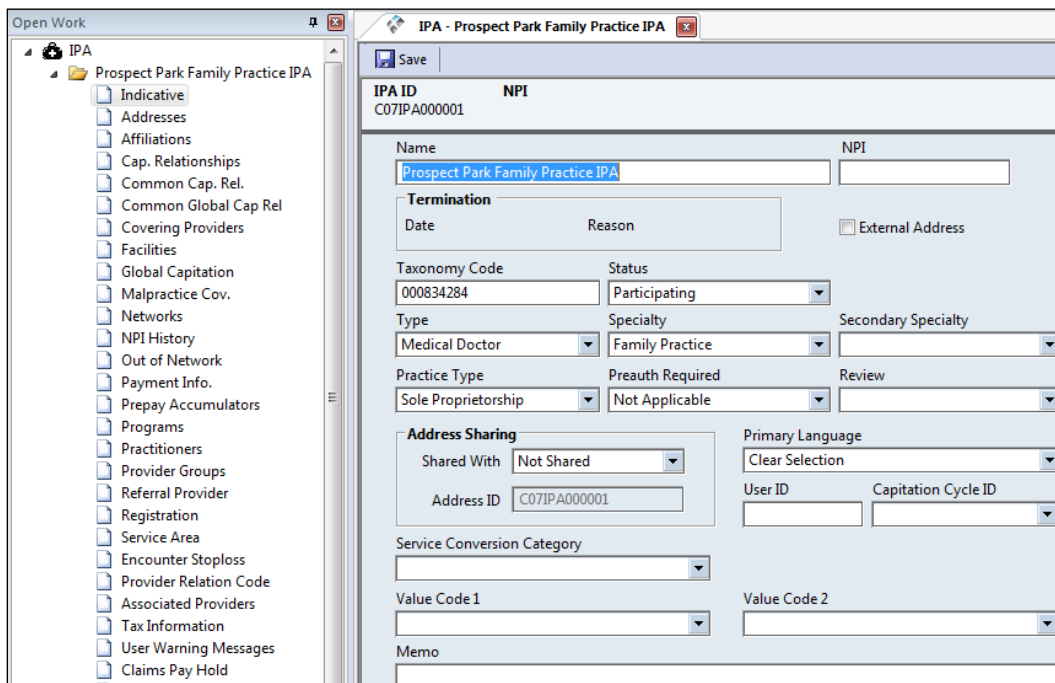
Note: If the practitioner relationship with the provider group was established in the Practitioner application, the Provider Group application is automatically updated with that information. If the practitioner relationship with the provider group is created in the Provider Group application first, provider group information transfers automatically to the Practitioner application.

IPA Application

The IPA (Individual Practice Association) consists of a group of providers (Practitioners, Provider Groups, Facilities) who band together to contract with a Managed Care Organization (MCO) to provide services to members at a negotiated rate.

Indicative Section

Use this section to create an IPA prefix or ID, as well as to add and maintain indicative information pertaining to the IPA.

Keep in Mind...

When a provider is assigned to an IPA from the Practitioner, Provider Group, or Facility application, the assignment information entered in these applications will automatically be transferred to the appropriate section in the IPA application.
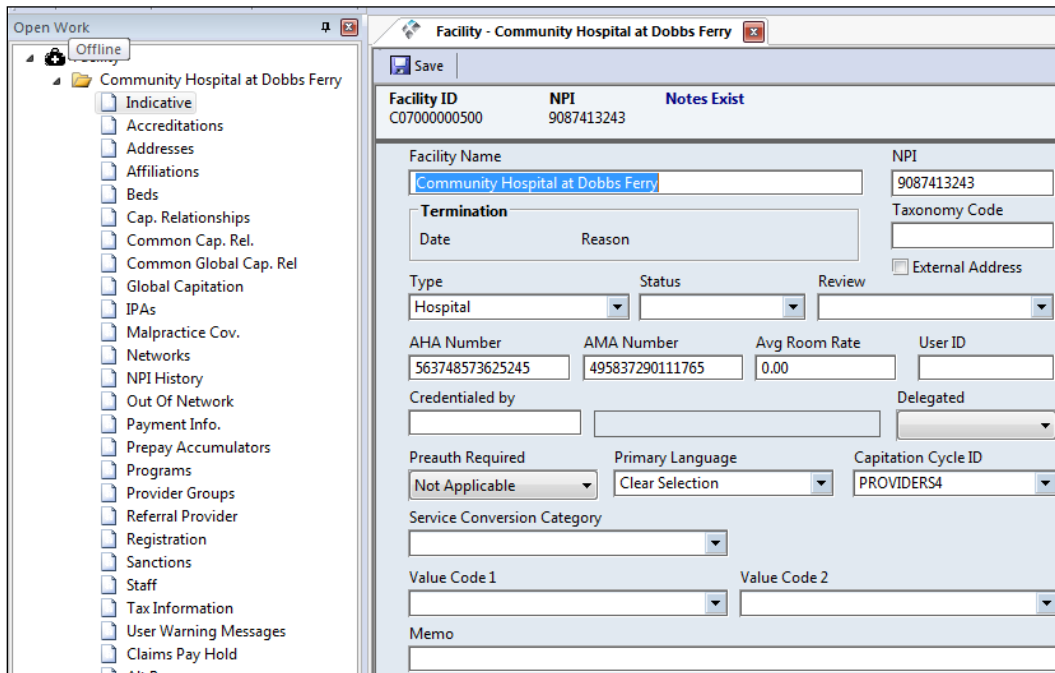
Payee assignments are not allowed for IPAs. The **Payee Assignments** grid in the **Payment Information** section of an IPA record is disabled.

Facility Application

Use the Facility application to add, maintain, and view information concerning providers defined as a facility. A facility may be a lab, hospital, clinic, etc.

Indicative Section

This section contains basic identifying information for a facility.

Field		Description
Fields denoted with an * are required.		
Facility Name	*	Name of the Facility.
NPI		Facility NPI.
Termination		Termination date of the Facility record, if applicable.
Taxonomy Code		Facility Taxonomy Code. This is a 9-digit number assigned under HIPAA provisions, used to encode provider specialties for electronic billing.
External Address		Indicates if any addresses of the provider are held outside of Facets.
Type		Select a code & description indicating facility type.
Status		Enter a code indicating the status of the facility.

Field		Description
		Note: If NR is selected, Facets will not generate a year-end 1099 for the provider. **Note**: "Proxy" is used for ITS processing only.
Review		Indicates if the facility is under review.
AHA Number		American Hospital Association number.
AMA Number		American Medical Association number.
Avg. Room Rate		Average rate for a semi-private room.
User ID		The ID given to a facility, giving them remote access to Facets.
Credentialed by		If an outside firm credentialed the provider, indicate the credentialing firm ID in this field. This field requires the entry of a Provider Related Entity prefix, which must first be created in the Provider application of the same name.
Delegated		If an outside firm credentialed the provider, indicate the level of involvement the firm had in the credentialing process.
Preauth Required		Overrides what is set at the Plan level; 'All' or 'No' services.
Primary Language		Indicate the primary language used at the facility.
Capitation Cycle ID		A user-defined ID that includes this facility in a selective capitation batch.
Service Conversion Category		Use this field to further categorize services provided by the facility when Facets converts a procedure or revenue code to a Type of Service (TOS) code. This is a user-defined field created in the User-Defined Codes application, Category = Plan Codes, Type = Service Conversion Category. After creating categories in the User-Defined Codes application, the user will see them as options here in the Service Conversion Category field of the Facility application and make the appropriate selection.
Value Code 1		Select the first user-defined Value Code for this provider. This field is for reporting purposes only.

Field		Description
Value Code 2		Select the second user-defined Value Code for this provider. This field is for reporting purposes only.
Memo		Free-form text memo used to enter comments about the facility.

Accreditations Section

This section is used to add, maintain and view Accreditations that should be documented and on file for a facility. Accreditations are the official authorization of a program against a set of industry standards.

Beds Section

The bed type is a selection criteria used in the Customer Service application during the channeling process for a facility. Use this section to specify the different bed types and the number of beds for each type located at a facility. This will ensure that a user may channel a member to a facility that will satisfy the member's health needs.
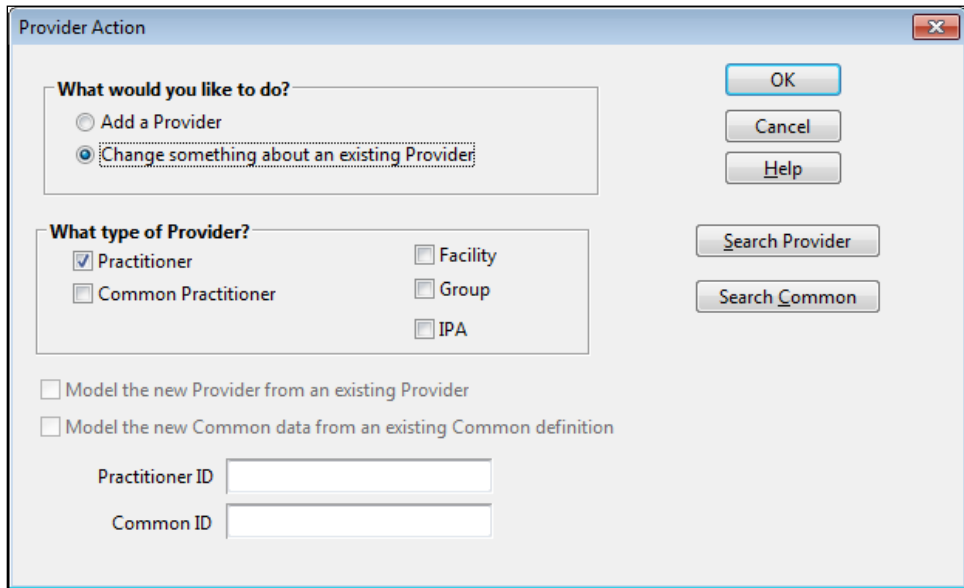
Staff Section

The staff type is a selection criteria used in the Customer Service application group during the channeling process for a facility. Use this section to specify the different staff types and the number of people working in those positions at the facility. This allows a user to channel a member to a facility in order to satisfy the member's health needs.

Enrollment and Maintenance Application

The Enrollment and Maintenance application offers users the ability to easily and efficiently enter Common Practitioners, Practitioners, Provider Groups, IPAs, and Facilities into Facets. The application also offers the feature of modeling data (e.g.: credentialing, capitation, addresses, etc.) from an existing provider file to create a new file. The application can also be used to maintain information for all provider types in Facets, including Common Practitioner data.

When the Enrollment and Maintenance application is selected from the Provider application group, a Provider Action dialog box will display. This dialog box will offer the ability to add a new provider, model (copy) information from an existing provider file, and change information on an existing provider file in Facets.

Field		Description
Fields denoted with an * are required.		
What would you like to do? Add a Provider Change something about an existing Provider	*	Of the two selections offered, one has to be made by selecting the appropriate radio button. The 'Add' option offers the ability to 'model' the new provider file from an existing provider file. The 'Change' option disables the 'model' selections shown near the bottom of the dialog box.

Field		Description
What type of Provider? Practitioner Common Practitioner Facility Group IPA	*	It is required that a provider type be selected to either create or change a provider file. Practitioner and Common Practitioner can be selected independently or they can be selected together. If Facility, Group, or IPA is selected the "Practitioner ID" field label will change to that selected provider type.
Model the new Provider from an existing Provider		This selection is available after the "Add a Provider" option has been selected from the Provider Action dialog box. Selecting this option will invoke a model dialog box to display for the provider type that was selected. The model dialog box will offer the ability to model a new provider from an existing provider on file.
Model the new Common data from an existing Common definition		This selection is available when the "Add a Provider" option and "Common Practitioner" type has been selected in the Provider Action dialog box. The selection offers the ability to model new Common Practitioner data from an existing Common Practitioner file.
Practitioner ID (Facility ID, Provider Group ID, IPA ID)		The label of this field based on the type of provider selected in the Provider Action dialog box. When adding a new provider, enter the ID of the new provider. If changing information for an existing provider, enter the ID of an existing provider. This field is not required when the "type of provider" selection is solely Common Practitioner.
Common ID		Depending on the selections made earlier in the Provider Action dialog box, this field will either contain a new Common Practitioner ID or the ID of an existing Common Practitioner whose record will either be updated or be used to model from. **Note:** If "Add…" and "Common Practitioner" has been selected enter a new Common ID. If "Add…" and only 'Practitioner' has been selected, enter an existing Common ID. If "Change…" and "Common Practitioner" has been selected, enter an existing Common ID.

| Field		Description
Search Provider Search Common		When appropriate, use the search buttons to find the ID of an existing provider (Practitioner, Provider Group, Facility, or IPA) file or a Common Practitioner file.

Note: If a modeling option has been selected from the Provider Action dialog box, a model dialog box for the selected provider type will be displayed. Selections can be made from this dialog box as to what data will be actually modeled from an existing file. The modeling functionality is reviewed further along in this section. If a modeling option is not selected when adding a provider, Facets will immediately display the actual Enrollment and Maintenance application screen.

Note: See the main Provider chapter above for detailed information pertaining to the buttons/sections and fields described below.

Modeling

The modeling functionality that is included in the Enrollment and Maintenance application offers the ability to copy/model data from an existing provider file to a new provider file, as the new file is being created. This feature is available for all provider types (Practitioner, Facility, Provider Group, IPA), and also for Common Practitioner files.

The modeling feature is invoked from the **Provider Action** dialog box by selecting one or two radio buttons: "Model the new Provider from an existing Provider" and "Model the new Common data from an existing Common definition."
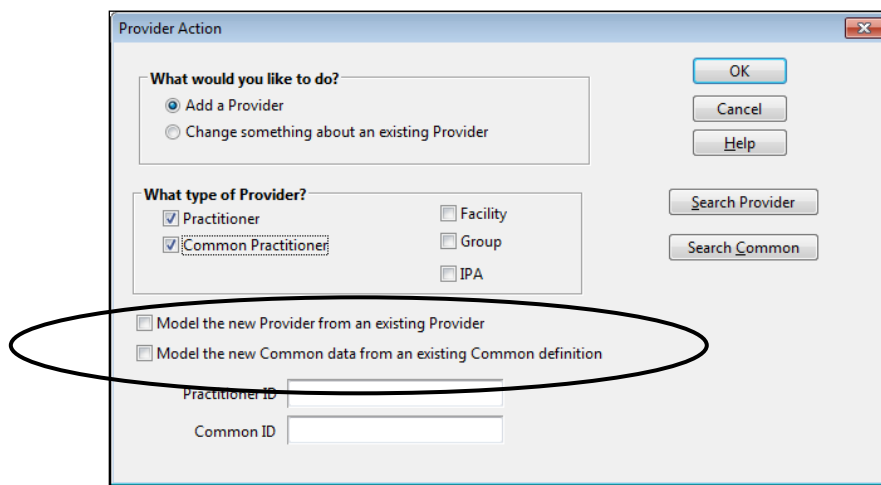
Both modeling options are only enabled when the Add a Provider option is selected from the **What would you like to do?** portion of the dialog box.
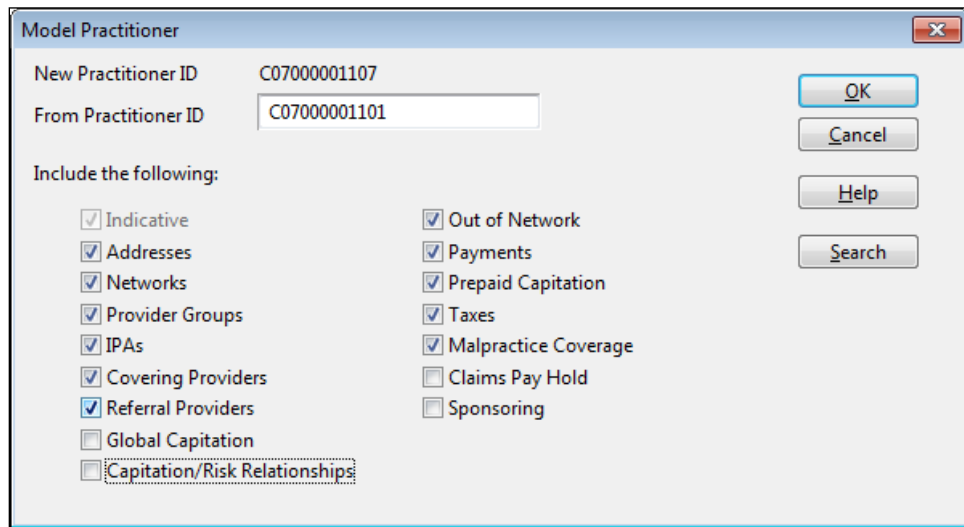
If the **Provider Action** dialog box is accessed, both Add a Provider and Common Practitioner will have to be selected to enable the Model the new Common data from an existing Common definition option.

If Facility, Group, or IPA is selected to add from the **Provider Action** dialog box, the Model the new Common data from a Common definition option will be disabled.

If any of the modeling options are selected when adding a provider, note that the **ID** fields at the bottom of the dialog box should only be used to identify the IDs of the new files. The appropriate modeling dialog box will include a "**From (provider type) ID**" field, and this field will indicate the existing file for Facets to model from.

When doing an 'add', if only "Practitioner" is selected and none of the modeling options are selected, Facets will require the entry of an existing Common ID. In this scenario, because "Common Practitioner" was not selected, Facets will display the **Model Practitioner** dialog box making the assumption that a new practitioner file is being linked to an existing common practitioner file.

Provider modeling dialog boxes will open depending on the provider type selected from the **Provider Action** dialog box. There are separate modeling dialog boxes for each provider type.

Currently the model dialog boxes for each provider type are exactly the same with the exception of the "**From (provider type) ID**" field. Facets will model all the information that is identified with a checkmark from the existing file to the new file.