



Availity[®] CareProfile[®]

The Availity CareProfile (ACP) is an electronic health record sourced from claim-based information collected by Blue Cross and Blue Shield of Illinois (BCBSIL) from physicians, pharmacies, labs, and other health care providers. Providers who are registered with Availity can use the CareProfile to obtain a consolidated view of a patient's health history at the point of care. This information can help you identify potential treatment issues, such as clinical gaps in recommended care services, missed prescription refills and possible drug-to-drug interactions.

The CareProfile includes the following details:

- Demographic patient information, including date of birth, address and phone number.
- Information about the patient's current primary care physician (PCP), if applicable, and other providers visited in the past 24 months.
- Diagnoses and procedures submitted and reflected in the claims records.
- Professional, hospital and emergency room services reflected in the claims records.
- Prescriptions filled, including the class of the drug, total fills, and last date filled.
- Radiological and laboratory services reflected in the claim records (test results are not included at this time).

This document is intended to provide general guidance for using the CareProfile tool to view health information for BCBSIL members.

Signing on to Availity:

1. Go to the Availity Web site at www.availity.com.
2. Next, key in your user ID and password, and
3. Click Login.

Accessing the Tool:

Once you are logged on to the Availity portal, click on Eligibility and Benefits, then select Eligibility and Benefits Inquiry.

Note: You must be a registered Availity user to gain access to the CareProfile tool. Visit the [Availity Web site](http://www.availity.com) for details, or call Availity Client Services at (800) AVAILITY (282-4548) for assistance.

To get started, enter your user ID and password.

User ID:

Password:

Completing the Eligibility and Benefits Inquiry screen:

1. Complete all of the fields below, using the drop-down menu when appropriate, OR "Swipe" the member's ID card if it has a magnetic stripe.
2. Then click Submit.



Payer:

Provider Information

Organization:

Express Entry - Provider:

Provider Type: Please select based on the claim type form submitted for the inquiry (Professional=1500 claim or Facility / Institutional=UB04 claim).

NPI:

City:

State:

ZIP Code: - Supplying City, State and Zip Code may improve the accuracy of your response.

Place of Treatment:

Patient Information

As of Date: / /

Type of Benefits Requested:

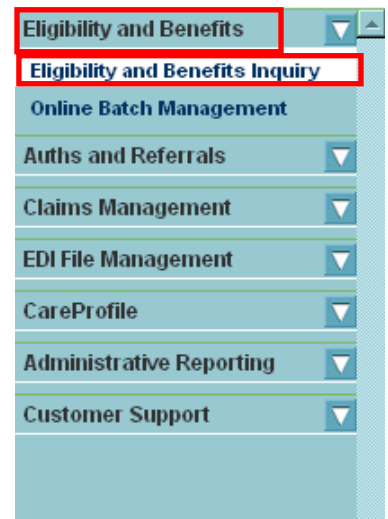
Search Option:

Patient ID:

Patient Date of Birth: / /

Patient's Relationship to Subscriber:

Patient Gender:



Eligibility & Benefits Summary Results - Health Benefit Plan Coverage

After you have submitted the information for the Eligibility and Benefits Inquiry and received a response, a CareProfile option will be available at the top of the Results page for all eligible members. Click on CareProfile to continue.

Eligibility & Benefits Summary Results - Health Benefit Plan Coverage

Transaction Id: 18-016253
Org ID: 1294
Patient Name: DOE, JANE


Payer	Member ID	Date of Birth	Gender
BCBSIL	321321321	01/01/1970	Female

Subscriber Information

Name Doe, Jane
ID 321321321
Address 123 Main St.
Tampa, FL 33610
Group Number 321321321
Plan Sponsor Name City of Tampa
Eligibility Begin 06/01/2005

Patient Information

Address 1000 Main Rd
Jacksonville, FL 32154
Relationship to Subscriber Self
Eligibility Begin 06/01/2005



CareProfile Disclaimer

Upon selecting the CareProfile option, you will see the CareProfile Disclaimer. Click on the **I Agree** option, once you have thoroughly reviewed the information. This legal disclaimer will populate each time you want to submit a CareProfile inquiry for a patient.

CareProfile Disclaimer

CareProfile®
Information provided through the CareProfile capability includes only information submitted to participating insurers for payment purposes.

1. Terms and Conditions
In addition to the provisions of the Organizational Access Agreement, your use of the CareProfile capability is subject to the following:

- Only physicians treating the subject patient of this health record (or such physician's designee) may access this information and they must only use it, and are responsible for ensuring that it is only used, for such treatment purposes.
- Physicians must use their professional judgment to verify this information and should not exclusively rely on this information to treat their patients.

2. Disclaimers

- The information is not a medical record, nor is it intended to be a complete record of a patient's health information and may contain errors.
- Certain information may have been intentionally excluded (due to its sensitivity - mental health, substance abuse, HIV/AIDS, sexually transmitted diseases, and abortion related data - or for other reasons).

3. Confidential/Proprietary Information: Limited Use
The information contained in this CareProfile is confidential and proprietary, protected by copyright and subject to protection under federal and state law. A printed copy may be included in the physician's own medical file for the subject patient. No other distribution, transmission or copying is permitted.

By clicking 'I Agree' below, you confirm that you are a physician or a physician's designee and acknowledge and accept the foregoing obligations.

CareProfile Summary Report

Once you accept the disclaimer information, a CareProfile Summary Report will populate on your screen with a summary of the patient information.



Availity CareProfile Summary Report



CareProfile for: [View Profile](#)
[Show Me Demo](#)

Age: 40 **Gender:** Female **Address:** 42669 N LINDEN LANE
DOB: 11/21/1969 **Phone(H):** **Phone(W):**
ID: **Eligibility:** 01/01/2005 - **PCP ID:**
PCP: **PCP Phone:**
Payer: BCBSIL
Report generated on: 01/15/2010
Report based on services provided as of: 01/15/2010

Providers Seen

Provider Name	Specialty	Phone #	Last Service Date
PREMIER EYE CARE SURG LTD	OPHTHALMOLOGY	847-4596060	09/10/2009
ADVOCATE MEDICAL GROUP S C	MULTISPECIALTY PHYSICIAN GROUP	847-8828448	08/31/2009
PARK RIDGE ANESTH ASSOCS LTD	ANESTHESIOLOGY	847-8236070	08/31/2009

Medical Conditions

Severity	Condition	Start Date
Low	Eye Disorder, Other	07/01/2009
Low	Sinusitis	07/06/2009
Low	Cervical Cancer	06/24/2009

Medications

Medication Class	# Fills	Last Fill Date
DILTIAZEM LONG ACTING	12	02/24/2008
ATORVASTATINLIPTOR	5	02/24/2008
METFORMN	15	01/22/2008

Monitored Services

Service	# Svcs	Last Service Date	Most Recent Pvd	Phone #
BACTERIAL CULTURES, OTHER	3	07/01/2009	JOHN SMITH	111-222-3337
HEART ECHO EXAM	3	01/16/2008	DOOGIE HOWSER	111-222-3336

Emergency Room Visits

Patient had 0 Emergency Room visits in the past 12 months.

Health Status Measure

Health Status Measure indicates risk in the next 12 months.

The Health Status Measure score is 8 on a scale of 1 to 10. 1 is low, 10 is high.

Clinical Flags

Treatment Opportunities

- BEGIN MONITOR OF A1C
- REVIEW DOSING FREQUENCY OF MEDICATIONS

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CareProfile Data Description and Online Transaction Tips

The sections on the CareProfile cover these categories of information:

- **Providers Seen** – This section lists all provider visits where a claim has been adjudicated during the given time period, including but not limited to visits to physicians, hospitals, labs, clinics, and other health care providers.
- **Medical Conditions** – The diagnoses in the claims record are grouped and summarized to display the principal clinical conditions of the patient. The principal medical conditions are organized and presented according to their relative clinical significance. This method is used to avoid an exhaustive list of all diagnosis codes found in the claims records. Medical Conditions are based on Thomson Reuters Medical Episode Groups and Disease Staging Model.
- **Medications** – This section lists the class of any prescription drugs filled at retail pharmacies billed during the given time period. Prescriptions billed on non-pharmacy claims, such as hospital and physician claims, are not included. The numbers of times each prescription was filled and the last time it was filled are included.
- **Monitored Services** – This section lists any monitored services billed and adjudicated during the given time period, such as labs, radiological services, and procedures.
- **Inpatient Facility Admissions** - This section lists any admissions to an inpatient facility, such as hospitals, rehabilitation centers, and other similar facilities.
- **Emergency Room Visits** – This section lists the number of emergency room visits that took place and were adjudicated during the given time period. Currently, the CareProfile does not include the name of the facility.
- **Health Status Measure** - A clinically based model uses all the diagnosis codes in the patient's claims records to predict the risk of additional medical events over the next 12 months. Individual risk scores are presented on a scale of one to ten (1 represents the lowest decile of risk of future events and 10 represents the decile with the greatest probability of future significant events). The Health Status Measure (HSM) reflects the impact on resource use by an individual with either a clinically severe condition (e.g. metastatic carcinoma) or significant co-morbid conditions (e.g., coronary disease, Diabetes Mellitus, congestive heart failure, and renal failure). HSM may be used to identify and stratify the most complex and high-risk patients. HSM is based on the DxCG Relative Risk Scores.
- **Clinical Flags** – This section lists treatment opportunities based on the clinical intelligence rules applied to the data. If the system detects a test that should be ordered, per evidence-based medicine, but no claim for that test was found during the time period, a message to the clinical staff displays in this section. For example, if the patient has diabetes and no claims for an annual dilated eye exam or A1C test are found has been performed in the appropriate time frame, a treatment opportunity flag displays.

A CareProfile might be unavailable or might exclude some information in the following instances:

- The Primary Access Administrator (PAA) for your Availity account has not granted you access to the Availity CareProfile
- The Eligibility and Benefits request was not returned successfully
- The Eligibility and Benefits request was processed for any of the below groups
 - "ILFEP00 when selecting anything other than BCBSIL"
 - Texas Health Insurance Pool (ZGR-Alpha)
 - ZGM-Alpha Prefix Group #'s: 0TX103, 0TX100, 0TX203, 0TX103, 0TX124, 0TX103
 - ITW Corporate Retirement
 - Illinois Labor Fund Groups
- The patient is a twin for which the Eligibility and Benefits inquiry requires the First Name and Last Name to be entered.
- The patient pays out-of-pocket and no claim is filed for the service. In other words, BCBSIL has no record of the service.
- The claims were adjudicated by a payer or health plan other than BCBSIL that does not participate in the Availity CareProfile program (Out-of-State).
- The patient has restricted access to his or her claim information.
- The services were performed too far in the past. BCBSIL returns results from the past 24 months.
- The patient is new and does not have claim history for BCBSIL.
- The patient resides outside of the area where Availity CareProfile has been implemented.
- The service involves sensitive information, such as psychiatric treatment, substance abuse, genetic testing, or HIV/AIDS-related treatment. The CareProfile excludes such sensitive information.
- The patient is eligible for Medicare or has other primary healthcare coverage (coordination of benefits).
- Claim data has not completed the clinical intelligence rules application. Claims processed within 90 days may not be available to view on the CareProfile.