

## Patient360

# How to Navigate Patient360 through the Availity Portal

- Patient360 is an interactive dashboard that gives instant access to detailed member information:
  - This includes demographic information, care summaries, claims details, authorization details, pharmacy information and care management related activities.
  - Medical providers have the option to include feedback for each gap in care that is listed on the patient's *Active Alerts* that are posted on the application's *Member Summary*.
- Availity role assignment: Clinical Role > Patient360
- How to access Patient360 through the Availity Portal:
  - Availity Portal > Select **Payer Spaces** > *Applications Tab*
  - Eligibility and Benefits

Note: Availity is an independent company providing administrative support services for Healthy Blue + Medicare providers on behalf of Blue Cross and Blue Shield of North Carolina.

# Availity Role Assignment

- Required Availity role assignment:
  - Patient360/Patient Health History
- Availity administrator will locate within the *Clinical Roles* section.

<input type="checkbox"/>	Role(s)	Permissions What is this?
User Roles		
<input checked="" type="checkbox"/>	Base Role	<a href="#">More Info</a>
Clinical Roles		
<input type="checkbox"/>	Medicaid Member Clinical Reports	<a href="#">More Info</a>
<input type="checkbox"/>	Medical Attachments	<a href="#">More Info</a>
<input type="checkbox"/>	Patient Care Summary	<a href="#">More Info</a>
<input checked="" type="checkbox"/>	Patient360 / Patient Health History	<a href="#">More Info</a>



# Navigating to Patient360 through Availity Payer Spaces

# Steps to Access Patient360 through Availity Payer Spaces

1. Select **Payer Spaces**.
2. Choose the payer brand.

The screenshot displays the Availity Patient360 interface. At the top, the navigation bar includes the Availity logo, Home, Notifications (with a '2' badge), and My Favorites. Below this, a secondary menu contains Patient Registration, Claims & Payments, My Providers, Reporting, Payer Spaces (highlighted with a blue circle and the number '1'), and More. The main content area is divided into two sections. The top section, titled 'Notification Center', is currently empty. To its right, a 'Payer Spaces' dropdown menu is open, showing four 'Payer Brand' options, with the top one highlighted by a blue circle and the number '2'. Below the notification center is a section titled 'My Top Applications' containing four application tiles: 'Payer Brand' (Education and Reference Center), 'A&R' (Authorizations & Referrals), 'EB' (Eligibility and Benefits Inquiry), and 'CS' (Claim Status).

# Steps to Access Patient360 through Availity Payer Spaces (cont.)

3. Select **Applications**.
4. Select **Patient360**.

**Welcome**  
Your One-Stop Shop!  
Explore important proprietary information available in the Applications and Resources tabs.

Applications Resources News and Announcements Sort By Z-A

THESE LINKS MAY RE-DIRECT TO THIRD PARTY SITES AND ARE PROVIDED FOR YOUR CONVENIENCE ONLY. AVAILITY IS NOT RESPONSIBLE FOR THE CONTENT OR SECURITY OF ANY THIRD PARTY SITES AND DOES NOT ENDORSE ANY PRODUCTS OR SERVICES PROVIDED BY THIRD PARTIES!

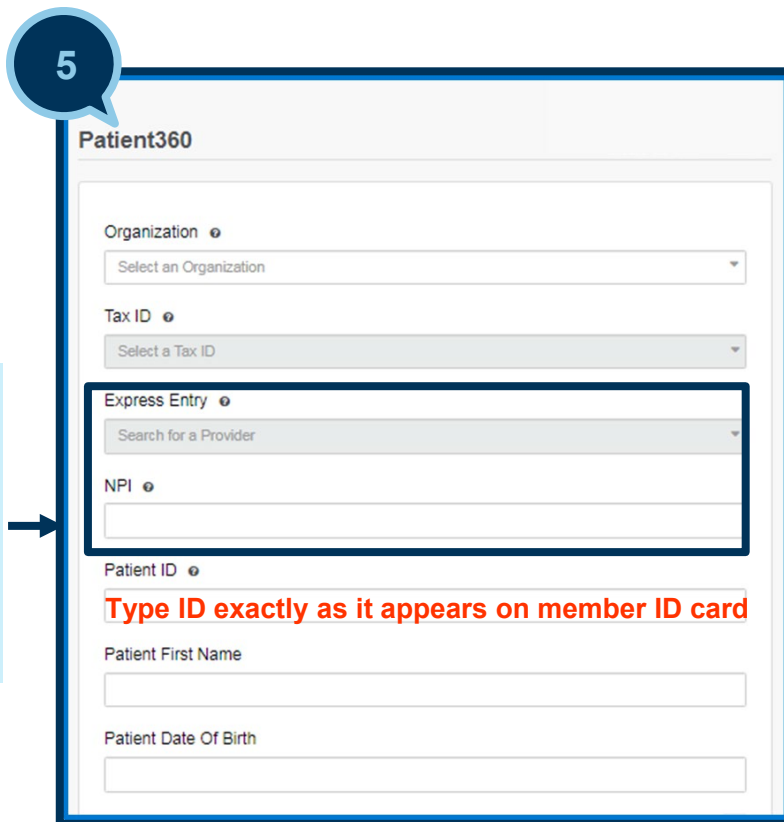
- Remittance Inquiry  
View, print, or save a copy of your Remittance Advice.
- Provider Online Reporting  
Provider Online Reporting
- Preference Center  
Setup notification preferences for your staff.
- Precertification Look Up Tool  
Check if Preauthorization is required for your Medicaid or Medicare Patients.
- Patient360**  
Access member-centric clinical and case management data.
- HEDIS Maternity  
Complete HEDIS Maternity attestations for expecting Members

# Steps to Access Patient360 through Availity Payer Spaces (cont.)

## 5. Complete the fields on the *Patient360* application:

- Organization
- Tax ID
- NPI\*
- Patient ID

TIP: Type the NPI in the field if it is not loaded in Express Entry.



The screenshot shows the Patient360 application form. A callout box with the number 5 points to the NPI field. The form includes the following fields:

- Organization (dropdown menu)
- Tax ID (dropdown menu)
- Express Entry (dropdown menu)
- NPI (text input field)
- Patient ID (text input field)
- Patient First Name (text input field)
- Patient Date Of Birth (text input field)

A red text box below the Patient ID field contains the instruction: **Type ID exactly as it appears on member ID card**.



# Steps to Access Patient360 through Availity Payer Spaces (cont.)

5. Scroll down the page and choose the appropriate **Patient360 Sensitive Services Terms and Conditions** (*with or without sensitive information*).

6

### Patient360 Disclaimer

Access, use, or disclosure of information related to certain sensitive medical services is strictly limited by federal and state laws. Such information may only be accessed, used, or disclosed by Patient360 users with the authorization of the patient or for treatment purposes.

Patient360 does support "Other Blue Plan Members", however, limited information will be available for non-Anthem members.

### Patient360 Sensitive Services Terms and Conditions

By choosing to continue with sensitive information, you are certifying that you are accessing sensitive service information with the express written authorization of the patient, or his/her parent or guardian, or that in your professional judgment such information is needed for treatment purposes. Please note certain information, such as substance abuse disorder information is not available within Patient360.

I wish to continue without Sensitive Information.

I agree to the Sensitive Services Terms and Conditions and wish to continue with Sensitive Information.

Cancel Continue

▸ Terms Of Use





## Navigating to Patient360 through Availity Eligibility and Benefits

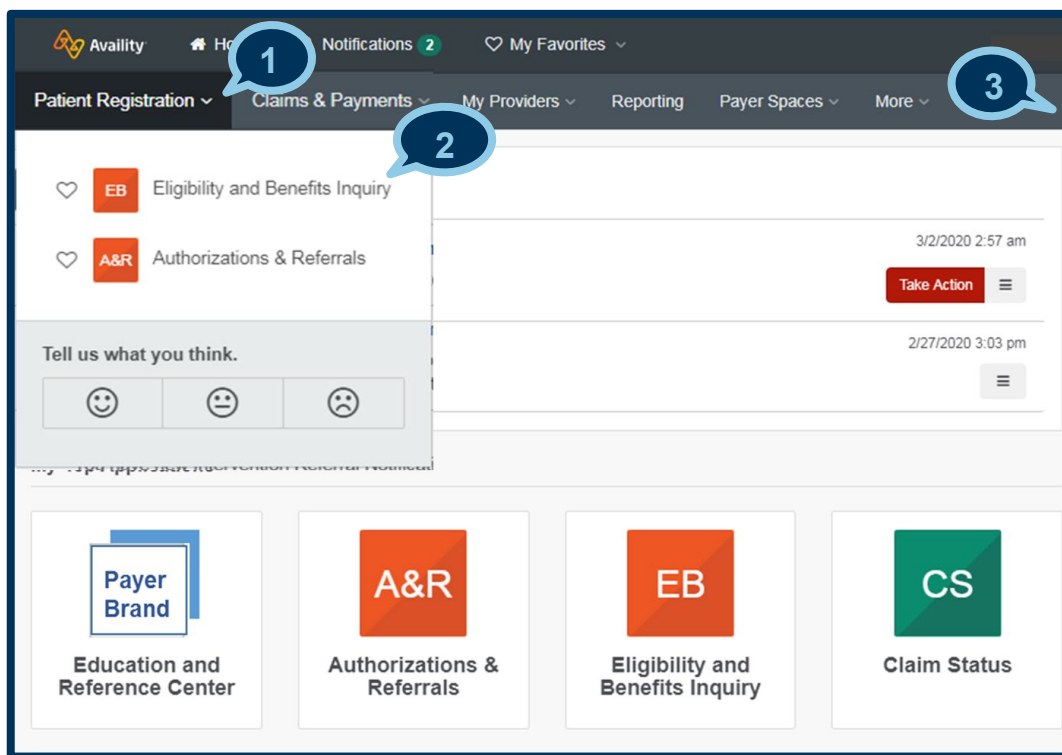


BlueCross BlueShield  
of North Carolina

# MEDICARE

# Steps to Access Patient360 through Eligibility and Benefits

1. Select **Patient Registration**.
2. Select **Eligibility and Benefits**.
3. Complete all required fields on the *Eligibility and Benefits* page.



A screenshot of the 'Eligibility and Benefits' form. The form includes several sections: 'Payer' (dropdown), 'Provider Information' (with 'Express Entry' and 'Search for a Provider' fields), 'NPI' (text field), 'Patient Information' (with 'As of Date', 'Benefit / Service Type', 'Patient Search Option', and 'Patient ID' fields), and 'Date of Birth' (text field). A blue callout box with an arrow pointing to the NPI field contains the text: 'Tip: Type the NPI in the field if it is not loaded in Express Entry.' The form also includes a 'Patient Relationship to Subscriber' dropdown (set to 'Self') and a 'Submit' button at the bottom.

# Steps to access Patient360 through Eligibility and Benefits (cont.)

4. Select the **Patient360** tab from the member's *Eligibility and Benefits* screen.
5. Choose the appropriate **Patient360 Sensitive Services Terms and Conditions** (*with or without sensitive information*).

The screenshot displays the Patient360 interface. At the top, there are navigation tabs: Patient Registration, Claims & Payments, My Providers, Reporting, Payer Spaces, and More. A search bar and a 'New Request' button are also visible. The main content area shows a patient's profile with fields for Date of Service (Jul 13, 2017), Transaction ID, and Subscriber Name. A callout '4' points to the 'Patient360' button. Below the profile, there are tabs for 'Patient Information' and 'Coverage and Benefits'. A callout '5' points to the 'Patient360 Sensitive Services Terms and Conditions' dialog box. This dialog box contains the following text:

**Patient360 Disclaimer**  
Access, use, or disclosure of information related to certain sensitive medical services is strictly limited by federal and state laws. Such information may only be accessed, used, or disclosed by Patient360 users with the authorization of the patient or for treatment purposes.  
Patient360 does support "Other Blue Plan Members", however, limited information will be available for non-Anthem members.

**Patient360 Sensitive Services Terms and Conditions**  
By choosing to continue with sensitive information, you are certifying that you are accessing sensitive service information with the express written authorization of the patient, or his/her parent or guardian, or that in your professional judgment such information is needed for treatment purposes. Please note certain information, such as substance abuse disorder information is not available within Patient360.

I wish to continue without Sensitive Information.  
 I agree to the Sensitive Services Terms and Conditions and wish to continue with Sensitive Information.

Buttons: Cancel, Continue

Link: Terms Of Use



## Overview Patient360 Tool Navigation

# Patient360 Landing Page — Member Summary

The *Patient* banner displays all of the demographic information on file for the member.

The screenshot displays the Patient360 Member Summary landing page. At the top, the patient banner shows the patient name, enrollment status (Currently Enrolled), alert status (Alerts Exist), and OHI status (No OHI). Below the banner, there are fields for demographic information such as Risk Score, Address, City/State, Zip, Spoken Language, Age/Gender, Home Phone, Work Phone, Written Language, Member ID, Medicaid ID, Medicare ID, Ethnicity, PCP, Primary Case Mgr, Secondary Case Mgr, Eligibility Status, and Plan Product. A navigation menu is visible below the banner, with tabs for Member Care Summary, Claims, Utilization, Pharmacy, Labs, Care Management, and Lab Reports. The main content area is divided into several sections: Active Alerts (table with columns: Source, Alert Description, Feedback, Rule#, Latest Feedback, Physicia), Immunizations and Preventive Health (table with columns: Date, Service, Provider), Lab Results (table with columns: Date, Type, Value, Acuity), Inpatient (table with columns: Admit Date, Discharge Date, Facility Name, Primary Diag), Emergency Department (table with columns: Date, Facility Name, Primary Diagnosis), Pharmacy (table with columns: Date, Medication/Strength, Prescriber), Authorizations (table with columns: Auth Number, Start Date, End Date, Place of Service, Referred To Provider, Status), and Office Visits (table with columns: Date, Provider, Primary Diagnosis). Each table has a pagination control at the bottom.

The *Claims* tab contains the member's claims history, including claim status, provider name, diagnoses and services rendered.

The *Utilization* tab provides details about active and inactive authorizations on file for the member.

The *Pharmacy* tab includes all the pharmacy information from **our** third-party pharmacies.

The *Lab* and *Lab Reports* tab include results from **our lab vendors**. You can also track and trend specific lab results along with identifying labs that fall outside of the normal ranges.

The *Care Management* tab provides a graphical representation of patient / care manager assessments, patient's enrollment into a care management (CM)/ disease management (DM) program, care plan details.



# Patient Banner Details

The *Patient Banner* includes a traffic light indicating the patient's enrollment status, gap in care alerts and if there is other health insurance (OHI) —secondary insurance.

The screenshot shows the Patient Banner interface. At the top left, there is a dropdown menu for 'Patient Name'. To its right is a traffic light indicator with three lights: a green light labeled 'Currently Enrolled', a red light labeled 'Alerts Exist', and another green light labeled 'No OHI'. Below this, there are fields for patient information such as Risk Score, Address, City / State, Zip, Spoken Language, DOB, Home Phone, Work Phone, Written Language, Member ID, Medicaid ID, Medicare ID, Ethnicity, PCP, Primary Case Mgr, Secondary Case Mgr, Eligibility Status, Eligibility End Date, and Plan Product. At the bottom, there is a navigation bar with tabs for Member Care Summary, Alerts, Utilization, Pharmacy, Labs, Care Management, and Lab Reports.

**Enrollment status**

- Currently Enrolled (Green)
- Dual Enrollment (Blue)
- Member Not Enrolled (Red)

**Gap in care alerts**

- Alerts Exist (Red)
- No Alerts Exist (Green)

**Other health insurance (OHI)**

- OHI Secondary (Yellow)
- No OHI (Green)

**Traffic light status key**

- All clear; no concerns (Green)
- Caution; there may be a concern (Yellow)
- An immediate concern (Red)
- A dual member (Blue)

# Locate Care Gap Alerts within the *Active Alert* Section

- Each **clinical rules engine (CRE)** describes a gap in the patient's care based on claims data:
  - Hover over the *CRE line item* for a description.
  - To provide feedback, select the **CRE line item**.

The screenshot displays a patient care dashboard. At the top, there is a patient header with fields for Patient Name, Risk Score, Address, City/State, Zip, Age/Gender, Home Phone, Work Phone, Written Language, Member ID, Medicare ID, Ethnicity, PCP, Primary Case Mgr, Secondary Case Mgr, Eligibility Status, Eligibility End Date, and Plan Product. Below this is a green bar with the text "Member Care Summary" circled in green. A blue arrow points to the "Active Alerts" table, which is highlighted with a blue box. The table has columns for Source, Alert Description, Feedback Rule#, Latest Feedback, and Physician. Below the table are several other sections: Inpatient, Emergency Department, Pharmacy, Authorizations, Immunizations and Preventive Health, and Lab Results. The "Active Alerts" table contains the following data:

Source	Alert Description	Feedback Rule#	Latest Feedback	Physician
CRE	Claims as of May ...	N/A	24	N/A
CRE	Claims as of May ...	N/A	23	N/A
CRE	Claims suggest thi...	N/A	19	N/A
HEDIS	Controlling High B...	N/A	Alert	N/A
HEDIS	Controlling Blood ...	N/A	Alert	N/A



# Care Gap Alert Feedback

- Choose the most appropriate feedback option from the menu.

The screenshot shows a window titled "Care Gap Alert Feedback Entry" with a table of alerts and a feedback dropdown menu.

Rule #	Code
9	CHF med erratic refill 6 months
12	CHF needs ACE or ARB
13222	Prostate cancer needs bone test
17623	Diabetes sulfonylurea high dose MEDD

The dropdown menu for the selected alert (Rule # 12) contains the following options:

- My Patient is compliant with message suggestion (turns off message for 1 year)
- Not my patient for this rule
- The message suggestion is not applicable to my patient for clinical or other reasons (turns off message)
- Reviewed with patient
- My Patient is compliant with the message suggestion since receiving it (turns off message for 1 year)
- My Patient will not likely comply with this suggestion. (turns off message)
- Not my patient for this rule
- The message suggestion is not applicable to my patient for clinical or other reasons (turns off message)

Note: The feedback entry is only available for Medical providers



BlueCross BlueShield  
of North Carolina

# MEDICARE

<https://www.bluecrossnc.com/provider-home>

BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. Blue Cross and Blue Shield of North Carolina (Blue Cross NC) is an independent licensee of the Blue Cross and Blue Shield Association.

BNCCARE-0066-20 December 2020 516068MUPENMUB

PROPRIETARY & CONFIDENTIAL

© Marks of the Blue Cross and Blue Shield Association