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Patient360

How to navigate to Patient360 through the Availity Portal*

Patient360 overview

- Patient360 is an interactive dashboard that gives instant access to detailed member information.
  - 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 Availity:
  - Availity Portal > Payer Spaces > Applications tab
    or
  - Eligibility and Benefits

Availity role assignment

Required Availity role assignment:
Patient360/Patient Health History

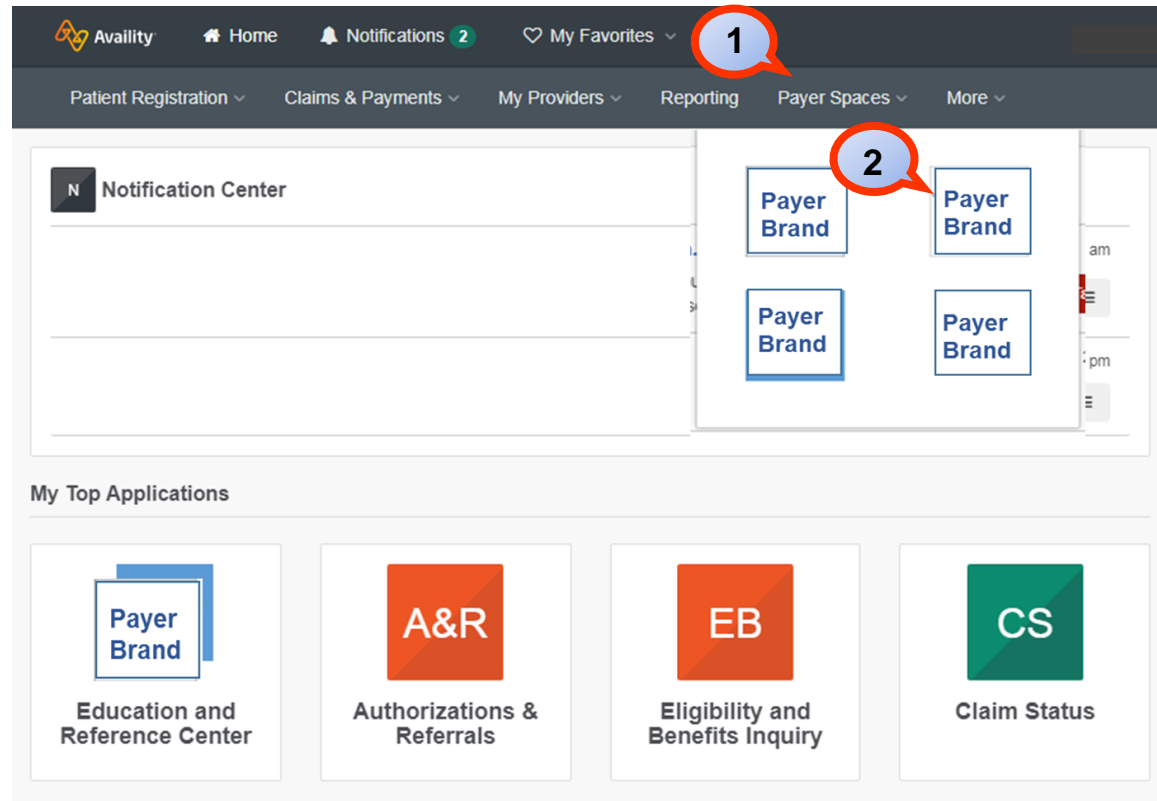**Availity administrator will locate within the Clinical Roles section.**

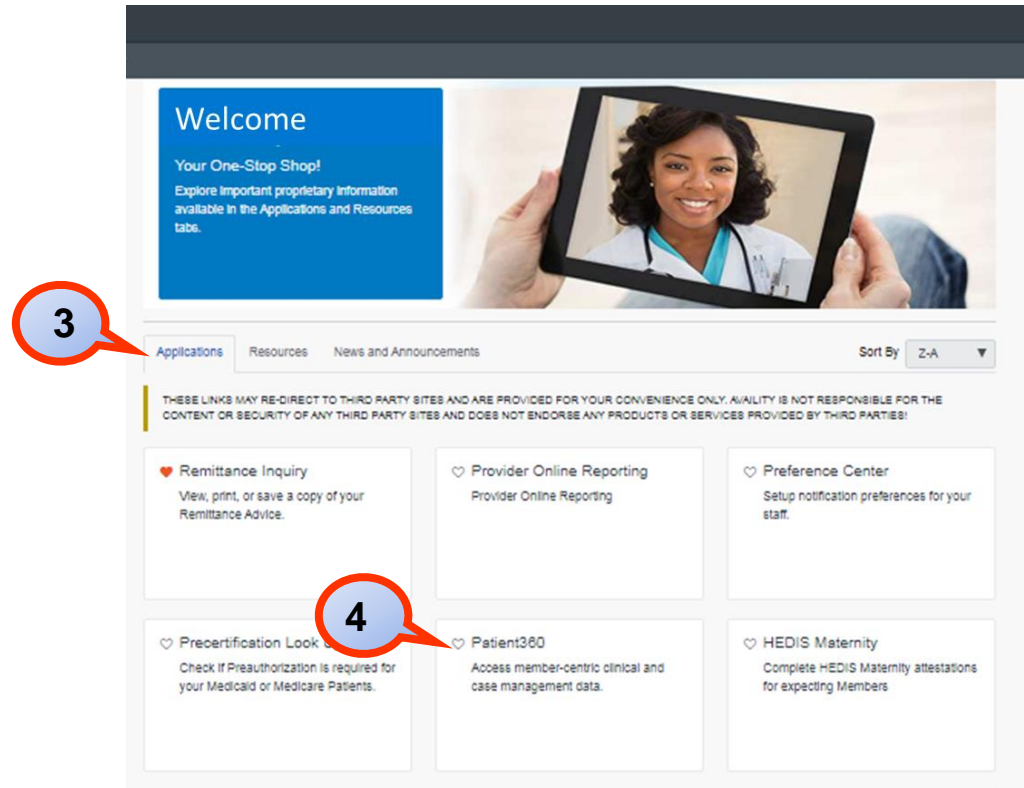# Navigating to Patient360 through Availity: Payer Spaces

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 (cont.)

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.

Navigating to Patient360 through Availity: Eligibility and Benefits

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Steps to access Patient360 through Eligibility and Benefits

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

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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*)

Overview:
Patient360 tool navigation

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Patient360 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** tabs 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.

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
- Dual Enrollment
- Member Not Enrolled

Gap in care alerts
- Alerts Exist
- No Alerts Exist

Other health insurance (OHI)
- OHI Secondary
- No OHI

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

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Locate care gap alerts within the Active Alerts 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.

Care gap alert feedback

Choose the most appropriate feedback option from the menu.

Please note: The feedback entry is only available for medical providers.

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