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Price Transparency Program and Pre-Test Estimate

OVERVIEW

Price Transparency Program - Goal


The Price Transparency Program advises patients of their estimated out-of-pocket cost through billing insurance and through Self-Pay. When the insurance cost is greater than Natera's self-pay price, patients are offered the alternative self-pay option.

Pre-test Estimate - Goal


The PTE team provides general pricing information and specific insurance estimates to patients before the test is performed. The goal of providing estimates and pricing information is to ease patient concerns about cost.

Cases included PTP (scope)


- All insurance cases (exclusions below)
 - Systematic Exclusions:
 - Single Panel Horizon (a la carte) tests (auto closed to insurance as out-of-pocket is expected to be lower than the self-pay rate).
 - Cases with multiple insurances (auto closed to insurance, as out-of-pocket is expected to be lower than the self-pay rate).
 - Cases with Medicaid (auto closed to insurance as they will have no out-of-pocket cost).
 - Cases with UNK (unknown) insurance (auto closed to insurance as 'other').
 - Signatera cases
 - Prospera cases
 - Anora
 - Spectrum
- Tests included in PTP/PTE
 - Panorama
 - Horizon
 - Vistara
 - Empower-Auto close if NCS on the list of outbounds if inbounds help as normal.
 - Renasight (only handle by PTP when an existing patient and case is open)
 - Vasistara-close to insurance if on the outbound list, help as normal if inbound.

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- Tests excluded PTP/PTE (scope).
 - Anora if a new Pt follow the PTE script but if already a Natera PT transfers to the billing team.
 - [Spectrum Test](#) (PGS, PGD, PGT) Transfer call to spectrum queue.
 - Prospera - Are handled by billing team
 - **Self pay cases** (will be removed by CSS from the outbound calling list)If inbound transfer the call to 844-216-9642 from 9:00 AM to 3:00 PM CST. If the call is out of this hours, provide the number to the patient for them to call back.
- Workflow Groups by Payor Type **PTP/PTE**
 1. **In-Network** (INN): For INN patients we generate a personalized estimate. INN patients receive an automated communication only if the estimate is greater than our \$249/\$349 self-pay rates. Ideally, patients will stick with insurance as they will more than likely satisfy their deductible in the year they are pregnant. Once the deductible is met, future medical expenses are greatly reduced.
 2. **Out-of-Network** (OON): ALL OON patients are provided an automated communication / generic message (on average \$100-\$200 out-of-pocket assuming deductible has been met) plus the offer to pay the \$249/\$349 self-pay rate upfront. As desired, almost all OON patients stick with insurance. Auto close if OON is on the list of outbounds. (If inbound call and case still open/in progress provide billing information. If case closed transfer to billing.)
 3. **Non-Covered-Service** (NCS): The goal for NCS cases (where insurance is expected to deny the claim) is to collect the \$249/\$349 self-pay amount up-front.

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PTP/PTE Pricing List			
Test Name	PTP/PTE	Discounted Full Cash Price	Full List Price
Anora	\$349	\$799	Varies
Horizon 3, 4	\$249	\$449	\$6,750
Horizon 14	\$249	\$549	\$10,505
Horizon 27	\$249	\$549	\$11,642
Horizon 106	\$349	\$649	\$12,737
Horizon 137	n/a	n/a	\$13,927
Horizon 274, 275 , 421	\$349	\$649	\$14,792
Horizon 254	\$349	\$649	\$8,842
Horizon a la carte (any combo of DMD, SMA, CF)	n/a	\$349	Varies
Horizon TSE Single Option	n/a	\$149	Varies
Panorama NIPT	\$249	\$795	\$3,900
Panorama NIPT + 22Q	\$249	\$1,590	\$8,000
Panorama NIPT + MD	\$349	\$1,590	\$8,000
Vistara	\$349	\$995	Varies
Panorama Twins	\$249	\$795	N/A
Empower	\$249	\$499	\$1,999
One Combo (Pano or Pano+22q and HCS 27 or less)	\$349	N/A	If Pt doesn't pay in PTP, then cases change back to separate billing
One Combo (Pano with Microdels and any HCS panel) (Pano or Pano+22q and HCS 106 and above)	\$449	N/A	If Pt doesn't pay in PTP, then cases change back to separate billing
Vasistera-SUPPANO-CP	\$99	N/A	N/A
Vasistera-SUPPANO22Q-CP	\$249	N/A	N/A
Vasistera-SUPPANOMDEL-CP	\$349	N/A	N/A

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PTP INBOUND PROCESS

- Patient calls in response to voicemail or previous contact attempt.
- Agent will get the patient's case number (or name and date of birth) and verify personal information by searching the patient in LIMS.
- Once the agent find the case number on file needs to do HIPAA verification by asking 3 pieces of information. Patients First,last name, date of birth and phone number on file.
- Once the patient verifies, the personal information agent will pull up the case notes in LIMS as well as the case in the PTP side of Natera Care.
 - Notes are viewed through the folder next to the case number.
 - The easiest way to navigate to a case will be to click on any case in Natera Care and replace the case number provided in the URL.
 - Notes are reviewed, and the agent will begin (or continue) the conversation based on Workflow Status and Notes.
 - If VM was left we will start from the beginning of the script.
 - If a conversation regarding options has already happened we will attempt to answer any further questions and get a decision from the patient.
 - Refer to the section on closing cases out to Prepay or Insurance.
 - **Self pay Payor group** transfer call to the correct team.


PTE INBOUND PROCESS

Inbound phone calls can be from patients, CFS, or transfers. They can be related to a text message, email, returning an outbound call, or a new inquiry.

- Answer the call in the phone system within service level timeframe
- Say Greeting Script
- Confirm reason for call
- Complete HIPAA Verification for callers that already had the test done and is in CARE and/or LIMS.(HIPAA: ask patient 3 pieces of information. Patients First,last name, date of birth and phone number on file.)
- For patients calling about a **pre-test estimate** request from them their name and a good callback number.
- If the patient is not asking for a pre-test estimate, then transfer the call to the appropriate department.
 - Always warm transfer whenever possible
- If a patient is asking for a pre-test estimate, then get an insurance name and determine if INN or OON.
 - OON Script
 - INN Script -
- Check Market Access Database to see if insurance is OON. OON insurance **will not** show up in the MADB.
- Check Market Access Database to see if insurance is INN. INN insurance **will** show up in the MADB.

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- If insurance is INN provide INN script before processing an estimate.(This script doesn't apply for CFS agents, with them do the estimate as normal.)
- If patient insists on getting an estimate, then run the estimate (process below)

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Search Estimates

When a patient calls and indicates that they have already received an instruction to call by email or by text message, we must verify our [“Search Estimates Tool”](#) to confirm the information previously provided.

- (1) Determine if you want to make a search by Email/Phone number or by Case number and then enter the information in the next cell.

A	B	C	D	E
ESTIMATES				
Search by:	<input type="text" value="Email/Phone"/> <input type="text" value="Case#"/>			DataCheck OK
Agent	<input type="text" value="Email/Phone"/>	Email/Phone	Estimate	Case #

- (2) Once we enter the information, the tool will automatically update with the information on file.

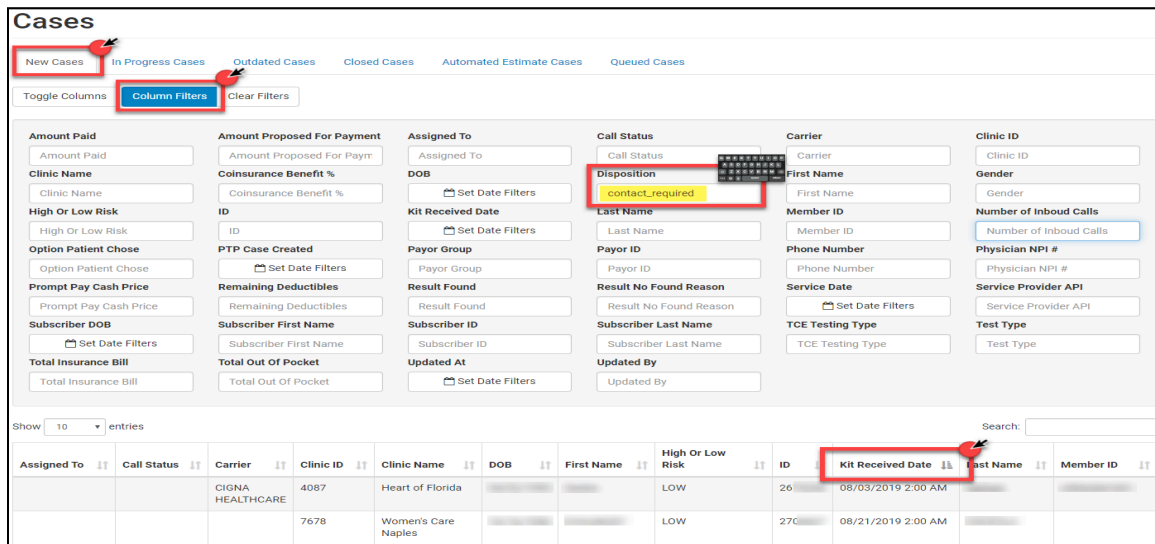
A	B	C	D	E
ESTIMATES				
Search by:	<input type="text" value="Email/Phone"/> <input type="text" value="14172076960"/>			DataCheck OK
Agent	Date	Email/Phone	Estimate	Case #
632	13-Dec-2022	14172076960	ANTHEM BCBS MI Deduc: \$0.00 Coins: 20% Panorama Ins Estimate \$129.00 Cash Price \$249.00-349.00	

- (3) From there we can provide the estimate information to the patient or CFS
- (4) If the information is not available in the tool, double-check with the patient the phone number, email or case number and then try again if still nothing found, process a new estimate.

PTP OUTBOUND PROCESS

INN and One combo: Cases in 'New' and automated estimate Queue

- CSS will follow the below steps to copy all cases into [this document](#)
- Open PTP in Natera Care
- Click New Cases tab
- Disposition = "contact_required"
- Is a combo - **Yes** and Automated estimate - **Self**




Assigned To	Call Status	Carrier	Clinic ID	Clinic Name	DOB	First Name	High Or Low Risk	ID	Kit Received Date	Last Name	Member ID
		CIGNA HEALTHCARE	4087	Heart of Florida			LOW	26	08/03/2019 2:00 AM		
			7678	Women's Care Naples			LOW	27	08/21/2019 2:00 AM		

Cases that need to be closed manually, by CSS after filter:

- Cases older than 90 days, OON cases and empower NCS.
- CSS will filter all cases to remove, after filtering, cases with clinics that we do not call

Stamford hospital MFM.	Memphis Obstetrics & Gynecology Association - Wolfchase
The Valley Hospital - MFM	University of Maryland Serpick Infusion and Multidisciplinary Center
Mercy Lorain Breast Center	Bryn Mawr Comprehensive Breast Center CR, CW, JM and RB
Sanders Clinic For Women, PA	Ascension Medical Group Breast Care
Arbor Diagnostics, Inc. (Client Bill)	MedStar WHC Breast Surgery at Lafayette
MOGA DeSoto, East and Germantown	MedStar Oursiman Breast Health at MGUH

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PTP OUTBOUND PROCESS

- CSS will filter cases by disposition
- Sort list oldest to newest by “Kit Received Date”
- CSS will assign the cases with the clinics that apply for a call or possible email.
- The agent must assign the case to him/herself to make changes (applies for PTP and PTE)

- No estimation generated.
- Digital communication here will reference email communication.
- The PTP/PTE user will need to determine if the patient meets the requirements prior to attempting to make phone contact with the patient.

If NO:

- Select option patient chose as Insurance and set PTP status to Closed.

If YES:

- PTE agents generate a manual estimation for the case based on the patient’s benefits.
- Send email to the patient via Natera Care.

- PTP Is an automated estimate available?

If NO:

- Generate a manual estimation for the case based on the patient’s benefits.

Is digital communication email allowed?

If Yes:

- Attempt to contact the patient via phone and obtain the patient's email address.
- Once the email address is obtained, send the PTP automated email to the patient.
- If the agent can’t obtain an email address, *Close the case to bill insurance.*
- PTP users will send an email from Natera Care.

The agent should click on the send email option to get a popup, where she/he can add the patient's email address.

- The body of the email will be generated by the system:

‘Your sample is currently being processed in our lab. Our records show that you selected to self-pay for this test. To complete your order, and ensure you’re eligible for our discounted prompt-pay price, we need to set up payment.’


- **Cases manual close to insurance PTP/PTE**

- The agent should check the information in LIMS and the requisition form. If no phone number is found, then Close to Bill Insurance.
 - Add a note in Natera Care “Closed due to missing contact information”
- Verify results for NIPT-Empower-Renasight-Vistara and Vasistera. If high risk/positive close to insurance.
- The agent should check the information in LIMS and the requisition form. If Non Resident and/or Compassionate Care form is included on the requisition form, then Close to Bill Insurance.
- If the case shows Clinic_opt_out status, then Close to Bill insurance.

Contact Info	
Patient Phone Number:	<input type="text"/> <input type="button" value="Send SMS"/>
Opt-out Status for Text:	<input type="button" value="OPT-IN"/>
Text Sent Status:	CLINIC_OPT_OUT
Patient Email:	<input type="text"/> @GMAIL.COM <input type="button" value="Send Email"/>
Opt-out Status for Email:	<input type="button" value="OPT-IN"/>
Email Sent Status:	CLINIC_OPT_OUT
Call Info	
Test Type:	NPT
Call or not call:	Call
Disposition:	CONTACT_REQUIRED

- If the case shows CLINIC_NOT_IN_PILOT status, then Close to Bill insurance.

Contact Info	
Patient Phone Number:	<input type="text"/> <input type="button" value="Send SMS"/>
Opt-out Status for Text:	<input type="button" value="OPT-OUT"/>
Text Sent Status:	CLINIC_NOT_IN_PILOT
Patient Email:	<input type="text"/>
Opt-out Status for Email:	<input type="button" value="OPT-IN"/>
Email Sent Status:	CLINIC_NOT_IN_PILOT

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- If the case shows NON_CALL status, then Close to Bill insurance.

Contact Info	
Patient Phone Number:	<input type="text"/> <input type="button" value="Send SMS"/>
Opt-out Status for Text:	OPT-OUT
Text Sent Status:	NON_CALL
Patient Email:	<input type="text"/> <input type="button" value="Send Email"/>
Opt-out Status for Email:	OPT-IN
Email Sent Status:	NON_CALL

- **Verify if the case is a Redraw or Combo PTP/PTE**
 - Identify if the case is a Redraw or Combo Cases
 - For Redraw cases, check case results in LIMS system to determine whether 'No Results' or 'Test Not Performed' (TNP)
 - If the original test was "No results" (test performed but unable to get results) we will address billing options on the original case.
 - If the original was TNP (test not performed), we will address billing options on the redraw (newer) case.
 - For Combo cases, open both to address them on the same call.
 - The simplest way to open both cases is duplicate the existing tab and replace the current case number with the combo case number in the URL.
- **Locate Pricing: Prompt Pay Cash Price vs. Total Out of Pocket estimate PTP**
 - Located in "Call Info" section
 - "Total out-of-pocket Expected" is the estimated cost based on insurance copayment, remaining deductible, coinsurance, and remaining out of Pocket.
 - If there is a copay, then the Total Bill Expected will be the Copay amount, regardless of coinsurance and deductible.
- **Prompt-Pay price is listed in the "Call Info" section**
 - For Combo cases, the "Total Out-of-Pocket Expected" is a combined insurance estimate for both tests, calculated using the deductible and coinsurance on policy.
 - The discounted self-pay cash price will be listed on each case individually rather than combined.

- **Call the Patient**

- Phone number is located under “Contact Info” in Care.
- Follow [outbound Script](#)

Is Combo ↑↓	Is OneCombo ↑↓	Kit Received Date ↑↓
YES	YES	07/10/2020 2:00 AM

Is OneCombo

PTE OUTBOUND PROCESS

Outbound calls are placed to cases located in the PTP Care app with the disposition “Cannot_Determine”.

New
In Progress
Outdated
Closed
Automated Estimate
Queued

Clear Filters
Filters
Columns

Assigned To contains ▼

DOB
Set Date Filters

CFS contains ▼

Remaining Deductibles contains ▼

Clinic ID contains ▼

Option Patient Chose contains ▼

Payor Group contains ▼

Postcode contains ▼

RD contains ▼

Coinsurance Benefit % contains ▼

Is OneCombo ▼

Member ID contains ▼

Is Combo ▼

Gender contains ▼

Territory contains ▼

Prompt Pay Cash Price contains ▼

Service Date
Set Date Filters

Total Insurance Bill contains ▼

Phone Number contains ▼

Test Type contains ▼

Region contains ▼

Call Status contains ▼

TCE Testing Type contains ▼

Carrier contains ▼

First Name contains ▼

Physician Last Name contains ▼

Kit Received Date
Set Date Filters

Case Number contains ▼

PTP Case Created
Set Date Filters

Disposition contains ▼
cannot_determine

Last Name contains ▼

Clinic Name contains ▼


Total Out Of Pocket contains ▼

Updated At
Set Date Filters

Updated By contains ▼

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CSS will follow the below steps to copy all cases into [this file](#)

- Open PTP in Natera Care
- Click New Cases tab
- Filter the cases by disposition = “cannot_determine”
- CSS will filter all cases to remove cases with the insurances that we do not call:


Neighborhood Health
Hills Physicians
Korean
Ucla Med
Uc Davis
Regal Medical
Scott & White
ProHealth
Bs Federal
McLaren Health

- Cases older than 30 days
- CSS will assign the cases to agents to close the cases that have been removed from the list.
- CSS will filter cases from oldest to newest
- CSS will assign a list of cases to each agent through [this file](#).

Pre-Estimate Process for below insurances:

Point32	Harvard Pilgrim
Health Plan INC	Tufts Health Plan

1. We can offer an estimate based on the insurance benefits.
2. These insurances do not qualify for PTP/self-pay or any negotiated amount/quoted offer. We can only offer Comp Care or payment plans per our contracted agreements.
3. Payment plan would be done once the patient gets the bill (would be done by billing team).


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- **Agent**

- Assign the case to yourself
- Open case in LIMS to view requisition form to confirm insurance company name, member ID, patient name, and DOB.
- Care information does not match requisition form.
 - Try to run an estimate with information on the requisition form and in Care.
 - (1) If neither works, then contact the patient to get updated information
 - (2) If one works, then proceed to INN or OON in the next section
- Care information matches the requisition form
- Insurance is INN
 - (1) Obtain insurance benefits
 - (2) Return to the case in Care
 - (3) Enter the coinsurance percentage and remaining deductible in fields from the third-party system
 - (4) Click Manual Calculate
 - (5) Provide the patient the Estimated Out of Pocket amount (Use the Estimate Complete -INN script).
 - (6) If the estimate does not show up in Care, then run on billing calculator and provide to patient.
- Research in LIMS
 - (1) Pull up the case in LIMS in a separate tab.
 - (2) The search page on LIMS provides the test type, patient's first and last name, ordering physician, and clinic.
 - (3) Click on the folder icon next to the case number to open the case in LIMS and scroll down to the Notes section. Read the notes to see if something going on with the case would affect your call with the patient
 - (4) Review notes for previous contacts from the patient or clinic regarding.

- **Call the Patient**

- Phone number is located under "Contact Info" in Care.
- Follow appropriate Outbound script


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2nd attempt for PTP (Only for specific scenarios)


- (1) When a case was escalated for a wrong quote, and it has been resolved. (CSS will assign the case to the agent for a callback).
- (2) If the patient requested a second attempt
- (3) Open case in Care and Lims
- (4) Assign to yourself
- (5) View notes in Care and Lims to confirm the reason why we need to call the patient.
- (6) If the patient answers, follow the required process per notes.
- (7) If the patient doesn't answer, leave the case in progress and the call status "Left voicemail 2nd" or "Reached on 2nd"

PTP INBOUND SCRIPTS

INBOUND Call Scripts - PTP Women's Health	
Greeting & HIPAA	<p>Thank you for calling Natera. My name is _____. How can I help you today? <i>Has Case #</i></p> <p>Thank you. Allow me a moment to locate your case. Before we continue, can you confirm your first and last name, date of birth and phone number? <i>Does not have case #</i></p> <p>No problem. I can search for it. What is your full name and date of birth?</p>
The caller is skeptical.	<p>My name is _____, and I am calling on behalf of Natera. We are a lab that provides clinical services to various physicians. Is this _____? <i>Patients say they do not remember.</i></p> <p>You may not remember because we work behind the scenes with your doctor's office. I do need to confirm the patient's demographics before I can share specific details. <i>The patient still won't confirm the information.</i></p> <p>Would you prefer to confirm Clinic and your doctor's name instead?*</p>
Not Patient	<p>Due to HIPAA privacy laws, I can only speak with _____. Is she available? <i>Not the patient</i> <i>Patient Not Available,</i></p> <p>Unfortunately, I can only speak _____. Can you kindly ask her to call us back at the number on your caller ID, which is 844-384-2996, option 1 for English, then press 5 to reach the pre-test team? Thank you and have a great day!</p> <p>(2 for Spanish, 1 for pre-test)</p>

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Verification Complete	
INN	<p>Your healthcare provider [PROVIDER NAME] from [CLINIC NAME], recently ordered [Panorama non-invasive prenatal test / Horizon Carrier Screening] and we are currently processing this test for you.</p> <p>Based on the [Insurance Name] information you provided, we estimate your portion of the cost after submitting your claim to your insurance will be \$[xx]. This cost has been calculated based on your specific insurance benefits and plan type. Calculations for these costs may be the result of your deductible, coinsurance, copay, or any combination of your specific insurance plan guidelines.</p> <p>Should we proceed with billing your insurance?</p> <p style="text-align: right;">Yes</p> <p>Great, thank you. After we file the claim with [Insurance Name], they will send you an explanation of benefits, also called an EOB for short. This EOB will have certain information in it that may look like a bill but know that it's not a bill. Your bill will be sent from Natera after we have fully settled the claim with your Insurance. Also, the bill will show Natera's name and logo so that you know what to expect in the mail.</p>
OON	<p>Our records show that you have [Insurance Name] information. We do not seem to be contracted with [Insurance Name].</p> <p>Because of this, it is difficult to provide an exact estimate for your portion of the Insurance costs.</p> <p>On average though, patients that have met their deductible see costs of less than \$249/\$349. This is due to your benefits and plan type. These costs may be in the form of a deductible, coinsurance, copay, or any combination.</p> <p>If for any reason the actual bill you receive from Natera is significantly different from this estimate, please contact us at the number on your statement.</p>
SELF	<p>Your case is being handled by another team, let me provide you with the number and I will also transfer your call. The number is 844-216-9642. Hours of operation 9:00 am to 3:00 PM CST.</p>
NCS	<p>Hi, this is (your name) from Natera on a recorded line. Am I speaking with (patient's name)? Thank you. This is a courtesy call to go over billing options for your recent genetic testing.</p> <p>Before we continue, can you confirm your date of birth and last name for me? Thank you.</p> <p>I am calling on behalf of the lab that is running your non-invasive [Panorama/Horizon], ordered by (Dr's name) from (clinics name). We received your sample on (date), and it's currently processing in our lab.</p> <p>In the meantime, your clinic is enrolled in our Price Transparency Program, and at your provider's request, we ran a personalized estimate of your out-of-pocket cost using the insurance information provided.</p>

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	<p>Do you have a moment to go over those billing options?</p> <p>Based on our experience with your health plan, we know this is NOT covered. If you prefer, we can submit a claim to your insurance, but your out-of-pocket cost may end up being more if your insurance denies that claim.</p> <p>However, to ensure testing is affordable, you are eligible for our discounted self-pay rate of (\$249/\$349) Would you like to take care of that today?</p>
OneCombo	<p>Your healthcare provider [PROVIDER NAME] from [CLINIC NAME], recently ordered the Panorama non-invasive prenatal test and Horizon Carrier Screening, and we are currently processing these tests for you.</p> <p>Based on the [Insurance Name] information you provided, we estimate your portion of the cost after submitting your claims to your insurance will be \$[xx] for both tests. This cost has been calculated based on your specific insurance benefits and plan type. Calculations for these costs may be the result of your deductible, coinsurance, copay, or any combination of your specific insurance plan guidelines.</p> <p>Should we proceed with billing your insurance?</p> <p style="text-align: right;">Yes</p> <p>Great, thank you. After we file the claims with [Insurance Name], they will send you an explanation of benefits, also called an EOB for short. This EOB will have certain information in it that may look like a bill but know that it's not a bill. Your bill will be sent from Natera after we have fully settled the claim with your Insurance. Also, the bill will show Natera's name and logo so that you know what to expect in the mail.</p>
Does not want to bill insurance?	The other option is the self-pay option of [\$249/\$349], with the difference that this amount will be paid directly to the lab and will not go to your deductible.
Needs more time.	You have 7 days to let us know your choice. Otherwise, we'll proceed with billing insurance as originally instructed. You can go online and pay at pay.natera.com/ptp or call us back.
Pay now.	I can take that payment for you over the phone. <i>Transfer to secure IVR (script).</i>
Pay later.	When you're ready to pay, you can go online to pay.natera.com/ptp or give us a callback. You have 7 days to let us know your choice. Otherwise, we'll proceed with billing insurance as originally instructed.
Closing	Thank you for choosing Natera and have a great day.
Returning phone calls	You likely received a courtesy call to provide you with the estimated cost for your recent genetic testing. Do you happen to have your case number?


Call status Number of inbounds	<ol style="list-style-type: none"> 1. The first attempt outbound could be voicemail 1st or reached on 1st. 2. The second attempt should be reached on 2nd or voicemail 2nd. 3. If the pt calls in because of a voicemail or a miss call, the agent should update the number of inbound calls based on previous notes. 4. Also if the call status says reached on 1st or voicemail 1st, change it to reach on 2nd.
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Outbound Call Scripts	
Greeting & HIPAA	Hi, this is ___ calling from Natera on a recorded line. Am I speaking with ___? Is the patient Before we continue, can you confirm your date of birth and last name for me? Provides correct information Thank you
Caller is skeptical	My name is _____, and I am calling on behalf of Natera. We are a lab that provides clinical services to various physicians. Is this _____? Patients says they do not remember You may not remember, because we work directly with your doctor's office. I do need to confirm the patient's demographics before I can share specific details. Patient still won't confirm information Would you prefer to confirm your address and your doctor's name instead
Not Patient	Not the patient Due to HIPAA privacy laws, I can only speak with _____. Is she available? Patient Not Available Unfortunately, I can only speak _____. Can you kindly ask her to call us back at the number on your caller ID, which is 844-384-2996, option 1 for English, then press 6 to reach the PTP team. Thank you and have a great day! (2 for Spanish, 1 for pre-test)
Verification Complete	
Obtain Email	Your healthcare provider [PROVIDER NAME] from [CLINIC NAME], recently ordered [Panorama non-invasive prenatal test / Horizon Carrier Screening] and we are currently processing this test for you. I see that we do not have an email on file for you. Are you able to provide your email address for Natera to share any billing related information regarding your test?
Caller Is Skeptical	Why do you need my email address? This would be to share any test status updates and billing information such as a cost


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	estimate, amounts owed and payment details as they become available.
Voicemail	Hi, this is a courtesy call from Natera, the laboratory that is processing your recent lab test. It looks like we need to update your contact information. If you are able to provide an email address for us to put on file, please call us back at 844-384-2996, then option 1 and then option 6. Thank you and have a great day.
Closing	Is there anything else I can help you with? Thank you for choosing Natera and have a great day.

	IVR Script
Agent transfers call to secure credit card line in IVR	<p>“To complete your payment I will transfer you to a non-recorded line. After I transfer you, you need to enter your credit card information and make sure you don’t hang up because the call will return to me in order to finalize the payment (to complete the payment).</p>
Call Returns to Agent	<p>“I’m here, (PTs name). Thank you.</p> <p>I have your information now. What is your email address to send you proof of payment?”</p> <p>I am processing your payment, and give me a moment to get your confirmation number.”</p> <p>“Your confirmation number is...”</p>
The agent calls back to complete the payment.	<p>Usual greetings and HIPAA verification apply.</p> <p>The agent needs to stop the recording and collect payment information over the phone. Do not send it to IVR again since there was an error before.</p> <p>“Hello, am I speaking with ___?”</p> <p style="text-align: right;">Yes</p> <p>“I think we must have gotten disconnected before. I know we just spoke, but can you confirm your name, DOB, and phone number for me?”</p> <p style="text-align: right;">Yes</p> <p>“Thank you. Let’s continue processing your payment”</p>
Call disconnected VOICEMAIL	<p>“Hello, this is [agent name] calling on behalf of Natera. We were speaking earlier, and the call must have disconnected. Please call us back at [PTP or Billing #] in order to complete your request. Thank you.</p>


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Patient Questions	
Estimate is wrong	<p>Sorry about that. I can update it and run an estimate again. Do you happen to know your current remaining deductible and coinsurance percentage?</p> <p style="text-align: right;"><i>Knows it</i></p> <p>Thank you, give me a few moments to enter this information. Your new estimate using your insurance is \$xx.</p> <p style="text-align: right;"><i>Does not know it</i></p> <p>Do you want to call us back with that information, or just go ahead and bill your insurance?</p>
Payment Plan	Yes, we have to bill your insurance first, and after they process the claim, you will receive a bill from Natera. It takes about 30-60 days. Just call the number on your Natera bill, and we will work with you to set up a payment plan
What is the most I will owe?	<p style="text-align: right;"><i>If patient asks (reactive only)</i></p> <p>If you are not close to meeting your deductible, the most you could owe is the contracted rate with your insurance provider. On the high end this is around \$900.</p>
What if insurance denies?	We believe all patients should have access to our tests. If your insurance company denies the claim, we will settle your balance for \$249/\$349 which are our cash rates.
I have Medicaid	<p style="text-align: right;"><i>Get Medicaid name and ID #, and escalate</i></p> <p>Any payment made from medicaid, we consider payment in full. Patients with medicaid plans do not have out-of-pocket cost for this testing with Natera.</p>
When will my results be ready?	I'm unfortunately unable to view that portion of your testing, however, standard turnaround time is 5-7 days for Panorama testing, and 14-16 days Horizon testing. Results are sent directly to your physician who will review them before then sharing them with you.
I want to cancel	"Your test is already being processed in our lab, and I am unable to cancel it at this point in time."
Who are you?	We are the lab that your physician uses to do reproductive genetic testing. We are calling as a courtesy to confirm you'd like us to bill your insurance. Can you please confirm your name and DOB so I can provide more details?
Sounds like a scam	I apologize for that sir/ma'am, this is just a courtesy call to confirm you'd like us to bill your insurance. You are more than welcome to verify who we are with your physician or on our website www.natera.com .
Why do I only have 7 days to decide?	<p>We plan to bill insurance, per the instructions on your requisition form, but wanted to confirm with you before doing so.</p> <p>This discounted self-pay option is an alternative that we offer to those whose out-of-pocket costs are a bit high.</p>
Do I have to pay first to see my results?	No, payment will not affect your test results. We process samples as soon as they are received. Results are then sent to your doctor, and your doctor will review them before sharing with you.


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Already paid at doctor's office	<p>This could have been payment for the blood draw, or for other testing that was ordered at that time.</p> <p>Natera handles the billing for all of its testing as the independent lab running the test.</p>
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INN	RENASIGHT -- INBOUND SCRIPT
Greeting	Thank you for calling Natera. My name is _____. How can I help you today?
HIPAA	<p>Has Case #</p> <p>Thank you. Allow me a moment to locate your case. Before we continue, can you confirm your first and last name, date of birth and phone number for me?</p> <p>Does not have case,</p> <p>No problem. I can search for it. What is your full name and date of birth?</p>
Caller is skeptical	<p>I am part of Natera. We are a lab that provides clinical services to various physicians. Is this ___?</p> <p style="text-align: right;">Patients says they do not remember.</p> <p>You may not remember because we work behind the scenes with your doctor's office. I do need to confirm the patient's demographics before I can share specific details. Patient still won't confirm the information.</p> <p>Would you prefer to confirm your address and your doctor's name instead?</p>
Not Patient	<p>Due to HIPAA privacy laws, I can only speak with _____. Is she available? Patient Not Available. Unfortunately, I can only speak _____. Can you kindly ask her to call us back at the number on your caller ID, which is 844-716-8665, option 1 for English and then 5? Thank you, and have a great day!</p>
INN	<p>Your healthcare provider [PROVIDER NAME] from [CLINIC NAME] recently ordered [RenaSight test]. We received your sample on [DATE], and it's currently processing in our laboratory!</p> <p>(small pause)</p> <p>In the meantime, your clinic is enrolled in our Price Transparency Program, and at your provider's request, we ran a cost estimate using the insurance information provided. Based on this estimate, you can choose to bill insurance or choose the self-pay option. If you choose insurance, I will also pre-screen you for our Compassionate Care program.</p> <p style="text-align: center;">Do you have a moment to go over these options?</p> <p>Using your insurance, your estimated out-of-pocket cost will be [ESTIMATE]. This amount would go to your copayment/deductible, which is the annual amount you must pay before your insurance will start paying.</p> <p>Alternatively, the cash-pay price of \$349 is available; the difference is that this amount will not be billed to your insurance but be paid directly to Natera.</p> <p>The last option if you decide to bill insurance is our Compassionate Care program. Under this program, Natera would discount your out-of-pocket cost to \$149 or less. I need to ask you two questions to pre-screen you. However, this option would require us</p>

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	<p>to bill insurance and requires some Federal Income guidelines - would you be interested?</p> <p>If Yes: How many people are in your household, and what is your annual household income? Can you provide this information now?</p> <p>If Qualified: Based on the information you provided, you may qualify for Compassionate Care, which could bring your out-of-pocket cost down to [\$149/\$99/\$0]. What happens next is we will bill your insurance and then reach out to you to complete the Compassionate Care application if you end up with any patient responsibility are insurance. You'll also receive an EOB from your insurance, which may reflect a higher patient responsibility, but do not worry, EOB is not a bill!</p> <p>If not Qualified: Unfortunately, you do not qualify for the Compassionate Care program based on the information provided. The self-pay option of \$349 is still available. The difference is that this amount will be paid directly to Natera and will not go to your deductible. Do you know which option you prefer? If not.</p>
Needs more time	You have 7 calendar days to let us know your choice. Otherwise, we'll proceed with billing insurance as originally instructed. You can go online and pay at pay.natera.com/ptp or call us back.
Pay now	I can take that payment for you over the phone. Transfer to secure IVR (script)
Closing	Is there anything else I can help you with? Thank you for choosing Natera, and have a great day.


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INN	INBOUND SCRIPT Minor Patient (Under 18 years)
Greeting.	Thank you for calling Natera. My name is _____. How can I help you today?
Minor Patient (Under 18 years)	<p>Am I speaking with the parent or legal guardian of ____?</p> <p>Before we continue, can you confirm your child's name, date of birth and phone number on file for me? Thank you</p> <ul style="list-style-type: none"> The person needs to verbally confirm they are the parent or legal guardian of the patient.
INN	<p>Your healthcare provider [PROVIDER NAME] from [CLINIC NAME] recently ordered [RenaSight test]. We received your sample on [DATE], and it's currently processing in our laboratory!</p> <p style="text-align: right;">(small pause)</p> <p>In the meantime, your clinic is enrolled in our Price Transparency Program, and at your provider's request, we ran a cost estimate using the insurance information provided. Based on this estimate, you can choose to bill insurance or choose the self-pay option. If you choose insurance, I will also pre-screen you for our Compassionate Care program.</p> <p>Do you have a moment to go over these options?</p> <p>Using your insurance, your estimated out-of-pocket cost will be [ESTIMATE]. This amount would go to your copayment/deductible, which is the annual amount you must pay before your insurance will start paying.</p> <p>Alternatively, the cash-pay price of \$349 is available; the difference is that this amount will not be billed to your insurance but be paid directly to Natera.</p> <p>The last option if you decide to bill insurance is our Compassionate Care program. Under this program, Natera would discount your out-of-pocket cost to \$149 or less. I need to ask you two questions to pre-screen you. However, this option would require us to bill insurance and requires some Federal Income guidelines - would you be interested?</p> <p>If Yes: How many people are in your household, and what is your annual household income? Can you provide this information now?</p> <p>If Qualified: Based on the information you provided, you may qualify for Compassionate Care, which could bring your out-of-pocket cost down to [\$149/\$99/\$0]. What happens next is we will bill your insurance and then reach out to you to complete the Compassionate Care application if you end up with any patient responsibility are insurance. You'll also receive an EOB from your insurance, which may reflect a higher patient responsibility, but do not worry, EOB is not a bill!</p> <p>If not Qualified: Unfortunately, you do not qualify for the Compassionate Care program based on the information provided. The self-pay option of \$349 is still available. The difference is that this amount will be paid directly to Natera and will not go to your deductible. Do you know which option you prefer? If not.</p>

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INN	INBOUND SCRIPT Minor Patient (Under 18 years)
Needs more time	You have 7 calendar days to let us know your choice. Otherwise, we'll proceed with billing insurance as originally instructed. You can go online and pay at pay.natera.com/ptp or call us back.
Pay now	I can take that payment for you over the phone. Transfer to secure IVR (script)
Closing	Is there anything else I can help you with? Thank you for choosing Natera, and have a great day.

OON	Inbound script Renasight
Greeting	Thank you for calling Natera. My name is _____. How can I help you today?
HIPAA	<p><i>Has Case #</i> Thank you. Allow me a moment to locate your case. Before we continue, can you confirm your name, date of birth and phone number for me?</p> <p><i>Does not have case,</i> No problem. I can search for it. What is your full name and date of birth?</p>
Caller is skeptical	<p>I am part of Natera. We are a lab that provides clinical services to various physicians. Is this ___? <i>Patients says they do not remember.</i></p> <p>You may not remember because we work behind the scenes with your doctor's office. I do need to confirm the patient's demographics before I can share specific details. <i>Patient still won't confirm information.</i></p> <p>Would you prefer to confirm your address and your doctor's name instead?</p>
Not Patient	Due to HIPAA privacy laws, I can only speak with _____. Is she available? <i>Patient Not Available. Unfortunately,</i> I can only speak _____. Can you kindly ask her to call us back at the number on your caller ID, which is 844-716-8665, option 1 for English and then 5? Thank you, and have a great day!
OON	<p>Your healthcare provider [PROVIDER NAME] from [CLINIC NAME] recently ordered [RenaSight test]. We received your sample on [DATE], and it's currently processing in our laboratory!</p> <p><i>(small pause)</i></p> <p>In the meantime, your clinic is enrolled in our Price Transparency Program, and at your provider's request, we ran a cost estimate using the insurance information provided. Based on this estimate, you can choose to bill insurance or choose the self-pay option. If you choose insurance, I will also pre-screen you for our Compassionate Care program.</p> <p>Do you have a moment to go over these options?</p> <p>Your insurance is OON with us, but if you want, we can submit a claim to your insurance if you have met your deductible. You may pay up to 100-200, but if you have not met your deductible, your out-of-pocket may end up being higher.</p> <p>Alternatively, the cash-pay price of \$349 is available; the difference is that this amount will</p>


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	<p>not be billed to your insurance but be paid directly to Natera.</p> <p>The last option if you decide to bill insurance is our Compassionate Care program. Under this program, Natera would discount your out-of-pocket cost to \$149 or less. I need to ask you two questions to pre-screen you. However, this option would require us to bill insurance and requires some Federal Income guidelines - would you be interested?</p> <p>If Yes: How many people are in your household, and what is your annual household income? Can you provide this information now?</p> <p>If Qualified: Based on the information you provided, you may qualify for Compassionate Care, which could bring your out-of-pocket cost down to [\$149/\$99/\$0]. What happens next is we will bill your insurance and then reach out to you to complete the Compassionate Care application if you end up with any patient responsibility are insurance. You'll also receive an EOB from your insurance, which may reflect a higher patient responsibility, but do not worry, EOB is not a bill!</p> <p>If not Qualified: Unfortunately, you do not qualify for the Compassionate Care program based on the information provided. The self-pay option of \$349 is still available. The difference is that this amount will be paid directly to Natera and will not go to your deductible. Do you know which option you prefer? If not.</p>
Needs more time	You have 7 calendar days to let us know your choice. Otherwise, we'll proceed with billing insurance as originally instructed. You can go online and pay at pay.natera.com/ptp or call us back.
Pay now	I can take that payment for you over the phone. <i>Transfer to secure IVR (script)</i>
Closing	Is there anything else I can help you with? Thank you for choosing Natera, and have a great day.


PTE INBOUND SCRIPTS

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Inbound Call Scripts	
	<p>Thank you for calling Natera, this is _____. How can I help you today? <i>Calling for estimate</i></p> <p>Ok, I can definitely help you with this. <i>Ask probing questions</i></p> <p>Before we continue, can you provide me your name and a good callback number? Will you be the one taking the test? Have you already taken it? Do you know the name of the test you want to take? Is this the first time you're taking a test with us? Do you have health insurance you plan to use for this test?</p>
HIPAA Verification	<p style="text-align: right;"><i>Already had the test done.</i></p> <p>For HIPAA verification purposes, may I have your complete name, date of birth and phone number?</p>
INN	<p>We are in-network with your insurance company, and on average our IN NETWORK patients pay around \$100 to \$200 <u>after meeting your deductible</u>.</p> <p>Once we receive your sample in the lab, we will run an estimate of your out-of-pocket costs based on your insurance information.</p> <p>If we estimate it to be over \$249 or \$349, we will send you an email or text message where you will be able to choose whether to bill using your insurance or pay the discounted prompt pay cash price of \$249-349 (depending on the test).</p>
Patient requests an exact estimate (INN).	<p>I'm happy to provide you with a more accurate estimate. However, keep in mind that this estimate may not reflect your actual bill amount because it is based on the insurance information available today.</p> <p>So that I can look up your insurance information, what is your first and last name? What is your date of birth? What is your member ID number for your _____ insurance? Are you the policyholder? <i>Not the policyholder.</i></p> <p>What is the name and date of birth of the policyholder? Thank you. Can I place you on hold for a few minutes while I run your estimate?</p> <p>Thank you for your patience! Based on the information provided, we estimate your out-of-pocket to be [AMOUNT]. Please, keep in mind some patients may pay more and some less. This estimate is based on your remaining deductible and co-insurance.</p>

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Unable to locate benefits in portal	<p>Our third-party system isn't providing your coinsurance percentage and deductible information. This happens sometimes, but I do require that information to run the estimate. Do you know your remaining deductible and coinsurance information?</p> <p style="text-align: right;"><i>Provides deductible and coinsurance info.</i></p> <p>Thank you. Give me a few moments to enter this information.</p> <p style="text-align: right;"><i>Cannot provide information</i></p> <p>I recommend contacting your insurance or you can check your online account to get those numbers. Then, give us a call at 844-384-2996 (press 1 for English, and then press 5), so we can discuss your options.</p>
Patient seems hesitant or surprised at the high estimate.	<p>I understand it seems high. If you decide to bill insurance, we offer payment plans, or you can apply for the Compassionate Care program on our website. You can take advantage of our cash pay rate of \$249/\$349 if you decide that's a better option for you. Just ensure the Self-Pay option is selected on your test order form from your doctors office.</p> <p>You may also visit www.natera.com to review pricing and billing information under the Women's Health category.</p>
OON	<p>I found that your insurance is out of network with Natera, so we are not able to provide you with an exact estimate. On average most of our out-of-network patients end up owing \$100-200 after their deductible has been met. This price is just an estimate and is not guaranteed to match your actual bill. You can always contact us if you have any additional questions.</p>
Closing	<p>Is there anything else I may assist you with?</p> <p style="text-align: right;"><i>Nothing else.</i></p> <p>Thank you for choosing Natera, have a great day!</p> <p style="text-align: right;"><i>If yes, continue assisting.</i></p>
Call status	<p>If the pt calls in because of a voicemail or a miss call, the agent should update the number of inbound calls based on previous notes also if the call status says reached on 1st or voicemail 1st, change it to reach on 2nd.</p>
Specific Insurance Scripts	
Medicaid	<p style="text-align: right;"><i>For Panorama, Horizon, Anora</i></p> <p>Patients with Medicaid insurance on the date of service will not have any out-of-pocket costs because Natera considers the payment from Medicaid as payment in full.</p> <p style="text-align: right;"><i>Wants estimate</i></p> <p>As a patient covered by Medicaid, you will not have any out-of-pocket costs.</p>
Tricare	<p style="text-align: right;"><i>For Panorama, Horizon, Anora</i></p> <p>Great! If you have Tricare, your maximum out-of-pocket cost will be \$150.</p>

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Other Questions	
What is NIPT?	The Panorama test is a non-invasive blood test which studies the fetal DNA in the mother's blood and can be done from 9 to 39 weeks of pregnancy. The fetal DNA tested comes from the placenta; this DNA is identical to the DNA found in the actual cells of the fetus in about 98% of all pregnancies.
What if my insurance denies?	We believe all patients should have access to our tests. If your insurance company denies the claim, on average, we will settle your balance for \$249/\$349 which are our cash rates. Please get in contact with us as soon as you receive your bill.

Escalated/Supervisor calls

When a patient is frustrated, irritated or just wants to talk to someone else. The agent can transfer the call to the direct CSS.

- Once the patient requests someone else on the phone **do not** decline or ignore the request.
- Advise the patient that you will do all your efforts to get someone else on the phone as soon as possible but cannot guarantee that someone will be available right away.
- Contact your CSS through uContact or teams to discuss the following:
 - Abrief explanation of the situation
 - case number (if available)
 - Patient's name (relation if not the patient)
 - Contact phone number
- If your immediate CSS is not available, reach out to another CSS within the department and if no one is available, offer a call back to the patient within the next 24 business hours.
- Once the agent receives confirmation from the CSS that they can receive the call, process the transfer. Do not forget to obtain a call back number before making the transfer in case the call drops.
 - If the call drops and the transfer is not completed, the CSS should attempt to call back the patient while the representative continues to service other patients.

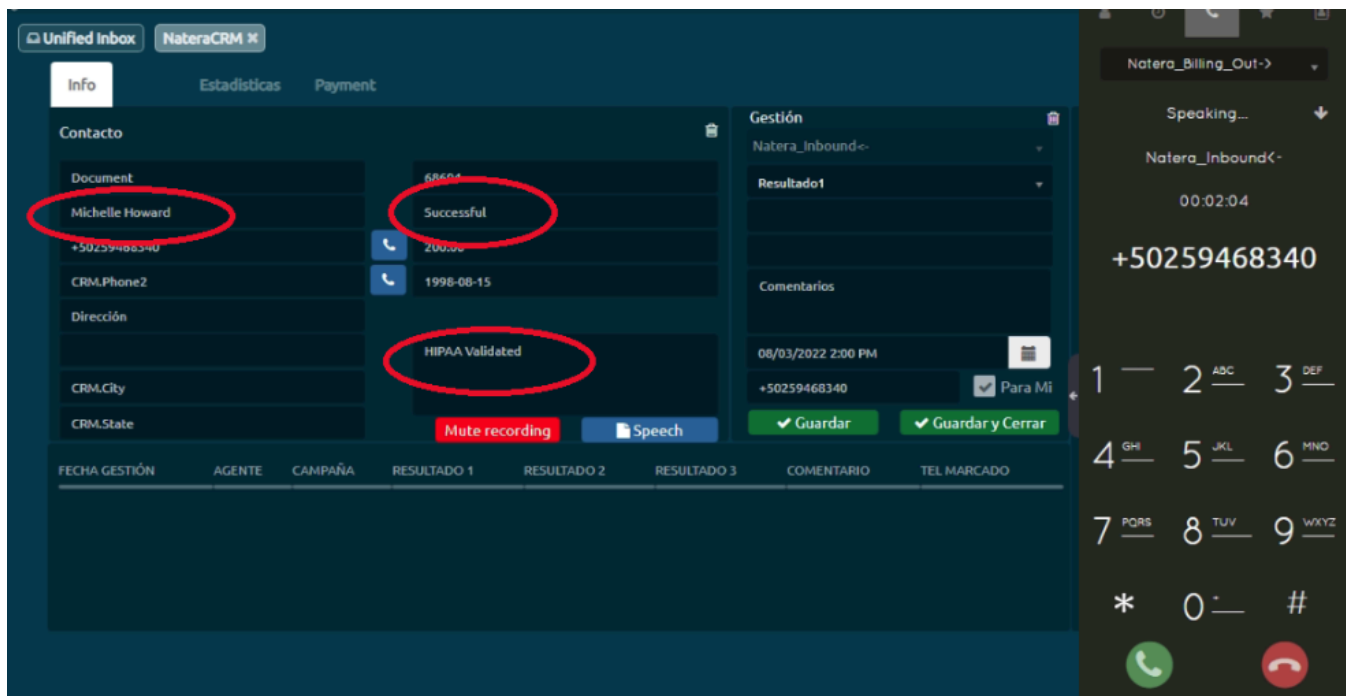
HIPAA process inbound or outbound calls

- HIPAA Verification is a **must** on every call
- Verification Scenarios could range from talking to PTs and Authorized/Unauthorized users.
- Patients need to verify 3 pieces of Information:
 - Full name
 - Date of Birth
 - Phone number on file
- Authorized users need to verify 6 pieces of information
 - Patient's 3 pieces of information
 - Plus their name, relationship to the patient, and phone number.

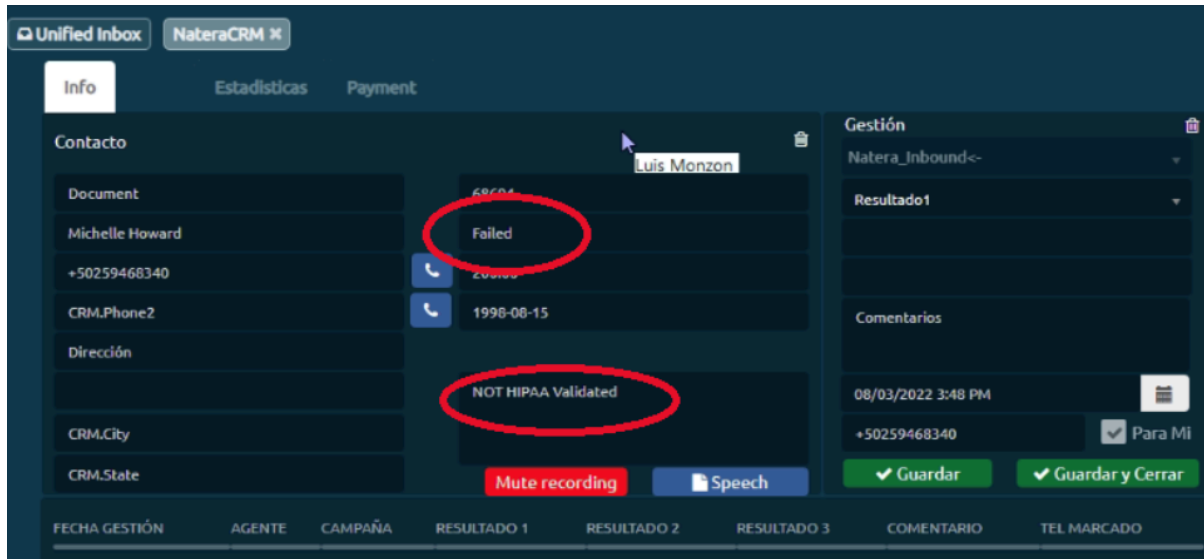
You could be getting a Natera CRM pop-up window that could tell you If the case is already verified or not. Even if the CRM says verified agents are stil REQUIRED to verify HIPAA.

In scenarios where the caller admits to being somebody else other than the patient, please continue to review the account for possible authorized users and authenticate according to the regular procedures.

HIPPA Successful




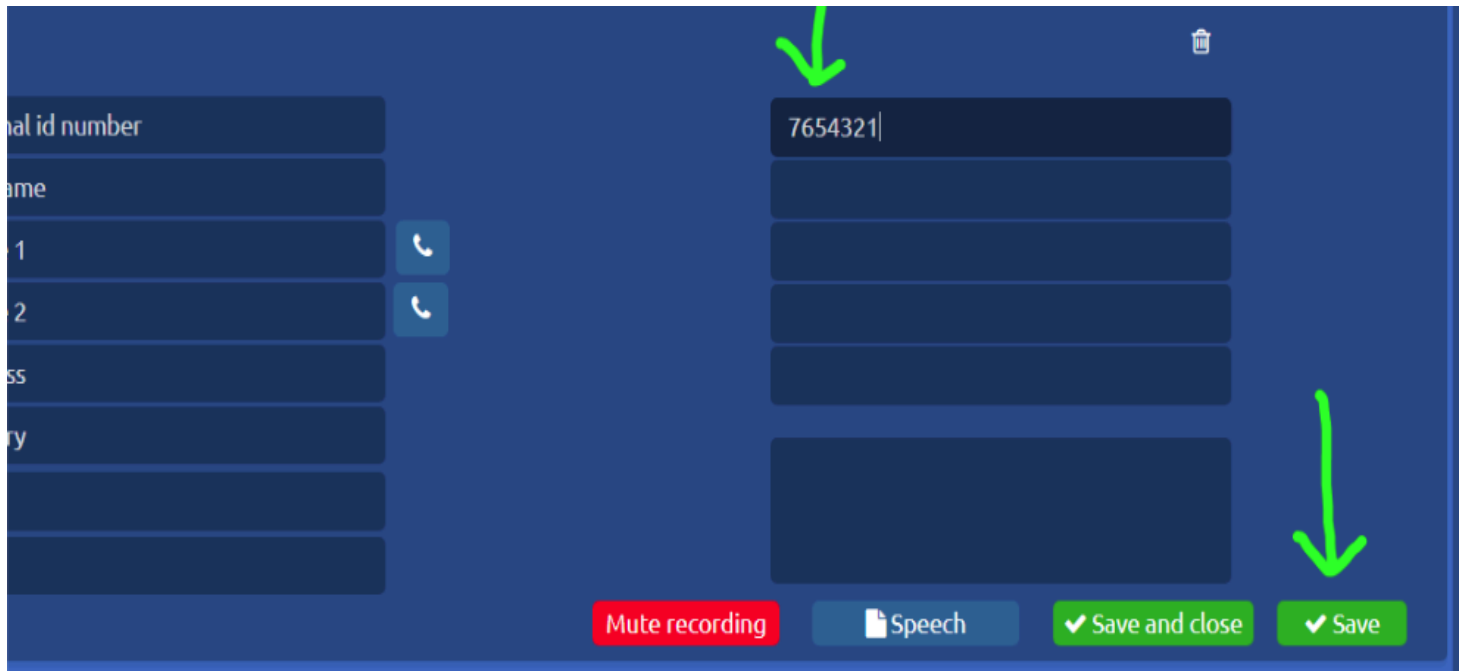
HIPAA Failed



Ucontact CRM

- This process is a **must** on every inbound and outbound call.
- When the agent gets an inbound call it is possible that the case number is already added so there is no need to add it again.
- If the case number is not added by the system agent will need to type it in and click save.
- On outbound calls it will not be automatically added and the agent has to add manually and click save.
- The agent should make sure to close each CRM once done with the call.

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The screenshot shows a dark blue interface with several input fields. The 'Personal id number' field contains the text '7654321'. Below it are fields for 'Name', 'Address', and 'City'. To the right of the 'Address' field is a trash icon. At the bottom, there are four buttons: 'Mute recording' (red), 'Speech' (blue with a microphone icon), 'Save and close' (green with a checkmark), and 'Save' (green with a checkmark). Two green arrows are overlaid on the image: one pointing to the 'Personal id number' field and another pointing to the 'Save' button.

Ucontact Dispositions is a MUST

- The agents will get a popup called disposition on every call once they finish the call..
- The popup will not allow the agent to close it if no option of disposition has been selected on the drop-down.
- The disposition popup has 1 level.
- You will need to select the disposition that best describes the call.
- Do not leave comments on the disposition pop up.
- Click “Save” to close the disposition pop up.

Here are some examples of how the dispositions look like:

Inbounds & Outbounds	Description
Adjustment Request - RD Approval	Price adjustment requires RD approval and patient calls back
Adjustment Request - ZBAL	ZBAL adjustments and patient calls back
Audit Test	quality testing calls
Call Authorization Failure	Unauthorized caller
Call Rejected	Patient declined or didnt answer
Case not found	in AMD, LIMS or CARE
Compassionate Care - Application processed	patient pre-approved and an application submitted
Compassionate Care - General (no application processed)	general questions but no application submitted
Demographics Update (not insurance)	patient's address, phone, and email
General Inquiry - Patient	non-billing calls, statement question inquiries as well and prompt payment options provided to the patient but the patient didn't make a decision and will think about it
Insurance - Appeals	An insurance company or patient calling about appeals
Insurance - Claim Resubmit	An insurance company or patient needing a claim to be resubmitted
Insurance - Claim Status	An insurance company or patient calling about a status of a claim, EOB explanation etc
Insurance - Coding	An insurance company or patient calling asking for codes needed to process a claim
Insurance - General Inquiry	All inquiries from insurance companies (payors)
Insurance - Medical Records	Needs medical records
Insurance - Stop Claim	Haulting a claim
Insurance - Update/Changes	Insurance agent, patient or authorized user calling to update Insurance information
Itemized Statements	Patient requesting itemized statements or receipts
Payment - Full Payment	statement balance paid in full or full PTP price
Payment - Link	payment successfully processed by the patient after agent sent the payment link
Payment - Missing	Patient called after a payment has been paid and is still receiving statements and we are requesting their proof of payment or the patient already made their payment and it's posted in AMD
Payment - Partial	The patient made a partial payment with no future plan in place. This CAN be used for RD approval or Quote payments as well
Payment - Plan	payment plan set up
Payment - Plan cancelled	Payment plan cancelled
Payment - Synergen Issue	payment link issues
Payment - U-Contact Issue	This applies if the call dropped or if the patient never returned from the IVR system during the payment process
Pending Synergen	Action pending synergen, unable to provide resolution at this time
Pre-test Estimates	Pre-test estimates
PTP - Case closed to insurance	Prompt pay offer has expired and claim will be sent to insurance
Refund request	Patient requested a refund and submitted
Req form request	Patient is requesting a copy of their req form - escalated to CSS
Test Status Email Provided	Non-billing related call - Managing Non-Billing Calls
Transfer - Advanced Pay	Patient is transferred to the advance pay team
Transfer - AMCA	The call was transferred to the offshore team
Transfer - Billing	The call was transferred to the Billing team
Transfer - CFS	The call was transferred to the CFS (sales rep) line
Transfer - Natera Clinics	The call was transferred to the clinics line
Transfer - Natera Escalations	Amy Green's team
Transfer - Prior Authorization	PA-related calls transferred to the PA team
Transfer - PTP/PTE	The call was transferred to the PTP/PTE team
Transfer - Resolutions	Call was escalated to the resolutions team
Transfer - Signatera	The call was transferred to the billing Signatera team
Transfer - Spectrum	The call was transferred to the billing Spectrum team
Transfer - Supervisor	Call was escalated to a CSS (NOT resolutions team)
Unable to complete call - Agent disconnected	Agent disconnected call due to technical issues or unprofessionalism
Unable to complete call - Patient ended the call	The patient disconnected the call
Voicemail left	Outbound calls - left a voicemail

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Onshore calls/cases

These patients are required to be handled by agents inside the US territory and usually uContact will filter the calls so they can go to the correct department.

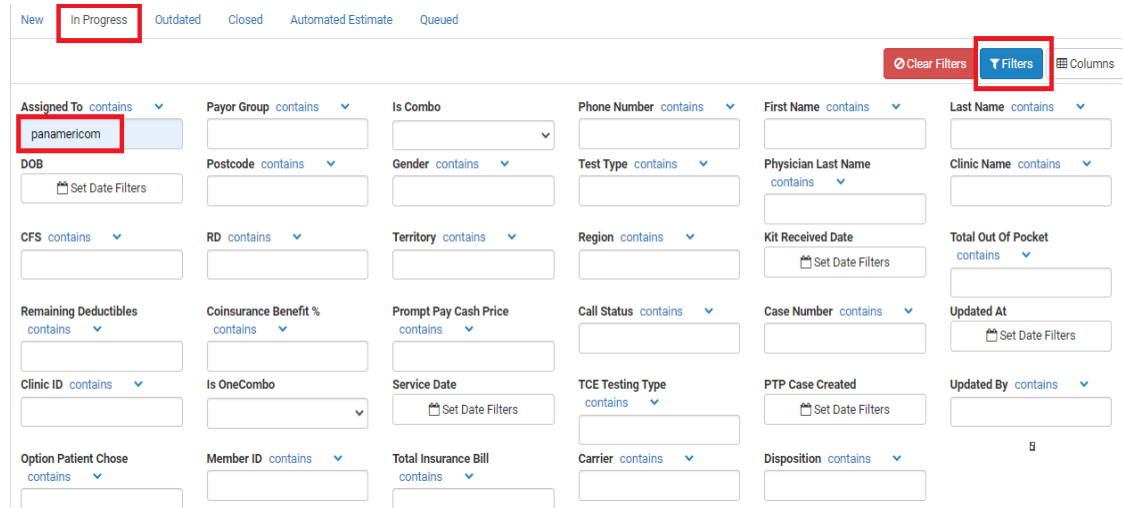
- These cases will be assigned by the CSS to the onshore agent for outbound calls.
- Onshore cases will be from the states of **Michigan and Wisconsin**.
- Outbound process is the same except that it will be done by the onshore agent.
- Inbound calls for agents not onshore verify HIPPA and warm transfer the call to the Natera PTP/PTE onshore queue if the case is new or in progress.
- If the case is closed to insurance, warm transfer to Natera AMCA queue.

PTP/PTE Closing process for cases

Cases with disposition left voicemails first -close after 3 calendar days

Cases with disposition reached on first - close after 7 calendar days

- CSS will follow the below steps to copy all cases into [this document](#) under the closing cases tab
 - (1) Open PTP in Natera Care
 - (2) Click “In Progress” tab
 - (3) Assigned to Panamericom
 - (4) CSS will filter cases from oldest to newest
 - (5) CSS will add to the closing tool system the cases that are older than 7 days.



The screenshot shows a Salesforce filter interface with the following elements:

- Navigation tabs: New, **In Progress**, Outdated, Closed, Automated Estimate, Queued.
- Buttons: Clear Filters, **Filters** (highlighted), Columns.
- Filter fields:
 - Assigned To: panamericom
 - Payor Group: [empty]
 - Is Combo: [dropdown]
 - Phone Number: [input]
 - First Name: [input]
 - Last Name: [input]
 - DOB: [input] (with Set Date Filters button)
 - Postcode: [input]
 - Gender: [dropdown]
 - Test Type: [input]
 - Physician Last Name: [input] (with dropdown)
 - Clinic Name: [input] (with dropdown)
 - CFS: [input] (with dropdown)
 - RD: [input] (with dropdown)
 - Territory: [input] (with dropdown)
 - Region: [input] (with dropdown)
 - Kit Received Date: [input] (with Set Date Filters button)
 - Total Out Of Pocket: [input] (with dropdown)
 - Remaining Deductibles: [input] (with dropdown)
 - Coinsurance Benefit %: [input] (with dropdown)
 - Prompt Pay Cash Price: [input] (with dropdown)
 - Call Status: [input] (with dropdown)
 - Case Number: [input] (with dropdown)
 - Updated At: [input] (with Set Date Filters button)
 - Clinic ID: [input] (with dropdown)
 - Is OneCombo: [input] (with dropdown)
 - Service Date: [input] (with Set Date Filters button)
 - TCE Testing Type: [input] (with dropdown)
 - PTP Case Created: [input] (with Set Date Filters button)
 - Updated By: [input] (with dropdown)
 - Option Patient Chose: [input] (with dropdown)
 - Member ID: [input] (with dropdown)
 - Total Insurance Bill: [input] (with dropdown)
 - Carrier: [input] (with dropdown)
 - Disposition: [input] (with dropdown)

Organ health Prospera

Prospera *emails* are received in Salesforce from CFS and patients. Emails sent to organhealth-estimate@natera.com will automatically route to the “Renasight Billing” queue. Emails should be answered within 24 to 48 hours.

New Patient contacting for estimates, provide the below script:

- We are no longer able to provide Pre-Test estimates for Renasight/Prospera. Please get in touch with your Insurance to confirm coverage before testing.


Natera Representative contacting for estimates

- We are no longer able to provide pre-test estimates for Renasight/Prospera. The PTE program was sunsetted at the end of 2022. We apologize for any inconvenience this may have caused.

For Renasight

Remember the following:

No Prior Authorization (PA) can be processed for Renasight.

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If a New patient or a Natera Representative is asking for a Prior Authorization, provide the below script:

- We do not offer prior authorization for Renasight at this time. We apologize for any inconvenience this may have caused.

Organ health outbound

Existing Renasight cases

- Where a Renasight case is open in PTP and a text or email **has not** gone out, please close the case.
- Where a Renasight case is open in PTP and a text or email **has** gone out, please close the case after the 7 day offer period. (CSS Process)

Compassionate Care will still be offered during the billing process.


Organ health inbound

Existing Renasight cases

- If the case is still open, please provide the billing options available in Natera Care.
- Advise patient of 7 calendar days.
- Add notes of the call.

Please follow the below script

INN	INBOUND SCRIPT -ORGAN HEALTH
Greeting.	Thank you for calling Natera. My name is _____. How can I help you today?

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HIPAA	<p>Thank you for calling Natera. My name is _____. How can I help you today?</p> <p>Thank you. Allow me a moment to locate your case. Before we continue, can you confirm your date of birth, name and phone number for me? <i>have case,</i></p> <p>No problem. I can search for it. What is your full name and date of birth?</p> <p style="text-align: right;"><i>Has Case # Does not</i></p>
Caller is skeptical	<p>I am part of Natera. We are a lab that provides clinical services to various physicians. Is this ___? <i>Patients says they do not remember.</i></p> <p>You may not remember because we work behind the scenes with your doctor's office. I do need to confirm the patient's demographics before I can share specific details. <i>Patient still won't confirm information.</i></p> <p>Would you prefer to confirm your address and your doctor's name instead?</p>
Not Patient	<p>Due to HIPAA privacy laws, I can only speak with _____. Is she available? <i>Patient Not Available. Unfortunately, I can only speak _____.</i> Can you kindly ask her to call us back at the number on your caller ID, which is 844-716-8665, option 1 for English and then 5? Thank you, and have a great day!</p>
INN	<p>Your healthcare provider [PROVIDER NAME] from [CLINIC NAME] recently ordered [RenaSight test]. We received your sample on [DATE], and it's currently processing in our laboratory!</p> <p style="text-align: right;">(small pause)</p> <p>In the meantime, your clinic is enrolled in our Price Transparency Program, and at your provider's request, we ran a cost estimate using the insurance information provided. Based on this estimate, you can choose to bill insurance or choose the self-pay option. If you choose insurance, I will also pre-screen you for our Compassionate Care program.</p> <p>Do you have a moment to go over these options?</p> <p>Using your insurance, your estimated out-of-pocket cost will be [ESTIMATE]. This amount would go to your copayment/deductible, which is the annual amount you must pay before your insurance will start paying.</p> <p>Alternatively, the cash-pay price of \$349 is available; the difference is that this amount will not be billed to your insurance but be paid directly to Natera.</p> <p>The last option if you decide to bill insurance is our Compassionate Care program. Under this program, Natera would discount your out-of-pocket cost to \$149 or less. I need to ask you two questions to pre-screen you. However, this option would require us to bill insurance and requires some Federal Income guidelines - would you be interested?</p> <p>If Yes: How many people are in your household, and what is your annual household income? Can you provide this information now?</p> <p>If Qualified: Based on the information you provided, you may qualify for Compassionate Care, which could bring your out-of-pocket cost down to [\$149/\$99/\$0]. What happens next is we will bill your insurance and then reach out to you to complete the Compassionate Care application if you end up with any patient responsibility are insurance. You'll also receive an EOB from your insurance, which may reflect a higher patient responsibility, but do not worry, EOB is not a bill!</p> <p>If not Qualified: Unfortunately, you do not qualify for the Compassionate Care program based on the information provided. The self-pay option of \$349 is still available. The difference is that this amount will be paid directly to Natera and will not go to your deductible. Do you know which option you prefer? If not.</p>
Needs more time	<p>You have 7 calendar days to let us know your choice. Otherwise, we'll proceed with billing insurance as originally instructed. You can go online and pay at pay.natera.com/ptp or call us back.</p>
Pay now	<p>I can take that payment for you over the phone. <i>Transfer to secure IVR (script)</i></p>
Closing	<p>Is there anything else I can help you with? Thank you for choosing Natera, and have a great day.</p>

Special Pricing

- [PTP Special Pricing](#) for clinics \$99 HCS Partner Screenings
 - Verify if we have any notes on file or requisition form.
 - Verify if we have the clinic on the [special PTP pricing list](#). **File Updated by Natera to reflect any changes in pricing.**
 - If the rate is \$149 or less, prequalify the patient for compassionate care. If the patient doesn't qualify or doesn't want to apply then send a misquote form from [PTP escalations](#). And include the clinic name on Additional notes. **Panamericom CSS will request the special quote to the RD via salesforce.**

CSS RD Approval Process

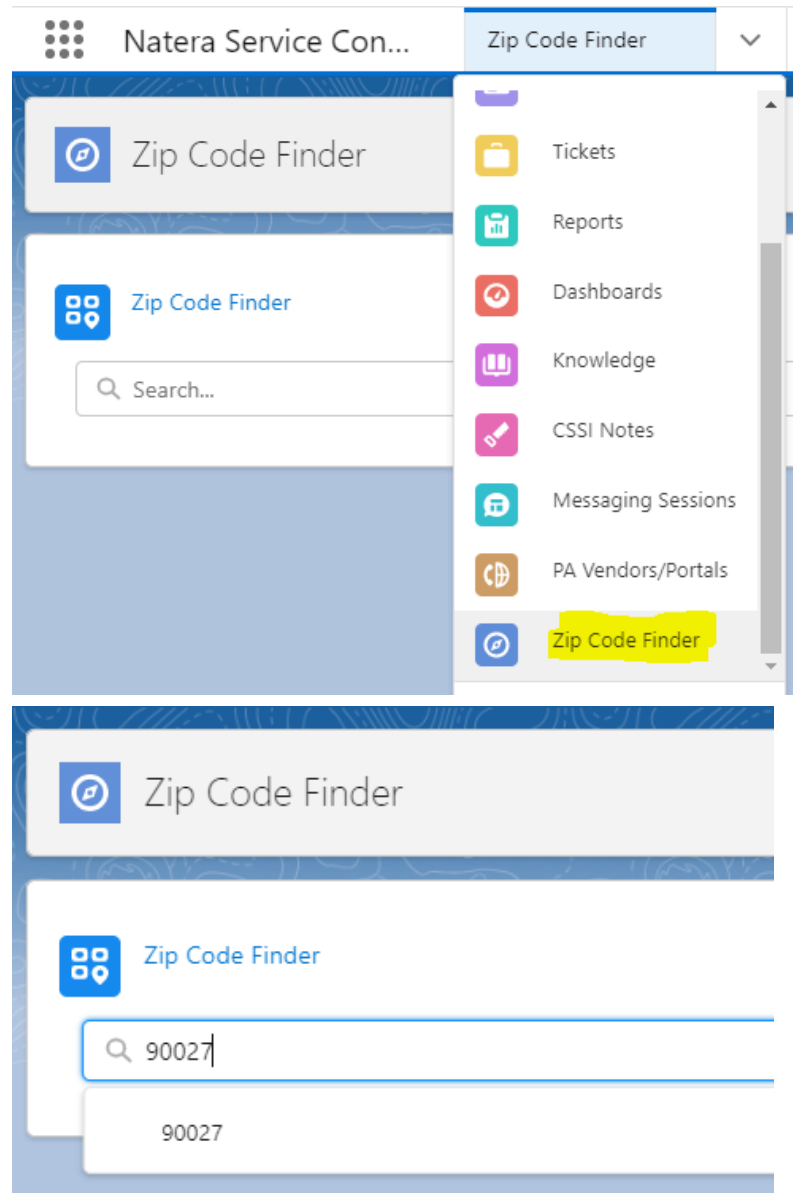
- Locate the clinic zip in LIMS
 - Click on Clinic name
 - Check the territory name

Clinic	
Name *	New England OB/GYN
Current Territory	WH_Boston N, MA /


- Copy the zip code

Primary Site	
Address	1300 N Vermont
Address 2	Suite 307
City	Los Angeles
State	CA
Postcode	90027
Country	US - United States


- Locate the RD in Salesforce
 - Go to Natera Service Console
 - Select Zip Code Finder
 - Search for clinic's zip code



- Copy Manager and Sales information.
 - **Women's Health:** Under US Direct, copy US Direct Territory Name

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- Prospera for **Renasight and Prospera** cases (Organ Health)


 **US Direct**

Territory: **WH_Boston N, MA**

Name:

Sales: Stephanie Burke

Person:

Email:  sburke@natera.com



Mobile: [+1 9788551763](tel:+19788551763)



Phone:

Fax:

Manager: **Lori Dennis**

- Create a new Ticket
 - Go to My Open tickets
 - Click on New
 - On the new ticket, Select PTP billing
 - Select Email as Ticket Origin

 Natera Service Con... Tickets 

 Tickets **My Open Tickets** 

- PTP Billing**
- Pat Responsibility
- Prior Authorization

-
-
-

- Select Chatter

- Go to Email
- From Select PTP Billing

Search Contacts...

* Status
New

Sub Status
--None--

Order ID

Label

SMS status
--None--

Chat Transcript
Search Chat Transcripts...

Needs TSE Tube

Gender
--None--

Patient Receives Email

Assign using active assignment rule

Patient Street1

Patient City

Patient Zip

Patient State
--None--

Patient Country

DS: Ownership Taken

Date Time

* Ticket Origin
Email

Call Type (InContact)
--None--

Turn

Related List Quick Links ⓘ

[Emails \(0\)](#)

[Ticket History \(2\)](#)

[Open Activities \(0\)](#)

[Ticket Comments \(0\)](#)

[Activity History \(0\)](#)

[Attachments \(0\)](#)

[Shipments \(0\)](#)

Details

Related

Chatter

Find Zip

Post

Email

From PTP Billing <pretest-ntp@natera.com>

- Copy Manager and Sales email address

To:

Bcc:

- Send email to RD
 - If no RD listed, then email case to Laura Cobb and say that RD could not be found in Salesforce.
 - **Include in your email**
 - **Case #**
 - **Amount quoted**
 - **Clinic name**
 - **Patient Name**
 - **Summary of situation**
 - **How would they like to proceed?**

- Close Ticket

- Status > Close
 - Disposition Code Level 1 > Billing
 - Disposition Code Level 2 > General Billing question.


Status *

Disposition Code Level 1 *

Disposition Code Level 2 *

Disposition Code Level 3

Disposition Code Level 4

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Once a response is provided by the RD it will appear on the “My Open Tickets” queue on Salesforce. Then fill out [this form](#) to create a record of the cases that have or not been approved. These are sent to [this file](#), where all the cases are listed.

- If approved, change on LIMS from Insurance to Self pay, so the patient will be receiving a paper bill with the approved amount for the test.
 - On LIMS go to the Referral page:
 - Special Billing Instructions.
 - [Click here to change Billing instructions now.](#)
 - Bill Patient - Special Billing.
 - Update billing instructions on the case.
 - If the option is not available on the Referral page, go to [this link](#)
 - Change case on the URL
 - Bill Patient - Special Billing.

Existing billing options on case :


✓ Bill Patient - Special Billing

New billing options on case :

- Bill Patient - Special Billing
- Use Clinic Default Billing
- Bill Clinic - Special Billing
- Bill Insurance - Special Billing
- Bill NPT Clinic, Microdel Insurance - Special Billing
- Bill NPT Clinic, Microdel Patient - Special Billing
- Free - Special Billing
- Natera Employee - Special Billing
- SMART - Clinic Special Billing
- SMART - Insurance Special Billing
- SMART - Patient Special Billing

[Update billing instructions on case](#)

- Update billing instructions on the case.
- Leave notes on Care: “PTP-CHANGED BILL TYPE TO SELF-PAY IN LIMS.” and “PTP/ RD Approval for (approved amount), SF#(salesforce ticket number).
 - Close case to insurance. (Do not close if changes on LIMS are not completed).
 - An agent will call the patient to inform them that the amount has been approved and advise them to wait until they receive a bill to make a payment. Approx time for the bill is 14 days.
- Add the case with the approved amount and salesforce ticket on [this file](#)

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- Add date, case number, case status, salesforce ticket, PTP notes, action needed (SGH: CHANGE FROM INSURANCE TO SELF. PANAM TO COLLECT PAYMENT ONCE AVAILABLE IN SPAY) and on Natera notes: Bill type changed to self-pay.

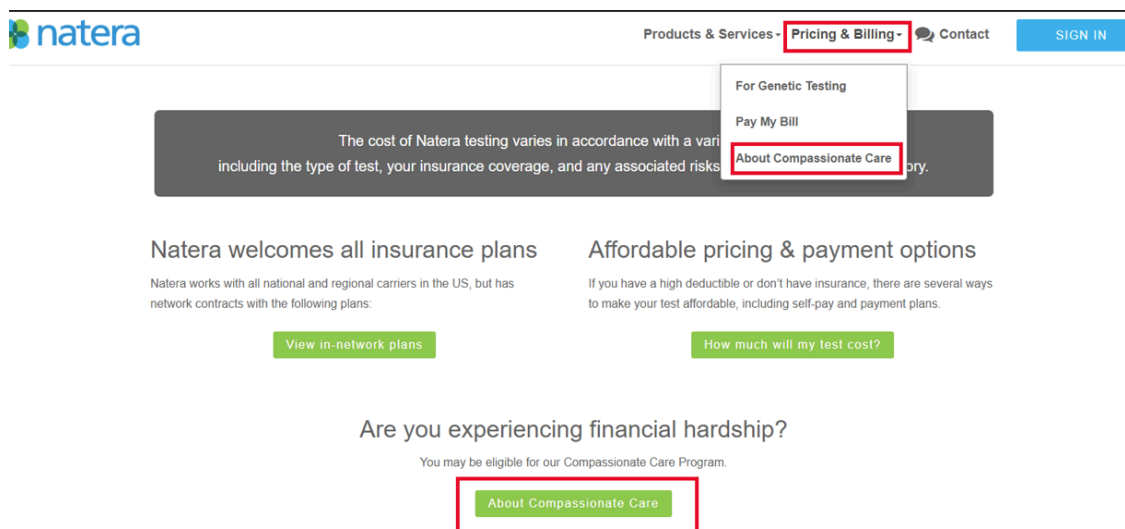
Synergen has access to the file, so they should make the changes in the pricing on AMD

Compassionate care process


If the patient requests compassionate care or if for any reason we offer it to the patient

The agent will prequalify the patient by going to [Natera's Portal](#)

- (1) Go to pricing & billing
- (2) About compassionate care
- (3) Will get a popup with two more questions
- (4) Total household size (including unborn children) (ask for this information)
- (5) Annual household income (ask for this information)
- (6) Click Do I qualify and if it says (Based on the info provided you do qualify- go to the next step)
- (7) Go to the [support page](#)-salesforce and fill out the compassionate care application form
- (8) Advised patients will get an email with the compassionate care form in 3-5 days to make sure to reply with the requested information.
- (9) Agent closes case in Natera care to insurance
- (10) Add clear notes in Natera Care



The screenshot shows the Natera website interface. At the top, there is a navigation bar with the Natera logo on the left and 'Products & Services', 'Pricing & Billing', and 'Contact' on the right. A 'SIGN IN' button is also visible. Below the navigation bar, there is a dark grey banner with white text: 'The cost of Natera testing varies in accordance with a variety of factors, including the type of test, your insurance coverage, and any associated risks.' A dropdown menu is open over this banner, showing options: 'For Genetic Testing', 'Pay My Bill', and 'About Compassionate Care'. The 'About Compassionate Care' option is highlighted with a red box. Below the banner, there are two columns of text. The left column is titled 'Natera welcomes all insurance plans' and includes a green button 'View in-network plans'. The right column is titled 'Affordable pricing & payment options' and includes a green button 'How much will my test cost?'. At the bottom, there is a section titled 'Are you experiencing financial hardship?' with a green button 'About Compassionate Care' highlighted with a red box.

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Insurance update process

The insurance update form is sent when:

- Patient change insurance
- When insurance information is not correct on file, and the patient wants to bill insurance
- When the patient has two insurance and wants to bill both
- The agent will need to request from the patient the Insurance name, insurance member ID number, and primary on the insurance. This is a must. (Not mandatory but try to get the insurance group number, effective date, and insurance address)
 - (1) The agent will fill out the [insurance update](#) form with the new information
 - (a) If the patient doesn't have the insurance information can callback or send it via email to insbilling@natera.com
 - (2) The agent will close the case in Natera care to bill insurance
 - (3) Add notes with the insurance information
 - (4) Advise the patient that will get an EOB within 30-45 business days.


Itemized bill request

Is made when a patient paid on the portal and the portal is not allowing to send the receipt, or the patient wants a detailed receipt

- (1) The agent will fill out the [itemized bill request](#) form from the support page under salesforce.
- (2) Advise the patient that the time frame is 3-5 business days.

The patient wants to cancel the test.

- Advise the patient that “unfortunately we are unable to cancel a test because samples begin testing once they are received with a signed requisition form”. Ask the patient what their expected out-of-pocket and/or quoted amount was.
- Try to prequalify the patient for compassionate care.
- If the patient wants special pricing to be honored, please follow the special pricing process.
- If the case is not in Lims yet, forward the caller to support in Austin. Do not promise the patient we can cancel anything.

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The patient does not agree with the estimated cost.

Believes deductible or coinsurance is incorrect

- If the patient believes the estimate is off due to incorrect coinsurance or deductible amount we are able to edit these amounts and “manually calculate” an updated estimate.
- If the patient claims the deductible is different (or met) replace the existing deductible value with what the patient believes it to be and hit the “Manual Calculate” button (if they believe the deductible is met, fill with 0) on Natera Care.
- If the patient claims the coinsurance value is incorrect replace the coinsurance benefit amount and hit the “Manual Calculate” button (most common coinsurance amounts are 10%/20%/30%)
- Updating Estimate with Manual Calculate Button advise the patient of the updated estimate and see which option they would prefer to go with (if the patient’s estimate with updated information is lower than the discounted self-pay rate, advise the patient of this and close the case to insurance)


PTP/PTE Refunds

- Verify if refund applicable or not
- Confirm we have the payment on Portal
- Request last 4 digits of CC used for payment
- Fill out the [refund request form](#) in support page
- Refund time frame 45 to 60 calendar days.

**Google form worked by Panamericom billing department.
it goes to the BO team, and they work on it via JITBIT.*


Turnaround time for tests:

- Panorama 5-7 business days
- Horizon 2-3 weeks on average
- Vistara 2-3 weeks on average
- Renasight 2-3 weeks on average
- Empower 2-3 weeks on average

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Emails/SalesForce PTP

- Who works these emails (CSS)
- PTP emails are received in the Salesforce billing queue/email prestest-ntp@natera.com
- PTP emails are from patients or CFS.
- Css reviews the information from the email and verifies if applicable for PTP help or, if applicable to be assigned to a different queue.
- If applicable for PTP verify if we have the required information to find the patient on file Lims/Care (case #, name, and DOB).
- If required information is not provided by the patient or CFS, reply with cannot locate case template. Natera template.
- If required information is provided only general information can be sent via email. Verify case information in Care and Lims. Always reply with a Template.
- If the patient is requesting specific details, reply to the emails that an agent will call the patient and help with the required information in 24 business hours.
- Assign the case to an agent and advise him/her to call the patient with the specific details the patient requested.
- Add notes in Lims, subject PTP-SF#number. Body what pt requested and the resolution provided.
- Emails should be answered within 1-2 business days.

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PTP Emails Templates

Signature Block	<p>Thank you,</p> <p>Natera PTP Team</p> <p>Billing Call Center (844) 384-2996, option 6 Monday to Friday, 8:00 am to 7:00 pm CST</p> <p>PTP Portal: pay.natera.com</p> <p>Confidentiality Notice: This communication may contain confidential and/or privileged information or information that is protected from disclosure under HIPAA and/or other laws that is solely for use by the intended recipient. If you are not the intended recipient, promptly notify the sender and immediately delete all copies of this email and any attachments without disclosing or using any information contained therein.</p>
Estimate request in writing (case is in PTP Care)	<p>Hello,</p> <p>Thank you for reaching out to us. Your estimate is available on your online portal at pay.natera.com/ptp.</p> <p>You can also call us to receive the estimate over the phone at (844) 384-2996, option 6, and one of our agents will be happy to assist you.</p>
Cannot locate the case.	<p>Hello,</p> <p>I am unable to locate your case with the information provided. I apologize for the inconvenience, but please call us at (844) 384-2996, option 6, and one of our agents will be happy to assist you.</p>
PTP Portal Error	<p>I apologize for the inconvenience. Please call us at (844) 384-2996, option 6, and one of our agents will be happy to assist you.</p> <p>Our team is available Monday through Friday from 8 am to 7 pm CST.</p> <p>Thank you,</p>
Case is already closed to bill insurance (estimate less than cash rate)	<p>Hello</p> <p>I apologize for the inconvenience. Your case has already been closed to bill insurance, but our insurance estimate was less than our cash pay rate of \$249. You should receive a statement in 45-60 days, and if you have any questions, please contact our Billing Department at (844) 384-2996. They are open Monday to Friday, 8:00 am to 7:00 pm CST.</p>

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Someone will call the patient	<p>Hello</p> <p>Thank you for your email. Please expect a call from Natera within 24 hours. Should you need assistance sooner, please call us at (844) 384-2996, option 6 for assistance. Our team is available Monday through Friday from 8 am to 7 pm CST.</p>
How do I pay?	<p>Hello,</p> <p>Thank you for reaching out to us. You can pay on the online portal at pay.natera.com/ptp or call us at (844) 384-2996, option 6, and one of our agents will be happy to assist you.</p>


Emails/SalesForce PTE

PTE women’s health emails are received in Salesforce from CFS and patients.


Emails sent to estimate@natera.com will automatically route to the “Pre-Test Estimates” queue. Emails should be answered within 1 business day (24 hours), and typically within 1-4 hours.

When an estimate is successful, Natera Sales/CFS members will receive the estimate in the reply. Patients will not receive specific estimates in writing, instead will be asked to call in to discuss options.

- Receive email ticket in the “Pre-test Estimates” queue in Salesforce
 - (1) Open a ticket in Salesforce and assign it to yourself
 - (a) If the sender is not asking for an estimate, transfer the ticket to the appropriate queue in Support or Billing
 - (b) Take note if it is from a patient or CFS/Sales (will be from an @natera.com email address)
 - (2) Check that required information was provided. If not provided, then reply to the email with the Missing Information template.

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PTE EMAIL SCRIPTS	
Email Outline for all Emails	<p>Hello [patient/CFS name],</p> <p>[paste script here]</p> <p>Thank you, [Your first name]</p> <p>Pre-Test Estimates Representative Pre-Test Estimate Call Center 844-384-2996 (Option 1, then 5) Monday to Friday, 8:00 am to 7:00 pm CST</p> <p>Confidentiality Notice: This communication may contain confidential and/or privileged information or information that is protected from disclosure under HIPAA and/or other laws that is solely for use by the intended recipient. If you are not the intended recipient, promptly notify the sender and immediately delete all copies of this email and any attachments without disclosing or using any information contained therein.</p>
CFS/Sales Estimate	<p>Insurance Name: Remaining Deductible: \$ Coinsurance %</p> <p>Panorama Insurance Estimate \$ Cash Price \$</p> <p>Horizon x Insurance Estimate \$ Cash Price \$</p> <p>Panorama + Horizon x Insurance Estimate \$ Cash Price \$</p>

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Missing Info	<p>Thank you for contacting Natera! Please provide the following information, and we would be happy to provide you with an estimate:</p> <ul style="list-style-type: none"> ● Test you're considering: ● Physician name: ● Clinic's name and state: ● Patient's name: ● Patient's date of birth: ● Picture of insurance card (front and back) OR insurance info (plan name, policyholder name, member ID, group number) ● If other than the patient, provide the Name and DOB of the primary insured person. <p>For the Horizon test, do you know the panel number you are interested in? For example, we have Horizon 4, Horizon 14, Horizon 27, Horizon 106, or Horizon 274. If you don't know which panel, then select Horizon 274 to show the maximum price on your estimate.</p>
Confirm State for BCBS	<p>We received your estimate request. Can you please confirm the state where the test will be performed?</p>

- Empower tests
 - Do not run an estimate. Reply with INN or OON scripts.
 - Reply with the template and update the estimate price range

Estimate Complete

- Patient- use patient estimate template(do not provide specific estimate in writing)

Empower - INN	<p>Thank you for contacting Natera!</p> <p>Your health plan may or may not cover the cost of your Empower test based on your personal and family health history.</p> <p>If your health plan covers the test, you're not expected to pay anything out of pocket.</p> <p>In the case your health plan does not cover the test, Natera offers a discounted price of \$249 for the test to ensure testing is affordable.</p> <p>Have a great day!</p> <p>Disclaimer: This pretest insurance estimate may vary depending on the exact test ordered and insurance information provided once the test is completed.</p>
Empower - OON	<p>Thank you for contacting Natera!</p>


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	<p>Your insurance is out of network with our laboratory so we can't provide you with a specific estimate. However, on average most of our out-of-network patients end up owing \$100-200 after their deductible has been satisfied. However, to ensure testing is affordable, you are eligible for our discounted cash rate of \$249. If for any reason the actual bill you receive from Natera is significantly different from this estimate, please contact us. We look forward to receiving your sample.</p> <p>Have a great day!</p> <p>Disclaimer: This pretest insurance estimate may vary depending on the exact test ordered and insurance information provided once the test is completed.</p>
--	---

OON Insurance

- Do not run an estimate
- Reply to email with OON template for the patient or Sales/CFS

OON - Patient	<p>Thank you for the information provided! Unfortunately, your insurance provider is out of network with our laboratory, and we can't provide an estimate.</p> <p>However, to ensure testing is affordable, you are eligible for our discounted prompt-pay cash rate of \$249.00 for Panorama 22q.11.2 NIPT Standard Panel -OR- \$349.00 for Panorama Extended Panel with Microdeletions.</p> <p>Also, the cash price for the Horizon carrier screening can be either \$249 or \$349 depending on the size of the panel ordered. For example, we have Horizon 4, Horizon 14, Horizon 27, Horizon 106, and Horizon 274.</p> <p>Have a great day!</p>
OON - CFS/Sales	<p>Thank you for the information provided! Unfortunately, the patient's insurance provider is out of network with our laboratory, and we can't provide an estimate at this moment.</p> <p>However, the patient can opt-in for our discounted cash price of \$249 for Panorama 22q.11.2 NIPT Standard Panel -OR- \$349.00 for Panorama Extended Panel with Microdeletions.</p> <p>Also, the cash price for the Horizon carrier screening can be either \$249 or \$349 depending on the size of the panel ordered. For example, we have Horizon 4, Horizon 14, Horizon 27, Horizon 106, and Horizon 274.</p> <p>Thank you for understanding.</p>

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Natera Connect Cost Calculator (How to run a PTE estimate)

Background

The Natera Connect Cost calculator was launched in June 2021 to allow Natera Billing and Sales team members to run insurance cost estimates for pre-test patients.

The insurance rates in the calculator will match PTP estimates for improved estimate accuracy.

Access

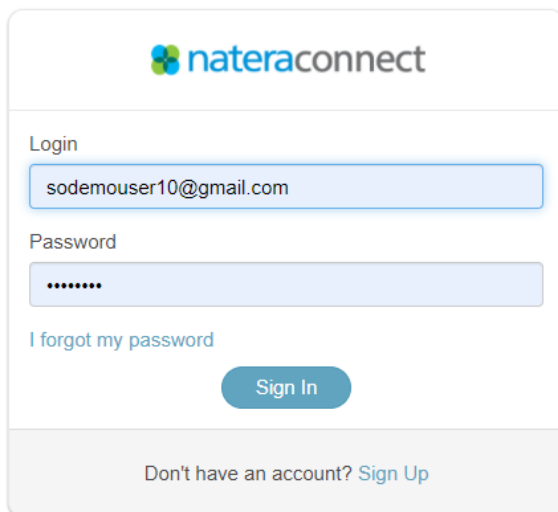
Link: https://connect.natera.com/cost_calculator

Your supervisor or manager will provide you with login credentials.

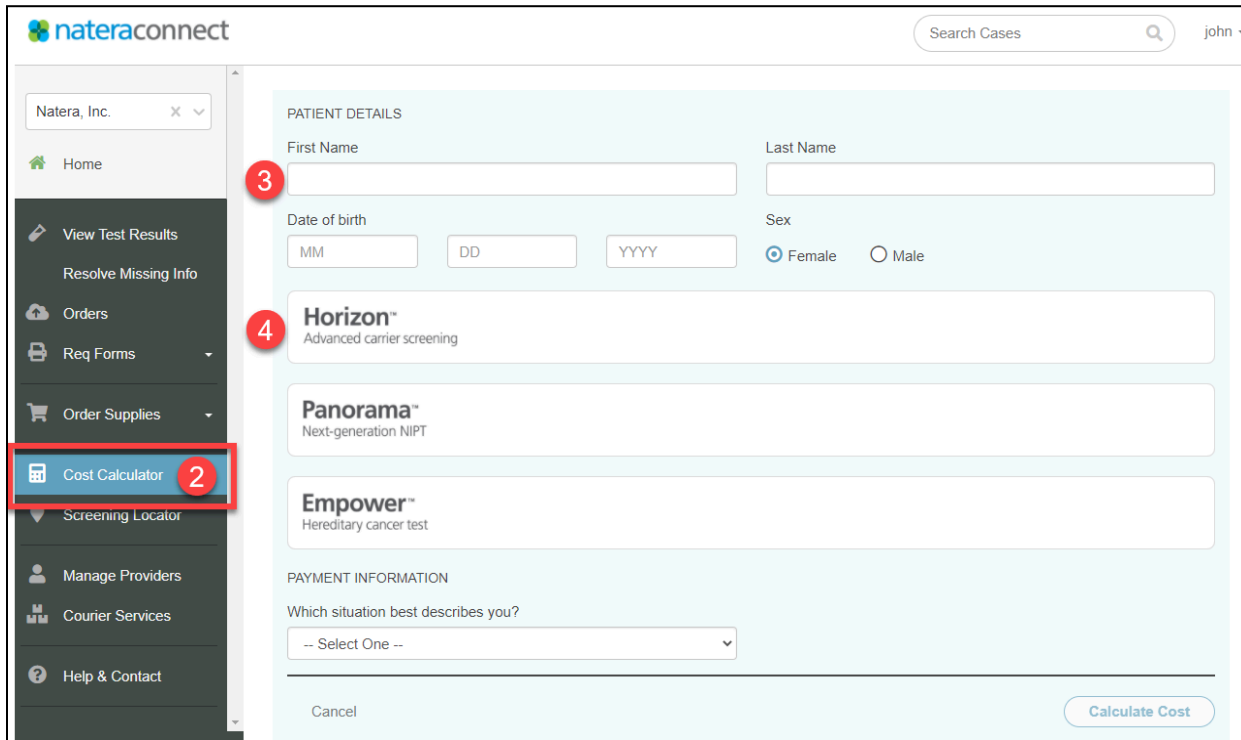
Steps

Billing agents should only access the **Cost Calculator** section of Connect, and not view other sections or make any account/case changes.

1. Sign in



2. Access the Cost Calculator
3. Enter the Patient Details: First and last name, DOB and gender
4. Click on the test the patient (s) will be getting



nateracconnect Search Cases john

Natera, Inc. x

Home

View Test Results

Resolve Missing Info

Orders

Req Forms

Order Supplies

Cost Calculator 2

Screening Locator

Manage Providers

Courier Services

Help & Contact

PATIENT DETAILS

First Name **3** Last Name

Date of birth MM DD YYYY Sex Female Male

Horizon[™] **4**
Advanced carrier screening

Panorama[™]
Next-generation NIPT

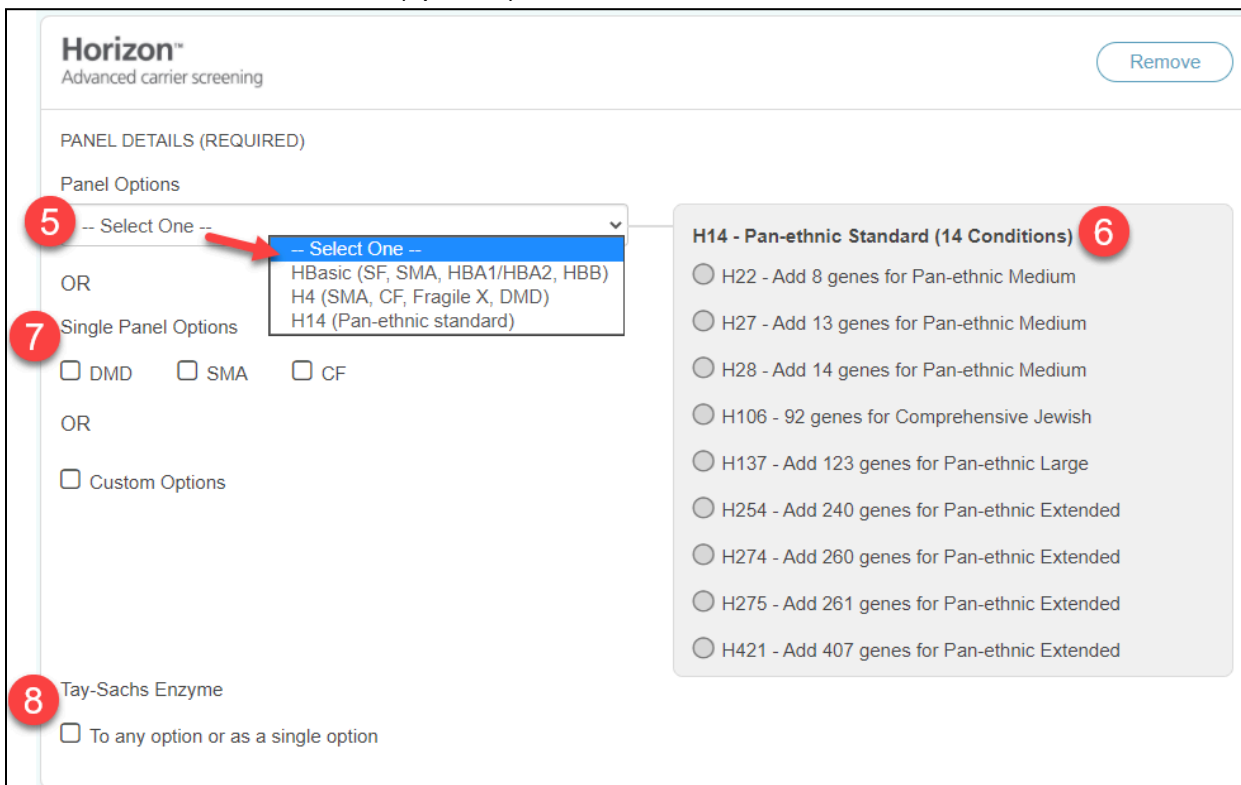
Empower[™]
Hereditary cancer test

PAYMENT INFORMATION

Which situation best describes you?
-- Select One --

Cancel Calculate Cost

5. For Horizon, select the panel option the patient will be getting.
6. Select H14 to be able to select an extended panel
7. Or, select a single panel option
8. Check box to add TSE (optional)



Horizon[™] Advanced carrier screening Remove

PANEL DETAILS (REQUIRED)

Panel Options

5 -- Select One --

OR

7 Single Panel Options

DMD SMA CF

OR

Custom Options

8 Tay-Sachs Enzyme

To any option or as a single option

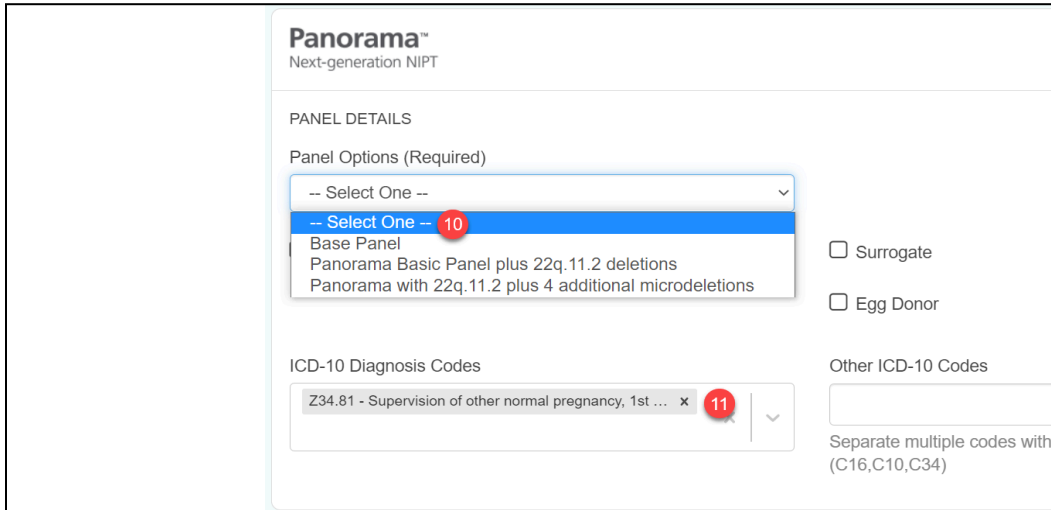
H14 - Pan-ethnic Standard (14 Conditions) 6

- H22 - Add 8 genes for Pan-ethnic Medium
- H27 - Add 13 genes for Pan-ethnic Medium
- H28 - Add 14 genes for Pan-ethnic Medium
- H106 - 92 genes for Comprehensive Jewish
- H137 - Add 123 genes for Pan-ethnic Large
- H254 - Add 240 genes for Pan-ethnic Extended
- H274 - Add 260 genes for Pan-ethnic Extended
- H275 - Add 261 genes for Pan-ethnic Extended
- H421 - Add 407 genes for Pan-ethnic Extended

9. For Panorama, select the Panel Option

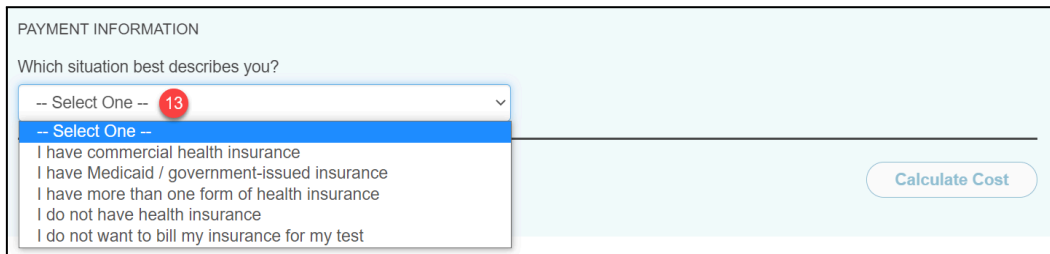
10. Select diagnosis code

11. Use z34.81 - Supervision of normal pregnancy



12. Proceed to the payment information section. Select the option that best describes the patient.

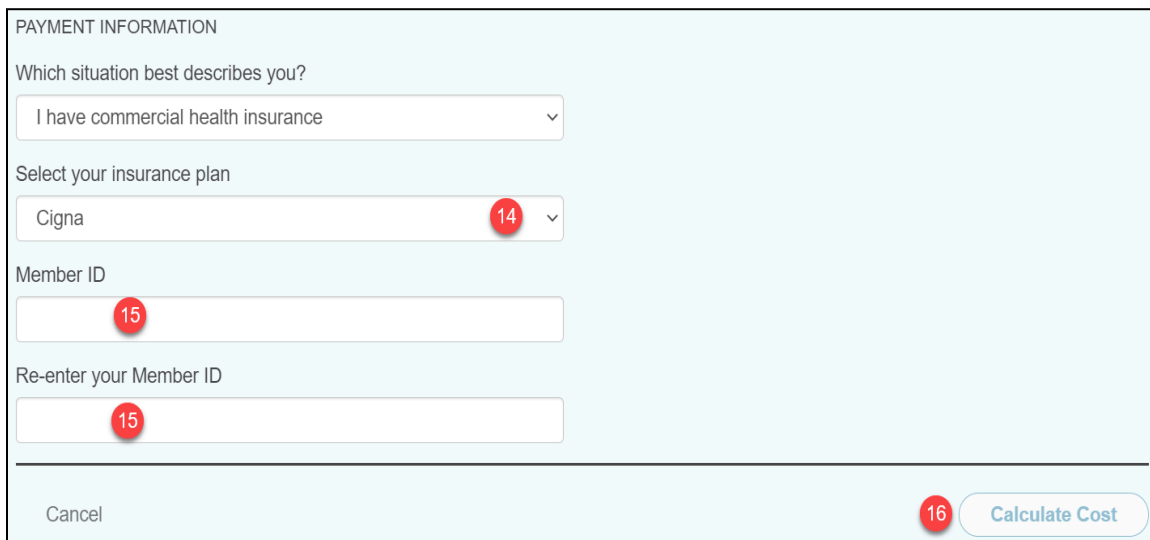
a. Select I have Commercial Insurance



13. Select the insurance from the drop down. If insurance is not shown, then select Other insurance

14. Enter Member ID

15. Click Calculate Cost button



16. Estimate Successful

PATIENT COST ESTIMATE

Estimated out-of-pocket cost paying with insurance:

\$1211.00

This estimate is based on the patient's plan deductible and co-insurance as of June 15.

Deductible: **\$1275.51**

Co-insurance: **\$0.00**

This patient's 'Deductible' is the dollar amount they must pay before their plan begins to contribute to the cost of their care. Most patients who receive reproductive care do meet their deductible, so what they pay for their test will help meet that amount.

Self-Pay Cash Price

\$498.00

When the patient chooses the Self-Pay cash price, we will not bill their insurance and they will not owe anything additional.

But remember, this means what they pay will not be counted towards their deductible.

Cancel
Re-Calculate Cost

17. Unable to run estimate

- a. Sometimes the system is not able to run an estimate. When this happens, try to locate the information in a portal and use the Billing Calculator to run the estimate
- b. Tips to prevent estimate errors
 - Patient name must be spelled exactly the same as insurance card
 - Refresh the page in your browser between requests (even for the same patient)

PATIENT COST ESTIMATE

Unable to give you an exact estimate at this time.

We are unable to give an estimate at this time. Once we receive the patient's kit our billing team will try to provide an exact estimate at that time.

Patients who pay with insurances have an average out-of-pocket cost of

Less than \$349.00

If the patient has met their plan's deductible. If they haven't met the deductible, their rate may be higher.


Self-Pay Cash Price

\$349.00

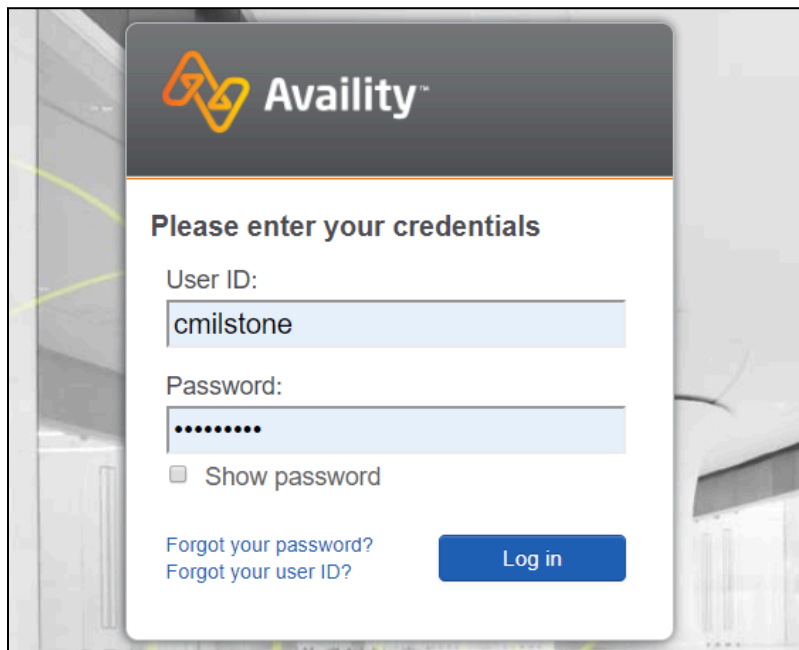
When the patient chooses the Self-Pay cash price, we will not bill their insurance and they will not owe anything additional.

But remember, this means what they pay will not be counted towards their deductible.

Cancel
Re-Calculate Cost

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- INN Insurance
 - Run estimate
 - Using **Availity**
 - For Aetna, Anthem, Blue Cross Blue Shield, Healthnet, Wellcare*
- (1) Open [Availity](#)
- (2) Login with your unique user ID



(3) Enter One-time backup code, (your codes will be added on your Next cloud)

Choose a method to receive your one-time code or elect to enter a security key

Authenticate me with my time-based authentication device.

Enter a one-time backup code

[Continue](#)

Please Note: Each backup code may only be used once. Using a backup code will require you to provide 2-step authentication next time you login.

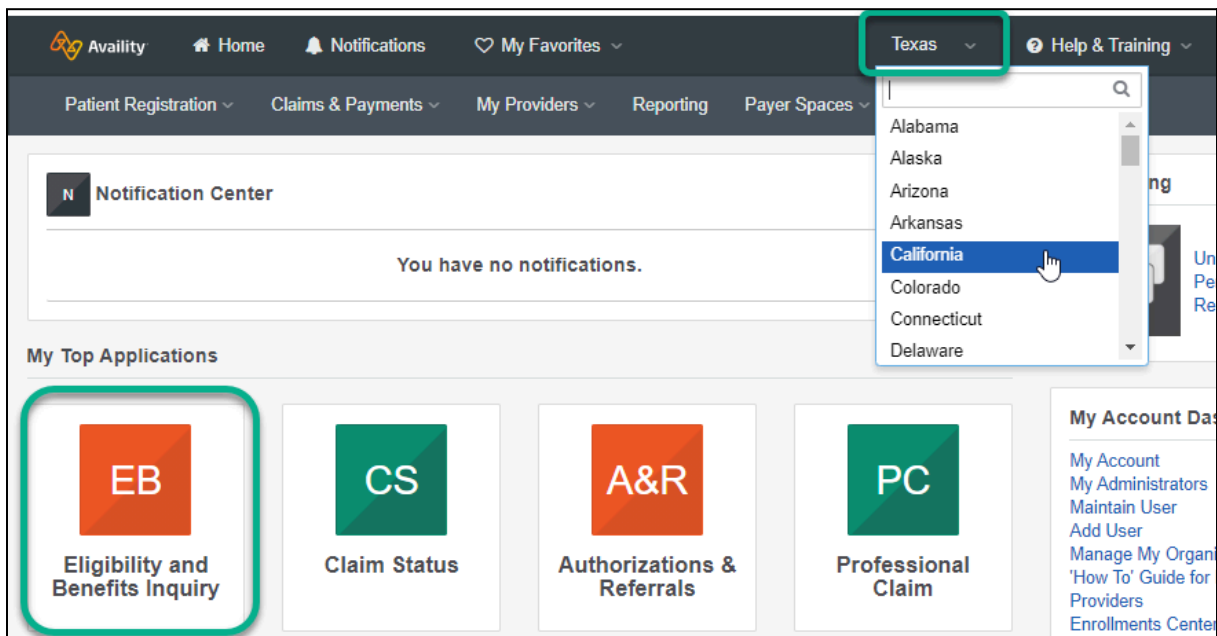
Backup Code

QJV5ADVVWP

Back Continue

- Availity will give you more backup codes once you use the last one listed on Next cloud, be aware to update the new codes on your Next Cloud.


(4) From the State dropdown, select California



(5) Some insurance companies list more information under California and Texas. For some plans, use the actual state where the patient lives.

(6) Enter the required information to submit a new request

- Payer: Insurance Company Name
- Provider: Select Natera from the dropdown
- NPI will populate after you select Natera
- As of Date: Today
- Benefit/Service Type:

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(f) Diagnostic Lab

- (i) If **not** available, then select:
- (ii) Health Benefit Plan Coverage
- (iii) Or Outpatient Hospital

(g) Select Patient ID and DOB from the dropdown

- (i) You may be able to search by patient name and DOB with some insurances

(h) Enter patient ID as it appears on the card

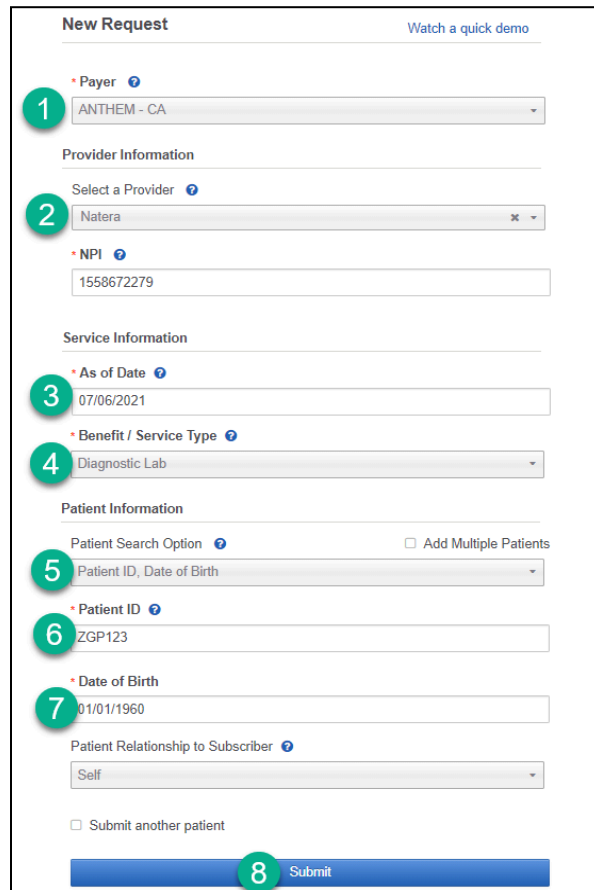
(i) Enter patient Date of Birth

(j) Click Submit

(7) Some payor may require additional information:

- (a) Place of Service: Diagnostic Lab, or Other
- (b) Provider Type: Professional
- (c) Patient First and Last Name

(8) Select the Coverage and Benefits tab



The screenshot shows a 'New Request' form with the following fields and callouts:

- 1**: Payer dropdown menu (ANTHEM - CA)
- 2**: Select a Provider dropdown menu (Natera)
- 3**: NPI text input field (1558672279)
- 4**: Service Information section, Benefit / Service Type dropdown menu (Diagnostic Lab)
- 5**: Patient Search Option dropdown menu (Patient ID, Date of Birth)
- 6**: Patient ID text input field (ZGP123)
- 7**: Date of Birth text input field (01/01/1960)
- 8**: Patient Relationship to Subscriber dropdown menu (Self)

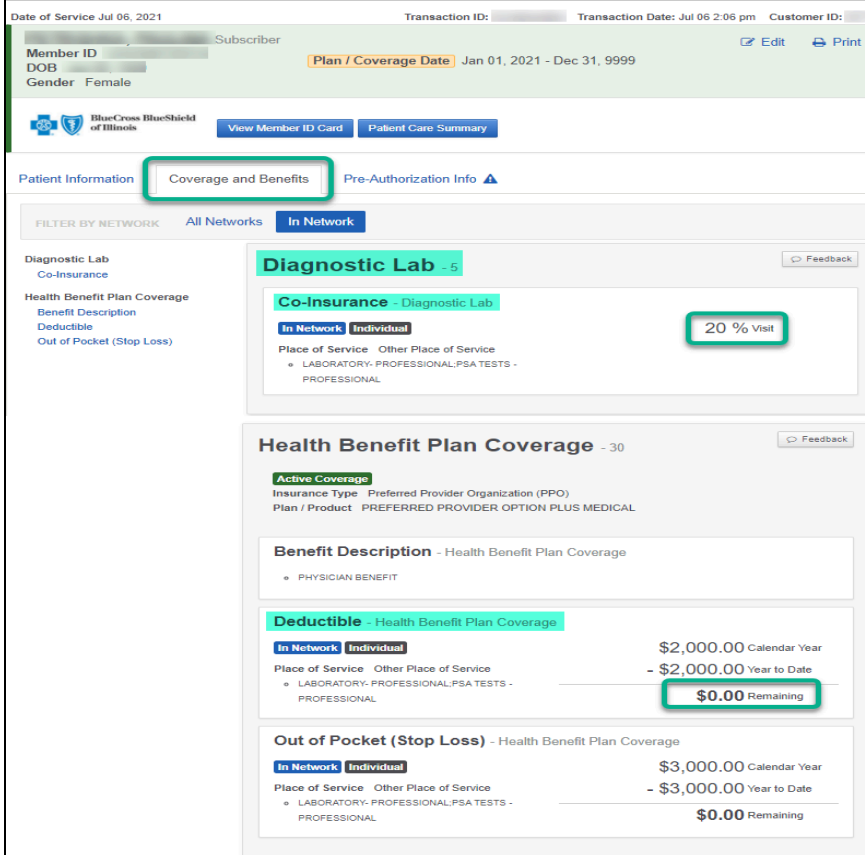
At the bottom of the form is a blue 'Submit' button.

- **Coinsurance**

- Locate and use the highest Co-Insurance percentage under the Diagnostic Lab (or Health Benefit Plan Coverage or Outpatient Hospital, **in that order**). If more than one coinsurance percentage is available, select the one for Diagnostic Lab, then general health plan benefit, or outpatient hospital if the first two are not available. Check the “Place of Service” to see which one may apply. Natera’s Place of Service is Diagnostic Lab, code = 81.


- **Deductible**

- Scroll down and locate the Deductible that is under Diagnostic Lab and/or Health Benefit Plan Coverage. If there is a family or individual deductible, go with the smallest remaining balance.

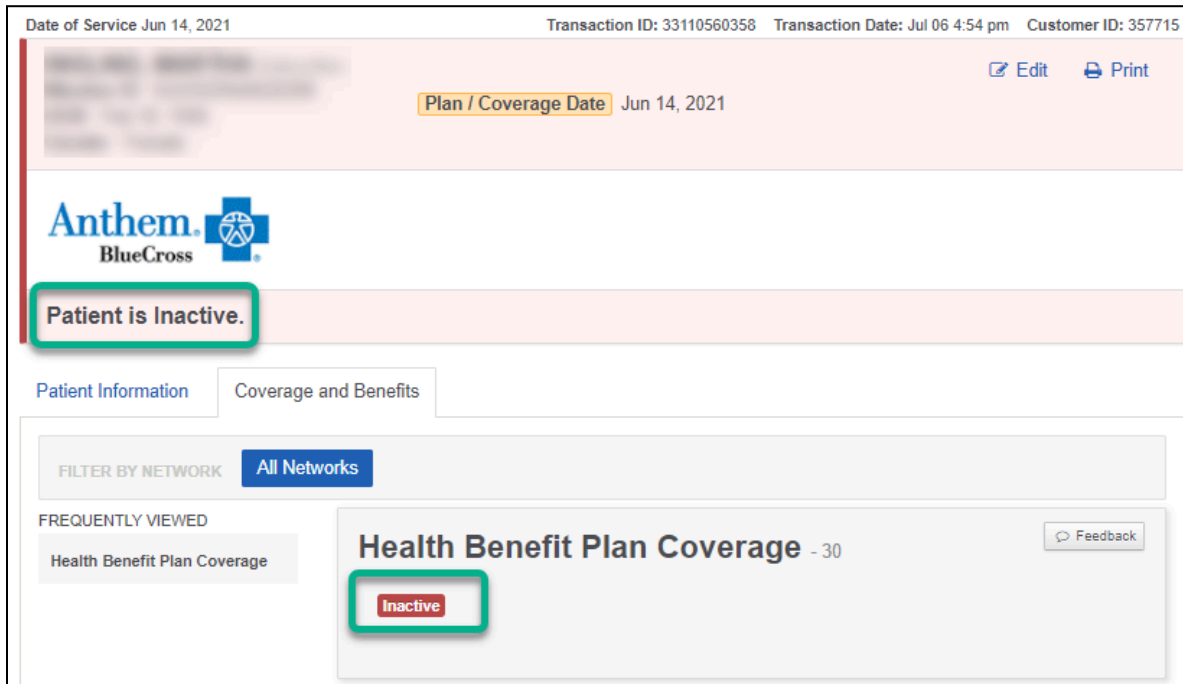


The screenshot displays a patient portal interface with the following details:

- Header:** Date of Service Jul 06, 2021; Transaction ID: [redacted]; Transaction Date: Jul 06 2:06 pm; Customer ID: [redacted]
- Subscriber Information:** Member ID [redacted], DOB [redacted], Gender Female. Plan / Coverage Date: Jan 01, 2021 - Dec 31, 9999.
- Navigation:** Patient Information, Coverage and Benefits (highlighted), Pre-Authorization Info.
- Diagnostic Lab - 5:**
 - Co-Insurance - Diagnostic Lab:** 20 % visit (highlighted). In Network / Individual.
- Health Benefit Plan Coverage - 30:**
 - Deductible - Health Benefit Plan Coverage:** \$0.00 Remaining (highlighted). In Network / Individual. Calendar Year: \$2,000.00; Year to Date: -\$2,000.00.
 - Out of Pocket (Stop Loss) - Health Benefit Plan Coverage:** \$0.00 Remaining. In Network / Individual. Calendar Year: \$3,000.00; Year to Date: -\$3,000.00.

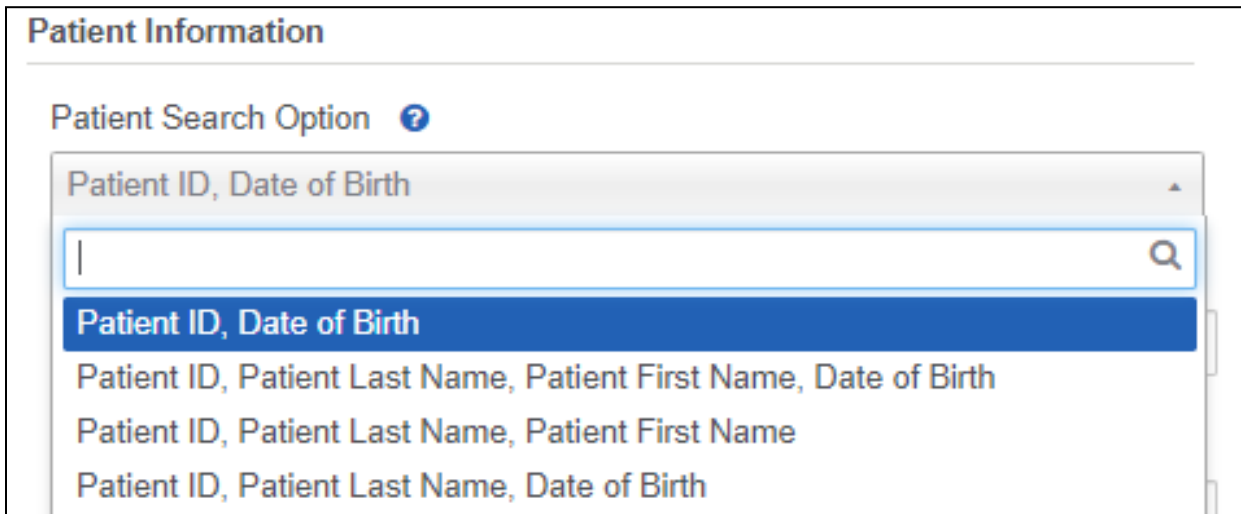
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- **Out of Pocket (Stop Loss)**
 - OOP is the most a patient has to pay for covered services in a plan year. After they spend this amount on deductibles, copayments, and coinsurance for in-network care and services, the health plan pays 100% of the costs of covered benefits.
 - When a patient has met their OOP, coinsurance and copays do not apply. Meaning their estimate will be \$0.
 - When OOP is not met, deductible, coinsurance, and copays do apply, but OOP is not factored into the estimate.
- **Copay**
 - A fixed amount (\$20, for example) a patient pays for a covered health care service after they've paid your deductible. Copayments (sometimes called "copays") can vary for different services within the same plan, like drugs, lab tests, and visits to specialists.
 - Use the copay only when the benefits specifically say the copay is for a Diagnostic or Independent Lab. Otherwise, deductible and/or coinsurance will be mostly used.
- **Scenarios**
 - Deductible doesn't show the remaining amount.
 - We recommend the patient contact their Insurance Company to find out how much is remaining on their deductible, or if they already know the remaining deductible and coinsurance percentage, refer to the Billing Calculator.
 - Not all plans have deductibles, so it may not show up.
- **BCBS Tips**
 - Try California Anthem first
 - If you cannot locate benefits, then try the actual plan's state
 - You can find the state by looking up the 3 letter alpha prefix on this [website](#).
 - For example, XOH is an alpha prefix for BCBS Illinois
 - BCBS NC, SC, VT, and Pennsylvania are administered by Avalon
 - BCBS Federal plans start with an R, and you should use the BCBS Federal calculator instead of the state
 - BCBS has several Medicaid plans. The patient will need to provide this information, or you may notice the Medicaid card does not have a suitcase logo
- **Policy is Inactive**
 - Patients with inactive policies will show up in red/pink. You need to collect new/updated insurance information from the patient in order to run an estimate.



- **Request Error - Subscriber Not Found**

- Troubleshoot by confirming the patient details (name and DOB) and insurance plan name.
- Try different Patient Search Options.



One possible explanation is some insurances are administered by a Third Party Administrator (TPA), and benefits may be available under the TPA, but not all TPAs are in a portal.

- UMR is a TPA for UHC
- Health Partners is a TPA for Cigna
- Wellspan is for Aetna

➤ Coastal is for BCBS Anthem

⚠ Subscriber/Insured Not Found - Please Correct and Resubmit

Transaction ID: [REDACTED]

Time Stamp: July 6 2021 5:39 PM

Communication Error

Try again later, or try again in another portal. For example, some BCBS plans are available in both Availity and Navinet. You need to complete the estimate later and communicate it with the patient.

⚠ Availity is experiencing connection problems with the health plan. Try your request again later. If the problem continues, contact Availity Client Services at 1.800.AVAILITY (282.4548). ✖

Transaction ID: 33002095620

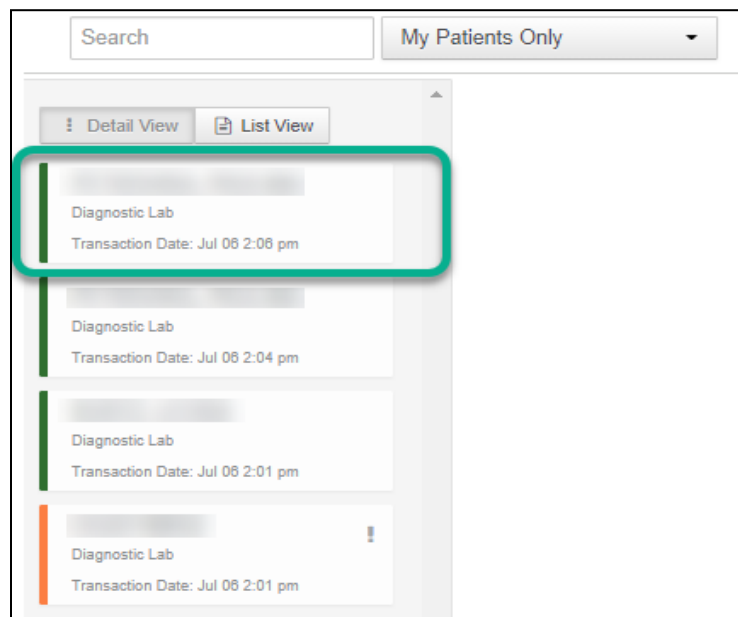
Time Stamp: July 6 2021 6:02 AM

🕒 We are unable to reach the payer at this time. We'll resend your request a few more times, or you can resubmit it. ✖

Time Stamp: July 6 2021 4:49 PM

⚠ Claim Status Inquiry and Eligibility and Benefits Inquiry transactions are currently unavailable. ✖

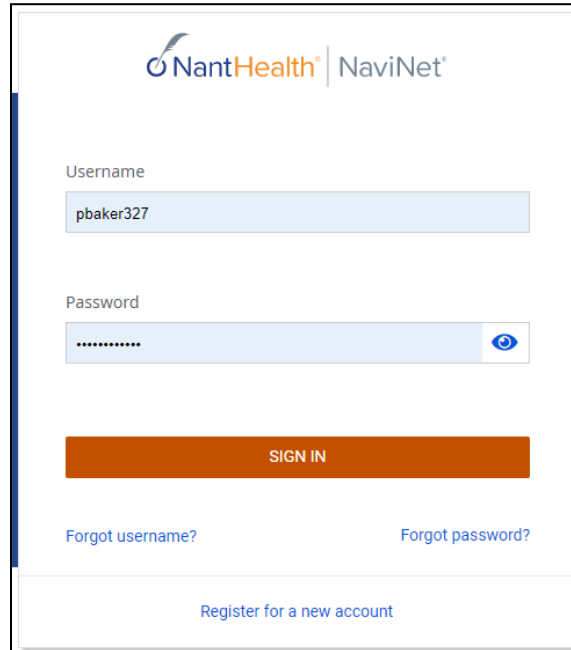
Sometimes Availity will automatically locate benefits later. These requests will show on the left side of your screen. Successful attempts will show in green.



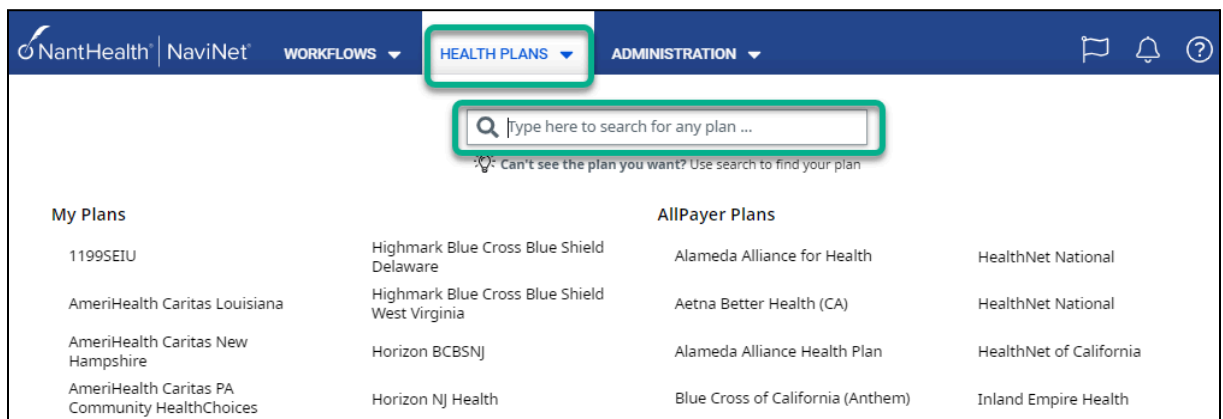
Navinet

For Cigna, UHC, and if the insurance does not pull up in Availity.

[Navinet Login Link](#)



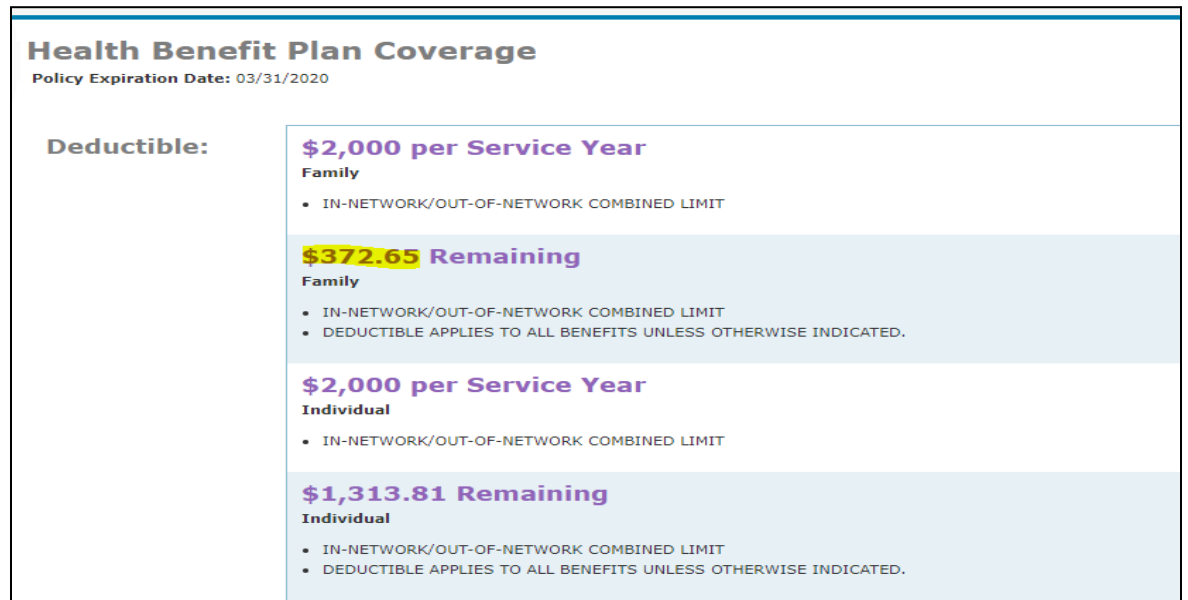
- Click on the “My Health Plans” dropdown and search or select the insurance company.



- Once the health plan comes up, select the “Eligibility and Benefits” in the Workflows for this Plan section on the left.



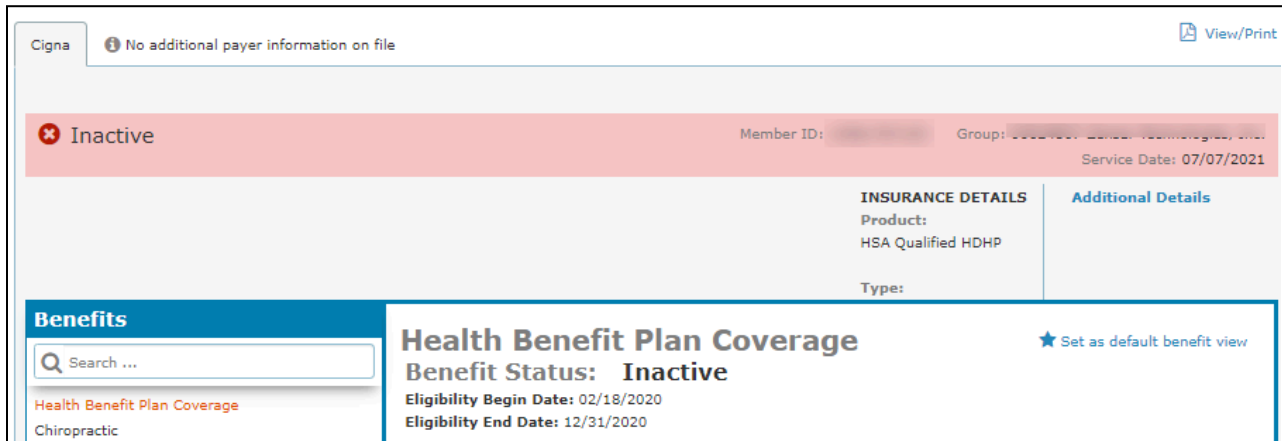
- Select Natera as the servicing provider, and enter the required information to search for the patient; member ID, DOB, name, Etc.
 - Capture the lowest remaining deductible from Individual or Family under the Health Benefit Plan Coverage. Use \$372.65 from the example below. Deductible should be the same across all benefit types (Health Benefit Plan Coverage and Diagnostic Lab).



- Select Diagnostic Lab if available. If not available, then select Hospital Outpatient to capture the co-insurance. Use 10% coinsurance from the example below.

- **Scenarios**

- Policy is inactive
 - Patients with inactive policies will show up in red/pink. You need to collect new/updated insurance information from the patient in order to run an estimate.



Cigna ⓘ No additional payer information on file View/Print

Inactive Member ID: [REDACTED] Group: [REDACTED] Service Date: 07/07/2021

INSURANCE DETAILS **Additional Details**

Product: HSA Qualified HDHP

Type:

Benefits

Search ...

Health Benefit Plan Coverage
Chiropractic

Health Benefit Plan Coverage ★ Set as default benefit view

Benefit Status: Inactive

Eligibility Begin Date: 02/18/2020
Eligibility End Date: 12/31/2020

- Member information is incorrect
 - This rejection means some piece of patient information is incorrect. You need to confirm the patient's name, DOB, member ID, and/or insurance name.

Eligibility and Benefits: Patient Search

- ✘ **Subscriber / Insured Not Found. Please Correct and Resubmit.**
- ✘ **Invalid / Missing Subscriber / Insured Name. Please Correct and Resubmit.**

Using the Billing Calculator


- Use the Remaining Balance value in the Billing Calculator Excel Sheet
 - Enter the Payor
 - For Horizon, enter the panel ordered
 - For Panorama, make sure the option of low risk is selected and select if is Micro deletions ordered or not.
 - Enter the Remaining Deductible and Coinsurance Percentage to the appropriate fields
 - Provide the patient to green for estimated out of pocket cost for insurance and the cash price in the white box with green text

Step 2	Enter Numbers from PokitDok or Availity or UHC Portals		
	Enter REMAINING DEDUCTIBLE	\$515	
		15%	
	Enter CO-INSURANCE		
	Get Estimate		
Step 3			
	Insurance Estimate	\$536.27	<i>If LESS THAN the Prompt Pay Cash Price, DO NOT call patient</i>
	Cash Price	\$249.00	<i>If GREATER THAN the Prompt Pay Cash Price, call patient and provide both options: 1. The insurance amount (which goes towards their deductible), or 2. The Prompt Pay Cash Price</i>
	Prompt Pay Cash Price		
	Panorama or Panorama 22q or Horizon4 or Horizon14	\$249	
	Panorama with Microdeletions or Horizon 27/106/137/274	\$349	
	Combo Kit - small panels	\$498	
	Combo Kit - one extended panel	\$598	
	Combo Kit - two extended panel	\$698	


Once the estimate is complete, reply with the INN template and update the estimated price range.

- Patients - Use patient estimate template (do not provide specific estimate in writing)
- Estimate Above Cash Price
- Estimate Below Cash Price
- Sales/CFS - Use Sales Email estimate template

<p>INN - Patient - OOP Above Cash</p>	<p>Thank you for contacting Natera!</p> <p>We estimate your out-of-pocket cost with your insurance to be above our discounted cash rate of [\$249 / \$349] for [test].</p> <p>Please call 844-384-2996 (press 1 for English, and then press 5) to discuss the estimate that I just generated and to choose the payment option that works best for you.</p> <p>Disclaimer: This pre-test insurance estimate may vary depending on the exact test ordered and insurance information provided once the test is completed.</p> <p>Have a great day!</p>
<p>INN - Patient - OOP below Cash</p>	<p>Thank you for contacting Natera!</p> <p>We have good news for you! We estimate your out-of-pocket cost with your insurance to be between [\$0 and \$200] for [insert test name], that's less than our discounted cash rate of \$*49.00.</p> <p>Disclaimer: This pre-test insurance estimate may vary depending on the exact test ordered and insurance information provided once the test is completed.</p> <p>We look forward to receiving your sample, and thank you for choosing Natera! Have a great day!</p>


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Specific scenarios scripts	
3rd party system - Patient	<p>Thank you for providing this information!</p> <p>Unfortunately, we were not able to complete your cost estimate because our third-party system did not locate your specific benefit information. Sometimes this happens, and we apologize for the inconvenience.</p> <p>Do you happen to know your remaining deductible and coinsurance percentage? With this information, we can run the estimate for you! If not, please call your insurance or check your online account to get those numbers. Then, give us a call at 844-384-2996 (press 1 for English, and then press 5), so we can discuss your options.</p> <p>Have a great day!</p>
3rd party system - CFS/Sales	<p>Thank you for providing this information! Unfortunately, we were not able to complete the cost estimate because our third-party system did not locate the patient's specific benefit information. Sometimes this happens, and we apologize for the inconvenience.</p> <p>If the patient happens to know their remaining deductible and coinsurance percentage, please provide this information to us, and we can run the estimate for you.</p>
Inactive Insurance	<p>Thank you for the information provided.</p> <p>We were not able to complete your cost estimate because our third-party system indicated the patient's insurance plan is currently inactive.</p> <p>You have a couple of options to resolve this, and then we will be glad to do another estimate for you:</p> <ul style="list-style-type: none"> ● Provide new or updated insurance information. ● If the insurance is active, the patient needs to contact the insurance provider and confirm their details, including member ID, remaining deductible, and coinsurance percentage. <p>Have a great day!</p>
Two insurances	<p>Thank you for contacting Natera!</p> <p>For patients who have both primary and secondary insurance, we estimate you will have little to no out-of-pocket cost. Typically the secondary insurance will pick up the cost of what was left over by your primary insurance.</p> <p>We look forward to receiving your sample and have a great day!</p>


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Specific Insurance Scripts	
Medicaid	<p>Thank you for contacting Natera!</p> <p>We have great news for you! Any payments made from Medicaid, we consider payment in full. Patients with Medicaid plans on the date of service do not have out-of-pocket costs for these tests with Natera.</p> <p>We look forward to receiving your sample, and thank you for contacting Natera!</p> <p>Have a great day!</p>
Tricare	<p>Thank you for the information provided.</p> <p>We have great news for you! Patients with TriCare insurance have a maximum out-of-pocket of \$150.00, that's less than our discounted cash rate of \$249.00 for Panorama.</p> <p>We look forward to hearing from you and thank you for choosing Natera!</p> <p>Have a great day!</p>

Specific Test Scripts	
Spectrum	<p>Thank you for contacting Natera!</p> <p>The test you are inquiring about is called Spectrum; it can support you by providing PGT-A and PGT-M screening; however, that test has its own department, and, unfortunately, we don't have the cost estimate for that test.</p> <p>For further assistance regarding this test, please contact our Spectrum department by email at spectrum-billing@natera.com or by phone to the number (650) 249-9091 ext. 297. Their hours of operation are Mon-Fri, 08:00 am to 05:00 pm PST.</p> <p>Have a wonderful rest of your week!</p>
Anora	<p>Thank you for contacting Natera!</p> <p>I apologize, we are unable to provide a specific estimate for this test. Most of our patients end up paying less than \$349 after their deductible has been met. If the deductible has not been met, you will be given the opportunity to pay the prompt pay price of \$349 rather than using your insurance.</p>


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	<p>Thank you for contacting Natera!</p>
Twins / Zygoty	<p>Thank you for contacting Natera!</p> <p>Based on our experience, we know this service is NOT covered by insurance companies.</p> <p>Insurance companies currently deny NIPT for twins as a non-covered service because they will consider this test still experimental.</p> <p>However, to ensure testing is affordable, you are eligible for our discounted prompt-pay cash price of US\$249.00 for Panorama 22q.11.2 NIPT Standard Panel -OR- US\$349.00 for Panorama Extended Panel with Microdeletions.</p> <p>We look forward to receiving your sample, and thank you for contacting Natera!</p> <p>Have yourself a wonderful rest of your week!</p>
Panorama Standard vs. Extended	<p>Panorama is a blood-based genetic prenatal screening test of the pregnant mom that screens for common chromosomal conditions that affect a baby's health. Panorama can be performed as early as nine weeks gestation. Most results will be returned to your doctor within 5-7 calendar days.</p> <p>Standard Panorama tests for trisomies 13,18, and 21 and for sex chromosome abnormalities; Monosomy X, Klinefelter, Triple X, and Jacob's syndromes.</p> <p>Your doctor may also recommend Extended screening for additional chromosomal conditions called microdeletions, including; 22q11.2 deletion, Prader-Willi, Angelman, 1p36 deletion, and Cri-du-chat syndrome.</p> <p>The baby's gender information can also be screened for with Panorama Standard or Extended.</p> <p>Have a great day!</p>
HCS Panel Differences	<p>We have multiple panel options for Horizon Carrier Screening, for example, Horizon 4, Horizon 14, Horizon 27, Horizon 106, and Horizon 274.</p> <p>You can find additional information about the panels on our website: https://www.natera.com/womens-health/horizon-advanced-carrier-screening/#pgmenu-tabs.</p> <p>Your doctor or a genetic counselor can help you decide which Horizon carrier screening panel is right for you.</p> <p>Have a great day!</p>

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HCS screens	<p>Thank you for following up!</p> <p>To check more information for each panel, please click the following link https://www.natera.com/womens-health/horizon-advanced-carrier-screening/what-it-screens/ and follow the instructions below:</p> <ul style="list-style-type: none"> - Click on the '+' sign next to Filter Screenings. - On 'Panel Options', select the panel number you are interested in or would like to find out more about. - Click on 'Apply'. <p>You will see a list of different genetic conditions and as well the Panel number that will be screening that condition, so then you can decide which panel number you will be taking.</p> <p>We appreciate your time!</p>
--------------------	--

Other Questions	
Schedule a blood draw	<p>Natera will cover the cost of your blood draw in the following ways:</p> <ul style="list-style-type: none"> ● Request a draw at a time and location of your choosing ● Or visit a Natera-approved lab near you <p>Visit our website or call into our Customer Experience department for more information:</p> <ul style="list-style-type: none"> ● https://my.natera.com/services/blood_draw ● 844-778-4700 <p>Have a great day!</p>
Why higher cost with insurance?	<p>The insurance cost estimate includes remaining deductible and/or coinsurance amounts, which can be higher than the cash price. The benefit of using your insurance is the cost will contribute to your deductible for the year.</p> <p>If you decide to do the cash price (self-pay), then the cost will be lower, but it will bypass your insurance and not contribute to your deductible.</p>
Discuss estimate over email	<p>Thank you for following up!</p> <p>The information for your cost estimate has been sent to our Pre-Test Estimates department and a live representative will be able to help you by providing the information and assisting with any other question you may have.</p>

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	<p>Please call 844-384-2996 (Option 1, then 5) to discuss the estimate, and to choose the payment option that works best for you.</p> <p>We appreciate your understanding!</p>
Customer Care (Support)	<p>You can contact our customer care department by calling to this number: (844) 778-4700.</p> <p>Have a great day!</p>
When will I be billed? <hr/> Do I need to pay now?	<p>Once we receive your sample in the lab, we will run an estimate of your out of pocket costs based on your insurance information at that time.</p> <p>If we estimate it to be over our cash price, we will send you an email or text message with your billing options so you can decide which one you prefer.</p> <p>You can pay the cash price at that time or choose to bill insurance, and then you may receive a statement afterwards.</p>

- Close Salesforce Ticket
 - Select Disposition:
 - Status: Closed
 - Disposition Code Level 1: Natera PTE
 - Disposition Code Level 2: Select option Generated Estimate/Unable to generate estimate
 - Disposition Code Level 3: Select option according to outcome
 - Disposition Code Level 4: Select third party tool used to identify patient's benefits if no tool used but received information from the patient, select Billing Calculator
- Log case on [PTP-PTE Estimates form](#)
**Panamericom will keep a record for future calls from the same patient on [this file](#)*

Salesforce Omni-Channel Chat

Background

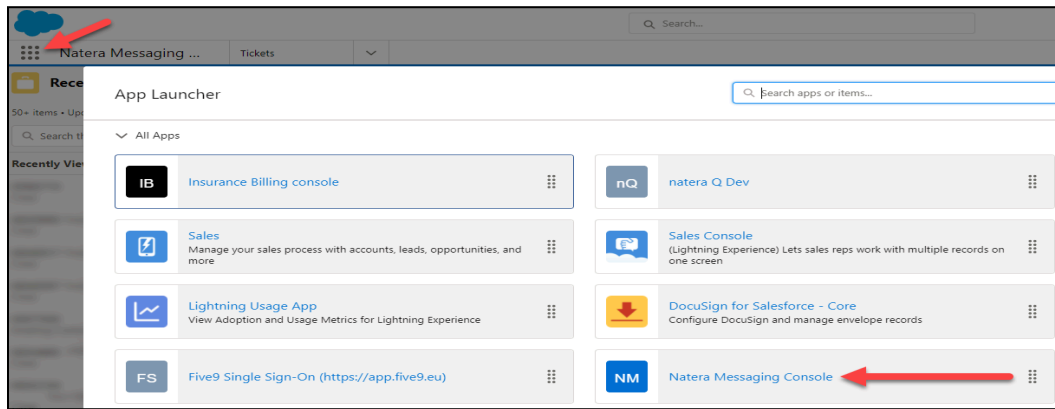
The maximum number of open chats per agent is 5

Salesforce access is provided to specific users by Natera, and the Omni-Channel application must be assigned to users.

Access

Login through Salesforce: <https://natera.my.salesforce.com/>

Click on the waffle iron icon and locate Natera Messaging Console



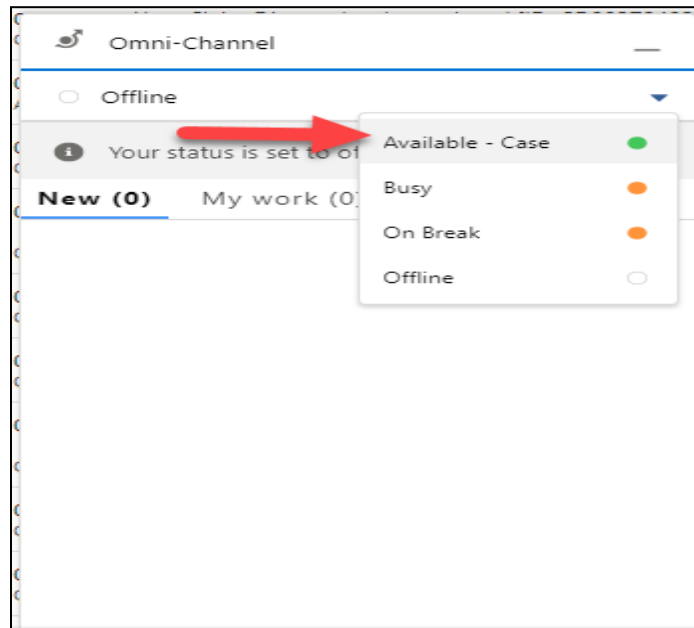
Click on Omni-Channel at the bottom of your screen



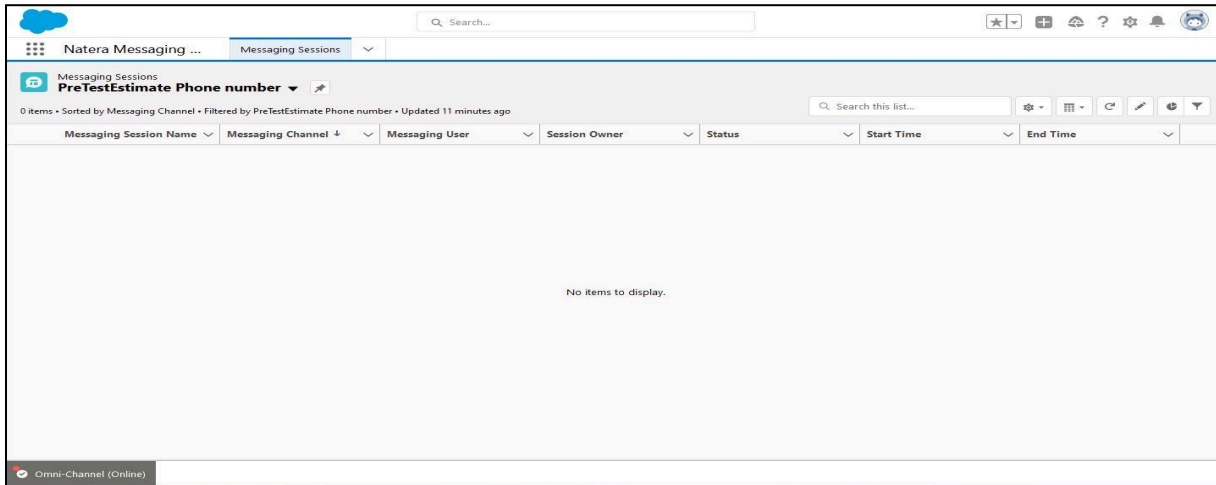
Instructions

Set status to Available

Set your status to Available in Omni-Channel. You may receive texts/messages as soon as you change your status to available



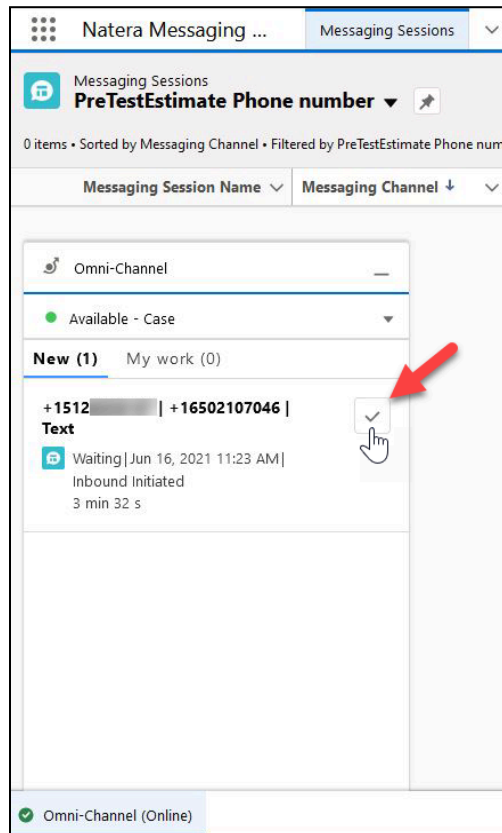
Your default screen will show your current and closed “Messaging Sessions”



Accept Chat Message

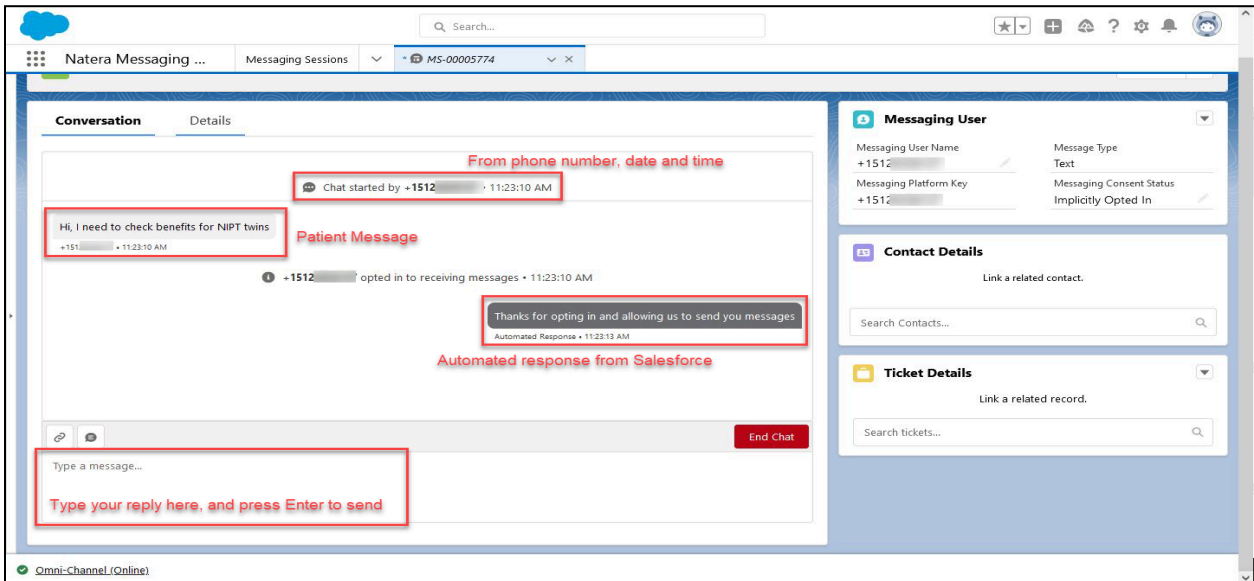
Incoming messages will show up in the Omni-Channel Box

You need to click the check mark to accept the chat

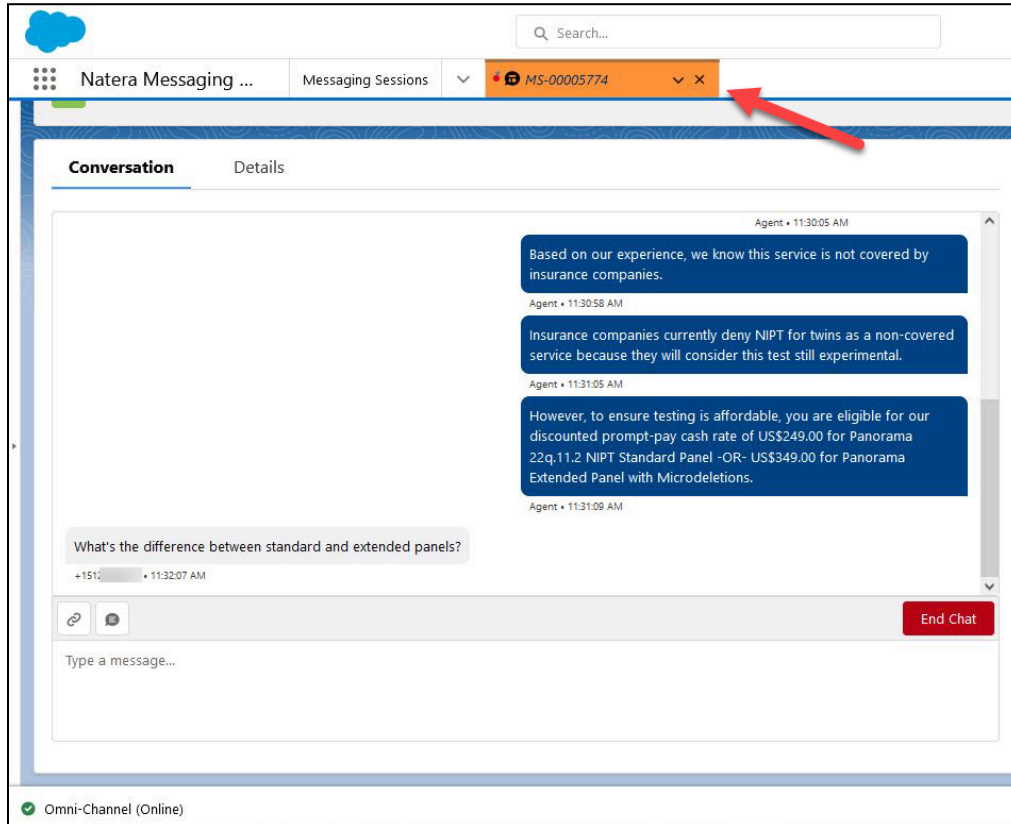


Reply with appropriate script

Once you accept the chat, read the patient's message and reply with the appropriate script

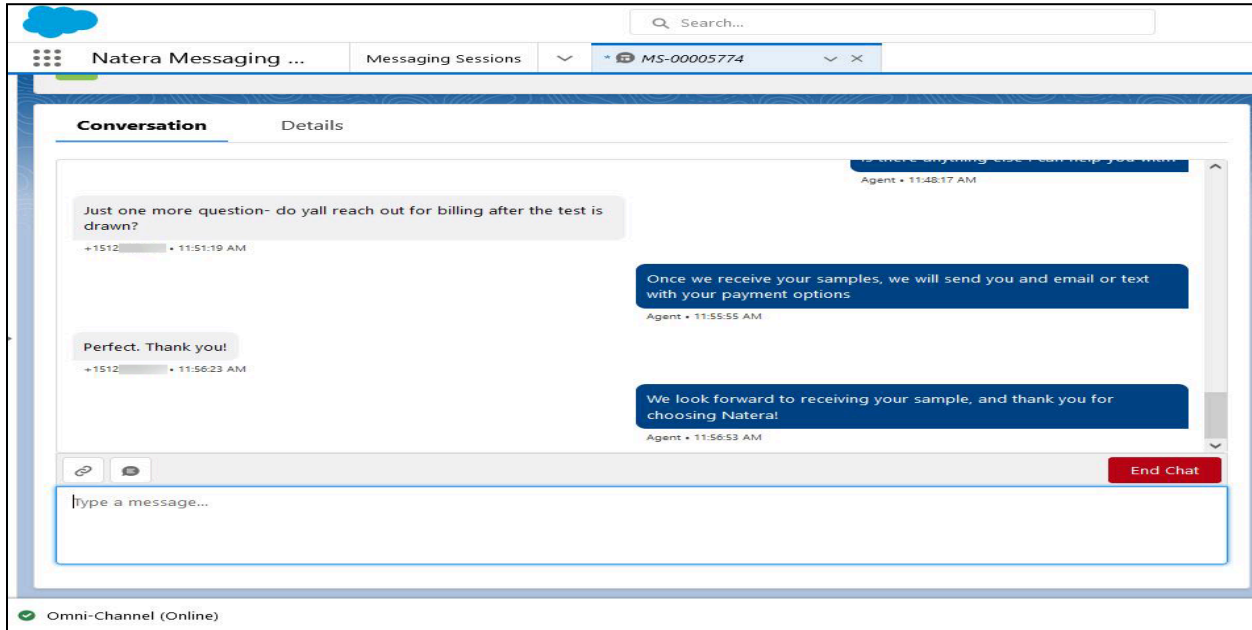


When a patient replies, the message tab will turn orange. Return to the chat and answer further questions



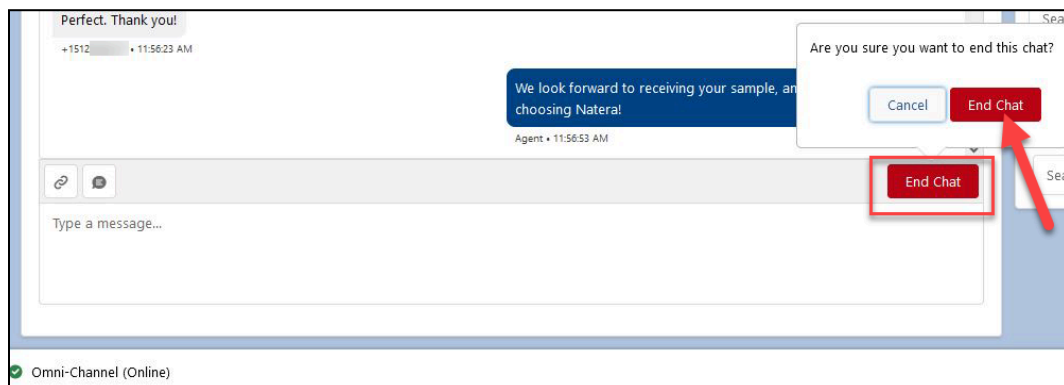
Closing

Use closing script when patient inquiries have been resolved



End Chat

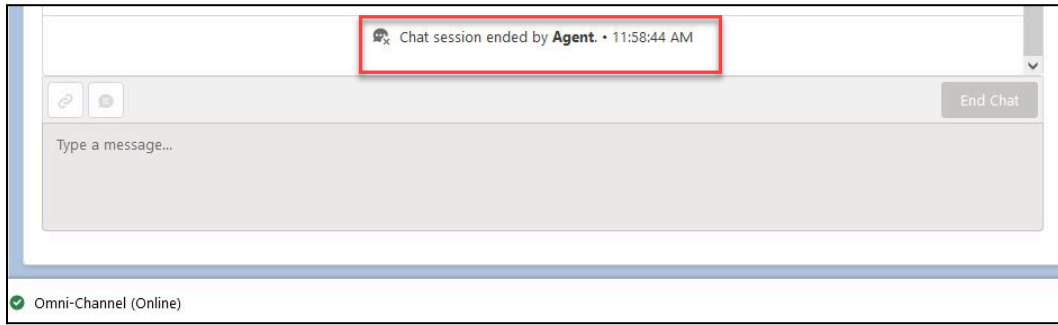
End the chat when it comes to a natural close, or when the patient has not responded for 10 minutes



Chat Ended

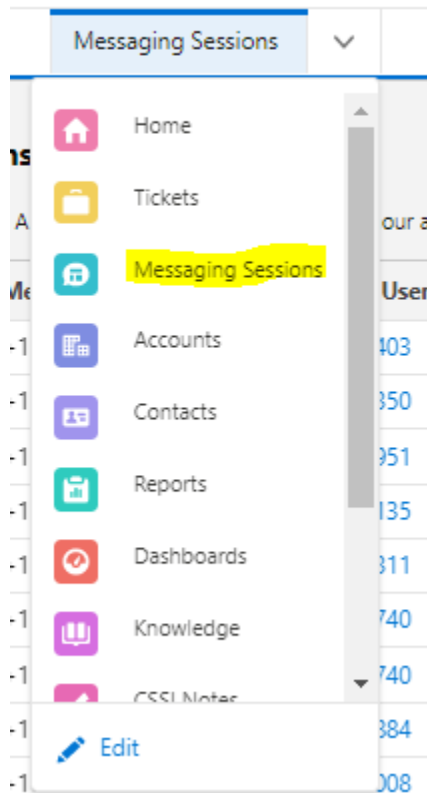
If a patient replies to a closed chat, it will show up in the queue and any agent can see the transcript with the previous agent

Patients cannot end chats since the messages are through text message

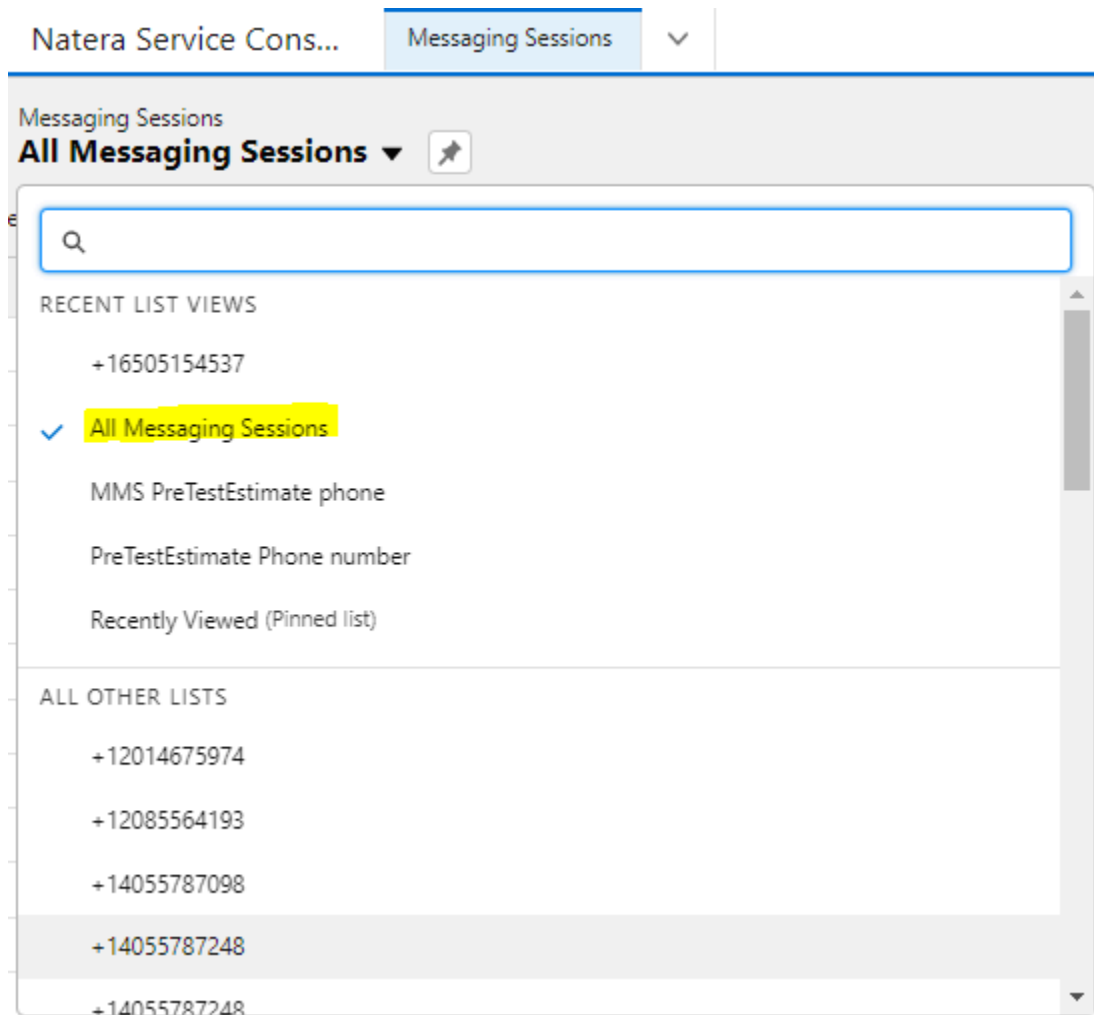


Text messages history verification

- From dropdown menu select “Messaging Sessions”




- Once in Messaging Sessions console, from the dropdown menu, scroll down until “All Messaging Sessions” appear and select that option

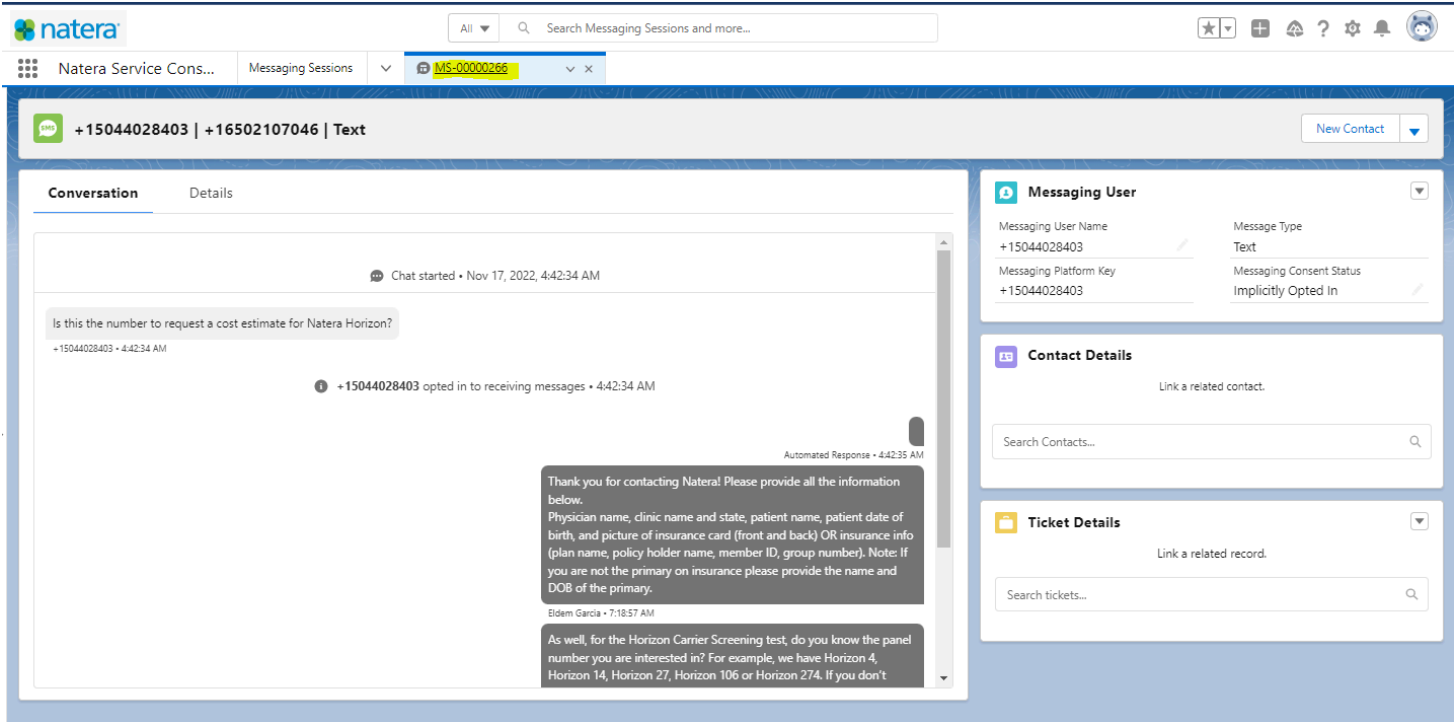


- We can use the tool “Find” (ctrl+f) of our browser to find the patient’s phone number and then click on the interaction session (usually a number that starts with MS-)

	Messaging Ses...	Messaging Cha...	Messaging User	Session ...	Platform ...	Status ↑	Start Time	End Time	Channel Name	Message...	Message...
1	MS-0000266	+16502107046	+15044028403	egarc	Standard	Ended	11/17/2022, 4:42 AM	11/17/2022, 7:31 AM	+16502107046		
2	MS-0000267	+16502107046	+14138839350	egarc	Standard	Ended	11/17/2022, 7:46 AM	11/17/2022, 8:25 AM	+16502107046		

- Once we find the interaction we are looking for, we can click on the interaction number and it will open a new tab (within salesforce) that will display the previous interactions with the patient, including the information or pictures they sent and our replies.

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Text messages are received in the “Natera Messaging” application in Salesforce

- Login to Salesforce
- Open the Omni-Channel window
- Set your status to Available
- Receive text message and click check mark to accept message
 - Reply to message as soon as possible of receipt
- Review information received and open pictures, when applicable
- Request required information, if applicable. Use Missing Information template.
- Apply appropriate script, as needed
 - INN Insurance

Run estimate

Estimate complete

Use INN-OOP **below cash** template when estimate is less than <\$249/\$349 for a single test, or less than <\$498/\$598/\$698 for a combo kit

Update \$0 to \$100 with estimate range (example: estimate is \$178, then input \$150 to \$199)
Use INN-OOP **above cash** template when estimate is more than >\$249/\$349 for a single test, or more than >\$498/\$598/\$698 for a combo kit

Estimate failed


OON Insurance

Do not run estimate

Reply with OON insurance template

End chat with Closing Script

- If patient does not reply in 10 minutes, close chat/text


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- If patient ends up replying to the text, then the message will go into the queue and agent will be able to see previous conversation


Log case on [PTP-PTE Estimates form](#)

**Panamericom will keep a record for future calls from the same patient on [this file](#)*

Text Message Templates	
Missing information	<p>Thank you for contacting Natera! We would be happy to provide you with an estimate. Please provide the following information to get started:</p> <ul style="list-style-type: none"> • Test you're considering: • Physician name: • Clinic's name and state: • Patient's name: • Patient's date of birth: • Picture of insurance card (front and back) OR insurance info (plan name, policyholder name, member ID, group number) • If other than the patient, provide the Name and DOB of the primary insured person:
INN - OOP below cash	<p>We have good news for you! We estimate your out-of-pocket cost with your insurance to be between [\$0 and \$200] for [insert test name], that's less than our discounted cash rate of \$*49.00.</p> <p>Disclaimer: This pre-test insurance estimate may vary depending on the exact test ordered and insurance information provided once the test is completed.</p> <p>We look forward to receiving your sample, and thank you for choosing Natera!</p>
INN - OOP above cash	<p>Thank you for contacting Natera!</p> <p>We estimate your out-of-pocket cost with your insurance to be above our discounted cash rate of [\$249 / \$349] for [test].</p> <p>Please call 844-384-2996 (press 1 for English, and then press 5) to discuss the estimate that I just generated, and to choose the payment option that works best for you.</p> <p>Disclaimer: This pre-test insurance estimate may vary depending on the exact test ordered and insurance information provided once the test is completed.</p> <p>We look forward to hearing from you!</p>
OON	<p>Thank you for the information provided! Unfortunately, your insurance provider is out of network with our laboratory and we can't provide an estimate.</p> <p>However, to ensure testing is affordable, you are eligible for our discounted prompt-pay cash rate of \$249.00 for Panorama 22q.11.2 NIPT Standard Panel -OR-</p>

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	<p>\$349.00 for Panorama Extended Panel with Microdeletions.</p> <p>Also, the cash price for the Horizon carrier screening can be either \$249 or \$349 depending on the size of the panel ordered. For example, we have Horizon 4, Horizon 14, Horizon 27, Horizon 106 and Horizon 274.</p> <p>Have a great day!</p>
<p>When will I be billed?</p> <p>_____</p> <p>Do I need to pay now?</p>	<p>Once we receive your sample in the lab, we will run an estimate of your out of pocket costs based on your insurance information at that time.</p> <p>If we estimate it to be over our cash price, we will send you an email or text message with your billing options so you can decide which one you prefer.</p> <p>You can pay the cash price at that time or choose to bill insurance, and then you may receive a statement afterwards.</p>
<p>Closing Script</p>	<p>Is there anything else I can help you with?</p> <p style="text-align: right;"><i>Patient replies No</i></p> <p>We look forward to hearing from you and thank you for choosing Natera!</p> <p style="text-align: right;"><i>Patient does not reply after 10 minutes</i></p> <p>We look forward to hearing from you and thank you for choosing Natera!</p>
Specific Test Scripts	
<p>Spectrum Test (PGS, PGD, PGT)</p>	<p>Thank you for contacting Natera. Your specific test is handled by a dedicated team. You can contact them for any questions about your Spectrum test at spectrum-billing@natera.com.</p>
<p>Anora Test (INN or OON)</p>	<p>I apologize, we are unable to provide a specific estimate for this test. Most of our patients end up paying less than \$349 after their deductible has been met. If the deductible has not been met, you will be given the opportunity to pay the prompt pay price of \$349, rather than using your insurance. Thank you for contacting Natera!</p>
Specific Insurance Scripts	
<p>Medicaid</p>	<p style="text-align: right;"><i>For Panorama, Horizon, Anora</i></p> <p>It looks like you have a Medicaid plan. Patients with medicaid insurance on the date of service will not have any out of pocket costs for this test, because Natera considers the payment from your Medicaid as payment in full.</p> <p style="text-align: right;"><i>Wants estimate</i></p> <p>As a patient covered by Medicaid, you will not have any out of pocket costs.</p>
<p>Tricare</p>	<p style="text-align: right;"><i>For Panorama, Horizon, Anora</i></p> <p>Since you have Tricare insurance, your maximum out of pocket cost will be \$150.</p>
<p>Secondary Insurance</p>	<p>Thank you for contacting Natera!</p>

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	<p>We estimate you will have little to no out of pocket cost since you have both primary and secondary insurances. Typically, the secondary insurance will pick up the cost that was left over by your primary insurance.</p> <p>We look forward to hearing from you and thank you for choosing Natera!</p>
Molina of Michigan, Blue Care Network, McLaren Health	<p>Thank you for all the information provided, we appreciate your time!</p> <p>Please call us at 1-650-540-9144 to discuss the estimate with one of our agents and to choose the payment option that works best for you.</p> <p>We appreciate your understanding, have a wonderful rest of your week!</p>

Payment Portal

- pay.natera.com/ptp

Help us Confirm Your Identity

Last Name

Zip Code


Date of Birth

MM

DD

YYYY


I'm not a robot



reCAPTCHA
Privacy · Terms

Next →


Financial Assistance



Natera offers financial assistance for low income households. Patients who qualify for our compassionate care program will receive a Natera genetic testing bill for no more than \$149 per test and may owe nothing, you'll be able to apply on the following page.

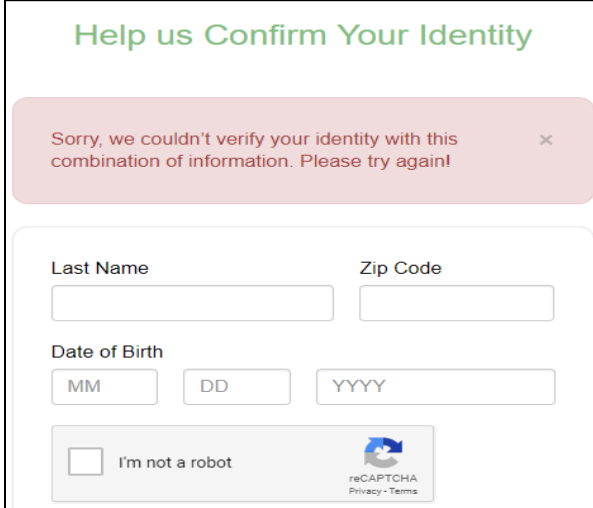
Questions? Please call 844-384-2996 option 6.

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○ **Portal Errors**

- “Sorry we couldn’t verify your identity with this combination of information. Please try again!”



Case call status Cannot_determine

Patient doesn't want estimate but wants to pay.

Portal not allowing to access due to call status

In Natera care go to deductible option and type in 6 times the number 3

After adding the number 3 click on manual calculate and try again the portal.

If doesn't work escalate with css for paper receipt if patient wants to pay cash.

- If portal not allowing to access due to zip code incorrect

Ask patient for the correct zip code

Send information to Csx

Advise patient to try again after 24/48 business hours.

- Identity incorrect (first /last name or DOB incorrect) (Escalate with Csx will be updated in 24/48 business hours).

Cases that will not open in portal

- Call status contact not required
- Combo cases but one was auto closed

Provide estimates over the phone if the portal shows this error.

Providing CPT Codes

Agents may receive inbound calls requesting CPT codes we will bill to the insurance. These are provided to the callers so they may check coverage with their insurance company. Follow the instructions below to locate CPT codes based on test type.

- Open Natera Care Market Access App
- Click on “CPT” Tab
- Type in/locate test name
- Provide all the codes to the patient
- Not necessary to provide the quantity billed
- “Yes, I can provide those to you. Give me a moment to look them up for your test.”
- “The CPT/procedure codes for your [test name] test are [insert codes].”

Identifying Redraw and Combo Cases

Case 23 [REDACTED]

Assigned To: jeneliko@natera.com

Contact Info

Patient Phone Number	[REDACTED]	Send SMS
Opt-out Status for Text	OPT-IN	
Text Sent Status	REDRAW	
Patient Email	[REDACTED]	
Opt-out Status for Email	OPT-IN	
Email Sent Status	REDRAW	

Call Info

Test Type	NPT
Call or not call	Call
Disposition	CONTACT_REQUIRED
Patient Sign	YES
Req Form Type	UNIV-11
Req Form	View Req Form
Is Redraw	YES
Redraw For	22 [REDACTED]
Is Combo	YES
Combo With	23 [REDACTED]
Prompt Pay Cash Price	\$349.00
Total Insurance Bill Expected	\$700.00
Total Out of Pocket Expected	\$700.00
Payor Group	INN

Insurance vs. Self Pay Prices

Case 23 [REDACTED]

Assigned To: jeneliko@natera.com

Contact Info

Patient Phone Number	[REDACTED]	Send SMS
Opt-out Status for Text	OPT-IN	
Text Sent Status	REDRAW	
Patient Email		
Opt-out Status for Email	OPT-IN	
Email Sent Status	REDRAW	

Call Info

Test Type	NPT
Call or not call	Call
Disposition	CONTACT_REQUIRED
Patient Sign	YES
Req Form Type	UNIV-11
Req Form	View Req Form
Is Redraw	YES
Redraw For	22 [REDACTED]
Is Combo	YES
Combo With	23 [REDACTED]
Prompt Pay Cash Price	\$349.00
Total Insurance Bill Expected	\$700.00
Total Out of Pocket Expected	\$700.00
Payor Group	INN

- Identifying information in LIMS
 - Search

Data Entry
Search Cases
Panorama Search and Link
Search Clinics
GC Templates
Categories
Reason Codes
Transloc

Find Case

Case ID

Patient Name

Clinic Name

Physician Name

Donor

Tracking Number

Accession ID

Patient DOB

Product Type

Kit Identifier

Partner Name

Original Kit Barcode

1 Cases found that matched the search criteria


Case ID	Test Type	Name	DOB (yyyy-mm-dd)	Partner	Physician	Clinic	Third party ID	Samples	Egg Donor	Sperm Donor	Case Closed Date
23	NPT			-	Jamie South	Brazos Valley Women's Center		Patient: [] Partner: []	-	-	

- Locating case notes in LIMS
 - **Notes**
 - **Add note**
 - **Add notes** here only when case not in Natera care

Case Samples

Id	Barcode	Type	Tube Note	Collection Date	Blood Volume	State	Destination	Disposal State
	1-2-BXE	Blood		2019-00:00:00.0	6.0	SAMPLE_SENT_TO_LV	NATERA_LAB	DISPOSAL_STATE_RETAINED

Notes

Subject	Body	User	Date	Attachments
IDE	...[+]	rwood@natera.com	2019-09-08 11:34	
QC	...[+]	jbilly@natera.com	2019-09-07 18:24	
Scanned paperwork	Imported from scanner batch 'B...[+]	pgathodu@natera.com	2019-09-07 16:15	27 .pdf  Requisition Form
Horizon Accessioning Images	...[+]	pgathodu@natera.com	2019-09-07 15:33	accessioning_image .jpg , accessioning_image .jpg , accessioning_image .jpg , accessioning_image .jpg
HL7 Order XML	...[+]		2019-09-06 09:44	orm.xml

Add Note

Photo	Show/Hide Camera
Subject	<input type="text"/>
Body	<div style="border: 1px solid #ccc; height: 100px;"></div>
Attachments	

Add

- Sample received date
 - Located in Notes on the “Accessioning Images” line

Notes

Subject	Body	User	Date	Attachments
FORC	...[+]		2019-11-22 05:38	
PTP	PTP/Case closed to Insurance. ...[+]		2019-11-20 11:11	
IDE	...[+]		2019-11-15 19:13	
Scanned paperwork	Imported from scanner batch 'B...[+]		2019-11-15 16:10	...pdf
Accessioning Images	...[+]		2019-11-15 14:53	accessioning_image...jpg, accessioning_image...jpg, accessioning_image...jpg
HL7 Order XML	...[+]		2019-11-14 06:56	...orm.xml

Scanned paperwork	Imported from scanner batch 'B...[+]		2019-05-25 19:06	...pdf
Accessioning Images	...[+]		2019-05-25 18:22	accessioning_image...jpg, accessioning_image...jpg
Accessioning Note	Note: Sample 2-2: OKL...[+]		2019-05-25 18:22	

May 25, 2019

Locating test results in LIMS

Test results











Published	Amended	Sent on	Sent to	Sent By	Job
<input checked="" type="checkbox"/>		2019-03-08 11:55	Fax: 8012168357; HL7: results-out	egay@natera.com	<div style="border: 1px solid red; padding: 2px; display: inline-block;">NPT_2357368-31200371.pdf</div> <div style="border: 1px solid red; padding: 2px; display: inline-block; margin-left: 5px;">ORU_2357368.hl7</div>
					<div style="border: 1px solid red; padding: 2px; display: inline-block;">NPT_2357368-31200371.pdf</div> <div style="border: 1px solid red; padding: 2px; display: inline-block; margin-left: 5px;">ORU_2357368.hl7</div>

Case Samples










Test results

Nothing found to display.

High Risk

Patient Information Patient Name: [REDACTED] Date of Birth: [REDACTED] Maternal Age at EDD: [REDACTED] Gestational Age: [REDACTED] Maternal Weight: [REDACTED] Patient ID: [REDACTED] Collection Kit: [REDACTED] Reference ID: [REDACTED] Case File ID: [REDACTED]	Test Information Ordering Physician: [REDACTED] Clinic Information: [REDACTED] Additional Reports: N/A Report Date: [REDACTED] Samples Collected: [REDACTED] Samples Received: Mother Blood	 ABOUT THIS SCREEN: Panorama™ is a screening test, not diagnostic. It evaluates genetic information in the maternal blood, which is a mixture of maternal and placental DNA, to determine the chance for specific chromosome abnormalities. The test does NOT tell with certainty if a fetus is affected, and only tests for the conditions ordered by the healthcare provider. A low risk result does not guarantee an unaffected fetus.									
FINAL RESULTS SUMMARY <table border="0"> <tr> <td><i>Result</i></td> <td><i>Fetal Sex</i></td> <td><i>Fetal Fraction</i></td> </tr> <tr> <td>HIGH RISK for Trisomy 21</td> <td>Not reported</td> <td>25.4%</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table> <p><i>This is a screening test only. Genetic counseling and diagnostic testing should be offered to further evaluate these findings.</i></p> <p>Panorama analyzes DNA from the placenta. In some cases placental DNA can differ from that of the fetus; therefore, no irreversible decisions should be made based upon results of this screening test alone.</p>			<i>Result</i>	<i>Fetal Sex</i>	<i>Fetal Fraction</i>	HIGH RISK for Trisomy 21	Not reported	25.4%			
<i>Result</i>	<i>Fetal Sex</i>	<i>Fetal Fraction</i>									
HIGH RISK for Trisomy 21	Not reported	25.4%									
											

Low Risk

FINAL RESULTS SUMMARY <table border="0"> <tr> <td><i>Result</i></td> <td><i>Fetal Sex</i></td> <td><i>Fetal Fraction</i></td> </tr> <tr> <td>LOW RISK</td> <td>Male</td> <td>10.5%</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>			<i>Result</i>	<i>Fetal Sex</i>	<i>Fetal Fraction</i>	LOW RISK	Male	10.5%			
<i>Result</i>	<i>Fetal Sex</i>	<i>Fetal Fraction</i>									
LOW RISK	Male	10.5%									
											

No Results Reported

FINAL RESULTS SUMMARY: TWINS <table border="0"> <tr> <td><i>Result</i></td> <td><i>Zygosity</i></td> <td><i>Fetal Sex</i></td> <td><i>Fetal Fraction(s)</i></td> </tr> <tr> <td>Insufficient fetal DNA</td> <td>Dizygotic FRATERNAL TWINS</td> <td>N/A</td> <td>2.4%, 2.3%</td> </tr> </table> <p><i>There is not enough fetal DNA in the sample to produce a result. The amount of fetal DNA is influenced by many factors including normal variation, gestational age, maternal weight, and, rarely, a chromosome abnormality. Natera will accept a repeat sample. The</i></p>				<i>Result</i>	<i>Zygosity</i>	<i>Fetal Sex</i>	<i>Fetal Fraction(s)</i>	Insufficient fetal DNA	Dizygotic FRATERNAL TWINS	N/A	2.4%, 2.3%
<i>Result</i>	<i>Zygosity</i>	<i>Fetal Sex</i>	<i>Fetal Fraction(s)</i>								
Insufficient fetal DNA	Dizygotic FRATERNAL TWINS	N/A	2.4%, 2.3%								

Updating fields in Care

Update Case

Workflow Status

Patient First Name

Patient Last Name

Patient DOB


Insurance Carrier

Suggested carriers will appear as you type.

Member ID

Amount Proposed for Payment

Amount Paid

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Commonly used notes

<ul style="list-style-type: none"> • PTP - Called Pt to get email address. No answer, left VM. 1st attempt. • PTP -called pt to get email address.PT verified hipaa /PT will callback/ Pt is aware of 7 days. • PTP-Called PT to get PT email address, PT provided email,sent BN info via email.
<ul style="list-style-type: none"> • PTP-Called Pt to get the email address. Pt hung up after opening. Notes added in case pt calls. • PTP- Called PT to get email address. Verified hipaa.PT will view information online. • PTP-called PT to get email address .PT Verified hipaa/ Pt said they want pre-pay. Pt will pay in portal. Pt is aware of 7 days.
<ul style="list-style-type: none"> • PTP-Closed case to ins due to OON • PTP-Closing case to insurance due to high risk results. • PTP/Case reviewed.Case closed to Insurance due to no phone number found.
<ul style="list-style-type: none"> • PTP closed case to ins due to PTPA. • PTP/case closed to ins/The Valley Hospital - MFM. • PTP/case closed to ins/Stamford hospital MFM.

Applying Filters to Call Status

Cases

[New Cases](#) | [In Progress Cases](#) | [Outdated Cases](#) | [Closed Cases](#) | [Automated Estimate Cases](#) | [Queued Cases](#)


Toggle Columns | **Column Filters** | Clear Filters

Amount Paid <input type="text" value="Amount Paid"/>	Amount Proposed For Payment <input type="text" value="Amount Proposed For Paym"/>	Assigned To <input type="text" value="Assigned To"/>	Call Status <input type="text" value="Left voicemail 2nd"/>	Carrier <input type="text" value="Carrier"/>	Clinic ID <input type="text" value="Clinic ID"/>
Clinic Name <input type="text" value="Clinic Name"/>	Coinsurance Benefit % <input type="text" value="Coinsurance Benefit %"/>	DOB <input type="text" value="Set Date Filters"/>	Disposition <input type="text" value="Disposition"/>	First Name <input type="text" value="First Name"/>	Gender <input type="text" value="Gender"/>
High Or Low Risk <input type="text" value="High Or Low Risk"/>	ID <input type="text" value="ID"/>	Kit Received Date <input type="text" value="Set Date Filters"/>	Last Name <input type="text" value="Last Name"/>	Member ID <input type="text" value="Member ID"/>	Number of Inbound Calls <input type="text" value="Number of Inbound Calls"/>
Option Patient Chose <input type="text" value="Option Patient Chose"/>	PTP Case Created <input type="text" value="Set Date Filters"/>	Payor Group <input type="text" value="Payor Group"/>	Payor ID <input type="text" value="Payor ID"/>	Phone Number <input type="text" value="Phone Number"/>	Physician NPI # <input type="text" value="Physician NPI #"/>
Prompt Pay Cash Price <input type="text" value="Prompt Pay Cash Price"/>	Remaining Deductibles <input type="text" value="Remaining Deductibles"/>	Result Found <input type="text" value="Result Found"/>	Result No Found Reason <input type="text" value="Result No Found Reason"/>	Service Date <input type="text" value="Set Date Filters"/>	Service Provider API <input type="text" value="Service Provider API"/>
Subscriber DOB <input type="text" value="Set Date Filters"/>	Subscriber First Name <input type="text" value="Subscriber First Name"/>	Subscriber ID <input type="text" value="Subscriber ID"/>	Subscriber Last Name <input type="text" value="Subscriber Last Name"/>	TCE Testing Type <input type="text" value="TCE Testing Type"/>	Test Type <input type="text" value="Test Type"/>
Total Insurance Bill <input type="text" value="Total Insurance Bill"/>	Total Out Of Pocket <input type="text" value="Total Out Of Pocket"/>	Updated At <input type="text" value="Set Date Filters"/>	Updated By <input type="text" value="Updated By"/>	4 Hit Enter key	

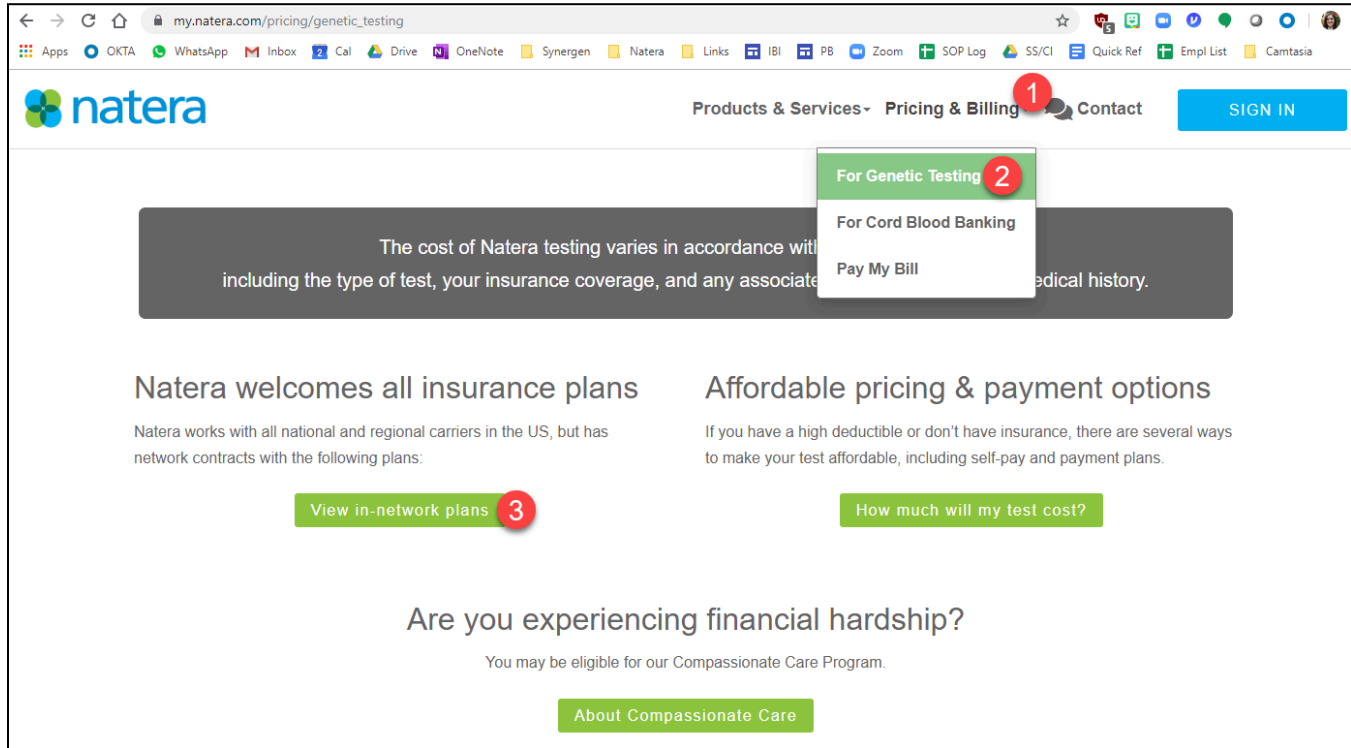
Updating Estimate with Manual Calculate Button

- Will not work with Horizon 3 cases

Call Info	
Test Type	NPT
Call or not call	Call
Disposition	CONTACT_REQUIRED
Patient Sign	YES
Req Form Type	PANO-5
Req Form	View Req Form
Is Redraw	NO
Is Combo	NO
Prompt Pay Cash Price	\$249.00
Total Insurance Bill Expected	\$769.00
Total Out of Pocket Expected	\$580.41
Payor Group	INN
CoPayment	\$0.00
Remaining Out Of Pocket	\$4323.09
Coinsurance Benefit Percent	<input type="text" value="20"/> %
Remaining Deductibles	<input type="text" value="\$533.26"/>
<input type="button" value="Manual Calculate"/>	

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- Navigating to In-Network Insurance List
 - [My.natera.com](https://my.natera.com)



CYRACOM/LANGUAGE SOLUTION

This should be used only when the patient doesn't speak English or Spanish.

1. Once you know the language the pt speaks, offer the patient a callback, so you can call the language solution team.
2. Dial **1-800-276-2519** to access the interpretation services.
3. When prompted, enter the last 5 digits of your account number: **501023669**. (The account number is always the same)
4. At the second prompt, enter your 4-digit PIN number: **0710**. (The pin number is always the same).
5. Say the language you need.
6. Select if you would like to add an additional person to the call.
7. When the interpreter comes on the line, give the interpreter a brief explanation of the call and ask the interpreter if he/she can please call/add the patient to the call because you do not have the option.

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Common Questions

What if the patient is not an authorized user?

No, not the patient.

Due to HIPAA privacy laws, I can only speak with _____. Is she available?

[Not available] Unfortunately, I can only speak _____. Can you kindly ask her to call us back at the number on your caller ID, which is 844-384-2996? Thank you and have a great day!

Yes, speaking with the patient.

Verify

Before we continue, can you confirm your date of birth and last name for me? Thank you.

Cannot verify

I do need to confirm your information before I can share specific details.

I had a miscarriage. Can I cancel my Panorama test?

Results have not been reported.

“I’m so sorry for your loss. We can absolutely help you out with this. I will send a request to stop processing your case. You should not receive a bill from us, and please be aware no results will be sent to your doctor.”

Agent - escalate the case to your CSS/Sup to email cc-core@natera.com and explain the patient miscarried, copy Michelle Howard.

Results have reported


“I’m so sorry for your loss. I want to help you out with this. We have some discount options available to you since I can’t cancel it at this point. I need to close your case on my side and then send the request for a discount. You should hear back from us in 3 to 5 business days.”

Agent - escalate the case to your CSS/Sup to obtain RD approval for Zbal.

The patient is not sure who we are.

Who is this? Who is Natera? Why are you calling me? “We are the lab that your physician uses to do reproductive genetic testing. We are calling as a courtesy to confirm you’d like us to bill your insurance. Can you please confirm your name and DOB so I can provide more details?”

Why do I only have 7 days to make my decision? We plan to bill insurance, per the instruction on your requisition form but wanted to confirm with you before doing so. This discounted self-pay option is an alternative that we offer to those whose out-of-pocket costs are a bit high.

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Do I have to pay first to see my results? We process samples as soon as they are received. Results are then sent to your doctor, and your doctor will review them before sharing them with you. So no, payment will not affect the turnaround time.


I already paid for this test at my doctor's office! This could have been a payment for the blood draw or for another test that was ordered at that time. Natera handles the billing for all of its tests as the independent lab running the test.

What if the patient asks for a refund?


1. Verify if a refund applicable or not
2. Confirm we have the payment on Portal
3. Request the last 4 digits of CC used for payment
4. Fill out the [refund request form](#) on support page
5. The refund time frame is 45 to 60 calendar days.

Definitions

- **Deductible:** amount that patient pays out-of-pocket before insurance starts to pay.
- **Co-Insurance:** the split in responsibility between insurance company and patient after deductible is satisfied. Commonly 80%/20% or 90%/10% where the patient is responsible for the lower percentage.
- **Co-Pay:** A set dollar amount a patient pays for specific services based on the details of their insurance policy. Diagnostic lab copay of \$20 would designate a \$20 out-of-pocket for the patient when getting lab work done regardless if deductible has been satisfied or not.
- **Max OOP:** The maximum out-of-pocket amount a patient will pay in the year based on their insurance policy. Once met, the patient is covered by insurance 100%.
- **NPT:** Non Invasive Prenatal Test (Panorama)
- **HCS:** Horizon Carrier Screen
- **INN:** In Network insurance
- **OON:** Out of Network insurance


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- **NCS:** Non Covered Service - case where the claim is expected to be denied by the insurance company if a claim is submitted (based on data from past claims)
- **New Queue:** Includes all cases which require manual intervention (manual estimate calculation/patient reach out)
- **Contact Required (disposition):** Cases where the system was able to run the estimate based on insurance provided and the estimated cost through insurance is higher than the discounted self-pay rate
- **Queue:** Cases where we have made an attempt to contact the patient and left a voicemail or we have spoken with the patient and discussed billing options
- **Call:** A case where out of pocket through insurance is determined to be higher than our discounted self-pay rate and needing to be contacted to discuss billing options
- **No Call:** A case where out of pocket through insurance is determined to be lower than our discounted self-pay rate and no contact is necessary as billing insurance is the best and cheapest option for the patient; or, no contact is necessary as estimate is not ready (not_found/cannot_determine) and needs further manual work before reaching out
- **List Price:** the Amount Natera bills insurance for the test
- Full Self-Pay Price: Natera's standard price when a test is not billed or covered by insurance.
- **Discounted Self-Pay Price:** discounted price offered to patients through PTP (INN, OON, NCS, SELF) and during dunning cycles 1 & 2 of NCS, NCS v2 and Self-Pay cases.
- **TNP:** Test Not Performed
- **UNK:** Unknown insurance
- **UNK2:** Insurance is known but not located or not entered into billing system
- **Cannot Determine:** A disposition name assigned to PTP cases in Natera Care when the eligibility service (either Availity or Change Health) cannot verify the patient's eligibility or benefits based on the insurance & member ID provided. Eligibility service cannot identify patients when the member ID is invalid, the payor is not mapped in BDE, and other reasons. The PTE team locates these cases and places outbound calls to the patient to confirm insurance information and/or provide an estimate.
- **CFS:** Clinical Field Specialist, Sales team
- **CPT Code:** Current Procedural Terminology; Procedure Code; a 5-digit number that is billed to insurance that indicates the procedure performed

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- **Estimate Calculator:** A Natera calculator accessed by the PTE team to run test estimates using remaining deductible and/or coinsurance percentage. Calculator pricing is based on historical claim data. Some insurance companies may not have enough data to have their own price in the calculator, and those estimates are performed using a commercial insurance average.
- **ICD-10 Code:**Diagnosis Code, must be provided by ordering physician/clinic/hospital
- **RCM:** Revenue Cycle Management, Insurance Billing
- **Third Party System:** A portal such as Availity or Navinet accessed by the PTE team to locate patient insurance benefit information like coinsurance % and remaining deductible. Not all insurance companies will have a portal, and some insurance companies don't show complete information in the portal.

Notes Topic	OB PTP Call	Agent Action
Delays in Results	Yes	If patient asks about results on the call, direct patient to customer care/support to address delays
Changes in test panel ordered		Verify that test estimate in Care is for the correct panel and escalate for updated estimate if not
Test Not Performed (TNP)	No	Case should be closed to insurance as patient will not be billed for Test Not Performed
Results were already sent out for NIPT/Panorama		Check if high risk results. If high risk, close to insurance (<i>Refer to Appendix F: Locating test results in LIMS</i>)

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Document Revision Control			
Version No	Author	Effective Date	Change Description
01	Luz Zamora	11-02-2022	
02	Luz Zamora	02/23/2023	No outbound calls only made when no email is available to send estimate
03	Luz Zamora	01/17/2023	Advance pay team started working Self-Pay payor group cases.PTP stopped working them.