Availity patient cost estimator

Frequently asked questions for CIGNA

As health care coverage continues to evolve, patients are being asked to make informed decisions about their health care, and do not always understand what they have to pay or why. Attempts to collect coinsurance or deductible dollars at the point of care (POC) can result in duplicate payments or incorrect amounts collected.

Availity patient cost estimator can help eliminate these issues by allowing you and your patients in CIGNA-administered plans to see what patients owe for your services, what their medical plan benefits will cover, and what they will have to pay out-of-pocket.

In April 2009, CIGNA launched the CIGNA Cost of Care Estimator, new technology that informs patients and health care professionals what patients will be expected to owe for specific services based on their CIGNA benefits.

By expanding access to CIGNA's Cost of Care Estimator through Availity patient cost estimator, CIGNA's commitment is reinforced: To shorten the revenue cycle by improving payment information and processes and providing information that enables you to reduce patient bad debt.

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Key messages

• Beginning on June 19, 2010, CIGNA will make estimates available through Availity patient cost estimator for providers in Florida, Ohio, and Texas who are participating in a controlled deployment. Patient cost estimator will be available for all providers in those and other regions in a future release.

• By providing itemized cost estimates and explaining the sources of payment, based on their specific plan and health accounts (FSAs, HRAs, HSAs), Availity patient cost estimator can help your patients understand their benefits and how much they owe for specific services. It can also serve as the basis for pre-care financial discussions between you and your patients to help avoid after-the-fact financial surprises.

• You can quickly obtain estimates using the Availity portal and your existing desktop technology, so medical practices and hospitals need not invest in new technologies to use Availity patient cost estimator.

General questions and answers

These questions and answers apply to patient cost estimator in relation to any participating payer.

1. What is patient cost estimator?
Availity patient cost estimator is an electronic tool available through the Availity portal that enables you to create an estimate of a patient’s payment responsibility specific to you and the treatment or service, based on a real-time snapshot of the patient’s benefits.

2. When should I use patient cost estimator?

We encourage having the financial discussion as early in the care encounter process as possible, for example at the time of scheduling. We also recommend that you sign up for and use CareCollect to set up a recurring payment profile for the patient if an installment plan will be used to collect payment.

For CIGNA, you can use patient cost estimator to run an estimate up to 30 days prior to a service being performed. However, estimates can change if claims have processed or deductibles have changed since you last ran the estimate inquiry. If you run an estimate early, be sure to run it again just before the service is rendered and before you collect payment from the patient to ensure the most up-to-date estimate is used.

Patient cost estimator can help you prevent payment-collection problems, especially as high out-of-pocket plans, such as health savings accounts (HSAs), grow. Availity suggests using patient cost estimator at times like these:

- Before or at the time of service, to estimate patient responsibility
- When a patient calls and would like to know the expected cost for a procedure
- When the patient is checking out of the office, to collect the right amount before the patient walks out the door

3. Do primary access administrators (PAAs) on Availity have to delegate access for other staff to access patient cost estimator?

Primary access administrators (PAAs) do not have to delegate access to access patient cost estimator for other staff. Users who have access to Eligibility and Benefits Inquiry automatically have access to patient cost estimator for CIGNA. For other participating payers, however, PAAs must delegate access manually.

To become familiar with patient cost estimator, you and your office staff can view the Availity Help topics on patient cost estimator for CIGNA by clicking Help at the top of any Availity page. You can also participate in a free webinar (online training session) on patient cost estimator by clicking Free Training at the top of any Availity page.

4. How do I access patient cost estimator?

You can access patient cost estimator by performing an Eligibility and Benefits Inquiry in Availity. On the results page, click the Patient Cost Estimator button, if it displays. For more information about how to run an estimate, click Help at the top of any Availity page and search on the Availity Help topic Using Patient Cost Estimator (CIGNA).

5. I don’t see the Patient Cost Estimator button all the time. Sometimes it’s there and sometimes it’s not. Why?

The Patient Cost Estimator button displays on the Eligibility and Benefits result page if these criteria have been met:

- Your organization is part of the controlled deployment. Patient cost estimator is being deployed in phases throughout certain regions and with certain payers. If you are not part of the controlled deployment, you will not see the Patient Cost Estimator button. See the patient cost estimator topics in Availity Help for current information about which payers and regions are in controlled deployment and which have patient cost estimator available for all providers.
• You selected a participating payer on the Eligibility and Benefits. Patient cost estimator is available only for certain payers, including CIGNA and some other payers. See the patient cost estimator topics in Availity Help for current information about which payers are participating.

• The “as of date” is set to the current date. The As of Date field on the Eligibility and Benefits Inquiry page must be set to the current date, which is the default.

• The health plan is the patient’s primary and only insurance. Since the payer with whom you are running the patient cost estimator inquiry would not know the contract rates or benefit coverages for other insurers, estimates are only available when this health plan is the primary coverage and there is no other coverage involved.

• If the payer is CIGNA, the tax ID is entered on Eligibility and Benefits Inquiry. A Tax ID field displays on the Eligibility and Benefits Inquiry page for CIGNA and must be completed if you intend to use patient cost estimator.

• If the payer is CIGNA, the patient’s health plan supports patient cost estimator. Patient cost estimator is available for covered patients in CIGNA Preferred Provider Organization (PPO), Exclusive Provider Organization (EPO), Open Access Plus In-Network (OAPIN), and OAP health plans, including covered patients with CIGNA-administered Choice Fund plans. Future enhancements may include making it available to additional plan types and networks.

6. Are all CPT and HCPCS codes loaded into Maintain Codes in patient cost estimator and available for estimates?

No. Although a Procedure Code field displays for data entry, Availity recommends that you use Maintain Codes via the Maintain Codes button to enter your most commonly used codes into the system. You can then quickly select the code in the Express Entry field for any patient cost estimator inquiry.

7. How does patient cost estimator determine if authorizations (pre-certifications) or referrals should be a factor in the estimate?

Patient cost estimator does not consider whether or not the service being estimated requires an authorization (pre-certification) or a referral. The estimate is based on eligibility and benefits information, which do not include authorization or referral requirements.

8. Does patient cost estimator take into consideration pre-existing conditions when running an estimate?

No. An estimate is based on the eligibility and benefits information, which does not include information about any pre-existing conditions the patient may have.

9. I have questions about the data in the patient cost estimator result. For example, the estimated member responsibility amount doesn’t look correct.

Please contact Availity Client Services at 1.800.282.4548.

10. How accurate is patient cost estimator?

Accuracy at the time you retrieve the estimate is important because of the financial discussion you and your patient are having at that moment.

Patient cost estimator processes the estimate inquiry based either on historical claims data (CIGNA only) or on actual adjudication rules (other participating payers), so the result contains the most accurate data available at that time. While in most cases the estimate will be very close to the final billed amount, some factors can change the estimated amount in relation to the actual paid claim amount, including:
• Changes in deductible status, such as when the deductible or out-of-pocket maximum is reached between the time the estimate was requested and when the claim is actually submitted.

• Changes in the services that are estimated compared to the services that are actually rendered and billed.

These instances are out of a payer’s control and can occur with any cost estimation tool.

11. Can I print the patient cost estimator result as a receipt to the patient?

Yes. The buttons for printing each type display on the patient cost estimator result page.

Printing the patient cost estimator result can serve as the basis for pre-care financial discussions between you and your patients in order to help avoid after-the-fact financial surprises. As a receipt to the patient, it can help you communicate information about the patient’s benefits and how much he or she will owe for the services rendered. You can also keep a printed copy of the patient cost estimator result in the patient’s file. Be aware that the printed results look slightly different from how they appear on the screen.

12. Can my patients use patient cost estimator themselves?

No, patient cost estimator is not available to nor is it intended to be used by patients and health plan members directly. Most health plans offer online access to cost and quality information and health consultants by phone to assist them with their questions.

13. Is patient cost estimator available for other payers, too?

The patient cost estimator is currently available for these payers:

• Aetna
• Blue Cross Blue Shield of Illinois
• Blue Cross Blue Shield of New Mexico
• Blue Cross Blue Shield of Oklahoma
• Blue Cross Blue Shield of Texas
• Humana

A similar tool, CareCalc, is already available for Florida Blue only. See the Patient Cost Estimator and CareCalc topics in Availity Help for current information.

14. How do I receive training on patient cost estimator?

Availity offers free online training for all of its products and services, including patient cost estimator. To view the webinar schedule and register for a webinar, click Free Training on any Availity page.

15. What if I have additional questions?

For technical assistance with patient cost estimator, call Availity Client Services at 1.800.AVAILITY (1.800.282.4548).

CIGNA-specific questions and answers

1. How does the Availity patient cost estimator differ from other estimation tools?

The CIGNA Cost of Care Estimator is unique in that it combines an estimated total cost based your contracted rate with a real-time snapshot of the patient’s benefits.

This means the estimate is personalized and accurate based on that patient’s benefits at the time the estimate is created.
The itemized cost estimate is generated by the proprietary Thomson Reuter treatment cost calculation tool and backed by its analytic and predictive modeling expertise.

Compared to other vendor solutions, CIGNA’s Cost of Care Estimator offers the following advantages:

- It provides an opportunity for a financial discussion between you and your patient – before care is rendered – and provides a consumer-friendly Explanation of Estimate that serves as educational material for the covered patient.
- It is available for all care settings including those where high-dollar services are used most, having significant financial impact on the covered patient.
- It is easy to use and requires no new systems or technology.

The CIGNA Cost of Care Estimator is positioned to be an industry standard. It aligns with current industry initiatives, such as CORE and AHIP, by aiding in the quest for administrative simplification between payers and health care professionals.

CIGNA Cost of Care Estimator has been expanded to Availity patient cost estimator.

2. **For what services can I use patient cost estimator?**

For CIGNA, you can use patient cost estimator for all professional services in all care settings, such as outpatient, facility, and specialty, as well as outpatient and inpatient facility services and treatments. You can generate estimates at any time prior to or during the patient’s visit to the office or facility: At appointment scheduling, at check-in or registration, pre-care, or even at check-out.

Obtaining an estimate is NOT recommended for the following care scenarios. This is because costs associated may be highly variable given the nature of the care setting and because the benefit coverage is based on diagnosis as a determination of coverage.

- Maternity (global services)
- Chemotherapy and high cost drugs
- Vision
- Emergency Room
- PT/OT
- Infertility Benefits
- Behavioral Health
- Transplants
- Implants

For more information, contact Availity Client Services at 1.800.282.4548.

3. **Can I use patient cost estimator with all CIGNA administered plans?**

Patient cost estimator is available for patients in CIGNA’s Preferred Provider Organization (PPO), Exclusive Provider Organization (EPO), Open Access Plus In-Network (OAPIN), and OAP health plans, including patients with CIGNA administered Choice Fund plans. If the patient is not in one of these plans, the Patient Cost Estimator button does not display.

Future enhancements to patient cost estimator may include making it available to additional plan types and networks.
4. **Is CIGNA changing their policy regarding Point of Care (POC) collections?**

CIGNA understands that market dynamics are causing some health care professionals to implement collections policies at the point of care for deductible and coinsurance amounts, regardless of carrier policies. In acknowledgement of the shift in behavior and its impact to patients, CIGNA is providing tools and capabilities that enable you to have a more complete picture of the patient’s benefits and ensure appropriate patient billing.

If you decide to collect deductibles and/or coinsurance prior to receiving the Explanation of Payment (EOP) or Direct Deposit Activity Report (DDAR), CIGNA requires that you use the CIGNA Cost of Care Estimator or Availity patient cost estimator and provide the resulting Explanation of Estimate to the patient. The Estimate will show the amount due and allow for a financial discussion between you and your patient prior to services being rendered.

As a reminder, patients covered by a CIGNA-administered Choice Fund plan can choose to have their out-of-pocket costs paid directly out of their health care spending account(s). After claim processing, if funds are available, CIGNA automatically sends payment to you on behalf of your patient with Choice Fund coverage, usually along with CIGNA’s portion of the payment. Automatic Claim Forwarding (ACF) is highly encouraged by CIGNA and is currently active for over 85% of covered patients with Choice Fund plans.

ACF offers significant bad debt mitigation through automatic and direct payments and helps alleviate the need for your office to pursue the patient for any applicable coinsurance or deductible payments. ACF can help to shorten your revenue cycle by improving CIGNA payment information and processes and providing information that enables you to reduce patient bad debt.

5. **My hospital bills with revenue codes. Can I use patient cost estimator?**

Patient cost estimator does not use revenue codes for CIGNA. Rather, CPT or HCPCS codes are required to run an estimate for outpatient services.

For inpatient services, CPT and HCPCS codes are not entered manually. Rather, you must select a Clinical Category and Code Description to describe the purpose of the stay.

6. **I am a new physician to the CIGNA network. Can I use Availity patient cost estimator?**

For CIGNA, patient cost estimator generates the estimate based on historical claims data. If you have recently contracted with CIGNA, estimates specific to you may not be available until you have current claims data in CIGNA’s systems that reflect your new contract rates. Until your claims data is in CIGNA’s system, the tool may provide estimates based on regional averages that may or may not reflect your contract rates.

7. **How is my contracted rate used when generating an estimate for CIGNA?**

For CIGNA, patient cost estimator tool uses a rolling 12 months of claims history as a proxy to the contract rates. The actual contract rates are not utilized to build the estimates. The patient’s specific benefits are then applied to the estimated cost of the service(s) for which you are requesting the estimate. Market trials validated this approach to be highly accurate in simulating claims payment rules, which may not be apparent in contract language.

8. **What if I receive an estimate that does not match my current contract rate with CIGNA?**

The estimation process builds estimates based on a rolling 12 months of claims history, specific to CIGNA and the OAP/PPO plan types. Instances may occur where CIGNA does not have enough paid claims data to produce an estimate specific to your rate and will therefore provide an estimate based on a broader base of CIGNA paid claims, or in rare instances, provide an estimate based on the paid claims database. In these
instances, the estimate generated is still a reasonable number to share with the patient for setting a financial expectation.

9. **What happens when a contract rate is renegotiated or a patient changes his or her CIGNA health plan between the last claim encounter and when I request the estimate?**

   For CIGNA, patient cost estimator will use the most current rate based on the claims history available. Changes to the contract or plan will not be reflected until the next system update, which is every 30 days, provided that you have submitted claims within the last 30 days and CIGNA has finalized those claims within that same time period. After that time, the system will generate an estimate using the new rate, eligibility, and benefits.

10. **Is FSA and HSA fund information available through patient cost estimator?**

    Health savings account (HSA) and medical flexible spending account (FSA) balances, or the total amounts available in the accounts, are NOT shown in the patient cost estimator result for CIGNA.

    Rather, the amounts to be taken from the fund accounts for payment are included in the Anticipated Health Account Payment column on the result, depending on whether sufficient funds are available.

    Only HSAs and medical FSAs that have provider-assigned auto claim forwarding turned on will have available fund information included in the estimate result.

11. **The 'Anticipated Health Account Payment' column on the Explanation of Estimate displays $0. What does this mean?**

    The Anticipated Health Account Payment column may display $0 for these reasons:

    • The patient does not have a health account associated with his or her medical plan.
    • The patient has a health account but does not have automatic claim forwarding enabled, preventing CIGNA from forwarding any available funds from the account to the provider once the claim has been processed.
    • The patient has a health account with automatic claim forwarding enabled, but no funds are available to cover the estimated cost.

12. **Should I collect the amount in the ‘Estimate of What Member Owes’ column (the estimated patient liability) if the ‘Anticipated Health Account Payment’ column on the Explanation of Estimate displays $0?**

    If the Anticipated Health Account Payment column displays $0 for the reasons listed in the previous question, you can request payment from the patient based on the amount displayed in the Estimate of What Member Owes column on the Explanation of Estimate (patient cost estimator result page). Be sure to print the Explanation of Estimate and give it to the patient.

13. **Can I request a CIGNA estimate for a facility charge if a treatment will involve both my services and a facility’s services?**

    No. At this time, you can request an estimate only for the services or treatment you provide. The facility would have to run an estimate themselves to determine their charges. However, if the entity is responsible for billing both your and a facility’s services, separate estimates can be run for each component.

14. **I am now part of the CIGNA network, but used to see patients in CIGNA administered plans and submitted claims while I was not participating in your network. Will that ‘non-par’ claims data be used for generating estimates?**
No. CIGNA does not use out-of-network claim history for in-network estimates. If you do not have current in-network claims data with CIGNA, the tool will be unable to generate an estimate based on your specific in-network rates.

15. How does patient cost estimator determine anesthesia costs?

For CIGNA, patient cost estimator does not look at your specific anesthesia claims when determining an estimate. Instead, the tool looks at a broader level to determine how anesthesia service is generally reimbursed in a market or regional area. The tool also verifies if the procedure chosen typically has anesthesia charges linked to it. If the procedure code entered is for a service that typically does not include anesthesia charges, the tool will not calculate anesthesia costs into the estimate, even if you selected Include Anesthesia on the inquiry.

16. What if the Express Entry field does not display individual physicians associated with my group?

You can add providers to the Express Entry field using the Express Entry feature (see the Availity Help topics for information about this feature).