

Exa® PACS/RIS

Workflow Guide

Eligibility and Estimation with Imagine

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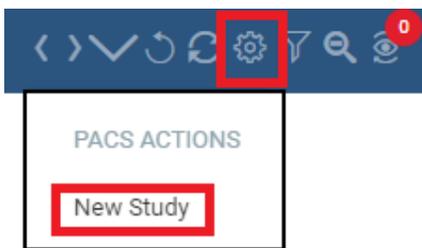
What is Imagine?

Imagine Software is an add-on to Exa PACS/RIS that enables you to verify insurance eligibility and estimate out-of-pocket costs during appointment scheduling. This provides patients with upfront price transparency and increases the likelihood of full reimbursement for radiology procedures.

Eligibility and estimation can be done while creating orders, during scheduling, or anytime post scheduling. Eligibility or estimation may need to be repeated if insurance information or study information is subsequently edited.

While creating an order or pre-order

1. On the worklist, on the **PACS Actions** menu, select **New Study**.



--OR--

Hamburger Menu > **Patient** > [search for and open patient chart] > **Studies**



2. Enter patient and order information.
3. Under **Primary Insurance**, add as much information as is available for best results.

Primary Insurance RESET

Existing Insurance	<input type="text" value="BCBS Florida-Test1"/>	Policy Number *	<input type="text" value="12345629"/>
Carrier *	<input type="text" value="BCBS Florida-Test1"/>	Group No.	<input type="text" value="6353535"/>
Provider Type	<input type="text"/>	Valid From Date	<input type="text" value="03/01/2020"/>
Group Name	<input type="text"/>	Valid To Date	<input type="text" value="03/23/2025"/>
Relationship *	<input type="text" value="Self"/>	Address Line 1	<input type="text" value="123 Main St."/>
DOB *	<input type="text" value="03/04/1990"/>	Address Line 2	<input type="text"/>
Sex	<input type="text" value="F"/>		
Country	<input type="text" value="United States"/>		
City/State/ZIP	<input type="text" value="GARNER"/> <input type="text" value="NC"/> <input type="text" value="27529"/> <input type="text" value="ZIP Plus"/>		
Subscriber Name *	<input type="text" value="Imagine"/> <input type="text" value="MI"/> <input type="text" value="Patient"/> <input type="text" value="Suffix"/>		

Eligibility / Estimation

3. Select **Eligibility/Estimation**.
4. In the Eligibility/Estimation screen, you can select the arrow to review patient information.

Eligibility / Estimation: Niewind, Danielle E (NC1577) 03/04/1992, F, 32Y

Patient		Visit		Insurance	
Patient Name	Niewind, Danielle E	Procedures	74183, 74183	Provider Name	Aetna
Home Phone		Date of Service	04/18/2024	Address	PO BOX 981106 EL PASO, TX 79998
Mobile Phone	(228)669-5291	Referring Physician	Demo, Referring	Policy Number	7815454
				Subscriber Name	Niewind, Danielle E
				Subscriber DOB	03/04/1992

5. Select the **Eligibility** tab to display plan details, co-insurance, co-pay, deductible, out-of-pocket expense, and additional insurance information.
6. Optional. To print all eligibility information, select **PRINT**.

Eligibility / Estimation: Patient, Imagine (NC2020) 03/04/1990, F

Eligibility Status Benefits Date 03/23/2023

ELIGIBILITY ESTIMATION PRINT

Plan Details

ACTIVE Point of Service (POS) - Health Benefit Plan Coverage - Plan Name: AHF Choice POS II
Diagnostic X-Ray, MRI/CAT Scan

Co-Insurance

Individual - Diagnostic X-Ray, MRI/CAT Scan - Visit	10%
<small>Benefits identified are considered In-Plan-Network. All Other In-Network Providers. Complex Imaging Other Than CAT Scan,COINS APPLIES TO OUT OF POCKET. Complex Imaging Professional Component,COINS APPLIES TO OUT OF POCKET</small>	
Individual - Diagnostic X-Ray, MRI/CAT Scan - Visit	10%
<small>Benefits identified are considered In-Plan-Network. All Other In-Network Providers. Outpatient Xray and Lab ,COINS APPLIES TO OUT OF POCKET</small>	
Individual - Diagnostic X-Ray, MRI/CAT Scan - Visit	30%
<small>Benefits identified are considered Out-Of-Plan-Network. Complex Imaging Other Than CAT Scan,COINS APPLIES TO OUT OF POCKET. Complex Imaging Professional Component,COINS APPLIES TO OUT OF POCKET. Outpatient Xray and Lab ,COINS APPLIES TO OUT OF POCKET</small>	

Co-Pay

Individual - Diagnostic X-Ray, MRI/CAT Scan - Visit	\$100
<small>Benefits identified are considered In-Plan-Network. All Other In-Network Providers. Complex Imaging Other Than CAT Scan. Complex Imaging Professional Component. Outpatient Xray and Lab</small>	

7. Select the **Estimation** tab to display the patient’s estimated costs for all studies added to the order.

Eligibility / Estimation: Patient, Imagine (NC2020) 03/04/1990, F

Eligibility Status Benefits Date 03/23/2023

ELIGIBILITY **ESTIMATION** LETTER PRINT

Co-Insurance	\$10.00	<p>Estimated Patient Balance: \$327.22</p> <p>The balance above is the estimated amount to be collected from the patient including the deductible, copay and coinsurance amounts for the selected procedures:</p> <p><input checked="" type="checkbox"/> MRA Complete Spine with Contrast - CPT 72159</p> <p>To view an estimate for a specific procedure or a different combination of procedures, change selected studies above and click UPDATE SELECTED.</p>
Co-Pay	\$100.00	
Deductible / Max	\$100.00 / \$200.00	
Max Balance Due	\$0.00	
Max Out-of-Pocket	\$1500.00	

8. Optional. Select **LETTER** to print or email an estimation letter to the patient.

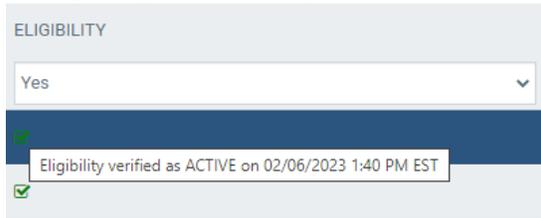
9. After eligibility/estimation have been performed, you can review by selecting the eligibility/estimation button again from the Insurance Profile Area of the patient chart. Below the button, the system will display when the eligibility check was performed.

Eligibility & Estimation

Eligibility / Estimation

Eligibility successfully verified on 01/31/2023 1:55 PM

10. The eligibility column on the worklist will change to Verified or Yes. Hovered over it to display when the eligibility check was performed.



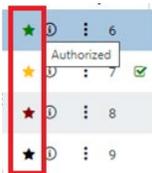
During scheduling

Verification of eligibility and estimation of costs can also be performed during scheduling from the schedule book or when using the Find Slots feature. The Eligibility/Estimation button is located on the Create Order screen after the appointment information is selected.

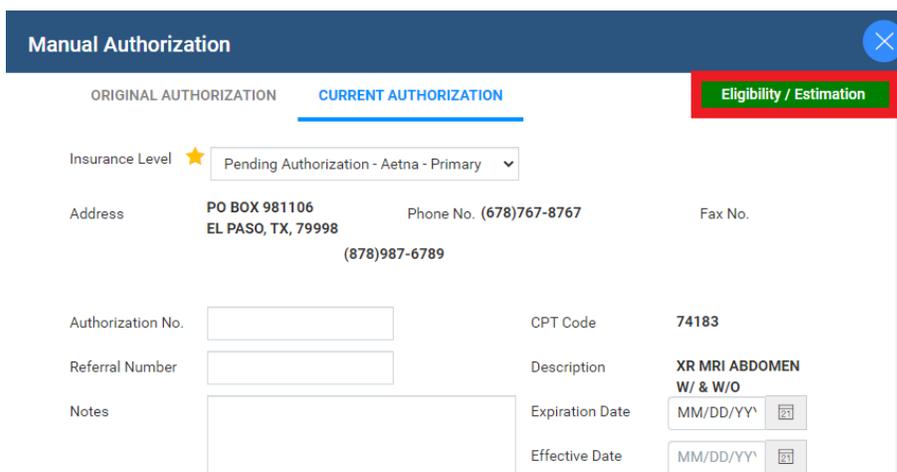
During authorization

Verification of eligibility and estimation of costs can be performed on the authorization screen.

1. Select the authorization star on the worklist, or on the patient chart’s Insurance Profile tab.



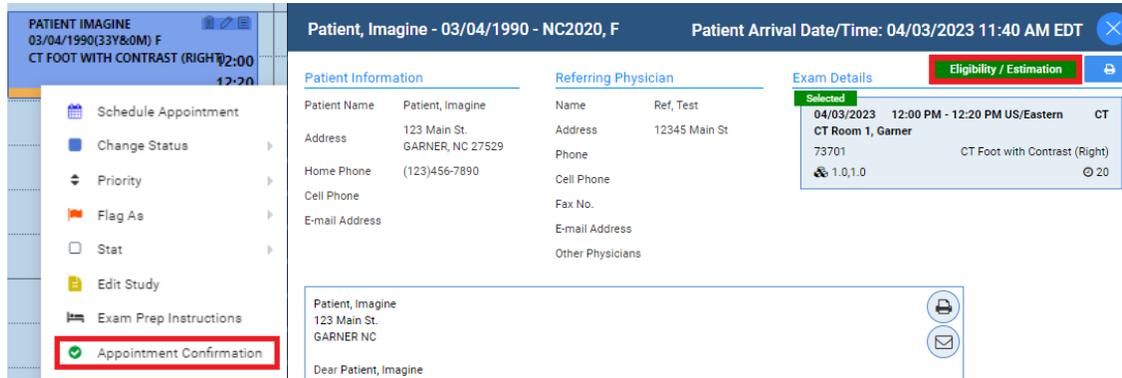
2. On the **Manual Authorization** screen, select the **Eligibility/Estimation**.



Post-Scheduling: Appointment Confirmation Screen

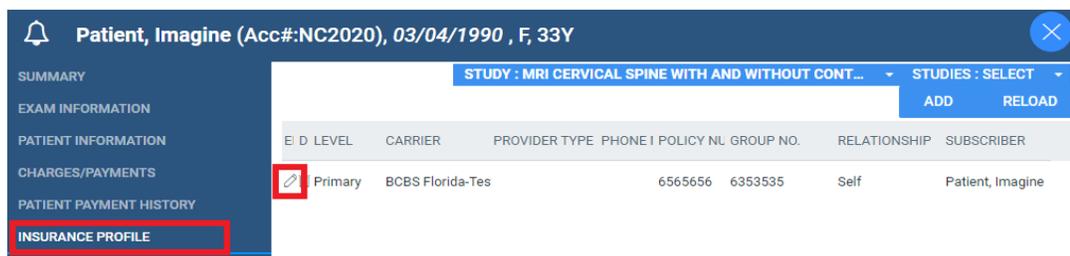
Display the appointment confirmation screen:

- Automatically after scheduling a patient by selecting **Auto-Open Appointment Confirmation** in User Settings.
- Manually from the shortcut menu on the schedule book.



From the worklist (Edit Study screen)

- On the worklist, double-click a study and select **INSURANCE PROFILE**.
- Double-click the primary insurance policy.



Under the **Insurance Details** section select the **Eligibility/Estimation**.

From the patient chart

- On the **Hamburger Menu**, select **Patient** > [search for patient] > [double-click to open patient chart].
- Select the down arrow.
- Select **INSURANCE PROFILES**.

Patient Insurance

ED DE	DEFAU	LEVEL	CARRIER	PROVIDER TYPE	PHONE NO.	POLICY NUMB	GROUP NO.	RELATIONSHIP	SUBSCRIBER
			Primary	Aetna-Test1	(800)264-4012	3456788		Self	Patient, Imagine

Under the **Insurance Details** section select the **Eligibility/Estimation**.

On the Charges/Payments screen

Eligibility/Estimation can be performed on the Charges/Payments screen of the Edit Study screen.

CHARGES/PAYMENTS

NDC	Accession No.	Date	CPT Code	CPT Description	M
	5596	04/18/2024 11:00 AM	74183	MRI ABDOMEN W/ & W/O	

Total Payment: 0.00

Eligibility / Estimation

From Billing (Edit Claims screen)

Eligibility/Estimation can be performed on the Edit Claims screen withing the Billing module.
 Studies > Select Claim > Claims Creation and Claims > Edit Claims screen

Claim Creation : Niewind, Danielle E Acc#: NC1577 03/04/1992 F Alerts 1 Patient Chart

[CHARGES](#) [CLAIMS](#) [INSURANCE](#) [ADDITIONAL INFO](#) [BILLING SUMMARY](#)

[PREV](#) [NEXT](#) [NOTES](#) [DOCUMENTS AND REPORTS](#) [SAVE](#)

POS Type: 11 (office)

Primary Insurance CLEAR

Existing Insurance: SELECT Accept Assignment

Carrier: Aetna

Address: PO BOX 981106

City/State/ZIP: EL PASO, TX, 79998

Phone: (678) 767-8767

Policy Number: 7815454

Group No.: 234

Coverage Start/End Date: MM/I / MM/I

Relationship: Self

Subscriber Name: Danielle E Niewind Suffix

DOB: 03/04/ [calendar icon]

Gender: F

Country: United States

Address Line 1: 123 Main St

Address Line 2: Address Line 2

City/State/ZIP: GARNER NC 27521 ZIP PI

Secondary Insurance CLEAR

Existing Insurance: SELECT Accept Assignment

Medicare payer

Carrier:

Address:

City/State/ZIP:

Phone #:

Policy Number: Policy Number

Group No.: Group No.

Coverage Start/End Date: MM/I / MM/I

Relationship: Select Self

Subscriber Name: First Name N Last Name Suffix

DOB: MM/DI [calendar icon]

Gender: Select

Country: United States

Address Line 1: Address Line 1

Address Line 2: Address Line 2

City/State/ZIP: Sele ZIP C ZIP PI

ELIGIBILITY / ESTIMATION
✔ Eligibility successfully verified on 03/27/2023 4:31 PM

ELIGIBILITY

Re-estimating and reverifying eligibility

After eligibility and estimation, if the system detects changes to CPT code, insurance carrier, or policy number, you are prompted to re-estimate.

⚠ Estimation Changed or Outdated

Some of the information submitted for this estimation has changed or is outdated. Please click RE-ESTIMATE to obtain an estimation using the most current information.

OK

500-000629A

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Eligibility / Estimation: Patient, Imagine (NC2020) 03/04/1990, F, 33Y

Eligibility Status ✔ Benefits Date 03/23/2023

ELIGIBILITY **ESTIMATION**

⚠ RE-ESTIMATE LETTER PRINT

Co-Insurance	\$10.00
Co-Pay	\$100.00
Deductible / Max	\$100.00 / \$200.00
Max Balance Due	\$0.00
Max Out-of-Pocket	\$1500.00

Estimated Patient Balance: \$360.93

The balance above is the estimated amount to be collected from the patient including the deductible, copay and coinsurance amounts for the selected procedures:

CT Foot with Contrast (Right) - CPT 73701, 73701

To view an estimate for a specific procedure or a different combination of procedures, change selected studies above and click UPDATE SELECTED.

Same-day multi-appointment studies

You can verify eligibility and estimate multiple appointments together so that patients can better understand the financial impact.

1. Schedule and order studies, as normal.
2. Perform eligibility/estimation.
3. Open the Estimation page, and select or clear studies to view the resultant charges.

Eligibility / Estimation: Patient, Imagine (NC2020) 03/04/1990, F,

Eligibility Status ✔ Benefits Date 03/29/2023

ELIGIBILITY **ESTIMATION**

LETTER PRINT

Co-Insurance	\$20.00
Co-Pay	\$150.00
Deductible / Max	\$3833.09 / \$4500.00
Max Balance Due	\$0.00
Max Out-of-Pocket	\$6850.00

Estimated Patient Balance: \$1202.00

The balance above is the estimated amount to be collected from the patient including the deductible, copay and coinsurance amounts for the selected procedures:

CT Abdomen and Pelvis W/WO Contrast - CPT 74178

CT Ankle with and without Contrast (Left) - CPT 73702

MRI Brain with and without Contrast - CPT 70553, 70553

To view an estimate for a specific procedure or a different combination of procedures, change selected studies above and click UPDATE SELECTED.

UPDATE SELECTED