



Healthy Blue

Patient360

How to navigate 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 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

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	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



Healthy Blue

A young child with curly brown hair, wearing a red and blue plaid shirt, stands next to an elderly man with white hair, wearing a light-colored button-down shirt. They are both looking down at something in the child's hands. They are in a field of tall, golden-brown grass, with a blurred background of trees and foliage. The lighting is warm, suggesting late afternoon or early morning.

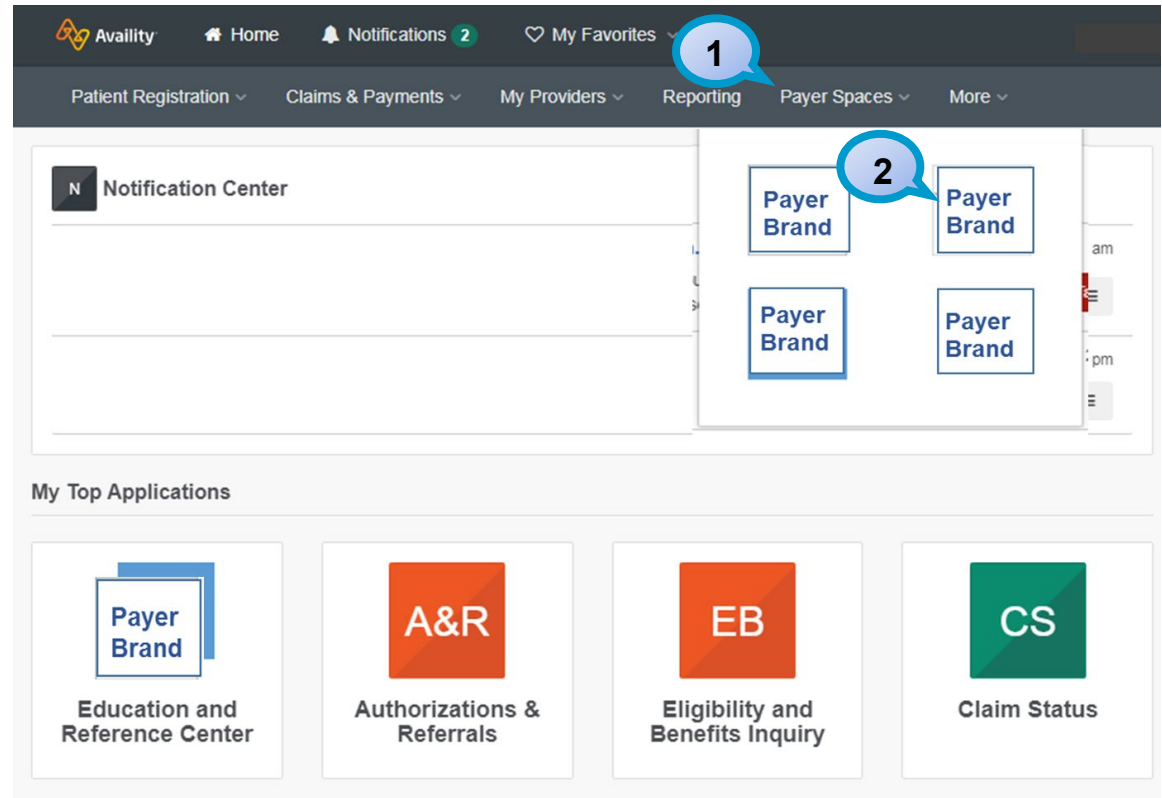
Navigating to Patient360 through Availity Payer Spaces



Healthy Blue

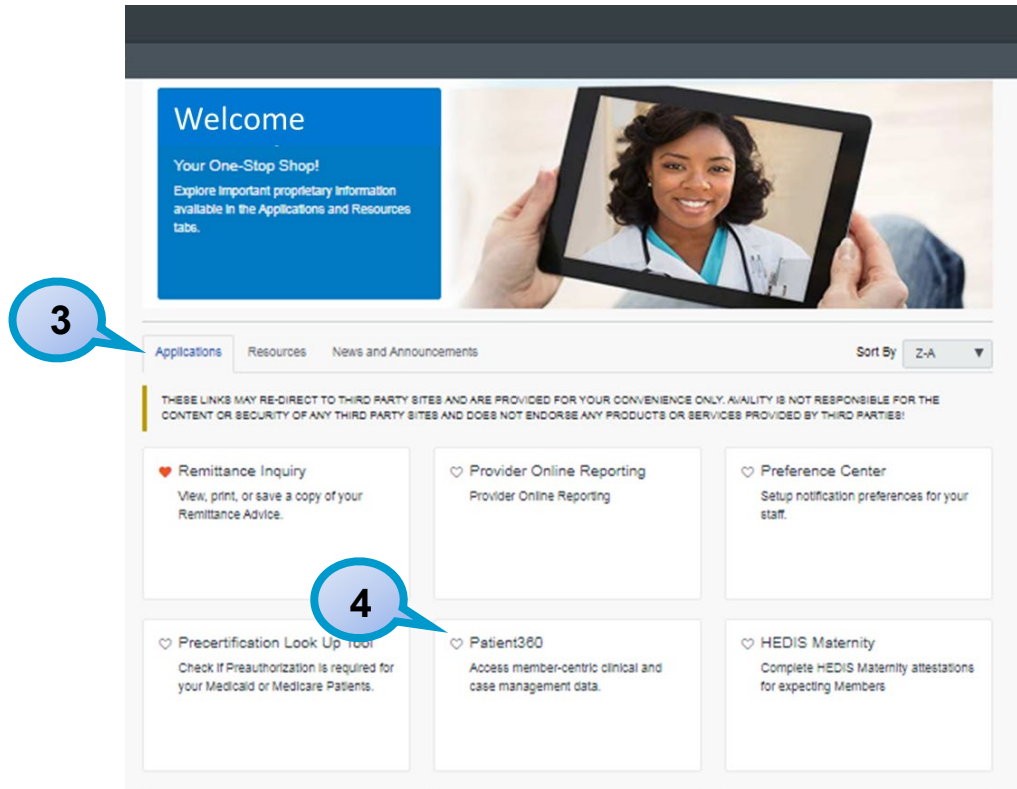
Steps to access Patient360 through Availity Payer Spaces

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



Steps to access Patient360 through Availity Payer Spaces (cont.)

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



Healthy Blue

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.


5


Patient360

Organization 
Select an Organization

Tax ID 
Select a Tax ID

Express Entry 
Search for a Provider

NPI 

Patient ID 
Type ID exactly as it appears on member ID card

Patient First Name

Patient Date Of Birth



Healthy Blue

Steps to access Patient360 through Availity Payer Spaces (cont.)

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



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](#)



Healthy Blue



Navigating to Patient360 through Availity Eligibility and Benefits



Healthy Blue

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.

The screenshot shows the Patient360 interface. At the top, there is a navigation bar with 'Patient Registration' highlighted. Below it, a sidebar menu shows 'Eligibility and Benefits Inquiry' selected. A blue callout bubble with the number '1' points to the 'Patient Registration' tab. Another blue callout bubble with the number '2' points to the 'Eligibility and Benefits Inquiry' option in the sidebar. A third blue callout bubble with the number '3' points to the 'Eligibility and Benefits Inquiry' option in the main content area. At the bottom, there are four tiles: 'Payer Brand', 'A&R', 'EB' (Eligibility and Benefits Inquiry), and 'CS' (Claim Status).

The screenshot shows the 'Eligibility and Benefits Inquiry' form. It includes fields for 'Payer', 'Provider Information' (Express Entry, Search for a Provider, NPI), 'Patient Information' (As of Date, Benefit / Service Type, Patient Search Option, Patient ID, Date of Birth, Patient Relationship to Subscriber), and a 'Submit' button. A blue callout bubble with the number '3' points to the 'NPI' field. A blue tip 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.'



Healthy Blue

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 is a navigation bar with tabs: Patient Registration, Claims & Payments, My Providers, Reporting, Payer Spaces, and More. A search bar is located on the right. Below the navigation bar, there is a search bar and a dropdown menu for 'My Patients Only'. The main content area is divided into two sections: 'Patient Information' and 'Coverage and Benefits'. The 'Patient Information' section shows fields for Subscriber Name, Member ID, Plan / Coverage Date (Nov 01, 2013 - Dec 31, 9999), DOB, and Gender. A blue callout '4' points to the 'Patient360' tab. The 'Coverage and Benefits' section shows the 'Patient360 Sensitive Services Terms and Conditions' screen. A blue callout '5' points to the radio button for 'I agree to the Sensitive Services Terms and Conditions and wish to continue with Sensitive Information'. The screen also includes a 'Patient360 Disclaimer' and a 'Patient360 Sensitive Services Terms and Conditions' section. At the bottom, there are 'Cancel' and 'Continue' buttons, and a link to 'Terms Of Use'.

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



Healthy Blue



Overview Patient360 tool navigation



Healthy Blue

Patient360 landing page — Member Summary

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

Patient Name [Dropdown] **Currently Enrolled** [Green Dot] **Alerts Exist** [Red Dot] **No OHI** [Green Dot]

Risk Score **Address** **City / State** **Zip** **Spoken Language** **Age / Gender** **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** **Plan** **Product**

Member Care Summary **Claims** **Utilization** **Pharmacy** **Labs** **Care Management** **Lab Reports**

Date Range Sep 3, 2019 to Jun 3, 2020 **Update**

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

Immunizations and Preventive Health

Date	Service	Provider
------	---------	----------

Lab Results

Date	Type	Value	Acuity
------	------	-------	--------

Inpatient

Admit Date	Discharge Date	Facility Name	Primary Diag
------------	----------------	---------------	--------------

Emergency Department

Date	Facility Name	Primary Diagnosis
------	---------------	-------------------

Pharmacy

Date	Medication/Strength	Prescriber
------	---------------------	------------

Authorizations

Auth Number	Start Date	End Date	Place of Service	Referred To Provider	Status
-------------	------------	----------	------------------	----------------------	--------

Office Visits

Date	Provider	Primary Diagnosis
------	----------	-------------------

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.



Healthy Blue

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. A blue box highlights the traffic light status key and the enrollment status section. The traffic light status key includes:

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

The enrollment status section includes:

- Currently Enrolled:** Green light
- Dual Enrollment:** Blue light
- Member Not Enrolled:** Red light

The gap in care alerts section includes:

- Alerts Exist:** Red light
- No Alerts Exist:** Green light

The other health insurance (OHI) section includes:

- OHI Secondary:** Yellow light
- No OHI:** Green light

The Patient Banner interface also displays patient information such as Patient Name, Risk Score, Address, City / State, Zip, Spoken Language, Member ID, Medicaid ID, Medicare ID, Ethnicity, PCP, Primary Case Mgr, Secondary Case Mgr, Eligibility Status, Eligibility End Date, and Plan Product. A navigation bar at the bottom includes links for Member Care Summary, Alerts, Utilization, Pharmacy, Labs, Care Management, and Lab Reports.

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 the Healthy Blue patient portal interface. At the top, there is a header section with patient information including Patient Name, Risk Score, Address, City/State, Zip, Age/Gender, 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. Below this is a green bar labeled 'Member Care Summary'. A date range filter is set to 'Jul 20, 2019 to Apr 20, 2020' with an 'Update' button. The main content area is divided into several sections: 'Active Alerts' (highlighted with a blue box and an arrow), 'Immunizations and Preventive Health', 'Lab Results', 'Inpatient', 'Emergency Department', 'Pharmacy', 'Authorizations', and 'Office Visits'. The 'Active Alerts' section contains a table with columns: Source, Alert Description, Feedback Rule#, Latest Feedback, and Physician. The table lists five alerts from CRE and HEDIS. The 'Immunizations and Preventive Health' section shows a table with columns: Date, Service, and Provider. The 'Lab Results' section shows a table with columns: Date, Type, Value, and Acuity. The 'Inpatient' section shows a table with columns: Admit Date, Discharge Date, Facility Name, and Primary Diag. The 'Emergency Department' section shows a table with columns: Date, Facility Name, and Primary Diagnosis. The 'Pharmacy' section shows a table with columns: Date, Medication/Strength, and Prescriber. The 'Authorizations' section shows a table with columns: Auth Number, Start Date, End Date, Place of Service, Referred To Provider, and Status. The 'Office Visits' section shows a table with columns: Date, Provider, and Primary Diagnosis.

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



Healthy Blue

Care Gap Alert Feedback

- Choose the most appropriate feedback option from the menu.

Care Gap Alert Feedback Entry

Rule #	Code	Latest Feedback
9	CHF med erratic refill 6 months	My Patient is compliant with message suggestion (turns off message for 1 year)
12	CHF needs ACE or ARB	Not my patient for this rule
13222	Prostate cancer needs bone test	The message suggestion is not applicable to my patient for clinical or other reasons (turns off message)
17623	Diabetes sulfonylurea high dose MEDD	My Patient is compliant with the message suggestion since receiving it (turns off message for 1 year)

Feedback options for Rule 12:

- 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)

Note: The feedback entry is only available for Medical providers



Healthy Blue



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

<https://medicareprovider.healthybluemo.com>

Healthy Blue is the trade name of Missouri Care, Inc., an independent licensee of the Blue Cross Blue Shield Association.

BMO CARE-0084-20 December 2020

516068MUPENMUB