

How to navigate to Patient360 through the Availity Portal

Patient360 overview

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
- Care management related activities

Medical providers have the option to include feedback for each gap in care that is listed on the member's *Active Alerts* that are posted on the application's *Member Summary*.

- Availity* role assignment must be set through *Clinical Roles* by selecting **Patient360**
- How to access Patient360 through the Availity Portal:
 - Select the **Payer Spaces** dropdown > select **Payer Brand** > select **Applications** > select **Patient360**.
 - **Eligibility and Benefits:** Select **Patient Registration** dropdown > select **Eligibility and Benefits** > complete all required fields > select the **Patient360** tab from the *Eligibility and Benefits* screen > select appropriate terms and conditions.

Availity role assignment

Users are required to have the role assignment of Patient360 / Patient Health History. The Availity administrator can grant a user access by going to the *Clinical Roles* section and selecting **Patient360 / Patient Health History**.

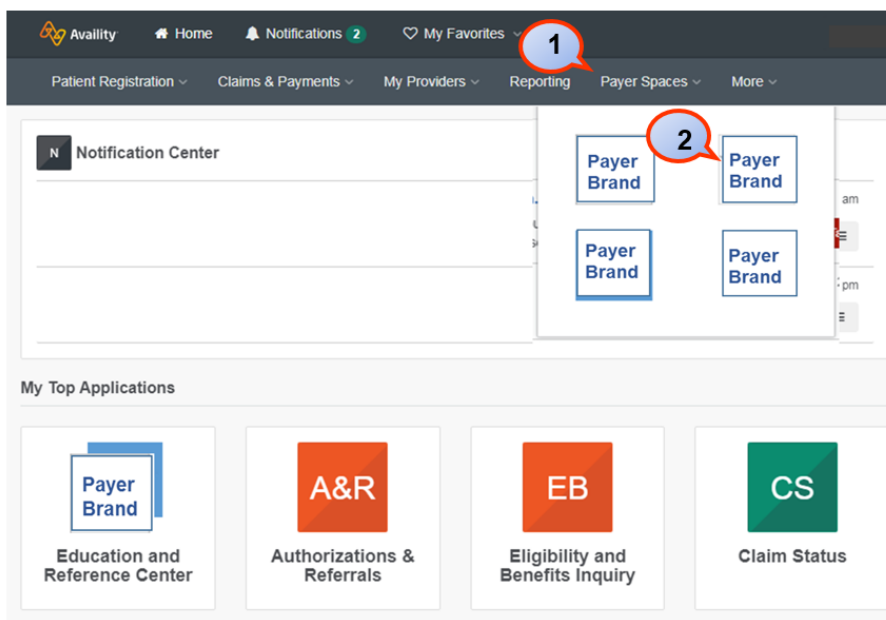
	Role(s)	Permissions What is this?
User Roles		
<input checked="" type="checkbox"/>	Base Role	More Info
Clinical Roles		
<input type="checkbox"/>	Medicaid Member Clinical Reports	More Info
<input type="checkbox"/>	Medical Attachments	More Info
<input type="checkbox"/>	Patient Care Summary	More Info
<input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

* Availity, LLC is an independent company providing administrative support services on behalf of Healthy Blue.

Navigating to Patient360 through Availity – Payer Spaces:

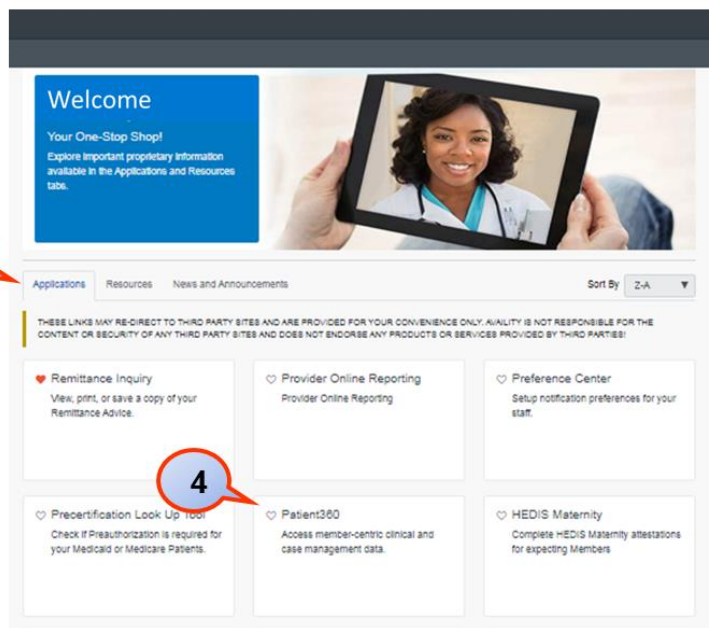
Steps to access Patient360 through Availity Payer Spaces

1. Select Payer Spaces
2. Choose the payer brand



Steps to access Patient360 through Availity Payer Spaces

3. Select Applications
4. Select Patient360



5. Complete the fields on the Patient360 application
 Organization
 Tax ID
 NPI*
 Patient ID

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

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

Patient360

Organization

Tax ID

Express Entry

NPI

Patient ID

Type ID exactly as it appears on member ID card

Patient First Name

Patient Date Of Birth

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-Arthem 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

Terms Of Use

Navigating to Patient360 through Availity – Eligibility and Benefits:

1. Select Patient Registration

2. Select Eligibility and Benefits

3. Complete all the required fields on the Eligibility and Benefits screen

The screenshot shows the Availity portal interface. Step 1 points to the 'Patient Registration' menu item. Step 2 points to the 'Eligibility and Benefits Inquiry' option. Step 3 points to the 'Eligibility and Benefits Inquiry' card at the bottom of the page.

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

***Payer**

Provider Information

Express Entry

NPI

Patient Information

As of Date

Benefit / Service Type

Patient Search Option Add Multiple Patients

Patient ID

Date of Birth

Patient Relationship to Subscriber

Submit another patient

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 shows the Availity portal 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 displays member information, including Patient Name, Date of Service (Jul 13, 2017), Subscriber Name, Member ID, and Gender. A red circle with the number '4' highlights the 'Patient360' button. Below this, a dialog box titled 'Patient360 Sensitive Services Terms and Conditions' is shown. A red circle with the number '5' highlights the radio button for 'I wish to continue without Sensitive Information.' The dialog also includes a 'Cancel' button, a 'Continue' button, and a 'Terms of Use' link.

Patient360 tool navigation:

Patient 360 landing page - Member Summary

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

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 CM/DM program, care plan details

The screenshot shows the Patient 360 landing page. At the top, there is a 'Patient Name' dropdown and several status indicators: 'Currently Enrolled' (green dot), 'Alerts Enroll' (red dot), and 'No CHI' (green dot). Below this, there are fields for Risk Score, Address, City / State, Zip, Spoken Language, Age / Gender, DOB, Home Phone, Work Phone, Written Language, Member ID, Medicare ID, Ethnicity, PCP, Primary Case Mgr, Secondary Case Mgr, Eligibility Status, and Eligibility End Date. A navigation bar at the bottom of the header contains tabs: Member Care Summary, Claims, Utilization, Pharmacy, Labs, Care Management, and Lab Reports. The 'Member Care Summary' tab is selected. Below the navigation bar, there is a 'Date Range' selector set to 'Sep 3, 2019 to Jun 3, 2020' and an 'Update' button. The main content area is divided into several sections: 'Active Alerts' (a table with columns for Source, Alert Description, Feedback, Rules, Latest Feedback, and Physician), 'Immunizations and Preventive Health' (a table with columns for Date, Service, and Provider), 'Lab Results' (a table with columns for Date, Type, Value, and Acuity), 'Inpatient' (a table with columns for Admit Date, Discharge Date, Facility Name, and Primary Diag), 'Emergency Department' (a table with columns for Date, Facility Name, and Primary Diagnosis), 'Pharmacy' (a table with columns for Date, Medication/Strength, and Prescriber), 'Authorizations' (a table with columns for Auth Number, Start Date, End Date, Place of Service, Referred To Provider, and Status), and 'Office Visits' (a table with columns for Date, Provider, and Primary Diagnosis). Each section has a 'Page 1 of 1' or 'Page 1 of 5' indicator.

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).

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 (CRE) **Clinical Rules Engine** 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.

Active Alerts

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 th...	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.

Please note:
The feedback entry is only available for Medical providers

The screenshot shows a window titled "Care Gap Alert Feedback Entry" with a table of alerts and a dropdown menu for feedback options. The table has columns for Rule # and Code. The dropdown menu is open, showing several feedback options, with "Reviewed with patient" highlighted in blue. A red arrow points to the 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

Latest Feedback

- My Patient is compliant with message suggestion (turns off message for 1 year)
Matthew Aalsma on 1/8/2020
- Not my patient for this rule
Matthew Aalsma on 1/8/2020
- The message suggestion is for other reasons (turns off message)
Matthew Aalsma on 1/8/2020
- My Patient is compliant with message suggestion (turns off message for 1 year)
- 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
- Reviewed with patient**
- The message suggestion is not applicable to my patient for clinical or other reasons (turns off message)

What if I need assistance?

If you have questions about this communication or need assistance with any other item, contact your local Provider Relations representative or call Provider Services at **1-844-521-6942**.