



Payment Estimates (PE) in eCare NEXT®

Enhanced Benefits Match (formerly 1080p)

Current known issue:

Payers do not consistently provide eligibility responses in a standard format. Often benefit information is listed in multiple locations, provided with logic that varies based on patient group information or even in a format that is not easily interpreted.

Solution:

In order to account for these variations and to provide an accurate benefit assessment our Benefits program needs to extract this information using rules.

Currently we have two different ways of extracting and enhancing benefits information utilizing rules. Our original standard for rules was named HiDef as these rules helped to provide a clear level of understanding of payer benefits. We have seen a need to improve the rules and have created Enhanced Benefits Match rules as payer complexity continues to evolve. The table below gives a quick reference to the differences between HiDef rules and Enhanced Benefits Match rules.

HiDef Engine	Enhanced Benefits Match (1080P)
The rules need to be written for each client and each payer by an Implementation consultant/Support Person. They cannot be shared across clients who may contract with the exact same payer and are accessing the same data via the 270/271 feed.	The rules in this engine can be written at the payer level. These rules can be written by our Transaction Content Team thereby providing the benefit to all of the clients who verify benefits with the same payer.
There is more administrative burden due to the need of writing the rules for each client.	By allowing rules to be shared across clients with identical payers there is less administrative burden since the exact same rule is no longer written for multiple clients.
The tool is limited in writing rules due the limited number of fields that were originally created to work with this tool.	There are more fields available in this tool. It allows for more flexibility and specificity in writing rules.
The rules are not centralized across the enterprise	The rules are centralized across the enterprise.
This tool is not current with today's technology and does not continue to grow as benefits evolve.	This tool is more current to today's technology and the flexibility of the tool will allow it to continue to evolve with the payers as their benefit responses change.



FAQs

Q: Will the client notice any change with Patient Estimates?

A: This change is internal and is happening behind the scenes and has no client visibility other than providing an improved estimate detail.

Q: How is Enhanced Benefits Match implemented?

A: Experian Health will review the current HiDef rules by client and determine if there is a need to rewrite this rule in Enhanced Benefits Match logic.

Q: Who will change the HiDef rules to Enhanced Benefits Match rules and how do I get the process started?

A: The PE development group will convert these rules to the Enhanced Benefits Match engine based on priority determined by the Account Management and Development Teams.

Q: What is the reason for this change?

A: The reason for the change is to provide a greater level of benefit application to estimates as payers become more complex in their responses, and clients become more complex in building hospital, professional, and combined estimates through Patient Estimates.