

Patient Cost Estimator in Availity Portal is Now Available

Patient Cost Estimator is now available in Availity^{®1}. This new application offers a better online experience and a more streamlined workflow to see and read cost estimates than CareCalc. Here are a few key differences you can expect:

- As you input procedure codes, Patient Cost Estimator will automatically search for and validate the code. Simply select the code you need from a drop-down list. After receiving results, you can easily edit your search without submitting a new query.
- If you don't know the procedure code, you can also search by description, and the application will find the code for you.
- Pre-populated drop-down lists for Primary Diagnosis Codes and Place of Service will prevent invalid entries.
- Like CareCalc, Patient Cost Estimator will allow you to submit a quick claim for real-time adjudication to Florida Blue from the results page.

In collaboration with Availity, we are committed to providing a seamless transition to the new tool. Our goal is to take what works well from CareCalc and improve upon it for an overall enhanced and more intuitive experience. You will be able to continue using CareCalc until all functions are available in Patient Cost Estimator later this year.

Below are answers to questions you may have regarding Patient Cost Estimator. For more information, please call the Provider Contact Center at 800-727-2227.

Availity, LLC is a multi-payer joint venture company. For more information or to register, visit Availity's website at availity.com.

Questions and Answers

Using Availity's New Patient Cost Estimator

Background

The patient cost estimator (PCE) is a tool that allows a provider to calculate the estimated patient responsibility based on eligibility and benefits information, such as deductibles and co-payments, provider fee schedule and current adjudication information, in the patient's health plan. The PCE button is located on the results page of the eligibility and benefits inquiry transaction.

The PCE offers an estimate of the amount you can collect from the patient at the time of the visit. This estimate can change within hours or days, particularly if other claims have been filed for the patient recently or yearly deductibles are about to change. To ensure this estimate remains accurate, file the claim as soon as possible.

Access and General Information

When should I use the patient cost estimator?

Using the patient cost estimator can help you prevent payment-collection problems, especially as high out-of-pocket plans become more popular. We suggest using the 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, in order to collect the right amount before the patient leaves.

How do I access the patient cost estimator?

You can access the patient cost estimator by submitting an eligibility and benefits request. On the results page, click the *Patient Cost Estimator* button, if it displays. (See chart below for troubleshooting.) For more information about how to run an estimate, see the patient cost estimator *Help* topics for Florida Blue located under *Help and Training* on availity.com.

Does the administrator have to delegate access for other staff to access the patient cost estimator?

The administrator does not have to delegate access to the patient cost estimator to other staff. Users who have access to eligibility and benefits inquiries will have access based on the provider participating status and member benefit plan.

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

The following guidelines are provided to troubleshoot unavailability of the patient cost estimator (PCE) button:

IF	THEN
The provider is related to or submits claims through CareCentrix....	The PCE button will not display
The NPI has multiple providers with different fee schedules associated with it....	The PCE button will not display
If the services are for anesthesia....	The PCE button will not display
If the services are for dental....	The PCE button will not display
If the services are for pharmacy....	The PCE button will not display
If the provider is a non-par provider....	The PCE button will not display
If the member has a qualified health plan and is in a 60- to 90-day grace period....	The PCE button will not display
If the Blue Plan and product is not the member’s primary insurance....	The PCE button will not display

Is the estimate a guarantee of coverage or payment?

No. This is only an estimate of the amount the patient will owe if the billed services are covered; it is not a guarantee of coverage for these charges. When you submit a patient cost estimate request, the payer does not actually adjudicate it but instead returns an estimate of adjudication based on currently available data.

The final amount the patient may owe may change from the estimate for several reasons:

- The patient’s benefits have changed from the time the estimate was run.
- Other claims have processed before the services were received and submitted for payment.
- Fewer, more or different services were received.
- The patient’s out-of-pocket plan maximum (when the plan starts to pay 100 percent for covered services) has been met.
- The amount in the patient’s health savings account has changed.

Can I print the patient cost estimator result as a receipt for the patient?

Yes. The buttons for printing each type of estimate are located on the *Actions* tab on the *Patient Cost Estimator* result page. Printing the patient cost estimator results 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 provided. You can also keep a printed copy of the patient cost estimator results in the patient’s file. Be aware that the printed results look slightly different from how they appear on the screen.

Can my patients use the patient cost estimator themselves?

No. The 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.

How do I receive training on the patient cost estimator?

Availity offers free online training for all of its products and services, including the patient cost estimator. To view, schedule or register for a webinar, click *Help > Get Trained* on any Availity page on availity.com.

What if I have additional questions?

For technical assistance with the patient cost estimator, call Availity client services at 800-AVAILITY (800-282-4548).

For patient cost estimator result support, please contact the Florida Blue Provider Contact Center at 800-727-2227.

Plans and Services

Will non-covered services be excluded from the estimate?

No. The patient cost estimator will not exclude non-covered services, indicating as such with the appropriate messaging. However, it will not estimate services that require medical documentation.

Estimates

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

The patient cost estimator does not consider whether or not the service being estimated requires an authorization (precertification) or a referral. The estimate is based on an authorization already obtained. For authorization and referral requests, refer to availity.com.

Does the 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.

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

For patient cost estimator result support, please contact the Florida Blue Provider Contact Center at 800-727-2227.

What should I do if the estimate does not display or if I get an error?

Read the error message, make the necessary updates and click *Estimate Cost* again.

Note: Two common errors are:

- *“Unable to determine patient liability; additional information is required. Contact BCBSFL.”*
The message could have been displayed because an authorization is found and status is *Held* or *Denied*, or *Authorization is required but not found*. Verify the correct diagnosis and procedure codes were entered and verify that the Tax ID selected on the PCE request screen matches how the provider submits claims. If the error still persists, contact us at 800-727-2227.
- *“Deny PA Group Claims.”* This message will display when the user has entered the provider group NPI in the rendering provider field of the eligibility and benefits (E&B) inquiry screen. The user must use the rendering provider to submit the E&B inquiry instead of the group NPI. If the error still persists, contact us at 800-727-2227.