



HealthCare Cost Estimator Frequently Asked Questions

1. What is the HealthCare Cost Estimator?

Our HealthCare Cost Estimator offers BlueCross members the ability to get valuable information when making important health care decisions. The tool provides access to search a wide range of treatment categories to get estimated costs of top medical procedures and related medical services performed at a variety of settings (doctors' offices, free-standing facilities and acute care hospitals). We have focused on the top 1,400 procedure categories, or “episodes of care,” which represent the most common medical procedures found across all Blues Plans.

Estimates are based on historical claims data collected from BlueCross BlueShield plans in the National Consumer Cost Data provided by Blue Health Intelligence. Our estimates are provided using the member’s benefit plan, so it shows what he or she might have to pay and what BlueCross will pay. Cost estimates are based on benefits provided within the member’s primary network. He or she can compare providers and facilities side-by-side, along with quality scores and patient reviews.

2. Who has access to the HealthCare Cost Estimator, and how is it accessed?

Blue Network PSM and Blue Network SSM members can access the HealthCare Cost Estimator by logging in to their BlueAccessSM member portal. The HealthCare Cost Estimator is integrated with our Find a Doctor tool, making it simple for members to find network doctors, compare facilities and get estimates for episodes of care – all in one place.

3. Why is BlueCross making HealthCare Cost Estimators available to members?

Providing peace of mind to our members is our mission. As members become responsible for more of their medical costs – through increased cost-sharing and high deductible health plans – it’s more important than ever that they have access to the information they need to make decisions that impact them financially.

4. What is the difference between our HealthCare Cost Estimator estimates and Real-Time Claims Adjudication (RTCA)?

Our HealthCare Cost Estimator helps members get a general understanding of the possible cost ranges of common types of health care services. Claims adjudication/estimation tools are what providers use to deliver estimates of member liability for a single provider – and only for the services that the provider expects to deliver. Claims adjudication/estimation tools are closer to quotes. They are not cost estimates, which our HealthCare Cost Estimator displays.

5. What’s included in the estimated cost?

To provide realistic estimates on how much actual procedures might cost, we bundled procedures and services commonly performed together into “episodes of care.” This means we’re including all services and fees that are usually associated with common procedures like hospital stays, facility fees, doctor’s fees, lab work, anesthesia or follow-up doctor visits. This type of bundling helps members get a better understanding of total procedure costs, so they can better plan ahead.

Our HealthCare Cost Estimator is not meant to be an advanced quote for an actual bill. It’s simply a planning tool to help members compare costs between providers and get a general estimate of how much the care they need could cost.



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Here's more detail on how estimates are calculated:

- **Inpatient** estimates include all claims created at the facility from admission to discharge. **Outpatient** estimates include all claims created on the day of service at that facility and also may include 'pre-work' diagnostics done before.
- **Diagnostic and Radiology** estimates include only the claims specific to that procedure.
- **Office Visit** estimates include only the claims specific to that procedure.

Costs are calculated using multiple claims from different provider types and specialties:

- The **costs by facility** are an average of all episodes of care performed at that particular facility. The cost estimate includes both facility and professional charges when applicable.
- The **costs by physician** are an average of all episodes of care performed by that particular physician. The cost estimate includes both facility and professional charges whenever applicable.

6. How does BlueCross get the data for the medical procedure cost?

The data generated for the HealthCare Cost Estimator is updated every six months and is based on 12 months of Blue Cross Blue Shield Association (BCBSA) claims information. Using the National Consumer Cost Transparency (NCCT) data source sponsored by the BCBS Association, members can evaluate the total cost of specific medical procedures and common office visits through our BlueCross tools.

Blue Health Intelligence (BHI) is a database that brings together the claims experience of 50 million Blue members. It is a robust, multi-Plan, national data warehouse that aggregates standardized BlueCross BlueShield licensee data such as medical and drug claims, membership, and other critical provider information from participating Blue companies into a centralized resource. This allows BCBST to provide national health information within our cost and quality tools through BlueAccess.

7. How are the procedure cost estimates developed?

The National Consumer Cost Tool (NCCT) methodology is a set of analytic steps designed to help members understand and estimate costs associated with each of the treatment categories, in a standardized set of treatment categories that comprise the NCCT. The Blue Cross and Blue Shield Association developed the NCCT methodology.

The estimates are total cost ranges developed using 12 months of claims data for all in-network facilities. The data is aggregated, standardized and averaged by the BCBSA Blue Health Intelligence (BHI) team and updated on a bi-annual basis. Procedures were selected using commonly billed, high-volume, elective procedures. Inpatient, outpatient and ambulatory surgical center (ASC) procedures are combined and an average allowed amount is created from facility, professional and ancillary services. A cost range is then determined for each procedure.

- For the **inpatient** treatment categories, episodes are built by summing all claims created at the facility from admission to discharge.
- **Outpatient** episodes sum all claims created on the day of service at that facility and also may include 'pre-work' diagnostics done beforehand.
- The **diagnostic** and office visit episodes isolate just the claims specific to that procedure.



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Using a set of exclusion rules, outliers and episodes with complications are filtered out of the cost range. Medicare and secondary claims are excluded. As appropriate, refinements are applied to the historical claims to present the reasonable ranges based on current arrangements.

8. Can providers review their own medical procedure cost information?

BlueCross already shares this information with you via the NCCT on BlueAccess. You have 60 days to review your data before it is published. Within the 60-day review period, you can contest any data you believe to be inaccurate before it is published for members to view.

9. If providers have questions about the data or these tools, what can they do?

You may continue to email questions about the data of these tools to NCCTquestions@bcbst.com.