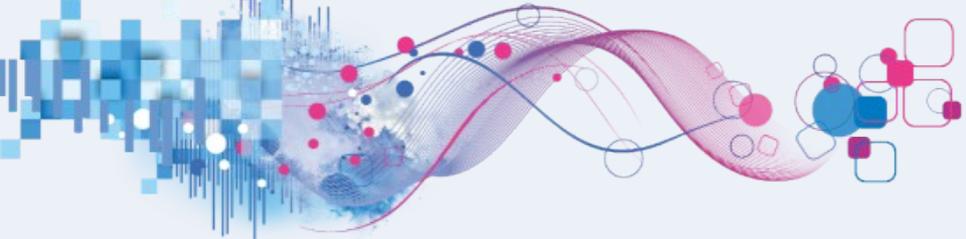


Hospital, Professional and Combined Estimates in eCareNext

July, 2017

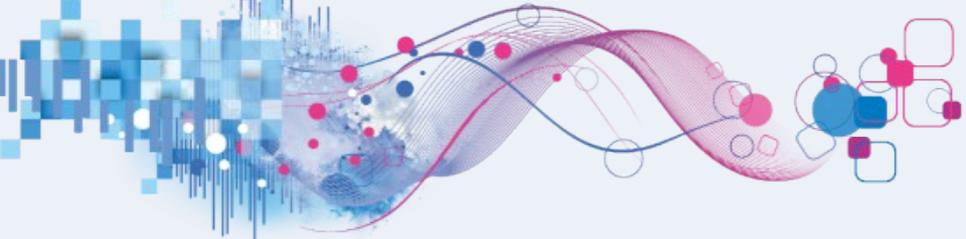




Patient Estimates

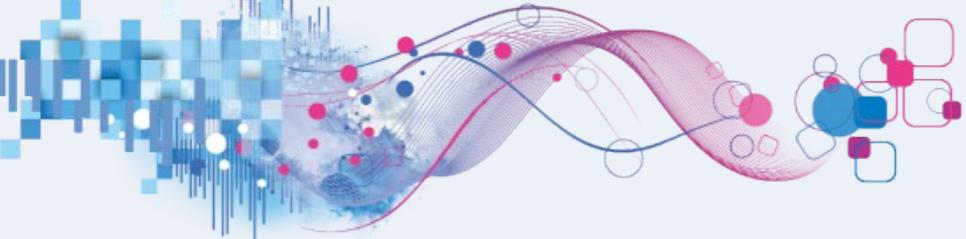
Patient Estimates (PE) is the quickest and most accurate method of providing patient-friendly cost estimates. The solution calculates estimates based on price information, payer contracted rates and patient eligibility and benefits information.

- **Automation & Eligibility**
 - Leverages an HL7 ADT interface to run eligibility behind the scenes. This offers an automated process providing efficiency for the users.
- **Combined Estimates**
 - PE allows combined estimates for the full episode of care with facility and Professional charges in one estimate
- **Contract Manager seamless integration**
 - Integrates seamlessly with our Contract Manager product, which allows Patient Estimates to utilize this robust tool for proper valuation of all of the organization's contracts, which produces a much more accurate estimate.



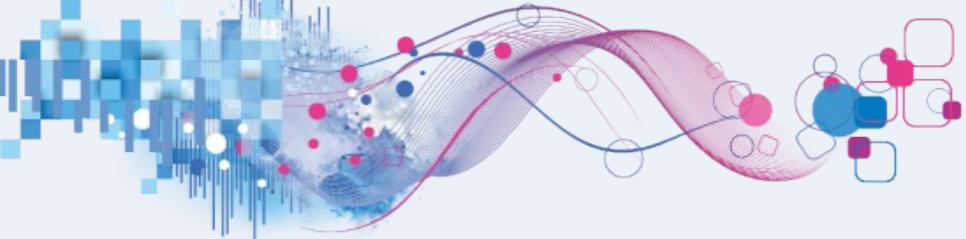
Patient Estimates

- **Claims Search** functionality that will bring back dynamic procedure sets based on historical claims data with cost for each line item
 - Claims Search uses a client's 837 claims data to determine the typical procedures included on a client's claims data and the average price of each of those procedures
 - Produces a more detailed and accurate estimate of which line item procedures are typically included in an estimate
 - An end user can search up to 3 CPT/HCPC codes at the same time. Or use ICD-9 (soon ICD-10) procedure codes
- **Precision Service Types:** Behind the scenes tool that analyzes what type of procedures are being estimated upon and automatically pulls in benefits that are appropriate to those procedures
 - If the eligibility response returned does not contain all needed data, a second eligibility inquiry is automatically executed to receive the necessary information based on Precision Service Types (PST)



Combined Estimates: What this means to the user

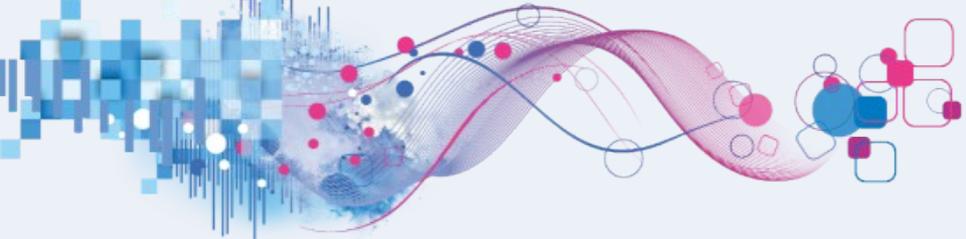
- Facility, Professional or Combined Estimates are available
- Combined Estimates will leverage modifiers, place of service and type of service
- Claims Search for Combined Estimates allow the admitting provider to be selected. The result set will only include those procedures from that provider.
- Templates for Professional and/or Facility procedures can be created
 - The template procedure type is determined based on PE setup



Combined Estimates: What this means to the user

- Combined searches have to be enabled
- An account setting enabled by Customer Support can turn this on for individual users
 - Ensure Professional items are entered in the Config file
 - Ensure Professional claims data is loaded

- Claims History Search
- CHS Show Only Top Results
- CHS Enable Charge Line Edits
- CHS Enable Pro Fee Search



Combined Estimates: Contract Valuations

- An additional price source is not needed for Combined Estimates
- Patient Estimates looks at the request and determines whether it has Facility and/or Professional procedures.
 - For all professional procedures, it sends the request to Contract Manager professional webservice
 - For all facility procedures, it looks at the pricesource. If the pricesource is MP, it sends to contract management, if it is RA, it sends to contract simple.
 - All new clients are now set up to use Contract Manager and all existing clients are being migrated off of Contract Simple to Contract Manager.
- The estimate calculation combines the responses from the calls listed above

PE – Facility Only Estimates – Search Options

After clicking the “ESTIMATE” chevron you will be directed to the following screen:

PATIENT, TEST

ACCOUNT PHC_d1c70005-2aac-4756-99be-31633f53c7f3 BIRTH 12/29/1969 TYPE
MRN PHC_4650a2ca-425a-45d2-9da1-c7196f434c64 SERVICE 06/06/2017 LOCATION

status enter comments here... Select Fields
status ... Done Update
queue queue Default (Best Practice) *
search

accuracy user

QUICK LAUNCH ORDERS ALERTS DEMOGRAPHICS COVERAGE NOA AUTH MED NEC PRE-CERT **ESTIMATE** TRIAGE FAS COLLECTION PT PORTAL

ESTIMATE

[View Alert Status](#)

Step 1: Pick Procedures **LAUNCH**

Step 2: Estimate Results

Select Procedures first to run an estimate.

experian. Product Dashboard | OneSource | Help | Contact Us

PE – Step 1: Pick Procedure(s)

Pick Procedures: At this point, we want to choose specific procedures that will be used to generate the desired estimate.

PATIENT, TEST

ACCOUNT PHC_d1c70005-2aac-4756-99be-31633f53c7f3 BIRTH 12/29/1969 TYPE
MRN PHC_4650a2ca-425a-45d2-9da1-c7196f434c64 SERVICE 06/06/2017 LOCATION

status enter comments here... Select
status ... Done Up

QUICK LAUNCH ORDERS ALERTS DEMOGRAPHICS COVERAGE NOA AUTH MED NEC PRE-CERT ESTIMATE TRIAGE

ESTIMATE

Step 1: Pick Procedures **LAUNCH**

Step 2: Estimate Results

Select Procedures first to run an estimate.

PE – Pick Category

Under the “Select Procedure(s)” section you will notice various ways to search for a procedure:

The screenshot displays a web application window titled "Select Procedure(s)". The interface is divided into three main sections:

- Left Panel (Search Options):** A vertical list of search methods, each with a right-pointing arrow. The top item, "CHARGEMASTER SEARCH", is highlighted with a pink background. A red rectangular box encloses the entire list. The items are: CHARGEMASTER SEARCH, CLAIMS SEARCH, TEMPLATE SEARCH, EASY SEARCH, GENERIC PROCEDURES, AUDIOGRAM, AUDIOLOGY, CARDIOLOGY, CT W & W/O CONTRAST, CT W/ CONTRAST, DEXA SCAN, DIABETIC COUNSELING, DPCDM, EMERGENCY ROOM, HYPERBARIC, INPATIENT PROCEDURES, LAB (A L), LAB (M Z), MRA, NUC MED LIVER/SPLEEN, NUC MED RENAL, NUC MED THYROID, NUCLEAR MEDICINE, OUTPATIENT PROCEDURES, PHYSICIAN ANESTHESIA FEES, PHYSICIAN FEES, PHYSICIAN SURGICAL FEES, PULMONARY FUNCTION TESTING, and RADIOLOGY.
- Center Panel (Start Page):** A light gray area with the heading "Start Page" and the instruction "Please select a search or a category on the left to start".
- Right Panel (Selected Procedures):** A vertical gray bar with a blue header labeled "Selected Procedures" and a white input field below it.

PE – Chargemaster Search

One of the options under the Pick Category section is a chargemaster Search

This search will look through your entire chargemaster to find a particular charge

- **Note that duplicates, spelling errors, or any other extraneous information contained within your chargemaster will display in this view**

To select this option simply click **“CHARGEMASTER SEARCH”** then type the procedure or description you are searching for as highlighted below

Select Procedure(s)

CHARGEMASTER SEARCH ▶

CLAIMS SEARCH ▶

TEMPLATE SEARCH ▶

EASY SEARCH ▶

GENERIC PROCEDURES ▶

AUDIOGRAM ▶

AUDIOLOGY ▶

CARDIOLOGY ▶

CT W & W/O CONTRAST ▶

CT W/ CONTRAST ▶

CHARGEMASTER SEARCH

71020

Select Procedure(s)

CHARGEMASTER SEARCH ▶

CLAIMS SEARCH ▶

TEMPLATE SEARCH ▶

EASY SEARCH ▶

GENERIC PROCEDURES ▶

AUDIOGRAM ▶

AUDIOLOGY ▶

CARDIOLOGY ▶

CT W & W/O CONTRAST ▶

CT W/ CONTRAST ▶

DEXA SCAN ▶

DIABETIC COUNSELING ▶

DPCDM ▶

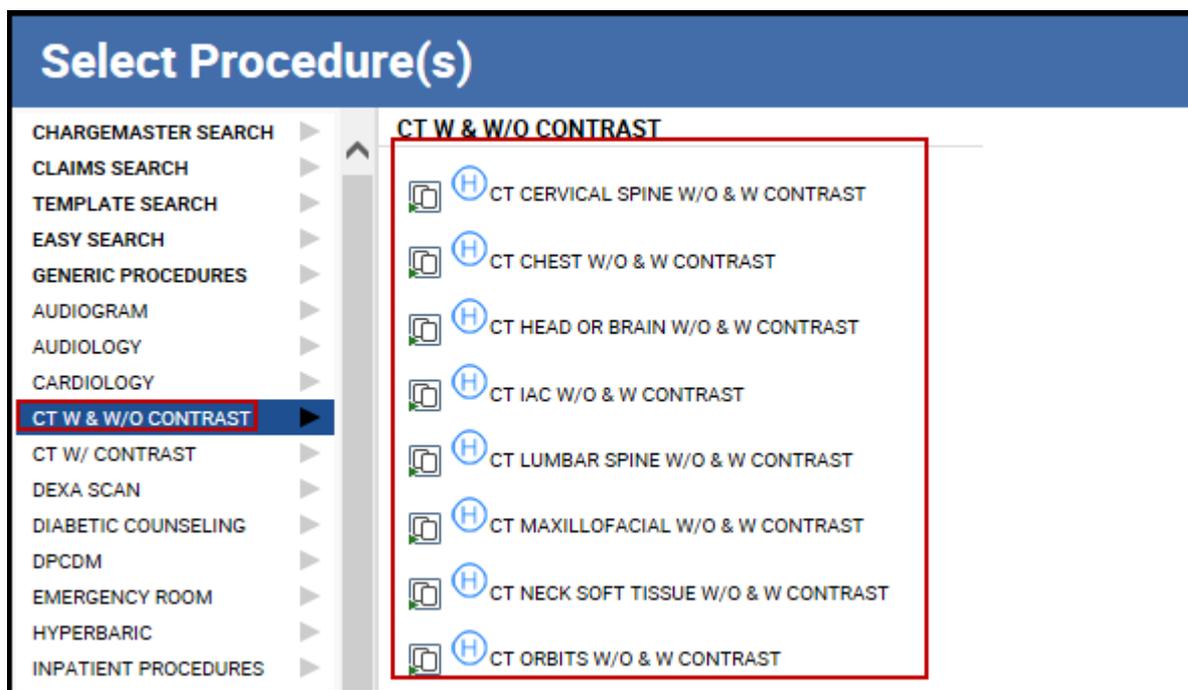
Search Results for **71020**

Click on an item to select it.

- Ⓜ 71020-XR CHEST INSPIRATN/EXPIRATN 2V
- Ⓜ 71020-XR CHEST PA/LAT (PRE-SURG) 2V
- Ⓜ 71020-XR CHEST PA AND LATERAL 2V
- Ⓜ 71250-CT CHEST WO CONTRAST

PE – Pick Template Category

An additional option is to choose a procedure listed within one of the pre-defined categories as displayed below:
These procedure lists can be customized by the client with specific procedures or groups of procedures.



PE – Easy Search

Another option under the Pick Category section is the Easy Search.

To select this option simply click “EASY SEARCH” then type the procedure you are searching for as highlighted below:

The Easy Search can search through templates, CDM (Chargemaster) or both. This search shows more information about the procedures as compared to the previous searches and is the recommended “Go To” search tool for non-surgical outpatient procedures.

The screenshot shows a software interface titled "Select Procedure(s)". On the left is a navigation menu with categories like "CHARGEMASTER SEARCH", "CLAIMS SEARCH", "TEMPLATE SEARCH", "EASY SEARCH" (highlighted), "GENERIC PROCEDURES", "AUDIOGRAM", "AUDIOLOGY", "CARDIOLOGY", "CT W & W/O CONTRAST", "CT W/ CONTRAST", "DEXA SCAN", "DIABETIC COUNSELING", "DPCDM", "DPCDM3", "EMERGENCY ROOM", "HYPERBARIC", "INPATIENT PROCEDURES", and "LAB (A L)".

The main area is titled "EASY SEARCH" and contains a search bar with "lipid" entered and a "Search Type" dropdown set to "BOTH". Below is a table of search results:

Category	CDM Group	Proc Code	Description	Rev Code	CDM Code
		J0287	AMPHOTERICIN B LIPID COMP 10MG	636	88003637
		J0287	AMPHOTERICIN B LIPID COMPLEX 10	636	88129044
		J0287	CCAMPHOTERICIN B LIPID COMP 10MG	636	88133855
LAB (A L)		80061	LIPID PANEL	301	78330032

PE – Facility Claims Search

Claims Search has been designed to produce a more detailed and accurate estimate of which line item procedures are typically included in an estimate.

Claims Search can be used for Outpatient Surgical, Inpatient, and invasive imaging procedures. While Claims Search can be used for simple x-rays and other simple imaging tests we do not recommend using it in this fashion, it is intended for complex procedures in which the line items can vary greatly and are not easy to predict or create in a template format.

In order for Claims Search to function, 837i (institutional) files must be supplied to Experian Health

Select Procedure(s)

CHARGEMASTER SEARCH ▶

CLAIMS SEARCH ▶

TEMPLATE SEARCH ▶

EASY SEARCH ▶

GENERIC PROCEDURES ▶

AUDIOGRAM ▶

AUDIOLOGY ▶

CARDIOLOGY ▶

CT W & W/O CONTRAST ▶

CT W/ CONTRAST ▶

DEXA SCAN ▶

DIABETIC COUNSELING ▶

DPCDM ▶

DPCDM3 ▶

EMERGENCY ROOM ▶

HYPERBARIC ▶

INPATIENT PROCEDURES ▶

LAB (A L) ▶

LAB (M Z) ▶

MRA ▶

NUC MED LIVER/SPLEEN ▶

NUC MED RENAL ▶

NUC MED THYROID ▶

NUCLEAR MEDICINE ▶

OUTPATIENT PROCEDURES ▶

CLAIMS SEARCH

Patient Type **Outpatient**
Inpatient
Professional

Search

CPT/HCPC

ICD Procedure Primary Only

Additional Restrictions

Include ER Results

Include Modifiers/POS Details

*Note: Diagnosis codes with * denote ICD-10*

Diagnosis Primary Only

Attending Provider ▼

Location ▼

Search **Reset**

PE – Claims Search Continued...

Claims are grouped by Revenue Code and Diagnosis code. These values come directly from the client's 837 data.

Claim Search Results						
Showing 50 entries						
#	Description	CPT/HCPC	Rev Code	Diagnosis	Total	
1958	(45380) COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE	45380	360	V7651	6293.04	
686	(45380) COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE	45380	360	V1272	6505.27	
626	(45380) COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE	45380	360	78791	7266.51	
387	(45380) COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE	45380	360	2113	6091.37	
304	(45380) COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE	45380	360	5781	6774.53	
193	(45380) COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE	45380	360	78907	8659.18	
157	(45380) COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE	45380	360	V1005	5756.39	
134	(45380) COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE	45380	360	5589	4678.02	
124	(45380) COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE	45380	360	V1279	7616.18	
119	(45380) COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE	45380	360	5559	7194.43	
111	(45380) COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE	45380	360	2859	6382.59	

PE – Claims Search continued

Claim Search Results

Showing 6 entries

Diagnosis: V7651

Total Charges:
\$6293.04

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
MED SUR-SUPPLIES			270	1	126.89	<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	996.62	<input checked="" type="checkbox"/>
COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE	45380		360	1	4240.37	<input checked="" type="checkbox"/>
INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		636	1	23.86	<input checked="" type="checkbox"/>
INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		636	1	22.15	<input checked="" type="checkbox"/>
RECOVERY ROOM			710	1	883.15	<input checked="" type="checkbox"/>

PE – Professional Only Estimates

- When a Professional charge is selected, a secondary page appears. The User then has the option to provide further details that will provide more details for the contracting engine.
- The User can now select from a list of Modifiers to attach to the selected procedure, add in a Location, Department, Type of Service or a Place of Service. None of these fields are mandatory but will help refine an estimate for more accuracy.
- When using Claims Search the Patient Type drop down selection must be Professional
- **In order for Professional Claims Search to function, 837p (professional) files must be supplied to Experian Health**

PE – Professional Only Estimates -

Templates

Select Procedure(s)

- AUDIOLOGY
- CARDIOLOGY
- CT W & W/O CONTRAST
- CT W/ CONTRAST
- DEXA SCAN
- DIABETIC COUNSELING
- DPCDM
- EMERGENCY ROOM
- HYPERBARIC
- INPATIENT PROCEDURES
- LAB (A L)
- LAB (M Z)
- MRA
- NUC MED LIVER/SPLEEN
- NUC MED RENAL
- NUC MED THYROID
- NUCLEAR MEDICINE
- OUTPATIENT PROCEDURES
- PHYSICIAN ANESTHESIA FEES
- PHYSICIAN FEES
- PHYSICIAN SURGICAL FEES
- PULMONARY FUNCTION TESTING
- RADIOLOGY
- SLEEP STUDY
- StraightCDM
- TESTING PROFESSIONAL**
- ULTRASOUND
- UROLOGY
- VASCULAR LAB

TESTING PROFESSIONAL

- Ⓟ Abscess drainage
- Ⓟ Appendectomy laparoscopic
- Ⓟ Appendectomy other
- Ⓟ Cervical fusion other/anterior
- Ⓟ Colon resection.
- Ⓟ Coronary artery bypass
- Ⓟ Cryosurgery of urethra / bladder
- Ⓟ A4253-DIABETIC TEST STRIPS
- Ⓟ Discectomy / laminotomy (excision of Intervertebrae disc)
- Ⓟ Endarterectomy of other vessels of head & neck
- Ⓟ Gallbladder removal
- Ⓟ Gallbladder removal laparoscopic
- Ⓟ Hip replacement partial
- Ⓟ Hip replacement total
- Ⓟ Hysterectomy total abdominal other
- Ⓟ Insertion of shunt for renal dialysis
- Ⓟ B0784-INSULIN PUMP

Professional Details

Location:

Department:

Physician:

Physician Type:

Modifiers:

Type Of Service:

Place of Service:

Once a procedure has been selected and all Professional Details have been entered the procedure should be added. Selecting “I’m Done” will initiate the estimate.

Selected Procedures

- Ⓟ -Abscess drainage

PE – Professional Only Estimates – Easy Search and CDM

Select Procedure(s)

- CHARGEMASTER SEARCH
- CLAIMS SEARCH
- TEMPLATE SEARCH
- EASY SEARCH**
- GENERIC PROCEDURES
- AUDIOGRAM
- AUDIOLOGY
- CARDIOLOGY
- CT W & W/O CONTRAST
- CT W/ CONTRAST
- DEXA SCAN
- DIABETIC COUNSELING
- DPCDM
- EMERGENCY ROOM

EASY SEARCH

Search: Search Type: **BOTH**

Category	CDM Group	Proc Code	Description	Rev Code	CDM Code
		A4450 (P)	TAPE	270	A4450
	TESTING PROFESSIONAL	A4450 (P)	TAPE	270	A4450

Professional Details

Location:

Department:

Physician:

Physician Type:

Modifiers:

Type Of Service:

Place of Service:

Both Chargemaster and Easy Search are available for Professional Estimates. Chargemaster Search looks only through the CDM/Fee Schedule for matching criteria. Easy Search will search both the Chargemaster and all existing Templates for matches. Templates are identified by the yellow star and the Chargemaster is identified by the chart with the red cross. Selecting a line item will take the user to the same secondary page to fill out the additional information if so desired.

PE – Professional Only Estimates – Claims Search

Select Procedure(s)

CHARGEMASTER SEARCH

CLAIMS SEARCH

TEMPLATE SEARCH

EASY SEARCH

GENERIC PROCEDURES

AUDIOGRAM

AUDIOLOGY

CARDIOLOGY

CT W & W/O CONTRAST

CT W/ CONTRAST

DEXA SCAN

DIABETIC COUNSELING

DPCDM

EMERGENCY ROOM

HYPERBARIC

INPATIENT PROCEDURES

LAB (A L)

LAB (M Z)

MRA

NUC MED LIVER/SPLEEN

CLAIMS SEARCH

Patient Type Professional

Search

CPT/HCPC

Additional Restrictions

Include ER Results

Include Modifiers/POS Details

Diagnosis

Rendering Provider All

Location * Select One

I'm Done

Selected Procedures

(45380) COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE (2113) BENIGN NEOPLASM OF COLON (K635*) POLYP OF COLON

Additional Info

Procedure: 45380

Location: BARIATRIC SURGERY

Department: BARL 10S - 10017001

Physician: Select One

Specialty: Select One

Physician Type N/A

Par Non Par Save Cancel

Claim Search Results

Showing 1 entry

Procedure: 45380

Diagnosis: 2113,V7651

Total Charges: \$1358.49

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
COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE	45380	59	Select	Select	Select	1	1358.49	<input checked="" type="checkbox"/>

Select Back

Use of Claims Search also produces a secondary screen that allows the user to edit modifiers, place of service, type of service, units and average charge. The Additional Info button allows the user to edit the location, department and physician as well as other refining data.

PE – Professional Only Estimates – Claims Search

CHARGEMASTER SEARCH ▶

CLAIMS SEARCH ▶

TEMPLATE SEARCH ▶

EASY SEARCH ▶

GENERIC PROCEDURES ▶

AUDIOGRAM ▶

AUDIOLOGY ▶

CARDIOLOGY ▶

CT W & W/O CONTRAST ▶

CT W/ CONTRAST ▶

DEXA SCAN ▶

DIABETIC COUNSELING ▶

DPCDM ▶

EMERGENCY ROOM ▶

HYPERBARIC ▶

INPATIENT PROCEDURES ▶

LAB (A L) ▶

LAB (M Z) ▶

MRA ▶

NUC MED LIVER/SPLEEN ▶

NUC MED RENAL ▶

NUC MED THYROID ▶

NUCLEAR MEDICINE ▶

OUTPATIENT PROCEDURES ▶

PHYSICIAN ANESTHESIA FEES ▶

PHYSICIAN FEES ▶

CLAIMS SEARCH

Patient Type

Search

CPT/HCPC

Additional Restrictions

Include ER Results

Include Modifiers/POS Details

Diagnosis

Rendering Provider

Location *

Claim Search Results

Showing 2 entries

Procedure: 45380

Diagnosis: 2113,5690,V7651

Total Charges: \$3123.00

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 All
COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE	45380	59	<input type="button" value="Select"/>	<input type="button" value="Select"/>	<input type="button" value="Select"/>	1	1365.00	<input checked="" type="checkbox"/>

Claims Search also allows for greater filtering of the claims data. Checking either the Include ER Results or Include Modifier/POS details will limit the claims search to those meeting that criteria.

PE – Professional Only Estimates – Claims Search

Select Procedure(s)

CHARGEMASTER SEARCH ▶

CLAIMS SEARCH ▶

TEMPLATE SEARCH ▶

EASY SEARCH ▶

GENERIC PROCEDURES ▶

AUDIOGRAM ▶

AUDIOLOGY ▶

CARDIOLOGY ▶

CT W & W/O CONTRAST ▶

CT W/ CONTRAST ▶

DEXA SCAN ▶

DIABETIC COUNSELING ▶

DPCDM ▶

EMERGENCY ROOM ▶

HYPERBARIC ▶

INPATIENT PROCEDURES ▶

LAB (A L) ▶

LAB (M Z) ▶

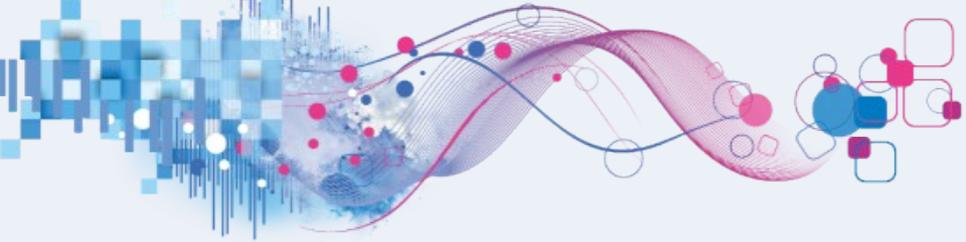
MRA ▶

Claim Search Results

Showing 50 entries

#	Description	CPT/HCPC	Diagnosis	Total
84	(45380) COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE	45380	2113,V7651	1358.49
40	(45380) COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE	45380	2113,56210,V7651	1351.32
27	(45380) COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE	45380	2113,5690,V1272	3123.00
26	(45380) COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE	45380	2113,V1272	1365.00
21	(45380) COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE	45380	2113,5690,V7651	3123.00
19	(45380) COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE	45380	2113,56210,V1272	1365.00
12	(45380) COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE	45380	2113,56210,5690,V7651	3123.00
9	(45380) COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE	45380	2113,5690,V160	4778.00

Claims Search results group claims based on CPT/HCPC and Diagnosis match. The average price of the matching claims is displayed. Hovering over the Description will give a list of all CPTs in that claims grouping. Hovering over the CPT or Diagnosis will give a description of the codes. At this screen select the claim grouping to use for the Estimate.



PE – Combined Facility and Professional Estimate

- A combined estimate can be created using either CDM/Fee Schedule Search or a Template Search
- When creating an estimate on complex invasive procedures it is recommend that claims search be used for Inpatient or Outpatient services.
- Once the user selects the claims procedure grouping, they will be presented with a Professional Search button to allow them to obtain Professional line items.
- Professional line items can be edited to appropriately add Modifiers, Type of Service or Place of Service attached to a specific line item.
- The estimate will print out with both sets of charges and benefits from the hospital and physician
- **In order for Combined Claims Search to function, 837p (professional) and 837i (institutional) files must be supplied to Experian Health**

PE – Claims Search (Combined) Facility and Profes

Claim Search Results

Showing 6 entries

Diagnosis: V7651

Total Charges:
\$6293.04

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
MED SUR-SUPPLIES			270	1	126.89	<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	996.62	<input checked="" type="checkbox"/>
COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE	45380		360	1	4240.37	<input checked="" type="checkbox"/>
INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250		636	1	23.86	<input checked="" type="checkbox"/>
INJECTION, FENTANYL CITRATE, 0.1 MG	J3010		636	1	22.15	<input checked="" type="checkbox"/>
RECOVERY ROOM			710	1	883.15	<input checked="" type="checkbox"/>

Professional Search

Create a combined estimate by first creating an Inpatient or Outpatient Facility Estimate using your normal Claims Search process. Facilities that are configured for Combined Estimates will be presented with a Professional Search button once a claims grouping has been selected.

PE – Claims Search (Combined) Facility and Professional Continued

Claim Search Results

Professional Search

GERIATRIC SURGERY

Professional Total Charges: \$13320.86

Description	CPT/HCPC	Modifiers	Place of Service	Type of Service	Specialty	Units	Charge	<input checked="" type="checkbox"/>
A FOR UPPER GASTROINTESTINAL ENDOSCOPIC SURGERY, ENDOSCOPE INTRODUCED PROXIMAL TO ILEOCECAL JUNCTION	00740	AA:QS:GC	Select	7	05	79	1154.98	<input checked="" type="checkbox"/>
A FOR LOWER GASTROINTESTINAL ENDOSCOPIC SURGERY, ENDOSCOPE INTRODUCED DISTAL TO DUODENUM	00810	QK:P3	Select	7	05	84	719.88	<input checked="" type="checkbox"/>
GASTROSCOPY, FLEXIBLE, DIAGNOSTIC, COLLECTION OF SPECIMENS (S) BY BRUSHING OR BIOPSY WHEN PERFORMED (PROCEDURE)	43200		Select	Select	Select	1	839.00	<input checked="" type="checkbox"/>
GASTRODUODENOSCOPY, PANORAMIC; DIAGNOSTIC, COLLECTION OF SPECIMENS (S) BY BRUSHING OR BIOPSY WHEN PERFORMED (PROCEDURE)	43235		Select	Select	Select	1	839.00	<input checked="" type="checkbox"/>

An end user can change/add Modifiers, edit the Place of Service, Type of Service, Specialty, Units or charge amount. Users can exclude line items from the estimate by unchecking any line item box. All line items may be deselected by unchecking the top right box.

PE – Claims Search (Combined) Facility and Professional Continued

Claim Search Results

Diagnosis: V7651

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:
\$6293.04

Select **Back**

Professional Search

Location * BARIATRIC SURGERY

Showing 19 entries

Professional Total Charges: \$13320.86

Once all Facility and Line items have been appropriately edited the end user will click on the “Select” button to add all line entries in to the selection column so an estimate can be created. Clicking the “back” button will take the user back to the Claims Grouping selection screen.

PE – Selected Procedures

•All chosen procedures will appear to the right of your screen:

**Items selected using
Chargemaster
Search Option**

I'm Done

Selected Procedures

- 85025-CBC W AUTO DIFFERENTIAL
- 85018-HEMOBLOBIN
- 71010-XR CHEST 1V

**Items selected using
Template Search
Option**

I'm Done

Selected Procedures

- 72127-
- 72127-CT CERVICAL SPINE WO/W CONTRAST
- CT CONTRAST

**Items selected using
Claims Search
Option (Collapsed)**

I'm Done

Selected Procedures

- (45380) COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE (V7651) SPECIAL SCREENING FOR MALIGNANT NEOPLASMS COLON (Z1211*) ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON

**Items selected using
Claims Search
Option (Expanded)**

I'm Done

Selected Procedures

- (45380) COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE (V7651) SPECIAL SCREENING FOR MALIGNANT NEOPLASMS COLON (Z1211*) ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON
- COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE
- LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION ABORTION - SPONTANEOUS/MISSED ARTERY, BIOPSY BONE MARROW, BIOPSY BONE EXOSTOSIS

PE – Selected Procedures

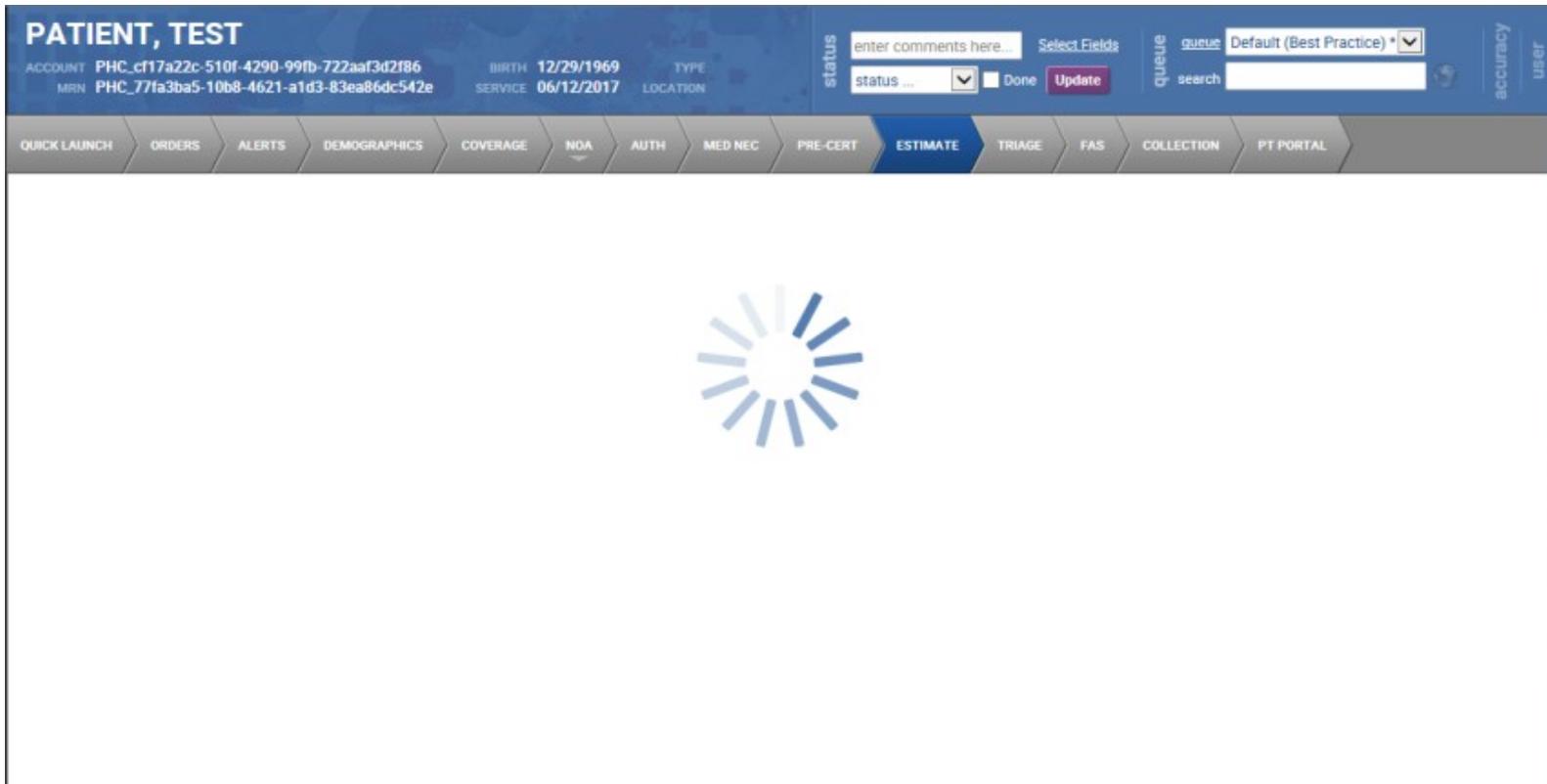
Once you have chosen all of the appropriate Procedures click “I’m Done”

The screenshot displays a web application interface for selecting medical procedures. The main header is a blue bar with the text "Select Procedure(s)" and a close button (X) in the top right corner. Below the header, the interface is split into two main sections. On the left, there is a vertical menu titled "Start Page" with the instruction "Please select a search or a category on the left to start". The menu items include: CHARGEMASTER SEARCH, CLAIMS SEARCH (highlighted with a blue bar and a right-pointing arrow), TEMPLATE SEARCH, EASY SEARCH, GENERIC PROCEDURES, AUDIOGRAM, AUDIOLOGY, CARDIOLOGY, CT W & W/O CONTRAST, CT W/ CONTRAST, DEXA SCAN, DIABETIC COUNSELING, DPCDM, DPCDM3, EMERGENCY ROOM, HYPERBARIC, INPATIENT PROCEDURES, LAB (A L), LAB (M Z), MRA, NUC MED LIVER/SPLEEN, NUC MED RENAL, and NUC MED THYROID. On the right side, there is a grey panel with a red-bordered button labeled "I'm Done" at the top. Below this button is a section titled "Selected Procedures" with a blue header. It contains one selected procedure: (45380) COLONOSCOPY, FLEXIBLE, WITH BIOPSY, SINGLE OR MULTIPLE (V7651) SPECIAL SCREENING FOR MALIGNANT NEOPLASMS COLON (Z1211*) ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON. This entry has a small red 'X' icon to its right.

PE – Generating the Estimate

Immediately upon clicking “I’m Done” the estimate will begin to generate. While the estimate is being generated users see the following screen.

At this point in time, PE is taking the procedure(s) selected, the insurance information and benefits for the patient and using it to find the appropriate contract and contract term for the situation. Contracts are given to us during implementation and loaded into the background of PPE into our contracting engine (Contract Management)



PE – Reviewing the Estimate

The completed PE response (usually returned in 4-5 seconds) will appear as displayed (broken into) two screens but result is one single scrolling page.

PATIENT, TEST

ACCOUNT: PHC_cf17a22c-510f-4290-99fb-722aaf3d2f86 BIRTH: 12/29/1969 TYPE:
 MRN: PHC_77fa3ba5-10b8-4621-a16d-83ea8f6dc542e SERVICE: 06/12/2017 LOCATION:
 STATUS: Select Fields Status: Default (Best Practice)
 STATUS: Done Update Queue search:

accuracy user

[QUICK LAUNCH](#) [ORDERS](#) [ALERTS](#) [DEMOGRAPHICS](#) [COVERAGE](#) [NCA](#) [AUTH](#) [MED NEC](#) [PRE-CERT](#) **ESTIMATE** [TRAGE](#) [FAS](#) [COLLECTION](#) [PT PORTAL](#)

ESTIMATE [View Alert Status](#)

✔

Step 1: Pick Procedures Resubmit LAUNCH

✔

Step 2: Estimate Results \$1,293.00

Patient

Patient Name: Test Patient Insurance: PHC Payer 1 - PHC1 Account Number: PHC_cf17a22c-510f-4290-99fb-722aaf3d2f86 Policy Number: Status: Verified Subscriber Number: 123456789 Processed On:
 Characters remaining: 2000 printed notes: Update Notes

Services

Charge Code	Service Definition	Charge Description	Svc Charge	Adj Charge	Quantity	Total
45380	Outpatient Surgical	(45380) COLONOSCOPY, FLEXIBLE, WITH BIOPSY, SINGLE OR MULTIPLE (V7651) SPECIAL SCREENING FOR MALIGNANT NEOPLASMS COLON (Z1211*) ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	\$6,293.04	\$1,444.00	1	\$1,444.00
00810	Anesthesiologist	(45380) COLONOSCOPY, FLEXIBLE, WITH BIOPSY, SINGLE OR MULTIPLE (V7651) SPECIAL SCREENING FOR MALIGNANT NEOPLASMS COLON (Z1211*) ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	\$2,167.55	\$3,967.25	1	\$3,967.25
Total Charges						\$5,411.25

Discounts

Patient Responsibility	Discount	Savings	Amount Due
\$1,293.00	Insured 2 6%	\$77.58	\$1,215.00

PE – Reviewing the Estimate

The completed PE response (usually returned in 4-5 seconds) will appear as displayed (broken into two screens but result is one single scrolling page.)

Benefits

Service Categories	Outpatient Surgical	Anesthesiologist	Medical Care
Payer	Primary	Primary	Primary
Total Adj Charges	\$1,444.00	\$1,928.25	\$2,039.00
Co-Pay	\$150.00	\$0.00	\$0.00
Co-Insurance	0%	20%	20%
Individual Deductible	\$350.00	\$350.00	\$350.00
Individual Deductible Remaining	\$350.00	\$0.00	\$0.00
Family Deductible	\$700.00	\$700.00	\$700.00
Family Deductible Remaining	\$700.00	\$350.00	\$350.00
Individual Out of Pocket	\$2000.00	\$2000.00	\$2000.00
Individual Out of Pocket Remaining	\$2000.00	\$1650.00	\$1650.00
Family Out of Pocket	\$3000.00	\$3000.00	\$3000.00
Family Out of Pocket Remaining	\$3000.00	\$2650.00	\$2650.00
Estimated Patient Responsibility	\$500.00	\$385.65	\$407.80

Recalculate
Previous
English
Print Estimate

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 registrar resources.

Yes, I read this script to the patient

Reference #: CFAE5ABC
 Estimate run by

PE – Step 1: Review Estimate Results

- Review the estimated results with associated dollar value:

The screenshot displays the PE (Patient Estimate) interface. At the top, there is a header for 'PATIENT, TEST' with account and MRN information. Below this is a navigation bar with tabs for 'QUICK LAUNCH', 'ORDERS', 'ALERTS', 'DEMOGRAPHICS', 'COVERAGE', 'NOA', 'AUTH', 'MED NEC', 'PRE-CERT', 'ESTIMATE', 'TRIAGE', 'FAS', 'COLLECTION', and 'PT PORTAL'. The 'ESTIMATE' tab is currently selected. The main content area shows two steps: 'Step 1: Pick Procedures' with a 'Resubmit' button and a 'LAUNCH' button, and 'Step 2: Estimate Results' with a highlighted dollar value of '\$1,293.00'. Below the steps is a 'Patient' section with fields for Patient Name, Insurance, Account Number, Policy Number, Status, Subscriber Number, and Processed On. There is also a 'printed notes ...' field with an 'Update Notes' button.

PATIENT, TEST
ACCOUNT PHC_cf17a22c-510f-4290-99fb-722aaf3d2f86 BIRTH 12/29/1969 TYPE
MRN PHC_77fa3ba5-10b8-4621-a1d3-83ea86dc542e SERVICE 06/12/2017 LOCATION

status enter comments here... Select Fields
status ... Done Update
queue queue Default (Best Practice) *
search

accuracy user

QUICK LAUNCH ORDERS ALERTS DEMOGRAPHICS COVERAGE NOA AUTH MED NEC PRE-CERT **ESTIMATE** TRIAGE FAS COLLECTION PT PORTAL

ESTIMATE

[View Alert Status](#)

✓ Step 1: Pick Procedures [Resubmit](#) [LAUNCH](#)

✓ Step 2: Estimate Results **\$1,293.00**

Patient

Patient Name Test Patient
Insurance PHC Payer 1 - PHC1
Account Number PHC_cf17a22c-510f-4290-99fb-722aaf3d2f86
Policy Number
Status Verified
Subscriber Number 123456789
Processed On

Characters remaining: 2000
printed notes ... [Update Notes](#)

PE – Step 1 (Cont): Review Selected Procedures

All Procedure Codes used in preparation of this estimate will appear as outlined below. Note there is a “Launch” button if you would like to add additional CPT codes and recalculate the estimate. If the Quantity is changed then the “Resubmit” button is available to re-process the estimate.

✔ Step 1: Pick Procedures
 Resubmit
LAUNCH

✔ Step 2: Estimate Results \$1,293.00

Patient

Patient Name Test Patient
 Insurance PHC Payer 1 - PHC1
 Account Number PHC_cf17a22c-510f-4290-99fb-722aaf3d2f86
 Policy Number
 Status Verified
 Subscriber Number 123456789
 Processed On

Characters remaining: 2000

printed notes ...

Update Notes

Services

Charge Code	Service Definition	Charge Description	Svc Charge	Adj Charge	Quantity	Total
45380	Outpatient Surgical	(45380) COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE (V7651) SPECIAL SCREENING FOR MALIGNANT NEOPLASMS COLON (Z1211*) ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	\$6,293.04	\$1,444.00	1	\$1,444.00
00810 P3 OK	Anesthesiologist	(45380) COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE (V7651) SPECIAL SCREENING FOR MALIGNANT NEOPLASMS COLON (Z1211*) ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	\$2,167.55	\$3,967.25	1	\$3,967.25

PE – Step 2: Patient Information

Patient information associated with this estimate is displayed under Step 2



Step 2: Estimate Results

\$1,293.00

Patient

Patient Name	Test Patient
Insurance	PHC Payer 1 - PHC1
Account Number	PHC_cf17a22c-510f-4290-99fb-722aaf3d2f86
Policy Number	
Status	Verified
Subscriber Number	123456789
Processed On	

Characters remaining: 2000

printed notes ...

Update Notes

PE – Step 2 (Cont): Patient Information

Account Notes: Free text notes area for internal use. The notes will stay on the account for future reference (*Patient cannot view*)

Printed Notes: Free text notes area for external use. (*Patient sees these on printed Estimate*)

 Step 2: Estimate Results **\$745.00**

Patient

Patient Name	Scott Bryant
Insurance	MDCR-MSP
Account Number	000002
Policy Number	87654321
Status	Verified
Subscriber Number	12345678
Processed On	2011-09-14T00:00:00

Account Tracking:

<input type="text" value="account notes ..."/>	<input type="text" value="printed notes ..."/>
--	--

PE – Step 2 (Cont): Account Notes/Printed Notes

- Examples of account notes and printed notes described on previous slide:

Patient

Patient Name	Scott Bryant
Insurance	MDCR-MSP
Account Number	000002
Policy Number	87654321
Status	Verified
Subscriber Number	12345678
Processed On	2011-09-14T00:00:00

Account Tracking:

<input type="text" value="Provided address to patient on estimate."/>	<input type="text" value="Located at 555 Happy Hospital Street. We look forward to seeing you next Wednesday!"/>
---	--

PE – Contractual Services/Values

Service Charge: either the CDM rate, or the average historical claim price, depending on which selection tool was used

Adj Charge: this is the contracted rate. Payer contracts are loaded into the background of the system and based on the insurance payer, the appropriate contracted rate is determined.

Service Definition: Procedures are grouped into service definition categories. The category listed in this field shows the specific benefits from the eligibility that are used in determining the patient responsibility.

Services

Charge Code	Service Definition	Charge Description	Svc Charge	Adj Charge	Quantity	Total
45380	Outpatient Surgical	(45380) COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE (V7651) SPECIAL SCREENING FOR MALIGNANT NEOPLASMS COLON (Z1211*) ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	\$6,293.04	\$1,444.00	1	\$1,444.00
00810 QK P3	Anesthesiologist	(45380) COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE (V7651) SPECIAL SCREENING FOR MALIGNANT NEOPLASMS COLON (Z1211*) ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	\$2,167.55	\$3,967.25	1	\$3,967.25
Total Charges						\$5,411.25

PE – Contractual Services/Values continued

Clicking on the small yellow “i” in the bottom right of the Services section will allow the user to see the log messages created by Contract Manager that help explain how the valuation for this estimate was created. This message will include the contract code and reimbursement amount based on contract valuation.

Services						
Charge Code	Service Definition	Charge Description	Svc Charge	Adj Charge	Quantity	Total
<input checked="" type="checkbox"/> 45380	Outpatient Surgical	(45380) COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE (V7651) SPECIAL SCREENING FOR MALIGNANT NEOPLASMS COLON (Z1211*) ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	\$6,293.04	\$1,444.00	1	\$1,444.00
<input checked="" type="checkbox"/> 00810 P3 QK	Anesthesiologist	(45380) COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE (V7651) SPECIAL SCREENING FOR MALIGNANT NEOPLASMS COLON (Z1211*) ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	\$2,167.55	\$3,967.25	1	\$3,967.25
Total Charges						\$5,411.25 
Discounts		<p>5400 - Reimbursement is based on Contract Code F8800.</p> <p>2000 - The Outpatient Surgery term has fired (ASC).</p> <p>2008 - Outpatient Surgery: Procedure code 45380, ASC Group 2, adding \$1444.0000.</p> <p>2199 - The total reimbursement is \$1444.00.</p>				

PE – Discount Functionality

- Appropriate Discounts are applied to the estimated patient responsibility
- Example of a **Prompt Pay Discount** is below
- Discounts are optional and able to be customized as desired

Discounts			
Patient Responsibility	Discount	Savings	Amount Due
\$1293.00	Prompt Pay 6%	\$77.58	\$1,215.00

PE – Benefits

All Benefits for all service categories are displayed in column format. Each column will indicate the line item benefit that is being applied in the current estimate with a bold outline.

End users have the option to manually add a benefit value as highlighted below. Once a value has been added you can hit “Recalculate” to re-produce the estimate.

It is helpful to be able to edit a benefit in case the benefit was not returned by the payer, or the patient/user feels the benefit is not accurate.

Benefits			
Service Categories	Outpatient Surgical >	Anesthesiologist >	Medical Care >
Payer	Primary	Primary	Primary
Total Adj Charges	\$1,444.00	\$1,928.25	\$2,039.00
Co-Pay	<input type="text" value="\$200.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>
Co-Insurance	<input type="text" value="0%"/>	<input type="text" value="20%"/>	<input type="text" value="20%"/>
Individual Deductible	<input type="text" value="\$350.00"/>	<input type="text" value="\$350.00"/>	<input type="text" value="\$350.00"/>
Individual Deductible Remaining	<input type="text" value="\$350.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>
Family Deductible	<input type="text" value="\$700.00"/>	<input type="text" value="\$700.00"/>	<input type="text" value="\$700.00"/>
Family Deductible Remaining	<input type="text" value="\$700.00"/>	<input type="text" value="\$350.00"/>	<input type="text" value="\$350.00"/>
Individual Out of Pocket	<input type="text" value="\$2000.00"/>	<input type="text" value="\$2000.00"/>	<input type="text" value="\$2000.00"/>
Individual Out of Pocket Remaining	<input type="text" value="\$2000.00"/>	<input type="text" value="\$1650.00"/>	<input type="text" value="\$1650.00"/>
Family Out of Pocket	<input type="text" value="\$3000.00"/>	<input type="text" value="\$3000.00"/>	<input type="text" value="\$3000.00"/>
Family Out of Pocket Remaining	<input type="text" value="\$3000.00"/>	<input type="text" value="\$2650.00"/>	<input type="text" value="\$2650.00"/>
Estimated Patient Responsibility	\$500.00	\$385.65	\$407.80

PE – Benefits

•The benefits specific to the services that were selected are pulled into this section and based on rules set up during implementation, the estimated patient responsibility is calculated. Selecting the small yellow “i” from any particular column will give the user an explanation of how that particular category was calculated. This is useful in explaining the calculation to a patient.

The screenshot shows a software interface with three input fields at the top: \$3000.00, \$2650.00, and \$2650.00. Below them is a field with \$500.00 and a small yellow 'i' icon. An 'Estimate Explanation' window is open, displaying a calculation table. The table starts with a green 'START' icon and a value of \$1,444.00 for 'Insurance Adjusted Charges'. It then shows two subtraction steps: \$350.00 for 'subtract Individual Deductible Remaining' and \$150.00 for 'subtract Co-Pay', resulting in a subtotal of \$944.00. Next, it shows a multiplication step: 0% for 'multiply Co-Insurance Percentage', resulting in a co-insurance amount of \$0.00. A text note states: 'This estimate is set to Include Deductible and Include Co-Pay from OOP Calculation'. This is followed by two addition steps: \$350.00 for 'add Individual Deductible Remaining' and \$150.00 for 'add Co-Pay', resulting in a subtotal of \$500.00. A final text note says: 'Compare to OOP, Use \$500.00 since it's the lesser of \$500.00 and \$2,000.00'. The final result is \$500.00 for 'Estimated Patient Responsibility', marked with a flag icon.

Symbol	Amount	Description
START	\$1,444.00	Insurance Adjusted Charges
-	\$350.00	subtract Individual Deductible Remaining
-	\$150.00	subtract Co-Pay
=	\$944.00	equals Subtotal
x	0%	multiply Co-Insurance Percentage
=	\$0.00	equals Co-Insurance Amount
This estimate is set to Include Deductible and Include Co-Pay from OOP Calculation		
+	\$350.00	add Individual Deductible Remaining
+	\$150.00	add Co-Pay
=	\$500.00	equals Subtotal
Compare to OOP, Use \$500.00 since it's the lesser of \$500.00 and \$2,000.00		
Flag	\$500.00	Estimated Patient Responsibility

PE – Representative Script

Users are able to choose an appropriate language for the Representative Script as well:

- Please note translations to other languages must be supplied by the Client to Experian Health

Representative Script

I am able to provide you with an estimate of the amount you will be responsible for paying for your upcoming test. This is just a starting point and final charges may vary for reasons such as unknown circumstances or complications, final diagnosis, or the recommendation of the physician, among others. Charges for the physician, radiologist, anesthesiologist, and/or pathologist are not included with this estimate and will be billed separately. According to your insurance benefits, we estimate that you will be responsible for \${{TotalCharges}}. The insurance benefit information we are using is the information available from your carrier at the time of this estimate. It is not a guarantee of payment by your insurance policy, and you will be responsible for any additional amounts as determined by your insurance carrier. We accept cash, personal checks, and all major credit or debit cards, and payment plans may be available. How would you like to handle your balance today? PPE PDF Disclaimer: The information provided is a hospital estimate and is not a guarantee of final billed charges. Final billed charges may vary from hospital estimates for many reasons, among them are the patient's medical condition, unknown circumstances or complications, final diagnosis and recommended treatment ordered by the physician. Professional fees, such as physician, radiologist, anesthesiologist and pathologist fees are not included in this estimate. Insurance benefit information (where applicable) is based on information provided by your insurance company as of the date of this estimate. Benefits and eligibility are subject to change and are not a guarantee of payment.

Script Language: English (dropdown menu showing English, Icelandic, Spanish)

PE – Additional Estimate Option: ER Copay Only

Allows the end user to run estimates in the Emergency Room.

Estimates will not be run through contracts or display discounts and only the ER copay benefits are utilized

Services

Charge Code	Service Definition	Charge Description	Svc Charge	Adj Charge	Quantity	Total
99282 450	Emergency Service	H ED SERVICE LEVEL II	\$534.00	\$534.00	1	\$534.00
Total Charges						\$534.00

Discounts

Patient Responsibility	Discount	Savings	Amount Due
\$150.00	Insured 2 6%	\$9.00	\$141.00

Benefits

Service Categories	Emergency Service
Payer	Primary
Co-Pay	<div style="border: 2px solid #000; padding: 2px; display: inline-block;">\$150.00</div> ↩
Estimated Patient Responsibility	\$150.00 ⓘ

PE – Printing the Estimate

The user can print a PDF copy of the estimate for scanning or to present to the patient. If the client is configured for multiple languages the user would first select the language that is preferred and then click the “Print Estimate” button to produce the PDF.

Balance Remaining	\$350.00 ↩	\$0.00 ↩	\$0.00 ↩
Family Deductible	\$700.00	\$700.00	\$700.00
Balance Remaining	\$700.00 ↩	\$350.00 ↩	\$350.00 ↩
Out of Pocket	\$2000.00	\$2000.00	\$2000.00
Out of Pocket Remaining	\$2000.00 ↩	\$1650.00 ↩	\$1650.00 ↩
Out of Pocket	\$3000.00	\$3000.00	\$3000.00
Out of Pocket Remaining	\$3000.00 ↩	\$2650.00 ↩	\$2650.00 ↩
Member Responsibility	\$500.00 ⓘ	\$385.65 ⓘ	\$407.80 ⓘ

[Previous](#)

English ▼ [Print Estimate](#)

PE – Printing the Estimate continued.

Page 1

Estimate ID: 8VCPUHOD

Prepared for:

Account Number:
Med Rec No:
Patient Type: Hospital Outpatient
Date of Service: 1/8/2015
Payer Name: AETNA HMO-RMPG



Your Logo Here

Anticipated Services

Benefit Category	Units	# of Visits	Services	Total Charges	Negotiated Payer Rate	Line Item Total
	1	1	G0109 - DIABETIC COUNSEL GROUP 1/2HR	\$92.00	\$92.00	\$92.00
				Estimated Payer Reimbursement:		\$92.00

Estimated Patient Responsibility

COB	Benefit Category	Negotiated Rate	Deductible Remaining	Co-Pay	Co-Insurance	Out of Pocket Remaining	Estimated Patient Responsibility
Primary	Hospital Outpatient	\$92.00	\$2.00	\$9.00	\$8.10 (10%)	\$6.00	\$6.00
Secondary		\$6.00	\$12.00	\$19.00	\$0.00 (20%)	\$15.00	\$6.00
						Total	\$6.00

Based on the services estimated and your insurances benefits, it is estimated that you will owe \$6.00 for your services.

Discounts

We extend a(n) Prompt-Pay discount of 25.00% for patients that pay today. This would save you \$1.00 bringing your total to \$5.00
 We extend a(n) Payment Plan discount of 10.00% for patients that pay today. This would save you \$0.00 bringing your total to \$6.00

Created On: 1/6/2015 11:08 AM by jamer
Page: 1 of 2

PE – Printing the Estimate

Projected Estimate for Services

Thank you for choosing Our Hospital for your health care. We hope this Projected Estimate helps you plan for all the health services that you need. Here are some common questions that patients have about the estimated cost of their service(s).

How was this estimate decided?

This is how we determined the amount you owe:
 (Expected Payment - Remaining Deductible - Copay) * Coinsurance% =
 Coinsurance Amount.

Remaining Deductible + Copay + Coinsurance = Amount You Owe

How do I know if this estimate is correct?

The amount you owe is a good faith estimate based on the information known at the time the service(s) you need were requested. This information may have been given by you, your doctor and/or your insurer.

Does my insurance plan cover the service(s)?

Before having the services, please contact your insurance company to find out what is covered under your plan. After you have the services, your insurance company will review your claim. They will decide if you qualify and if the services are covered under your plan. You will need to pay for any services not covered under your plan.

What if I change insurance or my insurance doesn't cover this care?

This projected estimate is only valid for the insurance you provided. If you change insurance companies or policy, you will need to contact us for a new projected estimate. Projected Estimates vary based on the insurance plan coverage. If you are not covered by insurance or become uninsured, we can offer our assistance to help you to sign up for insurance under the Affordable Care Act or connect you to other programs you may qualify for based on need.

Does this estimate show the final amount of the service(s)?

The actual amounts for the service(s) you need are likely to change based upon: your needs at the time of the service; treatment or services your doctor wants you to have during the visit; and other information provided by your insurer. Your doctor or doctors connected with the hospital may also send you a bill for treatment or services they provide. The costs of these are not part of this estimate. Ask your doctor's business office what these costs might be.

What about my privacy?

This estimate may contain private information that is legally protected. It's only for you to use. If you are not the patient, you need to know that sharing, copying, or acting on this information is against the law.

Definitions

Negotiated Rate:	The estimated rate your insurance company has agreed to pay for each service provided (less remaining deductible, co-insurance or co-pay).
Visit Co-Pay:	The amount which your insurance company expects you to pay upon each visit.
Deductible:	The amount you have to pay each year before your plan starts paying benefits.
Co-Insurance:	The percentage of the amount covered that your insurance requires you to pay.
Out of Pocket:	The amount your insurance company requires you to satisfy before you are no longer subject to co-insurance.
Your Responsibility:	The estimated amount you will be responsible for paying.

Notes to the Patient:

Disclaimer:

The information provided is a hospital estimate and is not a guarantee of final billed charges. Final billed charges may vary from hospital estimates for many reasons, among them are the patient's medical condition, unknown circumstances or complications, final diagnosis and recommended treatment ordered by the physician. Professional fees, such as physician, radiologist, anesthesiologist and pathologist fees are not included in this estimate. Insurance benefit information (where applicable) is based on information provided by your insurance company as of the date of this estimate. Benefits and eligibility are subject to change and are not a guarantee of payment.

PE – Printing the Estimate

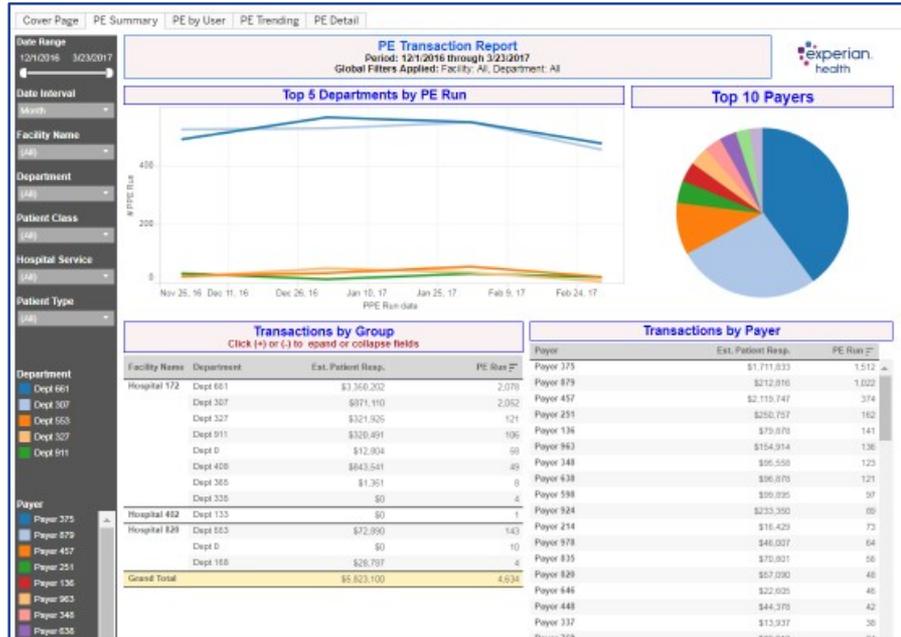
The estimate will appear as a PDF which the user can save, print, enlarge, or decrease.

- All estimates will be saved in the user Work Queue.



Patient Estimates – Reporting

Included reporting with drill down capability



Cover Page | PE Summary | PE by User | PE Trending | PE Detail

PE Transaction Report - Detail View
Period: 12/1/2016 through 3/23/2017
Global Filters Applied: Facility: All, Department: All

Facility Name	Operator	Payer	Benefit Category	Account Number	Procedure Code	Date Time	Est. Patient Resp.
User 031	User 042	Payer 830	CT/MRI Imaging, Outpatient La.	AN077246	CPT9 77012 352-RC	1/11/2017	\$3,896
		Payer 934	Hospital Outpatient	AN085911		12/5/2016	\$0
User 048	User 049	Payer 258	CT/MRI Imaging	AN002150	71250	2/14/2017	\$1,982
		Payer 259	Hospital Outpatient, Outpatient	AN087810	93306 60017-A9500-7	2/22/2017	\$6,212
		Payer 256	CT/MRI Imaging	AN098493	70563	2/9/2017	\$960
		Payer 337	Outpatient Radiology	AN092481	76806 76830	2/3/2017	\$891
		Payer 633	CT/MRI Imaging	AN073807	71260 70491	1/6/2017	\$302
			Hospital Outpatient	AN002110	93306	2/14/2017	\$126
			Outpatient Radiology	AN082534	76806 76830	2/2/2017	\$90
		Payer 659	CT/MRI Imaging	AN091416	70561	2/1/2017	\$481
			Hospital Outpatient	AN093348	70561	2/1/2017	\$160
			Hospital Outpatient	AN093976	93306	2/2/2017	\$298
User 049	User 049	Payer 953	Hospital Outpatient	AN090886	93306	3/14/2017	\$809
			Hospital Outpatient, Outpatient	AN090886	93306	3/21/2017	\$0
			Outpatient Radiology	AN090886	93306	3/15/2017	\$518
		Payer 988	Hospital Outpatient, Outpatient	AN096290	A9990-93017-78452-J	2/6/2017	\$992
			Outpatient Surgical	AN053748	3/9/2017	3/9/2017	\$799
		Payer 118	Hospital Outpatient	AN090503	93306	1/16/2017	\$496
			Outpatient Radiology	AN093658	93306	3/10/2017	\$405
			Outpatient Radiology	AN095890	93306	2/21/2017	\$391
		Payer 125	Hospital Outpatient	AN012048	CPT9 96019 740	3/7/2017	\$0
			Outpatient Surgical	AN051369	3/7/2017	3/7/2017	\$1,163
Payer 128	Outpatient Radiology	AN099845	26770	12/13/2016	\$31		
Payer 136	Ambulance, Hospital Outpatient	AN048396		12/14/2016	\$0		
	Hospital Outpatient	AN048396		12/14/2016	\$4,633		
				12/15/2016	\$0		
				3/20/2017	\$1,790		
				93306 60350-60017	3/20/2017	\$0	
				93306	12/13/2016	\$1,523	
				94070	3/22/2017	\$0	
				AN088823	93017	1/27/2017	\$90

Facility Name: [dropdown]
Department: [dropdown]
Operator: [dropdown]
Patient Class: [dropdown]
Hospital Service: [dropdown]
Patient Type: [dropdown]
Payer: [dropdown]
Procedure Code: [input]
Account Number: [input]

Resource Library

External Documentation

- [PE Handout](#)
- [SSPE Product Overview](#)
- [PE Client Facing Library](#)

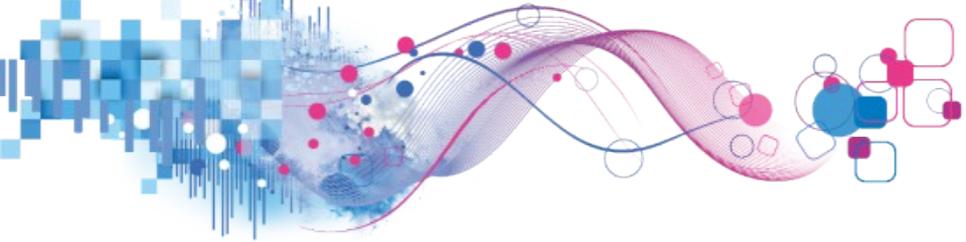
Internal Documentation

- [P2W](#)
- [PE Internal Only Library](#)
- [PE Sales Library](#)



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health

The logo for Experian Health. It features a stylized icon on the left consisting of several colored squares (blue, purple, pink) arranged in a grid-like pattern. To the right of the icon, the word "experian" is written in a blue, lowercase, sans-serif font, followed by a trademark symbol (™). Below "experian", the word "health" is written in a blue, lowercase, sans-serif font.



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