



**Amerigroup**

An Anthem Company

# 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.



	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 navigation bar contains links for Patient Registration, Claims & Payments, My Providers, Reporting, Payer Spaces (highlighted with a green circle and the number '1'), and More. The main content area is divided into two sections. The top section, titled 'Notification Center', contains a grid of four 'Payer Brand' buttons, with the top-right button highlighted by a green circle and the number '2'. The bottom section, titled 'My Top Applications', features 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**.

The screenshot displays the Availity Payer Spaces dashboard. At the top, there is a 'Welcome' banner with the text 'Your One-Stop Shop! Explore important proprietary information available in the Applications and Resources tabs.' Below the banner, there are three tabs: 'Applications', 'Resources', and 'News and Announcements'. The 'Applications' tab is selected, and a callout bubble with the number '3' points to it. To the right of the tabs is a 'Sort By' dropdown menu set to 'Z-A'. Below the tabs, there is a disclaimer: '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!'. The main content area contains six application tiles, each with a heart icon and a title. The 'Patient360' tile is highlighted with a callout bubble containing the number '4'. The tiles are: '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.), and 'HEDIS Maternity' (Complete HEDIS Maternity attestations for expecting Members).

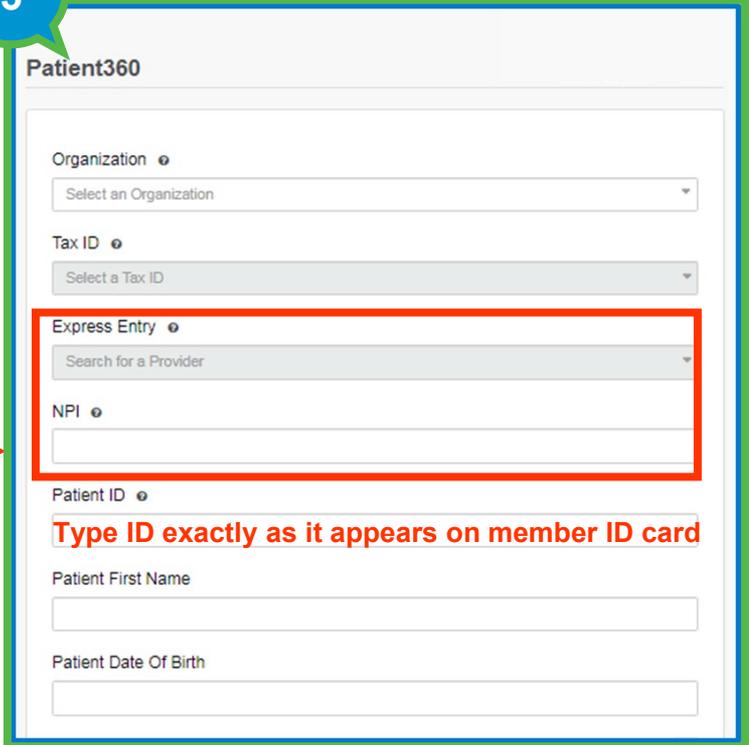


# Steps to access Patient360 through Availity Payer Spaces (cont.)

## 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.

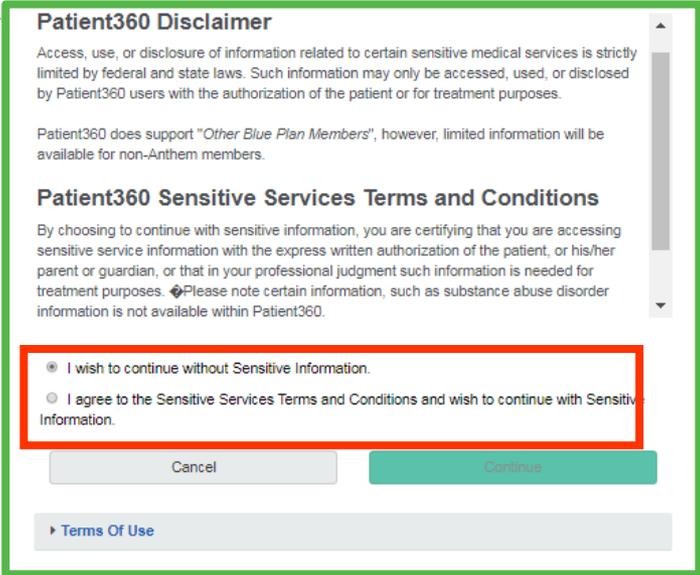


The screenshot shows the Patient360 application form. A blue callout bubble with the number '5' is positioned above the form. A red rectangular box highlights the 'Express Entry' dropdown menu and the 'NPI' text input field. Below the 'Patient ID' field, there is a red text instruction: 'Type ID exactly as it appears on member ID card'. The form includes fields for Organization, Tax ID, Express Entry, NPI, Patient ID, Patient First Name, and Patient Date Of Birth.



# 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*).



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

# 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 dashboard. The navigation bar includes 'Patient Registration' (marked with a green circle '1'), 'Claims & Payments', 'My Providers', 'Reporting', 'Payer Spaces', and 'More'. The main content area shows a list of items, with 'Eligibility and Benefits Inquiry' (marked with a green circle '2') selected. Below the list are four tiles: 'Payer Brand', 'A&R', 'Eligibility and Benefits Inquiry' (marked with a green circle '3'), and 'Claim Status'.

The screenshot shows the 'Eligibility and Benefits Inquiry' form. The form includes fields for 'Payer', 'Provider Information', 'Express Entry', 'NPI', 'Patient Information', 'As of Date', 'Benefit / Service Type', 'Patient Search Option', 'Patient ID', 'Date of Birth', and 'Patient Relationship to Subscriber'. A green 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.' The 'Submit' button is 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. The main area shows a patient's profile with fields for Subscriber Name, Member ID, DOB, Gender, and Plan / Coverage Date (Nov 01, 2013 - Dec 31, 9999). A blue callout circle with the number '4' points to the 'Patient360' button. Below the profile, there are tabs for 'Patient Information' and 'Coverage and Benefits'. A second blue callout circle with the number '5' points to the 'Patient360 Sensitive Services Terms and Conditions' dialog box. The dialog box contains a 'Patient360 Disclaimer' and two radio button options: 'I wish to continue without Sensitive Information.' (selected) and 'I agree to the Sensitive Services Terms and Conditions and wish to continue with Sensitive Information.' Below the options are 'Cancel' and 'Continue' buttons, and a link for '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, there is a patient banner with a dropdown for 'Patient Name' and three status indicators: 'Currently Enrolled' (green dot), 'Alerts Exist' (red dot), and 'No OHI' (green dot). Below these are fields for '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', and 'Plan Product'. A navigation menu below the banner includes tabs for 'Member Care Summary', 'Claims', 'Utilization', 'Pharmacy', 'Labs', 'Care Management', and 'Lab Reports'. The 'Claims' tab is highlighted in red. Below the navigation menu, 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 Rule#, 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 table has a 'Page 1 of 1' or 'Page 1 of 5' indicator and a 'View 1 - 5 of 5' or similar pagination control.

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 a patient banner interface. At the top, there is a 'Patient Name' dropdown menu. Below it, there are fields for 'Risk Score', 'Address', 'City / State', 'Zip', and 'Spoken Language'. To the right, there are fields for 'DOB', 'Home Phone', 'Work Phone', and 'Written Language'. Further right, there are fields for 'Member ID', 'Medicaid ID', 'Medicare ID', and 'Ethnicity'. On the far right, there are fields for 'PCP', 'Primary Case Mgr', 'Secondary Case Mgr', 'Eligibility Status', and 'Eligibility End Date'. Below these fields is a navigation bar with tabs: 'Member Care Summary', 'Alerts', 'Utilization', 'Pharmacy', 'Labs', 'Care Management', and 'Lab Reports'. A red box highlights the 'Alerts' tab, which contains three traffic light icons: a green circle labeled 'Currently Enrolled', a red circle labeled 'Alerts Exist', and a green circle labeled 'No OHI'. Below the navigation bar is a legend for the traffic light status key. The legend is divided into three sections: 'Enrollment status', 'Gap in care alerts', and 'Other health insurance (OHI)'. The 'Enrollment status' section shows three icons: a green circle for 'Currently Enrolled', a blue circle for 'Dual Enrollment', and a red circle for 'Member Not Enrolled'. The 'Gap in care alerts' section shows two icons: a red circle for 'Alerts Exist' and a green circle for 'No Alerts Exist'. The 'Other health insurance (OHI)' section shows two icons: a yellow circle for 'OHI Secondary' and a green circle for 'No OHI'. To the right of the legend is a 'Traffic light status key' section with four entries: a green circle for 'All clear; no concerns (Green)', a yellow circle for 'Caution; there may be a concern (Yellow)', a red circle for 'An immediate concern (Red)', and a blue circle for 'A dual member (Blue)'. A red arrow points from the 'Alerts' tab in the navigation bar to the legend.

**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 header with 'Patient Name' and several status indicators: 'Currently Enrolled' (green dot), 'Alerts Exist' (red dot), and 'No OHI' (green dot). Below this, there are fields for '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'. A 'Member Care Summary' link is circled in red. Below the header, there is a 'Date Range' field set to 'Jul 20, 2019 to Apr 20, 2020' and an 'Update' button. The main content area is divided into several sections: 'Active Alerts', 'Immunizations and Preventive Health', 'Lab Results', 'Inpatient', 'Emergency Department', 'Pharmacy', 'Authorizations', and 'Office Visits'. The 'Active Alerts' section is highlighted with a red box and a red arrow points to it. It contains a table with the following data:

Source	Alert Description	Feedba	Rules	Latest Feedback	Physici
CRE	Claims as of May ...	N/A	24	N/A	N/A
CRE	Claims as of May ...	N/A	23	N/A	N/A
CRE	Claims suggest thi...	N/A	19...	N/A	N/A
HEDIS	Controlling High B...	N/A	Alert	N/A	N/A
HEDIS	Controlling Blood ...	N/A	Alert	N/A	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 menu. The table has columns for "Rule #" and "Code". The feedback menu is open, showing several options, with "Reviewed with patient" highlighted in blue. A red arrow points from the "Not my patient for this rule" option in the table to the corresponding option in the 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)

Not my patient for this rule

The message suggestion is not applicable to my patient for clinical or other reasons (turns off message)

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)

My Patient is compliant with the message suggestion since receiving it (turns off message for 1 year)





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

Coverage provided by Amerigroup Inc.