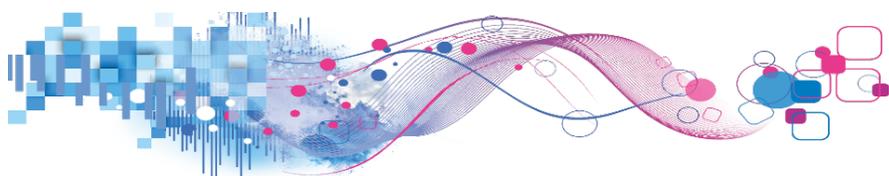


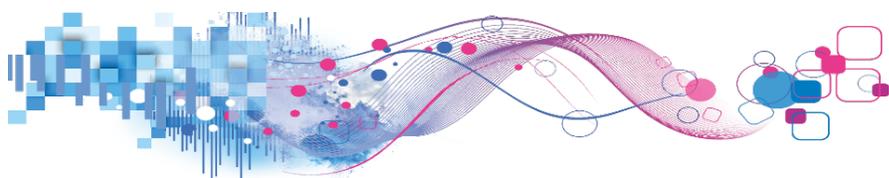
Patient Estimates

User Guide



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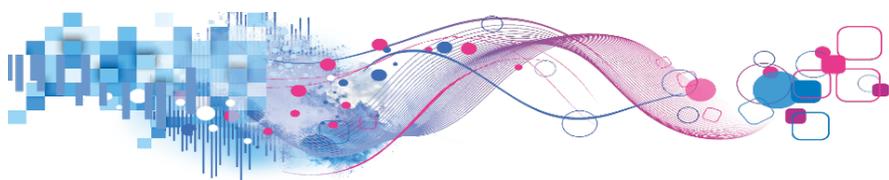


Introduction

Patient Estimates (PE) is a user-friendly product that allows patient cost estimates to be generated by utilizing information from the charge description master (CDM), payer contracts, claims data, and eligibility response data such as copay, deductible, and coinsurance. Multiple search options and customized templates make it easy for users to find the right procedure, while easy-to-read estimate breakdowns allow for transparency so that users and patients can understand how the estimate was calculated.

PE is able to calculate different types of estimates based on a facility's needs. Available estimate types include **hospital** (facility) estimates, **professional** (physician) estimates, and **combined** estimates of both hospital and professional charges. Unless otherwise noted, the instructions on the subsequent pages will use examples from a hospital estimate. Hospital, professional, and combined estimates all follow the same general steps detailed in this guide. However, there are slight differences in professional and combined estimates that will be covered in dedicated sections beginning on page 28. Please note that the types of estimates implemented varies by facility. Not all estimate types are available at all facilities.

The following guide will instruct readers on the use of PE within the **eCare NEXT (eCN)** platform. The settings shown in this manual are provided as examples only and may not be reflective of the configuration at your facility.



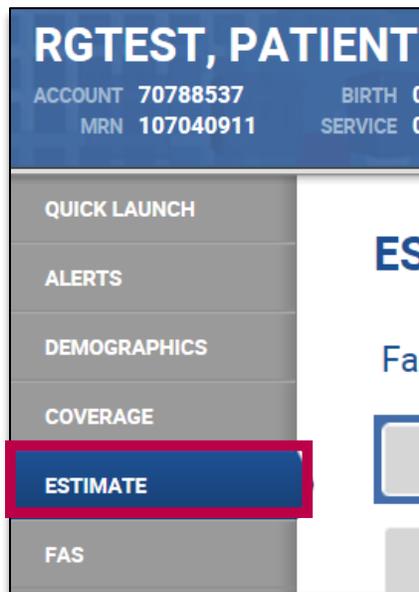
Navigation

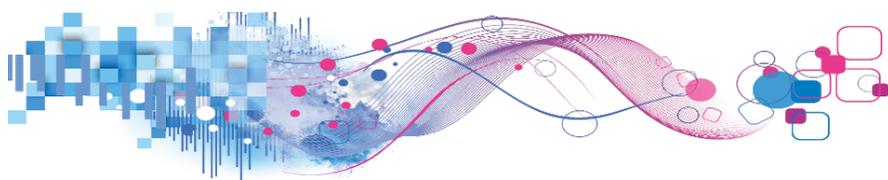
Estimates may be generated as soon as active eligibility for the patient has been received by eCare NEXT. Users may access PE through the NEXT Bar or by clicking on the **Estimate** chevron in eCare NEXT.

To access PE from the NEXT Bar, click the **EST** button. "EST" stands for Estimate.



Depending on an individual facility's settings, the chevrons may appear at the top of the eCare NEXT page or the left side of the page.





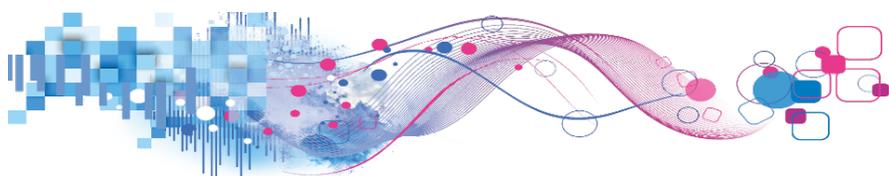
The estimate screen will display.

Users at facilities with multiple sites may have a dropdown menu allowing them to select a specific site. For most clients, a default facility may already be selected. This facility is chosen based on the location data sent in messages from your registration system.

If a facility has not been selected or you desire to choose a different facility, make a selection from the dropdown menu.

The page will refresh to allow the available procedures to update in accordance with the specified facility's CDM, commonly referred to as the **chargemaster**.

Click anywhere on the **pick procedures** banner to begin.



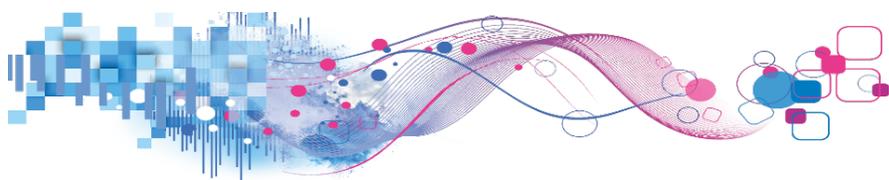
A new pop-up window will display. Select the procedures or services that the patient will be receiving during their visit to your facility using one of the search options on the left side of the screen.

Select Procedure(s)

CHARGEMASTER SEARCH ▶ Start Page
CLAIMS SEARCH ▶ Please select a search or a category on the left to start
TEMPLATE SEARCH ▶
EASY SEARCH ▶
GENERIC PROCEDURES ▶

- CARDIOLOGY ▶
- CT SCAN ▶
- CT SCAN WITH & W/O CONTRAST ▶
- CT SCAN WITH CONTRAST ▶
- EMERGENCY SERVICES ▶
- INPATIENT PROCEDURES A-D ▶
- INPATIENT PROCEDURES E-J ▶
- INPATIENT PROCEDURES K-O ▶
- INPATIENT PROCEDURES P-S ▶
- INPATIENT PROCEDURES T-Z ▶
- LAB (A - D) ▶
- LAB (E - J) ▶
- LAB (K - P) ▶
- LAB (Q - Z) ▶
- MRA ▶
- MRA WITH & W/O CONTRAST ▶
- MRA WITH CONTRAST ▶
- MRI ▶
- MRI WITH & W/O CONTRAST ▶
- MRI WITH CONTRAST ▶
- NEUROLOGY ▶
- NUCLEAR MEDICINE ▶
- NURSERY ▶
- OUTPATIENT PROCEDURES A-E ▶
- OUTPATIENT PROCEDURES F-L ▶
- OUTPATIENT PROCEDURES M-P ▶

Selected Procedures



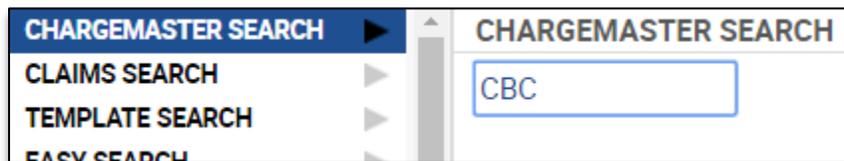
Search Options

PE offers several search options to help you easily locate the procedures that you need for the estimate. Search options include the **Chargemaster Search**, **Template Search**, **Easy Search**, and **Claims Search**.

Please note that not all search options are enabled at all facilities.

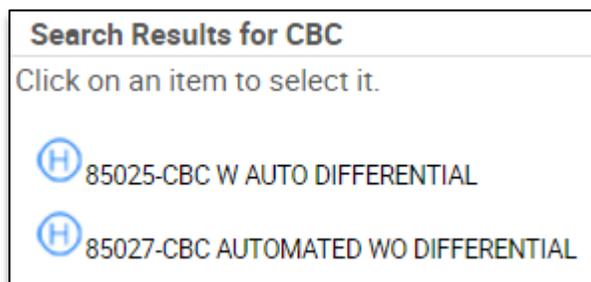
Chargemaster Search

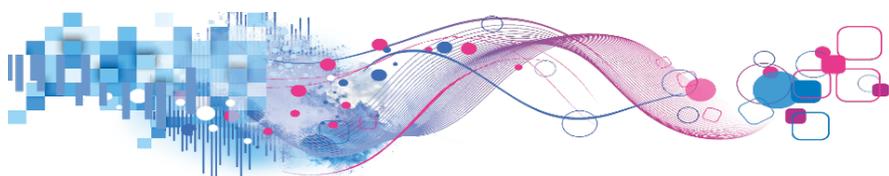
The **Chargemaster Search** searches the facility's chargemaster by keyword, CPT code, or charge code for procedures that have a **fixed price** in the CDM. Please note that CDMs may contain codes or charges with similar or identical names. Without knowing the charge code, entries such as these may appear to a user to be duplicates. This search option is often recommended for users that know the exact charge code, or for procedures that aren't in the template. To use the Chargemaster Search, type your search criteria into the search field and press enter.



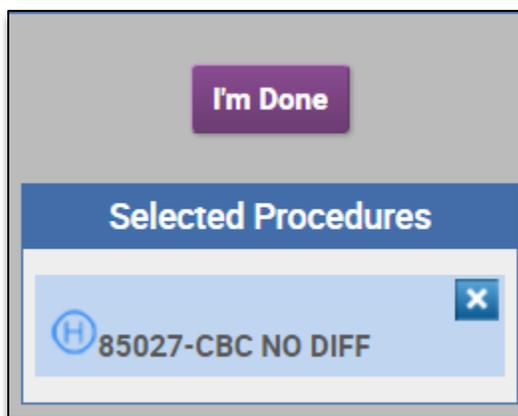
All matching results will be displayed. The  next to the results in the example below indicates that these procedures are considered hospital (facility) procedures.

Click on the desired procedure.





The procedure will now be listed on the right side of the screen under the **selected procedures** section. This section can be thought of as the patient's "shopping cart". To remove an item from the cart, click the **x** next to the procedure name. To "check out" and run the estimate, click **I'm done**.

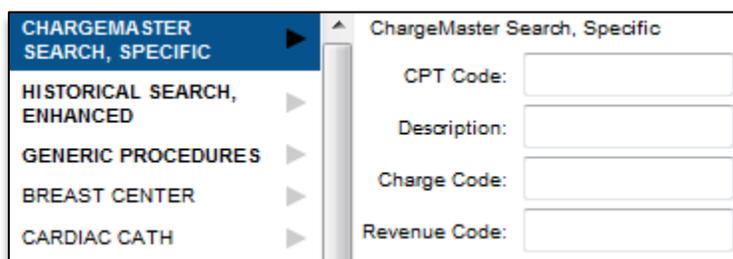


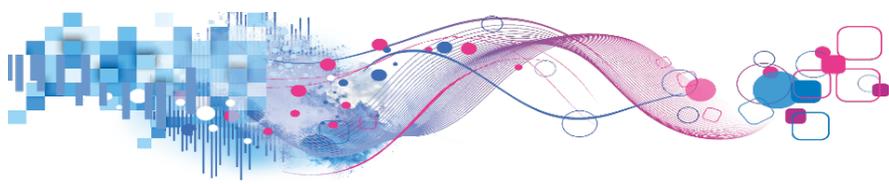
Chargemaster Search, Specific

Chargemaster Search, Specific contains all of the functionality of the regular Chargemaster Search, but allows for searches to be more precise by providing separate fields to search by CPT code, description, charge code, and rev code.

For example, when searching the regular Chargemaster Search for CPT 71020, a user may notice that in addition to results with the CPT 71020, there may also be some seemingly unrelated results. This can be due to "71020" being a part of the charge code.

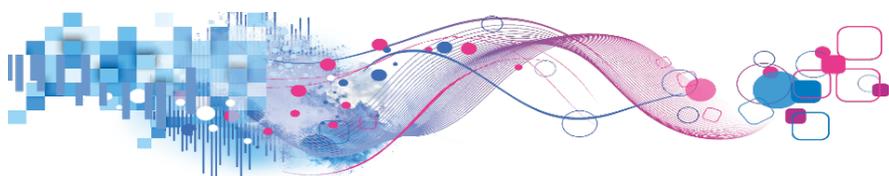
Chargemaster Search, Specific would ignore the charge code results and only show CPT code results if the search criteria was entered into the "CPT code" field.





Search criteria may also be combined. For example, CPT code of 71020 with a revenue code of 320.

ChargeMaster Search, Specific		Click on an item to select it.
CPT Code:	<input type="text" value="71020"/>	71020-LM CHEST, 2V
Description:	<input type="text"/>	71020-XR CHEST,2 VIEW
Charge Code:	<input type="text"/>	
Revenue Code:	<input type="text" value="320"/>	



Template Search

The **template** is a list of predefined categories of frequently-used procedures custom-built for each facility to make it easier for users to find and pick the correct procedure. The template is intended for procedures that have a **fixed price** in the CDM.

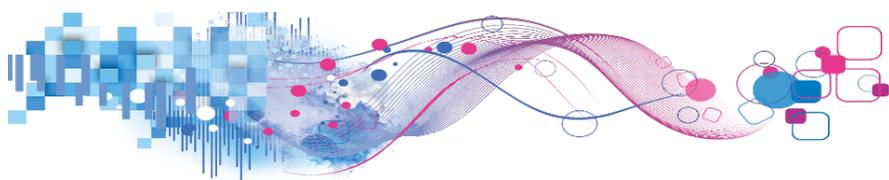
To browse the template, click on any of the categories listed below the search options, such as CT, MRI, or Ultrasound. Template categories will vary by facility.

Click on a category name to display the procedures for the selected category. Click on the desired procedure name to add the charge to your list of selected procedures.

CHARGEMASTER SEARCH	▶	CT W & W/O CONTRAST
CLAIMS SEARCH	▶	
TEMPLATE SEARCH	▶	CT CERVICAL SPINE W/O & W CONTRAST
EASY SEARCH	▶	CT CHEST W/O & W CONTRAST
GENERIC PROCEDURES	▶	CT HEAD OR BRAIN W/O & W CONTRAST
AUDIOGRAM	▶	CT IAC W/O & W CONTRAST
AUDIOLOGY	▶	CT LUMBAR SPINE W/O & W CONTRAST
CARDIOLOGY	▶	
CT W & W/O CONTRAST	▶	
CT W/ CONTRAST	▶	
DEXA SCAN	▶	

The template may be quickly searched and sorted via the **template search**. Enter your search criteria in the search field and press **enter**.

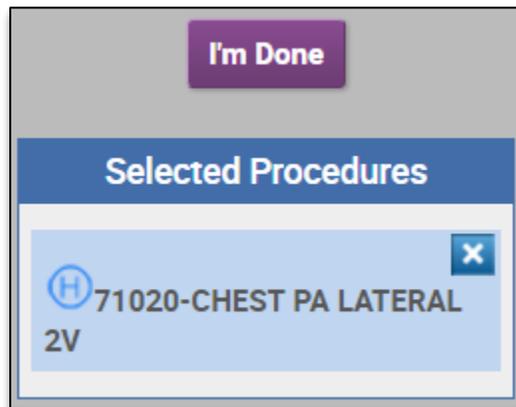
CHARGEMASTER SEARCH	▶	TEMPLATE SEARCH
CLAIMS SEARCH	▶	<input type="text" value="71020"/>
TEMPLATE SEARCH	▶	
EASY SEARCH	▶	
GENERIC PROCEDURES	▶	



Results will be displayed. Click on an item to make a selection.



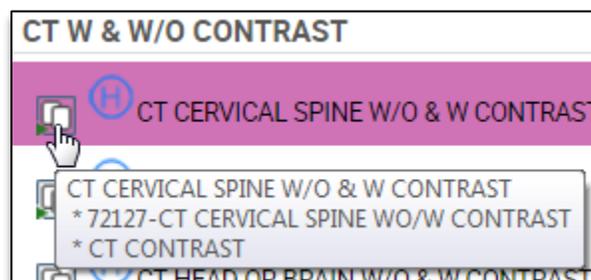
The procedure will now be listed on the right side of the screen under the **selected procedures** section. This section can be thought of as the patient's "shopping cart". To remove an item from the cart, click the **x** next to the procedure name. To "check out" and run the estimate, click **I'm done**.

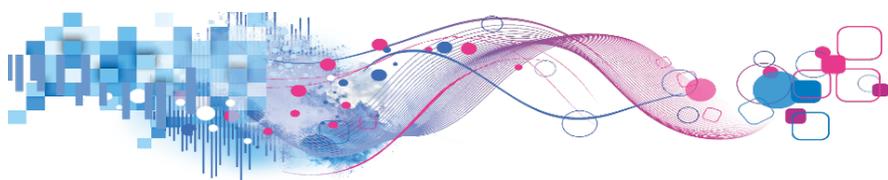


Grouped Procedures

Procedures that will always be performed together may be **grouped** on the template. This functionality saves time and ensures procedures aren't missed by allowing users to select multiple procedures with a single click.

A group is identified by a  icon next to the procedure name. Hover the mouse over the desired procedure to view the items that are a part of the group. Click on an item to make a selection.





Easy Search

Easy Search combines the functionality of the Chargemaster Search and the Template Search to allow users to search both at the same time. Users may also use Easy Search to search just the Chargemaster or just the template by making a selection from the search type dropdown. To use this search option, type a code or keyword into the search field. Results will automatically begin to populate below.

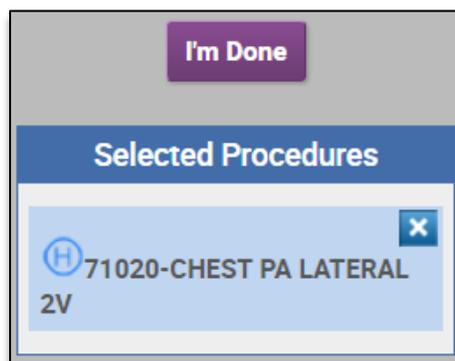
EASY SEARCH							
Search: 71020		Search Type: BOTH					
Category	CDM Group	Proc Code	Description	Rev Code	CDM Code		
		71020	XR CHEST INSPIRATN/EXPIRATN 2V	324	84600519		
		71020	XR CHEST PA/LAT (PRE-SURG) 2V	324	84600642		
		71020	XR CHEST PA AND LATERAL 2V	324	84600733		
		71250	CT CHEST WO CONTRAST	352	84710201		
	RADIOLOGY	71020	CHEST PA LAT (PRE SURG) 2V	324	84600642		
	RADIOLOGY	71020	CHEST PA LATERAL 2V	324	84600733		

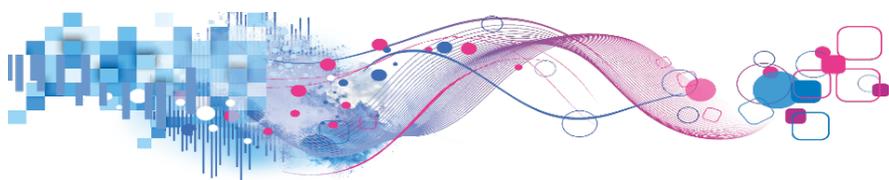
Legend:

- Chargemaster Result
- Template Result

In addition to the procedure code and description, Easy Search results will also display the procedure's template category, CDM group, revenue code, and CDM code.

Click a result to make a selection. The procedure will now be listed on the right side of the screen under the **selected procedures** section. To run the estimate, click **I'm done**.





Claims Search

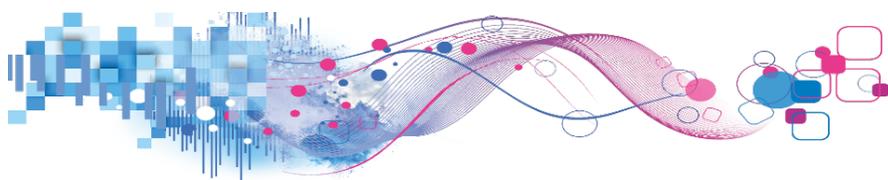
Claims Search uses data collected from the facility's 837 claim files to provide a historical claim price when a procedure is searched. This search option allow for estimates to be given on procedures that do **not** have a fixed price in the facility's CDM, such as outpatient surgeries and inpatient stays.

To begin, select a patient type from the dropdown menu, then search by CPT or ICD. Additionally, users may search by DRG for inpatients. In the example below, a search for CPT 45380 is shown with a result of 811 hits. The number of **hits** is the number of claims that match the specified CPT code.

The screenshot shows a search interface with a 'Patient Type' dropdown set to 'Outpatient'. A search box contains '45380'. Below the search box, a result is displayed: '(45380) (811 hits) COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE'. A mouse cursor is pointing at the result.

If desired, enter any additional inclusions or restrictions, such as diagnosis, provider, or location. Click **search**.

The full interface is titled 'CLAIMS SEARCH'. It features a 'Patient Type' dropdown set to 'Outpatient'. The 'Search' section includes a 'CPT/HCPC' field with '45380' entered, and an 'ICD Procedure' field. There is a 'Primary Only' checkbox. The 'Additional Restrictions' section includes checkboxes for 'Include ER Results' and 'Include Modifiers/POS Details', a note 'Note: Diagnosis codes with * denote ICD-10', a 'Diagnosis' field, and another 'Primary Only' checkbox. There are also dropdown menus for 'Attending Provider' and 'Location', both set to 'All'. At the bottom right, there are 'Search' and 'Reset' buttons.

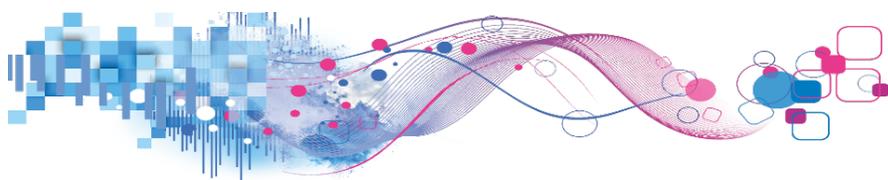


The results page will break down the claims by revenue code and diagnosis. If a user does not know the diagnosis code, Experian Health best practice is to pick the top result. Click on the desired result to proceed.

Claim Search Results					
Showing 49 entries					
#	Description	CPT/HCPC	Rev Code	Diagnosis	Total
264	(45380) COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE	45380	360	V7651	6265.82
84	(45380) COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE	45380	360	V1272	6310.06

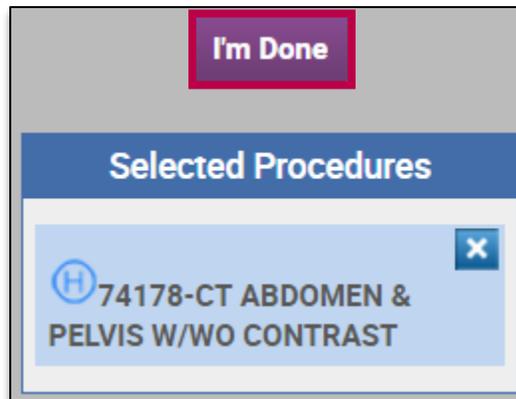
The next screen will show a breakdown of all associated charge line items that are present on at least 70% of the claims searched. Users may uncheck any line items that they do not wish to have included in the estimate. If the user is unsure of which line items should be included, it is recommended that they leave all lines checked. Click **select** to add the procedure to the estimate.

Showing 6 entries						
Diagnosis: V7651						
						Total Charges: \$6265.82
All of these Charge Line items came back associated with your search. Review and uncheck the Charge Line item if it is not applicable to the patient.						
<input type="button" value="Select"/> <input type="button" value="Back"/>						
Description	CPT/HCPC	Modifiers	Rev Code	Units	Charge	Use <input checked="" type="checkbox"/> All
MED SUR-SUPPLIES			270	1	122.82	<input checked="" type="checkbox"/>
LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION ABORTION - SPONTANEOUS/MISSED ARTERY, BIOPSY BONE MARROW, BIOPSY BONE EXOSTOSIS BRAIN/MENINGES, OTHER THAN FOR TUMOR RESECTION BREAST, BIOPSY, NOT REQUIRING MICROSCOPIC EVALUATION OF SURGICA	88305		310	2	996.84	<input checked="" type="checkbox"/>
COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE	45380		360	1	4241.11	<input checked="" type="checkbox"/>
INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		636	1	23.75	<input checked="" type="checkbox"/>
INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		636	1	21.87	<input checked="" type="checkbox"/>
RECOVERY ROOM			710	1	859.43	<input checked="" type="checkbox"/>



Estimate Results

Once all services have been selected, click **I'm done** to run the estimate.



After a brief calculation, the estimate results will display. The estimated patient responsibility will be listed at the top of the estimate, with a detailed explanation below. In the example below, the estimate result is \$293.

Selected users may see a red delete estimate button located near the top of the screen. This function can be useful when running test estimates during user-acceptance testing and training. This function is permissions-based and is only visible for select users.

The screenshot shows a software interface for "Estimate Results". At the top, there are two steps: "Step 1: Pick Procedures" (completed) and "Step 2: Estimate Results" (completed). A red "DELETE ESTIMATE" button is visible in the top right. The patient information section includes:

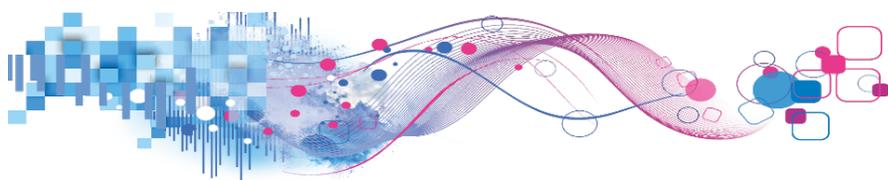
- Patient Name: Test Training
- Insurance: UNITED HLTHCR PPO/POS/OA 87726 - UNIHPP00
- Account Number: [REDACTED]
- Policy Number: [REDACTED]
- Status: Verified
- Subscriber Number: [REDACTED]
- Processed On: [REDACTED]

Below the patient information are two text areas for "account notes" and "printed notes", each with a "Characters remaining: 2000" indicator and an "Update Notes" button.

The "Services" section contains a table:

Charge Code	Service Definition	Charge Description	Svc Charge	Adj Charge	Quantity	Total
93307 483	Hospital Outpatient	ECHO W/2D & M MODE	\$1,221.00	\$825.40	1	\$825.40
Total Charges						\$825.40

The estimate results are broken into four sections: **patient**, **services**, **benefits**, and **representative script**.



Patient

The **Patient** section displays account overview information, including the patient's name and policy number. This section also displays the name of the insurance plan that is being used to value the estimate.

Patient

Patient Name	Test Training
Insurance	UNITED HLTHCR PPO/POS/OA 87726 - UNIHPP00
Account Number	██████████
Policy Number	██████████
Status	Verified
Subscriber Number	██████████
Processed On	

Characters remaining: 2000

account notes ...

Characters remaining: 2000

printed notes ...

Update Notes

Notes

This section also contains two text boxes. The box labeled “**account notes**” (left) is intended for internal notes. These notes will be visible to any user who accesses the patient estimate via eCN. The box labeled “**printed notes**” (right) is intended for patient-facing comments. Notes typed in this field will be displayed on the printed PDF estimate that can be provided to patients.

After entering notes in either box, click **update notes** to save the changes.

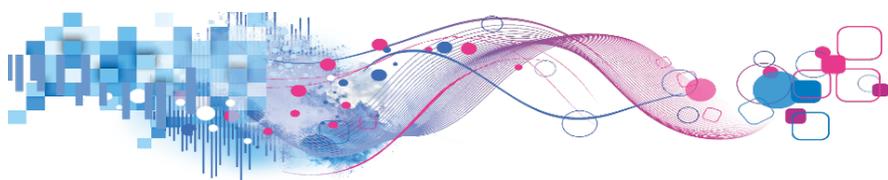
Characters remaining: 2000

account notes ...

Characters remaining: 2000

printed notes ...

Update Notes



Services

The **Services** section lists the procedures and services on the estimate. Each service will be listed on a separate line.

Services						
Charge Code	Service Definition	Charge Description	Svc Charge	Adj Charge	Quantity	Total
93307 483	Hospital Outpatient	ECHO W/2D & M MODE	\$1,221.00	\$825.40	<input type="text" value="1"/>	\$825.40
Total Charges						\$825.40

Charge Code – The first value listed in this column is the procedure’s CPT, ICD-10 or DRG code. The number in purple in the example above is the revenue code.

Service Definition – The specific benefit category that the procedure falls under. The service definition drives the logic that pulls the applicable benefits from the coverage response for the estimate calculation.

Charge Description – The name of the procedure or service.

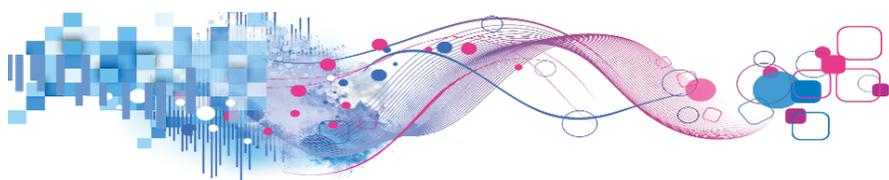
Service Charge – The unadjusted price of the procedure as reflected in the facility’s CDM.

Adjusted Charge – The insurance-adjusted charge once the applicable payer contract has been applied, commonly referred to as the payer’s **allowable amount**.

Quantity – The quantity will default to 1. Users may manually change the quantity value when needed. If adjusting the quantity, click the **recalculate** button located near the bottom of the estimate.

For an explanation of how the charges were calculated, click on the yellow information icon. The details of the calculation will be displayed below.

Total Charges	\$825.40
<p>The Outpat term has fired for RevCharg type. Adding 67.60% of \$1,221.00 = \$825.40 * 1 unit = \$825.40 * 1 visit = \$825.40 for CPT code 93307.</p> <p>The MISC99 term has fired.</p> <p>The total reimbursement is \$825.40.</p>	

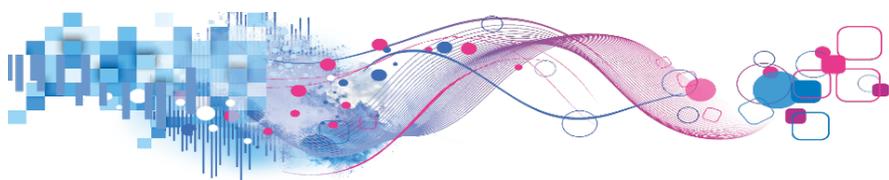


Discounts

PE has the ability to automatically calculate applicable **self-pay** and **prompt-pay** discounts. When applicable, these discounts will appear as part of the estimate results just below the service breakdown.

Discounts are custom-programed in accordance with each facility's financial assistance policies. The patient responsibility and discount percentage fields may be manually adjusted when appropriate. If making adjustments to these fields, click the **recalculate** button to allow the system to make any changes to the estimate total.

Discounts			
Patient Responsibility	Discount	Savings	Amount Due
<input type="text" value="\$2970.00"/>	Self-Pay <input type="text" value="40%"/>	\$1,188.00	\$1,782.00
<input type="button" value="Recalculate"/>	<input type="button" value="Previous"/>		



Benefits

The patient's individual benefits are applied in the **Benefits** section. The values listed in these fields are taken from the eligibility response located under the **Coverage** chevron, and include copay, coinsurance, deductible, and out-of-pocket (OOP) amounts.

Please note that the overall deductible and out-of-pocket amounts are listed for information only. Only the deductible remaining and out-of-pocket remaining are used in the calculation of the estimate.

If making manual changes to the information in this section, click on **recalculate** to allow the estimate total to reflect the changes. Previously run estimates can be viewed by clicking on **previous**.

To view a copy of the estimate in PDF format, select a language from the dropdown menu and click **print estimate**. You may print this document and provide it to your patient for their reference. Estimate print-outs are available in English and Spanish. Additional languages may be available if a translation is provided to Experian Health by your facility.

Benefits

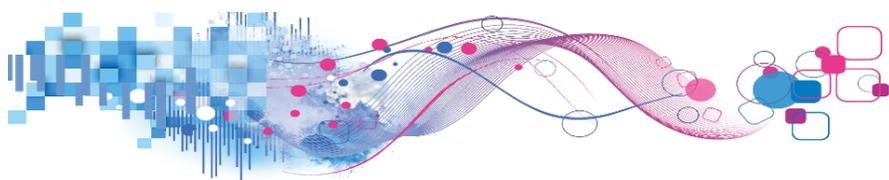
Out of Pocket Options

Deductible Applies to OOP Yes No

Co-Pay Applies to OOP Yes No

Service Categories: Hospital Outpatient >

Payer	Primary
Total Adj Charges	\$825.40
Co-Pay	<input type="text" value="\$200.00"/>
Co-insurance	<input type="text" value="15.00%"/>
Individual Deductible	<input type="text" value="\$0.00"/>
Individual Deductible Remaining	<input type="text" value="\$0.00"/>
Family Deductible	<input type="text" value="\$0.00"/>
Family Deductible Remaining	<input type="text" value="\$0.00"/>
Individual Out of Pocket	<input type="text" value="\$5350.00"/>
Individual Out of Pocket Remaining	<input type="text" value="\$4509.60"/>
Family Out of Pocket	<input type="text" value="\$10700.00"/>
Family Out of Pocket Remaining	<input type="text" value="\$8094.39"/>
Estimated Patient Responsibility	\$293.81

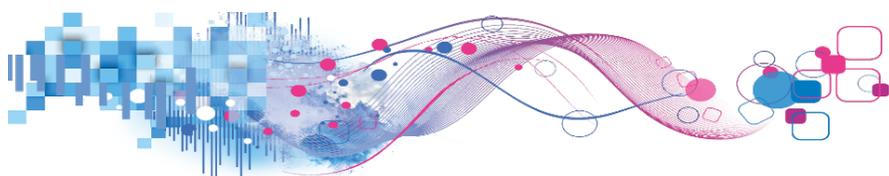


For a detailed breakdown of the estimate calculation, click on the yellow "i" next to the estimated patient responsibility.

Service Categories	Hospital Outpatient
Payer	Primary
Total Adj Charges	\$825.40
Co-Pay	\$200.00
Co-Insurance	15.00%
Individual Deductible	\$0.00
Individual Deductible Remaining	\$0.00
Family Deductible	\$0.00
Family Deductible Remaining	\$0.00
Individual Out of Pocket	\$5350.00
Individual Out of Pocket Remaining	\$4509.60
Family Out of Pocket	\$10700.00
Family Out of Pocket Remaining	\$8094.39
Estimated Patient Responsibility	\$293.81

The information shown in the estimate explanation can help you and your patient to understand how the estimated amount is determined.

Estimate Explanation	
	\$825.40 Insurance Adjusted Charges
-	\$0.00 subtract Individual Deductible Remaining
-	\$200.00 subtract Co-Pay
=	\$625.40 equals Subtotal
x	15.00% multiply Co-Insurance Percentage
=	\$93.81 equals Co-Insurance Amount
This estimate is set to Exclude Deductible and Include Co-Pay from OOP Calculation	
+	\$200.00 add Co-Pay
=	\$293.81 equals Subtotal
Compare to OOP, Use \$293.81 since it's the lesser of \$293.81 and \$4,509.60	
+	\$0.00 add back Individual Deductible Remaining
=	\$293.81 equals Subtotal
	\$293.81 Estimated Patient Responsibility



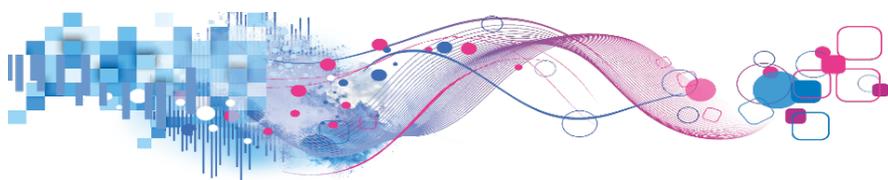
Out-of-Pocket Options

At the top of the Benefits section, some users may have the option to choose whether or not the deductible and copay apply toward the out-of-pocket (OOP) amount. By default, the deductible does not apply toward OOP, but the copay does apply. If a payer response indicates otherwise, users with this option may alter the estimate settings by clicking on the applicable radio button and clicking **recalculate**. Please note that this option is permission-based and may not be present for all users.

Out of Pocket Options

Deductible Applies to OOP Yes No

Co-Pay Applies to OOP Yes No



Representative Script

The final section of the estimate contains the **representative script**, which includes suggested language that users are encouraged to use when speaking with patients about their estimate. This script will vary by facility, but generally includes a reminder that the patient is being provided with an estimate, not a guarantee of final billed charges. The **script language** may be changed to the patient's preferred language using the dropdown menu. The representative script is customizable and may vary by facility.

Click the **yes, I read this script to the patient** button to confirm that you have read this information to the patient.

Representative Script Script Language English

The estimate provided is not a guarantee of final billed charges. Final billed charges may vary due to unknown circumstances or complications and the patient's medical condition. Additional fees may apply, that are not included in this estimate from physician, radiologist, anesthesiologist and pathologist. Benefits and eligibility are provided from your insurance company within the last 30 days or the date of this estimate and is subject to change.

We accept all major credit cards, debit cards and personal checks. How would you like to handle this payment today?

MEDICARE OUTPATIENT:

Since Medicare does not cover at 100% we are asking for an estimate of "x" today. We accept all major credit cards, debit cards, and personal checks. How would you like to handle this payment today?"

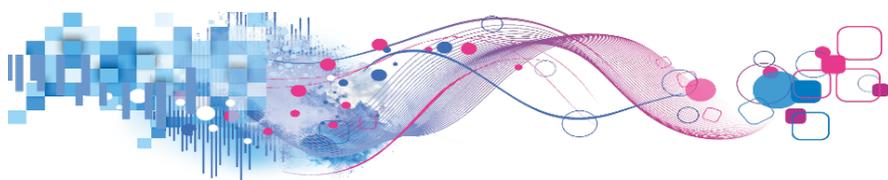
*Reminder: If patient becomes admitted, remember the 60-day rule and refer to scripting in register resources.

Yes, I read this script to the patient

Reference Number

The bottom of each estimate contains a unique reference number as well as the name of the user who ran the estimate. When contacting Customer Support about an estimate, please include the reference number.

Reference #: 34M1YDZO
Estimate run by Heather Kalapodis



“Shopper” Estimates

With the rising cost of healthcare, patients have become increasingly savvy at shopping around for their healthcare. As consumers, they want to know how much they’re going to owe for their care, so many facilities have seen an increase in inquiries from **“window shoppers”** – patients calling around to multiple facilities to see where they can get the best value before scheduling a procedure.

Since these patients will not yet have a scheduled visit for their procedure in your registration system, their information won’t be automatically available in eCare NEXT. However, you can still run an estimate by manually adding a patient to eCare NEXT via the **Quick Launch** function.

Quick Launch can be accessed by clicking on **create a new patient** in the work queue.

STATUS	DOS	MRN	ACCOUNT	OVERVIEW
No status...	01/11/2017	0000001	0000001	Registered by: Chase Pilkington Created by: Chase Pilkington Updated by: Chase Pilkington Facility: Patient Email Test:

Manually key in the patient’s information. Name and birthdate are required fields for patient registration. By default, you will see tabs for **demographics, coverage, and encounter**. To turn off tab mode and display all fields on one page, turn off the tabs mode.

Demographics Coverage Encounter **TABS ON** Existing Account Search

Account Number MRN * required fields

Patient Information

Date of Birth * Sex Male Female Home Phone

Patient Last Name * Address 1

Patient First Name * Address 2

Patient Middle Name City

Patient SSN State ZIPCode

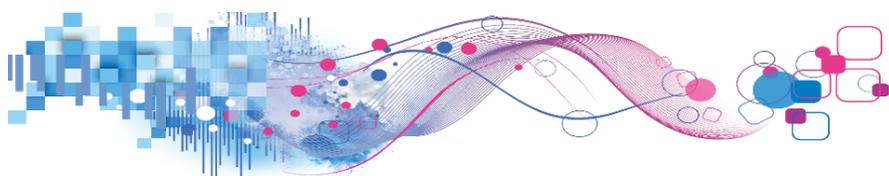
Guarantor Information same as patient

Date of Birth Sex Male Female Home Phone

Guarantor Last Name Address 1

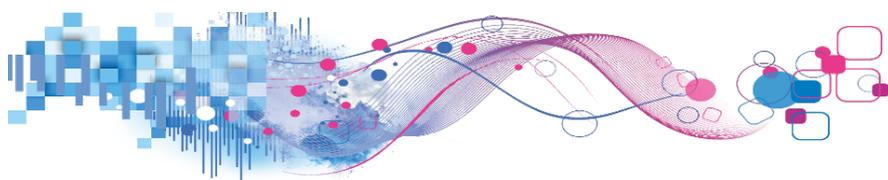
Minimum Data For

- Patient Registration Highlight minimum data
- Address Verification Highlight minimum data
- Eligibility Verification Highlight minimum data
- PayNav Highlight minimum data
- Estimates Highlight minimum data
- Pre-Certification Highlight minimum data
- Medical Necessity Highlight minimum data

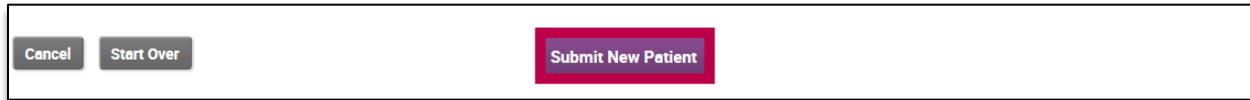


Navigate to the coverage tab and enter the patient's insurance information, if applicable. eCN will use this information to run a verification of the patient's eligibility so that their benefits may be factored into the estimate. Required fields for running an estimate on an insured patient are shown in gold below.

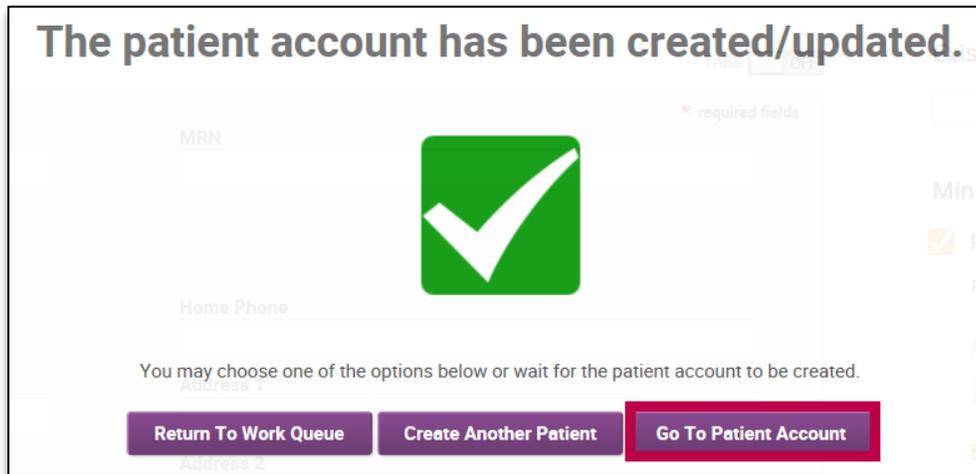
If the patient is uninsured, select **self-pay** from the **insurance type** dropdown. Leave the other insurance dropdown menus and fields blank.



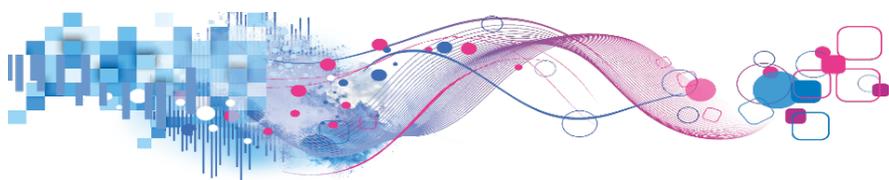
After filling out all required information, scroll to the bottom of the screen and click on **submit new patient**. Alternatively, you may select the **cancel** button to back out of the account creation process, or the **start over** button to clear the form.



The following message will appear after the successful creation of a new patient:



The user may choose to **return to the work queue**, **create another patient**, or **go to the patient account** using the buttons provided. If no selection is made, the user will automatically be redirected to the patient account page in eCN.



If needed, patient information may be modified under the Quick Launch chevron by clicking **edit patient account**.

Click the **estimate** chevron to run an estimate and follow the steps for estimate creation detailed in the previous sections of this guide. Please note that before running the estimate, it is suggested that users check the status of the eligibility request to ensure that it has returned an eligible response from which benefits can be utilized.

TEST, PATIENT

ACCOUNT PHC_10a577c2-4377-4c1e-a5b5-667fb96d51a6 BIRTH 03/08/2017 TYPE
MRN PHC_7608f384-16c2-41d2-a3a6-11c3acd03234 SERVICE 03/16/2017 LOCATION

status enter com
EDFU

QUICK LAUNCH

- ALERTS
- DEMOGRAPHICS
- COVERAGE !
- ▶ NOA
- AUTH
- MED NEC
- PRE-CERT
- ESTIMATE**
- TRIAGE

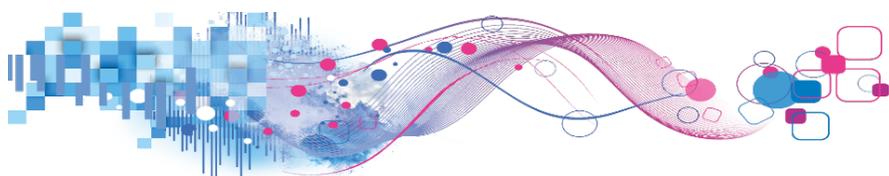
ACCOUNT SUMMARY

Demographics Coverage Encounter [Edit Patient Account ▶](#)

Patient Information

Name: Test, Patient
Address:
Home Phone:
Date of Birth: 03/08/2017
Sex:
SSN:

Guarantor Information



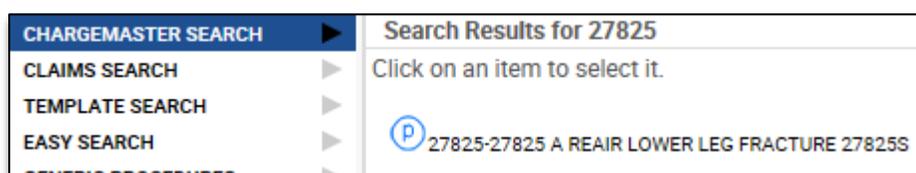
Professional Estimates

Facilities utilizing PE's **professional estimates** functionality will have access to the same search options detailed earlier in this guide. However, when utilizing these search options for professional estimates, users will be prompted for additional information.

Chargemaster/Template/Easy Search

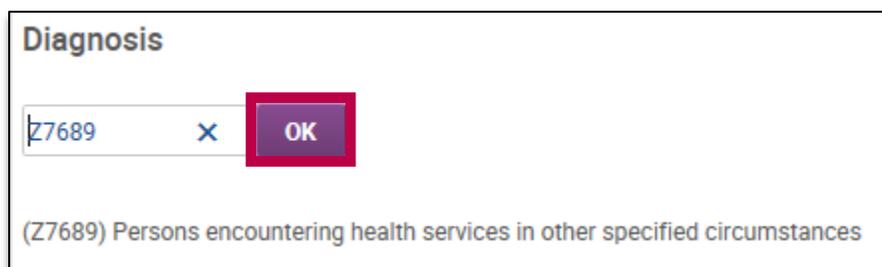
Let's take a look at the example below, which uses the Chargemaster Search. The next to the service name indicates a professional charge.

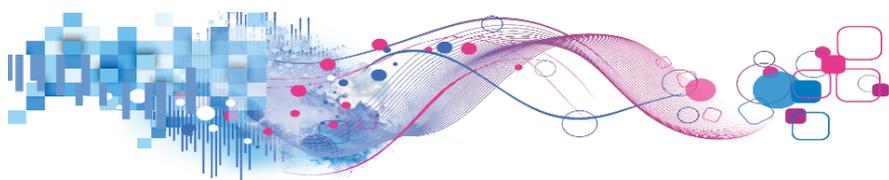
Click on an item to select it.



When using the **Chargemaster Search**, **Template Search**, or **Easy Search** for professional estimates, users will be prompted with the following screens when selecting an item.

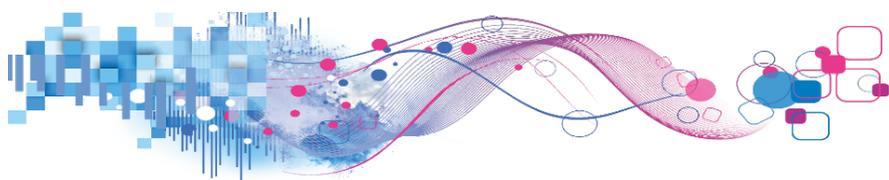
Enter the diagnosis (if known), or leave the default diagnosis (Z7689) in the diagnosis field and click **ok**. Please note that the diagnosis screen may not display in all cases.





If known, enter the **professional details**, such as location, physician, participating/non-participating, modifier(s), type of service, and place of service. If unknown, leave the fields blank. Click **add** to add the service to the patient's **selected procedures** column.

Professional Details	
Location	<input type="text" value="Select One"/> <input type="button" value="v"/>
Physician	<input type="text"/> <input type="button" value="v"/> <input type="button" value="Par"/> <input type="button" value="Non Par"/>
Modifiers	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Type Of Service	<input type="text" value="N/A"/> <input type="button" value="v"/>
Place of Service	<input type="text" value="N/A"/> <input type="button" value="v"/>
<input type="button" value="Add"/>	



Claims Search

When using **Claims Search** for professional estimates, select a patient type of **professional** from the dropdown menu. Next, enter a CPT/HCPC code or description into the search field to begin your search. The number of **hits** is the number of claims that match the specified CPT code.

CLAIMS SEARCH

Patient Type **Professional** ▼

Search

CPT/HCPC

(42830) (23 hits) ADENOIDECTOMY, PRIMARY; YOUNGER THAN AGE 12

(42831) (10 hits) ADENOIDECTOMY, PRIMARY; AGE 12 OR OVER

Select a **location** (required) and choose any additional restrictions, such as **diagnosis** or **provider**. Place a checkmark in the **include modifiers/POS details** box to separate results by modifiers. Click **search**.

CLAIMS SEARCH

Patient Type **Professional** ▼

Search

CPT/HCPC

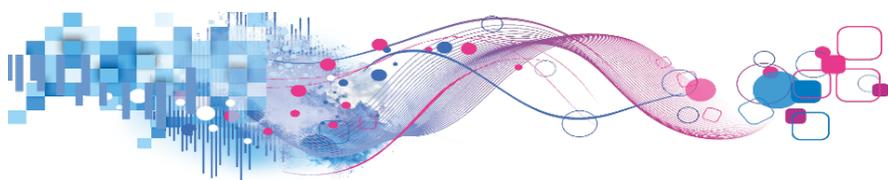
Include ER Results

Include Modifiers/POS Details

Diagnosis

Rendering Provider **All** ▼

Location * **Select One** ▼



The results page will break down the claims by diagnosis and, if selected, modifiers. If a user does not know the diagnosis code, it is recommended that they choose the top result. Click on the desired result to proceed.

Showing 14 entries

#	Description	CPT/HCPC	Diagnosis	Total
3	(42830) ADENOIDECTOMY, PRIMARY; YOUNGER THAN AGE 12	42830	H6523,J352	2903.58
3	(42830) ADENOIDECTOMY, PRIMARY; YOUNGER THAN AGE 12	42830	J352	1161.95

The next screen will show a breakdown of all associated charge line items that are present on at least 70% of the claims searched. Users may uncheck any line items that they do not wish to have included in the estimate. If the user is unsure of which line items should be included, it is recommended that they leave all lines checked. If known, enter professional details such as modifiers, place of service, type of service, location, and physician. If unknown, leave the fields blank. Click **select** to add the service to the patient's **selected procedures** column.

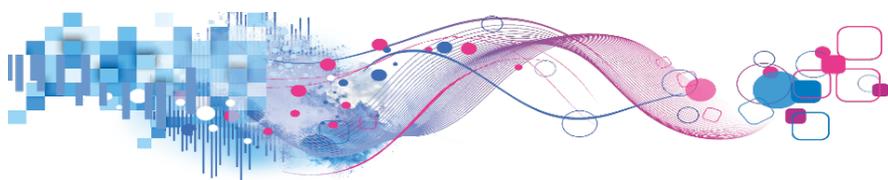
Showing 2 entries

Procedure: 42830
Diagnosis: (H6523,J352)*

Total Charges: \$2903.58

All of these Charge Line items came back associated with your search. Review and uncheck the Charge Line item if it is not applicable to the patient.

Description	CPT/HCPC	Modifiers	Place of Service	Type of Service	Additional Info	Units	Charge	Use <input checked="" type="checkbox"/> All
ADENOIDECTOMY, PRIMARY; YOUNGER THAN AGE 12	42830	<input type="text"/>	24	<input type="button" value="Select"/>	<input type="button" value="Select"/>	1	1161.95	<input checked="" type="checkbox"/>
TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), GENERAL ANESTHESIA	69436	50	24	<input type="button" value="Select"/>	<input type="button" value="Select"/>	1	1741.63	<input checked="" type="checkbox"/>



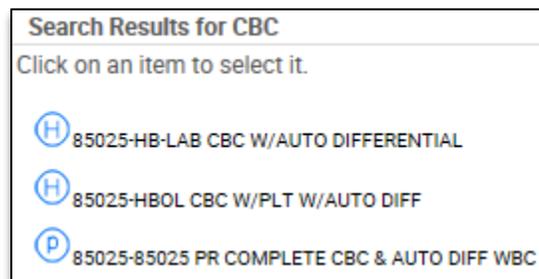
Combined Estimates

Combined Estimates allow users to add both hospital (facility) procedures and professional services to the same estimate. Facilities utilizing PE's combined estimates functionality will have access to the same search options detailed earlier in this guide. However, when utilizing these search options for combined estimates, users will be prompted for additional information.

Chargemaster/Template/Easy Search

Let's take a look at the example below, which uses the Chargemaster Search. Users at facilities using combined estimates will see results marked with either (P) for professional or (H) for hospital to indicate whether the specific result is a professional or a hospital charge.

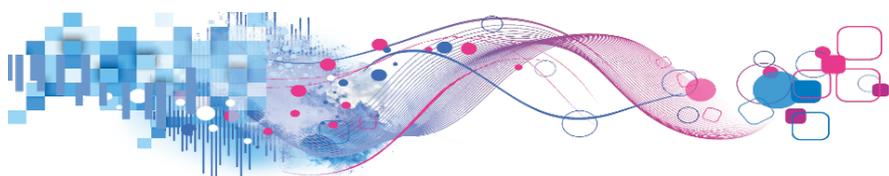
Click on an item to select it.



If the result selected is classified as a professional charge, users of the **Chargemaster**, **Template**, and **Easy Search** will be prompted with the following screens when selecting an item.

Enter the diagnosis (if known), or leave the default diagnosis (Z7689) in the diagnosis field and click **ok**. Please note that the diagnosis screen may not display in all cases.





The **professional details** prompt will display. If known, enter the professional details, such as location, physician, modifier(s), type of service, place of service, and participating/non-participating. If unknown, leave the fields blank. Click **add** to add the service to the patient's **selected procedures** column.

Professional Details

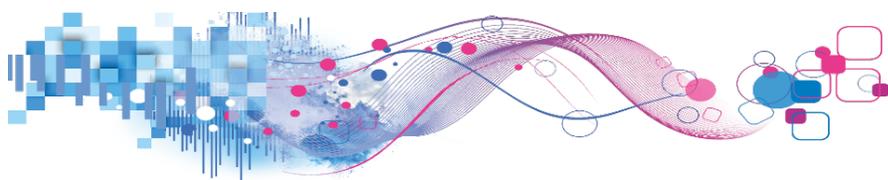
Location

Physician

Modifiers

Type Of Service

Place of Service



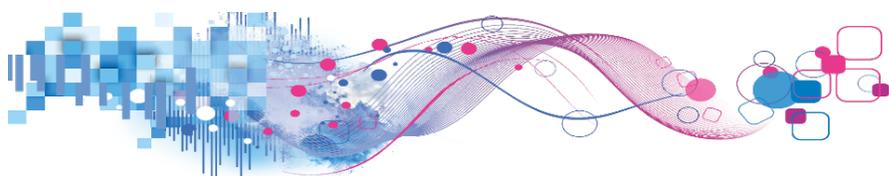
Claims Search

When using **Claims Search** for combined estimates, select a **patient type** from the dropdown menu, then search by CPT or ICD. Additionally, users may search by DRG for inpatients. In the example below, a search for CPT 45380 is shown with a result of 2921 **hits**. The number of hits is the number of claims that match the specified CPT code.

The screenshot shows the 'CLAIMS SEARCH' header. Below it, 'Patient Type' is set to 'Outpatient'. A search box contains 'CPT/HCPC 45380'. A dropdown menu is open, showing a single result: '(45380) (2921 hits) COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE'. A mouse cursor is pointing at the result.

Choose any additional restrictions, such as diagnosis, attending provider, or location. Place a checkmark in the **include modifiers/POS details** box to separate results by modifiers. Click **search**.

The screenshot shows the 'CLAIMS SEARCH' interface with several filters. 'Patient Type' is 'Outpatient'. The search box contains 'CPT/HCPC 45380'. There are empty input fields for 'ICD Procedure' and 'ICD Procedure'. A 'Primary Only' checkbox is present. Under 'Additional Restrictions', the 'Include Modifiers/POS Details' checkbox is checked and highlighted with a red box. Below it, a note states 'Note: Diagnosis codes with * denote ICD-10'. There are input fields for 'Diagnosis', 'Attending Provider' (set to 'All'), and 'Location' (set to 'All'). A 'Primary Only' checkbox is also present. At the bottom, there are 'Search' and 'Reset' buttons, with the 'Search' button highlighted in red.



The search results will display. Click on the relevant procedure grouping in the search results based on diagnosis and/or revenue code. If this information is unknown, it is recommended that users pick the top result.

Claim Search Results						
Showing 50 entries						
#	Description	CPT/HCPC	Rev Code	Diagnosis	Total	
666	(45380) COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE	45380	750	Z1211	2491.43	
122	(45380) COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE	45380	750	D122	5072.18	

A breakdown of all associated *hospital (facility)* charge line items that are present on at least 70% of the claims searched will be displayed. Users may uncheck any line items that they do not wish to have included in the estimate. If the user is unsure of which line items should be included, it is recommended that they leave all lines checked.

To view professional charges, click **professional search** to view all professional charges associated with the facility charge.

Claim Search Results

Showing 4 entries

Diagnosis: (Z1211)*

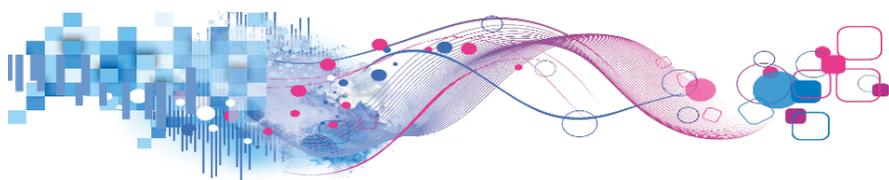
Total Charges: \$2491.43

All of these Charge Line items came back associated with your search. Review and uncheck the Charge Line item if it is not applicable to the patient.

Select Back

Description	CPT/HCPC	Modifiers	Rev Code	Units	Charge	Use <input checked="" type="checkbox"/> All
LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION ABORTION - SPONTANEOUS/MISSED ARTERY, BIOPSY BONE MARROW, BIOPSY BONE EXOSTOSIS BRAIN/MENINGES, OTHER THAN FOR TUMOR RESECTION BREAST, BIOPSY, NOT REQUIRING MICROSCOPIC EVALUATION OF SURGICA	88305		310	1	196.00	<input checked="" type="checkbox"/>
INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		636	6	43.44	<input checked="" type="checkbox"/>
INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		636	1	11.49	<input checked="" type="checkbox"/>
COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE	45380		750	1	2240.50	<input checked="" type="checkbox"/>

Professional Search



Select a location (required). Use the checkboxes on the right to select or deselect any professional charges that should or should not be reflected in the estimate. If known, enter professional details such as modifiers, place of service, type of service, specialty, and units. If unknown, leave the fields blank.

Location *

Showing 18 entries Professional Total Charges: \$12370.81

Description	CPT/HCPC	Modifiers	Place of Service	Type of Service	Specialty	Units	Charge	<input type="checkbox"/>
ANESTHESIA FOR UPPER GASTROINTESTINAL ENDOSCOPIC PROCEDURES, ENDOSCOPE INTRODUCED PROXIMAL TO DUODENUM	00740	<input type="text" value="P2:QS::"/>	22	<input type="button" value="Select"/>	<input type="button" value="Select"/>	77	990.22	<input checked="" type="checkbox"/>
ANESTHESIA FOR LOWER INTESTINAL ENDOSCOPIC PROCEDURES, ENDOSCOPE INTRODUCED DISTAL TO DUODENUM	00810	<input type="text" value="QX:QS::"/>	22	<input type="button" value="Select"/>	<input type="button" value="Select"/>	66	452.10	<input checked="" type="checkbox"/>

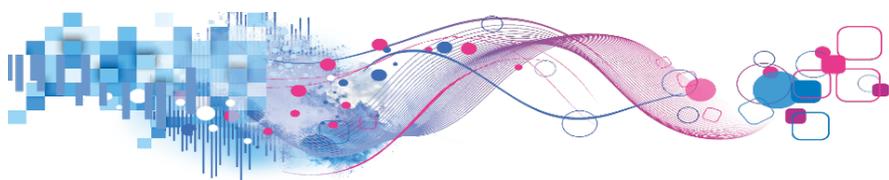
Click **select** to add the service to the patient's **selected procedures** column.

Showing 4 entries

Diagnosis: (Z1211)*

All of these Charge Line items came back associated with your search.
Review and uncheck the Charge Line item if it is not applicable to the patient.

Total Charges:
\$2491.43

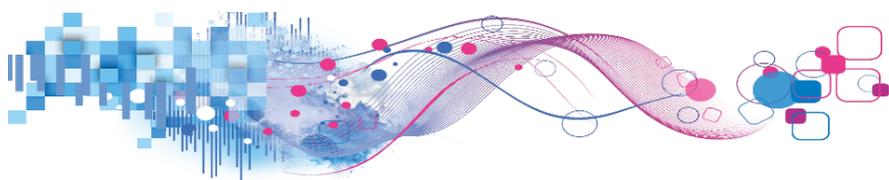


Estimate Lookup

At times, it may be necessary to reference an estimate that was previously run for a patient. For example, a patient may call with a follow-up question about an estimate that they received the other day. To look up a previously run estimate, users may search for the patient in the eCN work queue or use the **PE Lookup** link in OneSource.

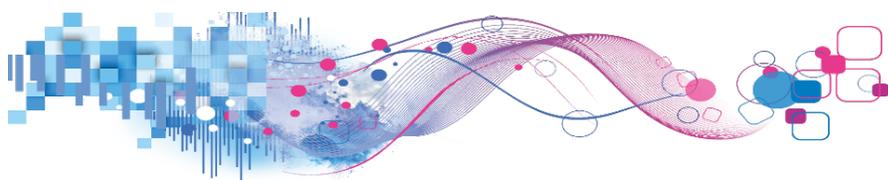
The screenshot shows the OneSource user interface for Heather Kalapodis. The top navigation bar includes tabs for Eligibility, Referrals & Precerts, Claim Status, Address Info, and Credit Reports. The main content area is divided into several sections:

- Patient Access Products**: Includes eCare Next, Work Center, and Coverage Discovery.
- eCare Online Products**: Includes PE Lookup (highlighted with a red box) and PE Standalone.
- Messages**: Shows Archived Messages and No current messages.
- Favorites**: An empty section.
- Medicaid**: Lists various Medicaid plans such as Absolute Total Care and Aetna Better Health (KY, LA, MO, NJ, VA).



Enter the patient's search criteria and click **search**. Please note that it is not necessary to complete all fields. Users may search using any combination of available search criteria.

experian health		Lookup	PPE	Worklist	Profile Manager
Patient Payment Estimator Lookup					
Reference Number	<input type="text"/>				
Patient Last Name	<input type="text"/>				
Patient First Name	<input type="text"/>				
DOB	<input type="text"/>				
Patient Account Number	<input type="text"/>				
Patient SSN	<input type="text"/>				
Generated From Date	<input type="text" value="02/19/2017"/>				
Generated To Date	<input type="text" value="03/21/2017"/>				
<input type="button" value="Search"/>					



Troubleshooting

Sometimes, an estimate result may not turn out the way you had expected. In this section, we will take a look at two issues that users may encounter when running estimates: Estimates with **missing benefits** and **changing coverage**.

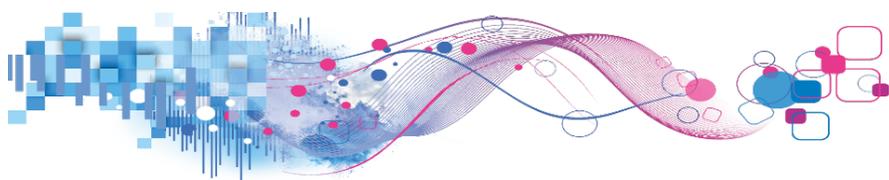
Missing Benefits

From time to time, a particular benefit may be listed on the estimate as a question mark. This indicates that no data was available on the coverage response for that particular benefit. This is considered normal, as not every payer returns every benefit for each service category, and should not in itself be cause for concern. If you have any questions about the benefits that appear in this section, you can consult the coverage chevron.

In the example below, there is a question mark listed in the co-pay field in the image on the left. A review of this patient's eligibility response on the coverage chevron (*right*) shows that this patient is subject to a 15% co-insurance for this service type, but there is no mention of a copay. One can reasonably infer from this eligibility response that the service is subject to co-insurance, but not a copay. Some payers may specifically list the copay as \$0, but others choose to not mention it, as we see here. However, PE still has enough information to generate a robust estimate in this example.

Service Categories Hospital Inpatient >	
Payer	Primary
Total Adj Charges	\$61,551.48
Co-Pay	?
Co-Insurance	15.00%
Individual Deductible	\$500.00
Individual Deductible Remaining	\$0.00
Family Deductible	\$1500.00
Family Deductible Remaining	\$1000.00
Individual Out of Pocket	\$2000.00
Individual Out of Pocket Remaining	\$1446.76
Family Out of Pocket	\$6000.00
Family Out of Pocket Remaining	\$5379.65
Estimated Patient Responsibility	\$1,446.76 ⓘ

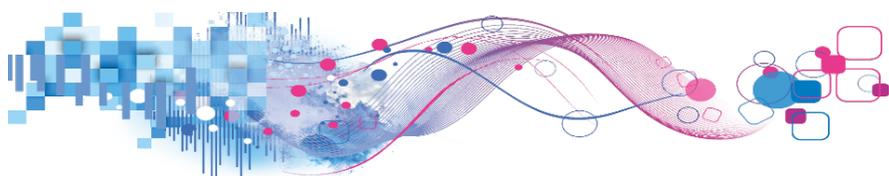
Hospital - Inpatient [IN]	
<i>Hospital - Inpatient</i>	
% Co-Insurance 15 % per Visit	
Coverage	Individual
Time Period	Visit
Inpatient Hospital DAILY ROOM AND BOARD	
➤ Deductible	
Individual	\$500.00 per Calendar Year
Benefit Begin Date 01/01/2017	
Inpatient Hospital DAILY ROOM AND BOARD	
\$0.00	Remaining
Inpatient Hospital DAILY ROOM AND BOARD	
Family	\$1,500.00 per Calendar Year
Benefit Begin Date 01/01/2017	
Inpatient Hospital DAILY ROOM AND BOARD	
\$1,000.00	Remaining
Inpatient Hospital DAILY ROOM AND BOARD	



In some cases, the coverage response may lack information that is critical to the creation of an accurate estimate. This occurs when the payer does not provide detailed benefit information in their response. The affected benefit box(es) may be shaded red to help users identify crucial missing information, as shown below. In these scenarios, a phone call to the payer may be required to verify the patient's specific benefits. After obtaining the necessary benefit information from the payer, manually enter the values and click recalculate to generate an estimate.

Service Categories	Outpatient Surgical
Payer	Primary
Total Adj Charges	\$645.00
Co-Pay	<input type="text"/>
Co-Insurance	<input type="text"/>
Individual Deductible	\$350.00
Individual Deductible Remaining	
Family Deductible	\$700.00
Family Deductible Remaining	
Individual Out of Pocket	\$2000.00
Individual Out of Pocket Remaining	
Family Out of Pocket	\$3000.00
Family Out of Pocket Remaining	
Estimated Patient Responsibility	

Recalculate **Previous**



Change Coverage

By default, PE utilizes benefit information from the first tab listed on the coverage chevron. However, there may be scenarios when it is necessary to use information from one of the other tabs. For instance, let's say that initially, Mr. Smith provided an Aetna insurance card, but upon running eligibility, we discovered that his coverage with Aetna was no longer valid. After further conversation with the patient, we find out that he has recently switched to Cigna. We run an eligibility check and find that he does have active coverage through Cigna. PE can be directed to utilize the Cigna information in the second tab on the coverage chevron (rather than the inactive Aetna information) by selecting the plan from the **coverages dropdown**.

In the example below, no response was received from United Healthcare, and the transaction was terminated.

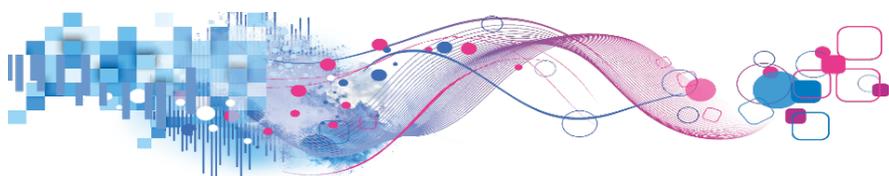
UHC Med AdvantagePPO (1860) Passport Found UHC (UHC)

**No Response received - Transaction Terminated
Please Resubmit Original Transaction**

However, active coverage was later found and is available under the second tab.

UHC Med AdvantagePPO (1860) Passport Found UHC (UHC)

Eligible



To direct PE to look at the benefits under this second tab, we will use the coverages dropdown to select the desired eligibility response. This dropdown will appear at the top of the estimate once the procedures have been selected. After making a new coverage selection, click **resubmit** to allow the estimate to recalculate.

Please note that this dropdown is permissions-based and may not be enabled at all facilities.

The screenshot shows a web interface titled "ESTIMATE". Below the title, there is a "Coverages:" label followed by a dropdown menu. The dropdown menu is open, showing two options: "UnitedHealthcare (1860) - TIMEOUT" and "UnitedHealthcare (UHC) - ACTIVE COVERAGE". Below the dropdown, there is a blue bar with a green checkmark icon on the left, the text "Step 1: Pick Procedures" in the center, and a red "Resubmit" button on the right.

Customer Support

For additional inquiries, please contact Experian Health Customer Support by creating a case in the **Customer Support Portal**, or by e-mail or phone. Customer Support is available 24/7.

E-mail: Customer.Support@ExperianHealth.com

Phone: (866) 854-6796

Experian Health Product Dashboard: <http://www.experianhealthproductdashboard.com>

Payer Status: <http://www.passportssystemstatus.com>