Robots-as-a-Service
Facets® Robot Experience

**Claims**

**Adjustments:**
- **Access Fee:** Create adjustment by matching claims from client-provided file to original claim in Facets, then cross over to mainframe ITS and create an NF06.
- **Bluesquare:** Create adjusted claim in Facets and cross over to the ITS web portal.
- **Generic:** Clear all line-level pricing overrides and re-adjudicate the claim.
- **Recovery:** Bypass overpayment recovery or issue refund letter.
- **Q-Codes:** Reprice and apply overrides using pricing from payer’s web portal.
- **MSRE:** Update allowed amounts for multiple surgery reduction pends.
- **Provider Update:** Update claim’s provider based on client-provided report.
- **Home Health CMS Claims:** Reprice home health claims using external CMS pricer.
- **Claim Creation:** Pay interest back to members based on client-provided report.

**Authorizations:**
- **AUTH:** Search and apply authorizations to claims.

**Claim Scrubbing:**
- **XC:** Scrub member/provider selection before moving into workflow.
- **MEXC/PAUD:** Review claim notes for member/provider payment exceptions.
- **Review Subscriber Payment:** Determine whether payment should be made to the provider or subscriber.
- **MM/MLTM:** Validate/update claims with multiple modifiers.
- **Manual Processing for Individual Products:** Research member’s office visit frequency and add service rule overrides as needed, otherwise paying the claim.

**Proactive Reports (NONITS):** Check and deny claims with non-par out of state providers.
**Proactive Reports (MEDEXCL):** Validate and disallow non-applicable procedure codes.
**Member Audits:** Supply screenshots and documentation for CMS audits.
**Claims Re-pend:** Re-pend claims to correct queue.
**J-Codes:** Determine if J-Code is billed with valid NDC using external website.
**Therapy Bundling:** Bundle therapy services together based on date of service.

**Specialty Claims:**
- **Outpatient ER (Opt In):** Reprice outpatient emergency room claims for opt-in members.
- **Inpatient (Opt In):** Reprice inpatient claims for opt-in members.
- **Dialysis:** Process Medicare and Medicaid dialysis claims using CMS ESRD pricer and Facets data.
- **SNF RUG:** Reprice and process Skilled Nursing Facility claims for Resource Utilization Groups.
- **SNF Therapy/Custodial:** Reprice and process Skilled Nursing Facility therapy/custodial claims.
- **Critical Access Hospital:** Price inpatient and outpatient claims according to Medicare guidelines.
- **DME Host SF Code Match:** Determine if DME charges are rental or purchase, calculate and add allowed amounts to claim.
- **ASCP:** Price acute care claims that bill an office visit based on surgical codes.
- **FSA Procedure:** Process flex spending withdrawal requests.
Duplicate Claims:
- DUP: Research and resolve possible duplicate claims by adjustment or denials.
- FREQ: Research and resolve possible duplicate/adjusted hospital claims.

COB:
- COB: Determine if claims should be paid or denied and calculate patient’s responsibility.
- Medicare COB: Apply pricing adjustments using EOB or Facets service rules.
- COB Letter Notes: Notate when members/dependents COB letters have been mailed.
- Sanctions/Crossover: Verify and apply sanctions for COB.
- COB OOP Split: Apply copay to lab and X-ray claims based on member’s benefit plan and daily claim history.

Encounter Data:
- Encounter Claims: Enter encounter claims using a client-provided spreadsheet.
- Claim Lines: Enter and update history claim service lines.

Configuration Processes
- NetworX: Update agreement rates in NetworX.

Provider Maintenance
- PDEM: Resolve provider demographics mismatches on claims.
- PUNK: Resolve unknown/missing providers on claims.
- AGR: Resolve unknown/missing provider agreements.
- DIRE: Research and select provider.
- New Group Setup: Create new provider group records.
- Group Renewal: Renew/update provider group records.
- Provider Network Update: Terminate or add networks on provider records.

Enrollment
- Add/Term/Update: Add/terminate/update member/subscriber enrollments.
- TRR Reports: Update eligibility segments based on enrollment requests from CMS.
- VIP: Update member’s VIP type.
- Auto-recovery Update: Update member accounts for overpayments and reductions.
- ID Card Ordering: Order new or replacement ID cards.
- Membership and Billing Letters: Generate and prepare change of marketplace letters.
- Member Audits: Supply screenshots and documentation for CMS audits.

Billing
- Payment Posting: Post credit card payments.
- Commission Adjustment: Post commission adjustments from group.
- Refunds: Post refunds from provider.
- Refunds Receipt: Create receipts for previously-applied refunds post check-write.
- ID Card Ordering: Order new or replacement ID cards.
- Membership and Billing Letters: Generate and prepare change of marketplace letters.
- Member Audits: Supply screenshots and documentation for CMS audits.
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