

# **Exa® PACS RIS**

# **Feature Summary**

## **Using Exa Clear**

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## Exa Clear

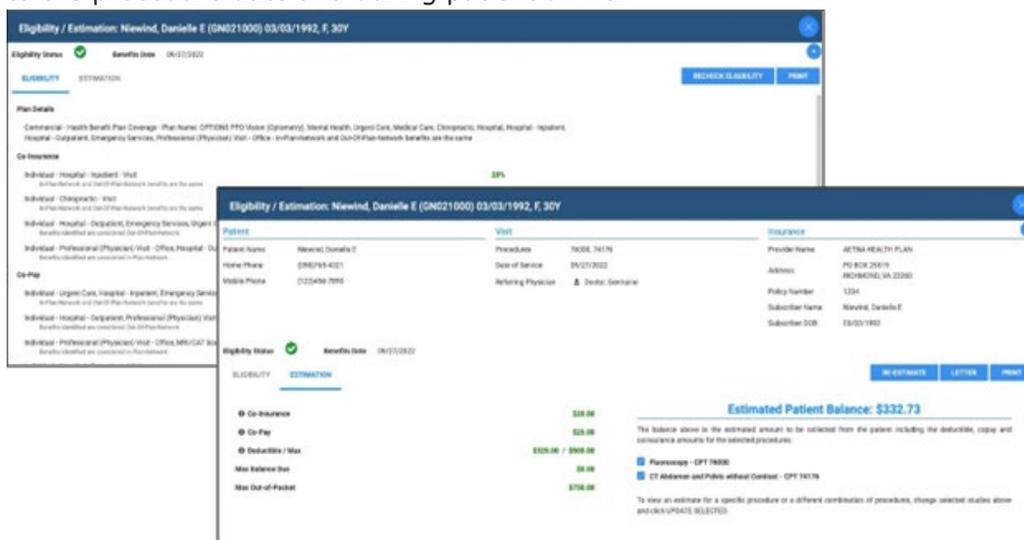
Konica Minolta has partnered with Imagine Software to provide patients with insurance eligibility and estimated out-of-pocket costs during appointment scheduling, providing patients with upfront price transparency. This increases the likelihood of full reimbursement for radiology procedures. The benefits include:

- Eliminating inefficient, time-consuming and often manual tasks that may be error-prone.
- Reducing eligibility denials, increasing reimbursement payments and delivering up-to-date price transparency so patients can make better-informed decisions.
- Providing accurate patient responsibility estimates based on practice negotiated rates with national and regional payers, meeting NSA requirements.
- Decreasing the need for collections, improving billing performance and freeing up resources to realize more productivity and profitability.
- Improving the patient experience through eligibility and payment education while reducing surprise billing with a higher likelihood of patients returning

## Insurance eligibility and patient payment estimation features

Exa RIS provides unmatched workflow efficiency through a real-time eligibility and payment estimation solution integrated into the patient scheduling process. No separate workstation or portal is required.

- Healthcare insurance coverage information including real-time eligibility status.
- Patient responsibility, including co-insurance, co-pay, deductible, maximum balance due and maximum out-of-pocket.
- Multiple opportunities to review and update information with the patient throughout the patient workflow, including scheduling a new appointment, updating an appointment closer to the procedure date and during patient arrival.



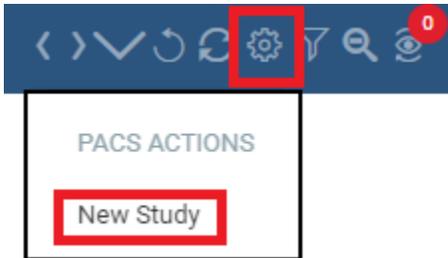
View patient estimated balance by procedure and combination of procedures.

## Use Eligibility/Estimation

You can use Eligibility/Estimation at several points during the workflow, such as while creating orders, during scheduling, or anytime after scheduling. You may need to repeat Eligibility/Estimation if insurance or study information is edited after the original eligibility/estimation.

### Eligibility/Estimation when creating an order or pre-order

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



OR

- **Hamburger Menu > Patient > [Search for patient] > Studies**



2. Enter patient and order information as usual.
3. Primary Insurance: Add all information for most accurate 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"/>	ZIP Plus	<input type="text"/>
Subscriber Name *	<input type="text" value="Imagine"/> <input type="text" value="MI"/> <input type="text" value="Patient"/>	Suffix	<input type="text"/>

**Eligibility / Estimation**

4. Select **Eligibility/Estimation**
5. Optional: 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

6. Toggle between the **Eligibility** and **Estimation** tabs.

The **Eligibility** tab includes Plan Details, Co-insurance, Co-Pay, Deductible, Out-of-Pocket, and Additional Insurance Information. You can print the eligibility information by selecting **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%
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	
Individual - Diagnostic X-Ray, MRI/CAT Scan - Visit	10%
Benefits identified are considered In-Plan-Network. All Other In-Network Providers. Outpatient Xray and Lab ,COINS APPLIES TO OUT OF POCKET	
Individual - Diagnostic X-Ray, MRI/CAT Scan - Visit	30%
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	

**Co-Pay**

Individual - Diagnostic X-Ray, MRI/CAT Scan - Visit	\$100
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	

The **Estimation** tab displays the patient’s estimated costs for all studies added to the order. You can print or email the estimation to the patient by selecting **LETTER**.

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

Eligibility Status ✔
Benefits Date 03/23/2023
▼

ELIGIBILITY
ESTIMATION

LETTER
PRINT

<b>❶ Co-Insurance</b>	<b>\$10.00</b>	<p style="color: #007bff; margin: 0;"><b>Estimated Patient Balance: \$327.22</b></p> <p style="font-size: small; margin: 0;">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 style="margin: 0;"><input checked="" type="checkbox"/> MRA Complete Spine with Contrast - CPT 72159</p> <p style="font-size: x-small; margin: 0;">To view an estimate for a specific procedure or a different combination of procedures, change selected studies above and click UPDATE SELECTED.</p>
<b>❷ Co-Pay</b>	<b>\$100.00</b>	
<b>❸ Deductible / Max</b>	<b>\$100.00 / \$200.00</b>	
<b>Max Balance Due</b>	<b>\$0.00</b>	
<b>Max Out-of-Pocket</b>	<b>\$1500.00</b>	

- Optional: To review, from the **Insurance Profile Area** of the patient chart, select **Eligibility/Estimation** again.  
Below the button, the system shows when the eligibility check was performed.

## Eligibility & Estimation

**Eligibility / Estimation**

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

The Eligibility column on the worklist changes to Verified or Yes. You can hover over it to see when the eligibility check was performed.

ELIGIBILITY

Yes
▼

✔

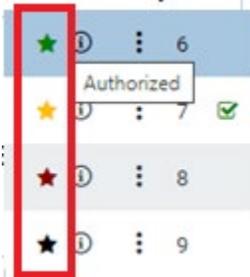
✔ Eligibility verified as ACTIVE on 02/06/2023 1:40 PM EST

NOTE: Eligibility/Estimation can also be done during scheduling from the schedule book or when using find slots. The Eligibility/Estimation is located on the Create Order screen after the appointment information is selected.

### Eligibility/estimation during pre-authorization

You can perform Eligibility/Estimation on the authorization screen.

1. Select the authorization star on the worklist or in the patient chart under the Insurance Profile tab.



On the authorization screen the Eligibility/Estimation button appears in the top-right corner.

### Manual Authorization

ORIGINAL AUTHORIZATION    **CURRENT AUTHORIZATION**

**Eligibility / Estimation**

Insurance Level ★ Pending Authorization - Aetna - Primary

Address **PO BOX 981106** Phone No. **(678)767-8767** Fax No.  
**EL PASO, TX, 79998**  
**(878)987-6789**

Authorization No.  CPT Code **74183**

Referral Number  Description **XR MRI ABDOMEN W/ & W/O**

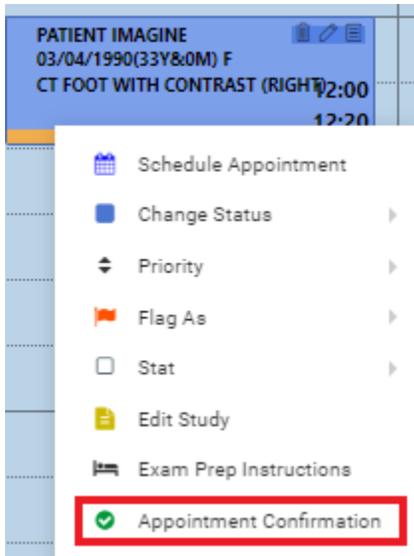
Notes  Expiration Date

Effective Date

## Eligibility/Estimation after scheduling

### Appointment Confirmation screen

- To configure the Appointment confirmation screen to automatically open after scheduling an order, go to **User Settings**, and select:  **Auto-Open Appointment Confirmation**
- To manually open the Appointment Confirmation screen from the **Schedule Book**, right-click an appointment and select **Appointment Confirmation**. The Eligibility/Estimation button appears in the top right corner.



Patient, Imagine - 03/04/1990 - NC2020, F
Patient Arrival Date/Time: 04/03/2023 11:40 AM EDT
✕

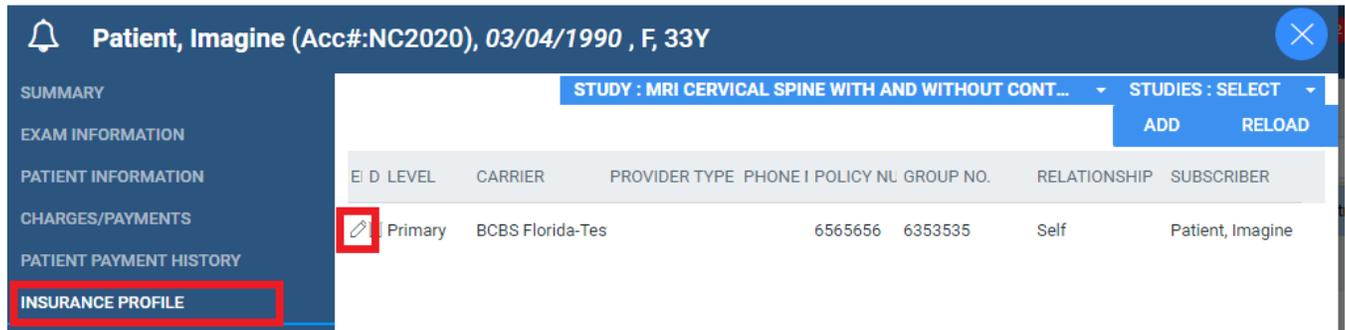
Patient Information	Referring Physician	Exam Details	Eligibility / Estimation
Patient Name: Patient, Imagine Address: 123 Main St. GARNER, NC 27529 Home Phone: (123)456-7890 Cell Phone: E-mail Address:	Name: Ref, Test Address: 12345 Main St Phone: Cell Phone: Fax No.: E-mail Address: Other Physicians:	<div style="background-color: #008000; color: white; padding: 2px;">Selected</div> 04/03/2023 12:00 PM - 12:20 PM US/Eastern CT CT Room 1, Garner 73701 CT Foot with Contrast (Right) 1.0,1.0 © 20	

Patient, Imagine  
123 Main St.  
GARNER NC

Dear Patient, Imagine

Edit Study or Schedule book

1. Search for patient > right-click > **Patient Information**.
2. Select the **Insurance Profile** tab.
3. Double-click the primary insurance (or select the pencil button).



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

Patient chart

1. **Hamburger Menu** > **Patient** > [Search for patient] > [double-click a patient chart].
2. Select the **Down** arrow.
3. Select **Insurance Profiles**.



Under **Insurance Details**, select Eligibility / Estimation

Charges/Payments screen

You can perform Eligibility/Estimation on the Charges/Payments screen.

**Niewind, Danielle (Acc#:NC1577), 03/04/1992, F, 32Y**

**STUDY : MRI ABDOMEN WITH AND WITHOUT CONTRAST** STUDIES : SELECT

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

NEW CHARGE SAVE

	Date	Amount	Pymt. Mode	Check/Card No.	Pymt. Reason	Received By	Pymt. ID	Notes
Total Payment:		0.00						

NEW PAYMENT SAVE PRINT RECEIPT **Eligibility / Estimation**

Billing

You can perform Eligibility/Estimation when creating or editing a claim or study. For example:

**Billing > Claims > [open a claim for editing]**

**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/

Gender \* F

Country United States

Address \* 123 Main St

Address Line 2 Address Line 2

City/State/ZIP \* GARNER NC 27521 ZIP PI

**ELIGIBILITY / ESTIMATION**

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

**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 Last Name Suffix

DOB \* MM/DI

Gender \* Select

Country United States

Address \* Address Line 1

Address Line 2 Address Line 2

City/State/ZIP \* Sele ZIP Co. ZIP PI

ELIGIBILITY

### Performing re-estimation

If the system detects changes after the initial estimation in such things as CPT codes, insurance carrier, or policy number, a message appears, and a red RE-ESTIMATE button appears.

**⚠ Estimation Changed or Outdated**

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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](#)

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

Eligibility Status ✔
Benefits Date 03/23/2023 ▼

**ELIGIBILITY**     **ESTIMATION**

❗ 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.

⚠ RE-ESTIMATE
LETTER
PRINT

### Same-day multi-appointment studies

When patients have multiple appointments, you can check the total eligibility/estimation so that patients can better understand the financial impact.

1. Schedule orders as usual.
2. Perform eligibility/estimation.
3. On the **Estimation** tab, you can select and deselect studies to adjust the cost of the visit.

**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**

### Improvements available starting with v32\_P8

- Functionality that supports insurance providers that require separate Imagine Provider IDs that differ from the facility.

**BILLING**

INSURANCE PROVIDER INSURANCE PROVIDER PAYER TYPES PROVIDER LEVEL CODE POS MAP

PREV NEXT SAVE SAVE & CLOSE BACK

Address Line 1 \* PO BOX 25519

Address Line 2

City/State/ZIP RICHMOND VA 23260 ZIP Plus

Phone No. (800)222-5553

Fax No.

Additional Phone Numbers

Reference Note Phone No.

SOP Payer Select

Fee Schedule Select

Allowed Fee Schedule Select

Trading Partner ID 60054

Alternate Imagine

Provider ID ? Enter only if an alternate NPI is required by an insurance company

Website

Insurance Provider Alerts

- Ability to display plan details when Eligibility Response is not eligible or its fails.

Eligibility / Estimation: Ragin, Cantor (RagC1017) 01/01/2000, M

Eligibility Status ✖ Benefits Date 08/25/2023

ELIGIBILITY ESTIMATION

Error: Failed to create ImagineSoftware Estimation for Request 28555: Request is not eligible for estimation. Details: INACTIVE~~Health Benefit Plan Coverage~~

- Ability to display eligibility received response.

### Patient

**Patient Name** ImaginePatient, Rtest  
**Home Phone**  
**Mobile Phone**  
**Date of Birth** 07/12/2014  
**MRN** 1342  
**Eligibility Status** ✔  
**Benefits Date** 08/09/2023

- Good Faith Estimate Letter.

Good Faith Estimate

Test Billing Provider

Tax ID: 9768567575  
NPI: 1558444216

Imagineregion, Rtest

Account #: 1342  
Date of Birth: 07/12/2014  
Current Date: 08/09/2023

The following is a detailed list of expected charges for items or services reasonably expected to be furnished in conjunction with the primary item or service as part of the period of care:

Date	Description	Code	Modifier	DX1	DX2	DX3	DX4	Units	Charges
08/09/2023	FLUOR SPX <1 HR PHYS TM OTH/THN 71023/71034	76000	RT	A01.05.A01.03.A01.09.A00.9.A04.8				1	

**Total Expected Charges: 5**

Parent/Guardian Signature : \_\_\_\_\_ Date : \_\_\_\_\_

**Disclaimer:**  
 This Good Faith Estimate shows the costs of items and services that are reasonably expected for your health care needs for an item or service. The estimate is based on information known at the time the estimate was created and is subject to change. The Good Faith Estimate does not include any unknown or unexpected costs that may arise during treatment. You could be charged more if complications or special circumstances occur. If this happens, and your bill is \$400 or more for any provider or facility than your Good Faith Estimate for that provider or facility, federal law allows you to dispute the bill. The Good Faith Estimate is not a contract and does not require the uninsured (or self-pay) individual to obtain the items or services from any of the providers or facilities identified in the Good Faith Estimate.