The Member Liability Estimator (MLE) tool can provide you with a real-time, estimated member share amount at the time of service, while the patient is still in your facility, prior to claim submission. This feature enables providers to collect copayments, coinsurance and deductible amounts up front, rather than waiting until the claim is processed to reconcile patient accounts. This function is available only to registered users of eCare. The MLE is accessible only via the online portal. This tool is not available via BCBSIL Customer Advocates on the phone or through our automated Interactive Voice Response (IVR) phone system.

*The Estimator is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member’s eligibility, benefits, limitations and exclusions and the terms of the member’s certificate of coverage in effect on the date services are rendered. Accumulated amounts, such as deductibles, may change as additional claims may have been processed after the estimate was provided.

Signing on to eCare

- Go to the eCare website at ecare.com
- Key in your user ID and password
- Click OK*

*To access MLE, you must be a registered eCare user

Accessing the Tool

Once you log into eCare,

- Select BCBSIL from the dropdown
- Click Eligibility & Benefits/MLE
Eligibility and Benefits Inquiry

An Eligibility and Benefit inquiry will need to be completed prior to accessing the MLE option.

Eligibility and Benefits Summary Results

For eligible members only, after you have completed a successful Eligibility and Benefits Inquiry, a Process MLE option will be available at the top right corner of the screen for you to select.

Eligible Member Exceptions:

At this time, member estimations may not be available in specific situations, as listed on page 5. In these situations, the Process MLE option will not be returned upon successful completion of an Eligibility and Benefits Inquiry. Additional program enhancements are underway to address these situations.
MLE Entry

On the MLE entry screen you will enter the diagnosis, procedure code and modifier information, along with your billing/attending provider information (when required) to create the most accurate estimate possible. The MLE transaction follows the same path that a claim transaction would for standard adjudication. Billing/attending provider information required when submitting a claim is also required on the estimation request. Invalid billing and/or attending provider information may cause the estimation request to return an error message which indicates the member responsibility could not be estimated at this time.

Required Fields:

- **Patient Information**
  - Relationship to Subscriber

- **Provider Information**
  - Billing Provider Information
    - Organization / Last Name
    - Tax ID
    - NPI
  - Attending Provider Information
    - Last Name
    - NPI

- **Facility Type/Bill Type**
  - 111 – Inpatient Hospital
  - 131 – Outpatient Hospital
  - 831 – Special Facility – Ambulatory Surgery Center

- **Service Information**
  - Claim Level
    - Diagnosis Code
  - Claim Information
    - Revenue Code
    - Units
    - Charges

Select **Add Service** after each line of service has been entered.
MLE Response

The MLE response will display the “Estimated Member Responsibility” at the claim level.

Payer Response Fields:

- **Contractual Obligation** indicates the “write-off” amount agreed upon in the provider arrangements.*
- **Allowed Amount** represents the contracted amount the provider would expect to receive under these circumstances.
- **Co-Insurance** displays the amount anticipated for member’s Co-Insurance.
- **Deductible** specifies monies applicable for member’s Deductible.
- **Co-Pay** signifies copayment to be collected.
- **Non-Covered Amount** shows non-covered amounts that are patient share only.
- **Provider Discount** indicates the “write-off” amount agreed upon in the provider arrangements.*

*These fields are currently not reflecting the appropriate values, $0.00 is being populated. Please disregard these fields until the values are able to be appropriately reflected.
MLE Tips

At this time, MLE will be unavailable in these situations:

- Federal Employee Program (FEP) members
- Managed Care Point of Service members
- Medicare-eligible members
- Members with other insurance (COB – Coordination of Benefits)
- BlueCard Members for all states, except Illinois, Florida, South Carolina, New Mexico and Oklahoma
- Non-contracting providers

Please note: Additional program enhancements will be added addressing the above situations.

Entry Screen:

- Use the same Tax ID and NPI(s) that you submit on a claim.
- MLE is for current date of service.
- Diagnosis codes must be for the highest specificity.
- Inpatient transaction requires a room and board revenue code (i.e. 0100 thru 0249 and 724).
- If room and board revenue code (i.e. 0100 thru 0249 and 724) is entered then Unit must be selected as "DAYS"

Procedure Codes at service line level are required for Special Facility – Outpatient Ambulatory Surgery Center

To edit a service line previously entered, under Action select Edit or Delete next to the line of service in question.

<table>
<thead>
<tr>
<th>Revenue Code</th>
<th>Procedure Code</th>
<th>Modifiers</th>
<th>Units</th>
<th>Unit Type</th>
<th>Charges</th>
<th>Action</th>
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<td></td>
<td>1</td>
<td>UN</td>
<td>24 31</td>
<td></td>
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</tr>
</tbody>
</table>

Returned Messages:

- “A valid response was not received in 20 seconds.”
  - When the above error message is displayed, the estimated member responsibility could not be calculated without further information or interaction from BCBSIL.
- “Inhouse review required to determine benefits, please do not resubmit this MLE”
  - The above error message will be received when the estimated member responsibility could not be calculated on HMOI benefits without a determination from the patient's medical group.

When the above messages are returned do not attempt to resubmit your transaction or contact Provider Customer Service, as they will not have access to the tool, nor the ability to determine what caused the error.

Additional Messages requiring action include:

- "Verify that the correct service date(s) were entered. Please correct and resubmit."
- "Verify entered Tax ID/NPI combination. Please correct and resubmit."

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